Chinese-European SLE GWAS meta-analysis findings include ten new loci and a genetic basis for increased non-European prevalence

David L Morris^{1,19}, Yujun Sheng^{2,3,4,19}, Yan Zhang^{5,19}, Yong–Fei Wang^{5,}, Zhengwei Zhu^{2,3} Philip Tombleson^{1,}, Lingyan Chen¹, Deborah S Cunninghame Graham¹, James Bentham⁶, Amy L Roberts¹, Ruoyan Chen⁵, Xianbo Zuo^{2,3}, Tingyou Wang⁵, Leilei Wen^{2,3}, Chao Yang^{2,3}, Lu Liu^{2,3}, Lulu Yang^{2,3}, Feng Li^{2,3}, Yuanbo Huang^{2,3}, Xianyong Yin^{2,3}, Sen Yang^{2,3}, Lars Rönnblom⁷, Barbara G Fürnrohr^{8–11}, Reinhard E Voll^{8,9,12,13}, Georg Schett^{8,9}, Nathalie Costedoat–Chalumeau¹⁴, Patrick M Gaffney¹⁵, Yu Lung Lau^{5,16}, Xuejun Zhang^{2,3,17}, Wanling Yang^{5,20}, Yong Cui^{2,3,4,20}, Timothy J $Vvse^{1,19,20}$

 19 These authors contributed equally to this work

 20 These authors jointly supervised the work

¹ Division of Genetics and Molecular Medicine, King's College London, UK.

² Department of Dermatology, NO. 1 Hospital, Anhui Medical University, Hefei, Anhui, China.

³ Key Laboratory of Dermatology, Ministry of Education, Anhui Medical University, Hefei, Anhui, China.

⁴ Department of Dermatology, China–Japan Friendship Hospital, Beijing, China.

⁵ Department of Paediatrics and Adolescent Medicine, LKS Faculty of Medicine, The University of Hong Kong, Pokfulam, Hong Kong.

⁶ Department of Epidemiology and Biostatistics, School of Public Health, Imperial College London, UK.

⁷Department of Medical Sciences, Science for Life Laboratory, Uppsala University, Uppsala, Sweden

- ⁸ Department of Internal Medicine 3, Ulmenweg 18, University of Erlangen–Nuremberg, 91054 Erlangen, Germany
- ⁹ Institute for Clinical Immunology, Ulmenweg 18, University of Erlangen–Nuremberg, 91054 Erlangen, Germany
- ¹⁰ Division of Genetic Epidemiology, Innrain 80/IV, Medical University Innsbruck, 6020 Innsbruck, Austria
- ¹¹ Division of Biological Chemistry, Innrain 80/IV, Medical University Innsbruck, 6020 Innsbruck, Austria
- ¹² Department of Rheumatology, University Hospital Freiburg, Freiburg, Germany, Germany

¹³ Clinical Immunology & Centre of Chronic Immunodeficiency, University Hospital Freiburg, Freiburg, Germany, Germany

¹⁴ AP–HP, Hôpital Cochin, Centre de référence maladies auto–immunes et systémiques rares,

Paris, France; Université Paris Descartes–Sorbonne Paris Cité, Paris, France.

¹⁵ Arthritis and Clinical Immunology Program, Oklahoma Medical Research Foundation, Oklahoma City, OK 73104.

¹⁶ The University of Hong Kong Shenzhen Hospital, ShenZhen, China.

¹⁷ Department of Dermatology, Huashan Hospital of Fudan University, Shanghai, China.

¹⁸ Division of Immunology, Infection and Inflammatory Disease, King's College London, UK.

Correspondence should be addressed to TJV (timothy.vyse@kcl.ac.uk), YC [\(wuhucuiyong@vip.163.com\)](mailto:wuhucuiyong@vip.163.com) and WY (yangwl@hku.hk).

Supplementary Material

Contents:

Supplementary Notes

1. An assessment of the robustness of the GRS

To assess the robustness of the GRS, we re–calculated the GRS in both Europeans and Asian samples using SNPs derived from the European GWAS data. We then re–calculated the GRS in both Europeans and Asian samples using SNPs derived from the Chinese GWAS data. In each case the SNPs were selected based on the following criteria:

1. SNPs passed QC and were located within 250Kbp of the reported SLE–associated SNPs (Supplementary Table 1a);

2. The SNPs have showed the best association *P* value in each known locus and did not have allele ambiguity (i.e., A/T or C/G);

3. The association P value was less than 1 $x10^{-04}$.

In both alternative GRS calculations (trained on the European GWAS and trained on the Chinese GWAS) the GRS for East Asians in the 1KG population were significantly greater than those in Europeans (Supplementary Fig. 8b, *t*–test *P*–value < 2.2 x 10^{-16} in both cases), supporting an increased SLE risk scores in Chinese compared with those of the Europeans. To address a potential bias caused by the genotyping Chip, we ran a simulation study by randomly selecting SNPs (equal in number to the number of SNPs used to generate Fig 4), and used the effect sizes estimated by the trans–ethnic meta–analysis to calculate the GRSs for each individual from both populations. We performed 1,000 simulations and plotted the median GRS from each simulation. The distribution of GRS medians in Europeans was slightly higher than those in EAS population, but the difference was not significant (Supplementary Fig. 8c, paired *t–*test *P*–value=0.65; *t*–test *P*– value=0.85), further suggesting that the difference in GRS between these two populations are unlikely to be caused by bias in the choice of SNPs. Also the ratio of the GRS between the two populations, EAS median: EUR median based on the reported SLE susceptibility markers and their

3

effect sizes estimated from transancestral meta–analysis, was significantly greater than that from simulations (95% C.I. 0.913–1.097; *P*–value=0.001), further supporting real difference between Europeans and East Asians.

We also calculated the GRS in the five populations using the reported SNPs (Supplementary Table 1a) and using the same effect sizes across. We observed the same trend with the GRS increasing from west to east (Supplementary Fig. 8d), suggesting that the risk was mainly driven by increased risk allele frequency instead of effect size.

2. Prevalence of SLE

The estimates of SLE prevalence arise from many studies over a number of geographical locations and as these are not balanced with respect to the ethnicity we do not believe that absolute values of prevalence are currently available. However we can estimate relative prevalence by looking at studies that include multiple ethnicities within the same geographical location. From the studies displayed in table 2 in the paper cited here¹ we can see that within the USA the rank order of prevalence is: EUR (1) < AMR (2) < African–American (3), while in Canada the order is: EUR (1) < SAS (2) and in the UK the order is EUR (1) < SAS (2) < EAS (3) < Afro–Caribbean (4). We can assume therefore that over all locations that the African population has the highest prevalence and the European the lowest. The UK study demonstrated a higher prevalence in the EAS population than SAS. We have no study to directly compare AMR with Asians, however using the prevalence relative to the EUR population in the USA (18/7.4 = 2.43) we could estimate a prevalence of 20.5 * 2.43 = 49.86 for AMR in the UK, which is very similar to SAS. We therefore rank the ethnicities on prevalence as EUR (1) < AMR (2)/SAS (2) < EAS (3) < AFR (4). A linear model with rank of prevalence and the independent variable was used to test for correlation between predicted GRS and SLE prevalence.

3. The limitations of using imputed data.

Our study suffers from a common limitation in fine mapping studies in that the results rely on imputed data. We set a high level for imputation quality to reduce the probability of false positives in the design for the replication study. The post imputation QC may remove potential causal variants due to poor quality in one population. In this case we are left with proxy SNPs that may not share the same risk allele across populations and we may therefore miss an association in the meta– analysis. This problem highlights the need for more population specific reference panels for imputation.

Supplementary Figures 1 a-l. Forest plots for all 11 associated SNPs reported in the paper. Each study is abbreviated as follows: AH Anhui GWAS; HK Hong Kong GWAS; AH_rep The Anhui Replication study; EUR The main European GWAS; HOM the additional European GWAS used for replication; EUR_rep The European replication study.

Supplementary Figure 1 a: rs34889541 (1q31.3)

Supplementary Figure 1 b: rs2297550 (1q32.1)

Supplementary Figure 1 c: rs7579944 (2p23.1)

Supplementary Figure 1 d: rs17321999 (2p23.1)

Supplementary Figure 1 e: rs6762714 (3q28)

Supplementary Figure 1 f: rs17603856 (6p23)

Supplementary Figure 1 g: rs597325 (6q15)

Supplementary Figure 1 h: rs73135369 (7q11.23)

Supplementary Figure 1 i: rs1887428 (9p24)

Supplementary Figure 1 j: rs494003 (11q13.1)

Supplementary Figure 1 k: rs1170426 (16q22.1)

Supplementary Figure 1 l: all SNPs

Supplementary Figure 2 a-g: Plots of the gene expression data for SNPs and genes reported in Supplementary Table 3. Expression levels for each individual are plotted on the y–axis against genotype on the x–axis.

Supplementary Figure 2 a: rs2297550 (1q32.1). *IKBKE*

Supplementary Figure 2 b: rs17321999 (2p23.1). *LBH*

Supplementary Figure 2 c: rs494003 (11q13.1). *CTSW*

Supplementary Figure 2 d: rs494003 (11q13.1). *RNASEH2C*

Supplementary Figure 2 e: rs494003 (11q13.1). *FIBP*

Supplementary Figure 2 f: rs494003 (11q13.1). *MUS81*

Supplementary Figure 2 g: rs1170426 (16q22.1). *ZFP90*

Supplementary Figure 3 LocusZoom² plots for each of the 10 loci reported as associated. Each page has two plots: association p–values for the European GWAS with the LD (R²) taken from the European reference population used in LocusZoom; association p–values for the two Chinese GWAS combined (meta–analysis) with the LD (R²) taken from the Asian reference population used in LocusZoom.

Supplementary Figure 3 a: rs34889541 (1q31.3)

Supplementary Figure 3 b: rs2297550 (1q32.1)

Supplementary Figure 4: Cumulative distribution for the number of SNPs in the intersection of the Bayesian Credibility Intervals

Supplementary Figure 4. Fine mapping results. (a) Cumulative distribution of the number of loci in relation to how many SNPs are included in the intersection of the credibility sets (C.S.) of the European and Chinese GWAS. The dotted lines are colour–coded to match the certainty of particular credibility sets. Each line shows the proportion of loci that generate a set of 100 or less SNPs within the set. For example, 45% of loci are mapped to less than 100 SNPs in a 99% credibility set (red), while 97% of loci are mapped to less than 100 SNPs in a 75% credibility set (black).

Supplementary Figure 5: Fine-mapping for the novel loci.

Please see additional supplementary material.

Each figure has (1) Locuszoom* plots, (2) Venn diagrams for credibility sets (C.S.) and (3)stacked bar charts displaying the allele frequencies of SNPs in each credibility set and the intersection.

(1) The following three Locuszoom* plots are to the right of each figure: Top plot: Association p-values for the Chinese GWASs (meta-analysis: Anhui + Hong Kong). Middle plot: Association p-values for the European GWAS. Bottom plot: Association p-values for the meta-analysis (European + Anhui + Hong Kong). NOTE: The locuszoom plots have circles for SNPs contained in each C.S. (Chinese, European and meta plots) and squares for SNPs not contained in the C.S.

(2) The Venn diagrams display the number of SNPs in the credibility set calculated form the Chinese data, the credibility set calculated from the European data and the intersect of the two.

(3) The stacked bar charts display the allele frequency in Chinese (top) and European (bottom) for the SNPs in the Chinese C.S. the European C.S. and the intersect. The most associated SNP in the intersect of the credibility sets is also displayed. (RED for Chinese, BLUE for European and BLACK for meta-analysis)

The C.S.'s vary on their coverage (% level) so that the intersect contains at most 30 SNPs. We have separated the loci into groups where the level is at 95%, 90%, and 75%. Five loci had more than 30 SNPs in the intersect at any of the levels of coverage.

* http://locuszoom.sph.umich.edu/locuszoom/

CHN GTF2IRD1-GTF2I 95% Credibility Set

Supplementary Figure 5 a: GTF2IRD1-GTF2I

Supplementary Figure 5 b: RNASEH2C

Supplementary Figure 5 c: JAK2

Supplementary Figure 5 d: IKBKE

EUR IKBKE 75% Credibility So 10 $\,$ 8 META IKBKE 75% Cr 10 θ (alue) ϵ

CHN IKBKE 75% Credibility Set

Supplementary Figure 5e: ATXN1

Supplementary Figure 5 f: BACH2

CHN BACH2 75% Credit $\frac{1}{2}$ EUR BACH2 75% Credibility Set .
네가 2 ı META BACH2 75% Cre **bility Set** 91.5

ility Se

Supplementary Figure 5 g: LBH

Supplementary Figure 5 i: PTPRC(CD45)

Supplementary Figure 5 i: ZFP90

Supplementary Figure 6: 3D enrichment plots depict epigenetic modifications

Supplementary Figure 6. 3D enrichment plots depict epigenetic modifications +/-50bp overlapping all SNPs in the Credibility Sets for the 11 novel associated SNPs. The SNPs are **shown as individual tracks on the x-axis with the SNP used in the replication study marked (*) and the SNP that shows the best evidence for co-localisation with the most prominent epigenetic mark (#). Other SNP identities are listed in Supplementary Table 6. The z-axis represents log¹⁰** *P***–value against the null hypothesis that peak intensity arises from the control distribution. The z-axis is truncated at a lower level of (***P* **< 10-04). Each novel associated locus has a separate panel with results for RNA expression (RNA–seq), accessibility to DNAse, histone modification by acetylation (H3K27ac, H3K9ac) and histone modification by methylation (H3K27me3, H3K9me3) over 27 immune cells. The data from the blood cell types are consistently ordered on the y-axis according to the annotation to the right of the figure: Categories 1-9 innate response immune cells; Categories 10-24 Adaptive response immune cell types (Categories 10-11 B-cells; Categories 12-24 T-cells) and then Categories 25-27 cell lines.**

Supplementary Figure 7: Comparison of risk allele frequency and odds ratio between the Chinese and European populations. (a) Comparison of risk allele frequency; (b) Comparison of odds ratio; (c) Heat map of rank scores for each 1Mb region within each population, where the most associated region is ranked 1 and the least associated region is ranked highest. A heat map of two randomly ranked data is provided for comparison. The heat map is ordered (from top to bottom) by the sum of the ranks across the two populations. (ii) A subset of the heat map including only 250 regions (ranked by sum of the ranks). (iii) A subset of the including only 50 regions (ranked by sum of the ranks).

Fig. S8a. Histograms of genetic risk score (GRS) for a) European GWAS Cases versus Controls b) Chinese GWAS Cases versus Controls

Fig S8b. Comparison of GRS between the European and Asian individuals based on susceptibility SNPs and their effect size chosen either based on EUR GWAS (i) or CHN GWAS data (i).

i) GRS calculated using the best SNPs in each locus based on data from EUR GWAS; ii) GRS calculated using the best SNPs in each associated locus based on the CHN GWAS data. In both situations, the GRS in East Asians are significantly greater than those in Europeans (t-test pvalue < 2.2e-16 in both cases).

Fig S8c. Distribution of median GRS based on 1,000 simulation using randomly selected SNPs. The difference between the two populations is not significant (Paired t-test p-value=0.6536; t-test p-value=0.852).

Supplementary Figure 9: QQ plots and Bland Altman plots comparing European and Chinese association results

Supplementary Figure 9a. QQ-plots for heterogeneity test p-values over each chromosome.

Supplementary Figure 9b. Bland Altman plots comparing European and Chinese association results.

Supplementary table 1a: Comparison of genetic associations with SLE in European and/or Chinese studies.

This table contains association results in the European GWAS and a meta–analysis of both Chinese GWAS for SNPs published as associated in European and Chinese studies. Association signals are declared as "shared" between the Chinese and European if the locus was published as associated in Chinese and European studies, if the locus was only published in European and the association *p*–values in the Chinese meta– analysis are significant (FDR < 0.01) plus the direction of effect in all 3 GWASs are the same, or if the locus was only published in Chinese study and the association *p*–values in the European GWAS are significant $(FDR < 0.01)$ plus the direction of effect in all 3 GWASs are the same (see online methods).

^a For loci published in both European and Chinese studies, we note the SNPs published in the European GWAS in this table. Only three SNPs did not pass a false discovery rate at 0.01 in the meta analysis of the Chinese GWAS and these are noted in points f,g and h. "NA" is placed where SNPs failed QC in the Chinese data due to IMPUTE INFO scores less than 0.7.

^b The Minor allele refers to the minor allele in the European GWAS. In most cases, the Chinese and European data shared the same minor allele, while in some, rs10774625, *SH2B3* for example; the minor allele in the European is the major allele in the Chinese.

 \degree The direction of effect (log odds ratio) across all three GWASs (European, Anhui, Hong Kong) is with respect to the GWAS risk allele, so +++ means that the direction is consistent across all three GWASs, while +–+ or ++– means that the Anhui study or Hong Kong study (respectively) has the opposite direction of effect to the European GWAS. Hence +–– means that both Chinese GWASs have the opposite effect to the European GWAS. A "?" is placed where SNPs failed QC in the Chinese data due to IMPUTE INFO scores less than 0.7.

A test of heterogeneity (Cochran's Q statistic) was carried out, to test for heterogeneity of effect size over all three GWASs. "HET-p" displays the p-value from this test with only two SNPs (rs9462027 and rs2304256) showing evidence against the null (no heterogeneity). The direction of effect for rs9462027 is consistent; however, this locus is clearly associated in the Chinese.

^e This column displays a "1" if the SNP is declared as associated in both the European and Chinese with a cumulative total in parentheses.

f A gene based test showed significant association: *HLA–DRB1* was significant [*P* = 2.81E–22 (GATES); *P* = 6.91E–27 (HYST)]

g A gene based test showed significant association: *IRF5* was significant [*P* = 6.39E–10 (GATES); *P* = 1.23E–41 (HYST)].

h A gene based test showed significant association: *ETS1* was significant [*P* = 5.89E–04 (GATES); *P* = 1.46E–03 (HYST)].

ⁱ The *IRF8* locus was replicated in a further set of Chinese samples³ where the SNP rs2934498 had *P* = 4.97E–09 in meta–analysis (*P* = 4.29E–03 in the Chinese data we present here).

Some SNPs in this loci were included in the Anhui replication study and were statistically significant: rs268134 was not typed but three SNPs in this region were typed and were significant with the same direction of effect as in the European data (rs1876515, *P* = 6.62E–13; rs268131, *P* = 1.32E–12; rs6740462, *P* = 1.66E–04);

^k These SNPs failed QC in the Chinese data due to IMPUTE INFO scores less than 0.7.

Supplementary table 1b: Comparison of genetic associations with SLE in European and/or Chinese studies post 1KG imputation analysis. Most associated SNP post meta–analysis

This table contains association results for the same loci as reported in supplementary table 1a but with the most associated SNPs from a meta–analysis of the European GWAS together with both the Chinese GWAS. Association signals are declared as "shared" between the Chinese and Europeans if the locus was published as associated in Chinese and European studies, if the locus was only published in Europeans and the association *p*–values in the Chinese meta–analysis are significant (post a Bonferroni adjusted for all test in each 2MB locus and FDR < 0.01 across all loci), or if the locus was only published in Chinese study AND the association *p*–values in the European GWAS are significant (post a Bonferroni adjusted for all test in each 2MB locus and FDR < 0.01 across all loci. See online methods. This analysis did not find any additional evidence of shared association (above that in Supplementary table 1a) however two of the associations 'Published in Chinese GWAS only' were marginally significant after a multiple testing adjustment within the loci tested (rs138054188 with adjusted *p*= 3E–03 and rs9804869 in the DRAM locus with adjusted *p* = 5E–02), however neither of these passed an FDR at 0.01 across all the loci tested.

^aThe Minor allele refers to the minor allele in the European GWAS. In most cases, the Chinese and European data shared the same minor allele, while in some, rs10774625, *SH2B3* for example; the minor allele in the Europeans is the major allele in the Chinese.

 $^{\rm b}$ The direction of effect (log odds ratio) across all three GWASs (European, Anhui, Hong Kong) is with respect to the GWAS risk allele, so +++ means that the direction is consistent across all three GWASs, while +–+ or ++– means that the Anhui study or Hong Kong study (respectively) has the opposite direction of effect to the European GWAS. Hence +–– means that both Chinese GWASs have the opposite effect to the European GWAS.

A test of heterogeneity (Cochran's Q statistic) was carried out, to test for heterogeneity of effect size over all three GWASs. "HET–*p*" displays the p–value from this test with only two SNP (rs9462027 and rs2304256) showing evidence against the null (no heterogeneity). The direction of effect for rs9462027 is consistent however and this locus is clearly associated in the Chinese.

^d This column displays a "1" if the SNP is declared as associated in both the European and Chinese with a cumulative total in parentheses.

Supplementary Table 2a: Association results for all 18 SNPs that pass a FDR at 0.01 in the Chinese replication study.

"Chinese GWAS" is the meta-analysis of the two Chinese GWAS^{4,5}; "European GWAS" is data from the main European GWAS⁶; "Chinese replication" are data from the Anhui Replication study; "European Replication"
are data fro

Supplementary Table 2b: Allele information

^a The risk allele refers to the effect in the overall meta-analysis

 b MAF refers to the frequency of allele that is minor in Europeans.</sup>

 \textdegree This marker has opposing risk alleles in each population (T is risk in Europeans while C is risk in Chinese)

Supplementary Table 3: Significant eQTLs identified from analysis of all cis genes (within +/- 1MB of the SNP) across the 10 novel associated SNPs.

P-values for SNP/gene-expression association are displayed along with RCT scores in brackets. The arrows depict the direction of effect of the GWAS associated allele (↓ indicates that the SLE risk allele correlates with reduced gene expression, while ↑ indicates that the SLE risk allele correlates with increased gene expression). We did find a significant eQTL for rs1887428 (9p24) with *JAK2* in monocytes (resting and stimulated) however the RTC score was < 0.4 in all cases.

Supplementary Table 4: Likely Functional Role of Causal Genes in SLE

Supplementary Table 5: Distinct association signals at established SLE susceptibility loci for which the 99% credible set contains no more

than ten variants

Association summary statistics and credible set construction are based on the meta-analysis of Chinese and European ancestry. In loci with multiple distinct signals of association, results are presented from unconditional **ratio for the risk allele; CI, confidence interval.**

References

- 1. Danchenko, N., Satia, J. & Anthony, M. Epidemiology of systemic lupus erythematosus: a comparison of worldwide disease burden. *Lupus* **15**, 308-318 (2006).
- 2. Pruim, R.J. *et al.* LocusZoom: regional visualization of genome-wide association scan results. *Bioinformatics* **26**, 2336-2337 (2010).
- 3. Sheng, Y.J. *et al.* Association analyses confirm five susceptibility loci for systemic lupus erythematosus in the Han Chinese population. *Arthritis Res Ther* **17**, 85 (2015).
- 4. Han, J.W. *et al.* Genome-wide association study in a Chinese Han population identifies nine new susceptibility loci for systemic lupus erythematosus. *Nature Genetics* **41**, 1234-U98 (2009).
- 5. Yang, W.L. *et al.* Genome-Wide Association Study in Asian Populations Identifies Variants in ETS1 and WDFY4 Associated with Systemic Lupus Erythematosus. *Plos Genetics* **6**(2010).
- 6. Bentham, J. *et al.* Genetic association analyses implicate aberrant regulation of innate and adaptive immunity genes in the pathogenesis of systemic lupus erythematosus *Nature Genetics* **In Press**(2015).
- 7. Hom, G. *et al.* Association of systemic lupus erythematosus with C8orf13-BLK and ITGAM-ITGAX. *N Engl J Med* **358**, 900-9 (2008).
- 8. Jury, E.C., Kabouridis, P.S., Flores-Borja, F., Mageed, R.A. & Isenberg, D.A. Altered lipid raftassociated signaling and ganglioside expression in T lymphocytes from patients with systemic lupus erythematosus. *Journal of Clinical Investigation* **113**, 1176-1187 (2004).
- 9. Lewis, M.J. *et al.* UBE2L3 polymorphism amplifies NF-kappaB activation and promotes plasma cell development, linking linear ubiquitination to multiple autoimmune diseases. *American Journal of Human Genetics* **96**, 221-34 (2015).
- 10. Rajsbaum, R. *et al.* Unanchored K48-linked polyubiquitin synthesized by the E3-ubiquitin ligase TRIM6 stimulates the interferon-IKKepsilon kinase-mediated antiviral response. *Immunity* **40**, 880-95 (2014).
- 11. Kim, K. *et al.* High-density genotyping of immune loci in Koreans and Europeans identifies eight new rheumatoid arthritis risk loci. *Annals of the Rheumatic Diseases* **74**, e13 (2015).
- 12. Gutierrez, N.C. *et al.* Gene expression profiling of B lymphocytes and plasma cells from Waldenstrom's macroglobulinemia: comparison with expression patterns of the same cell counterparts from chronic lymphocytic leukemia, multiple myeloma and normal individuals. *Leukemia* **21**, 541-9 (2007).
- 13. Igarashi, K., Ochiai, K., Itoh-Nakadai, A. & Muto, A. Orchestration of plasma cell differentiation by Bach2 and its gene regulatory network. *Immunol Rev* **261**, 116-25 (2014).
- 14. Crow, Y.J. *et al.* Characterization of Human Disease Phenotypes Associated with Mutations in TREX1, RNASEH2A, RNASEH2B, RNASEH2C, SAMHD1, ADAR, and IFIH1. *American Journal of Medical Genetics Part A* **167**, 296-312 (2015).
- 15. Gunther, C. *et al.* Defective removal of ribonucleotides from DNA promotes systemic autoimmunity. *Journal of Clinical Investigation* **125**, 413-424 (2015).
- 16. Huang, C. *et al.* Cutting Edge: a novel, human-specific interacting protein couples FOXP3 to a chromatin-remodeling complex that contains KAP1/TRIM28. *J Immunol* **190**, 4470-3 (2013).