Materials and Methods

Study sample

A total of 3,852 breast cancer cases and controls from the pooled data from the European Prospective Investigation into Cancer and Nutrition (EPIC, $n=2,772$) and the Nurses' Health study (NHS, $n=1,080$) were analyzed in the present study. The EPIC sample consisted of 937 cases and 1,835 controls. 1,037 women were premenopausal at the time of blood donation, 1,735 women were postmenopausal (1). Women were considered premenopausal at the time of blood donation if they reported having had at least nine menstrual periods over the previous 12 months. Women who had missing or incomplete questionnaire data on menstrual periods or who had had a hysterectomy were considered premenopausal if they were younger than 42 years because among the female EPIC participants who had complete questionnaire data, 99.5% of those younger than age 42 years were premenopausal. Women were considered postmenopausal when they reported not having had any menses over the past 12 months or when they reported bilateral ovariectomy. When questionnaire data were missing or incomplete or when women reported previous hysterectomy, women were considered postmenopausal when they were older than 55 years (1;2).

The NHS sample consisted of 359 cases and 721 controls. All women from NHS were postmenopausal. A postmenopausal participant was defined as a woman who reported having a natural menopause or a bilateral oophorectomy or as a woman who reported having a hysterectomy with either one or both ovaries remaining when she was older than 56 years, if she was a nonsmoker, or older than 54 years if she was a current smoker. At these ages the natural menopause had occurred in 99% of the women in these groups (3).

The MEC subsample used for the analysis here consisted only of postmenopausal controls, for which hormone measurements were available (119 African-Americans, 84 Asians, 79 Caucasians, 70 Hawaiians, and 102 Latinos). The study participants of the MEC were assigned to the ethnicities according to selfreported affiliation (4). The MEC sample included women who were older than 56 years at the time of blood draw, who did not report a history of breast, endometrial or ovarian cancer on the baseline

questionnaire, who had body weight and body mass index (BMI) information available (5). In all three cohort studies, women who did use postmenopausal hormones at baseline or at the time of blood draw were excluded. Informed consent was obtained from patients prior to sample collection for all cohort studies. Ethics approvals were obtained for all cohort studies involved.

Breast cancer cases were identified in each cohort by self report, with subsequent confirmation of the diagnosis, including tumor details, from medical records, and/or linkage with population-based tumor registries. Controls were matched to the breast cancer cases by ethnicity and age, and in some cohorts, additional matching criteria were employed (e.g., EPIC matched on country of residence). In EPIC and NHS, controls and cases were also matched for time at blood donation to account for circadian rhythm of hormone levels. Informed consent was obtained from each woman. Further details about the study participants and available covariates such as tumor stage, age, menopausal status, and BMI can be found in Table 1.

Hormone Measurement

Hormone concentrations of dehydro-epiandrosterone sulphate (DHEAS), delta-4 androstenedione (Δ4), testosterone (TESTO), estrone (E1), estradiol (E2) and sex-hormone binding globulin (SHBG) were measured in blood samples of women who subsequently developed breast cancer as well as in matched control subjects, as part of previous prospective cohort studies EPIC, NHS and MEC. All hormones were measured on non-users of exogenous hormones (oral contraceptive or hormone replacement therapy). E1 $(n=2,433)$ control subjects from EPIC/NHS, n=422 cross-sectional sample of MEC) and E2 (n=2,721 EPIC/NHS, n=424 MEC) were measured in postmenopausal women only, because of the large effect of menopause on their blood concentrations, and because of the large variations of these hormones in premenopausal women during the menstrual cycle. Δ 4 (n=3,530 EPIC/NHS), DHEAS (n=3,547 EPIC/NHS), SHBG (3,796 EPIC/NHS, n=451 MEC) and TESTO (n=3,752 EPIC/NHS) were measured in both pre- and postmenopausal women for EPIC/NHS, and for postmenopausal women in MEC. DHEAS measures were not available for MEC. TESTO and Δ4 were not analyzed in MEC, because no significant

associations were identified in EPIC/NHS. The measurements were made by direct radioimmunoassays for EPIC $(1;2)$, and by a mixture of direct and indirect radioimmunoassays for NHS $(3;6)$ and MEC (5) ; details about these methods are given in Table 1.

Genetic data

General outline for the Identification of polymorphisms and tagging SNPs

The methods of identifying tagging SNPs, genotyping and quality control in BPC3 are described elsewhere (7). The final set of SNPs was derived in a three stage procedure, explained in detail below. First, an extensive catalog of SNPs in the candidate genes was generated by systematic resequencing of these genes in breast and prostate cancer cases with different ethnic backgrounds. Secondly, all SNPs with minor allele frequency MAF $>1\%$ were then genotyped in larger sets, so as to provide more detailed insight in the linkage disequilibrium (LD) pattern. This data set combined with information from the HapMap project, was used to select the subset of tagging SNPs. The aim of the marker selection procedure was to identify tagging SNPs that capture most of the common variants within the candidate genes. Thirdly, these SNPs were genotyped in all individuals in BPC3 and finally undergone extensive quality control.

Gene sequencing

All candidate genes were sequenced at three BPC3 collaborating genome centers (USC/Broad Institute, CEPH, and NCI) in order to establish a comprehensive catalogue of their common genetic variants. Exons, intron/exon junctions and evolutionarily conserved (at least 80% homology with mouse sequence over at least 200bp) sequences in introns and sequences up to 30kb 5' of transcription start and 10kb 3' of translation end of each gene were sequenced in a panel of 95 advanced breast cancer cases from the MEC and EPIC (19 of each ethnic group represented in the study: African American, Latino, Japanese, Native Hawaiian, and Caucasian). SNPs with minor allele frequency greater than 5% in any of the five ethnic groups or greater than 1% overall were selected for further work.

Genotyping

Genotyping of tagging SNPs in the breast cancer cases and controls was performed in five laboratories (USC; NCI; Harvard School of Public Health; Imperial College (London); and the International Agency for Research in Cancer, IARC). During the first part of the study, 172 SNPs were typed using a TaqMan platform with a fluorescent 5′ endonuclease assay and the ABI-PRISM 7900 for sequence detection. We then switched to the GoldenGate assay and Illumina BeadArray™ technology and created an OPA of 1,536 SNPs, which are located in the 36 genes of the sex-steroid pathway that are part of this analysis as well as 23 genes that are part of the insulin-like growth factor signaling pathway. Thirty trios of European descent from Utah (CEU) were genotyped in all laboratories to evaluate inter-laboratory reproducibility. These trios were collected by the Centre d'Étude du Polymorphisme Humain (CEPH), Paris, France, and used in HapMap to represent common variation in the Caucasian population. For the Illumina OPA, the overall concordance was 99.5% (before excluding failed SNPs or samples), and the concordance rate of blinded duplicate samples (~5%) ranged from 97.2-99.9% across the various cohort studies contributing to BPC3. The very high reliability of both TaqMan and Illumina was also constantly monitored by stringent inter- and intra-lab quality control all along the project. The method of (8) was used to select SNPs based on pairwise LD, and the approach of (9) to identify a set of tagging SNPs that optimize the predictability of common haplotypes.

Quality control

Any individual in which more than 25% of the OPA SNPs failed was dropped from the OPA analysis. All SNPs that failed on 25% or more samples in the OPA or 10% or more with TaqMan were excluded from further analysis, as were all SNPs that showed statistically significant ($p<10^{-5}$) deviations from Hardy-Weinberg equilibrium among European-ancestry controls, and all SNPs with MAF<1%. Any SNP that was missing in more than three of the genotyped five to six study cohorts, or that exhibited large differences in European-ancestry allele frequencies across cohorts was also excluded from further analysis (Fixation index F_{st} > 0.02).

Imputation of missing genotypes and non-genotyped SNPs

We imputed 2,671 SNPs that were polymorphic in any of the HapMap reference panels using observed genotypes from the BPC3 subjects (OPA and TaqMan) and phased haplotypes from HapMap samples (release #21) for all study samples within the BPC3 consortium using the software MACH 1.0, a Markov Chain based haplotype algorithm that infers missing genotypes for both genotyped and non-genotyped SNPs in samples of unrelated individuals. Genotypes for European-ancestry subjects were imputed using the CEPH European (CEU) reference panel; those for Japanese Americans were imputed using the combined Han Chinese and Japanese panels (CHB+JPT). The remaining subjects (African Americans, Latinos, Native Hawaiians) were imputed using a "cosmopolitan" panel of all HapMap samples (CEU+CHB+JPT+YRI) (10). Imputation was performed stratified by study and ethnicity. SNPs with an average estimated correlation between the imputed and true genotypes of less than 30% were excluded from analysis. Details for the selection and the genotyping of SNPs can be found in the supplement (Supplementary Table S1).

Statistical methods

Descriptive analysis

The hormone concentrations were measured in different laboratories by either direct or indirect RIA. To adjust for differences in the absolute levels of sex steroid hormones observed between the cohorts, we took the natural logarithm of the hormone levels regressed on breast cancer case-control status, BMI, menopausal status (for pre- and postmenopausal women pooled) and age at blood donation. We adjusted further for assay batch to account for possible laboratory-induced differences in hormone measurement, and thereby also adjusted for cohort membership. We used the residuals of the regression models as outcome variables for the subsequent association analysis. For the analysis of the MEC sample, we further adjusted additionally for ethnicity.

To analyze potential population stratification between EPIC and NHS and to detect genetic outliers within the cohorts, we performed principal components analysis using the software EIGENSTRAT (11;12). No population stratification in the pooled sample of EPIC and NHS could be detected and no outliers were identified.

Association tests

Association of genes with variation in hormone levels

We tested for associations of genes as well as for epistasis with variation in hormone levels in the pooled sample of EPIC and NHS. The genes, which were found to be significantly associated after adjustment for multiple testing and correlation, were reanalyzed in the five ethnic groups of MEC and in all groups combined in the MEC.

To identify globally significant genes, we combined the "MAX" test proposed by Freidlin et al. (2002) with the step-down-min-p algorithm proposed by Westfall and Young (1993). This combination controls for the family wise error rate, while adjusting for multiple testing and correlation between the test statistics (13-15). We performed linear regression of the residuals on each SNP independently for four models: recessive ("Rec"), dominant ("Dom"), the additive model with 1 degree of freedom (df) that corresponds to the usual trend test ("Trend"), and the additive model with 2 dfs ("Add"). For each SNP, we defined $p_{min} = min(p_{Rec}, p_{Dom}, p_{Trend}, p_{Add})$ as the minimum p-value of the p-values derived by the respective tests. For all SNPs within a gene, we applied the step-down-min-p-algorithm based on 1,000 permutations to adjust for multiple testing, i.e. the number of SNPs and of the four association tests at each SNP ("Rec", "Dom", "Trend" and "Add"), taking into account the correlation between the SNPs due to LD (14;16;17). Finally, the adjusted p-values of the SNPs were further Bonferroni-corrected by the number of genes studied. The minimum adjusted p-value among the SNPs for any given gene was considered as the global p-value of this gene.

We considered a gene (and the corresponding SNP) to be globally significant if the global p-value, adjusted for multiple testing within any gene, was lower than the significance level α =0.05. If the step-

down-min-p algorithm yielded a p-value of $p= 0.0$ based on 1,000 permutations, it indicates $p < 0.001$. Thus the corresponding global p-value is $p_{global} < 0.036$, as calculated by Bonferroni correction for 36 genes. For the confirmatory analysis in the MEC samples, where we studied whether significant associations observed within the combined sample of EPIC and NHS were also detectable in women of other ethnic backgrounds, a more lenient p-value of 0.05 was used to denote a SNP significant.

The effect of the SNPs are presented as differences in geometric means of the effect estimates of the linear regression, with the homozygous major genotype as reference group. The sign of the difference indicates the direction, i.e. a positive difference is associated with higher levels, while a negative difference is associated with lower levels. However, the focus on common variants selected for their ability to capture the genetic variation within genes may hamper the comparison with results from other studies.

We tested for gene - gene interactions (GxG) using a two step procedure. First, we tested for each hormone all 226,312 models that included the main effects of two SNPs from two different genes plus their interaction term, using the software Plink (18). The SNPs were coded as the number of minor alleles, corresponding to the trend model. If this test against the null model showed a p-value $\leq 10^{-3}$, we performed a likelihood ratio test with one degree of freedom of the model with interaction term against the reduced model, which included only the main effects of the two SNPs.

Association of genes with breast cancer risk

The genes identified to be significantly associated with variation in hormone levels were tested for association with breast cancer risk in a logistic model, adjusted for age at blood donation, BMI, batch, and for menopausal status, if required. The same strategy as outlined above was used to correct for multiple testing and correlation between the test statistics.

Software

We used the following software programs for the statistical analysis:

R: Development Core Team (2008). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria.

Plink: http://pngu.mgh.harvard.edu/purcell/plink/ a toolset for whole-genome association and population-

based linkage analysis (18)

Mach 1.0: www.sph.umich.edu/csg/abecasis/MACH/

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Table 1: Summary table of the genes analyzed. Presented are details about sequencing, genotyping and tagging SNP selection.

a: Target region: 1st exon to last exon + 20kb up, 10kb down

b: Samples used for sequencing:

S95: 95 samples: 19 advanced breast cancer (African-Americans, Asians, Hawaiians, Caucasians, Latinas)

S190: 190 samples = (19 advanced breast cancer + 19 advanced prostate cancer) x (African-Americans, Asians, Hawaiians, Caucasians, Latinos)

S102 102 samples of SNP500cancer:31 Caucasians, 24 African/African American heritage, 23 Hispanic heritgae, 24 Pacific Rim heritage

c: Samples used for identification of tagging SNPs

SM1: 90 CEU (trios) + multiethnic panel from HGDP (119 W Africa, 166 E Asia, 75 Native Americans) + 58 Hawaii from MEC + 190 samples

SM2: multiethnic panel from MEC (70 African-Americans, 68 Latinos, 72 Japanese, 70 Caucasians, 69 Hawaiians)

SM3: 102 samples of SNP500cancer: 31 Caucasians, 24 African/African American heritage, 23 Hispanic heritgae, 24 Pacific Rim

d: Abbreviations for the methods used: Ill: Illumina, Taq: Taqman, SNP: SNPlex, Seq: Sequenom

e: SNPs found with resequencing were complemented with SNPs from dbSNP and HapMap.

f: Tag SNPs selection based exclusively on CEU HapMap data (phase II).

g: Labs for genotyping: EPIC: Imperial College(London); NHS: Harvard School of Public Health; MEC: USC

	Menopausal	Correlation	AGE		Correlation	BMI	
Phenotype status		coefficient	95% CI	p-value	coefficient	95% CI	p-value
Δ 4	post/pre	-0.41	$-0.44 - 0.38$	${<}10^{-32}$	-0.04	-0.07 0.00	0.027
DHEAS	post/pre	-0.36	$-0.39 - 0.33$	10^{-32}	-0.01	-0.05 0.02	0.416
SHBG	post/pre	-0.05	-0.08 -0.02	0.003	-0.39	$-0.42 -0.37$	${<}10^{-32}$
TESTO	post/pre	-0.30	$-0.33 -0.27$	10^{-32}	0.03	$0.00\,$ 0.06	0.069
E1	post	-0.09	$-0.13 - 0.05$	9.37×10^{-6}	0.27	0.23 0.31	0.000
E2	post	-0.09	-0.13 -0.06	8.31×10^{-7}	0.25	0.28 0.21	0.000

Table 2: Correlation between measured hormone levels and both age at blood donation (AGE) and body mass index (BMI) in the pooled sample of EPIC and NHS. Presented are the Pearson correlation coefficient with 95% confidence interval (95% CI) as well as the corresponding p-value.

Table 3: Characteristics of associations of blood sex steroid hormone levels with SNPs in sex hormone metabolizing genes in postmenopausal women from MEC. Presented are estimates and corresponding standard deviations (SD). P‐ values are presented for the model with the minimum p-value.

Sample Gene SNP Trend Add Dominant Recessive Global(a) Model for minimum p- OR (95% CI) for allele dosage valuePre- and postmenopausal *SHBG* rs1619016 0.95 0.94 0.98 0.74 1.00 Recessive 1.00 (0.86, 1.15) rs2955617 0.44 0.67 0.61 0.39 1.00 Recessive 0.96 (0.87, 1.06) rs9898876 0.42 0.56 0.59 0.30 1.00 Recessive 1.05 (0.93, 1.19) rs9913778 0.29 0.18 0.19 0.29 1.00 Additive 0.90 (0.75, 1.09) *FSHR* rs12713034 0.62 0.86 0.58 0.82 1.00 Dominant 1.02 (0.93, 1.13) rs1290100 0.88 0.96 0.81 0.96 1.00 Dominant 0.99 (0.9, 1.1) *AKR1C3* rs10752001 0.98 0.66 0.78 0.44 1.00 Recessive 1.00 (0.88, 1.14) **Postmenopausal** *Cyp19* rs10046 0.83 0.91 0.96 0.70 1.00 Recessive 1.01 (0.90, 1.14) rs4646 0.28 0.34 0.53 0.15 1.00 Recessive 1.07 (0.94, 1.22) rs6493494 0.21 0.40 0.44 0.19 1.00 Recessive 0.93 (0.82, 1.04) rs727479 0.31 0.16 0.88 0.06 1.00 Recessive 0.94 (0.84, 1.00) rs749292 0.24 0.49 0.40 0.28 1.00 Trend 0.93 (0.83, 1.05) *ESR1* rs1884053 0.18 0.40 0.25 0.30 1.00 Trend 1.08 (0.96, 1.22) rs2347871 0.23 0.48 0.27 0.40 1.00 Trend 1.08 (0.96, 1.21) rs9341016 0.73 0.93 0.75 0.79 1.00 Trend 1.04 (0.82, 1.32) *FSHR* rs10495968 0.43 0.25 0.19 0.56 1.00 Dominant 1.05 (0.93, 1.19) rs11125215 0.11 0.05 0.03 0.62 1.00 Dominant 1.12 (0.98, 1.28) rs1157876 0.45 0.70 0.40 0.83 1.00 Dominant 1.05 (0.93, 1.19) rs1394205 0.49 0.40 0.27 0.66 1.00 Dominant 1.04 (0.92, 1.19) rs4331540 0.50 0.43 0.29 0.70 1.00 Dominant 1.04 (0.92, 1.18) rs4971637 0.09 0.20 0.08 0.56 1.00 Dominant 1.13 (0.98, 1.30) rs4971665 0.21 0.25 0.11 0.94 1.00 Dominant 1.08 (0.96, 1.22) rs4971884 0.09 0.11 0.04 0.94 1.00 Dominant 1.13 (0.98, 1.29) rs7606570 0.09 0.10 0.04 0.96 1.00 Dominant 1.12 (0.98, 1.28) rs10454135 0.14 0.02 0.01 0.70 1.00 Dominant 1.09 (0.97, 1.22)

Table 4: Results from logistic regression of breast cancer status on SNPs for genes, which were found to be associated with variation in hormone levels, adjusted for age at blood donation, BMI, batch, and, if required, for menopausal status.

a: adjusted for multiple testing and correlation as well as for the number of genes tested, here 6.

Figure 1: Plot of the –log₁₀ of the unadjusted p-values from linear regression of the natural logarithm of the sex steroid hormone levels on 700 measured SNPs and 2,671 imputed SNPs. Genes are ordered by chromosomal position. Different colors denote different genes.

∆: measured SNPs, x: imputed SNPs

a) ∆4 in pre- and postmenopausal women

Figure 2: : Plot of the $-\log_{10}$ of the unadjusted minimum p-values from linear regression of the natural logarithm of the sex steroid hormone levels on measured and imputed SNPs for selected genes.

a) SHBG and *SHBG*

b) E1 and *CYP19*

SNP positions (kb)

c) E1 and *ESR1*

SNP positions (kb)

d) E1 and *FSHR*

SNP positions (kb)

e) E2 and *CYP19*

SNP positions (kb)

f) E2 and *FSHR*

g) DHEAS and *FSHR*

SNP positions (kb)

h) DHEAS and *AKR1C3*

Figure 3: Plot of the –log₁₀ of the unadjusted and adjusted minimum p-values from logistic regression of breast cancer status on SNPs for genes, which were found to be associated with variation in hormone levels.

a) Pre- and postmenopausal women and the *SHBG* gene.

c) Pre- an d postmenopausal women and *AKR1C3*.

d) Postmenopausal women and *CYP19*.

e) Postmenopausal women and *ESR1*.

f) Postmenopausal women and *FSHR*.

