## **ONLINE METHODS**

**Phenotype harmonization and selection.** We spent substantial effort harmonizing the smoking phenotypes across studies. Briefly, first, we created the Phenotype Working Group (PWG) to address these crucial issues. Second, we obtained English versions of the exact smoking-related questions, responses and summary data from each study. These were entered into a master database and examined for completeness, outliers and distributions of all smoking variables. Third, we produced a list of candidate smoking phenotypes available from each study. Fourth, as has been recommended<sup>25</sup>, we calculated heritabilities and intercorrelations between the candidate smoking variables using data from the Swedish Twin Registry<sup>26,27</sup> and the Finnish Twin Cohort Study<sup>28,29</sup>, two population-based twin registries containing extensive smoking data. Finally, the PWG integrated all these data to derive the operational phenotypes to be used in the meta-analyses.

The central criteria were that a candidate phenotype had to (i) be exactly or nearly exactly assessed in nearly all studies, (ii) have distributional properties similar across studies and conducive to meta-analyses (for example, sufficiently prevalent to allow reasonable statistical power), (iii) have reasonable heritability so that genetic analysis was suitable and (iv) have face validity to senior researchers in the field.

These analyses yielded unexpected results. For example, the Fagerström Test for Nicotine Dependence is commonly used in the field, as either a continuous or dichotomized variable. However, item-level twin analyses showed it to be a composite measure of some items with high heritability (for example, CPD) but some items with heritability near zero and with important common environmental effects (unpublished data).

We examined three elements of smoking behavior: smoking initiation, smoking heaviness and smoking cessation. Smoking initiation was assessed in two ways: by contrasting individuals who reported having ever versus never smoked regularly, and age of smoking initiation.

**Ever versus never regular smokers.** Regular smokers were defined as those who reported having smoked ≥100 cigarettes during their lifetime and never regular smokers were defined as those who reported having smoked between 0 and 99 cigarettes during their lifetime. This definition is consistent with the Centers for Disease Control classification of "ever smoker"[30](#page-1-0).

**Age of smoking initiation.** Age of smoking initiation was the reported age the participant started smoking cigarettes. Some studies collected the age at which the participant first tried smoking, whereas others collected the age the participant began smoking regularly. As both variables (age first tried and age began smoking regularly) were available in the Swedish Twin Registry, we calculated the univariate heritabilities for each variable and the genetic correlation between them. We studied only females due to the confounding effects of prevalent smokeless tobacco ('snus') use in Swedish males $31$ . The heritabilities for the two variables were similar and the genetic correlation was 0.97, which suggested a great deal of overlap in the genetic contributors to each trait and supported the idea of using either value in a general assessment of age of smoking initiation in the meta-analysis.

**Cigarettes per day.** Smoking quantity was assessed as the CPD value. Some studies collected the average CPD, whereas other studies collected the maximum CPD. Longitudinal data from the Finnish Twin Cohort Study revealed a high correlation (>0.71) between these variables over time and supported the idea of using either value in a general assessment of CPD in the meta-analysis.

**Smoking cessation.** Smoking cessation contrasted former versus current smokers, where current smokers reported that they smoked at the time of the interview and former smokers had quit smoking at least 1 year before the interview. As relapse to smoking is highest within the first year of quitting smoking, smokers who had quit smoking for less than 1 year at interview were excluded from the analysis. Descriptive characteristics of the 16 studies participating in the TAG Consortium are presented in **Table 1**.

**Genotyping and imputation.** The 16 TAG studies performed their own genotyping, quality control and imputation (**Supplementary Tables 2** and **3**). Studies ranged in size from  $n = 585$  to  $n = 22,037$  and were genotyped on six different GWAS platforms. Each study applied its own set of quality control filters, which were comparable among studies. Each study excluded SNPs with a call rate <89%, <1% minor allele frequency or departure from Hardy-Weinberg equilibrium. Subjects were excluded for non-European ancestry using PLINK multidimensional scaling<sup>32</sup>, STRUCTURE<sup>33</sup> or EigenSoft principal component analysis<sup>[3](#page-1-2)4</sup>. In addition, subjects were excluded for <90% call rate, excess autosomal heterozygosity, mismatch between reported and genetically determined sex or first- or second-degree relatedness. Genotype imputation<sup>5</sup> was used to harmonize genotyping across different studies, as well as to infer genotypes for SNPs that were not genotyped directly on the platforms but that were genotyped on the HapMap-2 CEU samples<sup>32</sup>. SNP imputation was performed using either MACH[35,](#page-1-4) IMPUT[E36](#page-1-5) or BIMBAM10 v0.9[937](#page-1-6) and resulted in a common set of  $\sim$  2.5 million SNPs after removal of SNPs with minor allele frequency <1% or poor imputation performance (**Supplementary Table 3**). Imputed allele dosages for each SNP (that is, the number of copies of the minor allele) were tested for association with each smoking phenotype using an additive model.

**Study-specific GWAS analysis.** Each study conducted uniform crosssectional analyses for each smoking phenotype using an additive genetic model. Linear regression was used for quantitative traits (CPD and age of smoking initiation), and logistic regression was used for discrete traits (ever versus never smokers and former versus current smokers). Age of smoking initiation was transformed using the natural logarithm owing to heavy tails and nonnormality. The dependent variables were the smoking phenotypes and the independent variables were the imputed allele dosage for a SNP plus an indicator variable for whether a subject was classified as a case in the primary study. If the primary study was case-control in design and the phenotype being studied was known to be associated with smoking, we adjusted for case status to reduce potential confounding[38](#page-1-7). Individual study results were corrected for residual inflation of the test statistic using genomic control<sup>39</sup>.

Due to the known differences in the prevalences of the smoking phenotypes between the two sexes<sup>40</sup>, all TAG Consortium analyses were run separately for males and females. We then tested whether associations between  $\sim$  2.5 million SNPs and each smoking phenotype differed by sex by meta-analyzing males and females separately and performing a *t*-test of their parameter estimates for each SNP using a significance threshold of  $P < 5 \times 10^{-8}$  (ref. 41).

**Meta-analysis of GWAS results.** We performed fixed-effect meta-analysis for each smoking phenotype by computing pooled inverse-variance–weighted β coefficients, standard errors and *z*-scores for each SNP6. Fixed effects analyses were chosen because they are regarded as the most efficient method for discovery in the GWAS setting<sup>7,8</sup>. Meta-analyses were performed using METAL (see URLs). Heterogeneity across studies was investigated using the  $I^2$  statistic<sup>9</sup>. We used a significance threshold of  $P < 5 \times 10^{-8}$  (refs. 10,11).

*In silico* **follow-up of top regions.** To validate potential associations identified in the TAG Consortium analyses, we partnered with two other smoking GWAS consortia and conducted a reciprocal exchange of the 15 most significant genetic regions for each smoking phenotype in each study<sup>12,13</sup>. Regions were defined by SNPs with *P* values <10−4 that clustered together (*r*2 > 0.5 and/or locations <50 kb apart). The ENGAGE Smoking GWAS Consortium consisted of 34,762 individuals and the Ox-GSK Smoking GWAS Consortium consisted of 34,226 individuals, making the final sample size across the three consortia  $n = 143,023$ . Studies that participated in multiple consortia were only represented once in the final analyses.

**URLs.** Genetic Computing Cluster, <http://www.geneticcluster.org/>; METAL, <http://www.sph.umich.edu/csg/abecasis/metal/>.

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## Supplementary Table 6. Association testing for CPD on chromosome 15, conditional or









## *Supplementary Table 6. Association testing for CPD on chromosome 15, conditional on rs1051730*

**Gene near 50kb**

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*CHRNA5 CHRNB4 PSMA4 CHRNB4 CHRNA3 CHRNB4 CHRNA3 CHRNB4 PSMA4 CHRNA3 CHRNB4 ADAMTS7 ADAMTS7 ADAMTS7 IREB2 LOC123688 PSMA4 ADAMTS7 ADAMTS7 LOC123688 PSMA4 LOC123688 CHRNA3 CHRNA5 LOC123688 PSMA4 LOC123688 LOC123688 LOC123688 CHRNA5 CHRNB4 LOC123688 LOC123688 LOC123688 LOC123688 LOC123688 PSMA4 LOC123688 PSMA4 CHRNB4 CHRNB4 CHRNB4 CHRNA5 CHRNB4 ADAMTS7 ADAMTS7 ADAMTS7 CHRNA3 CHRNB4 ADAMTS7 ADAMTS7 ADAMTS7 CHRNB4 CHRNB4 CHRNB4 CHRNB4 ADAMTS7 CHRNA3 CHRNB4 CHRNB4 CHRNB4 CHRNA3 CHRNB4 CHRNA3 CHRNB4 CHRNA3 CHRNB4 CHRNB4*

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*CHRNA3 CHRNB4 LOC123688 PSMA4 CHRNA3 CHRNB4 LOC123688 PSMA4*

## *CHRNA3 CHRNB4 PSMA4*

*ADAMTS7 MORF4L1*

*CHRNA5 CHRNB4*

*ADAMTS7 ADAMTS7 MORF4L1 ADAMTS7 MORF4L1 IREB2 CHRNA3 CHRNA5 ADAMTS7*