

**Table 5: Results of case only logistic regression analysis for OCTN variant IGR 2230 and CD site / behaviour.**

CD sub-phenotype group	IGR2230 Genotype	CD cases with sub-phenotype n (%)	CD cases without sub-phenotype n (%)	Case only allelic odds ratios assuming multiplicative model comparing sub-phenotype group to all other CD cases		
				OR	95% CI	P
Ileal disease (L1)	CC	32 (21.6)	73 (21.1)	0.98	[0.74-1.29]	0.87
	CT	78 (52.7)	182 (52.6)			
	TT	38 (25.7)	91 (26.3)			
Colonic disease (L2)	CC	30 (20.1)	75 (21.7)	1.06	[0.80-1.40]	0.69
	CT	79 (53.0)	181 (52.5)			
	TT	40 (26.9)	89 (25.8)			
Ileo-colonic disease (L3)	CC	41 (22.2)	64 (20.7)	0.98	[0.75-1.28]	0.89
	CT	95 (51.4)	165 (53.4)			
	TT	49 (25.9)	94 (26.5)			
Peri-anal disease	CC	24 (18.9)	81 (22.1)	1.04	[0.78-1.40]	0.78
	CT	71 (55.9)	189 (51.5)			
	TT	32 (25.2)	97 (26.4)			
Inflammatory behaviour (B1)	CC	44 (21.9)	61 (20.8)	1.08	[0.83-1.40]	0.57
	CT	99 (49.3)	161 (55.0)			
	TT	58 (28.9)	71 (24.2)			
Stenosing behaviour (B2)	CC	41 (22.9)	64 (20.5)	0.93	[0.71-1.21]	0.61
	CT	92 (51.4)	166 (53.0)			
	TT	46 (25.6)	83 (26.5)			
Penetrating behaviour (B3)	CC	20 (17.2)	85 (22.5)	0.98	[0.72-1.33]	0.92
	CT	71 (61.2)	189 (50.0)			
	TT	25 (21.6)	104 (27.5)			
Proven Internal Fistulae / abscess	CC	14 (20.9)	91 (21.3)	0.89	[0.61-1.29]	0.533
	CT	39 (58.2)	221 (51.8)			
	TT	14 (20.9)	115 (26.9)			

CD behaviour classified according to the Vienna classification[28]. Patients were classified in either fistulating or stenosing groups depending on the form of disease behaviour considered primary. Patients in the inflammatory group had neither fistulating nor stenosing disease. Peri-anal disease and proven internal fistulae / abscesses were also considered separately.