



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

Meta-analysis identifies 29 additional ulcerative colitis risk loci, increasing the number of confirmed associations to 47

Citation for published version:

Anderson, CA, Boucher, G, Lees, CW, Franke, A, D'Amato, M, Taylor, KD, Lee, JC, Goyette, P, Imielinski, M, Latiano, A, Lagace, C, Scott, R, Amininejad, L, Bumpstead, S, Baidoo, L, Baldassano, RN, Barclay, M, Bayless, TM, Brand, S, Buening, C, Colombel, J-F, Denson, LA, De Vos, M, Dubinsky, M, Edwards, C, Ellinghaus, D, Fehrmann, RSN, Floyd, JAB, Florin, T, Franchimont, D, Franke, L, Georges, M, Glas, J, Glazer, NL, Guthery, SL, Haritunians, T, Hayward, NK, Hugot, J-P, Jobin, G, Laukens, D, Lawrance, I, Lemann, M, Levine, A, Libioulle, C, Louis, E, McGovern, DP, Milla, M, Montgomery, GW, Morley, KI, Mowat, C, Ng, A, Newman, W, Ophoff, RA, Papi, L, Palmieri, O, Peyrin-Biroulet, L, Panes, J, Phillips, A, Prescott, NJ, Proctor, DD, Roberts, R, Russell, R, Rutgeerts, P, Sanderson, J, Sans, M, Schumm, P, Seibold, F, Sharma, Y, Simms, LA, Seielstad, M, Steinhart, AH, Targan, SR, van den Berg, LH, Vatn, M, Verspaget, H, Walters, T, Wijmenga, C, Wilson, DC, Westra, H-J, Xavier, RJ, Zhao, ZZ, Ponsioen, CY, Andersen, V, Torkvist, L, Gazouli, M, Anagnou, NP, Karlsen, TH, Kupcinskas, L, Sventoraityte, J, Mansfield, JC, Kugathasan, S, Silverberg, MS, Halfvarson, J, Rotter, JI, Mathew, CG, Griffiths, AM, Gearry, R, Ahmad, T, Brant, SR, Chamaillard, M, Satsangi, J, Cho, JH, Schreiber, S, Daly, MJ, Barrett, JC, Parkes, M, Annese, V, Hakonarson, H, Radford-Smith, G, Duerr, RH, Vermeire, S, Weersma, RK & Rioux, JD 2011, 'Meta-analysis identifies 29 additional ulcerative colitis risk loci, increasing the number of confirmed associations to 47' *Nature Genetics*, vol. 43, no. 3, pp. 246-U94. DOI: 10.1038/ng.764

Digital Object Identifier (DOI):

[10.1038/ng.764](https://doi.org/10.1038/ng.764)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Peer reviewed version

Published In:

Nature Genetics

Publisher Rights Statement:

© 2011 Nature Publishing Group, a division of Macmillan Publishers Limited. All Rights Reserved.

General rights

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright, please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

Download date: 05. Apr. 2019



Published in final edited form as:

Nat Genet. 2011 March ; 43(3): 246–252. doi:10.1038/ng.764.

Meta-analysis identifies 29 additional ulcerative colitis risk loci, increasing the number of confirmed associations to 47

Carl A. Anderson¹, Gabrielle Boucher^{2,3,79}, Charlie W. Lees^{4,79}, Andre Franke^{5,79}, Mauro D'Amato^{6,79}, Kent D. Taylor⁷, James C. Lee⁸, Philippe Goyette^{2,3}, Marcin Imielinski⁹, Anna Latiano¹⁰, Caroline Lagacé^{2,3}, Regan Scott¹¹, Leila Amininejad¹², Suzannah Bumpstead¹, Leonard Baidoo¹¹, Robert N. Baldassano¹³, Murray Barclay¹⁴, Theodore M. Bayless¹⁵, Stephan Brand¹⁶, Carsten Büning¹⁷, Jean-Frédéric Colombel¹⁸, Lee A. Denson¹⁹, Martine De Vos²⁰, Marla Dubinsky²¹, Cathryn Edwards²², David Ellinghaus⁵, Rudolf S.N. Fehrmann²³, James A.B. Floyd¹, Tim Florin²⁴, Denis Franchimont²⁵, Lude Franke²³, Michel Georges²⁶, Jürgen Glas¹⁶, Nicole L. Glazer²⁷, Stephen L. Guthery²⁸, Talin Haritunians²⁹, Nicholas K. Hayward³⁰, Jean-Pierre Hugot³¹, Gilles Jobin^{2,32}, Debby Laukens²⁰, Ian Lawrance³³, Marc Lémann³⁴, Arie Levine³⁵, Cecile Libioulle³⁶, Edouard Louis³⁶, Dermot P. McGovern^{7,29}, Monica Milla³⁷, Grant W. Montgomery³⁰, Katherine I. Morley¹, Craig Mowat³⁸, Aylwin Ng^{39,40}, William Newman⁴¹, Roel A Ophoff⁴², Laura Papi⁴³, Orazio Palmieri¹⁰, Laurent Peyrin-Biroulet⁴⁴, Julián Panés⁴⁵, Anne Phillips³⁸, Natalie J. Prescott⁴⁶, Deborah D. Proctor⁴⁷, Rebecca Roberts¹⁴, Richard Russell⁴⁸, Paul Rutgeerts⁴⁹, Jeremy Sanderson⁵⁰, Miquel Sans⁵¹, Philip Schumm⁵², Frank Seibold⁵³, Yashoda Sharma⁴⁷, Lisa Simms³⁰, Mark Seielstad^{54,55}, A. Hillary Steinhart⁵⁶, Stephan R. Targan⁷, Leonard H. van den Berg⁵⁷, Morten Vatn⁵⁸, Hein Verspaget⁵⁹, Thomas Walters⁶⁰, Cisca Wijmenga²³, David C. Wilson^{48,61}, Harm-Jan Westra²³, Ramnik J. Xavier^{39,40}, Zhen Z. Zhao³⁰, Cyriel Y. Ponsioen⁶², Vibeke Andersen⁶³, Leif Torkvist⁶⁴, Maria Gazouli⁶⁵, Nicholas P. Anagnou⁶⁵, Tom H. Karlsen⁵⁸, Limas Kupcinskas⁶⁶, Jurgita Sventoraityte⁶⁶, John C. Mansfield⁶⁷, Subra Kugathasan⁶⁸, Mark S. Silverberg⁵⁶, Jonas Halfvarson⁶⁹, Jerome I. Rotter²⁹, Christopher G. Mathew⁴⁶, Anne M. Griffiths⁶⁰, Richard Gearry¹⁴, Tariq Ahmad⁷⁰, Steven R. Brant¹⁵, Mathias Chamillard⁷¹, Jack Satsangi⁴, Judy H. Cho^{47,72}, Stefan Schreiber^{5,73}, Mark J. Daly⁷⁴, Jeffrey C. Barrett¹, Miles Parkes⁸, Vito Annese^{10,37}, Hakon Hakonarson^{13,75,80}, Graham Radford-Smith^{76,80}, Richard H. Duerr^{11,77,80}, Séverine Vermeire^{49,80}, Rinse K. Weersma^{78,80}, and John D. Rioux^{2,3}

¹Wellcome Trust Sanger Institute, Wellcome Trust Genome Campus, Hinxton, Cambridge, UK

²Université de Montréal, Medicine, Montréal, Québec, Canada ³Montreal Heart Institute, Research Center, Montréal, Québec, Canada ⁴University of Edinburgh, Western General Hospital, Gastrointestinal Unit, Molecular Medicine Centre, Edinburgh, UK ⁵Christian-Albrechts-University Kiel, Institute of Clinical Molecular Biology, Kiel, Germany ⁶Karolinska Institute,

Correspondence should be addressed to C.A.A. (carl.anderson@sanger.ac.uk) or J.D.R. (john.david.rioux@umontreal.ca).

⁷⁹These authors contributed equally to this work.

⁸⁰These authors contributed equally to this work.

Contribution of authors CWL, AF, KDT, JCL, MI, AL, LA, LB, RNB, MB, TMB, SB, CB, J-FC, LAD, MdV, MD, CE, RSNF, TF, DF, MG, JG, NLG, SLG, TH, NKH, J-PH, GJ, DL, IL, ML, AL, CLi, EL, DPM, MM, CM, AN, WN, RAO, LP, OP, LPB, JP, AP, NJP, DDP, RRo, RRu, PR, JS, MS, PS, FS, YS, MS, AHS, SRT, LHvdB, MV, HV, TW, CW, DCW, H-JW, CYP, VA, LT, MG, NPA, THK, LK, JS, JCM, SK, MSS, JH, JIR, CGM, AMG, RG, TA, SRB, MC, JS, JHC, SS, MP, VA, HH, GRS, RHD, SV, RKW and JDR established DNA collections, recruited patients or assembled phenotypic data; AF, MD' A, PG, CLa, RS, SB, CLi, DPM, GWM, LS, ZZZ, MC, RHD, and JDR conducted or supervised laboratory work; CAA, GB, DE, JABF, LF, KIM, AN, RAO, RJX, MJD, JCB, RKW, and JDR performed or supervised statistical analyses; CAA, GB, CWL, GRS, RHD, SV, RKW and JDR drafted the manuscript. All authors read and approved the final manuscript before submission.

All authors declare no financial interest.

Department of Biosciences and Nutrition, Stockholm, Sweden ⁷Cedars-Sinai Medical Center, Inflammatory Bowel and Immunobiology Research Institute, Los Angeles, California, USA ⁸Addenbrooke's Hospital, University of Cambridge, Gastroenterology Research Unit, Cambridge, UK ⁹The Children's Hospital of Philadelphia, Center for Applied Genomics, Philadelphia, Pennsylvania, USA ¹⁰IRCCS-CSS Hospital, Unit of Gastroenterology, San Giovanni Rotondo, Italy ¹¹University of Pittsburgh School of Medicine, Division of Gastroenterology, Hepatology and Nutrition, Department of Medicine, Pittsburgh, Pennsylvania, USA ¹²Erasmus Hospital, Free University of Brussels, Department of Gastroenterology, Brussels, Belgium ¹³The Children's Hospital of Philadelphia, Department of Pediatrics, Center for Pediatric Inflammatory Bowel Disease, Philadelphia, Pennsylvania, USA ¹⁴University of Otago, Department of Medicine, Christchurch, New Zealand ¹⁵Johns Hopkins University School of Medicine, Meyeroff Inflammatory Bowel Disease Center, Dept. of Medicine, Baltimore, Maryland, USA ¹⁶University Hospital Munich, Department of Medicine II, Munich, Germany ¹⁷Universitätsmedizin Berlin, Department of Gastroenterology, Charité, Campus Mitte, Berlin, Germany ¹⁸Université de Lille Department of Hepato-Gastroenterology, Lille, France ¹⁹Cincinnati Children's Hospital Medical Center, Pediatric Gastroenterology, Cincinnati, Ohio, USA ²⁰Ghent University Hospital, Department of Hepatology and Gastroenterology, Ghent, Belgium ²¹Cedars-Sinai Medical Center, Department of Pediatrics, Los Angeles, California, USA ²²Torbay Hospital, Department of Gastroenterology, Torbay, Devon, UK ²³University Medical Center Groningen, Department of Genetics, Groningen, the Netherlands ²⁴Mater Health Services, Department of Gastroenterology, Brisbane, Australia ²⁵Erasmus Hospital, Free University of Brussels, Department of Gastroenterology, Brussels, Belgium ²⁶University of Liège, Department of Genetics, Faculty of Veterinary Medicine, Liège, Belgium ²⁷University of Washington, Cardiovascular Health Research Unit, Department of Internal Medicine, Seattle, Washington, USA ²⁸University of Utah School of Medicine, Department of Pediatrics, Salt Lake City, Utah, USA ²⁹Cedars-Sinai Medical Center, Medical Genetics Institute, Los Angeles, California, USA ³⁰Queensland Institute of Medical Research, Genetic Epidemiology, Brisbane, Australia ³¹Université Paris Diderot & INSERM & Hôpital Robert Debre AHP, Gastroenterology, Paris, France ³²Hôpital Maisonneuve-Rosemont, Dept of Gastroenterology, Montréal, Québec, Canada ³³The University of Western Australia, School of Medicine and Pharmacology, Fremantle, Australia ³⁴Université Paris Diderot, GETAID group, Paris, France ³⁵Tel Aviv University, Pediatric Gastroenterology Unit, Wolfson Medical Center and Sackler School of Medicine, Tel Aviv, Israel ³⁶Centre Hospitalier Universitaire Université de Liège, Division of Gastroenterology, Liège, Belgium ³⁷AOU Careggi, Unit of Gastroenterology SOD2, Florence, Italy ³⁸Ninewells Hospital and Medical School, Dept of Medicine, Dundee, UK ³⁹Massachusetts General Hospital, Harvard Medical School, Gastroenterology Unit Boston, Massachusetts, USA ⁴⁰Center for Computational and Integrative Biology, Massachusetts General Hospital, Boston, Massachusetts, USA ⁴¹University of Manchester Department of Medical Genetics, Manchester, UK ⁴²University Medical Center Utrecht, Department of Medical Genetics, Utrecht, Netherlands ⁴³University of Florence, Institute of Human Genetics, Florence, Italy ⁴⁴University Hospital of Nancy, Department of Hepato-Gastroenterology, Vandoeuvre-lès-Nancy, France ⁴⁵Hospital Clínic de Barcelona, IDIBAPS, CIBERehd, Department of Gastroenterology, Barcelona, Spain ⁴⁶King's College London School of Medicine, Guy's Hospital, Department of Medical and Molecular Genetics, London, UK ⁴⁷Yale University, Section of Digestive Diseases, Department of Medicine, New Haven, Connecticut, USA ⁴⁸Royal Hospital for Sick Children, Paediatric Gastroenterology and Nutrition, Glasgow, UK ⁴⁹University Hospital Gasthuisberg, Division of Gastroenterology, Leuven, Belgium ⁵⁰Guy's & St Thomas' NHS Foundation Trust, St Thomas' Hospital, Dept Gastroenterology, London, UK ⁵¹Hospital Clínic de Barcelona, IDIBAPS, CIBERehd, Department of Gastroenterology, Barcelona, Spain ⁵²University of Chicago, Department of Health Studies, Chicago, Illinois, USA ⁵³University of Bern, Division of Gastroenterology, Inselspital, Bern, Switzerland ⁵⁴Genome Institute of Singapore, Human Genetics, Singapore ⁵⁵Institute for Human Genetics, University of

California San Francisco, San Francisco, California, USA ⁵⁶University of Toronto, Mount Sinai Hospital Inflammatory Bowel Disease Centre, Toronto, Ontario, Canada ⁵⁷Rudolf Magnus Institute of Neuroscience, University Medical Center Utrecht, Department of Neurology, Utrecht, the Netherlands ⁵⁸Rikshospitalet University Hospital, Medical Department, Oslo, Norway ⁵⁹Leiden University Medical Center, Experimental Gastroenterology, Leiden, the Netherlands ⁶⁰The Hospital for Sick Children, University of Toronto, Toronto, Ontario, Canada ⁶¹Child Life and Health, University of Edinburgh, Scotland ⁶²Academic Medical Center, Department of Gastroenterology, Amsterdam, the Netherlands ⁶³Viborg Regional Hospital, Medical Department, Viborg, Denmark ⁶⁴Karolinska Institutet, Department of Clinical Science Intervention and Technology, Stockholm, Sweden ⁶⁵University of Athens, Department of Biology, School of Medicine, Athens, Greece ⁶⁶Kaunas University of medicine, Department of Gastroenterology, Kaunas, Lithuania ⁶⁷Newcastle University, Institute of Human Genetics, Newcastle upon Tyne, UK ⁶⁸Emory School of Medicine, Department of Genetics and Department of Pediatrics, Atlanta, Georgia, USA ⁶⁹Örebro University Hospital, Department of Medicine, Örebro, Sweden ⁷⁰Peninsula College of Medicine and Dentistry, Barrack Road, Exeter, UK ⁷¹Inserm, U1019, Lille, France ⁷²Yale University, Department of Genetics, Yale School of Medicine, New Haven CT ⁷³Department for General Internal Medicine, Christian-Albrechts-University, Kiel, Germany ⁷⁴Massachusetts General Hospital, Harvard Medical School, Center for Human Genetic Research, Boston, Massachusetts, USA ⁷⁵Center for Applied Genomics, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA ⁷⁶Queensland Institute of Medical Research, IBD Research Group, Brisbane, Australia ⁷⁷University of Pittsburgh Graduate School of Public Health, 130 Desoto Street, Pittsburgh, PA, USA ⁷⁸University Medical Center Groningen, Department of Gastroenterology, Groningen, the Netherlands

Abstract

Genome-wide association studies (GWAS) and candidate gene studies in ulcerative colitis (UC) have identified 18 susceptibility loci. We conducted a meta-analysis of 6 UC GWAS, comprising 6,687 cases and 19,718 controls, and followed-up the top association signals in 9,628 cases and 12,917 controls. We identified 29 additional risk loci ($P < 5 \times 10^{-8}$), increasing the number of UC associated loci to 47. After annotating associated regions using GRAIL, eQTL data and correlations with non-synonymous SNPs, we identified many candidate genes providing potentially important insights into disease pathogenesis, including *IL1R2*, *IL8RA/B*, *IL7R*, *IL12B*, *DAP*, *PRDM1*, *JAK2*, *IRF5*, *GNA12* and *LSPI*. The total number of confirmed inflammatory bowel disease (IBD) risk loci is now 99, including a minimum of 28 shared association signals between Crohn's disease (CD) and UC.

UC and CD represent the two major forms of inflammatory bowel disease (IBD: OMIM #266600), which together affect approximately 1:250 people in Europe, North America and Australasia. Clinical features, epidemiological data and genetic evidence suggest that UC and CD are related polygenic diseases. In contrast to CD, bowel inflammation in UC is limited to the colonic mucosa. While disease-related mortality is low, morbidity remains high and 10-20% of affected individuals will undergo colectomy. Though the precise etiology is unknown, the current hypothesis is a dysregulated mucosal immune response to commensal gut flora in genetically susceptible individuals¹. Recent genome-wide and candidate-gene association studies have identified 18 UC susceptibility loci, including 7 that overlap with CD (e.g. *IL23* pathway genes, *NKX2-3* and *IL10*). Known UC specific loci (*HNF4A*, *CDH1* and *LAMB1*) have highlighted the role of defective barrier function in disease pathogenesis².

The 18 confirmed UC loci explain approximately 11% of UC heritability (see Online Methods). To identify additional UC susceptibility loci and further elucidate disease pathogenesis, we combined data from six GWAS using genotype imputation and meta-analysis methodology (see Online Methods). The discovery panel consisted of 6,687 cases and 19,718 controls of European descent with data available for at least 1.1 million SNPs (Supplementary Table 1). A quantile-quantile plot of the meta-analysis test statistics showed a marked excess of significant associations in the tail of the distribution (Supplementary Figure 1). Although the majority (16/18) of previously confirmed UC loci are at a genome-wide significant level ($P < 5 \times 10^{-8}$), two just failed to meet this threshold in the meta-analysis – 4q27³, and 22q13⁴ (Table 1), though we still consider these to be true risk loci given the strength of association in the initial studies ($P = 1.35 \times 10^{-10}$ and $P = 4.21 \times 10^{-8}$ respectively). Fifty loci with $P < 1 \times 10^{-5}$ and not previously associated with UC were followed up by genotyping the most associated SNP from each locus in an independent panel of 9,628 UC cases and 12,917 population controls (see Online Methods and Supplementary Table 2). Of these, 28 loci had evidence of association ($P < 0.05$) in the follow-up panel and attained genome-wide significance ($P < 5 \times 10^{-8}$) in the combined analysis of meta-analysis and follow-up cohorts (Table 2 and Supplementary Table 3). In addition, although the locus on 1q32 failed follow-up genotyping (rs7554511) it had been previously tested for association to UC in an independent cohort (rs11584383: $P = 1.2 \times 10^{-5}$)⁵. This alternative tag SNP achieves genome-wide significance in our current meta-analysis ($P = 3.7 \times 10^{-11}$) and therefore we consider this a confirmed UC locus, bringing the total number of new UC loci to 29. It should be noted that 12 of the 29 loci had documented nominal evidence of association ($5 \times 10^{-8} < P < 0.05$) to UC in previous reports (1p36², 1q32⁶, 5q33⁶, 6p21⁵, 7q32⁷, 9p24^{5,8}, 9q34^{5,9}, 10p11⁶, 11q23⁵, 13q12⁸, 13q13² and 20q13¹⁰). We also tested the 28 loci with follow-up genotype data for association with two clinically relevant disease sub-phenotypes (maximum disease extent and need for colectomy for medically refractory disease) but no significant associations were seen following correction for multiple testing ($P < 5.2 \times 10^{-4}$) (Supplementary Table 4). In summary, there are 47 confirmed UC susceptibility loci, 18 from previous studies and 29 from the current study.

As a first step towards obtaining biological insight from the identification of these 47 loci, we examined the gene content of the associated regions (Supplementary Figure 2). Although three regions contained a single gene (5p15:*DAP*, 6q21:*PRDMI*, 10q24:*NKX2-3*), most (35/47) contain multiple genes and nine are not believed to contain any gene (Table 1). We attempted to identify plausible candidate genes by (a) using a literature-mining tool (GRAIL) to identify non-random, evidence-based links between genes, (b) searching an existing eQTL database¹¹ for correlations with our most associated SNPs (Supplementary Table 5), (c) using 1000 genomes data to identify non-synonymous SNPs in linkage disequilibrium (LD) ($r^2 > 0.5$) with the most associated SNP in the locus (Supplementary Table 6), and (d) determining the gene in closest physical proximity to the most associated SNP (see Online Methods). These approaches (results summarized in Table 1, Table 2 and Supplementary Table 7) consistently identified a single candidate gene in six of the associated regions (2q11:*IL1R2*, 5p15:*IL7R*, 7p22:*GNAI2*, 10p11:*CCNY*, 1p31:*IL23R*, 16q22:*ZFP90*), potentially prioritizing which genes to follow up in future genetic and functional studies. Noteworthy candidate genes are described in Box 1. Follow-up genotyping in even larger independent panels of cases and controls from a range of ethnicities may be needed to identify the genes containing causal variants.

BOX 1 – Candidate genes within associated loci

TNFRSF14 / MMEL1 (1p36). *TNFRSF14* encodes a member of the TNF receptor superfamily. In a T cell transfer model of colitis, *TNFRSF14* expression by innate immune cells has an important role in preventing intestinal inflammation²². *MMEL1*

encodes membrane metalloendopeptidase-like 1. This locus is associated with susceptibility to celiac disease and primary biliary cirrhosis; a nsSNP in *MMEL1* was nominally associated with multiple sclerosis.

TNFRSF9 (1p36): Tumour necrosis factor receptor superfamily member 9 is involved as a co-stimulator in the regulation of peripheral T cell activation, with enhanced proliferation and IL2 secretion. It is expressed by dendritic cells, granulocytes and endothelial cells at sites of inflammation. SCID mice transferred with naive CD4+ T cells from *TNFRSF9*-deficient mice develop colitis of equal intensity as SCID mice transferred with wild type naïve T cells, but with a modified cytokine response²³.

IL1R2 (2q11): Interleukin 1 receptor, type II binds IL1a, IL1b and IL1R1, inhibiting the activity of these ligands. Two alternative splice transcripts of *IL1R2* have been reported. This protein serves to antagonise the action of IL1a and IL1b, pleiotropic cytokines with various roles in inflammatory processes. IL1b production by lamina propria macrophages is increased in patients with UC²⁴.

This locus is immediately adjacent to a CD-associated locus containing *IL18RAP*, *IL1R1* and other genes. It is unclear at present whether the CD-associated and UC-associated SNPs in these regions tag two separate loci or one locus. The lead CD SNP has a $P=0.001$ in our UC meta-analysis. There is a large recombination hotspot between *IL1R2* (UC) and *IL1R1* (CD).

IL8RA / IL8RB (2q35): *IL8RA* and *IL8RB* encode two receptors for interleukin-8, a powerful neutrophil chemotactic factor. *IL8RA* expression, limited to a subpopulation of lamina propria macrophages and germinal centre lymphocytes in the healthy colon, is increased in macrophages, lymphocytes and epithelium in UC²⁵. *IL8RB* expression is more limited and not upregulated in UC. *IL8* expression is profoundly increased in colonic tissue from UC patients compared with controls; this increase is driven by inflammation²⁶.

DAP (5p15) encodes death-associated protein. The DAPs are a heterogeneous group of polypeptides isolated in a screen for elements involved in the IFN γ – induced apoptosis of HeLa cells. *DAP* negatively regulates autophagy and is a substrate of mTOR¹³.

IL7R (5p13) encodes the receptor for interleukin-7. IL7 is a key regulator of naïve and memory T cell survival, specifically the transition from effector to memory T cells²⁷. T cells expressing high levels of IL7R are seen in human and murine colitis; selective depletion of these cells ameliorates established colitis²⁸. *IL7R* is a confirmed multiple sclerosis susceptibility gene²⁹. The gene may have undergone extensive evolutionary selective pressure by intestinal helminths³⁰.

PRDM1 (6q21) encodes PR domain containing 1, with ZNF domain (synonym BLIMP1), the master transcriptional regulator of plasma cells and a transcriptional repressor of the IFN- β promoter. It plays important roles in the proliferation, survival and differentiation of B and T lymphocytes.

GNAI2 (7p22) encodes guanine nucleotide binding protein (G protein) alpha 12, a membrane bound GTPase that plays an important role in tight junction assembly in epithelial cells, through interactions with ZO-1 and Src²⁰.

IRF5 (7q32) encoding interferon regulatory factor 5, is a confirmed susceptibility gene for rheumatoid arthritis, SLE and primary biliary cirrhosis. This transcription factor regulates activity of type I interferons and induces cytokines including IL-6, IL-12 and TNF α , via TLR signaling. In response to mycobacterium tuberculosis infection of macrophages, Type I interferon expression is dependent on a pathway including *IRF5*, *NOD2* and *RIP2*³¹.

LSP1 (11q15): Lymphocyte-specific protein-1 is expressed by lymphocytes and macrophages, and also in endothelium wherein it is critical for normal neutrophil transmigration³².

Additional bioinformatic analyses were also performed on the entire set of genes in the associated regions to search for functional commonalities across this large number of loci (see Online Methods). Specifically, using a gene set enrichment approach the UC loci are seen to have more genes associated with cytokines and cytokine receptors (including IFN γ , several interleukins, five TNF and TNFR superfamily members), key regulators of cytokine-mediated signaling pathways, innate and adaptive immune response, macrophage activation and regulation of apoptosis than would be expected by chance (Supplementary Table 8 and Supplementary Figure 3). Enrichment analysis of the subset of candidate loci with no known association to other inflammatory diseases showed significant over-representation of gene sets associated with MAP kinase signaling, actin binding, calcium-dependent processes, fatty acid and lipid metabolism (Supplementary Table 8 and Supplementary Figure 3).

The 5p15 locus contains a single gene, *DAP* (death-associated protein), with the most associated SNP in this region having a strong eQTL effect on *DAP* expression ($P=2.59\times 10^{-12}$)¹¹. *DAP* kinase expression has been shown to increase with inflammation in UC¹², and *DAP* itself has recently been identified as a novel substrate of mTOR (mammalian target of rapamycin)¹³ and as a negative regulator of autophagy. While autophagic processes have previously been implicated in CD due to associations with *ATG16L1* and *IRGM*¹⁴, this association with *DAP* suggests a possible link between autophagy and UC.

Association to loci containing *PRDM1*, *IRF5* and *NKX2-3* suggests an important role for transcriptional regulation in UC pathogenesis. A key example is BLIMP-1, encoded by the *PRDM1* gene, whose most important function is in B cells, as the master transcriptional regulator of plasma cells¹⁵. It also functions in T cells to attenuate IL-2 production upon antigen stimulation¹⁶, and to promote the development of short-lived effector cells and regulate clonal exhaustion in both CD4 and CD8 cells¹⁷. It is noteworthy that the 11q24 celiac disease susceptibility locus containing *ETS1*, a transcription factor essential for T-bet induced production of IFN γ and the development of colitis in animal models, just fails to reach genome-wide significance in our study ($P=1.22\times 10^{-7}$, Supplementary Table 3b)^{18,19}.

Identification of *GNAI2* as the most likely candidate at the 7p22 locus suggests a role for intestinal barrier function as this gene is implicated in tight junction assembly in epithelial cells²⁰. Barrier integrity appears to be a key pathway in UC pathogenesis given previous associations to loci containing *HNF4A*, *CDH1* and *LAMB1*^{2,5}.

Given the phenotypic overlap between UC and CD, we examined the evidence for association at all 47 UC loci in our recently completed CD GWAS meta-analysis comprising 6,333 cases and 15,056 controls¹⁴ and, conversely, for evidence of association at all confirmed CD loci in our UC meta-analysis (Table 3 and Supplementary Table 9). We find that, among the 99 confirmed IBD loci meeting genome-wide significance ($P<5\times 10^{-8}$) either in UC and/or CD, 28 independent index SNPs have $P<1\times 10^{-4}$ in both scans. Interestingly, all index SNPs meeting these criteria showed the same direction of effect in both diseases, thus pointing to a minimum of 28 shared association signals between UC and CD. Multiple genes involved in the IL23 signaling pathway are included in this overlapping SNP list, specifically *IL23R*, *JAK2*, *STAT3*, *IL12B* (*p40*), and *PTPN2*. The significance of these findings is underlined by the central role played by *IL23* in the induction of *IL17* by Th17 lymphocytes, its established role in other autoimmune disorders, and the intense interest in

therapeutic manipulation of the *IL23-IL23R* interaction through blockade of the p40 or p19 *IL23* subunits.

Loci not meeting these inclusion criteria cannot be formally discounted as shared loci, indeed many of the confirmed UC/CD loci with nominal association ($1 \times 10^{-4} < P < 0.05$) to the other disease may be shared. Among the confirmed UC loci with no evidence ($P > 0.05$) of association to CD are the three containing candidate genes that play a role in intestinal barrier function (*GNA12*, *HNF4A*, and *LAMB1*).

In addition to loci shared with CD, 19 of the 47 UC risk loci are also associated with other immune-mediated diseases (Table 1 and Table 2). In particular, these “shared loci” are enriched for genes involved in T-cell differentiation, specifically in the differentiation of T_H1 and T_H17 cells (e.g. loci encoding *IL23R*, *IL21*, *IL10*, *IL7R*, *IFNG*). Dysregulated auto-antigen specific T_H1 responses are believed to be involved in organ-specific autoimmune diseases, and T_H17 cells are increasingly recognized to contribute to host defense and induction of autoimmunity and tissue inflammation²¹. Another shared pathway between UC and other immune mediated diseases involves TNF-signaling (*TNFRSF9*, *TNFRSF14*, *TNFSF15*) with widespread immunological effects including NF- κ B activation, a known key component of the inflammatory response in IBD.

The current study has more than doubled the number of confirmed UC susceptibility loci and we estimate that 16% of UC heritability is explained by these loci (see Online Methods). We have identified potentially causal genes at several loci but confirmation of causality awaits detailed fine-mapping, expression and functional studies. Dense fine-mapping and large-scale re-sequencing studies are underway with the goal of identifying the causal variation within many of these loci.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgments

In memoriam to Marc Lémann, who dedicated his life to his patients but died too soon.

We thank all subjects who contributed samples, and physicians and nursing staff who helped with recruitment globally. This study was supported by the German Ministry of Education and Research through the National Genome Research Network, the popgen biobank and infrastructure support through the DFG cluster of excellence ‘Inflammation at Interfaces. Italian case collections were supported by the Italian Group for IBD and the Italian Society for Paediatric Gastroenterology, Hepatology and Nutrition. We acknowledge funding provided by Royal Brisbane and Women’s Hospital Foundation; University of Queensland (Ferguson Fellowship); National Health and Medical Research Council, Australia and by the European Community (5th PCRDT). UK case collections were supported by the National Association for Colitis and Crohn’s disease, Wellcome Trust, Medical Research Council UK and Peninsular College of Medicine and Dentistry, Exeter. Activities in Sweden were supported by the Swedish Society of Medicine, the Bengt Ihre Foundation, the Karolinska Institutet, the Swedish National Program for IBD Genetics, the Swedish Organization for IBD, the Swedish Medical Research Council, the Soderbergh Foundation and the Swedish Cancer Foundation. Support for genotyping and genetic data analysis was provided by the Agency for Science Technology and Research (A*STAR), Singapore. We are grateful to the funders and investigators of the Epidemiological Investigation of Rheumatoid Arthritis for providing genotype data from healthy Swedish individuals.

The Wellcome Trust Case Control Consortium 2 project was supported by Wellcome Trust grant 083948/Z/07/Z. We also acknowledge the NIHR Biomedical Research Centre awards to Guy’s & St.Thomas’ NHS Trust/King’s College London and to Addenbrooke’s Hospital/University of Cambridge School of Clinical Medicine/University of Manchester and Central Manchester Foundation Trust. The NIDDK IBD Genetics Consortium is funded by the following grants: DK062431 (SRB), DK062422 (JHC), DK062420 (RHD), DK062432 (JDR), DK062423 (MSS), DK062413(DPBM), DK076984 (MJD), and DK084554 (MJD and DPBM), and DK062429 (JHC). JHC is also funded by the Crohn’s and Colitis Foundation of America; SLG by DK069513 and Primary Children’s Medical Center Foundation, and JDR by NIH/NIDDK grant DK064869. Cedars Sinai supported by NCCR grant M01-

RR00425; NIH/NIDDK grant P01-DK046763; DK 063491; and Cedars-Sinai Medical Center Inflammatory Bowel Disease Research Funds. RW is supported by a clinical fellow grant (90700281) from the Netherlands Organization for Scientific Research; EL, DF and SV are senior clinical investigators for the Funds for Scientific Research (FWO/FNRS) Belgium. SB was supported by Deutsche Forschungsgemeinschaft (DFG BR 1912/5-1) and Else Kröner-Fresenius-Stiftung (P50/05/EKMS05/62). MC was supported by the Programme Hospitalier de Recherche Clinique. CAA is supported by Wellcome Trust grant WT091745/Z/10/Z. JCB is supported by Wellcome Trust grant WT089120/Z/09/Z. RKW is supported by a clinical fellowship grant (90.700.281) from the Netherlands Organization for Scientific Research (NWO). CW is supported by grants from the Celiac Disease Consortium (BSIK03009) and the Netherlands Organization for Scientific Research (NWO, VICI grant 918.66.620). LHvdB acknowledges funding from the Prinses Beatrix Fonds, the Adessium foundation and the Amyotrophic Lateral Sclerosis Association. LF received a Horizon Breakthrough grant from the Netherlands Genomics Initiative (93519031) and a VENI grant from NWO (ZonMW grant 916.10.135). RJX and AN are funded by DK83756, AI062773, DK043351 and the Helmsley Foundation.

Replication genotyping was supported by unrestricted grants from Abbott Laboratories Ltd, Giuliani SpA, Shire PLC and Ferring Pharmaceuticals. We thank the 1958 British Birth Cohort and Banco Nacional de ADN, Salamanca, Spain who supplied control DNA samples. The IBSEN study group and the Norwegian Bone Marrow Donor Registry are acknowledged for contributing the Norwegian patient and control populations. The CHS research reported in this article was supported by contract numbers N01-HC-85079 through N01-HC- 85086, N01-HC-35129, N01 HC-15103, N01 HC-55222, N01-HC-75150, N01-HC- 45133, grant numbers U01 HL080295 and R01 HL087652 from the National Heart, Lung, and Blood Institute, with additional contribution from the National Institute of Neurological Disorders and Stroke. A full list of principal CHS investigators and institutions can be found at <http://www.chs-nhlbi.org/pi.htm>. We thank the members of the Quebec IBD Genetic Consortium, in particular A. Bitton, G. Aumais, E.J. Bernard, A. Cohen, C. Deslandres, R. Lahaie, D. Langelier and P. Paré. Other significant contributors: K. Hanigan, N. Huang, P. Webb, D. Whiteman, A. Rutherford, R. Gwilliam, J. Ghori, D Strachan, W. McCardle, W. Ouwehand, M. Newsy, S. Ehlers, I. Pauselius, K. Holm, C. Sina, M. Regueiro, A. Andriulli and M.C. Renda.

References

1. Xavier RJ, Podolsky DK. Unravelling the pathogenesis of inflammatory bowel disease. *Nature*. 2007; 448:427–34. [PubMed: 17653185]
2. The UK IBD Genetics Consortium & The Wellcome Trust Case Control Consortium 2. Genome-wide association study of ulcerative colitis identifies three new susceptibility loci, including the HNF4A region. *Nat Genet*. 2009; 41:1330–4. [PubMed: 19915572]
3. Festen EA, et al. Genetic variants in the region harbouring IL2/IL21 associated with ulcerative colitis. *Gut*. 2009; 58:799–804. [PubMed: 19201773]
4. Franke A, et al. Genome-wide association study for ulcerative colitis identifies risk loci at 7q22 and 22q13 (IL17REL). *Nat Genet*. 2010; 42:292–4. [PubMed: 20228798]
5. McGovern DP, et al. Genome-wide association identifies multiple ulcerative colitis susceptibility loci. *Nat Genet*. 2010; 42:332–7. [PubMed: 20228799]
6. Franke A, et al. Replication of signals from recent studies of Crohn's disease identifies previously unknown disease loci for ulcerative colitis. *Nat Genet*. 2008; 40:713–5. [PubMed: 18438405]
7. Dideberg V, et al. An insertion-deletion polymorphism in the interferon regulatory Factor 5 (IRF5) gene confers risk of inflammatory bowel diseases. *Hum Mol Genet*. 2007; 16:3008–16. [PubMed: 17881657]
8. Asano K, et al. A genome-wide association study identifies three new susceptibility loci for ulcerative colitis in the Japanese population. *Nat Genet*. 2009; 41:1325–9. [PubMed: 19915573]
9. Zhernakova A, et al. Genetic analysis of innate immunity in Crohn's disease and ulcerative colitis identifies two susceptibility loci harboring CARD9 and IL18RAP. *Am J Hum Genet*. 2008; 82:1202–10. [PubMed: 18439550]
10. Kugathasan S, et al. Loci on 20q13 and 21q22 are associated with pediatric-onset inflammatory bowel disease. *Nat Genet*. 2008; 40:1211–5. [PubMed: 18758464]
11. Dubois PC, et al. Multiple common variants for celiac disease influencing immune gene expression. *Nat Genet*. 2010; 42:295–302. [PubMed: 20190752]
12. Kuester D, et al. Aberrant methylation of DAPK in long-standing ulcerative colitis and ulcerative colitis-associated carcinoma. *Pathol Res Pract*. 2010
13. Koren I, Reem E, Kimchi A. DAP1, a novel substrate of mTOR, negatively regulates autophagy. *Curr Biol*. 2010; 20:1093–8. [PubMed: 20537536]

14. Franke A, et al. International Association Analysis Increases to 71 the Tally of Confirmed Crohn's Disease Susceptibility Loci. Submitted.
15. Turner CA Jr, Mack DH, Davis MM. Blimp-1, a novel zinc finger-containing protein that can drive the maturation of B lymphocytes into immunoglobulin-secreting cells. *Cell*. 1994; 77:297–306. [PubMed: 8168136]
16. Martins GA, Cimmino L, Liao J, Magnusdottir E, Calame K. Blimp-1 directly represses Il2 and the Il2 activator Fos, attenuating T cell proliferation and survival. *J Exp Med*. 2008; 205:1959–65. [PubMed: 18725523]
17. Kallies A, Xin A, Belz GT, Nutt SL. Blimp-1 transcription factor is required for the differentiation of effector CD8(+) T cells and memory responses. *Immunity*. 2009; 31:283–95. [PubMed: 19664942]
18. Grenningloh R, Kang BY, Ho IC. Ets-1, a functional cofactor of T-bet, is essential for Th1 inflammatory responses. *J Exp Med*. 2005; 201:615–26. [PubMed: 15728239]
19. Moisan J, Grenningloh R, Bettelli E, Oukka M, Ho IC. Ets-1 is a negative regulator of Th17 differentiation. *J Exp Med*. 2007; 204:2825–35. [PubMed: 17967903]
20. Sabath E, et al. Galpha12 regulates protein interactions within the MDCK cell tight junction and inhibits tight-junction assembly. *J Cell Sci*. 2008; 121:814–24. [PubMed: 18285450]
21. Bettelli E, Korn T, Oukka M, Kuchroo VK. Induction and effector functions of T(H)17 cells. *Nature*. 2008; 453:1051–7. [PubMed: 18563156]
22. Steinberg MW, et al. A crucial role for HVEM and BTLA in preventing intestinal inflammation. *J Exp Med*. 2008; 205:1463–76. [PubMed: 18519647]
23. Maerten P, et al. Involvement of 4-1BB (CD137)-4-1BBligand interaction in the modulation of CD4 T cell-mediated inflammatory colitis. *Clin Exp Immunol*. 2006; 143:228–36. [PubMed: 16412046]
24. Mahida YR, Wu K, Jewell DP. Enhanced production of interleukin 1-beta by mononuclear cells isolated from mucosa with active ulcerative colitis of Crohn's disease. *Gut*. 1989; 30:835–8. [PubMed: 2787769]
25. Williams EJ, et al. Distribution of the interleukin-8 receptors, CXCR1 and CXCR2, in inflamed gut tissue. *J Pathol*. 2000; 192:533–9. [PubMed: 11113872]
26. Noble CL, et al. Regional variation in gene expression in the healthy colon is dysregulated in ulcerative colitis. *Gut*. 2008; 57:1398–405. [PubMed: 18523026]
27. Schluns KS, Kieper WC, Jameson SC, Lefrancois L. Interleukin-7 mediates the homeostasis of naive and memory CD8 T cells in vivo. *Nat Immunol*. 2000; 1:426–32. [PubMed: 11062503]
28. Yamazaki M, et al. Mucosal T cells expressing high levels of IL-7 receptor are potential targets for treatment of chronic colitis. *J Immunol*. 2003; 171:1556–63. [PubMed: 12874249]
29. Gregory SG, et al. Interleukin 7 receptor alpha chain (IL7R) shows allelic and functional association with multiple sclerosis. *Nat Genet*. 2007; 39:1083–91. [PubMed: 17660817]
30. Fumagalli M, et al. Parasites represent a major selective force for interleukin genes and shape the genetic predisposition to autoimmune conditions. *J Exp Med*. 2009; 206:1395–408. [PubMed: 19468064]
31. Pandey AK, et al. NOD2, RIP2 and IRF5 play a critical role in the type I interferon response to Mycobacterium tuberculosis. *PLoS Pathog*. 2009; 5:e1000500. [PubMed: 19578435]
32. Liu L, et al. LSP1 is an endothelial gatekeeper of leukocyte transendothelial migration. *J Exp Med*. 2005; 201:409–18. [PubMed: 15684321]

Table 1
Association results and *in silico* analyses for the 18 previously confirmed ($P < 5 \times 10^{-8}$) ulcerative colitis (UC) loci

Left-right association boundaries are given for each index SNP (see Online Methods). RAF = risk allele frequency. OR is estimated using the meta-analysis cohort only. Known associations represent phenotypes previously associated with the locus at $P < 5 \times 10^{-8}$. AS = ankylosing spondylitis, Ast = Asthma, BD = Behçet's disease, CD = Crohn's disease, CeD = celiac disease, Graves' disease = GD, HL = Hodgkin's lymphoma, MS = multiple sclerosis, PBC = primary biliary sclerosis, Ps = psoriasis, RA = rheumatoid arthritis, SLE = systemic lupus erythematosus, T1D = type 1 diabetes and WBC = white blood cell count. Candidate genes of interest are listed. Those in bold were highlighted by *in silico* analyses (GRAIL connectivity and/or presence of an eQTL or nonsynonymous SNP. See Online Methods and Supplementary Table 7 for more details).

dbSNP ID	Chr.	Left-right(Mb)	Risk Allele	Allele frequency in controls	P-value (meta)	OR (95% CI)	Association reported with other phenotypes	Positional candidate genes of interest
rs6426833	1p36	19.93-20.18	A	0.541	3.93×10^{-35}	1.30 (1.25-1.35)		
rs11209026	1p31	67.30-67.54	G	0.935	5.12×10^{-28}	1.74 (1.57-1.92)	CD, AS, BD, Ps	IL23R
rs1801274	1q23	159.54-159.91	A	0.505	2.16×10^{-20}	1.21 (1.16-1.26)	SLE	FCGR2A, FCGR2B, HSPA6
rs3024505	1q32	204.85-205.11	A	0.159	5.76×10^{-17}	1.25 (1.19-1.32)	CD, BD, SLE, T1D	IL10, IL19
rs7608910	2p16	60.76-61.87	G	0.390	1.70×10^{-14}	1.19 (1.14-1.24)	CD, CeD, RA	PUS10
rs4676406	2q37	241.20-241.32	T	0.516	8.32×10^{-11}	1.14 (1.09-1.18)		GPR35
rs9822268	3p21	48.14-51.77	A	0.302	1.60×10^{-17}	1.21 (1.16-1.26)	CD	MST1, UBA7, APEH, AMIGO3, GMPPB, BSN
rs17388568	4q27	123.20-123.78	A	0.273	9.49×10^{-7}	1.12 (1.07-1.17)	CeD, T1D	IL21, IL2, ADADI
rs11739663	5p15	0.48-0.80	T	0.767	2.80×10^{-8}	1.15 (1.09-1.21)		EXOC3
rs9268853	6p21	31.49-33.01	T	0.661	1.35×10^{-55}	1.40 (1.34-1.47)	CD, CeD, GrD, MS, PBC, RA, T1D	HLA-DRB5, HLA-DQA1, HLA-DRB1, HLA-DRA, BTN2L2
rs4510766	7q22	107.20-107.39	A	0.559	2.00×10^{-16}	1.20 (1.15-1.26)		
rs6584283	10q24	101.25-101.33	T	0.472	8.46×10^{-21}	1.21 (1.16-1.26)	CD	
rs7134599	12q14	66.72-66.92	A	0.385	1.06×10^{-16}	1.19 (1.14-1.24)		IFNG, IL26
rs6499188	16q22	66.98-67.40	A	0.749	3.97×10^{-8}	1.14 (1.09-1.20)		ZFP90
rs2872507	17q12	34.62-35.51	A	0.463	5.44×10^{-11}	1.15 (1.10-1.19)	CD, Ast, PBC, T1D, WBC	IKZF3, ORMDL3, IKZF3, PNMT, ZPBP2, GSDML
rs6017342	20q13	42.49-42.70	C	0.538	1.09×10^{-20}	1.20 (1.15-1.26)	HDL	SERINC3
rs2836878	21q22	39.34-39.41	G	0.738	1.86×10^{-22}	1.25 (1.20-1.32)	AS	
rs5771069	22q13	48.70-48.83	G	0.515	1.87×10^{-7}	1.11 (1.07-1.16)		PIM3, IL17REL

Table 2
Association results and *in silico* analyses for the 29 newly confirmed ulcerative colitis (UC) loci

UC loci that meet genome-wide significance $P < 5 \times 10^{-8}$ in the combined analysis and $P < 0.05$ in the replication study. Left-right association boundaries are given for each index SNP (see Online Methods). RAF = risk allele frequency. OR is estimated using the replication cohort only. Known associations represent phenotypes previously associated with the locus at $P < 5 \times 10^{-8}$. AtD = atopic dermatitis, BMD = bone mineral density, CD = Crohn's disease, CeD = celiac disease, Gli = glioma, Lep = leprosy, MS = multiple sclerosis, MyN = myeloproliferative neoplasms, PBC = primary biliary sclerosis, Ps = psoriasis, RA = rheumatoid arthritis and SLE = systemic lupus erythematosus. Candidate genes of interest are listed. Those in bold were highlighted by *in silico* analyses (GRAIL connectivity and/or presence of an eQTL or nonsynonymous SNP. See Online Methods and Supplementary Table 7 for more details).

dbSNP ID	Chr.	Left-right(Mb)	Risk Allele	Allele frequency in controls	P-value (meta)	P-value (follow-up)	P-value (comb)	OR (95% CI)	Association reported with other phenotypes	Positional candidate genes of interest
rs734999	1p36	2.39-2.80	C	0.524	1.21×10^{-9}	1.51×10^{-2}	3.34×10^{-9}	1.05 (1.01-1.09)	CeD, PBC	<i>TNFRSF14</i> , <i>MMELL1</i> , <i>PLCH2</i> , <i>Clorf93</i>
rs35675666	1p36	7.83-8.13	G	0.829	1.09×10^{-8}	1.13×10^{-2}	4.84×10^{-9}	1.08 (1.02-1.15)	CD	<i>TNFRSF9</i> , <i>ERFFI1</i> , <i>UTS2</i> , <i>PARK7</i>
rs7524102	1p36	22.54-22.61	A	0.828	1.04×10^{-11}	2.06×10^{-4}	1.65×10^{-13}	1.10 (1.05-1.16)	BMD	
rs7554511	1q32	199.06-199.33	C	0.721	2.04×10^{-13}	NA	NA	1.19 (1.14-1.25)	CD, CeD	<i>Clorf106</i>
rs2310173	2q11	101.66-102.13	T	0.461	8.44×10^{-8}	5.94×10^{-6}	3.17×10^{-12}	1.09 (1.05-1.14)		<i>IL1R2</i>
rs11676348	2q35	218.58-218.97	T	0.486	8.78×10^{-9}	6.18×10^{-4}	1.25×10^{-10}	1.07 (1.03-1.11)		<i>IL8RA</i> , <i>SIC11A1</i> , <i>IL8RB</i> , <i>AAAMP</i> , <i>ARPC</i>
rs267939	5p15	10.72-10.90	C	0.368	9.67×10^{-7}	1.27×10^{-6}	6.01×10^{-12}	1.10 (1.06-1.15)		<i>DAP</i>
rs3194051	5p13	35.83-36.07	G	0.269	2.19×10^{-6}	2.06×10^{-3}	4.22×10^{-8}	1.07 (1.02-1.12)	MS	<i>IL7R</i>
rs6451493*	5p13	40.32-40.85	T	0.610	1.78×10^{-6}	2.09×10^{-4}	2.80×10^{-9}	1.08 (1.04-1.12)	CD, MS	<i>PTGER4</i>
rs254560	5q31	134.41-134.53	A	0.397	3.06×10^{-7}	4.19×10^{-4}	1.25×10^{-9}	1.07 (1.03-1.12)		<i>IL12B</i>
rs6871626	5q33	158.46-158.86	A	0.334	1.02×10^{-8}	1.40×10^{-14}	1.11×10^{-21}	1.17 (1.12-1.22)	CD, Ps, SLE	
rs943072	6p21	43.88-43.92	G	0.092	1.05×10^{-6}	3.71×10^{-5}	2.37×10^{-10}	1.15 (1.08-1.23)		
rs6911490	6q21	106.51-106.67	T	0.210	3.51×10^{-7}	1.70×10^{-3}	1.01×10^{-8}	1.08 (1.03-1.13)	CD, RA, SLE	<i>PDRM1</i>
rs6920220	6q23	137.88-138.17	A	0.207	6.38×10^{-10}	1.94×10^{-8}	8.05×10^{-17}	1.14 (1.09-1.20)	CeD, Ps, RA, SLE	
rs798502	7p22	2.70-2.90	A	0.711	1.21×10^{-8}	3.82×10^{-8}	2.61×10^{-15}	1.13 (1.08-1.18)		<i>GNAI2</i>
rs4728142	7q32	128.33-128.56	A	0.444	1.68×10^{-6}	1.25×10^{-3}	1.74×10^{-8}	1.07 (1.03-1.11)	SLE, RA, PBC	<i>IRF5</i> , <i>TNPO3</i>
rs10758669	9p24	4.93-5.28	C	0.350	8.52×10^{-13}	3.78×10^{-14}	2.22×10^{-25}	1.17 (1.12-1.21)	CD, MyN	<i>JAK2</i>
rs4246905	9q32	116.48-116.74	C	0.713	4.77×10^{-8}	1.44×10^{-5}	5.65×10^{-12}	1.10 (1.05-1.15)	CD, Lep	<i>TNFSF8</i> , <i>TNFSF15</i>

dbSNP ID	Chr.	Left-right(Mb)	Risk Allele	Allele frequency in controls	P-value (meta)	P-value (follow-up)	P-value (comb)	OR (95% CI)	Association reported with other phenotypes	Positional candidate genes of interest
rs10781499	9q34	138.27-138.55	A	0.411	6.95×10^{-13}	2.50×10^{-8}	2.62×10^{-19}	1.12 (1.08-1.17)	CD	<i>CARD9</i> , <i>INPP5E</i> , <i>SDCCAG3</i> , <i>SEC16A</i> , <i>SNAPC4</i>
rs12261843	10p11	35.22-35.94	G	0.286	2.35×10^{-8}	1.22×10^{-3}	7.09×10^{-10}	1.07 (1.03-1.12)	CD	<i>CCNY</i>
rs907611	11q15	1.82-1.93	A	0.317	2.49×10^{-8}	3.58×10^{-4}	1.38×10^{-10}	1.08 (1.03-1.13)		<i>LSP1</i>
rs2155219	11q13	75.72-76.02	T	0.500	6.33×10^{-8}	1.61×10^{-9}	5.39×10^{-16}	1.13 (1.08-1.17)	CD, AtD	
rs678170	11q23	113.76-114.08	A	0.661	6.88×10^{-11}	2.50×10^{-5}	4.65×10^{-14}	1.09 (1.05-1.14)		
rs17085007	13q12	26.39-26.46	C	0.178	3.30×10^{-9}	4.66×10^{-9}	9.65×10^{-17}	1.16 (1.10-1.21)		
rs941823	13q13	39.90-39.95	C	0.756	3.93×10^{-7}	1.93×10^{-6}	3.82×10^{-12}	1.12 (1.07-1.17)		
rs16940202	16q24	84.53-84.58	C	0.180	1.27×10^{-12}	1.42×10^{-8}	5.96×10^{-19}	1.15 (1.10-1.21)	MS	
rs2297441	20q13	61.66-61.98	A	0.766	5.78×10^{-8}	2.68×10^{-4}	1.70×10^{-10}	1.09 (1.04-1.15)	CD, Gli	<i>SLC2A4RG</i> , <i>STMN3</i> , <i>ZBTB46</i> , <i>ZGFAT</i> , <i>RTEL1</i> , <i>TNFRSF6B</i>
rs1297265	21q21	15.62-15.77	A	0.564	1.73×10^{-7}	5.02×10^{-7}	6.99×10^{-13}	1.11 (1.06-1.15)	CD	
rs2838519	21q22	44.41-44.52	G	0.390	2.26×10^{-8}	7.10×10^{-4}	6.41×10^{-11}	1.14 (1.05-1.22)	CD	<i>ICOSLG</i>

Table 3

Shared association signals between UC and CD

A shared association is defined as a confirmed association ($P_{\text{combined}} < 5 \times 10^{-8}$) in either UC or CD and $P_{\text{meta}} < 1 \times 10^{-4}$ in the other form of IBD. For more details and comparative results across all 99 reported IBD risk loci see Supplementary table 9.

Chr.	LOCUS Left-Right (Mb)	GENE Candidate	SNP	INDEX SNP		CD-META (6333/15056)		UC-META (6687/19718)	
				Risk Allele	Allele frequency in controls	p-value	OR (95% CI)	p-value	OR (95% CI)
1p31	67.30-67.54	<i>IL23R</i>	rs11209026	G	0.94	1.00×10^{-64}	2.67 (2.37-3.01)	5.12×10^{-28}	1.74 (1.57-1.92)
1q32	199.0-199.33	<i>KIF21B</i>	rs7554511	C	0.72	1.58×10^{-7}	1.14 (1.08-1.19)	2.04×10^{-13}	1.19 (1.14-1.25)
1q32	204.85-205.11	<i>IL10</i>	rs3024505	A	0.16	8.32×10^{-9}	1.18 (1.12-1.25)	5.76×10^{-17}	1.25 (1.19-1.32)
2p16	60.76-61.87	<i>REL</i>	rs7608910	G	0.39	3.11×10^{-7}	1.14 (1.09-1.21)	1.70×10^{-14}	1.19 (1.14-1.24)
2q11	101.66-102.13	<i>IL1R2</i>	rs2310173	T	0.46	8.31×10^{-5}	1.09 (1.04-1.14)	8.44×10^{-8}	1.12 (1.07-1.16)
3p21	48.14-51.77	<i>MST1</i>	rs3197999	A	0.30	6.17×10^{-17}	1.22 (1.16-1.27)	1.86×10^{-17}	1.21 (1.16-1.26)
5p13	40.32-40.85	<i>PTGER4</i>	rs6451493	T	0.61	1.61×10^{-27}	1.35 (1.28-1.43)	1.78×10^{-6}	1.12 (1.07-1.17)
5q33	158.46-158.86	<i>IL12B</i>	rs6871626	A	0.33	6.08×10^{-12}	1.15 (1.10-1.20)	1.02×10^{-8}	1.12 (1.08-1.17)
			rs6556412 ($t^2=0.03$)	A	0.34	5.37×10^{-14}	1.18 (1.13-1.23)	1.69×10^{-5}	1.09 (1.05-1.14)
6p22	20.60-21.25	<i>CDKALI</i>	rs6908425	C	0.78	1.41×10^{-8}	1.17 (1.11-1.23)	7.75×10^{-5}	1.11 (1.05-1.16)
6q21	106.51-106.67	<i>PRDMI</i>	rs6911490	T	0.21	4.28×10^{-7}	1.12 (1.07-1.18)	3.51×10^{-7}	1.13 (1.07-1.18)
9p24	4.93-5.29	<i>JAK2</i>	rs10758669	C	0.35	1.00×10^{-13}	1.18 (1.13-1.23)	8.52×10^{-13}	1.16 (1.11-1.21)
9q32	116.48-116.74	<i>TNFSF15</i>	rs4246905	C	0.71	1.33×10^{-15}	1.21 (1.15-1.28)	4.77×10^{-8}	1.13 (1.08-1.18)
9q34	138.27-138.55	<i>CARD9</i>	rs10781499	A	0.40	3.49×10^{-18}	1.20 (1.15-1.26)	6.95×10^{-13}	1.16 (1.11-1.21)
10p11	35.22-35.94	<i>CREM/CCNY</i>	rs12261843	G	0.29	1.87×10^{-9}	1.15 (1.10-1.20)	2.35×10^{-8}	1.13 (1.08-1.18)
10q21	63.97-64.43	<i>ZNF365</i>	rs10761659	G	0.54	4.37×10^{-22}	1.23 (1.18-1.28)	7.39×10^{-6}	1.10 (1.05-1.14)
10q24	101.25-101.33	<i>NKX2.3</i>	rs6584283	T	0.47	7.18×10^{-20}	1.21 (1.16-1.27)	8.46×10^{-21}	1.21 (1.16-1.26)

Chr.	Left-Right (Mb)	GENE Candidate	SNP	INDEX SNP		CD-META (6333/15056)		UC-META (6687/19718)	
				Risk Allele	Allele frequency in controls	p-value	OR (95% CI)	p-value	OR (95% CI)
11q13	75.72-76.02	<i>C11orf30</i>	rs2155219	T	0.50	1.58×10 ⁻¹²	1.16 (1.11-1.21)	6.33×10 ⁻⁸	1.12 (1.07-1.16)
15q22	65.2-65.27	<i>SMAD3</i>	rs17293632	T	0.24	1.41×10 ⁻¹³	1.19 (1.14-1.25)	9.52×10 ⁻⁶	1.11 (1.06-1.16)
17q12	34.62-35.51	<i>ORMDL3</i>	rs2872507	A	0.46	1.51×10 ⁻⁹	1.14 (1.09-1.19)	5.44×10 ⁻¹¹	1.15 (1.10-1.19)
18p11	12.73-12.92	<i>PTPN2</i>	rs1893217	G	0.16	1.29×10 ⁻¹⁴	1.25 (1.18-1.32)	4.78×10 ⁻⁵	1.12 (1.06-1.18)
19p13	10.26-10.5	<i>TYK2</i>	rs12720356	C	0.08	9.20×10 ⁻¹⁰	1.22 (1.14-1.31)	3.90×10 ⁻⁶	1.17 (1.09-1.26)
19q13	38.42-38.47	-	rs736289	T	0.61	2.69×10 ⁻⁷	1.11 (1.06-1.16)	1.89×10 ⁻⁵	1.08 (1.03-1.12)
20q13	61.66-61.98	<i>RTEL1/SLC2A4RG</i>	rs2297441	A	0.76	1.83×10 ⁻¹¹	1.19 (1.13-1.25)	5.78×10 ⁻⁸	1.14 (1.09-1.20)
21q21	15.62-15.77	-	rs1297265	A	0.57	1.41×10 ⁻⁸	1.16 (1.10-1.22)	1.73×10 ⁻⁷	1.11 (1.06-1.16)
21q22	39.34-39.41	-	rs2836878	G	0.74	3.22×10 ⁻⁶	1.12 (1.06-1.17)	1.86×10 ⁻²²	1.25 (1.20-1.32)
21q22	44.41-44.52	<i>ICOSLG</i>	rs2838519	G	0.39	2.09×10 ⁻¹⁴	1.18 (1.13-1.23)	2.26×10 ⁻⁸	1.12 (1.08-1.17)
22q11	20.14-20.39	<i>YDJC</i>	rs181359	A	0.19	6.31×10 ⁻¹³	1.21 (1.15-1.28)	2.73×10 ⁻⁵	1.11 (1.06-1.17)