

Supplemental Data

Exome-Derived Adiponectin-Associated Variants

Implicate Obesity and Lipid Biology

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SUPPLEMENTAL FIGURES

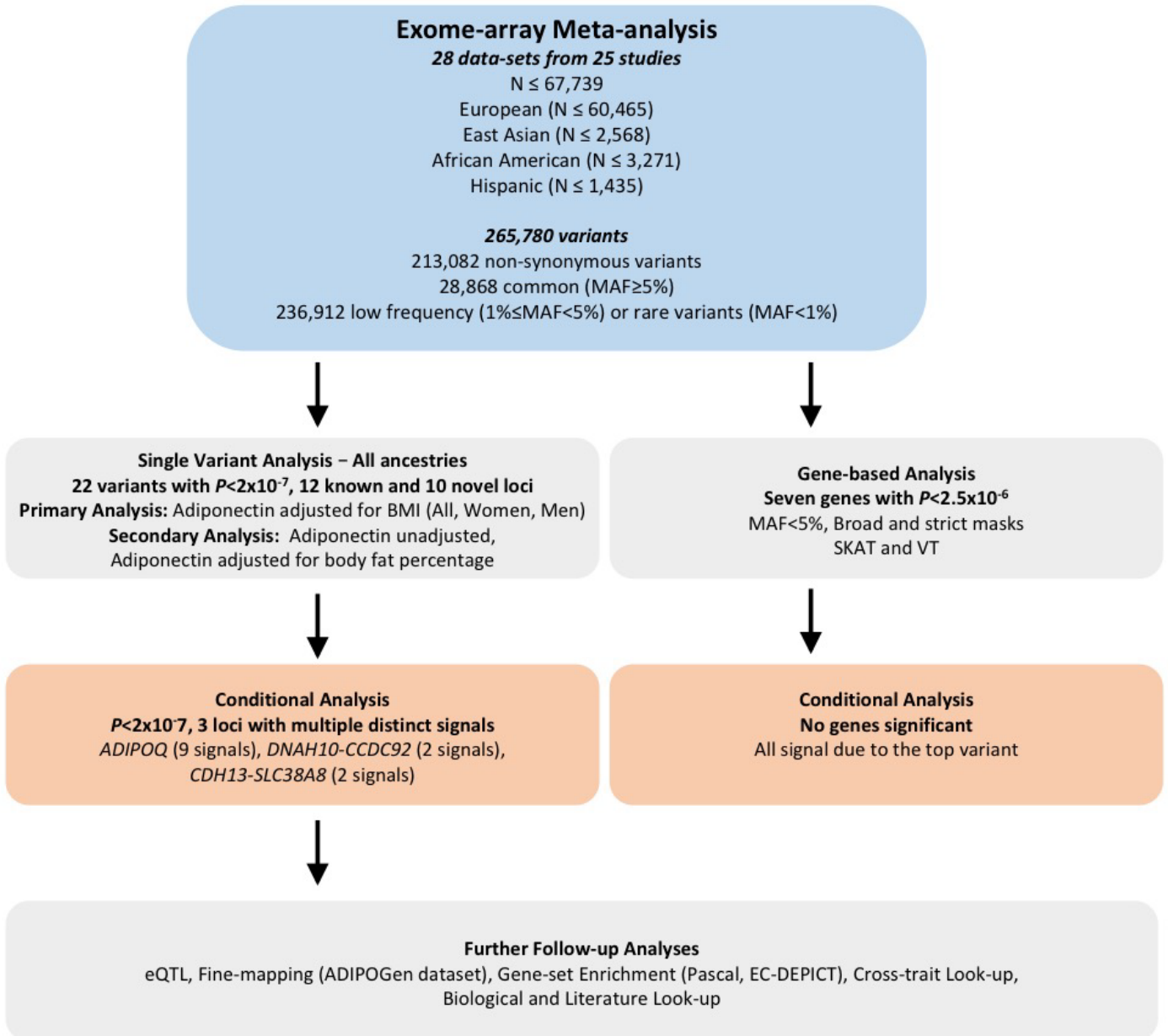


Figure S1. Workflow for the adiponectin exome-array meta-analysis and follow-up analyses. MAF, minor allele frequency; BMI, body mass index.

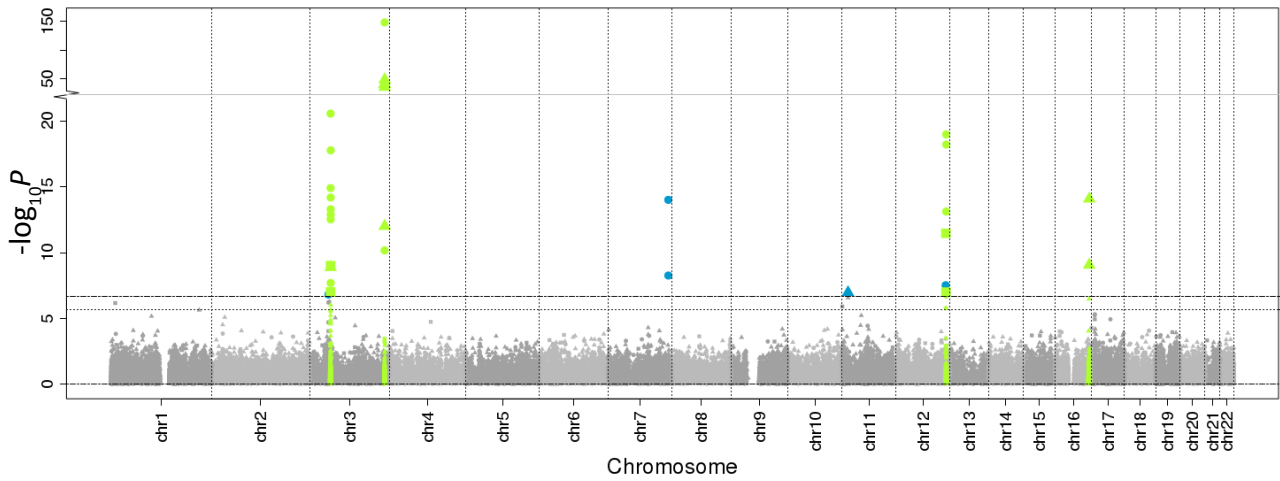
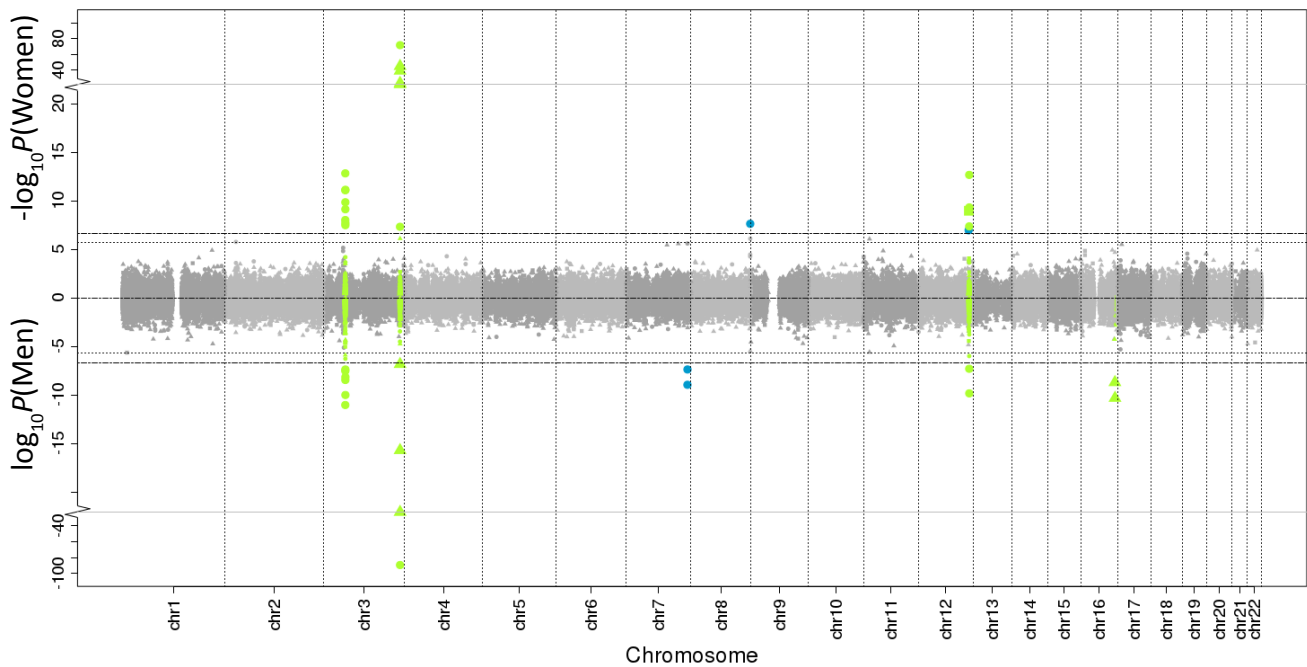
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Figure S2. Adiponectin association results for models unadjusted for BMI or fat percentage.

(A) Manhattan plot showing the exome-wide variants in the adiponectin unadjusted analysis [X-axis: Chromosome number; Y-axis: $-\log_{10}(P)$ for the all ancestries sex-combined additive model]. Green highlighted variants show the previously identified loci that also achieved $P < 2 \times 10^{-6}$ in this dataset. Horizontal lines mark P -value thresholds 2×10^{-7} (top; array-wide significance level) and 2×10^{-6} (suggestive; bottom). (B) Miami plot showing the exome-wide variants in sex-specific analyses [X-axis: Chromosome number; Top panel y-axis: $-\log_{10}P(\text{Women})$; Bottom panel y-axis: $-\log_{10}P(\text{Men})$ for the all ancestries additive model]. Green highlighted variants show the previously identified loci that also achieved $P < 2 \times 10^{-6}$ in each dataset. Horizontal lines mark P -value thresholds 2×10^{-7} (array-wide significance level) and 2×10^{-6} (suggestive). Circles, triangles, squares correspond to $\text{MAF} \geq 0.05$, $\text{MAF} < 0.01$ and $\text{MAF} < 0.05$, respectively. Blue symbols represent novel associations achieving $P < 2 \times 10^{-7}$.

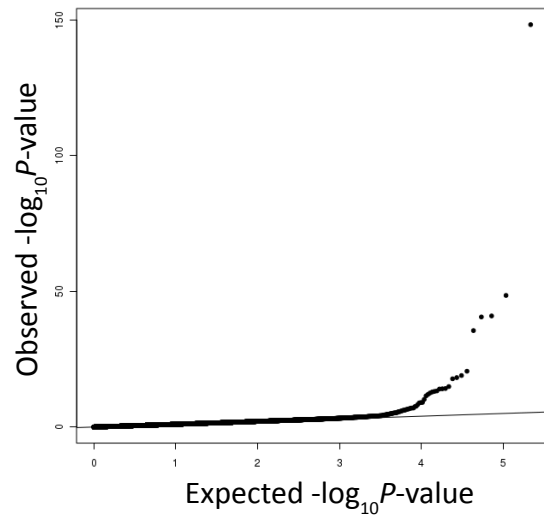
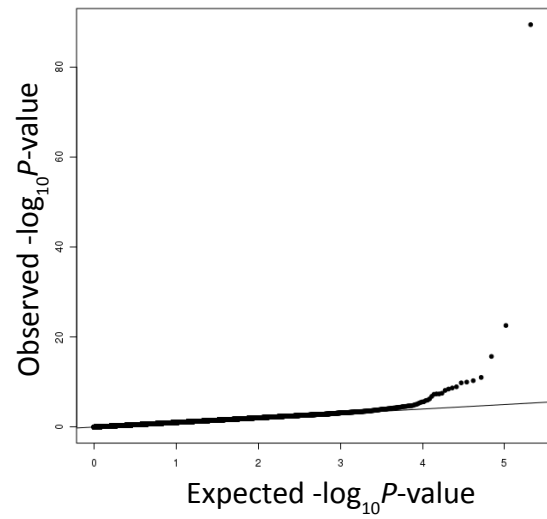
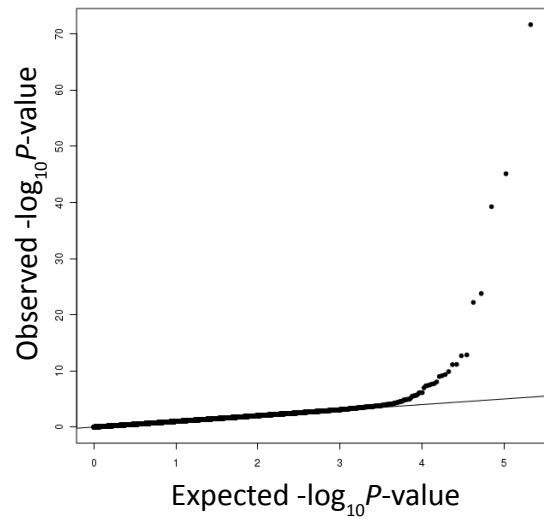
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Figure S3. QQ plots of the exome-wide variants in the adiponectin unadjusted analysis

[X-axis: Expected $-\log_{10}(P)$; Y-axis: Observed $-\log_{10}(P)$]. (A) All ancestries sex-combined additive model; (B) All ancestries men-specific additive model; (C) All ancestries women-specific additive model.

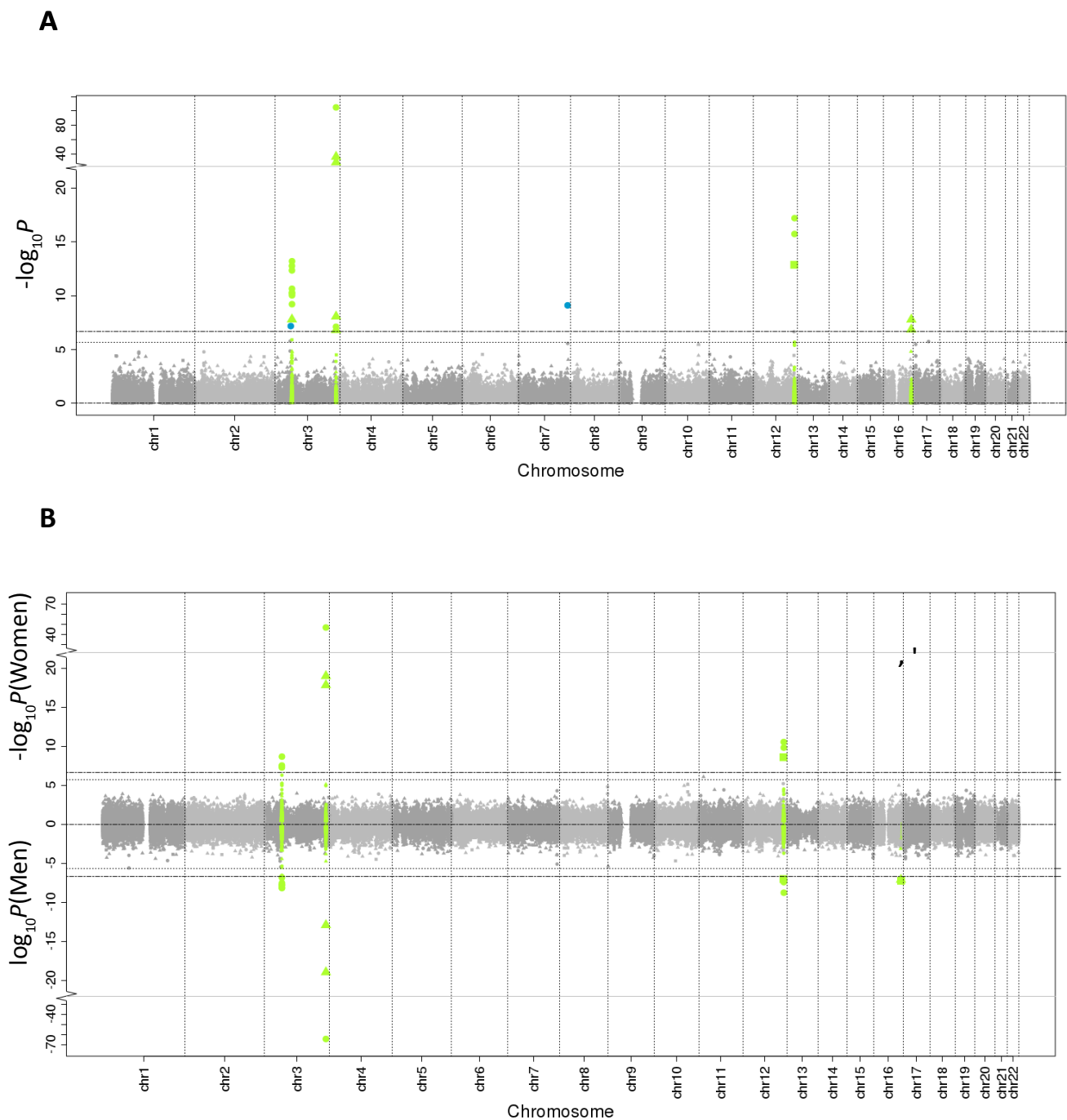


Figure S4. Adiponectin association results for models adjusted for fat percentage.

(A) Manhattan plot showing the exome-wide variants in the adiponectin adjusted for fat percentage analysis [X-axis: Chromosome number; Y-axis: $-\log_{10}(P)$ for the all ancestries sex-combined additive model]. Green highlighted variants show the previously identified loci that also achieved $P < 2 \times 10^{-6}$ in this dataset. Horizontal lines mark P -value thresholds 2×10^{-7} (top; array-wide significance level) and 2×10^{-6} (suggestive; bottom). (B) Miami plot showing the exome-wide variants in sex-specific analyses [X-axis: Chromosome number; Top panel y-axis: $-\log_{10}P(\text{Women})$; Bottom panel y-axis: $-\log_{10}P(\text{Men})$ for the all ancestries additive model]. Green highlighted variants show the previously identified loci that also achieved $P < 2 \times 10^{-6}$ in each dataset. Horizontal lines mark P -value thresholds 2×10^{-7} (array-wide significance level) and 2×10^{-6} (suggestive). Circles, triangles, squares correspond to $\text{MAF} \geq 0.05$, $\text{MAF} < 0.01$ and $\text{MAF} < 0.05$, respectively. Blue symbols represent novel associations with $P < 2 \times 10^{-7}$.

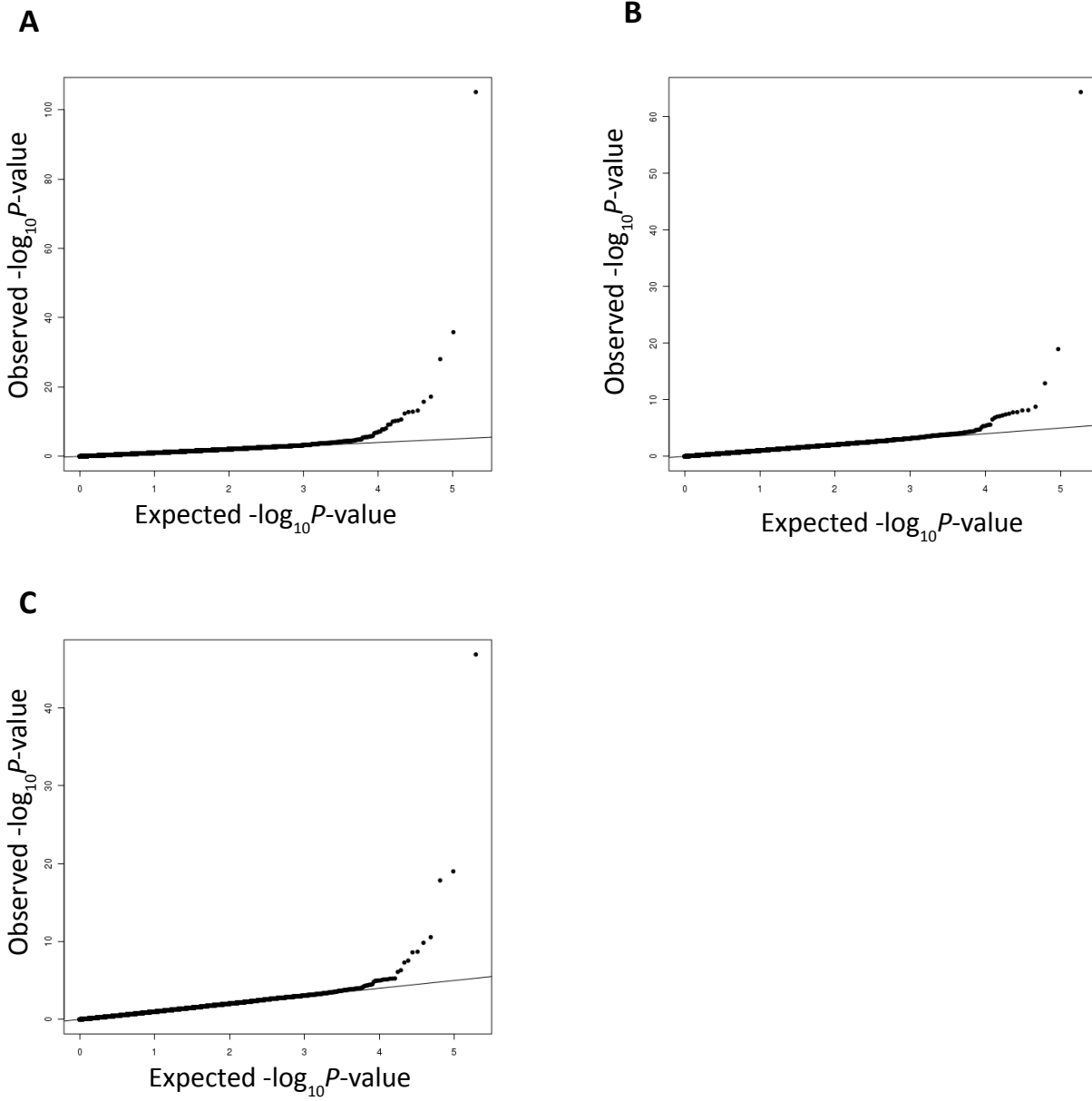


Figure S5. QQ plots showing the exome-wide variants in the adiponectin adjusted for fat percent analysis [X-axis: Expected $-\log_{10}(P)$; Y-axis: Observed $-\log_{10}(P)$]. (A) All ancestries sex-combined additive model; (B) All ancestries men-specific additive model; (C) All ancestries women-specific additive model.

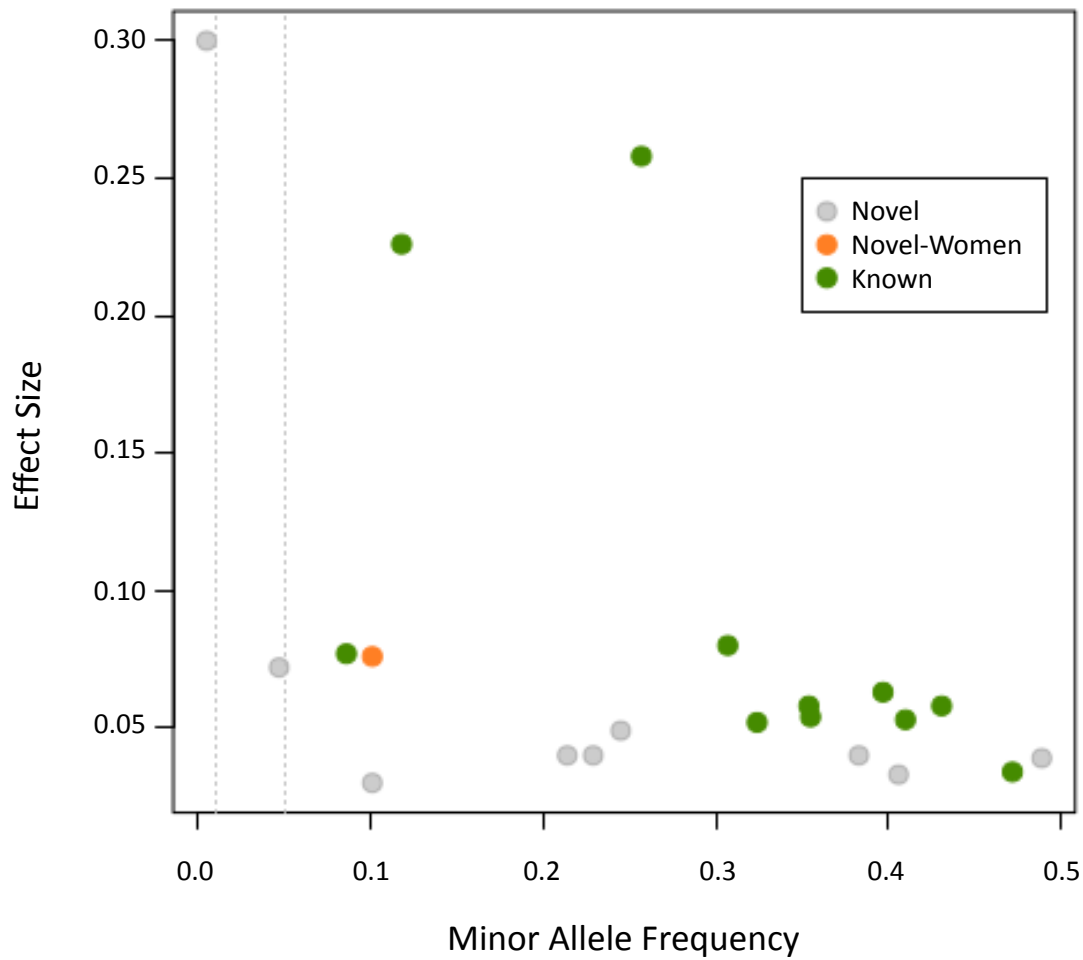


Figure S6. Effect size vs. minor allele frequency (MAF) for variants in the primary adiponectin analysis [X-axis: MAF; Y-axis: effect size for the all ancestries, sex-combined and women-specific additive model]. Gray, orange, and green variants show the novel and previously identified loci that also achieved $P < 2 \times 10^{-7}$ in the combined and women-specific analyses as labeled. Vertical lines mark MAF=0.01 and MAF=0.05.

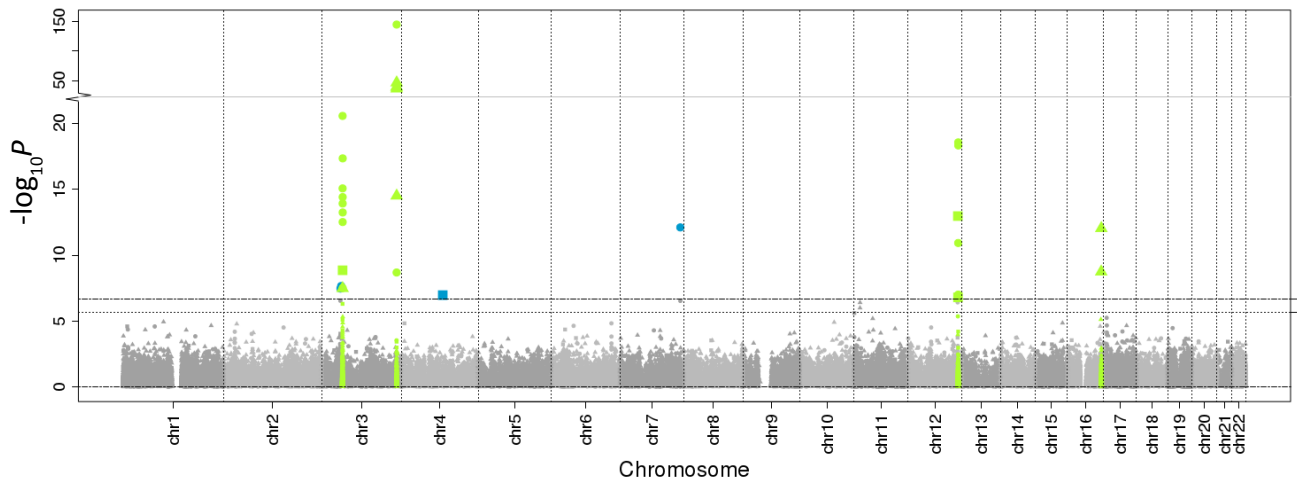
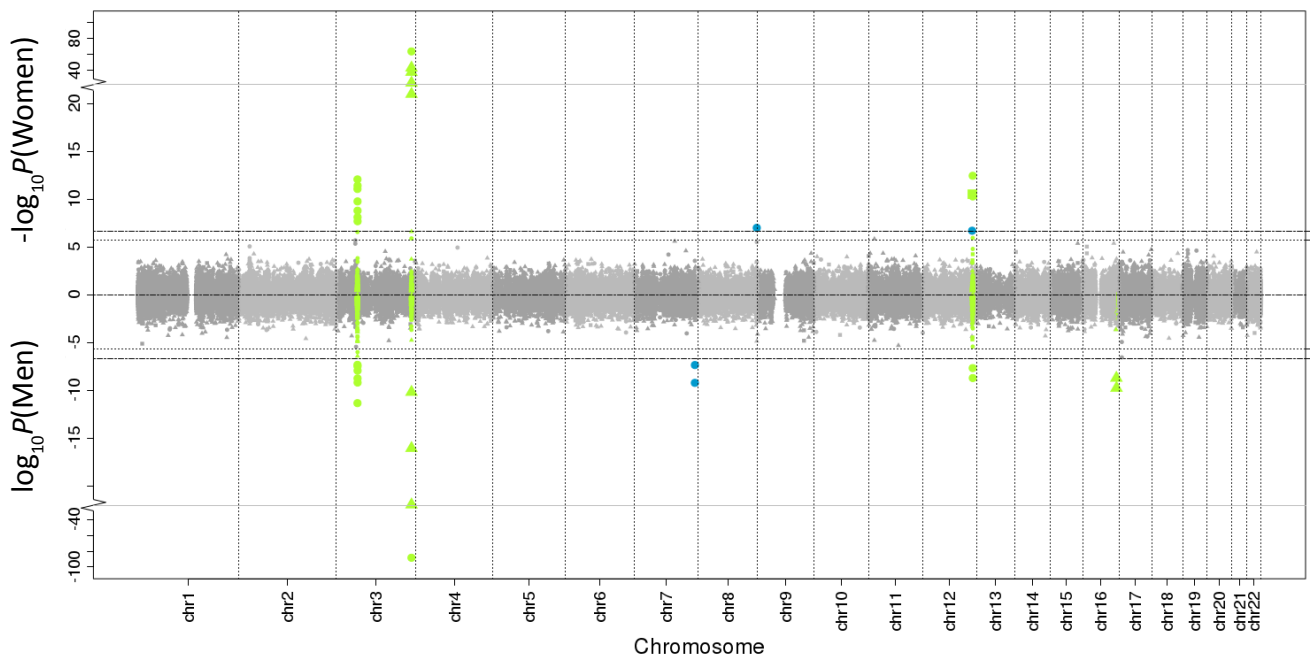
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Figure S7. Adiponectin association results for models adjusted for BMI.

(A) Manhattan plot showing the exome-wide variants in the adiponectin adjusted for body mass index analysis [X-axis: Chromosome number; Y-axis: $-\log_{10}(P)$ for the all ancestries sex-combined additive model]. Green highlighted variants show the previously identified loci that also achieved $P < 2 \times 10^{-6}$ in this dataset. Horizontal lines mark P -value thresholds 2×10^{-7} (top; array-wide significance level) and 2×10^{-6} (suggestive; bottom). (B) Miami plot showing the exome-wide variants in sex-specific analyses [X-axis: Chromosome number; Top panel y-axis: $-\log_{10}(P_{\text{WOMEN}})$; Bottom panel y-axis: $-\log_{10}(P_{\text{MEN}})$ for the all ancestries additive model]. Green highlighted variants show the previously identified loci that also achieved $P < 2 \times 10^{-6}$ in each dataset. Horizontal lines mark P -value thresholds 2×10^{-7} (array-wide significance level) and 2×10^{-6} (suggestive). Circles, triangles, squares correspond to $\text{MAF} \geq 0.05$, $\text{MAF} < 0.01$ and $\text{MAF} < 0.05$, respectively. Blue symbols represent novel associations with $P < 2 \times 10^{-7}$.

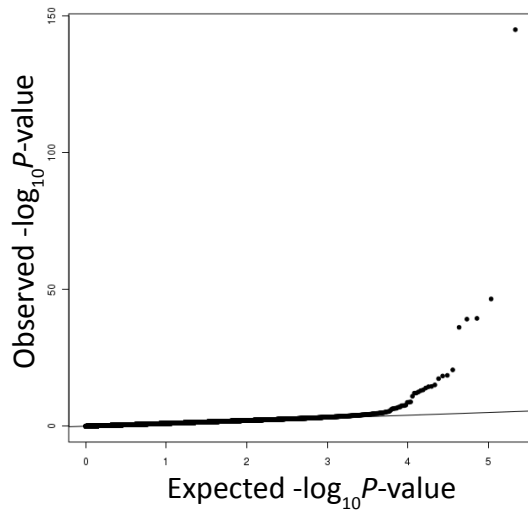
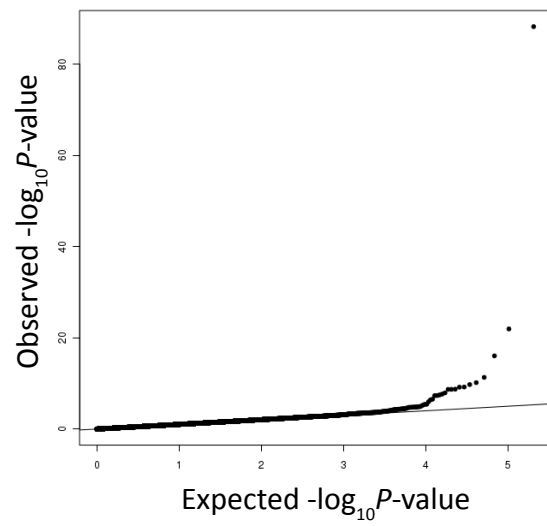
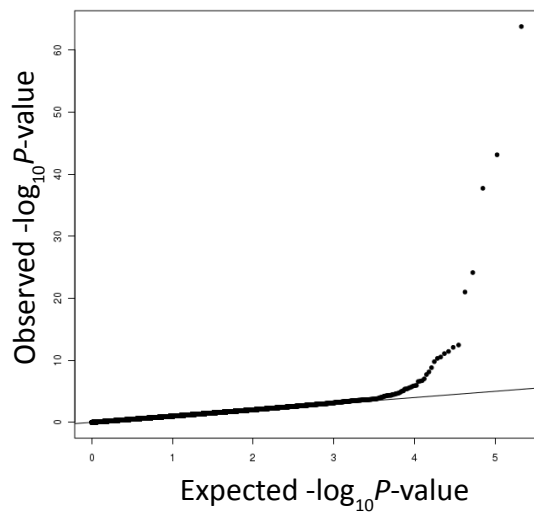
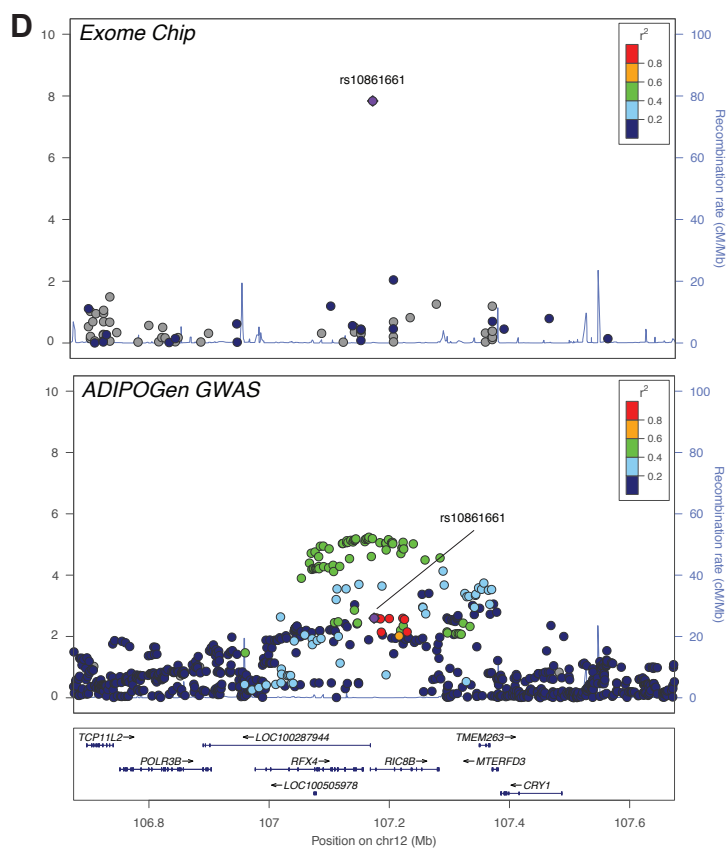
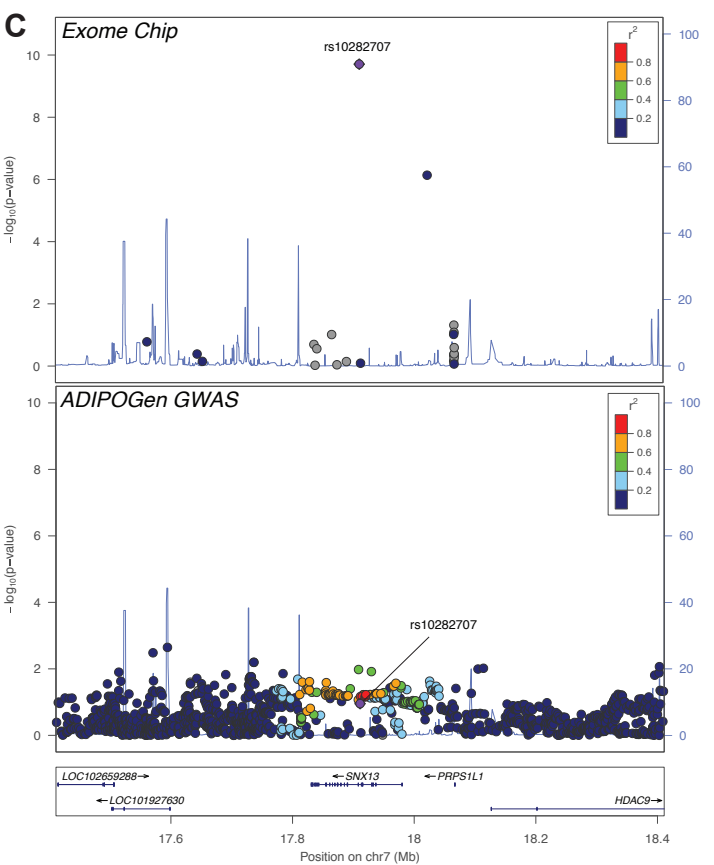
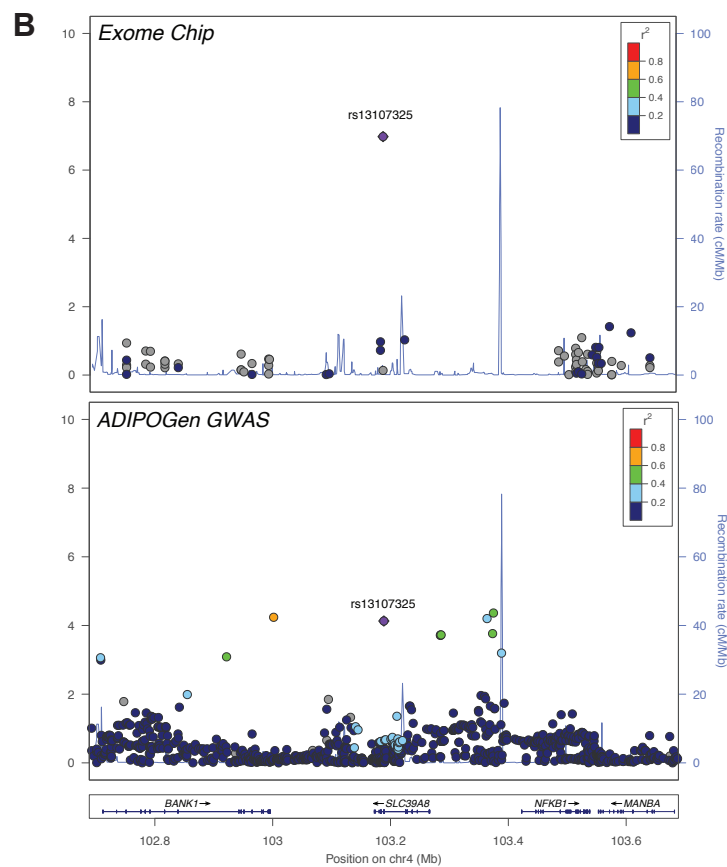
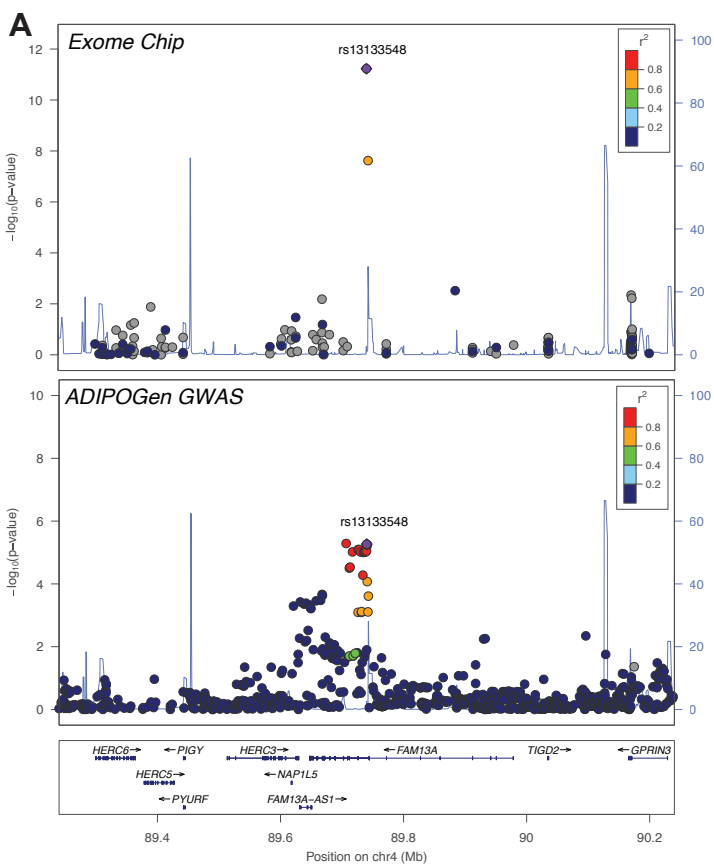
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Figure S8. QQ plots showing the exome-wide variants in the adiponectin adjusted for BMI analysis [X-axis: Expected $-\log_{10}(P)$; Y-axis: Observed $-\log_{10}(P)$]. (A) All ancestries sex-combined additive model; (B) All ancestries men-specific additive model; (C) All ancestries women-specific additive model.



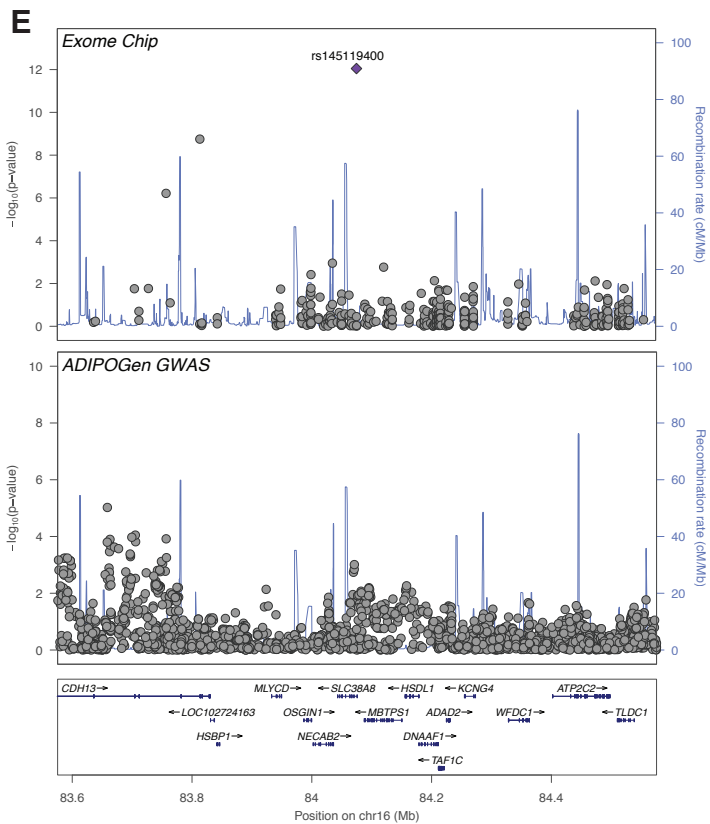


Figure S9. Plots of five previously unreported adiponectin-associated loci in sex-combined exome-wide meta-analysis.

A) *FAM13A*, B) *SLC39A8*, C) *SNX13*, D) *RIC8B*, and E) *SLC38A8*. The upper plots show the current exome-wide meta-analysis, and the lower plots show the genome-wide ADIPOGen consortium meta-analysis from Dastani, et al., 2012. In E, rs145119400 was not included in the ADIPOGen consortium meta-analysis. Each point represents a variant in the meta-analysis, plotted with P-value (on a $-\log_{10}$ scale) on the y-axis and genomic position (hg19) on the x-axis. In each plot, the index variant identified in the exome chip meta-analysis is represented in purple, and the color of all other variants indicate the LD with the index variant in European ancestry haplotypes from the 1000 Genome Phase 3 reference panel. In A, C, and D, the lead variant from the exome-wide analysis may not be the best representative of the adiponectin-associated signal.

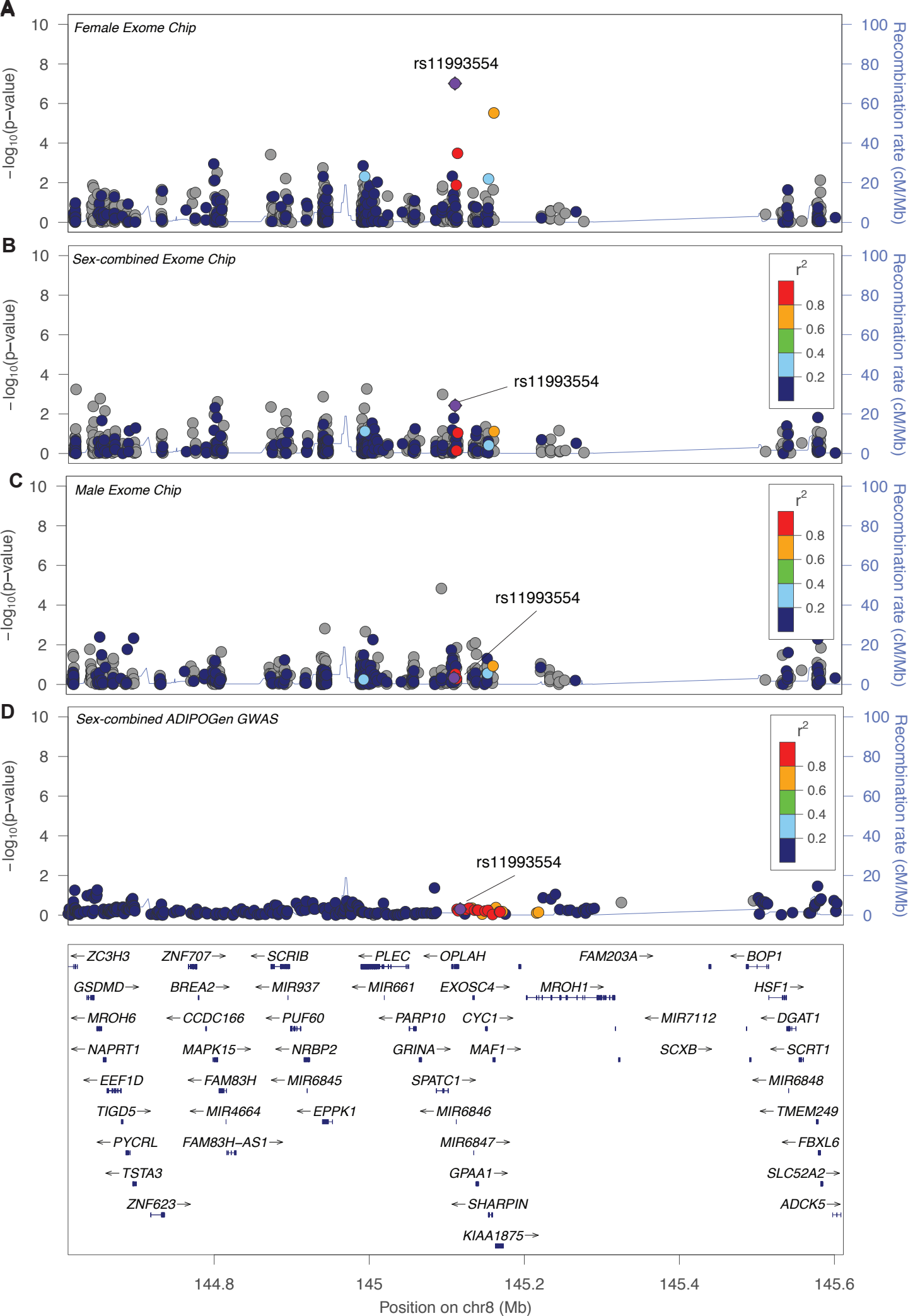
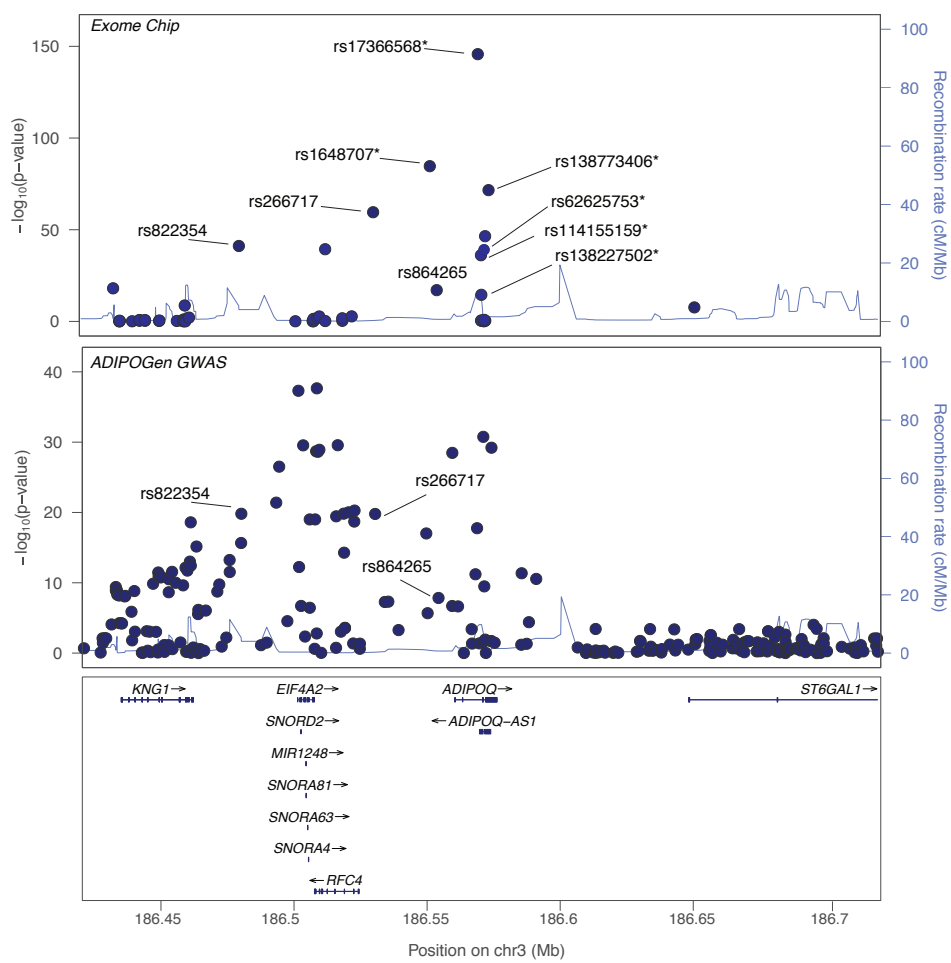
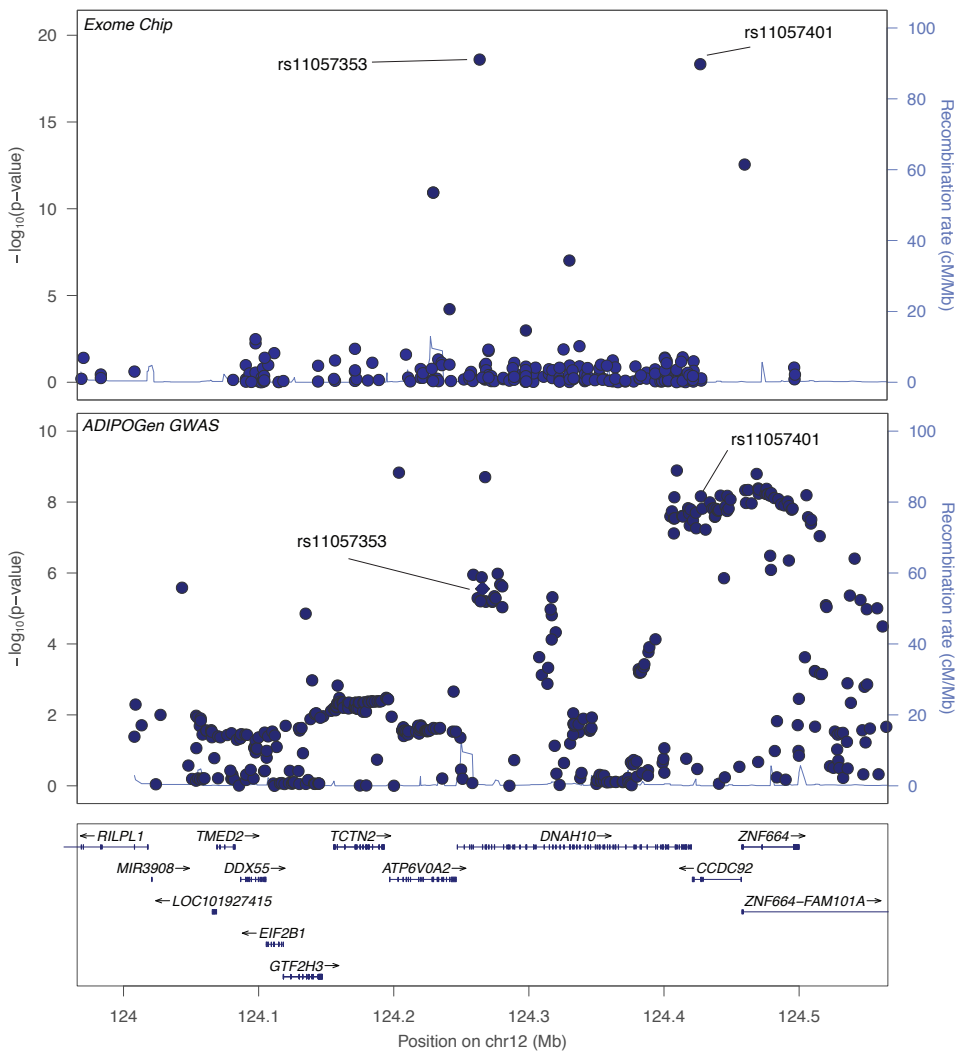


Figure S10. Plot of novel adiponectin-associated OPLAH only observed in females. A) Females only from exome-wide meta-analysis, B) Sex-combined results from exome-wide meta-analysis, C) Males only from exome-wide meta-analysis, and D) Sex-combined genome-wide ADIPOGen meta-analysis. Each point represents a variant in the meta-analysis, plotted with P-value (on a $-\log_{10}$ scale) on the y-axis and genomic position (hg19) on the x-axis. In each plot, the index variant identified in the exome chip meta-analysis is represented in purple, and the color of all other variants indicate the LD with the index variant in European ancestry haplotypes from the 1000 Genome Phase 3 reference panel. Sex-specific data were not available from the ADIPOGen consortium meta-analysis.

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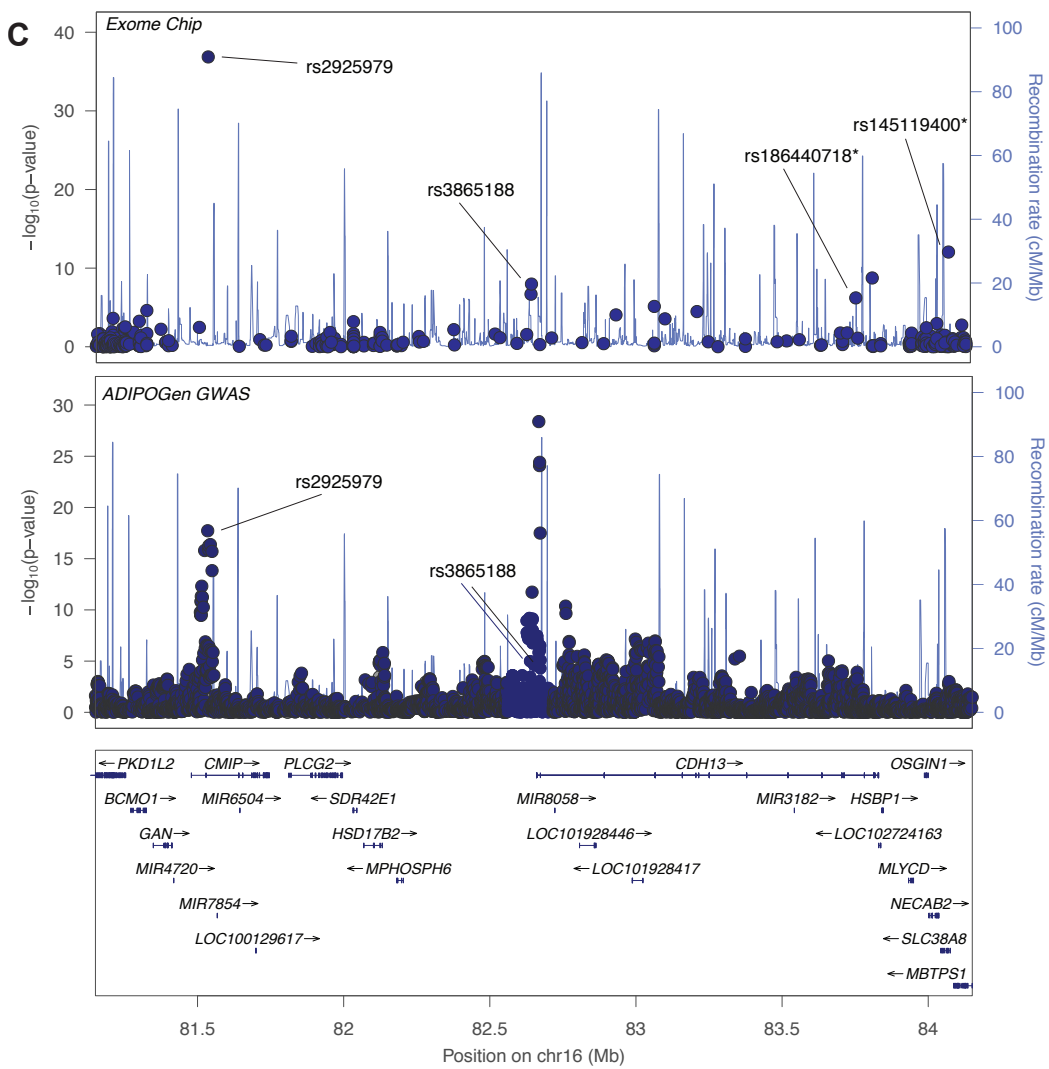


Figure S11. Three adiponectin loci exhibit multiple distinct association signals. A) ADIPOQ with nine exome-wide association signals, B) DNAH10-CCDC92 with two exome-wide association signals, and C) CDH13-region with four exome-wide association signals. Each point represents a variant in the meta-analysis, plotted with P-value (on a $-\log_{10}$ scale) on the y-axis and genomic position (hg19) on the x-axis. Asterisks (*) indicate variants identified as a distinct association signal in the Exome Chip analysis but were not present in the ADIPOGen data. Given that many noncoding variants were not tested in this exome-wide analysis, the number of signals and lead variants may differ in genome-wide analyses..

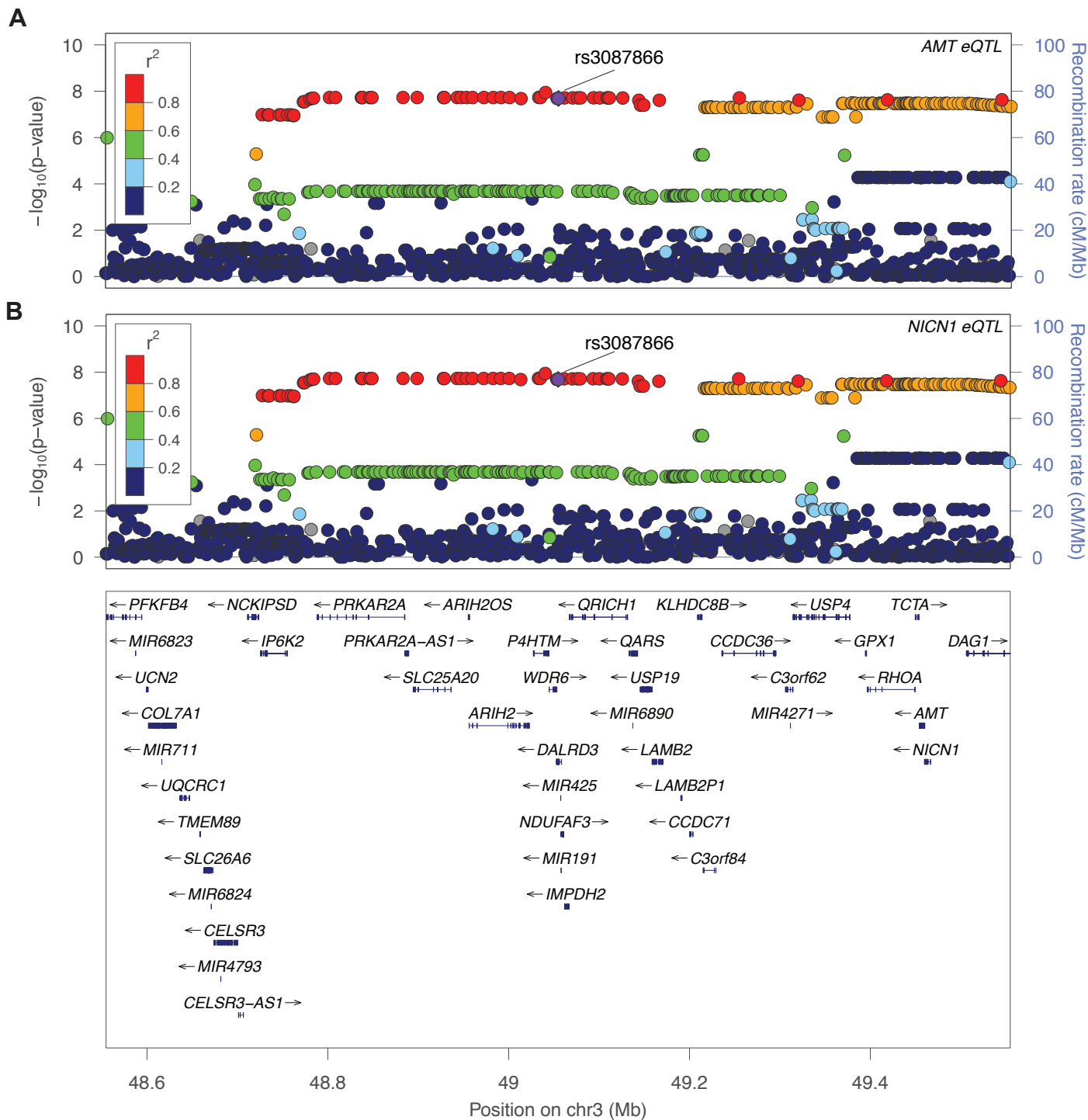


Figure S12. Subcutaneous adipose eQTLs for *AMT* and *NICN1* colocalize with the *DALRD3* novel adiponectin exome-wide locus. rs3087866 (purple diamond) shows the strongest association with adiponectin levels in the exome-wide meta-analysis at this locus). rs3087866 and 85 proxy variants ($r^2 > 0.80$; 1000Gp3) are nominally associated with adiponectin levels. The same variants exhibit the strongest association with expression of *AMT* (A) and *NICN1* (B) in subcutaneous adipose tissue. Each point represents a variant in the meta- or eQTL analysis, plotted with their P-value (on a $-\log_{10}$ scale) on the y-axis and genomic position (hg19) on the x-axis. The color of all other variants indicates the LD with the index variant in European ancestry haplotypes from the 1000 Genome Phase 3 reference panel. Based on eQTL colocalization with the adiponectin-associated variants, *AMT*, *NICN1*, and *PRKAR2A* are candidate genes at this locus.

Cohort Funding Information

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The **Framingham Heart Study (FHS)** was initiated in 1948 and is comprised of 5,209 participants from Framingham, MA (US), who have undergone examinations every other year to evaluate cardiovascular disease and related risk factors. The Offspring cohort was recruited in 1971 and includes 5,124 children of the Original cohort and the children's spouses⁵. Participants from the Offspring cohort have attended exams roughly every four years. Adiponectin levels were measured using specimens collected at the 7th exam from the Offspring cohort. The current analysis includes 2,223 individuals with available phenotypic and genotypic information.

The **Inter99** was initiated by Torben Jørgensen (PI), Knut Borch-Johnsen (co-PI), Hans Ibsen and Troels F. Thomsen. The steering committee comprises the former two and Charlotta Pisinger. The study was financially supported by research grants from the Danish Research Council, the Danish Centre for Health Technology Assessment, Novo Nordisk Inc., Research Foundation of Copenhagen County, Ministry of Internal Affairs and Health, the Danish Heart Foundation, the Danish Pharmaceutical Association, the Augustinus Foundation, the Ib Henriksen Foundation, the Becket Foundation, and the Danish Diabetes Association.

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References

1. Andrieu, G., Quaranta, M., Leprince, C., and Hatzoglou, A. (2012). The GTPase Gem and its partner Kif9 are required for chromosome alignment, spindle length control, and mitotic progression. *FASEB journal : official publication of the Federation of American Societies for Experimental Biology* 26, 5025-5034.
2. Tikhonenko, I., Magidson, V., Graf, R., Khodjakov, A., and Koonce, M.P. (2013). A kinesin-mediated mechanism that couples centrosomes to nuclei. *Cellular and molecular life sciences : CMLS* 70, 1285-1296.
3. Fan, Y., Hanai, J.I., Le, P.T., Bi, R., Maridas, D., DeMambro, V., Figueroa, C.A., Kir, S., Zhou, X., Mannstadt, M., et al. (2017). Parathyroid Hormone Directs Bone Marrow Mesenchymal Cell Fate. *Cell metabolism* 25, 661-672.
4. Cawthorn, W.P., Scheller, E.L., Learman, B.S., Parlee, S.D., Simon, B.R., Mori, H., Ning, X., Bree, A.J., Schell, B., Broome, D.T., et al. (2014). Bone marrow adipose tissue is an endocrine organ that contributes to increased circulating adiponectin during caloric restriction. *Cell metabolism* 20, 368-375.
5. Tennenbaum, D.M., Manley, B.J., Zabor, E., Becerra, M.F., Carlo, M.I., Casuscelli, J., Redzematovic, A., Khan, N., Arcila, M.E., Voss, M.H., et al. (2017). Genomic alterations as predictors of survival among patients within a combined cohort with clear cell renal cell carcinoma undergoing cytoreductive nephrectomy. *Urologic oncology* 35, 532.e537-532.e513.
6. Chen, Z., Raghoonundun, C., Chen, W., Zhang, Y., Tang, W., Fan, X., and Shi, X. (2018). SETD2 indicates favourable prognosis in gastric cancer and suppresses cancer cell proliferation, migration, and invasion. *Biochemical and biophysical research communications* 498, 579-585.
7. Yuan, H., Li, N., Fu, D., Ren, J., Hui, J., Peng, J., Liu, Y., Qiu, T., Jiang, M., Pan, Q., et al. (2017). Histone methyltransferase SETD2 modulates alternative splicing to inhibit intestinal tumorigenesis. *The Journal of clinical investigation* 127, 3375-3391.
8. Husedzinovic, A., Neumann, B., Reymann, J., Draeger-Meurer, S., Chari, A., Erfle, H., Fischer, U., and Gruss, O.J. (2015). The catalytically inactive tyrosine phosphatase HD-PTP/PTPN23 is a novel regulator of SMN complex localization. *Molecular biology of the cell* 26, 161-171.
9. Smigiel, R., Landsberg, G., Schilling, M., Rydzanicz, M., Pollak, A., Walczak, A., Stodolak, A., Stawinski, P., Mierzewska, H., Sasiadek, M.M., et al. (2018). Developmental epileptic encephalopathy with hypomyelination and brain atrophy associated with PTPN23 variants affecting the assembly of UsnRNPs. *European journal of human genetics : EJHG* 26, 1502-1511.
10. Fan, C., Dong, L., Zhu, N., Xiong, Y., Zhang, J., Wang, L., Shen, Y., Zhang, X., and Chen, M. (2012). Isolation of siRNA target by biotinylated siRNA reveals that human CCDC12 promotes early erythroid differentiation. *Leukemia research* 36, 779-783.
11. London, E., Nesterova, M., Sinaii, N., Szarek, E., Chanturiya, T., Mastroyannis, S.A., Gavrilova, O., and Stratakis, C.A. (2014). Differentially regulated protein kinase A (PKA) activity in adipose tissue and liver is associated with resistance to diet-induced obesity and glucose intolerance in mice that lack PKA regulatory subunit type IIalpha. *Endocrinology* 155, 3397-3408.
12. Applegarth, D.A., and Toone, J.R. (2001). Nonketotic hyperglycinemia (glycine encephalopathy): laboratory diagnosis. *Molecular genetics and metabolism* 74, 139-146.
13. Ververi, A., Splitt, M., Dean, J.C.S., and Brady, A.F. (2018). Phenotypic spectrum associated with de novo mutations in QRIH1 gene. *Clinical genetics* 93, 286-292.
14. Pierre, G., Macdonald, A., Gray, G., Hendriksz, C., Preece, M.A., and Chakrapani, A. (2007). Prospective treatment in carnitine-acylcarnitine translocase deficiency. *Journal of inherited metabolic disease* 30, 815.

15. Lim, K.H., Choi, J.H., Park, J.H., Cho, H.J., Park, J.J., Lee, E.J., Li, L., Choi, Y.K., and Baek, K.H. (2016). Ubiquitin specific protease 19 involved in transcriptional repression of retinoic acid receptor by stabilizing CORO2A. *Oncotarget* 7, 34759-34772.
16. Bedard, N., Jammoul, S., Moore, T., Wykes, L., Hallauer, P.L., Hastings, K.E., Stretch, C., Baracos, V., Chevalier, S., Plourde, M., et al. (2015). Inactivation of the ubiquitin-specific protease 19 deubiquitinating enzyme protects against muscle wasting. *FASEB journal : official publication of the Federation of American Societies for Experimental Biology* 29, 3889-3898.
17. Zheng, B., Ma, Y.C., Ostrom, R.S., Lavoie, C., Gill, G.N., Insel, P.A., Huang, X.Y., and Farquhar, M.G. (2001). RGS-PX1, a GAP for GalphaS and sorting nexin in vesicular trafficking. *Science (New York, NY)* 294, 1939-1942.
18. Mas, C., Norwood, S.J., Bugarcic, A., Kinna, G., Leneva, N., Kovtun, O., Ghai, R., Ona Yanez, L.E., Davis, J.L., Teasdale, R.D., et al. (2014). Structural basis for different phosphoinositide specificities of the PX domains of sorting nexins regulating G-protein signaling. *The Journal of biological chemistry* 289, 28554-28568.
19. Chatterjee, T.K., Idelman, G., Blanco, V., Blomkalns, A.L., Piegore, M.G., Jr., Weintraub, D.S., Kumar, S., Rajsheker, S., Manka, D., Rudich, S.M., et al. (2011). Histone deacetylase 9 is a negative regulator of adipogenic differentiation. *The Journal of biological chemistry* 286, 27836-27847.
20. Chatterjee, T.K., Basford, J.E., Knoll, E., Tong, W.S., Blanco, V., Blomkalns, A.L., Rudich, S., Lentsch, A.B., Hui, D.Y., and Weintraub, N.L. (2014). HDAC9 knockout mice are protected from adipose tissue dysfunction and systemic metabolic disease during high-fat feeding. *Diabetes* 63, 176-187.
21. Schwefel, D., Arasu, B.S., Marino, S.F., Lamprecht, B., Kochert, K., Rosenbaum, E., Eichhorst, J., Wiesner, B., Behlke, J., Rocks, O., et al. (2013). Structural insights into the mechanism of GTPase activation in the GIMAP family. *Structure (London, England : 1993)* 21, 550-559.
22. Astle, W.J., Elding, H., Jiang, T., Allen, D., Ruklisa, D., Mann, A.L., Mead, D., Bouman, H., Riveros-Mckay, F., Kostadima, M.A., et al. (2016). The Allelic Landscape of Human Blood Cell Trait Variation and Links to Common Complex Disease. *Cell* 167, 1415-1429.e1419.
23. Houchens, C.R., Montigny, W., Zeltser, L., Dailey, L., Gilbert, J.M., and Heintz, N.H. (2000). The dhfr oribeta-binding protein RIP60 contains 15 zinc fingers: DNA binding and looping by the central three fingers and an associated proline-rich region. *Nucleic acids research* 28, 570-581.
24. Ruschke, K., Illes, M., Kern, M., Kloting, I., Fasshauer, M., Schon, M.R., Kosacka, J., Fitzl, G., Kovacs, P., Stumvoll, M., et al. (2010). Repin1 maybe involved in the regulation of cell size and glucose transport in adipocytes. *Biochemical and biophysical research communications* 400, 246-251.
25. Kunath, A., Hesselbarth, N., Gericke, M., Kern, M., Dommel, S., Kovacs, P., Stumvoll, M., Bluher, M., and Kloting, N. (2016). Repin1 deficiency improves insulin sensitivity and glucose metabolism in db/db mice by reducing adipose tissue mass and inflammation. *Biochemical and biophysical research communications* 478, 398-402.
26. Helfer, G., and Wu, Q.F. (2018). Chemerin: a multifaceted adipokine involved in metabolic disorders. *The Journal of endocrinology* 238, R79-r94.
27. Goralski, K.B., McCarthy, T.C., Hanniman, E.A., Zabel, B.A., Butcher, E.C., Parlee, S.D., Muruganandan, S., and Sinal, C.J. (2007). Chemerin, a novel adipokine that regulates adipogenesis and adipocyte metabolism. *The Journal of biological chemistry* 282, 28175-28188.
28. Condamine, T., Le Texier, L., Howie, D., Lavault, A., Hill, M., Halary, F., Cobbold, S., Waldmann, H., Cuturi, M.C., and Chiffolleau, E. (2010). Tmem176B and Tmem176A are associated with the immature state of dendritic cells. *Journal of leukocyte biology* 88, 507-515.
29. Kirschner, K.M., Braun, J.F., Jacobi, C.L., Rudigier, L.J., Persson, A.B., and Scholz, H. (2014). Amine oxidase copper-containing 1 (AOC1) is a downstream target gene of the Wilms tumor protein, WT1, during kidney development. *The Journal of biological chemistry* 289, 24452-24462.

30. Sass, J.O., Gemperle-Britschgi, C., Tarailo-Graovac, M., Patel, N., Walter, M., Jordanova, A., Alfadhel, M., Baric, I., Coker, M., Damli-Huber, A., et al. (2016). Unravelling 5-oxoprolinuria (pyroglutamic aciduria) due to bi-allelic OPLAH mutations: 20 new mutations in 14 families. *Molecular genetics and metabolism* 119, 44-49.
31. Rideout, E.J., Marshall, L., and Grewal, S.S. (2012). *Drosophila* RNA polymerase III repressor Maf1 controls body size and developmental timing by modulating tRNAⁱMet synthesis and systemic insulin signaling. *Proceedings of the National Academy of Sciences of the United States of America* 109, 1139-1144.
32. Khanna, A., Johnson, D.L., and Curran, S.P. (2014). Physiological roles for *mafr-1* in reproduction and lipid homeostasis. *Cell reports* 9, 2180-2191.
33. Willis, I.M. (2018). Maf1 phenotypes and cell physiology. *Biochimica et biophysica acta Gene regulatory mechanisms* 1861, 330-337.
34. Palian, B.M., Rohira, A.D., Johnson, S.A., He, L., Zheng, N., Dubeau, L., Stiles, B.L., and Johnson, D.L. (2014). Maf1 is a novel target of PTEN and PI3K signaling that negatively regulates oncogenesis and lipid metabolism. *PLoS genetics* 10, e1004789.
35. Khanna, A., Pradhan, A., and Curran, S.P. (2015). Emerging Roles for Maf1 beyond the Regulation of RNA Polymerase III Activity. *Journal of molecular biology* 427, 2577-2585.
36. Poulter, J.A., Al-Araimi, M., Conte, I., van Genderen, M.M., Sheridan, E., Carr, I.M., Parry, D.A., Shires, M., Carrella, S., Bradbury, J., et al. (2013). Recessive mutations in *SLC38A8* cause foveal hypoplasia and optic nerve misrouting without albinism. *American journal of human genetics* 93, 1143-1150.
37. Yamauchi, T., Kamon, J., Ito, Y., Tsuchida, A., Yokomizo, T., Kita, S., Sugiyama, T., Miyagishi, M., Hara, K., Tsunoda, M., et al. (2003). Cloning of adiponectin receptors that mediate antidiabetic metabolic effects. *Nature* 423, 762-769.
38. Hug, C., Wang, J., Ahmad, N.S., Bogan, J.S., Tsao, T.S., and Lodish, H.F. (2004). T-cadherin is a receptor for hexameric and high-molecular-weight forms of Acrp30/adiponectin. *Proceedings of the National Academy of Sciences of the United States of America* 101, 10308-10313.
39. Sakai, J., Rawson, R.B., Espenshade, P.J., Cheng, D., Seegmiller, A.C., Goldstein, J.L., and Brown, M.S. (1998). Molecular identification of the sterol-regulated luminal protease that cleaves SREBPs and controls lipid composition of animal cells. *Molecular cell* 2, 505-514.
40. Ramos-Lopez, O., Riezu-Boj, J.I., Milagro, F.I., and Martinez, J.A. (2018). DNA methylation signatures at endoplasmic reticulum stress genes are associated with adiposity and insulin resistance. *Molecular genetics and metabolism* 123, 50-58.
41. Lundback, V., Kulyte, A., Strawbridge, R.J., Ryden, M., Arner, P., Marcus, C., and Dahlman, I. (2018). *FAM13A* and *POM121C* are candidate genes for fasting insulin: functional follow-up analysis of a genome-wide association study. *Diabetologia* 61, 1112-1123.
42. Wardhana, D.A., Ikeda, K., Barinda, A.J., Nugroho, D.B., Qurania, K.R., Yagi, K., Miyata, K., Oike, Y., Hirata, K.I., and Emoto, N. (2018). Family with sequence similarity 13, member A modulates adipocyte insulin signaling and preserves systemic metabolic homeostasis. *Proceedings of the National Academy of Sciences of the United States of America* 115, 1529-1534.
43. He, L., Girijashanker, K., Dalton, T.P., Reed, J., Li, H., Soleimani, M., and Nebert, D.W. (2006). ZIP8, member of the solute-carrier-39 (SLC39) metal-transporter family: characterization of transporter properties. *Molecular pharmacology* 70, 171-180.
44. Zhang, R., Witkowska, K., Afonso Guerra-Assuncao, J., Ren, M., Ng, F.L., Mauro, C., Tucker, A.T., Caulfield, M.J., and Ye, S. (2016). A blood pressure-associated variant of the *SLC39A8* gene influences cellular cadmium accumulation and toxicity. *Human molecular genetics* 25, 4117-4126.

45. Lin, W., Vann, D.R., Doulias, P.T., Wang, T., Landesberg, G., Li, X., Ricciotti, E., Scalia, R., He, M., Hand, N.J., et al. (2017). Hepatic metal ion transporter ZIP8 regulates manganese homeostasis and manganese-dependent enzyme activity. *The Journal of clinical investigation* 127, 2407-2417.
46. Boycott, K.M., Beaulieu, C.L., Kernohan, K.D., Gebril, O.H., Mhanni, A., Chudley, A.E., Redl, D., Qin, W., Hampson, S., Kury, S., et al. (2015). Autosomal-Recessive Intellectual Disability with Cerebellar Atrophy Syndrome Caused by Mutation of the Manganese and Zinc Transporter Gene SLC39A8. *American journal of human genetics* 97, 886-893.
47. Pickrell, J.K., Berisa, T., Liu, J.Z., Segurel, L., Tung, J.Y., and Hinds, D.A. (2016). Detection and interpretation of shared genetic influences on 42 human traits. *Nature genetics* 48, 709-717.
48. Nagai, Y., Nishimura, A., Tago, K., Mizuno, N., and Itoh, H. (2010). Ric-8B stabilizes the alpha subunit of stimulatory G protein by inhibiting its ubiquitination. *The Journal of biological chemistry* 285, 11114-11120.
49. Maureira, A., Sanchez, R., Valenzuela, N., Torrejon, M., Hinrichs, M.V., Olate, J., and Gutierrez, J.L. (2016). The CREB Transcription Factor Controls Transcriptional Activity of the Human RIC8B Gene. *Journal of cellular biochemistry* 117, 1797-1805.
50. Griebel, G., Ravinet-Trillou, C., Beeske, S., Avenet, P., and Pichat, P. (2014). Mice deficient in cryptochrome 1 (*cry1* (-/-)) exhibit resistance to obesity induced by a high-fat diet. *Frontiers in endocrinology* 5, 49.
51. Jang, H., Lee, G.Y., Selby, C.P., Lee, G., Jeon, Y.G., Lee, J.H., Cheng, K.K., Titchenell, P., Birnbaum, M.J., Xu, A., et al. (2016). SREBP1c-CRY1 signalling represses hepatic glucose production by promoting FOXO1 degradation during refeeding. *Nat Commun* 7, 12180.
52. Calabrese, G.M., Mesner, L.D., Stains, J.P., Tommasini, S.M., Horowitz, M.C., Rosen, C.J., and Farber, C.R. (2017). Integrating GWAS and Co-expression Network Data Identifies Bone Mineral Density Genes SPTBN1 and MARK3 and an Osteoblast Functional Module. *Cell systems* 4, 46-59.e44.
53. Hyvarinen, A.K., Pohjoismaki, J.L., Holt, I.J., and Jacobs, H.T. (2011). Overexpression of MTERFD1 or MTERFD3 impairs the completion of mitochondrial DNA replication. *Molecular biology reports* 38, 1321-1328.
54. Manenschijn, L., van den Akker, E.L., Lamberts, S.W., and van Rossum, E.F. (2009). Clinical features associated with glucocorticoid receptor polymorphisms. An overview. *Annals of the New York Academy of Sciences* 1179, 179-198.
55. Peckett, A.J., Wright, D.C., and Riddell, M.C. (2011). The effects of glucocorticoids on adipose tissue lipid metabolism. *Metabolism: clinical and experimental* 60, 1500-1510.
56. Ferrau, F., and Korbonits, M. (2015). Metabolic comorbidities in Cushing's syndrome. *European journal of endocrinology / European Federation of Endocrine Societies* 173, M133-157.
57. Lee, M.J., and Fried, S.K. (2014). The glucocorticoid receptor, not the mineralocorticoid receptor, plays the dominant role in adipogenesis and adipokine production in human adipocytes. *International journal of obesity (2005)* 38, 1228-1233.
58. Pantoja, C., Huff, J.T., and Yamamoto, K.R. (2008). Glucocorticoid signaling defines a novel commitment state during adipogenesis in vitro. *Molecular biology of the cell* 19, 4032-4041.
59. Shen, Y., Roh, H.C., Kumari, M., and Rosen, E.D. (2017). Adipocyte glucocorticoid receptor is important in lipolysis and insulin resistance due to exogenous steroids, but not insulin resistance caused by high fat feeding. *Molecular metabolism* 6, 1150-1160.
60. Estep, P.W., 3rd, Warner, J.B., and Bulyk, M.L. (2009). Short-term calorie restriction in male mice feminizes gene expression and alters key regulators of conserved aging regulatory pathways. *PLoS one* 4, e5242.
61. Chu, A.Y., Deng, X., Fisher, V.A., Drong, A., Zhang, Y., Feitosa, M.F., Liu, C.T., Weeks, O., Choh, A.C., Duan, Q., et al. (2017). Multiethnic genome-wide meta-analysis of ectopic fat depots identifies loci associated with adipocyte development and differentiation. *Nature genetics* 49, 125-130.