PROTEIN-CODING VARIANTS IMPLICATE NOVEL GENES RELATED TO LIPID HOMEOSTASIS CONTRIBUTING TO BODY FAT DISTRIBUTION

Anne E Justice[¥,1,2], Tugce Karaderi[¥,3,4], Heather M Highland[¥,1,5], Kristin L Young[¥,1], Mariaelisa Graff[¥,1], Yingchang Lu[¥,6,7,8], Valérie Turcot[9], Paul L Auer[10], Rebecca S Fine[11,12,13], Xiuqing Guo[14], Claudia Schurmann[7,8], Adelheid Lempradl[15], Eirini Marouli[16], Anubha Mahajan[3], Thomas W Winkler[17], Adam E Locke[18,19], Carolina Medina-Gomez[20,21], Tõnu Esko[11,13,22], Sailaja Vedantam[11,12,13], Ayush Giri[23], Ken Sin Lo[9], Tamuno Alfred[7], Poorva Mudgal[24], Maggie CY Ng[24,25], Nancy L Heard-Costa[26,27], Mary F Feitosa[28], Alisa K Manning[11,29,30] , Sara M Willems[31], Suthesh Sivapalaratnam[30,32,33], Goncalo Abecasis[18], Dewan S Alam[34], Matthew Allison[35], Philippe Amouyel[36,37,38], Zorayr Arzumanyan[14], Beverley Balkau[39], Lisa Bastarache[40], Sven Bergmann[41,42], Lawrence F Bielak[43], Matthias Blüher[44,45], Michael Boehnke[18], Heiner Boeing[46], Eric Boerwinkle[47,48], Carsten A Böger[49], Jette Bork-Jensen[50], Erwin P Bottinger[7], Donald W Bowden[24,25,51], Ivan Brandslund[52,53], Linda Broer[21], Amber A Burt[54], Adam S Butterworth[55,56], Mark J Caulfield[16,57], Giancarlo Cesana[58], John C Chambers[59,60,61,62,63], Daniel I Chasman[11,64,65,66], Yii-Der Ida Chen[14], Rajiv Chowdhury[55], Cramer Christensen[67], Audrey Y Chu[27,65], Francis S Collins[68], James P Cook[69], Amanda J Cox[24,25,70], David S Crosslin[71], John Danesh[55,56,72,73], Paul IW de Bakker[74,75], Simon de Denus[9,76], Renée de Mutsert[77], George Dedoussis[78], Ellen W Demerath[79], Joe G Dennis[80], Josh C Denny[40], Emanuele Di Angelantonio[55,56], Marcus Dörr[81,82], Fotios Drenos[83,84], Marie-Pierre Dubé[9,85], Alison M Dunning[86], Douglas F Easton[80,86], Paul Elliott[87], Evangelos Evangelou[61,88], Aliki-Eleni Farmaki[78], Shuang Feng[18], Ele Ferrannini[89,90], Jean Ferrieres[91], Jose C Florez[11,29,30], Myriam Fornage[92], Caroline S Fox[27], Paul W Franks[93,94,95], Nele Friedrich[96], Wei Gan[3], Ilaria Gandin[97], Paolo Gasparini[98,99], Vilmantas Giedraitis[100], Giorgia Girotto[98,99], Mathias Gorski[17,49], Harald Grallert[101,102,103], Niels Grarup[50], Megan L Grove[47], Stefan Gustafsson[104], Jeff Haessler[105], Torben Hansen[50], Andrew T Hattersley[106], Caroline Hayward[107], Iris M Heid[17,108], Oddgeir L Holmen[109], G Kees Hovingh[110], Joanna MM Howson[55], Yao Hu[111], Yi-Jen Hung[112,113],

Kristian Hveem[109,114], M Arfan Ikram[20,115,116], Erik Ingelsson[104,117], Anne U Jackson[18], Gail P Jarvik[54,118], Yucheng Jia [14], Torben Jørgensen[119,120,121], Pekka Jousilahti[122], Johanne M Justesen[50], Bratati Kahali[123,124,125,126], Maria Karaleftheri[127], Sharon LR Kardia[43], Fredrik Karpe[128,129], Frank Kee[130], Hidetoshi Kitajima[3], Pirjo Komulainen[131,132,133], Jaspal S Kooner[60,62,63,134], Peter Kovacs[44], Bernhard K Krämer[135], Kari Kuulasmaa[122], Johanna Kuusisto[136], Markku Laakso[136], Timo A Lakka[131,132,133], David Lamparter[41,42], Leslie A Lange[137], Claudia Langenberg[31], Eric B Larson[54,138,139], Nanette R Lee[140,141], Wen-Jane Lee[142,143], Terho Lehtimäki[144,145], Cora E Lewis[146], Huaixing Li[111], Jin Li[147], Ruifang Li-Gao[77], Li-An Lin[92], Xu Lin[111], Lars Lind[148], Jaana Lindström[122], Allan Linneberg[121,149,150], Ching-Ti Liu[151], Dajiang J Liu[152], Jian'an Luan[31], Leo-Pekka Lyytikäinen[144,145], Stuart MacGregor[153], Reedik Mägi[22], Satu Männistö[122], Gaëlle Marenne[72], Jonathan Marten[107], Nicholas GD Masca[154,155], Mark I McCarthy[3,128,129], Karina Meidtner[101,156], Evelin Mihailov[22], Leena Moilanen[157], Marie Moitry[158,159], Dennis O Mook-Kanamori[77,160], Anna Morgan[98], Andrew P Morris[3,69], Martina Müller-Nurasyid[108,161,162], Patricia B Munroe[16,57], Narisu Narisu[68], Christopher P Nelson[154,155], Matt Neville[128,129], Ioanna Ntalla[16], Jeffrey R O'Connel[163], Katharine R Owen[128,129], Oluf Pedersen[50], Gina M Peloso[151], Craig E Pennell[164], Markus Perola[122,165,166], James A Perry[163], John RB Perry[31], Tune H Pers[50,167], Ailith Pirie[86], Ozren Polasek[168,169], Olli T Raitakari[170,171], Asif Rasheed[172], Chelsea K Raulerson[137], Rainer Rauramaa[131,132,133], Dermot F Reilly[173], Alex P Reiner[105,174], Paul M Ridker[65,66,175], Manuel A Rivas[11,176], Neil R Robertson[3,128], Antonietta Robino[177], Igor Rudan[169], Katherine S Ruth[178], Danish Saleheen[172,179], Veikko Salomaa[122], Nilesh J Samani[154,155], Pamela J Schreiner[180], Matthias B Schulze[101,156], Robert A Scott[31], Marcelo P Segura-Lepe[61], Xueling Sim[18,181], Andrew J Slater[182,183], Kerrin S Small[184], Blair H Smith[185,186], Jennifer A Smith[43], Lorraine Southam[3,72], Timothy D Spector[184], Elizabeth K Speliotes[123,124,125], Kari Stefansson[187,188], Valgerdur Steinthorsdottir[187], Kathleen E Stirrups[16,33], Konstantin Strauch[108,189], Heather M Stringham[18], Michael Stumvoll[44,45], Liang Sun[190,191], Praveen Surendran[55], Karin MA Swart[192], Jean-Claude Tardif[9,85], Kent D Taylor[14], Alexander Teumer[193], Deborah J Thompson[80], Gudmar Thorleifsson[187], Unnur Thorsteinsdottir[187,188], Betina H

Thuesen[121], Anke Tönjes[194], Mina Torres[195], Emmanouil Tsafantakis[196], Jaakko Tuomilehto[122,197,198,199], André G Uitterlinden[20,21], Matti Uusitupa[200], Cornelia M van Duijn[20], Mauno Vanhala[201,202], Rohit Varma[195], Sita H Vermeulen[203], Henrik Vestergaard[50,204], Veronique Vitart[107], Thomas F Vogt[205], Dragana Ntalla [99], Lynne E Wagenknecht[206], Mark Walker[207], Lars Wallentin[208], Feijie Wang[111], Carol A Wang[164], Shuai Wang[151], Nicholas J Wareham[31], Helen R Warren[16,57], Dawn M Waterworth[209], Jennifer Wessel[210], Harvey D White[211], Cristen J Willer[123,124,212], James G Wilson[213], Andrew R Wood[178], Ying Wu[137], Hanieh Yaghootkar[178], Jie Yao[14], Laura M Yerges-Armstrong[163,214], Robin Young[55,215], Eleftheria Zeggini[72], Xiaowei Zhan[216], Weihua Zhang[60,61], Jing Hua Zhao[31], Wei Zhao[179], He Zheng[111], Wei Zhou[123,124], M Carola Zillikens[20,21], CHD Exome+ Consortium, EPIC-CVD Consortium, ExomeBP Consortium, Global Lipids Genetic Consortium, GoT2D Genes Consortium, InterAct, ReproGen Consortium, T2D-Genes Consortium, The MAGIC Investigators, Fernando Rivadeneira[20,21], Ingrid B Borecki[28], John A Pospisilik[15], Panos Deloukas[16,217], Timothy M Frayling[178], Guillaume Lettre[9,85], Karen L Mohlke[137], Jerome I Rotter[14], Zoltán Kutalik[42,218], Joel N Hirschhorn[11,13,219], L Adrienne Cupples□,[27,151], Ruth JF Loos□,[7,8,220], *Kari E North*,□,[221], *Cecilia M Lindgren *,□,[3,11,222]

¥ These authors contributed equally to this work.

□ These authors jointly supervised this work.

***CORRESPONDING AUTHORS**

Prof. Kari North

Department of Epidemiology

University of North Carolina at Chapel Hill

137 East Franklin Street

Suite 306

Chapel Hill, NC 27514

Prof. Cecilia M Lindgren

The Big Data Institute, Li Ka Shing Centre for Health Information and Discovery

University of Oxford
Roosevelt Drive
Oxford
OX3 7BN
United Kingdom
celi@well.ox.ac.uk

AFFILIATIONS

1. Department of Epidemiology, University of North Carolina, Chapel Hill, NC, 27514, USA
2. Biomedical and Translational Informatics, Geisinger Health, Danville, PA 17822
3. Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford, OX3 7BN, UK
4. Department of Biological Sciences, Faculty of Arts and Sciences, Eastern Mediterranean University, Famagusta, Cyprus
5. Human Genetics Center, The University of Texas School of Public Health, The University of Texas MD Anderson Cancer Center UTHealth Graduate School of Biomedical Sciences, The University of Texas Health Science Center at Houston, Houston, TX, 77030, USA
6. Division of Epidemiology, Department of Medicine, Vanderbilt-Ingram Cancer Center, Vanderbilt Epidemiology Center, Vanderbilt University School of Medicine, Nashville, TN, 37203, USA
7. The Charles Bronfman Institute for Personalized Medicine, Icahn School of Medicine at Mount Sinai, New York, NY, 10029, USA
8. The Genetics of Obesity and Related Metabolic Traits Program, Icahn School of Medicine at Mount Sinai, New York, NY, 10069, USA
9. Montreal Heart Institute, Universite de Montreal, Montreal, Quebec, H1T 1C8, Canada
10. Zilber School of Public Health, University of Wisconsin-Milwaukee, Milwaukee, WI, 53201, USA
11. Broad Institute of MIT and Harvard, Cambridge, MA, 02142, USA
12. Department of Genetics, Harvard Medical School, Boston, MA, 02115, USA

13. Division of Endocrinology and Center for Basic and Translational Obesity Research, Boston Children's Hospital, Boston, MA, 02115, USA

14. Institute for Translational Genomics and Population Sciences, LABioMed at Harbor-UCLA Medical Center, Torrance, CA, 90502, USA

15. Max Planck Institute of Immunobiology and Epigenetics, Freiburg, 79108, Germany

16. William Harvey Research Institute, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, EC1M 6BQ, UK

17. Department of Genetic Epidemiology, University of Regensburg, Regensburg, D-93051, Germany

18. Department of Biostatistics and Center for Statistical Genetics, University of Michigan, Ann Arbor, MI, 48109, USA

19. McDonnell Genome Institute, Washington University School of Medicine, Saint Louis, MO, 63108, USA

20. Department of Epidemiology, Erasmus Medical Center, Rotterdam, 3015 GE, The Netherlands

21. Department of Internal Medicine, Erasmus Medical Center, Rotterdam, 3015 GE, The Netherlands

22. Estonian Genome Center, University of Tartu, Tartu, 51010, Estonia

23. Division of Epidemiology, Department of Medicine, Institute for Medicine and Public Health, Vanderbilt Genetics Institute, Vanderbilt University, Nashville, TN, 37203, USA

24. Center for Diabetes Research, Wake Forest School of Medicine, Winston-Salem, NC, 27157, USA

25. Center for Genomics and Personalized Medicine Research, Wake Forest School of Medicine, Winston-Salem, NC, 27157, USA

26. Department of Neurology, Boston University School of Medicine, Boston, MA, 02118, USA

27. NHLBI Framingham Heart Study, Framingham, MA, 01702, USA

28. Division of Statistical Genomics, Department of Genetics, Washington University School of Medicine, St. Louis, MO, 63108, USA

29. Department of Medicine, Harvard University Medical School, Boston, MA, 02115, USA

30. Massachusetts General Hospital, Boston, MA, 02114, USA

31. MRC Epidemiology Unit, University of Cambridge School of Clinical Medicine, Institute of Metabolic Science, Cambridge, CB2 0QQ, UK

32. Department of Vascular Medicine, AMC, Amsterdam, 1105 AZ, The Netherlands

33. Department of Haematology, University of Cambridge, Cambridge, CB2 0PT, UK

34. School of Kinesiology and Health Science, Faculty of Health, York University, Toronto

35. Department of Family Medicine & Public Health, University of California, San Diego, La Jolla, CA, 92093, USA

36. INSERM U1167, Lille, F-59019, France

37. Institut Pasteur de Lille, U1167, Lille, F-59019, France

38. Universite de Lille, U1167 - RID-AGE - Risk factors and molecular determinants of aging-related diseases, Lille, F-59019, France

39. INSERM U1018, Centre de recherche en Épidemiologie et Sante des Populations (CESP), Villejuif, France

40. Department of Biomedical Informatics, Vanderbilt University, Nashville, TN, 37203, USA

41. Department of Computational Biology, University of Lausanne, Lausanne, 1011, Switzerland

42. Swiss Institute of Bioinformatics, Lausanne, 1015, Switzerland

43. Department of Epidemiology, School of Public Health, University of Michigan, Ann Arbor, MI, 48109, USA

44. IFB Adiposity Diseases, University of Leipzig, Leipzig, 04103, Germany

45. University of Leipzig, Department of Medicine, Leipzig, 04103, Germany

46. Department of Epidemiology, German Institute of Human Nutrition Potsdam-Rehbruecke (DIfE), Nuthetal, 14558, Germany

47. School of Public Health, Human Genetics Center, The University of Texas Health Science Center at Houston, Houston, TX, 77030, USA

48. Human Genome Sequencing Center, Baylor College of Medicine, Houston, TX, 77030 USA

49. Department of Nephrology, University Hospital Regensburg, Regensburg, 93042, Germany

50. The Novo Nordisk Foundation Center for Basic Metabolic Research, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, 2100, Denmark

51. Department of Biochemistry, Wake Forest School of Medicine, Winston-Salem, NC 27157, USA

52. Department of Clinical Biochemistry, Lillebaelt Hospital, Vejle, 7100, Denmark

53. Institute of Regional Health Research, University of Southern Denmark, Odense, 5000, Denmark

54. Department of Medicine, University of Washington, Seattle, WA, 98195, USA

55. MRC/BHF Cardiovascular Epidemiology Unit, Department of Public Health and Primary Care, University of Cambridge, Cambridge, CB1 8RN, UK

56. NIHR Blood and Transplant Research Unit in Donor Health and Genomics, Department of Public Health and Primary Care, University of Cambridge, Cambridge CB1 8RN, UK

57. NIHR Barts Cardiovascular Research Unit, Barts and The London School of Medicine & Dentistry, Queen Mary University of London, London, EC1M 6BQ, UK

58. Research Centre on Public Health, University of Milano-Bicocca, Monza, 20900, Italy

59. Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore 308232, Singapore

60. Department of Cardiology, London North West Healthcare NHS Trust, Ealing Hospital, Middlesex, UB1 3HW, UK

61. Department of Epidemiology and Biostatistics, School of Public Health, Imperial College London, London, W2 1PG, UK

62. Imperial College Healthcare NHS Trust, London, W12 0HS, UK

63. MRC-PHE Centre for Environment and Health, Imperial College London, London, W2 1PG, UK

64. Division of Genetics, Brigham and Women's Hospital and Harvard Medical School, Boston, MA, 02115, USA

65. Division of Preventive Medicine, Brigham and Women's and Harvard Medical School, Boston, MA, 02215, USA

66. Harvard Medical School, Boston, MA, 02115, USA

67. Medical department, Lillebaelt Hospital, Vejle, 7100, Denmark

68. Medical Genomics and Metabolic Genetics Branch, National Human Genome Research Institute, National Institutes of Health, Bethesda, MD, 20892, USA

69. Department of Biostatistics, University of Liverpool, Liverpool, L69 3GL, UK

70. Menzies Health Institute Queensland, Griffith University, Southport, QLD, Australia

71. Department of Biomedical Infomatics and Medical Education, University of Washington, Seattle, WA, 98195, USA

72. Wellcome Trust Sanger Institute, Hinxton, CB10 1SA, UK

73. British Heart Foundation Cambridge Centre of Excellence, Department of Medicine, University of Cambridge, Cambridge, CB2 0QQ, UK

74. Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, The Netherlands

75. Department of Genetics, Center for Molecular Medicine, University Medical Center Utrecht, Utrecht, 3584 CX, The Netherlands

76. Faculty of Pharmacy, Universite de Montreal, Montreal, Quebec, H3T 1J4, Canada

77. Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, 2300RC, The Netherlands

78. Department of Nutrition and Dietetics, School of Health Science and Education, Harokopio University, Athens, 17671, Greece

79. Division of Epidemiology & Community Health, School of Public Health, University of Minnesota, Minneapolis, MN, 55454, USA

80. Centre for Cancer Genetic Epidemiology, Department of Public Health and Primary Care, University of Cambridge, Cambridge, CB1 8RN, UK

81. Department of Internal Medicine B, University Medicine Greifswald, Greifswald, 17475, Germany

82. DZHK (German Centre for Cardiovascular Research), partner site Greifswald, Greifswald, 17475, Germany

83. Institute of Cardiovascular Science, University College London, London, WC1E 6JF, UK

84. MRC Integrative Epidemiology Unit, School of Social and Community Medicine, University of Bristol, Bristol, BS8 2BN, UK

85. Department of Medicine, Faculty of Medicine, Universite de Montreal, Montreal, Quebec, H3T 1J4, Canada

86. Centre for Cancer Genetic Epidemiology, Department of Oncology, University of Cambridge, Cambridge, CB1 8RN, UK

87. Department of Epidemiology and Biostatistics, MRC-PHE Centre for Environment and Health, School of Public Health, Imperial College London, London, W2 1PG, UK

88. Department of Hygiene and Epidemiology, University of Ioannina Medical School, Ioannina, 45110, Greece

89. CNR Institute of Clinical Physiology, Pisa, Italy

90. Department of Clinical & Experimental Medicine, University of Pisa, Italy

91. Toulouse University School of Medicine, Toulouse, TSA 50032 31059, France

92. Institute of Molecular Medicine, The University of Texas Health Science Center at Houston, Houston, TX, 77030, USA

93. Department of Clinical Sciences, Genetic and Molecular Epidemiology Unit, Lund University, Malmo, SE-20502, Sweden

94. Department of Nutrition, Harvard School of Public Health, Boston, MA, 02115, USA

95. Department of Public Health and Clinical Medicine, Unit of Medicine, Umeå University, Umeå, 901 87, Sweden

96. Institute of Clinical Chemistry and Laboratory Medicine, University Medicine Greifswald, Greifswald, 17475, Germany

97. Ilaria Gandin, Research Unit, AREA Science Park, Trieste, 34149, Italy

98. Department of Medical Sciences, University of Trieste, Trieste, 34137, Italy

99. Institute for Maternal and Child Health - IRCCS "Burlo Garofolo", Trieste, Italy

100. Geriatrics, Department of Public Health, Uppsala University, Uppsala, 751 85, Sweden

101. German Center for Diabetes Research, München-Neuherberg, 85764, Germany

102. Institute of Epidemiology II, Helmholtz Zentrum München - German Research Center for Environmental Health, Neuherberg, 85764, Germany

103. Research Unit of Molecular Epidemiology, Helmholtz Zentrum München - German Research Center for Environmental Health, Neuherberg, 85764, Germany

104. Department of Medical Sciences, Molecular Epidemiology and Science for Life Laboratory, Uppsala University, Uppsala, 751 41, Sweden

105. Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle WA, 98109, USA

106. University of Exeter Medical School, University of Exeter, Exeter, EX2 5DW, UK

107. MRC Human Genetics Unit, Institute of Genetics and Molecular Medicine, University of Edinburgh, Edinburgh, EH4 2XU, UK

108. Institute of Genetic Epidemiology, Helmholtz Zentrum München - German Research Center for Environmental Health, Neuherberg, 85764, Germany

109. K.G. Jebsen Center for Genetic Epidemiology, Department of Public Health, NTNU, Norwegian University of Science and Technology, Trondheim, 7600, Norway

110. AMC, Department of Vascular Medicine, Amsterdam, 1105 AZ, The Netherlands

111. Key Laboratory of Nutrition and Metabolism, Institute for Nutritional Sciences, Shanghai Institutes for Biological Sciences, Chinese Academy of Sciences, University of the Chinese Academy of Sciences, Shanghai, People's Republic of China, Shanghai, 200031, China

112. Division of Endocrinology and Metabolism, Department of Internal Medicine, Tri-Service General Hospital, Taipei, Taiwan 114, Taiwan

113. School of Medicine, National Defense Medical Center, Taipei, Taiwan 114, Taiwan

114. HUNT Research center, Department of Public Health, Norwegian University of Science and Technology, Levanger, 7600, Norway

115. Department of Neurology, Erasmus Medical Center, Rotterdam, 3015 GE, The Netherlands

116. Department of Radiology, Erasmus Medical Center, Rotterdam, 3015 GE, The Netherlands

117. Department of Medicine, Division of Cardiovascular Medicine, Stanford University School of Medicine, Stanford, CA, 943 05, USA

118. Department of Genome Sciences, University of Washington, Seattle, WA, 98195, USA

119. Faculty of medicine, Aalborg University, Aalborg, DK-9000, Denmark

120. Department of Public Health, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, 2200, Denmark

121. Research Center for Prevention and Health, Capital Region of Denmark, Glostrup, DK-2600, Denmark

122. National Institute for Health and Welfare, Helsinki, FI-00271, Finland

123. Department of Computational Medicine and Bioinformatics, University of Michigan, Ann Arbor, MI, 48109, USA

124. Department of Internal Medicine, University of Michigan, Ann Arbor, MI, 48109, USA

125. Division of Gastroenterology, University of Michigan, Ann Arbor, MI, 48109, USA

126. Centre for Brain Research, Indian Institute of Science, Bangalore 560012, India

127. Echinos Medical Centre, Echinos, Greece

128. Oxford Centre for Diabetes, Endocrinology and Metabolism, Radcliffe Department of Medicine, University of Oxford, Oxford, OX3 7LE, UK

129. Oxford NIHR Biomedical Research Centre, Oxford University Hospitals Trust, Oxford, OX3 7LE, UK

130. UKCRC Centre of Excellence for Public Health Research, Queens University Belfast, Belfast, UK, BT12 6BJ, UK

131. Foundation for Research in Health Exercise and Nutrition, Kuopio Research Institute of Exercise Medicine, Kuopio, 70100, Finland

132. Institute of Biomedicine, School of Medicine, University of Eastern Finland, Kuopio Campus, 70210, Finland

133. Department of Clinical Physiology and Nuclear Medicine, Kuopio University Hospital, Kuopio, Finland

134. National Heart and Lung Institute, Imperial College London, Hammersmith Hospital Campus, London, W12 0NN, UK

135. University Medical Centre Mannheim, 5th Medical Department, University of Heidelberg, Mannheim, 68167, Germany

136. Institute of Clinical Medicine, Internal Medicine, University of Eastern Finland and Kuopio University Hospital, Kuopio, 70210, Finland

137. Department of Genetics, University of North Carolina, Chapel Hill, NC, 27599, USA

138. Kaiser Permanente Washington Health Research Institute Seattle WA 98101

139. Department of Health Services, University of Washington, Seattle WA 98101

140. Department of Anthropology, Sociology, and History, University of San Carlos, Cebu City, 6000, Philippines

141. USC-Office of Population Studies Foundation, Inc., University of San Carlos, Cebu City, 6000, Philippines

142. Department of Medical Research, Taichung Veterans General Hospital, Taichung, Taiwan 407, Taiwan

143. Department of Social Work, Tunghai University, Taichung, Taiwan

144. Department of Clinical Chemistry, Fimlab Laboratories, Tampere, 33521, Finland

145. Department of Clinical Chemistry, Finnish Cardiovascular Research Center - Tampere, Faculty of Medicine and Life Sciences, University of Tampere, Tampere 33014, Finland

146. Division of Preventive Medicine University of Alabama at Birmingham, Birmingham, AL 35205, USA

147. Department of Medicine, Division of Cardiovascular Medicine, Stanford University School of Medicine, Palo Alto, CA, 94304, USA

148. Uppsala University, Uppsala, 75185, Sweden

149. Department of Clinical Experimental Research, Rigshospitalet, Copenhagen, DK-2200, Denmark

150. Department of Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, 2200, Denmark

151. Department of Biostatistics, Boston University School of Public Health, Boston, MA, 02118, USA

152. Department of Public Health Sciences, Institute for Personalized Medicine, the Pennsylvania State University College of Medicine, Hershey, PA, 17033, USA

153. QIMR Berghofer Medical Research Institute, Brisbane, Queensland, 4006, Australia

154. Department of Cardiovascular Sciences, Univeristy of Leicester, Glenfield Hospital, Leicester, LE3 9QP, UK

155. NIHR Leicester Cardiovascular Biomedical Research Unit, Glenfield Hospital, Leicester, LE3 9QP, UK

156. Department of Molecular Epidemiology, German Institute of Human Nutrition Potsdam-Rehbruecke (DIfE), Nuthetal, 14558, Germany

157. Department of Medicine, Kuopio University Hospital, Kuopio, 70210, Finland

158. Department of Epidemiology and Public Health, University of Strasbourg, Strasbourg, F-67085, France

159. Department of Public Health, University Hospital of Strasbourg, Strasbourg, F-67081, France

160. Department of Public Health and Primary Care, Leiden University Medical Center, Leiden, 2300RC, The Netherlands

161. Department of Medicine I, University Hospital Grosshadern, Ludwig-Maximilians-Universitat, Munich, 81377, Germany

162. DZHK (German Centre for Cardiovascular Research), partner site Munich Heart Alliance, Munich, 80802, Germany

163. Program for Personalized and Genomic Medicine, Department of Medicine, University of Maryland School of Medicine, Baltimore, MD, 21201, US

164. School of Women's and Infants' Health, The University of Western Australia, Perth, Western Australia, 6009, Australia

165. University of Helsinki, Institute for Molecular Medicine (FIMM) and Diabetes and Obesity Research Program, Helsinki, FI00014, Finland

166. University of Tartu, Estonian Genome Center, Tartu, Estonia, Tartu, 51010, Estonia

167. Department of Epidemiology Research, Statens Serum Institut, Copenhagen, 2200, Denmark

168. School of Medicine, University of Split, Split, 21000, Croatia

169. Centre for Global Health Research, Usher Institute of Population Health Sciences and Informatics, University of Edinburgh, Edinburgh, EH8 9AG, UK

170. Department of Clinical Physiology and Nuclear Medicine, Turku University Hospital, Turku, 20521, Finland

171. Research Centre of Applied and Preventive Cardiovascular Medicine, University of Turku, Turku, 20520, Finland

172. Centre for Non-Communicable Diseases, Karachi, Pakistan

173. Merck, Sharp & Dohme, Genetics and Pharmacogenomics, Boston, MA, 02115, USA

174. Department of Epidemiology, University of Washington, Seattle, WA, 98195, USA

175. Division of Cardiovascular Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, MA, 02115, USA

176. Nuffield Department of Clinical Medicine, Oxford, OX37 BN, UK

177. Institute for Maternal and Child Health - IRCCS "Burlo Garofolo", Trieste, 34137, Italy

178. Genetics of Complex Traits, University of Exeter Medical School, University of Exeter, Exeter, EX2 5DW, UK

179. Department of Biostatistics and Epidemiology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, 19104, USA

180. Division of Epidemiology & Community Health University of Minnesota, Minneapolis, MN, 55454, USA

181. Saw Swee Hock School of Public Health, National University Health System, National University of Singapore, Singapore 117549, Singapore

182. Genetics, Target Sciences, GlaxoSmithKline, Research Triangle Park, NC, 27709, US

183. OmicSoft a QIAGEN Company, Cary, NC, 27513, US

184. Department of Twin Research and Genetic Epidemiology, King's College London, London, SE1 7EH, UK

185. Division of Population Health Sciences, Ninewells Hospital and Medical School, University of Dundee, Dundee, UK

186. Generation Scotland, Centre for Genomic and Experimental Medicine, University of Edinburgh, Edinburgh, EH4 2XU, UK

187. deCODE Genetics/Amgen inc., Reykjavik, 101, Iceland

188. Faculty of Medicine, University of Iceland, Reykjavik, 101, Iceland

189. Chair of Genetic Epidemiology, IBE, Faculty of Medicine, LMU Munich, 81377, Germany

190. Biodemography of Aging Research Unit, Social Science Research Institute, Duke University, Durham, NC, 27708, USA

191. Department of Public Health, University of Helsinki, Helsinki, FI-00014, Finland

192. VU University Medical Center, Department of Epidemiology and Biostatistics, Amsterdam, 1007 MB, The Netherlands

193. Institute for Community Medicine, University Medicine Greifswald, Greifswald, 17475, Germany

194. Center for Pediatric Research, Department for Women's and Child Health, University of Leipzig, Leipzig, 04103, Germany

195. USC Roski Eye Institute, Department of Ophthalmology, Keck School of Medicine of the University of Southern California, Los Angeles, CA, 90033, USA

196. Anogia Medical Centre, Anogia, Greece

197. Centre for Vascular Prevention, Danube-University Krems, Krems, 3500, Austria

198. Dasman Diabetes Institute, Dasman, 15462, Kuwait

199. Diabetes Research Group, King Abdulaziz University, Jeddah, 21589, Saudi Arabia

200. Department of Public Health and Clinical Nutrition, University of Eastern Finland, Kuopio, 70210, Finland

201. Central Finland Central Hospital, Jyvaskyla, 40620, Finland

202. University of Eastern Finland, Kuopio, 70210, Finland

203. Radboud Institute for Health Sciences, Radboud University Medical Center, Nijmegen, 6500 HB, The Netherlands

204. Steno Diabetes Center Copenhagen, Gentofte, 2800, Denmark

205. Merck, Sharp & Dohme, Cardiometabolic Disease, Kenilworth, NJ, 07033, USA

206. Division of Public Health Sciences, Wake Forest School of Medicine, Winston-Salem, NC, 27157, USA

207. Institute of Cellular Medicine, The Medical School, Newcastle University, Newcastle, NE2 4HH, UK

208. Department of Medical Sciences, Cardiology, Uppsala Clinical Research Center, Uppsala University, Uppsala, 752 37, Sweden

209. Genetics, Target Sciences, GlaxoSmithKline, King of Prussia, PA, US

210. Departments of Epidemiology & Medicine, Diabetes Translational Research Center, Fairbanks School of Public Health & School of Medicine, Indiana University, Indiana, IN, 46202, USA

211. Green Lane Cardiovascular Service, Auckland City Hospital and University of Auckland, Auckland, New Zealand

212. Department of Human Genetics, University of Michigan, Ann Arbor, MI, 48109, USA

213. Department of Physiology and Biophysics, University of Mississippi Medical Center, Jackson, MS, 39216, USA

214. GlaxoSmithKline, King of Prussia, PA, 19406, USA

215. University of Glasgow, Glasgow, G12 8QQ, UK

216. Department of Clinical Sciences, Quantitative Biomedical Research Center, Center for the Genetics of Host Defense, University of Texas Southwestern Medical Center, Dallas, TX, 75390, USA

217. Princess Al-Jawhara Al-Brahim Centre of Excellence in Research of Hereditary Disorders (PACER-HD), King Abdulaziz University, Jeddah, 21589, Saudi Arabia

218. Institute of Social and Preventive Medicine, Lausanne University Hospital, Lausanne, 1010, Switzerland

219. Departments of Pediatrics and Genetics, Harvard Medical School, Boston, MA, 02115, USA

220. The Mindich Child Health and Development Institute, Icahn School of Medicine at Mount Sinai, New York, NY, 10069, USA

221. Department of Epidemiology and Carolina Center of Genome Sciences, Chapel Hill, NC, 27514, USA

222. Li Ka Shing Centre for Health Information and Discovery, The Big Data Institute, University of Oxford, Oxford, OX3 7BN, UK

ABSTRACT

Body fat distribution is a heritable risk factor for a range of adverse health consequences, including hyperlipidemia and type 2 diabetes. To identify protein-coding variants associated with body fat distribution, assessed by waist-to-hip ratio adjusted for body mass index, we analyzed 228,985 predicted coding and splice site variants available on exome arrays in up to 344,369 individuals from five major ancestries for discovery and 132,177 independent European-ancestry individuals for validation. We identified 15 common (minor allele frequency, MAF ≥ 5%) and 9 low frequency or rare (MAF < 5%) coding variants that have not been reported previously. Pathway/gene set enrichment analyses of all associated variants highlight lipid particle, adiponectin level, abnormal white adipose tissue physiology, and bone development and morphology as processes affecting fat distribution and body shape. Furthermore, the cross-trait associations and the analyses of variant and gene function highlight a strong connection to lipids, cardiovascular traits, and type 2 diabetes. In functional follow-up analyses, specifically in *Drosophila* RNAi-knockdown crosses, we observed a significant increase in the total body triglyceride levels for two genes (*DNAH10* and *PLXND1*). By examining variants often poorly tagged or entirely missed by genome-wide association studies, we implicate novel genes in fat distribution, stressing the importance of interrogating low-frequency and protein-coding variants.

Body fat distribution, as assessed by waist-to-hip ratio (WHR), is a heritable trait and a well-established risk factor for adverse metabolic outcomes[1-6]. A high WHR often indicates a large presence of intra-abdominal fat whereas a low WHR is correlated with a greater accumulation of gluteofemoral fat. Lower values of WHR have been consistently associated with lower risk of cardiometabolic diseases like type 2 diabetes (T2D)[7,8], or differences in bone structure and gluteal muscle mass[9]. These epidemiological associations are consistent with the results of our previously reported genome-wide association study (GWAS) of 49 loci associated with WHR (after adjusting for body mass index, WHRadjBMI)[10]. Notably, a genetic predisposition to higher WHRadjBMI is associated with increased risk of T2D and coronary heart disease (CHD), and this association appears to be causal[9].

More recently, large-scale genetic studies have identified ~125 common loci for central obesity, primarily non-coding variants of relatively modest effect, for different measures of body fat distribution[10-16]. Large scale interrogation of both common (minor allele frequency [MAF]≥5%) and low frequency or rare (MAF<5%) coding and splice site variation may lead to additional insights into the genetic and biological etiology of central obesity by narrowing in on causal genes contributing to trait variance. Thus, we set out to identify protein-coding and splice site variants associated with WHRadjBMI using exome array data and to explore their contribution to variation in WHRadjBMI through multiple follow-up analyses.

RESULTS

Protein-coding and splice site variation associated with body fat distribution

We conducted a 2-stage fixed-effects meta-analysis testing both additive and recessive models in order to detect protein-coding genetic variants that influence WHRadjBMI (**Online Methods, Figure 1**). Our stage 1 meta-analysis included up to 228,985 variants (218,195 with MAF<5%) in up to 344,369 individuals from 74 studies of European (N=288,492), South Asian (N=29,315), African (N=15,687), East

Asian (N=6,800) and Hispanic/Latino (N=4,075) descent, genotyped with an ExomeChip array (**Supplementary Tables 1-3).** For stage 2, we assessed 70 suggestively significant ($P<2x10^{-6}$) variants from stage 1 in two independent cohorts from the United Kingdom [UK Biobank (UKBB), N=119,572] and Iceland (deCODE, N=12,605) (**Online Methods, Supplementary Data 1-3**) for a total stage 1+2 sample size of 476,546 (88% European). Variants were considered statistically significant in the total meta-analyzed sample (stage 1+2) when they achieved a significance threshold of $P<2x10^{-7}$ after Bonferroni correction for multiple testing (0.05/246,328 variants tested). Of the 70 variants brought forward, two common and five rare variants were not available in either Stage 2 study (**Tables 1-2, Supplementary Data 1-3**). Thus, we require $P<2x10^{-7}$ in Stage 1 for significance. Variants are considered novel if they were greater than one megabase (Mb) from a previously-identified WHRadjBMI lead SNP[10-16].

In stages 1 and 2 combined all ancestry meta-analyses, we identified 48 coding variants (16 novel) across 43 genes, 47 identified assuming an additive model, and one more variant under a recessive model (**Table 1, Supplementary Figures 1-4**). Due to the possible heterogeneity introduced by combining multiple ancestries[17], we also performed a European-only meta-analysis. Here, four additional coding variants were significant (three novel) assuming an additive model (**Table 1**, **Supplementary Figures 5-8**). Of these 52 significant variants (48 from the all ancestry and 4 from the European-only analyses), eleven were of low frequency, including seven novel variants in *RAPGEF3*, *FGFR2, R3HDML, HIST1H1T, PCNXL3, ACVR1C,* and *DARS2*. These low frequency variants tended to display larger effect estimates than any of the previously reported common variants (**Figure 2**)[10]. In general, variants with MAF<1% had effect sizes approximately three times greater than those of common variants (MAF>5%). Although, we cannot rule out the possibility that additional rare variants with smaller effects sizes exist that, despite our ample sample size, we are still underpowered to detect (See estimated 80% power in **Figure 2**). However, in the absence of common variants with similarly large

effects, our results point to the importance of investigating rare and low frequency variants to identify variants with large effects (**Figure 2**).

Given the established differences in the genetic underpinnings between sexes for WHRadjBMI[10,11], we also performed sex-stratified analyses and report variants that were array-wide significant ($P<2x10^{-7}$) in at least one sex stratum and exhibit significant sex-specific effects ($P_{sexhet}<7.14x10^{-4}$, see **Online Methods**). We found four additional novel variants that were not identified in the sex-combined meta-analyses (in *UGGT2* and *MMP14* for men only; and *DSTYK* and *ANGPTL4* for women only) (**Table 2, Supplementary Figures 9-15**). Variants in *UGGT2* and *ANGPTL4* were of low frequency (MAF_{men}=0.6% and MAF_{women}=1.9%, respectively). Additionally, 14 variants from the sex-combined meta-analyses displayed stronger effects in women, including the novel, low frequency variant in *ACVR1C* (rs55920843, MAF=1.1%, **Supplementary Figure 4**). Overall, 19 of the 56 variants (32%) identified across all meta-analyses (48 from all ancestry, 4 from European-only and 4 from sex-stratified analyses) showed significant sex-specific effects on WHRadjBMI (**Figure 1**): 16 variants with significantly stronger effects in women, and three in men (**Figure 1**).

In summary, we identified 56 array-wide significant coding variants ($P<2.0x10^{-7}$); 43 common (14 novel) and 13 low frequency or rare variants (9 novel). For all 55 significant variants from the additive model (47 from all ancestry, 4 from European-only, and 4 from sex-specific analyses), we examined potential collider bias[18,19], i.e. potential bias in effect estimates caused by adjusting for a correlated and heritable covariate like BMI, for the relevant sex stratum and ancestry. We corrected each of the variant - WHRadjBMI associations for the correlation between WHR and BMI and the correlation between the variant and BMI (**Online Methods, Supplementary Table 7, Supplementary Note 1**). Overall, 51 of the 55 additive model variants were robust against collider bias[18,19] across all primary and secondary meta-analyses. Of the 55, 25 of the WHRadjBMI variants from the additive model were nominally associated with BMI ($P_{BMI}<0.05$), yet effect sizes changed little after correction for potential biases (15% change in

effect estimate on average). For 4 of the 55 SNPs (rs141845046, rs1034405, rs3617, rs9469913, **Table 1**), the association with WHRadjBMI appears to be attenuated following correction ($P_{corrected} > 9x10^{-4}$, 0.05/55), including one novel variant, rs1034405 in *C3orf18*. Thus, these 4 variants warrant further functional investigations to quantify their impact on WHR, as a true association may still exist, although the effect may be slightly overestimated in the current analysis.

Using stage 1 meta-analysis results, we then aggregated low frequency variants across genes and tested their joint effect with both SKAT and burden tests[20] (**Supplementary Table 8**, **Online Methods**). We identified five genes that reached array-wide significance ($P<2.5x10^{-6}$, 0.05/16,222 genes tested), *RAPGEF3*, *ACVR1C*, *ANGPTL4*, *DNAI1*, and *NOP2*. However, while all genes analyzed included more than one variant, none remained significant after conditioning on the single variant with the most significant p-value. We identified variants within *RAPGEF3*, *ACVR1C*, *ANGPTL4* that reached suggestive significance in Stage 1 and chip-wide significance in stage 1+2 for one or more meta-analyses (**Tables 1 and 2**); however, we did not identify any significant variants for *DNAI1* and *NOP2*. While neither of these genes had a single variant that reached chip-wide significance, they each had variants with nearly significant results (*NOP2*: $P=3.69x10^{-5}$, *DNAI1*: $4.64x10^{-5}$). Combined effects with these single variants and others in LD within the gene likely drove the association in our aggregate gene-based tests, but resulted in non-significance following conditioning on the top variant. While our results suggest these associations are driven by a single variant, each gene may warrant consideration in future investigations.

Conditional analyses

We next implemented conditional analyses to determine (1) the number of independent association signals the 56 array-wide significant coding variants represent, and (2) whether the 33 variants near known GWAS association signals (<+/- 1Mb) represent independent novel association signals. To determine if these variants were independent association signals, we used approximate joint

conditional analyses to test for independence in stage 1 (**Online Methods**; **Supplementary Table 4**)[20]. Only the *RSPO3-KIAA0408* locus contains two independent variants 291 Kb apart, rs1892172 in *RSPO3* (MAF=46.1%, $P_{conditional}=4.37x10^{-23}$ in the combined sexes, and $P_{conditional}=2.4x10^{-20}$ in women) and rs139745911 in *KIAA0408* (MAF=0.9%, $P_{conditional}=3.68x10^{-11}$ in the combined sexes, and $P_{conditional}=1.46x10^{-11}$ in women; **Figure 3A**).

Further, 33 of our significant variants are within one Mb of previously identified GWAS tag SNPs for WHRadjBMI. We again used approximate joint conditional analysis to test for independence in the stage 1 meta-analysis dataset and obtained further complementary evidence from the UKBB dataset where necessary (**Online Methods**). We identified one coding variant representing a novel independent signal in a known locus [*RREB1*; stage1 meta-analysis, rs1334576, EAF = 0.44, $P_{conditional}= 3.06x10^{-7}$, (**Supplementary Table 5, Figure 3 [B]**); UKBB analysis, rs1334576, *RREB1*, $P_{conditional}= 1.24x10^{-8}$, (**Supplementary Table 6**) in the sex-combined analysis.

In summary, we identified a total of 56 WHRadjBMI-associated coding variants in 41 independent association signals. Of these 41 independent association signals, 24 are new or independent of known GWAS-identified tag SNPs (either >1MB +/- or array-wide significant following conditional analyses) (**Figure 1**). Thus, bringing our total to 15 common and 9 low-frequency or rare novel variants following conditional analyses. The remaining non-GWAS-independent variants may assist in narrowing in on the causal variant or gene underlying these established association signals.

Gene set and pathway enrichment analysis

To determine if the significant coding variants highlight novel biological pathways and/or provide additional support for previously identified biological pathways, we applied two complementary pathway analysis methods using the EC-DEPICT (ExomeChip Data-driven Expression Prioritized Integration for Complex Traits) pathway analysis tool,[21,22] and PASCAL[23] (**Online Methods**). While for

PASCAL all variants were used, in the case of EC-DEPICT, we examined 361 variants with suggestive significance ($P<5x10^{-4}$)[10,17] from the combined ancestries and combined sexes analysis (which after clumping and filtering became 101 lead variants in 101 genes). We separately analyzed variants that exhibited significant sex-specific effects ($P_{sexhet}<5x10^{-4}$).

The sex-combined analyses identified 49 significantly enriched gene sets (FDR<0.05) that grouped into 25 meta-gene sets (**Supplementary Note 2, Supplementary Data 4-5**). We noted a cluster of meta-gene sets with direct relevance to metabolic aspects of obesity ("enhanced lipolysis," "abnormal glucose homeostasis," "increased circulating insulin level," and "decreased susceptibility to diet-induced obesity"); we observed two significant adiponectin-related gene sets within these meta-gene sets. While these pathway groups had previously been identified in the GWAS DEPICT analysis (**Figure 4**), many of the individual gene sets within these meta-gene sets were not significant in the previous GWAS analysis, such as "insulin resistance," "abnormal white adipose tissue physiology," and "abnormal fat cell morphology" **(Supplementary Data 4**, **Figure 4**, **Supplementary Figure 16a**), but represent similar biological underpinnings implied by the shared meta-gene sets. Despite their overlap with the GWAS results, these analyses highlight novel genes that fall outside known GWAS loci, based on their strong contribution to the significantly enriched gene sets related to adipocyte and insulin biology (e.g. *MLXIPL, ACVR1C, and ITIH5)* (**Figure 4**).

To focus on novel findings, we conducted pathway analyses after excluding variants from previous WHRadjBMI analyses[10] (**Supplemental Note 2**). Seventy-five loci/genes were included in the EC-DEPICT analysis, and we identified 26 significantly enriched gene sets (13 meta-gene sets). Here, all but one gene set, "lipid particle size", were related to skeletal biology. This result likely reflects an effect on the pelvic skeleton (hip circumference), shared signaling pathways between bone and fat (such as TGF-beta) and shared developmental origin[24] (**Supplementary Data 5**, **Supplementary Figure 16b**).

Many of these pathways were previously found to be significant in the GWAS DEPICT analysis; these findings provide a fully independent replication of their biological relevance for WHRadjBMI.

We used PASCAL (**Online Methods**) to further distinguish between enrichment based on *coding-only* variant associations (this study) and *regulatory-only* variant associations (up to 20 kb upstream of the gene from a previous GIANT study[10]). For completeness, we also compared the coding pathways to those that could be identified in the total previous GWAS effort (using both *coding and regulatory* variants) by PASCAL. The analysis revealed 116 significantly enriched coding pathways (FDR<0.05; **Supplementary Table 9**). In contrast, a total of 158 gene sets were identified in the coding+regulatory analysis that included data from the previous GIANT waist GWAS study. Forty-two gene sets were enriched in both analyses. Thus, while we observed high concordance in the -log10 (p-values) between ExomeChip and GWAS gene set enrichment (Pearson's r (coding *vs* regulatory only) = 0.38, $P<10^{-300}$; Pearson's r (coding *vs* coding+regulatory) = 0.51, $P<10^{-300}$), there are gene sets that seem to be enriched *specifically* for variants in coding regions (e.g., decreased susceptibility to diet-induced obesity, abnormal skeletal morphology) or unique to variants in regulatory regions (e.g. transcriptional regulation of white adipocytes) (**Supplementary Figure 17**).

The EC-DEPICT and PASCAL results showed a moderate but strongly significant correlation (for EC-DEPICT and the PASCAL max statistic, r = .277 with $p = 9.8\text{x}10^{-253}$; for EC-DEPICT and the PASCAL sum statistic, r = .287 with $p = 5.42\text{x}10^{-272}$). Gene sets highlighted by both methods strongly implicated a role for pathways involved in skeletal biology, glucose homeostasis/insulin signaling, and adipocyte biology. Indeed, we are even more confident in the importance of this core overlapping group of pathways due to their discovery by both methods (**Supplementary Figure 18**).

Cross-trait associations

To assess the relevance of our identified variants with cardiometabolic, anthropometric, and reproductive traits, we conducted association lookups from existing ExomeChip studies of 15 traits (**Supplementary Data 6**, **Supplementary Figure 19**). Indeed, the clinical relevance of central adiposity is likely to be found in the cascade of impacts such variants have on downstream cardiometabolic disease.[22,25-29] We found that variants in *STAB1* and *PLCB3* display the greatest number of significant cross-trait associations, each associating with seven different traits ($P<9.8x10^{-4}$, 0.05/51 variants tested). Of note, these two genes cluster together with *RSPO3*, *DNAH10*, *MNS1*, *COBLL1*, *CCDC92*, and *ITIH3* (**Supplementary Data 6**, **Supplementary Figure 19**). The WHR-increasing alleles in this cluster of variants exhibit a pattern of increased cardiometabolic risk (e.g. increased fasting insulin [FI], two-hour glucose [TwoHGlu], and triglycerides [TG]; and decreased high-density lipoprotein cholesterol [HDL]), but also decreased BMI. This phenomenon, where variants associated with lower BMI are also associated with increased cardiometabolic risk, has been previously reported.[30-36]. A recent Mendelian Randomization (MR) analysis of the relationship between central adiposity (measured as WHRadjBMI) and cardiometabolic risk factors found central adiposity to be causal.[9] Using 48 WHR-increasing variants reported in the recent GIANT analysis[10] to calculate a polygenic risk score, Emdin *et al.* found that a 1 SD increase in genetic risk of central adiposity was associated with higher total cholesterol, triglyceride levels, fasting insulin and two-hour glucose, and lower HDL – all indicators of cardiometabolic disease, and also associated with a 1 unit decrease in BMI[9].

We conducted a search in the NHGRI-EBI GWAS Catalog[37,38] to determine if any of our significant ExomeChip variants are in high LD ($R^2>0.7$) with variants associated with traits or diseases not covered by our cross trait lookups (**Supplementary Data 7**). We identified several cardiometabolic traits (adiponectin, coronary heart disease *etc.*) and behavioral traits potentially related to obesity (carbohydrate, fat intake *etc.*) with GWAS associations that were not among those included in cross-trait analyses and nearby one or more of our WHRadjBMI- associated coding variants. Additionally, many of

our ExomeChip variants are in LD with GWAS variants associated with other behavioral and neurological traits (schizophrenia, bipolar disorder *etc.*), and inflammatory or autoimmune diseases (Crohn's Disease, multiple sclerosis *etc.*) (**Supplementary Data 7)**.

Given the established correlation between total body fat percentage and WHR (R= 0.052 to 0.483)[39-41], we examined the association of our top exome variants with both total body fat percentage (BF%) and truncal fat percentage (TF%) available in a sub-sample of up to 118,160 participants of UKBB (**Supplementary Tables 10-11**). Seven of the common novel variants were significantly associated (P<0.001, 0.05/48 variants examined) with both BF% and TF% in the sexes-combined analysis (*COBLL1*, *UHRF1BP1*, *WSCD2*, *CCDC92*, *IFI30*, *MPV17L2*, *IZUMO1*). Only one of our tag SNPs, rs7607980 in *COBLL1*, is nearby a known ~~total body fat percentage~~BF% GWAS locus (rs6738627; R^2=0.1989, distance=6751 bp, with our tag SNP)[42]. Two additional variants, rs62266958 in *EFCAB12* and rs224331 in *GDF5*, were significantly associated with TF% in the women-only analysis. Of the nine SNPs associated with at least one of these two traits, all variants displayed much greater magnitude of effect on TF% compared to BF% (**Supplementary Figure 20**).

Previous studies have demonstrated the importance of examining common and rare variants within genes with mutations known to cause monogenic diseases[43,44]. We assessed enrichment of our WHRadjBMI within genes that cause monogenic forms of lipodystrophy) and/or insulin resistance (**Supplementary Data 8**). No significant enrichment was observed (**Supplementary Figure 21**). For lipodystrophy, the lack of significant findings may be due in part to the small number of implicated genes and the relatively small number of variants in monogenic disease-causing genes, reflecting their intolerance of variation.

Genetic architecture of WHRadjBMI coding variants

We used summary statistics from our stage 1 results to estimate the phenotypic variance explained by ExomeChip coding variants. We calculated the variance explained by subsets of SNPs across various significance thresholds ($P< 2x10^{-7}$ to 0.2) and conservatively estimated using only independent tag SNPs (**Supplementary Table 12**, **Online Methods**, and **Supplementary Figure 22)**. The 22 independent significant coding SNPs in stage 1 account for 0.28% of phenotypic variance in WHRadjBMI. For independent variants that reached suggestive significance in stage 1 ($P<2x10^{-6}$), 33 SNPs explain 0.38% of the variation; however, the 1,786 independent SNPs with a liberal threshold of P<0.02 explain 13 times more variation (5.12%). While these large effect estimates may be subject to winner's curse, for array-wide significant variants, we detected a consistent relationship between effect magnitude and MAF in our stage 2 analyses in UK Biobank and deCODE (**Supplementary Data 1-3**). Notably, the Exomechip coding variants explained less of the phenotypic variance than in our previous GIANT investigation, wherein 49 significant SNPs explained 1.4% of the variance in WHRadjBMI. When considering all coding variants on the ExomeChip in men and women together, 46 SNPs with a $P<2x10^{-6}$ and 5,917 SNPs with a P<0.02 explain 0.51% and 13.75% of the variance in WHRadjBMI, respectively. As expected given the design of the ExomeChip, the majority of the variance explained is attributable to rare and low frequency coding variants (independent SNPs with MAF<1% and MAF<5% explain 5.18% and 5.58%, respectively). However, for rare and low frequency variants, those that passed significance in stage 1 explain only 0.10% of the variance in WHRadjBMI. As in **Figure 2**, these results also indicate that there are additional coding variants associated with WHRadjBMI that remain to be discovered, particularly rare and low frequency variants with larger effects than common variants. Due to observed differences in association strength between women and men, we estimated variance explained for the same set of SNPs in women and men separately. As observed in previous studies[10], there was significantly ($P_{RsqDiff}$<0.002=0.05/21, Bonferroni-corrected threshold) more variance explained in women compared to men at each significance threshold considered (differences ranged from 0.24% to 0.91%).

682 To better understand the potential clinical impact of WHRadjBMI associated variants, we
683 conducted penetrance analysis using the UKBB population (both sexes combined, and men- and women-
684 only). We compared the number of carriers and non-carriers of the minor allele for each of our
685 significant variants in centrally obese and non-obese individuals to determine if there is a significant
686 accumulation of the minor allele in either the centrally obese or non-obese groups (**Online Methods**).
687 Three rare and low frequency variants (MAF ≤ 1%) with larger effect sizes (effect size > 0.90) were
688 included in the penetrance analysis using World Health Organization (WHO- obese women WHR>0.85
689 and obese men WHR>0.90) WHR cut-offs for central obesity. Of these, one SNV (rs55920843-*ACVR1C*;
690 $P_{sex\text{-}combined}=9.25x10^{-5}$; $P_{women}=4.85x10^{-5}$) showed a statistically significant difference in the number of
691 carriers and non-carriers of the minor allele when the two strata were compared (sex-combined obese
692 carriers=2.2%; non-obese carriers=2.6%; women obese carriers=2.1%; non-obese women carriers=2.6%
693 (**Supplementary Table 13, Supplementary Figure 23**). These differences were significant in women, but
694 not in men ($P_{men}<5.5x10^{-3}$ after Bonferroni correction for 9 tests) and agree with our overall meta-
695 analysis results, where the minor allele (G) was significantly associated with lower WHRadjBMI in
696 women only (**Tables 1 and 2**).

697 **Evidence for functional role of significant variants**

698 ***Drosophila Knockdown***

699 Considering the genetic evidence of adipose and insulin biology in determining body fat
700 distribution[10], and the lipid signature of the variants described here, we examined whole-body
701 triglycerides levels in adult *Drosophila*, a model organism in which the fat body is an organ functionally
702 analogous to mammalian liver and adipose tissue and triglycerides are the major source of fat storage[45].
703 Of the 51 genes harboring our 56 significantly associated variants, we identified 27 with *Drosophila*
704 orthologues for functional follow-up analyses. In order to prioritize genes for follow-up, we selected
705 genes with large changes in triglyceride storage levels (> 20% increase or > 40% decrease, as chance

alone is unlikely to cause changes of this magnitude, although some decrease is expected) after considering each corresponding orthologue in an existing large-scale screen for adipose with ≤2 replicates per knockdown strain.[45] Two orthologues, for *PLXND1* and *DNAH10*, from two separate loci met these criteria. For these two genes, we conducted additional knockdown experiments with ≥5 replicates using tissue-specific drivers (fat body [cg-Gal4] and neuronal [elav-Gal4] specific RNAi-knockdowns) (**Supplementary Table 14**). A significant (P<0.025, 0.05/2 orthologues) increase in the total body triglyceride levels was observed in *DNAH10* orthologue knockdown strains for both the fat body and neuronal drivers. However, only the neuronal driver knockdown for *PLXND1* produced a significant change in triglyceride storage. *DNAH10* and *PLXND1* both lie within previous GWAS identified regions. Adjacent genes have been highlighted as likely candidates for the *DNAH10* association region, including *CCDC92* and *ZNF664* based on eQTL evidence. However, our fly knockdown results support *DNAH10* as the causal genes underlying this association. Of note, rs11057353 in *DNAH10* showed suggestive significance after conditioning on the known GWAS variants in nearby *CCDC92* (sex-combined $P_{conditional}=7.56x10^{-7}$; women-only rs11057353 $P_{conditional}= 5.86x10^{-7}$, **Supplementary Table 6**; thus providing some evidence of multiple causal variants/genes underlying this association signal. Further analyses are needed to determine whether the implicated coding variants from the current analysis are the putatively functional variants, specifically how these variants affect transcription in and around these loci, and exactly how those effects alter biology of relevant human metabolic tissues.

eQTL Lookups

To gain a better understanding of the potential functionality of novel and low frequency variants, we examined the *cis*-association of the identified variants with expression level of nearby genes in subcutaneous adipose tissue, visceral omental adipose tissue, skeletal muscle and pancreas from GTEx[46], and assessed whether the exome and eQTL associations implicated the same signal (**Online**

729 **Methods**, **Supplementary Data 9, Supplementary Table 15**). The lead exome variant was associated
730 with expression level of the coding gene itself for *DAGLB, MLXIPL, CCDC92, MAPKBP1, LRRC36* and
731 *UQCC1*. However, at three of these loci (*MLXIPL, MAPKBP1,* and *LRRC36)*, the lead exome variant is also
732 associated with expression level of additional nearby genes, and at three additional loci, the lead exome
733 variant is only associated with expression level of nearby genes (*HEMK1* at *C3orf18; NT5DC2, SMIM4*
734 and *TMEM110* at *STAB1/ITIH3;* and *C6orf106* at *UHRF1BP1*). Although detected with a missense variant,
735 these loci are also consistent with a regulatory mechanism of effect as they are significantly associated
736 with expression levels of genes, and the association signal may well be due to LD with nearby regulatory
737 variants.

738 Some of the coding genes implicated by eQTL analyses are known to be involved in adipocyte
739 differentiation or insulin sensitivity: e. g. for *MLXIPL*, the encoded carbohydrate responsive element
740 binding protein is a transcription factor, regulating glucose-mediated induction of *de novo* lipogenesis in
741 adipose tissue, and expression of its *beta*-isoform in adipose tissue is positively correlated with adipose
742 insulin sensitivity[47,48]. For *CCDC92,* the reduced adipocyte lipid accumulation upon knockdown
743 confirmed the involvement of its encoded protein in adipose differentiation[49].

744 ***Biological Curation***

745 To gain further insight into the possible functional role of the identified variants, we conducted
746 thorough searches of the literature and publicly available bioinformatics databases (**Supplementary**
747 **Data 10-11**, **Box 1**, **Online Methods**). Many of our novel low frequency variants are in genes that are
748 intolerant of nonsynonymous mutations (e.g. *ACVR1C*, *DARS2*, *FGFR2*; ExAC Constraint Scores >0.5). Like
749 previously identified GWAS variants, several of our novel coding variants lie within genes that are
750 involved in glucose homeostasis (e.g. *ACVR1C*, *UGGT2*, *ANGPTL4*), angiogenesis (*RASIP1*), adipogenesis
751 (*RAPGEF3*), and lipid biology (*ANGPTL4*, *DAGLB*) (**Supplementary Data 10**, **Box 1**).

752

753 **DISCUSSION**

754 Our two-staged approach to analysis of coding variants from ExomeChip data in up to 476,546
755 individuals identified a total of 56 array-wide significant variants in 41 independent association signals,
756 including 24 newly identified (23 novel and one independent of known GWAS signals) that influence
757 WHRadjBMI. Nine of these variants were low frequency or rare, indicating an important role for low
758 frequency variants in the polygenic architecture of fat distribution and providing further insights into its
759 underlying etiology. While, due to their rarity, these coding variants only explain a small proportion of
760 the trait variance at a population level, they may, given their predicted role, be more functionally
761 tractable than non-coding variants and have a critical impact at the individual and clinical level. For
762 instance, the association between a low frequency variant (rs11209026; R381Q; MAF<5% in ExAC)
763 located in the *IL23R* gene and multiple inflammatory diseases (such as psoriasis[50], rheumatoid arthritis[51],
764 ankylosing spondylitis[52], and inflammatory bowel diseases[53]) led to the development of new therapies,
765 targeting *IL23* and *IL12* in the same pathway (reviewed in [54-56]). Thus, we are encouraged that our
766 associated low frequency coding variants displayed large effect sizes; all but one of the nine novel low
767 frequency variants had an effect size larger than the 49 SNPs reported in Shungin *et al.* 2015, and some
768 of these effect sizes were up to 7-fold larger than those previously reported for GWAS. This finding
769 mirrors results for other cardiometabolic traits[57], and suggests variants of possible clinical significance
770 with even larger effect and lower frequency variants will likely be detected through larger additional
771 genome-wide scans of many more individuals.

772 We continue to observe sexual dimorphism in the genetic architecture of WHRadjBMI[11]. Overall,
773 we identified 19 coding variants that display significant sex differences, of which 16 (84%) display larger
774 effects in women compared to men. Of the variants outside of GWAS loci, we reported three (two with

775 MAF<5%) that show a significantly stronger effect in women and two (one with MAF<5%) that show a
776 stronger effect in men. Additionally, genetic variants continue to explain a higher proportion of the
777 phenotypic variation in body fat distribution in women compared to men[10,11]. Of the novel female
778 (*DSTYK* and *ANGPTL4*) and male (*UGGT2* and *MMP14*) specific signals, only *ANGPTL4* implicated fat
779 distribution related biology associated with both lipid biology and cardiovascular traits (**Box 1**). Sexual
780 dimorphism in fat distribution is apparent from childhood and throughout adult life[58-60], and at sexually
781 dimorphic loci, hormones with different levels in men and women may interact with genomic and
782 epigenomic factors to regulate gene activity, though this remains to be experimentally documented.
783 Dissecting the underlying molecular mechanisms of the sexual dimorphism in body fat distribution, and
784 also how it is correlated with – and causing – important comorbidities like T2D and cardiovascular
785 diseases will be crucial for improved understanding of disease risk and pathogenesis.

786 Overall, we observe fewer significant associations between WHRadjBMI and coding variants on
787 the ExomeChip than Turcot *et al.* [25] examining the association of low frequency and rare coding variants
788 with BMI. In line with these observations, we identify fewer pathways and cross-trait associations. One
789 reason for fewer WHRadjBMI implicated variants and pathways may be smaller sample size ($N_{WHRadjBMI}$ =
790 476,546, N_{BMI} = 718,639), and thus, lower statistical power. Power, however, is likely not the only
791 contributing factor. For example, Turcot *et al.* [25] have comparative sample sizes between BMI and that
792 of Marouli *et al.*[22] studying height (N_{height} = 711,428). However, greater than seven times the number of
793 coding variants are identified for height than for BMI, indicating that perhaps a number of other factors,
794 including trait architecture, heritability (possibly overestimated in some phenotypes), and phenotype
795 precision, likely all contribute to our study's capacity to identify low frequency and rare variants with
796 large effects. Further, it is possible that the comparative lack of significant findings for WHRadjBMI and
797 BMI compared to height may be a result of higher selective pressure against genetic predisposition to
798 cardiometabolic phenotypes, such as BMI and WHR. As evolutionary theory predicts that harmful alleles

will be low frequency[61], we may need larger sample sizes to detect rare variants that have so far escaped selective pressures. Lastly, the ExomeChip is limited by the variants that are present on the chip, which was largely dictated by sequencing studies in European-ancestry populations and a MAF detection criteria of ~0.012%. It is likely that through an increased sample size, use of chips designed to detect variation across a range of continental ancestries, high quality, deep imputation with large reference samples (e.g. HRC), and/or alternative study designs, future studies will detect additional variation from the entire allele frequency spectrum that contributes to fat distribution phenotypes.

The collected genetic and epidemiologic evidence has now demonstrated that fat distribution (as measured by increased WHRadjBMI) is correlated with increased risk of T2D and CVD, and that this association is likely causal with potential mediation through blood pressure, triglyceride-rich lipoproteins, glucose, and insulin[9]. This observation yields an immediate follow-up question: Which mechanisms regulate depot-specific fat accumulation and are risks for disease, driven by increased visceral or decreased subcutaneous adipose tissue mass (or both)? Pathway analysis identified several novel pathways and gene sets related to metabolism and adipose regulation, bone growth and development we also observed a possible role for adiponectin, a hormone which has been linked to "healthy" expansion of adipose tissue and insulin sensitivity [62]. Similarly, expression/eQTL results support the function and relevance of adipogenesis, adipocyte biology, and insulin signaling, supporting our previous findings for WHRadjBMI[10]. We also provide evidence suggesting known biological functions and pathways contributing to body fat distribution (e.g., diet-induced obesity, angiogenesis, bone growth and morphology, and enhanced lipolysis).

The ultimate aim of genetic investigations of obesity-related traits, like those presented here, is to identify genomic pathways that are dysregulated leading to obesity pathogenesis, and may result in a myriad of downstream illnesses. Thus, our findings may enhance the understanding of central obesity and identify new molecular targets to avert its negative health consequences. Significant cross-trait

associations and additional associations observed in the GWAS Catalog are consistent with expected direction of effect for several traits, i.e. the WHR-increasing allele is associated with higher values of TG, DBP, fasting insulin, TC, LDL and T2D across many significant variants. However, it is worth noting that there are some exceptions. For example, rs9469913-A in *UHRF1BP1* is associated with both increased WHRadjBMI and increased HDL. Also, we identified two variants in *MLXIPL* (rs3812316 and rs35332062), a well-known lipids-associated locus, in which the WHRadjBMI-increasing allele also increases all lipid levels, risk for hypertriglyceridemia, SBP and DBP. However, our findings show a significant and negative association with HbA1C, and nominally significant and negative associations with two-hour glucose, fasting glucose, and Type 2 diabetes, and potential negative associations with biomarkers for liver disease (e.g. gamma glutamyl transpeptidase). Other notable exceptions include *ITIH3* (negatively associated with BMI, HbA1C, LDL and SBP), *DAGLB* (positively associated with HDL), and *STAB1* (negatively associated with TC, LDL, and SBP in cross-trait associations). Therefore, caution in selecting pathways for therapeutic targets is warranted; one must look beyond the effects on central adiposity, but also at the potential cascading effects of related diseases.

A seminal finding from this study is the importance of lipid metabolism for body fat distribution. In fact, pathway analyses that highlight enhanced lipolysis, cross-trait associations with circulating lipid levels, existing biological evidence from the literature, and knockdown experiments in *Drosophila* examining triglyceride storage point to novel candidate genes (*ANGPTL4*, *ACVR1C*, *DAGLB*, *MGA*, *RASIP1*, and *IZUMO1*) and new candidates in known regions (*DNAH10*[10] and *MLXIPL*[14]) related to lipid biology and its role in fat storage. Newly implicated genes of interest include *ACVR1C*, *MLXIPL*, and *ANGPTL4*, all of which are involved in lipid homeostasis; all are excellent candidate genes for central adiposity. Carriers of inactivating mutations in *ANGPTL4* (*Angiopoietin Like 4*), for example, display low triglyceride levels and low risk of coronary artery disease[63]. *ACVR1C* encodes the activin receptor-like kinase 7 protein (ALK7), a receptor for the transcription factor TGFB-1, well known for its central role in growth

847 and development in general[64-68], and adipocyte development in particular[68]. *ACVR1C* exhibits the highest
848 expression in adipose tissue, but is also highly expressed in the brain[69-71]. In mice, decreased activity of
849 *ACVR1C* upregulates PPARγ and C/EBPα pathways and increases lipolysis in adipocytes, thus decreasing
850 weight and diabetes in mice[69,72,73]. Such activity is suggestive of a role for ALK7 in adipose tissue
851 signaling and therefore for therapeutic targets for human obesity. *MLXIPL*, also important for lipid
852 metabolism and postnatal cellular growth, is a transcription factor which activates triglyceride synthesis
853 genes in a glucose-dependent manner[74,75]. The lead exome variant in this gene is highly conserved, most
854 likely damaging, and is associated with reduced *MLXIPL* expression in adipose tissue. Furthermore, in a
855 recent longitudinal, *in vitro* transcriptome analysis of adipogenesis in human adipose-derived stromal
856 cells, gene expression of *MLXIPL* was up-regulated during the maturation of adipocytes, suggesting a
857 critical role in the regulation of adipocyte size and accumulation[76]. However, given our observations on
858 cross-trait associations with variants in *MLXIPL* and diabetes-related traits, development of therapeutic
859 targets must be approached cautiously.

860 Taken together, our 24 novel variants for WHRadjBMI offer new biology, highlighting the
861 importance of lipid metabolism in the genetic underpinnings of body fat distribution. We continue to
862 demonstrate the critical role of adipocyte biology and insulin resistance for central obesity and offer
863 support for potentially causal genes underlying previously identified fat distribution GWAS loci. Notably,
864 our findings offer potential new therapeutic targets for intervention in the risks associated with
865 abdominal fat accumulation, and represents a major advance in our understanding of the underlying
866 biology and genetic architecture of central adiposity.

867

868

ACKNOWLEDGEMENTS

A full list of acknowledgements is provided in the **Supplementary Table 17**. This study was completed as part of the Genetic Investigation of ANtropometric Traits (GIANT) Consortium. This research has been conducted using the UK Biobank resource. Funding for this project was provided by Aase and Ejner Danielsens Foundation, Academy of Finland (102318; 123885; 117844; 40758; 211497; 118590; 139635; 129293; 286284; 134309; 126925; 121584; 124282; 129378; 117787; 41071; 137544; 272741), Action on Hearing Loss (G51), ALK-Abelló A/S (Hørsholm-Denmark), American Heart Association (13EIA14220013; 13GRNT16490017; 13POST16500011), American Recovery and Reinvestment Act of 2009 (ARRA) Supplement (EY014684-03S1; -04S1), Amgen, André and France Desmarais Montreal Heart Institute (MHI) Foundation, AstraZeneca, Augustinus Foundation, Australian Government and Government of Western Australia, Australian Research Council Future Fellowship, Becket Foundation, Benzon Foundation, Bernard Wolfe Health Neuroscience Endowment, British Heart Foundation (CH/03/001; RG/14/5/30893; RG/200004; SP/04/002; SP/09/002), BiomarCaRE (278913), Bundesministerium für Bildung und Forschung (Federal Ministry of Education and Research-Germany; German Center for Diabetes Research (DZD); 01ER1206; 01ER1507; 01ER1206; 01ER1507; FKZ: 01EO1501 (AD2-060E); 01ZZ9603; 01ZZ0103; 01ZZ0403; 03IS2061A; 03Z1CN22; FKZ 01GI1128), Boehringer Ingelheim Foundation, Boston University School of Medicine, Canada Research Chair program, Canadian Cancer Society Research Institute, Canadian Institutes of Health Research (MOP-82893), Cancer Research UK (C864/A14136; A490/A10124; C8197/A16565), Cebu Longitudinal Health and Nutrition Survey (CLHNS) pilot funds (RR020649; ES010126; DK056350), Center for Non-Communicable Diseases (Pakistan), Central Society for Clinical Research, Centre National de Génotypage (Paris-France), CHDI Foundation (Princeton-USA), Chief Scientist Office of the Scottish Government Health Directorate (CZD/16/6), City of Kuopio and Social Insurance Institution of Finland (4/26/2010), Clarendon Scholarship, Commission of the European Communities; Directorate C-Public Health

893 (2004310), Copenhagen County, County Council of Dalarna, Curtin University of Technology, Dalarna
894 University, Danish Centre for Evaluation and Health Technology Assessment, Danish Council for
895 Independent Research, Danish Diabetes Academy, Danish Heart Foundation, Danish Medical Research
896 Council-Danish Agency for Science Technology and Innovation, Danish Medical Research Council, Danish
897 Pharmaceutical Association, Danish Research Council for Independent Research, Dekker scholarship
898 (2014T001), Dentistry and Health Sciences, Department of Internal Medicine at the University of
899 Michigan, Diabetes Care System West-Friesland, Diabetes Heart Study (R01 HL6734; R01 HL092301; R01
900 NS058700), Doris Duke Charitable Foundation Clinical Scientist Development Award (2014105), Doris
901 Duke Medical Foundation, Dr. Robert Pfleger Stiftung, Dutch Cancer Society (NKI2009-4363), Dutch
902 Government (NWO 184.021.00; NWO/MaGW VIDI-016-065-318; NWO VICI 453-14-0057; NWO
903 184.021.007), Dutch Science Organization (ZonMW-VENI Grant 916.14.023), Edith Cowan University,
904 Education and Sports Research Grant (216-1080315-0302); Croatian Science Foundation (grant 8875),
905 Else Kröner-Frsenius-Stiftung (2012_A147), Emil Aaltonen Foundation, Erasmus Medical Center, Erasmus
906 University (Rotterdam), European Research Council Advanced Principal Investigator Award, European
907 Research Council (310644; 268834; 323195; SZ-245 50371-GLUCOSEGENES-FP7-IDEAS-ERC; 293574),
908 Estonian Research Council (IUT20-60), European Union Framework Programme 6
909 (LSHM_CT_2006_037197; Bloodomics Integrated Project; LSHM-CT-2004-005272; LSHG-CT-2006-
910 018947), European Union Framework Programme 7 (HEALTH-F2-2013-601456; HEALTH-F2-2012-
911 279233; 279153; HEALTH-F3-2010-242244; EpiMigrant; 279143; 313010; 305280; HZ2020 633589;
912 313010; HEALTH-F2-2011-278913; HEALTH-F4-2007- 201413), European Commission (DG XII), European
913 Community (SOC 98200769 05 F02), European Regional Development Fund to the Centre of Excellence
914 in Genomics and Translational Medicine (GenTransMed), European Union (QLG1-CT-2001-01252; SOC
915 95201408 05 F02), EVO funding of the Kuopio University Hospital from Ministry of Health and Social
916 Affairs (5254), Eye Birth Defects Foundation Inc., Federal Ministry of Science-Germany (01 EA 9401),

917 Finland's Slottery Machine Association, Finnish Academy (255935; 269517), Finnish Cardiovascular
918 Research Foundation, Finnish Cultural Foundation, Finnish Diabetes Association, Finnish Diabetes
919 Research Foundation, Finnish Foundation for Cardiovascular Research, Finnish Funding Agency for
920 Technology and Innovation (40058/07), Finnish Heart Association, Finnish National Public Health
921 Institute, Fondation Leducq (14CVD01), Food Standards Agency (UK), Framingham Heart Study of the
922 National Heart Lung and Blood Institute of the National Institutes of Health (HHSN268201500001; N02-
923 HL-6-4278), FUSION Study (DK093757; DK072193; DK062370; ZIA-HG000024), General Clinical Research
924 Centre of the Wake Forest School of Medicine (M01 RR07122; F32 HL085989), Genetic Laboratory of the
925 Department of Internal Medicine-Erasmus MC (the Netherlands Genomics Initiative), Genetics and
926 Epidemiology of Colorectal Cancer Consortium (NCI CA137088), German Cancer Aid (70-2488-Ha I),
927 German Diabetes Association, German Research Foundation (CRC 1052 C01; B01; B03), Health and
928 Retirement Study (R03 AG046398), Health Insurance Foundation (2010 B 131), Health Ministry of
929 Lombardia Region (Italy), Helmholtz Zentrum München – German Research Center for Environmental
930 Health, Helse Vest, Home Office (780-TETRA), Hospital Districts of Pirkanmaa; Southern Ostrobothnia;
931 North Ostrobothnia; Central Finland and Northern Savo, Ib Henriksen Foundation, Imperial College
932 Biomedical Research Centre, Imperial College Healthcare NHS Trust, Institute of Cancer Research and
933 The Everyman Campaign, Interuniversity Cardiology Institute of the Netherlands (09.001), Intramural
934 Research Program of the National Institute on Aging, Italian Ministry of Health (GR-2011-02349604),
935 Johns Hopkins University School of Medicine (HHSN268200900041C), Juho Vainio Foundation, Kaiser
936 Foundation Research Institute (HHSN268201300029C), KfH Stiftung Präventivmedizin e.V., KG Jebsen
937 Foundation, Knut and Alice Wallenberg Foundation (Wallenberg Academy Fellow), Knut och Alice
938 Wallenberg Foundation (2013.0126), Kuopio Tampere and Turku University Hospital Medical Funds
939 (X51001), Kuopio University Hospital, Leenaards Foundation, Leiden University Medical Center, Li Ka
940 Shing Foundation (CML), Ludwig-Maximilians-Universität, Lund University, Lundbeck Foundation,

941 Lundbeckfonden, Marianne and Marcus Wallenberg Foundation, Max Planck Society, Medical Research
942 Council-UK (G0601966; G0700931; G0000934; MR/L01632X/1; MC_UU_12015/1; MC_PC_13048;
943 G9521010D; G1000143; MC_UU_12013/1-9; MC_UU_12015/1; MC_PC_13046; MC_U106179471;
944 G0800270, MR/L01341X/1), MEKOS Laboratories (Denmark), Merck & Co Inc., MESA Family (R01-HL-
945 071205; R01-HL-071051; R01-HL-071250; R01-HL-071251; R01-HL-071252; R01-HL-071258; R01-HL-
946 071259; UL1-RR-025005), Ministry for Health Welfare and Sports (the Netherlands), Ministry of Cultural
947 Affairs (Germany), Ministry of Education and Culture of Finland (627;2004-2011), Ministry of Education
948 Culture and Science (the Netherlands), Ministry of Science and Technology (Taiwan) (MOST 104-2314-B-
949 075A-006 -MY3), Ministry of Social Affairs and Health in Finland, Montreal Heart Institute Foundation,
950 MRC-PHE Centre for Environment and Health, Multi-Ethnic Study of Atherosclerosis (MESA) (N01-HC-
951 95159; N01-HC-95160; N01-HC-95161; N01-HC-95162; N01-HC-95163; N01-HC-95164; N01-HC-95165;
952 N01-HC-95166; N01-HC-95167; N01-HC-95168; N01-HC-95169), Munich Center of Health Sciences (MC-
953 Health), Municipality of Rotterdam (the Netherlands) Murdoch University, National Basic Research
954 Program of China (973 Program 2012CB524900), National Cancer Institute (CA047988; UM1CA182913),
955 National Cancer Research Institute UK, National Cancer Research Network UK, National Center for
956 Advancing Translational Sciences (UL1TR001881), National Center for Research Resources (UL1-TR-
957 000040 and UL1-RR-025005), National Eye Institute of the National Institutes of Health (EY014684, EY-
958 017337), National Health and Medical Research Council of Australia (403981; 1021105; 572613),
959 National Heart Lung and Blood Institute (HHSN268201100010C; HHSN268201100011C; and
960 HHSN268201100012C; HHSN268201100005; HHSN268201100006C; HHSN268201100007C;
961 HHSN268201100008C; HHSN268201100009; HHSN268201100037C; HHSN268201300046C;
962 HHSN268201300047C; HHSN268201300048C; HHSN268201300049C; HHSN268201300050C; HL043851;
963 HL080467; HL094535; HL109946; HHSN268201300025C; HHSN268201300026C; HL119443; HL054464;
964 HL054457; HL054481; HL087660; HL086694; HL060944; HL061019; HL060919; HL060944; HL061019;

965 N02-HL-6-4278; R21 HL121422-02; R21 HL121422-02; R01 DK089256-05), National Human Genome
966 Research Institute (HG007112), National Institute for Health Research BioResource Clinical Research
967 Facility and Biomedical Research Centre based at Guy's and St Thomas' NHS Foundation Trust and King's
968 College London, National Institute for Health Research Comprehensive Biomedical Research Centre
969 Imperial College Healthcare NHS Trust, National Institute for Health Research (NIHR) (RP-PG-0407-
970 10371), National Institute of Diabetes and Digestive and Kidney Disease (DK063491; DK097524;
971 DK085175; DK087914; 1R01DK8925601; 1R01DK106236-01A1), National Institute of Health Research
972 Senior Investigator, National Institute on Aging (NIA U01AG009740; RC2 AG036495; RC4 AG039029),
973 National Institute on Minority Health and Health Disparities, National Institutes of Health (NIH)
974 (1R01HG008983-01; 1R21DA040177-01; 1RO1HL092577; R01HL128914; K24HL105780; K01HL116770;
975 U01 HL072515-06; U01 HL84756; U01HL105198; U01 GM074518; R01 DK089256-05; R01DK075787; R25
976 CA94880; P30 CA008748; DK078150; TW005596; HL085144; TW008288; R01-HL093029; U01-
977 HG004729; R01-DK089256; 1R01DK101855-01; 1K99HL130580; T32-GM067553; U01-DK105561; R01-
978 HL-117078; R01-DK-089256; UO1HG008657; UO1HG06375; UO1AG006781; DK064265; R01DK106621-
979 01; K23HL114724; NS33335; HL57818; R01-DK089256; 2R01HD057194; U01HG007416; R01DK101855,
980 R01DK075787, T32 GM096911-05; K01 DK107836; R01DK075787; UO1 AG 06781; U01-HG005152,
981 1F31HG009850-01), National Key R&D Plan of China (2016YFC1304903), Key Project of the Chinese
982 Academy of Sciences (ZDBS-SSW-DQC-02, ZDRW-ZS-2016-8-1, KJZD-EW-L14-2-2), National Natural
983 Science Foundation of China (81471013; 30930081; 81170734; 81321062; 81471013), National NIHR
984 Bioresource, National Science Council (Taiwan) (NSC 102-2314-B-075A-002), Netherlands CardioVascular
985 Research Initiative (CVON2011-19), Netherlands Heart Foundation, Netherlands Organisation for Health
986 Research and Development (ZonMW) (113102006), Netherlands Organisation for Scientific Research
987 (NWO)-sponsored Netherlands Consortium for Healthy Aging (050-060-810), Netherlands Organization
988 for Scientific Research (184021007), NHMRC Practitioner Fellowship (APP1103329), NIH through the

American Recovery and Reinvestment Act of 2009 (ARRA) (5RC2HL102419), NIHR Biomedical Research Centre at The Institute of Cancer Research and The Royal Marsden NHS Foundation Trust, NIHR Cambridge Biomedical Research Centre, NIHR Cambridge Biomedical Research Centre, NIHR Health Protection Research Unit on Health Impact of Environmental Hazards (HPRU-2012-10141), NIHR Leicester Cardiovascular Biomedical Research Unit, NIHR Official Development Assistance (ODA, award 16/136/68), NIHR Oxford Biomedical Research Centre, the European Union FP7 (EpiMigrant, 279143) and H2020 programs (iHealth-T2D; 643774), NIHR Senior Investigator, Nordic Centre of Excellence on Systems Biology in Controlled Dietary Interventions and Cohort Studies (SYSDIET) (070014), Northwestern University (HHSN268201300027C), Norwegian Diabetes Association, Novartis, Novo Nordisk Foundation, Nuffield Department of Clinical Medicine Award, Orchid Cancer Appeal, Oxford Biomedical Research Centre, Paavo Nurmi Foundation, Päivikki and Sakari Sohlberg Foundation, Pawsey Supercomputing Centre (funded by Australian Government and Government of Western Australia), Peninsula Research Bank-NIHR Exeter Clinical Research Facility, Pfizer, Prostate Cancer Research Foundation, Prostate Research Campaign UK (now Prostate Action), Public Health England, QIMR Berghofer, Raine Medical Research Foundation, Regione FVG (L.26.2008), Republic of Croatia Ministry of Science, Research Centre for Prevention and Health-the Capital Region of Denmark, Research Council of Norway, Research Institute for Diseases in the Elderly (RIDE), Research into Ageing, Robert Dawson Evans Endowment of the Department of Medicine at Boston University School of Medicine and Boston Medical Center, Science Live/Science Center NEMO, Scottish Funding Council (HR03006), Sigrid Juselius Foundation, Social Insurance Institution of Finland, Singapore Ministry of Health's National Medical Research Council (NMRC/STaR/0028/2017), Social Ministry of the Federal State of Mecklenburg-West Pomerania, State of Bavaria-Germany, State of Washington Life Sciences Discovery Award (265508) to the Northwest Institute of Genetic Medicine, Stroke Association, Swedish Diabetes Foundation (2013-024), Swedish Heart-Lung Foundation (20120197; 20120197; 20140422), Swedish Research Council

(2012-1397), Swedish Research Council Strategic Research Network Epidemiology for Health, Swiss National Science Foundation (31003A-143914), SystemsX.ch (51RTP0_151019), Taichung Veterans General Hospital (Taiwan) (TCVGH-1047319D; TCVGH-1047311C), Tampere Tuberculosis Foundation, TEKES Grants (70103/06; 40058/07), The Telethon Kids Institute, Timber Merchant Vilhelm Bangs Foundation, UCL Hospitals NIHR Biomedical Research Centre, UK Department of Health, Université de Montréal Beaulieu-Saucier Chair in Pharmacogenomics, University Hospital Regensburg, University of Bergen, University of Cambridge, University of Michigan Biological Sciences Scholars Program, University of Michigan Internal Medicine Department Division of Gastroenterology, University of Minnesota (HHSN268201300028C), University of Notre Dame (Australia), University of Queensland, University of Western Australia (UWA), Uppsala Multidisciplinary Center for Advanced Computational Science (b2011036), Uppsala University, US Department of Health and Human Services (HHSN268201100046C; HHSN268201100001C; HHSN268201100002C; HHSN268201100003C; HHSN268201100004C; HHSN271201100004C), UWA Faculty of Medicine, Velux Foundation, Wellcome Trust (083948/B/07/Z; 084723/Z/08/Z; 090532; 098381; 098497/Z/12/Z; WT098051; 068545/Z/02; WT064890; WT086596; WT098017; WT090532; WT098051; WT098017; WT098381; WT098395; 083948; 085475), Western Australian DNA Bank (National Health and Medical Research Council of Australia National Enabling Facility), Women and Infant's Research Foundation, Yrjš Jahnsson Foundation (56358)

AUTHORSHIP CONTRIBUTIONS

Writing Group: LAC, RSF, TMF, MG, HMH, JNH, AEJ, TK, ZK, CML, RJFL, YL, KEN, VT, KLY; Data preparation group: TA, IBB, TE, SF, MG, HMH, AEJ, TK, DJL, KSL, AEL, RJFL, YL, EM, NGDM, MCMG, PM, MCYN, MAR, SS, CS, KS, VT, SV, SMW, TWW, KLY, XZ; WHR meta-analyses: PLA, HMH, AEJ, TK, MG, CML, RJFL, KEN, VT, KLY; Pleiotropy working group: GA, MB, JPC, PD, FD, JCF, HMH, SK, HK, HMH, AEJ, CML, DJL, RJFL, AM, EM, GM, MIM, PBM, GMP, JRBP, KSR, XS, SW, JW, CJW; Phenome-wide association studies: LB, JCD,

TLE, AG, AM, MIM; Gene-set enrichment analyses: SB, RSF, JNH, ZK, DL, THP; eQTL analyses: CKR, YL, KLM; Monogenic and syndromic gene enrichment analyses: HMH, AKM; Fly Obesity Screen: AL, JAP; Overseeing of contributing studies: (1958 Birth Cohort) PD; (Airwave) PE; (AMC PAS) GKH; (Amish) JRO'C; (ARIC) EB; (ARIC, Add Health) KEN; (BRAVE) EDA, RC; (BRIGHT) PBM; (CARDIA) MF, PJS; (Cebu Longitudinal Health and Nutrition Survey) KLM; (CHD Exome + Consortium) ASB, JMMH, DFR, JD; (CHES) RV; (Clear/eMERGE (Seattle)) GPJ; (CROATIA_Korcula) VV, OP, IR; (deCODE) KS, UT; (DHS) DWB; (DIACORE) CAB; (DPS) JT, JL, MU; (DRSEXTRA) TAL, RR; (EFSOCH) ATH, TMF; (EGCUT) TE; (eMERGE (Seattle)) EBL; (EPIC-Potsdam) MBS, HB; (EpiHealth) EI, PWF; (EXTEND) ATH, TMF; (Family Heart Study) IBB; (Fenland, EPIC) RAS; (Fenland, EPIC, InterAct) NJW, CL; (FINRISK) SM; (FINRISK 2007 (T2D)) PJ, VS; (Framingham Heart Study) LAC; (FUSION) MB, FSC; (FVG) PG; (Generation Scotland) CH, BHS; (Genetic Epidemiology Network of Arteriopathy (GENOA)) SLRK; (GRAPHIC) NJS; (GSK-STABILITY) DMW, LW, HDW; (Health) AL; (HELIC MANOLIS) EZ, GD; (HELIC Pomak) EZ, GD; (HUNT-MI) KH, CJW; (Inter99) TH, TJ; (IRASFS) LEW, EKS; (Jackson Heart Study (JHS)) JGW; (KORA S4) KS, IMH; (Leipzig-Adults) MB, PK; (LOLIPOP-Exome) JCC, JSK; (LOLIPOP-OmniEE) JCC, JSK; (MESA) JIR, XG; (METSIM) JK, ML; (MONICA-Brianza) GC; (Montreal Heart Institute Biobank (MHIBB)) MPD, GL, SdD, JCT; (MORGAM Central Laboratory) MP; (MORGAM Data Centre) KK; (OBB) FK; (PCOS) APM, CML; (PIVUS) CML, LL; (PRIME - Belfast) FK; (PRIME - Lille) PA; (PRIME - Strasbourg) MM; (PRIME - Toulouse) JF; (PROMIS) DS; (QC) MAR; (RISC) BB, EF, MW; (Rotterdam Study I) AGU, MAI; (SEARCH) AMD; (SHIP/SHIP-Trend) MD; (SIBS) DFE; (SOLID TIMI-52) DMW; (SORBS) APM, MS, AT; (The Mount Sinai BioMe Biobank) EPB, RJFL; (The NEO Study) DOMK; (The NHAPC study, The GBTDS study) XL; (The Western Australian Pregnancy Cohort (Raine) Study) CEP, SM; (TwinsUK) TDS; (ULSAM) APM; (Vejle Biobank) IB, CC, OP; (WGHS) DIC, PMR; (Women's Health Initiative) PLA; (WTCCC-UKT2D) MIM, KRO; (YFS) TL, OTRa; Genotyping of contributing studies: (1958 Birth Cohort) KES; (Airwave) EE, MPSL; (AMC PAS) SS; (Amish) LMYA, JAP; (ARIC) EWD, MG; (BBMRI-NL) SHV, LB, CMvD, PIWdB; (BRAVE) EDA; (Cambridge Cancer Studies) JGD; (CARDIA) MF;

(CHD Exome + Consortium) ASB, JMMH, DFR, JD, RY(Clear/eMERGE (Seattle)) GPJ; (CROATIA_Korcula) VV; (DIACORE) CAB, MG; (DPS) AUJ, JL; (DRSEXTRA) PK; (EGCUT) TE; (EPIC-Potsdam) MBS, KM; (EpiHealth) EI, PWF; (Family Heart Study) KDT; (Fenland, EPIC) RAS; (Fenland, EPIC, InterAct) NJW, CL; (FUSION) NN; (FVG) IG, AM; (Generation Scotland) CH; (Genetic Epidemiology Network of Arteriopathy (GENOA)) SLRK, JAS; (GRAPHIC) NJS; (GSK-STABILITY) DMW; (Health) JBJ; (HELIC MANOLIS) LS; (HELIC Pomak) LS; (Inter99) TH, NG; (KORA) MMN; (KORA S4) KS, HG; (Leipzig-Adults) AM; (LOLIPOP-Exome) JCC, JSK; (LOLIPOP-OmniEE) JCC, JSK; (MESA) JIR, YDIC, KDT; (METSIM) JK, ML; (Montreal Heart Institute Biobank (MHIBB)) MPD; (OBB) FK; (PCOS) APM; (PIVUS) CML; (Rotterdam Study I) AGU, CMG, FR; (SDC) JMJ, HV; (SEARCH) AIMD; (SOLID TIMI-52) DMW; (SORBS) APM; (The Mount Sinai BioMe Biobank) EPB, RJFL, YL, CS; (The NEO Study) RLG; (The NHAPC study, The GBTDS study) XL, HL, YH; (The Western Australian Pregnancy Cohort (Raine) Study) CEP, SM; (TUDR) ZA; (TwinsUK) APM; (ULSAM) APM; (WGHS) DIC, AYC; (Women's Health Initiative) APR; (WTCCC-UKT2D) MIM; (YFS) TL, LPL; Phenotyping of contributing studies: (Airwave) EE; (AMC PAS) SS; (Amish) LM YA; (ARIC) EWD; (ARIC, Add Health) KEN; (BBMRI-NL) SHV; (BRAVE) EDA; (BRIGHT) MJC; (CARL) AR, GG; (Cebu Longitudinal Health and Nutrition Survey) NRL; (CHES) RV, MT; (Clear/eMERGE (Seattle)) GPJ, AAB; (CROATIA_Korcula) OP, IR; (DIACORE) CAB, BKK; (DPS) AUJ, JL; (EFSOCH) ATH; (EGCUT) EM; (EPIC-Potsdam) HB; (EpiHealth) EI; (EXTEND) ATH; (Family Heart Study) MFF; (Fenland, EPIC, InterAct) NJW; (FIN-D2D 2007) LM, MV; (FINRISK) SM; (FINRISK 2007 (T2D)) PJ, HS; (Framingham Heart Study) CSF; (Generation Scotland) CH, BHS; (Genetic Epidemiology Network of Arteriopathy (GENOA)) SLRK, JAS; (GRAPHIC) NJS; (GSK-STABILITY) LW, HDW; (Health) AL, BHT; (HELIC MANOLIS) LS, AEF, ET; (HELIC Pomak) LS, AEF, MK; (HUNT-MI) KH, OH; (Inter99) TJ, NG; (IRASFS) LEW, BK; (KORA) MMN; (LASA (BBMRI-NL)) KMAS; (Leipzig-Adults) MB, PK; (LOLIPOP-Exome) JCC, JSK; (LOLIPOP-OmniEE) JCC, JSK; (MESA) MA; (Montreal Heart Institute Biobank (MHIBB)) GL, KSL, VT; (MORGAM Data Centre) KK; (OBB) FK, MN; (PCOS) CML; (PIVUS) LL; (PRIME - Belfast) FK; (PRIME - Lille) PA; (PRIME - Strasbourg) MM; (PRIME - Toulouse) JF; (RISC) BB, EF; (Rotterdam Study I)

1085 MAI, CMGFR, MCZ; (SHIP/SHIP-Trend) NF; (SORBS) MS, AT; (The Mount Sinai BioMe Biobank) EPB, YL,
1086 CS; (The NEO Study) RdM; (The NHAPC study, The GBTDS study) XL, HL, LS, FW; (The Western Australian
1087 Pregnancy Cohort (Raine) Study) CEP; (TUDR) YJH, WJL; (TwinsUK) TDS, KSS; (ULSAM) VG; (WGHS) DIC,
1088 PMR; (Women's Health Initiative) APR; (WTCCC-UKT2D) MIM, KRO; (YFS) TL, OTR; Data analysis of
1089 contributing studies: (1958 Birth Cohort) KES, IN; (Airwave) EE, MPSL; (AMC PAS) SS; (Amish) JRO'C,
1090 LMYA, JAP; (ARIC, Add Health) KEN, KLY, MG; (BBMRI-NL) LB; (BRAVE) RC, DSA; (BRIGHT) HRW;
1091 (Cambridge Cancer Studies) JGD, AP, DJT; (CARDIA) MF, LAL; (CARL) AR, DV; (Cebu Longitudinal Health
1092 and Nutrition Survey) YW; (CHD Exome + Consortium) ASB, JMMH, DFR, RY, PS; (CHES) YJ;
1093 (CROATIA_Korcula) VV; (deCODE) VS, GT; (DHS) AJC, PM, MCYN; (DIACORE) CAB, MG; (EFSOCH) HY;
1094 (EGCUT) TE, RM; (eMERGE (Seattle)) DSC; (ENDO) TK; (EPIC) JHZ; (EPIC-Potsdam) KM; (EpiHealth) SG;
1095 (EXTEND) HY; (Family Heart Study) MFF; (Fenland) JaL; (Fenland, EPIC) RAS; (Fenland, InterAct) SMW;
1096 (Finrisk Extremes and QC) SV; (Framingham Heart Study) CTL, NLHC; (FVG) IG; (Generation Scotland) CH,
1097 JM; (Genetic Epidemiology Network of Arteriopathy (GENOA)) LFB; (GIANT-Analyst) AEJ; (GRAPHIC) NJS,
1098 NGDM, CPN; (GSK-STABILITY) DMW, AS; (Health) JBJ; (HELIC MANOLIS) LS; (HELIC Pomak) LS; (HUNT-MI)
1099 WZ; (Inter99) NG; (IRASFS) BK; (Jackson Heart Study (JHS)) LAL, JL; (KORA S4) TWW; (LASA (BBMRI-NL))
1100 KMAS; (Leipzig-Adults) AM; (LOLIPOP-Exome) JCC, JSK, WZ; (LOLIPOP-OmniEE) JCC, JSK, WZ; (MESA) JIR,
1101 XG, JY; (METSIM) XS; (Montreal Heart Institute Biobank (MHIBB)) JCT, GL, KSL, VT; (OBB) AM; (PCOS)
1102 APM, TK; (PIVUS) NR; (PROMIS) AR, WZ; (QC GoT2D/T2D-GENES (FUSION, METSIM, etc)) AEL; (RISC) HY;
1103 (Rotterdam Study I) CMG, FR; (SHIP/SHIP-Trend) AT; (SOLID TIMI-52) DMW, AS; (SORBS) APM; (The
1104 Mount Sinai BioMe Biobank) YL, CS; (The NEO Study) RLG; (The NHAPC study, The GBTDS study) XL, HL,
1105 YH; (The Western Australian Pregnancy Cohort (Raine) Study) CAW; (UK Biobank) ARW; (ULSAM) APM,
1106 AM; (WGHS) DIC, AYC; (Women's Health Initiative) PLA, JH; (WTCCC-UKT2D) WG; (YFS) LPL.
1107

METHODS

Studies

Stage 1 consisted of 74 studies (12 case/control studies, 59 population-based studies, and five family studies) comprising 344,369 adult individuals of the following ancestries: 1) European descent (N= 288,492), 2) African (N= 15,687), 3) South Asian (N= 29,315), 4) East Asian (N=6,800), and 5) Hispanic (N=4,075). Stage 1 meta-analyses were carried out in each ancestry separately and in the all ancestries group, for both sex-combined and sex-specific analyses. Follow-up analyses were undertaken in 132,177 individuals of European ancestry from the deCODE anthropometric study and UK Biobank (**Supplementary Tables 1-3**). Conditional analyses were performed in the all ancestries and European descent groups. Informed consent was obtained for participants by the parent study and protocols approved by each study's institutional review boards.

Phenotypes

For each study, WHR (waist circumference divided by hip circumference) was corrected for age, BMI, and the genomic principal components (derived from GWAS data, the variants with MAF >1% on the ExomeChip, and ancestry informative markers available on the ExomeChip), as well as any additional study-specific covariates (e.g. recruiting center), in a linear regression model. For studies with non-related individuals, residuals were calculated separately by sex, whereas for family-based studies sex was included as a covariate in models with both men and women. Additionally, residuals for case/control studies were calculated separately. Finally, residuals were inverse normal transformed and used as the outcome in association analyses. Phenotype descriptives by study are shown in **Supplementary Table 3**.

Genotypes and QC

The majority of studies followed a standardized protocol and performed genotype calling using the algorithms indicated in **Supplementary Table 2**, which typically included zCall[3]. For 10 studies participating in the Cohorts for Heart and Aging Research in Genomic Epidemiology (CHARGE) Consortium, the raw intensity data for the samples from seven genotyping centers were assembled into a single project for joint calling[4]. Study-specific quality control (QC) measures of the genotyped variants were implemented before association analysis (**Supplementary Tables 1-2**). Furthermore, to assess the possibility that any significant associations with rare and low-frequency variants could be due to allele calling in the smaller studies, we performed a sensitivity meta-analysis including all large studies (>5,000 participants) and compared to all studies. We found very high concordance for effect sizes, suggesting that smaller studies do not bias our results (**Supplementary Fig. 24**).

Study-level statistical analyses

Individual cohorts were analyzed for each ancestry separately, in sex-combined and sex-specific groups, with either RAREMETALWORKER (http://genome.sph.umich.edu/wiki/RAREMETALWORKER) or RVTESTs (http://zhanxw.github.io/rvtests/), to associate inverse normal transformed WHRadjBMI with genotype accounting for cryptic relatedness (kinship matrix) in a linear mixed model. These software programs are designed to perform score-statistic based rare-variant association analysis, can accommodate both unrelated and related individuals, and provide single-variant results and variance-covariance matrices. The covariance matrix captures linkage disequilibrium (LD) relationships between markers within 1 Mb, which is used for gene-level meta-analyses and conditional analyses[77,78]. Single-variant analyses were performed for both additive and recessive models.

Centralized quality-control

Individual cohorts identified ancestry population outliers based on 1000 Genome Project phase 1 ancestry reference populations. A centralized quality-control procedure implemented in EasyQC[79] was

applied to individual cohort association summary statistics to identify cohort-specific problems: (1) assessment of possible errors in phenotype residual transformation; (2) comparison of allele frequency alignment against 1000 Genomes Project phase 1 reference data to pinpoint any potential strand issues, and (3) examination of quantile-quantile (QQ) plots per study to identify any inflation arising from population stratification, cryptic relatedness and genotype biases.

Meta-analyses

Meta-analyses were carried out in parallel by two different analysts at two sites using RAREMETAL[77]. During the meta-analyses, we excluded variants if they had call rate <95%, Hardy-Weinberg equilibrium P-value $<1x10^{-7}$, or large allele frequency deviations from reference populations (>0.6 for all ancestries analyses and >0.3 for ancestry-specific population analyses). We also excluded from downstream analyses markers not present on the Illumina ExomeChip array 1.0, variants on the Y-chromosome or the mitochondrial genome, indels, multiallelic variants, and problematic variants based on the Blat-based sequence alignment analyses. Significance for single-variant analyses was defined at an array-wide level ($P<2x10^{-7}$). For all suggestive significant variants from Stage 1, we tested for significant sex differences. We calculated Psexhet for each SNP, testing for difference between women-specific and men-specific beta estimates and standard errors using EasyStrata[11,80]. Each SNP that reached $P_{sexhet}<0.05/\#$ of variants tested (70 variants brought forward from Stage 1, $P_{sexhet}<7.14x10^{-4}$) was considered significant. Additionally, while each individual study was asked to perform association analyses stratified by race/ethnicity, and adjust for population stratification, all study-specific summary statistics were meta-analyzed together for our all ancestry meta-analyses. To investigate potential heterogeneity across ancestries, we did examine ancestry-specific meta-analysis results for our top 70 variants from stage 1, and found no evidence of significant across-ancestry heterogeneity observed for any of our top variants (I^2 values noted in **Supplementary Data 1-3**).

For the gene-based analyses, we applied two sets of criteria to select variants with a MAF<5% within each ancestry based on coding variant annotation from five prediction algorithms (PolyPhen2, HumDiv and HumVar, LRT, MutationTaster, and SIFT)[80,81]. Our broad gene-based tests included nonsense, stop-loss, splice site, and missense variants annotated as damaging by at least one algorithm mentioned above. Our strict gene-based tests included only nonsense, stop-loss, splice site, and missense variants annotated as damaging by all five algorithms. These analyses were performed using the sequence kernel association test (SKAT) and variable threshold (VT) methods. Statistical significance for gene-based tests was set at a Bonferroni-corrected threshold of $P<2.5x10^{-6}$ (0.05/~20,000 genes). All gene-based tests were performed in RAREMETAL[77].

Genomic inflation

We observed a marked genomic inflation of the test statistics even after controlling for population stratification (linear mixed model) arising mainly from common markers; λ_{GC} in the primary meta-analysis (combined ancestries and combined sexes) was 1.06 and 1.37 for all and only common coding and splice site markers considered herein, respectively (**Supplementary Figures 3, 7** and **13**, **Supplementary Table 16**). Such inflation is expected for a highly polygenic trait like WHRadjBMI, for studies using a non-random set of variants across the genome, and is consistent with our very large sample size[79,82,83].

Conditional analyses

The RAREMETAL R-package[77] was used to identify independent WHRadjBMI association signals across all ancestries and European meta-analysis results. RAREMETAL performs conditional analyses by using covariance matrices to distinguish true signals from the shadows of adjacent significant variants in LD. First, we identified the lead variants ($P<2x10^{-7}$) based on a 1Mb window centered on the most significantly associated variant. We then conditioned on the lead variants in RAREMETAL and kept new

lead signals at $P<2x10^{-7}$ for conditioning in a second round of analysis. The process was repeated until no additional signal emerged below the pre-specified P-value threshold ($P<2x10^{-7}$).

To test if the associations detected were independent of the previously published WHRadjBMI variants [10,14,16], we performed conditional analyses in the stage 1 discovery set if the GWAS variant or its proxy ($r^2 \geq 0.8$) was present on the ExomeChip using RAREMETAL[77]. All variants identified in our meta-analysis and the previously published variants were also present in the UK Biobank dataset[84]. This dataset was used as a replacement dataset if a good proxy was not present on the ExomeChip as well as a replication dataset for the variants present on the ExomeChip. All conditional analyses in the UK Biobank dataset were performed using SNPTEST[85-87]. The conditional analyses were carried out reciprocally, conditioning on the ExomeChip variant and then the previously published variant. An association was considered independent of the previously published association if there was a statistically significant association detected prior to the conditional analysis ($P<2x10^{-7}$) with both the exome chip variant and the previously published variant, and the observed association with both or either of the variants disappeared upon conditional analysis ($P>0.05$). A conditional p-value between $9x10^{-6}$ and 0.05 was considered inconclusive. However, a conditional p-value < $9x10^{-6}$ was also considered suggestive.

Stage 2 meta-analyses

In our Stage 2, we sought to validate a total of 70 variants from Stage 1 that met $P<2x10^{-6}$ in two independent studies, the UK Biobank (Release 1[84]) and Iceland (deCODE), comprising 119,572 and 12,605 individuals, respectively (Supplementary Tables 1-3). The same QC and analytical methodology were used for these studies. Genotyping, study descriptions and phenotype descriptives are provided in **Supplementary Tables 1-3**. For the combined analysis of Stage 1 plus 2, we used the inverse-variance weighted fixed effects meta-analysis method. Significant associations were defined as those nominally

significant (P<0.05) in the Stage 2 study and for the combined meta-analysis (Stage 1 plus Stage 2) significance was set at $P<2x10^{-7}$ (0.05/~250,000 variants).

Pathway enrichment analyses: EC-DEPICT

We adapted DEPICT, a gene set enrichment analysis method for GWAS data, for use with the ExomeChip ('EC-DEPICT'); this method is also described in a companion manuscript[22]. DEPICT's primary innovation is the use of "reconstituted" gene sets, where many different types of gene sets (e.g. canonical pathways, protein-protein interaction networks, and mouse phenotypes) were extended through the use of large-scale microarray data (see Pers et al.[21] for details). EC-DEPICT computes p-values based on Swedish ExomeChip data (Malmö Diet and Cancer (MDC), All New Diabetics in Scania (ANDIS), and Scania Diabetes Registry (SDR) cohorts, N=11,899) and, unlike DEPICT, takes as input only the genes directly containing the significant (coding) variants rather than all genes within a specified amount of linkage disequilibrium (see **Supplementary Note 2**).

Two analyses were performed for WHRadjBMI ExomeChip: one with all variants $p<5x10^{-4}$ (49 significant gene sets in 25 meta-gene sets, FDR <0.05) and one with all variants > 1 Mb from known GWAS loci [10] (26 significant gene sets in 13 meta-gene sets, FDR <0.05). Affinity propagation clustering[88] was used to group highly correlated gene sets into "meta-gene sets"; for each meta-gene set, the member gene set with the best p-value was used as representative for purposes of visualization (see Supplementary Note). DEPICT for ExomeChip was written using the Python programming language, and the code can be found at https://github.com/RebeccaFine/obesity-ec-depict.

Pathway enrichment analyses: PASCAL

We also applied the PASCAL pathway analysis tool[23] to exome-wide association summary statistics from Stage 1 for all coding variants. The method derives gene-based scores (both SUM and MAX statistics) and subsequently tests for over-representation of high gene scores in predefined

biological pathways. We used standard pathway libraries from KEGG, REACTOME and BIOCARTA, and also added dichotomized (Z-score>3) reconstituted gene sets from DEPICT[21]. To accurately estimate SNP-by-SNP correlations even for rare variants, we used the UK10K data (TwinsUK[89] and ALSPAC[90] studies , N=3781). In order to separate the contribution of regulatory variants from the coding variants, we also applied PASCAL to association summary statistics of only regulatory variants (20 kb upstream) and regulatory+coding variants from the Shungin et al[10] study. In this way, we could comment on what is gained by analyzing coding variants available on ExomeChip arrays. We performed both MAX and SUM estimations for pathway enrichment. MAX is more sensitive to genesets driven primarily by a single signal, while SUM is better when there are multiple variant associations in the same gene.

Monogenic obesity enrichment analyses

We compiled two lists consisting of 31 genes with strong evidence that disruption causes monogenic forms of insulin resistance or diabetes; and 8 genes with evidence that disruption causes monogenic forms of lipodystrophy. To test for enrichment of association, we conducted simulations by matching each gene with others based on gene length and number of variants tested, to create a matched set of genes. We generated 1,000 matched gene sets from our data, and assessed how often the number of variants exceeding set significance thresholds was greater than in our monogenic obesity gene set.

Variance explained

We estimated the phenotypic variance explained by the association signals in Stage 1 all ancestries analyses for men, women, and combined sexes[91]. For each associated region, we pruned subsets of SNPs within 500 kb, as this threshold was comparable with previous studies, of the SNPs with the lowest P-value and used varying P value thresholds (ranging from $2x10^{-7}$ to 0.02) from the combined sexes results. Additionally, we examined all variants and independent variants across a range of MAF

thresholds. The variance explained by each subset of SNPs in each strata was estimated by summing the variance explained by the individual top coding variants. For the comparison of variance explained between men and women, we tested for the significance of the differences assuming that the weighted sum of chi-squared distributed variables tend to a Gaussian distribution ensured by Lyapunov's central limit theorem.[91,92]

Cross-trait lookups

To carefully explore the relationship between WHRadjBMI and related cardiometabolic, anthropometric, and reproductive traits, association results for the 51 WHRadjBMI coding SNPs were requested from existing or on-going meta-analyses from 7 consortia, including ExomeChip data from GIANT (BMI, height), Global Lipids Genetics Consortium Results (GLGC) (total cholesterol, triglycerides, HDL-cholesterol, LDL-cholesterol), International Consortium for Blood Pressure (IBPC)[93] (systolic and diastolic blood pressure), Meta-Analyses of Glucose and Insulin-related traits Consortium (MAGIC) (glycemic traits), and DIAbetes Genetics Replication And Meta-analysis (DIAGRAM) consortium (type 2 diabetes).).[22,25-29] For coronary artery disease, we accessed 1000 Genomes Project-imputed GWAS data released by CARDIoGRAMplusC4D[94] and for the ReproGen consortium (age at menarche and menopause) we used a combination of ExomeChip and 1000 Genomes Project-Imputed GWAS data. Heatmaps were generated in R v3.3.2 using gplots (https://CRAN.R-project.org/package=gplots). We used Euclidean distance based on p-value and direction of effect and complete linkage clustering for the dendrograms.

GWAS Catalog Lookups

In order to determine if significant coding variants were associated with any related cardiometabolic and anthropometric traits, we also searched the NHGRI-EBI GWAS Catalog for previous variant-trait associations near our lead SNPs (+/- 500 kb). We used PLINK to calculate LD for variants

using ARIC study European participants. All SNVs within the specified regions with an r^2 value > 0.7 were retained from NHGRI-EBI GWAS Catalog for further evaluation[37]. Consistent direction of effect was based on WHR-increasing allele, LD, and allele frequency. Therefore, when a GWAS Catalog variant was not identical or in high LD (r^2 > 0.9) with the WHR variant, and MAF >0.45, we do not comment on direction of effect.

Body-fat percentage associations

We performed body fat percent and truncal fat percent look-up of 48 of the 56 identified variants (tables 1 and 2) that were available in the UK Biobank, Release 1[84], data (notably some of the rare variants in table 1 and 2 were not available) to further characterize their effects on WHRadjBMI. Genome-wide association analyses for body fat percent and truncal fat percent were carried out in the UK Biobank. Prior to analysis, phenotype data were filtered to exclude pregnant or possibly pregnant women, individuals with body mass index < 15, and without genetically confirmed European ancestry, resulting in a sample size of 120,286. Estimated measures of body fat percent and truncal fat percent were obtained using the Tanita BC418MA body composition analyzer (Tanita, Tokyo, Japan). Individuals were not required to fast and did not follow any specific instructions prior to the bioimpedance measurements. SNPTEST was used to perform the analyses based on residuals adjusted for age, 15 principle components, assessment center and the genotyping chip[85].

Collider bias

In order to evaluate SNPs for possible collider bias[18], we used results from a recent association analysis from GIANT on BMI[25]. For each significant SNP identified in our additive models, WHRadjBMI associations were corrected for potential bias due to associations between each variant and BMI (See **Supplementary Note 1** for additional details). Variants were considered robust against collider bias if

they met Bonferroni-corrected significance following correction ($P_{corrected}<9.09x10^{-4}$, 0.05/55 variants examined).

Drosophila RNAi knockdown experiments

For each gene in which coding variants were associated with WHRadjBMI in the final combined meta-analysis ($P < 2\times10^{-7}$), its corresponding Drosophila orthologues were identified in the Ensembl ortholog database (www.ensembl.org), when available. Drosophila triglyceride content values were mined from a publicly available genome-wide fat screen data set [45] to identify potential genes for follow-up knockdowns. Estimated values represent fractional changes in triglyceride content in adult male flies. Data are from male progeny resulting from crosses of male UAS-RNAi flies from the Vienna Drosophila Resource Center (VDRC) and Hsp70-GAL4; Tub-GAL8ts virgin females. Two-to-five-day-old males were sorted into groups of 20 and subjected to two one-hour wet heatshocks four days apart. On the seventh day, flies were picked in groups of eight, manually crushed and sonicated, and the lysates heat-inactivated for 10 min in a thermocycler at 95 °C. Centrifuge-cleared supernatants were then used for triglyceride (GPO Trinder, Sigma) and protein (Pierce) determination. Triglyceride values from these adult-induced ubiquitous RNAi knockdown individuals were normalized to those obtained in parallel from non-heatshocked progeny from the very same crosses. The screen comprised one to three biological replicates. We followed up each gene with a >0.2 increase or >0.4 decrease in triglyceride content.

Orthologues for two genes were brought forward for follow-up, *DNAH10* and *PLXND1*. For both genes, we generated adipose tissue (cg-Gal4) and neuronal (elav-Gal4) specific RNAi-knockdown crosses to knockdown transcripts in a tissue specific manner, leveraging upstream activation sequence (UAS)-inducible short-hairpin knockdown lines, available through the VDRC (Vienna *Drosophila* Resource Center). Specifically, elav-Gal4, which drives expression of the RNAi construct in post mitotic neurons starting at embryonic stages all the way to adulthood, was used. Cg drives expression in the fat body and

hemocytes starting at embryonic stage 12, all the way to adulthood. We crossed male UAS-RNAi flies and elav-GAL4 or CG-GAL4 virgin female flies. All fly experiments were carried out at 25°C. Five-to-seven-day-old males were sorted into groups of 20, weighed and homogenated in PBS with 0.05% Tween with Lysing Matrix D in a beadshaker. The homogenate was heat-inactivated for 10 min in a thermocycler at 70°C. 10µl of the homogenate was subsequently used in a triglyceride assay (Sigma, Serum Triglyceride Determination Kit) which was carried out in duplicate according to protocol, with one alteration: the samples were cleared of residual particulate debris by centrifugation before absorbance reading. Resulting triglyceride values were normalized to fly weight and larval/population density. We used the non-parametric Kruskall-Wallis test to compare wild type with knockdown lines.

Expression quantitative trait loci (eQTLs) analysis

We queried the significant variant (Exome coding SNPs)-gene pairs associated with eGenes across five metabolically relevant tissues (skeletal muscle, subcutaneous adipose, visceral adipose, liver and pancreas) with at least 70 samples in the GTEx database[46]. For each tissue, variants were selected based on the following thresholds: the minor allele was observed in at least 10 samples, and the minor allele frequency was ≥ 0.01. eGenes, genes with a significant eQTL, are defined on a false discovery rate (FDR)[95] threshold of ≤0.05 of beta distribution-adjusted empirical p-value from FastQTL. Nominal p-values were generated for each variant-gene pair by testing the alternative hypothesis that the slope of a linear regression model between genotype and expression deviates from 0. To identify the list of all significant variant-gene pairs associated with eGenes, a genome-wide empirical p-value threshold[64], pt, was defined as the empirical p-value of the gene closest to the 0.05 FDR threshold. pt was then used to calculate a nominal p-value threshold for each gene based on the beta distribution model (from FastQTL) of the minimum p-value distribution f(pmin) obtained from the permutations for the gene. For each gene, variants with a nominal p-value below the gene-level threshold were considered significant and included in the final list of variant-gene pairs[64]. For each eGene, we also listed the most significantly

associated variants (eSNP). Only these exome SNPs with $r^2 > 0.8$ with eSNPs were considered for the biological interpretation (Supplementary eQTL GTEx).

We also performed cis-eQTL analysis in 770 METSIM subcutaneous adipose tissue samples as described in Civelek, et al.[96] A false discovery rate (FDR) was calculated using all p-values from the cis-eQTL detection in the q-value package in R. Variants associated with nearby genes at an FDR less than 1% were considered to be significant (equivalent p-value $< 2.46 \times 10^{-4}$).

For loci with more than one microarray probeset of the same gene associated with the exome variant, we selected the probeset that provided the strongest LD r2 between the exome variant and the eSNP. In reciprocal conditional analysis, we conditioned on the lead exome variant by including it as a covariate in the cis-eQTL detection and reporting the p-value of the eSNP and vice versa. We considered the signals to be coincident if both the lead exome variant and the eSNP were no longer significant after conditioning on the other and the variants were in high pairwise LD (r2 > 0.80).

For loci that also harbored reported GWAS variants, we performed reciprocal conditional analysis between the GWAS lead variant and the lead eSNP. For loci with more than one reported GWAS variant, the GWAS lead variant with the strongest LD r2 with the lead eSNP was reported.

Penetrance analysis

Phenotype and genotype data from the UK Biobank (UKBB) were used for the penetrance analysis. Three of 16 rare and low frequency variants (MAF ≤ 1%) detected in the final Stage 1 plus 2 meta-analysis were available in the UKBB and had relatively larger effect sizes (>0.90). The phenotype data for these three variants were stratified with respect to waist-to-hip ratio (WHR) using the World Health Organization (WHO) guidelines. These guidelines consider women and men with WHR greater than 0.85 and 0.90 as obese, respectively. Genotype and allele counts were obtained for the available variants and these were used to calculate the number of carriers of the minor allele. The number of

carriers for women, men and all combined was then compared between two strata (obese vs. non-obese) using a $\chi 2$ test. The significance threshold was determined by using a Bonferroni correction for the number of tests performed ($0.05/9=5.5x10^{-3}$)).

DATA AVAILABILITY

Summary statistics of all analyses are available at https://www.broadinstitute.org/collaboration/giant/.

1391 **BOXES**

Box 1. Genes of biological interest harboring WHR-associated variants

PLXND1- (3:129284818, rs2625973, known locus) The major allele of a common non-synonymous variant in Plexin D1 (L1412V, MAF=26.7%) is associated with increased WHRadjBMI (β (SE)= 0.0156 (0.0024), P-value=9.16×10^{-11}). *PLXND1* is a semaphorin class 3 and 4 receptor gene, and therefore, is involved in cell to cell signaling and regulation of growth in development for a number of different cell and tissue types, including those in the cardiovascular system, skeleton, kidneys, and the central nervous system[97-101]. Mutations in this gene are associated with Moebius syndrome[102-105], and persistent truncus arteriosus[99,106]. *PLXND1* is involved in angiogenesis as part of the SEMA and VEGF signalling pathways[107-110]. *PLXND1* was implicated in the development of T2D through its interaction with *SEMA3E* in mice. *SEMA3E* and *PLXND1* are upregulated in adipose tissue in response to diet-induced obesity, creating a cascade of adipose inflammation, insulin resistance, and diabetes mellitus[101]. *PLXND1* is highly expressed in adipose (both subcutaneous and visceral) (GTeX). *PLXND1* is highly intolerant of mutations and therefore highly conserved (**Supplementary Data 10)**. Last, our lead variant is predicted as damaging or possibly damaging for all algorithms examined (SIFT, Polyphen2/HDIV, Polyphen2/HVAR, LRT, MutationTaster).

ACVR1C– (2:158412701, rs55920843, novel locus) The major allele of a low frequency non-synonymous variant in activin A receptor type 1C (rs55920843, N150H, MAF=1.1%) is associated with increased WHRadjBMI (β (SE)= 0.0652 (0.0105), P-value= 4.81×10^{-10}). *ACVR1C*, also called Activin receptor-like kinase 7 (*ALK7*), is a type I receptor for TGFB (Transforming Growth Factor, Beta-1), and is integral for the activation of SMAD transcription factors; therefore, *ACVR1C* plays an important role in cellular growth and differentiation[64-68], including adipocytes[68]. Mouse Acvr1c decreases secretion of insulin and

is involved in lipid storage[69,72,73,69,72,73,111]. *ACVR1C* exhibits the highest expression in adipose tissue, but is also highly expressed in the brain (GTEx)[69-71]. Expression is associated with body fat, carbohydrate metabolism and lipids in both obese and lean individuals[70]. *ACVR1C* is moderately tolerant of mutations (EXaC Constraint Scores: synonymous= -0.86, nonsynonymous = 1.25, LoF = 0.04, **Supplementary Data 10**). Last, our lead variant is predicted as damaging for two of five algorithms examined (LRT and MutationTaster).

FGFR2– (10:123279643, rs138315382, novel locus) The minor allele of a rare synonymous variant in Fibroblast Growth Factor Receptor 2 (rs138315382, MAF=0.09%) is associated with increased WHRadjBMI (β (SE) = 0.258 (0.049), P-value= $1.38x10^{-07}$). The extracellular portion of the FGFR2 protein binds with fibroblast growth factors, influencing mitogenesis and differentiation. Mutations in this gene have been associated with many rare monogenic disorders, including skeletal deformities, craniosynostosis, eye abnormalities, and LADD syndrome, as well as several cancers including breast, lung, and gastric cancer. Methylation of *FGFR2* is associated with high birth weight percentile[112]. *FGFR2* is tolerant of synonymous mutations, but highly intolerant of missense and loss-of-function mutations (ExAC Constraint scores: synonymous=-0.9, missense=2.74, LoF=1.0, **Supplementary Data 10**). Last, this variant is not predicted to be damaging based on any of the 5 algorithms tested.

ANGPTL4 – (19:8429323, rs116843064, novel locus) The major allele of a nonsynonymous low frequency variant in Angiopoietin Like 4 (rs116843064, E40K, EAF=98.1%) is associated with increased WHRadjBMI (β (SE) = 0.064 (0.011) P-value= $1.20x10^{-09}$). *ANGPTL4* encodes a glycosylated, secreted protein containing a C-terminal fibrinogen domain. The encoded protein is induced by peroxisome proliferation activators and functions as a serum hormone that regulates glucose homeostasis, triglyceride metabolism[113,114], and insulin sensitivity[115]. Angptl4-deficient mice have hypotriglyceridemia and

increased lipoprotein lipase (LPL) activity, while transgenic mice overexpressing Angplt4 in the liver have higher plasma triglyceride levels and decreased LPL activity[116]. The major allele of rs116843064 has been previously associated with increased risk of coronary heart disease and increased TG[63]. *ANGPTL4* is moderately tolerant of mutations (ExAC constraint scores synonymous=1.18, missense=0.21, LoF=0.0, **Supplementary Data 10**). Last, our lead variant is predicted damaging for four of five algorithms (SIFT, Polyphen 2/HDIV, Polyphen2/HVAR, and MutationTaster).

RREB1 – (6:7211818, rs1334576, novel association signal) The major allele of a common non-synonymous variant in the Ras responsive element binding protein 1 (rs1334576, G195R, EAF=56%) is associated with increased WHRadjBMI (β (SE)=0.017 (0.002), P-value=3.9×10^{-15}). This variant is independent of the previously reported GWAS signal in the *RREB1* region (rs1294410; 6:6738752[10]). The protein encoded by this gene is a zinc finger transcription factor that binds to RAS-responsive elements (RREs) of gene promoters. It has been shown that the calcitonin gene promoter contains an RRE and that the encoded protein binds there and increases expression of calcitonin, which may be involved in Ras/Raf-mediated cell differentiation[117-119]. The ras responsive transcription factor *RREB1* is a candidate gene for type 2 diabetes associated end-stage kidney disease[118]. This variant is highly intolerant to loss of function (ExAC constraint score LoF = 1, **Supplementary Data 10**).

DAGLB – (7:6449496, rs2303361, novel locus) The minor allele of a common non-synonymous variant (rs2303361, Q664R, MAF=22%) in *DAGLB* (Diacylglycerol lipase beta) is associated with increased WHRadjBMI (β (SE)= 0.0136 (0.0025), P-value=6.24×10^{-8}). *DAGLB* is a diacylglycerol (DAG) lipase that catalyzes the hydrolysis of DAG to 2-arachidonoyl-glycerol, the most abundant endocannabinoid in tissues. In the brain, DAGL activity is required for axonal growth during development and for retrograde synaptic signaling at mature synapses (2-AG)[120]. The *DAGLB* variant, rs702485 (7:6449272, r^2= 0.306 and

D'=1 with rs2303361) has been previously associated with high-density lipoprotein cholesterol (HDL) previously. Pathway analysis indicate a role in the triglyceride lipase activity pathway [121]. *DAGLB* is tolerant of synonymous mutations, but intolerant of missense and loss of function mutations (ExAC Constraint scores: synonymous=-0.76, missense=1.07, LoF=0.94, **Supplementary Data 10**). Last, this variant is not predicted to be damaging by any of the algorithms tested.

MLXIPL (7:73012042, rs35332062 and 7:73020337, rs3812316, known locus) The major alleles of two common non-synonymous variants (A358V, MAF=12%; Q241H, MAF=12%) in *MLXIPL* (MLX interacting protein like) are associated with increased WHRadjBMI (β (SE)= 0.02 (0.0033), P-value=1.78×10^{-9}; β (SE)= 0.0213 (0.0034), P-value=1.98×10^{-10}). These variants are in strong linkage disequilibrium (r^2=1.00, D'=1.00, 1000 Genomes CEU). This gene encodes a basic helix-loop-helix leucine zipper transcription factor of the Myc/Max/Mad superfamily. This protein forms a heterodimeric complex and binds and activates carbohydrate response element (ChoRE) motifs in the promoters of triglyceride synthesis genes in a glucose-dependent manner[74,75]. This gene is possibly involved in the growth hormone signaling pathway and lipid metabolism. The WHRadjBMI-associated variant rs3812316 in this gene has been associated with the risk of non-alcoholic fatty liver disease and coronary artery disease[74,122,123]. Furthermore, Williams-Beuren syndrome (an autosomal dominant disorder characterized by short stature, abnormal weight gain, various cardiovascular defects, and mental retardation) is caused by a deletion of about 26 genes from the long arm of chromosome 7 including *MLXIPL*. *MLXIPL* is generally intolerant to variation, and therefore conserved (ExAC Constraint scores: synonymous = 0.48, missense=1.16, LoF=0.68, **Supplementary Data 10**). Last, both variants reported here are predicted as possible or probably damaging by one of the algorithms tested (PolyPhen).

RAPGEF3 (12:48143315, rs145878042, novel locus) The major allele of a low frequency non-synonymous

variant in Rap Guanine-Nucleotide-Exchange Factor (GEF) 3 (rs145878042, L300P, MAF=1.1%) is associated with increased WHRadjBMI (β (SE)=0.085 (0.010), P-value = $7.15E^{-17}$). *RAPGEF3* codes for an intracellular cAMP sensor, also known as Epac (the Exchange Protein directly Activated by Cyclic AMP). Among its many known functions, RAPGEF3 regulates the ATP sensitivity of the KATP channel involved in insulin secretion[124], may be important in regulating adipocyte differentiation[125-127], plays an important role in regulating adiposity and energy balance[128]. *RAPGEF3* is tolerant of mutations (ExAC Constraint Scores: synonymous = -0.47, nonsynonymous = 0.32, LoF = 0, **Supplementary Data 10**). Last, our lead variant is predicted as damaging or possibly damaging for all five algorithms examined (SIFT, Polyphen2/HDIV, Polyphen2/HVAR, LRT, MutationTaster).

TBX15 (1:119427467, rs61730011, known locus) The major allele of a low frequency non-synonymous variant in T-box 15 (rs61730011, M460R, MAF=4.3%) is associated with increased WHRadjBMI (β(SE)=0.041(0.005)). T-box 15 (*TBX15*) is a developmental transcription factor expressed in adipose tissue, but with higher expression in visceral adipose tissue than in subcutaneous adipose tissue, and is strongly downregulated in overweight and obese individuals[129]. *TBX15* negatively controls depot-specific adipocyte differentiation and function[130] and regulates glycolytic myofiber identity and muscle metabolism[131]. *TBX15* is moderately intolerant of mutations and therefore conserved (ExAC Constraint Scores: synonymous = 0.42, nonsynonymous = 0.65, LoF = 0.88, **Supplementary Data 10**). Last, our lead variant is predicted as damaging or possibly damaging for four of five algorithms (Polyphen2/HDIV, Polyphen2/HVAR, LRT, MutationTaster).

REFERENCES

1. Pischon, T. *et al.* General and abdominal adiposity and risk of death in Europe. *N Engl J Med* **359**, 2105-20 (2008).

2. Wang, Y., Rimm, E.B., Stampfer, M.J., Willett, W.C. & Hu, F.B. Comparison of abdominal adiposity and overall obesity in predicting risk of type 2 diabetes among men. *Am J Clin Nutr* **81**, 555-63 (2005).

3. Canoy, D. Distribution of body fat and risk of coronary heart disease in men and women. *Curr Opin Cardiol* **23**, 591-8 (2008).

4. Snijder, M.B. *et al.* Associations of hip and thigh circumferences independent of waist circumference with the incidence of type 2 diabetes: the Hoorn Study. *Am J Clin Nutr* **77**, 1192-7 (2003).

5. Yusuf, S. *et al.* Obesity and the risk of myocardial infarction in 27,000 participants from 52 countries: a case-control study. *Lancet* **366**, 1640-9 (2005).

6. Mason, C., Craig, C.L. & Katzmarzyk, P.T. Influence of central and extremity circumferences on all-cause mortality in men and women. *Obesity (Silver Spring)* **16**, 2690-5 (2008).

7. Karpe, F. & Pinnick, K.E. Biology of upper-body and lower-body adipose tissue--link to whole-body phenotypes. *Nat Rev Endocrinol* **11**, 90-100 (2015).

8. Manolopoulos, K.N., Karpe, F. & Frayn, K.N. Gluteofemoral body fat as a determinant of metabolic health. *Int J Obes (Lond)* **34**, 949-59 (2010).

9. Emdin, C.A. *et al.* Genetic Association of Waist-to-Hip Ratio With Cardiometabolic Traits, Type 2 Diabetes, and Coronary Heart Disease. *JAMA* **317**, 626-634 (2017).

10. Shungin, D. *et al.* New genetic loci link adipose and insulin biology to body fat distribution. *Nature* **518**, 187-96 (2015).

11. Winkler, T.W. *et al.* The Influence of Age and Sex on Genetic Associations with Adult Body Size and Shape: A Large-Scale Genome-Wide Interaction Study. *PLoS Genet* **11**, e1005378 (2015).

12. Wen, W. *et al.* Genome-wide association studies in East Asians identify new loci for waist-hip ratio and waist circumference. *Sci Rep* **6**, 17958 (2016).

13. Gao, C. *et al.* A Comprehensive Analysis of Common and Rare Variants to Identify Adiposity Loci in Hispanic Americans: The IRAS Family Study (IRASFS). *PLoS One* **10**, e0134649 (2015).

14. Graff, M. *et al.* Genome-wide physical activity interactions in adiposity - A meta-analysis of 200,452 adults. *PLoS Genet* **13**, e1006528 (2017).

15. Justice, A.E. *et al.* Genome-wide meta-analysis of 241,258 adults accounting for smoking behaviour identifies novel loci for obesity traits. *Nat Commun* **8**, 14977 (2017).

16. Ng, M.C.Y. *et al.* Discovery and fine-mapping of adiposity loci using high density imputation of genome-wide association studies in individuals of African ancestry: African Ancestry Anthropometry Genetics Consortium. *PLoS Genet* **13**, e1006719 (2017).

17. Locke, A.E. *et al.* Genetic studies of body mass index yield new insights for obesity biology. *Nature* **518**, 197-206 (2015).

18. Aschard, H., Vilhjalmsson, B.J., Joshi, A.D., Price, A.L. & Kraft, P. Adjusting for heritable covariates can bias effect estimates in genome-wide association studies. *Am J Hum Genet* **96**, 329-39 (2015).

19. Day, F.R., Loh, P.R., Scott, R.A., Ong, K.K. & Perry, J.R. A Robust Example of Collider Bias in a Genetic Association Study. *Am J Hum Genet* **98**, 392-3 (2016).

20. Feng, S., Liu, D., Zhan, X., Wing, M.K. & Abecasis, G.R. RAREMETAL: fast and powerful meta-analysis for rare variants. *Bioinformatics* **30**, 2828-9 (2014).

21. Pers, T.H. *et al.* Biological interpretation of genome-wide association studies using predicted gene functions. *Nat Commun* **6**, 5890 (2015).

22. Marouli, E. *et al.* Rare and low-frequency coding variants alter human adult height. *Nature* **542**, 186-190 (2017).

1441 23. Lamparter, D., Marbach, D., Rueedi, R., Kutalik, Z. & Bergmann, S. Fast and Rigorous
1442 Computation of Gene and Pathway Scores from SNP-Based Summary Statistics. *PLoS Comput*
1443 *Biol* **12**, e1004714 (2016).
1444 24. Kawai, M., de Paula, F.J. & Rosen, C.J. New insights into osteoporosis: the bone-fat connection. *J*
1445 *Intern Med* **272**, 317-29 (2012).
1446 25. Turcot, V. *et al.* Protein-altering variants associated with body mass index implicate pathways
1447 that control energy intake and expenditure in obesity. *Nat Genet* **50**, 26-41 (2018).
1448 26. Liu, D.J. *et al.* Exome-wide association study of plasma lipids in >300,000 individuals. **49**, 1758-
1449 1766 (2017).
1450 27. Kraja, A.T. *et al.* New Blood Pressure-Associated Loci Identified in Meta-Analyses of 475 000
1451 Individuals. *Circ Cardiovasc Genet* **10**(2017).
1452 28. Mahajan, A. *et al.* Identification and functional characterization of G6PC2 coding variants
1453 influencing glycemic traits define an effector transcript at the G6PC2-ABCB11 locus. *PLoS Genet*
1454 **11**, e1004876 (2015).
1455 29. Manning, A. *et al.* A Low-Frequency Inactivating AKT2 Variant Enriched in the Finnish Population
1456 Is Associated With Fasting Insulin Levels and Type 2 Diabetes Risk. *Diabetes* **66**, 2019-2032
1457 (2017).
1458 30. Zhao, W. *et al.* Identification of new susceptibility loci for type 2 diabetes and shared etiological
1459 pathways with coronary heart disease. **49**, 1450-1457 (2017).
1460 31. Morris, A.P. *et al.* Large-scale association analysis provides insights into the genetic architecture
1461 and pathophysiology of type 2 diabetes. *Nat Genet* **44**, 981-90 (2012).
1462 32. Ng, M.C. *et al.* Meta-analysis of genome-wide association studies in African Americans provides
1463 insights into the genetic architecture of type 2 diabetes. *PLoS Genet* **10**, e1004517 (2014).

1464 33. Mahajan, A. *et al.* Genome-wide trans-ancestry meta-analysis provides insight into the genetic
1465 architecture of type 2 diabetes susceptibility. *Nat Genet* **46**, 234-44 (2014).
1466 34. Saxena, R. *et al.* Genome-wide association study identifies a novel locus contributing to type 2
1467 diabetes susceptibility in Sikhs of Punjabi origin from India. *Diabetes* **62**, 1746-55 (2013).
1468 35. Cook, J.P. & Morris, A.P. Multi-ethnic genome-wide association study identifies novel locus for
1469 type 2 diabetes susceptibility. *Eur J Hum Genet* **24**, 1175-80 (2016).
1470 36. Voight, B.F. *et al.* Twelve type 2 diabetes susceptibility loci identified through large-scale
1471 association analysis. *Nat Genet* **42**, 579-89 (2010).
1472 37. Burdett, T. *et al.* The NHGRI-EBI Catalog of published genome-wide association studies. v1.0 edn
1473 Vol. 2015 (2015).
1474 38. Hindorff, L.A. *et al.* Potential etiologic and functional implications of genome-wide association
1475 loci for human diseases and traits. *Proc Natl Acad Sci U S A* **106**, 9362-7 (2009).
1476 39. Lutoslawska, G. *et al.* Relationship between the percentage of body fat and surrogate indices of
1477 fatness in male and female Polish active and sedentary students. *J Physiol Anthropol* **33**, 10
1478 (2014).
1479 40. Verma, M., Rajput, M., Sahoo, S.S., Kaur, N. & Rohilla, R. Correlation between the percentage of
1480 body fat and surrogate indices of obesity among adult population in rural block of Haryana. *J*
1481 *Family Med Prim Care* **5**, 154-9 (2016).
1482 41. Pereira, P.F. *et al.* [Measurements of location of body fat distribution: an assessment of
1483 colinearity with body mass, adiposity and stature in female adolescents]. *Rev Paul Pediatr* **33**,
1484 63-71 (2015).
1485 42. Lu, Y. *et al.* New loci for body fat percentage reveal link between adiposity and cardiometabolic
1486 disease risk. *Nat Commun* **7**, 10495 (2016).

1487 43. Chambers, J.C. *et al.* Common genetic variation near MC4R is associated with waist
1488 circumference and insulin resistance. *Nat Genet* **40**, 716-8 (2008).
1489 44. Nead, K.T. *et al.* Contribution of common non-synonymous variants in PCSK1 to body mass index
1490 variation and risk of obesity: a systematic review and meta-analysis with evidence from up to
1491 331 175 individuals. *Hum Mol Genet* **24**, 3582-94 (2015).
1492 45. Pospisilik, J.A. *et al.* Drosophila genome-wide obesity screen reveals hedgehog as a determinant
1493 of brown versus white adipose cell fate. *Cell* **140**, 148-60 (2010).
1494 46. Consortium, G.T. Human genomics. The Genotype-Tissue Expression (GTEx) pilot analysis:
1495 multitissue gene regulation in humans. *Science* **348**, 648-60 (2015).
1496 47. Baraille, F., Planchais, J., Dentin, R., Guilmeau, S. & Postic, C. Integration of ChREBP-Mediated
1497 Glucose Sensing into Whole Body Metabolism. *Physiology (Bethesda)* **30**, 428-37 (2015).
1498 48. Kursawe, R. *et al.* Decreased transcription of ChREBP-alpha/beta isoforms in abdominal
1499 subcutaneous adipose tissue of obese adolescents with prediabetes or early type 2 diabetes:
1500 associations with insulin resistance and hyperglycemia. *Diabetes* **62**, 837-44 (2013).
1501 49. Lotta, L.A. *et al.* Integrative genomic analysis implicates limited peripheral adipose storage
1502 capacity in the pathogenesis of human insulin resistance. *Nat Genet* **49**, 17-26 (2017).
1503 50. Cargill, M. *et al.* A large-scale genetic association study confirms IL12B and leads to the
1504 identification of IL23R as psoriasis-risk genes. *Am J Hum Genet* **80**, 273-90 (2007).
1505 51. Hazlett, J., Stamp, L.K., Merriman, T., Highton, J. & Hessian, P.A. IL-23R rs11209026
1506 polymorphism modulates IL-17A expression in patients with rheumatoid arthritis. *Genes Immun*
1507 **13**, 282-7 (2012).
1508 52. Karaderi, T. *et al.* Association between the interleukin 23 receptor and ankylosing spondylitis is
1509 confirmed by a new UK case-control study and meta-analysis of published series. *Rheumatology*
1510 *(Oxford)* **48**, 386-9 (2009).

1511 53. Duerr, R.H. *et al.* A genome-wide association study identifies IL23R as an inflammatory bowel
1512 disease gene. *Science* **314**, 1461-3 (2006).
1513 54. Abdollahi, E., Tavasolian, F., Momtazi-Borojeni, A.A., Samadi, M. & Rafatpanah, H. Protective
1514 role of R381Q (rs11209026) polymorphism in IL-23R gene in immune-mediated diseases: A
1515 comprehensive review. *J Immunotoxicol* **13**, 286-300 (2016).
1516 55. Abraham, C., Dulai, P.S., Vermeire, S. & Sandborn, W.J. Lessons Learned From Trials Targeting
1517 Cytokine Pathways in Patients With Inflammatory Bowel Diseases. *Gastroenterology* **152**, 374-
1518 388 e4 (2017).
1519 56. Molinelli, E., Campanati, A., Ganzetti, G. & Offidani, A. Biologic Therapy in Immune Mediated
1520 Inflammatory Disease: Basic Science and Clinical Concepts. *Curr Drug Saf* **11**, 35-43 (2016).
1521 57. Fuchsberger, C. *et al.* The genetic architecture of type 2 diabetes. *Nature* **536**, 41-7 (2016).
1522 58. Wells, J.C. Sexual dimorphism of body composition. *Best Pract Res Clin Endocrinol Metab* **21**,
1523 415-30 (2007).
1524 59. Loomba-Albrecht, L.A. & Styne, D.M. Effect of puberty on body composition. *Curr Opin*
1525 *Endocrinol Diabetes Obes* **16**, 10-5 (2009).
1526 60. Rogol, A.D., Roemmich, J.N. & Clark, P.A. Growth at puberty. *J Adolesc Health* **31**, 192-200
1527 (2002).
1528 61. Gibson, G. Rare and common variants: twenty arguments. *Nat Rev Genet* **13**, 135-45 (2012).
1529 62. Stern, J.H., Rutkowski, J.M. & Scherer, P.E. Adiponectin, Leptin, and Fatty Acids in the
1530 Maintenance of Metabolic Homeostasis through Adipose Tissue Crosstalk. *Cell Metab* **23**, 770-84
1531 (2016).
1532 63. Dewey, F.E. *et al.* Inactivating Variants in ANGPTL4 and Risk of Coronary Artery Disease. *N Engl J*
1533 *Med* **374**, 1123-33 (2016).

64. Bondestam, J. *et al.* cDNA cloning, expression studies and chromosome mapping of human type I serine/threonine kinase receptor ALK7 (ACVR1C). *Cytogenet Cell Genet* **95**, 157-62 (2001).

65. Jornvall, H., Blokzijl, A., ten Dijke, P. & Ibanez, C.F. The orphan receptor serine/threonine kinase ALK7 signals arrest of proliferation and morphological differentiation in a neuronal cell line. *J Biol Chem* **276**, 5140-6 (2001).

66. Kim, B.C. *et al.* Activin receptor-like kinase-7 induces apoptosis through activation of MAPKs in a Smad3-dependent mechanism in hepatoma cells. *J Biol Chem* **279**, 28458-65 (2004).

67. Watanabe, R. *et al.* The MH1 domains of smad2 and smad3 are involved in the regulation of the ALK7 signals. *Biochem Biophys Res Commun* **254**, 707-12 (1999).

68. Kogame, M. *et al.* ALK7 is a novel marker for adipocyte differentiation. *J Med Invest* **53**, 238-45 (2006).

69. Murakami, M. *et al.* Expression of activin receptor-like kinase 7 in adipose tissues. *Biochem Genet* **51**, 202-10 (2013).

70. Carlsson, L.M. *et al.* ALK7 expression is specific for adipose tissue, reduced in obesity and correlates to factors implicated in metabolic disease. *Biochem Biophys Res Commun* **382**, 309-14 (2009).

71. Carithers, L.J. & Moore, H.M. The Genotype-Tissue Expression (GTEx) Project. *Biopreserv Biobank* **13**, 307-8 (2015).

72. Yogosawa, S., Mizutani, S., Ogawa, Y. & Izumi, T. Activin receptor-like kinase 7 suppresses lipolysis to accumulate fat in obesity through downregulation of peroxisome proliferator-activated receptor gamma and C/EBPalpha. *Diabetes* **62**, 115-23 (2013).

73. Yogosawa, S. & Izumi, T. Roles of activin receptor-like kinase 7 signaling and its target, peroxisome proliferator-activated receptor gamma, in lean and obese adipocytes. *Adipocyte* **2**, 246-50 (2013).

74. Seifi, M., Ghasemi, A., Namipashaki, A. & Samadikuchaksaraei, A. Is C771G polymorphism of MLX interacting protein-like (MLXIPL) gene a novel genetic risk factor for non-alcoholic fatty liver disease? *Cell Mol Biol (Noisy-le-grand)* **60**, 37-42 (2014).

75. Cairo, S., Merla, G., Urbinati, F., Ballabio, A. & Reymond, A. WBSCR14, a gene mapping to the Williams--Beuren syndrome deleted region, is a new member of the Mlx transcription factor network. *Hum Mol Genet* **10**, 617-27 (2001).

76. Ambele, M.A., Dessels, C., Durandt, C. & Pepper, M.S. Genome-wide analysis of gene expression during adipogenesis in human adipose-derived stromal cells reveals novel patterns of gene expression during adipocyte differentiation. *Stem Cell Res* **16**, 725-34 (2016).

77. Liu, D.J. *et al.* Meta-analysis of gene-level tests for rare variant association. *Nat Genet* **46**, 200-4 (2014).

78. Goldstein, J.I. *et al.* zCall: a rare variant caller for array-based genotyping: genetics and population analysis. *Bioinformatics* **28**, 2543-5 (2012).

79. Winkler, T.W. *et al.* Quality control and conduct of genome-wide association meta-analyses. *Nat Protoc* **9**, 1192-212 (2014).

80. Shungin, D. *et al.* New genetic loci link adipose and insulin biology to body fat distribution. *Nature* **518**, 187-196 (2015).

81. Purcell, S.M. *et al.* A polygenic burden of rare disruptive mutations in schizophrenia. *Nature* **506**, 185-90 (2014).

82. Yang, J. *et al.* Genomic inflation factors under polygenic inheritance. *Eur J Hum Genet* **19**, 807-12 (2011).

83. Yang, J. *et al.* Conditional and joint multiple-SNP analysis of GWAS summary statistics identifies additional variants influencing complex traits. *Nat Genet* **44**, 369-75, S1-3 (2012).

1581 84. Sudlow, C. *et al.* UK biobank: an open access resource for identifying the causes of a wide range
1582 of complex diseases of middle and old age. *PLoS Med* **12**, e1001779 (2015).
1583 85. Marchini, J., Howie, B., Myers, S., McVean, G. & Donnelly, P. A new multipoint method for
1584 genome-wide association studies by imputation of genotypes. *Nat Genet* **39**, 906-13 (2007).
1585 86. Wellcome Trust Case Control, C. Genome-wide association study of 14,000 cases of seven
1586 common diseases and 3,000 shared controls. *Nature* **447**, 661-78 (2007).
1587 87. Marchini, J. & Howie, B. Genotype imputation for genome-wide association studies. *Nat Rev*
1588 *Genet* **11**, 499-511 (2010).
1589 88. Frey, B.J. & Dueck, D. Clustering by passing messages between data points. *Science* **315**, 972-6
1590 (2007).
1591 89. Moayyeri, A., Hammond, C.J., Valdes, A.M. & Spector, T.D. Cohort Profile: TwinsUK and healthy
1592 ageing twin study. *Int J Epidemiol* **42**, 76-85 (2013).
1593 90. Boyd, A. *et al.* Cohort Profile: the 'children of the 90s'--the index offspring of the Avon
1594 Longitudinal Study of Parents and Children. *Int J Epidemiol* **42**, 111-27 (2013).
1595 91. Kutalik, Z., Whittaker, J., Waterworth, D., Beckmann, J.S. & Bergmann, S. Novel method to
1596 estimate the phenotypic variation explained by genome-wide association studies reveals large
1597 fraction of the missing heritability. *Genet Epidemiol* **35**, 341-9 (2011).
1598 92. Billingsley, P. *Probability and measure*, xii, 622 p. (Wiley, New York, 1986).
1599 93. Surendran, P. *et al.* Trans-ancestry meta-analyses identify rare and common variants associated
1600 with blood pressure and hypertension. *Nat Genet* **48**, 1151-61 (2016).
1601 94. Nikpay, M. *et al.* A comprehensive 1,000 Genomes-based genome-wide association meta-
1602 analysis of coronary artery disease. *Nat Genet* **47**, 1121-30 (2015).
1603 95. Storey, J.D. & Tibshirani, R. Statistical significance for genomewide studies. *Proc Natl Acad Sci U*
1604 *S A* **100**, 9440-5 (2003).

96. Civelek, M. *et al.* Genetic Regulation of Adipose Gene Expression and Cardio-Metabolic Traits. *Am J Hum Genet* **100**, 428-443 (2017).

97. Marchler-Bauer, A. *et al.* CDD: NCBI's conserved domain database. *Nucleic Acids Res* **43**, D222-6 (2015).

98. Toyofuku, T. *et al.* Semaphorin-4A, an activator for T-cell-mediated immunity, suppresses angiogenesis via Plexin-D1. *EMBO J* **26**, 1373-84 (2007).

99. Gitler, A.D., Lu, M.M. & Epstein, J.A. PlexinD1 and semaphorin signaling are required in endothelial cells for cardiovascular development. *Dev Cell* **7**, 107-16 (2004).

100. Luchino, J. *et al.* Semaphorin 3E suppresses tumor cell death triggered by the plexin D1 dependence receptor in metastatic breast cancers. *Cancer Cell* **24**, 673-85 (2013).

101. Shimizu, I. *et al.* Semaphorin3E-induced inflammation contributes to insulin resistance in dietary obesity. *Cell Metab* **18**, 491-504 (2013).

102. Verzijl, H.T., van der Zwaag, B., Cruysberg, J.R. & Padberg, G.W. Mobius syndrome redefined: a syndrome of rhombencephalic maldevelopment. *Neurology* **61**, 327-33 (2003).

103. Verzijl, H.T., van der Zwaag, B., Lammens, M., ten Donkelaar, H.J. & Padberg, G.W. The neuropathology of hereditary congenital facial palsy vs Mobius syndrome. *Neurology* **64**, 649-53 (2005).

104. Fujita, M., Reinhart, F. & Neutra, M. Convergence of apical and basolateral endocytic pathways at apical late endosomes in absorptive cells of suckling rat ileum in vivo. *J Cell Sci* **97 (Pt 2)**, 385-94 (1990).

105. Briegel, W. Neuropsychiatric findings of Mobius sequence -- a review. *Clin Genet* **70**, 91-7 (2006).

106. Ta-Shma, A. *et al.* Isolated truncus arteriosus associated with a mutation in the plexin-D1 gene. *Am J Med Genet A* **161A**, 3115-20 (2013).

1628 107. Mazzotta, C. *et al.* Plexin-D1/Semaphorin 3E pathway may contribute to dysregulation of
1629 vascular tone control and defective angiogenesis in systemic sclerosis. *Arthritis Res Ther* **17**, 221
1630 (2015).
1631 108. Yang, W.J. *et al.* Semaphorin-3C signals through Neuropilin-1 and PlexinD1 receptors to inhibit
1632 pathological angiogenesis. *EMBO Mol Med* **7**, 1267-84 (2015).
1633 109. Zygmunt, T. *et al.* Semaphorin-PlexinD1 signaling limits angiogenic potential via the VEGF decoy
1634 receptor sFlt1. *Dev Cell* **21**, 301-14 (2011).
1635 110. Kim, J., Oh, W.J., Gaiano, N., Yoshida, Y. & Gu, C. Semaphorin 3E-Plexin-D1 signaling regulates
1636 VEGF function in developmental angiogenesis via a feedback mechanism. *Genes Dev* **25**, 1399-
1637 411 (2011).
1638 111. Bertolino, P. *et al.* Activin B receptor ALK7 is a negative regulator of pancreatic beta-cell
1639 function. *Proc Natl Acad Sci U S A* **105**, 7246-51 (2008).
1640 112. Haworth, K.E. *et al.* Methylation of the FGFR2 gene is associated with high birth weight centile in
1641 humans. *Epigenomics* **6**, 477-91 (2014).
1642 113. Chi, X. *et al.* Angiopoietin-like 4 Modifies the Interactions between Lipoprotein Lipase and Its
1643 Endothelial Cell Transporter GPIHBP1. *J Biol Chem* **290**, 11865-77 (2015).
1644 114. Catoire, M. *et al.* Fatty acid-inducible ANGPTL4 governs lipid metabolic response to exercise.
1645 *Proc Natl Acad Sci U S A* **111**, E1043-52 (2014).
1646 115. van Raalte, D.H. *et al.* Angiopoietin-like protein 4 is differentially regulated by glucocorticoids
1647 and insulin in vitro and in vivo in healthy humans. *Exp Clin Endocrinol Diabetes* **120**, 598-603
1648 (2012).
1649 116. Koster, A. *et al.* Transgenic angiopoietin-like (angptl)4 overexpression and targeted disruption of
1650 angptl4 and angptl3: regulation of triglyceride metabolism. *Endocrinology* **146**, 4943-50 (2005).

1651 117. Thiagalingam, A. *et al.* RREB-1, a novel zinc finger protein, is involved in the differentiation
1652 response to Ras in human medullary thyroid carcinomas. *Mol Cell Biol* **16**, 5335-45 (1996).
1653 118. Bonomo, J.A. *et al.* The ras responsive transcription factor RREB1 is a novel candidate gene for
1654 type 2 diabetes associated end-stage kidney disease. *Hum Mol Genet* **23**, 6441-7 (2014).
1655 119. Thiagalingam, A., Lengauer, C., Baylin, S.B. & Nelkin, B.D. RREB1, a ras responsive element
1656 binding protein, maps to human chromosome 6p25. *Genomics* **45**, 630-2 (1997).
1657 120. Bisogno, T. *et al.* Cloning of the first sn1-DAG lipases points to the spatial and temporal
1658 regulation of endocannabinoid signaling in the brain. *J Cell Biol* **163**, 463-8 (2003).
1659 121. Global Lipids Genetics, C. *et al.* Discovery and refinement of loci associated with lipid levels. *Nat*
1660 *Genet* **45**, 1274-83 (2013).
1661 122. Kooner, J.S. *et al.* Genome-wide scan identifies variation in MLXIPL associated with plasma
1662 triglycerides. *Nat Genet* **40**, 149-51 (2008).
1663 123. Pan, L.A. *et al.* G771C Polymorphism in the MLXIPL Gene Is Associated with a Risk of Coronary
1664 Artery Disease in the Chinese: A Case-Control Study. *Cardiology* **114**, 174-8 (2009).
1665 124. Kang, G., Leech, C.A., Chepurny, O.G., Coetzee, W.A. & Holz, G.G. Role of the cAMP sensor Epac
1666 as a determinant of KATP channel ATP sensitivity in human pancreatic beta-cells and rat INS-1
1667 cells. *J Physiol* **586**, 1307-19 (2008).
1668 125. Ji, Z., Mei, F.C. & Cheng, X. Epac, not PKA catalytic subunit, is required for 3T3-L1 preadipocyte
1669 differentiation. *Front Biosci (Elite Ed)* **2**, 392-8 (2010).
1670 126. Martini, C.N., Plaza, M.V. & Vila Mdel, C. PKA-dependent and independent cAMP signaling in
1671 3T3-L1 fibroblasts differentiation. *Mol Cell Endocrinol* **298**, 42-7 (2009).
1672 127. Petersen, R.K. *et al.* Cyclic AMP (cAMP)-mediated stimulation of adipocyte differentiation
1673 requires the synergistic action of Epac- and cAMP-dependent protein kinase-dependent
1674 processes. *Mol Cell Biol* **28**, 3804-16 (2008).

128. Yan, J. *et al.* Enhanced leptin sensitivity, reduced adiposity, and improved glucose homeostasis in mice lacking exchange protein directly activated by cyclic AMP isoform 1. *Mol Cell Biol* **33**, 918-26 (2013).

129. Gesta, S. *et al.* Evidence for a role of developmental genes in the origin of obesity and body fat distribution. *Proc Natl Acad Sci U S A* **103**, 6676-81 (2006).

130. Gesta, S. *et al.* Mesodermal developmental gene Tbx15 impairs adipocyte differentiation and mitochondrial respiration. *Proc Natl Acad Sci U S A* **108**, 2771-6 (2011).

131. Lee, K.Y. *et al.* Tbx15 controls skeletal muscle fibre-type determination and muscle metabolism. *Nat Commun* **6**, 8054 (2015).

TABLES

Table 1. Association results for Combined Sexes. Association results based on an additive or recessive model for coding variants that met array-wide significance (P<2x10-07) in the sex-combined meta-analyses.

Locus (+/- 1Mb of a given variant)	Chr:Position (GRCh37)[b]	rsID	EA	OA	Gene[c]	Amino Acid Change[c]	If locus is known, nearby (< 1 MB) published variant(s)[d]	N	EAF	β[e]	SE	P-value	P-value for Sex-heterogeneity[f]	Other Criteria For Sig[h]
Variants in Novel Loci														
All Ancestry Additive model Sex-combined analyses														
1	2:158412701	rs55920843	T	G	*ACVR1C*	N150H	-	455,526	0.989	0.065	0.011	***4.8E-10***	**1.7E-07**	
2	3:50597092	rs1034405	G	A	*C3orf18*	A162V	-	455,424	0.135	0.016	0.003	***1.9E-07***	8.8E-01	G,C
3	4:120528327	rs3733526	G	A	*PDE5A*	A41V	-	461,521	0.187	0.015	0.003	***2.6E-08***	5.2E-03	
4	6:26108117	rs146860658	T	C	*HIST1H1T*	A69T	-	217,995	0.001	0.229	0.042	***4.3E-08***	6.3E-01	S
5	7:6449496	rs2303361	C	T	*DAGLB*	Q664R	-	475,748	0.221	0.014	0.003	***6.2E-08***	3.4E-03	G
6	10:123279643	rs138315382	T	C	*FGFR2*	synonymous	-	236,962	0.001	0.258	0.049	***1.4E-07***	1.1E-01	G,S
7	11:65403651	rs7114037	C	A	*PCNXL3*	H1822Q	-	448,861	0.954	0.029	0.005	***1.8E-08***	4.4E-01	
8	12:48143315	rs145878042	A	G	*RAPGEF3*	L300P	-	470,513	0.990	0.085	0.010	***7.2E-17***	7.3E-03	
9	12:108618630	rs3764002	C	T	*WSCD2*	T266I	-	474,637	0.737	0.014	0.002	***9.8E-10***	5.5E-01	
10	15:42032383	rs17677991	G	C	*MGA*	P1523A	-	469,874	0.345	0.015	0.002	***3.5E-11***	9.1E-01	
11	16:4432029	rs3810818	A	C	*VASN*	E384A	-	424,163	0.231	0.016	0.003	***2.0E-09***	3.3E-01	
	16:4445327	rs3747579	C	T	*CORO7*	R193Q	-	453,078	0.299	0.018	0.002	***2.2E-13***	4.3E-02	
	16:4484396	rs1139653	A	T	*DNAJA3*	N75Y	-	434,331	0.284	0.015	0.002	***4.3E-10***	1.4E-01	
12	19:49232226	rs2287922	A	G	*RASIP1*	R601C	-	430,272	0.494	0.014	0.002	***1.6E-09***	3.7E-02	
	19:49244220	rs2307019	G	A	*IZUMO1*	A333V	-	476,147	0.558	0.012	0.002	***4.7E-08***	3.9E-02	
13	20:42965811	rs144098855	T	C	*R3HDML*	P5L	-	428,768	0.001	0.172	0.032	***9.7E-08***	1.0E+00	G
European Ancestry Additive model Sex-combined analyses														
14	1:173802608	rs35515638	G	A	*DARS2*	K196R	-	352,646	0.001	0.201	0.038	***1.4E-07***	6.0E-02	G
15	14:58838668	rs1051860	A	G	*ARID4A*	synonymous	-	367,079	0.411	0.013	0.002	***2.2E-08***	1.3E-01	
16	15:42115747	rs3959569	C	G	*MAPKBP1*	R1240H	-	253,703	0.349	0.017	0.003	***2.0E-08***	6.3E-01	
Variants in Previously Identified Loci														
All Ancestry Additive model Sex-combined analyses														
1	1:119427467	rs61730011	A	C	*TBX15*	M566R	rs2645294, rs12731372, rs12143789, rs1106529	441,461	0.957	0.041	0.005	***2.2E-14***	6.7E-01	
	1:119469188	rs10494217	T	G		H156N		472,259	0.174	0.018	0.003	***1.4E-10***	6.0E-01	
2	1:154987704	rs141845046	C	T	*ZBTB7B*	P190S	rs905938	476,440	0.976	0.037	0.007	***3.8E-08***	**7.9E-07**	C

3	2:165551201	rs7607980	T	C	*COBLL1*	N941D	rs1128249, rs10195252, rs12692737, rs12692738, rs17185198	389,883	0.879	0.026	0.004	***1.6E-13***	**3.0E-30**	
4	2:188343497	rs7586970	T	C	*TFPI*	N221S	rs1569135	452,638	0.697	0.016	0.002	***3.0E-12***	6.3E-01	
5	3:52558008	rs13303	T	C	*STAB1*	M113T	rs2276824	470,111	0.445	0.019	0.002	***5.5E-18***	6.7E-02	
	3:52833805	rs3617	C	A	*ITIH3*	Q315K		452,150	0.541	0.015	0.002	***1.6E-12***	4.0E-01	C
6	3:129137188	rs62266958	C	T	*EFCAB12*	R197H	rs10804591	476,382	0.936	0.036	0.004	***8.3E-17***	**9.3E-05**	
	3:129284818	rs2625973	A	C	*PLXND1*	L1412V		476,338	0.733	0.016	0.002	***9.2E-11***	**1.6E-05**	
7	4:89625427	rs1804080	G	C	*HERC3*	E946Q	rs9991328	446,080	0.838	0.021	0.003	***1.5E-12***	**4.1E-06**	
	4:89668859	rs7657817	C	T	*FAM13A*	V443I		476,383	0.815	0.016	0.003	***5.0E-09***	**9.6E-05**	
8	5:176516631	rs1966265	A	G	*FGFR4*	V10I	rs6556301	455,246	0.236	0.023	0.003	***1.7E-19***	2.1E-01	
9	6:7211818	**rs1334576**[g]	G	A	*RREB1*	G195R	rs1294410	451,044	0.565	0.017	0.002	***3.9E-15***	1.5E-01	
10	6:34827085	rs9469913	A	T	*UHRF1BP1*	Q984H	rs1776897	309,684	0.847	0.021	0.004	***1.2E-08***	2.7E-01	C
11	6:127476516	rs1892172	A	G	*RSPO3*	synonymous	rs11961815, rs72959041, rs1936805	476,358	0.543	0.031	0.002	***2.6E-47***	**7.7E-09**	
	6:127767954	**rs139745911**[g]	A	G	*KIAA0408*	P504S		391,469	0.010	0.103	0.012	***6.8E-19***	**2.0E-04**	
12	7:73012042	rs35332062	G	A	*MLXIPL*	A358V	rs6976930	451,158	0.880	0.020	0.003	***1.8E-09***	1.5E-01	
	7:73020337	rs3812316	C	G		Q241H		454,738	0.881	0.021	0.003	***2.0E-10***	5.8E-02	
13	10:95931087	rs17417407	T	G	*PLCE1*	R240L	rs10786152	476,475	0.173	0.018	0.003	***2.5E-11***	5.9E-01	
14	11:64031241	rs35169799	T	C	*PLCB3*	S778L	rs11231693	476,457	0.061	0.034	0.004	***9.1E-15***	**1.3E-04**	
15	12:123444507	rs58843120	G	T	*ABDB9*	F92L	rs4765219, rs863750	466,498	0.987	0.053	0.009	***1.3E-08***	3.5E-01	
	12:124265687	rs11057353	T	C	*DNAH10*	S228P		476,360	0.373	0.018	0.002	***2.1E-16***	**2.7E-08**	
	12:124330311	rs34934281	C	T		T1785M		476,395	0.889	0.025	0.003	***2.9E-14***	**3.1E-08**	
	12:124427306	rs11057401	T	A	*CCDC92*	S53C		467,649	0.695	0.029	0.002	***7.3E-37***	**5.5E-11**	
16	15:56756285	rs1715919	G	T	*MNS1*	Q55P	rs8030605	476,274	0.096	0.023	0.004	***8.8E-11***	2.7E-02	
17	16:67397580	rs9922085	G	C	*LRRC36*	R101P	rs6499129	469,474	0.938	0.034	0.005	***3.8E-13***	5.9E-01	
	16:67409180	rs8052655	G	A		G388S		474,035	0.939	0.034	0.005	***5.5E-13***	4.0E-01	
18	19:18285944	rs11554159	A	G	*IFI30*	R76Q	rs12608504	476,389	0.257	0.015	0.002	***3.5E-10***	3.1E-03	
	19:18304700	rs874628	G	A	*MPV17L2*	M72V		476,388	0.271	0.015	0.002	***1.2E-10***	2.5E-03	
19	20:33971914	rs4911494	T	C	*UQCC1*	R51Q	rs224333	451,064	0.602	0.018	0.002	***2.5E-16***	1.5E-03	
	20:34022387	rs224331	A	C	*GDF5*	S276A		345,805	0.644	0.017	0.003	***1.8E-11***	3.2E-03	
All Ancestry Recessive model Sex-combined analyses														
20	17:17425631	rs897453	C	T	*PEMT*	V58L	rs4646404	476,546	0.569	0.025	0.004	***4.1E-11***	8.2E-01	
European Ancestry Additive model Sex-combined analyses														
6	3:129293256	rs2255703	T	C	*PLXND1*	M870V	rs10804591	420,520	0.620	0.014	0.002	***3.1E-09***	**1.6E-04**	

Abbreviations: GRCh37=human genome assembly build37;rsID=based on dbSNP; VEP=Ensembl Variant Effect Predictor toolset; GTEx=Genotype-Tissue Expression project;SD=standard deviation; SE=standard error;N=sample size; EAF=effect allele frequency; EA=effect allele; OA=other allele.

a Coding variants refer to variants located in the exons and splicing junction regions.

b Variant positions are reported according to Human assembly build 37 and their alleles are coded based on the positive strand.

c The gene the variant falls in and amino acid change from the most abundant coding transcript is shown (protein annotation is based on VEP toolset and transcript abundance from GTEx database).

d Previously published variants within +/-1Mb are from Shungin et al.[10], except for rs6976930 and rs10786152 from Graff et al.[14] and rs6499129 from Ng. et al [16].

e Effect size is based on standard deviation (SD) per effect allele

f P-value for sex heterogeneity, testing for difference between women-specific and men-specific beta estimates and standard errors, was calculated using EasyStrata: Winkler, T.W. et al. EasyStrata: evaluation and visualization of stratified genome-wide association meta-analysis data. Bioinformatics 2015: 31, 259-61.PMID: 25260699. Bolded P-values met significance threshold after bonferonni correction (P-value<7.14E-04; i.e. 0.05/70 variants).

g **rs1334576 in *RREB1*** is a new signal in a known locus that is independent from the known signal, rs1294410; **rs139745911 in *KIAA0408*** is a new signal in a known locus that is independent from all known signals rs11961815, rs72959041, rs1936805, in a known locus (see Supplementary 8A/B).

h Each flag indicates a that a secondary criteria for significance may not be met, G- P-value > 5x10-8 (GWAS significant), C- Association Signal was not robust against collider bias; S- variant was not available in stage 2 studies for validation of Stage 1 association.

Table 2. Association results for Sex-stratified analyses. Association results based on an additive or recessive model for coding variants that met array-wide significance (P<2x10-07) in the sex-specific meta-analyses and reach bonferonni corrected P-value for sex hetergeneity (P_{sexhet}<7.14E-04).

Locus (+/-1Mb of a given variant)	Chr:Position (GRCh37)[c]	rsID	EA	OA	Gene[d]	Amino Acid Change[d]	In sex-combined analyses[e]	If locus is known, nearby (< 1 MB) published variant(s) [f]	P-value for Sex-heterogeneity[g]	Men					Women					Other Criteria For Sig[j]
										N	EAF	β[h]	SE	P	N	EAF	β[h]	SE	P	
Variants in Novel Loci																				
All Ancestry Additive model Men only analyses																				
1	13:96665697	rs148108950	A	G	*UGGT2*	P175L	No	-	**1.5E-06**	203,009	0.006	0.130	0.024	***6.1E-08***	221,390	0.004	-0.044	0.027	1.1E-01	G
2	14:23312594	rs1042704	A	G	*MMP14*	D273N	No	-	**2.6E-04**	226,646	0.202	0.021	0.004	***2.6E-08***	250,018	0.197	0.002	0.004	6.1E-01	
All Ancestry Additive model Women only analyses																				
3	1:205130413	rs3851294	G	A	*DSTYK*	C641R	No	-	**9.8E-08**	225,803	0.914	-0.005	0.005	3.1E-01	249,471	0.912	0.034	0.005	***4.5E-11***	
4	2:158412701	rs55920843	T	G	*ACVR1C*	N150H	Yes	-	**1.7E-07**	210,071	0.989	0.006	0.015	6.9E-01	245,808	0.989	0.113	0.014	***1.7E-15***	
5	19:8429323	rs116843064	G	A	*ANGPTL4*	E40K	No	-	**1.3E-07**	203,098	0.981	-0.017	0.011	1.4E-01	243,351	0.981	0.064	0.011	***1.2E-09***	
Variants in Previously Identified Loci																				
All Ancestry Additive model Women only analyses																				
1	1:154987704	rs141845046	C	T	*ZBTB7B*	P190S	Yes	rs905938	**7.9E-07**	226,709	0.975	0.004	0.010	6.9E-01	250,084	0.977	0.070	0.010	***2.3E-13***	
2	2:165551201	rs7607980	T	C	*COBLL1*	N941D	Yes	rs1128249, rs10195252, rs12692737, rs12692738, rs17185198	**3.0E-30**	173,600	0.880	-0.018	0.005	1.4E-04	216,636	0.878	0.062	0.005	***6.7E-39***	
3	3:129137188	rs62266958	C	T	*EFCAB12*	R197H	Yes	rs10804591	**9.3E-05**	226,690	0.937	0.018	0.006	4.1E-03	250,045	0.936	0.051	0.006	***8.1E-18***	
	3:129284818	rs2625973	A	C	*PLXND1*	L1412V	Yes		**1.6E-05**	226,650	0.736	0.005	0.003	1.1E-01	250,023	0.730	0.025	0.003	***8.2E-14***	
	3:129293256	rs2255703	T	C		M870V	Yes		**5.0E-04**	226,681	0.609	0.003	0.003	2.7E-01	250,069	0.602	0.018	0.003	***1.9E-09***	
4	4:89625427	rs1804080	G	C	*HERC3*	E946Q	Yes	rs9991328	**4.1E-06**	222,556	0.839	0.008	0.004	6.6E-02	223,877	0.837	0.034	0.004	***2.1E-16***	
	4:89668859	rs7657817	C	T	*FAM13A*	V443I	Yes		**9.6E-05**	226,680	0.816	0.006	0.004	1.5E-01	242,970	0.815	0.026	0.004	***5.9E-12***	
5	6:127476516	rs1892172	A	G	*RSPO3*	synonymous	Yes	rs11961815, rs72959041, rs1936805	**7.7E-09**	226,677	0.541	0.018	0.003	***5.6E-08***	250,034	0.545	0.042	0.003	***3.4E-48***	
	6:127767954	rs139745911[i]	A	G	*KIAA0408*	P504S	Yes		**2.0E-04**	188,079	0.010	0.057	0.017	6.8E-04	205,203	0.010	0.143	0.016	***5.9E-19***	
6	11:64031241	rs35169799	T	C	*PLCB3*	S778L	Yes	rs11231693	**1.3E-04**	226,713	0.061	0.016	0.006	9.6E-03	250,097	0.061	0.049	0.006	***6.7E-16***	
7	12:124265687	rs11057353	T	C	*DNAH10*	S228P	Yes	rs4765219, rs863750	**2.7E-08**	226,659	0.370	0.005	0.003	8.3E-02	250,054	0.376	0.029	0.003	***3.1E-22***	
	12:124330311	rs34934281	C	T		T1785M	Yes		**3.1E-08**	226,682	0.891	0.006	0.005	1.9E-01	250,066	0.887	0.043	0.005	***1.4E-20***	
	12:124427306	rs11057401	T	A	*CCDC92*	S53C	Yes		**5.5E-11**	223,324	0.701	0.013	0.003	4.3E-06	244,678	0.689	0.043	0.003	***1.0E-41***	

Abbreviations: GRCh37=human genome assembly build 37;rsID=based on dbSNP; VEP=Ensembl Variant Effect Predictor toolset; GTEx=Genotype-Tissue Expression project; SD=standard deviation; SE=standard error;N=sample size; EA=effect allele; OA=other allele; EAF=effect allele frequency.

a Coding variants refer to variants located in the exons and splicing junction regions.

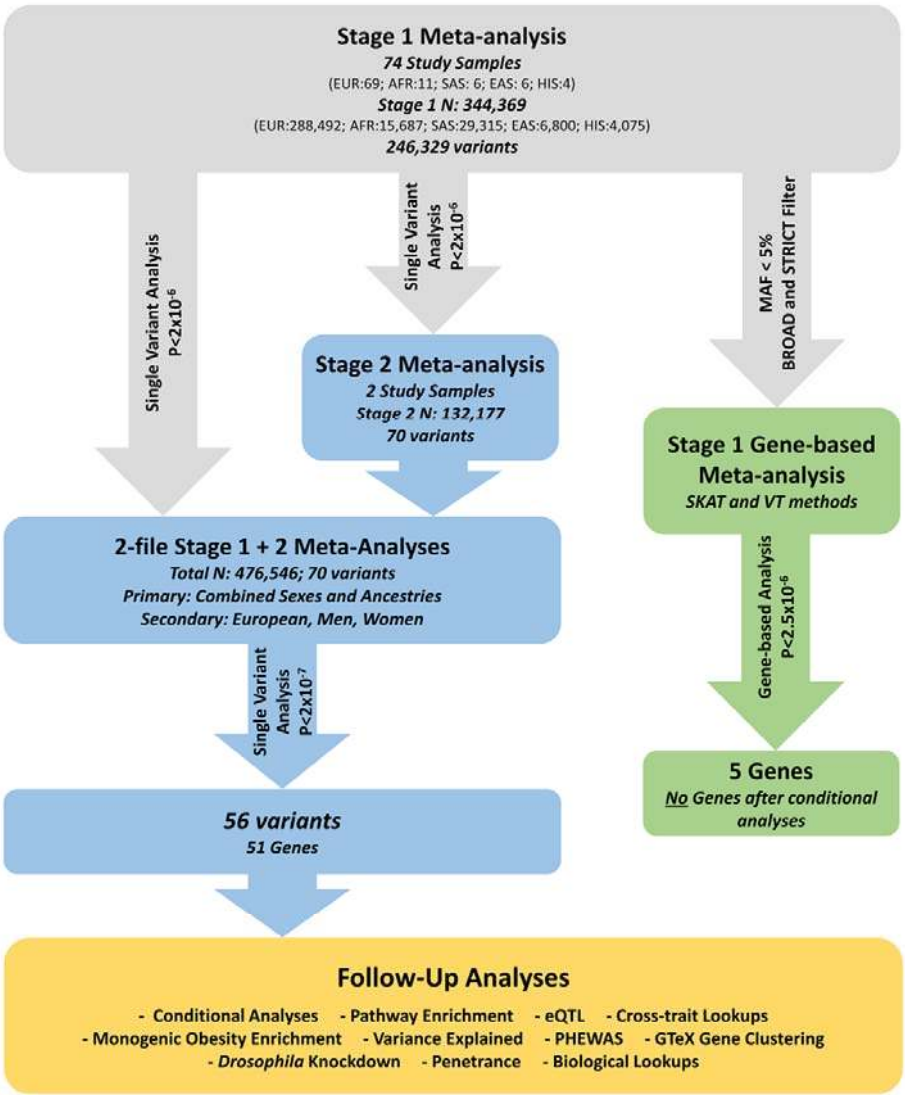
b Bonferonni corrected Pvalue for the number of SNPs tested for sex-heterogeneity is <7.14E-04 i.e. 0.05/70 variants.

c Variant positions are reported according to Human assembly build 37 and their alleles are coded based on the positive strand.

d The gene the variant falls in and amino acid change from the most abundant coding transcript is shown (protein annotation is based on VEP toolset and transcript abundance from GTEx database).
e Variant was also identified as array-wide significant in the sex-combined analyses.
f Previously published variants within +/-1Mb are from Shungin D et al. New genetic loci link adipose and insulin biology to body fat distribution. Nature 2015; 518, 187–196 doi:10.1038/nature14132 (PMID: 25673412).
g P-value for sex heterogeneity, testing for difference between women-specific and men-specific beta estimates and standard errors, was calculated using EasyStrata: Winkler, T.W. et al. EasyStrata: evaluation and visualization of stratified genome-wide association meta-analysis data. Bioinformatics 2015: 31, 259-61. PMID: 25260699.
h Effect size is based on standard deviation (SD) per effect allele
i rs139745911 in KIAA0408 is a new signal in a known locus that is independent from all known signals rs11961815, rs72959041, rs1936805, in a known locus (see Supplementary 8A/B).
j Each flag indicates a that a secondary criteria for significance may not be met, G- P-value > 5x10-8 (GWAS significant), C- Association Signal was not robust against collider bias; S- variant was not available in Stage 2 studies for validation of Stage 1 association.

FIGURES

Figure 1. Summary of meta-analysis study design and workflow. Abbreviations: EUR- European, AFR- African, SAS- South Asian, EAS- East Asian, and HIS- Hispanic/Latino ancestry.



Number of Significant Variants (All Ancestries/European)

Strata	ADD	REC	NOVEL*	GWAS INDEP¥
Combined	47/4	1/0	16/3	1/0
Women	16/0	0/0	3/0	0/0
Men	2/0	0/0	2/0	0/0
Total Non-Overlapping Signals	56 Variants Across 41 Signals		24 New Signals	

*Novel variants include those that are >1MB from a previously published WHRadjBMI GWAS tag SNP.
¥ Independent (INDEP) includes variants that are nearby known WHRadjBMI GWAS tag variants, but were determined independent after conditional analysis.

Figure 2. Minor allele frequency compared to estimated effect. This scatter plot displays the relationship between minor allele frequency (MAF) and the estimated effect (β) for each significant coding variant in our meta-analyses. All novel WHRadjBMI variants are highlighted in orange, and variants identified only in models that assume recessive inheritance are denoted by diamonds and only in sex-specific analyses by triangles. Eighty percent power was calculated based on the total sample size in the Stage 1+2 meta-analysis and $P=2x10^{-7}$. Estimated effects are shown in original units (cm/cm) calculated by using effect sizes in standard deviation (SD) units times SD of WHR in the ARIC study (sexes combined=0.067, men=0.052, women=0.080).

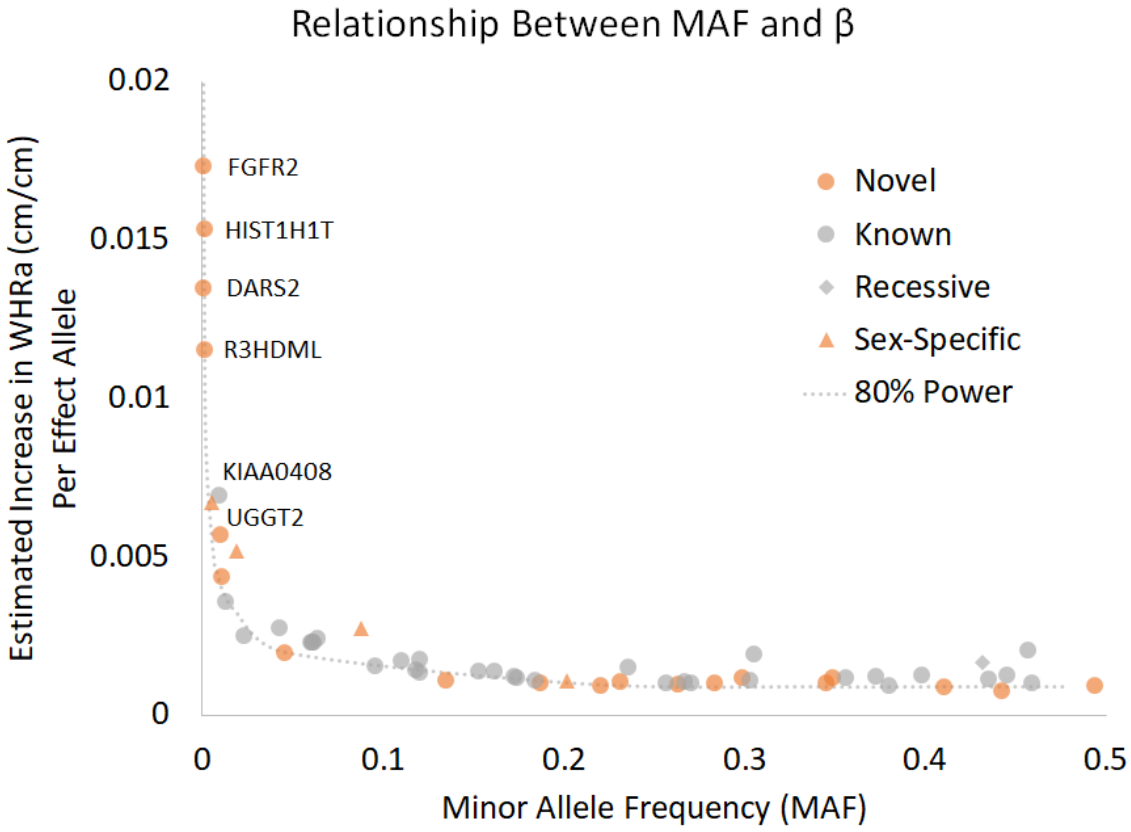


Figure 3. Regional association plots for known loci with novel coding signals. Point color reflects r^2 calculated from the ARIC dataset. In a) there are two independent variants in *RSPO3* and *KIAA0408,* as shown by conditional analysis. In b) we have a variant in *RREB1* that is independent of the GWAS variant rs1294421.

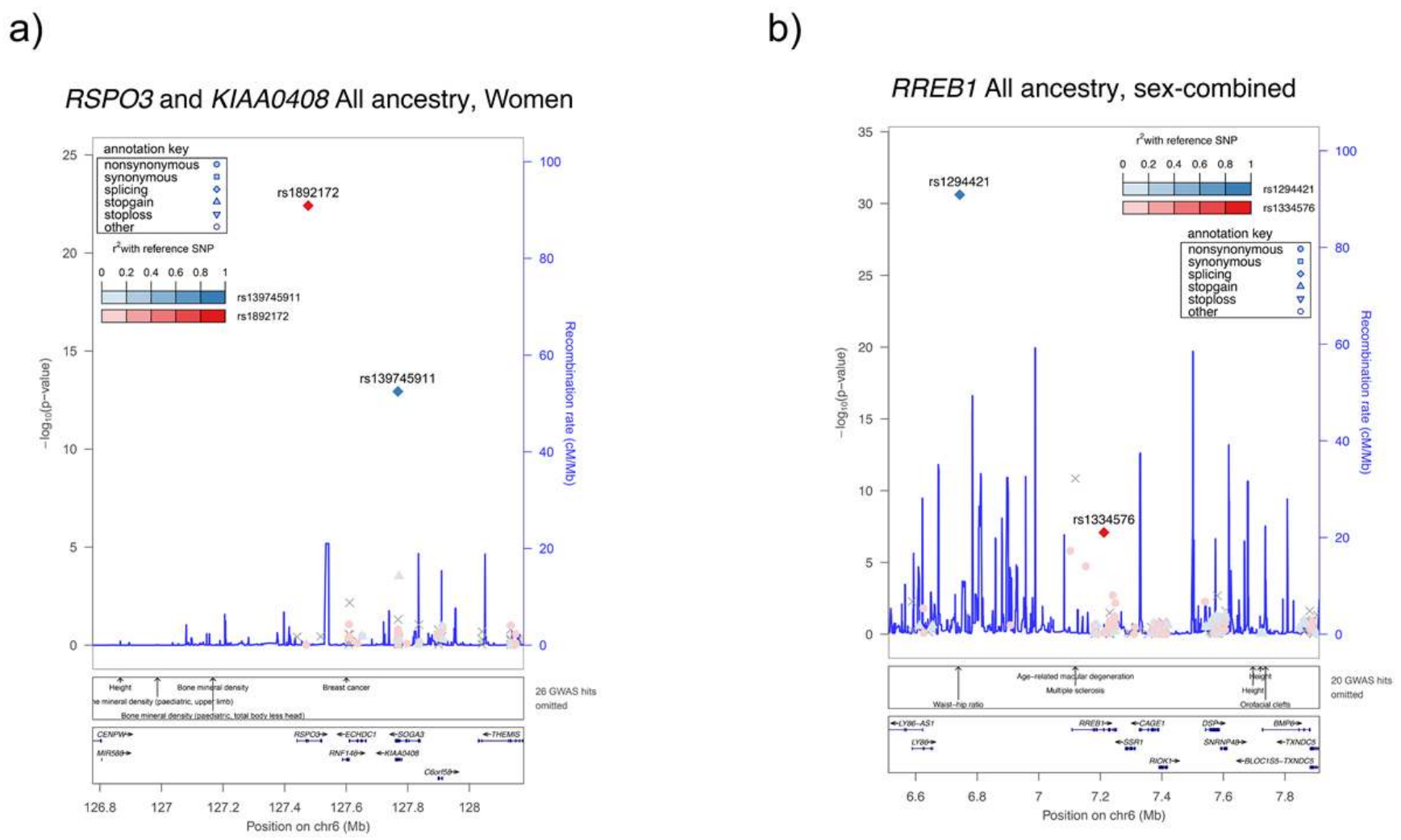


Figure 4. Heat maps showing DEPICT gene set enrichment results. For any given square, the color indicates how strongly the corresponding gene (shown on the x-axis) is predicted to belong to the reconstituted gene set (y-axis). This value is based on the gene's z-score for gene set inclusion in DEPICT's reconstituted gene sets, where red indicates a higher and blue a lower z-score. To visually reduce redundancy and increase clarity, we chose one representative "meta-gene set" for each group of highly correlated gene sets based on affinity propagation clustering (**Online Methods**, **Supplementary Note 2**). Heatmap intensity and DEPICT P-values (see P-values in **Supplementary Data 4-5**) correspond to the most significantly enriched gene set within the meta-gene set. Annotations for the genes indicate (1) the minor allele frequency of the significant ExomeChip (EC) variant (shades of blue; if multiple variants, the lowest-frequency variant was kept), (2) whether the variant's P-value reached array-wide significance (<2x10-7) or suggestive significance (<5x10-4) (shades of purple), (3) whether the variant was novel, overlapping "relaxed" GWAS signals from Shungin et al.[10] (GWAS P<5x10-4) or overlapping "stringent" GWAS signals (GWAS P<5x10-8) (shades of pink), and (4) whether the gene was included in the gene set enrichment analysis or excluded by filters (shades of brown/orange) (Online Methods and Supplementary Information). Annotations for the gene sets indicate if the meta-gene set was found significant (shades of green; FDR <0.01, <0.05, or not significant) in the DEPICT analysis of GWAS results from Shungin et al.