

Large-scale cross-cancer fine-mapping of the 5p15.33 region reveals multiple independent signals

Hongjie Chen,¹ Arunabha Majumdar,^{2,3} Lu Wang,⁴ Siddhartha Kar,⁵ Kevin M. Brown,⁶ Helian Feng,⁷ Constance Turman,⁸ Joe Dennis,⁹ Douglas Easton,⁹ Kyriaki Michailidou,^{10,11} Jacques Simard,¹² Breast Cancer Association Consortium (BCAC), Timothy Bishop,¹³ Iona C. Cheng,¹⁴ Jeroen R. Huyghe,¹⁵ Stephanie L. Schmit,¹⁶ Colorectal Transdisciplinary Study (CORECT), Colon Cancer Family Registry Study (CCFR), Genetics and Epidemiology of Colorectal Cancer Consortium (GECCO), Tracy A. O'Mara,¹⁷ Amanda B. Spurdle,¹⁷ Endometrial Cancer Association Consortium (ECAC), Puya Gharahkhani,¹⁸ Johannes Schumacher,¹⁹ Janusz Jankowski,^{20,21} Ines Gockel,²² Esophageal Cancer GWAS Consortium, Melissa L. Bondy,²³ Richard S. Houlston,²⁴ Robert B. Jenkins,²⁵ Beatrice Melin,²⁶ Glioma International Case Control Consortium (GICC), Corina Lesueur,^{27,28} Andy R. Ness,^{29,30} Brenda Diergaard,^{31,32} Andrew F. Olshan,^{33,34} Head-Neck Cancer GWAS Consortium, Christopher I. Amos,³⁵ David C. Christiani,^{8,36} Maria T. Landi,⁶

(Author list continued on next page)

Summary

Genome-wide association studies (GWASs) have identified thousands of cancer risk loci revealing many risk regions shared across multiple cancers. Characterizing the cross-cancer shared genetic basis can increase our understanding of global mechanisms of cancer development. In this study, we collected GWAS summary statistics based on up to 375,468 cancer cases and 530,521 controls for fourteen types of cancer, including breast (overall, estrogen receptor [ER]-positive, and ER-negative), colorectal, endometrial, esophageal, glioma, head/neck, lung, melanoma, ovarian, pancreatic, prostate, and renal cancer, to characterize the shared genetic basis of cancer risk. We identified thirteen pairs of cancers with statistically significant local genetic correlations across eight distinct genomic regions. Specifically, the 5p15.33 region, harboring the *TERT* and *CLPTM1L* genes, showed statistically significant local genetic correlations for multiple cancer pairs. We conducted a cross-cancer fine-mapping of the 5p15.33 region based on eight cancers that showed genome-wide significant associations in this region (ER-negative breast, colorectal, glioma, lung, melanoma, ovarian, pancreatic, and prostate cancer). We used an iterative analysis pipeline implementing a subset-based meta-analysis approach based on cancer-specific conditional analyses and identified ten independent cross-cancer associations within this region. For each signal, we conducted cross-cancer fine-mapping to prioritize the most plausible causal variants. Our findings provide a more in-depth understanding of the shared inherited basis across human cancers and expand our knowledge of the 5p15.33 region in carcinogenesis.

Introduction

Cancer is a major global public health problem. More than 19.3 million new cancer cases and 10 million cancer deaths were estimated to occur worldwide in 2020.¹ In the United

States, approximately 1.9 million individuals are projected to be newly diagnosed with cancer, and more than 600,000 affected individuals are projected to die of cancer in 2021.² Inherited genetic variants, along with environmental exposures, contribute substantially to the pathogenesis of

¹Department of Epidemiology, University of Washington, Seattle, WA, USA; ²Department of Pathology and Laboratory Medicine, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA, USA; ³Department of Mathematics, Indian Institute of Technology Hyderabad, Kandi, Telangana, India; ⁴Department of Environmental and Occupational Health Sciences, University of Washington, Seattle, WA, USA; ⁵Medical Research Council Integrative Epidemiology Unit, Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, UK; ⁶Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, Bethesda, MD, USA; ⁷Department of Biostatistics, Harvard T.H. Chan School of Public Health, Boston, MA, USA; ⁸Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, MA, USA; ⁹Centre for Cancer Genetic Epidemiology, Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK; ¹⁰Biostatistics Unit, The Cyprus Institute of Neurology and Genetics, Nicosia, Cyprus; ¹¹Cyprus School of Molecular Medicine, Nicosia, Cyprus; ¹²Department of Molecular Medicine, Faculty of Medicine, Université Laval and Centre de recherche du CHU de Québec-Université Laval, Québec, QC, Canada; ¹³Leeds Institute of Cancer and Pathology, University of Leeds, Leeds, UK; ¹⁴Department of Epidemiology and Biostatistics, University of California at San Francisco, San Francisco, CA, USA; ¹⁵Public Health Sciences Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; ¹⁶Genomic Medicine Institute, Lerner Research Institute, Cleveland Clinic, Cleveland, OH, USA; ¹⁷Department of Genetics and Computational Biology, QIMR Berghofer Medical Research Institute, Brisbane, Australia; ¹⁸Statistical Genetics, QIMR Berghofer Medical Research Institute, Brisbane, Australia; ¹⁹Center for Human Genetics, University Hospital of Marburg, Marburg, Germany; ²⁰College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, Abu Dhabi, UAE; ²¹Comprehensive Clinical Trials Unit, University College London, London, UK; ²²Department of Visceral, Transplant, Thoracic, and Vascular Surgery, University Hospital of Leipzig, Leipzig, Germany; ²³Department of Epidemiology and Population Health, Stanford University, Palo Alto, CA, USA; ²⁴Division of Genetics and Epidemiology, The Institute of Cancer Research, London, UK; ²⁵Department of Laboratory Medicine and Pathology, Mayo Clinic Comprehensive Cancer Center, Mayo Clinic,

(Affiliations continued on next page)



James D. McKay,²⁸ International Lung Cancer Consortium (ILCCO), Myriam Brossard,^{37,38} Mark M. Iles,³⁹ Matthew H. Law,^{18,40} Stuart MacGregor,¹⁸ Melanoma GWAS Consortium, Jonathan Beesley,¹⁷ Michelle R. Jones,⁴¹ Jonathan Tyrer,⁴² Stacey J. Winham,⁴³ Ovarian Cancer Association Consortium (OCAC), Alison P. Klein,^{44,45} Gloria Petersen,⁴³ Donghui Li,⁴⁶ Brian M. Wolpin,⁴⁷ Pancreatic Cancer Case-Control Consortium (PANC4), Pancreatic Cancer Cohort Consortium (PanScan), Rosalind A. Eeles,^{48,49} Christopher A. Haiman,⁵⁰ Zsofia Kote-Jarai,^{48,49} Fredrick R. Schumacher,^{51,52} PRACTICAL consortium, CRUK, BPC3, CAPS, PEGASUS, Paul Brennan,²⁹ Stephen J. Chanock,⁶ Valerie Gaborieau,²⁹ Mark P. Purdue,⁶ Renal Cancer GWAS Consortium, Paul Pharoah,⁹ Rayjean J. Hung,³⁸ Laufey T. Amundadottir,⁶ Peter Kraft,^{7,8} Bogdan Pasaniuc,^{2,53,54} and Sara Lindström^{1,15,*}

cancers. Cancers tend to cluster in families, and twin studies have reported cancer-specific heritability ranging from 9% (head/neck) to 58% (melanoma).^{3,4}

Genome-wide association studies (GWASs) of specific types of cancer have identified genetic loci significantly associated with susceptibility to malignancies. In a recent study of 18 types of cancer in European ancestry populations,⁵ the authors identified 17 genome-wide significant variants that were associated with the risk of at least two cancers with the same direction of effect. The 8q24 region has been long recognized as a pleiotropic locus, where genetic variants have been associated with the risk of breast, colorectal, endometrial, glioma, ovarian, pancreatic, and prostate cancer, among others.^{6–16} The 5p15.33 region has been associated with more than ten types of cancer, with multiple independent risk alleles identified.^{17–24} Various biological mechanisms, including inflammation, epigenetics, gene expression, and telomere structure, have been proposed to explain these identified pleiotropic associations. For example, the 5p15.33 region harbors the *TERT* gene, which encodes the catalytic subunit of telomerase,²⁵ as well as the *CLPTMIL* gene, which encodes the cleft lip and palate-associated transmembrane-1 like protein.²⁶

In addition, recent efforts have been devoted toward estimating the genetic correlation between pairs of can-

cers. Using the restricted maximum likelihood (REML) approach implemented in the GCTA tool,²⁷ one study quantified the pairwise genetic correlation among 13 types of cancers in European ancestry populations.²⁸ Four pairs of cancers, including bladder-lung, testis-renal, lymphoma-osteosarcoma, and lymphoma-leukemia, demonstrated statistically significant shared heritability. We have previously applied linkage disequilibrium (LD) score regression^{29,30} on cancer GWAS summary statistics and observed significant genetic correlations between multiple solid tumor pairs, including colorectal-lung, colorectal-pancreatic, breast-colorectal, breast-lung, breast-ovarian, and lung-head/neck cancer.^{31,32} However, these studies only quantified the pairwise genetic correlation on a genome-wide scale, ignoring variations in the local genetic correlation across the genome. As shared heritability between cancers may not be uniformly distributed across the genome, such limitation may lead to missed opportunities to discover specific regions with crucial contribution to the oncogenesis of multiple cancers.³³

In the present study, we collected European ancestry-derived GWAS summary statistics from large-scale meta-analysis results for 14 types of cancer, based on a total number of 375,468 cancer cases and 530,521 controls. By partitioning the genome into 1,703 blocks based on the LD pattern in the 1000 Genomes (1000G) European

Rochester, MN, USA; ²⁶Department of Radiation Sciences, Umeå University, Umeå, Sweden; ²⁷Department of Environmental Medicine and Public Health, Icahn School of Medicine at Mount Sinai, New York, NY, USA; ²⁸International Agency for Research on Cancer, World Health Organization, Lyon, France; ²⁹National Institute for Health Research (NIHR) Bristol Biomedical Research Centre, University Hospitals Bristol and Weston NHS Foundation Trust and the University of Bristol, Bristol, UK; ³⁰Bristol Dental School, University of Bristol, Bristol, UK; ³¹Department of Human Genetics, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, PA, USA; ³²UPMC Hillman Cancer Center, Pittsburgh, PA, USA; ³³Department of Epidemiology, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; ³⁴UNC Lineberger Comprehensive Cancer Center, Chapel Hill, NC, USA; ³⁵Institute for Clinical and Translational Research, Baylor College of Medicine, Houston, TX, USA; ³⁶Department of Environmental Health, Harvard T.H. Chan School of Public Health, Boston, MA, USA; ³⁷Genetic Epidemiology and Functional Genomics of Multifactorial Diseases Team, Institut National de la Santé et de la Recherche Médicale (INSERM), UMR5-1124, Université Paris Descartes, Paris, France; ³⁸Prosserman Centre for Population Health Research, Lunenfeld-Tanenbaum Research Institute, Sinai Health System, Toronto, ON, Canada; ³⁹Leeds Institute for Data Analytics, University of Leeds, Leeds, UK; ⁴⁰School of Biomedical Sciences, Faculty of Health, and Institute of Health and Biomedical Innovation, Queensland University of Technology, Kelvin Grove, QLD, Australia; ⁴¹Center for Bioinformatics and Functional Genomics, Department of Biomedical Sciences, Cedars-Sinai Medical Center, Los Angeles, CA, USA; ⁴²Department of Oncology, University of Cambridge, Cambridge, UK; ⁴³Department of Health Science Research, Mayo Clinic, Rochester, MN, USA; ⁴⁴Department of Oncology, Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins School of Medicine, Baltimore, MD, USA; ⁴⁵Department of Pathology, Sol Goldman Pancreatic Cancer Research Center, Johns Hopkins School of Medicine, Baltimore, MD, USA; ⁴⁶Department of Gastrointestinal Medical Oncology, University of Texas MD Anderson Cancer Center, Houston, TX, USA; ⁴⁷Department of Medical Oncology, Dana Farber Harvard Cancer Center, Boston, MA, USA; ⁴⁸Oncogenetics Team, Division of Genetics and Epidemiology, The Institute of Cancer Research, London, UK; ⁴⁹Cancer Genetics Unit, Royal Marsden NHS Foundation Trust, London, UK; ⁵⁰Department of Preventive Medicine, University of Southern California, Los Angeles, CA, USA; ⁵¹Department of Epidemiology and Biostatistics, Case Western Reserve University, Cleveland, OH, USA; ⁵²Seidman Cancer Center, University Hospitals, Cleveland, OH, USA; ⁵³Department of Human Genetics, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA, USA; ⁵⁴Department of Computational Medicine, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA, USA

*Correspondence: saralind@uw.edu

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Table 1. Overview of the cancer GWAS datasets included in this study

Cancer types	No. of cases	No. of controls	No. of SNPs after QC ^a	Reference
Breast, overall	122,977	105,974	9,934,907	Michailidou et al., 2017 ³⁸
Breast, ER-negative	21,468	100,564	9,942,394	Michailidou et al., 2017 ³⁸
Breast, ER-positive	69,501	95,042	10,267,258	Michailidou et al., 2017 ³⁸
Colorectal	55,168	65,160	7,910,462	Huyghe et al., 2019 ³⁹
Endometrial	12,906	108,979	11,595,492	O'Mara et al., 2018 ¹⁶
Esophageal	4,112	13,663	9,038,176	Gharahkhani et al., 2016 ⁴⁰
Glioma	12,488	18,169	6,931,587	Melin et al., 2017 ⁴¹
Head/neck	6,034	6,585	7,471,918	Lesueur et al., 2016 ⁴²
Lung	29,266	56,450	7,673,197	McKay et al., 2017 ⁴³
Melanoma	12,814	23,203	7,748,523	Law et al., 2015 ⁴⁴
Ovarian	22,406	40,951	9,870,154	Phelan et al., 2017 ⁴⁵
Pancreatic	8,638	12,217	9,568,913	Klein et al., 2018 ⁴⁶
Prostate	79,166	61,106	10,002,813	Schumacher et al., 2018 ⁴⁷
Renal	10,784	20,407	8,362,393	Scelo et al., 2017 ⁴⁸

^aFiltered out variants with imputation quality score < 0.3, minor allele frequency (MAF) < 1%, and |log odds ratio| > 3.

ancestry populations,³⁴ we systematically estimated pairwise local genetic correlations between cancers. After adjusting for multiple comparisons, we identified thirteen pairs of cancers with statistically significant local genetic correlations across eight distinct genomic regions. Among these, a 1.2 Mb region at 5p15.33, harboring the *TERT* and *CLPTMIL* genes, showed significant local genetic correlations across six pairs of cancers, including breast (overall and estrogen receptor [ER]-negative), colorectal, glioma, lung, melanoma, pancreatic, and prostate cancer. We then utilized an iterative analysis pipeline implementing a subset-based meta-analysis approach (Association Analysis for SUBSETs [ASSET])³⁵ and a conditional analysis tool (COndition and JOint analysis tool implemented in the Genome-wide Complex Trait Analysis software, COJO-GCTA)³⁶ and identified ten independent cross-cancer signals within the 1.2 Mb region. For each independent signal, we conducted multi-cancer fine-mapping analysis using PAINTOR³⁷ to prioritize the variants with the highest posterior probability of being causal. Our study provides novel evidence of shared genetic susceptibility across cancer types and contributes crucial information toward understanding the common genetic mechanisms of carcinogenesis.

Material and methods

Study sample and genotype quality control

We collected the meta-analysis results from a total of 14 cancer GWASs: breast (overall, ER-positive, and ER-negative),³⁸ colorectal,³⁹ endometrial,¹⁶ esophageal,⁴⁰ glioma,⁴¹ head/neck,⁴² lung,⁴³ melanoma,⁴⁴ ovarian,⁴⁵ pancreatic,⁴⁶ prostate,⁴⁷ and renal cancer.⁴⁸ Sample size for each cancer is listed in Table 1. The GWAS summary statistics for each cancer were provided by the corre-

sponding collaborative consortia. Details on study characteristics and subjects contributing to each cancer-specific GWAS summary dataset have been described in the original cancer-specific publications. All the GWAS results used in this study were based on European ancestry populations. Genomic positions were based on Genome Reference Consortium GRCh37 (hg19).

Individual cancer GWASs were primarily imputed to the 1000G reference panels.⁴⁹ Breast, ovarian, pancreatic, and prostate cancer used the 1000G phase 3 v.5 reference panel; colorectal cancer used the Haplotype Reference Consortium (HRC); head/neck cancer used HRC; renal cancer used 1000G phase 1 v.3; meta-analysis results for melanoma GWASs were based on studies majorly imputed with 1000G phase 1 v.3;⁴⁴ lung cancer used a mix between 1000G phase 1 and phase 3; glioma used a mix between 1000G phase 3, UK10K, and HRC; esophageal cancer used 1000G phase 1; and endometrial cancer used a mix between 1000G phase 3 v.5 and UK10K. For each dataset, we conducted comprehensive quality control to clean and harmonize the GWAS summary statistics across cancers. This included: (1) removing duplicate, structural, multi-allelic, and ambiguous variants; (2) confirming that strand and alleles at each variant were consistent across cancers; (3) creating a common unique marker ID; and (4) removing analytic artifacts (e.g., common variants with reported |log odds ratio| > 3). We also removed any variants with imputation quality score < 0.3 or minor allele frequency (MAF) < 0.01. After manual inspection of the results, we conducted additional *ad hoc* cleaning for individual cancer results to remove any obvious technical artifacts.

Genetic correlations due to sample overlap

We estimated the number of controls overlapping between pairs of cancers, as these would induce a correlation in the GWAS summary statistics between cancers. We identified participating studies and any publicly available datasets (e.g., Wellcome Trust Case Control Consortium) to calculate the maximum number of controls overlapping between any two cancers. We also employed the tetrachoric correlation between binary-transformed GWAS

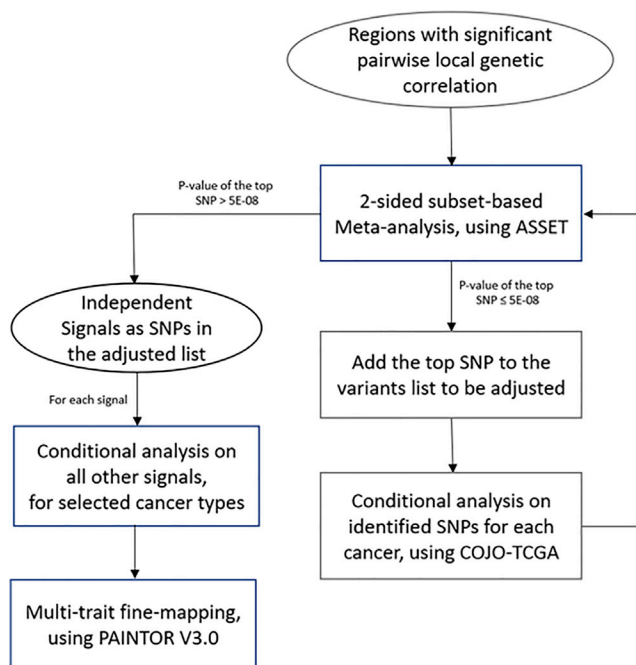


Figure 1. Analytical pipeline for the study

Regions with significant pairwise local genetic correlation were first identified by ρ HES. For regions harboring disproportionately high shared heritability across cancers, joint test of ASSET two-sided meta-analysis and COJO conditional analysis was then repeatedly conducted to identify independent signals, until no variant reached genome-wide significance ($p < 5 \times 10^{-8}$) in two-sided ASSET meta-analysis. For each signal, GWAS summary statistics conditional on other signals of selected cancer were used in multi-trait fine-mapping to estimate the posterior probability of being causal.

summary Z scores to determine putative sample overlap.^{50,51} To avoid induced correlations due to a shared polygenic architecture, we removed all cancer-specific variants with association $p < 0.1$. We observed six pairs of cancers that had correlations > 0.05 , and these all reflected previously known documented relationships where controls were shared between groups (Table S1). Pairs with correlations > 0.05 included breast and endometrial (0.08), ER-positive breast and endometrial (0.06), breast and ovarian (0.05), esophageal and melanoma (0.08), lung and head/neck (0.07), and lung and renal cancer (0.07).

Local genetic correlation estimation

To identify regions in the genome with local genetic correlations between pairs of cancers, we used ρ HES⁵² (Heritability Estimation using Summary Statistics), which first estimates the local SNP-heritability for each cancer within each region based on summary statistics⁵³ and then quantifies the covariance and correlation between pairs of cancers. Based on the LD pattern in 1000G European ancestry populations,³⁴ ρ HES partitions the genome into 1,703 approximately independent LD blocks. We took sample overlap between pairs of cancers into account as described above. Pairwise local genetic correlations were considered statistically significant if the p value $< 0.05/1,703 = 2.94 \times 10^{-5}$.

Searching for independent signals shared across cancers

Based on the local genetic correlation results, we identified a 1.2 Mb region at 5p15.33 (hg19 coordinates: 82,252–2,132,442 bp)

harboring significant local heritability for multiple cancer pairs (see Results). We selected eight types of cancers (ER-negative breast, colorectal, glioma, lung, melanoma, ovarian, pancreatic, prostate) that had genome-wide significant associations in the region and showed evidence of pairwise genetic correlation ($p < 0.05$) with at least one other cancer having genome-wide significant associations in this region, which includes the *TERT* and *CLPTM1L* genes. We first performed a conditional analysis using COJO-GCTA³⁶ on each individual cancer adjusting for the variant with the smallest p value, until no variant had a conditional $p < 5 \times 10^{-8}$. We then performed pairwise colocalization analyses using COLOC⁵⁴ to assess if any cancers shared causal variants, after controlling for the independent signals identified in analysis of individual cancers. To comprehensively enumerate the independent cross-cancer signals within this locus, we then used an agnostic subset-based meta-analysis (ASSET)³⁵ to identify variants with the strongest cross-cancer associations in this region (Figure 1). ASSET allows for opposite direction of effects across traits when assessing the association between variants and multiple traits, as implemented in the “two-sided” option in ASSET. Overlap in controls between GWASs was addressed by using the tetrachoric correlation, as described above. To determine the number of independent signals within a region, we reran all individual cancer GWASs conditioning on the top variant identified by ASSET using COJO-GCTA. The conditional analysis may be subject to the mismatch of LD between the reference panel and the population that generated the GWAS results. Consequently, we created a LD reference panel for all cancer-specific conditional analyses using European ancestry breast cancer controls ($n = 40,401$),³⁸ which was the largest population with genotype data available. After generating updated cancer-specific GWAS summary statistics conditioned on the most significant variant (top variant), we reran the two-sided ASSET meta-analysis to identify any additional significant cross-cancer signals. We then added the new top variant from the ASSET analysis to the list of lead SNPs and reran all cancer GWASs conditioning on all lead variants using COJO-GCTA. We iteratively ran cancer-specific analyses conditioning on the identified top variants using COJO-GCTA and ran two-sided ASSET on the resulting cancer-specific association results. We repeated this procedure until no variant reached genome-wide significance in the two-sided ASSET meta-analysis. The lead variants that resulted from the two-sided ASSET meta-analyses based on the conditional cancer-specific results were regarded as candidate variants that independently affect the risk of multiple cancers. Using this approach, we identified a total of ten independent signals within the 5p15.33 region.

Multi-trait fine-mapping

For each of the ten cross-cancer signals in the 5p15.33 region identified by our ASSET-COJO analysis, we created new cancer-specific GWAS summary statistics adjusting for the other nine top variants and estimated variant-specific posterior probabilities of causality using PAINTOR v.3.0.³⁷ We varied the set of cancers included in the fine-mapping analyses of each of the ten independent cross-cancer signals as we hypothesized that not all cancers would share the same causal variant for each independent signal, but, rather, different combinations of cancers contributed to each of the ten independent signals. This was also supported by the ASSET analyses, where not all cancers contributed to the top signal for each of the ten conditional meta-analyses. In particular, ASSET provides the subset of traits that contribute to the smallest variant-specific meta-analysis p value. For each variant, two subsets are reported, with the first including traits with a positive association and the

Table 2. Genomic regions with statistically significant local genetic correlations between cancers

Cancer site 1	Cancer site 2	Region	Region start	Region end	No. of SNPs	Direction	p value ^a
ER-negative breast	prostate	1q32	203334734	204681068	2,364	negative	3.45E-06
Colorectal	prostate	4q24	105305294	107501305	2,986	positive	1.05E-05
Glioma	prostate	5p15.33	982252	2132442	2,631	negative	4.03E-19
Colorectal	glioma	5p15.33	982252	2132442	2,465	negative	1.24E-05
ER-negative breast	prostate	5p15.33	982252	2132442	3,111	negative	1.90E-05
ER-negative breast	glioma	5p15.33	982252	2132442	2,631	positive	2.40E-05
Melanoma	pancreatic	5p15.33	982252	2132442	2,849	positive	4.85E-06
Lung	pancreatic	5p15.33	982252	2132442	2,935	negative	1.39E-07
Overall breast	colorectal	5q11.2	55417349	56621102	2,131	positive	1.97E-05
Colorectal	prostate	8q24	126410917	128659111	4,275	positive	1.97E-16
ER-positive breast	prostate	10q26.13	123231465	123900545	1,481	negative	1.22E-06
Endometrial	prostate	17q12	34469036	36809344	2,748	positive	5.01E-09
ER-negative breast	ovarian	19p13.11	16374416	18409862	4,103	positive	1.11E-07

Local genetic correlation between cancers across the genome (N = 1,703 regions) was estimated using *HES5*.

^aCutoff of the statistical significance was defined as $p < 0.05/1,703 = 2.94E-05$, after adjusting for multiple comparison.

second including traits with a negative association. For each of the ten independent signals, we included a specific cancer in the PAIN-TOR fine-mapping analysis if: (1) it was one of the cancers selected by ASSET as a contributing phenotype in the corresponding two-sided ASSET analysis of the lead variant, or (2) the lead variant showed genome-wide significant association for that cancer in the unadjusted cancer-specific GWAS. For each independent signal, only SNPs with data for all relevant cancers were included. We ran PAIN-TOR under the assumption that there was only one causal variant underlying that signal. We used the same LD reference panel for the fine-mapping analysis as we did for the conditional analysis. In our primary analyses, we performed the fine-mapping with no functional annotation implemented. Since regulation of *TERT* and *CLPTMIL* expression has been linked to open chromatin conformation in previous analyses,^{55,56} we conducted a secondary analysis incorporating tissue-specific open chromatin annotations as functional prior. We obtained open chromatin narrow peaks identified from normal tissue or primary cell lines of the relevant organs of each signal, based on the ENCODE project.⁵⁷ By overlapping variants with open chromatin peaks, we generated a binary matrix for the region, which was then implemented as the functional prior in the fine-mapping analysis.

Results

Local genetic correlation revealed specific regions in the genome with shared heritability across cancers

We first partitioned the genome into 1,703 regions and estimated the pairwise local genetic correlation between fourteen types of cancers. After adjusting for multiple comparisons ($p \text{ value} < 0.05/1,703 = 2.94 \times 10^{-5}$), we identified thirteen pairs of cancers with statistically significant local genetic correlation across eight distinct genomic regions (Table 2). Among these, seven cancer pairs had positive genetic correlation (4q24: colorectal

and prostate; 5p15.33: ER-negative breast and glioma, melanoma and pancreatic; 5q11.2: overall breast and colorectal; 8q24: colorectal and prostate; 17q12: endometrial and prostate; 19p13.11: ER-negative breast and ovarian), while six others showed negative genetic correlations (1q32: ER-negative breast and prostate; 5p15.33: glioma and prostate, colorectal and glioma, ER-negative breast and prostate, lung and pancreatic; 10q26.13: ER-positive breast and prostate). The local genetic correlation results mirrored previous observations, in that genome-wide significant variants for the identified regions have been previously reported for the individual cancers. For example, colorectal and prostate cancer showed significant local genetic correlation on chromosome 8 (126,410,917–128,659,111 bp), overlapping the 8q24.21 region, which harbors susceptibility variants for more than ten types of cancers. Similarly, a region on chromosome 19 (16,374,416–18,409,862 bp) showed significant local genetic correlation between ovarian and ER-negative breast cancer, both of which have genome-wide significant susceptibility variants in this region. One region on chromosome 5 (982,252–2,132,442 bp), harboring the *TERT* and *CLPTMIL* genes, showed significant local genetic correlation across six pairs of cancers, including ER-negative breast, colorectal, glioma, lung, melanoma, pancreatic, and prostate cancer (Figure 2). Interestingly, the direction of the genetic correlations varied between cancer pairs. For example, glioma showed significant but opposite local genetic correlations with ER-negative breast ($r_g = 0.0014$, $p = 2.40 \times 10^{-5}$) and colorectal cancer ($r_g = -0.0015$, $p = 1.24 \times 10^{-5}$). Similarly, pancreatic cancer had a positive local genetic correlation with melanoma ($r_g = 0.0034$, $p = 4.85 \times 10^{-6}$) but a negative genetic correlation with lung cancer ($r_g = -0.0025$, $p = 1.39 \times 10^{-57}$).

	ER-neg Breast	Colorectal	Glioma	Lung	Melanoma	Ovarian	Pancreatic	Prostate
ER-neg Breast	-							
Colorectal	-1.25E-05 (p = 0.94)	-						
Glioma	1.39E-03 (p = 2.40E-05)*	-1.48E-03 (p = 1.24E-05)*	-					
Lung	-2.69E-04 (p = 0.21)	-6.38E-05 (p = 0.77)	-5.57E-04 (p = 0.21)	-				
Melanoma	4.85E-04 (p = 0.13)	-8.71E-05 (p = 0.79)	1.06E-03 (p = 0.10)	-1.46E-03 (p = 0.004)	-			
Ovarian	2.94E-04 (p = 0.20)	-3.86E-04 (p = 0.10)	1.59E-03 (p = 5.93E-04)	3.49E-04 (p = 0.25)	-2.07E-04 (p = 0.64)	-		
Pancreatic	3.95E-04 (p = 0.25)	8.85E-04 (p = 0.01)	1.10E-04 (p = 0.88)	-2.46E-03 (p = 1.39E-07)*	3.39E-03 (p = 4.85E-06)*	-7.63E-04 (p = 0.12)	-	
Prostate	-6.74E-04 (p = 1.90E-05)*	1.91E-04 (p = 0.24)	-2.84E-03 (p = 4.03E-19)*	3.87E-04 (p = 0.06)	-8.09E-04 (p = 0.009)	-7.51E-04 (p = 7.31E-04)	-6.92E-04 (p = 0.05)	-



Figure 2. Pairwise local genetic correlation between selected cancer types at chromosome 5p15.33 (982,252–2,132,442 bp)
Cancer pairs with statistically significant (p value $< 0.05/1,703 = 2.94 \times 10^{-5}$) local genetic correlation are annotated with an asterisk.

Distinct patterns of regional GWAS association p values for the variants at 5p15.33

Based on the local genetic correlation results, the 5p15.33 region may harbor key genetic variants related to multiple cancer types. Indeed, multiple susceptibility variants in this region have been reported for at least ten cancer types, including ER-negative breast, colorectal, glioma, lung, melanoma, ovarian, pancreatic, and prostate cancer. To obtain a more complete understanding of the association patterns in this region, we created cancer-specific regional association plots for 5p15.33 (Figure 3A). We observed three different patterns of association. Pattern A, which includes breast (overall, ER-positive, and ER-negative), colorectal, glioma, ovarian, and prostate cancer, displayed one sharp genome-wide significant signal in a narrow region (~30 kb) overlapping the *TERT* gene (chr5: 1,253,282–1,295,178 bp). Pattern B, which includes lung, melanoma, and pancreatic cancer, has a broader genome-wide significant signal overlapping both the *TERT* (chr5: 1,253,282–1,295,178 bp) and *CLPTMIL* genes (chr5: 1,317,869–1,345,180 bp) (Figure 3B). Pattern C, which includes endometrial, esophageal, head/neck, and renal cancer, did not have a genome-wide significant signal in this region (Figure 3C). Interestingly, the distribution of variant-specific associations for some cancers was highly similar but in the opposite direction (Figure 3D), suggesting that GWAS associations discovered in this region may underlie tissue-specific regulations across cancers. The association-based classification of cancers was highly consistent with our local genetic correlation results. All cancer types showing shared significant local genetic correlation in

this region were in either pattern A or B, and thus we excluded the cancers belonging to pattern C for further analyses. For breast cancer, we limited our analysis to ER-negative breast cancer, as it had the strongest association at 5p15.33. Along with colorectal, glioma, lung, melanoma, ovarian, pancreatic, and prostate cancer, a total number of eight cancer types were used in the fine-mapping cross-cancer analyses.

Ten independent signals were identified based on multi-cancer meta-analysis results

Given the important biological function of the *TERT* and *CLPTMIL* genes, previous cancer fine-mapping efforts in this region, and the appearance of multiple association peaks for some of the cancers, it is plausible to assume that multiple variants in this region affect cancer risk independently. To test this assumption, we performed a conditional analysis using COJO-GCTA for each cancer to enumerate the independent signals at the 5p15.33 region. Six of the eight cancers of interest, including ER-negative breast, colorectal, glioma, lung, pancreatic, and prostate, were identified with two or more independent variants (Table S2). A total number of thirteen variants were identified, of which four were shared by two cancer types. By using conditional analysis results of each cancer, we then assessed the probability of two cancers sharing a single causal variant using a Bayesian-based colocalization approach.⁵⁴ Glioma and melanoma were estimated to be likely sharing a causal variant (posterior probability [PP] = 0.519; Table S3), even after controlling for the effect of identified signals of individual cancers. These results

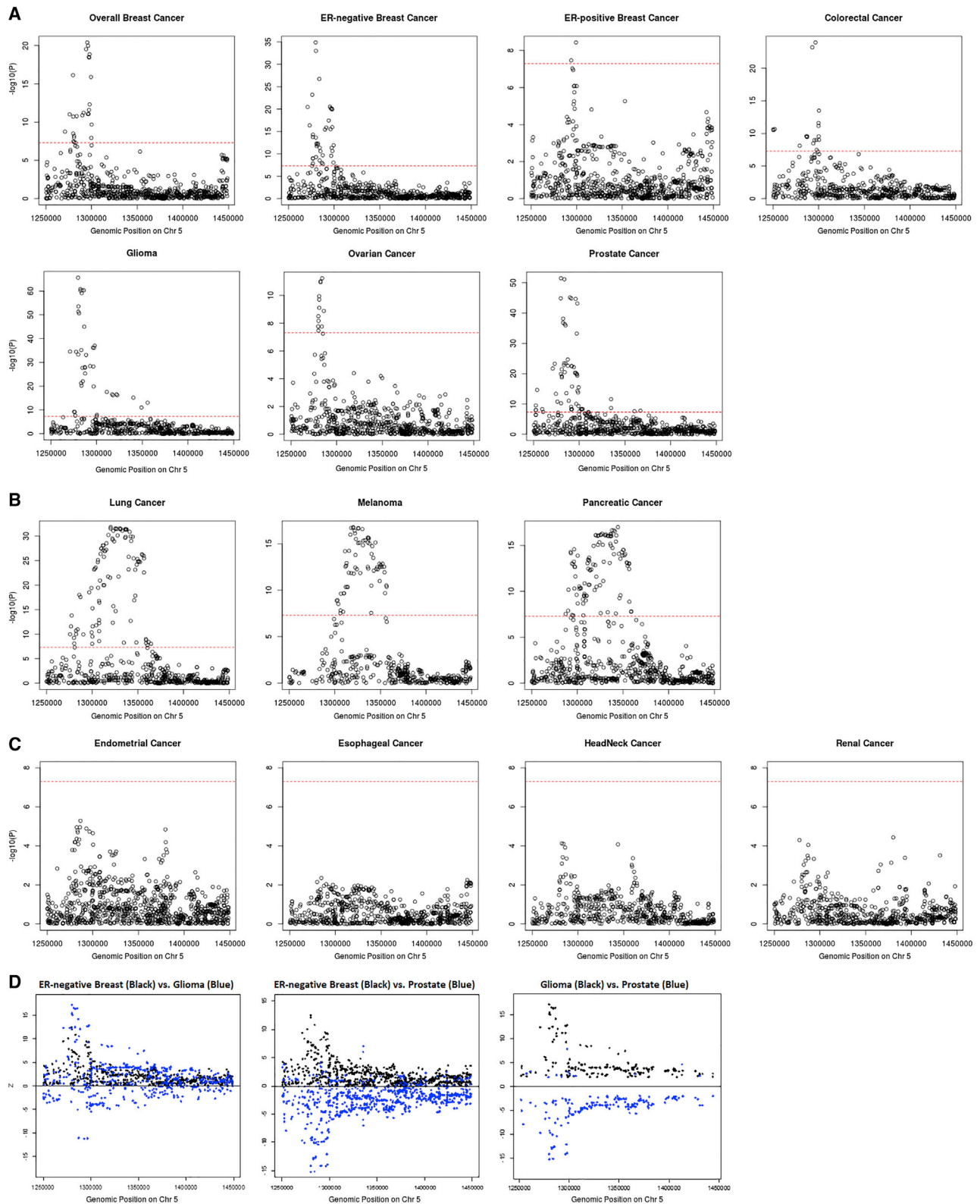


Figure 3. Categorizing 14 cancer types into three tiers based on their p value distribution at 5p15.33

Pattern A cancers (A) have one single peak by the *TERT* gene; pattern B cancers (B) have a broader signal at the *CLPTMIL* gene as well as a signal by the *TERT* gene; pattern C cancers (C) have no genome-wide significant association in this region. Genome-wide significant levels at $p \text{ value} = 5 \times 10^{-8}$ are marked with red dashed line in (A)–(C). Distribution of Z scores at the 5p15.33 region from the GWAS results of ER-negative breast, glioma, and prostate cancer (D). Only variants with $p < 0.05$ for both cancers are included. While the associations for ER-negative breast cancer and glioma overlap, the SNP associations with ER-negative breast cancer and prostate, as well as glioma and prostate, are in opposite directions.

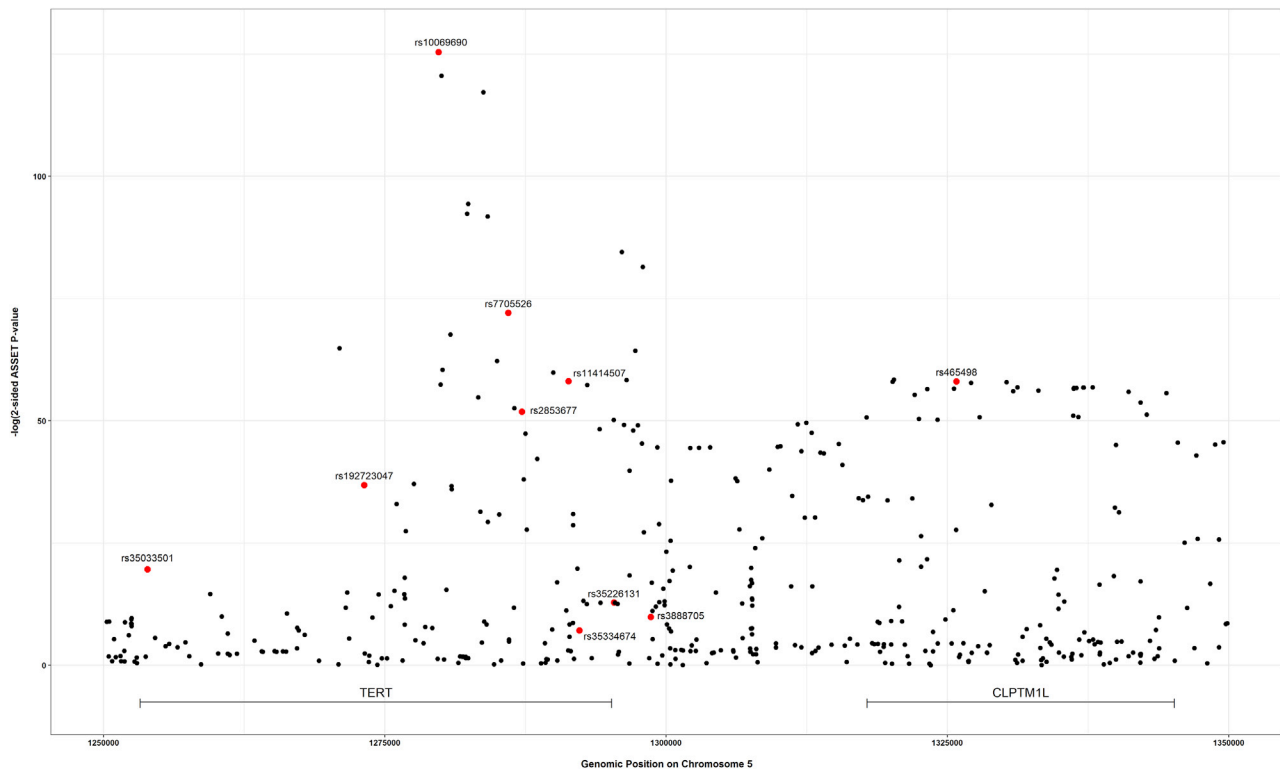


Figure 4. Distribution of two-sided subset-based meta-analysis p values across eight cancer types at the 5p15.33 region
 Index variants of ten independent candidate signals, identified by the iterative COJO-ASSET analysis, are annotated and marked in red.

suggest that multiple independent cross-cancer signals may exist in this region.

However, current state-of-the-art statistical fine-mapping tools often struggle to make inference of causality under the assumption of multiple causal variants. Further, it is likely that not all cancers share all causal variants. To get an estimate of the number of independent association signals across cancers in this region, we conducted iterative meta-analyses using individual cancer-specific association results from conditional analysis as generated by COJO-GCTA (see [Material and methods](#)). We adopted the two-sided analysis scheme in ASSET to allow for the detection of effects in opposite directions.

The strongest associated variant in the two-sided ASSET meta-analysis was rs10069690 (chr5: 1,279,790, $p = 4.05 \times 10^{-126}$; [Figure 4](#)), which was positively associated with ER-negative breast cancer and glioma while negatively associated with pancreatic and prostate cancer. We adjusted the cancer-specific GWAS results for rs10069690 using COJO-GCTA, and then reran the two-sided ASSET meta-analysis with the rs10069690-adjusted cancer-specific results. We observed the strongest association for rs465498 (chr5: 1,325,803, $p = 1.75 \times 10^{-59}$), which was positively associated with melanoma and pancreatic cancer and negatively associated with lung cancer. We added rs465498 to the set of variants to be conditioned on in the cancer-specific GWASs and iterated this process until no variant reached genome-wide significance ($p < 5 \times 10^{-8}$) in two-sided ASSET meta-analysis. In the end, we obtained ten

conditionally independent significant SNPs ([Table 3](#); [Figure S1](#)). The pairwise r^2 between the ten SNPs ranged between 0.001 and 0.294 as based on 1000G European ancestry data,⁵⁸ which indicated that the pairwise correlations between the identified signals were weak ([Figure 5](#)).

For each of the ten independent signals, the number of cancer types contributing to the association as identified by ASSET ranged from two to eight. Although SNPs rs10069690 and rs7705526 were both genome-wide significant variants for ovarian cancer ($p = 1.74 \times 10^{-8}$ and 1.34×10^{-9} , respectively), ASSET did not include ovarian cancer as a contributing cancer to the meta-analysis results for either of the SNPs. To ensure that we included all relevant cancers in the fine-mapping analysis of each independent signal, we extracted the original cancer GWAS results for the ten independent SNPs and manually added any cancers to the list of contributing cancers if that cancer showed a genome-wide significant association with a specific SNP but was not included on the list of traits optimizing the ASSET meta-analysis. For each of the ten SNPs, we then applied COJO-GCTA on each included cancer GWAS dataset to obtain cancer-specific results conditioned on the other nine lead SNPs and used these adjusted summary statistics in the fine-mapping analyses.

Cross-cancer fine-mapping proposes candidate causal variants shared by cancers

To identify candidate causal SNPs within the ten independent signals identified in the conditional analyses, we

Table 3. Ten independent cross-cancer signals in 5p15.33 region identified in the joint analysis of COJO-ASSET

No. of iteration	SNP with top ASSET p value	ASSET p value ^a	Significant cancer subset, identified by ASSET ^b	GWAS p values ^c							
				ER-neg BrCa	Colorectal	Glioma	Lung	Melanoma	Ovarian	Pancreatic	Prostate
Initiation	rs10069690 (5:1279790:C:T)	4.05E-126	set 1: ER-neg BrCa, glioma; set 2: pancreatic, prostate	1.34E-35*	1.13E-01	2.32E-66*	9.39E-01	9.08E-01	1.74E-08*	3.29E-03	1.44E-45*
1	rs465498 (5:1325803:A:G)	1.75E-59	set 1: melanoma, pancreatic; set 2: lung	1.61E-02	3.89E-02	6.85E-05	2.68E-32*	2.08E-17*	1.49E-01	7.45E-17*	9.15E-05
2	rs2853677 (5:1287194:G:A)	3.24E-39	set 1: ER-neg BrCa, colorectal, lung; set 2: glioma, melanoma, ovarian, pancreatic, prostate	4.94E-05	3.65E-10*	1.08E-28*	2.66E-18*	1.12E-02	1.49E-06	2.87E-08*	1.53E-02
3	rs11414507 (5:1291331:A:AC)	1.29E-19	set 1: ER-neg BrCa; set 2: prostate	1.34E-16*	NA	NA	NA	NA	1.63E-04	8.18E-01	1.61E-45*
4	rs35033501 (5:1253918:C:T)	9.18E-15	set 1: lung, melanoma, prostate; set 2: ER-neg BrCa, pancreatic	9.90E-05	8.55E-03	1.24E-02	3.84E-01	3.66E-02	5.55E-01	4.48E-05	2.37E-15*
5	rs7705526 (5:1285974:C:A)	1.42E-11	set 1: glioma, lung, melanoma; set 2: ER-neg BrCa, colorectal, pancreatic, prostate	1.37E-04	3.17E-04	5.01E-61*	1.01E-18*	3.24E-03	1.34E-09*	2.15E-03	2.78E-14*
6	rs192723047 (5:1273183:A:G)	1.63E-11	set 1: prostate; set 2: ER-neg BrCa	4.37E-17*	NA	NA	NA	NA	1.21E-02	8.96E-02	5.40E-24*
7	rs35226131 (5:1295373:C:T)	2.32E-09	set 1: pancreatic; set2: colorectal, glioma, prostate	8.83E-02	5.17E-07	8.66E-01	NA	NA	3.63E-01	4.30E-08*	3.20E-06
8	rs35334674 (5:1292299:G:A)	1.24E-08	set 1: ER-neg BrCa, pancreatic; set 2: colorectal, glioma, lung, prostate	3.36E-02	4.40E-07	4.07E-02	2.15E-02	NA	5.93E-01	1.43E-02	3.23E-02
9	rs3888705 (5:1298645:G:A)	2.65E-08	set 1: ER-neg BrCa, colorectal, ovarian; set 2: pancreatic, prostate	1.78E-02	1.04E-03	9.32E-07	3.62E-03	NA	2.75E-03	7.13E-01	1.94E-03
10	rs148487301 (5:1318797:T:C)	8.70E-06	not reached genome-wide significance, iteration stopped								

*Genome-wide significance with p value < 5×10^{-8} . BrCa, breast cancer; NA, the SNP was not included in the GWAS results of corresponding cancer..

^ap values from the ASSET meta-analysis allowing opposite direction of the effect (two-sided analysis).

^bCancer subsets included in the two-sided ASSET meta-analysis with best p value. Set 1/2 represents the selected cancer types with positive/negative association with the SNP.

^cp values from the original GWAS results of eight cancers.

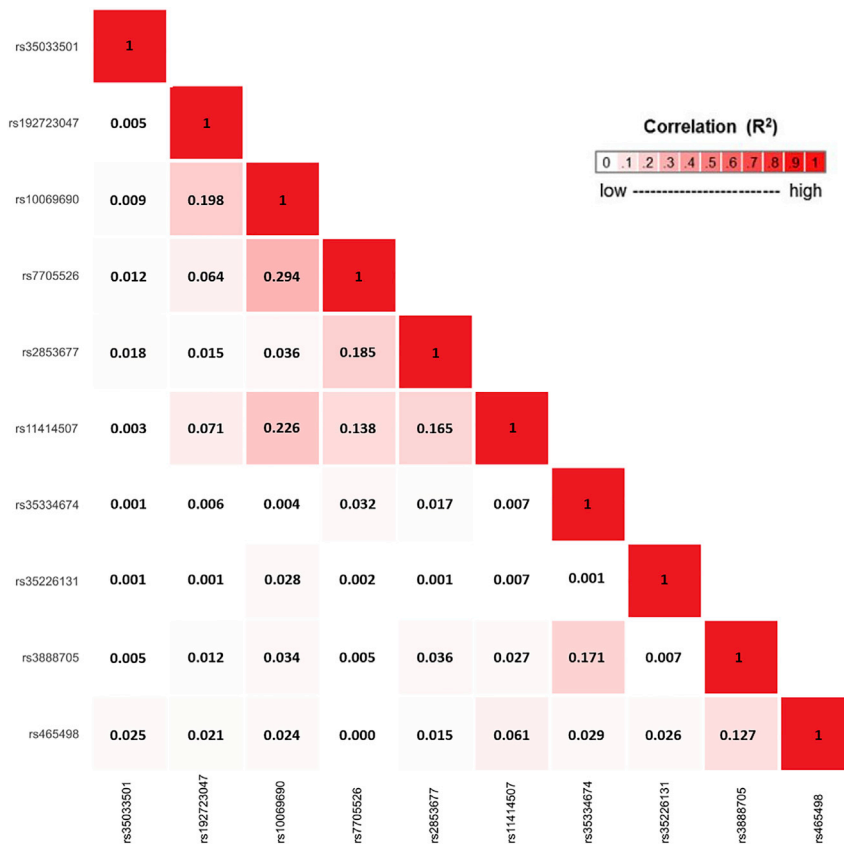


Figure 5. Correlation matrix showing the pairwise linkage disequilibrium (LD) between 10 candidate signals, identified using an iterative COJO-ASSET analysis LD was calculated based on the European ancestry populations in 1000 Genomes (1000G) Project.

To assess the impact of adding *a priori* information on functional importance, we downloaded tissue-specific open chromatin narrow peaks of normal tissues or primary cell lines for the relevant organs for each signal from the ENCODE project (Figure 6; Table S4). By overlapping the functional annotations with the variants of interest, we repeated the fine-mapping analysis for all the candidate signals (Table 4; Figure S2). Seven of the ten candidate signals showed consistent 95% PP credible sets as the previous fine-mapping analyses without functional annotations. However, fine-mapping analysis of rs35033501 (ER-negative breast, lung, melanoma, pancreatic, and prostate cancer) prioritized rs71595003, residing in an open

chromatin peak for breast epithelial tissue, with a PP of 0.999. In contrast, rs35033501, which had a PP of 0.875 in the analysis without annotations, had a PP < 0.001 when information about open chromatin was added. For the fine-mapping analyses of rs11414507 (ER-negative breast, prostate), the size of the 95% PP credible set shrank from four to two, which included the index SNP rs11414507 (PP = 0.42) as well as rs7712562 (PP = 0.58). Both rs11414507 and rs7712562 were located in open chromatin peaks in breast epithelial tissue. Similarly, after we implemented the functional annotation data, only two SNPs were included in the 95% PP credible set of the signal indexed by rs465498 (lung, melanoma, pancreatic), compared to eight SNPs in the analysis without functional information. The index SNP rs465498 had a comparable PP (0.437) as rs421629 (PP = 0.563), and both SNPs were located within open chromatin peaks in lung tissue.

conducted a multi-cancer fine-mapping analysis using PAINTOR for each signal. We first performed fine-mapping analyses with no functional annotation data implemented. For the ten candidate signals, the size of credible sets comprising a cumulative 95% PP of causality ranged from one to fifteen variants (Table 4; Figure S2). All SNPs identified as lead SNPs in the conditional analysis were included in the 95% PP credible set of the corresponding fine-mapping analysis, with six of them having the highest PP in its set (rs35033501: PP = 0.875; rs35334674: PP = 0.987; rs192723047, rs10069690, rs7705526, rs2853677: PP > 0.999). The fine-mapping analysis based on the signal identified by SNP rs35226131 included data on colorectal, glioma, pancreatic, and prostate cancer. Although rs35226131 was identified as the SNP with the highest PP of being causal, the PP was relatively modest (PP = 0.273) and comparable to nearby SNPs (rs35161420, PP = 0.239; rs61748181, PP = 0.228). Fine-mapping analysis of the signals indexed by rs11414507 (ER-negative breast and prostate cancer) and rs465498 (lung, melanoma, and pancreatic cancer) both identified a SNP located ~5 kb away from the original lead SNP, with the highest PPs for rs7712562 (PP = 0.367) and rs380286 (PP = 0.462), respectively. Fine-mapping analysis of rs3888705 (ER-negative breast, colorectal, ovarian, pancreatic, and prostate cancer) identified a credible set consisting of 15 variants with PPs ranging between 0.01 and 0.10, with the lead SNP rs3888705 having a PP of 0.092.

chromatin peak for breast epithelial tissue, with a PP of 0.999. In contrast, rs35033501, which had a PP of 0.875 in the analysis without annotations, had a PP < 0.001 when information about open chromatin was added. For the fine-mapping analyses of rs11414507 (ER-negative breast, prostate), the size of the 95% PP credible set shrank from four to two, which included the index SNP rs11414507 (PP = 0.42) as well as rs7712562 (PP = 0.58). Both rs11414507 and rs7712562 were located in open chromatin peaks in breast epithelial tissue. Similarly, after we implemented the functional annotation data, only two SNPs were included in the 95% PP credible set of the signal indexed by rs465498 (lung, melanoma, pancreatic), compared to eight SNPs in the analysis without functional information. The index SNP rs465498 had a comparable PP (0.437) as rs421629 (PP = 0.563), and both SNPs were located within open chromatin peaks in lung tissue.

Discussion

In this study, we leveraged GWAS summary statistics from 14 cancer types to estimate local genetic correlations and conduct follow-up fine-mapping of shared cancer regions in the genome. By partitioning the genome into independent blocks as defined by LD, we comprehensively estimated pairwise local genetic correlations between the included cancers. We identified 13 cancer pairs with significant local genetic correlation across eight distinct

Table 4. Statistical fine-mapping prioritized the potential causal SNP within 10 independent cross-cancer signals in 5p15.33 region, using PAINTOR v.3.0

Index SNP	Fine-mapped cancer types	Fine-mapping without functional prior			Fine-mapping with functional prior ^a				
		95% PP credible set ^b	PP, index SNP	SNP with highest PP	Highest PP	95% PP credible set	PP, index SNP	SNP with highest PP	Highest PP
rs35033501 (5:1253918:C:T)	ER-neg BrCa, lung, melanoma, pancreatic, prostate	rs35033501, rs71595003	0.875	rs35033501 (5:1253918:C:T)	0.875	rs71595003	<0.001	rs71595003 (5:1292118:G:A)	0.999
rs192723047 (5:1273183:A:G)	ER-neg BrCa, prostate	rs192723047	1.000	rs192723047 (5:1273183:A:G)	1.000	rs192723047	1.000	rs192723047 (5:1273183:A:G)	1.000
rs10069690 (5:1279790:C:T)	ER-neg BrCa, glioma, ovarian, pancreatic, prostate	rs10069690	1.000	rs10069690 (5:1279790:C:T)	1.000	rs10069690	1.000	rs10069690 (5:1279790:C:T)	1.000
rs7705526 (5:1285974:C:A)	ER-neg BrCa, colorectal, glioma, lung, melanoma, ovarian, pancreatic, prostate	rs7705526	1.000	rs7705526 (5:1285974:C:A)	1.000	rs7705526	1.000	rs7705526 (5:1285974:C:A)	1.000
rs2853677 (5:1287194:G:A)	ER-neg BrCa, colorectal, glioma, lung, melanoma, ovarian, pancreatic, prostate	rs2853677	1.000	rs2853677 (5:1287194:G:A)	1.000	rs2853677	1.000	rs2853677 (5:1287194:G:A)	1.000
rs11414507 (5:1291331:A:AC)	ER-neg BrCa, prostate	rs7712562, rs74682426, rs11414507, rs7449190	0.265	rs7712562 (5:1296072:A:G)	0.367	rs7712562, rs11414507	0.419	rs7712562 (5:1296072:A:G)	0.581
rs35334674 (5:1292299:G:A)	ER-neg BrCa, colorectal, glioma, lung, pancreatic, prostate	rs35334674	0.987	rs35334674 (5:1292299:G:A)	0.987	rs35334674	0.988	rs35334674 (5:1292299:G:A)	0.988
rs35226131 (5:1295373:C:T)	colorectal, glioma, pancreatic, prostate	rs35226131, rs35161420, rs61748181, rs33958877, rs114616103	0.273	rs35226131 (5:1295373:C:T)	0.273	rs35226131, rs35161420, rs61748181, rs33958877, rs114616103	0.273	rs35226131 (5:1295373:C:T)	0.273
rs3888705 (5:1298645:G:A)	ER-neg BrCa, colorectal, ovarian, pancreatic, prostate	rs34156553, rs4075202, rs3888705, rs77776598, rs4975539, rs6875445, rs4583925, rs78844046, rs79323805, rs4507531, rs78368589, rs4487533, rs6554678, rs4498293, rs4532396	0.092	rs34156553 (5:1243245:C:T)	0.103	rs34156553, rs4075202, rs3888705, rs77776598, rs4975539, rs6875445, rs4583925, rs78844046, rs79323805, rs4507531, rs78368589, rs4487533, rs6554678, rs4498293, rs4532396	0.092	rs34156553 (5:1243245:C:T)	0.103
rs465498 (5:1325803:A:G)	lung, melanoma, pancreatic	rs380286, rs421629, rs465498, rs452932, rs459961, rs455433, rs13178866, rs460073	0.146	rs380286 (5:1320247:G:A)	0.462	rs421629, rs465498	0.437	rs421629 (5:1320136:G:A)	0.563

^aUsed open chromatin narrow peaks identified from the normal tissue or primary cells of the disease-related organs as the functional prior. Open chromatin narrow peaks were obtained from the ENCODE project.

^bSNPs within the credible set were ranked by the posterior probability (PP).

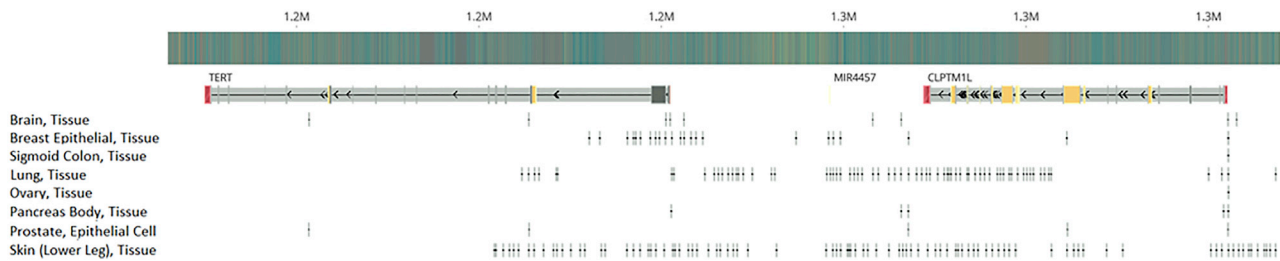


Figure 6. Open chromatin in different cancer types

Genomic location of tissue-specific open chromatin narrow peaks, which were used as functional prior in the fine-mapping analysis.

genomic regions. Among these, one region on chromosome 5p15.33 harboring the *TERT* and *CLPTM1L* genes had statistically significant shared heritability for seven cancer types, including ER-negative breast, colorectal, glioma, lung, melanoma, pancreatic, and prostate cancer. By utilizing an iterative analysis, we identified ten independent cross-cancer SNP signals within this locus. We then conducted fine-mapping analyses for each independent signal and generated 95% posterior probability credible sets both without and with *a priori* functional information.

Our pairwise local genetic correlation results were highly consistent with the conclusions of previous GWASs and cross-cancer analyses. The pleiotropic effect of variants in the 8q24 region between multiple types of cancer, including colorectal and prostate cancer, has been previously demonstrated and replicated in studies across populations of different ancestries.^{12,59,60} The 5p15.33 region, containing the *TERT* and *CLPTM1L* genes, has also been associated with multiple cancers.^{17–23} Other significant genomic regions identified in our study, including 1q32.1 (ER-negative breast and prostate), 4q24 (colorectal and prostate), 5q11.2 (overall breast and colorectal), 10q26.13 (ER-positive breast and prostate), 17q12 (endometrial and prostate), and 19p13.11 (ER-negative breast and ovarian), have also been identified as pleiotropic loci in previous analyses.^{61,62} Previous efforts have been devoted to identifying pleiotropic variants, by using either a subset-based meta-analysis approach⁶¹ or categorizing genome-wide significant loci of multiple cancers by LD patterns.⁶² Our analysis complements these, as we aggregated the per-SNP effect within the loci, estimated the local heritability of each cancer, and quantified the local genetic correlation between the cancer pairs. These “shared heritability hotspots” identified in our analysis may contain genes with strong effect on multiple cancers or harbor multiple risk variants and biological mechanisms that can independently affect the risk of different cancers. Our results can thus be utilized to prioritize candidate regions for future discoveries of causal variants and functional follow-up.

As the 5p15.33 region harboring the *TERT* and *CLPTM1L* genes was the only region that displayed more than one statistically significant pairwise genetic correlation, we focused our continued efforts on this region. The *TERT*

gene encodes the catalytic subunit of telomerase reverse transcriptase,²⁵ which is a crucial enzyme for maintaining telomere length. Mendelian randomization studies have shown that genetically determined telomere length is associated with the risk of multiple cancer types, including glioma, ovarian, lung, and melanoma, but is not associated with the risk of other cancers included here, such as breast and prostate.^{63–65} In our study, we observed local negative genetic correlations and opposite direction of SNP effects between specific cancer types, which indicate that genetic variation in this region is likely to affect cancer risk through multiple distinct biological pathways, of which telomere length is only one implicated mechanism. Meanwhile, the *CLPTM1L* gene encodes the cleft lip and palate-associated transmembrane-1 like protein, which has been reported to play a role in cell apoptosis and cytokinesis and is overexpressed in lung and pancreatic cancer.^{66–68} Given its important biological function and significant association with a broad set of cancers, we assumed that multiple variants in this region may independently influence the risk of various types of cancers. By iteratively conducting conditional meta-analyses, we identified ten independent signals (seven in the *TERT* gene, one in the *CLPTM1L* gene, and two between *TERT* and *CLPTM1L*). Our study results are comparable to a previous study published by Wang et al.,⁵⁶ which conducted a subset-based meta-analysis across six types of cancers (bladder, glioma, lung, pancreatic, prostate, and testicular). Several signals identified in our study have either been proposed (rs10069690, rs2853677) or are correlated with the independent signals reported in that study (rs7705526 versus rs7726159, $r^2 = 0.87$; rs465498 versus rs451360, $r^2 = 0.34$). We only included cancers with genome-wide significant signals in this region into the subset-based meta-analysis and conditional analysis. Compared to the study presented by Wang et al.,⁵⁶ our study further included several common cancers (ER-negative breast, colorectal, melanoma, and ovarian), while we did not have data on bladder and testicular cancer. With an increased number of cancers and larger sample sizes, we were able to refine the cross-cancer signals in this important region. In addition, independent signal rs465498 identified in our study was in strong correlation with two previously identified susceptible loci at the *CLPTM1L* gene, including pancreatic cancer SNP rs31490 ($r^2 = 0.96$)⁶⁹ and lung, melanoma, and

prostate cancer SNP rs401681 ($r^2 = 0.96$).^{21,70,71} Our findings imply that the association between the *CLPTMIL* gene and various types of cancer can be potentially attributed to one distinct signal.

When estimating the local genetic correlation across cancers, we considered subtypes for breast (ER-negative and ER-positive) and lung cancer (adenocarcinoma, small cell, and squamous cell). Despite the relatively smaller GWAS sample size (21,468 for ER-negative breast cancer compared to 122,977 for overall breast cancer), ER-negative breast cancer showed stronger associations and higher genetic correlation with other cancers in the 5p15.33 region, as compared to ER-positive and overall breast cancer. In contrast, the three subtypes of lung cancer had either no genome-wide significant hits at the 5p15.33 region (small cell) or had weaker local genetic correlation estimates (adenocarcinoma and squamous cell, data not shown) than overall lung cancer. We thus included ER-negative breast cancer and overall lung cancer in the subsequent analyses.

Multiple lead SNPs with high posterior probability have been reported to affect telomere length. SNP rs7705526 is significantly associated with telomere length in multiple populations.^{72–75} SNP rs2853677 has been associated with relative telomere length in a breast cancer case-only cohort in Han Chinese,⁷⁶ as well as leukocyte telomere length in a European ancestry population.⁷⁵ SNP rs35226131 is perfectly correlated with a nonsynonymous variant (rs61748181) in *TERT*, which results in a protein-level change from alanine to threonine and negatively influences telomere length.^{15,71} SNP rs10069690 has been found to significantly interact with recent use of non-steroidal anti-inflammatory drugs (NSAIDs) to alter telomere length in a colorectal cancer case-control study.⁷⁷ SNP rs465498, located in the *CLPTMIL* gene, has been reported to be significantly associated with telomere length among Han Chinese.⁷⁸ We could not find previous data on the role of other five lead SNPs identified by our study, and it is thus possible that other unknown mechanisms are involved.

Since previously identified cancer risk SNPs at 5p15.33 have been linked to open chromatin conformation,^{55,56} we further included regions of open chromatin for related tissues from the ENCODE project as functional prior in our fine-mapping analysis.⁵⁷ The results for five signals (lead SNPs rs192723047, rs10069690, rs7705526, rs2853677, and rs35334674) remained unchanged, with each having a credible set containing one single SNP with a posterior probability of 1.00. After incorporating open chromatin peaks as a prior, the 95% posterior probability credible sets became smaller for three signals (lead SNPs rs35033501, rs11414507, and rs465498), as SNPs located in open chromatin peaks obtained a higher posterior probability of being causal. For the other two signals (lead SNPs rs35226131 and rs3888705), the size of each 95% credible set was relatively large in analyses with and without functional annotations. No SNPs in these regions had a pre-

dominantly high posterior probability, nor did any of them overlap with the open chromatin peaks of any related tissue. The fine-mapping results for these two signals should thus be interpreted with extra caution.

Our study has several strengths and limitations. We used cancer GWAS summary statistics published by each collaborating consortium, which maximized our sample sizes and provided large statistical power. This is also the first study to comprehensively quantify the local genetic correlation across multiple common cancers. We innovatively adopted the joint analysis pipeline of two-sided ASSET meta-analysis and COJO-GCTA. This approach enabled us to both validate the proposed pleiotropic loci and explore novel independent signals, under the complex genetic architecture in the 5p15.33 region. It is also important to recognize some limitations. Although we chose an internal population (breast cancer controls) to generate the LD reference panel for the conditional analyses and fine-mapping, bias may still inevitably exist as the mismatch of LD between the reference and the population of other cancers. The study population was limited to European ancestry individuals only, and therefore any conclusions of our research may not be applicable to other ancestries. Including multiple ancestries would also allow for refinement of the fine-mapping signals, since LD structure varies between populations. Moreover, some of the GWASs included in the present study (e.g., breast and ovarian) shared controls. Although we accounted for this overlap in the local genetic correlation analysis and the subset-based meta-analysis, we were not able to take these into account in the fine-mapping analysis, as PAINTOR currently does not adjust for sample overlap. However, we do not believe this will have a qualitative impact on our results. Meanwhile, although our analysis included a large number of cancer types, other cancers, including bladder and testicular, which have shown genome-wide significant signals in the 5p15.33 region,^{21,79} were not included. Further, we could have missed any potentially causal variants that were not included in our analyses for various reasons (e.g., poorly imputed or rare variants). Finally, the tissue-specific open chromatin peaks used as the functional prior in our fine-mapping analysis were from adult tissue. Some of these tissues may not express much of *TERT*, and thus these annotations may not necessarily reflect a cellular context where *TERT* and the enhancers that promote *TERT* expression are active. Our fine-mapping analysis should thus be interpreted with some caution. Since the fine-mapping analysis was solely based on bioinformatic analysis, further functional validation using molecular biology experiments is required to fully understand the mechanisms at play in this region.

In summary, our study identified genomic regions with significant local genetic correlations across 14 types of common cancers. We further enumerated the independent pleiotropic signals in the 5p15.33 region and performed a cross-cancer fine-mapping for each signal, using up-to-date bioinformatics tools. Results from our study provide

novel evidence of the shared inherited basis of human cancers and expand our understanding of the role played by the *TERT-CLPTM1L* region in cancer development.

Declaration of interests

B.M.W. has received research grants from Celgene and Eli Lilly and has consulting relationship with BioLineRx, Celgene, and Grail. R.A.E. has received speaker honoraria from the GU-ASCO meeting (January 2016), RMH FR meeting (November 2017, supported by Janssen), University of Chicago invited talk (May 2018), and ESMO (September 2019, supported by Bayer & Ipsen) and served as member of external expert committee at the Prostate Dx Advisory Panel (June 2020). All other authors declare no competing interests.

Data and code availability

All code is available from the corresponding author on request. Data availability varies by cancer site. Publicly available GWAS summary statistics are available at <http://bcac.ccge.medschl.cam.ac.uk/bcacdata/%20oncoarray/oncoarray-and-combined-summary-result/> (breast), http://practical.icr.ac.uk/blog/?page_id=8164 (prostate), <http://ocac.ccge.medschl.cam.ac.uk/data-projects/results-lookup-by-region> (ovarian), and <https://www.ebi.ac.uk/gwas/downloads/summary-statistics> (endometrial). For additional data, please contact the corresponding author.

Supplemental information

Supplemental information can be found online at <https://doi.org/10.1016/j.xhgg.2021.100041>.

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Web resources

Breast Cancer Association Consortium, <http://bcac.ccge.medschl.cam.ac.uk/bcacdata/%20oncoarray/oncoarray-and-combined-summary-result/>
The Institute of Cancer Research PRACTICAL, http://practical.icr.ac.uk/blog/page_id=8088
Ovarian Cancer Association Consortium, <http://ocac.ccge.medschl.cam.ac.uk/data-projects/results-lookup-by-region>
GWAS Catalog, <https://www.ebi.ac.uk/gwas/downloads/summary-statistics>

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Supplemental information

Large-scale cross-cancer fine-mapping of the 5p15.33

region reveals multiple independent signals

Hongjie Chen, Arunabha Majumdar, Lu Wang, Siddhartha Kar, Kevin M. Brown, Helian Feng, Constance Turman, Joe Dennis, Douglas Easton, Kyriaki Michailidou, Jacques Simard, Breast Cancer Association Consortium (BCAC), Timothy Bishop, Iona C. Cheng, Jeroen R. Huyghe, Stephanie L. Schmit, Colorectal Transdisciplinary Study (CORECT), Colon Cancer Family Registry Study (CCFR), Genetics and Epidemiology of Colorectal Cancer Consortium (GECCO), Tracy A. O'Mara, Amanda B. Spurdle, Endometrial Cancer Association Consortium (ECAC), Puya Gharahkhani, Johannes Schumacher, Janusz Jankowski, Ines Gockel, Esophageal Cancer GWAS Consortium, Melissa L. Bondy, Richard S. Houlston, Robert B. Jenkins, Beatrice Melin, Glioma International Case Control Consortium (GICC), Corina Lesueur, Andy R. Ness, Brenda Diergaard, Andrew F. Olshan, Head-Neck Cancer GWAS Consortium, Christopher I. Amos, David C. Christiani, Maria T. Landi, James D. McKay, International Lung Cancer Consortium (ILCCO), Myriam Brossard, Mark M. Iles, Matthew H. Law, Stuart MacGregor, Melanoma GWAS Consortium, Jonathan Beesley, Michelle R. Jones, Jonathan Tyrer, Stacey J. Winham, Ovarian Cancer Association Consortium (OCAC), Alison P. Klein, Gloria Petersen, Donghui Li, Brian M. Wolpin, Pancreatic Cancer Case-Control Consortium (PANC4), Pancreatic Cancer Cohort Consortium (PanScan), Rosalind A. Eeles, Christopher A. Haiman, Zsofia Kote-Jarai, Fredrick R. Schumacher, PRACTICAL consortium, CRUK, BPC3, CAPS, PEGASUS, Paul Brennan, Stephen J. Chanock, Valerie Gaborieau, Mark P. Purdue, Renal Cancer GWAS Consortium, Paul Pharoah, Rayjean J. Hung, Laufey T. Amundadottir, Peter Kraft, Bogdan Pasaniuc, and Sara Lindström

	Breast, Overall	Breast, ER-neg	Breast, ER-pos	Colorectal	Endometrial	Esophageal	Glioma	Head/Neck	Lung	Melanoma	Ovarian	Pancreatic	Prostate	Renal
Breast, Overall	1													
Breast, ER-negative	NA	1												
Breast, ER-positive	NA	NA	1											
Colorectal	0.009	0.013	0.001	1										
Endometrial	0.084	0.044	0.064	0.014	1									
Esophageal	0.020	0.007	0.004	0.009	0.016	1								
Glioma	0.017	0.015	0.010	0.012	0.004	0.010	1							
Head/Neck	0.013	0.005	0.012	0.007	0.002	0.002	0.007	1						
Lung	0.031	0.019	0.021	0.025	0.021	0.023	0.024	0.072	1					
Melanoma	0.027	0.012	0.010	0.003	0.025	0.081	0.039	-0.004	0.032	1				
Ovarian	0.051	0.030	0.048	0.007	0.040	0.001	0.008	-0.001	0.013	0.012	1			
Pancreatic	0.001	-0.001	-0.001	0.011	0.009	0.003	0.016	0.015	0.023	-0.002	0.003	1		
Prostate	0.004	0.002	0.004	0.001	0.002	0.003	0.009	0.013	-0.005	0.009	-0.005	0.009	1	
Renal	0.027	0.015	0.010	0.013	0.033	0.023	0.021	0.004	0.071	0.047	0.011	0.044	0.033	1

Table S1. Correlation between 14 cancer-specific GWAS summary statistics due to sample overlaps, using the tetrachoric correlation between binary-transformed GWAS summary z-scores. Correlations higher than 0.05 are annotated in bold.

Cancer Type	Signal Index	SNP	Position	Ref/Eff	Unconditioned P-value	Conditioned P-value
ER-negative Breast	1	rs10069690	1279790	C/T	1.34E-35	1.34E-35
	2	rs2736107	1297854	C/T	1.23E-20	2.22E-16
Colorectal	1	rs2735940	1296486	A/G	1.17E-24	1.17E-24
	2	rs34156553	1243245	C/T	1.60E-11	2.90E-09
Glioma	1	rs10069690	1279790	C/T	2.32E-66	2.32E-66
	2	rs2853677	1287194	G/A	1.08E-28	2.87E-14
Lung	1	rs380286	1320247	G/A	1.51E-32	1.51E-32
	2	rs7705526	1285974	C/A	1.01E-18	3.38E-16
Melanoma	1	rs380286	1320247	G/A	1.66E-17	1.66E-17
Ovarian	1	rs4449583	1284135	C/T	5.93E-12	5.93E-12
Pancreatic	1	rs31490	1344458	G/A	1.02E-17	1.02E-17
	2	rs2735940	1296486	A/G	2.67E-15	4.59E-09
Prostate	1	rs2242652	1280028	G/A	3.46E-52	3.46E-52
	2	rs34785213	1284149	AC/A	3.31E-21	5.74E-15
	3	rs71595003	1292118	G/A	1.78E-16	3.75E-13
	4	rs74682426	1289975	A/C	7.59E-46	2.41E-09
	5	rs2853677	1287194	G/A	1.53E-02	1.97E-09

Table S2. Conditional analysis identified independent signals of individual cancer at the 5p15.33 region.

Cancer 1	Cancer 2	# of SNP	PP.H0.abf	PP.H1.abf	PP.H2.abf	PP.H3.abf	PP.H4.abf
ERnegBreast	Colorectal	4,427	0.353	0.220	0.249	0.155	0.023
ERnegBreast	Glioma	4,500	0.046	0.029	0.540	0.341	0.043
ERnegBreast	Lung	4,588	0.160	0.101	0.367	0.233	0.140
ERnegBreast	Melanoma	4,112	0.285	0.134	0.371	0.174	0.036
ERnegBreast	Ovarian	5,916	0.247	0.208	0.266	0.224	0.056
ERnegBreast	Pancreatic	5,806	0.385	0.320	0.149	0.123	0.022
ERnegBreast	Prostate	5,914	0.069	0.056	0.252	0.206	0.417
Colorectal	Glioma	4,171	0.046	0.031	0.532	0.363	0.028
Colorectal	Lung	4,166	0.149	0.095	0.310	0.197	0.249
Colorectal	Melanoma	3,831	0.259	0.163	0.332	0.208	0.038
Colorectal	Ovarian	4,415	0.393	0.276	0.182	0.128	0.022
Colorectal	Pancreatic	4,312	0.431	0.301	0.127	0.088	0.052
Colorectal	Prostate	4,417	0.129	0.091	0.324	0.228	0.228
Glioma	Lung	4,200	0.032	0.272	0.072	0.604	0.020
Glioma	Melanoma	3,879	0.024	0.188	0.030	0.238	0.519
Glioma	Ovarian	4,491	0.051	0.598	0.026	0.300	0.025
Glioma	Pancreatic	4,414	0.063	0.691	0.018	0.202	0.025
Glioma	Prostate	4,491	0.020	0.236	0.050	0.587	0.106
Lung	Melanoma	3,947	0.181	0.378	0.124	0.260	0.057
Lung	Ovarian	4,578	0.153	0.351	0.140	0.322	0.033
Lung	Pancreatic	4,502	0.233	0.534	0.064	0.146	0.022
Lung	Prostate	4,578	0.074	0.169	0.159	0.365	0.233
Melanoma	Ovarian	4,113	0.296	0.385	0.131	0.171	0.017
Melanoma	Pancreatic	4,031	0.471	0.332	0.108	0.076	0.014
Melanoma	Prostate	4,106	0.239	0.305	0.173	0.221	0.063
Ovarian	Pancreatic	5,797	0.344	0.368	0.131	0.140	0.017
Ovarian	Prostate	5,907	0.102	0.110	0.368	0.396	0.024
Pancreatic	Prostate	5,793	0.112	0.043	0.410	0.156	0.279

H0 through H4 reflects the assumptions as: H0: neither cancer has a genetic association in the region; H1/H2: only cancer 1/cancer 2 has a genetic association in the region; H3: both cancers are associated, but with different causal variants; H4: both cancers are associated and share a single causal variant.

Table S3. Colocalization analysis assessing the posterior probability (PP) of the existence of shared causal variant between cancer pairs at the 5p15.33 region, after controlling cancer-specific signals (listed in Table S2). PP.H4.abf, representing the PP of both cancers sharing a single causal variant, is annotated in bold if the value is larger than 0.5.

Cancer Type	Origin of sample	Sample Type	Assay	ENCODE Index	Detail
Glioma	Brain	Tissue	DNase-seq	ENCSR595CSH	<i>Homo sapiens</i> brain tissue, embryo (56 days) and male embryo (58 days)
Breast	Breast	Tissue (Epithelial)	DNase-seq	ENCSR600KUR	<i>Homo sapiens</i> breast epithelium tissue, female adult (51 years)
Colorectal	Sigmoid Colon	Tissue	DNase-seq	ENCSR276ITP	<i>Homo sapiens</i> sigmoid colon tissue, female adult (53 years)
Lung	Lung	Tissue	DNase-seq	ENCFF794QIS	<i>Homo sapiens</i> lung tissue, female embryo (76 days)
Ovarian	Ovary	Tissue	DNase-seq	ENCFF173CIO	<i>Homo sapiens</i> ovary tissue, female adult (53 years)
Pancreatic	Body of Pancreas	Tissue	DNase-seq	ENCFF706BCL	<i>Homo sapiens</i> body of pancreas tissue, female adult (51 years)
Prostate	Prostate	Epithelial Cells	DNase-seq	ENCSR000EPU	<i>Homo sapiens</i> epithelial cell of prostate
Melanoma	Lower Leg of Skin	Tissue	DNase-seq	ENCFF129WMG	<i>Homo sapiens</i> lower leg skin tissue, female adult (51 years)

Table S4. Tissue-specific open narrow peaks of normal tissues or primary cell lines for the relevant organs, used in the cross-cancer fine-mapping analysis, from the ENCODE project.

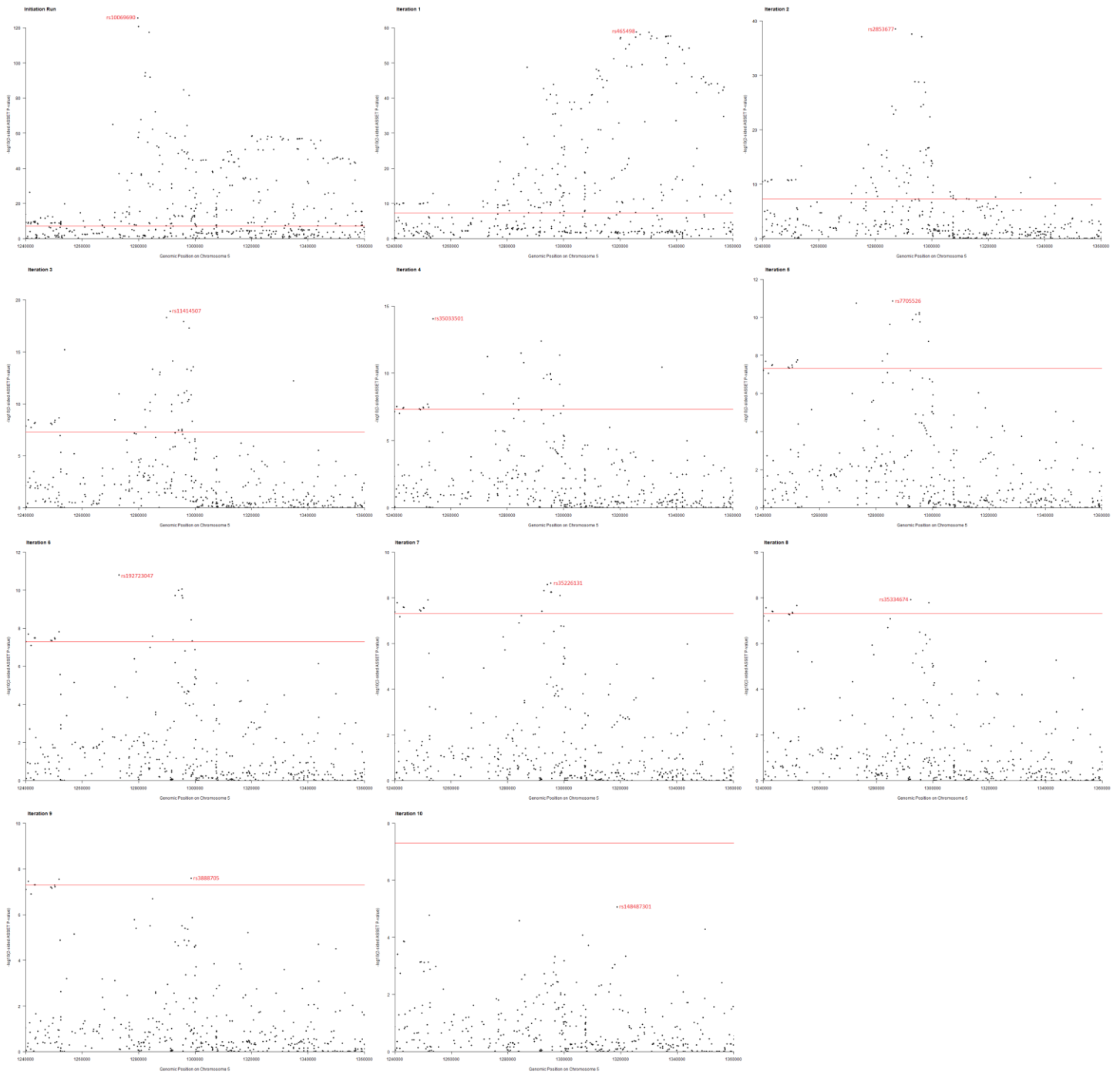
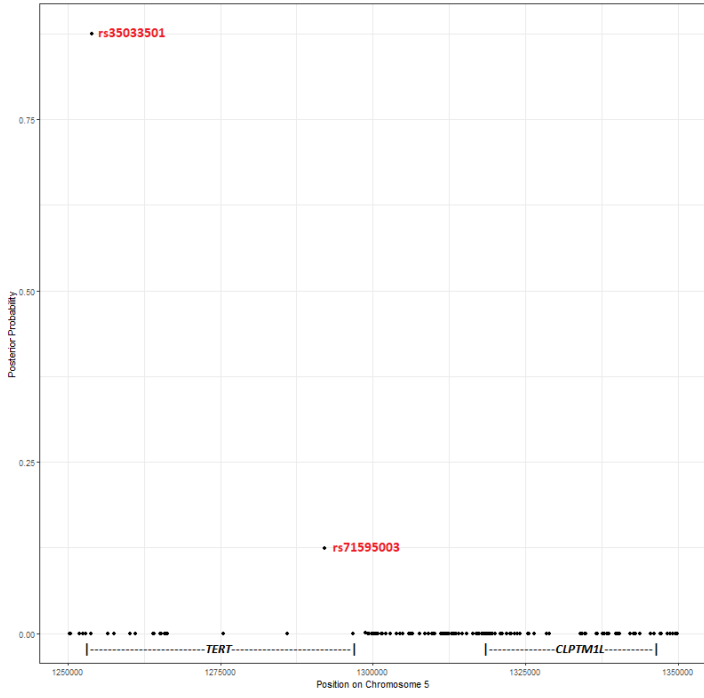
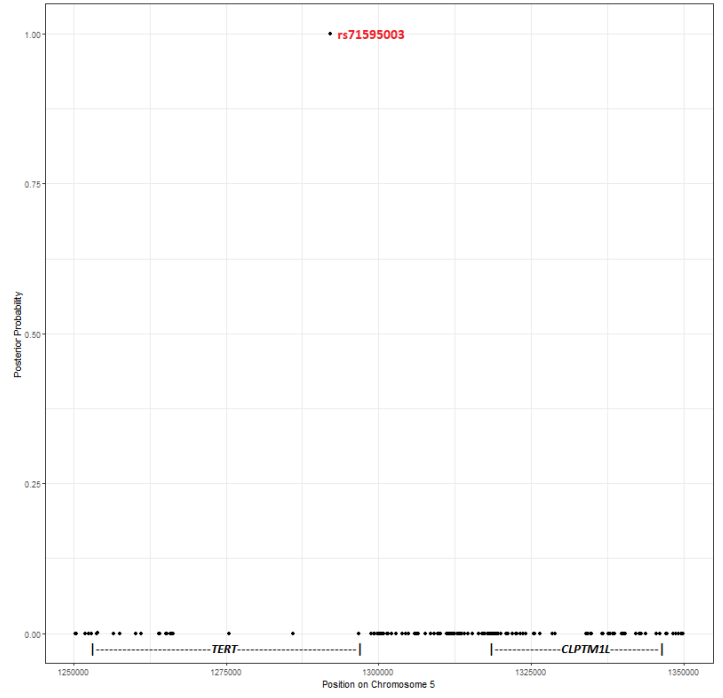


Figure S1. Distribution of two-sided subset-based meta-analysis p-values across eight cancer types at the 5p15.33 region, in each ASSET analysis run. The variant with the smallest p-value in each run (annotated in red) was identified as the index variant of the candidate independent signal, which was further adjusted in the following conditional analysis. The iteration ended when no variant reached genome-wide significant level at $p\text{-value} = 5 \times 10^{-8}$ (marked with red line in each plot).

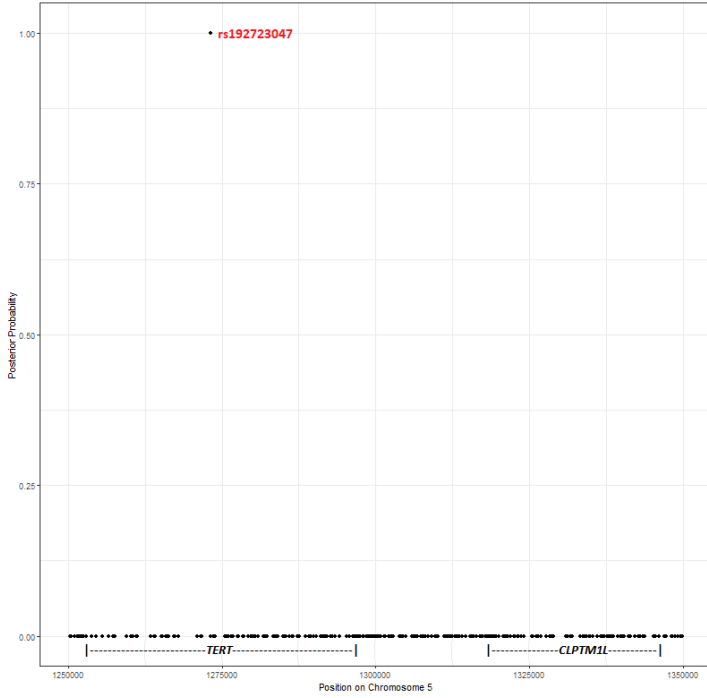
Fine-mapping for signal rs35033501, without functional prior



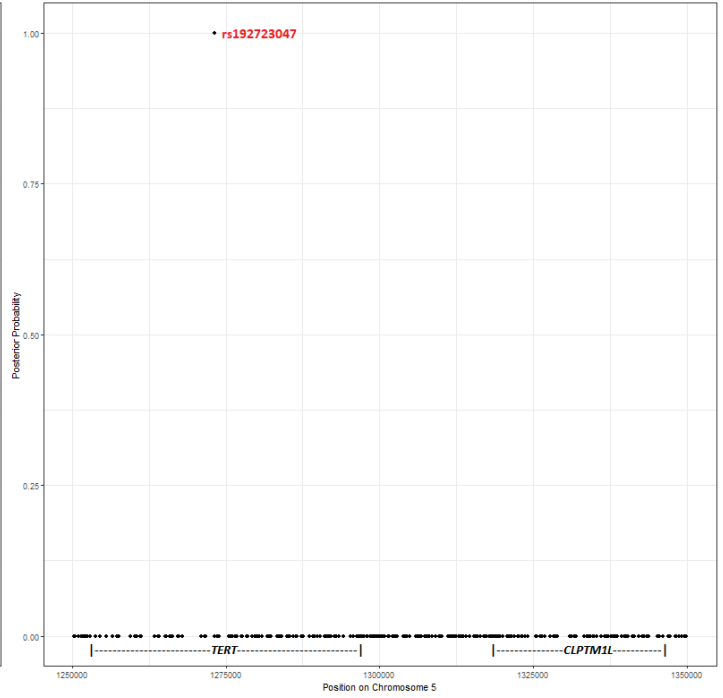
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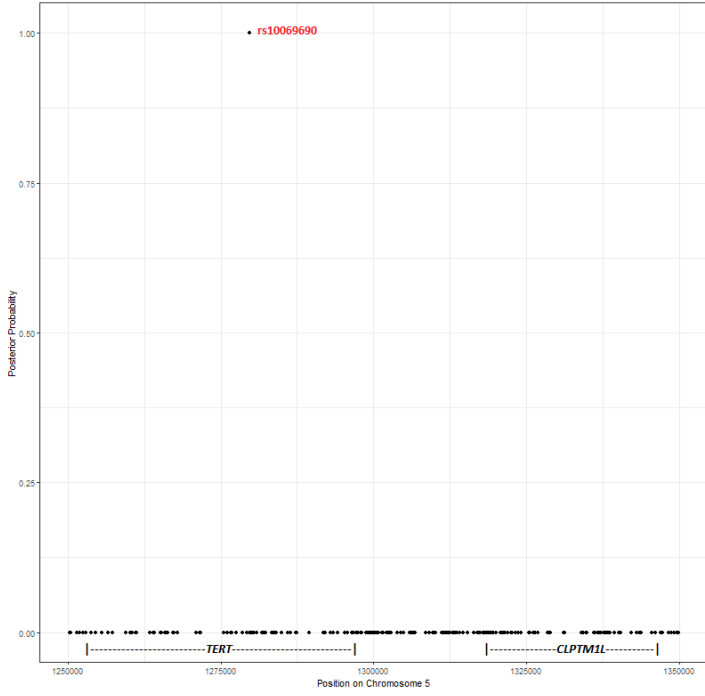
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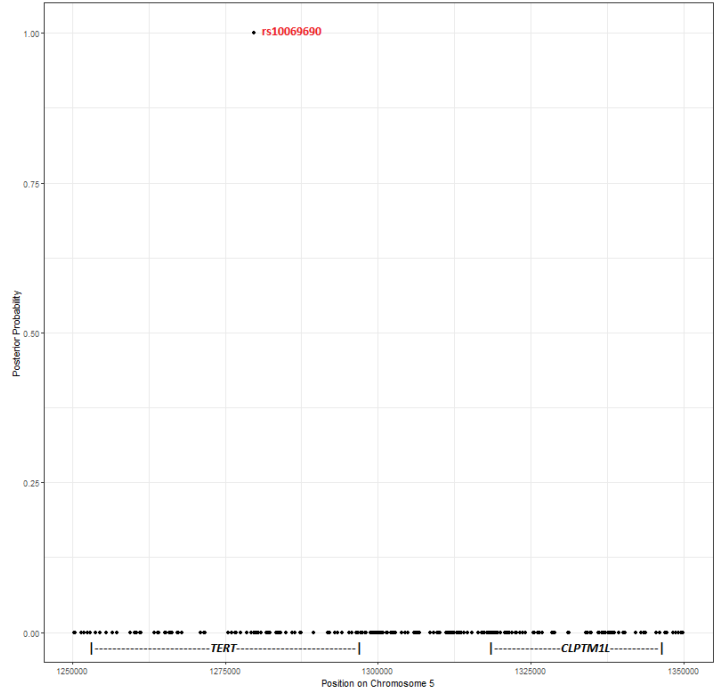
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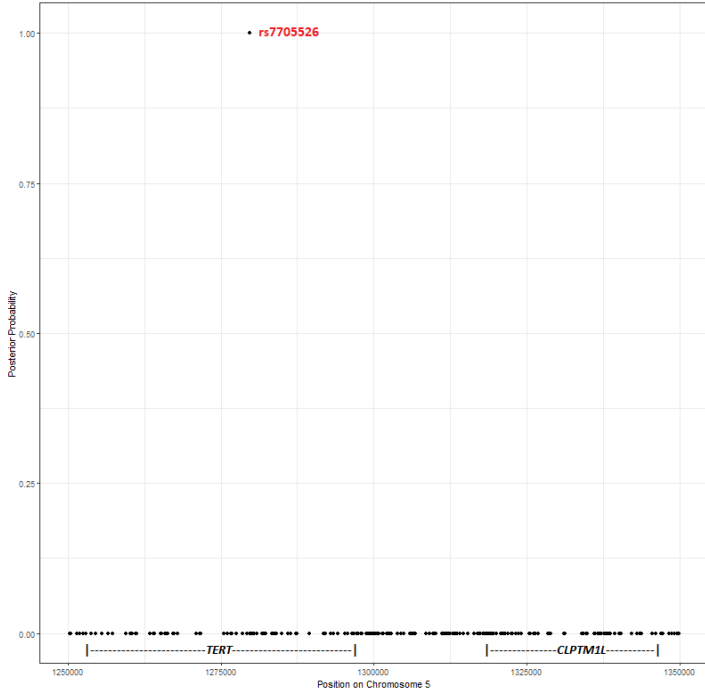
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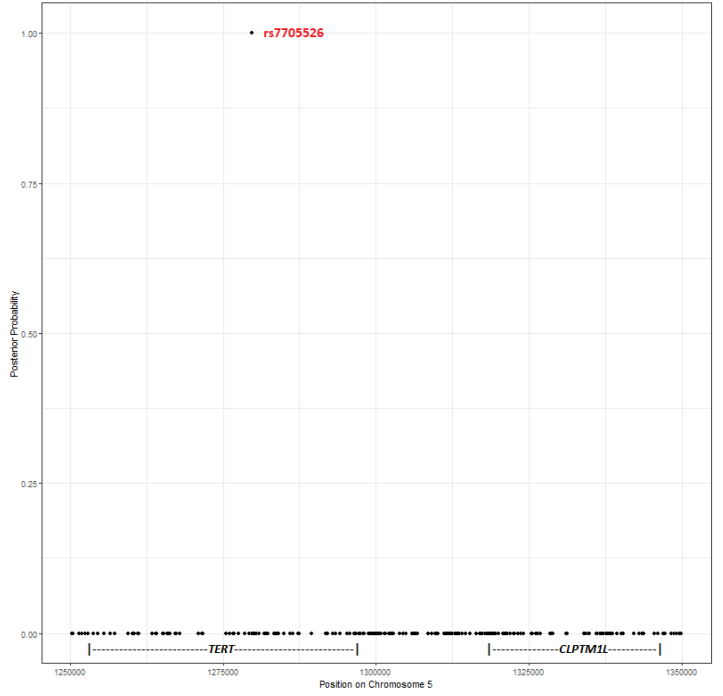
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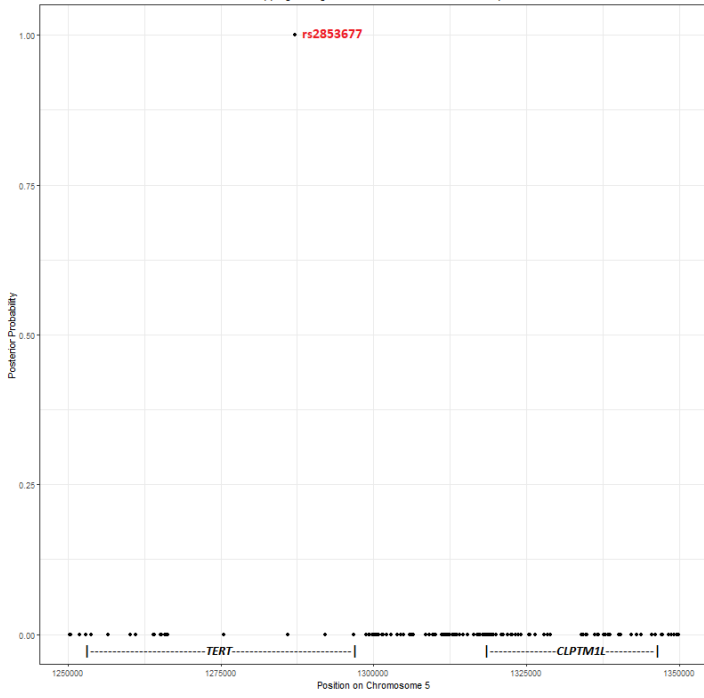
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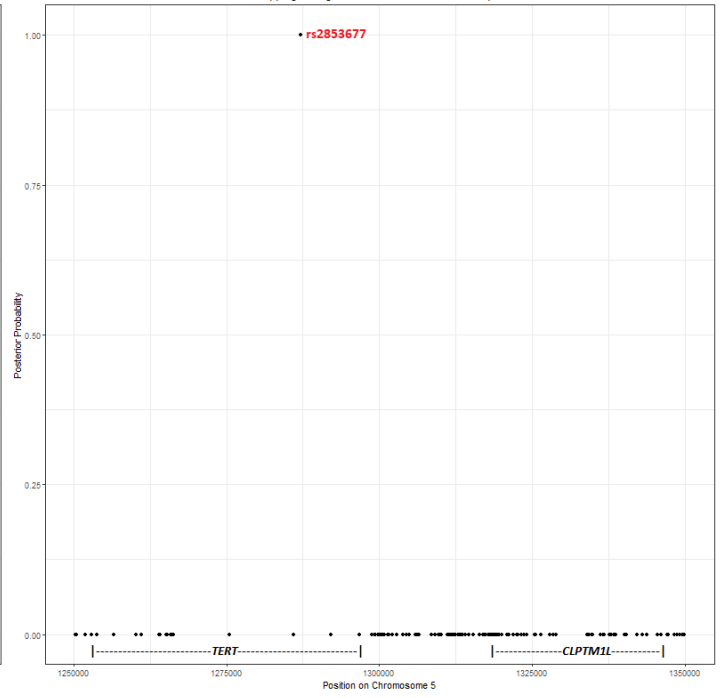
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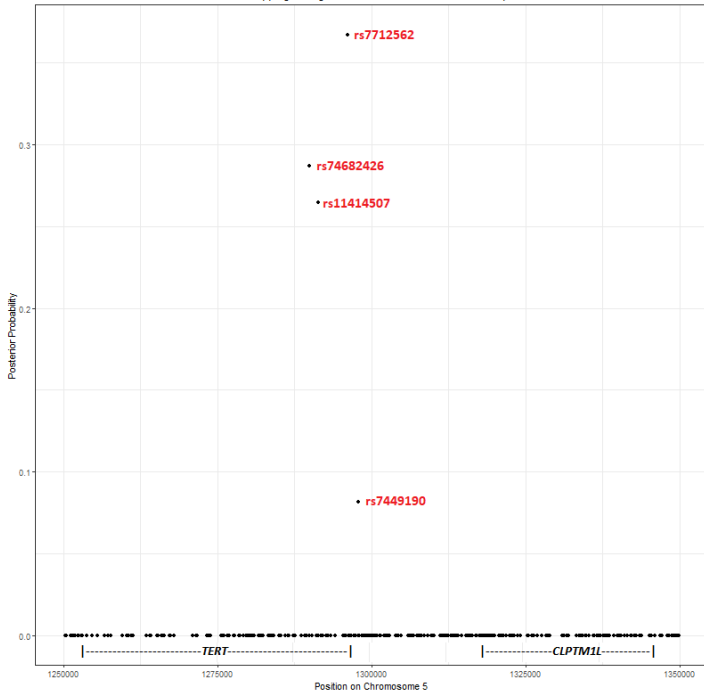
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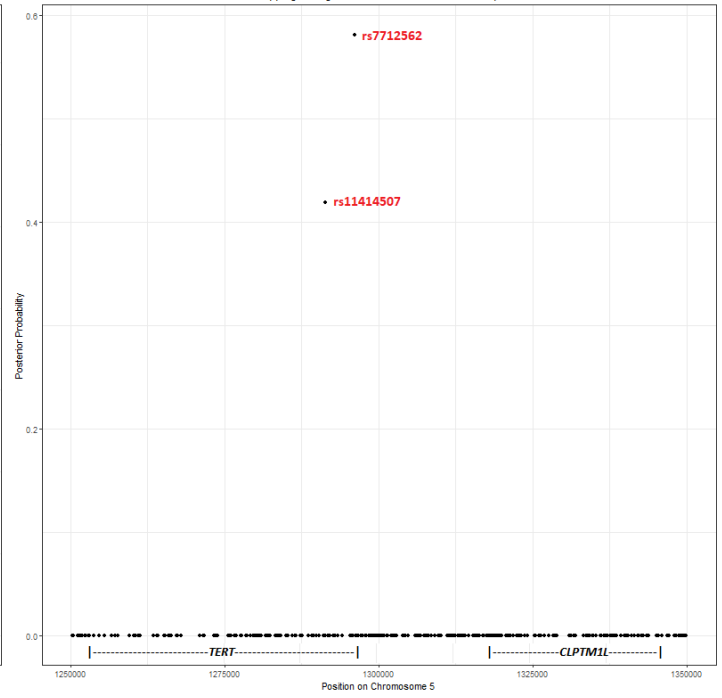
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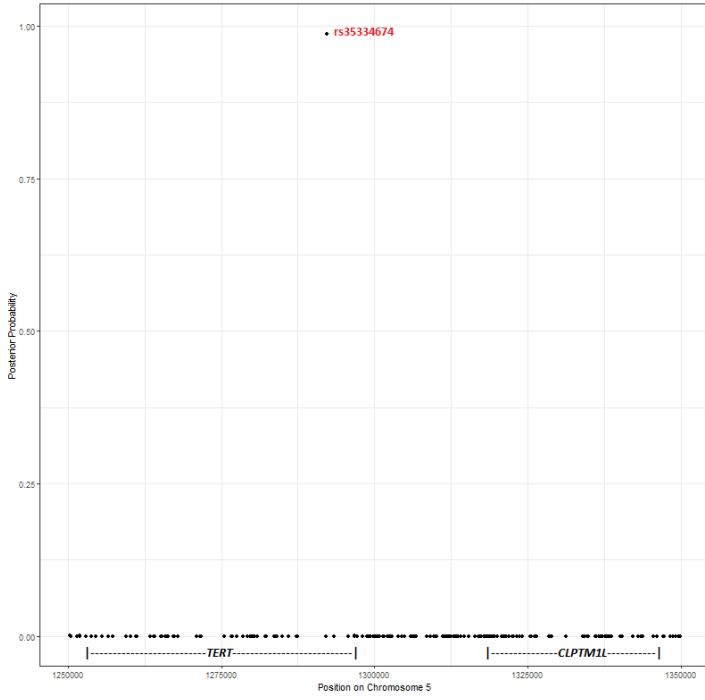
Fine-mapping for signal rs11414507, without functional prior



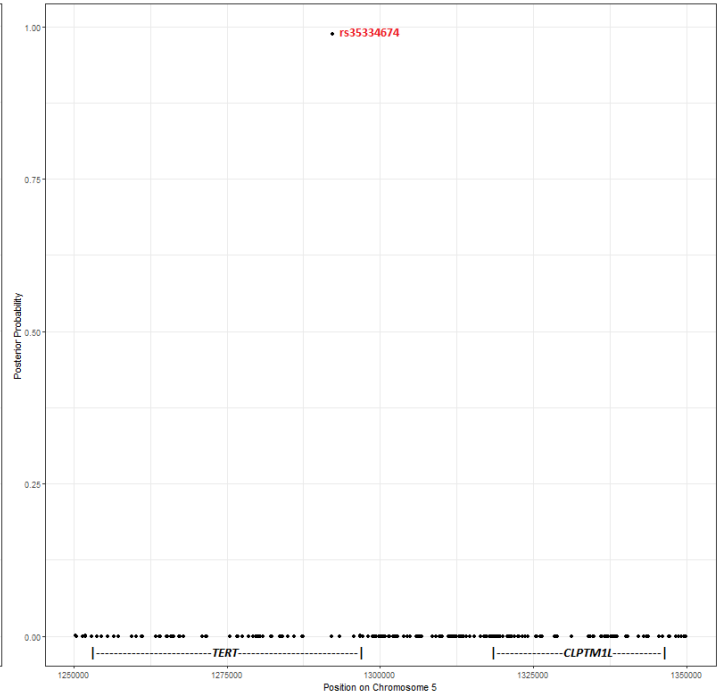
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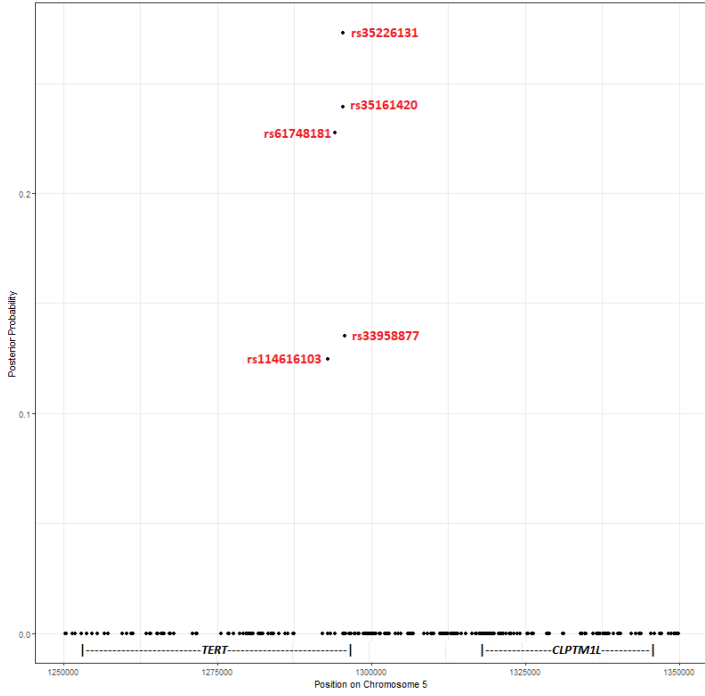
Fine-mapping for signal rs35334674, without functional prior



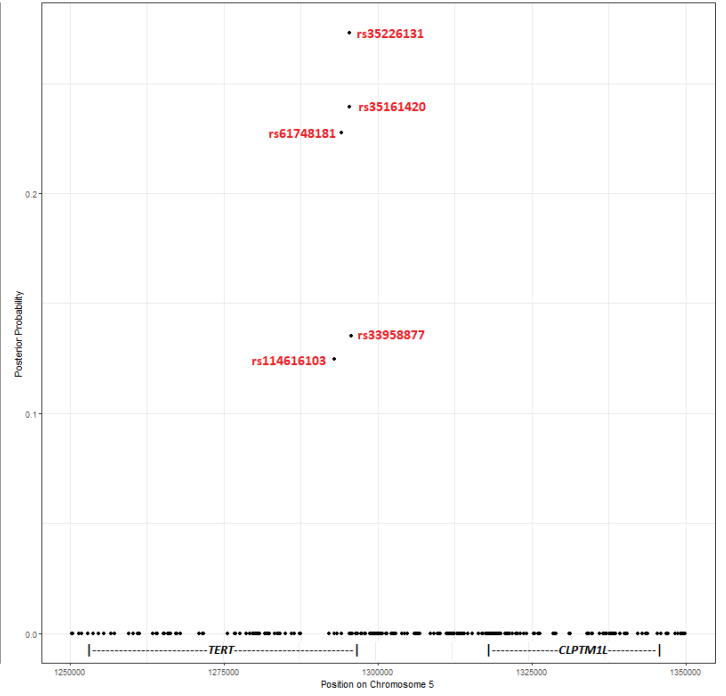
Fine-mapping for signal rs35334674, with functional prior



Fine-mapping for signal rs35226131, without functional prior



Fine-mapping for signal rs35226131, with functional prior



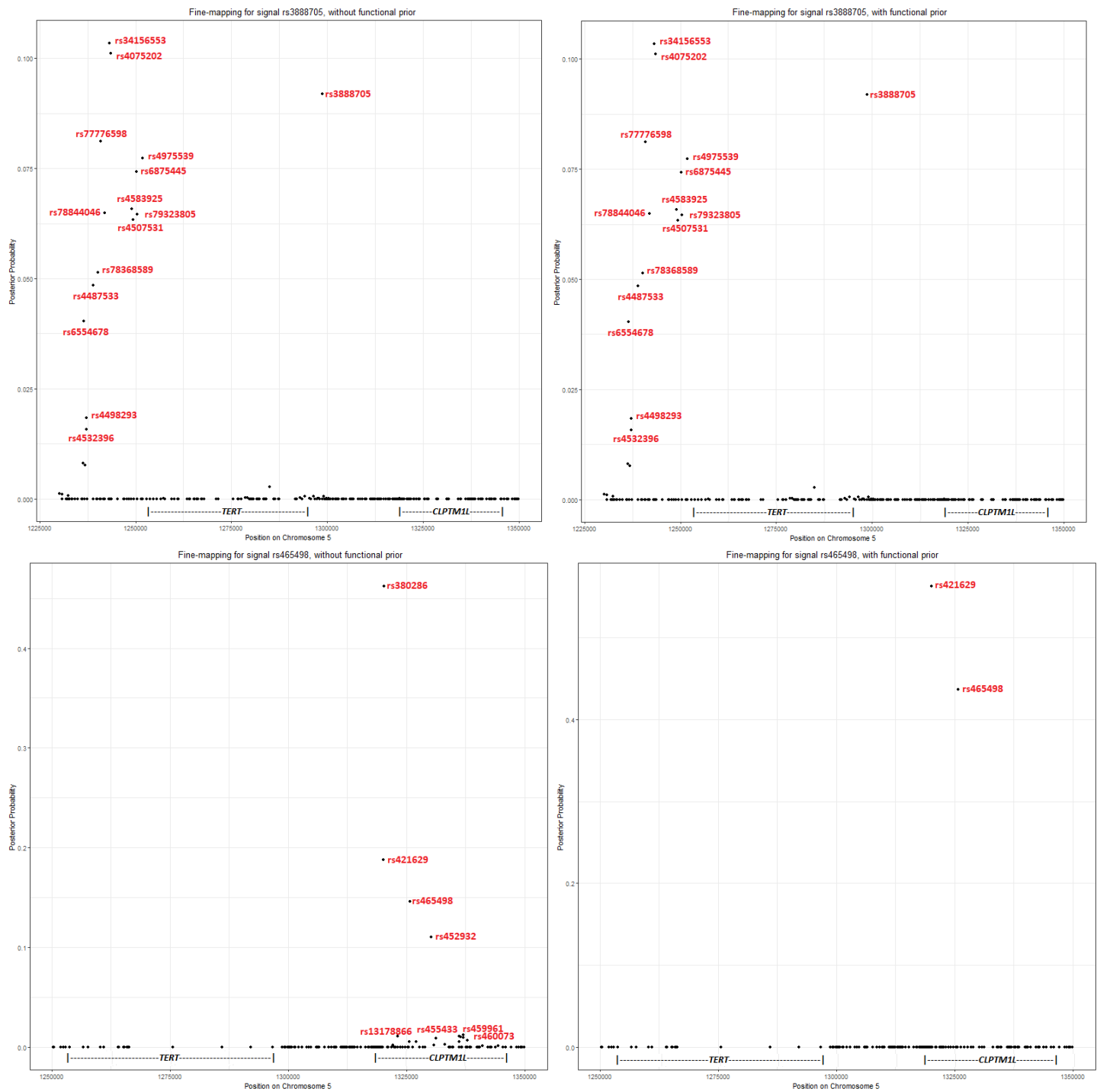


Figure S2. Posterior probability (PP) generated from the fine-mapping analysis for ten independent cross-cancer signals in 5p15.33 region, using PAINTOR V3.0. Each figure shows the fine-mapping results without functional prior (left) or using functional prior (right). Variants included in corresponding 95% PP credible set of each signal were annotated in red

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Consortium Member List

Breast Cancer Association Consortium (BCAC) Members

Thomas U. Ahearn¹, Irene L. Andrulis^{2, 3}, Hoda Anton-Culver⁴, Kristan J. Aronson⁵, Matthias W. Beckmann⁶, Javier Benitez^{7, 8}, Marina Bermisheva⁹, Natalia V. Bogdanova¹⁰⁻¹², Stig E. Bojesen¹³⁻¹⁵, Manjeet K. Bolla¹⁶, Hiltrud Brauch¹⁷⁻¹⁹, Hermann Brenner²⁰⁻²², Sara Y. Brucker²³, Barbara Burwinkel^{24, 25}, Saundra S. Buys²⁶, Federico Canzian²⁷, Jenny Chang-Claude^{28, 29}, Georgia Chenevix-Trench³⁰, Christine L. Clarke³¹, Fergus J. Couch³², Angela Cox³³, Kamila Czene³⁴, Mary B. Daly³⁵, Peter Devilee^{36, 37}, Thilo Dörk¹¹, Alison M. Dunning³⁸, Miriam Dwek³⁹, Diana M. Eccles⁴⁰, Peter A. Fasching^{6, 41}, Olivia Fletcher⁴², Lin Fritschi⁴³, Manuela Gago-Dominguez^{44, 45}, Montserrat García-Closas¹, José A. García-Sáenz⁴⁶, Mark S. Goldberg^{47, 48}, Pascal Guénel⁴⁹, Per Hall^{34, 50}, Ute Hamann⁵¹, Mikael Hartman^{52, 53}, Alexander Hein⁶, Antoinette Hollestelle⁵⁴, Maartje J. Hooning⁵⁴, John L. Hopper⁵⁵, David J. Hunter^{56, 57}, ABCTB Investigators⁵⁸, Motoki Iwasaki⁵⁹, Anna Jakubowska^{60, 61}, Esther M. John^{62, 63}, Rudolf Kaaks²⁸, Daehee Kang^{64, 65}, Vessela N. Kristensen^{66, 67}, Ava Kwong⁶⁸⁻⁷⁰, James V. Lacey^{71, 72}, Diether Lambrechts^{73, 74}, Jingmei Li⁷⁵, Annika Lindblom^{76, 77}, Arto Mannermaa⁷⁸⁻⁸⁰, Keitaro Matsuo^{81, 82}, Roger L. Milne^{55, 83, 84}, Kenneth Muir⁸⁵, Rachel A. Murphy^{86, 87}, Heli Nevanlinna⁸⁸, Håkan Olsson⁸⁹, Sue K. Park^{64, 65, 90}, Dijana Plaseska-Karanfilska⁹¹, Ross Prentice⁹², Paolo Radice⁹³, Gad Rennert⁹⁴, Emmanouil Saloustros⁹⁵, Dale P. Sandler⁹⁶, Elinor J. Sawyer⁹⁷, Marjanka K. Schmidt^{98, 99}, Rita K. Schmutzler¹⁰⁰⁻¹⁰², Lukas Schwentner¹⁰³, Chen-Yang Shen^{104, 105}, Xiao-Ou Shu¹⁰⁶, Melissa C. Southey^{83, 84, 107}, Anthony J. Swerdlow^{108, 109}, Rulla M. Tamimi^{57, 110}, Jack A. Taylor^{96, 111}, Soo Hwang Teo^{112, 113}, Lauren R. Teras¹¹⁴, Mary Beth Terry¹¹⁵, Celine M. Vachon¹¹⁶, Qin Wang¹⁶, Clarice R. Weinberg¹¹⁷, Robert Winqvist^{118, 119}, Alicja Wolk^{120, 121}, Anna H. Wu¹²², Wei Zheng¹⁰⁶

Affiliations: ¹ Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, Department of Health and Human Services, Bethesda, MD, USA; ² Fred A. Litwin Center for Cancer Genetics, Lunenfeld-Tanenbaum Research Institute of Mount Sinai Hospital, Toronto, ON, Canada; ³ Department of Molecular Genetics, University of Toronto, Toronto, ON, Canada; ⁴ Department of Medicine, Genetic Epidemiology Research Institute, University of California Irvine, Irvine, CA, USA; ⁵ Department of Public Health Sciences, and Cancer Research Institute, Queen's University, Kingston, ON, Canada; ⁶ Department of Gynecology and Obstetrics, Comprehensive Cancer Center Erlangen-EMN, University Hospital Erlangen, Friedrich-Alexander University Erlangen-Nuremberg (FAU), Erlangen, Germany; ⁷ Biomedical Network on Rare Diseases (CIBERER), Madrid, Spain; ⁸ Human Cancer Genetics Programme, Spanish National Cancer Research Centre (CNIO), Madrid, Spain; ⁹ Institute of Biochemistry and Genetics, Ufa Federal Research Centre of the Russian Academy of Sciences, Ufa, Russia; ¹⁰ Department of Radiation Oncology, Hannover Medical School, Hannover, Germany; ¹¹ Gynaecology Research Unit, Hannover Medical School, Hannover, Germany; ¹² N.N. Alexandrov Research Institute of Oncology and Medical Radiology, Minsk, Belarus; ¹³ Copenhagen General Population Study, Herlev and Gentofte Hospital, Copenhagen University Hospital, Herlev, Denmark; ¹⁴ Department of Clinical Biochemistry, Herlev and Gentofte Hospital, Copenhagen University Hospital, Herlev, Denmark; ¹⁵ Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark; ¹⁶ Centre for Cancer Genetic Epidemiology, Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK; ¹⁷ Dr. Margarete Fischer-Bosch-Institute of Clinical Pharmacology, Stuttgart, Germany; ¹⁸ iFIT-Cluster of Excellence, University of Tübingen, Tübingen, Germany; ¹⁹ German Cancer Consortium (DKTK) and German Cancer Research Center (DKFZ), Partner Site Tübingen, Tübingen, Germany; ²⁰ Division of Clinical Epidemiology and Aging Research, German Cancer Research Center (DKFZ), Heidelberg, Germany; ²¹ Division of Preventive Oncology, German Cancer Research Center (DKFZ) and National Center for Tumor Diseases (NCT), Heidelberg, Germany; ²² German Cancer Consortium (DKTK),

German Cancer Research Center (DKFZ), Heidelberg, Germany; ²³ Department of Gynecology and Obstetrics, University of Tübingen, Tübingen, Germany; ²⁴ Molecular Epidemiology Group, C080, German Cancer Research Center (DKFZ), Heidelberg, Germany; ²⁵ Molecular Biology of Breast Cancer, University Womens Clinic Heidelberg, University of Heidelberg, Heidelberg, Germany; ²⁶ Department of Medicine, Huntsman Cancer Institute, Salt Lake City, UT, USA; ²⁷ Genomic Epidemiology Group, German Cancer Research Center (DKFZ), Heidelberg, Germany; ²⁸ Division of Cancer Epidemiology, German Cancer Research Center (DKFZ), Heidelberg, Germany; ²⁹ Cancer Epidemiology Group, University Cancer Center Hamburg (UCCH), University Medical Center Hamburg-Eppendorf, Hamburg, Germany; ³⁰ Department of Genetics and Computational Biology, QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia; ³¹ Westmead Institute for Medical Research, University of Sydney, Sydney, New South Wales, Australia; ³² Department of Laboratory Medicine and Pathology, Mayo Clinic, Rochester, MN, USA; ³³ Sheffield Institute for Nucleic Acids (SiNFoNiA), Department of Oncology and Metabolism, University of Sheffield, Sheffield, UK; ³⁴ Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden; ³⁵ Department of Clinical Genetics, Fox Chase Cancer Center, Philadelphia, PA, USA; ³⁶ Department of Pathology, Leiden University Medical Center, Leiden, The Netherlands; ³⁷ Department of Human Genetics, Leiden University Medical Center, Leiden, The Netherlands; ³⁸ Centre for Cancer Genetic Epidemiology, Department of Oncology, University of Cambridge, Cambridge, UK; ³⁹ School of Life Sciences, University of Westminster, London, UK; ⁴⁰ Faculty of Medicine, University of Southampton, Southampton, UK; ⁴¹ David Geffen School of Medicine, Department of Medicine Division of Hematology and Oncology, University of California at Los Angeles, Los Angeles, CA, USA; ⁴² The Breast Cancer Now Toby Robins Research Centre, The Institute of Cancer Research, London, UK; ⁴³ School of Public Health, Curtin University, Perth, Western Australia, Australia; ⁴⁴ Fundación Pública Galega de Medicina Xenómica, Instituto de Investigación Sanitaria de Santiago de Compostela (IDIS), Complejo Hospitalario Universitario de Santiago, SERGAS, Santiago de Compostela, Spain; ⁴⁵ Moores Cancer Center, University of California San Diego, La Jolla, CA, USA; ⁴⁶ Medical Oncology Department, Hospital Clínico San Carlos, Instituto de Investigación Sanitaria San Carlos (IdISSC), Centro Investigación Biomédica en Red de Cáncer (CIBERONC), Madrid, Spain; ⁴⁷ Department of Medicine, McGill University, Montréal, QC, Canada; ⁴⁸ Division of Clinical Epidemiology, Royal Victoria Hospital, McGill University, Montréal, QC, Canada; ⁴⁹ Center for Research in Epidemiology and Population Health (CESP), Team Exposome and Heredity, INSERM, University Paris-Saclay, Villejuif, France; ⁵⁰ Department of Oncology, Södersjukhuset, Stockholm, Sweden; ⁵¹ Molecular Genetics of Breast Cancer, German Cancer Research Center (DKFZ), Heidelberg, Germany; ⁵² Saw Swee Hock School of Public Health, National University of Singapore and National University Health System, Singapore, Singapore; ⁵³ Department of Surgery, National University Health System, Singapore, Singapore; ⁵⁴ Department of Medical Oncology, Erasmus MC Cancer Institute, Rotterdam, The Netherlands; ⁵⁵ Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Victoria, Australia; ⁵⁶ Nuffield Department of Population Health, University of Oxford, Oxford, UK; ⁵⁷ Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, MA, USA; ⁵⁸ Australian Breast Cancer Tissue Bank, Westmead Institute for Medical Research, University of Sydney, Sydney, New South Wales, Australia; ⁵⁹ Division of Epidemiology, Center for Public Health Sciences, National Cancer Center, Tokyo, Japan; ⁶⁰ Department of Genetics and Pathology, Pomeranian Medical University, Szczecin, Poland; ⁶¹ Independent Laboratory of Molecular Biology and Genetic Diagnostics, Pomeranian Medical University, Szczecin, Poland; ⁶² Department of Epidemiology & Population Health, Stanford University School of Medicine, Stanford, CA, USA; ⁶³ Department of Medicine, Division of Oncology, Stanford Cancer Institute, Stanford University School of Medicine, Stanford, CA, USA; ⁶⁴ Department of Preventive Medicine, Seoul National University College of Medicine, Seoul, Korea; ⁶⁵ Cancer Research Institute, Seoul National University, Seoul, Korea; ⁶⁶ Department of Medical Genetics, Oslo University Hospital and University of Oslo, Oslo, Norway; ⁶⁷

Institute of Clinical Medicine, Faculty of Medicine, University of Oslo, Oslo, Norway; ⁶⁸ Hong Kong Hereditary Breast Cancer Family Registry, Hong Kong; ⁶⁹ Department of Surgery, The University of Hong Kong, Hong Kong; ⁷⁰ Department of Surgery and Cancer Genetics Center, Hong Kong Sanatorium and Hospital, Hong Kong; ⁷¹ Department of Computational and Quantitative Medicine, City of Hope, Duarte, CA, USA; ⁷² City of Hope Comprehensive Cancer Center, City of Hope, Duarte, CA, USA; ⁷³ VIB Center for Cancer Biology, Leuven, Belgium; ⁷⁴ Laboratory for Translational Genetics, Department of Human Genetics, University of Leuven, Leuven, Belgium; ⁷⁵ Human Genetics Division, Genome Institute of Singapore, Singapore, Singapore; ⁷⁶ Department of Molecular Medicine and Surgery, Karolinska Institutet, Stockholm, Sweden; ⁷⁷ Department of Clinical Genetics, Karolinska University Hospital, Stockholm, Sweden; ⁷⁸ Translational Cancer Research Area, University of Eastern Finland, Kuopio, Finland; ⁷⁹ Institute of Clinical Medicine, Pathology and Forensic Medicine, University of Eastern Finland, Kuopio, Finland; ⁸⁰ Biobank of Eastern Finland, Kuopio University Hospital, Kuopio, Finland; ⁸¹ Division of Cancer Epidemiology and Prevention, Aichi Cancer Center Research Institute, Nagoya, Japan; ⁸² Division of Cancer Epidemiology, Nagoya University Graduate School of Medicine, Nagoya, Japan; ⁸³ Cancer Epidemiology Division, Cancer Council Victoria, Melbourne, Victoria, Australia; ⁸⁴ Precision Medicine, School of Clinical Sciences at Monash Health, Monash University, Clayton, Victoria, Australia; ⁸⁵ Division of Population Health, Health Services Research and Primary Care, School of Health Sciences, Faculty of Biology, Medicine and Health, The University of Manchester, Manchester, UK; ⁸⁶ School of Population and Public Health, University of British Columbia, Vancouver, BC, Canada; ⁸⁷ Cancer Control Research, BC Cancer, Vancouver, BC, Canada; ⁸⁸ Department of Obstetrics and Gynecology, Helsinki University Hospital, University of Helsinki, Helsinki, Finland; ⁸⁹ Department of Cancer Epidemiology, Clinical Sciences, Lund University, Lund, Sweden; ⁹⁰ Integrated Major in Innovative Medical Science, Seoul National University College of Medicine, Seoul, South Korea; ⁹¹ Research Centre for Genetic Engineering and Biotechnology 'Georgi D. Efremov', MASA, Skopje, Republic of North Macedonia; ⁹² Cancer Prevention Program, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; ⁹³ Unit of Molecular Bases of Genetic Risk and Genetic Testing, Department of Research, Fondazione IRCCS Istituto Nazionale dei Tumori (INT), Milan, Italy; ⁹⁴ Clalit National Cancer Control Center, Carmel Medical Center and Technion Faculty of Medicine, Haifa, Israel; ⁹⁵ Department of Oncology, University Hospital of Larissa, Larissa, Greece; ⁹⁶ Epidemiology Branch, National Institute of Environmental Health Sciences, NIH, Research Triangle Park, NC, USA; ⁹⁷ School of Cancer & Pharmaceutical Sciences, Comprehensive Cancer Centre, Guy's Campus, King's College London, London, UK; ⁹⁸ Division of Molecular Pathology, The Netherlands Cancer Institute - Antoni van Leeuwenhoek Hospital, Amsterdam, The Netherlands; ⁹⁹ Division of Psychosocial Research and Epidemiology, The Netherlands Cancer Institute - Antoni van Leeuwenhoek hospital, Amsterdam, The Netherlands; ¹⁰⁰ Center for Familial Breast and Ovarian Cancer, Faculty of Medicine and University Hospital Cologne, University of Cologne, Cologne, Germany; ¹⁰¹ Center for Integrated Oncology (CIO), Faculty of Medicine and University Hospital Cologne, University of Cologne, Cologne, Germany; ¹⁰² Center for Molecular Medicine Cologne (CMMC), Faculty of Medicine and University Hospital Cologne, University of Cologne, Cologne, Germany; ¹⁰³ Department of Gynaecology and Obstetrics, University Hospital Ulm, Ulm, Germany; ¹⁰⁴ Institute of Biomedical Sciences, Academia Sinica, Taipei, Taiwan; ¹⁰⁵ School of Public Health, China Medical University, Taichung, Taiwan; ¹⁰⁶ Division of Epidemiology, Department of Medicine, Vanderbilt Epidemiology Center, Vanderbilt-Ingram Cancer Center, Vanderbilt University School of Medicine, Nashville, TN, USA; ¹⁰⁷ Department of Clinical Pathology, The University of Melbourne, Melbourne, Victoria, Australia; ¹⁰⁸ Division of Genetics and Epidemiology, The Institute of Cancer Research, London, UK; ¹⁰⁹ Division of Breast Cancer Research, The Institute of Cancer Research, London, UK; ¹¹⁰ Department of Population Health Sciences, Weill Cornell Medicine, New York, NY, USA; ¹¹¹ Epigenetic and Stem Cell Biology Laboratory, National Institute of Environmental Health Sciences, NIH, Research Triangle Park, NC, USA; ¹¹² Breast Cancer

Research Programme, Cancer Research Malaysia, Subang Jaya, Selangor, Malaysia; ¹¹³ Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia; ¹¹⁴ Department of Population Science, American Cancer Society, Atlanta, GA, USA; ¹¹⁵ Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, NY, USA; ¹¹⁶ Department of Health Science Research, Division of Epidemiology, Mayo Clinic, Rochester, MN, USA; ¹¹⁷ Biostatistics and Computational Biology Branch, National Institute of Environmental Health Sciences, NIH, Research Triangle Park, NC, USA; ¹¹⁸ Laboratory of Cancer Genetics and Tumor Biology, Cancer and Translational Medicine Research Unit, Biocenter Oulu, University of Oulu, Oulu, Finland; ¹¹⁹ Laboratory of Cancer Genetics and Tumor Biology, Northern Finland Laboratory Centre Oulu, Oulu, Finland; ¹²⁰ Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden; ¹²¹ Department of Surgical Sciences, Uppsala University, Uppsala, Sweden; ¹²² Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA, USA

Colon Cancer Family Registry (CCFR), Colorectal Cancer Transdisciplinary (CORECT) and Genetics and Epidemiology of Colorectal Cancer Consortium (GECCO) Members

Goncalo R Abecasis¹, Demetrius Albanes², M Henar Alonso^{3,4,5}, Kristin Anderson⁶, Coral Arnau-Collell⁷, Volker Arndt⁸, Christina Bamia^{9,10}, Elizabeth L Barry¹¹, Michael C Bassik¹², Sonja I Berndt¹³, Stéphane Bézieau¹⁴, Stephanie Bien¹⁵, D Timothy Bishop¹⁶, Juergen Boehm¹⁷, Heiner Boeing¹⁸, Hermann Brenner^{8,20,21}, Stefanie Brezina²¹, Stephan Buch²², Daniel D Buchanan^{23,24,25}, Andrea Burnett-Hartman²⁶, Bette J Caan²⁷, Qiuyin Cai²⁸, Peter T Campbell²⁹, Christopher S Carlson^{2,30}, Graham Casey³¹, Jose Esteban Castela³², Sergi Castellví-Bel³³, Andrew T Chan^{34,35,36,37}, Jenny Chang-Claude^{38,39}, Stephen J Chanock², Sai Chen¹, Lee Soon⁴⁰, Maria-Dolores Chirlaque^{4, 41}, Sang Hee Cho⁴², James Church⁴³, Gerhard Coetzee⁴⁴, David V Conti⁴⁵, Chiara Cremolini⁴⁶, Amanda J Cross^{47,48}, Marcia Cruz-Correa⁴⁹, Katarina Cuk⁸, Keith R Curtis¹⁵, Albert de la Chapelle⁵⁰, Kimberly F Doheny⁵¹, David Duggan⁵², Douglas F Easton⁵³, Christopher K Edlund⁴⁵, Sjoerd G Elias⁵⁴, Faye Elliott¹⁶, Dallas R English^{55,56}, Alfredo Falcone⁴⁶, Jane C Figueiredo^{45,57}, Liesel M FitzGerald^{56,58}, Charles Fuchs^{35,59}, Manuela Gago-Dominguez⁶⁰, Manish Gala^{34,36}, Steven J Gallinger^{61,62}, William Gauderman⁴⁵, Graham G Giles^{55,56}, Edward Giovannucci^{63,64}, Jian Gong¹⁵, Phyllis J Goodman⁶⁵, William M Grady⁶⁶, Peyton Greenside⁶⁷, Joel Greenston⁶⁸, John S Grove⁶⁹, Stephen B Gruber⁷⁰, Andrea Gsur²¹, Marc J Gunter⁷¹, Robert W Haile⁷², Christopher A, Haiman⁴⁵, Jochen Hampe²², Heather Hampel⁷³, Sophia Harlid⁷⁴, Tabitha A Harrison¹⁵, Richard B Hayes⁷⁵, Volker Heinemann⁷⁶, Philipp Hofer²¹, Michael Hoffmeister⁸, John L Hopper⁵⁵, Wan-Ling Hsu⁶⁴, Li Hsu^{15,64}, Wen-Yi Huang², Thomas J Hudson⁷⁷, David J Hunter^{78,79}, Jeroen R Huyghe¹⁵, Gregory E Idos⁷⁰, Rebecca Jackson⁷³, Mark A Jenkins⁵⁵, Jihyoun Jeon⁸⁰, Amit D Joshi^{36,78}, Corinne E Joshi⁸¹, Hyun Min Kang¹, Temitope O Keku⁸², Timothy J Key⁷⁹, Hyeon Rok Kim⁴², Laurence N Kolonel⁸³, Charles Kooperberg¹⁵, Tilman Kuhn³⁸, Anshul Kundaje^{12,84}, Sébastien Küry¹⁴, Sun-Seog Kweon⁴², Susanna C Larsson⁸⁵, Cecelia A Laurie⁶⁴, Loic Le Marchand⁶⁹, Suzanne M Leal⁸⁶, Soo Chin Lee⁴⁰, Flavio Lejbkowitz^{87,88,89}, Heinz-Josef Lenz⁴⁵, David M Levine⁶⁴, Christopher I Li¹⁵, Li Li⁹⁰, Wolfgang Lieb⁹¹, Yi Lin¹⁵, Annika Lindblom^{92,93}, Noralane M Lindor⁹⁴, Hua Ling⁵¹, Yun-Ru Liu⁹⁵, Tin L Louie⁶⁴, Fotios Loupakis⁹⁶, Frank Luh⁹⁷, Satu Männistö⁹⁸, Sanford D Markowitz⁹⁰, Vicente Martín^{4,99}, Giovanna Masala¹⁰⁰, Kevin J McDonnell⁷⁰, Caroline E McNeil⁴⁵, Marilena Melas¹⁰¹, Roger L Milne^{55,56}, Lorena Moreno⁷, Victor Moreno⁴, Bhramar Mukherjee¹⁰², Victor Muñoz-Garzón³², Neil Murphy⁷¹, Alessio Naccarati^{103,104}, Sarah C Nelson⁶⁴, Polly A Newcomb^{15,30}, Deborah A Nickerson¹⁰⁵, Kenneth Offit^{106,107}, Shuji Ogino^{35,37,59,78}, N Charlotte Onland-Moret⁵⁴, Barbara Pardini^{103,104}, Patrick S Parfrey¹⁰⁸, Rachel Pearlman⁵⁰, Vittorio Perduca^{109,110}, Julyann Pérez-Mayoral⁴⁹, Ulrike Peters^{15,30}, Paul D P Pharoah⁵³, Mila Pinchev⁸⁸, Elizabeth A Platz⁸¹, Sarah Plummer³¹, John D Potter^{15,111}, Ross L Prentice^{15,64}, Elizabeth Pugh⁵¹, Conghui Qu¹⁵, Chenxu Qu⁴⁵, Leon Raskin²⁸, Gad Rennert^{88,89}, Hedy S Rennert^{88,89}, Elio Riboli⁴⁷, Miguel Rodríguez-Barranco⁴, Jane Romm⁵¹, Lori C Sakoda^{15,27}, Peter C Scacheri¹¹², Clemens Schafmayer¹¹³, Stephanie L Schmit¹¹⁴, Robert E Schoen¹¹⁵, Fredrick R Schumacher¹¹⁶, Daniela Seminara¹¹⁷, Gianluca Severi⁵⁶, Mitul Shah¹¹⁸, Tameka Shelford⁵¹, David Shibata¹¹⁹, Min-Ho Shin¹²⁰, Xiao-Ou Shu²⁸, Katerina Shulman¹²¹, Erin Siegel¹²², Sabina Sieri¹²³, Nasa A Sinnott-Armstrong¹², Martha L Slatery¹²⁴, Joshua D Smith¹⁰⁵, Melissa C Southey¹²⁵, Zsofia K Stadler^{106,107}, Mariana Stern⁴⁵, Sebastian Stintzing¹²⁶, Yu-Ru Su¹²⁷, Catherine M Tangen⁶⁵, Stephen N Thibodeau⁹⁴, Sushma S Thomas¹⁵, Amanda E Toland⁷³, Antonia Trichopoulou^{9,10}, Cornelia M Ulrich¹⁷, David J Van Den Berg⁴⁵, Franzel JB van Duijnhoven¹²⁸, Bethany Van Guelpen⁷⁴, Henk van Kranen¹²⁹, Joseph Vijai¹⁰⁶, Kala Visvanathan⁸¹, Pavel Vodicka^{130,131,132}, Ludmila Vodickova^{130,131,132}, Veronika Vymetalkova^{130,131,132}, Michael Wainberg⁸⁴, Hansong Wang⁶⁹, Korbinian Weigl^{8,20,133}, Stephanie J Weinstein², Emily White^{15,30}, Lynne R, Wilkens⁶⁹, Aung Ko Win^{25,55}, C Roland Wolf¹³⁴, Alicja Wolk⁸⁵, Michael O Woods¹³⁵, Anna H Wu⁴⁵, Yun Yen⁹⁵, Syed H Zaidi⁷⁷, Brent W Zanke¹³⁶, Wei Zheng²⁸

Affiliations: ¹Department of Biostatistics and Center for Statistical Genetics, University of Michigan, Ann Arbor, Michigan, USA, ²Division of Cancer Epidemiology and Genetics, National Cancer Institute,

National Institutes of Health, Bethesda, Maryland, USA, ³Cancer Prevention and Control Program, Catalan Institute of Oncology-IDIBELL, L'Hospitalet de Llobregat, Barcelona, Spain, ⁴CIBER Epidemiología y Salud Pública (CIBERESP), Madrid, Spain, ⁵Department of Clinical Sciences, Faculty of Medicine, University of Barcelona, Barcelona, Spain, ⁶Division of Epidemiology and Community Health, University of Minnesota, Minneapolis, Minnesota, USA, ⁷Gastroenterology Department, Hospital Clínic, Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Centro de Investigación Biomédica en Red de Enfermedades Hepáticas y Digestivas (CIBEREHD), University of Barcelona, Barcelona, Spain, ⁸Division of Clinical Epidemiology and Aging Research, German Cancer Research Center (DKFZ), Heidelberg, Germany, ⁹Hellenic Health Foundation, Athens, Greece, ¹⁰WHO Collaborating Center for Nutrition and Health, Unit of Nutritional Epidemiology and Nutrition in Public Health, Department of Hygiene, Epidemiology and Medical Statistics, School of Medicine, National and Kapodistrian University of Athens, Greece, ¹¹Department of Epidemiology, Geisel School of Medicine, Dartmouth College, Hanover, New Hampshire, USA, ¹²Department of Genetics, Stanford University, Stanford, California, USA, ¹³Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, Bethesda, Maryland, USA, ¹⁴Service de Génétique Médicale, Centre Hospitalier Universitaire (CHU) Nantes, Nantes, France, ¹⁵Public Health Sciences Division, Fred Hutchinson Cancer Research Center, Seattle, Washington, USA, ¹⁶Leeds Institute of Cancer and Pathology, University of Leeds, Leeds, UK, ¹⁷Huntsman Cancer Institute and Department of Population Health Sciences, University of Utah, Salt Lake City, Utah, USA, ¹⁸Department of Epidemiology, German Institute of Human Nutrition (DIfE), Potsdam-Rehbrücke, Germany, ¹⁹Division of Preventive Oncology, German Cancer Research Center (DKFZ) and National Center for Tumor Diseases (NCT), Heidelberg, Germany, ²⁰German Cancer Consortium (DKTK), German Cancer Research Center (DKFZ), Heidelberg, Germany, ²¹Institute of Cancer Research, Department of Medicine I, Medical University Vienna, Vienna, Austria, ²²Department of Medicine I, University Hospital Dresden, Technische Universität Dresden (TU Dresden), Dresden, Germany, ²³Colorectal Oncogenomics Group, Department of Clinical Pathology, The University of Melbourne, Parkville, Victoria 3010 Australia, ²⁴University of Melbourne Centre for Cancer Research, Victorian Comprehensive Cancer Centre, Parkville, Victoria 3010 Australia, ²⁵Genomic Medicine and Family Cancer Clinic, The Royal Melbourne Hospital, Parkville, Victoria, Australia, ²⁶Institute for Health Research, Kaiser Permanente Colorado, Denver, Colorado, USA, ²⁷Division of Research, Kaiser Permanente Medical Care Program, Oakland, California, USA, ²⁸Division of Epidemiology, Department of Medicine, Vanderbilt Epidemiology Center, Vanderbilt-Ingram Cancer Center, Vanderbilt University Medical Center, Nashville, TN, USA, ²⁹Department of population Science, American Cancer Society, Atlanta, Georgia, USA, ³⁰Department of Epidemiology, University of Washington, Seattle, Washington, USA, ³¹Center for Public Health Genomics, University of Virginia, Charlottesville, Virginia, USA, ³²Genetic Oncology Unit, Complejo Hospitalario Universitario de Vigo (CHUVI), SERGAS, Vigo, Spain, ³³Gastroenterology Department, Hospital Clínic, Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Centro de Investigación Biomédica en Red de Enfermedades Hepáticas y Digestivas (CIBEREHD), University of Barcelona, Barcelona, Spain, ³⁴Division of Gastroenterology, Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts, USA, ³⁵Channing Division of Network Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts, USA, ³⁶Clinical and Translational Epidemiology Unit, Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts, USA, ³⁷Broad Institute of Harvard and MIT, Cambridge, Massachusetts, USA, ³⁸Division of Cancer Epidemiology, German Cancer Research Center (DKFZ), Heidelberg, Germany, ³⁹University Medical Centre Hamburg-Eppendorf, University Cancer Centre Hamburg (UCCH), Hamburg, Germany, ⁴⁰National University Cancer Institute, Singapore; Cancer Science Institute of Singapore, National University of Singapore, Singapore, ⁴¹Department of Epidemiology, Regional Health Council, IMIB-Arrixaca, Murcia University, Murcia, Spain, ⁴²Department of Hematology-Oncology, Chonnam National University Hospital,

Hwasun, South Korea, ⁴³Department of Colorectal Surgery, Cleveland Clinic, Cleveland, Ohio 44195, USA, ⁴⁴Van Andel Research Institute, Grand Rapids, Michigan 49502, USA, ⁴⁵Department of Preventive Medicine, USC Norris Comprehensive Cancer Center, Keck School of Medicine, University of Southern California, Los Angeles, California, USA, ⁴⁶University of Pisa, Pisa, Italy, ⁴⁷Department of Epidemiology and Biostatistics, Imperial College London, London, UK, ⁴⁸Department of Surgery and Cancer, Imperial College London, London, UK, ⁴⁹Comprehensive Cancer Center, University of Puerto Rico, San Juan, Puerto Rico, ⁵⁰Department of Cancer Biology and Genetics and the Comprehensive Cancer Center, The Ohio State University, Columbus, Ohio, USA, ⁵¹Center for Inherited Disease Research (CIDR), Department of Genetic Medicine, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA, ⁵²Translational Genomics Research Institute - An Affiliate of City of Hope, Phoenix, Arizona, USA, ⁵³Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK, ⁵⁴Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, The Netherlands, ⁵⁵Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Victoria, Australia, ⁵⁶Cancer Epidemiology and Intelligence Division, Cancer Council Victoria, Melbourne, Victoria, Australia, ⁵⁷Department of Medicine, Samuel Oschin Comprehensive Cancer Institute, Cedars-Sinai Medical Center, Los Angeles, CA, USA, ⁵⁸Menzies Institute for Medical Research, University of Tasmania, Hobart, Tasmania, Australia, ⁵⁹Department of Medical Oncology, Dana-Farber Cancer Institute, Brookline, Massachusetts 02115, USA, ⁶⁰Genomic Medicine Group, Galician Foundation of Genomic Medicine, Complejo Hospitalario Universitario de Santiago, Servicio Galego de Saude (SERGAS), Instituto de Investigación Sanitaria de Santiago de Compostela (IDIS), Santiago De Compostela, Spain, ⁶¹Lunenfeld Tanenbaum Research Institute, Mount Sinai Hospital, University of Toronto, Toronto, Ontario, Canada, ⁶²Zane Cohen Centre for Digestive Diseases, Mount Sinai Hospital, Toronto, Ontario M5T 3L9, Canada, ⁶³Harvard Medical School, Boston, Massachusetts 02114, USA, ⁶⁴Department of Biostatistics, University of Washington, Seattle, Washington 98195, USA, ⁶⁵SWOG Statistical Center, Fred Hutchinson Cancer Research Center, Seattle, Washington, USA, ⁶⁶Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, Washington, USA, ⁶⁷Department of Biomedical Data Science, Stanford University, Stanford, California, USA, ⁶⁸Department of Pathology, University of Michigan, Ann Arbor, Michigan 48104, USA, ⁶⁹University of Hawaii Cancer Research Center, Honolulu, Hawaii, USA, ⁷⁰City of Hope National Medical Center, Duarte, California, USA, ⁷¹Nutrition and Metabolism Section, International Agency for Research on Cancer, World Health Organization, Lyon, France, ⁷²Division of Oncology, Department of Medicine, Stanford University, Stanford, California, USA, ⁷³Division of Human Genetics, Department of Internal Medicine, The Ohio State University Comprehensive Cancer Center, Columbus, Ohio, USA, ⁷⁴Department of Radiation Sciences, Oncology Unit, Umeå University, Umeå, Sweden, ⁷⁵Division of Epidemiology, Department of Population Health, New York University School of Medicine, New York, New York, USA, ⁷⁶Department of Medical Oncology and Comprehensive Cancer Center, Ludwig Maximilians University - Grosshadern, Munich, Germany, ⁷⁷Ontario Institute for Cancer Research, Toronto, Ontario, Canada, ⁷⁸Department of Epidemiology, Harvard T.H. Chan School of Public Health, Harvard University, Boston, Massachusetts, USA, ⁷⁹Nuffield Department of Population Health, University of Oxford, Oxford, UK, ⁸⁰Department of Epidemiology, University of Michigan, Ann Arbor, Michigan, USA, ⁸¹Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA, ⁸²Center for Gastrointestinal Biology and Disease, University of North Carolina, Chapel Hill, North Carolina, USA, ⁸³Office of Public Health Studies, University of Hawaii Manoa, Honolulu, Hawaii, USA, ⁸⁴Department of Computer Science, Stanford University, Stanford, California, USA, ⁸⁵Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden, ⁸⁶Center for Statistical Genetics, Sergievsky Center, Taub Institute for Alzheimer's Disease and the Aging Brain, and the Department of Neurology, Columbia University Medical Center, New York, NY, ⁸⁷The Clalit Health Services, Personalized Genomic Service, Carmel, Haifa, Israel, ⁸⁸Department

of Community Medicine and Epidemiology, Carmel Medical Center, Haifa, Israel, ⁸⁹Clalit National Cancer Control Center, Haifa, Israel, ⁹⁰Case Comprehensive Cancer Center, Case Western Reserve University, Cleveland, Ohio, USA, ⁹¹Institute of Epidemiology, PopGen Biobank, Christian-Albrechts-University Kiel, Kiel, Germany, ⁹²Department of Clinical Genetics, Karolinska University Hospital, Stockholm, Sweden, ⁹³Department of Molecular Medicine and Surgery, Karolinska Institutet, Stockholm, Sweden, ⁹⁴Department of Health Science Research, Mayo Clinic, Rochester, MN, USA, ⁹⁵Office of Human Research, Taipei Medical University, Taipei, Taiwan, ⁹⁶Unit of Oncology 1 - Department of Oncology, Istituto Oncologico Veneto, IRCCS Padua, Italy, ⁹⁷Sino-American Cancer Foundation, Covina, CA, USA, ⁹⁸Department of Public Health Solutions, National Institute for Health and Welfare, Helsinki, Finland, ⁹⁹Biomedicine Institute (IBIOMED), University of León, León, Spain, ¹⁰⁰Cancer Risk Factors and Life-Style Epidemiology Unit, Institute of Cancer Research, Prevention and Clinical Network - ISPRO, Florence, Italy, ¹⁰¹The Steve and Cindy Rasmussen Institute for Genomic Medicine, Nationwide Children's Hospital, Columbus, OH, USA, ¹⁰²University of Michigan Comprehensive Cancer Center, Ann Arbor, Michigan 48105, USA, ¹⁰³Candiolo Cancer Institute, FPO-IRCCS, Candiolo, Torino, Italy, ¹⁰⁴Italian Institute for Genomic Medicine (IIGM), Turin, Italy, ¹⁰⁵Department of Genome Sciences, University of Washington, Seattle, Washington, USA, ¹⁰⁶Clinical Genetics Service, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, New York, USA, ¹⁰⁷Department of Medicine, Weill Cornell Medical College, New York, New York, USA, ¹⁰⁸The Clinical Epidemiology Unit, Memorial University Medical School, Newfoundland, Canada, ¹⁰⁹Université de Paris, CNRS, MAP5 UMR 8145, F-75006 Paris, France, ¹¹⁰CESP (Inserm U1018), Facultés de Médecine Université Paris-Sud, UVSQ, Université Paris-Saclay, Gustave Roussy, Villejuif, France, ¹¹¹Centre for Public Health Research, Massey University, Wellington, New Zealand, ¹¹²Department of Genetics and Genome Sciences, Case Western Reserve University, Cleveland, Ohio, USA, ¹¹³Department of General Surgery, University Hospital Rostock, Rostock, Germany, ¹¹⁴Genomic Medicine Institute, Cleveland Clinic, Cleveland, Ohio, USA, ¹¹⁵Department of Medicine and Epidemiology, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania, USA, ¹¹⁶Department of Population and Quantitative Health Sciences, Case Western Reserve University, Cleveland, Ohio, USA, ¹¹⁷Division of Cancer Control and Population Sciences, National Cancer Institute, Bethesda, Maryland, USA, ¹¹⁸Centre for Cancer Genetic Epidemiology, Department of Oncology, University of Cambridge, Cambridge, UK, ¹¹⁹Department of Surgery, University of Tennessee Health Science Center, Memphis, TN, USA, ¹²⁰Department of Preventive Medicine, Chonnam National University Medical School, Gwangju, Korea, ¹²¹Oncology Unit, Hillel Yaffe Medical Center, Hadera, Israel, ¹²²Cancer Epidemiology Program, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA, ¹²³Epidemiology and Prevention Unit, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy, ¹²⁴Department of Internal Medicine, University of Utah, Salt Lake City, Utah, USA, ¹²⁵Genetic Epidemiology Laboratory, Department of Pathology, The University of Melbourne, Melbourne, Australia, ¹²⁶Department of Hematology and Oncology, University of Munich (LMU), Munich, Germany, ¹²⁷Kaiser Permanente Washington Health Research Institute, Seattle, Washington, USA, ¹²⁸Division of Human Nutrition and Health, Wageningen University & Research, Wageningen, The Netherlands, ¹²⁹National Institute for Public Health and the Environment (RIVM), Bilthoven, The Netherlands, ¹³⁰Department of Molecular Biology of Cancer, Institute of Experimental Medicine of the Czech Academy of Sciences, Prague, Czech Republic, ¹³¹Institute of Biology and Medical Genetics, First Faculty of Medicine, Charles University, Prague, Czech Republic, ¹³²Faculty of Medicine and Biomedical Center in Pilsen, Charles University, Pilsen, Czech Republic, ¹³³Medical Faculty, University of Heidelberg, Germany, ¹³⁴School of Medicine, University of Dundee, Dundee, Scotland, ¹³⁵Memorial University of Newfoundland, Discipline of Genetics, St. John's, Canada, ¹³⁶University of Ottawa, Division of Hematology, Ottawa, Canada

Endometrial Cancer Association Consortium (ECAC) Members

Frederic Amant¹, Daniela Annibaldi¹, Katie Ashton^{2,4}, John Attia^{2,5}, Paul L. Auer^{6,7}, Matthias W. Beckmann⁸, Amanda Black⁹, Louise Brinton⁹, Daniel D. Buchanan¹⁰⁻¹³, Stephen J. Chanock¹⁴, Chu Chen¹⁵, Maxine M. Chen¹⁶, Timothy H.T. Cheng¹⁷, Linda S. Cook^{18, 19}, Marta Crous-Bous^{16, 20}, Kamila Czene²¹, Immaculata De Vivo^{16, 20}, Joe Dennis²², Thilo Dörk²³, Sean C. Dowdy²⁴, Alison M. Dunning²⁵, Matthias Dürst²⁶, Douglas F. Easton^{22, 25}, Arif B. Ekici²⁷, Peter A. Fasching^{8, 28}, Brooke L. Fridley²⁹, Christine M. Friedenreich¹⁹, Montserrat García-Closas¹⁴, Mia M. Gaudet³⁰, Graham G. Giles^{11, 31, 32}, Dylan M. Glubb³³, Ellen L. Goode³⁴, Christopher A. Haiman³⁵, Per Hall^{21, 36}, Susan E. Hankinson^{20, 37}, Catherine S. Healey²⁵, Alexander Hein⁸, Peter Hillemanns²³, Shirley Hodgson³⁸, Erling Hoivik^{39, 40}, Elizabeth G. Holliday^{2, 5}, David J. Hunter^{16, 41}, Angela Jones¹⁷, Peter Kraft^{16, 42}, Camilla Krakstad^{39, 40}, Diether Lambrechts^{43, 44}, Loic Le Marchand⁴⁵, Xiaolin Liang⁴⁶, Annika Lindblom^{47, 48}, Jolanta Lissowska⁴⁹, Jirong Long⁵⁰, Lingeng Lu⁵¹, Anthony M. Magliocco⁵², Lynn Martin⁵³, Mark McEvoy⁵, Roger L. Milne^{11, 31, 32}, Miriam Mints⁵⁴, Rami Nassir⁵⁵, Tracy A. O'Mara³³, Irene Orlow⁴⁶, Geoffrey Otton⁵⁶, Claire Palles¹⁷, Paul D.P. Pharoah^{22, 25}, Loreall Pooler³⁵, Tony Proietto⁵⁶, Timothy R. Rebbeck^{57, 58}, Stefan P. Renner⁵⁹, Harvey A. Risch⁵¹, Matthias Rübner⁵⁹, Ingo Runnebaum²⁶, Carlotta Sacerdote^{60, 61}, Gloria E. Sarto⁶², Fredrick Schumacher⁶³, Rodney J. Scott^{2, 4, 64}, V. Wendy Setiawan³⁵, Mitul Shah²⁵, Xin Sheng³⁵, Xiao-Ou Shu⁵⁰, Melissa C. Southey^{10, 31, 32}, Amanda B. Spurdle³³, Emma Tham^{47, 65}, Deborah J. Thompson²², Ian Tomlinson^{17, 53}, Jone Trovik^{39, 40}, Constance Turman¹⁶, David Van Den Berg³⁵, Zhaoming Wang⁹, Penelope M. Webb⁶⁶, Nicolas Wentzensen⁹, Stacey J. Winham⁶⁷, Lucy Xia³⁵, Yong-Bing Xiang⁶⁸, Hannah P. Yang⁹, Herbert Yu⁴⁵, Wei Zheng⁵⁰

Affiliations: ¹ Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, University Hospitals KU Leuven, University of Leuven, Leuven, Belgium. ² Hunter Medical Research Institute, John Hunter Hospital, Newcastle, New South Wales, Australia. ³ Centre for Information Based Medicine, University of Newcastle, Callaghan, New South Wales, Australia. ⁴ Discipline of Medical Genetics, School of Biomedical Sciences and Pharmacy, Faculty of Health, University of Newcastle, Callaghan, New South Wales, Australia. ⁵ Centre for Clinical Epidemiology and Biostatistics, School of Medicine and Public Health, University of Newcastle, Callaghan, New South Wales, Australia. ⁶ Cancer Prevention Program, Fred Hutchinson Cancer Research Center, Seattle, WA, USA. ⁷ Zilber School of Public Health, University of Wisconsin-Milwaukee, Milwaukee, WI, USA. ⁸ Department of Gynecology and Obstetrics, Comprehensive Cancer Center ER-EMN, University Hospital Erlangen, Friedrich-Alexander-University Erlangen-Nuremberg, Erlangen, Germany. ⁹ Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, MD, USA. ¹⁰ Department of Clinical Pathology, The University of Melbourne, Melbourne, Victoria, Australia. ¹¹ Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Victoria, Australia. ¹² Genomic Medicine and Family Cancer Clinic, Royal Melbourne Hospital, Parkville, Victoria, Australia. ¹³ University of Melbourne Centre for Cancer Research, Victorian Comprehensive Cancer Centre, Parkville, Victoria, Australia. ¹⁴ Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, Department of Health and Human Services, Bethesda, MD, USA. ¹⁵ Epidemiology Program, Fred Hutchinson Cancer Research Center, Seattle, WA, USA. ¹⁶ Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, MA, USA. ¹⁷ Wellcome Trust Centre for Human Genetics and Oxford NIHR Biomedical Research Centre, University of Oxford, Oxford, UK. ¹⁸ University of New Mexico Health Sciences Center, University of New Mexico, Albuquerque, NM, USA. ¹⁹ Department of Cancer Epidemiology and Prevention Research, Alberta Health Services, Calgary, AB, Canada. ²⁰ Channing Division of Network Medicine, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, MA, USA. ²¹ Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden. ²² Centre for Cancer Genetic Epidemiology, Department of

Public Health and Primary Care, University of Cambridge, Cambridge, UK.²³ Gynaecology Research Unit, Hannover Medical School, Hannover, Germany.²⁴ Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, Mayo Clinic, Rochester, MN, USA.²⁵ Centre for Cancer Genetic Epidemiology, Department of Oncology, University of Cambridge, Cambridge, UK.²⁶ Department of Gynaecology, Jena University Hospital - Friedrich Schiller University, Jena, Germany.²⁷ Institute of Human Genetics, University Hospital Erlangen, Friedrich-Alexander University Erlangen-Nuremberg, Comprehensive Cancer Center Erlangen-EMN, Erlangen, Germany.²⁸ David Geffen School of Medicine, Department of Medicine Division of Hematology and Oncology, University of California at Los Angeles, Los Angeles, CA, USA.²⁹ Department of Biostatistics, Kansas University Medical Center, Kansas City, KS, USA.³⁰ Department of Population Science, American Cancer Society, Atlanta, GA, USA.³¹ Cancer Epidemiology Division, Cancer Council Victoria, Melbourne, Victoria, Australia.³² Precision Medicine, School of Clinical Sciences at Monash Health, Monash University, Clayton, Victoria, Australia.³³ Department of Genetics and Computational Biology, QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia.³⁴ Department of Health Science Research, Division of Epidemiology, Mayo Clinic, Rochester, MN, USA.³⁵ Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA, USA.³⁶ Department of Oncology, Södersjukhuset, Stockholm, Sweden.³⁷ Department of Biostatistics & Epidemiology, University of Massachusetts, Amherst, Amherst, MA, USA.³⁸ Department of Clinical Genetics, St George's, University of London, London, UK.³⁹ Centre for Cancer Biomarkers CCBIO, Department of Clinical Science, University of Bergen, Bergen, Norway.⁴⁰ Department of Obstetrics and Gynecology, Haukeland University Hospital, Bergen, Norway.⁴¹ Nuffield Department of Population Health, University of Oxford, Oxford, UK.⁴² Program in Genetic Epidemiology and Statistical Genetics, Harvard T.H. Chan School of Public Health, Boston, MA, USA.⁴³ VIB Center for Cancer Biology, Leuven, Belgium.⁴⁴ Laboratory for Translational Genetics, Department of Human Genetics, University of Leuven, Leuven, Belgium.⁴⁵ Epidemiology Program, University of Hawaii Cancer Center, Honolulu, HI, USA.⁴⁶ Department of Epidemiology and Biostatistics, Memorial Sloan-Kettering Cancer Center, New York, NY, USA.⁴⁷ Department of Molecular Medicine and Surgery, Karolinska Institutet, Stockholm, Sweden.⁴⁸ Department of Clinical Genetics, Karolinska University Hospital, Stockholm, Sweden.⁴⁹ Department of Cancer Epidemiology and Prevention, M. Skłodowska-Curie Cancer Center, Oncology Institute, Warsaw, Poland.⁵⁰ Division of Epidemiology, Department of Medicine, Vanderbilt Epidemiology Center, Vanderbilt-Ingram Cancer Center, Vanderbilt University School of Medicine, Nashville, TN, USA.⁵¹ Chronic Disease Epidemiology, Yale School of Public Health, New Haven, CT, USA.⁵² Department of Anatomic Pathology, Moffitt Cancer Center & Research Institute, Tampa, FL, USA.⁵³ Institute of Cancer and Genomic Sciences, University of Birmingham, Birmingham, UK.⁵⁴ Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden.⁵⁵ Department of Biochemistry and Molecular Medicine, University of California Davis, Davis, CA, USA.⁵⁶ School of Medicine and Public Health, University of Newcastle, Callaghan, New South Wales, Australia.⁵⁷ Harvard T.H. Chan School of Public Health, Boston, MA, USA.⁵⁸ Dana-Farber Cancer Institute, Boston, MA, USA.⁵⁹ Department of Gynaecology and Obstetrics, University Hospital Erlangen, Friedrich-Alexander University Erlangen-Nuremberg, Comprehensive Cancer Center Erlangen-EMN, Erlangen, Germany.⁶⁰ Center for Cancer Prevention (CPO-Peimonte), Turin, Italy.⁶¹ Human Genetics Foundation (HuGeF), Turino, Italy.⁶² Department of Obstetrics and Gynecology, School of Medicine and Public Health, University of Wisconsin, Madison, WI, USA.⁶³ Department of Population and Quantitative Health Sciences, Case Western Reserve University, Cleveland, OH, USA.⁶⁴ Division of Molecular Medicine, Pathology North, John Hunter Hospital, Newcastle, New South Wales, Australia.⁶⁵ Clinical Genetics, Karolinska Institutet, Stockholm, Sweden.⁶⁶ Population Health Department, QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia.⁶⁷ Department of Health Sciences Research, Division of Biomedical Statistics and Informatics, Mayo Clinic, Rochester, MN, USA.⁶⁸ State Key Laboratory of Oncogene and Related Genes

& Department of Epidemiology, Shanghai Cancer Institute, Renji Hospital, Shanghai Jiaotong University
School of Medicine, Shanghai, China.

Esophageal Cancer GWAS Consortium Members

Puya Gharahkhania¹, Rebecca C Fitzgerald², Thomas L Vaughan³, Claire Palles⁴, Ines Gockel⁵, Ian Tomlinson⁴, Matthew F Buas³, Andrea May⁶, Christian Gerges⁷, Mario Anders^{8,9}, Jessica Becker¹⁰, Nicole Kreuser¹¹, Tania Noder⁸, Marino Venerito¹², Lothar Veits¹³, Thomas Schmidt¹⁴, Hendrik Manner¹⁵, Claudia Schmidt¹⁶, Timo Hess¹⁰, Anne C Böhmer¹⁰, Jakob R Izbicki¹⁷, Arnulf H Hölscher¹⁶, Hauke Lang¹⁸, Dietmar Lorenz¹⁹, Brigitte Schumacher^{7,20}, Andreas Hackelsberger²¹, Rupert Mayershofer²², Oliver Pech²³, Yogesh Vashist^{17,24}, Katja Ott^{14,25}, Michael Vieth¹³, Josef Weismüller²⁶, Markus M Nöthen¹⁰, Barrett's and Esophageal Adenocarcinoma Consortium (BEACON), Esophageal Adenocarcinoma GenEtics Consortium (EAGLE), Wellcome Trust Case Control Consortium 2 (WTCCC2), Stephen Attwood²⁷, Hugh Barr²⁸, Laura Chegwidan²⁹, John de Caestecker³⁰, Rebecca Harrison³¹, Sharon B Love⁵, David MacDonald³², Paul Moayyedi³³, Hans Prenen³⁴, R G Peter Watson³⁵, Prasad G Iyer³⁶, Lesley A Anderson³⁷, Leslie Bernstein³⁸, Wong-Ho Chow³⁹, Laura J Hardie⁴⁰, Jesper Lagergren^{41,42}, Geoffrey Liu⁴³, Harvey A Risch⁴⁴, Anna H Wu⁴⁵, Weimin Ye⁴⁶, Nigel C Bird⁴⁷, Nicholas J Shaheen⁴⁸, Marilie D Gammon⁴⁹, Douglas A Corley⁵⁰, Carlos Caldas⁵¹, Susanne Moebus⁵², Michael Knapp⁵³, Wilbert H M Peters⁵⁴, Horst Neuhaus⁷, Thomas Rösch⁸, Christian Ell⁶, Stuart MacGregor¹, Paul Pharoah⁵⁵, David C Whiteman⁵⁶, Janusz Jankowski, Prof^{57,58}, Johannes Schumacher¹⁰

Affiliations: ¹Statistical Genetics, QIMR Berghofer Medical Research Institute, Brisbane, QLD, Australia; ²Medical Research Council (MRC) Cancer Unit, Hutchison-MRC Research Centre and University of Cambridge, Cambridge, UK; ³Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; ⁴Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford, UK; ⁵Centre for Statistics in Medicine, NDORMS, University of Oxford, Oxford, UK; ⁶Department of Medicine II, Sana Klinikum, Offenbach, Germany; ⁷Department of Internal Medicine, Evangelisches Krankenhaus, Düsseldorf, Germany; ⁸Department of Interdisciplinary Endoscopy, University Hospital Hamburg-Eppendorf, Hamburg, Germany; ⁹Department of Gastroenterology and Interdisciplinary Endoscopy, Vivantes Wenckebach-Klinikum, Berlin, Germany; ¹⁰Institute of Human Genetics, and Department of Genomics, Life & Brain Center, University of Bonn, Bonn, Germany; ¹¹Department of Visceral, Transplant, Thoracic and Vascular Surgery, University Hospital of Leipzig, Leipzig, Germany; ¹²Department of Gastroenterology, Hepatology and Infectious Diseases, Otto-von-Guericke University Hospital, Magdeburg, Germany; ¹³Institute of Pathology, Klinikum Bayreuth, Bayreuth, Germany; ¹⁴Department of General, Visceral and Transplantation Surgery, University of Heidelberg, Heidelberg, Germany; ¹⁵Department of Internal Medicine II, Horst Schmidt Kliniken Hospital, Wiesbaden, Germany; ¹⁶Department of General, Visceral and Cancer Surgery, University of Cologne, Cologne, Germany; ¹⁷Department of General, Visceral and Thoracic Surgery, University Medical Center Hamburg-Eppendorf, University of Hamburg, Hamburg, Germany; ¹⁸Department of General, Visceral and Transplant Surgery, University Medical Center, University of Mainz, Mainz, Germany; ¹⁹Department of General and Visceral Surgery, Sana Klinikum, Offenbach, Germany; ²⁰Department of Internal Medicine and Gastroenterology, Elisabeth Hospital, Essen, Germany; ²¹Gastropraxis, Wiesbaden, Germany; ²²Gastroenterologie am Burgweiher, Bonn, Germany; ²³Department of Gastroenterology and Interventional Endoscopy, St John of God Hospital, Regensburg, Germany; ²⁴Department of Visceral Surgery, Kantonsspital Aarau AG, Aarau, Switzerland; ²⁵Department of General, Visceral and Thorax Surgery, RoMed Klinikum Rosenheim, Rosenheim, Germany; ²⁶Gastroenterologische Gemeinschaftspraxis, Koblenz, Germany; ²⁷Centre For Integrated Health Care Research, Durham University, Durham, UK; ²⁸Gloucestershire Royal Hospital, Gloucester, UK; ²⁹Plymouth University Peninsula School of Medicine and Dentistry, Plymouth, UK; ³⁰Digestive Diseases Centre, University Hospitals of Leicester, Leicester, UK; ³¹Department of Cellular Pathology, Leicester Royal Infirmary, Leicester, UK; ³²Department of Oral Biological and Medical Sciences, University of British Columbia, Vancouver, BC, Canada; ³³Department of Medicine, McMaster

University, Hamilton, ON, Canada; ³⁴Department of Gastroenterology, University Hospitals Gasthuisberg, Leuven, Belgium; ³⁵Queen's University Belfast, Centre of Medical Education, Royal Victoria Hospital, Belfast, UK; ³⁶Division of Gastroenterology and Hepatology, Department of Internal Medicine, Mayo Clinic, Rochester, MN, USA; ³⁷Centre for Public Health, Queen's University Belfast, Belfast, UK; ³⁸Department of Population Sciences, Beckman Research Institute and City of Hope Comprehensive Cancer Center, Duarte, CA, USA; ³⁹Department of Epidemiology, MD Anderson Cancer Center, Houston, TX, USA; ⁴⁰Division of Epidemiology, University of Leeds, Leeds, UK; ⁴¹Department of Molecular Medicine and Surgery, Karolinska Institute, Stockholm, Sweden; ⁴²Division of Cancer Studies, King's College London, London, UK; ⁴³Pharmacogenomic Epidemiology, Ontario Cancer Institute, Toronto, ON, Canada; ⁴⁴Department of Chronic Disease Epidemiology, Yale School of Public Health, New Haven, CT, USA; ⁴⁵Department of Preventive Medicine, University of Southern California/Norris Comprehensive Cancer Center, Los Angeles, CA, USA; ⁴⁶Department of Medical Epidemiology and Biostatistics, Karolinska Institute, Stockholm, Sweden; ⁴⁷Department of Oncology, Medical School, University of Sheffield, Sheffield, UK; ⁴⁸Division of Gastroenterology and Hepatology, University of North Carolina School of Medicine, University of North Carolina, Chapel Hill, North Carolina, USA; ⁴⁹Department of Epidemiology, University of North Carolina, Chapel Hill, North Carolina, USA; ⁵⁰Division of Research, and San Francisco Medical Center, Kaiser Permanente Northern California, Oakland, CA, USA; ⁵¹Department of Oncology, and Cancer Research UK Cambridge Institute, University of Cambridge, Cambridge, UK; ⁵²Centre of Urban Epidemiology, Institute of Medical Informatics, Biometry and Epidemiology, University of Essen, Essen, Germany; ⁵³Institute for Medical Biometry, Informatics, and Epidemiology, University of Bonn, Bonn, Germany; ⁵⁴Department of Gastroenterology, Radboud University Nijmegen Medical Center, Nijmegen, Netherlands; ⁵⁵Centre for Cancer Genetic Epidemiology, Department of Oncology, University of Cambridge, Cambridge, UK; ⁵⁶Cancer Control, QIMR Berghofer Medical Research Institute, Brisbane, QLD, Australia; ⁵⁷University of Central Lancashire, Westlakes Science and Technology Park, Moor Row, UK; ⁵⁸Warwick Medical School, University of Warwick, Warwick, UK;

Glioma International Case Control Consortium (GICC) Members

Melissa L. Bondy¹, Ryan T. Merrell², Daniel Lachance³, Georgina N. Armstrong¹, Margaret R. Wrensch⁵, Dora Il'yasova⁷, Elizabeth B. Claus⁹, Jill S. Barnholtz-Sloan¹⁰, Joellen Schildkraut¹¹, Siegal Sadetzki^{12,13}, Christoffer Johansen^{14,15}, Richard S. Houlston^{17,16}, Robert B. Jenkins¹⁷, Jonine L. Bernstein⁶, Rose Lai¹⁸, Sanjay Shete¹⁹, Christopher I. Amos²⁰, and Beatrice S. Melin²¹

Affiliations: ¹Department of Epidemiology and Population Health, Stanford Cancer Institute, Stanford Medicine, Stanford University, Palo Alto, California ²Department of Neurology, NorthShore University HealthSystem, Evanston, Illinois; ³Department of Neurology, Mayo Clinic Comprehensive Cancer Center, Mayo Clinic, Rochester, Minnesota; ⁵Department of Neurological Surgery, University of California, San Francisco, San Francisco, California; ⁶Department of Epidemiology and Biostatistics, Memorial Sloan-Kettering Cancer Center, New York, New York; ⁷Department of Epidemiology and Biostatistics, Georgia State University School of Public Health, Atlanta, Georgia; ⁸Department of Pediatrics, Dan L. Duncan Cancer Center, Baylor College of Medicine, Houston, Texas; ⁹Department of Epidemiology and Public Health, Yale University School of Medicine, New Haven, Connecticut; ¹⁰Case Comprehensive Cancer Center, Case Western Reserve University School of Medicine, Cleveland, Ohio; ¹¹Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, Georgia; ¹²Cancer and Radiation Epidemiology Unit, Gertner Institute, Chaim Sheba Medical Center, Tel Hashomer, Israel; ¹³Sackler School of Medicine, Tel-Aviv University, Tel-Aviv, Israel; ¹⁴Institute of Cancer Epidemiology, Danish Cancer Society, Copenhagen, Denmark; ¹⁵Rigshospitalet, University of Copenhagen, Copenhagen, Denmark; ¹⁶Section of Cancer Genetics, Institute of Cancer Research, Sutton, Surrey, United Kingdom; ¹⁷Department of Laboratory Medicine and Pathology, Mayo Clinic Comprehensive Cancer Center, Mayo Clinic, Rochester, Minnesota; ¹⁸Departments of Neurology, Neurosurgery, and Preventive Medicine, The University of Southern California Keck School of Medicine, Los Angeles, California; ¹⁹Department of Biostatistics, The University of Texas MD Anderson Cancer Center, Houston, Texas; ²⁰Division of Medicine, Dan L. Duncan Cancer Center, Baylor College of Medicine, Houston, Texas; ²¹Department of Radiation Sciences Oncology, Umeå University, Umeå, Sweden

Head and Neck Cancer GWAS Consortium Members

Corina Lesseur,¹ Brenda Diergaard,^{2,3} Andrew F Olshan,^{4,5} Victor Wünsch-Filho,⁶ Andrew R Ness,^{7,8} Geoffrey Liu,⁹ Martin Lacko,¹⁰ José Eluf-Neto,¹¹ Silvia Franceschi,¹ Pagona Lagiou,¹² Gary J Macfarlane,¹³ Lorenzo Richiardi,¹⁴ Stefania Boccia,¹⁵ Jerry Polesel,¹⁶ Kristina Kjaerheim,¹⁷ David Zaridze,¹⁸ Mattias Johansson,¹ Ana M Menezes,¹⁹ Maria Paula Curado,²⁰ Max Robinson,²¹ Wolfgang Ahrens,²² Cristina Canova,²³ Ariana Znaor,^{1,24} Xavier Castellsagué,²⁵ David I Conway,^{26,27} Ivana Holcátová,²⁸ Dana Mates,²⁹ Marta Vilensky,³⁰ Claire M Healy,³¹ Neonila Szeszenia-Dąbrowska,³² Eleonóra Fabiánová,³³ Jolanta Lissowska,³⁴ Jennifer R Grandis,^{35,36} Mark C Weissler,³⁷ Eloiza H Tajara,³⁸ Fabio D Nunes,³⁹ Marcos B de Carvalho,⁴⁰ Steve Thomas,⁸ Rayjean J Hung,⁴¹ Wilbert H M Peters,⁴² Rolando Herrero,¹ Gabriella Cadoni,⁴⁴ H Bas Bueno-de-Mesquita,^{44,45,46} Annika Steffen,⁴⁷ Antonio Agudo,⁴⁸ Oxana Shangina,¹⁸ Xiangjun Xiao,⁴⁹ Valérie Gaborieau,¹ Amélie Chabrier,¹ Devasena Anantharaman,¹ Paolo Boffetta,⁵⁰ Christopher I Amos,⁴⁹ James D McKay,¹ Paul Brennan¹

Affiliations: ¹International Agency for Research on Cancer (IARC/WHO), Lyon, France, ²Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, PA, USA, ³University of Pittsburgh Cancer Institute, Pittsburgh, PA, USA, ⁴Department of Epidemiology, Gillings School of Global Public Health, University of North Carolina, NC, USA, ⁵UNC Lineberger Comprehensive Cancer Center, Chapel Hill, NC, USA, ⁶Faculdade de Saúde Pública, Universidade de São Paulo, São Paulo, SP, Brazil, ⁷National Institute for Health Research (NIHR) Bristol Biomedical Research Centre, University Hospitals Bristol and Weston NHS Foundation Trust and the University of Bristol, UK, ⁸Bristol Dental School, University of Bristol, Bristol, UK, ⁹Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ¹⁰Department of Otorhinolaryngology, Head and Neck Surgery, Maastricht University Medical Center, Maastricht, Netherlands, ¹¹Departamento de Medicina Preventiva, Faculdade de Medicina da Universidade de São Paulo, São Paulo, Brazil, ¹²Department of Hygiene, Epidemiology and Medical Statistics, School of Medicine, National Kapodistrian University of Athens, Athens, Greece, ¹³School of Medicine, Medical Sciences and Nutrition, University of Aberdeen, Aberdeen, UK, ¹⁴Department of Medical Sciences, University of Turin, Turin, Italy, ¹⁵Section of Hygiene, Institute of Public Health, Università Cattolica del Sacro Cuore, Fondazione Policlinico ‘Agostino Gemelli’, Rome, Italy, ¹⁶Unit of Cancer Epidemiology, CRO Aviano National Cancer Institute, Aviano, Italy, ¹⁷Cancer Registry of Norway, Oslo, Norway, ¹⁸Department of Cancer Epidemiology and Prevention, Institute of Carcinogenesis, N.N. Blokhin Russian Cancer Research Centre of the Russian Ministry of Health, Moscow, Russian Federation, ¹⁹Programa de Pós-Graduação em Epidemiologia, Universidade Federal de Pelotas (UFPel), Pelotas, Brazil, ²⁰Epidemiology, International Center for Research (CIPE), A.C. Camargo Cancer Center, Sao Paulo, Brazil, ²¹Centre for Oral Health Research, Newcastle University, Newcastle, UK, ²²Leibniz Institute for Prevention Research and Epidemiology - BIPS, Bremen, Germany, ²³Department of Molecular Medicine, University of Padova, Padova, Italy, ²⁴Croatian National Institute of Public Health, Zagreb, Croatia, ²⁵Institut Català d’Oncologia (ICO)-DIBELL, CIBER-ESP, L’Hospitalet de Llobregat, Catalonia, Spain, ²⁶School of Medicine, Dentistry and Nursing, University of Glasgow, University of Glasgow, Glasgow, UK, ²⁷NHS NSS National Services Scotland, Edinburgh, UK, ²⁸Institute of Hygiene & Epidemiology 1st Faculty of Medicine, Charles University, Prague, Czech Republic, ²⁹National Institute of Public Health, Bucharest, Romania, ³⁰Instituto de Oncologia “Angel H Roffo“, Universidad de Buenos Aires, Buenos Aires, Argentina, ³¹Trinity College School of Dental Science, Dublin, Ireland, ³²Department of Environmental Epidemiology, Nofer Institute of Occupational Medicine, Lodz, Poland, ³³Regional Authority of Public Health, Banská Bystrica, Slovakia, ³⁴The Maria Skłodowska-Curie Memorial Cancer Centre and Institute of Oncology (MCMCC), Warsaw, Poland, ³⁵Department of Otolaryngology-Head and Neck Surgery, University of California San Francisco, San Francisco, California, USA, ³⁶Clinical Translational Science Institute, University of California at San Francisco, San Francisco, CA, USA, ³⁷Department of

Otolaryngology/Head and Neck Surgery, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA, ³⁸Department of Molecular Biology, School of Medicine of São José do Rio Preto, São José do Rio Preto, SP, Brazil, ³⁹Department of Stomatology, School of Dentistry, University of São Paulo, São Paulo, SP, Brazil, ⁴⁰Department of Head and Neck Surgery, Heliópolis Hospital, São Paulo, SP, Brazil, ⁴¹Lunenfeld-Tanenbaum Research Institute, Mount Sinai Hospital, Toronto, Ontario, Canada, ⁴²Department of Gastroenterology, Radboud University Nijmegen, Medical Center, Nijmegen, the Netherlands, ⁴³Institute of Otorhinolaryngology, Università Cattolica del Sacro Cuore, Fondazione Policlinico 'Agostino Gemelli', Rome, Italy, ⁴⁴Department for Determinants of Chronic Diseases (DCD), National Institute for Public Health and the Environment (RIVM), Bilthoven, Netherlands, ⁴⁵Department of Epidemiology and Biostatistics, School of Public Health, Imperial College London, London, UK, ⁴⁶Department of Social and Preventive Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia, ⁴⁷German Institute of Human Nutrition in Potsdam-Rehbruecke (DIfE), Nuthetal, Germany, ⁴⁸Unit of Nutrition and Cancer, Cancer Epidemiology Research Program, Institut Català d'Oncologia (ICO)-IDIBELL, l'Hospitalet de Llobregat, Barcelona, Spain, ⁴⁹Department of Community and Family Medicine, Geisel School of Medicine, Dartmouth College, Lebanon, New Hampshire, USA, ⁵⁰Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai, New York, New York, USA

International Lung Cancer Consortium (ILCCO) Members

Demetrios Albanes¹, Melinda C. Aldrich², Christopher I. Amos³, Angeline Andrew⁴, Susanne Arnold⁵, Heike Bickeböller⁶, Stig E. Bojesen⁷, Paul Brennan⁸, Hans Brunnström⁹, Neil Caporaso¹, Chu Chen¹⁰, David Christiani¹¹, John K. Field¹², Kjell Grankvist¹³, Rayjean J. Hung¹⁴, Mattias Johansson^{8,13}, Lambertus A. Kiemeny¹⁵, Stephen Lam¹⁶, Maria Teresa Landi¹, Philip Lazarus¹⁷, Geoffrey Liu¹⁸, Loic Le Marchand¹⁹, Olle Melander⁹, Gadi Rennert²⁰, Angela Risch²¹, Matthew B. Schabath²², Sanjay S. Shete²³, Adonina Tardon²⁴, M. Dawn Teare²⁵, H.-Erich Wichmann²⁶, Shan Zienolddiny²⁷

Affiliations: ¹Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, Bethesda, Maryland, USA, ²Department of Thoracic Surgery, Division of Epidemiology, Vanderbilt University Medical Center, Nashville, TN, USA, ³Institute for Clinical and Translational Research, Baylor Medical College, Houston, TX, USA, ⁴Norris Cotton Cancer Center, Dartmouth Geisel School of Medicine, Lebanon, NH, USA, ⁵Markey Cancer Center, University of Kentucky, Lexington, KY, USA, ⁶Department of Genetic Epidemiology, University Medical Center Göttingen, Göttingen, Germany, ⁷Department of Clinical Biochemistry, Herlev and Gentofte Hospital, Copenhagen University Hospital, Denmark, ⁸International Agency for Research on Cancer, Lyon, France, ⁹Department of Clinical Sciences, Lund University, Malmö, Sweden, ¹⁰Public Health Sciences Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA, ¹¹Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, Massachusetts, USA, ¹²Roy Castle Lung Cancer Research Programme, The University of Liverpool, Liverpool, UK, ¹³Department of Medical Biosciences, Umeå University, Umeå, Sweden, ¹⁴Sinai Health System, Lunenfeld-Tanenbaum Research Institute, Toronto, Canada, ¹⁵Radboud university medical center, Nijmegen, the Netherlands, ¹⁶British Columbia Cancer Agency, Vancouver, Canada, ¹⁷College of Pharmacy, Washington State University, Spokane, WA, USA, ¹⁸Princess Margaret Cancer Centre, University Health Network, Toronto, Canada, ¹⁹Cancer Epidemiology Program, University of Hawaii Cancer Center at Manoa, Honolulu, HI, USA, ²⁰Carmel Medical Center, Faculty of Medicine, Israel Institute of Technology, Haifa, Israel, ²¹Department of Molecular Biology, Division of Epigenomics and Cancer Risk Factors, German Cancer Research Center (DKFZ), Heidelberg, Germany, ²²Department of Cancer Epidemiology, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA, ²³Department of Epidemiology, Division of Cancer Prevention and Population Science, MD Anderson Cancer Center, Houston, Texas, USA, ²⁴CIBER Epidemiología y Salud Pública (CIBERESP), Madrid, Spain, ²⁵School of Health and Related Research (SchARR), University of Sheffield, Sheffield, UK, ²⁶Institute of Medical Informatics, Biometry and Epidemiology, Chair of Epidemiology, Ludwig Maximilians University, Munich, Germany, ²⁷National Institute of Occupational Health (STAMI), Oslo, Norway

Melanoma GWAS consortium Members

Matthew H Law¹, D Timothy Bishop², Jeffrey E Lee³, Myriam Brossard^{4,5}, Nicholas G Martin⁶, Eric K Moses⁷, Fengju Song⁸, Jennifer H Barrett², Rajiv Kumar⁹, Douglas F Easton¹⁰, Paul D P Pharoah¹¹, Anthony J Swerdlow^{12,13}, Katerina P Kypreou¹⁴, John C Taylor², Mark Harland², Juliette Randerson-Moor², Lars A Akslen^{15,16}, Per A Andresen¹⁷, Marie-Françoise Avril¹⁸, Esther Azizi^{19,20}, Giovanna Bianchi Scarrà^{21,22}, Kevin M Brown²³, Tadeusz Dębniak²⁴, David L Duffy⁶, David E Elder²⁵, Shenying Fang³, Eitan Friedman²⁰, Pilar Galan²⁶, Paola Ghiorzo^{21,22}, Elizabeth M Gillanders²⁷, Alisa M Goldstein²³, Nelleke A Gruis²⁸, Johan Hansson²⁹, Per Helsing³⁰, Marko Hočevcar³¹, Veronica Höiom²⁹, Christian Ingvar³², Peter A Kanetsky³³, Wei V Chen³⁴, GenoMEL Consortium, Essen-Heidelberg Investigators, The SDH Study Group, Q-MEGA and QTWIN Investigators, AMFS Investigators, ATHENS Melanoma Study Group, Maria Teresa Landi²³, Julie Lang³⁵, G Mark Lathrop³⁶, Jan Lubiński²⁴, Rona M Mackie^{35,37}, Graham J Mann³⁸, Anders Molven^{16,39}, Grant W Montgomery⁴⁰, Srdjan Novaković⁴¹, Håkan Olsson^{42,43}, Susana Puig^{44,45}, Joan Anton Puig-Butille^{44,45}, Abrar A Qureshi⁴⁶, Graham L Radford-Smith^{47,48,49}, Nienke van der Stoep⁵⁰, Remco van Doorn²⁸, David C Whiteman⁵¹, Jamie E Craig⁵², Dirk Schadendorf^{53,54}, Lisa A Simms⁴⁷, Kathryn P Burdon⁵⁵, Dale R Nyholt^{40,56}, Karen A Pooley¹⁰, Nick Orr⁵⁷, Alexander J Stratigos¹⁴, Anne E Cust⁵⁸, Sarah V Ward⁷, Nicholas K Hayward⁵⁹, Jiali Han^{60,61}, Hans-Joachim Schulze⁶², Alison M Dunning¹¹, Julia A Newton Bishop², Florence Demenais^{4,5}, Christopher I Amos⁶³, Stuart MacGregor¹ & Mark M Iles²

Affiliations: ¹Statistical Genetics, QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia, ²Section of Epidemiology and Biostatistics, Leeds Institute of Cancer and Pathology, University of Leeds, Leeds, UK, ³Department of Surgical Oncology, University of Texas MD Anderson Cancer Center, Houston, Texas, USA, ⁴INSERM, UMR 946, Genetic Variation and Human Diseases Unit, Paris, France, ⁵Institut Universitaire d'Hématologie, Université Paris Diderot, Sorbonne Paris Cité, Paris, France, ⁶Genetic Epidemiology, QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia, ⁷Centre for Genetic Origins of Health and Disease, Faculty of Medicine, Dentistry and Health Sciences, University of Western Australia, Perth, Western Australia, Australia, ⁸Department of Epidemiology and Biostatistics, Key Laboratory of Cancer Prevention and Therapy, Tianjin, National Clinical Research Center of Cancer, Tianjin Medical University Cancer Institute and Hospital, Tianjin, China, ⁹Division of Molecular Genetic Epidemiology, German Cancer Research Center, Heidelberg, Germany, ¹⁰Department of Public Health and Primary Care, Centre for Cancer Genetic Epidemiology, University of Cambridge, Cambridge, UK, ¹¹Department of Oncology, Centre for Cancer Genetic Epidemiology, University of Cambridge, Cambridge, UK, ¹²Division of Genetics and Epidemiology, The Institute of Cancer Research, London, UK, ¹³Division of Breast Cancer Research, The Institute of Cancer Research, London, UK, ¹⁴Department of Dermatology, University of Athens School of Medicine, Andreas Sygros Hospital, Athens, Greece, ¹⁵Department of Clinical Medicine, Centre for Cancer Biomarkers (CCBIO), University of Bergen, Bergen, Norway, ¹⁶Department of Pathology, Haukeland University Hospital, Bergen, Norway, ¹⁷Department of Pathology, Molecular Pathology, Oslo University Hospital, Rikshospitalet, Oslo, Norway, ¹⁸Assistance Publique–Hôpitaux de Paris, Hôpital Cochin, Service de Dermatologie, Université Paris Descartes, Paris, France, ¹⁹Department of Dermatology, Sheba Medical Center, Tel Hashomer, Sackler Faculty of Medicine, Tel Aviv, Israel, ²⁰Oncogenetics Unit, Sheba Medical Center, Tel Hashomer, Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel, ²¹Department of Internal Medicine and Medical Specialties, University of Genoa, Genoa, Italy, ²²Laboratory of Genetics of Rare Cancers, Istituto di Ricovero e Cura a Carattere Scientifico Azienda Ospedaliera Universitaria (IRCCS AOU) San Martino l'Istituto Scientifico Tumori Istituto Nazionale per la Ricerca sul Cancro, Genoa, Italy, ²³Division of Cancer Epidemiology and Genetics, National Cancer Institute, US National Institutes of Health, Bethesda, Maryland, USA, ²⁴International Hereditary Cancer Center, Pomeranian Medical University, Szczecin, Poland, ²⁵Department of Pathology and Laboratory Medicine, Perelman School of Medicine at the University of Pennsylvania, Philadelphia,

Pennsylvania, USA, ²⁶Université Paris 13, Equipe de Recherche en Epidémiologie Nutritionnelle (EREN), Centre de Recherche en Epidémiologie et Statistiques, INSERM U1153, Institut National de la Recherche Agronomique (INRA) U1125, Conservatoire National des Arts et Métiers, Communauté d'Université Sorbonne Paris Cité, Bobigny, France, ²⁷Inherited Disease Research Branch, National Human Genome Research Institute, US National Institutes of Health, Baltimore, Maryland, USA, ²⁸Department of Dermatology, Leiden University Medical Center, Leiden, the Netherlands, ²⁹Department of Oncology-Pathology, Karolinska Institutet, Karolinska University Hospital, Stockholm, Sweden, ³⁰Department of Dermatology, Oslo University Hospital, Rikshospitalet, Oslo, Norway, ³¹Department of Surgical Oncology, Institute of Oncology Ljubljana, Ljubljana, Slovenia, ³²Department of Surgery, Clinical Sciences, Lund University, Lund, Sweden, ³³Department of Cancer Epidemiology, H. Lee Moffitt Cancer Center and Research Institute, Tampa, Florida, USA, ³⁴Department of Genetics, University of Texas MD Anderson Cancer Center, Houston, Texas, USA, ³⁵Department of Medical Genetics, University of Glasgow, Glasgow, UK, ³⁶McGill University and Génome Québec Innovation Centre, Montreal, Quebec, Canada, ³⁷Department of Public Health, University of Glasgow, Glasgow, UK, ³⁸Centre for Cancer Research, University of Sydney at Westmead, Millennium Institute for Medical Research and Melanoma Institute Australia, Sydney, New South Wales, Australia, ³⁹Department of Clinical Medicine, Gade Laboratory for Pathology, University of Bergen, Bergen, Norway, ⁴⁰Molecular Epidemiology, QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia, ⁴¹Department of Molecular Diagnostics, Institute of Oncology Ljubljana, Ljubljana, Slovenia, ⁴²Department of Oncology/Pathology, Clinical Sciences, Lund University, Lund, Sweden, ⁴³Department of Cancer Epidemiology, Clinical Sciences, Lund University, Lund, Sweden, ⁴⁴Departments of Dermatology, Melanoma Unit, Biochemistry and Molecular Genetics, Hospital Clinic, Institut d'Investigacions Biomèdica August Pi Suñe, Universitat de Barcelona, Barcelona, Spain, ⁴⁵Centro de Investigación Biomédica en Red (CIBER) de Enfermedades Raras, Instituto de Salud Carlos III, Barcelona, Spain, ⁴⁶Department of Dermatology, Warren Alpert Medical School of Brown University, Providence, Rhode Island, USA, ⁴⁷Inflammatory Bowel Diseases, QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia, ⁴⁸Department of Gastroenterology and Hepatology, Royal Brisbane and Women's Hospital, Brisbane, Queensland, Australia, ⁴⁹University of Queensland School of Medicine, Herston Campus, Brisbane, Queensland, Australia, ⁵⁰Department of Clinical Genetics, Center of Human and Clinical Genetics, Leiden University Medical Center, Leiden, the Netherlands, ⁵¹Cancer Control Group, QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia, ⁵²Department of Ophthalmology, Flinders University, Adelaide, South Australia, Australia, ⁵³Department of Dermatology, University Hospital Essen, Essen, Germany, ⁵⁴German Consortium for Translational Cancer Research (DKTK), Heidelberg, Germany, ⁵⁵Menzies Institute for Medical Research, University of Tasmania, Hobart, Tasmania, Australia, ⁵⁶Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Queensland, Australia, ⁵⁷Breakthrough Breast Cancer Research Centre, The Institute of Cancer Research, London, UK, ⁵⁸Cancer Epidemiology and Services Research, Sydney School of Public Health, University of Sydney, Sydney, New South Wales, Australia, ⁵⁹Oncogenomics, QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia, ⁶⁰Department of Epidemiology, Richard M. Fairbanks School of Public Health, Indiana University, Indianapolis, Indiana, USA, ⁶¹Melvin and Bren Simon Cancer Center, Indiana University, Indianapolis, Indiana, USA, ⁶²Department of Dermatology, Fachklinik Hornheide, Institute for Tumors of the Skin at the University of Münster, Münster, Germany, ⁶³Department of Community and Family Medicine, Geisel School of Medicine, Dartmouth College, Hanover, New Hampshire, USA

Ovarian Cancer Association Consortium (OCAC) Members

Hoda Anton-Culver¹, Elisa V. Bandera², Susana N Banerjee³, Javier Benitez^{4, 5}, Andrew Berchuck⁶, Line Borge^{7, 8}, James D. Brenton⁹, Ralf Butzow¹⁰, Ian Campbell^{11, 12}, Kexin Chen¹³, Georgia Chenevix-Trench¹⁴, Linda S. Cook^{15, 16}, Daniel W. Cramer^{17, 18}, Anna deFazio^{19, 20}, Jennifer A. Doherty²¹, Thilo Dörk²², Diana M. Eccles²³, Peter A. Fasching^{24, 25}, Renée T. Fortner²⁶, Simon A. Gayther²⁷, Ellen L. Goode²⁸, Marc T. Goodman²⁹, Jacek Gronwald³⁰, Holly R. Harris^{31, 32}, Florian Heitz^{33, 34, 35}, Michelle A.T. Hildebrandt³⁶, Estrid Høgdall^{37, 38}, Claus K. Høgdall³⁹, David G. Huntsman^{40, 41, 42, 43}, Beth Y. Karlan⁴⁴, Lambertus A. Kiemeny⁴⁵, Susanne K. Kjaer^{37, 39}, Jolanta Kupryjanczyk⁴⁶, Diether Lambrechts^{47, 48}, Nhu D. Le⁴⁹, Douglas A. Levine^{50, 51}, Keitaro Matsuo^{52, 53}, Taymaa May⁵⁴, Iain A. McNeish^{55, 56}, Usha Menon⁵⁷, Roger L. Milne^{58, 59, 60}, Francesmary Modugno^{61, 62}, Alvaro N. Monteiro⁶³, Patricia G. Moorman⁶⁴, Kirsten B. Moysich⁶⁵, Heli Nevanlinna⁶⁶, Håkan Olsson⁶⁷, Sue K. Park^{68, 69, 70}, Celeste L. Pearce^{71, 72}, Tanja Pejovic^{73, 74}, Malcolm C. Pike^{72, 75}, Susan J. Ramus^{76, 77}, Elio Riboli⁷⁸, Marjorie J. Riggan⁶, Harvey A. Risch⁷⁹, Cristina Rodriguez-Antona^{4, 5}, Isabelle Romieu⁸⁰, Dale P. Sandler⁸¹, Joellen M. Schildkraut⁸², V. Wendy Setiawan⁸³, Kang Shan⁸⁴, Nadeem Siddiqui⁸⁵, Weiva Sieh^{86, 87}, Rebecca Sutphen⁸⁸, Anthony J. Swerdlow^{89, 90}, Soo Hwang Teo^{91, 92}, Kathryn L. Terry^{17, 18}, Shelley S. Tworoger^{17, 63}, Digna Velez Edwards⁹³, Roel C.H. Vermeulen⁹⁴, Penelope M. Webb⁹⁵, Nicolas Wentzensen⁹⁶, Emily White^{32, 97}, Walter Willett^{17, 98, 99}, Alicja Wolk^{100, 101}, Yin-Ling Woo¹⁰², Anna H. Wu⁸³, Li Yan¹⁰³, Drakoulis Yannoukakos¹⁰⁴, Wei Zheng¹⁰⁵

Affiliations: ¹Department of Medicine, Genetic Epidemiology Research Institute, University of California Irvine, Irvine, CA, USA, ²Cancer Prevention and Control Program, Rutgers Cancer Institute of New Jersey, New Brunswick, NJ, USA, ³Gynaecology Unit, Royal Marsden Hospital, London, UK, ⁴Biomedical Network on Rare Diseases (CIBERER), Madrid, Spain, ⁵Human Cancer Genetics Programme, Spanish National Cancer Research Centre (CNIO), Madrid, Spain, ⁶Department of Gynecologic Oncology, Duke University Hospital, Durham, NC, USA, ⁷Department of Obstetrics and Gynecology, Haukeland University Hospital, Bergen, Norway, ⁸Centre for Cancer Biomarkers CCBio, Department of Clinical Science, University of Bergen, Bergen, Norway, ⁹Cancer Research UK Cambridge Institute, University of Cambridge, Cambridge, UK, ¹⁰Department of Pathology, Helsinki University Hospital, University of Helsinki, Helsinki, Finland, ¹¹Peter MacCallum Cancer Center, Melbourne, Victoria, Australia, ¹²Sir Peter MacCallum Department of Oncology, The University of Melbourne, Melbourne, Victoria, Australia, ¹³Department of Epidemiology, Tianjin Medical University Cancer Institute and Hospital, Tianjin, China, ¹⁴Department of Genetics and Computational Biology, QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia, ¹⁵University of New Mexico Health Sciences Center, University of New Mexico, Albuquerque, NM, USA, ¹⁶Department of Cancer Epidemiology and Prevention Research, Alberta Health Services, Calgary, AB, Canada, ¹⁷Department of Epidemiology, Harvard TH Chan School of Public Health, Boston, MA, USA, ¹⁸Obstetrics and Gynecology Epidemiology Center, Brigham and Women's Hospital and Harvard Medical School, Boston, MA, USA, ¹⁹Centre for Cancer Research, The Westmead Institute for Medical Research, The University of Sydney, Sydney, New South Wales, Australia, ²⁰Department of Gynaecological Oncology, Westmead Hospital, Sydney, New South Wales, Australia, ²¹Huntsman Cancer Institute, Department of Population Health Sciences, University of Utah, Salt Lake City, UT, USA, ²²Gynaecology Research Unit, Hannover Medical School, Hannover, Germany, ²³Faculty of Medicine, University of Southampton, Southampton, UK, ²⁴David Geffen School of Medicine, Department of Medicine Division of Hematology and Oncology, University of California at Los Angeles, Los Angeles, CA, USA, ²⁵Department of Gynecology and Obstetrics, Comprehensive Cancer Center Erlangen-EMN, University Hospital Erlangen, Friedrich-Alexander University Erlangen-Nuremberg (FAU), Erlangen, Germany, ²⁶Division of Cancer Epidemiology, German Cancer Research Center (DKFZ), Heidelberg, Germany, ²⁷Center for Bioinformatics and Functional Genomics and the Cedars Sinai Genomics Core, Cedars-Sinai Medical Center, Los Angeles, CA, USA, ²⁸Department of Health Science Research, Division

of Epidemiology, Mayo Clinic, Rochester, MN, USA, ²⁹Samuel Oschin Comprehensive Cancer Institute, Cancer Prevention and Genetics Program, Cedars-Sinai Medical Center, Los Angeles, CA, USA, ³⁰Department of Genetics and Pathology, Pomeranian Medical University, Szczecin, Poland, ³¹Program in Epidemiology, Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle, WA, USA, ³²Department of Epidemiology, University of Washington, Seattle, WA, USA, ³³Humboldt-Universität zu Berlin, and Berlin Institute of Health, Department for Gynecology with the Center for Oncologic Surgery Charité Campus Virchow-Klinikum, Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin, Berlin, Germany, ³⁴Department of Gynecology and Gynecological Oncology; HSK, Dr Horst-Schmidt Klinik, Wiesbaden, Wiesbaden, Germany, ³⁵Department of Gynecology and Gynecologic Oncology, Ev Kliniken Essen-Mitte (KEM), Essen, Germany, ³⁶Department of Epidemiology, University of Texas MD Anderson Cancer Center, Houston, TX, USA, ³⁷Department of Virus, Lifestyle and Genes, Danish Cancer Society Research Center, Copenhagen, Denmark, ³⁸Molecular Unit, Department of Pathology, Herlev Hospital, University of Copenhagen, Copenhagen, Denmark, ³⁹Department of Gynaecology, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark, ⁴⁰British Columbia's Ovarian Cancer Research (OVCARE) Program, BC Cancer, Vancouver General Hospital, and University of British Columbia, Vancouver, BC, Canada, ⁴¹Department of Pathology and Laboratory Medicine, University of British Columbia, Vancouver, BC, Canada, ⁴²Department of Obstetrics and Gynecology, University of British Columbia, Vancouver, BC, Canada, ⁴³Department of Molecular Oncology, BC Cancer Research Centre, Vancouver, BC, Canada, ⁴⁴David Geffen School of Medicine, Department of Obstetrics and Gynecology, University of California at Los Angeles, Los Angeles, CA, USA, ⁴⁵Radboud Institute for Health Sciences, Radboud University Medical Center, Nijmegen, The Netherlands, ⁴⁶Department of Pathology and Laboratory Diagnostics, Maria Skłodowska-Curie National Research Institute of Oncology, Warsaw, Poland, ⁴⁷VIB Center for Cancer Biology, Leuven, Belgium, ⁴⁸Laboratory for Translational Genetics, Department of Human Genetics, University of Leuven, Leuven, Belgium, ⁴⁹Cancer Control Research, BC Cancer, Vancouver, BC, Canada, ⁵⁰Gynecology Service, Department of Surgery, Memorial Sloan Kettering Cancer Center, New York, NY, USA, ⁵¹Gynecologic Oncology, Laura and Isaac Pearlmuter Cancer Center, NYU Langone Medical Center, New York, NY, USA, ⁵²Division of Cancer Epidemiology and Prevention, Aichi Cancer Center Research Institute, Nagoya, Japan, ⁵³Division of Cancer Epidemiology, Nagoya University Graduate School of Medicine, Nagoya, Japan, ⁵⁴Division of Gynecologic Oncology, University Health Network, Princess Margaret Hospital, Toronto, Ontario, Canada, ⁵⁵Division of Cancer and Ovarian Cancer Action Research Centre, Department Surgery & Cancer, Imperial College London, London, UK, ⁵⁶Institute of Cancer Sciences, University of Glasgow, Glasgow, UK, ⁵⁷Institute of Clinical Trials & Methodology, University College London, London, UK, ⁵⁸Cancer Epidemiology Division, Cancer Council Victoria, Melbourne, Victoria, Australia, ⁵⁹Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Victoria, Australia, ⁶⁰Precision Medicine, School of Clinical Sciences at Monash Health, Monash University, Clayton, Victoria, Australia, ⁶¹Womens Cancer Research Center, Magee-Womens Research Institute and Hillman Cancer Center, Pittsburgh, PA, USA, ⁶²Division of Gynecologic Oncology, Department of Obstetrics, Gynecology and Reproductive Sciences, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA, ⁶³Department of Cancer Epidemiology, Moffitt Cancer Center, Tampa, FL, USA, ⁶⁴Department of Community and Family Medicine, Duke University Hospital, Durham, NC, USA, ⁶⁵Division of Cancer Prevention and Control, Roswell Park Cancer Institute, Buffalo, NY, USA, ⁶⁶Department of Obstetrics and Gynecology, Helsinki University Hospital, University of Helsinki, Helsinki, Finland, ⁶⁷Department of Cancer Epidemiology, Clinical Sciences, Lund University, Lund, Sweden, ⁶⁸Department of Preventive Medicine, Seoul National University College of Medicine, Seoul, Korea, ⁶⁹Convergence Graduate Program in Innovative Medical Science, Seoul National University College of Medicine, Seoul, South Korea, ⁷⁰Cancer Research Institute, Seoul National University, Seoul, Korea,

⁷¹Department of Epidemiology, University of Michigan School of Public Health, Ann Arbor, MI, USA, ⁷²Department of Preventive Medicine, Keck School of Medicine, University of Southern California Norris Comprehensive Cancer Center, Los Angeles, CA, USA, ⁷³Department of Obstetrics and Gynecology, Oregon Health & Science University, Portland, OR, USA, ⁷⁴Knight Cancer Institute, Oregon Health & Science University, Portland, OR, USA, ⁷⁵Department of Epidemiology and Biostatistics, Memorial Sloan-Kettering Cancer Center, New York, NY, USA, ⁷⁶School of Women's and Children's Health, Faculty of Medicine, University of NSW Sydney, Sydney, New South Wales, Australia, ⁷⁷Adult Cancer Program, Lowy Cancer Research Centre, University of NSW Sydney, Sydney, New South Wales, Australia, ⁷⁸Imperial College London, London, UK, ⁷⁹Chronic Disease Epidemiology, Yale School of Public Health, New Haven, CT, USA, ⁸⁰Nutrition and Metabolism Section, International Agency for Research on Cancer (IARC-WHO), Lyon, France, ⁸¹Epidemiology Branch, National Institute of Environmental Health Sciences, NIH, Research Triangle Park, NC, USA, ⁸²Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, GA, USA, ⁸³Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA, USA, ⁸⁴Department of Obstetrics and Gynaecology, Hebei Medical University, Fourth Hospital, Shijiazhuang, China, ⁸⁵Department of Gynaecological Oncology, Glasgow Royal Infirmary, Glasgow, UK, ⁸⁶Department of Population Health Science and Policy, Icahn School of Medicine at Mount Sinai, New York, NY, USA, ⁸⁷Department of Genetics and Genomic Sciences, Icahn School of Medicine at Mount Sinai, New York, NY, USA, ⁸⁸Epidemiology Center, College of Medicine, University of South Florida, Tampa, FL, USA, ⁸⁹Division of Genetics and Epidemiology, The Institute of Cancer Research, London, UK, ⁹⁰Division of Breast Cancer Research, The Institute of Cancer Research, London, UK, ⁹¹Breast Cancer Research Programme, Cancer Research Malaysia, Subang Jaya, Selangor, Malaysia, ⁹²Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia, ⁹³Division of Quantitative Sciences, Department of Obstetrics and Gynecology, Department of Biomedical Sciences, Women's Health Research, Vanderbilt University Medical Center, Nashville, TN, USA, ⁹⁴Julius Center for Health Sciences and Primary Care, University Utrecht, UMC Utrecht, Utrecht, The Netherlands, ⁹⁵Population Health Department, QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia, ⁹⁶Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, MD, USA, ⁹⁷Fred Hutchinson Cancer Research Center, Seattle, WA, USA, 98109, ⁹⁸Department of Nutrition, Harvard TH Chan School of Public Health, Boston, MA, USA, ⁹⁹Channing Division of Network Medicine, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, MA, USA, ¹⁰⁰Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden, ¹⁰¹Department of Surgical Sciences, Uppsala University, Uppsala, Sweden, ¹⁰²Department of Obstetrics and Gynaecology, University of Malaya Medical Centre, University of Malaya, Kuala Lumpur, Malaysia, ¹⁰³Department of Molecular Biology, Hebei Medical University, Fourth Hospital, Shijiazhuang, China, ¹⁰⁴Molecular Diagnostics Laboratory, INRASTES, National Centre for Scientific Research Demokritos, Athens, Greece, ¹⁰⁵Division of Epidemiology, Department of Medicine, Vanderbilt Epidemiology Center, Vanderbilt-Ingram Cancer Center, Vanderbilt University School of Medicine, Nashville, TN, USA

Pancreatic Cancer Cohort Consortium and Pancreatic Cancer Case Control Consortium (PanScan GWAS and PANC4 GWAS) Members:

Demetrius Albanes¹, Gabriella Andreotti¹, Alan A. Arslan^{2,3,4}, Laura Beane-Freeman¹, Julie Buring^{5,6}, Peter Campbell⁷, Federico Canzian⁸, Neal D. Freedman¹, J. Michael Gaziano^{5,9,10}, Graham G. Giles^{11,12,13}, Edward Giovannucci¹⁴, Phyllis J. Goodman¹⁵, Christopher Haiman¹⁶, Eric J Jacobs¹⁷, Verena Katzke¹⁸, Manolis Kogevinas^{19,20,21,22}, Charles Kooperberg²³, Peter Kraft^{6,24}, Loic LeMarchand²⁵, Núria Malats²⁶, Roger L. Milne^{11,12,13}, Alpa V. Patel²⁷, Ulrike Peters²³, Elio Riboli²⁸, Howard D. Sesso^{5,6}, Xiao-Ou Shu²⁹, Malin Sund³⁰, Anne Tjønneland³¹, Rosario Tumino³², Kala Visvanathan³³, Jean Wactawski-Wende³⁴, Emily White^{23,35}, Anne Zeleniuch-Jacquotte^{3,36}, Wei Zheng²⁹, Stephen J. Chanock¹, Brian M. Wolpin¹⁴, Rachael Z. Stolzenberg-Solomon¹, Laufey T. Amundadottir³⁷, Alison P Klein³⁸, Rayjean J Hung³⁹, Erica J Childs³⁸, Paige M Bracci⁴⁰, Steven Gallinger³⁹, Rachel E Neale⁴¹, Mengmeng Du⁴², William R Bamlet⁴³, Paul Brennan⁴⁴, Kari G Rabe⁴³, Manal Hassan⁴⁵, Elizabeth A Holly⁴⁰, Michael Goggins³⁸, Robert C Kurtz⁴⁶, Stephen Van Den Eeden⁴⁷, Sandra Perdomo⁴⁴, Gloria M Petersen⁴³, Harvey A Risch⁴⁸, Donghui Li⁴⁵

Affiliations: ¹Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, Bethesda, MD, USA, ²Department of Obstetrics and Gynecology, New York University School of Medicine, New York, NY, USA, ³Department of Population Health, New York University School of Medicine, New York, NY, USA, ⁴Department of Environmental Medicine, New York University School of Medicine, New York, NY, USA, ⁵Division of Preventive Medicine, Brigham and Women's Hospital, Boston, MA, USA, ⁶Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, MA, USA, ⁷Department of Population Science, American Cancer Society, Atlanta, GA, USA, ⁸Genomic Epidemiology Group, German Cancer Research Center (DKFZ), Heidelberg, Germany, ⁹Division of Aging, Brigham and Women's Hospital, Boston, MA, USA, ¹⁰Boston VA Healthcare System, Boston, MA, USA, ¹¹Cancer Epidemiology Division, Cancer Council Victoria, Melbourne, VIC, Australia, ¹²Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Parkville, VIC, Australia, ¹³Precision Medicine, School of Clinical Sciences at Monash Health, Monash University, Melbourne, VIC, Australia, ¹⁴Department of Medical Oncology, Dana-Farber Cancer Institute, Boston, MA, USA, ¹⁵SWOG Statistical Center, Fred Hutchinson Cancer Research Center, Seattle, WA, USA, ¹⁶Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA, USA, ¹⁷Behavioral and Epidemiology Research Group, American Cancer Society, Atlanta, GA, USA, ¹⁸Division of Cancer Epidemiology, German Cancer Research Center (DKFZ), Heidelberg, Germany, ¹⁹ISGlobal, Centre for Research in Environmental Epidemiology (CREAL), Barcelona, Spain, ²⁰CIBER Epidemiología y Salud Pública (CIBERESP), Barcelona, Spain, ²¹Hospital del Mar Institute of Medical Research (IMIM), Universitat Autònoma de Barcelona, Barcelona, Spain, ²²Universitat Pompeu Fabra (UPF), Barcelona, Spain, ²³Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle, WA, USA, ²⁴Department of Biostatistics, Harvard School of Public Health, Boston, MA, USA, ²⁵Cancer Epidemiology Program, University of Hawaii Cancer Center, Honolulu, HI, USA, ²⁶Genetic and Molecular Epidemiology Group, Spanish National Cancer Research Center (CNIO), Madrid, Spain, ²⁷Epidemiology Research Program, American Cancer Society, Atlanta, GA, USA, ²⁸Department of Epidemiology and Biostatistics, School of Public Health, Imperial College London, London, UK, ²⁹Division of Epidemiology, Department of Medicine, Vanderbilt Epidemiology Center, Vanderbilt-Ingram Cancer Center, Vanderbilt University Medical Center, Nashville, TN, USA, ³⁰Department of Surgical and Perioperative Sciences, Umeå University, Umeå, Sweden, ³¹Danish Cancer Society Research Center, Copenhagen, Denmark, ³²Cancer Registry and Histopathology Department, Provincial Health Authority (ASP 7), Ragusa, Italy, ³³Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA, ³⁴Department of Epidemiology and Environmental Health, University at Buffalo, Buffalo, NY, USA, ³⁵Department of Epidemiology,

University of Washington, Seattle, WA, USA, ³⁶Perlmutter Cancer Center, New York University School of Medicine, New York, NY, USA, ³⁷Laboratory of Translational Genomics, Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, Bethesda, MD, USA, ³⁸Department of Oncology and Pathology, Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins School of Medicine, Baltimore, Maryland, USA, ³⁹Lunenfeld-Tanenbaum Research Institute, Sinai Health System and University of Toronto, Toronto, Ontario, Canada, ⁴⁰Department of Epidemiology and Biostatistics, University of California, San Francisco, San Francisco, California, USA, ⁴¹Department of Population Health, QIMR Berghofer Medical Research Institute, Brisbane, Australia, ⁴²Department of Epidemiology and Biostatistics, Memorial Sloan Kettering Cancer Center, New York, New York, USA, ⁴³Department of Health Sciences Research, Mayo Clinic College of Medicine, Rochester, Minnesota, USA, ⁴⁴International Agency for Research on Cancer, Lyon, France, ⁴⁵Department of Gastrointestinal Medical Oncology, University of Texas MD Anderson Cancer Center, Houston, Texas, USA, ⁴⁶Department of Gastroenterology, Hepatology, and Nutrition Service, Memorial Sloan Kettering Cancer Center, New York, New York, USA, ⁴⁷Division of Research, Kaiser Permanente Northern California, Oakland, CA, USA, ⁴⁸Department of Chronic Disease Epidemiology, Yale School of Public Health, New Haven, Connecticut, USA.

PRACTICAL consortium, CRUK, BPC3, CAPS and PEGASUS Members

Rosalind A. Eeles^{1,2}, Christopher A. Haiman³, Zsofia Kote-Jarai¹, Fredrick R. Schumacher^{4,5}, Sara Benlloch^{6,1}, Ali Amin Al Olama^{6,7}, Kenneth Muir^{8,9}, Sonja I. Berndt¹⁰, David V. Conti³, Fredrik Wiklund¹¹, Stephen Chanock¹⁰, Ying Wang¹², Catherine M. Tangen¹³, Jyotsna Batra^{14,15}, Judith A. Clements^{14,15}, APCB BioResource (Australian Prostate Cancer BioResource)^{14,15}, Henrik Grönberg¹¹, Nora Pashayan^{16,17}, Johanna Schleutker^{18,19}, Demetrius Albanes¹⁰, Stephanie Weinstein¹⁰, Alicja Wolk^{20,21}, Catharine M. L. West²², Lorelei A. Mucci²³, Géraldine Cancel-Tassin^{24,25}, Stella Koutros¹⁰, Karina Dalsgaard Sørensen^{26,27}, Eli Marie Grindedal²⁸, David E. Neal^{29,30,31}, Freddie C. Hamdy^{32,33}, Jenny L. Donovan³⁴, Ruth C. Travis³⁵, Robert J. Hamilton^{36,37}, Sue Ann Ingles³⁸, Barry S. Rosenstein^{39,40}, Yong-Jie Lu⁴¹, Graham G. Giles^{42,43,44}, Adam S. Kibel⁴⁵, Ana Vega^{46,47,48}, Manolis Kogevinas^{49,50,51,52}, Kathryn L. Penney⁵³, Jong Y. Park⁵⁴, Janet L. Stanford^{55,56}, Cezary Cybulski⁵⁷, Børge G. Nordestgaard^{58,59}, Sune F. Nielsen^{58,59}, Hermann Brenner^{60,61,62}, Christiane Maier⁶³, Jeri Kim⁶⁴, Esther M. John⁶⁵, Manuel R. Teixeira^{66,67,68}, Susan L. Neuhausen⁶⁹, Kim De Ruyck⁷⁰, Azad Razack⁷¹, Lisa F. Newcomb^{55,72}, Davor Lessel⁷³, Radka Kaneva⁷⁴, Nawaid Usmani^{75,76}, Frank Claessens⁷⁷, Paul A. Townsend^{78,79}, Manuela Gago-Dominguez^{80,81}, Monique J. Roobol⁸², Florence Menegaux⁸³, Kay-Tee Khaw⁸⁴, Lisa Cannon-Albright^{85,86}, Hardev Pandha⁷⁹, Stephen N. Thibodeau⁸⁷, David J. Hunter⁸⁸, Peter Kraft⁸⁹, William J. Blot^{90,91}, Elio Riboli⁹²

Affiliations: ¹The Institute of Cancer Research, London, SM2 5NG, UK, ²Royal Marsden NHS Foundation Trust, London, SW3 6JJ, UK, ³Center for Genetic Epidemiology, Department of Preventive Medicine, Keck School of Medicine, University of Southern California/Norris Comprehensive Cancer Center, Los Angeles, CA 90015, USA, ⁴Department of Population and Quantitative Health Sciences, Case Western Reserve University, Cleveland, OH 44106-7219, USA, ⁵Seidman Cancer Center, University Hospitals, Cleveland, OH 44106, USA, ⁶Centre for Cancer Genetic Epidemiology, Department of Public Health and Primary Care, University of Cambridge, Strangeways Research Laboratory, Cambridge CB1 8RN, UK, ⁷University of Cambridge, Department of Clinical Neurosciences, Stroke Research Group, R3, Box 83, Cambridge Biomedical Campus, Cambridge CB2 0QQ, UK, ⁸Division of Population Health, Health Services Research and Primary Care, University of Manchester, Oxford Road, Manchester, M13 9PL, UK, ⁹Warwick Medical School, University of Warwick, Coventry, CV4 7AL, UK, ¹⁰Division of Cancer Epidemiology and Genetics, National Cancer Institute, NIH, Bethesda, Maryland, 20892, USA, ¹¹Department of Medical Epidemiology and Biostatistics, Karolinska Institute, SE-171 77 Stockholm, Sweden, ¹²Department of Population Science, American Cancer Society, 250 Williams Street, Atlanta, GA 30303, USA, ¹³SWOG Statistical Center, Fred Hutchinson Cancer Research Center, Seattle, WA 98109, USA, ¹⁴Australian Prostate Cancer Research Centre-Qld, Institute of Health and Biomedical Innovation and School of Biomedical Sciences, Queensland University of Technology, Brisbane QLD 4059, Australia, ¹⁵Translational Research Institute, Brisbane, Queensland 4102, Australia, ¹⁶Department of Applied Health Research, University College London, London, WC1E 7HB, UK, ¹⁷Centre for Cancer Genetic Epidemiology, Department of Oncology, University of Cambridge, Strangeways Laboratory, Worts Causeway, Cambridge, CB1 8RN, UK, ¹⁸Institute of Biomedicine, University of Turku, Finland, ¹⁹Department of Medical Genetics, Genomics, Laboratory Division, Turku University Hospital, PO Box 52, 20521 Turku, Finland, ²⁰Unit of Cardiovascular and Nutritional Epidemiology, Institute of Environmental Medicine, Karolinska Institutet, SE-171 77 Stockholm, Sweden, ²¹Department of Surgical Sciences, Uppsala University, 75185 Uppsala, Sweden, ²²Division of Cancer Sciences, University of Manchester, Manchester Academic Health Science Centre, Radiotherapy Related Research, The Christie Hospital NHS Foundation Trust, Manchester, M13 9PL UK, ²³Department of Epidemiology, Harvard T. H. Chan School of Public Health, Boston, MA 02115, USA, ²⁴CeRePP, Tenon Hospital, F-75020 Paris, France, ²⁵Sorbonne Université, GRC n°5, AP-HP, Tenon Hospital, 4 rue de la Chine, F-75020 Paris, France, ²⁶Department of Molecular Medicine, Aarhus University Hospital, Palle Juul-Jensen Boulevard 99, 8200 Aarhus N,

Denmark, ²⁷ Department of Clinical Medicine, Aarhus University, DK-8200 Aarhus N, Denmark ²⁸ Department of Medical Genetics, Oslo University Hospital, 0424 Oslo, Norway, ²⁹ Nuffield Department of Surgical Sciences, University of Oxford, Room 6603, Level 6, John Radcliffe Hospital, Headley Way, Headington, Oxford, OX3 9DU, UK, ³⁰ University of Cambridge, Department of Oncology, Box 279, Addenbrooke's Hospital, Hills Road, Cambridge CB2 0QQ, UK, ³¹ Cancer Research UK, Cambridge Research Institute, Li Ka Shing Centre, Cambridge, CB2 0RE, UK, ³² Nuffield Department of Surgical Sciences, University of Oxford, Oxford, OX1 2JD, UK, ³³ Faculty of Medical Science, University of Oxford, John Radcliffe Hospital, Oxford, UK, ³⁴ Population Health Sciences, Bristol Medical School, University of Bristol, BS8 2PS, UK, ³⁵ Cancer Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Oxford, OX3 7LF, UK, ³⁶ Dept. of Surgical Oncology, Princess Margaret Cancer Centre, Toronto ON M5G 2M9, Canada, ³⁷ Dept. of Surgery (Urology), University of Toronto, Canada, ³⁸ Department of Preventive Medicine, Keck School of Medicine, University of Southern California/Norris Comprehensive Cancer Center, Los Angeles, CA 90015, USA, ³⁹ Department of Radiation Oncology and Department of Genetics and Genomic Sciences, Box 1236, Icahn School of Medicine at Mount Sinai, One Gustave L. Levy Place, New York, NY 10029, USA, ⁴⁰ Department of Genetics and Genomic Sciences, Icahn School of Medicine at Mount Sinai, New York, NY 10029-5674, USA, ⁴¹ Centre for Cancer Biomarker and Biotherapeutics, Barts Cancer Institute, Queen Mary University of London, John Vane Science Centre, Charterhouse Square, London, EC1M 6BQ, UK, ⁴² Cancer Epidemiology Division, Cancer Council Victoria, 615 St Kilda Road, Melbourne, VIC 3004, Australia, ⁴³ Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Grattan Street, Parkville, VIC 3010, Australia, ⁴⁴ Precision Medicine, School of Clinical Sciences at Monash Health, Monash University, Clayton, Victoria 3168, Australia, ⁴⁵ Division of Urologic Surgery, Brigham and Womens Hospital, 75 Francis Street, Boston, MA 02115, USA, ⁴⁶ Fundación Pública Galega Medicina Xenómica, Santiago de Compostela, 15706, Spain, ⁴⁷ Instituto de Investigación Sanitaria de Santiago de Compostela, Santiago De Compostela, 15706, Spain, ⁴⁸ Centro de Investigación en Red de Enfermedades Raras (CIBERER), Spain, ⁴⁹ ISGlobal, Barcelona, Spain, ⁵⁰ IMIM (Hospital del Mar Medical Research Institute), Barcelona, Spain, ⁵¹ Universitat Pompeu Fabra (UPF), Barcelona, Spain, ⁵² CIBER Epidemiología y Salud Pública (CIBERESP), 28029 Madrid, Spain, ⁵³ Channing Division of Network Medicine, Department of Medicine, Brigham and Women's Hospital/Harvard Medical School, Boston, MA 02115, USA, ⁵⁴ Department of Cancer Epidemiology, Moffitt Cancer Center, 12902 Magnolia Drive, Tampa, FL 33612, USA, ⁵⁵ Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle, Washington, 98109-1024, USA, ⁵⁶ Department of Epidemiology, School of Public Health, University of Washington, Seattle, Washington 98195, USA, ⁵⁷ International Hereditary Cancer Center, Department of Genetics and Pathology, Pomeranian Medical University, 70-115 Szczecin, Poland, ⁵⁸ Faculty of Health and Medical Sciences, University of Copenhagen, 2200 Copenhagen, Denmark, ⁵⁹ Department of Clinical Biochemistry, Herlev and Gentofte Hospital, Copenhagen University Hospital, Herlev, 2200 Copenhagen, Denmark, ⁶⁰ Division of Clinical Epidemiology and Aging Research, German Cancer Research Center (DKFZ), D-69120, Heidelberg, Germany, ⁶¹ German Cancer Consortium (DKTK), German Cancer Research Center (DKFZ), D-69120 Heidelberg, Germany, ⁶² Division of Preventive Oncology, German Cancer Research Center (DKFZ) and National Center for Tumor Diseases (NCT), Im Neuenheimer Feld 460, 69120 Heidelberg, Germany, ⁶³ Humangenetik Tuebingen, Paul-Ehrlich-Str 23, D-72076 Tuebingen, Germany, ⁶⁴ The University of Texas M. D. Anderson Cancer Center, Department of Genitourinary Medical Oncology, 1515 Holcombe Blvd., Houston, TX 77030, USA, ⁶⁵ Departments of Epidemiology & Population Health and of Medicine, Division of Oncology, Stanford Cancer Institute, Stanford University School of Medicine, Stanford, CA 94304 USA, ⁶⁶ Department of Genetics, Portuguese Oncology Institute of Porto (IPO-Porto), 4200-072 Porto, Portugal, ⁶⁷ Biomedical Sciences Institute (ICBAS), University of Porto, 4050-313 Porto, Portugal, ⁶⁸ Cancer Genetics Group, IPO-Porto Research

Center (CI-IPOP), Portuguese Oncology Institute of Porto (IPO-Porto), 4200-072 Porto, Portugal, ⁶⁹ Department of Population Sciences, Beckman Research Institute of the City of Hope, 1500 East Duarte Road, Duarte, CA 91010, 626-256-HOPE (4673), ⁷⁰ Ghent University, Faculty of Medicine and Health Sciences, Basic Medical Sciences, Proeftuinstraat 86, B-9000 Gent, Belgium, ⁷¹ Department of Surgery, Faculty of Medicine, University of Malaya, 50603 Kuala Lumpur, Malaysia, ⁷² Department of Urology, University of Washington, 1959 NE Pacific Street, Box 356510, Seattle, WA 98195, USA, ⁷³ Institute of Human Genetics, University Medical Center Hamburg-Eppendorf, D-20246 Hamburg, Germany, ⁷⁴ Molecular Medicine Center, Department of Medical Chemistry and Biochemistry, Medical University of Sofia, Sofia, 2 Zdrave Str., 1431 Sofia, Bulgaria, ⁷⁵ Department of Oncology, Cross Cancer Institute, University of Alberta, 11560 University Avenue, Edmonton, Alberta, Canada T6G 1Z2, ⁷⁶ Division of Radiation Oncology, Cross Cancer Institute, 11560 University Avenue, Edmonton, Alberta, Canada T6G 1Z2, ⁷⁷ Molecular Endocrinology Laboratory, Department of Cellular and Molecular Medicine, KU Leuven, BE-3000, Belgium, ⁷⁸ Division of Cancer Sciences, Manchester Cancer Research Centre, Faculty of Biology, Medicine and Health, Manchester Academic Health Science Centre, NIHR Manchester Biomedical Research Centre, Health Innovation Manchester, University of Manchester, M13 9WL, ⁷⁹ The University of Surrey, Guildford, Surrey, GU2 7XH, UK, ⁸⁰ Genomic Medicine Group, Galician Foundation of Genomic Medicine, Instituto de Investigacion Sanitaria de Santiago de Compostela (IDIS), Complejo Hospitalario Universitario de Santiago, Servicio Galego de Saúde, SERGAS, 15706, Santiago de Compostela, Spain, ⁸¹ University of California San Diego, Moores Cancer Center, Department of Family Medicine and Public Health, University of California San Diego, La Jolla, CA 92093-0012, USA, ⁸² Department of Urology, Erasmus University Medical Center, 3015 CE Rotterdam, The Netherlands, ⁸³ "Exposome and Heredity", CESP (UMR 1018), Faculté de Médecine, Université Paris-Saclay, Inserm, Gustave Roussy, Villejuif, ⁸⁴ Clinical Gerontology Unit, University of Cambridge, Cambridge, CB2 2QQ, UK, ⁸⁵ Division of Epidemiology, Department of Internal Medicine, University of Utah School of Medicine, Salt Lake City, Utah 84132, USA, ⁸⁶ George E. Wahlen Department of Veterans Affairs Medical Center, Salt Lake City, Utah 84148, USA, ⁸⁷ Department of Laboratory Medicine and Pathology, Mayo Clinic, Rochester, MN 55905, USA, ⁸⁸ Nuffield Department of Population Health, University of Oxford, United Kingdom, ⁸⁹ Program in Genetic Epidemiology and Statistical Genetics, Department of Epidemiology, Harvard School of Public Health, Boston, MA, USA, ⁹⁰ Division of Epidemiology, Department of Medicine, Vanderbilt University Medical Center, 2525 West End Avenue, Suite 800, Nashville, TN 37232 USA, ⁹¹ International Epidemiology Institute, Rockville, MD 20850, USA, ⁹² Department of Epidemiology and Biostatistics, School of Public Health, Imperial College London, SW7 2AZ, UK

Renal Cancer GWAS Consortium Members

Ghislaine Scelo¹, Mark P Purdue², Kevin M Brown², Mattias Johansson¹, Zhaoming Wang³, Jeanette E Eckel-Passow⁴, Yuanqing Ye⁵, Jonathan N Hofmann², Jiyeon Choi², Matthieu Foll¹, Valerie Gaborieau¹, Mitchell J Machiela², Leandro M Colli², Peng Li¹, Joshua N Sampson², Behnoush Abedi-Ardekani¹, Celine Besse⁶, Helene Blanche⁷, Anne Boland⁶, Laurie Burdette², Amelie Chabrier¹, Geoffroy Durand¹, Florence Le Calvez-Kelm¹, Egor Prokhortchouk^{8,9}, Nivonirina Robinot¹, Konstantin G Skryabin^{8,9}, Magdalena B Wozniak¹, Meredith Yeager², Gordana Basta-Jovanovic¹⁰, Zoran Dzamic¹¹, Lenka Foretova¹², Ivana Holcatova¹³, Vladimir Janout¹⁴, Dana Mates¹⁵, Anush Mukeriyar¹⁶, Stefan Rascu¹⁷, David Zaridze¹⁶, Vladimir Bencko¹⁸, Cezary Cybulski¹⁹, Eleonora Fabianova²⁰, Viorel Jinga¹⁷, Jolanta Lissowska²¹, Jan Lubinski¹⁹, Marie Navratilova¹², Peter Rudnai²², Neonila Szeszenia-Dabrowska²³, Simone Benhamou²⁴, Geraldine Cancel-Tassin^{26,27}, Olivier Cussenot^{26,27}, Laura Baglietto²⁸, Heiner Boeing²⁹, Kay-Tee Khaw³⁰, Elisabete Weiderpass^{31,32,33,34}, Borje Ljungberg³⁵, Raviprakash T Sitaram³⁵, Fiona Bruinsma³⁶, Susan J Jordan^{37,38}, Gianluca Severi^{28,36,39,40}, Ingrid Winship^{41,42}, Kristian Hveem⁴³, Lars J Vatten⁴⁴, Tony Fletcher⁴⁵, Kvetoslava Koppova²⁰, Susanna C Larsson⁴⁶, Alicja Wolk⁴⁶, Rosamonde E Banks⁴⁷, Peter J Selby⁴⁷, Douglas F Easton^{30,48}, Paul Pharoah^{30,48}, Gabriella Andreotti², Laura E Beane Freeman², Stella Koutros², Demetrius Albanes², Satu Männistö⁴⁹, Stephanie Weinstein², Peter E Clark⁵⁰, Todd L Edwards⁵¹, Loren Lipworth⁵², Susan M Gapstur⁵³, Victoria L Stevens⁵³, Hallie Carol⁵⁴, Matthew L Freedman⁵⁴, Mark M Pomerantz⁵⁴, Eunyoung Cho⁵⁵, Peter Kraft⁵⁶, Mark A Preston⁵⁷, Kathryn M Wilson⁵⁶, J Michael Gaziano⁵⁷, Howard D Sesso^{56,57}, Amanda Black², Neal D Freedman², Wen-Yi Huang², John G Anema⁵⁸, Richard J Kahnoski⁵⁸, Brian R Lane^{58,59}, Sabrina L Noyes⁶⁰, David Petillo⁶⁰, Bin Tean Teh⁶⁰, Ulrike Peters⁶¹, Emily White⁶¹, Garnet L Anderson⁶¹, Lisa Johnson⁶¹, Juhua Luo⁶², Julie Buring^{56,57}, I-Min Lee^{56,57}, Wong-Ho Chow⁵, Lee E Moore², Christopher Wood⁶³, Timothy Eisen⁶⁴, Marc Henrion⁶⁵, James Larkin⁶⁶, Poulami Barman⁴, Bradley C Leibovich⁶⁷, Toni K Choueiri⁵⁴, G Mark Lathrop⁶⁸, Nathaniel Rothman², Jean-Francois Deleuze^{6,7}, James D McKay¹, Alexander S Parker⁶⁹, Xifeng Wu⁵, Richard S Houlston^{70,71}, Paul Brennan¹, Stephen J Chanock²

Affiliations: ¹International Agency for Research on Cancer (IARC), 69008 Lyon, France, ²Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, Department Health and Human Services, Bethesda, Maryland 20892, USA, ³Department of Computational Biology, StJude Children's Research Hospital, Memphis, Tennessee 38105, USA, ⁴Department of Health Sciences Research, Mayo Clinic, Rochester, Minnesota 55905, USA, ⁵Department of Epidemiology, Division of Cancer Prevention and Population Sciences, The University of Texas MD Anderson Cancer Center, Houston, Texas 77230, USA, ⁶Centre National de Genotypage, Institut de Genomique, Commissariat à l'Energie Atomique et aux Energies Alternatives, 91057 Evry, France, ⁷Fondation Jean Dausset-Centre d'Etude du Polymorphisme Humain, 75010 Paris, France, ⁸Center 'Bioengineering' of the Russian Academy of Sciences, Moscow 117312, Russian Federation, ⁹Kurchatov Scientific Center, Moscow 123182, Russian Federation, ¹⁰Institute of Pathology, School of Medicine, University of Belgrade, 11000 Belgrade, Serbia, ¹¹Clinical Center of Serbia (KCS), Clinic of Urology, University of Belgrade - Faculty of Medicine, 11000 Belgrade, Serbia, ¹²Department of Cancer Epidemiology and Genetics, Masaryk Memorial Cancer Institute, 656 53 Brno, Czech Republic, ¹³2nd Faculty of Medicine, Institute of Public Health and Preventive Medicine, Charles University, 150 06 Prague 5, Czech Republic, ¹⁴Department of Preventive Medicine, Faculty of Medicine, Palacky University, 775 15 Olomouc, Czech Republic, ¹⁵National Institute of Public Health, 050463 Bucharest, Romania, ¹⁶Russian N.NBlokhin Cancer Research Centre, Moscow 115478, Russian Federation, ¹⁷Carol Davila University of Medicine and Pharmacy, ThBurghel Hospital, 050659 Bucharest, Romania, ¹⁸First Faculty of Medicine, Institute of Hygiene and Epidemiology, Charles University, 128 00 Prague 2, Czech Republic, ¹⁹International Hereditary Cancer

Center, Department of Genetics and Pathology, Pomeranian Medical University, 70-204 Szczecin, Poland, ²⁰Regional Authority of Public Health in Banska Bystrica, 975 56 Banska Bystrica, Slovakia, ²¹The M Sklodowska-Curie Cancer Center and Institute of Oncology, 02-034 Warsaw, Poland, ²²National Public Health Center, National Directorate of Environmental Health, 1097 Budapest, Hungary, ²³Department of Epidemiology, Institute of Occupational Medicine, 91-348 Lodz, Poland, ²⁴Université Paris Diderot, INSERM, Unité Variabilité Génétique et Maladies Humaines, 75010 Paris, France, ²⁶CeRePP, Tenon Hospital, 75020 Paris, France, ²⁷UPMC Univ Paris 06 GRC n°5, 75013 Paris, France, ²⁸Centre de Recherche en Épidémiologie et Santé des Populations (CESP, Inserm U1018), Université Paris-Saclay, UPS, UVSQ, Gustave Roussy, 94805 Villejuif, France, ²⁹Department of Epidemiology, German Institute of Human Nutrition (Dife) Potsdam-Rehbrücke, 14558 Nuthetal, Germany, ³⁰Department of Public Health and Primary Care, University of Cambridge, Cambridge CB2 0QQ, UK, ³¹Department of Community Medicine, Faculty of Health Sciences, University of Tromsø, The Arctic University of Norway, 9037 Tromsø, Norway., ³²Department of Research, Cancer Registry of Norway, Institute of Population-Based Cancer Research, 0304 Oslo, Norway., ³³Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, 171 77 Stockholm, Sweden, ³⁴Genetic Epidemiology Group, Folkhälsan Research Center, 00250 Helsinki, Finland, ³⁵Department of Surgical and Perioperative Sciences, Urology and Andrology, Umeå University, 901 85 Umeå, Sweden, ³⁶Cancer Epidemiology Centre, Cancer Council Victoria, Melbourne, Victoria, 3004, Australia, ³⁷QIMR Berghofer Medical Research Institute, Herston, Queensland, 4006, Australia, ³⁸School of Public Health, The University of Queensland, Brisbane, Queensland, 4072, Australia, ³⁹Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Carlton, Victoria, 3053, Australia, ⁴⁰Human Genetics Foundation (HuGeF), 10126 Torino, Italy, ⁴¹Department of Medicine, The University of Melbourne, Melbourne, Victoria, 3010, Australia, ⁴²Genetic Medicine and Family Cancer Clinic, Royal Melbourne Hospital, Parkville, Victoria, 3050, Australia, ⁴³HUNT Research Centre, Department of Public Health and General Practice, Norwegian University of Science and Technology, Levanger, 7600, Norway, ⁴⁴Department of Public Health and General Practice, Faculty of Medicine, Norwegian University of Science and Technology, Trondheim, 7491, Norway, ⁴⁵London School of Hygiene and Tropical Medicine, University of London, London WC1H 9SH, UK, ⁴⁶Institute of Environmental Medicine, Karolinska Institutet, 171 77 Stockholm, Sweden, ⁴⁷Leeds Institute of Cancer and Pathology, University of Leeds, Cancer Research Building, St James's University Hospital, Leeds LS9 7TF, UK, ⁴⁸Department of Oncology, University of Cambridge, Cambridge CB1 8RN, UK, ⁴⁹Department of Health, National Institute for Health and Welfare, 00271 Helsinki, Finland, ⁵⁰Vanderbilt-Ingram Cancer Center, Department of Urology, Vanderbilt University Medical Center, Nashville, Tennessee 37232, USA, ⁵¹Vanderbilt-Ingram Cancer Center, Division of Epidemiology, Department of Medicine, Institute for Medicine and Public Health, Vanderbilt Genetics Institute, Vanderbilt University Medical Center, Nashville, Tennessee 37209, USA, ⁵²Vanderbilt-Ingram Cancer Center, Division of Epidemiology, Department of Medicine, Institute for Medicine and Public Health, Vanderbilt University Medical Center, Nashville, Tennessee 37203, USA, ⁵³American Cancer Society, Atlanta, Georgia 30303, USA, ⁵⁴Dana-Farber Cancer Institute, Boston, Massachusetts 02215, USA, ⁵⁵Warren Alpert Medical School of Brown University, Providence, Rhode Island 02903, USA, ⁵⁶Harvard T.H.Chan School of Public Health, Boston, Massachusetts 02115, USA, ⁵⁷Brigham and Women's Hospital and VA Boston, Boston, Massachusetts 02115, USA, ⁵⁸Division of Urology, Spectrum Health, Grand Rapids, Michigan 49503, USA, ⁵⁹College of Human Medicine, Michigan State University, Grand Rapids, Michigan 49503, USA, ⁶⁰Van Andel Research Institute, Center for Cancer Genomics and Quantitative Biology, Grand Rapids, Michigan 49503, USA, ⁶¹Cancer Prevention Program, Fred Hutchinson Cancer Research Center, Seattle, Washington 98109, USA, ⁶²Department of Epidemiology and Biostatistics, School of Public Health Indiana University Bloomington, Bloomington, Indiana 47405, USA, ⁶³Department of Urology, The University of Texas M. D. Anderson Cancer Center,

Houston, TX 77030, USA, ⁶⁴Department of Oncology, Cambridge University Hospitals NHS Foundation Trust, Cambridge CB2 0QQ, UK, ⁶⁵Department of Genetics and Genomic Sciences, Icahn School of Medicine at Mount Sinai, New York, New York 10029, USA, ⁶⁶Medical Oncology, Royal Marsden NHS Foundation Trust, London SW3 6JJ, UK, ⁶⁷Department of Urology, Mayo Medical School and Mayo Clinic, Rochester, Minnesota 55902, USA, ⁶⁸McGill University and Genome Quebec Innovation Centre, Montreal, Quebec H3A 0G1, Canada, ⁶⁹Department of Health Sciences Research, Mayo Clinic, Jacksonville, Florida 32224, USA, ⁷⁰Division of Genetics and Epidemiology, The Institute of Cancer Research, London SW7 3RP, UK, ⁷¹Division of Molecular Pathology, The Institute of Cancer Research, London SW7 3RP, UK