

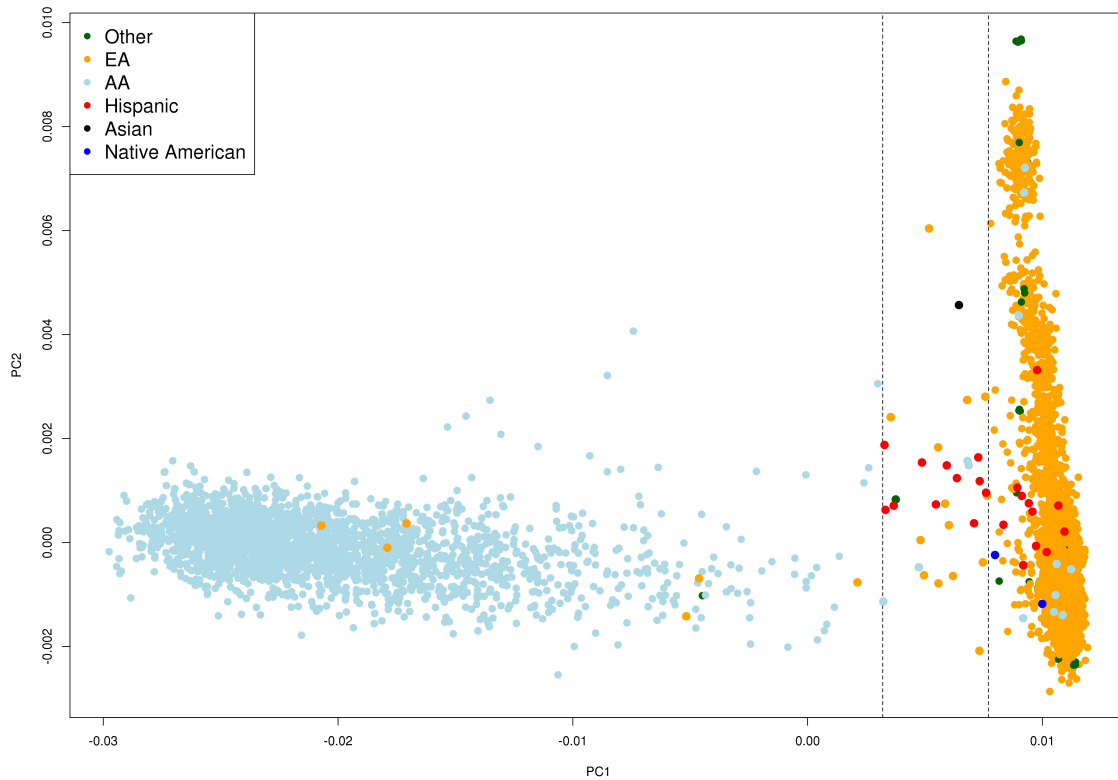
The American Journal of Human Genetics, Volume 95

Supplemental Data

**Pathogenic Variants for Mendelian and Complex Traits  
in Exomes of 6,517 European and African Americans:  
Implications for the Return of Incidental Results**

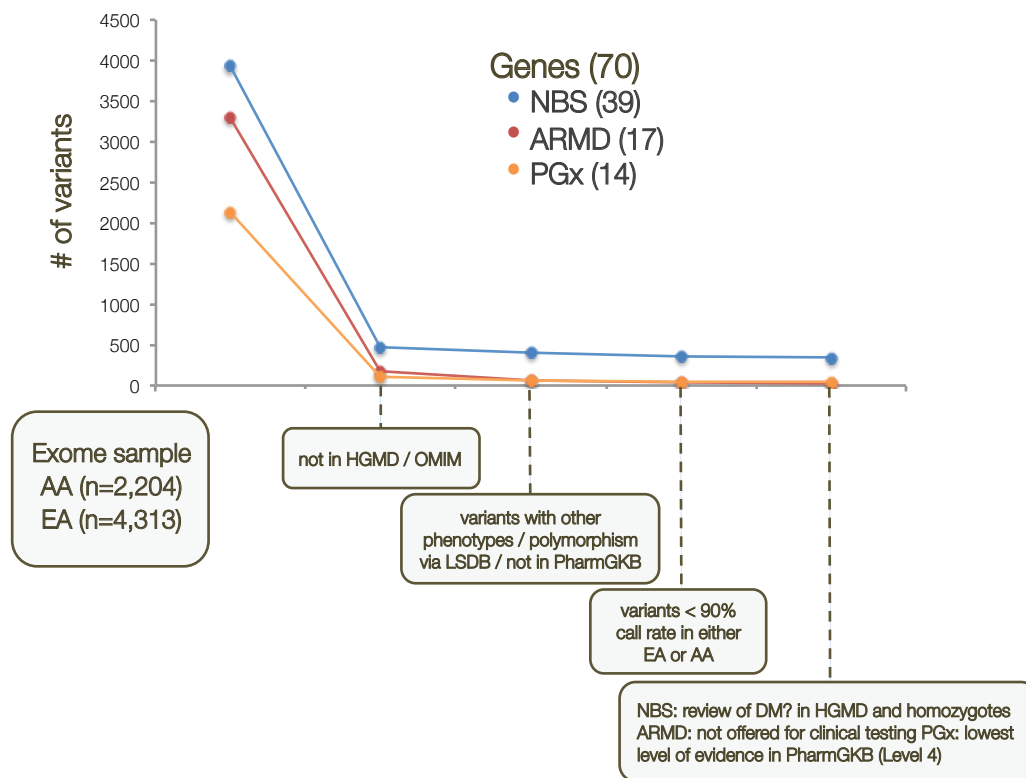
Holly K. Tabor, Paul L. Auer, Seema M. Jamal, Jessica X. Chong, Joon-Ho Yu, Adam S. Gordon, Timothy A. Graubert, Christopher J. O'Donnell, Stephen S. Rich, Deborah A. Nickerson, NHLBI Exome Sequencing Project, and Michael J. Bamshad

**Figure S1. Principal components analysis of NHLBI ESP6500 SNVs**



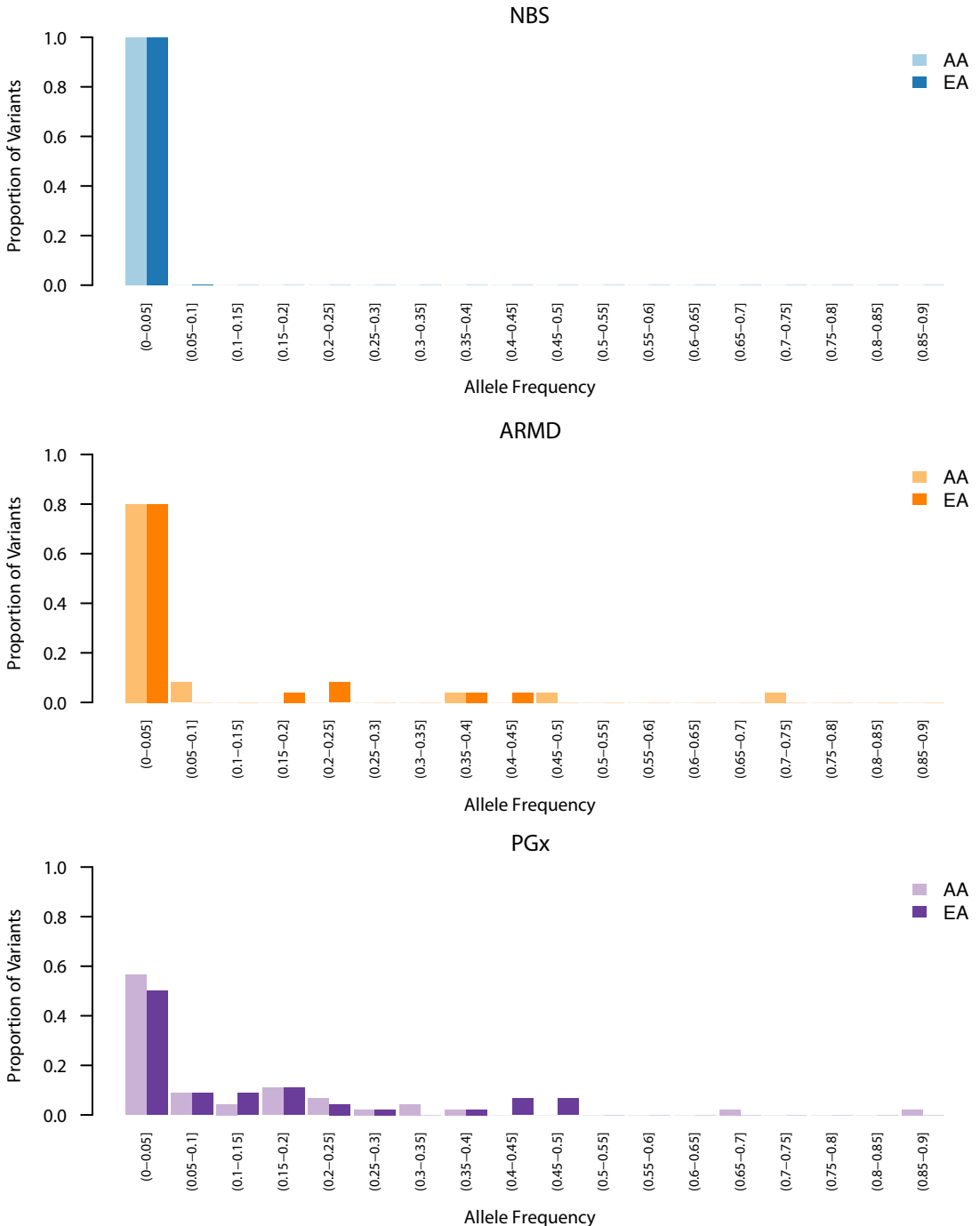
**Figure S1.** The first two principal components from the full 6,823 ESP samples. Self-reported European Americans (EA) are shown in orange, African Americans (AA) in light blue, Hispanics in red, Asians in black, and Native American in dark blue. Missing self-reported race is shown in green.

**Figure S2. Filtering of Variants in Genes Assessed**



**Figure S2.** Plot showing the curation strategy for NBS (blue), ARMD (red), and PGx (orange) variants in the ESP6500. Exclusion step 1: variants in the PGx and ARMD gene sets that were not found in OMIM or HGMD; and variants not found in OMIM or HGMD as either “Disease Mutation” (“DM”) or “Disease Mutation?” (“DM?”) in the NBS gene set, were eliminated. Exclusion step 2: variants listed in HGMD or OMIM but associated with a different phenotype, those listed as polymorphic in one of twenty-seven locus-specific databases, and those not in PharmGKB were eliminated. Exclusion step 3: variants with a call rate <90% in either EA or AA were eliminated. Exclusion step 4: 10 variants in the NBS set that were homozygous in the absence, via literature review, of compelling evidence of disease causality and 3 variants that had an allele frequency >3%, suggesting they were polymorphisms rather than risk variants for a rare Mendelian disorder, and/or had been shown to not be pathogenic; in the ARMD gene set, those variants for which clinical testing was not available per GeneTests; and in the PGx gene set, had the lowest level of evidence for functional significance (i.e., level 4) in PharmGKB, were excluded.

**Figure S3. Site Frequency Spectra of Variants by Gene Set**



**Figure S3.** Histograms of the site frequency spectrum of risk variants underlying NBS phenotypes in European Americans (EA, blue) and African Americans (AA, light blue), ARMD phenotypes in EA (orange) and AA (light orange), and PGx phenotypes in EA (purple) and AA (light purple).

## Table S1: ESP Cohort descriptions

### A. Overview

The ESP project funded by NHLBI included 3 cohort-focused awards. (1) Lung GO is a consortium of five lung disease related studies (Genomic Research on Asthma in the African Diaspora [GRAAD], Lung Health Study [LHS], Pulmonary Arterial Hypertension [PAH] population, Acute Lung Injury [ALI] cohort, and Cystic Fibrosis (CF) cohort). (2) HeartGO is a consortium of six cardiovascular disease-based prospective cohort studies comprised primarily of European American and African American participants: Atherosclerosis Risk in Communities [ARIC] study, Coronary Artery Risk Development in Young Adults [CARDIA], Cardiovascular Health Study [CHS], Framingham Heart Study [FHS], Jackson Heart Study [JHS], and Multi-Ethnic Study of Atherosclerosis [MESA]). (3) WHISP (Women’s Health Initiative [WHI] Sequencing Project) is a prospective of women’s health with a focus on coronary vascular disease (CVD). Additional studies were subsequently recruited to provide to provide additional cases of specific phenotypes [e.g., early onset myocardial infarction (MI) and stroke]. Participants in all ESP studies provided written informed consent for non-commercial use of their data.

Further details regarding each of the 19 participating ESP studies can be found at their respective websites, listed below. dbGaP contains information about additional genetic information and phenotypes available on study participants (see <http://www.ncbi.nlm.nih.gov/sites/entrez?db=gap>).

### B. The LungGO Consortium

The goal of the NHLBI LungGO consortium is to identify disease-causing variants affecting a key set of pediatric and adult lung diseases by utilizing large cohorts characterized for a comprehensive set of clinical traits, including cystic fibrosis (CF), chronic obstructive pulmonary disease (COPD), pulmonary hypertension (PAH), asthma, and acute lung injury (ALI).

#### 1. Cystic Fibrosis (CF):

*Original cohort ascertainment:* This cohort includes two longitudinal population cohorts of cystic fibrosis patients that have been well characterized for a comprehensive set of clinical traits for the study of *Pseudomonas aeruginosa* (*Pa*) acquisition. The first cohort, Early *Pseudomonas* Infection Control (EPIC or CFES-CF1) is the world's largest, multicenter, longitudinal, prospective cohort of early lung disease in young CF patients. CFES-CF1 consists of 1,704 CF cases who were  $\leq 12$  years old with no prior isolation of *Pa* or at least a two-year history of *Pa* negative cultures. The second cohort, the NHLBI-GWAS to Identify CF Modifiers (CFES-CF2), consists of 1,208 CF cases at the extremes of lung disease severity (“severe”, worst 25<sup>th</sup> %’tile of birth cohort vs. “mild”, best 25<sup>th</sup> %’tile) based on  $\sim 22$  measures of lung function for each patient (over 5 yrs) developed at the University of North Carolina.

*Ascertainment for ESP sequencing study:* As part of the Lung-GO component of the NHLBI Exome Sequencing Project (ESP), exome sequencing was performed on 48 cystic fibrosis patients with early *Pa* infection and 48 cystic fibrosis patients with late *Pa* infection to identify variants influencing the time to onset of *Pa* infection. In Phase II, 330 additional exomes were

added to the study, to reach a total of 86 individuals with early Pa infection and 65 with late Pa infection. Additionally, 124 and 121 had mild and severe pulmonary function phenotype as determined by the survival corrected Kulich FEV percentile of Corey et al. The remaining 25 have intermediate phenotypes and/or show severe decline in lung function during childhood.

*Prior GWAS:* A GWAS for CF modifiers using 655,352 SNPs from the Illumina Infinium™ II HumanHap650Y BeadChip v.1.0 (Illumina Inc.) was performed on CF-2 and 3,300 additional CF cases.

*Reference:*

Treggiari MM, Rosenfeld M, Mayer-Hamblett N, Retsch-Bogart G, Gibson RL, Williams J, Emerson J, Kronmal RA, Ramsey BW; EPIC Study Group. [Early anti-pseudomonal acquisition in young patients with cystic fibrosis: rationale and design of the EPIC clinical trial and observational study'](#). *Contemp Clin Trials*. 2009 May;30(3):256-68. Epub 2009 Jan 15. PubMed PMID: 19470318; PubMed Central PMCID: PMC2783320.

*Website:* none

## **2. COPDGene:**

*Original cohort ascertainment:* The COPDGene Study is a multicenter study, with 21 U.S. clinical centers, designed to identify genetic variants affecting COPD susceptibility. Eligible subjects were aged 45-80 with at least 10 pack-years of cigarette smoking, without other concomitant respiratory diseases, and without contraindications to spirometry and chest CT scans. Of 10,171 eligible, enrolled subjects, 3534 are cases (GOLD stages 2-4 with forced expiratory volume over one second  $FEV_1 < 80\%$  predicted and  $FEV_1/FVC < 0.7$ ) and 4063 are controls with  $FEV_1 \geq 80\%$  predicted and  $FEV_1/FVC \geq 0.7$ ). Approximately 2/3 of COPDGene subjects are non-Hispanic European Americans, and 1/3 are African Americans. Study participants underwent a standardized study protocol including spirometry (pre/post bronchodilator), chest CT, questionnaires, six minute walk test, and phlebotomy.

*Ascertainment for ESP sequencing study:* As part of the Lung-GO component of the NHLBI Exome Sequencing Project (ESP) and with additional support from the COPD Foundation, 290 non-Hispanic European Americans (NHEA) COPDGene subjects underwent whole exome sequencing. COPD cases and controls were chosen from the phenotypic extremes in this cohort, focusing on COPD subjects with extensive emphysema: age  $< 63.0$ , GOLD Stage 3-4 COPD ( $FEV_1 < 50\%$  predicted,  $FEV_1/FVC < 0.7$ ), emphysema  $\geq 15\%$  at -950 HU, and no severe AAT deficiency. Control subjects were selected based on age  $\geq 65.0$ ,  $FEV_1 \geq 85\%$  predicted,  $FEV_1/FVC \geq 0.7$ , and emphysema  $< 5\%$  at -950 HU. Similar mean pack-years of smoking were included for the case and control groups.

*Prior GWAS:* Genome-wide SNP genotyping was obtained in all COPDGene subjects using the Illumina Omni-Express Chip which contains 730,525 SNPs..

*Reference:*

Regan, E. A., J. E. Hokanson, et al. 2010. Genetic epidemiology of COPD (COPDGene) study design. *COPD* 7(1): 32-43).

*Website:* <http://www.copdgene.org>

### **3. Lung Health Study (LHS):**

*Original cohort ascertainment:* The Lung Health Study (LHS) was a 14.5-year (1985-2001), multicenter (10 sites), randomized clinical trial to determine whether a program of smoking intervention and use of an inhaled bronchodilator could slow the rate of decline in pulmonary function or alter mortality among COPD patients. The LHS is a randomized multicenter clinical trial with 5,887 participants carried out from October 1986 to April 1994, designed to test the effectiveness of smoking cessation and bronchodilator administration in smokers aged 35 to 60 with mild lung function impairment. Participants were randomly assigned to one of three groups: (1) usual care, who received no intervention; (2) smoking intervention with the inhaled bronchodilator ipratropium bromide; or (3) smoking intervention with an inhaled placebo. The effect of intervention was evaluated by the rate of decline of forced expiratory volume in one second (FEV1). The LHS represents one of the largest COPD cohorts worldwide (N=5,887). With additional support from the Canadian Institutes of Health Research, DNA is now available from over 4,600 of the LHS participants.

*Ascertainment for ESP sequencing study:* As part of the Lung-GO component of the NHLBI Exome Sequencing Project (ESP), exome sequencing was performed on 337 samples from European American participants who have lung function decline measures in at least 3 of 5 time points.

*Prior GWAS:* Genome-wide SNP genotyping was obtained in the European American LHS subjects using the HumanHap660W Quad Genotyping BeadChip.

#### *Reference:*

Connett JE, Kusek JW, Bailey WC, O'Hara P, Wu M. [Design of the Lung Health Study: a randomized clinical trial of early intervention for chronic obstructive pulmonary disease.](#) *Control Clin Trials.* 1993 Apr;14(2 Suppl):3S-19S. PubMed PMID: 8500311.

*Website:* <http://www.biostat.umn.edu/lhs/>

### **4. Pulmonary Arterial Hypertension (PAH):**

*Original cohort ascertainment:* The Johns Hopkins SCCOR program entitled “Molecular Determinants of Pulmonary Arterial Hypertension” was funded by NIH in 2006 to utilize state-of-the-art physiological, molecular, genomic and proteomic approaches as well as novel phenotyping instrumentation that will provide the deepest understanding of the critical pathobiologic processes of pulmonary vascular (PV) and right ventricular remodeling, resulting RV-PV uncoupling, and their crucial impact on morbidity and mortality in PAH. This study is comprised of idiopathic PAH (IPAH) and PAH-scleroderma (SSc) cases and healthy controls. Rigorous definitions for primary phenotypes of interest have been used. Pulmonary hypertension is defined in IPAH or PAH-SSc patients as a mean pulmonary artery pressure greater than 25 mm Hg proven by right heart catheterization defined. For patients with scleroderma, the presence of disease is defined as systemic sclerosis with diffuse or limited scleroderma meeting the American College of Rheumatology criteria (LeRoy, 1988).

All patients underwent baseline routine clinical (e.g., 6 minute walk test) and echocardiographic evaluation, and hemodynamic assessment of pressures with vasodilator challenge. Repeat assessment was performed every 6 months with routine hemodynamic assessment performed at

one year, or at earlier time-points if clinically indicated. Data for the following are available for all participants: patient age, gender, race, severity and duration of illness (for scleroderma, IPAH and PAH-SSc), and other data related to clinical, hemodynamic (mean pulmonary artery pressure, pulmonary vascular resistance, cardiac index), and echocardiographic parameters (e.g., TAPSE measurement) related to PAH.

*Ascertainment for ESP sequencing study:* European American and African American participants with and without PAH. The study also focuses on patients with scleroderma, who are further stratified according to those who have or do not have PAH.

*Prior GWAS:* None

*Reference:* None

*Website:* none

## **5. Severe Asthma Research Program (SARP)**

*Original cohort ascertainment:* SARP participants were recruited at the NHLBI SARP sites with an emphasis on recruiting severe asthmatics (Moore et al, Am J Respir Crit Care Med, 2010). Asthma status was based on both a physician's diagnosis and either bronchodilator reversibility or hyper-responsiveness to methacholine as well as less than 5 pack years of smoking. All subjects were carefully characterized using the standardized SARP protocol which included spirometry (medication withheld), maximum bronchodilator reversibility, hyper-responsiveness to methacholine (not performed in subjects with low baseline FEV1), skin-tests to common allergens, questionnaires on health care utilization and medication use and sputum, lung imaging and bronchoscopy in a subset.

*Ascertainment for ESP sequencing study:* The exome sequencing asthma project includes 191 African-Americans with asthma (82 severe, 109 non-severe).

*Prior GWAS:* Genotyping was performed on the Illumina 1Mv1 platform. GWAS results for asthma susceptibility were reported as part of the EVE consortium (Torgerson et al, Nat Genet 2011).

*Reference:*

Jarjour NN, Erzurum SC, Bleecker ER, Calhoun WJ, Castro M, Comhair SA, Chung KF, Curran-Everett D, Dweik RA, Fain SB, Fitzpatrick AM, Gaston BM, Israel E, Hastie A, Hoffman EA, Holguin F, Levy BD, Meyers DA, Moore WC, Peters SP, Sorkness RL, Teague WG, Wenzel SE, Busse WW; NHLBI Severe Asthma Research Program (SARP). [Severe asthma: lessons learned from the National Heart, Lung, and Blood Institute Severe Asthma Research Program](#). Am J Respir Crit Care Med. 2012 Feb 15;185(4):356-62.

*Website:* [www.severeasthma.org](http://www.severeasthma.org)

## **6. Acute Lung Injury (ALI)**

*Original cohort ascertainment:*

Acute Lung Injury (ALI) is a syndrome defined by the presence of acute hypoxemic respiratory failure (arterial oxygen: inspired oxygen ratio < 300), bilateral pulmonary infiltrates on chest



radiograph, a known clinical risk factor (e.g. sepsis, trauma, gastric fluid aspiration, massive transfusion), and the absence of physiologic or clinical evidence of congestive heart failure. ALI is a common occurrence in hospitalized patients in the United States with an estimated incidence of 78.9 cases/100,000 person-years and an associated mortality of 25-35 percent. This leads to the estimation that over 75,000 people die of ALI in the United States each year. This study was designed to use exome sequencing to identify coding variants associated with the extremes of ALI severity.

**Original Cohort:** We selected subjects from a cohort of approximately 800 patients with ALI enrolled from the Massachusetts General Hospital Intensive Care Unit (ICU) by Dr. David Christiani between 2000-2010 as part of the Molecular Epidemiology of acute respiratory distress syndrome (ARDS) study. These patients were followed through their intensive care unit (ICU) and hospital stay until death or discharge from the hospital. Dr. Christiani has used this cohort to identify several common genetic variants that alter susceptibility to ALI and related outcomes in the genes for *NFKBIA*, *IL10*, and *PBEF* [1-4].

*Ascertainment for ESP sequencing study:*

**Phenotypes:** The rate of resolution of ALI is highly variable. Examination of the composite variable of ‘Ventilator-free days’ (VFDs)[5] (all days between enrollment and day 28 during which the patient was both alive and breathing without mechanical ventilator support) in patients with ALI reveals a remarkably bi-modal distribution with approximately 17% of the patients dying or never liberating from mechanical ventilation over the first 28 days of observation while over 10% were free of mechanical ventilation for over 24 out of 28 days. We hypothesized that patients requiring prolonged mechanical ventilation (low VFDs) or who died with ALI relatively early after onset of the syndrome harbor functional genetic variants that predispose to more severe lung injury and impaired tissue injury repair compared with patients with rapidly liberating from dependence on mechanical ventilation (high VFDs). Notably, our subjects were all selected from this single-center cohort minimizing variation in processes of care such as the weaning from mechanical ventilation. We selected subjects with ALI at the two extremes of ventilator-free days, representing roughly the upper and lower 5<sup>th</sup> percentiles of this distribution, using the following criteria:

**Exclusions:** Individuals who are not European-Americans and early death unlikely to be attributable to ALI (Death within the 1<sup>st</sup> 48 hours after admission to intensive care unit), presence of DNAR (Do not attempt resuscitation/CPR) order indicative of an incomplete commitment to aggressive intensive care.

**Inclusions:** We restricted the cohort to those with an underlying diagnosis of sepsis (infection and a systemic inflammatory response) and who were found to have at least a moderate severity of illness (APACHE III acute physiology score  $\geq 45$ ) and severe hypoxemia ( $\text{PaO}_2/\text{FiO}_2 < 200$ ).

**Definitions of Extremes of VFD phenotype:**

1. **Mild ALI :** VFDs  $\geq 23$  (n=46)
2. **Severe ALI :** VFDs = 0 (n=43)

*Prior GWAS:*

Subjects selected for this ESP study were also included in a GWAS designed to identify common genetic variants associated with risk for ALI (RC2 HL101779, ‘Genetic determinants of ALI in

the iSPAAR consortium'). ALI cases (n=1200) and at-risk critically ill controls (n=1200) were genotyped using the Illumina 660W quad beadchip.

*References:*

1. Bajwa EK, Yu CL, Gong MN, Thompson BT, Christiani DC. Pre-B-cell colony-enhancing factor gene polymorphisms and risk of acute respiratory distress syndrome. *Crit Care Med.* May 2007;35(5):1290-1295.

*Website:* none

## **C. The HeartGO Consortium**

HeartGO is a multiethnic consortium consisting of six NHLBI population-based cohorts of men and women with extensive baseline and follow-up data related to CVD outcomes and risk factors. The age range of participants in these six cohorts spans the spectrum from early adulthood to old age, providing a broad age representation. Each participating cohort in HeartGO has completed (a) genomewide SNP (GWAS) genotyping in most of its participants and (b) ascertainment of multiple high-resolution phenotypes, including all of the major CVD risk factors (blood pressure, lipids, diabetes status), biomarkers including measures of blood cell counts, subclinical disease imaging, and CVD and lung outcomes including myocardial infarction and stroke.

### **1. The Atherosclerosis Risk in Communities Study (ARIC):**

*Original Cohort Ascertainment:* The ARIC study is a multi-center prospective investigation of atherosclerotic disease in a predominantly bi-racial population. Men and women aged 45-64 years at baseline were recruited from 4 communities: Forsyth County, North Carolina; Jackson, Mississippi; suburban areas of Minneapolis, Minnesota; and Washington County, Maryland. A total of 15,792 individuals participated in the baseline examination in 1987-1989, with follow-up examinations in approximate 3-year intervals, during 1990-1992, 1993-1995, and 1996-1998.

*Ascertainment for ESP sequencing study:* As part of the HeartGO component of the NHLBI Exome Sequencing Project (ESP), DNA from 1,235 participants were sent to both sequencing centers for exome sequencing. ARIC contributed samples and data to analysis of early-onset MI, blood pressure, LDL, ischemic stroke and the deeply phenotyped reference group. Of the 860 DNA samples that passed initial Q/C, finished sequence data was completed in 847 (98%) and deposited into the SRA; variant calls and phenotypic data were deposited into dbGaP.

*Prior GWAS:* ARIC Study samples were genotyped using the Affymetrix Genome-Wide Human SNP Array 6.0.

*Reference:*

The Atherosclerosis Risk in Communities (ARIC) Study: design and objectives. The ARIC investigators. *Am J Epidemiol* **129**, 687-702 (1989).

*Website:* <http://www.csc.unc.edu/aric/>

### **2. The Cardiovascular Risk in Communities Study (CARDIA):**

*Original Cohort Ascertainment:* The CARDIA study is a prospective, multi-center investigation of the natural history and etiology of cardiovascular disease in African Americans and European Americans 18-30 years of age at the time of initial examination [1] (<http://www.cardia.dopm.uab.edu/index.htm>). The CARDIA sample was recruited at random during

1985-86 primarily from geographically based populations in Birmingham AL, Chicago IL, and Minneapolis MN and, in Oakland, CA, from the membership of the Kaiser-Permanente Health Plan. The initial examination included 5,115 participants selectively recruited to represent proportionate racial, gender, age, and education groups from each of the four communities. Each participant's age, race, and sex were self-reported during the recruitment phase and verified during the baseline clinic visit. Details of the study design and procedures for data collection have been published. From the time of initiation of the study in 1985-1986 (baseline examination), six follow-up examinations have been conducted at years 2, 5, 7, 10, 15, 20, and 25.

*Ascertainment for ESP sequencing study:* As part of the HeartGO component of the NHLBI Exome Sequencing Project (ESP), DNA from 209 participants were sent to both sequencing centers for exome sequencing. CARDIA contributed samples and data to analysis of blood pressure, LDL and the deeply phenotyped reference group. Of the 209 DNA samples that passed initial Q/C, finished sequence data was completed in 207 (99%) and deposited into the SRA; variant calls and phenotypic data were deposited into dbGaP.

*Prior GWAS:* Prior genome-wide genotyping in CARDIA was performed separately for European Americans and African Americans. African American samples were genotyped at the Broad Institute using the Affymetrix Genome-Wide Human SNP Array 6.0, as part of the NHLBI Candidate Gene Association Resource (CARE) project. European American samples were genotyped using Affy6.0 at the Broad Institute of MIT and Harvard through the Gene Environment Association Studies initiative (GENEVA, <http://www.genevastudy.org>).

#### *References:*

1. Friedman GD, Cutter GR, Donahue RP, Hughes GH, Hulley SB, et al (1988) CARDIA: study design, recruitment, and some characteristics of the examined subjects. *J Clin Epidemiol* 41:1105-1116.

*Website:* <http://www.cardia.dopm.uab.edu/>

### **3. The Cardiovascular Health Study (CHS):**

*Original Cohort Ascertainment:* The CHS is a population-based cohort study of risk factors for CHD and stroke in adults  $\geq 65$  years conducted across four field centers in the United States. The original predominantly Caucasian cohort of 5201 persons was recruited in 1989-1990 from a random sample of people on Medicare eligibility lists and an additional 687 African-Americans were enrolled subsequently for a total sample of 5888.

*Ascertainment for ESP sequencing study:* As part of the HeartGO component of the NHLBI Exome Sequencing Project (ESP), DNA from 376 participants were sent to both sequencing centers for exome sequencing. CHS contributed samples and data to analysis of early-onset MI, blood pressure, LDL, ischemic stroke and the deeply phenotyped reference group. Of the 239 DNA samples that passed initial Q/C, finished sequence data was completed in 222 (93%) and deposited into the SRA; variant calls and phenotypic data were deposited into dbGaP.

*Prior GWAS:* In 2007-2008, genomewide genotyping was performed at the General Clinical Research Center's Phenotyping/Genotyping Laboratory at Cedars-Sinai using the Illumina 370CNV Duo® BeadChip system on the 3980 CHS participants who were free of CVD at baseline.

*Reference:*

Fried, L.P. *et al.* The Cardiovascular Health Study: design and rationale. *Ann Epidemiol* **1**, 263-76 (1991).

*Website:* <http://www.chs-nhlbi.org/default.htm>

#### **4. The Framingham Heart Study (FHS):**

*Original Cohort Ascertainment:* The methods of recruitment and data collection have been described previously for the original Framingham Heart Study cohort (5,209 participants ascertained systematically from two-thirds of the households in the town of Framingham, MA, beginning in 1948), the Framingham Heart Study Offspring cohort (5,124 children of the original cohort, and spouses of those children, beginning in 1972) and the Third Generation cohort (4,095 children of the Offspring cohort, beginning in 2002).

*Ascertainment for ESP sequencing study:* As part of the HeartGO component of the NHLBI Exome Sequencing Project (ESP), DNA from 499 unrelated FHS Offspring participants were sent to both sequencing centers for exome sequencing. FHS contributed samples and data to analysis of early-onset MI, blood pressure, LDL, ischemic stroke and the deeply phenotyped reference group. Of the 493 DNA samples that passed initial Q/C, finished sequence data was completed in 475 (96%) and deposited into the SRA; variant calls and phenotypic data were deposited into dbGaP.

*Prior GWAS:* Prior genomewide genotyping was conducted for the SNP Health Association Resource (SHARe) project ([http://www.ncbi.nlm.nih.gov/projects/gap/cgi-bin/study.cgi?study\\_id=phs000007.v10.p5](http://www.ncbi.nlm.nih.gov/projects/gap/cgi-bin/study.cgi?study_id=phs000007.v10.p5)) using the Affymetrix 500K mapping array (250K Nsp and 250K Sty arrays) and the Affymetrix 50K supplemental gene focused array.

*References:*

1. Kannel, W.B., Feinleib, M., McNamara, P.M., Garrison, R.J. & Castelli, W.P. An investigation of coronary heart disease in families. The Framingham offspring study. *Am J Epidemiol* **110**, 281-90 (1979).

*Website:* <http://www.framinghamheartstudy.org/>

#### **5. The Jackson Heart Study (JHS):**

*Original Cohort Ascertainment:* The Jackson Heart Study (JHS) is a prospective population-based study to seek the causes of the high prevalence of common complex diseases among African Americans in the Jackson, Mississippi metropolitan area. During the baseline examination period (2000-2004) 5,301 self-identified African Americans were recruited from four sources, including (1) randomly sampled households from a commercial listing; (2) ARIC participants; (3) a structured volunteer sample that was designed to mirror the eligible population; and (4) a nested family cohort. Unrelated participants were between 35 and 84 years old, and members of the family cohort were  $\geq$  21 years old when consent for genetic testing was obtained and blood was drawn for DNA extraction.

*Ascertainment for ESP sequencing study:* As part of the HeartGO component of the NHLBI Exome Sequencing Project (ESP), DNA from 535 participants were sent to both sequencing centers for exome sequencing. FHS contributed samples and data to analysis of early-onset MI, blood pressure, LDL, ischemic stroke, obesity/diabetes and the deeply phenotyped reference group. Of the 441 DNA

samples that passed initial Q/C, finished sequence data was completed in 424 (96%) and deposited into the SRA; variant calls and phenotypic data were deposited into dbGaP.

*Prior GWAS:* Prior genome wide association genotyping was performed at the Broad Institute of Harvard and MIT using the Affymetrix Genome-Wide Human SNP Array 6.0.

*Reference:*

Taylor HA, Jr., Wilson, JG, Jones DW, Sarpong, DF, Srinivasan A, et al (2005) Toward resolution of cardiovascular health disparities in African Americans: design and methods of the Jackson Heart Study. *Ethn Dis* 15: S6-4-17.

*Website:* <http://www.jsums.edu/jhs/>

## **6. The Multiethnic Study of Atherosclerosis (MESA):**

*Original Cohort Ascertainment:* The Multi-Ethnic Study of Atherosclerosis (MESA) is a National Heart, Lung and Blood Institute-sponsored, population-based investigation of subclinical cardiovascular disease and its progression. A total of 6,814 individuals, aged 45 to 84 years, were recruited from six US communities (Baltimore City and County, MD; Chicago, IL; Forsyth County, NC; Los Angeles County, CA; New York, NY; and St. Paul, MN) between July 2000 and August 2002. Participants were excluded if they had physician-diagnosed cardiovascular disease prior to enrollment, including angina, myocardial infarction, heart failure, stroke or TIA, resuscitated cardiac arrest or a cardiovascular intervention (e.g., CABG, angioplasty, valve replacement, or pacemaker/defibrillator placement). Pre-specified recruitment plans identified four racial/ethnic groups (non-Hispanic European-American, African-American, Hispanic-American, and Chinese-American) for enrollment, with targeted oversampling of minority groups to enhance statistical power. Ethnicity was self-reported. The institutional review boards at each participating institution approved MESA and each individual participant provided informed written consent prior to enrollment.

*Ascertainment for ESP sequencing study:* As part of the HeartGO component of the NHLBI Exome Sequencing Project (ESP), DNA from 424 participants were sent to both sequencing centers for exome sequencing. MESA contributed samples and data to analysis of blood pressure, LDL, ischemic stroke, obesity/diabetes and the deeply phenotyped reference group. Of the 424 DNA samples that passed initial Q/C, finished sequence data was completed in 409 (96%) and deposited into the SRA; variant calls and phenotypic data were deposited into dbGaP.

*Prior GWAS:* Prior genomewide association genotyping was performed at the Broad Institute of Harvard and MIT (Boston, Massachusetts, USA) and at the Affymetrix Laboratory (Santa Clara, CA, USA) using the Affymetrix Genome-Wide Human SNP Array 6.0.

*Reference:*

Bild DE, Bluemke DA, Burke GL, et al. Multi-ethnic study of atherosclerosis: objectives and design. *Am J Epidemiol* 2002;156:871-81.

*Website:* <http://www.mesa-nhlbi.org/>

## **C. The Women's Health Initiative (WHI)**

WHI is one of the largest (n=161,808) studies of women's health ever undertaken in the U.S. There are two major components of WHI: (1) a Clinical Trial (CT) that enrolled and randomized 68,132 women ages 50 – 79 into at least one of three placebo-control clinical trials (hormone therapy, dietary modification, and calcium/vitamin D); and (2) an Observational Study (OS) that enrolled 93,676 women of the same age range into a parallel prospective cohort study [1]. A diverse population including 26,045 (17%) women from minority groups were recruited from 1993-1998 at 40 clinical centers across the U.S. The design has been published [1]. For the CT and OS participants enrolled in WHI and who had consented to genetic research, DNA was extracted by the Specimen Processing Laboratory at the Fred Hutchinson Cancer Research Center (FHCRC) using specimens that were collected at the time of enrollment in to the study (between 1993 and 1998).

*Prior GWAS:* Genotyping was done at Affymetrix Laboratory on the Affymetrix 6.0 array.

### **References:**

A series of papers describing methods for WHI, dealing with design [2], recruitment [3], postmenopausal hormone therapy trials [4], dietary modification trial [4], calcium and vitamin D supplement trial [6], observational study [7], and outcomes ascertainment [8] were published in the *Annals of Epidemiology*. The main trial results are published in [9-15].

1. The Women's Health Initiative Study Group. Design of the Women's Health Initiative clinical trial and observational study. *Control Clin Trials*. 1998 Feb;19(1):61-109.
2. Anderson GL, Manson J, Wallace R, Lund B, Hall D, Davis S, Shumaker S, Wang CY, Stein E, Prentice RL. Implementation of the Women's Health Initiative study design. *Ann Epidemiol*. 2003 Oct;13(9 Suppl):S5-17.
3. Hays J, Hunt JR, Hubbell FA, Anderson GL, Limacher M, Allen C, Rossouw JE. The Women's Health Initiative recruitment methods and results. *Ann Epidemiol*. 2003 Oct;13(9 Suppl):S18-77
4. Stefanick ML, Cochrane BB, Hsia J, Barad DH, Liu JH, Johnson SR. The Women's Health Initiative postmenopausal hormone trials: Overview and baseline characteristics of participants. *Ann Epidemiol*. 2003 Oct;13(9 Suppl):S78-86.
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*Website:* <http://www.whiscience.org>.

## **D. Other EOMI Studies**

**1. Cleveland Clinic GeneBank (CCGB)** was a single-center prospective cohort-based study that enrolled patients undergoing elective diagnostic coronary angiography between 2001 and 2006 [1]. Coronary artery disease (CAD) was defined as adjudicated diagnoses of stable or unstable angina, MI (adjudicated definition based on defined electrocardiographic changes or elevated cardiac enzymes), angiographic evidence of  $\geq 50\%$  stenosis of one or more major epicardial vessel, and/or a history of known CAD (documented MI, CAD, or history of revascularization). For the ESP EOMI study, 35 cases were ascertained from the CCGB study.

**2. Heart Attack Risk in Puget Sound (HARPS)** was a population-based case-control study that enrolled cases with incident MI presenting to a network of hospitals in Washington State between 1991 and 2002 [2]. In HARPS, eligible cases were men with MI at age less than 50 and women with MI at age less than 60. For the ESP EOMI study, 406 cases were selected from the HARPS study.

**3. Massachusetts General Hospital - Premature Coronary Artery Disease (MGH-PCAD)** was a hospital-based case-control study that enrolled cases hospitalized with MI at MGH between 1999 and 2004 [3]. In MGH-PCAD, eligible cases were men with MI at age less than 50 and women with MI at age less than 60. For the ESP EOMI study, 155 cases were drawn from the MGH-PCAD study.

**4. Penn-CATH** was a catheterization-lab based cohort study from the University of Pennsylvania Medical Center and enrolled subjects at the time of cardiac catheterization and coronary angiography between 1998 and 2003 [4]. Persons undergoing cardiac catheterization at either the Hospital of the University of Pennsylvania or Penn Presbyterian Medical Center consented for the PennCath study to

identify genetic and biochemical factors related coronary disease. For the ESP EOMI study, 36 cases were selected from the PennCATH study.

**5. Translational Research Investigating Underlying Disparities in Acute Myocardial Infarction Patients' Health Status (TRIUMPH)** was an observational, multi-center prospective registry that enrolled subjects presenting with MI at participating medical centers between 2005 and 2008 [5]. For the ESP EOMI study, 122 cases were selected from the TRIUMPH study.

#### **Broad EOMI References:**

1. Tang, W.H., et al., *Plasma myeloperoxidase predicts incident cardiovascular risks in stable patients undergoing medical management for coronary artery disease*. Clin Chem, 2011. **57**(1): p. 33-9.
2. Meiner, V., et al., *Cholesteryl ester transfer protein (CETP) genetic variation and early onset of non-fatal myocardial infarction*. Ann Hum Genet, 2008. **72**(Pt 6): p. 732-41.
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5. Arnold, S.V., et al., *Translational Research Investigating Underlying Disparities in Acute Myocardial Infarction Patients' Health Status (TRIUMPH): design and rationale of a prospective multicenter registry*. Circ Cardiovasc Qual Outcomes, 2011. **4**(4): p. 467-76.

## **E. Other Stroke Studies**

### **1. The Ischemic Stroke Genetics Study (ISGS)**

The Ischemic Stroke Genetics Study (ISGS) was supported to perform a prospective genetic association study of ischemic stroke focusing on the hemostatic system. ISGS was a 5-center case-control study of first-ever ischemic stroke cases and concurrent controls individually matched for age, sex and recruitment site. This study utilized the NINDS Repository Cerebrovascular/Stroke Study, and neurologically normal controls from the sample population which are banked in the National Institute of Neurological Disorders and Stroke (NINDS Repository) collection for a first stage whole genome analysis. The number of study subjects that have individual level data available through Authorized Access is 485.

#### *ISGS Study Case eligibility criteria:*

Ischemic stroke was diagnosed according to World Health Organization definition by history and physical examination, as well as by findings on brain imaging (either head computed tomography or magnetic resonance imaging). Subjects were eligible cases if they were over the age of 18 years and had a first-ever ischemic stroke with onset of symptoms within 30 days of enrollment. The study excluded cases with postoperative or post-procedural stroke (i.e., stroke related to cardiac catheterization, carotid stenting or conventional cerebral angiography); stroke related to recent subarachnoid hemorrhage or mechanical heart valve (aortic or mitral); patients with known inherited stroke syndromes (CADASIL, MELAS, Fabry disease, homocysteinemia, sickle cell anemia); and patients with biopsy-proven central nervous system vasculitis or stroke occurring in the setting of active bacterial endocarditis.

#### *ISGS Study Control Eligibility criteria:*



Controls were volunteers over the age of 18 years who have been verified stroke-free by structured interview. This study excluded volunteers who were considered unreliable historians, who had a blood relative enrolled as a case; and who were inpatients being treated for coronary or peripheral vascular disease. Controls needed to answer negatively on all the items of the Questionnaire for Verifying Stroke-Free Status (*Stroke* 2000 May; 31(5): 1076-80).

*Prior GWAS:*

*References:*

Meschia JF, Brott TG, Brown RD Jr, Crook RJ, Frankel M, Hardy J, Merino JG, Rich SS, Silliman S, Worrall BB; Ischemic Stroke Genetics Study. [The Ischemic Stroke Genetics Study \(ISGS\) Protocol](#). *BMC Neurol* 2003 Jul 8;3:4. Epub 2003 Jul 8. PMID: 12848902

Matarín M, Brown WM, Scholz S, Simón-Sánchez J, Fung HC, Hernandez D, Gibbs JR, De Vrieze FW, Crews C, Britton A, Langefeld CD, Brott TG, Brown RD Jr, Worrall BB, Frankel M, Silliman S, Case LD, Singleton A, Hardy JA, Rich SS, Meschia JF. [A genome-wide genotyping study in patients with ischaemic stroke: initial analysis and data release](#). *Lancet Neurol* 2007 May; 6(5):414-20. PMID: 17434096

### **C. Siblings With Ischemic Stroke (SWISS)**

The Siblings with Ischemic Stroke Study (SWISS) was supported to perform an affected sibpair (ASP) linkage and family-based genetic association study of ischemic stroke focusing on the hemostatic system. The number of study subjects that have individual level data available through Authorized Access: 100 (100 phenotyped subjects)

Probands were recruited at 70 US and Canadian medical centers. Probands were adult (>18 years old) men and women presenting to a participating center with a study neurologist–confirmed ischemic stroke. Stroke was defined as rapidly developing signs of a focal or global disturbance of cerebral function, with symptoms lasting at least 24 hours or leading to death, with no apparent cause other than vascular origin (World Health Organization definition). Stroke was defined as ischemic when computed tomography or magnetic resonance imaging of the brain was performed within 7 days of onset of stroke symptoms and identified the symptomatic cerebral infarct or failed to identify an alternative cause of symptoms.

Probands were required to have reported at least 1 living full sibling with a history of stroke. No probands were enrolled with iatrogenic vasospastic or vasculitic stroke or if the stroke occurred in the setting of a mechanical heart valve or in the setting of untreated or actively treated bacterial endocarditis.

Probands were also excluded if they were known to have CADASIL, Fabry disease, homocysteinuria, MELAS, or sickle-cell anemia. Study neurologists at each center assigned to the qualifying ischemic stroke of each proband a Trial of Org 10172 in Acute Stroke Treatment (TOAST) subtype diagnosis.

Stroke-affected siblings of the proband (concordant siblings) were recruited by using proband-initiated contact. Telephone interviews were performed to obtain demographic and clinical information and to gain permission for obtaining medical records pertaining to treatment for stroke. Medical records were compiled and adjudicated by a central committee to verify the diagnosis of ischemic stroke and to

assign a TOAST subtype diagnosis. Unaffected siblings were ascertained by telephone contact and interview.

*Prior GWAS:* 223 probands, 248 stroke-affected siblings, and 84 stroke-unaffected siblings (total sample size, 555; DNA samples were genotyped using Genotyping was performed with an Illumina 610-quad array (probands) and an Illumina linkage V array (affected siblings)

#### *References:*

Meschia JF, Brown RD Jr, Brott TG, Chukwudelunzu FE, Hardy J, Rich SS; The Siblings With Ischemic Stroke Study (SWISS) Protocol. *BMC Med Genet* 2002; 3:1. Epub 2002 Feb 12. PMID: 11882254

Meschia JF, Nalls M, Matarin M, Brott TG, Brown RD Jr, Hardy J, Kissela B, Rich SS, Singleton A, Hernandez D, Ferrucci L, Pearce K, Keller M, Worrall BB; Siblings With Ischemic Stroke Study Investigators. Siblings with ischemic stroke study: results of a genome-wide scan for stroke loci. *Stroke*. 2011 Oct;42(10):2726-32. doi: 10.1161/STROKEAHA.111.620484. Epub 2011 Sep 22. PMID: 21940970

## ***Section 2: ESP phenotype definitions and sample selection criteria***

### **1. Early-Onset Myocardial Infarction (EOMI)**

EOMI cases and controls were selected from ten studies, including ARIC, CCGB, FHS, HARPS, MGH-PCAD, PennCATH, TRIUMPH, WHI, CHS, and JHS. We ascertained 1,090 cases with MI at an early age. Early onset myocardial infarction (EOMI) cases were defined as individuals who had experienced an incident MI at age  $\leq 60$  years in women or  $\leq 50$  years in men. As a comparison group, we selected 979 participants from prospective cohort studies who were free of MI despite advanced age. Controls were selected as individuals with no history of MI at baseline or during follow-up to at least age 60 for men and 70 for women. Controls were also selected as having the highest baseline calculated Framingham risk scores (selected in descending order). Approximately two-thirds of the EOMI sample was of European ancestry and one-third of African-American ancestry. By design, the cases were, on average, more than two decades younger than the controls. Thus, male cases suffered an MI on average at 44 years old whereas the average age for male controls was 73 years old.

For the ESP EOMI study, 129 cases were selected from the primary ESP population-based cohorts ARIC, FHS and MESA studies and 642 controls were drawn from the ARIC, CHS, FHS, JHS and MESA studies. From WHI, 21 AA and 138 EA female MI cases age 60 or younger were selected. From the WHI study, 146 female cases and 305 female controls were selected. Among the prospective cohort studies, incident cases were defined by MI, coronary revascularization, hospitalized angina or CHD death, as adjudicated from medical record data by committee using standardized criteria. Additional cases meeting the EOMI criteria were selected from: HARPS (406 cases), a population-based case-control study that enrolled cases with incident MI in Washington State; MGH-PCAD (155 cases), a hospital-based MI case-control study; TRIUMPH (122 cases), an observational, multi-center prospective MI registry; PennCATH (36 cases), a catheterization-lab based coronary angiography cohort study from the University of Pennsylvania Medical Center; CCGB (35 cases), a single-center prospective cohort of patients undergoing diagnostic coronary angiography. Among the angiography-based studies,

coronary artery disease (CAD) was defined as adjudicated diagnoses of stable or unstable angina, MI (adjudicated definition based on defined electrocardiographic changes or elevated cardiac enzymes), angiographic evidence of  $\geq 50\%$  stenosis of one or more major epicardial vessel, and/or a history of known CAD (documented MI, CAD, or history of revascularization).

## 2. Ischemic Stroke

HeartGO stroke cases were defined as participants who had experienced an incident ischemic stroke that was subcategorized as either large vessel (atherosclerotic) or small vessel (lacunar) and falling into one of the following categories: stroke occurring by age 65 years and a positive family history of stroke, stroke occurring by age 65 years and no positive family history of stroke, or stroke occurring after age 65 years and a positive family history of stroke. Participants were excluded from selection if they had previously been selected for the EOMI or LDL studies. HeartGO stroke cases were selected from ARIC, CHS, FHS and MESA. A total of 55 samples passed initial quality control and 53 samples (45 EA cases and 8 AA cases) generated finished sequence. From WHI, women who had experienced a large or small vessel ischemic stroke were considered for selection. Women were selected based on the following priorities, age  $<65$  and a positive family history of stroke, age  $< 65$  and no positive family history of stroke, or age  $\geq 65$  and a positive family history of stroke. The following table summarizes the women selected for sequencing in the Stroke study:

	African Americans		European Americans	
	Large Vess	Small Vessel	Large Vessel	Small Vessel
$\geq 65$ positive family history	5	10	49	143
$<65$ positive family history	1	11	17	47
$<65$ no positive family history	2	11	10	31

There were 98 affected sibpair members (SWISS) and 94 stroke cases from ISGS that passed QC and 94 SWISS and 89 ISGS samples had completed exome sequence data. For the ischemic stroke cases, control exome sequence data were chosen from the deeply-phenotyped reference group and other (non-stroke associated) phenotypes.

## 3. LDL-cholesterol

To enrich for individuals with rare large-effect size variants, we initially ascertained 412 individuals with extreme (high or low) LDL-C levels from  $\sim 25,000$  population-based samples. The LDL-C extreme samples were selected initially from four population-based cohorts: ARIC, CHS, FHS and JHS. Samples previously selected as EOMI cases or controls were excluded from selection. In each cohort, first visit LDL-C was calculated using the Friedewald formula, based on HDL, triglyceride and total cholesterol measurements obtained in fasting subjects. For individuals on lipid lowering medication, pre-treatment LDL-C values were estimated by dividing treated LDL-C values by 0.75 to model a 25% reduction in LDL-C on therapy. Estimated pre-treatment LDL-C levels (or actual LDL-C levels for those not on lipid-lowering therapies) were then regressed on sex, age, and age-squared within cohort and within ethnicity strata (European-American and African-American). Residuals were then combined across studies, within ethnicity strata. The  $N=120$  residuals in each ethnic stratum associated with the largest adjusted LDL-C values were selected. A corresponding number of individuals with the smallest adjusted LDL-C residuals were selected so that the number of extreme low LDL-C samples matched the number of extreme high LDL-C samples for each cohort. A second set of extreme LDL samples was selected from the CARDIA and MESA cohorts, using the same criteria that were used for the first set of LDL samples. The 412 selected samples roughly represent the 1st and 99<sup>th</sup> percentiles for adjusted LDL in European-Americans and the 2<sup>nd</sup> and 98<sup>th</sup> percentiles in African-Americans. A total of 147 EA LDL High, 142 AA LDL High, 145 EA LDL Low, and 131

AA LDL Low samples were sequenced and passed initial quality control. An additional N=26/ N=27 respectively) were selected for sequencing. African American women whose residuals were in the 2<sup>nd</sup> high/low EA samples and N=23/N=23 high/low AA samples were selected from WHI? Mean LDL-C in high subjects was xx mg/dl and in low subjects was xx mg/dl.

The extreme LDL-C samples were augmented with data from additional samples sequenced as part of ESP for other phenotypes from those with LDL-C measured and lipid-lowering medication status available (N=1593). The primary phenotypes for sample selection were EOMI and controls (individuals with no baseline or incident MI and with high estimated Framingham risk scores), ischemic stroke cases (large or small vessel ischemic stroke before age 65 or with positive family history), blood pressure extremes (1st and 99th sex- and decade-specific percentile tails), body mass index (high and low BMI), and a set of randomly selected samples among participants with near-complete phenotype data across a range of traits.

The total of 2005 ESP samples were selected from seven population based cohorts: Atherosclerosis Risk in Communities (ARIC), the Coronary Artery Risk Development in Young Adults (CARDIA), the Cardiovascular Health Study (CHS), the Framingham Heart Study (FHS), the Jackson Heart Study (JHS), the Multi-Ethnic Study of Atherosclerosis (MESA), and the Women's Health Initiative (WHI). Of the 2005 sequenced individuals, a total of 854 (43%) individuals were African-American and the remainder (N=1151, 57%) were European-American.

#### **4. Blood Pressure**

Samples were selected for the blood pressure study based on blood pressure measurements from all available visits. Participants were excluded from selection if they had previously been selected for another ESP phenotype, had a history of MI or heart failure at baseline, or age <20 or >70 years. Blood pressure measurements from visits with concurrent or a prior visit report of incident MI, CHF or BMI measurement > 4 standard deviations from the mean were excluded from selection eligibility. At each eligible visit, systolic blood pressure (SBP) and diastolic blood pressure (DBP) were adjusted for self-report of hypertension medication use. Both SBP and DBP were then regressed on age, age<sup>2</sup>, BMI, sex, and race, within cohort. The sum of the standardized residuals (summing across SBP and DBP residuals) was used for selection. Individuals with sum of standardized residuals in the 1<sup>st</sup> and 99<sup>th</sup> race-, sex-, and age category-specific (based on decade) percentiles at any visit were selected for sequencing. HeartGO blood pressure samples were selected from the ARIC, CARDIA, CHS, FHS, JHS and MESA cohorts. A total of 184 EA High Blood Pressure, 82 AA High Blood Pressure, 175 EA Low Blood Pressure, and 74 AA Low Blood Pressure samples were sequenced and passed initial quality control. From WHI, individuals with sum of standardized residuals in the 1<sup>st</sup> (66 AAs, 99 EAs) and 99<sup>th</sup> percentiles (70 AAs, 102 EAs) were selected for sequencing.

#### **5. Body Mass Index (BMI)**

For the body mass index (BMI) study, 217 lean (BMI between 18 and 25) non-diabetic women were selected along with 163 morbidly obese (BMI over 40) diabetic women and 163 morbidly obese non-diabetic women were selected from WHI. An extra 70 morbidly obese women were added regardless of diabetes status. All women in the BMI study were of African American (AA) ethnicity. High body mass index (BMI) samples were additionally selected from the CARDIA, JHS and MESA cohorts. Samples were restricted to female AA participants who had not previously been selected for another ESP phenotype, and with first visit BMI measurement of at least 45, regardless of type 2 diabetes status. A total of 144 AA HeartGO BMI samples were sequenced and passed initial quality control.

## **6. Deeply Phenotyped Reference (DPR):**

For the deeply phenotype reference (DPR) group, individuals were chosen based on availability of multiple heart, lung, and blood phenotypes. Eligibility for sample selection was determined using the following criteria: participants had to have non-missing data for the majority of a range of baseline cardiovascular-related phenotypes measured in each cohort (>95% of each sample) and had not been selected previously for another ESP phenotype. Samples were selected from the ARIC, CARDIA, CHS, FHS, JHS and MESA cohorts so that the race-specific (EA and AA) sample sizes for each were proportional to the overall cohort sizes. Samples were then randomly selected from the pool of eligible participants within each cohort. A total of 431 EA samples and 124 AA samples from HeartGO cohorts were sequenced and passed initial quality control. An additional 95 AA and 311 EA women from WHI were selected for sequencing in the DPR group.

**Table S2. Genes and phenotypes assessed**

Category	Gene	Phenotype
Newborn screening (NBS: 39)	<i>ACADM</i>	Medium chain acyl CoA dehydrogenase deficiency
	<i>ACADVL</i>	Very long chain acyl CoA dehydrogenase deficiency
	<i>ACAT1</i>	Mitochondrial acetoacetyl-CoA thiolase deficiency (beta-kethothiolase deficiency)
	<i>ASL</i>	Argininosuccinic aciduria
	<i>ASS1</i>	Citrullinemia, type I
	<i>BCKDHA</i>	Maple syrup urine disease
	<i>BCKDHB</i>	Maple syrup urine disease
	<i>BTBD</i>	Biotinidase deficiency
	<i>CBS</i>	Homocystinuria
	<i>CFTR</i>	Cystic fibrosis
	<i>CYP21A2</i>	Congenital adrenal hyperplasia
	<i>DBT</i>	Maple syrup urine disease
	<i>FAH</i>	Tyrosinemia type 1
	<i>GALT</i>	Classic galactosemia
	<i>GCDH</i>	Glutaric acidemia type 1
	<i>GCH1</i>	Hyperphenylalaninemia, BHF4-deficient, B
	<i>GJB2</i>	Hearing loss
	<i>HADHA</i>	Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency; Trifunctional protein deficiency
	<i>HADHB</i>	Trifunctional protein deficiency
	<i>HBA1</i>	Alpha thalassemia
	<i>HBA2</i>	Alpha thalassemia
	<i>HBB</i>	Sickle cell anemia; Sickle cell disease; Beta thalassemia
	<i>HLCS</i>	Multiple carboxylase deficiency (holocarboxylase synthetase deficiency)
	<i>HMGCL</i>	3-hydroxy-3-methylglutaryl-CoA (HMG-CoA) lyase deficiency
	<i>IVD</i>	Isovaleric acidemia
	<i>MCCC1</i>	Biotin-unresponsive 3-methylcrotonyl-CoA carboxylase deficiency
	<i>MCCC2</i>	Biotin-unresponsive 3-methylcrotonyl-CoA carboxylase deficiency
	<i>MMAA</i>	Methylmalonic acidemia cblA type
	<i>MMAB</i>	Methylmalonic acidemia cblB type
	<i>MMACHC</i>	Methylmalonic acidemia and homocystinuria, cblC type
<i>MMADHC</i>	Methylmalonic acidemia and homocystinuria, cblD type	
<i>MUT</i>	Methylmalonic acidemia	
<i>PAH</i>	Phenylketonuria; Hyperphenylalaninaemia	
<i>PCBD1</i>	Hyperphenylalaninemia, BHF4-deficient, D	

	<i>PCCA</i>	Propionic acidemia
	<i>PCCB</i>	Propionic acidemia
	<i>PTS</i>	Hyperphenylalaninemia, BHF4-deficient, A
	<i>QDPR</i>	Hyperphenylalaninemia, BHF4-deficient, C
	<i>SLC22A5</i>	Carnitine uptake deficiency
Age related macular degeneration (ARMD: 17)	<i>ABCA4</i>	Age related macular degeneration
	<i>APOE</i>	Age related macular degeneration
	<i>ARMS2</i>	Age related macular degeneration
	<i>C2</i>	Age related macular degeneration
	<i>C3</i>	Age related macular degeneration
	<i>CFB</i>	Age related macular degeneration
	<i>CFH</i>	Age related macular degeneration
	<i>CFHR1</i>	Age related macular degeneration
	<i>CFHR3</i>	Age related macular degeneration
	<i>CST3</i>	Age related macular degeneration
	<i>CX3CR1</i>	Age related macular degeneration
	<i>ERCC6</i>	Age related macular degeneration
	<i>FBLN5</i>	Age related macular degeneration
	<i>HMCN1</i>	Age related macular degeneration
	<i>HTRA1</i>	Age related macular degeneration
	<i>RAX2</i>	Age related macular degeneration
	<i>TLR4</i>	Age related macular degeneration
Drug response (PGx: 14)	<i>ABCB1</i>	Digoxin sensitivity; nevirapine hepatotoxicity; Simvastatin response
	<i>ABCC1</i>	Methotrexate response
	<i>ABCC2</i>	Tenofovir response
	<i>ABCG2</i>	Rosuvastatin response
	<i>ADRB1</i>	Atenolol efficacy
	<i>COMT</i>	Nicotine replacement therapy response
	<i>CYP2C19</i>	Clopidogrel sensitivity
	<i>CYP2C9</i>	Warfarin sensitivity
	<i>DPYD</i>	Fluoropyrimidine response
	<i>DRD2</i>	Clozapine and Olanzapine response
	<i>EPHX1</i>	Carbamazepine dosage
	<i>SLCO1B1</i>	Simvastatin response
	<i>TPMT</i>	Thiopurine response
	<i>UGT1A1</i>	Irinotecan response

**Table S3. Number of Variants Removed in Each Step of curation.**

Number of variants by exclusion step and category (A); Number of variants in EA (B) and AA (C) by exclusion step and category; Total number of variants by exclusion step in EA, AA, and combined (D)

**A.**

Variants in ESP6500	NBS 3806		ARMD 3235		PGx 2078	
Exclusion Steps	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining
1	3353	453	3049	186	1971	107
2	79	374	127	59	50	57
3	33	341	14	45	7	50
4	13	328	20	25	4	46

**B.**

Variants in ESP6500	NBS 2336		ARMD 2013		PGx 1375	
Exclusion Steps	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining
1	1992	344	1865	148	1287	88
2	65	279	98	50	37	51
3	22	257	9	41	7	44
4	10	247	19	22	4	40

**C.**

Variants in ESP6500	NBS 2167		ARMD 1844		PGx 1144	
Exclusion Steps	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining
1	1950	217	1729	115	1062	82
2	45	172	79	36	37	45
3	17	155	13	23	4	41
4	11	144	8	15	3	38

**D.**

Variants in ESP6500	EA (n=4313) 5724		AA (n=2203) 5155		EA+AA (n=6516) 9199	
Exclusion Steps	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining
1	5144	580	4741	414	8373	746
2	200	380	161	253	256	490
3	38	342	34	219	54	436
4	33	309	22	197	37	399

Exclusion Step 1: Not in OMIM or HGMD

Exclusion Step 2: Variants with other phenotypes; polymorphism in LSDB; not in PharmGKB

Exclusion Step 3: Variants <90% call rate in either EA or AA

Exclusion Step 4: NBS: Review of DM? and homozygotes in HGMD; ARMD: Not offered for clinical testing; PGx: Lowest level of evidence in PharmGKB (level 4)



**Table S4. Locus specific databases queried**

Gene	Locus Specific Database URL
<i>ACADM</i>	<a href="https://research.cchmc.org/LOVD2/home.php?select_db=ACADM">https://research.cchmc.org/LOVD2/home.php?select_db=ACADM</a>
<i>ACADVL</i>	<a href="https://research.cchmc.org/LOVD2/home.php?select_db=ACADVL">https://research.cchmc.org/LOVD2/home.php?select_db=ACADVL</a>
<i>ACAT1</i>	N/A
<i>ASL</i>	<a href="http://chromium.liacs.nl/LOVD2/home.php?select_db=ASL">http://chromium.liacs.nl/LOVD2/home.php?select_db=ASL</a>
<i>ASS1</i>	<a href="http://chromium.liacs.nl/LOVD2/home.php?select_db=ASS1">http://chromium.liacs.nl/LOVD2/home.php?select_db=ASS1</a>
<i>BCKDHA</i>	<a href="http://databases.lovd.nl/shared/variants/BCKDHA">http://databases.lovd.nl/shared/variants/BCKDHA</a>
<i>BCKDHB</i>	N/A
<i>BTD</i>	<a href="http://www.arup.utah.edu/database/BTD/BTD_display.php">http://www.arup.utah.edu/database/BTD/BTD_display.php</a>
<i>CBS</i>	<a href="http://cbs.lf1.cuni.cz/mutations.php">http://cbs.lf1.cuni.cz/mutations.php</a>
<i>CFTR</i>	<a href="http://www.genet.sickkids.on.ca/">http://www.genet.sickkids.on.ca/</a> <a href="http://www.cftr2.org/">http://www.cftr2.org/</a>
<i>CYP21A2</i>	<a href="http://www.cypalleles.ki.se/cyp21.htm">http://www.cypalleles.ki.se/cyp21.htm</a>
<i>DBT</i>	N/A
<i>FAH</i>	<a href="http://databases.lovd.nl/shared/variants/FAH">http://databases.lovd.nl/shared/variants/FAH</a>
<i>GALT</i>	<a href="http://arup.utah.edu/database/GALT/GALT_welcome.php">http://arup.utah.edu/database/GALT/GALT_welcome.php</a>
<i>GCDH</i>	<a href="http://databases.lovd.nl/shared/variants/GCDH">http://databases.lovd.nl/shared/variants/GCDH</a>
<i>GCH1</i>	<a href="http://www.biopku.org/BIOMDB/BIOMDB_Results.asp">http://www.biopku.org/BIOMDB/BIOMDB_Results.asp</a>
<i>GJB2</i>	<a href="http://davinci.crg.es/deafness/">http://davinci.crg.es/deafness/</a>
<i>HADHA</i>	N/A
<i>HADHB</i>	N/A
<i>HBA1</i>	N/A
<i>HBA2</i>	<a href="http://globin.cse.psu.edu/globin/hbvar/menu.html">http://globin.cse.psu.edu/globin/hbvar/menu.html</a>
<i>HBB</i>	<a href="http://globin.cse.psu.edu/">http://globin.cse.psu.edu/</a>
<i>HLCS</i>	N/A
<i>HMGCL</i>	N/A
<i>IVD</i>	<a href="http://databases.lovd.nl/shared/variants/IVD">http://databases.lovd.nl/shared/variants/IVD</a>
<i>MCCC1</i>	N/A
<i>MCCC2</i>	N/A
<i>MMAA</i>	<a href="http://www.genomed.org/LOVD/mma/home.php?select_db=MMAA">http://www.genomed.org/LOVD/mma/home.php?select_db=MMAA</a>
<i>MMAB</i>	<a href="http://www.genomed.org/LOVD/mma/home.php?select_db=MMAB">http://www.genomed.org/LOVD/mma/home.php?select_db=MMAB</a>
<i>MMACHC</i>	<a href="http://www.genomed.org/lovd/mma/home.php?select_db=MMACHC">http://www.genomed.org/lovd/mma/home.php?select_db=MMACHC</a>
<i>MMADHC</i>	N/A
<i>MUT</i>	<a href="http://www.genomed.org/lovd/mma/variants.php?action=view_unique&amp;select_db=MUT">http://www.genomed.org/lovd/mma/variants.php?action=view_unique&amp;select_db=MUT</a>
<i>PAH</i>	<a href="http://www.pahdb.mcgill.ca">http://www.pahdb.mcgill.ca</a>
<i>PCBD1</i>	N/A
<i>PCCA</i>	<a href="https://grenada.lumc.nl/LOVD2/mendelian_genes/home.php?select_db=PCCA">https://grenada.lumc.nl/LOVD2/mendelian_genes/home.php?select_db=PCCA</a>
<i>PCCB</i>	<a href="https://grenada.lumc.nl/LOVD2/mendelian_genes/home.php?select_db=PCCB">https://grenada.lumc.nl/LOVD2/mendelian_genes/home.php?select_db=PCCB</a>
<i>PTS</i>	<a href="http://www.biopku.org/BIOMDB/BIOMDB_Results.asp">http://www.biopku.org/BIOMDB/BIOMDB_Results.asp</a>
<i>QDPR</i>	<a href="http://www.biopku.org/BIOMDB/BIOMDB_Results.asp">http://www.biopku.org/BIOMDB/BIOMDB_Results.asp</a>
<i>SLC22A5</i>	<a href="http://arup.utah.edu/database/OCTN2/OCTN2_display.php">http://arup.utah.edu/database/OCTN2/OCTN2_display.php</a>

N/A: not available

**Table S5. Allele frequency comparisons of included variants in newborn screening (NBS), age related macular degeneration (ARMD), and drug response (PGx) to 1000Genomes Project data and data from NHLBI Exome Variant Server**

Category	Gene	transcript	chr.pos. (hg19)	rsID	ESP6500 AA Disease AF%	1000Genomes (AFR) AF%	ESP6500 EA Disease AF%	1000Genomes (EUR) AF%	dbSNP MAF%/MinorAlleleCount	EVS* Disease AF% (EA/AA/All)
Newborn screening (NBS)	ACADM	NM_000016.4	chr1:76198337	rs147559466	0.05%	A=0%	0.37%	A=1%	A=0.003/6	0.3488/0.0454/0.2461
	ACADM	NM_000016.4	chr1:76198409	rs121434280	0.05%	NA	0.11%	NA	NA	0.1047/0.0454/0.0846
	ACADM	NM_000016.4	chr1:76205779	rs121434278	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
	ACADM	NM_000016.4	chr1:76211507	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ACADM	NM_000016.4	chr1:76211508	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ACADM	NM_000016.4	chr1:76215194	rs121434274	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ACADM	NM_000016.4	chr1:76226846	rs77931234	0.14%	G=0%	0.74%	G=1%	G=0.002/5	0.7442/0.1362/0.5382
	ACADM	NM_000016.4	chr1:76226906	rs148207467	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
	ACADM	NM_000016.4	chr1:76215192	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ACADVL	NM_000018.2	chr17:7124982	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
	ACADVL	NM_000018.2	chr17:7126063	rs149467828	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
	ACADVL	NM_000018.2	chr17:7124899	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ACADVL	NM_000018.2	chr17:7125285	rs140629318	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
	ACADVL	NM_000018.2	chr17:7125522	rs113994168	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ACADVL	NM_000018.2	chr17:7125591	rs113994167	0.02%	NA	0.13%	NA	NA	0.1279/0.0227/0.0923
	ACADVL	NM_000018.2	chr17:7125608	0	0.02%	NA	0.03%	NA	NA	0.0349/0.0227/0.0308
	ACADVL	NM_000018.2	chr17:7126179	rs146589640	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ACADVL	NM_000018.2	chr17:7127312	rs138058572	0.05%	NA	0.00%	NA	NA	0.0/0.0454/0.0154
	ACADVL	NM_000018.2	chr17:7127359	rs113994170	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ACADVL	NM_000018.2	chr17:7127698	rs146379816	0.02%	T=0%	0.07%	T=0%	T=0.000/1	0.0698/0.0227/0.0538
	ACADVL	NM_000018.2	chr17:7128292	rs148584617	0.09%	A=0%	0.34%	A=0%	A=0.001/2	0.3372/0.0908/0.2537
	ACAT1	NM_000019.3	chr11:108009661	rs148639841	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ACAT1	NM_000019.3	chr11:108010835	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ACAT1	NM_000019.3	chr11:108016927	rs145229472	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
	ASL	NM_000048.3	chr7:65552367	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
	ASL	NM_000048.3	chr7:65546812	rs145138923	0.05%	NA	0.30%	NA	NA	0.314/0.0454/0.223
	ASL	NM_000048.3	chr7:65547430	rs28940585	0.00%	T=60%	0.01%	T=21%	NA	0.0116/0.0/0.0077
	ASL	NM_000048.3	chr7:65547906	rs138310841	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ASL	NM_000048.3	chr7:65548107	rs143793815	0.00%	T=0%	0.08%	T=0%	T=0.001/2	0.0814/0.0/0.0538
	ASL	NM_000048.3	chr7:65548162	rs142637046	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ASL	NM_000048.3	chr7:65557065	rs28940287	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
	ASS1	NM_000050.4	chr9:133327612	rs138350285	0.14%	T=0%	0.02%	T=0%	T=0.001/2	0.0233/0.1362/0.0615
	ASS1	NM_000050.4	chr9:133333869	rs121908644	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ASS1	NM_000050.4	chr9:133333936	rs35269064	1.52%	T=1%	0.16%	T=0%	T=0.005/10	0.1628/1.5433/0.6305
	ASS1	NM_000050.4	chr9:133342161	rs121908637	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ASS1	NM_000050.4	chr9:133346260	rs121908646	0.00%	C=0%	0.02%	C=0%	C=0.000/1	0.0233/0.0/0.0154
	ASS1	NM_000050.4	chr9:133355791	rs148918985	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
	ASS1	NM_000050.4	chr9:133355803	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
	ASS1	NM_000050.4	chr9:133355833	rs121908645	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ASS1	NM_000050.4	chr9:133355834	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
	ASS1	NM_000050.4	chr9:133364810	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	ASS1	NM_000050.4	chr9:133364800	rs183276875	0.02%	T=0%	0.00%	T=0%	T=0.000/1	0.0/0.0227/0.0077
	ASS1	NM_000050.4	chr9:133374932	rs121908641	0.02%	NA	0.02%	NA	NA	0.0233/0.0227/0.0231
	BCKDHA	NM_000709.3	chr19:41916560	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
	BCKDHA	NM_000709.3	chr19:41916570	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
	BCKDHA	NM_000709.3	chr19:41920030	rs34442879	0.16%	T=0%	1.06%	T=1%	T=0.006/12	1.0581/0.1589/0.7535
	BCKDHA	NM_000709.3	chr19:41928081	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
BCKDHA	NM_000709.3	chr19:41928183	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077	
BCKDHA	NM_000709.3	chr19:41925055	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077	
BCKDHA	NM_000709.3	chr19:41928569	rs145901144	0.05%	NA	0.01%	NA	NA	0.0116/0.0454/0.0231	
BCKDHA	NM_000709.3	chr19:41928570	0	0.02%	NA	0.01%	NA	NA	0.0116/0.0227/0.0154	
BCKDHA	NM_000709.3	chr19:41930487	rs137852870	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154	
BCKDHB	NM_000056.3	chr6:80838934	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077	
BCKDHB	NM_000056.3	chr6:80878661	rs149766077	0.00%	T=0%	0.02%	T=0%	T=0.000/1	0.0233/0.0/0.0154	
BCKDHB	NM_000056.3	chr6:80878662	rs79761867	0.00%	NA	0.05%	NA	NA	0.0465/0.0/0.0308	
BCKDHB	NM_000056.3	chr6:80910740	rs150084361	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077	
BTD	NM_000060.2	chr3:15686178	rs148031701	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077	
BTD	NM_000060.2	chr3:15677019	rs34885143	0.18%	A=0%	1.61%	A=1%	A=0.004/8	1.593/0.1816/1.1149	
BTD	NM_000060.2	chr3:15683446	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077	

BTD	NM_000060.2	chr3:15683548	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
BTD	NM_000060.2	chr3:15685833	rs146015592	0.00%	NA	0.03%	NA	NA	0.0349/0.0/0.0231
BTD	NM_000060.2	chr3:15685994	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
BTD	NM_000060.2	chr3:15686568	0	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
BTD	NM_000060.2	chr3:15686298	0	0.00%	NA	0.00%	NA	NA	0.0116/0.0/0.0077
BTD	NM_000060.2	chr3:15686693	rs13078881	0.77%	C=0%	4.15%	C=4%	C=0.019/41	4.1512/0.7717/3.0063
BTD	NM_000060.2	chr3:15686731	rs80338685	0.00%	C=0%	0.15%	C=0%	C=0.000/1	0.1512/0.0/0.1
BTD	NM_000060.2	chr3:15686732	rs146600671	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
BTD	NM_000060.2	chr3:15686852	rs138818907	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
CBS	NM_000071.2	chr21:44480585	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
CBS	NM_000071.2	chr21:44480591	rs117687681	0.12%	A=0%	0.39%	A=0%	A=0.001/2	0.3953/0.1135/0.2999
CBS	NM_000071.2	chr21:44483098	rs121964962	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
CBS	NM_000071.2	chr21:44484053	rs149119723	0.02%	NA	0.01%	NA	NA	0.0116/0.0227/0.0154
CBS	NM_000071.2	chr21:44484063	rs143124288	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
CBS	NM_000071.2	chr21:44483184	rs5742905	0.36%	NA	0.28%	NA	NA	0.2791/0.3631/0.3076
CBS	NM_000071.2	chr21:44486389	rs121964965	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CBS	NM_000071.2	chr21:44486463	rs121964964	0.02%	NA	0.05%	NA	NA	0.0465/0.0227/0.0384
CBS	NM_000071.2	chr21:44486353	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CBS	NM_000071.2	chr21:44492158	rs148865119	0.02%	NA	0.05%	NA	NA	0.0465/0.0227/0.0384
CFTR	NM_000492.3	chr7:117144378	rs143456784	0.00%	NA	0.03%	NA	NA	0.0233/0.0/0.0154
CFTR	NM_000492.3	chr7:117149085	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117149101	rs77284892	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117149144	rs142540482	0.05%	A=0%	0.12%	A=0%	A=0.000/1	0.1047/0.0454/0.0846
CFTR	NM_000492.3	chr7:117170947	0	0.02%	NA	0.05%	NA	NA	0.0465/0.0227/0.0384
CFTR	NM_000492.3	chr7:117171007	rs113993958	0.02%	NA	0.00%	NA	NA	0.0116/0.0227/0.0154
CFTR	NM_000492.3	chr7:117171028	rs77834169	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117171169	rs78756941	0.00%	NA	0.01%	NA	NA	0.0349/0.0/0.0231
CFTR	NM_000492.3	chr7:117174375	0	0.00%	NA	0.00%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117175323	rs138338446	0.00%	A=0%	0.01%	A=0%	A=0.000/1	0.0233/0.0/0.0154
CFTR	NM_000492.3	chr7:117175339	rs121908752	0.00%	NA	0.01%	NA	NA	0.0233/0.0227/0.0231
CFTR	NM_000492.3	chr7:117175372	rs121909046	0.00%	G=0%	0.05%	G=1%	G=0.006/13	0.0465/0.0/0.0308
CFTR	NM_000492.3	chr7:117175437	rs147432698	0.00%	not found	0.01%	not found	NA	NA
CFTR	NM_000492.3	chr7:117176711	rs151073129	0.39%	T=0%	0.00%	T=0%	T=0.000/1	0.0/0.3858/0.1307
CFTR	NM_000492.3	chr7:117180174	rs143486492	0.07%	NA	0.18%	NA	NA	0.1628/0.0681/0.1307
CFTR	NM_000492.3	chr7:117180324	rs77932196	0.00%	NA	0.01%	NA	NA	0.0233/0.0/0.0154
CFTR	NM_000492.3	chr7:117180327	rs142920240	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117180330	rs121909021	0.00%	NA	0.05%	NA	NA	0.0465/0.0/0.0308
CFTR	NM_000492.3	chr7:117227905	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117199476	rs34906874	0.12%	A=0%	0.01%	A=0%	A=0.004/8	0.0/0.1135/0.0384
CFTR	NM_000492.3	chr7:117199525	rs139573311	0.02%	NA	0.00%	NA	NA	0.0233/0.0227/0.0231
CFTR	NM_000492.3	chr7:117199602	rs77101217	0.00%	NA	0.01%	NA	NA	0.0233/0.0/0.0154
CFTR	NM_000492.3	chr7:117199683	rs77646904	0.07%	A=0%	0.00%	A=0%	A=0.001/2	0.0/0.0681/0.0231
CFTR	NM_000492.3	chr7:117227792	rs76713772	0.00%	A=0%	0.05%	A=0%	A=0.000/1	0.1395/0.0/0.0923
CFTR	NM_000492.3	chr7:117227832	rs113993959	0.02%	NA	0.06%	NA	NA	0.186/0.0454/0.1384
CFTR	NM_000492.3	chr7:117227854	rs121908755	0.02%	NA	0.00%	NA	NA	0.0/0.0454/0.0154
CFTR	NM_000492.3	chr7:117227860	rs75527207	0.00%	NA	0.12%	NA	NA	0.2093/0.0/0.1384
CFTR	NM_000492.3	chr7:117227865	rs74597325	0.00%	T=0%	0.01%	T=0%	T=0.000/1	0.0581/0.0/0.0384
CFTR	NM_000492.3	chr7:117149123	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117232470	rs140455771	0.02%	T=0%	0.08%	T=0%	T=0.000/1	0.0698/0.0227/0.0538
CFTR	NM_000492.3	chr7:117232481	rs150157202	0.02%	A=0%	0.27%	A=0%	A=0.000/1	0.2442/0.0227/0.1692
CFTR	NM_000492.3	chr7:117232574	0	0.02%	NA	0.00%	NA	NA	0.0116/0.0227/0.0154
CFTR	NM_000492.3	chr7:117234999	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117235090	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117242854	0	0.00%	NA	0.14%	NA	NA	0.1395/0.0/0.0923
CFTR	NM_000492.3	chr7:117242922	rs80224560	0.00%	NA	0.04%	NA	NA	0.0465/0.0/0.0308
CFTR	NM_000492.3	chr7:117243651	0	0.00%	NA	0.03%	NA	NA	0.0233/0.0/0.0154
CFTR	NM_000492.3	chr7:117243667	rs149790377	0.02%	NA	0.00%	NA	NA	0.0/0.0454/0.0154
CFTR	NM_000492.3	chr7:117243686	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117171044	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117243783	rs142773283	0.00%	NA	0.05%	NA	NA	0.0465/0.0/0.0308
CFTR	NM_000492.3	chr7:117246808	rs75096551	0.05%	A=0%	0.00%	A=0%	A=0.000/1	0.0/0.0681/0.0231
CFTR	NM_000492.3	chr7:117250625	rs149279509	0.00%	G=0%	0.04%	G=0%	G=0.000/1	0.0349/0.0/0.0231
CFTR	NM_000492.3	chr7:117251649	rs150212784	0.00%	NA	0.17%	NA	NA	0.1512/0.0/0.1
CFTR	NM_000492.3	chr7:117251695	rs1800114	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117251700	0	0.00%	NA	0.08%	NA	NA	0.0814/0.0/0.0538
CFTR	NM_000492.3	chr7:117251769	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117254753	rs75541969	0.00%	NA	0.04%	NA	NA	0.0233/0.0227/0.0231

CFTR	NM_000492.3	chr7:117267610	rs150326506	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
CFTR	NM_000492.3	chr7:117251703	0	0.00%	NA	0.01%	NA	NA	0.0/0.0227/0.0077
CFTR	NM_000492.3	chr7:117267714	rs75647395	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
CFTR	NM_000492.3	chr7:117267869	rs145743767	0.02%	A=0%	0.00%	A=0%	A=0.001/2	0.0/0.0227/0.0077
CFTR	NM_000492.3	chr7:117282468	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117251704	rs78769542	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
CFTR	NM_000492.3	chr7:117282538	rs76649725	0.02%	T=0%	0.00%	T=0%	T=0.000/1	0.0/0.0227/0.0077
CFTR	NM_000492.3	chr7:117282620	rs77010898	0.00%	NA	0.06%	NA	NA	0.0698/0.0/0.0461
CFTR	NM_000492.3	chr7:117282649	rs146795445	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117292931	rs80034486	0.00%	G=0%	0.01%	G=0%	G=0.000/1	0.0349/0.0/0.0231
CFTR	NM_000492.3	chr7:117304781	rs145545286	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
CFTR	NM_000492.3	chr7:117304901	rs146947665	0.00%	NA	0.03%	NA	NA	0.0233/0.0/0.0154
CFTR	NM_000492.3	chr7:117306983	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117305628	rs138642693	0.46%	C=0%	0.00%	C=0%	C=0.000/1	0.0/0.4539/0.1538
CFTR	NM_000492.3	chr7:117305619	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CFTR	NM_000492.3	chr7:117307052	rs148783445	0.25%	A=0%	0.03%	A=0%	A=0.001/2	0.0233/0.2497/0.1
CFTR	NM_000492.3	chr7:117307145	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
CYP21A2	NM_000500.7	chr6:32007593	rs6476	1.83%	A=2%	0.00%	A=0%	NA	0.0/1.8157/0.6151
CYP21A2	NM_000500.7	chr6:32008343	0	0.02%	NA	0.03%	NA	NA	0.0233/0.0227/0.0231
DBT	NM_001918.2	chr1:100681586	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
DBT	NM_001918.2	chr1:100680411	0	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
DBT	NM_001918.2	chr1:100681641	rs74103423	0.05%	A=0%	0.00%	A=0%	A=0.001/2	0.0/0.0454/0.0154
DBT	NM_001918.2	chr1:100680485	rs121964999	0.00%	NA	0.03%	NA	NA	0.0349/0.0/0.0231
FAH	NM_000137.2	chr15:80460394	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
FAH	NM_000137.2	chr15:80460605	rs80338895	0.00%	NA	0.03%	NA	NA	0.0349/0.0/0.0231
FAH	NM_000137.2	chr15:80465355	rs149052294	0.07%	NA	0.00%	NA	NA	0.0/0.0681/0.0231
FAH	NM_000137.2	chr15:80465431	rs80338898	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
FAH	NM_000137.2	chr15:80467400	0	0.00%	NA	0.03%	NA	NA	0.0349/0.0/0.0231
FAH	NM_000137.2	chr15:80472514	rs80338900	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
FAH	NM_000137.2	chr15:80472526	rs11555096	0.35%	T=0%	2.28%	T=2%	T=0.011/23	2.2907/0.3404/1.63
FAH	NM_000137.2	chr15:80472572	rs80338901	0.00%	A=0%	0.07%	A=0%	A=0.000/1	0.0698/0.0/0.0461
FAH	NM_000137.2	chr15:80473411	rs121965076	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
GALT	NM_000155.2	chr9:34647200	rs111033656	0.00%	NA	0.03%	NA	NA	0.0349/0.0/0.0231
GALT	NM_000155.2	chr9:34647855	rs111033690	0.25%	T=1%	0.00%	T=0%	T=0.002/4	0.0/0.2497/0.0846
GALT	NM_000155.2	chr9:34647864	rs111033686	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GALT	NM_000155.2	chr9:34647879	rs111033697	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GALT	NM_000155.2	chr9:34648167	rs75391579	0.09%	G=0%	0.27%	G=0%	G=0.001/3	0.2674/0.0908/0.2076
GALT	NM_000155.2	chr9:34648373	rs111033736	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GALT	NM_000155.2	chr9:34648433	rs111033750	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GALT	NM_000155.2	chr9:34648843	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GALT	NM_000155.2	chr9:34648885	rs111033766	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
GALT	NM_000155.2	chr9:34649029	rs111033773	0.00%	T=0%	0.06%	T=0%	T=0.000/1	0.0581/0.0/0.0384
GALT	NM_000155.2	chr9:34649442	rs2070074	2.93%	G=2%	9.36%	G=10%	G=0.055/119	9.3372/2.8824/7.1505
GALT	NM_000155.2	chr9:34649484	rs144993986	0.02%	NA	0.01%	NA	NA	0.0116/0.0227/0.0154
GALT	NM_000155.2	chr9:34649499	rs111033800	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GALT	NM_000155.2	chr9:34649532	rs111033814	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GALT	NM_000155.2	chr9:34650438	rs111033819	0.00%	NA	0.03%	NA	NA	0.0349/0.0/0.0231
GCDH	NM_000159.2	chr19:13002779	rs142967670	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
GCDH	NM_000159.2	chr19:13004378	rs139851890	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
GCDH	NM_000159.2	chr19:13006872	rs149120354	0.02%	NA	0.05%	NA	NA	0.0465/0.0227/0.0384
GCDH	NM_000159.2	chr19:13007063	rs121434373	0.02%	NA	0.02%	NA	NA	0.0233/0.0227/0.0231
GCDH	NM_000159.2	chr19:13007748	rs121434371	0.05%	NA	0.00%	NA	NA	0.0/0.0454/0.0154
GCDH	NM_000159.2	chr19:13007781	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
GCDH	NM_000159.2	chr19:13008527	rs121434370	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GCDH	NM_000159.2	chr19:13008581	rs150938052	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
GCDH	NM_000159.2	chr19:13008638	rs121434369	0.02%	NA	0.06%	NA	NA	0.0581/0.0227/0.0461
GCDH	NM_000159.2	chr19:13008647	rs141437721	0.09%	G=0%	0.00%	G=0%	G=0.000/1	0.0/0.0908/0.0308
GCDH	NM_000159.2	chr19:13008674	rs147611168	0.05%	NA	0.01%	NA	NA	0.0116/0.0454/0.0231
GCDH	NM_000159.2	chr19:13010299	rs151201155	0.16%	A=0%	0.00%	A=0%	A=0.001/2	0.0/0.1589/0.0538
GCH1	NM_000161.2	chr14:55369176	rs56127440	0.00%	NA	0.07%	NA	NA	0.0698/0.0/0.0461
GJB2	NM_004004.5	chr13:20763104	rs111033294	0.00%	C=0%	0.01%	C=0%	C=0.000/1	0.0116/0.0/0.0077
GJB2	NM_004004.5	chr13:20763210	0	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
GJB2	NM_004004.5	chr13:20763222	rs111033360	0.11%	T=0%	0.00%	T=0%	T=0.000/1	0.0/0.1135/0.0384
GJB2	NM_004004.5	chr13:20763246	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GJB2	NM_004004.5	chr13:20763294	rs80338948	0.07%	A=0%	0.00%	A=0%	A=0.000/1	0.0/0.0681/0.0231
GJB2	NM_004004.5	chr13:20763305	rs76434661	0.00%	T=0%	0.08%	T=0%	T=0.001/2	0.0814/0.0/0.0538
GJB2	NM_004004.5	chr13:20763366	rs150529554	0.00%	T=0%	0.03%	T=0%	T=0.000/1	0.0349/0.0/0.0231

GJB2	NM_004004.5	chr13:20763423	rs143343083	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
GJB2	NM_004004.5	chr13:20763452	rs80338945	0.02%	NA	0.06%	NA	NA	0.0581/0.0227/0.0461
GJB2	NM_004004.5	chr13:20763471	rs104894409	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
GJB2	NM_004004.5	chr13:20763480	rs145216882	0.05%	NA	0.01%	NA	NA	0.0116/0.0454/0.0231
GJB2	NM_004004.5	chr13:20763483	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
GJB2	NM_004004.5	chr13:20763490	rs80338944	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GJB2	NM_004004.5	chr13:20763552	rs111033297	0.00%	NA	0.00%	NA	NA	0.0116/0.0/0.0077
GJB2	NM_004004.5	chr13:20763395	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GJB2	NM_004004.5	chr13:20763611	rs141774369	0.05%	NA	0.00%	NA	NA	0.0/0.0454/0.0154
GJB2	NM_004004.5	chr13:20763612	rs72474224	0.02%	T=0%	0.19%	T=0%	T=0.012/26	0.186/0.0227/0.1307
GJB2	NM_004004.5	chr13:20763627	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
GJB2	NM_004004.5	chr13:20763633	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GJB2	NM_004004.5	chr13:20763710	rs111033222	0.21%	T=0%	0.00%	T=0%	T=0.000/1	0.0/0.2043/0.0692
GJB2	NM_004004.5	chr13:20763534	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
GJB2	NM_004004.5	chr13:20763602	rs111033296	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
HADHA	NM_000182.4	chr2:26414191	rs142120825	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
HADHA	NM_000182.4	chr2:26418053	rs137852769	0.02%	G=0%	0.05%	G=0%	G=0.000/0	0.0465/0.0227/0.0384
HADHA	NM_000182.4	chr2:26435497	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
HADHA	NM_000182.4	chr2:26437990	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
HADHB	NM_000183.2	chr2:26486320	rs121913132	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
HADHB	NM_000183.2	chr2:26496605	rs146328300	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
HADHB	NM_000183.2	chr2:26508339	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
HBB	NM_000518.4	chr11:5246908	rs33946267	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
HBB	NM_000518.4	chr11:5246959	rs33913413	0.02%	NA	0.01%	NA	NA	0.0116/0.0227/0.0154
HBB	NM_000518.4	chr11:5247806	rs33945777	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
HBB	NM_000518.4	chr11:5247859	rs33993568	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
HBB	NM_000518.4	chr11:5247800	rs35553496	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
HBB	NM_000518.4	chr11:5248004	rs76728603	0.00%	A=0%	0.01%	A=0%	A=0.000/1	0.0116/0.0/0.0077
HBB	NM_000518.4	chr11:5248050	rs35004220	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
HBB	NM_000518.4	chr11:5248052	rs111851677	1.57%	G=2%	0.00%	G=0%	G=0.005/11	0.0/1.5902/0.5385
HBB	NM_000518.4	chr11:5248159	rs33971440	0.00%	T=0%	0.01%	T=0%	T=0.000/1	0.0116/0.0/0.0077
HBB	NM_000518.4	chr11:5248170	rs35424040	0.02%	NA	0.00%	NA	NA	NA
HBB	NM_000518.4	chr11:5248177	rs75680770	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
HBB	NM_000518.4	chr11:5248232	rs334	4.00%	A=9%	0.02%	A=0%	A=0.022/49	0.0233/4.0209/1.3771
HBB	NM_000518.4	chr11:5248233	rs33930165	1.61%	T=1%	0.01%	T=0%	T=0.002/5	0.0116/1.6129/0.5539
HBB	NM_000518.4	chr11:5248282	rs63750628	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
HLCS	NM_000411.6	chr21:38309329	rs144572349	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
HLCS	NM_000411.6	chr21:38128859	rs146448211	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
HLCS	NM_000411.6	chr21:38128865	rs140951243	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
HLCS	NM_000411.6	chr21:38128952	rs149399432	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
HLCS	NM_000411.6	chr21:38132079	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
IVD	NM_001159508.1	chr15:40708531	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
IVD	NM_001159508.1	chr15:40702898	rs142761835	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
IVD	NM_001159508.1	chr15:40707154	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
IVD	NM_001159508.1	chr15:40707653	rs28940889	0.07%	T=0%	0.07%	T=0%	T=0.001/2	0.0698/0.0681/0.0692
IVD	NM_001159508.1	chr15:40710364	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
MCCC1	NM_020166.3	chr3:182763210	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
MCCC1	NM_020166.3	chr3:182763310	rs119103212	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
MCCC2	NM_022132.4	chr5:70898412	rs141030969	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
MCCC2	NM_022132.4	chr5:70936845	rs150591260	0.02%	NA	0.09%	NA	NA	0.093/0.0227/0.0692
MCCC2	NM_022132.4	chr5:70942096	rs142887940	0.00%	NA	0.06%	NA	NA	0.0582/0.0/0.0384
MCCC2	NM_022132.4	chr5:70945029	rs139852818	0.05%	NA	0.12%	NA	C=0.002/5	0.1163/0.0454/0.0923
MCCC2	NM_022132.4	chr5:70948566	rs150327768	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
MCCC2	NM_022132.4	chr5:70895499	rs119103219	0.02%	NA	0.02%	NA	C=0.001/2	0.0233/0.0227/0.0231
MMAA	NM_172250.2	chr4:146560724	rs104893851	0.00%	NA	0.05%	NA	NA	0.0465/0.0/0.0308
MMAB	NM_052845.3	chr12:109994886	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
MMAB	NM_052845.3	chr12:109998858	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
MMADHC	NM_015702.2	chr2:150432296	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
MUT	NM_000255.3	chr6:49399544	rs121918252	0.07%	NA	0.00%	NA	NA	0.0/0.0681/0.0231
MUT	NM_000255.3	chr6:49403194	rs140600746	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
MUT	NM_000255.3	chr6:49403260	rs147094927	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
MUT	NM_000255.3	chr6:49407986	rs143023066	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
MUT	NM_000255.3	chr6:49408008	rs121918254	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
MUT	NM_000255.3	chr6:49407995	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
MUT	NM_000255.3	chr6:49425601	rs148331800	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
MUT	NM_000255.3	chr6:49419403	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
MUT	NM_000255.3	chr6:49426975	rs115923556	0.14%	NA	0.38%	NA	C=0.001/2	0.3837/0.1362/0.2999

PAH	NM_000277.1	chr12:103234177	rs5030861	0.02%	NA	0.10%	NA	NA	0.1047/0.0227/0.0769
PAH	NM_000277.1	chr12:103234252	rs5030860	0.00%	NA	0.05%	NA	NA	0.0465/0.0/0.0308
PAH	NM_000277.1	chr12:103234271	rs5030858	0.00%	NA	0.17%	NA	A=0.001/2	0.1744/0.0/0.1153
PAH	NM_000277.1	chr12:103234285	rs5030857	0.00%	NA	0.06%	NA	A=0.001/3	0.0581/0.0/0.0384
PAH	NM_000277.1	chr12:103237439	rs62508736	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103237454	rs5030856	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103237461	rs62516101	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
PAH	NM_000277.1	chr12:103237466	rs62516144	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103237484	rs62642937	0.00%	NA	0.07%	NA	NA	0.0698/0.0/0.0461
PAH	NM_000277.1	chr12:103237557	rs62507320	0.00%	NA	0.03%	NA	NA	0.0349/0.0/0.0231
PAH	NM_000277.1	chr12:103237568	rs5030855	0.00%	T=0%	0.06%	T=0%	T=0.001/3	0.0581/0.0/0.0384
PAH	NM_000277.1	chr12:103238137	rs62516092	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103240716	rs62642935	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103245464	rs62514956	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
PAH	NM_000277.1	chr12:103245479	rs5030853	0.00%	NA	0.05%	NA	NA	0.0465/0.0/0.0308
PAH	NM_000277.1	chr12:103245481	rs62642933	0.00%	NA	0.03%	NA	NA	0.0349/0.0/0.0231
PAH	NM_000277.1	chr12:103246588	rs62516146	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103246593	rs5030851	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103246597	rs62508698	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
PAH	NM_000277.1	chr12:103246612	rs62508691	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103246615	rs142934616	1.63%	C=3%	0.00%	C=0%	NA	0.0/1.6341/0.5536
PAH	NM_000277.1	chr12:103246624	rs62517164	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103246653	rs5030849	0.05%	NA	0.06%	NA	NA	0.0581/0.0454/0.0538
PAH	NM_000277.1	chr12:103246681	rs5030847	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
PAH	NM_000277.1	chr12:103246701	rs76212747	0.02%	NA	0.07%	NA	NA	0.0698/0.0227/0.0538
PAH	NM_000277.1	chr12:103246713	rs62508730	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103248926	rs62507348	0.05%	NA	0.00%	NA	NA	0.0/0.0454/0.0154
PAH	NM_000277.1	chr12:103248932	rs62516152	0.00%	NA	0.03%	NA	NA	0.0349/0.0/0.0231
PAH	NM_000277.1	chr12:103246698	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103249091	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103249093	rs74486803	0.02%	NA	0.01%	NA	NA	0.0116/0.0227/0.0154
PAH	NM_000277.1	chr12:103249099	rs138809906	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
PAH	NM_000277.1	chr12:103260383	rs77554925	1.66%	C=2%	0.00%	C=0%	C=0.005/11	0.0/1.6341/0.5536
PAH	NM_000277.1	chr12:103260410	rs5030843	0.00%	NA	0.03%	NA	NA	0.0349/0.0/0.0231
PAH	NM_000277.1	chr12:103260411	rs75166491	0.02%	NA	0.01%	NA	NA	0.0116/0.0227/0.0154
PAH	NM_000277.1	chr12:103260446	rs62514909	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103271235	rs62507321	0.00%	NA	0.01%	NA	NA	0.0233/0.0/0.0154
PAH	NM_000277.1	chr12:103271239	rs62517166	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103271247	rs140175796	0.02%	NA	0.01%	NA	NA	0.0116/0.0227/0.0154
PAH	NM_000277.1	chr12:103288566	rs148393887	0.05%	NA	0.05%	NA	NA	0.0465/0.0454/0.0461
PAH	NM_000277.1	chr12:103288576	rs142516271	0.20%	NA	0.00%	NA	NA	0.0/0.2043/0.0692
PAH	NM_000277.1	chr12:103288590	rs62514903	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103288671	rs75193786	0.00%	G=0%	0.06%	G=0%	G=0.000/1	0.0581/0.0/0.0384
PAH	NM_000277.1	chr12:103306579	rs118092776	0.00%	T=0%	0.09%	T=0%	T=0.006/13	0.093/0.0/0.0615
PAH	NM_000277.1	chr12:103306594	rs5030841	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PAH	NM_000277.1	chr12:103306620	rs62642926	0.05%	NA	0.01%	NA	NA	0.0116/0.0454/0.0231
PAH	NM_000277.1	chr12:103310879	rs1801145	0.00%	C=0%	0.07%	C=0%	C=0.000/1	0.0698/0.0/0.0461
PCBD1	NM_000281.2	chr10:72643730	rs121913015	0.00%	NA	0.02%	NA	NA	0.0233/0.0/0.0154
PCBD1	NM_000281.2	chr10:72643759	rs115117837	0.16%	T=1%	0.01%	T=0%	T=0.001/3	0.0116/0.1589/0.0615
PCCA	NM_000282.3	chr13:101167714	rs145428347	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
PCCA	NM_000282.3	chr13:100764140	rs141371306	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
PCCA	NM_000282.3	chr13:101020733	rs61749895	0.23%	T=0%	0.81%	T=1%	T=0.003/7	0.8023/0.227/0.6074
PCCB	NM_000532.4	chr3:136016902	rs77820367	0.16%	A=0%	0.29%	A=0%	A=0.001/2	0.2907/0.1589/0.246
PCCB	NM_000532.4	chr3:136012626	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PCCB	NM_000532.4	chr3:136046480	rs121964961	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077
PTS	NM_000317.2	chr11:112103939	rs145882709	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PTS	NM_000317.2	chr11:112101362	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
PTS	NM_000317.2	chr11:112104210	rs150726932	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
SLC22A5	NM_003060.3	chr5:131705698	rs139203363	0.00%	A=0%	0.17%	A=0%	A=0.001/2	0.1628/0.0/0.1076
SLC22A5	NM_003060.3	chr5:131719973	rs121908888	0.00%	NA	0.01%	NA	NA	NA
SLC22A5	NM_003060.3	chr5:131721062	rs114269482	0.00%	T=0%	0.03%	T=0%	T=0.001/2	0.0233/0.0/0.0154
SLC22A5	NM_003060.3	chr5:131721136	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
SLC22A5	NM_003060.3	chr5:131722736	rs121908886	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
SLC22A5	NM_003060.3	chr5:131722731	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077
SLC22A5	NM_003060.3	chr5:131726522	rs144547521	0.02%	NA	0.01%	NA	NA	0.0116/0.0227/0.0154
SLC22A5	NM_003060.3	chr5:131728202	rs11568514	0.36%	G=0%	0.00%	G=0%	G=0.000/1	0.0/0.3631/0.123
SLC22A5	NM_003060.3	chr5:131729379	0	0.00%	NA	0.01%	NA	NA	0.0116/0.0/0.0077

	SLC22A5	NM_003060.3	chr5:131729380	rs28383481	0.18%	A=0%	0.52%	A=0%	A=0.004/8	0.5233/0.1816/0.4075
Age related macular degeneration (ARMD)	ABCA4	NM_000350.2	chr1:94463425	rs61748521	0.00%	C=0%	C=0%	0.01%	C=0%	C=0.000/1
	ABCA4	NM_000350.2	chr1:94463617	rs1800555	0.20%	T=0%	T=0%	1.24%	T=2%	T=0.007/15
	ABCA4	NM_000350.2	chr1:94473287	rs28938473	0.20%	A=0%	A=0%	0.52%	A=1%	A=0.003/6
	ABCA4	NM_000350.2	chr1:94473807	rs1800553	0.11%	T=0%	T=0%	0.42%	T=0%	T=0.002/5
	ABCA4	NM_000350.2	chr1:94476377	rs1800552	0.05%	T=0%	T=0%	0.26%	T=0%	T=0.001/2
	ABCA4	NM_000350.2	chr1:94487443	rs1800551	0.00%	NA	NA	0.01%	NA	NA
	ABCA4	NM_000350.2	chr1:94487490	rs1762111	0.02%	G=0%	G=0%	0.20%	G=0%	G=0.001/2
	ABCA4	NM_000350.2	chr1:94496053	rs1800549	0.02%	A=0%	A=0%	0.01%	A=0%	A=0.010/22
	ABCA4	NM_000350.2	chr1:94496666	rs61750130	0.00%	NA	NA	0.02%	NA	NA
	ABCA4	NM_000350.2	chr1:94508969	rs61751374	0.07%	A=0%	A=0%	0.22%	A=0%	A=0.001/2
ABCA4	NM_000350.2	chr1:94512565	rs1801581	1.43%	T=0%	T=0%	4.09%	T=4%	T=0.015/32	
ABCA4	NM_000350.2	chr1:94512574	rs144995371	0.00%	NA	NA	0.06%	NA	NA	
ABCA4	NM_000350.2	chr1:94514466	rs139655975	0.02%	C=0%	C=0%	0.26%	C=0%	C=0.001/2	
ABCA4	NM_000350.2	chr1:94543389	rs1800548	0.00%	NA	NA	0.13%	NA	NA	
ABCA4	NM_000350.2	chr1:94564483	rs6657239	7.06%	T=7%	T=7%	3.46%	T=5%	T=0.051/112	
ABCA4	NM_000350.2	chr1:94461676	0	0.00%	NA	NA	0.01%	NA	NA	
ABCA4	NM_000350.2	chr1:94466426	rs140142529	0.00%	NA	NA	0.01%	NA	NA	
ABCA4	NM_000350.2	chr1:94508343	0	0.00%	NA	NA	0.01%	NA	NA	
ABCA4	NM_000350.2	chr1:94544906	rs150686179	0.00%	NA	NA	0.01%	NA	NA	
C3	NM_000064.2	chr19:6718387	rs2230199	4.81%	C=4%	C=4%	20.90%	C=20%	C=0.098/213	
CFH	NM_000186.3	chr1:196642233	rs800292	70.71%	A=78%	A=78%	22.21%	A=26%	A=0.435/947	
CFH	NM_000186.3	chr1:196659237	rs1061170	36.32%	C=38%	C=38%	38.21%	C=37%	C=0.278/605	
CFH	NM_000186.3	chr1:196682947	rs2274700	46.86%	A=45%	A=45%	40.53%	A=41%	A=0.437/951	
CFH	NM_000186.3	chr1:196709774	rs1065489	6.62%	T=4%	T=4%	17.47%	T=18%	T=0.233/508	
CFH	NM_000186.3	chr1:196716375	rs121913059	0.00%	NA	NA	0.02%	NA	NA	
Drug response (PGx)	ABCB1	NM_000927.4	chr7:87138645	rs1045642	22.71%	G=85%	G=85%	47.75%	G=47%	A=0.397/864
	ABCB1	NM_000927.4	chr7:87160561	rs2032583	17.11%	G=22%	G=22%	13.25%	G=13%	G=0.132/287
	ABCB1	NM_000927.4	chr7:87160618	rs2032582	10.75%	A=3%	A=3%	43.13%	A=43%	A=0.340/741
	ABCB1	NM_000927.4	chr7:87179601	rs1128503	21.55%	A=14%	A=14%	42.94%	A=43%	A=0.422/919
	ABCB1	NM_000927.4	chr7:87199564	rs2235015	34.35%	A=39%	A=39%	19.69%	A=20%	A=0.202/440
	ABCC2	NM_000392.3	chr10:101563815	rs2273697	18.69%	A=20%	A=20%	19.43%	A=20%	A=0.174/378
	ABCC2	NM_000392.3	chr10:101595996	rs17222723	5.97%	A=7%	A=7%	6.17%	A=6%	A=0.043/93
	ABCC2	NM_000392.3	chr10:101604207	rs3740066	26.02%	T=21%	T=21%	37.16%	T=36%	T=0.304/663
	ABCC2	NM_000392.3	chr10:101611294	rs8187710	15.72%	A=17%	A=17%	6.19%	A=6%	A=0.070/152
	ABCC2	NM_000392.3	chr10:101594183	0	0.00%	NA	NA	0.01%	NA	NA
	ABCC2	NM_000392.3	chr10:101591385	rs17222547	0.02%	NA	NA	0.00%	NA	NA
	ABCC2	NM_000392.3	chr10:101610372	rs145715632	0.02%	NA	NA	0.00%	NA	NA
	ABCG2	NM_004827.2	chr4:89052323	rs2231142	3.22%	T=2%	T=2%	11.14%	T=10%	T=0.139/303
	COMT	NM_000754.3	chr22:19951271	rs4680	68.36%	G=69%	G=69%	47.79%	G=48%	A=0.390/850
	COMT	NM_000754.3	chr22:19956180	0	0.00%	NA	NA	0.01%	NA	NA
	CYP2C19	NM_000769.1	chr10:96540410	rs4986893	0.05%	A=0%	A=0%	0.02%	A=0%	A=0.014/31
	CYP2C19	NM_000769.1	chr10:96535278	0	0.00%	NA	NA	0.01%	NA	NA
	CYP2C9	NM_000771.3	chr10:96702047	rs1799853	2.68%	T=2%	T=2%	13.03%	T=12%	T=0.068/149
	CYP2C9	NM_000771.3	chr10:96702066	rs7900194	5.81%	A=5%	A=5%	0.05%	A=0%	A=0.012/27
	CYP2C9	NM_000771.3	chr10:96740981	rs28371685	1.91%	A=3%	A=3%	0.19%	A=0%	T=0.006/14
CYP2C9	NM_000771.3	chr10:96741053	rs1057910	1.43%	C=1%	C=1%	6.61%	C=6%	C=0.042/92	
CYP2C9	NM_000771.3	chr10:96741058	rs28371686	1.07%	G=2%	G=2%	0.01%	G=0%	G=0.005/11	
DPYD	NM_000110.3	chr1:97915614	rs3918290	0.09%	T=0%	T=0%	0.58%	T=1%	T=0.003/6	
DPYD	NM_000110.3	chr1:97981395	rs1801159	15.51%	C=20%	C=20%	19.77%	C=17%	C=0.205/446	
DPYD	NM_000110.3	chr1:97981421	rs1801158	0.45%	T=1%	T=1%	2.02%	T=3%	T=0.014/31	
DPYD	NM_000110.3	chr1:98165091	rs2297595	4.10%	C=5%	C=5%	9.90%	C=12%	C=0.066/144	
DPYD	NM_000110.3	chr1:98348885	rs1801265	39.97%	G=45%	G=45%	22.50%	G=22%	G=0.230/502	
DPYD	NM_000110.3	chr1:97770839	0	0.02%	NA	NA	0.00%	NA	NA	
DPYD	NM_000110.3	chr1:98164926	rs146170505	0.00%	NA	NA	0.01%	NA	NA	
DPYD	NM_000110.3	chr1:98293695	rs141597515	0.00%	NA	NA	0.01%	NA	NA	
DRD2	NM_000795.3	chr11:113283459	rs6277	85.69%	G=96%	G=96%	45.40%	G=46%	A=0.273/595	
EPHX1	NM_000120.3	chr1:226019633	rs1051740	17.63%	C=16%	C=16%	29.96%	C=30%	C=0.316/689	
EPHX1	NM_000120.3	chr1:226019653	rs2292566	14.59%	A=13%	A=13%	14.43%	A=15%	A=0.179/389	
EPHX1	NM_000120.3	chr1:226026406	rs2234922	33.69%	G=34%	G=34%	20.41%	G=17%	G=0.185/402	
EPHX1	NM_000120.3	chr1:226026525	0	0.00%	NA	NA	0.01%	NA	NA	
EPHX1	NM_000120.3	chr1:226033029	0	0.02%	NA	NA	0.00%	NA	NA	
SLCO1B1	NM_006446.4	chr12:21329738	rs2306283	23.38%	G=80%	G=80%	40.27%	G=40%	A=0.405/882	
SLCO1B1	NM_006446.4	chr12:21329813	rs11045819	8.62%	A=5%	A=5%	16.16%	A=14%	A=0.079/171	
SLCO1B1	NM_006446.4	chr12:21331549	rs4149056	3.63%	C=3%	C=3%	15.48%	C=17%	C=0.123/268	
SLCO1B1	NM_006446.4	chr12:21294563	0	0.02%	NA	NA	0.00%	NA	NA	
TPMT	NM_000367.2	chr6:18130918	rs1142345	5.26%	C=10%	C=10%	4.24%	C=3%	C=0.046/100	

<i>TPMT</i>	NM_000367.2	chr6:18131012	rs1800584	0.00%	0.00%	NA	0.01%	NA	NA
<i>TPMT</i>	NM_000367.2	chr6:18139228	rs1800460	1.00%	1.00%	T=1%	3.80%	T=3%	T=0.017/37
<i>TPMT</i>	NM_000367.2	chr6:18143955	rs1800462	0.00%	0.00%	G=0%	0.23%	G=0%	G=0.004/8
<i>UGT1A10</i>	NM_000463.2	chr2:234669144	rs4148323	0.14%	A=0%	0.13%	A=1%	A=0.052/114	0.1279/0.1362/0.1307
<i>UGT1A10</i>	NM_000463.2	chr2:234675792	0	0.02%	NA	0.00%	NA	NA	0.0/0.0227/0.0077

NA: not available

\*EVS version: v.0.0.26



**Table S6. Known and inferred prevalence of phenotypes associated with pathogenic NBS variant set**

<b>Condition</b>	<b>Estimated carrier frequency*</b>	<b>Revised carrier frequency**</b>	<b>Published carrier frequency^</b>
3-methylcrotonyl-CoA carboxylase deficiency	1/186	1/186	1/137
Argininosuccinic aciduria	1/163	1/163	1/132
B-ketothiolase deficiency	1/2172	1/2172	1/354
Beta thalassemia (AA)	1/31	1/735	1/121
Biotinidase deficiency	1/12	1/260**	1/124 profound biotinidase deficiency
Carnitine uptake deficiency	170	1/168**	1/132
Citrullinemia type 1	1/67	1/310**	1/224
Congenital adrenal hyperplasia	1/80	0	1/61
Cystic fibrosis (AA)	1/28	1/74** (non-delF508)	1/116 (non-delF508)
Cystic fibrosis (EA)	1/27	1/68** (non-delF508)	1/89 (non-delF508)
Galactosemia	1/7	1/116**	1/87 classic galactosemia
Glutaric acidemia type 1	1/181	1/181	1/177
Hemoglobin C disease (AA)	1/31	1/31	1/35
Holocarboxylase deficiency	1/1086	1/1086	1/250
Homocystinuria	1/69	1/119**	1/298
Isovaleric acidemia	1/501	1/501	1/144
Long chain 3-hydroxyacyl-CoA dehydrogenase deficiency	1/1086	1/1086	1/250
Maple syrup urine disease	1/53	1/233**	1/215
Medium chain acyl-coenzyme A dehydrogenase deficiency	1/54	1/60**	1/63
Methylmalonic acidemia	1/148	1/148	1/158
Phenylketonuria	1/23	1/61**	1/48
Propionic acidemia	1/56	1/181**	1/158
Sickle cell anemia (AA)	1/13	1/13	1/12
Trifunctional protein deficiency	1/543	1/724**	1/354
Tyrosinemia type 1	1/29	1/343**	1/150
Very long chain acyl-coenzyme A dehydrogenase deficiency	1/100	1/100	1/87

\*Calculated by including all variants listed in Table S5 that are associated with the NBS condition

\*\*Calculated after removal of variants (see Table S7)

^Published carrier frequencies were extracted from Feuchtbaum, L., Carter, J., Dowray, S., Currier, R.J., and Lorey, F. (2012). Birth prevalence of disorders detectable through newborn screening by race/ethnicity. *Genetics in medicine : official journal of the American College of Medical Genetics* 14, 937-945, and GeneReviews.

**Table S7. Variants requiring additional manual review when calculating revised NBS carrier frequency estimates**

Gene	Condition	Variants	ESP6500 AA MAF	ESP6500 EA MAF	HGMD DM?	Present as homozygote in ESP6500 EA or AA	>0.5% MAF in ESP6500 EA or AA	Included	Reason for inclusion*	Excluded	Reason for Exclusion**
ACADM	MCAD deficiency	c.199T>C	0.05%	0.11%	X					X	2
ACADM	MCAD deficiency	c.617G>A	0.00%	0.01%	X					X	2
ACADM	MCAD deficiency	c.985A>G	0.18%	0.52%			X	X	Known pathogenic variant****		
ASS1	Citrullinemia type 1	c.323G>T	1.52%	0.16%	X		X			X	5
BCKDHA	Maple syrup urine disease	c.452C>T	0.16%	1.06%		X	X			X	5
BTBD	Biotinidase deficiency	c.133G>A	0.18%	1.61%		X	X			X	5
BTBD	Biotinidase deficiency	c.1330G>C	0.77%	4.15%		X	X			X	2
CBS	Homocystinuria	c.833A>G	0.36%	0.28%		X				X	2
CFTR	Cystic fibrosis	c.3200C>T	0.00%	0.01%						X	1
CFTR	Cystic fibrosis	c.2620-26A>G	0.00%	0.14%						X	2
CFTR	Cystic fibrosis	c.3154T>G	0.00%	0.17%						X	1
CFTR	Cystic fibrosis	c.3205G>A	0.00%	0.08%						X	1
CFTR	Cystic fibrosis	c.3208C>T	0.00%	0.01%						X	4
CFTR	Cystic fibrosis	c.2260G>A	0.02%	0.27%						X	2
CFTR	Cystic fibrosis	c.715G>A	0.00%	0.01%						X	2, 6
CFTR	Cystic fibrosis	c.853A>T	0.39%	0.00%						X	2, 6
CFTR	Cystic fibrosis	c.1046C>T	0.00%	0.05%						X	1
CFTR	Cystic fibrosis	c.1558G>A	0.07%	0.00%						X	2, 6
CFTR	Cystic fibrosis	c.2506G>T	0.00%	0.01%						X	2, 6
CFTR	Cystic fibrosis	c.4003C>T	0.02%	0.00%						X	2
CFTR	Cystic fibrosis	c.4333G>A	0.25%	0.03%						X	6
CFTR	Cystic fibrosis	c.221G>A	0.05%	0.12%						X	4
CFTR	Cystic fibrosis	c.328G>T	0.02%	0.00%						X	4
CFTR	Cystic fibrosis	c.601G>A	0.00%	0.01%						X	4
CFTR	Cystic fibrosis	c.650A>G	0.00%	0.05%						X	4, 6
CFTR	Cystic fibrosis	c.2597G>A	0.00%	0.01%						X	4
CFTR	Cystic fibrosis	c.2723C>A	0.00%	0.03%						X	4
CFTR	Cystic fibrosis	c.3274T>C	0.00%	0.01%						X	2, 6
CFTR	Cystic fibrosis	c.3503A>G	0.02%	0.00%						X	2, 6
CFTR	Cystic fibrosis	c.4123C>A	0.00%	0.03%						X	4
CFTR	Cystic fibrosis	c.4426C>T	0.00%	0.01%						X	4
CFTR	Cystic fibrosis	c.274-6T>C	0.02%	0.05%						X	3
CFTR	Cystic fibrosis	c.890G>A	0.07%	0.18%						X	3
CFTR	Cystic fibrosis	c.1043T>A	0.00%	0.01%						X	2, 6
CFTR	Cystic fibrosis	c.3764C>A	0.02%	0.00%						X	5
CFTR	Cystic fibrosis	c.3849+45G>A	0.02%	0.00%						X	1
CFTR	Cystic fibrosis	c.3718-24G>A	0.00%	0.01%						X	1
CFTR	Cystic fibrosis	c.1679+18G>A	0.00%	0.01%	X					X	2, 6
CFTR	Cystic fibrosis	c.1393-42G>A	0.12%	0.01%	X					X	6
CFTR	Cystic fibrosis	c.3454G>C	0.00%	0.04%	X					X	4
CFTR	Cystic fibrosis	c.3209G>A	0.02%	0.00%				X	A		
CFTR	Cystic fibrosis	c.2855T>C	0.00%	0.05%				X	A		
CFTR	Cystic fibrosis	c.349C>T	0.00%	0.01%	X			X	B		
CFTR	Cystic fibrosis	c.4242+10T>C	0.46%	0.00%	X			X	A		
CFTR	Cystic fibrosis	c.125C>T	0.00%	0.03%				X	A		
CFTR	Cystic fibrosis	c.165-3C>T	0.00%	0.01%				X	A		
CFTR	Cystic fibrosis	c.178G>T	0.00%	0.01%				X	A, B		
CFTR	Cystic fibrosis	c.489+1G>T	0.00%	0.01%				X	B		
CFTR	Cystic fibrosis	c.535C>A	0.00%	0.01%				X	A		
CFTR	Cystic fibrosis	c.617T>G	0.00%	0.01%				X	A, B		
CFTR	Cystic fibrosis	c.1040G>C	0.00%	0.01%				X	B		

<i>CFTR</i>	Cystic fibrosis	c.1400T>C	0.02%	0.00%				X	B		
<i>CFTR</i>	Cystic fibrosis	c.1477C>T	0.00%	0.01%				X	B		
<i>CFTR</i>	Cystic fibrosis	c.1585-1G>A	0.00%	0.05%				X	A, B		
<i>CFTR</i>	Cystic fibrosis	c.1624G>T	0.02%	0.06%				X	B		
<i>CFTR</i>	Cystic fibrosis	c.1646G>A	0.02%	0.00%				X	B		
<i>CFTR</i>	Cystic fibrosis	c.1652G>A	0.00%	0.12%				X	B		
<i>CFTR</i>	Cystic fibrosis	c.1657C>T	0.00%	0.01%				X	B		
<i>CFTR</i>	Cystic fibrosis	c.200C>T	0.00%	0.01%				X	A, B		
<i>CFTR</i>	Cystic fibrosis	c.2249C>T	0.02%	0.08%				X	A		
<i>CFTR</i>	Cystic fibrosis	c.2353C>T	0.02%	0.00%				X	A		
<i>CFTR</i>	Cystic fibrosis	c.2657+5G>A	0.00%	0.04%				X	B		
<i>CFTR</i>	Cystic fibrosis	c.2739T>A	0.02%	0.00%				X	A		
<i>CFTR</i>	Cystic fibrosis	c.2758G>A	0.00%	0.01%				X	A		
<i>CFTR</i>	Cystic fibrosis	c.365A>G	0.00%	0.01%				X	A		
<i>CFTR</i>	Cystic fibrosis	c.2988+1G>A	0.05%	0.00%				X	A, B		
<i>CFTR</i>	Cystic fibrosis	c.3041A>G	0.00%	0.04%				X	A		
<i>CFTR</i>	Cystic fibrosis	c.3607A>G	0.02%	0.00%				X	A		
<i>CFTR</i>	Cystic fibrosis	c.3846G>A	0.00%	0.06%				X	A, B		
<i>CFTR</i>	Cystic fibrosis	c.3873+2T>C	0.00%	0.01%				X	A		
<i>CFTR</i>	Cystic fibrosis	c.3909C>G	0.00%	0.01%				X	A, B		
<i>CFTR</i>	Cystic fibrosis	c.4264C>T	0.00%	0.01%				X	A		
<i>CFTR</i>	Cystic fibrosis	c.4242+1G>T	0.00%	0.01%				X	A		
<i>CYP21A2</i>	Congenital adrenal hyperplasia	c.719T>A	1.83%	0.00%		X				X	2, 5
<i>CYP21A2</i>	Congenital adrenal hyperplasia	c.1100G>A	0.02%	0.03%		X				X	2, 5
<i>FAH</i>	Tyrosinemia type 1	c.1021C>T	0.35%	2.28%		X	X			X	2
<i>GALT</i>	Galactosemia	c.940A>G	2.93%	9.36%		X	X			X	2
<i>HBB</i>	Sickle cell disease	c.20T>A	4.00%	0.02%		X	X	X			
<i>HBB</i>	Sickle cell disease	c.19C>T	1.61%	0.01%				X	Known pathogenic variant**** Known pathogenic variant****		
<i>B C</i>	Beta thalassemia	c.93-23T>C	1.57%	0.00%		X	X			X	1
<i>PAH</i>	Phenylketonuria	c.1241T>C	0.00%	0.05%						X	2
<i>PAH</i>	Phenylketonuria	c.1208G>A	0.00%	0.06%						X	2
<i>PAH</i>	Phenylketonuria	c.1169T>C	0.00%	0.01%						X	2
<i>PAH</i>	Phenylketonuria	c.1139G>A	0.00%	0.07%						X	2
<i>PAH</i>	Phenylketonuria	c.898C>A	0.00%	0.05%						X	2
<i>PAH</i>	Phenylketonuria	c.823G>A	0.00%	0.01%						X	2
<i>PAH</i>	Phenylketonuria	c.734A>G	0.02%	0.07%						X	2
<i>PAH</i>	Phenylketonuria	c.688C>T	0.00%	0.03%						X	2
<i>PAH</i>	Phenylketonuria	c.527C>A	0.02%	0.01%						X	2
<i>PAH</i>	Phenylketonuria	c.442-5G>C	0.00%	0.01%						X	2
<i>PAH</i>	Phenylketonuria	c.289T>G	0.20%	0.00%						X	2
<i>PAH</i>	Phenylketonuria	c.275G>A	0.00%	0.01%						X	2
<i>PAH</i>	Phenylketonuria	c.500T>C	1.66%	0.00%			X			X	2
<i>PAH</i>	Phenylketonuria	c.820T>C	1.63%	0.00%			X			X	5
<i>HADHA</i>	Trifunctional protein deficiency	c.919-2A>G	0.00%	0.01%		X				X	2
<i>HADHA</i>	Trifunctional protein deficiency	c.731G>A	0.00%	0.01%		X				X	2
<i>HADHB</i>	Trifunctional protein deficiency	c.341A>G	0.00%	0.01%		X				X	2
<i>PCCA</i>	Propionic acidemia	c.1651G>T	0.23%	0.81%			X			X	5
<i>SLC22A5</i>	Carnitine uptake deficiency	c.1463G>A	0.18%	0.52%			X			X	5

Methods:

We performed an additional step of manual review of variants listed in HGMD as DM? (n=12) or present as homozygotes in either EA or AA, and/or variants with a MAF > 0.5% in either EA or AA (n=15) (Table S8), as well as all variants in *CFTR*. (n=60)). We conducted an in-depth literature review and review of detailed data in any available LSDBs. We excluded variants based on any of the following criteria 1) no clinical information available in a LSDB, 2) partial phenotype/non-classical phenotype, 3) no phenotype/polymorphism, 4) other phenotype, 5) found in *cis* with another known pathogenic variant, or 6) found heterozygous, second variant not identified. For *CFTR* [MIM 602421] we included variants listed as "CF" in the LSDB (*CFTR2*@Johns Hopkins), or cases with at least one case of CF listed in either LSDB (*CFTR2*@johnshopkins or the Cystic Fibrosis Mutation Database, n=33). Three non-*CFTR* variants, either present as homozygotes or with MAF > 0.5%, were pathogenic variants listed in GeneReviews and were also included. All 99 reviewed variants and

reason for inclusion or exclusion are listed in Table S8. For *PAH* [MIM 261600], we excluded all variants listed in OMIM or HGMD with the phenotype hyperphenylalanemia [MIM 261600] (n=13). While hyperphenylalaninemia is identified by NBS, it is not associated with the phenotype of phenylketonuria [MIM 261600]. Overall, 63 variants were excluded in this additional review. Following this review, carrier frequencies for 14 of 26 NBS conditions changed (Table S6, Figure 2). Revised carrier frequencies for 4 conditions were slightly higher than corresponding published estimates, suggesting that our criteria may still not be excluding non-pathogenic variants for those conditions or there may be variable penetrance among some variants.

\*Reason for Exclusion: 1: No clinical information in locus specific database, 2: Partial phenotype/non-classic phenotype, 3: No phenotype/polymorphism, 4: Other phenotype, 5: Found in cis with another known pathogenic variant, 6: Heterozygous for variant, second variant not identified.

LSDB: Cystic Fibrosis Mutation Database

LSDB2: CFTR2@Johns Hopkins

\*\*Reasons for Inclusion for CFTR variants: A: At least one case of CF with the variant in either LSDB or LSDB2, B: Listed as CF in LDSB2.

\*\*\*Cited in GeneReviews as known pathogenic variants













CYP2C19	NM_000769.1	chr10:96540410	rs4986893	TRP,stop	636	212/491	G	A	0.05%	0.02%
CYP2C19	NM_000769.1	chr10:96535278	0	GLU,stop	463	155/491	G	T	0.00%	0.01%
CYP2C9	NM_000771.3	chr10:96702047	rs1799853	ARG,CYS	430	144/491	C	T	2.68%	13.03%
CYP2C9	NM_000771.3	chr10:96702066	rs7900194	ARG,HIS	449	150/491	G	A	5.81%	0.05%
CYP2C9	NM_000771.3	chr10:96740981	rs28371685	ARG,TRP	1003	335/491	C	T	1.91%	0.19%
CYP2C9	NM_000771.3	chr10:96741053	rs1057910	ILE,LEU	1075	359/491	A	C	1.43%	6.61%
CYP2C9	NM_000771.3	chr10:96741058	rs28371686	ASP,GLU	1080	360/491	C	G	1.07%	0.01%
DPYD	NM_000110.3	chr1:97915614	rs3918290	none	NA	NA	C	T	0.09%	0.58%
DPYD	NM_000110.3	chr1:97981395	rs1801159	ILE,VAL	1627	543/1026	T	C	15.51%	19.77%
DPYD	NM_000110.3	chr1:97981421	rs1801158	SER,ASN	1601	534/1026	C	T	0.45%	2.02%
DPYD	NM_000110.3	chr1:98165091	rs2297595	MET,VAL	496	166/1026	T	C	4.10%	9.90%
DPYD	NM_000110.3	chr1:98348885	rs1801265	ARG,CYS	85	29/1026	G	A	39.97%	22.50%
DPYD	NM_000110.3	chr1:97770839	0	ARG,stop	2275	759/1026	G	A	0.02%	0.00%
DPYD	NM_000110.3	chr1:98164926	rs146170505	GLU,stop	661	221/1026	C	A	0.00%	0.01%
DPYD	NM_000110.3	chr1:98293695	rs141597515	ARG,stop	208	70/1026	G	A	0.00%	0.01%
DRD2	NM_000795.3	chr11:113283459	rs6277	none	957	319/444	G	A	85.69%	45.40%
EPHX1	NM_000120.3	chr1:226019633	rs1051740	TYR,HIS	337	113/456	T	C	17.63%	29.96%
EPHX1	NM_000120.3	chr1:226019653	rs2292566	none	357	119/456	G	A	14.59%	14.43%
EPHX1	NM_000120.3	chr1:226026406	rs2234922	HIS,ARG	416	139/456	A	G	33.69%	20.41%
EPHX1	NM_000120.3	chr1:226026525	0	GLU,stop	535	179/456	G	T	0.00%	0.01%
EPHX1	NM_000120.3	chr1:226033029	0	SER,stop	1349	450/456	C	A	0.02%	0.00%
SLCO1B1	NM_006446.4	chr12:21329738	rs2306283	ASN,ASP	388	130/692	A	G	23.38%	40.27%
SLCO1B1	NM_006446.4	chr12:21329813	rs11045819	PRO,THR	463	155/692	C	A	8.62%	16.16%
SLCO1B1	NM_006446.4	chr12:21331549	rs4149056	VAL,ALA	521	174/692	T	C	3.63%	15.48%
SLCO1B1	NM_006446.4	chr12:21294563	0	LYS,stop	55	19/692	A	T	0.02%	0.00%
TPMT	NM_000367.2	chr6:18130918	rs1142345	TYR,CYS	719	240/246	T	C	5.26%	4.24%
TPMT	NM_000367.2	chr6:18131012	rs1800584	none	NA	NA	C	T	0.00%	0.01%
TPMT	NM_000367.2	chr6:18139228	rs1800460	ALA,THR	460	154/246	C	T	1.00%	3.80%
TPMT	NM_000367.2	chr6:18143955	rs1800462	ALA,PRO	238	80/246	C	G	0.00%	0.23%
UGT1A10	NM_000463.2	chr2:234669144	rs4148323	GLY,ARG	211	71/534	G	A	0.14%	0.13%
UGT1A10	NM_000463.2	chr2:234675792	0	LEU,stop	977	326/534	T	A	0.02%	0.00%

## Supplemental Acknowledgments

### HeartGO:

**Atherosclerosis Risk in Communities (ARIC):** NHLBI (N01 HC-55015, N01 HC-55016, N01HC-55017, N01 HC-55018, N01 HC-55019, N01 HC-55020, N01 HC-55021); **Cardiovascular Health Study (CHS):** NHLBI (HHSN268201200036C, HHSN268200800007C, N01-HC-85239, N01-HC-85079 through N01-HC-85086, N01-HC-35129, N01 HC-15103, N01 HC-55222, N01-HC-75150, N01-HC-45133, and grant HL080295), with additional support from NINDS and from NIA (AG-023629, AG-15928, AG-20098, and AG-027058); **Coronary Artery Risk Development in Young Adults (CARDIA):** NHLBI (N01-HC95095 & N01-HC48047, N01-HC48048, N01-HC48049, and N01-HC48050); **Framingham Heart Study (FHS):** NHLBI (N01-HC-25195 and grant R01 NS17950) with additional support from NIA (AG08122 and AG033193); **Jackson Heart Study (JHS):** NHLBI and the National Institute on Minority Health and Health Disparities (N01 HC-95170, N01 HC-95171 and N01 HC-95172); **Multi-Ethnic Study of Atherosclerosis (MESA):** NHLBI (N01-HC-95159 through N01-HC-95169 and RR-024156).

### Lung GO:

**Cystic Fibrosis (CF):** Cystic Fibrosis Foundation (GIBSON07K0, KNOWLE00A0, OBSERV04K0, RDP R026), the NHLBI (R01 HL-068890, R02 HL-095396), NIH National Center for Research Resources (UL1 RR-025014), and the National Human Genome Research Institute (NHGRI) (5R00 HG-004316). **Chronic Obstructive Pulmonary Disease (COPDGene):** NHLBI (U01 HL-089897, U01 HL-089856), and the COPD Foundation through contributions made to an Industry Advisory Board comprised of AstraZeneca, Boehringer Ingelheim, Novartis, Pfizer, and Sunovian. The COPDGene clinical centers and investigators are available at [www.copdgene.org](http://www.copdgene.org). **Acute Lung Injury (ALI):** NHLBI (RC2 HL-101779). **Lung Health Study (LHS):** NHLBI (RC2 HL-066583), the NHGRI (HG-004738), and the NHLBI Division of Lung Diseases (HR-46002). **Pulmonary Arterial Hypertension (PAH):** NIH (P50 HL-084946, K23 AR-52742), and the NHLBI (F32 HL-083714). **Asthma:** NHLBI (RC2 HL-101651), and the NIH (HL-077916, HL-69197, HL-76285, M01 RR-07122).

### SWISS and ISGS:

Siblings with Ischemic Stroke Study (SWISS): National Institute of Neurological Disorders and Stroke (NINDS) (R01 NS039987); Ischemic Stroke Genetics Study (ISGS): NINDS (R01 NS042733)

### WHISP:

**Women's Health Initiative (WHI):** The WHI Sequencing Project is funded by the National Heart, Lung, and Blood Institute (HL-102924) as well as the National Institutes of Health (NIH), U.S. Department of Health and Human Services through contracts HHSN268201100046C, HHSN268201100001C, HHSN268201100002C, HHSN268201100003C, HHSN268201100004C, and HHSN271201100004C. The authors thank the WHI investigators and staff for their dedication, and the study participants for making the program possible. A full listing of WHI investigators can be found at:

<https://cleo.whi.org/researchers/Documents%20%20Write%20a%20Paper/WHI%20Investigator%20Short%20List.pdf>

## NHLBI GO Exome Sequencing Project

### BroadGO

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\*deceased

### **NHLBI GO ESP Project Team**

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### **ESP Groups**

<sup>1</sup>Anthropometry Project Team, <sup>2</sup>Blood Count/Hematology Project Team, <sup>3</sup>Blood Pressure Project Team, <sup>4</sup>Data Flow Working Group, <sup>5</sup>Early MI Project Team, <sup>6</sup>ELSI Working Group, <sup>7</sup>Executive Committee, <sup>8</sup>Family Study Project Team, <sup>9</sup>Lipids Project Team, <sup>10</sup>Lung Project Team, <sup>11</sup>Personal Genomics Project Team, <sup>12</sup>Phenotype and Harmonization Working Group, <sup>13</sup>Population Genetics and Statistical Analysis Working Group, <sup>14</sup>Publications and Presentations Working Group, <sup>15</sup>Quantitative Analysis Ad Hoc Task Group, <sup>16</sup>Sequencing and Genotyping Working Group, <sup>17</sup>Steering Committee, <sup>18</sup>Stroke Project Team, <sup>19</sup>Structural Variation Working Group, <sup>20</sup>Subclinical/Quantitative Project Team

### **ESP Cohorts**

<sup>21</sup>Acute Lung Injury (ALI), <sup>22</sup>Atherosclerosis Risk in Communities (ARIC), <sup>23</sup>Cardiovascular Health Study (CHS), <sup>24</sup>Chronic Obstructive Pulmonary Disease (COPD)Gene, <sup>25</sup>Coronary Artery Risk Development in Young Adults (CARDIA), <sup>26</sup>Cystic Fibrosis (CF), <sup>27</sup>Early Pseudomonas Infection Control (EPIC), <sup>28</sup>Framingham Heart Study (FHS), <sup>29</sup>Jackson Heart Study (JHS), <sup>30</sup>Lung Health Study (LHS), <sup>31</sup>Multi-Ethnic Study of Atherosclerosis (MESA), <sup>32</sup>Pulmonary Arterial Hypertension (PAH), <sup>33</sup>Severe Asthma Research Program (SARP), <sup>34</sup>Women's Health Initiative (WHI)