

Fifty-two Genetic Loci Influencing Myocardial Mass

Pim van der Harst^{1,2,3*†}, Jessica van Setten^{4†}, Niek Verweij^{1†}, Georg Vogler^{5†}, Lude Franke^{2†}, Matthew T. Maurano^{6,7,8,9†}, Xinchun Wang^{10†}, Irene Mateo Leach^{1†}, Mark Eijgelsheim^{11,12}, Nona Sotoodehnia¹³, Caroline Hayward¹⁴, Rossella Sorice¹⁵, Osorio Meirelles¹⁶, Leo-Pekka Lyytikäinen^{17,18}, Ozren Polašek^{19,20}, Toshiko Tanaka²¹, Dan E. Arking²², Sheila Ulivi²³, Stella Trompet^{24,25}, Martina Müller-Nurasyid^{26,27,28,29}, Albert V. Smith^{30,31}, Marcus Dörr^{32,33}, Kathleen F. Kerr³⁴, Jared W. Magnani³⁵, Fabiola Del Greco M.³⁶, Weihua Zhang^{37,38}, Ilja M. Nolte³⁹, Claudia T. Silva^{40,41,42}, Sandosh Padmanabhan⁴³, Vinicius Tragante^{4,44}, Tõnu Esko^{45,46}, Gonçalo R. Abecasis⁴⁷, Michiel E. Adriaens^{48,49}, Karl Andersen^{31,50}, Phil Barnett⁵¹, Joshua C. Bis⁵², Rolf Bodmer⁵, Brendan M. Buckley⁵³, Harry Campbell¹⁹, Megan V. Cannon¹, Aravinda Chakravarti²², Lin Y. Chen⁵⁴, Alessandro Delitala⁵⁵, Richard B. Devereux⁵⁶, Pieter A. Doevendans⁴⁴, Anna F. Dominiczak⁴³, Luigi Ferrucci²¹, Ian Ford⁵⁷, Christian Gieger^{28,58,59}, Tamara B. Harris⁶⁰, Eric Haugen⁶, Matthias Heinig^{61,62,63}, Dena G. Hernandez⁶⁴, Hans L. Hillege¹, Joel N. Hirschhorn^{46,65,66}, Albert Hofman^{11,12}, Norbert Hubner^{61,67}, Shih-Jen Hwang⁶⁸, Annamaria Iorio⁶⁹, Mika Kähönen^{70,71}, Manolis Kellis^{72,73}, Ivana Kolcic²⁰, Ishminder K. Kooner³⁸, Jaspal S. Kooner^{38,74}, Jan A. Kors⁷⁵, Edward G. Lakatta⁷⁶, Kasper Lage^{73,77,78}, Lenore J. Launer⁶⁰, Daniel Levy⁷⁹, Alicia Lundby^{80,81}, Peter W. Macfarlane⁸², Dalit May⁸³, Thomas Meitinger^{29,84,85}, Andres Metspalu⁴⁵, Stefania Nappo¹⁵, Silvia Naitza⁵⁵, Shane Neph⁶, Alex S. Nord^{86,87}, Teresa Nutile¹⁵, Peter M. Okin⁵⁶, Jesper V. Olsen⁸⁰, Ben A. Oostra⁴⁰, Josef M. Penninger⁸⁸, Len A. Pennacchio^{86,89}, Tune H. Pers^{46,65}, Siegfried Perz⁹⁰, Annette Peters^{29,58}, Yigal M. Pinto⁴⁸, Arne Pfeufer^{36,91}, Maria Grazia Pilia⁵⁵, Peter P. Pramstaller^{36,92,93}, Bram P. Prins⁹⁴, Olli T. Raitakari^{95,96}, Soumya Raychaudhuri^{97,98}, Ken M. Rice³⁴, Elizabeth J. Rossin^{78,99}, Jerome I. Rotter¹⁰⁰, Sebastian Schafer^{61,67,101}, David Schlessinger¹⁶, Carsten O. Schmidt¹⁰², Jobanpreet Sehmi^{38,74}, Herman H.W. Sillje¹, Gianfranco Sinagra⁶⁹, Moritz F. Sinner²⁶, Kamil Slowikowski¹⁰³, Elsayed Z. Soliman¹⁰⁴, Timothy D. Spector¹⁰⁵, Wilko Spiering¹⁰⁶, John A. Stamatoyannopoulos⁶, Ronald P. Stolk³⁹, Konstantin Strauch^{27,28}, Sian-Tsung Tan^{38,74}, Kirill V. Tarasov⁷⁶, Bosco Trinh⁵, Andre G. Uitterlinden^{11,12}, Malou van den Boogaard⁵¹, Cornelia M. van Duijn⁴⁰, Wiek H. van Gilst¹, Jorma S. Viikari^{107,108}, Peter M. Visscher^{109,110}, Veronique Vitart¹⁴, Uwe Völker^{33,111}, Melanie Waldenberger^{58,59}, Christian X. Weichenberger³⁶, Harm-Jan Westra^{65,112,113}, Cisca

Wijmenga², Bruce H. Wolffenbuttel¹¹⁴, Jian Yang¹⁰⁹, Connie R. Bezzina⁴⁸, Patricia B. Munroe^{115,116}, Harold Snieder³⁹, Alan F. Wright¹⁴, Igor Rudan¹⁹, Laurie A. Boyer¹⁰, Folkert W. Asselbergs^{3,44,117}, Dirk J. van Veldhuisen¹, Bruno H. Stricker^{11,12}, Bruce M. Psaty^{118,119}, Marina Ciullo¹⁵, Serena Sanna⁵⁵, Terho Lehtimäki^{17,18}, James F. Wilson^{14,19}, Stefania Bandinelli¹²⁰, Alvaro Alonso¹²¹, Paolo Gasparini^{23,122,123}, J. Wouter Jukema^{24,124}, Stefan Kääh^{26,29}, Vilmundur Gudnason^{30,31}, Stephan B. Felix^{32,33}, Susan R. Heckbert^{119,125}, Rudolf A. de Boer¹, Christopher Newton-Cheh^{65,126,127}, Andrew A. Hicks³⁶, John C. Chambers^{37,38†}, Yalda Jamshidi^{94†}, Axel Visel^{86,89,128†}, Vincent M. Christoffels^{51†}, Aaron Isaacs^{40†}, Nilesh J. Samani^{129,130†}, Paul I.W. de Bakker^{4,131†}

Affiliations: are provided at the end of the manuscript

Word count: 4978

* To whom correspondence should be addressed:

Pim van der Harst

University of Groningen, University Medical Center Groningen,

Department of Cardiology & Department of Genetics

Hanzeplein 1, 9700RB Groningen, The Netherlands

Email: p.van.der.harst@umcg.nl

Abstract

BACKGROUND: Myocardial mass is a key determinant of cardiac muscle function and hypertrophy. Myocardial depolarization leading to cardiac muscle contraction is reflected by the amplitude and duration of the QRS complex on the electrocardiogram (ECG). Abnormal QRS amplitude or duration reflect changes in myocardial mass and conduction, and are associated with increased risk of heart failure and death.

OBJECTIVE: To gain insights into the genetic determinants of myocardial mass,

METHODS: We carried out a genome-wide association meta-analysis of 4 QRS traits in up to 73,518 individuals of European ancestry, followed by extensive biological and functional assessment.

RESULTS: We identified 52 genomic loci, of which 32 are novel, reliably associated with one or more QRS phenotypes at $P < 1 \times 10^{-8}$. These loci are enriched in regions of open chromatin, histone modifications, and transcription factor binding suggesting that they represent regions of the genome that are actively transcribed in the human heart. Pathway analyses provide evidence that these loci play a role in cardiac hypertrophy. We further highlight 67 candidate genes at the identified loci that are preferentially expressed in cardiac tissue and associated with cardiac abnormalities in *Drosophila melanogaster* and *Mus musculus*. We validated the regulatory function of a novel variant in the *SCN5A/SCN10A* locus *in vitro* and *in vivo*.

CONCLUSIONS: Taken together, our findings provide new insights into genes and biological pathways controlling myocardial mass and may help identify novel therapeutic targets.

Keywords: Genetic association study, QRS, left ventricular hypertrophy, heart failure, electrocardiogram, genes

Abbreviations list

DHS	Deoxyribonuclease hypersensitivity sites
DNase	Deoxyribonuclease
ECG	Electrocardiogram
eQTL	Expression quantitative trait locus
FDR	False Discovery Rate
GWAS	Genome-wide association study
LD	Linkage Disequilibrium
RNAi	Ribonucleic acid interference
SNP	Single Nucleotide Polymorphisms
TF	Transcription Factor

Introduction

The role of the heart is to provide adequate circulation of blood to meet the body's requirements of oxygen and nutrients. The QRS complex on the ECG is the most widely used measurement of cardiac depolarization, which causes the ventricular muscle to contract, resulting in pulsatile blood flow. The amplitude and duration of the QRS complex reflects the conduction through the left ventricle and is well correlated with left ventricular mass as measured by echocardiography (1,2). ECG measurements of the QRS complex are important in clinical and preclinical cardiovascular diseases such as cardiac hypertrophy, heart failure, and various cardiomyopathies, and can also predict cardiovascular mortality(3-6).

Identification of specific genes influencing the QRS complex may thus enhance our understanding of the human heart and ultimately lead to prevention of cardiovascular disease and death. To further our understanding of the genetic factors influencing the QRS complex, we carried out a large scale GWAS and replication study of 4 related and clinically used QRS traits: the Sokolow-Lyon, Cornell and 12-lead-voltage duration products (12-leadsum), and QRS duration. We identified 52 loci that were subsequently interrogated using bioinformatics and experimental approaches to gain more insights into the biological mechanisms regulating cardiac mass and QRS parameters.

Methods

Additional details on the methods can be found in the **Supplementary Note**.

Genome wide analyses and replication testing

Our study design is summarized in **Fig. S1**. Briefly, we combined summary statistics from 24 studies for up to 2,766,983 autosomal SNPs using an inverse-variance fixed-effects meta-analysis for each QRS trait. We performed replication testing for loci showing suggestive association ($1 \times 10^{-8} < P < 5 \times 10^{-7}$) (**table S1 and S2**). The threshold for genome-wide significance was set at $P < 1 \times 10^{-8}$.

DNA Functional elements, coding variation and enrichment analyses

We performed an intersection between SNPs and regions of DHSs, covalently modified histones and genomic features (ChromHMM) of cardiac tissues mapped by the National Institutes of Health

Roadmap Epigenomics Program, as well as various cardiac transcription factor binding sites (GATA4, MEF2, SRF, TBX5, TBX3, GATA4 and Nkx2-5) measured by Chip-seq.

Experimental cardiac enhancer studies

Single cell suspensions of human ventricular tissue was obtained by dissociation with IKA Ultra Turrax T5 FU, followed by dounce homogenization. 4C templates were mixed and sequenced simultaneously in one Illumina HiSeq 2000 lane. Enhancer candidate regions with major and minor allele for rs6781009 were obtained by PCR from human control DNA and cloned into the Hsp68-LacZ reporter vector. DNA was injected into the pronucleus of fertilized FVB strain egg and approximately 200 injections per construct were performed. Embryos were harvested, stained with X-gal to detect LacZ activity.

H10 cells, grown in 12-well plates in DMEM supplemented with 10% FCS (Gibco-BRL) and glutamine, were transfected using polyethylenimine 25 kDa (PEI, Brunswick) at a 1:3 ratio (DNA:PEI). Transfections were carried out at least three times and measured in triplo. Luciferase measurements were performed using a Promega Turner Biosystems Modulus Multimode Reader luminometer.

Identification of candidate genes

We considered genes to be causal candidates based on 1) the nearest gene and any other gene located within 10kb of the sentinel SNP; 2) genes containing coding variants in LD with the ST-T wave SNPs at $r^2 > 0.8$; 3) GRAIL analyses using the 2006 dataset to avoid confounding by subsequent GWAS discovery, and 3) genes with an eQTL analyses in cis using 4 independent sets of cardiac left ventricle and blood tissues. Ingenuity Pathway Analysis (IPA) Knowledge Base March 2015 (Ingenuity Systems, CA, USA) was used to explore molecular pathways between proteins encoded by the 67 candidate genes from the 52 genome-wide significant loci.

Drosophila melanogaster and Mus Musculus methods

We queried a *D. melanogaster* dataset containing a genome-wide phenotypic screen of cardiac specific RNAi-silencing of evolutionarily conserved genes under conditions of stress. We also queried the international database resource for the laboratory mouse (MGI-Mouse Genome Informatics) and manually curated Mammalian Phenotypes (MP) identifiers related to cardiac phenotypes. To illustrate that prioritized genes may play a critical role in heart development we tested *CG4743/SLC25A26*,

Fhos/FHOD3, *Cka/STRN*, *NAC α /NACA*, *EcR/NR1H* and *Hand/HAND1* by performing heart-specific RNAi knockdown with the cardiac Hand4.2-Gal4 driver line.

Gene expression profiling and cardiomyocyte differentiation analysis

We collected 43,278 raw Affymetrix Human Genome U133 Plus 2.0 Arrays from the Gene Expression Omnibus (GEO) containing human gene expression data. RMA was used for normalization and subsequently conducted stringent quality control and processing of the data, which resulted in a tissue-expression matrix. After quality control 37,427 samples remained and assigned 54,675 different probesets to 19,997 different Ensembl genes used for human tissue expression profiling. To explore gene-expression of our candidate genes during cardiac differentiation we performed RNA-sequencing using E14 Tg(Nkx2-5-EmGFP) mouse embryonic stem cells cultured feeder-free conditions and subsequently differentiated.

Results

Large scale meta-analysis of genome wide association studies

Characteristics of studies, participants, genotyping arrays and imputation are summarized in **table S1 and S2**. Together our studies comprise 60,255 individuals of European ancestry ascertained in North America and Europe, with a maximum sample size of 54,993 for Sokolow-Lyon, 58,862 for Cornell, 48,632 for 12-leadsum, and 60,255 for QRS duration. Across the genome, 52 independent loci, 32 of which are novel, reached genome-wide significance for association with one or more QRS phenotypes (**Fig. 1, Fig. S2, table S3 and Supplementary Note**). At each locus, we defined a single ‘sentinel’ SNP with the lowest *P*-value against any of the four phenotypes; regional association plots for the 52 loci are shown in **Fig. S3**. Among the 52 loci, 32 were associated with only one QRS phenotype, and 20 with at least two phenotypes (**Fig. S4**). The total number of locus-phenotype associations at $P < 10^{-8}$ was 79 (72 SNPs), of which 59 are novel (**table S3**). Full lists of the sentinel SNPs and the SNPs associated with any phenotype at $P < 10^{-6}$ are provided in **table S4 and S5**. All previously known QRS duration loci showed evidence for association ($P < 10^{-6}$, **table S6**). Among the 32 novel loci, 8 demonstrated genome-wide significant association with Sokolow-Lyon, 9 with Cornell, 20 with 12-leadsum, and 9 with QRS duration (**table S5**). Collectively, the total variance explained by the 52 sentinel SNPs for the QRS traits

was between 2.7% (Sokolow-Lyon) and 5.0% (QRS-duration) (**table S7**). At some loci we found evidence for multiple independent associations with QRS phenotypes at $P < 10^{-8}$ in conditional analyses(7) (**table S8** and **Supplementary Note**). Among the 52 loci identified 8 have been associated previously with PR (reflecting atrial and atrioventricular node function), 5 with QT duration (ventricular repolarization) and 2 with heart rate (sinus node function) (**table S6**), indicating genetic overlap among the four cardiac measures studied. We further demonstrated that there was directional consistency of the association of common variants identified in this study with QRS phenotypes in other ethnic groups (**Fig. S1**, **table S9**, and **Supplementary note**).

Functional annotation of the QRS associations

To better capture common sequence variants at the 52 loci, we queried the 1000 Genomes Project dataset(8), and identified 41 non-synonymous SNPs in 17 genes that are in high LD ($r^2 > 0.8$) with 12 of the sentinel SNPs (**table S10**), which represent an initial set of candidate variants that may have a functional effect on the QRS phenotypes through changes in protein structure and function.

To assess the potential role of gene expression regulation, we tested the 52 loci for enrichment of deoxyribonuclease I (DNase I) hypersensitive sites (DHSs)(9). In an analysis across 349 diverse cell lines, cultured primary cells and fetal tissues(10) mapped by the ENCODE project(11) and the National Institute of Health Roadmap Epigenomics Program(12), the majority (42 of 52) of sentinel SNPs were located in DHSs. In human fetal heart tissue we found that less than half (22 of 52) overlapped DHSs, which still represents a ~3.5-fold enrichment compared to the null expectation ($P = 7.7 \times 10^{-12}$, **Fig. 2A**). Further, the enrichment of genome-wide significant SNPs ($P < 10^{-8}$) in DHSs was strongest within the first 100 bp around the sentinel variants (**Fig. 2B**). In addition, there was a strong enrichment for histone marks and chromatin states(13) associated with active enhancers, promoters and transcription in human heart; by contrast no enrichment was observed for transcriptionally repressive histone marks or states (**Fig. 2, C and D and Fig. S5**). Strikingly, we observed increasing enrichment of activating histone marks at the identified QRS loci during the process of differentiating mouse embryonic stem cells into cardiomyocytes (**Fig. S6**). Altogether, these findings are consistent with earlier observations of selective enrichment of trait-associated variants within DHSs of specific cell of tissue types(10), and point to a regulatory role of the QRS-associated loci during cardiac development.

We next surveyed our genome-wide significant SNPs in DHSs for perturbation of transcription factor (TF) recognition sequences, since these sites can point directly to binding events (**Supplementary Note**). Of the 22 sentinel SNPs in human fetal heart DHSs, 11 are predicted to alter TF recognition sequences (**table S11**). When considering all genome-wide significant SNPs ($P < 10^{-8}$) as well as those in high LD ($r^2 > 0.8$), 402 SNPs in the co-localizing DHSs perturb transcription recognition sequences, including those of important cardiac and muscle developmental regulators like TBX, GATA-4, and MEF2. When we intersected the GWAS results with ChIP-seq data from mouse and human cardiac tissue(14-16), we found enrichment in enhancers marked by p300, sites bound by RNA Polymerase II (RNAP2), and the transcription factors NKX2-5, GATA-4, TBX3, TBX5, and SRF (**Fig. 2E**). Nine of our 52 loci contained not only fetal heart DHSs but also ChIP-seq validated TF binding sites. SNPs overlapping TF binding sites were 5.65 fold enriched within DHSs ($P = 9.0 \times 10^{-10}$) but not outside DHSs ($P = 0.20$). The associations of the 52 sentinel SNPs with all tested functional elements are summarized in **Fig. 1**. We validated several candidate regulatory regions identified above as heart enhancers *in vivo*. Activity of 4 exemplar novel human cardiac enhancers in embryonic transgenic mice stained for *LacZ* enhancer reporter activity are shown in **Fig. 3A**. Recently, rs6801957 (**Fig. 1**) in the *SCN5A/SCN10A* locus was reported to influence the activity of a regulatory element affecting *SCN5A* expression(16,17). Conditional analysis (**table S8**) revealed that rs6781009 (at 180-kb from the sentinel) is an additional novel independent signal at this locus. Our follow-up *in silico* and experimental results (**Fig. 3**) indicate the presence of *in vivo* heart enhancers in genome regions associated with QRS traits.

Identification of candidate genes

Across the 52 loci, 974 annotated genes are located within 1 Mb of all sentinel SNPs. Among these genes, we prioritized potential candidates using an established complementary strategy (18,19); we chose (i.) Genes nearest to the sentinel SNP, and any other genes within 10kb (56 genes; **Fig. 1**); (ii.) Genes containing a non-synonymous SNP in high LD ($r^2 > 0.8$) with the sentinel SNP (11 genes; **table S10**); (iii.) Protein-coding genes with *cis*-eQTL associated with sentinel SNP (14 genes; **table S12**), and (iv.) GRAIL literature analysis(20) (16 genes **table S13**) with ‘cardiac’, ‘muscle’ and ‘heart’ as the top 3 keywords describing the observed functional connections. In total, this strategy identified 67 candidate genes at the 52 loci (**Fig. 1**). Pathway analysis confirmed that the list of 67 candidate genes is strongly enriched for genes known to be involved in cardiovascular and muscular system development and

function ($P=1\times 10^{-56}$; **table S14 and S15**). We have summarized the available functional annotations for all 67 candidates in **table S16**, including established links from the Online Mendelian Inheritance in Man (OMIM) between candidate genes and familial cardiomyopathies (*TNNT2*, *TTN*, *PLN*, *MYBPC3*) and cardiac arrhythmias (*CASQ2*). We also identified genes that are associated with atrial septal defects (*TBX20*) and more complex syndromes involving cardiac abnormalities such as the Schinzel-Giedion midface retraction syndrome (*SETBP1*)(21) and the ulnar-mammary syndrome (*TBX3*)(22).

Insights from gene expression profiling and model organisms

We explored gene expression profiles of our candidate genes in data derived from 37,427 Affymetrix U133 Plus 2.0 arrays across 40 annotated tissues. We could reliably assign a probe for 63 of our 67 candidate genes. On average expression levels for these transcripts were higher in cardiac-derived samples compared to other transcripts in the same sample ($P=9.8\times 10^{-6}$ for heart tissue; Wilcoxon test; **Fig. S7**) and also when compared to the same transcripts in other tissues ($P=0.005$ after Bonferroni correction; **Fig. S8**). To further investigate the potential role of these candidate genes in cardiac development, we assessed temporal gene expression patterns during *in vitro* differentiation of mouse embryonic stem cells (ESC) via mesoderm (MD) and cardiac precursor (CP) cells to cardiomyocytes (CM). Seven percent of genes are mainly expressed during the ESC stage, 22% during MD stage, 7% in the CP stage and 64% in the cardiomyocyte stage. Compared to other genes, the candidate genes were more highly expressed in cardiomyocytes ($P=5.4\times 10^{-8}$, Wilcoxon test; **Fig. S9**). These results suggest that our candidate gene set is enriched for genes differentially expressed in cardiac tissue and increasingly expressed during cardiac development.

Next, we analyzed data from model organisms to explore the function of the selected candidate genes. From cardiac tissue-specific RNAi knockdown data collected in *D. melanogaster*, we found that the 67 candidate genes were 2.3-fold enriched for stress-induced cardiac death (9 genes, $P=1.84\times 10^{-2}$; **Fig. S10**). To illustrate that prioritized genes may play a critical role in heart development we tested 4 (*CG4743/SLC25A26*, *Fhos/FHOD3*, *Cka/STRN*, *NAC α /NACA*) of these 9 genes with unknown cardiac function by performing heart-specific RNAi knockdown with the cardiac Hand4.2-Gal4 driver line. We also re-tested *EcR/NR1H*, which has multiple homologous genes in mammals, as well as *Hand/HAND1* as this gene was only tested in as a full-knockout in early development but not in adult *D. melanogaster* heart using cardiac specific knockdown. Adult hearts of *Cka/STRN*, *NAC α /NACA*, and *EcR/NR1H*

RNAi showed severe cardiac defects (**Fig. 4**). Knockdown of *Hand/HAND1* and *Cka/STRN* both had a reduced cardiac heart rate. We also expanded on gene-by-gene analysis and identified 6 further genes causing cardiac abnormalities (**Supplementary Note** and **table S17**). From the Mouse Genome Informatics database, knockout models were annotated for 45 orthologues of the 67 candidate genes, of which 18 (40%) revealed a cardiac phenotype (**table S16**). This represents a 5.2-fold enrichment compared to randomly matched sets of 67 genes ($P=3.4\times 10^{-14}$; **Fig. S10**). Given the evolutionary conservation the observed heart phenotypes in these model organisms suggest potentially important roles for the significant GWAS loci in electrical and contractile properties of the human heart.

Interestingly, the 11p11.2 locus harbors multiple candidate genes (**Fig. 1**), including *MYBPC3*, *ACP2*, *MADD*, and *NR1H3*. *MYBPC3* deficiency is well established to cause hypertrophic and dilated cardiomyopathies in both human and mouse models and thus represents a plausible candidate gene (**table S16**). In addition to *MYBPC3*, eQTL and histone modification data also suggests a potential role for *NR1H3* (**Fig. S11**), as decreased expression of *NR1H3* was associated with higher QRS voltages. However, *NR1H3* deficient mice do not spontaneously develop a cardiac hypertrophic phenotype (MGI: 1352462). To study the potential cardiac effects of *NR1H3*, we created a transgenic mouse with cardiac-specific overexpression of *NR1H3* under the control of the *Myh6* promoter and found a diminished susceptibility to perturbations such as transverse aortic constriction and angiotensin II infusion that provoke cardiac hypertrophy(23). This observation is in line with protective effects due to treatment with T0901317, a synthetic *NR1H3* agonist, in mice challenged with aortic constriction(24). These data highlight the importance of systematic approaches to identify causal genes beyond well-known candidates.

Insights from Data-Driven Expression-Prioritized Integration for Complex Traits (DEPICT)

As a complementary approach we employed the newly developed computational tool DEPICT(25) to analyze functional connections among associated loci (**Supplementary Note**). Enrichment of expression in 209 particular tissues and cell types identified heart and heart ventricles as the most relevant tissue for our association findings (**Fig. 5A; table S18**) and identified 404 significantly (FDR <5%) enriched gene sets (**table S19**). Comparing the names of these sets with those of the remaining 14,057 gene sets showed an over-representation of the common key words 'Abnormal', 'Muscle', 'Heart', 'Cardiac', 'Morphology' (**table S20**). We investigated similarities among gene sets by clustering them on the basis

of the correlation between scores for all genes (**Supplementary Note**). Many of the resulting 43 meta-gene sets are correlated and relevant to cardiac biology (**Fig. 5B**). As an example we show the correlation structure within the second most significant meta-gene set “Dilated Heart Left Ventricle” (**Fig. S12**). When prioritizing genes based on functional similarities among genes from different associated regions DEPICT identified 35 genes (FDR<5%) at 27 of the 52 loci (**Fig. 1, table S21**).

Discussion

In this study, we performed a meta-analysis of GWAS in 73,518 individuals for 4 quantitative QRS phenotypes and identified 52 independent genetic loci influencing these traits with 79 locus-phenotype associations; the majority of these discoveries are novel. Our loci are co-localized with open chromatin, histone modification, and TF binding sites specifically in cardiac tissue, and contain *in vivo* functional enhancers. We also provide direct evidence that rs6781009, located in a cardiac enhancer, interacts with the promoter of *SCN5A* to modify expression levels. Based on multiple criteria, we defined a core set of 67 candidate genes which we believe are likely to influence cardiac mass and function. We have provided several exemplar experiments to further support this hypothesis.

We identified a number of loci containing genes that are directly or indirectly key the function of cardiomyocytes and cardiac function. *TTN*, *MYBPC3*, *TNNT2*, *SYNPO2L*, and *MYH7B* are essential components of the cardiac sarcomere; *PLN*, *CTNNA3*, *PRKCA*, *CASQ2*, and *STRN* are also examples of genes essential for cardiac myocyte function; while several key cardiac transcription factors are prominently involved in cardiac muscle and tissue development such as *MEF2D*, *HAND1*, *TBX20*, *TBX3* and *NACA*. The abundance of candidate genes known to be involved in cardiac muscle function strengthen the hypothesis that the easily obtainable QRS-voltage phenotypes of the electrocardiogram are effective in capturing unknown loci that harbor genes that are likely to play an important role in left ventricular mass but are currently not well understood. The co-localization of our genetic loci with regulatory DNA elements (e.g. enhancers, promoters and transcription factor binding sites) that are active in cardiac tissues further support the relevance of the genes within these loci. The current work was not designed to provide an explanation for association of each loci and each individual gene. It is clear that future translational efforts should be undertaken to resolve the causal genes and exact molecular machinery resulting the in the phenotype should consider mapping effect of genetic variants

on these functional elements at each of the identified loci. Nevertheless we have provided some exemplar preliminary elements to provide some early insights in strategies that can be undertaken to follow-up our findings. For example, we performed a series of experiments to demonstrate *in vivo* effects of rs6781009 on expression. Dedicated experiments might also elucidate loci containing effects on multiple plausible genes. In one of our loci we identified a very strong candidate gene (*MYBPC3*), well known to be involved in hypertrophic cardiomyopathies. However, using additional layers of information derived from gene expression and histone modifications we also considered *NRIH3* and were able to link overexpression of this gene to cardiac protection of hypertrophy. These examples fuel our expectation that the presented shortlist of SNP associations and the identified candidate genes provided in this work are a valuable resource that will help to prioritize and guide future translational studies to further our knowledge on the (patho)physiology of cardiac hypertrophy.

Our findings do have some limitations that warrant consideration. As for all current GWAS, we have only studied a finite number (~2.8 million) marker on the genome. Further fine mapping studies might be required to narrow the signal of association even further and to identify the potential causal variants with higher accuracy. Also additional exome focused arrays or whole genome sequencing might lead to a stronger signal within a locus or to multiple additional independent signals within a locus. To understand genetic mechanisms and to identify candidate genes, we have studied eQTLs. Although we studied the largest set of human cardiac eQTL available to date, the absolute number of studied samples is relatively small compared to eQTL data available in easily accessible peripheral blood. Finally, our electrocardiographic indices are generally considered markers of cardiac hypertrophy, they may also reflect electrical remodeling of the action potential and not mass per se. Nevertheless, the variables studied here harbor important prognostic information, independently from cardiac mass parameters as assessed by echocardiography(26). This further underscores the relevance of the trait studied and the importance of understanding its genetic determinants.

In conclusion, we have identified 52 genomic loci, of which 32 are novel, associated with electrically active cardiac mass, prioritized 67 candidate genes and showed their relevance in cardiac biology using bioinformatics approaches and performed *in-vitro* and *in-vivo* experiments, going beyond the classical GWAS approach. To facilitate and accelerate future studies aimed at a better understanding of cardiac hypertrophy, heart failure and related diseases, we made our results of genome-wide associations publicly available.

Perspectives

COMPETENCY IN MEDICAL KNOWLEDGE: Abnormalities of cardiac mass are underlying many cardiovascular diseases such as heart failure. The lack of knowledge surrounding the basis of cardiomyocyte dysfunction and heart failure susceptibility is a major roadblock to understand risk for heart failure and to designing innovative strategies for therapy.

TRANSLATIONAL OUTLOOK: These findings will be a valuable resource for studying biological processes underlying cardiac mass, ultimately leading to prevention of cardiovascular disease and death.

References

1. Levy D, Labib SB, Anderson KM, Christiansen JC, Kannel WB, Castelli WP. Determinants of sensitivity and specificity of electrocardiographic criteria for left ventricular hypertrophy. *Circulation*. 1990;81:815-20.
2. Okin PM, Roman MJ, Devereux RB, Pickering TG, Borer JS, Kligfield P. Time-voltage QRS area of the 12-lead electrocardiogram: detection of left ventricular hypertrophy. *Hypertension*. 1998;31:937-42.
3. Kannel WB, Gordon T, Offutt D. Left ventricular hypertrophy by electrocardiogram. Prevalence, incidence, and mortality in the Framingham study. *Ann Intern Med*. 1969;71:89-105.
4. Verdecchia P, Schillaci G, Borgioni C, et al. Prognostic value of a new electrocardiographic method for diagnosis of left ventricular hypertrophy in essential hypertension. *J Am Coll Cardiol*. 1998;31:383-90.
5. Usoro AO, Bradford N, Shah AJ, Soliman EZ. Risk of mortality in individuals with low QRS voltage and free of cardiovascular disease. *Am J Cardiol*. 2014;113:1514-7.
6. Kamath SA, Meo Neto Jde P, Canham RM, et al. Low voltage on the electrocardiogram is a marker of disease severity and a risk factor for adverse outcomes in patients with heart failure due to systolic dysfunction. *Am Heart J*. 2006;152:355-61.
7. Yang J, Ferreira T, Morris AP, et al. Conditional and joint multiple-SNP analysis of GWAS summary statistics identifies additional variants influencing complex traits. *Nat Genet*. 2012;44:369-75, S1-3.
8. Abecasis GR, Altshuler D, Auton A, et al. A map of human genome variation from population-scale sequencing. *Nature*. 2010;467:1061-73.
9. Stergachis AB, Neph SJ, Reynolds AP, et al. Epigenetic memory of developmental fate and time encoded in human regulatory DNA landscapes. *Cell*. 2013;154:888-903.
10. Maurano MT, Humbert R, Rynes E, et al. Systematic localization of common disease-associated variation in regulatory DNA. *Science*. 2012;337:1190-5.

11. Thurman RE, Rynes E, Humbert R, et al. The accessible chromatin landscape of the human genome. *Nature*. 2012;489:75-82.
12. Bernstein BE, Stamatoyannopoulos JA, Costello JF, et al. The NIH Roadmap Epigenomics Mapping Consortium. *Nat Biotechnol*. 2010;28:1045-8.
13. Kundaje A, Meuleman W, Ernst J, et al. Integrative analysis of 111 reference human epigenomes. *Nature*. 2015;518:317-30.
14. He A, Kong SW, Ma Q, Pu WT. Co-occupancy by multiple cardiac transcription factors identifies transcriptional enhancers active in heart. *Proc Natl Acad Sci U S A*. 2011;108:5632-7.
15. May D, Blow MJ, Kaplan T, et al. Large-scale discovery of enhancers from human heart tissue. *Nat Genet*. 2012;44:89-93.
16. van den Boogaard M, Smemo S, Burnicka-Turek O, et al. A common genetic variant within SCN10A modulates cardiac SCN5A expression. *J Clin Invest*. 2014;124:1844-52.
17. van den Boogaard M, Wong LY, Tessadori F, et al. Genetic variation in T-box binding element functionally affects SCN5A/SCN10A enhancer. *J Clin Invest*. 2012;122:2519-30.
18. Gieger C, Radhakrishnan A, Cvejic A, et al. New gene functions in megakaryopoiesis and platelet formation. *Nature*. 2011;480:201-8.
19. van der Harst P, Zhang W, Mateo Leach I, et al. Seventy-five genetic loci influencing the human red blood cell. *Nature*. 2012;492:369-75.
20. Raychaudhuri S, Plenge RM, Rossin EJ, et al. Identifying relationships among genomic disease regions: predicting genes at pathogenic SNP associations and rare deletions. *PLoS Genet*. 2009;5:e1000534.
21. Hoischen A, van Bon BW, Gilissen C, et al. De novo mutations of SETBP1 cause Schinzel-Giedion syndrome. *Nat Genet*. 2010;42:483-5.
22. Linden H, Williams R, King J, Blair E, Kini U. Ulnar Mammary syndrome and TBX3: expanding the phenotype. *Am J Med Genet A*. 2009;149A:2809-12.

23. Cannon MV, Sillje HHW, J.W.A. S, et al. Cardiac LXR α overexpression protects against pathological hypertrophy and dysfunction by enhancing glucose uptake and utilization. *EMBO Mol Med.* 2015;7:1229-43.
24. Kuipers I, Li J, Vreeswijk-Baudoin I, et al. Activation of liver X receptors with T0901317 attenuates cardiac hypertrophy in vivo. *Eur J Heart Fail.* 2010;12:1042-50.
25. Pers TH, Karjalainen JM, Chan Y, et al. Biological interpretation of genome-wide association studies using predicted gene functions. *Nat Commun.* 2015;6:5890.
26. Sundstrom J, Lind L, Arnlov J, Zethelius B, Andren B, Lithell HO. Echocardiographic and electrocardiographic diagnoses of left ventricular hypertrophy predict mortality independently of each other in a population of elderly men. *Circulation.* 2001;103:2346-51.

Acknowledgements

A detailed list of acknowledgements is provided in the **Supplementary Information**.

Author contributions

See **Supplementary Information**

Figure legends

Fig. 1 Overlay Manhattan plot showing the results for the genome-wide associations with QRS traits amongst Europeans. SNPs reaching genome-wide significance ($P < 1 \times 10^{-8}$) are colored red (novel loci) or blue (previously reported loci). Candidate genes have been identified by one or multiple strategies; ⁿ nearest; ^c coding non-synonymous variant; ^g GRAIL tool; ^e eQTL; ^d DEPICT tool. The presence of associated eQTL, coding SNPs, DNase hypersensitivity sites, chromatin states, TF binding sites are indicated for lead SNPs (light blue) or those in high ($r^2 > 0.8$) LD (dark blue).

Fig. 2 (a) The 52 sentinel SNPs are significantly enriched in DHSs of the human fetal heart compared to the matched random distribution of HapMap SNPs. (b) The impact of physical distance between SNPs that meet genome wide significance ($P < 1 \times 10^{-8}$) on enrichment of fetal heart relative to all other tissues at DHSs. The enrichment is strongest at the SNP's location and decreases after 100bp from the SNP sites. (c) SNPs associated with QRS traits are enriched for the activating histone modifications H3K27ac, H3K4me3, H3K4me1 and H3K36me3 in human left ventricle, which increased at more stringent GWAS P -value thresholds. The repressive mark H3K27me3 is not enriched while H3K9me3 is significantly reduced, suggesting that QRS-trait loci are predominantly expressed in the left ventricle. (d) To capture the greater complexity we performed an integrative analysis in an 18-state 'expanded' ChromHMM model representative of different functional regions of the genome. The left panel shows the enrichment of the 52 loci for the 18-state model using the six core histone marks. The right panel shows the total number of the 52 loci overlapped by each feature. (e) SNPs ($P < 1 \times 10^{-8}$) were also significantly enriched for various factors in the human heart, mouse heart and the HL-1 cell-line.

Fig. 3 (a) *In vivo* activity of 4 exemplar human cardiac enhancers in embryonic transgenic mice stained for *LacZ* enhancer reporter activity (dark blue). Additional examples of previously described enhancers near lead SNPs are provided in **Fig. S13** (b) Position of the regulatory element containing rs6781009 on the *SCN5A*-*SCN10A* locus. GWAS signals are plotted on $-\log(P)$ scale in dark blue. The regulatory element is bound by *TBX3*, *TBX5*, and P300 (lower black traces) in mouse, and the contact profile of the *SCN5A* promoter obtained by 4C-seq human cardiac ventricular tissue revealed an interaction between this regulatory element and the *SCN5A* promoter (upper black trace and contact profile). Normalized

contact intensities (gray dots) and their running median trends (black line) are depicted for the *SCN5A* promoter viewpoint. Medians are computed for 4 kb windows and the gray band displays the 20-80% percentiles for these windows. Below the profile statistical enrichment across differently scaled window sizes (from 2 kb (top row) to 50 kb (bottom)) is depicted of the observed number of sequenced ligation products over the expected total coverage of captured products, with the latter being estimated based on a probabilistic background model. Local changes in color codes indicate regions statistically enriched for captured sequences. The lowest box shows the linkage disequilibrium pattern for the HapMap CEU population. (c) Luciferase assay performed in H10 cells showing a high constitutive activity for the enhancer core element (0.6kb) containing the major allele for rs6781009, which is reduced for the minor allele in both a large enhancer construct (1.5kb), as well as in the core enhancer element (0.6kb) * $P < 0.01$ (d) Dorsal views of hearts containing the human regulatory element with the major vs minor allele for rs6781009 in a *LacZ* reporter vector, showing specific expression of the enhancer in the interventricular septum (ivs) for the major allele, which is absent for the minor allele * $P < 0.05$. ra, right atrium; la, left atrium; rv, right ventricle; lv, left ventricle.

Fig. 4 Cardiac defects upon heart-specific RNAi knockdown in *Drosophila*. (a) Wild-type dorsal heart tube stained with the F-actin stain phalloidin. Magnified region (right) is highlighted. Arrowheads point to ostia (inflow tracks), arrow shows the circumferential orientation of myofibrils. (b) *Cka*/*Striatin* RNAi induces myofibrillar disarrangement. Myofibrils are oriented in a disorganized, mainly anterior-posterior orientation with gaps in between (arrow). (c) Knockdown of *NACα*/*NACA* causes severe cardiac tissue disintegration. Adult cardiomyocyte tissue may be completely absent (asterisk), while some heart-associated longitudinal muscles are still present (arrowheads). At larval stages the heart is much less affected, suggesting maturation or remodeling defect. (d) Knockdown of *EcR*/*NR1H* blocks cardiac remodeling and causes myofibrillar disarray (arrow). Ventral longitudinal muscles are also abnormal (arrowhead).

Fig. 5 DEPICT analysis. (a) Plots showing the enrichment of loci associated with QRS traits in specific physiological systems. (b) Graphical display of DEPICT gene set enrichment analysis. Gene meta-sets are represented by nodes colored according to statistical significance, and similarities between them are indicated by edges scaled according to their correlation (only correlations with $r > 0.3$ are shown).

Affiliations

- 1 University of Groningen, University Medical Center Groningen, Department of Cardiology, 9700 RB Groningen, The Netherlands
- 2 University of Groningen, University Medical Center Groningen, Department of Genetics, 9700 RB Groningen, The Netherlands
- 3 Durrer Center for Cardiovascular Research, Netherlands Heart Institute, 3501 DG Utrecht, The Netherlands
- 4 Department of Medical Genetics, University Medical Center Utrecht, 3584 CG Utrecht, The Netherlands
- 5 Development, Aging and Regeneration, Sanford Burnham Prebys Medical Discovery Institute, La Jolla, CA 92037, United States of America
- 6 Department of Genome Sciences, University of Washington, Seattle, WA 98195, United States of America
- 7 Department of Medicine, Division of Oncology, University of Washington, Seattle, WA 98195, United States of America
- 8 Department of Pathology, New York University Langone Medical Center, New York, NY 10016, United States of America
- 9 Institute for Systems Genetics, New York University Langone Medical Center, New York, NY 10016, United States of America
- 10 Department of Biology, Massachusetts Institute of Technology, MA 02139 United States of America
- 11 Department of Epidemiology, Erasmus Medical Center, 3000 CA Rotterdam, The Netherlands
- 12 Department of Internal Medicine, Erasmus Medical Center, 3000 CA Rotterdam, The Netherlands
- 13 Division of Cardiology, Cardiovascular Health Research Unit, University of Washington, Seattle, WA 98195, United States of America
- 14 MRC Human Genetics Unit, Institute of Genetics and Molecular Medicine, University of Edinburgh, Crewe Road, Edinburgh EH4 2XU, Scotland
- 15 Institute of Genetics and Biophysics A. Buzzati-Traverso, CNR, 80131 Naples, Italy
- 16 Laboratory of Genetics, National Institute on Aging, Baltimore, MD 21224, United States of America
- 17 Department of Clinical Chemistry, Fimlab Laboratories, Tampere 33520, Finland
- 18 Department of Clinical Chemistry, University of Tampere School of Medicine, Tampere 33014, Finland
- 19 Centre for Global Health Research, The Usher Institute for Population Health Sciences and Informatics, University of Edinburgh, Teviot Place, Edinburgh, EH8 9AG, Scotland
- 20 Department of Public Health, Faculty of Medicine, University of Split, Split, Croatia
- 21 Translational Gerontology Branch, National Institute on Aging, Baltimore, MD 21250, United States of America
- 22 Center for Complex Disease Genomics. McKusick - Nathans Institute of Genetic Medicine, Johns Hopkins University School of Medicine, Baltimore, MD 21205, United States of America
- 23 Institute for Maternal and Child Health, IRCCS "Burlo Garofolo", 34137 Trieste, Italy
- 24 Department of Cardiology, Leiden University Medical Center, 2300 RC Leiden, The Netherlands
- 25 Department of Gerontology and Geriatrics, Leiden University Medical Center, 2300 RC Leiden, The Netherlands

- 26 Department of Medicine I, University Hospital Munich, Campus Grosshadern, Ludwig-Maximilians-University, 81377 Munich, Germany
- 27 Institute of Medical Informatics, Biometry and Epidemiology, Chair of Genetic Epidemiology, Ludwig-Maximilians-Universität, 81377 Munich, Germany.,
- 28 Institute of Genetic Epidemiology, Helmholtz Zentrum München - German Research Center for Environmental Health, 85764 Neuherberg, Germany
- 29 DZHK (German Centre for Cardiovascular Research), partner site Munich Heart Alliance, Munich, Germany,
- 30 Icelandic Heart Association, IS-201 Kópavogur, Iceland
- 31 University of Iceland, 101 Reykjavik, Iceland
- 32 Department of Internal Medicine B, University Medicine Greifswald, 17475 Greifswald, Germany
- 33 DZHK (German Centre for Cardiovascular Research), partner site Greifswald, Germany
- 34 Department of Biostatistics, University of Washington, Seattle, WA 98195, United States of America
- 35 Section of Cardiovascular Medicine, Department of Medicine, Boston University School of Medicine, Boston, MA 02118, United States of America
- 36 Center for Biomedicine, European Academy Bozen/Bolzano (EURAC), 39100 Bolzano, Italy - Affiliated Institute of the University of Lübeck, Lübeck, Germany,
- 37 Department of Epidemiology and Biostatistics, Imperial College London, London W2 1PG, United Kingdom
- 38 Ealing Hospital NHS Trust, Middlesex UB1 3HW, United Kingdom
- 39 University of Groningen, University Medical Center Groningen, Department of Epidemiology, 9700 RB Groningen, The Netherlands
- 40 Genetic Epidemiology Unit, Department of Epidemiology, Erasmus MC, University Medical Center Rotterdam, 3000 CA Rotterdam, The Netherlands
- 41 Doctoral Program in Biomedical Sciences, Universidad del Rosario, Bogotá, Colombia
- 42 Department of Genetics (GENIUROS), Escuela de Medicina y Ciencias de la salud, Universidad del Rosario, Bogotá, Colombia
- 43 Institute of Cardiovascular and Medical Sciences, University of Glasgow, G12 8TA Glasgow, United Kingdom
- 44 Department of Cardiology, Division Heart and Lungs, University Medical Center Utrecht, 3508 GA Utrecht, The Netherlands
- 45 Estonian Genome Center, University of Tartu, 51010 Tartu, Estonia
- 46 Division of Endocrinology and Center for Basic and Translational Obesity Research, Children's Hospital Boston, Boston, MA 02115, United States of America
- 47 Center for Statistical Genetics, Department of Biostatistics, University of Michigan, Ann Arbor, MI, United States of America
- 48 Department of Experimental Cardiology, University of Amsterdam, Amsterdam Medical Centre, 1105 AZ Amsterdam, The Netherlands
- 49 Maastricht Centre for Systems Biology, Maastricht University, 6229 ER Maastricht, The Netherlands
- 50 Landspítali University Hospital, 101 Reykjavik, Iceland

- 51 Department of Anatomy, Embryology and Physiology, University of Amsterdam, Academic Medical Center, 1105 AZ Amsterdam, The Netherlands
- 52 Cardiovascular Health Research Unit, Department of Medicine, University of Washington, Seattle, WA 98101, United States of America
- 53 Department of Pharmacology and Therapeutics, University College Cork, Co. Cork, Ireland
- 54 Department of Medicine, Cardiovascular Division, University of Minnesota, Minneapolis, MN 55455, United States of America
- 55 Istituto di Ricerca Genetica e Biomedica, CNR, Monserrato, 09042, Cagliari, Italy
- 56 Department of Medicine, Division of Cardiology, Weill Cornell Medicine, New York, NY 10065, United States of America
- 57 Robertson Center for Biostatistics, University of Glasgow, G12 8QQ Glasgow, United Kingdom
- 58 Institute of Epidemiology II, Helmholtz Zentrum München - German Research Center for Environmental Health, 85764 Neuherberg, Germany
- 59 Research Unit of Molecular Epidemiology, Helmholtz Zentrum München - German Research Center for Environmental Health, 85764 Neuherberg, Germany
- 60 Laboratory of Epidemiology, Demography, Biometry, National Institute on Aging, National Institutes of Health, Bethesda, MD 20892, United States of America
- 61 Cardiovascular and Metabolic Diseases, Max-Delbrück-Center for Molecular Medicine (MDC), 13125 Berlin, Germany
- 62 Department of computational biology, Max Planck Institute for molecular genetics, 14195 Berlin, Germany
- 63 Institute of Computational Biology, Helmholtz Zentrum München, 85764 Neuherberg, Germany
- 64 Laboratory of Neurogenetics, National Institute on Aging, Bethesda, MD 20892, United States of America
- 65 Medical and Population Genetics Program, Broad Institute, Cambridge, MA 02142, United States of America
- 66 Department of Genetics, Harvard Medical School, Boston, MA 02115, United States of America
- 67 DZHK (German Center for Cardiovascular Research), partner site Berlin, Berlin, Germany
- 68 Population Sciences Branch, National Heart, Lung, and Blood Institute, National Institute of Health, Bethesda, MD 20824, United States of America
- 69 Cardiovascular Department and Postgraduate School of Cardiovascular Disease, University of Trieste, 34128 Trieste Italy
- 70 Department of Clinical Physiology, Tampere University Hospital, Tampere 33521, Finland
- 71 Department of Clinical Physiology, University of Tampere School of Medicine, Tampere 33014, Finland
- 72 Computer Science and Artificial Intelligence Lab, Massachusetts Institute of Technology, Cambridge, MA 02139, United States of America
- 73 Broad Institute, Cambridge, MA 02142, United States of America
- 74 National Heart and Lung Institute, Imperial College London, London W12 0NN, United Kingdom
- 75 Department of Medical Informatics, Erasmus Medical Center, 3000 CA Rotterdam, The Netherlands
- 76 Laboratory of Cardiovascular Science, National Institute on Aging, Baltimore, MD 21224, United States of America

- 77 Department of Surgery, Massachusetts General Hospital, Boston, MA 2114, United States of America
- 78 Harvard Medical School, Harvard University, Boston, MA 2115, United States of America
- 79 Center for Population Studies, National Heart, Lung, and Blood Institute, National Institute of Health, Bethesda, MD 20824, United States of America
- 80 Novo Nordisk Foundation Center for Protein Research, Faculty of Health and Medical Sciences, University of Copenhagen, DK-2200 Copenhagen N, Denmark
- 81 Department of Biomedical Sciences, Faculty of Health and Medical Sciences, University of Copenhagen, DK-2200 Copenhagen N, Denmark
- 82 Electrocardiology Section, Institute of Cardiovascular and Medical sciences, University of Glasgow, G12 8QQ Glasgow, United Kingdom
- 83 Department of Family Medicine, Clalit Health Services, and The Hebrew University-Hadassah Medical School, 91120 Jerusalem, Israel
- 84 Institute of Human Genetics, Helmholtz Zentrum München - German Research Center for Environmental Health, 85764 Neuherberg, Germany
- 85 Institute of Human Genetics, Technische Universität München, 85748 Munich, Germany
- 86 Genomics Division, Lawrence Berkeley National Laboratory, Berkeley, CA 94720, United States of America
- 87 Center for Neuroscience, Departments of Neurobiology, Physiology, and Behavior and Psychiatry and Behavioral Sciences, University of California, Davis, CA 95618, United States of America
- 88 Institute of Molecular Biotechnology of the Austrian Academy of Sciences, 1030 Vienna, Austria
- 89 DOE Joint Genome Institute, Walnut Creek, United States
- 90 Institute for Biological and Medical Imaging, Helmholtz Zentrum München - German Research Center for Environmental Health, 85764 Neuherberg, Germany
- 91 Department of Bioinformatics and Systems Biology IBIS, Helmholtz Zentrum München - German Research Center for Environmental Health, 85764 Neuherberg, Germany
- 92 Department of Neurology, General Central Hospital, Bolzano, Italy
- 93 Department of Neurology, University of Lübeck, 23562 Lübeck, Germany
- 94 Cardiogenetics Lab, Human Genetics Research Centre,, St George's University of London, SW17 0RE London, United Kingdom
- 95 Department of Clinical Physiology and Nuclear Medicine, Turku University Hospital, Turku 20521, Finland
- 96 Research Centre of Applied and Preventive Cardiovascular Medicine, University of Turku, Turku 20520, Finland
- 97 Division of Genetics, Brigham and Women's Hospital, Harvard Medical School, Boston, MA 02115, United States of America,
- 98 Program in Medical and Population Genetics, Broad Institute of Harvard and MIT, Cambridge, MA 02142, United States of America,
- 99 Analytical and Translational Genetics Unit, Massachusetts General Hospital, Boston, MA 02114, United States of America

- 100 Institute for Translational Genomics and Population Sciences, Los Angeles Biomedical Research Institute and Department of Pediatrics and Medicine, Harbor-UCLA Medical Center, Torrance, CA 90502, United States of America
- 101 National Heart Research Institute Singapore, National Heart Centre Singapore, 168752, Singapore, Singapore
- 102 Institute for Community Medicine, University Medicine Greifswald, 17475 Greifswald, Germany
- 103 Bioinformatics and Integrative Genomics, Harvard University, Cambridge, MA 02138, United States of America,
- 104 Epidemiological Cardiology Research Center, Wake Forest School of Medicine, Winston Salem, NC, United States of America
- 105 Department of Twin Research and Genetic Epidemiology, King's College London, SE1 7EH London, United Kingdom
- 106 Department of Vascular Medicine, University Medical Center Utrecht, 3508 GA Utrecht, The Netherlands
- 107 Division of Medicine, Turku University Hospital, Turku 20521, Finland
- 108 Department of Medicine, University of Turku, Turku 20014, Finland
- 109 Queensland Brain Institute, University of Queensland, St Lucia, QLD 4072, Australia
- 110 University of Queensland Diamantina Institute, Translational Research Institute, Woolloongabba, QLD 4102, Australia
- 111 Department of Functional Genomics, Interfaculty Institute of Genetics and Functional Genomics, University Medicine Greifswald, 17475 Greifswald, Germany
- 112 Divisions of Genetics and Rheumatology, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, MA 02446, United States of America
- 113 Partners Center for Personalized Genetic Medicine, Boston, MA 02446, United States of America
- 114 University of Groningen, University Medical Center Groningen, Department of Endocrinology, 9700 RB Groningen, The Netherlands
- 115 Clinical Pharmacology and Barts and The London Genome Centre, William Harvey Research Institute, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, Charterhouse Square, London EC1M 6BQ, United Kingdom.
- 116 National Institute for Health Research Biomedical Research Unit, Barts and the London School of Medicine, Queen Mary University of London, London EC1M 6BQ, United Kindom
- 117 Institute of Cardiovascular Science, faculty of Population Health Sciences, University College London, WC1E 6BT, London, United Kingdom
- 118 Departments of Medicine, Epidemiology, and Health Services, Cardiovascular Health Research Unit, University of Washington, Seattle, WA 98195, United States of America
- 119 Group Health Research Institute, Group Health Cooperative, Seattle, WA 98101, United States of America
- 120 Geriatric Unit, Azienda Sanitaria Firenze, Florence, Italy
- 121 Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, GA 30322, United States of America
- 122 University of Trieste, 34128 Trieste, Italy
- 123 Sidra Medical and Research Center, Doha, Qatar

- 124 Netherlands Heart Institute, 3511 EP Utrecht, The Netherlands
- 125 Department of Epidemiology, University of Washington, Seattle, WA 98195, United States of America
- 126 Cardiovascular Research Center, Massachusetts General Hospital, Boston, MA 02129, United States of America
- 127 Center for Human Genetic Research, Massachusetts General Hospital, Boston, MA 02114, United States of America
- 128 School of Natural Sciences, University of California, Merced, CA 95343, United States of America
- 129 Department of Cardiovascular Sciences, University of Leicester, BHF Cardiovascular Research Centre, Glenfield Hospital, Leicester LE3 9QP , United Kingdom
- 130 National Institute for Health Research Leicester Cardiovascular Biomedical Research Unit, Glenfield Hospital, Leicester LE3 9QP, United Kingdom
- 131 Department of Epidemiology, University Medical Center Utrecht, 3584 CG Utrecht, The Netherlands
- † These authors contributed equally