Online Supplement

Integrative genomic analysis implicates limited peripheral adipose storage capacity in the pathogenesis of human insulin resistance

Supplementary Note

Associations at the 53 loci with changes in hip circumference in weight gainers

The association with lower levels of peripheral fat mass but higher cardiometabolic risk of the 53-SNP genetic score suggested that individuals with a greater number of alleles are unable to expand their peripheral fat compartment. To corroborate this finding, we used weight gain as a surrogate measure for a positive energy balance and change in hip circumference in weight-gainers as a surrogate measure for the changes in peripheral fat compartments. We tested the associations of the 53-SNP genetic score in longitudinal data from 9,150 participants of the EPIC-Norfolk cohort study who gained weight during a median follow-up of 3.7 years. In these individuals, the 53-SNP genetic score was not associated with the amount of weight gained during follow-up (beta coefficient [standard error] in kg of weight change per SD of genetic score, -0.026 [0.029]; p=0.37). However, in analyses adjusted for age, sex, hip circumference at baseline and weight at baseline and the amount of weight gained during follow-up, the 53-SNP genetic score was negatively associated with change in hip circumference (beta coefficient [standard error] in cm of hip circumference change per SD of genetic score, -0.069 [0.031]; p=0.027). In the same participants, in analyses adjusted for age, sex, waist circumference at baseline and weight at baseline and the amount of weight gained during follow-up, the 53-SNP genetic score was not associated with the change in waist circumference during follow-up (beta coefficient [standard error] in cm of waist circumference change per SD of genetic score, 0.055 [0.042]; p=0.20). These results support the notion that individuals with greater burden of the 53 alleles have a relative incapacity of expanding their peripheral fat compartment when challenged by a positive energy balance.

Selection of putative effector genes for experimental validation

In light of (a) the enrichment for loci overlapping adipose tissue active enhancer elements and affecting adipocyte gene expression and (b) the association of risk alleles with lower peripheral adiposity, but higher cardiometabolic risk, we hypothesised that some of the risk alleles may act via impaired adipogenesis. We further hypothesised that the effects on adipogenesis could be caused by the altered expression of an effector gene in peripheral adipose tissue (**Supplementary Figure 11A**). Therefore, to test this hypothesis, we selected five genes at four loci associated with (a) expression of a putative effector gene in subcutaneous adipocytes ($p < 5 \times 10^{-08}$), (b) lower levels of peripheral fat ($p < 5 \times 10^{-05}$ for hip circumference) and (c) higher risk of metabolic disease $(p<0.05$ for type 2 diabetes; see **Supplementary Tables 10 and 13 and Supplementary Figure 11** for details). For the *IRS1* $(RTC=0.86)$ and *L3MBTL3* genes (r^2 between lead and best expression SNPs=0.83) there was evidence supporting co-localisation of phenotypic and expression signals. For the *CCDC92*, *DNAH10* and *FAM13A* genes, the lead expression SNPs (eSNPs) at the locus (rs825452 for *CCDC92*, rs78985577 for *DNAH10* and rs13149209 for *FAM13A*) were not captured by the HapMap-imputed FIadjBMI association data, $2^{1, 22}$ meaning they could not be captured by our triangulation of fasting insulin and lipid data. However, the best HapMap proxy for each of those eSNPs was also associated with FIadjBMI in MAGIC,^{1,2} further supporting our prioritisation of those genes (see below).

For *CCDC92*, the lead eSNP (rs825452, $p_{expression} = 8.3 \times 10^{-31}$) was in very low linkage disequilibrium $(r^2=0.001)$ with our lead SNP for association with FIadjBMI (rs7973683). However, rs7973683 was also strongly associated with *CCDC92* expression in adipocytes $(p_{expression}=2.1 \times 10^{-29})$, indicative of two distinct signals of association with *CCDC92* expression levels. Furthermore, while the lead eSNP was not available in FIadjBMI results, a strong proxy (rs825453; $r^2=1$) for the lead eSNP was also associated with FIadjBMI

 $(p=0.0053)$. In the same locus, we found that our lead SNP for association with FIadjBMI levels (rs7973683) was also associated with expression of *DNAH10* ($p_{expression}$ =1.9 x 10⁻⁰⁸). This was in modest linkage disequilibrium $(r^2=0.27)$ with the lead eSNP for *DNAH10* expression (rs78985577, $p_{\text{expression}} = 4.8 \times 10^{-12}$). While the lead eSNP was not available in FladjBMI data, a strong proxy (rs1316952; $r^2=0.83$) was also associated with FladjBMI levels (p=0.000086). At *FAM13A*, our lead SNP for association with FIadjBMI levels (rs3822072) was also associated with expression of *FAM13A* in subcutaneous adipocytes ($p_{expression}$ =7.6 x 10⁻¹²). Our lead SNP was in low linkage disequilibrium (r^2 =0.038) with the lead eSNP (rs13149209, $p_{expression} = 4.5 \times 10^{-21}$), a modest proxy for which (rs2085600; r^2 =0.72) was also associated with FIadjBMI levels (p=3.5 x 10⁻⁰⁶). These results suggest that multiple independent eQTLs of those genes in adipose tissue are also associated with insulin levels and therefore further support our prioritisation of these genes. Genes at all the loci showing the pre-specified pattern of association were studied experimentally, with the exception of *KLF14*. We did not seek to experimentally validate the *KLF14* gene, because it has been studied previously and previous studies suggest complex aetiologic mechanisms at this locus, including a potential parent-of-origin effect.³ In dedicated figures and tables, we report association criteria (**Supplementary Figure 11B**), selection flow-chart (**Supplementary Figure 11C**), association estimates at loci with an eQTL signal in subcutaneous adipocytes (**Supplementary Table 10**) and at the prioritised loci (**Supplementary Table 13**). Loci that did not meet the criteria were not prioritised for experimental validation of putative effector genes (**Supplementary Figure 11 and Supplementary Table 10**). Finally, on the basis of our hypothesis, we expected that the siRNA knockdown of the candidate causal gene would have effects on adipogenesis in the direction predicted by the adipose tissue eQTL.

Whole and regional body composition analysis

Before scanning, the DEXA system was calibrated according to the manufacturer's guidelines using a spine phantom made of calcium hydroxyapatite, embedded in a lucite block. The enCORE software automatically demarcates the regional boundaries. A protocol was established to manually refine these demarcations and all the images were processed by one trained researcher, who corrected the demarcations according to a standardized procedure. The arm region was derived by positioning a line from the crease of the axilla and through the glenohumeral. The trunk region includes the neck, chest, abdominal and pelvic areas. The leg region includes all of the area below the lines that form the lower borders of the trunk. The android region was defined as the area between the ribs and the pelvis, and is enclosed by the trunk region. This region is outlined by iliac crest and with a superior height equivalent to 20% of the distance from the top of the iliac crest to the base of the skull. The gynoid region includes the hips and upper thighs, and overlaps both the leg and trunk regions. The upper demarcation is below the top of the iliac crest at a distance of 1.5 times the android height. The total height of the gynoid region is two times the height of the android region. Estimates of overall and regional body fat, lean and bone masses were derived using the DEXA software. The software also uses an inbuilt algorithm to determine visceral adipose tissue (in grams) within the android region. The subcutaneous abdominal adipose tissue (in grams) was calculated as android fat mass minus visceral abdominal adipose tissue.

List of sources for eQTL analyses

A general overview of a subset of eQTL datasets interrogated in this study has been published.⁴ Specific citations for all >100 datasets included in the current query are provided below.

Tissues (PubMed ID): blood cell related eQTL studies included fresh lymphocytes (17873875), fresh leukocytes (19966804), leukocyte samples in individuals with Celiac disease (19128478), whole blood samples (18344981, 21829388, 22692066, 23818875, 23359819, 23880221, 24013639, 23157493, 23715323, 24092820, 24314549, 24956270, 24592274, 24728292, 24740359, 25609184, 22563384, 25474530, 25816334, 25578447), lymphoblastoid cell lines (LCL) derived from asthmatic children (17873877, 23345460), HapMap LCL from 3 populations (17873874), a separate study on HapMap CEU LCL (18193047), additional LCL population samples (19644074, 22286170, 22941192, 23755361, 23995691, 25010687, 25951796), neutrophils (26151758, 26259071), CD19+ B cells (22446964), primary PHA-stimulated T cells (19644074, 23755361), CD4+ T cells (20833654), peripheral blood monocytes (19222302,20502693,22446964, 23300628, 25951796, 26019233), long non-coding RNAs in monocytes (25025429) and CD14+ monocytes before and after stimulation with LPS or interferon-gamma (24604202), CD11+ dendritic cells before and after Mycobacterium tuberculosis infection (22233810) and a separate study of dendritic cells before or after stimulation with LPS, influenza or interferonbeta (24604203). Micro-RNA QTLs (21691150, 26020509), DNase-I QTLs (22307276), histone acetylation QTLs (25799442), and ribosomal occupancy QTLs (25657249) were also queried for LCL. Splicing QTLs (25685889) and micro-RNA QTLs (25791433) were queried in whole blood. Non-blood cell tissue eQTLs searched included omental and subcutaneous adipose (18344981, 21602305, 22941192, 23715323, 25578447), visceral fat (25578447) stomach (21602305), endometrial carcinomas (21226949), ER+ and ER- breast cancer tumor cells (23374354), liver (18462017,21602305,21637794, 22006096, 24665059, 25578447), osteoblasts (19654370), intestine (23474282) and normal and cancerous colon (25079323, 25766683), skeletal muscle (24306210, 25578447), breast tissue (normal and cancer)(24388359, 22522925), lung (23209423, 23715323, 24307700, 23936167, 26102239), skin (21129726, 22941192, 23715323, 25951796), primary fibroblasts (19644074, 23755361, 24555846), sputum (21949713), pancreatic islet cells (25201977), prostate (25983244), rectal mucosa (25569741), arterial wall (25578447) and heart tissue from left ventricles (23715323, 24846176) and left and right atria (24177373). Micro-RNA QTLs were also queried for gluteal and abdominal adipose (22102887) and liver (23758991). Methylation QTLs were queried in pancreatic islet cells (25375650). Further mRNA and micro-RNA QTLs were queried from ER+ invasive breast cancer samples, colon-, kidney renal clear-, lung- and prostate-adenocarcinoma samples (24907074). Brain eQTL studies included brain cortex (19222302, 19361613, 22685416, 25609184, 25290266), cerebellar cortex (25174004), cerebellum (20485568, 22685416, 22212596, 22832957, 23622250), frontal cortex (20485568, 22832957, 25174004), gliomas (24607568), hippocampus (22832957, 25174004), inferior olivary nucleus (from medulla) (25174004), intralobular white matter (25174004), occiptal cortex (25174004), parietal lobe (22212596), pons (20485568), prefrontal cortex (22031444, 20351726, 22832957, 23622250), putamen (at the level of anterior commussure) (25174004), substantia nigra (25174004), temporal cortex (20485568, 22685416, 22832957, 25174004), thalamus (22832957) and visual cortex (23622250).

Additional eQTL data was integrated from online sources including ScanDB, the Broad Institute's GTEx Portal, and the Pritchard Lab (eqtl.uchicago.edu). Cerebellum, parietal lobe and liver eQTL data was downloaded from ScanDB. Results for GTEx Analysis V4 for 13 tissues were downloaded from the GTEx Portal and then additionally filtered as described below (www.gtexportal.org: thyroid, leg skin [sun exposed], tibial nerve, aortic artery, tibial artery, skeletal muscle, esophagus mucosa, esophagus muscularis, lung, heart (left ventricle), stomach, whole blood, and subcutaneous adipose [23715323]). Splicing QTL (sQTL) results generated with sQTLseeker with false discovery rate p≤0.05 were retained.

Supplementary Tables

Supplementary Table 1. Phenotypes, participating studies and maximum sample size.

Supplementary Table 2. List of the 53 genomic regions associated with insulin resistance phenotypes.

Genomic coordinates refer to human genome build 37 (hg19). Beta coefficients are in standardised units, fasting insulin beta coefficients were standardised using the standard deviation in 8,917 participants of the Fenland study. The gene column reports the nearest gene and/or additional candidate effector genes at the locus.

*polymorphism within 500 kb of a lead SNP for HDL cholesterol or triglyceride levels reported by the Global Lipids Genetics Consortium (PubMed ID: 24097068).

a From up to 108,557 participants of the MAGIC consortium (PubMed ID: 22885924, 22581228)

b From up to 188,577 participants of the Global Lipids Genetics Consortium (PubMed ID: 24097068)

c Assigned on the basis of the following criteria: N, nearest gene; NS, nonsynonymous variant in linkage disequilibrium with lead SNP ($r^2 > 0.8$); E, evidence of association with gene expression in surveyed eQTL repositories; AE, evidence of association with gene expression in subcutaneous adipose tissue; MF, monogenic insulin resistance forms associated with mutations in this gene; D, gene prioritised by DEPICT software as likely causal (significant p-value after accounting for false discovery rate). Relevant criteria are reported as superscript near each gene. Further details about methodology for the adjudication of these criteria are reported in the Online Methods sections dedicated to prioritisation of putative effector genes.

Abbreviations: SNP, single nucleotide polymorphism; FIadjBMI, fasting insulin adjusted for body mass index; HDL, high-density lipoprotein cholesterol.

Supplementary Table 3. Association with type 2 diabetes of the 53-polymorphism genetic score in analyses stratified by sex or body mass index. Results are scaled per 4.5 alleles, i.e. a standard deviation of genetic risk score. Results are from the EPIC-InterAct and the UK Biobank studies.

Abbreviations: OR, odds ratio; CI, confidence interval; BMI, body mass index. *Pairwise category heterogeneity tests: lean vs overweight: p=0.73; lean vs obese: p=0.31; overweight vs obese, p=0.061.

Supplementary Table 4. Associations of lead single nucleotide polymorphisms at the 53 loci with glycaemic, anthropometric traits and disease endpoints. *(see Supplementary Table Excel file)*

Supplementary Table 5. Single nucleotide polymorphisms associated with higher risk of type 2 diabetes (45,836 cases 230,358 controls) and of coronary heart disease (63,746 cases 130,681 controls).

Abbreviations: SNP, single nucleotide polymorphism; OR, odds ratio; CI, confidence interval.

Supplementary Table 6. Association of the genetic scores with alanine aminotransferase and gamma glutamyl transferase in 10,330 participants of the Fenland study.

Abbreviations: SNP, single nucleotide polymorphism; SD, standard deviation; SE, standard error. Beta coefficients are in standardised units per SD of genetic score (4.5 alleles).

Supplementary Table 7. European Genome-Phenome Archive Study, Dataset and Sample IDs for the raw, whole exome sequence data for 9 FPLD1 individuals and their family members.

Supplementary Table 8. Characteristics of women with FPLD1 compared with obese women of the Fenland study. The *phenotype comparison* column summarises the results of comparisons between FPLD1 women and obese (BMI ≥30) Fenland study women for a given clinical variable (Student's t-test), whereas the *genetic score association pattern* column summarises the association of the 53-SNP genetic score with a given phenotype in our genetic association analyses (see Figure 1A and Supplementary Table 6).

a \uparrow indicates associations (p<0.05) with higher levels of a given phenotype in FPLD1 (compared with obese women from the Fenland study) or for a greater number of risk alleles of the genetic score; \downarrow indicates an association (p<0.05) with lower levels.

Abbreviations: N, number of participants; SD, standard deviation; FPLD1, familial partial lipodystrophy type 1; N/A not assessed. *matching variable **not reported, genetic score selection variable

Supplementary Table 9. Associations at the 53 loci with gene expression from eQTL repositories of multiple tissues.

(see Supplementary Table Excel file)

Supplementary Table 10. Associations of lead polymorphisms at the 53 loci in subcutaneous adipose tissue eQTL datasets. *(see Supplementary Table Excel file)*

Supplementary Table 11. DEPICT annotation of putative effector genes. *(see Supplementary Table Excel file)*

Supplementary Table 12. Associations at the *PIK3R1* **locus.** Comparison between phenotypic association patterns of the common single nucleotide polymorphism rs4976033 (effect allele: G; minor allele: G; minor allele frequency: 49.6%) at the *PIK3R1* locus (this study) and of rare loss-of-function mutations in *PIK3R1* (literature)*.*

Height data were from a meta-analysis of UK Biobank and GIANT data.

*Alignment between phenotypes associated with common and rare variants

°Lack of alignment between phenotypes associated with common and rare variants

Supplementary Table 13. Association estimates at loci selected for experimental validation of putative effector genes in cellular adipogenesis models.

SNP genomic coordinates	Insulin- raising / other allele	Putative effector gene	Direction of association with expression of the putative effector gene in subcutaneous adipocytes	p-value for expression of putative effector gene in subcutaneous adipocytes	Beta for hip circumference in standardised units (p-value)	OR of type 2 diabetes (p-value)
rs2943645 Chr2:227099180	T/C	IRS1	Lower expression	5.2E-09	-0.014 $(9.4E-07)$	1.09 $(1.1E-17)$
rs7973683 Chr12:124449223	C/A	CCDC92	Lower expression	$2.1E-29$	-0.014 $(1.3E-06)$	1.03 $(3.7E-03)$
rs7973683 Chr12:124449223	C/A	DNAH10	Lower expression	1.9E-08	-0.014 $(1.3E-06)$	1.03 $(3.7E-03)$
rs9492443 Chr6:130398731	C/T	<i>L3MBTL3</i>	Lower expression	9.1E-17	-0.021 $(1.2E-11)$	1.05 $(3.1E-05)$
rs3822072 Chr4:89741269	A/G	<i>FAM13A</i>	Higher expression	$7.6E-12$	-0.017 $(5.5E-10)$	1.04 $(1.6E-05)$

Genomic coordinates refer to build 37 (hg19). All association results are aligned to the insulin-raising (risk) allele. The co-localisation between association signals for gene expression in subcutaneous adipocytes and associations with fasting insulin are discussed in the Supplementary Note. Hip circumference association results are from a meta-analysis of the UK Biobank study and of the GIANT consortium. Type 2 diabetes association results are from a meta-analysis of DIAGRAM, InterAct and UK Biobank.

Supplementary Table 14. Characteristics of the participants with individual-level genotype data included in this study.

References

- 1 Manning, A. K. *et al.* A genome-wide approach accounting for body mass index identifies genetic variants influencing fasting glycemic traits and insulin resistance. *Nature genetics* **44**, 659-669, doi:10.1038/ng.2274 (2012).
- 2 Scott, R. A. *et al.* Large-scale association analyses identify new loci influencing glycemic traits and provide insight into the underlying biological pathways. *Nature genetics* **44**, 991- 1005, doi:10.1038/ng.2385 (2012).
- 3 Small, K. S. *et al.* Identification of an imprinted master trans regulator at the KLF14 locus related to multiple metabolic phenotypes. *Nature genetics* **43**, 561-564, doi:10.1038/ng.833 (2011).
- 4 Zhang, X. *et al.* Synthesis of 53 tissue and cell line expression QTL datasets reveals master eQTLs. *BMC genomics* **15**, 532, doi:10.1186/1471-2164-15-532 (2014).
- 5 Myocardial Infarction Genetics and CARDIoGRAM Exome Consortia Investigators. Coding Variation in ANGPTL4, LPL, and SVEP1 and the Risk of Coronary Disease. *The New England journal of medicine*, doi:10.1056/NEJMoa1507652 (2016).