Buchanan Victoria (Orcid ID: 0000-0001-9943-9950) Blanco Estela (Orcid ID: 0000-0002-6232-9210) Burrows Raquel (Orcid ID: 0000-0001-9155-0689) Voruganti V. Saroja (Orcid ID: 0000-0002-8704-4529)

## BUCHANAN, et al. Insulin GWAS in adolescents, 1 Genome-wide association study identifying novel variant for fasting insulin and allelic heterogeneity in known glycemic loci in Chilean adolescents: The Santiago Longitudinal Study

Victoria L Buchanan MS, MPH<sup>1</sup> | Yujie Wang PhD<sup>1</sup> | Estela Blanco MPH, MA<sup>2</sup> | Mariaelisa Graff PhD<sup>1</sup> | Cecilia Albala MD<sup>3</sup> | Raquel Burrows MD<sup>3</sup> | José L Santos PhD<sup>4</sup> | Bárbara Angel PhD<sup>3</sup> | Betsy Lozoff MD<sup>5</sup> | V Saroja Voruganti PhD<sup>6</sup> | Xiuqing Guo PhD<sup>7</sup> | Kent D Taylor PhD<sup>7</sup> | Yii-Der Ida Chen PhD<sup>7</sup> | Jie Yao MS<sup>7</sup> | Jingyi Tan MA<sup>7</sup> | Carolina Downie MPH<sup>1</sup> | Heather M Highland PhD<sup>1</sup> | Anne E Justice PhD<sup>1,8</sup> | Sheila Gahagan MD, MPH<sup>2</sup> | Kari E North PhD<sup>1</sup>

<sup>1</sup>Department of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, NC <sup>2</sup>Division of Academic General Pediatrics, Child Development and Community Health, University of California at San Diego, San Diego, CA

<sup>3</sup>Department of Public Health Nutrition, Institute of Nutrition and Food Technology, University of Chile, Santiago, Chile

<sup>4</sup>Department of Nutrition, Diabetes and Metabolism, School of Medicine, Pontificia Universidad Católica de Chile, Santiago, Chile

<sup>5</sup>Department of Pediatrics, University of Michigan, Ann Arbor, MI

<sup>6</sup>Department of Nutrition and UNC Nutrition Research Institute, University of North Carolina at Chapel Hill, Kannapolis, NC

<sup>7</sup>The Institute for Translational Genomics and Population Sciences, Department of Pediatrics, The Lundquist Institute at Harbor-UCLA Medical Center, Torrance, CA <sup>8</sup>Department of Population Health Sciences, Geisinger, Danville, PA

## Correspondence

Victoria L. Buchanan, MS, MPH, University of North Carolina at Chapel Hill, 123 W. Franklin Street, Building C, Suite 4217, Chapel Hill, NC 27599 Email: vicbucha@live.unc.edu

## **KEYWORDS**

adolescent, glucose, GWAS, insulin

RUNNING TITLE: Insulin GWAS in adolescents

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/ijpo.12765

This article is protected by copyright. All rights reserved.

#### 1 | ABSTRACT

*Background*: The genetic underpinnings of glycemic traits have been understudied in adolescent and Hispanic/Latino (H/L) populations in comparison to adults and populations of European ancestry. *Objective*: To identify genetic factors underlying glycemic traits in an adolescent H/L population. *Methods*: We conducted a genome-wide association study (GWAS) of fasting glucose (FG) and fasting insulin (FI) in H/L adolescents from the Santiago Longitudinal Study. *Results*: We identified one novel variant positioned in the *CSMD1* gene on chromosome 8 (rs77465890, effect allele frequency=0.10) that was associated with FI ( $\beta$ =-0.299, SE=0.054, *p*=2.72x10<sup>-8</sup>) and was only slightly attenuated after adjusting for body mass index z-scores ( $\beta$ =-0.252, SE=0.047, *p*=1.03x10<sup>-7</sup>). We demonstrated directionally consistent, but not statistically significant results in African and Hispanic adults of the Population Architecture Using Genomics and Epidemiology Consortium. We also identified secondary signals for two FG loci after conditioning on known variants, which demonstrate allelic heterogeneity in well-known glucose loci. *Conclusion*: Our results exemplify the importance of including populations with diverse ancestral origin and adolescent participants in GWAS of glycemic traits to uncover novel risk loci and expand our understanding of disease etiology.

### Abstract word count: 181 words

**Abbreviations:** T2D, type 2 diabetes; H/L, Hispanic/Latino; GWAS, genome-wide association study; FG, fasting glucose; FI, fasting insulin; HOMA-IR, homeostatic model assessment of insulin resistance; SLS, Santiago Longitudinal Study; BMIz, body mass index z-scores; MEGA, Multiethnic Genotyping Array; AMR, Admixed American reference panel; QC, quality control; SNP, single nucleotide polymorphism; PCs, principal components; LD, linkage disequilibrium; MAGIC, Meta-Analysis of Glucose and Insulin-related Traits Consortium; NASH, Nonalcoholic Steatohepatitis study; PAGE, Population Architecture using Genomics and Epidemiology Consortium; ARIC, Atherosclerosis Risk in Communities Study; CARDIA, Coronary Artery Risk Development in Young Adults Study; MEC, Multiethnic Cohort Study; HCHS/SOL, Hispanic Community Health Study/ Study of Latinos; WHI, Women's Health Initiative; CHR, chromosome; BP, base pair position (hg19 build); EA/OA, effect allele/ other allele; EAF, effect allele frequency; SE, standard error.

#### **2 | INTRODUCTION**

The prevalence of type 2 diabetes (T2D) among adults has been rising globally, <sup>1,2</sup> especially among low- and middle-income countries, <sup>2</sup> and is projected to increase from an estimated 8.8% in 2015 to over 10% by 2040. <sup>3</sup> Alarmingly, T2D is increasingly common among adolescents and young adults, particularly in Hispanic/Latinos (H/L). <sup>4</sup> Diet and physical activity changes from urbanization and rapid socioeconomic improvement in Chile have resulted in ~75% of its population over age 15 being overweight or obese <sup>5</sup> and a prevalence of T2D among the highest in South America. <sup>3</sup>

Insulin resistance and elevated blood glucose often precede T2D and increase the risk of developing T2D over time. <sup>6,7</sup> In addition to well-established factors like obesity, poor diet, and physical inactivity, genetic factors also contribute to variation in glycemic traits and T2D risk. <sup>8,9</sup> Genetic underpinnings of these traits, however, have been understudied in adolescents and H/L populations, despite shouldering an increasing burden of obesity and T2D. Studying populations at distinct periods across the life-course, that are ancestrally diverse, and that have heightened disparities of disease risk is important for several reasons. First, the literature for complex traits, including for T2D related traits like insulin resistance, suggests that there may be distinct genetic effects present during adolescence. <sup>10-13</sup> Second, it allows for identification of variants unique to genetically admixed populations, which may be absent or rare in other populations. Third, generalizing previously identified associations in a different population provides stronger evidence that the genetic effect is relevant across multiple populations and gene-environment contexts.

We therefore conducted a genome-wide association study (GWAS) of glycemic traits—fasting glucose (FG) and fasting insulin (FI)—measured during adolescence in Chileans of the Santiago Longitudinal Study (SLS). Our aims were to 1) determine if novel large effects were segregating in this population and 2) describe the association of known loci for these traits in a diverse H/L population.

#### 3 | METHODS

### 3.1 | Study population

The SLS is a cohort of participants from Santiago, Chile followed from infancy to adulthood. The parent study—details of which are described elsewhere—recruited 1,798 infants from 1991 to 1996 born at term, weighing at least 3.0 kg, and with no major health issues, to participate in a randomized trial of iron supplementation to prevent iron deficiency anemia. <sup>14</sup> Families of participants were literate and low- to middle-income. <sup>14 15</sup> Participants were followed during infancy and at ages 5, 10, 16 or 17, and 21 or 22 years and assessed for a variety of outcomes. <sup>16 17</sup> Parents provided informed consent for all visits occurring during childhood; participants also provided assent at the age 10 and adolescent visits and informed consent at 21 or 22 years. A total of 679 of the original participants were included in an ancillary cardiovascular health study during the adolescent visits, which included traits of interest described below. This number decreased after excluding individuals for whom we did not have genetic data, genetic data did not pass quality control measures, or the traits were unavailable for these individuals. This study has been approved by Institutional Review Boards (IRBs) at the University of California at San Diego, University of Michigan, University of North Carolina at Chapel Hill, and the Institute of Nutrition and Food Technology, University of Chile.

#### 3.2 | Trait measurements

### 3.2.1 | Glycemic traits

After fasting overnight for 8 to 12 hours before the adolescent visits occurring at age 16 to 17, participants' blood was drawn to assess FG and FI levels. Glucose was measured with an enzymatic colorimetric assay (QCA S.A., Amposta, Spain), and insulin was measured with radioimmunoassay (RIA DCP Diagnostic Products Corporation, LA, USA). We additionally considered estimates of homeostatic model assessment of insulin resistance (HOMA-IR) using the following formula <sup>18</sup>:

 $\frac{\text{fasting insulin}(\mu IU/ml) * \text{fasting glucose}(\frac{mmol}{l})}{22.5}$ 

#### 3.2.2 | Anthropometric traits

A study nurse or physician used standard techniques to measure height to the nearest 0.1 cm with a Holtain stadiometer and weight to the nearest 0.1 kg with a SECA scale. Body mass index (BMI) was calculated as weight (kg)/height<sup>2</sup> (m<sup>2</sup>), then transformed into z-scores (BMIz) relative to Centers for Disease Control (CDC) anthropometric reference data (2007-2010). <sup>19</sup>

### 3.3 | Genotyping and identifying known loci

DNA was extracted from participants' blood, genotyped using the Illumina Multiethnic Genotyping Array (MEGA) which includes a GWAS scaffold designed to tag both common and low frequency variants in global populations, and imputed using the 1000 Genomes Phase III AMR (admixed American) reference panel. Quality control (QC) exclusions included individual call rate >90%, single nucleotide polymorphism (SNP) call rate >95%, imputation quality <0.5, minor allele count >10, gender mismatch, and ancestry outliers. To assess novelty and generalization of SNP-phenotype effects, we identified previously reported SNP associations with FG, FI, and HOMA-IR at the conventionally accepted GWAS level of significance (*p*<5x10<sup>-</sup> <sup>8</sup>) in adults and/or children from publications listed in the NHGRI-EBI GWAS Catalog, <sup>20</sup> as of June 19, 2018, as well as from the literature; this included 78 known FG variants in 43 loci, 32 known FI variants in 22 loci, and 9 known HOMA-IR variants in 9 loci. <sup>21-24</sup>

### 3.4 | Statistical analysis

#### 3.4.1 | Genome-wide association study

Glycemic traits of interest (FG, FI, and HOMA-IR) displayed a non-normal distribution. Therefore, FI and HOMA-IR were natural log-transformed, and one FG outlier was Winsorized to the next lowest value (assessed using SAS v9.4). <sup>25</sup> For genetic association testing, we conducted linear regression of each of three traits assuming an additive genetic model and adjusting for sex and population substructure using the first five principal components (PCs) calculated in EIGENSTRAT <sup>26</sup> with genome-wide data. Sensitivity analyses also adjusted for BMIz. All participants were essentially the same age [mean 16.8 years (SD=0.3)]. Age was initially considered for inclusion but did not appear to have a meaningful effect and was dropped from the regression models. Association analyses were conducted using SUGEN, <sup>27</sup> with clumping into independent loci using the EasyStrata R package. <sup>28</sup>

#### 3.4.2 | Interrogation of known associations

We also examined how previously reported SNP-trait associations for glycemic traits generalized to our cohort. As these associations are already established, we considered generalizations of known loci when effect estimates were directionally consistent and nominally significant (p<0.05).

### 3.4.3 | Conditional analysis

To identify secondary signals in known loci, we evaluated any SNP-trait associations that displayed suggestive significance (p<5x10<sup>-6</sup>) and were positioned within the 1Mb region (+/-500kb) of a previously reported SNP. Signals were considered to be attenuated if the p-value decreased below the suggestive level of significance or the beta decreased by more than 10%. Significance of secondary signals were defined using Bonferroni correction for the number of independent SNPs in each 1Mb interval of the evaluated loci (linkage disequilibrium (LD)-pruned at  $r^2$ <0.10) and provide evidence of allelic heterogeneity at known loci.

**3.4.4** | **Validation analyses** To validate novel associations reaching suggestive or genomewide significance in SLS participants, we interrogated SNP-trait associations in several published and unpublished study populations. First, we downloaded summary statistics from the 2010 study entitled "New genetic loci implicated in fasting glucose homeostasis and their impact on T2D risk", published in Nature Genetics 42(2): 105-16 for our FI and HOMA-IR variants. <sup>29</sup> The studies participating in Meta-Analyses of Glucose and Insulin-Related Traits Consortium (MAGIC) contributed a total of 38,238 individuals for FI and 37,037 for HOMA-IR, from up to 17 population-based cohort studies and four case-control studies and 28 population-based and five case-control studies in the MAGIC discovery and replication stages, respectively. Exclusion criteria included pregnancy, non-fasting individuals, type 1 diabetes, and outliers ±3 SD of distribution for either FG or FI. FG was measured from fasting whole blood, plasma, serum or a combination of these. HOMA-IR was derived from paired fasting glucose and insulin measures. Commercial genome-wide arrays were used for genotyping individual studies. Additional autosomal SNPs were imputed from the HapMap CEU (European ancestry) reference panel using MACH <sup>30</sup>, IMPUTE <sup>31</sup> or BIMBAM <sup>32</sup> software.

Second, we looked up results in the Nonalcoholic Steatohepatitis (NASH) Clinical Research Network (CRN) in the Nonalcoholic Fatty Liver Disease (NAFLD) Database Study. <sup>33</sup> Participants in this prospective, longitudinal cohort were self-identified Hispanic adolescent males with liver biopsies that met exclusion criteria ruling out other contributors to NAFLD (*n*=234). Only males were included in order to limit heterogeneity in the sample. Lastly, we assessed the evidence for association in our multi-ethnic cohort, the Population Architecture using Genomics and Epidemiology (PAGE) Consortium. PAGE participants without diabetes from the Atherosclerosis Risk in Communities (ARIC) Study, the Coronary Artery Risk Development in Young Adults (CARDIA) Study, the Multiethnic Cohort (MEC) Study, the Hispanic Community Health Study/Study of Latinos (HCHS/SOL), and the Women's Health Initiative (WHI) were included in the FI analysis. The PAGE populations were genotyped in two

ways; 21,430 participants with FI measurements were genotyped using the MEGA array, and another 26,965 participants with FI measurements from ARIC, CARDIA, MEC, and WHI were previously genotyped using either Illumina or Affymetrix arrays within each individual study and imputed to the 1000 Genome Phase 3 panel. Variants with an effective N within study greater than 30 were tested for association with Blom-transformed natural-log transformed FI, adjusted for age, sex, age-sex interaction, self-reported race/ethnicity, study center, the top 10 PCs for genetic ancestry, and BMI (in secondary analyses). Association analyses for each study were performed using SUGEN. <sup>27</sup> Subsequently, fixed-effects models with inverse variance weighting were used to pool study-specific SNP effect estimates and their standard errors by race/ethnicity, using METAL. <sup>34</sup> After QC, data were available for validation analysis of rs77465890 for 44,280 PAGE participants, most of whom were of European (n=18,637), Hispanic (n=14,270), or African (n=7,683) ancestry and imputation information >0.8.

### 4 | RESULTS

### 4.1 | Descriptive statistics

After phenotypic and genotypic QC assessment, data were available for 543 SLS individuals (47.7% female) participating in the adolescent cardiometabolic exam. Descriptive statistics are shown in Table 1. Importantly, given the young age of our study participants, none were classified as T2D. Mean BMI was 23.8 kg/m<sup>2</sup>. FG was in the normal range (below prediabetic levels of 100 mg/dL) for most participants (91.2%), and mean FG was 88.44 mg/dL (SD=9.78). Mean FI was 8.11 µUI/dL (SD=5.57), and mean HOMA-IR was 1.80 (SD=1.34). PCs of ancestry revealed admixture in the sample, with ancestry most closely resembling European (CEU), Colombian (CLM), Mexican American (MXL), and Puerto Rican (PUR) reference populations from the 1000 Genomes Project <sup>35</sup> (Figure 1).

### 4.2 | Genome-wide association study

We identified one novel locus with genome-wide significant evidence for association with FI ( $\beta$ = -0.299, SE=0.054, *p*=2.72x10<sup>-8</sup>) at rs77465890 (effect allele frequency=0.10) on chromosome 8, positioned within the CUB and Sushi Multiple Domains 1 gene (*CSMD1*). We also identified 24 FG and 14 FI loci with suggestive evidence of association (*p*<5x10<sup>-6</sup>) (Table 2). The top variants for two of the suggestive FG loci (rs28589776 and rs147515244) were within the 1Mb region of previously reported GWAS-significant variants (rs7708285 <sup>22</sup> *r*<sup>2</sup>=0.0009 and rs143399767 <sup>36</sup> *r*<sup>2</sup>=0.0007, respectively in the 1000 Genomes AMR reference population). Conditioning on these known variants did not materially change the effect estimates;  $\beta$  changed from -11.561 (*p*=3.49x10<sup>-6</sup>) to -11.351 (*p*=5.00x10<sup>-6</sup>) for rs28589776 and rs147515244 (Bonferroni-corrected (*p*=1.29x10<sup>-6</sup>) for rs147515244. Both rs28589776 and rs147515244 (Bonferroni-corrected)

siginificance level=0.05/3,383=1.48x10<sup>-5</sup> and 0.05/3,619=1.38x10<sup>-5</sup>, respectively) represent significant evidence for allelic heterogeneity in well-known glucose loci. None of the top FI variants were within the 1Mb region of previously reported GWAS-significant variants for these traits. HOMA-IR results are provided in the supplement (Table S1).

#### 4.2.1 | Sensitivity analysis

Results from the main analysis remained similar after adjusting for BMIz (Table S2). No associations reached GWAS-significance; however, the GWAS-significant variant from the unadjusted analysis (rs77465890) remained the most significant variant for FI ( $\beta$ =-0.252, SE=0.047, p=1.03x10<sup>-7</sup>) after BMIz adjustment. Three more of the FI variants were still suggestive after BMIz adjustment, and 15 additional FI variants achieved suggestive significance after BMIz adjustment that had not reached this threshold before adjustment. All 24 of the original suggestive FG variants and one additional variant were also suggestive for FG after BMIz adjustment. A well-known concern of adjustment for highly correlated variables is collider bias. <sup>37 38</sup> For this reason, analyses adjusting for BMIz should be interpreted with caution.

### 4.3 | Known loci generalizations

Table 3 reports the six variants that generalized from 78 known FG variants in 43 loci at nominal significance level (*p*<0.05) and with a consistent direction of effect as previously reported. Two of these variants were positioned near one another in the Glucose-6-Phosphatase Catalytic Subunit 2 (*G6PC2*) gene on chromosome 2. No known variants for FI (out of 32 known FI variants in 22 loci) generalized in our cohort. Our look-up of all known FG and FI loci that did not generalize in our cohort is reported in Tables S3 and S4, respectively. While two of the FG variants (rs13387347 and rs13179048) reported in Table S3 displayed nominal statistical significance, the effect was directionally inconsistent.

#### 4.4 | Validation results

Many of our top signals were not present at high enough allele counts in the MAGIC or NASH studies. We did observe directional consistency in 6 of 11 FG variants and 5 out of 9 FI variants that were available in these studies (Table S5). None of these results, however, were nominally significant.

We did not validate our genome-wide significant finding for the rs77465890 FI association in the PAGE study overall or by race/ethnicity stratified analyses (Table S6). Although we identified a directionally consistent effect in the African ancestry, Hispanic ancestry, and overall group (with and without BMI adjustment), these associations were not statistically significant. Because the HOMA-IR trait was not readily available in PAGE, we did not evaluate it for association with rs77465890.

### 5 | DISCUSSION

The discovery of genetic mechanisms influencing glycemic traits has the potential to identify important pathways to disease pathogenesis and therefore for disease prediction, prevention, and treatment. Yet, the bulk of genetic epidemiological research has focused on European ancestry middle-aged adults, with very few genetic studies of ancestrally diverse, admixed populations. <sup>44</sup> It is important to include underrepresented groups in genetic studies, not only because they often have a higher disease or risk factor burden than their European ancestry counterparts, but also because they may have variants that are simply not present at high enough frequencies in European populations to detect meaningful associations. There is also little understanding of how genetic effects vary across the life-course. Although some studies have shown that the influence of genetic variation changes with age for other traits like leptin, <sup>45</sup> body mass index, <sup>46 47</sup> and gene-environment interactions between physical activity and FI, <sup>48</sup> ours is the first study to our knowledge to identify a novel FI locus in a Chilean sample during adolescence.

Here, we demonstrate novel effects for glycemic traits in a young H/L population living in Chile, a country with high T2D prevalence. We identified a novel locus for FI with rs77465890 on

-----Author Manuscri chromosome 8. The effect allele for this SNP was present at a frequency of 0.10 in our study participants, comparable to that in the AMR reference population (0.11); the effect allele frequency was much lower in AFR (0.016) and EUR (0.0099) 1000 Genomes reference populations, <sup>49</sup> perhaps explaining why this variant's association with FI has not been previously identified. BMIz appeared to slightly attenuate this association (with  $\beta$  values changing by approximately 15% after BMIz adjustment). However, this SNP remained the most statistically significant signal for FI, showing that this association is not mediated by BMIz alone. Although we did not validate this locus in adult participants of the PAGE study with statistically significant results, we demonstrated directionally consistent  $\beta$  values in the Hispanic and African ancestry strata and overall PAGE group. Rs77465890 is positioned within an intronic region of CSMD1, a large gene spanning approximately 2Mb. <sup>50</sup> The biological function of CSMD1 is unclear; it has been associated with several diseases (including smallpox and benign adult familial myoclonic epilepsy), as well as potentially serving as a suppressor of squamous cell carcinomas, although evidence is conflicting. <sup>50-53</sup> Based on sequence orthology evidence from the Gene Ontology Resource, CSMD1 may also be involved in glucose homeostasis. <sup>54</sup> Furthermore, Csmd1 knockout mice display a complex neuropsychological phenotype also characterized by increased weight gain and lower glycemia after glucose challenges compared to wild-type mice. <sup>55</sup> This provides support for the biologic plausibility of our results for this locus. Neither rs77465890 nor the 18 variants in highest linkage disequilibrium (LD) with it (LD≥0.6 in AMR populations in HaploReg v4.1<sup>56</sup>) were reported in the GTEx Portal to have any eQTL or splice QTL effects, although the majority of study participants are European ancestry in GTEx. 57 In addition to the GWAS-significant variant in CSMD1, we identified several other variants that displayed suggestive evidence for an association with our traits. We also potentially identified novel secondary signals in two well established loci for FG. Some of the suggestive SNPs are located in genes with potential biological relevance to our traits of interest. According to the

GeneCards Human Gene Database, the Glucosylceramidase Beta 3 gene (*GBA3*) on chromosome 4 is involved in galactose metabolism pathways; the Solute Carrier Family 24 Member 2 gene (*SLC24A2*) and the WNK Lysine Deficient Protein Kinase 2 gene (*WNK2*) on chromosome 9, and the ATPase Phospholipid Transporting 9B gene (*ATP9B*) on chromosome 18 are involved in transport of glucose and other sugars. <sup>50</sup> Thus, replication for these suggestive signals is warranted. Interestingly, the variant on *ATP9B* was one of those showing the same  $\beta$  direction in the NASH validation.

Six associations for previously reported FG variants generalized in our cohort (Table 3). Although none were GWAS-significant, they displayed consistent direction of effect and may be involved in a biological process that affects the FG phenotype. In contrast, many of the published FG and FI SNPs did not generalize in our cohort at a nominal level of significance (p<0.05). Our small sample size was most likely the deterministic factor, but other possible reasons include ancestry and/or age specific differences, and unique patterns of gene-gene and gene-environment effects.

The systematic evaluation of previously reported loci in our Chilean study revealed heterogeneity of allelic effects between H/L and European ancestry populations. We identified two FG loci with significant evidence for allelic heterogeneity. At the *WNK2* locus on chromosome 9, the A effect allele at rs147515244 is found at 5% frequency in our Chilean population and is monomorphic in all other populations listed in dbSNP. <sup>58</sup> This finding demonstrates the importance of GWAS discovery in ancestrally diverse populations, especially given that this locus is already known. In contrast, the T effect allele at rs28589776 is found at 1% in our Chilean data but is similarly rare in other reported populations in dbSNP (T allele in EUR=2%; AFR=3%). <sup>58</sup> Thus, given the rarity of this SNP it would likely be missed by GWAS in Europeans as well. Taken together, the consideration of non-European populations in GWAS discovery is critical for us to obtain a more complete picture of the genetic architecture of glycemic traits.

Our sample size limited the power to detect the small effects that have been mapped for glycemic traits. Despite this limitation, we were able to generalize previously reported loci, identify novel secondary signals in known loci, and identify a novel locus for FI. We were also limited to the glycemic traits that were measured (FG and FI) or derived from these traits (HOMA-IR). Including other phenotypes, such as 2-hour plasma glucose as part of an oral glucose tolerance test, may have provided more comprehensive results, but were not measured in the SLS. Another study limitation is that HOMA-IR, which is calculated from FG and FI measurements, is not necessarily a precise measurement of insulin resistance, since it cannot differentiate between increased secretion by pancreatic beta cells or decreased clearing of insulin, either of which could increase the HOMA-IR value. 59 However, HOMA-IR shows reasonably good correlations with insulin resistance indices derived from both oral and intravenous glucose challenges, or the euglycemic-hyperinsulinemic clamp. <sup>60</sup> The euglycemichyperinsulinemic clamp would provide more information but is more invasive and impractical in epidemiologic studies, was therefore not used in SLS participants. For this reason, our primary analysis considered two traits (FG and FI) but additionally provided HOMA-IR results in the supplement as a courtesy for those interested. The glycemic traits considered herein are a strength to our study in that they are clinically relevant, commonly utilized, and allowed for comparisons of our results to those of other studies. An important inclusion criterion for the original SLS parent study was birth weight >3kg; since low birthweight has been associated with increased risk of T2D later in life, <sup>61</sup> it is possible that excluding those infants with low birth weight could have affected our results.

In conclusion, our study of H/L adolescents identified a novel locus significantly associated with FI. Our study findings demonstrate the importance of expanding genetic epidemiological studies to include populations with diverse genetic ancestry that have been traditionally underrepresented in research. Since most GWAS focus on adults rather than adolescents, we

also demonstrate the importance of including younger study populations that might show genetic effects that vary with age.

#### 6 | CONFLICTS OF INTEREST STATEMENT:

HMH reports grants from NHLBI and American Diabetes Association during the conduct of the study, and personal feeds from the American Heart Association outside the submitted work. XG, KDT, and YDIC report grants from the NIH during the conduct of this study. The other authors have no conflicts of interest to declare.

#### 7 | ACKNOWLEDGEMENTS:

VLB and KEN designed the study and drafted the initial manuscript; EB, SG, and RB collected the data; AEJ, MG, and YW carried out genetic data cleaning; VLB, MG, and YW conducted statistical analysis; YW, HMH, CD, KEN, XG, KDT, YDIC, JY, and JT were involved in the validation studies; VLB, KEN, MG, and AEJ were involved in interpretation of the results; all authors revised the manuscript and contributed to the content, and approved the submission and publication of the paper. We would like to thank the participants and their family members from the Santiago Longitudinal Study.

Validation studies: The Population Architecture Using Genomics and Epidemiology (PAGE) program is supported in part by funding from the National Human Genome Research Institute (NHGRI) with co-funding from the National Institute on Minority Health and Health Disparities (NIMHD). The contents of this paper are solely the responsibility of the authors and do not necessarily represent the official views of the National Institutes of Health (NIH). The PAGE consortium thanks the staff and participants of all PAGE studies for their contributions. We thank R. Williams and M. Ginoza for providing assistance with program coordination. The complete list of PAGE members can be found at http://www.pagestudy.org. Assistance with data management, data integration, data dissemination, genotype imputation, ancestry deconvolution, population genetics, analysis pipelines and general study coordination was provided by the PAGE Coordinating Center (NIH U01HG007419). Genotyping services were provided by the Center for

Inherited Disease Research (CIDR). The CIDR is fully funded through a federal contract from the NIH to The Johns Hopkins University, contract number HHSN268201200008I. Genotype data quality control and quality assurance services were provided by the Genetic Analysis Center in the Biostatistics Department of the University of Washington, through support provided by the CIDR contract. The authors thank the researchers and research participants who made this dataset available to the community.

### **Funding Information**

The data and materials included in this report result from collaboration between the following studies and organizations: HCHS/SOL, MEC, and WHI. The SLS received funding from the National Institutes of Health (R01 HL088530, R01 HD33487). Primary funding support to KEN (as part of HCHS/SOL) is provided by U01HG007416, North Carolina Nutrition Research Institute internal pilot grant, and AHA grant 15GRNT25880008. AEJ was supported by NIH award K99/R00HL130580. The HCHS/SOL study was carried out as a collaborative study supported by contracts from the National Heart, Lung and Blood Institute (NHLBI) to the University of North Carolina (N01-HC65233), University of Miami (N01-HC65234), Albert Einstein College of Medicine (N01-HC65235), Northwestern University (N01-HC65236) and San Diego State University (N01-HC65237). The Multiethnic Cohort study (MEC) characterization of epidemiological architecture is funded through the NHGRI PAGE program (NIH U01 HG007397). The MEC study is funded through the National Cancer Institute U01 CA164973. Funding support for the 'Exonic variants and their relation to complex traits in minorities of the WHI' study is provided through the NHGRI PAGE program (NIH U01HG007376). The WHI program is funded by the NHLBI, NIH, US Department of Health and Human Services through contracts HHSN268201100046C, HHSN268201100001C, HHSN268201100002C, HHSN268201100003C, HHSN268201100004C and HHSN271201100004C. The NASH study was funded by the NIDDK (U01DK061734, U01DK061718, U01DK061728, U01DK061731, U01DK061732, U01DK061737, U01DK061738, U01DK061730, U01DK061713) and NICHD,

with support by NIH CTSA awards (UL1TR000040, UL1RR024989, UL1RR025761,

M01RR00188, UL1RR024131, UL1RR025014, UL1RR031990, UL1RR025741, UL1RR029887, UL1RR24156, UL1RR025055, UL1RR031980), and DRC HDK063491. Funding information for the MAGIC consortium can be found in the supplement of Dupuis, et al. VLB was supported by NHLBI training grant T32 HL007055. HMH was funded by NHLBI training grant T32 HL007055, T32 HL 129982-03, ADA grant 1-19-PDF-045, and ROLHL142825. CD was funded by R01HL142825.

#### 8 | REFERENCES

1. Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Med.* 2006;3(11):e442. doi: 10.1371/journal.pmed.0030442

2. Diabetes: World Health Organization website. https://www.who.int/en/news-room/fact-sheets/detail/diabetes. Updated October 30, 2018. Accessed March 1, 2019.

3. Ogurtsova K, da Rocha Fernandes JD, Huang Y, et al. IDF Diabetes Atlas: Global estimates for the prevalence of diabetes for 2015 and 2040. *Diabetes Res Clin Pract.* 2017;128:40-50. doi: 10.1016/j.diabres.2017.03.024

4. Lascar N, Brown J, Pattison H, et al. Type 2 diabetes in adolescents and young adults. *Lancet Diabetes Endocrinol.* 2018;6(1):69-80. doi: 10.1016/S2213-8587(17)30186-9

5. Encuesta Nactional de Salud 2016-2017: Primeros resultados. In: Department of Epidemiology Division of Health Planning, Santiago, Chile: Ministry of Health, Government of Chile, 2017.

 Insulin Resistance & Prediabetes. National Institutes of Health: National Institute of Diabetes and Digestive and Kidney Diseases website. https://www.niddk.nih.gov/healthinformation/diabetes/overview/what-is-diabetes/prediabetes-insulin-resistance. Updated May 2018. Accessed March 13, 2019.

7. Tabak AG, Herder C, Rathmann W, et al. Prediabetes: a high-risk state for diabetes development. *Lancet.* 2012;379(9833):2279-90. doi: 10.1016/S0140-6736(12)60283-9

 8. Genetics Home Reference: Type 2 diabetes. National Institutes of Health: US National Library of Medicine website. https://ghr.nlm.nih.gov/condition/type-2-diabetes#sourcesforpage Updated November 2017. Accessed March 13, 2019.

9. Mohlke KL, Boehnke M. Recent advances in understanding the genetic architecture of type 2 diabetes. *Hum Mol Genet.* 2015;24(R1):R85-92. doi: 10.1093/hmg/ddv264

 Barker A, Sharp SJ, Timpson NJ, et al. Association of genetic Loci with glucose levels in childhood and adolescence: a meta-analysis of over 6,000 children. *Diabetes*. 2011;60(6):1805-12. doi: 10.2337/db10-1575

11. Hivert MF, Vassy JL, Meigs JB. Susceptibility to type 2 diabetes mellitus--from genes to prevention. *Nat Rev Endocrinol.* 2014;10(4):198-205. doi: 10.1038/nrendo.2014.11

12. Vassy JL, Durant NH, Kabagambe EK, et al. A genotype risk score predicts type 2 diabetes from young adulthood: the CARDIA study. *Diabetologia*. 2012;55(10):2604-12. doi:

10.1007/s00125-012-2637-7

13. Vassy JL, Dasmahapatra P, Meigs JB, et al. Genotype prediction of adult type 2 diabetes from adolescence in a multiracial population. *Pediatrics.* 2012;130(5):e1235-42. doi: 10.1542/peds.2012-1132

14. Lozoff B, De Andraca I, Castillo M, et al. Behavioral and developmental effects of preventing iron-deficiency anemia in healthy full-term infants. *Pediatrics*. 2003;112(4):846-54.

 Rose O, Blanco E, Martinez SM, et al. Developmental scores at 1 year with increasing gestational age, 37-41 weeks. *Pediatrics*. 2013;131(5):e1475-81. doi: 10.1542/peds.2012-3215
 Pacheco LS, Blanco E, Burrows R, et al. Early Onset Obesity and Risk of Metabolic Syndrome Among Chilean Adolescents. *Prev Chronic Dis*. 2017;14:E93. doi:

10.5888/pcd14.170132

17. East P, Lozoff B, Blanco E, et al. Infant iron deficiency, child affect, and maternal unresponsiveness: Testing the long-term effects of functional isolation. *Dev Psychol.* 2017;53(12):2233-44. doi: 10.1037/dev0000385

18. Wallace TM, Levy JC, Matthews DR. Use and abuse of HOMA modeling. *Diabetes Care.* 2004;27(6):1487-95. doi: 10.2337/diacare.27.6.1487

19. Fryar CD, Gu Q, Ogden CL. Anthropometric reference data for children and adults: United States, 2007-2010. *Vital Health Stat. 11* 2012(252):1-48.

20. The NHGRI-EBI GWAS Catalog of Published Genome-Wide Association Studies website. https://www.ebi.ac.uk/gwas/docs/about. Accessed June 19, 2018.

21. Bien SA, Pankow JS, Haessler J, et al. Transethnic insight into the genetics of glycaemic traits: fine-mapping results from the Population Architecture using Genomics and Epidemiology (PAGE) consortium. *Diabetologia*. 2017;60(12):2384-98. doi: 10.1007/s00125-017-4405-1
 22. Scott RA, Lagou V, Welch RP, et al. Large-scale association analyses identify new loci influencing glycemic traits and provide insight into the underlying biological pathways. *Nat Genet*. 2012;44(9):991-1005. doi: 10.1038/ng.2385

23. Horikoshi M, Mgi R, van de Bunt M, et al. Discovery and fine-mapping of glycaemic and obesity-related trait loci using high-density imputation. *PLoS Genet.* 2015;11(7):e1005230. doi: 10.1371/journal.pgen.1005230

24. Le Stunff C, Dechartres A, Mariot V, et al. Association analysis indicates that a variant GATA-binding site in the PIK3CB promoter is a Cis-acting expression quantitative trait locus for this gene and attenuates insulin resistance in obese children. *Diabetes.* 2008;57(2):494-502. doi: 10.2337/db07-1273

25. SAS Institute Inc, Cary, NC. SAS Version 9.4 for Windows, 2015.

26. Price AL, Patterson NJ, Plenge RM, et al. Principal components analysis corrects for stratification in genome-wide association studies. *Nat Genet.* 2006;38(8):904-9. doi: 10.1038/ng1847

27. SUGEN: Genetic association analysis under complex survey sampling. http://dlin.web.unc.edu/software/SUGEN/ 28. Winkler TW, Kutalik Z, Gorski M, et al. EasyStrata: evaluation and visualization of stratified genome-wide association meta-analysis data. *Bioinformatics*. 2015;31(2):259-61. doi: 10.1093/bioinformatics/btu621

29. Dupuis J, Langenberg C, Prokopenko I, et al. New genetic loci implicated in fasting glucose homeostasis and their impact on type 2 diabetes risk. *Nat Genet.* 2010;42(2):105-16. doi:

10.1038/ng.520

30. Li Y, Abecasis GR. Mach 1.0: Rapid haplotype reconstruction and missing genotype inference. *Am J Hum Genet*. 2006;S79:2290.

 Marchini J, Howie B, Myers S, McVean G, Donnelly P. A new multipoint method for genome-wide association studies by imputation of genotypes. *Nat Genet*. 2007;39:906-91332.
 Servin B, Stephens M. Imputation-based analysis of association studies: Candidate regions and guantitative traits. *PLoS Genet*. 2007; 3:e114.

33. Rausch JC, Lavine JE, Chalasani N, et al. Genetic variants associated with obesity and insulin resistance in Hispanic boys with nonalcoholic fatty liver disease. *J Pediatr Gastroenterol Nutr*. 2018;66(5):789-796. doi:10.1097/MPG.000000000001926

34. Willer CJ, Li Y, Abecasis GR. METAL: Fast and efficient meta-analysis of genomewide association scans. *Bioinformatics*. 2010;26(17):2190-1. doi: 10.1093/bioinformatics/btq340
35. IGSR: The International Genome Sample Resource: Providing ongoing support for the 1000 Genomes Project Data website. http://www.internationalgenome.org/home. Accessed March 3, 2019.

36. Nagy R, Boutin TS, Marten J, et al. Exploration of haplotype research consortium imputation for genome-wide association studies in 20,032 Generation Scotland participants. *Genome Med.* 2017;9(1):23. doi: 10.1186/s13073-017-0414-4

37. Schisterman EF, Cole SR, Platt RW. Overadjustment bias and unnecessary adjustment in epidemiologic studies. *Epidemiology*. 2009;20(4):488-95. doi: 10.1097/EDE.0b013e3181a819a1

38. Aschard H, Vilhjalmsson BJ, Joshi AD, et al. Adjusting for heritable covariates can bias effect estimates in genome-wide association studies. *Am J Hum Genet.* 2015;96(2):329-39. doi: 10.1016/j.ajhg.2014.12.021

39. Mahajan A, Sim X, Ng HJ, et al. Identification and functional characterization of G6PC2 coding variants influencing glycemic traits define an effector transcript at the G6PC2-ABCB11 locus. *PLoS Genet.* 2015;11(1):e1004876. doi: 10.1371/journal.pgen.1004876

40. Prokopenko I, Langenberg C, Florez JC, et al. Variants in MTNR1B influence fasting glucose levels. *Nat Genet.* 2009;41(1):77-81. doi: 10.1038/ng.290

41. Manning AK, Hivert MF, Scott RA, et al. A genome-wide approach accounting for body mass index identifies genetic variants influencing fasting glycemic traits and insulin resistance. *Nat Genet.* 2012;44(6):659-69. doi: 10.1038/ng.2274

42. Bouatia-Naji N, Rocheleau G, Van Lommel L, et al. A polymorphism within the G6PC2 gene is associated with fasting plasma glucose levels. *Science.* 2008;320(5879):1085-8. doi: 10.1126/science.1156849

43. Sabatti C, Service SK, Hartikainen AL, et al. Genome-wide association analysis of metabolic traits in a birth cohort from a founder population. *Nat Genet.* 2009;41(1):35-46. doi:

10.1038/ng.271

44. Popejoy AB, Fullerton SM. Genomics is failing on diversity. *Nature*. 2016;538(7624):161-64. doi: 10.1038/538161a

45. Helgeland O, Vaudel M, Juliusson PB, et al. Genome-wide association study reveals dynamic role of genetic variation in infant and early childhood growth. *Nat Commun.* 

2019;10(1):4448. doi: 10.1038/s41467-019-12308-0

46. Justice AE, Chittoor G, Blanco E, et al. Genetic determinants of BMI from early childhood to adolescence: the Santiago Longitudinal Study. *Pediatr Obes.* 2019;14(3):e12479. doi:

10.1111/ijpo.12479

47. Couto Alves A, De Silva NMG, Karhunen V, et al. GWAS on longitudinal growth traits reveals different genetic factors influencing infant, child, and adult BMI. *Sci Adv.* 2019;5(9):eaaw3095. doi: 10.1126/sciadv.aaw3095

48. Arya R, Farook VS, Fowler SP, et al. Genetic and environmental (physical fitness and sedentary activity) interaction effects on cardiometabolic risk factors in Mexican American children and adolescents. *Genet Epidemiol.* 2018;42(4):378-93. doi: 10.1002/gepi.22114 49. LDlink Version 3.4.0. National Institutes of Health: National Cancer Institute Division of Cancer Epidemiology and Genetics website. https://ldlink.nci.nih.gov/?tab=home. Accessed March 4, 2019.

50. GeneCards Human Gene Database (v4.9.0 Build 6). Weizmann Insitute of Science website. https://www.genecards.org/ accessed March 4, 2019.

51. UniProtKB: Q96PZ7: CSMD1\_HUMAN. The UniProt Consortium website.

https://www.uniprot.org/uniprot/Q96PZ7. Accessed March 4, 2019.

52. Toomes C, Jackson A, Maguire K, et al. The presence of multiple regions of homozygous deletion at the CSMD1 locus in oral squamous cell carcinoma question the role of CSMD1 in head and neck carcinogenesis. *Genes Chromosomes Cancer.* 2003;37(2):132-40. doi:

10.1002/gcc.10191

53. Scholnick SB, Richter TM. The role of CSMD1 in head and neck carcinogenesis. *Genes Chromosomes Cancer.* 2003;38(3):281-3. doi: 10.1002/gcc.10279

54. QuickGO: GO annotations: CSMD1. European Molecular Biology Laboratory: European Bioinformatics Institute website.

https://www.ebi.ac.uk/QuickGO/annotations?geneProductId=Q96PZ7. Accessed March 4, 2019. 55. Steen VM, Nepal C, Ersland KM, et al. Neuropsychological deficits in mice depleted of the schizophrenia susceptibility gene CSMD1. *PLOS ONE*. 2013;8(11):e79501. doi:

10.1371/journal.pone.0079501

56. Ward LD, Kellis M. HaploReg: a resource for exploring chromatin states, conservation, and regulatory motif alterations within sets of genetically linked variants. *Nucleic Acids Res.* 2012;40(Database issue):D930-4. doi: 10.1093/nar/gkr917

57. GTEx Portal. Broad Institute website. https://gtexportal.org/home/ Accessed April 7, 2019.

58. Database of Single Nucleotide Polymorphisms (dbSNP). Bethesda (MD): National Center for Biotechnology Information, National Library of Medicine. (dbSNP Build ID:153). Available from: http://www-ncbi-nlm-nih-gov.libproxy.lib.unc.edu/SNP/

59. Reaven GM. What do we learn from measurements of HOMA-IR? Diabetologia.

2013;56(8):1867-8. doi: 10.1007/s00125-013-2948-3

60. Muniyappa R, Madan R. Assessing Insulin Sensitivity and Resistance in Humans. In:
Feingold KR, Anawalt B, Boyce A, et al., eds. Endotext. South Dartmouth (MA)2000.
61. Mi D, Fang H, Zhao Y, et al. Birth weight and type 2 diabetes: A meta-analysis. *Exp Ther Med.* 2017;14(6):5313-20. doi: 10.3892/etm.2017.5234

### 9 | SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article. Table S1, Table S2, Table S3, Table S4, Table S5, Table S6

Characteristic	<i>n</i> (%) or mean (SD)				
Female	259 (47.7)				
Age (years)	16.8 (0.3)				
Body mass index (BMI) (kg/m <sup>2</sup> )	23.8 (4.6)				
BMI Z-scores	0.53 (0.99)				
Fasting glucose (mg/dL)	88.44 (9.78)				
Fasting insulin (µUI/dL)	8.11 (5.57)				
HOMA-IR (glucose x insulin/405)	1.80 (1.34)				

**TABLE 1** Characteristics of Santiago Longitudinal Study participants (*n*=543) at adolescent assessments

Note. No participants were considered diabetic or on treatment for diabetes at this time.

Trait	Gene/ Nearest gene*	SNP	CHR	BP	EA/OA	EAF	β	SE	р		
GWAS-significant loci (p<5x10 <sup>-8</sup> )											
FI	CSMD1	rs77465890	8	3628570	C/T	0.10	-0.299	0.054	2.72E-8		
Suggestive loci (p<5x10 <sup>-6</sup> )											
	RP11-147G16.1*	rs10157848	1	82996068	C/G	0.96	7.241	1.578	4.00E-6		
	LOC101927665	rs6748653	2	200528810	T/A	0.21	3.025	0.643	2.57E-		
	AC010149.4*	rs113214710	2	231442593	T/G	0.07	-5.021	1.097	4.75E-		
	AC009223.2*	rs138154342	2	41452492	G/A	0.01	-14.366	2.974	1.37E-		
	GBA3	rs79399931	4	22714327	A/C	0.02	-11.391	2.298	7.20E-		
	UCHL1-AS1	rs66475765	4	41230618	T/C	0.03	-8.212	1.770	3.51E-		
	CCSER1	rs79947031	4	91829969	C/T	0.11	4.110	0.882	3.19E-		
	RP11-541P9.3*	rs189776108	5	162420388	T/C	0.05	5.880	1.283	4.63E-		
	ZBED3-AS1	rs28589776	5	76406470	T/C	0.01	-11.561	2.492	3.49E-		
	DCBLD1	rs117533208	6	117855911	C/T	0.02	10.537	2.289	4.14E-		
	MAN1A1			119508342	C/T	0.32	3.054	0.602	4.00E-		
FG	AC004535.2*			10748548	G/A	0.01	12.042	2.622	4.38E-		
	RPL7*	rs12546395	8	74194405	A/T	0.62	-2.569	0.533	1.46E-		
	SLC24A2	rs79818403	9	19669933	T/C	0.01	14.970	3.080	1.17E-		
	WNK2	rs147515244	9	96046087	A/T	0.05	6.727	1.389	1.27E-		
	RP11-432B10.1*	rs7476984	10	109170924	A/G	0.40	2.826	0.540	1.65E-		
	AL157931.1*	rs117292932	13	23574827	A/T	0.02	10.006	2.066	1.28E-		
	RTN4RL1	rs11656601	17	1924911	T/C	0.25	-3.509	0.731	1.56E		
	ATP9B	rs7226934	18	76904665	C/T	0.16	3.354	0.729	4.21E-		
	NLRP12*	rs139295665	19	54336151	A/G	0.01	-17.046	3.621	2.50E-		
	RP11-560A15.4*	rs6092424	20	55672544	A/G	0.49	-2.659	0.534	6.22E-		
	TAF4*	rs6061420	20	60654074	G/A	0.07	-6.014	1.274	2.35E-		
	RP5-839B4.8*	rs80352176	20	9952118	G/A	0.09	-4.991	1.038	1.54E-		
	PARVG*	rs139198	22	44606772	C/T	0.22	3.036	0.662	4.60E-		
	NFIA	rs7535730	1	61871356	G/A	0.18	0.225	0.046	1.00E		
	NCKAP5	rs528181067	2	134374835	A/T	0.01	-0.776	0.164	2.31E		
	IQCB1	rs2331964	3	121542898	C/T	0.67	0.166	0.036	4.14E		
	RP11-769N22.1*	rs184687999	4	29046057	C/T	0.05	0.382	0.082	3.12E-		
	SPEF2	rs2361394	5	35800547	G/A	0.08	0.298	0.064	3.43E-		
	CSMD1*	rs35051650	8	4859203	A/C	0.13	0.248	0.052	1.60E-		
FI	AKR1C3	rs117400599	10	5143717	G/T	0.04	0.443	0.091	1.27E-		
	PTPRO	rs7315300	12	15610293	A/T	0.24	0.207	0.040	2.12E-		
	RCOR1	rs12884198	14	103155465	A/G	0.02	0.801	0.147	5.58E-		
	LOC727924	rs181412737	15	22367512	C/T	0.01	0.766	0.167	4.35E-		
	MCTP2*	rs12441824	15	94738631	A/G	0.48	-0.232	0.043	7.12E-		
	CNTNAP4	rs62051249	16	76459093	A/G	0.02	0.659	0.143	4.39E-		
	TIAM1*	rs2833275	21	32489757	T/C	0.62	-0.170	0.037	4.45E-		
	CTA-992D9.7*	rs4820743	22	27512801	T/C	0.78	0.189	0.041	4.71E-		
	viations: SNP sind										

**TABLE 2** Top independent signals in the Santiago Longitudinal Study for fasting glucose and fasting insulin

Abbreviations: SNP, single nucleotide polymorphism; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, p-value; FG, fasting glucose; FI, fasting insulin.

**TABLE 3** Loci reported in other studies to have GWAS-significant associations with fasting glucose that were generalized in the Santiago Longitudinal Study at nominal significance (*p*<0.05) and with the same direction of effect

SNP	PMID	CHR	BP	EA/OA	EAF	β	SE	р
rs492594	25625282 <sup>39</sup>	2	169764176	C/G	0.60	1.262	0.545	0.021
	19060907, <sup>40</sup>							
rs560887ª	20081858, <sup>29</sup>	2	169763148	C/T	0.83	2.233	0.694	0.001
	28270201, <sup>36</sup>							
rs6234	25625282, <sup>39</sup>	5	95728974	C/G	0.18	-1.627	0.730	0.026
rs2908290 <sup>b</sup>	28905132, <sup>21</sup>	7	44216137	A/G	0.38	1.193	0.541	0.027
rs10830963	20081858, <sup>29</sup>	11	92708710	G/C	0.20	1.685	0.681	0.013
rs11071657	20081858, <sup>29</sup>	15	62433962	G/A	0.53	-1.106	0.540	0.041
r r	s492594 s560887 <sup>a</sup> s6234 s2908290 <sup>b</sup> s10830963	s492594       25625282 39         19060907,40         s560887a       20081858,29         28270201,36         s6234       25625282,39         s2908290b       28905132,21         s10830963       20081858,29	$\begin{array}{ccccc} s 492594 & 25625282 & {}^{39} & 2 \\ & & 19060907, {}^{40} \\ s 560887^a & 20081858, {}^{29} & 2 \\ & & 28270201, {}^{36} \\ \hline s 6234 & 25625282, {}^{39} & 5 \\ s 2908290^b & 28905132, {}^{21} & 7 \\ s 10830963 & 20081858, {}^{29} & 11 \\ \end{array}$	$\begin{array}{ccccccc} s492594 & 25625282 & {}^{39} & 2 & 169764176 \\ & 19060907, {}^{40} & & \\ s560887^a & 20081858, {}^{29} & 2 & 169763148 \\ & 28270201, {}^{36} & & \\ s6234 & 25625282, {}^{39} & 5 & 95728974 \\ s2908290^b & 28905132, {}^{21} & 7 & 44216137 \\ s10830963 & 20081858, {}^{29} & 11 & 92708710 \\ \end{array}$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

<sup>a</sup>Published findings for GWAS-significant associations for this SNP were inconsistent. One publication showed an opposite direction of effect from what we report in the table (PMID: 22581228 <sup>41</sup>), and two others (PMID: 18451265 <sup>42</sup> and 19060910 <sup>43</sup>) reported the effect of a third allele (A) at this position instead of C or T.

<sup>b</sup>The direction of effect was consistent with the transethnic meta-analysis and in most population subgroups in this publication (AA, H/L, and ASN) for this association, but opposite direction of effect from the AI/AN subgroup.

Abbreviations: SNP, single nucleotide polymorphism; PMID, Pubmed ID for previously reported association; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, p-value.

#### Table and figure legends:

**TABLE 1** Characteristics of Santiago Longitudinal Study participants (*n*=543) at adolescent assessments

*Note.* No participants were considered diabetic or on treatment for diabetes at this time.

**Figure 1** Principal components of ancestry for study sample of Santiago Longitudinal Study (SLS) participants plotted with reference populations from the 1000 Genomes project. (Chile: SLS participants; CEU: Utah residents with Northern and Western European ancestry; CHB: Han Chinese in Beijing, China; YRI: Yoruba in Ibadan, Nigeria; CLM: Colombians from Medellin, Colombia; MXL: Mexican ancestry from Los Angeles, USA; PUR: Puerto Ricans).

**TABLE 2** Top independent signals in the Santiago Longitudinal Study for fasting glucose and fasting insulin

Abbreviations: SNP, single nucleotide polymorphism; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; *P*, p-value; FG, fasting glucose; FI, fasting insulin; HOMA-IR, homeostatic model assessment of insulin resistance.

**TABLE 3** Loci reported in other studies to have GWAS-significant associations with fasting glucose that were generalized in the Santiago Longitudinal Study at nominal significance (p<0.05) and with the same direction of effect

<sup>a</sup>Published findings for GWAS-significant associations for this SNP were inconsistent. One publication showed an opposite direction of effect from what we report in the table (PMID: 22581228 <sup>41</sup>), and two others (PMID: 18451265 <sup>42</sup> and 19060910 <sup>43</sup>) reported the effect of a third allele (A) at this position instead of C or T.

<sup>b</sup>The direction of effect was consistent with the transethnic meta-analysis and in most population subgroups in this publication (AA, H/L, and ASN) for this association, but opposite direction of effect from the AI/AN subgroup.

Abbreviations: SNP, single nucleotide polymorphism; PMID, Pubmed ID for previously reported association; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; *P*, p-value.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

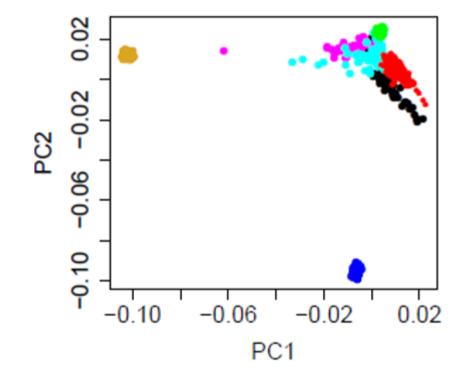
For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.





IJPO\_12765\_Figure 1.tif

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

# Genome-wide association study identifying novel variant for fasting insulin and allelic heterogeneity in known glycemic loci in Chilean adolescents: The Santiago Longitudinal Study

Victoria L Buchanan MS, MPH<sup>1</sup> | Yujie Wang PhD<sup>1</sup> | Estela Blanco MPH, MA<sup>2</sup> | Mariaelisa Graff PhD<sup>1</sup> | Cecilia Albala MD<sup>3</sup> | Raquel Burrows MD<sup>3</sup> | José L Santos PhD<sup>4</sup> | Bárbara Angel PhD<sup>3</sup> | Betsy Lozoff MD<sup>5</sup> | V Saroja Voruganti PhD<sup>6</sup> | Xiuqing Guo PhD<sup>7</sup> | Kent D Taylor PhD<sup>7</sup> | Yii-Der Ida Chen PhD<sup>7</sup> | Jie Yao MS<sup>7</sup> | Jingyi Tan MA<sup>7</sup> | Carolina Downie MPH<sup>1</sup> | Heather M Highland PhD<sup>1</sup> | Anne E Justice PhD<sup>1,7</sup> | Sheila Gahagan MD, MPH<sup>2</sup> | Kari E North PhD<sup>1</sup>

<sup>1</sup>Department of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, NC

<sup>2</sup>Division of Academic General Pediatrics, Child Development and Community Health, University of California at San Diego, San Diego, CA

<sup>3</sup>Department of Public Health Nutrition, Institute of Nutrition and Food Technology, University of Chile, Santiago, Chile <sup>4</sup>Department of Nutrition, Diabetes and Metabolism, School of Medicine, Pontificia Universidad Católica de Chile, Santiago, Chile

<sup>5</sup>Department of Pediatrics, University of Michigan, Ann Arbor, MI

<sup>6</sup>Department of Nutrition and UNC Nutrition Research Institute, University of North Carolina at Chapel Hill, Kannapolis, NC

<sup>7</sup> The Institute for Translational Genomics and Population Sciences, Department of Pediatrics, The Lundquist Institute at Harbor-UCLA Medical Center, Torrance, CA

<sup>8</sup>Department of Population Health Sciences, Geisinger, Danville, PA

#### Correspondence

Victoria L. Buchanan, MS, MPH, University of North Carolina at Chapel Hill, 123 W. Franklin Street, Building C, Suite 4217, Chapel Hill, NC 27599

Email: vicbucha@live.unc.edu

### 9 | SUPPORTING INFORMATION

Table S1	2
– Table S2	3
Table S3	4
Table S4	6
Table S5	7
Table S6	8
References	9
	-

Gene/ Nearest gene*	SNP	CHR	BP	EA/OA	EAF	β	SE	р
GWAS-significant loci (p<5x10 <sup>-8</sup> )								
CSMD1	rs77465890	8	3628570	C/T	0.10	-0.322	0.057	1.66E-8
Suggestive loci (p<5x10 <sup>-6</sup> )								
RP11-191N8.2*	rs35726538	1	221976039	G/A	0.02	0.693	0.142	1.16E-6
NFIA	rs7535730	1	61871356	G/A	0.18	0.236	0.049	1.50E-6
NCKAP5	rs528181067	2	134374835	A/T	0.01	-0.823	0.175	2.52E-6
RP11-769N22.1*	rs184687999	4	29046057	C/T	0.05	0.415	0.087	1.86E-6
SPEF2	rs2361393	5	35800504	G/A	0.19	0.224	0.047	1.58E-6
MCM9*	rs117381875	6	119134465	C/T	0.02	0.689	0.141	1.12E-6
CSMD1*	rs35051650	8	4859203	A/C	0.13	0.269	0.055	9.49E-7
KIAA1217	rs143654218	10	24319915	G/A	0.01	0.968	0.206	2.54E-6
AKR1C3	rs117400599	10	5143717	G/T	0.04	0.467	0.097	1.55E-6
PTPRO	rs7315300	12	15610293	A/T	0.24	0.223	0.042	1.46E-7
RCOR1	rs12884198	14	103155465	A/G	0.02	0.831	0.157	1.23E-7
MCTP2*	rs12441824	15	94738631	A/G	0.48	-0.240	0.046	1.69E-7
DCC	rs9950187	18	50636401	T/A	0.04	0.453	0.095	1.95E-6
CTA-992D9.7*	rs4820743	22	27512801	T/C	0.78	0.207	0.044	2.26E-6

**TABLE S1** Top independent signals in the Santiago Longitudinal Study for homeostatic model of insulin

 resistance

Abbreviations: SNP, single nucleotide polymorphism; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, p-value.

TABLE S2 Top independent signals in the Santiago Longitudinal Study for fasting glucose, fasting insulin, and homeostatic model assessment of insulin resistance, adjusted for CDC pediatric z-scores of body mass index.

	atic model assessn			,					
Trait	Gene/ Nearest Gene*	SNP	CHR	BP	EA/OA	EAF	β	SE	<u>р</u>
	RP11-147G16.1*	rs10157848	1	82996068	C/G	0.96	7.233	1.579	5.00E-6
	LOC101927665	rs6748653	2	200528810	T/A	0.21	3.023	0.643	2.60E-6
	AC010149.4*	rs113214710	2	231442593	T/G	0.07	-5.069	1.100	4.03E-6
	AC009223.2*	rs138154342	2	41452492	G/A	0.01	-14.391	2.975	1.31E-6
	TXNRD3	rs78870998	3	126352111	C/A	0.03	7.859	1.719	4.85E-6
_	GBA3 UCHL1-AS1	rs79399931 rs66475765	4	22714327 41230618	A/C T/C	0.02 0.03	-11.381 -8.210	2.300 1.770	7.46E-7 3.53E-6
	CCSER1	rs79947031	4 4	91829969	C/T	0.03	-0.210 4.108	0.882	3.53E-6 3.22E-6
	RP11-541P9.3*	rs189776108	5	162420388	T/C	0.05	5.905	1.284	4.26E-6
	ZBED3-AS1	rs28589776	5	76406470	T/C	0.03	-11.552	2.492	4.20E-0 3.56E-6
	DCBLD1	rs117533208	6	117855911	C/T	0.01	10.528	2.291	4.32E-6
	MAN1A1	rs62418805	6	119508342	C/T	0.32	3.055	0.604	4.19E-7
FG	AC004535.2*	rs141226872	7	10748548	G/A	0.01	12.046	2.622	4.34E-6
	RPL7*	rs12546395	8	74194405	A/T	0.62	-2.573	0.533	1.40E-6
	SLC24A2	rs79818403	9	19669933	T/C	0.01	15.296	3.100	8.06E-7
	WNK2	rs147515244	9	96046087	A/T	0.05	6.730	1.389	1.26E-6
	RP11-432B10.1*	rs7476984	10	109170924	A/G	0.40	2.825	0.540	1.72E-7
	AL157931.1*	rs117292932	13	23574827	A/T	0.02	9.998	2.067	1.31E-6
	RTN4RL1	rs11656601	17	1924911	T/C	0.25	-3.534	0.732	1.36E-6
	ATP9B	rs7226934	18	76904665	C/T	0.16	3.377	0.730	3.74E-6
	NLRP12*	rs139295665	19	54336151	A/G	0.01	-17.044	3.620	2.50E-6
	RP11-560A15.4*	rs6092424	20	55672544	A/G	0.49	-2.667	0.534	5.82E-7
	TAF4*	rs6061420	20	60654074	G/A	0.07	-6.021	1.274	2.29E-6
	RP5-839B4.8*	rs80352176	20	9952118	G/A	0.09	-4.994	1.038	1.52E-6
	PARVG*	rs139198	22	44606772	C/T	0.22	3.040	0.662	4.47E-6
(	ENSA*	rs115406107	1	150594155	A/T	0.02	0.508	0.105	1.00E-6
	KAZN	rs80204739	1	15065485	G/C	0.02	0.580	0.127	5.00E-6
	PLD5* SMEK2	rs61839743 rs60356354	1 2	242873445 55833911	C/T C/T	0.01 0.03	-0.883 -0.452	0.185 0.095	2.00E-6 2.06E-6
	LINC00290	rs6831952	4	182066235	T/G	0.03	-0.452 0.164	0.095	2.00E-0 3.04E-6
	RP11-434D11.4*	rs1546499	5	126033156	C/A	0.07	0.104	0.033	2.13E-6
	SPEF2	rs2361394	5	35800547	G/A	0.43	0.287	0.056	2.80E-7
	RP11-744I24.2*	rs7795885	7	141251044	G/C	0.03	0.427	0.093	4.20E-6
	DOCK5	rs2709613	8	25212994	C/G	0.97	0.474	0.101	3.03E-6
FL	CSMD1	rs77465890	8	3628570	C/T	0.10	-0.252	0.047	1.03E-7
	CSMD1*	rs34371265	8	4859170	C/T	0.13	0.216	0.045	1.82E-6
	PRAG1*	rs577483743	8	8376874	A/T	0.02	-0.516	0.111	3.61E-6
	AL157884.1*	rs12337921	9	32735066	A/G	0.02	-0.550	0.117	2.61E-6
	CTD-2507G9.1*	rs11029253	11	26163242	A/T	0.09	0.268	0.058	3.04E-6
	RCOR1	rs12884198	14	103155465	A/G	0.02	0.663	0.130	3.28E-7
	MAP4K5	rs77026144	14	50937785	T/C	0.01	0.942	0.187	4.80E-7
	CIITA	rs45513895	16	10995145	C/T	0.03	-0.419	0.088	2.12E-6
	APBA3	rs10460192	19	3756197	C/T	0.77	0.172	0.037	4.24E-6
	PLXNB2	rs62241209	22	50734392	A/G	0.15	0.213	0.045	2.59E-6
	ENSA*	rs115406107	1	150594155	A/T	0.02	0.537	0.114	2.00E-6
	KAZN NFIA	rs80204739 rs2499526	1 1	15065485 61870696	G/C T/C	0.02	0.643	0.137 0.033	3.00E-6 4.00E-6
	RP11-434D11.4*	rs1546499	5	126033156	C/A	0.55 0.43	-0.150 0.153	0.033	4.00E-6 4.02E-6
	SPEF2	rs2361394	5	35800547	G/A	0.43	0.305	0.033	4.02E-0 4.52E-7
	MCM9*	rs117381875	6	119134465	C/T	0.08	0.594	0.000	4.52E-7 2.48E-6
	CSMD1	rs77465890	8	3628570	C/T	0.10	-0.275	0.051	7.11E-8
	CSMD1*	rs34371265	8	4859170	C/T	0.13	0.237	0.049	1.21E-6
HOMA-IR	PRAG1*	rs577483743	8	8376874	A/T	0.02	-0.554	0.120	4.09E-6
	CTD-2507G9.1*	rs1489506	11	26126773	A/C	0.10	0.258	0.056	4.73E-6
	RCOR1	rs12884198	14	103155465	A/G	0.02	0.692	0.140	8.41E-7
	MAP4K5	rs77026144	14	50937785	T/C	0.01	1.054	0.202	1.75E-7
	RP11-66B24.5*	rs149208997	15	101334196	T/C	0.01	-0.931	0.200	3.44E-6
	DNAH17	rs1530433	17	76559768	C/T	0.56	-0.161	0.033	1.44E-6
	APBA3	rs10460192	19	3756197	C/T	0.77	0.193	0.040	1.59E-6
	PLXNB2	rs62241209	22	50734392	A/G	0.15	0.228	0.049	3.08E-6

Abbreviations: SNP, single nucleotide polymorphism; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, pvalue; FG, fasting glucose; FI, fasting insulin; HOMA-IR, homeostatic model assessment of insulin resistance. TABLE S3 Loci reported in other studies to have GWAS-significant associations with fasting glucose that did not generalize in the Santiago Longitudinal Study. Associations either did not reach the nominal significance threshold of *p*<0.05 or showed a direction of effect inconsistent with other studies. *p*-values for nominally significant associations are bolded.

Gene/ nearest gene*	SNP	PMID	CHR	BP	EA/ OA	EAF	β	SE	p	Direction of effect consistent with other studies?
liouroot gono	rs79687284	28270201 <sup>1</sup>	1	214150821	C/G	0.02	3.430	2.503	0.171	Yes
		20081858 <sup>2</sup> ,							•••••	
PROX1-AS1	rs340874	22581228 <sup>3</sup>	1	214159256	C/T	0.39	-0.350	0.579	0.545	No
Metazoa_SRP*	rs17407594	25223902 <sup>4</sup>	1	66170362	A/G	0.19	0.442	0.798	0.541	Yes
		_								Different alleles (EA/OA:A/O
	rs477224	28905132 <sup>5</sup>	2	169750483	T/C	0.73	-0.550	0.627	0.381	reported in other study.
SPC25*	rs13387347	25187374 <sup>6</sup>	2	169754846	C/T	0.38	-1.346	0.555	0.015	No
AC018712.3*	rs733331	25187374 <sup>6</sup>	2	173546313	A/G	0.13	-0.580	0.804	0.470	No
DPYSL5	rs1371614	22581228 <sup>3</sup>	2	27152874	T/C	0.38	-0.250	0.546	0.647	No
)	rs780095	28270201 <sup>1</sup> 20081858 <sup>2</sup> , 22581228 <sup>3</sup> ,	2	27741105	G/A	0.64	0.226	0.564	0.689	Yes Other studies inconsisten
GCKR	rs780094	25187374 <sup>6</sup>	2	27741237	C/T	0.67	-0.091	0.574	0.874	with one another.
MRPL33	rs3736594	22581228 <sup>3</sup>	2	27995781	C/A	0.60	0.154	0.544	0.777	No
AC012354.6*	rs895636	25187374 <sup>6</sup>	2	45188353	T/C	0.27	-0.703	0.614	0.252	No
//00//2007.0	1000000	20081858 <sup>2</sup> ,	-	10100000	1/0	0.21	0.100	0.011	0.202	110
ADCY5	rs11708067	22581228 <sup>3</sup>	3	123065778	G/A	0.28	-0.410	0.582	0.482	Yes
		20081858 <sup>2</sup> ,								Other studies inconsisten
	rs11920090	22581228 <sup>3</sup>	3	170717521	A/T	0.11	-0.332	0.886	0.708	with one another.
	rs8192675	28270201 <sup>1</sup>	3	170724883	C/T	0.34	-0.191	0.575	0.740	No
SLC2A2	rs9873618	28270201 <sup>1</sup>	3	170733076	A/G	0.33	-0.342	0.577	0.554	No
IGF2BP2	rs7651090	22885924 <sup>7</sup>	3	185513392	G/A	0.32	0.025	0.578	0.965	Yes
AMT	rs11715915	22885924 <sup>7</sup>	3	49455330	T/C	0.16	-0.508	0.730	0.486	Yes
ZBED3-AS1	rs7708285	22885924 <sup>7</sup>	5	76425867	A/G	0.69	-0.850	0.594	0.152	Yes
	rs4869272	22885924 7	5	95539448	T/C	0.81	1.195	0.702	0.089	Yes
LOC101929710	rs13179048	22581228 <sup>3</sup>	5	95542726	A/C	0.18	-1.427	0.714	0.046	No
CDKAL1	rs9356744	25187374 <sup>6</sup>	6	20685486	C/T	0.27	-0.235	0.596	0.694	No
	rs17762454	22885924 <sup>7</sup>	6	7213200	T/C	0.40	0.109	0.569	0.849	Yes
RREB1	rs35742417	25625282 <sup>8</sup>	6	7247344	A/C	0.06	-0.723	1.148	0.529	Yes
		20081858 <sup>2</sup> ,	7	45004000	TIO	0.00	0 504	0 550	0.000	Maa
10006459 2*	rs2191349	22581228 <sup>3</sup> 25187374 <sup>6</sup>	7	15064309	T/G	0.39	0.581 0.578	0.559	0.298 0.301	Yes
AC006458.3*	rs1974620 rs10259649	26132169 <sup>9</sup>	7	15065467 44219705	T/C C/T	0.39	0.576	0.559	0.301	Yes Yes
GCK	rs730497	25187374 <sup>6</sup>	7	44219705	A/G	0.24	0.597	0.632	0.345	Yes
GCK	157 30497	23107374	I	44223721	AG	0.10	0.500	0.090	0.409	Different effect allele (EA:
	rs1799884	23575436 <sup>10</sup> 19060907 <sup>11</sup> , 20081858 <sup>2</sup> ,	7	44229068	T/C	0.18	0.446	0.697	0.523	reported in other study.
GCK*	rs4607517	22581228 <sup>3</sup>	7	44235668	A/G	0.18	0.428	0.699	0.540	Yes
YKT6	rs917793	28270201 <sup>1</sup>	7	44245853	T/A	0.29	-0.070	0.602	0.908	No
CAMK2B*	rs878521	26132169 <sup>9</sup>	7	44255643	A/G	0.33	0.264	0.574	0.645	Yes
	rs10248619	22581228 <sup>3</sup>	7	50751090	C/T	0.78	-0.514	0.641	0.422	Yes
GRB10	rs6943153	22885924 7	7	50791579	C/T	0.56	-0.765	0.560	0.172	Yes
	rs13266634	28270201 <sup>1</sup>	8	118184783	T/C	0.21	-1.069	0.637	0.094	No
	rs3802177	25187374 <sup>6</sup> 20081858 <sup>2</sup> , 21873549 <sup>12</sup> , 22504228 <sup>3</sup>	8	118185025	A/G	0.21	-1.097	0.637	0.085	Yes
SLC30A8	rs11558471	22581228 <sup>3</sup> , 28270201 <sup>1</sup>	0	118185733	G/A	0.22	-1.165	0.623	0.062	Other studies inconsister with one another.
RP11-115J16.1*	rs983309	22885924 7	<u>8</u> 8	9177732	G/T	0.22	-0.682	0.634	0.002	Yes
LOC157273	rs4841132	22581228 <sup>3</sup>	8	9183596	G/A	0.79	-0.459	0.662	0.488	Yes
200101210	104041102	22001220	0	0100000	On	0.70	0.400	0.002	0.400	Different alleles (EA/OA:A/
ABO*	rs651007	25631608 <sup>13</sup>	9	136153875	T/C	0.15	0.494	0.748	0.509	reported in other study.
DNLZ	rs3829109	22885924 7	9	139256766	A/G	0.43	-1.006	0.541	0.063	Yes
CDKN2B-AS1*	rs10811661	25187374 <sup>6</sup>	9	22134094	C/T	0.14	0.468	0.780	0.548	No
	rs7034200	20081858 <sup>2</sup>	9	4289050	A/C	0.53	0.768	0.573	0.180	Yes
GLIS3	rs4237150	25187374 <sup>6</sup>	9	4290085	C/G	0.47	0.783	0.569	0.169	Yes
KANK1	rs10815355	25187374 <sup>6</sup>	9	622523	T/G	0.06	-0.149	1.167	0.898	No
RP11-381K7.1*	rs10885122	20081858 <sup>2</sup>	10	113042093	G/T	0.86	-0.378	0.798	0.636	No
	rs4506565	20081858 <sup>2</sup>	10	114756041	T/A	0.24	-0.431	0.662	0.515	No
	rs7903146	21873549 <sup>12</sup>	10	114758349	T/C	0.24	-0.227	0.664	0.733	No
TCF7L2	rs12243326	22581228 <sup>3</sup>		114788815	C/T	0.21	-0.035	0.678	0.959	Yes

CRY2	rs11605924	20081858 <sup>2</sup> , 22581228 <sup>3</sup>	11	45873091	C/A	0.57	-0.122	0.526	0.817	Yes
ONTZ	1311003324	20081858 <sup>2</sup> ,		40070001	UA	0.07	-0.122	0.020	0.017	103
MADD	rs7944584	22581228 <sup>3</sup>	11	47336320	T/A	0.19	0.672	0.676	0.320	No
OR4S1*	rs1483121	22581228 <sup>3</sup>	11	48333360	A/G	0.08	0.139	1.000	0.890	Yes
		20081858 <sup>2</sup> ,								
FADS1	rs174550	22581228 <sup>3</sup>	11	61571478	C/T	0.62	0.060	0.566	0.915	No
ARAP1	rs11603334	22581228 <sup>3</sup>	11	72432985	A/G	0.07	-1.506	1.078	0.162	No
	rs3847554	25187374 <sup>6</sup>	11	92668826	T/C	0.29	0.590	0.597	0.322	Yes
	rs1387153	19060909 <sup>14</sup>	11	92673828	T/C	0.21	1.251	0.664	0.059	Yes
	rs7936247	23903356 <sup>15</sup>	11	92690032	T/G	0.24	1.054	0.622	0.090	Yes
										Different alleles (EA/OA:G/A
	rs2166706	19651812 <sup>16</sup>	11	92691532	C/T	0.27	1.046	0.610	0.086	reported in other study.
RP11-676F20.1*	rs10830962	23575436 <sup>10</sup>	11	92698427	G/C	0.29	0.806	0.598	0.178	No
RP11-503G7.2*	rs10747083	22885924 <sup>7</sup>	12	133041618	A/G	0.72	-0.163	0.588	0.782	No
GLS2	rs2657879	22885924 <sup>7</sup>	12	56865338	G/A	0.22	0.501	0.642	0.435	Yes
RMST	rs17331697	26132169 <sup>9</sup>	12	97868906	C/T	0.04	-0.365	1.291	0.777	Yes
PDX1-AS1*	rs2293941	22581228 <sup>3</sup>	13	28491198	A/G	0.33	1.071	0.578	0.064	Yes
PDX1	rs7981781	28270201 <sup>1</sup>	13	28499962	A/G	0.33	1.136	0.610	0.063	Yes
WARS	rs3783347	22885924 <sup>7</sup>	14	100839261	T/G	0.11	-0.566	0.861	0.511	Yes
C2CD4A*	rs7173964	22581228 <sup>3</sup>	15	62396942	A/G	0.48	-0.073	0.538	0.892	No
IGF1R	rs2018860	25187374 <sup>6</sup>	15	99258710	T/A	0.54	-0.528	0.548	0.336	Yes
QPCTL	rs2302593	22885924 <sup>7</sup>	19	46196634	G/C	0.52	0.693	0.545	0.204	No
LINC00261	rs6113722	22885924 <sup>7</sup>	20	22557099	A/G	0.04	1.144	1.444	0.428	No
LINC00261*	rs6048205	22581228 <sup>3</sup>	20	22559601	G/A	0.04	0.269	1.374	0.845	No
RP4-788L20.3*	rs1209523	20152958 <sup>17</sup>	20	22567942	T/C	0.03	1.741	1.577	0.269	No
LOC101929685	rs6048216	25187374 <sup>6</sup>	20	22581268	C/T	0.04	1.265	1.371	0.356	No
TOP1	rs6072275	22885924 <sup>7</sup>	20	39743905	A/G	0.14	0.753	0.805	0.349	Yes
	· ·						-			

Abbreviations: SNP, single nucleotide polymorphism; PMID, PubMed ID for previously reported association; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, p-value.

**TABLE S4** Loci reported in other studies to have GWAS-significant associations with fasting insulin that did not generalize in the Santiago Longitudinal Study. No associations reached the nominal significance threshold of p<0.05 for this trait.

Gene/ nearest gene*	SNP	PMID	CHR	BP	EA/ OA	EAF	β	SE	р	Direction of effect consistent with other studies?
RP11-95P13.1*	rs2820436	22885924 7	1	219640680	C/A	0.51	0.044	0.034	0.193	Yes
	rs2785980	22581228 <sup>3</sup>	1	219700519	C/T	0.54	-0.009	0.036	0.794	Yes
RP11-95P13.2*	rs4846565	22885924 7	1	219722104	A/G	0.54	0.018	0.035	0.612	No
MAP3K19	rs1530559	22885924 7	2	135755629	G/A	0.68	0.005	0.042	0.911	No
LOC101929615	rs10195252	22885924 <sup>7</sup>	2	165513091	C/T	0.22	0.024	0.044	0.592	No
COBLL1	rs7607980	22581228 <sup>3</sup>	2	165551201	C/T	0.07	-0.008	0.068	0.910	Yes
	rs2943634	22581228 <sup>3</sup>	2	227068080	C/A	0.83	0.022	0.047	0.643	No
AC068138.1*	rs2943645	22885924 <sup>7</sup>	2	227099180	T/C	0.82	0.038	0.045	0.399	Yes
		20081858 <sup>2</sup> ,								Other studies inconsistent
GCKR	rs780094	22581228 <sup>3</sup>	2	27741237	C/T	0.67	0.062	0.036	0.089	with one another.
AY269186.2*	rs9841287	22581228 <sup>3</sup>	3	108993	G/A	0.34	-0.034	0.036	0.338	Yes
PPARG	rs17036328	22885924 <sup>7</sup>	3	12390484	C/T	0.12	-0.016	0.054	0.775	Yes
	rs974801	22885924 <sup>7</sup>	4	106071064	G/A	0.38	0.001	0.036	0.970	Yes
TET2	rs9884482	22885924 <sup>7</sup>	4	106081636	C/T	0.38	-0.006	0.036	0.866	No
	rs4691380	22581228 <sup>3</sup>	4	157720124	T/C	0.35	0.038	0.035	0.283	Yes
PDGFC	rs6822892	22885924 <sup>7</sup>	4	157734675	G/A	0.35	0.041	0.035	0.244	No
MSMO1	rs17046216	22791750 <sup>18</sup>	4	166255704	A/T	0.21	0.049	0.044	0.264	Yes
FAM13A	rs3822072	22885924 <sup>7</sup>	4	89741269	A/G	0.38	0.008	0.036	0.823	Yes
ARL15	rs4865796	22885924 <sup>7</sup>	5	53272664	A/G	0.84	-0.023	0.049	0.645	No
AC022431.2*	rs459193	22885924 <sup>7</sup>	5	55806751	G/A	0.79	0.042	0.042	0.320	Yes
RSPO3	rs2745353	22885924 <sup>7</sup>	6	127452935	T/C	0.61	-0.009	0.036	0.802	No
UHRF1BP1	rs6912327	22885924 <sup>7</sup>	6	34764922	C/T	0.24	0.059	0.039	0.131	No
UHRF1BP1*	rs4646949	22581228 <sup>3</sup>	6	34845449	G/T	0.38	0.033	0.035	0.337	No
HIP1	rs1167800	22885924 <sup>7</sup>	7	75176196	A/G	0.61	-0.006	0.037	0.880	No
RP11-115J16.1*	rs983309	22885924 <sup>7</sup>	8	9177732	G/T	0.78	-0.059	0.040	0.141	Yes
	rs4841132	22581228 <sup>3</sup>	8	9183596	G/A	0.79	-0.066	0.042	0.115	Yes
LOC157273	rs2126259	22885924 <sup>7</sup>	8	9185146	C/T	0.73	-0.031	0.039	0.419	Yes
		22581228, <sup>3</sup>								Other studies inconsistent
TCF7L2	rs7903146	22885924 <sup>7</sup>	10	114758349	T/C	0.24	-0.016	0.042	0.701	with one another.
										Different effect allele (EA:1
MIR378C*	rs7077836	22791750 <sup>18</sup>	10	132751498	A/G	0.11	0.007	0.055	0.896	reported in other study.
IGF1	rs35767	20081858 <sup>2</sup>	12	102875569	G/A	0.84	0.038	0.049	0.433	Yes
IGF1*	rs35747	22581228 <sup>3</sup>	12	102912558	A/G	0.83	0.035	0.048	0.463	Yes
FTO	rs1421085	22885924 <sup>7</sup>	16	53800954	C/T	0.23	0.063	0.041	0.122	Yes
PEPD	rs731839	22885924 <sup>7</sup>	19	33899065	A/G	0.65	0.035	0.036	0.322	No

Abbreviations: SNP, single nucleotide polymorphism; PMID, PubMed ID for previously reported association; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, p-value.

**TABLE S5** Meta-Analyses of Glucose and Insulin-Related Traits Consortium (MAGIC) and Nonalcoholic Steatohepatitis (NASH) validation results for top independent fasting glucose, fasting insulin, and homeostatic model of insulin resistance results. Variants with minor allele count <10 in these studies not shown.

								Ν	/IAGIC					N	ASH		
<u> </u>	Gene/ Nearest				EA/						Consist. direction						Consist. direction
	gene*	SNP	CHR	BP	OA	EAF	β	SE	р	n	of effect?	EAF	β	SE	р	n	of effect?
1	LOC101927665	rs6748653	2	200528810	T/A							0.12	1.616	1.393	0.247	207	Yes
	AC010149.4*	rs113214710	2	231442593	T/G							0.05	0.983	1.969	0.618	207	No
	CCSER1	rs79947031	4	91829969	C/T							0.13	0.802	1.270	0.529	207	Yes
40	MAN1A1	rs62418805	6	119508342	C/T							0.28	-0.066	1.079	0.951	207	No
(I)	RPL7*	rs12546395	8	74194405	A/T							0.68	0.212	0.981	0.829	207	No
FG 🖉	RP11-432B10.1*	rs7476984	10	109170924	A/G							0.38	0.355	0.927	0.702	207	Yes
	RTN4RL1	rs11656601	17	1924911	T/C							0.23	0.253	1.103	0.819	207	No
	ATP9B	rs7226934	18	76904665	C/T							0.19	1.847	1.145	0.108	207	Yes
	RP5-839B4.8*	rs80352176	20	9952118	G/A							0.12	-0.486	1.362	0.722	207	Yes
	RP11-560A15.4*	rs6092424	20	55672544	A/G							0.41	-0.180	0.878	0.837	207	Yes
	PARVG*	rs139198	22	44606772	C/T							0.20	-0.073	1.117	0.948	207	No
C	NFIA	rs7535730	1	61871356	G/A	0.78	0.003	0.005	0.501	38,238	Yes	0.18	0.005	0.112	0.967	201	Yes
	IQCB1	rs2331964	3	121542898	C/T	0.66	-0.004	0.004	0.295	38,238	No	0.26	0.016	0.098	0.871	201	Yes
	SPEF2	rs2361394	5	35800547	G/A	0.94	-0.003	0.009	0.768	38,238	No	0.07	-0.166	0.164	0.312	201	No
	CSMD1	rs77465890	8	3628570	C/T							0.10	0.050	0.152	0.741	201	No
FI	CSMD1*	rs35051650	8	4859203	A/C							0.08	0.059	0.159	0.711	201	Yes
	PTPRO	rs7315300	12	15610293	A/T							0.26	-0.011	0.102	0.917	201	No
	MCTP2*	rs12441824	15	94738631	A/G	0.32	0.005	0.006	0.438	38,238	No	0.41	0.053	0.084	0.526	201	No
	TIAM1*	rs2833275	21	32489757	T/C	0.43	-0.000	0.004	0.933	38,238	Yes	0.34	-0.018	0.095	0.853	201	Yes
	CTA-992D9.7*	rs4820743	22	27512801	T/C							0.39	0.003	0.092	0.974	201	Yes
HOM	_ NFIA	rs7535730	1	61871356	G/A	0.78	0.005	0.005	0.273	37,037							
HOM	<sup>A</sup> RCOR1	rs12884198	14	103155465	A/G	0.04	0.014	0.011	0.189	37,037							
-IR	MCTP2*	rs12441824	15	94738631	A/G	0.32	0.009	0.006	0.137	37,037							

Abbreviations: SNP, single nucleotide polymorphism; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, p-value; Consist, consistent; FG, fasting glucose; FI, fasting insulin, HOMA-IR, homeostatic model of insulin resistance.

**TABLE S6** Population Architecture using Genomics and Epidemiology (PAGE) Consortium validation results for rs77465890 and fasting insulin

			Not ad	ljusted f	or BMI		Adjusted for BMI					
Ancestry group	EA/OA	n	EAF	β	SE	р	n	EAF	β	SE	р	
African	C/T	7,696	0.02	-0.100	0.065	0.122	7,683	0.02	-0.113	0.067	0.092	
Asian	C/T	1,900	0.14	0.007	0.046	0.885	1,898	0.14	0.027	0.048	0.574	
European	C/T	18,656	0.03	0.044	0.054	0.417	18,637	0.03	0.015	0.054	0.787	
Hispanic	C/T	14,301	0.07	-0.004	0.024	0.861	14,270	0.07	-0.015	0.024	0.535	
Native Hawaiian	C/T	1,398	0.12	0.044	0.062	0.478	1,397	0.12	0.073	0.065	0.257	
Overall <sup>a</sup>	C/T	44,349	0.06	-0.003	0.018	0.876	44,280	0.06	-0.006	0.018	0.758	

<sup>a</sup>Additional ancestry groups with much smaller sample sizes are not shown individually but are included in the Overall group; thus, the Overall *N* exceeds the total of the shown subgroup sample sizes.

Abbreviations: EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, p-value.

### REFERENCES

1. Nagy R, Boutin TS, Marten J, et al. Exploration of haplotype research consortium imputation for genomewide association studies in 20,032 Generation Scotland participants. *Genome Med.* 2017;9(1):23. doi: 10.1186/s13073-017-0414-4

2. Dupuis J, Langenberg C, Prokopenko I, et al. New genetic loci implicated in fasting glucose homeostasis and their impact on type 2 diabetes risk. *Nat Genet.* 2010;42(2):105-16. doi: 10.1038/ng.520

3. Manning AK, Hivert MF, Scott RA, et al. A genome-wide approach accounting for body mass index identifies genetic variants influencing fasting glycemic traits and insulin resistance. *Nat Genet.* 2012;44(6):659-69. doi: 10.1038/ng.2274

4. Go MJ, Hwang JY, Jang HB, et al. A genome-wide association study identifies a LEPR gene as a novel predisposing factor for childhood fasting plasma glucose. *Genomics*. 2014;104(6 Pt B):594-8. doi: 10.1016/i.vgeno.2014.09.001

5. Bien SA, Pankow JS, Haessler J, et al. Transethnic insight into the genetics of glycaemic traits: finemapping results from the Population Architecture using Genomics and Epidemiology (PAGE) consortium. *Diabetologia.* 2017;60(12):2384-98. doi: 10.1007/s00125-017-4405-1

6. Hwang JY, Sim X, Wu Y, et al. Genome-wide association meta-analysis identifies novel variants associated with fasting plasma glucose in East Asians. *Diabetes.* 2015;64(1):291-8. doi: 10.2337/db14-0563

7. Scott RA, Lagou V, Welch RP, et al. Large-scale association analyses identify new loci influencing glycemic traits and provide insight into the underlying biological pathways. *Nat Genet.* 2012;44(9):991-1005. doi: 10.1038/ng.2385

8. Mahajan A, Sim X, Ng HJ, et al. Identification and functional characterization of G6PC2 coding variants influencing glycemic traits define an effector transcript at the G6PC2-ABCB11 locus. *PLoS Genet.* 2015;11(1):e1004876. doi: 10.1371/journal.pgen.1004876

9. Horikoshi M, Mgi R, van de Bunt M, et al. Discovery and Fine-Mapping of Glycaemic and Obesity-Related Trait Loci Using High-Density Imputation. *PLoS Genet.* 2015;11(7):e1005230. doi:

10.1371/journal.pgen.1005230

10. Go MJ, Hwang JY, Kim YJ, et al. New susceptibility loci in MYL2, C12orf51 and OAS1 associated with 1-h plasma glucose as predisposing risk factors for type 2 diabetes in the Korean population. *J Hum Genet.* 2013;58(6):362-5. doi: 10.1038/jhg.2013.14

11. Prokopenko I, Langenberg Č, Florez JC, et al. Variants in MTNR1B influence fasting glucose levels. *Nat Genet.* 2009;41(1):77-81. doi: 10.1038/ng.290

12. Strawbridge RJ, Dupuis J, Prokopenko I, et al. Genome-wide association identifies nine common variants associated with fasting proinsulin levels and provides new insights into the pathophysiology of type 2 diabetes. *Diabetes.* 2011;60(10):2624-34. doi: 10.2337/db11-0415

Wessel J, Chu AY, Willems SM, et al. Low-frequency and rare exome chip variants associate with fasting glucose and type 2 diabetes susceptibility. *Nat Commun.* 2015;6:5897. doi: 10.1038/ncomms6897
 Bouatia-Naji N, Bonnefond A, Cavalcanti-Proenca C, et al. A variant near MTNR1B is associated with increased fasting plasma glucose levels and type 2 diabetes risk. *Nat Genet.* 2009;41(1):89-94. doi: 10.1038/ng.277

15. Hayes MG, Urbanek M, Hivert MF, et al. Identification of HKDC1 and BACE2 as genes influencing glycemic traits during pregnancy through genome-wide association studies. *Diabetes*. 2013;62(9):3282-91. doi: 10.2337/db12-1692

16. Chambers JC, Zhang W, Zabaneh D, et al. Common genetic variation near melatonin receptor MTNR1B contributes to raised plasma glucose and increased risk of type 2 diabetes among Indian Asians and European Caucasians. *Diabetes*. 2009;58(11):2703-8. doi: 10.2337/db08-1805

17. Xing C, Cohen JC, Boerwinkle E. A weighted false discovery rate control procedure reveals alleles at FOXA2 that influence fasting glucose levels. *Am J Hum Genet.* 2010;86(3):440-6. doi:

10.1016/j.ajhg.2010.01.025

18. Chen G, Bentley A, Adeyemo A, et al. Genome-wide association study identifies novel loci association with fasting insulin and insulin resistance in African Americans. *Hum Mol Genet.* 2012;21(20):4530-6. doi: 10.1093/hmg/dds282

19. Le Stunff C, Dechartres A, Mariot V, et al. Association analysis indicates that a variant GATA-binding site in the PIK3CB promoter is a Cis-acting expression quantitative trait locus for this gene and attenuates insulin resistance in obese children. *Diabetes.* 2008;57(2):494-502. doi: 10.2337/db07-1273

# Genome-wide association study identifying novel variant for fasting insulin and allelic heterogeneity in known glycemic loci in Chilean adolescents: The Santiago Longitudinal Study

Victoria L Buchanan MS, MPH<sup>1</sup> | Yujie Wang PhD<sup>1</sup> | Estela Blanco MPH, MA<sup>2</sup> | Mariaelisa Graff PhD<sup>1</sup> | Cecilia Albala MD<sup>3</sup> | Raquel Burrows MD<sup>3</sup> | José L Santos PhD<sup>4</sup> | Bárbara Angel PhD<sup>3</sup> | Betsy Lozoff MD<sup>5</sup> | V Saroja Voruganti PhD<sup>6</sup> | Xiuqing Guo PhD<sup>7</sup> | Kent D Taylor PhD<sup>7</sup> | Yii-Der Ida Chen PhD<sup>7</sup> | Jie Yao MS<sup>7</sup> | Jingyi Tan MA<sup>7</sup> | Carolina Downie MPH<sup>1</sup> | Heather M Highland PhD<sup>1</sup> | Anne E Justice PhD<sup>1,7</sup> | Sheila Gahagan MD, MPH<sup>2</sup> | Kari E North PhD<sup>1</sup>

<sup>1</sup>Department of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, NC

<sup>2</sup>Division of Academic General Pediatrics, Child Development and Community Health, University of California at San Diego, San Diego, CA

<sup>3</sup>Department of Public Health Nutrition, Institute of Nutrition and Food Technology, University of Chile, Santiago, Chile <sup>4</sup>Department of Nutrition, Diabetes and Metabolism, School of Medicine, Pontificia Universidad Católica de Chile, Santiago, Chile

<sup>5</sup>Department of Pediatrics, University of Michigan, Ann Arbor, MI

<sup>6</sup>Department of Nutrition and UNC Nutrition Research Institute, University of North Carolina at Chapel Hill, Kannapolis, NC

<sup>7</sup> The Institute for Translational Genomics and Population Sciences, Department of Pediatrics, The Lundquist Institute at Harbor-UCLA Medical Center, Torrance, CA

<sup>8</sup>Department of Population Health Sciences, Geisinger, Danville, PA

#### Correspondence

Victoria L. Buchanan, MS, MPH, University of North Carolina at Chapel Hill, 123 W. Franklin Street, Building C, Suite 4217, Chapel Hill, NC 27599

Email: vicbucha@live.unc.edu

### 9 | SUPPORTING INFORMATION

Table S1	2
– Table S2	3
Table S3	4
Table S4	6
Table S5	7
Table S6	8
References	9

Gene/ Nearest gene*	SNP	CHR	BP	EA/OA	EAF	β	SE	р
GWAS-significant loci (p<5x10 <sup>-8</sup> )								
CSMD1	rs77465890	8	3628570	C/T	0.10	-0.322	0.057	1.66E-8
Suggestive loci (p<5x10 <sup>-6</sup> )								
RP11-191N8.2*	rs35726538	1	221976039	G/A	0.02	0.693	0.142	1.16E-6
NFIA	rs7535730	1	61871356	G/A	0.18	0.236	0.049	1.50E-6
NCKAP5	rs528181067	2	134374835	A/T	0.01	-0.823	0.175	2.52E-6
RP11-769N22.1*	rs184687999	4	29046057	C/T	0.05	0.415	0.087	1.86E-6
SPEF2	rs2361393	5	35800504	G/A	0.19	0.224	0.047	1.58E-6
MCM9*	rs117381875	6	119134465	C/T	0.02	0.689	0.141	1.12E-6
CSMD1*	rs35051650	8	4859203	A/C	0.13	0.269	0.055	9.49E-7
KIAA1217	rs143654218	10	24319915	G/A	0.01	0.968	0.206	2.54E-6
AKR1C3	rs117400599	10	5143717	G/T	0.04	0.467	0.097	1.55E-6
PTPRO	rs7315300	12	15610293	A/T	0.24	0.223	0.042	1.46E-7
RCOR1	rs12884198	14	103155465	A/G	0.02	0.831	0.157	1.23E-7
MCTP2*	rs12441824	15	94738631	A/G	0.48	-0.240	0.046	1.69E-7
DCC	rs9950187	18	50636401	T/A	0.04	0.453	0.095	1.95E-6
CTA-992D9.7*	rs4820743	22	27512801	T/C	0.78	0.207	0.044	2.26E-6

**TABLE S1** Top independent signals in the Santiago Longitudinal Study for homeostatic model of insulin

 resistance

Abbreviations: SNP, single nucleotide polymorphism; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, p-value.

TABLE S2 Top independent signals in the Santiago Longitudinal Study for fasting glucose, fasting insulin, and homeostatic model assessment of insulin resistance, adjusted for CDC pediatric z-scores of body mass index.

	atic model assessn			,					
Trait	Gene/ Nearest Gene*	SNP	CHR	BP	EA/OA	EAF	β	SE	<u>p</u>
	RP11-147G16.1*	rs10157848	1	82996068	C/G	0.96	7.233	1.579	5.00E-6
	LOC101927665	rs6748653	2	200528810	T/A	0.21	3.023	0.643	2.60E-6
	AC010149.4*	rs113214710	2	231442593	T/G	0.07	-5.069	1.100	4.03E-6
	AC009223.2*	rs138154342	2	41452492	G/A	0.01	-14.391	2.975	1.31E-6
	TXNRD3	rs78870998	3	126352111	C/A	0.03	7.859	1.719	4.85E-6
	GBA3	rs79399931	4	22714327	A/C	0.02	-11.381	2.300	7.46E-7
	UCHL1-AS1	rs66475765	4	41230618	T/C	0.03	-8.210	1.770	3.53E-6
	CCSER1	rs79947031	4	91829969	C/T	0.11	4.108	0.882	3.22E-6
	RP11-541P9.3*	rs189776108	5	162420388	T/C	0.05	5.905	1.284	4.26E-6
	ZBED3-AS1	rs28589776	5	76406470	T/C	0.01	-11.552	2.492	3.56E-6
	DCBLD1	rs117533208	6	117855911	C/T	0.02	10.528	2.291	4.32E-6
50	MAN1A1	rs62418805	6	119508342	C/T	0.32	3.055	0.604	4.19E-7
FG	AC004535.2*	rs141226872	7	10748548	G/A	0.01	12.046	2.622	4.34E-6
	RPL7*	rs12546395	8	74194405	A/T	0.62	-2.573	0.533	1.40E-6
	SLC24A2 WNK2	rs79818403	9	19669933	T/C	0.01	15.296	3.100 1.389	8.06E-7
$\bigcirc$		rs147515244	9	96046087	A/T	0.05	6.730		1.26E-6
	RP11-432B10.1*	rs7476984	10	109170924	A/G	0.40	2.825	0.540	1.72E-7
10	AL157931.1* RTN4RL1	rs117292932	13 17	23574827	A/T	0.02	9.998	2.067	1.31E-6
	ATP9B	rs11656601 rs7226934	17 18	1924911 76904665	T/C C/T	0.25 0.16	-3.534 3.377	0.732 0.730	1.36E-6 3.74E-6
	NLRP12*			76904665 54336151				0.730 3.620	3.74E-6 2.50E-6
	NLRP12" RP11-560A15.4*	rs139295665 rs6092424	19 20	55672544	A/G A/G	0.01 0.49	-17.044 -2.667	3.620 0.534	2.50E-6 5.82E-7
	RP11-500A15.4 TAF4*	rs6061420	20 20	55672544 60654074	G/A	0.49	-2.667	0.534	5.82E-7 2.29E-6
	RP5-839B4.8*	rs80352176	20	9952118	G/A G/A	0.07	-4.994	1.038	2.29E-0 1.52E-6
	PARVG*	rs139198	20	44606772	C/T	0.09	3.040	0.662	4.47E-6
	ENSA*	rs115406107	1	150594155	A/T	0.02	0.508	0.105	1.00E-6
	KAZN	rs80204739	1	15065485	G/C	0.02	0.580	0.103	5.00E-6
	PLD5*	rs61839743	1	242873445	C/T	0.02	-0.883	0.127	2.00E-6
	SMEK2	rs60356354	2	55833911	C/T	0.03	-0.452	0.095	2.06E-6
	LINC00290	rs6831952	4	182066235	T/G	0.67	0.164	0.035	3.04E-6
	RP11-434D11.4*	rs1546499	5	126033156	C/A	0.43	0.146	0.031	2.13E-6
	SPEF2	rs2361394	5	35800547	G/A	0.08	0.287	0.056	2.80E-7
	RP11-744I24.2*	rs7795885	7	141251044	G/C	0.03	0.427	0.093	4.20E-6
	DOCK5	rs2709613	8	25212994	C/G	0.97	0.474	0.101	3.03E-6
FL	CSMD1	rs77465890	8	3628570	C/T	0.10	-0.252	0.047	1.03E-7
	CSMD1*	rs34371265	8	4859170	C/T	0.13	0.216	0.045	1.82E-6
	PRAG1*	rs577483743	8	8376874	A/T	0.02	-0.516	0.111	3.61E-6
	AL157884.1*	rs12337921	9	32735066	A/G	0.02	-0.550	0.117	2.61E-6
	CTD-2507G9.1*	rs11029253	11	26163242	A/T	0.09	0.268	0.058	3.04E-6
	RCOR1	rs12884198	14	103155465	A/G	0.02	0.663	0.130	3.28E-7
	MAP4K5	rs77026144	14	50937785	T/C	0.01	0.942	0.187	4.80E-7
	CIITA	rs45513895	16	10995145	C/T	0.03	-0.419	0.088	2.12E-6
	APBA3	rs10460192	19	3756197	C/T	0.77	0.172	0.037	4.24E-6
	PLXNB2	rs62241209	22	50734392	A/G	0.15	0.213	0.045	2.59E-6
	ENSA*	rs115406107	1	150594155	A/T	0.02	0.537	0.114	2.00E-6
	KAZN	rs80204739	1	15065485	G/C	0.02	0.643	0.137	3.00E-6
	NFIA	rs2499526	1	61870696	T/C	0.55	-0.150	0.033	4.00E-6
	RP11-434D11.4*	rs1546499	5	126033156	C/A	0.43	0.153	0.033	4.02E-6
	SPEF2	rs2361394	5	35800547	G/A	0.08	0.305	0.060	4.52E-7
	MCM9*	rs117381875	6	119134465	C/T	0.02	0.594	0.126	2.48E-6
	CSMD1	rs77465890	8	3628570	C/T	0.10	-0.275	0.051	7.11E-8
HOMA-IR	CSMD1*	rs34371265	8	4859170	C/T	0.13	0.237	0.049	1.21E-6
	PRAG1*	rs577483743	8	8376874	A/T	0.02	-0.554	0.120	4.09E-6
	CTD-2507G9.1*	rs1489506	11	26126773	A/C	0.10	0.258	0.056	4.73E-6
	RCOR1	rs12884198	14	103155465	A/G	0.02	0.692	0.140	8.41E-7
	MAP4K5	rs77026144	14	50937785	T/C	0.01	1.054	0.202	1.75E-7
	RP11-66B24.5*	rs149208997	15	101334196	T/C	0.01	-0.931	0.200	3.44E-6
	DNAH17	rs1530433	17	76559768	C/T	0.56	-0.161	0.033	1.44E-6
	APBA3	rs10460192	19	3756197	C/T	0.77	0.193	0.040	1.59E-6
	PLXNB2	rs62241209	22	50734392	A/G	0.15	0.228	0.049	3.08E-6

Abbreviations: SNP, single nucleotide polymorphism; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, pvalue; FG, fasting glucose; FI, fasting insulin; HOMA-IR, homeostatic model assessment of insulin resistance. TABLE S3 Loci reported in other studies to have GWAS-significant associations with fasting glucose that did not generalize in the Santiago Longitudinal Study. Associations either did not reach the nominal significance threshold of p<0.05 or showed a direction of effect inconsistent with other studies. p-values for nominally significant associations are bolded.

Gene/ nearest gene*	SNP	PMID	CHR	BP	EA/ OA	EAF	β	SE	p	Direction of effect consistent with other studies?
ficarest gene	rs79687284	28270201 <sup>1</sup>	1	214150821	C/G	0.02	3.430	2.503	0.171	Yes
		20081858 <sup>2</sup> ,							-	
PROX1-AS1	rs340874	22581228 <sup>3</sup>	1	214159256	C/T	0.39	-0.350	0.579	0.545	No
Metazoa_SRP*	rs17407594	25223902 <sup>4</sup>	1	66170362	A/G	0.19	0.442	0.798	0.541	Yes
										Different alleles (EA/OA:A/O
	rs477224	28905132 <sup>5</sup>	2	169750483	T/C	0.73	-0.550	0.627	0.381	reported in other study.
SPC25*	rs13387347	25187374 <sup>6</sup>	2	169754846	C/T	0.38	-1.346	0.555	0.015	No
AC018712.3*	rs733331	25187374 <sup>6</sup>	2	173546313	A/G	0.13	-0.580	0.804	0.470	No
DPYSL5	rs1371614	22581228 <sup>3</sup>	2	27152874	T/C	0.38	-0.250	0.546	0.647	No
	rs780095	28270201 <sup>1</sup> 20081858 <sup>2</sup> ,	2	27741105	G/A	0.64	0.226	0.564	0.689	Yes
		22581228 <sup>3</sup> ,								Other studies inconsisten
GCKR	rs780094	25187374 <sup>6</sup>	2	27741237	C/T	0.67	-0.091	0.574	0.874	with one another.
MRPL33	rs3736594	22581228 <sup>3</sup>	2	27995781	C/A	0.60	0.154	0.544	0.777	No
AC012354.6*	rs895636	25187374 <sup>6</sup>	2	45188353	T/C	0.27	-0.703	0.614	0.252	No
100/5		20081858 <sup>2</sup> ,			~ '					
ADCY5	rs11708067	22581228 <sup>3</sup>	3	123065778	G/A	0.28	-0.410	0.582	0.482	Yes
		20081858 <sup>2</sup> ,	<u>^</u>	470747504	۸/ <b>т</b>	0.44	0.000	0.000	0 700	Other studies inconsisten
	rs11920090 rs8192675	22581228 <sup>3</sup> 28270201 <sup>1</sup>	3	170717521 170724883	A/T C/T	0.11 0.34	-0.332 -0.191	0.886 0.575	0.708 0.740	with one another.
SLC2A2	rs9873618	28270201 <sup>1</sup> 28270201 <sup>1</sup>	3 3	170724883	A/G	0.34	-0.191 -0.342	0.575	0.740 0.554	No No
IGF2BP2	rs7651090	22885924 7	3	185513392	G/A	0.33	0.025	0.578	0.965	Yes
AMT	rs11715915	22885924 7	3	49455330	T/C	0.32	-0.508	0.730	0.905	Yes
ZBED3-AS1	rs7708285	22885924 7	5	76425867	A/G	0.69	-0.850	0.594	0.460	Yes
ZDLDJ-AUT	rs4869272	22885924 7	5	95539448	T/C	0.81	1.195	0.702	0.089	Yes
LOC101929710	rs13179048	22581228 <sup>3</sup>	5	95542726	A/C	0.01	-1.427	0.702	0.005 0.046	No
CDKAL1	rs9356744	25187374 6	6	20685486	C/T	0.27	-0.235	0.596	0.694	No
OBIVILI	rs17762454	22885924 7	6	7213200	T/C	0.40	0.109	0.569	0.849	Yes
RREB1	rs35742417	25625282 <sup>8</sup>	6	7247344	A/C	0.06	-0.723	1.148	0.529	Yes
		20081858 <sup>2</sup> ,	-					-		
	rs2191349	22581228 <sup>3</sup>	7	15064309	T/G	0.39	0.581	0.559	0.298	Yes
AC006458.3*	rs1974620	25187374 <sup>6</sup>	7	15065467	T/C	0.39	0.578	0.559	0.301	Yes
	rs10259649	26132169 <sup>9</sup>	7	44219705	C/T	0.24	0.597	0.632	0.345	Yes
GCK	rs730497	25187374 <sup>6</sup>	7	44223721	A/G	0.18	0.506	0.698	0.469	Yes
	rs1799884	23575436 <sup>10</sup> 19060907 <sup>11</sup> , 20081858 <sup>2</sup> ,	7	44229068	T/C	0.18	0.446	0.697	0.523	Different effect allele (EA:, reported in other study.
GCK*	rs4607517	22581228 <sup>3</sup>	7	44235668	A/G	0.18	0.428	0.699	0.540	Yes
YKT6	rs917793	28270201 <sup>1</sup>	7	44245853	T/A	0.29	-0.070	0.602	0.908	No
CAMK2B*	rs878521	26132169 <sup>9</sup>	7	44255643	A/G	0.33	0.264	0.574	0.645	Yes
	rs10248619	22581228 <sup>3</sup>	7	50751090	C/T	0.78	-0.514	0.641	0.422	Yes
GRB10	rs6943153	22885924 <sup>7</sup>	7	50791579	C/T	0.56	-0.765	0.560	0.172	Yes
	rs13266634	28270201 <sup>1</sup>	8	118184783	T/C	0.21	-1.069	0.637	0.094	No
	rs3802177	25187374 <sup>6</sup> 20081858 <sup>2</sup> , 21873549 <sup>12</sup> , 22584228 <sup>3</sup>	8	118185025	A/G	0.21	-1.097	0.637	0.085	Yes
SLC30A8	rs11558471	22581228 <sup>3</sup> , 28270201 <sup>1</sup>	8	118185733	G/A	0.22	-1.165	0.623	0.062	Other studies inconsister with one another.
RP11-115J16.1*	rs983309	22885924 7	8	9177732	G/T	0.22	-0.682	0.634	0.282	Yes
LOC157273	rs4841132	22581228 <sup>3</sup>	8	9183596	G/A	0.79	-0.459	0.662	0.488	Yes
200101210	134041132	22001220	0	5105550	0/A	0.75	0.400	0.002	0.400	Different alleles (EA/OA:A/
ABO*	rs651007	25631608 <sup>13</sup>	9	136153875	T/C	0.15	0.494	0.748	0.509	reported in other study.
DNLZ	rs3829109	22885924 7	9	139256766	A/G	0.43	-1.006	0.541	0.063	Yes
CDKN2B-AS1*	rs10811661	25187374 6	9	22134094	C/T	0.14	0.468	0.780	0.548	No
	rs7034200	20081858 <sup>2</sup>	9	4289050	A/C	0.53	0.768	0.573	0.180	Yes
GLIS3	rs4237150	25187374 <sup>6</sup>	9	4290085	C/G	0.47	0.783	0.569	0.169	Yes
KANK1	rs10815355	25187374 <sup>6</sup>	9	622523	T/G	0.06	-0.149	1.167	0.898	No
RP11-381K7.1*	rs10885122	20081858 <sup>2</sup>	10	113042093	G/T	0.86	-0.378	0.798	0.636	No
	rs4506565	20081858 <sup>2</sup>	10	114756041	T/A	0.24	-0.431	0.662	0.515	No
	rs7903146	21873549 <sup>12</sup>	10	114758349	T/C	0.24	-0.227	0.664	0.733	No
TCF7L2		22581228 <sup>3</sup>			C/T		-0.035			

CRY2	rs11605924	20081858 <sup>2</sup> , 22581228 <sup>3</sup>	11	45873091	C/A	0.57	-0.122	0.526	0.817	Yes
-		20081858 <sup>2</sup> ,					-			
MADD	rs7944584	22581228 <sup>3</sup>	11	47336320	T/A	0.19	0.672	0.676	0.320	No
OR4S1*	rs1483121	22581228 <sup>3</sup>	11	48333360	A/G	0.08	0.139	1.000	0.890	Yes
		20081858 <sup>2</sup> ,								
FADS1	rs174550	22581228 <sup>3</sup>	11	61571478	C/T	0.62	0.060	0.566	0.915	No
ARAP1	rs11603334	22581228 <sup>3</sup>	11	72432985	A/G	0.07	-1.506	1.078	0.162	No
1	rs3847554	25187374 <sup>6</sup>	11	92668826	T/C	0.29	0.590	0.597	0.322	Yes
	rs1387153	19060909 <sup>14</sup>	11	92673828	T/C	0.21	1.251	0.664	0.059	Yes
	rs7936247	23903356 <sup>15</sup>	11	92690032	T/G	0.24	1.054	0.622	0.090	Yes
)										Different alleles (EA/OA:G/A
	rs2166706	19651812 <sup>16</sup>	11	92691532	C/T	0.27	1.046	0.610	0.086	reported in other study.
RP11-676F20.1*	rs10830962	23575436 <sup>10</sup>	11	92698427	G/C	0.29	0.806	0.598	0.178	No
RP11-503G7.2*	rs10747083	22885924 <sup>7</sup>	12	133041618	A/G	0.72	-0.163	0.588	0.782	No
GLS2	rs2657879	22885924 <sup>7</sup>	12	56865338	G/A	0.22	0.501	0.642	0.435	Yes
RMST	rs17331697	26132169 <sup>9</sup>	12	97868906	C/T	0.04	-0.365	1.291	0.777	Yes
PDX1-AS1*	rs2293941	22581228 <sup>3</sup>	13	28491198	A/G	0.33	1.071	0.578	0.064	Yes
PDX1	rs7981781	28270201 <sup>1</sup>	13	28499962	A/G	0.33	1.136	0.610	0.063	Yes
WARS	rs3783347	22885924 <sup>7</sup>	14	100839261	T/G	0.11	-0.566	0.861	0.511	Yes
C2CD4A*	rs7173964	22581228 <sup>3</sup>	15	62396942	A/G	0.48	-0.073	0.538	0.892	No
IGF1R	rs2018860	25187374 <sup>6</sup>	15	99258710	T/A	0.54	-0.528	0.548	0.336	Yes
QPCTL	rs2302593	22885924 <sup>7</sup>	19	46196634	G/C	0.52	0.693	0.545	0.204	No
LINC00261	rs6113722	22885924 <sup>7</sup>	20	22557099	A/G	0.04	1.144	1.444	0.428	No
LINC00261*	rs6048205	22581228 <sup>3</sup>	20	22559601	G/A	0.04	0.269	1.374	0.845	No
RP4-788L20.3*	rs1209523	20152958 <sup>17</sup>	20	22567942	T/C	0.03	1.741	1.577	0.269	No
LOC101929685	rs6048216	25187374 <sup>6</sup>	20	22581268	C/T	0.04	1.265	1.371	0.356	No
TOP1	rs6072275	22885924 <sup>7</sup>	20	39743905	A/G	0.14	0.753	0.805	0.349	Yes
	<u></u>									

Abbreviations: SNP, single nucleotide polymorphism; PMID, PubMed ID for previously reported association; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, p-value.

**TABLE S4** Loci reported in other studies to have GWAS-significant associations with fasting insulin that did not generalize in the Santiago Longitudinal Study. No associations reached the nominal significance threshold of p<0.05 for this trait.

Gene/					EA/					Direction of effect consistent with other
nearest gene*	SNP	PMID	CHR	BP	OA	EAF	β	SE	р	studies?
RP11-95P13.1*	rs2820436	22885924 <sup>7</sup>	1	219640680	C/A	0.51	0.044	0.034	0.193	Yes
	rs2785980	22581228 <sup>3</sup>	1	219700519	C/T	0.54	-0.009	0.036	0.794	Yes
RP11-95P13.2*	rs4846565	22885924 <sup>7</sup>	1	219722104	A/G	0.54	0.018	0.035	0.612	No
MAP3K19	rs1530559	22885924 <sup>7</sup>	2	135755629	G/A	0.68	0.005	0.042	0.911	No
LOC101929615	rs10195252	22885924 <sup>7</sup>	2	165513091	C/T	0.22	0.024	0.044	0.592	No
COBLL1	rs7607980	22581228 <sup>3</sup>	2	165551201	C/T	0.07	-0.008	0.068	0.910	Yes
	rs2943634	22581228 <sup>3</sup>	2	227068080	C/A	0.83	0.022	0.047	0.643	No
AC068138.1*	rs2943645	22885924 <sup>7</sup>	2	227099180	T/C	0.82	0.038	0.045	0.399	Yes
		20081858 <sup>2</sup> ,								Other studies inconsister
GCKR	rs780094	22581228 <sup>3</sup>	2	27741237	C/T	0.67	0.062	0.036	0.089	with one another.
AY269186.2*	rs9841287	22581228 <sup>3</sup>	3	108993	G/A	0.34	-0.034	0.036	0.338	Yes
PPARG	rs17036328	22885924 <sup>7</sup>	3	12390484	C/T	0.12	-0.016	0.054	0.775	Yes
	rs974801	22885924 <sup>7</sup>	4	106071064	G/A	0.38	0.001	0.036	0.970	Yes
TET2	rs9884482	22885924 <sup>7</sup>	4	106081636	C/T	0.38	-0.006	0.036	0.866	No
	rs4691380	22581228 <sup>3</sup>	4	157720124	T/C	0.35	0.038	0.035	0.283	Yes
PDGFC	rs6822892	22885924 <sup>7</sup>	4	157734675	G/A	0.35	0.041	0.035	0.244	No
MSMO1	rs17046216	22791750 <sup>18</sup>	4	166255704	A/T	0.21	0.049	0.044	0.264	Yes
FAM13A	rs3822072	22885924 <sup>7</sup>	4	89741269	A/G	0.38	0.008	0.036	0.823	Yes
ARL15	rs4865796	22885924 <sup>7</sup>	5	53272664	A/G	0.84	-0.023	0.049	0.645	No
AC022431.2*	rs459193	22885924 <sup>7</sup>	5	55806751	G/A	0.79	0.042	0.042	0.320	Yes
RSP03	rs2745353	22885924 <sup>7</sup>	6	127452935	T/C	0.61	-0.009	0.036	0.802	No
UHRF1BP1	rs6912327	22885924 <sup>7</sup>	6	34764922	C/T	0.24	0.059	0.039	0.131	No
UHRF1BP1*	rs4646949	22581228 <sup>3</sup>	6	34845449	G/T	0.38	0.033	0.035	0.337	No
HIP1	rs1167800	22885924 <sup>7</sup>	7	75176196	A/G	0.61	-0.006	0.037	0.880	No
RP11-115J16.1*	rs983309	22885924 <sup>7</sup>	8	9177732	G/T	0.78	-0.059	0.040	0.141	Yes
	rs4841132	22581228 <sup>3</sup>	8	9183596	G/A	0.79	-0.066	0.042	0.115	Yes
LOC157273	rs2126259	22885924 <sup>7</sup>	8	9185146	C/T	0.73	-0.031	0.039	0.419	Yes
		22581228, <sup>3</sup>								Other studies inconsister
TCF7L2	rs7903146	22885924 <sup>7</sup>	10	114758349	T/C	0.24	-0.016	0.042	0.701	with one another.
										Different effect allele (EA:
MIR378C*	rs7077836	22791750 <sup>18</sup>	10	132751498	A/G	0.11	0.007	0.055	0.896	reported in other study.
IGF1	rs35767	20081858 <sup>2</sup>	12	102875569	G/A	0.84	0.038	0.049	0.433	Yes
IGF1*	rs35747	22581228 <sup>3</sup>	12	102912558	A/G	0.83	0.035	0.048	0.463	Yes
FTO	rs1421085	22885924 <sup>7</sup>	16	53800954	C/T	0.23	0.063	0.041	0.122	Yes
PEPD	rs731839	22885924 <sup>7</sup>	19	33899065	A/G	0.65	0.035	0.036	0.322	No

Abbreviations: SNP, single nucleotide polymorphism; PMID, PubMed ID for previously reported association; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, p-value.

**TABLE S5** Meta-Analyses of Glucose and Insulin-Related Traits Consortium (MAGIC) and Nonalcoholic Steatohepatitis (NASH) validation results for top independent fasting glucose, fasting insulin, and homeostatic model of insulin resistance results. Variants with minor allele count <10 in these studies not shown.

				MAGIC							NASH						
<u> </u>	Gene/ Nearest				EA/						Consist. direction						Consist. direction
	gene*	SNP	CHR	BP	OA	EAF	β	SE	р	n	of effect?	EAF	β	SE	р	n	of effect?
	LOC101927665	rs6748653	2	200528810	T/A							0.12	1.616	1.393	0.247	207	Yes
	AC010149.4*	rs113214710	2	231442593	T/G							0.05	0.983	1.969	0.618	207	No
	CCSER1	rs79947031	4	91829969	C/T							0.13	0.802	1.270	0.529	207	Yes
	MAN1A1	rs62418805	6	119508342	C/T							0.28	-0.066	1.079	0.951	207	No
( )	RPL7*	rs12546395	8	74194405	A/T							0.68	0.212	0.981	0.829	207	No
FG	RP11-432B10.1*	rs7476984	10	109170924	A/G							0.38	0.355	0.927	0.702	207	Yes
	RTN4RL1	rs11656601	17	1924911	T/C							0.23	0.253	1.103	0.819	207	No
	ATP9B	rs7226934	18	76904665	C/T							0.19	1.847	1.145	0.108	207	Yes
	RP5-839B4.8*	rs80352176	20	9952118	G/A							0.12	-0.486	1.362	0.722	207	Yes
	RP11-560A15.4*	rs6092424	20	55672544	A/G							0.41	-0.180	0.878	0.837	207	Yes
	PARVG*	rs139198	22	44606772	C/T							0.20	-0.073	1.117	0.948	207	No
(	NFIA	rs7535730	1	61871356	G/A	0.78	0.003	0.005	0.501	38,238	Yes	0.18	0.005	0.112	0.967	201	Yes
	IQCB1	rs2331964	3	121542898	C/T	0.66	-0.004	0.004	0.295	38,238	No	0.26	0.016	0.098	0.871	201	Yes
	SPEF2	rs2361394	5	35800547	G/A	0.94	-0.003	0.009	0.768	38,238	No	0.07	-0.166	0.164	0.312	201	No
	CSMD1	rs77465890	8	3628570	C/T							0.10	0.050	0.152	0.741	201	No
FI	CSMD1*	rs35051650	8	4859203	A/C							0.08	0.059	0.159	0.711	201	Yes
	PTPRO	rs7315300	12	15610293	A/T							0.26	-0.011	0.102	0.917	201	No
	MCTP2*	rs12441824	15	94738631	A/G	0.32	0.005	0.006	0.438	38,238	No	0.41	0.053	0.084	0.526	201	No
	TIAM1*	rs2833275	21	32489757	T/C	0.43	-0.000	0.004	0.933	38,238	Yes	0.34	-0.018	0.095	0.853	201	Yes
	CTA-992D9.7*	rs4820743	22	27512801	T/C							0.39	0.003	0.092	0.974	201	Yes
	NFIA	rs7535730	1	61871356	G/A	0.78	0.005	0.005	0.273	37,037							
HOMA -IR	RCOR1	rs12884198	14	103155465	A/G	0.04	0.014	0.011	0.189	37,037							
-IK	MCTP2*	rs12441824	15	94738631	A/G	0.32	0.009	0.006	0.137	37,037							

Abbreviations: SNP, single nucleotide polymorphism; CHR, chromosome; BP, base pair position (hg19 build); EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, p-value; Consist, consistent; FG, fasting glucose; FI, fasting insulin, HOMA-IR, homeostatic model of insulin resistance.

**TABLE S6** Population Architecture using Genomics and Epidemiology (PAGE) Consortium validation results for rs77465890 and fasting insulin

			Not ad	ljusted f	or BMI		Adjusted for BMI						
Ancestry group	EA/OA	n	EAF	β	SE	р	n	EAF	β	SE	р		
African	C/T	7,696	0.02	-0.100	0.065	0.122	7,683	0.02	-0.113	0.067	0.092		
Asian	C/T	1,900	0.14	0.007	0.046	0.885	1,898	0.14	0.027	0.048	0.574		
European	C/T	18,656	0.03	0.044	0.054	0.417	18,637	0.03	0.015	0.054	0.787		
Hispanic	C/T	14,301	0.07	-0.004	0.024	0.861	14,270	0.07	-0.015	0.024	0.535		
Native Hawaiian	C/T	1,398	0.12	0.044	0.062	0.478	1,397	0.12	0.073	0.065	0.257		
Overalla	C/T	44,349	0.06	-0.003	0.018	0.876	44,280	0.06	-0.006	0.018	0.758		

<sup>a</sup>Additional ancestry groups with much smaller sample sizes are not shown individually but are included in the Overall group; thus, the Overall *N* exceeds the total of the shown subgroup sample sizes.

Abbreviations: EA, effect allele; OA, other allele; EAF, effect allele frequency;  $\beta$ , beta coefficient; SE, standard error; p, p-value.

### REFERENCES

1. Nagy R, Boutin TS, Marten J, et al. Exploration of haplotype research consortium imputation for genomewide association studies in 20,032 Generation Scotland participants. *Genome Med.* 2017;9(1):23. doi: 10.1186/s13073-017-0414-4

2. Dupuis J, Langenberg C, Prokopenko I, et al. New genetic loci implicated in fasting glucose homeostasis and their impact on type 2 diabetes risk. *Nat Genet.* 2010;42(2):105-16. doi: 10.1038/ng.520

3. Manning AK, Hivert MF, Scott RA, et al. A genome-wide approach accounting for body mass index identifies genetic variants influencing fasting glycemic traits and insulin resistance. *Nat Genet.* 2012;44(6):659-69. doi: 10.1038/ng.2274

4. Go MJ, Hwang JY, Jang HB, et al. A genome-wide association study identifies a LEPR gene as a novel predisposing factor for childhood fasting plasma glucose. *Genomics*. 2014;104(6 Pt B):594-8. doi: 10.1016/j.ygeno.2014.09.001

5. Bien SA, Pankow JS, Haessler J, et al. Transethnic insight into the genetics of glycaemic traits: finemapping results from the Population Architecture using Genomics and Epidemiology (PAGE) consortium. *Diabetologia*. 2017;60(12):2384-98. doi: 10.1007/s00125-017-4405-1

6. Hwang JY, Sim X, Wu Y, et al. Genome-wide association meta-analysis identifies novel variants associated with fasting plasma glucose in East Asians. *Diabetes*. 2015;64(1):291-8. doi: 10.2337/db14-0563

7. Scott RA, Lagou V, Welch RP, et al. Large-scale association analyses identify new loci influencing glycemic traits and provide insight into the underlying biological pathways. *Nat Genet.* 2012;44(9):991-1005. doi: 10.1038/ng.2385

8. Mahajan A, Sim X, Ng HJ, et al. Identification and functional characterization of G6PC2 coding variants influencing glycemic traits define an effector transcript at the G6PC2-ABCB11 locus. *PLoS Genet.* 2015;11(1):e1004876. doi: 10.1371/journal.pgen.1004876

9. Horikoshi M, Mgi R, van de Bunt M, et al. Discovery and Fine-Mapping of Glycaemic and Obesity-Related Trait Loci Using High-Density Imputation. *PLoS Genet.* 2015;11(7):e1005230. doi:

10.1371/journal.pgen.1005230

10. Go MJ, Hwang JY, Kim YJ, et al. New susceptibility loci in MYL2, C12orf51 and OAS1 associated with 1-h plasma glucose as predisposing risk factors for type 2 diabetes in the Korean population. *J Hum Genet.* 2013;58(6):362-5. doi: 10.1038/jhg.2013.14

11. Prokopenko I, Langenberg Ć, Florez JC, et al. Variants in MTNR1B influence fasting glucose levels. *Nat Genet.* 2009;41(1):77-81. doi: 10.1038/ng.290

12. Strawbridge RJ, Dupuis J, Prokopenko I, et al. Genome-wide association identifies nine common variants associated with fasting proinsulin levels and provides new insights into the pathophysiology of type 2 diabetes. *Diabetes.* 2011;60(10):2624-34. doi: 10.2337/db11-0415

Wessel J, Chu AY, Willems SM, et al. Low-frequency and rare exome chip variants associate with fasting glucose and type 2 diabetes susceptibility. *Nat Commun.* 2015;6:5897. doi: 10.1038/ncomms6897
 Bouatia-Naji N, Bonnefond A, Cavalcanti-Proenca C, et al. A variant near MTNR1B is associated with increased fasting plasma glucose levels and type 2 diabetes risk. *Nat Genet.* 2009;41(1):89-94. doi: 10.1038/ng.277

15. Hayes MG, Urbanek M, Hivert MF, et al. Identification of HKDC1 and BACE2 as genes influencing glycemic traits during pregnancy through genome-wide association studies. *Diabetes*. 2013;62(9):3282-91. doi: 10.2337/db12-1692

16. Chambers JC, Zhang W, Zabaneh D, et al. Common genetic variation near melatonin receptor MTNR1B contributes to raised plasma glucose and increased risk of type 2 diabetes among Indian Asians and European Caucasians. *Diabetes*. 2009;58(11):2703-8. doi: 10.2337/db08-1805

17. Xing C, Cohen JC, Boerwinkle E. A weighted false discovery rate control procedure reveals alleles at FOXA2 that influence fasting glucose levels. *Am J Hum Genet.* 2010;86(3):440-6. doi:

10.1016/j.ajhg.2010.01.025

18. Chen G, Bentley A, Adeyemo A, et al. Genome-wide association study identifies novel loci association with fasting insulin and insulin resistance in African Americans. *Hum Mol Genet.* 2012;21(20):4530-6. doi: 10.1093/hmg/dds282

19. Le Stunff C, Dechartres A, Mariot V, et al. Association analysis indicates that a variant GATA-binding site in the PIK3CB promoter is a Cis-acting expression quantitative trait locus for this gene and attenuates insulin resistance in obese children. *Diabetes.* 2008;57(2):494-502. doi: 10.2337/db07-1273

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader\_download.

For more assistance with Adobe Reader visit http://www.adobe.com/go/acrreader.