

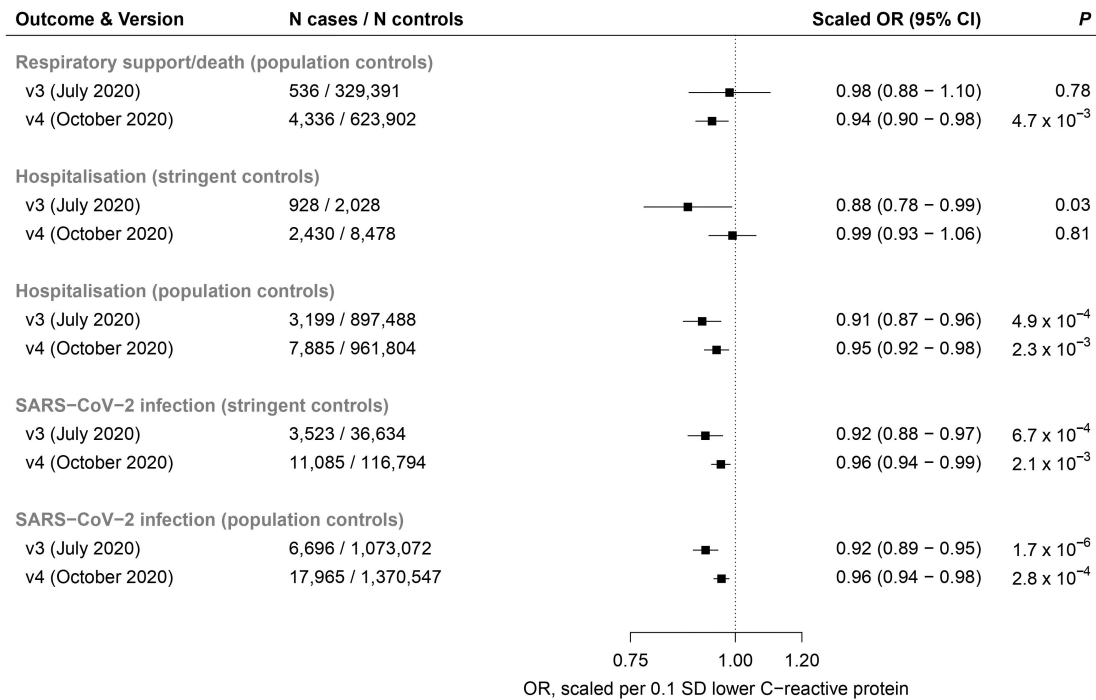
# THE LANCET

## Rheumatology

### Supplementary appendix

This appendix formed part of the original submission. We post it as supplied by the authors.

Supplement to: Bovijn J, Lindgren CM, Holmes MV. Genetic IL-6R variants and therapeutic inhibition of IL-6 receptor signalling in COVID-19. Authors' reply. *Lancet Rheumatol* 2020; published online Dec 15. [https://doi.org/10.1016/S2665-9913\(20\)30415-X](https://doi.org/10.1016/S2665-9913(20)30415-X).



**Supplementary Figure 1. Scaled association of IL-6 receptor genetic instrument with SARS-CoV-2 outcomes, comparing different data releases from the COVID-19 Host Genetics Initiative.** Estimates were derived using a genetic instrument including seven SNPs in or near *IL6R* (rs73026617, rs12083537, rs4556348, rs2228145, rs11264224, rs12059682, and rs34693607). “V3” refers to estimates presented in the main text and supplementary figure 2 of our original publication. “V4” refers to estimates derived using the most recently released data (and using otherwise identical methods to those described in our original publication). COVID-19 complicated by death or requiring respiratory support was assessed using a population-based control group. Risk of hospitalisation was assessed using a control group of individuals with confirmed SARS-CoV-2 infection and no hospitalisation at 21 days post-test (“stringent controls”), and a population-based control group of all non-cases (“population controls”). SARS-CoV-2 infection was defined as laboratory confirmed SARS-CoV-2 infection and/or a confirmed diagnosis of COVID-19, and assessed using a control group of individuals with a confirmed negative test (“stringent controls”) and a population-based control group of all non-cases (“population controls”). Further details pertaining to phenotype definitions and methods used can be found in our original publication. CI, confidence interval; OR, odds ratio; SD, standard deviation.

### Acknowledgements

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