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Supplemental Data

Blood Pressure Loci Identified with

a Gene-Centric Array

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Fig. S2: QQ plots for MAP by study after exclusion of SNPs on basis of Hardy-Weinberg proportions $(P < 10^{-6})$, missingness (call rate < 0.98 for single cohort studies and call rate < 0.9975 for studies combining case and control cohorts), and differential missingness $(P < 10^{-6})$. Grey shaded regions are 99% probability envelopes for no association. Inspection of these plots indicated that, in cohorts with related individuals (GRAPHIC and PROCARDIS), SNPs with MAF < 0.01 should be excluded because they showed gross departure from null expectations, whereas in studies with unrelated individuals no exclusion on the basis of MAF was necessary.

Fig. S3: QQ plots for PP by study after exclusion of SNPs on basis of Hardy-Weinberg proportions $(P < 10^{-6})$, missingness (call rate < 0.98 for single cohort studies and call rate < 0.9975 for studies combining case and control cohorts), and differential missingness $(P < 10^{-6})$. Grey shaded regions are 99% probability envelopes for no association. Inspection of these plots indicated that, in cohorts with related individuals (GRAPHIC and PROCARDIS), SNPs with MAF < 0.01 should be excluded because they showed gross departure from null expectations, whereas in studies with unrelated individuals no exclusion on the basis of MAF was necessary.

Fig. S4: QQ plots for SBP by study after exclusion of SNPs on basis of Hardy-Weinberg proportions $(P < 10^{-6})$, missingness (call rate < 0.98 for single cohort studies and call rate < 0.9975 for studies combining case and control cohorts), and differential missingness $(P < 10^{-6})$. Grey shaded regions are 99% probability envelopes for no association. Inspection of these plots indicated that, in cohorts with related individuals (GRAPHIC and PROCARDIS), SNPs with MAF < 0.01 should be excluded because they showed gross departure from null expectations, whereas in studies with unrelated individuals no exclusion on the basis of MAF was necessary.

Fig. S5: QQ plots for dichotomous hypertension (HTN) by study after exclusion of SNPs on basis of Hardy-Weinberg proportions $(P < 10^{-6})$, missingness (call rate < 0.98 for single cohort studies and call rate < 0.9975 for studies combining case and control cohorts), and differential missingness $(P < 10^{-6})$. Grey shaded regions are 99% probability envelopes for no association. We decided a priori to exclude SNPs with MAF < 0.01 from analyses for HTN because the normal null test statistic distribution for logistic regression analyses applies only asymptotically.

Population fraction ascertained

Fig. S6: Effect size estimate inflation and phenotypic variance inflation in ascertained samples, plotted as functions of the population fraction satisfying the sample ascertainment criteria (x-axis; 100% means no ascertainment). For each parameter combination, averages from 1000 replicate simulations are plotted, with vertical bars to show associated standard errors. For each replicate a large population was simulated and association statistics were calculated in an ascertained sample drawn from that population. Filled points show the inflation of the effect size estimate obtained in an ascertained sample, relative to the true per-allele effect size in the population from which the sample was drawn (β^*) . As the degree of ascertainment increases, the effect size estimate inflation increases faster than the standard error inflation (open points), and hence power increases. Although direct estimation of the effect size estimate inflation is sensitive to precise details of the ascertainment scheme (not shown), we observed that for all parameter combinations and ascertainment schemes simulated, the effect size estimate inflation is robustly estimated by the inflation in phenotypic variance in an ascertained sample, relative to the phenotypic variance in the population from which the sample was drawn (dashed curves; indistinguishable for the different β^* and MAF combinations).

Fig. S7: QQ plots of meta-analysis results for dichotomous hypertension (HTN). The plot shows common (MAF > 5%; blue) and some low-frequency (1% < MAF \leq 5%; red) SNPs separately. SNPs with MAF $\leq 1\%$ were not analysed for HTN; see Fig. [S5.](#page-7-0) Shaded regions are 99% probability envelopes for no association, which depend on the number of SNPs and hence are different sizes for common and low-frequency SNPs. The horizontal dashed line indicates our overall study-specific significance threshold $P < 8.56 \times 10^{-7}$.

Fig. S8: Manhattan plot showing the best P value over the five phenotypes studied. The plot shows the best P value over association analyses for DBP, MAP, PP, SBP and HTN, for each SNP in the discovery meta-analysis. Although these "best" P values do not have a standard distribution (uniform on the $[0, 1]$ interval) under the null hypothesis of no association, we estimated an appropriate significance threshold $P < 8.56 \times 10^{-7}$ (horizontal dashed line) taking into account multiple testing over the five phenotypes and over the 49, 452 SNPs on the HumanCVD BeadChip, to control the overall study-wise false positive rate (FWER) at 5%. The ten SNPs targeted for followup analysis are labelled.

Fig. S9: Forest plots for 10 SNPs followed up (continued and with legend on next page).

Fig. S9: Forest plots for 10 SNPs followed up (continued from previous page). For each of the 10 SNPs targeted for followup, allelic effect sizes and 95% confidence intervals are plotted for each study analysed. Meta-analyses for discovery studies combined, for followup studies combined, and for all studies combined, are plotted as diamond symbols, with a vertical dashed line for the effect size estimate from all studies combined. Numerical values for the allelic effect size (beta) and standard error after genomic control was applied (SE.GC) are given. Results are shown only for the primary phenotype for each SNP.

Fig. S10: Coverage of HumanCVD BeadChip content by standard GWAS meta-analysis. Coverage of the 49,452 SNPs genotyped on the HumanCVD BeadChip was measured using the Global BPgen (GBPG; [Newton-Cheh](#page-63-0) et al. [2009\)](#page-63-0) meta-analysis effective sample size $(N_{\text{effective}})$, which is typical of standard GWAS meta-analyses. SNPs that are on the HumanCVD BeadChip but were not analysed by GBPG because they are not present in the HapMap versions used for genotype imputation have GBPG $N_{\text{effective}} = 0$. Common SNPs successfully genotyped on the HumanCVD BeadChip (median $N = 25,033$) are mostly well-covered by standard GWAS meta-analysis (panel A; 86% have GBPG $N_{\text{effective}} \geq 0.5 N_{\text{total}}$). Low frequency SNPs successfully genotyped on the HumanCVD BeadChip (median $N = 20,999$) are not well-covered by standard GWAS meta-analysis (panel B; 39% have GBPG $N_{\text{effective}} \geq 0.5 N_{\text{total}}$). SNPs failing QC in our analysis (median $N = 0$) are not well-covered by standard GWAS meta-analysis (panel C), mostly because they are monomorphic in populations of European ancestry.

Fig. S11: Regional association plot for chromosomal region 11p15.2-11p15.1. The previously reported association at the PLEKHA7 locus (Levy [et al.](#page-63-1) [2009\)](#page-63-1) was rs381815 at 16,858,844 Mb, in a different LD block to the signals at the SOX6 and NUCB2-ABCC8 loci identified in our discovery analysis. (Note only the signal at the SOX6 locus was significant in combined discovery and followup data). See legend to main Figure 2 for further explanation of figure elements.

Fig. S12: Regional association plot at the AGT locus. Individual SNP association P-values are plotted for analyses without (upper panel) and with (lower panel) conditioning on the most significantly associated SNP at this locus. For SNPs in the local region around the AGT transcript (shown for reference, with exons drawn as yellow blocks), we performed a conditional analysis for dichotomous hypertension (the most significantly associated phenotype), conditioning on the most significantly associated SNP in our discovery meta-analysis, rs2004776 (plotted in blue in upper panel). The conditional meta-analysis was identical to unconditional discovery meta-analysis, except that each study included rs2004776 genotype as an additional covariate (coded $0/1/2$). In both panels, symbols for each SNP are coloured and annotated according to the pairwise LD with rs2004776 $(r^2 = 0$ white; $r^2 = 1$ red). There are 41 SNPs excluding rs2004776 that passed QC in our discovery analysis in this local region, and in the conditional analysis no SNPs reached a significance threshold $P < 0.05/41 = 0.0012$ at which we could declare a significant secondary signal at this locus.

Fig. S13: Density of aligned reads from ChIP-Seq experiments. The density of aligned reads from chromatin immunoprecipitation followed by tag sequencing (ChIP-Seq) is plotted in the context of SNPs significantly associated with BP, and gene structure with exons (coding and untranslated) drawn as yellow blocks. Grey vertical lines are plotted every 1Kb and small ticks above the x-axis represent all SNPs on the HumanCVD BeadChip. The upper panel shows data from experiments in K562 cell lines, for controls with no IP and for experiments using an antibody against the SIX5 transcription factor [\(Euskirchen](#page-62-0) et al. [2007,](#page-62-0) [Rozowsky](#page-64-0) et al. [2009\)](#page-64-0), relative to the only significantly associated SNP at this locus in our data (rs3918226). Note the first exon of NOS3 isoform 1 is untranslated. The lower panel shows data from experiments in HeLa-S3 and K562 cell lines, for controls with no IP and for experiments with IFN α and IFN γ growth factor treatments and using an antibody against the growth factor responsive STAT1 transcription activator [\(Johnson](#page-63-2) et al. [2007,](#page-63-2) [Valouev](#page-65-0) et al. [2008,](#page-65-0) [Zhang](#page-65-1) et al. [2008\)](#page-65-1), relative to the most significantly associated SNP at this locus in our data (rs4846049; $P = 6.7 \times 10^{-8}$ for DBP) and a less significantly associated SNP $(rs3818762; P = 5.8 \times 10^{-7}$ for DBP).

Fig. S14: Relationship between Bayes Factors and pairwise LD. SNPs in Table [S13](#page-43-0) at the eight loci discovered here are plotted by Bayes Factor (BF) and by pairwise LD (r^2) with the index SNP at their locus, with the BF calculated assuming a normal prior (upper panel) and assuming a t-distribution prior (lower panel) on effect sizes. For each locus there is (at least) one SNP with $BF \simeq 1$ and $r^2 = 1$. The BF is a model based, theoretically sound and interpretable criterion for excluding that SNPs cannot credibly be the sole causal variant at each locus. We use $BF < 0.05$ (horizontal dashed line) as our operational criterion. Pairwise r^2 is widely used as a criterion for similar purposes but is not theoretically well grounded. In our data we see SNPs with pairwise r^2 as low as 0.2 that have BF high enough that they cannot credibly be excluded as potential causal variants.

Fig. S15: Relationship between Bayes Factors and P values. SNPs in Table [S13](#page-43-0) at the eight loci discovered here are plotted by Bayes Factor (BF) and by P-value ratio relative to the index SNP at their locus, with the BF calculated assuming a normal prior (upper panel) and assuming a t -distribution prior (lower panel) on effect sizes. For the t -distribution prior the relationship is roughly linear, and hence our operational criterion for excluding that SNPs cannot credibly be the sole causal variant at each locus, $BF < 0.05$ (horizontal dashed line), is roughly equivalent to excluding SNPs with P-values $> 20 \times$ greater (less significant) than the index SNP, when data from the same individuals (and hence same total N) are analysed for all SNPs at each locus.

2 Supplemental Tables

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Table S1: Demographic data for discovery and followup cohorts. Table S1: Demographic data for discovery and followup cohorts.

 $_{\rm ed}$ separately for hypertensive case cohorts and for control cohorts, but for the non-ascertained studies each consisting of a single cohort, demographics are presented for all individuals combined. **b.** Number of samples analysed, i.e. with both genotype and phenotype data. **c.** Percentage of individuals ≥ 140 mmHg, or Notes: a. Demographics are presented by cohort, identified by the short names defined in Table [S2.](#page-21-0) For the ascertained studies demographics are presented separately for hypertensive case cohorts and for control cohorts, but for the non-ascertained studies each consisting of a single cohort, demographics are presented for all individuals combined. b. Number of samples analysed, i.e. with both genotype and phenotype data. c. Percentage of individuals \geq 90mmHg, or taking antihypertensive or BP lowering medication for any reason). e. No medication for two weeks prior to when BP was measured. taking antihypertensive or BP lowering medication, when BP was measured. d. Percentage of hypertensive individuals (defined as SBP ≥Notes: DBP

Table S2: Recruitment, ascertainment and phenotyping. We describe criteria used to ascertain individuals on the basis of BP values (including age limits at which the values must have been observed), other ascertainment criteria, and methods of BP measurement.

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Table S3: Genotyping, quality control and association analyses.

Table S4: Estimates of non-ascertained phenotypic SDs for ascertained studies.

Notes: a. For each ascertained study, the SD of the corresponding population or non-ascertained BP trait distribution was estimated, using the following linear regression models that were estimated in a non-ascertained cohort (WHII):

	DBP = $\text{const} - 2.36 \times \text{SEX} + 1.03 \times \text{AGE} - 0.00678 \times \text{AGE}^2 + 0.933 \times \text{BMI} + E$
	MAP = $\text{const} - 2.60 \times \text{SEX} + 0.682 \times \text{AGE} - 0.00212 \times \text{AGE}^2 + 1.01 \times \text{BMI} + E$
	$PP = \text{const} - 0.746 \times \text{SEX} - 1.05 \times \text{AGE} + 0.0140 \times \text{AGE}^2 + 0.220 \times \text{BMI} + E$
	$SBP = \text{const} - 3.10 \times SEX - 0.019 \times AGE + 0.00721 \times AGE^2 + 1.153 \times BMI + E$

We assume the population phenotypic variance can be decomposed into a component for the specific demographic composition of each ascertained study (calculated using coefficients estimated in a non-ascertained sample; for SEX coded 1 for males and 2 for females; AGE in years; and BMI in kg/m^2), and a further independent component (again estimated in a non-ascertained sample; with $SD(E) = 10.9$ mmHg for DBP; 12.3mmHg for MAP; 10.8mmHg for PP; and 17.2mmHg for SBP). b. As illustrated in Figure [S6,](#page-8-0) we estimated each inflation correction factor r_i as the ratio of phenotypic variances, i.e. the square of the ratio of phenotypic SDs. For non-ascertained studies $r_i = 1$. If $\hat{\beta}_i$ and s_i are the effect size estimate and standard error for the i -th study, standard inverse variance weighted (IVW) meta-analysis gives

$$
\hat{\beta}_{\rm IVW} = \sum_{i} \hat{\beta}_{i} s_{i}^{-2} / \sum_{i} s_{i}^{-2} \qquad \text{with} \quad s_{\rm IVW} = \sqrt{1 / \sum_{i} s_{i}^{-2}}
$$

Our alternatively weighted (AW) meta-analysis replaces $\hat{\beta}_i$ by $\hat{\beta}_i/r_i$, and therefore replaces s_i by s_i/r_i , and thus gives

$$
\hat{\beta}_{AW} = \sum_{i} r_i \hat{\beta}_i s_i^{-2} / \sum_{i} r_i^2 s_i^{-2}
$$
 with $s_{AW} = \sqrt{1 / \sum_{i} r_i^2 s_i^{-2}}$

Note that our alternative weighting does not affect the false positive rate (because a well calibrated standard error can be calculated for any linear combination of the $\hat{\beta}_i$, assuming well calibrated s_i and independence of the $\hat{\beta}_i$), and that it maximises power when all studies (ascertained and non-ascertained) are unbiasedly estimating equivalent population parameters after rescaling. c. Because we have estimated the ratio of phenotypic SDs using a demographic model with coefficients estimated in a convenience population, and not from the actual populations from which the ascertained samples were drawn, the estimated ratio can be less than one due to imprecision or bias. In these cases we used no inflation correction i.e. we used $r_i = 1$.

Table S5: Inter-trait test statistic correlation matrix.

Notes: **a.** We calculated the Spearman correlation (ρ) between meta-analysis association statistics (for our full discovery dataset) for each pairwise combination of phenotypes, over all SNPs analysed. For clarity only the upper triangle of the correlation matrix is shown. The Spearman correlation is relatively robust to "outliers" caused by true positive associations, and when association statistics for most SNPs follow the multivariate normal null distribution, it provides a robust estimate of the Pearson correlation (r) between null test statistics. Extremely similar results were observed when we calculated the correlations only over SNPs with meta-analysis sample sizes $>50\%$ of the maximum sample size (not shown). **b.** The correlation between DBP and SBP is higher than the phenotypic correlation typically observed in general population samples, because of the inclusion of samples ascertained from the extremes of the BP distribution in our analysis. c. As expected, there is a strong correlation between MAP and both DBP and SBP, and between PP and SBP. Thus, testing these four continuous BP phenotypes in parallel will have at best a minor power advantage over simply testing DBP and SBP as in most previous studies, and would potentially incur a power disadvantage unless the inter-phenotype correlations are taken into account when correcting for multiple testing. d. The weaker correlation with dichotomous hypertension (HTN) arises in part because of the additional cohort (NBS) used in that analysis, and hence in our study the correlation is lower than would be observed if a common set of individuals were used for all analyses. e. The near rank deficiency of the 5×5 correlation matrix is expected because the PP and MAP phenotype vectors are linear combinations of the DBP and SBP phenotype vectors, and hence normal linear model association test statistics for PP and MAP are linear combinations of the association test statistics for DBP and SBP, and so the 5×5 Pearson correlation matrix for association test statistics computed for a single study with unrelated individuals has rank 3. f. The generally high inter-trait correlations imply that the effective number of tests is $M_{\text{eff}} = 2.7577$ when all 5 traits are tested in parallel, using the estimate of [Nyholt](#page-63-6) [\(2004\)](#page-63-6). For small correlation matrices, we prefer the method of [Nyholt](#page-63-6) [\(2004\)](#page-63-6) because it gives an effective number of tests that is an analytically continuous function of the Eigenvalues of the correlation matrix, whereas the method of [Li and Ji](#page-63-7) [\(2005\)](#page-63-7) is extremely sensitive to any individual Eigenvalue changing from slightly-above to slightly-below any integer value.

Table S6: Effective number of tests by chromosome.

Notes: **a.** Genotype data from the N=3,657 BRIGHT cases and controls, which we assumed was representative of allele frequencies and LD patterns in European ancestry samples in general. b. Genotype data from the $N = 3,771$ NORDIL/MDC cases and controls, which gives very similar results to the BRIGHT data. c. Number of polymorphic SNPs. d. We found that it was computationally efficient to compute the Eigenvalues of the genotype correlation matrix for each chromosome directly from the singular value decomposition (SVD) of the normalised genotype matrix, thus avoiding the steps of explicitly calculating or decomposing the correlation matrix. e. For large correlation matrices, the method of [Li and Ji](#page-63-7) [\(2005\)](#page-63-7) has been shown in simulation tests to estimate the effective number of tests more accurately and less conservatively than the method of [Nyholt](#page-63-6) [\(2004\)](#page-63-6). The sensitivity mentioned in Table [S5](#page-32-0) note f. is less important because it averages out over the very large number of Eigenvalues.

Table S7: Discovery results for top 10 SNPs and 5 BP phenotypes.

Notes: a. Results are shown for the 10 SNPs followed up in additional samples. b. Primary phenotype, which for each SNP is defined as the phenotype with smallest discovery analysis association P value.

Notes: a. Only the primary phenotype for each SNP was tested, using a one-tailed test with effect direction pre-specified by the discovery analysis. With Bonferroni correction for 10 independent tests, results are annotated * $P \leq 0.05/10$; ** $P \leq 0.01/10$; *** $P < 0.001/10$. b. Primary phenotype (see Table [S7\)](#page-34-0). c. Heterogeneity test not performed when followup data were from existing meta-analysis results.

Table S9: Discovery and followup combined results for top 10 SNPs and 5 BP phenotypes

Notes: a. Our combined analysis was performed using all discovery and followup data. b. Primary phenotype (see Table [S7\)](#page-34-0).

Table S10: Low frequency variant associations tested using gene dosage model.

Notes: **a.** We tested all genes with ≥ 20 low frequency ($0 < \text{MAF} \leq 0.05$) variants genotyped on the HumanCVD BeadChip, plus genes where either rare or common variant associations had been reported previously. b. For each gene, "Num RV" is the number of low frequency SNPs (extending 50kb from transcript ends), reported separately for the UK/Irish ancestry (AIBIII+ASCOT+BRIGHT+NBS; "AABN") and Nordic ancestry (MDC+NORDIL; "MN") datasets. c. "Mean RV" and "SD RV" are the mean and SD of low frequency allele dosage (count) over individuals. d. For each gene we tested association between each BP phenotype and the low frequency allele dosage. For testing five phenotypes and 93 genes, we use a significance threshold $P < 0.05/(2.758 \times 93) = 1.9 \times 10^{-4}$ to control the FWER at 5%. Because no associations were significant at this threshold, we present association results only for the most significantly associated phenotype ("best pheno"). e. Gene included because nearby common variant association discovered here (Table 1) or previously (Table [S12\)](#page-40-0). f. Gene included because rare variant association reported previously (Ji [et al.](#page-62-10) [2008\)](#page-62-10).

Notes: a. We obtained lists of CNV-tSNPS from four sources: (i) 261 CNV-tSNPs, which tag CNVs at $r^2 > 0.8$, generated at the Broad Institute by typing HapMap samples on the Affymetrix 6.0 array. (ii) 2,174 CNV-tSNPs, which tag CNVs at $r^2 > 0.8$, made available by the Genomic Structural Variation consortium and based largely on typing 450 HapMap samples on a custom-made Agilent 105K array that is capable of genotyping ∼ 3, 320 CNVs in HapMap CEU. (iii) 3,113 CNV-tSNPs, generated using HapMap phase III samples genotyped using Affymetrix 6.0 and Illumina 1M arrays, generated by the HapMap 3 project. (iv) 2,905 CNV-tSNPs, generated using ∼ 19, 000 samples of European ancestry genotyped by the Wellcome Trust Case Control Consortium (3,000 controls and 2,000 cases for each of 8 diseases) using the same custommade Agilent 105K array as used in (ii). Because these CNV-tSNP lists were derived using HapMap data but only list the best tagging SNP for each CNV, we first identified all $r^2 > 0.2$ proxies for our eight index SNPs using HapMap CEU r22, and then searched for all index SNPs plus these proxy SNPs in the CNV-tSNP lists. **b.** For tag SNPs thus identified we report the r^2 between the BP index SNP and the tag SNP, and the r^2 between the tag SNP and the CNV itself. c. The only CNV-tSNP identified was rs3817197, which is an almost perfect tag ($r^2 > 0.99$) for CNVR5019.1 and therefore we considered CNV-tSNP genotype to be equivalent to the genotype at the CNV itself. However, the CNV-tSNP rs3817197 is in relatively weak LD with our index SNP rs661348 at the LSP1/TNNT3 locus. The CNV-tSNP rs3817197 shows substantially weaker association with BP in our discovery data ($P = 3 \times 10^{-4}$ for MAP, compared with $P = 7 \times 10^{-10}$ for the index SNP, $BF < 10^{-4}$, see Table [S13\)](#page-43-0) such that the CNV-tSNP genotype (and therefore CNV genotype itself) cannot credibly explain the observed association at the LSP1/TNNT3 locus.

Table S12: Association results for previously reported SNPs.

Notes: a. We considered previously reported, distinct genetic variants robustly associated with BP (defined by us as $P < 5 \times 10^{-8}$ in an analysis of multiple independent samples, either GWAS meta-analysis or discovery and followup data combined; main text references 4-15), and also for some genetic variants reported to be associated with BP in recent GWAS or candidate gene studies [\(Wang](#page-65-5) et al. [2008,](#page-65-5) [Newhouse](#page-63-3) et al. [2009,](#page-63-3) [Org](#page-64-4) [et al.](#page-64-4) [2009,](#page-64-4) Li [et al.](#page-63-8) [2010,](#page-63-8) [Hong](#page-62-11) et al. [2011,](#page-62-11) Zhu [et al.](#page-65-6) [2011\)](#page-65-6). b. We determined whether the previously reported index SNP or any $r^2 > 0.5$ proxy was present on the HumanCVD BeadChip. "-" means the reported SNP was itself genotyped (and hence $r^2 = 1$), and "NA" means neither the reported SNP not any $r^2 > 0.5$ proxy was genotyped on the HumanCVD BeadChip. c. For genotyped SNPs and proxies, we report our discovery meta-analysis sample sizes ("N cont." for continuous BP traits and "N HTN" for HTN). d. For SNPs where > 50% of the total sample size was analysed, we report the most significantly associated phenotype "Best pheno" and corresponding association P value in our discovery dataset.

Table S13: Identification of credibly causal SNPs.

Notes: a. For the eight significantly associated index SNPs in our combined discovery and followup analysis $(P < 8.56 \times 10^{-7}$; Table [S9\)](#page-36-0), we used 120 phased CEU haplotypes at approx. 6.9M called SNPs from the June 2010 early release of resequencing data from the [1000 Genomes Project Consortium](#page-62-12) [\(2010\)](#page-62-12) to nonstringently identify all SNPs in pairwise LD at $r^2 > 0.2$ with each index SNP. SNPs inferred to be credibly causal are annotated with a star (\star) . **b.** We defined as potentially functional any SNP that was not annotated only as "--", "intronic", "UTR", "non-coding", or encoding a synonymous amino acid substitution with respect to known transcripts. In addition, we defined as potentially functional all SNPs within transcription factor binding site (TFBS) peak regions defined by the ENCODE project for a set of 55 transcription factors [\(The ENCODE Project Consortium 2007,](#page-64-10) [Raney](#page-64-11) et al. [2010\)](#page-64-11), which are listed in detail in Table [S15.](#page-48-0) Here we present data for only 159 of 860 such SNPs, which are (i) SNPs for which we have association data (regardless of functional annotation), plus (ii) SNPs that are potentially functional (regardless of whether we have association data). c. Naindicates association meta-analysis not available because the SNP was not genotyped on the HumanCVD BeadArray or failed QC in > 50% of total sample size.

See following page for notes d.–h.

Table [S13](#page-43-0) notes continued: **d.** We calculated marginal likelihoods assuming a prospective regression model, and following [Wakefield](#page-65-7) [\(2009\)](#page-65-7) we used a large sample normal approximation to the likelihood function, $\hat{\beta} \sim \mathcal{N}(\beta, \text{SE}^2)$, where $\hat{\beta}$ is the effect size estimate (for the phenotype most significantly associated with the index SNP), β is the true effect size, and SE is the standard error (assumed known and fixed). [Wakefield](#page-65-7) [\(2009\)](#page-65-7) derived closed form expressions for the marginal likelihood, assuming a normal prior for β . However, a normal prior may not be sufficiently heavy tailed in the sense that it cannot simultaneously allow a high prior density near zero, a small prior mean effect size, and a flatness in the tails that allows data strongly supporting a large effect size to dominate the prior [\(Hoggart](#page-62-13) et al. [2008,](#page-62-13) [Stephens and Balding 2009\)](#page-64-12). We therefore computed results for two different priors: A normal prior where $\beta \sim \mathcal{N}(0, W)$ as assumed by [Wakefield](#page-65-7) [\(2009\)](#page-65-7), and a heavy tailed prior where β was t-distributed with 1 d.f. and scale chosen such that the central 80% probability interval was the same as the normal prior. We chose prior variance $W = (0.25 \text{mmHg})^2$ for continuous traits, and $W = (0.05)^2$ on a ln(odds) scale for dichotomous hypertension. These priors were motivated by an assumption that associations discovered previously (Levy [et al.](#page-63-1) [2009,](#page-63-1) [Newton-Cheh](#page-63-0) et al. [2009\)](#page-63-0) were in the tails of the distribution of effect sizes for all truly associated SNPs, the observation that studies powered for OR around 1.2 did not discover loci for hypertension [\(Wellcome Trust Case Control Consortium 2007\)](#page-65-2), and that effect sizes scale approximately like 0.2 ln(odds) per mmHg for previously discovered loci [\(Newton-Cheh](#page-63-0) [et al.](#page-63-0) [2009\)](#page-63-0). e. We analysed the primary BP trait for the index SNP at each locus (Table [S7\)](#page-34-0). For model comparison, a fixed set of observed data are necessary. Because all studies filtered at call rate $\geq 98\%$, for practical purposes this means a fixed set of studies must be used to compare support for different SNPs at each locus. Meta-analysis results reported here therefore exclude (on a locus-by-locus basis) studies that fail SNP QC for any SNPs that (i) were in $r^2 \ge 0.8$ with the index SNP and (ii) pass QC for $\ge 50\%$ of total sample size. f. Index SNP at each locus. g. 33 SNPs (rs2032444, rs198855, rs198823, rs11755618, rs11751062, rs41266811, chr6:26325824, chr6:26332322, chr6:26332356, chr6:26332382, chr6:26340330, rs16891464, chr6:26348453, rs3734534, rs11751286, chr6:26358008, chr6:26358012, rs11753610, rs11759682, rs3823157, rs11754168, chr6:26392649, rs41266829, rs41266831, chr6:26394705, chr6:26394727, rs11756428, rs57145038, rs34434694, rs73399394, rs11754384, rs6938696, rs73401236, rs61213538, rs61625476) in modest LD $(0.24 \le r^2 \le 0.47)$ with index SNP. h. See Table [S14](#page-47-0) for association results from directly genotyping this SNP in the BRIGHT case and control samples.

Notes: a. Association with MAP, and pairwise LD, estimated using data on 3108 individuals from BRIGHT (1475 cases and 1633 controls) that were successfully genotyped for both SNPs. b. Neither SNP is significantly associated when added to a multivariate regression model that includes the other SNP. c. rs621679 genotyped using a KASPAR assay with call rate 97% and Hardy–Weinberg $P = 1.5 \times 10^{-5}$. Despite significant heterozygote deficit we infer the genotype calls are mostly correct because of the observed correlation with rs661348 matches the correlation in 1000G data. d , G/A alleles at nsSNP rs621679 correspond respectively to Ala/Thr residues, at either position 38 or position 100 depending on the LSP1 transcript. This amino acid substitution is predicted to be benign by PolyPhen [\(Ramensky](#page-64-13) et al. [2002\)](#page-64-13). e. The nsSNP rs621679 shows only slightly stronger association and therefore it is not surprising that both SNPs are credibly causal. Using the same approach as for Table [S13](#page-43-0) we obtain a BF for rs661348 vs rs621679 of 0.96 for the normal prior and 0.97 for the t-distribution prior.

Table S15: Individual TFBS containing credibly causal SNPs.

Notes: a. Transcription factor binding site (TFBS) peak region start and stop coordinates were rounded to the nearest kilobase before condensing identical regions into single table rows. b. Name of the antibody to a target transcription factor (from a set of 55; using the ENCODE controlled vocabulary) used in ChIP-Seq experiment data reported by the ENCODE consortium[\(The ENCODE Project Consortium 2007,](#page-64-10) [Raney](#page-64-11) [et al.](#page-64-11) [2010\)](#page-64-11). c. Only TFBS peak regions with an ENCODE-defined score $>$ 500 are reported here. The score combines peaks called from processed data from multiple cell lines and experimental conditions into an overall measure of support for the region, on a 0–1000 scale. To approximately calibrate the observed overlap between these TFBS peak regions and BP associated SNPs, we noted that of all 38,122 SNPs on the HumanCVD BeadChip for which we had association test statistics with $>50\%$ of our full sample size. only 3445 SNPs (9.04% of the total) occur within ENCODE defined TFBS peak regions with score \geq 500. **d.** Credibly causal SNPs either have no association data and are in $r^2 > 0.2$ with the index SNP, or have association data and Bayes Factor BF > 0.05. Here we report the maximum of the BF from the normal prior and the t-distribution prior, see Table [S13](#page-43-0) for details. e. After identifying which of our credibly causal SNPs were within ENCODE defined TFBS peak regions, we examined the raw (aligned read density) signal data from the underlying ChIP-Seq experiments [\(Johnson](#page-63-2) et al. [2007,](#page-63-2) [Rozowsky](#page-64-0) et al. [2009\)](#page-64-0), to confirm the signal strength relative to control experiments, and to determine more precisely the position of the SNPs relative to the signal peak. Figure [S13](#page-16-0) illustrates two TFBS peak regions where the underlying raw data showed striking enrichment of aligned read density near our BP associated SNPs. For some other ENCODE defined TFBS we were not able to identify such visually clear signal enrichment by simply plotting the underlying raw signal data, and further analyses using more sophisticated normalization and peak identification algorithms [\(Valouev](#page-65-0) et al. [2008,](#page-65-1) [Zhang](#page-65-1) et al. 2008, [Rozowsky](#page-64-0) et al. [2009\)](#page-64-0) are required to confirm the evidence for each TFBS along with their precise locations relative to the BP-associated SNPs.

for the much-more-significantly-associated top eSNP.

Table S17: MTHFR-NPPB locus conditional analysis.

Notes: a. Conditional analyses were performed for three SNPs at the MTHFR-NPPB locus that showed strong association with DBP in our meta-analysis but that were in weak/moderate pairwise LD. b. Effect size estimates (β_{SNP}) , standard errors and P-values for single SNP regression analyses, and for an otherwise identical three-SNP multiple regression analysis, meta-analysed over all studies in our discovery analysis. For each SNP in the multi-SNP regression performed within each study, the effect size estimate and confidence interval for a partial t-test correspond to an association analysis for the given SNP with other SNPs included as covariates, and hence were combined over studies using a standard inverse variance weighted meta-analysis with our modified weighting scheme for ascertained and non-ascertained studies. c. Because genomic control cannot be applied in the multiple regression analysis, we present all results in this table without genomic control.

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4 Internet resources

On 12 October 2011 we verified the internet resource URLs for the detailed study and reagent descriptions, for public releases of genotype and sequence data, for data annotation, and for software used for this work:

- Birdseed genotype calling algorithm http://www.broadinstitute.org/mpg/birdsuite/birdseed.html
- BRItish Genetics of HyperTension (BRIGHT) study http://www.brightstudy.ac.uk
- British Regional Heart Study (BRHS) http://www.ucl.ac.uk/pcph/research-groups-themes/brhs-pub
- British Womens Heart and Health Study (BWHHS) http://www.lshtm.ac.uk/eph/ncde/research/bwhhs
- Cardiogenics consortium https://www.cardiogenics.org
- ENCODE project ChIP-Seq raw signal data and TFBS peak regions http://genome.ucsc.edu/cgi-bin/hgTables
- ENCODE project controlled vocabulary for antibodies used for ChIP-Seq http://genome.ucsc.edu/cgi-bin/hgEncodeVocab?ra=encode/cv.ra&type=Antibody
- HYPERGENES European network for genetic-epidemiological studies http://www.hypergenes.eu
- Illumina HumanCVD BeadChip genotyping array http://www.illumina.com/products/humancvd whole genome genotyping kits.ilmn
- Illuminus genotype calling algorithm http://homepages.lshtm.ac.uk/tgclark/downloads
- International HapMap project http://hapmap.ncbi.nlm.nih.gov
- KASPAR genotyping systems http://www.kbioscience.co.uk/reagents/KASP.html
- Medical Research Council National Survey of Health and Development (MRC NSHD) http://www.nshd.mrc.ac.uk
- National Human Genome Resource Institute catalog of published GWAS http://www.genome.gov/gwastudies
- Online Mendelian Inheritance in Man (OMIM) http://www.omim.org
- PLINK genetic analysis software http://pngu.mgh.harvard.edu/~purcell/plink
- PRecOcious Coronary ARtery DISease (PROCARDIS) study http://www.procardis.org
- R software for statistical computing and graphics http://www.r-project.org
- SNPTEST genetic association analysis software https://mathgen.stats.ox.ac.uk/genetics software/snptest/snptest.html
- Thousand genomes (1000G) project http://www.1000genomes.org
- Thousand genomes (1000G) project June 2010 early release data http://sph.umich.edu/csg/abecasis/MACH/download/1000G-2010-06.html

5 Author contributions

T.J. and P.B.M. designed the study and wrote analysis plans. T.J. performed statistical analyses. T.J. and P.B.M. interpreted the results and wrote the paper. All authors revised and approved the manuscript.

Additional contributions for specific cohorts were as follows. AIBIII: Recruitment and Phenotyping: E.T.O'B., A.V.S.; Genotyping and Association Analyses: P.J.H., T.J., P.B.M., S.J.N., A.O., S.S.-H.

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Cardiogenics Consortium: eSNP analyses: A.H.G., C.P.N., N.J.S.

EAS: Recruitment and Phenotyping: F.G.F., I.T.; Genotyping and Association Analyses: I.T.

ELSA: Recruitment and Phenotyping: M.Kumari; Genotyping and Association Analyses: T.J., M.Kumari Global BPgen Consortium: Contributions are described in full elsewhere [\(Newton-Cheh](#page-63-0) et al. [2009\)](#page-63-0)

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