SUPPLEMENTARY DATA

Bilirubin as a potential causal factor in type 2 diabetes risk: a Mendelian randomization study

Ali Abbasi MD,PhD^{1,2,3}; Petronella E. Deetman BSc²; Eva Corpeleijn PhD¹; Ron T. Gansevoort MD,PhD²; Rijk O.B. Gans MD,PhD²; Hans L. Hillege MD,PhD¹; Pim van der Harst MD,PhD^{4,5,6}; Ronald P. Stolk MD, PhD¹; Gerjan Navis MD,PhD²; Behrooz Z. Alizadeh MD,PhD¹; Stephan J.L. Bakker MD,PhD²

1 University of Groningen, University Medical Center Groningen, Department of Epidemiology, Groningen, the Netherlands

2 University of Groningen, University Medical Center Groningen, Department of Internal Medicine, Groningen, the Netherlands

3 MRC Epidemiology Unit, University of Cambridge School of Clinical Medicine, Institute of Metabolic Science, Cambridge Biomedical Campus, Addenbrooke's Hospital, Cambridge, UK

4 University of Groningen, University Medical Center Groningen, Department of Cardiology, Groningen, the Netherlands

5 University of Groningen, University Medical Center Groningen, Department of Genetics, Groningen, The Netherlands

6 Durrer Center for Cardiogenetic Research, ICIN-Netherlands Heart Institute, Utrecht, The Netherlands

Short title: Bilirubin and type 2 diabetes

SUPPLEMENTARY DATA

Supplementary Table 1. Measurement of markers

Marker	Assay					
Total cholesterol	Dry chemistry (Eastman Kodak, Rochester, New					
	York)					
Glucose	Dry chemistry (Eastman Kodak, Rochester, New					
	York)					
High density lipoprotein	Homogeneous method (direct HDL, Aeroset TM					
cholesterol	System, Abbott Laboratories, Abbott Park, Illinois)					
Triglycerides	Enzymatically					
High-sensitivity C-	Nephelometry (BN II, Dade Behring, Marburg,					
reactive protein	Germany)					
Urinary albumin	Nephelometry (Dade Behring Diagnostic, Marburg,					
concentration	Germany)					
Gamma-	Standardized enzymatic method (Modular P; Roche					
glutamyltransferase	Diagnostics, Indianapolis, IN)					
Alanine	Standardized enzymatic method (Modular P; Roche					
aminotransferase	Diagnostics, Indianapolis, IN)					
Aspartate	Standardized enzymatic method (Modular P; Roche					
aminotransferase	Diagnostics, Indianapolis, IN)					
Alkaline phosphatase	Standardized enzymatic method (Modular P; Roche					
	Diagnostics, Indianapolis, IN)					
Albumin	Standardized enzymatic method (Modular P; Roche					
	Diagnostics, Indianapolis, IN)					

SNP			Associatio Bilirubin*	n with	Association with T2D or glycemic traits†							
					T2D		Glucose		Insulin		HOMA-IR	
	Gene	Alleles	Effect	Р	Effect	Р	Effect	Р	Effect	Р	Effect	Р
			(SE)		(SE)		(SE)		(SE)		(SE)	
rs6742078	UGT1A1	T/G	0.23	5×10 ⁻³²⁴	0.030	0.1	-0.009	0.02	-0.009	0.03	-0.009	0.03
			(0.01)		(0.020)		(0.004)		(0.004)		(0.004)	
rs4149056	SLCO1B1	C/T	0.05	1×10 ⁻¹³	-0.020	0.31	0.0003	0.94	0.006	0.25	0.004	0.47
			(0.01)		(0.022)		(0.005)		(0.005)		0.005)	
rs16928809	SLC22A18	A/G	0.06	1×10 ⁻⁷	-0.049	0.13	-0.003	0.67	-0.002	0.76	-0.004	0.63
			(0.01)		(0.03)		(0.007)		(0.007)		(0.008)	

Supplementary Table 2. Association of individual SNPs with bilirubin, type 2 diabetes and glycemic traits in genome-wide association study summary statistics

*The estimated SNP effects for serum total bilirubin levels (umol/L increase in log-transformed levels) were obtained from GWA metaanalysis among up to 9,464 individuals, Johnson et al. (17). The *UGT1A1* SNP, rs6742078, explained 16.7-18.1% of the total variance in bilirubin levels as reported in Johnson et al. (17). Two other SNPs, rs4149056 and rs16928809, explained less than 1% (e.g, the *SLCO1B1* SNP, rs4149056:0.5-0.6%) of the total variance in bilirubin levels. †The estimated SNP effects for T2D and glycemic traits were obtained from the DIGRAM consortium (among up to 12,171 case subjects and 56,862 controls), Morris et al. (45), and MAGIC (among up to 46,186 individuals), Dupuis et al. (27), respectively.