

Large genetic panel analysis of British and French childhood-onset lupus cohorts

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Objectives

Systemic lupus erythematosus (SLE) is a rare immunological disorder where genetic factors are considered important in causation. Monogenic lupus has been associated with around 30 genotypes in humans, and 60 in mice; whilst genome-wide association studies have identified more than 90 risk loci. We aimed to determine the genetic contribution of rare and predicted pathogenic gene variants in a population of unselected cases of childhood-onset SLE (cSLE).

Methods

We designed a next generation sequencing (NGS) panel comprising 147 genes, including all known lupus causing (KLC) genes in humans, and potentially lupus causing (PLC) genes identified through GWAS and animal models. We screened 117 probands fulfilling ACR criteria for SLE, ascertained through British and French cohorts of cSLE, and compared these data with those of 791 ethnically matched controls from the 1000 Genomes Project, 574 controls from the FREX consortium.

Results

Mendelian genotypes were confirmed in eight probands, involving mutations in *C1QA*, *C1QC*, *C2*, *DNASE1L3* and *IKZF1*. Seven additional patients carried heterozygous mutations in complement or type I interferon associated autosomal recessive genes, with decreased levels of the encoded proteins recorded in two patients. Rare, predicted damaging variants were significantly enriched in the cSLE cohort compared to controls; 25% of SLE probands versus 4.6% of controls were identified to harbour at least one rare, predicted damaging variant ($p = 4.14 \times 10^{-15}$).

Conclusions

Inborn errors of immunity account for 7% of cSLE, with defects of innate immunity representing the main monogenic contribution. An accumulation of rare, predicted damaging variants in SLE-associated genes may contribute to disease expression and clinical heterogeneity.

Keywords: Monogenic lupus; paediatric rheumatology; genetics; innate immunity; complement deficiency

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Introduction

The term systemic lupus erythematosus (SLE) describes a rare, heterogeneous set of phenotypes characterized by the presence of autoantibodies targeting nuclear autoantigens and type I interferon upregulation. Familial aggregation and higher concordance rates between monozygotic compared to dizygotic twins suggest a major hereditary component to pathogenesis¹. Genome-wide association studies (GWAS) have identified more than 90 SLE-associated loci². GWAS defined variants are common, confer small effects on disease susceptibility and typically fall outside of coding regions. In contrast, monogenic forms of SLE, of which almost 30 have been described in humans, and greater than 60 in mice³, involve highly penetrant rare variants in protein encoding DNA⁴.

Mendelian forms of disease can help define the involvement of discrete pathways in pathogenesis. For example, both classical complement gene mutations and DNASE1L3 deficiency highlight the importance of efferocytosis in lupus pathology^{5,6}, whilst the relevance of type I interferon signalling to SLE is underlined by the association with the Mendelian type I interferonopathies^{7,8}. Finally, B cells are a key player in lupus causation⁹, with PKC δ deficiency the first described B cell related form of monogenic lupus¹⁰, and heterozygous germline mutations in *IKZF1*, encoding IKAROS, a B cell transcription factor, a cause of autoimmunity including SLE¹¹.

Recent sequencing studies suggest a false dichotomy in categorizing diseases according to strict complex or Mendelian models, an alternative possibility highlighting the importance of combinations of small numbers of rare variants promoting disease in a single individual and at a population level¹². Immune responses are variable in humans, with up to 40% of this diversity estimated to be explained by genetic variation¹³. In association with environmental factors, such genetic polymorphisms may promote tolerance breakdown¹⁴, as exemplified by the lupus phenotype.

Here, we describe a large-scale molecular analysis of childhood-onset SLE (cSLE), indicating a mutational spectrum directly causing, or strongly influencing, pathogenesis.

Material and methods

Patients

We identified 117 unrelated probands from the UK Juvenile-onset SLE (JSLE)¹⁵ and French SLE GENIAL cohorts fulfilling American College of Rheumatology (ACR) criteria for lupus, diagnosed before the age of 16 years. The study was approved by the relevant ethics committees (see the Appendix for further details). The combined cohort comprised the following ethnicities: European (50%), African (33%) and South Asian (16%), classified according to International Genome Sample resource criteria (figure 1A).

Gene selection

To identify genetic variations potentially responsible for SLE, we selected a set of genes based on: i) known Mendelian forms of lupus ('known lupus causing' – KLC - genes; n = 28), some also detected by GWAS and/or in murine studies (table S1); ii) defined causes of monogenic lupus in mouse models (n = 62) and/or genes demonstrating an association with SLE identified through GWAS (n = 67), with 11 genes common to both. The latter group are referred to as 'putative lupus causing' (PLC) genes (table S2). Defined as of 2013 when the study was initiated, this set comprised 147 genes in total.

DNA sequencing, variant discovery and filtering

Details of our sequencing protocols and variant analyses are provided in the Appendix. In brief, targeted enrichment and sequencing of the coding regions of 147 gene panel was undertaken using DNA extracted from peripheral blood. Single nucleotide variants (SNV) and indels were identified according to strict bioinformatic protocols, aligned with 1000 Genomes Project (1000g) sequence sets, and variant pathogenicity assessed using SIFT, Polyphen-2 and Combined Annotation Dependent Depletion (CADD) v1.3 scores. A rarity filter considered SNVs according to their population frequencies within the Exome Aggregation Consortium (ExAC) dataset, employing 1% and 0.1% in the case of putative biallelic mutations, or 0.01% and 0.001% for heterozygous variants in the case of indels or SNVs respectively, as our thresholds (threshold (heterozygous) = threshold (homozygous)² i.e. 10⁻⁴ for indels and 10⁻⁶ for SNVs). A pathogenicity filter considered selected indels with a CADD score higher than 15, and SNVs according to the formula: CADD score ≥ 15 AND sift score ≤ 0.05 AND Polyphen 2 score ≥ 0.9. A cartoon of the characterization of different sequence variants is given in figure S1 in the Appendix. For the FREX consortium and UK controls, only SNVs were analysed.

Control cohorts

Control data were derived from the 1000 Genomes Project (1000g). The healthy control cohort comprised 791 unrelated individuals demonstrating a similar ethnic distribution to the cSLE cohort (50% European, 33% African; 16% South Asian), built by random sampling among the 1000g sample set. Two additional control populations were ascertained through the FREX consortium, a French-specific database containing the exome data of a reference control panel of 574 individuals of French ancestry (<http://lysine.univ-brest.fr/FrExAC/>) and a UK control panel: 74 adults from the north west of England, sequenced and analysed using exactly the same targeted exon panel, sequencing platform and filtering strategy as employed in the lupus cohort. Additional information is given in Appendix.

***In vitro* assays, structural analyses**

Details of *in vitro* experiments, structural studies and protein interaction network construction are given in the Appendix.

Statistical analysis

Fisher's exact test was used to compare the frequencies of variants in the control and cSLE cohorts. Data normality was assessed using a Shapiro-Wilk test and quantile-quantile plots. The mean of SNPs per individual was compared between control and cSLE cohorts using a Mann-Whitney U test (Wilcoxon rank-sum test). P-values were adjusted using the Bonferroni correction where appropriate. Odd ratios were calculated using the standard formula, with S1/2 the number of variants that passed a filter and F1/2 those which failed for the two groups compared (OR = S1*F2 / F1*S2).

Role of the funding source

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Results

Population characteristics

Our patient cohort demonstrated a median age at disease onset of 9 (range 1.8 - 16) years and sex ratio of 25/92 (male:female = 1:3.7) (figure 1B, table S3). Similar to previous studies of cSLE, major organ involvement was frequent, with renal and cerebral disease noted in 59% and 23% of individuals respectively. A family history of lupus was reported in 20% of cases (first or second degree relatives).

Next generation sequencing identified a total of 30,955 variants in the 147 KLC and PLC genes across 117 patients (figures 1C, 1D) in the protein coding part of the gene (Supplemental Figure S1). Filtering according to the strategy described above was used to select for very rare variants, allowing us to exclude 99.95% of the initially identified polymorphisms. A similar strategy was applied to the control cohort of 791 ethnically matched individuals from the 1000g (SNVs and indels) and from the FREX consortium (SNVs) (figure 1E). An additional confirmatory cohort was generated from UK control panel: 74 adults from the north west of England sequenced and analysed using exactly the same targeted exon panel, sequencing platform and filtering strategy as employed in the lupus cohort.

Characterization of Mendelian genotypes

After filtering, 15 unrelated probands were identified to harbour a total of 14 either heterozygous or biallelic variants in 11 KLC genes (table 1), relating to components of the classical complement pathway (*C1QA*, *C1QC*, *C2*, *C3*, *C8B*, *C9*), DNASE1L3 deficiency (*DNASE1L3*), type I interferonopathies (*TREX1*, *RNASEH2C*, *ACP5*) or B-cell dysfunction (*IKZF1*). Ten of these 14 variants were novel (i.e. not seen in publicly available databases), with five having been reported previously as disease causing.

Segregation was compatible with autosomal recessive inheritance due to complement deficiency in six pedigrees. Biallelic mutations in either *C1QC* or *C1QA* were identified in three families (figure 2A). *In silico* structural analysis of C1qC predicted that the p.Gly164Ser substitution, already reported as pathogenic¹⁶, destabilizes the globular head of the C1q complement protein (figure 2B). Two other variants in *C1QC* and *C1QA* were nonsense mutations. C1q was undetectable in patient 1 and 2 (Pt1, Pt2) (figure 2C). Patients 4 to 6 carried the same biallelic deletion in the *C2* gene (figure 2D), previously described as a cause of lupus with incomplete penetrance¹⁷. CH50 and C2 levels were decreased in Pt6, whilst C3 and C4 were normal (figure 2E).

Two predicted damaging variants in *DNASE1L3* were identified in Pt7, and biallelic inheritance confirmed by parental testing (figure 3A). The nonsense mutation has been reported as disease causing¹⁸, whilst the deletion of exon 5 was novel, located in the deoxyribonuclease domain (figure 3B) and confirmed by TAQman qPCR.

Sequencing of the family of Pt8 demonstrated segregation of a novel missense *IKZF1* variant with disease status in two additional relatives (figure 3C). A previous GWAS identified significant association with lupus at the *IKZF1* locus¹⁹, whilst loss-of-function germline mutations have been recently reported to cause systemic autoimmunity and B cell deficiency¹¹. Thus, *IKZF1*, initially considered as a PLC gene, was subsequently classified as a KLC gene. The p.Asp120Val *IKZF1* variant is located in the first zinc finger of the protein (figure 3D). Confocal microscopy of NIH-3T3 cells transfected with wild type (WT) and mutant constructs revealed a punctate staining pattern characteristic of pericentromeric heterochromatin binding and localization of the WT protein, whereas the mutant protein exhibited diffuse nuclear staining, as previously observed for other pathogenic missense variants²⁰. We also performed an electrophoretic mobility-shift assay (EMSA) using nuclear extract of transfected cells, and observed that the Asp120Val protein was unable to bind a consensus-binding sequence (similar to a previously reported mutation Arg164Gln) (figure 3D). Finally, we transduced Granta cells with inducible lenti-vector pInducer21 (ORF-EG)

(Addgene) expressing either WT-IKZF1 or Asp120Val-IKZF1, and recorded a decrease of transcriptional activity of the mutant construct by RNAseq analysis (figure 3E, F). Notably, all three affected patients carrying the p.Asp120Val mutation had normal immunoglobulin levels and did not present features of immunodeficiency.

Heterozygous variants in autosomal recessive KLC genes (Mendeliome) and PLC genes

Seven probands were identified to carry a monoallelic, rare, predicted damaging variant in a KLC gene previously described to cause SLE as an autosomal recessive trait (table 2). A *TREX1* p.Ser82Leufs*9 frameshift mutation had already been reported as disease-causing in Aicardi-Goutières syndrome (AGS)²¹. Other predicted damaging variants were recorded in *RNASEH2C*, *ACP5*, *C3*, *C8B* and *C9*. In this group of seven patients the sex ratio was 4:3, similar to the subset of probands described immediately above, and differing from the overall composition of our cohort (figure S2). Furthermore, the mean age at onset was earlier in this group than in the cohort overall. Pt15, carrying a p.Ile1093Ser *C3* substitution, presented with a phenotype characterized by early onset glomerulonephritis (lupus nephritis with C1q deposits) and thrombotic microangiopathy. He benefited from treatment with eculizumab and is still in remission after three years of therapy. C3 was undetectable on several assessments, representing the lowest levels recorded in the whole cSLE cohort (figure 3G). Heterozygous variants in *C3* have been reported as possibly causal of SLE²² and evolution with eculizumab strongly support a causal impact of the mutation. A *C9* variant was similarly associated with decreased protein levels in patient plasma (Pt14) (figure 3H). The *C8B* variant seen in Pt13 did not impact on plasmatic C8 concentration. The other patients were not available for additional investigations.

Focusing on variants in PLC genes, we detected 17 rare, predicted damaging PLC variants in 16 additional unrelated probands (Table 2).

To test in an unbiased manner if the accumulation of rare, predicted damaging heterozygous KLC and PLC variants was specifically associated with cSLE status, we constituted first a control cohort by analysing the genomic sequence data of 791 healthy individuals from the 1000g database, ensuring a similar distribution of ethnicity to our patient group, as shown by the PCA analysis of the frequent (MAF>1%) SNPs (figure S3). We applied the same algorithm to the controls as used in our cSLE data set. In so doing, we observed a statistically significant excess of rare, predicted damaging variants within the cSLE population compared to 1000g controls after adding filtering for rarity plus pathogenicity (figure 4A), with an odds ratio of 17.2 (CI 95% = 3.36-90,34) in KLC genes (figure 4C). For PLC genes, a significant difference was also identified with the same filtering strategy (rarity plus pathogenicity) (figure 4B), with an enrichment of 4.4 (CI95% = [2.02;8.18]) in the lupus population (figure 4C, D). These data comprised all variants in our gene panel in the SLE and 1000g cohort datasets, generated respectively by targeted sequencing and whole genome sequencing. Of note, sequence coverage was different between our in-house derived sequence and those of the 1000g (table S4). To further consider the comparability of our patient and control groups, we undertook a confirmatory analysis using data from a second control population (FREX Consortium)(figure 4A, 4B), demonstrating a higher coverage across our gene panel (table S4). Again, the overall mutational load was significantly increased for KLC and PLC genes in the cSLE population, with a greater odds ratio when considering rarity plus pathogenicity status, compared to rarity only, with an OR that reached 11.1 (CI95% = [2.151;57.202]) and 2.83 (CI95%=[1.398;5.735]) for KLC and PLC genes respectively under this latter filtering strategy (figure 4C, 4D). Coverage information of the variants selected from the panel are represented in supplemental table S5. A similar trend was also observed when we considered 74 controls from a United Kingdom cohort of healthy adults performed using the same panel sequencing sharing identical coverage and analysed with the same gene panel and filtering strategies, but the analysis did

not reach significance (table S6). In addition to the global evaluation of rare genetic variants, we tested if rare variants within the genes identified in the panel were differentially distributed in the lupus patients compared to controls. To do so, we performed rare variant association tests using the sequence Kernel association (SKAT-O) method, which combines burden and variance component tests and has been used to explore rare genetic variants association testing. We observed a higher burden of rare variants in the lupus population in three genes: *C1QC*, *RNASEH2C*, *MECP2* and *CD19* (table S7). Finally, we compared the combined frequency of KLC and PLC rare and predicted damaging variants per proband in the panel and 1000g, and identified a statistically significant increase of filtered variants in one, two and three genes per individual in the SLE population (figure 4E,F). Taken together, these mutational load and gene specific analyses suggest an enhanced contribution of rare and predicted damaging monoallelic variants in KLC or PLC genes to cSLE susceptibility.

Discussion

Immunoprofiling of cSLE patients has highlighted the heterogeneous nature of this phenotype²³. Whilst the basis of such heterogeneity remains poorly defined, the identification of Mendelian forms of SLE related to different pathogenic mechanisms indicates that genetic factors are likely important. Low frequency variants are not captured by GWAS, nor do they confer sufficiently large effect sizes to be detected by classical linkage analysis in small family studies⁴. Meanwhile, the observation of variable penetrance and expression in Mendelian disorders indicates that other genes or environmental factors can impact phenotype. Here, we add to the understanding of germline predisposition to early-onset SLE.

A major challenge of our study was to set appropriate thresholds, in terms of population frequency and pathogenicity prediction, in order to capture likely causal variants. Given the identification of unequivocal Mendelian genotypes, the algorithms we employed appear valid. This bioinformatics strategy also demonstrated that the distribution of filtered variants was not equal in ethnically matched patient and control populations. Such stringent filtering, leading to an enrichment for likely pathogenic alleles, risks excluding possible disease-causing variants. For example, a p.Asp105Ala heterozygous variant in *RNASEH2B*, previously considered as causal for SLE⁷, was excluded using this filtering strategy (data not shown). As such, our results likely represent a conservative estimate of the associated high-penetrant genetic load.

Our analysis identified eight probands with mutations in KLC genes consistent with Mendelian causation. Complement deficiencies accounted for 5% of probands in our cohort and a defect of efferocytosis is also relevant in *DNASE1L3* deficiency⁶. Only one patient in our cohort was identified with a monogenic disease involving B cell dysfunction. That is, a novel mutation in *IKZF1*, encoding the transcription factor IKAROS, playing a role in B cell development. No mutations were identified in *PRKCD*, previously associated with monogenic lupus¹⁰. Thus, whilst SLE is often considered as a B cell driven disease, the majority of Mendelian forms observed in our cSLE relates to mutations in innate immunity related genes.

In cSLE patients compared to controls, we observed an increased frequency of monoallelic variants in KLC genes described to cause lupus as an autosomal recessive trait in both type I interferonopathy and complement related genes. In this group the sex ratio was 4:3, and the onset of disease was very early, possibly suggesting a significant impact of the observed heterozygous variants on disease induction. Among these variants, a *TREX1* mutation has already been reported in AGS, a recognized type I interferonopathy associated with an increased risk of SLE⁸. Günther et al. also described an increase of rare heterozygous variants in components of the RNase H2 complex in lupus⁷. Using our filtering strategy, one patient was detected with a heterozygous *RNASEH2C* predicted pathogenic substitution. Of note, the SKAT-O test also highlighted a higher rare-disease burden for this gene in the lupus population. We recorded an *ACP5* missense variant in one patient. Biallelic mutations

in *ACP5* are a cause of Mendelian lupus, and an increase of predicted pathogenic heterozygous variants in this gene has been reported in an SLE cohort²⁴. The patient carrying the novel variant in C3 displayed features of lupus nephritis and haemolytic uremic syndrome (HUS), with C3 deficiency a known cause of HUS. We also noticed markedly decreased levels of C3 in this patient, strongly arguing for a genetic contribution of the variant to the phenotype. Overall, these observations support the possibility that genes known as directly causal of classical Mendelian lupus may play an important role in driving susceptibility to complex disease. Indeed, a recent report using whole genome sequencing identified an enrichment of heterozygous variants in genes related to monogenic lupus in an SLE cohort²⁵. In addition, *de novo* monoallelic mutations have been described in KLC genes, including *PRKCD*, in cSLE patients, further supporting the contention of a genetic driven threshold for the occurrence of autoimmunity²⁶.

We identified 15 patients with heterozygous, putative mutations in PLC genes. The frequency of these rare, predicted damaging variants was also significantly increased in cSLE patients compared to the controls, suggesting that they might represent novel SLE predisposing alleles. Furthermore, some filtered variants co-segregated in a single individual. For example, Pt8 carried a *LYN* substitution associated with the novel *IKZF1* mutation discussed above, whilst Pt10 was identified with a novel, predicted damaging variant in each of *ACP5* and *RASGRP3*. It seems plausible that a lupus phenotype might be driven by pathogenic variants in two or more genes. Consistent with this hypothesis, we demonstrated an accumulation of rare and predicted damaging variants in individual cSLE patients compared to controls. It is important to emphasize that the number of rare variants *per se* did not vary between these populations; rather, it was the combination of variant frequency and pathogenicity score which distinguished the two groups in terms of monoallelic variant burden, with an odds ratio between patients and controls of from 11.1 to 17.1, and from 2.83 to 4.4 in the KLC and PLC gene sets respectively. Of note, a recent study in patients with C1R deficiency also suggested that common SLE-associated variants may influence the severity of an otherwise monogenic disease state²⁷.

Using our strategy, focusing on exons and polymorphisms with predicted functional consequences, we identified putative disease causing variants in the coding regions of genes already detected in GWAS studies. As examples, we recorded two unrelated patients carrying the same variant in *PDHX*, and a novel *PTPN22* variant was observed in one patient. Rare variants may contribute to the burden of the disease, with their accumulation influencing age at onset and clinical spectrum. Rare variants in two genes identified in GWAS studies, *BLK* and *BANK1*, were also recently identified in lupus patients with functional impact on B cell biology²⁸. In our study, the bioinformatic filter we used was more stringent, and filtered out some of these variants in these genes. In addition, we may have missed functionally relevant regulatory variants located in non-coding regions of the genome that were not captured by the panel. Thus, given the stringency of the bioinformatic algorithm that we employed, our study probably underestimates the genetic contribution of the genes selected here. Furthermore, parental DNA was not systematically available in all patients, preventing us from detecting *de novo* mutations that might have otherwise been identified by trio analyses²⁵. Finally, by limiting our analysis to a 147 gene panel we omit several other genes that may contribute to a Mendelian susceptibility to lupus. Functional studies were only performed when material was available, and to robustly address the contribution of interesting variants, their introduction into cellular and/or animal models may prove helpful.

Studying extreme phenotypes of complex disease represents a powerful strategy to simplify and understand human pathology. Our analysis highlights the heterogeneity of the genetic basis of cSLE, with 25% of the cSLE population carrying at least one rare and predicted damaging variant. Numerous clinical trials have failed to demonstrate a positive effect of a variety of medications in SLE, and current clinical and laboratory criteria are clearly not sufficient to detect specific factors determining treatment outcome. Explicitly considering

rare, high penetrant gene variants might identify patient subsets with distinct therapeutic responses, thereby enabling personalized treatments according to genetic background and molecular taxonomy²⁸.

Research in Context

Evidence before this study

Familial aggregation, and higher concordance rates between monozygotic (20 – 40%) relative to dizygotic twins and other full siblings (2 – 5%), suggest a major hereditary component to the pathogenesis of systemic lupus erythematosus (SLE). Whilst genome-wide association studies (GWAS) have identified more than 90 loci as robustly associated with the lupus phenotype, it is an overlooked fact that Mendelian forms of lupus have been described in the context of almost 30 discrete genotypes in humans, referred to here as the Mendeliome, and more than 60 single gene defects in mice. At present, the significance of these observations for the understanding of lupus biology remains unclear.

Added value of this study

To address the issue of the genetic contribution to lupus in children, we performed an analysis of 147 genes at depth, selected on the basis of their involvement in lupus pathogenesis, in 117 unrelated probands with SLE demonstrating onset before the age of 16 years. Within the Mendeliome, we observed mutant genotypes to be present in 7% of probands. Furthermore, heterozygous, predicted pathogenic variants in genes previously implicated in lupus causation were significantly enriched in the SLE cohort compared to controls. Of further interest, our study supports the concept of oligogenicity in SLE genetic susceptibility, with an accumulation of rare, predicted pathogenic variants in different genes in patients.

Implication of the available evidence

Numerous clinical trials in SLE have failed to demonstrate a positive effect of a variety of study drugs, and current clinical and laboratory criteria are clearly not sufficient to detect specific factors determining treatment outcome. Our results are consistent with an underlying heterogeneity of the lupus phenotype, with dysfunction of innate immunity playing an important role. Our data suggest that an exploration of genetic burden in single individuals may be informative in tailoring future personalized therapeutic interventions.

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Contributions

AB and YJC conceived the study, planned, designed and interpreted experiments and wrote the initial draft. GIR performed PCR sequencing and participated in variant analysis with TL. EG, GM performed SKAT-O analyses. QR and RB performed the initial filtering of variants and the first analyses on the dataset. JOS, PARF, CB, TS, TL, TB, GIR analysed the panel data, 1000g and FREX data. Complement dosage was performed by MNS. Autoantibody screening was performed by NF. Structural 3D structures were provided by NT and CG. Biobanking and processing of samples were undertaken by EC and IR. SL and AH generated EMSA for Ikaros variant. Functional immunological and transcriptome studies were performed by SOO, MM, MT, SV, and KK. ES, CF, BR, RC, PR, BK, JCL, SD, PA, HR, BBM and MB provided clinical samples and critically reviewed patient data. GENIAL Investigators, UK JSLE Study Group provided additional samples. The FREX Consortium and samples from Professor G Evans, Manchester Centre for Genomic Medicine with sequencing funded by the BRC provided control data. All authors reviewed the manuscript and agreed to its submission.

Figure 1. Demographic characteristics of the cSLE cohort and bioinformatic analysis strategy. Ethnicity (A), age and sex (B) of the 117 probands in the cSLE cohort. (C) Schematic of the bioinformatic pipeline used to detect rare predicted damaging variants, leading to the definition of three categories of patient: 8 patients with monogenic SLE; 8 patients carrying monoallelic variants in autosomal recessive known lupus causing (KLC) genes; 16 additional patients with filtered variants in potentially lupus causing (PLC) genes. Total and individual variant numbers are presented before and after the application of filters of rarity and pathogenicity in the SLE (D) and 1000g (E) cohorts. Note that three patients in the KLC groups carried additional rare and predicted damaging variants in PLC genes, as indicated in brackets.

Figure 2. Complement deficiencies in cSLE. Pedigrees of families with mutations in *C1q* (A), *C2* (D), (black shading represents affected cSLE status), with identified mutations shown below each pedigree. (B) Structure of C1q globular domain with C1qA (red), C1qB (green) and C1qC (blue), calcium ion (yellow) and representation of the Gly164 residue (magenta). This amino acid is highly conserved across the C1q family. The glycine at position 164 is located near the junction between the collagen-like stem (red, green and blue circles) with the globular domain. The glycine is tightly packed into the structure, and any substitution is predicted to destabilize the assembly of the three chains. (C) ELISA quantification of complement components in sera from patients with C1Q and (E) C2 deficiency.

Figure 3: Other genetic defects in the Mendeliome. (A) Family pedigree of Pt 7. (B) Representation of the DNASE1L3 protein showing the T97Ifs*2 substitution and the deletion identified in Pt7 (red) and parents with linear representation of DNASE1L3 and the only other mutation so-far reported within the coding region (black). (C) Family pedigree of Pt 8 with (D) position of the D120V mutation (red) in the IKAROS zinc finger domain required for DNA-binding, and previously reported mutations (black). NIH3T3 cells were transfected with HA-tagged WT or D120V mutant expression vectors labelled with anti-HA antibody and an Alexa 488-conjugated (green) secondary antibody. Cells were visualized using confocal microscopy. Mutant D120V was analysed for DNA binding with the use of an electrophoretic mobility shift assay (EMSA), and compared to the already reported defective variant R162Q (E) Heat map of regulated genes by RNA-Seq analyses in Granta cells with transfection of inducible WT-IKZF1 or D120V-IKZF1 (left panel without induction, right panel following induction). (F) Transcriptomic activity of WT and D120V variant.

Figure 4. Rare and predicted damaging variants in cSLE and phenotypes. (A) Heterozygous variant mean of SNPs in known lupus causing (KLC) genes previously associated with lupus causation as an autosomal recessive trait, in cSLE probands compared to controls in 1000g and FREX database. (B) Heterozygous variant mean of SNPs in putative lupus causing (PLC) genes in cSLE probands compared to controls in 1000g and FREX database. (C) Odds ratio for the mutational load in KLC (A) and PLC (B) genes of SNPs under the different filtering conditions of the lupus patients compared to 1000g or FREX cohorts (E) Number of KLC and PLC genes per individual in which a rare, predicted damaging variant was identified in cSLE probands and controls. (F) Representation of genes with either filtered variants (inner white circle) or without filtered variants (outer grey circle). Chromosome localization and number of filtered variants (innermost coloured dots) are indicated. Variants were divided into three categories: causal for monogenic disease (red), heterozygous in KLC genes previously associated with lupus causation as an autosomal recessive trait (orange), or PLC (blue) genes. Putative di- or tri-genic associations of variants in a single proband are signified by connecting lines.

Supplementary figure S1. Coding region filter. The boxes outline what we refer to as the coding region i.e. exons and canonical splice site nucleotides.

Supplementary figure S2. Population comparability

Principal component analysis of the distribution of frequent variants in the cSLE panel and 1000g populations showing three subgroups of populations within the two populations.

Supplementary figure S3. Phenotype according to genotype. Spider plots of the frequency of clinical features seen in: A) cSLE patients with Mendelian disease (n = 8); (B) probands carrying heterozygous variants in autosomal recessive KLC genes (n = 8); (C) probands with variants in PLC genes (n = 16); and (D) probands with no identified filtered variants (n = 85). Sex ratios and age at diagnosis are provided for each plot. Sex ratio, male:female; age, median age at onset in years; SD: standard deviation.

Table 1: Patients carrying filtered variant in known lupus causing (KLC) genes (bold) (with additional filtered variants, underlined), defining Mendelian SLE (Pt 1 to 8) or carrying heterozygous rare, predicted damaging variants in genes known to cause autosomal recessive lupus (Pt9 to 15)

Patient	Gene	Variant (HGVS)	Protein change	Zygoty	SIFT	Polyphen 2	CADD	ACMG classification	ExAc	References
Pt1	<i>C1QC</i>	NM_001114101.3:c.490G>A	p.Gly164Ser	Homozygous	Deleterious	Probably damaging	33	Likely pathogenic	1/121376	27
Pt2	<i>C1QC</i>	NM_001114101.3:c.121delC	p.Leu41CystsTer97	Compound heterozygous	-	-	26.2	Pathogenic	Novel	
		NM_001114101.3:c.490G>A	p.Gly164Ser	Compound heterozygous	Deleterious	Probably damaging	33	Likely pathogenic	1/121376	
	<i>CD19</i>	NM_0011778098.2:c.1638delA	p.Gly547GlufsTer33	Heterozygous	-	-	25.4	-	Novel	
	<i>CLEC16A</i>	NM_001114101.3:c.490G>A	p.His129Asp	Heterozygous	-	-	28.9	Undetermined significance	Novel	
Pt3	<i>C1QA</i>	NM_001347465.2:c.44delT	p.Ile15AsnfsTer7	Homozygous	-	-	21.3	Likely pathogenic	Novel	
Pt4	<i>C2</i>	NM_000063.4:c.841_849+19del	p.Val281_Arg283del	Homozygous	-	-	32	Likely pathogenic	619/121204 1 hom	28
Pt5	<i>C2</i>	NM_000063.4:c.841_849+19del	p.Val281_Arg283del	Homozygous	-	-	32	Likely pathogenic	619/121204 1 hom	
Pt6	<i>C2</i>	NM_000063.4:c.841_849+19del	p.Val281_Arg283del	Homozygous	-	-	32	Likely pathogenic	619/121204 1 hom	
Pt7	<i>DNASE1L3</i>	NM_004944.3:c.290_291delCA Exon 5 deletion	p.Thr97IlefsTer2	Compound heterozygous Compound heterozygous	- -	- -	25.1	Likely pathogenic	10/121384	29
Pt8	<i>IKZF1</i>	NM_006060.6:c.199A>T	p.Asp120Val	Heterozygous	Deleterious	Probably damaging	26.3	Likely pathogenic	Novel	
	<i>Lyn</i>	NM_002350.3:c.773T>C	p.Phe258Ser	Heterozygous	Deleterious	Probably damaging	25.8	Likely pathogenic	Novel	

P19	TREX1	NM_033629.6:c.236_243dup CTGCAGCC	p.Ser82LeufsTer9	Heterozygous	-	-	24.6	Pathogenic	Novel
P110	ACPF5	NM_001111035.3:c.79C>A	p.Arg27Ser	Heterozygous	Deleterious	Probably damaging	28.1	Undetermined significance	Novel
	RASGRP3	NM_001349975.2:c.686C>G	p.Ala229Gly	Heterozygous	Deleterious	Probably damaging	31	Undetermined significance	Novel
P111	RNASEH2C	NM_032193.3:c.472C>G	p.His158Asp	Heterozygous	Deleterious	Probably damaging	28.8	Undetermined significance	Novel
P112	C9	NM_001737.5:c.1209_1222del	p.Asp403GlufsTer5	Heterozygous	-	-	34	Undetermined significance	8/121256
P113	C8B	NM_000066.3:c.-99_-98delinsAAG	-	Heterozygous	-	-	16.31		Novel
P114	C9	NM_001737.5:c.1490C>T	p.Ala497Val	Heterozygous	Deleterious	Probably damaging	29.2	Likely pathogenic	Novel
P115	C3	NM_000064.4:c.3278T>G	p.Ile1093Ser	Heterozygous	Deleterious	Probably damaging	31	Likely pathogenic	Novel

Table 2: Rare, predicted damaging variants per patient in putative lupus causing (PLC) genes (GWAS and mouse models)

Patient	Gene	Heterozygous variants	Protein change	SIFT	Polyphen2	CADD
Pt16	<i>IRF7</i>	NM_004031.2:c.926A>T	p.Lys309Met	Deleterious	Probably damaging	24.9
Pt17	<i>CLEC16A</i>	NM_015226.3:c.908_910delGAG	p.Gly303del	-	-	15.75
	<i>NFE2L2</i>	NM_006164.4:c.-11_9del	-	-	-	22.8
	<i>TNXB</i>	ENST00000375244.7:c.12727G>A	p.Gly4243Arg	Deleterious	Probably damaging	23.9
Pt18	<i>TRAF3IP2</i>	NM_147686.3:c.1366G>A	p.Val456Met	Deleterious	Probably damaging	32
Pt19	<i>PDHX</i>	NM_003477.2:c.171T>G	p.Ile57Met	Deleterious	Probably damaging	24.0
Pt20	<i>JAZF1</i>	NM_175061.4:c.-23delA	-	-	-	18.15
Pt21	<i>PHRF1</i>	NM_020901.3:c.1355C>T	p.Pro452Leu	Deleterious	Possibly damaging	23.9
Pt22	<i>CD19</i>	NM_001178098.1:c.1318G>A	p.Glu440Lys	Deleterious	Probably damaging	33
Pt23	<i>CBLB</i>	NM_170662.4:c.621T>G	p.Ile207Met	Deleterious	Probably damaging	23.9
	<i>TMEM39A</i>	NM_018266.2:c.689_696del	p.Thr230Argfs*21_	-	-	20.7
	<i>TMEM39A</i>	NM_018266.2:c.681_687del	p.Ser227Argfs*20	-	-	15.14
Pt24	<i>TNXB</i>	NM_019105.6:c.4535_4552del	p.Asp1512_Val1517del	-	-	16.12
Pt25	<i>PTPN22</i>	NM_015967.5:c.314C>T	p.Pro105Leu	Deleterious	Probably damaging	29.6
Pt26	<i>PDHX</i>	NM_003477.2:c.171T>G	p.Ile57Met	Deleterious	Probably damaging	24.0
Pt27	<i>WDFY4</i>	NM_020945.1:c.657G>T	p.Gln219His	Deleterious	Probably damaging	18.49
Pt28	<i>CYBB</i>	NM_000397.3:c.1102G>T	p.Ala368Ser	Deleterious	Probably damaging	25.2
Pt29	<i>MECP2</i>	NM_001110792.1:c.851C>T	p.Pro284Leu	Deleterious	Probably damaging	27.9

Supplementary appendix

Here is provided supplemental information by the authors.

1. Materials and methods.....	p2 - 4
2. Supplementary table S1.....	p5 - 10
3. Supplementary table S2.....	p11 - 55
4. Supplementary table S3.....	p57-60
5. Supplementary table S4.....	p61
6. Supplementary table S5.....	p62
7. Supplementary table S6.....	p63
8. Supplementary table S7.....	p64 - 65

Materials and Methods

Patients

One hundred and seventeen unrelated probands were identified from the UK Juvenile-onset SLE (JSLE) Cohort Study (Watson et al., 2012) and French SLE GENIAL (Clinicaltrials.gov, NCT01992666) cohorts. All patients fulfilled American College of Rheumatology (ACR) criteria for lupus and were diagnosed before the age of 16 years. Linked clinical data were recorded in the two respective nationwide databases. The study was approved by the Sud-Est III ethics committee (#2013-011B), French Data Protection Authority (CNIL, #DR-2013-354), French Advisory Committee on Healthcare Research Data Processing (CCTIRS, #2013.223), the National Research Ethics Service North West, Liverpool East, UK (reference 06/Q1502/77) and the Leeds (East) Research Ethics Committee, UK (reference number 10/H1307/132). In agreement with the International Genome Sample resource (IGSR; <http://www.internationalgenome.org>) criteria for the classification of ethnicity, the combined cohort of pediatric onset SLE examined here was made up of the following ethnicities: European (50%), African (33%) and South Asian (16%) (Figure 1A).

Controls

Control data were derived from the 1000 Genomes Project (1000g)¹⁶. The healthy control cohort comprised 791 unrelated individuals demonstrating a similar ethnic distribution to the cSLE cohort (50% European, 33% African; 16% South Asian), built by random sampling among the 1000g sample set. Two additional control populations were ascertained through the FREX consortium, a French-specific database of 574 individuals of French ancestry and a UK control panel: 74 adults from the north west of England,

The FREX consortium exome database is a French-specific database containing the exome data of a reference control panel of individuals of French ancestry (n = 574). (Website: <http://lysine.univ-brest.fr/FrExAC/>). The FREX cohort is a federative project that aims at building such a database and giving access to the scientific community exome data that can serve as controls in association studies. A total of 574 healthy individuals sampled in 6 French regions have been sequenced using the Agilent V5+UTR exome capture kit and genotyped on Illumina Core Exome SNP-chip.

A cohort of 74 adults from the north west of England and were screened using an identical pipeline, arising from the CTD project (LEAP), led by Pr. Ian Bruce and funded by the BRC. The patients were sequenced and analysed using exactly the same targeted exon panel, sequencing platform and filtering strategy as employed in the lupus cohort.

Panel designation

We designed a next-generation sequencing panel selecting genes after a systematic search of Pubmed to January 2013, considering combinations of the following terms: "Mouse models of lupus; GWAS studies related to lupus; monogenic lupus".

DNA sequencing

Targeted enrichment and sequencing of our panel of 146 genes was undertaken using 200 ng of DNA extracted from peripheral blood. Enrichment was performed with the Sure Select Custom Target Enrichment Kit (Agilent Technologies, Santa Clara, CA, USA) for the Illumina HiSeq system following the manufacturer's protocols. Samples were paired-end sequenced on a Illumina HiSeq 2500 sequencer (Illumina Inc, San Diego, CA, USA). More than 96% of targeted bases were sequenced to a read depth of greater than 30. Rare variants, defined here as a frequency on the Exome Aggregation Consortium (ExAC, 0.2) database of <0.1% for SNPs and <1% for indels, were selected for further analysis. Studied variants were confirmed by Sanger sequencing (primers available on request).

Variant discovery and annotation

Variant discovery analysis was performed following Genome Analysis Toolkit (GATK) best practice guidelines (Van der Auwera et al., 2013). Raw data (fastq files) were preliminarily split according to the number of reads for optimal base quality score recalibration. Reads were then aligned to the reference genome assembly GRCh37 with BWA-MEM (version 0.7.12), using appropriate read group annotations. Duplicate reads were marked using Picard (version 1.140). We utilized GATK (version 3.4) to realign reads around indels with the 1000 Genomes Project (1000g) (The 1000 Genomes Project Consortium, 2010) phase 1 indel call reference and 1000g gold standard indel sets. Same procedure was performed for the Frex consortium database and UK control population for SNPs only. Base quality scores were recalibrated using the two aforementioned indel sets and the dbSNP138 release. Analysis-ready reads belonging to the same sample, but with different lane number, were then merged. To increase the quality of the results, an additional round of duplicate read marking and realignment was performed on merged files.

Single nucleotide variants (SNV) and indels were called simultaneously on each sample via local reassembly using the GATK HaplotypeCaller tool to produce an intermediate variant set. Joint genotyping was then performed on the files from all 117 individuals. Variants were filtered using variant quality score recalibration, and low quality ($GQ < 20$) reads removed. Copy number variants (CNVs) were identified according to a read-depth approach. ExomeDepth v1.1.6 (Plagnol et al., 2012) was applied to non-duplicate sequencing reads aligned to GRCh37. CNV calling was performed utilizing other samples generated through the same sequencing run and bioinformatics strategy. Variants were annotated using Ensembl Variant Effect Predictor (VEP) 83 and Annovar (Wang et al., 2010). We considered SIFT (Ng and Henikoff, 2003), Polyphen-2 (Adzhubei et al., 2013) and Combined Annotation Dependent Depletion (CADD) v1.3 (Kircher et al., 2014) scores for computational predictions of variant pathogenicity. For the UK control population, $CADD > 15$ only was considered for the analysis.

Variant filtering

Variants extracted from the raw data in VCF files were filtered using the following steps: segregation into two subsets, insertions/deletions (indels) and SNVs; filtering of indels and SNVs according to their population frequencies within the ExAC dataset, where we employed 1% and 0.1% respectively in the case of putative biallelic mutations, or 0.01% and 0.001% in the case of heterozygous variants, as our thresholds (threshold (heterozygous) = threshold (homozygous)² i.e. 10^{-4} for indels and 10^{-6} for SNVs). Finally, we selected indels with a CADD score higher than 15, and SNVs according to the formula: $CADD \text{ score} \geq 15$ AND $sift \text{ score} \leq 0.05$ AND $Polyphen \ 2 \ \text{score} \geq 0.9$. A cartoon of the characterization of different sequence variants is given in Figure S1 in the Supplementary Appendix. For the UK control population, $CADD > 15$ only was considered for the analysis.

cDNA cloning, expression and DNA binding studies

cDNA coding for IKZF1 was a kind gift from A. Liston (Leuven). cDNA was PCR amplified and cloned in a p3xFlagCMV vector (Sigma-Aldrich, France) that enables expression of IKAROS N-terminal Flag tagged protein. Directed mutagenesis was performed on this construct to obtain the IKZF1 c.A359T (p.D120V) variant. For IKAROS nuclear staining experiments, Flag-tagged human WT or D120V Ikaros plasmids were transfected into NIH3T3 cells using JetPEI transfection reagent (PolyPlus Transfection, France). Forty eight hours after transfection, cells were stained using primary mouse anti-Flag antibody (Sigma-Aldrich, France) and secondary anti-mouse AF488 antibody (Jackson ImmunoResearch, UK). Nuclei were stained using DAPI (Thermo Fisher Scientific, France). Images were

collected on a LSM 710 confocal microscope (Zeiss, Germany) with a 63x immersion objective.

C1q Structure analysis

Structural analysis was performed using MacPymol 1.3 software and C1q structure PDB 1PK6(Gaboriaud et al., 2003).

IKZF1 functional data

Granta cell sample preparation

Granta cells were transduced with inducible lenti-vector pInducer21 (ORF-EG) (Addgene) expressing either wt-IKZF1 or D120V-IKZF1. Four days following transduction, GFP positive cells were sorted using a FACSAria Cell Sorter (Becton-Dickinson, San Jose, USA). For the IKZF1 transcriptomic study, cells were plated at 1.10⁶ cells/ml in 6 well plate and treated or not with doxycycline at 0.5µg/ml during 6 hours. Cells were then pelleted and total RNA extracted using Direct-Zol RNA MicroPrep w/ Zymyx-Spin Columns and following manufacturer's instructions (Ozyme). Total RNA was quantified using Quantifluor RNA system (Promega).

Library preparation and RNASeq and analysis: Libraries were generated from 1µg of total RNA from doxycycline induced or non induced Granta cell lines. Libraries were generated with SENSE™ mRNA-Seq Library Prep Kit V2 (Lexogen) following the manufacturer's instructions. Tagged library quality was checked on D1000 screen tape and analysed on Tape station 4200 (Agilent). Libraries sequencing was performed by the GenomEast platform, a member of the "France Génomique" consortium (ANR-10-INBS- 0009). Cutadapt 1.10 (--adapter AGATCGGAAGAGCACACGTCTGAACTCCAGTCAC --quality-cutoff 20,20 --anywhere "Af100g" --minimum-length 40) was used for read preprocessing: adapter, poly-A tail and low-quality (Phred quality score below 20) base trimming, removal of reads shorter than 40 bp after trimming. Reads mapping to rRNA sequences were also discarded. Reads were then mapped onto the hg38 assembly of Homo sapiens genome using STAR (7) version 2.5.3a (--twopassMode Basic). Gene expression was quantified using htseq-count (8) release 0.6.1p1 (--mode union --minaaqual 10) and gene annotations from Ensembl release 94. Statistical analysis was performed using R and DESeq2 1.16.1 Bioconductor library (9). Genes were selected as differentially expressed using the following thresholds: adjusted p-value lower than 0.05 and absolute value of log₂ Fold-Change greater than 1.

Statistical analysis

Fisher's exact test was used to compare the frequencies of variants in the control and cSLE cohorts. Data normality was assessed using a Shapiro-Wilk test and quantile-quantile plots. The mean of SNPs per individual was compared between control and cSLE cohorts using a Mann-Whitney U test (Wilcoxon rank-sum test). P-values were adjusted using the Bonferroni correction where appropriate. Odd ratios were calculated using the standard formula, with S1/2 the number of variants that passed a filter and F1/2 those which failed for the two groups compared ($OR = S1 \cdot F2 / F1 \cdot S2$).

SKAT-O analysis was performed rare variants with a MAF of 1% or 0.1% within the selected genes to analyse the genes differentially distributed in the lupus patients compared to controls. The SKAT-O method combines burden and variance component tests (Lee et al., 2012).

Supplemental table S1: Genotypes associated with putative monogenic SLE, known lupus-causing genes (KLC, also referred as Mendeliome) (n = 28)(defined as of 2013)

Gene	Pathogenesis	Kegg pathways	References
ACP5	Interferon signaling	ko00740 Riboflavin metabolism ko01100 Metabolic pathways ko04142 Lysosome ko04380 Osteoclast differentiation ko05323 Rheumatoid arthritis	(An et al., 2016; Briggs et al., 2011; Lausch et al., 2011)
C1Q(A,B,C)	Complement	ko04610 Complement and coagulation cascades ko05020 Prion diseases ko05133 Pertussis ko05142 Chagas disease (American trypanosomiasis) ko05150 Staphylococcus aureus infection ko05322 Systemic lupus erythematosus	(Botto et al., 1998; Martens et al., 2009)
C1R	Complement	ko04145 Phagosome ko04610 Complement and coagulation cascades ko05133 Pertussis ko05150 Staphylococcus aureus infection ko05322 Systemic lupus erythematosus	(Lee et al., 1978)
C1S	Complement	ko04610 Complement and coagulation cascades ko05133 Pertussis ko05150 Staphylococcus aureus infection ko05322 Systemic lupus erythematosus	(Amano et al., 2008; Dragon-Durey et al., 2001; Lee et al., 1978)
C2	Complement	map00140 Steroid hormone biosynthesis	(Stern et al., 1976)
C3	Complement	hsa04145 Phagosome hsa04610 Complement and coagulation cascades hsa05133 Pertussis hsa05134 Legionellosis hsa05140 Leishmaniasis	(Tsukamoto et al., 2005)

		hsa05142 Chagas disease (American trypanosomiasis) hsa05150 Staphylococcus aureus infection hsa05152 Tuberculosis hsa05167 Kaposi sarcoma-associated herpesvirus infection hsa05168 Herpes simplex infection hsa05203 Viral carcinogenesis hsa05322 Systemic lupus erythematosus	
C4A	Complement	hsa04610 Complement and coagulation cascades hsa05133 Pertussis hsa05150 Staphylococcus aureus infection hsa05322 Systemic lupus erythematosus	(Chen et al., 2000; Fischer et al., 1998; Paul et al., 2002)
C4B	Complement	hsa04610 Complement and coagulation cascades hsa05133 Pertussis	(Hartung et al., 1992; Yang et al., 2007)
C5	Complement	ko04610 Complement and coagulation cascades ko05020 Prion diseases ko05133 Pertussis ko05150 Staphylococcus aureus infection ko05168 Herpes simplex infection ko05322 Systemic lupus erythematosus	(Asghar et al., 1991)
C6	Complement	ko04610 Complement and coagulation cascades ko05020 Prion diseases ko05322 Systemic lupus erythematosus	(Trapp et al., 1987)
C7	Complement	ko04610 Complement and coagulation cascades ko05020 Prion diseases ko05322 Systemic lupus erythematosus	(Segurado et al., 1992)

C8A	Complement	ko04610 Complement and coagulation cascades ko05020 Prion diseases ko05146 Amoebiasis ko05322 Systemic lupus erythematosus	(Jasin, 1977)
C8B	Complement	ko04610 Complement and coagulation cascades ko05020 Prion diseases ko05146 Amoebiasis ko05322 Systemic lupus erythematosus	(Jasin, 1977)
C9	Complement	ko04610 Complement and coagulation cascades ko05020 Prion diseases ko05146 Amoebiasis ko05322 Systemic lupus erythematosus	(Kawai et al., 1989)
DNASE1	Interferon signaling		(Bodaño et al., 2006; Napirei et al., 2000; Yasutomo et al., 2001)
DNASE1L3	Interferon signaling		(Al-Mayouf et al., 2011; Ozçakar et al., 2013)
FAS	Central tolerance	ko01524 Platinum drug resistance ko04010 MAPK signaling pathway ko04060 Cytokine-cytokine receptor interaction ko04115 p53 signaling pathway ko04210 Apoptosis ko04217 Necroptosis ko04650 Natural killer cell mediated cytotoxicity ko04668 TNF signaling pathway ko04932 Non-alcoholic fatty liver disease (NAFLD) ko04940 Type I diabetes mellitus ko05010 Alzheimer disease ko05142 Chagas disease (American trypanosomiasis) ko05143 African	(Adachi et al., 1993; Watson et al., 1992)

		ko05161 trypanosomiasis ko05162 Hepatitis B ko05163 Measles Human cytomegalovirus infection ko05164 Influenza A ko05165 Human papillomavirus infection ko05167 Kaposi sarcoma- associated herpesvirus infection ko05168 Herpes simplex infection ko05200 Pathways in cancer ko05205 Proteoglycans in cancer ko05320 Autoimmune thyroid disease ko05330 Allograft rejection ko05332 Graft-versus-host disease	
FASLG	Central tolerance	ko01524 Platinum drug resistance ko04010 MAPK signaling pathway ko04014 Ras signaling pathway ko04060 Cytokine-cytokine receptor interaction ko04068 FoxO signaling pathway ko04151 PI3K-Akt signaling pathway ko04210 Apoptosis ko04217 Necroptosis ko04650 Natural killer cell mediated cytotoxicity ko04722 Neurotrophin signaling pathway ko04932 Non-alcoholic fatty liver disease (NAFLD) ko04940 Type I diabetes mellitus ko05142 Chagas disease (American trypanosomiasis) ko05143 African trypanosomiasis	(Lynch et al., 1994; Takahashi et al., 1994)

		ko05161 Hepatitis B ko05162 Measles ko05163 Human cytomegalovirus infection ko05164 Influenza A ko05165 Human papillomavirus infection ko05168 Herpes simplex infection ko05200 Pathways in cancer ko05205 Proteoglycans in cancer ko05320 Autoimmune thyroid disease ko05330 Allograft rejection ko05332 Graft-versus-host disease	
IFIH1	Interferon signaling	ko04622 RIG-I-like receptor signaling pathway ko05161 Hepatitis B ko05162 Measles ko05164 Influenza A ko05168 Herpes simplex infection	(Robinson et al., 2011)
IKZF1	Central tolerance		(Hoshino et al., 2017)
MFGE8	Efferocytosis		(Hanayama et al., 2004; Hu et al., 2009; Yamaguchi et al., 2008)
PRKCD	Central tolerance	ko04062 Chemokine signaling pathway ko04140 Autophagy - animal ko04270 Vascular smooth muscle contraction ko04621 NOD-like receptor signaling pathway ko04625 C-type lectin receptor signaling pathway ko04666 Fc gamma R-mediated phagocytosis ko04722 Neurotrophin signaling pathway ko04750 Inflammatory mediator regulation of TRP channels ko04912 GnRH signaling pathway	(Belot et al., 2013; Mecklenbräuer et al., 2002; Miyamoto et al., 2002)

		ko04915 Estrogen signaling pathway ko04930 Type II diabetes mellitus ko04931 Insulin resistance ko04933 AGE-RAGE signaling pathway in diabetic complications	
RNASEH2A, RNASEH2B, RNASEH2C	Interferon signaling	ko03030 DNA replication	(Ramantani et al., 2010)
TREX1	Interferon signaling	ko04623 Cytosolic DNA-sensing pathway	(Lee-Kirsch et al., 2007)

Supplemental table S2: Genes selected from GWAS or mouse models of SLE, putative lupus-causing genes (PLC) (n = 119) (defined as of 2013)

Gene	Kegg pathways	Ascertainment	References
AFF1	ko05202 Transcriptional misregulation in cancer	GWAS	(Okada et al., 2012)
APCS		Mouse model	(Ehrenstein et al., 1998, 2000)
ATG5	ko04136 Autophagy - other ko04137 Mitophagy - animal ko04138 Autophagy - yeast ko04140 Autophagy - animal ko04211 Longevity regulating pathway ko04213 Longevity regulating pathway - multiple species ko04216 Ferroptosis ko04621 NOD-like receptor signaling pathway ko04622 RIG-I-like receptor signaling pathway ko05131 Shigellosis	GWAS	(Harley et al., 2008)
BANK1		GWAS	(Kozyrev et al., 2008)
BCL2	ko01521 EGFR tyrosine kinase inhibitor resistance ko01522 Endocrine resistance ko01524 Platinum drug resistance ko04064 NF-kappa B signaling pathway ko04066 HIF-1 signaling pathway ko04071 Sphingolipid signaling pathway ko04115 p53 signaling pathway	Mouse model	(Kozyrev et al., 2008; Liphaus et al., 2006)

ko04140	Autophagy - animal	
ko04141	Protein processing in endoplasmic reticulum	
ko04151	PI3K-Akt signaling pathway	
ko04210	Apoptosis	
ko04215	Apoptosis - multiple species	
ko04217	Necroptosis	
ko04261	Adrenergic signaling in cardiomyocytes	
ko04340	Hedgehog signaling pathway	
ko04510	Focal adhesion	
ko04621	NOD-like receptor signaling pathway	
ko04630	JAK-STAT signaling pathway	
ko04722	Neurotrophin signaling pathway	
ko04725	Cholinergic synapse	
ko04915	Estrogen signaling pathway	
ko04928	Parathyroid hormone synthesis, secretion and action	
ko04933	AGE-RAGE signaling pathway in diabetic complications	
ko05014	Amyotrophic lateral sclerosis (ALS)	
ko05145	Toxoplasmosis	
ko05152	Tuberculosis	
ko05161	Hepatitis B	
ko05169	Epstein-Barr virus infection	
ko05200	Pathways in cancer	
ko05206	MicroRNAs in cancer	
ko05210	Colorectal cancer	
ko05215	Prostate cancer	
ko05222	Small cell lung cancer	
ko05226	Gastric cancer	
ko05418	Fluid shear stress and atherosclerosis	

BLK		GWAS; mouse model	(Hom et al., 2008; Samuelson et al., 2012)
C8ORF12		GWAS	(Hom et al., 2008)
CBLB	ko04012 ko04120 ko04144 ko04625 ko04660 ko04910 ko05162	ErbB signaling pathway Ubiquitin mediated proteolysis Endocytosis C-type lectin receptor signaling pathway T cell receptor signaling pathway Insulin signaling pathway Measles	Mouse model (Bachmaier et al., 2000; Yi et al., 2000)
CD19	hsa04151 hsa04640 hsa04662 hsa05169 hsa05340	PI3K-Akt signaling pathway Hematopoietic cell lineage B cell receptor signaling pathway Epstein-Barr virus infection Primary immunodeficiency	Mouse model (Rickett et al., 1995; Zhou et al., 1994)
CD22	hsa04514 hsa04640 hsa04662	Cell adhesion molecules (CAMs) Hematopoietic cell lineage B cell receptor signaling pathway	Mouse model (Cornall et al., 1998; O'Keefe et al., 1996)
CD40LG	hsa04060 hsa04064 hsa04514 hsa04660	Cytokine-cytokine receptor interaction NF-kappa B signaling pathway Cell adhesion molecules (CAMs) T cell receptor signaling pathway	GWAS; mouse model (Higuchi et al., 2002; Manea et al., 2009)

	hsa04672 hsa05144 hsa05145 hsa05310 hsa05320 hsa05322 hsa05330 hsa05340 hsa05416	Intestinal immune network for IgA production Malaria Toxoplasmosis Asthma Autoimmune thyroid disease Systemic lupus erythematosus Allograft rejection Primary immunodeficiency Viral myocarditis		
CD44	ko04512 ko04640 ko05131 ko05169 ko05205 ko05206	ECM-receptor interaction Hematopoietic cell lineage Shigellosis Epstein-Barr virus infection Proteoglycans in cancer MicroRNAs in cancer	GWAS	(Lessard et al., 2011)
CD48	ko04650	Natural killer cell mediated cytotoxicity	Mouse model	(Kumar et al., 2006; Morel et al., 2001)
CDKN1A	ko01522 ko01524 ko04012 ko04066 ko04068 ko04110 ko04115 ko04151 ko04218 ko04630	Endocrine resistance Platinum drug resistance ErbB signaling pathway HIF-1 signaling pathway FoxO signaling pathway Cell cycle p53 signaling pathway PI3K-Akt signaling pathway Cellular senescence JAK-STAT signaling pathway	GWAS; Mouse model	(Balomenos et al., 2000; Kim et al., 2009)

ko04921	Oxytocin signaling pathway
ko04928	Parathyroid hormone synthesis, secretion and action
ko04934	Cushing syndrome
ko05160	Hepatitis C
ko05161	Hepatitis B
ko05163	Human cytomegalovirus infection
ko05165	Human papillomavirus infection
ko05166	HTLV-I infection
ko05167	Kaposi sarcoma-associated herpesvirus infection
ko05169	Epstein-Barr virus infection
ko05200	Pathways in cancer
ko05202	Transcriptional misregulation in cancer
ko05203	Viral carcinogenesis
ko05205	Proteoglycans in cancer
ko05206	MicroRNAs in cancer
ko05210	Colorectal cancer
ko05211	Renal cell carcinoma
ko05212	Pancreatic cancer
ko05213	Endometrial cancer
ko05214	Glioma
ko05215	Prostate cancer
ko05216	Thyroid cancer
ko05217	Basal cell carcinoma
ko05218	Melanoma
ko05219	Bladder cancer
ko05220	Chronic myeloid leukemia
ko05222	Small cell lung cancer
ko05223	Non-small cell lung cancer
ko05224	Breast cancer

	ko05225 ko05226	Hepatocellular carcinoma Gastric cancer		
CFLAR	ko04064 ko04140 ko04210 ko04217 ko04668 ko05142	NF-kappa B signaling pathway Autophagy - animal Apoptosis Necroptosis TNF signaling pathway Chagas disease (American trypanosomiasis)	Mouse model	(Qiao et al., 2010; Shenoy et al., 2001)
CLEC16A			GWAS	(Zhang et al., 2011)
CORO1A	ko04145 ko05152	Phagosome Tuberculosis	Mouse model	(Haraldsson et al., 2008)
CR2	ko04610 ko04640 ko04662 ko05169	Complement and coagulation cascades Hematopoietic cell lineage B cell receptor signaling pathway Epstein-Barr virus infection	Mouse model	(Boackle et al., 2001; Chen et al., 2000)
CRP			GWAS	(Edberg et al., 2008)
CSF2	ko04060 ko04630 ko04640 ko04650 ko04657 ko04660	Cytokine-cytokine receptor interaction JAK-STAT signaling pathway Hematopoietic cell lineage Natural killer cell mediated cytotoxicity IL-17 signaling pathway T cell receptor signaling pathway	Mouse model	(Dranoff et al., 1994; Enzler et al., 2003)

	ko046664 ko04668 ko05132 ko05146 ko05166 ko05167 ko05202 ko05221 ko05323	<p>Fc epsilon RI signaling pathway</p> <p>TNF signaling pathway</p> <p>Salmonella infection</p> <p>Amoebiasis</p> <p>HTLV-1 infection</p> <p>Kaposi sarcoma-associated herpesvirus infection</p> <p>Transcriptional misregulation in cancer</p> <p>Acute myeloid leukemia</p> <p>Rheumatoid arthritis</p>		
CTLA4	ko04514 ko04660 ko05320 ko05323	<p>Cell adhesion molecules (CAMs)</p> <p>T cell receptor signaling pathway</p> <p>Autoimmune thyroid disease</p> <p>Rheumatoid arthritis</p>	GWAS; Mouse model	(Barreto et al., 2009; Tivol et al., 1995)
CYBB	ko04066 ko04145 ko04216 ko04217 ko04621 ko04670 ko04933 ko05140	<p>HIF-1 signaling pathway</p> <p>Phagosome</p> <p>Ferroptosis</p> <p>Necroptosis</p> <p>NOD-like receptor signaling pathway</p> <p>Leukocyte transendothelial migration</p> <p>AGE-RAGE signaling pathway in diabetic complications</p> <p>Leishmaniasis</p>	Mouse model	(Campbell et al., 2012)
DEF6			Mouse model	(Fanzo et al., 2006)
E2F2	ko01522 ko04110 ko04218	<p>Endocrine resistance</p> <p>Cell cycle</p> <p>Cellular senescence</p>	Mouse model	(Murga et al., 2001)

	ko04934 ko05161 ko05163 ko05166 ko05167 ko05200 ko05206 ko05212 ko05214 ko05215 ko05218 ko05219 ko05220 ko05222 ko05223 ko05224 ko05225 ko05226	Cushing syndrome Hepatitis B Human cytomegalovirus infection HTLV-1 infection Kaposi sarcoma-associated herpesvirus infection Pathways in cancer MicroRNAs in cancer Pancreatic cancer Glioma Prostate cancer Melanoma Bladder cancer Chronic myeloid leukemia Small cell lung cancer Non-small cell lung cancer Breast cancer Hepatocellular carcinoma Gastric cancer		
ELF1	ko04214	Apoptosis - fly	GWAS	(Yang et al., 2007)
EP300	ko04024 ko04066 ko04068 ko04110 ko04310 ko04330 ko04350 ko04520 ko04630	cAMP signaling pathway HIF-1 signaling pathway FoxO signaling pathway Cell cycle Wnt signaling pathway Notch signaling pathway TGF-beta signaling pathway Adherens junction JAK-STAT signaling pathway	Mouse model	(Forster et al., 2007; Shikama et al., 2003)

	ko04720 ko04916 ko04919 ko04922 ko05016 ko05152 ko05161 ko05164 ko05165 ko05166 ko05167 ko05168 ko05169 ko05200 ko05203 ko05206 ko05211 ko05215	<p>Long-term potentiation</p> <p>Melanogenesis</p> <p>Thyroid hormone signaling pathway</p> <p>Glucagon signaling pathway</p> <p>Huntington disease</p> <p>Tuberculosis</p> <p>Hepatitis B</p> <p>Influenza A</p> <p>Human papillomavirus infection</p> <p>HTLV-I infection</p> <p>Kaposi sarcoma-associated herpesvirus infection</p> <p>Herpes simplex infection</p> <p>Epstein-Barr virus infection</p> <p>Pathways in cancer</p> <p>Viral carcinogenesis</p> <p>MicroRNAs in cancer</p> <p>Renal cell carcinoma</p> <p>Prostate cancer</p>		
ETS1	ko04013 ko04014 ko04218 ko04320 ko05166 ko05200 ko05211	<p>MAPK signaling pathway - fly</p> <p>Ras signaling pathway</p> <p>Cellular senescence</p> <p>Dorso-ventral axis formation</p> <p>HTLV-I infection</p> <p>Pathways in cancer</p> <p>Renal cell carcinoma</p>	GWAS	(Han et al., 2009; Yang et al., 2010)
FCGR2A	ko04145 ko04380 ko04611	<p>Phagosome</p> <p>Osteoclast differentiation</p> <p>Platelet activation</p>	GWAS	(Harley et al., 2008)

	ko04666 ko05140 ko05150 ko05152 ko05322	<p>Fc gamma R-mediated phagocytosis</p> <p>Leishmaniasis</p> <p>Staphylococcus aureus infection</p> <p>Tuberculosis</p> <p>Systemic lupus erythematosus</p>		
FCGR2B	ko04145 ko04380 ko04662 ko04666 ko05150 ko05152 ko05162	<p>Phagosome</p> <p>Osteoclast differentiation</p> <p>B cell receptor signaling pathway</p> <p>Fc gamma R-mediated phagocytosis</p> <p>Staphylococcus aureus infection</p> <p>Tuberculosis</p> <p>Measles</p>	GWAS	(Bolland and Ravetch, 2000; Takai et al., 1996)
FCGR3A	ko04145 ko04380 ko04650 ko05140 ko05150 ko05152 ko05322	<p>Phagosome</p> <p>Osteoclast differentiation</p> <p>Natural killer cell mediated cytotoxicity</p> <p>Leishmaniasis</p> <p>Staphylococcus aureus infection</p> <p>Tuberculosis</p> <p>Systemic lupus erythematosus</p>	GWAS	(Edberg et al., 2002)
FCGR3B	ko04145 ko04380 ko04650 ko05140 ko05150 ko05152 ko05322	<p>Phagosome</p> <p>Osteoclast differentiation</p> <p>Natural killer cell mediated cytotoxicity</p> <p>Leishmaniasis</p> <p>Staphylococcus aureus infection</p> <p>Tuberculosis</p> <p>Systemic lupus erythematosus</p>	GWAS	Fanciulli et al. 2007, Nat. Genet

FLI1	ko05202	Transcriptional misregulation in cancer	GWAS; mouse model	(Morris et al., 2010; Zhang et al., 1995)
FYB	ko04015	Rap1 signaling pathway	GWAS	(Addobbati et al., 2013)
GADD45A	ko04010 ko04068 ko04110 ko04115 ko04210 ko04218 ko05200 ko05202 ko05210 ko05212 ko05213 ko05214 ko05216 ko05217 ko05218 ko05220 ko05222 ko05223 ko05224 ko05225 ko05226	MAPK signaling pathway FoxO signaling pathway Cell cycle p53 signaling pathway Apoptosis Cellular senescence Pathways in cancer Transcriptional misregulation in cancer Colorectal cancer Pancreatic cancer Endometrial cancer Glioma Thyroid cancer Basal cell carcinoma Melanoma Chronic myeloid leukemia Small cell lung cancer Non-small cell lung cancer Breast cancer Hepatocellular carcinoma Gastric cancer	Mouse model	(Hollander et al., 1999; Li et al., 2010)
GPR132			Mouse model	(Le et al., 2001)
ICA1	ko04940	Type I diabetes mellitus	GWAS	(Harley et al., 2008)
ICMT	ko00900	Terpenoid backbone biosynthesis	Mouse model	(Doyle et al., 2003)

IFNA17	<p>ko01130</p> <p>hsa04060 hsa04151 hsa04217 hsa04620 hsa04621 hsa04622 hsa04623 hsa04630 hsa04650 hsa05152 hsa05160 hsa05161 hsa05162 hsa05163 hsa05164 hsa05165 hsa05167 hsa05168 hsa05200 hsa05320</p> <p>Biosynthesis of antibiotics Cytokine-cytokine receptor interaction PI3K-Akt signaling pathway Necroptosis Toll-like receptor signaling pathway NOD-like receptor signaling pathway RIG-I-like receptor signaling pathway Cytosolic DNA-sensing pathway Jak-STAT signaling pathway Natural killer cell mediated cytotoxicity Tuberculosis Hepatitis C Hepatitis B Measles Human cytomegalovirus infection Influenza A Human papillomavirus infection Kaposi sarcoma-associated herpesvirus infection Herpes simplex infection Pathways in cancer Autoimmune thyroid disease</p>	GWAS; mouse model	(Li et al., 2005)
IFNG	<p>ko03050 ko04060 ko04066 ko04217 ko04350 ko04380 ko04612</p> <p>Proteasome Cytokine-cytokine receptor interaction HIF-1 signaling pathway Necroptosis TGF-beta signaling pathway Osteoclast differentiation Antigen processing and presentation</p>	Mouse model	(Hirankarn et al., 2009; Seery et al., 1997)

	ko04630 ko04650 ko04657 ko04658 ko04659 ko04660 ko04940 ko05132 ko05140 ko05142 ko05143 ko05144 ko05145 ko05146 ko05152 ko05162 ko05164 ko05168 ko05169 ko05200 ko05321 ko05322 ko05323 ko05330 ko05332 ko05418	<p>JAK-STAT signaling pathway</p> <p>Natural killer cell mediated cytotoxicity</p> <p>IL-17 signaling pathway</p> <p>Th1 and Th2 cell differentiation</p> <p>Th17 cell differentiation</p> <p>T cell receptor signaling pathway</p> <p>Type 1 diabetes mellitus</p> <p>Salmonella infection</p> <p>Leishmaniasis</p> <p>Chagas disease (American trypanosomiasis)</p> <p>African trypanosomiasis</p> <p>Malaria</p> <p>Toxoplasmosis</p> <p>Amoebiasis</p> <p>Tuberculosis</p> <p>Measles</p> <p>Influenza A</p> <p>Herpes simplex infection</p> <p>Epstein-Barr virus infection</p> <p>Pathways in cancer</p> <p>Inflammatory bowel disease (IBD)</p> <p>Systemic lupus erythematosus</p> <p>Rheumatoid arthritis</p> <p>Allograft rejection</p> <p>Graft-versus-host disease</p> <p>Fluid shear stress and atherosclerosis</p>		
IKBKE	ko04620 ko04621 ko04622 ko04623	<p>Toll-like receptor signaling pathway</p> <p>NOD-like receptor signaling pathway</p> <p>RIG-I-like receptor signaling pathway</p> <p>Cytosolic DNA-sensing pathway</p>	GWAS	(Wang et al., 2013)

	<p>ko04625 ko04657 ko05160 ko05161 ko05162 ko05164 ko05165 ko05167 ko05168</p> <p>C-type lectin receptor signaling pathway IL-17 signaling pathway Hepatitis C Hepatitis B Measles Influenza A Human papillomavirus infection Kaposi sarcoma-associated herpesvirus infection Herpes simplex infection</p>		
IKZF3		GWAS	(Lessard et al., 2012; Wang et al., 1998)
IL10	<p>ko04060 ko04068 ko04625 ko04630 ko04660 ko04672 ko05133 ko05140 ko05142 ko05143 ko05144 ko05145 ko05146 ko05150 ko05152 ko05169</p> <p>Cytokine-cytokine receptor interaction FoxO signaling pathway C-type lectin receptor signaling pathway JAK-STAT signaling pathway T cell receptor signaling pathway Intestinal immune network for IgA production Pertussis Leishmaniasis Chagas disease (American trypanosomiasis) African trypanosomiasis Malaria Toxoplasmosis Amoebiasis Staphylococcus aureus infection Tuberculosis Epstein-Barr virus infection</p>	GWAS	(Wang et al., 2013; Yin et al., 2002)

	ko05310 ko05320 ko05321 ko05322 ko05330	<p>Asthma</p> <p>Autoimmune thyroid disease</p> <p>Inflammatory bowel disease (IBD)</p> <p>Systemic lupus erythematosus</p> <p>Allograft rejection</p>		
IL2	ko04060 ko04151 ko04625 ko04630 ko04658 ko04659 ko04660 ko04672 ko04940 ko05142 ko05162 ko05166 ko05200 ko05320 ko05321 ko05330 ko05332	<p>Cytokine-cytokine receptor interaction</p> <p>PI3K-Akt signaling pathway</p> <p>C-type lectin receptor signaling pathway</p> <p>JAK-STAT signaling pathway</p> <p>Th1 and Th2 cell differentiation</p> <p>Th17 cell differentiation</p> <p>T cell receptor signaling pathway</p> <p>Intestinal immune network for IgA production</p> <p>Type 1 diabetes mellitus</p> <p>Chagas disease (American trypanosomiasis)</p> <p>Measles</p> <p>HTLV-I infection</p> <p>Pathways in cancer</p> <p>Autoimmune thyroid disease</p> <p>Inflammatory bowel disease (IBD)</p> <p>Allograft rejection</p> <p>Graft-versus-host disease</p>	Mouse model	(Crispin and Tsokos, 2009; Schorle et al., 1991)
IL2RA	hsa04060 hsa04144 hsa04151	<p>Cytokine-cytokine receptor interaction</p> <p>Endocytosis</p> <p>PI3K-Akt signaling pathway</p>	Mouse model	(Carr et al., 2009; Willerford et al., 1995)

	<p>hsa04630 hsa04640 hsa04658 hsa04659 hsa05162 hsa05166 hsa05200</p>	<p>Jak-STAT signaling pathway Hematopoietic cell lineage Th1 and Th2 cell differentiation Th17 cell differentiation Measles HTLV-I infection Pathways in cancer</p>			(Lieberman and Tsokos, 2010; Suzuki et al., 1995)
IL2RB	<p>hsa04060 hsa04144 hsa04151 hsa04630 hsa04658 hsa04659 hsa05162 hsa05166 hsa05200 hsa05202</p>	<p>Cytokine-cytokine receptor interaction Endocytosis PI3K-Akt signaling pathway Jak-STAT signaling pathway Th1 and Th2 cell differentiation Th17 cell differentiation Measles HTLV-I infection Pathways in cancer Transcriptional misregulation in cancer</p>	Mouse model		
IL4	<p>ko04060 ko04151 ko04630 ko04640 ko04657 ko04658 ko04659 ko04660 ko04664</p>	<p>Cytokine-cytokine receptor interaction PI3K-Akt signaling pathway JAK-STAT signaling pathway Hematopoietic cell lineage IL-17 signaling pathway Th1 and Th2 cell differentiation Th17 cell differentiation T cell receptor signaling pathway Fc epsilon RI signaling pathway</p>	GWAS		(Erb et al., 1997; Wu et al., 2003; Yu et al., 2010)

	ko04672 ko05140 ko05162 ko05200 ko05310 ko05320 ko05321 ko05330	<p>Intestinal immune network for IgA production</p> <p>Leishmaniasis</p> <p>Measles</p> <p>Pathways in cancer</p> <p>Asthma</p> <p>Autoimmune thyroid disease</p> <p>Inflammatory bowel disease (IBD)</p> <p>Allograft rejection</p>		
IRAK1	ko04010 ko04064 ko04620 ko04624 ko04722 ko05133 ko05140 ko05142 ko05145 ko05152 ko05162 ko05169	<p>MAPK signaling pathway</p> <p>NF-kappa B signaling pathway</p> <p>Toll-like receptor signaling pathway</p> <p>Toll and Imd signaling pathway</p> <p>Neurotrophin signaling pathway</p> <p>Pertussis</p> <p>Leishmaniasis</p> <p>Chagas disease (American trypanosomiasis)</p> <p>Toxoplasmosis</p> <p>Tuberculosis</p> <p>Measles</p> <p>Epstein-Barr virus infection</p>	GWAS	(Jacob et al., 2007; Sawalha et al., 2008)
IRF5	ko04620	<p>Toll-like receptor signaling pathway</p>	GWAS	(Sigurdsson et al., 2005)
IRF7	hsa04620 hsa04621 hsa04622 hsa04623 hsa05160	<p>Toll-like receptor signaling pathway</p> <p>NOD-like receptor signaling pathway</p> <p>RIG-I-like receptor signaling pathway</p> <p>Cytosolic DNA-sensing pathway</p> <p>Hepatitis C</p>	GWAS	(Fu et al., 2011; Harley et al., 2008)

	hsa05161 hsa05162 hsa05164 hsa05167 hsa05168 hsa05203	Hepatitis B Measles Influenza A Kaposi sarcoma-associated herpesvirus infection Herpes simplex infection Viral carcinogenesis		
IRF8	hsa05133	Pertussis	GWAS	(Lessard et al., 2012)
ITGAM	hsa04015 hsa04145 hsa04514 hsa04610 hsa04640 hsa04670 hsa04810 hsa05133 hsa05134 hsa05140 hsa05146 hsa05150 hsa05152 hsa05202 hsa05221	Rap1 signaling pathway Phagosome Cell adhesion molecules (CAMs) Complement and coagulation cascades Hematopoietic cell lineage Leukocyte transendothelial migration Regulation of actin cytoskeleton Pertussis Legionellosis Leishmaniasis Amoebiasis Staphylococcus aureus infection Tuberculosis Transcriptional misregulation in cancer Acute myeloid leukemia	GWAS	(Harley et al., 2008; Nath et al., 2008)
ITPR3	hsa04020 hsa04022 hsa04070 hsa04114	Calcium signaling pathway cGMP-PKG signaling pathway Phosphatidylinositol signaling system Oocyte meiosis	GWAS	(Oishi et al., 2008)

hsa04210	Apoptosis
hsa04218	Cellular senescence
hsa04270	Vascular smooth muscle contraction
hsa04371	Apelin signaling pathway
hsa04540	Gap junction
hsa04611	Platelet activation
hsa04621	NOD-like receptor signaling pathway
hsa04625	C-type lectin receptor signaling pathway
hsa04713	Circadian entrainment
hsa04720	Long-term potentiation
hsa04723	Retrograde endocannabinoid signaling
hsa04724	Glutamatergic synapse
hsa04725	Cholinergic synapse
hsa04726	Serotonergic synapse
hsa04728	Dopaminergic synapse
hsa04730	Long-term depression

	hsa04742 hsa04750 hsa04911 hsa04912 hsa04915 hsa04918 hsa04921 hsa04922 hsa04924 hsa04925 hsa04927 hsa04928 hsa04934 hsa04970 hsa04971 hsa04972 hsa05010 hsa05163 hsa05167 hsa05205	Taste transduction Inflammatory mediator regulation of TRP channels Insulin secretion GnRH signaling pathway Estrogen signaling pathway Thyroid hormone synthesis Oxytocin signaling pathway Glucagon signaling pathway Renin secretion Aldosterone synthesis and secretion Cortisol synthesis and secretion Parathyroid hormone synthesis, secretion and action Cushing syndrome Salivary secretion Gastric acid secretion Pancreatic secretion Alzheimer disease Human cytomegalovirus infection Kaposi sarcoma-associated herpesvirus infection Proteoglycans in cancer		
JAZF1	H00409	Type II diabetes mellitus	GWAS	(Gateva et al., 2009)
JUNB	ko04380	Osteoclast differentiation	Mouse model	(Meixner et al., 2008; Pflieger et al., 2009)
KLK1	ko04668 hsa04614 hsa04961	TNF signaling pathway Renin-angiotensin system Endocrine and other factor-regulated	GWAS	(Liu et al., 2009)

KRAS	<p>hsa01521 hsa01522 hsa04010 hsa04012 hsa04014 hsa04015 hsa04062 hsa04068 hsa04071 hsa04072 hsa04137 hsa04140 hsa04150 hsa04151 hsa04210 hsa04211 hsa04213 hsa04218 hsa04360 hsa04370 hsa04371 hsa04540 hsa04550 hsa04625 hsa04650 hsa04660 hsa04662</p>	<p>calcium reabsorption EGFR tyrosine kinase inhibitor resistance Endocrine resistance MAPK signaling pathway ErbB signaling pathway Ras signaling pathway Rap1 signaling pathway Chemokine signaling pathway FoxO signaling pathway Sphingolipid signaling pathway Phospholipase D signaling pathway Mitophagy - animal Autophagy - animal mTOR signaling pathway PI3K-Akt signaling pathway Apoptosis Longevity regulating pathway Longevity regulating pathway - multiple species Cellular senescence Axon guidance VEGF signaling pathway Apelin signaling pathway Gap junction Signaling pathways regulating pluripotency of stem cells C-type lectin receptor signaling pathway Natural killer cell mediated cytotoxicity T cell receptor signaling pathway B cell receptor signaling pathway</p>	<p>Mouse model</p> <p>(Quaio et al., 2012)</p>
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hsa04664	Fc epsilon RI signaling pathway
hsa04714	Thermogenesis
hsa04720	Long-term potentiation
hsa04722	Neurotrophin signaling pathway
hsa04725	Cholinergic synapse
hsa04726	Serotonergic synapse
hsa04730	Long-term depression
hsa04810	Regulation of actin cytoskeleton
hsa04910	Insulin signaling pathway
hsa04912	GnRH signaling pathway
hsa04914	Progesterone-mediated oocyte maturation
hsa04915	Estrogen signaling pathway
hsa04916	Melanogenesis
hsa04917	Prolactin signaling pathway
hsa04919	Thyroid hormone signaling pathway
hsa04921	Oxytocin signaling pathway
hsa04926	Relaxin signaling pathway
hsa04933	AGE-RAGE signaling pathway in diabetic complications
hsa04960	Aldosterone-regulated sodium reabsorption
hsa05034	Alcoholism
hsa05160	Hepatitis C
hsa05161	Hepatitis B
hsa05163	Human cytomegalovirus infection
hsa05165	Human papillomavirus infection
hsa05166	HTLV-1 infection
hsa05167	Kaposi sarcoma-associated herpesvirus infection
hsa05200	Pathways in cancer
hsa05203	Viral carcinogenesis
hsa05205	Proteoglycans in cancer

	hsa05206 hsa05210 hsa05211 hsa05212 hsa05213 hsa05214 hsa05215 hsa05216 hsa05218 hsa05219 hsa05220 hsa05221 hsa05223 hsa05224 hsa05225 hsa05226 hsa05230 hsa05231	<p>MicroRNAs in cancer</p> <p>Colorectal cancer</p> <p>Renal cell carcinoma</p> <p>Pancreatic cancer</p> <p>Endometrial cancer</p> <p>Glioma</p> <p>Prostate cancer</p> <p>Thyroid cancer</p> <p>Melanoma</p> <p>Bladder cancer</p> <p>Chronic myeloid leukemia</p> <p>Acute myeloid leukemia</p> <p>Non-small cell lung cancer</p> <p>Breast cancer</p> <p>Hepatocellular carcinoma</p> <p>Gastric cancer</p> <p>Central carbon metabolism in cancer</p> <p>Choline metabolism in cancer</p>		
LAT	hsa04014 hsa04015 hsa04064 hsa04650 hsa04658 hsa04659 hsa04660 hsa04664 hsa04666	<p>Ras signaling pathway</p> <p>Rap1 signaling pathway</p> <p>NF-kappa B signaling pathway</p> <p>Natural killer cell mediated cytotoxicity</p> <p>Th1 and Th2 cell differentiation</p> <p>Th17 cell differentiation</p> <p>T cell receptor signaling pathway</p> <p>Fc epsilon RI signaling pathway</p> <p>Fc gamma R-mediated phagocytosis</p>	Mouse model	(Aguado et al., 2002; Sommers et al., 2002)
LBH			GWAS	(Yu et al., 2013)
LRRC18			GWAS	(Yang et al., 2010)

LY9		Mouse model	(Kumar et al., 2006; Morel et al., 2001)
LYN	ko04062 ko04064 ko04611 ko04662 ko04664 ko04666 ko04730 ko05120 ko05167 ko05169 ko05203	Chemokine signaling pathway NF-kappa B signaling pathway Platelet activation B cell receptor signaling pathway Fc epsilon RI signaling pathway Fc gamma R-mediated phagocytosis Long-term depression Epithelial cell signaling in Helicobacter pylori infection Kaposi sarcoma-associated herpesvirus infection Epstein-Barr virus infection Viral carcinogenesis	GWAS, Mouse model (Harley et al., 2008; Hibbs et al., 1995)
MAN2A1	hsa00510 hsa01100	N-Glycan biosynthesis Metabolic pathways	Mouse model (Chui et al., 1997)
MAP3K1	ko04010 ko04120 ko04530 ko04622 ko04722 ko04912 ko05161 ko05166	MAPK signaling pathway Ubiquitin mediated proteolysis Tight junction RIG-I-like receptor signaling pathway Neurotrophin signaling pathway GnRH signaling pathway Hepatitis B Human T-cell leukemia virus 1 infection	(Cedeño et al., 2003; Sawalha et al., 2008)
MARCO	ko04145	Phagosome	Mouse model (Rogers et al., 2009)

MARK2		Mouse model	(Hurov et al., 2001)
MBL2	hsa04145	Phagosome	(Font et al., 2007)
	hsa04610	Complement and coagulation cascades	
	hsa05150	Staphylococcus aureus infection	
MECP2		Mouse model	(Sawalha et al., 2008)
MERTK		Mouse model	(Scott et al., 2001; Wu et al., 2011)
MTA2		Mouse model	(Lu et al., 2008)
NFE2L2	ko04141	Protein processing in endoplasmic reticulum	(Córdova et al., 2010; Li et al., 2004)
	ko04212	Longevity regulating pathway - worm	
	ko05200	Pathways in cancer	
	ko05225	Hepatocellular carcinoma	
	ko05418	Fluid shear stress and atherosclerosis	
P2RX7	ko04020	Calcium signaling pathway	(Elliott et al., 2005; Portales-Cervantes et al., 2010)
	ko04080	Neuroactive ligand-receptor interaction	
	ko04621	NOD-like receptor signaling pathway	
PDCD1	hsa04514	Cell adhesion molecules (CAMs)	(Nishimura et al., 1999; Prokunina et al., 2002)
	hsa04660	T cell receptor signaling pathway	
PDHX	ko01100	Metabolic pathways	(Lessard et al., 2011)
PECAM1	ko04514	Cell adhesion molecules (CAMs)	(Wilkinson et al., 2002)
	ko04670	Leukocyte transendothelial migration	
	ko05144	Malaria	

	ko05418	Fluid shear stress and atherosclerosis		
PHRF1			GWAS	(Harley et al., 2008)
PPARD	ko03320	PPAR signaling pathway	Mouse model	(Mukundan et al., 2009)
	ko04310	Wnt signaling pathway		
	ko05200	Pathways in cancer		
	ko05221	Acute myeloid leukemia		
PPARG	ko03320	PPAR signaling pathway	Mouse model	(Oxer et al., 2011; Rosner et al., 2011; Yeh et al., 2008)
	ko04152	AMPK signaling pathway		
	ko04211	Longevity regulating pathway		
	ko04380	Osteoclast differentiation		
	ko04714	Thermogenesis		
	ko05016	Huntington disease		
	ko05200	Pathways in cancer		
	ko05202	Transcriptional misregulation in cancer		
	ko05216	Thyroid cancer		
	PRDM1			
PRKCB	ko01521	EGFR tyrosine kinase inhibitor resistance	GWAS	(Sheng et al., 2011)
	ko04010	MAPK signaling pathway		
	ko04012	ErbB signaling pathway		
	ko04014	Ras signaling pathway		
	ko04015	Rap1 signaling pathway		
	ko04020	Calcium signaling pathway		
	ko04062	Chemokine signaling pathway		
	ko04064	NF-kappa B signaling pathway		
	ko04066	HIF-1 signaling pathway		

ko04070	Phosphatidylinositol signaling system
ko04071	Sphingolipid signaling pathway
ko04150	mTOR signaling pathway
ko04270	Vascular smooth muscle contraction
ko04310	Wnt signaling pathway
ko04370	VEGF signaling pathway
ko04510	Focal adhesion
ko04540	Gap junction
ko04650	Natural killer cell mediated cytotoxicity
ko04662	B cell receptor signaling pathway
ko04666	Fc gamma R-mediated phagocytosis
ko04670	Leukocyte transendothelial migration
ko04713	Circadian entrainment
ko04720	Long-term potentiation
ko04723	Retrograde endocannabinoid signaling
ko04724	Glutamatergic synapse
ko04725	Cholinergic synapse
ko04726	Serotonergic synapse
ko04727	GABAergic synapse
ko04728	Dopaminergic synapse
ko04730	Long-term depression
ko04750	Inflammatory mediator regulation of TRP channels
ko04911	Insulin secretion
ko04912	GnRH signaling pathway
ko04916	Melanogenesis
ko04918	Thyroid hormone synthesis
ko04919	Thyroid hormone signaling pathway
ko04921	Oxytocin signaling pathway
ko04925	Aldosterone synthesis and secretion
ko04928	Parathyroid hormone synthesis, secretion

	ko04931 ko04933 ko04960 ko04961 ko04970 ko04971 ko04972 ko04973 ko05031 ko05032 ko05140 ko05143 ko05146 ko05161 ko05163 ko05200 ko05205 ko05206 ko05214 ko05223 ko05225 ko05231	<p>and action</p> <p>Insulin resistance</p> <p>AGE-RAGE signaling pathway in diabetic complications</p> <p>Aldosterone-regulated sodium reabsorption</p> <p>Endocrine and other factor-regulated calcium reabsorption</p> <p>Salivary secretion</p> <p>Gastric acid secretion</p> <p>Pancreatic secretion</p> <p>Carbohydrate digestion and absorption</p> <p>Amphetamine addiction</p> <p>Morphine addiction</p> <p>Leishmaniasis</p> <p>African trypanosomiasis</p> <p>Amoebiasis</p> <p>Hepatitis B</p> <p>Human cytomegalovirus infection</p> <p>Pathways in cancer</p> <p>Proteoglycans in cancer</p> <p>MicroRNAs in cancer</p> <p>Glioma</p> <p>Non-small cell lung cancer</p> <p>Hepatocellular carcinoma</p> <p>Choline metabolism in cancer</p>		
PTEN	ko00562 ko01521 ko04068 ko04070 ko04071	<p>Inositol phosphate metabolism</p> <p>EGFR tyrosine kinase inhibitor resistance</p> <p>FoxO signaling pathway</p> <p>Phosphatidylinositol signaling system</p> <p>Sphingolipid signaling pathway</p>	Mouse model	(Di Cristofano et al., 1998, 1999)

	ko04115 ko04140 ko04150 ko04151 ko04212 ko04218 ko04510 ko04931 ko05161 ko05165 ko05200 ko05206 ko05213 ko05214 ko05215 ko05218 ko05222 ko05224 ko05225 ko05230	<p>p53 signaling pathway</p> <p>Autophagy - animal</p> <p>mTOR signaling pathway</p> <p>PI3K-Akt signaling pathway</p> <p>Longevity regulating pathway - worm</p> <p>Cellular senescence</p> <p>Focal adhesion</p> <p>Insulin resistance</p> <p>Hepatitis B</p> <p>Human papillomavirus infection</p> <p>Pathways in cancer</p> <p>MicroRNAs in cancer</p> <p>Endometrial cancer</p> <p>Glioma</p> <p>Prostate cancer</p> <p>Melanoma</p> <p>Small cell lung cancer</p> <p>Breast cancer</p> <p>Hepatocellular carcinoma</p> <p>Central carbon metabolism in cancer</p>		
PTPN22			GWAS; mouse model	(Kyogoku et al., 2004; Zikherman et al., 2009)
PTPN6	ko04520 ko04630 ko04650 ko04660 ko04662	<p>Adherens junction</p> <p>JAK-STAT signaling pathway</p> <p>Natural killer cell mediated cytotoxicity</p> <p>T cell receptor signaling pathway</p> <p>B cell receptor signaling pathway</p>	Mouse model	(Green and Shultz, 1975; Shultz et al., 1993; Tsui et al., 1993)

	ko05140 ko05205	Leishmaniasis Proteoglycans in cancer		
PTPRC	ko04514 ko04660 ko04666 ko05340	Cell adhesion molecules (CAMs) T cell receptor signaling pathway Fc gamma R-mediated phagocytosis Primary immunodeficiency	Mouse model	(Jury et al., 2007; Majeti et al., 2000)
PTTG1	hsa04110 hsa04114 hsa05166	Cell cycle Oocyte meiosis HTLV-I infection	GWAS	(Harley et al., 2008)
PXK			GWAS	(Harley et al., 2008)
RASGRP1	hsa04010 hsa04014 hsa04015 hsa04662 hsa05200	MAPK signaling pathway Ras signaling pathway Rap1 signaling pathway B cell receptor signaling pathway Pathways in cancer	Mouse model	(Priatel et al., 2007)
RASGRP3			GWAS	(Han et al., 2009)
RASSF5	hsa04014 hsa04015 hsa04218 hsa04670 hsa05200 hsa05223	Ras signaling pathway Rap1 signaling pathway Cellular senescence Leukocyte transendothelial migration Pathways in cancer Non-small cell lung cancer	Mouse model	(Katagiri et al., 2004, 2011)
RC3H1			Mouse model	(Vinueza et al., 2005)
RXRA			Mouse model	(Núñez et al., 2010; Rosner et

			al., 2011)
SCUBE1		GWAS	(Harley et al., 2008)
SELP	hsa04514 hsa05144 hsa05150	GWAS	(Jacob et al., 2007)
SH2D2A	hsa04370	Mouse model	(Drappa et al., 2003)
SLAMF1		Mouse model	(Keszei et al., 2011)
SLAMF6		GWAS	(Kumar et al., 2006; Morel et al., 2001; Wandstrat et al., 2004)
SLC15A4		GWAS	(Han et al., 2009)
STAT1	hsa04062 hsa04217 hsa04380 hsa04620 hsa04621 hsa04625 hsa04630 hsa04658 hsa04659 hsa04917 hsa04919 hsa04933 hsa05140	GWAS	(Remmers et al., 2007)

	hsa05145 hsa05152 hsa05160 hsa05161 hsa05162 hsa05164 hsa05165 hsa05167 hsa05168 hsa05200 hsa05212 hsa05321	<p>Toxoplasmosis</p> <p>Tuberculosis</p> <p>Hepatitis C</p> <p>Hepatitis B</p> <p>Measles</p> <p>Influenza A</p> <p>Human papillomavirus infection</p> <p>Kaposi sarcoma-associated herpesvirus infection</p> <p>Herpes simplex infection</p> <p>Pathways in cancer</p> <p>Pancreatic cancer</p> <p>Inflammatory bowel disease (IBD)</p>		
STAT4	ko04217 ko04630 ko04658 ko05161 ko05200 ko05321	<p>Necroptosis</p> <p>JAK-STAT signaling pathway</p> <p>Th1 and Th2 cell differentiation</p> <p>Hepatitis B</p> <p>Pathways in cancer</p> <p>Inflammatory bowel disease (IBD)</p>	GWAS	(Remmers et al., 2007)
STRA13	ko03460	Fanconi anemia pathway	Mouse model	(Sun et al., 2001)
TGFB1	ko04010 ko04060 ko04068 ko04110 ko04218 ko04350 ko04380 ko04390 ko04659	<p>MAPK signaling pathway</p> <p>Cytokine-cytokine receptor interaction</p> <p>FoxO signaling pathway</p> <p>Cell cycle</p> <p>Cellular senescence</p> <p>TGF-beta signaling pathway</p> <p>Osteoclast differentiation</p> <p>Hippo signaling pathway</p> <p>Th17 cell differentiation</p>	Mouse model	(Dang et al., 1995; Geiser et al., 1993)

	ko04672 ko04926 ko04932 ko04933 ko05140 ko05142 ko05144 ko05145 ko05146 ko05152 ko05161 ko05166 ko05200 ko05205 ko05210 ko05211 ko05212 ko05220 ko05225 ko05226 ko05321 ko05323 ko05410 ko05414	<p>Intestinal immune network for IgA production</p> <p>Relaxin signaling pathway</p> <p>Non-alcoholic fatty liver disease (NAFLD)</p> <p>AGE-RAGE signaling pathway in diabetic complications</p> <p>Leishmaniasis</p> <p>Chagas disease (American trypanosomiasis)</p> <p>Malaria</p> <p>Toxoplasmosis</p> <p>Amoebiasis</p> <p>Tuberculosis</p> <p>Hepatitis B</p> <p>HTLV-I infection</p> <p>Pathways in cancer</p> <p>Proteoglycans in cancer</p> <p>Colorectal cancer</p> <p>Renal cell carcinoma</p> <p>Pancreatic cancer</p> <p>Chronic myeloid leukemia</p> <p>Hepatocellular carcinoma</p> <p>Gastric cancer</p> <p>Inflammatory bowel disease (IBD)</p> <p>Rheumatoid arthritis</p> <p>Hypertrophic cardiomyopathy (HCM)</p> <p>Dilated cardiomyopathy (DCM)</p>		
TLR7	ko04620 ko05162 ko05164	<p>Toll-like receptor signaling pathway</p> <p>Measles</p> <p>Influenza A</p>	GWAS; mouse model	(Fairhurst et al., 2008; Pisitkun et al., 2006)

TLR9	ko04620 ko05142 ko05143 ko05144 ko05152 ko05162 ko05168	Toll-like receptor signaling pathway Chagas disease (American trypanosomiasis) African trypanosomiasis Malaria Tuberculosis Measles Herpes simplex infection	GWAS; mouse model	(Christensen et al., 2005; Huang et al., 2012)
TMEM39A			GWAS	(Lessard et al., 2012)
TNFAIP3	ko04064 ko04217 ko04621 ko04657 ko04668 ko05162 ko05169	NF-kappa B signaling pathway Necroptosis NOD-like receptor signaling pathway IL-17 signaling pathway TNF signaling pathway Measles Epstein-Barr virus infection	GWAS	(Graham et al., 2008)
TNFRSF13B	hsa04060 hsa04672 hsa05340	Cytokine-cytokine receptor interaction Intestinal immune network for IgA production Primary immunodeficiency	Mouse model	(Seshasayee et al., 2003)
TNFRSF13C	hsa04060 hsa04064 hsa04672 hsa05166 hsa05340	Cytokine-cytokine receptor interaction NF-kappa B signaling pathway Intestinal immune network for IgA production HTLV-I infection Primary immunodeficiency	Mouse model	(Jury et al., 2007)
TNFSF13B	hsa04060	Cytokine-cytokine receptor interaction	GWAS; mouse model	(Mackay et al.,

	hsa04064 hsa04672 hsa05323	<p>NF-kappa B signaling pathway</p> <p>Intestinal immune network for IgA production</p> <p>Rheumatoid arthritis</p>		(1999)
TNFSF14	hsa04060 hsa04064 hsa05168	<p>Cytokine-cytokine receptor interaction</p> <p>NF-kappa B signaling pathway</p> <p>Herpes simplex infection</p>	GWAS	(Wang et al., 2001)
TNFSF4	hsa04060	Cytokine-cytokine receptor interaction	GWAS	(Cunninghame Graham et al., 2008)
TNIP1			GWAS	(Gateva et al., 2009; Han et al., 2009)
TNXB	hsa04151 hsa04510 hsa04512 hsa05165 hsa05206	<p>PI3K-Akt signaling pathway</p> <p>Focal adhesion</p> <p>ECM-receptor interaction</p> <p>Human papillomavirus infection</p> <p>MicroRNAs in cancer</p>	GWAS	(Kamatani et al., 2008)
TRAF3IP2			Mouse model	(Perricone et al., 2013)
TRIM21	hsa05322	Systemic lupus erythematosus	Mouse model	(Espinosa et al., 2009; Frank et al., 1993)
TROVE2	hsa05322	Systemic lupus erythematosus	Mouse model	(Schulte-Pelkum et al., 2009; Xue et al., 2003)
TYK2	hsa04217 hsa04380 hsa04621	<p>Necroptosis</p> <p>Osteoclast differentiation</p> <p>NOD-like receptor signaling pathway</p>	GWAS	(Sigurdsson et al., 2005)

	hsa04630 hsa04658 hsa04659 hsa05145 hsa05160 hsa05162 hsa05164 hsa05165 hsa05167 hsa05168 hsa05169	Jak-STAT signaling pathway Th1 and Th2 cell differentiation Th17 cell differentiation Toxoplasmosis Hepatitis C Measles Influenza A Human papillomavirus infection Kaposi sarcoma-associated herpesvirus infection Herpes simplex infection Epstein-Barr virus infection		
UBE2L3	hsa04120 hsa05012	Ubiquitin mediated proteolysis Parkinson disease	GWAS	(Harley et al., 2008)
UHRF1BP1			GWAS	(Gateva et al., 2009)
WDFY4			GWAS	(Yang et al., 2010)
XKR6			GWAS	(Budarf et al., 2011)

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Supplementary table S3 : Clinical data of the 117 patients

	Gene filtered (variants details in table I and II)	Gender	Age at onset	SLE Past Famili al history	Mucocut aneous	Musculo skeletal	Cardior espirat ory	Lupus Nephritis	Neurological	Haemat ological	anti-dSDNA	anti-Sm	anti-phospholipid	ANA
Pt1	C1QC hom	Male	6	1	1	1	1	1	0	1	0	1	0	1
Pt2	C1QC Het compounds, CD19, CLEC16A, C1QA hom	Male	3	0	1	1	0	1	1	1	0	0	0	0
Pt3	C1QA hom	Male	4	0	1	1	0	0	1	1	0	0	1	1
Pt4	C2 hom	Female	11	0	1	0	0	1	0	1	0	1	0	1
Pt5	C2 hom	Female	4	0	1	1	0	0	0	0	0	0	0	0
Pt6	C2 hom	Female	15	0	1	0	0	0	0	1	1	1	1	1
Pt7	DNASE1L3 hom	Male	4	0	1	1	0	1	0	1	1	0	0	1
Pt8	IKZF1, LYN	Female	14	1	1	0	1	1	0	1	1	1	0	1
Pt9	TREX1	Female	7	0	1	1	0	1	0	1	1	0	0	1
Pt10	ACPF5, RASGRP3	Male	4	0	1	1	0	1	0	1	1	0	1	1
Pt11	RNA5EH2C	Female	8	0	1	1	0	1	0	1	1	0	0	1
Pt12	C9 het	Female	11	0	1	1	1	1	1	1	1	0	1	1
Pt13	C8B het	Male	11	0	1	1	0	0	1	1	1	0	1	1
Pt14	C9 het	Male	7	0	0	0	0	1	0	1	1	0	0	1
Pt15	C3 het	Male	2	0	0	1	0	1	0	1	0	0	0	0
Pt16	IRF7	Female	8	0	1	1	0	1	1	1	0	0	0	1
Pt17	CLEC16A, NFE2L2, TBX	Female	10	0	1	1	1	1	0	0	1	0	0	1
Pt18	TRAF3IP2,	Female	10	0	1	1	1	1	1	1	1	0	0	1
Pt19	PDHX	Female	7	1	1	1	0	0	0	1	0	0	0	1
Pt20	JAZF1	Female	9	1	1	0	0	0	0	0	1	0	0	1
Pt21	PHRF1	Female	8	0	0	0	0	1	0	1	1	0	0	1
Pt22	CD19	Female	10	0	1	1	0	0	0	1	1	0	0	1
Pt23	CBLB, TMEM39A	Male	16	1	0	1	1	0	0	1	0	1	0	1

Pt24	TNXB	Female	2.5	0	0	1	0	0	0	1	0	0	0	1	0	0	1	1
Pt25	PTPN22	Female	9	1	1	0	0	0	1	0	0	1	0	1	0	0	0	1
Pt26	PDHX	Male	10	1	0	0	0	0	0	0	0	1	0	0	1	0	0	1
Pt27	WDFY4	Female	10	0	0	0	0	0	1	0	0	1	0	1	1	0	0	1
Pt28	CYBB	Male	10	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1
Pt29	MECP2	Male	14	0	1	1	0	0	0	1	1	1	0	1	1	1	1	1
Pt30		Female	11	0	1	1	0	0	0	1	1	1	1	0	0	0	0	1
Pt31		Female	11	1	1	1	1	1	1	0	1	1	1	1	0	0	0	1
Pt32		Female	8	0	1	1	1	1	0	1	1	1	0	1	0	0	1	1
Pt33		Male	5	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0
Pt34		Female	10	0	0	1	0	0	1	1	0	1	0	1	0	0	0	1
Pt35		Female	8	0	1	1	0	0	1	1	0	0	1	0	1	0	0	1
Pt36		Male	9	0	1	1	0	0	0	1	0	0	0	0	0	0	1	1
Pt37		Female	8	1	1	1	1	1	1	0	0	0	0	0	0	0	0	1
Pt38		Female	9	0	0	1	0	0	1	1	1	1	1	0	0	0	1	1
Pt39		Female	2	0	1	1	1	0	0	1	1	1	0	1	0	0	0	1
Pt40		Female	11	0	1	1	1	1	0	1	0	1	0	0	0	0	0	1
Pt41		Female	9	0	1	1	1	0	1	1	1	1	0	0	0	0	0	0
Pt42		Female	3	0	1	1	0	0	1	1	1	1	0	0	0	0	0	1
Pt43		Male	8	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0
Pt44		Male	10	1	1	1	1	0	1	1	1	1	0	1	0	0	0	1
Pt45		Female	7	1	1	0	0	0	0	1	1	1	0	1	0	0	1	1
Pt46		Female	8	0	1	1	1	1	1	1	1	1	0	1	0	0	0	1
Pt47		Male	2	1	1	1	0	0	0	1	1	1	0	1	0	0	0	1
Pt48		Female	10	1	1	1	0	0	1	1	1	1	1	1	0	0	0	1
Pt49		Female	5	0	1	1	1	1	1	1	1	0	0	1	0	0	0	1
Pt50		Female	4	0	1	1	0	0	1	1	0	0	0	0	0	0	0	1
Pt51		Female	10	0	1	1	1	1	1	1	0	0	0	1	0	0	0	1

Pt80	Female	11	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	1	1
Pt81	Female	11	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Pt82	Female	13	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0	0	1
Pt83	Female	13	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Pt84	Female	10	0	1	1	1	1	0	1	0	0	0	0	0	0	1	0	0	1
Pt85	Female	13	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt86	Female	10	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt87	Female	9	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt88	Female	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Pt89	Male	16	1	0	1	0	1	0	1	0	0	0	0	0	0	0	1	1	1
Pt90	Female	11	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt91	Female	9	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt92	Female	12	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt93	Male	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt94	Female	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt95	female	14	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt96	Male	6	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt97	Female	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt98	Female	12	0	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	1
Pt99	Female	16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt100	Female	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt101	Female	16	0	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	1
Pt102	Female	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt103	Male	8	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt104	Female	6	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt105	Female	14	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pt106	Female	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pt107	Female	16	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Supplemental Table S4: Targeted versus Exome sequencing coverage and depth of the panel geneset

A/	Panel Lupus					1000g data-Bed					
	coverage	mean(%)	median(%)	min(%)	max(%)	coverage	mean	median	min	max	
	1x	1	1	0.9995	1	1x	0.9339	0.9466	0.8353	0.9683	
	5x	0.9999	0.9999	0.9991	1	5x	0.8924	0.9055	0.7498	0.9577	
	10x	0.9998	0.9999	0.9985	1	10x	0.8592	0.8696	0.7251	0.9471	
	20x	0.9996	0.9998	0.9959	1	20x	0.7905	0.7946	0.5403	0.9295	
B/	F-Ex-Bed										
	coverage	Mean	Median	Min	Max						
	1x	0.9986	0.9989	0.9824	0.9999						
	5x	0.9914	0.9933	0.9332	0.9991						
	10x	0.9764	0.9797	0.8872	0.9970						
	20x	0.9243	0.9265	0.8083	0.9920						

Supplemental Table S5: Coverage and depth of rare SNP variants filtered in the panel in 1000g and Frex control database

Mutations		1000g covered individuals (n=791)		FREX covered individuals (n=574)			
		20X	30X	20X	30X		
1	22974028	C:1QC	c:490G>A	791	774	574	574
1	114401155	PTPN22	c:314C>T	606	407	228	31
2	33749115	RASGRP3	c:686C>G	669	658	574	574
3	105470408	CBLB	c:621T>G	768	752	574	573
5	39288980	C9	c:1490C>T	791	788	569	561
6	111887757	TRAF3IP2	c:1366G>A	791	791	574	574
7	50444429	IKZF1	c:199A>T	674	659	574	574
8	56866526	LYN	c:773T>C	790	786	564	406
10	49933991	WDFY4	c:657G>T	328	299	574	567
11	605628	PHRF1	c:1355C>T	674	663	574	574
11	613556	IRF7	c:926A>T	487	291	569	479
11	34952961	PDHX	c:171T>G	732	605	574	571
11	65487277	RNASEH2C	c:472C>G	781	726	574	574
16	11063059	CLEC16A	c:385C>G	625	525	565	515
16	28948790	CD19	c:1318G>A	785	748	574	574
19	6693047	C3	c:3278T>G	779	708	574	574
19	11688054	ACPS5	c:79C>A	773	686	574	574
X	37663334	CYBB	c:1102G>T	791	768	574	550
X	153296464	MECP2	c:851C>T	782	715	574	574
			Mean of individuals	706.15	649.94	554.26	525.94
			% of individuals	0.89	0.82	0.96	0.91

Supplemental Table S6: Mean of filtered variants from the JSLE panel and UK healthy controls (adults, n=74). Processing of samples and bioinformatic filtering were identical within the two groups. Rare variants, defined here as a frequency on the Exome Aggregation Consortium (ExAC) database of <0.1% for SNPs and <1% for indels, were selected for further analysis. CADD>15 was considered for the pathogenic score.

Filtering	SNVs		
	JSLE	Controls	
All	KLC	69.39316239	65.43835616
	PLC	322.2478632	314.1780822
EXAC	KLC	0.341880342	0.383561644
	PLC	2.564102564	7.835616438
CADD	KLC	0.057591623	0.041884817
	PLC	0.35078534	0.261780105

Supplemental Table S7: SKAT-O test for genes filtered in by the algorithm. Frequency of 0.1% and 1% in Exac were tested.

gene	chr	pos	ExAC_Fq	pSKAT-O
ACP5	19	11687884	0.1%	0.1166
ACP5	19	11687884	1%	0.1166
C1QC	1	22973915	0.1%	0.0057
C1QC	1	22973915	1%	0.0057
C2	6	31896638	0.1%	0.6901
C2	6	31896638	1%	0.6901
C3	19	6680256	0.1%	0.0667
C3	19	6680256	1%	0.0607
C8B	1	57409469	0.1%	1.0000
C8B	1	57409469	1%	1.0000
C9	5	39288980	0.1%	0.1171
C9	5	39288980	1%	0.2263
CBLB	3	105378034	0.1%	0.5063
CBLB	3	105378034	1%	0.5063
CD19	16	28948667	0.1%	0.0109
CD19	16	28948667	1%	0.0109
CLEC16A	16	11051758	0.1%	0.1743
CLEC16A	16	11051758	1%	0.4079
CYBB	X	37658219	0.1%	0.6885
CYBB	X	37658219	1%	0.6885
DNASE1L3	3	58179089	0.1%	0.6531
DNASE1L3	3	58179089	1%	0.6531
IKZF1	7	50444387	0.1%	0.1164
IKZF1	7	50444387	1%	0.1164
IRF7	11	613097	0.1%	0.4161
IRF7	11	613097	1%	0.4161
JAZF1	7	27872484	0.1%	0.5979
JAZF1	7	27872484	1%	0.5979
LYN	8	56863106	0.1%	0.2587
LYN	8	56863106	1%	0.2587
MECP2	X	153296464	0.1%	0.0256
MECP2	X	153296464	1%	0.0256
NFE2L2	2	178096309	0.1%	0.5976
NFE2L2	2	178096309	1%	0.0732
PDHX	11	34938246	0.1%	1.0000
PDHX	11	34938246	1%	1.0000
PHRF1	11	591436	0.1%	0.0527
PHRF1	11	587372	1%	0.1683
PTPN22	1	114372222	0.1%	0.2984
PTPN22	1	114372222	1%	0.2984
RASGRP3	2	33740227	0.1%	0.1167
RASGRP3	2	33740227	1%	0.1167
RNASEH2C	11	65487277	0.1%	0.0252
RNASEH2C	11	65487277	1%	0.0252
TMEM39A	3	119165965	0.1%	0.5948
TMEM39A	3	119165965	1%	0.5948
TNXB	6	32009134	0.1%	0.1259
TNXB	6	32009134	1%	0.1060
TRAF3IP2	6	111887757	0.1%	0.1163
TRAF3IP2	6	111887757	1%	0.2599
TREX1	3	48508607	0.1%	0.5967
TREX1	3	48508607	1%	0.5967

WDFY4	10	49933991	0.10%	0.2680
WDFY4			1%	0.6425

Figure 1

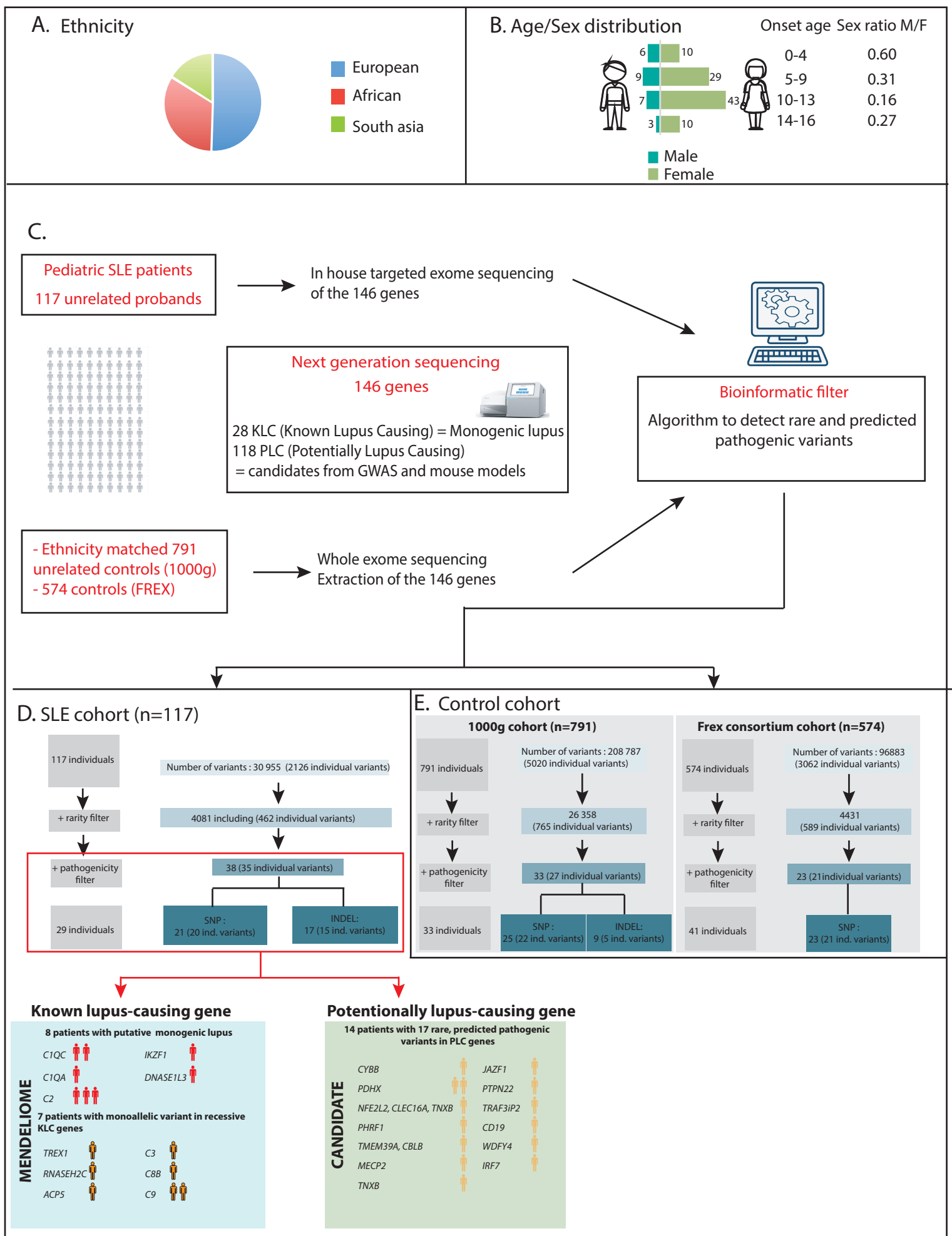
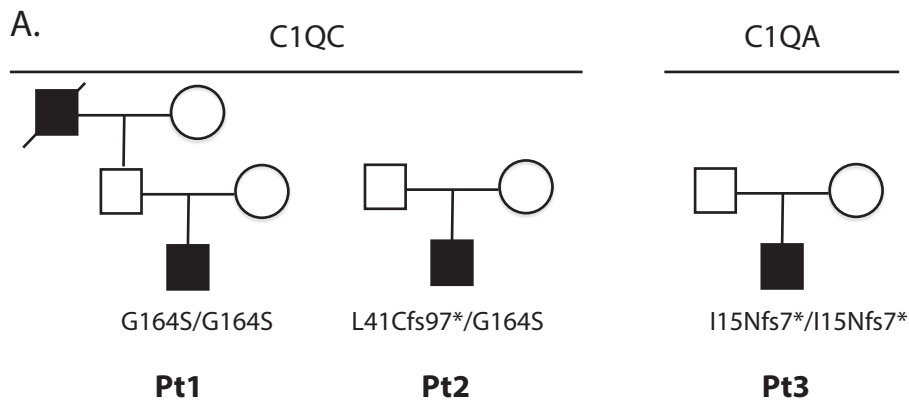
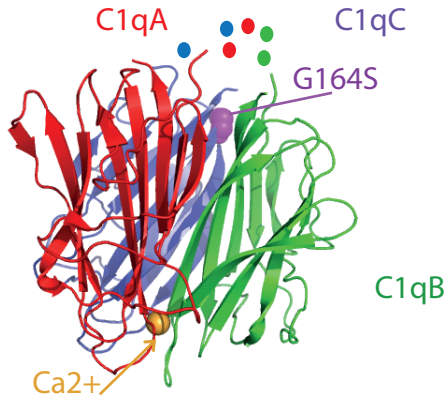


Figure 1

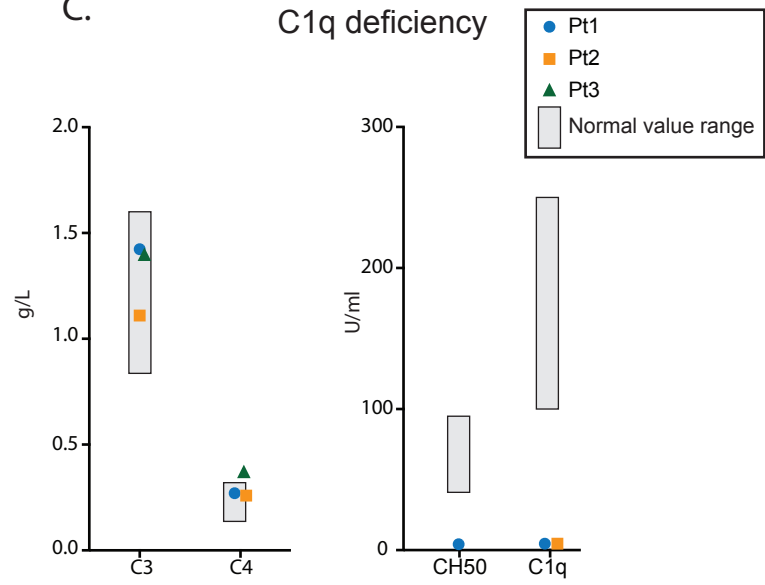
Figure 2



B.

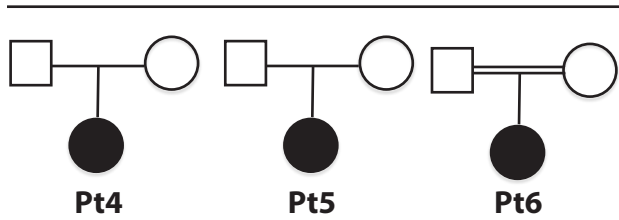


C.



D.

C2



c.839_849+17delTGGTGGACAGGGTCAGGAATCAGGAGTC-/
c.839_849+17delTGGTGGACAGGGTCAGGAATCAGGAGTC-

E.

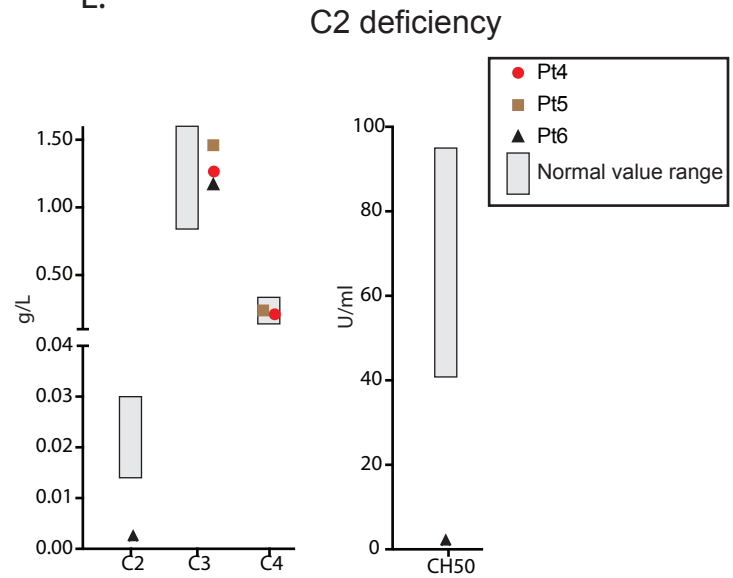


Figure 2

Figure 3

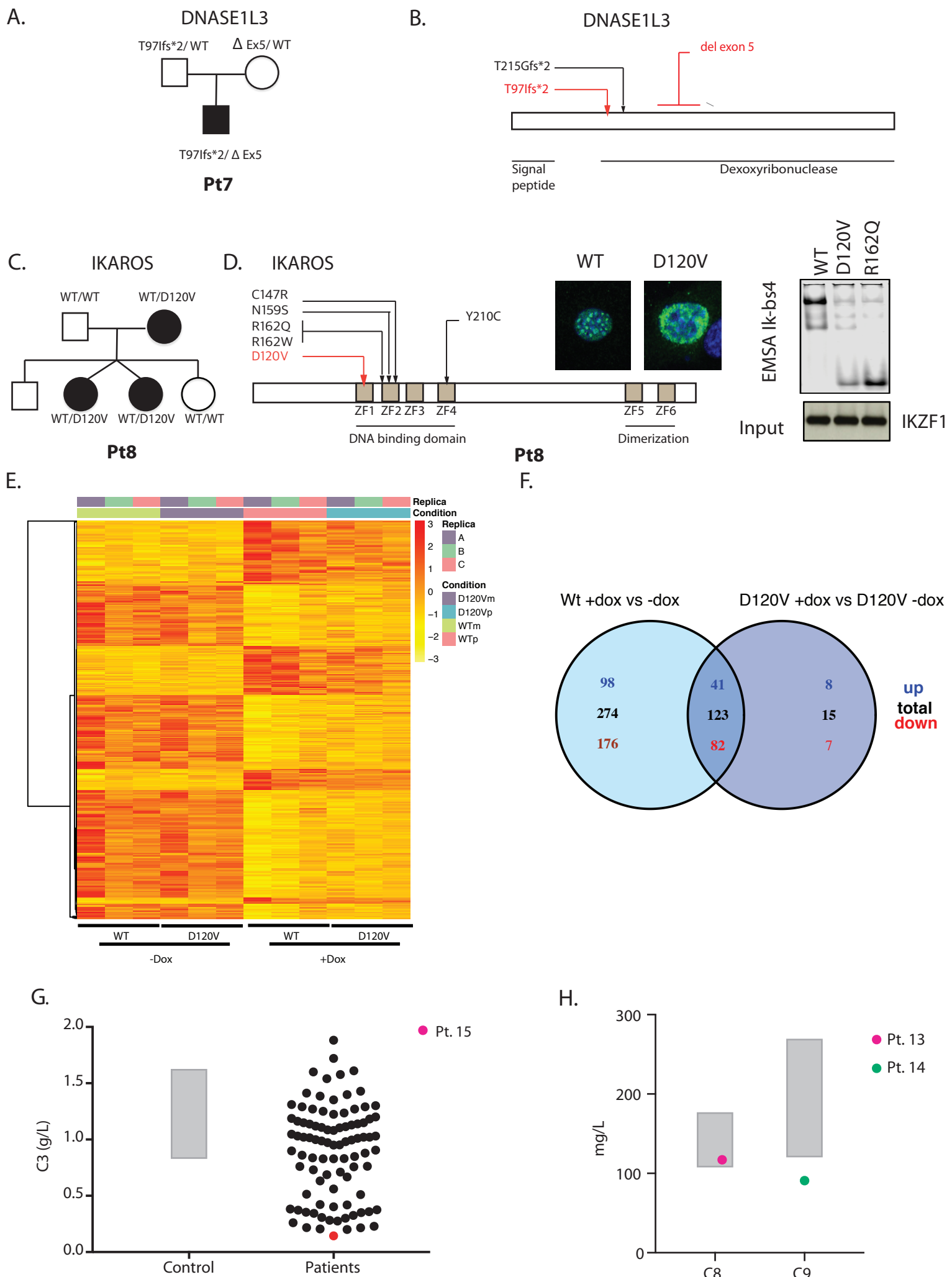
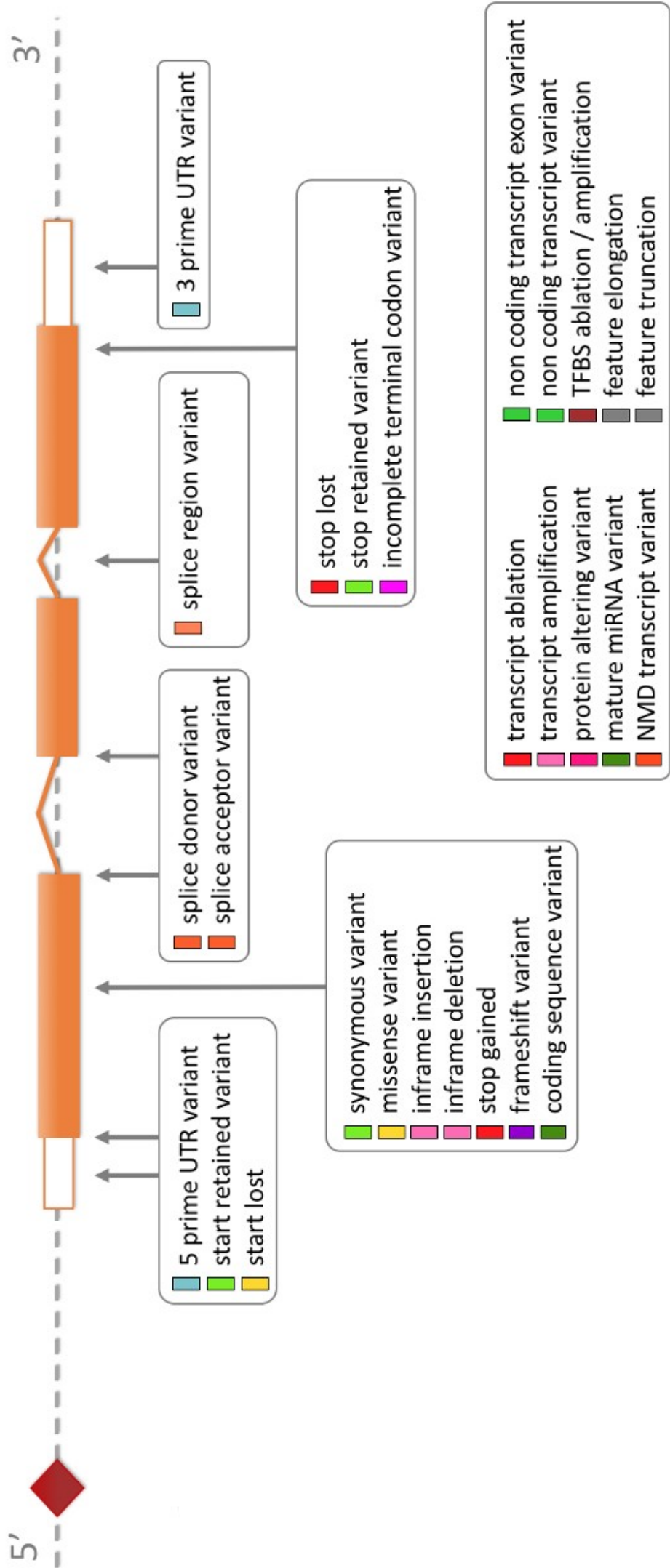
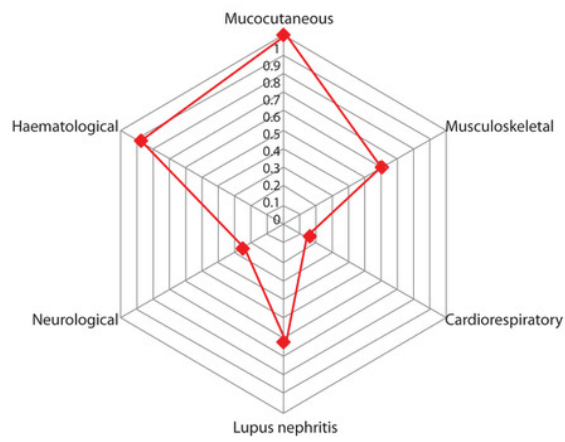


Figure 3



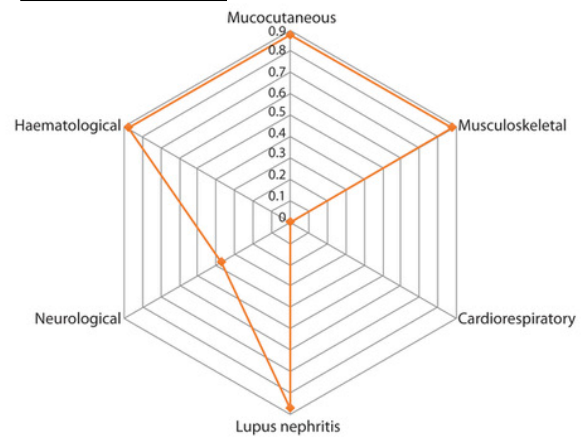
A. Mendelian Lupus (n=8)

sex ratio = 1
Age at onset = 7
(SD +/- 4.4)



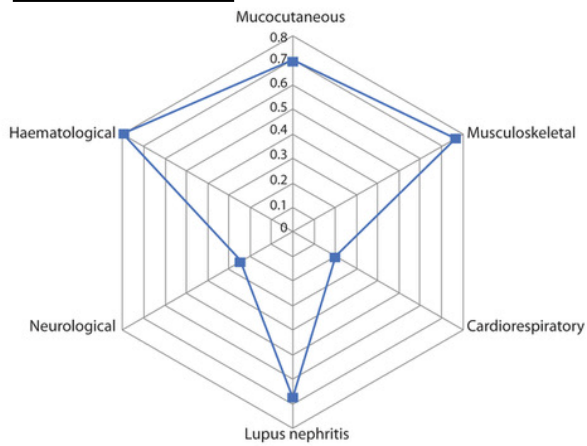
B. Patients carrying variants in KLC genes (n=7)

sex ratio = 1.33
Age at onset = 7
(SD +/- 3)



C. Patients carrying variants in PLC genes (n=14)

sex ratio = 0.4
Age at onset = 10
(SD +/- 3)



D. Patients without filtered variants (n=88)

sex ratio = 0.17
Age at onset = 9
(SD +/- 3.32)

