Supplemental Material

Monogenic and Polygenic Contributions to Atrial Fibrillation Risk: Results from a National Biobank

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Tweet

TTN is the gene most commonly implicated in atrial fibrillation. Loss-of-function variants in *TTN* are highly penetrant, but polygenic risk explains a larger proportion of genetic susceptibility to atrial fibrillation.

Detailed Methods

Extended quality control in exome sequencing cohort

Whole exome sequencing variant calling

A 'Functionally Equivalent' dataset was created according to the primary analysis protocol¹ and was subject to GATK 3.0 variant calling. Variants with inbreeding coefficient<-0.03 or without at least one variant genotype of read depth ≥10, genotype quality ≥20 and, if heterozygous, allelic balance ≥0.20 were filtered out (https://biobank.ctsu.ox.ac.uk/showcase/label.cgi?id=170). Variants were annotated to genome build GRch38.

Sample quality control

In addition to sample quality control performed based on exome sequencing data, extended sample quality control was performed based on genotyping array data. Details on genotyping procedures and how quality metrics were derived are described in detail elsewhere². In brief, genotyping was performed using Affymetrix UK biobank Axiom (450,000 samples) and Affymetrix UK BiLEVE axiom (50,000 samples) arrays². Subsequently, the genetic data were imputed to the Haplotype Reference Consortium panel³ and UK10K⁴ + 1000 Genomes⁵ panel. In the present analysis, samples that were outliers for heterozygosity or missingness were removed. In addition, individuals with putative sex chromosome aneuploidy or with a mismatch between self-reported and genetically inferred sex were excluded. Samples were further excluded if they were not used in the central kinship inference. We additionally restricted our analysis to individuals who were of white-European descent, as determined by Principal Component Analysis described previously⁶. Individuals who decided to revoke their consent were also excluded from the cohort, leaving 43,139 subjects. An unrelated subset of 41,335 individuals was also defined where no first, second or third degree relationships were present, as determined by KING coefficients of <0.0442^{2, 7}. To identify the maximum number of unrelated individuals, we first calculated which individuals had excess relatives (2 or more) and iteratively removed these individuals until none remained. Then, for each pair of remaining related individuals, a single sample was removed at random.

Variant quality control for genetic relatedness matrix

A subset of high-quality variants from the genotyping array was used to estimate the genetic relatedness matrix used in SAIGE. Variants with MAF <1%, missingness >1% or that failed a stringent Hardy-Weinberg equilibrium test (p<0.001) were removed. Variants present in the MHC or the chromosome 8 inversion regions of the genome were additionally excluded. Finally, two rounds of linkage-disequilibrium-based pruning were performed (*--indep-pairwise 200 100 0.1* and *--indep-pairwise 200 100 0.05* in PLINK2.08). After quality control, 93,491 high-quality independent variants remained.

Sample quality control in PRS validation cohort

The best performing AF PRS was identified in a validation cohort independent of the exome sequencing cohort. This group was formed using all individuals with genotyping array data for whom exome sequencing data was not available. Individuals were removed if they were related to any samples in the exome sequencing cohort by 3rd degree or closer (KING coefficient <0.0442) or if they were related to any other samples within the validation cohort. The remaining quality control steps were identical to those described in the extended sample quality control for the exome sequencing cohort, leaving 322,161 unrelated individuals of white-European descent with high-quality genotyping array data.

Extended procedure for PRS

LDpred algorithm

Derivation of multiple candidate PRSs for AF has been described in detail in a previous manuscript⁹. In short, LDpred employs a Bayesian approach that calculates posterior mean effect sizes for each variant, based on a

prior from GWAS summary statistics¹⁰. A subsequent shrinkage is applied based on the degree of linkage disequilibrium with other variants (the extent to which a given variant is correlated with other nearby variants in a reference population). A reference of European genome sequences from the 1000 Genomes panel (N=503) was used. The algorithm additionally takes into account a parameter *ρ*, which represent the assumed fraction of variants in the genome with nonzero effect sizes. A range of *ρ* values were used in the validation cohort: 1.0, 0.3, 0.1, 0.03, 0.01, 0.003, and 0.001. The PRS based on the value of *ρ* with the best predictive performance in the validation cohort was chosen and subsequently applied to the exome-sequencing cohort.

Individual scoring

Variant phasing and version 3 imputation in the UK Biobank have been described in detail previously². Individuals were scored using genetic dosages of imputed variants in PLINK2.08, using function *--score cols=scoresums*. During this process, we restricted ourselves to variants with high imputation quality (INFO>0.3). Almost all LDpred-adjusted variants were present in the UK Biobank at high quality, as shown in a previous manuscript¹¹.

Online Table II. Exclusion criteria for electrocardiogram traits

Note, QT was corrected using Bazett's formula; HR: heart rate; ms: milliseconds

Online Table III. Area under the receiver-operator-curve (AUC) values and P-values for AF PRS based on different values of using LDpred in the validation cohort

Abbreviations: AUC: area under the receiver operating characteristic curve, CI: confidence interval, PC: principle component of ancestry

Online Table IV. Risk of atrial fibrillation conferred by increasingly extreme tails of the polygenic risk score compared to the remainder of the population

Abbreviations: AF: atrial fibrillation, OR: odds ratio, CI: confidence interval, PRS: polygenic risk score, HF: heart failure

Online Table V. Genome-wide significant gene from exome-wide gene-based burden analysis

Abbreviations: LOF: high confidence loss of function variants, AF: atrial fibrillation, OR: odds ratio, CI: confidence interval, PRS: polygenic risk score, SE: standard error

Online Table VI. Loss of function burden analysis results for previously reported monogenic candidate genes for AF

Genes not testable for an association with AF due to an insufficient number of LOF carrier: *SCN1B, SCN2B, SCN3B, SCN4B, ABCC9, KCND3, KCNE1, KCNE3, KCNE4, KCNH2, KCNJ2, KCNJ5, KCNJ8, GATA4, GATA5, GATA6, GJA1, GJA5, GREM2, LMNA, NKX2-5, NKX2-6, NPPA*, and *PITX2*

Abbreviations: LOF: high confidence loss of function variants, AF: atrial fibrillation, OR: odds ratio, CI: confidence interval, PRS: polygenic risk score, SE: standard error, Ref: reference.

Online Table VII. Loss of function burden analysis results for genes at AF GWAS loci

Note, among the 1181 potential genes/reading frames within +/- 500kb from the top 94 GWAS loci, 760 genes were not tested due to insufficient number of LOF carriers or because they were not protein-coding, GWAS: genome wide association studies, LOF: high confidence loss of function variants, AF: atrial fibrillation, OR: odds ratio, CI: confidence interval, PRS: polygenic risk score, SE: standard error

Online Table VIII. Frequency of LOF variants in genes implicated in monogenic forms of cardiovascular disease among the UK Biobank exomes

Abbreviations: LOF: high-confidence loss-of-function

Online Table IX. *TTN* **LOF variants among European ancestry in UK Biobank**

Abbreviations: Ref: reference allele, Alt: alternative allele, hgvcs: allelic changes in coding region, hgvsp: allelic changes in protein level, AF: atrial fibrillation, CMP: nonischemic cardiomyopathy, HF: heart failure.

Online Table X. *TTN* **LOF association results with atrial fibrillation**

Note, OR and 95% CI were estimated from Firth's logistic regression. OR: Odds ratio, CI: Confidence interval, PSI: percentage splicing index

Online Table XI. Sensitivity analyses for *TTN* **LOF association with AF**

Abbreviations: LOF: high confidence loss of function variants, AF: atrial fibrillation, OR: odds ratio, CI: confidence interval, PRS: polygenic risk score, HF: heart failure

Online Table XII. Association between RR interval and variants in *TTN*

Abbreviations: LOF: high confidence loss of function variants, AF: atrial fibrillation, CI: confidence interval

Online Table XIII. Variability explained by models

Note, Null model: covariates only model including age, sex, PCs 1-4, TTN_{LOF} : LOF variants in *TTN* exons highly expressed in cardiac tissue, 13 AF genes: *SYNE2, RYR2, SCN10A, KCNE5, ZFHX3, HCN4, JPH2, KCNE2, KCNQ1, NUP155, KCNA5, SCN5A, KCNN3* (with cumulative minor allele count ≥ 10), PRS: polygenic risk score

Online Table XIV. Results from LOF burden analysis for aggregation of LOFs in functional categories

Note, LOF variants in different candidate AF genes are aggregated into functional categories³¹ and used for association tests; P-values, ORs and CIs are from firth's logistic regression performed in unrelated participants after excluding AF cases with heart failure prior to AF. LOF: loss-of-function variants, AF: atrial fibrillation, OR: odds ratio, CI: confidence interval, IKs: slowly activating potassium current.

Potassium Channels include *ABCC9*, *HCN4, KCNA5, KCND3, KCNE1, KCNE2, KCNE3, KCNE4, KCNE5, KCNH2, KCNJ2, KCNJ5, KCNJ8, KCNN3, KCNQ1*; Potassium Channels IKs include *KCND3, KCNE1, KCNE2, KCNE3, KCNE4, KCNE5, KCNQ1*; Sodium Channels include *SCN1B, SCN2B, SCN3B, SCN4B, SCN5A, SCN10A*; Calcium Handling include *JPH2, RYR2*; Transcription Factors include *GATA4, GATA5, GATA6, NKX2-5, NKX2-6, PITX2, ZFHX3*; Gap Junctions include *GJA1, GJA5*

Online Figure I. Flowchart for AF polygenetic risk score validation and application in UK Biobank. Based on previous summary GWAS statistics32, polygenic risk score (PRS) for atrial fibrillation (AF) was estimated using LDpred⁹. The estimated PRSs were validated in the validation cohort that did not include whole-exome sequenced participants in UK Biobank and tested in whole-exome sequencing (WES) cohort.

Online Figure II. Quantile-quantile plot for gene-based burden analysis for loss-of-function variants. The x-axis represents the expected significance for genes assuming no association, while the y-axis represents the observed significance in the analysis. The red line shows where the expected value and observed value for genes would fall assuming no association. In the present analysis, one gene strongly deviates from the null assumption. Although λ is considerably larger than 1, no significant genomic inflation is visible upon inspection, indicating limited systematic bias.

Supplemental Online Figure III

Online Figure III. Manhattan plot of the association between previously reported monogenic genes and atrial fibrillation. Red dots are the genes previously reported for association with atrial fibrillation. Among 37 previously reported monogenic candidate genes, 13 genes had enough carriers of loss-of-function variants to perform association tests.

Supplemental Online Figure IV

Online Figure IV. Forest plot for associated diseases and loss-of-function (LOF) variants in *TTN***.** Online Figure IV illustrates the diseases significantly associated with LOF variants in *TTN.* The first and second rows per disease represent LOF variants in all transcripts of *TTN* and LOF variants in cardiac exons of *TTN*, respectively. Odds ratio and 95% confidence interval were estimated from Firth's logistic regression. OR: odds ratio.

Supplemental Online Figure V

Online Figure V. Sensitivity analyses between associated diseases and loss-of-function (LOF) variants in *TTN***.** Online Figure V exhibits an association between diseases and LOF variants in *TTN*. Participants who had atrial fibrillation prior to the diagnosis of disease were removed in this analysis. The first and second rows per disease represent LOF variants in all transcripts of *TTN* and LOF variants in cardiac exons of *TTN*, respectively. Odds ratio (OR) and 95% confidence interval (CI) were estimated from Firth's logistic regression.

Online Figure VI. Risk of atrial fibrillation conferred by loss-of-function variants in cardiac *TTN* **compared to polygenic risk in the UK Biobank.** Online Figure VIA shows the risk of atrial fibrillation (AF) conferred by loss-of-function variants in cardiac exons of *TTN* (*TTN*_{LOF}) and the risk conferred by high AF polygenic risk scores (PRS) in an unrelated subset of the exome sequencing cohort (N = 41,212). Increasingly extreme tails of the PRS distribution are compared to the remainder of the population and are shown in blue. *TTN*_{LOF} carriers, shown in red, are compared to noncarriers. Odds ratios (OR) are from Firth's logistic regression adjusted for sex, age and the first 4 principal components of ancestry. Individuals in the top 0.2% of PRS have a risk of AF comparable to the of *TTN*_{LOF} carriers. Online Figure VIB shows the prevalence of AF among percentiles of PRS in blue. The observed AF prevalence among all TTN_{LOF} carriers is indicated with the red line. Individuals in the highest percentiles of PRS do not attain an AF prevalence equivalent to that observed in *TTN*_{LOF} carriers. Online Figure VIC displays the distribution of the AF PRS in the population. Based on Firth's logistic regression, individuals at 3.4 standard deviations (SD) from the mean are predicted to be at equivalent AF risk to *TTN*_{LOF} carriers. Only 0.1% of the population is at equivalent or higher risk by PRS.

Supplemental References

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