

**Supplementary Material**

**Estimation and implications of the genetic architecture of fasting and non-fasting blood glucose**

Qiao et al.

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## SUPPLEMENTARY METHODS

### Sample Selection Criteria

UKB samples were excluded if they were diagnosed as any subtypes of diabetes, on diabetes medications, had abnormal glucose ( $\geq 3\text{mmol/L}$  or  $\leq 11.1\text{ mmol/L}$ ) or glycated haemoglobin (HbA1c  $\geq 48\text{ mmol/mol}$ ) levels in any visits to the assessment centre. We further restricted our analyses to European samples. Inference of sample ancestry were described in Yengo et al<sup>1</sup>.

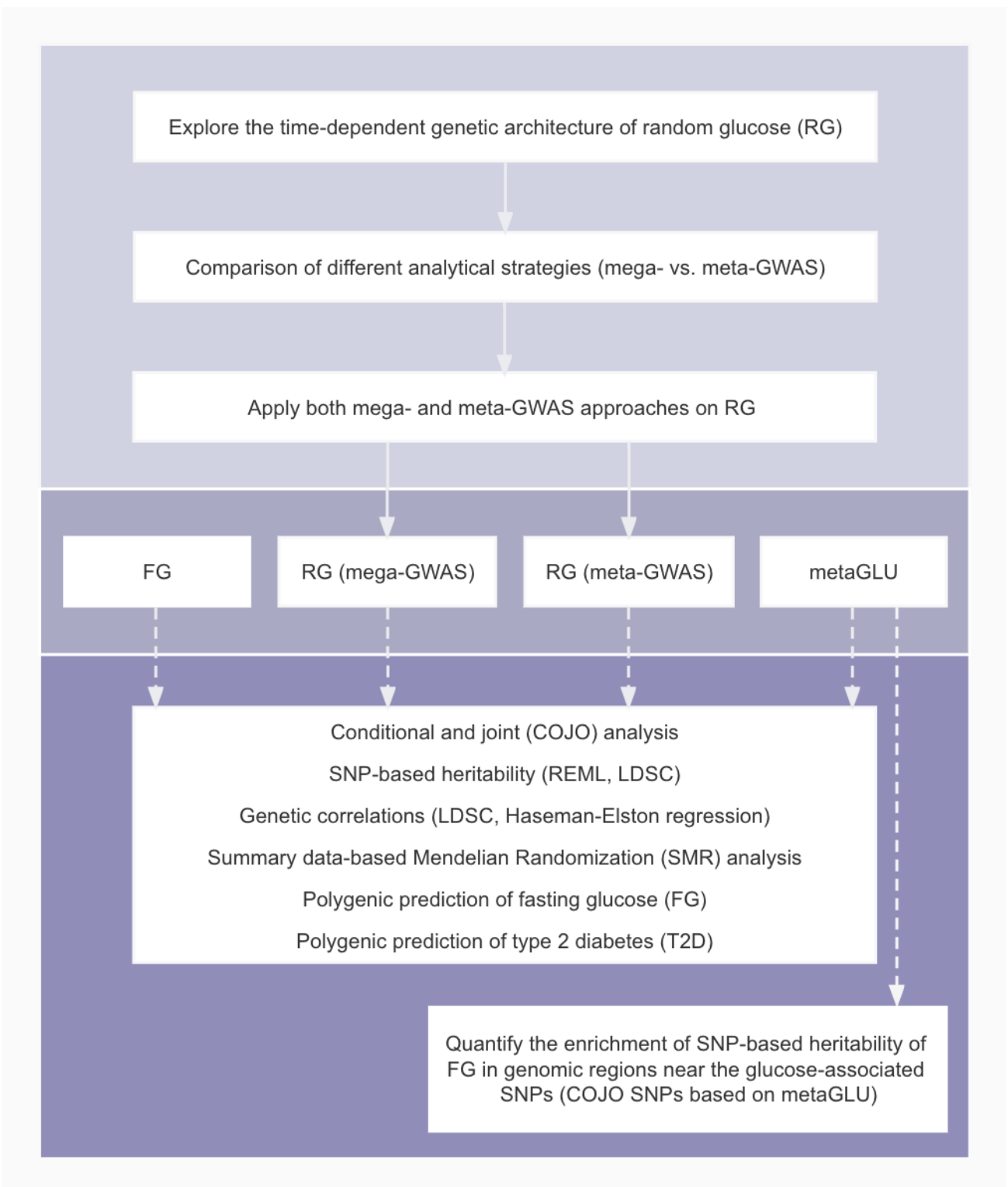
To be specific, individuals with diabetic conditions were identified through the following procedures,

1. We used first occurrences of health-related outcomes (Category 1712) as a first pass to exclude individuals with diabetic conditions. This category encodes data by mapping the information from primary care data (Category 3000), hospital inpatient data (Category 2000), death register records (Field 40001-40002) and self-reported medical condition codes (Field 20002) to International Classification of Diseases-10 (ICD-10) codes. UKB samples with all diabetes mellitus diseases, including E10 (insulin-dependent diabetes mellitus, T1D), E11 (non-insulin-dependent diabetes mellitus, T2D), E12 (malnutrition-related diabetes mellitus), E13 (other specified diabetes mellitus), E14 (unspecified diabetes mellitus) and O24 (diabetes mellitus in pregnancy), were excluded from downstream analyses ( $N= 40,401$  were excluded).

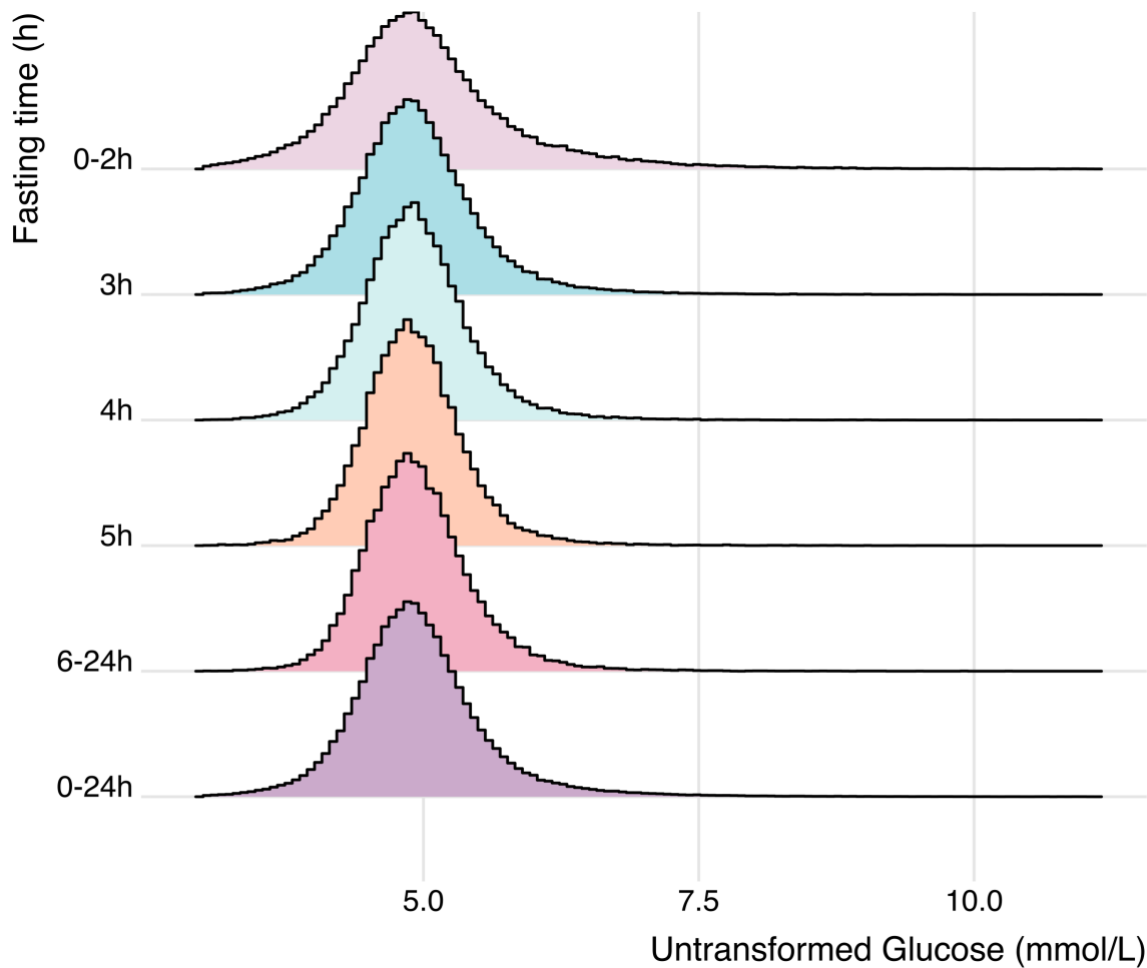
Since Category 1712 has not been externally validated, we further investigated the following data-fields to remove diabetic samples.

2. We examined the summary diagnosis hospital inpatient data encoded according to ICD-9 (Data-Field 41271) and ICD-10 (Data-Field 41270) and excluded samples diagnosed with diabetic diseases (coding listed in Supplementary Data 1).
3. We also examined self-reported non-cancer illness (Data-Field 20002) and excluded samples with self-reported diabetic diseases, including diabetes, gestational diabetes, T1D and T2D (1220-1223, Data-Coding 6).
4. We then checked the death register (Data-Field 40023), in which the cause of death was encoded following ICD-10. We excluded individuals with recorded cause of death due to diabetic diseases in Supplementary Data 1.
5. We further excluded individuals who reported to use diabetes-relevant medications based on Data-Field 6153 (Data-Coding 100626, "Insulin"), Data-Field 6177 (Data-Coding 100625, "Insulin") and Data-Field 20003 (Data-Coding 4, treatment/medication for diabetes in this data field were extracted and listed in Supplementary Data 1).
6. Lastly, we excluded individuals with potential diabetic conditions by examining the following data-fields, including diabetes diagnosed by doctors (Data-Field 2443), age diabetes diagnosed (Data-Field 2976), started insulin within one year diagnosis of diabetes (Data-Field 2986), gestational diabetes only (Data-Field 4041), and age when diabetes-related eye disease diagnosed (Data-Field 5901).

## SUPPLEMENTARY FIGURES

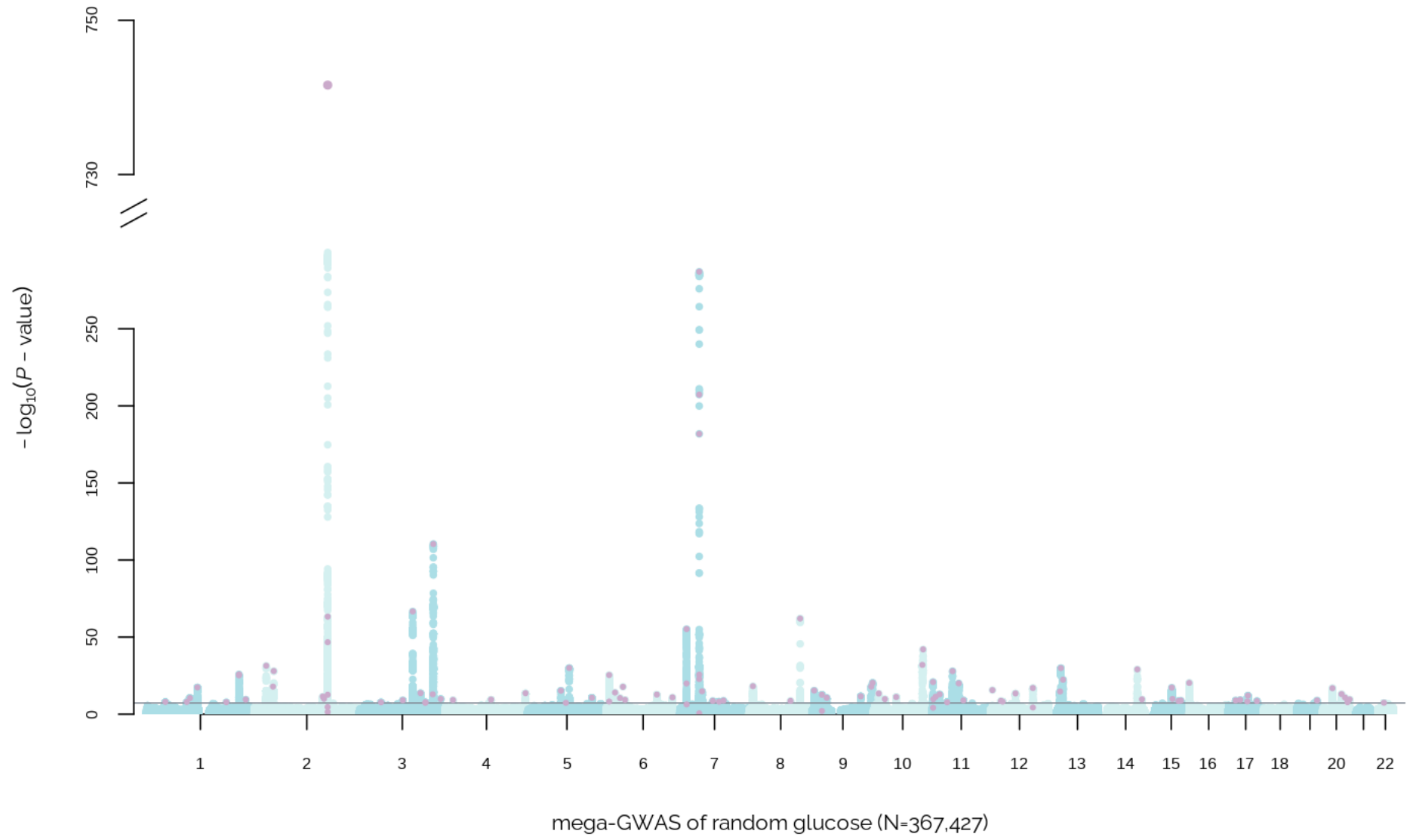


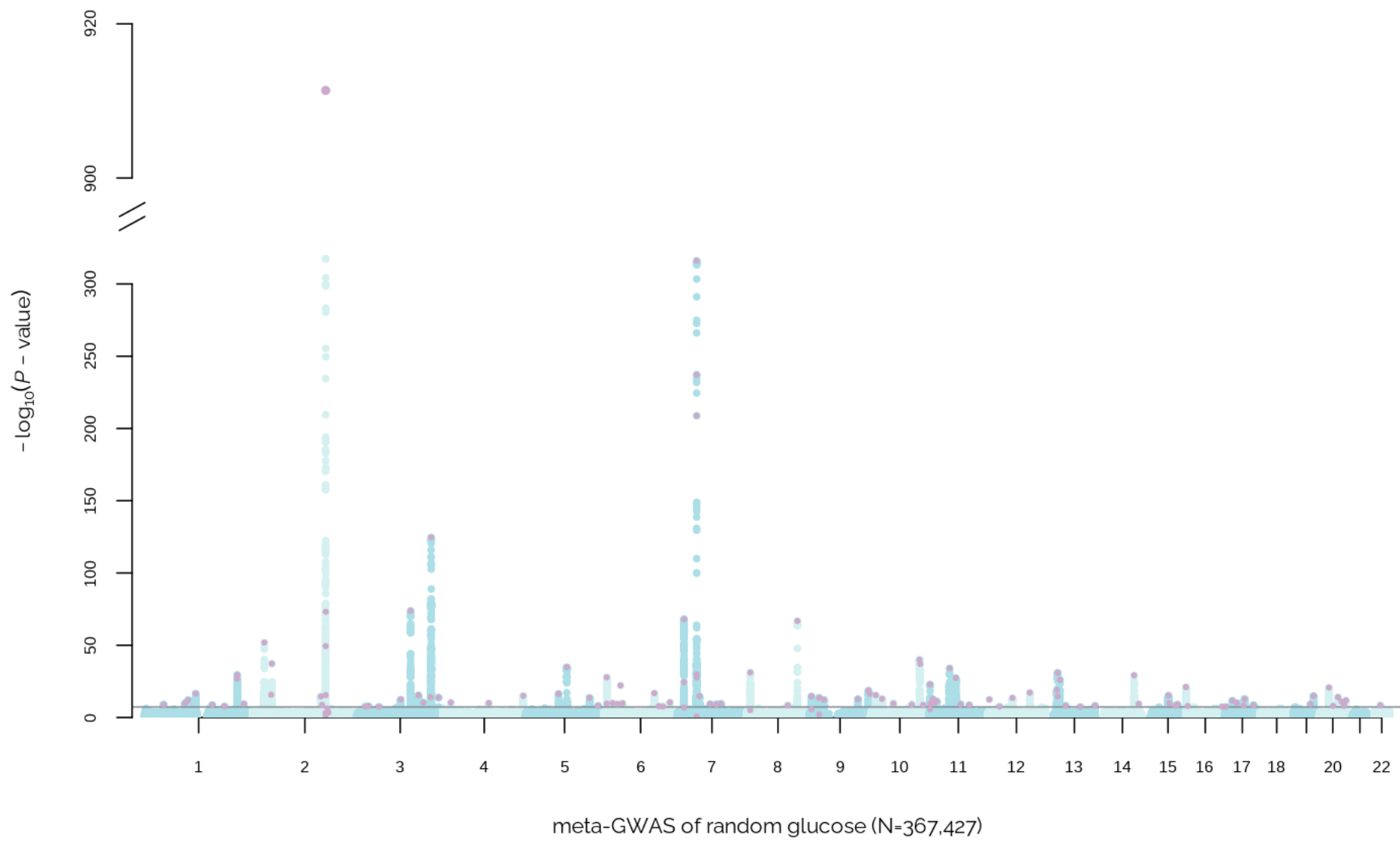
**Supplementary Figure 1. Overview of the study design.** The four GWAS summary statistics used in this study: FG is the summary statistics of fasting glucose from Lagou et al. (2021)<sup>2</sup>; mega-GWAS of RG and meta-GWAS of RG are the summary statistics of random glucose modelled by two different statistical approaches using UKB samples; metaGLU is the summary statistics by meta-analyzing the fasting glucose from Lagou et al. (2021) and random glucose from the current study (meta-GWAS of RG).

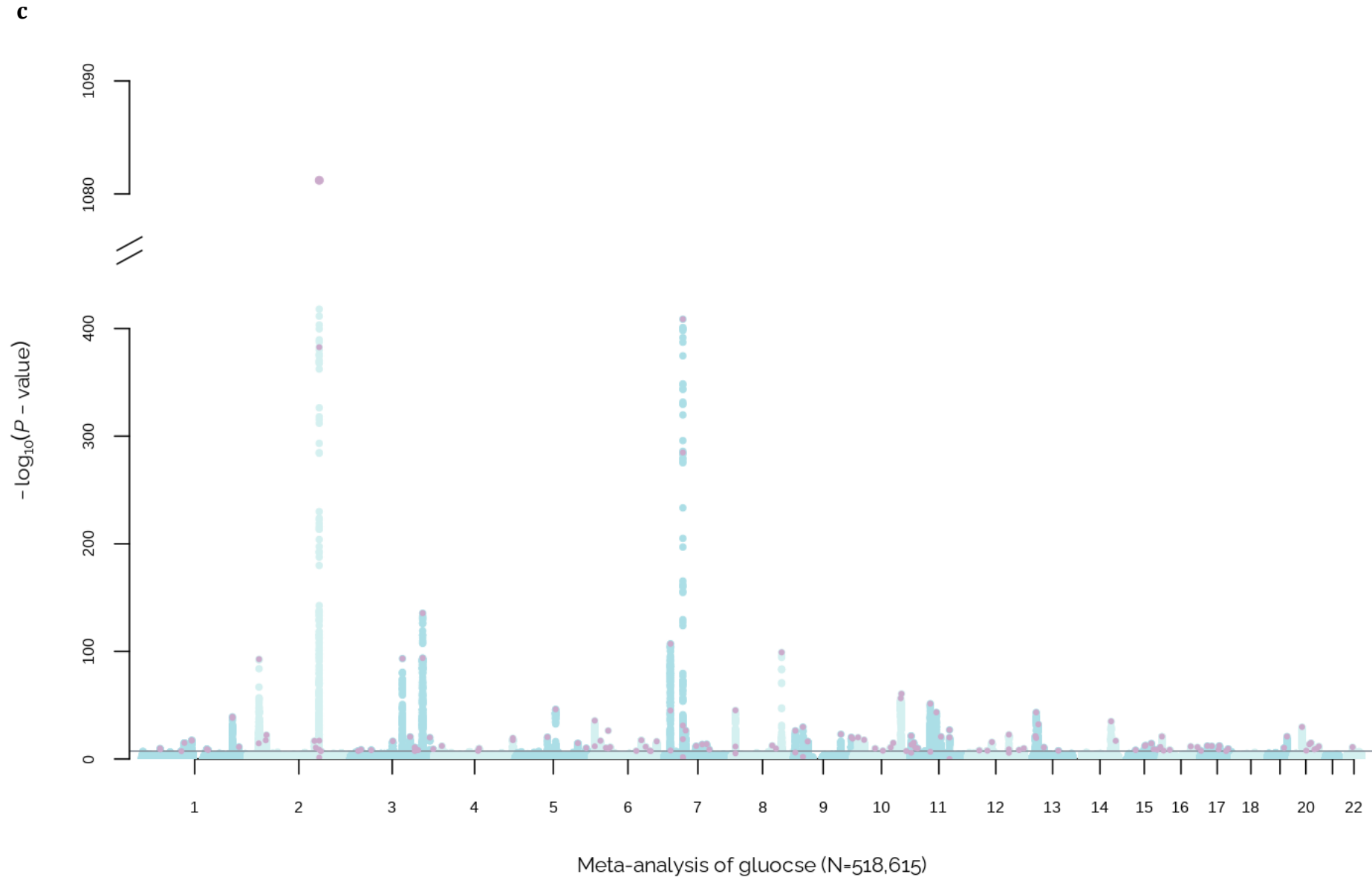


**Supplementary Figure 2. Distribution of untransformed RG in each subgroup in the UK Biobank sample included in this study.** Similar as previous MAGIC's studies, we used untransformed RG for our main analyses, which facilitated the comparison with previous results and made the results easier for interpretation (i.e., effect size in original units, mmol/L). RG glucose values > 11 mmol/L were excluded as part of quality control.

**a**



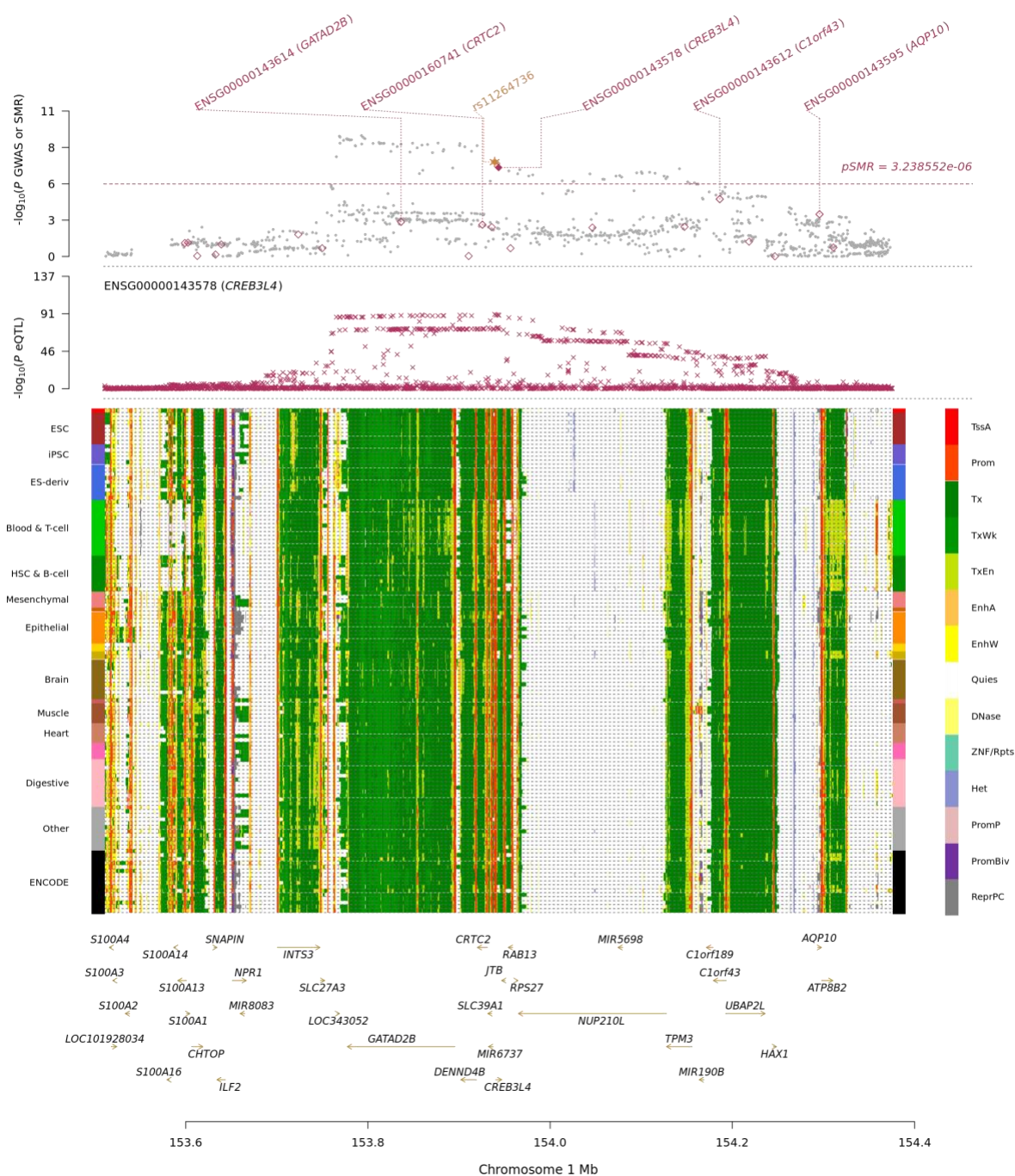
**b**



**Supplementary Figure 3.** Manhattan plots for the autosomal GWAS of mega-GWAS of random glucose (**a**), meta-GWAS of random glucose (**b**), and meta-analysis of glucose (**c**), depicting the  $-\log_{10} P$ -values (two-tailed test) from BOLT-LMM mixed model association test (**a**) or inverse-variance weighted meta-analysis (**b** and **c**) with genome-wide SNPs. Purple dots represent independent common variants identified as genome-wide significant

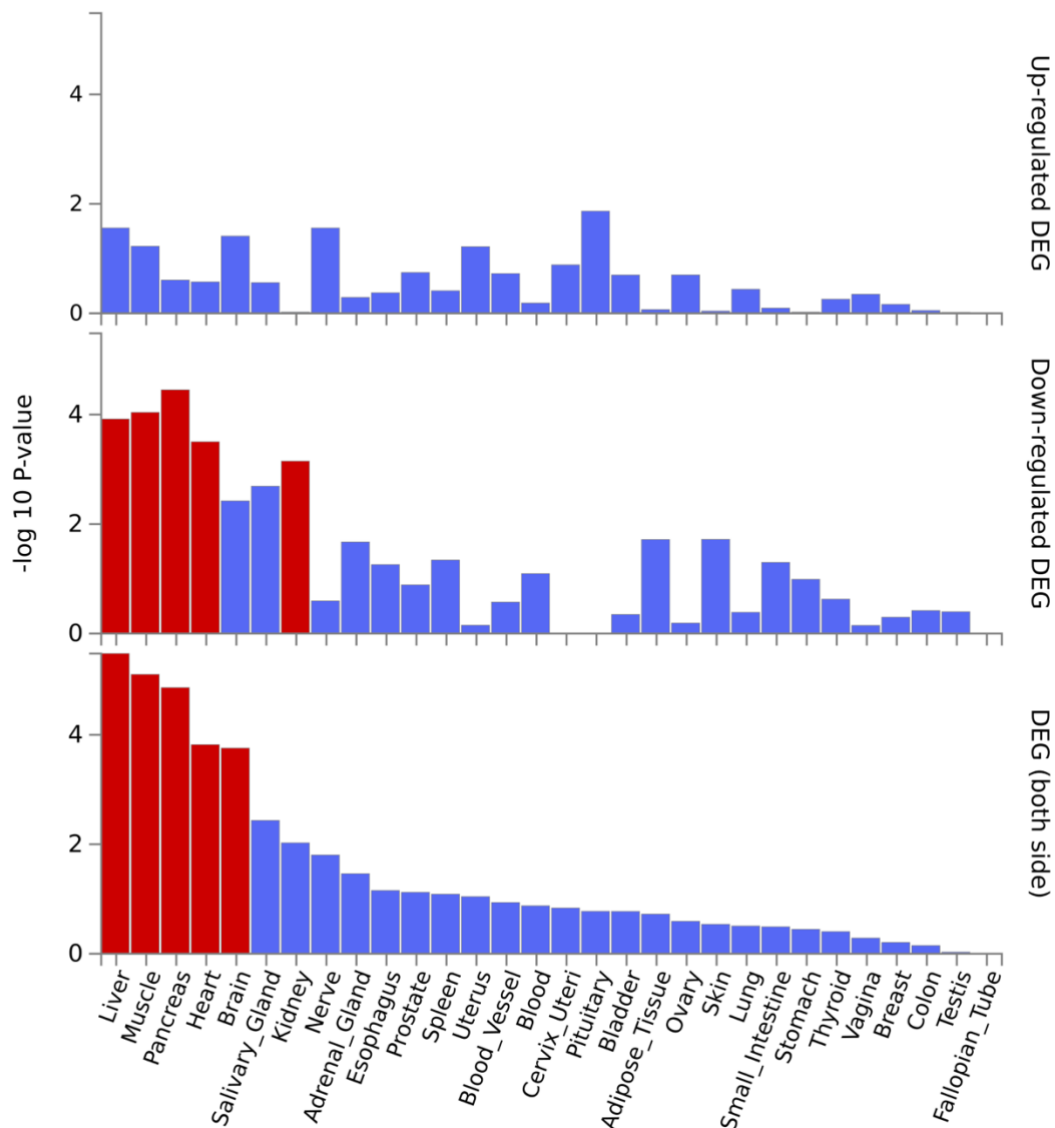
( $P_{\text{COJO}} < 5 \times 10^{-8}$ ) with GCTA-COJO<sup>3</sup> analysis applied to the GWAS summary statistics. The grey horizontal lines represent the genome-wide significant threshold of  $P < 5 \times 10^{-8}$  (two-sided  $P$ -value). All analyses were restricted to autosomes (chromosome 1-22 on x axis) and common SNPs (MAF  $\geq 0.01$ ).





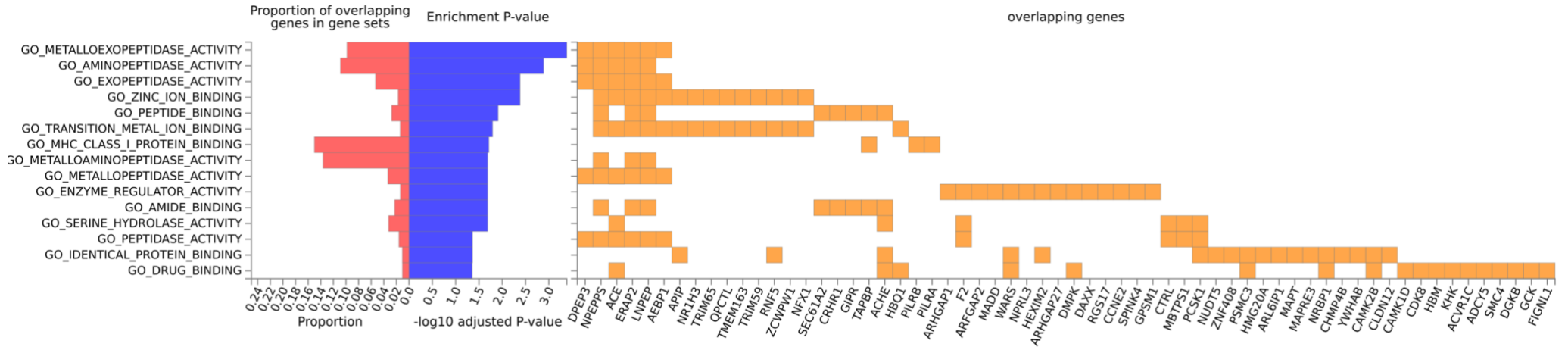
**Supplementary Figure 4. SMR analyses and HEIDI tests that combined data from GWAS and eQTL studies.** The first track displays  $-\log_{10}(P\text{-values})$  of the SNP associations (grey dots) from the meta-GWAS of random glucose (RG). The red rhombus represents  $-\log_{10}(P\text{-value})$  for probes from the SMR test and a solid rhombus indicate probes that passed the HEIDI test (i.e., *CREB3L4* passed the SMR and HEIDI test) with Bonferroni-corrected  $P_{SMR} < 3.24 \times 10^{-6}$  (i.e.,  $0.05/m$ , with  $m = 15,439$ , being the total number of probes tested in the SMR analysis) and  $P_{HEIDI} > 0.01$ . The yellow asterisk marks the top cis-eQTL (*rs11264736*). The second track displays  $-\log_{10}(P\text{-values})$  of the SNP associations from the eQTLGen study<sup>4</sup> for the *ENSG00000143578* probe tagging *CREB3L4*. The third track displays the 25 chromatin state annotations (right bar) of 127 samples from the Roadmap Epigenomics Mapping Consortium (REMC)<sup>5</sup> for different tissues and cell types (left bar). The bottom track displays the genes underlying

the genomic region. Amongst the eQTLs tested, *rs11264736* is an eQTL for *CREB3L4* in blood and generates significant SMR associations to RG.

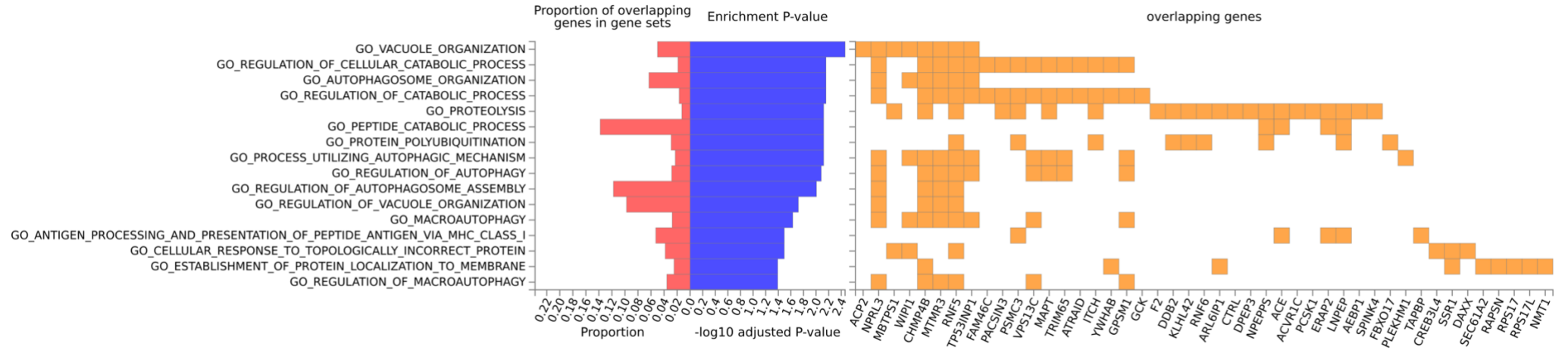


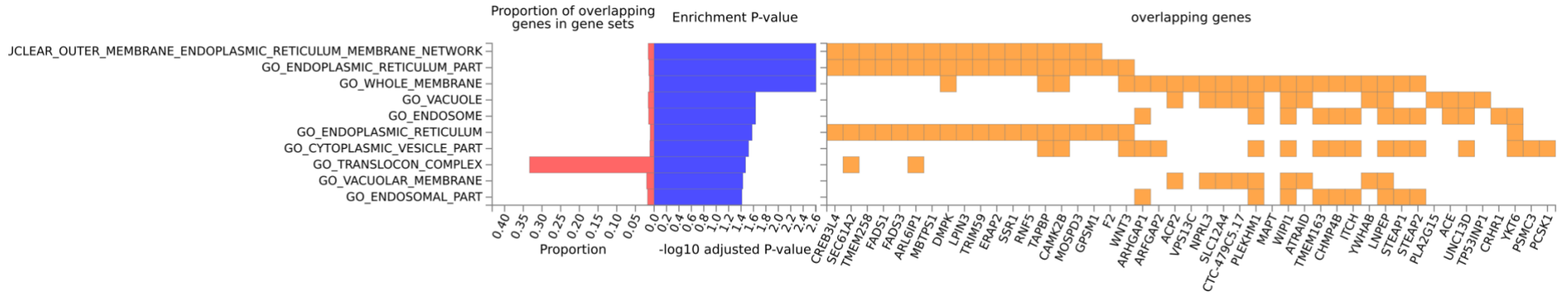
**Supplementary Figure 5.** FUMA GENE2FUNC differentially expressed genes (DEGs) output drawing upon GTEx v8 data for 30 general tissue types. The input genes were the SMR prioritized genes based on eQTL summary data from eQTLGen, InsPIRE and GTEx consortium for meta-analysis of glucose (metaGLU, number of genes=185). DEG sets were pre-calculated for each of 30 tissue type by conducting two-sided t-tests for each gene and tissue type against all other tissue types. The input genes were tested against each of the pre-calculated DEG sets defined for each of the selected tissues using hypergeometric tests. Red bars denote significantly enriched DEG sets with FDR corrected  $P$ -value  $< 0.05$  (Benjamini–Hochberg method).

a



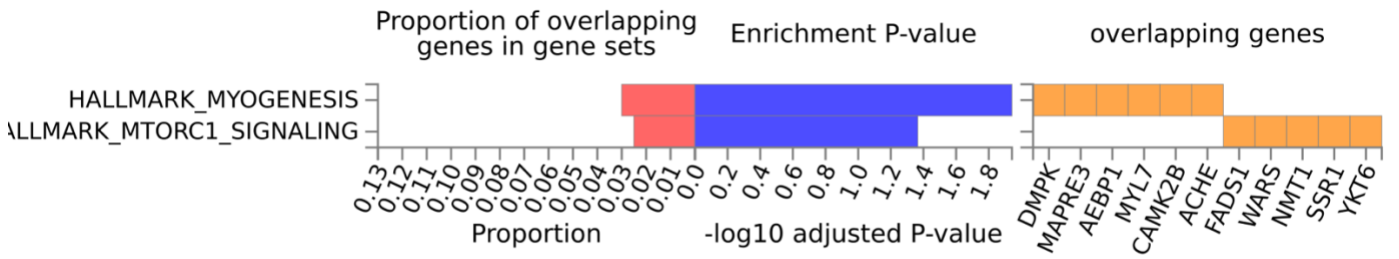
**b**



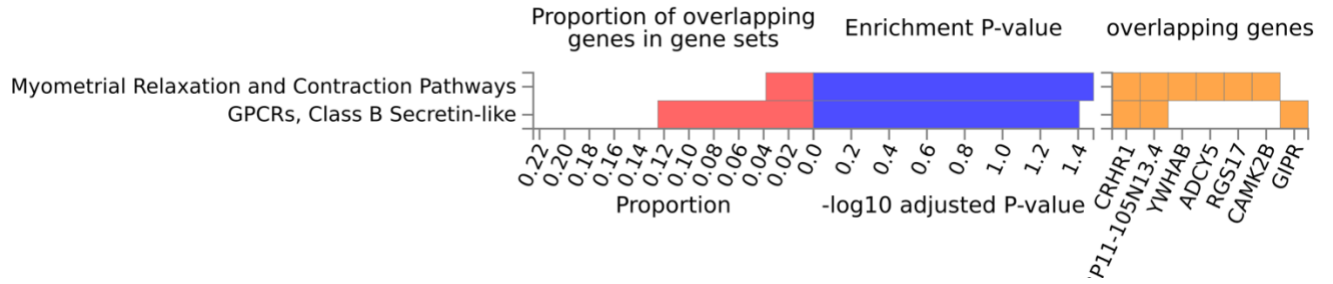
**c**

**Supplementary Figure 6.** Overrepresentation of biological functions of SMR prioritized genes for metaGLU (number of genes=185) tested against GO gene sets obtained from MsigDB (a) GO molecular functions (b) GO biological processes and (c) GO cellular components using hypergeometric tests. FUMA reports all gene sets with FDR corrected  $P$ -value  $< 0.05$  (Benjamini–Hochberg method).

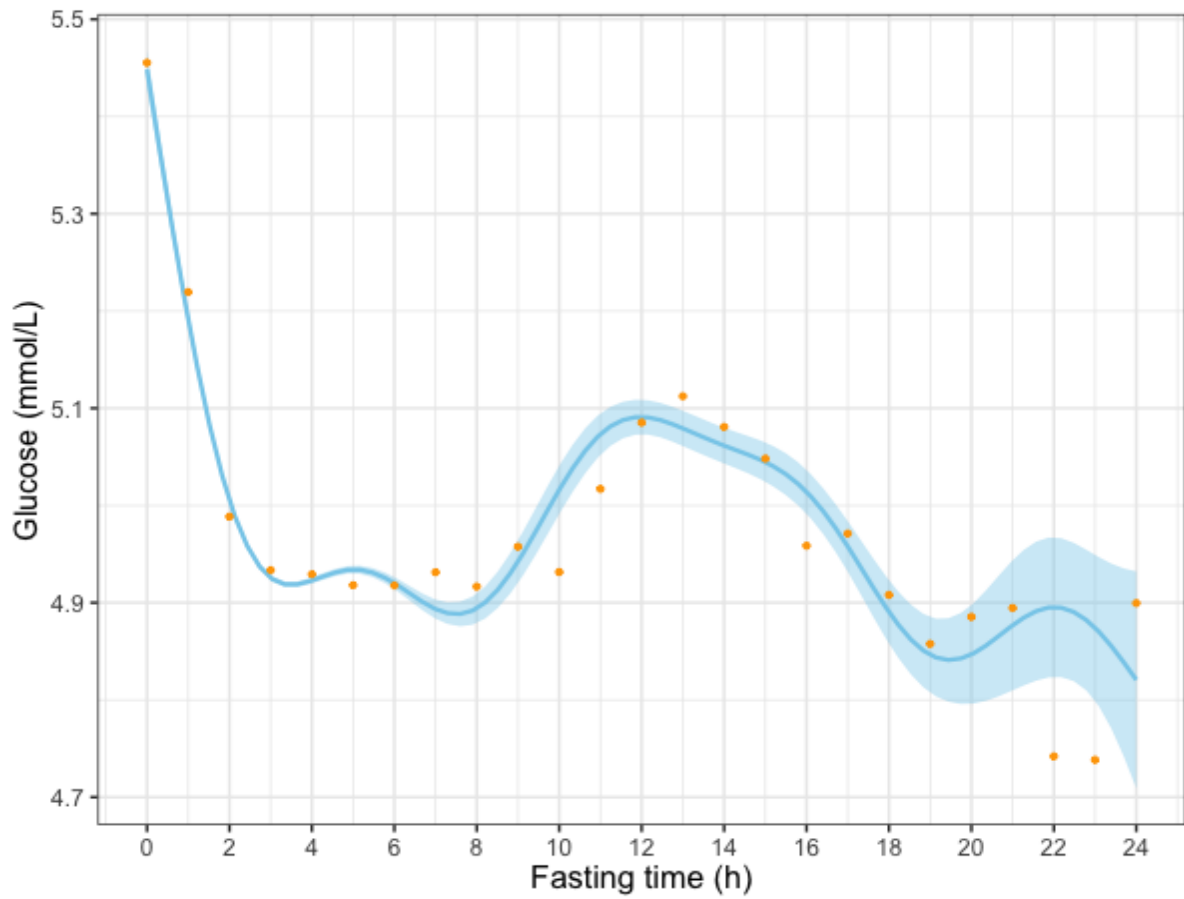
**a**



**b**



**Supplementary Figure 7.** Overrepresentation of biological functions of SMR prioritized genes for metaGLU (number of genes=185) tested against gene sets obtained from **(a)** MsigDB (hallmark gene sets) and **(b)** WikiPathways using hypergeometric tests. FUMA reports all gene sets with FDR corrected  $P$ -value  $< 0.05$  (Benjamini–Hochberg method).



**Supplementary Figure 8.** The shape of post-prandial glucose curves among UKB participants ( $N=367,427$ ). The centre line represents the general additive model spline and the shaded region is the 95% confidence interval. The orange point represents the mean glucose levels in each fasting time interval.



## **ACKNOWLEDGEMENTS**

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LifeLines Cohort Study

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