Supplementary Online Material: Zeggini *et al*

Samples

WTCCC genome-wide association scan

Cases: Details of the samples used in the WTCCC genome wide scan will be described elsewhere (*S1*). Briefly, a total of 1,999 samples were selected for the WTCCC genome-wide scan, all from the Diabetes UK Warren 2 repository (*S2*). Samples were collected in five main centres (Exeter, London, Oxford, Norwich and Newcastle) but with wide national representation. All were of British/Irish European descent, diagnosed between age 25 and 75. Approximately 30% of cases were explicitly recruited as part of multiplex sibships, and \sim 25% represented the T2D offspring within parent-offspring "triads" or "duos" (that is, offspring from sibships with only one parent available) (*S3*). The remainder were recruited as isolated cases ascertained for early age at diagnosis compared to the population distribution. Diagnosis of diabetes was based on either current prescribed treatment with diabetes-specific medication or, in the case of those treated with diet alone, historical or contemporary laboratory evidence of hyperglycemia (as defined by the World Health Organization). Other forms of diabetes were excluded by standard clinical criteria based on personal and family history. The final analysis on the scan included a total of 1,924 individuals after all QC-related exclusions.

Controls: a total of 3,004 samples were ascertained as controls from two sources. Equal numbers came from the 1958 Birth Cohort (*S4*), a longitudinal study of individuals born in a single week during March 1958, and the UK Blood Service Collection (blood donors ascertained through the National Blood Transfusion Service; UKBS controls). In both collections, ascertainment was distributed throughout the UK. No relevant phenotypic data are available for the UKBS controls; metabolic and

anthropometric data from the 1958 Birth Cohort are not available under the terms of their use within the WTCCC. The final analysis on the scan included a total of 2,938 individuals after exclusions.

All subjects gave written informed consent and the project protocols were approved by the relevant research ethics committees in the UK.

UKT2D Genetics Consortium replication samples

Replication set (RS) 1: *UK Type 2 Diabetes Genetics Consortium collection (first tranche).* All cases and controls were of European White descent, living in the Tayside region of Dundee when recruited. Cases had T2D diagnosed between the ages of 35-70 years (inclusive). The diagnosis of diabetes was based on either current prescribed treatment with diabetes-specific medication or, in the case of individuals treated with diet alone, laboratory evidence of hyperglycemia as defined by the World Health Organization. Patients were excluded if they had an established (clinical and/or molecular) diagnosis of monogenic diabetes (e.g. maturity-onset diabetes of the young, mitochondrial diabetes) or if they had been treated with regular insulin therapy within 1 year of diagnosis. Controls were aged below 80 years and had not been diagnosed with diabetes at the time of recruitment (or subsequently). Control subjects were excluded from analysis if laboratory investigations at the time of recruitment provided evidence of hyperglycaemia (fasting glucose \geq 7.0 mmol/l, HbA1c >6.4%). RS1 comprised 2,022 cases and 2,037 controls meeting these criteria. This study was approved by the Tayside Medical Ethics Committee and informed consent was obtained from all subjects.

Replication set (RS) 2: *UK T2D cases and EFSOCH controls*. RS2 included 632 additional T2D cases and 1,750 population controls from the Exeter Family Study of Child Health (EFSOCH). The T2D cases were UK Whites derived from two sources:

202 were taken from a collection of young-onset T2D subjects (diagnosed before age 45y) who had been subjected to extensive analysis to exclude other causes of diabetes (*S5*). The remaining 430 were isolated T2D cases (age of diagnosis below 65y) (*S6*). Both subsets met the same criteria for diagnosing T2D described for the WTCCC cases. These cases were collected in a number of UK centres but $~60\%$ come from SouthWest England. All subjects gave written informed consent and the project protocols were approved by the relevant research ethics committees in the UK. The controls were made up of parents from a consecutive birth cohort (EFSOCH: the Exeter Family Study of Child Health): only those with normal (<6.0mmol/l) fasting glucose and/or normal HbA1c levels (<6.0%; Diabetes Control and Complications trial corrected) were included (*S7*). Ethical approval was given by the North and East Devon Local Research Ethics Committee and informed consent was obtained from the parents of the newborns.

Replication set (RS) 3: *UK Type 2 Diabetes Genetics Consortium collection (second tranche)*. A subset of variants were typed in a further tranche of 1,103 cases and 1,559 controls from the UKT2DGC. These represented consecutive samples collected under exactly the same criteria as described for RS1 and with very similar clinical characteristics.

Basic clinical characteristics of all subjects are summarized in **Table S1**.

Genome-wide scan

Full details of DNA processing, genotyping, allele calling and QC as used in the WTCCC genome wide scan will be described elsewhere (*S1*). Briefly, DNA samples destined for Affymetrix genotyping were sent to the WTCCC laboratories at the Wellcome Trust Sanger Institute and the JDRF/Wellcome Trust Diabetes and Inflammation Laboratory, Cambridge for re-normalization and molecular

fingerprinting (Sequenom multiplex reactions). All T2D case and population control DNA samples sent to Affymetrix for genotyping passed through this pipeline and were evaluated with the same quality thresholds. Samples with low concentrations, evidence of degradation, poor PCR performance, or gender discrepancies with the stated information were rejected. Approved samples were re-arrayed into 96-well plates and shipped to California for genotyping. Whole genome SNP genotyping was performed with the commercial release of the GeneChip® 500K Mapping Array Set at Affymetrix' Service Facility. Arrays not passing the 93% call rate threshold at p 0.33 with the Dynamic Model (DM) algorithm were repeated. Affymetrix delivered successful samples as those having a DM call rate of 93% at p 0.33 for each array, over 90% concordance for SNPs common to the two arrays, cross-chip agreement gender and over 70% identity to the molecular fingerprinting genotypes previously generated. Intensity files generated from the .cel files for each sample were quantile-normalized and genotypes called using a novel calling algorithm (Chiamo++) (*S1*). A total of 75 T2D cases and 66 control individuals were excluded from further analysis due to relatedness, high missing data rates, excess heterozygosity, external discordances, duplicate sample status or non-European ethnic origin. Finally, the WTCCC Data Analysis Group excluded 30,583 autosomal SNPs with >5% missing call rates (>1% missing call rates if the SNP MAF<5% across all individuals), exact Hardy Weinberg equilibrium $p < 5.7 \times 10^{-7}$ and genotype frequency differences between the 2 control groups with $p < 5.7x10^{-7}$. Analyses based on the remaining 459,448 autosomal SNPs will be reported in the WTCCC paper (*S1*).

Type 2 diabetes-specific quality control

SNP exclusions: For the analyses reported here, we considered only the 393,453 autosomal SNPs for which the minor allele frequency (MAF) in both T2D cases and

controls exceeded 1%, and for which there were no extreme departures from Hardy Weinberg Equilibrium (which we defined as a $p<10^{-4}$ in either cases or controls). Though differential genotype missingness between cases and controls can give rise to false positive results, we found that SNPs displaying substantial rates of differential missingness were generally excluded by other QC steps (such as tests of call rate and HWE). However, we checked that all SNPs prioritized for replication efforts in our study displayed acceptable rates of differential missingness ($p > 0.001$). In addition, all SNPs taken forward to replication were demonstrated to map to a unique location in the human genome. We estimate that these SNPs capture at least 67% of common variation genome-wide based on HapMap CEU Phase II genotypes (based on pairwise assessments alone, requiring $r^2 > 0.8$ and MAF > 0.05).

Sample checks: Based on the 393,453 SNPs passing T2D-specific quality control, we repeated checks for population stratification and cryptic relatedness performed in the full WTCCC data set, but now applied specifically to the 1,924 T2D cases and 2,938 controls passing WTCCC quality control. Consistent with the prior WTCCC quality control, all cases and controls were found to be of exclusive European descent*.* Comparison of the observed p value distribution for single-point Cochran-Armitage tests of association with that expected under the null indicates no substantial confounding from population substructure and genotyping bias (genome control inflation factor, λ=1.08) (**Figure S6)**. We also looked for evidence of population stratification using Eigenstrat (*S8*) and estimated its effects on association statistics by examining the correlation of χ^2 statistics obtained from a naive trend test against χ^2 statistics corrected for population structure. This analysis showed that there was no evidence that any of the more significant signals on the GWA scan were attributable to the effects of latent structure (**Figure S7**). In addition, adjustment for region of residence in a stratified analysis failed to reveal any evidence that the signals which we report here were the result of population stratification, nor did any

of the signals map close to any markers showing evidence of regional variation in allele frequency. Equivalent analyses are not possible in the replication datasets, as they have not been genome-scanned. However, in each case, there has been close matching of region of origin within the UK which, had substructure been an issue, would have minimized its impact. Finally, the strong replication in independent datasets from different parts of Europe provides further confidence that our T2D association findings are not due to stratification (since it is unlikely that the same biases would operate in each situation).

Because of issues related to X chromosome-specific analysis, a final set of WTCCC data was delayed with respect to the autosomal data and replication studies have not yet been initiated. However, there is no evidence from the WTCCC (*S1*) or other scans (*S9, S10, S11*) of any compelling susceptibility effects outside the autosomes.

Allelic nomenclature

Unless otherwise stated, all alleles are reported relative to the forward strand and all ORs [95%CIs] are predicted per copy of allele 2 at each variant. [Allele 1 and 2 are defined alphabetically with allele 1 being the forward strand allele which appears first in the sequence A,C,G,T]. In **Table 1** and at appropriate points in the text, we report all alleles with respect to the risk allele (as denoted), to allow clear alignment of the effects seen across the multiple studies (and to generate ORs that all exceed 1). Wherever we report results from the DGI and FUSION studies, we have used available LD information (from the HapMap and our own data) to confirm phase and direction of effect. Ancestral allele information was gathered from Entrez SNP and were derived by comparison against chimpanzee sequence.

Analysis

Unless otherwise stated, all results from the main WTCCC scan refer to Cochran-Armitage 1df tests for trend and are based on the 393,453 autosomal SNPs passing T2D-specific quality control. Single-point analyses for SNPs genotyped in the replication sets were carried out in PLINK version 0.99p (*S12*), STATA SE v9 (*S13*) and StatXact (*S14*) (again, using the Cochran-Armitage test for trend). Metaanalyses across UK case-control datasets were carried out using a fixed effects Mantel-Haenszel method for the additive model. We tested the dominant, general (2df) and recessive models for the emerging robust replication signals (**Table S8**). We also tested for deviations from the additive model in a logistic regression framework by calculating the reduction in deviance by fitting the general model. There was no evidence of deviation from the additive model in any dataset for any of the replicated SNPs (**Table S8**).

Combined estimates of the ORs across the UK, DGI and FUSION studies (**Table 1**) were calculated by weighting the logORs of each study by the inverse of their variance. When different SNPs have been genotyped to tag the same signal across studies, we combined data for the strongest proxies (**Table S3**). Utilization of the DGI and FUSION data to prioritize SNPs for replication could conceivably lead to some inflation of the effect estimate when all 3 studies (primary scans and replication sets) are combined (the "winners curse" argument). Since we based our SNP selection on GWA data alone, the association signals from the replication datasets available to DGI, FUSION and ourselves would not be subject to such bias. We therefore also estimated combined ORs based on the UK, DGI and FUSION replication sets only.

Intermediate trait analyses were carried out for body mass index (BMI), waist circumference and age of diagnosis (AoD). BMI and AoD were transformed to normality. All replication SNPs were analysed within T2D case groups by linear

regression, adjusting for gender (implemented in PLINK). T2D association analyses adjusted for BMI and waist circumference (and gender) were carried out using logistic regression in PLINK and STATA SE v9, with three replication sets as strata. These adjustment analyses were only possible in the replication sets, since BMI and waist circumference values for the WTCCC controls are not available. Quantitative trait and adjusted analyses were combined across groups using the inverse variance method for continuous data (**Tables S5-S7**) and the Mantel-Haenszel method for binary data.

Haplotype-based analyses were carried out using two complementary approaches. GENEBPM (*S15*) was used to analyse 5 SNP sliding windows across regions centred on replicating T2D signals. The size of each region was guided by local LD architecture and was delineated to extend beyond the location of flanking recombination hotspots, in order to ensure that all haplotypes relevant to these signals were covered. The GENEBPM algorithm uses Bayesian modelling techniques. Evidence in favour of association of T2D with a single SNP or haplotypes in a sliding window are presented in terms of a Bayes' factor (*S1*), the ratio of marginal likelihoods under models of association and no association. By convention, a log10 Bayes' factor of greater than 2 is taken as decisive evidence of association, although this does not take account of multiple testing.

As a complementary strategy, we also followed a LD block-based approach. For these analyses, haplotype blocks (*S16*) were defined for SNPs in the regions surrounding robustly replicating signals using HaploView v14 (*S17*). We then carried out haplotype-based analyses within blocks using UNPHASED (*S18*).

Pairwise interaction analyses were carried out for replicating signals and established T2D susceptibility genes in PLINK (*S12*), testing deviation of SNP-pair association from the log additive model.

Linkage disequilibrium plots for the Figures (**1, 2, S1, S3-S5**) were constructed using GoldSurfer2 (*S19*), using both HapMap CEU (for the lower panels) and WTCCC case data (for the upper panels). Plots based on HapMap data included pairwise r^2 statistics for all HapMap-genotyped SNPs to provide an overview of the regional genomic architecture, incorporating as much information as possible. Apparent differences in the patterns of LD between the two panels in the relevant figures largely reflect the substantial differences in SNP density between the two datasets. When the HapMap SNP map was pruned to match the SNP content achieved in WTCCC study, patterns of LD between the 2 datasets were almost identical (see (*S1*) for examples of other regions).

Estimates of λ_s were based on the effect sizes from the combined UK data (Table 1) and calculated as described in (*S20*).

SNP selection for replication

Based on strength of association in the primary single-point analysis of 393,453 SNPs, we selected (in the "first wave") at least one SNP from each region achieving $p<10^{-5}$ (Cochran-Armitage test for trend) for replication. However, even the WTCCC scan (featuring comparison of \sim 2,000 cases and \sim 3,000 controls) only has reasonable power for the detection of relatively large signals (e.g. 80% power at α =10⁻⁵ for a log additive OR of 1.3 and MAF of 20%). Given the distribution of effects expected on both theoretical and empirical grounds, most genuine susceptibility variants are likely to have effect sizes smaller than this (*S21, S22*). Furthermore, even variants with large effects may generate modest evidence for association when there is incomplete LD with directly genotyped SNPs. We therefore undertook a "second wave" of replication, for which we developed a heuristic approach to the

prioritisation of signals generating p values between 10^{-2} and 10^{-5} in the primary GWA scan, taking account of the following additional criteria:

- (1) Corroborating evidence for association with T2D in the companion DGI (*S9*) and FUSION (*S10*) scans. Specifically, we up-weighted signals displaying at least a trend for association in the same direction in both scans as well as signals displaying evidence for association in the same direction in either scan. To define overlapping signals, we considered FUSION (Illumina array) SNPs that had r^2 >0.5 with our (Affymetrix chip) variants, where the same SNP was not represented in both platforms.
- (2) Biological candidacy of the gene. We assessed candidacy by informal searches of the literature and bioinformatics databases, in addition to applying a systematic search of publicly available data, using the GeneSniffer program (www.genesniffer.org).
- (3) Identification of multiple independent associations within the same locus (defined as r^2 < 0.4).

These criteria would have led to selection of SNPs within both *KCNJ11* and *PPARG* for "second wave" replication despite the modest evidence for association based on the original WTCCC scan. Indeed, despite concerns that differences in ethnic origin, ascertainment schemes, genotyping platforms and analysis plans across the three studies would result in effect size heterogeneity, the enhanced signals observed at known susceptibility variants in $KCNJ11$ (p=0.0013 in WTCCC, p~5.0x10⁻¹¹ in combined analysis of all 3 studies) and *PPARG* ($p=0.0013$ in WTCCC, $p\sim1.7\times10^{-6}$ in combined analysis) (**Tables 1, S3**), provided encouragement that this approach would highlight additional loci with high prior odds of association. Information outlining why each of the "second-wave" SNPs has been selected is provided in **Table S9**.

Genotype cluster plots for all SNPs prioritized for replication were inspected in each of the T2D cases, UKBS and 1958 birth cohort control groups separately. Only SNPs assays demonstrating acceptable clustering were taken forward to validation and replication.

In addition, we also genotyped rs13266634, in the *SLC30A8* gene, in all UK samples, on the basis of collective evidence for association with type 2 diabetes in the recently published French genome-wide scan (*S11*) and the FUSION study (*S10*).

Validation genotyping

All of the SNPs from the primary WTCCC scan that were prioritized for replication and demonstrated acceptable clustering in the WTCCC data (as well as selected proxies thereof) were re-genotyped for 295 of the WTCCC samples by a second genotyping method (at Kbiosciences, see next section). Overall, there was a 99.3% concordance rate (203 discrepancies out of 29,073 informative comparisons) between the methods. One SNP was monomorphic when genotyped by Kbioscience, accounting for 135 discrepancies; excluding this SNP, the concordance rate is 99.8% (28,721/28,789). 96% of SNPs had genotype concordance rates >99.5% between the two methods. In general, for each signal of interest, we designed replication assays for at least two SNPs, and chose the SNP with the better performance on validation (call rate, concordance) for replication genotyping.

Replication genotyping

Genotyping of RS1, 2 and 3 was performed by Kbiosciences (Herts., UK). Kbiosciences designed and used assays based on either their proprietary competitive allele specific PCR system (KASPar) method or modified TaqMan assays, details of which are available on their website

(<http://www.kbioscience.co.uk/chemistry/index.htm>). All assays were validated prior to use, using a standard 96-well validation plate used by Kbiosciences and 295 samples from the WTCCC study (see validation genotyping, above).

Expression studies

RNA samples were obtained from Clontech (Oxford, UK) or AMS Bioscience, Abingdon, UK. Isolated islet cells were purchased from the National Disease Resource Interchange [NDRI] (Philadelphia, USA). All RNA samples were DNAse treated prior to reverse transcription using the TURBO DNAse kit (Ambion, Huntingdon, UK). RNA samples were reverse transcribed using the Thermoscript RT-PCR System (Invitrogen, Paisley, UK) in a total volume of 20μl. cDNA samples were treated with 1u RNAse H at 37°C for 30 minutes (Invitrogen, Paisley, UK) to remove RNA prior to amplification. Assays to beta 2 microglobulin (*B2M*) and *CDKN2A* were purchased from Applied Biosystems (Assays by Demand). Assays to beta glucuronidase (*BGUS*), *CDKN2B*, *CDKAL1*, *IGF2BP2* and *HHEX* were custom-designed through the equivalent Assays by Design service. Primer and probe sequences are available from the authors upon request. Where genes coded for multiple isoforms, probes and primers were designed to anneal to common regions as far as possible. Custom assays only were validated using standard curve analysis. Real-time PCR reactions were carried out using the ABI Prism 7900 platform in a total volume of 10μl. Each sample was amplified in triplicate to ensure accuracy of quantification. PCR reactions contained 5μl TaqMan Fast Universal Mastermix (no AMPerase) (Applied Biosystems, Foster City, USA), 0.9μ M each primer, 0.25μ M probe and 2μ l cDNA reverse transcribed as

above in a total volume of 10μl. PCR conditions were a single cycle of 95ºC for 20 seconds followed by 50 cycles of 95ºC for 1 second and 60ºC for 20 seconds. Relative expression levels for each test gene were calculated by the ΔΔCT method, based on comparison of the average real-time PCR crossing point obtained for each test gene (Δ CT^{test}) relative to that obtained from an endogenous control (Δ Ct^{ref}). To minimize variation in endogenous control transcript levels between tissues, we pooled results for two control genes, beta glucuronidase (*BGUS*) and beta 2 microglobulin (*B2M*). The expression level of each test gene was then determined as a test:*B2M*/*BGUS* ratio. Final expression profiles for each test gene were produced by normalization of the relative ratios for each tissue sample with the test transcript levels in human adult pancreas for tissue to tissue comparison.

Replication set-only combined effect size estimation

When we estimated combined ORs based on the UK, DGI and FUSION replication sets only, the p values for all three of the shared signals reported provided very strong support (*IGF2BP2* OR 1.14 (1.09-1.18), p=7.5x10-10; *CDKAL1* 1.09 (1.05- 1.14), $p=2.0x10^{-5}$; *CDKN2B* 1.17 (1.11-1.24), $p=4.3x10^{-9}$) for association. Notably, the effect size estimates from those replication sets are mostly very similar to those observed in the original GWA datasets (**Table 1**), which indicates that the extent of the effect size inflation is modest.

Haplotype-based analysis results

Haplotype=based analyses (using GENEBPM (*S15*) and UNPHASED (*S18*)) did not provide additional evidence for association in any of the genomic intervals examined, with the sole exception of the chr9 region (and in particular the 3' signal at 22.12Mb). For the signals in this region, haplotype-based approaches within the

WTCCC data provided overwhelming evidence for association with type 2 diabetes. GENEBPM (*S15*) analysis of 5 SNP sliding windows generated a 3' haplotype signal with Bayes' factors more than four orders of magnitude greater than the equivalent single-point analyses (high risk haplotypes shared alleles T and T at rs10811661 and rs10757283 [**Figure S8**]). Our complementary LD block-based analysis, using blocks as defined by Gabriel et al (*S16*), also revealed that a haplotype (consisting of rs2383208, rs10811661, rs10757283 and rs1333051) provided stronger association than single-point analysis ($p=5.8x10^{-8}$ for the comparison of the risk haplotype with all others). The two SNPs, rs10811661 (the SNP driving the single-point result) and rs10757283, which defined this haplotype were genotyped in RS1 and RS2. The association of the TT haplotype (frequency in controls \sim 24%) formed by rs10811661 and rs10757283 was replicated in RS1 and RS2 ($p=2.2x10^{-4}$) and combining this evidence with that from the WTCCC data provided very strong evidence of association (OR, 1.24 $[1.16-1.31]$, p=2.9x10⁻¹¹). Analysis of CEU HapMap data has failed to identify any single SNP that could account for this haplotypic association, suggesting that the association may be explained by an as yet unidentified variant in the region. (A second possibility is that the two SNPs -or proxies thereof- have independent and synergistic effects on T2D risk). Comprehensive fine-mapping and extensive resequencing will be required to characterize the disease gene architecture of this region.

Overlap between association and linkage signals

We found little/no overlap between the location of previously reported type 2 diabetes linkage peaks (*S23*) and association signals arising from the genome-wide association scan. In a comparison of the total number of observed independent hits to that expected (assuming constant LD) within regions demarked by "one-LOD-

drop" intervals under T2D linkage peaks, we did not find convincing evidence of regional over-representation. In this analysis, the number of expected hits was derived from the total number of hits genome-wide ($p<10^{-3}$) and number of independent loci (r^2 was conservatively set at 0.8) in each linkage region. Although we observed nominal evidence of an excess of significant association p values within the chr10 linkage region (in which the *HHEX* signal resides) (*S2*), these results are hard to interpret given that none of the association signals detected in our work or in others (including *TCF7L2*) has characteristics which could generate a detectable linkage signal (as can be shown by estimating the lambda(s) values attributable to each signal). It is possible that rarer, more penetrant variants mapping to the *HHEX* association region are responsible for the linkage signal on chr10, but establishing this will require extensive resequencing efforts.

Quantitative trait analysis results

FTO showed consistent patterns of association with BMI and waist circumference, and the type 2 diabetes signal was attenuated by adjustment for these covariates (**Tables S5-S7**). None of the other SNPs studied recapitulated this pattern. There were some interesting nominal associations in the quantitative analysis of waist circumference and BMI in specific datasets, but none of these was consistent and in no case was the overall T2D effect attenuated or abolished by adjustment for BMI or waist circumference (**Tables S5-S7**).

Departures from additivity

We found no evidence for departures from additivity at any of the signals, except for *CDKAL1* SNP rs9465871 ($p=3.0x10^{-3}$). Of the 1df tests carried out, the dominant model fits the data best ($p=1.1x10^{-7}$), and the 2df general model provides a

marginally better fit overall (p=4.2x10⁻⁸) (**Table S8**). This SNP is in partial LD with $(r^2=0.4)$ with the *CDKAL1* SNP we report in Table 1 (rs10946398), for which no departure from additivity is evident. We have observed no significant two-way interactions between the T2D susceptibility variants examined (**Table S10**).

Data access details

Information on accessing data from the WTCCC scan is available at [http://www.wtccc.org.uk/info/access_to_data_samples.shtml.](http://www.wtccc.org.uk/info/access_to_data_samples.shtml) Briefly, summary level data (association P values at each SNP) will be made widely available with publication of the primary report of the WTCCC study. Individual level data (that is, individual genotypes and case-control phenotypes) will be available shortly thereafter to approved users who apply through the Consortium Data Access Committee. For the replication sets, genotype counts for all replication sets will be available from the authors on request. For the confirmed associations, individual genotypes and relevant phenotypic information) will be made available subject to a simple registration of interest (https://crs.dundee.ac.uk/).

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Figure S1: Overview of *FTO* **signal region**

A Plot of -log(p values) for T2D (Cochran-Armitage test for trend) against chromosome position in Mb. Blue diamonds represent primary scan results and pink triangles denote meta-analysis results across all UK samples.

B Genomic location of genes showing intron and exon structure (NCBI Build 35). Pink triangles show position of replication SNPs relative to gene structure.

C MULTIZ (*S24*) vertebrate alignment of 17 species showing evolutionary conservation.

D GoldSurfer2 (S19) plot of linkage disequilibrium (r²) for SNPs genotyped in WTCCC scan (passing T2D-specific quality control) in WTCCC T2D cases.

E Recombination rate given as cM/MB. Red boxes represent recombination hotspots (*S25*).

Figure S1: Overview of *FTO* **signal region**

Figure S2: Expression patterns of *CDKAL1, CDKN2A, CDKN2B, HHEX, IGF2BP2.* Messenger RNA expression profiles are shown for the genes listed for a range of human tissues, as determined by RT-PCR. Figures on the y axes refer to the test transcript levels relative to two separate endogenous control genes (beta glucuronidase [*BGUS*] and beta 2 microglobulin [*B2M*]). Each test:control ratio was then normalized to that of adult human pancreas for tissue to tissue comparison.

Figure S2: Expression patterns of *CDKAL1, CDKN2A, CDKN2B, HHEX, IGF2BP2.*

Figure S3: Overview of *HHEX* **signal region**

A Plot of -log(p values) for T2D (Cochran-Armitage test for trend) against chromosome position in Mb. Blue diamonds represent primary scan results and pink triangles denote meta-analysis results across all UK samples. Note that rs5015480 was typed in the WTCCC scan and rs1111875 in the replication set, so the meta-analysis result is based on a combined analysis of the two (r^2 =1 in HapMap CEU) and the position of this signal denoted at both locations.

B Genomic location of genes showing intron and exon structure (NCBI Build 35). Pink triangles show position of replication SNPs relative to gene structure.

C MULTIZ (*S24*) vertebrate alignment of 17 species showing evolutionary conservation.

D GoldSurfer2 (S19) plot of linkage disequilibrium (r²) for SNPs genotyped in WTCCC scan (passing T2D-specific quality control) in WTCCC T2D cases.

E Recombination rate given as cM/MB. Red boxes represent recombination hotspots (*S25*).

Figure S3: Overview of *HHEX* **signal region**

Figure S4: Overview of *IGF2BP2* **signal region**

A Plot of -log(p values) for T2D (Cochran-Armitage test for trend) against chromosome position in Mb. Blue diamonds represent primary scan results and pink triangles denote meta-analysis results across all UK samples.

B Genomic location of genes showing intron and exon structure (NCBI Build 35). Pink triangles show position of replication SNPs relative to gene structure.

C MULTIZ (*S24*) vertebrate alignment of 17 species showing evolutionary conservation.

D GoldSurfer2 (S19) plot of linkage disequilibrium (r²) for SNPs genotyped in WTCCC scan (passing T2D-specific quality control) in WTCCC T2D cases.

E Recombination rate given as cM/MB. Red boxes represent recombination hotspots (*S25*).

Figure S4: Overview of *IGF2BP2* **signal region**

Figure S5: Overview of *VEGFA* **signal region**

A Plot of -log(p values) for T2D (Cochran-Armitage test for trend) against chromosome position in Mb. Blue diamonds represent primary scan results and pink triangles denote meta-analysis results across all UK samples.

B Genomic location of genes showing intron and exon structure (NCBI Build 35). Pink triangles show position of replication SNPs relative to gene structure.

C MULTIZ (*S24*) vertebrate alignment of 17 species showing evolutionary conservation.

D GoldSurfer2 (S19) plot of linkage disequilibrium (r²) for SNPs genotyped in WTCCC scan (passing T2D-specific quality control) in WTCCC T2D cases.

E Recombination rate given as cM/MB. Red boxes represent recombination hotspots (*S25*).

Figure S5: Overview of *VEGFA* **signal region**

Figure S6: Quantile-Quantile plots for the 393,453 SNPs passing T2D-specific quality control. The plot compares the observed and expected distributions for the 1df chi-square statistics generated from single-point Cochran-Armitage tests.

Figure S7: Correlation plot of association statistics for the WTCCC scan genotypes before and after adjusting for population structure. The plot compares the 1df χ^2 (single-point Cochran-Armitage) values obtained from a naïve trend test for the 393.453 SNPs passing T2D-specific quality control, with the equivalent statistics generated after correcting for population substructure using Eigenstrat (*S8*). The high correlation overall (r^2 >0.99), and in particular the strong linearity for high χ^2 values (top right) indicates minimal confounding from population substructure after implementation of the various QC measures described.

Figure S8: Single-point and haplotype-based analysis results for the chr9 signal region using GENEBPM. Circles denote single-point analysis results and the continuous line represents 5 SNP sliding window haplotype-based analyses using GENEBPM (*S15*). The two peaks of association are separated by a recombination hotspot (**Figure 2**). Multipoint analyses reveal much stronger evidence for association at the 3' peak in this region. Common (>0.01) high risk haplotypes in the 3' signal share alleles T and T at SNPs rs10811661 and rs10757283 respectively. In the WTCCC scan (*S1*), Cochran-Armitage p values for rs2891169 were similar to those of SNPs rs10811661 and rs10757283, which were selected for replication. In contrast, GENEBPM analysis indicated stronger evidence for single-point association for rs2891169.

Figure S8: Single-point and haplotype-based analysis results for the chr9 signal region using GENEBPM.

Window midpoint or SNP location (Mb)

Table S1: Clinical characteristics of UK samples. WTCCC controls came from two sources. No data on age, waist circumference or BMI are available for the UK Blood Service controls. Control individuals from the 1958 Birth Cohort were last reviewed at age 41. Under the terms of access, waist circumference and BMI values from these controls are not available to WTCCC researchers. Only 46% (all male) of the RS2 control individuals had available waist circumference measures.

Table S2: Replication results for SNPs selected for Cochran-Armitage p<10-5 on WTCCC scan. Alleles in this table are named alphabetically (as per the forward strand) with the ancestral allele underlined (where known). A2F denotes allele 2 frequency. For consistency, all ORs in this table are reported for allele 2 (and may therefore be the reciprocal of the ORs reported in the text and Table 1). It was not possible to design a working replication assay for rs5015480, and the UK meta-analysis for this signal combines data from rs5015480 and rs1111875 (r^2 =1 in HapMap CEU).

Table S2: Replication results for SNPs selected for Cochran-Armitage p<10-5 on WTCCC scan.

Table S3: Confirmed T2D susceptibility signals: SNPs reported for the DGI and FUSION studies. As DGI and FUSION did not always type the same SNPs as the UK study in all their samples, results in Table 1 include data from the SNPs generating the strongest association in their respective studies. Table S3 gives details of the SNPs reported for DGI and FUSION, and their LD relationships (based on HapMap CEU and/or genome-wide or imputation data as available) with the UK index SNP. In all cases these proxies were SNPs in strong LD (r²>0.95, except *TCF7L2*) and showed consistent direction of effect with the SNP reported in the UK data.

Table S4: Replication results for SNPs selected for the "second wave" of replication. Alleles in this table are named alphabetically (as per the forward strand) with the ancestral allele underlined (where known). A2F denotes allele 2 frequency. For consistency, all ORs in this table are reported for allele 2 (and may therefore be the reciprocal of the ORs reported in the text). These signals were (with the exception of rs13266634 in *SLC30A8*) selected on the basis of Cochran-Armitage test p values between 10^{-2} and 10^{-5} on the WTCCC scan, prioritized on the basis of biological candidacy, multiple independent associations and/or support from DGI and/or FUSION scans. It was not possible to design a working replication assay for rs11140802, and the UK meta-analysis for this signal combines data from rs11140802 and rs12346884 (r²=1 in HapMap CEU). Rs13266634 in *SLC30A8* was not captured on the Affymetrix chip but was selected for replication on the basis of the associations in French (*S18*) and FUSION (*S17*) subjects.

Table S4: Replication results for SNPs selected for the "second wave" of replication

Table S5: Associations between T2D susceptibility variants and (a) BMI, (b) waist circumference in cases and controls. Analyses were performed using linear regression on (a) log₁₀-transformed BMI values and (b) on waist circumference values (in cm) using gender as a covariate. Beta values, 95% CIs and asymptotic p values (t statistic) are reported. Fixed-effects meta-analyses are shown. BMI and waist circumference information was not available for WTCCC controls. In the case of *HHEX*, the UK meta-analysis combines data from rs5015480 and rs1111875 (r^2 =1 in HapMap CEU). Rs8050136 was not typed in RS3. At rs13266634, in the WTCCC cases, the common allele (C; T2D risk allele) homozygotes have a waist circumference that is on average 3.2 cm and a BMI that is 2.0 kg/m² less than the rare allele (TT) homozygotes.

Table S5: Associations between T2D susceptibility variants and (a) BMI, (b) waist circumference in cases

and controls.

(a) BMI

(b) waist circumference

Table S6: Effects of adjusting T2D associations for BMI and waist circumference. In this table, ORs and 95% CIs are reported with respect to the risk allele (denoted in bold, with the ancestral allele underlined where known). Analyses report ORs and CIs before and after adjustment for log_{10} BMI or waist circumference and gender, by logistic regression, and fixed-effects meta-analysis. These analyses are only possible for the replication sets, since BMI and waist circumference values were not available in the WTCCC controls. Only the T2D associations at *FTO* are attenuated by adjustment for BMI and waist circumference.

Table S7: Associations between T2D susceptibility variants and age of diagnosis in cases. Analyses were

performed using linear regression on square root-transformed age of diagnosis values using gender as a covariate. Beta values, 95% CIs and asymptotic p values (t statistic) are reported. Fixed-effects meta-analyses are shown. In the case of *HHEX*, the UK meta-analysis combines data from rs5015480 and rs1111875 (r^2 =1 in HapMap CEU). Rs8050136 were not typed in RS3. T2D- and adiposity-predisposing variants at *FTO* are associated with earlier age of diagnosis. At rs8050136, rare allele (A; T2D risk allele) homozygotes have an age of diagnosis that is on average 1.7 years earlier than the common allele (CC) homozygotes.

Table S8: Genotype counts, association p values under different genetic models and test of departure from additivity for robustly replicating signals. The most significant model for each SNP is shown in bold. In the case of *HHEX*, the UK meta-analysis combines data from rs5015480 and rs1111875 (r^2 =1 in HapMap CEU).

Table S9: Selection criteria used for "second wave" SNPs.

Table S10: Pairwise interaction analyses of replicating SNPs, and known T2D susceptibility variants in *TCF7L2***,** *KCNJ11* **and** *PPARG***.** Odds ratios (for interactions under a log additive model) are reported to the risk allele at each SNP, as defined in Table 1. In the replication sets, the analyses were adjusted for the three strata. The results are ordered by interaction p value. Rs1801282, rs5215 and rs7901695 were not typed in the replication sets. Rs1111875 was typed as an r^2 =1 proxy (HapMap CEU) for rs5015480 in the replication sets.

Table S10: Pairwise interaction analyses of replicating SNPs, and known T2D susceptibility variants in

TCF7L2, KCNJ11 **and** *PPARG***.**

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