

Integration of genome-wide association studies with biological knowledge identifies six novel genes related to kidney function

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In conducting genome-wide association studies (GWAS), analytical approaches leveraging biological information may further understanding of the pathophysiology of clinical traits. To discover novel associations with estimated glomerular filtration rate (eGFR), a measure of kidney function, we developed a strategy for integrating prior biological knowledge into the existing GWAS data for eGFR from the CKDGen Consortium. Our strategy focuses on single nucleotide polymorphism (SNPs) in genes that are connected by functional evidence, determined by literature mining and gene ontology (GO) hierarchies, to genes near previously validated eGFR associations. It then requires association thresholds consistent with multiple testing, and finally evaluates novel candidates by independent replication. Among the samples of European ancestry, we identified a genome-wide significant SNP in *FBXL20* ($P = 5.6 \times 10^{-9}$) in meta-analysis of all available data, and additional SNPs at the *INHBC*, *LRP2*, *PLEKHA1*, *SLC3A2* and *SLC7A6* genes meeting multiple-testing corrected significance for replication and overall P -values of 4.5×10^{-4} – 2.2×10^{-7} . Neither the novel *PLEKHA1* nor *FBXL20* associations, both further supported by association with eGFR among African Americans and with transcript abundance, would have been implicated by eGFR candidate gene approaches. *LRP2*, encoding the megalin receptor, was identified through connection with the previously known eGFR gene *DAB2* and extends understanding of the megalin system in kidney function. These findings highlight integration of existing genome-wide association data with independent biological knowledge to uncover novel candidate eGFR associations, including candidates lacking known connections to kidney-specific pathways. The strategy may also be applicable to other clinical phenotypes, although more testing will be needed to assess its potential for discovery in general.

INTRODUCTION

Chronic kidney disease (CKD) is a major public health burden, affecting up to 13% of the US population and comparable proportions of other populations worldwide (1,2). The clinical ramifications of CKD extend beyond the kidney to comorbidities including hypertension and cardiovascular disease. CKD is defined via the estimated glomerular filtration rate (eGFR) (3), which is heritable (4,5). The findings from genome-wide association studies (GWAS) of CKD and eGFR have identified multiple loci in biological pathways related to nephrogenesis, podocyte function, angiogenesis, solute transport and metabolic functions of the kidney (6,7). However, the validated associations in the largest GWAS explain only about 1.4% of the variation in eGFR, suggesting that the published data for CKD and eGFR still include a large

number of true genetic associations awaiting identification and validation (6).

Given the modest effect sizes of the common genetic variants identified by GWAS and the stringent statistical significance levels in GWAS ($P < 5 \times 10^{-8}$) (8), increasing sample size has been the conventional approach for providing statistical power to detect these additional loci. However, the sample size for GWAS may be limited by the availability of studies with the phenotype of interest. Thus, identification and validation of true but modest associations may require novel methods, including prioritizing single nucleotide polymorphism (SNP) associations through independent biological knowledge. One such approach may be to restrict genome-wide analysis to a more targeted search, focused on genes that are connected, in a biological sense, to genes at previously validated GWAS loci, here for eGFR association.

The objective of this study was, therefore, to identify novel CKD and eGFR-associated candidate loci through systematic application of prior biological knowledge within an existing eGFR GWAS, followed by external replication for eGFR association in separate studies, and association testing with other related phenotypes. To do so, our goal was to develop an algorithmic strategy focused on candidate genes that were connected to previously validated eGFR loci through pairwise gene similarities derived from natural language processing of PubMed abstracts in Gene Relationships Across Implicated Loci (GRAIL) (9,10) as well as a pairwise metric of biological relatedness derived from the gene ontology (GO) gene set classifications (11).

RESULTS

Information about cohorts and baseline characteristics of all study populations of European ancestry totaling 130 600 individuals are presented in the Supplementary Material, Tables S1, S3 and S4 (Women's Genome Health Study, WGHS, and first meta-analysis) and Supplementary Material, Tables S2, S5 and S6 (external replication cohorts = second meta-analysis).

Figure 1 depicts a multistep strategy for identifying novel candidate associations with eGFR on the basis of inferred biological connections to 24 seed genes implicated by previous GWAS as, in most cases, the nearest gene to a replicated eGFR SNP (see Methods); biological connections were inferred from similarities in published scientific abstracts (GRAIL) and GO hierarchies. The 24 seed genes used as the input to the strategy are presented in Supplementary Material, Table S7. As described in the Methods section, the number of top-ranked candidate genes considered for each seed gene was optimal for $N=25$, i.e. the number of candidates yielding a minimal overall false discovery rate (FDR) in the first replication sample (Supplementary Material, Tables S8–S11). In addition, restricting candidate genes to On-line Mendelian Inheritance in Man (OMIM) rather than RefSeq yielded lower overall FDR estimates in the first replication sample (see Materials and Methods). Applying this optimized method to each of the 24 seed genes resulted in 33 candidate SNP associations that were located in one of 416 unique candidate genes and associated with eGFR at $P < 0.05$ after gene-wide correction for the number of SNPs (see Methods). These 33 SNPs were tested in the first replication meta-analysis and it was estimated that 0.07, i.e. 7%, represented null hypotheses, implying that an estimated 31 [$33 \times (1 - 0.07)$] of the associations were true (Supplementary Material, Table S8). In contrast, when 24 randomly chosen seeds were used instead of the 24 validated eGFR seeds, the estimated fraction of hypotheses representing the null in the first replication meta-analysis was a median 0.58 (inter-quartile range 0.44–0.78), i.e. 58%. Furthermore, this estimate did not vary according to the number of candidate genes selected for each seed gene (Supplementary Material, Table S8), emphasizing the relative estimated enrichment of true associations when the algorithm was applied to the authentic seed genes. Examining more than 25 candidates per seed gene led to an estimated smaller fraction of true associations but a greater total number overall (Supplementary Material, Table S8). Not restricting the candidate genes to OMIM

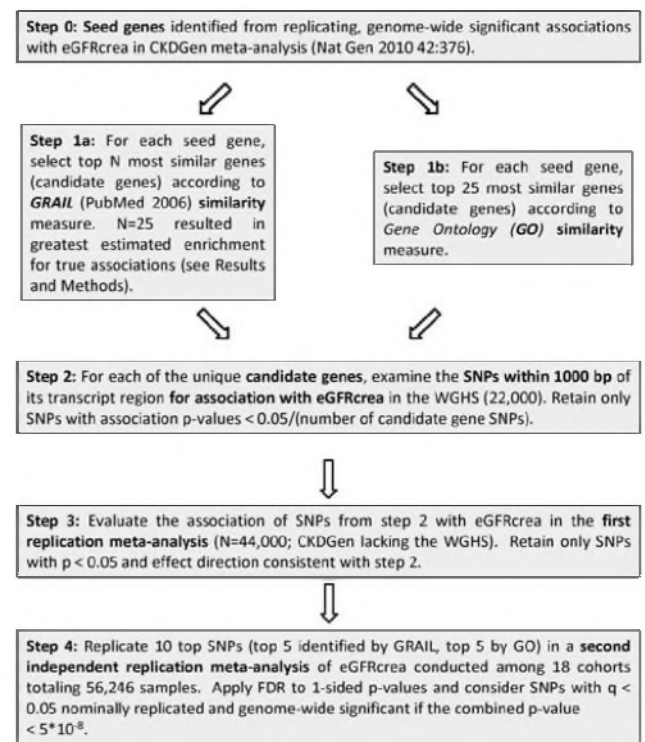


Figure 1. Overview of analytic strategy. Seed genes (step 0) were chosen, in most cases, on the basis of proximity to previously validated genome-wide significant associations (see Methods) (6).

resulted in lower estimates for the fraction of true associations (compare Supplementary Material, Tables S8–S11). Very similar results were observed when considering SNPs within 10 000 bp of each candidate gene instead of 1000 bp (see Methods, compare Supplementary Material, Tables S8–S11).

With the optimized algorithm, namely investigating SNPs within 1000 bp of each of the 25 most related OMIM genes per seed gene, 10 candidate SNPs were selected for replication in a second meta-analysis (Step 4, Fig. 1) consisting of 18 independent cohorts totaling 56 246 samples. Five of the ten SNPs were selected because of an association with eGFR at $P < 0.05$ in the first replication meta-analysis and with the same direction of effect as in the WGHS discovery sample derived from applying the optimized algorithm with the GRAIL metric (Supplementary Material, Table S8, bold). The remaining five SNPs had the smallest P -values selected similarly from applying the algorithm using the GO pairwise similarity metric as opposed to the GRAIL metric.

In the independent, second replication, six of the ten SNPs met the required FDR standard of q -value < 0.05 (Table 1). They had one-sided P -values ranging from 5.6×10^{-2} to 6.9×10^{-5} and combined P -values (discovery and all replication) from 4.5×10^{-4} to 5.6×10^{-9} . These SNPs mapped in or near to *LRP2* on chromosome 2, *PLEKHA1* on chromosome 10, *SLC3A2* on chromosome 11, *INHBC* on chromosome 12, *SLC7A6* on chromosome 16 and *FBXL20* on chromosome 17. This last SNP, rs7208487, reached conventional genome-wide significance in the combined analysis ($p_{\text{comb}} = 5.6 \times 10^{-9}$). The six SNPs, as well as three of the remaining four

Table 1. Genome-wide and suggestive SNPs identified using GRAIL and GO metrics of biological relatedness to seed genes

SNP information	GRAIL			GO		
SNP	rs10490130	rs4751890	rs489381	rs6499166	rs7208487	rs3741414
Position (chromosome:basepair)	chr2:169807356	chr10:124151780	chr11:62408638	chr16:66884417	chr17:34796974	chr12:56130315
A1/A2 ^a (WGHS)	C/A	C/T	A/G	G/A	G/T	T/C
Minor allele frequency (WGHS)	0.08	0.40	0.10	0.28	0.16	0.23
Candidate gene	<i>LRP2</i>	<i>PLEKHA1</i>	<i>SLC3A2</i>	<i>SLC7A6</i>	<i>FBXL20</i>	<i>INHBC</i>
Seed gene	<i>DAB2</i>	<i>PIP5K1B</i>	<i>SLC7A9</i>	<i>SLC7A9</i>	<i>UBE2Q2</i>	<i>VEGFA</i>
Candidate gene rank in GRAIL ^c	18	15	8	10	–	–
Gene size (bp)	235504	57647	32836	37300	141037	16067
WGHS only (<i>N</i> = 21 940)						
Effect ^b	–0.014	0.005	–0.010	–0.008	0.008	0.010
Standard error ^b	0.004	0.002	0.004	0.002	0.003	0.003
<i>P</i> -value	6.8E–04	1.7E–02	6.0E–03	8.9E–04	6.1E–03	2.5E–04
Number of SNPs in gene in WGHS	45	3	3	2	3	2
Best gene-wide corrected <i>P</i> -value	3.0E–02	4.9E–02	1.8E–02	1.8E–03	1.8E–02	5.0E–04
Meta lacking WGHS (<i>N</i> = 52 414) = first replication meta-analysis						
Effect ^b	–0.005	0.004	–0.005	–0.004	0.007	0.006
Standard error ^b	0.003	0.001	0.002	0.002	0.002	0.002
<i>P</i> -value	4.4E–02	7.0E–03	4.3E–02	7.8E–03	4.1E–04	5.6E–04
Combined WGHS and first replication meta-analysis (<i>N</i> = 74 354)						
Effect ^b	–0.008	0.004	–0.006	–0.005	0.007	0.007
Standard error ^b	0.002	0.001	0.002	0.001	0.002	0.002
<i>P</i> -value	6.3E–04	4.1E–04	1.6E–03	7.1E–05	1.0E–05	3.7E–06
Second independent replication meta-analysis (<i>N</i> = 56 246)						
Effect ^b	–0.008	0.002	–0.004	–0.004	0.008	0.004
One-sided <i>P</i> -value	6.5E–04	5.6E–02	3.8E–02	6.9E–04	6.9E–05	7.5E–03
FDR <i>q</i> -value	4.6E–04	1.9E–02	1.5E–02	4.6E–04	1.4E–04	3.7E–03
All samples combined (<i>N</i> = 130 600)						
Effect ^b	–0.008	0.003	–0.005	–0.005	0.007	0.006
<i>P</i> -value	2.8E–06	2.5E–04	4.5E–04	3.8E–07	5.6E–09	2.2E–07

^aMinor allele (A1) and major allele (A2).

^bEffect and standard error for the effect of each additional copy of the minor allele.

^cRank of candidate gene in similarity to the seed gene by GRAIL metric among all non-seed genes in OMIM.

considered for independent replication that had FDR > 0.05 in the second independent replication, had direction of effect concordant with the WGHS discovery sample [*P*-value for directional consistency (binomial distribution) = 0.01, Table 1 and Supplementary Material, Table S12]. The GRAIL words and GO terms defining the connections between the seed and candidate genes are shown in Table 2, and detailed information about each of the six replicated genes is provided in Box 1.

Regional association plots using imputed SNP data from the combined WGHS and first CKDGen replication meta-analysis confirmed that each replicating SNP was among the SNPs with the lowest *P*-values within each candidate gene, as expected by design (Supplementary Material, Fig. S1A–F). At the *LRP2* locus, the replicated GFR-associated SNP rs10490130 is one of two highly significant SNPs in the region; the second SNP (rs6433115), which has a smaller *P*-value in the first meta-analysis than rs10490130, is located in a separate block of linkage disequilibrium (LD) and was not selected for replication because it was not genotyped in the WGHS (Supplementary Material, Fig. S1A).

To further support and characterize the six novel replicating SNPs, we assessed the association with eGFR in an existing genome-wide association study among African-Americans from the CARE Consortium (*N* > 7300, Table 3) (12). In this independent sample, the SNPs at *PLEKHA1* and *FBXL20* showed nominally significant association with eGFR, and the minor allele at all six SNPs had the same direction of effect on eGFR

compared with the discovery and replication cohorts of European ancestry (directional consistency test, *P* = 0.031). Moreover, when looking at the entire gene region rather than at the index SNP only, the most significantly associated SNP at three loci (*PLEKHA1*, *FBXL20*, *SLC7A6*) met nominal significance after correction for the number of independent SNPs in each region evaluated, while the most significantly associated SNP at *LRP2* narrowly missed the threshold for locus-wide significance but showed a larger effect than the *LRP2* index SNP among European ancestry individuals (Table 3).

We also evaluated whether the six index SNPs were associated in *cis* with the expression of a nearby transcript in several tissues (eQTL, see Methods, Table 4). Of the six SNPs, intronic rs4751890 in the *PLEKHA1* gene was the only eQTL SNP for its assigned candidate gene, displaying a significant association with *PLEKHA1* transcript levels in blood (*P* = 8×10^{-4}) and lymphocytes (*P* = 2×10^{-3}). In blood (13), it was the strongest expression-related SNP for this transcript among all SNPs. Increasing copies of the minor allele of rs4751890 were associated with decreased levels of *PLEKHA1* expression (13) and with increased eGFR (Table 1). Among the other SNPs, rs6499166 in *SLC7A6*, rs7208487 at *FBXL20* and rs489381 at *SLC3A2* were associated with gene expression in *cis* but none was an eQTL for one of the candidate genes (Supplementary Material, Table S13).

A separate eQTL analysis on kidney biopsies from 81 individuals in two patient cohorts did not show significant

Table 2. Gene function for genome-wide significant and suggestive associations

Candidate	seed	<i>N</i> GRAIL words	<i>N</i> (%) words for 50% of GRAIL score	GRAIL words/GO terms connecting seed and candidate
<i>LRP2</i>	<i>DAB2</i>	1940	10 (0.52%)	Megalina, dab2, disabled, endocytic, receptor, epithelial, 2, endocytosis, binding, lipoprotein
<i>SLC7A6</i>	<i>SLC7A9</i>	996	9 (0.90%)	4f2hc, transport, amino, transporter, dibasic, acid, barcelona, kidney, acids
<i>SLC3A2</i>	<i>SLC7A9</i>	1124	7 (0.62%)	Cystinuria, 4f2hc, cystine, 4f2, transport, amino, transporter
<i>PLEKHA1</i>	<i>PIP5K1B</i>	819	6 (0.73%)	Ptdins, phosphatidylinositol, 4, bisphosphate, phosphate, actin
<i>FBXL20</i> (from <i>GO</i>)	<i>UBE2Q2</i>	NA	NA	Modification-dependent protein catabolic process, post-translational protein modification, regulation of protein metabolic process
<i>INHBC</i> (from <i>GO</i>)	<i>VEGFA</i>	NA	NA	Kidney-specific (1): kidney development, not kidney-specific (43), e.g. mRNA stabilization, primitive erythrocyte differentiation, cell maturation, cell migration

association between the index SNPs or highly correlated SNPs and gene expression in *cis* (see Methods, Supplementary Material, Tables S13 and S14).

To evaluate whether the associations with eGFR reflected effects on kidney function more broadly, we investigated association of the six replicating SNPs with other renal phenotypes in recently published genome-wide scans (14). The Supplementary Material, Table S15, shows that none of the SNPs showed significant associations with either microalbuminuria (MA) or the urinary albumin-to-creatinine ratio (both $N = 63$ 153) after correction for multiple testing. Variants in moderate LD ($r^2 > 0.6$) with intronic rs7208487 in *FBXL20* are significantly associated with the concentrations of urinary histidine and tyrosine among a selection of urinary metabolites examined (15).

As effects on kidney function may also have ramifications for blood pressure phenotypes or incident cardiovascular disease, associations for the six SNPs were examined in GWAS data from the International Consortium for Blood Pressure (ICBP) (systolic and diastolic blood pressure) and the CARDIoGRAM (myocardial infarction) Consortia. No associations were observed for any of the SNPs (Supplementary Material, Table S15).

Finally, we interrogated the NHGRI GWAS catalog for associations of variants at the loci identified here with additional phenotypes (Supplementary Material, Table S16). The region containing *INHBC* on chromosome 12 was identified in association with serum urate concentrations (16) and rs3741414 in the 3'-UTR of *INHBC* identified in our study is in high LD with the top urate-associated SNP ($r^2 = 0.84$). The allele associated with higher urate levels is associated with lower eGFR, in agreement with the known relationship between serum urate levels and kidney function.

DISCUSSION

We identify six novel associations for eGFR_{crea}, one genome-wide significant and the remaining five highly suggestive, through a systematic strategy that uses data from existing meta-analyses of GWAS to select and replicate new SNP associations not identified in an initial genome-wide scan. This is accomplished through the selection of SNPs in genes that are connected to genes containing previously confirmed SNP associations on the basis of existing biological knowledge. Our

approach may represent a way to identify novel associated genomic regions for other complex phenotypes without the need for further increase in the sample size. Although more testing will be needed to assess its utility in general, the approach can be applied whenever there is access to genome-wide SNP data in a single study and results from a GWAS meta-analysis for primary replication. All of the GFR associations at the six novel genomic regions satisfy conventional statistical thresholds for overcoming multiple hypothesis testing, and rs7208487 in *FBXL20* meets the standard genome-wide significance threshold ($P < 5 \times 10^{-8}$) in the combined discovery and replication meta-analyses totaling 130 600 samples. However, the power for detecting the other associations even in the combined sample at genome-wide significance ranged only from 0.01 to 0.21. It may have been further diminished by demographic differences between the discovery cohort (WGHS) and the replication meta-analyses, thus emphasizing the challenges for establishing genome-wide significance for these SNPs and other weak but possibly true replicating associations with GFR even with a large sample.

Biological and methodological context of findings

While the biological functions of some of the novel candidate genes are more certain than others, the connections with the seed genes emphasize roles in solute transport, endocytosis, posttranscriptional modification and development (Table 2). For some of the genes, a role in the kidney is known and dysfunctions of the encoded proteins could plausibly be linked to reduced eGFR. This is the case for the genes encoding subunits of an amino acid transport complex expressed in kidney, *SCL7A6* and *SLC3A2*, and for *LRP2*, encoding megalin, which has a known function in the reabsorption of albumin and other low molecular weight proteins from the urine. Rare mutations in *LRP2* have been described as a cause of Donnai-Barrow and facio-oculo-acoustico-renal syndromes (17). Conversely, *PLEKHA1* and *FBXL20* were connected to their seed genes by terms that are not specific to the kidney (Table 2). The lack of a prior connection to kidney function for these last two candidates, *PLEKHA1* and *FBXL20*, underscores the potential for identifying novel eGFR-associated genes and thus advancing biological understanding by the strategy we describe. These genes would not have been identified at genome significance in an initial meta-analysis nor

Box 1. Known functions of genome-wide significant and suggestive genes for eGFR.

FBXL20: little published evidence links F-box and leucine-rich repeat protein 20 to renal function, except an expression pattern that includes kidney. The gene product has been reported to have a role in regulatory pathways involving ubiquitination (57), which have also been suggested for its seed gene, *UBE2Q2*.

INHBC: identified through its seed gene *VEGFA*, which may be related to renal function through developmental processes. The *INHBC* gene encodes the beta C chain of inhibin (58), which belongs to the TGF-beta superfamily and together with other subunits forms activin complexes. Activins have a role in the regulation of hormone secretion as well as cell differentiation and growth including branching of the kidney, but the specific role of the subunit encoded by *INHBC* is not well studied.

LRP2: encodes for megalin, which as part of a complex with cubilin and amnionless has a known function in the reabsorption of albumin and other low molecular weight proteins from the urine (59). *LRP2* is connected to its seed gene, *DAB2*, through protein-protein interaction (60). Megalin localizes to the proximal renal tubule; the mechanism by which it is connected to eGFR is presently unclear but could include protein internalization and subsequent renal damage (59). Rare mutations in *LRP2* have been identified in patients with Donnai-Barrow and facio-oculo-acoustico-renal syndromes (17). We previously identified variants in *CUBN*, encoding for cubilin, as associated with UACR (14), but the GFR-associated SNP in *LRP2* identified here did not show association with UACR or MB. This implies that variation in different components of the megalin complex associates with different measures and mechanisms of kidney disease.

PLEKHA1: a potential link to renal physiology is its expression in renal tubule cells. It is reported to localize to the plasma membrane and binds to phosphatidylinositol-3, 4-bisphosphate (61), which suggests a role in signaling consistent with the phosphatidylinositol-4-phosphate-5-kinase activity encoded by its seed gene, *PIP5K1B*. Recently, a role in the regulation of insulin sensitivity has been reported for the *PLEKHA1*-encoded protein (62). Polymorphisms in the *PLEKHA1* gene are associated with age-related macular degeneration (63–65).

SLC7A6 and SLC3A2: the gene products of both *SLC7A6* and *SLC3A2* interact, and their co-expression facilitates the uptake or exchange of amino acids such as arginine, leucine and glutamine for example in the kidney (66). The protein encoded by *SLC3A2* is expressed at high levels in both freshly isolated and cultured podocytes, kidney-specific cells (67). Both genes were identified based on the seed genes *SLC7A9*.

would they have been investigated in a classical candidate gene approach that focused on biological pathways specific to the kidney. It is worth noting, however, that single SNPs rather than genes were replicated, and follow-up experimental

evidence is needed to confirm that the genes that suggested the associations are indeed the causal genes in the region.

In conventional genome-wide genetic analysis, where the evidence for association is solely statistical, SNPs selected for replication typically rank among the top few hundred according to *P*-value. This corresponds approximately to the top <0.008% in a study based on HapMap (r22) imputed genotypes at ~2.6 million SNPs. In contrast, the SNPs selected for replication by our prioritization approach had clearly lower ranks, and none of the 10 loci advanced for a second replication here was among the top 10 with associations just above genome-wide significance thresholds ($p > 5 \times 10^{-8}$). Among 146 215 genotyped WGHS SNPs mapping within 1000 bp of Refseq genes, the ranks of the six replicated SNPs ranged from the top 0.10 to 2.33% (1148–3409th, Table 5), and 0.23–6.23% (all RefSeq) or 0.24–6.31% (OMIM only) for the gene-wide corrected *P*-values used in the SNP selection algorithm. Thus, these SNPs would have been unlikely to be selected for replication on the basis of *P*-value alone.

Comparison with other approaches

The strategy used here can be compared and contrasted with previously reported approaches for integrating prior biological information into genome-wide association analysis. First, the pairwise gene similarity matrix used in the development of the strategy and for SNP selection is derived from GRAIL directly (10). GRAIL computes *P*-values for the scores of binary connections between genes tagged by independently selected candidate SNPs, including sub-genome-wide associations where it has been proven effective in identifying novel replicating SNPs (9). This application of GRAIL may be useful in resolving the ambiguity in assignment of the gene underlying an observed genome-wide association. Our strategy differs in prioritizing genes on the basis of gene-wide corrected rather than uncorrected association *P*-values. We also relied on a discovery and first replication approach guided by the FDR. This two-stage approach may have diminished overall power for individual associations, but also provided empirical support for proceeding to the second replication step. There was little benefit of the two-stage approach in identifying potentially heterogeneous associations that would otherwise have been missed, since heterogeneity was modest among the six novel associations in the meta-analysis combining all samples (I^2 range 0–37%). A final difference between our strategy and typical GRAIL applications was the selection of candidates on the basis of the rank of the gene-gene score rather than a fixed threshold of the quantitative gene score. By design, functional inferences in GRAIL may be most accurate with a quantitative rather than ordinal interpretation of the gene-gene scores, especially for the top connections. However, we note that the gene-gene scores between the 25th ranked candidates and each of the seed genes were comparable having a mean (SD) of 0.24 (0.12) and none was >0.65 (within a maximal range of 0–1).

Second, there is overlap with gene set methods that test for an over-abundance of significant associations mapping to pre-specified collections of genes with related function termed “gene sets” (18–20). These gene sets may be inferred from the literature and often include the GO gene collections,

Table 3. Interrogation of genome-wide and suggestive loci in CARE African–American sample (12)

Index SNP ID	rs10490130	rs4751890	rs489381	rs6499166	rs7208487	rs3741414
Closest gene	<i>LRP2</i>	<i>PLEKHA1</i>	<i>SLC3A2</i>	<i>SLC7A6</i>	<i>FBXL20</i>	<i>INHBC</i>
A1/A2 ^a	C/A	C/T	A/G	G/A	G/T	T/C
MAF	0.16	0.20	0.37	0.06	0.33	0.10
A1 beta (SE), <i>P</i> -value ^b	-0.005 (0.0057), 0.38	0.01 (0.0052), 0.05	-0.0019 (0.0048), 0.70	-0.0114 (0.0093), 0.22	0.0142 (0.0045), 1.6E-03	0.0001 (0.0077), 0.98
Locus best SNP ^c	rs4668121	rs7919241	rs2282538	rs9935022	rs4795358	rs2242578
chr-position (build 36)	2:169684351	10:124152898	11:62356308	16:66836780	17:34826591	12:56139420
A1/A2	T/G	A/C	T/C	T/A	A/C	G/C
MAF	0.45	0.22	0.09	0.11	0.33	0.49
<i>N</i>	7342	7382	7382	7382	7382	7382
A1 beta (SE), <i>P</i> -value	-0.0137 (0.0042), 1.2E-03	-0.017 (0.0051), 9.4E-04	-0.0142 (0.0073), 0.05	0.0207 (0.0068), 2.4E-03	0.0143 (0.0045), 1.5E-03	-0.0097 (0.0049), 0.05
<i>N</i> , indep. SNPs ^d	44	13	10	7	4	8
<i>p</i> threshold ^e	1.1E-03	3.8E-03	5.0E-03	7.1E-03	1.3E-02	6.3E-03
significant?	no	yes	no	yes	yes	no
LD-YRI: <i>r</i> -square(D) ^f	0.002 (0.116)	0.076 (1.000)	0.024 (0.574)	N/A	1.000 (1.000)	0.036 (0.710)
LD-CEU: <i>r</i> -square (D) ^f	0.156 (0.835)	N/A	0.431 (1.000)	N/A	1.000 (1.000)	0.119 (0.695)

^aA1 = minor and coded allele, A2 = major allele.

^b*N* = 7382 for all association tests.

^cMost significant SNP within 25 kb of the transcribed region of the candidate gene.

^dFrom LD pruning in the CARE sample using the PLINK algorithm with window of 50, window shift of 5 SNPs and VIF = 2 (52).

^eThreshold for significance (=0.05/#indep SNP).

^fLD between index SNP and locus best SNP.

which were transformed here for a gene–gene similarity metric alternative to the GRAIL metric. Some gene set methods further adopt the strategy of establishing the significance for each gene through gene-wide multiple hypothesis correction as was done in our strategy (19).

Finally, recent applications have begun incorporating protein–protein interaction data to find connections among candidate genes, allowing not only binary but also multivalent connections (21). Although protein–protein interaction data may be considered more reliable than text-based inference as in GRAIL, the total number of genes in the human genome explored for protein–protein interaction is currently smaller than the number explored through the literature. In preliminary analyses, a multivalent strategy based on GRAIL similarity scores was not encouraging, in part because the GRAIL connections among our GFR seed genes were weak (data not shown).

Strengths and limitations

Our findings, which are supported by independent replication, highlight both novel candidate associations for eGFR and the biological context through which they may act. The latter aspect of the approach is typically not conferred by analysis based solely on statistical considerations. One concern with this approach may be a potential bias introduced by the reliance on prior biological knowledge as represented in the scientific literature. While some of our results may be influenced by the fact that some genes are better studied than others, it is interesting to observe that biological information directly related to eGFR does not account for all of the identified connections. For instance, the connections of the seed genes to *PLEKHA1* and *FBXL20* were more closely related to their inferred molecular properties than to kidney function (Table 2). As genome-wide analyses of gene expression continue to supply public databases with new, tissue-specific and unbiased snapshots of the functional state, integration of prior biological information into genome-wide association analysis can be expected to become less biased and increasingly revealing.

Searching for new candidate genes through inferred biological connections was more efficient using the previously validated eGFR-associated seeds compared with genes chosen at random, emphasizing the gains in specificity provided by the method. However, we note that the enrichment of true associations as estimated by the QVALUE algorithm applied to results from the first replication may have an upward bias. In spite of an estimated alternative hypothesis rate of 0.93 (=1–0.07), only 6 of 33 candidates in the first replication had *P* < 0.05 in SNP selection with the GRAIL metric, and the lower estimated rate of the null hypotheses compared with estimates using randomly chosen seed genes appears to derive from overall excess of smaller rather than significant *P*-values (e.g. of 33 SNPs, 9 had *P* < 0.1, 15 had *P* < 0.2, median *P* = 0.34; see Supplementary Material, Table S8 for estimated rate and inter-quartile range for random seed genes). With this caveat in mind, it is noteworthy that the estimated yield of true associations when substituting randomly selected genes for the previously validated seed genes was still appreciable (Supplementary Material,

Table 4. eQTL^a analysis for rs4751890 at *PLEKHA1*

Index SNP	Closest gene	Tissue	eSNP <i>P</i> -value ^b	Best eSNP in that tissue	<i>P</i> -value of the best eSNP for the given transcript	LD r2 index SNP and best eSNP	Array ID	Reference
rs4751890	<i>PLEKHA1</i>	Blood	7.95E-05	Same SNP	Same SNP	n/a	HSG00267573	(13)
		Lymph	1.90E-03	rs6585827	2.6E-04	0.605	GI_31377719-S	(35)
		Blood	6.20E-08, 2.30E-06	rs6585827	1.5E-11	0.605	3930541, 6650324	(56)

Lymph (lymphoid cells) and blood (peripheral blood mononuclear cells).

^aMost significant local SNP association (eSNP) with *PLEKHA1* transcript levels.

^bSNPs with a *P*-value $< 5.5 \times 10^{-4}$ meet a conservative Bonferroni-corrected significance threshold accounting for the test of six SNPs with expression in 15 different tissues.

Table S8), possibly suggesting abundant sub-genome-wide SNP associations with eGFR, as has been observed also in genome-wide studies of other clinical phenotypes (e.g. height (22,23)). Some of these additional candidate associations with eGFR may be validated by replication through the statistical power of larger replication samples.

Finally, we cannot exclude the possibility that—despite prior evidence connecting the seed genes to genes identified here—one or more of the causal variants presumed to underlie the observed associations influence the function not of one of the six novel genes but instead neighboring genes not explicitly implicated by our strategy.

Conclusions

Our strategy's potential yield of true associations as judged by the FDR highlights the vast repository of modest but true associations remaining to be discovered in existing genome-wide scans of eGFR. The six novel loci, including one genome-wide significant association in *FBXL20*, are assigned to at least five distinct biological processes. They extend the role of genome-wide analysis in understanding the genetic underpinnings influencing kidney function. Thus, our findings provide a starting point for functional studies, which may lead to additional insights into kidney disease pathophysiology and ultimately contribute to the potential for attenuating the burden of kidney disease.

MATERIALS AND METHODS

We developed a multistep strategy to identify novel eGFR-associated variants in genes that have a biological connection to one or more of 24 genes within previously identified and replicated genome-wide significant eGFR-associated loci (Fig. 1, Step 0). Within each of these loci, the gene closest to the SNP with the lowest *P*-value in the region was chosen, except for the *NAT8/ALMS1* and *ANXA9/LASS2* regions, where the second closest gene was chosen on the basis of pre-existing biological evidence: rare mutations in *ALMS1* lead to a Mendelian disorder featuring kidney disease (24), and *LASS2* (alias *CERS2*) $-/-$ mice show renal abnormalities (25). These 24 genes, termed 'seed' genes, form the starting point of the strategy and are listed in Supplementary Material, Table S7. In outline, the strategy consisted of specifying an algorithm for identifying SNP associations (Fig. 1, Steps 1 and 2), exploring parameters of this

algorithm to optimize the estimated yield of true associations with eGFR, selecting candidate SNPs for replication using the optimized parameters and finally replicating the candidate SNPs in two different datasets including an entirely independent replication meta-analysis of 56 246 individuals (Steps 3 and 4). The study populations, genotyping and statistical analyses are described in detail below.

Study populations

- (1) The source dataset, from which the 24 seed genes were derived, consisted of 20 study populations that formed the CKDGen Consortium at the time of their publication (6).
- (2) The primary sample for discovery of eGFR-associated SNPs in genes implicated by the seed genes was the WGHS, a large population-based cohort of female health care professionals aged ≥ 45 at baseline (26). As described elsewhere, 21 940 WGHS participants of verified, self-reported European ancestry had information on whole genome genotype data and baseline serum creatinine measures for estimating eGFR available as summarized in the supplement (Supplementary Material, Table S1 summarizes the WGHS cohort, Supplementary Material, Table S3 shows WGHS baseline characteristics).
- (3) Since the publication describing the 24 seed genes (6), the CKDGen Consortium had expanded from the 20 original cohorts to include 26 cohorts with information on genome-wide genotypes and renal phenotypes. Information about baseline characteristics of the 25 cohorts, excluding the WGHS, of European ancestry totaling 52 414 individuals that were used as the first replication sample to verify SNPs associated in the WGHS are listed in the supplement (Supplementary Material, Table S1 summarizes the cohorts, Supplementary Material, Table S3 shows baseline characteristics).
- (4) The 18 cohorts of European ancestry totaling 56 246 individuals that comprised the second, independent replication meta-analysis are described in the supplement (Supplementary Material, Table S2 summarizes the cohorts, Supplementary Material, Table S5 shows baseline characteristics).

Phenotype definition

In each cohort, serum creatinine was measured as described in the supplement (Supplementary Material, Tables S1 and S2)

Table 5. Ranks of SNP *P*-values in discovery genome-wide scans

SNP	pos [chr:bp]	Candidate gene	SNP rank in WGHS genome-wide scan of eGFRcrea among			best SNPs from RefSeq gene (of 14 600 ^b) gene-wide cor. <i>P</i> -value ^c	best SNPs from OMIM genes (of 7839 ^b) gene-wide cor. <i>P</i> -value ^c	SNP rank in eGFR genome-wide meta-analysis ^a	
			all SNPs (of 339 597 ^b) <i>P</i> -value	all genic SNPs (of 146 215 ^b) <i>P</i> -value	best SNPs from RefSeq gene (of 14 600 ^b) gene-wide cor. <i>P</i> -value ^c			all meta SNPs (of 2 803 402 ^b) <i>P</i> -value	all meta genic SNPs (of 977 213 ^b) <i>P</i> -value
rs10490130	2:169807356	<i>LRP2</i>	478 (0.14%)	262 (0.18%)	579 (3.97%)	319 (4.07%)	8423 (0.30%)	4619 (0.47%)	
rs4751890	10:124151780	<i>PLEKHA1</i>	7325 (2.16%)	3409 (2.33%)	910 (6.23%)	495 (6.31%)	6954 (0.25%)	3926 (0.40%)	
rs489381	11:62408638	<i>SLC3A2</i>	2942 (0.87%)	1402 (0.96%)	419 (2.87%)	238 (3.04%)	14273 (0.51%)	7424 (0.76%)	
rs3741414	12:56130315	<i>INHBC</i>	250 (0.07%)	148 (0.10%)	33 (0.23%)	19 (0.24%)	1396 (0.05%)	902 (0.09%)	
rs6499166	16:66884417	<i>SLC7A6</i>	590 (0.17%)	312 (0.21%)	89 (0.61%)	53 (0.68%)	3456 (0.12%)	2085 (0.21%)	
rs7208487	17:34796974	<i>FBXL20</i>	3001 (0.88%)	1432 (0.98%)	423 (2.90%)	238 (3.04%)	2074 (0.07%)	1321 (0.14%)	

^aDiscovery meta-analysis as published (6).

^bDenominator for percentage values. Not all RefSeq or OMIM genes had SNPs mapping within 1 kb in the WGHS.

^cBonferroni-corrected *P*-value of best SNP within 1 kb of RefSeq or OMIM genes.

and in previous publications (6). To minimize inter-laboratory variation in serum creatinine measurements among the study cohorts, serum creatinine was calibrated to the National Health and Nutrition Examination Study (NHANES) standards in all discovery and replication studies as described previously (27–29). The GFR was then estimated from the calibrated serum creatinine using the four-variable MDRD study equation (30).

Genotype information

Information on genotyping, imputation and statistical analysis methods for all participating cohorts is presented in Supplementary Material, Table S4 (WGHS and first replication sample) and Supplementary Material, Table S6 (second independent replication sample).

Metrics of biological relatedness between pairs of genes

GRAIL infers relatedness between genes on the basis of shared informative words extracted from PubMed abstracts (10). The GRAIL relatedness information is summarized in a sparse matrix, with genes in rows and informative words in columns, so that each gene is represented as a vector of the weights of the informative words. Each of the gene vectors was first normalized to have a dot product with itself equal to 1. The pairwise similarity score between two genes was calculated as the dot product of their normalized word vectors, i.e. a number between 0 and 1. The analysis presented here used the GRAIL relatedness matrix constructed from PubMed abstracts published through 2006, which largely pre-dates information from GWAS to avoid influencing the results by previously published information from GWAS.

The GO (<http://www.geneontology.org>) is a well-established resource for the annotation of gene products across species. The functional relatedness between pairs of genes was derived from the semantic similarity between GO terms associated with each gene as described in (11). GO terms from all three ontologies (biological process, cellular component or molecular function) were considered in the calculation of the similarity value. Since gene ontologies are directed acyclic graphs (DAG), the relationship between the two GO terms reflects the relative locations of these terms in the DAG graphs as well as their semantic relations (class-subclass relation or partial ownership relation) with their ancestor terms.

Gene selection algorithm

Preliminaries

All analyses used gene assignments from RefSeq downloaded in March 2010 from the UCSC genome browser (<http://genome.ucsc.edu>). Gene names were mapped to Entrez gene IDs for use with GRAIL using information downloaded from NCBI. The OMIM database was downloaded in April 2010 from NCBI. Mapping of SNPs to genic regions used the March 2006 build 36 reference sequence for the human genome (hg18).

Algorithm

The algorithm used to identify eGFR-associated SNPs consisted of three steps. First, for each seed gene, all genes in OMIM or RefSeq (excluding the seed genes) were rank ordered according to the GRAIL or GO metrics of relatedness to the seed gene. A fixed number N of the most related genes was designated as a set of candidate genes for further consideration (Fig. 1, Step 1). Second, genotyped SNPs from the WGHS mapping within a fixed number of base pairs (bp) of the transcribed region of each candidate gene were examined for association with eGFR in the WGHS genome-wide scan. Only SNPs genotyped on the Illumina HumanHap300 chip were used in order to keep the amount of LD between the SNPs small. The SNP with the lowest P -value in each candidate gene was retained if its association with eGFR in the WGHS had $P < 0.05$ after a stringent Bonferroni correction for the number of genotyped SNPs mapping to that same gene (Fig. 1, step 2). Third, SNPs meeting gene-wide significance in the WGHS were then examined for association with eGFR in the first replication meta-analysis, which did not include the WGHS (Fig. 1, step 3). The decision to identify associations using a discovery (WGHS) and replication (meta-analysis of 25 CKDGen cohorts) strategy rather than a combined larger discovery meta-analysis (26 cohorts, including WGHS) in order to select SNPs for follow-up in external replication samples was based on several considerations, including the large size of the WGHS, the relatively low LD among its genotyped HumanHap300 chip and its epidemiologic homogeneity, the latter potentially allowing the detection of otherwise heterogeneous associations. Moreover, splitting the available samples between discovery and first replication addressed the need for an intermediate replication sample to optimize the algorithm using the FDR (next section). Statistical significance thresholds and cutoffs for advancement of SNPs to the next stage are provided in the section 'Association analysis and Statistical Significance for Discovery and Replication'.

Algorithm optimization

Three aspects of the algorithm as implemented with the GRAIL metric were optimized using the estimated overall FDR, designated as π_0 , applied to the P -values of SNP associations in the first replication meta-analysis using the QVALUE software with the default settings (Fig. 1, step 3). As a first aspect, the fixed number N of most related genes considered for each of the seed genes was varied from 10 to 200. As a second aspect, restricting the candidate genes to the subset of genes in GRAIL with OMIM annotation ($n = 10\,978$) was compared with the use of the complete set of genes in GRAIL and also in RefSeq genes ($n = 19\,698$). As a third aspect, the mapping of SNPs to the candidate genes was varied, considering SNPs within either 1000 or 10 000 bp of the transcribed region of each candidate gene. As presented in Supplementary Material, Tables S8–S11, the performance of the algorithm applied to the 24 seed genes was compared across all combinations of the three aspects by estimating the overall fraction of true associations in the first replication meta-analysis as $1 - \pi_0$. Further, these estimated fractions of true associations were compared with the distribution of the estimated fractions of true associations derived by applying the algorithm to 24 genes chosen at random instead

of the seed genes over 50 iterations. A substantial effect on enrichment for the estimated overall fraction of true associations was observed when the number N of most related candidate genes was varied: the algorithm was optimized as judged by a minimum of π_0 for the P -values in the first replication meta-analysis when the top 25 genes were examined (Supplementary Material, Tables S8–S11). Restricting candidate genes in GRAIL to OMIM also substantially minimized π_0 , possibly because the literature derived GRAIL metric may be more informative for genes in OMIM rather than RefSeq genes in general. There was little difference when SNPs within either 1000 bp or 10 000 bp of each candidate gene were examined. When investigating the 25 most seed-gene-related OMIM genes, examining SNPs within 1000 bp yielded a slightly larger estimated number of true associations compared with SNPs within 10 000 bp (Supplementary Material, Tables S8 and S10). For the main part of the paper, the results are therefore presented based on the algorithm configured to investigate SNPs within 1000 bp of the 25 candidate genes from OMIM most related to the seed genes. The same configuration was used in applying the algorithm with the pairwise similarity metric derived from GO instead of GRAIL.

Association analysis and statistical significance for discovery and replication

In the WGHS, SNP associations with eGFR were performed by linear regression assuming an additive relationship between the number of inherited minor alleles of each SNP and the natural logarithm of eGFR, adjusted for age.

In the first replication analysis of CKDGen cohorts excluding the WGHS, cohort level association was performed within each study for each SNP with the additive assumption applied to either experimental genotype information or imputed genotype information using dosage data, adjusting for age and sex. Meta-analysis was performed by inverse variance weighting assuming fixed effects, applying genomic control both at the study level and overall to offset potential inflation of the test statistic due to incidental confounding (6). The value of the final genomic control parameter λ in the first meta-analysis was 1.09.

In the second replication analysis in the 18 external cohorts only, significance of candidate associations was judged with one-sided P -values based on the direction of association in the discovery step. The FDR was applied to these P -values.

The thresholds for statistical significance at each step of the procedure were as follows: Candidate SNPs were identified in the WGHS (step 1) on the basis of gene-wide Bonferroni-corrected P -values < 0.05 . Candidate SNPs were further advanced in the first replication step (overall second step) with $P < 0.05$ and effect in same direction as WGHS. SNPs were considered nominally replicated on the basis of an FDR q -value < 0.05 (QVALUE software, (31)) as applied to one-sided P -values from the second independent replication analysis. Genome-wide significance was specified as $P < 5 \times 10^{-8}$ in analysis combining all samples.

Power

Power for SNP associations was estimated assuming an additive relationship between the number of inherited alleles and

mean log eGFR, using effect sizes estimated from the first replication meta-analysis to diminish the effect of the winner's curse.

Association of replicated SNPs with additional phenotypes

Associations with other renal phenotypes were examined in a dataset derived from meta-analyses of SNP associations with the urinary albumin-to-creatinine ratio (UACR) and MA among 63 153 European ancestry participants from the CDKGen Consortium (14).

Associations with coronary artery disease were examined in a dataset derived from a meta-analysis of SNP associations in a study of >22 000 cases and >64 000 controls of European ancestry in the CARDIOGRAM Consortium (32). Associations with systolic and diastolic blood pressure were examined in a dataset derived from meta-analyses of SNP associations in a study of >69 000 individuals of European ancestry in the ICBP Consortium (28). Associations with concentrations of metabolites in urine were examined using the publicly available SNP associations published recently (15). LD for proxy SNPs was estimated using SNAP (33) as applied to genotypes in the HapMap (CEU population, r22) (34).

Expression SNP analysis

Published associations between gene transcript levels and the genotype of nearby SNPs in *cis* for a wide spectrum of tissue/cell types were interrogated to assess the potential of the replicating candidate SNPs for eGFR to influence gene expression. The tissues and cell types with available data were: fresh lymphocytes (35), fresh leukocytes (36), leukocyte samples in individuals with celiac disease (37), lymphoblastoid cell lines (LCL) derived from asthmatic children (38), HapMap LCL from three populations (39), a separate study on HapMap CEU LCL (40), peripheral blood monocytes (41,42), adipose (13,43) and blood samples (13), 2 studies on brain cortex (41,44), three large studies of brain regions including prefrontal cortex, visual cortex and cerebellum (Emilsson, personal communication), liver (43,45), osteoblasts (46), skin (47) and additional fibroblast, T cell and LCL samples (48). For each tissue or cell type, the citation describes the study-specific statistical criterion for establishing significant SNP associations. Finally, we queried a database of normal kidney cortex tissue samples from two patient cohorts (49,50). The Affymetrix 6.0 genome-wide chip was used for genotyping, and genotype calling was performed using Affymetrix's GTC Software. To evaluate an association with the expression of transcripts in *cis*, SNPs with call rates >90% were related to the expression probes measured on the Affymetrix U133 set, using RefSeq annotation (Affymetrix build a30). The *P*-values were computed using linear multivariable regression in each cohort and then combined using Fisher's combined probability test (49). Pairwise linkage disequilibrium was obtained from SNAP (33) with the CEU HapMap release 22 as the reference.

Programming

All programming was performed in R (51), including the FDR estimation, which used the default settings from the R-package

QVALUE (31). Association testing in the WGHS was performed with PLINK (52). Association testing in the replication cohorts from both stages was performed as described in Supplementary Material, Tables S4 and S6. Quality control of GWAS result files was performed with GWAToolbox (53). Meta-analysis was performed with METAL (Release February 2010 (54)). Plots of locus-wide association were prepared with LocusZoom (55).

SUPPLEMENTARY MATERIAL

Supplementary Material is available at *HMG* Online.

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REFERENCES

- Zhang, Q.L. and Rothenbacher, D. (2008) Prevalence of chronic kidney disease in population-based studies: systematic review. *BMC Public Health*, **8**, 117.
- Coresh, J., Selvin, E., Stevens, L.A., Manzi, J., Kusek, J.W., Eggers, P., Van Lente, F. and Levey, A.S. (2007) Prevalence of chronic kidney disease in the United States. *JAMA*, **298**, 2038–2047.
- National Kidney Foundation. (2002) K/DOQI clinical practice guidelines for chronic kidney disease: evaluation, classification, and stratification. *Am. J. Kidney Dis.*, **39**, S1–S266.
- Bochud, M., Elston, R.C., Maillard, M., Bovet, P., Schild, L., Shamlaye, C. and Burnier, M. (2005) Heritability of renal function in hypertensive families of African descent in the Seychelles (Indian Ocean). *Kidney Int.*, **67**, 61–69.
- Fox, C.S., Yang, Q., Cupples, L.A., Guo, C.Y., Larson, M.G., Leip, E.P., Wilson, P.W. and Levy, D. (2004) Genomewide linkage analysis to serum creatinine, GFR, and creatinine clearance in a community-based population: the Framingham heart study. *J. Am. Soc. Nephrol.*, **15**, 2457–2461.
- Kottgen, A., Pattaro, C., Boger, C.A., Fuchsberger, C., Olden, M., Glazer, N.L., Parsa, A., Gao, X., Yang, Q., Smith, A.V. *et al.* (2010) New loci associated with kidney function and chronic kidney disease. *Nat. Genet.*, **42**, 376–384.
- Chambers, J.C., Zhang, W., Lord, G.M., van der Harst, P., Lawlor, D.A., Sehmi, J.S., Gale, D.P., Wass, M.N., Ahmadi, K.R., Bakker, S.J. *et al.* (2010) Genetic loci influencing kidney function and chronic kidney disease. *Nat. Genet.*, **42**, 373–375.
- Pe'er, I., Yelensky, R., Altshuler, D. and Daly, M.J. (2008) Estimation of the multiple testing burden for genomewide association studies of nearly all common variants. *Genet. Epidemiol.*, **32**, 381–385.
- Raychaudhuri, S., Ripke, S., Li, M., Neale, B.M., Fagerness, J., Reynolds, R., Sobrin, L., Swaroop, A., Abecasis, G., Seddon, J.M. *et al.* (2009) Associations of CFHR1-CFHR3 deletion and a CFH SNP to age-related macular degeneration are not independent. *Nat. Genet.*, **42**, 553–555; author reply 555–556.
- Raychaudhuri, S., Plenge, R.M., Rossin, E.J., Ng, A.C., Purcell, S.M., Sklar, P., Scolnick, E.M., Xavier, R.J., Altshuler, D. and Daly, M.J. (2009) Identifying relationships among genomic disease regions: predicting genes at pathogenic SNP associations and rare deletions. *PLoS Genet.*, **5**, e1000534.
- Yu, G., Li, F., Qin, Y., Bo, X., Wu, Y. and Wang, S. (2010) GOSemSim: an R package for measuring semantic similarity among GO terms and gene products. *Bioinformatics*, **26**, 976–978.
- Liu, C.T., Garmaas, M.K., Tin, A., Kottgen, A., Franceschini, N., Peralta, C.A., de Boer, I.H., Lu, X., Atkinson, E., Ding, J. *et al.* (2011) Genetic association for renal traits among participants of African ancestry reveals new loci for renal function. *PLoS Genet.*, **7**, e1002264.

13. Emilsson, V., Thorleifsson, G., Zhang, B., Leonardson, A.S., Zink, F., Zhu, J., Carlson, S., Helgason, A., Walters, G.B., Gunnarsdottir, S. *et al.* (2008) Genetics of gene expression and its effect on disease. *Nature*, **452**, 423–428.
14. Boger, C.A., Chen, M.H., Tin, A., Olden, M., Kottgen, A., de Boer, I.H., Fuchsberger, C., O'Seaghdha, C.M., Pattaro, C., Teumer, A. *et al.* (2011) CUBN is a gene locus for albuminuria. *J. Am. Soc. Nephrol.*, **22**, 555–570.
15. Suhre, K., Wallaschofski, H., Raffler, J., Friedrich, N., Haring, R., Michael, K., Wasner, C., Krebs, A., Kronenberg, F., Chang, D. *et al.* (2011) A genome-wide association study of metabolic traits in human urine. *Nat. Genet.*, **43**, 565–569.
16. Yang, Q., Kottgen, A., Dehghan, A., Smith, A.V., Glazer, N.L., Chen, M.H., Chasman, D.I., Aspelund, T., Eiriksdottir, G., Harris, T.B. *et al.* (2010) Multiple genetic loci influence serum urate levels and their relationship with gout and cardiovascular disease risk factors. *Circ. Cardiovasc. Genet.*, **3**, 523–530.
17. Kantarci, S., Al-Gazali, L., Hill, R.S., Donnai, D., Black, G.C., Bieth, E., Chassaing, N., Lacombe, D., Devriendt, K., Teebi, A. *et al.* (2007) Mutations in LRP2, which encodes the multiligand receptor megalin, cause Donnai-Barrow and facio-oculo-acoustico-renal syndromes. *Nat. Genet.*, **39**, 957–959.
18. Yu, K., Li, Q., Bergen, A.W., Pfeiffer, R.M., Rosenberg, P.S., Caporaso, N., Kraft, P. and Chatterjee, N. (2009) Pathway analysis by adaptive combination of P-values. *Genet. Epidemiol.*, **33**, 700–709.
19. Segre, A.V., Groop, L., Motha, V.K., Daly, M.J. and Altshuler, D. (2010) Common inherited variation in mitochondrial genes is not enriched for associations with type 2 diabetes or related glycemic traits. *PLoS Genet.*, **6**, e1001058.
20. Chasman, D.I. (2008) On the utility of gene set methods in genomewide association studies of quantitative traits. *Genet. Epidemiol.*, **32**, 658–668.
21. Rossin, E.J., Lage, K., Raychaudhuri, S., Xavier, R.J., Tatar, D., Benita, Y., Cotsapas, C. and Daly, M.J. (2011) Proteins encoded in genomic regions associated with immune-mediated disease physically interact and suggest underlying biology. *PLoS Genet.*, **7**, e1001273.
22. Yang, J., Manolio, T.A., Pasquale, L.R., Boerwinkle, E., Caporaso, N., Cunningham, J.M., de Andrade, M., Feenstra, B., Feingold, E., Hayes, M.G. *et al.* (2011) Genome partitioning of genetic variation for complex traits using common SNPs. *Nat. Genet.*, **43**, 519–525.
23. Lango Allen, H., Estrada, K., Lettre, G., Berndt, S.I., Weedon, M.N., Rivadeneira, F., Willer, C.J., Jackson, A.U., Vedantam, S., Raychaudhuri, S. *et al.* (2010) Hundreds of variants clustered in genomic loci and biological pathways affect human height. *Nature*, **467**, 832–838.
24. Marshall, J.D., Hinman, E.G., Collin, G.B., Beck, S., Cerqueira, R., Maffei, P., Milan, G., Zhang, W., Wilson, D.I., Hearn, T. *et al.* (2007) Spectrum of ALMS1 variants and evaluation of genotype-phenotype correlations in Alstrom syndrome. *Hum. Mutat.*, **28**, 1114–1123.
25. Imgrund, S., Hartmann, D., Farwanah, H., Eckhardt, M., Sandhoff, R., Degen, J., Gieselmann, V., Sandhoff, K. and Willecke, K. (2009) Adult ceramide synthase 2 (CERS2)-deficient mice exhibit myelin sheath defects, cerebellar degeneration, and hepatocarcinomas. *J. Biol. Chem.*, **284**, 33549–33560.
26. Ridker, P.M., Chasman, D.I., Zee, R.Y., Parker, A., Rose, L., Cook, N.R. and Buring, J.E. (2008) Rationale, design, and methodology of the Women's Genome Health Study: a genome-wide association study of more than 25,000 initially healthy American women. *Clin. Chem.*, **54**, 249–255.
27. Fox, C.S., Larson, M.G., Leip, E.P., Culeton, B., Wilson, P.W. and Levy, D. (2004) Predictors of new-onset kidney disease in a community-based population. *JAMA*, **291**, 844–850.
28. Kottgen, A., Glazer, N.L., Dehghan, A., Hwang, S.J., Katz, R., Li, M., Yang, Q., Gudnason, V., Launer, L.J., Harris, T.B. *et al.* (2009) Multiple loci associated with indices of renal function and chronic kidney disease. *Nat. Genet.*, **41**, 712–717.
29. Coresh, J., Astor, B.C., McQuillan, G., Kusek, J., Greene, T., Van Lente, F. and Levey, A.S. (2002) Calibration and random variation of the serum creatinine assay as critical elements of using equations to estimate glomerular filtration rate. *Am. J. Kidney Dis.*, **39**, 920–929.
30. Levey, A.S., Bosch, J.P., Lewis, J.B., Greene, T., Rogers, N. and Roth, D. (1999) A more accurate method to estimate glomerular filtration rate from serum creatinine: a new prediction equation. Modification of diet in Renal Disease Study group. *Ann. Intern. Med.*, **130**, 461–470.
31. Storey, J.D. and Tibshirani, R. (2003) Statistical significance for genomewide studies. *Proc. Natl Acad. Sci. USA*, **100**, 9440–9445.
32. Schunkert, H., König, I.R., Kathiresan, S., Reilly, M.P., Assimes, T.L., Holm, H., Preuss, M., Stewart, A.F., Barbalic, M., Gieger, C. *et al.* (2011) Large-scale association analysis identifies 13 new susceptibility loci for coronary artery disease. *Nat. Genet.*, **43**, 333–338.
33. Johnson, A.D., Handsaker, R.E., Pulit, S.L., Nizzari, M.M., O'Donnell, C.J. and de Bakker, P.I. (2008) SNAP: a web-based tool for identification and annotation of proxy SNPs using HapMap. *Bioinformatics*, **24**, 2938–2939.
34. Frazer, K.A., Ballinger, D.G., Cox, D.R., Hinds, D.A., Stuve, L.L., Gibbs, R.A., Belmont, J.W., Boudreau, A., Hardenbol, P., Leal, S.M. *et al.* (2007) A second generation human haplotype map of over 3.1 million SNPs. *Nature*, **449**, 851–861.
35. Goring, H.H., Curran, J.E., Johnson, M.P., Dyer, T.D., Charlesworth, J., Cole, S.A., Jowett, J.B., Abraham, L.J., Rainwater, D.L., Comuzzie, A.G. *et al.* (2007) Discovery of expression QTLs using large-scale transcriptional profiling in human lymphocytes. *Nat. Genet.*, **39**, 1208–1216.
36. Idaghdour, Y., Czika, W., Shianna, K.V., Lee, S.H., Visscher, P.M., Martin, H.C., Miclaus, K., Jadallah, S.J., Goldstein, D.B., Wolfinger, R.D. *et al.* (2010) Geographical genomics of human leukocyte gene expression variation in southern Morocco. *Nat. Genet.*, **42**, 62–67.
37. Heap, G.A., Trynka, G., Jansen, R.C., Bruinenberg, M., Swertz, M.A., Dinesen, L.C., Hunt, K.A., Wijmenga, C., Vanheer, D.A. and Franke, L. (2009) Complex nature of SNP genotype effects on gene expression in primary human leukocytes. *BMC Med. Genomics*, **2**, 1.
38. Dixon, A.L., Liang, L., Moffatt, M.F., Chen, W., Heath, S., Wong, K.C., Taylor, J., Burnett, E., Gut, I., Farrall, M. *et al.* (2007) A genome-wide association study of global gene expression. *Nat. Genet.*, **39**, 1202–1207.
39. Stranger, B.E., Nica, A.C., Forrest, M.S., Dimas, A., Bird, C.P., Beazley, C., Ingle, C.E., Dunning, M., Flicek, P., Koller, D. *et al.* (2007) Population genomics of human gene expression. *Nat. Genet.*, **39**, 1217–1224.
40. Kwan, T., Benovoy, D., Dias, C., Gurd, S., Provencher, C., Beaulieu, P., Hudson, T.J., Sladek, R. and Majewski, J. (2008) Genome-wide analysis of transcript isoform variation in humans. *Nat. Genet.*, **40**, 225–231.
41. Heinzen, E.L., Ge, D., Cronin, K.D., Maia, J.M., Shianna, K.V., Gabriel, W.N., Welsh-Bohmer, K.A., Hulette, C.M., Denny, T.N. and Goldstein, D.B. (2008) Tissue-specific genetic control of splicing: implications for the study of complex traits. *PLoS Biol.*, **6**, e1.
42. Zeller, T., Wild, P., Szymczak, S., Rotival, M., Schillert, A., Castagne, R., Maouche, S., Germain, M., Lackner, K., Rossmann, H. *et al.* (2010) Genetics and beyond—the transcriptome of human monocytes and disease susceptibility. *PLoS One*, **5**, e10693.
43. Greenawald, D.M., Dobrin, R., Chudin, E., Hatoum, I.J., Suver, C., Beaulaurier, J., Zhang, B., Castro, V., Zhu, J., Sieberts, S.K. *et al.* (2011) A survey of the genetics of stomach, liver, and adipose gene expression from a morbidly obese cohort. *Genome Res.*, **21**, 1008–1016.
44. Webster, J.A., Gibbs, J.R., Clarke, J., Ray, M., Zhang, W., Holmans, P., Rohrer, K., Zhao, A., Marlowe, L., Kaleem, M. *et al.* (2009) Genetic control of human brain transcript expression in Alzheimer disease. *Am. J. Hum. Genet.*, **84**, 445–458.
45. Schadt, E.E., Molony, C., Chudin, E., Hao, K., Yang, X., Lum, P.Y., Kasarskis, A., Zhang, B., Wang, S., Suver, C. *et al.* (2008) Mapping the genetic architecture of gene expression in human liver. *PLoS Biol.*, **6**, e107.
46. Grundberg, E., Kwan, T., Ge, B., Lam, K.C., Koka, V., Kindmark, A., Mallmin, H., Dias, J., Verlaan, D.J., Ouimet, M. *et al.* (2009) Population genomics in a disease targeted primary cell model. *Genome Res.*, **19**, 1942–1952.
47. Ding, J., Gudjonsson, J.E., Liang, L., Stuart, P.E., Li, Y., Chen, W., Weichenthal, M., Ellinghaus, E., Franke, A., Cookson, W. *et al.* (2010) Gene expression in skin and lymphoblastoid cells: refined statistical method reveals extensive overlap in cis-eQTL signals. *Am. J. Hum. Genet.*, **87**, 779–789.
48. Dimas, A.S., Deutsch, S., Stranger, B.E., Montgomery, S.B., Borel, C., Attar-Cohen, H., Ingle, C., Beazley, C., Gutierrez Arcelus, M., Sekowska, M. *et al.* (2009) Common regulatory variation impacts gene expression in a cell type-dependent manner. *Science*, **325**, 1246–1250.
49. Wheeler, H.E., Metter, E.J., Tanaka, T., Absher, D., Higgins, J., Zahn, J.M., Wilhelm, J., Davis, R.W., Singleton, A., Myers, R.M. *et al.* (2009) Sequential use of transcriptional profiling, expression quantitative trait

- mapping, and gene association implicates MMP20 in human kidney aging. *PLoS Genet.*, **5**, e1000685.
50. Rodwell, G.E., Sonu, R., Zahn, J.M., Lund, J., Wilhelmy, J., Wang, L., Xiao, W., Mindrinos, M., Crane, E., Segal, E. *et al.* (2004) A transcriptional profile of aging in the human kidney. *PLoS Biol.*, **2**, e427.
 51. R_Development_Core_Team (2010) *R: A Language and Environment for Statistical Computing*. R Foundation for Statistical Computing, Vienna, Austria.
 52. Purcell, S., Neale, B., Todd-Brown, K., Thomas, L., Ferreira, M.A., Bender, D., Maller, J., Sklar, P., de Bakker, P.I., Daly, M.J. *et al.* (2007) PLINK: a tool set for whole-genome association and population-based linkage analyses. *Am. J. Hum. Genet.*, **81**, 559–575.
 53. Fuchsberger, C., Taliun, D., Pramstaller, P.P. and Pattaro, C. (2012) GWAtoolbox: an R package for fast quality control and handling of GWAS meta-analysis data. *Bioinformatics*, **28**, 444–445.
 54. Willer, C.J., Li, Y. and Abecasis, G.R. (2010) METAL: fast and efficient meta-analysis of genomewide association scans. *Bioinformatics*, **26**, 2190–2191.
 55. Pruim, R.J., Welch, R.P., Sanna, S., Teslovich, T.M., Chines, P.S., Gliedt, T.P., Boehnke, M., Abecasis, G.R. and Willer, C.J. (2010) LocusZoom: regional visualization of genome-wide association scan results. *Bioinformatics*, **26**, 2336–2337.
 56. Fehrmann, R.S., Jansen, R.C., Veldink, J.H., Westra, H.J., Arends, D., Bonder, M.J., Fu, J., Deelen, P., Groen, H.J., Smolonska, A. *et al.* (2011) Trans-eQTLs reveal that independent genetic variants associated with a complex phenotype converge on intermediate genes, with a major role for the HLA. *PLoS Genet.*, **7**, e1002197.
 57. Yao, I., Takagi, H., Ageta, H., Kahyo, T., Sato, S., Hatanaka, K., Fukuda, Y., Chiba, T., Morone, N., Yuasa, S. *et al.* (2007) SCRAPPER-dependent ubiquitination of active zone protein RIM1 regulates synaptic vesicle release. *Cell*, **130**, 943–957.
 58. Hoetten, G., Neidhardt, H., Schneider, C. and Pohl, J. (1995) Cloning of a new member of the TGF-beta family: a putative new activin beta C chain. *Biochem. Biophys. Res. Commun.*, **206**, 608–613.
 59. Nielsen, R. and Christensen, E.I. (2010) Proteinuria and events beyond the slit. *Pediatr. Nephrol.*, **25**, 813–822.
 60. Hosaka, K., Takeda, T., Iino, N., Hosojima, M., Sato, H., Kaseda, R., Yamamoto, K., Kobayashi, A., Gejyo, F. and Saito, A. (2009) Megalin and nonmuscle myosin heavy chain IIA interact with the adaptor protein disabled-2 in proximal tubule cells. *Kidney Int.*, **75**, 1308–1315.
 61. Dowler, S., Currie, R.A., Campbell, D.G., Deak, M., Kular, G., Downes, C.P. and Alessi, D.R. (2000) Identification of pleckstrin-homology-domain-containing proteins with novel phosphoinositide-binding specificities. *Biochem. J.*, **351**, 19–31.
 62. Wullschleger, S., Wasserman, D.H., Gray, A., Sakamoto, K. and Alessi, D.R. (2011) Role of TAPP1 and TAPP2 adaptor binding to PtdIns(3,4)P2 in regulating insulin sensitivity defined by knock-in analysis. *Biochem. J.*, **434**, 265–274.
 63. Ryu, E., Fridley, B.L., Tosakulwong, N., Bailey, K.R. and Edwards, A.O. (2011) Genome-wide association analyses of genetic, phenotypic, and environmental risks in the age-related eye disease study. *Mol. Vis.*, **16**, 2811–2821.
 64. Leveziel, N., Souied, E.H., Richard, F., Barbu, V., Zourdani, A., Morineau, G., Zerbib, J., Coscas, G., Soubrane, G. and Benlian, P. (2007) PLEKHA1-LOC387715-HTRA1 polymorphisms and exudative age-related macular degeneration in the French population. *Mol. Vis.*, **13**, 2153–2159.
 65. Conley, Y.P., Jakobsdottir, J., Mah, T., Weeks, D.E., Klein, R., Kuller, L., Ferrell, R.E. and Gorin, M.B. (2006) CFH, ELOVL4, PLEKHA1 and LOC387715 genes and susceptibility to age-related maculopathy: AREDS and CHS cohorts and meta-analyses. *Hum. Mol. Genet.*, **15**, 3206–3218.
 66. Broer, A., Wagner, C.A., Lang, F. and Broer, S. (2000) The heterodimeric amino acid transporter 4F2hc/y+LAT2 mediates arginine efflux in exchange with glutamine. *Biochem. J.*, **349**(Pt 3), 787–795.
 67. Akilesh, S., Huber, T.B., Wu, H., Wang, G., Hartleben, B., Kopp, J.B., Miner, J.H., Roopenian, D.C., Unanue, E.R. and Shaw, A.S. (2008) Podocytes use FcRn to clear IgG from the glomerular basement membrane. *Proc. Natl Acad. Sci. USA*, **105**, 967–972.