Supplement figure 1: Flowchart for this MR analysis



BMI: body mass index; CIMT: carotid intima media thickness; CRP: C reactive protein; MVPA: moderate-to-vigorous physical activity; Strenuous sports: Strenuous sports or other exercises:  $\geq$  2-3 vs. 0 days/week; SBP: systolic blood pressure; DBP: diastolic blood pressure; PP: pulse pressure; HDL-C: high-density lipoprotein cholesterol; LDL-C: low-density lipoprotein cholesterol; TC: total cholesterol; TG: triglyceride; T2DM: type 2 diabetes mellitus; HbA1c: hemoglobin A1c; WHR: waist hip ratio; TMAO: trimethylamine-n-oxide; SLE: systemic lupus erythematosus; eGFR: estimated glomerular filtration rate; IL: interleukin; GWAS: genome wide association study; MR: Mendelian randomization.



Supplement figure 2: Scatter plot of influence of smoking initiation on intracranial aneurysms.

SNP: single nucleotide polymorphism; IA: intracranial aneurysm





SNP: single nucleotide polymorphism; IA: intracranial aneurysm



Supplement figure 4: Scatter plot of influence of SBP on intracranial aneurysms.

SNP: single nucleotide polymorphism; SBP: systolic blood pressure; IA: intracranial aneurysm



Supplement figure 5: Scatter plot of influence of hypertension on intracranial aneurysms.

SNP: single nucleotide polymorphism; IA: intracranial aneurysm

Supplement figure 6: Scatter plot of influence of T2DM on intracranial aneurysms.



SNP: single nucleotide polymorphism; T2DM: type 2 diabetes mellitus; IA: intracranial aneurysm

Supplement figure 7: Scatter plot of influence of body fat percentage on intracranial aneurysms.



SNP: single nucleotide polymorphism; IA: intracranial aneurysm



Supplement figure 8: Scatter plot of influence of vigorous physical activity on intracranial aneurysms.

SNP: single nucleotide polymorphism; PA: physical activity; IA: intracranial aneurysm





SNP: single nucleotide polymorphism; IA: intracranial aneurysm



Supplement figure 10: Scatter plot of influence of fasting glucose on intracranial aneurysms.

SNP: single nucleotide polymorphism; IA: intracranial aneurysm





SNP: single nucleotide polymorphism; HbA1c: hemoglobin A1c; IA: intracranial aneurysm



Supplement figure 12: Scatter plot of influence of betaine on intracranial aneurysms.

SNP: single nucleotide polymorphism; IA: intracranial aneurysm





SNP: single nucleotide polymorphism; IA: intracranial aneurysm

## Supplemental methods

Study	Mark K Bakker, et. al.,2020
Study design	Meta-analysis of cohort studies
n	10754 cases, 306882 controls
Female	55%
Populations	European and East Asian ancestries
Cohorts	@neurIST, ARIC, Busselton, Utrecht 1, Netherlands (EGA), Utrecht 2,
included	Doetinchem Cohort Study, Project MinE, French Canadian, Finland (EGA),
	Finland, NFBC1966, ICAN, PREGO, GAIN, FIA, nonGAIN, Poland, NBS, UK
	Biobank, GOSH controls GOSH cases, NBS+1958BBC, the BioBank Japan
	(BBJ), the China Kadoorie Biobank (CKB).
Data	Both ruptured (thus with aSAH) and unruptured intracranial aneurysms
collection	confirmed using imaging are included.
Phenotype	Patients with conditions known to predispose to intracranial aneurysms,
exclusions	including autosomal dominant polycystic kidney disease, Ehlers–Danlos
	disease and Marfan's syndrome, were excluded.
Control	All controls were unselected controls. Controls were matched by
selection	genotyping platform and country at the cohort level.
Genotyping	Illumina 550, Illumina 660, Affymetrix 6.0, Illumina CNV370-duo, Illumina
arrays	GSA, IIIIumina 2.5M, IIIumina NeuroX, Affymetrix PMRA, Affymetrix Axiom,
	UK Biobank Axiom Array
SNP scaffold	• Excluded SNPs with >10% missing data as an early outlier removal.
quality	• Removed samples with >15% missing data as an early outlier removal.
control	Included only autosomal SNPs.
	• Excluded high LD regions LCT (chr2:129883539-140283530), MHC
	(chr6:24092021-38892022), chr8 inversion (chr8:6612592-13455629) and
	chr17 inversion (chr17:40546474-44644684).
	• Excluded SNPs with >1% missing data.
	Removed samples with >2% missing data.
	• Excluded SNPs with minor allele count < 10.
	• Excluded heterozygosity outliers, by calculating F-statistic using plink
	het and selecting upper and lower threshold by visual inspection.
	<ul> <li>Removed duplicate samples as defined by pi(hat) &gt; 0.80, calculated using</li> </ul>
	plinkgenome.
	Excluded SINPs with haplotype-blased missingness P-value < 1:10-5
	, 1-10-10, or 1-10-15, depending on the samples size. This was calculated
	traguanay > 0.02
	Evaluation outliers by calculating principal comparents (PCc)
	• Excluded populations outliers by calculating principal components (PCs)
	projected on the hapiviapo dataset. Wean coordinate of all European
	with a set number of SDs away from the European center in any of the first

Summarized data of GWAS study of intracranial aneurysms.

4 PCs were removed. The number of SDs was defined by visual inspection,
and ranged from 4 to 12 per cohort.
• Excluded cohort outliers by calculating PCs within the cohort. Samples
outside a set number of SD from the mean in any of the first 10 PCs were
excluded. The number of SD was defined by visual inspection.
• Excluded SNPs with a large minor allele frequency (MAF) difference
between any pair of cohorts. This was calculated as follows between each
pair of cohorts. Define the error of a SNP as the square of the difference
between allele frequencies of the two cohorts. Calculate a normalized error
by dividing the error by the mean MAF for that SNP. Do this for every SNP
in common between the two cohorts, and calculate the mean and SD of
the normalized error terms for all SNPs. SNPs with a normalized error more
than 10 SDs away from the mean are excluded, but only if the error is
greater than 0.0025.
• Ran the HRC checking tool v4.2 (HRC-1000G-check-bim-NoReadKey.pl)
[https://www.well.ox.ac.uk/~wrayner/tools/] to identify mismatched SNP
alleles or position compared to the haplotype reference consortium (HRC)
reference dataset.