

Supplementary Data

Common risk variants for epilepsy are enriched in families previously targeted for rare monogenic variant discovery

Karen L Oliver,* Colin A Ellis,* Ingrid E Scheffer, Shiva Ganesan, Costin Leu, Lynette G Sadleir, Erin L Heinzen, Heather C Mefford, Andrew J Bass, Sarah W Curtis, Rebekah V Harris, Epi4K Consortium, David C Whiteman, Ingo Helbig, Ruth Ottman, Michael P Epstein, Melanie Bahlo,# Samuel F Berkovic#

*contributed equally

#contributed equally

Table of Contents

<i>Epi4K Consortium collaborators</i>	2
<i>Supplementary Table 1. Summary of original samples by cohort origin and SNP array</i>	4
<i>Supplementary Table 2. Demographics of final study cohorts under comparison</i>	5
<i>Supplementary Table 3. Detailed phenotypes of epilepsy cases</i>	6
<i>Supplementary Table 4. Deciles of polygenic risk</i>	7
<i>Supplementary Table 5. Varying model thresholds</i>	8
<i>Supplementary Table 6. Negative control, Asthma PRS</i>	9
<i>Supplementary Table 7. PRS Models stratified by epilepsy phenotype</i>	10
<i>Supplementary Table 8. Epilepsy types among rare variant carriers, familial cases</i>	11
<i>Supplementary Table 9. PRS in cases carrying rare epilepsy variants</i>	12
<i>Supplementary Figure 1. SNP concordance across four Illumina array types</i>	13
<i>Supplementary Figure 2. Quality control and SNP imputation workflow</i>	14
<i>Supplementary Figure 3. Ancestry principal components plot for our Case:Control cohort against 1000 Genomes</i>	15
<i>Supplementary Figure 4. Reason for sample exclusions stratified by Case:Control status</i>	16
<i>Supplementary Figure 5. Distribution of affected individuals genotyped per family</i>	17
<i>Supplementary Figure 6. Epilepsy PRS in multiplex families</i>	18
<i>Supplementary Figure 7. PRS in sporadic cases carrying rare variants</i>	19

Epi4K Consortium collaborators

Name	Affiliation
Zaid Afawi	Sackler School of Medicine, Tel Aviv University, Ramat Aviv, Israel.
Brian K. Alldredge	Department of Clinical Pharmacy, UCSF School of Pharmacy, Department of Neurology, UCSF School of Medicine 94143 USA.
Dina Amrom	Departments of Neurology, Neurosurgery and Human Genetics, McGill University, Montreal, Quebec H3A 2B4 Canada.
Eva Andermann	Departments of Neurology, Neurosurgery and Human Genetics, McGill University, Montreal, Quebec H3A 2B4 Canada.
Jocelyn F. Bautista	Department of Neurology, Cleveland Clinic Lerner College of Medicine, Epilepsy Center of the Cleveland Clinic Neurological Institute, Cleveland, Ohio 44195 USA.
Susannah T. Bellows	Epilepsy Research Centre, Department of Medicine, University of Melbourne (Austin Health), Heidelberg, Victoria 3084, Australia.
Judith Bluvstein	New York University Langone Comprehensive Epilepsy Center, New York, NY, USA
Joshua S. Bridgers	Institute for Genomic Medicine, Columbia University Medical Center, New York, NY, USA.
Rosemary Burgess	Epilepsy Research Centre, Department of Medicine, University of Melbourne (Austin Health), Heidelberg, Victoria 3084, Australia.
Gregory D. Cascino	Division of Epilepsy, Mayo Clinic, Rochester, Minnesota 55905 USA.
Seo-Kyung Chung	Neurology and Molecular Neuroscience Research, Institute of Life Science, Swansea University Medical School, Swansea University, Swansea SA2 8PP, UK; Kids Neuroscience Centre, Kids Research, Children Hospital at Westmead, Sydney, NSW 2145, Australia; Brain and Mind Centre, Faculty of Medicine and Health, University of Sydney, NSW 2050, Australia.
Patrick Cossette	Centre of Excellence in Neuromics and CHUM Research Center, Université de Montréal, CHUM-Hôpital, Notre-Dame Montréal, Quebec H2L 4M1, Canada.
Francesca Darra	Unit of Child Neuropsychiatry, University of Verona, Italy.
Norman Delanty	Department of Neurology, Beaumont Hospital, and FutureNeuro Research Centre, Royal College of Surgeons in Ireland, Dublin 9, Ireland.
Orrin Devinsky	NYU Comprehensive Epilepsy Center, New York University, Department of Neurology, NYU School of Medicine, New York, New York 10016, USA.
Dennis Dlugos	Department of Neurology and Pediatrics, The Children's Hospital of Philadelphia, Perelman School of Medicine at the University of Pennsylvania, Philadelphia, Pennsylvania 19104, USA.
Jacqueline French	NYU Comprehensive Epilepsy Center, NYU Grossman School of Medicine, New York, New York 10016 USA.
Catharine Freyer	Department of Neurology, University of California, San Francisco, San Francisco, California 94143 USA.
Daniel Friedman	Department of Neurology, NYU School of Medicine, New York, New York, 10016 USA.
Hadassa Goldberg-Stern	Epilepsy Unit, Schneider Children's Medical Center of Israel, Petach Tikvah, Israel.
Micheline Gravel	Centre of Excellence in Neuromics and CHUM Research Center, Université de Montréal, Quebec, H2X 0A9, Canada.
Olivia J. Henry	Centre for Inherited Metabolic Diseases, Karolinska University Hospital, Stockholm, Sweden; Department of Molecular Medicine and Surgery, Karolinska Institutet, Stockholm, Sweden.
Katherine B. Howell	Department of Neurology, Royal Children's Hospital, Melbourne, Vic, Australia; Department of Paediatrics, University of Melbourne, Melbourne, Vic, Australia; Murdoch Children's Research Institute, Melbourne, Vic, Australia.
Heidi E. Kirsch	Department of Neurology, University of California, San Francisco, San Francisco, California 94143 USA.
Robert C. Knowlton	Department of Neurology, University of California, San Francisco, San Francisco, California 94143 USA.
Amos Korczyn	Sackler School of Medicine, Tel Aviv University, Ramat Aviv, Israel.

Eric Kossoff	Department of Neurology, Johns Hopkins Hospital, Baltimore, Maryland 21287 USA.
Richard J. Leventer	Department of Neurology Royal Children's Hospital, Murdoch Children's Research Institute and University of Melbourne Department of Pediatrics, Parkville, VIC, Australia.
Paul J. Lockhart	Bruce Lefroy Centre for Genetic Health Research, Murdoch Childrens Research Institute, Royal Children's Hospital, Parkville, Victoria, Australia; Department of Paediatrics, University of Melbourne, Parkville, Victoria, Australia.
Rebecca Loeb	G. H. Sergievsky Center, Columbia University, New York, NY 10032, USA.
Daniel H. Lowenstein	Department of Neurology, University of California, San Francisco, San Francisco, California 94143 USA.
Yi-Fan Lu	Biology Department, Westmont College, Santa Barbara, California, 93108, USA.
Anthony G. Marson	Department of Pharmacology and Therapeutics, University of Liverpool, Clinical Sciences Centre, Lower Lane, Liverpool L9 7LJ, UK.
Caroline Mebane	Institute for Genomic Medicine, Columbia University Medical Center, New York, NY, USA.
Paul V. Motika	Comprehensive Epilepsy Center, Oregon Health and Science University, Portland, OR 97239 USA.
Terence J. O'Brien	Department of Neuroscience, Central Clinical School, Alfred Health, Monash University, Melbourne, Victoria, AUSTRALIA.
Juliann M. Paolicchi	Department of Neurology and Pediatrics, Zucker Hofstra School of Medicine, SIUH and Lenox-Hill Hospital, New York, NY 10075, USA.
Jack M. Parent	Department of Neurology and Michigan Neuroscience Institute, Michigan Medicine, Ann Arbor, and Ann Arbor Veterans Administration Healthcare System, Ann Arbor, Michigan, USA.
Kristen L. Park	University of Colorado School of Medicine, Aurora CO 80045 USA.
Sarah J. Paterson	Department of Paediatrics and Child Health, University of Otago, Wellington, New Zealand.
Slave Petrovski	Epilepsy Research Centre, Department of Medicine, University of Melbourne (Austin Health), Heidelberg, Victoria 3084, Australia.
William O. Pickrell	Wales Epilepsy Research Network, Swansea University Medical School, Swansea University, Wales, UK; and Neurology Department, Morriston Hospital, Swansea Bay University Health Board, Wales, UK.
Mark I. Rees	Faculty of Medicine & Health, University of Sydney, Sydney, Australia; Faculty of Medicine and Life Science, Swansea University, Swansea, Wales, UK
Jerry J. Shih	Comprehensive Epilepsy Center, University of California San Diego, School of Medicine, La Jolla, CA, USA.
Rani K. Singh	Carolinas Health Care System, USA.
Michael C. Smith	Rush University Medical Center, Rush Epilepsy Center, Chicago, IL, USA.
Philip E. M. Smith	Department of Neurology, University Hospital of Wales, Heath Park, Cardiff, Wales, CF14 4XW, UK.
Michael R. Sperling	Jefferson Comprehensive Epilepsy Center, Department of Neurology, Sidney Kimmel Medical College at Thomas Jefferson University, USA.
Joseph Sullivan	Department of Neurology, University of California, San Francisco, San Francisco, California 94143 USA.
Rhys H. Thomas	Translational and Clinical Research Institute, Faculty of Medical Sciences, Newcastle University, UK.
Gretchen K. Von Allmen	Division of Child & Adolescent Neurology, Departments of Pediatrics, University of Texas Medical School, Houston, Texas 77030 USA.
Judith Weisenberg	Department of Neurology, Washington University School of Medicine, St. Louis, Missouri 63110 USA.
Peter Widdess-Walsh	Department of Neurology, Beaumont Hospital, Dublin, Ireland.
Melodie R. Winawer	G. H. Sergievsky Center, Columbia University, New York, NY 10032, USA; Department of Neurology, Columbia University, New York, NY 10032, USA.
Christopher J. Yuskaitis	Department of Neurology, Boston Children's Hospital Harvard Medical School, Boston, Massachusetts, 02115 USA.

Supplementary Table 1. Summary of original samples by cohort origin and SNP array.

Sample source	Illumina array	Number samples	Case / Control
Epi4K families	HC, HME, MEGA	1,784 (303 families)	Cases + unaffected relatives
University of Melbourne families	GSA	223 (36 families)	Cases + unaffected relatives
Epi4K singletons	HC	488	Cases
Tertiary hospital singletons (Australia, NZ, USA)	GSA	2,132	Cases
QSkin	GSA	17,233	Controls

Abbreviations: GSA, Global Screening Array; HC, HumanCore; HME, Human MultiEthnic; MEGA, MultiEthnic Global Array.

Supplementary Table 2. Demographics of final study cohorts under comparison.

Group	N	Sex, M:F	Age ^a , range (median)	Country of origin ^b
Familial Epilepsy Cases	1,818	45%:55%	0–101 years (31)	Australia, Ireland, Israel, New Zealand, USA, Wales
Sporadic Epilepsy Cases	1,182	50%:50%	0–82 years (29)	Australian, New Zealand, USA
Unaffected Relatives	771	44%:56%	18–97 years (55)	Australia, Ireland, Israel, New Zealand, USA, Wales
Controls	15,929	45%:55%	40–69 years (NA)	Australia

^aAge in years at study recruitment. Extreme age ranges reflect extensive recruitment of familial relatives (affected and unaffected).

^bBy this stage, samples had been restricted to those of European genetic ancestry (see Methods).

Supplementary Table 3. Detailed phenotypes of epilepsy cases.

Epilepsy Phenotype	N	Syndromes included
<i>Genetic Generalised Epilepsies (GGE) (n = 922)</i>		
Absence epilepsies	206	CAE, JAE
Juvenile myoclonic epilepsy	100	JME
Other GGE	78	GTCSA, late onset GGE
Unspecified GGE	538	
<i>Focal Epilepsies (n = 1,276)</i>		
Lesional focal epilepsies		
- MCD	201	FCD, PMG, PVNH
- Benign neoplasm	47	DNET, ganglioglioma
- Other lesional epilepsies	101	TBI, stroke, unspecified lesional
Non-lesional focal epilepsies		
- SLFEC	39	BECTS, childhood occipital epilepsies
- Temporal lobe epilepsy	237	
- Other localised	60	Frontal, parietal, occipital epilepsies
Unspecified focal epilepsies	591	
<i>Other Epilepsies (n = 802)</i>		
DEE		
- Infantile spasms	162	
- Lennox-Gastaut syndrome	138	
- Other DEE	174	Dravet, MAE, CSWS
Febrile seizures-plus	57	
Febrile seizures alone	127	
Combined generalised/focal epilepsy	35	
Unclassified epilepsy	109	

Abbreviations:

BECTS, benign epilepsy of childhood with centro-temporal spikes
CAE, childhood absence epilepsy
CSWS, continuous spike-and-wave during sleep
DEE, developmental and epileptic encephalopathies
DNET, dysembryoplastic neuroectodermal tumor
FCD, focal cortical dysplasia
GGE, genetic generalised epilepsy
GTCSA, generalised tonic-clonic seizures alone
JAE, juvenile absence epilepsy
JME, juvenile myoclonic epilepsy
MAE, myoclonic-atonic epilepsy
MCD, malformations of cortical development
MFSI, migrating focal seizures of infancy
PMG, polymicrogyria
PVNH, periventricular nodular heterotopia
SLFEC, self-limited focal epilepsies of childhood
TBI, traumatic brain injury

Supplementary Table 4. Deciles of polygenic risk.

Decile cut-points were determined from the PRS distribution of population controls, then applied to other study cohorts with the lowest decile of the particular study cohort used as a reference. Odds ratios were derived from mixed-effects logistic regression models, accounting for family relatedness, sex and principal components of ancestry as covariates.

a. Familial epilepsy cases

Decile	N cases	N controls	OR	95% CI
1	127	1,593	Ref.	n/a
2	155	1,593	1.22	0.95, 1.58
3	144	1,593	1.09	0.85, 1.42
4	150	1,593	1.13	0.88, 1.46
5	142	1,593	1.08	0.84, 1.40
6	182	1,593	1.44	1.13, 1.85
7	182	1,593	1.37	1.08, 1.76
8	199	1,593	1.44	1.13, 1.84
9	218	1,593	1.55	1.22, 1.97
10	319	1,593	2.06	1.65, 2.60
<i>Top 1%</i>	<i>63</i>	<i>160</i>	<i>3.80</i>	<i>1.92, 5.69</i>

b. Sporadic epilepsy cases

Decile	N cases	N controls	OR	95% CI
1	95	1,593	Ref.	n/a
2	112	1,593	1.14	0.85, 1.53
3	98	1,593	0.97	0.71, 1.31
4	98	1,593	0.97	0.72, 1.32
5	105	1,593	0.99	0.74, 1.34
6	137	1,593	1.35	1.02, 1.80
7	126	1,593	1.21	0.91, 1.62
8	125	1,593	1.10	0.82, 1.48
9	117	1,593	1.02	0.76, 1.37
10	169	1,593	1.41	1.07, 1.86
<i>Top 1%</i>	<i>23</i>	<i>160</i>	<i>1.80</i>	<i>1.03, 3.12</i>

c. Unaffected relatives of familial epilepsy cases

Decile	N relatives	N controls	OR	95% CI
1	58	1,593	Ref.	n/a
2	74	1,593	1.24	0.87, 1.78
3	80	1,593	1.38	0.96, 1.97
4	80	1,593	1.33	0.94, 1.91
5	78	1,593	1.31	0.93, 1.87
6	72	1,593	1.21	0.85, 1.74
7	65	1,593	1.14	0.79, 1.63
8	69	1,593	1.07	0.75, 1.55
9	84	1,593	1.30	0.92, 1.85
10	111	1,593	1.62	1.16, 2.27
<i>Top 1%</i>	<i>20</i>	<i>160</i>	<i>1.95</i>	<i>0.98, 3.91</i>

Supplementary Table 5. Varying model thresholds.

We repeated the primary analysis, comparing familial cases (n = 1,818) to population controls (n = 15,929) using a range of thresholds to determine which variants to include in the polygenic risk score model. P-values were adjusted for multiple comparisons (FDR < 0.05).

Threshold	SNPs included	OR (95% CI)	p_{adj}
<0.5	59,138	1.20 (1.13, 1.27)	5×10^{-9}
<0.1	23,722	1.20 (1.13, 1.27)	4×10^{-9}
<0.05	14,837	1.19 (1.12, 1.26)	1×10^{-8}
<0.01	5,189	1.17 (1.10, 1.24)	4×10^{-7}
$<1 \times 10^{-5}$	44	1.07 (1.02, 1.13)	0.03
$<1 \times 10^{-7}$	6	1.08 (1.02, 1.14)	0.02

Supplementary Table 6. Negative control, Asthma PRS.

Group	Asthma PRS, Mean (SD)	OR	95% CI	p-value
Controls	0.00 (1.00)	Ref.	n/a	n/a
Familial Epilepsy Cases	0.03 (0.99)	0.96	0.91, 1.01	0.14
Sporadic Epilepsy Cases	0.01 (1.00)	1.04	0.97, 1.10	0.23
Unaffected Relatives	0.02 (1.05)	0.97	0.89, 1.06	0.54

OR = Odds ratio of being in the specified case group, compared to being in the control group, for every one unit (standard deviation) increase in Asthma PRS, after adjusting for ancestry, sex, and family relatedness.

Supplementary Table 7. PRS Models stratified by epilepsy phenotype.

a. Epilepsy-PRS Model

Group	N	PRS mean (95% CI)	OR (95% CI) ^a	<i>p</i> _{adj}
Controls	15,929	0	Ref	n/a
GGE, Familial	678	0.42 (0.34, 0.50)	1.33 (1.22, 1.44)	7 x 10 ⁻¹⁰
GGE, Sporadic	244	0.33 (0.20, 0.46)	1.27 (1.12, 1.44)	9 x 10 ⁻⁴
Focal, Familial	601	0.17 (0.08, 0.26)	1.11 (1.02, 1.21)	0.03
Focal, Sporadic	675	0.10 (0.02, 0.18)	1.02 (0.95, 1.11)	0.63
Other, Familial	539	0.23 (0.14, 0.31)	1.15 (1.05, 1.26)	0.005
Other, Sporadic	263	0.14 (0.07, 0.22)	1.07 (0.95, 1.21)	0.36

b. GGE-PRS Model

Group	N	PRS mean (95% CI)	OR (95% CI) ^a	<i>p</i> _{adj}
Controls	15,929	0	Ref	n/a
GGE, Familial	678	0.60 (0.51, 0.70)	1.58 (1.45, 1.72)	6 x 10 ⁻²⁵
GGE, Sporadic	244	0.47 (0.34, 0.60)	1.46 (1.28, 1.65)	5 x 10 ⁻⁸
Focal, Familial	601	0.11 (0.02, 0.19)	1.05 (0.96, 1.14)	0.36
Focal, Sporadic	675	0.13 (0.05, 0.20)	1.04 (0.96, 1.12)	0.42
Other, Familial	539	0.27 (0.18, 0.36)	1.25 (1.14, 1.37)	4 x 10 ⁻⁶
Other, Sporadic	263	0.22 (0.11, 0.33)	1.12 (0.99, 1.27)	0.13

c. FE-PRS Model

Group	N	PRS mean (95% CI)	OR (95% CI) ^a	<i>p</i> _{adj}
Controls	15,929	0.00 (-0.02, 0.02)	Ref.	n/a
GGE, Familial	678	0.17 (0.09, 0.25)	1.05 (0.96, 1.14)	0.37
GGE, Sporadic	244	0.12 (-0.01, 0.26)	1.04 (0.91, 1.18)	0.66
Focal, Familial	601	0.15 (0.07, 0.23)	1.09 (1.00, 1.18)	0.11
Focal, Sporadic	675	0.09 (0.01, 0.17)	1.02 (0.94, 1.10)	0.76
Other, Familial	539	0.12 (0.03, 0.20)	1.04 (0.95, 1.14)	0.42
Other, Sporadic	263	0.05 (-0.08, 0.17)	0.99 (0.88, 1.12)	0.91

^aOdds ratios are for the comparison to population controls, adjusted for sex, five ancestry principal components, and genetic relatedness within families. P-values were adjusted for multiple comparisons (FDR < 0.05).

Supplementary Table 8. Epilepsy types among rare variant carriers, familial cases.

Epilepsy Type	RV positive	RV negative
GGE	20	658
Focal	31	570
Other		
- DEE	51	169
- Febrile seizures-plus	32	147
- Combined	0	32
- Unclassified	6	102
Total	140	1,678

Abbreviations: GGE, genetic generalised epilepsies; DEE, developmental and epileptic encephalopathy; RV, rare variant (pathogenic single nucleotide variant or recurrent epilepsy-associated microdeletion).

Supplementary Table 9. PRS in cases carrying rare epilepsy variants.

a. Familial cases

Polygenic risk scores in individuals with familial epilepsy who were positive for rare variants (n = 140) versus individuals negative for rare variants (n = 1,678). P-values adjusted for multiple comparisons (FDR < 0.05) were not significant.

PRS Model	OR	95% CI	<i>P</i> _{adj}
All-Epilepsy-PRS	0.90	0.74, 1.10	0.37
GGE-PRS	0.91	0.74, 1.11	0.40
FE-PRS	0.86	0.71, 1.03	0.21

OR = odds ratio of being in the rare variant-positive group, compared to being in the rare variant-negative group, for every one unit (standard deviation) increase in PRS, after adjusting for ancestry, sex, and family relatedness.

b. Sporadic cases

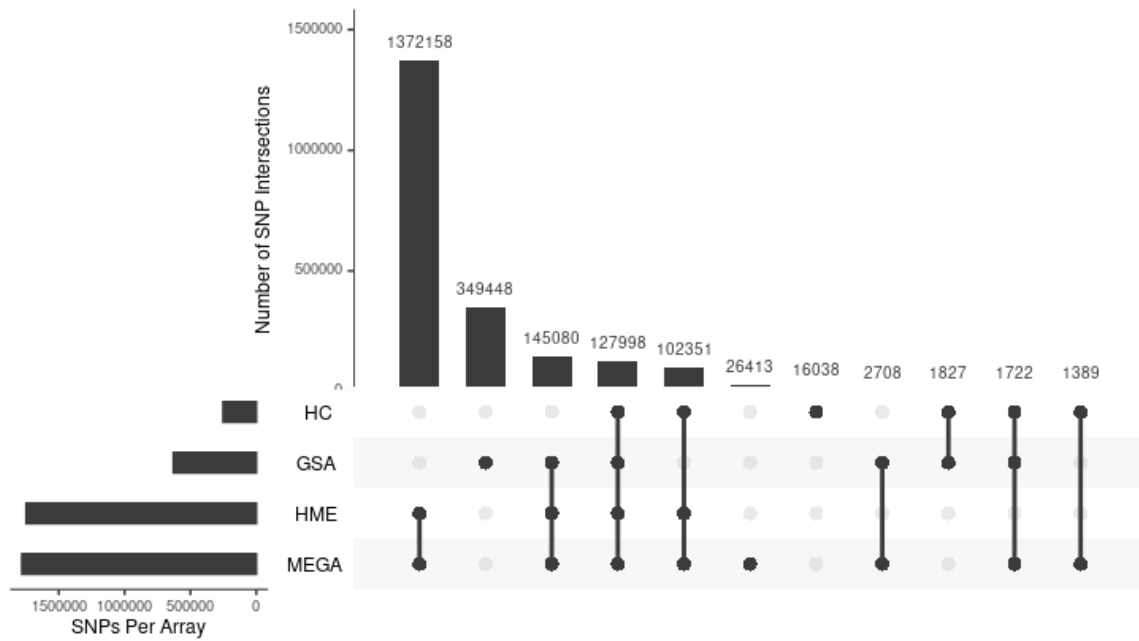
Polygenic risk scores in individuals with sporadic epilepsy who were positive for rare variants (n = 48) versus individuals negative for rare variants (n = 1,134). P-values adjusted for multiple comparisons (FDR < 0.05) were not significant.

PRS Model	OR	95% CI	<i>P</i> _{adj}
All-Epilepsy-PRS	0.98	0.73, 1.31	0.91
GGE-PRS	0.77	0.58, 1.07	0.13
FE-PRS	1.00	0.74, 1.35	0.98

OR = odds ratio of being in the rare variant-positive group, compared to being in the rare variant-negative group, for every one unit (standard deviation) increase in PRS, after adjusting for ancestry and sex.

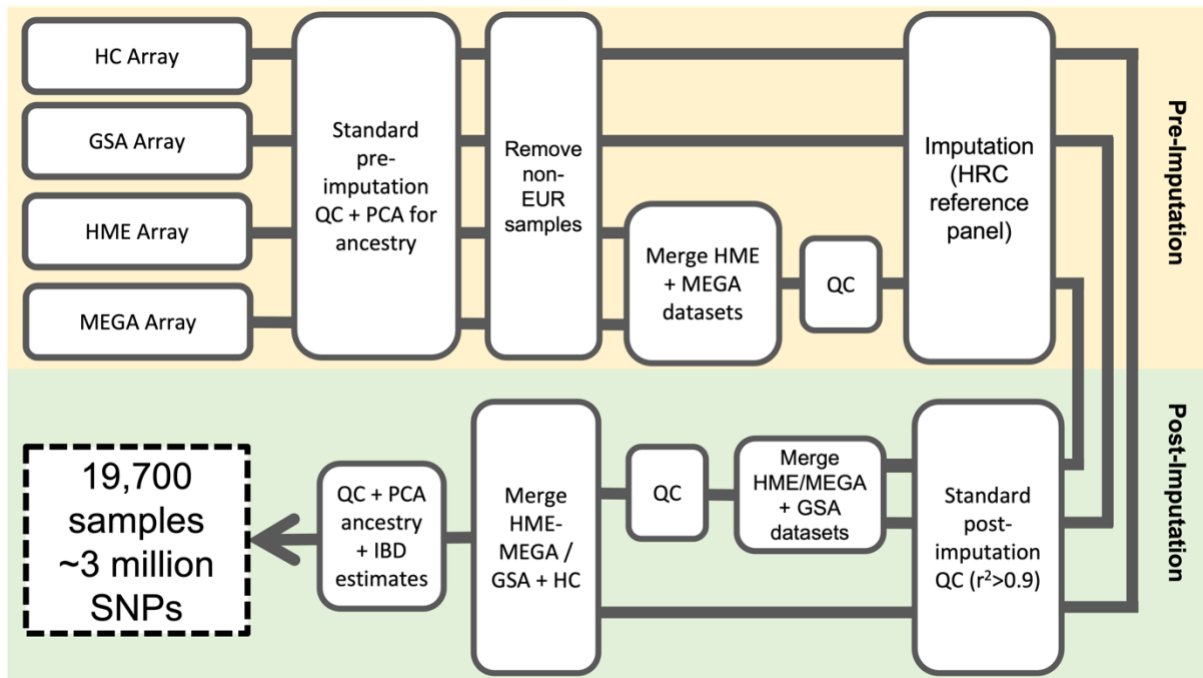
Supplementary Figure 1. SNP concordance across four Illumina array types.

The four arrays genotyped 127,998 SNPs in common, with greatest concordance (98.2%) between the two arrays with the most SNPs, HME and MEGA.



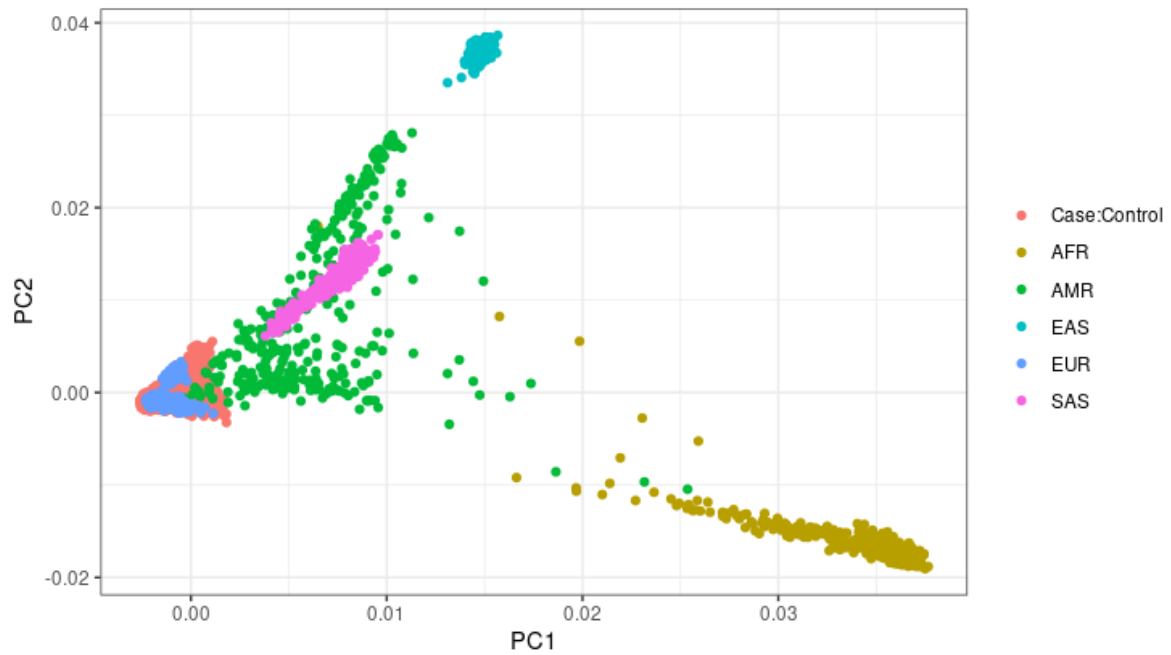
HC: HumanCore (n=251,325 SNPs); GSA: Global Screening Array (n=628,783 SNPs); HME: Human Multi-Ethnic (n=1,747,587 SNPs); MEGA: Multi- Ethnic Global Array (n=1,779,819 SNPs).

Supplementary Figure 2. Quality control and SNP imputation workflow.



Abbreviations: HC, HumanCore; GSA, Global Screening Array; HME, Human Multi-Ethnic; MEGA, Multi-Ethnic Global Array; QC, quality control; PCA, principal components analysis; EUR, European; HRC, haplotype reference consortium; IBD, identity-by-descent.

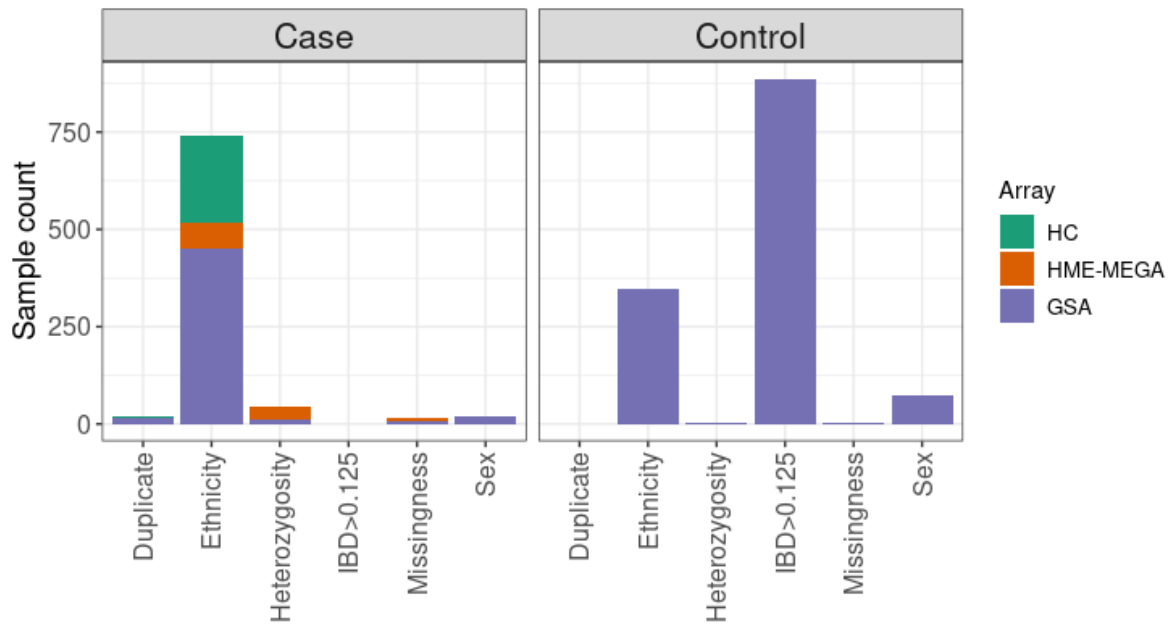
Supplementary Figure 3. Ancestry principal components plot for our Case:Control cohort against 1000 Genomes.



Cases include unaffected relatives.

Abbreviations: PC, principal component; AFR, African; AMR, Admixed; EAS, East Asian; EUR, European; SAS, South Asian.

Supplementary Figure 4. Reason for sample exclusions stratified by Case:Control status.

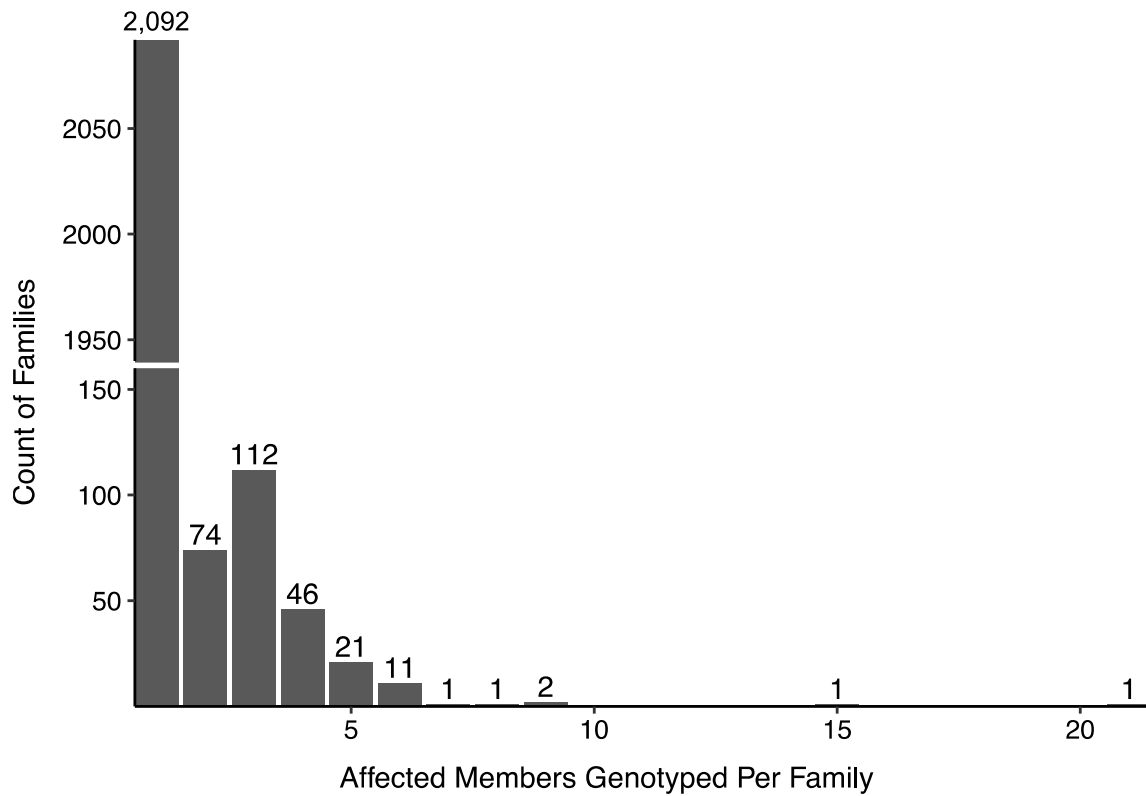


Cases include unaffected relatives.

Abbreviations: HC, HumanCore; GSA, Global Screening Array; HME, Human Multi-Ethnic; MEGA, Multi-Ethnic Global Array; IBD, identity-by-descent estimates.

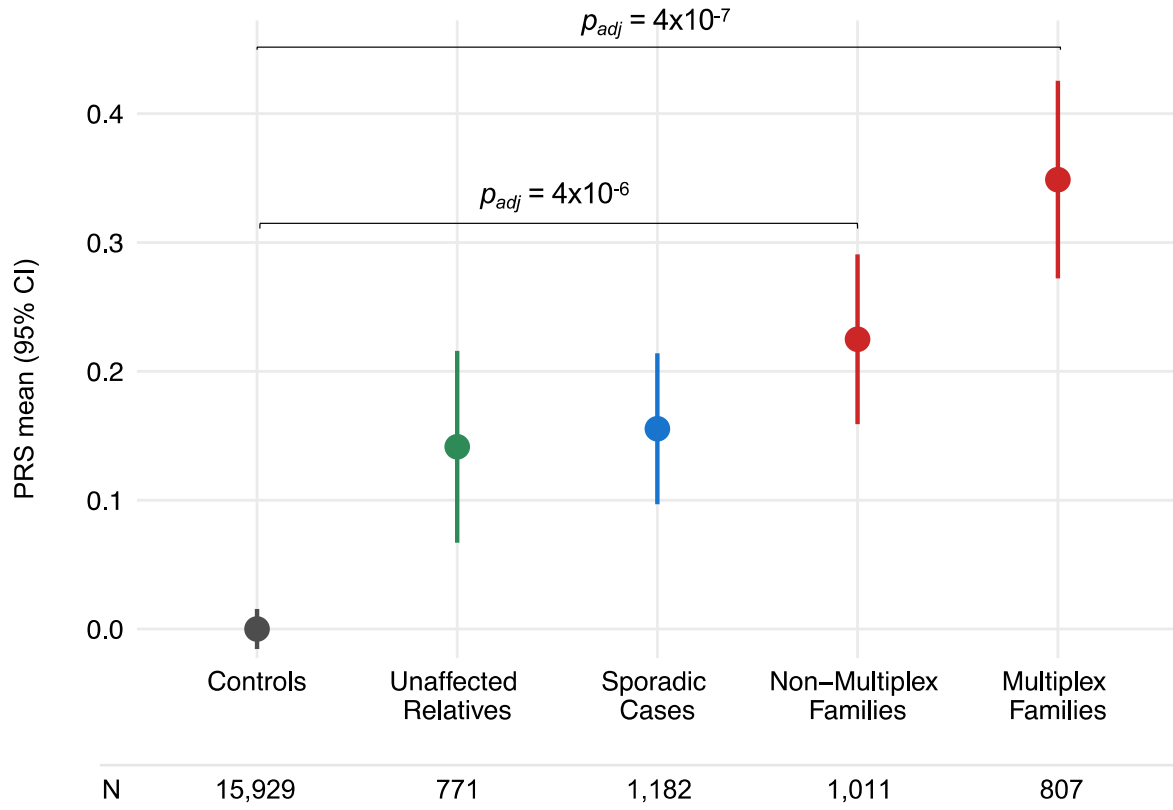
Supplementary Figure 5. Distribution of affected individuals genotyped per family.

Families of size 1 (n = 2,092) include sporadic cases with no family history of epilepsy (n = 1,182) as well as familial cases where only one affected relative was genotyped (n = 910). An additional 908 familial cases came from 270 families in which two or more affected individuals were genotyped.



Supplementary Figure 6. Epilepsy PRS in multiplex families.

Familial epilepsy cases were further stratified into multiplex families (three or more affected per family) versus the remaining families with only two affected per family or a positive family history with unknown number of affected relatives.



Supplementary Figure 7. PRS in sporadic cases carrying rare variants.

Polygenic risk scores in individuals with sporadic epilepsy who were positive for rare variants (n = 48) versus individuals negative for rare variants (n = 1,134). Statistical comparisons were non-significant ($P_{adj} > 0.05$); see Supplementary Table 9b.

