

Supplementary Information for

Genome-wide association study of PR interval

Arne Pfeufer^{1,2*}, Charlotte van Noord^{3,4,5*}, Kristin D. Marcianti^{6*}, Dan E. Arking^{7*}, Martin G. Larson^{8,9*}, Albert Vernon Smith^{10*}, Kirill V. Tarasov^{11,12*}, Martina Müller^{13,14}, Nona Sotoodehnia¹⁵, Moritz F. Sinner¹⁴, Germaine C. Verwoert^{3,16}, Man Li¹⁷, W.H. Linda Kao¹⁷, Anna Köttgen¹⁷, Josef Coresh¹⁷, Joshua C. Bis⁶, Bruce M. Psaty^{6,18,19,20}, Kenneth Rice²¹, Jerome I. Rotter²², Fernando Rivadeneira^{3,16}, Albert Hofman³, Jan A. Kors²³, Bruno H.C. Stricker^{3,16,24}, André G. Uitterlinden^{3,16}, Cornelia M. van Duijn³, Britt M. Beckmann¹⁴, Wiebke Sauter¹³, Christian Gieger¹³, Steven A. Lubitz^{25,26}, Christopher Newton-Cheh^{26,27,28}, Thomas J. Wang^{9,26,28}, Jared W. Magnani²⁹, Renate B. Schnabel^{9,30}, Mina K. Chung³¹, John Barnard³¹, Jonathan D. Smith³¹, David R. Van Wagoner³¹, Ramachandran S. Vasan^{9,29}, Thor Aspelund^{10,32}, Gudny Eiriksdottir¹⁰, Tamara B. Harris³³, Lenore J. Launer³³, Samer S. Najjar¹¹, Edward Lakatta¹¹, David Schlessinger¹², Manuela Uda³⁴, Gonçalo R. Abecasis³⁵, Bertram Müller-Myhsok³⁶, Georg B. Ehret⁷, Eric Boerwinkle³⁷, Aravinda Chakravarti^{7,38}, Elsayed Z. Soliman³⁹, Kathryn L. Lunetta⁴⁰, Siegfried Perz⁴¹, H.-Erich Wichmann^{13,42,43}, Thomas Meitinger^{1,2}, Daniel Levy^{9,44}, Vilmundur Gudnason^{10,32*}, Patrick T. Ellinor^{26,27,28*}, Serena Sanna^{34*}, Stefan Käbb^{14*}, Jacqueline C.M. Witteman^{3,5*}, Alvaro Alonso^{45*}, Emelia J. Benjamin^{9,46,47*}, Susan R. Heckbert^{18,20*}

* These authors contributed equally to the study

¹ Institute of Human Genetics, Klinikum rechts der Isar der Technischen Universität München, Germany

² Institute of Human Genetics, Helmholtz Zentrum München, German Research Center for Environmental Health, Neuherberg, Germany

³ Department of Epidemiology, Erasmus Medical Center, Rotterdam, the Netherlands

⁴ Dutch Medicines Evaluation Board, the Hague, the Netherlands

⁵ Netherlands Consortium on Healthy Aging (NCHA)

⁶ Department of Medicine, University of Washington. Seattle WA, USA

⁷ McKusick-Nathans Institute of Genetic Medicine, Johns Hopkins University, Baltimore, MD, USA

⁸ Department of Mathematics and Statistics, Boston University, Boston, MA, USA

⁹ National Heart, Lung and Blood Institute's Framingham Heart Study, Framingham, MA, USA

¹⁰ Icelandic Heart Association, Heart Preventive Clinic and Research Institute, Kopavogur, Iceland

¹¹ Laboratory of Cardiovascular Science, National Institute on Aging, Baltimore, MD, USA

¹² Laboratory of Genetics, National Institute on Aging, National Institutes of Health, Baltimore, MD, USA

¹³ Institute of Epidemiology, Helmholtz Zentrum München, German Research Center for Environmental Health, Neuherberg, Germany

¹⁴ Department of Medicine I, Klinikum Grosshadern, Munich, Germany

¹⁵ Division of Cardiology, Department of Medicine, University of Washington, Seattle WA, USA

¹⁶ Department of Internal Medicine, Erasmus Medical Center, Rotterdam, the Netherlands

¹⁷ Department of Epidemiology, Johns Hopkins University, Baltimore, MD, USA

¹⁸ Department of Epidemiology, University of Washington, Seattle WA

¹⁹ Department of Health Services, University of Washington, Seattle WA

²⁰ Group Health Research Institute, Seattle, WA

²¹ Department of Biostatistics, University of Washington, Seattle, WA, USA

²² Medical Genetics Institute, Department of Common Diseases Genetics Program, Cedars-Sinai Med Center, West Hollywood, CA, USA

²³ Department of Medical Informatics, Erasmus Medical Center, Rotterdam, the Netherlands

²⁴ Inspectorate for Health Care, The Hague, the Netherlands

²⁵ Division of Preventive Medicine, Brigham and Women's Hospital, Boston, MA, USA

²⁶ Cardiovascular Research Center, Massachusetts General Hospital, Boston, MA, USA

²⁷ Center for Human Genetic Research, Massachusetts General Hospital, Boston, MA, USA

²⁸ Cardiology Division, Massachusetts General Hospital, Boston, MA, USA

²⁹ Boston University School of Medicine, Boston, MA, USA

³⁰ Gutenberg Heart Study, Medical Clinic II (Cardiology), Johannes Gutenberg-University, Mainz, Germany

³¹ Heart & Vascular and Lerner Research Institutes, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH, USA

³² University of Iceland, Reykjavik, Iceland

³³ Laboratory of Epidemiology, Demography, and Biometry, National Institute on Aging, Baltimore, MD, USA

³⁴ Istituto di Neurogenetica e Neurofarmacologia, CNR, Monserrato, 09042 Cagliari, Italy

³⁵ Center for Statistical Genetics, Department of Biostatistics, University of Michigan, Ann Arbor, MI, USA

³⁶ Statistical Genetics, Max Planck Institute of Psychiatry, Munich, Germany

³⁷ Human Genetics Center and Institute for Molecular Medicine, University of Texas Health Science Center, Houston, TX, USA

³⁸ Department of Medicine, Johns Hopkins University, Baltimore, MD, USA

³⁹ Epidemiological Cardiology Research Center (EPICARE), Department of Epidemiology and Prevention, Division of Public Health Sciences, Wake Forest University Medical Center, Winston-Salem, NC, USA

⁴⁰ Department of Biostatistics, Boston University School of Public Health, Boston, MA, USA

⁴¹ Institute of Biological and Medical Imaging, Helmholtz Center Munich, Germany

⁴² Institute of Medical Informatics, Biometry and Epidemiology, Chair of Epidemiology, Ludwig-Maximilians-Universität, Munich, Germany

⁴³ Klinikum Grosshadern, Munich, Germany.

⁴⁴ Center for Population Studies, National Heart, Lung, and Blood Institute, Bethesda, MD, USA

⁴⁵ Division of Epidemiology and Community Health, School of Public Health, University of Minnesota, Minneapolis, MN, USA

⁴⁶ Department of Epidemiology, School of Public Health, Boston University, Boston, MA, USA

⁴⁷ Cardiology and Preventive Medicine Division, Evans Department of Medicine, Whitaker Cardiovascular Institute, Boston University School of Medicine, Boston, MA, USA

SUPPLEMENTARY NOTE

Cohort study investigators

AGES (Age, Gene/Environment Susceptibility-Reykjavik Study)

Albert Vernon Smith, Thor Aspelund, Gudny Eiriksdottir, Tamara B. Harris, Lenore J. Launer, Vilundur Gudnarsson

ARIC (Atherosclerosis Risk in Communities)

Dan E. Arking, Man Li, Georg B. Ehret, Elsayed Z. Soliman, W.H. Linda Kao, Anna Köttgen, Josef Coresh, Eric Boerwinkle, Aravinda Chakravarti, Alvaro Alonso

CHS (Cardiovascular Health Study)

Kristin D. Marciante, Nona Sotoodehnia, Joshua C. Bis, Jerome I. Rotter, Kenneth Rice, Bruce M. Psaty, Susan R. Heckbert

CCAF (Cleveland Clinic AF Study)

Mina K. Chung, John Barnard, Jonathan D. Smith, David R. Van Wagoner

FHS (Framingham Heart Study)

Martin G. Larson, Kathryn L. Lunetta, Steven A. Lubitz, Patrick T. Ellinor, Daniel Levy, Jared W. Magnani, Christopher Newton-Cheh, Renate B. Schnabel, Ramachandran S. Vasan, Thomas J. Wang, Emelia J. Benjamin

KORA (Kooperative Gesundheitsforschung in der Region Augsburg) and

AFNET (German Competence Network on Atrial Fibrillation)

Arne Pfeufer, Martina Müller, Moritz F. Sinner, Britt M. Beckmann, Christian Gieger, Wiebke Sauter, Bertram Müller-Myhsok, Siegfried Perz, H.-Erich Wichmann, Thomas Meitinger, Stefan Kääh

RS (Rotterdam Study)

Charlotte van Noord, Germaine Verwoert, Fernando Rivadeneira, Albert Hofman, Jan Kors, Bruno Stricker, André Uitterlinden, Cornelia van Duin, Jacqueline Witteman

SardiNIA

Kirill V. Tarasov, Samer S. Najjar, Edward Lakatta, David Schlessinger, Manuela Uda, Gonçalo R. Abecasis, Serena Sanna

Acknowledgements

We gratefully acknowledge all of the participants in the studies. We thank members of our laboratories for their helpful discussion. Support for this work was provided by the following grants:

AGES: The AGES study is funded by National Institutes of Health contract N01-AG-12100, the U.S. National Institute on Aging Intramural Research Program, Hjartavernd (the Icelandic Heart Association), and the Althingi (the Icelandic Parliament). Components of the study were also supported by the U.S. National Eye Institute, the U.S. National Institute on Deafness and Other Communication Disorders, and the U.S. National Heart, Lung, and Blood Institute. This work was supported in part by the Intramural Research Program, National Institutes of Health.

ARIC: The ARIC study is carried out as a collaborative study supported by National Heart, Lung, and Blood Institute contracts N01-HC-55015, N01-HC-55016, N01-HC-55018, N01-HC-55019, N01-HC-55020, N01-HC-55021, N01-HC-55022, R01-HL-087641, R01-HL-59367 and R01-HL-086694; National Human Genome Research Institute contract U01-HG-004402; and National Institutes of Health contract HHSN268200625226C. Infrastructure was partly supported by Grant Number UL1-RR-025005, a component of the National Institutes of Health and NIH Roadmap for Medical Research. In addition, we acknowledge support from NHLBI grants HL-86694 and HL-054512, and the Donald W. Reynolds Cardiovascular Clinical Research Center at Johns Hopkins University for genotyping and data analysis relevant to this study.

CCAF: R01-HL-090620 from the National Heart, Lung, and Blood Institute (Chung, Barnard); Heart and Vascular Institute, Department of Cardiovascular Medicine, Cleveland Clinic (Chung). P50-HL-077107 from the National Heart, Lung, and Blood Institute (J. Smith, Barnard)

CHS: The research reported in this article was supported by contract numbers N01-HC-85079 through N01-HC-85086, N01-HC-35129, N01 HC-15103, N01 HC-55222, N01-HC-75150, N01-HC-45133, and grant numbers U01 HL080295 and R01 HL087652, and R01-HL-088456 from the National Heart, Lung, and Blood Institute, with additional contribution from the National Institute of Neurological Disorders and Stroke and the Cedars-Sinai Board of Governors Chair in Medical Genetics. A full list of principal CHS investigators and institutions can be found at <http://www.chs-nhlbi.org/pi.htm>. DNA handling and genotyping was supported in part by National Center for Research Resources grant M01-RR-00069 to the Cedars-Sinai General Clinical Research Center

Genotyping core and National Institute of Diabetes and Digestive and Kidney Diseases grant DK-063491 to the Southern California Diabetes Endocrinology Research Center.

FHS: The Framingham Heart Study is funded by National Institutes of Health contract N01-HC-25195; the work was also supported in part by grants from the National Institutes of Health HL-076784, AG-028321, Dr. Benjamin, N01-HC 25195 and 6-R01-NS-17950 and Deutsche Forschungsgemeinschaft (German Research Foundation) Research Fellowship SCHN 1149/1-1. The measurement of PR interval in FHS Generations 1 and 2 was supported by an unrestricted grant from Pfizer and was performed by eResearch Technology. The measurement of PR interval in FHS Generation 3 was supported by the National Institutes of Health (HL-080025, PI: Newton-Cheh) and the Doris Duke Charitable Foundation (Clinical Scientist Development Award, PI: Newton-Cheh). This research was conducted using data and resources from the Framingham Heart Study of the National Heart Lung and Blood Institute of the National Institutes of Health and Boston University School of Medicine based on analyses by Framingham Heart Study investigators participating in the SNP Health Association Resource (SHARe) project. This work was supported by the National Heart, Lung and Blood Institute's Framingham Heart Study (Contract No. N01-HC-25195) and its contract with Affymetrix, Inc for genotyping services (Contract N02-HL-6-4278). A portion of this research utilized the Linux Cluster for Genetic Analysis (LinGA-II) funded by the Robert Dawson Evans Endowment of the Department of Medicine at Boston University School of Medicine and Boston Medical Center.

AFNET-KORA: MONICA/KORA is supported by the German Federal Ministry of Education and Research (BMBF), by the Helmholtz Zentrum München and by the State of Bavaria. This work was also supported by grants from the German National Genome Research Network NGFN 01GS0499, 01GS0838 and the German Competence Network on AF (AFNET) 01GI0204/N, the Leducq Foundation 07-CVD 03 and the LMU Excellence Initiative to Dr. Kääb, from the German National Genome Research Network NGFN 01GR0803 and the BMBF German Federal Ministry of Research BMBF 01GR0803 to Dr. Pfeufer and the German Competence Network on AF (AF-Net) 01GI0204 to Dr. Wichmann and German National Genome Research Network NGFN 01GR0103 to Dr. Meitinger. LMU Research grant FöFoLe 557/569 to Dr. Sinner and the Munich Center of Health Sciences (MC Health) as part of LMUinnovativ to Dr. Wichmann.

Rotterdam Study: The Rotterdam Study is supported by the Erasmus Medical Center and Erasmus University Rotterdam; the Netherlands Organization for Scientific Research; the Netherlands Organization for Health Research and Development (ZonMw); the Research Institute for Diseases in the Elderly; The Netherlands Heart Foundation; the Ministry of Education, Culture and Science; the Ministry of Health Welfare and Sports; the

European Commission; and the Municipality of Rotterdam. Support for genotyping was provided by the Netherlands Organization for Scientific Research (NWO) (175.010.2005.011, 911.03.012) and Research Institute for Diseases in the Elderly (RIDE). This study was supported by the Netherlands Genomics Initiative (NGI)/Netherlands Organisation for Scientific Research (NWO) project nr. 050-060-810. We thank Pascal Arp, Mila Jhamai, Dr Michael Moorhouse, Marijn Verkerk and Sander Bervoets for their help in creating the database, Karol Estrada for his help with the analyses and Maxim Struchalin for his contributions to the imputations of the data.

SardiNIA: The SardiNIA team was supported by Contract NO1-AG-1-2109 from the National Institute on Aging and in part by the Intramural Research Program of the NIH, National Institute on Aging. The efforts of G.R.A. were supported in part by contract 263-MA-410953 from the National Institute on Aging to the University of Michigan and by research grants from the National Human Genome Research Institute and the National Heart, Lung, and Blood Institute (to G.R.A.). We thank the cardiologists Angelo Scuteri and Marco Orrù for their supervision of the work and phenotype characterization, the team of physicians and nurses that carried out the physical examination and made the observation and the genotyping team of biologists.

Role of the Sponsor: None of the funding organizations had any role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; or preparation, review, or approval of the manuscript.

SUPPLEMENTARY TABLES

	AGES	ARIC	CHS	FHS	KORA F3	KORA S4	Rotterdam	SardiNIA
N - participants before exclusion	3,219	11,478	2,084	12,174 ^f	1,644	1,100	5,271	4,305
Applied exclusion criteria								
Atrial fibrillation	Y	Y	Y	Y	Y	Y	Y	Y
Pacemaker/AICD implant	Y	Y	Y	Y	Y	Y	Y	Y
WPW Syndrome	Y	Y	Y	Y	Y	Y	Y	Y
AV Block III°- total heart block	Y	Y	Y	Y	Y	Y	Y	Y
CHF	Y	Y	Y	Y	Y	Y	Y	Y
MI	Y	Y	Y	Y	Y	Y	Y	Y
Extreme PR trait values, excluded (ms)	<80,>320	<80,>320	<80,>320	N	<80, >320	<80, >320	<80, >320	<80; >320
Beta-Blockers	adjusted	Y	adjusted	Y	adjusted	adjusted	Y	Y
Diuretics	adjusted	adjusted	adjusted	N	adjusted	adjusted	adjusted	adjusted
Calcium antagonists*	adjusted	Y	adjusted	Y	N	N	Y	Y
Digoxin	Y	Y	Y	Y	Y	Y	Y	Y
Type 1 & III antiarrhythmic drugs	Y	Y	Y	Y	Y	Y	Y	Y

Supplementary Table 1: Exclusion criteria applied in the studies included in the genome-wide analysis of PR-interval. 'Y' indicates that participants with this characteristic at the time of DNA sampling were excluded; 'N' indicates that this exclusion criterion was not applied; 'adjusted' indicates that this characteristic was adjusted for rather than used as an exclusion criterion. ^fSamples are from three generations of FHS, N=11,275 had PR interval measurements available, additional exclusion criteria applied in FHS were bundle branch blocks (LBBB or RBBB) 0.7% prevalence, and valve disease (murmur) 3.5% prevalence.

Study:	AGES	ARIC	CHS	FHS	KORA F3	KORA S4	Rotterdam	SardinIA
Array(s)	Illumina HH 370 CNV	Affymetrix 6.0	Illumina HH 370 CNV	Affymetrix 500k + 50K Human Gene Focused Panel	Affymetrix 500k	Affymetrix 6.0 and Illumina HH 550	Illumina HH 550	Affymetrix 500k
Calling	Bead Studio	Birdseed	Bead Studio	BRLMM	BRLMM	BRLMM, BeadStudio	BeadStudio	BRLMM
QC filters for exclusion of genotyped SNPs	call rate <95% MAF < 1% pHWE < 10 ⁻⁵	call rate <95% MAF < 1% pHWE < 10 ⁻⁵	call rate <95% At least one heterozygote pHWE < 10 ⁻⁵	call rate <95% MAF < 1% pHWE < 10 ⁻⁶	call rate <93% MAF < 5% pHWE < 10 ⁻⁵	call rate <98% MAF < 5% pHWE < 10 ⁻⁵	call rate <95% MAF < 1% pHWE < 10 ⁻⁵	call rate <90% MAF < 5% pHWE < 10 ⁻⁶ excess Mendelian Inconsistencies
Imputation	Mach1 v1.0.15	Mach1 v1.0.16	Bimbam	Mach1 v1.0.15	Mach1 v1.0.10	Mach1 v1.0.10	Mach1 v1.0.15	Mach1 v1.0.10
Imputation Backbone / from NCBI Build	from build 35	from build 35	from build 36	from build 36	from build 35	from build 35	from build 35	from build 35
GWAS Statistical Analysis	plink	Mach2QTL + plink	R	LMEKIN	Mach2QTL + plink	Mach2QTL + plink	Mach2QTL + plink + R	Merlin --fastassoc
Lambda	1.054	1.027	1.023	1.028	1.027	1.010	1.017	1.103

Supplementary Table 2: Technical information on the genotyping and imputation methods used in the genome-wide analysis of PR interval. BRLMM denotes the Bayesian Robust Linear Modeling algorithm (www.affymetrix.com/support/technical/whitepapers/brlmm_whitepaper.pdf); BIMBAM (<http://stephenslab.uchicago.edu/software.html>); PLINK (<http://pngu.mgh.harvard.edu/purcell/PLINK/>); LMEKIN (<http://bm2.genes.nig.ac.jp/RGM2/pkg.php?p=kinship>); MACH and Mach2QTL (<http://www.sph.umich.edu/csg/abecasis/MaCH/index.html>); MERLIN (<http://www.sph.umich.edu/csg/abecasis/merlin/>)

Locus	SNP	chr	Pos (build 36)	minor/major allele	AGES					ARIC					CHS				
					RSQR	MAF	beta	se	P-value	RSQR	MAF	beta	se	p-value	RSQR	MAF	beta	se	p-value
MEIS1	rs11897119	2	66,625,504	C/T	0.9953	0.363	1.244	0.767	1.05E-01	1.000	0.398	1.221	0.413	3.08E-03	1.007	0.380	0.320	1.115	7.74E-01
SCN5A	rs11708996	3	38,608,927	C/G	0.9842	0.125	3.141	1.088	3.93E-03	0.983	0.155	3.051	0.571	9.12E-08	0.800	0.142	4.145	1.913	3.03E-02
SCN10A	rs6800541	3	38,749,836	C/T	G	0.355	4.796	0.743	1.33E-10	0.991	0.409	4.025	0.417	4.40E-22	1.000	0.403	4.680	1.111	2.52E-05
ARHGAP24	rs7692808	4	86,860,173	A/G	0.9986	0.268	-2.885	0.819	4.35E-04	0.997	0.301	-1.659	0.440	1.62E-04	0.979	0.318	1.906	1.197	1.12E-01
NKX2-5	rs251253	5	172,412,942	C/T	0.9365	0.382	-0.815	0.749	2.76E-01	0.998	0.391	-1.424	0.415	5.99E-04	0.729	0.393	0.592	1.398	6.72E-01
CAV1/CAV2	rs3807989	7	115,973,477	A/G	G	0.397	3.085	0.745	3.60E-05	0.990	0.407	2.680	0.414	9.84E-11	0.986	0.400	2.165	1.213	7.44E-02
WNT11	rs4944092	11	75,587,267	G/A	G	0.355	-1.367	0.775	7.78E-02	0.998	0.325	-0.320	0.428	4.55E-01	1.008	0.302	1.385	1.261	2.72E-01
SOX5	rs11047543	12	24,679,606	A/G	0.9983	0.131	-3.038	1.094	5.54E-03	0.992	0.152	-2.316	0.569	4.65E-05	0.985	0.142	0.778	1.748	6.56E-01
TBX5/TBX3	rs1896312	12	113,830,807	C/T	0.9953	0.361	2.627	0.760	5.51E-04	0.966	0.299	2.277	0.448	3.67E-07	0.948	0.282	1.589	1.234	1.98E-01

FHS					KORA_F3					KORA_S4					Rotterdam					Sardinia				
RSQR	MAF	beta	se	P-value	RSQR	MAF	beta	se	P-value	RSQR	MAF	beta	se	P-value	RSQR	MAF	beta	se	P-value	RSQR	MAF	beta	se	P-value
1.034	0.379	1.170	0.362	1.24E-03	0.998	0.375	1.663	0.836	4.68E-02	1.000	0.406	2.055	0.951	3.07E-02	1.001	0.405	2.084	0.542	1.21E-04	G	0.395	1.137	0.838	1.96E-01
0.967	0.145	3.291	0.504	6.78E-11	0.721	0.178	3.479	1.199	3.72E-03	0.972	0.160	0.298	1.315	8.21E-01	0.990	0.155	3.279	0.741	9.70E-06	0.748	0.145	2.771	1.123	1.88E-02
0.987	0.408	2.975	0.364	2.22E-16	0.974	0.388	3.461	0.845	4.22E-05	0.997	0.394	3.618	0.936	1.11E-04	1.009	0.410	4.928	0.542	9.00E-20	1.009	0.418	2.869	0.797	6.07E-04
0.984	0.329	-1.996	0.382	1.79E-07	0.985	0.324	0.833	0.885	3.47E-01	0.992	0.323	2.465	1.001	1.38E-02	0.991	0.284	2.406	0.593	5.02E-05	0.937	0.303	2.548	0.880	5.85E-03
1.010	0.410	-1.407	0.362	9.93E-05	0.998	0.397	1.969	0.818	1.61E-02	0.996	0.402	1.864	0.970	5.45E-02	0.921	0.395	1.723	0.569	2.47E-03	G	0.416	2.099	0.822	1.50E-02
0.983	0.379	1.900	0.369	2.54E-07	0.859	0.420	2.944	0.885	8.80E-04	0.991	0.404	1.612	0.944	8.79E-02	1.009	0.425	2.430	0.535	5.55E-06	0.874	0.356	1.450	0.844	1.02E-01
1.021	0.314	-1.434	0.382	1.73E-04	0.996	0.332	1.675	0.852	4.93E-02	0.998	0.311	1.130	0.989	2.53E-01	1.011	0.350	1.690	0.555	2.34E-03	G	0.280	1.555	0.887	9.55E-02
1.003	0.158	-2.265	0.489	3.62E-06	0.829	0.139	1.124	1.253	3.70E-01	0.989	0.155	1.921	1.310	1.43E-01	0.995	0.153	1.603	0.740	3.02E-02	0.956	0.123	1.810	1.245	1.66E-01
0.876	0.268	1.419	0.430	9.58E-04	0.934	0.277	1.993	0.906	2.79E-02	0.966	0.286	2.994	1.054	4.52E-03	0.985	0.297	1.704	0.591	3.94E-03	0.887	0.188	1.989	1.023	6.42E-02

Supplementary Table 3: Study specific results of the nine genome-wide significant loci for PR interval. The betas estimate the difference in PR interval per additional copy of the minor allele, adjusted for the covariates in the model. RSQR (sometimes also termed OeVar) denotes the average of the observed by expected variance ratio of any SNP weighted in the included samples for imputed SNPs which indicates deviation from Hardy-Weinberg equilibrium and quality of imputation weighted across all studies. Genotyped SNPs are denoted as (G).

Nearest gene	SNP	Chr	pos build36	Study	PR prolonging allele	Frequency of PR prolonging allele	OR for AF PR prolonging Allele	OR 95CI lower meta PR prolonging Allele	OR 95CI upper meta PR prolonging Allele	p (unadjusted)	p (adjusted)	Effect of PR prolonging allele towards AF risk
MEIS1	rs11897119	2	66,625,504	Metaanalysis	C	0.39	1.01	0.97	1.06	0.65	-	ns
				Prevalent AF		0.38	1.03	0.93	1.14	0.58	-	----
				Incident AF		0.39	1.03	0.98	1.10	0.25	-	++++
				CCAF		0.38	1.18	0.83	1.68	0.36	-	+
				AFNET		0.39	0.93	0.85	1.02	0.12	-	-
SCN5A	rs11708996	3	38,608,927	Metaanalysis	C	0.15	0.90	0.84	0.96	7.0E-04	6.30E-03	Decreased
				Prevalent AF		0.14	0.88	0.75	1.03	0.11	-	----
				Incident AF		0.15	0.94	0.86	1.02	0.12	-	----+
				CCAF		0.15	0.51	0.32	0.83	0.01	-	-
				AFNET		0.15	0.86	0.75	0.97	0.015	-	-
SCN10A	rs6800541	3	38,749,836	Metaanalysis	C	0.40	0.92	0.88	0.96	1.5E-04	1.35E-03	Decreased
				Prevalent AF		0.40	0.90	0.81	1.00	0.05	-	---+
				Incident AF		0.41	0.95	0.90	1.00	0.07	-	++++
				CCAF		0.40	0.94	0.67	1.31	0.70	-	-
				AFNET		0.39	0.86	0.79	0.94	1.4E-03	-	-
ARHGAP24	rs7692808	4	86,860,173	Metaanalysis	G*	0.69	1.01	0.97	1.06	0.56	-	ns
				Prevalent AF		0.70	0.94	0.85	1.05	0.26	-	+++
				Incident AF		0.70	1.02	0.96	1.09	0.53	-	++++
				CCAF		0.65	1.15	0.77	1.74	0.49	-	+
				AFNET		0.69	1.05	0.96	1.16	0.29	-	+
NKX2-5	rs251253	5	172,412,942	Metaanalysis	T*	0.61	1.07	1.03	1.12	2.3E-03	2.07E-02	Increased
				Prevalent AF		0.60	1.12	1.01	1.25	0.04	-	++++
				Incident AF		0.61	1.05	0.98	1.11	0.14	-	++++-
				CCAF		0.62	0.88	0.61	1.28	0.51	-	-
				AFNET		0.62	1.11	1.02	1.22	0.02	-	+
CAV1/CAV2	rs3807989	7	115,973,477	Metaanalysis	A	0.40	0.91	0.87	0.95	2.2E-05	1.98E-04	Decreased
				Prevalent AF		0.40	0.94	0.85	1.04	0.22	-	---+
				Incident AF		0.41	0.91	0.86	0.97	2.3E-03	-	----
				CCAF		0.39	0.99	0.70	1.40	0.96	-	-
				AFNET		0.40	0.88	0.80	0.96	3.7E-03	-	-
WNT11	rs4944092	11	75,587,267	Metaanalysis	A*	0.67	0.94	0.90	0.99	0.01	-	ns
				Prevalent AF		0.66	0.97	0.88	1.08	0.63	-	----
				Incident AF		0.67	1.00	0.94	1.06	0.99	-	++++
				CCAF		0.68	1.05	0.72	1.52	0.81	-	+
				AFNET		0.67	0.79	0.72	0.87	1.2E-06	-	-
SOX5	rs11047543	12	24,679,606	Metaanalysis	G*	0.85	1.13	1.06	1.20	2.1E-04	1.89E-03	Increased
				Prevalent AF		0.85	1.12	0.97	1.30	0.13	-	+++
				Incident AF		0.85	1.14	1.05	1.24	2.8E-03	-	++++
				CCAF		0.86	0.98	0.59	1.61	0.93	-	-
				AFNET		0.80	1.12	0.98	1.27	0.09	-	+
TBX5/TBX3	rs1896312	12	113,830,807	Metaanalysis	C	0.30	0.99	0.95	1.04	0.72	-	ns
				Prevalent AF		0.30	0.94	0.84	1.05	0.27	-	+++
				Incident AF		0.29	1.02	0.96	1.08	0.60	-	+++
				CCAF		0.32	0.58	0.38	0.90	0.02	-	-
				AFNET		0.28	1.00	0.91	1.10	0.96	-	-

Supplementary Table 4: (please see legend on next page)

Supplementary Table 4: Meta-analytic and study specific results for the association of the nine genome wide significant PR SNPs with atrial fibrillation. Study specific results are from a meta-analysis of prevalent AF in the CHARGE cohorts (AGES, CHS, FHS, RS), a meta-analysis of incident AF in the CHARGE cohorts (AGES, ARIC, CHS, FHS, RS), and two case-control studies of AF, AFNET and CCAF. "*" indicates that the PR prolonging allele is the major and not the minor allele of the SNP. "+" (increased) and "-" (decreased) indicate effect size of PR prolonging allele towards AF risk in the individual studies. The Bonferroni adjusted table-wide significance threshold is $P= 0.05/9= 5.6E-03$, the p(adjusted) column reports the significance thresholds after adjustment for 9 tests.