

Table S1. Example of the original/reverse coding direction of inheritance mode on recessive-dominant SNP-SNP interaction models using the two SNPs (rs2075110-rs7538029) associated with prostate cancer aggressiveness (n=21,314)

rs2075110-rs7538029	Coding direction ¹			
	p-value of the interaction			
Model type	Original-original (oo)	Reverse-original (ro)	Original-reverse (or)	Reverse-reverse (rr)
RD_Full	0.011	0.011	0.011	0.011
RD_M1_int	0.526	3.5x10⁻⁵	0.526	3.5x10 ⁻⁵
RD_M2_int	0.247	0.247	0.008	0.008
RD_int	0.829	0.0007	0.155	2.6x10⁻⁵

¹original mode is based on the minor allele. Unique p-values in each model type are bold.

Table S2. Power comparisons of SIPI and other four statistical approaches¹ in detecting SNP-SNP interactions for Models 1-3

Model 1 ² sample size	P(outcome)=(0.30,0.30,0.20,0.30,0.30,0.20,0.20,0.20,0.20)													
	1000							5000						
MAF (SNP1, SNP2)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)
SIPI	0.537	0.493	0.493	0.280	0.103	0.102	0.007	1.000	0.998	0.998	0.997	0.946	0.938	0.014
MDR	0.497	0.502	0.627	0.170	0.109	0.122	0.050	0.998	1	0.999	0.838	0.595	0.594	0.067
AA_Full	0.052	0.057	0.036	0.044	0.044	0.040	0.040	0.144	0.088	0.037	0.078	0.044	0.031	0.043
Geno_Full	0.085	0.081	0.046	0.071	0.062	0.049	0.055	0.134	0.271	0.143	0.078	0.074	0.053	0.046
SNPassoc	0.071	0.056	0.023	0.048	0.048	0.027	0.022	0.201	0.100	0.040	0.119	0.042	0.040	0.024
Model 2 ² sample size	P(outcome)=(0.20,0.20,0.20,0.20,0.30,0.30,0.20,0.30,0.30)													
	1000							5000						
MAF (SNP1, SNP2)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)
SIPI	0.654	0.579	0.160	0.554	0.224	0.096	0.037	0.998	0.996	0.872	1.000	0.952	0.722	0.242
MDR	0.651	0.586	0.105	0.498	0.192	0.077	0.077	1	0.997	0.563	0.995	0.701	0.276	0.107
AA_Full	0.161	0.187	0.089	0.280	0.231	0.144	0.125	0.663	0.662	0.352	0.888	0.812	0.559	0.480
Geno_Full	0.181	0.224	0.107	0.292	0.202	0.139	0.161	0.759	0.755	0.399	0.911	0.739	0.520	0.383
SNPassoc	0.150	0.188	0.074	0.283	0.177	0.107	0.071	0.713	0.706	0.317	0.923	0.777	0.500	0.324
Model 3 ² sample size	P(outcome) ¹ =(0.30,0.20,0.20,0.30,0.20,0.20,0.20,0.20,0.20)													
	1000							5000						
MAF (SNP1, SNP2)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)
SIPI	0.643	0.659	0.577	0.699	0.454	0.265	0.108	0.998	0.999	1.000	0.995	0.998	1.000	0.950
MDR	0.651	0.698	0.667	0.78	0.494	0.268	0.243	0.999	1	1	1	1	0.964	0.906
AA_Full	0.200	0.211	0.080	0.100	0.084	0.066	0.042	0.698	0.667	0.317	0.286	0.213	0.120	0.050
Geno_Full	0.186	0.187	0.092	0.120	0.092	0.065	0.080	0.756	0.697	0.343	0.382	0.228	0.146	0.069
SNPassoc	0.170	0.170	0.057	0.074	0.073	0.043	0.030	0.740	0.687	0.278	0.252	0.144	0.099	0.027

¹SIPI: SNP Interaction Pattern Identifier; MDR: Multifactor Dimensionality Reduction (test an overall association allowing an interaction); AA_Full and Geno_Full: full interaction logistic model with additive and genotypic SNPs, respectively, and SNPassoc: SNP interaction approach in SNPassoc R package

²Percentages of the outcome event in the nine genotype combinations (TL, TM, TR, ML, MM, MR, BL, BM, BR). T: top, M: middle, B: bottom, L: left, R: right; MAF=minor allele frequency

Table S3. Power comparisons of SIPI and other four statistical approaches¹ in detecting SNP-SNP interactions for Models 4-6

Model 4 ² sample size	P(outcome)= (0.20,0.20,0.20,0.30,0.40,0.40,0.30,0.40,0.40)													
	1000							5000						
MAF (SNP1, SNP2)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)
SIPI	0.726	0.744	0.594	0.612	0.811	0.781	0.563	1.000	0.999	0.918	0.984	0.929	0.880	0.909
MDR	0.928	0.862	0.685	0.986	0.942	0.903	0.757	1	1	1	1	1	1	1
AA_Full	0.117	0.141	0.068	0.235	0.173	0.110	0.121	0.513	0.527	0.260	0.786	0.667	0.432	0.391
Geno_Full	0.148	0.169	0.089	0.221	0.158	0.127	0.123	0.602	0.583	0.266	0.773	0.573	0.376	0.319
SNPassoc	0.126	0.144	0.069	0.223	0.132	0.074	0.054	0.546	0.525	0.216	0.831	0.625	0.357	0.253
Model 5 ² sample size	P(outcome)= (0.08,0.13,0.21,0.13,0.33,0.62,0.21,0.62,0.91)													
	1000							5000						
MAF (SNP1, SNP2)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)
SIPI	0.760	0.774	0.986	0.727	0.911	0.952	0.784	1.000	1.000	0.794	1.000	0.951	0.730	0.793
MDR	1	1	0.982	1	0.989	0.938	0.685	1	1	1	1	1	1	1
AA_Full	0.915	0.831	0.437	0.877	0.595	0.367	0.203	1.000	1.000	0.984	1.000	1.000	0.963	0.732
Geno_Full	0.755	0.656	0.333	0.718	0.423	0.288	0.196	1.000	1.000	0.928	1.000	0.988	0.883	0.603
SNPassoc	0.801	0.709	0.285	0.742	0.404	0.223	0.105	1.000	1.000	0.932	1.000	0.990	0.887	0.556
Model 6 ² sample size	P(outcome)= (0.18,0.18,0.18,0.18,0.18,0.18,0.18,0.29,0.29)													
	1000							5000						
MAF (SNP1, SNP2)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)
SIPI	0.397	0.290	0.055	0.124	0.047	0.013	0.006	0.999	0.988	0.456	0.799	0.321	0.113	0.010
MDR	0.267	0.183	0.07	0.088	0.065	0.045	0.056	0.884	0.644	0.124	0.211	0.079	0.073	0.044
AA_Full	0.254	0.271	0.125	0.128	0.109	0.084	0.046	0.842	0.833	0.520	0.406	0.348	0.203	0.055
Geno_Full	0.234	0.263	0.132	0.142	0.111	0.088	0.075	0.883	0.864	0.499	0.514	0.380	0.242	0.073
SNPassoc	0.211	0.233	0.082	0.101	0.060	0.045	0.027	0.871	0.845	0.476	0.360	0.262	0.143	0.025

¹SIPI: SNP Interaction Pattern Identifier; MDR: Multifactor Dimensionality Reduction (test an overall association allowing an interaction); AA_Full and Geno_Full: full interaction logistic model with additive and genotypic SNPs, respectively, and SNPassoc: SNP interaction approach in SNPassoc R package

²Percentages of the outcome event in the nine genotype combinations (TL, TM, TR, ML, MM, MR, BL, BM, BR). T: top, M: middle, B: bottom, L: left, R: right; MAF=minor allele frequency

Table S4. Comparisons of type I errors of SIPI and other four statistical approaches¹ in detecting SNP-SNP interactions in the null model

Null Model ² sample size MAF (SNP1, SNP2)	P(outcome)= (0.2,0.2, 0.2,0.2,0.2,0.2,0.2,0.2,0.2)													
	1000				5000									
	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)	(0.5,0.3)	(0.5,0.2)	(0.5,0.05)	(0.3,0.3)	(0.3,0.1)	(0.3,0.05)	(0.1,0.05)
SIPI	0.017	0.017	0.006	0.013	0.007	0.004	0.005	0.015	0.017	0.011	0.021	0.010	0.009	0.011
MDR	0.056	0.056	0.045	0.053	0.055	0.052	0.055	0.031	0.045	0.053	0.06	0.051	0.068	0.047
AA_Full	0.051	0.061	0.048	0.043	0.048	0.041	0.038	0.047	0.056	0.044	0.042	0.042	0.048	0.034
Geno_Full	0.046	0.063	0.042	0.064	0.051	0.043	0.061	0.054	0.066	0.061	0.053	0.064	0.054	0.052
SNPassoc	0.046	0.057	0.041	0.043	0.029	0.025	0.026	0.035	0.043	0.040	0.029	0.033	0.037	0.021

¹SIPI: SNP Interaction Pattern Identifier; MDR: Multifactor Dimensionality Reduction (test an overall association allowing an interaction); AA_Full and Geno_Full: full interaction logistic model with additive and genotypic SNPs, respectively, and SNPassoc: SNP interaction approach in SNPassoc R package

²Percentages of the outcome event in the nine genotype combinations (TL, TM, TR, ML, MM, MR, BL, BM, BR). T: top, M: middle, B: bottom, L: left, R: right; MAF=minor allele frequency

Table S5. Main effect tests and minor allele frequency (MAF) of the eight SNPs with a promising interaction associated with prostate cancer aggressiveness in the PRACTICAL study

SNP	Minor<Major allele	Discovery MAF	Validation MAF	Combined MAF	Combined set		
					Best Mode ¹	OR (95% CI) ²	p-value
rs10488141	T<A	0.196	0.198	0.197	Rec	1.14 (0.96-1.36)	0.145
rs6994019	A<C	0.253	0.255	0.254	Dom	0.98 (0.92-1.06)	0.659
rs2058502	A<G	0.498	0.501*	0.499	Dom	1.10 (1.02-1.20)	0.020
rs4947972	C<G	0.278	0.275	0.276	Rec	1.13 (1.00-1.29)	0.058
rs723527	G<A	0.432	0.433	0.432	Rec	1.14 (1.04-1.24)	0.004
rs845555	A<G	0.464	0.453	0.458	Add	1.05 (1.00-1.10)	0.048
rs2075110	G<A	0.476	0.478	0.477	Rec	1.06 (0.97-1.15)	0.183
rs7538029	A<C	0.211	0.207	0.209	Add	1.11 (1.05-1.18)	0.0004

*G allele became a minor allele in the validation set

¹ Mode with the smallest p-value

² Odds ratio (95% confidence interval)

Figure S1. Nine models of SNP1 and SNP2 with the dominant-dominant mode (part1)

Model structure Model label (details) ¹	Number of sub-groups	Interaction patterns $logit(Y)_i = \beta_0 + \beta_1 SNP_{1i} + \beta_2 SNP_{2i} + \beta_3 SNP_{1i} \times SNP_{2i} + \epsilon_i$		Note
Full interaction DD_Full (dSNP1, dSNP2, dSNP1xdSNP2)	4	SNP ₂ SNP ₁	Log(odds) BB (0) Bb/bb (1)	Significant test of interaction has the same results regardless the original or reverse coding of the inheritance mode
		AA (0)	β_0 $\beta_0 + \beta_2$	
		Aa/aa (1)	$\beta_0 + \beta_1$ $\beta_0 + \beta_1 + \beta_2 + \beta_3$	
Main1+int DD_M1_int_o1 (dSNP1, dSNP1*dSNP2) DD_M1_int_r1 (rdSNP1, rdSNP1*dSNP2)	3	SNP ₂ SNP ₁	Log(odds) BB (0) Bb/bb (1)	The original or reverse coding only matters for the SNP with an main effect in this model
		AA (0)	β_0 β_0	
		Aa/aa (1)	$\beta_0 + \beta_1$ $\beta_0 + \beta_1 + \beta_3$	
		SNP ₂ SNP ₁	Log(odds) BB (0) Bb/bb (1)	
		AA (1)	$\beta_0 + \beta_1$ $\beta_0 + \beta_1 + \beta_3$	
		Aa/aa (0)	β_0 β_0	
Main2+int DD_M2_int_o2 (dSNP2, dSNP1*dSNP2) DD_M2_int_r2 (rdSNP2, dSNP1*rdSNP2)	3	SNP ₂ SNP ₁	Log(odds) BB (0) Bb/bb (1)	The original or reverse coding only matters for the SNP with an main effect in this model
		AA (0)	β_0 $\beta_0 + \beta_2$	
		Aa/aa (1)	β_0 $\beta_0 + \beta_2 + \beta_3$	
		SNP ₂ SNP ₁	Log(odds) BB (1) Bb/bb (0)	
		AA (0)	$\beta_0 + \beta_2$ β_0	
		Aa/aa (1)	$\beta_0 + \beta_2 + \beta_3$ β_0	

¹dSNP1 denote a dominant mode of SNP1 based on the minor allele, rdSNP1 denotes SNP1 with a reverse dominant mode

Figure S2. Nine models of SNP1 and SNP2 with the dominant-dominant mode (part 2)

Model structure unique model ¹	Number of sub- groups	Interaction patterns $logit(Y)_i = \beta_0 + \beta_1 SNP_{1i} + \beta_2 SNP_{2i} + \beta_3 SNP_{1i} \times SNP_{2i} + \epsilon_i$		Note
Int-only DD_int_oo (dSNP1*dSNP2)	2	SNP ₂ SNP ₁	Log(odds) BB (0) Bb/bb (1)	the original or reverse coding of both SNPs matter for the interaction significance test
		AA (0)	β_0 β_0	
		Aa/aa (1)	β_0 $\beta_0 + \beta_3$	
		SNP ₂ SNP ₁	Log(odds) BB (0) Bb/bb (1)	
DD_int_ro (rdSNP1*dSNP2)	2	AA (1)	β_0 $\beta_0 + \beta_3$	
		Aa/aa (0)	β_0 β_0	
		SNP ₂ SNP ₁	Log(odds) BB (1) Bb/bb (0)	
DD_int_or (dSNP1*rdSNP2)	2	AA (0)	β_0 β_0	
		Aa/aa (1)	$\beta_0 + \beta_3$ β_0	
		SNP ₂ SNP ₁	Log(odds) BB (1) Bb/bb (0)	
DD_int_rr (rdSNP1*rdSNP2)	2	AA (1)	$\beta_0 + \beta_3$ β_0	
		Aa/aa (0)	β_0 β_0	
		SNP ₂ SNP ₁	Log(odds) BB (1) Bb/bb (0)	

¹dSNP1 denote a dominant mode of SNP1 based on the minor allele, rdSNP1 denotes SNP1 with a reverse dominant mode

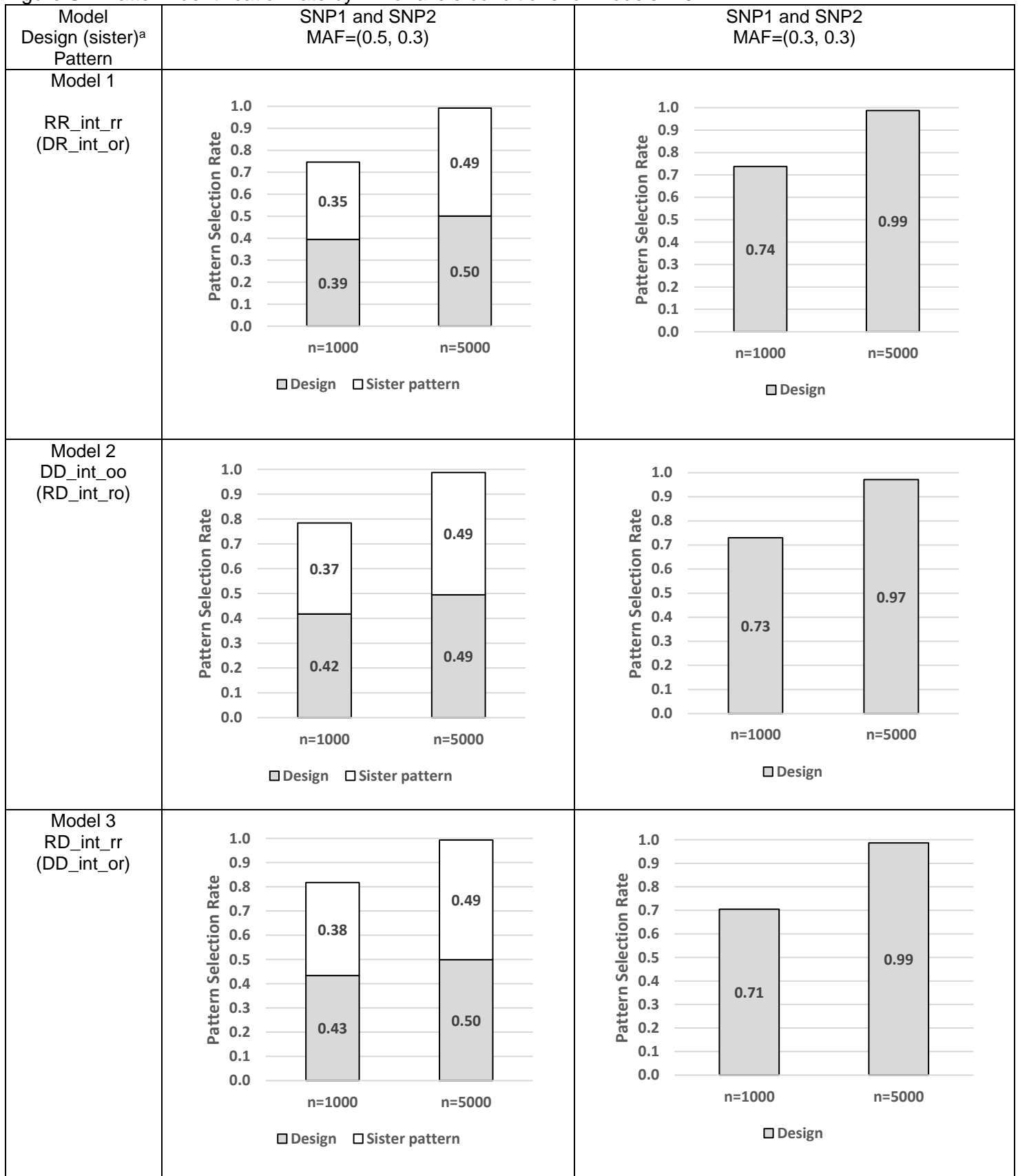
Figure S3. Interpretation of the designed and sister pattern¹ in the SNP Interaction Pattern Identifier (SIPI) for a SNP with a minor allele frequency (MAF) close to 0.5

SNP1 (A<G) ² , SNP2 (C<G) Designed pattern: DD_int_rr				SNP1 (G<A) ² , SNP2 (C<G) Sister pattern: RD_int_or			
SNP1\ SNP2	GG	CG	CC	SNP1\ SNP2	GG	CG	CC
GG	Low risk			AA			
AG				AG			
AA				GG	Low risk		

¹ The 3x3 table is with the homozygous major genotypes on the left top corner in SIPI. The correct pattern is (GG+ GG) as the low-risk group.

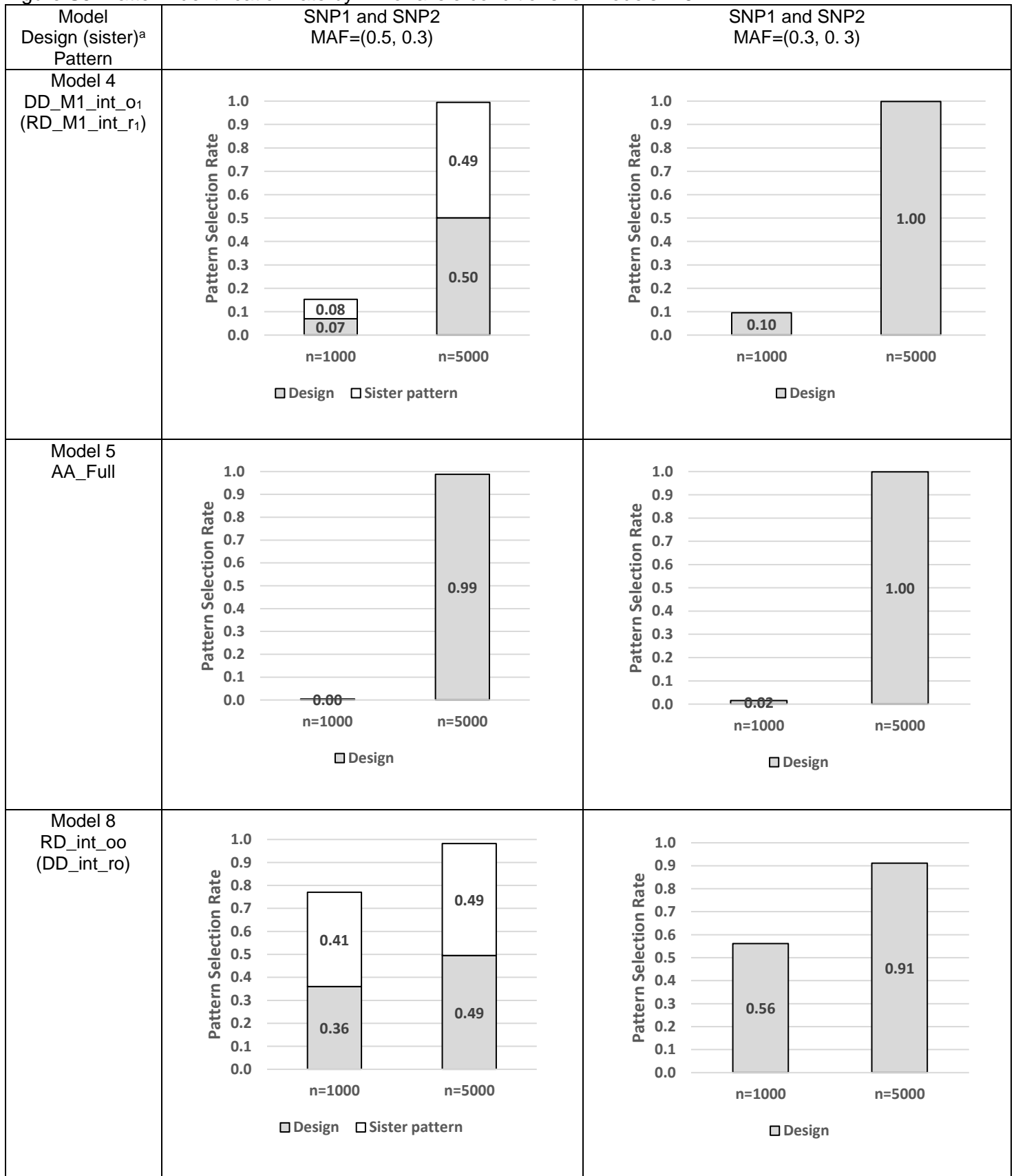
² (A<G) means “G” is the major allele and “A” is the minor allele. When SNP1 MAF~0.5, half of the simulation runs treated “G” as the major allele, and the other half treated “A” as the major allele.

Figure S4. Pattern identification rate by minor allele conditions for Models 1-3



^a Sister pattern is only for a SNP pair with a MAF=(0.5, 0.3)

Figure S5. Pattern identification rate by minor allele conditions for Models 4-6



^a Sister pattern is only for a SNP pair with a MAF=(0.5, 0.3)

PRACTICAL Consortium:

Information of the PRACTICAL consortium can be found at <http://practical.ccge.medschl.cam.ac.uk/>.

Additional members from the consortium are: Margaret Cook¹, Angela Morgan², Artitaya Lophatananon^{3,4}, Cyril Fisher², Daniel Leongamornlert², Edward J. Saunders², Emma J. Sawyer², Koveela Govindasami², Malgorzata Tymrakiewicz², Michelle Guy², Naomi Livni², Rosemary Wilkinson², Sara Jugurnauth-Little², Steve Hazel², Tokhir Dadaev², Melissa C. Southey⁵, Liesel M. Fitzgerald⁶, John Pedersen⁷, John Hopper⁸, Robert MacInnis^{6,8}, Robert Szulkin⁹, Ami Karlsson⁹, Carin Cavalli-Bjoerkman⁹, Jan-Erik Johansson⁹, Jan Adolfson⁹, Markus Aly^{9,10}, Michael Broms⁹, Paer Stattin⁹, Brian E. Henderson¹¹, Fredrick Schumacher⁵¹, Anssi Auvinen¹², Kimmo Taari¹³, Liisa Maeaettaenen¹⁴, Paula Kujala¹⁵, Teemu Murtola^{16,17}, Teuvo LJ Tammela¹⁷, Csilla Sipeky¹⁸, Andreas Roder¹⁹, Peter Iversen¹⁹, Peter Klarskov²⁰, Sune F. Nielsen^{21,22}, Tim J. Key²³, Hans Wallinder²⁴, Sven Gustafsson²⁴, Jenny L. Donovan²⁵, Freddie Hamdy²⁶, Angela Cox²⁷, Anne George²⁸, Athene Lane²⁸, Gemma Marsden²⁶, Michael Davis²⁵, Paul Brown²⁵, Paul Pharoah²⁹, Lisa B. Signorello^{31,30}, Wei Zheng³², Shannon K. McDonnell³³, Daniel J. Schaid³³, Liang Wang³³, Lori Tillmans³³, Shaun Riska³³, Antje Rinckleb³⁴, Kathleen Herkommer³⁵, Manuel Luedeke³⁴, Walther Vogel³⁶, Dominika Wokolorczyk³⁷, Jan Lubiski³⁷, Wojciech Kluzniak³⁷, Kai-Uwe Saum³⁹, Christa Stegmaier⁴⁰, Babu Zachariah⁴¹, Hyun Park⁴¹, James Haley⁴¹, Maria Rincon⁴¹, Selina Radlein⁴¹, Chavdar Slavov⁴², Aleksandrina Vlahova⁴³, Atanaska Mitkova⁴⁴, Darina Kachakova⁴⁴, Elenko Popov⁴², Svetlana Christova⁴³, Tihomir Dikov⁴³, Vanio Mitev⁴⁴, Allison Eckert⁴⁵, APCB BioResource^{45,46}, Amanda Spurdle⁴⁷, Angus Collins⁴⁵, Glenn Wood⁴⁵, Greg Malone⁴⁵, Judith A. Clements⁴⁵, Kimberly Alexander⁴⁵, Kris Kerr⁴⁵, Mary-Anne Kedda⁴⁵, Megan Turner⁴⁵, Pamela Saunders⁴⁵, Peter Heathcote⁴⁵, Srilakshmi Srinivasan⁴⁵, Tracy Omara⁴⁵, Trina Yeadon⁴⁵, Joana Santos⁴⁸, Carmen Jerónimo⁴⁸, Paula Paulo⁴⁸, Pedro Pinto⁴⁸, Rui Henrique⁴⁸, Sofia Maia⁴⁸, Agnieszka Michael⁴⁹, Andrzej Kierzek⁴⁹, Huihai Wu⁴⁹, Suzanne Kolb⁵⁰, Hong-Wei Zhang⁵².

¹ Centre for Cancer Genetic Epidemiology, Department of Public Health and Primary Care, University of Cambridge, Strangeways Research Laboratory, Worts Causeway, Cambridge CB1 8RN, UK, ² The Institute of Cancer Research, Sutton, UK, ³ Institute of Population Health, University of Manchester, Manchester, UK, ⁴ Warwick Medical School, University of Warwick, Coventry, UK, ⁵ Genetic Epidemiology Laboratory, Department of Pathology, The University of Melbourne, Grattan Street, Parkville, Victoria 3010, Australia, ⁶ Cancer Epidemiology Centre, The Cancer Council Victoria, 615 St Kilda Road, Melbourne, Victoria, Australia, ⁷ Tissupath Pty Ltd., Melbourne, Victoria 3122, Australia, ⁸ Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Victoria, Australia, ⁹ Department of Medical Epidemiology and Biostatistics, Karolinska Institute, Stockholm, Sweden, ¹⁰ Department of Clinical Sciences at Danderyds Hospital, Stockholm, Sweden, ¹¹ Department of Preventive Medicine, Keck School of Medicine, University of Southern California/Norris Comprehensive Cancer Center, Los Angeles, California, USA, ¹² Department of Epidemiology, School of Health Sciences, University of Tampere, Tampere, Finland, ¹³ Department of Urology, Helsinki University Central Hospital and University of Helsinki, Helsinki, Finland, ¹⁴ Finnish Cancer Registry, Helsinki, Finland, ¹⁵ Fimlab Laboratories, Tampere University Hospital, Tampere, Finland, ¹⁶ School of Medicine, University of Tampere, Tampere, Finland, ¹⁷ Department of Urology, Tampere University Hospital and Medical School, University of Tampere, Finland, ¹⁸ Department of Medical Biochemistry and Genetics, Institute of Biomedicine, Kiinamyllynkatu 10, FI-20014 University of Turku, Finland, ¹⁹ Copenhagen Prostate Cancer Center, Department of Urology, Rigshospitalet, Copenhagen University Hospital, Tagensvej 20, 7521, DK-2200 Copenhagen, Denmark, ²⁰ Department of Urology, Herlev Hospital, Copenhagen University Hospital, Herlev Ringvej 75, DK-230 Herlev, Denmark, ²¹ Department of Clinical Biochemistry, Herlev Hospital, Copenhagen University Hospital, Herlev Ringvej 75, DK-230 Herlev, Denmark, ²² Faculty of Health and Medical Sciences, University of Copenhagen, ²³ Cancer Epidemiology Unit, Nuffield Department of Clinical Medicine, University of Oxford, Oxford, UK, ²⁴ Department of Epidemiology and Biostatistics, School of Public Health, Imperial College, London, UK, ²⁵ School of Social and Community Medicine, University of Bristol, Canynge Hall, 39 Whatley Road, Bristol, BS8 2PS, UK, ²⁶ Nuffield Department of Surgical Sciences, University of Oxford, Oxford, UK, Faculty of Medical Science, University of Oxford, John Radcliffe Hospital, Oxford, UK, ²⁷ CR-UK/YCR Sheffield Cancer Research Centre, University of Sheffield, Sheffield, UK, ²⁸ University of Cambridge, Department of Oncology, Box 279, Addenbrooke's Hospital, Hills Road Cambridge CB2 0QQ, UK, ²⁹ Centre for Cancer Genetic Epidemiology, Department of Oncology, University of Cambridge, Strangeways Research Laboratory, Worts Causeway, Cambridge, UK, ³⁰

International Epidemiology Institute, 1555 Research Blvd., Suite 550, Rockville, MD 20850, USA, ³¹ Department of Epidemiology, Harvard School of Public Health, 677 Huntington Avenue, Boston, MA 02115, USA, ³² Division of Epidemiology, Department of Medicine, Vanderbilt University Medical Center, 2525 West End Avenue, Suite 800, Nashville, TN 37232 USA, ³³ Mayo Clinic, Rochester, Minnesota, USA, ³⁴ Department of Urology, University Hospital Ulm, Germany, ³⁵ Department of Urology, Klinikum rechts der Isar der Technischen Universität München, Munich, Germany, ³⁶ Institute of Human Genetics, University Hospital Ulm, Germany, ³⁷ International Hereditary Cancer Center, Department of Genetics and Pathology, Pomeranian Medical University, Szczecin, Poland, ³⁹ Division of Clinical Epidemiology and Aging Research, German Cancer Research Center (DKFZ), 69120 Heidelberg, Germany, ⁴⁰ Saarland Cancer Registry, 66119 Saarbrücken, Germany, ⁴¹ Department of Cancer Epidemiology, Moffitt Cancer Center, 12902 Magnolia Drive, Tampa, FL 33612, USA, ⁴² Department of Urology and Alexandrovska University Hospital, Medical University, Sofia, Bulgaria, ⁴³ Department of General and Clinical Pathology, Medical University, Sofia, Bulgaria, ⁴⁴ Department of Medical Chemistry and Biochemistry, Molecular Medicine Center, Medical University, Sofia, 2 Zdrave Str., 1431 Sofia, Bulgaria, ⁴⁵ Australian Prostate Cancer Research Centre-Qld, Institute of Health and Biomedical Innovation and School of Biomedical Science, Queensland University of Technology, Brisbane, Australia, ⁴⁶ Australian Prostate Cancer BioResource, Brisbane, QLD, ⁴⁷ Molecular Cancer Epidemiology Laboratory, Queensland Institute of Medical Research, Brisbane, Australia, ⁴⁸ Department of Genetics, Portuguese Oncology Institute, Porto, Portugal, ⁴⁹ The University of Surrey, Guildford, Surrey, GU2 7XH, UK, ⁵⁰ Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle, Washington, 98109-1024, USA, ⁵¹ Case Western Reserve University, School of Medicine, 10900 Euclid Ave., Cleveland, OH, 44106-4945, USA, ⁵² Second Military Medical University, 800 Xiangyin Rd., Shanghai 200433, P. R. China.

Funding for the CRUK study and PRACTICAL consortium:

This work was supported by the Canadian Institutes of Health Research, European Commission's Seventh Framework Programme grant agreement n° 223175 (HEALTH-F2-2009-223175), Cancer Research UK Grants C5047/A7357, C1287/A10118, C5047/A3354, C5047/A10692, C16913/A6135, and The National Institute of Health (NIH) Cancer Post-Cancer GWAS initiative grant: No. 1 U19 CA 148537-01 (the GAME-ON initiative).

COGS acknowledgement:

This study would not have been possible without the contributions of the following: Per Hall (COGS); Douglas F. Easton, Paul Pharoah, Kyriaki Michailidou, Manjeet K. Bolla, Qin Wang (BCAC), Andrew Berchuck (OCAC), Rosalind A. Eeles, Douglas F. Easton, Ali Amin Al Olama, Zsofia Kote-Jarai, Sara Benlloch (PRACTICAL), Georgia Chenevix-Trench, Antonis Antoniou, Lesley McGuffog, Fergus Couch and Ken Offit (CIMBA), Joe Dennis, Alison M. Dunning, Andrew Lee, and Ed Dicks, Craig Luccarini and the staff of the Centre for Genetic Epidemiology Laboratory, Javier Benitez, Anna Gonzalez-Neira and the staff of the CNIO genotyping unit, Jacques Simard and Daniel C. Tessier, Francois Bacot, Daniel Vincent, Sylvie LaBoissière and Frederic Robidoux and the staff of the McGill University and Génome Québec Innovation Centre, Stig E. Bojesen, Sune F. Nielsen, Borge G. Nordestgaard, and the staff of the Copenhagen DNA laboratory, and Julie M. Cunningham, Sharon A. Windebank, Christopher A. Hilker, Jeffrey Meyer and the staff of Mayo Clinic Genotyping Core Facility

Funding for the iCOGS infrastructure came from: the European Community's Seventh Framework Programme under grant agreement n° 223175 (HEALTH-F2-2009-223175) (COGS), Cancer Research UK (C1287/A10118, C1287/A 10710, C12292/A11174, C1281/A12014, C5047/A8384, C5047/A15007, C5047/A10692, C8197/A16565), the National Institutes of Health (CA128978) and Post-Cancer GWAS initiative (1U19 CA148537, 1U19 CA148065 and 1U19 CA148112 - the GAME-ON initiative), the Department of Defence (W81XWH-10-1-0341), the Canadian Institutes of Health Research (CIHR) for the CIHR Team in Familial Risks of Breast Cancer, Komen Foundation for the Cure, the Breast Cancer Research Foundation, and the Ovarian Cancer Research Fund.