Genome-wide analysis identifies 12 loci influencing human reproductive behavior

Correspondence to: Melinda C. Mills (melinda.mills@nuffield.ox.ac.uk), Nicola Barban (nicola.barban@sociology.ox.ac.uk), Harold Snieder (h.snieder@umcg.nl) or Marcel den Hoed (marcel.den_hoed@medsci.uu.se)

Authors: Nicola Barban[1,*], Rick Jansen[2,#], Ronald de Vlaming[3,4,5,#], Ahmad Vaez[6,#], Jornt J. Mandemakers[7,#], Felix C. Tropf[1,#], Xia Shen[8,9,10,#], James F. Wilson[10,9,#], Daniel I. Chasman[11,#], Ilja M. Nolte[6,#], Vinicius Tragante[,#12], Sander W. van der Laan[13,#], John R. B. Perry[14,#], Augustine Kong[32,15,#], BIOS Consortium, Tarunveer Ahluwalia[16,17,18], Eva Albrecht[19], Laura Yerges-Armstrong[20], Gil Atzmon[21,22], Kirsi Auro[23,24], Kristin Ayers[25], Andrew Bakshi[26], Danny Ben-Avraham[27], Klaus Berger[28], Aviv Bergman[29], Lars Bertram[30], Lawrence F. Bielak[31], Gyda Bjornsdottir[32], Marc Jan Bonder[33], Linda Broer[34], Minh Bui[35], Caterina Barbieri[36], Alana Cavadino[37,38], Jorge E Chavarro[39,40,41], Constance Turman[41], Maria Pina Concas[42], Heather J. Cordell[25], Gail Davies[43,44], Peter Eibich[45], Nicholas Eriksson[46], Tõnu Esko[47,48], Joel Eriksson[49], Fahimeh Falahi[6], Janine F. Felix[50,4,51], Mark Alan Fontana[52], Lude Franke[33], Ilaria Gandin[53], Audrey J. Gaskins[39], Christian Gieger[54,55], Erica P. Gunderson[56], Xiuqing Guo[57], Caroline Hayward[9], Chunyan He[58], Edith Hofer[59,60], Hongyan Huang[41], Peter K. Joshi[10], Stavroula Kanoni[61], Robert Karlsson[8], Stefan Kiechl[62], Annette Kifley[63], Alexander Kluttig[64], Peter Kraft[41,65], Vasiliki Lagou[66,67,68],Cecile Lecoeur,[99] Jari Lahti[69,70,71], Ruifang Li-Gao[72], Penelope A. Lind[73], Tian Liu[74], Enes Makalic[35], Crysovalanto Mamasoula[25], Lindsay Matteson[75], Hamdi Mbarek[76,77], Patrick F. McArdle[20], George McMahon[78], S. Fleur W. Meddens[79, 5], Evelin Mihailov[47], Mike Miller[80], Stacey A. Missmer[81,41], Claire Monnereau[50,4,51], Peter J. van der Most[6], Ronny Myhre[125], Mike A. Nalls[82], Teresa Nutile[83], Kalafati Ioanna Panagiota[84], Eleonora Porcu[85,86], Inga Prokopenko[87,88,89], Kumar B. Rajan[90], Janet Rich-Edwards[91,41], Cornelius A. Rietveld[3,4,5], Antonietta Robino[92], Lynda M. Rose[11], Rico Rueedi[93,94], Kathy Ryan[20], Yasaman Saba[159], Daniel Schmidt[35], Jennifer A. Smith[31], Lisette Stolk[34], Elizabeth Streeten[20], Anke Tonjes[95], Gudmar Thorleifsson[32], Sheila Ulivi[92], Juho Wedenoja[96], Juergen Wellmann[28], Peter Willeit[62,97,98], Jie Yao[57], Loic Yengo[99,100], Jing Hua Zhao[101], Wei Zhao[31], Daria V. Zhernakova[33], Najaf Amin[4], Howard Andrews[102], Beverley Balkau[,99] Nir Barzilai[21], Sven Bergmann[93,32], Ginevra Biino[103], Hans Bisgaard[18], Klaus Bønnelykke[18], Dorret I. Boomsma[76,77], Julie E. Buring[11], Harry Campbell[10], Stefania Cappellani[92], Marina Ciullo[83], Simon R. Cox[43,44], Francesco Cucca[85,86], Toniolo Daniela[36], George Davey-Smith[104], Ian J. Deary[43,44], George Dedoussis[84], Panos Deloukas[61,105], Cornelia M. van Duijn[4], Eco JC. de Geus[76,77], Johan G. Eriksson[106,107,108,71,109], Denis A. Evans[90], Jessica D. Faul[110], Sala Cinzia Felicita[36], Philippe Froguel,[99] Paolo Gasparini[111,112], Giorgia Girotto[53,112], Hans-Jörgen Grabe[113], Karin Halina Greiser[114], Patrick J.F. Groenen[115,5], Hugoline G. de Haan[72], Johannes Haerting[64], Tamara B. Harris[116], Andrew C. Heath[117], Kauko Heikkilä[24], Albert Hofman[4,5,118], Georg Homuth[119], Elizabeth G Holliday[120,121], John Hopper[35], Elina Hypponen[37,122,123], Bo Jacobsson[124,125], Vincent W. V. Jaddoe[50,4,51], Magnus Johannesson[126], Astanand Jugessur[125], Mika Kähönen[127], Eero Kajantie[128,129,130], Sharon L.R. Kardia[31], Bernard Keavney[25,131], Ivana Kolcic[132], Päivikki Koponen,[133] Peter Kovacs[134], Florian Kronenberg[135], Zoltan Kutalik[136,94], Martina La Bianca[92], Genevieve Lachance[137], William Iacono[80], Sandra Lai[85],Terho Lehtimäki[138], David C Liewald[43], Lifelines Cohort Study[139], Cecilia Lindgren[89,88,140,141], Yongmei Liu[142], Robert Luben[143], Michael Lucht[107], Riitta Luoto[144], Per Magnus[125], Patrik K.E. Magnusson[8], Nicholas G. Martin[73], Matt McGue[145,80], Ruth McQuillan[10], Sarah E. Medland[73], Christa Meisinger[55,146], Dan Mellström[49], Andres Metspalu[47,147], Traglia Michela[36], Lili Milani[47], Paul Mitchell[63], Grant W. Montgomery[117,148] Dennis Mook-Kanamori[72,149,150], Renée de Mutsert[72], Ellen A Nohr[151], Claes Ohlsson[49], Jørn Olsen[152], Ken K. Ong[101], Lavinia Paternoster[104], Alison Pattie[44], Brenda WJH Penninx[153], Markus Perola[23,24,47], Patricia

A. Peyser[31], Mario Pirastu[42], Ozren Polasek[132], Chris Power[37], Jaakko Kaprio[24,96154], Leslie J. Raffel[155], Katri Räikkönen[69], Olli Raitakari[156], Paul M. Ridker[11], Susan M. Ring[104], Kathryn Roll[57], Igor Rudan[10], Daniela Ruggiero[83], Dan Rujescu[157], Veikko Salomaa[23], David Schlessinger[158], Helena Schmidt[159] , Reinhold Schmidt[59], Nicole Schupf[160], Johannes Smit[153], Rossella Sorice[83], Tim D. Spector[137], John M. Starr[43,161], Doris Stöckl[55], Konstantin Strauch[19,162], Michael Stumvoll[163,134], Morris A. Swertz[33], Unnur Thorsteinsdottir[32,164], A. Roy Thurik[3,165, 5], Nicholas J. Timpson[104], Anke Tönjes[163], Joyce Y. Tung[46], André G. Uitterlinden[3,34,5] , Simona Vaccargiu[42], Jorma Viikari[166], Veronique Vitart[9], Henry Völzke[167], Peter Vollenweider[168], Dragana Vuckovic[53,112], Johannes Waage[18], Gert G. Wagner[45], Jie Jin Wang[63], Nicholas J. Wareham[101], David R. Weir[110], Gonneke Willemsen[76,77], Johann Willeit[62], Alan F. Wright[9], Krina T. Zondervan[169], Kari Stefansson[32,164], Robert F. Krueger[170], James J. Lee[170], Daniel J. Benjamin[171,172], David Cesarini[173,174], Philipp D. Koellinger[79,3,5], Marcel den Hoed[175,*] , Harold Snieder[6,*], Melinda C. Mills[1,*]

[1] University of Oxford, Department of Sociology and Nuffield College, United Kingdom
[2] Department of Psychiatry, VU University Medical Center, Amsterdam, The Netherlands
[3] Department of Applied Economics, Erasmus School of Economics, Rotterdam, The Netherlands
[4] Department of Epidemiology, Erasmus MC, University Medical Center Rotterdam, Rotterdam, the Netherlands
[5] Erasmus University Rotterdam Institute for Behavior and Biology, Rotterdam, The Netherlands
[6] Department of Epidemiology, University of Groningen, University Medical Center Groningen, The Netherlands
[7] Sociology of Consumption and Households, Wageningen University Research, Wageningen, the Netherlands
[8] Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden
[9] MRC Human Genetics Unit, MRC Institute of Genetics and Molecular Medicine, University of Edinburgh, Edinburgh, United Kingdom
[10] Centre for Global Health Research, Usher Institute of Population Health Sciences and Informatics, University of Edinburgh, Teviot Place, Edinburgh, United Kingdom
[11] Brigham and Women's Hospital, Boston MA and Harvard Medical School, Boston MA
[12] Department of Cardiology, Division of Heart and Lungs, University Medical Center Utrecht, Utrecht, The Netherlands
[13] Laboratory of Experimental Cardiology, Division of Heart and Lungs, University Medical Center Utrecht, Utrecht, The Netherlands
[14] MRC Epidemiology Unit, Institute of Metabolic Science, University of Cambridge, Cambridge, UK.
[15] School of Engineering and Natural Sciences, University of Iceland, Reykjavik 101, Iceland.
[16] Novo Nordisk Foundation Centre for Basic Metabolic Research, Section of Metabolic Genetics, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark
[17] Steno Diabetes Center, Denmark
[18] COPSAC, Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Copenhagen, Denmark
[19] Institute of Genetic Epidemiology, Helmholtz Zentrum München—German Research Center for Environmental Health, Neuherberg, Germany
[20] University of Maryland School of Medicine, Division of Endocrinology, Diabetes and Nutrition
[21] Department of Medicine and Genetic, Institute for Aging Research and the Diabetes Research Center, Albert Einstein College of Medicine, Bronx, NY, USA
[22] Department of Natural Science, University of Haifa, Haifa, Israel
[23] Department of Health, National Institute for Health and Welfare, Helsinki, Finland
[24] University of Helsinki, Institute for Molecular Medicine (FIMM), Helsinki, Finland
[25] Institute of Genetic Medicine, Newcastle University
[26] Queensland Brain Institute, The University of Queensland, Brisbane, Australia

[27] Department of Genetic, Institute for Aging Research and the Diabetes Research Center, Albert Einstein College of Medicine, Bronx, NY, USA
[28] Institute of Epidemiology and Social Medicine, University of Münster, Germany
[29] Departments of Systems and Computational Biology, Pathology and Neuroscience, Albert Einstein College of Medicine, Bronx, NY, USA
[30] Lübeck Interdisciplinary Platform for Genome Analytics, Institutes of Neurogenetics & Integrative and Experimental Genomics, University of Lübeck, Germany
[31] Department of Epidemiology, University of Michigan, Ann Arbor, MI, USA
[32] deCODE Genetics/Amgen Inc., Reykjavik, Iceland
[33] Department of Genetics, Genomics Coordination Center, University of Groningen, University Medical Center Groningen, The Netherlands
[34] Department of Internal Medicine, Erasmus Medical Center, The Netherlands
[35] Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne
[36] Division of Genetics and Cell Biology, San Raffaele Research Institute, Milano, Italy
[37] Population, Policy and Practice, UCL Institute of Child Health, London, UK
[38] Centre for Environmental and Preventive Medicine, Wolfson Institute of Preventative Medicine, Queen Mary University of London; London, UK
[39] Department of Nutrition, Harvard T.H. Chan School of Public Health
[40] Department of Medicine, Brigham and Women's Hospital and Harvard Medical School
[41] Department of Epidemiology, Harvard T.H. Chan School of Public Health
[42] Institute of Genetic and Biomedic Research, National Research Council, Cagliari, Italy
[43] Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh, Edinburgh, UK
[44] Department of Psychology, University of Edinburgh, Edinburgh, UK
[45] German Socio- Economic Panel Study (SOEP) & Health Economics Research Centre, University of Oxford
[46] 23andMe, Inc.
[47] Estonian Genome Center, University of Tartu, Tartu, Estonia
[48] Broad Institute of the Massachusetts Institute of Technology and Harvard University, Cambridge, USA
[49] Centre for Bone and Arthritis Research, Institute of Medicine, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden
[50] The Generation R Study Group, Erasmus MC, University Medical Center Rotterdam, Rotterdam, the Netherlands
[51] Department of Pediatrics, Erasmus MC, University Medical Center Rotterdam, Rotterdam, the Netherlands
[52] Center for Economic and Social Research, University of Southern California, Los Angeles, California, USA
[53] Department of Medical, Surgical and Health Sciences, University of Trieste, 34100 Trieste, Italy
[54] Research Unit of Molecular Epidemiology, Helmholtz Zentrum München—German Research Center for Environmental Health, Neuherberg, Germany
[55] Institute of Epidemiology II, Helmholtz Zentrum München—German Research Center for Environmental Health, Neuherberg, Germany
[56] Cardiovascular and Metabolic Conditions Section, Division of Research, Kaiser Permanente Northern California, Oakland, USA
[57] Institute for Translational Genomics and Population Sciences, Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center, Torrance, CA
[58] Department of Epidemiology, Indiana University Richard M. Fairbanks School of Public Health
[59] Clinical Division of Neurogeriatrics, Department of Neurology, Medical University of Graz, Austria
[60] Institute of Medical Informatics, Statistics and Documentation, Medical University of Graz, Austria
[61] William Harvey Research Institute, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, UK
[62] Department of Neurology, Medical University of Innsbruck, Innsbruck, Austria
[63] Centre for Vision Research, Department of Ophthalmology and The Westmead Institute for Medical Research, NSW Australia
[64] Institute of Medical Epidemiology, Biostatistics and Informatics, Martin-Luther-University Halle-Wittenberg, Halle (Saale), Germany
[65] Department of Biostatistics, Harvard T.H. Chan School of Public Health
[66] Department of Neurosciences, KU Leuven, Leuven 3000, Belgium
[67] Department of Microbiology and Immunology, KU Leuven, Leuven 3000, Belgium
[68] Translational Immunology Laboratory, VIB, Leuven 3000, Belgium

[69] Institute of Behavioural Sciences, University of Helsinki, Helsinki, Finland
[70] Helsinki Collegium for Advanced Studies, University of Helsinki, Helsinki, Finland
[71] Folkhälsan Research Centre, Helsinki, Finland
[72] Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands
[73] Psychiatric Genetics, QIMR Berghofer Medical Research Institute, 300 Herston Rd, Herston Brisbane 4006, Australia
[74] Center for Lifespan Psychology, Max Planck Institute for Human Development, Germany & Dept of Vertebrate Genomics, Max Planck Institute for Molecular Genetics, Germany
[75] Minnesota Center for Twin and Family Research, Department of Psychology, University of Minnesota, Minneapolis, USA
[76] Department of Biological Psychology, VU University Amsterdam, Amsterdam, The Netherlands
[77] EMGO+ Institute for Health and Care Research, Amsterdam, The Netherlands
[78] School of Social and Community Medicine University of Bristol, Bristol, UK
[79] Complex Trait Genetics, VU University, Amsterdam, The Netherlands
[80] Department of Psychology, University of Minnesota, Minneapolis, USA
[81] Department of Obstetrics, Gynecology and Reproductive Biology, Brigham and Women's Hospital and Harvard Medical School
[82] Laboratory of Neurogenetics, National Institute on Aging, NIH, Bethesda, Maryland
[83] Institute of Genetics and Biophysics "A. Buzzati-Traverso", CNR, Naples - Italy
[84] Department of Nutrition and Dietetics, School of Health Science and Education, Harokopio University, Athens, Greece
[85] Istituto di Ricerca Genetica e Biomedica, Consiglio Nazionale delle Ricerche,c/o Cittadella Universitaria di Monserrato, Monserrato, Cagliari, Italy
[86] Dipartimento di Scienze Biomediche, Università di Sassari, Sassari, Italy
[87] Department of Genomics of Common Disease, School of Public Health, Imperial College London, London, UK
[88] Wellcome Trust Centre for Human Genetics, Nuffield Department of Medicine, University of Oxford, Oxford, UK
[89] Oxford Centre for Diabetes, Endocrinology, and Metabolism, Radcliffe Department of Medicine, University of Oxford, Oxford, UK
[90] Rush University Medical Center, Chicago, USA
[91] Connors Center for Women's Health and Gender Biology. Brigham and Women's Hospital and Harvard Medical School
[92] Institute for Maternal and Child Health-IRCCS “Burlo Garofolo” – Trieste, Italy
[93] Department of Medical Genetics, University of Lausanne, Lausanne, Switzerland
[94] Swiss Institute of Bioinformatics, Lausanne, Switzerland
[95] Department of Medicine, University of Leipzig, Leipzig, Germany
[96] Department of Public Health, University of Helsinki, Helsinki, Finland
[97] King’s British Heart Foundation Centre, King’s College London, UK
[98] Department of Public Health and Primary Care, University of Cambridge, UK
[99] University of Lille, CNRS, Institut Pasteur of Lille, UMR 8199 - EGID, F-59000 Lille, France
[100] Centre for Neurogenetics and Statistical Genomics, University of Queensland, Australia
[101] MRC Epidemiology Unit, Institute of Metabolic Science, University of Cambridge, Cambridge, UK
[102] The Data Coordinating Center, New York State Psychiatric Institute
[103] Institute of Molecular Genetics, National Research Council of Italy, Pavia
[104] MRC Integrative Epidemiology Unit, University of Bristol, Bristol, UK
[105] Princess Al-Jawhara Al-Brahim Centre of Excellence in Research of Hereditary Disorders (PACER-HD), King Abdulaziz University, Jeddah, Saudi Arabia
[106] National Institute for Health and Welfare, Department of Chronic Disease Prevention, Helsinki, Finland
[107] Department of General Practice and Primary Health Care, University of Helsinki, Finland
[108] Unit of General Practice, Helsinki University Central Hospital, Finland
[109] Vasa Central Hospital, Vasa, Finland
[110] Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, MI
[111] Medical Genetics, IRCCS-Burlo Garofolo and University of Trieste, Trieste, Italy
[112] Department of Experimental Genetics, Sidra, Doha, Qatar
[113] Department of Psychiatry, University Medicine Greifswald, Greifswald, Germany
[114] German Cancer Research Center, Division of Cancer Epidemiology, Heidelberg, Germany

[115] Econometric Institute, Erasmus School of Economics, Erasmus University Rotterdam, Rotterdam, The Netherlands
[116] Laboratory of Epidemiology and Population Sciences, National Institute on Aging, Bethesda, Maryland
[117] Genetic Epidemiology, QIMR Berghofer Medical Research Institute, Brisbane, Australia
[118] Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, MA, USA
[119] Interfaculty Institute for Genetics and Functional Genomics, University Medicine Greifswald, Germany
[120] School of Medicine and Public Health, University of Newcastle, Newcastle, Australia
[121] Hunter Medical Research Institute, Newcastle, Australia
[122] Centre for Population Health Research, Sansom Institute of Health Research and School of Health Sciences, University of South Australia, Adelaide,Australia
[123] South Australian Health and Medical Research Institute, Adelaide, Australia
[124] Department of Obstetrics and Gynecology, Institute of Public Health, Sahlgrenska Academy, Sahgrenska University Hospital, Gothenburg, Sweden
[125] Department of Genetics and Bioinformatics, Area of Health Data and Digitalisation, Institute of Public Health, Oslo, Norway
[126] Department of Economics, Stockholm School of Economics,Box Stockholm, Sweden
[127] Department of Clinical Physiology, University of Tampere and Tampere University Hospital, Tampere, Finland.
[128] National Institute for Health and Welfare, Diabetes Prevention Unit, Helsinki, Finland
[129] Children's Hospital, Helsinki University Central Hospital and University of Helsinki,Helsinki, Finland
[130] Department of Obstetrics and Gynecology, MRC Oulu, Oulu University Hospital and University of Oulu, Oulu, Finland
[131] Institute of Cardiovascular Sciences, University of Manchester
[132] Department of Public Health, Faculty of Medicine, University of Split, Croatia
[133] National Institute for Health and Welfare, Health Monitoring Unit, Helsinki, Finland
[134] IFB Adiposity Diseases, University of Leipzig, Leipzig, Germany
[135] Division of Genetic Epidemiology, Medical university of Innsbruck, Innsbruck, Austria
[136] Institute of Social and Preventive Medicine, Lausanne University Hospital (CHUV), Lausanne, Switzerland
[137] Department of Twin Research and Genetic Epidemiology, King's College London, London, United Kingdom
[138] Department of Clinical Chemistry, Fimlab Laboratories, and School of Medicine, University of Tampere, Tampere, Finland
[139] LifeLines Cohort Study, Groningen, The Netherlands
[140] The National Institute for Health Research Oxford Biomedical Research Centre (F.K.)
[141] The Li Ka Shing Centre for Health Information and Discovery, the Big Data Institute (C.M.L.), University of Oxford, Oxford, United Kingdom
[142] Division of Public Health Sciences, Wake Forest School of Medicine, Winston-Salem, North Carolina
[143] Strangeways Research Laboratory, University of Cambridge, Worts Causeway, Cambridge, UK
[144] UKK Institute for Health Promotion, Finland
[145] The Danish Aging Research Center, and The Danish twin Registry, Institute of Public Health, University of Southern Denmark, Odense, Denmark
[146] MONICA/KORA Myocardial Infarction Registry, Central Hospital of Augsburg, Augsburg, Germany
[147] Institute of Molecular and Cell Biology, University of Tartu, Tartu, Estonia
[148] Molecular Bioscience, University of Queensland, Brisbane, Australia.
[149] Department of Public Health and Primary Care, Leiden University Medical Center, Leiden, the Netherlands
[150] Department of BESC, Epidemiology Section, King Faisal Specialist Hospital and Research Centre, Riyadh, Saudi Arabia
[151] Research Unit for Gynaecology and Obstetrics, Deparrtment of Clinical Research, University of Southern Denmark
[152] Department of Clinical Epidemiology, Aarhus University, Aarhus, Denmark
[153] Department of Psychiatry & EMGO Institute for Health and Care Research VU University Medical Center, Amsterdam, The Netherlands
[154] National Institute for Health and Welfare, Dept of Health, Helsinki, Finland
[155] Medical Genetics Institute; Cedars-Sinai Medical Center, Los Angeles, CA
[156] Research Centre of Applied and Preventive Cardiovascular Medicine, University of Turku and the Department of Clinical Physiology and Nuclear Medicine, Turku University Hospital, Turku, Finland,
[157] Department of Psychiatry, Martin-Luther-University Halle-Wittenberg, Halle (Saale), Germany
[158] Laboratory of Genetics, National Institute on Aging, Baltimore, Maryland, USA

[159] Institute of Molecular Biology and Biochemistry, Centre for Molecular Medicine, Medical University of Graz, Austria
[160] Departments of Epidemiology and Psychiatry, Columbia University Medical Center NY, USA
[161] Alzheimer Scotland Dementia Research Centre, University of Edinburgh, Edinburgh, UK
[162] Institute of Medical Informatics, Biometry and Epidemiology, Ludwig Maximilians Universität, Munich, Germany
[163] Medical Department, University of Leipzig, Leipzig, Germany
[164] Faculty of Medicine, University of Iceland, Reykjavik, Iceland
[165] Montpellier Business School, Montpellier, France
[166] Department of Medicine, University of Turku, and Division of Medicine, Turku University Hospital, Turku, Finland
[167] Institute for Community Medicine, University Medicine Greifswald, Germany
[168] Department of Internal Medicine, Internal Medicine, Lausanne University Hospital (CHUV), Lausanne, Switzerland
[169] Genetic and Genomic Epidemiology Unit, Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford, UK.
[170] Department of Psicology, University of Minnesota, USA
[171] Center for Economic and Social Research, University of Southern California, Los Angeles, CA, USA
[172] National Bureau of Economic Research, Cambridge, MA, USA
[173] Department of Economics, New York University, New York, USA
[174] Research Institute for Industrial Economics, Stockholm, Sweden
[175] Department of Medical Sciences, Molecular Epidemiology and Science for Life Laboratory, Uppsala University, Uppsala, Sweden.
[*] These authors contributed equally to this work
[#] Shared second authors

Abstract

The genetic architecture of human reproductive behavior – age at first birth (AFB) and number of children ever born (NEB) – has a strong relationship with fitness, human development, infertility and risk of neuropsychiatric disorders. However, very few genetic loci have been identified and the underlying mechanisms of AFB and NEB are poorly understood. We report the largest genome-wide association study to date of both sexes including 251,151 individuals for AFB and 343,072 for NEB. We identified 12 independent loci that are significantly associated with AFB and/or NEB in a SNP-based genome-wide association study, and four additional loci in a gene-based effort. These loci harbor genes that are likely to play a role – either directly or by affecting non-local gene expression – in human reproduction and infertility, thereby increasing our understanding of these complex traits.

Introduction

Human reproductive behavior – age at first birth (AFB) and number of children ever born (NEB) – has been associated with human development,[1,2] infertility[3,4] and neuropsychiatric disorders[5]. Reproductive tempo (AFB) and quantum (NEB) are cross-cutting topics in the medical, biological, evolutionary and social sciences and central in national and international policies.[6] Advanced societies experienced a rapid postponement of AFB, with the mean AFB of women now being 28-29 years in many countries.[7] This increase in AFB has been linked to lower fertility rates, unprecedented childlessness (~20%) and infertility, which affects 10 to 15 % of couples.[8] An estimated 48.5 million

couples worldwide are infertile, with a large part of subfertility, particularly in men, remaining unexplained.[9] Although infertility has been related to advanced AFB, ovulation defects, spermatogenic failure, and single- or polygenic defects, their causal effects remain unsubstantiated.[10]

Until now, genetic and clinical research has focussed on proximal infertility phenotypes.[3,4,10,11] AFB and NEB represent accurate measures of complex reproductive outcomes, are frequently recorded and consistently measured, and are key parameters for demographic population forecasting.[12] There is evidence of a genetic component underlying reproduction, with heritability estimates of up to 50% for AFB and NEB (Supplementary Figure 1).[6] A recent study attributed 15% of the variance of AFB and 10% of NEB to common genetic variants.[13] There are also sex-specific differences in human reproduction, related to the timing of fertility, fecundability and sex-genotype interactions (Supplementary Note). Researchers have given less attention to traits such as NEB due to an erroneous and frequently repeated misinterpretation of Fisher's[14] Fundamental Theorem of Natural Selection that the additive genetic variance in fitness should be close to zero. The misreading had a naively intuitive appeal: genes that reduce fitness should have been less frequently passed on. Fisher, however, actually argues that fitness is moderately heritable in human populations (for a discussion see the Supplementary Note). Since no established genes are currently available for clinical testing of infertility,[10] isolating genetic loci and their causative effects has the potential to provide new insights into the etiology of reproductive diseases and novel diagnostic and clinical technologies for infertility treatment.

RESULTS

We report the largest meta-analysis of genome-wide association studies (GWAS) to date of 251,151 individuals for AFB and 343,072 for NEB from a total of 62 cohorts of European ancestry. We identify 12 independent loci (10 of which are novel and 2 previously identified in a study on age at first sexual intercourse[11]) that are significantly associated with AFB and/or NEB in men, women and/or both sexes combined (Table 1). Follow-up analyses identified a number of genetic variants and genes that likely drive GWAS associations. We also quantified the genetic overlap with biologically adjacent reproductive, developmental, neuropsychiatric and behavioral phenotypes. A detailed description of all materials and methods is available in the **Supplementary Note.**

Meta-analysis of GWAS

Associations of AFB (mean ± SD 26.8±4.78 years) and/or NEB (mean ± SD 2.3±1.43 children) with NCBI build 37 HapMap Phase 2 imputed SNPs were examined in 62 cohorts using multiple linear regression under an additive model, in men and women separately (Supplementary Note). Associations were adjusted for principal components – to reduce confounding by population stratification[15] – as well as for the birth year of the respondent and its square and cubic to control for

non-linear birth cohort effects (Supplementary Note and Supplementary Tables 1-,2). NEB was assessed only for those who had completed their reproductive period (age ≥ 45 women; age ≥ 55 men), while AFB was only assessed for those who were parous. Quality control (QC) was conducted in two independent centers using QCGWAS[16] and EasyQC[17] (Supplementary Note). Results were subsequently meta-analyzed for the 2.4M SNPs that passed QC filters (Supplementary Note) and reported for men and women combined and separately.

We applied a single genomic control at the cohort level and meta-analyzed results using a sample-size weighted fixed effect method in METAL (Supplementary Note). The PLINK clumping function isolated 'lead SNPs' – i.e. those with the lowest *P*-value for association that are independently associated – using an r^2 threshold of 0.1 and distance threshold of 500 kb. For AFB, we identified ten genome-wide significantly associated loci (i.e., $P<5x10^{-8}$ for combined and $P<1.67x10^{-8}$ for sex-specific results adjusted for multiple testing) of which nine were significantly associated in both sexes combined and one in women only (N=154,839) (Figure 1a, Table 1). Three loci were significantly associated with NEB: two in both sexes combined and one in men only (N=103,736) (Figure 1b, Table 1, Supplementary Note). One locus on Chr 1 reached significance for association with both AFB and NEB with an r^2 of 0.57 between the two lead SNPs, suggesting a shared genetic basis for the two traits (Table 2). A statistical test of sex-specific effects confirms that differences are mainly due to variation in sample size and not variation in effect sizes (Supplementary Note).

As for other complex traits[18], the Q-Q plots of the meta-analyses exhibit strong inflation of low *P*-values (Figure 2), suggesting that although cohorts controlled for the top principal components and cohort-level genomic control was applied (Supplementary Note), residual population stratification may remain. However, the LD Score intercept method[19] as well as a series of individual and within-family regression analyses using polygenic scores as predictors[20,21] (Supplementary Note) indicated that the observed inflation is almost entirely attributable to a true polygenic signal, rather than population stratification.

Gene-based GWAS

To increase the power to find statistically significant associations and causal genes, we additionally performed a gene-based GWAS using VEGAS.[22,23] The results confirmed top hits from the single-SNP analyses. For AFB, seven loci from the SNP-based GWAS were also represented in the gene-based analysis (Supplementary Table 3), and three additional loci emerged, represented by *SLF2* (Chr 10), *ENO4* (Chr 10) and *TRAF3-AMN* (Chr 14). For NEB, one locus from the SNP-based GWAS was represented in the gene-based analysis – i.e. *GATAD2B* (Chr 1) – and one novel locus on Chr 17 was identified (Supplementary Table 4).

Causal variants

To identify functional and potentially causal variants – coding or regulatory – within loci identified in the SNP-based GWAS (Table 1), we first performed an *in silico* sequencing annotation analysis using the post-GWAS pipeline reported by Vaez *et al*.[24] This showed that rs10908557 on Chr 1 is in high LD with non-synonymous SNPs in *CRTC2* (rs11264680; r^2=0.98) and *CREB3L4* (rs11264743; r^2=0.94) (see Causal genes, Supplementary Table 5). Interestingly, rs11264743 is considered 'deleterious' and 'probably damaging' by SIFT and PolyPhen, respectively (Ensembl release 83). In addition, rs2777888 on Chr 3 is in high LD with two non-synonymous SNPs in *MST1R* (rs2230590; r^2=0.95 and rs1062633; r^2=0.95) (Table 1, Supplementary Table 5).

We subsequently performed a comprehensive analysis using results from the ENCODE[25] and RoadMap Epigenomics[26] projects as integrated in RegulomeDB,[27] to identify variants that likely influence downstream gene expression via regulatory pathways. Amongst all SNPs that reached $P<5x10^{-8}$ in the meta-analyses (N=322), 50 SNPs in five loci show the most evidence of having functional consequences (Table 1, Supplementary Table 6). Two sets of SNPs on Chr 1 (18 SNPs) and Chr 3 (25 SNPs) particularly stand out. The most promising SNP in the Chr 1 locus (rs6680140) is located in an H3K27ac mark, often found near active regulatory elements, and lies in a DNaseI hypersensitivity cluster where eight proteins are anticipated to bind. One of these proteins is cAMP responsive element binding (CREB) binding protein, encoded by *CREBBP* (see Causal genes). In the Chr 3 locus, rs2526397 is located in a transcription factor-binding site and is an eQTL for *HYAL3* in monocytes, while rs2247510 and rs1800688 are located in H3K27ac sites and DNaseI hypersensitivity clusters where a large number of transcription factors are expected to bind (see Causal genes, Supplementary Table 6). An analysis using Haplotter showed that rs2247510 and rs7628058 in the Chr 3 locus are amongst the 5% of signals that show most evidence of positive selection in the population. The same applies to the lead SNP of the Chr 14 locus for NEB (rs2415984).

Causal genes

Information on the function and anticipated relevance of genes in the 12 loci identified in the SNP-based GWAS that are most likely to be causal based on all evidence discussed below is provided in Table 2.

***Cis* and *trans* eQTL and meQTL analyses**

Identifying alterations in gene methylation status and/or expression levels in relation to GWAS-identified variants may help prioritize causal genes. We examined associations with gene expression and methylation status for the 12 independent lead SNPs in whole-blood BIOS expression (e)QTL (N=2,116) and methylation (me)QTL databases in *cis* and *trans* (N=3,841). [28,29] Seven SNPs were associated with gene expression in *cis* of 54 unique genes (Table 1, Supplementary Table 7). Five of

the seven SNPs were in high LD (r^2>0.8) with the strongest eQTL of at least one of the genes within the corresponding loci, indicating that the SNP associated with AFB or NEB and the SNP most significantly associated with expression tag the same functional site, i.e., rs10908557 (associated with the expression of *CRTC2* and *SLC39A1*), rs1160544 (*AFF3*), rs2777888 (*RBM6*, *RNF123* and *RBM5*), rs2721195 (*CYHR1*, *GPT*, *RECQL4* and *PPP1R16A*) and rs293566 (*NOL4L*). Three SNPs were associated with the expression of a total of eight genes in *trans* (Table 1, Supplementary Table 8). Of these SNPs, only rs2777888 was in high LD (r^2>0.8) with the strongest eQTL for three of its five associated genes: *LRFN1*, *LAMP2* and *FGD3*.

The meQTL analysis showed that 11 of the 12 independent lead SNPs were associated with DNA methylation of a total of 131 unique genes in *cis* (Table 1, Supplementary Table 9). Seven of the 11 SNPs were in high LD (r^2>0.8) with the strongest meQTL of one of the corresponding methylation sites, i.e., rs10908557 (associated with methylation of *CRTC2, SLC39A1, CREB3L4, DENND4B* and *RAB13*), rs1160544 (*AFF3*), rs2777888 (*CAMKV*), rs6885307 (*C5orf34*), rs10056247 (*JADE2*), rs2721195 (*CYHR1*) and rs13161115 (*EFNA5*). Three of the SNPs were associated with the same genes for both methylation and gene expression in *cis*: rs10908557 (*CRTC2*), rs1160544 (*AFF3*) and rs2721195 (*CYHR1*) (Supplementary Tables 7,9). Three SNPs were associated with methylation of a total of ten genes in *trans* (Table 1, Supplementary Table 10). Of these SNPs, only rs2777888 was in high LD (r^2>0.8) with the strongest meQTL of a corresponding methylation site (*ASAP3*). Of note: rs2777888 was also a *trans* eQTL.

Gene prioritization

We used four publicly available bioinformatics tools to systematically identify genes that are more likely than neighboring genes to cause the associations identified by our GWAS. Of all genes that reached P<0.05 in analyses using Endeavour,[30] MetaRanker[31] and ToppGene,[32] eight genes were prioritized for both AFB and NEB: *TPM3*, *GRM7*, *TKT*, *MAGI2*, *PTPRD*, *PTPRM*, *RORA* and *WT1*. Data-driven Expression-Prioritized Integration for Complex Traits (DEPICT) – a fourth, comprehensive and unbiased recently described gene prioritization tool[33] – identified three genes in GWAS significant loci as likely being causal for AFB (*MON1A*, *RBM6* and *U73166.2*) (Supplementary Tables 11, 12).

Gene-based results from RegulomeDB

An analysis using RegulomeDB identified 50 SNPs in five loci that most likely have regulatory consequences (see Causal variants, Supplementary Table 6). Eighteen and 25 of these SNPs are within the Chr 1 and Chr 3 loci, respectively. Amongst the genes that – at a protein level – bind at the site of one or more of the 18 variants in the locus on Chr 1 are *CREBBP*, *HNF4A*, *CDX2* and *ERG*. These genes may act upstream in the causal pathway and influence the expression of causal genes at

this locus. Of the 25 SNPs on Chr 3, ten were eQTLs for *RBM6* in monocytes, and seven were eQTLs for *HYAL3* in monocytes. Amongst the genes that – at a protein level – bind at rs2247510 and rs1800688 in the Chr 3 locus are *ARID3A*, *REST* and *TFAP2C*, as well as *HNF4A* and *CDX2*, which also bind at the Chr 1 locus.

Five genes encode proteins that bind at the site of both SNPs on Chr 2 that reach $P<5x10^{-8}$ in the meta-analysis of GWAS. One of these is *REST* (see Chr 3 locus), another one – *ESR1* – is the most likely causal gene in the Chr 6 locus.

Functional network and enrichment analyses

Functional network analysis using five prioritized candidate gene sets as input (Supplementary Note) showed no significantly enriched biological function. No biological function was significantly enriched after correction for multiple testing using the Benjamini-Hochberg procedure. Similarly, no reconstituted gene sets and cell or tissue types were significantly enriched in the GWAS meta-analysis results based on results from the DEPICT analysis (Supplementary Tables 13-20). The lack of significantly enriched genes, tissue sets and biological functions reflects the need for a larger sample size but also the distal nature of the phenotypes, which are influenced by a mixture of biological, psychological and socio-environmental factors.

Polygenic prediction

To assess the predictive power of our results, we produced polygenic scores for AFB and NEB using sets of SNPs whose nominal *P*-values ranged from $P<5x10^{-8}$ (i.e. using only genome-wide significant SNPs) to 1 (using all SNPs that passed quality control) using PRSice[34] (Supplementary Note). We then performed a series of four different out-of-sample predictions in four independent cohorts: HRS, Lifelines, STR and TwinsUK. Across the four cohorts, the mean predictive power of a polygenic score constructed from all measured SNPs is 0.9% for AFB and 0.2% for NEB (Supplementary Figure 2). Despite the low predictive power of the polygenic scores, the results showed that a 1 standard deviation (SD) increase of the NEB polygenic score is associated with a 9% (95% CI 5%–13%) decrease in the probability for women to remain childless, with no significant association in men (Supplementary Table 21). When we control for right-censored data using a survival model for AFB, we found that a 1SD increase in the AFB polygenic score is associated with an 8% (95% CI 7%–10%) reduction in the hazard ratio of reproduction in women and 3% (95% CI 1%–5%) in men (Supplementary Table 22). As an additional test, we examined whether the aforementioned polygenic scores for AFB and NEB can predict related fertility traits such as age at menopause and age at menarche (Supplementary Table 23). Our estimates indicate that a 1SD increase of the AFB polygenic score is associated with a 3% decrease in age at natural menopause (95% CI 1%–5%) and a 20 day increase in age at menarche (95% CI 0.4–40 days).

Genetic association with related traits and diseases

Several loci for which the associations with AFB and NEB reach genome-wide significance are associated with behavioral and reproductive phenotypes. The lead SNPs in the Chr 2 and Chr 3 loci have been associated with educational attainment[35] and the locus on Chr 5 with age at menarche[36] while the locus on Chr 6 has recently been associated with age at first sexual intercourse[37] (Supplementary Table 24). Some of the 38 loci for age at first sexual intercourse that were recently identified in 125,667 UK Biobank participants were also associated with AFB (in/near *RBM6–SEMA3F* and *ESR1*) and NEB (in/near *CADM2* and *ESR1*). The lead SNPs for *RBM6–SEMA3F* (rs2188151) and *ESR1* (rs67229052) are in LD with our lead SNPs for AFB on Chr 3 (r^2= 0.44) and Chr 6 (r^2=0.94), respectively. An *in silico* pleiotropy analysis showed that our lead SNP in the Chr 3 locus (rs2777888) is in LD (r^2=0.59) with rs6762477 – which has been associated with age at menarche[2] – while other SNPs in the same locus have been associated with HDL cholesterol[38] (rs2013208; r^2=0.81) and BMI[39] (rs7613875; r^2=0.81) (Supplementary Table 5). We next performed an exploratory analysis using the proxy-phenotype method[40] to examine if the SNPs strongly associated with AFB in women are empirically plausible candidate SNPs for related traits like age at menarche and age at menopause (Supplementary Note). After controlling for multiple testing, we identified three AFB-associated SNPs near rs2777888 on Chr 3 (rs9589, rs6803222 and rs9858889) that are also associated with age at menarche (P<4.10x10^{-4}). None of the AFB or NEB-associated SNPs are associated with age at menopause.

We performed a bivariate LD score regression analysis[41] to estimate the pairwise genetic correlation with 27 publicly available GWAS results for traits associated with human reproductive behavior (Supplementary Note). AFB shows significant and positive genetic correlations with the human (reproductive) developmental traits age at menarche, voice breaking, age at menopause, birth weight and age at first sexual intercourse, as well as with years of education. Conversely, having more AFB-increasing alleles is associated with a lower genetic risk of smoking (ever, number of cigarettes, later onset) and with lower insulin resistance-related phenotypes, i.e. BMI, waist-hip-ratio adjusted for BMI, fasting insulin, triglyceride levels and risk of diabetes (Figure 3 and Supplementary Table 25). All genetic correlations remain significant after Bonferroni correction for multiple testing (P<2.6x10^{-3}). Years of education (P=6.6x10^{-14}) and age at first sexual intercourse (P=1.14x10^{-15}) are the only traits that show significant and negative genetic correlations with NEB. We also observed significant genetic correlations of r_g=0.86 (SE=0.052) for AFB and r_g=0.97 (SE=0.095) for NEB between men and women, implying that most genetic effects on reproductive behavior resulting from common SNPs are shared across the sexes.

Discussion

This GWAS is the largest genetic epidemiological discovery effort for human reproduction to date, with critical implications for population fitness and clear physiological mechanisms linking hypothesized genes and observed phenotypes. Related studies previously focussed on reproductive life span[42,43], age at first sexual intercourse[11] and more proximal infertility phenotypes,[2–4] largely overlooking AFB and NEB. The rapid postponement of AFB and increased infertility and involuntary childlessness in many societies[7] makes it important to uncover the genetic and biological architecture of reproduction. We identify ten novel and confirm two recently identified genetic loci that are robustly associated with AFB and NEB, as well as variants and genes within these loci that likely drive these associations. Four additional loci were identified in a gene-based GWAS.

Two loci that show interesting results in follow-up analyses are located on Chrs 1 and 3. The lead SNPs of the Chr 1 locus for AFB and NEB are in LD with likely functional non-synonymous SNPs in genes encoding: 1) CREB (cAMP responsive element binding) regulated transcription co-activator 2 (*CRTC2*), which at a protein level acts as a critical signal mediator in follicle-stimulating hormone (FSH) and transforming growth factor β1(TGFβ1)-stimulated steroidogenesis in ovarian granulosa cells[44]; and 2) CREB protein 3-like 4 (*CREB3L4*),[45] which in humans is highly expressed in the prostate, ovaries, uterus, placenta and testis, and plays a role in spermatid differentiation[46] and male germ cell development.[47] The lead SNP and/or functional variants in LD with it are also associated with the methylation status of these two genes and expression of *CRTC2* in whole blood and lymphocytes. Three promising functional variants in the Chr 1 locus reside in binding sites of the transcriptional co-activator CREB binding protein (CREBBP). In addition to a direct effect of the above-mentioned non-synonymous SNPs on protein function, the associations of AFB and NEB with variants in the locus on Chr 1 may thus be mediated by alterations in cAMP responsive element binding in men and women. The locus on Chr 1 also harbours *DENND4B*, a paralogue of *DENND1A*, implicated in PCOS.[48] While *DENND1A* is expressed at the protein level in the ovary and testis, DENND4B is in the cervix, and its function and role are less well understood.

The lead SNP of the locus on Chr 3 (rs2777888) is associated with methylation and expression of several genes – in *cis* and *trans* – that are known to play a role in cell cycle progression and/or sperm function. First, rs2777888 is associated with the expression of *RNF123* (or *KPC1*) in *cis*, which plays a role in cellular transition from the quiescence to proliferative state. Secondly, rs2777888 – or functional variants in LD with it – may influence the cell cycle by altering the expression of *RBM5* and *RBM6* (RNA binding motif proteins 5 and 6). The former plays a role in cell cycle arrest and apoptosis induction and regulates haploid male germ cell pre-mRNA splicing and fertility in mice. *RMB5* mutant mice exhibit spermatid differentiation arrest, germ cell sloughing and apoptosis, leading to lack of sperm in ejaculation.[49] Thirdly, rs2777888 affects expression of *LAMP2* in *trans*, which is located on the X chromosome and encodes a lysosomal membrane protein involved in the

acrosome reaction, i.e. the enzymatic drill allowing sperm to penetrate and fertilize ovum.[50] *LAMP2* is expressed at the protein level in male and female reproductive organs with an effect size of rs2777888 for *LAMP2* mRNA expression that is almost twice as large in women than in men (Supplementary Figure 4). This suggests an important role for the lysosome in both sperm and ovum. Finally, functional variants in the Chr 3 locus are associated with the mRNA expression of *HYAL3* in monocytes (hyaluronoglucosaminidase 3). The latter degrades hyaluronan, which also plays an important role in sperm function and the acrosome reaction.[49,51]

Functional follow-up experiments could disentangle the potential interplay between many candidate genes in the loci on Chrs 1 and 3 on reproductive behavior and – given our *in silico* results – infertility. This can be extended to candidate genes in the remaining loci identified in the present study, some of which are relevant for fertility: mice lacking *EFNA5* (Chr 5 NEB locus) are subfertile,[52] *ESR1* on Chr 6 encodes an estrogen receptor, [53,54] and *CYHR1* on Chr 8 is involved in spermatogenesis[55]. Such experiments would help understand whether binding of estrogen receptor 1 – encoded by *ESR1* in the locus on Chr 6 – at the site of functional variants in the locus on Chr 2 drives or mediates the association with AFB in the Chr 2 locus, as well as to identify and characterize causal genes. Recent developments in high-throughput, multiplex mutagenesis using Clustered Regularly Interspaced Short Palindromic Repeats (CRISPR) and associated systems (Cas9) allow such experiments to be performed using *in vivo* model systems.[56]

AFB and NEB are not only driven by biological processes, but are also subject to individual choice and personal characteristics – such as personality traits – as well as by the historical, cultural, economic and social environment (e.g., effective contraception, childcare availability). Demographic research has shown a strong positive association between AFB and educational attainment.[12] We show that the associations between fecundity, reproductive behavior and educational attainment are partly driven by genetic factors, and identified loci that are associated with AFB as well as with e.g., age at first sexual intercourse [37] and educational attainment.[35]

Our findings are anticipated to lead to insights into how postponing reproduction may be more detrimental for some – based on their genetic make-up – than others, fuel experiments to determine 'how late can you wait'[57] and stimulate reproductive awareness. Causal genes in the loci we identified may serve as novel drug targets, to prevent or delay age-related declines in fertility and sperm quality, or increase Assisted Reproductive Technology efficiency. Our study is the first to examine the genetics of reproductive behavior in both men and women, and the first that is adequately powered to identify loci both in women and men. We also provide support for Fisher's theorem that fitness is moderately heritable in human populations. While effect sizes of the identified common variants are small, there are examples of GWAS-identified loci of a small effect that end up leading to important biological insights.[58,59] Many of our findings suggest a role for sperm quality, which is one lead for

researchers to pursue. Since current sperm tests remain rudimentary, our findings could serve as a basis for 'good quality' sperm markers. We identified variants that are likely causal – both coding and regulatory – as well as a set of genes that likely underlie the associations we identified. Follow-up experiments in animal models are required to confirm and characterize the causal genes in these loci.

URLs

Analysis plan pre-deposited in the Open Science Framework website: https://osf.io/53tea/
Gene Network: http://129.125.135.180:8080/GeneNetwork/
Reprogen Website: http://www.reprogen.org/data_download.html
Sociogenome website: http://www.sociogenome.com
Social Science Genetic Association Website: http://thessgac.org

ACKNOWLEDGMENTS

For full acknowledgements, see **Supplementary Note**. Funding to lead this consortium was provided by grants awarded to M.C.Mills: ERC Consolidator Grant SOCIOGENOME (615603), Dutch Science Foundation (NWO, VIDI grant 452-10-012), UK ESRC/NCRM SOCGEN grant. M. den Hoed was supported by grants from the Swedish research Council (2015-03657) and the Swedish Heart-Lung Foundation (20140543). Research was carried out in collaboration with the Social Science Genetic Association Consortium (SSGAC), with funding from the US National Science Foundation (EAGER: 'Workshop for the Formation of a Social Science Genetic Association Consortium'), a supplementary grant from the National Institute of Health Office of Behavioral and Social Science Research, the Ragnar Söderberg Foundation (E9/11), the Swedish Research Council (421-2013-1061), the Jan Wallander and Tom Hedelius Foundation, an ERC Consolidator Grant (647648 EdGe), the Pershing Square Fund of the Foundations of Human Behavior, and the NIA/NIH through grants P01-AG005842, P01-AG005842-20S2, P30-AG012810, and T32-AG000186-23 to NBER and R01-AG042568-02 to the University of Southern California. X.Shen was supported by a grant from the Swedish Research Council (No. 537-2014-371). We thank Xueijie Ding for research assistance, Nicola Pirastu, Kevin Coward and Lawrence Layman for valuable comments and the University of Oxford Advanced Research Computing (ARC) facility: http://dx.doi.org/10.5281/zenodo.22558.

AUTHOR CONTRIBUTIONS

Senior investigators who led writing, analysis, study design M.C.M, H.S, M.d.H.; Senior investigators participated in study design: P.K., D.B., D.C., Junior investigator who contributed to the study design and management: N.B.; Population stratification: N.B. and F.C.T.; Genetic correlations and polygenic scores prediction: N.B.; Meta-analysis and quality control: N.B., R.dV., J.M., I.M.N.; Biological annotation: R.J., M.d.H., A.V.; Sex-specific genetic effects: F.T.; Bivariate and Conditional analysis

of the two fertility traits: X.S., J.F.W., D.I.C.; Gene-based analysis V.T., S.W.v.d.L. Authors not listed contributed to recruitment, genotyping, or data processing for the meta-analysis. Results can be downloaded from the SOCIOGENOME (http://www.sociogenome.com) and SSGAC website (http://www.thessgac.org/). Data come from multiple studies, most of which are subject to a MTA, and are listed in the Supplementary Information. Correspondence and requests for materials should be addressed to the corresponding authors or info@sociogenome.com.

COMPETING FINANCIAL INTERESTS

The authors declare no competing financial interests.

References

1. Elks, C. *et al.* Thirty new loci for age at menarche identified by a meta-analysis of genome-wide association studies. *Nat. Genet.* **42,** 1077–1085 (2010).
2. Perry, J. R. B. *et al.* Parent-of-origin-specific allelic associations among 106 genomic loci for age at menarche. *Nature* **514,** 92–97 (2014).
3. Rahmioglu, N. et al. Genetic variants underlying risk of endometriosis: insights from meta-analysis of eight genome-wide association and replication datasets. *Hum. Reprod. Update* **20,** 702–716 (2014).
4. Day, F. R. *et al.* Causal mechanisms and balancing selection inferred from genetic associations with polycystic ovary syndrome. *Nat. Commun.* **6,** 8464 (2015).
5. Mehta, D. *et al.* Evidence for genetic overlap between schizophrenia and age at first birth in women. *JAMA Psychiatry* (2016).
6. Mills, M. C. & Tropf, F. C. The Biodemography of Fertility: A Review and Future Research Frontiers. *Kolner Z. Soz. Sozpsychol.* **55,** 397–424 (2016).
7. Mills, M. C. *et al.* Why do people postpone parenthood? Reasons and social policy incentives. *Hum. Reprod. Update* **17,** 848–860 (2011).
8. Boivin, J., Bunting, L., Collins, J. A. & Nygren, K. G. International estimates of infertility prevalence and treatment-seeking: potential need and demand for infertility medical care. *Hum. Reprod.* **22,** 1506–12 (2007).
9. Mascarenhas, M. N., Flaxman, S. R., Boerma, T., Vanderpoel, S. & Stevens, G. A. National, regional, and global trends in infertility prevalence since 1990: a systematic analysis of 277 health surveys. *PLoS Med.* **9,** e1001356 (2012).
10. Venkatesh, T., Suresh, P.S., Tsutsumi, R. New insights into the genetic basis of infertility. *Appl Clin Genet* **1,** 235–43 (2014).
11. Day, F. R. *et al.* Physical and neurobehavioral determinants of reproductive onset and success. *Nat. Genet.* doi:10.1038/ng.3551 (2016). doi:10.1038/ng.3551
12. Balbo, N., Billari, F. C. & Mills, M. C. Fertility in Advanced Societies: A Review of Research. *Eur. J. Popul. / Rev. Eur. Démographie* **29,** 1–38 (2012).
13. Tropf, F. C. *et al.* Human Fertility, Molecular Genetics, and Natural Selection in Modern Societies. *PLoS One* **10,** e0126821 (2015).

14. Fisher, R. A. *The genetical theory of natural selection.* (Oxford University Press, 1930).

15. Price, A. L. *et al.* Principal components analysis corrects for stratification in genome-wide association studies. *Nat. Genet.* **38,** 904–909 (2006).

16. Van der Most, P. J. et al. QCGWAS: A flexible R package for automated quality control of genome-wide association results. *Bioinformatics* **30,** 1185–86 (2014).

17. Winkler, T. W. et al. Quality control and conduct of genome-wide association meta-analyses. *Nat. Protoc.* **9,** 1192–1212 (2014).

18. Lango Allen, H. *et al.* Hundreds of variants clustered in genomic loci and biological pathways affect human height. *Nature* **467,** 832–8 (2010).

19. Bulik-Sullivan, B. K. *et al.* LD Score regression distinguishes confounding from polygenicity in genome-wide association studies. *Nat. Genet.* (2015).

20. Wood, A. R. *et al.* Defining the role of common variation in the genomic and biological architecture of adult human height. *Nat. Genet.* **46,** 1173–1186 (2014).

21. Purcell, S. M. *et al.* Common polygenic variation contributes to risk of schizophrenia and bipolar disorder. *Nature* **460,** 748–752 (2009).

22. Liu, J. Z. *et al.* A versatile gene-based test for genome-wide association studies. *Am. J. Hum. Genet.* **87,** 139–45 (2010).

23. Mishra, A. & Macgregor, S. VEGAS2: Software for More Flexible Gene-Based Testing. *Twin Res. Hum. Genet.* 1–6 (2014). doi:10.1017/thg.2014.79

24. Vaez, A. *et al.* In Silico Post Genome-Wide Association Studies Analysis of C-Reactive Protein Loci Suggests an Important Role for Interferons. *Circ. Cardiovasc. Genet.* **8,** 487–497 (2015).

25. The ENCODE (ENCyclopedia Of DNA Elements) Project. *Science* **306,** 636–40 (2004).

26. Consortium, R. E. *et al.* Integrative analysis of 111 reference human epigenomes. *Nature* **518,** 317–330 (2015).

27. Boyle, A. P. *et al.* Annotation of functional variation in personal genomes using RegulomeDB. *Genome Res.* **22,** 1790–7 (2012).

28. Zhernakova, D. *et al. Hypothesis-free identification of modulators of genetic risk factors*. *bioRxiv* (Cold Spring Harbor Labs Journals, 2015).

29. Bonder, M. J. *et al. Disease variants alter transcription factor levels and methylation of their binding sites*. *bioRxiv* (Cold Spring Harbor Labs Journals, 2015). doi:10.1101/033084

30. Tranchevent, L. C. *et al.* ENDEAVOUR update: a web resource for gene prioritization in multiple species. *Nucleic Acids Res.* **36,** 377–384 (2008).

31. Pers, T. H., Dworzyński, P., Thomas, C. E., Lage, K. & Brunak, S. MetaRanker 2.0: a web server for prioritization of genetic variation data. *Nucleic Acids Res.* **41,** 104–108 (2013).

32. Chen, J., Bardes, E. E., Aronow, B. J. & Jegga, A. G. ToppGene Suite for gene list enrichment analysis and candidate gene prioritization. *Nucleic Acids Res.* **37,** 305–311 (2009).

33. Pers, T. H. *et al.* Biological interpretation of genome-wide association studies using predicted gene functions. *Nat. Commun.* **6,** 5890 (2015).

34. Euesden, J., Lewis, C. M. & O'Reilly, P. F. PRSice: Polygenic Risk Score software. *Bioinformatics* **31,** btu848-1468 (2014).

35. A. Okbay, J.P. Beauchamp, M.A. Fontana, J.J. Lee, T.H. Pers, C.A. Rietveld, P. Turley,..., P.M. Visscher, T. Esko, P.D. Koellinger, D. Cesarini, D. J. B. Genome-wide association study identifies 74 loci associated with educational attainment. *Nature*

36. Perry, J. R. B. *et al.* Parent-of-origin-specific allelic associations among 106 genomic loci for age at menarche. *Nature* **514,** 92–97 (2014).

37. Day, F. R. *et al.* Physical and neurobehavioral determinants of reproductive onset and success *Nat. Genet.* **48**, 617–23 (2016).

38. Willer, C. J. *et al.* Discovery and refinement of loci associated with lipid levels. *Nat. Genet.* **45,** 1274–83 (2013).

39. Locke, A. E. *et al.* Genetic studies of body mass index yield new insights for obesity biology. *Nature* **518,** 197–206 (2015).

40. Rietveld, C. A. *et al.* Common genetic variants associated with cognitive performance identified using the proxy-phenotype method. *Proc Natl Acad Sci US A* **111,** 13790–13794 (2014).

41. Bulik-Sullivan, B. K. & Al., E. An atlas of genetic correlations across human diseases and traits. *Nat. Genet.* **47,** 1236–41 (2015).

42. Day, Felix R., Katherine S Ruth, Deborah J Thompson, Kathryn L Lunetta, Natalia Pervjakova, Daniel I Chasman, Lisette Stolk, Hilary K Finucane, Patrick Sulem, Brendan Bulik-Sullivan, Tõnu Esko, Andrew D Johnson, Cathy E Elks, Nora Franceschini, Chunyan He, L. M. R. et al. Large-scale genomic analyses link reproductive aging to hypothalamic signaling, breast cancer susceptibility and BRCA1-mediated DNA repair. *Nat. Genet.* **47,** 1294–1303 (2015).

43. Perry, J., Corre, T. & Esko, T. A genome-wide association study of early menopause and the combined impact of identified variants. *Hum. Mol. Genet.* 1465–1472 (2013).

44. Fang, W.-L. *et al.* CREB coactivator CRTC2/TORC2 and its regulator calcineurin crucially mediate follicle-stimulating hormone and transforming growth factor β1 upregulation of steroidogenesis. *J. Cell. Physiol.* **227,** 2430–40 (2012).

45. Cao, G., Ni, X., Jiang, M., Ma, Y., Cheng, H., Guo, L., Ji, C., Xie, Y., Mao, Y. Molecular cloning and characterization of a novel human cAMP response element-binding (CREB) gene (CREB4). *J. Hum. Genet.* **47,** 373–6 (2002).

46. El-Alfy, M. *et al.* Stage-specific expression of the Atce1/Tisp40alpha isoform of CREB3L4 in mouse spermatids. *J. Androl.* **27,** 686–94

47. Adham, I. M. *et al.* Reduction of Spermatogenesis but Not Fertility in Creb3l4-Deficient Mice. *Mol. Cell. Biol.* **25,** 7657–7664 (2005).

48. McAllister, J. M. *et al.* Overexpression of a DENND1A isoform produces a polycystic ovary syndrome theca phenotype. *Proc. Natl. Acad. Sci. U. S. A.* **111,** E1519-27 (2014).

49. O'Bryan, M. K. *et al.* RBM5 is a male germ cell splicing factor and is required for spermatid differentiation and male fertility. *PLoS Genet.* **9,** e1003628 (2013).

50. Tsukamoto, S. *et al.* Functional analysis of lysosomes during mouse preimplantation embryo development. *J. Reprod. Dev.* **59,** 33–9 (2013).

51. Szucs, M., Osvath, P., Laczko, I. & Jakab, A. Adequacy of hyaluronan binding assay and a new fertility index derived from it for measuring of male fertility potential and the efficacy of supplement therapy. *Andrologia* **47,** 519–24 (2015).

52. Buensuceso, A. V *et al.* Ephrin-A5 is required for optimal fertility and a complete ovulatory response to gonadotropins in the female mouse. *Endocrinology* en20151216 (2015).

53. Jisa, E. & Jungbauer, A. Kinetic analysis of estrogen receptor homo- and heterodimerization in vitro. *J. Steroid Biochem. Mol. Biol.* **84,** 141–8 (2003).

54. O'Donnell, L., Robertson, K. M., Jones, M. E. & Simpson, E. R. Estrogen and

Spermatogenesis 1. *Endocr. Rev.* **22,** 289–318 (2001).

55. Ly-Huynh, J. D. *et al.* Importin alpha2-interacting proteins with nuclear roles during mammalian spermatogenesis. *Biol. Reprod.* **85,** 1191–202 (2011).

56. Varshney, G. K. *et al.* CRISPRz: a database of zebrafish validated sgRNAs. *Nucleic Acids Res.* **44,** D822-6 (2015).

57. Menken, J. Age and fertility: How late can you wait? *Demography* **22,** 469–483 (1985).

58. Manolio, T. A. *et al.* A HapMap harvest of insights into the genetics of common disease. *J. Clin. Invest.* **118,** 1590–1605 (2008).

59. Hindorff, L. A. *et al.* Potential etiologic and functional implications of genome-wide association loci for human diseases and traits. *Proc. Natl. Acad. Sci.* **106,** 9362–9367 (2009).

60. Fang, W.-L. *et al.* CREB coactivator CRTC2/TORC2 and its regulator calcineurin crucially mediate follicle-stimulating hormone and transforming growth factor β1 upregulation of steroidogenesis. *J. Cell. Physiol.* **227,** 2430–40 (2012).

61. Okkelman, I. A., Sukaeva, A. Z., Kirukhina, E. V, Korneenko, T. V & Pestov, N. B. Nuclear translocation of lysyl oxidase is promoted by interaction with transcription repressor p66β. *Cell Tissue Res.* **358,** 481–9 (2014).

62. Joshi, N. R. *et al.* Altered expression of microRNA-451 in eutopic endometrium of baboons (Papio anubis) with endometriosis. *Hum. Reprod.* **30,** 2881–91 (2015).

63. Franklin, R. B. *et al.* Human ZIP1 is a major zinc uptake transporter for the accumulation of zinc in prostate cells. *J. Inorg. Biochem.* **96,** 435–42 (2003).

64. Lisle, R. S., Anthony, K., Randall, M. A. & Diaz, F. J. Oocyte-cumulus cell interactions regulate free intracellular zinc in mouse oocytes. *Reproduction* **145,** 381–90 (2013).

65. Shan, B. *et al.* Association of DENND1A gene polymorphisms with polycystic ovary syndrome: a meta-analysis. *J. Clin. Res. Pediatr. Endocrinol.* (2015).

66. McAllister, J. M. *et al.* Overexpression of a DENND1A isoform produces a polycystic ovary syndrome theca phenotype. *Proc. Natl. Acad. Sci. U. S. A.* **111,** E1519-27 (2014).

67. Impera, L. *et al.* A novel fusion 5'AFF3/3'BCL2 originated from a t(2;18)(q11.2;q21.33) translocation in follicular lymphoma. *Oncogene* **27,** 6187–90 (2008).

68. Urano, A. *et al.* Infertility with defective spermiogenesis in mice lacking AF5q31, the target of chromosomal translocation in human infant leukemia. *Mol. Cell. Biol.* **25,** 6834–45 (2005).

69. Reese, K. L. *et al.* Acidic hyaluronidase activity is present in mouse sperm and is reduced in the absence of SPAM1: evidence for a role for hyaluronidase 3 in mouse and human sperm. *Mol. Reprod. Dev.* **77,** 759–72 (2010).

70. Heath, E., Sablitzky, F. & Morgan, G. T. Subnuclear targeting of the RNA-binding motif protein RBM6 to splicing speckles and nascent transcripts. *Chromosome Res.* **18,** 851–72 (2010).

71. Kamura, T. *et al.* Cytoplasmic ubiquitin ligase KPC regulates proteolysis of p27(Kip1) at G1 phase. *Nat. Cell Biol.* **6,** 1229–35 (2004).

72. Kato, J. Y., Matsuoka, M., Polyak, K., Massagué, J. & Sherr, C. J. Cyclic AMP-induced G1 phase arrest mediated by an inhibitor (p27Kip1) of cyclin-dependent kinase 4 activation. *Cell* **79,** 487–96 (1994).

73. O'Bryan, Moira K, Clark, B.J., McLaughlin, E.A., D'Sylva, R.J., O'Donnell, L., Wilce, J.A., Sutherland, J., O'Connor, A.E., Whittle, B., Goodnow, C.C., Ormandy, C.J., Jamsai, D. RBM5 Is a Male Germ Cell Splicing Factor and Is Required for Spermatid Differentiation and Male Fertility. *PLoS Genet.* **9,** e1003628 (2013).

74. Bagley, D. C., Paradkar, P. N., Kaplan, J. & Ward, D. M. Mon1a protein acts in trafficking through the secretory apparatus. *J. Biol. Chem.* **287,** 25577–88 (2012).

75. Sakamoto, O. *et al.* Role of macrophage-stimulating protein and its receptor, RON tyrosine kinase, in ciliary motility. *J. Clin. Invest.* **99,** 701–9 (1997).

76. Buensuceso, A. V *et al.* Ephrin-A5 is required for optimal fertility and a complete ovulatory response to gonadotropins in the female mouse. *Endocrinology* en20151216 (2015). doi:10.1210/en.2015-1216

77. Zhang, C. *et al.* Molecular mechanisms that drive estradiol-dependent burst firing of Kiss1 neurons in the rostral periventricular preoptic area. *Am. J. Physiol. Endocrinol. Metab.* **305,** E1384-97 (2013).

78. Ponglikitmongkol, M., Green, S. & Chambon, P. Genomic organization of the human oestrogen receptor gene. *EMBO J.* **7,** 3385–8 (1988).

79. de Mattos, C. S. *et al.* ESR1 and ESR2 gene polymorphisms are associated with human reproduction outcomes in Brazilian women. *J. Ovarian Res.* **7,** 114 (2014).

80. Lamp, M. *et al.* Polymorphisms in ESR1, ESR2 and HSD17B1 genes are associated with fertility status in endometriosis. *Gynecol. Endocrinol.* **27,** 425–33 (2011).

81. O'Donnell, L., Robertson, K. M., Jones, M. E. & Simpson, E. R. Estrogen and spermatogenesis. *Endocr. Rev.* **22,** 289–318 (2001).

82. Chiu, Y.-C. *et al.* Foxp2 regulates neuronal differentiation and neuronal subtype specification. *Dev. Neurobiol.* **74,** 723–38 (2014).

83. Alves, M. G. *et al.* Metabolic fingerprints in testicular biopsies from type 1 diabetic patients. *Cell Tissue Res.* **362,** 431–40 (2015).

84. Mojiminiyi, O. A., Safar, F. H., Al Rumaih, H. & Diejomaoh, M. Variations in alanine aminotransferase levels within the normal range predict metabolic and androgenic phenotypes in women of reproductive age. *Scand. J. Clin. Lab. Invest.* **70,** 554–60 (2010).

85. Van Maldergem, L. *Baller-Gerold Syndrome*. *GeneReviews(®)* (1993).

86. Ruan, Y., Cheng, M., Ou, Y., Oko, R. & van der Hoorn, F. A. Ornithine decarboxylase antizyme Oaz3 modulates protein phosphatase activity. *J. Biol. Chem.* **286,** 29417–27 (2011).

Figure 1. Manhattan plots of SNPs for AFB (age at first birth) and NEB (number of children ever born) in single genomic control meta-analysis. SNPs are plotted on the x-axis according to their position on each chromosome against association with AFB (panel a) and NEB (panel b). The solid blue line indicates the threshold for genome-wide significance ($P<5x10^{-08}$) and the red line, the threshold for suggestive hits ($P<5x10^{-06}$). Blue points indicate SNPs in a ±100 KB region around genome-wide significant hits. Gene labels are annotated as the nearby genes to the significant SNPs.

Figure 2. Quantile-quantile plots of SNPs for AFB (panel a) and NEB (panel b) in single genomic control, meta-analysis. The grey shaded areas in the Q-Q plots represent the 95% confidence bands around the *P*-values under the null hypothesis.

Figure 3. Genetic overlap between AFB and NEB and other related traits. Results from Linkage-Disequilibrium (LD) Score regressions: estimates of genetic correlation with developmental, reproductive, behavioral, neuropsychiatric and anthropometric phenotypes for which GWAS summary statistics were available in the public domain. The length of the bars indicates the estimates of genetic correlation. Grey error bars indicate 95% confidence intervals. The mark "*" indicates that the estimate of genetic correlation is statistically significant after controlling for multiple testing ($P<0.05/27=1.85x10^{-3}$).

Table 1. GWAS meta-analysis results for independent loci that are genome-wide significantly ($P<5.0x10^{-8}$) associated with AFB or NEB in either the combined or sex-specific meta-analysis.

SNP	Chr	Position (bp)	Nearest Genes	Annotation	Effect Allele / Other Allele	EAF	Beta	*P* value	N (pooled)	Beta (men)	*P* value (men)	Beta (women)	*P* value (women)
Age at first birth (AFB)													
rs10908557	1	153927052	*CRTC2*	N, R, ctQ, ctM	C/G	0.695	0.091	**5.59E-10**	249,025	0.185	2.98E-07	0.076	5.38E-06
rs1160544	2	100832218	*LINC01104*	R, cQ, cM	A/C	0.395	-0.082	**2.90E-09**	250,330	-0.042	2.12E-01	-0.092	**5.00E-09**
rs2777888	3	49898000	*CAMKV*	N, R, ctQ, ctM	A/G	0.507	0.106	**4.58E-15**	250,941	0.155	2.40E-06	0.095	**6.07E-10**
rs6885307	5	45094503	*MRPS30, HCN1*	R, ctQ, cM	A/C	0.799	-0.107	**2.32E-10**	248,999	-0.131	2.07E-03	-0.104	**3.90E-08**
rs10056247	5	133898136	*JADE2*	cQ, cM	T/C	0.289	0.082	**4.37E-08**	249,429	0.050	1.68E-01	0.089	1.28E-07
rs2347867	6	152229850	*ESR1*	cM	A/G	0.649	0.091	**1.38E-10**	248,039	0.098	4.69E-03	0.097	**1.80E-09**
rs10953766	7	114313218	*FOXP2*	cM	A/G	0.429	0.087	**1.82E-10**	248,039	0.106	1.31E-03	0.089	**8.41E-09**
rs2721195	8	145677011	*CYHR1*	R, cQ, ctM	T/C	0.469	-0.073	6.25E-07	250,493	-0.014	6.85E-01	-0.099	**6.13E-09**
rs293566	20	31097877	*NOL4L*	cQ, cM	T/C	0.650	0.081	**1.41E-08**	245,995	0.110	1.47E-03	0.079	1.31E-06
rs242997	22	34503059	*LARGE1, ISX*		A/G	0.613	-0.084	**3.38E-09**	238,002	-0.139	8.51E-05	-0.076	1.82E-06
Number of children ever born (NEB)													
rs10908474	1	153753725	*SLC27A3, GATAD2B*		A/C	0.384	0.020	**2.08E-08**	342,340	0.021	8.10E-04	0.020	7.89E-06
rs13161115	5	107050002	*EFNA5, FBXL17*	cM	C/G	0.234	-0.041	1.34E-02	341,737	-0.041	**1.37E-08**	0.005	3.29E-01
rs2415984	14	46873776	*LINC00871*	cM	A/G	0.470	-0.020	**2.34E-08**	315,167	-0.029	2.41E-06	-0.016	3.71E-04

Note: The rows in bold are the independent signals reaching $P<5\times10^{-8}$ in the meta-analysis. Annotation shows for each of the 12 independent lead SNPs (i.e., excluding rs10908474 on Chr 1) whether it is (i) in strong LD ($r^2>0.8$) with a non-synonymous variant (N) or one or more variants prioritized by RegulomeDB (R) with evidence of having functional consequences (defined as a score <4); (ii) associated with an eQTL in *cis* and/or *trans* (ctQ); (iii) associated with an meQTL in *cis* and/or *trans* (ctM). "EAF" refers to effect allele frequency of the pooled meta-analysis. "Beta" refers to the effect size in the AFB and NEB analyses. All *P* values are from the fixed effects, sample-size–weighted meta-analysis.

Table 2. Function and potential relevance for genes in GWAS-identified loci that are most likely causal based on all available evidence.

Lead SNP	*Gene*	Chr	Evidence	Gene function and potential role in reproduction and (in)fertility	Reference
rs10908557	*CRTC2*	1	G, V, ctQ, ctM, Q lymph. (R)	Functions as a Ca^{2+} and cAMP-sensitive coincidence sensor; Promotes CREB target genes expression; Is a signal mediator in FSH and TGFβ1-steroidogenesis in ovarian granulosa cells.	60
rs10908557	*CREB3L4*	1	N, V, cQ, cM	Plays a role in protein maturation; Involved in spermatid differentiation and male germ cell development; Expressed in prostate, oocytes, fallopian tubes, mammary glands.	46,47
rs10908557	*GATAD2B*	1	V, Q monoc. (R)	Transcriptional repressor and a component of nucleosome remodelling complex Mi2/NuRD. Increased expression in endometriosis; a common gynaecological disorder that causes pelvic pain and infertility.	61, 62
rs10908557	*SLC39A1*	1	V, cQ, cM	Zinc uptake transporter; Major zinc regulator in prostate cells; Involved in the regulation of zinc homeostasis by cumulus cells in the oocyte**.**	63, 64
rs10908557	*DENND4B*	1	cM	A paralogue of *DENN1A*, which has been implicated in polycystic ovary syndrome; Expressed at the protein level in the cervix.	65, 66
rs1160544	*AFF3*	2	cQ, cM	A lymphoid nuclear transcriptional activator gene and implicated in tumor genesis; Same family as *AFF3*, *AFF4* (*FMR2* family member 4); Transcriptional regulator in testicular somatic cells; Essential for male germ cell differentiation and survival in mice.	67, 68
rs1160544	*LINC01104*	2	G, V	Unknown.	
rs2777888	*HYAL3*	3	cM, Q monoc. (R)	Hyaluronidases including HYAL3 are involved in degradation of hyaluronan, a major glycosaminoglycan of the extracellular matrix; Acquired during sperm maturation in the epididymis and involved in sperm function and the acrosome reaction; Required for *in vitro* cumulus penetration in mice, although, its absence is not associated with infertility (perhaps compensated for by other Hyaluronidases).	69
rs2777888	*RBM6*	3	V, cQ, cM, DEPICT, Q monoc. (R)	Involved in RNA splicing.	70
rs2777888	*RNF123*	3	V, cQ, cM, Q liver (R)	Plays a role in cellular transitioning from the quiescence to proliferative state by its E3- ubiquitin ligase activity towards cyclin-dependent kinase inhibitor 1B, which controls the cell cycle	70–72

				progression at G1 phase.	
rs2777888	*RBM5*	3	V, cQ	Involved in cell cycle regulation; Is a regulator of precursor messenger RNA splicing; Involved in spermatogenesis and fertility in mice.	73
rs2777888	*MON1A*	3	V, cM, DEPICT	Involved in the movement and trafficking of proteins (e.g. ferroportin) through the secretory apparatus.	74
rs2777888	*U73166.2*	3	DEPICT	Unknown.	
rs2777888	*MST1R*	3	N, V, cM, MetaRanker, ToppGene and Endeavour	A cell-surface receptor for MSP with tyrosine kinase activity, expressed on the ciliated epithelia of the mucociliary transport apparatus of the lung: Involved in host defence, expressed in sperm. May act as a regulatory system of ciliary motility – together with MSP – which sweeps eggs along the oviduct; Expressed in mucous membrane, mammary glands.	75
rs10056247	*JADE2*	5	G, V, cM,	Involved in histone acetylation.	
rs13161115	*EFNA5*	5	cM	Involved in development and differentiation of the nervous system and folliculogenesis regulation; Required for normal fertility in female mice; Expressed in embryonic stem cells, embryoid bodies.	76
rs6885307	*HCN1*	5	G, cM	Hyperpolarization-activated cation channel that contributes to the native pacemaker current in e.g. neurons; HCN1 channels are present in Kisspeptin (Kiss1) neurons in the rostral periventricular area of the third ventricle (RP3V), which provide an excitatory drive to gonadotropin-releasing hormone (GnRH) expressing neurons that control fertility.	77
rs2347867	*ESR1*	6	G, cM, binds at rs4851269 on Chr2 (R)	Transcription factor involved in estrogen-responsive gene expression. Essential for sexual development and reproductive function in women; Genetic variants in *ESR1* may influence susceptibility to endometriosis or female fertility in endometriosis patients; Involved in male fertility by transferring estrogen effect; Expressed in myometrium, endometrium, oocytes, uterus, fallopian tubes.	53,78–81
rs10953766	*FOXP2*	7	G, cM, binds at rs6997 on Chr 3 (R)	Transcription factor expressed in fetal and adult brain that is involved in speech and language development; Involved in regulation of neuronal development in the embryonic forebrain. Expressed in mucous membrane, myometrium.	82
rs2721195	*CYHR1*	8	cQ, cM	A histidine-cysteine rich protein involved in spermatogenesis.	55
rs2721195	*GPT*	8	V, cQ, cM, Q monoc. (R)	Involved in intermediary metabolism of glucose and amino acids; May play a role in spermatogenesis via testicular glucose metabolism, which is pivotal for the normal occurrence of spermatogenesis; Levels in the normal range are positively associated with metabolic and endocrine abnormalities in women of reproductive age and negatively with FSH levels, independently of obesity.	83,84
rs2721195	*RECQL4*	8	V, cQ, cM	Processing of aberrant DNA structures that arise during DNA replication and repair.; Predominantly expressed in testis.	85

rs2721195	*PPP1R16A*	8	V, cQ, cM, Q monoc. (R)	Regulator of protein phosphatase PP1β;Present in the sperm tail where it interacts with proteins that are important in sperm structure and motility;Expressed in mammary glands, fallopian tubes.	86
rs293566	*NOL4L*	20	cQ, cM	A component of cytoplasm and nucleoplasm;Expressed in Umbilical Veins.	

Evidence categories include: nearest gene (G), non-synonymous variant (N), gene-based GWAS performed in VEGAS (V), eQTL in *cis* and/or *trans* (ctQ), meQTL in *cis* and/or *trans* (ctM), eQTL (Q) in lymphoblasts (lymph), monocytes (monoc) or liver based on RegulomeDB (R), gene prioritization using either DEPICT or MetaRanker, ToppGene and Endeavour, protein binding at SNP based on RegulomeDB (R).

Chr= Human chromosome on which the gene is located.

FSH= Follicle-stimulating hormone; **CREB**=cAMP response element-binding protein; **TGFβ1**= Transforming growth factor β1; **MSP** = Macrophage stimulating protein

SNIPPER was used for the literature search, using the search terms "fertility", "sperm", "ovum" and "reproduction".

Gene Network was used for finding the tissue/organ with high expression of a given gene (AUC >0.8).

ONLINE METHODS

GWAS of reproductive behavior study design in brief

Genome-wide association analyses of age at first birth (AFB) and number of children ever born (NEB) were performed at the cohort level according to a pre-specified analysis plan (see Supplementary Note). Cohorts uploaded results imputed using the HapMap 2 CEU (r22.b36) or 1000G reference sample. Cohorts were asked to only include participants of European ancestry, with no missing values on all relevant covariates (sex, birth year, and cohort specific covariates), who were successfully genotyped genome-wide, and passed cohort-specific quality controls. We followed the QC protocol of the GIANT consortium's recent study of human height[87] and employed QCGWAS[88] and EasyQC[89] software, which allowed us to harmonize the files and identify possible sources of errors in association results.

Cohort association results (after applying the QC filters) were combined using sample-size weighted meta-analysis with genomic control (GC) correction within each study, implemented in METAL.[90] SNPs were considered genome-wide significant at *P*-values smaller than 5×10^{-08} (α of 5%, Bonferroni-corrected for a million tests). The meta-analyses were carried out by two independent analysts. Detailed results of each genome-wide significant locus are shown in in Supplementary Figures 4-29.

The total sample size of the meta-analysis is *N*=251,151 for AFB pooled and *N*=343,072 for NEB pooled. The PLINK clumping function[91] was used to identify the most significant SNPs in associated regions (termed "lead SNPs"). Detailed cohort descriptions, information about cohort-level genotyping and imputation procedures, cohort-level measures, and quality control filters are shown in Supplementary Tables 26, 27 and discussed in the Supplementary Note.

Dominant genetic variation in fertility

We applied a method recently developed by Zhu and colleagues[92] to estimate dominant genetic effects based on the genetic relatedness of unrelated individuals. Our results based on the combined samples of TwinsUK and Lifelines show no evidence for dominant genetic effects for either NEB ($1.0\text{x}10^{-07}$, SE=0.07, *P*=0.45) nor AFB (0.02, SE=0.08, *P*=0.43. Results are shown in Supplementary Table 28 and discussed in the Supplementary Note.

Bivariate and conditional analysis

As joint analysis of correlated traits may boost power for mapping functional loci, we applied a recently developed multi-trait analysis method[93] to test the association between each variant and the two correlated traits AFB and NEB simultaneously using multivariate analysis of variance (MANOVA) (see Supplementary Note and Supplementary Table 29). The analysis was performed based on the genome-wide meta-analysis summary statistics of each single trait. Although it did not reveal additional genome-wide significant loci (λ=0.995), it accounted for the correlation between the two phenotypes, thus improving the strength of two signals on chromosomes 1 and 5, indicating possible pleiotropic architecture between AFB and NEB (Supplementary Figure 30). The analysis also provided a conditional association

test of the genetic effect of each variant on AFB including NEB as a covariate, and on NEB including AFB as a covariate (Supplementary Figure 31)

Population stratification

We used two methods to assess whether our GWAS results exhibited signs of population stratification (see Supplementary Note). First, we used the LD Score intercept method described in Bulik-Sullivan *et al*.[94] to test whether inflation in chi-square statistics was due to confounding biases such as cryptic relatedness and population stratification. In all six cases, the intercept estimates were not significantly different from 1, suggesting no appreciable inflation of the test statistics attributable to population stratification. Second, we conducted a series of individual and within-family (WF) regressions using polygenic scores (PGS) as predictors[95–97] on a dataset of DZ twins (STR and TwinsUK). The regression analyses showed that WF regression coefficients for both AFB and NEB were statistically different from zero when the *P*-value threshold was sufficiently high (Supplementary Tables 30, 31 and Supplementary Figures 32, 33).

Sex-specific effects

In addition to the pooled GWAS results presented in the main text, we also ran sex-specific GWAS meta-analyses for AFB and NEB (see Supplementary Note). The sample size for sex-specific analysis was: AFB women, *N*=189,656; AFB men, *N*=48,408; NEB women *N*=225,230; NEB men *N*=103,909. Our results indicated 6 genome-wide significant ($P<5x10^{-08}$) independent SNPs for AFB women and 1 genome-wide significant independent SNP for NEB men (Supplementary Table 32 and Supplementary Figures 34, 35). We also used LD score bivariate regression and GREML bivariate analysis to estimate the genetic correlation among men and women based on the sex-specific summary statistics of AFB and NEB meta-analysis results. Our estimates based on LD bivariate regression indicated a genetic correlation of r_g=0.86 (SE=0.052) among the sexes for AFB and r_g=0.97 (SE=0.095) for NEB. Results are shown in Supplementary Tables 33, 34 and discussed in the Supplementary Note.

Polygenic score prediction

We performed out-of-sample prediction and calculated polygenic scores for AFB and NEB, based on GWA meta-analysis results and used regression models to predict the same phenotypes in four independent cohorts: HRS, Lifelines, STR and TwinsUK (see Supplementary Note and Supplementary Figure 2). We ran ordinary least-squares (OLS) regression models and reported the R^2 as a measure of goodness-of-fit of the model. In addition, we tested how well our polygenic scores for NEB could predict childlessness at the end of the reproductive period (using age 45 for women and 55 for men), Supplementary Table 21. Since age at first birth is observed only in parous women, we adopted an additional statistical model to account for censoring (Cox Proportional hazard model, Supplementary Table 22) and selection (Heckman selection model, Supplementary Table 35). We additionally tested the predictive value of our polygenic scores for AFB for age at menarche (using TwinsUK) and age at menopause (using Lifelines), Supplementary Table 23. Finally,

we examined whether menopause variants are associated with AFB. We calculated a PGS of age at menopause based on the recent GWAS results from Day et al. (2015)[98] and applied them to LifeLines and TwinsUK (Supplementary Table 36).

Genetic correlations

We used information from 27 publicly-available GWAS results to estimate the amount of genetic correlations between AFB and NEB and related traits (Supplementary Table 25 and Figure 3 in the main text) using LD score bivariate regression (see Supplementary Note). Details on these phenotypes are provided in the Supplementary Note. A conservative Bonferroni-corrected *P*-value threshold of $P<1.85\times10^{-03}$ (=0.05/27) was used to define significant associations. We also tested the correlation between NEB and AFB using a bivariate GREML analysis on the Women's General Health Study (WGHS, *N*=40,621).

Lookups and proxy phenotype

Following the results on genetic overlap with other phenotypes we tested – in a quasi-phenotype replication setting – whether the SNPs strongly associated with AFB in women were empirically plausible candidate SNPs for age at menarche and age at menopause (see Supplementary Note). We used a two-stage approach applied in other contexts.[99,100] In the first stage, we conducted a meta-analysis of AFB excluding the cohorts that were part of the meta-analysis of the phenotype we intended to replicate. We merged the SNPs from this meta-analysis with the publically available association results of the most recent GWAS on age at menarche[2] and age at menopause[101] from the Reprogen consortium website.[1] SNPs that were not present in both files were dropped from the analysis. We aligned the alleles and the direction of effects using the EasyStrata software.[102] We then selected the independent SNPs with a *P*-value$<1x10^{-05}$, using the clump procedure in PLINK[91], (1000Kb window and LD threshold of $R^2>0.1$) to identify the most significant SNPs in associated regions included in both files. We defined "prioritized SNP associations" as those that passed the Bonferroni correction for the number of SNPs tested ($0.05/122=4.10x10^{-04}$, both in age at menarche and age at menopause). Our results identified three SNPs after Bonferroni-correction that can be used as good candidates for age at menarche. We did not isolate any clear "candidate SNP" for age at menopause (Supplementary Figure 36).

Gene-based GWAS analysis

We performed gene-based testing with the full GWAS set (~2.5M HapMap-imputed SNPs) of both phenotypes using VEGAS (see Supplementary Note and Supplementary Tables 3,4).[23,103] This software has the advantage of accounting for LD structure and the possibility to define a range beyond the gene bounds to include intergenic regions in the analysis. We defined a 50kb extra window surrounding the genes and considered every SNP for the gene-based analysis, ran the analyses per chromosome with up to 10^{06} permutations and considered $P<2.5x10^{-06}$ as the threshold for significance (0.05/~20.000 genes).

[1] Data downloaded in November 2015

eQTL and meQTL analysis

For each of the 12 SNPs identified in the GWAS, local (*cis*, exons/methylation sites < 1 MB from the SNP) and genome-wide (*trans*, exons/methylation sites > 5 MB from the SNP) effects were identified by computing Spearman rank correlations between SNPs and local or global exons/methylation sites (see Supplementary Note). Bonferroni multiple testing correction was performed for the 12 SNPs tested ($P<2.5x10^{-06}$ for *cis* meQTL analysis, $P<1x10^{-08}$ for *trans* meQTL analysis, $P<1.2\ x10^{-06}$ for *cis* eQTL analysis, $P<1.3x10^{-08}$ for *trans* eQTL analysis). For each of the significant associations, the exons/methylation sites were selected, the strongest eQTLs were identified for these exons/methylation sites, and LD between the strongest eQTLs and the corresponding SNP identified in the GWAS were computed. LD was computed using BIOS genotypes (the genotypes used for eQTL and meQTL mapping).

Functional variant analysis using RegulomeDB

We used RegulomeDB[27] to identify variants amongst the 322 SNPs that reached $P<5x10^{-08}$ for association with AFB and/or NEB in the meta-analysis of GWAS that likely influenced regulation of gene expression (see Supplementary Note). RegulomeDB integrates results from RoadMap Epigenomics[26] and the ENCODE project.[104] SNPs showing the most evidence of being functional – defined as a RegulomeDB score <4 – were subsequently examined in more detail in terms of effects on gene expression (eQTLs) and their protein-binding capacity (Supplementary Table 6).

Gene prioritization

Potentially causal genes for the associations identified by GWAS were identified using four previously described bioinformatics tools: ToppGene[4], Endeavour[5], MetaRanker[6], and DEPICT[7]. To this end, we first retrieved positional coordinates for all lead SNPs according to GRCh37/hg19 using Ensembl's BioMart. These coordinates were used to extract all genes located within ±40kb of lead SNPs using the UCSC table browser. The identified genes then served as input for ToppGene and Endeavour. Genes with established roles in fertility served as training genes in this procedure, i.e. *BRCA1*, *EGFR*, *ERBB2-4*, *HSD17B1*, *RBM5*, *ESR1*, *ESR2* and *FSHB*. For MetaRanker we provided SNPs that reached $P<5x10^{-04}$ and their chromosomal position as input, together with the previously mentioned set of training genes. Since ToppGene, Endeavour and MetaRanker are biased towards larger and well-described genes, we also performed a gene prioritization procedure using DEPICT.[7] All SNPs that reached $P<5x10^{-04}$ in the meta-analysis served as input, and information on prioritized genes, gene set enrichment, and tissue/cell type enrichment were extracted. Genes were subsequently prioritized that: 1) reached $P<0.05$ in DEPICT; or 2) reached $P<0.05$ in ToppGene, Endeavour and MetaRanker (Supplementary Table 37).

Functional network and enrichment analysis

DEPICT was used to identify gene set, cell type and tissue enrichment analyses, using the GWAS-identified SNPs with $P<5x10^{-04}$ as input (see Supplementary Note). Due to the relatively small number of identified loci, DEPICT was only able to perform these analyses

for AFB and NEB pooled, and AFB women. To construct a functional association network, we combined five prioritized candidate gene sets into a single query gene set which was then used as input for the functional network analysis.[24] We applied the GeneMANIA algorithm together with its large set of accompanying functional association data.[105] We used the Cytoscape software platform,[106] extended by the GeneMANIA plugin (Data Version: 8/12/2014, accessed April 24, 2016).[107] All the genes in the composite network, either from the query or the resulting gene sets, were then used for functional enrichment analysis against Gene Ontology terms (GO terms)[108] to identify the most relevant GO terms using the same plugin.[107]

Gene-environment interactions

Previous research based on twin studies shows differential heritability of fertility behavior across birth cohorts.[109,110] We used the Swedish Twin Register (STR) to examine whether the effect of a polygenic score (PGS) of AFB and NEB varies across birth cohort. We followed the analysis presented in the recent GWAS of education[111] and divide the sample into six groups based on their year of birth. Each group spans five birth years, with the oldest ranging from 1929-1933 and the youngest born between 1954-1958. Supplementary Table 38 reports the estimated coefficient from these regressions. The results indicate a U-shaped trend in AFB and a linear decline in NEB, but do not provide any clear evidence of interaction effects between the PGS's and birth cohort. We additionally tested the interaction effects between educational level and the PGS of AFB and NEB in three different samples (LifeLines, STR and HRS). Supplementary Table 39 reports the estimated coefficient from these regressions. The results indicate that years of education are positively associated with AFB in both LifeLines and STR, and negatively associated with NEB in the HRS. With the exception of NEB in the HRS, we found no evidence of GxE effects with education.

Robustness checks

To estimate the robustness of our results for AFB, we conducted two additional analyses. First, we estimated how the coefficients change if we control for Educational Attainment (EA). Using data from deCODE, we ran an additional association analysis using the 10 loci that were genome-wide significant in the meta-analysis ($P<5x10^{-08}$). The analysis has been restricted to individuals born between 1910 and 1975, who also had data available on completed education. The total sample size is 42,187 (17,996 males and 24,191 females). The analysis is adjusted for sex, year of birth (linear, squared and cubic), interaction between sex and year of birth and the first 10 PCAs. Education is measured by years of education, ranging between 10 and 20 years. Supplementary Table 40 reports the association results before and after adjusting for educational attainment. Our analysis shows that the effect sizes shrink after including educational attainment as a covariate, with an average reduction of around 15%. We also estimated the effect of a polygenic risk score of AFB calculated from meta-analysis data excluding the deCODE cohort. The polygenic score remains highly significant. The effect of 1SD of the AFB score decreases from 0.19 years (69 days) without controlling for education to 0.16 years (59 days) when we control for years of education. Second, we estimated how the coefficients change after controlling for Education Attainment (EA) and

Age at First Sex using the UKBiobank (*N*=50,954). We ran two association models: the first follows the GWAS analysis plan with no additional covariates and the second added years of education and age at first sexual intercourse as covariates. The results are presented in Supplementary Table 41 and Supplementary Figure 37. Our analysis shows that the effect sizes of our top hits are highly concordant (R^2=0.94). The inclusion of EA and AFS as covariates weakens the effect sizes on average by 40% and increases the *P*-value of the estimated coefficients. Overall, we interpret this additional analysis as a robustness test that confirm that the top hits from our meta-analysis are robust to the inclusion of the confounding factors of EA and AFS.

Positive selection

We performed a Haploplotter analysis[112] to examine if lead SNPs and/or functional variants identified using RegulomeDB show evidence of positive selection. Three variants showed standardized integrated haplotype scores <-2 or >2, indicating that these variants represent the top 5% of signals in the population. These SNPs are: 1) rs7628058 on chromosome 3 for AFB, an eQTLs for *RBM6* in monocytes; 2) rs2247510 on chromosome 3 for AFB, an eQTL for *RBM6* and *HYAL3* in monocytes and binding site for a range of transcription factors; 3) rs2415984, the lead SNP in the chromosome 14 locus for NEB. Results are presented in Supplementary Table 42.

Methods-only references

87. Wood, A. R. *et al.* Defining the role of common variation in the genomic and biological architecture of adult human height. *Nat. Genet.* **46,** 1173–1186 (2014).
88. van der Most, P. J. *et al.* QCGWAS: A flexible R package for automated quality control of genome-wide association results. *Bioinformatics* **30,** 1185–1186 (2014).
89. Winkler, T. W. *et al.* Quality control and conduct of genome-wide association meta-analyses. *Nat. Protoc.* **9,** 1192–1212 (2014).
90. Willer, C. J., Li, Y. & Abecasis, G. R. METAL: Fast and efficient meta-analysis of genomewide association scans. *Bioinformatics* **26,** 2190–2191 (2010).
91. Purcell, S. *et al.* PLINK: a tool set for whole-genome association and population-based linkage analyses. *Am. J. Hum. Genet.* **81,** 559–575 (2007).
92. Zhu, Z. *et al.* Dominance genetic variation contributes little to the missing heritability for human complex traits. *Am. J. Hum. Genet.* **96,** 377–385. (2015).
93. Shen, X. *et al. Simple multi-trait analysis identifies novel loci associated with growth and obesity measures*. *bioRxiv* (Cold Spring Harbor Labs Journals, 2015).
94. Bulik-Sullivan, B. K. et al. LD Score regression distinguishes confounding from polygenicity in genome-wide association studies. *Nat. Genet.* **47,** 291–295 (2015).
95. Wood, A. R. et al. Defining the role of common variation in the genomic and biological architecture of adult human height. *Nat. Genet.* (2014).
96. Purcell, S. M. et al. Common polygenic variation contributes to risk of schizophrenia and bipolar disorder. *Nature* 748–752 (2009).
97. Rietveld, C. A. *et al.* Common genetic variants associated with cognitive performance identified using the proxy-phenotype method. *Proc. Natl. Acad. Sci.* **111,** 13790–13794 (2014).
98. Day, F., Ruth, K. & Thompson, D. Large-scale genomic analyses link reproductive

aging to hypothalamic signaling, breast cancer susceptibility and BRCA1-mediated DNA repair. *Nat. Genet.* **47,** 1294–1303 (2015).
99. Rietveld, C. A. *et al.* Common genetic variants associated with cognitive performance identified using the proxy-phenotype method. *Proc Natl Acad Sci US A* **111,** 13790–13794 (2014).
100. Okbay, A. *et al.* Genetic variants associated with subjective well-being, depressive symptoms, and neuroticism identified through genome-wide analyses. *Nat. Genet.* **48**, 624–633 (2016).
101. Day, F. R. *et al.* Large-scale genomic analyses link reproductive aging to hypothalamic signaling, breast cancer susceptibility and BRCA1-mediated DNA repair. *Nat. Genet.* **47,** 1294–1303 (2015).
102. Winkler, T. W. *et al.* EasyStrata: evaluation and visualization of stratified genome-wide association meta-analysis data. *Bioinformatics* **31,** 259–261 (2014).
103. Liu, J. Z. *et al.* A versatile gene-based test for genome-wide association studies. *Am. J. Hum. Genet.* **87,** 139–45 (2010).
104. Encode Consortium. An integrated encyclopedia of DNA elements in the human genome. *Nature* **489,** 57–74 (2013).
105. Mostafavi, S., Ray, D., Warde-Farley, D., Grouios, C. & Morris, Q. GeneMANIA: a real-time multiple association network integration algorithm for predicting gene function. *Genome Biol.* **9,** S4 (2008).
106. Saito, R. *et al.* A travel guide to Cytoscape plugins. *Nat. Methods* **9,** 1069–1076 (2012).
107. Montojo, J. *et al.* GeneMANIA Cytoscape plugin: fast gene function predictions on the desktop. *Bioinformatics* **26,** 2927–2928 (2010).
108. Ashburner, M. *et al.* Gene Ontology: tool for the unification of biology. *Nat. Genet.* **25,** 25–29 (2000).
109. Kohler, H.-P., Rodgers, J. L. & Christensen, K. Is Fertility Behavior in Our Genes? Findings from a Danish Twin Study. *Popul. Dev. Rev.* **25,** 253–288 (1999).
110. Tropf, F. C., Barban, N., Mills, M. C., Snieder, H. & Mandemakers, J. J. Genetic influence on age at first birth of female twins born in the UK, 1919--68. *Popul. Stud. (NY).* **69,** 129–145 (2015).
111. Okbay, A. *et al.* Genome-wide association study identifies 74 loci associated with educational attainment. *Nature* 1467–1471 (2016). doi:10.1038/nature17671
112. Voight, B. F., Kudaravalli, S., Wen, X. & Pritchard, J. K. A Map of Recent Positive Selection in the Human Genome. *PLoS Biol.* **4,** e72 (2006).