Improved Allele Frequencies in gnomAD through Local Ancestry Inference

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Abstract

The Genome Aggregation Database (gnomAD) has been an invaluable resource for the genomics

community[1,2], quantifying allele frequencies across multiple genetic ancestry groups. However,

traditional gnomAD allele frequencies report aggregate estimates, overlooking fine-scale genetic

differences. This can skew allele frequency estimates, particularly in recently admixed

populations[3], and potentially lead to clinically relevant misinterpretations in underrepresented

groups[4]. To address this, we have conducted local ancestry inference (LAI) in two gnomAD

genetic ancestry groups with high degrees of recent admixture – "Admixed American" (n=7,612)

and "African/African American" (n=20,250) – to derive more precise genetic ancestry-specific

allele frequencies, enhancing the granularity and accuracy of frequency estimates. We demonstrate

that LAI enables identification of important disease-risk variants that occur at higher frequencies

within specific genetic ancestry components[5]. Additionally, we found that 85.1% of variants in the

African/African American and 78.5% in the Admixed American genetic ancestry groups show at

least a twofold difference in ancestry-specific allele frequencies and 81.49% of sites analyzed

would receive an increased grpmax value. With the release of this new LAI data, we provide a

higher-resolution view of allele frequency across specific ancestry backgrounds, which is obscured

when assessing frequency at the aggregate group level, enabling more precise and accurate

genomic interpretations.

Introduction

The Genome Aggregation Database (gnomAD) is one of the most widely used resources in the genomics community[2], offering comprehensive data on allele frequencies across diverse genetic ancestry groups. With its vast catalog of genetic variation derived from hundreds of thousands of individuals, gnomAD has become an invaluable tool for researchers and clinicians, aiding in the interpretation of genetic variants and their potential implications for human health[6]. By providing allele frequency data across diverse genetic ancestry groups, gnomAD helps in the interpretation of the impact of rare and common genetic variants, making it a cornerstone of modern genetic research. Allele frequencies are a critical component of genomics research and clinical genetics, serving as a key metric for understanding the distribution of genetic variants within and between genetic ancestry groups[7]. These frequencies are used to assess the pathogenicity of variants, guide the design of genetic data generation platforms, and inform the development of therapeutic strategies. In particular, allele frequencies stratified by genetic ancestry groups are essential for identifying genetic risks that are enriched in particular groups and understanding the genetic architecture of complex traits. As such, gnomAD's genetic ancestry group allele frequencies have been pivotal in advancing our understanding of human genetic variation and its impact on health and disease.

Despite the utility of gnomAD's allele frequencies, there are limitations inherent in the way these frequencies are computed and how genetic ancestry is represented. While genetic ancestry is truly continuous[8], the genetic ancestry groups used in gnomAD's aggregations are by nature discrete. Specifically, these groups are defined by majority continental genetic ancestry as trained on reference-panel informed principal components[2], which can obscure finer-scale genetic

differences observed across individuals within a genetic ancestry group[9–12]. This limitation is

particularly important when considering groups that have high amounts of genetic diversity or

those with recent admixture events including the gnomAD groups currently identified as 'Admixed

Americans' and 'African/African Americans'. Additionally, the use of these discrete groupings

does not capture the full spectrum of an individual's genetic background, which can span multiple

continental ancestries.

Local ancestry inference (LAI) offers a solution to some of these limitations by deconvolving allele

frequencies based on the specific ancestry of chromosomal segments[13]. By applying LAI, we

resolve finer-scale allele frequencies, allowing for better-informed clinical interpretations. Here,

we enhance the granularity of gnomAD's allele frequency data in the inferred Admixed American

and African/African American genetic ancestry groups, providing a more accurate representation

of genetic variation and its implications for human health. Our computational pipeline, written in

Hail Batch (see *Methods*), is publicly available via GitHub. The allele frequencies and quality

metrics can be downloaded or interactively explored on the gnomAD browser

(https://gnomad.broadinstitute.org/).

In all analyses, we exclusively examine genetic ancestry. Assignment of an individual's genetic

ancestry is not equivalent to and does not negate how an individual self-identifies. To refer to the

samples included in these analyses, we adhere to the current nomenclature in gnomAD, namely

"Admixed American" and "African/African American". We wish to acknowledge that this

terminology is not ideal, however for consistency with broader efforts utilizing these data, and to

be clear on the individuals included in these analyses, we retain it here. We look forward to

continuing to further refine gnomAD allele frequency presentations in future releases to better

reflect the continuous nature of genetic ancestry[9,10].

Results

Here we release local ancestry-informed frequency data for 14,804,207 bi-allelic single nucleotide

polymorphisms (SNPs) within the Admixed American (n=7,612) and 24,204,574 bi-allelic SNPs

within the African/African American genetic ancestry groups (n=20,250), both from gnomAD

v3.1. This initial release of gnomAD LAI data contains variants' estimated alternate allele counts,

allele numbers, and allele frequencies partitioned by haplotype-level continental ancestries. These

new local ancestry-informed frequencies are released in a downloadable VCF format file and can

be explored interactively on the gnomAD browser (https://gnomad.broadinstitute.org/). To access

the local ancestry data for a specific variant within the browser, select the "Local Ancestry" tab

within the genetic ancestry group frequency table on the variant's page. If local ancestry data is

available for the variant, the ancestral allele count (AC), allele number (AN), and allele frequency

(AF) estimates will be displayed (**Supplementary Figure 1**).

Plotting the first two PCs of the full gnomAD collection, we can see the inferred gnomAD

Admixed Americans span a large portion of global PC space, with some samples clustering closer

to European reference populations, others clustering closer to the African reference samples, and

some clustering closer to the East Asian reference individuals, indexing the presence of

Amerindigenous ancestry (**Figure 1a**). Resolving global ancestry with ADMIXTURE, we again

observe that samples classified as Admixed American by gnomAD exhibit heterogeneous

ancestry, with individuals containing differing proportions of two or three-way admixture between

Amerindigenous, African, and European haplotypes. After applying a 5% ancestry inclusion

threshold, 5% of individuals derive their genetic ancestry primarily from a single continent

(homogeneous AMR), 60% from two continents (AMR/EUR), and 35% from three continents

(AMR/EUR/AFR) (**Figure 1b)**. Given this composition, we modeled the Admixed American

samples with a three-way reference panel (see *Methods*). The African/African American samples

primarily lie on a cline between the EUR and AFR poles in PC space, indicating admixture

between largely these two genetic ancestry components. Further exploring African/African

American samples' ancestry with ADMIXTURE, we again observed individuals in this group

contain primarily African and European components, with 32% homogeneous AFR individuals

present and 68% of samples classified as two-way admixed (**Figure 1c)**. Therefore, we curated a

reference panel comprising two-way continental African and European genetic ancestries for this

group.

Local ancestry deconvolution provides additional resolution beyond global inference; we observe

that even individuals occupying the same point in PC space have markedly different local ancestry

patterns (**Figure 1a)**. By only calculating aggregate rather than ancestry-specific allele frequencies

in admixed groups, estimates represent a weighted average and can be distorted from the true

ancestry-specific frequencies. This additional resolution can be meaningful for variants of

functional importance.

For example, the gnomAD variant 17-7043011-C-T in *SLC16A11*, associated with type 2 diabetes

risk, is elevated within the Latino/Admixed American population[14] at a 14% allele frequency

compared to the global gnomAD allele frequency of 2% (**Figure 2a)**. Breaking down this variant's

frequency into continental allele frequency estimates, we see in fact that the variant occurs at a

45% allele frequency in continental American regions and closer to 0% in the African and

European regions. Similarly, the gnomAD variant 22-36265860-A-G in *APOL1*, linked with

increased susceptibility to focal segmental glomerulosclerosis (FSGS), HIV-associated

nephropathy (HIVAN), and hypertensive end-stage kidney disease (ESKD)[15], shows a 27% allele

frequency in African regions of the African American genetic ancestry group[16], compared to a 1%

gnomAD-wide ("global") frequency (**Figure 2b**).

LAI is useful in resolving allele frequencies for rare variants as well as common. Variants in the

COL27A1 gene have been shown to cause Steel syndrome and suggest a founder mutation effect

in Puerto Rico[17]. Within gnomAD, this causal variant has 0.3% allele frequency within the

Admixed American genetic ancestry group while gnomAD's global allele frequency is 0.03%.

Separating this variant's gnomAD AMR frequency into continental allele frequency estimates, we

see that the variant occurs almost at a 1% allele frequency in Amerindigenous regions and closer

to 0% in African and European regions, reinforcing a founder effect hypothesis and again showing

the usefulness of local ancestry in large genomic datasets. Another example is the gnomAD variant

7-117606754-G-A in *CFTR*, associated with cystic fibrosis[18]. This variant shows a 0.1% allele

frequency in African regions of the African American genetic ancestry group, compared to a

0.007% gnomAD-wide ("global") frequency. These variant examples highlight the importance of

more precise allele frequencies in accurately identifying the distribution of genetic risk factors

within diverse genetic ancestry groups.

While many variants are similar in their ancestry-specific allele frequency estimates, many are also

highly divergent (**Supplementary Figure 2)**. The overall correlation in ancestry-specific allele

frequencies between the AFR and EUR tracts in the African/African American group was 0.83.

For the Admixed American group, the correlations were 0.80 between AFR and EUR AFs, 0.73

between AFR and AMR AFs, and 0.84 between AMR and EUR AFs. In the African/African

American genetic ancestry group, 85.1% of variants with LAI data exhibit at least a twofold

difference between ancestry-specific AFs (**Figure 3a**). The majority of these variants (69%) have

an African ancestry AF that is at least two times greater than the European ancestry AF, while

16.1% show the opposite pattern. Similarly, in the Admixed American genetic ancestry group,

78.5% of variants demonstrate this level of divergence between ancestry-specific AFs (**Figure 3b**).

Among these, 41.6% of variants have an African ancestry AF that is two times greater than those

of either other ancestry tracts (European and Amerindigenous), while the remaining variants show

a dominant European AF (27.5%) or Amerindigenous AF (9.4%). African ancestry tracts

consistently exhibit higher AFs compared to European or Amerindigenous tracts, both when sites

that are monomorphic in the other ancestries are considered but also when excluding such loci.

Visualizing the site frequency spectrum **(Figure 4)** highlights the allele frequency distributions

across two genetic ancestry groups—African/African American and Admixed American—

classified by their ClinVar annotations[19]. The results indicate that most variants across all ClinVar

categories, including pathogenic/likely pathogenic, benign/likely benign, uncertain significance,

and conflicting classifications of pathogenicity are rare, with AFs concentrated between 0 and 0.1

in all genetic ancestry groups. The broader distribution of benign variants in African/African

American groups reinforces the need to include diverse ancestry groups in genomic studies, as it

demonstrates how genetic diversity impacts allele frequency distributions and, by extension,

clinical variant interpretation.

We additionally investigated the frequency of ancestry-enriched AFs exceeding those of grpmax

(rebranded from popmax)[20], revealing significant insights into local ancestry influences. We found

that across sites for both genetic ancestry groups, 22,337,592 sites exhibited a new LAI-based AF

that was higher than the existing grpmax, representing 81.49% of the total 27,412,225 sites with

available data. Specifically, 74.45% had tract AFs surpassing grpmax for the African/African

American group, while the Admixed American group exhibited 64.95% exceeding grpmax. We

also compared the tract AFs and grpmax AFs in each genetic ancestry group based on ClinVar

classifications (**Supplementary Table 1**). We found that about 87.69% and 89.32% of ClinVar

variants with a higher tract AF than grpmax AF were classified as 'Benign/Likely Benign' in the

African/African American and Admixed American genetic ancestry group, respectively. These

results highlight the substantial influence of local ancestry-informed AFs on the grpmax

comparisons, indicating that ancestry-enriched variants are frequently underestimated when

relying solely on grpmax metrics. Using grpmax AF's without consideration of LAI could lead to

inaccurate variant classification in clinical studies, particularly when evaluating the pathogenicity

of variants in underrepresented populations.

In sum, we anticipate this finer resolution of allele frequencies thanks to local ancestry

deconvolution will improve the interpretation of variation by contextualizing variants to their

approximate geographical origin and allowing for more accurate allele frequencies to be calculated

per genetic ancestry background. This improved resolution can lead to more effective

identification of functionally important risk variants and a more accurate spectrum of allele

frequencies. These refined estimates are freely downloadable and integrated into the widely used

gnomAD browser for improved interpretation of allele frequencies across continentally defined

genetic ancestries.

Discussion

An outstanding question in genomics, with far-reaching clinical and research implications, is the

degree of concordance in allele frequencies across different ancestral backgrounds. Allele

frequencies vary dramatically across the globe[21,22] due to features such as demography, genetic

drift, and natural selection. Deconvolving from which continental ancestry a variant is derived

allows us to compute more accurate expected allele frequencies for each continental background,

instead of aggregating frequencies across recently admixed individuals regardless of the ancestral

origin of the variant's haplotype[23]. The large sample size of gnomAD enables us to examine

ancestral allele frequency trends at an unprecedented scale, and with the integration of LAI, at an

unprecedented resolution. In some cases, updated allele frequencies that take into account local

ancestry differ significantly from their corresponding aggregate allele frequencies, which may

impact the clinical interpretation of a variant (**Supplementary Figure 1**).

Our analyses further reveals that a substantial number of variants exhibit highly divergent allele

frequencies across ancestry backgrounds: within the African/African American and Admixed

American ancestry groups, 85.1% and 78.5% of variants with LAI data, respectively, show at least

a twofold difference between ancestry-specific frequencies. Additionally, we found that across

both ancestry groups, 81.49% of the 27,412,225 sites analyzed would receive an increased grpmax

value (previously popmax) when using LAI data. When examining these variants in ClinVar,

approximately 88% of those with LAI-inferred frequencies higher than grpmax were classified as

'Benign/Likely Benign'. This suggests that many variants, correctly classified as benign using

ancestry-informed data, might be underestimated or misclassified when relying solely on global

grpmax estimates.

Ancestry-specific allele frequencies can additionally help refine genetic prevalence estimates for

recessive diseases. Understanding the estimated proportion of a population that has a causal

genotype for a genetic disorder, and whether there is a significantly higher risk in a specific genetic

ancestry group or not, is a key question for understanding the global impact of a disease. Local

ancestry has the potential to refine these estimates further and provide the community with a more

accurate prediction of how many people have a given disease. While a 0.1% frequency cut-off is

still more common than most pathogenic disease-causing variants, in the future local ancestry will

be able to be applied to more rare variants, which will have an even greater effect on clinical care.

Local ancestry resolved variant allele frequencies help in interpretation of GWAS results[5,9].

Differentiating between aggregate allele frequencies and those enriched in specific genetic

ancestry groups can streamline the search for disease-associated variants with elevated importance

for particular genetic ancestries[24]. For example, we demonstrate that the gnomAD variant 17-

7043011-C-T in *SLC16A11*, associated with type 2 diabetes risk, is observed at a 14% frequency

in the Latino/Admixed American population compared to 2% globally. When partitioned by

continental ancestry, this variant occurs at a 45% frequency in Amerindigenous regions of admixed

genomes, while it is nearly absent in African and European regions. This, and the other vignettes

highlighted, showcases how local ancestry inference resolves frequency discrepancies in both rare

and common key variants.

This release marks the first time local ancestry has been systematically incorporated into a

globally-representative resource like gnomAD, setting a new standard for genomic inclusion. This

release of local ancestry-informed frequency data is currently available for the Admixed American

and African/African American genetic ancestry groups. We hope this data can be used to enhance

the scientific community's ability to clinically interpret variation and better identify those

populations at highest risk for certain diseases.

Main References

1. Karczewski, K. J. *et al.* The mutational constraint spectrum quantified from variation in 141,456 humans. *Nature 2020 581:7809* **581**, 434–443 (2020).

2. Chen, S. *et al.* A genomic mutational constraint map using variation in 76,156 human genomes. *Nature 2023 625:7993* **625**, 92–100 (2023).

3. Martin, E. R. *et al.* Properties of Global and Local Ancestry Adjustments in Genetic Association Tests in Admixed Populations. *Genet Epidemiol* **42**, 214 (2017).

4. Martin, A. R. *et al.* Clinical use of current polygenic risk scores may exacerbate health disparities. *Nature Genetics 2019 51:4* **51**, 584–591 (2019).

5. Tan, T. & Atkinson, E. G. Strategies for the Genomic Analysis of Admixed Populations. *Annu Rev Biomed Data Sci* **6**, 105 (2023).

6. Gudmundsson, S. *et al.* Variant interpretation using population databases: Lessons from gnomAD. *Hum Mutat* **43**, 1012 (2022).

7. Lin, M., Park, D. S., Zaitlen, N. A., Henn, B. M. & Gignoux, C. R. Admixed Populations Improve Power for Variant Discovery and Portability in Genome-Wide Association Studies. *Front Genet* **12**, 673167 (2021).

8. Using population descriptors in genetics and genomics research: A new framework for an evolving field. *Using Population Descriptors in Genetics and Genomics Research: A New Framework for an Evolving Field* 1–217 (2023) doi:10.17226/26902.

9. Peterson, R. E. *et al.* Genome-wide Association Studies in Ancestrally Diverse Populations: Opportunities, Methods, Pitfalls, and Recommendations. *Cell* **179**, 589–603 (2019).

10. Hero, J. O., Zaslavsky, A. M. & Blendon, R. J. The United States Leads Other Nations In

Differences By Income In Perceptions Of Health And Health Care. *Health Aff (Millwood)*

36, 1032–1040 (2017).

11. Williams, D. R., Priest, N. & Anderson, N. B. Understanding associations among race,

socioeconomic status, and health: Patterns and prospects. *Health Psychol* **35**, 407–411

(2016).

12. Martin, A. R. *et al.* Clinical use of current polygenic risk scores may exacerbate health

disparities. *Nature Genetics 2019 51:4* **51**, 584–591 (2019).

13. Zhang, J. & Stram, D. O. The Role of Local Ancestry Adjustment in Association Studies

Using Admixed Populations. *Genet Epidemiol* **38**, 502 (2014).

14. Williams Amy, A. L. *et al.* Sequence variants in SLC16A11 are a common risk factor for

type 2 diabetes in Mexico. *Nature* **506**, 97 (2014).

15. Kopp, J. B. *et al.* APOL1 Genetic Variants in Focal Segmental Glomerulosclerosis and

HIV-Associated Nephropathy. *J Am Soc Nephrol* **22**, 2129 (2011).

16. Genovese, G. *et al.* Association of trypanolytic ApoL1 variants with kidney disease in

African Americans. *Science (1979)* **329**, 841–845 (2010).

17. Gonzaga-Jauregui, C. *et al.* Mutations in COL27A1 cause Steel syndrome and suggest a

founder mutation effect in the Puerto Rican population. *European Journal of Human*

Genetics **23**, 342 (2015).

18. Padoa, C., Goldman, A., Jenkins, T. & Ramsay, M. Cystic fibrosis carrier frequencies in

populations of African origin. *J Med Genet* **36**, 41 (1999).

19. Landrum, M. J. *et al.* ClinVar: public archive of relationships among sequence variation

and human phenotype. *Nucleic Acids Res* **42**, (2014).

20.   Gudmundsson, S. *et al.* Variant interpretation using population databases: Lessons from

gnomAD. *Hum Mutat* **43**, 1012 (2021).

21.   Cavalli-Sforza, L. L. The Human Genome Diversity Project: past, present and future.

Nature Reviews Genetics 2005 6:4 **6**, 333–340 (2005).

22.   Auton, A. *et al.* A global reference for human genetic variation. *Nature 2015 526:7571*

526, 68–74 (2015).

23.   Marnetto, D. *et al.* Ancestry deconvolution and partial polygenic score can improve

susceptibility predictions in recently admixed individuals. *Nature Communications 2020*

11:1 **11**, 1–9 (2020).

24.   Lek, M. *et al.* Analysis of protein-coding genetic variation in 60,706 humans. *Nature 2016*

536:7616 **536**, 285–291 (2016).

    FIGURES

    Figure 1. Population structure of the gnomAD Admixed American and African/African

    American genetic ancestry groups. a. PCA plot for all gnomAD samples with the painted

    karyograms of a single chromosome from an individual within each circle. Note that individuals

    B and C have strikingly different local ancestry patterns despite appearing in the same location in

    PC space. **b.** ADMIXTURE plot for the gnomAD Admixed American genetic ancestry group

    displaying global ancestry proportions. 5% of individuals derive ancestry from a single

    continent, 60% from two, and 35% from three. **c.** ADMIXTURE plot for the African/African

    American genetic ancestry group showed admixture primarily from two continents, with 32%

    homogeneous AFR individuals.

Figure 2: Local ancestry better resolves ancestral allele frequencies. a. A variant within the *SLC16A11* gene (rs117767867), associated with increased risk of diabetes[16], has divergent frequencies estimated in the Admixed American genetic ancestry group based on aggregate versus local ancestry. **b.** Frequency of a variant within the *APOL1* gene (rs73885319), linked with increased susceptibility to FSGS, HIVAN, and ESKD[17], in the African/African American genetic ancestry group based on aggregate and local ancestry. Note the striking heterogeneity in ancestry-specific AF estimates that is not able to be resolved with just the aggregate frequency estimate.

Figure 3: Distribution of variants with specific ancestry tract allele frequencies ≥ 2x other ancestral tracts across genetic ancestry groups. The total percentage for each local-ancestry informed tract is indicated on the bars. **a**. 85.1% of variants with LAI data are at least 2x different between ancestry-specific AFs in the African/African American genetic ancestry group. **b.** 78.5% of variants with LAI data are at least 2x different between ancestry-specific AFs in the Admixed American genetic ancestry group.

Figure 4: Site Frequency Spectrum for the inferred African/African American and Admixed American genetic ancestry groups based on ClinVar classifications. LAI-derived AFs for component ancestries are indicated with colors.

Methods

Genetic ancestry group labels were assigned to samples as previously described[1], using principal

components (PCs) computed from hail's hwe_normalized_pca[2] as features when training a random

forest classifier using reference samples with a known continental origin (**Figure 1a**). Specifically,

a continental genetic ancestry group was assigned to all samples for which the probability of that

continental genetic ancestry group was > 90% according to the random forest model. Samples

were subset based on inferred genetic ancestry groups, limiting to bi-allelic variants with low

genotype missingness (i.e., call rate > 0.9) and an allele frequency greater than 0.1% within the

Admixed American and African/African American gnomAD genetic ancestry groups. The 7,612

Admixed American samples and 20,250 African/African American samples from gnomAD v3.1

used here include all individuals in the database except those from the 1000 Genomes Project

(1kGP) and Human Genome Diversity Project (HGDP) joint callset[3], which were used to curate

reference panels for LAI in each genetic ancestry group.

To explore the overall population composition of the gnomAD African/African American and

Admixed American samples, we conducted principal components analysis (PCA) and

unsupervised ADMIXTURE[4] to infer global genetic ancestry proportions. Informed by these

global ancestry estimates, we set k=3 for the Admixed American genetic ancestry group (including

all reference samples from 1kG/HGDP labeled as belonging to the AFR, EUR, and AMR

superpopulations). For the African/African American genetic ancestry group, we set k=2 (using

just continental reference samples from the AFR and EUR superpopulations).

To infer local ancestry data in the gnomAD Admixed American and African/African American

group, we built an open-source LAI pipeline. **Extended Data Figure 1** shows a schematic of the

software pipeline, which includes four primary steps: phasing, LAI, ancestry extraction/dosage

calculation, and LAI-informed allele frequency generation. We used Eagle[5] for separately phasing

the Admixed American reference panel and for joint phasing of the African/African American

group, as it is computationally tractable at scale[5]. We used RFmixV2[6] for LAI, which requires a

reference panel representative of the continental ancestries present within the samples. Our

reference panel was composed of the harmonized HGDP and 1kGP[3] "AMR" samples to capture

the Amerindigenous genetic components in the Admixed American group, "EUR" samples for the

European components, and "AFR" samples to capture continental African genetic ancestries.

RFmixv2[6] was run with one EM iteration for the Admixed American samples to account for the

high amount of admixture present in the three-way reference. For the curated reference for the

African/African American group, we excluded the Americans of African Ancestry in Southwest

USA (ASW) and African Caribbeans in Barbados (ACB) due to their higher level of admixture.

Given the substantially larger sample size of the African/African American genetic ancestry group

in gnomAD, reducing admixture within the reference panel and therefore removing the need for

an EM iteration dramatically reduces the required computing time.

To extract ancestral segments and calculate ancestry-specific minor allele dosages, we used the

tool Tractor[7]. Due to computational constraints, samples from the inferred African American

genetic ancestry group were run in batches of 6,750 samples for chromosomes 1 and 3-12, and

batches of 3,375 samples for chromosome 2 (**Supplementary Table 2**) for LAI. Since the same

reference panel was used across batches, this is not expected to impact results. Finally, we

tabulated local ancestry-informed allele frequencies using a custom Python script that utilizes the

Hail library[2]. To evaluate the pipeline's sensitivity, we applied it to a simulated admixed American

truth dataset and computed the true positive rates of LAI[8] (**Supplementary Figure 3**). We also

validated our pipeline by comparing global ancestry proportions estimated by ADMIXTURE to

those from our LAI pipeline results (**Supplementary Figure 4**). The entire pipeline is unified

using the Hail Batch Python module for scalability and is available at

[github.com/broadinstitute/gnomad_local_ancestry].

Data availability

Data can be downloaded from or browsed interactively at [gnomad.broadinstitute.org].

Code availability

Code is freely available at [github.com/broadinstitute/gnomad_local_ancestry]

Methods References

1.   Karczewski, K. J. *et al.* The mutational constraint spectrum quantified from variation in

141,456 humans. *Nature 2020 581:7809* **581**, 434–443 (2020).

2.   Hail | Genetics. https://hail.is/docs/0.2/methods/genetics.html.

3.   Koenig, Z. *et al.* A harmonized public resource of deeply sequenced diverse human

genomes. *bioRxiv* (2024) doi:10.1101/2023.01.23.525248.

4.   Alexander, D. H., Novembre, J. & Lange, K. Fast model-based estimation of ancestry in

unrelated individuals. *Genome Res* **19**, 1655 (2009).

5.   Loh, P. R., Palamara, P. F. & Price, A. L. Fast and accurate long-range phasing in a UK

Biobank cohort. *Nature Genetics 2016 48:7* **48**, 811–816 (2016).

6.   Maples, B. K., Gravel, S., Kenny, E. E. & Bustamante, C. D. RFMix: A Discriminative

Modeling Approach for Rapid and Robust Local-Ancestry Inference. *Am J Hum Genet*

93, 278 (2013).

7.   Atkinson, E. G. *et al.* Tractor uses local ancestry to enable the inclusion of admixed

individuals in GWAS and to boost power. *Nat Genet* **53**, 195–204 (2021).

8.   Honorato-Mauer, J. *et al.* Characterizing features affecting local ancestry inference

performance in admixed populations. *bioRxiv* 2024.08.26.609770 (2024)

doi:10.1101/2024.08.26.609770.

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Author Contributions

P.K. and M.W. led data analysis with support from G.T., K.C., S.M.B., J.H.M., H.L.R., M.J.D.

and K.J.K. advised on analyses. P.D. and N.W incorporated LAI data in the browser. E.G.A.

designed the study and supervised analysis. All authors have read and approve this manuscript.

488   **Competing Interest Declaration**

489   M.J.D is a founder of Maze Therapeutics. K.J.K. is a consultant for Tome Biosciences, AlloDx,

490   and Vor Biosciences, and a member of the scientific advisory board of Nurture Genomics. Other

491   authors declare no competing interests.

  EXTENDED DATA FIGURES

a

b

515 **Extended Data Figure 1**: **Schematics illustrating derivation of local-ancestry informed**

516 **allele frequencies. a**. LAI pipeline and data generation, **b.** A single chromosome from three

517 individuals, with non-reference alleles at 3 sites of variation (indicated by G, C, and A). After

518 performing LAI, we observe that Allele G is only found on the green ancestry, Allele A only on

519 the purple ancestry, and Allele C can be found across all three.