

AA=African-American; BMI=Body Mass Index; HANDLS=Healthy Aging in Neighborhoods of Diversityacross the Life Span; SUA=Serum Uric Acid.

Appendix 1. Genotyping and quality control

HANDLS participants were genotyped using the Illumina 1M genotyping array. A total of 1,024 individuals were successfully genotyped. Sample quality control inclusion criteria were: **(1)** concordance between self-reported sex and X-chromosome based sex; **(2)** >95% call rate per participant (across all equivalent arrays), **(3)** concordance between self-reported African ancestry and genotyped SNPs confirmed ancestry, and **(4)** proportional sharing of genotypes < 15% between samples, excluding close relatives from the final sample. Moreover, SNPs in HANDLS were selected when the following criteria were met: **(1)** Hardy-Weinberg equilibrium (HWE) p-value $>10^{-7}$; **(2)** Missing by haplotype p-values $>10^{-7}$ 7 ; **(3)** Minor allele frequency > 0.01 , and **(4)** Call rate $> 95\%$. Basic quality control and data management for each genotype was conducted using PLINKv1.06.(1) Cryptic relatedness was estimated via pairwise identity by descent analyses in PLINK and confirmed using RELPAIR.(2) STRUCTUREv2.3(3-5) and the multidimensional scaling (MDS) function in PLINKv1.06 were used to determine ancestry among HANDLS participants. HANDLS participants with component vector estimates consistent with the HapMap African ancestry samples for the first 4 component vectors were included. Moreover, in our main analyses, we adjusted for all 10 principal components to control for any residual effects of population structure.(6). SNPs that passed the above quality control criteria were used for genotype imputation using MACH and minimac softwares (http://www.sph.umich.edu/csg/abecasis/mach/). The 1000 Genomes Project phase 1 alpha freeze multiethnic panel were used as a reference population to impute SNPs. Imputed SNP with imputation quality measure of R^2 < 0.3 or minor allele frequency of <1% were excluded from the analysis. Serum uric acid (SUA) associated SNPs identified by genome-wide association and candidate gene studies were selected from those SNPs that passed the imputation quality control criteria.

References:

1. Purcell S, Neale B, Todd-Brown K, Thomas L, Ferreira MA, Bender D, Maller J, Sklar P, de Bakker PI, Daly MJ, et al. PLINK: a tool set for whole-genome association and population-based linkage analyses. Am J Hum Genet 2007;81(3):559-75. doi: S0002-9297(07)61352-4 [pii]

10.1086/519795.

2. Epstein MP, Duren WL, Boehnke M. Improved inference of relationship for pairs of individuals. Am J Hum Genet 2000;67(5):1219-31. doi: S0002-9297(07)62952-8 [pii]

10.1016/S0002-9297(07)62952-8.

- 3. Pritchard JK, Stephens M, Donnelly P. Inference of population structure using multilocus genotype data. Genetics 2000;155(2):945-59.
- 4. Falush D, Stephens M, Pritchard JK. Inference of population structure using multilocus genotype data: linked loci and correlated allele frequencies. Genetics 2003;164(4):1567-87.
- 5. Falush D, Stephens M, Pritchard JK. Inference of population structure using multilocus genotype data: dominant markers and null alleles. Mol Ecol Notes 2007;7(4):574-8. doi: 10.1111/j.1471-8286.2007.01758.x.
- 6. Price AL, Patterson NJ, Plenge RM, Weinblatt ME, Shadick NA, Reich D. Principal components analysis corrects for stratification in genome-wide association studies. Nature genetics 2006;38(8):904-9. doi: ng1847 [pii]

10.1038/ng1847.

Supplemental Table 1. List of SNP selected from various GWAS and confirmatory studies (1; 2; 3; 4; 5) shown to be associated with high serum uric acid (SNPhsua)

Pacific Islander, (27) New Zealander (27; 28)

3 found to be associated with SUA rate of change (Status B) 28 non-significant (Status C) 20 remaining SNPs (Status D) *Initially selected SNPs: n=43 Finally selected SNPs: N=15 (12 for baseline and 3*

for rate of change in SUA)

> Note: Minor allele frequency is obtained from: http://www.ncbi.nlm.nih.gov/snp, except when bolded (the MAF is obtained from a study). The risk allele is determined from the largest study. Both risk allele and other allele indicate the direction of reported association with serum uric acid (SUA) in previous studies regardless of their allele frequency in the population. Minor Allele Frequency indicates which allele (risk or other) is the less frequent one.

References

1. Reginato AM, Mount DB, Yang I *et al.* (2012) The genetics of hyperuricaemia and gout. *Nature reviews Rheumatology* **8**, 610-621.

2. Voruganti VS, Laston S, Haack K *et al.* (2015) Serum uric acid concentrations and SLC2A9 genetic variation in Hispanic children: the Viva La Familia Study. The American Journal of Clinical Nutrition 101, 725-732.

3. Yang B, Mo Z, Wu C *et al.* (2014) A genome-wide association study identifies common variants influencing serum uric acid concentrations in a Chinese population. *BMC Medical Genomics* **7**, 10.

4. Li C, Yu Q, Han L et al. (2014) The hURAT1 rs559946 polymorphism and the incidence of gout in Han Chinese men. *Scandinavian journal of rheumatology* 43, 35-42.

5. Kottgen A (2013) Genome-wide association analyses identify 18 new loci associated with serum urate concentrations. *Nat Genet* **45**, 145 - 154.

6. Vitart V (2008) SLC2A9 is a newly identified urate transporter influencing serum urate concentration, urate excretion and gout. Nat Genet 40, 437 - 442.

7. Doring A (2008) SLC2A9 influences uric acid concentrations with pronounced sex-specific effects. Nat *Genet* **40**, 430 - 436.

8. Wallace C (2008) Genome-wide association study identifies genes for biomarkers of cardiovascular disease: serum urate and dyslipidemia. Am J Hum Genet 82, 139 - 149.

9. Dehghan A (2008) High serum uric acid as a novel risk factor for type 2 diabetes. *Diabetes Care* 31, $361 - 362$.

10. Brandstatter A (2008) Sex-specific association of the putative fructose transporter SLC2A9 variants with uric acid levels is modified by BMI. *Diabetes Care* **31**, 1662 - 1667.

11. Charles BA, Shriner D, Doumatey A et al. (2011) A genome-wide association study of serum uric acid in African Americans. *BMC Med Genomics* 4, 17.

12. Tin A, Woodward OM, Kao WH et al. (2011) Genome-wide association study for serum urate concentrations and gout among African Americans identifies genomic risk loci and a novel URAT1 lossof-function allele. *Hum Mol Genet* **20**, 4056-4068.

13. Kolz M (2009) Meta-analysis of 28,141 individuals identifies common variants within five new loci that influence uric acid concentrations. *PLoS Genet* 5, e1000504.

14. Stark K, Reinhard W, Neureuther K *et al.* (2008) Association of common polymorphisms in GLUT9 gene with gout but not with coronary artery disease in a large case-control study. *PloS one* **3**, e1948.

15. Karns R, Zhang G, Sun G et al. (2012) Genome-wide association of serum uric acid concentration: replication of sequence variants in an island population of the Adriatic coast of Croatia. Ann Hum Genet **76**, 121-127.

16. Sulem P, Gudbjartsson DF, Walters GB *et al.* (2011) Identification of low-frequency variants associated with gout and serum uric acid levels. Nat Genet 43, 1127-1130.

17. Li S (2007) The GLUT9 gene is associated with serum uric acid levels in Sardinia and Chianti cohorts. *PLoS Genet* **3**, e194.

18. Yang Q, Kottgen A, Dehghan A et al. (2010) Multiple genetic loci influence serum urate levels and their relationship with gout and cardiovascular disease risk factors. *Circulation Cardiovascular genetics* **3**, 523-530.

19. Dehghan A (2008) Association of three genetic loci with uric acid concentration and risk of gout: a genome-wide association study. Lancet 372, 1953 - 1961.

20. Hollis-Moffatt JE, Xu X, Dalbeth N et al. (2009) Role of the urate transporter SLC2A9 gene in susceptibility to gout in New Zealand Maori, Pacific Island, and Caucasian case-control sample sets. *Arthritis and rheumatism* **60**, 3485-3492.

21. McArdle PF, Parsa A, Chang YP *et al.* (2008) Association of a common nonsynonymous variant in GLUT9 with serum uric acid levels in old order amish. Arthritis and rheumatism **58**, 2874-2881.

22. Phipps-Green AJ, Merriman ME, Topless R et al. (2014) Twenty-eight loci that influence serum urate levels: analysis of association with gout. Ann Rheum Dis.

23. Matsuo H (2011) Identification of ABCG2 dysfunction as a major factor contributing to gout. *Nucleosides Nucleotides Nucleic Acids* **30**, 1098 - 1104.

24. Woodward O (2009) Identification of a urate transporter, ABCG2, with a common functional polymorphism causing gout. Proc Natl Acad Sci U S A 106, 10338 - 10342.

25. Wang B, Miao Z, Liu S et al. (2010) Genetic analysis of ABCG2 gene C421A polymorphism with gout disease in Chinese Han male population. *Human genetics* 127, 245-246.

26. Yamagishi K (2010) The rs2231142 variant of the ABCG2 gene is associated with uric acid levels and gout among Japanese people. Rheumatology **49**, 1461 - 1465.

27. Phipps-Green AJ, Hollis-Moffatt JE, Dalbeth N et al. (2010) A strong role for the ABCG2 gene in susceptibility to gout in New Zealand Pacific Island and Caucasian, but not Maori, case and control sample sets. *Hum Mol Genet* **19**, 4813-4819.

28. Caulfield M (2008) SLC2A9 is a high-capacity urate transporter in humans. *PLoS Med* 5, e197. 29. Tu HP, Chen CJ, Lee CH et al. (2010) The SLC22A12 gene is associated with gout in Han Chinese and Solomon Islanders. Ann Rheum Dis 69, 1252-1254.

30. Graessler J, Graessler A, Unger S et al. (2006) Association of the human urate transporter 1 with reduced renal uric acid excretion and hyperuricemia in a German Caucasian population. Arthritis and *rheumatism* **54**, 292-300.

31. Li C, Han L, Levin AM *et al.* (2010) Multiple single nucleotide polymorphisms in the human urate transporter 1 (hURAT1) gene are associated with hyperuricaemia in Han Chinese. *Journal of medical genetics* **47**, 204-210.

32. Shima Y, Teruya K, Ohta H (2006) Association between intronic SNP in urate-anion exchanger gene, SLC22A12, and serum uric acid levels in Japanese. Life sciences 79, 2234-2237.

33. Guan M (2011) Association of an intronic SNP of SLC2A9 gene with serum uric acid levels in the Chinese male Han population by high-resolution melting method. *Clin Rheumatol* **30**, 29 - 35.

34. Jang WC, Nam YH, Park SM *et al.* (2008) T6092C polymorphism of SLC22A12 gene is associated with serum uric acid concentrations in Korean male subjects. *Clinica chimica acta; international journal of clinical chemistry* **398**, 140-144.

35. van der Harst P, Bakker SJ, de Boer RA *et al.* (2010) Replication of the five novel loci for uric acid concentrations and potential mediating mechanisms. *Hum Mol Genet* 19, 387-395.

36. Urano W, Taniguchi A, Anzai N et al. (2010) Sodium-dependent phosphate cotransporter type 1 sequence polymorphisms in male patients with gout. Ann Rheum Dis 69, 1232-1234. 37. Hollis-Moffatt JE, Phipps-Green AJ, Chapman B et al. (2012) The renal urate transporter SLC17A1 locus: confirmation of association with gout. Arthritis research & therapy 14, R92.

Appendix 2. Mixed-effects regression models

The main multiple mixed-effects regression models can be summarized as follows:

Multi-level models vs. **Composite models**

Eq.

\n
$$
\pi_{0i} = \gamma_{00} + \gamma_{0a} X_{aij} + \sum_{k=1}^{l} \gamma_{0k} Z_{ik} + \zeta_{0i}
$$
\n
$$
Y_{ij} = \gamma_{00} + \gamma_{0a} X_{aij} + \sum_{k=1}^{l} \gamma_{0k} Z_{ik}
$$
\n
$$
+ \gamma_{10} Time_{ij} + \gamma_{1a} X_{aij} Time_{ij}
$$
\n
$$
\pi_{1i} = \gamma_{10} + \gamma_{1a} X_{aij} + \sum_{m=1}^{n} \gamma_{1m} Z_{im} + \zeta_{1i}
$$
\n
$$
+ \sum_{m=1}^{n} \gamma_{1m} Z_{im} Time_{ij}
$$
\n
$$
+ (\zeta_{0i} + \zeta_{1i} Time_{ij} + \epsilon_{ij})
$$

Where Y_{ij} is the outcome (SUA) for each individual "i" and visit "j"; π_{0i} is the level-1 intercept for individual i; π_{1i} is the level-1 slope for individual i; γ_{00} is the level-2 intercept of the random intercept π_{0i} ; γ_{10} is the level-2 intercept of the slope π_{1i} ; Z_{ik} is a vector of fixed covariates for each individual *i* that are used to predict level-1 intercepts and slopes and included baseline age (Age_{base}) among other covariates. X_{ija} represents the main predictor variables (8 dietary components or the two dummy variables for GRS tertiles); ζ_{0i} and ζ_{1i} are level-2 disturbances; ε_{ij} is the within-person level-1 disturbance. Of primary interest are the main effects of each exposure X_a (γ_{0a}) and their interaction with *TIME* (γ_{1a}), as described in a previous methodological paper.(1)

Reference

1. Blackwell E, de Leon CF, Miller GE. Applying mixed regression models to the analysis of repeated-measures data in psychosomatic medicine. Psychosom Med 2006;68(6):870-8. doi: 01.psy.0000239144.91689.ca [pii]

10.1097/01.psy.0000239144.91689.ca.

Supplemental Table 2. Mixed-effects regression models of SUA by each of the 15 selected SNP1,2

Online Supplemental Material

Abbreviations: Age_{base}=Baseline age at visit 1, SUA=Serum Uric Acid.

¹ Each of the models' intercepts and slopes were further adjusted for Age_{base}, for marital status, poverty status, education (years), baseline current smoking status, current illicit drug use and baseline body mass index, BMI centered at 30 kg.m⁻², the

Online Supplemental Material

10 principal components for population structure, and 8 key dietary factors factors in addition to total grains, total fruits, total vegetables, other meats, discretionary solid fat and discretionary oils, and the inverse mills ratio. Age_{base} was centered at 50y, and all dietary factors were centered at their weighted means (See Table 1, Total). ²Values are regression coefficients $\gamma \pm$ standard error of the estimate (SEE). n=number of participants in the analysis; n'=total number of visits included in the analysis. $3 P < 0.05$ for interaction with sex, suggestive of a stronger positive effect among men. $4 P < 0.05$ for interaction with sex, suggestive of a stronger positive effect among women.

Supplemental Figure 2. Boxplot of serum uric acid (SUA) at baseline and follow-up, by sex

**P<0.001 based on design-based F-test from linear regression models accounting for sampling weight, with SUA (visits 1 and 2) as outcome and sex as the only predictor. Values are means±standard error.

Supplemental Figure 4. Predictive margins of SUA by Time and dairy intake, from mixed-effects regression model, total population 1

 $^{\rm 1}$ Predictive margins obtained from mixed-effects regression model with SUA as the outcome, random effects added to slope and intercept, and both slopes and intercept adjusted for multiple factors including age, sex, poverty status, marital status, education, smoking and drug use, several dietary factors, BMI, 10 principal components for population structure and an inverse mills ratio. The Figure simulates the trajectory of a population with comparable characteristics (covariates set at their observed values in the sample) when exposed alternatively

NA, SNP not available in the HANDLS study participants.

* Variant imputation quality score, R square, was from MACH/minimac.