

A Comparison of Ten Polygenic Score Methods for Psychiatric Disorders Applied Across Multiple Cohorts

Supplement 1

Data	34
Prediction methods	35
<i>P-value based clumping and thresholding (PC+T)</i>	35
<i>SBLUP</i>	35
<i>LDpred2 and LDpred2-Inf</i>	36
<i>LDpred-funct</i>	37
<i>MegaPRS</i>	38
<i>Lassosum</i>	38
<i>PRS-CS and PRS-CS-auto</i>	39
<i>SBayesR</i>	39
AUC vs variance explained on the liability scale	40
Figure S1. PGS in top 10% of SCZ cases and controls.....	41
Figure S2. Prediction of MDD case/control status using different PGS methods.	42
Figure S3. Individual SCZ cohort results and relationship with potential confounders.	45
Figure S4. Individual MDD cohort results and relationship with potential confounders.	47
Figure S5. Sensitivity analysis: INFO score and MAF.....	48
Figure S6. PGS densities of SCZ cases and controls in each target cohort ordered by sample size.....	49
Figure S7. PGS densities of MDD cases and controls each target cohort ordered by sample size.....	50
Figure S8. PGS densities of SCZ cases and controls estimated by different methods across the target cohorts.	51
Figure S9. PGS densities of MDD cases and controls estimated by different methods across the target cohort.....	52
Pseudo code	53
Schizophrenia Working Group of the Psychiatric Genomics Consortium	59
Major Depressive Disorder Working Group of the Psychiatric Genomics Consortium	67
Supplemental References	73

See Supplement 2 (Excel document) for Supplementary Tables

Data

Schizophrenia GWAS summary statistics, were available from a total of 37 European ancestry cohorts reported in Pardiñas et al(1), comprising a total of 31K SCZ cases and 41K controls and 8M imputed SNPs. This included 34 cohorts from the PGC Schizophrenia (SCZ) Working group for which individual level genotype data were available. Detailed information about the cohorts is provided elsewhere(2) but is summarised in **Table S1**. PGS were calculated in each of the 30 PGC cohorts (target samples) using the GWAS discovery sample based on a meta-analysis of $37-2 = 35$ cohorts i.e., the target sample was excluded from the discovery sample as well as a sample selected to be a tuning sample. Analyses were repeated using four different tuning samples, two of which were large (swe6: 1094 cases and 1219 controls, gras: 1086 cases and 1232 controls) and two were small (lie2: 137 cases, 269 controls; msaf: 327 cases, 139 controls).

Major depression GWAS summary statistics from European ancestry studies comprised almost 13M imputed SNPs from 248K cases and 563K controls (3), which included data from the PGC Major Depressive Disorder (MDD) Working group (previously denoted as PGC29, but here MDD29). MDD29 includes data from 29 research study cohorts, described elsewhere (3-10) and summarised in **Table S2**. Individual level genotype data were available for 15K cases and 24K controls from 26 cohorts. We left one cohort out of those 26 cohorts in turn as the target sample, and then meta-analysed the remaining 28 samples with the other MDD GWAS summary statistics results to make the discovery samples. A cohort from Münster (3), not included in the discovery GWAS was used as the tuning sample (845 clinical defined MDD cases and 834 controls). Although the discovery sample meta-analyses include samples where the depression phenotype is self-reported rather than following a

structured clinical interview, we refer to the prediction as MDD since the PGC target cohorts are of MDD cases and controls.

The datasets stored in the PGC central server follow strict guidelines with local ethics committee approval.

Prediction methods

P-value based clumping and thresholding (PC+T)

In the PC+T method (also known as P+T or C+T)(11, 12) GWAS summary statistics are clumped to be approximately independent using a LD threshold, r^2 . From this quasi-independent genome-wide SNP list, SNPs are selected by thresholding on a pre-specified association p-value, P_t . We evaluated PC+T as implemented in Ricopili (13) as used in analyses of the (Psychiatric Genomics Consortia) which uses PLINK (14) to clump the SNP set using $r^2 = 0.1$ within 500 kb windows, and $P_t \in (5e-08, 1e-06, 1e-04, 1e-03, 0.01, 0.05, 0.1, 0.2, 0.5, 1)$, where $P_t = 1$ means that all SNPs from the LD-clumped list are included. In applications of PC+T it is common for results from the most associated P_t to be reported (including the application in the software PRSice (15) which uses a continuous P_t range), but this approach utilises information from the target cohort and hence introduces a form of winner's curse. Here, the P_t threshold applied in target cohorts is the P_t threshold that maximised prediction in the tuning cohort.

SBLUP

SBLUP (16) is a method that re-scales the GWAS SNP effect estimates using an external LD reference panel to transform the ordinary least-squares estimates to approximate the best linear unbiased prediction (BLUP) solutions. This method assumes an infinitesimal model

where SNP effects are drawn from a normal distribution. All genome-wide SNPs are used to build the PGS. Hence, for example, consider a genomic region with a single causal variant but with many SNPs in the region correlated with the causal variant and correlated with each other. In this case the SBLUP effect size estimate is “smeared” across the correlated SNPs, but with the total contribution to risk expected to represent the best estimate of the signal from the underlying causal variant. This method is implemented within the software package GCTA (17).

LDpred2 and LDpred2-Inf

LDpred2 (18) uses the GWAS summary statistics and LD information from the external LD reference sample to infer the posterior mean effect size of each SNP, conditioning on the SNP effect estimates of other correlated SNPs. This method assumes a point-normal prior on the distribution of SNP effects such that only a fraction of SNPs with non-zero estimated effects are selected for inclusion in the PGS. LDpred2 has three hyperparameters: the fractions of causal SNPs (π , but denoted p in the original paper), SNP-based heritability (h_g^2), and sparsity. We used the same parameter setting as in (18). The fractions of causal SNPs π values are equally spaced on log scale, i.e. $\pi \in (0.00010, 0.00018, 0.00032, 0.00056, 0.00100, 0.00180, 0.00320, 0.00560, 0.01, 0.018, 0.032, 0.056, 0.1, 0.18, 0.32, 0.56, 1)$. The values for h_g^2 are set at 0.70, 1 and 1.40 folds of the LDSC estimate. The sparsity choices are “true” or “false”. Normally, due to sampling variation, the SNPs in the subset with zero variance do not have exactly zero effect size; when sparsity is “true”, it forces those SNPs with exactly zero effects. The hyperparameters that maximise the prediction in the tuning sample are applied in the target sample; those values can differ between target cohorts even though the same tuning cohort is used, reflecting the properties of the discovery sample which may change with each left-out target sample. LDpred2-Inf is equivalent to SBLUP as

the genetic architecture model assumes all SNPs have non-zero contribution of the phenotype variance. In software applications the results can differ because of the LD reference sample used and the assumptions for determining the LD window. The LD reference used in LDpred2 was the one provided on its website, which was calculated based on 362,320 UK Biobank individuals. Despite, the potential differences in the software applications, we observed a high concordance of results between SBLUP and LDpred-Inf (**Table S7**). LDpred2 applied here used the grid-model. We did not include the auto-model (which does not need a tuning sample), because firstly, the LDpred2 paper (18) shows it has similar performance to the grid-model. Secondly, the LDpred2 software requires individual level genotype data of the LD reference to implement the auto-model which is not provided with the software whereas it does provide an LD matrix derived from individual level genotype data. The LDpred2 was run genome-wide, instead of per chromosome, since it attains higher prediction accuracy(18).

LDpred-funct

LDpred-funct (19) is an extension of the LDpred-Inf (SBLUP equivalent) model but leverages trait-specific functional enrichments relative to the baseline-LD model (20) to up/down-weight SNP effects. The functional annotations include coding, conserved, regulatory and LD-related annotation. In the baseline-LD model, the enrichment of each category is jointly calculated via stratified LD score regression (21). LDpred-funct has a non-infinitesimal model version, but besides the discovery and training samples, it needs the phenotype of the target samples to identify a parameter (the number of bins, K , in the original paper (22)). Given that this method is still under peer review and given that we wish to avoid parameter estimation in the target sample, we continued only with the infinitesimal model version.

MegaPRS

We applied the MegaPRS (23) software based on the BLD-LDAK model as recommended by the authors. The BLD-LDAK model assumes the expected per SNP heritability varies with its MAF, LD, and functional annotation, compared to other compared methods (e.g. SBLUP, LDpred-Inf) that assume the expected per SNP heritability is constant (24). Based on the estimated per SNP heritability, MegaPRS constructs PGS using four priors: Lasso, Ridge, BOLT-LMM, BayesR. Each of those priors has different hyperparameters. We used the same parameters as the original paper (23), which generates 100 Lasso models, 11 Ridge regression, 132 BOLT-LMM, and 84 BayesR models. For BayesR the genetic architecture parameters are the same as SBayesR, assuming 4 distributions of SNP effects, but determining the π_i proportions and their scaling factors through a grid search in the tuning cohort. See the MegaPRS paper for more details of these methods, Zhang *et al.*(23). Following Zhang *et al.*, we used 20K individuals with European ancestry from UK Biobank as the reference panel. The SNP annotation information used in the BLD-LDAK model were from ldak website (<http://dougspeed.com/blldak/>).

Lassosum

Using GWAS summary statistics and a LD reference panel, Lassosum (25) constructs the PGS in a penalized regression framework. Lassosum is a deterministic method, and a convex optimization problem. It rescales the SNPs effect β by minimizing $f(\beta) = \mathbf{y}^T \mathbf{y} + (1 - s)\beta^T \mathbf{X}_r^T \mathbf{X}_r \beta - 2\beta^T \mathbf{X}^T \mathbf{y} + s\beta^T \beta + 2\lambda \|\beta\|_1$, where \mathbf{y} is the vector of phenotypes, \mathbf{X}_r is the genotype of LD reference; \mathbf{X} is the genotype data of discovery sample, but this is not needed because $\mathbf{X}^T \mathbf{y}/N$ is the GWAS summary statistics that is known. Same as the original method paper, s set as 0.2, 0.5, 0.9, or 1. λ are 20 values sequenced between 0.001 and 0.1 that

equally spaced on the log-scale. The optimal hyperparameters for s and λ are identified in the tuning cohort. The current version of Lassosum cannot take a reference panel larger than 20K, and 5K is suggested (<https://github.com/tshmak/lassosum>). Hence, 5K unrelated UK Biobank individuals were randomly selected as the reference panel. We used only HapMap3 SNPs.

PRS-CS and PRS-CS-auto

PRS-CS (26) is also built under a Bayesian regression framework. Unlike LDpred2 which assumes a point-normal distribution as a prior, which is discrete, PRS-CS assumes a continuous shrinkage prior on the SNP effects. PRS-CS was implemented using the software default settings and with the LD reference panel provided with the PRS-CS software, which is computed using the 1000 Genomes samples and HapMap3 SNPs. In PRS-CS, for the global scaling parameter which is applied to all SNP effects ϕ , the search grid is $\phi^{1/2} \in (0.0001, 0.001, 0.01, 0.1, 1)$. The ϕ that produces the best predictive performance in a tuning data set is selected for use in the target sample. In PRS-CS-auto, ϕ is automatically learnt from GWAS summary statistics and no tuning sample is needed. ψ is a local marker-specific parameter which is drawn from the Gamma distribution, i.e. $\psi_j \sim \text{Gamma}(a, \delta_j)$ and $\delta_j \sim \text{Gamma}(b, 1)$. We used the default parameters proposed by the authors of $a = 1$ and $b = 0.5$.

SBayesR

SBayesR (27) is a method that re-scales the GWAS SNP effect estimates based on Bayesian multiple regression. SBayesR assumes that the standardised SNP effects are drawn from a mixture of $C=4$ zero-mean normal distributions with different variances (one of the variances is zero, with a probability of π_1), indicating that only a fraction of SNPs ($1-\pi_1$) have non-zero

estimated effects which contribute to the phenotype. Moreover, the contributions of SNPs in different distributions differ because of different variances. Here, we evaluated SBayesR in the default setting. The scaling factor γ for the variance of each mixture component are set as 0, 0.01, 0.1, and 1 in this order. The banded LD matrix was downloaded from GCTB website (<https://cnsgenomics.com/software/gctb/#Download>), which was built based on the HapMap3 SNPs of randomly selected and unrelated 10K UK Biobank individuals. The windows size used to estimate the LD is 3cM, which is the same as LDpred2. Whereas LDpred2 estimates π from a tuning sample, SBayesR estimates π from the GWAS discovery sample, so no tuning sample is needed. LDpred2 has an auto version which does need the tuning sample, but it requires individual level genotype data of the LD reference which is not provided with the software whereas it does provide an LD matrix derived from individual level genotype data.

AUC vs variance explained on the liability scale

Although covariates were not included when calculating AUC the impact is small. For example, for SCZ the maximum median variance in liability was for MegaPRS at 9.2%. Assuming lifetime risk of SCZ of 0.01 the AUC expected from normal distribution theory(4) (see pseudo-code section) is 0.722, compared to the mean reported of 0.731. For MDD the maximum median variance in liability was for SBayesR at 3.5%. Assuming a lifetime risk of 0.15 the expected AUC is 0.596 compared to the mean reported of 0.599. The AUC and variance in liability from the model including 6 principal components and PGS in the regression is in Table S3 and Table S5.

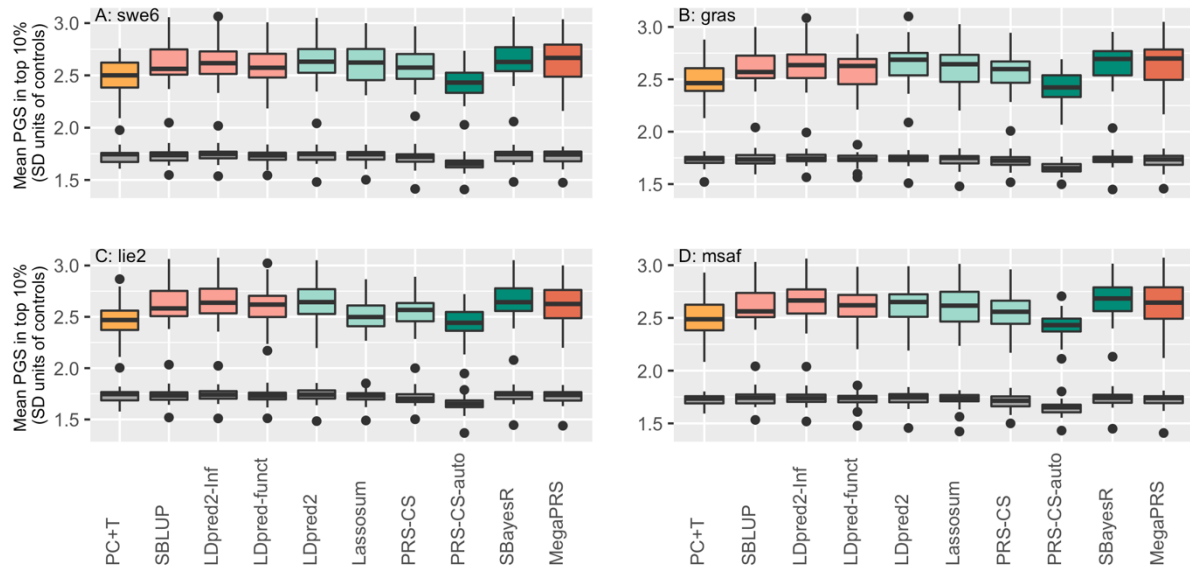


Figure S1. PGS in top 10% of SCZ cases and controls.

The mean of the PGS for the top 10% cases (colored boxes) and for the top 10% of controls (grey boxes) in PGS standard deviation (SD) unit scale. The controls have mean PGS of zero and SD of 1. Subfigures are the results using different tuning cohorts.

Since the PGS are normally distributed, as expected the mean PGS for controls in the top 10% PGS is ~ 1.75 SD units, whereas the top 10% of cases have mean value of 2.65 control sample SD units using SBayesR. These mean values of the top 10% in cases equate to expectations from the population of the top 1.1% SCZ.

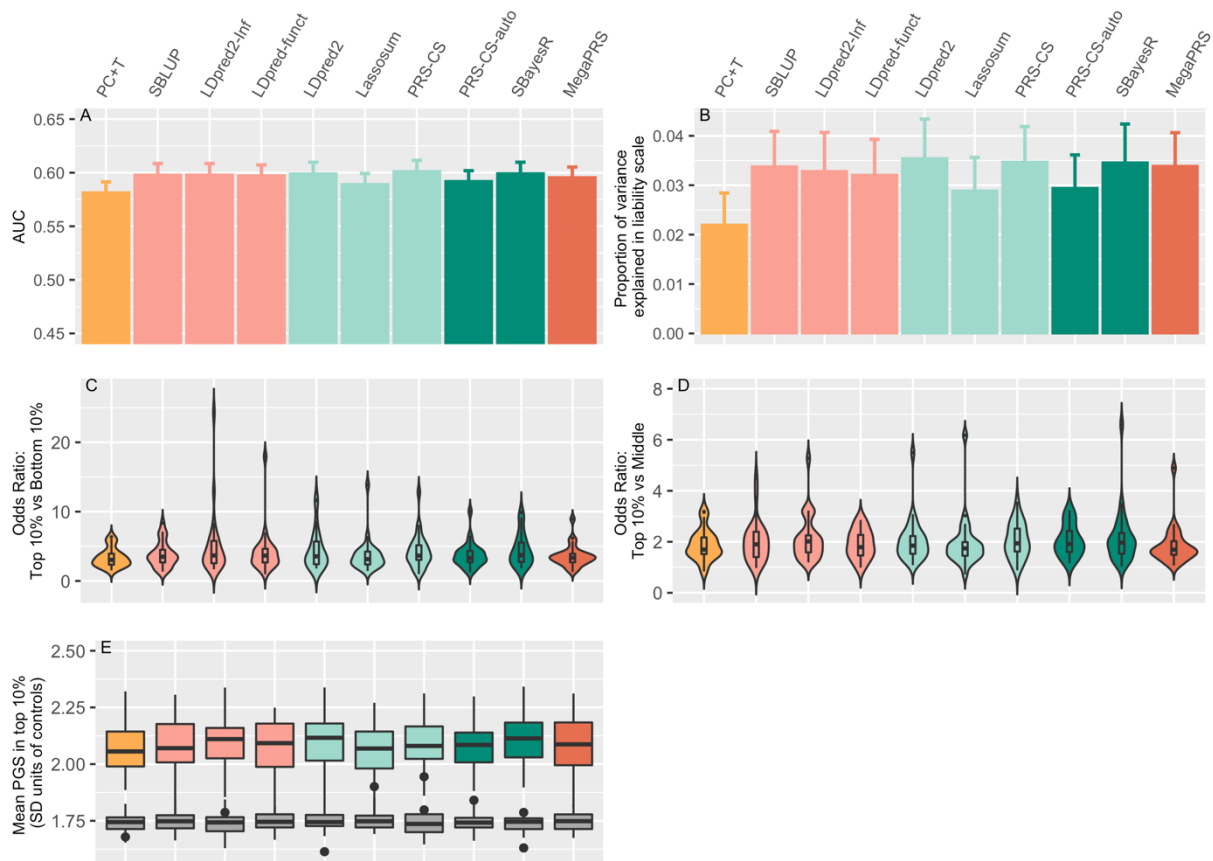


Figure S2. Prediction of MDD case/control status using different PGS methods.

A) The area under curve (AUC) statistic. The AUC is a measure for the prediction accuracy, which indicates the probability that a case ranks higher than a control. The predictors were constructed from GWAS summary statistics of UK Biobank(4, 28), 23andMe(5), GERA(29), iPSYCH (7), deCODE (8), GenScotland (9, 10), PGC-MDD29 excluding the target cohort. The target cohorts comprised 26 of the 29 cohorts in MDD29. A cohort from Münster (845 clinical defined MDD cases and 834 controls), not included in the MDD29, was used as the tuning sample. Each bar reflects the median AUC across 26 target cohorts, the whiskers show the 95% confidence interval for comparing medians.

- B) The proportion of variance explained by PGS on the scale of liability, assuming a population lifetime risk of 15%.
- C) The odds ratio when considering the odds of being a case comparing the top 10% vs bottom 10% of PGS.
- D) The odds ratio when considering the odds of being a case comparing the top 10% vs those in the middle of the PGS distribution, calculated as the averaged odds ratio of the top 10% ranked on PGS relative to the 5th decile and 6th decile.
- E) The mean of the PGS for the top 10% cases (coloured boxes) and for the top 10% of controls (grey boxes) in PGS standard deviation (SD) unit scale so that controls have mean PGS of zero and SD of 1. Since the PGS are normally distributed, as expected the mean PGS for controls in the top 10% PGS is ~ 1.75 SD units, whereas the top 10% of cases have mean value of 2.10 control sample SD units for MDD cases, using SBayesR. These mean values of the top 10% in cases equate to expectations from the population of the top 4.7% for MDD.

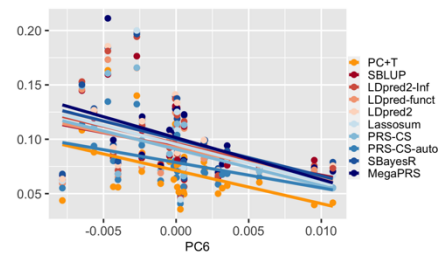
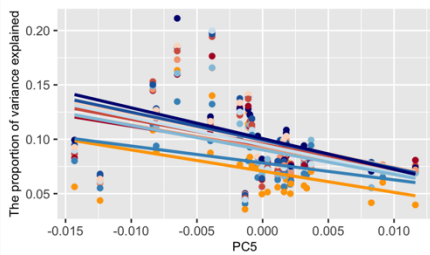
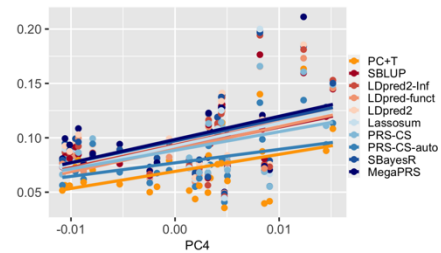
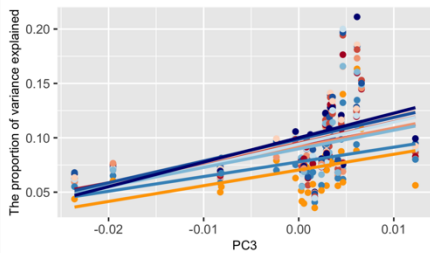
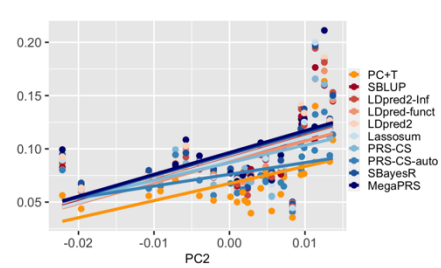
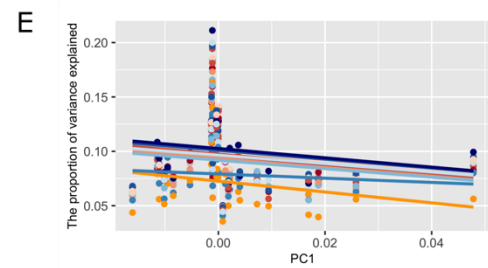
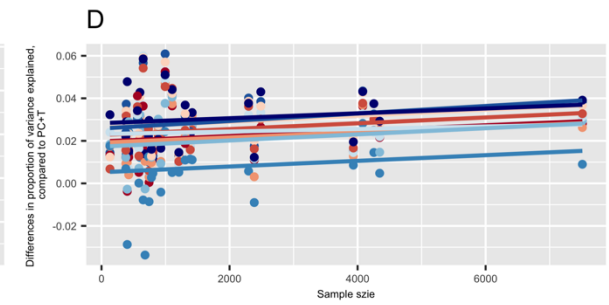
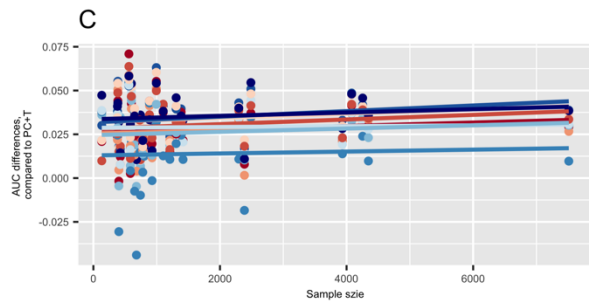
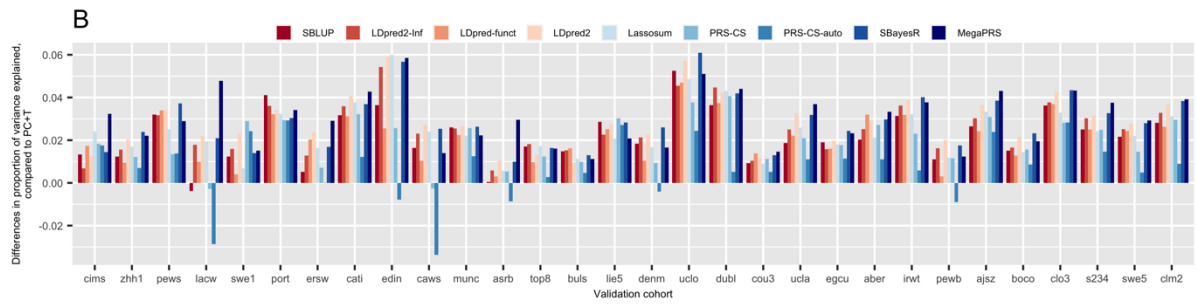
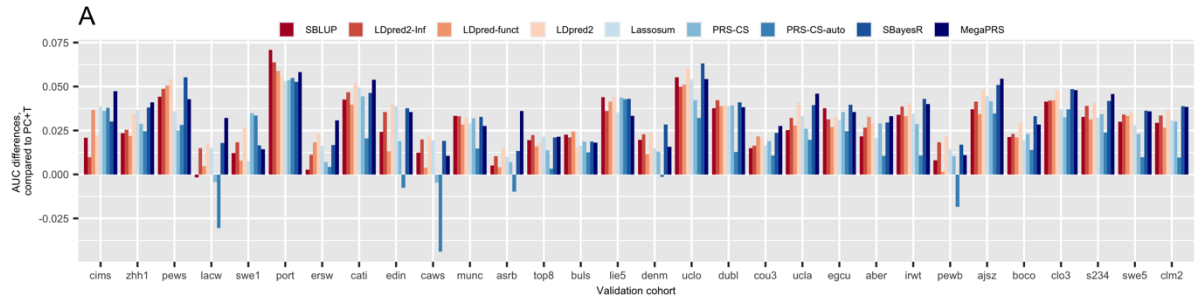


Figure S3. Individual SCZ cohort results and relationship with potential confounders.

The area under the curve (A and C panels) and the proportion of variance explained by PGS on the liability scale (B and D panels) of schizophrenia predicted by different PGS methods in each of target cohorts, compared to PC+T method. x-axis of A and B are the target cohorts ordered by sample size, increasing from left (Ncases = 71, Ncontrols = 69) to right (Ncases = 3466, Ncontrols = 4297). x-axis of C and D are the sample sizes of each target cohorts. The lines in C and D are the regression lines of y and x by each method. For each method, when regressing AUC difference on the sample size of the target cohort, the p-values are all larger than 0.05. Similarly, the p-values of regressing the proportion of variance explained by PGS on the sample size are larger than 0.05. E) The proportion of variance explained on the liability scale against first 6 principal components (PCs), which were estimated from directly genotyped SNPs shared across cohorts. The x-axis is the mean value of the PC in the cohort. The regression p-values were: PC1: 0.25-0.56, PC2: 0.001-0.004, PC3: 0.014-0.052, PC4: 0.004-0.024, PC5: 0.016-0.049, PC6: 0.009-0.056, with the range reflecting different methods. Using the 23 European cohorts collected in a single country, we found in regression of each PC on latitude, longitude and SNP-array (Affymetrix, Illumina-nonOmni, Illumina Omi) the following significant associations ($P < 0.01$): PC1: latitude & Array, PC2: longitude, PC3: latitude & longitude, PC4: Array, PC5: latitude & array, recognising that latitude and longitude could represent phenotype as well as genetic ancestry differences.

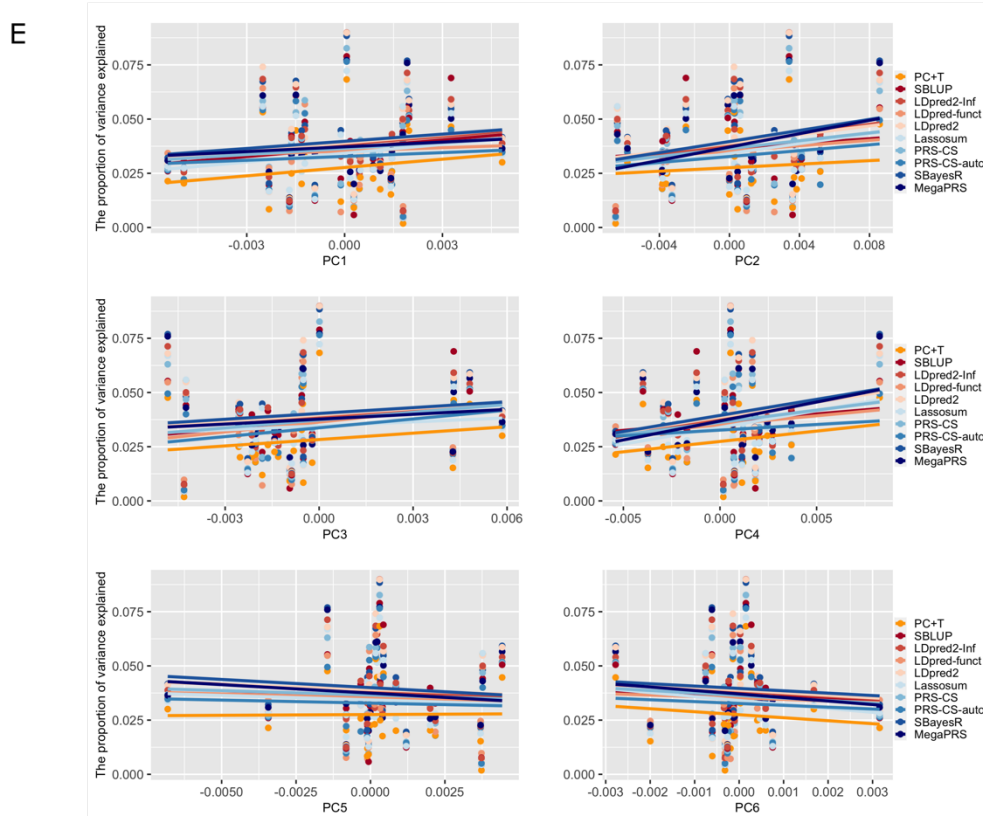
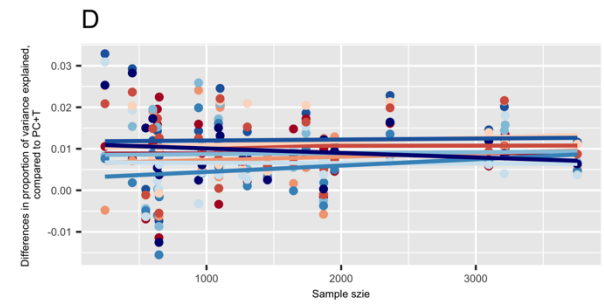
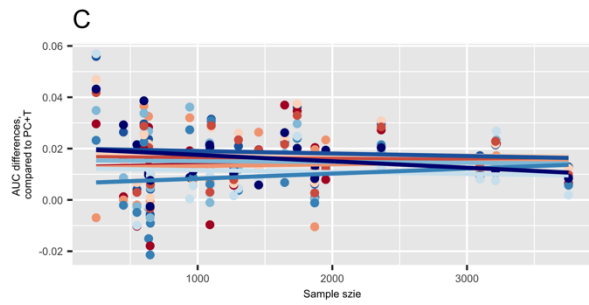
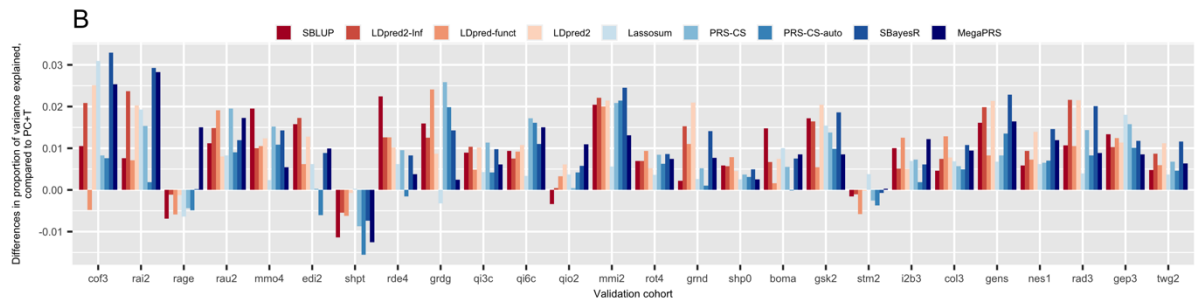
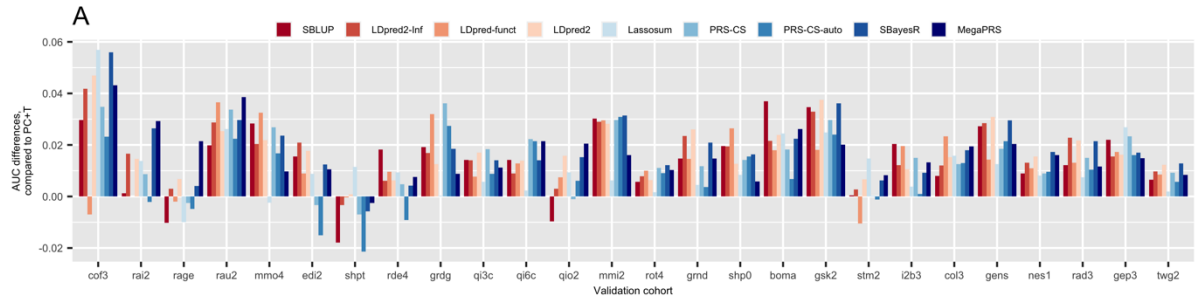


Figure S4. Individual MDD cohort results and relationship with potential confounders.

The area under the curve (A and C panels) and the proportion of variance explained by PGS on the liability scale (B and D panels) of major depression predicted by different PGS methods in each of target cohorts, compared to PC+T method. x-axis of A and B are the target cohorts ordered by sample size, increasing from left (Ncases = 120, Ncontrols =126) to right (Ncases = 1,097, Ncontrols =2,663). x-axis of C and D are the sample sizes of each target cohorts. The lines in C and D are the regression lines of y and x for each method. For each method, when regressing AUC difference on the sample size of the target cohort, the p-values are all larger than 0.05. Similarly, the P-values of regressing the proportion of variance explained by PGS on the sample size are larger than 0.05. E) The proportion of variance explained on the liability scale against first 6 principal components (PCs), which were estimated from directly genotyped SNPs shared across cohorts. The x-axis is the mean value of the PC in the cohort. The regression p-values were: PC1: 0.39-0.76, PC2: 0.09-0.65, PC3: 0.28-0.64, PC4: 0.16-0.68, PC5: 0.62-0.96, PC6: 0.59-0.85, with the range reflecting different methods. Using the 15 European cohorts collected in a single country, we found in regression of each PC on latitude, longitude and SNP-array (Affymetrix, Illumina-nonOmni, Illumina Omi) the following significant associations ($P < 0.01$): PC1: latitude, PC2: longitude, recognising that latitude and longitude could represent phenotype as well as genetic ancestry differences.

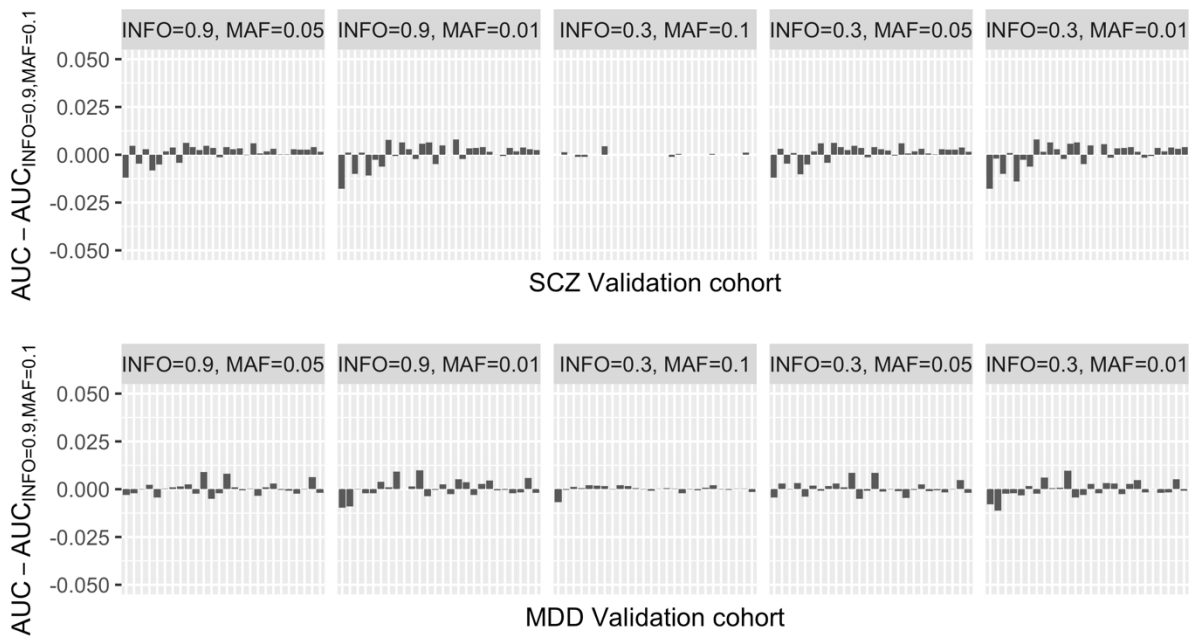


Figure S5. Sensitivity analysis: INFO score and MAF.

Differences in AUC of SBayesR when using different quality control thresholds.

The different bars refer to different target cohorts ordered by its sample size.

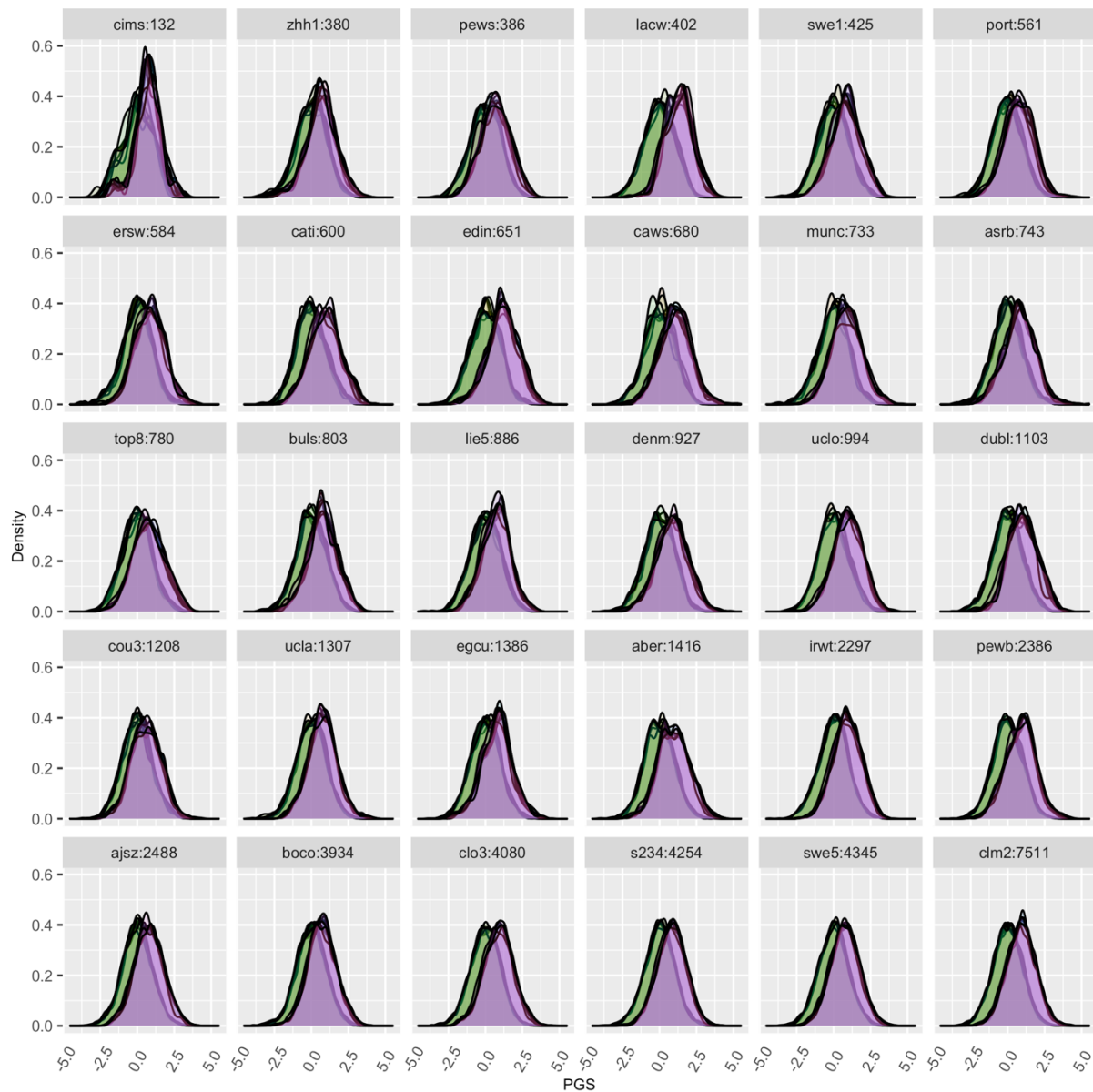


Figure S6. PGS densities of SCZ cases and controls in each target cohort ordered by sample size.

Light green shows the PGS density of controls predicted by different methods. Light purple shows the PGS density of cases predicted by different methods. The PGS were scaled to SD units of controls. Thus, the mean and variance of PGS in controls are zero and one, respectively. The mean and variance of PGS in cases are in Table S3 (SD of PGS of cases (SD units of controls)).

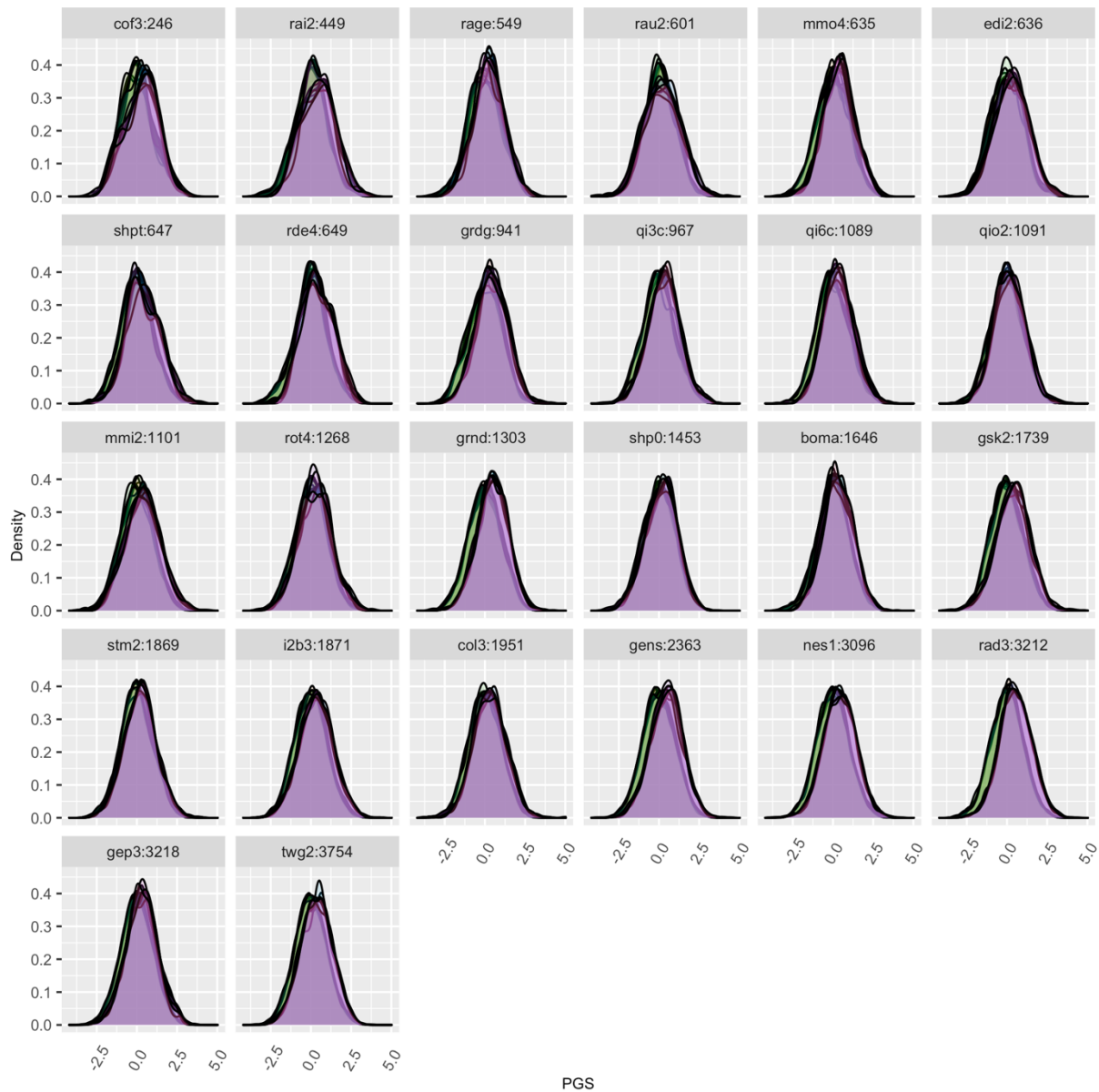


Figure S7. PGS densities of MDD cases and controls each target cohort ordered by sample size.

Light green shows the PGS density of controls predicted by different methods. Light purple shows the PGS density of cases predicted by different methods. The PGS were scaled to SD units of controls. Thus, the mean and variance of PGS in controls are zero and one, respectively. The mean and variance of PGS in cases are in Table S5 (SD of PGS of cases (SD units of controls)).

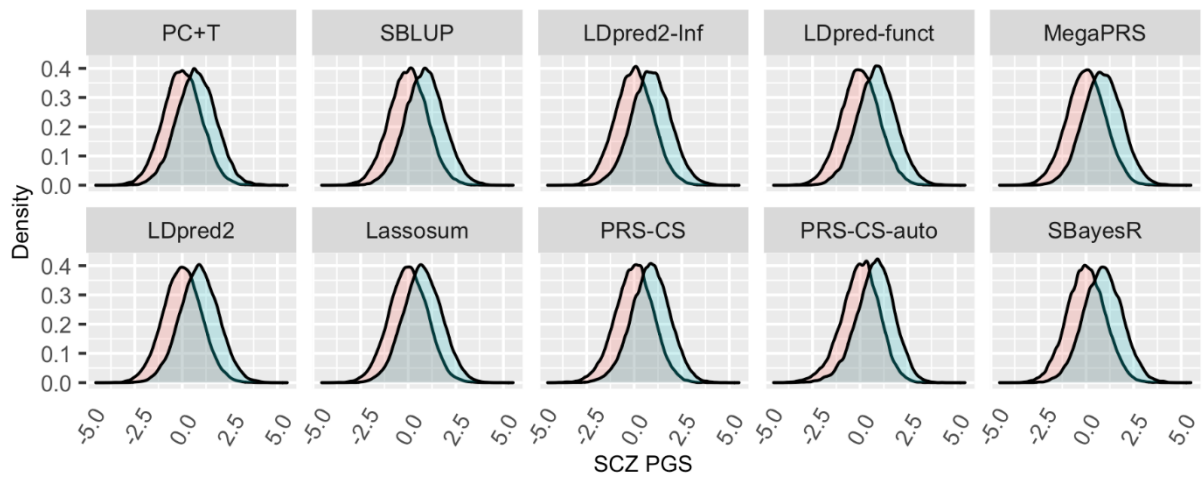


Figure S8. PGS densities of SCZ cases and controls estimated by different methods across the target cohorts.

The mean PGS of cases is, on average, 0.85 standard deviation units (calculated in controls) and refer to Table S3 for estimate of each method.

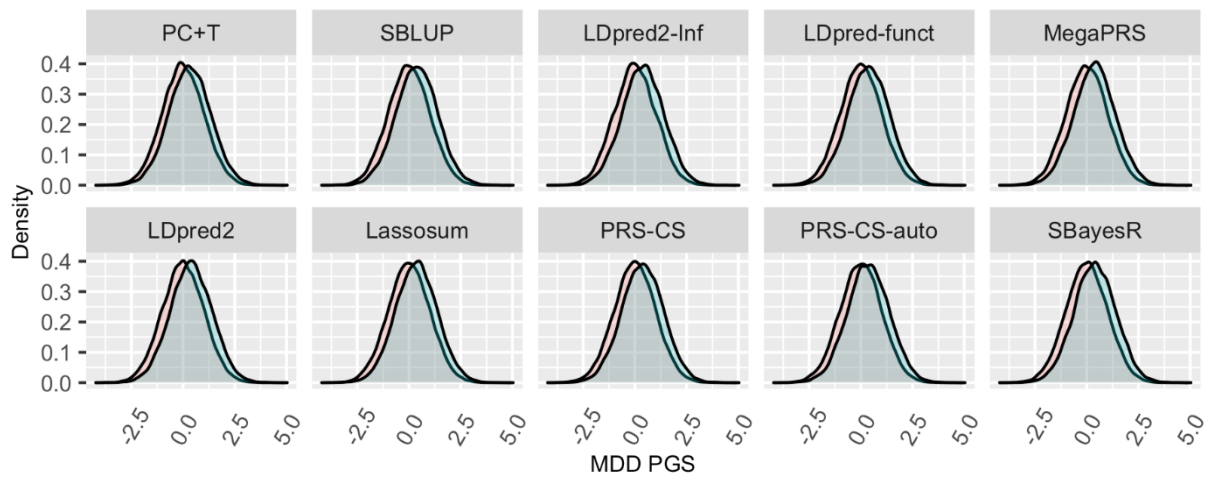


Figure S9. PGS densities of MDD cases and controls estimated by different methods across the target cohort.

The mean PGS of cases is, on average, 0.34 standard deviation units (calculated in controls) and refer to Table S5 for estimate of each method.

Pseudo code

```
#####
# PC+T
#####
clump_nav3 --noindel \
--pfile gwas_no_val_tun.gz \
--hq_f .01 \
--hq_i .6 \
--outname $coh_clumpOut \
--clu_p1 1.0 \
--clu_p2 1.0 \
--clu_window 500 \
--clu_r2 0.1 \
--refdir 1KG/pop_EUR \
--popname eur

#####
# SBLUP
#####
gcta64 --bfile LD_reference \
--chr chr \
--cojo-file daner_no_gwas.ma \
--cojo-sblup lambda \
--cojo-wind 1000 \
--thread-num 5 \
--out scz_tun_chr_sblup_prs

#####
# LDpred2 Inf+grid
#####
info_snp <- snp_match(sumstats, map_ldref)
sd_ldref <- with(info_snp, sqrt(2 * af_UKBB * (1 - af_UKBB)))
sd_ss <- with(info_snp, 2 / sqrt(n_eff * beta_se^2))

is_bad <-
  sd_ss < (0.5 * sd_ldref) | sd_ss > (sd_ldref + 0.1) | sd_ss < 0.1 | sd_ldref < 0.05

df_beta <- info_snp[!is_bad, ]

tmp <- tempfile(tmpdir = "tmp-data")

for (chr in 1:22) {
  cat(chr, ".. ", sep = "")
  ind.chr <- which(df_beta$chr == chr)
  ind.chr2 <- df_beta$`_NUM_ID_`[ind.chr]
  ind.chr3 <- match(ind.chr2, which(map_ldref$chr == chr))
  corr_chr <- readRDS(paste0("ld-ref/LD_chr", chr, ".rds"))[ind.chr3, ind.chr3]
```

```

if (chr == 1) {
  corr <- as_SFBM(corr_chr, tmp)
} else {
  corr$add_columns(corr_chr, nrow(corr))
}
}

# Heritability estimation of LD score regression
(ldsc <- with(df_beta, snp_ldsc(ld, ld_size = nrow(map_ldref),
  chi2 = (beta / beta_se)^2,
  sample_size = n_eff,
  ncores = NCORES)))
h2_est <- ldsc[["h2"]]

# LDpred2-inf
beta_inf <- snp_ldpred2_inf(corr, df_beta, h2 = h2_est) ##beta output
beta_inf_out <- cbind(df_beta[,c('rsid','a0','a1')], beta_inf)
print("finished beta_inf")

#LDpred2-grid
(h2_seq <- round(h2_est * c(0.7, 1, 1.4), 4))
(p_seq <- signif(seq_log(1e-4, 1, length.out = 17), 2))

params <- expand.grid(p = p_seq, h2 = h2_seq, sparse = c(FALSE, TRUE))
beta_grid <- snp_ldpred2_grid(corr, df_beta, params, ncores = NCORES)
beta_grid <- as.data.frame(beta_grid)
colnames(beta_grid) <- paste(params$p, params$h2, params$sparse, sep = '_')

betaall <- cbind(beta_inf_out, beta_grid)

write.table(betaall, file = 'ldpred2.scores', col.names = T, row.names = F
  , append = F, quote = F, sep = '\t')
print("finished beta_grid")

#####
# ldpredfunc
#####
Python-2.7.9/python ldpredfunc.py \
--gf=LD_reference \
--FUNCT_FILE=functional_matrix_no_val.txt \
--coord=coord_out_no_val_tun \
--ssf=gwas \
--N=N \
--H2=h2 \
--out=no_tun_tun_ldpredfunc_prs \
--posterior_means=no_coh_tun_ldpredfunc_out

#####
# lassosum

```

```
#####
library(lassosum)
library(parallel)
library(data.table)

ss<-fread(trainGWAS,header=TRUE)
cor<-p2cor(p=ss$P,n=ss$NMISS,sign=log(ss$OR),min.n=3000)
ref.bfile<-'ukbEURu_hm3_all_v3_5k'
cl <- makeCluster(5)
out<-lassosum.pipeline(cor=cor,chr=ss$CHR,pos=ss$BP
  ,A1=ss$A1,A2=ss$A2
  ,ref.bfile=ref.bfile
  ,LDblocks='EUR.hg19'
  ,trace=1
  ,destandardize=F
  ,cluster=cl)
betalist<-out$beta
#one<-betalist$0.2
betaout<-as.data.frame(matrix(unlist(betalist),byrow=F,ncol=80))
colnames(betaout)<-paste(rep(paste0('S ',names(betalist)),each=20),1:20,sep='_')
betaout<-cbind(out$sumstats,betaout)

#####
# PRS-CS
#####
for chrid in {1..22}
do
for pv in 1e-06 1e-05 1e-04 1e-03 1e-02 1e-01 1e+00
do

/Python-2.7.9/python PRScs.py --ref_dir=LD_reference \
--bim_prefix=gwas.bim \
--sst_file=daner_no_val_tun.prscs \
--n_gwas=sample_size \
--out_dir=val_tun_chr \
--chrom=${chrid} \
--phi=${pv}
done
done

#####
# PRS-CS-auto
#####
for chrid in {1..22}
do
/Python-2.7.9/python /PRScs.py --ref_dir=LD_reference \
--bim_prefix=gwas.bim \
--sst_file=daner_no_val_tun.prscs \
--n_gwas=sample_size \
```

```

--out_dir=val_tun_chr \
--chrom=${chrid}
done

#####
# SBayesR
#####
gctb --sbayes R \
--mldm /ukbEURu_hm3_mldm_list.txt \
--pi 0.95,0.02,0.02,0.01 \
--gamma 0.0,0.01,0.1,1 \
--gwas-summary /daner_no_gwas.ma \
--chain-length 10000 \
--burn-in 2000 \
--exclude-mhc \
--out-freq 10 \
--out daner_no_gwas_sbayesr

#####
# MegaPRS
#####
#Use SumHer to estimate total and per-SNP heritability given BLD-LADK model
ldak5.1.linux.fast --cut-weights sections --bfile UKB_LD50k
ldak5.1.linux.fast --calc-weights-all sections --bfile UKB_LD50k
mv sections/weights.short bld65
#[NOTE bld1...bld64 were download from LDAK Website]

ldak5.1.linux.fast --calc-tagging bld.ldak --bfile UKB_LD50k --ignore-weights YES \
--power -.25 --annotation-number 65 --annotation-prefix bld --window-kb 1000 --save-
matrix YES

# identify high LD region
ldak5.1.linux.fast --cut-genes highld --bfile UKB_LD50k --genefile highLD.txt

# Run SumHer
ldak5.1.linux.fast --sum-hers train_tun_val_bld --tagfile bld.ldak.tagging \
--summary size_train_tun_val.ldak --check-sums NO --matrix bld.ldak.matrix \
--exclude genes.predictors.used

# Prediction
# Step 1 - Calculate predictor-predictor correlations
ldak5.1.linux.fast --bfile UKB_LD50k --calc-cors ukb_cors --window-kb 3000

# Step 2- Estimate effect sizes for training and full prediction models
ldak5.1.linux.fast \
--mega-prs tun_val_bld \
--model mega \
--bfile UKB_LD50k \
--cors ukb_cors \

```



```

--ind-hers train_tun_val_bld.ind.hers \
--summary size_loo_tun_val.ldak # [note: training + testing cohorts (full GWAS)]
--summary2 size_train_tun_val.ldak # [note: training cohort only]
--window-kb 1000 --allow-ambiguous YES \
--extract comm_tunval_2

# Step 3 - Determine the best model
ldak5.1.linux.fast --calc-scores tun_val_bld \
  --bfile UKB_LD50k \
  --scorefile tun_val_bld.effects.train \
  --summary tun.ldak # [Note GWAS of testing cohort]
  --power 0 \
  --final-effects tun_val_bld.effects.final \
  --extract commsnp_tunval_3 # [note use only overlapped SNPs]
  --allow-ambiguous YES \
  --exclude genes.predictors.used

#####
#subroutine to calculate from normal distribution theory the
# Wray NR, Yang J, Goddard ME, Visscher PM (2010) The Genetic Interpretation of Area
#      under the ROC Curve in Genomic Profiling.
# PLoS Genet 6(2): e1000864. doi:10.1371/journal.pgen.1000864
r2toAUC<-function(K,r2){
  # K = Probability of disease (lifetime risk of disease)
  # r2 = variance explained by PRS (or any predictor)
  T0 = qnorm(1-K) #threshold for K
  z = dnorm(T0) #height of normal distribution at threshold
  i = z/K      # mean liability of case (Phneotypic SD=1)
  v = -i*K/(1-K) #mean liability of controls
  k = i*(i-T0) #variance reduction factor of cases
  kv = v*(v-T0) #variance reduction factor of contro
  vcase=r2*(1-r2*k) # variance in PRS in cases
  vcont=r2*(1-r2*kv) # variance in PRS in controls
#probaility a case ranks higher than a control
  auc=pnorm((i-v)*r2/(sqrt(vcase+vcont)))

  return(list(auc=auc))
}

#####
Pseudo code for AUC
#####

AUC:
library(pROC)
tstS = glm(Pheno01~PGS, data, family = binomial(logit)) # logit model
aucvS = auc(data$ Pheno01,tstF$linear.predictors)

AUC*:

```

```
tstF = glm(Pheno01~PGS+6PCs, data, family = binomial(logit)) # logit model
aucvF = auc(data$ Pheno01,tstF$linear.predictors)
```

```
#####
Pseudo code for variance explained in liability scale
#####
# Lee et al (2012) A Better Coefficient of Determination for Genetic Profile Analysis.
# Genetic Epidemiology 36 : 214–224
# DOI: 10.1002/gepi.21614
Variance explained in liability scale:
lm0=lm(std_y~1,data)
lmr=lm(std_y~6PCs, data)
lmf=lm(std_y~PGS+6PCs, data)

R2v=1-exp((2/N)*(logLik(lmr)-logLik(lmf)))
R2=1-exp((2/N)*(logLik(lm0)-logLik(lmf)))

h2l_r2 = h2l_R2(K,R2v,P) # Variance explained in liability scale
h2l_r2_cov = h2l_R2(K,R2,P) #In our Supplementary Tables this is noted with *)

h2l_R2 <- function(k, r2, p) {
  # K baseline disease risk
  # r2 from a linear regression model attributable to genomic profile risk score
  # P proportion of sample that are cases
  # calculates proportion of variance explained on the liability scale
  x= qnorm(1-k)
  z= dnorm(x)
  i=z/k
  C= k*(1-k)*k*(1-k)/(z^2*p*(1-p))
  theta= i*((p-k)/(1-k))*i*((p-k)/(1-k))-x)
  h2l_R2 = C*r2 / (1 + C*theta*r2)
}
```

Schizophrenia Working Group of the Psychiatric Genomics Consortium

Stephan Ripke^{1,2}, Benjamin M. Neale^{1,2,3,4}, Aiden Corvin⁵, James T. R. Walters⁶, Kai-How Farh¹, Peter A. Holmans^{6,7}, Phil Lee^{1,2,4}, Brendan Bulik-Sullivan^{1,2}, David A. Collier^{8,9}, Hailiang Huang^{1,3}, Tune H. Pers^{3,10,11}, Ingrid Agartz^{12,13,14}, Esben Agerbo^{15,16,17}, Margot Albus¹⁸, Madeline Alexander¹⁹, Farooq Amin^{20,21}, Silviu A. Bacanu²², Martin Begemann²³, Richard A Belliveau Jr², Judit Bene^{24,25}, Sarah E. Bergen^{2,26}, Elizabeth Bevilacqua², Tim B Bigdeli²², Donald W. Black²⁷, Richard Bruggeman²⁸, Nancy G. Buccola²⁹, Randy L. Buckner^{30,31,32}, William Byerley³³, Wipke Cahn³⁴, Guiqing Cai^{35,36}, Dominique Campion³⁷, Rita M. Cantor³⁸, Vaughan J. Carr^{39,40}, Noa Carrera⁶, Stanley V. Catts^{39,41}, Kimberley D. Chambert², Raymond C. K. Chan⁴², Ronald Y. L. Chen⁴³, Eric Y. H. Chen⁴⁴, Wei Cheng⁴⁵, Eric F. C. Cheung⁴⁶, Siow Ann Chong⁴⁷, C. Robert Cloninger⁴⁸, David Cohen⁴⁹, Nadine Cohen⁵⁰, Paul Cormican⁵, Nick Craddock^{6,7}, James J. Crowley⁵¹, Michael Davidson⁵⁴, Kenneth L. Davis³⁶, Franziska Degenhardt^{55,56}, Jurgen Del Favero⁵⁷, Ditte Demontis^{17,58,59}, Dimitris Dikeos⁶⁰, Timothy Dinan⁶¹, Srdjan Djurovic^{14,62}, Gary Donohoe^{5,63}, Elodie Drapeau³⁶, Jubao Duan^{64,65}, Frank Dudbridge⁶⁶, Naser Durmishi⁶⁷, Peter Eichhammer⁶⁸, Johan Eriksson^{69,70,71}, Valentina Escott-Price⁶, Laurent Essioux⁷², Ayman H. Fanous^{73,74,75,76}, Martilias S. Farrell⁵¹, Josef Frank⁷⁷, Lude Franke⁷⁸, Robert Freedman⁷⁹, Nelson B. Freimer⁸⁰, Marion Friedl⁸¹, Joseph I. Friedman³⁶, Menachem Fromer^{1,2,4,82}, Giulio Genovese², Lyudmila Georgieva⁶, Ina Giegling^{81,83}, Paola Giusti-Rodríguez⁵¹, Stephanie Godard⁸⁴, Jacqueline I. Goldstein^{1,3}, Vera Golimbet⁸⁵, Srihari Gopal⁸⁶, Jacob Gratten⁸⁷, Lieuwe de Haan⁸⁸, Christian Hammer²³, Marian L. Hamshere⁶, Mark Hansen⁸⁹, Thomas Hansen^{17,90}, Vahram Haroutunian^{36,91,92}, Annette M. Hartmann⁸¹, Frans A. Henskens^{39,93,94}, Stefan Herms^{55,56,95}, Joel N. Hirschhorn^{3,11,96}, Per Hoffmann^{55,56,95}, Andrea Hofman^{55,56}, Mads V. Hollegaard⁹⁷, David M. Hougaard⁹⁷, Masashi Ikeda⁹⁸, Inge Joa⁹⁹, Antonio Julia¹⁰⁰, René S. Kahn¹⁰¹, Luba Kalaydjieva^{102,103}, Sena Karachanak-Yankova¹⁰⁴, Juha Karjalainen⁷⁸, David Kavanagh⁶, Matthew C. Keller¹⁰⁵, James L. Kennedy^{106,107,108}, Andrey Khrunin¹⁰⁹, Yunjung Kim⁵¹, Janis Klovins¹¹⁰, James A. Knowles¹¹¹, Bettina Konte⁸¹, Vaidutis Kucinskas¹¹², Zita Ausrele Kucinskiene¹¹², Hana Kuzelova-Ptackova^{113,114}, Anna K. Kähler²⁶, Claudine Laurent^{19,115}, Jimmy Lee^{47,116}, S. Hong Lee⁸⁷, Sophie E. Legge⁶, Bernard Lerer¹¹⁷, Miaoxin Li¹¹⁸, Tao Li¹¹⁹, Kung-Yee Liang¹²⁰, Jeffrey Lieberman¹²¹, Svetlana Limborska¹⁰⁹, Carmel M. Loughland^{39,122}, Jan Lubinski¹²³, Jouko Lönnqvist¹²⁴, Milan Macek^{113,114}, Patrik K. E. Magnusson²⁶, Brion S. Maher¹²⁵, Wolfgang Maier¹²⁶, Jacques Mallet¹²⁷, Sara Marsal¹⁰⁰, Manuel Mattheisen^{17,58,59,128}, Morten Mattingsdal^{14,129}, Robert W. McCarley^{130,131}, Colm McDonald¹³², Andrew M. McIntosh^{133,134}, Sandra Meier⁷⁷, Carin J. Meijer⁸⁸, Bela Melegh^{24,25}, Ingrid Melle^{14,135}, Raquelle I. Mesholam-Gately^{130,136}, Andres Metspalu¹³⁷, Patricia T. Michie^{39,138}, Lili Milani¹³⁷, Vihra Milanova¹³⁹, Younes Mokrab⁸, Derek W. Morris^{5,63}, Ole Mors^{17,58,140}, Kieran C. Murphy¹⁴¹, Robin M. Murray¹⁴², Inez Myin-Germeys¹⁴³, Bertram Müller-Myhsok^{144,145,146}, Mari Nelis¹³⁷, Igor Nenadic¹⁴⁷, Deborah A. Nertney¹⁴⁸, Gerald Nestadt¹⁴⁹, Kristin K. Nicodemus¹⁵⁰, Liene Nikitina-Zake¹¹⁰, Laura Nisenbaum¹⁵¹, Annelie Nordin¹⁵², Eadbhard O'Callaghan¹⁵³, Colm O'Dushlaine², F. Anthony O'Neill¹⁵⁴, Sang-Yun Oh¹⁵⁵, Ann Olincy⁷⁹, Line Olsen^{17,90}, Jim Van Os^{143,156}, Psychosis Endophenotypes International Consortium¹⁵⁷, Christos Pantelis^{39,158}, George N. Papadimitriou⁶⁰, Sergi Papiol²³, Elena Parkhomenko³⁶, Michele T. Pato¹¹¹, Tiina Paunio^{159,160}, Milica Pejovic-Milovancevic¹⁶¹, Diana O. Perkins¹⁶², Olli Pietiläinen^{160,163}, Jonathan Pimm⁵³, Andrew J. Pocklington⁶, John Powell¹⁴², Alkes Price¹⁶⁴, Ann E. Pulver¹⁴⁹, Shaun M. Purcell⁸², Digby Quested¹⁶⁵, Henrik B. Rasmussen^{17,90}, Abraham Reichenberg³⁶, Mark A. Reimers¹⁶⁶, Alexander L. Richards^{6,7}, Joshua L. Roffman^{30,32}, Panos Roussos^{82,167}, Douglas M. Ruderfer⁸², Veikko Salomaa⁷¹, Alan R. Sanders^{64,65}, Ulrich Schall^{39,122}, Christian

R. Schubert¹⁶⁸, Thomas G. Schulze^{77,169}, Sibylle G. Schwab¹⁷⁰, Edward M. Scolnick², Rodney J. Scott^{39,171,172}, Larry J. Seidman^{130,136}, Jianxin Shi¹⁷³, Engilbert Sigurdsson¹⁷⁴, Teimuraz Silagadze¹⁷⁵, Jeremy M. Silverman^{36,176}, Kang Sim⁴⁷, Petr Slominsky¹⁰⁹, Jordan W. Smoller^{2,4}, Hon-Cheong So⁴³, Chris C. A. Spencer¹⁷⁷, Eli A. Stahl^{3,82}, Hreinn Stefansson¹⁷⁸, Stacy Steinberg¹⁷⁸, Elisabeth Stogmann¹⁷⁹, Richard E. Straub¹⁸⁰, Eric Strengman^{181,182}, Jana Strohmaier⁷⁷, T. Scott Stroup¹²¹, Mythily Subramaniam⁴⁷, Jaana Suvisaari¹²⁴, Dragan M. Svrakic⁴⁸, Jin P. Szatkiewicz⁵¹, Erik Söderman¹², Srinivas Thirumalai¹⁸³, Draga Toncheva¹⁰⁴, Sarah Tosato¹⁸⁴, Juha Vejjola^{185,186}, John Waddington¹⁸⁷, Dermot Walsh¹⁸⁸, Dai Wang⁸⁶, Qiang Wang¹¹⁹, Bradley T. Webb²², Mark Weiser⁵⁴, Dieter B. Wildenauer¹⁸⁹, Nigel M. Williams¹⁹⁰, Stephanie Williams⁵¹, Stephanie H. Witt⁷⁷, Aaron R. Wolen¹⁶⁶, Emily H. M. Wong⁴³, Brandon K. Wormley²², Hualin Simon Xi¹⁹¹, Clement C. Zai^{106,107}, Xuebin Zheng¹⁹², Fritz Zimprich¹⁷⁹, Naomi R. Wray⁸⁷, Kari Stefansson¹⁷⁸, Peter M. Visscher⁸⁷, Wellcome Trust Case-Control Consortium 2¹⁹³, Rolf Adolfsson¹⁵², Ole A. Andreassen^{14,135}, Douglas H. R. Blackwood¹³⁴, Elvira Bramon¹⁹⁴, Joseph D. Buxbaum^{35,36,91,195}, Anders D. Børglum^{17,58,59,140}, Sven Cichon^{55,56,95,196}, Ariel Darvasi¹⁹⁷, Enrico Domenici¹⁹⁸, Hannelore Ehrenreich²³, Tõnu Esko^{3,11,96,137}, Pablo V. Gejman^{64,65}, Michael Gill⁵, Hugh Gurling⁵³, Christina M. Hultman²⁶, Nakao Iwata⁹⁸, Assen V. Jablensky^{39,199,200,201}, Erik G. Jönsson¹², Kenneth S. Kendler²⁰², George Kirov⁶, Jo Knight^{106,107,108}, Todd Lencz^{203,204,205}, Douglas F. Levinson¹⁹, Qingqin S. Li⁸⁶, Jianjun Liu^{192,206}, Anil K. Malhotra^{203,204,205}, Steven A. McCarrroll^{2,96}, Andrew McQuillin⁵³, Jennifer L. Moran², Preben B. Mortensen^{15,16,17}, Bryan J. Mowry^{87,207}, Markus M. Nöthen^{55,56}, Roel A. Ophoff^{38,80,208}, Michael J. Owen^{6,7}, Aarno Palotie^{4,163,209}, Carlos N. Pato¹¹¹, Tracey L. Petryshen^{130,209,210}, Danielle Posthuma^{211,212,213}, Marcella Rietschel⁷⁷, Brien P. Riley²⁰², Dan Rujescu^{81,83}, Pak C. Sham²¹⁴, Pamela Sklar^{82,91,167}, David St Clair²¹⁵, Daniel R. Weinberger^{180,216}, Jens R. Wendland¹⁶⁸, Thomas Werge^{17,90,217}, Mark J. Daly¹, Patrick F. Sullivan^{26,51,162} & Michael C. O'Donovan^{6,7}

¹Analytic and Translational Genetics Unit, Massachusetts General Hospital, Boston, Massachusetts, USA.

²Stanley Center for Psychiatric Research, Broad Institute of MIT and Harvard, Cambridge, Massachusetts, USA.

³Medical and Population Genetics Program, Broad Institute of MIT and Harvard, Cambridge, Massachusetts, USA.

⁴Psychiatric and Neurodevelopmental Genetics Unit, Massachusetts General Hospital, Boston, Massachusetts, USA.

⁵Neuropsychiatric Genetics Research Group, Department of Psychiatry, Trinity College Dublin, Ireland.

⁶MRC Centre for Neuropsychiatric Genetics and Genomics, Institute of Psychological Medicine and Clinical Neurosciences, School of Medicine, Cardiff University, Cardiff, UK.

⁷National Centre for Mental Health, Cardiff University, Cardiff, Wales.

⁸Eli Lilly and Company Limited, Erl Wood Manor, Sunninghill Road, Windlesham, Surrey, UK.

⁹Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College London, London, UK.

¹⁰Center for Biological Sequence Analysis, Department of Systems Biology, Technical University of Denmark, Lyngby, Denmark.

¹¹Division of Endocrinology and Center for Basic and Translational Obesity Research, Boston Children's Hospital, Boston, Massachusetts, USA.

¹²Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden.

¹³Department of Psychiatry, Diakonhjemmet Hospital, Oslo, Norway.

- ¹⁴NORMENT, KG Jebsen Centre for Psychosis Research, Institute of Clinical Medicine, University of Oslo, Oslo, Norway.
- ¹⁵Centre for Integrative Register-based Research, CIRRAU, Aarhus University, Aarhus, Denmark.
- ¹⁶National Centre for Register-based Research, Aarhus University, Aarhus, Denmark.
- ¹⁷The Lundbeck Foundation Initiative for Integrative Psychiatric Research, iPSYCH, Denmark.
- ¹⁸State Mental Hospital, Haar, Germany.
- ¹⁹Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, California, USA.
- ²⁰Department of Psychiatry and Behavioral Sciences, Atlanta Veterans Affairs Medical Center, Atlanta, Georgia, USA.
- ²¹Department of Psychiatry and Behavioral Sciences, Emory University, Atlanta, Georgia, USA.
- ²²Virginia Institute for Psychiatric and Behavioral Genetics, Department of Psychiatry, Virginia Commonwealth University, Richmond, Virginia, USA.
- ²³Clinical Neuroscience, Max Planck Institute of Experimental Medicine, Göttingen, Germany.
- ²⁴Department of Medical Genetics, University of Pécs, Pécs, Hungary.
- ²⁵Szentagothai Research Center, University of Pécs, Pécs, Hungary.
- ²⁶Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden.
- ²⁷Department of Psychiatry, University of Iowa Carver College of Medicine, Iowa City, Iowa, USA.
- ²⁸University Medical Center Groningen, Department of Psychiatry, University of Groningen, The Netherlands.
- ²⁹School of Nursing, Louisiana State University Health Sciences Center, New Orleans, Louisiana, USA.
- ³⁰Athinoula A. Martinos Center, Massachusetts General Hospital, Boston, Massachusetts, USA.
- ³¹Center for Brain Science, Harvard University, Cambridge, Massachusetts, USA.
- ³²Department of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts, USA.
- ³³Department of Psychiatry, University of California at San Francisco, San Francisco, California, USA.
- ³⁴University Medical Center Utrecht, Department of Psychiatry, Rudolf Magnus Institute of Neuroscience, The Netherlands.
- ³⁵Department of Human Genetics, Icahn School of Medicine at Mount Sinai, New York, New York, USA.
- ³⁶Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, New York, USA.
- ³⁷Centre Hospitalier du Rouvray and INSERM U1079 Faculty of Medicine, Rouen, France.
- ³⁸Department of Human Genetics, David Geffen School of Medicine, University of California, Los Angeles, California, USA.
- ³⁹Schizophrenia Research Institute, Sydney, Australia.
- ⁴⁰School of Psychiatry, University of New South Wales, Sydney, Australia.
- ⁴¹Royal Brisbane and Women's Hospital, University of Queensland, Brisbane, Australia.
- ⁴²Institute of Psychology, Chinese Academy of Science, Beijing, China.
- ⁴³Department of Psychiatry, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong, China.

- ⁴⁴Department of Psychiatry and State Key Laboratory for Brain and Cognitive Sciences, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong, China.
- ⁴⁵Department of Computer Science, University of North Carolina, Chapel Hill, North Carolina, USA.
- ⁴⁶Castle Peak Hospital, Hong Kong, China.
- ⁴⁷Institute of Mental Health, Singapore.
- ⁴⁸Department of Psychiatry, Washington University, St. Louis, Missouri, USA.
- ⁴⁹Department of Child and Adolescent Psychiatry, Pierre and Marie Curie Faculty of Medicine and Brain and Spinal Cord Institute (ICM), Paris, France.
- ⁵⁰Neuroscience Therapeutic Area, Janssen Research and Development, Raritan, New Jersey, USA
- ⁵¹Department of Genetics, University of North Carolina, Chapel Hill, North Carolina, USA.
- ⁵²Department of Psychological Medicine, Queen Mary University of London, UK.
- ⁵³Molecular Psychiatry Laboratory, Division of Psychiatry, University College London, UK.
- ⁵⁴Sheba Medical Center, Tel Hashomer, Israel.
- ⁵⁵Department of Genomics, Life and Brain Center, Bonn, Germany.
- ⁵⁶Institute of Human Genetics, University of Bonn, Bonn, Germany.
- ⁵⁷Applied Molecular Genomics Unit, VIB Department of Molecular Genetics, University of Antwerp, Antwerp, Belgium.
- ⁵⁸Centre for Integrative Sequencing, iSEQ, Aarhus University, Aarhus, Denmark.
- ⁵⁹Department of Biomedicine, Aarhus University, Aarhus, Denmark.
- ⁶⁰First Department of Psychiatry, University of Athens Medical School, Athens, Greece.
- ⁶¹Department of Psychiatry, University College Cork, Ireland.
- ⁶²Department of Medical Genetics, Oslo University Hospital, Oslo, Norway.
- ⁶³Cognitive Genetics and Therapy Group, School of Psychology and Discipline of Biochemistry, National University of Ireland Galway, Ireland.
- ⁶⁴Department of Psychiatry and Behavioral Neuroscience, University of Chicago, Chicago, Illinois, USA.
- ⁶⁵Department of Psychiatry and Behavioral Sciences, NorthShore University HealthSystem, Evanston, Illinois, USA.
- ⁶⁶Department of Non-Communicable Disease Epidemiology, London School of Hygiene and Tropical Medicine, London, UK.
- ⁶⁷Department of Child and Adolescent Psychiatry, University Clinic of Psychiatry, Skopje, Republic of Macedonia. ⁶⁸Department of Psychiatry, University of Regensburg, Regensburg, Germany.
- ⁶⁹Department of General Practice, Helsinki University Central Hospital, Helsinki, Finland.
- ⁷⁰Folkhälsan Research Center, Helsinki, Finland.
- ⁷¹National Institute for Health and Welfare, Helsinki, Finland.
- ⁷²Translational Technologies and Bioinformatics, Pharma Research and Early Development, F. Hoffman-La Roche, Basel, Switzerland.
- ⁷³Department of Psychiatry, Georgetown University School of Medicine, Washington DC, USA.
- ⁷⁴Department of Psychiatry, Keck School of Medicine of the University of Southern California, Los Angeles, California, USA.
- ⁷⁵Department of Psychiatry, Virginia Commonwealth University School of Medicine, Richmond, Virginia, USA.
- ⁷⁶Mental Health Service Line, Washington VA Medical Center, Washington DC, USA.
- ⁷⁷Department of Genetic Epidemiology in Psychiatry, Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Heidelberg, Germany.

- ⁷⁸Department of Genetics, University of Groningen, University Medical Centre Groningen, The Netherlands.
- ⁷⁹Department of Psychiatry, University of Colorado Denver, Aurora, Colorado, USA.
- ⁸⁰Center for Neurobehavioral Genetics, Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles, California, USA.
- ⁸¹Department of Psychiatry, University of Halle, Halle, Germany.
- ⁸²Division of Psychiatric Genomics, Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, New York, USA.
- ⁸³Department of Psychiatry, University of Munich, Munich, Germany.
- ⁸⁴Departments of Psychiatry and Human and Molecular Genetics, INSERM, Institut de Myologie, Hôpital de la Pitié-Salpêtrière, Paris, France.
- ⁸⁵Mental Health Research Centre, Russian Academy of Medical Sciences, Moscow, Russia.
- ⁸⁶Neuroscience Therapeutic Area, Janssen Research and Development, Raritan, New Jersey, USA.
- ⁸⁷Queensland Brain Institute, The University of Queensland, Brisbane, Queensland, Australia.
- ⁸⁸Academic Medical Centre University of Amsterdam, Department of Psychiatry, Amsterdam, The Netherlands.
- ⁸⁹Illumina, La Jolla, California, USA.
- ⁹⁰Institute of Biological Psychiatry, MHC Sct. Hans, Mental Health Services Copenhagen, Denmark.
- ⁹¹Friedman Brain Institute, Icahn School of Medicine at Mount Sinai, New York, New York, USA.
- ⁹²J. J. Peters VA Medical Center, Bronx, New York, USA.
- ⁹³Priority Research Centre for Health Behaviour, University of Newcastle, Newcastle, Australia.
- ⁹⁴School of Electrical Engineering and Computer Science, University of Newcastle, Newcastle, Australia.
- ⁹⁵Division of Medical Genetics, Department of Biomedicine, University of Basel, Basel, Switzerland.
- ⁹⁶Department of Genetics, Harvard Medical School, Boston, Massachusetts, USA.
- ⁹⁷Section of Neonatal Screening and Hormones, Department of Clinical Biochemistry, Immunology and Genetics, Statens Serum Institut, Copenhagen, Denmark.
- ⁹⁸Department of Psychiatry, Fujita Health University School of Medicine, Toyoake, Aichi, Japan.
- ⁹⁹Regional Centre for Clinical Research in Psychosis, Department of Psychiatry, Stavanger University Hospital, Stavanger, Norway.
- ¹⁰⁰Rheumatology Research Group, Vall d'Hebron Research Institute, Barcelona, Spain.
- ¹⁰¹Department of Psychiatry, Rudolf Magnus Institute of Neuroscience, University Medical Center Utrecht, Utrecht, The Netherlands.
- ¹⁰²Centre for Medical Research, The University of Western Australia, Perth, Western Australia, Australia.
- ¹⁰³Perkins Institute for Medical Research, The University of Western Australia, Perth, Western Australia, Australia.
- ¹⁰⁴Department of Medical Genetics, Medical University, Sofia, Bulgaria.
- ¹⁰⁵Department of Psychology, University of Colorado Boulder, Boulder, Colorado, USA.
- ¹⁰⁶Campbell Family Mental Health Research Institute, Centre for Addiction and Mental Health, Toronto, Ontario, Canada.
- ¹⁰⁷Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada.
- ¹⁰⁸Institute of Medical Science, University of Toronto, Toronto, Ontario, Canada.

- ¹⁰⁹Institute of Molecular Genetics, Russian Academy of Sciences, Moscow, Russia.
- ¹¹⁰Latvian Biomedical Research and Study Centre, Riga, Latvia.
- ¹¹¹Department of Psychiatry and Zilkha Neurogenetics Institute, Keck School of Medicine at University of Southern California, Los Angeles, California, USA.
- ¹¹²Faculty of Medicine, Vilnius University, Vilnius, Lithuania.
- ¹¹³2nd Faculty of Medicine and University Hospital Motol, Prague, Czech Republic.
- ¹¹⁴Department of Biology and Medical Genetics, Charles University Prague, Prague, Czech Republic.
- ¹¹⁵Pierre and Marie Curie Faculty of Medicine, Paris, France.
- ¹¹⁶Duke-NUS Graduate Medical School, Singapore.
- ¹¹⁷Department of Psychiatry, Hadassah-Hebrew University Medical Center, Jerusalem, Israel.
- ¹¹⁸Centre for Genomic Sciences and Department of Psychiatry, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong, China.
- ¹¹⁹Mental Health Centre and Psychiatric Laboratory, West China Hospital, Sichuan University, Chendu, Sichuan, China.
- ¹²⁰Department of Biostatistics, Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA.
- ¹²¹Department of Psychiatry, Columbia University, New York, New York, USA.
- ¹²²Priority Centre for Translational Neuroscience and Mental Health, University of Newcastle, Newcastle, Australia.
- ¹²³Department of Genetics and Pathology, International Hereditary Cancer Center, Pomeranian Medical University in Szczecin, Szczecin, Poland.
- ¹²⁴Department of Mental Health and Substance Abuse Services; National Institute for Health and Welfare, Helsinki, Finland.
- ¹²⁵Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland, USA.
- ¹²⁶Department of Psychiatry, University of Bonn, Bonn, Germany.
- ¹²⁷Centre National de la Recherche Scientifique, Laboratoire de Génétique Moléculaire de la Neurotransmission et des Processus Neurodégénératifs, Hôpital de la Pitié Salpêtrière, Paris, France.
- ¹²⁸Department of Genomics Mathematics, University of Bonn, Bonn, Germany.
- ¹²⁹Research Unit, Sørlandet Hospital, Kristiansand, Norway.
- ¹³⁰Department of Psychiatry, Harvard Medical School, Boston, Massachusetts, USA.
- ¹³¹VA Boston Health Care System, Brockton, Massachusetts, USA.
- ¹³²Department of Psychiatry, National University of Ireland Galway, Ireland.
- ¹³³Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh, UK.
- ¹³⁴Division of Psychiatry, University of Edinburgh, Edinburgh, UK.
- ¹³⁵Division of Mental Health and Addiction, Oslo University Hospital, Oslo, Norway.
- ¹³⁶Massachusetts Mental Health Center Public Psychiatry Division of the Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA.
- ¹³⁷Estonian Genome Center, University of Tartu, Tartu, Estonia.
- ¹³⁸School of Psychology, University of Newcastle, Newcastle, Australia.
- ¹³⁹First Psychiatric Clinic, Medical University, Sofia, Bulgaria.
- ¹⁴⁰Department P, Aarhus University Hospital, Risskov, Denmark.
- ¹⁴¹Department of Psychiatry, Royal College of Surgeons in Ireland, Ireland.
- ¹⁴²King's College London, UK.
- ¹⁴³Maastricht University Medical Centre, South Limburg Mental Health Research and Teaching Network, EURON, Maastricht, The Netherlands.
- ¹⁴⁴Institute of Translational Medicine, University Liverpool, UK.
- ¹⁴⁵Max Planck Institute of Psychiatry, Munich, Germany.

- ¹⁴⁶Munich Cluster for Systems Neurology (SyNergy), Munich, Germany.
- ¹⁴⁷Department of Psychiatry and Psychotherapy, Jena University Hospital, Jena, Germany.
- ¹⁴⁸Department of Psychiatry, Queensland Brain Institute and Queensland Centre for Mental Health Research, University of Queensland, Brisbane, Queensland, Australia.
- ¹⁴⁹Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA.
- ¹⁵⁰Department of Psychiatry, Trinity College Dublin, Ireland.
- ¹⁵¹Eli Lilly and Company, Lilly Corporate Center, Indianapolis, Indiana, USA.
- ¹⁵²Department of Clinical Sciences, Psychiatry, Umeå University, Umeå, Sweden.
- ¹⁵³DETECT Early Intervention Service for Psychosis, Blackrock, Dublin, Ireland.
- ¹⁵⁴Centre for Public Health, Institute of Clinical Sciences, Queen's University Belfast, Belfast, UK.
- ¹⁵⁵Lawrence Berkeley National Laboratory, University of California at Berkeley, Berkeley, California, USA.
- ¹⁵⁶Institute of Psychiatry at King's College London, London, UK.
- ¹⁵⁷A list of authors and affiliations appears in the Supplementary Information.
- ¹⁵⁸Melbourne Neuropsychiatry Centre, University of Melbourne & Melbourne Health, Melbourne, Australia.
- ¹⁵⁹Department of Psychiatry, University of Helsinki, Finland.
- ¹⁶⁰Public Health Genomics Unit, National Institute for Health and Welfare, Helsinki, Finland.
- ¹⁶¹Medical Faculty, University of Belgrade, Belgrade, Serbia.
- ¹⁶²Department of Psychiatry, University of North Carolina, Chapel Hill, North Carolina, USA.
- ¹⁶³Institute for Molecular Medicine Finland, FIMM, Helsinki, Finland.
- ¹⁶⁴Department of Epidemiology, Harvard University, Boston, Massachusetts, USA.
- ¹⁶⁵Department of Psychiatry, University of Oxford, Oxford, UK.
- ¹⁶⁶Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, Virginia, USA.
- ¹⁶⁷Institute for Multiscale Biology, Icahn School of Medicine at Mount Sinai, New York, New York, USA.
- ¹⁶⁸PharmaTherapeutics Clinical Research, Pfizer Worldwide Research and Development, Cambridge, Massachusetts, USA.
- ¹⁶⁹Department of Psychiatry and Psychotherapy, University of Gottingen, Göttingen, Germany.
- ¹⁷⁰Psychiatry and Psychotherapy Clinic, University of Erlangen, Germany.
- ¹⁷¹Hunter New England Health Service, Newcastle, Australia.
- ¹⁷²School of Biomedical Sciences, University of Newcastle, Newcastle, Australia.
- ¹⁷³Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, Maryland, USA.
- ¹⁷⁴University of Iceland, Landspítali, National University Hospital, Reykjavik, Iceland.
- ¹⁷⁵Department of Psychiatry and Drug Addiction, Tbilisi State Medical University (TSMU), Tbilisi, Georgia.
- ¹⁷⁶Research and Development, Bronx Veterans Affairs Medical Center, New York, New York, USA.
- ¹⁷⁷Wellcome Trust Centre for Human Genetics, Oxford, UK.
- ¹⁷⁸deCODE Genetics, Reykjavik, Iceland.
- ¹⁷⁹Department of Clinical Neurology, Medical University of Vienna, Austria.
- ¹⁸⁰Lieber Institute for Brain Development, Baltimore, Maryland, USA.
- ¹⁸¹Department of Medical Genetics, University Medical Centre, Utrecht, The Netherlands.

- ¹⁸²Rudolf Magnus Institute of Neuroscience, University Medical Centre Utrecht, The Netherlands.
- ¹⁸³Berkshire Healthcare NHS Foundation Trust, Bracknell, UK.
- ¹⁸⁴Section of Psychiatry, University of Verona, Verona, Italy.
- ¹⁸⁵Department of Psychiatry, University of Oulu, Finland.
- ¹⁸⁶University Hospital of Oulu, Oulu, Finland.
- ¹⁸⁷Molecular and Cellular Therapeutics, Royal College of Surgeons in Ireland, Dublin, Ireland.
- ¹⁸⁸Health Research Board, Dublin, Ireland.
- ¹⁸⁹Department of Psychiatry and Clinical Neurosciences, School of Psychiatry and Clinical Neurosciences, Queen Elizabeth II Medical Centre, Perth, Western Australia, Australia.
- ¹⁹⁰Department of Psychological Medicine and Neurology, MRC Centre for Neuropsychiatric Genetics and Genomics, School of Medicine, Cardiff University, Cardiff, Wales, UK.
- ¹⁹¹Computational Sciences CoE, Pfizer Worldwide Research and Development, Cambridge, Massachusetts, USA.
- ¹⁹²Human Genetics, Genome Institute of Singapore, A*STAR, Singapore.
- ¹⁹³A list of authors and affiliations appears in the Supplementary Information.
- ¹⁹⁴University College London, UK.
- ¹⁹⁵Department of Neuroscience, Icahn School of Medicine at Mount Sinai, New York, New York, USA.
- ¹⁹⁶Institute of Neuroscience and Medicine (INM-1), Research Center Juelich, Juelich, Germany.
- ¹⁹⁷Department of Genetics, The Hebrew University of Jerusalem, Jerusalem, Israel.
- ¹⁹⁸Neuroscience Discovery and Translational Area, Pharma Research and Early Development, F. Hoffman-La Roche, Basel, Switzerland.
- ¹⁹⁹School of Psychiatry and Clinical Neurosciences, The University of Western Australia, Perth, Australia.
- ²⁰⁰The Perkins Institute of Medical Research, Perth, Australia.
- ²⁰¹UWA Centre for Clinical Research in Neuropsychiatry, Crawley 6009, Western Australia.
- ²⁰²Virginia Institute for Psychiatric and Behavioral Genetics 23298-980126, Departments of Psychiatry and Human and Molecular Genetics 23298-980003, Virginia Commonwealth University, Richmond, Virginia, USA.
- ²⁰³The Feinstein Institute for Medical Research, Manhasset, New York, 11030 USA.
- ²⁰⁴The Hofstra NS-LIJ School of Medicine, Hempstead, New York, 11549 USA.
- ²⁰⁵The Zucker Hillside Hospital, Glen Oaks, New York, 11004 USA.
- ²⁰⁶Saw Swee Hock School of Public Health, National University of Singapore, 117597 Singapore.
- ²⁰⁷Queensland Centre for Mental Health Research, University of Queensland, Brisbane 4076, Queensland, Australia.
- ²⁰⁸Department of Psychiatry, Brain Center Rudolf Magnus, University Medical Center Utrecht, 3584 The Netherlands.
- ²⁰⁹The Broad Institute of MIT and Harvard, Cambridge, Massachusetts 02142, USA.
- ²¹⁰Center for Human Genetic Research and Department of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts 02114, USA.
- ²¹¹Department of Child and Adolescent Psychiatry, Erasmus University Medical Centre, Rotterdam 3000, The Netherlands.
- ²¹²Department of Complex Trait Genetics, Neuroscience Campus Amsterdam, VU University Medical Center Amsterdam, Amsterdam 1081, The Netherlands.
- ²¹³Department of Functional Genomics, Center for Neurogenomics and Cognitive Research, Neuroscience Campus Amsterdam, VU University, Amsterdam 1081, The Netherlands.

²¹⁴Centre for Genomic Sciences, State Ket Laboratory for Brain and Cognitive Sciences, and Department of Psychiatry, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong, China. n/a

²¹⁵University of Aberdeen, Institute of Medical Sciences, Aberdeen, Scotland AB25 2ZD, UK.

²¹⁶Departments of Psychiatry, Neurology, Neuroscience and Institute of Genetic Medicine, Johns Hopkins School of Medicine, Baltimore, Maryland 21287-7413, USA.

²¹⁷Department of Clinical Medicine, University of Copenhagen, Copenhagen 2200, Denmark.

Major Depressive Disorder Working Group of the Psychiatric Genomics Consortium

Naomi R Wray* ^{1, 2}, Stephan Ripke* ^{3, 4, 5}, Manuel Mattheisen* ^{6, 7, 8}, Maciej Trzaskowski ¹, Enda M Byrne ¹, Abdel Abdellaoui ⁹, Mark J Adams ¹⁰, Esben Agerbo ^{11, 12, 13}, Tracy M Air ¹⁴, Till F M Andlauer ^{15, 16}, Silviu-Alin Bacanu ¹⁷, Marie Bækvad-Hansen ^{13, 18}, Aartjan T F Beekman ¹⁹, Tim B Bigdeli ^{17, 20}, Elisabeth B Binder ^{15, 21}, Julien Bryois ²², Henriette N Buttenschøn ^{13, 23, 24}, Jonas Bybjerg-Grauholm ^{13, 18}, Na Cai ^{25, 26}, Enrique Castelao ²⁷, Jane Hvarregaard Christensen ^{8, 13, 24}, Toni-Kim Clarke ¹⁰, Jonathan R I Coleman ²⁸, Lucía Colodro-Conde ²⁹, Baptiste Couvy-Duchesne ^{2, 30}, Nick Craddock ³¹, Gregory E Crawford ^{32, 33}, Gail Davies ³⁴, Ian J Deary ³⁴, Franziska Degenhardt ³⁵, Eske M Derks ²⁹, Nese Direk ^{36, 37}, Conor V Dolan ⁹, Erin C Dunn ^{38, 39, 40}, Thalia C Eley ²⁸, Valentina Escott-Price ⁴¹, Farnush Farhadi Hassan Kiadeh ⁴², Hilary K Finucane ^{43, 44}, Jerome C Foo ⁴⁵, Andreas J Forstner ^{35, 46, 47, 48}, Josef Frank ⁴⁵, Héléna A Gaspar ²⁸, Michael Gill ⁴⁹, Fernando S Goes ⁵⁰, Scott D Gordon ²⁹, Jakob Grove ^{8, 13, 24, 51}, Lynsey S Hall ^{10, 52}, Christine Søholm Hansen ^{13, 18}, Thomas F Hansen ^{53, 54, 55}, Stefan Herms ^{35, 47}, Ian B Hickie ⁵⁶, Per Hoffmann ^{35, 47}, Georg Homuth ⁵⁷, Carsten Horn ⁵⁸, Jouke-Jan Hottenga ⁹, David M Hougaard ^{13, 18}, David M Howard ^{10, 28}, Marcus Ising ⁵⁹, Rick Jansen ¹⁹, Ian Jones ⁶⁰, Lisa A Jones ⁶¹, Eric Jorgenson ⁶², James A Knowles ⁶³, Isaac S Kohane ^{64, 65, 66}, Julia Kraft ⁴, Warren W. Kretzschmar ⁶⁷, Zoltán Kutalik ^{68, 69}, Yihan Li ⁶⁷, Penelope A Lind ²⁹, Donald J MacIntyre ^{70, 71}, Dean F MacKinnon ⁵⁰, Robert M Maier ², Wolfgang Maier ⁷², Jonathan Marchini ⁷³, Hamdi Mbarek ⁹, Patrick McGrath ⁷⁴, Peter McGuffin ²⁸, Sarah E Medland ²⁹, Divya Mehta ^{2, 75}, Christel M Middeldorp ^{9, 76, 77}, Evelin Mihailov ⁷⁸, Yuri Milaneschi ¹⁹, Lili Milani ⁷⁸, Francis M Mondimore ⁵⁰, Grant W Montgomery ¹, Sara Mostafavi ^{79, 80}, Niamh Mullins ²⁸, Matthias Nauck ^{81, 82}, Bernard Ng ⁸⁰, Michel G Nivard ⁹, Dale R Nyholt ⁸³, Paul F O'Reilly ²⁸, Hogni Oskarsson ⁸⁴, Michael J Owen ⁶⁰, Jodie N Painter ²⁹, Carsten Bøcker Pedersen ^{11, 12, 13}, Marianne Giørtz Pedersen ^{11, 12, 13}, Roseann E Peterson ^{17, 85}, Wouter J Peyrot ¹⁹, Giorgio Pistis ²⁷, Danielle Posthuma ^{86, 87}, Jorge A Quiroz ⁸⁸, Per Qvist ^{8, 13, 24}, John P Rice ⁸⁹, Brien P. Riley ¹⁷, Margarita Rivera ^{28, 90}, Saira Saeed Mirza ³⁶, Robert Schoevers ⁹¹, Eva C Schulte ^{92, 93}, Ling Shen ⁶², Jianxin Shi ⁹⁴, Stanley I Shyn ⁹⁵, Engilbert Sigurdsson ⁹⁶, Grant C B Sinnamon ⁹⁷, Johannes H Smit ¹⁹, Daniel J Smith ⁹⁸, Hreinn Stefansson ⁹⁹, Stacy Steinberg ⁹⁹, Fabian Streit ⁴⁵, Jana Strohmaier ⁴⁵, Katherine E Tansey ¹⁰⁰, Henning Teismann ¹⁰¹, Alexander Teumer ¹⁰², Wesley Thompson ^{13, 54, 103, 104}, Pippa A Thomson ¹⁰⁵, Thorgerir E Thorgerirsson ⁹⁹, Matthew Traylor ¹⁰⁶, Jens Treutlein ⁴⁵, Vassily Trubetskoy ⁴, André G Uitterlinden ¹⁰⁷, Daniel Umbricht ¹⁰⁸, Sandra Van der Auwera ¹⁰⁹, Albert M van Hemert ¹¹⁰, Alexander Viktorin ²², Peter M Visscher ^{1, 2}, Yunpeng Wang ^{13, 54, 104}, Bradley T. Webb ¹¹¹, Shantel Marie Weinsheimer ^{13, 54}, Jürgen Wellmann ¹⁰¹, Gonneke Willemsen ⁹, Stephanie H

Witt ⁴⁵, Yang Wu ¹, Hualin S Xi ¹¹², Jian Yang ^{2, 113}, Futao Zhang ¹, Volker Arolt ¹¹⁴, Bernhard T Baune ^{114, 115, 116}, Klaus Berger ¹⁰¹, Dorret I Boomsma ⁹, Sven Cichon ^{35, 47, 117, 118}, Udo Dannlowski ¹¹⁴, EJC de Geus ^{9, 119}, J Raymond DePaulo ⁵⁰, Enrico Domenici ¹²⁰, Katharina Domschke ^{121, 122}, Tõnu Esko ^{5, 78}, Hans J Grabe ¹⁰⁹, Steven P Hamilton ¹²³, Caroline Hayward ¹²⁴, Andrew C Heath ⁸⁹, Kenneth S Kendler ¹⁷, Stefan Kloiber ^{59, 125, 126}, Glyn Lewis ¹²⁷, Qingqin S Li ¹²⁸, Susanne Lucae ⁵⁹, Pamela AF Madden ⁸⁹, Patrik K Magnusson ²², Nicholas G Martin ²⁹, Andrew M McIntosh ^{10, 34}, Andres Metspalu ^{78, 129}, Ole Mors ^{13, 130}, Preben Bo Mortensen ^{11, 12, 13, 24}, Bertram Müller-Myhsok ^{15, 131, 132}, Merete Nordentoft ^{13, 133}, Markus M Nöthen ³⁵, Michael C O'Donovan ⁶⁰, Sara A Paciga ¹³⁴, Nancy L Pedersen ²², Brenda WJH Penninx ¹⁹, Roy H Perlis ^{38, 135}, David J Porteous ¹⁰⁵, James B Potash ¹³⁶, Martin Preisig ²⁷, Marcella Rietschel ⁴⁵, Catherine Schaefer ⁶², Thomas G Schulze ^{45, 93, 137, 138, 139}, Jordan W Smoller ^{38, 39, 40}, Kari Stefansson ^{99, 140}, Henning Tiemeier ^{36, 141, 142}, Rudolf Uher ¹⁴³, Henry Völzke ¹⁰², Myrna M Weissman ^{74, 144}, Thomas Werge ^{13, 54, 145}, Cathryn M Lewis* ^{28, 146}, Douglas F Levinson* ¹⁴⁷, Gerome Breen* ^{28, 148}, Anders D Børglum* ^{8, 13, 24}, Patrick F Sullivan* ^{22, 149, 150}

1, Institute for Molecular Bioscience, The University of Queensland, Brisbane, QLD, AU

2, Queensland Brain Institute, The University of Queensland, Brisbane, QLD, AU

3, Analytic and Translational Genetics Unit, Massachusetts General Hospital, Boston, MA, US

4, Department of Psychiatry and Psychotherapy, Universitätsmedizin Berlin Campus Charité Mitte, Berlin, DE

5, Medical and Population Genetics, Broad Institute, Cambridge, MA, US

6, Department of Psychiatry, Psychosomatics and Psychotherapy, University of Würzburg, Würzburg, DE

7, Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, SE

8, Department of Biomedicine, Aarhus University, Aarhus, DK

9, Dept of Biological Psychology & EMGO+ Institute for Health and Care Research, Vrije Universiteit Amsterdam, Amsterdam, NL

10, Division of Psychiatry, University of Edinburgh, Edinburgh, GB

11, Centre for Integrated Register-based Research, Aarhus University, Aarhus, DK

12, National Centre for Register-Based Research, Aarhus University, Aarhus, DK

13, iPSYCH, The Lundbeck Foundation Initiative for Integrative Psychiatric Research, DK

14, Discipline of Psychiatry, University of Adelaide, Adelaide, SA, AU

15, Department of Translational Research in Psychiatry, Max Planck Institute of Psychiatry, Munich, DE

16, Department of Neurology, Klinikum rechts der Isar, Technical University of Munich, Munich, DE

17, Department of Psychiatry, Virginia Commonwealth University, Richmond, VA, US

18, Center for Neonatal Screening, Department for Congenital Disorders, Statens Serum Institut, Copenhagen, DK

19, Department of Psychiatry, Vrije Universiteit Medical Center and GGZ inGeest, Amsterdam, NL

20, Virginia Institute for Psychiatric and Behavior Genetics, Richmond, VA, US

21, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA, US

22, Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, SE

- 23, Department of Clinical Medicine, Translational Neuropsychiatry Unit, Aarhus University, Aarhus, DK
- 24, iSEQ, Centre for Integrative Sequencing, Aarhus University, Aarhus, DK
- 25, Human Genetics, Wellcome Trust Sanger Institute, Cambridge, GB
- 26, Statistical genomics and systems genetics, European Bioinformatics Institute (EMBL-EBI), Cambridge, GB
- 27, Department of Psychiatry, Lausanne University Hospital and University of Lausanne, Lausanne, CH
- 28, Social, Genetic and Developmental Psychiatry Centre, King's College London, London, GB
- 29, Genetics and Computational Biology, QIMR Berghofer Medical Research Institute, Brisbane, QLD, AU
- 30, Centre for Advanced Imaging, The University of Queensland, Brisbane, QLD, AU
- 31, Psychological Medicine, Cardiff University, Cardiff, GB
- 32, Center for Genomic and Computational Biology, Duke University, Durham, NC, US
- 33, Department of Pediatrics, Division of Medical Genetics, Duke University, Durham, NC, US
- 34, Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh, Edinburgh, GB
- 35, Institute of Human Genetics, University of Bonn, School of Medicine & University Hospital Bonn, Bonn, DE
- 36, Epidemiology, Erasmus MC, Rotterdam, Zuid-Holland, NL
- 37, Psychiatry, Dokuz Eylul University School Of Medicine, Izmir, TR
- 38, Department of Psychiatry, Massachusetts General Hospital, Boston, MA, US
- 39, Psychiatric and Neurodevelopmental Genetics Unit (PNGU), Massachusetts General Hospital, Boston, MA, US
- 40, Stanley Center for Psychiatric Research, Broad Institute, Cambridge, MA, US
- 41, Neuroscience and Mental Health, Cardiff University, Cardiff, GB
- 42, Bioinformatics, University of British Columbia, Vancouver, BC, CA
- 43, Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, MA, US
- 44, Department of Mathematics, Massachusetts Institute of Technology, Cambridge, MA, US
- 45, Department of Genetic Epidemiology in Psychiatry, Central Institute of Mental Health, Medical Faculty Mannheim, Heidelberg University, Mannheim, Baden-Württemberg, DE
- 46, Department of Psychiatry (UPK), University of Basel, Basel, CH
- 47, Department of Biomedicine, University of Basel, Basel, CH
- 48, Centre for Human Genetics, University of Marburg, Marburg, DE
- 49, Department of Psychiatry, Trinity College Dublin, Dublin, IE
- 50, Psychiatry & Behavioral Sciences, Johns Hopkins University, Baltimore, MD, US
- 51, Bioinformatics Research Centre, Aarhus University, Aarhus, DK
- 52, Institute of Genetic Medicine, Newcastle University, Newcastle upon Tyne, GB
- 53, Danish Headache Centre, Department of Neurology, Rigshospitalet, Glostrup, DK
- 54, Institute of Biological Psychiatry, Mental Health Center Sct. Hans, Mental Health Services Capital Region of Denmark, Copenhagen, DK
- 55, iPSYCH, The Lundbeck Foundation Initiative for Psychiatric Research, Copenhagen, DK
- 56, Brain and Mind Centre, University of Sydney, Sydney, NSW, AU
- 57, Interfaculty Institute for Genetics and Functional Genomics, Department of Functional Genomics, University Medicine and Ernst Moritz Arndt University Greifswald, Greifswald, Mecklenburg-Vorpommern, DE

- 58, Roche Pharmaceutical Research and Early Development, Pharmaceutical Sciences, Roche Innovation Center Basel, F. Hoffmann-La Roche Ltd, Basel, CH
- 59, Max Planck Institute of Psychiatry, Munich, DE
- 60, MRC Centre for Neuropsychiatric Genetics and Genomics, Cardiff University, Cardiff, GB
- 61, Department of Psychological Medicine, University of Worcester, Worcester, GB
- 62, Division of Research, Kaiser Permanente Northern California, Oakland, CA, US
- 63, Psychiatry & The Behavioral Sciences, University of Southern California, Los Angeles, CA, US
- 64, Department of Biomedical Informatics, Harvard Medical School, Boston, MA, US
- 65, Department of Medicine, Brigham and Women's Hospital, Boston, MA, US
- 66, Informatics Program, Boston Children's Hospital, Boston, MA, US
- 67, Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford, GB
- 68, Institute of Social and Preventive Medicine (IUMSP), Lausanne University Hospital and University of Lausanne, Lausanne, VD, CH
- 69, Swiss Institute of Bioinformatics, Lausanne, VD, CH
- 70, Division of Psychiatry, Centre for Clinical Brain Sciences, University of Edinburgh, Edinburgh, GB
- 71, Mental Health, NHS 24, Glasgow, GB
- 72, Department of Psychiatry and Psychotherapy, University of Bonn, Bonn, DE
- 73, Statistics, University of Oxford, Oxford, GB
- 74, Psychiatry, Columbia University College of Physicians and Surgeons, New York, NY, US
- 75, School of Psychology and Counseling, Queensland University of Technology, Brisbane, QLD, AU
- 76, Child and Youth Mental Health Service, Children's Health Queensland Hospital and Health Service, South Brisbane, QLD, AU
- 77, Child Health Research Centre, University of Queensland, Brisbane, QLD, AU
- 78, Estonian Genome Center, University of Tartu, Tartu, EE
- 79, Medical Genetics, University of British Columbia, Vancouver, BC, CA
- 80, Statistics, University of British Columbia, Vancouver, BC, CA
- 81, DZHK (German Centre for Cardiovascular Research), Partner Site Greifswald, University Medicine, University Medicine Greifswald, Greifswald, Mecklenburg-Vorpommern, DE
- 82, Institute of Clinical Chemistry and Laboratory Medicine, University Medicine Greifswald, Greifswald, Mecklenburg-Vorpommern, DE
- 83, Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, QLD, AU
- 84, Humus, Reykjavik, IS
- 85, Virginia Institute for Psychiatric & Behavioral Genetics, Virginia Commonwealth University, Richmond, VA, US
- 86, Clinical Genetics, Vrije Universiteit Medical Center, Amsterdam, NL
- 87, Complex Trait Genetics, Vrije Universiteit Amsterdam, Amsterdam, NL
- 88, Solid Biosciences, Boston, MA, US
- 89, Department of Psychiatry, Washington University in Saint Louis School of Medicine, Saint Louis, MO, US
- 90, Department of Biochemistry and Molecular Biology II, Institute of Neurosciences, Biomedical Research Center (CIBM), University of Granada, Granada, ES
- 91, Department of Psychiatry, University of Groningen, University Medical Center Groningen, Groningen, NL

- 92, Department of Psychiatry and Psychotherapy, University Hospital, Ludwig Maximilian University Munich, Munich, DE
- 93, Institute of Psychiatric Phenomics and Genomics (IPPG), University Hospital, Ludwig Maximilian University Munich, Munich, DE
- 94, Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, MD, US
- 95, Behavioral Health Services, Kaiser Permanente Washington, Seattle, WA, US
- 96, Faculty of Medicine, Department of Psychiatry, University of Iceland, Reykjavik, IS
- 97, School of Medicine and Dentistry, James Cook University, Townsville, QLD, AU
- 98, Institute of Health and Wellbeing, University of Glasgow, Glasgow, GB
- 99, deCODE Genetics / Amgen, Reykjavik, IS
- 100, College of Biomedical and Life Sciences, Cardiff University, Cardiff, GB
- 101, Institute of Epidemiology and Social Medicine, University of Münster, Münster, Nordrhein-Westfalen, DE
- 102, Institute for Community Medicine, University Medicine Greifswald, Greifswald, Mecklenburg-Vorpommern, DE
- 103, Department of Psychiatry, University of California, San Diego, San Diego, CA, US
- 104, KG Jepsen Centre for Psychosis Research, Norway Division of Mental Health and Addiction, Oslo University Hospital, Oslo, NO
- 105, Medical Genetics Section, CGEM, IGMM, University of Edinburgh, Edinburgh, GB
- 106, Clinical Neurosciences, University of Cambridge, Cambridge, GB
- 107, Internal Medicine, Erasmus MC, Rotterdam, Zuid-Holland, NL
- 108, Roche Pharmaceutical Research and Early Development, Neuroscience, Ophthalmology and Rare Diseases Discovery & Translational Medicine Area, Roche Innovation Center Basel, F. Hoffmann-La Roche Ltd, Basel, CH
- 109, Department of Psychiatry and Psychotherapy, University Medicine Greifswald, Greifswald, Mecklenburg-Vorpommern, DE
- 110, Department of Psychiatry, Leiden University Medical Center, Leiden, NL
- 111, Virginia Institute for Psychiatric & Behavioral Genetics, Virginia Commonwealth University, Richmond, VA, US
- 112, Computational Sciences Center of Emphasis, Pfizer Global Research and Development, Cambridge, MA, US
- 113, Institute for Molecular Bioscience; Queensland Brain Institute, The University of Queensland, Brisbane, QLD, AU
- 114, Department of Psychiatry, University of Münster, Münster, Nordrhein-Westfalen, DE
- 115, Department of Psychiatry, Melbourne Medical School, University of Melbourne, Melbourne, AU
- 116, Florey Institute for Neuroscience and Mental Health, University of Melbourne, Melbourne, AU
- 117, Institute of Medical Genetics and Pathology, University Hospital Basel, University of Basel, Basel, CH
- 118, Institute of Neuroscience and Medicine (INM-1), Research Center Juelich, Juelich, DE
- 119, Amsterdam Public Health Institute, Vrije Universiteit Medical Center, Amsterdam, NL
- 120, Centre for Integrative Biology, Università degli Studi di Trento, Trento, Trentino-Alto Adige, IT
- 121, Department of Psychiatry and Psychotherapy, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Freiburg, DE
- 122, Center for NeuroModulation, Faculty of Medicine, University of Freiburg, Freiburg, DE
- 123, Psychiatry, Kaiser Permanente Northern California, San Francisco, CA, US

- 124, Medical Research Council Human Genetics Unit, Institute of Genetics and Molecular Medicine, University of Edinburgh, Edinburgh, GB
- 125, Department of Psychiatry, University of Toronto, Toronto, ON, CA
- 126, Centre for Addiction and Mental Health, Toronto, ON, CA
- 127, Division of Psychiatry, University College London, London, GB
- 128, Neuroscience Therapeutic Area, Janssen Research and Development, LLC, Titusville, NJ, US
- 129, Institute of Molecular and Cell Biology, University of Tartu, Tartu, EE
- 130, Psychosis Research Unit, Aarhus University Hospital, Risskov, Aarhus, DK
- 131, Munich Cluster for Systems Neurology (SyNergy), Munich, DE
- 132, University of Liverpool, Liverpool, GB
- 133, Mental Health Center Copenhagen, Copenhagen University Hospital, Copenhagen, DK
- 134, Human Genetics and Computational Biomedicine, Pfizer Global Research and Development, Groton, CT, US
- 135, Psychiatry, Harvard Medical School, Boston, MA, US
- 136, Psychiatry, University of Iowa, Iowa City, IA, US
- 137, Department of Psychiatry and Behavioral Sciences, Johns Hopkins University, Baltimore, MD, US
- 138, Department of Psychiatry and Psychotherapy, University Medical Center Göttingen, Goettingen, Niedersachsen, DE
- 139, Human Genetics Branch, NIMH Division of Intramural Research Programs, Bethesda, MD, US
- 140, Faculty of Medicine, University of Iceland, Reykjavik, IS
- 141, Child and Adolescent Psychiatry, Erasmus MC, Rotterdam, Zuid-Holland, NL
- 142, Psychiatry, Erasmus MC, Rotterdam, Zuid-Holland, NL
- 143, Psychiatry, Dalhousie University, Halifax, NS, CA
- 144, Division of Translational Epidemiology, New York State Psychiatric Institute, New York, NY, US
- 145, Department of Clinical Medicine, University of Copenhagen, Copenhagen, DK
- 146, Department of Medical & Molecular Genetics, King's College London, London, GB
- 147, Psychiatry & Behavioral Sciences, Stanford University, Stanford, CA, US
- 148, NIHR Maudsley Biomedical Research Centre, King's College London, London, GB
- 149, Genetics, University of North Carolina at Chapel Hill, Chapel Hill, NC, US
- 150, Psychiatry, University of North Carolina at Chapel Hill, Chapel Hill, NC, US

Supplemental References

1. Pardiñas AF, Holmans P, Pocklington AJ, Escott-Price V, Ripke S, Carrera N, et al. (2018): Common schizophrenia alleles are enriched in mutation-intolerant genes and in regions under strong background selection. *Nat Genet.* 50:381-389.
2. Schizophrenia Working Group of the Psychiatric Genomics Consortium (2014): Biological insights from 108 schizophrenia-associated genetic loci. *Nature.* 511:421-427.
3. Wray NR, Ripke S, Mattheisen M, Trzaskowski M, Byrne EM, Abdellaoui A, et al. (2018): Genome-wide association analyses identify 44 risk variants and refine the genetic architecture of major depression. *Nat Genet.* 50:668.
4. Howard DM, Adams MJ, Clarke T-K, Hafferty JD, Gibson J, Shirali M, et al. (2019): Genome-wide meta-analysis of depression identifies 102 independent variants and highlights the importance of the prefrontal brain regions. *Nat Neurosci.* 22:343.
5. Hyde CL, Nagle MW, Tian C, Chen X, Paciga SA, Wendland JR, et al. (2016): Identification of 15 genetic loci associated with risk of major depression in individuals of european descent. *Nat Genet.* 48:1031.
6. Banda Y, Kvale MN, Hoffmann TJ, Hesselson SE, Ranatunga D, Tang H, et al. (2015): Characterizing race/ethnicity and genetic ancestry for 100,000 subjects in the genetic epidemiology research on adult health and aging (gera) cohort. *Genetics.* 200:1285-1295.
7. Pedersen CB, Bybjerg-Grauholm J, Pedersen MG, Grove J, Agerbo E, Baekvad-Hansen M, et al. (2018): The ipsych2012 case-cohort sample: New directions for unravelling genetic and environmental architectures of severe mental disorders. *Mol Psychiatry.* 23:6-14.
8. Ripke S, Wray NR, Lewis CM, Hamilton SP, Weissman MM, Breen G, et al. (2013): A mega-analysis of genome-wide association studies for major depressive disorder. *Mol Psychiatry.* 18:497-511.
9. Smith BH, Campbell A, Linksted P, Fitzpatrick B, Jackson C, Kerr SM, et al. (2012): Cohort profile: Generation scotland: Scottish family health study (gs: Sfhs). The study, its participants and their potential for genetic research on health and illness. *Int J Epidemiol.* 42:689-700.
10. Fernandez-Pujals AM, Adams MJ, Thomson P, McKechnie AG, Blackwood DHR, Smith BH, et al. (2015): Epidemiology and heritability of major depressive disorder, stratified by age of onset, sex, and illness course in generation scotland: Scottish family health study (gs: Sfhs). *PLoS One.* 10:e0142197.
11. Wray NR, Goddard ME, Visscher PM (2007): Prediction of individual genetic risk to disease from genome-wide association studies. *Genome Res.* 17:1520-1528.
12. Purcell S, Neale B, Todd-Brown K, Thomas L, Ferreira MAR, Bender D, et al. (2007): Plink: A tool set for whole-genome association and population-based linkage analyses. *The American journal of human genetics.* 81:559-575.
13. Lam M, Awasthi S, Watson HJ, Goldstein J, Panagiotaropoulou G, Trubetskoy V, et al. (2019): Ricopili: Rapid imputation for consortias pipeline. *Bioinformatics.*
14. Chang CC, Chow CC, Tellier LCAM, Vattikuti S, Purcell SM, Lee JJ (2015): Second-generation plink : Rising to the challenge of larger and richer datasets. *GigaScience.* 4.
15. Euesden J, Lewis CM, O'Reilly PF (2015): Prsice: Polygenic risk score software. *Bioinformatics.* 31:1466-1468.

16. Robinson MR, Kleinman A, Graff M, Vinkhuyzen AAE, Couper D, Miller MB, et al. (2017): Genetic evidence of assortative mating in humans. *Nat Hum Behav.* 1:0016.
17. Yang J, Lee SH, Goddard ME, Visscher PM (2011): Gcta: A tool for genome-wide complex trait analysis. *Am J Hum Genet.* 88:76-82.
18. Privé F, Arbel J, Vilhjálmsón BJ (2020): Ldpred2: Better, faster, stronger. *BioRxiv.*
19. Márquez-Luna C, Gazal S, Loh P-R, Kim SS, Furlotte N (2020): Ldpred-funct: Incorporating functional priors improves polygenic prediction accuracy in uk biobank and 23andme data sets. *bioRxiv.*
20. Gazal S, Finucane HK, Furlotte NA, Loh P-R, Palamara PF, Liu X, et al. (2017): Linkage disequilibrium-dependent architecture of human complex traits shows action of negative selection. *Nat Genet.* 49:1421.
21. Finucane HK, Bulik-sullivan B, Gusev A, Trynka G, Reshef Y, Loh P-r, et al. (2015): Partitioning heritability by functional annotation using genome-wide association summary statistics. *Nat Genet.* 47:1228-1235.
22. Marquez-Luna C, Gazal S, Loh P-R, Furlotte N, Auton A, Price AL, et al. (2018): Modeling functional enrichment improves polygenic prediction accuracy in uk biobank and 23andme data sets. *bioRxiv.375337.*
23. Zhang Q, Prive F, Vilhjalmsson BJ, Speed D (2020): Improved genetic prediction of complex traits from individual-level data or summary statistics. *bioRxiv.*
24. Speed D, Balding DJ (2019): Sumher better estimates the snp heritability of complex traits from summary statistics. *Nat Genet.* 51:277-284.
25. Mak TSH, Porsch RM, Choi SW, Zhou X, Sham PC (2017): Polygenic scores via penalized regression on summary statistics. *Genet Epidemiol.* 41:469-480.
26. Ge T, Chen C-Y, Ni Y, Feng Y-CA, Smoller JW (2019): Polygenic prediction via bayesian regression and continuous shrinkage priors. *Nat Commun.* 10:1776.
27. Lloyd-Jones LR, Zeng J, Sidorenko J, Yengo L, Moser G, Kemper KE, et al. (2019): Improved polygenic prediction by bayesian multiple regression on summary statistics. *Nat Commun.* 10:1-11.
28. Howard DM, Adams MJ, Shirali M, Clarke T-K, Marioni RE, Davies G, et al. (2018): Genome-wide association study of depression phenotypes in uk biobank identifies variants in excitatory synaptic pathways. *Nat Commun.* 9:1-10.
29. Banda Y, Kvale MN, Hoffmann TJ, Hesselson SE, Ranatunga D, Tang H, et al. (2015): Characterizing race/ethnicity and genetic ancestry for 100,000 subjects in the genetic epidemiology research on adult health and aging (gera) cohort. *Genetics.* 200:1285-1295.