



Genome-wide analysis in over 1 million individuals of European ancestry yields improved polygenic risk scores for blood pressure traits

In the format provided by the authors and unedited

Supplementary Notes

Study Populations

UKB

UKB includes ~500,000 volunteers aged 40-69 years of age ascertained through NHS registers. Following informed consent participants completed a standardized questionnaire on life course exposures, medical history and treatments and underwent a standardized portfolio of phenotypic tests including two BP measurements taken seated after two minutes rest using an appropriate cuff and an Omron HEM-7015IT digital BP monitor. A manual sphygmomanometer was used if the standard automated device could not be employed. Body mass index (BMI) was calculated as weight (kg) divided by height squared (m^2) with weight measured using an electronic weighing scale (Tanita BC-418). The participants undergo longitudinal life course linkage to electronic health data including Hospital Episode Statistics and Office for National Statistics cause of death data.

DNA extraction and genotyping for UKB has been previously described⁴⁷. Briefly, UKB genetic data includes genotypes for 488,377 individuals. DNA was extracted from stored blood samples and genotyping was carried out by Affymetrix Research Services Laboratory. 49,950 participants involved in the UK Biobank Lung Exome Variant Evaluation (UK BiLEVE) study were genotyped at 807,411 markers using the Affymetrix UK BiLEVE Axiom Array and 438,427 participants were genotyped using the Affymetrix UK Biobank Axiom Array (825,927 markers), which shares 95% of marker content with the UK BiLEVE Axiom Array.

Variants were imputed centrally by UK Biobank using a reference panel that merged the UK10K and 1000 Genomes Phase 3 panel as well as the Haplotype Reference Consortium (HRC) panel⁴⁸. For current analysis only SNPs imputed from the HRC panel were analyzed (N=39,235,157), of which ~7.1 million SNPs with minor allele frequency (MAF) >1% and imputation quality INFO >0.1 are analyzed here for GWAS.

For the UKB GWAS, we calculated the mean SBP and DBP values from two automated (N=418,755) or two manual (N=25,888) BP measurements. For individuals with one manual and one automated BP measurement (N=13,521), we used the mean of these two values. For individuals with only one available BP measurement (N=413), we used this single value. Following both genetic and phenotypic data QC and by excluding pregnant women (n=372) and those individuals who had withdrawn consent (N=36), the sample size for analysis

therefore included N=458,577 and N=458,575 self-reported European-ancestry individuals for SBP and DBP, respectively. For measures taken while a patient was on an antihypertensive medication, we added 15 mm Hg to SBP and 10 mm Hg to DBP. We performed linear mixed model (LMM) association testing under an additive genetic model of the three (untransformed) continuous, medication-adjusted BP traits (SBP, DBP, PP) for all measured and imputed genetic variants in dosage format using the BOLT-LMM (v2.3) software.

ICBP

ICBP GWAS is an international consortium to investigate BP genetics and has been previously described elsewhere^{6,49}. All study participants were of European descent and were imputed to either the 1000 Genomes Project Phase 1 integrated release version 3 [March 2012] all ancestry reference panel or the HRC panel. The final ICBP GWAS dataset included 77 studies comprising data from 299,024 individuals. Three quantitative BP traits were analyzed: SBP, DBP, and PP. Within each study, BP measures were adjusted for medication use by adding 15 and 10 mm Hg to SBP and DBP, respectively.

Prior to meta-analysis of all 77 ICBP GWAS studies, we undertook central quality control checks across all studies. This included checks to ensure allele frequency consistency (across studies and with reference populations), checks of effect size and standard error distributions (i.e., to highlight phenotype issues) and generation of quantile-quantile (QQ) plots and genomic inflation factor lambdas to check for over- or under-inflation of test statistics. Genomic control was applied (if $\lambda > 1$) at study-level. Variants with imputation quality < 0.1 were excluded prior to meta-analysis. EasyQC was used for the quality control process⁵⁰. Finally, data were filtered to SNPs with MAF $\geq 1\%$ and effective sample size (reflecting the quality of genotype imputation) $> 60\%$ of the total effective sample size. Meta-analysis was performed using METAL software employing inverse variance weighted fixed-effects models⁵¹. Between-study heterogeneity was assessed using the Cochran's Q statistic and we performed additional filtering removing heterogeneous variants with Cochran's Q $p < 1 \times 10^{-4}$.

MVP Study

The MVP study is a large cohort of fully consented participants who were recruited from the patient populations of 63 Department of Veterans Affairs (VA) medical facilities. Summary statistics from the analysis of 220,501 self-reported non-Hispanic white participants were

included in our meta-analysis. These results have been previously reported by Giri et al⁴. Briefly, DNA was extracted from whole blood and genotyped using a custom Affymetrix array (Axiom Biobank; Thermo Fischer Scientific Inc, Waltham, MA, USA). Genotype calling and QC were performed centrally and genotypes were phased using EAGLE v2⁵² and imputed from the 1000 Genomes Project phase 3 version 5 reference panel using Minimac3⁵³ software. Participants included adults (age ≥ 18 years) with non-Emergency Department outpatient SBP and DBP measures available in their electronic health record. For individuals with greater than or equal to three measures available, median SBP and corresponding DBP were used in analysis. For rare cases where fewer than three measures were available, the lowest available SBP and corresponding DBP were used. We observed an average of 220 measures across individuals. In individuals in whom the median SBP value was observed at multiple clinical encounters on distinct dates, we used the earliest of those measures to identify the DBP, age, BMI, and anti-hypertensive treatment status of the individual at that time. Measures were ineligible if they occurred at or after an International Classification of Diseases Ninth Revision (ICD-9) code from the groups 585 (chronic kidney disease), 405 (secondary hypertension), or 428 (heart failure). If pain scores were available, BP measures taken during encounters when a pain score ≥ 5 was recorded were also ineligible. BP measures were adjusted for medication use by adding 15 and 10 mm Hg to SBP and DBP, respectively. Linear regression association tests were conducted using additive models for untransformed medication-adjusted BP traits (SBP, DBP, PP) using SNPTEST-v2.5.4-beta⁵⁴.

BioVU

The BioVU DNA Repository is a deidentified database of electronic health records that are linked to patient DNA samples at Vanderbilt University Medical Center. Summary statistics from the analysis of 50,649 self-reported non-Hispanic white participants were included in our meta-analysis. A detailed description of the database and how it is maintained has been published elsewhere¹³. BioVU participant DNA samples were genotyped on a custom Illumina Multi-Ethnic Genotyping Array (MEGA-ex; Illumina Inc., San Diego, CA, USA). Quality control (QC) was conducted, excluding samples or variants with missingness rates above 2%. Samples were also excluded if consent had been revoked, sample was duplicated, or failed sex concordance checks. Imputation was performed on the Michigan Imputation Server v1.2.4⁵³ using Minimac4 and the Haplotype Reference Consortium panel v1.1⁴⁸.

Among BioVU participants, we selected unrelated self-reported adults of European ancestry (age ≥ 18 years) and used the earliest median eligible non-Emergency Department outpatient

measured SBP in the electronic health record, and the corresponding DBP. For individuals with fewer than three measurements available (N=2,933), the lowest available SBP and corresponding DBP were used. On average, there were 69 SBP measures per individual. Measures were considered ineligible if they occurred at or after an ICD-9/10 billing code from the groups 585/N18 (chronic kidney disease), 405/I15 (secondary hypertension), or 428/I50 (heart failure). For measures taken while a patient was on an antihypertensive medication, we added 15 mm Hg to SBP and 10 mm Hg to DBP. We performed linear regression association tests with additive models for untransformed medication-adjusted BP traits (SBP, DBP, PP) using SNPTEST-v2.5.4-beta⁵⁴.

Lifelines Cohort Study genotype and phenotype data

The Lifelines cohort is a large prospective population-based cohort study performed in 167,729 individuals living in the North of the Netherlands with a unique three generation design, aiming at investigating risk factors for multifactorial diseases⁷². It was approved by the medical ethics committee of the University Medical Center Groningen and conducted in accordance with Helsinki Declaration Guidelines. All participants signed an informed consent form prior to enrollment.

A subset of 38,030 volunteers were genotyped using the Infinium Global Screening Array MultiEthnic Disease Version, according to manufacturer's instructions, at the Human Genomics Facility of the Erasmus Medical Center, Rotterdam and the Department of Genetics, University Medical Center Groningen. Standard QC was performed on both samples and markers. Samples with a genotyping call rate <99%, outliers for heterozygosity and sex mismatches were excluded, as well as samples that did not show consistent information between reported familial information and observed identity-by-descent sharing with family members, and between genotypes available from this and previous studies. Variants with a genotyping call rate <99%, Hardy-Weinberg equilibrium $P < 1 \times 10^{-6}$ or excess of Mendelian errors in families (>1% of the parent-offspring pairs) were removed. A total of 36,339 samples and 571,420 autosomal and X-chromosome markers passed quality checks. The genotyping dataset was then imputed at the Sanger imputation server¹ using the HRC panel v1.1.

From the set of 36,339 samples, we selected 10,782 unrelated individuals who are also independent from Lifelines samples that were included in a previous ICBP meta-GWAS⁵. After excluding 552 children (age < 18 years), 12 pregnant women, five individuals without

SBP or DBP, and three individuals without BMI, a final total number of 10,210 individuals were included for analyses that broadly represent the total Lifelines sample (see Supplementary Table 24b).

In Lifelines, BP was measured every minute during a period of ten minutes using an automated DINAMAP Monitor (GE Healthcare) and the average of the final three readings was recorded for SBP and DBP. Participants with a measured BP \geq 140/90 mm Hg irrespective of treatment and those taking antihypertensive medication (ATC codes C02, C03, C07, C08, C09) irrespective of BP were defined as having hypertension. In continuous trait analyses, 15 mm Hg was added to SBP and 10 mm Hg was added to DBP for 1,236 individuals who were taking antihypertensive medication. PP was calculated using these medication-adjusted BP values.

African-American Cohort from the All of Us Research Program

The NIH All of Us Research Program is a deidentified database of electronic health records linked to participant genomic data from contributing medical centers nationwide. Analysis considered 24,718 predicted African-ancestry individuals (from PC clustering) before phenotyping, and for whom whole genome sequencing data was available. Briefly, we selected unrelated individuals over the age of 18 and extracted the earliest median eligible non-Emergency Department outpatient measured SBP in the electronic health record, and the corresponding DBP. For individuals with an even number of SBP measures in their record, the lower value was used to compute the median. For individuals with fewer than three measurements available, the lowest available SBP and corresponding DBP were used. Measures were considered ineligible if they occurred at or after an ICD-9/10 billing code from the groups 585/N18 (chronic kidney disease), 405/I15 (secondary hypertension), or 428/I50 (heart failure). For participants who had started an antihypertensive medication before the date of their median SBP measurement, 15 mm Hg was added to SBP and 10 mm Hg to DBP. Eligible SBP measures were restricted to a range of 30 to 300 mmHg. Eligible DBP measures were restricted to values over 30 mmHg. Sample size for SBP, DBP, and PP GWAS analysis included 21,843 individuals. Pulse pressure was defined as SBP minus DBP. Hypertension status was defined by phecodes 401* and/or antihypertensive medication use. Sample size for hypertension case/control GWAS included 21,843 individuals (n = 8,098 cases and 13,745 controls). See Supplementary Table 13 for demographics of the All-Of-Us cohort.

Cohort Acknowledgements

MVP

This research is based in part on data from the Million Veteran Program, Office of Research and Development, Veterans Health Administration. This publication does not represent the views of the Department of Veterans Affairs or the United States Government.

UKB

This research has been conducted using the UK Biobank Resource under Application Numbers 236 and 10035. This research was supported by the British Heart Foundation (grant SP/13/2/30111). Large-scale comprehensive genotyping of UK Biobank for cardiometabolic traits and diseases: UK CardioMetabolic Consortium (UKCMC). UK Biobank research acknowledges NHS Digital, as this work uses data provided by patients and collected by the NHS as part of their care and support: Copyright © 2022, NHS Digital. Re-used with the permission of the NHS Digital and UK Biobank. All rights reserved. UK Biobank research acknowledges Public Health Scotland. This research used data assets made available by National Safe Haven as part of the Data and Connectivity National Core Study, led by Health Data Research UK in partnership with the Office for National Statistics and funded by UK Research and Innovation (research which commenced between 1st October 2020 – 31st March 2021 grant ref MC_PC_20029; 1st April 2021 -30th September 2022 grant ref MC_PC_20058).

BioVU

BioVU is supported by institutional funding, the 1S10RR025141-01 instrumentation award, and by the Vanderbilt CTSA grant UL1TR000445 from NCATS/NIH. This work was conducted in part using the resources of the Advanced Computing Center for Research and Education at Vanderbilt University, Nashville, TN, supported in part by an S10 instrumentation award (1S10OD023680-01).

Lifelines Cohort Study

The Lifelines Biobank initiative has been made possible by funding from the Dutch Ministry of Health, Welfare and Sport, the Dutch Ministry of Economic Affairs, the University Medical Center Groningen (UMCG the Netherlands), University of Groningen and the Northern Provinces of the Netherlands. The generation and management of GWAS genotype data for the Lifelines Cohort Study is supported by the UMCG Genetics Lifelines Initiative (UGLI). UGLI is partly supported by a Spinoza Grant from NWO, awarded to Cisca Wijmenga.

The authors wish to acknowledge the services of the Lifelines Cohort Study, the contributing research centers delivering data to Lifelines, and all the study participants.

UMCG Genetics Lifelines Initiative (UGLI) group author LifeLines Cohort Study:

Raul Aguirre-Gamboa (1), Patrick Deelen (1), Lude Franke (1), Jan A Kuivenhoven (2), Esteban A Lopera Maya (1), Ilja M Nolte (3), Serena Sanna (1), Harold Snieder (3), Morris A Swertz (1), Peter M. Visscher (3,4), Judith M Vonk (3), Cisca Wijmenga (1)

- (1) *Department of Genetics, University of Groningen, University Medical Center Groningen, The Netherlands*
- (2) *Department of Pediatrics, University of Groningen, University Medical Center Groningen, The Netherlands*
- (3) *Department of Epidemiology, University of Groningen, University Medical Center Groningen, The Netherlands*
- (4) *Institute for Molecular Bioscience, The University of Queensland, Brisbane, Queensland, Australia.*

KORA Study

The KORA study was initiated and financed by the Helmholtz Zentrum München –German Research Center for Environmental Health, which is funded by the German Federal Ministry of Education and Research (BMBF) and by the State of Bavaria. Furthermore, KORA research was supported within the Munich Center of Health Sciences (MC-Health), Ludwig-Maximilians-Universität, as part of LMUinnovativ and funded by the Bavarian State Ministry of Health and Care through the research project DigiMed Bayern (www.digimed-bayern.de). Group authors include Annette Peters (PI) and Christian Gieger (CoPI) and Melanie Waldenberger. The informed consents given by KORA study participants do not cover data posting in public databases. However, data are available upon request from KORA Project Application Self-Service Tool (<https://epi.helmholtz-muenchen.de/>) Data requests can be submitted online and are subject to approval by the KORA Board.

Cohorts for Heart and Aging Research in Genomic Epidemiology (CHARGE) Consortium

The CHARGE cohorts were supported in part by HL105756.

Cardiovascular Health Study (CHS)

This CHS research was supported by NHLBI contracts HHSN268201200036C, HHSN268200800007C, HHSN268201800001C, N01HC55222, N01HC85079, N01HC85080, N01HC85081, N01HC85082, N01HC85083, N01HC85086, 75N92021D00006; and NHLBI grants U01HL080295, R01HL087652, R01HL105756, R01HL103612, R01HL120393, and U01HL130114 with additional contribution from the National Institute of Neurological Disorders and Stroke (NINDS). Additional support was provided through R01AG023629 from the National Institute on Aging (NIA). A full list of principal CHS investigators and institutions can be found at CHS-NHLBI.org. The provision of genotyping data was supported in part by the National Center for Advancing Translational Sciences, CTSI grant UL1TR001881, and the National Institute of Diabetes and Digestive and Kidney Disease Diabetes Research Center (DRC) grant DK063491 to the Southern California Diabetes Endocrinology Research Center.

MESA

MESA and the MESA SHARe projects are conducted and supported by the National Heart, Lung, and Blood Institute (NHLBI) in collaboration with MESA investigators. Support for MESA is provided by contracts 75N92020D00001, HHSN268201500003I, N01-HC-95159, 75N92020D00005, N01-HC-95160, 75N92020D00002, N01-HC-95161, 75N92020D00003, N01-HC-95162, 75N92020D00006, N01-HC-95163, 75N92020D00004, N01-HC-95164, 75N92020D00007, N01-HC-95165, N01-HC-95166, N01-HC-95167, N01-HC-95168, N01-HC-95169, UL1-TR-000040, UL1-TR-001079, and UL1-TR-001420, UL1TR001881, DK063491, and R01HL105756. Funding for SHARe genotyping was provided by NHLBI Contract N02-HL-64278. Genotyping was performed at Affymetrix (Santa Clara, California, USA) and the Broad Institute of Harvard and MIT (Boston, Massachusetts, USA) using the Affymetrix Genome-Wide Human SNP Array 6.0. The authors thank the other investigators, the staff, and the participants of the MESA study for their valuable contributions. A full list of participating MESA investigators and institutes can be found at <http://www.mesa-nhlbi.org>

National Institutes of Health (NIH)

This research was supported in part by the Intramural Research Program of the NIH, National Human Genome Research Institute (NHGRI; project number Z01 HG200417), National Institute on Aging (NIA; project number Z01 AG000535), National Institutes of Health, Department of Health and Human Services, as well as the National Institute of Neurological Disorders and Stroke.

CROATIA Study

The CROATIA cohorts were funded by grants from the MRC (United Kingdom), European Commission Framework 6 project EUROSPAN (contract number LSHG-CT-2006-018947), Croatian Science Foundation (grant 8875), the Republic of Croatia Ministry of Science, Education and Sports (216-1080315-0302) and the Croatian National Center of Research Excellence in Personalized Healthcare (grant number KK.01.1.1.01.0010) and the Center of Competence in Molecular Diagnostics (KK.01.2.2.03.0006).

Young Finns Study

The Young Finns Study has been financially supported by the Academy of Finland: grants 322098, 286284, 134309 (Eye), 126925, 121584, 124282, 255381, 256474, 283115, 319060, 320297, 314389, 338395, 330809, 104821, 129378 (Salve), 117797 (Gendi), and 141071 (Skidi); the Social Insurance Institution of Finland; Competitive State Research Financing of the Expert Responsibility area of Kuopio, Tampere and Turku University Hospitals (grant X51001); Juho Vainio Foundation; Paavo Nurmi Foundation; Finnish Foundation for Cardiovascular Research; Finnish Cultural Foundation; The Sigrid Juselius Foundation; Tampere Tuberculosis Foundation; Emil Aaltonen Foundation; Yrjö Jahnsson Foundation; Signe and Ane Gyllenberg Foundation; Diabetes Research Foundation of Finnish Diabetes Association; EU Horizon 2020 (grant 755320 for TAXINOMISIS and grant 848146 for To Aition); European Research Council (grant 742927 for MULTIEPIGEN project); Tampere University Hospital Supporting Foundation, Finnish Society of Clinical Chemistry and the Cancer Foundation Finland.

HTO

Collection of the HTO cohort was funded by the Wellcome Trust. Genotyping was funded by the British Heart Foundation (BHF). BK holds a BHF Personal Chair (CH/13/2/30154).

Women's Genome Health Study (WGHS)

The WGHS is supported by the National Heart, Lung, and Blood Institute (HL043851 and HL080467) and the National Cancer Institute (CA047988 and UM1CA182913) with funding for genotyping provided by Amgen.

Justification for the Use of Statins in Prevention: an Intervention Trial Evaluating Rosuvastatin (JUPITER)

JUPITER and the genotyping in the JUPITER study population were funded by AstraZeneca.

Lothian Birth Cohorts of 1921 and 1936 (LBC)

The authors thank all LBC study participants and research team members who have contributed, and continue to contribute, to ongoing studies. LBC1921 was supported by the UKRI™ Biotechnology and Biological Sciences Research Council (BBSRC), The Royal Society, and The Chief Scientist Office of the Scottish Government. LBC1936 is supported by the BBSRC, and the Economic and Social Research Council [BB/W008793/1], Age UK (Disconnected Mind project), the Milton Damerel Trust, and the University of Edinburgh. Genotyping of the cohorts was funded by the BBSRC (BB/F019394/1).

Generation Scotland

Generation Scotland received core support from the Chief Scientist Office of the Scottish Government Health Directorates [CZD/16/6] and the Scottish Funding Council [HR03006] and is currently supported by the Wellcome Trust [216767/Z/19/Z]. Genotyping of the GS:SFHS samples was carried out by the Genetics Core Laboratory at the Edinburgh Clinical Research Facility, University of Edinburgh, Scotland and was funded by the Medical Research Council UK and the Wellcome Trust (Wellcome Trust Strategic Award Stratifying Resilience and Depression Longitudinally" (STRADL) Reference 104036/Z/14/Z). CH was supported by an MRC Human Genetics Unit programme grant 'Quantitative traits in health and disease' (U. MC_UU_00007/10).

CHD Exome+ Consortium:

This work was supported by core funding from: the UK Medical Research Council (G0800270; MR/L003120/1), the British Heart Foundation (SP/09/002; RG/13/13/30194; RG/18/13/33946) and the National Institute for Health Research [Cambridge Biomedical Research Centre at the Cambridge University Hospitals NHS Foundation Trust]*. Work was also funded by the European Research Council (268834), the European Commission Framework Programme 7 (HEALTH-F2- 2012-279233), Pfizer, Novartis and Merck.

Consortia Acknowledgements

The Million Veterans Program (MVP)

Authors on our paper from MVP:

Todd L. Edwards; Jacklyn N. Hellwege, Ayush Giri, Christopher J. O'Donnell; Peter W.F. Wilson; Yan V. Sun; Kelly Cho

MVP acknowledgement: VA Award BX004821 (Wilson/Cho)

UMCG Genetics Lifelines Initiative (UGLI) group author: LifeLines Cohort Study

Raul Aguirre-Gamboa (1), Patrick Deelen (1), Lude Franke (1), Jan A Kuivenhoven (2), Esteban A Lopera Maya (1), Ilja M Nolte (3), Serena Sanna (1), Harold Snieder (3), Morris A Swertz (1), Peter M. Visscher (3,4), Judith M Vonk (3), Cisca Wijmenga (1), Naomi Wray (4)

(1) Department of Genetics, University of Groningen, University Medical Center Groningen, The Netherlands

(2) Department of Pediatrics, University of Groningen, University Medical Center Groningen, The Netherlands

(3) Department of Epidemiology, University of Groningen, University Medical Center Groningen, The Netherlands

(4) Institute for Molecular Bioscience, The University of Queensland, Brisbane, Queensland, Australia.

Acknowledgements for Lifelines Cohort Study:

The Lifelines Biobank initiative has been made possible by funding from the Dutch Ministry of Health, Welfare and Sport, the Dutch Ministry of Economic Affairs, the University Medical Center Groningen (UMCG the Netherlands), University of Groningen and the Northern Provinces of the Netherlands. The generation and management of GWAS genotype data for the Lifelines Cohort Study is supported by the UMCG Genetics Lifelines Initiative (UGLI). UGLI is partly supported by a Spinoza Grant from NWO, awarded to Cisca Wijmenga.

The authors wish to acknowledge the services of the Lifelines Cohort Study, the contributing research centers delivering data to Lifelines, and all the study participants.

CHARGE consortium

Cohorts for Heart and Aging Research in Genomic Epidemiology (CHARGE) is a consortium formed to facilitate meta-analyses of genome-wide association studies of aging and cardiovascular traits, and the replication of genotype – phenotype associations identified in such studies.

Cardiovascular Health Research Unit, Departments of Medicine and Epidemiology, University of Washington, Seattle, WA, USA

International Consortium of Blood Pressure (ICBP)

Authors & Contributors from the International Consortium of Blood Pressure (ICBP) associated with the Evangelou et al, 2018 Nature Genetics publication: “Genetic analysis of over one million people identifies 535 new loci associated with blood pressure traits.”

Evangelos Evangelou^{1,2}, Helen R Warren^{3,4}, He Gao^{1,5}, Georgios Ntritsos², Niki Dimou², Tonu Esko^{16,17}, Reedik Mägi¹⁶, Lili Milani¹⁶, Peter Almgren¹⁸, Thibaud Boutin¹⁹, Stéphanie Debette^{20,21}, Jun Ding²², Franco Giulianini²³, Elizabeth G Holliday²⁴, Anne U Jackson²⁵, Ruifang Li-Gao²⁶, Wei-Yu Lin²⁷, Jian'an Luan²⁸, Massimo Mangino^{29,30}, Christopher Oldmeadow²⁴, Bram Peter Prins³¹, Yong Qian²², Muralidharan Sargurupremraj²¹, Nabi Shah^{32,33}, Praveen Surendran²⁷, Sébastien Thériault^{34,35}, Niek Verweij^{17,36,37}, Sara M Willems²⁸, Jing-Hua Zhao²⁸, Philippe Amouyel³⁸, John Connell³⁹, Renée de Mutsert²⁶, Alex SF Doney³², Martin Farrall^{40,41}, Cristina Menni²⁹, Andrew D Morris⁴², Raymond Noordam⁴³, Guillaume Paré³⁴, Neil R Poulter⁴⁴, Denis C Shields⁴⁵, Alice Stanton⁴⁶, Simon Thom⁴⁷, Gonçalo Abecasis⁴⁸, Najaf Amin⁴⁹, Dan E Arking⁵⁰, Kristin L Ayers^{51,52}, Caterina M Barbieri⁵³, Chiara Batini⁵⁴, Joshua C Bis⁵⁵, Tineka Blake⁵⁴, Murielle Bochud⁵⁶, Michael Boehnke²⁵, Eric Boerwinkle⁵⁷, Dorret I Boomsma⁵⁸, Erwin P Bottinger⁵⁹, Peter S Braund^{60,61}, Marco Brumat⁶², Archie Campbell^{63,64}, Harry Campbell⁶⁵, Aravinda Chakravarti⁵⁰, John C Chambers^{1,5,66-68}, Ganesh Chauhan⁶⁹, Marina Ciullo^{70,71}, Massimiliano Cocca⁷², Francis Collins⁷³, Heather J Cordell⁵¹, Gail Davies^{74,75}, Martin H de Borst⁷⁶, Eco J de Geus⁵⁸, Ian J Deary^{74,75}, Joris Deelen⁷⁷, Fabiola Del Greco M⁷⁸, Cumhur Yusuf Demirkale⁷⁹, Marcus Dörr^{80,81}, Georg B Ehret^{50,82}, Roberto Elosua^{83,84}, Stefan Enroth⁸⁵, A Mesut Erzurumluoglu⁵⁴, Teresa Ferreira^{86,87}, Mattias Frånberg⁸⁸⁻⁹⁰, Oscar H Franco⁹¹, Iliaria Gandin⁶², Paolo Gasparini^{62,72}, Vilmantas Giedraitis⁹², Christian Gieger⁹³⁻⁹⁵, Giorgia Grotto^{62,72}, Anuj Goel^{40,41}, Alan J Gow^{74,96}, Vilmundur Gudnason^{97,98}, Xiuqing Guo⁹⁹, Ulf Gyllenstein⁸⁵, Anders Hamsten^{88,89}, Tamara B Harris¹⁰⁰, Sarah E Harris^{63,74}, Catharina A Hartman¹⁰¹, Aki S Havulinna^{102,103}, Andrew A Hicks⁷⁸, Edith Hofer^{104,105}, Albert Hofman^{91,106}, Jouke-Jan Hottenga⁵⁸, Jennifer E Huffman^{19,107,108}, Shih-Jen Hwang^{107,108}, Erik Ingelsson^{109,110}, Alan James^{111,112}, Rick Jansen¹¹³, Marjo-Riitta Jarvelin^{1,5,114-116}, Roby Joehanes^{107,117}, Åsa Johansson⁸⁵, Andrew D Johnson^{107,118}, Peter K Joshi⁶⁵, Pekka Jousilahti¹⁰², J Wouter Jukema¹¹⁹, Antti Jula¹⁰², Mika Kähönen^{120,121}, Sekar Kathiresan^{17,36,122}, Bernard D Keavney^{123,124}, Kay-Tee Khaw¹²⁵, Paul Knekt¹⁰², Joanne Knight¹²⁶, Ivana Kolcic¹²⁷, Jaspal S Kooner^{5,67,68,128}, Seppo Koskinen¹⁰², Kati Kristiansson¹⁰², Zoltan Kutalik^{56,129}, Maris Laan¹³⁰, Marty Larson¹⁰⁷, Lenore J Launer¹⁰⁰, Benjamin Lehne¹, Terho Lehtimäki^{131,132}, David CM Liewald^{74,75}, Li Lin⁸², Lars Lind¹³³, Cecilia M Lindgren^{40,87,134}, YongMei Liu¹³⁵, Ruth JF Loos^{28,59,136}, Lorna M Lopez^{74,137,138}, Yingchang Lu⁵⁹, Leo-Pekka Lyytikäinen^{131,132}, Anubha Mahajan⁴⁰, Chrysovalanto Mamasoula¹³⁹, Jaume Marrugat⁸³, Jonathan Marten¹⁹, Yuri Milaneschi¹⁴⁰, Anna Morgan⁶², Andrew P Morris^{40,141}, Alanna C Morrison¹⁴², Peter J Munson⁷⁹, Mike A Nalls^{143,144}, Priyanka Nandakumar⁵⁰, Christopher P Nelson^{60,61}, Teemu Niiranen^{102,145}, Ilja M Nolte¹⁴⁶, Teresa Nutile⁷⁰, Albertine J Oldehinkel¹⁴⁷, Ben A Oostra⁴⁹, Paul F O'Reilly¹⁴⁸, Elin Org¹⁶, Sandosh Padmanabhan^{64,149}, Walter Palmas¹⁵⁰, Aarno Palotie^{103,151,152}, Alison Pattie⁷⁵, Brenda WJH Penninx¹⁴⁰, Markus Perola^{102,103,153}, Annette Peters^{94,95,154}, Ozren Polasek^{127,155}, Peter P Pramstaller^{78,156,157}, Quang Tri Nguyen⁷⁹, Olli T Raitakari^{158,159}, Rainer Rettig¹⁶¹, Kenneth Rice¹⁶², Paul M Ridker^{23,163}, Janina S Ried⁹⁴, Harriette Riese¹⁴⁷, Samuli Ripatti^{103,164}, Antonietta Robino⁷², Lynda M Rose²³, Jerome I Rotter⁹⁹, Igor Rudan¹⁶⁵, Daniela Ruggiero^{70,71}, Yasaman Saba¹⁶⁶, Cinzia F Sala⁵³, Veikko Salomaa¹⁰², Nilesh J Samani^{60,61}, Antti-Pekka Sarin¹⁰³, Reinhold Schmidt¹⁰⁴, Helena Schmidt¹⁶⁶, Nick Shrine⁵⁴, David Siscovick¹⁶⁷, Albert V Smith^{97,98}, Harold Snieder¹⁴⁶, Siim Söber¹³⁰, Rossella Sorice⁷⁰, John M Starr^{74,168}, David J Stott¹⁶⁹, David P Strachan¹⁷⁰, Rona J Strawbridge^{88,89}, Johan Sundström¹³³, Morris A Swertz¹⁷¹, Kent D Taylor⁹⁹, Alexander Teumer^{81,172}, Martin D Tobin⁵⁴, Maciej Tomaszewski^{123,124}, Daniela Toniolo⁵³, Michela

Traglia⁵³, Stella Trompet^{119,173}, Jaakko Tuomilehto¹⁷⁴⁻¹⁷⁷, Christophe Tzourio²¹, André G Uitterlinden^{91,178}, Ahmad Vaez^{146,179}, Peter J van der Most¹⁴⁶, Cornelia M van Duijn⁴⁹, Germaine C Verwoert⁹¹, Veronique Vitart¹⁹, Uwe Völker^{81,180}, Peter Vollenweider¹⁸¹, Dragana Vuckovic^{62,182}, Hugh Watkins^{40,41}, Sarah H Wild¹⁸³, Gonneke Willemssen⁵⁸, James F Wilson^{19,65}, Alan F Wright¹⁹, Jie Yao⁹⁹, Tatijana Zemunik¹⁸⁴, Weihua Zhang^{1,67}, John R Attia²⁴, Adam S Butterworth^{27,185}, Daniel I Chasman^{23,163}, David Conen^{186,187}, Francesco Cucca^{188,189}, John Danesh^{27,185}, Caroline Hayward¹⁹, Joanna MM Howson²⁷, Markku Laakso¹⁹⁰, Edward G Lakatta¹⁹¹, Claudia Langenberg²⁸, Olle Melander¹⁸, Dennis O Mook-Kanamori^{26,192}, Colin NA Palmer³², Lorenz Risch¹⁹³⁻¹⁹⁵, Robert A Scott²⁸, Rodney J Scott²⁴, Peter Sever¹²⁸, Tim D Spector²⁹, Pim van der Harst¹⁹⁶, Nicholas J Wareham²⁸, Eleftheria Zeggini³¹, Daniel Levy^{107,118}, Patricia B Munroe^{3,4}, Christopher Newton-Cheh^{134,197,198}, Morris J Brown^{3,4}, Andres Metspalu¹⁶, Bruce M. Psaty^{201,202}, Louise V Wain⁵⁴, Paul Elliott^{1,5,203-205}, Mark J Caulfield^{3,4}

1. Department of Epidemiology and Biostatistics, Imperial College London, London, UK.
2. Department of Hygiene and Epidemiology, University of Ioannina Medical School, Ioannina, Greece.
3. William Harvey Research Institute, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, UK.
4. National Institute for Health Research, Barts Cardiovascular Biomedical Research Center, Queen Mary University of London, London, UK.
5. MRC-PHE Centre for Environment and Health, Imperial College London, London, UK.
7. Division of Epidemiology, Department of Medicine, Institute for Medicine and Public Health, Vanderbilt Genetics Institute, Vanderbilt University Medical Center, Tennessee Valley Healthcare System (626)/Vanderbilt University, Nashville, TN, USA.
8. Vanderbilt Genetics Institute, Vanderbilt Epidemiology Center, Department of Obstetrics and Gynecology, Vanderbilt University Medical Center; Tennessee Valley Health Systems VA, Nashville, TN, USA.
9. Department of Epidemiology, Emory University Rollins School of Public Health, Atlanta, GA, USA.
10. Department of Biomedical Informatics, Emory University School of Medicine, Atlanta, GA, USA.
11. Massachusetts Veterans Epidemiology Research and Information Center (MAVERIC), VA Boston Healthcare System, Boston, USA.
12. Division of Aging, Department of Medicine, Brigham and Women's Hospital, Boston, MA, Department of Medicine, Harvard Medical School, Boston, MA, USA.
13. Atlanta VAMC and Emory Clinical Cardiovascular Research Institute, Atlanta, GA, USA.
14. VA Palo Alto Health Care System; Division of Cardiovascular Medicine, Stanford University School of Medicine, CA, USA.
15. Nephrology Section, Memphis VA Medical Center and University of Tennessee Health Science Center, Memphis, TN, USA.
16. Estonian Genome Center, University of Tartu, Tartu, Estonia.
17. Program in Medical and Population Genetics, Broad Institute of Harvard and MIT, Cambridge, MA, USA.

18. Department Clinical Sciences, Malmö, Lund University, Malmö, Sweden.
19. MRC Human Genetics Unit, MRC Institute of Genetics and Molecular Medicine, University of Edinburgh, Western General Hospital, Edinburgh, Scotland, UK
20. Department of Neurology, Bordeaux University Hospital, Bordeaux, France.
21. Univ. Bordeaux, Inserm, Bordeaux Population Health Research Center, CHU Bordeaux, Bordeaux, France.
22. Laboratory of Genetics and Genomics, NIA/NIH , Baltimore, MD, USA.
23. Division of Preventive Medicine, Brigham and Women's Hospital, Boston, MA, USA.
24. Hunter Medical Research Institute and Faculty of Health, University of Newcastle, New Lambton Heights, New South Wales, Australia.
25. Department of Biostatistics and Center for Statistical Genetics, University of Michigan, Ann Arbor, MI, USA.
26. Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.
27. MRC/BHF Cardiovascular Epidemiology Unit, Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK.
28. MRC Epidemiology Unit, University of Cambridge School of Clinical Medicine, Cambridge, UK.
29. Department of Twin Research and Genetic Epidemiology, Kings College London, London, UK.
30. NIHR Biomedical Research Centre at Guy's and St Thomas' Foundation Trust, London, UK.
31. Wellcome Trust Sanger Institute, Hinxton, UK.
32. Division of Molecular and Clinical Medicine, School of Medicine, University of Dundee, UK.
33. Department of Pharmacy, COMSATS Institute of Information Technology, Abbottabad, Pakistan.
34. Department of Pathology and Molecular Medicine, McMaster University, Hamilton, Canada.
35. Institut universitaire de cardiologie et de pneumologie de Québec-Université Laval, , Quebec City, Canada.
36. Cardiovascular Research Center and Center for Human Genetic Research, Massachusetts General Hospital, Boston, Massachusetts, MA, USA.
37. University of Groningen, University Medical Center Groningen, Department of Cardiology, Groningen, The Netherlands.
38. University of Lille, Inserm, Centre Hosp. Univ Lille, Institut Pasteur de Lille, UMR1167 - RID-AGE - Risk factors and molecular determinants of aging-related diseases, Epidemiology and Public Health Department, Lille, France.
39. University of Dundee, Ninewells Hospital & Medical School, Dundee, , UK.
40. Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford, UK.
41. Division of Cardiovascular Medicine, Radcliffe Department of Medicine, University of Oxford, Oxford, UK.
42. Usher Institute of Population Health Sciences and Informatics, University of Edinburgh, UK.
43. Department of Internal Medicine, Section Gerontology and Geriatrics, Leiden University Medical Center, Leiden, The Netherlands.
44. Imperial Clinical Trials Unit, Stadium House, 68 Wood Lane, London, UK.
45. School of Medicine, University College Dublin, Ireland.
46. Molecular and Cellular Therapeutics, Royal College of Surgeons in Ireland, Dublin, Ireland.

47. International Centre for Circulatory Health, Imperial College London, London, UK.
48. Center for Statistical Genetics, Dept. of Biostatistics, SPH II, Washington Heights, Ann Arbor, MI, USA.
49. Genetic Epidemiology Unit, Department of Epidemiology, Erasmus MC, Rotterdam, the Netherlands.
50. Center for Complex Disease Genomics, McKusick-Nathans Institute of Genetic Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA.
51. Institute of Genetic Medicine, Newcastle University, Newcastle upon Tyne, UK.
52. Sema4, a Mount Sinai venture, Stamford, CT, USA.
53. Division of Genetics and Cell Biology, San Raffaele Scientific Institute, Milano, Italy.
54. Department of Health Sciences, University of Leicester, Leicester, UK.
55. Cardiovascular Health Research Unit, Department of Medicine, University of Washington, Seattle, WA, USA.
56. Institute of Social and Preventive Medicine, University Hospital of Lausanne, Lausanne, Switzerland.
57. Human Genetics Center, School of Public Health, The University of Texas Health Science Center at Houston and Human Genome Sequencing Center, Baylor College of Medicine, One Baylor Plaza, Houston, TX, USA.
58. Department of Biological Psychology, Vrije Universiteit Amsterdam, EMGO+ institute, VU University medical center, Amsterdam, the Netherlands.
59. The Charles Bronfman Institute for Personalized Medicine, Icahn School of Medicine at Mount Sinai, NY, USA.
60. Department of Cardiovascular Sciences, University of Leicester, Leicester, UK.
61. NIHR Leicester Biomedical Research Centre, Glenfield Hospital, Groby Road, Leicester, UK.
62. Department of Medical, Surgical and Health Sciences, University of Trieste, , Trieste, Italy.
63. Medical Genetics Section, Centre for Genomic and Experimental Medicine, Institute of Genetics and Molecular Medicine, University of Edinburgh, Edinburgh, UK.
64. Generation Scotland, Centre for Genomic and Experimental Medicine, University of Edinburgh, Edinburgh, UK.
65. Centre for Global Health Research, Usher Institute of Population Health Sciences and Informatics, University of Edinburgh, Edinburgh, Scotland, UK
66. Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore, Singapore.
67. Department of Cardiology, Ealing Hospital, Middlesex, UK.
68. Imperial College Healthcare NHS Trust, London, UK.
69. Centre for Brain Research, Indian Institute of Science, Bangalore, India.
70. Institute of Genetics and Biophysics "A. Buzzati-Traverso", CNR, Napoli, Italy.
71. IRCCS Neuromed, Pozzilli, Isernia, Italy.
72. Institute for Maternal and Child Health IRCCS Burlo Garofolo, Trieste, Italy.
73. Medical Genomics and Metabolic Genetics Branch, National Human Genome Research Institute, NIH, Bethesda, MD, USA.
74. Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh, 7 George Square, Edinburgh, UK.
75. Department of Psychology, University of Edinburgh, 7 George Square, Edinburgh, UK.
76. Department of Internal Medicine, Division of Nephrology, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.

77. Department of Molecular Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.
78. Institute for Biomedicine, Eurac Research, Bolzano, Italy - Affiliated Institute of the University of Lübeck, Lübeck, Germany.
79. Mathematical and Statistical Computing Laboratory, Office of Intramural Research, Center for Information Technology, National Institutes of Health, Bethesda, MD, USA.
80. Department of Internal Medicine B, University Medicine Greifswald, Greifswald, Germany.
81. DZHK (German Centre for Cardiovascular Research), partner site Greifswald, Greifswald, Germany.
82. Cardiology, Department of Medicine, Geneva University Hospital, Geneva, Switzerland.
83. CIBERCV & Cardiovascular Epidemiology and Genetics, IMIM. Dr Aiguader 88, Barcelona, Spain.
84. Faculty of Medicine, Universitat de Vic-Central de Catalunya, Vic, Spain.
85. Department of Immunology, Genetics and Pathology, Uppsala Universitet, Science for Life Laboratory, Uppsala, Sweden.
86. Wellcome Centre for Human Genetics, University of Oxford, Roosevelt Drive, Oxford, UK.
87. Big Data Institute, Li Ka Shing Center for Health for Health Information and Discovery, Oxford University, Old Road, Oxford, UK.
88. Cardiovascular Medicine Unit, Department of Medicine Solna, Karolinska Institutet, Stockholm, Sweden.
89. Centre for Molecular Medicine, L8:03, Karolinska Universitetsjukhuset, Solna, Sweden.
90. Department of Numerical Analysis and Computer Science, Stockholm University, Stockholm, Sweden.
91. Department of Epidemiology, Erasmus MC, Rotterdam, the Netherlands.
92. Department of Public Health and Caring Sciences, Geriatrics, Uppsala, Sweden.
93. Research Unit of Molecular Epidemiology, Helmholtz Zentrum München, German Research Center for Environmental Health, Neuherberg, Germany.
94. Institute of Epidemiology, Helmholtz Zentrum München, German Research Center for Environmental Health, Neuherberg, Germany.
95. German Center for Diabetes Research (DZD e.V.), Neuherberg, Germany.
96. Department of Psychology, School of Social Sciences, Heriot-Watt University, Edinburgh, UK.
97. Faculty of Medicine, University of Iceland, Reykjavik, Iceland.
98. Icelandic Heart Association, Kopavogur, Iceland.
99. The Institute for Translational Genomics and Population Sciences, Department of Pediatrics, LABioMed at Harbor-UCLA Medical Center, Torrance, CA, USA.
100. Intramural Research Program, Laboratory of Epidemiology, Demography, and Biometry, National Institute on Aging, Bethesda, MD, USA.
101. Department of Psychiatry, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.
102. Department of Public Health Solutions, National Institute for Health and Welfare (THL), Helsinki, Finland.
103. Institute for Molecular Medicine Finland (FIMM), University of Helsinki, Helsinki, Finland.

104. Clinical Division of Neurogeriatrics, Department of Neurology, Medical University of Graz, Graz, Austria.
105. Institute for Medical Informatics, Statistics and Documentation, Medical University of Graz, Graz, Austria.
106. Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, MA, USA.
107. National Heart, Lung and Blood Institute's Framingham Heart Study, Framingham, MA, USA.
108. The Population Science Branch, Division of Intramural Research, National Heart Lung and Blood Institute national Institute of Health, Bethesda, MD, USA.
109. Department of Medical Sciences, Molecular Epidemiology and Science for Life Laboratory, Uppsala University, Uppsala, Sweden.
110. Division of Cardiovascular Medicine, Department of Medicine, Stanford University School of Medicine, Stanford, CA USA.
111. Department of Pulmonary Physiology and Sleep, Sir Charles Gairdner Hospital, Hospital Avenue, Nedlands, Australia.
112. School of Medicine and Pharmacology, University of Western Australia.
113. Department of Psychiatry, VU University Medical Center, Amsterdam Neuroscience, Amsterdam, the Netherlands.
114. Biocenter Oulu, University of Oulu, Oulu, Finland.
115. Center For Life-course Health Research, University of Oulu, Oulu Finland.
116. Unit of Primary Care, Oulu University Hospital, Oulu, Oulu, Finland.
117. Hebrew SeniorLife, Harvard Medical School, Boston, MA, USA.
118. Population Sciences Branch, National Heart, Lung and Blood Institute, National Institutes of Health, Bethesda, MD, USA.
119. Department of Cardiology, Leiden University Medical Center, Leiden, the Netherlands.
120. Department of Clinical Physiology, Tampere University Hospital, Tampere, Finland.
121. Department of Clinical Physiology, Finnish Cardiovascular Research Center - Tampere, Faculty of Medicine and Life Sciences, University of Tampere, Tampere, Finland.
122. Broad Institute of the Massachusetts Institute of Technology and Harvard University, Cambridge, MA, USA.
123. Division of Cardiovascular Sciences, Faculty of Biology, Medicine and Health, The University of Manchester, Manchester, UK.
124. Division of Medicine, Manchester University NHS Foundation Trust, Manchester Academic Health Science Centre, Manchester, UK
125. Department of Public Health and Primary Care, Institute of Public Health, University of Cambridge, Cambridge, UK.
126. Data Science Institute and Lancaster Medical School, Lancaster, UK.
127. Department of Public Health, Faculty of Medicine, University of Split, Croatia.
128. National Heart and Lung Institute, Imperial College London, London, UK.
129. Swiss Institute of Bioinformatics, Lausanne, Switzerland.
130. Institute of Biomedicine and Translational Medicine, University of Tartu, Tartu, Estonia.
131. Department of Clinical Chemistry, Fimlab Laboratories, Tampere, Finland.
132. Department of Clinical Chemistry, Finnish Cardiovascular Research Center - Tampere, Faculty of Medicine and Life Sciences, University of Tampere, Tampere, Finland

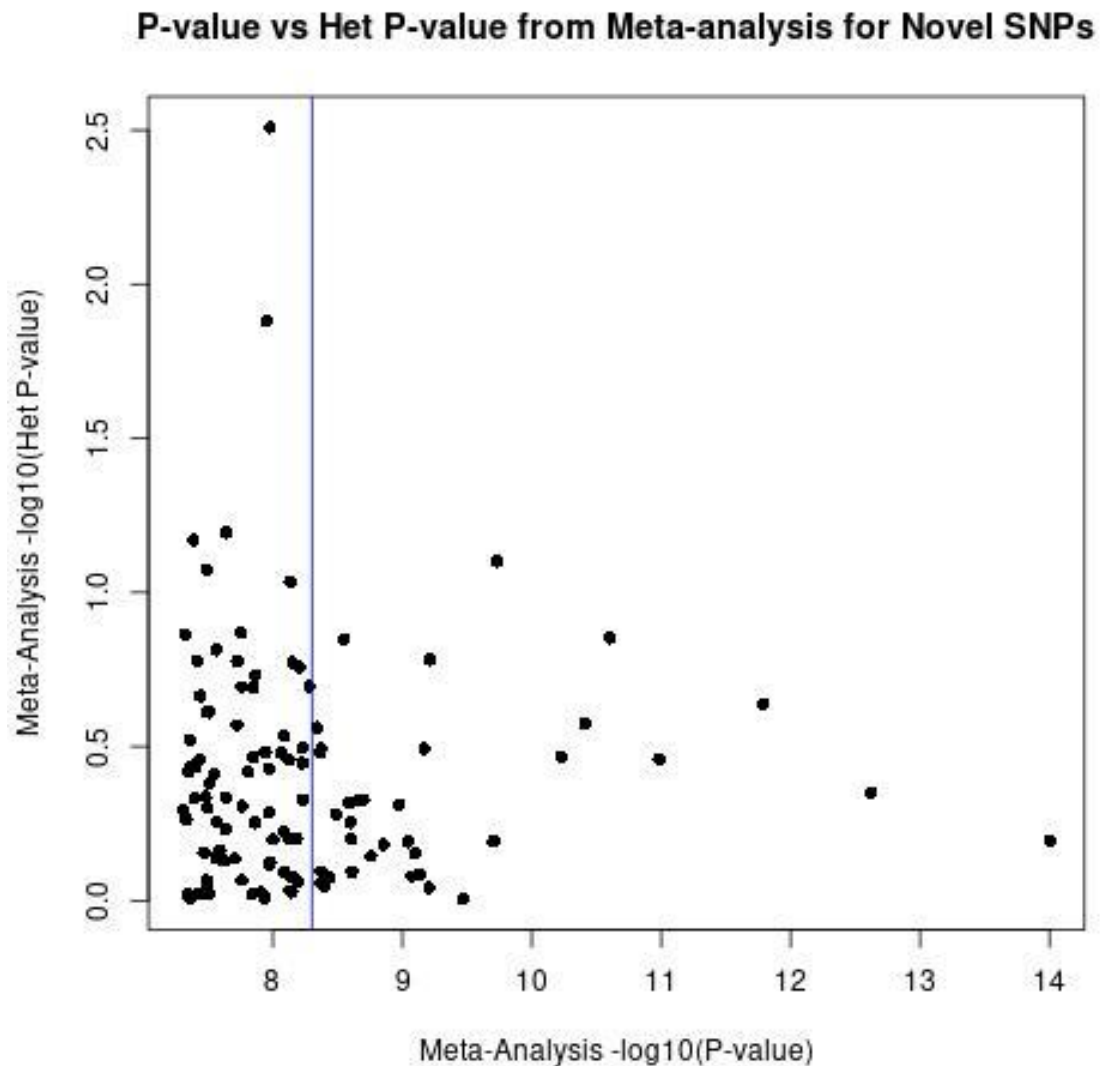
133. Department of Medical Sciences, Cardiovascular Epidemiology, Uppsala University, Uppsala, Sweden.
134. Program in Medical and Population Genetics, Broad Institute, Cambridge, MA, USA.
135. Division of Public Health Sciences, Wake Forest School of Medicine, Winston-Salem, NC, USA.
136. Mindich Child health Development Institute, The Icahn School of Medicine at Mount Sinai, New York, NY, USA.
137. Department of Psychiatry, Royal College of Surgeons in Ireland, Education and Research Centre, Beaumont Hospital, Dublin, Ireland.
138. University College Dublin, UCD Conway Institute, Centre for Proteome Research, UCD, Belfield, Dublin, Ireland.
139. Institute of Health and Society, Newcastle University, Newcastle upon Tyne, UK.
140. Department of Psychiatry, Amsterdam Public Health and Amsterdam Neuroscience, VU University Medical Center/GGZ inGeest, Amsterdam, The Netherlands.
141. Department of Biostatistics, University of Liverpool, Block F, Waterhouse Building, Liverpool, UK.
142. Department of Epidemiology, Human Genetics and Environmental Sciences, School of Public Health, University of Texas Health Science Center at Houston, Houston, TX, USA.
143. Data Tecnica International, Glen Echo, MD, USA.
144. Laboratory of Neurogenetics, National Institute on Aging, Bethesda, USA.
145. Department of Medicine, Turku University Hospital and University of Turku, Finland.
146. Department of Epidemiology, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.
147. Interdisciplinary Center Psychopathology and Emotion regulation (ICPE), University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.
148. SGDP Centre, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK.
149. British Heart Foundation Glasgow Cardiovascular Research Centre, Institute of Cardiovascular and Medical Sciences, College of Medical, Veterinary and Life Sciences, University of Glasgow, Glasgow, UK.
150. Department of Medicine, Columbia University Medical Center, New York, NY, USA.
151. Analytic and Translational Genetics Unit, Department of Medicine, Department of Neurology and Department of Psychiatry Massachusetts General Hospital, Boston, MA, USA.
152. The Stanley Center for Psychiatric Research and Program in Medical and Population Genetics, The Broad Institute of MIT and Harvard, Cambridge, MA, USA.
153. University of Tartu, Tartu, Estonia.
154. German Center for Cardiovascular Disease Research (DZHK), partner site Munich, Neuherberg, Germany.
155. Psychiatric hospital "Sveti Ivan", Zagreb, Croatia.
156. Department of Neurology, General Central Hospital, Bolzano, Italy.
157. Department of Neurology, University of Lübeck, Lübeck, Germany.
158. Department of Clinical Physiology and Nuclear Medicine, Turku University Hospital, Turku, Finland.
159. Research Centre of Applied and Preventive Cardiovascular Medicine, University of Turku, Turku, Finland.
161. Institute of Physiology, University Medicine Greifswald, Karlsburg, Germany.
162. Department of Biostatistics University of Washington, Seattle, WA, USA.

163. Harvard Medical School, Boston MA.
164. Public health, Faculty of Medicine, University of Helsinki, Finland
165. Centre for Global Health Research, Usher Institute of Population Health Sciences and Informatics, University of Edinburgh, Scotland, UK.
166. Gottfried Schatz Research Center for Cell Signaling, Metabolism & Aging, Molecular Biology and Biochemistry, Medical University of Graz, Graz, Austria.
167. The New York Academy of Medicine, New York, NY, USA.
168. Alzheimer Scotland Dementia Research Centre, University of Edinburgh, Edinburgh, UK.
169. Institute of Cardiovascular and Medical Sciences, Faculty of Medicine, University of Glasgow, United Kingdom.
170. Population Health Research Institute, St George's, University of London, London, UK.
171. Department of Genetics, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.
172. Institute for Community Medicine, University Medicine Greifswald, Greifswald, Germany.
173. Department of Gerontology and Geriatrics, Leiden University Medical Center, Leiden, the Netherlands.
174. Dasman Diabetes Institute, Dasman, Kuwait.
175. Chronic Disease Prevention Unit, National Institute for Health and Welfare, Helsinki, Finland.
176. Department of Public Health, University of Helsinki, Helsinki, Finland.
177. Saudi Diabetes Research Group, King Abdulaziz University, Jeddah, Saudi Arabia.
178. Department of Internal Medicine, Erasmus MC, Rotterdam, the Netherlands.
179. Research Institute for Primordial Prevention of Non-communicable Disease, Isfahan University of Medical Sciences, Isfahan, Iran.
180. Interfaculty Institute for Genetics and Functional Genomics, University Medicine Greifswald, Greifswald, Germany.
181. Department of Internal Medicine, University Hospital, CHUV, Lausanne, Switzerland.
182. Experimental Genetics Division, Sidra Medical and Research Center, Doha, Qatar.
183. Centre for Population Health Sciences, Usher Institute of Population Health Sciences and Informatics, University of Edinburgh, Scotland, UK
184. Department of Biology, Faculty of Medicine, University of Split, Croatia.
185. The National Institute for Health Research Blood and Transplant Research Unit in Donor Health and Genomics, University of Cambridge, UK.
186. Division of Cardiology, University Hospital, Basel, Switzerland.
187. Division of Cardiology, Department of Medicine, McMaster University, Hamilton, Canada.
188. Institute of Genetic and Biomedical Research, National Research Council (CNR), Monserrato, Cagliari, Italy.
189. Department of Biomedical Sciences, University of Sassari, Sassari, Italy.
190. Institute of Clinical Medicine, Internal Medicine, University of Eastern Finland and Kuopio University Hospital, Kuopio, Finland.
191. Laboratory of Cardiovascular Science, NIA/NIH , Baltimore, MD, USA.
192. Department of Public Health and Primary Care, Leiden University Medical Center, Leiden, the Netherlands.
193. Labormedizinisches Zentrum Dr. Risch, Schaan, Liechtenstein.
194. Private University of the Principality of Liechtenstein, Triesen, Liechtenstein.

195. University Institute of Clinical Chemistry, Inselspital, Bern University Hospital, University of Bern, Bern, Switzerland.
196. Department of Cardiology, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.
197. Center for Genomic Medicine, Massachusetts General Hospital, Boston, MA, USA.
198. Cardiovascular Research Center, Massachusetts General Hospital, Boston, MA, USA.

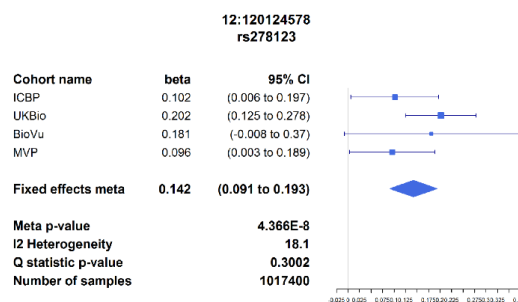
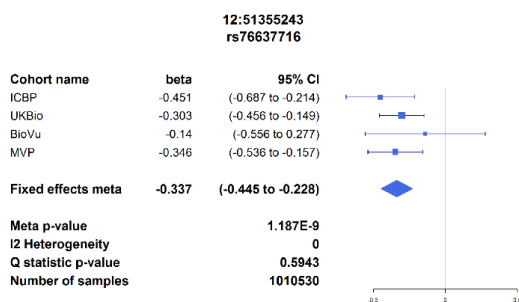
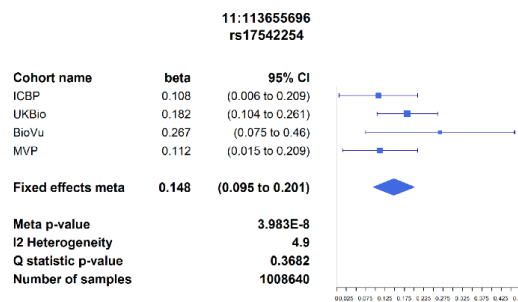
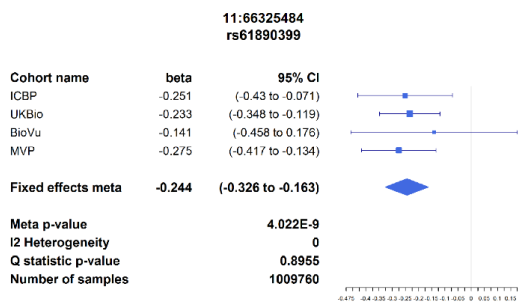
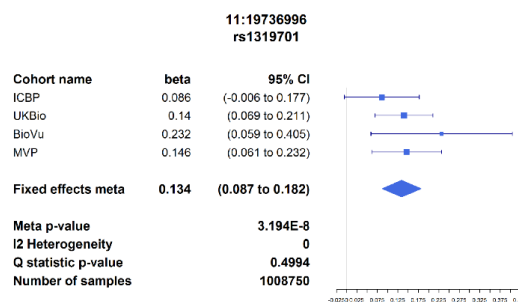
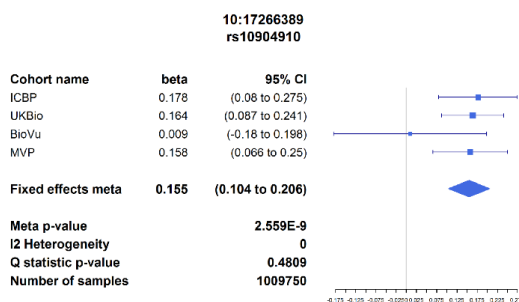
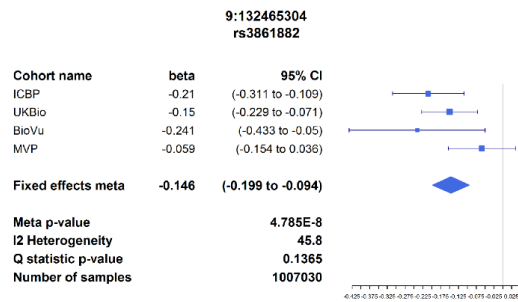
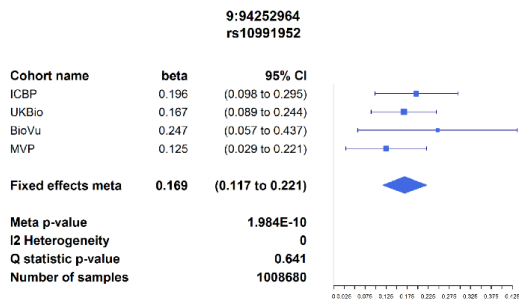
201. Cardiovascular Health Research Unit, Departments of Medicine, Epidemiology and Health Services, University of Washington, Seattle, WA, USA.
202. Kaiser Permanente Washington Health Research Institute, Seattle, WA, USA.
203. National Institute for Health Research Imperial Biomedical Research Centre, Imperial College Healthcare NHS Trust and Imperial College London, London, UK.
204. UK Dementia Research Institute (UK DRI) at Imperial College London, London, UK
205. Health Data Research-UK London substantive site, London, U.K

Supplementary Figures

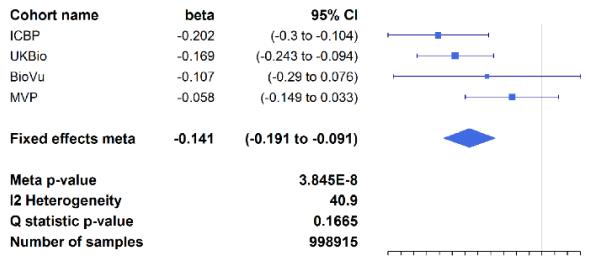


Supplementary Figure 1: Meta-Analysis Heterogeneity P-values of 113 Novel Loci: Plotting the GWAS meta-analysis association p-values from inverse variance-weighted method on the x-axis vs the meta-analysis heterogeneity (“het”) p-values from Q statistics on the y-axis, with all p-values on the $-\log_{10}$ scale. The blue vertical reference line indicates the stricter significance p-value threshold for the one-stage GWAS design ($P < 5 \times 10^{-9}$). “SNPs” = Single Nucleotide Polymorphisms.

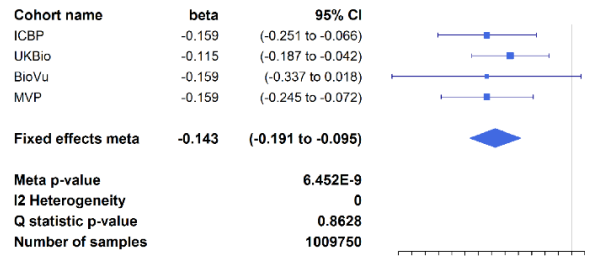
a



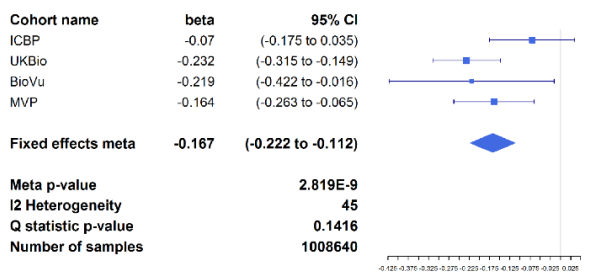
4:153006312
rs7665985



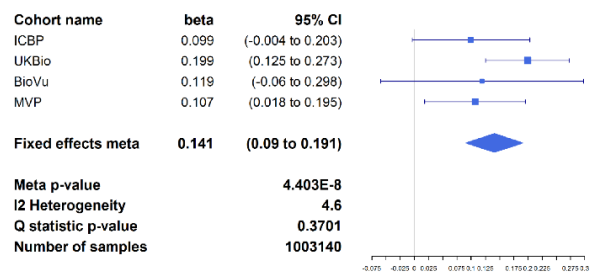
5:39444718
rs13162174



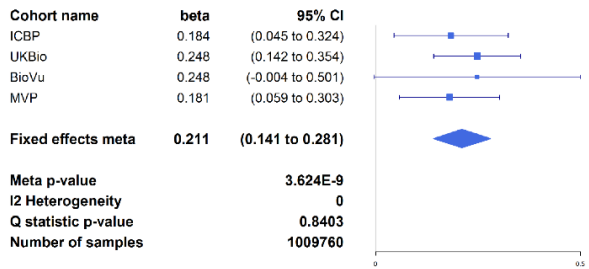
7:156990554
rs2286130



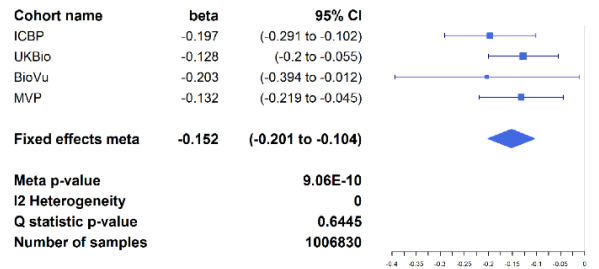
8:1212030
rs11136373



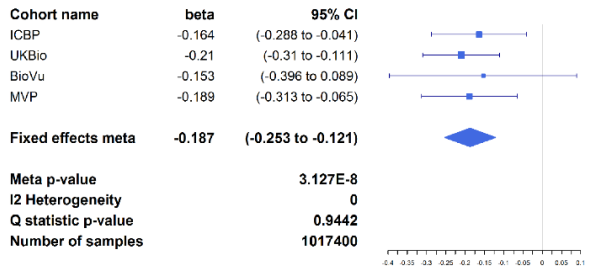
8:57153503
rs11988716



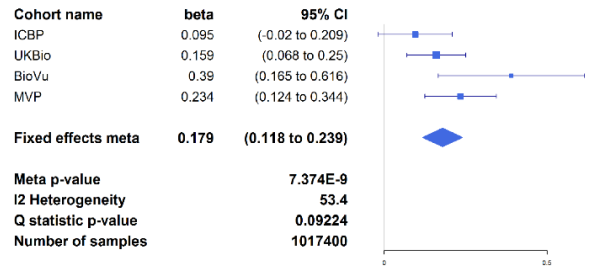
8:146130326
rs2978398



9:27230388
rs9886857



9:83432105
rs2224858

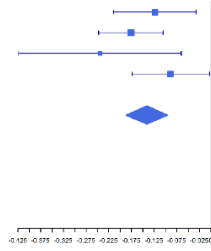


2:105205551
rs6729623

Cohort name	beta	95% CI
ICBP	-0.123	(-0.215 to -0.032)
UKBio	-0.176	(-0.247 to -0.105)
BioVu	-0.244	(-0.423 to -0.065)
MVP	-0.089	(-0.174 to -0.003)

Fixed effects meta **-0.141** **(-0.188 to -0.094)**

Meta p-value **5.88E-9**
I2 Heterogeneity **14.6**
Q statistic p-value **0.3191**
Number of samples **1009750**

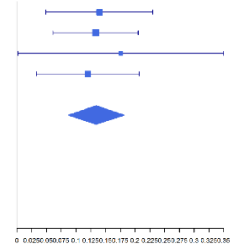


2:125429006
rs11123059

Cohort name	beta	95% CI
ICBP	0.14	(0.049 to 0.23)
UKBio	0.133	(0.061 to 0.205)
BioVu	0.176	(0.002 to 0.35)
MVP	0.12	(0.033 to 0.207)

Fixed effects meta **0.134** **(0.087 to 0.182)**

Meta p-value **3.467E-8**
I2 Heterogeneity **0**
Q statistic p-value **0.9544**
Number of samples **1009750**

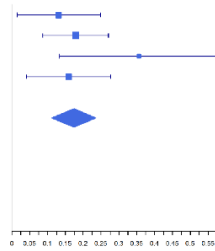


2:127839534
rs11690153

Cohort name	beta	95% CI
ICBP	0.131	(0.015 to 0.248)
UKBio	0.179	(0.087 to 0.271)
BioVu	0.356	(0.133 to 0.58)
MVP	0.159	(0.041 to 0.277)

Fixed effects meta **0.174** **(0.111 to 0.236)**

Meta p-value **4.475E-8**
I2 Heterogeneity **2.2**
Q statistic p-value **0.3814**
Number of samples **1009750**

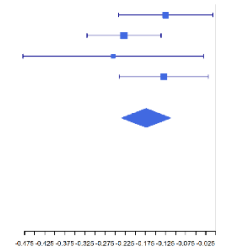


2:128822702
rs13022015

Cohort name	beta	95% CI
ICBP	-0.125	(-0.242 to -0.008)
UKBio	-0.228	(-0.32 to -0.136)
BioVu	-0.255	(-0.479 to -0.031)
MVP	-0.129	(-0.24 to -0.019)

Fixed effects meta **-0.173** **(-0.234 to -0.112)**

Meta p-value **3.083E-8**
I2 Heterogeneity **0**
Q statistic p-value **0.417**
Number of samples **1000480**

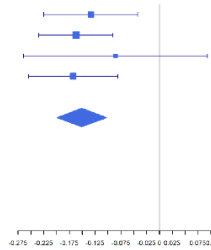


3:16363689
rs538180

Cohort name	beta	95% CI
ICBP	-0.133	(-0.225 to -0.042)
UKBio	-0.162	(-0.235 to -0.09)
BioVu	-0.085	(-0.264 to 0.093)
MVP	-0.168	(-0.255 to -0.081)

Fixed effects meta **-0.151** **(-0.199 to -0.103)**

Meta p-value **8.467E-10**
I2 Heterogeneity **0**
Q statistic p-value **0.833**
Number of samples **1008750**

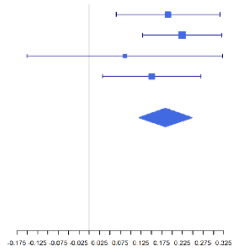


3:43992455
rs9877020

Cohort name	beta	95% CI
ICBP	0.19	(0.065 to 0.315)
UKBio	0.224	(0.128 to 0.319)
BioVu	0.086	(-0.151 to 0.322)
MVP	0.151	(0.032 to 0.27)

Fixed effects meta **0.184** **(0.119 to 0.249)**

Meta p-value **2.57E-8**
I2 Heterogeneity **0**
Q statistic p-value **0.6876**
Number of samples **1009750**

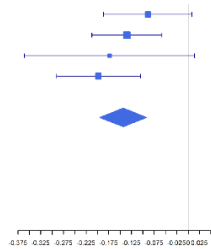


3:71607861
rs844218

Cohort name	beta	95% CI
ICBP	-0.089	(-0.187 to 0.008)
UKBio	-0.135	(-0.212 to -0.058)
BioVu	-0.173	(-0.361 to 0.014)
MVP	-0.198	(-0.29 to -0.105)

Fixed effects meta **-0.143** **(-0.195 to -0.092)**

Meta p-value **4.027E-8**
I2 Heterogeneity **0**
Q statistic p-value **0.4646**
Number of samples **1009750**

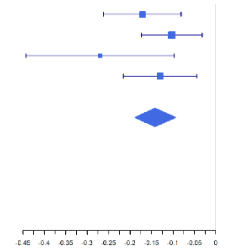


4:84452950
rs10018970

Cohort name	beta	95% CI
ICBP	-0.171	(-0.262 to -0.081)
UKBio	-0.103	(-0.174 to -0.032)
BioVu	-0.27	(-0.443 to -0.097)
MVP	-0.13	(-0.216 to -0.045)

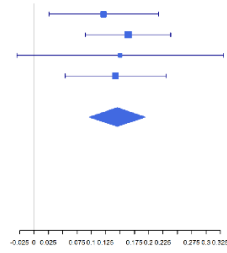
Fixed effects meta **-0.142** **(-0.189 to -0.094)**

Meta p-value **4.243E-9**
I2 Heterogeneity **14.1**
Q statistic p-value **0.3216**
Number of samples **1006740**



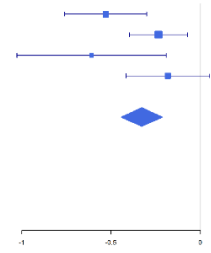
1:61877445
rs2092867

Cohort name	beta	95% CI
ICBP	0.121	(0.026 to 0.217)
UKBio	0.164	(0.09 to 0.238)
BioVu	0.15	(-0.03 to 0.331)
MVP	0.142	(0.054 to 0.23)
Fixed effects meta	0.145	(0.096 to 0.194)
Meta p-value		7.403E-9
I2 Heterogeneity		0
Q statistic p-value		0.9279
Number of samples		1001040



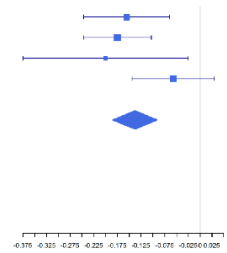
1:93524045
rs12145044

Cohort name	beta	95% CI
ICBP	-0.53	(-0.759 to -0.301)
UKBio	-0.235	(-0.397 to -0.072)
BioVu	-0.609	(-1.027 to -0.192)
MVP	-0.182	(-0.417 to 0.053)
Fixed effects meta	-0.328	(-0.445 to -0.211)
Meta p-value		4.103E-8
I2 Heterogeneity		58
Q statistic p-value		0.06769
Number of samples		1009760



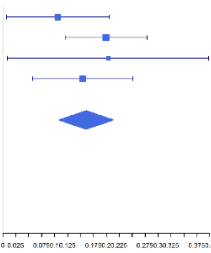
1:166023209
rs4573493

Cohort name	beta	95% CI
ICBP	-0.156	(-0.247 to -0.065)
UKBio	-0.175	(-0.246 to -0.103)
BioVu	-0.2	(-0.374 to -0.025)
MVP	-0.057	(-0.144 to 0.03)
Fixed effects meta	-0.138	(-0.186 to -0.09)
Meta p-value		1.415E-8
I2 Heterogeneity		34.7
Q statistic p-value		0.2038
Number of samples		1007630



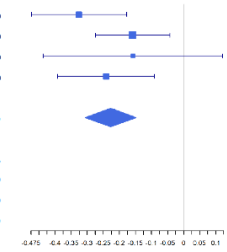
1:193271526
rs817140

Cohort name	beta	95% CI
ICBP	0.106	(0.007 to 0.206)
UKBio	0.199	(0.12 to 0.279)
BioVu	0.204	(0.009 to 0.398)
MVP	0.154	(0.058 to 0.251)
Fixed effects meta	0.161	(0.108 to 0.214)
Meta p-value		2.523E-9
I2 Heterogeneity		0
Q statistic p-value		0.5583
Number of samples		1009750



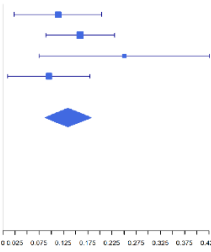
2:12994692
rs6723772

Cohort name	beta	95% CI
ICBP	-0.326	(-0.474 to -0.177)
UKBio	-0.159	(-0.274 to -0.043)
BioVu	-0.158	(-0.437 to 0.121)
MVP	-0.241	(-0.392 to -0.091)
Fixed effects meta	-0.227	(-0.306 to -0.148)
Meta p-value		1.552E-8
I2 Heterogeneity		1.9
Q statistic p-value		0.3829
Number of samples		1009750



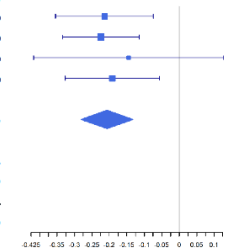
2:32620888
rs10172510

Cohort name	beta	95% CI
ICBP	0.114	(0.023 to 0.204)
UKBio	0.159	(0.088 to 0.231)
BioVu	0.251	(0.075 to 0.427)
MVP	0.095	(0.01 to 0.179)
Fixed effects meta	0.134	(0.087 to 0.182)
Meta p-value		2.849E-8
I2 Heterogeneity		0.6
Q statistic p-value		0.3889
Number of samples		1009760



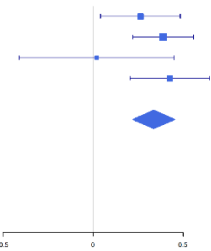
2:39061959
rs56350535

Cohort name	beta	95% CI
ICBP	-0.214	(-0.355 to -0.074)
UKBio	-0.225	(-0.335 to -0.115)
BioVu	-0.145	(-0.418 to 0.128)
MVP	-0.192	(-0.327 to -0.056)
Fixed effects meta	-0.207	(-0.281 to -0.133)
Meta p-value		3.847E-8
I2 Heterogeneity		0
Q statistic p-value		0.9534
Number of samples		1009760



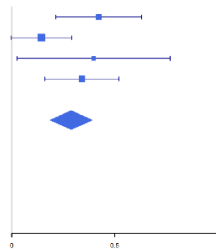
2:54738168
rs75243511

Cohort name	beta	95% CI
ICBP	0.264	(0.041 to 0.486)
UKBio	0.39	(0.22 to 0.559)
BioVu	0.021	(-0.409 to 0.451)
MVP	0.427	(0.205 to 0.649)
Fixed effects meta	0.338	(0.221 to 0.455)
Meta p-value		1.417E-8
I2 Heterogeneity		10.1
Q statistic p-value		0.3426
Number of samples		1009760



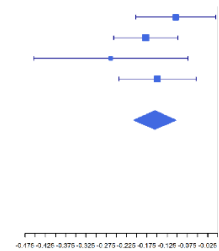
13:40671137
rs190533662

Cohort name	beta	95% CI
ICBP	0.422	(0.214 to 0.63)
UKBio	0.143	(-0.005 to 0.291)
BioVu	0.397	(0.026 to 0.768)
MVP	0.34	(0.16 to 0.519)
Fixed effects meta	0.288	(0.186 to 0.389)
Meta p-value		2.754E-8
I2 Heterogeneity		43
Q statistic p-value		0.1538
Number of samples		1010960



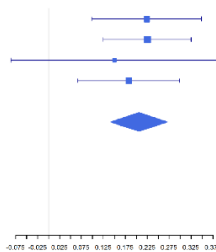
13:54264395
rs9596839

Cohort name	beta	95% CI
ICBP	-0.104	(-0.203 to -0.005)
UKBio	-0.178	(-0.257 to -0.099)
BioVu	-0.264	(-0.454 to -0.074)
MVP	-0.149	(-0.244 to -0.054)
Fixed effects meta	-0.155	(-0.208 to -0.103)
Meta p-value		5.865E-9
I2 Heterogeneity		0
Q statistic p-value		0.4706
Number of samples		1009140



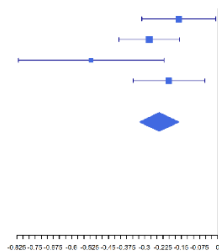
14:71352648
rs36563

Cohort name	beta	95% CI
ICBP	0.224	(0.098 to 0.349)
UKBio	0.225	(0.125 to 0.325)
BioVu	0.15	(-0.086 to 0.386)
MVP	0.183	(0.067 to 0.298)
Fixed effects meta	0.206	(0.141 to 0.271)
Meta p-value		6.213E-10
I2 Heterogeneity		0
Q statistic p-value		0.908
Number of samples		1017410



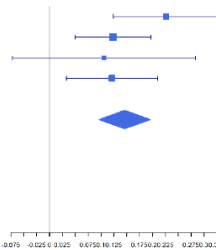
14:88825415
rs7160184

Cohort name	beta	95% CI
ICBP	-0.16	(-0.312 to -0.009)
UKBio	-0.282	(-0.407 to -0.158)
BioVu	-0.52	(-0.819 to -0.221)
MVP	-0.202	(-0.349 to -0.054)
Fixed effects meta	-0.241	(-0.322 to -0.16)
Meta p-value		6.221E-9
I2 Heterogeneity		39.5
Q statistic p-value		0.1749
Number of samples		1017400



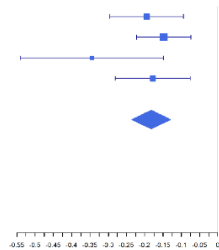
17:81036344
rs9675039

Cohort name	beta	95% CI
ICBP	0.226	(0.124 to 0.327)
UKBio	0.123	(0.049 to 0.197)
BioVu	0.106	(-0.072 to 0.284)
MVP	0.121	(0.033 to 0.21)
Fixed effects meta	0.146	(0.096 to 0.196)
Meta p-value		1.067E-8
I2 Heterogeneity		4.1
Q statistic p-value		0.3721
Number of samples		985779



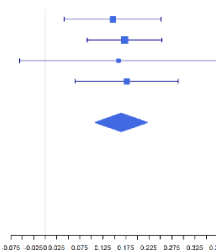
18:7131618
rs880132

Cohort name	beta	95% CI
ICBP	-0.195	(-0.297 to -0.094)
UKBio	-0.148	(-0.222 to -0.074)
BioVu	-0.345	(-0.54 to -0.149)
MVP	-0.178	(-0.281 to -0.076)
Fixed effects meta	-0.182	(-0.235 to -0.13)
Meta p-value		1.036E-11
I2 Heterogeneity		9.2
Q statistic p-value		0.3469
Number of samples		1016400



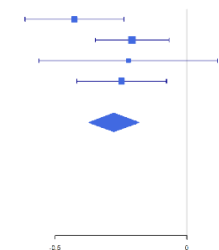
18:44040660
rs17766830

Cohort name	beta	95% CI
ICBP	0.147	(0.041 to 0.252)
UKBio	0.172	(0.091 to 0.253)
BioVu	0.159	(-0.056 to 0.374)
MVP	0.177	(0.065 to 0.289)
Fixed effects meta	0.165	(0.108 to 0.222)
Meta p-value		1.158E-8
I2 Heterogeneity		0
Q statistic p-value		0.9804
Number of samples		1016400



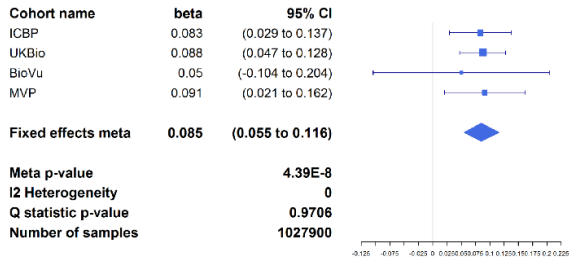
18:46461487
rs72917789

Cohort name	beta	95% CI
ICBP	-0.427	(-0.615 to -0.24)
UKBio	-0.208	(-0.349 to -0.067)
BioVu	-0.222	(-0.561 to 0.118)
MVP	-0.248	(-0.419 to -0.077)
Fixed effects meta	-0.277	(-0.372 to -0.182)
Meta p-value		1.141E-8
I2 Heterogeneity		12.6
Q statistic p-value		0.3294
Number of samples		1002320

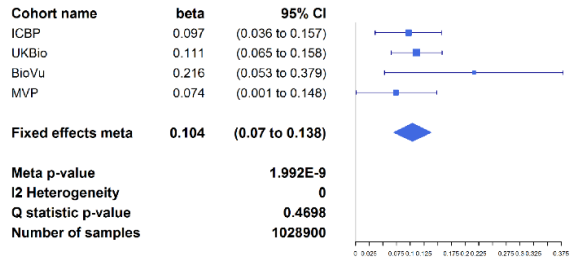


b

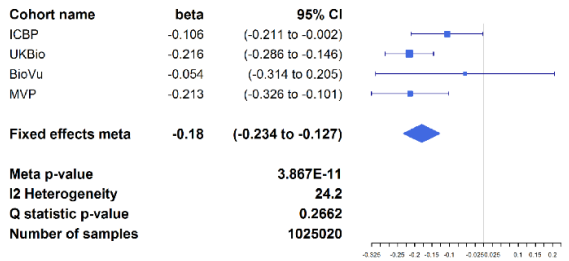
**11:108350451
rs11212666**



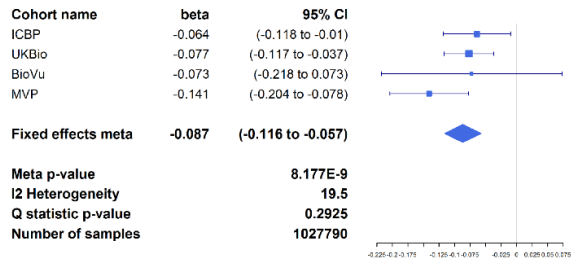
**11:124619407
rs11604175**



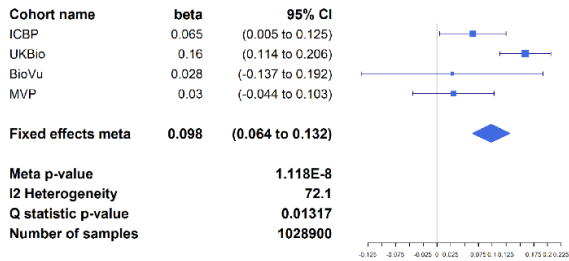
**11:128769876
rs3765618**



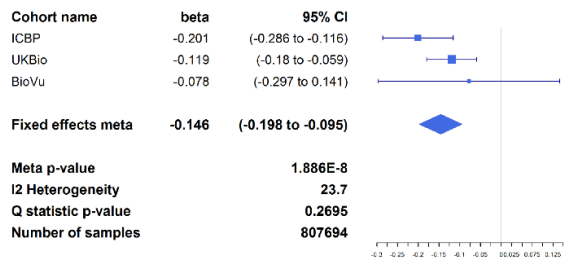
**12:52418075
rs1732235**



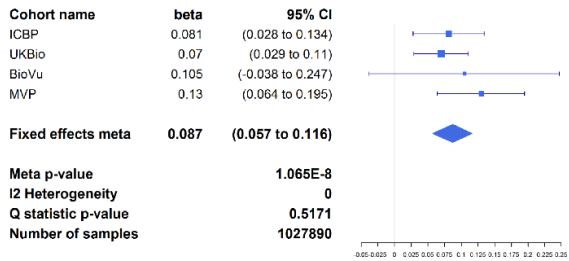
**13:38249726
rs56312513**



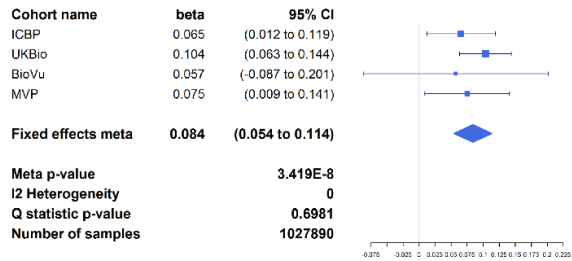
**14:21841154
rs7350752**



**14:59900020
rs2774052**

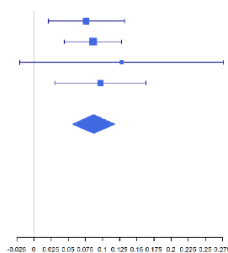


**14:71874638
rs2041330**



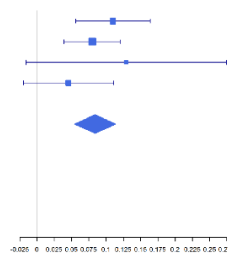
6:10034452
rs9477605

Cohort name	beta	95% CI
ICBP	0.076	(0.021 to 0.132)
UKBio	0.086	(0.044 to 0.128)
BioVu	0.128	(-0.021 to 0.277)
MVP	0.097	(0.03 to 0.163)
Fixed effects meta	0.087	(0.056 to 0.118)
Meta p-value		3.219E-8
I2 Heterogeneity		0
Q statistic p-value		0.9171
Number of samples		1027790



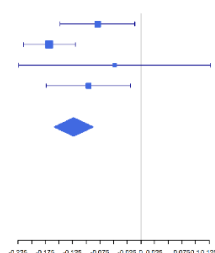
6:17477425
rs9370995

Cohort name	beta	95% CI
ICBP	0.11	(0.056 to 0.164)
UKBio	0.08	(0.039 to 0.12)
BioVu	0.129	(-0.016 to 0.274)
MVP	0.045	(-0.02 to 0.111)
Fixed effects meta	0.084	(0.054 to 0.114)
Meta p-value		3.312E-8
I2 Heterogeneity		0
Q statistic p-value		0.4601
Number of samples		1028900



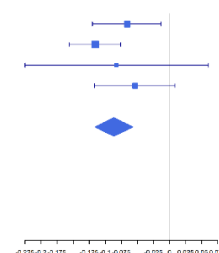
6:100629078
rs57989773

Cohort name	beta	95% CI
ICBP	-0.079	(-0.148 to -0.011)
UKBio	-0.168	(-0.215 to -0.12)
BioVu	-0.048	(-0.224 to 0.128)
MVP	-0.096	(-0.173 to -0.019)
Fixed effects meta	-0.123	(-0.159 to -0.087)
Meta p-value		2.494E-11
I2 Heterogeneity		45.1
Q statistic p-value		0.1406
Number of samples		1026780



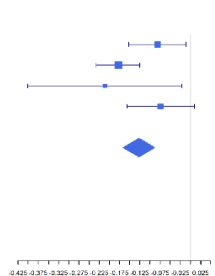
6:109625797
rs1546722

Cohort name	beta	95% CI
ICBP	-0.066	(-0.12 to -0.013)
UKBio	-0.116	(-0.156 to -0.076)
BioVu	-0.083	(-0.225 to 0.06)
MVP	-0.054	(-0.117 to 0.008)
Fixed effects meta	-0.087	(-0.116 to -0.057)
Meta p-value		7.461E-9
I2 Heterogeneity		8.7
Q statistic p-value		0.3497
Number of samples		1028900



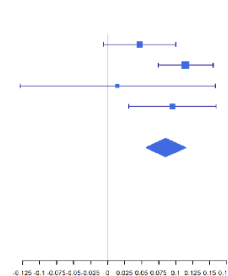
8:49391836
rs10087280

Cohort name	beta	95% CI
ICBP	-0.081	(-0.152 to -0.011)
UKBio	-0.178	(-0.232 to -0.125)
BioVu	-0.211	(-0.401 to -0.022)
MVP	-0.074	(-0.157 to 0.01)
Fixed effects meta	-0.127	(-0.166 to -0.088)
Meta p-value		1.859E-10
I2 Heterogeneity		55.8
Q statistic p-value		0.07922
Number of samples		1028900



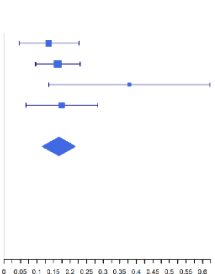
8:134229535
rs6982341

Cohort name	beta	95% CI
ICBP	0.047	(-0.006 to 0.1)
UKBio	0.114	(0.074 to 0.155)
BioVu	0.014	(-0.129 to 0.158)
MVP	0.095	(0.031 to 0.159)
Fixed effects meta	0.085	(0.056 to 0.115)
Meta p-value		1.741E-8
I2 Heterogeneity		35
Q statistic p-value		0.2025
Number of samples		1028900



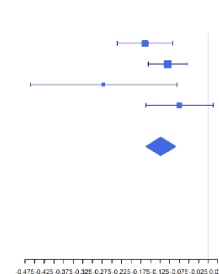
9:129643296
rs10819246

Cohort name	beta	95% CI
ICBP	0.136	(0.046 to 0.227)
UKBio	0.163	(0.096 to 0.23)
BioVu	0.379	(0.135 to 0.622)
MVP	0.175	(0.067 to 0.284)
Fixed effects meta	0.166	(0.116 to 0.216)
Meta p-value		5.909E-11
I2 Heterogeneity		10.4
Q statistic p-value		0.3409
Number of samples		1020640



11:96151677
rs6190958

Cohort name	beta	95% CI
ICBP	-0.164	(-0.236 to -0.092)
UKBio	-0.105	(-0.156 to -0.053)
BioVu	-0.272	(-0.462 to -0.082)
MVP	-0.075	(-0.162 to 0.013)
Fixed effects meta	-0.123	(-0.162 to -0.084)
Meta p-value		6.114E-10
I2 Heterogeneity		41.1
Q statistic p-value		0.1654
Number of samples		1027890

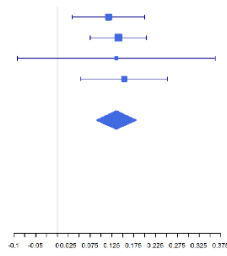


3:136692308
rs73231988

Cohort name	beta	95% CI
ICBP	0.117	(0.034 to 0.2)
UKBio	0.14	(0.075 to 0.204)
BioVu	0.135	(-0.092 to 0.362)
MVP	0.153	(0.054 to 0.252)

Fixed effects meta **0.135** (0.089 to 0.182)

Meta p-value **1.448E-8**
I2 Heterogeneity **0**
Q statistic p-value **0.9556**
Number of samples **1028900**

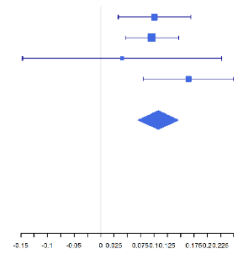


4:72002332
rs6822301

Cohort name	beta	95% CI
ICBP	0.101	(0.033 to 0.169)
UKBio	0.096	(0.046 to 0.146)
BioVu	0.04	(-0.147 to 0.227)
MVP	0.165	(0.08 to 0.25)

Fixed effects meta **0.108** (0.07 to 0.146)

Meta p-value **1.728E-8**
I2 Heterogeneity **0**
Q statistic p-value **0.4933**
Number of samples **1027890**

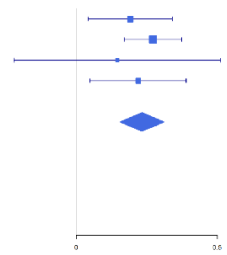


4:152163489
rs7671332

Cohort name	beta	95% CI
ICBP	0.191	(0.042 to 0.34)
UKBio	0.271	(0.17 to 0.373)
BioVu	0.145	(-0.221 to 0.512)
MVP	0.219	(0.048 to 0.389)

Fixed effects meta **0.233** (0.155 to 0.311)

Meta p-value **4.265E-9**
I2 Heterogeneity **0**
Q statistic p-value **0.8033**
Number of samples **1027790**

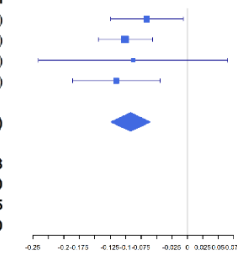


4:187818466
rs9685837

Cohort name	beta	95% CI
ICBP	-0.066	(-0.124 to -0.007)
UKBio	-0.101	(-0.144 to -0.057)
BioVu	-0.088	(-0.241 to 0.065)
MVP	-0.115	(-0.186 to -0.044)

Fixed effects meta **-0.092** (-0.124 to -0.06)

Meta p-value **1.983E-8**
I2 Heterogeneity **0**
Q statistic p-value **0.7305**
Number of samples **1025880**

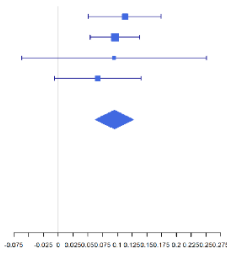


5:38616887
rs172906

Cohort name	beta	95% CI
ICBP	0.113	(0.051 to 0.174)
UKBio	0.096	(0.054 to 0.138)
BioVu	0.094	(-0.062 to 0.251)
MVP	0.067	(-0.006 to 0.14)

Fixed effects meta **0.095** (0.063 to 0.127)

Meta p-value **7.125E-9**
I2 Heterogeneity **0**
Q statistic p-value **0.8365**
Number of samples **1027900**

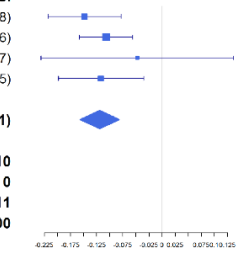


5:42515027
rs62370646

Cohort name	beta	95% CI
ICBP	-0.148	(-0.218 to -0.078)
UKBio	-0.107	(-0.158 to -0.056)
BioVu	-0.047	(-0.231 to 0.137)
MVP	-0.117	(-0.198 to -0.035)

Fixed effects meta **-0.119** (-0.157 to -0.081)

Meta p-value **7.973E-10**
I2 Heterogeneity **0**
Q statistic p-value **0.7011**
Number of samples **1027900**

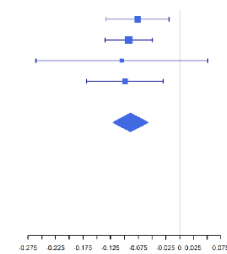


5:58352210
rs10061553

Cohort name	beta	95% CI
ICBP	-0.076	(-0.133 to -0.019)
UKBio	-0.092	(-0.135 to -0.049)
BioVu	-0.105	(-0.261 to 0.051)
MVP	-0.099	(-0.169 to -0.029)

Fixed effects meta **-0.089** (-0.121 to -0.057)

Meta p-value **4.596E-8**
I2 Heterogeneity **0**
Q statistic p-value **0.9528**
Number of samples **1027890**

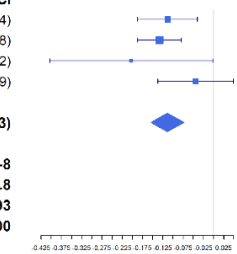


5:76884661
rs34237622

Cohort name	beta	95% CI
ICBP	-0.113	(-0.187 to -0.04)
UKBio	-0.133	(-0.187 to -0.08)
BioVu	-0.203	(-0.403 to -0.002)
MVP	-0.044	(-0.137 to 0.049)

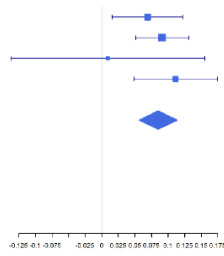
Fixed effects meta **-0.114** (-0.154 to -0.073)

Meta p-value **3.719E-8**
I2 Heterogeneity **8.8**
Q statistic p-value **0.3493**
Number of samples **1027900**



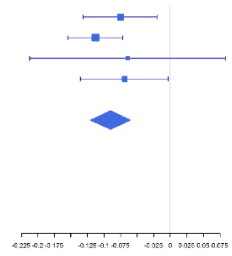
1:21155195
rs2320590

Cohort name	beta	95% CI
ICBP	0.069	(0.016 to 0.122)
UKBio	0.091	(0.051 to 0.131)
BioVu	0.009	(-0.137 to 0.155)
MVP	0.111	(0.048 to 0.174)
Fixed effects meta	0.085	(0.056 to 0.114)
Meta p-value	1.384E-8	
I2 Heterogeneity	0	
Q statistic p-value	0.5587	
Number of samples	1027880	



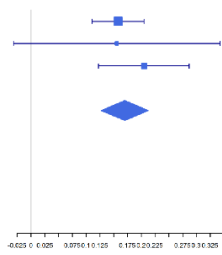
1:68143195
rs10889711

Cohort name	beta	95% CI
ICBP	-0.075	(-0.131 to -0.02)
UKBio	-0.113	(-0.155 to -0.072)
BioVu	-0.064	(-0.212 to 0.084)
MVP	-0.069	(-0.136 to -0.003)
Fixed effects meta	-0.09	(-0.121 to -0.06)
Meta p-value	6.566E-9	
I2 Heterogeneity	0	
Q statistic p-value	0.6282	
Number of samples	1019060	



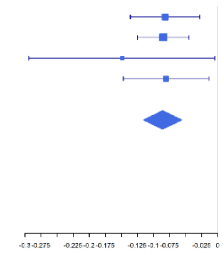
1:110229787
rs36209093

Cohort name	beta	95% CI
UKBio	0.158	(0.111 to 0.205)
BioVu	0.155	(-0.032 to 0.343)
MVP	0.205	(0.122 to 0.287)
Fixed effects meta	0.17	(0.127 to 0.213)
Meta p-value	9.938E-15	
I2 Heterogeneity	0	
Q statistic p-value	0.6396	
Number of samples	729874	



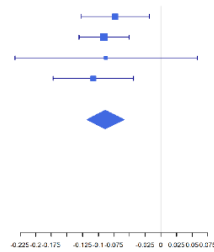
1:112261533
rs565522

Cohort name	beta	95% CI
ICBP	-0.082	(-0.136 to -0.028)
UKBio	-0.085	(-0.125 to -0.045)
BioVu	-0.149	(-0.294 to -0.005)
MVP	-0.081	(-0.147 to -0.014)
Fixed effects meta	-0.086	(-0.116 to -0.056)
Meta p-value	1.739E-8	
I2 Heterogeneity	0	
Q statistic p-value	0.8574	
Number of samples	1020640	



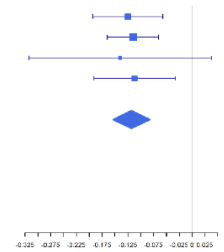
1:118223275
rs6669446

Cohort name	beta	95% CI
ICBP	-0.073	(-0.127 to -0.019)
UKBio	-0.091	(-0.131 to -0.051)
BioVu	-0.088	(-0.233 to 0.058)
MVP	-0.108	(-0.172 to -0.044)
Fixed effects meta	-0.089	(-0.118 to -0.059)
Meta p-value	4.288E-9	
I2 Heterogeneity	0	
Q statistic p-value	0.8761	
Number of samples	1028900	



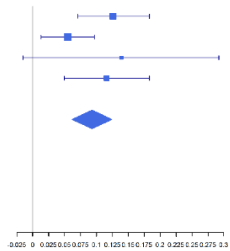
2:9803203
rs57503539

Cohort name	beta	95% CI
ICBP	-0.125	(-0.193 to -0.057)
UKBio	-0.115	(-0.165 to -0.065)
BioVu	-0.14	(-0.317 to 0.038)
MVP	-0.112	(-0.191 to -0.032)
Fixed effects meta	-0.118	(-0.155 to -0.081)
Meta p-value	3.421E-10	
I2 Heterogeneity	0	
Q statistic p-value	0.9879	
Number of samples	1026780	



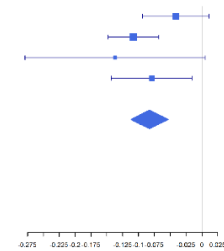
3:25424929
rs2306623

Cohort name	beta	95% CI
ICBP	0.126	(0.07 to 0.183)
UKBio	0.055	(0.013 to 0.097)
BioVu	0.139	(-0.015 to 0.292)
MVP	0.116	(0.049 to 0.183)
Fixed effects meta	0.093	(0.062 to 0.124)
Meta p-value	5.22E-9	
I2 Heterogeneity	35.1	
Q statistic p-value	0.2017	
Number of samples	1027780	



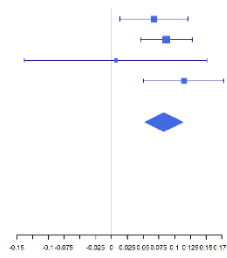
3:117492152
rs6805393

Cohort name	beta	95% CI
ICBP	-0.041	(-0.094 to 0.011)
UKBio	-0.108	(-0.148 to -0.068)
BioVu	-0.137	(-0.279 to 0.005)
MVP	-0.079	(-0.143 to -0.016)
Fixed effects meta	-0.083	(-0.112 to -0.053)
Meta p-value	3.274E-8	
I2 Heterogeneity	27.9	
Q statistic p-value	0.2444	
Number of samples	1028900	



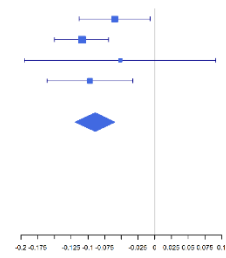
14:84911548
rs12883344

Cohort name	beta	95% CI
ICBP	0.067	(0.013 to 0.121)
UKBio	0.087	(0.046 to 0.128)
BioVu	0.007	(-0.138 to 0.151)
MVP	0.115	(0.051 to 0.178)
Fixed effects meta	0.083	(0.053 to 0.113)
Meta p-value	4.944E-8	
I2 Heterogeneity	0	
Q statistic p-value	0.5073	
Number of samples	1028900	



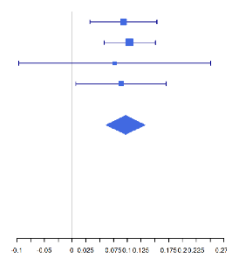
15:51559845
rs28490942

Cohort name	beta	95% CI
ICBP	-0.06	(-0.113 to -0.007)
UKBio	-0.109	(-0.15 to -0.069)
BioVu	-0.052	(-0.195 to 0.091)
MVP	-0.097	(-0.161 to -0.033)
Fixed effects meta	-0.089	(-0.119 to -0.06)
Meta p-value	3.248E-9	
I2 Heterogeneity	0	
Q statistic p-value	0.5244	
Number of samples	1028900	



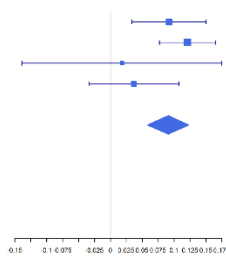
15:72429989
rs2034879

Cohort name	beta	95% CI
ICBP	0.093	(0.032 to 0.154)
UKBio	0.104	(0.058 to 0.151)
BioVu	0.077	(-0.097 to 0.251)
MVP	0.089	(0.007 to 0.171)
Fixed effects meta	0.097	(0.062 to 0.132)
Meta p-value	4.392E-8	
I2 Heterogeneity	0	
Q statistic p-value	0.9798	
Number of samples	1028900	



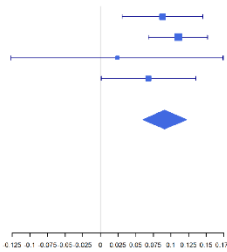
15:82186535
rs983353

Cohort name	beta	95% CI
ICBP	0.092	(0.034 to 0.15)
UKBio	0.121	(0.077 to 0.165)
BioVu	0.018	(-0.139 to 0.175)
MVP	0.037	(-0.034 to 0.108)
Fixed effects meta	0.091	(0.058 to 0.123)
Meta p-value	3.653E-8	
I2 Heterogeneity	32.6	
Q statistic p-value	0.2167	
Number of samples	1026790	



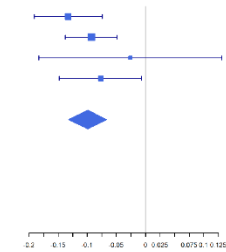
15:94214587
rs7174977

Cohort name	beta	95% CI
ICBP	0.088	(0.031 to 0.145)
UKBio	0.11	(0.068 to 0.152)
BioVu	0.024	(-0.127 to 0.174)
MVP	0.068	(0.001 to 0.135)
Fixed effects meta	0.091	(0.06 to 0.122)
Meta p-value	8.152E-9	
I2 Heterogeneity	0	
Q statistic p-value	0.5978	
Number of samples	1022910	



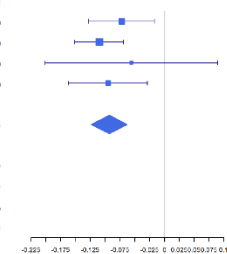
16:56859216
rs12919839

Cohort name	beta	95% CI
ICBP	-0.133	(-0.191 to -0.074)
UKBio	-0.093	(-0.138 to -0.049)
BioVu	-0.026	(-0.183 to 0.131)
MVP	-0.077	(-0.148 to -0.007)
Fixed effects meta	-0.099	(-0.132 to -0.067)
Meta p-value	2.149E-9	
I2 Heterogeneity	0	
Q statistic p-value	0.4709	
Number of samples	1028900	



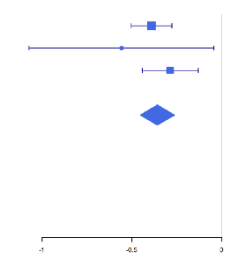
16:84082650
rs8056413

Cohort name	beta	95% CI
ICBP	-0.072	(-0.128 to -0.017)
UKBio	-0.11	(-0.152 to -0.069)
BioVu	-0.056	(-0.201 to 0.089)
MVP	-0.095	(-0.162 to -0.029)
Fixed effects meta	-0.093	(-0.124 to -0.063)
Meta p-value	1.746E-9	
I2 Heterogeneity	0	
Q statistic p-value	0.7176	
Number of samples	1027890	

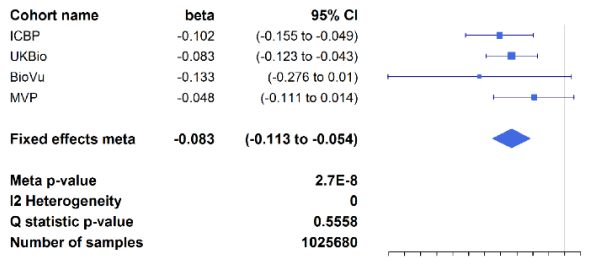


18:77161324
rs117777118

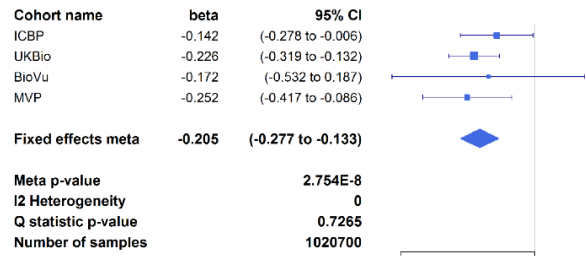
Cohort name	beta	95% CI
UKBio	-0.39	(-0.503 to -0.278)
BioVu	-0.558	(-1.072 to -0.045)
MVP	-0.287	(-0.443 to -0.13)
Fixed effects meta	-0.358	(-0.454 to -0.262)
Meta p-value	2.398E-13	
I2 Heterogeneity	0	
Q statistic p-value	0.4463	
Number of samples	729881	



19:44746657
rs2125578

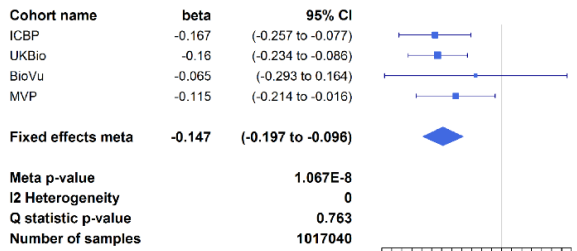


20:35169916
rs146827176

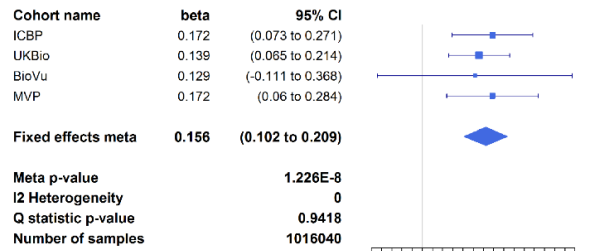


C

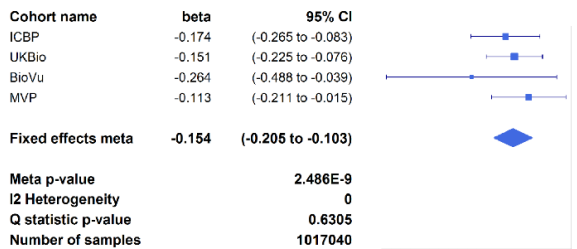
9:80751434
rs112324977



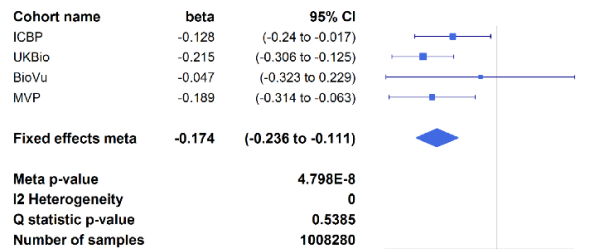
9:122890934
rs72751391



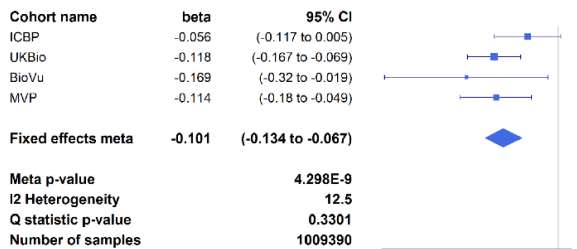
9:133711263
rs2987903



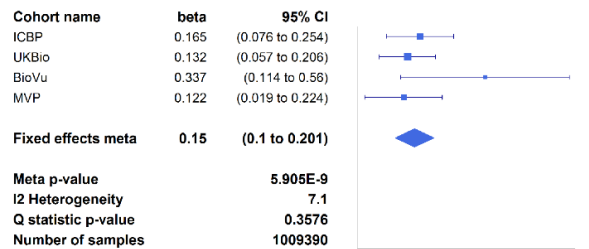
11:11793978
rs11022023



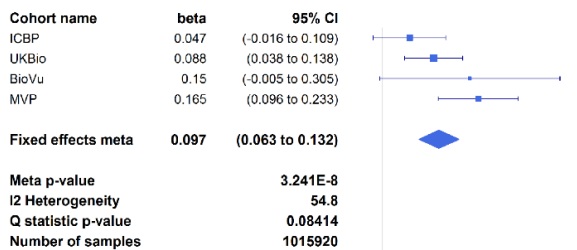
11:73783478
rs4944038



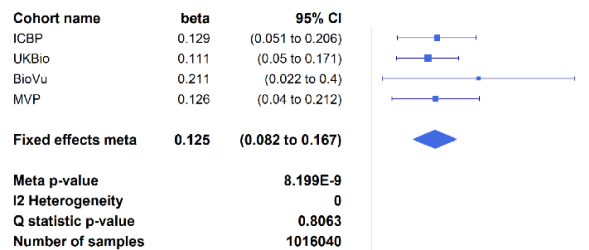
11:110657616
rs7759442



12:12045264
rs1062298



12:46385848
rs12828693

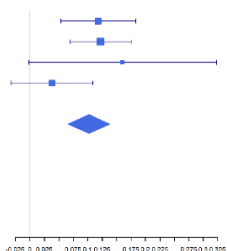


6:99548729
rs72943226

Cohort name	beta	95% CI
ICBP	0.118	(0.053 to 0.183)
UKBio	0.122	(0.069 to 0.175)
BioVu	0.16	(-0.002 to 0.323)
MVP	0.038	(-0.033 to 0.109)

Fixed effects meta **0.102** (0.066 to 0.138)

Meta p-value **3.118E-8**
I2 Heterogeneity **27.8**
Q statistic p-value **0.245**
Number of samples **1009390**

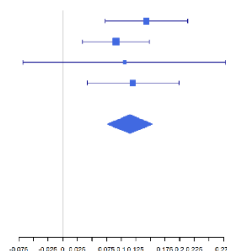


6:121258543
rs9320778

Cohort name	beta	95% CI
ICBP	0.143	(0.073 to 0.214)
UKBio	0.091	(0.034 to 0.148)
BioVu	0.106	(-0.068 to 0.279)
MVP	0.12	(0.042 to 0.199)

Fixed effects meta **0.115** (0.076 to 0.154)

Meta p-value **1.046E-8**
I2 Heterogeneity **0**
Q statistic p-value **0.7503**
Number of samples **1009380**

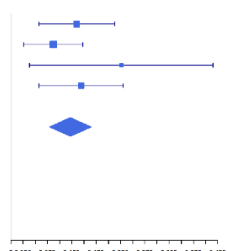


7:15421023
rs67615620

Cohort name	beta	95% CI
ICBP	0.135	(0.057 to 0.213)
UKBio	0.087	(0.026 to 0.148)
BioVu	0.227	(0.038 to 0.415)
MVP	0.144	(0.058 to 0.23)

Fixed effects meta **0.122** (0.079 to 0.165)

Meta p-value **2.321E-8**
I2 Heterogeneity **0**
Q statistic p-value **0.4625**
Number of samples **1009390**

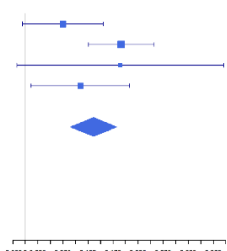


7:16117030
rs75177877

Cohort name	beta	95% CI
ICBP	0.075	(-0.006 to 0.155)
UKBio	0.191	(0.126 to 0.257)
BioVu	0.189	(-0.017 to 0.395)
MVP	0.11	(0.011 to 0.208)

Fixed effects meta **0.136** (0.09 to 0.182)

Meta p-value **7.015E-9**
I2 Heterogeneity **40.5**
Q statistic p-value **0.1687**
Number of samples **1009390**

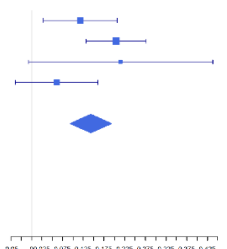


8:34164285
rs2953937

Cohort name	beta	95% CI
ICBP	0.118	(0.028 to 0.207)
UKBio	0.204	(0.132 to 0.277)
BioVu	0.215	(-0.008 to 0.438)
MVP	0.061	(-0.039 to 0.16)

Fixed effects meta **0.143** (0.093 to 0.193)

Meta p-value **1.755E-8**
I2 Heterogeneity **46**
Q statistic p-value **0.1353**
Number of samples **1009390**

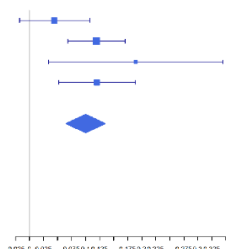


8:108319395
rs36036692

Cohort name	beta	95% CI
ICBP	0.044	(-0.018 to 0.107)
UKBio	0.119	(0.068 to 0.17)
BioVu	0.189	(0.034 to 0.345)
MVP	0.12	(0.052 to 0.189)

Fixed effects meta **0.1** (0.065 to 0.135)

Meta p-value **1.888E-8**
I2 Heterogeneity **40.9**
Q statistic p-value **0.1666**
Number of samples **1009390**

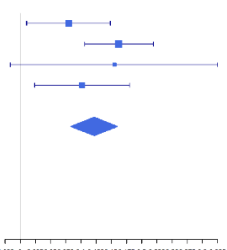


9:14535119
rs34361301

Cohort name	beta	95% CI
ICBP	0.08	(0.011 to 0.148)
UKBio	0.162	(0.106 to 0.219)
BioVu	0.155	(-0.016 to 0.325)
MVP	0.102	(0.024 to 0.18)

Fixed effects meta **0.122** (0.083 to 0.16)

Meta p-value **6.762E-10**
I2 Heterogeneity **14.1**
Q statistic p-value **0.3215**
Number of samples **1017040**

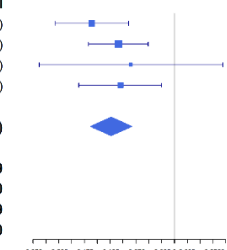


9:35191014
rs61241090

Cohort name	beta	95% CI
ICBP	-0.161	(-0.232 to -0.089)
UKBio	-0.109	(-0.167 to -0.051)
BioVu	-0.085	(-0.263 to 0.094)
MVP	-0.105	(-0.186 to -0.025)

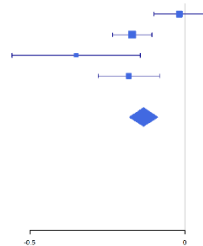
Fixed effects meta **-0.123** (-0.163 to -0.083)

Meta p-value **1.395E-9**
I2 Heterogeneity **0**
Q statistic p-value **0.6579**
Number of samples **1015830**



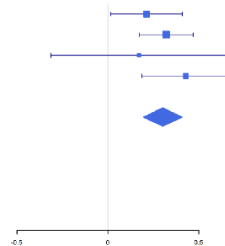
**1:40763095
rs12134085**

Cohort name	beta	95% CI
ICBP	-0.017	(-0.099 to 0.065)
UKBio	-0.17	(-0.233 to -0.106)
BioVu	-0.351	(-0.558 to -0.144)
MVP	-0.181	(-0.28 to -0.082)
Fixed effects meta	-0.133	(-0.179 to -0.087)
Meta p-value	1.054E-8	
I2 Heterogeneity	78.4	
Q statistic p-value	0.003098	
Number of samples	1008380	



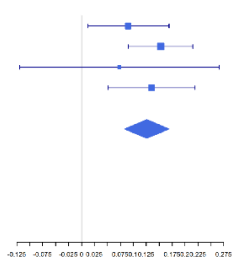
**1:72229240
rs12084868**

Cohort name	beta	95% CI
ICBP	0.213	(0.015 to 0.41)
UKBio	0.321	(0.174 to 0.469)
BioVu	0.171	(-0.313 to 0.655)
MVP	0.429	(0.187 to 0.671)
Fixed effects meta	0.302	(0.194 to 0.41)
Meta p-value	4.665E-8	
I2 Heterogeneity	0	
Q statistic p-value	0.5455	
Number of samples	1009390	



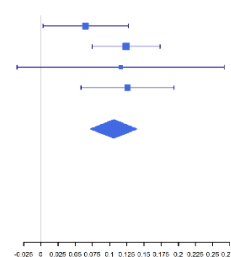
**1:115019239
rs71664847**

Cohort name	beta	95% CI
ICBP	0.09	(0.012 to 0.169)
UKBio	0.153	(0.09 to 0.215)
BioVu	0.073	(-0.119 to 0.266)
MVP	0.135	(0.051 to 0.219)
Fixed effects meta	0.126	(0.083 to 0.169)
Meta p-value	9.987E-9	
I2 Heterogeneity	0	
Q statistic p-value	0.633	
Number of samples	1009390	



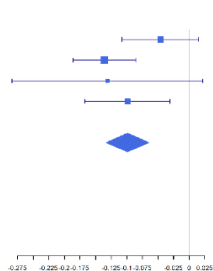
**2:209622
rs300753**

Cohort name	beta	95% CI
ICBP	0.065	(0.003 to 0.127)
UKBio	0.124	(0.075 to 0.173)
BioVu	0.116	(-0.035 to 0.267)
MVP	0.126	(0.058 to 0.194)
Fixed effects meta	0.106	(0.072 to 0.14)
Meta p-value	1.055E-9	
I2 Heterogeneity	0	
Q statistic p-value	0.4874	
Number of samples	1007270	



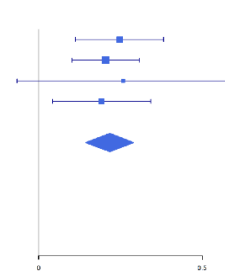
**2:196590414
rs10208493**

Cohort name	beta	95% CI
ICBP	-0.046	(-0.108 to 0.015)
UKBio	-0.136	(-0.186 to -0.086)
BioVu	-0.131	(-0.284 to 0.022)
MVP	-0.099	(-0.167 to -0.031)
Fixed effects meta	-0.099	(-0.133 to -0.065)
Meta p-value	1.364E-8	
I2 Heterogeneity	37.7	
Q statistic p-value	0.1855	
Number of samples	1009390	



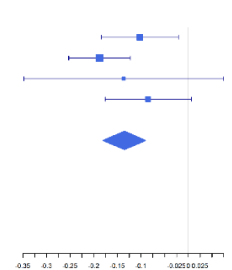
**3:69919744
rs62253186**

Cohort name	beta	95% CI
ICBP	0.247	(0.112 to 0.381)
UKBio	0.204	(0.101 to 0.308)
BioVu	0.258	(-0.067 to 0.584)
MVP	0.192	(0.042 to 0.342)
Fixed effects meta	0.217	(0.143 to 0.29)
Meta p-value	7.138E-9	
I2 Heterogeneity	0	
Q statistic p-value	0.9397	
Number of samples	1009390	



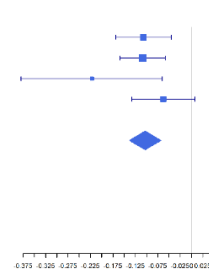
**3:187456904
rs3821817**

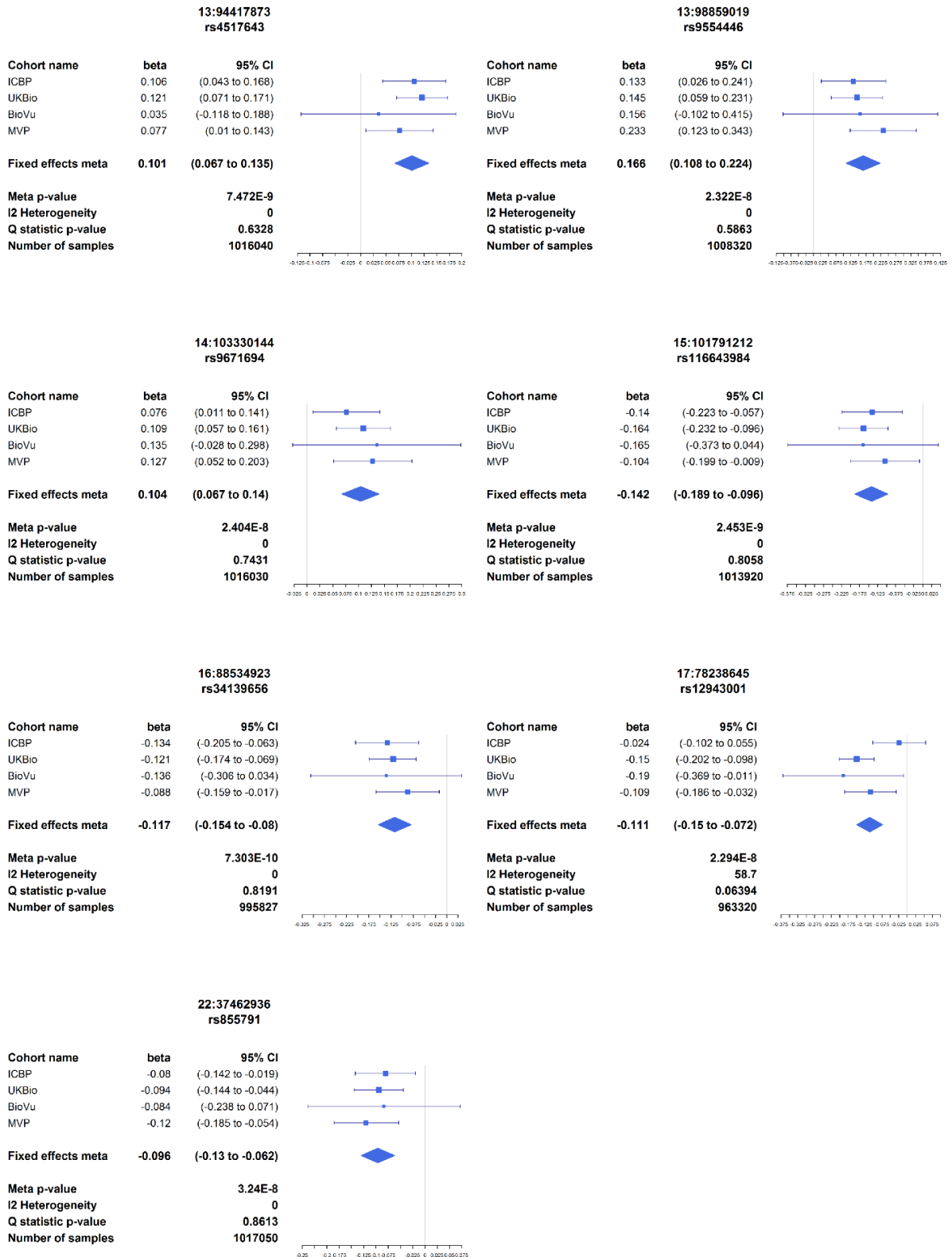
Cohort name	beta	95% CI
ICBP	-0.103	(-0.185 to -0.021)
UKBio	-0.188	(-0.253 to -0.123)
BioVu	-0.137	(-0.348 to 0.075)
MVP	-0.085	(-0.176 to 0.006)
Fixed effects meta	-0.135	(-0.181 to -0.09)
Meta p-value	4.592E-9	
I2 Heterogeneity	22.8	
Q statistic p-value	0.2741	
Number of samples	1007280	



**6:85988429
rs4053778**

Cohort name	beta	95% CI
ICBP	-0.107	(-0.169 to -0.045)
UKBio	-0.109	(-0.16 to -0.058)
BioVu	-0.222	(-0.38 to -0.065)
MVP	-0.063	(-0.133 to 0.008)
Fixed effects meta	-0.103	(-0.138 to -0.068)
Meta p-value	8.672E-9	
I2 Heterogeneity	12.1	
Q statistic p-value	0.3321	
Number of samples	1009390	

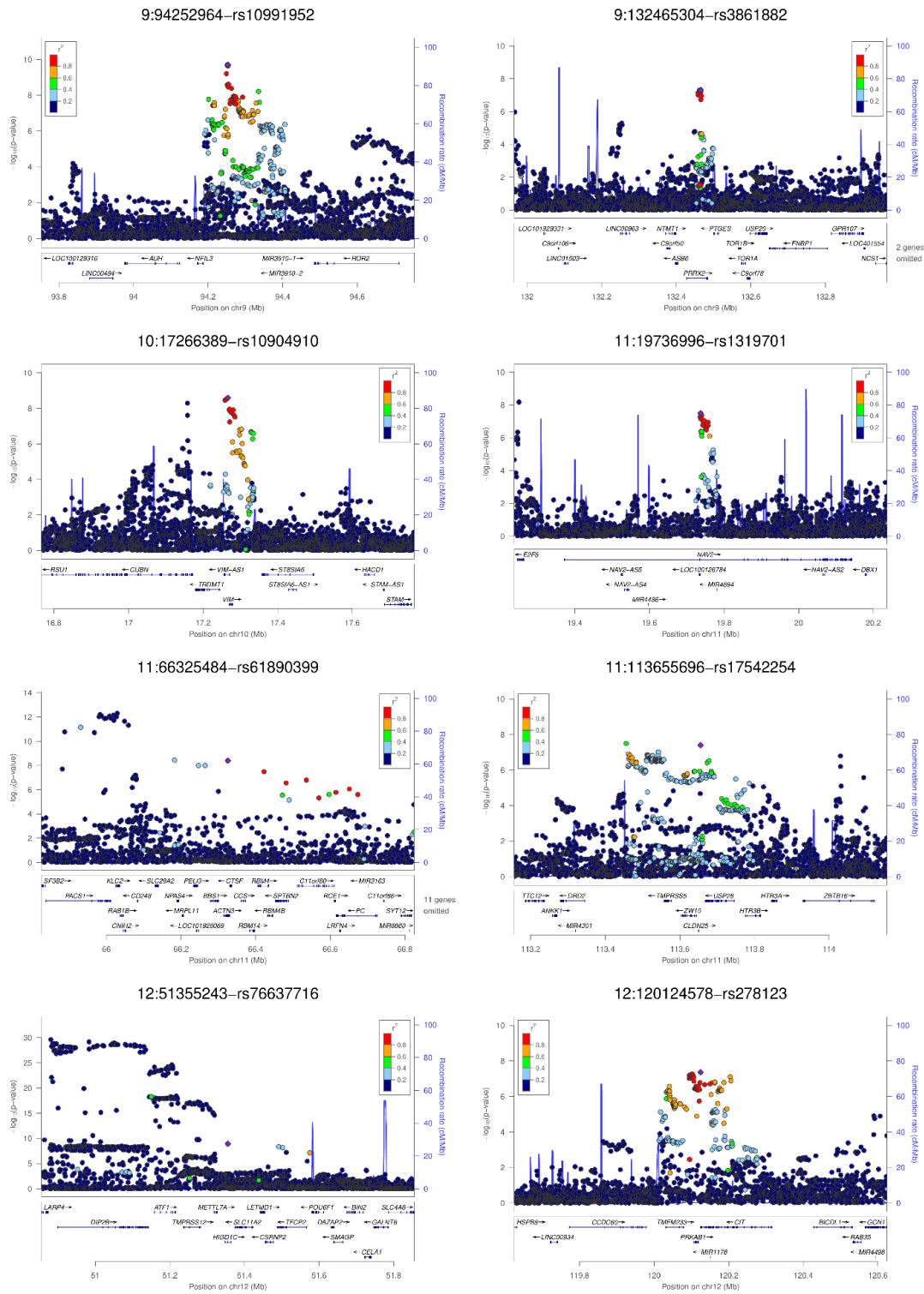




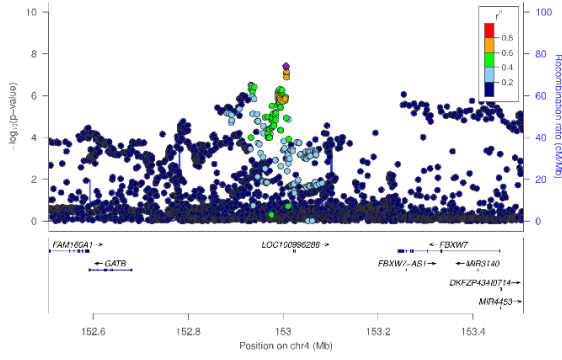
Supplementary Figure 2a-c. Forest plots for all novel loci for systolic (a), diastolic (b), and pulse pressure (c). ICBP = International Consortium of Blood Pressure meta-analysis (n=299,024); UKBio = UK Biobank (n=458,577); BioVU = Biobank Repository of the Vanderbilt University (n=50,649); MVP = Million Veterans Program (n=220,501); CI =

Confidence Interval. Meta-analysis p-values are calculated by inverse variance-weighted method, heterogeneity is calculated by I^2 statistic and Cochran's Q Test.

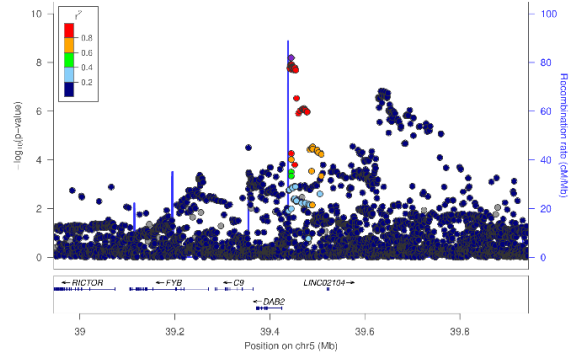
a



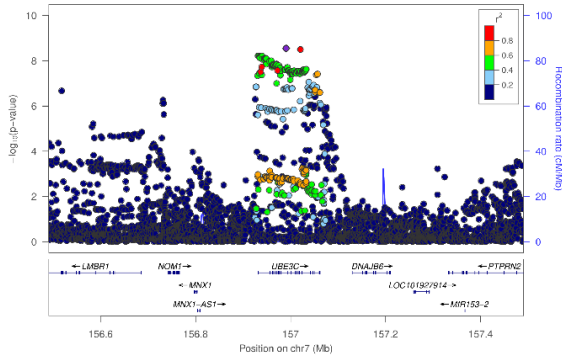
4:153006312-rs7665985



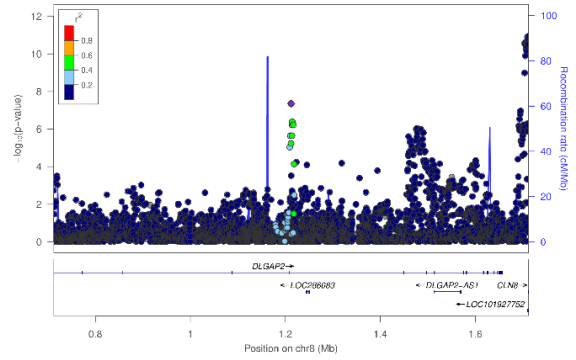
5:39444718-rs13162174



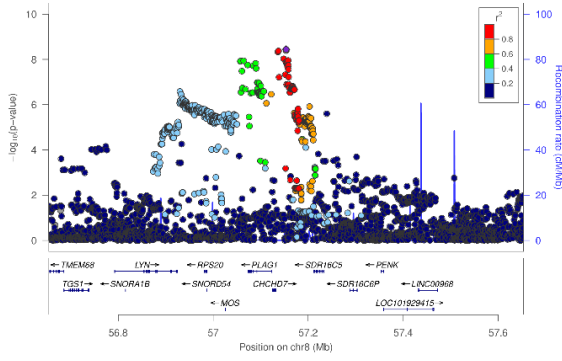
7:156990554-rs2286130



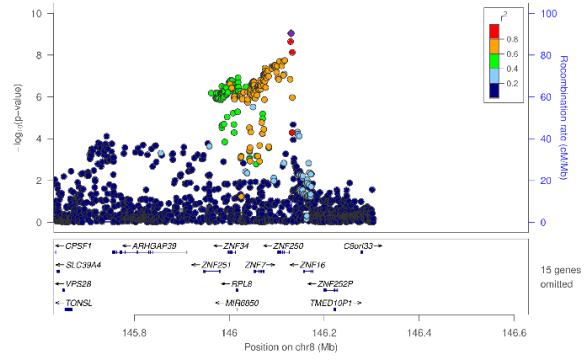
8:1212030-rs11136373



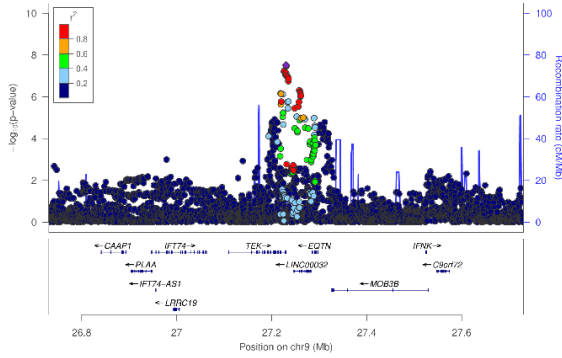
8:57153503-rs11988716



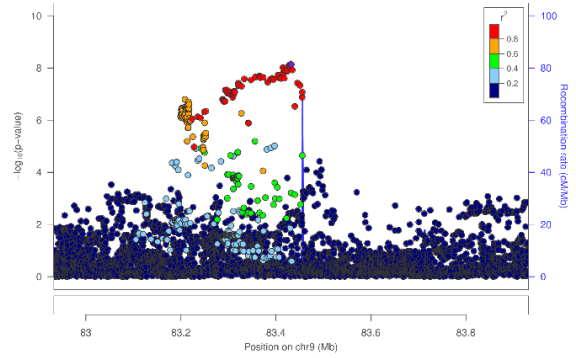
8:146130326-rs2978398



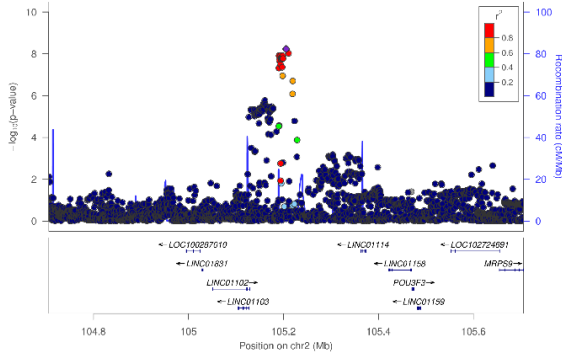
9:27230388-rs9886857



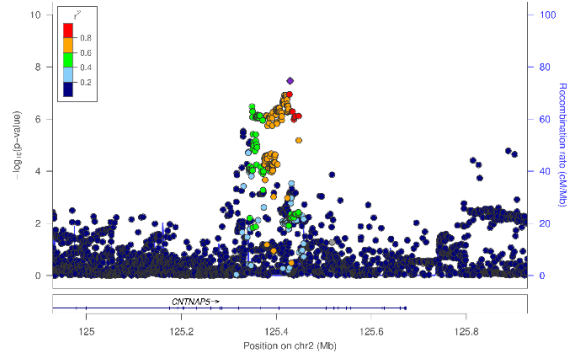
9:83432105-rs2224858



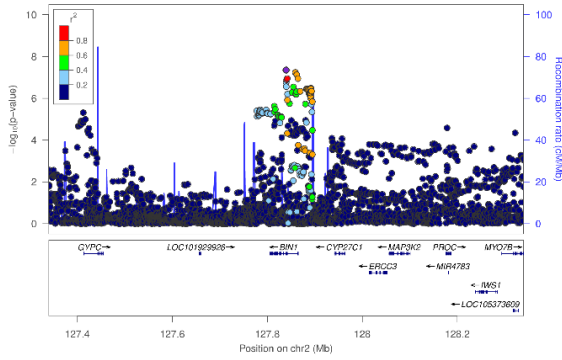
2:105205551-rs6729623



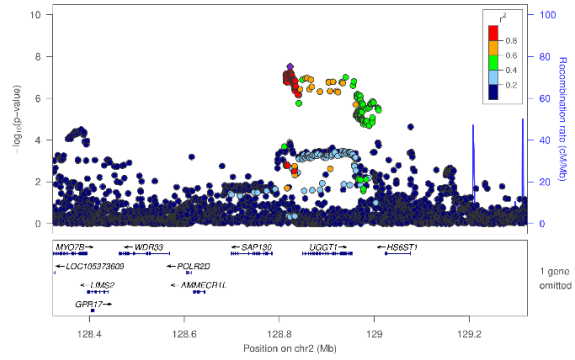
2:125429006-rs11123059



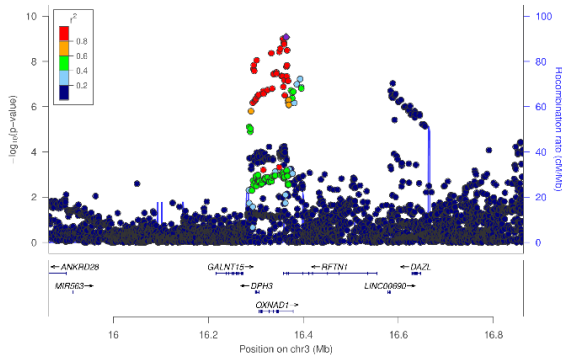
2:127839534-rs11690153



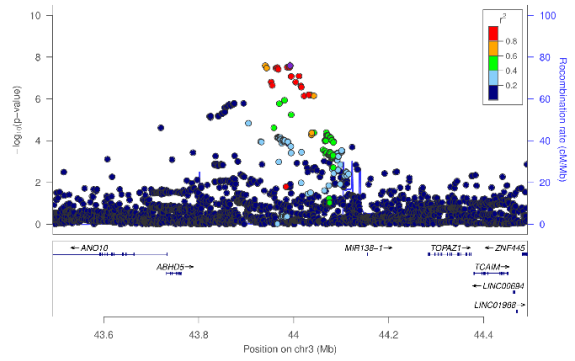
2:128822702-rs13022015



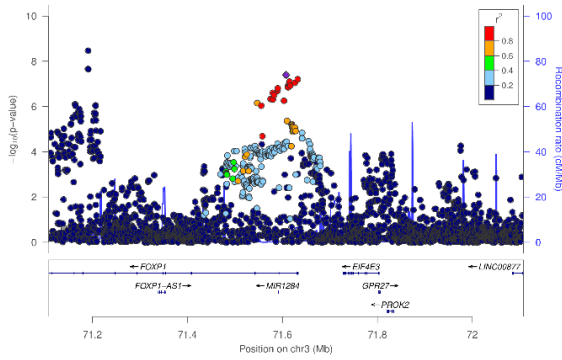
3:16363689-rs538180



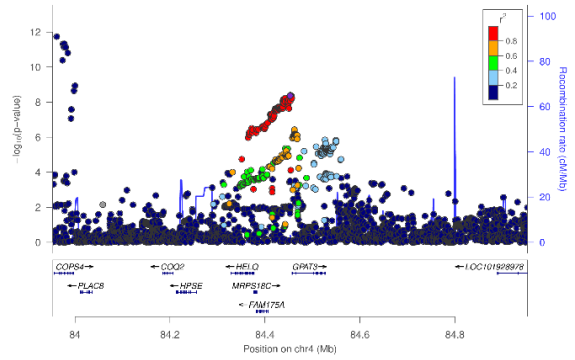
3:43992455-rs9877020



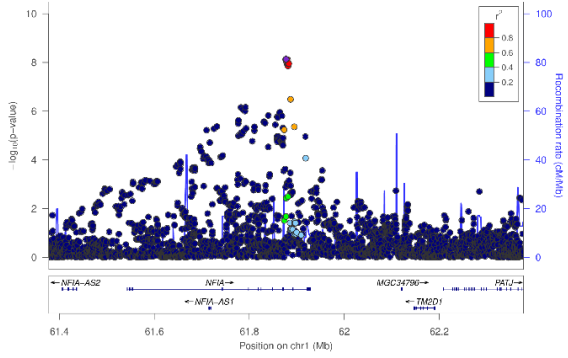
3:71607861-rs844218



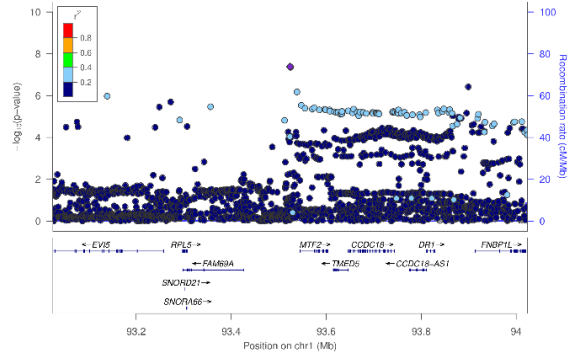
4:84452950-rs10018970



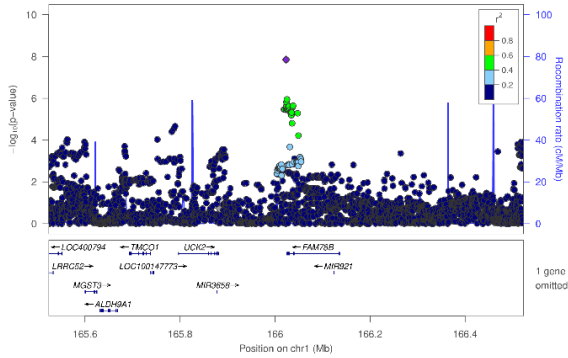
1:161877445–rs2092867



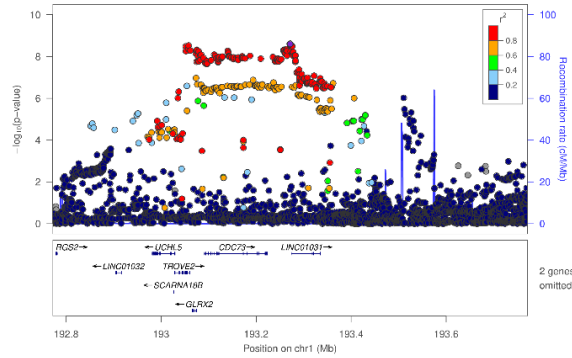
1:93524045–rs12145044



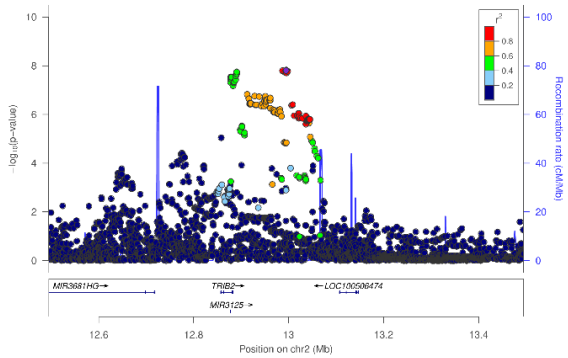
1:166023209–rs4573493



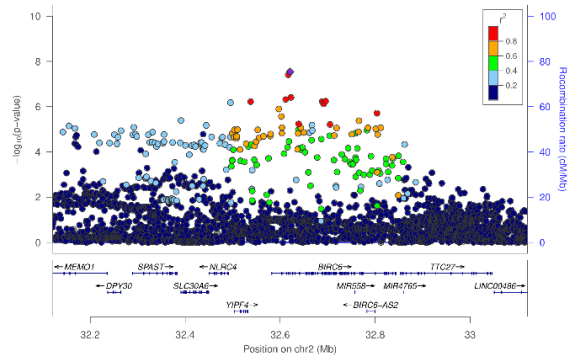
1:193271526–rs817140



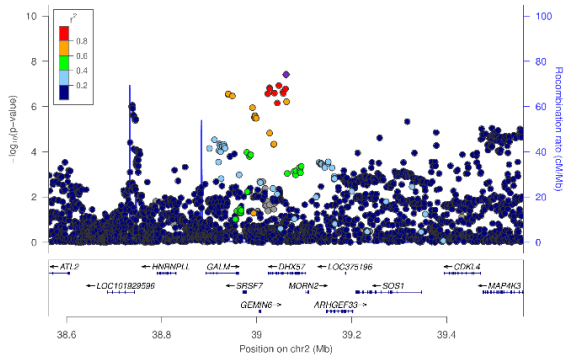
2:12994692–rs6723772



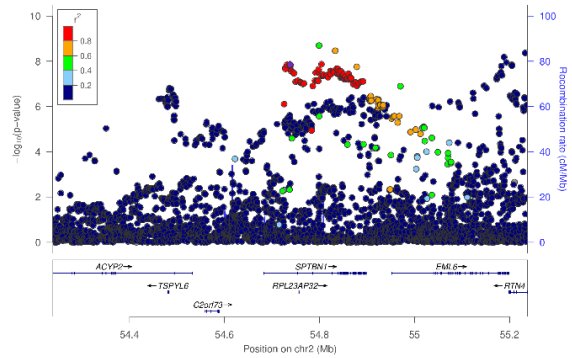
2:32620888–rs10172510



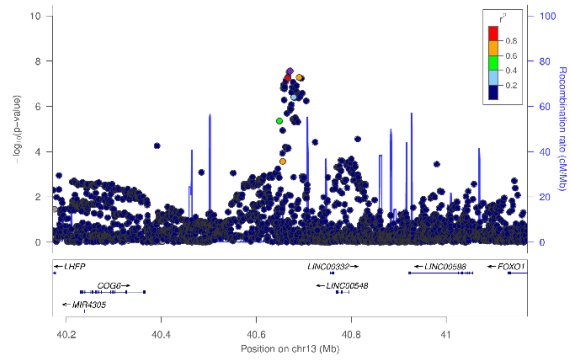
2:39061959–rs56350535



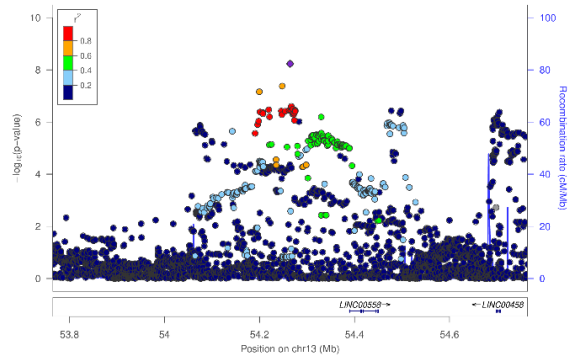
2:54738168–rs75243511



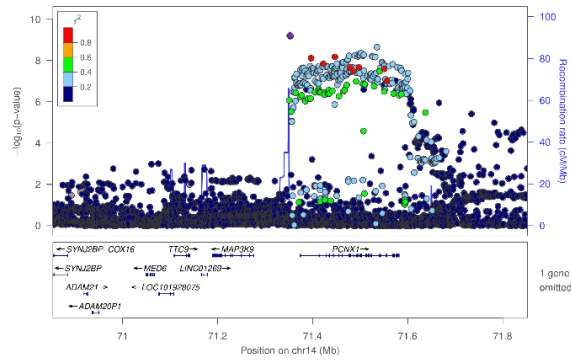
13:40671137–rs190533862



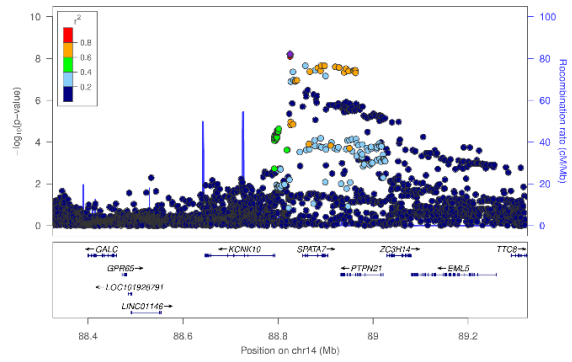
13:54264395–rs9596839



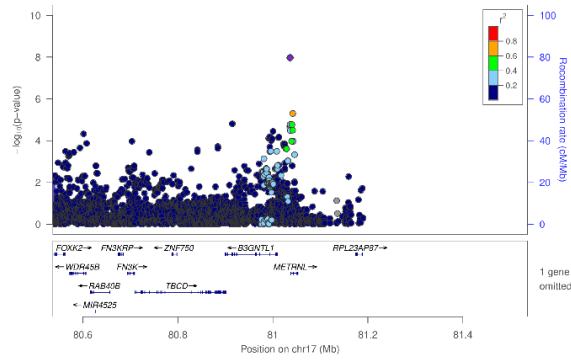
14:71352648–rs36563



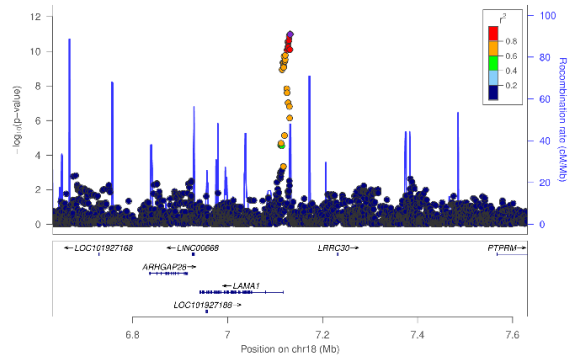
14:88825415–rs7160184



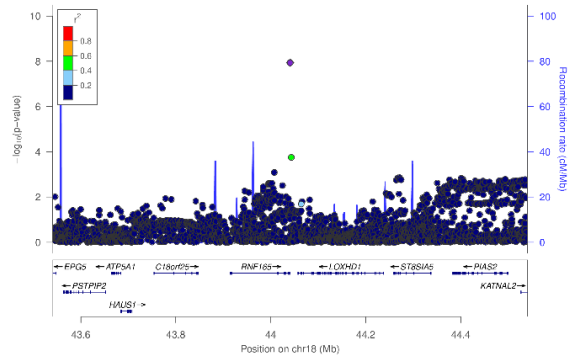
17:81036344–rs9675039



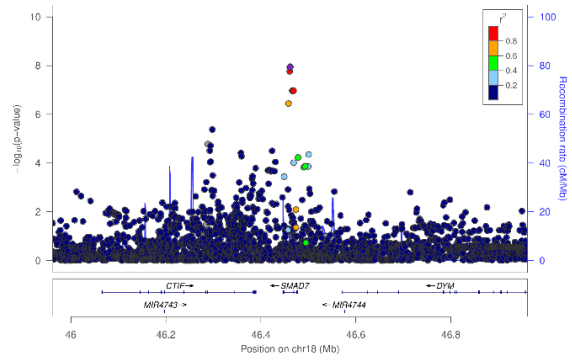
18:7131618–rs880132



18:44040660–rs17766830

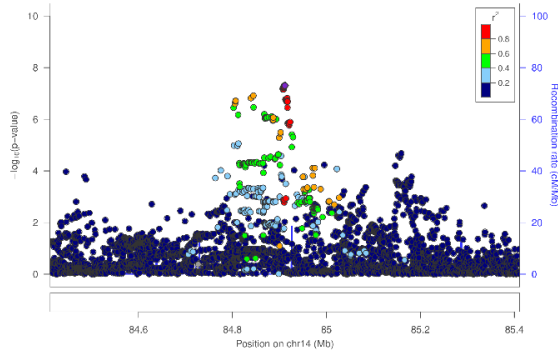


18:46461487–rs72917789

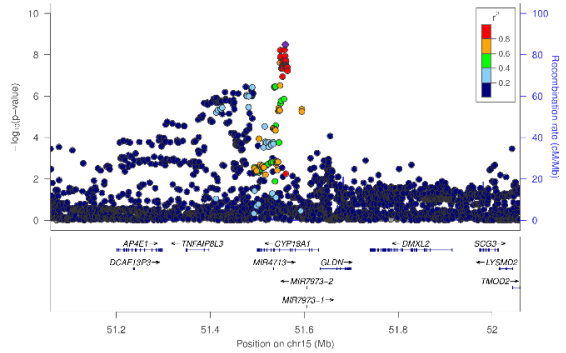


b

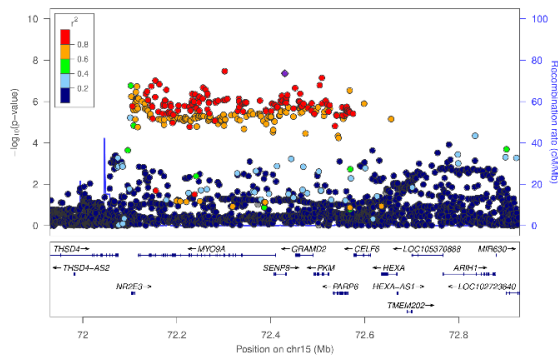
14:84911548-rs12883344



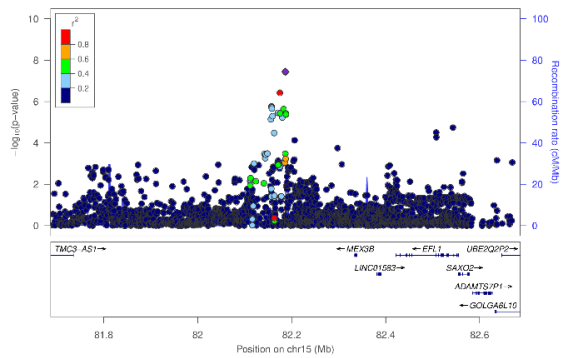
15:51559845-rs28490942



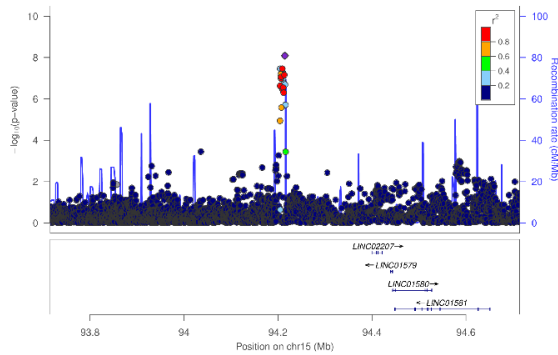
15:72429989-rs2034879



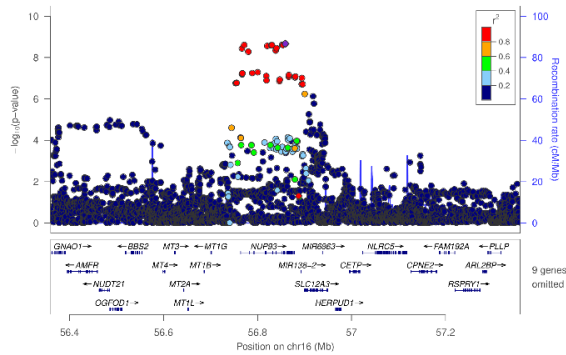
15:82186535-rs983353



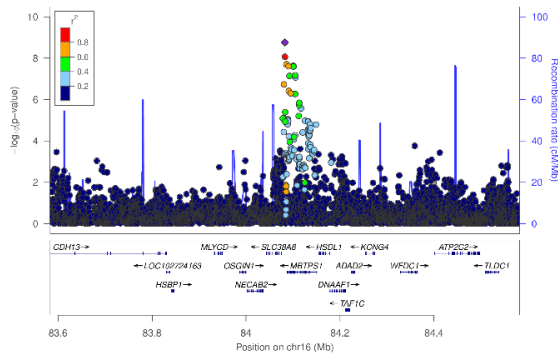
15:94214587-rs7174977



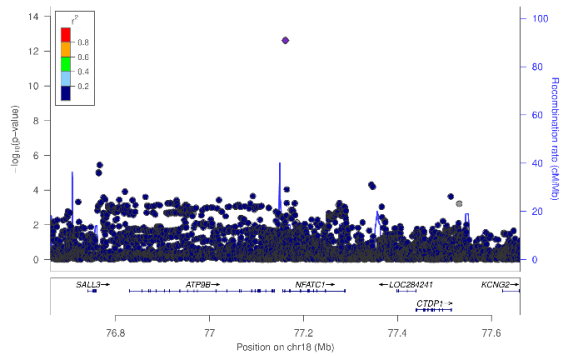
16:56859216-rs12919839



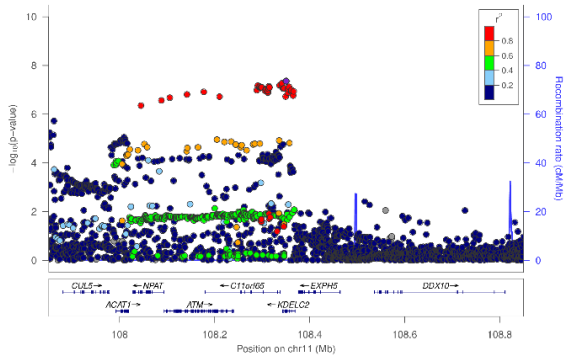
16:84082650-rs8056413



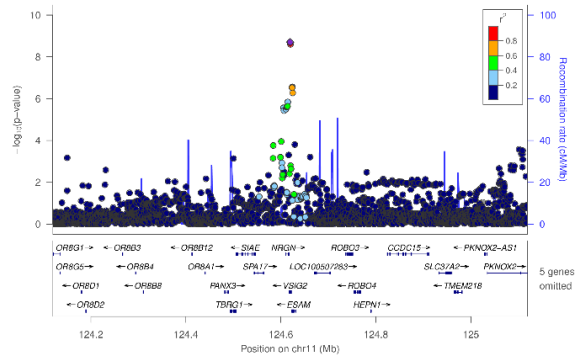
18:77161324-rs11777118



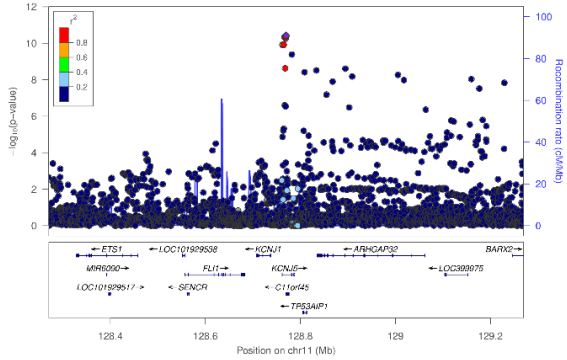
11:108350451-rs11212666



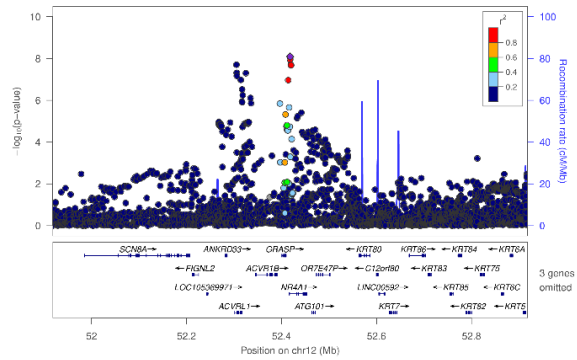
11:124619407-rs11604175



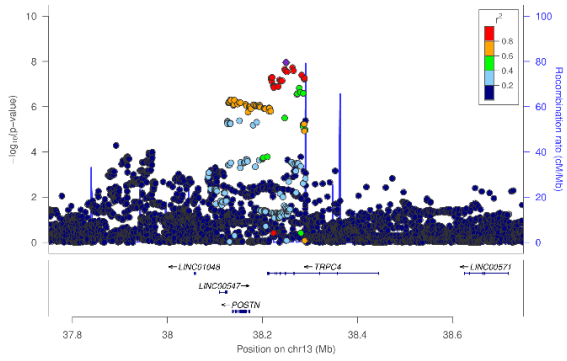
11:128769876-rs3765618



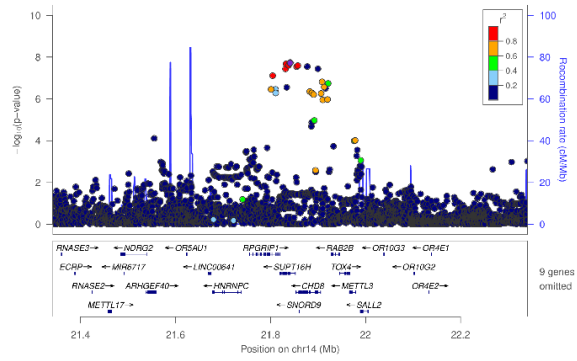
12:52418075-rs1732235



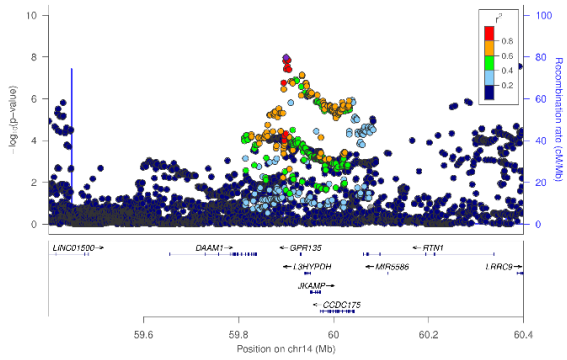
13:38249726-rs56312513



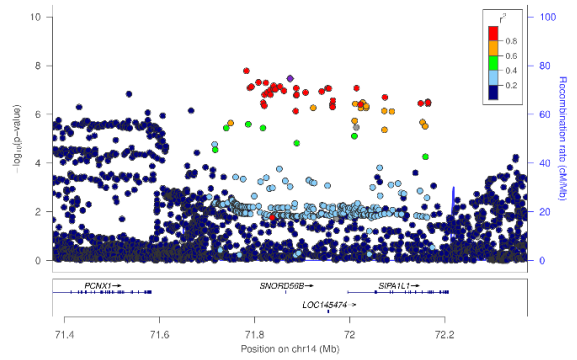
14:21841154-rs7350752



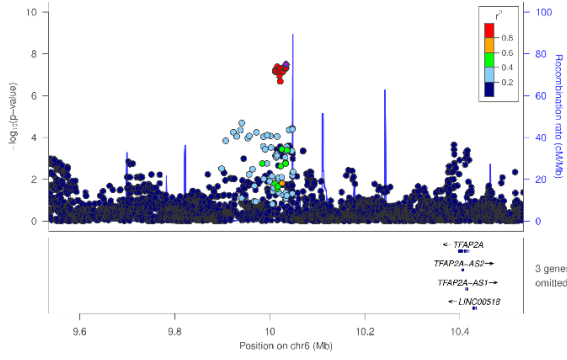
14:59900020-rs2774052



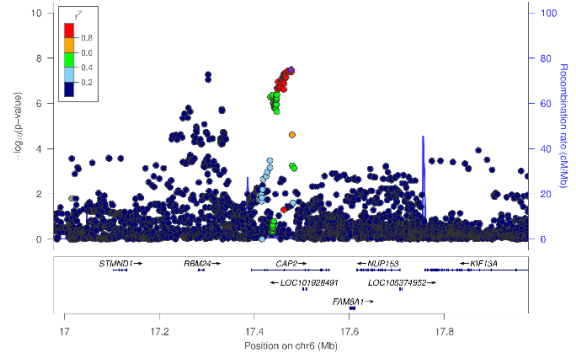
14:71874638-rs2041330



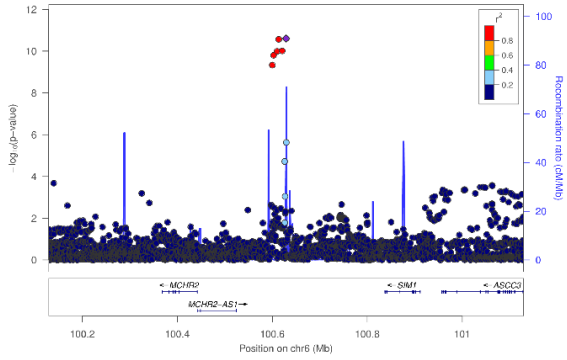
6:10034452–rs9477605



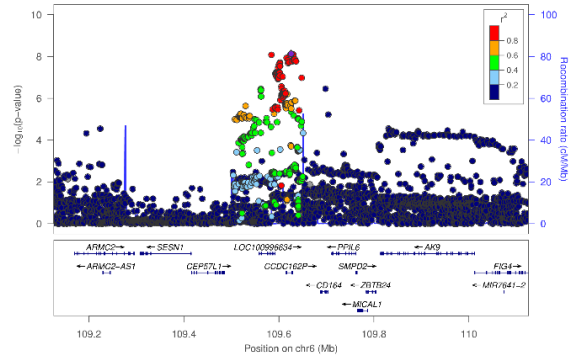
6:17477425–rs9370995



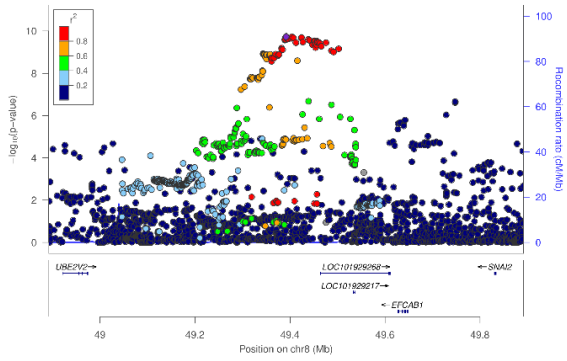
6:100629078–rs57989773



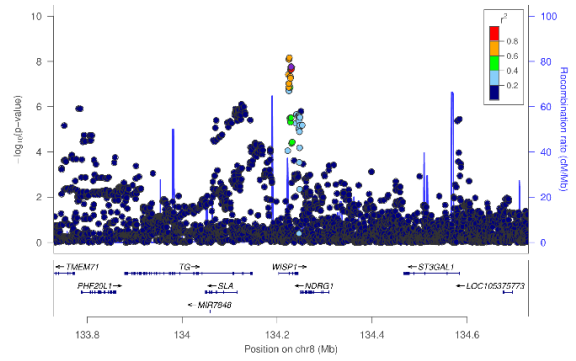
6:109625797–rs1546722



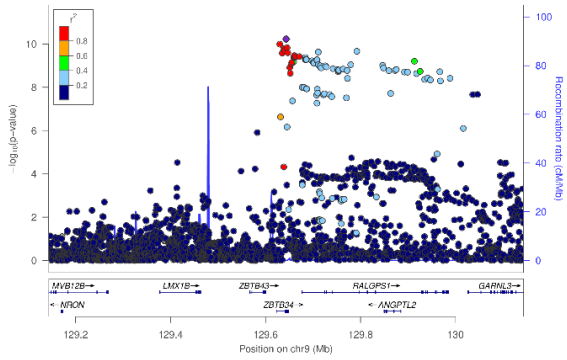
8:49391836–rs10087280



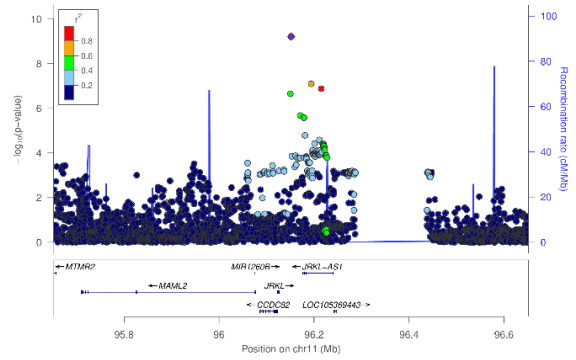
8:134229535–rs6982341



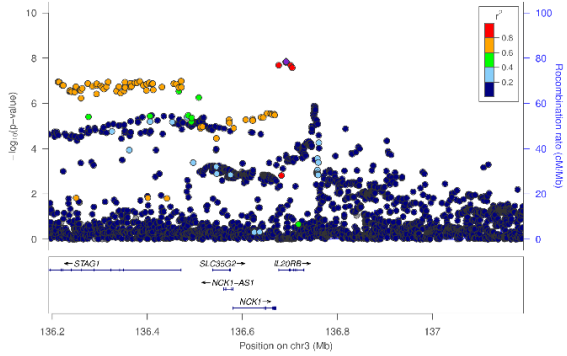
9:129643296–rs10819246



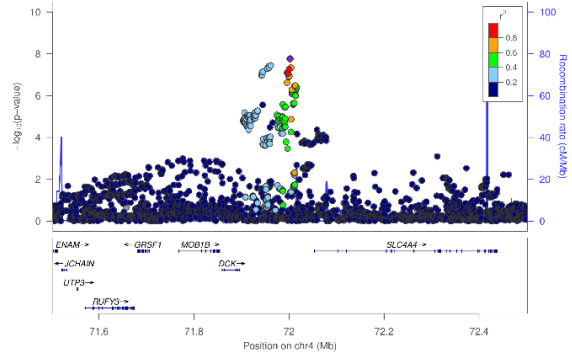
11:96151677–rs61909958



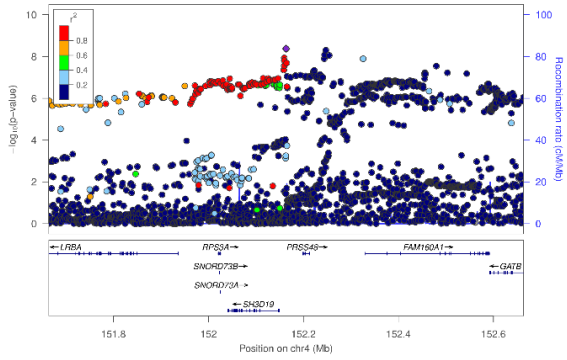
3:136692308-rs73231988



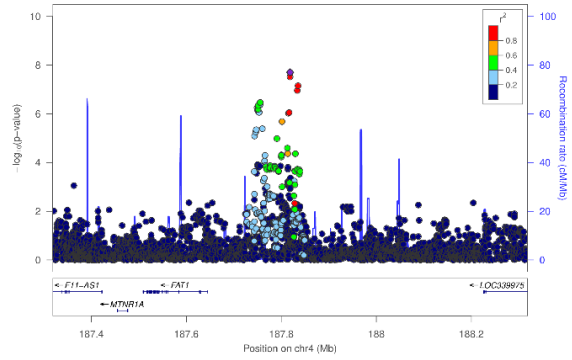
4:72002332-rs6822301



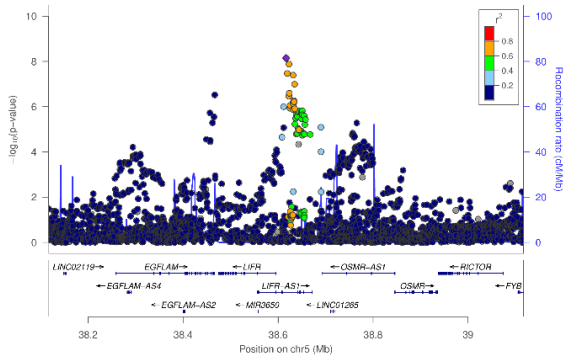
4:152163489-rs7671332



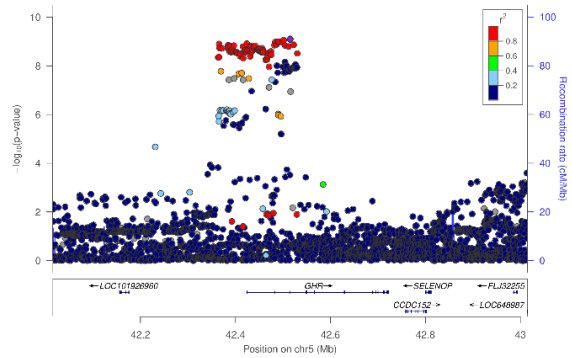
4:187818466-rs9685837



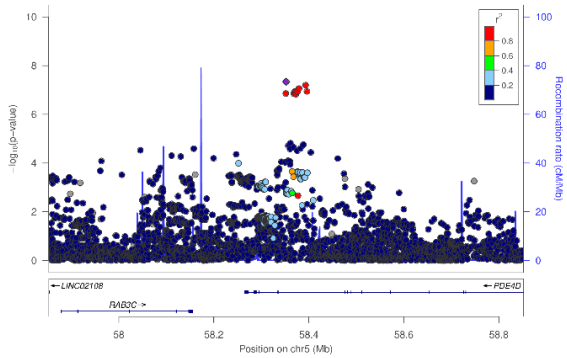
5:38616887-rs172906



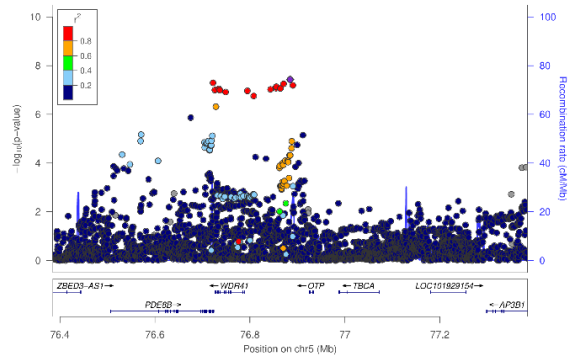
5:42515027-rs62370646



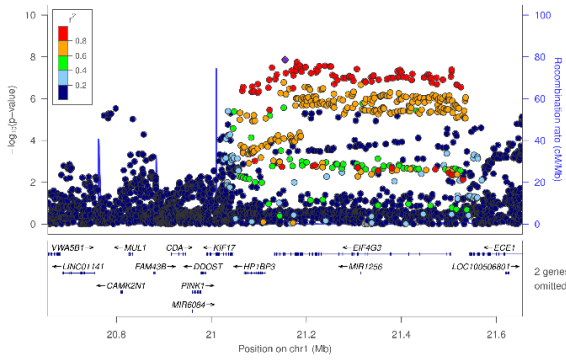
5:58352210-rs10061553



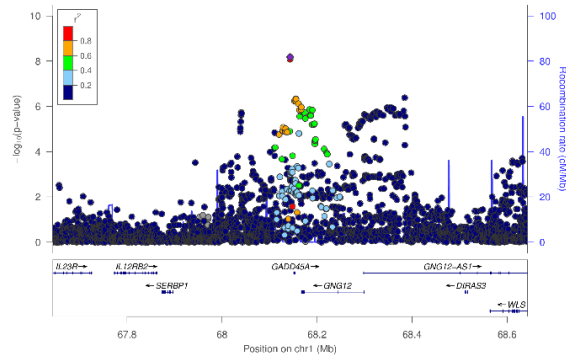
5:76884661-rs34237622



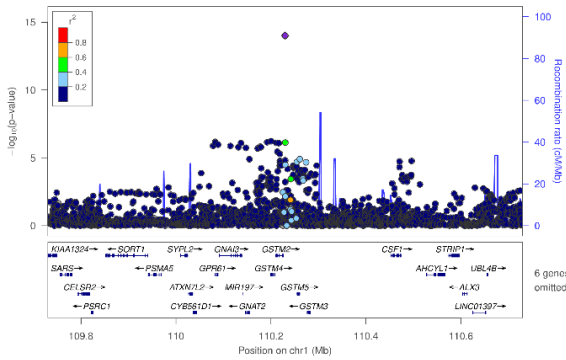
1:21155195–rs2320590



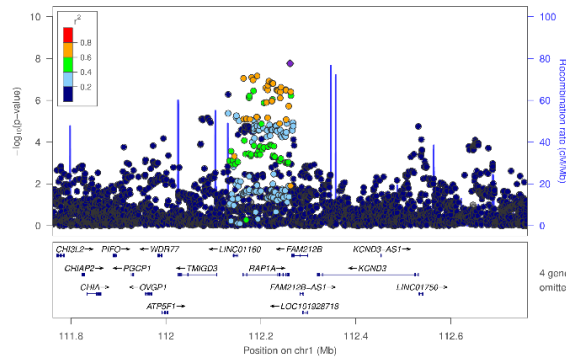
1:68143195–rs10889711



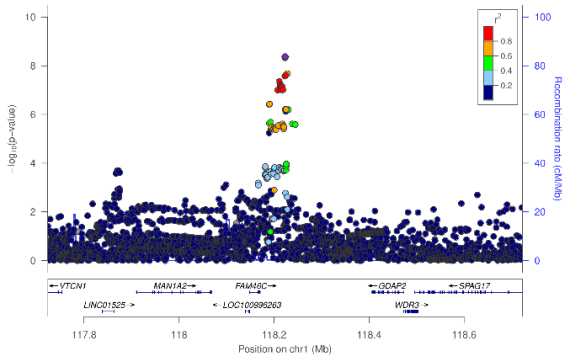
1:110229787–rs36209093



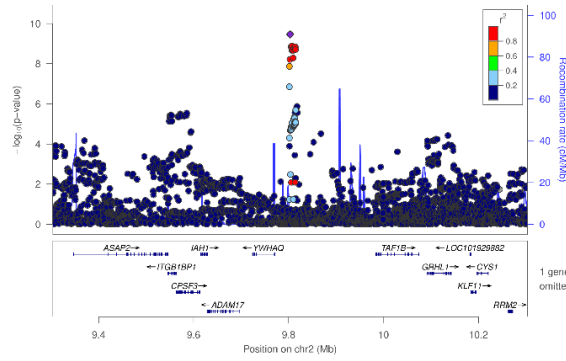
1:112261533–rs565522



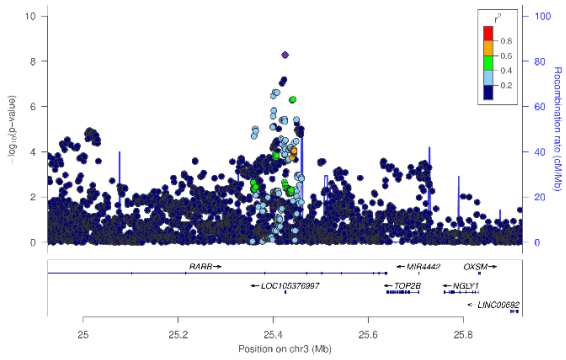
1:118223275–rs6669446



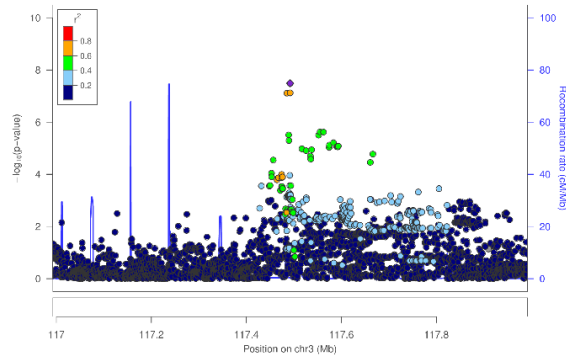
2:9803203–rs57503539



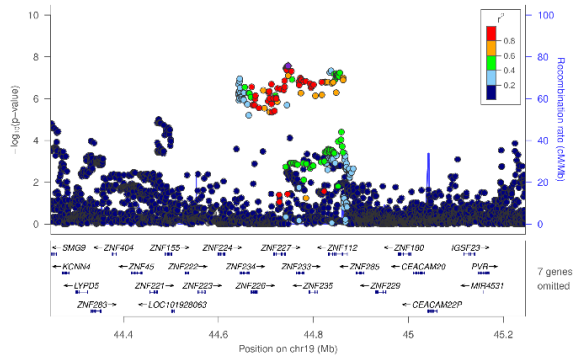
3:25424929–rs2306623



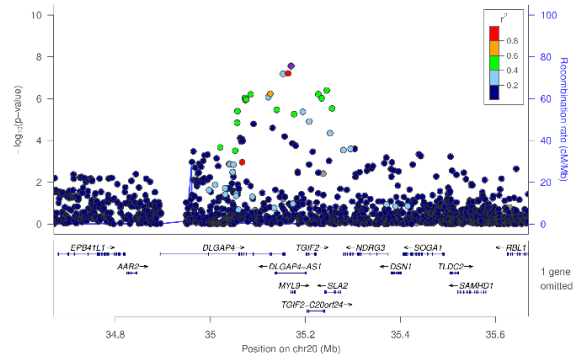
3:117492152–rs6805393



19:44746657-rs2125578

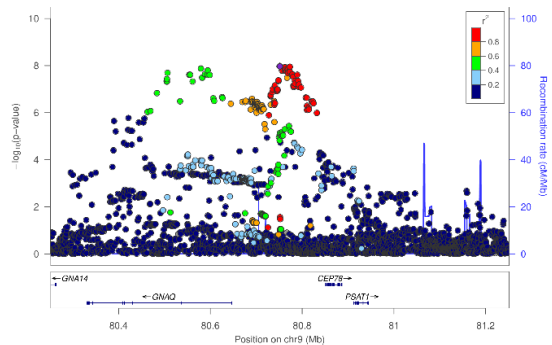


20:35169916-rs146827176

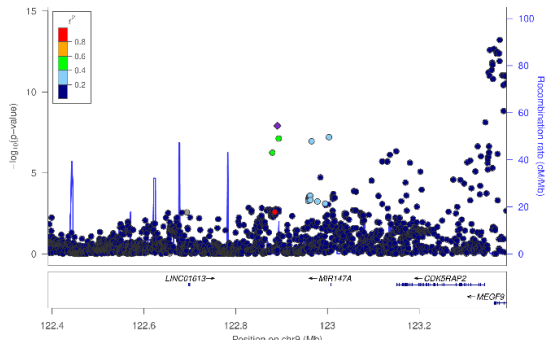


C

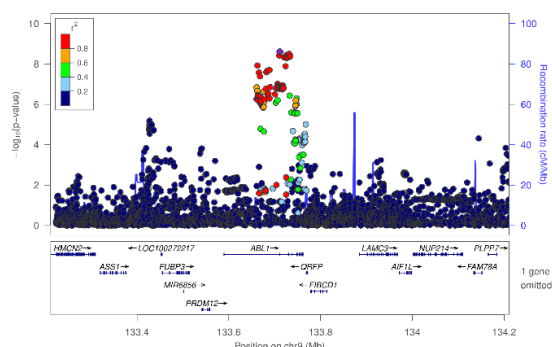
9:80751434-rs112324977



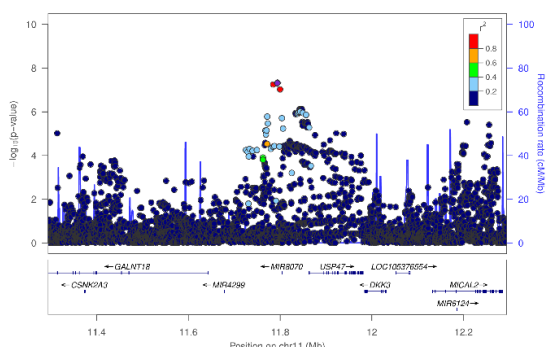
9:122890934-rs72751391



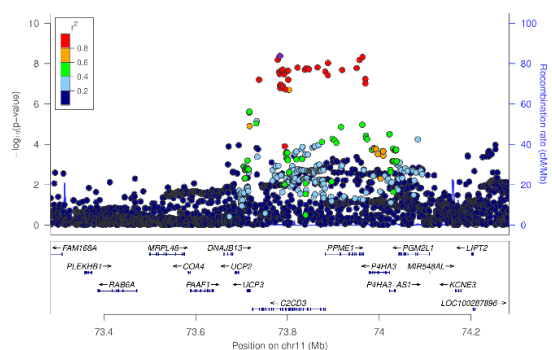
9:133711263-rs2987903



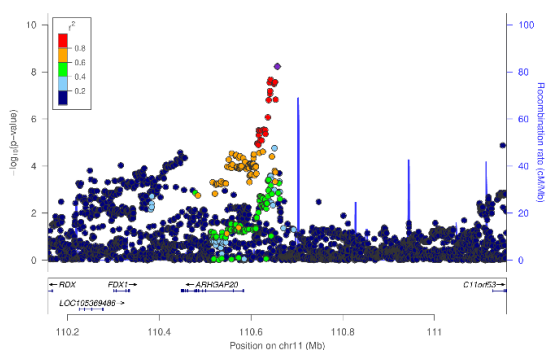
11:11793978-rs11022023



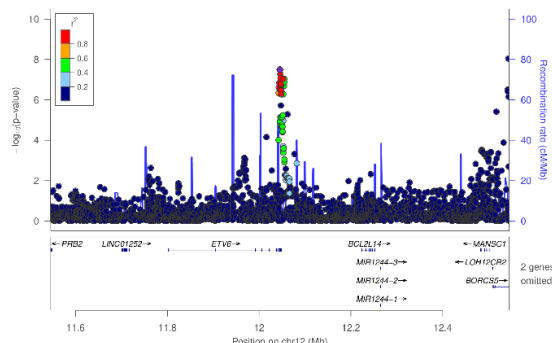
11:73783478-rs4944038



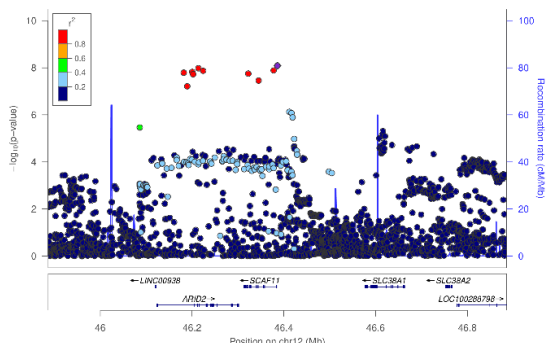
11:110657616-rs77759442



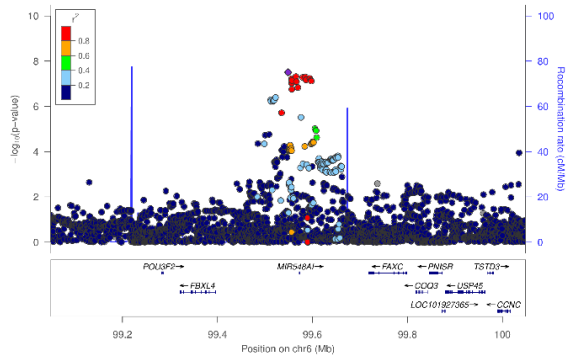
12:12045264-rs1062298



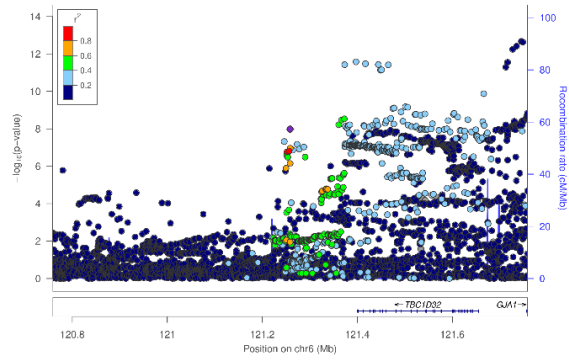
12:46385848-rs12828693



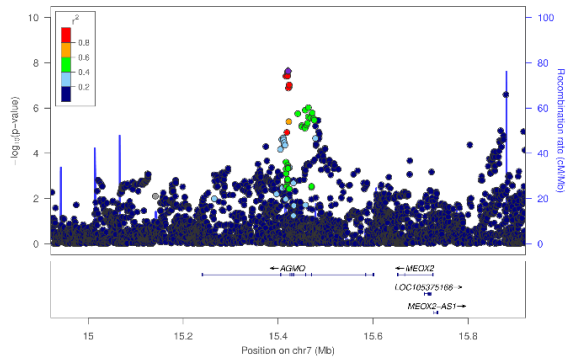
6:99548729-rs72943226



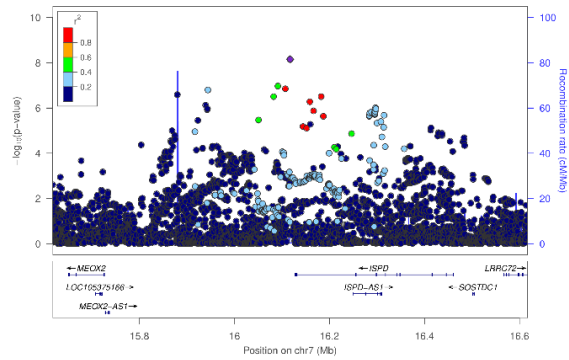
6:121258543-rs9320778



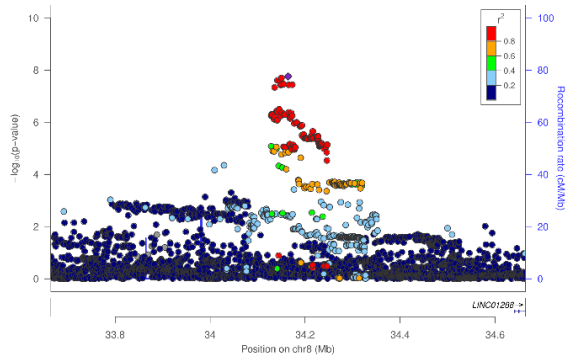
7:15421023-rs67615620



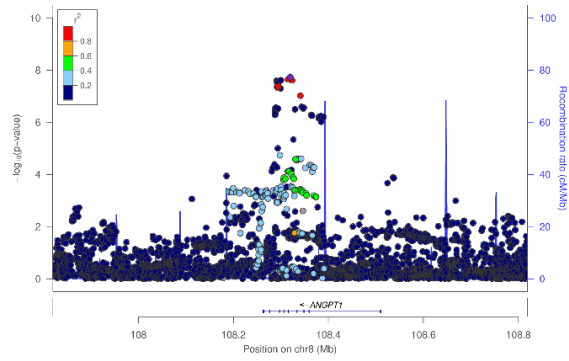
7:16117030-rs75177877



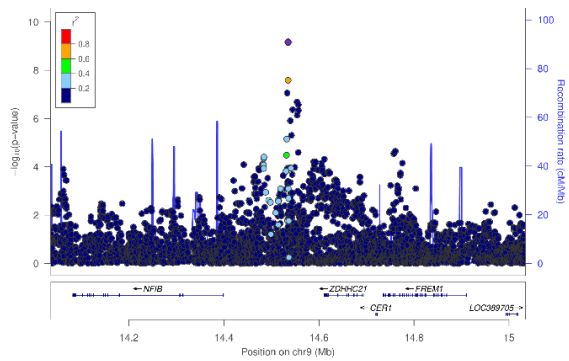
8:34164285-rs2953937



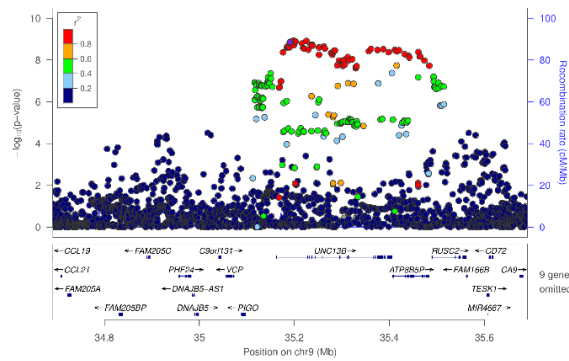
8:108319395-rs36036692



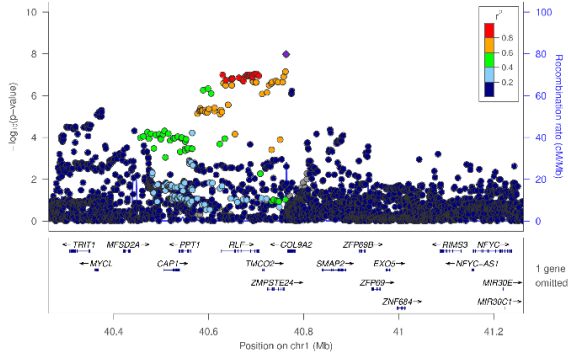
9:14535119-rs34361301



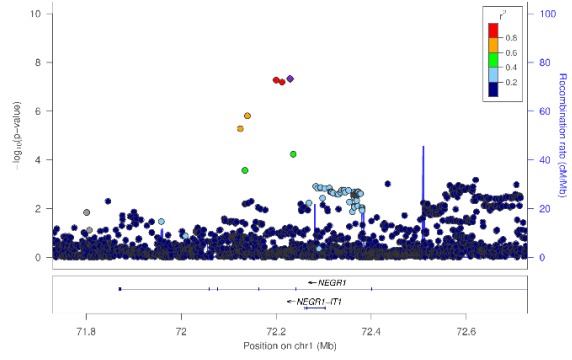
9:35191014-rs61241090



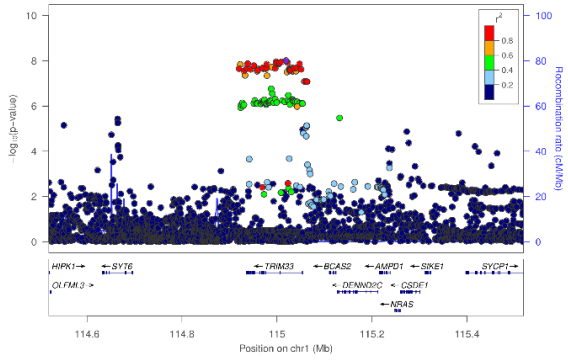
1:40763095–rs12134085



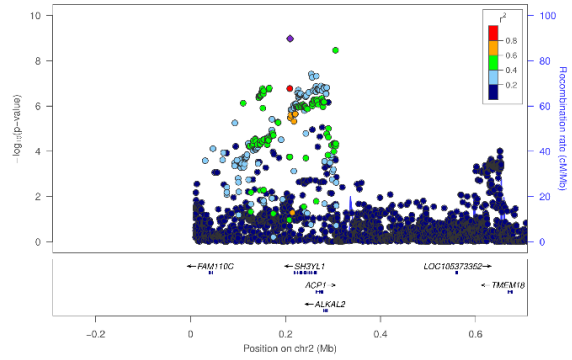
1:72229240–rs12084868



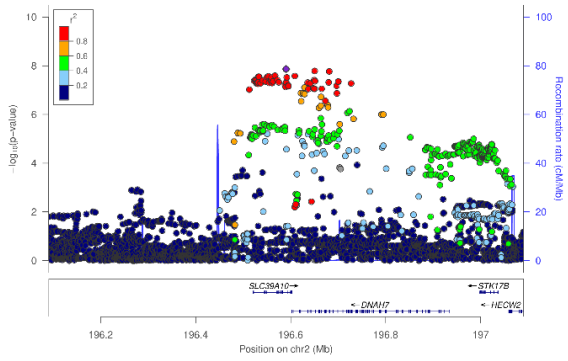
1:115019239–rs71664847



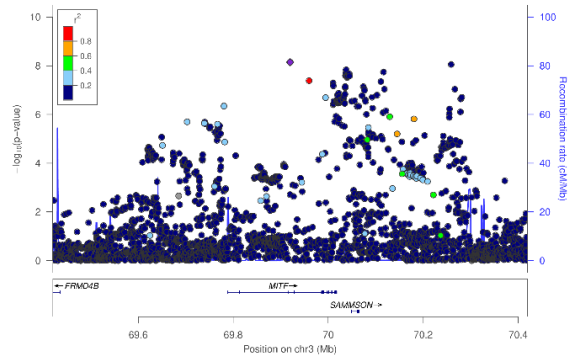
2:209622–rs300753



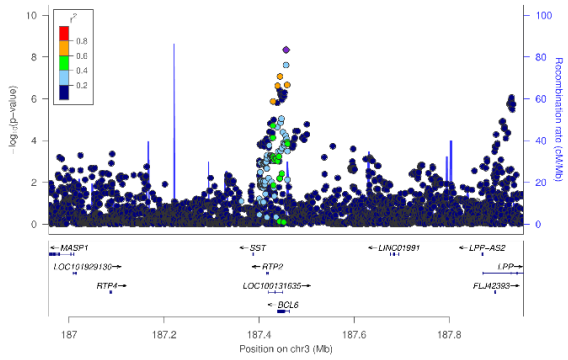
2:196590414–rs10208493



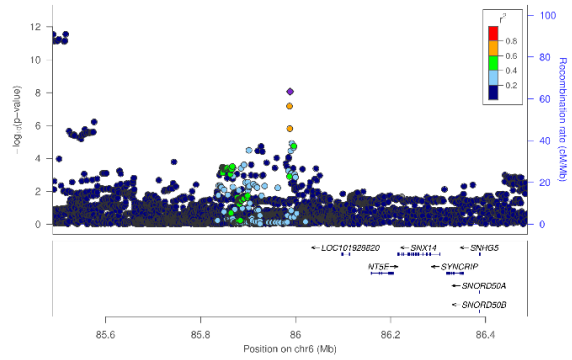
3:69919744–rs62253186

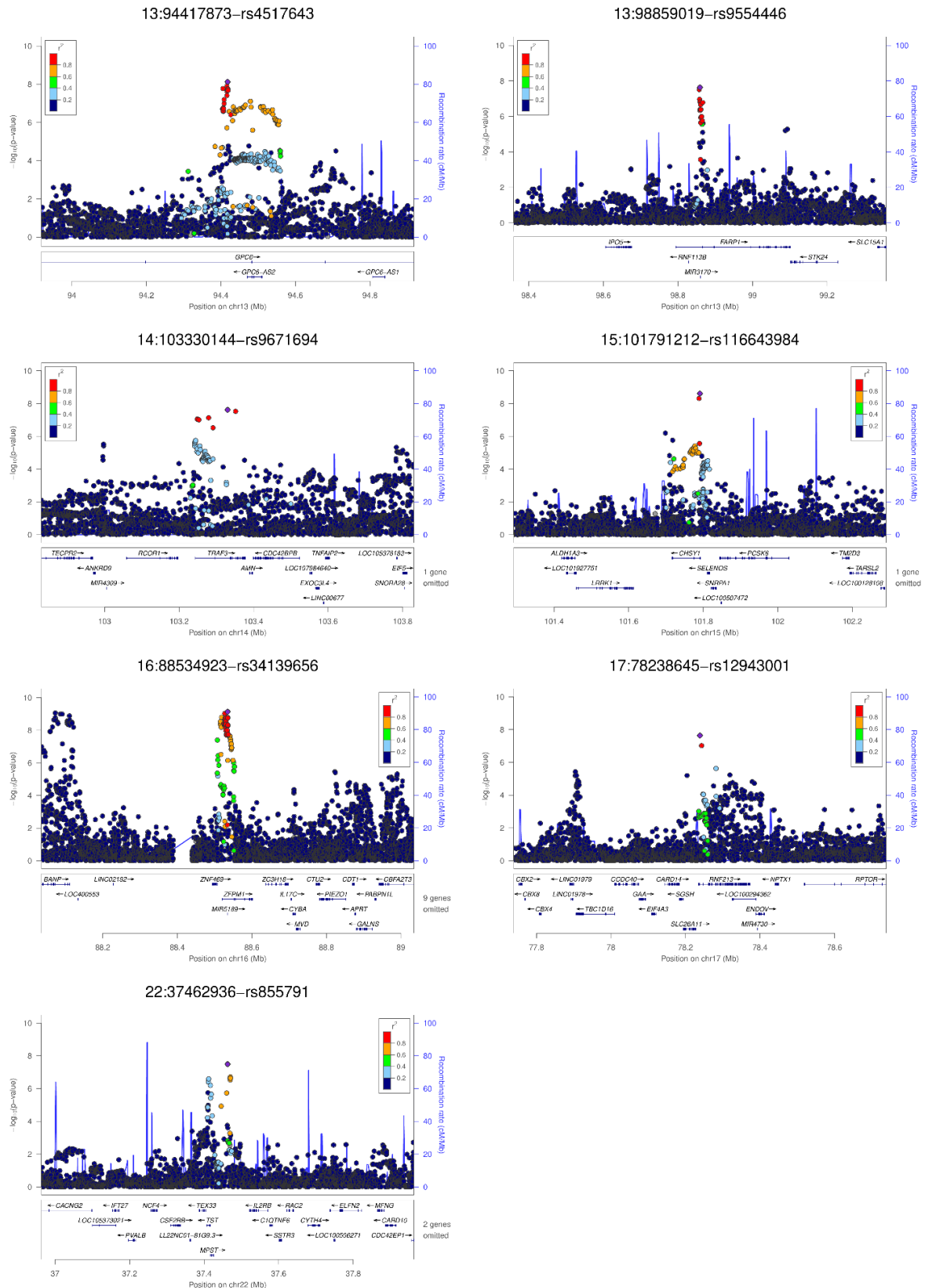


3:187456904–rs3821817

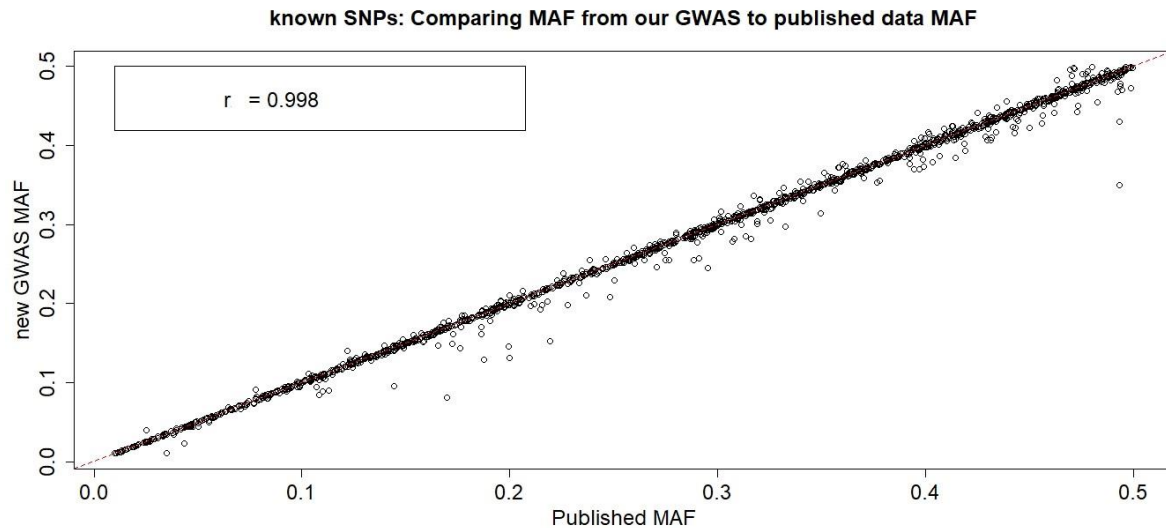


6:85988429–rs4053778

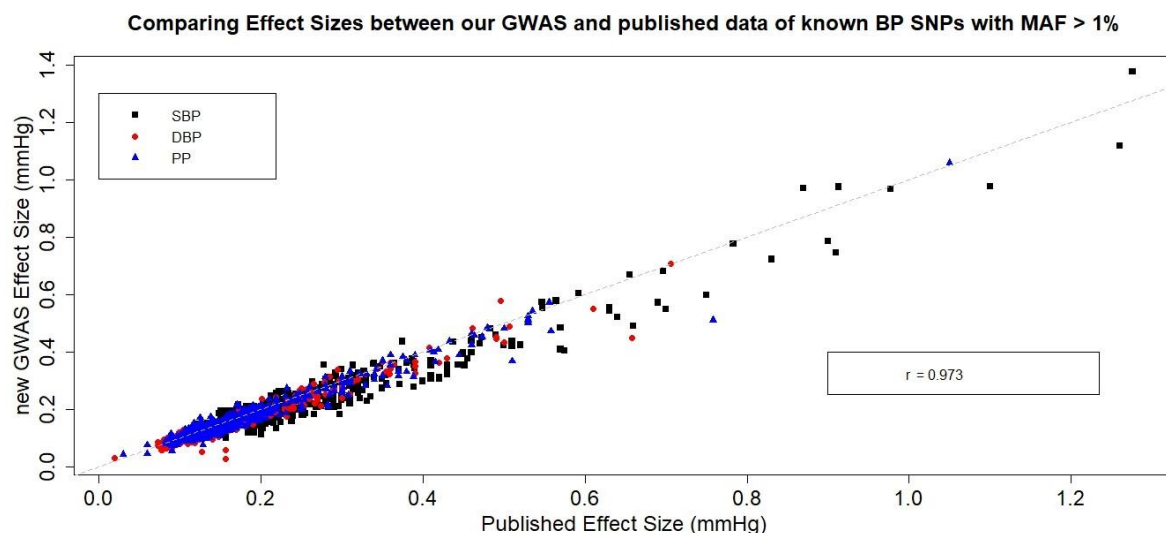




Supplementary Figure 3a-c. Locus Zoom plots for all novel loci for systolic (a), diastolic (b), and pulse pressure (c). P-values are from the inverse variance-weighted meta-analyses for each blood pressure trait and presented in logarithmic scale.

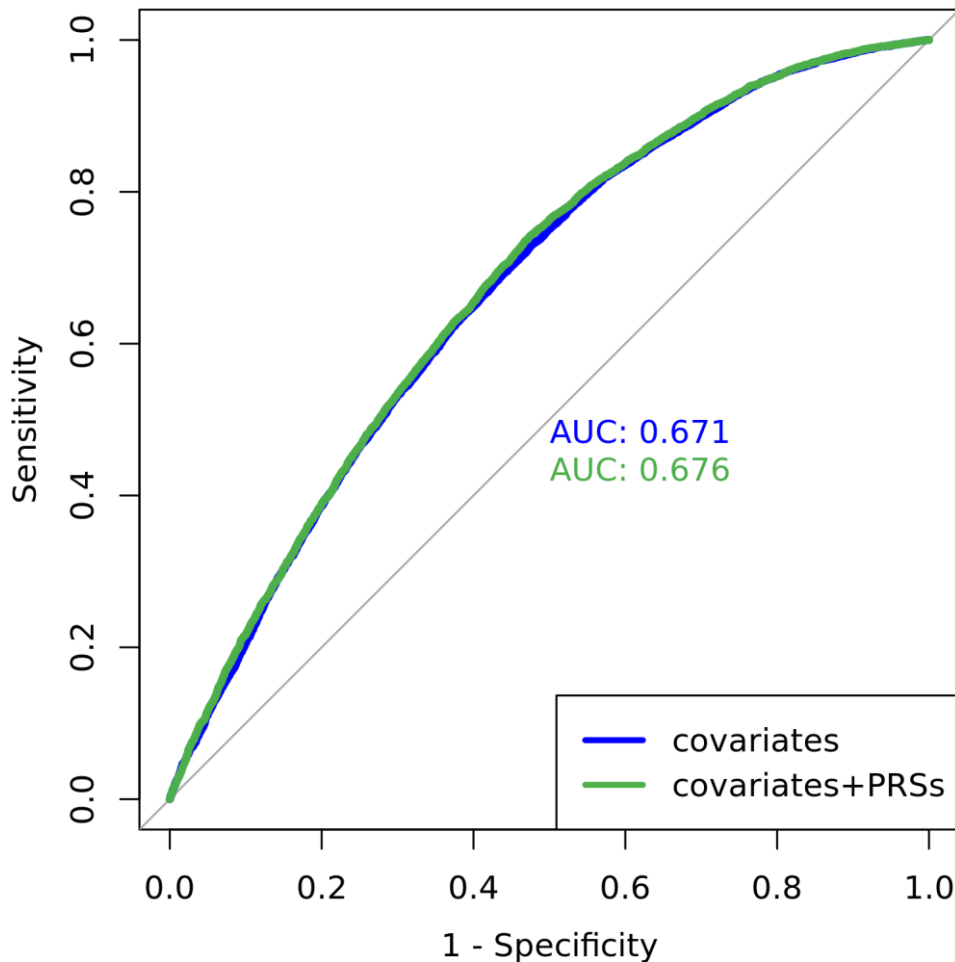


Supplementary Figure 4. Known SNPs: Comparing MAF from our GWAS to published data MAF. The x-axis shows the published MAF according to data taken from the publication where SNP is first reported (see PMID in Sup Table of all 3,800 known SNPs). The y-axis shows the MAF from our GWAS meta-analysis. The correlation between the published and observed MAF values is shown in the plot legend. For fair comparison, SNPs shown in this plot are restricted only to known SNPs published from main-effect primary GWAS analyses (i.e. excluding SNPs from conditional analyses, stratified or interaction analyses) in studies of predominantly European ancestry, with MAF > 1%, covered in our GWAS meta-analysis data, and with available data on both MAF and untransformed Effect Sizes on the mmHg scale reported in the original publication's published Tables, resulting in 1,483 SNPs plotted of the total 3,800 published SNPs. MAF: Minor Allele Frequency; GWAS: Genome-Wide Association Study; r: Pearson's Correlation Coefficient

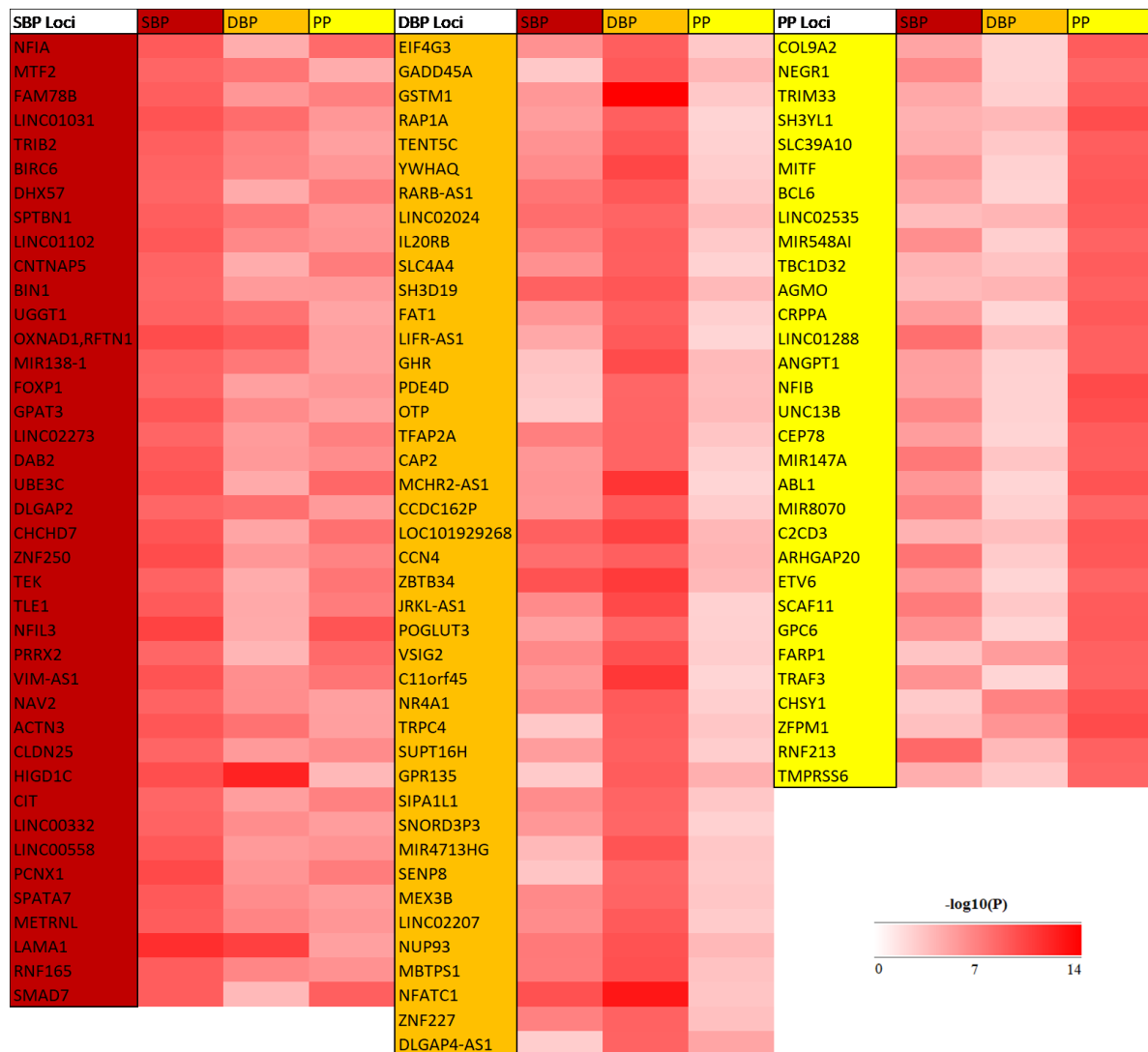


Supplementary Figure 5. Comparing Effect Sizes between our GWAS and published data of known BP SNPs. The x-axis shows the magnitude of the published effect size estimate (mmHg) according to data taken from the publication where SNP is first reported (see PMID

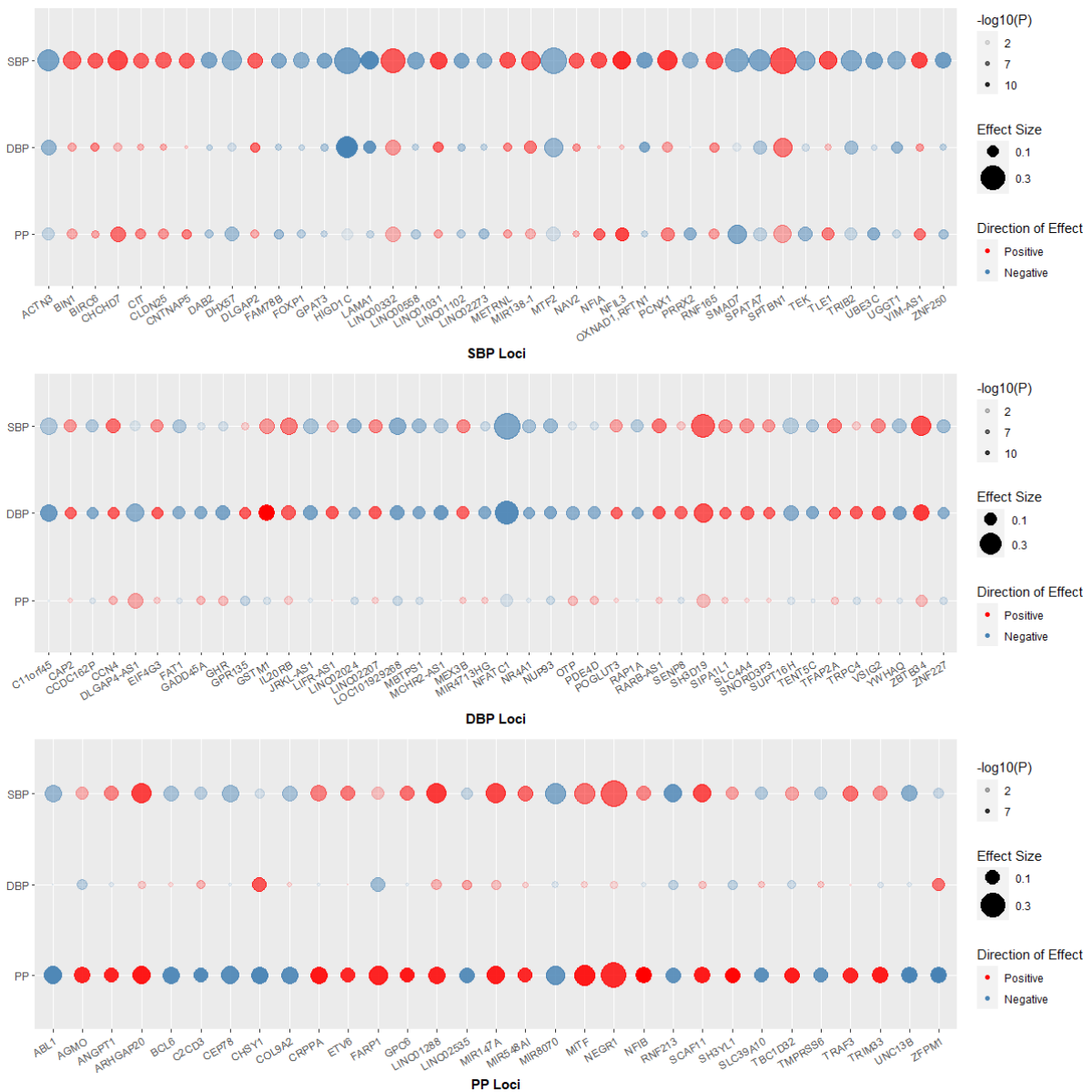
in Sup Table of all 3,800 known SNPs). The y-axis shows the magnitude of the effect size estimate (mmHg) from our GWAS meta-analysis. Each SNP is only plotted once according to the primary, most significant BP trait that the SNP was reported for from the original publication, as indicated by the differentiating colour-coded plot shapes per BP trait, explained in the plot legend. The correlation between the published and observed effect sizes is shown in the plot legend. For fair comparison, SNPs shown in this plot are restricted only to known SNPs published from main-effect primary GWAS analyses (i.e. excluding SNPs from conditional analyses, stratified or interaction analyses) in studies of predominantly European ancestry, with MAF > 1%, covered in our GWAS meta-analysis data, and with available data on both MAF and untransformed Effect Sizes on the mmHg scale reported in the original publication's published Tables, resulting in 1,483 SNPs plotted of the total 3,800 published SNPs. BP: blood pressure; MAF: Minor Allele Frequency; GWAS: Genome-Wide Association Study; r: Pearson's Correlation Coefficient



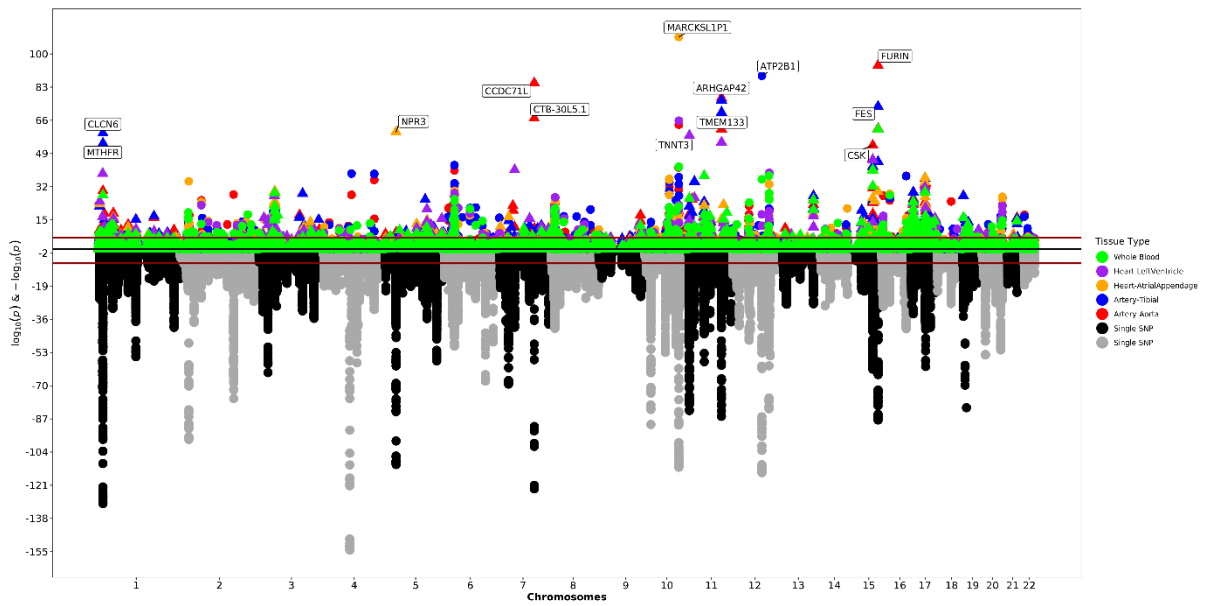
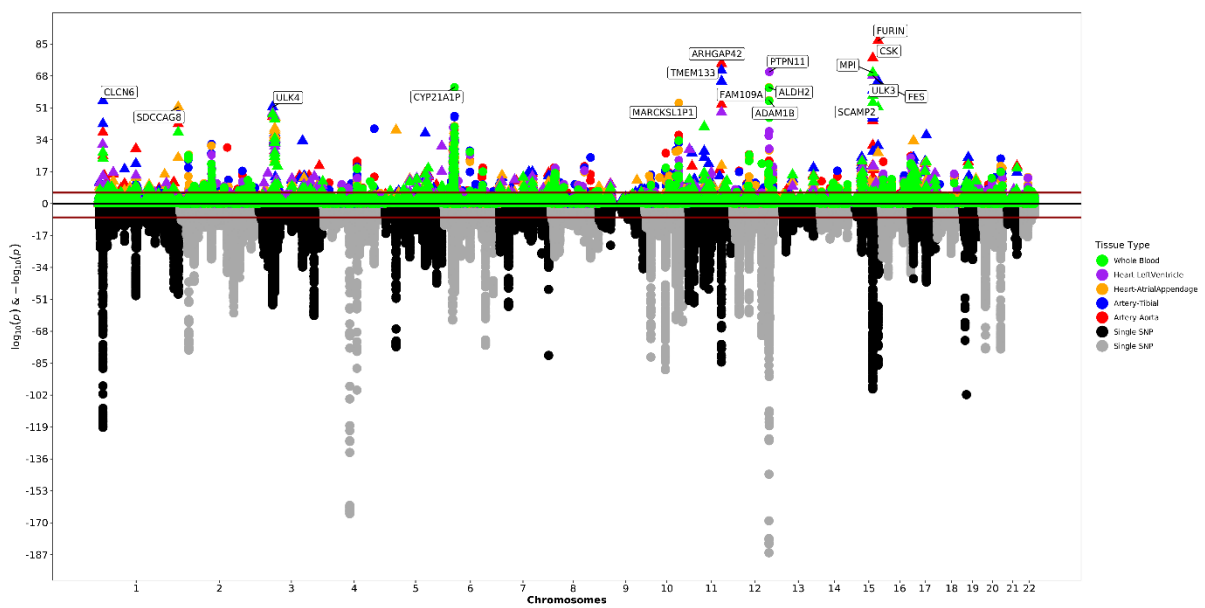
Supplementary Figure 6: PRS AUROC in AA: Area under the ROC curve (AUROC) of the two models (covariates only and covariates plus SBayesRC PRS) for HTN in African-American ancestry sub-sample of the All-Of-Us cohort (n=21,843).

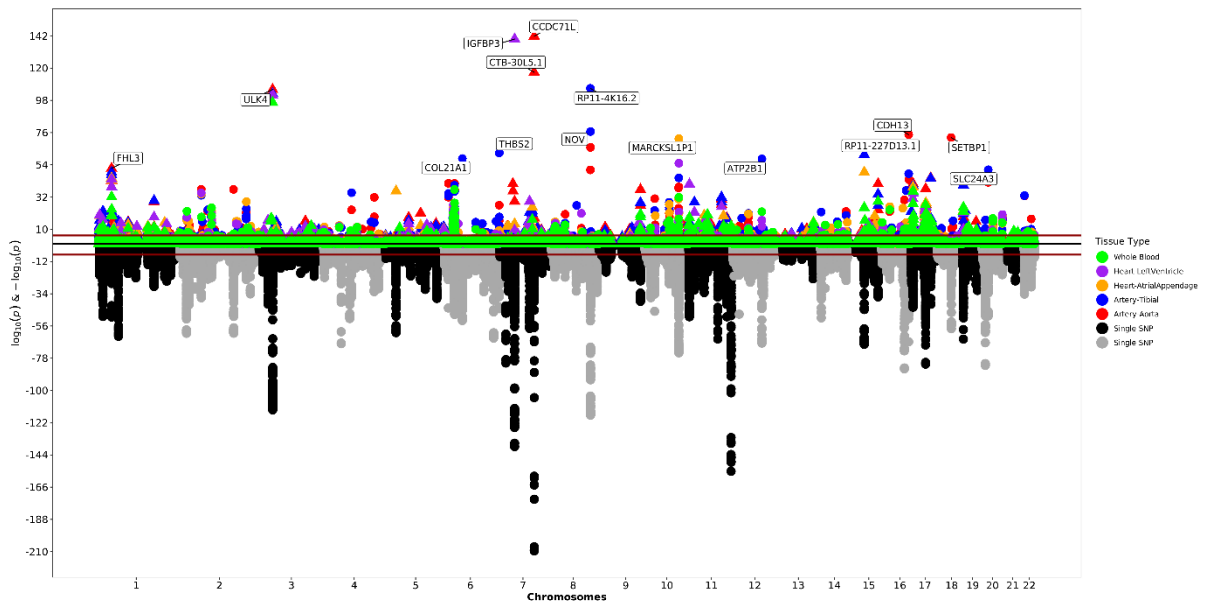


Supplementary Figure 7. Heatmap comparing significance of associations for 113 BP (Blood Pressure) novel loci across the other BP traits: SBP = systolic BP; DBP = diastolic BP; PP = Pulse Pressure. P-values are from the inverse variance-weighted meta-analyses for each blood pressure trait and presented in logarithmic scale.



Supplementary Figure 8a-c. Bubble plots of associations for 113 Blood Pressure (BP) novel loci across other BP traits: SBP = systolic BP; DBP = diastolic BP; PP = Pulse Pressure. P-values are from the inverse variance-weighted meta-analyses for each blood pressure trait and presented in logarithmic scale.

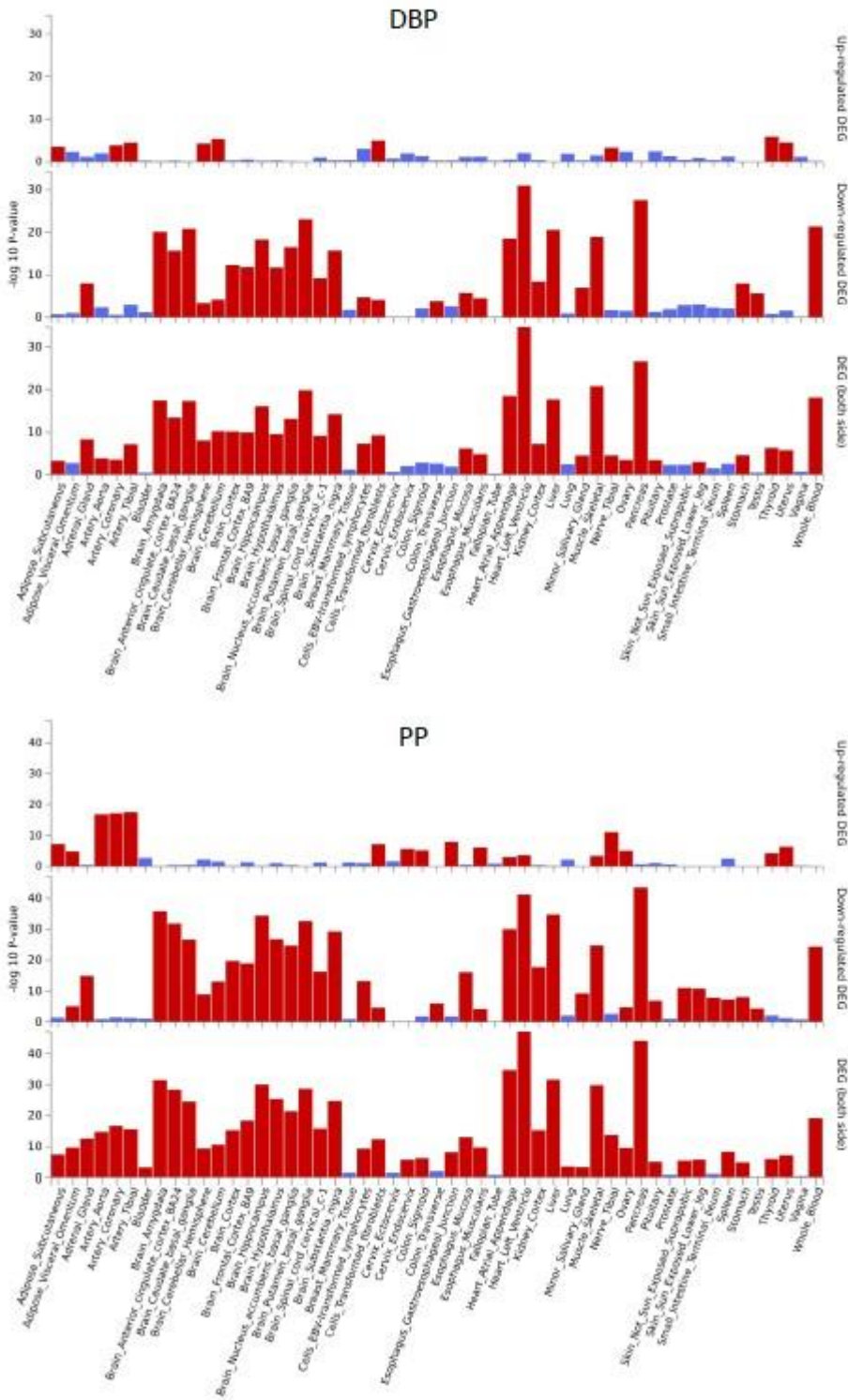
a**b**

C

Supplementary Figure 9a-c. Opposed Manhattan plots for S-PrediXcan ($-\log_{10}p$) and GWAS ($\log_{10}p$) for BP-traits. $-\log_{10} p$ -values for associations between genetically predicted gene expression analyses with BP-traits in 5 tissues are juxtaposed with $\log_{10} p$ -values from the inverse variance-weighted GWAS meta-analyses for SBP (a); DBP (b) and PP (c).

b

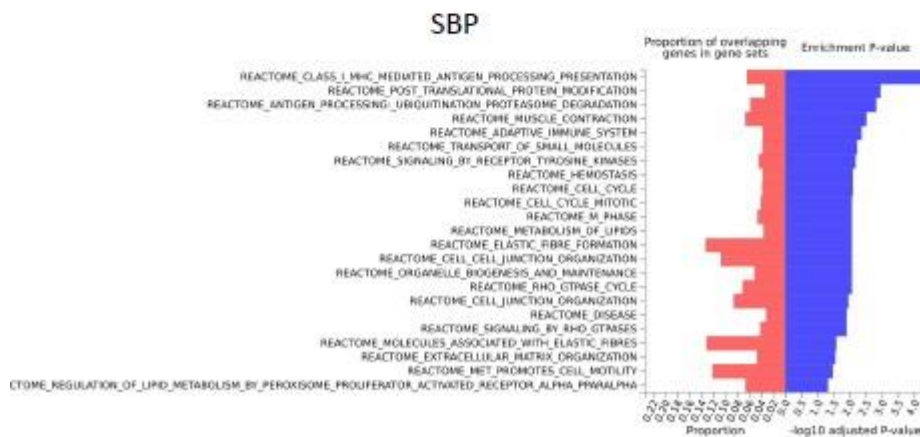
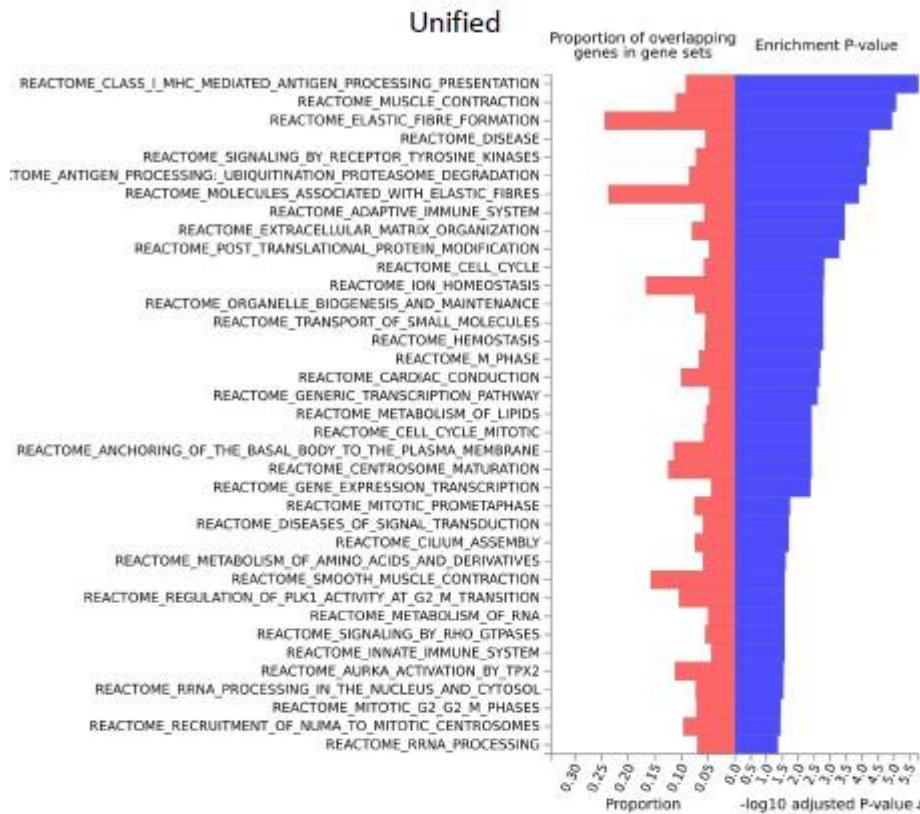
Tissue Specificity Test



Supplementary Figure 10: Results Output from FUMA Pathway Analyses: Tissue Specificity Test: (a) Unified Blood Pressure (BP) and Systolic BP (SBP); (b) Diastolic BP (DBP) and Pulse Pressure (PP). P-values of enrichment tests in different tissues are given on the y-axis in logarithmic scale.

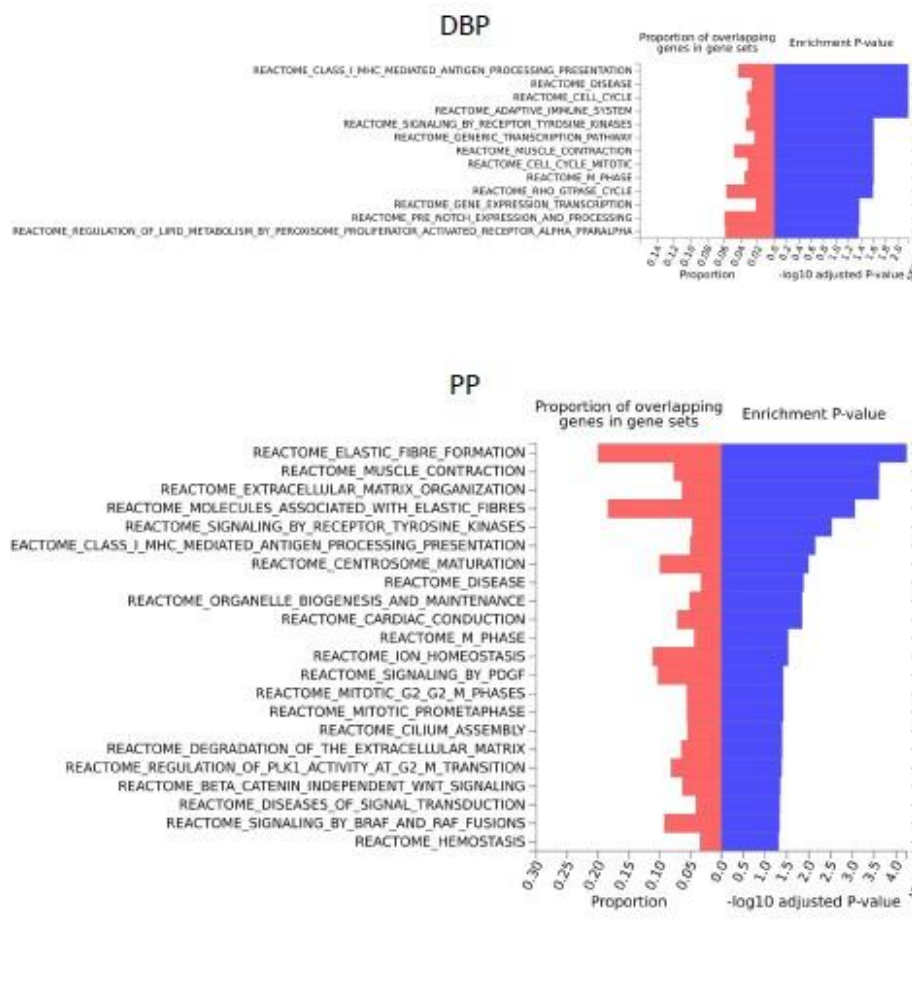
a

GSEA – Reactome



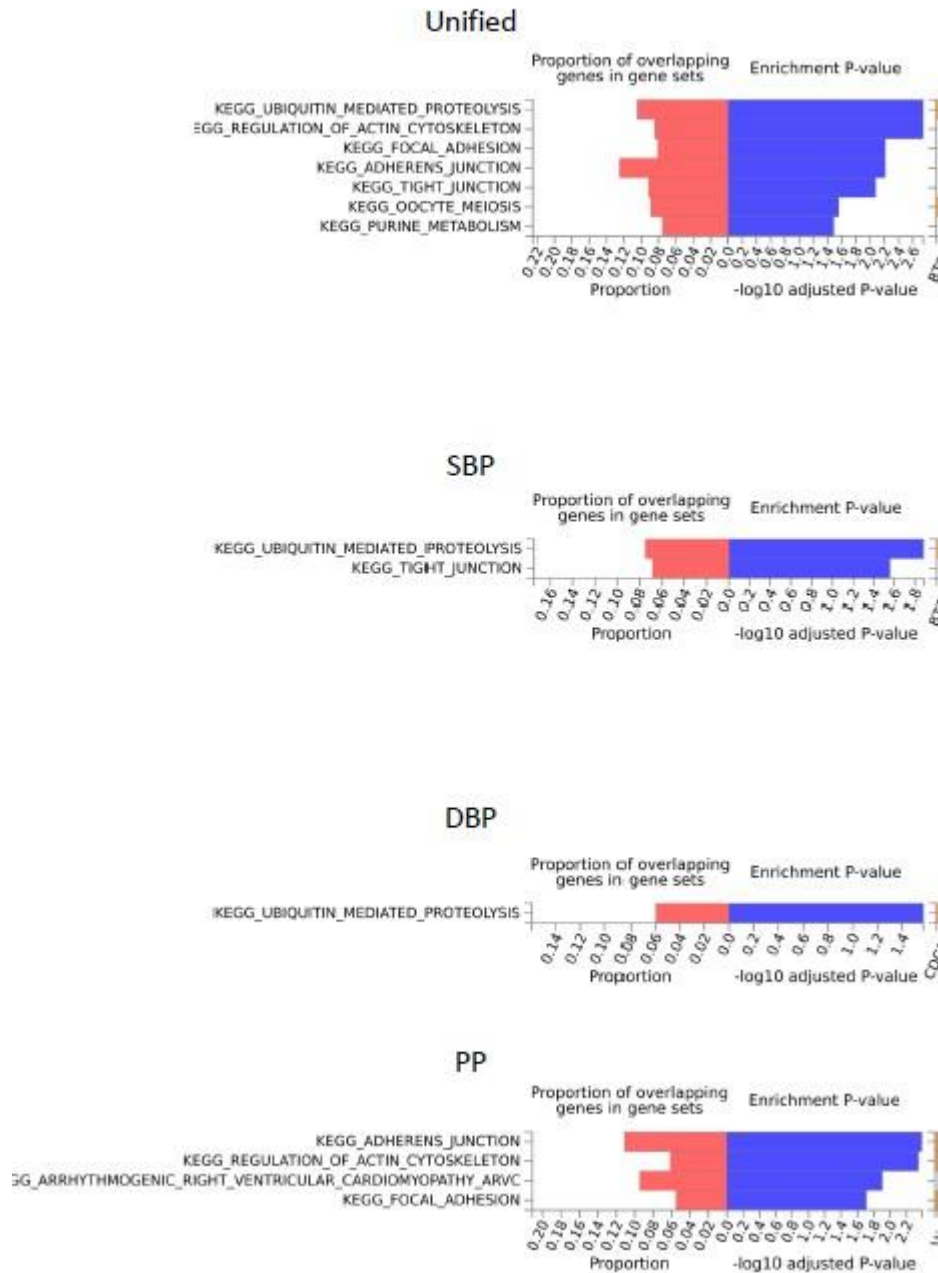
b

GSEA – Reactome



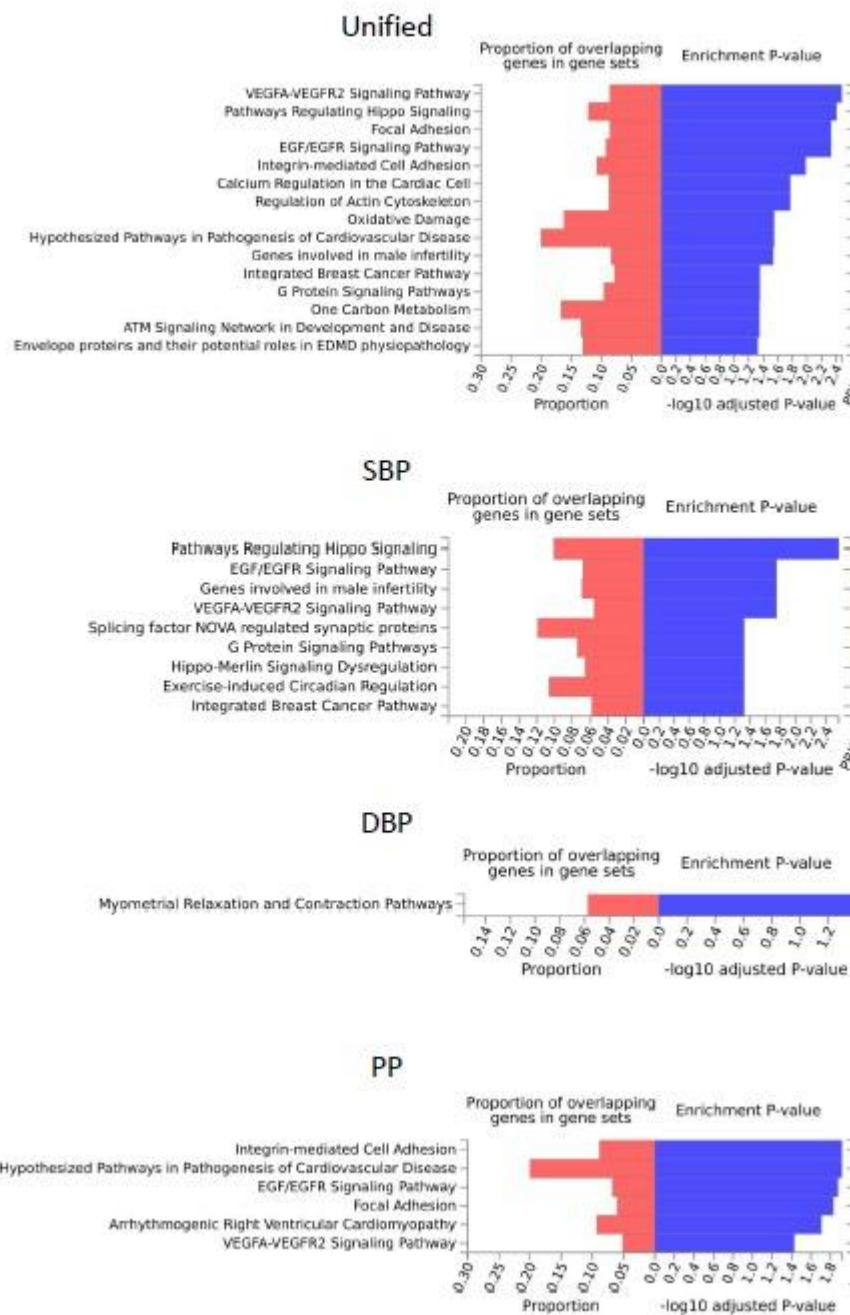
Supplementary Figure 11: Results Output from FUMA Pathway Analyses: GSEA Reactome: (a) Unified Blood Pressure (BP) and Systolic BP (SBP); (b) Diastolic BP (DBP) and Pulse Pressure (PP). P-values of enrichment tests in Reactome pathways are given on the x-axis in logarithmic scale as blue bars, together with the proportion of overlapping genes in gene sets as red bars.

GSEA – KEGG



Supplementary Figure 12: Results Output from FUMA Pathway Analyses: KEGG Pathways database: Unified Blood Pressure (BP); Systolic BP (SBP); Diastolic BP (DBP); Pulse Pressure (PP). P-values of enrichment tests in KEGG pathways are given on the x-axis in logarithmic scale as blue bars, together with the proportion of overlapping genes in gene sets as red bars.

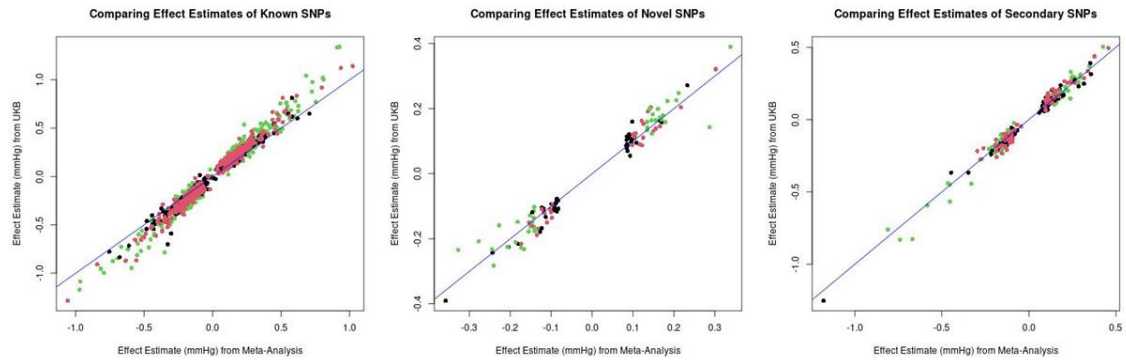
GSEA – WikiPathways



Supplementary Figure 13: Results Output from FUMA Pathway Analyses: Wiki Pathways: Unified Blood Pressure (BP); Systolic BP (SBP); Diastolic BP (DBP); Pulse Pressure (PP). P-values of enrichment tests in WikiPathways are given on the x-axis in logarithmic scale as blue bars, together with the proportion of overlapping genes in gene sets as red bars.

a

BETA plots: meta vs UKB: known / novel / sec



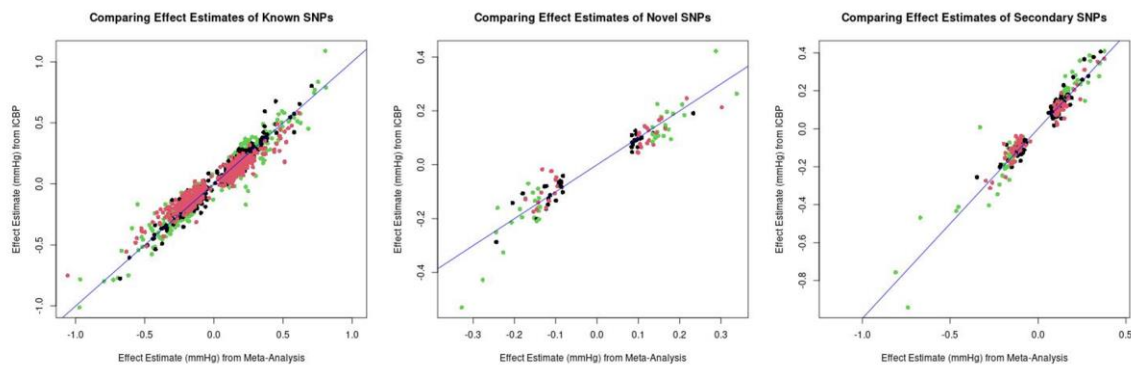
$r = 0.987$

$r = 0.980$

$r = 0.989$

b

BETA plots: meta vs ICBP: known / novel / sec



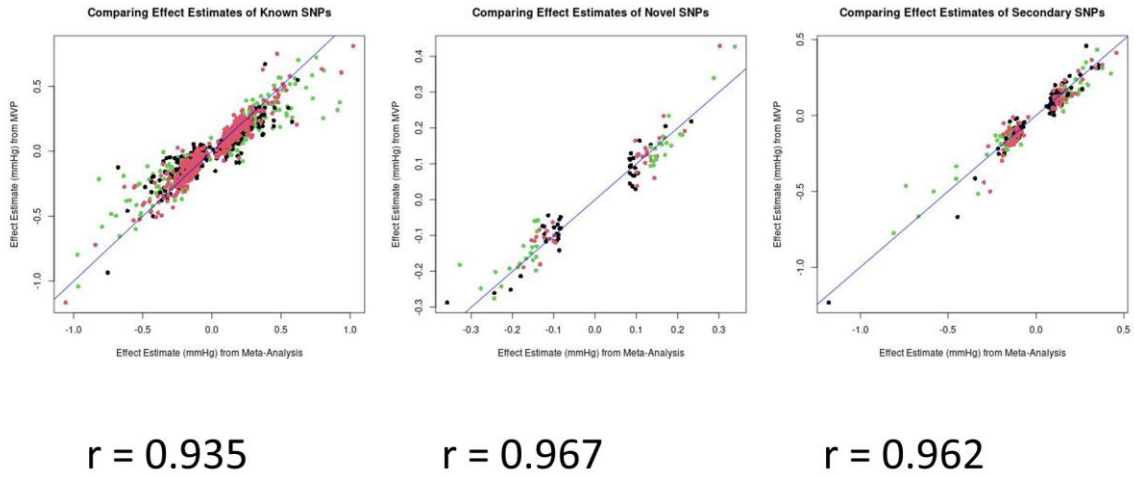
$r = 0.964$

$r = 0.951$

$r = 0.965$

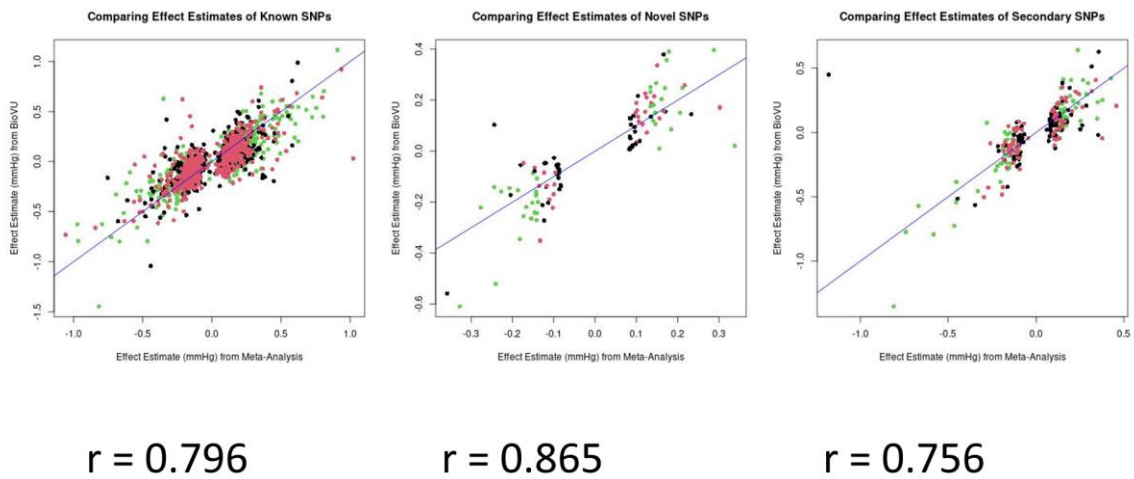
c

BETA plots: meta vs MVP: known / novel / sec



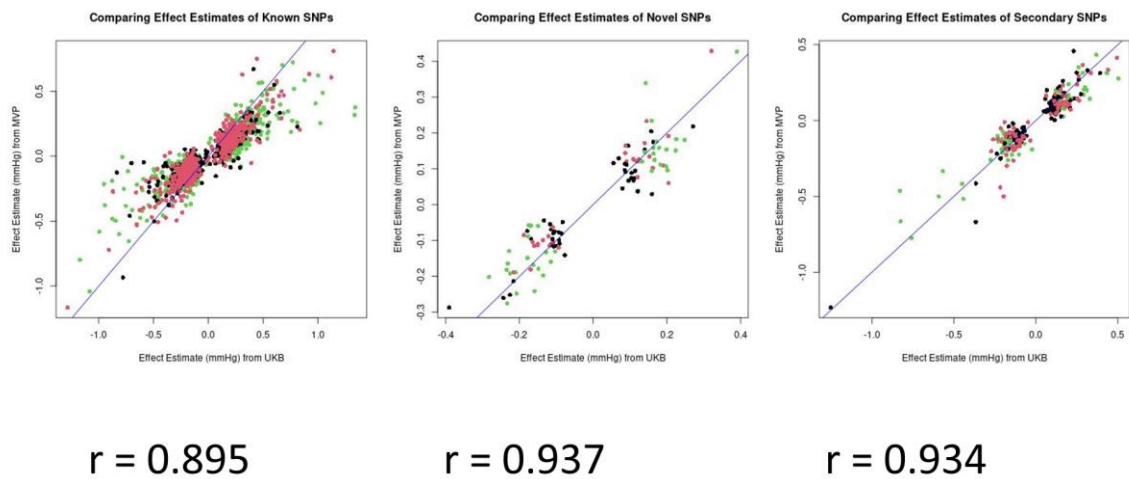
d

BETA plots: meta vs BioVU: known / novel / sec



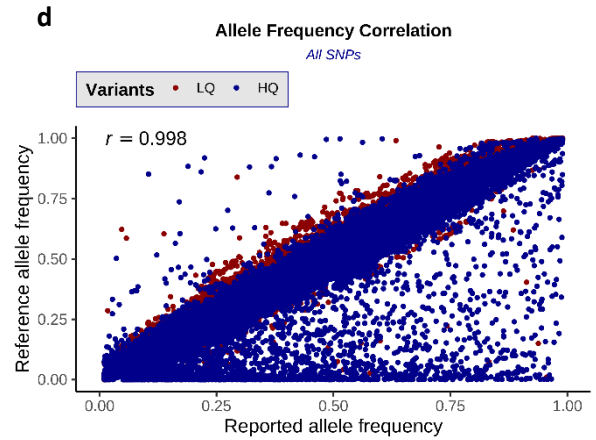
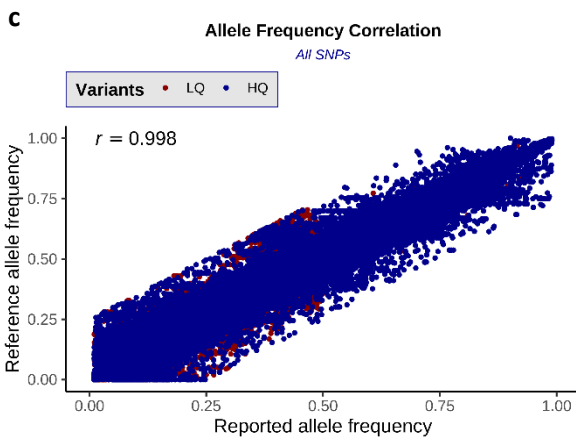
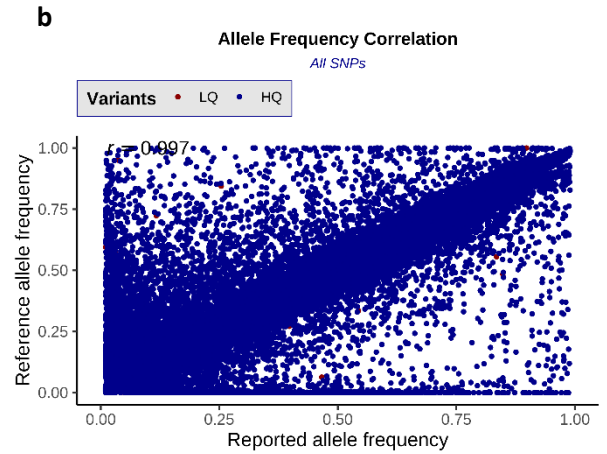
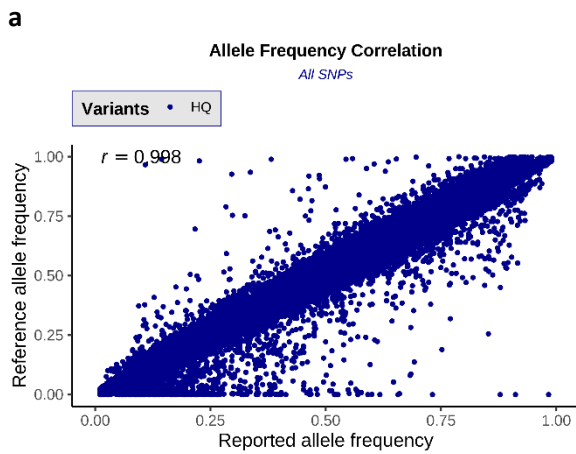
e

BETA plots: UKB vs MVP: known / novel / sec

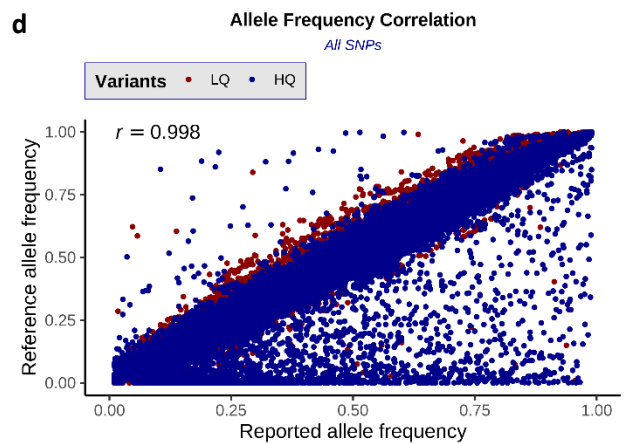
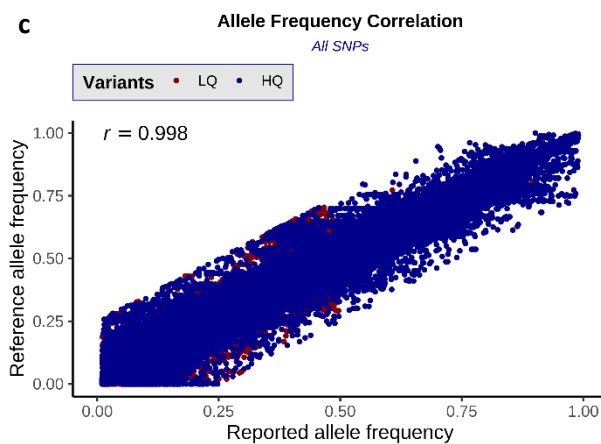
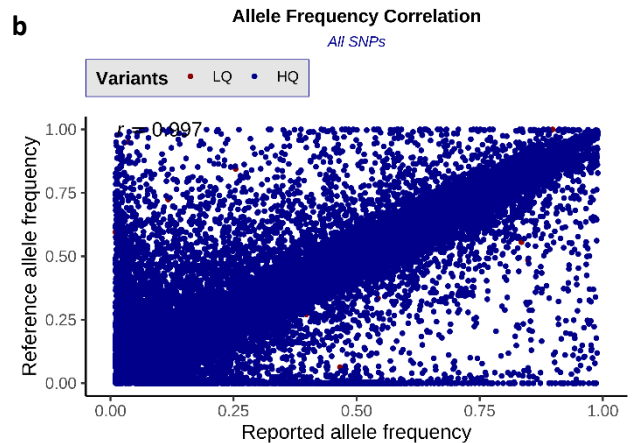
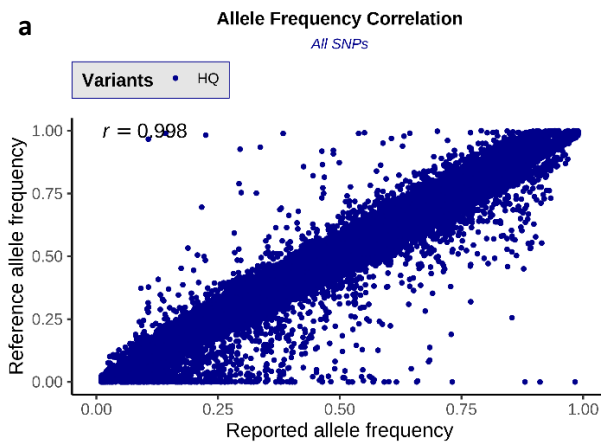


Supplementary Figure 14: Comparison of Beta Effect Estimates for the 113 Novel Loci: (a) meta-analysis vs UKB; (b) meta-analysis vs ICBP; (c) meta-analysis vs MVP; (d) meta-analysis vs BioVU; (e) UKB vs MVP. UKB = UK Biobank; ICBP = International Consortium of Blood Pressure; MVP = Million Veterans Program; BioVU = Biobank Repository of Vanderbilt University; “sec” = secondary variants; r = Pearson correlation coefficient. Points are colour coded to differentiate between SBP, DBP, PP.

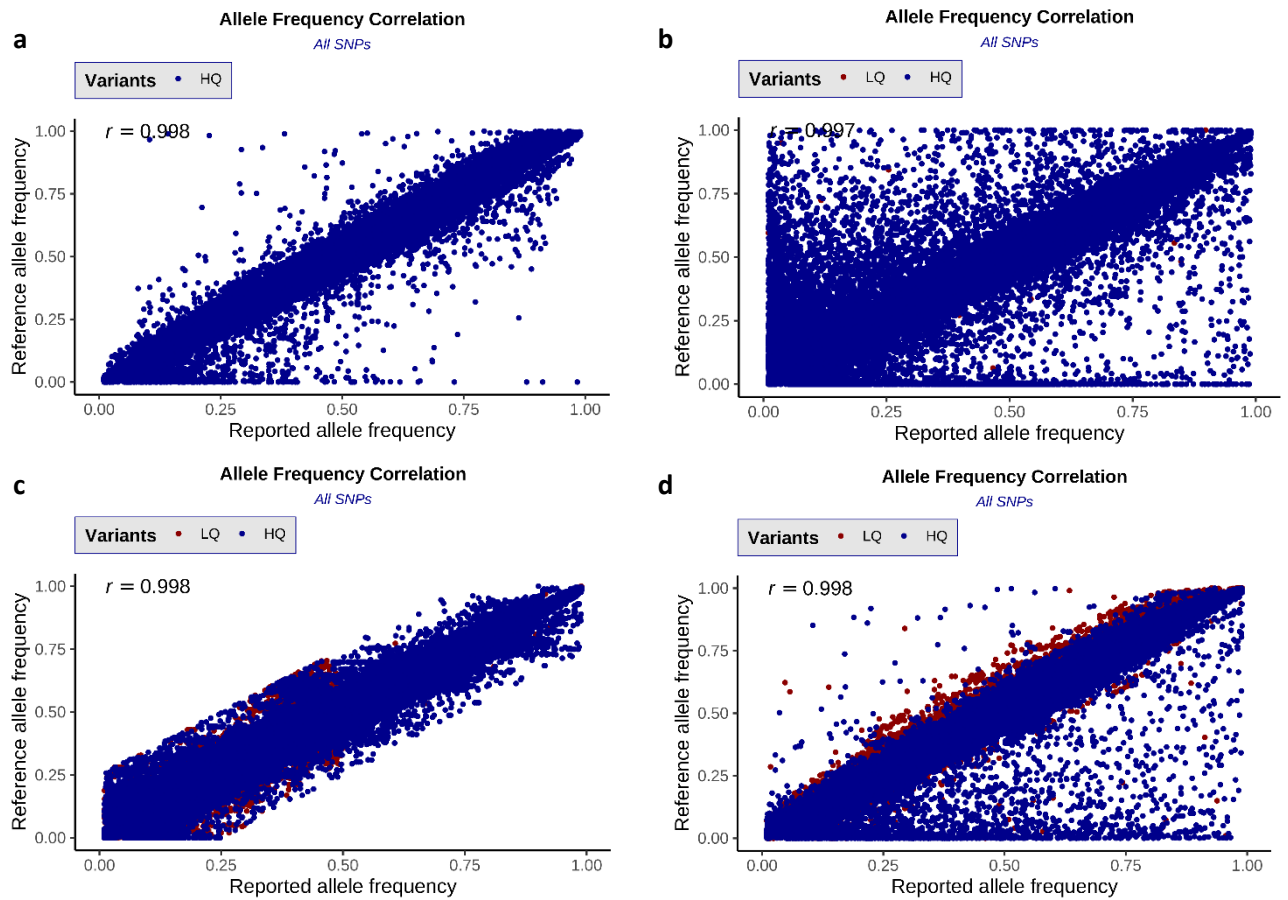
SBP:



DBP:

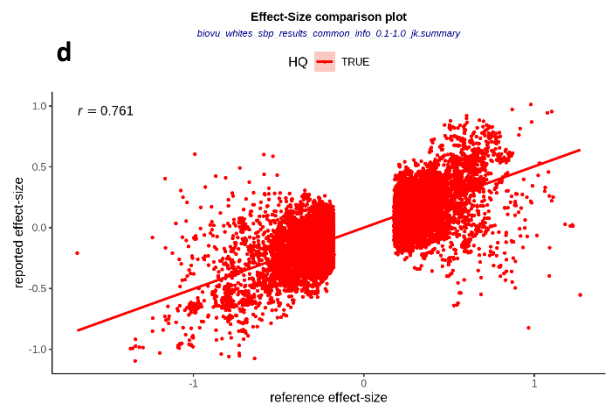
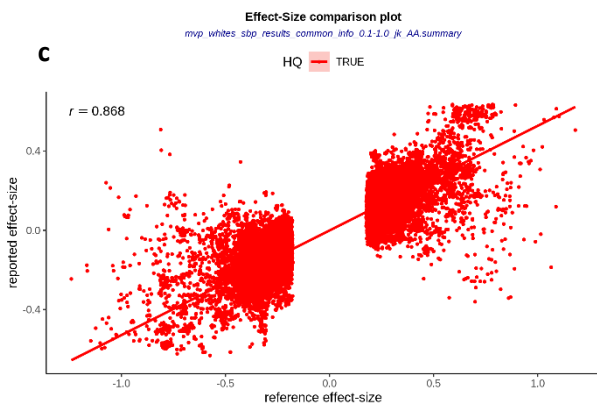
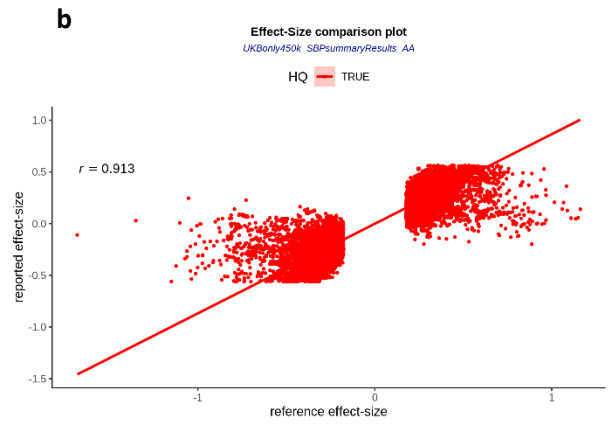
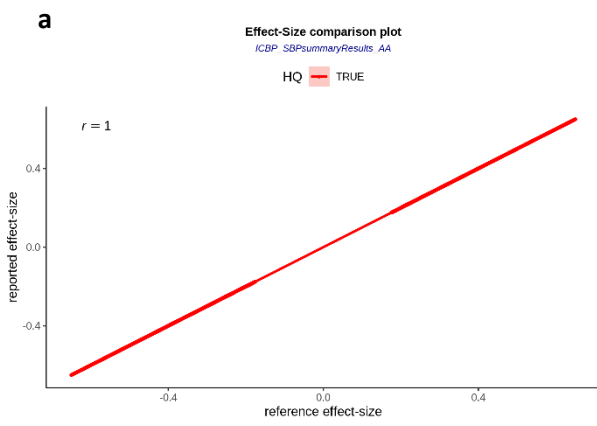


PP:

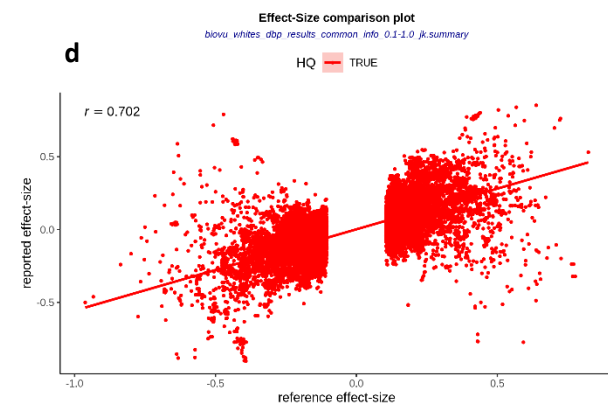
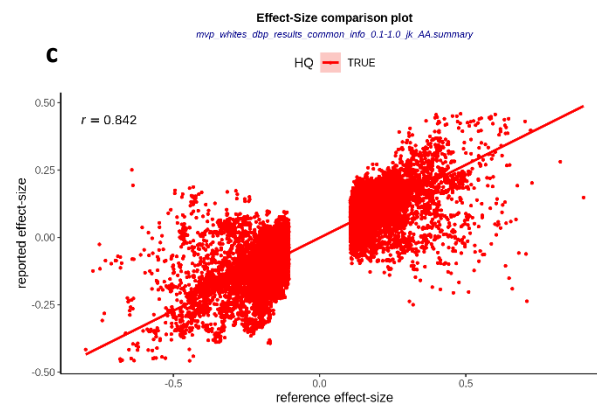
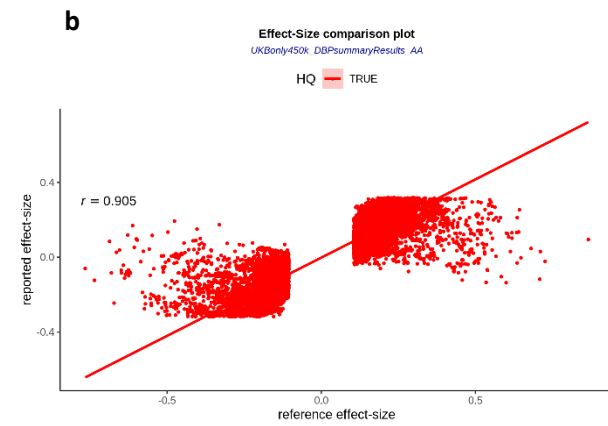
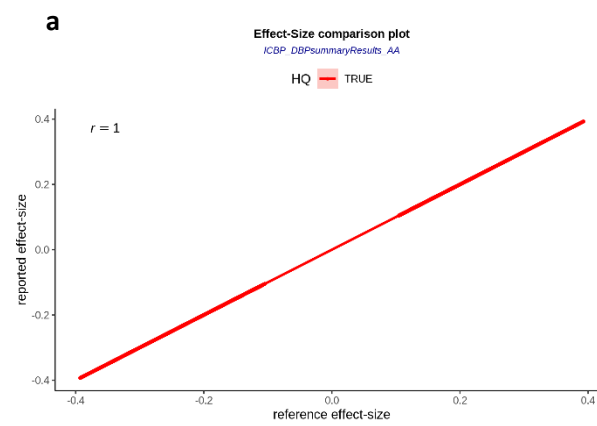


Supplementary Figures 15a-d. Allele frequency correlation of ICBP (a), UKB (b), MVP (c), and BioVU (d) datasets with the 1000 Genomes reference panel of European individuals in study-level QC for systolic-, diastolic-, and pulse pressure (SBP, DBP, and PP respectively). HQ: high-quality SNPs, LQ: low-quality SNPs. Filters for selecting high-quality SNPs include $MAF \geq 0.01$, two-sided Hardy–Weinberg p -value $\geq 1 \times 10^{-6}$, and imputation quality > 0.3 , where available.

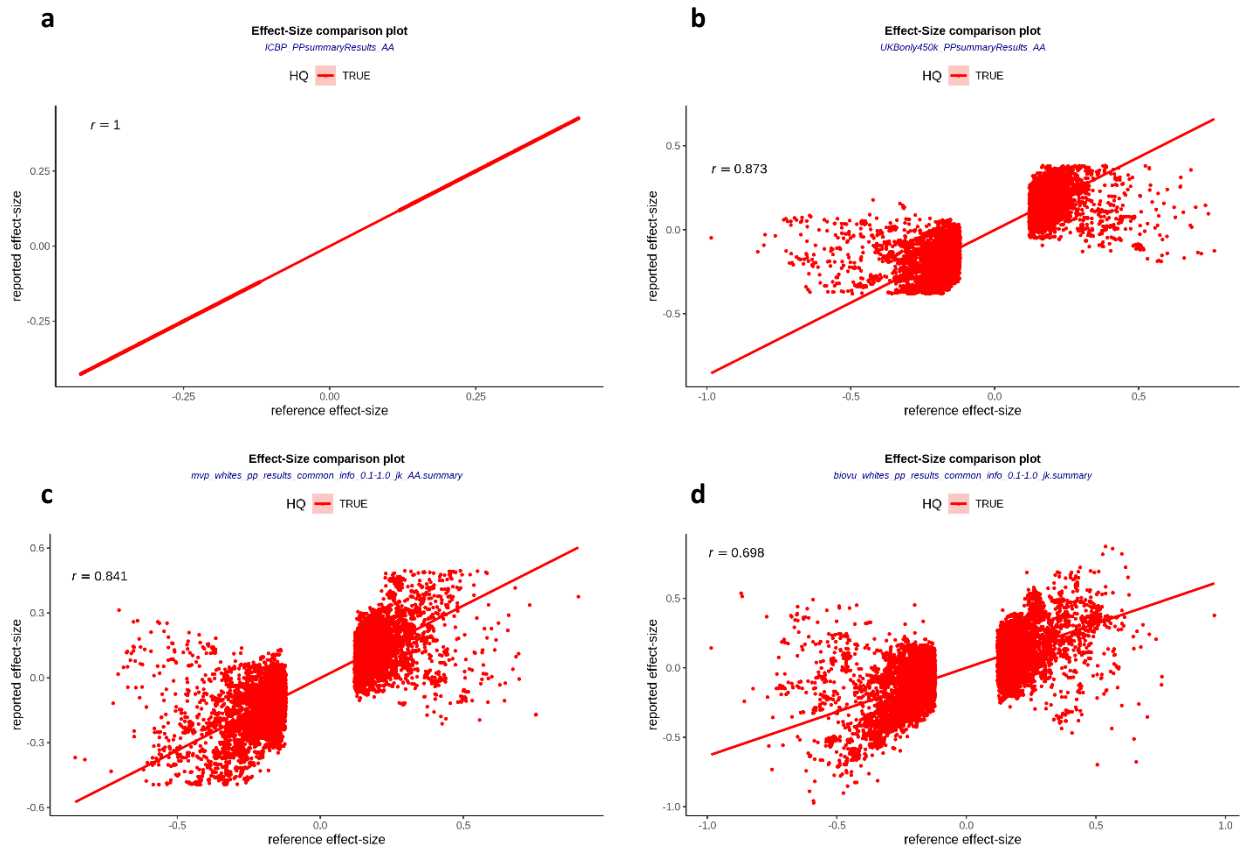
SBP:



DBP:

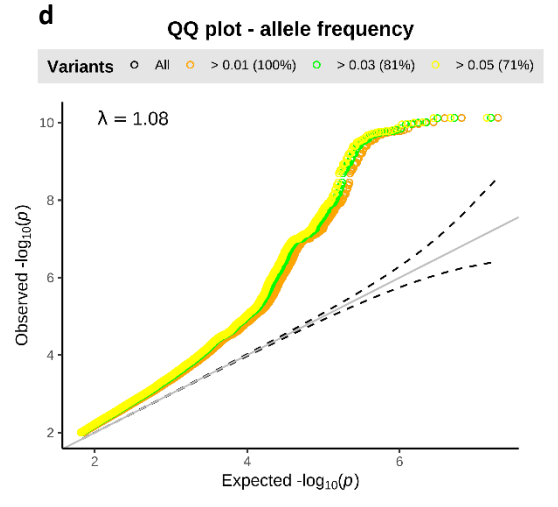
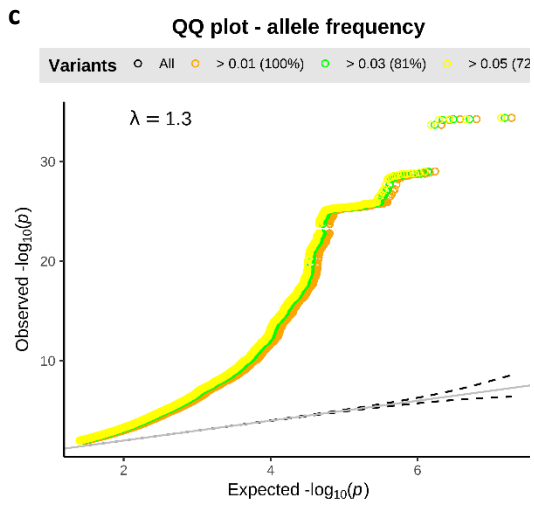
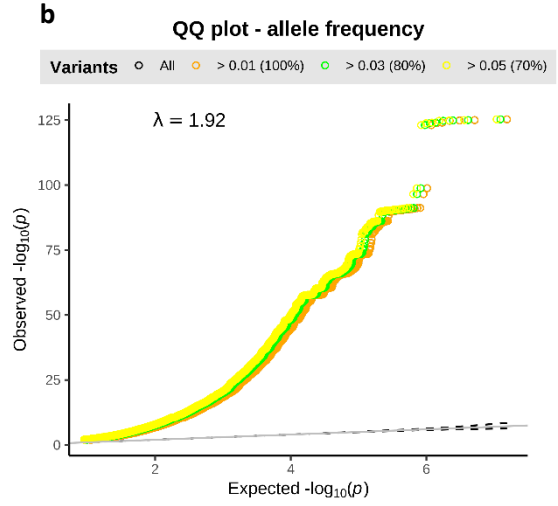
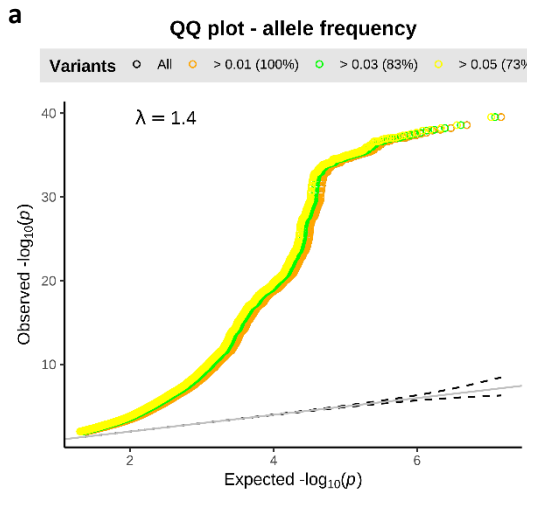


PP:

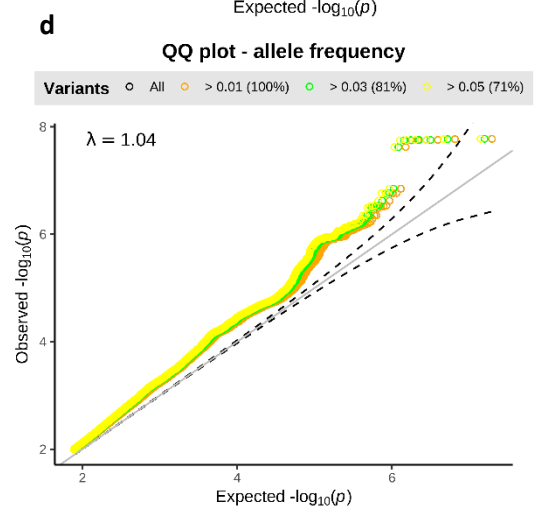
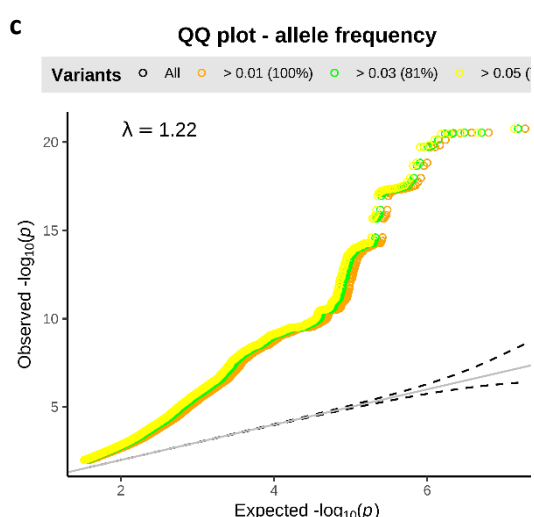
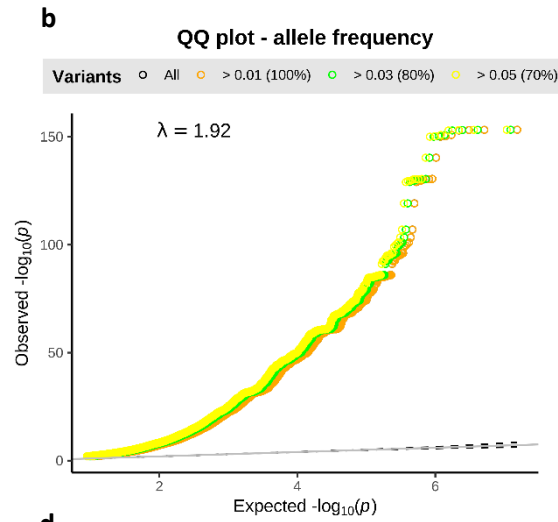
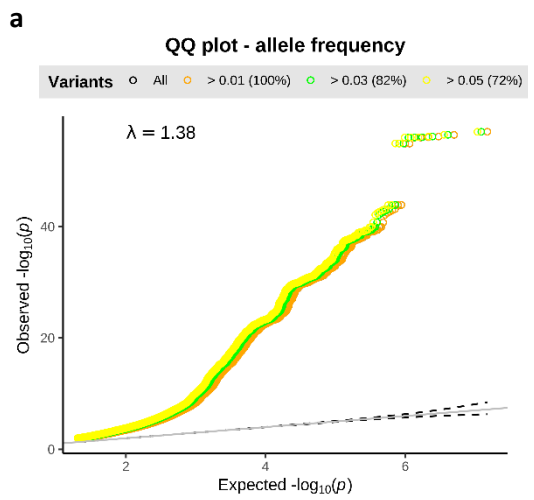


Supplementary Figures 16a-d. Effect size correlation of the ICBP (a), UKB (b), MVP (c), and BioVU (d) GWAS datasets of systolic-, diastolic-, and pulse pressure (SBP, DBP, and PP respectively) with the ICBP GWAS results as reference. HQ: high-quality SNPs, LQ: low-quality SNPs. Filters for selecting high-quality SNPs include $MAF \geq 0.01$, two-sided Hardy-Weinberg p -value $\geq 1 \times 10^{-6}$, and imputation quality > 0.3 , where available.

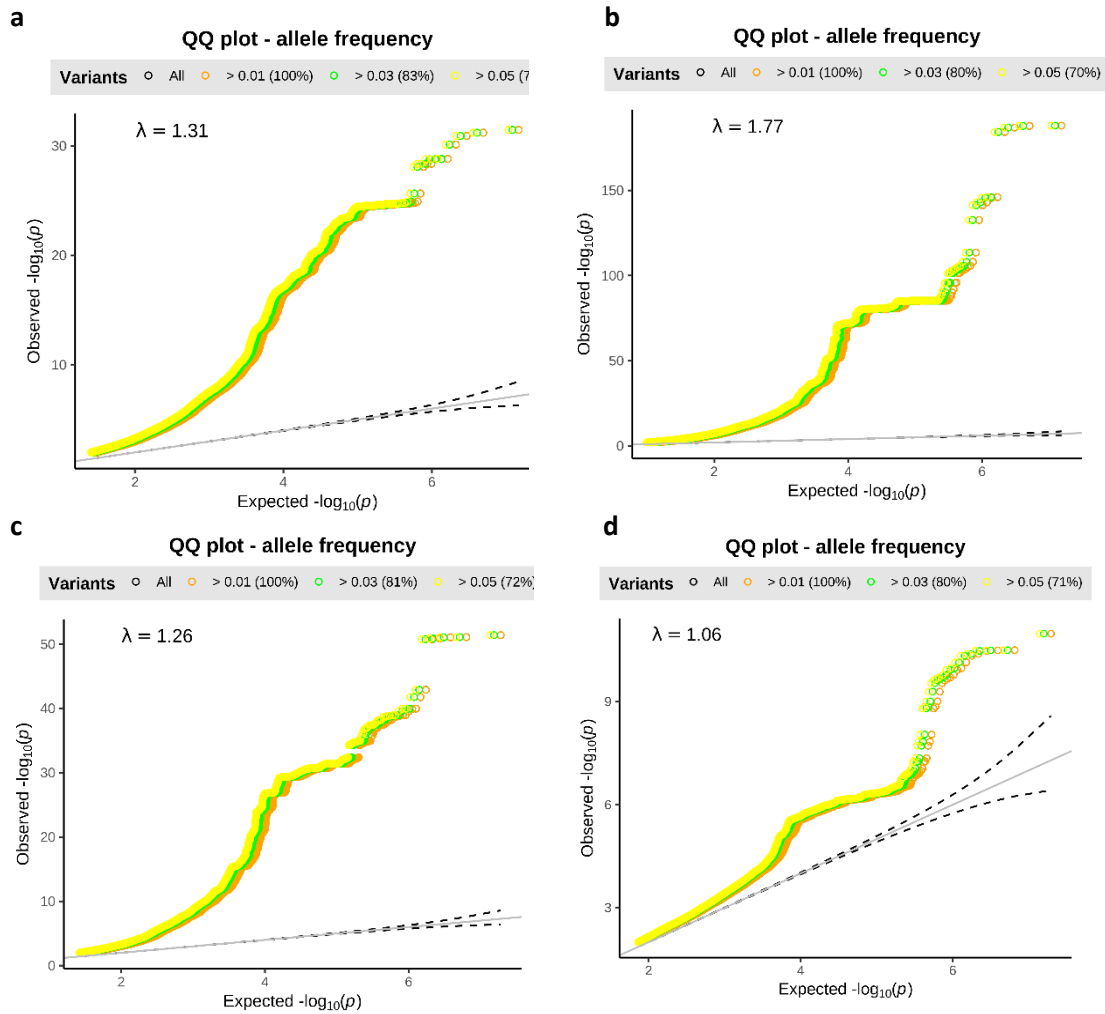
SBP:



DBP:

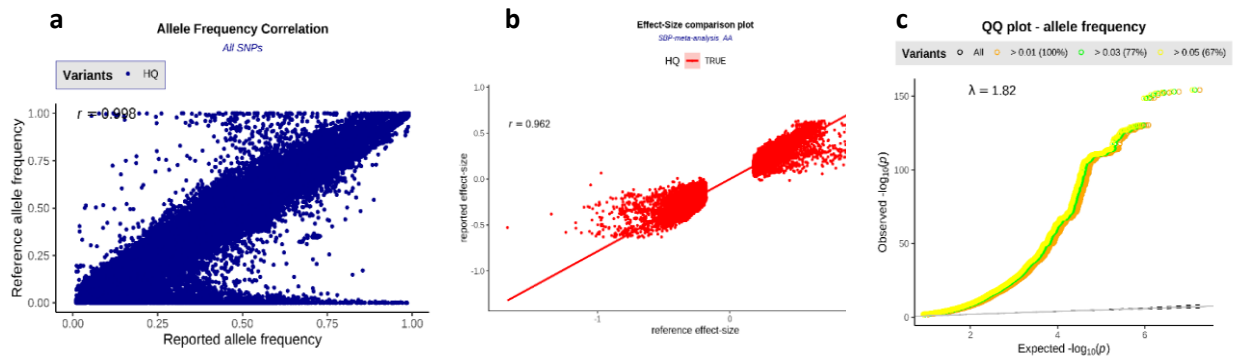


PP:

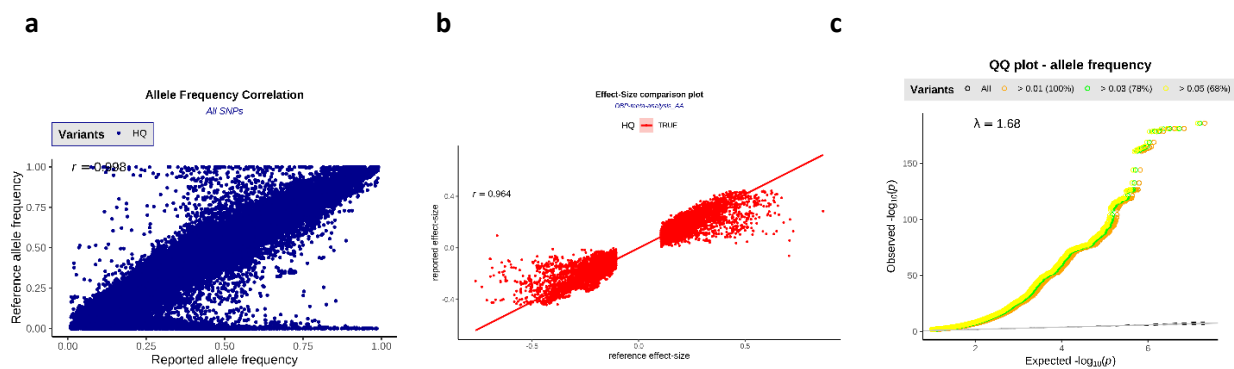


Supplementary Figure 17. QQ plots of the ICBP (a), UKB (b), MVP (c), and BioVU (d) GWAS datasets of systolic-, diastolic-, and pulse pressure (SBP, DBP, and PP, respectively). Observed p-values are from individual linear regression analyses and expected p-values are calculated under the null hypothesis that p-values are uniformly distributed between 0 and 1. QQ plot lines are presented according to different Minor Allele Frequency ranges.

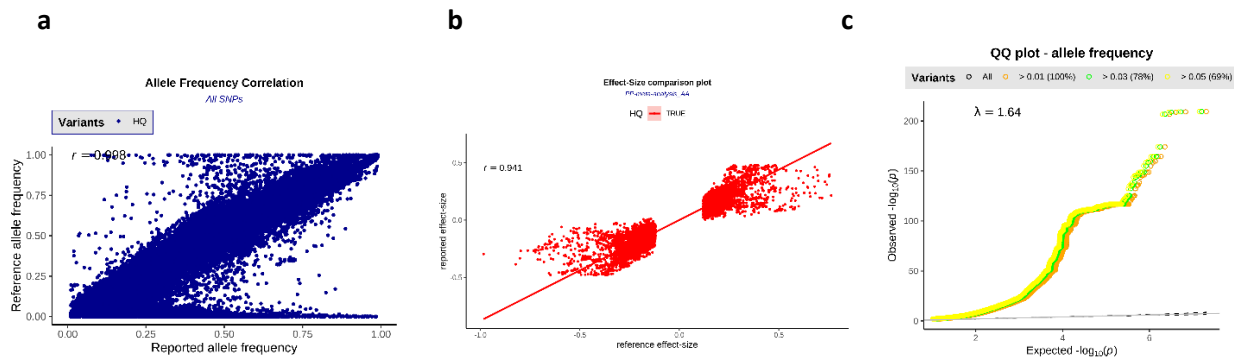
SBP:



DBP:

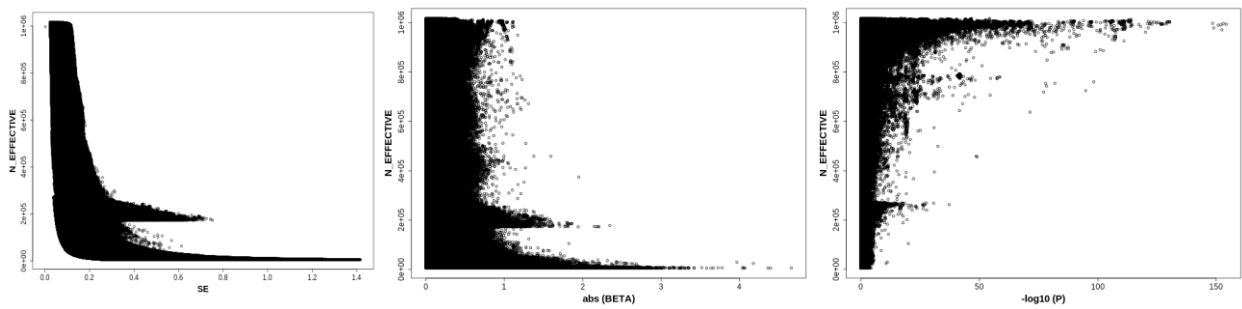


PP:

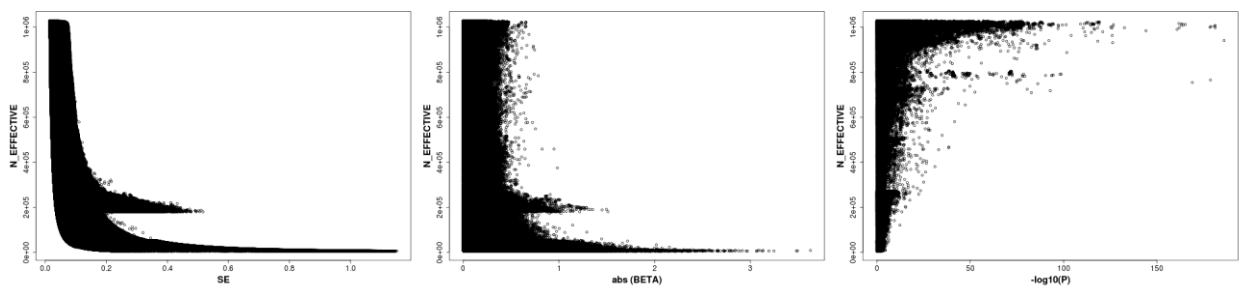


Supplementary Figures 18a-c. Quality checks of the meta-analysis results for systolic-, diastolic-, and pulse pressure (SBP, DBP, and PP respectively). a) Weighted allele frequency correlation with 1KG reference panel; b) correlation of Meta effect sizes with ICBP data, the same reference as for study-level QC; c) QQ plot of the meta-analysis results. Observed p-values are from the inverse variance-weighted GWAS meta-analysis results and expected p-values are calculated under the null hypothesis that p-values are uniformly distributed between 0 and 1. QQ plot lines are presented according to different Minor Allele Frequency ranges.

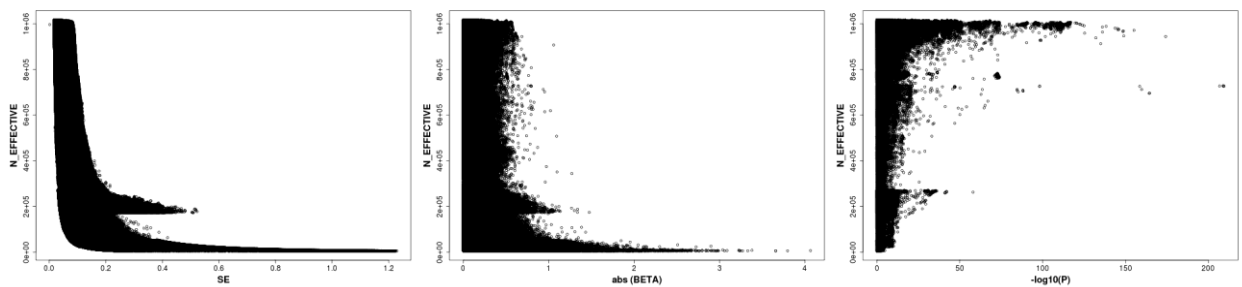
SBP:



DBP:

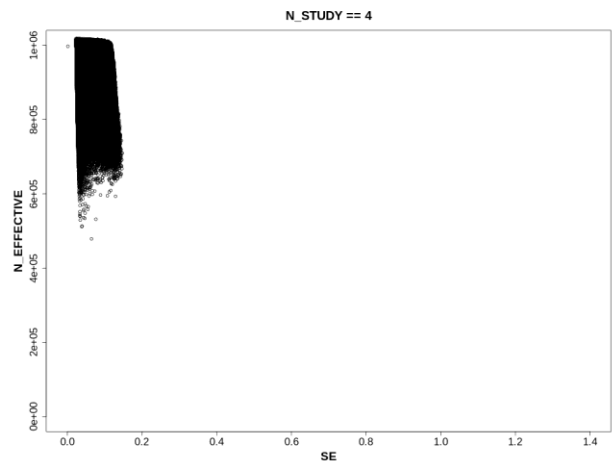
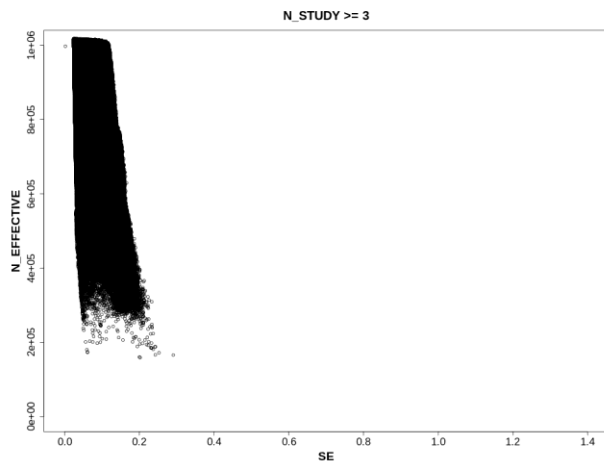
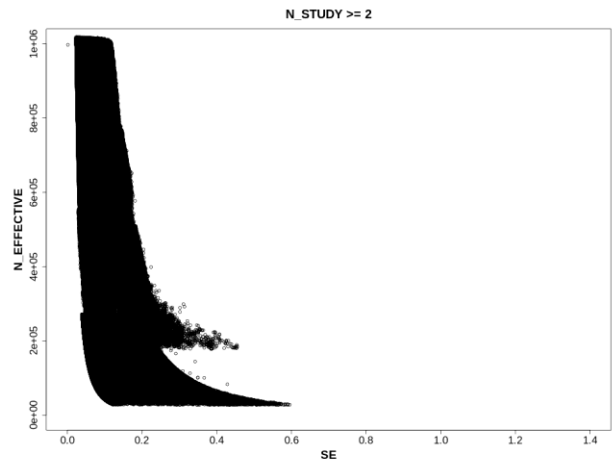
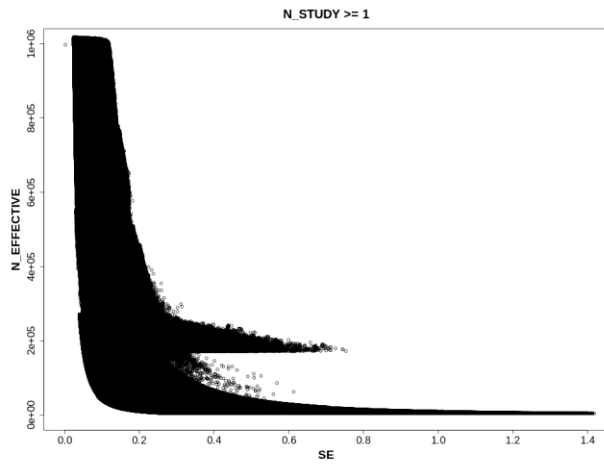


PP:

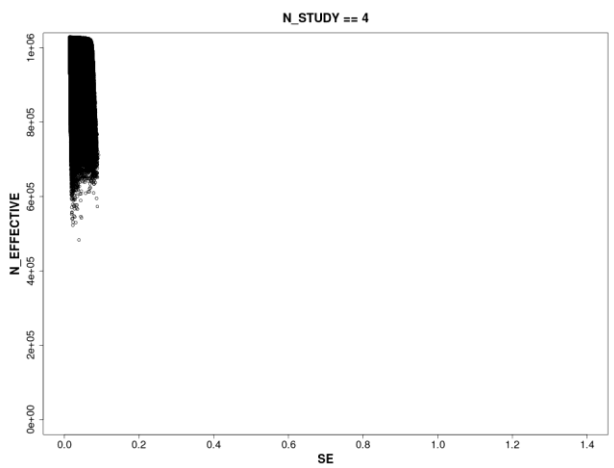
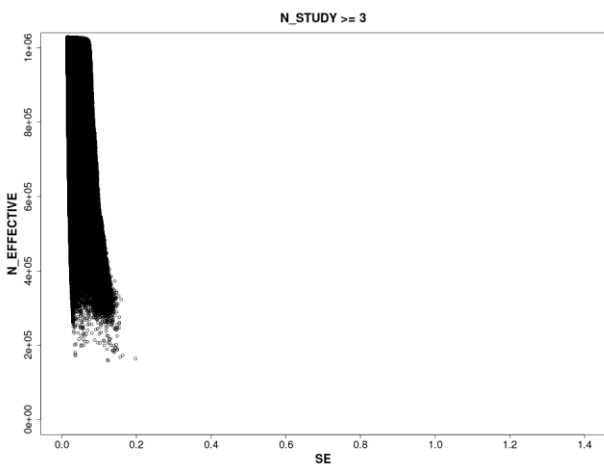
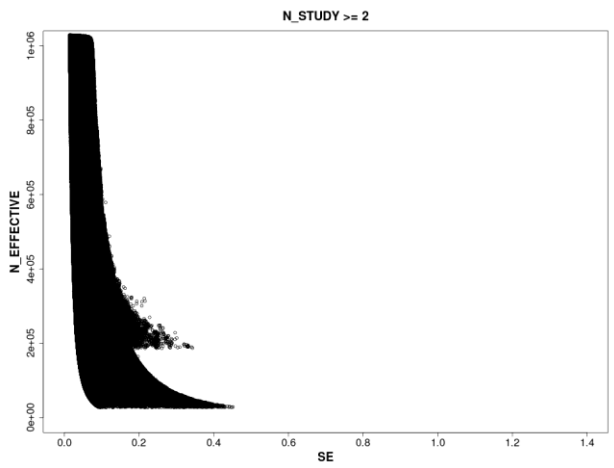
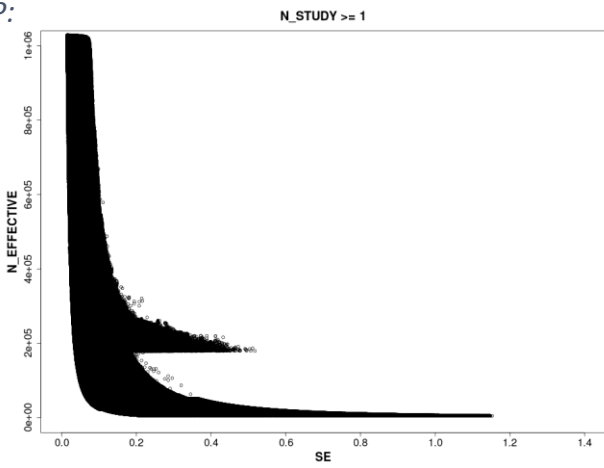


Supplementary Figure 19. Bivariate scatter plots of the key summary statistics in inverse variance-weighted GWAS meta-analysis results of systolic-, diastolic-, and pulse pressure (SBP, DBP, and PP respectively). N_EFFECTIVE = effective sample size; SE = standard error of estimates; abs(BETA) = absolute effect estimate; -log10(P) = minus of meta-GWAS p-values in logarithmic scale.

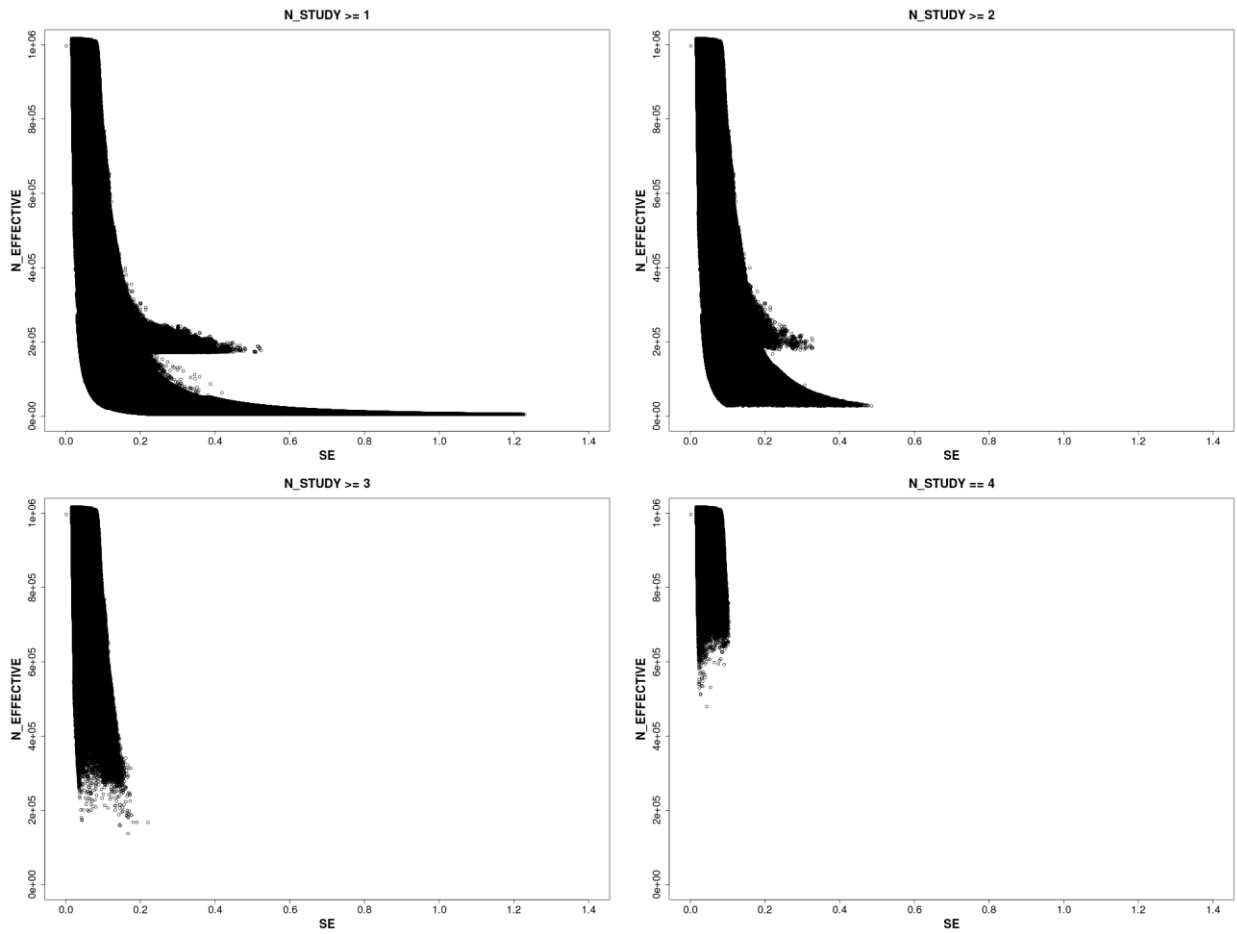
SBP:



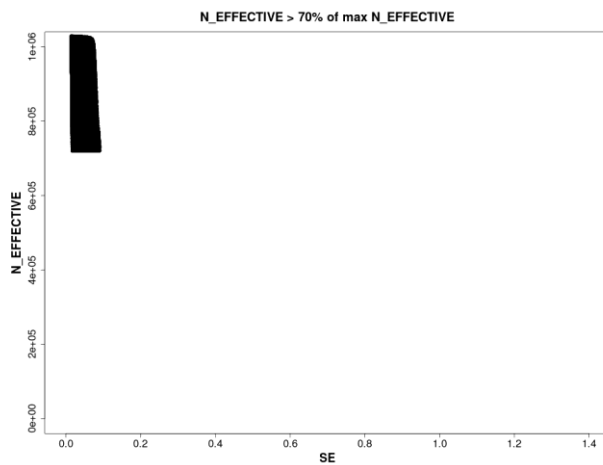
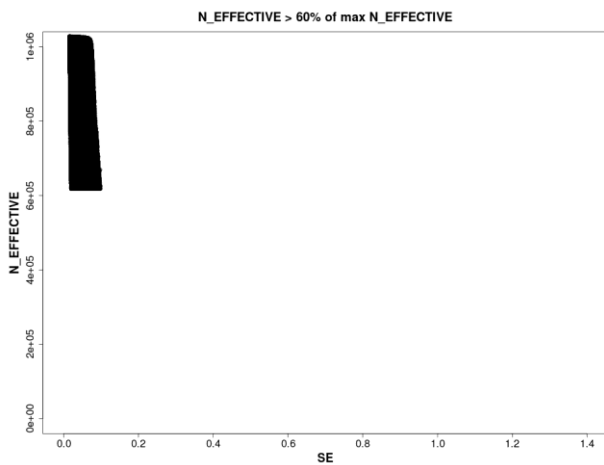
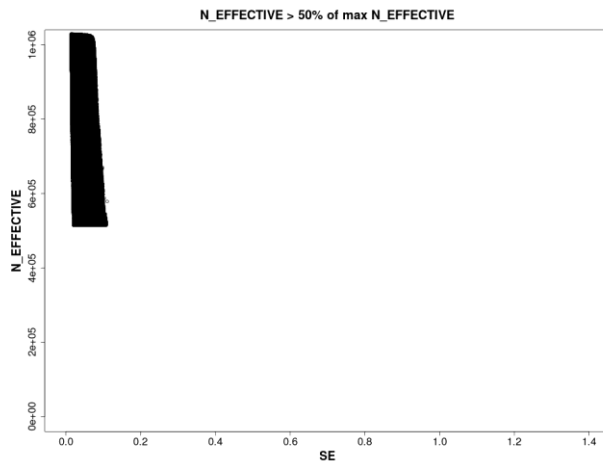
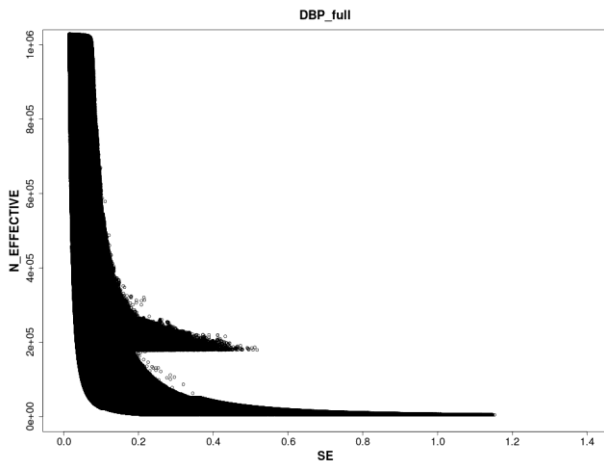
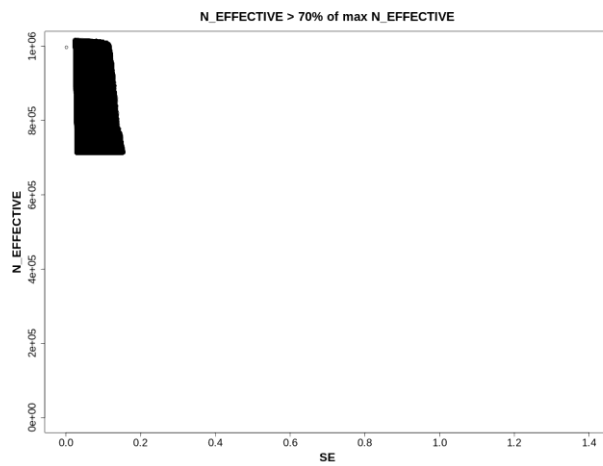
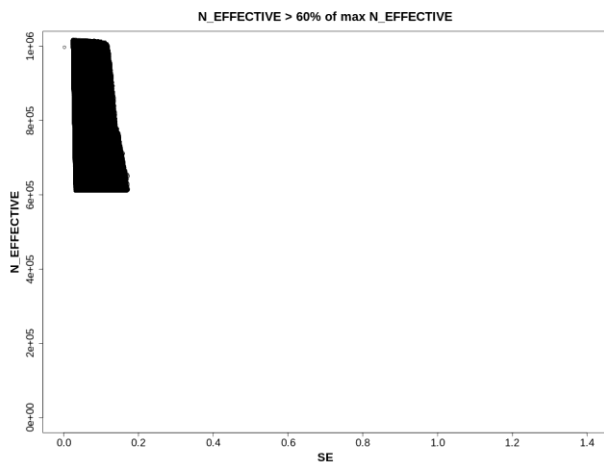
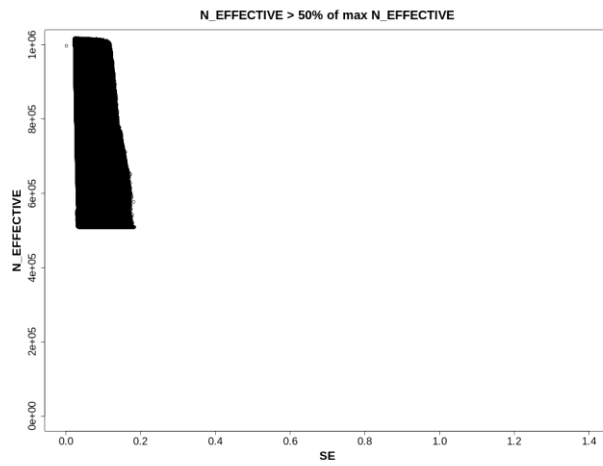
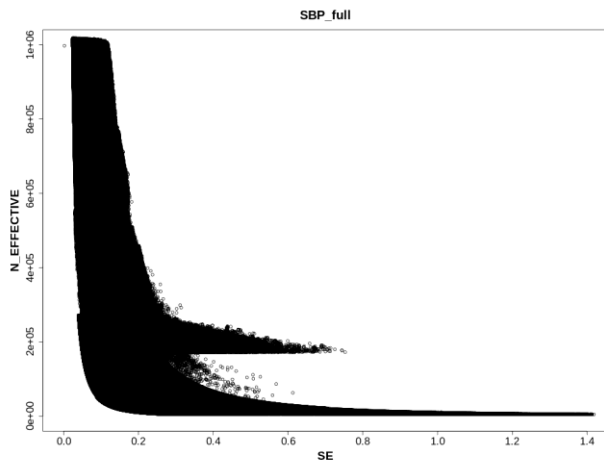
DBP:

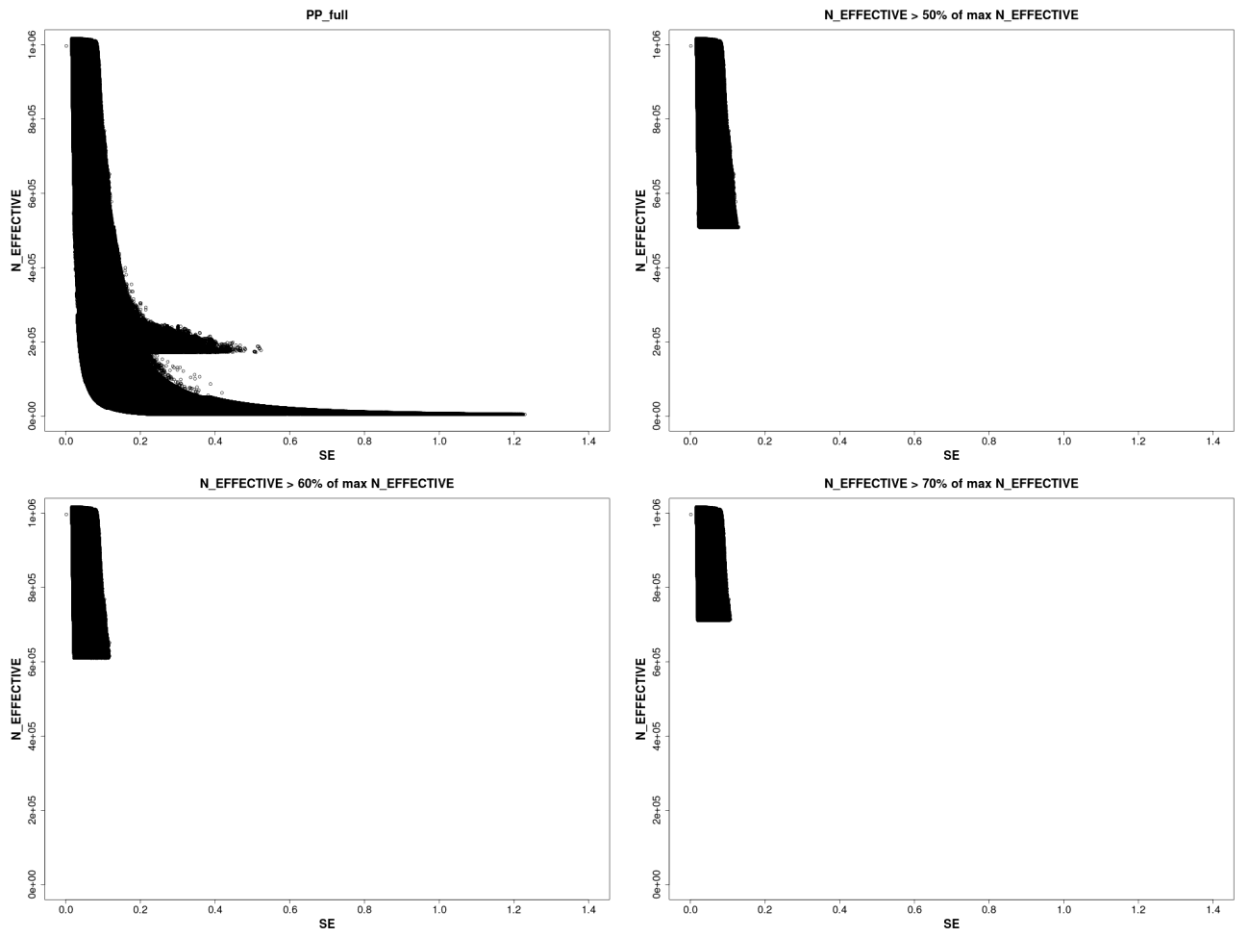


PP:

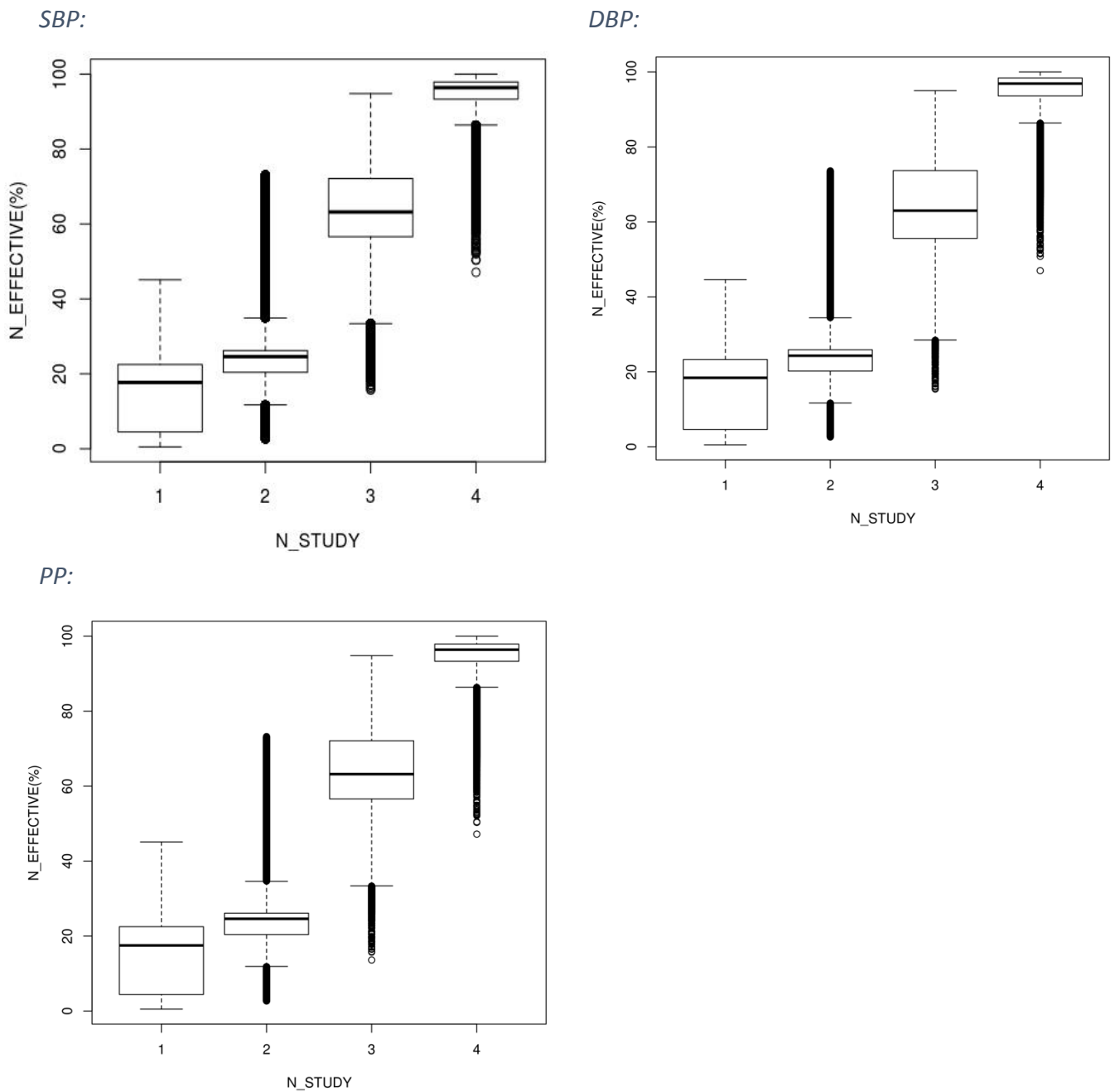


Supplementary Figure 20. Selection of filtering criteria based on N_STUDY (the number of study sub-datasets within the meta-analysis (up to 4) with available data for each variant). Data shown is for meta-analysis results of systolic-, diastolic-, and pulse pressure (SBP, DBP, and PP respectively).

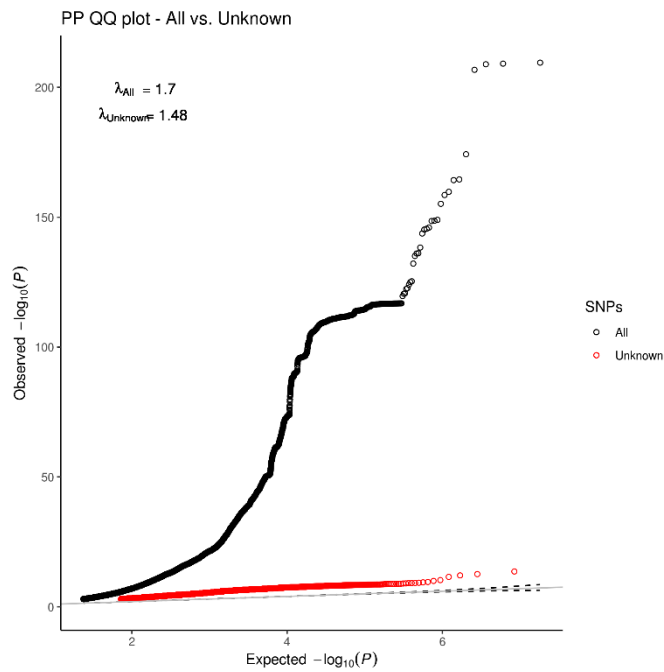
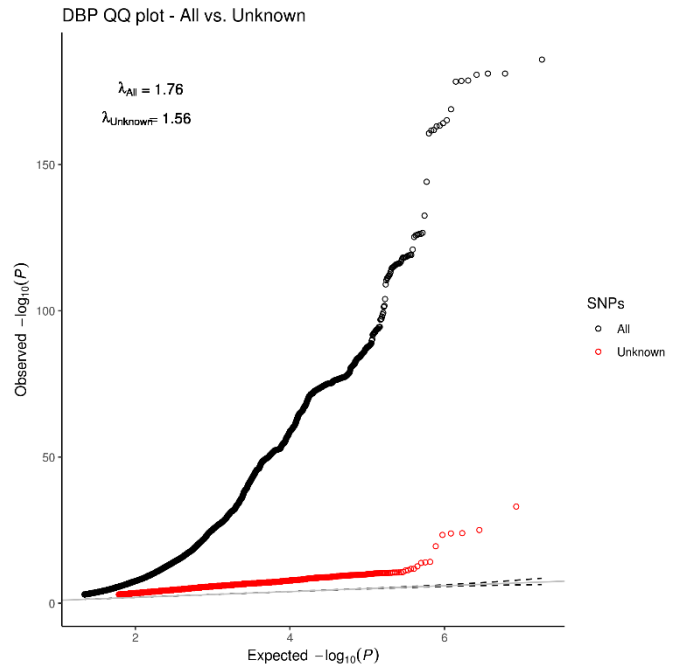
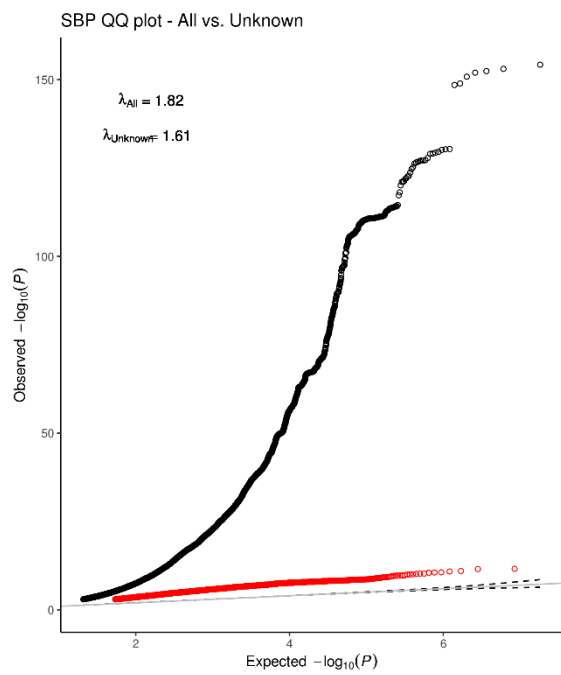




Supplementary Figure 21. Selection of filtering criteria based on N_EFFECTIVE. Data shown is for meta-analysis results of systolic-, diastolic-, and pulse pressure (SBP, DBP, and PP respectively).



Supplementary Figure 22. The distribution of $N_EFFECTIVE/\max(N_EFFECTIVE)$ in percent, for SNPs present in different number of studies (N_STUDY) in meta-analysis results of systolic-, diastolic-, and pulse pressure (SBP, DBP, and PP respectively). These studies are ICBP ($n=299,024$), UKB ($n=458,577$), BioVU ($n=50,649$), and MVP ($n=220,501$). Each box represents the interquartile range (IQR) of the data, with the median value shown as a horizontal line in the middle of the box. Whiskers show the 1.5 IQR range, with outlier values drawn as individual points outside.



Supplementary Figure 23a-c. QQ plots of meta-analysis results for all variants versus novel variants in the “unknown” subset of the GWAS data, for systolic-, diastolic-, and pulse pressure (SBP, DBP, and PP respectively). Genomic Inflation values λ are provided for both GWAS subsets.

