# Supplementary Online Content

Damrauer SM, Chaudhary K, Cho JH, et al. Association of the V122I hereditary transthyretin amyloidosis genetic variant with heart failure among individuals of African or Hispanic/Latino ancestry. *JAMA*. doi:10.1001/jama.2019.17935

eMethods. Illumina Global Screening Array Genotyping and Quality Control

**eTable 1.** List of CPT (Current Procedural Terminology), Diagnosis and Procedure Codes to Identify Evaluation for Hereditary Transthyretin (TTR) Amyloid Cardiomyopathy (hATTR-CM) and Diagnosis of Amyloid

eTable 2. Carrier Rates of TTR V122I by Ancestry Group

eTable 3. Carrier Counts and Rates of TTR V122I by 154 Countries/Regions of Origin

eTable 4. Sex-Stratified Analysis of Prevalent Heart Failure or Cardiomyopathy in PMBB

**eTable 5.** Age-Stratified Analysis of Prevalent Heart Failure or Cardiomyopathy Among Male Participants in PMBB

**eTable 6.** Clinically Obtained Echocardiographic Characteristics of Participants by *TTR* V1221 Carrier Status in PMBB

**eTable 7.** Association of *TTR* V122I Carrier Status With Clinically Obtained Transthoracic Echocardiographic Parameters in PMBB

**eTable 8.** Clinically Obtained Echocardiographic Characteristics of Participants With Heart Failure or Cardiomyopathy by *TTR* V122I Carrier Status in PMBB

**eTable 9.** Association of *TTR* V122I Carrier Status With Clinically Obtained Transthoracic Echocardiographic Parameters in Participants With Heart Failure or Cardiomyopathy in PMBB **eTable 10.** Number and Percentage of Participants With Left Ventricular Hypertrophy Among Bio*Me* Participants (Self-Reported African and Hispanic/Latino Ancestries) Without Heart Failure (total N=4,094)

**eTable 11.** Genetic Association of *TTR* V122I on Left Ventricular (LV) Hypertrophy Among Individuals Without Heart Failure in Bio*Me* 

**eTable 12.** Genetic Association of *TTR* V122I With Diastolic Intraventricular Septal Thickness Among Individuals Without Heart Failure in Bio*Me* 

**eTable 13.** Genetic Association of *TTR* V122I With Additional Echocardiographic Parameters Among Individuals Without Heart Failure in Bio*Me* 

**eTable 14.** Characteristics of *TTR* V122I Carriers With Heart Failure That Underwent Detailed Chart Review

**eFigure 1.** Prevalence of Clinically Diagnosed Heart Failure or Cardiomyopathy by Age and Sex in *TTR* V122I Carriers in PMBB

**eFigure 2.** Cumulative Prevalence of Clinically Diagnosed Heart Failure or Cardiomyopathy by Age in *TTR* V122I Carriers in PMBB

**eFigure 3.** Ancestry-Specific Association of *TTR* V122I Carrier Status With Prevalent Heart Failure in Bio*Me* 

**eFigure 4.** Genetic Association Results of Transthyretin (*TTR*) V122I on Left Ventricular Hypertrophy Among Bio*Me* Participants Without Heart Failure

**eFigure 5.** Genetic Association Results of Transthyretin (*TTR*) V122I on Diastolic Intraventricular Septal Thickness Among Bio*Me* Participants Without Heart Failure

This supplementary material has been provided by the authors to give readers additional information about their work.

#### **Regeneron Genetics Center Banner Author List and Contribution Statements**

All authors are listed in alphabetical order.

#### **RGC Management and Leadership Team**

Goncalo Abecasis, Ph.D., Aris Baras, M.D., Michael Cantor, M.D., Giovanni Coppola, M.D., Aris Economides, Ph.D., John D. Overton, Ph.D., Jeffrey G. Reid, Ph.D., Alan Shuldiner, M.D.

Contribution: All authors contributed to securing funding, study design and oversight, and review and interpretation of data and results. All authors reviewed and contributed to the final version of the manuscript.

#### Sequencing and Lab Operations

Christina Beechert, Caitlin Forsythe, M.S., Erin D. Fuller, Zhenhua Gu, M.S., Michael Lattari, Alexander Lopez, M.S., John D. Overton, Ph.D., Thomas D. Schleicher, M.S., Maria Sotiropoulos Padilla, M.S., Karina Toledo, Louis Widom, Sarah E. Wolf, M.S., Manasi Pradhan, M.S., Kia Manoochehri, Ricardo H. Ulloa.

Contribution: C.B., C.F., K.T., A.L., and J.D.O. performed and are responsible for sample genotyping. C.B, C.F., E.D.F., M.L., M.S.P., K.T., L.W., S.E.W., A.L., and J.D.O. performed and are responsible for exome sequencing. T.D.S., Z.G., A.L., and J.D.O. conceived and are responsible for laboratory automation. M.P., K.M., R.U., and J.D.O are responsible for sample tracking and the library information management system.

#### **Genome Informatics**

Xiaodong Bai, Ph.D., Suganthi Balasubramanian, Ph.D., Leland Barnard, Ph.D., Andrew Blumenfeld, Yating Chai, Ph.D., Gisu Eom, Lukas Habegger, Ph.D., Young Hahn, Alicia Hawes, B.S., Shareef Khalid, Jeffrey G. Reid, Ph.D., Evan K. Maxwell, Ph.D., John Penn, M.S., Jeffrey C. Staples, Ph.D., Ashish Yadav, M.S.

Contribution: X.B., A.H., Y.C., J.P., and J.G.R. performed and are responsible for analysis needed to produce exome and genotype data. G.E., Y.H., and J.G.R. provided compute infrastructure development and operational support. S.K., S.B., and J.G.R. provide variant and gene annotations and their functional interpretation of variants. E.M., L.B., J.S., A.B., A.Y., L.H., J.G.R. conceived and are responsible for creating, developing, and deploying analysis platforms and computational methods for analyzing genomic data.

#### **Clinical Informatics**

Nilanjana Banerjee, Ph.D., Michael Cantor, M.D.

Contribution: All authors contributed to the development and validation of clinical phenotypes used to identify study subjects and (when applicable) controls.

#### **Analytical Genomics and Data Science**

Goncalo Abecasis, Ph.D., Amy Damask, Ph.D., Lauren Gurski, Alexander Li, Ph.D., Nan Lin, Ph.D., Daren Liu, Jonathan Marchini Ph.D., Anthony Marcketta, Shane McCarthy, Ph.D., Colm O'Dushlaine, Ph.D., Charles Paulding, Ph.D., Claudia Schurmann, Ph.D., Dylan Sun, Tanya Teslovich, Ph.D., Cristopher Van Hout, Ph.D., Bin Ye

Contribution: Development of statistical analysis plans. QC of genotype and phenotype files and generation of analysis ready datasets. Development of statistical genetics pipelines and tools and use thereof in generation of the association results. QC, review and interpretation of result. Generation and formatting of results for manuscript figures. Contributions to the final version of the manuscript.

#### **Therapeutic Area Genetics**

Jan Freudenberg, M.D., Nehal Gosalia, Ph.D., Claudia Gonzaga-Jauregui, Ph.D., Julie Horowitz, Ph.D., Kavita Praveen, Ph.D.

Contribution: Development of study design and analysis plans. Development and QC of phenotype definitions. QC, review, and interpretation of association results. Contributions to the final version of the manuscript.

#### Planning, Strategy, and Operations

Paloma M. Guzzardo, Ph.D., Marcus B. Jones, Ph.D., Lyndon J. Mitnaul, Ph.D.

Contribution: All authors contributed to the management and coordination of all research activities, planning and execution. All authors managed the review of data and results for the manuscript. All authors contributed to the review process for the final version of the manuscript.

#### eMethods. Illumina Global Screening Array Genotyping and Quality Control

Bead studio files were converted to PLINK format by Genome Studio v2.0 (Illumina, Inc., San Diego, CA) and mapped to the GRCh37 reference genome. Both datasets were quality checked to retain high-quality samples and variants in the datasets. The QC steps were performed using PLINK v1.9. We applied quality control thresholds of 95 % for marker call rate and 90% for sample call rates. We also removed any samples with sex errors. Next, we merged these two datasets to identify any related samples. PLINK IBD check was performed on LD pruned merged data. We applied a graph-based algorithm on all pairs of samples with Pi-hat>0.1875 to generate a dataset of unrelated individuals. The most connected sample in the graph was removed in order to retain more samples.

Principal component analyses using smartpca module of Eigensoft package was performed on the merged dataset of unrelated individuals. PCA was performed by merging 1000 Genomes data with our data in order to project eigenvectors on 1000 Genomes dataset. Next, we performed quadratic discriminant analyses (QDA) to label samples by their genetically informed ancestry. For QDA, 1000 genomes super-population labels were used as training set to identify labels for PMBB dataset. PMBB GSA merged dataset consist of 45% AFR and 47% EUR samples. The table below shows the percent of samples for each label of genetically informed ancestry:

GIA	Percent
AFR	45.1
AMR	4.3
EAS	0.3
EUR	46.9
Other	3.0
SAS	0.3

eTable 1. List of CPT (Current Procedural Terminology), Diagnosis and Procedure Codes to Identify Evaluation for Hereditary Transthyretin (TTR) Amyloid Cardiomyopathy (hATTR-CM) and Diagnosis of Amyloid.

Diagnosis	ICD/CPT Code	Definition		
Amyloidosis	E85; E85.0; E85.1, E85.2; E85.3; E85.4; E85.8; E85.81; E85.82; E85.89; E85.9	Amyloidosis; Non-neuropathic heredofamilial amyloidosis; Neuropathic heredofamilial amyloidosis; Heredofamilial amyloidosis, unspecified; Secondary systemic amyloidosis; Organ-limited amyloidosis; Other amyloidosis; Light chain (AL) amyloidosis; Wild-type transthyretin- related (ATTR) amyloidosis; Other amyloidosis; Amyloidosis, unspecified		
Fat Pad Biopsy	10021; 11101	Fine needle aspiration surgical procedures; Biopsy procedures on the skin		
Technetium 99m pyrophosphate cardiac imaging	78803; 78800	Technetium 99m pyrophosphate cardiac imaging		

## eTable 2. Carrier Rates of *TTR* V122I by Ancestry Group.

	PMBB	
Ancestry group	Total participants	TTR Val122lle carriers
African	5,737	190 (3.3%)
	Bio <i>Me</i>	
Ancestry group	Total participants	TTR Val122lle carriers
African	6,609	211 (3.2%)
Hispanic / Latino	9,006	114 (1.31%)
European	8,710	4 (0.05%)
Other	2,747	7 (0.25%)

Continent	Country	Total Individuals	Rare Variant Carriers	Carrier Rate
Africa				
	Gambia	5	2	40%
	West Africa	10	1	10%
	Ghana	42	4	9.5%
	Nigeria	31	3	9.7%
	Ivory Coast	25	2	8.0%
	Africa	18	1	5.6%
	Guinea	20	1	5.0%
	Senegal	46	2	4.3%
	Liberia	11	0	0
	South Africa	18	0	0
	Mali	9	0	0
	Egypt	68	0	0
	Zimbabwe	5	0	0
	Sierra Leone	12	0	0
	Kenya	9	0	0
	Morocco	20	0	0
	Ethiopia	8	0	0
	Cameroon	6	0	0
	Botswana	1	0	0
	Sudan	3	0	0
	Mauritania	1	0	0
	Тодо	3	0	0
	Angola	1	0	0
	Jordan	5	0	0
	Uganda	4	0	0
	Burkina Faso	1	0	0
	Zambia	1	0	0
	Algeria	1	0	0
	Libya	2	0	0
	Tunisia	2	0	0
Central America				
	St. Maarten	3	1	33%
	St. Croix	3	1	33%
	Bahamas	11	2	18%
	Belize	39	3	7.7%
	Honduras	128	9	7.0%
	St. Lucia	16	1	6.2%

### eTable 3. Carrier Counts and Rates of *TTR* V122I by 154 Countries/Regions of Origin.

Continent	Country	Total Individuals	Rare Variant Carriers	Carrier Rate		
	Virgin Islands (U.S. or British)	17	1	5.9%		
	St. Thomas	24	1	4.2%		
	Costa Rica	25	1	4.0%		
	Panama	64	2	3.1%		
	Jamaica	324	4	2.5%		
	Dominican Republic	1,678	34	2.0%		
	Trinidad & Tobago	183	4	2.2%		
	El Salvador	60	1	1.7%		
	Haiti	128	2	1.6%		
	Puerto Rico	2,296	30	1.3%		
	Cuba	142	2	1.4%		
	Anguilla	1	0	0		
	Guatemala	66	0	0		
	St. Kitts & Nevis	14	0	0		
	Antigua & Barbuda	32	0	0		
	Dominica	6	0	0		
	Grenada	28	0	0		
	Nicaragua	24	0	0		
	Aruba	2	0	0		
	St. Vincent & the Grenadines	20	0	0		
	West Indies	8	0	0		
	Curacao	3	0	0		
	Montserrat	5	0	0		
	Barbados	72	0	0		
North America						
	USA	17,099	212	1.2%		
	African Ancestry (AA)	5,314	168	3.2%		
	Hispanic/Latino Ancestry (HA)	3,313	33	1.0%		
	European Ancestry (EA)	7,340	4	0.054%		
	East & Southeast Asian Ancestry (ESA)	183	0	0		
	Native American Ancestry (NA)	73	1	1.4%		
	Other Ancestry (OA)*	786	6	0.76%		
	Mexico	287	1	0.35%		
	Canada	91	0	0		
	Bermuda	6	0	0		
	Iceland	7	0	0		

Continent	Country	Total Individuals	Rare Variant Carriers	Carrier Rate
South America				
	Venezuela	47	1	2.1%
	Guyana	244	1	0.41%
	Ecuador	378	1	0.26%
	Argentina	58	0	0
	Peru	109	0	0
	Brazil	102	0	0
	Colombia	224	0	0
	Chile	35	0	0
	South America	2	0	0
	Bolivia	14	0	0
	Paraguay	3	0	0
	Uruguay	9	0	0
Europe				
	Czech Republic	24	0	0
	Italy	142	0	0
	Spain	50	0	0
	Romania	41	0	0
	Hungary	28	0	0
	Ireland	58	0	0
	Kosovo	2	0	0
	France	54	0	0
	Scotland	12	0	0
	Estonia	4	0	0
	Greece	64	0	0
	Austria	13	0	0
	Sweden	12	0	0
	Belgium	12	0	0
	United Kingdom	111	0	0
	Moldova	14	0	0
	Portugal	18	0	0
	Germany	111	0	0
	Poland	97	0	0
	Ukraine	79	0	0
	Finland	3	0	0
	Croatia	15	0	0
	Netherlands	15	0	0
	Malta	5	0	0
	Latvia	9	0	0
	Montenegro	3	0	0
	Belarus	10	0	0
	Slovenia	6	0	0

Continent	Country	Total Individuals	Rare Variant Carriers	Carrier Rate		
	Bulgaria	13	0	0		
	Albania	16	0	0		
	Bosnia & Herzegovina	4	0	0		
	Macedonia	2	0	0		
	Scandinavia	1	0	0		
	Serbia	6	0	0		
	Switzerland	13	0	0		
	Armenia	3	0	0		
	Denmark	4	0	0		
	Norway	3	0	0		
	Lithuania	1	0	0		
	Yugoslavia	8	0	0		
Middle East	1					
	Israel	89	0	0		
	Saudi Arabia	5	0	0		
	Yemen	18	0	0		
	Iran	34	0	0		
	Lebanon	17	0	0		
	Syria	9	0	0		
	Iraq	5	0	0		
	United Arab Emirates	2	0	0		
	Bahrain	1	0	0		
Asia						
	Philippines	213	0	0		
	Uzbekistan	13	0	0		
	Taiwan	26	0	0		
	Pakistan	76	0	0		
	Russia	155	0	0		
	China	173	0	0		
	India	215	0	0		
	Korea	66	0	0		
	Sri Lanka	8	0	0		
	Bangladesh	153	0	0		
	Nepal	12	0	0		
	Turkey	28	0	0		
	Hong Kong	24	0	0		
	Indonesia	5	0	0		
	Cambodia	4	0	0		
	Japan	82	0	0		
	Cyprus	5	0	0		
	Malaysia	8	0	0		

Continent	Country	Total Individuals	Rare Variant Carriers	Carrier Rate	
	Vietnam	12	0	0	
	Thailand	12	0	0	
	Georgia	3	0	0	
	Laos	1	0	0	
	Afghanistan	7	0	0	
	Burma	1	0	0	
	Singapore	4	0	0	
	Tibet	2	0	0	
Australia					
	Australia	23	0	0	
	New Zealand	5	0	0	
Unknown					
	Unknown	35	0	0	

Participants with self-report country/region of origin from United States of America (USA) were categorized into six additional self-report ancestry groups of African Ancestry (AA), Hispanic/Latino Ancestry (HA), European Ancestry (EA), East & Southeast Asian Ancestry (ESA), Native American Ancestry (NA) and Other Ancestry (OA)\*. The OA is miscellaneous ancestry.

#### eTable 4. Sex-Stratified Analysis of Prevalent Heart Failure or Cardiomyopathy in PMBB.

		Male		Female				on		
Model	Covariates	OR	95%CI	p-value	OR	95%CI	p-value	ROR	95%CI	p-value
1	V122I variant carrier status + age + PC1-5	2.7	1.6, 4.5	<0.001	0.92	0.46, 1.9	0.81	2.9	1.2, 7.0	0.02
2	Model 1 + hypertension	2.5	1.4, 4.3	0.001	0.90	0.44, 1.8	0.76	2.8	1.1, 6.8	0.03
3	Model 2 + MI/coronary revascularization	2.5	1.4, 4.5	0.002	0.85	0.41, 1.8	0.66	3.0	1.2, 7.5	0.02

PC – principal component; MI – myocardial infarction; OR – odds ratio; CI – confidence interval; ROR – relative odds ratio

# eTable 5. Age-Stratified Analysis of Prevalent Heart Failure or Cardiomyopathy Among Male Participants in PMBB.

					Interaction*			
Age Category	n	OR	95%CI	P-value	OR	95%CI	P-value	
50 to <60 years old	575	1.6	0.63, 3.9	0.33	ref	ref	ref	
60 to < 70 years old	659	3.4	1.3, 9.5	0.02	2.2	0.57, 8.7	0.25	
≥ 70 years old	521	3.1	1.2, 8.3	0.02	2.0	0.52, 7.6	0.31	

\*Compared to youngest age category.

n – sample size; OR – odds ratio; CI – confidence interval;

ref – reference category

eTable 6. Clinically Obtained Echocardiographic Characteristics of Par	rticipants by TTR V122I Carrier Status in PMBB.
--	---

Characteristic	Non-Carriers	Carriers	P-value	Adjusted β- coefficient *	Adjusted P-value*	
Participants with echocardiogram- no.	1562	56	_	—	_	
Number of Echocardiograms – median	2 (1, 4)	2 (1, 3)	0.55	—	_	
LV ejection fraction						
No. patients with data	1562 (100%)	56 (100%)	1			
Median (IQR)	60 (45, 65)	55 (39, 65)	0.04	-0.04 (-0.16, 0.08)	0.5	
Left atrial volume index — mL/m <sup>2</sup>						
No. patients with data	838 (52%)	31 (55%)	0.89			
Median (IQR)	32 (24, 42)	28 (23, 45)	0.24	0.14 (-0.02, 0.29)	0.08	
Interventricular septum diastolic thickness – mm						
No. patients with data	1490 (95.3%)	55 (98.2%)	0.51			
Median (IQR)	11 (10, 13)	12 (11, 14)	0.01	0.08 (0.03, 0.14)	0.02	
LV posterior wall diastolic thickness – mm						
No. patients with data	1488 (95.2%)	55 (98.2%)	0.51			
Median (IQR)	11 (10, 12)	12 (11, 14)	0.002	0.1 (0.05, 0.14)	<0.001	
LV end diastolic diameter – mm						
No. patients with data	1425 (92.2%)	51 (91.1%)	1			
Median (IQR)	46 (41, 52)	46 (41, 52)	0.70	-0.01 (-0.06, 0.04)	0.62	
Relative wall thickness						
No. patients with data	1420 (90.9%)	51 (91.1%)	1			
Median (IQR)	0.48 (0.40, 0.56)	0.49 (0.43, 0.63)	0.09	0.04 (0.01, 0.06)	0.003	
LV Mass – g						
No. patients with data	1419 (90.8%)	51 (91.1%)	1			
Median (IQR)	189 (147, 242)	206 (165, 292)	0.02	0.11 (0.01, 0.20)	0.03	

LV – left ventricular; IQR: interquartile range

\* Age, sex, and principal components (PC) 1-5 adjusted effect estimate (95% confidence interval), and p-value for the effect of *TTR* V122I carrier status on natural log transformed echo parameter

Characteristic	Adjusted β- coefficient	Std. Error	P-value
LVEF			
Model 0	-0.069	0.062	0.26
Model 1	-0.044	0.061	0.46
Model 2	-0.046	0.061	0.45
Model 3	-0.032	0.061	0.60
Left atrial volume index			
Model 0	0.129	0.078	0.10
Model 1	0.135	0.077	0.08
Model 2	0.129	0.076	0.09
Model 3	0.119	0.077	0.12
Interventricular septum diastolic thickness			
Model 0	0.092	0.027	< 0.001
Model 1	0.084	0.027	0.002
Model 2	0.078	0.027	0.003
Model 3	0.077	0.027	0.004
LV posterior wall diastolic thickness			
Model 0	0.103	0.024	< 0.001
Model 1	0.095	0.024	< 0.001
Model 2	0.089	0.024	< 0.001
Model 3	0.088	0.024	< 0.001
LV end diastolic diameter			
Model 0	0.005	0.026	0.86
Model 1	-0.012	0.024	0.62
Model 2	-0.014	0.024	0.57
Model 3	-0.017	0.024	0.48
Log Relative wall thickness			
Model 0	0.036	0.013	0.006
Model 1	0.038	0.013	0.003
Model 2	0.037	0.013	0.004
Model 3	0.038	0.013	0.003
LV mass			
Model 0	0.143	0.053	0.007
Model 1	0.106	0.049	0.03
Model 2	0.094	0.048	0.05
Model 3	0.089	0.048	0.06

# eTable 7. Association of *TTR* V122I Carrier Status With Clinically Obtained Transthoracic Echocardiographic Parameters in PMBB.

Model 0: TTR V122I carrier status

Model 1: TTR V122I carrier status + principal component (PC) 1-5 + age + sex

Model 2: Model 1 + hypertension

Model 3: Model 2 + myocardial infarction or revascularization

Effect estimates and standard errors are presented on the ln(x+1) scale. LV – left ventricular; LVEF – left ventricular (LV) ejection fraction

# eTable 8. Clinically Obtained Echocardiographic Characteristics of Participants With Heart Failure or Cardiomyopathy by *TTR* V122I Carrier Status in PMBB.

Characteristic	Non-Carriers	Carriers	P-value
Participants with echocardiogram- no.	785	39	
Number of Echocardiograms – median	3 (2,6)	2 (1,4)	0.01
LV ejection fraction			
No. patients with data	785 (100%)	39 (100%)	1
Median — percent	50 (35, 35)	50 (35, 53)	0.89
Left atrial volume index			
No. patients with data	482 (61%)	21 (54%)	0.40
Median — $mL/m^2$	36 (28, 48)	38 (28, 55)	0.86
Interventricular septum diastolic thickness			
No. patients with data	759 (96.7%)	38 (97.4%)	1
Median — mm	11 (10, 13)	12 (11, 15)	0.009
LV posterior wall diastolic thickness			
No. patients with data	758 (96.7%)	38 (97.4%)	1
Median — mm	11 (10, 13)	12 (11, 14)	0.003
LV end diastolic diameter – mm			
No. patients with data	728 (92.7%)	35 (89%)	0.52
Median — mm	49 (43, 56) 48 (43, 54)		0.33
Relative wall thickness			
No. patients with data	725 (92.3%)	35 (90%)	1
Median — mm	0.45 (0.37, 0.55)	0.51 (0.39, 0.65)	0.03
LV Mass			
No. patients with data	725 (92.3%)	35 (90%)	1
Median — g	213 (169, 273)	231 (179, 302)	0.09

LV – left ventricular

eTable 9. Association of *TTR* V122I Carrier Status With Clinically Obtained Transthoracic Echocardiographic Parameters in Participants With Heart Failure or Cardiomyopathy in PMBB.

Characteristic	Adjusted β- coefficient	Std. Error	P-value
LVEF			
Model 0	0.015	0.084	0.86
Model 1	0.074	0.082	0.37
Model 2	0.068	0.082	0.40
Model 3	0.072	0.082	0.38
Left atrial volume index			
Model 0	0.063	0.090	0.48
Model 1	0.060	0.091	0.51
Model 2	0.069	0.091	0.45
Model 3	0.058	0.091	0.52
Interventricular septum diastolic thickness			
Model 0	0.115	0.034	0.001
Model 1	0.105	0.034	0.002
Model 2	0.101	0.034	0.003
Model 3	0.102	0.034	0.003
LV posterior wall diastolic thickness			
Model 0	0.122	0.029	<0.001
Model 1	0.114	0.030	<0.001
Model 2	0.111	0.029	<0.001
Model 3	0.110	0.029	<0.001
LV end diastolic diameter			
Model 0	-0.035	0.033	0.30
Model 1	-0.071	0.031	0.02
Model 2	-0.071	0.031	0.02
Model 3	-0.072	0.031	0.02
Log Relative wall thickness			
Model 0	0.058	0.016	<0.001
Model 1	0.067	0.016	<0.001
Model 2	0.066	0.016	<0.001
Model 3	0.067	0.016	<0.001
LV mass			
Model 0	0.117	0.063	0.06
Model 1	0.040	0.058	0.49
Model 2	0.038	0.057	0.51
Model 3	0.037	0.058	0.52

Model 0: TTR V122I carrier status

Model 1: TTR V122I carrier status + principal component (PC) 1-5 + age + sex

Model 2: Model 1 + hypertension

Model 3: Model 2 + myocardial infarction or revascularization

Effect estimates and standard errors are presented on the ln(x+1) scale. LV – left ventricular; LVEF – left ventricular (LV) ejection fraction

eTable 10. Number and Percentage of Participants With Left Ventricular Hypertrophy Among Bio*Me* Participants (Self-Reported African and Hispanic/Latino Ancestries) Without Heart Failure (total N=4,094).

Echo	Туре	N (%)
Left ventricular hypertrophy	concentric hypertrophy	809 (20)
	localized hypertrophy	236 (5.8)
	not assessed	2,768 (68)
	not present	281 (6.9)

eTable 11. Genetic Association of TTR V122I on Left Ventricular (LV) Hypertrophy Among Individuals Without Heart Failure in BioMe.

Age Group	Cohort	Beta	SE	P-value	OR	95%	95%	Non-Carrier	Carrier	Non-Carrier	Carrier
						Upper Cl	Lower Cl	No LVH	No LVH	LVH	LVH
>65											
	AA	0.2	0.43	0.64	1.2	0.52	2.8	430	13	266	11
	HA	-0.32	0.67	0.64	0.73	0.16	2.4	806	10	317	3
	Meta	0.049	0.36	0.89	1.1	0.52	2.1	1,236	23	583	14
>45 & ≤65			•								
	AA	0.19	0.5	0.7	1.2	0.43	3.1	574	13	222	7
	HA	-0.28	1.1	0.8	0.76	0.039	4.6	762	7	174	1
	Meta	0.11	0.45	0.8	1.1	0.46	2.7	1,336	20	396	8
≤45											
	AA	2.7	0.85	1.4×10-3	15	3	93	189	3	18	5
	HA*	0.18	2	1	1.2	0.0033	28	240	2	21	0
	Meta	2.3	0.78	2.9×10 <sup>-3</sup>	10	2.2	47	429	5	39	5

\*Firth Logistic Regression; LVH – left ventricular hypertrophy; SE – standard error; OR – odds ratio; CI – confidence interval; AA – African Ancestry; HA – Hispanic/Latino Ancestry; Meta – meta-analysis

eTable 12. Genetic Association of *TTR* V122I With Diastolic Intraventricular Septal Thickness Among Individuals Without Heart Failure in Bio*Me*.

Age Group	Cohort	Beta	SE	P-value	95%	95%	Ν
					Lower Cl	Upper Cl	
>65							
	AA	-0.0036	0.039	0.9	-0.08	0.072	715
	HA	-0.033	0.046	0.5	-0.12	0.057	1,120
	Meta	-0.016	0.03	0.6	-0.074	0.042	1,835
45< & ≤65							
	AA	0.0087	0.039	0.8	-0.068	0.086	814
	HA	-0.0021	0.058	1.0	-0.12	0.11	927
	Meta	0.0053	0.033	0.9	-0.058	0.069	1,741
≤45							
	AA	0.17	0.063	0.008	0.044	0.29	214
	HA	-0.022	0.12	0.9	-0.25	0.21	262
	Meta	0.12	0.056	0.02	0.016	0.23	476

SE – standard error; CI – Confidence Interval; N – sample size; AA –African Ancestry, HA –

Hispanic/Latino Ancestry; Meta - meta-analysis

eTable 13. Genetic Association of *TTR* V122I With Additional Echocardiographic Parameters Among Individuals Without Heart Failure in Bio*Me*.

Characteristi c		Non-Carriers	Carriers	P-value	Adjusted β-coefficient*	Adjusted P*
LV ejection fra	action					
>65	No. patients with data	1770 (97%)	37 (100%)	0.63		
	Median (IQR)	62 (58 , 66)	60 (57 , 65)	0.53	1.8×10 <sup>-5</sup> (-0.066, 0.066)	1
>45 & <=65	No. patients with data	1707 (98%)	29 (100%)	1		
	Median (IQR)	62 (57, 65)	61 (55 , 64)	0.39	3.6×10 <sup>-3</sup> (-0.060, 0.068)	0.9
<=45	No. patients with data	459 (97%)	10 (100%)	0.94		
	Median (IQR)	61 (57, 65)	66 (64 , 69)	0.0023	0.11 (0.002, 0.210)	0.05
Left atrial volu mL/m <sup>2</sup>	ume index —					
>65	No. patients with data	797 (44%)	18 (49%)	0.65		
	Median (IQR)	25 (17, 32)	23 (17, 32)	0.55	-0.083 (-0.30, 0.14)	0.5
>45 & <=65	No. patients with data	832 (48%)	16 (55%)	0.53		
	Median (IQR)	24 (18, 31)	22 (15, 28)	0.18	-0.11 (-0.34, 0.11)	0.3
<=45	No. patients with data	218 (46%)	4 (40%)	1		
	Median (IQR)	24 (19, 30)	26 (25 <i>,</i> 26)	0.8	0.0081 (-0.005, 0.02)	0.2
Interventricular	r septum diastolic thic	kness – mm				
>65	No. patients with data	1799 (98%)	36 (97%)	0.47		
	Median (IQR)	11 (10, 12)	11 (9.5, 12)	0.95	-0.016 (-0.074, 0.042)	0.6
>45 & <=65	No. patients with data	1713 (98%)	28 (97%)	0.45		
	Median (IQR)	10 (9, 12)	11 (9.8, 12)	0.42	0.0053 (-0.058, 0.069)	0.9
<=45	No. patients with data	466 (99%)	10 (100%)	0.98		
	Median (IQR)	9 (8, 10)	11 (10, 12)	0.002	0.12 (0.016, 0.23)	0.02
Characteristi c		Non-Carriers	Carriers	P-value	Adjusted β-coefficient*	P*
LV posterior w	vall diastolic thickne	ss – mm				
>65	No. patients with data	1796 (98%)	36 (97%)	0.5		
	Median (IQR)	10 (9, 11)	10 (9, 12)	0.67	-9.8×10 <sup>-4</sup> (-0.0580, 0.056)	1
>45 & <=65	No. patients with data	1710 (98%)	28 (97%)	0.48		
	Median (IQR)	10 (9, 11)	10 (9, 11)	0.29	8.6×10 <sup>-5</sup> (-0.06, 0.06)	1
<=45	No. patients with data	466 (99%)	10 (100%)	0.98		
	Median (IQR)	9 (8, 10)	11 (10, 11)	0.002	0.12 (0.008, 0.2)	0.04

LV end diasto	olic diameter – mm					
>65	No. patients with data	1804 (99%)	36 (97%)	0.41		
	Median (IQR)	43 (40, 47)	43 (40, 46)	0.94	0.003 (-0.042, 0.048)	0.9
>45 & <=65	No. patients with data	1721 (98%)	29 (100%)	1		
	Median (IQR)	44 (41, 48)	44 (42, 46)	0.44	-0.022 (-0.066, 0.023)	0.3
<=45	No. patients with data	466 (99%)	10 (100%)	0.98		
	Median (IQR)	45 (42, 49)	44 (41, 46)	0.87	-0.0011 (-0.069, 0.067)	1
LV Mass – g						
>65	No. patients with data	1663 (91%)	32 (86%)	0.38		
	Median (IQR)	150 (110, 180)	150 (120, 180)	0.74	0.022 (-0.11, 0.15)	0.7
>45 & <=65	No. patients with data	1650 (94%)	26 (90%)	0.23		
	Median (IQR)	150 (120, 180)	150 (130, 170)	0.73	-0.035 (-0.16, 0.091)	0.6
<=45	No. patients with data	462 (98%)	8 (80%)	0.75		
	Median (IQR)	140 (110, 170)	170 (150, 210)	0.033	0.20 (-0.016, 0.42)	0.07

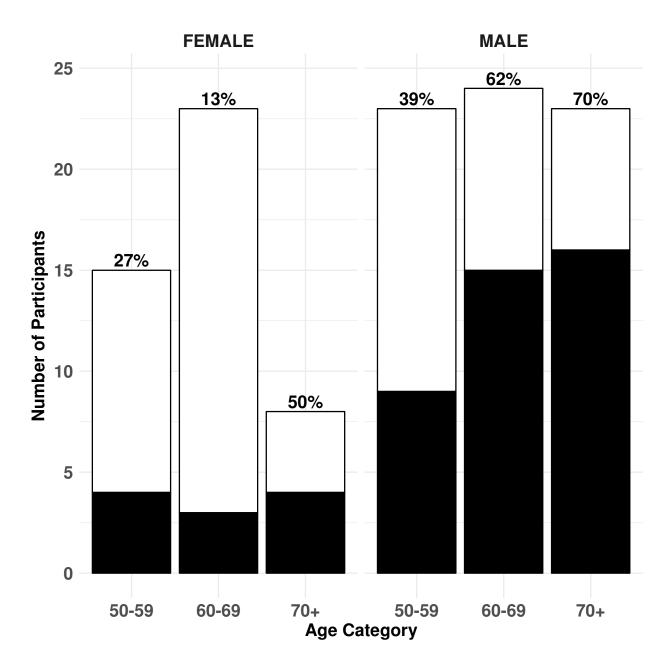
LV – left ventricular; IQR – interquartile range

\* Age, sex, and principal components (PC) 1-10 adjusted effect estimate (95% confidence interval), and p-value for the effect of *TTR* V122I carrier status on natural log transformed echo parameter

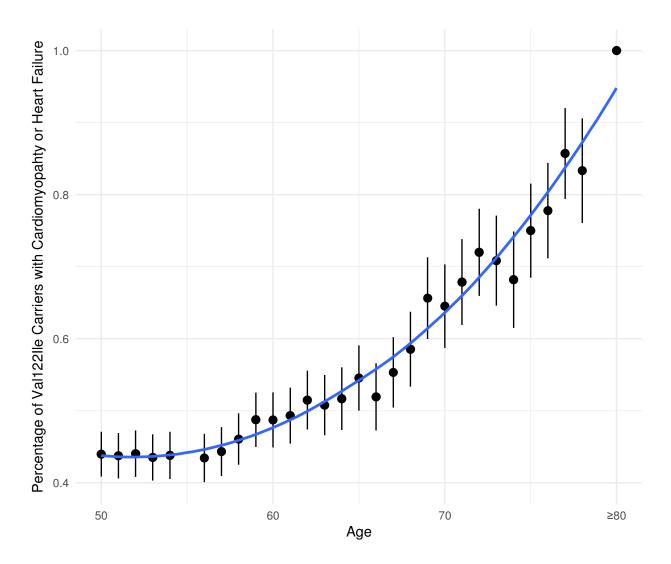
### eTable 14. Characteristics of TTR V122I Carriers With Heart Failure That Underwent Detailed Chart Review.

	TTR V122I Carriers	with Heart Failure
	РМВВ	BioMe
Total — no.	53	39
Male — no. (%)	40 (75%)	16 (41)
Age — yrs; median (IQR)	67 (59, 76)	71 (62, 81)
BMI — kg/m <sup>2</sup> ; median (IQR)	27 (24, 32)	30 (25.2, 34)
Hypertension — no. (%)	46 (86%)	33 (85%)
Diabetes — no. (%)	26 (49%)	29 (74%)
Arrhythmias — no. (%)		
Atrial fibrillation	22 (42%)	12 (31%)
Ventricular tachycardia	7 (13%)	6 (15%)
EKG abnormalities — no. (%)		
Low voltage	7 (13%)	9 (23%)
Conduction delays/block*	9 (17%)	10 (26%)
Pacemaker or ICD — no. (%)	19 (36%)	11 (28%)
LV ejection fraction — %; median (IQR)	40 (30, 60)	60 (44, 62)
RV systolic dysfunction		
Mild	10 (18%)	8 (21%)
Moderate	7 (13%)	6 (15%)
Severe	5 (9.4%)	2 (5%)
Diastolic dysfunction — no. (%)		
Mild	16 (30%)	4 (10%)
Moderate	5 (9.4%)	10 (26%)
Severe	5 (9.5%)	2 (5%)
IVSd — mm; median (IQR)	12 (10, 16)	12 (10, 12)
LVPWd – mm; median (IQR)	11 (10, 14)	11 (10, 12)
Ischemic cardiomyopathy — no. (%)	19 (36%)	6 (15%)
Carpal tunnel syndrome — no. (%)	7 (13%)	6 (15%)
Neuropathy — no. (%)	16 (31%)	8 (21%)
Diagnosed Amyloid — no. (%)	9 (17%)	1 (2.6%)
* Right bundle branch block, 1st degree atri- interventricular block IQR – interquartile range; BMI – body mass Ventricular; RV – Right Ventricular; IVSd – In	index; EKG – Electrocard	liogram; LV – Left
ventricular, $\nabla v = \operatorname{Kight} ventricular; iVS0 = In$	iterventricular septum d	

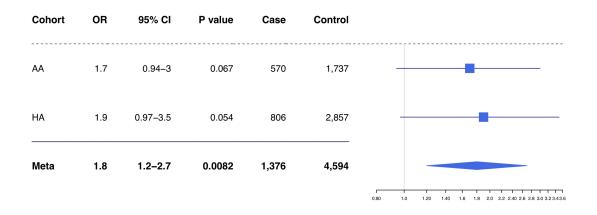
– LV posterior wall diastolic thickness



eFigure 1. Prevalence of Clinically Diagnosed Heart Failure or Cardiomyopathy by Age and Sex in *TTR* V122I Carriers in PMBB.



**eFigure 2. Cumulative Prevalence of Clinically Diagnosed Heart Failure or Cardiomyopathy by Age in TTR V122I Carriers in PMBB.** Each point represents the crude cumulative prevalence of cardiomyopathy or heart failure among *TTR* Val122IIe variant carriers of that age or older in the PMBB cohort. Error bars represent 95% confidence intervals for the crude cumulative prevalence. The blue line represents the loess regression line with associated 95% confidence interval of the regression in grey.



### eFigure 3. Ancestry-Specific Association of TTR V122I Carrier Status With Prevalent Heart

**Failure in Bio***Me.* Age-, sex- and genetic principal component-adjusted OR were calculated using logistic regression separately in African ancestry (AA) and Hispanic/Latino ancestry (HA) and combined using inverse variance weighted meta-analysis. The range in the panel on the right represents the 95% confidence intervals around the point estimates; OR – odds ratio; CI – confidence interval.



eFigure 4. Genetic Association Results of Transthyretin (*TTR*) V122I on Left Ventricular Hypertrophy Among Bio*Me* Participants Without Heart Failure. OR – odds ratio; CI – confidence interval.

Age Group	Beta	SE	P-value	Sample Size	
>65	-0.016	0.03	0.59	1,835	
>45 & <=65	0.0053	0.033	0.87	1,741	
<=45	0.12	0.056	0.024	476	
					-0.1 -0.05 0 0.05 0.1 0.15 0.2 0.25 0.3

eFigure 5. Genetic Association Results of Transthyretin (*TTR*) V122I on Diastolic Intraventricular Septal Thickness Among Bio*Me* Participants Without Heart Failure. SE – standard error; CI – confidence interval.