

## Supplementary Notes

### SUPPLEMENTARY NOTE 1: SUMMARY OF ASSOCIATION RESULTS AT KNOWN AND NOVEL LOCI.

The exome-wide single variant association results are displayed in **Supplementary Table 2**. We first partitioned the significant ( $P < 5 \times 10^{-7}$ ) and suggestive ( $P < 5 \times 10^{-6}$ ) single variant association results into two sets: variants in previously reported associated regions (**Supplementary Table 2A**) and variants with potentially novel association signals (**Supplementary Table 2B**).

Of the 57 loci with common variants associated with FG or FI in multiple ancestries (1-13), twenty-one regions contained significant or suggestive association signals in our analysis. Of the seven regions harboring significant associations with non-synonymous variants, five (*GCKR*, *G6PC2*, *SLC30A8*, *PCSK1*, and *GLP1R*) were described previously by our group (13), where, when possible, conditional analyses and functional experiments are utilized to illuminate functional transcripts. In the *MADD* locus, a missense variant *ACP2* p.Arg29Gln showed significant association with FG levels ( $P = 1.91 \times 10^{-7}$ , MAF = 38%). This variant is in low LD ( $r^2 = 0.138$ ) with the reported variant, rs7944584 ( $P = 2.62 \times 10^{-11}$ , MAF = 39%), but after conditioning on rs7944584 the association was not significant ( $P = 0.003$ ). An additional association with a low-frequency variant was observed at the *MTNR1B* locus. A variant upstream of *MTNR1B*, rs7950811, (effect = 0.057;  $P = 6.8 \times 10^{-11}$ ), has a MAF of 4.5% and in low LD with the index SNP, rs10830963 ( $r^2 = 0.002$ ), in 1000 Genomes data (14). After conditioning on the index SNP, the association of rs7950811 with FG remained significant ( $P = 3.07 \times 10^{-7}$ ). For FI, five regions contained significant or suggestive association signals. All of the insulin-associated variants were common with MAF > 25%. Two of these regions, the *GCKR* and *GRB14/COBL1* loci, harbor significant missense variants and were previously described (13).

Association results at previously reported variants from genome-wide association studies are presented in **Supplementary Table 2C**. Of the 68 previously published common variant associations with FG and FI, we were able to carry out association tests at 36 FG and 16 FI variants. Thirty of the FG association loci showed  $P < 0.05$ , with 100 % having a consistent direction of effect. Thirteen FI associated loci had  $P < 0.05$ , with 100% demonstrating a consistent direction of effect.

#### Potentially novel association signals

We observed five and seven variants passing suggestive level of significance for FI and FG, respectively (**Supplementary Table 2B**). As this analysis focused on coding variation, we took the three coding variants forward to a replication analysis in four independent Finnish studies ( $N = 5,747$ ) (15-18). The *AKT2* p.Pro50Thr variant in *AKT2* was present and well-imputed in the 1000 Genomes reference panel (imputation score: 0.886 to 0.957). The correlation between imputed and directly genotyped genotypes was high ( $r^2 > 0.88$ ), and the association of this variant with FI levels replicated, ( $P_{\text{replication}} = 0.00054$ ,  $N = 5,747$ ) resulting in a combined (discovery and replication) sample P value of  $9.98 \times 10^{-10}$  (**Supplementary Table 2E**). *MMEL1* p.Glu323Gln, which has a MAF of only 0.2% (seven minor allele carriers in the HBCS subset), was poorly imputed and not tested for association (imputation score: 0.718 to 0.945,  $r^2 = 0.57$ ). *TP53BP1* p.Thr1278Ile was not observed in the studies.

#### Summary of exome-wide significant gene based association results

The suggestive and significant gene based association signals from each ancestry group in the exome sequencing data and the exome chip data, as well as combined results, are displayed in **Supplementary Table 2D**. The *AKT2* gene based association with FI is described in the main text.

In gene-based tests using the PTV+NS<sub>broad</sub> mask, *NDUFAF1* was significantly associated with FI levels ( $P_{\text{Burden}} = 1.10 \times 10^{-6}$ ). This association was driven by a single missense variant (p.His309Asp, rs199599633,  $P = 9.3 \times 10^{-5}$ ,  $N = 1,673$ ) that was not associated with FI levels in exome array data ( $P = 0.018$ ,  $N = 19,569$ ). NADH dehydrogenase (ubiquinone) complex I, assembly factor 1, or *NDUFAF1*, encodes for a complex I assembly factor protein, which is part of the first step of the respiratory chain. Mutations in both copies of this gene are reported to cause mitochondrial complex I deficiency, which manifests as cardioenphalopathy or fatal hypertrophic cardiomyopathy while heterozygous parents were reported as healthy(19; 20).

Additionally, a third gene, *GIMAP8*, was associated with FG levels in the PTV-only mask ( $P_{\text{Burden}} = 2.30 \times 10^{-6}$ ). This association was driven by singleton and doubleton variants. This gene encodes a GTPase of the immunity-associated protein family (21)

### SUPPLEMENTARY NOTE 2: POPULATION GENETICS AND CONSTRAINT

We studied the population genetics properties of *AKT2* and *AKT2* p.Pro50Thr by cataloguing details of all the protein altering variants observed in the T2D-GENES exome sequence data ( $N=12,940$ ). We phased variants in proteins or genes (including non-coding variants) using SHAPEIT (22) and calculated population statistics and diversity indices with Arlequin (v 3.5) (23), grouped by country of origin. We built the haplotype network using the pegas and igraph libraries in R. dN/dS for Human-Chimpanzee alignments were extracted from ENSEMBL database (24). We computed the “within-human” dN/dS with codeml (PAML) (25) using hg19 sequence as reference and alternative sequence containing all the observed segregating sites. The McDonald-Kreitman test (26) for *AKT2* was computed in Bioperl (Bio::PopGen::Statistics) using *AKT3* (hg19) as an outgroup.

There was modest heterogeneity across regions of Finland, with North Karelia (MAF=1.7%) different ( $0.001 < \text{pairwise } F_{ST} < 0.003$ ;  $P < 0.01$ ) from all other tested regions, except Central Finland (MAF=1.3%, pairwise  $F_{ST}=0.0004$ ,  $P=0.08$ ). These geographical

differences in Pro50Thr allele frequency are consistent with long-term drift (27) with no evidence of selection pressure differences at *AKT2* across Finland ( $dN/dS_{Finland} = 0.1$ ;  $0.08 < dN/dS_{European} < 0.4$ ).

In the complete GoT2D and T2D-GENES exome sequence data of 12,940 individuals (6,504 with type 2 diabetes), *AKT2* displayed some evidence of purifying selection ( $dN/dS < 0.01$  comparing human and chimpanzee) (**Supplementary Figure S3; Supplementary Figure S4**). We observed 36 non-synonymous variants in *AKT2* (35 with a MAC $\leq 5$  and Pro50Thr with MAC=61) (**Supplementary Table 3**). No other protein-altering variants had frequency greater than 0.3% in the 60,706 individuals (including 6,347 from the GoT2D and T2D-GENES studies) in the Exome Aggregation Consortium (ExAC) data.

### SUPPLEMENTARY NOTE 3: PATHWAY ANALYSES

We used biological knowledge to test for enrichment of signal in pathways. Pathways and networks were selected from MSigDB (28), which includes Gene Ontology, pathways from KEGG, Ingenuity, Reactome, and Biocarta; and the manually curated monogenic pathways previously considered. We carried out a two-stage enrichment analysis: step one calculates gene aggregation scores using a function of single variant statistics; and step two calculates gene set scores using a function of aggregation scores from each gene in the set. In step one, we make use of a range of gene aggregation functions, including the minimum p-value (or maximum Bayes' factor) for single-variant association (within ancestry or trans-ethnic) in the gene (with correction for the number of variants in the gene). In step two, we apply a pre-ranked GSEA method (28), which consists of a sensitive-improved Kolmogorov-Smirnov (random bridge) statistic, and which provides better correction of the null distribution for highly correlated gene sets (as we see for our hand curated gene sets). Additionally, we performed a biologically enhanced pathway analyses with DEPICT (29), an integrative tool that we used to highlight enriched pathways and identify tissues/cell types where genes from associated loci are highly expressed.

**Gene set definitions:** We assembled pre-defined, hand-curated lists to create four gene sets: “Monogenic All” ( $N = 81$ ), including any gene with reported mutations that result in a disease or syndrome leading to either increased prevalence of diabetes or changes in glycemic traits. We further prioritized two subsets of genes, “Monogenic Glucose” ( $N = 41$ ) and “Monogenic Insulin” ( $N = 37$ ) including any gene with mutations leading to changes in respective glycemic traits as a primary feature. The list contains genes identified before September 2013. The fourth gene set, “Insulin Receptor Signaling,” was created using Ingenuity Pathway Analysis (IPA) tools (30) by merging the insulin receptor signaling, IGF-1 signaling, and PI3K/AKT signaling pathways and adding all downstream phosphorylated substrates of AKT.

**Association Analysis:** SKAT and burden tests were performed after aggregating functional variants (according to the previously described criteria) across all the genes in each gene set. Conditional analyses were performed using features implemented in RareMETALS (31; 32).

**Enrichment of association signals:** Empirical enrichment for the number of gene based tests with  $P < 0.001$  and the number of single variant tests with  $P < 0.001$  in each gene set was determined by first counting the number of tests below the threshold. For a particular gene set, let  $N_{\text{observed}}$  denote the number of tests with  $P < 0.001$ . A pool of similar genes was assigned to each gene in the gene set, according to the quartile of exon length and quintiles of the number of the nonsynonymous and synonymous variants in the gene. For each gene set, 1,000 matched gene sets were created. An empirical distribution of  $N_i$  (the number of tests with  $P < 0.001$  in matched set  $i$ ) was constructed for each of the matched sets. The empirical enrichment P-value was calculated by observing the proportion of matched sets with  $N_i \geq N_{\text{observed}}$ .

**Additional traits related to insulin resistance:** We examined the single variant association of fasting adiponectin level (log-transformed, age, sex and BMI adjusted, and inverse-normalized), 2 hour glucose level (age, sex and BMI-adjusted, and inverse-normalized) and 2 hour insulin level (log-transformed, age, sex and BMI adjusted, and inverse-normalized) in these pathways using exome array data when available from the discovery cohorts (D2D2007, DPS, DRSEXTA, FINRISK, FUSION, Health2008, Inter99, METSIM, ULSAM).

### Summary of Results

To further assess the evidence of enriched signals in biologically related genes, we looked for enrichment across pathways using both hand curated and publically available pathways. This was conducted using GSEA (28; 33). While no gene-set was significant after multiple testing correction, there is enrichment for several pathways, including adipocytokine signaling, glucose transport, galactose metabolism, glycolysis and gluconeogenesis, and starch and sucrose metabolism pathways, all of which include both *G6PC2* and *G6PC*. While the *G6PC2* association with FG has previously been described (13), we note that *G6PC* mutations result in glycogen storage disorders (34).

Since *AKT2* lies in the insulin receptor signaling pathway and *AKT2* mutations are a known cause of both familial lipodystrophy, severe insulin resistance and hypoglycemia (35–38) we next explored whether there was an enrichment of rare and low frequency variants in these gene sets (“Monogenic Genes,” and “Insulin Receptor Signaling Genes”) [**Supplementary Table 6A**]. First, we tested for global enrichment by aggregating all variants predicted to be deleterious using the annotation masks previously described for gene based testing (PTV-only, PTV+NS<sub>strict</sub>, PTV+NS<sub>broad</sub>, PTV+Missense). We found a significant enrichment of deleterious variants (protein truncating, splice site and non-synonymous) in the monogenic genes ( $P = 2 \times 10^{-4}$ ) in exome array data [**Supplementary Table 6B**] but no such enrichment in an analysis of the exome sequencing data set ( $P = 0.87$ ) [**Supplementary Table 6C**]. Conditional analyses demonstrated that in addition to *AKT2* p.Pro50Thr ( $P$  conditional on *AKT2* p.Pro50Thr = 0.0017), seven additional top ranked variants contribute to this signal ( $P$  conditional on *AKT2* p.Pro50Thr, *CFTR* p.Asp1270Asn, *INSR* p.Val1012Met, *ZMPSTE24* p.Arg178His, *ZFP57* p.Arg178His, *CFTR* splice donor variant rs78756941 and *PCNT* p.Glu1785Lys jointly = 0.0104) [**Supplementary Table S6D,E**]. No other novel associations were detected with the other gene sets and variant

masks, although when comparing the effects of the burden tests across the four variant aggregation categories, we observed a positive trend of effect as we examined the category containing the least predicted deleterious (PTV+missense) to the most predicted deleterious (PTV-only), although the confidence intervals widen as the number of included variants decrease [Supplementary Fig. 6]. To find specific genes harboring an enrichment of association with either FG or FI levels, we next focused on association results from the monogenic genes, testing each set for empirical enrichment. We found that a gene implicated in congenital generalized lipodystrophy, *CAVI* (39), showed enrichment of association with FG levels when considering the set of glucose-specific monogenic genes from the exome sequencing analysis (enrichment  $P = 0.03$ ; *CAVI*  $P = 1.9 \times 10^{-4}$  with protein truncating and low-frequency missense variants and  $P = 7.0 \times 10^{-4}$  with protein truncating and predicted deleterious variants). Mutations in *CAVI* are characterized by extreme insulin resistance and lipodystrophy (39) but in our data no association of *CAVI* variants with FI levels was observed. We also observed a borderline enrichment for fasting insulin level with a gene-based burden test in the insulin receptor signaling pathway (enrichment  $P = 0.06$ ; (*PTGS2* burden  $P = 1.1 \times 10^{-4}$  with protein truncating and low-frequency missense variants; [Supplementary Fig. 7, Supplementary Table S7A,B].

We further examined the association of three quantitative traits related to insulin resistance: fasting adiponectin level, and 2 hour glucose and 2 hour insulin levels after an oral glucose tolerance test. Besides a nominally significant association with the *AKT2* p.Pro50Thr allele association with 2 hour insulin level (Effect = 26% increase, 95% confidence interval = 16% - 38%,  $P = 7.86 \times 10^{-8}$ ), no other associations were observed [Supplementary Fig. 7C].

#### SUPPLEMENTARY NOTE 4: EXPRESSION PROFILE OF *AKT2*

##### *GTEX*

We compared the expression pattern of *AKT2* to the two other members of the *AKT* gene family, *AKT1* and *AKT3*, using multi-tissue RNA sequencing (RNA-seq) data from the pilot phase of the GTEx project. Detailed procedures for sample collection, RNA extraction, RNA-seq, and gene and transcript quantifications have been previously described (40). Briefly, in the pilot phase, a total of 9,365 tissue samples targeting more than 30 distinct human tissues were collected from 237 post-mortem donors. RNA was extracted, and 1,749 unique samples that passed QC (RIN value of 6.0 or higher and at least 1 $\mu$ g of total RNA), were selected for RNA-seq. Non strand-specific RNA sequencing after poly-A selection was performed using Illumina TruSeq RNA Sample Preparation protocol on the Illumina HiSeq 2000, and aligned with Tophat (v 1.4.1) (41) to UCSC hg19. Gencode (v 12) (42) was used as a transcriptome model for the alignment, and gene and isoform quantifications. Gene and exon level expression was quantified using RNA-SeQC (43) and the Flux Capacitor (v 1.2.3, <http://flux.sammeth.net>) was used in the quantification of the expression of several transcriptional elements including gene transcript, splice junctions and introns. In total, 44 tissues had data from more than one individual and were used in the analyses.

**Genotyping and imputation:** Samples were genotyped on the Illumina HumanOmni5-4v1\_B SNP array and imputed to the 1,000 Genomes Phase 1 reference (an updated data freeze version from 19 April 2012, release v3) using IMPUTE2 (44; 45) as described (40).

**Age and BMI associations:** We studied BMI and age associations using a linear mixed model as implemented in the lmer function in the lme4 R package (46). Sex, age, BMI, and three PCs were included in the model as fixed covariates and the date of sequencing and the date of nucleic acid isolation as random covariates. The gene expression RPKM values were inverse variance rank normalized for these analyses.

**eQTL analysis:** The cis-eQTL for *AKT2* in subcutaneous adipose tissue was extracted from the eQTL data generated during the pilot phase of the GTEx project. The methods have been previously described in detail (47). Briefly, the association of common (MAF  $\geq$  5%) SNPs with gene expression levels was studied using a linear model in MatrixEQTL (48) including sex, three genotyping PCs, and 15 expression PEER factors (49) as covariates. The cis-window was defined as one megabase (Mb) up- and down-stream of the transcription start site of each transcript. Prior to the eQTL analysis the RPKM values were inverse normalized across genes within each tissue and transformed into a standard normal based on rank.

##### *EuroBATs*

**EuroBATs RNA-seq samples:** Samples from photo protected subcutaneous adipose tissue from 766 twins were extracted (131 monozygotic twin pairs, 187 dizygotic twin pairs and 130 unrelated individuals) and processed as previously described (50; 51). In brief, samples were prepared for sequencing with the Illumina TruSeq sample preparation kit (Illumina, San Diego, CA) according to manufacturer's instructions and were sequenced on a HiSeq2000 machine. Afterwards, the 49-bp sequenced paired-end reads were mapped to the GRCh37 reference genome (52) with BWA v0.5.9 (53). We use genes defined in the GENCODE 10 annotation (42), removing genes with more than 10% zero read count. RPKM values were root mean transformed.

**Genotyping and imputation:** Samples were genotyped on a combination of the HumanHap300, HumanHap610Q, 1M-Duo, and 1.2MDuo 1M Illumina arrays, as described in Grundberg *et. al* (54). Samples were imputed into the 1000 Genomes Phase 1 reference panel (data freeze, 10/11/2010) (6) using IMPUTE2 (44; 45) and filtered (removing variants with MAF<1%, IMPUTE info value<0.8). Samples with both genotypes and expression values (N=720) were used in the subsequent analyses.

**Gene-age, gene-BMI, and insulin associations:** We used inverse normalized RPKM values to assess the effects of age and BMI on gene expression. We fit linear mixed models using R (55) with the lmer function in the lme4 package (46). Confounding factors in all

models included fixed effects (primer insert size, GC content mean) and random effects (primer index, date of sequencing, family relationship and zygosity). In addition to the adjusting for these fixed and random covariates, the analysis of age also adjusted for BMI and the analysis of BMI was adjusted for age. The P values to assess significance for age and BMI effects were calculated from the Chi-square distribution with 1 degree of freedom using likelihood ratio as the test statistic. FI was measured at the same time point as the fat biopsies, following a previously described protocol (56). Natural log transformed FI were adjusted for age or for age and BMI and the residuals were inverse rank normalized. FI-SNP and FI-*AKT2* association was tested with a linear model using the lm function in R.

**eQTL analysis:** We ran the eQTL analysis on residuals from a mixed model including the first 20 PCs as fixed effects and family relationship and zygosity as random effects. SNP-expression association was performed with a t-test statistic using the NP-GWAS software. We assessed statistical significance through 100,000 permutations.

#### METSIM

**METSIM RNA samples:** Subcutaneous fat biopsy samples were obtained from a sample of the participants of the baseline METSIM study. Total RNA was isolated from these samples using Qiagen miRNeasy Kit according to the manufacturer's instructions. RNA integrity number values were assessed with the Agilent Bioanalyzer 2100. High-quality samples (RNA integrity number > 7.0) were used for transcriptional profiling with the Affymetrix Human Genome U219 Array. Genome Studio software (2010.v3) was used to obtain fluorescent intensities.

**eQTL analysis and gene-age, gene-BMI and insulin associations:** The SNP-gene associations were studied for all SNP within 1 Mb of a given gene. The RNA normalized expression data were adjusted for 35 PEER factors and inverse normal transformed PEER processed residuals were used for eQTL mapping (57). Linear mixed model EMMAX (58) accounts for sample relatedness and was implemented in EPACTS (<http://genome.sph.umich.edu/wiki/EPACTS>). The sample size for eQTL-mapping was N=770. BMI and age associations, as well as FI associations (with and without adjustment for BMI) were studied using the mixed linear model implemented in lme4 (46) in R. The fixed covariates including age and BMI were used as random covariates. Association between the SNPs associated with *AKT2* expression (eSNPs) and FI was tested with a linear model using the lm() function in R. The natural log transformed FI levels were adjusted for age and BMI and the residuals were inverse rank normalized. All analyses using expression data were conducted in 770 METSIM individuals, while for the tests of eSNP and FI association the sample size for analysis was 10,081.

#### Expression Profile of *AKT2*

To gain further insights into the tissues relevant for *AKT2* function we explored gene and transcript expression patterns of *AKT2* (ENSG00000105221) from multiple (N = 44) human tissues using RNA sequencing (RNA-seq) data from the Genotype Tissue Expression (GTEx) Project (47).

In the GTEx data *AKT2* is ubiquitously expressed [Supplementary Fig. 13A,B]; the gene is present in all the available tissues (median expression across individuals RPKM(59) (reads per kb per million reads) > 7 in all tissues, [Supplementary Table 8] and in all individuals, in agreement with previous studies examining *AKT2* expression via RT-PCR, Western blot, and Northern Blot analysis (60-63), and documented essential role of AKT isoforms in biological processes throughout the body (64). No enrichment of *AKT2* expression is present in insulin sensitive tissues (i.e. pancreas, skeletal muscle, adipose tissue (both subcutaneous and visceral), liver and kidney cortex) via RNA sequencing as proposed in mouse and rat models, however, this is consistent with previous examination of *AKT2* mRNA in human tissues (61-63; 65). This GTEx RNA sequencing data does not address insulin-sensitive tissue enrichment seen at the level of *AKT2* protein, yet in general mRNA levels correlate with protein abundance (66-68).

*AKT2* has multiple alternatively spliced transcripts, yet little is known of their specific roles, and therefore we investigated which of the transcripts are the most abundant and which tissues these are active in Gencode version 12 used in the gene and transcript annotations lists 28 *AKT2* transcripts and 17 of these transcripts are expressed (mean RPKM > 1) in at least one of the studied tissues [Supplementary Fig. 13C,D]. However, majority of the expression appears to be due to three *AKT2* transcripts: *AKT2-004* (processed transcript) and *AKT2-001* (protein-coding) that span the full length of the gene, and *AKT2-008* (protein-coding), which does not include the downstream exons. Together these three transcripts constitute on average 44% (range 18-65%) of *AKT2* expression in the GTEx tissues. The two longer *AKT2* transcripts, *AKT2-004* and *AKT2-001*, follow similar expression pattern to the gene, while the shorter one, *AKT2-008*, shows more specific pattern of expression being most expressed in uterus, kidney cortex and esophagus mucosa.

The exon containing the p.Pro50Thr variant is included in 14 out of 28 expressed transcripts (all the 28 *AKT2* transcripts are expressed at a detectable level in at least one individual in at least one tissue), including in all the three most highly expressed transcripts [Supplementary Fig. 13D]. The expression profile of the exon containing p.Pro50Thr is similar to the whole *AKT2* gene with the tissues showing highest *AKT2* expression generally having the higher levels of expression of the exon containing p.Pro50Thr [Supplementary Fig. 13B]. Notably, the exon is expressed in all tissues and all individuals, further suggesting that the exon likely encodes part of the protein integral for its function.

Similarly to *AKT2*, the two other members of the *AKT* gene family, *AKT1* and *AKT3*, are expressed in all the tissues available in the GTEx data with the exception of rather low expression of *AKT3* in liver and whole blood. Of the three genes, *AKT1* is generally the most and *AKT3* the least abundant in all tissues. *AKT2* is the most highly expressed of the three homologs (P < 0.05 for all comparisons using one-sided paired Student's t-test and log2 transformed expression values) only in skeletal muscle, pituitary and cerebellum/cerebellar hemisphere, with the higher *AKT2* expression being most pronounced in skeletal muscle [Supplementary Fig. 14].

*AKT2 expression in adipose tissue and association with FI*

To assess whether Pro50Thr was associated with *AKT2* expression, we tested for gene expression quantitative trait loci (eQTL) in available adipose tissue data. We found an eQTL in the 5'UTR of *AKT2* (rs11880261; MAF=35%) with the common allele associated with lower *AKT2* expression levels (**Supplementary Figure 15; Supplementary Table 9**). For Pro50Thr, we found the rare allele was associated with lower *AKT2* expression in adipose tissue (METSIM effect=-1.0 SD;  $P=8.9\times10^{-4}$ , EAF=0.8%). The rare Pro50Thr coding allele (T) sits on the same haplotype as the common allele of rs11880261 (C,  $r^2=0.002$ , D'=0.5 in the 1000 Genomes Finnish sample) that is associated with lower *AKT2* expression. A reciprocal conditional analysis showed that these are independent signals (Pro50Thr:  $P_{\text{conditional}}=8.4\times10^{-3}$ ; eQTL:  $P_{\text{conditional}}=1.9\times10^{-13}$ ). No association was detected between rs11880261 and FI levels (METSIM  $P=0.30$ , N=10,081; EuroBATS  $P=0.80$ , N=710), suggesting that the common variant eQTL does not drive the initial FI association.

*Mendelian randomization analysis*

To elaborate the potential causality behind the association between *AKT2* expression and fasting insulin association, we applied a Mendelian randomization based approach using the discovered eQTL SNPs as instrumental variables (IV) following a similar procedure as described recently (69). The association data for the SNP-gene, gene-FI, and SNP-FI analyses from EuroBATS and METSIM were first combined in a fixed-effects inverse-variance-weighted meta-analysis. We derived the IV estimator by taking the ratio of the regression coefficients from the SNP-FI and SNP-*AKT2* analyses, estimating standard error using the delta method. We used a Z test to determine the significance of the IV estimator and the difference between the IV estimator and the observational estimator. Power for this analysis was calculated using an online MR calculator (<http://cnsgenomics.com/shiny/mRnd/>) with the following values as input: sample size = 2091, alpha = 0.05, beta\_xy =[0.01-0.1], beta\_OLS = 0.05, R2\_xz = 0.025, sigma\_x = sigma\_y = 1 (70).

Mendelian randomization with rs11880261 as an instrumental variable for *AKT2* expression failed to show a causal relationship between *AKT2* expression and FI ( $P=0.41$ ) (Supplementary Table 10). However, power for the Mendelian randomization analysis is not sufficient to conclude there is no effect. Our instrument (rs11880261) explains about 2.5% of the variance in *AKT2*, but the observational association between *AKT2* expression and FI is also weak. Depending on the estimate of the causal effect of *AKT2* expression to FI, the power with the sample size of 2,091 can be as low as 5%.

**Supplementary References**

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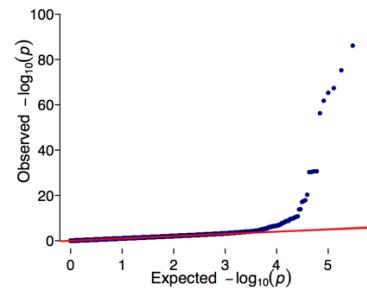
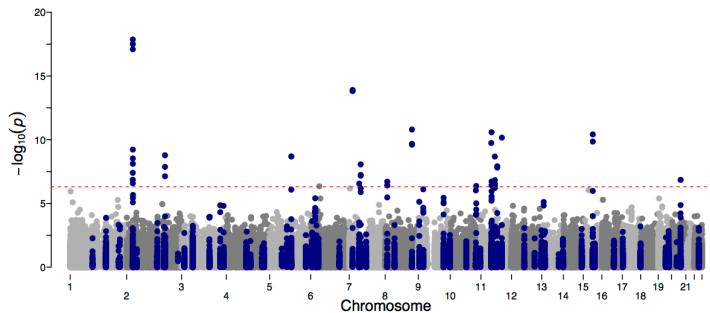
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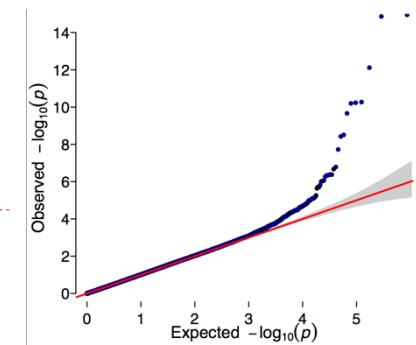
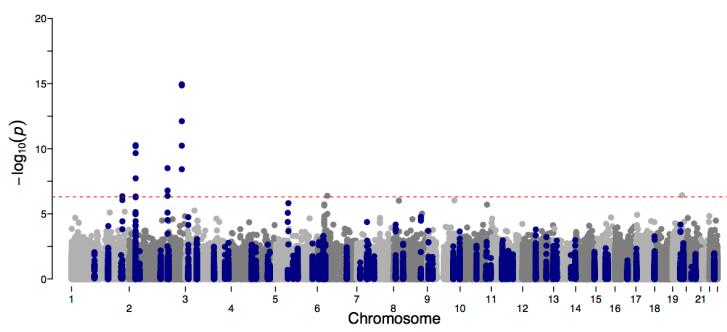
## Supplementary Figures

### SUPPLEMENTARY FIGURE S1

#### A. Fasting Plasma Glucose \*

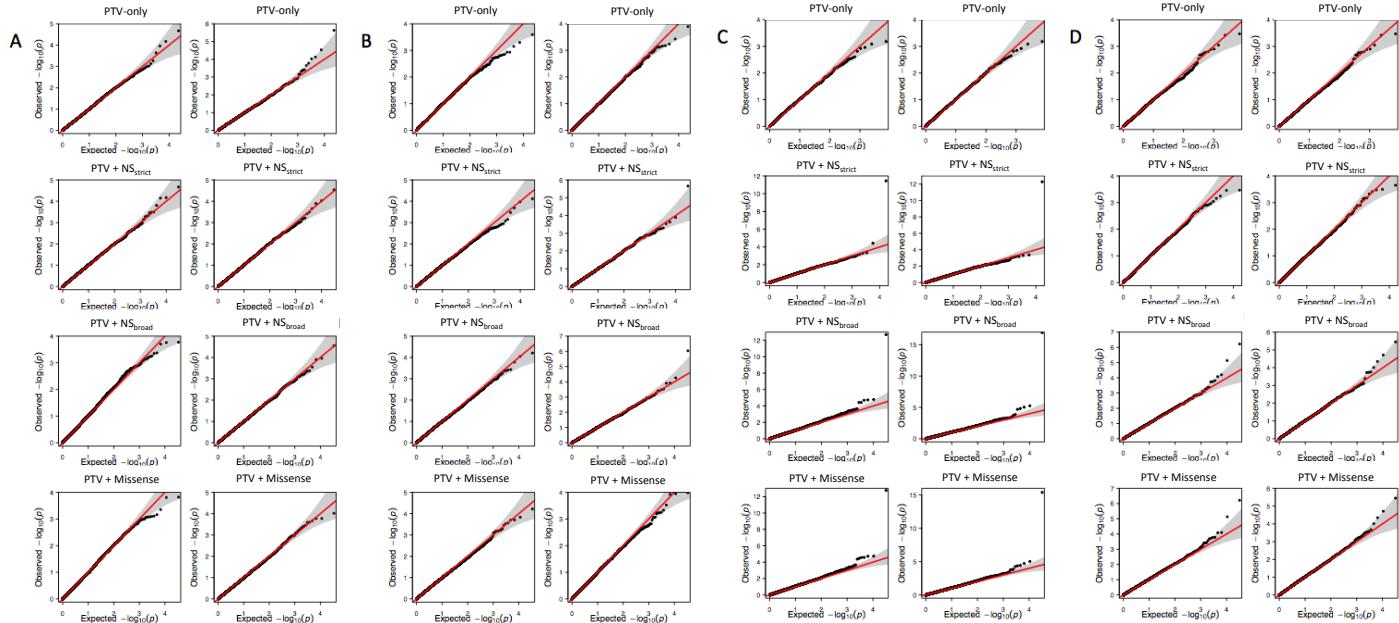


#### B. Fasting Insulin

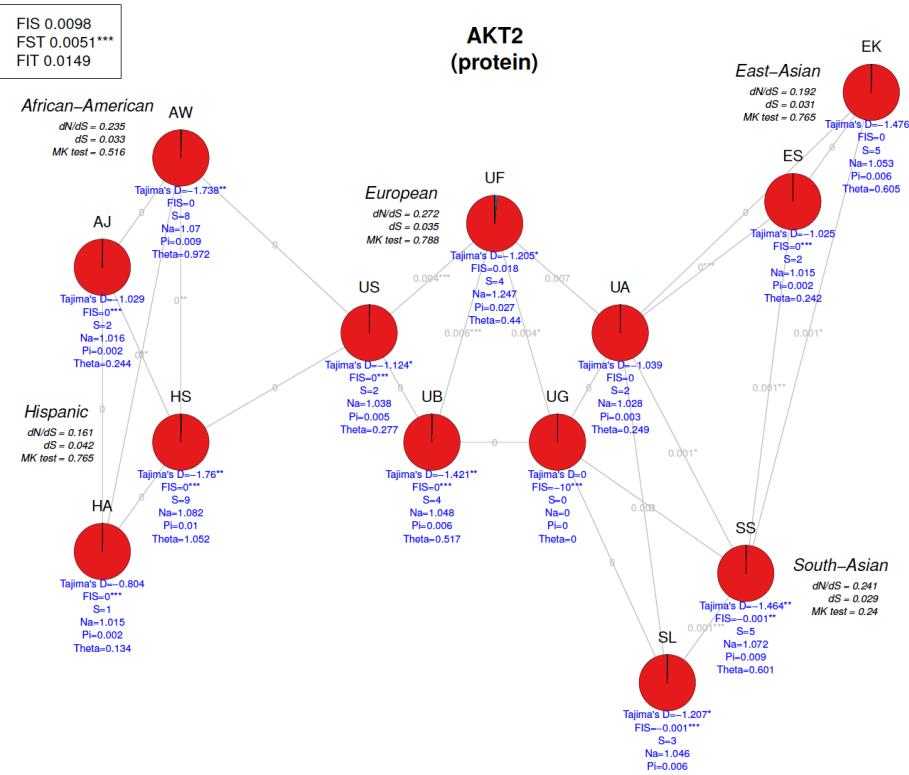


**Manhattan and QQ plots for exome-wide association analysis with FG (A) and FI levels (B).** On the Manhattan plots, variants within regions of known association are colored in dark blue, and variants outside those regions are colored in gray. The red horizontal line represents the exome-wide significance threshold for single variant associations ( $P < 2.5 \times 10^{-7}$ ). \* For readability, the FG Manhattan plot is truncated at  $-\log_{10}(P) = 20$ , although variants in the G6PC2 region on chromosome 2 have  $-\log_{10}(P)$  values > 20.

### SUPPLEMENTARY FIGURE S2



**QQ plots from the gene based association tests for FI and FG.** Two tests were applied, SKAT (left column) and Burden (right column) to four annotation masks (PTV, PTV+NSBroad, PTV+NSstrict, PTV+Missense). **A.** FI with variants in exome sequencing data set. **B.** FG with variants in exome sequencing data set. **C.** FI with variants in exome chip data set. The point deviating from the diagonal is the association test for AKT2; see **Supplementary Table 2A** for association details. **D.** FG with variants in exome chip data set.

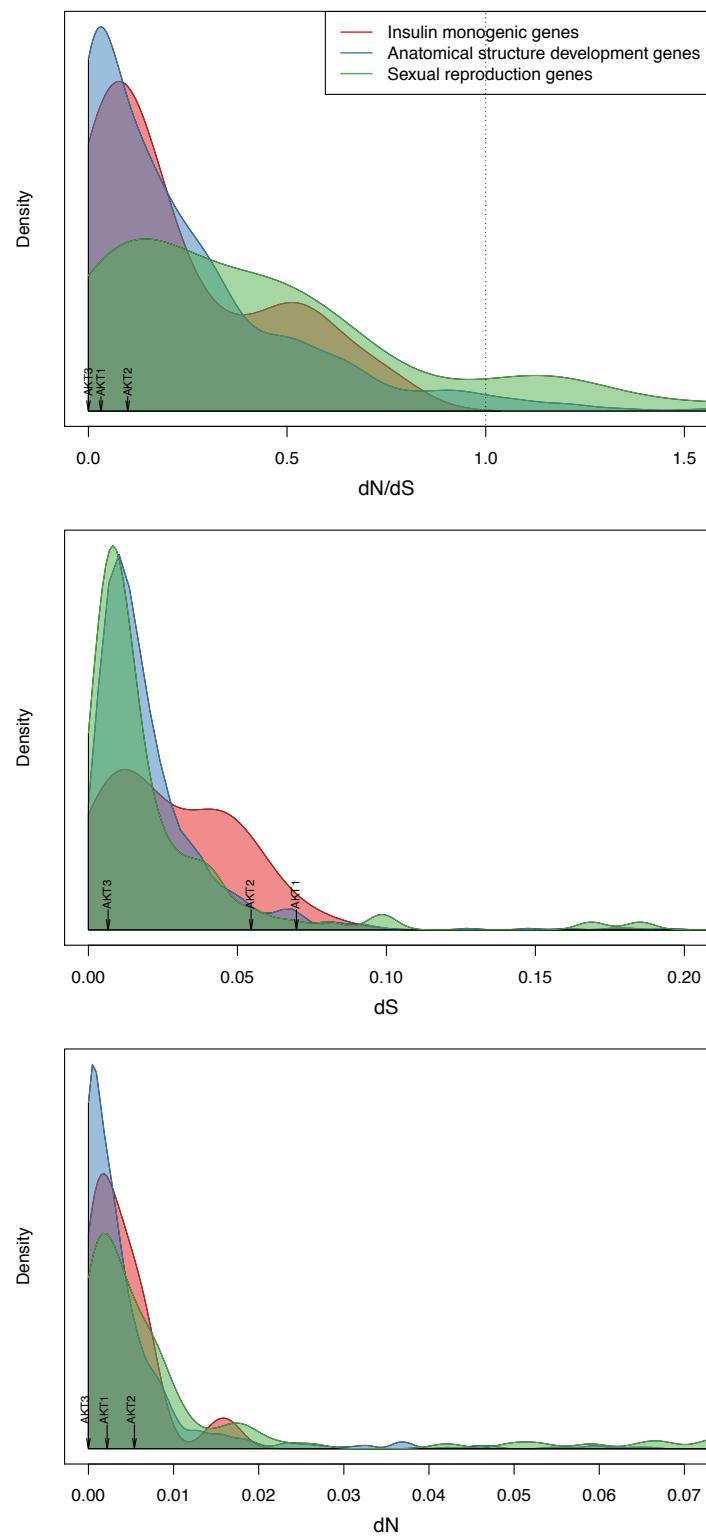


**Population structure and diversity indices of AKT2 protein in the exome sequencing data set.** Each pie represents the frequency of different haplotypes, estimated from phased exome sequencing data in the five continental ancestries (grouped by study or country of origin). Significance of Tajima's D and F-statistics (global  $F_{ST}$ ,  $F_{IS}$ ,  $F_{IT}$ , and pairwise  $F_{ST}$  (gray line), and within population  $F_{IS}$ ) are indicated with asterisk: \* P-value < 0.05; \*\* P-value < 0.01; \*\*\* P-value < 0.001.

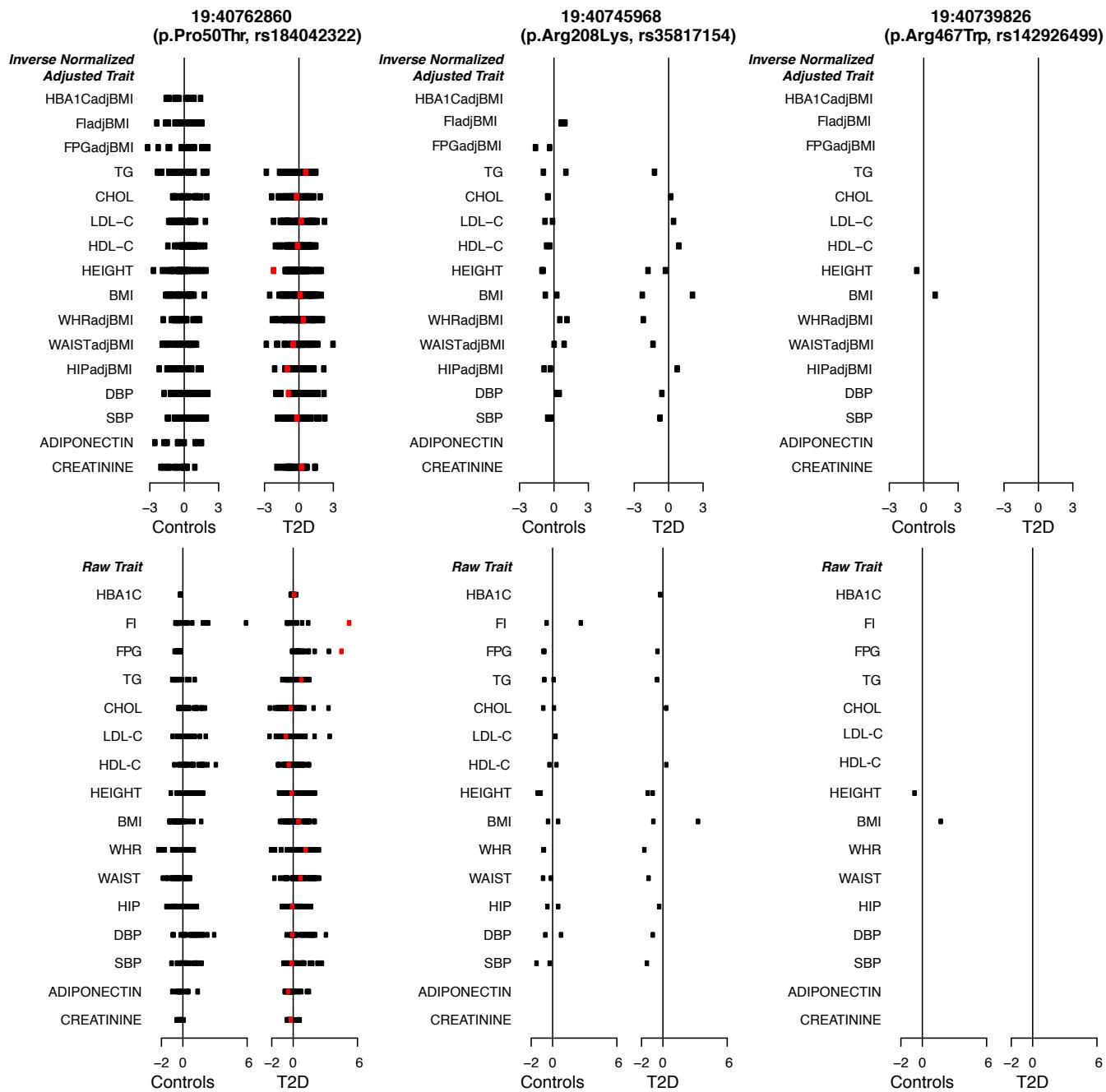
S: Number of segregating sites; Na: expected number of alleles; Pi ( $\pi$ ): Mean number of pairwise differences; Theta ( $\theta$ ): Watterson's  $\theta$  estimate; dN/dS: ratio of non-synonymous nucleotide substitutions per non-synonymous site (dN) and number of synonymous nucleotide substitutions per synonymous site (dS); MK: McDonald-Kreitman test.

**African-American:** AJ – Jackson Heart Study, AW – Wake Forest School of Medicine Study; **East-Asian:** EK – Korea Association Research Project, ES – Singapore Diabetes Cohort Study and Singapore Prospective Study Program; **European:** UA – Ashkenazi (US, Israel), UB – UKT2D Consortium (UK), UF (Finland) – Metabolic Syndrome in Men Study (METSIM), Finland-United States Investigation of NIDDM Genetics (FUSION) Study, Malmo-Botnia Study, UG (Germany) – KORA-gen (Germany), US (Sweden) – Malmo-Botnia Study; **Hispanic:** HA – San Antonio Family Heart Study, San Antonio Family Diabetes/ Gallbladder Study, Veterans Administration Genetic Epidemiology Study, and the Investigation of Nephropathy and Diabetes Study family component, HS – Starr County, Texas; **South-Asian:** SL – London Life Sciences Population Study, SS – Singapore Indian Eye Study.

## SUPPLEMENTARY FIGURE S4

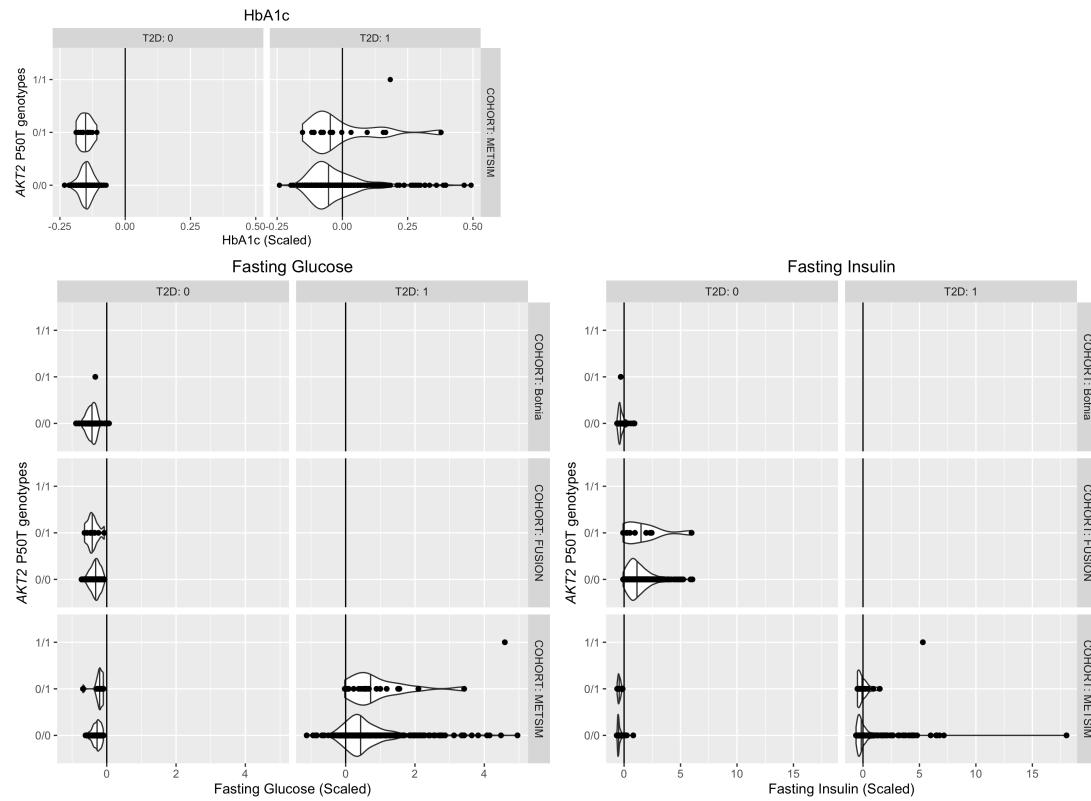


**AKT family conservation compared to other genes.** The  $dN/dS$  ratio is calculated by comparing homologous coding sequences between human and chimpanzee. It shows the degree to which selection is acting on a gene: ratio $<1$  points to negative selection/purifying selection, i.e. evolutionary pressure to conserve the sequence in ancestral state, ratio $>1$  to positive selection, and ratio=1 to neutral evolution. Three *AKT* homologs are highly conserved when compared to the set of “Insulin monogenic” genes (37 genes), to which *AKT2* belongs, and two other gene sets: 1,002 anatomical structure development genes (“conserved”), and 132 sexual reproduction genes (“fast evolving”).



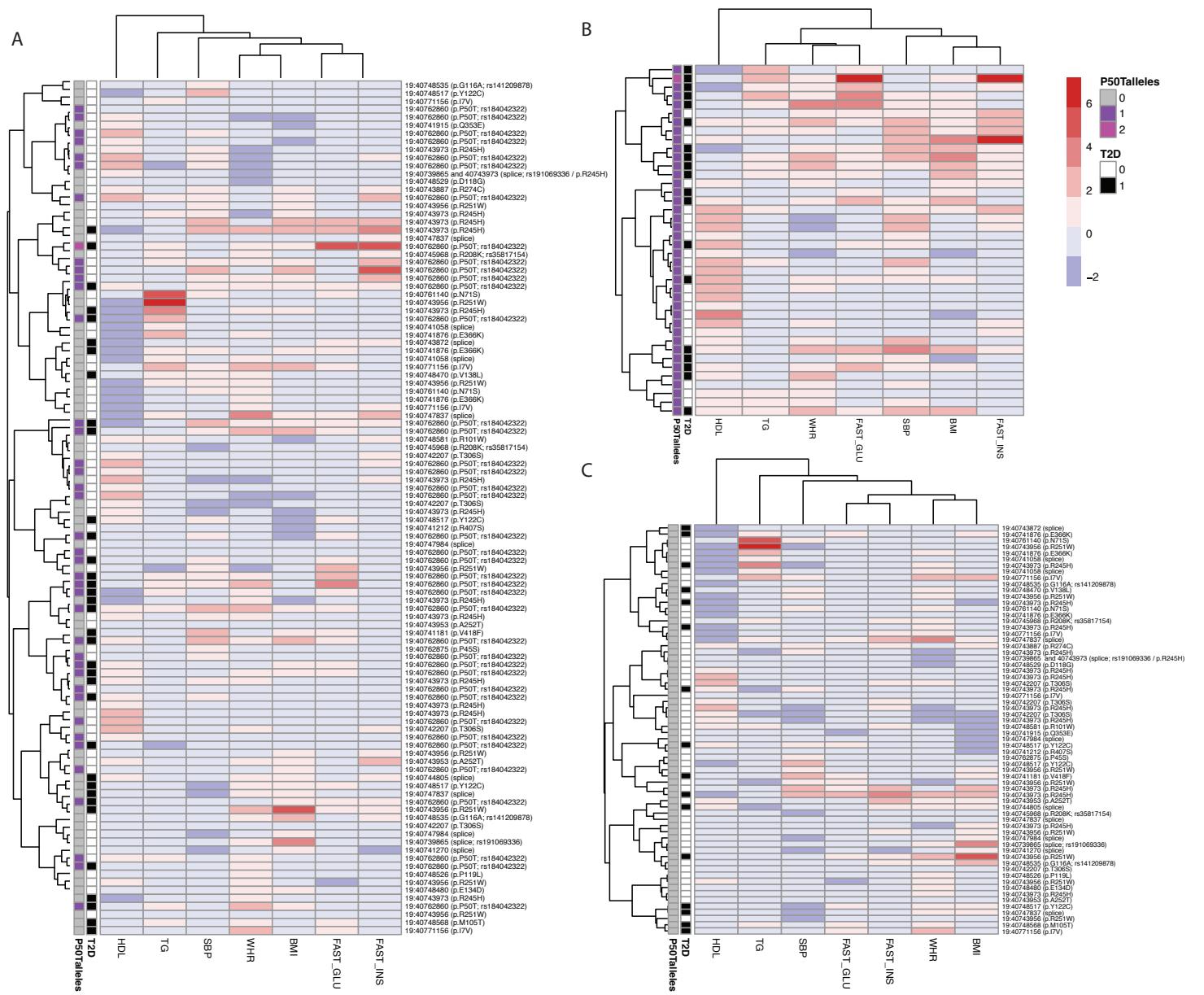
**Trait values among AKT2 variant carriers.** Profile of the inverse normalized, adjusted metabolic trait values (top plot) and scaled (normalized by overall mean and standard deviation) raw trait values (bottom plot) of carriers of three AKT2 variants: AKT2 p.Pro50Thr, AKT2 p.Arg208Lys and AKT2 p.Arg467Trp from the T2D-GENES whole exome sequencing data set. Points on the graph are observed trait values for heterozygous (black) and homozygous (red) carriers of the variants, split by type 2 diabetes status. Trait abbreviations: HBA1C- glycated hemoglobin, FAST\_INS- fasting insulin, FAST\_GLU- fasting plasma glucose, TG- triglycerides, CHOL- total cholesterol, LDL-C, low-density lipoprotein cholesterol, HDL-C- high-density lipoprotein cholesterol, BMI- body mass index, WHR- waist to hip ratio, WASITC- waist circumference, HIPC- hip circumference, DBP- diastolic blood pressure, SBP- systolic blood pressure. adjBMI- trait adjusted for BMI

## SUPPLEMENTARY FIGURE S5B

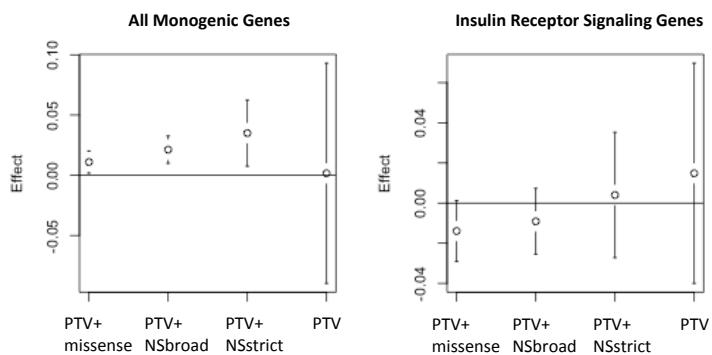


**HbA1c, Fasting Glucose and Fasting Insulin distributions in T2D-GENES exome sequence data subset of Finnish cohorts (Botnia, FUSION, and METSIM).** Scaled (normalized by overall mean and standard deviation) trait distributions are displayed by genotype group and type 2 diabetes status.

## SUPPLEMENTARY FIGURE S5C

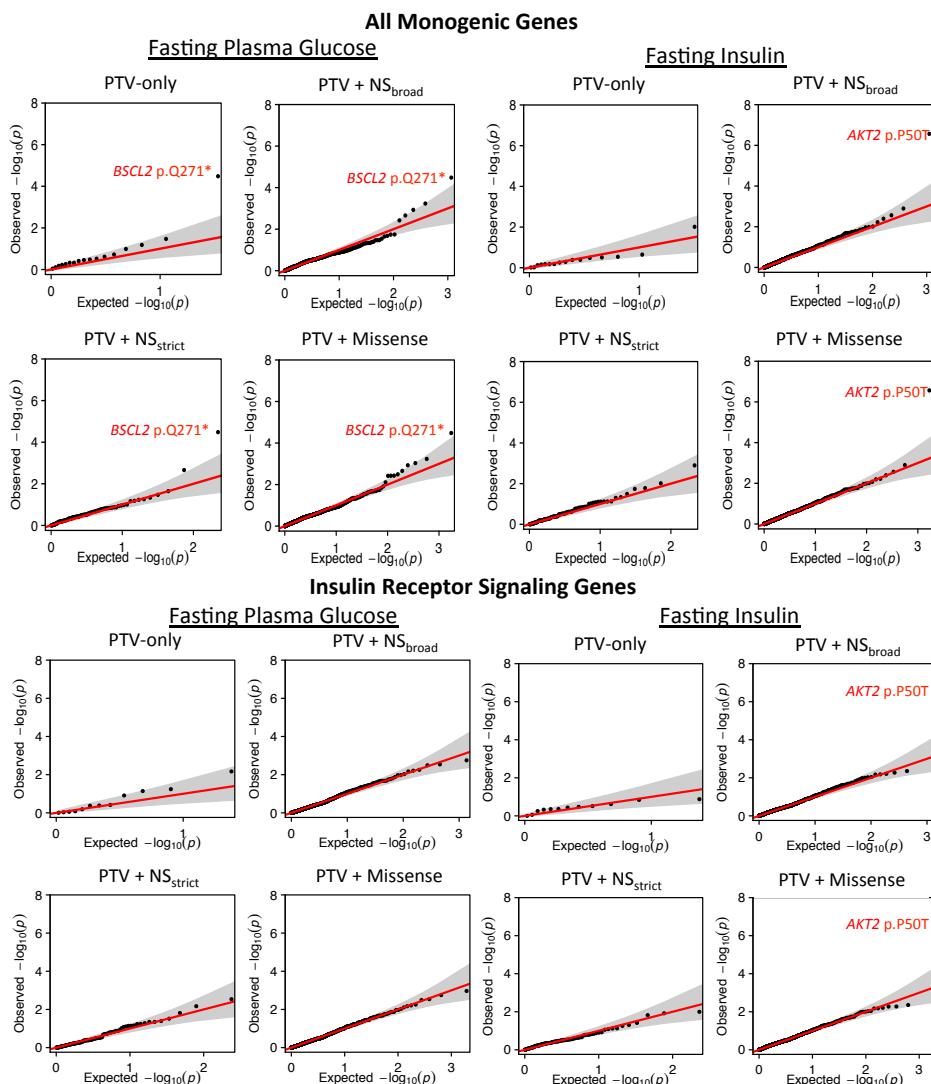


## SUPPLEMENTARY FIGURE S6



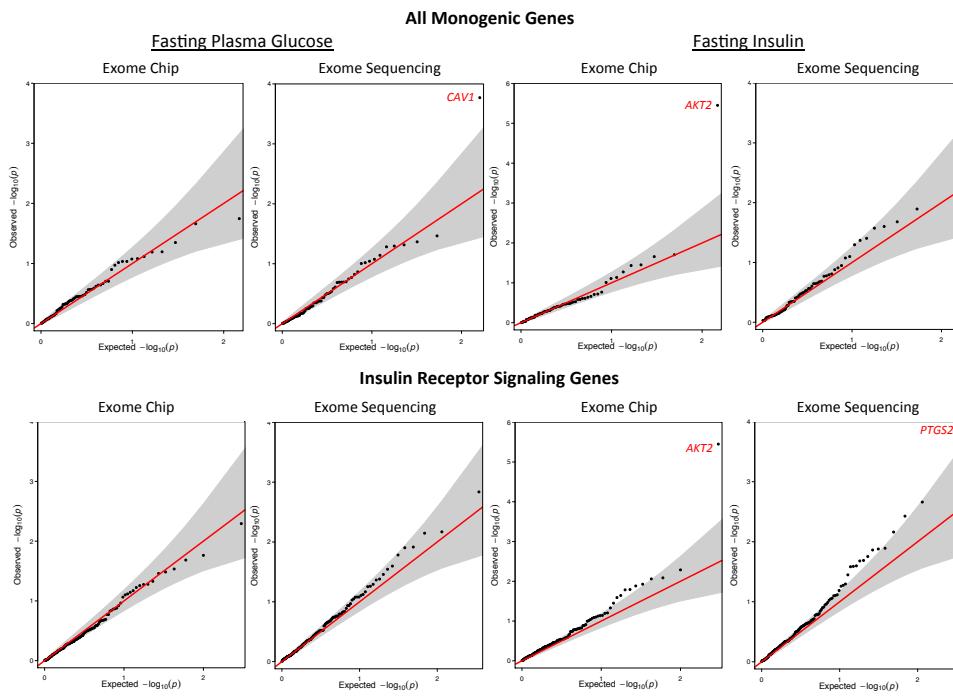
**The trend in the estimate of the effect size of the global gene burden test for the four variant aggregation categories.** The effect estimates (and 95% confidence interval) were provided as output of the burden test result in the RareMETALS package in R.

## Supplementary Figure S7A



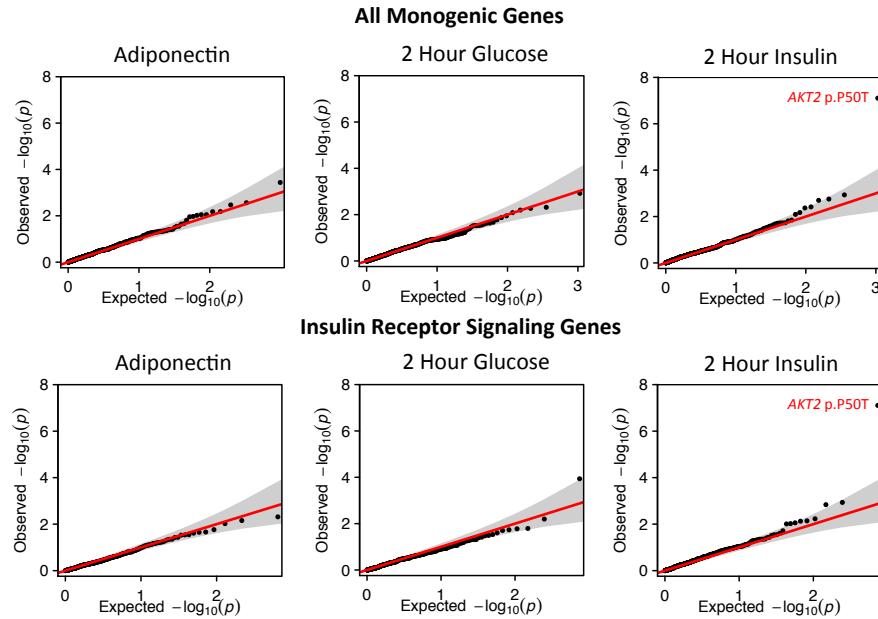
**Monogenic enrichment in single variant association tests.** Single variant association results from the FG and FI association analysis for variants in the four masks in the monogenic gene sets (top) and the insulin receptor signaling genes (bottom).

## SUPPLEMENTARY FIGURE S7B



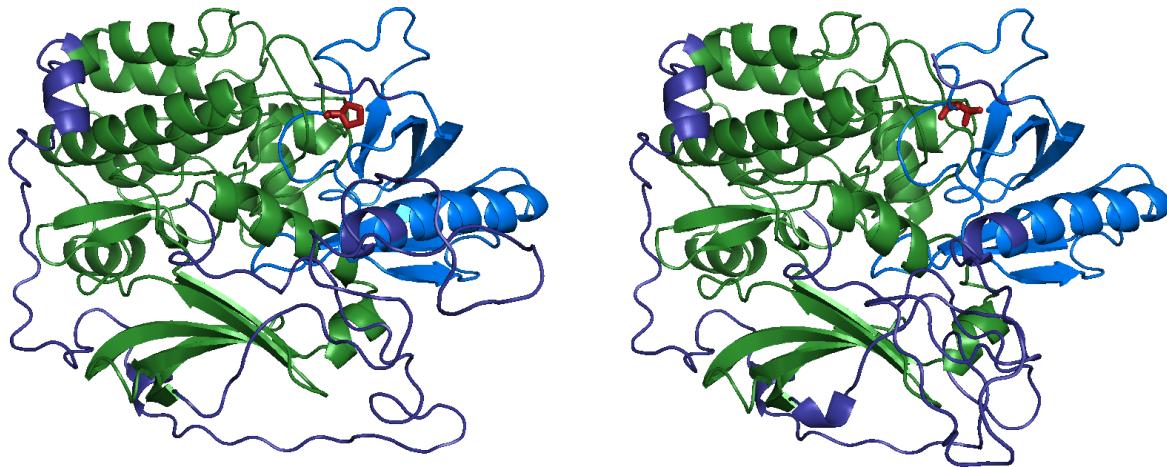
**Pathway enrichment in gene-based tests.** Gene burden association results from the fasting glucose and fasting insulin analysis for variants in the PTV+Missense mask in the monogenic gene sets (top) and the insulin receptor signaling genes (bottom).

## SUPPLEMENTARY FIGURE S7C



**Pathway associations in traits related to insulin resistance.** Single variant association results for three traits related to insulin resistance: fasting adiponectin levels, 2 hour glucose level and 2 hour insulin level after an oral glucose tolerance test. The variants in these plots are in the PTV+Missense annotation category, with results from variants in the monogenic gene sets (top) and the insulin receptor signaling genes (bottom).

## SUPPLEMENTARY FIGURE S8



**Predicted structure change in AKT2 due to AKT2 p.Pro50Thr.** The left plot shows the predicted structure of wild-type AKT2. The right plot shows the predicted structure of AKT2.Thr50.

## SUPPLEMENTARY FIGURE S9

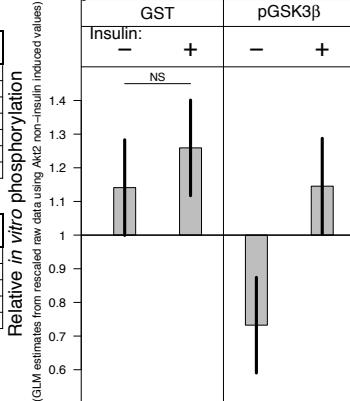
## A. General linear analysis

"Round" model:		Variance explained (%)	F	Pr(>F)
Variables	DF			
Round	2	2.73%	1.228	0.300
Assay	1	8.42%	7.572	<b>0.008</b>
Insulin induction	1	12.38%	11.125	<b>0.001</b>
Round:Assay	2	1.60%	0.718	0.492
Round:Insulin	2	4.52%	2.033	0.140
Assay:Insulin	1	3.34%	2.999	0.088
Round:Assay:Insulin	2	0.27%	0.121	0.887

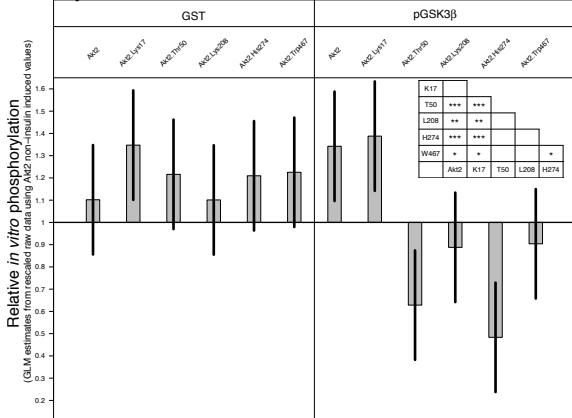
## Full model:

Variables	DF	Variance explained (%)	F	Pr(>F)
Assay	1	8.42%	14.71	<b>3.12E-04</b>
Insulin induction	1	12.38%	21.61	<b>1.98E-05</b>
Variants	5	23.52%	8.21	<b>6.49E-06</b>
Assay:Insulin	1	3.34%	5.83	<b>1.90E-02</b>
Assay:Variant	5	19.13%	6.68	<b>5.64E-05</b>

## B. Assay:Insulin interaction

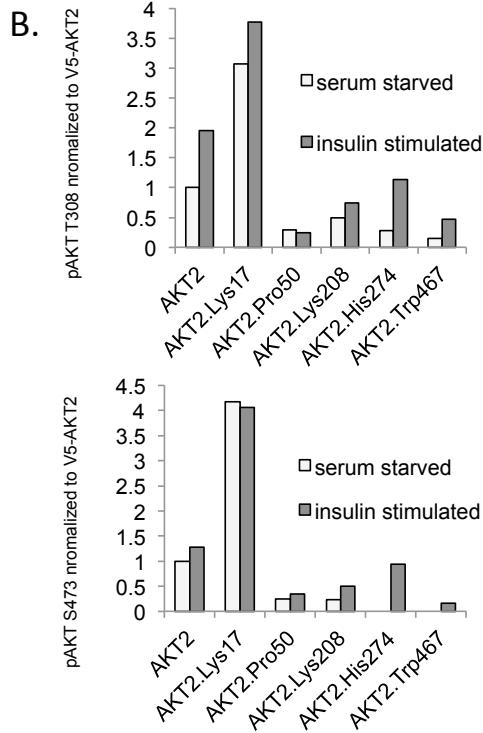
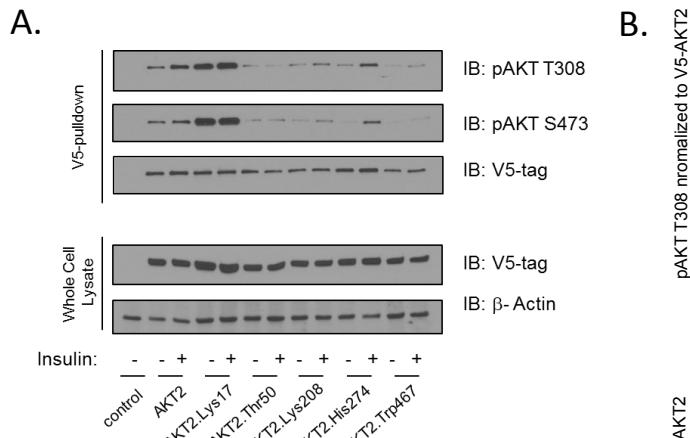


## C. Assay:Variants interaction



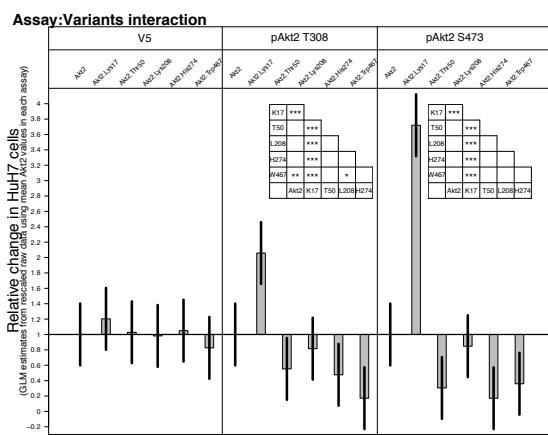
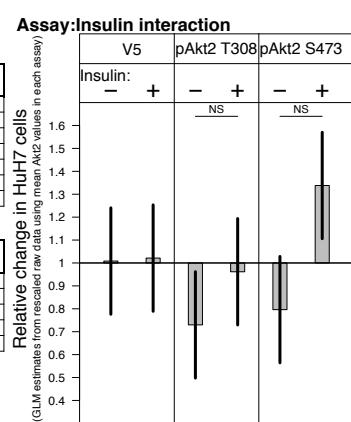
**In vitro kinase (IVK) assay.** **A.** Results of a generalized linear model (GLM) applied on rescaled raw data. The relative substrate phosphorylation values were generated by dividing each value in each round of analysis with the value for non-stimulated, serum-starved AKT2. A first GLM ("Round" model) was analyzed including the Round as variable; the three independent rounds were not significant: we used them as replicate in the Full model. The plots represent the GLM estimates (and 95% CI) in the Full model for the two significant interactions: **B. Assay:Insulin.** **C. Assay:Variants.** For the Glycogen Synthase Kinase 3  $\beta$  (GSK3 $\beta$ ), the different AKT2 variants show significant relative phosphorylation (pairwise comparison p-values from contrast analysis reported in inset table). For GST-GSK3 peptide, none of the AKT2 variants showed different relative phosphorylation values. \* P < 0.05, \*\* P < 0.01, \*\*\* P < 0.001. DF: degrees of freedom, F: statistic testing the importance of the grouping term, Pr(>F): P value of the F statistic.

## SUPPLEMENTARY FIGURE S10

**C.**

## General linear analysis

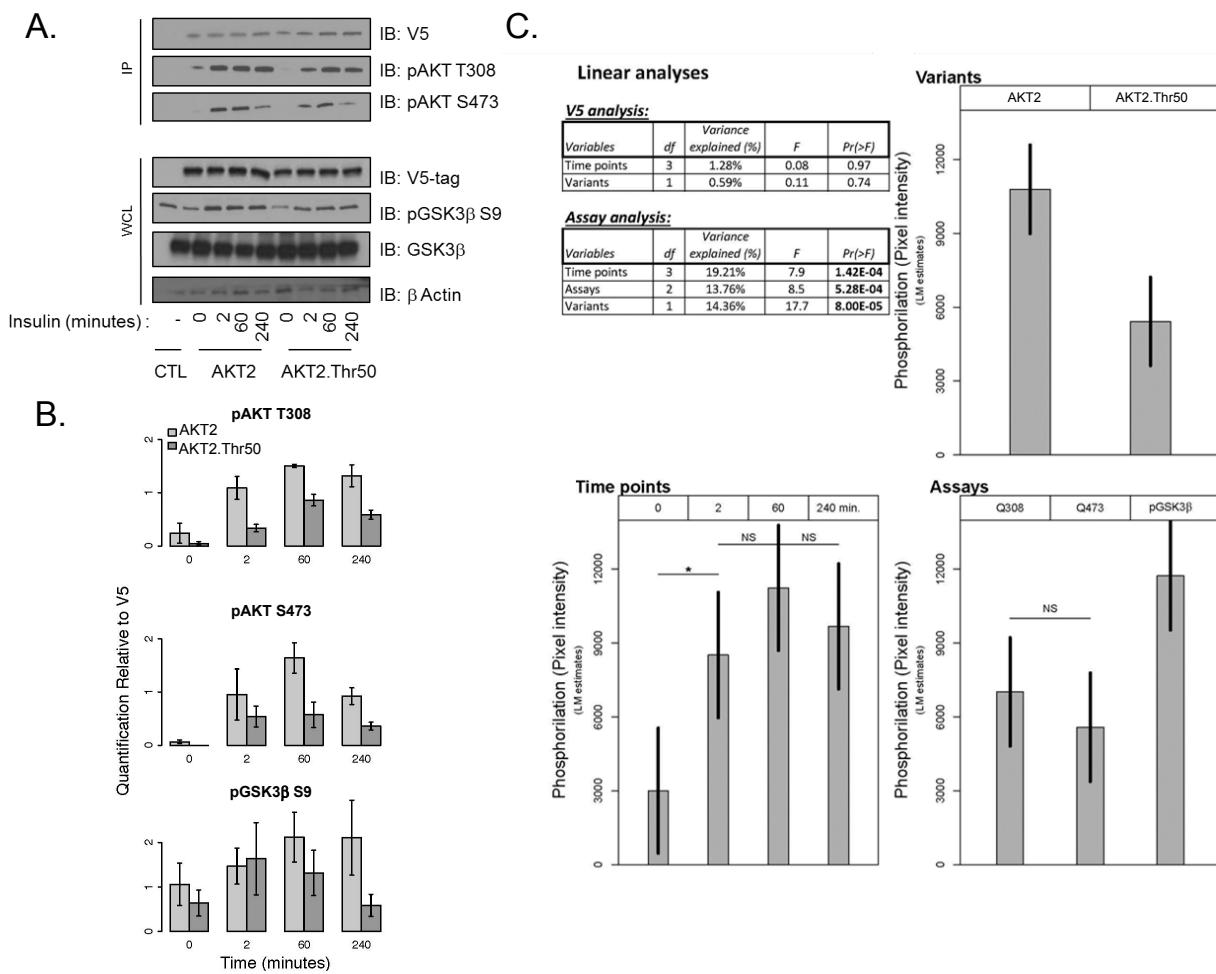
"Round" model:				
Variables	df	Variance explained (%)	F	Pr(>F)
Round	2	1.86%	0.903	0.409
Assay	2	1.04%	0.504	0.606
Insulin induction	1	2.00%	1.941	0.167
Round:Assay	4	0.20%	0.049	0.995
Round:Insulin	2	0.11%	0.055	0.946
Assay:Insulin	2	1.37%	0.664	0.517
Round:Assay:Insulin	4	0.63%	0.152	0.962



**Phosphorylation of AKT2 activation sites in HuH7 liver cells** (A) HuH7 cells were infected with lentiviral control, V5-AKT2, V5-AKT2-Lys17, V5-AKT2-Thr50, V5-AKT2-Lys208, V5-AKT2-His274, V5-AKT2-Trp467, blasticidin selected and starved for 18 hr (white bar), and stimulated for 20 min with 100nm insulin (grey bar). V5-tagged AKT2 was isolated from cell lysates with anti-V5 agarose beads and immunoblots (IB) were probed with indicated antibodies. (B) Phosphorylated AKT2 Thr308 and Ser473 were quantified and normalized to total by V5-AKT2. (C) Linear model for the statistical analysis of quantified pAKT2. The "Round" model tests for significant differences between the three rounds of analysis. The Full model examines significance of assay (V5, pAKT2 T308 and pAKT2 S473) and variants (AKT2, AKT2.Lys17, AKT2.Thr50, AKT2.Lys208, AKT2.His274 and AKT2.Trp467) and their interactions. \* P < 0.05, \*\* P < 0.01, \*\*\* P < 0.001. DF: degrees of freedom, F: statistic testing the importance of the grouping term, Pr(>F): P value of the F statistic.

## SUPPLEMENTARY FIGURE S11

## SUPPLEMENTARY FIGURES

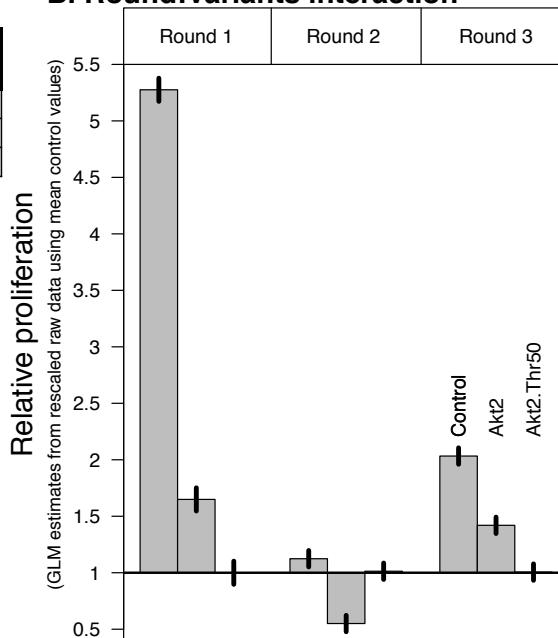
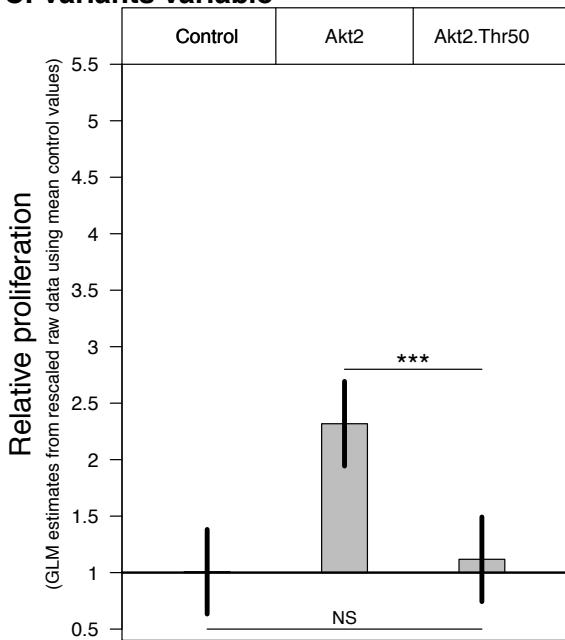
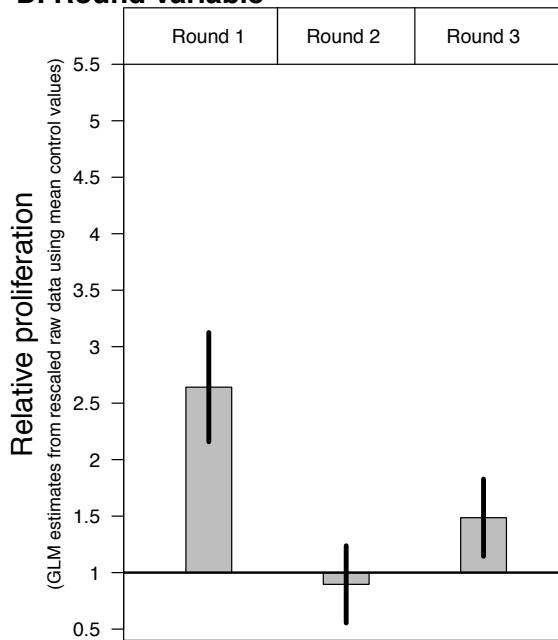


**Time-course analysis of AKT2 phosphorylation** (A) HeLa cells were infected with lentiviral V5-AKT2, V5-AKT2-Thr50, or control pLX304, blasticidin selected and starved for 18 hours and then stimulated for 0, 2, 60, and 240 minutes with 100nm insulin. V5-tagged AKT2 was isolated from cell lysates with anti-V5 agarose beads. Immunoprecipitated (IP) V5-AKT2 and whole cell lysates (WCL) were immunoblotted (IB) with the indicated antibodies. Immunoblots are representative of three independent replicates. (B) Quantification of the three replicates of indicated immunoblots relative to total V5-AKT2. (C) Linear Model (LM) statistical analysis across all three independent replicates. Error bars represent the standard deviation (SD). \* P < 0.05, \*\* P < 0.01, \*\*\* P < 0.001.

## SUPPLEMENTARY FIGURE S12

**A. General linear analysis**

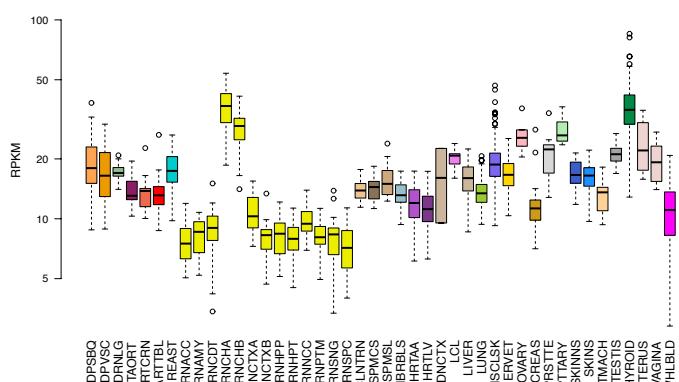
Variables	df	Variance explained (%)	F	Pr(>F)
Round	2	33.41%	1186.3	2.20E-16
Variants	2	28.95%	1028.2	<b>2.20E-16</b>
Round:Variants	4	37.13%	659.3	<b>2.20E-16</b>

**B. Round:Variants interaction****C. Variants variable****D. Round variable**

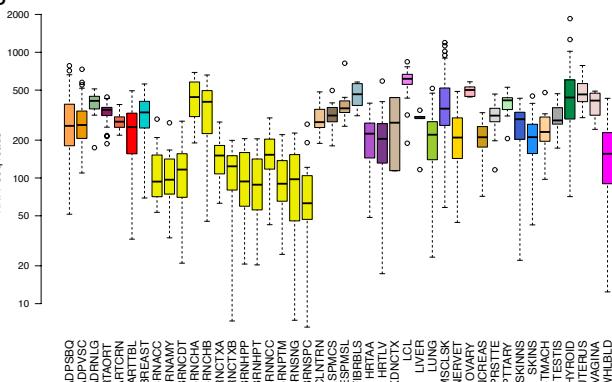
**Proliferation assay.** **A.** Results of a generalized linear model (GLM) applied on rescaled raw data (absorbance value) to test for significant difference in proliferation between the three rounds of analysis, the three variants and an interaction between round and variants. The rescaling was performed by dividing all the values in each round by the average absorbance in controls. The plots represent the GLM estimates (and 95% CI) for the **B.** Round:Variant interaction and individual variables: **C.** Round and **D.** Variants. \* P < 0.05, \*\* P < 0.01, \*\*\* P < 0.001. DF: degrees of freedom, F: statistic testing the importance of the grouping term, Pr(>F): P value of the F statistic.

## SUPPLEMENTARY FIGURE S13

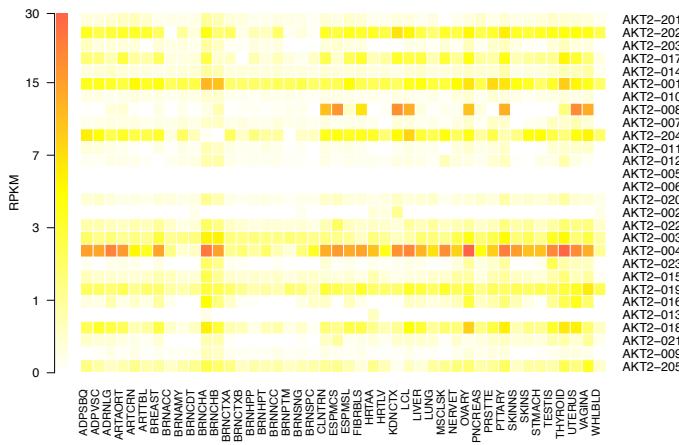
A



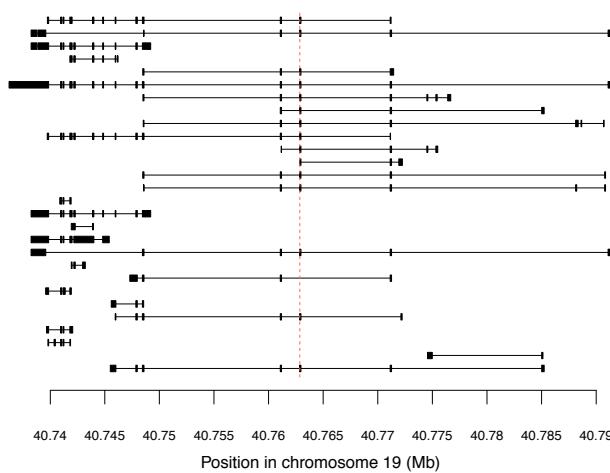
B



C

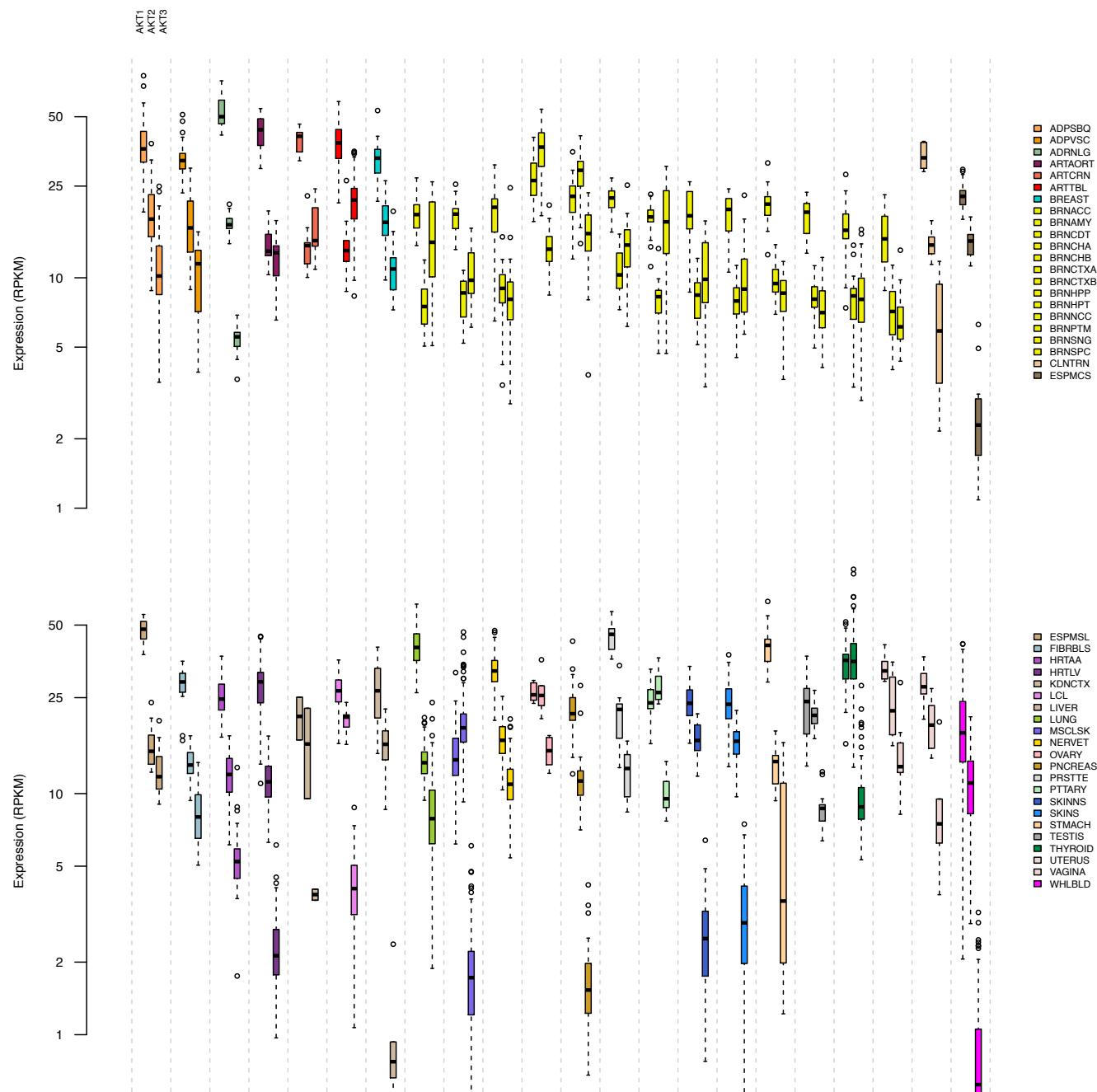


D



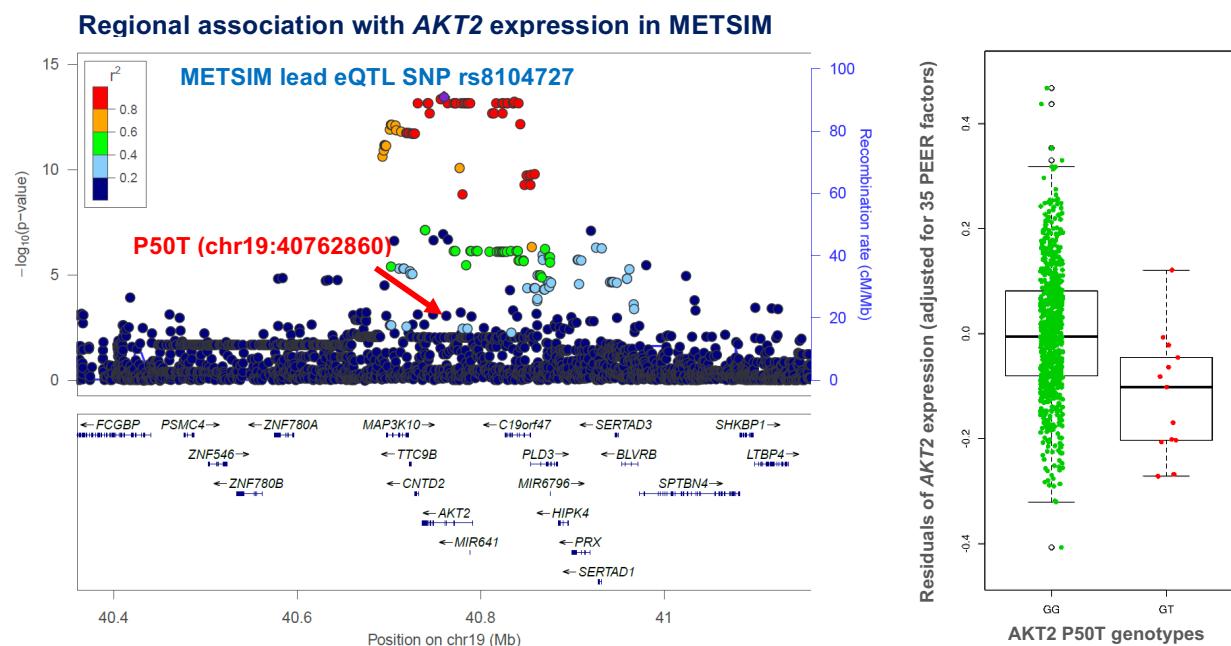
**AKT2 expression in human tissues.** **A.** Boxplot displaying the level and distribution of *AKT2* gene expression (in reads per kilobase per million mapped reads, RPKM) in 44 human tissues available in the GTEx RNA-seq data. **B.** Box plot of the expression (in RNA-seq reads) of the *AKT2* exon of affected by the p.Pro50Thr variant. Read counts are not normalized by the total number of reads per sample, resulting in larger variance in the expression within each tissue. **C.** Heat map of expression patterns of the 28 *AKT2* transcripts in the GTEx tissues, as annotated in Gencode version 12. Intensity of color in each cell represents the expression of the transcript in that tissue; white indicating no expression, and red indicating higher expression. **D.** Visualization of the transcript structure of *AKT2* (Gencode v12). The affected exon, highlighted with the red dashed line, is included in the majority of the *AKT2* transcripts and in all the three most highly expressed transcripts. The tissues are presented in the same order across panels A-C, and colored similarly in panels A and B. Tissue abbreviations are listed in **Supplementary Table 8**.

## SUPPLEMENTARY FIGURE S14



**Expression of the AKT gene family across human tissues.** Each cluster of three boxplots represents the expression of AKT1 (left), AKT2 (middle) and AKT3 (right) in each tissue. AKT2 is the isoform with the highest expression ( $P$ -value < 0.05) in BRNCHA (Brain – Cerebellum), BRNCHB (Brain - Cerebellar Hemisphere), MSCLSK (Muscle – Skeletal) and PTTARY (Pituitary). Tissue abbreviations are listed in Supplementary Table 8.

## SUPPLEMENTARY FIGURE S15



	Increasing allele / decreasing alleles	Frequency of decreasing allele	Initial Effect of decreasing allele	P	Conditional Effect of decreasing allele	Conditional P
AKT2 Pro50Thr	G/T	0.0083	-0.980	8.9E-04	-0.754	8.4E-03
Lead eSNP rs8104727	T/C	0.647	-0.403	3.6E-14	-0.391	1.9E-13

**Expression analysis with common eQTL SNP and AKT2 p.Pro50Thr.** Top left plot: The regional association plot of variants in the AKT2 region testing association with AKT2 expression. The SNP showing the most significant signal in this plot, rs8104727, is a proxy for rs11880261 ( $r^2 = 1$ ,  $D' = 1$  in the 1000 Genomes phase 3 Finnish sample). Top right plot: observed AKT2 expression levels for the two AKT2 p.Pro50Thr genotypes observed in the METSIM cohort. Bottom table: eQTL statistics and reciprocal conditional analysis with the two SNPs: rs8104727 and AKT2 p.Pro50Thr. The “Beta conditional” and “P conditional” columns highlight the associations with AKT2 expression after conditioning on the other SNP.

## Supplementary Tables

## SUPPLEMENTARY TABLE 1.

## Details and characteristics of studies included in the analysis.

## Supplementary Table 1A: Study details including references, ascertainment, sample QC, variant QC and association covariates.

Stage	Ancestry	Study	Citation(s)	PubMed ID(s)	Sample Ascertainment	Genotyping array	Call rate	Exclusion criteria	Call rate	Filtering criteria	Calling algorithm	Association covariates
Discovery [ExomeChip]	European [Finnish]	FIN-D2D 2007	Kotronen, A. et al. Non-alcoholic and alcoholic fatty liver disease - two diseases of influence associated with the metabolic syndrome and type 2 diabetes: the FIN-D2D survey. BMC Public Health. 2010 May 10;10:237.	20459722	- Population-based survey - Glucose tolerance classified according to WHO 1999 criteria - T1D and T2D (fasting plasma glucose concentration ≥7.0 mmol/l or 2-h plasma glucose concentration ≥11.1 mmol/l) cases excluded - Further excluded individuals with HbA1c ≥6.5% according to ADA 2012 criteria for T2D	Illumina HumanExome-12v1_1_A	>99%	- call rate ≤99% - heterozygosity >median + 3*IQR - technical duplicates with lower call rate - Non-European population outliers - sex discrepancy - contamination score >10%	≥95%	- exclude 101 indels with different allele mapping across the two sites - exclude variants that had chromosome or position or allele mismatch - exclude duplicated variants, keeping the one with higher call rate. If the call rate is the same, arbitrarily take the one with that comes first in the file - call rate <95% - exact HWE <10 <sup>-5</sup>	Illumina GenCall using standard Illumina cluster files + Zcall	- age, age2, sex, BMI for EMMAX-analysis - age, age2, sex, BMI, PC1, PC2, PC3, PC4 for rvtest analysis
Discovery [ExomeChip]	European [Finnish]	The Finnish Diabetes Prevention Study (DPS)	Tuomilehto, J. et al. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. N Engl J Med. 2001 May 3;344(18):1343-50.	11333990	- Randomised controlled trial - All subjects were impaired glucose tolerant at baseline, from mean of two OGTTs using WHO 1995 criteria - Excluded individuals with fasting plasma glucose ≥7.0 mmol/l or 2-h plasma glucose concentration ≥11.1 mmol/l or HbA1c ≥6.5% according to ADA 2012 criteria for T2D	Illumina HumanExome-12v1_1_A	>99%	- call rate ≤99% - heterozygosity >median + 3*IQR - technical duplicates with lower call rate - Non-European population outliers - sex discrepancy - contamination score >10%	≥95%	- exclude 101 indels with different allele mapping across the two sites - exclude variants that had chromosome or position or allele mismatch - exclude duplicated variants, keeping the one with higher call rate. If the call rate is the same, arbitrarily take the one with that comes first in the file - call rate <95% - exact HWE <10 <sup>-5</sup>	Genotype calls generated on cluster boundaries trained on study samples + manual review of clusterplots	- age, age2, sex, BMI for EMMAX-analysis - age, age2, sex, BMI, PC1, PC2, PC3, PC4 for rvtest analysis
Discovery [ExomeChip]	European [Finnish]	The Dose Responses to Exercise Training (DR's EXTRA) Study	Kouki, R. et al. Diet, fitness and metabolic syndrome—the DR's EXTRA study. Nutr Metab Cardiovasc Dis. 2012 Jul;22(7):553-60.	21186108	- Randomised controlled trial - Glucose tolerance classified according to WHO 1999 criteria - T1D and T2D (fasting plasma glucose concentration ≥7.0 mmol/l or 2-h plasma glucose concentration ≥11.1 mmol/l or physician diagnosed) cases excluded	HumanExome-12v1_1_A	>99%	- call rate ≤99% - heterozygosity >median + 3*IQR - technical duplicates with lower call rate - Non-European population outliers - sex discrepancy - contamination score >10%	≥95%	- exclude 101 indels with different allele mapping across the two sites - exclude variants that had chromosome or position or allele mismatch - exclude duplicated variants, keeping the one with higher call rate. If the call rate is the same, arbitrarily take the one with that comes first in the file - call rate <95% - exact HWE <10 <sup>-5</sup>	Illumina GenCall using standard Illumina cluster files + Zcall	- age, age2, sex, BMI for EMMAX-analysis - age, age2, sex, BMI, PC1, PC2, PC3, PC4 for rvtest analysis
Discovery [ExomeChip]	European [Finnish]	National FINRISK 2007 Study (FINRISK 2007)	Vartiainen, E. et al. Thirty-five-year trends in cardiovascular risk factors in Finland. Int J Epidemiol. 2010 Apr;39(2):504-18.	19959603	- T2D case control study - Glucose tolerance classified according to WHO 1999 criteria - T1D and T2D (fasting plasma glucose concentration ≥7.0 mmol/l or 2-h plasma glucose concentration ≥11.1 mmol/l) cases excluded	HumanExome-12v1_1_A	>99%	- call rate ≤99% - heterozygosity >median + 3*IQR - technical duplicates with lower call rate - Non-European population outliers - sex discrepancy - contamination score >10%	≥95%	- exclude 101 indels with different allele mapping across the two sites - exclude variants that had chromosome or position or allele mismatch - exclude duplicated variants, keeping the one with higher call rate. If the call rate is the same, arbitrarily take the one with that comes first in the file - call rate <95% - exact HWE <10 <sup>-5</sup>	Illumina GenCall using standard Illumina cluster files + Zcall	- age, age2, sex, BMI for EMMAX-analysis - age, age2, sex, BMI, PC1, PC2, PC3, PC4 for rvtest analysis
Discovery [ExomeChip]	European [Finnish]	Finland-United States Investigation of NIDDM Genetics (FUSION) Study	Vissela, T. et al. Mapping genes for NIDDM: Design of the Finland-United States Investigation of NIDDM Genetics (FUSION) Study. Diabetes Care. 1998 Jun;21(6):949-58.; Scott, L.J., et al. A genome-wide association study of type 2 diabetes in Finns detects multiple susceptibility variants. Science. 2007 Jun 1;316(5829):1341-5.	9614613; 17463248	- T2D case control study - Glucose tolerance classified according to WHO 1999 criteria - T2D (fasting plasma glucose concentration ≥7.0 mmol/l or 2-h plasma glucose concentration ≥11.1 mmol/l), by report of diabetes medication use, or based on medical record review, and known or probable T1D among their first degree relatives were excluded.	HumanExome-12v1_1_A	>99%	- call rate ≤99% - heterozygosity >median + 3*IQR - technical duplicates with lower call rate - Non-European population outliers - sex discrepancy - contamination score >10%	≥95%	- exclude 101 indels with different allele mapping across the two sites - exclude variants that had chromosome or position or allele mismatch - exclude duplicated variants, keeping the one with higher call rate. If the call rate is the same, arbitrarily take the one with that comes first in the file - call rate <95% - exact HWE <10 <sup>-5</sup>	Illumina GenCall using standard Illumina cluster files + Zcall	- age, age2, sex, BMI, study origin for EMMAX-analysis - age, age2, sex, BMI, PC1, PC2, PC3, PC4 for rvtest analysis
Discovery [ExomeChip]	European [Finnish]	Metabolic Syndrome in Men Study (METSIM)	Stancáková, A. et al. Changes in insulin sensitivity and insulin release in relation to glycemia and glucose tolerance in 6,414 Finnish men. Diabetes. 2009 May;58(5):1212-21.	19223598	- Population-based cross-sectional study - Glucose tolerance classified according to WHO 1997 criteria - T1D and T2D (fasting plasma glucose concentration ≥7.0 mmol/l or 2-h plasma glucose concentration ≥11.1 mmol/l) cases excluded - Further excluded individuals with HbA1c ≥6.5% according to ADA 2012 criteria for T2D	HumanExome-12v1_A	>99%	- call rate ≤99% - heterozygosity >median + 3*IQR - technical duplicates with lower call rate - Non-European population outliers - sex discrepancy - contamination score >10%	≥95%	- exclude 101 indels with different allele mapping across the two sites - exclude variants that had chromosome or position or allele mismatch - exclude duplicated variants, keeping the one with higher call rate. If the call rate is the same, arbitrarily take the one with that comes first in the file - call rate <95% - exact HWE <10 <sup>-5</sup>	Genotype calls generated on cluster boundaries trained on using study samples + manual review of clusterplots	- age, age2, BMI for EMMAX-analysis - age, age2, BMI, PC1, PC2, PC3, PC4 for rvtest analysis
Discovery [ExomeChip]	European [Danish]	Health2006	Thuesen, B.H. et al. Cohort Profile: The Health2006 cohort, Research Centre for Prevention and Health. Int J Epidemiol. 2013 Apr 24.	23615486	- Population-based cohort - Glucose tolerance classified according to WHO 1999 criteria - T1D and T2D (fasting plasma glucose concentration ≥7.0 mmol/l) cases excluded	Illumina HumanExome-12v1	≥98%	- call rate <98% - heterozygosity - sex discrepancy - discordance with previous genotypes	≥95%	- exclude duplicated variants, keeping the one with higher call rate. - call rate <95% - HWE <10 <sup>-5</sup> - cluster separation score 0.4	Illumina GenCall using standard Illumina cluster files + Zcall	- age, age <sup>2</sup> , BMI for EMMAX-analysis - age, age <sup>2</sup> , BMI, PC1-10 for RareMetaWorker analysis
Discovery [ExomeChip]	European [Danish]	Inter99	Jorgensen, T. et al. A randomized non-pharmacological intervention study for prevention of ischaemic heart disease: baseline results Inter99. Eur J Cardiovasc Prev Rehabil. 2003 Oct;10(5):377-86.	14663300	- Population-based cohort - Glucose tolerance classified according to WHO 1999 criteria - T1D and T2D (fasting plasma glucose concentration ≥7.0 mmol/l or 2-h plasma glucose concentration ≥11.1 mmol/l) cases excluded	Illumina HumanExome-12v1	≥98%	- call rate <98% - heterozygosity - sex discrepancy - discordance with previous genotypes	≥95%	- exclude duplicated variants, keeping the one with higher call rate. - call rate <95% - HWE <10 <sup>-5</sup> - cluster separation score 0.4	Illumina GenCall using standard Illumina cluster files + Zcall	- age, age <sup>2</sup> , BMI for EMMAX-analysis - age, age <sup>2</sup> , BMI, PC1-10 for RareMetaWorker analysis
Discovery [ExomeChip]	European [Danish]	Vejle Biobank	Albrechtsen, A. et al. Exome sequencing-driven discovery of coding polymorphisms associated with common metabolic phenotypes. Diabetologia. 2013 Feb;56(2):298-310.	23160641	- Controls from T2D case-control - Glucose tolerance classified according to WHO 1999 criteria - T1D and T2D (fasting plasma glucose concentration ≥7.0 mmol/l or 2-h plasma glucose concentration ≥11.1 mmol/l) cases excluded	Illumina HumanExome-12v1	≥98%	- call rate <98% - heterozygosity - sex discrepancy - discordance with previous genotypes	≥95%	- exclude duplicated variants, keeping the one with higher call rate. - call rate <95% - HWE <10 <sup>-5</sup> - cluster separation score 0.4	Illumina GenCall using standard Illumina cluster files + Zcall	- age, age <sup>2</sup> , BMI for EMMAX-analysis - age, age <sup>2</sup> , BMI, PC1-10 for RareMetaWorker analysis
Discovery [ExomeChip]	European [UK]	Genetics of Diabetes Audit and Research Tayside (GoDARTS)	Morris, A.D. et al. The diabetes audit and research in Tayside Scotland (DARTS) study: electronic record linkage to create a diabetes register. DARTS/MEMO Collaboration. BMJ. 1997 Aug 30;315(7107):524-8.	9329309	- Population-based cohort - T2D cases, sample with fasting plasma glucose concentration ≥7.0 mmol/l and pregnant women were excluded	Illumina HumanExome-12v1_A	>99%	- call rate ≤99% - heterozygosity 4SD of mean - technical duplicates with lower call rate - Non-European population outliers, or non-European reported ancestry - sex discrepancy	>99%	- exclude variants that had chromosome or position or allele mismatch - exclude duplicated variants, keeping the one with higher call rate. - call rate <98% for GenCall and <99% for zCall - exact HWE <10 <sup>-4</sup> - GenTrain score <0.6 and Cluster separation score <0.4	Illumina GenCall using standard Illumina cluster files + Zcall	- age, age <sup>2</sup> , BMI for EMMAX-analysis - age, age <sup>2</sup> , BMI, PC1, PC2 for RareMetaWorker analysis
Discovery [ExomeChip]	European [UK]	Twins UK	Moayyeri A, Hammond CJ, Hart DJ, Spector TD. The UK Adult Twin Registry (TwinsUK Resource). Twin Res Hum Genet. 2013 Feb;16(1):144-9.	23088899	- Unrelated samples selected as controls from the Twins UK study - T1D and T2D cases and samples with recorded family history of diabetes, or if either twin was ever recorded as impaired glucose tolerant (defined as fasting plasma glucose concentration ≥6.1mmol/l, in any reading), non-fasting were excluded.	Illumina HumanExome-12v1_A	>99%	- call rate ≤99% - heterozygosity 4SD of mean - technical duplicates with lower call rate - Non-European population outliers, or non-European reported ancestry - sex discrepancy	>99%	- exclude variants that had chromosome or position or allele mismatch - exclude duplicated variants, keeping the one with higher call rate. - call rate <98% for GenCall and <99% for zCall - exact HWE <10 <sup>-5</sup> - GenTrain score <0.6 and Cluster separation score <0.4	Illumina GenCall using standard Illumina cluster files + Zcall	- age, age <sup>2</sup> , sex, and BMI for EMMAX-analysis - age, age <sup>2</sup> , sex, BMI, PC1, and PC2 for RareMetaWorker analysis

## SUPPLEMENTARY TABLES

## Diabetes

Stage	Ancestry	Study	Citation(s)	PubMed ID(s)	Sample Ascertainment	Genotyping array	Call rate	Exclusion criteria	Call rate	Filtering criteria	Calling algorithm	Association covariates
Discovery [ExomeChip]	European [UK]	Oxford BioBank (OBB)	<a href="http://www.oxfordbiobank.org.uk/">http://www.oxfordbiobank.org.uk/</a>	NA	- T2D cases (on diabetic treatment or fasting glucose $\geq 7$ mmol/l) were excluded.	Illumina HumanExome-12v1_A	>99%	- call rate $\leq 99\%$ - heterozygosity 4SD of mean - technical duplicates with lower call rate - Non-European population outliers, or non-European reported ancestry - sex discrepancy	>99%	- exclude variants that had chromosome or position or allele mismatch - exclude duplicated variants, keeping the one with higher call rate - call rate <98% for GenCall and <99% for zCall - exact HWE $<10^{-4}$ - GenTrain score <0.6 and Cluster separation score <0.4	Illumina GenCall using standard Illumina cluster files + Zcall	- age, age <sup>2</sup> , sex, BMI for EMMAX-analysis - age, age <sup>2</sup> , sex, BMI, PC1, and PC2 for RareMetaWorker analysis
Discovery [ExomeChip]	European [Swedish]	Prospective Investigation of the Vasculature in Uppsala Seniors (PIVUS)	Lind, L. et al. A comparison of three different methods to evaluate endothelium-dependent vasodilation in the elderly: the Prospective Investigation of the Vasculature in Uppsala Seniors (PIVUS) study. <i>Arterioscler Thromb Vasc Biol.</i> 2005 Nov;25(11):2368-75.	16141402	- Population-based cohort - T1D, T2D cases or fasting plasma glucose concentration $\geq 7$ mmol/l, pregnant individuals, and samples with non-fasting blood excluded	Illumina HumanExome-12v1_A	>99%	- call rate $\leq 99\%$ - heterozygosity 4SD of mean - technical duplicates with lower call rate - Non-European population outliers - sex discrepancy	>99%	- exclude variants that had chromosome or position or allele mismatch - exclude duplicated variants, keeping the one with higher call rate - call rate <98% for GenCall and <99% for zCall - exact HWE $<10^{-4}$ - GenTrain score <0.6 and Cluster separation score <0.4	Illumina GenCall using standard Illumina cluster files + Zcall	- age, age <sup>2</sup> , sex, BMI for EMMAX-analysis - age, age <sup>2</sup> , sex, BMI, PC1, and PC2 for RareMetaWorker analysis
Discovery [ExomeChip]	European [Swedish]	Uppsala Longitudinal Study of Adult Men (ULSAM)	Hedstrand, H. A study of middle-aged men with particular reference to risk factors for cardiovascular disease. <i>Ups J Med Sci Suppl.</i> 1975;19:61.	1216390	- Population-based cohort - T1D, T2D cases or fasting plasma glucose concentration $\geq 7$ mmol/l, and samples with non-fasting blood excluded	Illumina HumanExome-12v1_A	>99%	- call rate $\leq 99\%$ - heterozygosity 4SD of mean - technical duplicates with lower call rate - Non-European population outliers - sex discrepancy	>99%	- exclude variants that had chromosome or position or allele mismatch - exclude duplicated variants, keeping the one with higher call rate - call rate <98% for GenCall and <99% for zCall - exact HWE $<10^{-4}$ - GenTrain score <0.6 and Cluster separation score <0.4	Illumina GenCall using standard Illumina cluster files + Zcall	- age, age <sup>2</sup> , and BMI for EMMAX-analysis - age, age <sup>2</sup> , sex, BMI, PC1, and PC2 for RareMetaWorker analysis
Discovery [ExomeChip]	European [Finnish]	Prevalence, Prediction and Prevention of Diabetes (PPP)-Botnia study	Isemaa, B. et al. A family history of diabetes is associated with reduced physical fitness in the Prevalence, Prediction and Prevention of Diabetes (PPP)-Botnia study. <i>Diabetologia.</i> 2010 Aug;53(8):1709-13.	20454776	- Population-based cohort - T1D, T2D cases or fasting plasma glucose concentration $\geq 7$ mmol/l, pregnant individuals, and samples with non-fasting blood excluded	Illumina HumanExome-12v1.1	>99%	- call rate $\leq 99\%$ - heterozygosity 4SD of mean - gender discordance - GWAS discordance - genotyping platform fingerprint discordance - population outliers	>99%	- exclude variants that had chromosome or position or allele mismatch - exclude duplicated variants, keeping the one with higher call rate - call rate <98% for GenCall and <99% for zCall - exact HWE $<10^{-4}$ - GenTrain score <0.6 and Cluster separation score <0.4	Birdseed with cluster filter	- age, age <sup>2</sup> , and BMI for EMMAX-analysis - age, age <sup>2</sup> , sex, BMI, PC1, PC2, PC3, and PC4 for RareMetaWorker analysis
Discovery [ExomeSeq]	African American	Jackson Heart Study (AJ)	Taylor, H. A. et al. Toward resolution of cardiovascular health disparities in African Americans: design and methods of the Jackson Heart Study. <i>Ethn Dis</i> 15, S6-4 (2005)	16320381	- No T2D by ADA 2004 definition, fasting plasma glucose $<100$ mg/dl, and HbA1c $<6\%$ at each of two exams - Individuals were matched to cases in a two-stage approach: 1. Strong matches (greedy algorithm): age $>50$ , sex match, BMI within 1 unit, and age within 5 years (N=457 matched pairs) 2. Closest available matches: sex match and BMI $> 25$ ; for females, BMI within 5 units and age within 20 years; for males, BMI within 8 units and age within 25 years (N=117 matched pairs)	poor quality samples removed on the basis of multiple metrics: array genotype concordance (where available), mean heterozygosity and homozygosity, high singleton counts for samples, sequence reads from all exon sequenced samples processed jointly and aligned to the reference genome ( <a href="#">hg19</a> ) with Picard ( <a href="http://picard.sourceforge.net">http://picard.sourceforge.net</a> ) - polymorphic sites and genotypes called with GATK ( <a href="https://www.broadinstitute.org/gatk">https://www.broadinstitute.org/gatk</a> ) - poor quality samples and variants removed on the basis of multiple metrics: array genotype concordance (where available), mean heterozygosity and homozygosity, high singleton counts for samples, Variant Quality Score Recalibration (VQSR) for SNVs, and hard filtering for INDELS after genotype calling with GATK - using autosomal variants that pass extended QC and MAF $>1\%$ in all ancestry groups for trans-ethnic kinship analyses, compute identity-by-state (IBS) between each pair of samples on the basis of independent variants (trans-ethnic $r^2 > 0.05$ ) and constructed axes of genetic variation through principal components analysis implemented in EIGENSTRAT to identify ethnic outliers - identified outliers on the basis of IBS, and excluded the sample from each pair with lowest call rate and/or mismatch with external information.	- sequence reads from all exon sequenced samples processed jointly and aligned to the reference genome ( <a href="#">hg19</a> ) with Picard ( <a href="http://picard.sourceforge.net">http://picard.sourceforge.net</a> ) - polymorphic sites and genotypes called with GATK ( <a href="https://www.broadinstitute.org/gatk">https://www.broadinstitute.org/gatk</a> ) - poor quality samples and variants removed on the basis of multiple metrics: array genotype concordance (where available), mean heterozygosity and homozygosity, high singleton counts for samples, Variant Quality Score Recalibration (VQSR) for SNVs, and hard filtering for INDELS. - within each ancestry group (African-American, East-Asian, European, Hispanic, and South-Asian), extended QC further excluded variants on the basis of MAF $<0.01\%$ in any study in ancestry group, deviation from Hardy-Weinberg equilibrium (exact p<10 <sup>-6</sup> , females only for X chromosome, in any study in ancestry group) or differential call rate between T2D cases and controls (p<10 <sup>-4</sup> , all studies combined across ancestry group)	- within each study, age, sex, BMI, and other relevant genetic covariates for EMMAX-analysis				
Discovery [ExomeSeq]	African American	Wake Forest School of Medicine Study (AW)	Palmer, N. D. et al. A genome-wide association search for type 2 diabetes genes in African Americans. <i>PLoS One</i> 7,e29202. (2012)	22238593	- No current diagnosis of diabetes or renal disease - Individuals recruited from community and internal medicine clinics							
Discovery [ExomeSeq]	East Asian [Korean]	Korea Association Research Project (EK)	Cho, Y. S. et al. A large-scale genome-wide association study of Asian populations uncovers genetic factors influencing eight quantitative traits. <i>Nat. Genet.</i> 41, 527–534 (2009)	19396169	- No past history of diabetes - No anti-diabetic medication - Fasting plasma glucose $<5.6$ mmol/l and plasma glucose 2 hours after ingestion of 75g oral glucose load $<7.8$ mmol/l at both baseline and follow up timepoints - Older subjects with normal glucose prioritized							
Discovery [ExomeSeq]	East Asian [Singapore Chinese]	Singapore Diabetes Cohort Study and Singapore Prospective Study Program (ES)	Sim, X. et al. Transferability of type 2 diabetes implicated loci in multi-ethnic cohorts from Southeast Asia. <i>PLoS Genet.</i> 7(4), e1001363 (2011)	21490949	- Fasting blood glucose $<6$ mmol/l - No personal history of diabetes - anti-diabetic medication - Older controls preferentially selected							
Discovery [ExomeSeq]	European [Ashkenazi]	Ashkenazi (UA)	Atzmon, G. et al. Lipoprotein genotype and conserved pathway for exceptional longevity in humans. <i>PLoS Biol.</i> 4(4), e113 (2006); Atzmon, G. et al. Evolution in health and medicine: Sackler colloquium: Genetic variation in human telomerase is associated with telomere length in Ashkenazi犹太人. <i>Proc Natl Acad Sci U S A.</i> 107 (Suppl 1), 1710–1717 (2010); Perlmutt, M. A. et al. A genome scan for type 2 diabetes susceptibility loci in a genetically isolated population. <i>Diabetes</i> 50(3), 681–685 (2001); Blech, A. et al. Predicting diabetic nephropathy using a multifactorial genetic model. <i>PLoS One</i> 6(4), e18743 (2011)	16602826; 19915151; 11246891; 21533139	- Fasting blood glucose $<7$ mmol/l - No personal history of diabetes - No anti-diabetic medications							
Discovery [ExomeSeq]	European [Finnish]	Metabolic Syndrome in Men Study (METSIM)	Stancakova, A. et al. Changes in insulin sensitivity and insulin release in relation to glycemia and glucose tolerance in 6,414 Finnish men. <i>Diabetes</i> 58, 1212–1221 (2009)	19223598	- Normal glucose tolerance at baseline and follow-up visits - Prioritized samples with no family history of diabetes and no personal history of diabetes - Unrelated samples with post-challenge glucose $<7.8$ mmol/l - Additional samples selected with fasting glucose $<6.1$ mmol/l and 2 hour post-challenge glucose $<7.8$ mmol/l - Unrelated samples - Older controls preferentially selected	- Agilent Target capture reagents, and individually barcoded samples sequenced on Illumina HiSeq2000	- Unrelated controls with normal glucose tolerance (NGT) based on WHO (1999) definitions: fasting plasma glucose $<6.1$ mM and 2 hour postload glucose during an OGTT $<7.8$ mM - Frequency matched to cases by birth province; BMI $\geq 18.5$ kg/m <sup>2</sup> ; age $\geq 80$ - Within each birth province, prioritized samples from stage 2 replication with highest values for age + 2 <sup>nd</sup> BMI	- Controls selected for KORA F4 - All controls are normal glucose tolerant: fasting glucose level $<10.1$ mmol/l and two hour glucose level after oral glucose tolerance test $<14.8$ mmol/l - Controls are either $>60$ years of age with BMI $>32$ or over 65 years of age with BMI $>30$	- Unrelated samples selected as controls from the Twins UK study - A twin pair was considered for selection if there was no recorded family history of diabetes, neither twin was ever recorded as impaired glucose tolerant (defined as fasting glucose level $>100$ mg/dl and 2 hour glucose level after oral glucose tolerance test $>140$ mg/dl). There were available quantitative trait and genetic (GWAs) data, but no evidence of admixture in MDS analysis of GWAs data - From set of qualifying twin pairs, the best control twin was selected from each pair with the lowest ratio of fasting glucose level to BMI across all readings, and further prioritization of the qualifying unrelated samples involved selecting samples that had the lowest fasting glucose to (BMI / "age") ratios - Top two principal components were used to perform pairwise sample matching between cases and possible controls, and the best control for each case was selected	- within each study, age, sex, BMI, and other relevant genetic covariates for EMMAX-analysis		
Discovery [ExomeSeq]	European [Finnish]	Finland-United States Investigation of NIDDM Genetics (FUSION) Study	Valle, T. et al. Mapping genes for NIDDM. Design of the Finland-United States Investigation of NIDDM Genetics (FUSION) study. <i>Diabetes Care</i> 21(6), 949–958 (1998); Scott, L. et al. A genome-wide association study of type 2 diabetes. Fins detects multiple susceptibility variants. <i>Science</i> 316(5825), 1341–1345 (2007)	9614613; 17463248								
Discovery [ExomeSeq]	European [German]	KORA-gen	Wichmann, H. E., Gieger, C. and Illig, T. KORA-gen—resource for population genetics, controls and a broad spectrum of disease phenotypes. <i>Gesundheitswesen</i> 67 Suppl 1, 26–30 (2005)	16032514	- Controls are normal glucose tolerant: fasting glucose level $<10.1$ mmol/l and two hour glucose level after oral glucose tolerance test $<14.8$ mmol/l - Controls are either $>60$ years of age with BMI $>32$ or over 65 years of age with BMI $>30$							
Discovery [ExomeSeq]	European [UK]	UKT2D Consortium	Wellcome Trust Case Control Consortium. Genome-wide association study identifies new risk loci for type 2 diabetes and new evidence for beta-cell dysfunction. <i>Nature</i> 447, 661–78 (2007); Voight, B. F. et al. Twelve type 2 diabetes susceptibility loci identified through large-scale association analysis. <i>Nat. Genet.</i> 42, 579–589 (2010); Spector, T. D. and Williams, F. M. The UK Adult Twin Registry (TwinUK). <i>Twin Res. Hum. Genet.</i> 9, 899–906 (2006)	17556430; 20581827; 23088889								

Stage	Ancestry	Study	Citation(s)	PubMed ID(s)	Sample Ascertainment	Genotype in array	Call rate	Exclusion criteria	Call rate	Filtering criteria	Calling algorithm	Association covariates
Discovery [ExomeSeq]	European [Finnish, Swedish]	Malmo-Botnia Study	Groop, L. et al. Metabolic consequences of a family history of NIDDM (the Botnia study): evidence for sex-specific parental effects. <i>Diabetes</i> 45, 1585–93 (1996); Lindholm, E., Agardh, E., Tuomi, T., Groop, L. & Agardh, C. D. Classifying diabetes according to the new WHO clinical stages. <i>Eur. J. of Epidemiol.</i> 17, 983–9 (2001); Parker, A. et al. A gene conferring susceptibility to type 2 diabetes in conjunction with obesity is located on chromosome 11q13-q15. <i>Nature</i> 410, 757–61 (2001); Berglund G. et al. The Malmö Diet and Cancer Study. Design and feasibility. <i>J. Intern. Med.</i> Jan;233(1):45-51 (1993); Berglund, G. et al. Long-term outcome of the Malmö Preventive Project: Mortality and cardiovascular morbidity. <i>J. of Intern. Med.</i> 247, 19–29 (2000); Lysenko, V. et al. Clinical risk factors, DNA variants, and the development of type 2 diabetes. <i>Nat. Genet.</i> 35, 2220–32 (2003); Isomaa, B. et al. A family history of diabetes is associated with reduced physical fitness in the Prevalence, Prediction and Prevention of Diabetes (PPP)-Botnia study. <i>Diabetologia</i> . Aug;53(8):1709-13 (2010); Beg-Hansen, E. et al. Risk factor clustering in patients with hypertension and non-insulin-dependent diabetes mellitus: The Skaraborg Hypertension Project. <i>J Intern Med.</i> Mar;243(3):223-32 (1998)	8866565; 12380709; 11246890; 8429286; 10672127; 19020324; 20454776; 9627160	- Controls selected from the extreme of a liability score distribution, based upon gender, age and BMI at last follow-up visit; only BMI and gender used to construct scores for Malmö study - Eligible controls limited to individuals above 35 years of age at follow-up and with a BMI between 20 and 40 - To match for ethnicity, equal numbers of controls were selected from the Botnia and Malmö studies							
Discovery [ExomeSeq]	Hispanic	San Antonio Family Heart Study, San Antonio Family Diabetes/Gallbladder Study, Veterans Administration Genetic Epidemiology Study, and the Investigation of Nephropathy and Diabetes Study family component (HA)	Mitchell, B. D. et al. Genetic and environmental contributions to cardiovascular risk factors in Mexican Americans. The San Antonio Family Heart Study. <i>Circulation</i> 94, 2159–2170 (1996); Huns, K. J. et al. Genome-wide linkage analyses of type 2 diabetes in Mexican Americans from the San Antonio Family Diabetes/Gallbladder Study. <i>Diabetologia</i> 48, 2655–2662 (2005); Colletta, D. K. et al. Genome-wide linkage scan for genes influencing plasma triglyceride levels in the Veterans Administration Genetic Epidemiology Study. <i>Diabetes</i> 58, 279–284 (2009); Kenweller, W. C. et al. The Family Investigation of Nephropathy and Diabetes (FIND): design and methods. <i>J. Diabetes Complicat.</i> 19, 1–9 (2005)	8901667; 16123254; 18931038; 15642484	- Fasting glucose <126 mg/dl at each visit - If OGTT performed, 2 hour glucose must be <200mg/dl - No self-reported antidiabetic therapy at any visit, including oral agents or insulin prescribed as a result of physician-diagnosed diabetes - Prioritize samples with strict NGT with no family history first, then NGT in two visits, followed by oldest age							
Discovery [ExomeSeq]	Hispanic	Starr County, Texas (HS)	Hans, C. et al. Diabetes among Mexican Americans in Starr County, Texas. <i>Am. J. Epidemiol.</i> 118, 659–672 (1983); Below, J.E. et al. Genome-wide association and meta-analysis in populations from Starr County, Texas and Mexico City identify type 2 diabetes susceptibility loci and enrichment for eQTLs in top signals. <i>Diabetologia</i> 54, 2047–2055 (2011)	6637993; 21573907	- Controls ascertained from epidemiologically represented sample of individuals in Starr County, TX - Individuals with known diagnosis of diabetes excluded - Impaired glucose tolerant and impaired fasting glucose controls retained due to the age difference between cases and controls (controls are younger on average) and to allow sufficient sample size							
Discovery [ExomeSeq]	South Asian [UK Indian Asians]	London Life Sciences Population Study (SL)	Chambers, J.C. et al. Genome-wide association study identifies variants near TMRSS6 associated with hemoglobin level. <i>Nat. Genet.</i> 41, 1116–1120 (2009); Chambers, J.C. et al. Common genetic variation near melatonin receptor MTNR1B contributes to raised plasma glucose and increased risk of type 2 diabetes among Indian Asians and European Caucasians. <i>Diabetes</i> 58, 2703–2708 (2009); van der Harst, P. et al. Seventy-five genetic loci influencing the red blood cell. <i>Nature</i> 492, 369–375 (2012)	19820698; 19651812; 32222517	- No previous history of diabetes - No anti-diabetic medication - Fasting plasma glucose <6.0 mmol/L							
Discovery [ExomeSeq]	South Asian [Singapore Indians]	Singapore Indian Eye Study (SIS)	Sim, X. et al. Transferability of type 2 diabetes implicated loci in multi-ethnic cohorts from Southeast Asia. <i>PLoS Genet.</i> 7(4), e1001363 (2011)	21490949	- HbA1c <6% - No personal history of diabetes - Not taking antidiabetes medication - Older controls preferentially selected							
Replication [Array]	European [Finnish]	The Cardiovascular Risk in Young Finns Study (YFS)	Raitakari, O.T. et al. Cohort profile: the cardiovascular risk in Young Finns Study. <i>Int. J. Epidemiol.</i> , 37, 1220–1226 (2008)	18263651	- Population-based survey - T1D and T2D (fasting plasma glucose concentration ≥7.0 mmol/l or on diabetes medication) cases excluded - Further excluded pregnant individuals	Custom generated Illumina 670K array	≥95%	- excessive heterozygosity - closely related individuals - sex discrepancy	≥95%	- call rate <95%	See methods	- age, sex, BMI, PCs 1-10
Replication [Array]	European [Finnish]	Helsinki Birth Cohort Study (HBCS)	Eriksson, J.G. Epidemiology, genes and the environment: lessons learned from the Helsinki Birth Cohort Study. <i>J. Intern. Med.</i> 261, 418–425 (2007)	17444881	- Birth cohort - T1D and T2D (fasting plasma glucose concentration ≥7.0 mmol/l) cases excluded	Custom generated Illumina 670K array	≥95%	- excessive heterozygosity - closely related individuals - sex discrepancy	≥95%	- call rate <95%	See methods	- age, sex, BMI, PCs 1-10
Replication [Array]	European [Finnish]	The Health 2000 GenMets Study (GenMets)	Perttilä, J. et al. OSBP10, a novel candidate gene for high triglyceride trait in dyslipidemic Finnish subjects, regulates cellular lipid metabolism. <i>J. Mol. Med.</i> , 87, 825–835 (2009)	19554302	- Population-based survey - T1D and T2D (fasting plasma glucose concentration ≥7.0 mmol/l or on diabetes medication) cases excluded	Illumina 610K array	≥95%	- excessive heterozygosity - closely related individuals - sex discrepancy	≥95%	- call rate <95%	See methods	- age, sex, BMI, PCs 1-10
Replication [Array]	European [Finnish]	The National FINRISK Study 1997 and 2002 (FINRISK 1997 and 2002)	Vartiainen E. et al. Thirty-five-year trends in cardiovascular risk factors in Finland. <i>Int J Epidemiol.</i> , 39, 504–518 (2010)	19959603	- Population-based survey - T1D and T2D (fasting plasma glucose concentration ≥7.0 mmol/l or on diabetes medication) cases excluded - Non-fasting individuals excluded	Illumina HumanCor eXome-12v1-0	≥95%	- excessive heterozygosity - closely related individuals - sex discrepancy	≥95%	- call rate <95%	See methods	- age, sex, BMI, PCs 1-10





## SUPPLEMENTARY TABLE 2

## Association results from the discovery phase.

**Supplementary Table 2A:** Significant ( $P < 5 \times 10^{-7}$ ) and suggestive ( $P < 5 \times 10^{-6}$ ) single variant association results in previously published regions associated with FI levels or FG levels. The published association statistics are shaded in gray. The association results for each region in our analyses are presented in the non-shaded rows.

Insulin												
GWAS Loci	Location	rsID	Gene	Consequence	Protein Change	ETH	Allele	Allele Freq	Beta estimate	Standard Error	P value	N
<i>LYPLAL1</i>	rs4846565						G	0.67	0.013		1.8E-09	99014
	1:219644224	rs2605100	NA	NA	NA	1	A	0.31	-0.019	0.0039	4.5E-07	30825
<i>GCKR</i>	1:219652033	rs2791552	NA	NA	NA	1	A	0.32	-0.018	0.0039	8.7E-07	30824
	rs780094						C	0.62	0.015		3.6E-20	96126
<i>GRB14</i>	2:27730940	rs1260326	<i>GCKR</i>	missense,splice_region	p.L446P	5	T	0.39	-0.021	0.0036	2.2E-10	35380
	2:27741237	rs780094	<i>GCKR</i>	intron	NA	1	T	0.37	-0.023	0.0038	6.3E-11	30825
	2:27742603	rs780093	<i>GCKR</i>	intron	NA	1	T	0.37	-0.023	0.0038	5.4E-11	30815
	2:27801493	rs1919127	<i>C2orf16</i>	missense	p.V685A	5	T	0.73	0.022	0.0047	4.7E-07	26227
	2:27801759	rs1919128	<i>C2orf16</i>	missense	p.I774V	5	A	0.73	0.021	0.0040	1.9E-08	35381
	2:27851918	rs3749147	<i>GPN1</i>	missense	p.R12K	5	A	0.25	-0.020	0.0044	5.4E-07	30846
	rs10195252						T	0.60	0.017		1.3E-16	
<i>GRB14</i>	2:165540800	rs12328675	<i>COBL1</i>	downstream_gene	NA	1	T	0.89	0.029	0.0058	1.6E-07	30739
	2:165551201	rs7607980	<i>COBL1</i>	missense	p.N939D	4	T	0.88	0.031	0.0056	3.1E-09	34278
	2:165528876	rs7578326	NA	NA	NA	1	T	0.38	-0.019	0.0038	4.2E-07	30824
<i>IRS1</i>	rs2943645						T	0.63	0.019		2.3E-19	99023
	2:227020653	rs7578326	NA	NA	NA	1	A	0.65	0.023	0.0038	5.8E-11	30823
	2:227068080	rs2943634	NA	NA	NA	1	A	0.34	-0.025	0.0038	7.7E-13	30816
	2:227093745	rs2943641	NA	NA	NA	1	T	0.37	-0.028	0.0038	1.4E-15	30825
	2:227100698	rs2972146	NA	NA	NA	1	T	0.63	0.028	0.0038	1.1E-15	30818
	2:227105921	rs2943650	NA	NA	NA	1	T	0.62	0.049	0.0083	3.8E-09	6792
	rs459193						G	0.73	0.015		1.1E-12	
<i>ANKRD55:MAP3K1</i>	5:55806751	rs459193	AC022431.2.1	downstream_gene	NA	1	A	0.29	-0.019	0.0040	1.5E-06	30825
	rs780094						C	0.62	0.03		5.8E-38	118032
<i>GCKR</i>	2:27424636	rs1395	<i>SLC5A6</i>	missense	p.S481F	5	A	0.69	-0.02	0.0036	4.0E-08	38338
	2:275550967	rs1049817	<i>GTF3C2</i>	synonymous	p.P782P	5	A	0.58	-0.02	0.0033	1.4E-07	38339
	2:27711893	rs1260327	<i>IFT172</i>	intron	NA	1	A	0.52	-0.02	0.0035	2.9E-09	33231
	2:27730940	rs1260326	<i>GCKR</i>	missense,splice_region	p.L446P	5	T	0.37	-0.03	0.0034	3.1E-18	38338
	2:27741237	rs780094	<i>GCKR</i>	intron	NA	1	T	0.37	-0.03	0.0037	1.4E-18	33231
	2:27742603	rs780093	<i>GCKR</i>	intron	NA	1	T	0.37	-0.03	0.0037	8.0E-18	33221
	2:27801493	rs1919127	<i>C2orf16</i>	missense	p.V685A	5	T	0.72	0.02	0.0043	2.6E-07	29085
	2:27801759	rs1919128	<i>C2orf16</i>	missense	p.I774V	5	A	0.72	0.02	0.0037	6.0E-10	38339
	2:27851918	rs3749147	<i>GPN1</i>	missense	p.R12K	5	A	0.25	-0.02	0.004	7.7E-09	33763
	2:28344285	rs12104449	<i>BRE</i>	intron	NA	1	A	0.11	-0.03	0.0056	2.2E-06	33231
	rs4401177	NA				1	A	0.88	0.02	0.0054	3.7E-06	33200
<i>G6PC2</i>	rs560887						C	0.70	0.08		8.7E-218	119169
	2:169763148	rs560887	<i>G6PC2</i>	intron	NA	5	T	0.30	-0.07	0.0036	7.9E-87	38339
	2:169763262	rs138726309	<i>G6PC2</i>	missense	p.H177Y	1	T	0.01	-0.10	0.0193	7.4E-08	34574
	2:169764141	rs2232323	<i>G6PC2</i>	missense	p.Y207S	3	A	0.99	0.13	0.0227	1.7E-09	35227
	2:169764176	rs492594	<i>G6PC2</i>	missense	p.V219L	5	C	0.48	0.02	0.0032	1.4E-08	38339
	2:169791438	rs552976	<i>ABCB11</i>	intron	NA	1	A	0.35	-0.06	0.0037	5.1E-66	33231
	2:169774071	rs563694	NA	NA	NA	1	A	0.65	0.06	0.0037	4.3E-68	33231
<i>PCSK1</i>	rs4869272						T	0.69			1.0E-15	13,872
	5:95728898	rs6235	<i>PCSK1</i>	missense	p.S690T	5	C	0.72	0.02	0.0036	2.1E-09	38339
	5:95728974	rs6234	<i>PCSK1</i>	missense	p.Q665E	5	C	0.28	-0.02	0.0036	2.0E-09	38339
	5:95539448	rs4869272	NA	NA	NA	1	T	0.68	0.02	0.0038	8.3E-07	33231
<i>CDKAL1</i>	rs9368222						A	0.28	0.01		1.0E-09	128453
	6:20679709	rs7756992	<i>CDKAL1</i>	intron	NA	1	A	0.70	-0.02	0.0038	3.9E-06	33219
<i>GLP1R</i>	6:39046794	rs10305492	<i>GLP1R</i>	missense	p.A316T	2	A	0.02	-0.07	0.0139	4.5E-07	36218
	rs2191349						T	0.52	0.03		3.0E-44	
	7:15063833	rs10244051	NA	NA	NA	1	T	0.51	-0.03	0.0035	1.5E-14	33230
<i>DGKB:TMEM195</i>	7:15064309	rs2191349	NA	NA	NA	1	T	0.49	0.03	0.0035	1.3E-14	33231

## Diabetes

Glucose											
GWAS Loci	Location	rsID	Gene	Consequence	Protein Change	ETH	Allele Freq	Beta estimate	Standard Error	P value	N
GCK		rs4607517					A 0.16	0.06	6.5E-92	118500	
GRB10	7:44183187	rs2971681	MYL7	upstream_gene	NA	1	A	0.79	-0.02	0.0044	2.8E-07
	7:44223721	rs730497	GCK	intron	NA	1	A	0.14	0.06	0.0052	4.7E-31
	7:44229068	rs1799884	GCK	upstream_gene	NA	1	T	0.13	0.06	0.0064	4.9E-21
	7:44231886	rs6975024	GCK	upstream_gene	NA	1	T	0.86	-0.06	0.0052	2.2E-31
	7:44235668	rs4607517	YKT6	upstream_gene	NA	1	A	0.14	0.06	0.0052	2.2E-31
PPP1R3B		rs6943153					T 0.34	0.02	1.6E-12	131795	
	7:50730452	rs2715094	GRB10	intron	NA	1	A	0.69	-0.02	0.0039	6.5E-07
	7:50751090	rs10248619	GRB10	intron	NA	1	T	0.30	0.02	0.004	8.6E-09
	7:50786663	rs2108349	GRB10	intron	NA	1	A	0.61	-0.02	0.0037	5.8E-08
	7:50791579	rs6943153	GRB10	intron	NA	1	T	0.39	0.02	0.0037	6.7E-08
SLC30A8		rs983309					T 0.12	0.03	6.3E-15	127470	
	8:9183358	rs9987289	NA	NA	NA	1	A	0.13	0.03	0.0058	3.8E-07
	8:9183596	rs4841132	NA	NA	NA	1	A	0.13	0.03	0.0054	2.0E-07
	8:9184691	rs6601299	NA	NA	NA	1	T	0.14	0.03	0.0055	3.9E-07
	8:9185146	rs2126259	NA	NA	NA	1	T	0.14	0.02	0.0052	3.4E-06
CDKN2B		rs11558471					A 0.68	0.03	2.6E-11		
	8:118184783	rs13266634	SLC30A8	missense	p.R276W	5	T	0.36	-0.02	0.0034	1.6E-11
	8:118185025	rs3802177	SLC30A8	3_prime_UTR	NA	1	A	0.36	-0.02	0.0036	2.5E-10
	8:118185733	rs11558471	SLC30A8	3_prime_UTR	NA	1	A	0.64	0.02	0.0036	2.1E-10
		rs10811661					T 0.82	0.02	5.6E-18		
IKBKAP	9:22133284	rs10965250	NA	NA	NA	1	A	0.15	-0.03	0.0059	7.9E-07
		rs16913693					T 0.97	0.04	3.5E-11		
	9:111679940	rs17853166	IKBKAP	missense	p.S251G	2	T	0.97	0.04	0.0097	3.7E-06
		rs10885122					G 0.87	0.04	2.9E-16		
	10:113022555	rs10885117	NA	NA	NA	1	T	0.91	0.03	0.006	9.5E-07
ADRA2A		rs7903146					C 0.72	-0.02	2.7E-20	127477	
	10:114758349	rs7903146	TCF7L2	intron	NA	1	T	0.23	0.02	0.0042	4.3E-07
		rs11605924					A 0.49	0.02	1.0E-14		
	11:45878992	rs7945565	CRY2	intron	NA	1	A	0.51	0.02	0.0035	1.8E-10
		rs7944584					A 0.75	0.03	2.0E-18	118741	
MADD		rs2167079	ACP2	missense	p.R29Q	5	T	0.38	0.02	0.0034	1.9E-07
	11:47286290	rs7120118	NR1H3	intron	NA	1	T	0.63	-0.02	0.0037	2.8E-06
	11:47290984	rs1449627	MADD	5_prime_UTR	NA	1	T	0.62	-0.02	0.0036	4.6E-06
	11:47298360	rs326214	MADD	synonymous	p.E347E	5	A	0.61	-0.02	0.0033	3.8E-07
	11:47336320	rs7944584	MADD	intron	NA	1	A	0.77	0.03	0.0043	2.6E-11
FADS1	11:47354787	rs1052373	MYBPC3	synonymous	p.E1096E	5	T	0.39	0.02	0.0033	1.1E-06
		rs174550					T 0.64	0.02	1.7E-15	118908	
	11:61557803	rs102275	C11orf10	intron	NA	1	T	0.62	0.02	0.0036	1.5E-07
	11:61569830	rs174546	FADS1	3_prime_UTR	NA	1	T	0.38	-0.02	0.0037	4.1E-07
	11:61570783	rs174547	FADS1	intron	NA	5	T	0.62	0.02	0.0034	2.1E-09
ARAP1	11:61571478	rs174550	FADS1	intron	NA	1	T	0.62	0.02	0.0037	3.4E-07
	11:61597972	rs1535	FADS2	intron	NA	1	A	0.62	0.02	0.0036	6.1E-07
	11:61609750	rs174583	FADS2	intron	NA	1	T	0.38	-0.02	0.0036	3.0E-07
		rs11603334					G 0.83	0.02	1.1E-11		
	11:72432985	rs11603334	ARAP1	5_prime_UTR	NA	1	A	0.21	-0.02	0.0044	1.5E-08
MTNR1B	11:72433098	rs1552224	ARAP1	5_prime_UTR	NA	1	A	0.79	0.02	0.0044	1.2E-08
		rs10830963					G 0.30	0.08	5.8E-175		
	11:92708710	rs10830963	MTNR1B	intron	NA	1	C	0.69	-0.09	0.0038	2.8E-118
	11:92651002	rs7950811	NA	NA	NA	1	A	0.05	0.06	0.0087	6.8E-11
	11:92668826	rs3847554	NA	NA	NA	1	T	0.43	0.06	0.0035	1.6E-62
C2CD4B	11:92673828	rs1387153	NA	NA	NA	1	T	0.30	0.07	0.0038	5.6E-76
	11:92691532	rs2166706	NA	NA	NA	1	T	0.60	-0.06	0.0036	5.5E-57
	11:92722761	rs1447352	NA	NA	NA	1	A	0.53	0.04	0.0035	5.3E-31
		rs11071657					A 0.63	0.02	3.6E-08		
	15:62383155	rs4502156	NA	NA	NA	1	T	0.50	0.02	0.0035	1.4E-10
FOXA2	15:62396389	rs7172432	NA	NA	NA	1	A	0.51	0.02	0.0035	3.8E-11
	15:62404382	rs1436955	NA	NA	NA	1	T	0.28	-0.02	0.0039	1.0E-06
	20:39832628	rs6113722	ZHX3	missense	p.N310S	4	T	0.76	-0.02	0.0039	1.4E-07
	rs17265513									37233	









AfrAm: African American ancestry

E.Asian: East asian ancestry

Europ: European ancestry

Hisp: Hispanic ancestry

S.Asian: South Asican ancestry

WES (all): Whole exome sequencing meta-analysis

ExArray: Exome array meta-analysis

WES (all) + ExArray: Whole exome sequencing and exome array meta-analysis

Variant masks:

**PTV**: containing only variants predicted to introduce a premature stop codon

**PTV+NS**: containing variants in the PTV group and protein-altering variants with MAF<1%

**PTV+NSstrict**: composed of variants in "PTV" and protein-altering variants predicted damaging by SIFT, LRT, MutationTaster, polyphen2 HDIV, and polyphen2 HVAR

**PTV+NSbroad**: composed of "**PTV+NSstrict**" and NS variants with MAF<1% and predicted damaging by at least one prediction algorithm.

**Supplementary Table 2E:** Replication of AKT2 p.Pro50Thr in independent Finnish cohorts and association results in the discovery and replication studies combined.

Trait	Location	Gene	Protein change	MAC	Replication Analysis		Combined Discovery and Replication Analysis	
					P	N	P	N
Fasting Insulin	19:40762860	AKT2	p.P50T	114	0.00054	5747	9.98E-10	25,316

MAC: Minor Allele Count

P: P-value

N: Sample size

### SUPPLEMENTARY TABLE 3

**Protein altering variation in AKT2.** Displayed are all variants predicted to cause a nonsynonymous substitution or alter a splice site in 12,940 samples with whole exome sequencing data. Annotations were obtained using dbNSFP.

rsID	pos on chr19	Protein change	1000 Genomes Observations	MAF ExAC	MAC	MAC cases/ MAC controls	SIFT	LRT	Mutation Taster	Polyphen 2 HDIV	Polyphen2 HVAR	Cancer Tissue	Monogenic	Functional domain
rs387906659	40771156	p.I7V	1 Eur	5.69E-05	6	3/3	tolerated	D	D	B,B,B	B,B,B	NA	hypoketotic hypoglycemia with hemihypertrophy (Arya 2014, Hussain 2011)	PH domain
	40762959	E17K	-	0	0	0/0	deleterious	D	D	D,D,D	D,D,D	Thyroid; Breast		
rs184042322	40762875	p.P45S	-	8.23E-06	1	0/1	tolerated	N	N	B,B,B	B,B,B	NA		PH domain
	40762860	p.P50T	4 Eur	1.01E-03	61	39/22	tolerated	D	D	B,B,B	B,B,B	NA		PH domain
	40761140	p.N71S	1 Amr	1.98E-04	4	1/3	tolerated	D	D	P,D,P,B	P,P,B,B	NA		PH domain
	40761132	p.V74F	-	8.24E-06	1	0/1	tolerated	D	D	B,B,B,B	P,B,B,B	NA		PH domain
	40761069	p.E95K	-	4.94E-05	1	1/0	deleterious	D	D	D,P,D,D	D,B,P,P	NA		PH domain
	40761059	splice	-	8.24E-06	1	1/0	NA	NA	NA	NA	NA	NA		PH domain
	40748581	p.R101W	-	4.16E-05	1	0/1	deleterious	N	D	B,B,B,B	B,B,B,B	NA		PH domain
	40748568	p.M105T	-	8.29E-06	1	1/0	tolerated	D	D	B,B,B,B	B,B,B,B	NA		PH domain
rs141209878	40748535	p.G116A	1 Eur	2.64E-04	3	1/2	tolerated	D	N	B,B,B,B	B,B,B,B	NA		PH domain
	40748529	p.D118G	-	8.26E-06	1	0/1	tolerated	D	D	B,B,B,B	B,B,B,B	NA		PH domain
	40748526	p.P119L	-	8.26E-06	1	0/1	tolerated	N	D	B,B,B,B	B,B,B,B	NA		PH domain
	40748518	p.Y122H	-	4.95E-05	4	2/2	tolerated	N	N	B,B,B,B	B,B,B,B	NA		PH domain
	40748517	p.Y122C	1 Eur	1.49E-04	4	2/2	tolerated	N	D	B,B,B,B	B,B,B,B	NA		PH domain
	40748480	p.E134D	-	0	1	0/1	tolerated	D	D	B,B,B,B	B,B,B,B	NA		PH domain
	40748470	p.V138L	-	8.25E-06	1	1/0	tolerated	D	D	B,B,B,B	B,B,B,B	NA		PH domain
	40747984	splice	-	4.87E-04	5	3/2	NA	NA	NA	NA	NA	NA		Protein kinase
	40747892	p.R176C	-	2.48E-05	1	0/1	deleterious	D	D	D,P,D,D	D,P,P,P	NA		Protein kinase
	40747891	p.R176L	-	1.65E-05	2	1/1	tolerated	D	D	B,B,B,B	B,B,B,B	NA		Protein kinase
	40747846	p.K191R	-	3.33E-05	1	1/0	tolerated	NA	NA	NA	NA	NA		Protein kinase
	40747837	splice	-	2.52E-05	3	1/2	NA	NA	NA	NA	NA	NA		Protein kinase
	40746015	p.D192E	-	8.24E-06	1	1/0	tolerated	D	D	D,B,P,B	D,B,P,B	NA		Protein kinase
rs35817154	40745968	p.R208K	-	2.88E-04	4	2/2	tolerated	D	D	B,B,B,B	B,B,B,B	NA	Severe IR and acanthosis nigricans* (Tan 2007)	Protein kinase
	40744879	p.A214V	-	2.49E-05	1	1/0	tolerated	D	D	B,B,B	B,B,B	Prostate		Protein kinase
	40744805	splice	-	1.65E-05	1	1/0	NA	NA	NA	NA	NA	NA		Protein kinase
	40744001	splice	-	2.50E-04	2	1/1	NA	NA	NA	NA	NA	NA		Protein kinase
	40743973	p.R245H	-	2.85E-05	2	1/1	deleterious	D	D	P,D,D	B,P,D	NA		Protein kinase
	40743956	p.R251W	-	0	2	2/0	deleterious	D	D	D,D,D	D,D,D	CCLE		Protein kinase
	40743953	p.A252T	-	1.22E-05	2	1/1	tolerated	D	D	B,B,B	B,B,B	NA		Protein kinase
	40743887	p.R274C	-	1.75E-05	2	1/1	deleterious	D	D	D,D,D	D,D,D	NA		Protein kinase

### SUPPLEMENTARY TABLES

## Diabetes

rsID	pos on chr19	Protein change	1000 Genomes Observations	MAF ExAC	MAC	MAC cases/ MAC controls	SIFT	LRT	Mutation Taster	Polyphen 2 HDIV	Polyphen2 HVAR	Cancer Tissue	Monogenic	Functional domain
rs121434593	40743886	p.R274H	-	0	0	0/0	deleterious	D	A	D,D,D	D,P,D	NA	severe insulin resistance and diabetes (George 2004)	Protein kinase
-	40743872	splice	-	1.11E-04	6	4/2	NA	NA	NA	NA	NA	NA		Protein kinase
-	40742207	p.T306S	-	1.40E-04	5	1/4	tolerated	D	D	B,B	B,B	NA		Protein kinase
-	40741992	p.Y327C	-	0	1	1/0	deleterious	D	D	D,D,D	D,D,D	NA		Protein kinase
-	40741915	p.Q353E	-	8.26E-06	1	0/1	tolerated	D	D	B,B,B	B,B,B	NA		Protein kinase
-	40741876	p.E366K	-	2.49E-05	3	1/2	tolerated	D	D	B,B,B	B,B,B	NA		Protein kinase
-	40741270	splice	-	6.70E-05	2	1/1	NA	NA	NA	NA	NA	NA		Protein kinase
-	40741222	p.M404T	-	8.26E-06	1	0/1	tolerated	D	D	P,P,B	P,P,B	NA		Protein kinase
-	40741212	p.R407S	-	0	1	0/1	tolerated	D	D	B,B,B	B,B,B	NA		Protein kinase
-	40741181	p.V418F	-	8.25E-06	1	1/0	tolerated	N	D	B,B,B	B,B,B	NA		AGC-kinase C-terminal
-	40741176	p.Q419H	-	8.25E-06	1	0/1	tolerated	N	D	B,B,B	B,B,B	NA		AGC-kinase C-terminal
-	40741058	splice	-	9.90E-05	2	0/2	NA	NA	NA	NA	NA	NA		AGC-kinase C-terminal
-	40741026	p.T431M	-	2.48E-05	1	1/0	deleterious	D	D	B,P,B	B,B,B	NA		AGC-kinase C-terminal
rs191069336	40739865	splice	-	9.55E-05	2	1/1	NA	NA	NA	NA	NA	NA		AGC-kinase C-terminal
-	40739862	splice	-	8.65E-06	1	1/0	NA	NA	NA	NA	NA	NA		AGC-kinase C-terminal
-	40739853	p.S458C	-	1.71E-05	2	0/2	tolerated	N	D	B,B	B,B	NA		AGC-kinase C-terminal
rs142926499	40739826	p.R467W	-	1.01E-04	1	0/1	deleterious	D	D	D,D	P,P	NA	T2D and partial lipodystrophy* (Tan 2007)	AGC-kinase C-terminal

SUPPLEMENTARY TABLE 4

## Association of AKT2 p.Pro50Thr with diabetes-related metabolic traits in Finnish Cohorts.

## Supplementary Table 4A: Association with quantitative metabolic traits.

Trait Group	Trait	N	MAF	Effect (Std. Err) on inverse-normalized trait residuals	P	Padjusted
Anthropometric Traits	Waist-hip ratio	31966	0.012	0.045 (0.0383)	0.24	1
	Waist-hip ratio - females	12445	0.011	0.0822 (0.065)	0.21	1
	Waist-hip ratio - males	19521	0.013	0.0299 (0.0473)	0.53	1
	Waist circumference	31970	0.012	0.0354 (0.0384)	0.36	1
	Waist circumference - females	12448	0.011	0.0741 (0.065)	0.25	1
	Waist circumference - males	19522	0.013	0.0227 (0.0475)	0.63	1
	Hip circumference	31972	0.012	-0.00851 (0.0384)	0.83	1
	Hip circumference - females	12448	0.011	-0.0254 (0.0648)	0.70	1
	Hip circumference - males	19524	0.013	-0.00317 (0.0476)	0.95	1
	Body mass index	34597	0.012	-0.0978 (0.0371)	0.01	0.19
Lipid Traits	Height	34601	0.012	-0.105 (0.0373)	4.7E-03	0.11
	HDL-C	36923	0.012	0.027 (0.0348)	0.44	1
	LDL-C	31045	0.012	0.0604 (0.0372)	0.11	1
	Total cholesterol	36939	0.012	0.0926 (0.0348)	0.01	0.18
Glycemic Traits	Triglycerides	31303	0.012	-0.0418 (0.0371)	0.26	1
	Adiponectin	10036	0.013	-0.0320 (0.0290)	0.27	1
	Fasting Glucose	22015	0.011	0.0163 (0.0468)	0.73	1
	Fasting Insulin	21792	0.011	0.286 (0.0473)	1.5E-09	3.5E-08
Blood Pressure Traits	2 hour Glucose	16715	0.0119	0.0717 (0.0952)	0.40	1
	2 Hour Insulin	14150	0.0121	0.2337 (0.0435)	7.86E-08	1.8E-06
	Matsuda index *	8566	0.012	-0.3448 (0.0709)	1.2E-06	2.8E-05
	Systolic blood pressure	31840	0.012	0.0115 (0.0384)	0.77	1
	Diastolic blood pressure	31840	0.012	0.0705 (0.0384)	0.07	1

N: sample size contributing to association

MAF: minor allele frequency

Effect (Std. Err): regression estimate of the additive genetic effect and standard error of the estimate

P: P-value testing the significance of the association

Padjusted: A Bonferroni P value correction for 23 tests was applied

**Supplementary Table 4B:** T2D and hypertension association analysis with AKT2 p.Pro50Thr. These analyses was performed in a staged meta-analysis modeling the approach taken in the discovery and replication of the FI association with AKT2 p.Pro50Thr, with the European exome sequence data, the Finnish exome chip cohorts and the Finnish replication cohorts.

Outcome	Adjustment	Genotypes in Cases / Controls	MAF	N	Odds Ratio (95% CI)	P	Padjusted
Type 2 Diabetes	BMI	9554/224/5 22223/437/2	0.01	32421	1.05 (1.01, 1.09)	8.10E-05	0.0019
	Unadjusted	14180/306/5 17691/357/2	0.01	32578	1.05 (1.01, 1.09)	9.80E-04	0.022
Hypertension	BMI	34963/846/12 17765/371/3	0.011	53960	1.03 (0.98, 1.08)	0.31	1

Outcome: dichotomous outcome tested

Adjustment: indicates if BMI was used as a covariate in addition to sex and age.

MAF: minor allele frequency

Odds Ratio (95% CI): odds ratio estimate for increased risk of outcome and 95% confidence interval of the estimate

Padjusted: A Bonferroni P value correction for 23 tests was applied.

**Supplementary Table 4C:** Statistics for differences in HbA1c, fasting glucose, and fasting insulin distributions in the sample sub-cohorts with the AKT2 P50T allele from the T2D-GENES whole exome sequencing data. Here, we provide genotype counts, median values of the scaled trait value, and tests difference in distributions using the non-parametric Kruskal-Wallis rank sum test and Monte Carlo permutation test.

Trait	Cohort	Control Group			Type 2 Diabetes Group					
		AKT2 P50T Genotype counts: 0/0; 0/1; 1/1	Median scaled trait value: 0/0; 0/1; 1/1	Kruskal-Wallis Test P	Monte Carlo Permutation Test P	AKT2 P50T Genotype counts: 0/0; 0/1; 1/1	Median scaled trait value: 0/0; 0/1; 1/1	Kruskal-Wallis Test P	Monte Carlo Permutation Test P	Percentile value for homozygous carrier (1/1)
HbA1c	METSIM	363; 10; 0	-0.15; -0.15; NA	0.78	0.88	465; 18; 1	-0.055; -0.06; 0.18	0.28	0.098	95%
Fasting Glucose	Botnia	220; 1; 0	-0.41; -0.33; NA	0.38	0.52	0; 0; 0				
	FUSION	467; 9; 0	-0.32; -0.43; NA	0.12	0.12	0; 0; 0				
Fasting Insulin	METSIM	486; 12; 0	-0.28; -0.22; NA	0.016	0.071	465; 18; 1	0.41; 0.60; 4.6	0.06	0.002	99.8%
	Botnia	205; 1; 0	-0.35; -0.30; NA	0.82	0.91	0; 0; 0				
	FUSION	464; 9; 0	1.1; 0.96; NA	0.86	0.46	0; 0; 0				
	METSIM	485; 12; 0	-0.49; -0.44; NA	0.32	0.56	465; 18; 1	-0.17; -0.29; 5.3	0.17	0.017	98.8%

Genotype categories: 0/0 indicates the group of individuals who are homozygote for the reference allele at rs184042322 (C/C); 0/1 indicates the group of individuals who are heterozygote at rs184042322 (C/T); 1/1 indicates the group of individuals who are homozygote for the AKT2 p.Pro50Thr allele at rs184042322 (T/T).

## SUPPLEMENTARY TABLE 5

### Phenotype exploration of AKT2 p.Pro50Thr carriers electronic medical records.

Phenotype exploration of AKT2 p.Pro50Thr carriers electronic medical records were queried in two cohorts for diseases plausibly related to AKT2. The genotype counts for the AKT2 p.Pro50Thr variant are displayed for individuals not coded for an outcome (Controls) and individuals coded for an outcome (Cases). \* Other related phenotype outcome included Lipodystrophy (E88.1), Acanthosis nigricans (L83), and Malignant neoplasm of male breast (C50.\*2). No cases were reported for these outcomes in both METSIM and FINRISK. \*\* ICD 10 codes are used to obtain diagnoses of the phenotype outcome from hospital discharge records or electronic health records.

		Genotype counts (GG/TG/TT)	
		Controls	Cases
Malignant neoplasm of digestive organs and peritoneum	C15 – C26	METSIM FINRISK	8708/215/3 8200/182/1
Malignant neoplasm of genitourinary organs	C55 – C68	METSIM FINRISK	8620/213/3 8154/180/1
Malignant neoplasm of female breast	C50.1	FINRISK	4167/87/0
Ovaries, polycystic	E28.2	FINRISK	4236/88/0
Cyst of ovary, follicular	N83.0	FINRISK	4233/88/0

ICD = International Classification of Diseases

OR = Odds ratio

95% CI = 95% Confidence interval

METSIM = Metabolic Syndrome in Men Study

FINRISK = The National FINRISK Study

## SUPPLEMENTARY TABLES





**Supplementary Table 6B:** Global test of monogenic genes from exome chip analysis. Aggregate tests of rare variants based on functional annotation were performed using exome array variants in all the genes in each gene set. We performed conditional analyses to understand the variants contributing to the significant association signals.

Trait	Gene set	Test	PTV	PTV+NS <sub>strict</sub>	PTV+NS <sub>broad</sub>	PTV+Missense
Fasting Insulin	All Monogenic	SKAT	0.275	0.494	0.014*	0.028
	Monogenic Insulin	BURDEN	0.972	0.012	<b>0.00024***</b>	0.019
		SKAT	0.173	0.618	0.002*	0.011
	Insulin Receptor Signaling Pathway	BURDEN	0.136	0.147	0.001*	0.01
		SKAT	0.361901	0.826451	0.011	<b>0.00066****</b>
		BURDEN	0.595991	0.800962	0.278479	0.072434
Fasting Glucose	All Monogenic	SKAT	0.073	0.078	0.635	0.712
	Monogenic Glucose	BURDEN	0.00697**	0.131	0.041	0.375
		SKAT	0.073	0.026	0.224	0.189
		BURDEN	0.0098**	0.431	0.051	0.346

\* After conditioning on *ATK2* p.Pro50Thr, the global test P values for the Monogenic gene set was P=0.38 (SKAT). For the Monogenic Insulin gene set, the conditional P values were P = 0.02 (SKAT) and P = 0.017 (BURDEN).

\*\* After conditioning on *BSCL2* p.Q271\*, the global test was P = 0.019 (BURDEN) for the Monogenic gene set and P = 0.039 (BURDEN) for the Monogenic Glucose gene set.

\*\*\* Conditional analysis of this test is presented in Supplementary Table 6C.

\*\*\*\* After conditioning on *AKT2* p.Pro50Thr, the global test P values for the Insulin Receptor Signaling Pathway was P=0.01.

**Supplementary Table 6C:** Global test of monogenic genes from exome sequencing analysis.

Trait	Gene set	Test	PTV	PTV+NS <sub>strict</sub>	PTV+NS <sub>broad</sub>	PTV+NS
Fasting Insulin	Monogenic	SKAT	0.25	0.15	0.15	0.48
	Monogenic Insulin	BURDEN	0.91	0.2	0.87	0.55
		SKAT	0.44	0.39	0.49	0.71
		BURDEN	0.95	0.31	0.05	0.62
Fasting Glucose	Insulin Receptor Signaling Pathway	SKAT	0.52	0.04	0.26	0.69
		BURDEN	0.61	0.04	0.79	0.12
	Monogenic	SKAT	0.49	0.93	0.82	0.6
		BURDEN	0.86	0.1	0.92	0.83
	Monogenic Glucose	SKAT	0.22	0.74	0.52	0.49
		BURDEN	0.97	0.5	0.96	0.33

Variant masks:

**PTV:** containing only variants predicted to introduce a premature stop codon

**PTV+NS:** containing variants in the PTV group and protein-altering variants with MAF<1%

**PTV+NS<sub>strict</sub>:** composed of variants in “PTV” and protein-altering variants predicted damaging by SIFT, LRT, MutationTaster, polyphen2 HDIV, and polyphen2 HVAR

**PTV+NS<sub>broad</sub>:** composed of “**PTV+NS<sub>strict</sub>**” and NS variants with MAF<1% and predicted damaging by at least one prediction algorithm.

**Supplementary Table 6D:** Sequential conditional analysis of the exome chip global BURDEN test with the monogenic all gene set for FI with PTV + NS<sub>strict</sub> + NS<sub>broad</sub> variants. Variants that contributed the most to the association, as reported by RAREMETALS v.4.7, were added to the model sequentially. Single variant association results of these variants are provided in **Supplementary Table 7B**.

Location	rsID	REF	ALT	Gene	Protein change	Global Test P value after conditioning
No conditioning						
19:40762860	rs184042322	G	T	<i>AKT2</i>	p.P50T	0.00024
7:117282582	rs11971167	G	A	<i>CFTR</i>	p.D1270N	0.0029
19:7125518	rs1799816	C	T	<i>INSR</i>	p.V1012M	0.0087
1:40756572	rs41268053	G	A	<i>ZMPSTE24</i>	p.R369Q	0.0089
6:29641139	rs199589695	G	A	<i>ZFP57</i>	p.R178H	0.0098
7:117171169	rs78756941	G	T	<i>CFTR</i>	Splice donor	0.0089
21:47831307	rs201709021	G	A	<i>PCNT</i>	p.E1785K	0.0104





BF: log10( Bayes factor) for association

P: P value for association test

N: Total Sample size contributing to analysis

## SUPPLEMENTARY TABLE 8

**GTEX tissue differential expression of AKT2 compared to AKT1 and AKT3.** Listed are the tissues from the GTEX project pilot phase release where AKT2 expression was assessed.

Tissue abbreviation *	Tissue description **	N	P (AKT2 > AKT1)	P (AKT2 > AKT3)
ADPSBQ	Adipose - Subcutaneous	94	1	5.08×10 <sup>-15</sup>
ADPVSC	Adipose - Visceral (Omentum)	19	1	2.74×10 <sup>-3</sup>
ADRNLG	Adrenal Gland	12	1	5.37E-10
ARTAORT	Artery - Aorta	24	1	0.03
ARTCRN	Artery - Coronary	9	1	0.8
ARTTBL	Artery - Tibial	112	1	1
BREAST	Breast - Mammary Tissue	27	1	2.12×10 <sup>-6</sup>
BRNACC	Brain - Anterior cingulate cortex (BA24)	17	1	1
BRNAMY	Brain - Amygdala	23	1	1
BRNCDT	Brain - Caudate (basal ganglia)	36	1	0.12
BRNCHA #	Brain - Cerebellum	30	3.04×10 <sup>-7</sup>	8.94×10 <sup>-17</sup>
BRNCHB #	Brain - Cerebellar Hemisphere	24	6.60×10 <sup>-4</sup>	2.41×10 <sup>-9</sup>
BRNCTXA	Brain - Cortex	23	1	1
BRNCTXB	Brain - Frontal Cortex (BA9)	24	1	1
BRNHPP	Brain - Hippocampus	24	1	0.99
BRNHPT	Brain - Hypothalamus	23	1	0.99
BRNNCC	Brain - Nucleus accumbens (basal ganglia)	28	1	2.15×10 <sup>-3</sup>
BRNPTM	Brain - Putamen (basal ganglia)	20	1	0.02
BRNSNG	Brain - Substantia nigra	25	1	0.67
BRNSPC	Brain - Spinal cord (cervical c-1)	16	1	0.16
CLNTRN	Colon - Transverse	12	1	2.24×10 <sup>-5</sup>
ESPMCS	Esophagus - Mucosa	18	1	3.13×10 <sup>-12</sup>
ESPMCL	Esophagus - Muscularis	20	1	3.39×10 <sup>-3</sup>
FIBRBLS	Cells - Transformed fibroblasts	14	1	1.78×10 <sup>-4</sup>
HRTAA	Heart - Atrial Appendage	25	1	1.45×10 <sup>-9</sup>
HRTLV	Heart - Left Ventricle	83	1	9.20×10 <sup>-53</sup>

Tissue abbreviation *	Tissue description **	N	P (AKT2 > AKT1)	P (AKT2 > AKT3)
KDNCTX	Kidney - Cortex	3	0.71	0.1
LCL	Cells - EBV-transformed lymphocytes	39	1	1.74×10 <sup>-10</sup>
LIVER	Liver	5	0.97	6.56×10 <sup>-1</sup>
LUNG	Lung	119	1	5.24×10 <sup>-1</sup>
MSCLSK #	Muscle - Skeletal	138	1.47×10 <sup>-19</sup>	7.76×10 <sup>-10</sup>
NERVET	Nerve - Tibial	88	1	3.19×10 <sup>-10</sup>
OVARY	Ovary	6	0.53	4.03×10 <sup>-10</sup>
PNCREAS	Pancreas	19	1	1.19×10 <sup>-10</sup>
PRSTTE	Prostate	9	1	2.38×10 <sup>-10</sup>
PTTARY #	Pituitary	13	0.03	8.55×10 <sup>-10</sup>
SKINNS	Skin - Not Sun Exposed (Suprapubic)	23	1	1.05×10 <sup>-10</sup>
SKINS	Skin - Sun Exposed (Lower leg)	96	1	1.99×10 <sup>-10</sup>
STMACH	Stomach	12	1	3.64×10 <sup>-10</sup>
TESTIS	Testis	14	0.84	2.87×10 <sup>-10</sup>
THYROID	Thyroid	105	0.13	7.22×10 <sup>-10</sup>
UTERUS	Uterus	7	0.99	0.0
VAGINA	Vagina	6	0.99	1.09×10 <sup>-10</sup>
WHLBLD	Whole Blood	156	1	1.43×10 <sup>-10</sup>

N = sample size per tissue; P(AKT2 > AKT1) = P value for the test of expression in AKT2 compared to AKT1; P(AKT2 > AKT3) = P value for the test of expression in AKT2 compared to AKT3. \* The tissue abbreviation used in Fig. S13 and Fig. S14. \*\* The corresponding tissue description. \*\*\* The one-sided paired t-test P-values for the comparison of AKT2 expression with AKT1 and AKT3. # The tissues where AKT2 expression is significantly (P < 0.05) higher than both AKT1 and AKT3 expression. BRNCHA/BRNCHB and BRNCTXA/BRNCTXB are sampled from the same regions, cerebellum and cortex, respectively, but in separate collections.

## SUPPLEMENTARY TABLE 9

**Expression analyses in adipose tissue in the METSIM, EuroBATS and GTEx studies.**

**Supplementary Table 9A:** The associations of the two eSNPs discovered in METSIM (rs8104727) and EuroBATS (rs11880261) with AKT2 transcript levels. Results are presented for all the three cohorts queried (METSIM, EuroBATS and GTEx). The eSNPs are in linkage disequilibrium: R<sup>2</sup> = 0.847 and D' = 0.92 in 1000 Genomes European population samples and R<sup>2</sup> = 1 and D' = 1 in 1000 Genomes Finnish population samples.

GenelD	Cohort	Tissue	N	SNP	SNP origin	Effect allele	Other allele	EAF	Beta effect	SE	P-value (SNP-AKT2)
AKT2	GTEx	Adipose Subcutaneous	94	rs11880261	EuroBATS eSNP	T	C	0.25	0.186	0.103	7.56E-02
AKT2	EuroBATS	Adipose	720	rs11880261	EuroBATS eSNP	T	C	NA	0.206	0.037	2.27E-08
AKT2	METSIM	Adipose	770	rs8104727	METSIM eSNP	T	C	0.35312	0.4026	0.05214	3.595E-14
AKT2	METSIM	Adipose	770	rs11880261	EuroBATS eSNP	T	C	0.35239	0.3983	0.05219	6.882E-14

**Supplementary Table 9B:** Associations of the AKT2 eSNPs with FI are displayed for the METSIM and EuroBATS studies.

GenelD	Cohort	N	SNP	SNP origin	Effect allele	Other allele	Adjustment	Effect	SE	P-value (eSNP-FI)
AKT2	METSIM	10081	rs8104727	METSIM eSNP	T	C	Age, BMI	-0.016	0.01523	0.2857
AKT2	METSIM	10081	rs11880261	EuroBATS eSNP	T	C	Age, BMI	-0.017	0.01527	0.2661
AKT2	EuroBATS	710	rs11880261	EuroBATS eSNP	T	C	Age, BMI	-0.015	0.0555131	0.7842
AKT2	METSIM	10081	rs8104727	METSIM eSNP	T	C	Age	-0.00088	0.01523	0.9541
AKT2	METSIM	10081	rs11880261	EuroBATS eSNP	T	C	Age	-0.0011	0.01527	0.9436
AKT2	EuroBATS	710	rs11880261	EuroBATS eSNP	T	C	Age	-0.0094	0.05497855	0.8649

**Supplementary Table 9C:** Associations of AKT2 expression with FI are shown for the METSIM and EuroBATS studies.

GenelD	Cohort	N	Adjustment	Effect	SE	P-value (AKT2-FI)
AKT2	METSIM	770	Age, BMI	-0.33	0.07	0.00000949
AKT2	METSIM	770	Age	-0.42	0.06	3.293E-11
AKT2	EuroBATS	710	Age, BMI	-0.05	0.11	6.28E-04
AKT2	EuroBATS	710	Age	-0.04	0.01	1.14E-03

**Supplementary Table 9D:** The association between AKT2 expression and age was queried in adipose tissue in the METSIM, EuroBATS and GTEx cohorts.

GenelD	Study	Tissue	N	ChiSq (age)	P-value (age)	Effect (age)
AKT2	METSIM	Adipose	770	8.46	0.00362	0.02
AKT2	EuroBATS	Adipose	720	0.143	0.71	0.001
AKT2	GTEx	Adipose Subcutaneous	89	3.49	0.06	-0.02

**Supplementary Table 9E:** The association between AKT2 expression and BMI was queried in adipose tissue in the METSIM, EuroBATS and GTEx cohorts.

GenelD	Study	Tissue	N	ChiSq (BMI)	P-value (BMI)	Effect (BMI)
AKT2	METSIM	Adipose	770	28.772	8.143E-08	-0.06
AKT2	EuroBATS	Adipose	720	120.07	6.10E-28	-0.07
AKT2	GTEx	Adipose Subcutaneous	89	0.30	0.58	-0.01

Beta effect: The effect estimate for the effect allele

SE: Standard error for the effect estimate

P-value (SNP-AKT2): The P-value for the SNP-expression association

Study: Study in which the association was studied

Adjustment: The covariate adjustment for fasting insulin

P-value (eSNP-FI): The P-value for the SNP-fasting insulin association

P-value (AKT2-FI): The P-value for the gene-fasting insulin association

ChiSq (age): Chi squared test statistic for the expression-age association

P-value (age): P-value for the SNP-expression association

Effect (age): Effect estimate for the age in the model

ChiSq (BMI): Chi squared test statistic for the expression-BMI association

P-value (BMI): P-value for the SNP-expression association

Effect (BMI): Effect estimate for the BMI in the model

NA: The data was not available

GenelD: The name of the gene investigated

Cohort: The cohort the association was studied in

Tissue: The tissue the expression data is from

N: The sample size in analysis

SNP: The rsID of the SNP for which the association is shown

SNP origin: The cohort where the SNP was most associated with AKT2 expression

Effect allele and Other allele: The effect and non-effect alleles of the SNP

EAF: The frequency of the effect allele

## SUPPLEMENTARY TABLE 10

**Mendelian randomization analysis to assess the causality of AKT2 expression for fasting insulin (FI) levels.**

The results from the meta-analysis of the EuroBATS and METSIM data and for the instrumental variable (IV) estimator are shown for the EuroBATS eSNPs (rs11880261) additionally separated by whether BMI adjustment was used for SNP-FI and AKT2-FI analyses.

Association	N	Effect	No BMI adjustment			P-value for difference	BMI adjusted			P-value for difference
			SE	P-value	Effect		SE	P-value	Effect	
SNP-AKT2	1490	0.270	0.030	1.89E-19			0.270	0.030	1.89E-19	
SNP-FI	10791	-0.002	0.014	9.13E-01			-0.017	0.014	2.44E-01	
AKT2-FI	1480	-0.050	0.011	4.39E-06			-0.064	0.013	5.95E-07	
IV		-0.006	0.054	9.13E-01	0.41		-0.063	0.054	2.48E-01	0.99

Association: The pair of traits tested or the instrumental variable (IV)

N: The sample size in meta-analysis

Effect: The effect estimate in the association

SE: Standard error

P-value: The P-value for the association

P-value for difference: The P-value for the difference between the IV estimator and the AKT2-FI estimate

## Ethics Statements

All human research was approved by the relevant institutional review boards, and conducted according to the Declaration of Helsinki and all patients provided written informed consent. FIN-D2D 2007, DPS, DR's EXTRA, FINRISK 2007, FUSION, and METSIM were approved by the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board (ID: H03-00001613-R2). The Danish studies (Health 2006, Inter99, and Vejle Biobank) were approved by the local Ethical Committees of Capital Region (approval # H-3-2012-155, KA 98155 and KA-20060011) and Region of Southern Denmark (approval # S-20080097). The GoDARTS study was approved by EoS REC 09/S1402/44. The Twins UK study was approved by EC04/015. The OBB study was approved by South Central, Oxford C, 08/H0606/107+5, IRAS project 136602. The PIVUS study is approved by 00-419 and ULSAM study by 251/90 and 2007/338. The PPP study was approved by the Committee On the Use of Humans as Experimental Subjects at MIT (IRB 0912003615). T2D-GENES and GoT2D exome sequencing was approved by local institutional review boards. The study protocol of the Health 2000 survey was approved by the Epidemiology Ethics Committee of the Hospital District of Helsinki and Uusimaa. All participants gave signed informed consent. The YFS study was approved by local ethics committees. The HBGS study was approved by the Ethics Committee of Hospital District of Helsinki and Uusimaa and conducted according to the guidelines in the Declaration of Helsinki. The EuroBATS study was approved by St Thomas' Hospital Research Ethics Committee (ref. EC04/015).

## Additional Acknowledgements

### Individuals (in author order):

Alisa K. Manning was supported by American Diabetes Association grant #7-12-MN-02. Taru Tukiainen was supported by Orion-Farmos Research Foundation and the Finnish Cultural Foundation. Manuel A Rivas received the NDM Prize Studentship, Clarendon Award. Tune H Pers is supported by the Benzon Foundation and the Lundbeck Foundation. Ana Viñuela has been funded by the EU FP7 grant EuroBATS (Grant No. 259749).

Andrew Anand Brown has been funded by the EU FP7 grant EuroBATS (Grant No. 259749) and by the South East Norway Health Authority (Grant No. 2011060). Eric. R. Gazamor was supported by NIH Grants for GTEx: R01 MH101820 and MH090937. Hae Kyung Im was in part funded by R01MH107666 and K12CA139160, and travel was funded by P30DK020595. John R B Perry was supported by the Sir Henry Wellcome Postdoctoral Fellowship. Martijn van de Bunt is supported by the NDM Prize Studentship. Martin Hrabe de Angelis was supported by the German Center for Diabetes Research (DZD). Reedik Magi was supported by the Estonian Research Council (grant IUT20-60), the Development Fund of the University of Tartu (grant SP1GVARENG), EU structural support through Archimedes Foundation, grant no: 3.2.1001.11-0033, EU 7FP grant 278913, and H2020 grants 633589, 676550, 654248. Panos Deloukas's work forms part of the research themes contributing to the translational research portfolio of Barts Cardiovascular Biomedical Research Unit, which is supported and funded by the National Institute for Health Research. Katharine R Owen is a NIHR Clinician Scientist. Andrew Farmer is a NIHR Senior Investigator. Gilean McVean is a Wellcome Trust Senior Investigator. Eleftheria Zeggini was supported by The Wellcome Trust (098051). Heikki A. Koistinen has received funding from Academy of Finland (support for clinical research careers, grant no 258753). Veikko Salomaa is funded by the Finnish Foundation for Cardiovascular Research and the Academy of Finland (grant # 139635). Andrew P Morris is a Wellcome Trust Senior Fellow in Basic Biomedical Science (under award WT098017). Fredrik Karpe is supported by NIHR Oxford Biomedical Research Centre and NIHR National Bioresource. Graeme I. Bell was supported by NIH P30DK020595 (for genotyping, and analysis). James B. Meigs was supported by National Institute for Diabetes and Digestive and Kidney Diseases (NIDDK) R01 DK078616, NIDDK K24 DK080140. Mark I McCarthy is a Wellcome Trust Senior Investigator and a NIHR Senior Investigator. Anna L Gloyn is a Wellcome Trust Senior Fellow in Basic Biomedical Science and is supported by Wellcome Trust (200837/Z/16/Z). Cecilia Lindgren is supported in part by Wellcome Trust (WT086596/Z/08/A and 086596/Z/08/Z) and the Li Ka Shing Foundation.

### Study and Cohort Acknowledgements

Funding for the GoT2D and T2D-GENES studies was provided by grants: NIH U01s DK085526, DK085501, DK085524, DK085545, and DK085584 (Multiethnic Study of Type 2 Diabetes Genes) and DK088389 (Low-Pass Sequencing and High-Density SNP Genotyping for Type 2 Diabetes). The work at the University of Oxford, UK was supported by the European Commission (ENGAGE: HEALTH-F4-2007-201413; Marie-Curie Fellowship PIEF-GA-2012-329156), MRC (G0601261, G0900747-91070), National Institutes of Health (RC2-DK088389, DK085545, DK098032), and Wellcome Trust (064890, 083948, 085475, 086596, 090367, 090532, 092447, 095101, 095552, 098017, 098381). The work at the Wellcome Trust Sanger Institute, UK was supported by the National Institute for Health Research and the Wellcome Trust (098051).

The Jackson Heart Study is supported by contracts HHSN268201300046C, HHSN268201300047C, HHSN268201300048C, HHSN268201300049C, HHSN268201300050C from the National Heart, Lung, and Blood Institute and the National Institute on Minority Health and Health Disparities.

The work at Wake Forest School of Medicine (WFSM) was supported by NIH grant R01 DK066358 (DWB).

The Korea Association Research Project was supported at Center for Genome Science, National Institute of Health, Republic of Korea by the Korea National Institute of Health (2012-N73002-00) and the Korea National Institute of Health and Korea Centers for Disease Control and Prevention (4845-301); and at Hallym University Chuncheon, Republic of Korea by the National Research Foundation of Korea (NRF-2012R1A2A1A03006155). This study was provided with

biospecimens and data from the Korean Genome Analysis Project (4845-301), the Korean Genome and Epidemiology Study (4851-302), and the Korea Biobank Project (4851-307, KBP-2013-11 and KBP-2014-68) that were supported by the Korea Centers for Disease Control and Prevention, Republic of Korea.

The work at the University of Texas Health Science Center at Houston, USA was supported by the National Institutes of Health (U01DK085501, R01HL102830, R01DK073541)

The work at Imperial College London, UK was supported by Action on Hearing Loss (G51), the British Heart Foundation (SP/04/002), European Union FP7 (EpiMigrant, 279143), Medical Research Council (G0601966, G0700931), MRC-PHE Centre for Environment and Health, The National Institute for Health Research (NIHR) (RP-PG-0407-10371), NIHR Biomedical Research Centre at Imperial College Health Care NHS Trust, NIHR Health Protection Research Unit on Health Impact of Environmental Hazards, and the Wellcome Trust (084723). Personal support includes Paul Elliot: NIHR Senior Investigator.

The LOLIPOP study is supported by the National Institute for Health Research (NIHR) Comprehensive Biomedical Research Centre Imperial College Healthcare NHS Trust. The work was carried out in part at the NIHR/Wellcome Trust Imperial Clinical Research Facility. We thank the participants and research staff who made the study possible.

The work at the National University of Singapore was supported by Biomedical Research Council (BMRC) Individual Research Grant, National Medical Research Council (NMRC) Individual Research Grant, NMRC Centre Grant. Personal support includes: Ching-Yu Cheng: NMRC Clinician Scientist award; E Shyong Tai: NMRC Clinician Scientist award; YY Teo: National Research Foundation Fellowship; TY Wong: NMRC Singapore Translational Research Investigator award.

The work at Helmholtz Zentrum München – German Research Center for Environmental Health, Germany was supported by The German Center for Diabetes Research (DZD), Helmholtz Zentrum München (German Research Center for Environmental Health), which is supported by the German Federal Ministry of Education and Research (BMBF) and by the State of Bavaria, and the Munich Center of Health Sciences (MC-Health), Ludwig-Maximilians-Universität, as part of LMUinnovativ.

The KORA research platform (KORA, Cooperative Research in the Region of Augsburg) was initiated and financed by the Helmholtz Zentrum München – German Research Center for Environmental Health, which is funded by the German Federal Ministry of Education and Research and by the State of Bavaria. Furthermore, KORA research was supported within the Munich Center of Health Sciences (MC Health), Ludwig-Maximilians-Universität, as part of LMUinnovativ.

The work at Lund University, Sweden was supported by the Academy of Finland, a European Research Council Advanced Research Grant, the Folkhälsan Research Foundation, Novo Nordisk, the Pählssons Foundation, the Sigrid Juselius Foundation, the Skåne Regional Health Authority, the Swedish Heart-Lung Foundation, and the Swedish Research Council (Linné and Strategic Research Grant).

TwinsUK was funded by the Wellcome Trust; European Community's Seventh Framework Programme (FP7/2007-2013). The study also receives support from the National Institute for Health Research (NIHR) funded BioResource, Clinical Research Facility and Biomedical Research Centre based at Guy's and St Thomas' NHS Foundation Trust in partnership with King's College London. SNP Genotyping was performed by The Wellcome Trust Sanger Institute and National Eye Institute via NIH/CIDR.

Some computations were performed at the Vital-IT (<http://www.vital-it.ch>) Center for high-performance computing of the SIB Swiss Institute of Bioinformatics; and at the ACEnet, the regional high performance computing consortium for universities in Atlantic Canada. ACEnet is funded by the Canada Foundation for Innovation (CFI), the Atlantic Canada Opportunities Agency (ACOA), and the provinces of Newfoundland and Labrador, Nova Scotia, and New Brunswick.

FIN-D2D was supported by financing from the hospital districts of Pirkanmaa, Southern Ostrobothnia, North Ostrobothnia, Central Finland, and Northern Savo; the Finnish National Public Health Institute; the Finnish Diabetes Association; the Ministry of Social Affairs and Health in Finland; Finland's Slottery Machine Association; the Academy of Finland (grant No. 129293) and Commission of the European Communities, Directorate C-Public Health (grant agreement No. 2004310) in cooperation with the FIN-D2D Study Group.

The Finnish DPS study was supported by the Academy of Finland (grants 128315, 129330, 131593).

The METSIM study was supported by the Academy of Finland (contract 124243), the Finnish Heart Foundation, the Finnish Diabetes Foundation, Tekes (contract 1510/31/06), and the Commission of the EuropeanCommunity(HEALTH-F2-2007-201681), and the US National Institutes of Health grants DK093757, DK072193, DK062370, and 1Z01 HG000024. Genotyping of the METSIM and DPS studies was conducted at the Genetic Resources Core Facility (GRCF) at the Johns Hopkins Institute of Genetic Medicine.

The DR's EXTRA Study was supported by grants to RR by the Ministry of Education and Culture of Finland (627;2004-2011), Academy of Finland (102318; 123885), Kuopio University Hospital, Finnish Diabetes Association, Finnish Heart Association, Päivikki and Sakari Sohlberg Foundation and by grants from European Commission FP6 Integrated Project (EXGENESIS); LSHM-CT-2004-005272, City of Kuopio and Social Insurance Institution of Finland (4/26/ 2010).

The National FINRISK 2007 study was supported by Finnish Foundation for Cardiovascular Research, the Academy of Finland (grant # 139635).

The FUSION study was supported by DK093757, DK072193, DK062370, and 1Z01 HG000024.

The Inter99 study Data collection in the Inter99 study was supported economically by The Danish Medical Research Council, The Danish Centre for Evaluation and Health Technology Assessment, Novo Nordisk, Copenhagen County, The Danish Heart Foundation, The Danish Pharmaceutical Association, Augustinus foundation, Ib Henriksen foundation and Becket foundation. The Danish studies (Inter99, Health2006, and Vejle Biobank) were supported by the Lundbeck Foundation (Lundbeck Foundation Centre for Applied Medical Genomics in Personalised Disease Prediction, Prevention and Care (LuCamp); <http://www.lucamp.org/>) and the Danish Council for Independent Research. The Novo Nordisk Foundation Center for Basic Metabolic Research is an independent Research Center at the University of Copenhagen, partially funded by an unrestricted donation from the Novo Nordisk Foundation (<http://www.metabol.ku.dk/>).

GoDARTS study was funded by The Wellcome Trust Study Cohort Wellcome Trust Functional Genomics Grant (2004-2008) (Grant No: 072960/2/03/2) and The Wellcome Trust Scottish Health Informatics Programme (SHIP) (2009-2012) (Grant No: 086113/Z/08/Z). Analysis and genotyping of the British UK cohorts was supported by Wellcome Trust funding 090367, 098381, 090532, 083948, 085475, MRC (G0601261), EU (Framework 7) HEALTH-F4-2007-201413, and NIDDK DK098032.

TwinsUK study was funded by the Wellcome Trust; European Community's Seventh Framework Programme (FP7/2007–2013). The study also receives support from the National Institute for Health Research (NIHR) BioResource Clinical Research Facility and Biomedical Research Centre based at Guy's and St Thomas' NHS Foundation Trust and King's College London.

The Oxford Biobank is supported by the Oxford Biomedical Research Centre and part of the National NIHR Bioresource.

The PIVUS/ULSAM cohort was supported by Wellcome Trust Grants WT098017, WT064890, WT090532, Uppsala University, Uppsala University Hospital, the Swedish Research Council and the Swedish Heart-Lung Foundation.

The Botnia study has been financially supported by grants from the Sigrid Juselius Foundation, Folkhälsan Research Foundation, Nordic Center of Excellence in Disease Genetics, an EU grant (EXGENESIS), Signe and Ane Gyllenberg Foundation, Swedish Cultural Foundation in Finland, Finnish Diabetes Research Foundation, Foundation for Life and Health in Finland, Finnish Medical Society, Paavo Nurmi Foundation, Helsinki University Central Hospital Research Foundation, Perklén Foundation, Ollqvist Foundation, Närvä Health Care Foundation and Ahokas Foundation. The study has also been supported by the Ministry of Education in Finland, Municipal Heath Care Center and Hospital in Jakobstad and Health Care Centers in Vasa, Närvä and Korsholm.

The Cardiovascular Risk in Young Finns Study was financially supported by the Academy of Finland (grants 121584, 126925, 124282, and 129378), the Social Insurance Institution of Finland, the Turku University Foundation, special federal grants for University Hospitals, the Juho Vainio Foundation, Paavo Nurmi Foundation, the Finnish Foundation of Cardiovascular Research, Orion-Farmos Research Foundation, and the Finnish Cultural Foundation.

The Helsinki Birth Cohort Study was supported by Emil Aaltonen Foundation, Finnish Foundation for Diabetes Research, Novo Nordisk Foundation, Signe and Ane Gyllenberg Foundation, Samfundet Folkhälsan, Finska Läkaresällskapet, Liv och Hälsa, Finnish Foundation for Cardiovascular Research.

### **Additional Acknowledgements**

We thank the High-Throughput Genomics Group at the Wellcome Trust Centre for Human Genetics for the generation of array and sequencing data. The High-Throughput Genomics Group at the Wellcome Trust Centre for Human Genetics is funded by a Wellcome Trust grant (reference 090532/Z/09/Z)

The Genotype-Tissue Expression (GTEx) Project was supported by the Common Fund of the Office of the Director of the National Institutes of Health. Additional funds were provided by the NCI, NHGRI, NHLBI, NIDA, NIMH, and NINDS. Donors were enrolled at Biospecimen Source Sites funded by NCI\SAIC-Frederick, Inc. (SAIC-F) subcontracts to the National Disease Research Interchange (10XS170), Roswell Park Cancer Institute (10XS171), and Science Care, Inc. (X10S172). The Laboratory, Data Analysis, and Coordinating Center (LDACC) was funded through a contract (HHSN268201000029C) to The Broad Institute, Inc. Biorepository operations were funded through an SAIC-F subcontract to Van Andel Institute (10ST1035). Additional data repository and project management were provided by SAIC-F (HHSN261200800001E). The Brain Bank was supported by a supplements to University of Miami grants DA006227 & DA033684 and to contract N01MH000028. Statistical Methods development grants were made to the University of Geneva (MH090941 & MH101814), the University of Chicago (MH090951, MH090937, MH101820, MH101825), the University of North Carolina – Chapel Hill (MH090936 & MH101819), Harvard University (MH090948), Stanford University (MH101782), Washington University St Louis (MH101810), and the University of Pennsylvania (MH101822). The data used for the analyses described in this manuscript were obtained from dbGaP (accession number phs000424.v3.p1).

Funding support for “Building on GWAS for NHLBI-diseases: the U.S. CHARGE consortium” was provided by the NIH through the American Recovery and Reinvestment Act of 2009 (ARRA) (5RC2HL102419). Sequence data for “Building on GWAS for NHLBI-diseases: the U.S. CHARGE consortium” was provided by Eric Boerwinkle on behalf of the Atherosclerosis Risk in Communities (ARIC) Study, L. Adrienne Cupples, principal investigator for the Framingham Heart Study, and Bruce Psaty, principal investigator for the Cardiovascular Health Study. Sequencing was carried out at the Baylor Genome Center (U54 HG003273). Further support came from HL120393, “Rare variants and NHLBI traits in deeply phenotyped cohorts” (Bruce Psaty, principal investigator). Supporting funding was also provided by NHLBI with the CHARGE infrastructure grant HL105756.