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A GWAS Meta-Analysis of Stroke in 22,000 individuals of African descent identifies novel associations with stroke

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Abstract

Background and Purpose—Stroke is a complex disease with multiple genetic and environmental risk factors. African Americans endure a nearly two-fold greater risk of stroke and are 2–3 times more likely to die from stroke than European Americans.

Methods—The Consortium of Minority Population genome-wide Association Studies of Stroke (COMPASS) has conducted a genome-wide association meta-analysis of stroke in more than 22,000 individuals of African ancestry (3,734 cases, 18,317 controls) from 13 cohorts.

Results—In meta-analyses, we identified one SNP (rs55931441) near the *HNF1A* gene that reached genome-wide significance (P = 4.62×10^{-8}) and an additional 29 variants with suggestive evidence of association (P < 1×10^{-6}), representing 24 unique loci. For validation, a look-up analysis for a 100Kb region flanking the COMPASS SNP was performed in SiGN Europeans, SiGN Hispanics, and METASTROKE (Europeans). Using a stringent Bonferroni correction Pvalue of 2.08×10^{-3} (0.05/24 unique loci), we were able to validate associations at the *HNF1A* locus in both SiGN (P = 8.18×10^{-4}) and METASTROKE (P = 1.72×10^{-3}) European populations. Overall, 16 of 24 loci showed evidence for validation across multiple populations. Previous studies have reported associations between variants in the *HNF1A* gene and lipids, Creactive protein, and risk of coronary artery disease and stroke. Suggestive associations with variants in the *SFXN4* and TMEM108 genes represent potential novel ischemic stroke loci.

Conclusion—These findings represent the most thorough investigation of genetic determinants of stroke in individuals of African descent, to date.

SUMMARY

Despite its limitations, genetic studies such as COMPASS, that include minority populations have the huge potential to provide insight into the mechanisms underlying stroke disparities, such as the more than doubled incidence and mortality rates and younger age of onset for stroke observed in

Keywords

stroke; meta-analysis; genome-wide association study; African American

INTRODUCTION

was the case in this study.

Stroke is the second leading cause of death worldwide and a leading cause of long-term disability in the United States.¹ Stroke is a heterogeneous disease encompassing multiple subtypes with unique etiologies and risk factors.² Nearly 87% of the ~795,000 strokes that occur each year in the US are ischemic.¹ Epidemiological studies suggest a substantial genetic component for stroke with overall heritability estimates of 38% for all ischemic strokes, and subtype-specific estimates of 20–25% for small-vessel disease³ and up to 40% for large-vessel disease.⁴ Compared to European Americans, African Americans have a nearly two-fold greater risk of incident stroke, more than two-fold increased risk of fatal stroke, strokes at younger ages, and higher frequency of post-stroke disability.^{5, 6} Despite this disproportionate burden, few attempts to map stroke susceptibility loci have focused on individuals of African ancestry.⁷ Recent genome-wide association studies (GWAS) have identified several stroke susceptibility loci^{8–14} primarily in individuals of European ancestry with little success replicating in non-European ancestry populations^{7, 13, 15–16} possibly due to differences in the genetic architecture of stroke among individuals of diverse ancestry.

This study represents a collective effort to investigate the genetic basis of stroke by mapping stroke susceptibility loci potentially unique to individuals of African ancestry. Using data obtained from the Consortium of Minority Population genome-wide Association Studies of Stroke (COMPASS), we expand upon our discovery GWAS meta-analysis of stroke in African-Americans⁷ using 1000 genomes (1000G) imputed data in 22,000 individuals.

METHODS

In order to minimize the possibility of unintentionally sharing information that can be used to re-identify private information, a subset of the data generated for this study are available at dbGaP and can be accessed at https://www.ncbi.nlm.nih.gov/gap/.

Study population

COMPASS included a total of 22,051 individuals of African descent with either a physicianadjudicated stroke (n= 3,734) or no history of stroke (n= 18,317) (Supplemental Table I) and genome-wide single nucleotide polymorphism (SNP) data. Participating studies include prospective cohorts[Atherosclerosis Risk in Communities (ARIC) study,¹⁷ Cardiovascular Health Study (CHS)¹⁸, Jackson Heart Study (JHS)^{19–20}, the Women's Health Initiative (WHI),²¹]; case-control studies [INTERSTROKE²², REasons for Geographic And Racial

Differences in Stroke (REGARDS)²³, Ischemic Stroke Genetics Study (ISGS),²⁴ Vitamin Intervention for Stroke Prevention (VISP)^{25–26}, South London Ethnicity and Stroke Study (SLESS)²⁷, the Genetics of Early Onset Stroke (GEOS) Study²⁸, the National Institute of Neurological Disorders and Stroke- Stroke Genetics Network (NINDS-SiGN)²⁹, Healthy Aging in Neighborhoods of Diversity across the Life Span (HANDLS)³⁰]; and an affected sibpair study--Siblings with Ischemic Stroke Study (SWISS).³¹ Race/ethnicity- and sexmatched controls were randomly selected from HANDLS and used as controls in the analyses of SWISS, ISGS and VISP, which lacked genotyped controls. All participants provided written, informed consent and institutional review boards approved each of the respective studies/institutions.

Outcomes

We defined stroke as a focal neurological deficit of presumed vascular cause with a sudden onset and lasting 24 hours or until death with clinical and/or radiological (CT/MRI) evidence with stroke diagnosis made when there is overwhelming clinical evidence in the absence of radiological evidence of a cerebral infarction. A lack of imaging data for all stroke cases does not increase the likelihood of false positives in our study. The cohort studies only considered first (incident) clinically validated ischemic strokes. Individuals with a baseline history of ischemic or hemorrhagic stroke were excluded.

Genotype data

All studies imputed SNPs using 1000G Phase I Version 3 Haplotypes (1KGp1v3), except SLESS and WHI, which used 1000G Phase III data (1KGp3) reference populations. We excluded SNPs if they had invalid or missing alleles, P-Values, or Beta values; had minor allele frequencies (MAF) < 1%; imputation quality (r^2) <0.3; or were located on sex chromosomes. We analyzed SNPs available in two or more studies, for a total of ~16.9 million SNPs. The Supplement contains study-specific details about design, stroke definition, adjudication procedures, and genotyping.

Analysis

We used logistic regression (additive genetic model) analyses with a count of variant alleles (0, 1, or 2) for each genotyped SNP or allelic dose for imputed SNPs. To control for potential population stratification, we included estimated study specific principal components of global ancestry as covariates. As appropriate, we adjusted models for age, sex, and study site. We combined study-specific results in a fixed effects meta-analyses with inverse variance weighting (IVW) using METAL.³² We also performed sample size weighted (SSW) meta-analysis as an alternative approach to IVW (Supplemental Table II). We set a genome-wide significance (discovery) threshold of $P < 5 \times 10^{-8}$ but investigated all SNPs with $P < 10^{-6}$.

Validation of COMPASS Findings

Due to the absence of a comparable and adequately powered cohort of African Americans with GWAS and adjudicated stroke data, we performed a 'look-up' of COMPASS SNPs with $P<10^{-6}$ in the SiGN European and Hispanic ischemic stroke populations and

METASTROKE total ischemic stroke populations (Supplemental Table III). Additional METASTROKE subtype (cardio-embolic, large-vessel, and small vessel) specific look-up analyses were performed to further validate these findings. Given the known differences in linkage disequilibrium (LD) patterns between populations of European and African ancestry, we expanded the region of interest for each locus to include available SNPs ± 100 kb of the index COMPASS SNPs as previously described⁷ applying a Bonferroni correction to account for the number of loci tested.

RESULTS

Discovery of stroke-associated loci

Using IVW meta-analyses (Table 1) we identified one genome-wide significant association $(P<5\times10^{-8})$ and an additional 29 variants with suggestive evidence of association $(P<1\times10^{-6})$, representing 24 unique loci in total. The genome-wide significant association was detected upstream of the HNF1 homeobox A (*HNF1A*) gene on chromosome 12 (rs55931441; P=4.62×10⁻⁸, odds ratio (OR)=1.68) (Figure 1A).

Validation of COMPASS SNPs in SiGN and METASTROKE

Expanding to the flanking regions and using a stringent Bonferroni correction of α =2.08×10⁻³ for replication (0.05/24 unique loci), our most significant locus, *HNF1A*, was validated in both SiGN and METASTROKE European ancestry cohorts and approached significance in SiGN Hispanics (Supplemental Figure I). Overall, 16 of 24 loci showed evidence for validation across multiple populations (Table 2).

Likely due to the inclusion of ischemic stroke cases only, we were not able to replicate the novel association for rs4471613, which was associated with total (ischemic and hemorrhagic) stroke in our prior COMPASS HapMap imputation report (IVW P=0.85)⁷. Additionally, we found no evidence of replication for loci previously associated with stroke in European-Ancestry populations (P ranging from 0.02 to 0.95; Supplemental Tables IV–V).

DISCUSSION

This new COMPASS meta-analysis of ischemic stroke only identified 24 unique loci with suggestive (n=23) or genome-wide (n=1) evidence for association with ischemic stroke. The most significantly associated *HNF1A* variant, rs55931441 (G/A), is monomorphic in European populations (G allele present only), with a 2% minor allele frequency (allele A) reported in sub-Saharan and 1000G African populations, and 3.8% frequency in COMPASS. This SNP was present in the only two studies imputed to 1KGp3 (WHI and SLESS). Collectively, WHI and SLESS account for 9,637 subjects (1,147 stroke cases and 8,490 controls). We were unable to assess the association for rs55931441 directly in our cross-ethnic look-up, however SNPs in a 100kb flanking region were significant (Supplemental Figure I) in SiGN Europeans (top SNP rs182546302; P=8.18×10⁻⁴), METASTROKE ischemic stroke phenotype (top SNP rs184865012; P=9.98×10⁻⁴); while SNP rs80019595 approached significance (P=8.74×10⁻³) in the SiGN Hispanic cohort. Previous

studies have reported associations between variants in *HNF1A* and lipids,³³ C-reactive protein,^{34–35} and risk of coronary artery disease and stroke.^{33, 35} Taken together, these findings may provide greater insight regarding subtype specific influences and potential mechanism of *HNF1A* variants in stroke risk.

Three additional variants reached suggestive associations at the P 10^{-8} level (rs113509723 in TMEM108 (Figure 1B); rs142655108 near NPM1P48 (Figure 1C); rs150807690 in SFXN4). The NPM1P48 locus showed no evidence for replication in the cross-ethnic lookup while TMEM108 was replicated in SiGN Hispanics only (top SiGN Hispanic SNP rs139695007; P= 0.002). The SFXN4 SNP, rs150807690, is a G insertion (-/G) with a 22% minor allele frequency (G insertion) in the 1000G African population and 24% frequency in COMPASS. Variant rs150807690 did not replicate in SiGN Hispanic (P=0.796) or SiGN Europeans (P=0.696) analyses and was not present in the METASTROKE look-up, however nearby SNPs with evidence of replication in a 100kb flanking region were detected in SiGN Europeans (top SNP rs143931152; P=2.68×10⁻⁴) and SiGN Hispanics (top SNP rs56095167; P= 1.31×10^{-3}), located 35,540 bp and 97,388 bp from the indexed COMPASS variant, respectively. The SFXN4 gene has not been previously implicated in stroke. The protein encoded by SFXN4 is critical for mitochondrial respiration and erythropoiesis.^{36–37} Recent clinical trials suggest that erythropoiesis-stimulating agents effectively treat anemia associated with chronic kidney disease but increase the risk of stroke possibly due to hyperviscosity.³⁸

Of the 23 loci with suggestive association in COMPASS, 15 showed evidence for replication in one or more look-up analysis. One locus was replicated in SiGN Europeans only, four loci were replicated in SiGN Hispanics only, two loci were replicated in METASTROKE ischemic stroke only, while eight loci had evidence for replication in two or more look-ups. Two loci, SFXN4 and UQCRFS1, were replicated in both the SiGN Europeans and Hispanics, two loci were replicated in SiGN Hispanics and METASTROKE ischemic stroke (KALRN and FAR2), and three loci were replicated in SiGN Europeans and METASTROKE ischemic stroke (CTTNBP2L, GTSCR1, and RUNX1). Most notably, one locus (SRRM4) was replicated in all three look-ups. Evidence for association across multiple ethnicities might indicate stroke susceptibility loci with a global impact. For example, the KALRN locus which was replicated in SiGN Hispanics and METASTROKE has been implicated in coronary artery disease risk across multiple populations 39-41 and was recently associated with ischemic stroke and lacunar stroke in a Han Chinese population.⁴² Although the *SRRM4* locus, which was replicated in all three look-ups, has not previously been implicated in stroke, the gene is important for neurogenesis⁴³ and has shown associations with neurological conditions including Alzheimer's disease⁴⁴ and epilepsy.⁴⁵

Although this effort represents the largest stroke GWAS meta-analysis in individuals of African descent, the modest sample size of 3,734 stroke cases limits our power to detect associations for variants with a MAF of 3%. Only two cohorts used the most recent imputation panel limiting our ability, and thus power, to detect novel variants only present in 1KGp3 and not 1KGp1v3. Furthermore, individuals of African descent suffer ischemic strokes of small vessel etiology more frequently. Therefore, due to the increased genetic diversity of this COMPASS population combined with the greater prevalence of small vessel

stroke, we are not surprised at a lack of validation of previous European-ancestry associations. Failure to replicate associations across ethnicities is a common occurrence in genetic studies of various diseases and therefore does not threaten the validity of our current study. Moreover, the lack of availability of an adequate replication cohort consisting of individuals of African descent suffering a stroke that have genome-wide SNP genotype data remains a substantial global challenge. Likewise, due to smaller LD blocks and increased genetic diversity in populations of African descent, larger sample sizes would help alleviate limitations of statistical power, challenges associated with imputing genotypes, and allow for more detailed stroke subtype analyses. A recent analysis showed that although the number of GWAS conducted as of 2016 has increased more than 6-fold since 2009, African descent participants increased by only 2.5%.⁴⁶ Therefore, our study will help advance precision medicine applications by identifying genetic loci (and subsequent polygenic risk scores) for stroke prediction and risk stratification in diverse populations.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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NON-STANDARD ABBREVIATIONS and ACRONYMS

1000G	1000 genomes
1KGp1v3	1000G Phase I Version 3
1KGp3	1000G Phase III
ARIC	Atherosclerosis Risk in Communities

Chr	Chromosome
CHS	Cardiovascular Health Study
CIDR	Center for Inherited Disease Research
COMPASS	Consortium of Minority Population genome-wide Association Studies of Stroke
GEOS	Genetics of Early Onset Stroke
GWAS	Genome-wide association study
HANDLS	Healthy Aging in Neighborhoods of Diversity across the Life Span
HNF1A	HNF1 homeobox A
ISGS	Ischemic Stroke Genetics Study
IVW	inverse variance weighted
JHS	Jackson Heart Study
LD	Linkage disequilibrium
MAF	Minor allele frequency
NINDS	National Institute of Neurological Disorders and Stroke
OR	Odds ratio
REGARDS	REasons for Geographic And Racial Differences in Stroke
SiGN	Stroke Genetics Network
SIGNET	Sea Islands Genetics Network
SLESS	South London Ethnicity and Stroke Study
SNP	Single nucleotide polymorphism
SSW	Sample size weighted
SWISS	Siblings with Ischemic Stroke Study
VISP	Vitamin Intervention for Stroke Prevention
WHI	Women's Health Initiative

REFERENCES

 Benjamin EJ, Muntner P, Alonso A, Bittencourt MS, Callaway CW, Carson AP, et al. Heart Disease and Stroke Statistics-2019 Update: A Report From the American Heart Association. Circulation. 2019;139:e56–e528. [PubMed: 30700139]

- 2. Hajat C, Dundas R, Stewart JA, Lawrence E, Rudd AG, Howard R, et al. Cerebrovascular risk factors and stroke subtypes: Differences between ethnic groups. Stroke. 2001;32:37–42. [PubMed: 11136911]
- 3. Traylor M, Bevan S, Baron J-C, Hassan A, Lewis CM, Markus HS. Genetic architecture of lacunar stroke. Stroke. 2015;46:2407–2412. [PubMed: 26243229]
- Bevan S, Traylor M, Adib-Samii P, Malik R, Paul NL, Jackson C, et al. Genetic heritability of ischemic stroke and the contribution of previously reported candidate gene and genomewide associations. Stroke. 2012;43:3161–3167. [PubMed: 23042660]
- 5. Howard G, Moy CS, Howard VJ, McClure LA, Kleindorfer DO, Kissela BM, et al. Where to focus efforts to reduce the black-white disparity in stroke mortality: Incidence versus case fatality? Stroke. 2016;47:1893–1898. [PubMed: 27256672]
- White H, Boden-Albala B, Wang C, Elkind MS, Rundek T, Wright CB, et al. Ischemic stroke subtype incidence among whites, blacks, and hispanics: The northern manhattan study. Circulation. 2005;111:1327–1331. [PubMed: 15769776]
- Carty CL, Keene KL, Cheng YC, Meschia JF, Chen WM, Nalls M, et al. Meta-analysis of genomewide association studies identifies genetic risk factors for stroke in african americans. Stroke. 2015;46:2063–2068. [PubMed: 26089329]
- Gretarsdottir S, Thorleifsson G, Manolescu A, Styrkarsdottir U, Helgadottir A, Gschwendtner A, et al. Risk variants for atrial fibrillation on chromosome 4q25 associate with ischemic stroke. Ann Neurol. 2008;64:402–409. [PubMed: 18991354]
- Dichgans M, Malik R, Konig IR, Rosand J, Clarke R, Gretarsdottir S, et al. Shared genetic susceptibility to ischemic stroke and coronary artery disease: A genome-wide analysis of common variants. Stroke. 2014;45:24–36. [PubMed: 24262325]
- Bellenguez C, Bevan S, Gschwendtner A, Spencer CC, Burgess AI, Pirinen M, et al. Genome-wide association study identifies a variant in hdac9 associated with large vessel ischemic stroke. Nature genetics. 2012;44:328–333. [PubMed: 22306652]
- Holliday EG, Maguire JM, Evans TJ, Koblar SA, Jannes J, Sturm JW, et al. Common variants at 6p21.1 are associated with large artery atherosclerotic stroke. Nature genetics. 2012;44:1147– 1151. [PubMed: 22941190]
- Ikram MA, Seshadri S, Bis JC, Fornage M, DeStefano AL, Aulchenko YS, et al. Genomewide association studies of stroke. The New England journal of medicine. 2009;360:1718–1728. [PubMed: 19369658]
- Kilarski LL, Achterberg S, Devan WJ, Traylor M, Malik R, Lindgren A, et al. Meta-analysis in more than 17,900 cases of ischemic stroke reveals a novel association at 12q24.12. Neurology. 2014;83:678–685. [PubMed: 25031287]
- Traylor M, Farrall M, Holliday EG, Sudlow C, Hopewell JC, Cheng YC, et al. Genetic risk factors for ischaemic stroke and its subtypes (the metastroke collaboration): A meta-analysis of genomewide association studies. The Lancet Neurology. 2012;11:951–962. [PubMed: 23041239]
- Malik R, Traylor M, Pulit SL, Bevan S, Hopewell JC, Holliday EG, et al. Low-frequency and common genetic variation in ischemic stroke: The metastroke collaboration. Neurology. 2016;86:1217–1226. [PubMed: 26935894]
- Malik R, Chauhan G, Traylor M, Sargurupremraj M, Okada Y, Mishra A, et al. Multiancestry genome-wide association study of 520,000 subjects identifies 32 loci associated with stroke and stroke subtypes. Nature genetics. 2018;50:524–537. [PubMed: 29531354]
- 17. The ARIC Investigators. The atherosclerosis risk in communities (aric) study: Design and objectives. Am J Epidemiol. 1989;129:687–702. [PubMed: 2646917]
- Fried LP, Borhani NO, Enright P, Furberg CD, Gardin JM, Kronmal RA, et al. The cardiovascular health study: Design and rationale. Annals of epidemiology 1991;1:263–276. [PubMed: 1669507]
- Sempos CT, Bild DE, Manolio TA. Overview of the jackson heart study: A study of cardiovascular diseases in african american men and women. The American journal of the medical sciences. 1999;317:142–146. [PubMed: 10100686]
- Wilson JG, Rotimi CN, Ekunwe L, Royal CD, Crump ME, Wyatt SB, et al. Study design for genetic analysis in the jackson heart study. Ethnicity & disease. 2005;15:S6–30–37.

- Women's Health Initiative Study Group. Design of the women's health initiative clinical trial and observational study. Control Clin Trials. 1998;19:61–109. [PubMed: 9492970]
- O'Donnell M, Xavier D, Diener C, Sacco R, Lisheng L, Zhang H, et al. Rationale and design of interstroke: A global case-control study of risk factors for stroke. Neuroepidemiology. 2010;35:36–44. [PubMed: 20389123]
- Howard VJ, Cushman M, Pulley L, Gomez CR, Go RC, Prineas RJ, et al. The reasons for geographic and racial differences in stroke study: Objectives and design. Neuroepidemiology. 2005;25:135–143. [PubMed: 15990444]
- 24. Meschia JF, Brott TG, Brown RD Jr., Crook RJ, Frankel M, Hardy J, et al. The ischemic stroke genetics study (isgs) protocol. BMC neurology. 2003;3:4. [PubMed: 12848902]
- Spence JD, Howard VJ, Chambless LE, Malinow MR, Pettigrew LC, Stampfer M, et al. Vitamin intervention for stroke prevention (visp) trial: Rationale and design. Neuroepidemiology. 2001;20:16–25. [PubMed: 11174041]
- Williams SR, Hsu FC, Keene KL, Chen WM, Nelson S, Southerland AM, et al. Shared genetic susceptibility of vascular-related biomarkers with ischemic and recurrent stroke. Neurology. 2016;86:351–9. [PubMed: 26718567]
- Traylor M, Rutten-Jacobs L, Curtis C, Patel H, Breen G, Newhouse S, et al. Genetics of stroke in a uk african ancestry case-control study: South london ethnicity and stroke study. Neurology Genetics. 2017;3:e142. [PubMed: 28349126]
- Cheng YC, O'Connell JR, Cole JW, Stine OC, Dueker N, McArdle PF, et al. Genome-wide association analysis of ischemic stroke in young adults. G3 (Bethesda). 2011;1:505–514. [PubMed: 22384361]
- Meschia JF, Arnett DK, Ay H, Brown RD Jr., Benavente OR, Cole JW, et al. Stroke genetics network (sign) study: Design and rationale for a genome-wide association study of ischemic stroke subtypes. Stroke. 2013;44:2694–2702. [PubMed: 24021684]
- Evans MK, Lepkowski JM, Powe NR, LaVeist T, Kuczmarski MF, Zonderman AB. Healthy aging in neighborhoods of diversity across the life span (handls): Overcoming barriers to implementing a longitudinal, epidemiologic, urban study of health, race, and socioeconomic status. Ethn dis. 2010;20:267–275. [PubMed: 20828101]
- 31. Meschia JF, Brown RD Jr., Brott TG, Chukwudelunzu FE, Hardy J, Rich SS. The siblings with ischemic stroke study (swiss) protocol. BMC medical genetics. 2002;3:1. [PubMed: 11882254]
- Willer CJ, Li Y, Abecasis GR. Metal: Fast and efficient meta-analysis of genomewide association scans. Bioinformatics. 2010;26:2190–2191. [PubMed: 20616382]
- 33. Zhou YJ, Yin RX, Hong SC, Yang Q, Cao XL, Chen WX. Association of the hnf1a polymorphisms and serum lipid traits, the risk of coronary artery disease and ischemic stroke. The journal of gene medicine. 2017;19.
- 34. Lopez-Mejias R, Genre F, Remuzgo-Martinez S, Gonzalez-Juanatey C, Robustillo-Villarino M, Llorca J, et al. Influence of elevated-crp level-related polymorphisms in non-rheumatic caucasians on the risk of subclinical atherosclerosis and cardiovascular disease in rheumatoid arthritis. Scientific reports. 2016;6:31979. [PubMed: 27534721]
- 35. Shi H, Leng S, Liang H, Zheng Y, Chen L. Association study of c-reactive protein associated gene hnf1a with ischemic stroke in chinese population. BMC medical genetics. 2016;17:51. [PubMed: 27460564]
- Hildick-Smith GJ, Cooney JD, Garone C, Kremer LS, Haack TB, Thon JN, et al. Macrocytic anemia and mitochondriopathy resulting from a defect in sideroflexin 4. Am J Hum Genet. 2013;93:906–914. [PubMed: 24119684]
- 37. Zheng H, Ji C, Zou X, Wu M, Jin Z, Yin G, et al. Molecular cloning and characterization of a novel human putative transmembrane protein homologous to mouse sideroflexin associated with sideroblastic anemia. DNA sequence. 2003;14:369–373. [PubMed: 14756423]
- Seliger SL, Zhang AD, Weir MR, Walker L, Hsu VD, Parsa A, et al. Erythropoiesis-stimulating agents increase the risk of acute stroke in patients with chronic kidney disease. Kidney international. 2011;80:288–294. [PubMed: 21389972]

- Horne BD, Hauser ER, Wang L, Muhlestein JB, Anderson JL, Carlquist JF, et al. Validation study of genetic associations with coronary artery disease on chromosome 3q13–21 and potential effect modification by smoking. Annals of Human Genetics. 2009;73:551–558. [PubMed: 19706030]
- 40. Wang L, Hauser ER, Shah SH, Pericak-Vance MA, Haynes C, Crosslin D, et al. Peakwide mapping on chromosome 3q13 identifies the kalirin gene as a novel candidate gene for coronary artery disease. The American Journal of Human Genetics. 2007;80:650–663. [PubMed: 17357071]
- Boroumand M, Ziaee S, Zarghami N, Anvari MS, Cheraghi S, Abbasi SH, et al. The kalirin gene rs9289231 polymorphism as a novel predisposing marker for coronary artery disease. Laboratory Medicine. 2014;45:302–308. [PubMed: 25316661]
- Dang M, Wang Z, Zhang R, Li X, Peng Y, Han X, et al. Kalrn rare and common variants and susceptibility to ischemic stroke in chinese han population. NeuroMolecular Medicine. 2015;17:241–250. [PubMed: 25917671]
- Raj B, Irimia M, Braunschweig U, Sterne-Weiler T, O'Hanlon D, Lin Z-Y, et al. A global regulatory mechanism for activating an exon network required for neurogenesis. Molecular Cell. 2014;56:90–103. [PubMed: 25219497]
- Chung J, Wang X, Maruyama T, Ma Y, Zhang X, Mez J, et al. Genome-wide association study of alzheimer's disease endophenotypes at prediagnosis stages. Alzheimer's & Dementia. 2018;14:623–633.
- 45. Rusconi F, Paganini L, Braida D, Ponzoni L, Toffolo E, Maroli A, et al. Lsd1 neurospecific alternative splicing controls neuronal excitability in mouse models of epilepsy. Cerebral Cortex. 2015;25:2729–2740. [PubMed: 24735673]
- 46. Popejoy AB, Fullerton SM. Genomics is failing on diversity. Nature. 2016;538:161–164. [PubMed: 27734877]
- Howard G, Kissela BM, Kleindorfer DO, McClure LA, Soliman EZ, Judd SE, et al. Differences in the role of black race and stroke risk factors for first vs recurrent stroke. Neurology. 2016;86:637– 642. [PubMed: 26791153]

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Figure 1.

LocusZoom plots, with linkage disequilibrium based on hg19/1000 Genomes Nov 2014 AFR, depicting the top (P= 10^{-8}) three associations with ischemic stroke in COMPASS individuals of African descent. **A.**) *HNF1A* (rs55931441) chromosome 12 locus; **B.**) *TMEM108* (rs113509723) chromosome 3 locus; **C.**) Chromosome 2 (rs142655108) locus nearest *NPM1P48*.

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Table 1.

COMPASS Ischemic Stroke Suggestive and Genome-wide Significant Inverse Variance Weighted Associations

Number of Studies	ю	2	2	9	11	2	2	L	2	8	4	11	2	2	3	3	8	2	2	10
Sample Size	12610	9637	9637	16540	22018	637	6637	18531	10940	19032	13353	21970	10949	2637	12618	12618	18180	15673	637	20224
Het P Value	0.1382	0.9293	0.2834	0.5735	0.5356	0.2014	0.468	0.9442	0.004981	0.7033	0.3829	0.1685	0.7366	0.1048	0.7146	0.7169	0.3014	0.6076	0.8172	0.7896
Direction	????-+?+????	2999-9-999	????+?+????	+?+++?+???	+++++++++++++++++++++++++++++++++++++++	33232+2+2722	?????+?+????	¿¿++¿++++;+	<i>¿??+??-???</i> ?	iii-	<i></i>	-++++++++++++++++++++++++++++++++++++++	3222+22+222	666+6+66666	3394++?+???	666+6++6666	·¿¿-¿	334++++35	2727-9-222	¿
Inverse Variance Weighted P- Value	9.05×10^{-07}	$9.61{ imes}10^{-07}$	$9.52{ imes}10^{-08}$	$8.48{ imes}10^{-07}$	$9.19{ imes}10^{-07}$	$6.46{ imes}10^{-08}$	7.86×10 ⁻⁰⁷	$3.94{\times}10^{-07}$	4.36×10^{-07}	5.55×10^{-07}	2.22×10^{-07}	$7.57{\times}10^{-07}$	$3.77{\times}10^{-07}$	2.41×10^{-07}	$3.37{\times}10^{-07}$	$3.50{\times}10^{-07}$	$9.67{ imes}10^{-08}$	$3.60{\times}10^{-07}$	$4.87{\times}10^{-07}$	9.23×10^{-07}
Odds Ratio (Confidence Interval)	1.56 (1.42–1.70)	0.63 (0.57–0.69)	1.79 (1.60–1.99)	1.43 (1.33–1.53)	1.18 (1.14–1.22)	1.58 (1.45–1.71)	1.85 (1.63–2.10)	1.43 (1.33–1.53)	1.80 (1.60–2.02)	0.76 (0.72–0.80)	0.64 (0.58–0.69)	1.16 (1.12–1.19)	1.97 (1.72–2.25)	1.86 (1.65–2.09)	1.68 (1.52–1.86)	1.68 (1.52–1.86)	0.82 (0.79–0.85)	1.43 (1.33–1.53)	0.58 (0.52–0.65)	0.76 (0.72–0.81)
Standard Error	0.0902	0.0945	0.1089	0.072	0.0342	0.0841	0.1246	0.0705	0.1165	0.055	0.0876	0.0296	0.1336	0.1199	0.1019	0.1018	0.0378	0.0696	0.1085	0.0551
Beta	0.44	-0.46	0.58	0.35	0.17	0.45	0.62	0.36	0.59	-0.28	-0.45	0.15	0.68	0.62	0.52	0.52	-0.20	0.35	-0.55	-0.27
Alleles (Coded/ Noncoded)	T/C	A/T	A/C	T/G	A/C	-/AA	A/G	A/G	A/G	A/G	-/CT	D/L	A/C	T/C	T/C	D/L	Ð/-	T/C	T/C	A/T
SNP	rs114947355	rs147779128	rs142655108	rs115670077	rs72976591	rs113509723	rs184221467	rs138134155	rs77460585	rs114527838	rs146522546	rs6967981	rs112455974	rs565295967	rs140164788	rs74469072	rs150807690	rs115825287	rs368167310	rs113025543
Gene	CTTNBP2NL (nearest)	CTTNBP2NL (nearest)	NPM1P48 (nearest)	<i>RFTN2</i> and <i>MARS2</i> (nearest)	KALRN	TMEM108	AK092619 (nearest)	TSPAN5	OR 7H2P (nearest)	FAT2 and SPARC (nearest)	KLHL32 and NDUFA4 (nearest)	SEMA3A	DLGAP2	C9orf135	PRKGI	PRKGI	SFXN4	GALNT18	UVRAG	FAR2 (nearest)
Position*	112853017	112857084	4083658	198551159	124048486	133101791	153125290	99435032	101123995	150981704	97345991	83432409	1572874	72475192	53545098	53547264	120907173	11360296	75683895	29288407
Chr	1	1	2	2	3	3	3	4	5	5	9	7	8	6	10	10	10	11	11	12

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Chr	Position*	Gene	SNP	Alleles (Coded/ Noncoded)	Beta	Standard Error	Odds Ratio (Confidence Interval)	Inverse Variance Weighted P- Value	Direction	Het P Value	Sample Size	Number of Studies
12	29292793	FAR2 (nearest)	rs142100833	C/G	0.24	0.0488	1.27 (1.21–1.34)	$8.65{ imes}10^{-07}$	i-++++++++++++++++++++++++++++++++++++	0.4482	20119	10
12	29341407	FAR2	,	<i>ii/</i> -	0.65	0.1272	1.91 (1.68–2.17)	$3.79{ imes}10^{-07}$	66+666++666	0.9784	5542	3
12	119502791	SRRM4	rs531465435	-/C	0.59	0.1162	1.81 (1.61–2.03)	$3.39{\times}10^{-07}$	<i>`iii+i+iiiii</i>	0.5809	9637	2
12	119542751	SRRM4	rs192977447	A/T	0.43	0.0816	1.53 (1.41–1.66)	$1.80{ imes}10^{-07}$	¿¿++¿+++¿¿¿	0.1962	15333	5
12	121415209	<i>HNF1A</i> (nearest)	rs55931441	A/G	0.52	0.0947	1.68 (1.53–1.84)	4.62×10^{-08}	::::+:::::	0.4599	9637	3
14	93788855	BTBD7	rs113949028	Ð/-	0.20	0.0396	1.22 (1.17–1.27)	$5.44{\times}10^{-07}$	++++i+++i+i+i	0.948	18255	8
18	68475060	GTSCR1 (nearest)	rs181095590	A/G	0.58	0.1138	1.78 (1.59–2.00)	3.90×10^{-07}	iii+i+iiiii	0.4538	9637	2
19	29710081	UQCRFS1 (nearest)	rs73923591	A/G	0.27	0.0548	1.31 (1.24–1.39)	$6.18{ imes}10^{-07}$	¿+++++++++	0.8774	20246	10
21	36442465	RUNXI	rs116262092	A/T	-0.58	0.1174	0.56 (0.50–0.63)	$7.04{\times}10^{-07}$	<i>iii-i-iiii</i>	0.9789	12581	3
21	36443919	RUNXI	rs147867382	C/G	-0.58	0.1174	0.56 (0.50–0.63)	7.95×10^{-07}	111-9-999	0.9792	12579	3
Chrom	ocome (Chr) Po	cition based on Uum	(DD) emous (CDC)	h37/ha10)								

Chromosome (Chr) Position based on Human Genome (GRCh37/hg19)

Direction indicates the direction of the effect size: negative (-), neutral/unknown (./?), and positive (+) for each contributing cohort/population

Table 2.

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Genome-wide and suggestive COMPASS associations with lookups in European and Hispanic populations from SiGN and METASTROKE

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Directi	+ + + + + + +	-++	i+ ;;+++	+++++++++++++++++++++++++++++++++++++++
P-Value	0.0019	0.0048	0.005	0.0019
Effect	0.073	-0.186	0.513	0.300
Alleles	C/G	A/T	A/T	T/C
Metastroke Top SNP	rs10158830	rs114152357	rs191948652	rs73188175
Direction	-	ı	I	I
P- Value	0.0052	0.0268	0.0061	0.0019
Z Score	-2.79	-2.21	-2.74	-3.11
Alleles	A/G	T/C	G/A	D/D
Top SiGN Hispanic SNP	rs3121986	rs60037207	rs150235598	rs185731506
Direction	·-+ ++	+	+	++
P- Value	0.0010	0.0104	0.0029	0.0027
Z Score	-3.28	2.56	2.98	2.99
Alleles	C/A	TC/T	C/T	T/C
Top SiGN European SNP	rs186896391	2-4077298 (rs527602504)	2–198592085 (rs543821034)	rs2034173
Unique Locus	CTTNBP2NL (nearest)	NPMIP48 (nearest)	RFTN2 and MARS2 (nearest)	KALRN
Chr	1	2	5	3
			Ctualra	Antho

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0.0015

0.093

T/C

rs7427054

0.0043

-2.86

GT/G

rs200248409

-

0.0185

-2.36

T/C

rs183598421

AK092619 (nearest)

ŝ

0.0168

-0.445

A/G

rs12509107

0.0041

-2.87

G/C

rs1045655

4

0.0016

-3.16

T/G

rs28392914

++-++-+-+

0.0096

0.053

A/G

rs2699882

+

0.0020

3.09

G/C

rs139695007

0.0116

-2.52

C/A

rs13087036

TMEM108

ŝ

+

0.0039

-0.117

T/C

rs62386289

0.0006

-3.43

T/C

rs73776672

+

0.0052

2.80

GT/G

rs139061870

OR7H2P (nearest)

ŝ

0.00095

0.075

A/T

rs6579892

+

0.0113

2.53

A/G

rs80009114

+

0.0024

-3.03

G/A

rs141575897

FAT2 and *SPARC* (nearest)

Ś

0.0099

0.250

T/C

rs117804808

0.0057

-2.77

G/A

rs78235656

.....

0.0074

-2.68

C/CA

rs200056339

KLHL32 and NDUFA4 (nearest)

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TSPAN5

+++++;;---+

0.016

0.332

A/G

rs192204676

0.0049

-2.81

CJ

rs10998992

+ |

0.0069

-2.70

C/A

rs10999787

PRKGI

10

0.0055

0.289

T/C

rs143862820

+

0.0220

2.29

A/G

rs77797545

0.0330

-2.13

S

rs56179412

C9orf135

6

-¿?-?-??????

0.0032 0.0033

-0.653

T/C

rs188855777

0.0013

-3.21

G/A

rs56095167

0.0003 0.0142

-3.64

T/G

rs143931152

SFXN4

10 Ξ

-0.080

A/G

rs4909989

+

0.0037

2.90

C/T

rs11021735

-2.45

CJ

rs117835740

GALNT18

-??????++++

0.0108

0.494

A/G

rs150770834

+

0.0015

3.18

A/G

rs6955094

0.0058

2.76

T/C

rs151172774

SEMA3A

+-+?-?---

0.0021

-0.218

A/G

rs11998452

0.0037

-2.90

 $A_{\rm T}$

rs184526444

+ + + + + + + +

0.0053

2.79

G/A

rs117175403

DLGAP2

 ∞

Direction	+++ +++	+++	+++++++++++++++++++++++++++++++++++++++	<i>i</i> +	+++++++++++++++++++++++++++++++++++++++		+++++++++++++++++++++++++++++++++++++++	++++++++
P-Value	0.0043	0.00031	0.000013	0.0017	0.0228	0.00068	0.0047	0.00055
Effect	0.233	-0.119	0.194	-0.312	0.072	-0.245	0.074	0.071
Alleles	T/C	A/G	A/G	A/G	T/C	C/G	A/G	T/C
Metastroke Top SNP	rs139079454	rs12311115	rs78381318	rs117548270	rs111650311	rs146227033	rs2160742	rs2247822
Direction						+		+
P- Value	0.0007	0.0005	0.0007	0.0087	0.0057	0.0029	0.0018	0.0035
Z Score	-3.39	-3.50	-3.40	-2.62	-2.77	2.98	-3.12	2.92
Alleles	A/G	T/G	A/G	C/T	C/G	C/T	C/A	G/A
Top SiGN Hispanic SNP	rs138825035	rs141911197	rs4767761	rs80019595	rs76789831	rs75968601	rs12608817	rs9981811
Direction	····	++	+-++++	-+++++++	-'-'''''		.++.	+
P- Value	0.0058	0.0070	0.0007	0.0008	0.0284	0.0011	0.0013	0.0006
Z Score	-2.76	-2.70	3.37	-3.35	-2.19	-3.27	3.22	-3.42
Alleles	D/L	T/A	C/T	T/A	C/T	T/C	T/C	T/C
Top SiGN European SNP	11–75761242 (rs565239444)	rs151183596	rs61937966	rs182546302	rs112848587	rs11151610	rs148613358	rs7280028
Unique Locus	UVRAG	FAR2 (nearest)	SRRM4	HNF1A (nearest)	BTBD7	GTSCR1 (nearest)	UQCRFS1 (nearest)	RUNXI
Chr	11	12	12	12	14	18	19	21

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