The history and geographic distribution of a KCNQ1 atrial fibrillation risk allele

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SUPPLEMENTARY INFORMATION

SUPPLEMENTARY METHODS

IPSC Quality Control and Validation

Mycoplasma detection

To detect mycoplasma contamination in cell culture, DNA from each cell line was isolated using DNeasy Blood & Tissue Kit (Qiagen, 69504) and a PCR-based Universal Mycoplasma Detection kit (ATCC, 30-1012K) was used according to the manufacturer's instructions. There was no evidence for mycoplasma contamination of any cell lines used in this study.

iPSC authentication using short tandem repeat (STR) profiling

STR analysis provides a rapid and convenient mechanism to authenticate cell lines and detect inadvertent cross-contamination. STR analyses of the cell lines under study were performed using the Geneprint 24 System (Promega, B1870), according to the manufacturer's instructions. The STR profiles of each cell line were screened against the online DSMZ repository (https://www.dsmz.de/fp/cgi-bin/str.html) and found to be unique. The STR profile of each cell line is stored by the Genomics Core Facility at the University of Utah.

Immunofluorescence and flow cytometric detection of human iPSC markers

To validate each iPSC line for pluripotency and detect any unintended differentiation during culture, cells were analyzed for the expression of four hallmark pluripotent stem cell markers: NANOG, Tra-1-60, OCT4 and SOX2. Tra-1-60 is a surface marker, while NANOG, OCT4 and SOX2 are nuclear-localized transcription factors. For both immunofluorescence microscopy and flow cytometry, cells were stained and analyzed in two sets:

Set 1:

Mouse anti-Tra-1-60 IgM (Thermofisher Scientific, MA1-023) Goat anti-mouse IgM-AF647 (Thermofisher Scientific, A21238) Mouse IgM isotype control (Thermofisher Scientific, 14-4752-82)

Rabbit anti-Nanog IgG (Thermofisher Scientific, PA1-097) Goat anti-rabbit IgG-AF488 (Thermofisher Scientific, A11034) Rabbit IgG isotype control (Thermofisher Scientific, 02-6102)

Set 2:

Mouse anti-OCT4 IgG1 (Thermofisher Scientific, MA1-104) Goat anti-mouse IgG-AF488 (Thermofisher Scientific, A11001) Mouse IgG1 isotype control (Thermofisher Scientific, MA1-10405)

Rat anti-SOX2 IgG2a kappa (Thermofisher Scientific, 14-9811-82) Goat anti-rat IgG-AF555 (Thermofisher Scientific, A21434) Rat IgG2a kappa isotype control (Thermofisher Scientific, 14-4321-82)

The background signal was determined by the expression level detected using appropriate isotype control antibodies paired to each set.

For immunofluorescence microscopy, cells were fixed with 4% PFA, freshly diluted from 16% PFA (Fisher Scientific, 50-980-487), with 30-minute incubation at room temperature. Cells were washed three times with wash buffer (1% FBS in PBS) by adding 1ml of wash buffer and aspirated after 1 minute. Cells were permeabilized with 0.1% Triton X-100 (Sigma, X100-5ML) for 30 minutes at room temperature and washed three times. Primary antibody incubation was performed in room temperature overnight, followed by three

washes and secondary antibody incubation for 30 minutes. After three washes, nuclei were stained with NucBlue Fixed Cell ReadyProbes Reagent (Thermofisher Scientific, R37606).

For flow cytometry, cells were dissociated with TrypLE Express Enzyme (Thermofisher Scientific, 12605036) and fixed with 4% PFA, freshly diluted from 16% PFA (Fisher Scientific, 50-980-487), with 30 minute incubation at room temperature. Cells were washed with wash buffer (1% FBS in PBS) twice by adding 2ml of wash buffer and centrifuging at 300g for 5 minutes. Cells were permeabilized with 0.1% Triton X-100 (Sigma, X100-5ML) for 30 minutes at room temperature. Cells were washed twice and incubated overnight at room temperature with primary antibodies. After two washes, cells were incubated with secondary antibodies for 30 minutes at room temperature. Cells were analyzed on BD FACSCanto (BD Biosciences) using FlowJo software.

iPSC proliferation assay for human iPSC lines under study

To compare the proliferative rate of IPSCs, each line was stained with carboxyfluorescein succinimidyl ester (CFSE) according to CellTrace CFSE Cell Proliferation Kit manufacturer instructions (Thermofisher Scientific, C34554) and analyzed for CFSE decay over 96 hours of culture. The stained cells were harvested every 24 hours for 4 days and the CFSE level was measured by flow cytometry. NucBlue Fixed Cell ReadyProbes Reagent (Thermofisher Scientific, R37606) was used as the viability stain. The results show similar rates of decay among the four lines, suggesting comparable proliferation rates (Supplementary Figure 1c).

Detection of chromosome aberrations in human iPSC lines under study

To screen our iPSC lines under study for the most common karyotypic abnormalities detected in human iPSC lines, we used the hPSC Genetic Analysis Kit (Stemcell Technologies, 07550), according to the manufacturer's instructions. The qPCR-based kit detects the copy number of the minimal critical regions of commonly mutated genetic loci across chromosomes 1, 4, 8, 10, 12, 17, 18 and X with high specificity and sensitivity through the use of double-quenched probes. All tested loci for the iPSC lines under study were normal with no evidence for deletions or duplications at the commonly mutated loci (Supplementary Figure 1d).

RNA-Seq analysis

RNA was captured using the Illumina TruSeq stranded mRNA library kit with polyA selection. RNA-Seq was performed using Illumina HiSeq 2000 sequencing platform and 125-cycle paired-end reads. Reads were aligned to Hg19 and individual transcript abundance was measured by calculating RPKMs (reads per kb of exon per million mapped reads). RPKM is the sum of the number of reads mapped to all the exons of a transcript, normalized for transcript size and the total sequencing reads for the sample. A multidimensional plot was generated using the leading log₂-fold change (logFC) calculated as the average (root mean square) of the 1000 largest absolute logFCs for genes between the samples. Four iPSC lines were studied: first degree sibling control (CTRL-1), unrelated control (CTRL-2), distant relative R231H heterozygous carrier (R231H-PT2) and a cell line from a young-onset AF patient not related to this family (AF-CTRL). Time points include D0 (stem cell), D3 (cardiac progenitor), D7 (early cardiomyocyte), and D30 (late cardiomyocyte).

Differential gene expression analysis of the RNA-Seq samples was performed using DESeq. A data matrix was created by extracting the normalized counts for the genes annotated to each gene ontology (GO) term: cell cycle (GO:0007049), cell maturation (GO:0048469), cellular senescence (GO:0090398), cardiac muscle cell development (GO:0055013), cardiac muscle contraction (GO:0060048) and fatty acid metabolic process (GO:0006631). Hierarchical cluster analysis of standardized rows was then performed using OriginPro2020b.

Additionally, we compared pluripotent marker gene expression between our cell lines and those of 6 validated human iPSC lines whose expression patterns were previously corroborated against human embryonic stem cell lines (Choi et al, 2015): hiPSC1, hiPSC2, hiPSC3, hiPSC8, hiPSC9 and hiPSC11 (https://www.ncbi.nlm.nih.gov/gds/?term=GSE73211).

AncestryDNA sample processing

All AncestryDNA samples included in this study were collected from AncestryDNA customers. The typical sample collection process for an AncestryDNA customer is as follows: a customer orders an AncestryDNA kit through the AncestryDNA website; the customer collects saliva using kit and returns the saliva sample in stabilizing solution; the customer activates their kit through the website; after kit activation, the DNA sample is processed. Customer genotype data are generated using an Illumina genotyping array with approximately 730,000 SNPs and processed either with Illumina or with Quest/Athena Diagnostics. To ensure quality of each dataset, a sample passes a number of quality control (QC) checks, which includes identifying duplicate samples, removing individuals with a per-sample call rate <98%, and identifying discrepancies between reported sex and genetically inferred sex. Samples that pass all quality-control tests proceed to the analysis pipeline; samples that fail one or more tests must be recollected or manually cleared for analysis by lab technicians. Following sample quality control steps, samples used in this study consented to participate in AncestryDNA's Human Diversity Project.

Estimating the frequency of the AF susceptibility allele

The frequency of KCNQ1 R231H (rs199472709) is 3.19E-5 in gnomAD v2 genomes¹ due to 1 alt allele in 31,330 total alleles. The alt allele is absent from gnomAD v2 exomes, gnomAD v3, and other variant databases including the Exome Aggregation Consortium², the Haplotype Reference Consortium³, the NHLBI Exome Sequencing Project⁴, and the 1000 Genomes Project⁵. The frequency in the Kaviar database⁶ is 6.47E-6 due to 1 alt allele in 154,602 total alleles. Frequency estimates for very rare alleles are typically imprecise across independent data sets due to sampling error and the low number of total alt allele observations.

The one individual in gnomAD who harbors *KCNQ1* R231H allele is of Ashkenazi Jewish descent, indicating that either the mutation arose independently or the individual carries the allele through ancestral admixture. Regarding independent mutation, the locus rs199472709, chr11:2593251, is part of a CpG dinucleotide that has been reported as methylated in CD4T cells and monocytes (iMETHYL database⁷). The G>A variant codes as a C>T transition on the opposite strand, which is consistent with 5-methylcytosine deamination that occurs at an order of magnitude higher mutation rate than other nucleotide sites (10⁻⁷ vs 10⁻⁸). Thus, although rare, we cannot rule out independent mutation in the gnomAD individual. However, we consider IBD inheritance through admixture to be the most likely explanation for presence of the allele in the Ashkenazi individual. GnomAD provides global ancestry assignments only, which do not capture the diversity of individuals of Ashkenazi Jewish ancestry, many of whom are admixed with other European ancestries⁸. Our analyses into the estimated age of the allele and the migration mapping of its historical carrier population support a large expansion of the allele's geographic distribution from a single origin. We estimate the mutation to have occurred approximately 200 generations (5000 years) ago, which provides ample time for the variant to spread to other populations through admixture, including the Ashkenazi individual. As no phenotypic information is provided in gnomAD, the AF status of the Ashkenazi individual is unknown.

Genetic ethnicity estimates of Danish origin

According to genealogical history from members of the large pedigree, family ancestors inhabited Denmark prior to immigrating to the United States. While the reference panel used in our genetic ethnicity estimates does not contain representative samples specifically for Denmark, we were able to approximate a Danish reference in the following way: an independent set of genotype samples linked to member-constructed family trees, where all of the oldest direct-ancestor nodes (grandparents or earlier generation) were of Danish origin, were selected, and genetic ethnicity estimates were calculated. The averages of these population-level genetic ethnicity estimates served as a proxy Danish reference. We found the average genetic ethnicity estimates of this proxy to be in line with that of the original five, the genetic matches, and MWMP community sets (Sweden: 36%, England, Wales & Northwestern Europe: 24%, Norway: 23%. Germanic Europe: 16%). This is not to imply that Danes have true ancestry from Sweden, England, Norway, or Germany, but rather that they share genetic similarity to reference samples with ancestry from these regions. Indeed, the process of estimating genetic ancestry based upon genetic similarity is rarely a perfect measure of ancestry because of biases in coverage of the genetic diversity in many populations and gene flow that occurs between populations.

Identifying genetic matches and putative carriers from IBD segments

Genome-wide IBD: Genetic matches for this study were identified using the AncestryDNA match algorithm, which uses a default minimum threshold for reporting detected IBD of at least one shared segment > 6 cM. The 6 cM threshold was chosen in consideration of several factors (e.g. for reporting confident IBD efficiently and at scale), which are described in the AncestryDNA matching whitepaper⁹. The 140,722 matches to the original five subjects, identified in this manner, were labeled "genetic matches".

Unphased-IBD-at-locus: To identify matches that may share an IBD segment spanning the variant locus < 6 cM due to historical recombination events near the variant, we ran a second iteration of IBD detection, with a shorter shared segment length threshold of 1 cM, on the set of 140,722 genetic matches along chromosome 11 to detect unphased IBD across the *KCNQ1* locus with greater resolution. From this second iteration of genetic matches, 824 samples were labeled "unphased-IBD-at-locus" because they shared > 1 cM IBD with at least one of the original five along the region spanning the *KCNQ1* locus. When matching the original five subjects to each other, the lower 1 cM threshold was required to detect a shared at-locus segment between the most distantly related pair of the five (M11 according to the pedigree). As confirmation of detected IBD, we manually phased, by visual inspection of genotypes, the original five samples and the samples used in Sanger validation. There is a known phenomenon that the accuracy of IBD detection drops with decreasing IBD segment length¹⁰. Additionally, as match-seed segments are extended in an unphased manner until a homozygous mismatch is reached, reported IBD segments may extend somewhat past regions of actual IBD - that is to say, some noise is expected at reported segment ends. To help control for such factors occurring with short IBD segments, we required further characterization of all unphased-IBD-at-locus samples using an IBD network.

Putative carriers: We constructed an IBD network (Main text, Fig. 3c) of the unphased-IBD-at-locus set (n=824) to differentiate between putative carriers and samples sharing IBD on non-mutant haplotypes. The unphased-IBD-at-locus genetic matches underwent one additional IBD detection analysis using a threshold of 0.5 cM, to identify samples sharing a short IBD segment with any remaining one of the original five subjects. This method identified 31 subjects matching all 5 Utah samples who are considered to be putative carriers of the risk allele.

Validating array genotype calls for rare alleles using unphased-IBD-at-locus networks

Unphased-IBD-at-locus networks can additionally be used to validate genotyping array marker performance. Rare alleles are more likely to be called incorrectly on genotyping arrays due lack of training samples for the array cluster plot models¹¹. Analyses of rare mutations, especially mutations with population frequencies that fall within the range of genotyping error, such as *KCNQ1* R231H, may benefit from a computational validation step using IBD networks as described in this study, i.e. if an array marker is correctly calling a rare allele, then samples with that allele should (if the mutation is from a single founder population) share IBD-at-locus with one another.

SUPPLEMENTARY FIGURES

Supplementary Figure 1

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Supplementary Figure 1. Characterization of human iPS cell lines under study. a, Immunohistochemistry staining for DAPI (to stain nuclei) and key markers of pluripotency NANOG, TRA-1-60, OCT4 and SOX2, showing expected localization of markers to nuclei (NANOG, OCT4, SOX2) or cytoplasm (TRA-1-60). 20X magnification. **b**, Flow cytometry data for each iPS cell line under study, showing the percentage of cells expressing the key markers of pluripotency. **c**, iPS cell line proliferation as assayed by the decay of CFSE demonstrating similar rates of proliferation across the cell lines under study. Both panels are identical except for the log10 scale of right panel showing linear decay of log10-fluorescent signal over the study period. Each line represents the data from a single experiment. CFSE, carboxyfluorescein succinimidyl ester; Fluor, fluorescence. **d,** To rule out the presence of the most commonly reported human iPS cell line karyotypic anomalies, we used a qPCR based hPSC Genetic Analysis Kit (Stemcell Technologies). None of the lines under study carried any of the common chromosome anomalies across chromosome regions 1, 4, 8, 10, 12, 17, 18, 20, X, as noted by the diploid values. Regarding the X chromosome, the cell lines in this study are derived from male subjects and thus they carry one copy of the X chromosome; the manufacturer's control sample is female. Experiments were performed in triplicate. The error bars denote standard deviation.

Supplementary Figure 2

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Fatty Acid Metabolic Process

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Supplementary Figure 2. Time course of iPSC-CM gene expression assayed by RNA-Seq. a, Time course of global gene expression during differentiation of iPSC-CMs. The first 2 principal components are plotted from the leading log2-fold change (LogFC) analysis of the top 1000 variable genes assayed using RNA-Seq from 4 iPSC lines: first degree sibling control (CTRL-1), unrelated control (CTRL-2), distant relative R231H heterozygous carrier (R231H-PT2) and a cell line from a young-onset AF patient not related to this family (AF-CTRL). Time points include D0 (stem cell), D3 (cardiac progenitor), D7 (early cardiomyocyte), and D30 (late cardiomyocyte). Each data point represents a single RNA-Seq experiment. **b**, Comparison of key pluripotent stem cell genes between the iPSC lines under study and human iPSC lines validated against human embryonic stem cell lines (Choi et al, 2015). The heat map demonstrates that relevant pluripotent gene expression in our lines is generally similar to that of published iPSC lines validated against the gold-standard embryonic stem cell lines. **c-f**, Heatmaps showing expression of genes related to cell maturation (GO:0048469), cardiac muscle cell development (GO:0055013), and cellular senescence (GO:0090398) (**c**), cardiac muscle contraction (GO:0060048) (**d**), fatty acid metabolic process (GO:0006631) (**e**) and cell cycle (GO:0007049) (**f**), across time points D0 (stem cell), D3 (cardiac progenitor), D7 (early cardiomyocyte), and D30 (late cardiomyocyte) for the 4 cell lines displayed in Supplementary Figure 2a. The heat maps indicate that the four cell lines globally express similar genes across the time points assayed, consistent with their differentiation along the cardiomyocyte pathway. Each line represents a single gene in the GO category. The color intensity represents the fold increase (blue) or decrease (red) expression, as listed in the legend bar. **g**, Time course of relative gene expression for selected cardiac genes across the time points of days 0, 3, 7 and 30 post-differentiation. Each data point represents data extracted from a single RNA-Seq experiment.

Supplementary Figure 3. Beta-adrenergic response to isoproterenol in R231H+/- iPSC-CMs is similar to control (CTRL) cells.

KCNQ1 subunits play an important role in APD shortening in ventricle in response to adrenergic stimulation. This experiment tests whether heterozygous mutant R231H iPSC-CMs respond differently to adrenergic stimulation, compared to control iPSC-CMs. Our data indicate that the response to isoproterenol is similar between mutant and control iPSC-CMs. APD and cycle length values for atrial-like iPSC-CMs from CTRL patient (n=4 independent cells) and R231H+/- patient (n=7) (**a**) and ventricular-like iPSC-CMs from CTRL patient (n=7) and R231H+/- patient (n=8) (**b**) at baseline (orange) and in response to perfusion with 1 μM ISO (blue). Box plots display mean (black square), median (horizontal black line), SEM (orange/blue box border), SD (error bar). Individual data points are shown as open circles. 2-way ANOVA was performed to test for the effects of mutation status (control vs R231H), ISO treatment (baseline, ISO) and the interaction between mutation status and isoproterenol on APD values and spontaneous beating cycle length. For atrial-like cells, APD10, 50 and 80 values were not different based on mutation status or ISO exposure. For ventricular-like cells, APD10 values were not different based on mutation status or ISO exposure. Ventricular-like APD50 values were not different based on mutation status (p=0.96), but differed based on ISO exposure (p<0.001), and not different considering the combination of mutation status and ISO exposure (p=0.54). Ventricular-like APD80 values were not different based on mutation status (p=0.72), but differed based on ISO exposure (p<0.001), and not different considering the combination of mutation status and ISO exposure (p=0.46). For atrial- and ventricular-like cells, cycle lengths were different based on mutation status (p=0.005) and ISO exposure (p<0.001), but not different considering the combination of mutation status and ISO exposure (p=0.91). Statistical analyses performed using SYSTAT, version 13.

Supplementary Figure 4. Response to increasing pacing rate in R231H+/- iPSC-CMs is similar to control cells. An important physiological role for KCNQ1 subunits is to facilitate the shortening of action potential duration (APD) in response to increasing pacing rates (i.e., decreasing cycle length). This experiment tests whether heterozygous mutant R231H iPSC-CMs respond differently to increasing pacing rates, compared to control iPSC-CMs. Our data indicate that in spite of the gain-of-function effect (manifested by shorter baseline APD), the response to increasing pacing rate in heterozygous mutant iPSC-CMs is similar to control. Mean APD values as a function of pacing rate for atrial-like and ventricular-like iPSC-CMs derived from control patient (black squares) and R231H^{+/-} patient (white circles) are displayed alongside individual data points (control, grey squares and R231H^{+/-}, grey circles). Data represent mean ± SEM. 2-way ANOVA was performed to test for the effects of mutation status (control vs R231H), pacing rate (1000, 800, 600, 500, 400) and the interaction between mutation status and pacing rate on APD values. Atrial APD50, ventricular APD50 and ventricular APD80 values were significantly different between control and R231H (p<0.001) and across the pacing rates (p<0.001). However, when considering mutation status and pacing rate, the values were not significant (p=0.90, p=0.66, p=0.99, respectively). Atrial APD80 values were significant between control and R231H (p<0.001), but not different across pacing rates (p=0.22). Atrial APD10 and ventricular APD10 values were not different between control and R231H, nor different across pacing rates. Statistical analyses performed using SYSTAT, version 13.

Supplementary Figure 5. Ancestral birth location enrichment maps for putative carriers of AF risk allele.

OR > 4 for each location, with at least 2 unique family trees. Locations are rounded to the nearest latitude and longitude. Color indicates odds ratio, size indicates number of samples per location within a given time period. The ancestral birth location enrichment maps for putative carriers faithfully recapitulate the features observed for the genetic matches.

Supplementary Figure 6. *KCNQ1* **R231H allele is part of a cluster of recent mutations.**

The x-axis shows the position along Chromosome 11 and the y-axis shows the estimated allele age for each variant that is heterozygous in 2 whole-genome sequenced *KCNQ1* R231H risk allele carriers but absent in the CEU 1000 Genomes samples. The R231H allele is shown in light blue, and appears to be part of a cluster of alleles of recent origin.

Supplementary Figure 7. Estimated age of other *KCNQ1* **variants.**

Histogram of GEVA-estimated age of single nucleotide variants across the *KCNQ1* locus. Graph generated using data from 1000 Genomes and Simons Genome Diversity Project as analyzed by The Atlas of Variant Age online database: https://human.genome.dating/. Each bin corresponds to 200 generations. The AF risk allele (estimated at 182 generations) would fall into the first bin and thus is among the youngest variants across *KCNQ1*.

Supplementary Figure 8. Conservation of *KCNQ1* **position 231 amino acid.**

a Multiple alignment of primates and other vertebrates at the KCNQ1 variant locus (highlighted light blue) shows that the arginine is highly conserved across species, further indicating the likely deleteriousness of a histidine substitution. Created using the UCSC Genome browser¹² (http://genome.ucsc.edu) with the human genome assembly Feb. 2009 (GRCh37/hg19). This multiple alignment may be viewed interactively at: https://genome.ucsc.edu/s/hateley/KCNQ1%20R231%20conservation.

b SIFT prediction (score:0, median:2.7, prediction:deleterious) and PolyPhen-2 prediction (model: "HumVar", prediction: "probably damaging", score: 0.991, sensitivity: 0.50, specificity: 0.95) provide supporting *in silico* evidence of amino acid substitution pathogenicity.

SUPPLEMENTARY TABLES

Supplementary Table 1. List of genes in linkage disequilibrium with *KCNQ1* **AF risk allele.**

*Multiple stop-gain mutations within 20bp of this stop-gain

Supplementary Table 2. Definitions of selected terms used in manuscript.

Supplementary Table 3. IBD amongst original five subjects, with corresponding inferred meiosis events and relationships.

Inferred relationships

 $2 =$ full sibling

3 = half sibling; avuncular; grandparent; double 1st cousin

7 = 2nd cousin, 1x removed; half second cousin; 1st cousin, 3x removed; half 1st cousin, 2x removed

9 = 3rd cousin, 1x removed; distant cousin

10, 11 = distant cousin

Supplementary Table 5. Significant broad-scale genetic ancestry estimates of the Mountain West Mormon Pioneers community, genetic matches, and putative carriers.

Supplementary Table 6. AncestryDNA Genetic Communities over-represented in study groups.

Supplementary Table 4-6 Description. Enriched broad- and fine-scale population genetic ancestries across study groups.

AncestryDNA's genetic ethnicity estimate mean values for the original five subjects (Suppl Table 4) closely resemble the significantly associated genetic ethnicities for the samples making up the MWMP Genetic Community, the genetic matches, and the putative carriers (Suppl Table 5). Over-represented AncestryDNA Genetic Communities for each group are displayed in Suppl. Table 6. All original five subjects received the Genetic Community assignment "Mountain West Mormon Pioneers" (MWMP); no other Genetic Community was assigned jointly to all the original five subjects. MWMP was the only significant Genetic Community in the putative carrier group, with 21/31 samples receiving the assignment. The genetic matches group showed ~5.5 fold overrepresentation for the MWMP community compared to the overall database. While many communities were overrepresented > 1.5-fold in the genetic matches group, the MWMP community showed one of the highest enrichments in combination with the most in-group samples assigned to a community. Interestingly, the majority of the other overrepresented Genetic Communities are of Danish origin.

Supplementary Table 7. Sanger results of selected samples.

Of the samples available for Sanger sequencing, all those purported to be carriers were validated as heterozygous at the risk locus. All other samples were confirmed to be homozygous major at the risk locus.

Supplementary Table 8. Comparable substitute software suggestions.

Supplementary Table 9. Primers used for *KCNQ1* **mutation.**

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