Supplementary Materials for

Analysis of five chronic inflammatory diseases identifies 27 new associations and highlights disease-specific patterns at shared loci

Supplementary Tables

Supplementary Table 1. Case/control panels used in the analysis before/after quality control. 'Consortium' refers to the scientific group that provided DNA samples. All study subjects are of European ancestry.

Supplementary Table 2. 27 newly identified single disease associations with genomewide significance (P_{SBM} \lt 5 \times 10⁻⁷ and P_{disease} \lt 5 \times 10⁻⁸). All variants were annotated used the variant effect predictor (VEP, release-77) from Ensembl (see **Methods**).

SEE EXCEL file.

Pheno new gws locus: phenotype with new genome-wide significant association signal $(P_{\text{disease}} < 5 \times 10^{-8})$; **Chr:** chromosome; **BP_B37:** base pair position from dbSNP build v142 (genome build hg19); **SNP:** rs ID; **IchipSNP:** original SNP chip ID; **A1:** minor allele in controls; **A2:** major allele in controls; **SNP_pos_l/SNP_pos_r:** left/right association boundaries for each index SNP (see **Methods** section). Genomic positions were retrieved from NCBI's dbSNP build v142 (genome build hg19); **P_adj_SBM:** adjusted (diseasecombined) *P*-value (P_{SBM}) from subset-based meta-analysis (SBM) (see **Methods**); **P/OR/CI95_L/CI95_R:** single disease *P*-value (P_{disease}) and corresponding odds ratio and 95% confidence interval with respect to minor allele. **MAF:** disease-specific/control minor allele frequency.

Consequence: consequence type of this variation due to the VEP annotation tool; **Transcript_id:** Ensembl RNA transcript ID; **Tssdistance:** distance to transcription start site; **sift prediction:** the SIFT prediction if available; **polyphen prediction:** the PolyPhen prediction if available; **gene_symbol:** Ensembl stable ID of affected gene; **Immunobase codes 0:**no match **other than 0:**lead SNP (incl. SNPs in r2>0.8 with lead SNP) has a match in Immunobase for ankylosing spondylitis (AS), autoimmune thyroid disease (ATD), celiac disease (CEL), Crohn's disease (CRO) CRO, juvenile idiopathic arthritis (JIA), multiple sclerosis (MS), primary biliary cirrhosis (PBS), psoriasis (PSO), rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), type 1 diabetes (T1D), ulcerative colitis (UC), other disease (OS). The numbers are internal scores assigned to tag each feature to a particular phenotype, see http://www.immunobase.org/page/CriteriaDossierHome.

Supplementary Table 3. (a) Summary table of 169 non-MHC genome-wide significant susceptibility loci including 244 independent association signals with $P_{\text{SBM}} < 5 \times 10^{-8}$ or $(P_{SBM} \le 5 \times 10^{-7}$ and $P_{disease} \le 5 \times 10^{-8}$) identified through the (conditional) subset-based meta**analysis of ankylosing spondylitis (AS), Crohn's disease (CD), psoriasis (PS), primary sclerosing cholangitis (PSC) and ulcerative colitis (UC). (b) Summary table of results** from Bayesian multinomial regression to calculate the posterior probability (Prob_{model}) **for each possible disease model using a uniform prior across all models. (c) Summary table of results from Bayesian multinomial regression to calculate the mean posterior** probability (MeanProb_{model}) for each possible disease model using six different priors **across all models.**

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Locus: number of locus defined by annotation of association boundaries (see **Methods**); Num independent signal: number of independent signal within a certain locus; **Chr:** chromosome; **Locus** pos *I/Locus* pos r: left/right association boundaries for locus (see **Methods** section). Genomic positions were retrieved from NCBI's dbSNP build v142 (genome build hg19); **Pheno_SBM_risk:** risk (OR>1) disease subset based from subsetbased meta-analysis; **Pheno_SBM_protective:** protective (OR<1) disease subset from subset-based meta-analysis; **SNP:** rs ID; **IchipSNP:** original SNP chip ID; **Gene:** gene nearest to the index SNP as long as a gene was with 10kb of the SNP; **Strand:** strand information for A1/A2; **A1:** minor allele in controls; **A2:** major allele in controls; **BP_B37:** base pair position from dbSNP build v142 (genome build hg19); **SNP** pos l/SNP pos r: left/right association boundaries for each index SNP (see **Methods** section). Genomic positions were retrieved from NCBI's dbSNP build v142 (genome build hg19); **P_adj_SBM:** adjusted (disease-combined) P -value (P_{SRM}) from subset-based meta-analysis (SBM) (see **Methods**); **P/OR/CI95_L/CI95_R:** single disease *P*-value (P_{disease}) and corresponding odds ratio and 95% confidence interval with respect to minor allele. **MAF:** disease-specific/control minor allele frequency. We tested for significantly different allele frequencies of variants across the batches from a particular disease or the control group (with at most one batch being removed) with a false discovery rate (FDR) threshold of 0.01 (**Supplementary Fig. 11**); **Known:** Best association signal from previous Immunochip/GWAS studies¹⁻⁴. **Country allele freqs:** Allele frequencies by country information

SNP: rs ID; **BestModel**: disease model with highest probability (Prob_{model}); **BestModelP**: Probability (Probmodel) of disease model with highest probability; **BestModelPhenos**: Number of diseases involved in disease model with highest probability (Prob_{model}); **ConfSetSize:** Number of disease models with Prob_{model} >0.01; **ConfSet**: Posterior probability (Probmodel) for each of these disease models with Prob>0.01, conditional on the genotype and phenotype data we have seen.

VoteWinner: Best disease model with highest posterior probability under six different priors; **VoteCount:** we counted how many priors voted for that model, and calculated the mean posterior from six different priors; MeanP: Mean posterior probability (MeanProb_{model}) for the proposed model and risk variant of six different priors; **MinP:** Minimum posterior probability when using six different priors; **MaxP:** Maximum posterior probability when using six different priors;

Supplementary Table 4. Summary table of different functional *in-silico* **annotations for 244 risk SNPs from Supplementary table 3a.**

Supplementary Table 5. Functional *in-silico* **annotations of Supplementary table 3a risk SNPs.**

SEE EXCEL file.

Consequence: consequence type of this variation due to the VEP annotation tool; **Transcript_id:** Ensembl RNA transcript ID; **Tssdistance:** distance to transcription start site; **sift prediction:** the SIFT prediction if available; **polyphen prediction:** the PolyPhen prediction if available; **gene_symbol:** Ensembl stable ID of affected gene; **Immunobase codes 0:**no match 1:lead SNP (incl. SNPs in $r^2 > 0.8$ with lead SNP) has a match in Immunobase for ankylosing spondylitis (AS), autoimmune thyroid disease (ATD), celiac disease (CEL), Crohn's disease (CRO) CRO, juvenile idiopathic arthritis (JIA), multiple sclerosis (MS), primary biliary cirrhosis (PBS), psoriasis (PSO), rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), type 1 diabetes (T1D), ulcerative colitis (UC), other disease (OS). The DNA Hypersensitivity sites (DHS) and Promoter annotations were taken from 1KGP annotations⁵.

Supplementary Table 6. Analysis of *cis-***eQTL data from whole peripheral samples of 2,360 unrelated individuals6,7.**

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Shown are all significant (at FDR<5%) expression probes within 1Mb from our trait associated SNPs. For each trait SNP–probe pair we provide the following: 1) the best eQTL SNP; 2) LD between trait SNP and best eQTL SNP; 3) association statistics for trait SNP (Pvalue, z-score, FDR); 4) association statistics for best eQTL SNP (P-value, z-score, FDR); 5) trait SNP association statistics after conditioning on best eQTL SNP-effects (P-value, z-score, FDR); and 6) best eQTL SNP association statistics after conditioning on trait SNP-effects (Pvalue, z-score, FDR). Cis-effects in green mark the overlap of 5 gSNPs (from **Supplementary table 3a**) with the best eQTL SNP from this independent control cohort; ciseffects in yellow mark the overlap of another 5 gSNPs (from **Supplementary table 3a**) with the best secondary eQTL SNP from this independent control cohort; cis-effects marked in bold are conditionally independent from best eSNP.

Supplementary Table 7. Cell/tissue types, enhancer types and number of facets that were tested in Fantom5 data⁸. Cell/tissue id begins 'CL' these are cell types, those beginning 'UBERON' are tissues.

Supplementary Table 8. Number of annotation cell types, modification type and suggested function in Roadmap annotations⁹. We used the peak regions for the histone modifications H3K27ac, H3K4me3, H3K4me1, H3K9me3, and H3K9ac. These marks are enriched at active promoters and enhancers or transcriptionally silent or repressed regions.

Supplementary Table 9. Results from the association analysis (Supplementary table 3a) where separated into groups based on phenotype. Shared3+: variants that were associated with 3 or more phenotypes; **IBD**: variants associated with IBD, UC or CD; **All variants**: all variants identified in the study regardless of phenotype. SNPs that were not present in the 1000 genomes dataset were removed from this analysis.

Supplementary Table 10. Enrichment analysis between SNPs in associated loci and various types of genomic annotations using GoShifter. The table below shows the annotations that were enriched (with $P < 10^{-3}$) for each tested group of SNPs. The analysis was performed using Goshifter and genomic annotations from Roadmap⁹ and Fantom5⁸. GoShifter was run with 10,000 permutations; the *P* values labelled with a '*' were calculated from 1 million permutations. For the Roadmap annotations, the peak regions were used to define the annotation region. 'Facet expressed' annotations are robustly expressed enhancers that were significantly expressed in each contained sample within a facet. 'Facet differentially expressed' annotations are expressed enhancers that significantly deviate in expression between facets (Bonferroni corrected *P*<0.05). For information on grouping (Shared3+; IBD; All variants), see **Supplementary Table 9.**

ICD-10	ICD-10	Name	Name	#Patients	P-value	RR	Significance
disease A	disease B	disease A	disease B				$(P<1.21 \times 10^{-9})$
M45	K50	Ankylosing spondylitis	Crohn's disease [regional enteritis]	155	3.39E-243	5.31	significant
M45	L40	Ankylosing spondylitis	Psoriasis	60	1.98E-149	4.75	significant
M45	K83	Ankylosing spondylitis	Other diseases of biliary tract	13	0.0380	1.23	non-significant
M45	K51	Ankylosing spondylitis	Ulcerative colitis	140	4.72E-178	3.74	significant
K50	M45	Crohn's disease [regional enteritis]	Ankylosing spondylitis	178	0	5.84	significant
K50	L40	Crohn's disease [regional enteritis]	Psoriasis	126	4.19E-119	2.28	significant
K50	K83	Crohn's disease [regional enteritis]	Other diseases of biliary tract	145	2.58E-186	2.81	significant
K ₅₀	K51	Crohn's disease [regional enteritis]	Ulcerative colitis	2404	0	11.22	significant
L40	M45	Psoriasis	Ankylosing spondylitis	73	3.14E-130	4.37	significant
L40	K50	Psoriasis	Crohn's disease [regional enteritis]	81	4.85E-09	1.32	non-significant
L40	K83	Psoriasis	Other diseases of biliary tract	31		0.60	non-significant
L40	K ₅₁	Psoriasis	Ulcerative colitis	141	3.76E-05	1.18	non-significant
K83	M45	Other diseases of biliary tract	Ankylosing spondylitis	9	1.68E-06	1.79	non-significant
K83	K50	Other diseases of biliary tract	Crohn's disease [regional enteritis]	79	5.18E-144	3.21	significant
K83	L40	Other diseases of biliary tract	Psoriasis	4		0.68	non-significant
K83	K ₅₁	Other diseases of biliary tract	Ulcerative colitis	158	0	6.43	significant
K ₅₁	M45	Ulcerative colitis	Ankylosing spondylitis	194	1.05E-187	3.54	significant
K ₅₁	K50	Ulcerative colitis	Crohn's disease [regional enteritis]	3928	0	13.99	significant
K ₅₁	L40	Ulcerative colitis	Psoriasis	127	1.73E-13	1.31	significant
K ₅₁	K83	Ulcerative colitis	Other diseases of biliary tract	373	0	4.72	significant

 Supplementary Table 11. Temporal comorbidity was determined for the five inflammatory diseases under study in an independent data set covering ICD10 diagnose codes from 6,631,920 diagnoses in the entire Danish population in the period from 1996 to 201410.

#Patients: Number of pairs of diagnoses with disease A followed by disease B within a 5-year time frame of disease A; **RR:** relative risk, i.e. strength of the correlation between a pair of diagnoses. K83 (Other diseases of biliary tract) includes primary sclerosing cholangitis (PSC).

Supplementary Table 12. Clinical information on comorbidity for individual patients.

***:** Number of samples (from **Supplementary Table 1)** we could ask the corresponding principal investigator for comorbidity information; 0=Unknown, 1=comorbidity present, 2=comorbidity absent; ankylosing spondylitis (AS), Inflammatory bowel disease (IBD), psoriasis (PS) and primary sclerosing cholangitis (PSC).

Supplementary Table 13. BUHMBOX¹¹ power analysis. For each power simulation $1,000$ iterations were performed, each with different proportions of sample heterogeneity (PI). For certain pairs (see N/A values) it is impossible to reach 80% power regardless of PI, given the cohort (disease A)-specific case sample size and the set of specific disease B risk loci (MAF and OR) in **Supplementary Table 14**. Here, the power is maximal at PI~50%. For 10 and 18 out of 20 pairs of diseases, we have >50% power to detect 10% and 20% sample heterogeneity, respectively, suggesting that the GRS association is likely due to pleiotropy for those pairs. To calculate power, we used the real effect sizes and allele frequencies of known loci, and simulated the same number of cases and controls as our sample size. The nominal significance threshold of 0.05 was used.

PI: proportion of sample heterogeneity; N/A: Not Available.

Cohort	Cohort size	Risk loci	#Risk loci	#Ichip risk loci	GRS P-value	BUHMBOX P-value
AS	8232	CD	139	117	3.36e-117	0.74
${\sf AS}$	8575	PS	35	30	8.46e-44	0.19
${\sf AS}$	8710	PSC	15	10	6.19e-21	0.76
AS	8277	UC	133	113	1.63e-91	0.80
CD	18601	AS	30	21	3.70e-80	0.71
CD	18855	PS	35	30	1.66e-24	0.70
CD	19025	PSC	15	10 ¹	2.55e-40	0.89
CD	18341	UC	133	113	$\boldsymbol{0}$	0.87
PS	6509	AS	30	21	1.27e-19	0.75
PS	6451	CD	139	117	7.15e-25	0.61
PS	6511	PSC	15	10	0.0230	0.13
PS	6465	UC	133	113	2.56e-20	0.32
PSC	3377	AS	30	21	1.05e-05	0.13
PSC	3275	CD	139	117	7.01e-36	0.19
PSC	3309	PS	35	30	0.420	0.67
PSC	3283	UC	133	113	2.63e-50	0.14
UC	14173	AS	30	21	3.71e-57	0.77
UC	14020	CD	139	117	$\pmb{0}$	0.94
UC	14316	PS	35	30	0.00212	0.20
UC	14475	PSC	15	10	3.42e-92	0.48

Supplementary Table 14. Distinguishing pleiotropy and heterogeneity (BUHMBOX11 analysis).

Cohort: disease cohort; **Cohort size**: number of case samples in disease cohort (see **Methods** section); #**Risk loci:** Number of known disease B associated risk alleles from previous GWAS/Immunochip studies; **#Ichip Risk loci:** Number of known disease B associated risk alleles (from

previous GWAS/Immunochip studies) typed on Immunochip; **#GRS** *P***-value:** Genetic risk score *P*-value; **#BUHMBOX** *P***-value:** If significant, it indicates excessive positive correlations than expected.

Supplementary Table 15. Immunochip-wide coheritability analysis. Each disease cohort has a disjoint control cohort. Controls were randomly split into two groups (see also **Supplementary Figure 11**).

SNP-h2: SNP-based trait heritability (genetic variation) on the observed scale (estimate and standard error). C(G)_tr12: (SNP-based coheritability (genetic covariance) between traits 1 and 2 (estimate and standard error). rG: Genetic correlation coefficient; LIAB_h2: Proportion of genetic variance in liability (SNP-based heritability; estimate and standard error). LIAB_COH: Proportion of genetic covariance in liability between diseases (SNP-based coheritability; estimate and standard error); **CHI_SQR_STAT:** Approximated χ2 test statistic (estimate/s.e.)¹² was used to test whether estimates were significantly different from zero.

b) Estimates including MHC SNPs from genetic relationship matrix

SNP-h2: SNP-based trait heritability (genetic variation) on the observed scale (estimate and standard error). C(G)_tr12: (SNP-based coheritability (genetic covariance) between traits 1 and 2 (estimate and standard error). rG: Genetic correlation coefficient; LIAB_h2: Proportion of genetic variance in liability (SNP-based heritability; estimate and standard error). LIAB_COH: Proportion of genetic covariance in liability between diseases (SNP-based coheritability; estimate and standard error); **CHI_SQR_STAT:** Approximated χ2 test statistic (estimate/s.e.)¹² was used to test whether estimates were significantly different from zero.

Supplementary Table 16. Tracy-Widom statistics¹³ were computed to evaluate the **statistical significance of each principal component identified by PCA.** The top seven axes of variation are significant (*P*<0.05).

Supplementary Table 17. Results from Conjunctional False Discovery Rate analysis. The 111 pleiotropic loci for Crohn's diseases(CD) and ulcerative colitis (UC) identified by the conjunction FDR method, with conjFDR ≤ 0.05 .

The locus number (loci), leading SNP (LeadingSNP), chromosome number (Chr), genomic position (Pos), gene symbols (Genes), minimum conjFDR value (Min conjFDR), *P-values* for CD (P_CD), Z scores for CD (Z_CD), *P-values* for UC (P_UC) and Z scores for UC (Z_UC) were listed in columns from left to the right. SNPs in the extended MHC region were removed before the analysis. Loci identified by the subset-based meta-analysis method were marked by stars to the leading SNPs. The minimum conjFDR value above the expected FDR (0.025) from Liley and Wallace model¹⁴ are marked by bold font.

Supplementary Figures

Supplementary Figure 1. Manhattan plot of Immunochip subset-based meta-analysis (SBM) association statistics (P_{SBM}) of 130,052 **SNPs.** Red horizontal line indicates a genome-wide significance threshold of 5×10^{-8} . SNPs within 166 non-MHC risk loci achieve the genomewide significance threshold for association in the combined analysis of ankylosing spondylitis (AS), Crohn's disease (CD) psoriasis (PS) and primary sclerosing cholangitis (PSC) and ulcerative colitis (UC) QCed Immunochip data (**Supplementary** Table 1). Association P_{SBM} values at chr1p31.3 (*IL23R*) and chromosome 6 region at 25–34 Mb, encompassing the HLA region, fall below $P_{\text{SBM}}=1\times10^{-100}$.

Supplementary Figure 2. Ideogram summary plot of the 27 newly identified single disease association with genome-wide significance $(P_{\text{disease}} < 5 \times 10^{-8})$.

• $AS(17)$ • $CD(6)$ • $PS(0)$ • $PSC(4)$ • $UC(0)$

Supplementary Figure 3. Ideogram summary plot of the 169 genome-wide significant non-MHC risk loci from cross-disease subset-based association meta-analysis (SBM) of ankylosing spondylitis (AS), Crohn's disease (CD) psoriasis (PS) and primary sclerosing cholangitis (PSC) and ulcerative colitis (UC). By performing primary SBM analyses, we identified 166 genome-wide significant non-MHC loci $(P_{SBM} \le 5 \times 10^{-8})$. 3 out of 166 loci (bold type loci: rs2042011 at 8q24.21; rs2812378 at 9p13.3; rs1893592 at 21q22.3) have not been reported previously for any of the five diseases and thus are new gws shared risk loci. Further by performing single disease analyses on any SNPs that achieved P_{SBM} \leq 5x10⁻⁷ in the primary SBM analysis, we identified 27 novel genome-wide significant disease associations $(P_{\text{disease}} < 5 \times 10^{-8})$; see **Figure 1** and **Supplementary Fig. 2**). 24 out of these 27 associations were also genome-wide significant in the primary SBM analyses $(P_{SBM} \le 5 \times 10^{-8})$. The remaining three associations had $5 \times 10^{-8} \le P_{SBM} \le 5 \times 10^{-7}$ and $P_{disease} \le 5 \times 10^{-8}$ thus leading to a total of 169 non-MHC risk loci. Using subset-based stepwise regression (see **Methods**), we identified 244 independent association signals within the 169 non-MHC risk loci (for summary statistics see **Supplementary Table 3a**), with 187 signals (not necessarily restricted to genome-wide significance in individual disease cohorts, see **Stepwise subset-based conditional logistic regression**) being shared by at least two diseases. By way of illustration, we added the major histocompatibility complex (MHC, chromosome 6 region at 25–34 Mb) which is a known susceptibility locus for AS, CD, PS, PSC and UC.

Supplementary Figure 4. Regional association plots for 244 independent association signals within 169 gws non-MHC risk loci $(P_{SBM} < 5 \times 10^{-8}$ or $(P_{SBM} < 5 \times 10^{-7}$ and $P_{\text{disease}} < 5 \times 10^{-8}$)).

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Blue shaded region corresponds to locus association boundaries (**Supplementary table 3a** and **Methods**). Shown are the $-log_{10}$ *P*-values from Immunochip analysis (P_{SBM} in **Supplementary table 3a**) with regard to the physical location of markers. **Purple circle:** lead SNP; **Other filled circles:** analyzed SNPs where the fill color corresponds to the strength of linkage disequilibrium (r^2) with the lead SNP (for color coding see legend in the upper left corner of each plot); **line:** recombination intensity (cM/Mb). Positions and gene annotations are according to NCBI's build 37 (hg19). Plots were generate using LocusZoom 15 .

Supplementary Figure 5. Synthesis-View¹⁶ plots showing the multi-disease association **signals for 244 independent association signals within 169 gws non-MHC risk loci** $(P_{SBM} < 5 \times 10^{-8} \text{ or } (P_{SBM} < 5 \times 10^{-7} \text{ and } P_{disease} < 5 \times 10^{-8})$.

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 - **log₁₀** *P***-value:** $-\log_{10} P\text{-}$ values from Immunochip analysis (P_{SRM} in **Supplementary table 3a**) with regard to the physical location of markers; direction of triangle denotes direction of disease-individual effect; **Beta:** effect size from the five single disease vs. control subsearches (natural logarithm of OR(disease) in **Supplementary table 3a**); **OR:** odds ratio from the five single disease vs. control subsearches (OR(disease) in **Supplementary table 3a**). Large circles denote nominal significant disease-individual *P*-values (P_{disease} <0.05); **CAF cases/controls:** case/control minor allele frequency.

Supplementary Figure 6. Pair-wise comparisons of variance explained per risk variant between ankylosing spondylitis (AS), Crohn's disease (CD) psoriasis (PS) and primary sclerosing cholangitis (PSC) and ulcerative colitis (UC) for a maximum of 244 independent signals from 169 risk loci. Each plot shows the comparison of variance between a pair of diseases (see **Methods**). The disease with the higher explained variance in total in shown on the left side. Each box represents an independently associated SNP for the given disease, if the locus is associated with disease. The size of each box is proportional to the amount of variance explained in disease liability for that variant. Per disease, only SNPs having the disease among the best disease set are included (see columns PHENO_SBM_RISK and PHENO_SBM_PROTECTIVE in **Supplementary Table 3a**). The colors of the boxes denote whether the difference in variance explained is due to different direction of effect (risk versus protective), significant heterogeneity of odds ratios (*P*<0.01) or both.

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Supplementary Figure 7. Gene set enrichment analyses using precomputed gene sets reconstituted in DEPICT17. DEPICT was run on SNP lists of each of the five diseases (**Supplementary Table 14**) separately. DEPICT performs enrichment tests for tissues and gene sets. For every tissue and every gene set we checked how many diseases were significantly enriched for that tissue or geneset. Results were separated into groups based on number of phenotype being involved, i.e. shared5, shared4, shared3, shared2 and non-shared, respectively. Shared5 shows the top 10 gene sets (pathways) or tissue/cell types that are significantly enriched (FDR adjusted *P*-values P_{FDR} <0.05) in all 5 diseases (i.e. AS, CD, PS, PSC and UC). The top 10 gene sets ordered by nominal P-value are: (1) positive regulation of immune system process, GO:0002684 (2) increased monocyte cell number, MP:0000220 (3) regulation of cytokine production, GO:0001817 (4) cytokine production, GO:0001816 (5) leukocyte activation, GO:0045321 (6) regulation of defense response, GO:0031347 (7) cytokine metabolic process, GO:0042107 (8) immune effector process, GO:0002252 (9) increased leukocyte cell number, MP:0000218 (10) regulation of immune response, GO:0050776

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Supplementary Figure 8. Tissue/cell type enrichment analyses using precomputed gene sets reconstituted in DEPICT¹⁷. DEPICT was run on SNP lists of each of the five diseases (**Supplementary Table 14**) separately. Results were separated into groups based on number of phenotype being involved, i.e. shared5, shared4, shared3, shared2 and non-shared, respectively. Shared5 shows the top 10 gene sets (pathways) or tissue/cell types that are significantly enriched (FDR adjusted *P*-values P_{FDR} <0.05) in all 5 diseases (i.e. AS, CD, PS, PSC and UC). The top 10 cell types/tissues (MeSH terms) ordered by nominal P-value are: (1) Bone Marrow Cells, A15.378.316 (2) Hematopoietic System, A15.378 (3) Blood Cells, A15.145.229 (4) Leukocytes, A11.118.637 (5) Blood, A15.145 (6) Myeloid Cells, A11.627 (7) Phagocytes, A15.382.680 (8) Synovial Fluid, A02.835.583.443.800.800 (9) Monocytes, A15.378.316.580 (10) Leukocytes Mononuclear, A15.145.229.637.555

Supplementary Figure 9. Protein-protein-interaction (PPI) network based on five prioritized gene sets from AS, CD, PS, PSC and UC SNP sets, respectively, from DEPICT analyses. DEPICT performs gene prioritization and gene set enrichment based on these reconstituted gene sets (see Methods). The PPI reference database ConsensusPathDB (CPDB)¹⁸ was filtered for interactions with >95% confidence and prioritized genes from DEPICT analyses on AS, CD, PS, PSC SNP sets (see **Methods**). This resulted in a network of 111 nodes and 65 edges.

White: AS; Orange: CD; Pink: PS; Green: PSC; Red: UC; grey circles: Genes listed in Parkes *et al.* ¹⁹

Supplementary Figure 10. Statistical power analysis of BUHMBOX¹¹. For each power simulation 1,000 iterations were performed. To calculate power, we used the real effect sizes and allele frequencies of known loci, and simulated the same number of cases and controls as our sample size. The nominal significance threshold of 0.05 was used. Pi (π) indicates the heterogeneity proportion (proportion of disease A cases that has genetic characteristics of disease B).

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Supplementary Figure 11. Estimates of SNP-h² in the observed scale for different **control splits.** For each bivariate analysis controls were split into two groups at random.

Supplementary Figure 12. Estimation of Immunochip-wide pleiotropy excluding the MHC region. Genetic and residual variances for the traits were estimated as well as the genetic covariance and the genetic correlation rG (see **Supplementary Table 15**).

Supplementary Figure 13. Negative control coheritability analysis (on liability scale with 95% error bars) between each disease under study and longevity, Bipolar disease, Major depressive disorder and Schizophrenia Immunochip studies. For longevity (ageing), bipolar disorder (BIP), major depressive disorder (MDD) and schizophrenia (SCZ) studies we assumed prevalences of 0.01, 0.01, 0.15 and 0.01¹².

Supplementary Figure 14. Test for difference in the mean allele frequencies (after correcting for population stratification) across different batches from a particular disease or the control group. Allele dosages were regressed against top 7 principle components from principle component analyses (PCA) (see **Methods**) and residuals were obtained. *P* values were calculated from the ANOVA between the residuals of the genotypes and the batches. The null hypothesis is that all groups from a particular disease or from the group are simply random samples of the same population. Variants that had significantly different allele frequencies across the batches within phenotypic sets with a false discovery rate (FDR) threshold of 0.01 were removed. Variants that only failed one quality control criterion in a single batch were set to missing in the failed batch.

Supplementary Figure 15. Variants that failure the Hardy-Weinberg equilibrium test in unaffected individuals at a false discovery rate (FDR) threshold of 10-5 we removed. (a) Number of variants that failed the Hardy-Weinberg test, for the sample of as a whole, with at most one batch being removed. **(b)** Number of variants that failed the Hardy-Weinberg test, within 40 individual batches, falling below the individual batch FDR threshold in two single batches. Variants that only failed one quality control criterion in a single batch were set to missing in the failed batch.

(a)

corresponding -log(p-values thresholds) different for any batch

Supplementary Figure 16. Individual missing data and heterozygosity. Scatter plot of the proportion called missing (x-axis) against the proportion of SNPs called heterozygote (y-axis) for each individual in the study. 1,676 samples with >2% missing data and 51 outlier samples with an average marker heterozygosity of \pm 5 s.d. away from the sample mean were excluded.

Supplementary Figure 17. Principal component analysis of QCed Immunochip data. (a) All Immunochip samples are plotted on the first two principal components colored by batch code. (b) Principal component pairs for the first four PCs. (c) Distribution of cases and controls along the first ten principal component stratified by phenotype. For the psoriasis data set (the blue curve), there is an overrepresenation of Estonian individuals which cluster a bit far from usual Western European individuals. Tracy-Widom statistics revealed that top seven axes of variation are significant and should be used as covariates in regression analyses (see **Supplementary table 16**). AS: ankylosing spondylitis; CD: Crohns's disease; PS: psoriasis; PSC: primary sclerosing cholangitis; UC: ulcerative colitis

(a)

47

8000

6000

4000

2000

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 $-0.062 - 0.048 - 0.032 - 0.018$

Counts

 $PC4$

Supplementary Note

eQTL analysis in peripheral blood

We used *cis*-eQTL data from a total of 2,360 unrelated individuals obtained from three datasets with gene expression data measured from whole peripheral blood (1,240 individuals from Fehrmann-HT12v3, 229 individuals from Fehrmann-H8v2⁶ and 891 individuals from the EGCUT study⁷) as described in a previous study²⁰. In summary, quality controlled genotype data was imputed using the 1000 Genomes Phase 3 (March 2013 version) cosmopolitan reference panel²¹ and imputation dosage values were used for analysis. A more detailed overview of the quality control has been published elsewhere²⁰. To detect cis-e \overline{OTLs} , we assessed only those combinations of SNPs and probes where the distance between SNP and the midpoint of the probe was smaller than 1 megabase (Mb). Individual datasets were meta-analyzed using a Z-score method, weighted for the sample size of each dataset. The sample labels were permuted (repeated 100 times) in order to obtain the *P*-value distribution used to control the FDR at 5%. Since SNPs can be highly correlated due to LD, *cis*-eQTL effects are often caused by SNPs in high LD with the disease-associated query SNP. In order to determine whether our disease-associated SNPs have independent *cis*-eQTL effects with respect to other SNPs in their locus, we performed conditional analysis. Using the procedure described above, we first determined which SNPs show the strongest *cis*-eQTL (eSNP) effect for each of the probes associated with the 244 disease-associated SNPs (gSNP). Then, we adjusted the gene expression data for these effects using linear regression, and repeated the *cis*-eQTL analysis on the disease-associated SNPs (and vice-versa). This analysis allowed us to identify disease-associated variants that were also the best *cis*-eQTL SNP.

Gene prioritization, pathway analysis and tissue/cell type enrichment analysis

We used the analysis framework called Data-driven Expression Prioritized Integration for Complex Traits (DEPICT)¹⁷ to determine most likely affected genes, pathways and tissue/cell types from associated loci. Based on 77,840 microarrays from two human, one rat and one mouse Affymetrix gene expression, DEPICT reconstituted 14,461 existing various pathways and gene sets²²: 737 Reactome pathways²³, 5,083 Gene Ontology terms²⁴, 184 KEGG pathways²⁵, and 2,473 phenotypic gene sets (based on 211,882 gene-phenotype pairs from the Mouse Genetics Initiative²⁶) and 5,984 molecular pathways (based on 169,810 highconfidence experimentally-derived protein-protein interactions²⁷). DEPICT performs gene prioritization and gene set enrichment based on these reconstituted gene sets and three major

steps: Quantification of similarity of a given gene to genes from other associated loci across all 14,461 gene sets (gene scoring step), adjustment for inflation in gene scores caused by gene length and structure in underlying expression data through 200 pre-permuted null Immunochip GWAS (bias adjustment step), and estimation of Immunochip-wide false discovery rates (FDRs) by repeating step 1 and 2 based (20 randomized runs) based on top SNPs from precomputed null Immunochip studies. Tissue/cell type enrichment analysis utilizes 37,427 human Affymetrix HGU133a2.0 platform microarrays to examine whether genes in associated loci are highly expressed in any of 209 Medical Subject Heading (MeSH) tissue and cell type annotations $17,22$.

DEPICT was run on each of the five diseases separately. The results were separated into groups based on number of phenotype being involved, i.e. shared5, shared4, shared3, shared2 and non-shared, respectively. For example, shared5 includes the top 10 gene sets (pathways) or tissue/cell types that are significantly enriched (FDR adjusted *P*-values P_{FDR} < 0.05) in all 5 diseases (i.e. AS, CD, PS, PSC and UC) (**Supplementary Figure 7 and 8**). The "Nonshared" results depicts top 10 gene sets (pathways) or tissue/cell types significantly enriched in one disease $(P_{FDR} < 0.05)$ but in no other disease, thus showing disease-specific enrichments.

Enrichment analysis using GoShifter

We used the Genome Annotation Shifter $(G \circ Shifter)^{28}$ package to test for enrichment between SNPs in associated loci and genomic annotations. Specifically, we used annotations from the Fantom5⁸ and NIH Roadmap Epigenomics⁹ projects to look for enrichment of expressed enhancers and histone modifications, respectively. For the Fantom5 data, groups of samples (facets) were created based on ontology terms that were mutually exclusive and cover a broad range of functional annotations. Enhancers (regions of the genome that can be bound by transcription factors to activate transcription of a gene) were identified from cap analysis of gene expression (CAGE) across samples using single molecule sequencing⁸. Facet expressed annotations are robustly expressed enhancers that were significantly expressed in each contained sample within a facet. Facet differentially expressed annotations are expressed enhancers that significantly deviate in expression between facets (Bonferroni corrected $P<0.05$ ²⁹. For Fantom5 data, where cell/tissue id begins 'CL' these are cell types, those beginning ' UBERON' are tissues. Cell/tissue types, enhancer types and number of facets that were tested are shown in **Supplementary Table 7.** For Roadmap annotations, we used the peak regions for the histone modifications H3K27ac, H3K4me3, H3K4me1, H3K9me3, and

H3K9ac. These marks are enriched at active promoters and enhancers or transcriptionally silent or repressed regions. Number of annotation cell types, modification type and suggested function are depicted in **Supplementary Table 8.**

The results from the association analysis where separated into groups based on phenotype (**Supplementary Table 9**). These groups were: "Shared3+" (variants that were associated with 3 or more phenotypes), variants associated with a phenotype, but not specific to that phenotype (IBD (variants associated with CD or UC), CD, UC, PSC, PS and AS) and "All variants" (all variants identified in the study regardless of phenotype). The PSC only group was not included owing to the small number of variants in this group.

GoShifter was run using default parameters, except, the number of permutations to perform was set to '10,000' and the –no-ld flag was set to 'False' in order to extend the analysis to variants in high LD with the lead variants. Peaks were called using MACS software (v2) with default parameters. For each annotation, the peak regions were used, which were called using q-value<0.001. The 1000 genomes v3 project haplotypes were used to generate LD estimates between variants in the dataset and variants in 1000 genomes, therefore SNPs that were not present in the 1000 genomes dataset were removed from this analysis.

Annotation of association boundaries

Linkage disequilibrium regions (association boundaries) around independently associated SNPs were defined by extending in both directions a distance of 0.1 centimorgans (cM).

Variance explained and heritability of single SNPs.

The proportion of variance explained by each associated association signal per population was calculated using a liability threshold model³⁰ assuming a disease prevalence of 0.0055, 0.001, 0.012, 0.000039, 0.001 for ankylosing spondylitis, Crohn's disease, psoriasis, primary sclerosing cholangitis and ulcerative colitis, respectively, and log-additive disease risk.

Immunochip-wide co-heritability analysis

SNP-heritabilities and SNP-coheritabilities between the five immune-mediated diseases were estimated by fitting a bivariate linear mixed model³¹ as implemented in the Genome-wide Complex Trait Analysis (GCTA) tool³². The genetic relationship between individuals was estimated using all SNPs passing quality control and excluding SNPs located within the MHC (chr6:2800000-33000000) and having MAF<1%. Variance components were estimated correcting for population structure by fitting the top seven principal components (PCs) as fixed effects. As the bivariate analysis requires disjoint control cohorts for each of the two

diseases, these were randomly allocated to two proportions of equal size (see **Supplementary Fig. 11**). The bivariate analysis gives a simultaneous estimate of the SNP-heritability to both diseases and an estimate of the SNP-genetic correlation (single disease SNP-heritability estimates were robust to the different control partitions **Supplementary Fig. 11**). Estimates of variance components in the observed scale, case-control risk scale, were transformed to the scale of liability as described previously $32,33$, for a range of assumed disease prevalence (0.0055, 0.0007, 0.012, 0.000039, 0.001 for ankylosing spondylitis, Crohn's disease, psoriasis, primary sclerosing cholangitis and ulcerative colitis, respectively).

Identification of drugs targeting genes within the core network

The Drugbank (www.drugbank.ca) is the largest publicly available database containing 7737 drugs, their protein targets and the genes encoding these protein targets³⁴. First genes that have been identified within the core network (**Supplementary Fig. 9)** were linked to drugs by using an R-script, which checks synonyms of gene names by using the R package "org.Hs.eg.db" and extracts the drugs that target the proteins encoded by the candidate genes. Since the nature and effect of the interaction between the drug and the encoded protein is mostly unknown (e.g some drugs we identified have effects opposite to the what we aim for) we performed a manual literature search to assess which of the identified drugs show evidence or could potentially be promising for any of the disease under study by using PubMed (www.pubmed.gov, last search July 1st 2015) and ClinicalTrials.gov (www.clinicaltrials.gov). All drugs were selected based on evidence from phase I/II/III randomized clinical trials (RCTs) or published animal studies. We grouped the registered drugs in three ways. 1) Known drugs for any of the diseases under study : a drug is already used or has been investigated showing evidence of effect in phase 2 or 3 randomized clinical trials in the treatment of AS, PSC, PS, CD or UC . 2) Efficacy in other immune mediated diseases then AS, PSC, PS, CD or UC: a drug was investigated or used for treatment in other immune mediated disorders. 3) No published clinical evidence for efficacy in immune mediated disease but the identified drug could potentially be suited for treating AS, PSC, PS, CD or UC.

Conjunctional False Discovery Rate analysis

Conjunctional FDR: The FDR is the posterior probability of SNP association with the phenotype being null given that its *P*-value is as small or smaller than the observed one. Specifically, for a given p-value cutoff, the FDR is defined as

$$
FDR(p) = \n\begin{bmatrix}\n0 & F_0(p) & F(p), [1]\n\end{bmatrix}
$$

where θ is the proportion of null SNPs, F_0 is the null cdf, and F is the cdf of all SNPs, both null and non-null. Under the null hypothesis, F_0 is the cdf of the uniform distribution on the unit interval [0,1], so that Eq. [1] reduces to

$$
FDR(p) = \quad_0 p / F(p), [2]
$$

The cdf F can be estimated by the empirical cdf $q = p / p$, where p is the number of SNPs with p-values less than or equal to p, and N is the total number of SNPs. Replacing F by q in Eq. [2], we get

$$
Estimated FDR(p) = \n\begin{bmatrix}\n0 & p \\
q & q\n\end{bmatrix}
$$

which is biased upwards as an estimate of the FDR. Replacing θ o in Equation [3] with unity gives an estimated FDR that is further biased upward;

$$
q^* = p/q[4]
$$

If θ is close to one, as is likely true for most GWAS, the increase in bias from Eq. [3] is minimal. The quantity $1 - p/q$, is therefore biased downward, and hence is a conservative estimate of the TDR.

Conditional FDR analysis (described in detail previously $35,36$) is defined as the posterior probability that a given SNP is null for the first phenotype given that the *P*-values for the other phenotype are as small as or smaller than the observed *P*-values. We assign a conditional FDR value for the first trait (Trait1) given the *P*-values of the second trait (Trait2) (denoted by condFDRTrait1|Trait2) to each SNP by computing conditional FDR estimates on a grid and interpolating these estimates into a two-dimensional look-up table. Vice versa, we assign a conditional FDR value for the second trait given the P-values of the first trait to each SNP (denoted by condFDRTrait2|Trait1).

To identify SNPs significantly associated with both phenotypes, we used a genetic epidemiology framework based on the conjunction false discovery rate (conjFDR). We assigned the conjFDR values by interpolation into a bi-directional two-dimensional look-up table. ConjFDR, is defined as the posterior probability that a SNP is null for either phenotype or both simultaneously, given the *P*-values for both traits are as small or smaller than the observed *P*-value. A conservative estimate of the conjunction FDR is given by the maximum statistic, i.e. the maximum of $FDR_{\text{Trait1}|{\text{Trait2}}}$ and $FDR_{\text{Trait2}|{\text{Trait1}}}$. While the condFDR can be used to reorder association of SNPs to one trait based on the additional information provided by the co-morbid secondary traits, the conjFDR pinpoints pleiotropic loci, since a low conjFDR is only possible if there is an association with the two traits of interest jointly.

Conjunctional analysis between pairs of diseases: We randomly divided the controls into each disease in a pair 10 times, proportionally to the number of cases for the disease in the pair. The program PLINK 37was used to compute the *P-values* for associations of SNPs with each disease in each iteration, including the first 10 principal components and ethnicity as covariates. We, then, computed the bi-directional look-up table of the conjFDR for each pair of diseases and for each iteration. The averaged look-up table across 10 iterations was used to assign conjFDR to each SNP. SNPs in the extended MHC region (chr6: 25652429– 33368333) were removed before analysis for all pairs.

Annotation SNPs to Genes: SNPs having conjFDR ≤ 0.05 were considered as signals of association with both diseases (pleiotropic with two diseases). We defined the genomic loci tagged by the identified SNPs by using LD $r^2 \le 0.1$ (two SNPs having LD $r^2 > 0.1$ are considered as within one loci) and by distance 1Mb (two consecutive loci with genomic distance closer than 1Mb, were merged in one). The SNP with the lowest conjFDR value in each locus was taken as the leading SNP of the locus. Genes closest to or in the each locus were identified by the online Ensembl variant effect predictor tool based on the GRCH37 build.

Pleiotropy between pair of diseases: Since the power of the conjunctional FDR method depends on the sample sizes and the similarity of genetic architecture (mainly, polygenicity) of both diseases in a pair. We didn't find pleiotropic signals outside of the MHC region between other pairs of diseases except for CD and UC. We identified 111 independent loci pleiotropic to the CD and UC with conjFDR \leq 0.05, which include 179 unique genes (**Supplementary Table 17**). Among the 111 independent loci, 44 overlap with the loci identified by the primary subset-based meta-analysis. There are 29 loci above the estimated expected FDR (0.025) using the recently described method¹⁴ of which 6 overlaps with the loci identified by the primary subset-based meta-analysis.

Members of the International Inflammatory Bowel Disease Genetics Consortium (IIBDGC)

Clara Abraham³⁴, Jean-Paul Achkar^{35,36}, Tariq Ahmad³⁷, Leila Amininejad^{38,39}, Ashwin N Ananthakrishnan^{28,40}, Vibeke Andersen^{9,10}, Carl A Anderson⁷, Jane M Andrews⁴¹, Vito Annese^{42,43}, Guy Aumais^{32,44}, Leonard Baidoo²⁹, Robert N Baldassano⁴⁵, Peter A Bampton⁴⁶, Murray Barclay⁴⁷, Jeffrey C Barrett⁷, Theodore M Bayless⁴⁸, Johannes Bethge⁴⁹, Alain Bitton⁵⁰, Gabrielle Boucher⁸, Stephan Brand⁵¹, Berenice Brandt⁴⁹, Steven R Brant⁴⁸, Carsten Büning⁵², Angela Chew^{19,53}, Judy H $Cho³³$, Isabelle Cleynen¹¹, Ariella Cohain⁵⁴, Anthony Croft⁵⁵, Mark J Daly^{1,2}, Mauro D'Amato^{12,13}, Silvio Danese⁵⁶, Dirk De Jong⁵⁷, Martine De Vos⁵⁸, Goda Denapiene⁵⁹, Lee A Denson⁶⁰, Kathy L Devaney²⁸, Olivier Dewit⁶¹, Renata D'Inca⁶², Marla Dubinsky⁶³, Richard H Duerr^{29,30}, Cathryn Edwards⁶⁴, David Ellinghaus¹⁵, Jonah Essers^{65,66}, Lynnette R Ferguson⁶⁷, Eleonora A Festen²⁶, Philip Fleshner¹⁷, Tim Florin⁶⁸, Denis Franchimont^{38,39}, Andre Franke¹⁵, Karin Fransen⁶⁹, Richard Gearry^{47,70}, Michel Georges^{3,4}, Christian Gieger⁷¹, Jürgen Glas^{51,72}, Philippe Goyette⁸, Todd Green^{2,65}, Anne M Griffiths⁷³, Stephen L Guthery⁷⁴, Hakon Hakonarson⁴⁵, Jonas Halfvarson¹⁶, Katherine Hanigan⁵⁵, Talin Haritunians¹⁷, Ailsa Hart⁷⁵, Chris Hawkey⁷⁶, Nicholas K Hayward⁷⁷, Matija Hedl³⁴, Paul Henderson^{78,79}, Xinli Hu⁸⁰, Hailiang Huang^{1,2}, Ken Y Hui³³, Marcin Imielinski⁴⁵, Andrew Ippoliti¹⁷, Laimas Jonaitis⁸¹, Luke Jostins^{5,6}, Tom H Karlsen^{82,83,84}, Nicholas A Kennedy²⁰, Mohammed Azam Khan^{85,86}, Gediminas Kiudelis⁸¹, Krupa Krishnaprasad⁸⁷, Subra Kugathasan⁸⁸, Limas Kupcinskas⁸⁹, Anna Latiano⁴², Debby Laukens⁵⁸, Ian C Lawrance^{90,91}, James C Lee²³, Charlie W Lees²⁰, Marcis Leja⁹², Johan Van Limbergen⁷³, Paolo Lionetti⁹³, Jimmy Z Liu⁷, Edouard Louis²¹, Gillian Mahy⁹⁴, John Mansfield⁹⁵, Dunecan Massey²³, Christopher G Mathew^{24,31}, Dermot PB McGovern¹⁷, Raquel Milgrom⁹⁶, Mitja Mitrovic^{69,97}, Grant W Montgomery⁷⁷, Craig Mowat⁹⁸, William Newman^{85,86}, Aylwin Ng^{28,99}, Siew C Ng¹⁰⁰, Sok Meng Evelyn Ng³⁴, Susanna Nikolaus⁴⁹, Kaida Ning³⁴, Markus Nöthen¹⁰¹, Ioannis Oikonomou³⁴, Orazio Palmieri⁴², Miles Parkes²³, Anne Phillips⁹⁸, Cyriel Y Ponsioen¹⁰², Urõs Potocnik^{97,103}, Natalie J Prescott^{24,31}, Deborah D Proctor³⁴, Graham Radford-Smith^{55,104}, Jean-Francois Rahier¹⁰⁵, Soumya Raychaudhuri⁸⁰, Miguel Regueiro²⁹, Florian Rieder³⁵, John D Rioux^{8,32}, Stephan Ripke^{1,2}, Rebecca Roberts⁴⁷, Richard K Russell⁷⁸, Jeremy D Sanderson¹⁰⁶, Miquel Sans¹⁰⁷, Jack Satsangi²⁰, Eric E Schadt⁵⁴, Stefan Schreiber^{15,49}, Dominik Schulte⁴⁹, L Philip Schumm¹⁰⁸, Regan Scott²⁹, Mark Seielstad^{109,110}, Yashoda Sharma³⁴, Mark S Silverberg⁹⁶, Lisa A Simms⁵⁵, Jurgita Skieceviciene ⁸¹, Sarah L Spain^{24,25}, A. Hillary Steinhart⁹⁶, Joanne M Stempak⁹⁶, Laura Stronati¹¹¹, Jurgita Sventoraityte⁸⁹, Stephan R Targan¹⁷, Kirstin M Taylor¹⁰⁶, Anje ter Velde¹⁰², Emilie Theatre^{3,4}, Leif Torkvist¹¹², Mark Tremelling¹¹³, Andrea van der Meulen¹¹⁴, Suzanne van Sommeren²⁶, Eric Vasiliauskas¹⁷, Severine Vermeire^{11,27}, Hein W Verspaget¹¹⁴, Thomas Walters^{73,115}, Kai Wang ⁴⁵, Ming-Hsi Wang ^{35,48}, Rinse K Weersma²⁶, Zhi Wei¹¹⁶, David Whiteman⁷⁷, Cisca Wijmenga⁶⁹, David C Wilson^{78,79}, Juliane Winkelmann^{117,118}, Ramnik J Xavier^{2,28}, Bin Zhang⁵⁴, Clarence K Zhang¹¹⁹, Hu Zhang^{120,121}, Wei Zhang³⁴, Hongyu Zhao¹¹⁹, Zhen Z Zhao⁷⁷

¹ Analytic and Translational Genetics Unit, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA. ²Broad Institute of MIT and Harvard, Cambridge, Massachusetts, USA. ³Unit of Animal Genomics, Groupe Interdisciplinaire de Génoprotéomique Appliquée (GIGA-R) Research Center, University of Liège, Liège, Belgium. ⁴Faculty of Veterinary Medicine, University of Liège, Liège, Belgium. ⁵Wellcome Trust Centre for Human Genetics, University of Oxford, Headington, UK. ⁶Christ Church, University of Oxford, St Aldates, UK. ⁷Wellcome Trust Sanger Institute, Hinxton (Cambridge), UK. ⁸Research Center, Montreal Heart Institute, Montréal, Québec, Canada. ⁹Medical Department, Viborg Regional Hospital, Viborg, Denmark. 10 Organ Center, Hospital of Southern Jutland Aabenraa, Aabenraa, Denmark. 11 Department of Clinical and experimental medicine, Translational Research in GastroIntestinal Disorders (TARGID), Katholieke Universiteit (KU) Leuven, Leuven, Belgium. 12Department of Biosciences and Nutrition, Karolinska Institutet,

Stockholm, Sweden. 13BioCruces Health Research Institute and IKERBASQUE, Basque Foundation for Science, Bilbao, Spain. ¹⁴Illumina, San Diego, California, USA. ¹⁵Institute of Clinical Molecular Biology, Christian-Albrechts-University of Kiel, Kiel, Germany. 16Department of Gastroenterology, Faculty of Medicine and Health, Örebro University, Örebro, Sweden. 17F.Widjaja Foundation Inflammatory Bowel and Immunobiology Research Institute, Cedars-Sinai Medical Center, Los Angeles, California, USA. ¹⁸Department of psychiatry, University of Toronto, Toronto, Ontario, Canada. 19School of Medicine and Pharmacology, University of Western Australia, Fremantle, Australia. 20Gastrointestinal Unit, Wester General Hospital University of Edinburgh, Edinburgh, UK. 21Division of Gastroenterology, Centre Hospitalier Universitaire (CHU) de Liège, Liège, Belgium. 22Laboratory for Genotyping Development, Center for Integrative Medical Sciences, RIKEN, Yokohama, Japan. ²³Inflammatory Bowel Disease Research Group, Addenbrooke's Hospital, Cambridge, UK. 24Department of Medical and Molecular Genetics, King's College London School of Medicine, Guy's Hospital, London, UK. ²⁵Centre for Therapeutic Target Validation, Wellcome Trust Genome Campus, Hinxton (Cambridge), UK. ²⁶Department of Gastroenterology and Hepatology, University Medical Center Groningen, Groningen, The Netherlands. 27Division of Gastroenterology, University Hospital Gasthuisberg, Leuven, Belgium. 28Gastroenterology Unit, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA. 29Division of Gastroenterology, Hepatology and Nutrition, Department of Medicine, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, USA. ³⁰Department of Human Genetics, University of Pittsburgh Graduate School of Public Health, Pittsburgh, Pennsylvania, USA. ³¹Department of Medical and Molecular Genetics, Guy's Hospital, London, UK. 32Faculté de Médecine, Université de Montréal, Montréal, Québec, Canada. 33Department of Genetics, Yale School of Medicine, New Haven, Connecticut, USA. ³⁴Section of Digestive Diseases, Department of Internal Medicine, Yale School of Medicine, New Haven, Connecticut, USA. 35Department of Gastroenterology and Hepatology, Digestive Disease Institute, Cleveland Clinic, Cleveland, Ohio, USA. ³⁶Department of Pathobiology, Lerner Research Institute, Cleveland Clinic, Cleveland, Ohio, USA. ³⁷Peninsula College of Medicine and Dentistry, Exeter, UK. ³⁸Department of Gastroenterology, Erasmus Hospital, Brussels, Belgium. 39Department of Gastroenterology, Free University of Brussels, Brussels, Belgium. 40Division of Medical Sciences, Harvard Medical School, Boston, Massachusetts, USA. 41Inflammatory Bowel Disease Service, Department of Gastroenterology and Hepatology, Royal Adelaide Hospital, Adelaide, Australia. 42Unit of Gastroenterology, Istituto di Ricovero e Cura a Carattere Scientifico-Casa Sollievo della Sofferenza (IRCCS-CSS) Hospital, San Giovanni Rotondo, Italy. 43Strutture Organizzative Dipartimentali (SOD) Gastroenterologia 2, Azienda Ospedaliero Universitaria (AOU) Careggi, Florence, Italy. 44Department of Gastroenterology, Hôpital Maisonneuve-Rosemont, Montréal, Québec, Canada. 45Center for Applied Genomics, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA. ⁴⁶Department of Gastroenterology and Hepatology, Flinders Medical Centre and School of Medicine, Flinders University, Adelaide, Australia. ⁴⁷Department of Medicine, University of Otago, Christchurch, New Zealand. ⁴⁸Meyerhoff Inflammatory Bowel Disease Center, Department of medicine, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA. ⁴⁹Department for General Internal Medicine, Christian-Albrechts-University, Kiel, Germany. ⁵⁰Division of Gastroenterology, Royal Victoria Hospital, Montréal, Québec, Canada. ⁵¹Department of Medicine II, Ludwig-Maximilians-University Hospital Munich-Grosshadern, Munich, Germany. ⁵²Department of Gastroenterology, Campus Charité Mitte, Universitatsmedizin Berlin, Berlin, Germany.⁵³IBD unit, Fremantle Hospital, Fremantle, Australia. ⁵⁴Department of Genetics and Genomic Sciences, Mount Sinai School of Medicine, New York, New York, USA. ⁵⁵Inflammatory Bowel Diseases, Genetics and Computational Biology, Queensland Institute of Medical Research, Brisbane, Australia. ⁵⁶IBD Center, Department of Gastroenterology, Istituto Clinico Humanitas, Milan, Italy. ⁵⁷Department of Gastroenterology and Hepatology, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands. ⁵⁸Department of Hepatology and Gastroenterology, Ghent University Hospital, Ghent, Belgium. ⁵⁹Center of hepatology, Gastroenterology and Dietetics, Vilnius University, Vilnius, Lithuania. ⁶⁰Pediatric Gastroenterology, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA. ⁶¹Department of Gastroenterology, Université Catholique de Louvain (UCL) Cliniques Universitaires Saint-Luc, Brussels, Belgium. 62Division of Gastroenterology, University Hospital Padua, Padua, Italy. 63Department of Pediatrics, Cedars Sinai Medical Center, Los Angeles, California, USA. ⁶⁴Department of Gastroenterology, Torbay Hospital, Torbay, Devon, UK. ⁶⁵Center for Human Genetic Research, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA. ⁶⁶Pediatrics, Harvard Medical School, Boston, Massachusetts, USA. ⁶⁷Faculty of Medical & Health Sciences, School of

Medical Sciences, The University of Auckland, Auckland, New Zealand. ⁶⁸Department of Gastroenterology, Mater Health Services, Brisbane, Australia. ⁶⁹Department of Genetics, University Medical Center Groningen, Groningen, The Netherlands.⁷⁰Department of Gastroenterology, Christchurch Hospital, Christchurch, New Zealand. 71Institute of Genetic Epidemiology, Helmholtz Zentrum München - German Research Center for Environmental Health, Neuherberg, Germany. 72Department of Preventive Dentistry and Periodontology, Ludwig-Maximilians-University Hospital Munich-Grosshadern, Munich, Germany. 73Division of Pediatric Gastroenterology, Hepatology and Nutrition, Hospital for Sick Children, Toronto, Ontario, Canada.
⁷⁴Department of Pediatrics, University of Utah School of Medicine, Salt Lake City, Utah, USA. ⁷⁵Department of Medicine, St Mark's Hospital, Harrow, Middlesex, UK.⁷⁶Nottingham Digestive Diseases Centre, Queens Medical Centre, Nottingham, UK.⁷⁷Molecular Epidemiology, Genetics and Computational Biology, Queensland Institute of Medical Research, Brisbane, Australia. 78Paediatric Gastroenterology and Nutrition, Royal Hospital for Sick Children, Edinburgh, UK. ⁷⁹Child Life and Health, University of Edinburgh, Edinburgh, Scotland, UK. ⁸⁰Division of Rheumatology Immunology and Allergy, Brigham and Women's Hospital, Boston, Massachusetts, USA. ⁸¹Academy of Medicine, Lithuanian University of Health Sciences, Kaunas, Lithuania. ⁸²Research Institute of Internal Medicine, Department of Transplantation Medicine, Division of Cancer, Surgery and Transplantation, Oslo University Hospital Rikshospitalet, Oslo, Norway. ⁸³Norwegian PSC Research Center, Department of Transplantation Medicine, Division of Cancer, Surgery and Transplantation, Oslo University Hospital Rikshospitalet, Oslo, Norway. 84K.G. Jebsen Inflammation Research Centre, Institute of Clinical Medicine, University of Oslo, Oslo, Norway. 85Genetic Medicine, Manchester Academic Health Science Centre, Manchester, UK. ⁸⁶The Manchester Centre for Genomic Medicine, University of Manchester, Manchester, UK. ⁸⁷QIMR Berghofer Medical Research Institute, Royal Brisbane Hospital, Brisbane, Australia. ⁸⁸Department of Pediatrics, Emory University School of Medicine, Atlanta, Georgia, USA. ⁸⁹Department of Gastroenterology, Kaunas University of Medicine, Kaunas, Lithuania. ⁹⁰Centre for inflammatory Bowel Diseases, Saint John of God Hospital, Subiaco, Australia. ⁹¹School of Medicine and Pharmacology, University of Western Australia, Harry Perkins Institute for Medical Research, Murdoch, Australia. 92Faculty of medicine, University of Latvia, Riga, Latvia. 93Dipartimento di Neuroscienze, Psicologia, Area del Farmaco e Salute del Bambino (NEUROFARBA), Universitˆ di Firenze Strutture Organizzative Dipartimentali (SOD) Gastroenterologia e Nutrizione Ospedale pediatrico Meyer, Firenze, Italy. ⁹⁴Department of Gastroenterology, The Townsville Hospital, Townsville, Australia. ⁹⁵Institute of Human Genetics, Newcastle University, Newcastle upon Tyne, UK. ⁹⁶Inflammatory Bowel Disease Centre, Mount Sinai Hospital, Toronto, Ontario, Canada. 97Center for Human Molecular Genetics and Pharmacogenomics, Faculty of Medicine, University of Maribor, Maribor, Slovenia. ⁹⁸Department of Medicine, Ninewells Hospital and Medical School, Dundee, UK.
⁹⁹Center for Computational and Integrative Biology, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA. ¹⁰⁰Department of Medicine and Therapeutics, Institute of Digestive Disease, Chinese University of Hong Kong, Hong Kong. ¹⁰¹Department of Genomics Life & Brain Center, University Hospital Bonn, Bonn, Germany. ¹⁰²Department of Gastroenterology, Academic Medical Center, Amsterdam, The Netherlands. ¹⁰³Faculty for Chemistry and Chemical Engineering, University of Maribor, Maribor, Slovenia. ¹⁰⁴Department of Gastroenterology, Royal Brisbane and Womens Hospital, Brisbane, Australia.
¹⁰⁵Department of Gastroenterology, Université Catholique de Louvain (UCL) Centre Hospitalier Universitaire (CHU) Mont-Godinne, Mont-Godinne, Belgium. ¹⁰⁶Department of Gastroenterology, Guy's & St Thomas' NHS Foundation Trust, St-Thomas Hospital, London, UK. ¹⁰⁷Department of Digestive Diseases, Hospital Quiron Teknon, Barcelona, Spain. 108Department of Public Health Sciences, University of Chicago, Chicago, Illinois, USA. ¹⁰⁹Human Genetics, Genome Institute of Singapore, Singapore. ¹¹⁰Institute for Human Genetics, University of California, San Francisco, San Francisco, California, USA. 111Department of Biology of Radiations and Human Health, Agenzia nazionale per le nuove tecnologie l'energia e lo sviluppo economico sostenibile (ENEA), Rome, Italy. ¹¹²Department of Clinical Science Intervention and Technology, Karolinska Institutet, Stockholm, Sweden. 113Gastroenterology & General Medicine, Norfolk and Norwich University Hospital, Norwich, UK. ¹¹⁴Department of Gastroenterology, Leiden University Medical Center, Leiden, The Netherlands. ¹¹⁵Faculty of medicine, University of Toronto, Toronto, Ontario, Canada. ¹¹⁶Department of Computer Science, New Jersey Institute of Technology, Newark, New Jersey, USA. ¹¹⁷Institute of Human Genetics, Technische Universität München, Munich, Germany. ¹¹⁸Department of Neurology, Technische Universität München, Munich, Germany. 119Department of Biostatistics, School of Public Health, Yale

University, New Haven, Connecticut, USA. ¹²⁰Department of Gastroenterology, West China Hospital, Chengdu, Sichuan, China. 121State Key Laboratory of Biotherapy, Sichuan University West China University of Medical Sciences (WCUMS), Chengdu, Sichuan, China

Members of the International Genetics of Ankylosing Spondylitis Consortium (IGAS)

Adrian Cortes1, Johanna Hadler1, Jenny P Pointon2, Philip C Robinson1, Tugce Karaderi2, Paul Leo1, Katie Cremin1, Karena Pryce1, Jessica Harris1, Seunghun Lee3, Kyung Bin Joo3, Seung-Cheol Shim4, Michael Weisman5, Michael Ward6, Xiaodong Zhou7, Henri-Jean Garchon8,9, Gilles Chiocchia8, Johannes Nossent10,11, Benedicte A Lie12,13, Øystein Førre14, Jaakko Tuomilehto15– 17, Kari Laiho18, Lei Jiang19, Yu Liu19, Xin Wu19, Linda A Bradbury1, Zhixiu Li1, Dirk Elewaut20, Ruben Burgos-Vargas21, Simon Stebbings22, Louise Appleton2, Claire Farrah2, Jonathan Lau2, Tony J Kenna1, Nigil Haroon23, Manuel A Ferreira24, Jian Yang1, Juan Mulero25, Jose Luis Fernandez-Sueiro26, Miguel A Gonzalez-Gay27, Carlos Lopez-Larrea28,29, Panos Deloukas30, Peter Donnelly31, **Australo-Anglo-American Spondyloarthritis Consortium (TASC), Groupe Française d'Etude Génétique des Spondylarthrites (GFEGS), Nord-røndelag Health Study (HUNT), Spondyloarthritis Research Consortium of Canada (SPARCC),** Paul Bowness2, Karl Gafney33, Hill Gaston34, Dafna D Gladman35–37, Proton Rahman38, Walter P Maksymowych39, Huji Xu19, J Bart A Crusius40, Irene E van der Horst-Bruinsma41, Chung-Tei Chou42,43, Raphael Valle-Oñate44, Consuelo Romero-Sánchez44, Inger Myrnes Hansen45, Fernando M Pimentel-Santos46, Robert D Inman23, Vibeke Videm47,48, Javier Martin49, Maxime Breban8,9, John D Reveille7, David M Evans1,50,51, Tae-Hwan Kim3, Bryan Paul Wordsworth2 & Matthew A Brown1.

1University of Queensland Diamantina Institute, Translational Research Institute, Brisbane, Queensland, Australia. 2National Institute for Health Research (NIHR) Oxford Musculoskeletal Biomedical Research Unit, Nuffield Orthopaedic Centre, Headington, Oxford, UK. 3Department of Rheumatology, Hanyang University Hospital for Rheumatic Diseases, Seoul, Republic of Korea. 4Department of Medicine, Division of Rheumatology, Eulji University Hospital, Daejeon, Republic of Korea. 5Department of Medicine/Rheumatology, Cedars-Sinai Medical Center, Los Angeles, California, USA. 6National Institute of Arthritis and Musculoskeletal and Skin Diseases, US National Institutes of Health, Bethesda, Maryland, USA. 7Rheumatology and Clinical Immunogenetics, University of Texas Health Science Center at Houston, Houston, Texas, USA. 8Institut Cochin, Universite Paris–Descartes, Centre National de Recherche Scientifique (CNRS) Unite Mixte de Recherhce (UMR) 8104, Institut National de la Sante et de la Recherche Medicale (INSERM) U1016, Paris, France. 9Division of Rheumatology, Ambroise Pare Hospital, Assistance Publique–Ho^pitaux de Paris, Versailles-Saint-Quentin en Yvelines University, Boulogne-Billancourt, France. 10University Hospital North Norway, Tromso, Norway. 11Division of Medicine, Royal Darwin Hospital, Darwin, Northern Territory, Australia. 12Department of Medical Genetics, University of Oslo and Oslo University Hospital, Oslo, Norway. 13Department of Immunology, Oslo University Hospital, Oslo, Norway. 14Department of Rheumatology, University Hospital Oslo, Oslo, Norway. 15Centre for Vascular Prevention, Danube-University Krems, Krems, Austria. 16Diabetes Prevention Unit, National Institute for Health and Welfare, Helsinki, Finland. 17King Abdulaziz University, Jeddah, Saudi Arabia. 18Paijat-Hame Central Hospital, Lahti, Finland. 19Department of Rheumatology and Immunology, Shanghai Changzheng Hospital, Second Military Medical University, Shanghai, China. 20 VIB Inflammation Research Center, Ghent University, Ghent, Belgium and Department of Rheumatology, Ghent University Hospital, Ghent, Belgium.21Department of Rheumatology, Hospital General de Mexico, Faculty of Medicine, Universidad Nacional Autonoma de Mexico, Mexico City, Mexico. 22Department of Medicine, Dunedin School of Medicine, University of Otago, Dunedin, New Zealand. 23Division of Rheumatology, Toronto Western Hospital, Toronto, Ontario, Canada. 24Queensland Institute of Medical Research, Royal Brisbane Hospital, Herston, Queensland, Australia. 25Rheumatology Department,

Hospital Puerta de Hierro, Madrid, Spain. 26Rheumatology Department, Complejo Hospitalario La Coruna, Instituto de Investigacion Biomedica A Coruna (INIBIC), La Coruna, Spain. 27Rheumatology Department, Hospital Marques de Valcecilla, Instituto de Formacion e Investigacion Marques de Valcecillas (IFIMAV), Santander, Spain. 28Department of Immunology, Asturias Central University Hospital, Oviedo, Spain. 29Fundación Renal "Iñigo Alvarez de Toledo", Madrid, Spain. 30Wellcome Trust Sanger Institute, Cambridge, UK. 31Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford, UK. 33Department of Rheumatology, Norfolk and Norwich University Hospital, Norwich, UK. 34Department of Medicine, University of Cambridge, Addenbrooke's Hospital, Cambridge, UK. 35Division of Rheumatology, University of Toronto, Toronto, Ontario, Canada. 36Toronto Western Research Institute, Toronto, Ontario, Canada. 37Psoriatic Arthritis Program, University Health Network, Toronto, Ontario, Canada. 38Memorial University of Newfoundland, St. John's, Newfoundland, Canada. 39Department of Medicine, University of Alberta, Edmonton, Alberta, Canada. 40Laboratory of Immunogenetics, Department of Medical Microbiology and Infection Control, VU University Medical Center, Amsterdam, The Netherlands. 41Department of Rheumatology, VU University Medical Center, Amsterdam, The Netherlands. 42Department of Medicine, Division of Allergy, Immunology, Rheumatology, Taipei Veterans General Hospital, Taipei, Taiwan. 43School of Medicine, National Yang-Ming University, Taipei, Taiwan. 44Spondyloarthropathies Group, Hospital Militar – School of Medicine, Universidad *Militar* Nueva Granada, Bogota, Colombia. 45Helgelandssykehuset, Mo i Rana, Norway. 46Chronic Diseases Research Centre (CEDOC), Faculdade de Cie^ncias Medicas, Universidade Nova de Lisboa, Lisbon, Portugal. 47Department of Laboratory Medicine, Children's and Women's Health, Norwegian University of Science and Technology, Trondheim, Norway. 48Department of Immunology and Transfusion Medicine, Trondheim University Hospital, Trondheim, Norway. 49Instituto de Parasitologia y Biomedicina Lopez-Neyra, Consejo Superior de Investigaciones Cientificas, Granada, Spain. 50Medical Research Council (MRC) Integrative Epidemiology Unit, University of Bristol, UK. 51School of Social and Community Medicine, University of Bristol, Bristol, UK.

Membership of Australo-Anglo-American Spondyloarthritis Consortium (TASC)

John D. Reveille1, Bryan Paul Wordsworth2, Matthew A. Brown34, Adrian Cortes3, Paul Leo3, Tony J. Kenna3, Johanna Hadler3, Katie Cremin3, Karena Pryce3, Jessica Harris34, Jenny P. Pointon2, Tugce Karaderi2, Michael H Weisman5, Michael Ward6, Linda A. Bradbury34, Robert D. Inman7

1 Rheumatology and Clinical Immunogenetics, University of Texas Health Science Center at Houston, Houston, Texas, USA; 2 National Institute for Health Research (NIHR) Oxford Musculoskeletal Biomedical Research Unit, Nuffield Orthopaedic Centre, Headington, Oxford, United Kingdom; 3 University of Queensland Diamantina Institute, Translational Research Institute, Brisbane, Australia; 4 Institute of Health & Biomedical Innovation (IHBI), Faculty of Health, Queensland University of Technology (QUT), Translational Research Institute, Brisbane, Queensland, Australia. 5 Department of Medicine/Rheumatology, Cedars--**‐**Sinai Medical

Center, Los Angeles, California, USA; 6 National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institutes of Health, Bethesda, Maryland, USA; 7 Division of Rheumatology, Toronto Western Hospital, Toronto, Canada.

Membership of Groupe Francaise d'Etude Genetique des Spondylarthrites (GFEGS)

Maxime Breban1,2, Gilles Chiocchia1,2, Henri-Jean Garchon1,2, Roula Said-Nahal2, Felicie Costantino2, Ariane Leboime2

1 INSERM U1173, Faculty of Health Sciences Simone Veil, Versailles-St-Quentin University, Montigny-le-Bretonneux, France; 2 Rheumatology Division, Ambroise Pare Hospital, Assistance Publique-Hopitaux de Paris, Boulogne-Billancourt, France.

Membership of Nord-Trøndelag health study (HUNT)

Vibeke Videm1,2

1 Department of Laboratory Medicine, Children's and Women's Health, Norwegian University of Science and Technology, Trondheim, Norway; 2 Department of Immunology and Transfusion Medicine, Tronheim University Hospital, Norway.

Membership of Spondyloarthritis Research Consortium of Canada (SPARCC)

Dafna Gladman1,2,3, Nigil Haroon4, Robert Inman4, Walter Maksymowych5, and Proton Rahman6.

1 Division of Rheumatology, University of Toronto, Toronto, Canada; 2 Toronto Western Research Institute, Toronto, Canada; 3 Psoriatic Arthritis Program, University Health Network; 4 Division of Rheumatology, Toronto Western Hospital, Toronto, Canada; 5 Department of Medicine, University of Alberta, Canada; 6 Memorial University of Newfoundland, Newfoundland, Canada.

Members of International PSC Study Group (IPSCSG)

Jimmy Z. Liu¹, Johannes Roksund Hov^{2,3,4,5}, Simon M. Rushbrook⁶, Tobias J. Weismüller^{7,8}, Bertus Eksteen⁹, Pietro Invernizzi¹⁰, Gideon M. Hirschfield^{11,12}, Daniel Nils Gotthardt¹³, Albert Pares¹⁴, Piotr Milkiewicz¹⁵, Christian Rust¹⁶, Ulrich H. Beuers¹⁷, Christoph Schramm¹⁸, Tobias Müller¹⁹, Brijesh Srivastava²⁰, Georgios Dalekos^{21,22}, Cyriel Y. Ponsioen²³, Martina Sterneck²⁴, Andreas Teufel²⁵, Andrew L. Mason²⁶, Domenico Alvaro²⁷, Tim Lankisch²⁸, Einar Björnsson²⁹, Marco Marzioni³⁰, Niklas Björkström^{31,} Mette Vesterhus^{2,32}, Marco Carbone³³, Ana Lleo³⁴, Fredrik Rorsman³⁵, Maria Benito de Valle Villalba³⁶, Hanns-Ulrich Marschall³⁷, Annarosa Floreani³⁸, Kristian Hveem³⁹, Richard N. Sandford⁴⁰, Ansgar W. Lohse⁴¹, Peter R. Durie⁴², Espen Melum^{2,3,4,5}, Leonid Padyukov⁴³, Kirsten Muri Boberg^{2,4,5}, Olivier Chazouillères⁴⁴, Christopher L. Bowlus⁴⁵, Erik Schrumpf^{2,4,5}, Severine Vermeire^{46,47}, Graeme Alexander⁴⁸, Annika Bergquist⁴⁹, Michael P. Manns^{50,51}, Martti Färkkilä⁵², Roger W. Chapman⁵³, Carl A. Anderson¹.

- 1. Department of Human Genetics, Wellcome Trust Sanger Institute, Wellcome Trust Genome Campus, Hinxton, CB10 1SA, England, UK.
- 2. Norwegian PSC Research Center, Oslo University Hospital, Oslo, Norway Department of Transplantation Medicine, Oslo University Hospital, Oslo, Norway.
- 3. Institute of Clinical Medicine, University of Oslo, Oslo, Norway.
- 4. Section of Gastroenterology, Department of Transplantation Medicine, Oslo University Hospital, Oslo, Norway.
- 5. Research Institute of Internal Medicine, Oslo University Hospital Rikshospitalet, Oslo, Norway.
- 6. Norfolk and Norwich University Hospital, Colney Lane, Norwich NR4 7UY, UK.
- 7. Department of Gastroenterology, Hepatology and Endocrinology, Hannover Medical School, Hannover, Germany.
- 8. Integrated Research and Treatment Center-Transplantation (IFB-tx), Hannover Medical School, Hannover, Germany.
- 9. Snyder Institute of Chronic Diseases, Department of Medicine, University of Calgary, Calgary, Canada.
- 10. International Center for Digestive Health, Department of Medicine and Surgery, University of Milan-Bicocca, Milan, Italy.
- 11. Division of Gastroenterology, Department of Medicine, University of Toronto, Toronto, Canada.
- 12. Centre for Liver Research, NIHR Biomedical Research Unit, Birmingham, UK.
- 13. Department of Medicine, University Hospital of Heidelberg, Heidelberg, Germany.
- 14. Liver Unit, Hospital Clínic, IDIBAPS, CIBERehd, University of Barcelona, Barcelona. Spain.
- 15. Liver Unit and Liver Research Laboratories, Pomeranian Medical University, Szczecin, Poland.
- 16. Department of Medicine 2, Grosshadern, University of Munich, Munich, Germany.
- 17. Department of Gastroenterology & Hepatology, Tytgat Institute for Liver and Intestinal Research, Academic Medical Center, University of Amsterdam, The Netherlands.
- 18. 1st Department of Medicine, University Medical Center Hamburg-Eppendorf, Hamburg, Germany.
- 19. Department of Internal Medicine, Hepatology and Gastroenterology, Charité Universitätsmedizin Berlin, Berlin, Germany.
- 20. Academic Department of Medical Genetics, University of Cambridge, Cambridge, UK.
- 21. Department of Medicine, Medical School, University of Thessaly, Larissa, Greece.
- 22. Research Laboratory of Internal Medicine, Medical School, University of Thessaly, Larissa, **Greece**
- 23. Department of Gastroenterology and Hepatology, Academic Medical Center Amsterdam, the Netherlands.
- 24. Department of Hepatobiliary Surgery and Transplantation, University Medical Center Hamburg-Eppendorf, Hamburg, Germany.
- 25. 1st Department of Medicine, University of Mainz, Mainz, Germany.
- 26. Division of Gastroenterology and Hepatology, University of Alberta, Edmonton, Alberta, Canada.
- 27. Department of Clinical Medicine, Division of Gastroenterology, Sapienza University of Rome, Rome, Italy.
- 28. Department of Gastroenterology Hepatology and Endocrinology, Hannover Medical School, Hannover, Germany.
- 29. Department of Internal Medicine, Division of Gastroenterology and Hepatology, Landspitali University Hospital, Reykjavik, Iceland.
- 30. Riuniti University Hospital, Ancona, Italy.
- 31. Center for Infectious Medicine, Department of Medicine Huddinge, Karolinska Institutet, Stockholm, Sweden.
- 32. National Centre for Ultrasound in Gastroenterology, Haukeland University Hospital, Bergen, Norway.
- 33. Humanitas Clinical and Research Center, Rozzano, Milan, Italy.
- 34. Center for Autoimmune Liver Diseases, Department of Medicine, IRCCS Istituto Clinico Humanitas, Milan, Italy.
- 35. Dept of Gastroenterology and Hepatology, Uppsala Univeristy Hospital, Uppsala, Sweden.
- 36. Sahlgrenska University Hospital, Per Dubbsgatan 15, 41345 Gothenburg, Sweden.
- 37. Department of Internal Medicine, Institute of Medicine, Sahlgrenska Academy and University Hospital, Gothenburg, Sweden.
- 38. Dept. of Surgical, Oncological and Gastroenterological Sciences, University of Padova, Padova, Italy.
- 39. Department of Public Health, Faculty of Medicine, Norwegian University of Science and Technology, Trondheim, Norway.
- 40. Academic Department of Medical Genetics, University of Cambridge, Cambridge, UK.
- 41. 1st Department of Medicine, University Medical Center Hamburg-Eppendorf, Hamburg, Germany.
- 42. Physiology and Experimental Medicine, Research Institute, Hospital for Sick Children, Toronto, Ontario, Canada.
- 43. Rheumatology Unit, Department of Medicine, Karolinska Institutet and Karolinska University Hospital Solna, Stockholm, Sweden.
- 44. AP-HP, Hôpital Saint Antoine, Department of Hepatology, UPMC Univ Paris 06, Paris, France.
- 45. Division of Gastroenterology and Hepatology, University of California Davis, Davis, CA, USA.
- 46. Department of Clinical and Experimental Medicine, KU Leuven, Leuven, Belgium.
- 47. Department of Gastroenterology, University Hospitals Leuven, Leuven, Belgium.
- 48. Department of Medicine, Division of Hepatology, University of Cambridge, Cambridge, UK.
- 49. Gastrocentrum Medicin, Karolinska Univ, Stockholm, Sweden.
- 50. Department of Gastroenterology Hepatology and Endocrinology, Hannover Medical School, Hannover, Germany.
- 51. Integrated Research and Treatment Center-Transplantation (IFB-tx), Hannover Medical School, Hannover, Germany.

52. Division of Gastroenterology, Department of Medicine, Helsinki University Hospital, Finland.

53. Department of Hepatology, John Radcliffe University Hospitals NHS Trust, Oxford, UK.

Genetic Analysis of Psoriasis Consortium (GAPC)

Management Committee

Richard C Trembath (Chair)1,2, Jonathan N Barker1, A David Burden3, Michael J Cork4, Xavier Estivill5, Christopher EM Griffiths6, Juha Kere7, Ross McManus8,9, Giuseppe Novelli10,11, André Reis12, Lena Samuelsson13, Joost Schalkwijk14, Mona Ståhle15, Rachid Tazi-Ahnini4, Wolfgang Weger16, Jane Worthington17 KCL group Michael H Allen1, Jonathan N Barker1, Francesca Capon1, Adrian Hayday18, Jo Knight1,2, Frank O Nestle1, Alexandros Onoufriadis1, Catherine H Smith19, Richard C Trembath1,2, Michael E Weale1 AU-Graz group: Angelika Hofer16, Wolfgang Salmhofer16, Wolfgang Weger16, Peter Wolf16 FIN-Helsinki group: Kati Kainu20, Juha Kere7, Ulpu Saarialho-Kere20, Sari Suomela20 GER-Erlangen group: Petra Badorf12, Ulrike Hüffmeier12, Werner Kurrat21, Wolfgang Küster22, Jesús Lascorz23, Rotraut Mössner24, André Reis12, Funda Schürmeier-Horst25, Markward Ständer26, Heiko Traupe25 HOL-Nijmegen group: Judith G M Bergboer14, Martin den Heijer27, Joost Schalkwijk14, Peter C. van de Kerkhof14, Patrick L J M Zeeuwen14 IRE-Dublin group (GRIPPsA members are denoted by *): Louise Barnes8,9, Linda E Campbell28, Catriona Cusack29, Ciara Coleman8,9, Judith Conroy8,9, Sean Ennis8,9, Oliver Fitzgerald30*, Phil Gallagher30, Alan D Irvine31*, Brian Kirby30*, Trevor Markham29, WH Irwin McLean28, Ross McManus8,9*, Joe McPartlin8,9, Sarah F Rogers30, Anthony W Ryan8,9, Agnieszka Zawirska30 ITA-Rome group: Emiliano Giardina10, Tiziana Lepre10, Giuseppe Novelli10,11, Carlo Perricone10 SPA-Barcelona group: Xavier Estivill5, Gemma Martín-Ezquerra32, Ramon M Pujol32, Eva Riveira-Munoz5 SWE-Gothenburg group: Annica Inerot33, Åsa T Naluai13, Lena Samuelsson13, SWE-Stockholm group: Lotus Mallbris15, Mona Ståhle15, Katarina Wolk15 UK-Glasgow group: A David Burden3, Joyce Leman3 UK-Manchester group: Anne Barton17, Christopher EM Griffiths6, Richard B Warren6, Jane Worthington17, Helen S Young6 UK-Sheffield group: Michael J Cork4, Rachid Tazi-Ahnini4 Groningen group (Italian and Dutch controls): Isis Ricano-Ponce34,Gosia Trynka34, Cisca Wijmenga34

1Division of Genetics and Molecular Medicine, King's College London, London, UK; 2National Institute for Health Research (NIHR), Biomedical Research Centre, Guy's and St. Thomas' NHS Foundation Trust and King's College London, London, UK; 3Department of Dermatology, Western Infirmary, Glasgow, UK; 4Academic Unit of Dermatology Research, Department of Infection and Immunity, The University of Sheffield, Sheffield, UK; 5Genes and Disease Programme, Centre for Genomic Regulation (CRG) and UPF, Hospital del Mar Research Institute (CRG), and Public Health and Epidemiology Network Biomedical Research Centre (CIBERESP), Barcelona, Spain; 6Dermatological Sciences, Salford Royal NHS Foundation Trust, University of Manchester, Manchester Academic Health Science Centre, Manchester, UK; 7Department of Biosciences and Nutrition, Karolinska Institutet, Stockholm, Sweden, and Folkhälsan Institute of Genetics, Helsinki, Finland, and Department of Medical Genetics, University of Helsinki, Finland; 8Department of Clinical Medicine, Trinity College Dublin, Ireland; 9Institute of Molecular Medicine, Trinity College Dublin, Ireland 10National Agency for Evaluation of Universities and Research Institutes (ANVUR); 11Research Center San Pietro Hospital, Rome, Italy; 12Institute of Human Genetics, University of Erlangen-Nuremberg, Erlangen, Germany; 13Department of Medical and Clinical Genetics, Institute of Biomedicine, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden; 14Department of Dermatology, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands; 15Dermatology Unit, Department of Medicine, Karolinska Institutet, Stockholm, Sweden; 16Department of Dermatology, Medical University of Graz, Graz, Austria; 17Arthritis Research UK Epidemiology Unit, University of Manchester, Manchester Academic Health Science Centre, Manchester, UK; 18Division of Immunology, Infection and Inflammatory Disease; King's College London, London, UK; 19St John's Institute of Dermatology, King's College London, London, UK; 20Department of Dermatology and Venerology, University of Helsinki, Helsinki, Finland; 21Asklepios Nordseeklinik, Westerland/Sylt, Germany; 22TOMESA Clinics, Bad Salschlirf, Germany; 23Division of Molecular Genetic Epidemiology, German Cancer Research Center (DKFZ), Heidelberg, Germany; 24Department of Dermatology, University of Göttingen, Göttingen, Germany; 25Department of Dermatology, University of Münster, Münster, Germany; 26Psoriasis Rehabilitation Hospital, Bad Bentheim, Germany; 27Department of Endocrinology and Department of Epidemiology and Biostatistics, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands; 28University of Dundee, Dundee, UK; 29University College Hospital Galway, Galway, Ireland; 30St Vincent's University Hospital, Dublin, Ireland; 31Department of Clinical Medicine, Trinity College Dublin, Our Lady's Children's Hospital Crumlin, Dublin, Ireland; 32Dermatology Service, Hospital del Mar-IMAS, Barcelona, Spain; 33Department of Dermatology and Venereology, Sahlgrenska University Hospital, Gothenburg, Sweden; 34Genetics Department, University Medical Center Groningen and the University of Groningen, the Netherlands.

Psoriasis Association Genetics Extension (PAGE)

University of Michigan (UMich)

James T Elder1,2, Philip E Stuart1, Rajan P Nair1, Trilokraj Tejasvi1, Johann E. Gudjonsson1, John J Voorhees1 Lam C Tsoi3, Jun Ding3, Yanming Li3, Hyun M Kang3, Goncalo R Abecasis3 Christian-Albrechts-University (CAU) of Kiel Andre Franke4, Eva Ellinghaus4, Stefan Schreiber4, Ulrich Mrowietz5, Stephan Weidinger5, Michael Weichenthal5 University of Toronto (UToronto) Dafna D Gladman6, Fawnda J Pellett6, Vinod Chandran6, Cheryl F Rosen7 Memorial University (MU) Proton Rahman8 University of Tartu (UTartu) and Estonian Genome Center Univeristy of Tartu (EGCUT) Sulev Koks9, Külli Kingo10 Tonu Esko11, Andres Metspalu11 The Feinstein Institute for Medical Research (FIMR) Peter Gregersen12 National Psoriasis Victor Henschel BioBank (NPF) Andrew Henschel13, Marin Aurand13, Bruce Bebo13 Henry Ford Hospital (HFH) Henry W Lim14 Collaborative Research in the Region of Augsburg (KORA) H. Erich Wichmann15,16,17, Christian Gieger18, Thomas Illig19, Juliane Winkelmann20,21,22

1Department of Dermatology, University of Michigan Ann Arbor, MI 48109, USA; 2Ann Arbor Veterans Affairs Hospital, Ann Arbor, MI 48105 USA; 3Department of Biostatistics, Center for Statistical Genetics, University of Michigan Ann Arbor, MI 48109, USA; 4Institute of Clinical Molecular Biology, Christian-Albrechts-University of Kiel, 24105 Kiel, Germany; 5Department of Dermatology, University Hospital, Schleswig-Holstein, Christian-Albrechts-University of Kiel, 24105 Kiel, Germany; 6Department of Medicine, Division of Rheumatology, University of Toronto, Toronto Western Hospital, Toronto, Ontario M5T 2S8, Canada; 7Department of Medicine, Division of Dermatology, University of Toronto, Toronto Western Hospital, Toronto, Ontario MST2S8; 8Department of Medicine, Memorial University, St. John's, Newfoundland A1C 5B8, Canada; 9Department of Physiology, Centre of Translational Medicine and Centre for Translational Genomics, University of Tartu, 50409 Tartu, Estonia; 10Department of Dermatology and Venerology, University of Tartu, 50409 Tartu, Estonia; 11Estonian Genome Center and Center of Translational Genomics; Estonian Biocenter; Institute of Molecular and Cell Biology, University of Tartu, 50409 Tartu, Estonia; 12Robert S. Boas Center for Genomics and Human Genetics, The Feinstein Institute for Medical Research, Manhasset, NY 11030; 13National Psoriasis Foundation, Portland, OR 97223 USA; 14Henry Ford Hospital, Detroit, Michigan, 48202, USA. 15Institute of Epidemiology I, Helmholtz Centre Munich, German Research Center for Environmental Health, 85764 Neuherberg, Germany; 16Institute of Medical Informatics, Biometry and Epidemiology, Ludwig-Maximilians-University, 81377 Munich, Germany; 17Klinikum Grosshadern, 81377 Munich, Germany; 18Institute of Genetic Epidemiology, Helmholtz Centre Munich, German Research Center for Environmental Health, 85764 Neuherberg, Germany, 19Research Unit Molecular Epidemiology, Helmholtz Centre Munich, German Research Center for Environmental Health, 85764 Neuherberg, Germany; 20Department of Neurology, Technische Universität München, Munich, Germany; 21Institute of Human Genetics, Technische Universität München, Munich, Germany; 22Institute of Human Genetics, Helmholtz Zentrum Munich, German Research Center for Environmental Health, Munich, Germany.

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- 1. International Genetics of Ankylosing Spondylitis Consortium *et al.* Identification of multiple risk variants for ankylosing spondylitis through high-density genotyping of immune-related loci. *Nat Genet* **45**, 730-8 (2013).
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