

## SUPPLEMENTARY MATERIAL: Common variants in 22 loci are associated with QRS duration and cardiac ventricular conduction

Nona Sotoodehnia<sup>1,2\*</sup>, Aaron Isaacs<sup>3,4\*</sup>, Paul I.W. de Bakker<sup>5,6,7,8\*</sup>, Marcus Dörr<sup>9\*</sup>, Christopher Newton-Cheh<sup>10,11,12\*</sup>, Ilja M. Nolte<sup>13\*</sup>, Pim van der Harst<sup>14\*</sup>, Martina Müller<sup>15,16,17\*</sup>, Mark Eijgelsheim<sup>18\*</sup>, Alvaro Alonso<sup>19\*</sup>, Andrew A. Hicks<sup>20\*</sup>, Sandosh Padmanabhan<sup>21\*</sup>, Caroline Hayward<sup>22\*</sup>, Albert Vernon Smith<sup>23,24\*</sup>, Ozren Polasek<sup>25\*</sup>, Steven Giovannone<sup>26\*</sup>, Jingyuan Fu<sup>13,27\*</sup>, Jared W. Magnani<sup>12,28</sup>, Kristin D. Marcianti<sup>2</sup>, Arne Pfeufer<sup>29,30,20</sup>, Sina A. Gharib<sup>31</sup>, Alexander Teumer<sup>32</sup>, Man Li<sup>33</sup>, Joshua C. Bis<sup>2</sup>, Fernando Rivadeneira<sup>18,34</sup>, Thor Aspelund<sup>23,24</sup>, Anna Köttgen<sup>35</sup>, Toby Johnson<sup>36,37</sup>, Kenneth Rice<sup>38</sup>,

<sup>1</sup> Division of Cardiology, Department of Medicine, University of Washington, Seattle, WA, USA

<sup>2</sup> Cardiovascular Health Research Unit, Department of Medicine, University of Washington, Seattle, WA, USA

<sup>3</sup> Genetic Epidemiology Unit, Department of Epidemiology, Erasmus MC, Rotterdam, The Netherlands

<sup>4</sup> Centre for Medical Systems Biology, Leiden, The Netherlands

<sup>5</sup> Division of Genetics, Department of Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA

<sup>6</sup> Program in Medical and Population Genetics, Broad Institute, Cambridge, MA, USA

<sup>7</sup> Department of Medical Genetics, University Medical Center, Utrecht, The Netherlands

<sup>8</sup> Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, The Netherlands

<sup>9</sup> Department of Internal Medicine B, Ernst Moritz Arndt University Greifswald, Greifswald, Germany

<sup>10</sup> Center for Human Genetic Research, Massachusetts General Hospital, Boston, MA, USA

<sup>11</sup> Cardiology Division, Massachusetts General Hospital, Boston, MA, USA

<sup>12</sup> NHLBI's Framingham Heart Study, 73 Mt. Wayte Avenue, Suite 2, Framingham, MA, USA

<sup>13</sup> Unit of Genetic Epidemiology and Bioinformatics, Department of Epidemiology, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

<sup>14</sup> Department of Cardiology, University Medical Center Groningen, University of Groningen, The Netherlands

<sup>15</sup> Institute of Medical Informatics, Biometry and Epidemiology, Chair of Epidemiology, Ludwig-Maximilians-Universität, Munich, Germany

<sup>16</sup> Department of Medicine I, University Hospital Grosshadern, Ludwig-Maximilians-Universität, Munich, Germany

<sup>17</sup> Institute of Epidemiology, Helmholtz Zentrum München-German Research Center for Environmental Health, Neuherberg, Germany

<sup>18</sup> Department of Epidemiology, Erasmus MC, Rotterdam, The Netherlands

<sup>19</sup> Division of Epidemiology and Community Health, School of Public Health, University of Minnesota, Minneapolis, MN, USA

<sup>20</sup> Institute of Genetic Medicine, European Academy Bozen/Bolzano (EURAC), Bolzano, Italy. Affiliated Institute of the University of Lübeck, Germany

<sup>21</sup> Institute of Cardiovascular and Medical Sciences, College of Medical, Veterinary and Life Sciences, University of Glasgow, University Place, Glasgow, United Kingdom

<sup>22</sup> MRC Human Genetics Unit, Institute of Genetics and Molecular Medicine, Edinburgh, United Kingdom

<sup>23</sup> Icelandic Heart Association, Kopavogur, Iceland

<sup>24</sup> University of Iceland, Reykjavik, Iceland

<sup>25</sup> Andrija Stampar School of Public Health, Medical School, University of Zagreb, Zagreb, Croatia

<sup>26</sup> Leon H. Charney Division of Cardiology, NYU School of Medicine, New York, NY, USA

<sup>27</sup> Department of Genetics, University Medical Center Groningen, University of Groningen, The Netherlands

<sup>28</sup> Section of Cardiovascular Medicine, Boston University School of Medicine, Boston, MA, USA

<sup>29</sup> Institute of Human Genetics, Helmholtz Zentrum München-German Research Center for Environmental Health, Neuherberg, Germany

<sup>30</sup> Institute of Human Genetics, Klinikum Rechts der Isar, Technische Universität München, Munich, Germany

<sup>31</sup> Center for Lung Biology, Department of Medicine, University of Washington, Seattle, WA, USA

<sup>32</sup> Interfaculty Institute for Genetics and Functional Genomics, Ernst Moritz Arndt University Greifswald, Greifswald, Germany

<sup>33</sup> Department of Epidemiology and the Welch Center for Prevention, Epidemiology, and Clinical Research, Johns Hopkins University, Baltimore, MD, USA

<sup>34</sup> Department of Internal Medicine, Erasmus MC, Rotterdam, The Netherlands

<sup>35</sup> Department of Epidemiology, Johns Hopkins University, Baltimore, MD, USA

<sup>36</sup> Clinical Pharmacology and Barts and the London Genome Centre, William Harvey Research Institute, Barts and the London School of Medicine, Queen Mary University of London, London EC1M 6BQ, United Kingdom

Mark P.S. Sie<sup>3</sup>, Amanda Ying Wang<sup>12,39</sup>, Norman Klopp<sup>17</sup>, Christian Fuchsberger<sup>20</sup>, Sarah H. Wild<sup>40</sup>, Irene Mateo Leach<sup>14</sup>, Karol Estrada<sup>34</sup>, Uwe Völker<sup>32</sup>, Alan F. Wright<sup>22</sup>, Folkert W. Asselbergs<sup>13,14,41</sup>, Jiaxiang Qu<sup>26</sup>, Aravinda Chakravarti<sup>42</sup>, Moritz F. Sinner<sup>16</sup>, Jan A. Kors<sup>43</sup>, Astrid Petersmann<sup>44</sup>, Tamara B. Harris<sup>45</sup>, Elsayed Z. Soliman<sup>46</sup>, Patricia B. Munroe<sup>36,37</sup>, Bruce M. Psaty<sup>2,47,48,49</sup>, Ben A. Oostra<sup>4,50</sup>, L. Adrienne Cupples<sup>12,39</sup>, Siegfried Perz<sup>51</sup>, Rudolf A. de Boer<sup>14</sup>, André G. Uitterlinden<sup>18,34,52</sup>, Henry Völzke<sup>53</sup>, Timothy D. Spector<sup>54</sup>, Fang-Yu Liu<sup>26</sup>, Eric Boerwinkle<sup>55,56</sup>, Anna F. Dominiczak<sup>21</sup>, Jerome I. Rotter<sup>57</sup>, Gé van Herpen<sup>43</sup>, Daniel Levy<sup>12,58</sup>, H.-Erich Wichmann<sup>15,17,59</sup>, Wiek H. van Gilst<sup>14</sup>, Jacqueline C.M. Witteman<sup>18,52</sup>, Heyo K. Kroemer<sup>60</sup>, W.H. Linda Kao<sup>33</sup>, Susan R. Heckbert<sup>2,47,49</sup>, Thomas Meitinger<sup>29,30</sup>, Albert Hofman<sup>18,52</sup>, Harry Campbell<sup>40</sup>, Aaron R. Folsom<sup>19</sup>, Dirk J. van Veldhuisen<sup>14</sup>, Christine Schwienbacher<sup>20,61</sup>, Christopher J. O'Donnell<sup>12,58</sup>, Claudia Beu Volpato<sup>20</sup>, Mark J. Caulfield<sup>36,37</sup>, John M. Connell<sup>62</sup>, Lenore Launer<sup>45</sup>, Xiaowen Lu<sup>13</sup>, Lude Franke<sup>27,63</sup>, Rudolf S.N. Fehrmann<sup>27</sup>, Gerard te Meerman<sup>27</sup>, Harry J.M. Groen<sup>64</sup>, Rinse K.

---

<sup>37</sup> Barts and the London National Institute of Health Research Cardiovascular Biomedical Research Unit, London EC1M 6BQ, United Kingdom

<sup>38</sup> Department of Biostatistics, University of Washington, Seattle, WA, USA

<sup>39</sup> Department of Biostatistics, Boston University School of Public Health, Boston, MA, USA

<sup>40</sup> Centre for Population Health Sciences, University of Edinburgh, Teviot Place, Edinburgh, EH8 9AG, Scotland

<sup>41</sup> Department of Cardiology, Division Heart and Lungs, University Medical Center Utrecht, Utrecht, The Netherlands

<sup>42</sup> McKusick-Nathans Institute of Genetic Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA

<sup>43</sup> Department of Medical Informatics, Erasmus MC, Rotterdam, The Netherlands

<sup>44</sup> Institute of Clinical Chemistry and Laboratory Medicine, Ernst Moritz Arndt University Greifswald, Greifswald, Germany

<sup>45</sup> Laboratory of Epidemiology, Demography, and Biometry, National Institute on Aging, National Institutes of Health, Bethesda, MD, USA

<sup>46</sup> Epidemiological Cardiology Research Center (EPICARE), Wake Forest University School of Medicine, Winston Salem, NC, USA

<sup>47</sup> Department of Epidemiology, University of Washington, Seattle, WA, USA

<sup>48</sup> Department of Health Services, University of Washington, Seattle, WA, USA

<sup>49</sup> Group Health Research Institute, Group Health Cooperative, Seattle, WA, USA

<sup>50</sup> Department of Clinical Genetics, Erasmus MC, Rotterdam, The Netherlands

<sup>51</sup> Institute for Biological and Medical Imaging, Helmholtz Zentrum München-German Research Center for Environmental Health, Neuherberg, Germany

<sup>52</sup> Netherlands Genomics Initiative (NGI)-sponsored Netherlands Consortium for Healthy Aging (NCHA), Rotterdam, The Netherlands

<sup>53</sup> Institute for Community Medicine, Ernst Moritz Arndt University Greifswald, Greifswald, Germany

<sup>54</sup> Department of Twin Research and Genetic Epidemiology Unit, St Thomas' Campus, King's College London, St Thomas' Hospital, London, United Kingdom

<sup>55</sup> Human Genetics Center, University of Texas Health Science Center at Houston, Houston, TX, USA

<sup>56</sup> Institute for Molecular Medicine, University of Texas Health Science Center at Houston, Houston, TX, USA

<sup>57</sup> Medical Genetics Institute, Cedars-Sinai Medical Center, Los Angeles, CA, USA

<sup>58</sup> National Heart, Lung and Blood Institute, Bethesda, MD, USA

<sup>59</sup> Klinikum Grosshadern, Munich, Germany

<sup>60</sup> Department of Pharmacology, Center for Pharmacology and Experimental Therapeutics, Ernst Moritz Arndt University Greifswald, Greifswald, Germany

<sup>61</sup> Department of Experimental and Diagnostic Medicine, University of Ferrara, 44121 Ferrara, Italy

<sup>62</sup> University of Dundee, Ninewells Hospital & Medical School, Dundee, DD1 9SY, United Kingdom

<sup>63</sup> Blizard Institute of Cell and Molecular Science, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, United Kingdom

<sup>64</sup> Department of Pulmonology, University Medical Center Groningen, University of Groningen, The Netherlands

Weersma<sup>65</sup>, Leonard H. van den Berg<sup>66</sup>, Cisca Wijmenga<sup>27</sup>, Roel A. Ophoff<sup>67,68</sup>, Gerjan Navis<sup>69</sup>, Igor Rudan<sup>40,70,71\*</sup>, Harold Snieder<sup>13,54\*</sup>, James F. Wilson<sup>40\*</sup>, Peter P. Pramstaller<sup>20,72,73\*</sup>, David S. Siscovick<sup>2,47\*</sup>, Thomas J. Wang<sup>11,12\*</sup>, Vilmundur Gudnason<sup>23,24\*</sup>, Cornelia M. van Duijn<sup>3,4,52\*</sup>, Stephan B. Felix<sup>9\*</sup>, Glenn I. Fishman<sup>26\*</sup>, Yalda Jamshidi<sup>54,74\*</sup>, Bruno H Ch Stricker<sup>18,34,43,52,75\*</sup>, Nilesh J. Samani<sup>76,77\*</sup>, Stefan Kääh<sup>16\*</sup>, Dan E. Arking<sup>42\*</sup>

---

<sup>65</sup> Department of Gastroenterology and Hepatology, University Medical Center Groningen, University of Groningen, The Netherlands

<sup>66</sup> Department of Neurology, Rudolf Magnus Institute, University Medical Center Utrecht, University of Utrecht, The Netherlands

<sup>67</sup> Department of Medical Genetics and Rudolf Magnus Institute, University Medical Center Utrecht, Utrecht, The Netherlands

<sup>68</sup> Center for Neurobehavioral Genetics, University of California, Los Angeles, CA, USA

<sup>69</sup> Department of Internal Medicine, University Medical Center Groningen, University of Groningen, The Netherlands

<sup>70</sup> Centre for Global Health, Medical School, University of Split, Split, Croatia

<sup>71</sup> Gen-info Ltd, Zagreb, Croatia

<sup>72</sup> Department of Neurology, General Central Hospital, Bolzano, Italy

<sup>73</sup> Department of Neurology, University of Lübeck, Lübeck, Germany

<sup>74</sup> Division of Clinical Developmental Sciences, St George's University of London, London, United Kingdom

<sup>75</sup> Inspectorate of Health Care, The Hague, The Netherlands

<sup>76</sup> Department of Cardiovascular Sciences, University of Leicester and Leicester NIHR Biomedical Research Unit in Cardiovascular Disease Glenfield Hospital, and Leicester, LE3 9QP, United Kingdom

<sup>77</sup> Leicester NIHR Biomedical Research Unit in Cardiovascular Disease Glenfield Hospital, Leicester, LE3 9QP, United Kingdom

\* These authors contributed equally to the work.

**SUPPLEMENTARY NOTES:****ACKNOWLEDGEMENTS:**

**AGES:** The Age, Gene/Environment Susceptibility Reykjavik Study has been funded by NIH contract N01-AG-12100, the NIA Intramural Research Program, Hjartavernd (the Icelandic Heart Association), and the Althingi (the Icelandic Parliament). The researchers are indebted to the participants for their willingness to participate in the study. **ARIC:** The Atherosclerosis Risk in Communities 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, R01HL087641, R01HL59367 and R01HL086694; National Human Genome Research Institute contract U01HG004402; and National Institutes of Health contract HHSN268200625226C. The authors thank the staff and participants of the ARIC study for their important contributions. Infrastructure was partly supported by Grant Number UL1RR025005, a component of the National Institutes of Health and NIH Roadmap for Medical Research. **BRIGHT:** The BRIGHT study is supported by the Medical Research Council of Great Britain (G9521010D) and the British Heart Foundation (PG/02/128). Genotyping was funded by the Wellcome Trust (grant number 076113/B/04/Z) as part of The Wellcome Trust Case Control Consortium. The BRIGHT study is extremely grateful to all the patients who participated in the study and the BRIGHT nursing team. NJS and AFD hold Chairs supported by the British Heart Foundation (BHF). NJS is also supported by the Leicester National Institute for Health Research Biomedical Research Unit in Cardiovascular Disease. AFD is also supported by BHF grants (RG/07/005/23633 and SP/08/005/25115) and EU Ingenious HyperCare Consortium: Integrated Genomics, Clinical Research and Care in Hypertension (LSHM-C7-2006-037093). TJ and PBM are supported by the Barts and the London National Institute FOR Health Research Cardiovascular Biomedical Research Unit. **CHS:** The CHS 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, grant numbers U01 HL080295, R01 HL087652, and R01 HL088456 from the National Heart, Lung, and Blood Institute, with additional contribution from the National Institute of Neurological Disorders and Stroke. 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-RR00425 to the Cedars-Sinai General Clinical Research Center Genotyping core and National Institute of Diabetes and Digestive and Kidney Diseases grant DK063491 to the Southern California Diabetes Endocrinology Research Center. **SPLIT:** Medical Research Council, UK; The Ministry of Science, Education and Sports of the Republic of Croatia. **KORKULA:** Medical Research Council, UK; The Ministry of Science, Education and Sports of the Republic of Croatia. **ERF:** The ERF study was supported by grants from the Netherlands Organization for Scientific Research (NWO; Pioneergrant), Erasmus Medical Center, the Centre for Medical Systems Biology (CMSB), and the Netherlands Kidney Foundation. We are grateful to all patients and their relatives, general practitioners and neurologists for their contributions and to P. Veraart for her help in genealogy, Jeannette Vergeer for the supervision of the laboratory work and P. Snijders for his help in data collection. **FHS:** The Framingham Heart Study work was supported by the National Heart Lung and Blood Institute of the National Institutes of Health and Boston University School of Medicine (Contract No. N01-HC-25195), its contract with Affymetrix, Inc for genotyping services (Contract No. N02-HL-6-4278), based

on analyses by Framingham Heart Study investigators participating in the SNP Health Association Resource (SHARe) project. A portion of this research was conducted using 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. The measurement of ECG intervals in Framingham Heart Study generation 1 and 2 samples was performed by eResearchTechnology and was supported by an unrestricted grant from Pfizer. The measurement of ECG intervals in the Framingham Heart Study generation 3 sample was completed using AMPS software provided through an unrestricted academic license by AMPS, LLC (New York, NY, USA) with support from K23HL80025 (C.N.-C.). C.N.-C. is supported by a Doris Duke Charitable Foundation Clinical Scientist Development Award, a Burroughs Wellcome Fund Career Award for Medical Scientists and NIH HL80025. J.W.M. is supported by American Heart Association Fellow-to-Faculty Transition Award #09FTF2190028. **KORA:** KORA/MONICA Augsburg studies were financed by the Helmholtz Zentrum Munchen-German Research Center for Environmental Health, Munich, Germany, and supported by grants from the German Federal Ministry of Education and Research (BMBF); part of this work by KORA was supported by the German National Genome Research Network (NGFN), the Munich Center of Health Sciences (MC Health) as part of LMUinnovativ. For this project specific funding was obtained by S.K.: German National Genome Research Network NGFN BMBF 01GS0838 ; Leducq Foundation 07-CVD 03, LMU Excellence Initiative. **MICROS:** We thank the primary care practitioners Raffaella Stocker, Stefan Waldner, Toni Pizzocco, Josef Plangger, Ugo Marcadent and the personnel of the Hospital of Silandro (Department of Laboratory Medicine) for their participation and collaboration in the research project. In South Tyrol, the study was supported by the Ministry of Health and Department of Educational Assistance, University and Research of the Autonomous Province of Bolzano and the South Tyrolean Sparkasse Foundation. **ORCADES:** ORCADES was supported by the Chief Scientist Office of the Scottish Government, the Royal Society and the European Union framework program 6 EUROSPAN project (contract no. LSHG-CT-2006-018947). DNA extractions were performed at the Wellcome Trust Clinical Research Facility in Edinburgh. We would like to acknowledge the invaluable contributions of Lorraine Anderson and the research nurses in Orkney, the administrative team in Edinburgh and the people of Orkney. **PREVEND:** PREVEND genetics is supported by the Dutch Kidney Foundation (Grant E033), The Netherlands Heart Foundation (Grant 2006B140, 2006T003) and the EU project grant GENECURE (FP-6 LSHM CT 2006 037697). P.vd.H is supported by NWO VENI grant 916.76.170 and ICIN. **RS:** The GWA study was funded by the Netherlands Organisation of Scientific Research NWO Investments (nr. 175.010.2005.011, 911-03-012), the Research Institute for Diseases in the Elderly (014-93-015; RIDE2), the Netherlands Genomics Initiative (NGI)/Netherlands Consortium for Healthy Aging (NCHA) project nr. 050-060-810. We thank Dr. Michael Moorhouse, Department of Bioinformatics, Pascal Arp, Mila Jhamai, Marijn Verkerk, and Sander Bervoets, Department of Internal Medicine, ErasmusMC, for their help in creating the GWAS database. The Rotterdam Study is funded by Erasmus Medical Center and Erasmus University, Rotterdam, Netherlands Organization for Health Research and Development (ZonMw), the Research Institute for Diseases in the Elderly (RIDE), the Ministry of Education, Culture and Science, the Ministry for Health, Welfare and Sports, the European Commission (DG XII), and the Municipality of Rotterdam. The authors are very grateful to the participants and staff from the Rotterdam Study, the participating general practitioners and the pharmacists. We would like to thank Dr. Tobias A. Knoch, Luc V. de Zeeuw, Anis Abuseiris, and Rob de Graaf as well as their institutions the Erasmus Computing Grid, Rotterdam, The

Netherlands, and especially the national German MediGRID and Services@MediGRID part of the German D-Grid, both funded by the German Bundesministerium für Forschung und Technology under grants #01 AK 803 A-H and # 01 IG 07015 G, for access to their grid resources. M. Eijgelsheim is funded by the Netherlands Heart Foundation (NHF), project numbers 2007B221 and 2009R014. **SHIP:** SHIP is part of the Community Medicine Research net of the University of Greifswald, Germany, which is funded by the Federal Ministry of Education and Research (grants no. 01ZZ9603, 01ZZ0103, and 01ZZ0403), the Ministry of Cultural Affairs as well as the Social Ministry of the Federal State of Mecklenburg-West Pomerania. Genome-wide data have been supported by the Federal Ministry of Education and Research (grant no. 03ZIK012) and a joint grant from Siemens Healthcare, Erlangen, Germany and the Federal State of Mecklenburg- West Pomerania. The University of Greifswald is a member of the 'Center of Knowledge Interchange' program of the Siemens AG. **TWINSUK:** The study was funded by the British Heart Foundation, Project grant no. 06/094, the Wellcome Trust; European Community's Seventh Framework Programme (FP7/2007-2013)/grant agreement HEALTH-F2-2008-201865-GEFOS and (FP7/2007-2013), ENGAGE project grant agreement HEALTH-F4-2007-201413 and the FP-5 GenomEUtwin Project (QLG2-CT-2002-01254). The study also receives support from the Dept. of Health via the National Institute for Health Research (NIHR) comprehensive Biomedical Research Centre award to Guy's & St Thomas' NHS Foundation Trust in partnership with King's College London. The project also received support from a Biotechnology and Biological Sciences Research Council (BBSRC) project grant (G20234). We thank the staff from the Genotyping Facilities at the Wellcome Trust Sanger Institute for sample preparation, quality control and genotyping led by Leena Peltonen and Panos Deloukas; Le Centre National de Génotypage, France, led by Mark Lathrop, for genotyping; Duke University, North Carolina, USA, led by David Goldstein, for genotyping; and the Finnish Institute of Molecular Medicine, Finnish Genome Center, University of Helsinki, led by Aarno Palotie, for genotyping. Genotyping was also performed by CIDR as part of a National Eye Institute NIH project grant (PI: Terri Young). Analyses were performed on the Genetic Cluster Computer, which is financed by an NWO Medium Investment grant 480-05-003 and by the Faculty of Psychology and Education of the VU University, Amsterdam, The Netherlands. Folkert W. Asselbergs is supported by a clinical fellowship from the Netherlands Organisation for Health Research and Development (grant 90700342). **Fishman Laboratory:** The murine studies were supported by NIH R01HL64757, a New York State Stem Cell Science Award and a Glorney-Raisbeck Fellowship in Cardiovascular Disease. **Dutch eQTL Group:** J.F. is supported by a VENI grant from NWO (ALW grant 863.09.007). L.F. received a Horizon Breakthrough grant from the Netherlands Genomics Initiative (93519031) and a VENI grant from NWO (ZonMW grant 916.10.135). The gene expression study was funded in part by COPACETIC (EU grant 201379). C.W. received a grant from the Netherlands Organisation for Scientific Research (NWO, VICI grant 918.66.620). L.H.v.d.B. acknowledges funding from the Prinses Beatrix Fonds, the Adessium foundation and the Amyotrophic Lateral Sclerosis Association. R.A.O. acknowledges funding from the NIH: NS058980.

## DETAILS ON PARTICIPATING STUDIES:

Fourteen genome-wide association studies (GWAS) consisting of individuals of European descent from Europe and the United States contributed to the discovery phase of this study. To extend our analyses, we genotyped select variants representing nine loci in an additional cohort (PREVEND). All studies received approval from the appropriate institutional review committees, and the subjects in each cohort provided written informed consent.

**AGES:** The Age, Gene/Environment Susceptibility (AGES) Reykjavik Study was initiated to examine genetic susceptibility and gene/environment interaction as these contribute to phenotypes common in old age, and represents a continuation of the Reykjavik Study cohort begun in 1967 and is comprised of 5776 randomly recruited survivors from the original cohort. QRS interval duration was automatically measured from 12-lead electrocardiograms using the Marquette 12 SL analysis program (General Electric Marquette Medical Division, Milwaukee, Wisconsin, USA).

**ARIC:** The Atherosclerosis Risk in Communities study (<http://www.csc.c.unc.edu/aric/>) includes 15,792 men and women from four communities in the United States (Jackson, Mississippi; Forsyth County, North Carolina; Washington County, Maryland; suburbs of Minneapolis, Minnesota) enrolled in 1987–1989 and prospectively followed. ECGs were recorded at baseline using MAC PC ECG machines (Marquette Electronics) and processed initially by the Dalhousie ECG program in a central laboratory at the EPICORE Center (University of Alberta). Processing was later repeated for the present study using the GE Marquette 12-SL program (2001 version) at the EPICARE Center (Wake Forest University). All ECGs were visually inspected for technical errors and inadequate quality. QRS interval was measured automatically from baseline ECGs.

**BRIGHT:** The MRC BRIGHT study (<http://www.brightstudy.ac.uk/>) comprises 2000 severely hypertensive probands ascertained from families with multiplex affected sibships or as parent-offspring trios. Case ascertainment and phenotyping has been described previously. Briefly, cases have BP readings  $\geq 150/100$  mmHg based on one reading or  $\geq 145/95$  mmHg based on the mean of three readings. Twelve-lead ECG recordings (Siemens-Sicard 440; <http://www.brightstudy.ac.uk/info/sop04.html>), which produces an

automated measurement of the QRS interval, were available for all subjects. All data were transferred from each recruitment centre by electronic modem to electrophysiologists from the West of Scotland Primary Prevention Study (Professor Peter MacFarlane) for central reporting. All individuals included in the analysis were of white British ancestry (up to level of grandparents).

**CHS:** The Cardiovascular Health Study ([www.chs-nhlbi.org](http://www.chs-nhlbi.org)) is a prospective, longitudinal cohort study of risk factors for cardiovascular disease in the elderly, was begun in 1989 and included 4,925 self-described White participants. People 65 years of age or older were recruited from four field centers in the United States. The CHS study sample used in this analysis includes participants without clinically-recognized cardiovascular disease at baseline who described their race as White, consented to genetic testing, and had DNA available for genotyping. Study electrocardiograms were recorded using MAC PC ECG machines (Marquette Electronics, Milwaukee, Wisconsin) in all clinical centers. ECGs were initially processed in a central laboratory at the EPICORE Center (University of Alberta, Edmonton, Alberta, Canada) and during later phases of the study, at the EPICARE Center (Wake Forest University, Winston-Salem, North Carolina). All ECGs were visually inspected for technical errors and inadequate quality. QRS interval was measured using the baseline ECG for eligible subjects. Initial ECG processing was done by the Dalhousie ECG program, and processing was later repeated with the 2001 version of the GE Marquette 12-SL program (GE Marquette, Milwaukee, Wisconsin).

**ERF:** The Erasmus Rucphen Family study is comprised of a family-based cohort embedded in the Genetic Research in Isolated Populations (GRIP) program in the southwest of the Netherlands. The aim of this program is to identify genetic risk factors for the development of complex disorders. In ERF, twenty-two families that had a minimum of five children baptized in the community church between 1850 and 1900 were identified with the help of detailed genealogical records. All living descendants of these couples, and their spouses, were invited to take part in the study. Comprehensive interviews, questionnaires, and examinations were completed at a research center in the area; approximately 3,200 individuals participated. Examinations included 12 lead ECG measurements. Electrocardiograms were recorded on ACTA electrocardiographs (ESAOTE, Florence, Italy) and digital measurements of the QRS intervals were made using the Modular ECG Analysis



System (MEANS). The QRS detector of MEANS operates on multiple simultaneously recorded leads, which are transformed to a detection function that brings out the QRS complexes among the other parts of the signal. Data collection started in June 2002 and was completed in February 2005. In the current analyses, 1466 participants for whom complete phenotypic, genotypic and genealogical information was available were studied.

**FHS:** The Framingham Heart Study (<http://www.framinghamheartstudy.org/>) is a community-based, longitudinal cohort study comprising three generations of individuals in multigenerational pedigrees and additional unrelated individuals. The current study included individuals from Generation 1 (11<sup>th</sup> examination), Generation 2 (1<sup>st</sup> examination) and Generation 3 (1<sup>st</sup> examination). In FHS, paper electrocardiograms recorded on Marquette machines were scanned and digital caliper measurements were made using proprietary software (eResearchTechnology, generations 1 and 2) or using Rigel 1.7.2. (AMPS, LLC, New York, NY, USA, generation 3). The QRS duration was measured from the Q-onset to S-offset in two cardiac cycles from lead II and averaged.

**KORA F3 and S4:** The KORA study is a series of independent population-based epidemiological surveys of participants living in the city of Augsburg, Southern Germany, or the two adjacent counties. All survey participants are residents of German nationality identified through the registration office and aged between 25 and 74 years at recruitment. The baseline survey KORA S3 was conducted in the years 1994/95 and KORA S4 in 1999-2001. 3,006 participants from KORA S3 were reexamined in a 10-year follow-up (KORA F3) in the years 2004/05. Genomewide data for the analysis of the length of the QRS interval is available for random subsets of 1,644 persons from KORA F3 and 1,814 study participants from KORA S4. In both studies, 12-lead resting electrocardiograms were recorded with digital recording systems (F3: Mortara Portrait, Mortara Inc., Milwaukee, USA, S4: Hörmann BioSet 9000, Hörmann Medizinelektronik, Germany).

**KORKULA:** The KORCULA study sampled Croatians from the Adriatic island of Korčula, between the ages of 18 and 88. The fieldwork was performed in 2007 in the eastern part of the island, targeting healthy volunteers from the town of Korčula and the villages of Lumbarda, Žrnovo and Račišće. Mortara ELI 350 was used in ECG recording.

**MICROS:** The MICROS study (<http://www.biomedcentral.com/1471-2350/8/29>) is part of the genomic health care program 'GenNova' and was carried out in three villages of the Val Venosta on the populations of Stelvio, Vallelunga and Martello. This study was an extensive survey carried out in South Tyrol (Italy) in the period 2001-2003. Study participants were volunteers from three isolated villages located in the Italian Alps, in a German-speaking region bordering with Austria and Switzerland. Due to geographical, historical and political reasons, the entire region experienced a prolonged period of isolation from surrounding populations. Genotyping was performed on just under 1400 participants with 1334 available for analysis after data cleaning. Information on participants' health status was collected through a standardized questionnaire and clinical examinations, including digitized ECG measurements (Mortara Portrait, Mortara Inc., Milwaukee, USA). Individuals with identified U-waves were excluded from analysis. The Mortara portrait determines QRS complex by a proprietary algorithm (Michelucci 2002). Laboratory data were obtained from standard blood analyses.

**ORCADES:** The Orkney Complex Disease Study (ORCADES) is an ongoing family-based, cross-sectional study in the isolated Scottish archipelago of Orkney. Genetic diversity in this population is decreased compared to Mainland Scotland, consistent with high levels of endogamy historically. Participants included here were aged 18-92 years and came from a subgroup of ten islands. The Cardioview ECG device was used in the phenotyping.

**ROTTERDAM STUDY (RS1 and RS2):** The Rotterdam Study is a prospective population-based cohort study comprising 7,983 subjects aged 55 years or older (RS-I), which started in 1990. In 2000-2001, an additional 3,011 individuals aged 55 years or older were recruited (RS-II).<sup>28</sup> In the RS-I and RS-II, electrocardiograms were recorded on ACTA electrocardiographs (ESAOTE, Florence, Italy) and digital measurements of the QRS intervals were made using the Modular ECG Analysis System (MEANS). The QRS detector of MEANS operates on multiple simultaneously recorded leads, which are transformed to a detection function that brings out the QRS complexes among the other parts of the signal.

**SHIP:** The Study of Health in Pomerania (<http://ship.community-medicine.de>) is a longitudinal population-based cohort study in West Pomerania, a region in the northeast of Germany. From the total population comprising 212,157 inhabitants in 1995, a two-stage

stratified cluster sample of adults aged 20 to 79 years was drawn. From the net sample of 6265 eligible subjects, 4308 subjects (2192 women) of Caucasian origin participated in the baseline examination, SHIP-0 (response 68.8%). For the present analyses both electrocardiographic and genotyping data were available from 2985 participants of the SHIP baseline cohort without exclusion criteria. QRS intervals in SHIP were measured from digitally stored electrocardiograms (Personal 120LD, Esaote, Genova, Italy) using MEANS according to the method described above for the RS.

**SPLIT:** The SPLIT study samples Croatians from the town of Split, between the ages 18 and 85. The sampling started in 2008, and continues throughout 2010. Mortara ELI 350 was used in ECG recording.

**TWINSUK:** The Twins UK Registry (<http://www.twinsuk.ac.uk>) comprises unselected, mostly female volunteers ascertained from the general population through national media campaigns in the UK. Means and ranges of quantitative phenotypes in Twins UK were similar to an age-matched singleton sample from the general population. Zygosity was determined by standardized questionnaire and confirmed by DNA fingerprinting. QRS duration data were available on 2,726 of these individuals measured automatically by the Cardiofax ECG-9020K (Nihon Kohden UK Ltd., Middlesex, UK).

**PREVEND:** The Prevention of REnal and Vascular ENd stage Disease (PREVEND) study is an ongoing prospective study investigating the natural course of increased levels of urinary albumin excretion and its relation to renal and cardiovascular disease. Inhabitants 28 to 75 years of age (n=85,421) in the city of Groningen, The Netherlands, were asked to complete a short questionnaire, 47% responded, and individuals were then selected with a urinary albumin concentration of at least 10 mg/L (n = 7,768) and a randomly selected control group with a urinary albumin concentration less than 10 mg/L (n = 3,395). Details of the protocol have been described elsewhere ([www.prevend.org](http://www.prevend.org)). Standard 12-lead electrocardiograms were recorded with CardioPerfect equipment (Cardio Control; currently Welch Allyn, Delft, The Netherlands) and digital measurements of the QRS intervals were made using the Modular ECG Analysis System (MEANS). The QRS detector of MEANS operates on multiple simultaneously recorded leads, which are transformed to a detection function that brings out the QRS complexes among the other parts of the signal.

## STUDY INVESTIGATORS:

AGES (Age, Gene/Environment Susceptibility-Reykjavik Study): Albert Vernon Smith, Thor Aspelund, Lenore Launer, Tamara B. Harris, Vilmundur Gudnason

ARIC (Atherosclerosis Risk in Communities Study): Alvaro Alonso, Man Li, Anna Köttgen, Aravinda Chakravarti, Elsayed Z. Soliman, Eric Boerwinkle, W.H. Linda Kao, Aaron R. Folsom, Dan E. Arking

BRIGHT (British Genetics of Hypertension Study): Sandosh Padmanabhan, Toby Johnson, Patricia B. Munroe, Anna F. Dominiczak, Mark J. Caulfield, John M. Connell, Nilesh J. Samani

Broad Institute: Paul I. W. de Bakker

CHS (Cardiovascular Health Study): Nona Sotoodehnia, Kristin D. Marcianti, Sina A. Gharib, Joshua C. Bis, Kenneth Rice, Bruce M. Psaty, Jerome I. Rotter, Susan R. Heckbert, David S. Siscovick

Dutch eQTL: Jingyuan Fu, Xiaowen Lu, Lude Franke, Rudolf S.N. Fehrmann, Gerard te Meerman, Harry J.M. Groen, Rinse K. Weersma, Leonard H. van den Berg, Cisca Wijmenga, Roel A. Ophoff, Harold Snieder

ERF (Erasmus Rucphen Family Study): Aaron Isaacs, Mark P.S. Sie, Gé van Herpen, Ben A. Oostra, Cornelia M. van Duijn

Fishman Lab: Steven Giovannone, Jiaxiang Qu, Fang-Yu Liu, Glenn I. Fishman

FHS (Framingham Heart Study): L. Adrienne Cupples, Daniel Levy, Jared W. Magnani, Christopher Newton-Cheh, Christopher J. O'Donnell, Amanda Ying Wang, Thomas J. Wang

KORA (Kollaborative Gesundheitsforschung in der Region Augsburg): Martina Müller, Arne Pfeufer, Norman Klopp, Moritz F. Sinner, Siegfried Perz, H.-Erich Wichmann, Thomas Meitinger, Stefan Kääh

MICROS (Micro Isolates in South Tyrol): Andrew A. Hicks, Christian Fuchsberger, Christine Schwienbacher, Peter P. Pramstaller, Claudia Volpato

ORCADES (Orkney Complex Disease Study): Caroline Hayward, Sarah H. Wild, James F. Wilson

PREVEND (Prevention of Renal and Vascular End stage Disease): Pim van der Harst, Irene Mateo Leach, Rudolf A. de Boer, Wiek H. van Gilst, Dirk J. van Veldhuisen, Gerjan Navis

RS (Rotterdam Study): Mark Eijgelsheim, Fernando Rivadeneira, Karol Estrada, Jan A. Kors, André G. Uitterlinden, Jacqueline C.M. Witteman, Albert Hofman, Bruno H Ch Stricker

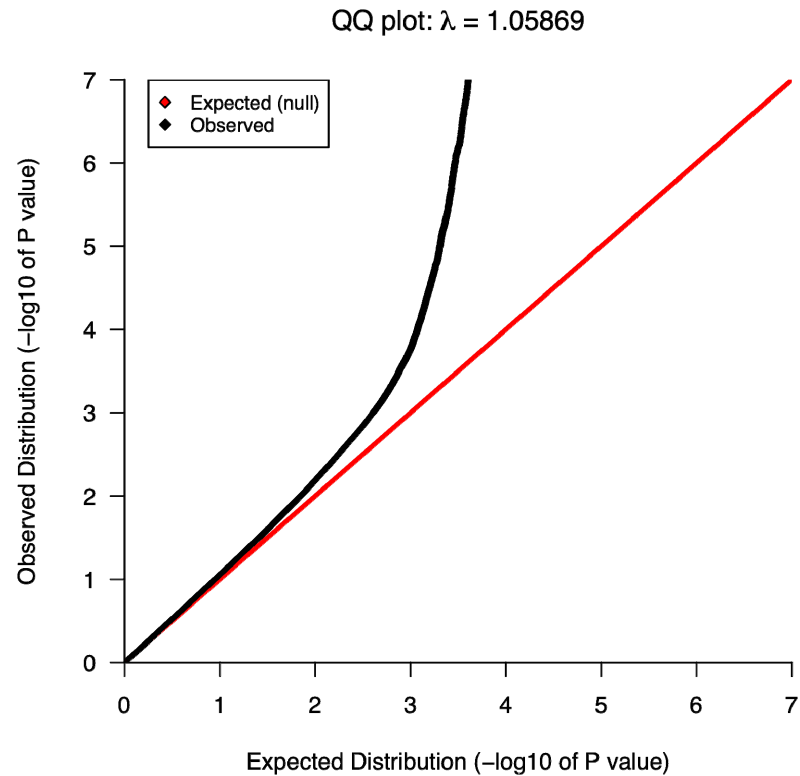
SHIP (Study of Health in Pomerania): Marcus Dörr, Alexander Teumer, Uwe Völker, Astrid Petersmann, Henry Völzke, Heyo K. Kroemer, Stephan B. Felix

SPLIT and KORCULA: Ozren Polasek, Alan F. Wright, Igor Rudan, Harry Campbell

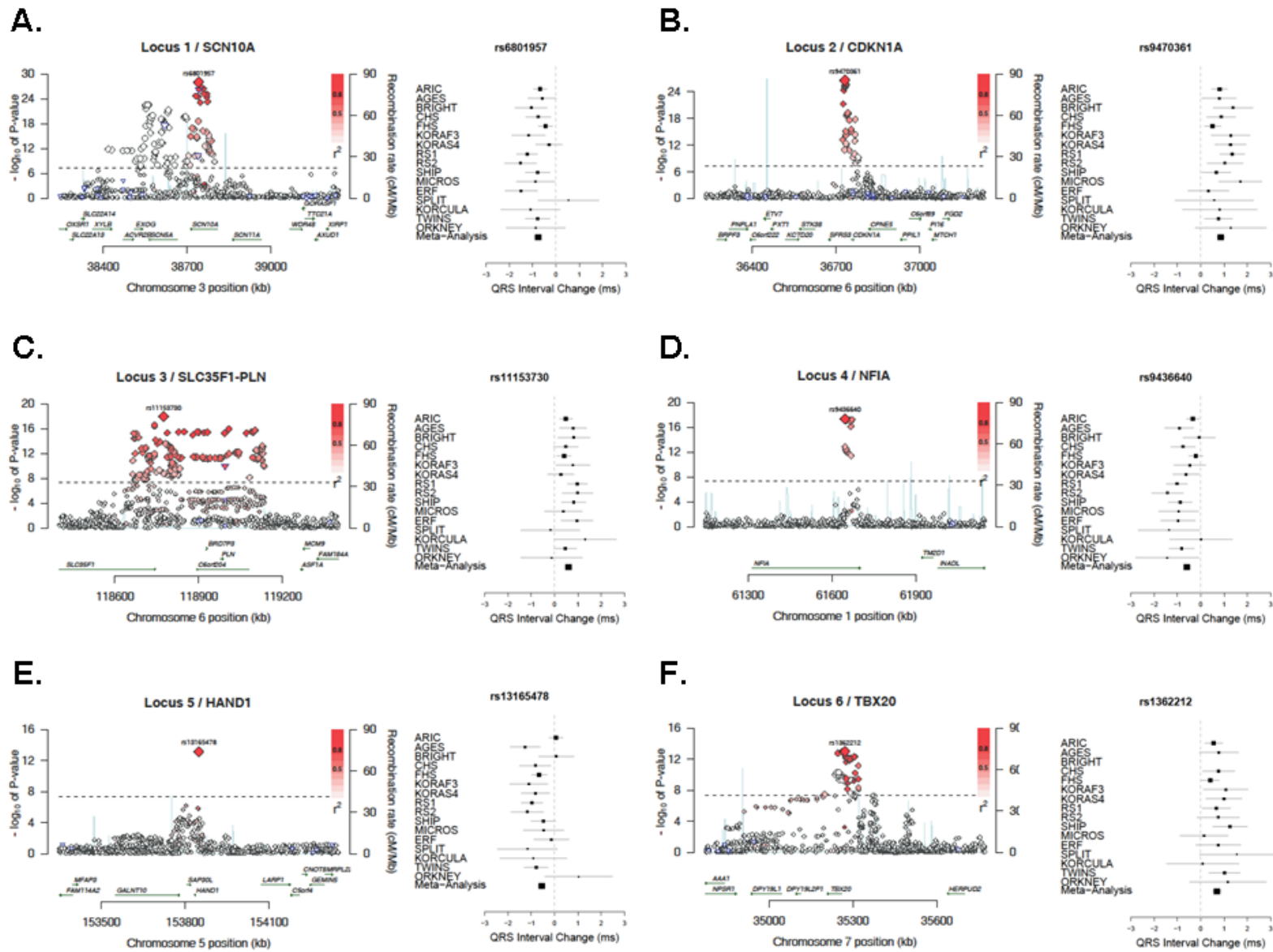
TwinsUK: Ilja M. Nolte, Harold Snieder, Jingyuan Fu, Folkert W. Asselbergs, Timothy D. Spector, Yalda Jamshidi

**SUPPLEMENTARY FIGURES:**

**Supplementary Figure 1: Q-Q plot.** The quantile-quantile (Q-Q) plots demonstrate robust behavior in the bulk of the distribution (lower-left corner) (consistent with a modest  $\lambda_{GC}$  of 1.05). In the tail of the distribution, we observe a departure away from the null hypothesis, presumably due to the presence of true associations.

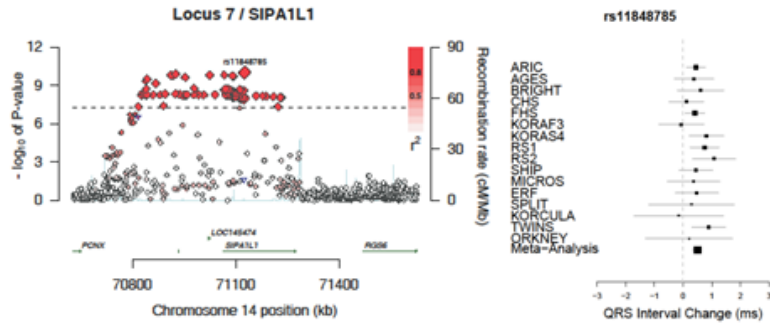


**Supplementary Figure 2: Regional association plots.** Association results at each significantly associated locus. Loci are displayed in the order listed in **Table 1**. Each SNP is plotted with respect to its chromosomal location (x-axis) and its  $P$ -value (y-axis on the left). Each panel spans approximately  $\pm 500$  kb around each index SNP and has known gene transcripts annotated at the bottom. The SNPs are colored according to their degree of linkage disequilibrium ( $r^2$ ) with the index variant which is highlighted with a red diamond and displayed by rs number and significance level achieved in the meta-analysis. The triangles indicate coding region SNPs. The tall blue spikes indicate the recombination rate (y-axis on the right) at that region of the chromosome. To the right of each association plot is the forest plot detailing the findings at the level of the individual study.

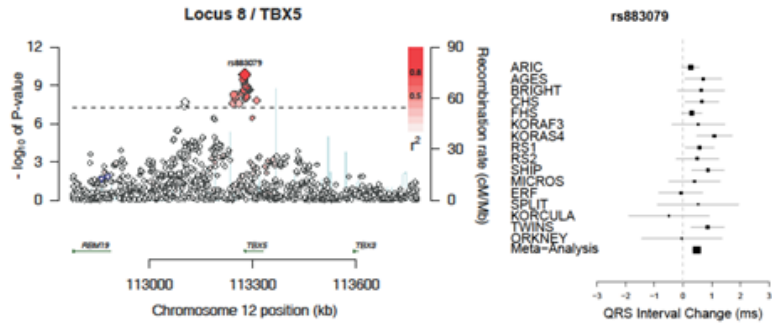




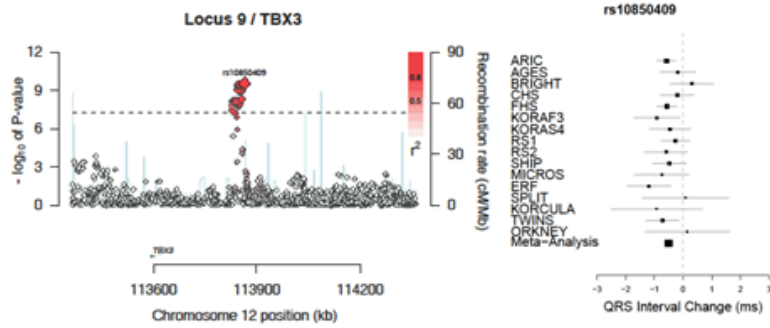
G.



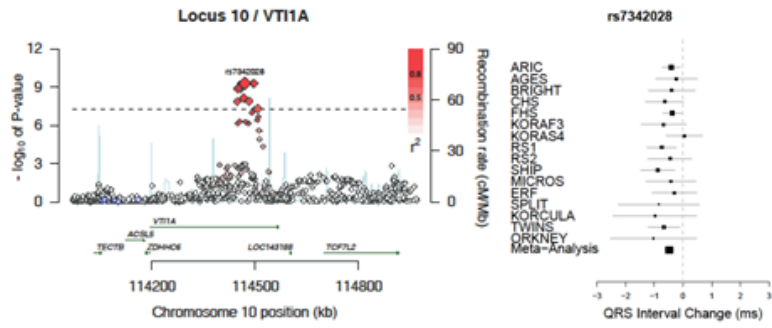
H.



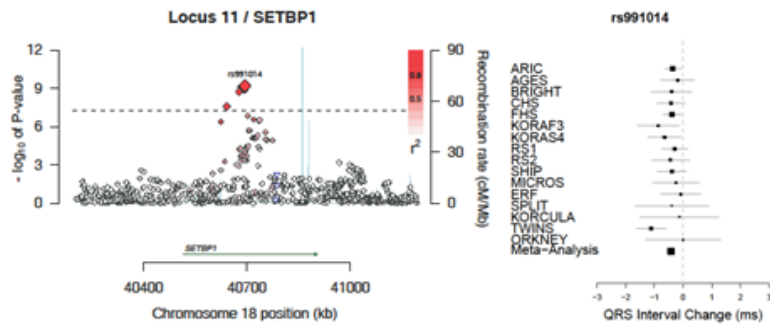
I.



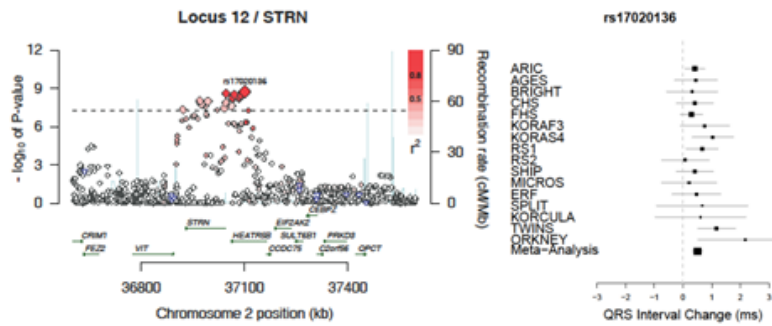
J.



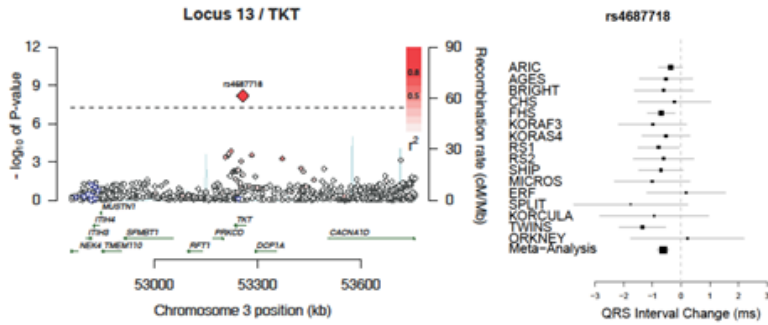
K.



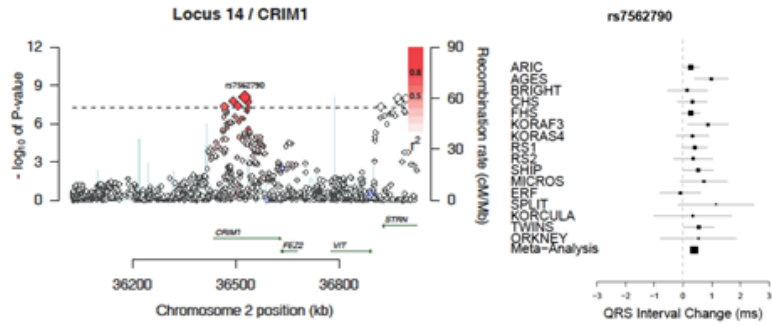
L.



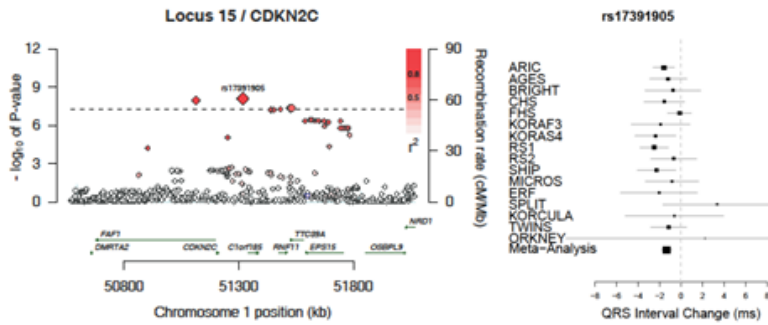
M.



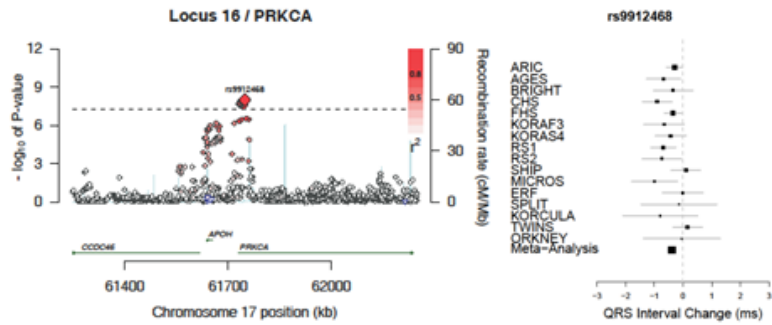
N.



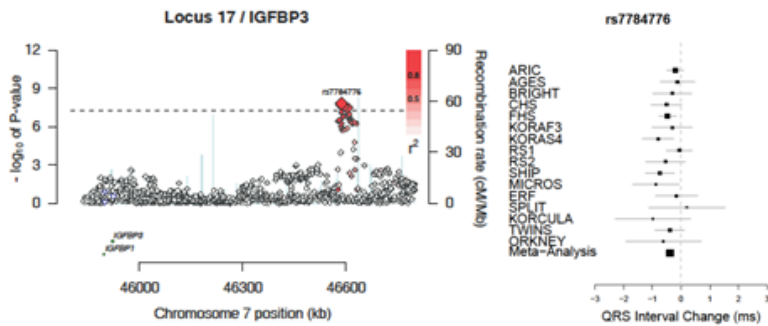
O.



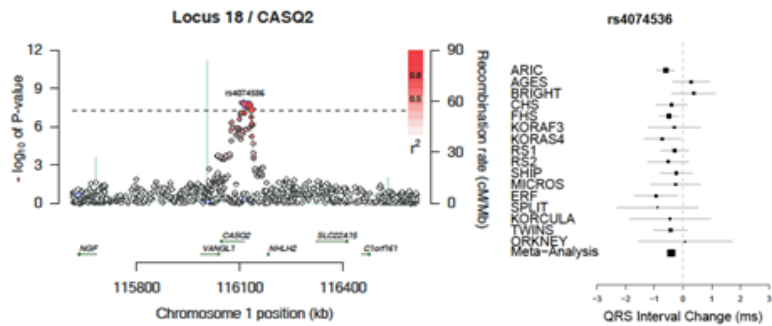
P.



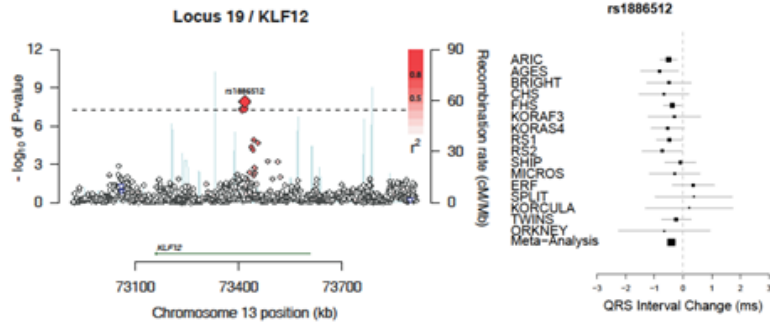
Q.



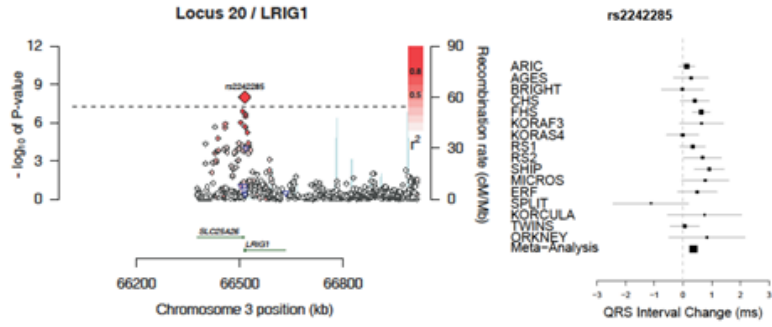
R.



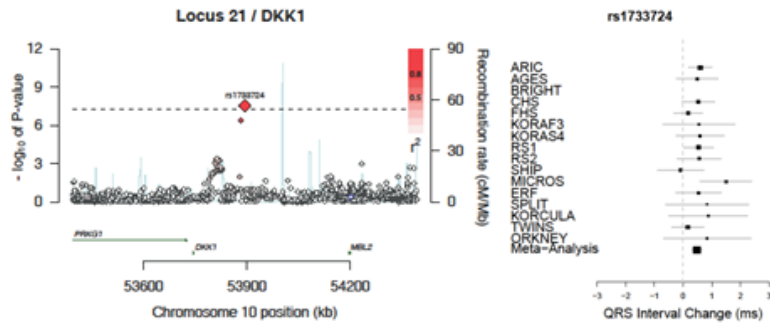
S.



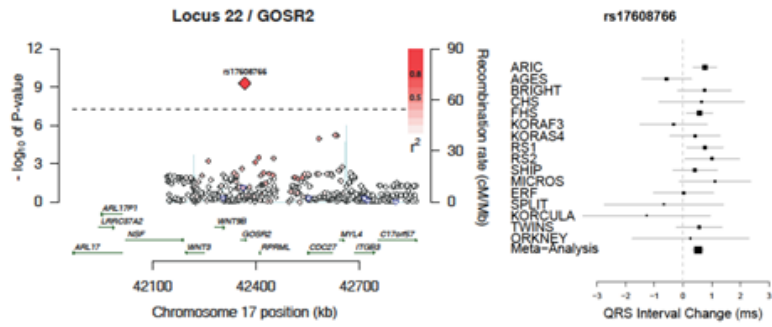
T.



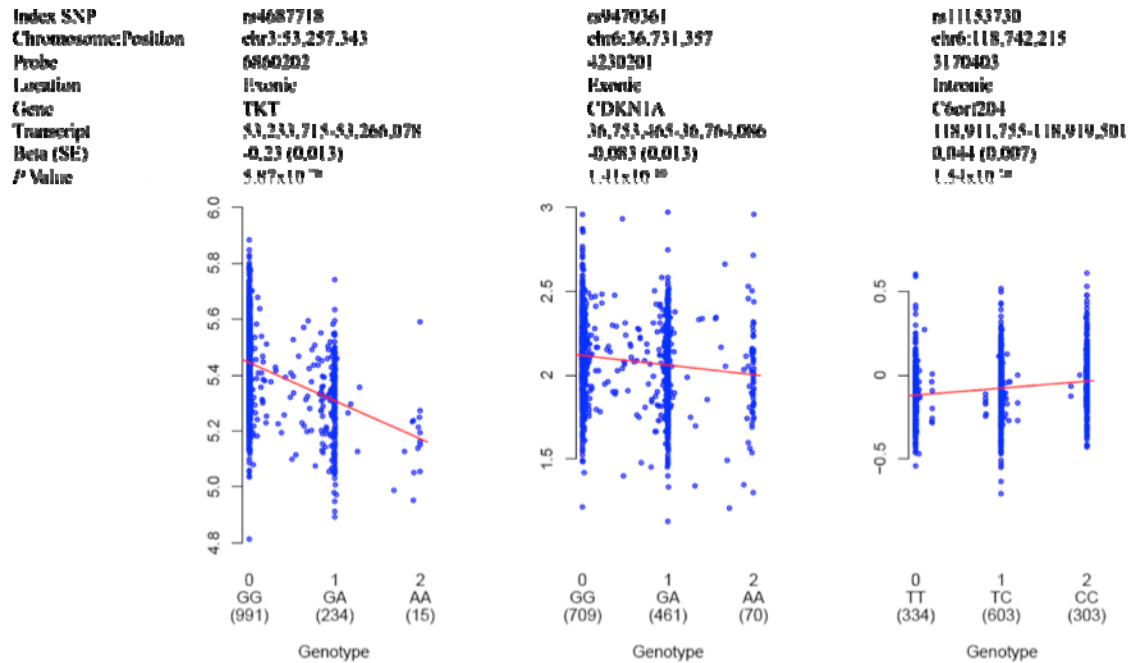
U.



V.



**Supplementary Figure 3a: Cis expression-genotype association analysis.** The most striking cis eQTLs were observed for probes in exonic regions of *TKT* (rs4687718,  $P=5.87 \times 10^{-70}$ ) and *CDKN1A* (rs9470361,  $P=1.41 \times 10^{-10}$ ) and an intronic probe for *C6orf204* near *PLN* (rs11153730,  $P=1.54 \times 10^{-10}$ ). The y-axis indicates normalized expression data and the x-axis indicates the dosage genotype values. NCBI genomic build 36 was used in probe numbering.



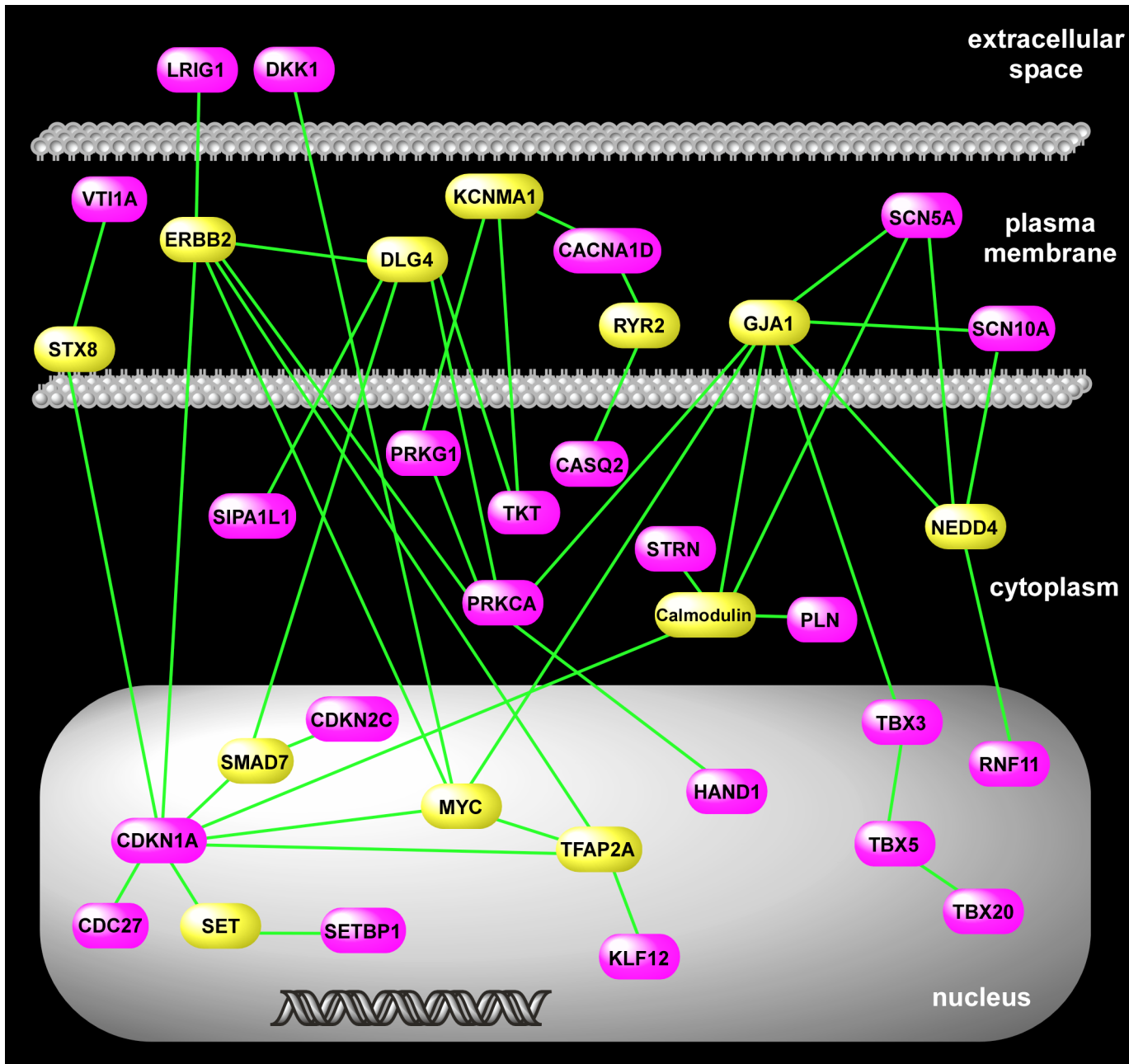
Supplementary Figure 3b: Cis expression-genotype association results									
Locus	Index SNP	Chr	Coded/ Non- coded Allele	AF	Gene ID	Genomic location of probe	eQTL $\beta$	eQTL SE	eQTL $P$
13	rs4687718	3	A/G	0.11	TKT	Exon	-0.227	0.0128	<b>5.87x10<sup>-70</sup></b>
2	rs9470361	6	A/G	0.24	CDKN1A	Exon	-0.083	0.0129	<b>1.41x10<sup>-10</sup></b>
3	rs11153730	6	C/T	0.48	C6orf204	Intron	0.044	0.0069	<b>1.54x10<sup>-10</sup></b>
6	rs1362212	7	A/G	0.15	DPY19L1	Exon	0.036	0.0093	<b>1.22x10<sup>-4</sup></b>
			A/G		TBX20	Exon	-0.016	0.0057	5.59x10 <sup>-3</sup>
11	rs991014	18	T/C	0.43	SETBP1	Exon	0.027	0.0081	9.03x10 <sup>-4</sup>
14	rs7562790	2	G/T	0.4	AC007401.2/FEZ2	Exon	-0.025	0.0095	7.96x10 <sup>-3</sup>
22	rs17608766	17	C/T	0.16	NSF	Intron	0.027	0.0105	9.49x10 <sup>-3</sup>
5	rs13165478	5	A/G	0.34	HAND1	Exon	-0.01	0.004	9.82x10 <sup>-3</sup>

Supplementary Figure 3b : Cis expression-genotype association probe information

Locus	Index SNP	Chr	Position	Coded/ Non- coded Allele	HWE $P$	genotype_ Info	ProbeID	GeneID	Transcript Start	Transcript End
13	rs4687718	3	53,257,343	A/G	0.56	0.85	6860202	TKT	53,233,715	53,266,078
2	rs9470361	6	36,731,357	A/G	0.66	0.92	4230201	CDKN1A	36,753,465	36,764,086
3	rs11153730	6	118,774,215	C/T	0.33	0.99	3170403	C6orf204	118,911,755	118,919,501
6	rs1362212	7	35,271,831	A/G	0.85	0.95	3120379	DPY19L1	34,926,606	35,045,178
				A/G		0.93	6330100	TBX20	35,207,567	35,261,283
11	rs991014	18	40,693,884	T/C	0.46	1	5310079	SETBP1	40,513,861	40,899,771
14	rs7562790	2	36,527,059	G/T	0.11	1	6200053	AC007401.2/ FEZ2	36,619,732	36,656,875
22	rs17608766	17	42,368,270	C/T	0.28	0.88	2370411	NSF	42,107,119	42,125,492
5	rs13165478	5	153,849,233	A/G	0.11	0.86	3420035	HAND1	153,834,205	153,838,537

The  $P$ -values in **bold** are significant at  $P < 2.5 \times 10^{-4}$ , corresponding to Bonferroni corrected  $P < 0.05$ . The **bolded** allele is the coded allele. Effect size ( $\beta$ ) is reported in normalized units of gene expression per copy of the coded allele. Chr, chromosome; AF, coded allele frequency; SE, standard error; HWE, Hardy-Weinberg equilibrium.

**Supplementary Figure 4. Network map.** *In silico* relational network linking the loci associated with QRS interval duration. Most loci meeting genome-wide significance mapped to this network (shown in magenta). For loci where either multiple genes were independently associated with QRS interval duration (*SCN5A* and *SCN10A* in locus 1) or where it was difficult to discern to which of several genes the association signal might map (loci 3, 5, 12, 13, 15, 21, or 22), several genes (listed in **Table 1** for each of the loci) were included in the model. Of these seven latter loci, three (loci 13, 15, and 21) had 2 gene members map to the network. All interactions depicted in this relational network represent direct gene product interactions obtained from curated databases. To ensure that the interactome spanned across the maximum number of QRS-associated genes, several nodes (shown in yellow) were added to the network based on the strength of their connectivity with the original loci. Linker nodes were added only if they connected to a minimum of two network nodes, without bias in regards to function. The minimum number of linkers required to connect network nodes was selected. Our network analysis shows that many of the genetic loci associated with QRS duration interact with each other and are likely to be functionally linked, although the relevance of these relationships in the human heart needs to be experimentally assessed.



**SUPPLEMENTARY TABLES:**

<b>Supplementary Table 1a: Study participant characteristics</b>									
<b>Characteristic</b>	<b>AGES</b>	<b>ARIC</b>	<b>BRIGHT</b>	<b>CHS</b>	<b>SPLIT</b>	<b>KORCULA</b>	<b>ERF</b>	<b>FHS</b>	
N, Participants with ECG and genotype data	3188	9013	1566	3271	433	428	1591	7950	
N, Participants after exclusion	2251	8085	1302	2845	395	378	1466	7499	
Sex, women, %	64.0	54.4	63.0	62.8	63.5	62.5	59.5	54.1	
Age, years, mean	76.0	54.0	58.8	72.1	49.3	54.5	47.8	39.2	
Age, years, range	66 – 95	44 – 66	21 – 89	65 – 94	18 – 85	18 – 88	18 – 83	19 – 79	
QRS interval, ms, mean	90.4	96.2	92.9	88.3	96.1	95.9	97.1	87.2	
QRS interval, ms, range	60 – 120	61 – 120	66 – 118	56 – 120	70 – 120	76 – 119	68 – 120	59 - 120	
Height, cm, mean	166.1	168.6	170.0	164.3	171.2	168.0	166.5	168.9	
BMI, kg/m <sup>2</sup> , mean	27.0	26.8	27.4	26.2	26.7	28.0	26.7	26.2	
Hypertension, %	77.8	24.1	100	51.9	25.2	28.8	15	8.3	
Diabetes mellitus, %	10.4	7.6	0.1	11.2	3.6	6.1	2.8	1.6	
Heart rate, bpm, mean	66.6	66.5	63.0	64.7	65.7	65.8	63.1	68.0	
<b>Supplementary Table 1a (continued): Study participant characteristics</b>									
<b>Characteristic</b>	<b>KORA S4*</b>	<b>KORA F3*</b>	<b>MICROS</b>	<b>ORCADES</b>	<b>RS 1*</b>	<b>RS 2*</b>	<b>SHIP</b>	<b>TwinsUK</b>	<b>PREVEND**</b>
N, Participants with ECG and genotype data	1814	1644	1244	719	5974	2157	3548	2687	7500
N, Participants after exclusion	1654	1393	1061	690	4081	1838	2985	2484	7170
Sex, women, %	52.5	51.7	57.8	54.9	62.9	57.9	52.6	95.0	53.0
Age, years, mean	53.5	61.4	44.2	53.3	68.3	64.8	48.1	51.3	48.7
Age, years, range	25 – 74	35 - 79	18 – 87	18 – 92	55 - 101	55 - 95	20 – 81	17 – 83	28 – 75
QRS interval, ms, mean	91.5	92.4	94.3	90.0	96.6	97.5	97.1	87.7	96.2
QRS interval, ms, range	64 – 120	62 – 120	69 – 120	60 – 120	64 – 120	70-120	60 – 120	60 – 120	50 – 120
Height, cm, mean	167.6	167.1	166.3	167.3	166.7	168.2	169.1	163.0	173.0
BMI, kg/m <sup>2</sup> , mean	27.6	27.9	25.3	27.6	26.3	27.3	27.0	25.7	26.0
Hypertension, %	16.6	41.6	15.5	24.9	51.8	58.5	49.5	16.4	31.1
Diabetes mellitus, %	3.0	8.8	3.1	2.7	8.6	9.3	6.3	1.5	3.2
Heart rate, bpm, mean	64.9	64.1	68.0	60.7	70.2	69.7	72.0	66.5	69.0

\*The KORA and RS studies both have two separate cohorts. \*\*PREVEND study participants were used for the candidate SNP extension genotyping only. All other studies were included in the GWAS meta-analysis.



<b>Supplementary Table 1b: Study genome-wide genotyping characteristics</b>								
<b>Characteristic</b>	<b>AGES</b>	<b>ARIC</b>	<b>BRIGHT</b>	<b>CHS</b>	<b>SPLIT</b>	<b>KORCULA</b>	<b>ERF</b>	<b>FHS</b>
Array	Illumina CNV370	Affy 6.0	Affy 500K	Illumina CNV370	Illumina CNV370	Illumina CNV370	Illumina 318K, 370K, Affy 250K	Affy 500K, 50K MIP
Genotype calling software	Bead Studio	Birdseed	CHIAMO	Bead Studio	Bead Studio	Bead Studio	BeadStudio	BRLMM
SNP call rate exclusion	<97%	<95%	<95%	<95%	<98%	<98%	<98%	<=97%
SNP MAF exclusion	<0.01	<1%	<1%	<1%	<1%	<1%	NA	<0.01
<i>P</i> HWE exclusion	<10x10 <sup>-6</sup>	<10x10 <sup>-5</sup>	<10x10 <sup>-7</sup>	<10x10 <sup>-5</sup>	<10x10 <sup>-6</sup>	<10x10 <sup>-6</sup>	<10x10 <sup>-6</sup>	<10x10 <sup>-6</sup>
Imputation software	Mach1 v1.0.16	Mach1 v1.0.16	IMPUTE	BIMBAM	Mach v1.0.15	Mach v1.0.15	Mach v1.0.15	Mach v1.0.15
NCBI Build for imputation	Build 36	Build 35	Build 35	Build 36	Build 36	Build 36	Build 36	Build 36
GWAS statistical analysis	ProbABEL, R	Mach2QTL + plink	SNPTEST	R	GeneABEL, ProbABEL, R	GeneABEL, ProbABEL, R	GeneABEL, ProbABEL	R
Related individuals?	No	No	No	No	Yes	Yes	Yes	Yes
Familial adjustment method	N/A	N/A	N/A	N/A	Mmscore in ProbABEL	Mmscore in ProbABEL	Mmscore in ProbABEL	Kinship package in R
Genomic control factor ( $\lambda$ )	1.01	1.01	1.00	1.03	1.02	1.03	1.01	1.03
<b>Supplementary Table 1b (continued): Study genome-wide genotyping characteristics</b>								
<b>Characteristic</b>	<b>KORA S4</b>	<b>KORA F3</b>	<b>MICROS</b>	<b>ORCADES</b>	<b>RS 1</b>	<b>RS 2</b>	<b>SHIP</b>	<b>TwinsUK</b>
Array	Affy 6.0	Affy 500K	Illumina HumHap300v2	Illumina CNV370 & Illumina HumHap300v2	Illumina550K	Illumina550K Duo, 610KQuad	Affy 6.0	Illumina Hap300 Duo, Hap300, Hap550, Hap610
Genotype calling software	Birdseed	BRLMM	BeadStudio	Bead Studio	BeadStudio	GenomeStudio	Birdseed	Illuminus
SNP call rate exclusion	<93%	<95%	<98%	<98%	<98%	<98%	None	<95%
SNP MAF exclusion	<1%	<1%	<1%	<1%	<1%	<1%	None	<1%
<i>P</i> HWE exclusion	<10x10 <sup>-5</sup>	<10x10 <sup>-5</sup>	<10x10 <sup>-6</sup>	<10x10 <sup>-6</sup>	<10x10 <sup>-6</sup>	<10x10 <sup>-6</sup>	None	<10x10 <sup>-4</sup>
Imputation software	Mach1 v1.0.16	Mach1 v1.010	Machv1.0.16	Mach 1.0 ML	Machv1.0.15	Machv1.0.16	Imputev0.5.0	Impute v0.3.2
NCBI Build for imputation	Build 36	Build 35	Build 36	Build 36	Build 36	Build 36	Build 36	Build 36
GWAS statistical analysis	ProbABEL v0.1-2	ProbABEL v0.1-2	ProbABEL	GeneABEL, ProbABEL, R	Mach2QTL as implemented in GRIMP	Mach2QTL as implemented in GRIMP	SNPTESTv.1.1.5	SNPTESTv.1.1.4
Related individuals?	No	No	Yes	Yes	No	No	No	Yes
Familial adjustment method	N/A	N/A	Mmscore in ProbABEL	Mmscore in ProbABEL	N/A	N/A	N/A	Huber-White robust variance estimation in R
Genomic control factor ( $\lambda$ )	1.01	1.01	1.00	1.00	1.01	1.02	1.04	1.02

Supplementary Table 2: Interaction with sex and age													
Locus	Index SNP	Chr	Position	Overall $\beta$	$\Delta$ (males - females)	SE	<i>P</i>	Effect Stronger		Age $\beta$	SE	<i>P</i>	Effect Change
1	rs6801957	3	38,742,319	-0.774	0.013	0.214	0.95	female		-0.0078	0.0056	0.17	increase
	rs9851724	3	38,694,939	-0.656	0.044	0.145	0.77	female		<b>-0.0145</b>	<b>0.0056</b>	<b>0.014</b>	<b>increase</b>
	rs11710077	3	38,632,903	0.849	-0.342	0.189	0.10	female		<b>0.0114</b>	<b>0.0054</b>	<b>0.043</b>	<b>increase</b>
	rs11708996	3	38,608,927	0.796	0.236	0.121	0.08	male		0.0009	0.0056	0.87	increase
2	rs9470361	6	36,731,357	0.867	-0.018	0.160	0.92	female		0.0082	0.0056	0.15	increase
3	rs11153730	6	118,774,215	0.584	<b>0.383</b>	<b>0.101</b>	<b>0.004</b>	<b>male</b>		-0.0539 (0.00056)*	0.0288 (0.00028)	0.12	increase
4	rs9436640	1	61,646,265	-0.596	0.053	0.166	0.76	female		<b>-0.0094</b>	<b>0.0045</b>	<b>0.044</b>	<b>increase</b>
5	rs13165478	5	153,849,233	-0.558	-0.026	0.128	0.84	male		<b>0.0826</b> <b>(-0.00088)*</b>	<b>0.0370</b> <b>(0.00035)</b>	<b>0.03</b>	<b>increase</b>
6	rs1362212	7	35,271,831	0.689	-0.101	0.151	0.52	female		0.0024	0.0047	0.61	increase
7	rs11848785	14	71,127,108	0.494	-0.239	0.195	0.25	female		-0.0025	0.0055	0.65	decrease
8	rs883079	12	113,277,623	0.492	-0.147	0.163	0.39	female		0.0073	0.0053	0.18	increase
9	rs10850409	12	113,866,123	-0.488	-0.237	0.212	0.29	male		<b>-0.0599</b> <b>(0.00067)*</b>	<b>0.0271</b> <b>(0.00026)</b>	<b>0.009</b>	<b>decrease</b>
10	rs7342028	10	114,469,252	-0.476	0.002	0.121	0.97	female		-0.0037	0.0039	0.36	increase
11	rs991014	18	40,693,884	-0.415	-0.093	0.145	0.54	male		0.0033	0.0042	0.45	decrease
12	rs17020136	2	37,101,519	0.514	0.267	0.230	0.28	male		0.0058	0.0059	0.33	increase
13	rs4687718	3	53,257,343	-0.625	-0.382	0.226	0.13	male		0.0062	0.0059	0.30	decrease
14	rs7562790	2	36,527,059	0.400	0.121	0.118	0.33	male		0.0062	0.0046	0.18	increase
15	rs17391905	1	51,318,728	-1.310	-0.208	0.384	0.60	male		<b>-0.0337</b>	<b>0.0115</b>	<b>0.005</b>	<b>increase</b>
16	rs9912468	17	61,748,819	-0.398	-0.032	0.141	0.83	male		<b>-0.0102</b>	<b>0.0044</b>	<b>0.025</b>	<b>increase</b>
17	rs7784776	7	46,586,670	-0.386	-0.088	0.112	0.45	male		<b>0.0083</b>	<b>0.0039</b>	<b>0.039</b>	<b>decrease</b>
18	rs4074536	1	116,112,490	-0.427	0.083	0.092	0.39	female		0.0084	0.0045	0.07	decrease
19	rs1886512	13	73,418,187	-0.397	0.049	0.109	0.66	female		<b>-0.0104</b>	<b>0.0048</b>	<b>0.034</b>	<b>increase</b>
20	rs2242285	3	66,514,292	0.367	-0.043	0.124	0.74	female		-0.0079	0.0044	0.08	decrease

Interactions that are nominally significant are denoted in **bold**. None of the interactions with sex or age remained significant after Bonferroni correction for number of tests. Effect size for QRS (Overall  $\beta$ ) is reported in milliseconds (ms) per copy of the coded allele, and combines both GWAS and PREVEND results. Effect size for age ( $\beta$  age) is reported in ms per year. Chr, chromosome; SE, standard error.

\*Includes term for non-linear best-fit of regression model.

<b>Supplementary Table 3a: Mean QRS duration and sample sizes for individuals stratified by QRS &gt;120 ms and specific ventricular conduction defects</b>					
	QRS ≤120 ms (mean±sd)	QRS >120 ms (mean±sd)	LBBB (mean±sd)	RBBB (mean±sd)	NIVCD (mean±sd)
ARIC	7996 (96.2±9.3)	213 (138.3±16.2)	26 (157.7±11.7)	62 (148.5±13.4)	125 (129.8±11.3)
Rotterdam	4769 (96.9±10.6)	306 (143.5±17.2)	81 (157.8±12.7)	107 (148.8±14.9)	118 (129.0±8.9)

Excludes individuals with prevalent heart failure or myocardial infarction. sd, standard deviation; LBBB, left bundle branch block; RBBB, right bundle branch block; NIVCD, non-specific intraventricular conduction defect.

<b>Supplementary Table 3b: Effects of a weighted genotype risk score on QRS &gt;120 ms and stratified on specific ventricular conduction defects</b>								
	QRS >120 ms		LBBB		RBBB		NIVCD	
	OR (95% CI)	<i>P</i>	OR (95% CI)	<i>P</i>	OR (95% CI)	<i>P</i>	OR (95% CI)	<i>P</i>
ARIC	<b>1.12 (1.04-1.22)</b>	<b>0.003</b>	1.11 (0.89-1.40)	0.34	1.00 (0.86-1.16)	0.98	<b>1.20 (1.08-1.33)</b>	<b>0.0006</b>
Rotterdam	1.04 (0.97-1.12)	0.21	1.00 (0.88-1.13)	0.97	1.02 (0.91-1.14)	0.73	1.11 (0.99-1.23)	0.07
Combined	<b>1.08 (1.02-1.13)</b>	<b>0.004</b>	1.02 (0.92-1.14)	0.67	1.01 (0.93-1.11)	0.79	<b>1.15 (1.07-1.25)</b>	<b>0.0002</b>

Excludes individuals with prevalent heart failure or myocardial infarction. **Bold** indicates significant results ( $P < 0.05$ ). LBBB, left bundle branch block; RBBB, right bundle branch block; NIVCD, non-specific intraventricular conduction defect; OR, odds ratio; CI, confidence interval.

Supplementary Table 4a: Effect of QRS duration hits on PR interval and QT interval													
Locus	Nearest Gene	Index SNP	Chr	Position	Coded/ Non- coded Allele	QRS $\beta$	QRS SE	PR $\beta$	PR SE	PR $P$	QT $\beta$	QT SE	QT $P$
1	SCN10A	rs6801957	3	38,742,319	T/C	0.77	0.07	<b>3.79</b>	<b>0.21</b>	<b>1.80x10<sup>-73</sup></b>	<b>-0.67</b>	<b>0.20</b>	<b>1.05x10<sup>-3</sup></b>
	SCN10A	rs9851724	3	38,694,939	C/T	-0.66	0.07	<b>-1.70</b>	<b>0.22</b>	<b>7.98x10<sup>-15</sup></b>	<b>0.95</b>	<b>0.21</b>	<b>6.66x10<sup>-6</sup></b>
	SCN5A	rs11710077	3	38,632,903	T/A	-0.84	0.09	<b>-1.80</b>	<b>0.26</b>	<b>3.18x10<sup>-12</sup></b>	<b>0.92</b>	<b>0.24</b>	<b>1.34x10<sup>-4</sup></b>
	SCN5A	rs11708996	3	38,608,927	C/G	0.79	0.10	<b>3.04</b>	<b>0.29</b>	<b>6.00x10<sup>-26</sup></b>	<b>-0.93</b>	<b>0.28</b>	<b>7.78x10<sup>-4</sup></b>
2	CDKN1A	rs9470361	6	36,731,357	A/G	0.87	0.08	0.74	0.24	2.01x10 <sup>-3</sup>	-0.64	0.24	6.64x10 <sup>-3</sup>
3	C6orf204/SLC35F1/ PLN/ BRD7P3	rs11153730	6	118,774,215	C/T	0.59	0.07	-0.56	0.20	6.20x10 <sup>-3</sup>	<b>1.61</b>	<b>0.20</b>	<b>5.19x10<sup>-16</sup></b>
4	NFIA	rs9436640	1	61,585,698	G/T	-0.59	0.07	0.39	0.20	0.06	-0.44	0.20	0.024
5	HAND1/SAP30L	rs13165478	5	153,849,233	A/G	-0.55	0.07	0.39	0.22	0.07	-0.27	0.21	0.2
6	TBX20	rs1362212	7	35,078,546	A/G	0.69	0.09	0.50	0.27	0.07	-0.17	0.27	0.53
7	SIPA1L1	rs11848785	14	71,127,108	G/A	-0.50	0.08	0.66	0.23	4.26x10 <sup>-3</sup>	-0.09	0.22	0.67
8	TBX5	rs883079	12	113,255,960	C/T	0.49	0.08	<b>1.15</b>	<b>0.23</b>	<b>9.08x10<sup>-7</sup></b>	0.42	0.22	0.06
9	TBX3	rs10850409	12	113,844,460	A/G	-0.49	0.08	<b>1.70</b>	<b>0.23</b>	<b>3.72x10<sup>-13</sup></b>	-0.33	0.23	0.15
10	VTI1A	rs7342028	10	114,469,252	T/G	0.48	0.08	0.20	0.23	0.39	-0.22	0.22	0.33
11	SETBP1	rs991014	18	40,693,884	T/C	0.42	0.07	0.37	0.21	0.07	0.06	0.20	0.78
12	HEATR5B/STRN	rs17020136	2	37,159,666	C/T	0.51	0.08	-0.34	0.26	0.18	0.43	0.25	0.08
13	TKT/CACNA1D/PR KCD	rs4687718	3	53,257,343	A/G	-0.63	0.11	-0.27	0.32	0.40	0.11	0.30	0.71
14	CRIM1	rs7562790	2	36,585,206	G/T	0.39	0.07	-0.32	0.21	0.12	0.20	0.20	0.31
15	C1orf185/RNF11/ CDKN2C/FAF1	rs17391905	1	51,258,161	G/T	-1.35	0.23	<b>-3.01</b>	<b>0.71</b>	<b>2.09x10<sup>-5</sup></b>	-0.38	0.70	0.59
16	PRKCA	rs9912468	17	61,748,819	G/C	0.39	0.07	0.39	0.21	0.06	<b>-0.92</b>	<b>0.20</b>	<b>3.66x10<sup>-6</sup></b>
17	IGFBP3	rs7784776	7	46,393,385	G/A	0.39	0.07	0.17	0.21	0.41	0.15	0.20	0.46
18	CASQ2	rs4074536	1	116,023,009	C/T	-0.42	0.07	0.32	0.23	0.16	-0.63	0.22	4.47E-03
19	KLF12	rs1886512	13	73,418,187	A/T	-0.40	0.07	-0.40	0.22	0.06	0.28	0.22	0.19
20	LRIG1/SLC25A26	rs2242285	3	66,514,292	A/G	0.37	0.07	0.55	0.21	8.27x10 <sup>-3</sup>	0.07	0.20	0.73
21	DKK1	rs1733724	10	53,893,983	A/G	0.49	0.09	0.03	0.29	0.92	0.84	0.28	2.46x10 <sup>-3</sup>
22	GOSR2	rs17608766	17	42,368,270	C/T	0.53	0.10	0.48	0.30	0.12	0.88	0.29	2.86x10 <sup>-3</sup>

QT interval results are drawn from the QTSCD study.<sup>12</sup> **Bold** indicates significant SNPs after Bonferroni correction for the number of SNPs tested. The **bolded** allele is the coded allele. Effect size ( $\beta$ ) is reported in milliseconds (ms) per copy of the coded allele. Chr, chromosome; AF, coded allele frequency; SE, standard error.

Supplementary Table 4b: Effect of PR and QT interval SNPs on QRS duration										
Trait	Locus	Index SNP	Chr	Position	Coded/Non-coded Allele	Trait $\beta$	Trait SE	QRS $\beta$	QRS SE	QRS $P$
PR interval	SCN10A	rs6800541	3	38,749,836	C/T	<b>3.77</b>	<b>0.21</b>	<b>0.74</b>	<b>0.07</b>	<b>5.85x10<sup>-29</sup></b>
	SCN5A	rs11708996	3	38,608,927	C/G	<b>3.04</b>	<b>0.29</b>	<b>0.79</b>	<b>0.09</b>	<b>1.66x10<sup>-17</sup></b>
	TBX5-TBX3	rs1896312	12	113,830,807	C/T	<b>1.95</b>	<b>0.23</b>	<b>-0.44</b>	<b>0.07</b>	<b>2.63x10<sup>-9</sup></b>
	CAV1-CAV2	rs3807989	7	115,973,477	A/G	<b>2.30</b>	<b>0.21</b>	<b>0.30</b>	<b>0.07</b>	<b>5.84x10<sup>-6</sup></b>
	MEIS1	rs11897119	2	66,625,504	C/T	1.36	0.21	0.10	0.07	0.12
	NKX2-5	rs251253	5	172,412,942	C/T	-1.49	0.21	0.10	0.07	0.13
	SOX5	rs11047543	12	24,679,606	A/G	-2.09	0.29	0.10	0.09	0.29
	ARHGAP24	rs7692808	4	86,860,173	A/G	-2.01	0.22	-0.04	0.07	0.60
	WNT11	rs4944092	11	75,587,267	G/A	-1.19	0.22	0.04	0.07	0.60
	QT interval	SCN5A	rs11129795	3	38,568,397	A/G	<b>-1.27</b>	<b>0.23</b>	<b>0.78</b>	<b>0.08</b>
PLN		rs11970286	6	118,787,067	T/C	<b>1.64</b>	<b>0.20</b>	<b>0.55</b>	<b>0.07</b>	<b>7.07x10<sup>-17</sup></b>
PLN		rs12210810	6	118,759,897	C/G	<b>-3.13</b>	<b>0.43</b>	<b>-0.75</b>	<b>0.15</b>	<b>4.08x10<sup>-7</sup></b>
NOS1AP		rs12143842	1	160,300,514	T/C	<b>2.88</b>	<b>0.23</b>	<b>-0.29</b>	<b>0.08</b>	<b>1.25x10<sup>-4</sup></b>
ATP1B1		rs10919071	1	167,366,107	G/A	-2.05	0.29	-0.21	0.10	0.03
LIG3		rs2074518	17	30,356,290	T/C	-1.23*	0.18*	-0.10	0.07	0.12
KCNJ2		rs17779747	17	66,006,587	T/G	-1.16	0.21	-0.10	0.07	0.15
KCNE1		rs1805128	21	34,743,550	T/C	4.03*	1.58*	-0.29	0.22	0.19
KCNH2		rs4725982	7	150,268,796	T/C	1.58*	0.35*	-0.10	0.08	0.24
NOS1AP		rs4657178	1	160,477,234	T/C	2.19	0.22	-0.08	0.07	0.27
KCNQ1		rs12296050	11	2,445,918	T/C	1.44	0.25	-0.06	0.08	0.45
NDRG4		rs7188697	16	57,179,679	G/A	-1.66	0.23	-0.06	0.08	0.46
KCNH2		rs2968863	7	150,254,070	T/C	-1.35	0.23	0.05	0.08	0.55
KCNQ1		rs2074238	11	2,441,379	T/C	-8.22*	1.05*	0.18	0.34	0.59
RNF207		rs846111	1	6,201,957	C/G	1.49	0.25	-0.04	0.09	0.66
LITAF		rs8049607	16	11,599,254	T/C	1.25	0.22	-0.01	0.07	0.88

QT results are drawn from the QTSCD study, unless otherwise noted.<sup>12</sup> PR results are from.<sup>13</sup> **Bold** indicates significant SNPs after Bonferroni correction for the number of SNPs tested. The **bolded** allele is the coded allele. Effect size ( $\beta$ ) is reported in milliseconds (ms) per copy of the coded allele. Chr, chromosome; MAF, minor allele frequency; SE, standard error. \*Genome-wide significant results ( $P < 5 \times 10^{-8}$ ) are drawn from the QTGEN study,<sup>11</sup> and standardized beta estimates and SE were converted to ms using SD=17.5 ms.

**Supplementary Table 5: Gene specific primers used in the animal studies**

	Sense	Anti-sense
SCN10A	5'-AATCAGAGCGAGGAGAAGAC-3'	5'-CTAGTGAGCTAAGGATCGCA-3'
S26	5'-GCCATCCATAGCAAGGTTGT-3'	5'-GCCTCTTTACATGGGCTTTG-3'