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A Genome-wide Association Study of Early-onset Breast Cancer Identifies *PFKM* as a Novel Breast Cancer Gene and Supports a Common Genetic Spectrum for Breast Cancer at Any Age

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Abstract

Early-onset breast cancer (EOBC) causes substantial loss of life and productivity, creating a major burden among women worldwide. We analyzed 1,265,548 Hapmap3 SNPs among a discovery set of 3,523 EOBC incident case and 2,702 population control women aged ≤ 51 years. The SNPs with smallest P-values were examined in a replication set of 3,470 EOBC case and 5,475 control women. We also tested EOBC association with 19,684 genes by annotating each gene with putative functional SNPs, and then combining their P-values to obtain a gene-based P-value. We examined the gene with smallest P-value for replication in 1,145 breast cancer case and 1,142 control women. The combined discovery and replication sets identified 72 new SNPs associated with EOBC ($P < 4 \times 10^{-8}$) located in six genomic regions previously reported to contain SNPs associated largely with later-onset breast cancer (LOBC). SNP rs2229882 and 10 other SNPs on chromosome 5q11.2 remained associated ($P < 6 \times 10^{-4}$) after adjustment for the strongest published SNPs in the region. Thirty-two of the 82 currently known LOBC SNPs were associated with EOBC ($P < 0.05$). Low power is likely responsible for the remaining 50 unassociated known LOBC SNPs. The gene-based analysis identified an association between breast cancer and the phosphofructokinase-muscle (PFKM) gene on chromosome 12q13.11 that met the genomewide gene-based threshold of 2.5×10^{-6} . In conclusion, EOBC and LOBC appear to have similar genetic etiologies; the 5q11.2 region may contain multiple distinct breast cancer loci; and the PFKM gene region is worthy of further investigation. These findings should enhance our understanding of the etiology of breast cancer.

Introduction

Early-onset breast cancer (EOBC) leads to substantial loss of life and productivity, creating a major public health and economic burden in both developed and developing countries. Many patterns of breast cancer incidence, histopathological characteristics, clinical behavior and risk factors, including the increase in risk associated with a family history, differ between cases diagnosed during pre-menopausal and post-menopausal periods; a difference that has prompted speculation that there might be some genetic etiologies that are different for EOBC and later-onset breast cancer (LOBC) (1–4). For example, a study of Utah families estimated that the risk of developing BC for sisters of EOBC cases was 3.70 (95%

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confidence interval (CI)=2.5–5.2) times that for the general Caucasian population, nearly double the 1.83-fold relative risk (CI=1.65–2.01) among sisters of cases of all ages (5). About 25% of the aggregation is explained by the high risks specific to carriers of deleterious mutations in the major susceptibility genes BRCA1 and BRCA2, but even after excluding carrier families, risks are higher for relatives of EOBC cases than among relatives of LOBC cases (3,6,7). Recently, genome-wide association studies (GWASs) have reported many single-nucleotide polymorphisms (SNPs) as associated with breast cancer risk (8). To date however, no published GWASs have focused on EOBC. Here we report findings from the first large-scale GWAS of EOBC involving a discovery set of 6225 young Caucasian women from eight sites in the USA, Canada, Australia and Germany and two replication sets of Caucasian women from Australia, the USA, the UK, and other European countries.

Materials and Methods

We used a case-control design to investigate EOBC risk among Caucasian women in relation to 1,265,546 single-nucleotide polymorphisms (SNPs) included in the HapMap3 project (http://hapmap.ncbi.nlm.nih.gov/downloads/phasing/2009-02phaseIII/HapMap3_r2/). Specifically, we used Illumina SNP arrays to genotype 3523 EOBC cases and 2702 control women and to impute their genotypes for the HaMap3 SNPs (hereafter called the *discovery set*). We then conducted two SNP-based analyses and a gene-based analysis. The results of these analyses were examined in two sets of independent data (called *replication sets*). We begin with a description of subject recruitment, genotyping and quality control for the discovery set. We then describe the SNP-based analysis and replication, followed by the gene-based analysis and replication.

Discovery set

Subject recruitment—Population-based subjects were recruited from the eight sites described in Supplementary Table S1, some of which oversampled cases with a personal or family history suggesting a heritable basis for their disease (9–14). Eligible cases were non-Hispanic White (NHW) women diagnosed with invasive breast cancer when 51 years or younger and not known to carry pathogenic mutations in BRCA1 or BRCA2. Eligible controls were NHW women aged 20–51 years without a history of breast cancer, who were identified largely by random-digit dialing. Table S2 shows the numbers of eligible subjects from each of the eight contributing sites after quality control.

Genotyping and quality control—DNA samples for subjects from all but one of the sites were genotyped at the University of Chicago on Illumina 610-Quad and Cyto12 v2 BeadChips (Illumina Inc.), using the protocol described in the Supplement. Two hundred and twenty seven population control subjects from the Colon Cancer Family Registry (CCFR) were genotyped at TGEN (<http://www.tgen.org>) using the Illumina Human1M and HumanOmni1-Quad BeadChips. In addition, 27 blinded and 22 un-blinded quality control replicates from the study sample were genotyped on the Human1M. Replicates showed concordance of called genotypes >99.94% (for samples with call rates >90%). Standard laboratory quality control procedures were applied and have been described previously (15). Quality control was implemented using a combination of PLINK (16) and custom programs

written in C, R, Perl, and the Unix bash shell. Data quality control procedures are described in more detail in the Supplement and summarized in Table S3. This table shows that 555,254 of the 1,298,078 SNPs remained after quality control, and that most SNPs were deleted because they appeared only on the 1M and 1M Omni chips that were used to type only 227 controls.

Analysis—We first identified principal components (PCs) representing axes of ancestral variation to adjust for population stratification (17) and imputed untyped SNPs using the HapMap3 data. We then conducted two SNP-based analyses and a gene-based analysis. The first SNP-based analysis consisted of SNP-specific logistic regressions for each of the 1,265,548 typed or imputed HapMap3 SNPs using BEAGLE (18). We checked for population stratification using graphical plots of test statistics and the lambda measure of overdispersion (19). We used an additive regression model in which the logit of EOBC risk was linearly related to the number of SNP minor alleles, and noted the SNPs with nominal P-values less than 4×10^{-8} . These SNPs and their MAFs for cases and controls as well as the discovery set p-values are shown in Table S4. The second SNP-based analysis was conducted to examine association between EOBC and each of the 82 breast-cancer-associated SNPs currently reported and validated in the literature. (We were unable to impute one SNP that was not polymorphic in the HapMap3 data.) Here we used SNP specific logistic regressions for each of the 82 SNPs in which the logit of EOBC risk was linearly related to the number of SNP risk alleles, as reported in the literature.

The gene-based analysis was conducted in two steps. First, we attempted to annotate each known human gene with one or more of the SNPs in the discovery set that could affect its expression and/or function. Then we combined the EOBC discovery set P-values of these expression-related SNPs into summary gene-based P-values. For step 1, we used eQTL mapping of SNPs to genes, as implemented in the online database SCAN (20, 21) and used the eQTL significance levels to quantify the likelihood that a SNP (or one in strong LD with it) regulates gene transcript levels (22). That is, we assigned a SNP to a gene if the SNP encoded a missense, nonsense or frameshift (MNF) variant in the gene, or if it met our criteria for an expression-quantitative trait locus (e-QTL) SNP for the gene. While not all the SNPs annotated to a gene are likely to be functional, they are clearly enriched for those with functional consequence. We were able to annotate 19,684 genes with one or more putative functional SNPs, 11,040 of which were annotated with at least one e-QTL SNP. In step 2 we calculated a gene-based P-value for each of the 19,684 genes by combining the EOBC-association P-values for all its putative functional SNPs using methods described elsewhere (23).

The Supplement contains additional details about both SNP-based and gene-based analyses.

Replication sets

Replication of SNP-based results—Primary genotype data were obtained from three early-onset breast cancer GWAS in populations of European ancestry (3, 24–28) as described in Supplementary Tables S5–S6. For each typed or imputed SNP using ProbABEL (29), we combined the SNP-specific regression coefficients obtained for the

discovery and replication sets using the commonly-deemed inverse-weighted summary statistic proposed by Cochran (30).

Replication of gene-based results—To replicate the gene-based association analyses, we used available GWAS data from the CGEMS breast cancer study of 1,145 Caucasian case women and 1,142 Caucasian control women aged 55–74 years. Details of subject selection, genotyping methods and QC analyses for CGEMS breast cancer project have been published (31, 32). The identical gene-based analytic method, described above and in the Supplement, was applied to the CGEMS data obtained from dbGaP. The gene-based P-values from both discovery and replication datasets were combined for the gene with smallest gene-based P-value in discovery data using Fisher's method for meta-analysis (33).

Further details of both the SNP-based and gene-based replication sets can be found in the Supplement.

Results

SNP-based analysis

Analysis of combined discovery and replication sets identified 96 SNPs from six chromosomal regions as associated with EOBC risk with $P < 4 \times 10^{-8}$ (the threshold for genome-wide significance at level 0.05 with 1.2 million independent tests). These results were not driven by data from a single site. The six regions lie on chromosomes 3p24.1, 5q11.2, 8q24, 10q26.13, 11q13.2 and 16q12.1. Previous GWASs have associated SNPs in these regions with (largely later-onset) breast cancer; however they have reported only 24 of these 96 SNPs (Table 1) (28, 31, 32, 34–60). To investigate how many of the remaining 72 unpublished SNPs are independently associated with EOBC, we evaluated each of them using a regression model that also contained the published SNP in the region having the smallest P-value in the combined discovery and replication data (called the *index* SNP). These regressions identified 12 of the 72 SNPs as independently associated with EOBC at significance level $P < 0.001$ (listed in bold type in Table 1). Eleven of these 12 SNPs are in the 5q11.2 region and almost all are within or near the MAP3K1 gene; eight are downstream of the published index SNP (Figure 1). The strongest of these SNPs, is rs2229882 with unadjusted P-value 1.02×10^{-14} and squared correlation $r^2 = 0.10$ with the published SNP rs889312 (Figure 1 and Table 1).

To further explore the 5q11.2 association we examined 2,889 SNPs (278 typed and 2,611 imputed using 1KG data) within a 2Mb region centered at rs889312, the strongest published SNP in the region. We found rs7709971 to have the smallest P-value (1.01×10^{-9}). Adjusting for this SNP in bi-variate regressions did not produce strong new associations for any of the other SNPs in the region (results not shown).

Association with known breast cancer SNPs

Table 2 shows 83 SNPs reported in the GWAS catalog <http://www.genome.gov/26525384#1> as associated with breast cancer at $P < 4 \times 10^{-8}$ in studies of predominantly LOBC (28, 31, 32, 34–60). We used the discovery set to examine association between EOBC and the 82 SNPs that we could impute using HapMap3 and/or 1KG data. Table 2 shows that 32 SNPs were

associated at $P < 0.05$ (listed in bold type in the table). We also computed the probability that a test of size 0.05 using 3523 cases and 2702 controls would detect association with each of the 82 SNPs, given its published effect size as shown in the table. We found that the mean power to detect the 50 missed SNPs was 44%, appreciably lower than the mean power of 77% for the 32 we detected. Thus our failure to confirm the remaining 50 SNPs seems due to insufficient power to detect their small effect sizes. These results suggest that the genetic etiology of EOBC is not different than that of LOBC.

Gene-based analysis

Analysis of the discovery set identified the phosphofructokinase muscle-type (PFKM) gene on chromosome 12q13.11 region as associated with EOBC with P-value of 9×10^{-7} , which meets the genome-wide threshold of $P < 2.5 \times 10^{-6}$ for the 19,684 statistical tests performed. This region is distinct from the regions 12q22 and 12q24 containing SNPs known to be associated with breast cancer (Table 2). When we repeated the same analysis using the predominantly LOBC breast cancer replication data from the CGEMS study, the PFKM gene also was associated with breast cancer ($P = 3 \times 10^{-2}$). Combined analysis of the two data sets yielded an overall gene-based Fisher's meta-P-value of 5×10^{-7} for the PFKM gene. No other genes met the genome-wide significance threshold.

The association between PFKM and breast cancer risk was based on its annotation with the 35 putative functional SNPs shown in Table 3. This set consists largely of *trans* e-QTL SNPs rather than MNF SNPs in the coding region of the gene. Nevertheless, we also found evidence implicating SNPs in the 1M region centered at the PFKM gene. We found that 27 of the 966 SNPs in this region that were included in the EOBC GWAS discovery set were associated with EOBC at $P < 0.01$. These SNPs are listed in Figure 2. Also shown in the Figure are the genes in this region (Panel A), a Manhattan plot of the 966 P-values (Panel B), and the D' measure of linkage disequilibrium between pairs of SNPs (Panel C). To evaluate the statistical significance of this finding, we permuted subjects' case-control statuses 1000 times, and in each permutation we evaluated how many of the 966 SNPs were associated with EOBC at $P < 0.01$. We found that none of the 1000 permutations yielded 27 or more such SNPs, giving a significance level of $P < 0.001$. Most of the 27 EOBC-associated SNPs were located within other nearby genes, suggesting that EOBC risk could be due to some complex gene expression pattern in this gene-rich region (see Panels A and B of Figure 2). Panel C of the figure shows the correlations among the SNPs in the region.

Discussion

This study identified and replicated EOBC associations with 72 previously unpublished SNPs in six regions known to harbor variants affecting breast cancer risk. Twelve of the 72 SNPs remained associated with EOBC after adjusting for the SNP with smallest published P-value in the same region. Eleven of these 12 SNPs lie on chromosome 5q11.2 near the MAP3K1 gene. Their lack of strong correlation with the strongest published SNP rs889312 suggests the presence of multiple causal variants in this region. Future sequence-based studies, coupled with functional experiments, can exploit these associations to identify the causal variant(s) in the region.

We examined association between EOBC and 82 of the 83 common SNPs currently known to be associated with largely LOBC. We found evidence for association with only 32 (39%) of these SNPs. However comparison of detected and missed SNPs with respect to effect size and power suggests that this low confirmation rate reflects the inadequate power to detect the missed SNPs rather than systematic etiological differences between EOBC and LOBC. These findings suggest that the genetic factors responsible for breast cancer affect risk at all ages.

The gene-based GWAS analyses identified the PFKM gene region 12q13.11 as associated with breast cancer risk, independently of the 12q22 and 12q24 regions previously associated with breast cancer. PFKM, one of the three phospho-fructose-kinase (PFK) isoenzymes, is the key regulator of cellular glycolysis catalyzing the phosphorylation of fructose-6-phosphate to fructose-1,6-bisphosphate. Disabling PFKM mutations lead to glycogen storage diseases (especially type VII – Tarui's disease) as well as cardiac and hematological disorders (61–63). The association of PFKM expression with breast cancer risk is plausible for several reasons. First, this gene is expressed in breast cancer cell lines (64). Second, variants in the gene have been related to post-translational modifications, which have been shown to alter the metabolism and promote the growth of cancer cells (65). Third, an association between breast cancer risk and this gene is consistent with observations that tumor cells can consume large amounts of glucose due to aberrant glucose metabolism, especially through a glycolytic pathway that produces lactate (65). Finally, tumor suppressor protein p53 has been shown to suppress PFKM expression in model system (66). Since the biology of the PFKM gene and its modulators and inhibitors are well characterized (67, 68) identification of PFKM gene region as a breast cancer susceptibility locus has potential translational implications for breast cancer prevention and treatment.

The present study has several strengths including its large sample size, its focus on EOBC, its homogenous Caucasian study population, and its novel gene-based analysis involving the functional characteristics of gene-related SNPs. Study limitations include use of somewhat different types of study populations between the discovery (population-based) and replication (both population- and clinic-based) phases, and our inability to replicate the gene-based analysis in an EOBC replication set due to lack of access to necessary relevant data from replication cohorts.

In conclusion, the study identified EOBC risks to be associated with 72 new SNPs in six chromosomal regions which were previously associated with LOBC risks. Eleven of the 72 SNPs, all on chromosome 5q11.2, were associated with EOBC independently of previously reported SNPs. These EOBC-associated SNPs may help in the search for causal variants in the 5q11.2 region. In addition, we found little evidence to support genetic heterogeneity between EOBC and LOBC. Finally, the gene-based analysis identified a region containing the key glycolysis regulation gene PFKM that is worthy of further investigation as a susceptibility locus for breast cancer in Caucasian women of all ages. Future studies need to determine whether the current findings apply to non-Caucasian women.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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References

1. Narod SA. Early-onset breast cancer: what do we know about the risk factors?: A Countercurrents Series. *Curr Oncol*. 2011; 18:204–5. [PubMed: 21980244]
2. Renehan AG, Tyson M, Egger M, Heller RF, Zwahlen M. Body-mass index and incidence of cancer: a systematic review and meta-analysis of prospective observational studies. *Lancet*. 2008; 371:569–78. [PubMed: 18280327]
3. Dite GS, Jenkins MA, Southey MC, Hocking JS, Giles GG, McCredie MR, et al. Familial risks, early-onset breast cancer, and BRCA1 and BRCA2 germline mutations. *J Natl Cancer Inst*. 2003; 95:448–57. [PubMed: 12644538]
4. Whittemore AS, Gong G, Itnyre J. Prevalence and contribution of BRCA1 mutations in breast cancer and ovarian cancer: results from three U.S. population-based case-control studies of ovarian cancer. *Am J Hum Genet*. 1997; 60:496–504. [PubMed: 9042908]
5. Goldgar DE, Easton DF, Cannon-Albright LA, Skolnick MH. Systematic population-based assessment of cancer risk in first-degree relatives of cancer probands. *J Natl Cancer Inst*. 1994; 86:1600–08. [PubMed: 7932824]
6. Familial breast cancer: collaborative reanalysis of individual data from 52 epidemiological studies including 58,209 women with breast cancer and 101,986 women without the disease. *Lancet*. 2001; 358:1389–99. [PubMed: 11705483]
7. Lee JS, John EM, McGuire V, Felberg A, Ostrow KL, DiCioccio RA, et al. Breast and ovarian cancer in relatives of cancer patients, with and without BRCA mutations. *Cancer Epidemiol Biomarkers Prev*. 2006; 15:359–63. [PubMed: 16492929]
8. Hindorff, LA.; MacArthur, J.; Morales, J.; Junkins, HA.; Hall, PN.; Klemm, AK.; Manolio, TA. European Bioinformatics Institute. [Accessed [Sept 2012]] A Catalog of Published Genome-Wide Association Studies. Available at: www.genome.gov/gwastudies
9. John EM, Hopper JL, Beck JC, Knight JA, Neuhausen SL, Senie RT, et al. The Breast Cancer Family Registry: an infrastructure for cooperative multinational, interdisciplinary and translational studies of the genetic epidemiology of breast cancer. *Breast Cancer Res*. 2004; 6:R375–R389. [PubMed: 15217505]
10. Chang-Claude J, Eby N, Kiechle M, Bastert G, Becher H. Breastfeeding and breast cancer risk by age 50 among women in Germany. *Cancer Causes Control*. 2000; 11:687–95. [PubMed: 11065005]
11. Gammon MD, Neugut AI, Santella RM, Teitelbaum SL, Britton JA, Terry MB, et al. The Long Island Breast Cancer Study Project: description of a multi-institutional collaboration to identify environmental risk factors for breast cancer. *Breast Cancer Res Treat*. 2002; 74:235–54. [PubMed: 12206514]
12. Friedrichsen DM, Malone KE, Doody DR, Daling JR, Ostrander EA. Frequency of CHEK2 mutations in a population-based case-control study of breast cancer in young women. *Breast Cancer Res*. 2004; 6:R629–R635. [PubMed: 15535844]
13. Lee E, Ma H, McKean-Cowdin R, Van Den Berg D, Bernstein L, Henderson BE, et al. Effect of reproductive factors and oral contraceptives on breast cancer risk in BRCA1/2 mutation carriers and noncarriers: results from a population-based study. *Cancer Epidemiol Biomarkers Prev*. 2008; 17:3170–8. [PubMed: 18990759]
14. Newcomb PA, Baron J, Cotterchio M, Gallinger S, Grove J, Haile R, et al. Colon Cancer Family Registry: an international resource for studies of the genetic epidemiology of colon cancer. *Cancer Epidemiol Biomarkers Prev*. 2007; 16:2331–43. [PubMed: 17982118]

15. Figueiredo JC, Lewinger JP, Song C, Campbell PT, Conti DV, Edlund CK, et al. Genotype-environment interactions in microsatellite stable/microsatellite instability-low colorectal cancer: results from a genome-wide association study. *Cancer Epidemiol Biomarkers Prev.* 2011; 20:758–66. [PubMed: 21357381]
16. Purcell S, Neale B, Todd-Brown K, Thomas L, Ferreira MA, Bender D, et al. PLINK: a toolset for whole-genome association and population-based linkage analysis. *Am J Hum Genet.* 2007; 81(3): 559–75. [PubMed: 17701901]
17. Price AL, Patterson NJ, Plenge RM, Weinblatt ME, Shadick NA, Reich D. Principal components analysis corrects for stratification in genome-wide association studies. *Nature Genet.* 2006; 38:904–9. [PubMed: 16862161]
18. Browning BL, Browning SR. Efficient multilocus association testing for whole genome association studies using localized haplotype clustering. *Genet Epidemiol.* 2007; 31:365–375. [PubMed: 17326099]
19. Devlin B, Roeder K. Genomic control for association studies. *Biometrics.* 1999; 55:997–1004. [PubMed: 11315092]
20. Nicolae DL, Gamazon E, Zhang W, Duan S, Dolan ME, Cox NJ. Trait-associated SNPs are more likely to be eQTLs: annotation to enhance discovery from GWAS. *PLoS Genet.* 2010; 6(4):e1000888. [PubMed: 20369019]
21. Gamazon ER, Zhang W, Konkashbaev A, Duan S, Kistner EO, Nicolae DL, et al. SCAN: SNP and copy number annotation. *Bioinformatics.* 2010; 26:259–62. [PubMed: 19933162]
22. Duan S, Huang RS, Zhang W, Bleibel WK, Roe CA, Clark TA, et al. Genetic architecture of transcript-level variation in humans. *Am J Hum Genet.* 2008; 82:1101–13. [PubMed: 18439551]
23. De la Cruz O, Wen X, Ke B, Song M, Nicolae DL. Gene, region and pathway level analyses in whole-genome studies. *Genet Epidemiol.* 2010; 34:222–31. [PubMed: 20013942]
24. Osborne RH, Hopper JL, Kirk JA, Chenevix-Trench G, Thorne HJ, Sambrook JF. kConFab: a research resource of Australasian breast cancer families. Kathleen Cuningham Foundation Consortium for Research into Familial Breast Cancer. *Med J Aust.* 2000; 172:463–4. [PubMed: 10870547]
25. Fletcher O, Johnson N, Palles C, dos Santos Silva I, McCormack V, Whittaker J, et al. Inconsistent association between the STK15 F31I genetic polymorphism and breast cancer risk. *J Natl Cancer Inst.* 2006; 98:1014–18. [PubMed: 16849685]
26. Power C, Elliott J. Cohort profile: 1958 British birth cohort (National Child Development Study). *Int J Epidemiol.* 2006; 35:34–41. [PubMed: 16155052]
27. The Wellcome Trust Case Control Consortium. Genome-wide association study of 14,000 cases of seven common diseases and 3,000 shared controls. *Nature.* 2007; 447:661–78. [PubMed: 17554300]
28. Turnbull C, Ahmed S, Morrison J, Pernet D, Renwick A, Maranian M, et al. Genome-wide association study identifies five new breast cancer susceptibility loci. *Nat Genet.* 2010; 42:504–7. [PubMed: 20453838]
29. Aulchenko YS, Struchalin MV, van Duijn CM. ProbABEL package for genome-wide association analysis of imputed data. *BMC Bioinformatics.* 2010; 11:134. [PubMed: 20233392]
30. Cochran BG. The combination of estimates from different experiments. *Biometrics.* 1954; 10:101–29.
31. Hunter DJ, Kraft P, Jacobs KB, Cox DG, Yeager M, Hankinson SE, et al. A genome-wide association study identifies alleles in FGFR2 associated with risk of sporadic postmenopausal breast cancer. *Nat Genet.* 2007; 39:870–4. [PubMed: 17529973]
32. Thomas G, Jacobs KB, Kraft P, Yeager M, Wacholder S, Cox DG, et al. A multistage genome-wide association study in breast cancer identifies two new risk alleles at 1p11.2 and 14q24.1 (RAD51L1). *Nat Genet.* 2009; 41:579–84. [PubMed: 19330030]
33. Fisher, RA. *Statistical Methods for Research Workers.* Edinburgh: Oliver and Boyd; 1925.
34. Ahmed S, Thomas G, Ghousaini M, Healey CS, Humphreys M, Platte R, et al. Newly discovered breast cancer susceptibility loci on 3p24 and 17q23. 2. *Nat Genet.* 2009; 41:585–90. [PubMed: 19330027]

35. Easton DF, Pooley KA, Dunning AM, Pharoah PDP, Thompson D, Ballinger DG, et al. Genome-wide association study identifies novel breast cancer susceptibility loci. *Nature*. 2007; 447:1087–93. [PubMed: 17529967]
36. Gold B, Kirchoff T, Stefanov S, Lautenberger J, Vilae A, Garber J, et al. Genome-wide association study provides evidence for a breast cancer risk locus at 6q22.33. *Proc Natl Acad Sci U S A*. 2008; 105:4340–45. [PubMed: 18326623]
37. Barnholtz-Sloan JS, Shetty PB, Guan X, Nyante SJ, Luo J, Brennan DJ, et al. FGFR2 and other loci identified in genome-wide association studies are associated with breast cancer in African-American and younger women. *Carcinogenesis*. 2010; 31:1417–23. [PubMed: 20554749]
38. Boyarskikh UA, Zarubina NA, Biltueva JA, Sinkina TV, Voronina EN, Lazarev AF, et al. Association of FGFR2 gene polymorphisms with the risk of breast cancer in population of West Siberia. *Eur J Hum Genet*. 2009; 17:1688–91. [PubMed: 19536173]
39. Jia C, Cai Y, Ma Y, Fu D. Quantitative assessment of the effect of FGFR2 gene polymorphism on the risk of breast cancer. *Breast Cancer Res Treat*. 2010; 124:521–8. [PubMed: 20364400]
40. Raskin L, Pinchev M, Arad C, Lejbkowitz F, Tamir A, Rennert HS, et al. FGFR2 is a breast cancer susceptibility gene in Jewish and Arab Israeli populations. *Cancer Epidemiol Biomarkers Prev*. 2008; 17:1060–5. [PubMed: 18483326]
41. Li J, Humphreys K, Darabi H, Rosin G, Hannelius U, Heikkinen T, et al. A genome-wide association scan on estrogen receptor-negative breast cancer. *Breast Cancer Res*. 2010; 12:R93. [PubMed: 21062454]
42. Long J, Cai Q, Shu XO, Qu S, Li C, Zheng Y, et al. Evaluation of breast cancer susceptibility loci in Chinese women. *Cancer Epidemiol Biomarkers Prev*. 2010; 19:2357–65. [PubMed: 20699374]
43. Reeves GK, Travis RC, Green J, Bull D, Tipper S, Baker K, et al. Incidence of breast cancer and its subtypes in relation to individual and multiple low-penetrance genetic susceptibility loci. *JAMA*. 2010; 304:426–34. [PubMed: 20664043]
44. Fletcher O, Johnson N, Orr N, Hosking FJ, Gibson LJ, Walker K, et al. Novel breast cancer susceptibility locus at 9q31.2: Results of a genome-wide association study. *J Natl Cancer Inst*. 2011; 103:425–35. [PubMed: 21263130]
45. Udler MS, Ahmed S, Healey CS, Meyer K, Struewing J, Maranian M, et al. Fine scale mapping of the breast cancer 16q12 locus. *Hum Mol Genet*. 2010; 19:2507–15. [PubMed: 20332101]
46. Zheng W, Long J, Gao YT, Li C, Zheng Y, Xiang YB, et al. Genome-wide association study identifies a new breast cancer susceptibility loci at 6q25.1. *Nature Genet*. 2008; 41:324–8. [PubMed: 19219042]
47. Liang J, Chen P, Hu Z, Zhou X, Chen L, Li M, et al. Genetic variants in fibroblast growth factor receptor 2 (FGFR2) contribute to susceptibility of breast cancer in Chinese women. *Carcinogenesis*. 2008; 29:2341–6. [PubMed: 18845558]
48. Stacey SN, Manolescu A, Sulem P, Rafnar T, Gudmundsson J, Gudjonsson A, et al. Common variants on chromosomes 2q35 and 16q12 confer susceptibility to estrogen receptor-positive breast cancer. *Nat Genet*. 2007; 39:865–9. [PubMed: 17529974]
49. Gaudet MM, Kirchoff T, Green T, Vijai J, Korn JM, Guiducci C, et al. Common genetic variants and modification of penetrance of BRCA2-associated breast cancer. *PLoS Genet*. 2010; 6:e1001183. [PubMed: 21060860]
50. Long J, Cai Q, Shu XO, Qu S, Li C, Zheng Y, et al. Identification of a functional genetic variant at 16q12.1 for breast cancer risk: results from the Asia Breast Cancer Consortium. *PLoS Genet*. 2010; 6(6):e1001002. [PubMed: 20585626]
51. Udler MS, Meyer KB, Pooley KA, Karlins KA, Struewing J, Zhang J, et al. FGFR2 variants and breast cancer risk: fine-scale mapping using African American studies and analysis of chromatin conformation. *Hum Mol Genet*. 2009; 18:1692–1703. [PubMed: 19223389]
52. Cai Q, Long J, Lu W, Qu S, Wen W, Kang D, et al. Genome-wide association study identifies breast cancer risk variant at 10q21.2: results from the Asia Breast Cancer Consortium. *Hum Mol Genet*. 2011; 20:4991–9. [PubMed: 21908515]
53. Li J, Humphreys K, Heikkinen T, Aittomaki K, Blomqvist C, Pharoah PDP, et al. A combined analysis of genome-wide association studies in breast cancer. *Breast Cancer Res Treat*. 2011; 126:717–27. [PubMed: 20872241]

54. Stacey SN, Manolescu A, Sulem P, Thorlacius S, Gudjonsson S, Jonsson GF, et al. Common variants on chromosome 5p12 confer susceptibility to estrogen receptor-positive breast cancer. *Nat Genet.* 2008; 40:703–6. [PubMed: 18438407]
55. Stacey SN, Sulem P, Zanon C, Gudjonsson SA, Thorleifsson G, Helgason A, et al. Ancestry-shift refinement mapping of the C6orf97-ESR1 breast cancer susceptibility locus. *PLoS Genet.* 2010; 6(7):e1001029. [PubMed: 20661439]
56. Siddiq A, Couch FJ, Chen GK, Lindstrom S, Eccles D, Millikan RC, et al. A meta-analysis of genome-wide association studies of breast cancer identifies two novel susceptibility loci at 6q14 and 20q11. *Human molecular genetics.* 2012; 21:5373–84. [PubMed: 22976474]
57. Chen F, Chen GK, Stram DO, Millikan RC, Ambrosone CB, John EM, et al. A genome-wide association study of breast cancer in women of African ancestry. *Hum Genet.* 2013; 132:39–48. [PubMed: 22923054]
58. Garcia-Closas M, Couch FJ, Lindstrom S, Michailidou K, Schmidt MK, Brook MN, et al. Genome-wide association studies identify four ER negative-specific breast cancer risk loci. *Nat Genet.* 2013; 45:392–8. [PubMed: 23535733]
59. Bojesen SE, Pooley KA, Johnatty SE, Beesley J, Michailidou K, Tyrer JP, et al. Multiple independent variants at the TERT locus are associated with telomere length and risks of breast and ovarian cancer. *Nat Genet.* 2013; 45:371–84. [PubMed: 23535731]
60. Michailidou K, Hall P, Gonzalez-Neira A, Ghoussaini M, Dennis J, Milne RL, et al. Large-scale genotyping identifies 41 new loci associated with breast cancer risk. *Nat Genet.* 2013; 45:353–61. [PubMed: 23535729]
61. Tarui S, Okuno G, Ikura Y, Tanaka T, Suda M, Nishikawa M. Phosphofructokinase deficiency in skeletal muscle. A new type of Glycogenosis. *Biochem Biophys Res Com.* 1965; 19:517–23. [PubMed: 14339001]
62. Vasconcelos O, Sivakumar K, Dalakas MC, Quezado M, Nagle J, Leon-Monzon M, et al. Nonsense mutation in the phosphofructokinase muscle subunit gene associated with retention of intron 10 in one of the isolated transcripts in Ashkenazi Jewish patients with Tarui disease. *Proc Natl Acad Sci U S A.* 1995; 92:10322–6. [PubMed: 7479776]
63. Garcia M, Pujol A, Ruzo A, Riu E, Ruberte J, Arbos A, et al. Phosphofructo-1-kinase deficiency leads to a severe cardiac and hematological disorder in addition to skeletal muscle glycogenosis. *PLoS Genet.* 2009; 5:e1000615. [PubMed: 19696889]
64. Zancan P, Sola-Penna M, Furtado CM, Da Silva D. Differential expression of phosphofructokinase-1 isoforms correlates with the glycolytic efficiency of breast cancer cells. *Mol Genet Metab.* 2010; 100:372–8. [PubMed: 20483646]
65. Smerc A, Sodja E, Legisa M. Posttranslational modification of 6-phosphofructo-1-kinase as an important feature of cancer metabolism. *PloS One.* 2011; 6:e19645. [PubMed: 21573193]
66. Danilova N, Kumagai A, Lin J. p53 upregulation is a frequent response to deficiency of cell-essential genes. *PloS One.* 2010; 5:e15938. [PubMed: 21209837]
67. Deng H, Yu F, Chen J, Zhao Y, Xiang J, Lin A. Phosphorylation of Bad at Thr-201 by JNK1 promotes glycolysis through activation of phosphofructokinase-1. *J Biol Chem.* 2008; 283:20754–60. [PubMed: 18469002]
68. Usenik A, Legisa M. Evolution of allosteric citrate binding sites on 6-phosphofructo-1-kinase. *PloS One.* 2010; 5:e15447. [PubMed: 21124851]

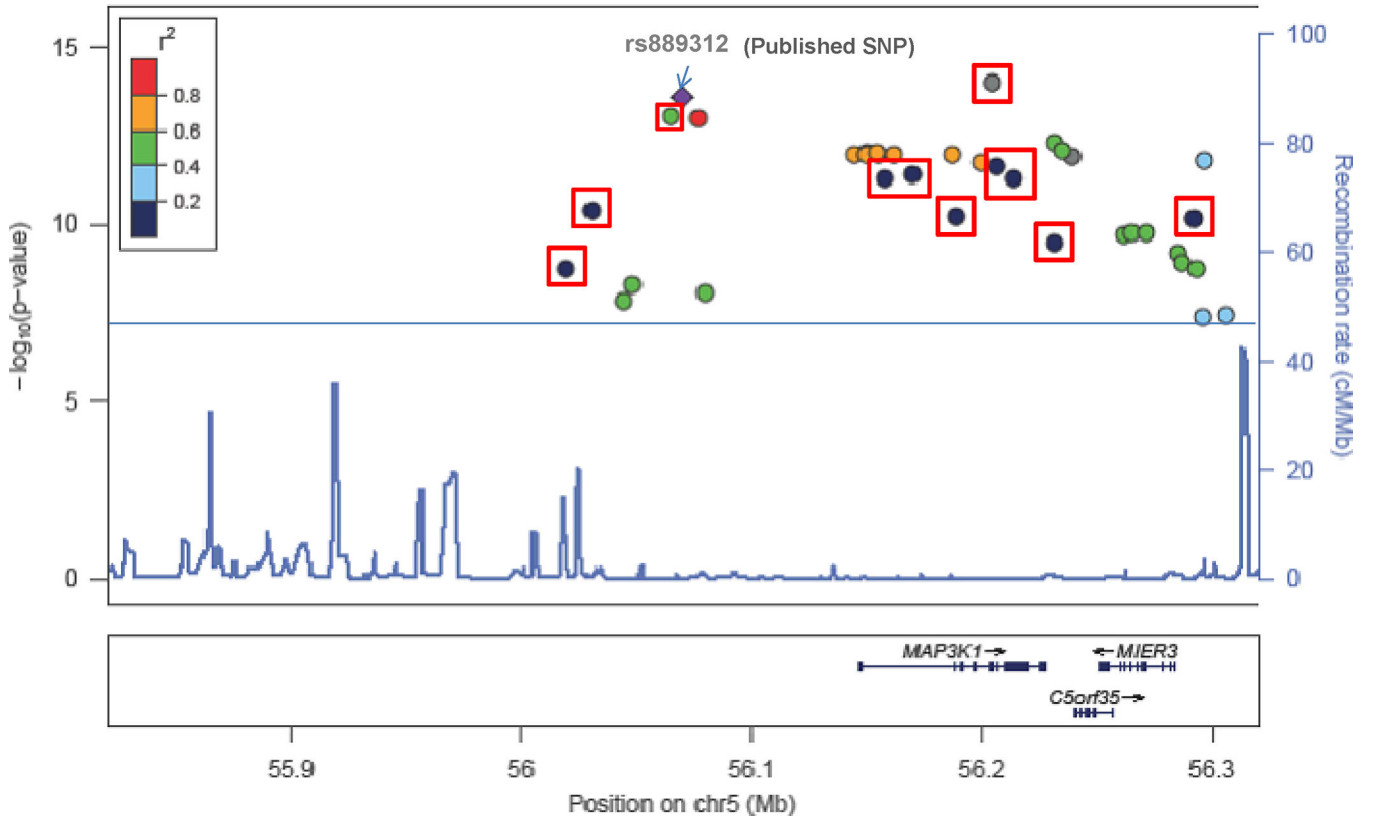


Figure 1. Manhattan plot of significance levels from combined discovery and replication data for SNPs in the 5q11.2 region. Y-axis shows minus log P-value for association with EOBC, X-axis shows chromosomal position, and SNP color reflects its correlation with SNP rs889312 (SNP with smallest P-value in discovery set, marked by arrow). SNPs in red boxes are associated with P-value <0.001 from regression analyses adjusting for rs889312. Horizontal bar denotes genome-wide significance threshold $P=4 \times 10^{-8}$. Blue curve denotes recombination rate.

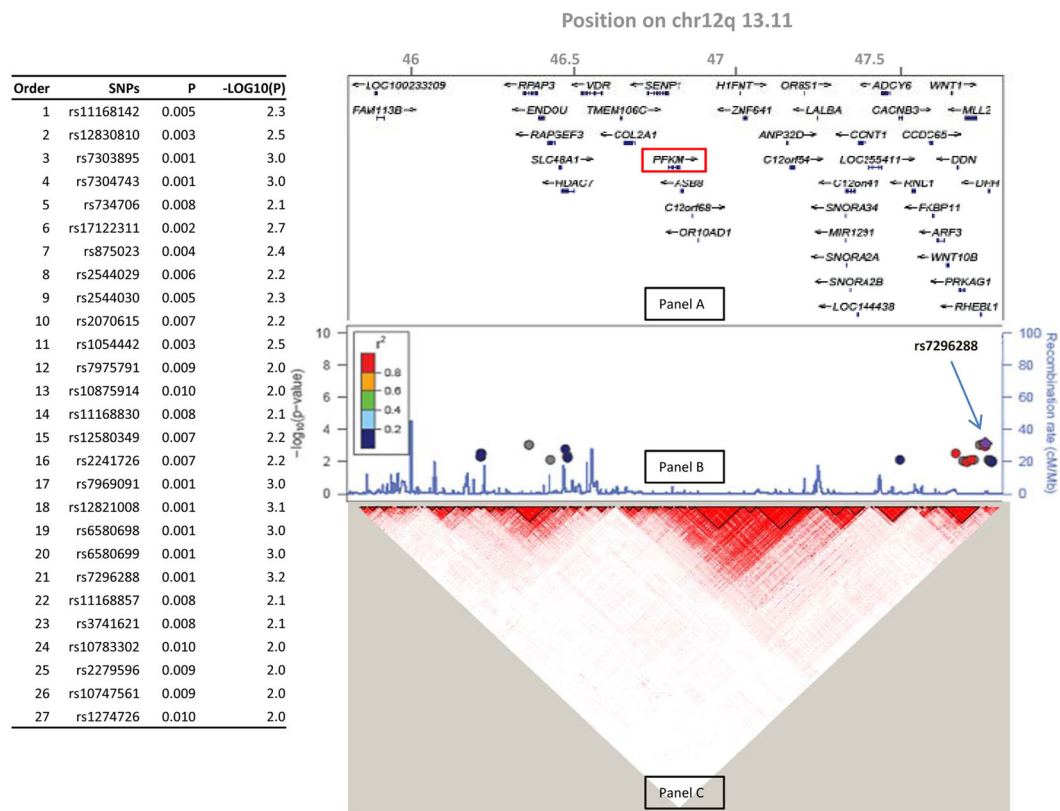


Figure 2. Panel A: chromosomal positions of genes on chr12q13.11 in the 2MB region surrounding the PFKM gene. Panel B: Manhattan plot of 27 SNPs in the region associated with EOBC with combined discovery and replication P-values of 0.01 or less. These 27 SNPs and their P-values are listed on the left in their order of appearance from left to right. SNP colors reflect magnitudes of their squared correlation coefficients with SNP rs7296288 (marked by arrow), which had the smallest discovery set P-value. Panel C: linkage disequilibrium measures D' for all 966 HapMap3 imputed SNPs in the chr12q13.11 region. Dark red squares represent D' values near 1 and white squares represent D' values near zero.

Table 1

Newly identified SNPs associated with EOBC at combined significance level $P < 4 \times 10^{-8}$

Region	Newly identified SNPs		Combined Data					
	Published SNP with smallest p-value		RAF ^a	OR ^b	95% CI ^b	Unadjusted P-value ^c	Adjusted P-value ^c	R ² ^d
3p24	rs4973768	rs653465	0.54	1.18	1.12–1.23	4.73E-12	1.85E-02	0.75
		rs487930	0.54	1.18	1.12–1.23	5.04E-12	1.98E-02	0.74
		rs552647	0.54	1.18	1.12–1.23	5.28E-12	2.03E-02	0.76
		rs2100006	0.55	1.17	1.12–1.23	1.13E-11	2.92E-02	0.72
		rs2034190	0.55	1.17	1.12–1.23	1.23E-11	3.24E-02	0.72
		rs12487340	0.55	1.17	1.12–1.23	3.88E-11	2.39E-02	0.60
		rs7653795	0.55	1.17	1.11–1.22	8.96E-11	4.90E-02	0.62
		rs2370946	0.57	1.16	1.11–1.22	1.14E-10	7.26E-02	0.65
		rs1445111	0.57	1.16	1.11–1.22	1.32E-10	7.66E-02	0.65
		rs11129270	0.57	1.16	1.11–1.22	1.42E-10	8.15E-02	0.65
		rs10049490	0.57	1.16	1.11–1.22	2.93E-10	1.14E-01	0.63
		rs1472254	0.54	1.15	1.11–1.21	5.76E-10	7.44E-01	0.80
		rs7634878	0.51	1.15	1.11–1.21	1.13E-9	4.17E-01	0.64
		5q11	rs889312	rs2229882^e	0.06	1.45	1.32–1.6	1.02E-14
rs16886181	0.18			1.26	1.18–1.34	9.01E-14	5.72E-04	0.53
rs961847	0.30			1.21	1.15–1.27	1.04E-13	5.33E-01	0.96
rs252913	0.37			1.20	1.14–1.26	4.66E-13	9.34E-02	0.42
rs832540	0.36			1.19	1.14–1.25	8.38E-13	1.25E-01	0.42
rs702691	0.36			1.19	1.14–1.25	8.67E-13	2.19E-01	0.50
rs252905	0.36			1.19	1.14–1.25	9.22E-13	2.21E-01	0.50
rs832585	0.36			1.19	1.14–1.25	1.04E-12	2.21E-01	0.50
rs832566	0.36			1.19	1.14–1.25	1.06E-12	2.19E-01	0.50
rs252906	0.36			1.19	1.14–1.25	1.07E-12	2.33E-01	0.50
rs11960484	0.36			1.19	1.14–1.25	1.08E-12	2.45E-01	0.50
rs832552	0.36			1.19	1.14–1.25	1.11E-12	2.45E-01	0.50
rs252925	0.36			1.19	1.14–1.25	1.16E-12	1.41E-01	0.46

Region	Published SNP with smallest p-value		Newly identified SNPs					Combined Data				
	RAF ^a	OR ^b	95% CI ^b	Unadjusted P-value ^c	Adjusted P-value ^c	R ² ^d	RAF ^a	OR ^b	95% CI ^b	Unadjusted P-value ^c	Adjusted P-value ^c	R ² ^d
		rs6890270	0.20	1.24	1.17–1.31	1.47E-12	3.40E-03	0.18				
		rs832577	0.36	1.19	1.13–1.25	1.82E-12	2.74E-01	0.50				
		rs16886448	0.07	1.37	1.25–1.49	2.24E-12	5.21E-06	0.05				
		rs16886397	0.07	1.36	1.25–1.49	3.84E-12	8.05E-06	0.05				
		rs3822625	0.07	1.36	1.24–1.48	5.01E-12	7.79E-06	0.05				
		rs16886364	0.07	1.36	1.25–1.48	5.28E-12	1.03E-05	0.05				
		rs16886113	0.08	1.35	1.23–1.47	3.79E-11	1.71E-05	0.10				
		rs1017226	0.08	1.33	1.22–1.45	5.73E-11	2.57E-05	0.05				
		rs7726354	0.06	1.37	1.24–1.5	6.52E-11	4.70E-05	0.08				
		rs1445996	0.36	1.17	1.12–1.23	1.6E-10	5.43E-01	0.36				
		rs832529	0.36	1.17	1.12–1.23	1.64E-10	5.54E-01	0.36				
		rs252890	0.36	1.17	1.12–1.23	1.81E-10	5.75E-01	0.35				
		rs12655019	0.10	1.27	1.18–1.37	3.06E-10	6.53E-04	0.07				
		rs331498	0.37	1.17	1.11–1.23	6.35E-10	7.11E-01	0.35				
		rs331497	0.37	1.16	1.11–1.22	1.23E-9	8.10E-01	0.35				
		rs2662024	0.37	1.16	1.11–1.22	1.65E-9	8.06E-01	0.35				
		rs16886034	0.08	1.36	1.23–1.51	1.8E-9	7.00E-05	0.12				
		rs10940511	0.43	1.15	1.1–1.21	4.85E-9	8.62E-01	0.43				
		rs4700008	0.43	1.15	1.1–1.2	8.65E-9	9.08E-01	0.47				
		rs6862199	0.44	1.14	1.09–1.2	1.43E-8	9.55E-01	0.45				
	rs10940518	0.34	1.15	1.1–1.21	3.55E-8	7.54E-01	0.30					
	rs10039338	0.34	1.15	1.1–1.21	3.96E-8	8.42E-01	0.30					
8q24		rs1562430	0.60	1.15	1.10–1.20	1.48E-8	8.45E-01	1.00				
		rs673745	0.42	1.14	1.09–1.20	2.02E-8	2.10E-02	0.42				
		rs7002826	0.60	1.14	1.09–1.20	2.06E-8	8.55E-01	0.94				
		rs418269	0.41	1.14	1.09–1.20	2.13E-8	2.09E-02	0.43				
		rs7007568	0.60	1.14	1.09–1.20	2.23E-8	9.26E-01	0.94				
		rs7815100	0.59	1.14	1.09–1.20	2.56E-8	7.78E-01	0.95				
		rs7826557	0.60	1.14	1.09–1.19	3.42E-8	9.49E-01	0.94				

Region	Published SNP with smallest p-value	Newly identified SNPs	Combined Data						R ² ^d
			RAF ^a	OR ^b	95% CI ^b	Unadjusted P-value ^c	Adjusted P-value ^c		
	rs10098985		0.60	1.14	1.09–1.19	3.72E-8	8.94E-01	0.95	
10q26	rs2912774		0.44	1.29	1.23–1.35	2.72E-27	8.73E-01	0.86	
	rs3750817		0.63	1.23	1.17–1.3	3.39E-16	5.02E-01	0.43	
	rs17102287		0.20	1.20	1.13–1.28	3.05E-9	7.11E-01	0.26	
	rs537626		0.18	1.29	1.21–1.37	1.8E-15	3.74E-04	0.41	
11q13	rs680618		0.24	1.20	1.14–1.27	1.04E-10	8.01E-02	0.40	
	rs567488		0.18	1.21	1.14–1.29	3.95E-10	7.29E-03	0.26	
	rs493786		0.34	1.16	1.1–1.21	1.23E-8	1.17E-02	0.19	
	rs559664		0.35	1.15	1.1–1.21	1.43E-8	9.06E-03	0.19	
	rs510754		0.35	1.15	1.1–1.21	1.46E-8	9.36E-03	0.19	
16q12	rs4784223		0.29	1.27	1.21–1.34	6.2E-21	7.41E-01	0.95	
	rs4784220		0.39	1.21	1.14–1.27	1.52E-12	6.34E-01	0.37	
	rs8046979		0.48	1.16	1.11–1.21	2.68E-10	7.53E-01	0.41	
	rs9933638		0.48	1.16	1.10–1.21	6.85E-10	7.35E-01	0.41	
	rs2193094		0.48	1.15	1.10–1.21	9.09E-10	7.18E-01	0.42	
	rs1420533		0.48	1.15	1.10–1.21	9.23E-10	7.17E-01	0.42	
	rs9931232		0.48	1.15	1.10–1.22	1.21E-9	6.75E-01	0.42	

^aRAF = risk allele frequency in discovery set controls

^bOR = per allele odds-ratio from combined discovery and validation data, unadjusted for published SNPs

^cP-value from models adjusted and adjusted for published SNP with smallest P-value

^dSquared correlation coefficient with published SNP having smallest p-value

^eSNPs in bold represent those that are associated with EOBC with p < 0.001 after adjusting for published SNPs

Table 2

EOBC Discovery Set Risk Allele Frequencies (RAFs) and Per Allele Odds-ratios (ORs) for Validated Breast Cancer GWAS Hits in Subjects of European Ancestry ($P = 5 \times 10^{-8}$)

	Published Data				EOBC Discovery Set					
	Region	SNP rs number	bp position	Gene	RAF ^a	OR ^b	RAF ^c	OR ^d	P-value	Power ^e
1	1p36	rs616488	10488802	<i>PEX14</i>	0.67	1.06	0.68	1.06	1.61E-01	0.32
2	1p13	rs11552449	114249912	<i>SYT6</i>	0.17	1.08	0.17	1.00	9.66E-01	0.37
3	1p11	rs11249433	120982136	<i>FCGR1B</i>	0.40	1.12	0.42^f	1.14	2.20E-03	0.88
4	1q32	rs6678914	202187176	<i>LGR6</i>	0.59	1.08	0.59	1.06	1.50E-01	0.55
5	1q32	rs4245739	204518842	<i>MDM4</i>	0.26	1.13	0.27	0.97	4.70E-01	0.87
6	2p24	rs12710696	19320803	<i>OSR1</i>	0.36	1.11	0.38	1.04	3.40E-01	0.81
7	2p14	rs4849887	120961592	<i>LOC84931</i>	0.90	1.10	0.90	1.02	6.89E-01	0.33
8	2q31	rs2016394	172681217	<i>DLX2</i>	0.52	1.05	0.55	0.98	6.71E-01	0.27
9	2q31	rs1550623	173921140	<i>CDCA7</i>	0.84	1.08	0.85	1.04	3.99E-01	0.32
10	2q33	rs1045485	202149589	<i>CASP8</i>	0.85	1.03	0.92	0.9	1.54E-01	0.06
11	2q35	rs13387042	217614077	<i>TNPI</i>	0.50	1.16	0.54	1.12	2.78E-03	0.98
12	2q35	rs16857609	218004753	<i>TNSI</i>	0.26	1.09	0.25	1.09	5.68E-02	0.56
13	3p26	rs6762644	4717276	<i>ITPR1</i>	0.40	1.07	0.37	1.01	8.50E-01	0.45
14	3p24	rs4973768	27391017	<i>SLC4A7</i>	0.47	1.12	0.50	1.13	7.05E-04	0.88
15	3p24	rs12493607	30657943	<i>TGFB2</i>	0.35	1.05	0.34	1.06	1.60E-01	0.25
16	4q24	rs9790517	106304227	<i>TET2</i>	0.23	1.07	0.22	1.08	1.23E-01	0.35
17	4q34	rs6828523	176083001	<i>ADAM29</i>	0.87	1.11	0.89	1.04	4.89E-01	0.41
18	5p15	rs10069690	1279790	<i>TERT</i>	0.26	1.05	0.27	0.94	3.85E-01	0.23
19	5p15	rs7734992	1280128	<i>TERT</i>	0.43	1.05	0.42	1.04	6.23E-01	0.27
20	5p15	rs3215401	1296255	<i>TERT</i>	0.70	1.06	NA ^g	NA	NA	NA
21	5p12	rs4415084	44662515	<i>MRPS30</i>	0.40	1.16	0.43	1.04	2.87E-01	0.98
22	5p12	rs10941679	44742255	<i>MRPS30</i>	0.25	1.15	0.23	1.05	4.15E-01	0.92
23	5q11	rs889312	56067641	<i>MAP3K1</i>	0.28	1.14	0.29	1.29	1.16E-08	0.92
24	5q11	rs10472076	58219818	<i>RAB3C</i>	0.38	1.06	0.35	1.03	4.09E-01	0.34

	Published Data						EOBC Discovery Set			
	Region	SNP rs number	bp position	Gene	RAF ^d	OR ^b	RAF ^c	OR ^d	P-value	Power ^e
25	5q11	rs1353747	58373238	<i>PDE4D</i>	0.90	1.10	0.91	1.04	5.19E-01	0.31
26	5q33	rs1432679	158176661	<i>EBF1</i>	0.43	1.07	0.43	1.11	7.21E-03	0.46
27	6p25	rs11242675	1263878	<i>FOXQ1</i>	0.61	1.04	0.65	1.04	3.66E-01	0.18
28	6p23	rs204247	13830502	<i>RANBP9</i>	0.43	1.06	0.44	1.07	7.21E-02	0.36
29	6q14	rs17530068	82249828	<i>FAM46A</i>	0.22	1.07	0.24	0.99	7.97E-01	0.37
30	6q25	rs3757318	151955806	<i>ESR1</i>	0.07	1.19	0.08	1.16	2.90E-02	0.80
31	6q25	rs2046210	151990059	<i>C6orf97-ESR1</i>	0.34	1.10	0.36	1.18	2.55E-05	0.73
32	7q25	rs720475	143705862	<i>ARHGGEF5</i>	0.75	1.06	0.75	1.12	1.14E-02	0.28
33	8p12	rs9693444	29565535	<i>DUSP4</i>	0.32	1.07	0.33	1.03	4.23E-01	0.43
34	8q21	rs6472903	76392856	<i>HNF4G</i>	0.82	1.11	0.83	1.05	3.23E-01	0.55
35	8q21	rs2943559	76580492	<i>HNF4G</i>	0.07	1.15	0.09	1.14	5.12E-02	0.65
36	8q24	rs13281615	128424800	<i>POU5F1B</i>	0.41	1.10	0.43	1.14	6.12E-04	0.75
37	8q24	rs1562430	128457034	---	0.59	1.17	0.59	1.14	4.28E-04	0.99
38	8q24	rs11780156	129263823	<i>MIR1208</i>	0.16	1.10	0.19	1.07	1.48E-01	0.57
39	9p21	rs1011970	22052134	<i>CDKN2A/B</i>	0.17	1.08	0.18	1.08	1.05E-01	0.39
40	9q31	rs10759243	109345936	<i>KLF4</i>	0.39	1.07	0.29	1.08	8.02E-02	0.41
41	9q31	rs865686	109928299	<i>KLF4</i>	0.62	1.12	0.64	1.09	1.93E-02	0.84
42	10p15	rs2380205	5886734	<i>ANKRD16</i>	0.56	1.02	0.57	1.04	2.80E-01	0.08
43	10p12	rs7072776	22072948	<i>MLLT10</i>	0.29	1.09	0.30	1.07	1.16E-01	0.60
44	10p12	rs11814448	22355849	<i>DNAJC1</i>	0.020	1.31	0.01	1.23	2.69E-01	0.40
45	10q21	rs10995190	63948688	<i>ZNF365</i>	0.85	1.18	0.85	1.13	2.24E-02	0.87
46	10q22	rs704010	80511154	<i>ZMIZ1</i>	0.39	1.10	0.40	1.10	1.29E-02	0.74
47	10q25	rs7904519	114763917	<i>TCF7L2</i>	0.46	1.06	0.39	1.10	4.26E-03	0.35
48	10q26	rs11199914	123083891	<i>FGFR2</i>	0.68	1.05	0.68	1.08	7.63E-02	0.24
49	10q26	rs2981579	123327325	<i>FGFR2</i>	0.40	1.31	0.45	1.24	1.94E-08	1.00
50	10q26	rs1219648	123336180	<i>FGFR2</i>	0.42	1.29	0.43	1.22	1.42E-07	1.00
51	10q26	rs2981582	123342307	<i>FGFR2</i>	0.38	1.23	0.43	1.21	3.13E-07	1.00
52	11p15	rs3817198	1865582	<i>LSP1</i>	0.31	1.07	0.33	1.15	5.14E-04	0.43

	Published Data						EOBC Discovery Set			
	Region	SNP rs number	bp position	Gene	RAF ^d	OR ^b	RAF ^c	OR ^d	P-value	Power ^e
53	11q13	rs3903072	65339642	SNX32	0.53	1.06	0.54	1.04	3.00E-01	0.36
54	11q13	rs614367	69037945	CCND1	0.15	1.26	0.16	1.34	1.14E-08	1.00
55	11q13	rs554219	69331642	CCND1	0.12	1.33	0.14	1.35	1.33E-07	1.00
56	11q13	rs494406	69344241	CCND1	0.26	1.07	0.26	1.11	2.23E-02	0.39
57	11q13	rs75915166	69379161	FGF3	0.06	1.38	0.08	1.28	2.39E-03	1.00
58	11q24	rs11820646	128966381	BARX2	0.59	1.09	0.61	1.11	7.58E-03	0.63
59	12p13	rs12422552	14305198	ATF7IP	0.26	1.08	0.24	1.07	1.47E-01	0.46
60	12p11	rs10771399	28046347	PTHLH	0.88	1.19	0.95	1.30	4.58E-03	0.49
61	12q22	rs17356907	94551890	NTN4	0.70	1.11	0.71	0.99	8.94E-01	0.73
62	12q24	rs1292011	114320905	TBX3	0.58	1.09	0.60	1.10	1.33E-02	0.64
63	13q13	rs11571833	31870626	BRCA2/N4BP2/L1/2	0.008	1.33	0.01	1.03	8.94E-01	0.44
64	14q13	rs2236007	36202520	PAX9	0.79	1.10	0.79	1.02	6.28E-01	0.55
65	14q24	rs2588809	67730181	RAD51B	0.16	1.08	0.18	1.00	9.59E-01	0.39
66	14q24	rs999737	68104435	RAD51B	0.77	1.12	0.78	1.13	6.66E-03	0.71
67	14q32	rs941764	90910822	CCDC88C	0.34	1.06	0.34	1.02	6.35E-01	0.34
68	16q12	rs8051542	51091668	TOX3	0.44	1.09	0.45	1.11	1.06E-02	0.66
69	16q12	rs12443621	51105538	TOX3	0.46	1.11	0.51	1.16	1.47E-04	0.82
70	16q12	rs4783780	51128937	TOX3	0.49	1.16	0.50	1.16	1.06E-04	0.98
71	16q12	rs3803662	51143842	TOX3	0.26	1.26	0.31	1.25	3.26E-08	1.00
72	16q12	rs3112612	52635164	TOX3	0.43	1.15	0.44	1.10	7.66E-03	0.97
73	16q12	rs17817449	52370868	FTO	0.60	1.06	0.61	1.02	6.54E-01	0.35
74	16q12	rs11075995	53855291	FTO	0.24	1.10	0.22	1.02	6.91E-01	0.61
75	16q23	rs13329835	79208306	CDYL2	0.22	1.11	0.24	1.13	7.98E-03	0.72
76	17q22	rs6504950	50411470	STXBP4	0.72	1.08	0.73	1.03	4.81E-01	0.46
77	18q11	rs527616	22591422	AQP4	0.62	1.08	0.66	1.13	3.40E-03	0.51
78	18q11	rs1436904	22824665	CHST9	0.60	1.05	0.61	1.05	2.23E-01	0.26
79	19q13	rs4808801	18432141	ELL	0.65	1.06	0.67	1.04	2.61E-01	0.32
80	19q13	rs3760982	48978353	KCNA4	0.46	1.06	0.47	1.03	4.13E-01	0.36

	Published Data			EOBC Discovery Set						
	Region	SNP rs number	bp position	Gene	RAF ^d	OR ^b	RAF ^c	OR ^d	P-value	Power ^e
81	21q21	rs2823093	15442703	<i>NR1P1</i>	0.73	1.09	0.73	1.07	1.01E-01	0.55
82	22q12	rs132390	27951477	<i>EMIDI</i>	0.036	1.24	0.02	0.90	4.95E-01	0.46
83	22q13	rs6001930	39206180	<i>MKLL/SGSM3</i>	0.11	1.15	0.11	1.10	1.39E-01	0.72

^a Mean minor allele frequency over all European controls in previous GWAs and iCOGs studies

^b Mean per-allele OR over all European participants in previous GWAs and iCOGs studies

^c Minor allele frequency in controls

^d Per allele frequency for the minor allele relative to the major allele

^e Probability of obtaining p-value < 0.05 with Discovery data

^f SNPs in bold represent p-value < 0.05

^g Not included in either the HapMap2 or 1000 Genome imputation sets.

Table 3

Significance levels from discovery and replication sets for association of EOBC with 35 putatively functional PFKM SNPs

SNP	GWAS P-value		
	Discovery data	Replication data	Combined
rs9895850	1.59E-04	1.35E-03	9.52E-07
rs6892066	3.85E-04	1.21E-01	1.44E-04
rs16959569	5.31E-04	9.70E-04	2.17E-06
rs4462967	1.03E-03	2.80E-02	9.26E-05
rs12190699	6.92E-02	4.23E-02	6.02E-03
rs4242252	2.00E-01	7.11E-02	2.36E-02
rs12442176	2.20E-01	5.38E-01	1.34E-01
rs16881917	3.23E-01	8.08E-01	2.43E-01
rs7096642	3.28E-01	8.83E-01	2.63E-01
rs10091208	3.31E-01	8.38E-01	2.54E-01
rs7006101	3.72E-01	5.95E-01	2.15E-01
rs2377800	4.14E-01	5.11E-01	2.08E-01
rs999450	4.85E-01	6.35E-01	2.74E-01
rs7597958	4.85E-01	4.82E-01	2.24E-01
rs2228500	4.89E-01	4.99E-01	2.32E-01
rs1468195	5.40E-01	8.59E-01	3.66E-01
rs16955826	5.51E-01	6.99E-01	3.22E-01
rs8095381	5.57E-01	4.51E-01	2.37E-01
rs11114379	5.70E-01	4.99E-01	2.59E-01
rs6999405	5.81E-01	N/A *	N/A *
rs1245012	5.86E-01	5.04E-01	2.66E-01
rs7199193	6.01E-01	1.85E-01	1.27E-01
rs11777718	6.76E-01	6.30E-01	3.45E-01
rs12470945	7.00E-01	8.83E-01	4.43E-01
rs1376386	7.45E-01	6.22E-01	3.66E-01
rs12476834	7.50E-01	9.22E-01	4.76E-01
rs9952079	8.14E-01	3.86E-01	2.78E-01
rs17775523	8.14E-01	6.57E-01	4.03E-01
rs17505688	8.38E-01	1.12E-01	1.12E-01
rs1920398	8.50E-01	5.16E-01	3.52E-01
rs8057807	9.08E-01	4.32E-01	3.26E-01
rs7031588	9.36E-01	1.48E-01	1.51E-01
rs12306431	9.43E-01	4.54E-01	3.46E-01
rs17505369	9.61E-01	1.53E-01	1.58E-01
rs6984368	9.98E-01	8.69E-01	5.48E-01

* missing in replication dataset