Causal variant capture in genotype discovery approaches drives polygenic

prediction performance across traits and populations

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Abstract

Polygenic scores (PGS) are widely used to estimate genetic predisposition to complex traits by aggregating the effects of common variants into a single measure. They hold promise in identifying individuals at increased risk for diseases, allowing earlier screening and interventions. Genotyping arrays, commonly used for PGS computation, are affordable and computationally efficient, while whole-genome sequencing (WGS) offers a more comprehensive view of genetic variation. In this study, we compared PGS derived from arrays and WGS across multiple traits to evaluate differences in predictive performance, portability across populations, and computational efficiency. We computed PGS for 10 traits, representing a range of heritability and polygenicity, in the three largest genetic ancestry groups in *All of Us* (European, African American, Admixed American), trained on multi-ancestry meta-analyses from the Pan-UK Biobank. Using the clumping and thresholding (C+T) method, we found that WGS-based PGS outperformed array-based PRS for highly polygenic traits but showed differentially reduced accuracy for sparse traits in certain populations. With the LD-informed PRS-CS method, we observed overall improved prediction performance compared to C+T, with WGS outperforming arrays across most non-cancer traits. The results obtained using PRS-CS closely align with those derived from pre-trained models in the PGS Catalog, with prediction achieving better performance using WGS than array genotypes for non-sparse traits. To further investigate factors influencing differential prediction performance between array and WGS, we ran simulations varying the proportions of causal SNPs directly captured by the technologies. These demonstrated that the proportion of causal variants genotyped dramatically affects prediction accuracy. Fine-mapping of empirical data supported this concept but also highlighted the importance of reducing non-informative variants for optimal prediction accuracy. In conclusion, while WGS-based PGS generally offer superior predictive power with PRS-CS, the advantage over arrays is context-dependent, varying by trait, population, and the PGS method. The ability to capture causal variants through these technologies largely

drives the prediction accuracy. This study provides insights into the complexities and potential

advantages of using different genotype discovery approaches for polygenic predictions across

populations and informs on strategies to enhance accuracy.

Keywords

polygenic score, genotyping array, whole-genome sequencing, biobanks, global data, causal

variants

Introduction

Polygenic scores (PGS), also known as polygenic risk scores (PRS), estimate an individual's genetic predisposition to complex traits or diseases. As an emerging tool in precision medicine, PGS holds significant potential for informing early disease detection, risk stratification, prevention, and intervention[1]. PGS are calculated by aggregating the genotypes (i.e., the dosage of minor or risk alleles) from a target cohort, weighted by their corresponding effect sizes derived from relevant genome-wide association studies (GWAS) conducted in a discovery cohort[2]. The prediction accuracy of PGS is influenced by several factors, such as the sample size of the discovery cohort and the genetic similarity between the discovery and target population[3,4]. However, with up to 90% of GWAS for complex traits conducted in populations with predominantly European ancestry[5,6], PGS estimates are often less accurate for individuals of non-European ancestries, which can contribute to health disparities across populations[7].

Genotype data from both discovery and target cohorts are typically obtained using array technologies that detect known genetic polymorphisms. Since 2005, Affymetrix has developed high-throughput microarray genotyping platforms widely used in early GWAS and PGS studies[8,9], which initially assayed between 500,000 and nearly a million SNPs[10]. More recently, Illumina's Omni series arrays expanded this coverage to detect millions of genetic markers[11]. In addition to capturing genetic variation in European populations, arrays designed for global and diverse populations, such as the Global Screening Array[12], Global Diversity Array[13,14], Asian Screening Array[15], and H3 Africa Array[16,17], became available following the completion of the 1000 Genomes Project (TGP) Phase 3[18] and other diverse reference resources. To allow for more comprehensive genome-wide coverage, imputation is often employed to infer untyped variants, thereby enhancing the accuracy of GWAS and PGS predictions[19].

With the ongoing reduction in costs and advancements in high-throughput sequencing,

both whole exome sequencing (WES) and whole genome sequencing (WGS) have become

increasingly integrated into population-level genomic studies and clinical applications[20,21]. In

contrast to array-based genotyping, sequencing offers several distinct advantages. Unlike

genotyping arrays, which are typically designed to assay common variants and require imputation

to enhance coverage, deep sequencing captures all forms of genetic variants ranging from ultra-

rare to common alleles[22,23]. Additionally, the imputation accuracy for genotyping arrays can impact

the predictive performance of PGS[24], particularly in non-European populations. This is due to their

inability to reliably impute variants with low frequency, and variants enriched in populations that

are not well represented in existing reference panels. WGS enables the direct assessment of low-

frequency variants and loci that are missed or poorly imputed in arrays. Therefore, these

advantages could potentially lead to more accurate and robust PGS, especially for

underrepresented populations and traits influenced by rarer variants. However, WGS remains

more expensive, and generates vast amounts of data which requires computationally intensive

processing.

Previous studies have demonstrated comparable results between low-coverage

sequencing and array-based genotyping in gene discovery[25–27] and PGS for diseases like

Parkinson's disease[28]. However, few studies have assessed the impact of different genotype

discovery technologies on PGS performance at the biobank scale or considered high-coverage

WGS versus arrays. The *All of Us* Research Program[14] (v6), with 95,562 samples with both array

and WGS data, provides a unique opportunity to evaluate the predictive accuracy across

technologies in multiple ancestral groups and numerous phenotypes. In this study, we

benchmarked the performance of PGS derived from genotyping arrays, pre-curated models

released in the widely-used PGS catalog, and 30x high-coverage WGS across up to ten traits and

multiple populations in *All of Us* (Fig. 1a). Through these efforts, we aim to assess the conditions

under which WGS-based PGS outperforms array-based PGS and identify trade-offs that may

inform the choice of genomic data type for risk prediction. We also test the hypothesis that

differences in the proportion of causal variants captured explains the observed differences in

prediction accuracy across technologies, providing insights into improving polygenic prediction

(Fig. 1b).

Results

Selection of traits across a range of genetic architectures

The primary goal of this study is to benchmark the predictive performance from array-based

versus sequencing-based genotypes. We first selected 95,562 target samples from the *All of Us*

v6 dataset, each with both array and WGS genotype data. PGS are expected to exhibit higher

predictive accuracy when the ancestry of the discovery and target cohorts is matched[29]. However,

since this study aims to develop a generalized PGS model rather than focusing on a single

ancestry, we used effect sizes derived from multi-ancestry GWAS meta-analyses of the Pan-

UKBB cohort. For the target samples in *All of Us*, we focused on European (EUR), Latino/Admixed

American (AMR), and African/African American (AFR) cohorts based on predicted genetic

ancestry (Supplementary Fig. 1), as these groups had sample sizes sufficiently large to support

multi-trait comparative analyses. East Asian (EAS) and South Asian (SAS) populations were

included in some selected trait analyses if the sample size was sufficient.

We selected 10 complex traits with distinct genetic architectures (Supplementary Table 1) from

the Pan-UKBB and their equivalents in the *All of Us* dataset (Supplementary Table 2): standing

height (Height), diastolic blood pressure (DBP), white blood cell count (Leukocyte), red blood cell

count (RBC), high-density lipoprotein cholesterol (HDL), total cholesterol (TC), asthma, breast

cancer, colorectal cancer, and type 2 diabetes (T2D). Height exhibits the highest heritability and

polygenicity among the traits, followed by HDL, whereas TC and asthma are the least heritable,

and cancers are the sparsest traits (Supplementary Fig. 2, Supplementary Table 3).

WGS improves prediction over arrays with LD-informed effect size shrinkage

We first assessed the PGS using the classic clumping and thresholding (C+T) method

(Supplementary Table 4 and 5). Notably, the raw average PGS for array-based and WGS-based

genotypes were highly correlated across traits ($r > 0.9$ for all traits except for height and TC),

suggesting that both platforms captured similar genetic information, resulting in comparable

polygenic predictions. This also indicates that the genotype coverage from unimputed array data

is sufficient for constructing reliable PGS comparable to those from WGS in the *All of Us* dataset

for most of the traits considered. Furthermore, it is noteworthy that EUR populations tend to show

smaller and more homogenous raw PGS, whereas AFR populations tend to exhibit larger and

more widely spread PGS, particularly for colorectal cancer and breast cancer (Supplemental Fig.

3).

The predictive accuracy, measured by R^2 or Nagelkerke's R^2, was assessed across different

genotype discovery approaches and populations (Fig. 2, Supplementary Table 6 and 7). Given

that EUR individuals constitute a large proportion of both the discovery cohort (95%) and the

target cohort (52%), predictive accuracy in EUR was generally higher than in other populations,

as expected, regardless of the genotype discovery technology (ranging from $1.58 \times 10^{-3} \pm 1.28$

$\times 10^{-3}$ to $1.07 \times 10^{-1} \pm 6.12 \times 10^{-4}$). AFR populations generally showed lower performance

compared to other groups (ranging from $7.33 \times 10^{-4} \pm 7.53 \times 10^{-4}$ to $3.37 \times 10^{-2} \pm 1.07 \times 10^{-3}$,

Supplementary Table 8). Surprisingly, PGS performance from WGS genotypes was suboptimal

relative to array genotypes for multiple traits, and only outperformed arrays in all three populations

for one trait - height. This discrepancy may be due to height's highly polygenic nature, suggesting

that the higher number of variants detected by WGS provides more informative variants for PGS

prediction than array genotypes. Additionally, there are a few phenotypes with notable differences

in R^2 across genotype discovery approaches. In addition to height, prediction from WGS also

performed better for TC, RBC, and leukocyte count in EUR, and for leukocyte count and asthma

in AFR. In contrast, we observed that PGS derived from array genotypes performed better for

several other traits, particularly HDL in AMR (average array-based R^2=0.061; average WGS-

based R^2=0.048; paired t-test $p = 3.43 \times 10^{-4}$) and AFR populations (average array-based

R^2=0.027; average WGS-based R^2=0.009; paired t-test $p = 7.7 \times 10^{-7}$), as well as RBC in AFR,

T2D in AMR, and breast cancer in EUR (Supplementary Table 8 and 9). Several findings from

previous studies may provide insights for interpreting these observations, including aspects of

population-enriched architecture, as detailed in Supplementary Table 10.

C+T retains only quasi-independent variants within each LD block after LD clumping; however,

this approach may remove informative variants important for PGS calculation. In contrast, PRS-

CS does not rely on clumping but instead continuously shrinks effect size estimates in an LD-

informed manner to retain as many informative variants as possible[30]. We benchmarked C+T and

PRS-CS to determine whether prediction accuracy would differ between the two methods across

genotype discovery technologies. For raw PGS using PRS-CS, we again observed a high

correlation between PGS derived from array-based genotypes and WGS genotypes across traits

($r > 0.9$ for continuous traits) (Supplementary Fig. 4). When comparing the predictive accuracy of

PGS generated using PRS-CS to those generated using the C+T method, we found that PRS-CS

generally outperformed C+T, with performance being approximately two times better for most

traits, except for cancers. Additionally, performance using WGS variants was higher than that

using array variants for all traits except for cancers and TC (Fig. 2).

HapMap3 variants are sufficient for PRS-CS prediction compared with full WGS panels

Note that the variants selected for PGS computation were restricted to approximately 1.1 million HapMap3 variants, as the default LD panel used in PRS-CS was based on HapMap3 variants. This is reflective of the general implementation of the PRS-CS software. To fully assess the advantage of using WGS genotypes, however, which include around 9 million variants, we additionally computed an EUR-derived LD matrix using samples from the Thousand Genomes Project (TGP) and the Human Genome Diversity Project (HGDP) joint call sets, resulting in approximately 7.3 million reference variants. (Supplementary Table 11). Switching from the default LD panel to this new panel, we observed similar levels of predictive accuracies for traits using array genotypes, but, surprisingly, lower accuracy using WGS variants in AMR and AFR for multiple traits (Supplementary Fig. 5, Supplementary Table 12). This could be attributable to the higher number of variants in the EUR LD panel, which does not tag well for non-EUR population. However, taken together, LD information from HapMap3 variants is generally sufficient to perform PRS-CS and achieve optimal performance without the computationally demanding need to construct fuller LD resources.

Pre-trained PGS show performance gains from imputation and WGS

PGS methods can substantially influence predictive accuracy. We next evaluated the performance of pre-trained PGS models on genotypes called from different technologies. Specifically, we computed PGS using (posterior) effect size estimates reported in PGS Catalog[31] studies for four traits: height[32,33], HDL[34,35], T2D[36], and breast cancer[37]. This analysis enabled assessment of the generalizability of prediction performance across genotype discovery

approaches using a third PGS framework (Supplementary Table 13). In addition to evaluation in

the *AoU* cohort, we applied the same models to the UK Biobank (UKBB) cohort, allowing

comparison of array-based predictions both before and after genotype imputation.

Several patterns emerge. First, within the same discovery studies, prediction derived from WGS

generally outperformed those from array in the *AoU* cohort across most all traits and populations,

with exception of breast cancer in AMR, EAS, and SAS populations. Similarly, in UKBB, imputed

array genotypes consistently yielded higher predicative accuracy than non-imputed arrays across

all traits and populations (Figure 3 hashed bars). Second, the performance gain from non-imputed

to imputed array in UKBB was generally larger than the gain observed from array to WGS in *AoU*.

Although WGS is expected to provide a less biased and more accurate representation of genetic

variation, the apparent advantage of imputation may reflect the introduction of dense LD structure

that inflate prediction, and these results should therefore be interpreted with caution. Third, we

compared height PGS from two independent studies. Scores from Yengo *et al.* showed higher

predictive performance in UKBB than in *AoU*, whereas scores from Gunn *et al.* performed better

in *AoU* than in UKBB. Notably, the original PGS from Yengo *et al.* was evaluated in UKBB, while

the PGS from Gunn *et al.* was originally evaluated in *AoU*. This demonstrates that prediction

performance is higher in the cohort where tuning occurred.

Causal variant capture shapes polygenic prediction

We next investigated factors influencing differential predictive performance across genotype

discovery approaches. We hypothesized that prediction accuracy increases with the proportion

of causal variants captured by a given genotype discovery technology (Fig. 1b). To test this

hypothesis, we simulated polygenic scenarios in which array and WGS data captured different

proportions of causal variants (total number of causal variants M = 500, ~0.1% of the studied

genomic variants, Fig. 4a). Using *AoU* genotypes for simulation, we observed a decrease in

prediction R^2 as the proportion of captured causal variants decreased for both WGS (100%, 50%,

or 25%) and array data (100%, 75%, 50%, 25%, or 0%). This dose-response pattern remained

consistent under a less polygenic setting (M = 50, Fig. 4b). Surprisingly, when using UKBB

genotypes for simulation, reducing the proportion of causal variants used by imputed array did

not result in a corresponding decrease in predictive performance (Supplementary Fig. 6). This

discrepancy may reflect inflated performance due to introduction of dense LD structure during

imputation, consistent with observations from real data analyses (Fig. 3). Overall, these results

indicate that the proportion of causal variants captured is a key determinant of polygenic

prediction accuracy.

To test this concept in real data, we performed statistical fine-mapping using SuSiE to infer likely

causal variants for four traits - height, HDL, T2D, and breast cancer – using the Pan-UKBB

summary statistics for EUR. In total, we identified 1,185 likely causal SNPs for height, 225 for

HDL, 8 for T2D, and 3 for breast cancer (Supplementary Table 14-17). We then quantified the

proportion of those inferred causal SNPs included in the default PRS-CS framework (restricted to

HapMap3 variants) and in PRS-CS using the extended LD reference panel. For T2D, the

proportion of inferred causal variants captured by array increased from 12% using the HapMap3

SNP set to 38% using the full variant set, with no noticeable increase for other traits

(Supplementary Fig. 7a). In contrast, for WGS data, the proportion of inferred causal SNPs used

increased substantially when extending the variant set beyond HapMap3, indicating that WGS

captures a large number of likely causal variants outside the HapMap3 subset (Supplementary

Fig. 7b). However, capturing a higher proportion of causal variants alone did not translate into

improved prediction accuracy (Fig. 5), potentially due to the inclusion of additional noise from

uninformative SNPs in the model. These results indicate that the signal-to-noise ratio, rather than

the absolute number of causal variants captured, might be a key determinant of relative

performance between array- and WGS-based PGS. To further investigate this hypothesis, we ran

PRS-CS using only inferred causal variants while excluding all other variants. Unexpectedly,

prediction performance decreased substantially, suggesting that either many true causal variants

are missed by statistical fine-mapping or that additional or more common variants correlated with

casual SNPs (for example, through LD) are required for improved polygenic prediction.

Trade-off between computational efficiency and prediction accuracy

From a practical perspective, the choice of genotype discovery approach involves important trade-

offs between predictive performance, data generation cost, and computational burden. The cost

of genotyping arrays is around $100 per sample, whereas 30X WGS is about 5-6 times more

expensive. Computationally, PGS construction using array genotypes was much more efficient

than using WGS data. Focusing on post-QC computation with C+T, WGS required approximately

twice the CPU time per trait compared with array data in the *AoU* dataset (~54 vs. ~27 CPU hours)

for LD clumping and selection of the optimal PGS via 10-fold cross-validation. For PRS-CS,

inferring posterior effect sizes using WGS required 2.2-fold more CPU time than array (175.5 vs.

81 CPU hours) on a local server outside of *AoU*, and up to an 18-fold increase in CPU time using

a full-sized LD matrix (WGS: 5,616 CPU hours; array: 306 CPU hours; Supplementary Table 18).

Subsequent PGS computation within *AoU* environment was also more computationally expensive

for WGS than for array data. Together, these results highlight data generation and computational

cost as key considerations when selecting a genotype discovery approach for PGS analyses.

In conclusion, polygenic prediction performance varies across genotype discovery approaches,

PGS methods, traits, and populations. WGS data, when used with LD-informed methods such as

PRS-CS, generally yields higher predictive power than array data, particularly for traits with higher

heritability. However, array-derived PGS remain more cost-effective and computationally efficient,

making them a practical choice for rapid PGS generation and more accurate for traits with sparser

genetic architectures, such as cancers. Consistent with our primary analyses, evaluation using

pre-trained models from the PGS Catalog recapitulate similar performance patterns across

genotype discovery technologies, while providing a computationally efficient alternative for rapid

PGS assessment. However, the accuracy of pre-trained models is generally lower than that of

self-trained models. Finally, our results underscore that capturing causal variants is critical for

polygenic prediction, whereas the inclusion of noninformative variants negatively influence

performance across genotype discovery approaches.

Discussion

In this study, we systematically benchmarked the prediction accuracy of PGS generated from array and WGS genotypes across multiple traits and populations in the *All of Us* cohort. We show that the relative performance of these approaches depends on the interplay between genotype discovery technology, PGS method, trait architecture, and ancestry. By comparing our results, particularly PRS-CS (Fig. 2), with pre-trained scores from the PGS Catalog, we demonstrate the consistency that WGS-based PGS generally outperforms array-based scores for non-sparse traits when using Bayesian methods. This suggests that these results are generalize across more advanced modeling strategies. Furthermore, through direct comparison with the paired UKBB array data before and after imputation array, we illustrate that imputation can achieve or even exceed the predictive gains of WGS relative to unimputed arrays (Fig. 3).

Using the C+T method, WGS generally did not outperform arrays. (Fig. 2). This could potentially be due to the LD clumping, which drastically reduced the number of WGS variants utilized from approximately 9 million to ~467K (~94.5% reduction), while array variants clumped down from ~1 million to ~262K (a more modest ~71% reduction) (Supplementary Table 5). The large reduction in WGS variants may have removed important variants for polygenic prediction, leading to comparable or even lower prediction accuracy than PGS derived from array variants. Given that sequencing can better capture additional important genetic variations such as INDELs and CNVs, incorporating more complex genetic variation could boost PGS performance for WGS and recover some missing heritability. Finally, sequencing error rates range from 0.1% to 1% across platforms[38,39]. However, even low error rates can introduce significant errors when large numbers of nucleotides are sequenced[40]. These errors may contribute noise to the PGS, thereby reducing predictive accuracy.

Using PRS-CS, however, WGS-based PGS generally performed better than array-based PGS

(Fig. 2). Interestingly, computing our own full LD matrix (rather than utilizing the pre-computed

PRS-CS LD matrix that is restricted to HapMap3 SNPs) with 6.2 M additional sites did not improve

WGS based results compared to the more limited variant set (Supplementary Fig. 10). These

results suggest that fewer, reliably captured, more common, and well-tagging variants appear to

suffice for PGS computation for most traits, particularly those that are less polygenic. This can be

illustrated with the theoretical accuracy of PGS, where the expected $R^2 \approx h^2/[1 + M/(h^2 N)]$[41].

With the same sample size N, using WGS over array variants might increase the SNP heritability

h^2, but it does not necessarily provide a benefit when a very large number of variants M are

involved.

Traditional SNP arrays have predominantly been based on genomes of European ancestry due

to the higher availability of EUR samples in reference databases[42]. In contrast, sequencing does

not rely on pre-selected markers and is expected to provide greater benefits for underrepresented

groups in genomic studies. Consequently, we anticipated a differentially greater improvement in

prediction accuracy using variants from sequencing compared to those from arrays in non-

European populations. However, this trend was not universally observed, suggesting that the

Global Diversity Array used in *All of Us* is not as biased toward European populations as some

other arrays are. Ongoing efforts to generate array data for diverse populations would do well to

similarly consider capturing variation represented in the target samples.

As has been demonstrated previously[3,43,44], prediction performance was generally better in EUR

than in other populations, likely due to the high representation of EUR in discovery GWAS.

Although a low proportion of Pan-UKBB, AMR achieved similar performance to EUR for some

traits, while AFR always had low predictive power (Fig. 2). This may be attributed to the larger

proportion of European ancestry in the genomes of AMR[45], and the degree of genetic divergence

from EUR, as has been previously explored[4]. We specifically observed a four-fold reduction in

performance for T2D in AFR compared to EUR in this study (Fig. 2), highlighting the ongoing

performance disparities of PGS for diverse populations across genotype discovery approaches

and PGS methods. Another consideration is that AMR and AFR are admixed populations, with

genomes composed of genetic segments from multiple ancestries[46]. Ancestry-informed GWAS

methods tailored to admixed populations, such as *Tractor* GWAS[47], may produce summary

statistics for polygenic prediction that function better for admixed individuals[29].

In the PGS Catalog analysis, we observed that imputed genotypes in UKBB confer a huge

advantage for prediction performance, particularly in the EUR population (Fig. 3). This is likely

because the UKBB imputation relied on reference panels heavily enriched for European samples

(e.g., HRC, 1000 Genomes, and UK10K), resulting in more accurate imputation and,

consequently, higher prediction accuracy in EUR individuals. Additionally, the imputation process

can introduce "artificial" LD, which may inflate apparent predictive gain not only in EUR but in

other populations.

In the simulation, we show a clear pattern where a higher proportion of causal variants captured

improved prediction performance (Fig. 4). However, in real data, increasing the number of causal

variants inferred by statistical fine-mapping did not necessarily lead to better performance,

especially when a large number of total variants were included (Fig. 5). When we included only

the likely causal SNPs in the PGS, in fact, performance dropped significantly. These findings may

suggest that many potential causal variants remain unidentified, and that reducing the number of

non-informative variants while increasing informative variants could improve performance.

It is important to note that the current analysis relied on QC'd SNPs, which were common and bi-

allelic. Including rare variants and other types of variants could potentially increase the number of

likely causal variants identified, provided that appropriate fine-mapping methodologies for these

variants are available. The types of variants utilized in both PGS computation and fine-mapping

are inherently limited by the variants available in the summary statistics. In our current analysis,

the full potential of WGS was restricted by the overlap with summary statistics generated from

imputed arrays, which typically represent common variants. If sequencing-based GWAS summary

statistics become more prevalent in the future, this is expected to enable broader coverage of

variant types in genomic analyses and further improve WGS-based PGS prediction.

The ongoing advancements in sequencing technology may help advance relevant method

development. As of 2025, the cost for genotyping arrays ranges from $90 for a screening array to

$150 for a global diversity array, while the cost for 30X short-read WGS is about $600. However,

the price of WGS has dramatically declined since next-generation sequencing technology came

into use in 2007[48]. With the rapid advancement of sequencing technology, WGS is expected to

become more affordable and potentially replace arrays as the standard platform in large-scale

genomic studies and personal health screening. This development is anticipated to not only

accelerate genomic discovery for historically underrepresented populations but also advance

PGS method development. The larger and more representative GWAS and reference panels

generated from WGS for populations with diverse genetic architectures will enhance prediction

accuracy for traits and diseases that have lacked statistical power. This will create many

opportunities for genetic prediction models tailored to specific health conditions and populations,

facilitating the progress of precision medicine.

To conclude, this study evaluates the performance of PGS using variants identified from different

genotype discovery technologies. The advantage of either genotype discovery approach depends

on several factors. Array-PGS exhibit higher predictive accuracy than WGS-PGS for sparse traits

when variants were clumped. In contrast, WGS and imputation outperformed array-PGS for most

traits with higher polygenicity when all variants were used for prediction and effect size estimates

were adjusted based on LD. While causal variants drive the prediction power, the inclusion of

non-informative variants can negatively impact performance. We hope this study provides

researchers with a comprehensive foundation for selecting an optimal genotype calling platform

and polygenic scoring method, across diverse populations and trait architectures.

Methods

GWAS summary statistics QC

The multi-ancestry meta-analyzed GWAS summary statistics for six continuous traits (height,

DBP, leukocyte, RBC, HDL, and TC) and four binary traits (asthma, breast cancer, colorectal

cancer, and T2D) were downloaded from Pan-UKBB. In brief, 500,000 UK Biobank samples

were genotyped and densely imputed (~97 million variants)[49]. After filtering for INFO scores >

0.8, approximately 30 million variants were retained and included in the meta-analysis, resulting

in a total of 28,987,534 variants in the final summary statistics. A summary table of the selected

phenotypes, including sample sizes by population, is provided in Supplementary Table 1. Each

summary statistic was lifted over from hg19 to hg38 to harmonize with the genome build of the

target genotypes in *All of Us*. Variants in all summary statistics were filtered to retain only

biallelic SNPs. After annotating the summary statistics to the Hail table in *All of Us*, mismatches

between the summary statistics and target variants were resolved by swapping reference and

alternate alleles and/or flipping strands, with corresponding reversal of effect size signs.

Ambiguous variants were excluded from further analysis. For quantitative traits, only high-quality

samples (denoted with the suffix "hq"), effect sizes, and *P* values were used.

Heritability and polygenicity estimation

Heritability for the 10 Pan-UKBB phenotypes was estimated using LD Score Regression

(LDSC)[50]. Given that EUR constitutes 95% of the total samples in the Pan UKBB GWAS meta-

analysis, we downloaded TGP EUR LD scores as a representative reference from LDSC. To

match the SNP IDs to the rsIDs in the EUR LD scores, the GWAS summary statistics were

annotated with dbSNP rsIDs v155 using the R package *SNPlocs.Hsapiens.dbSNP155.GRCh37*.

The formatted summary statistics were used to compute observed-scale heritability for

continuous traits and liability-scale heritability for binary traits. Sample prevalence for the four

binary traits was estimated using phenotype data from the UK Biobank. Polygenicity for the ten

traits was inferred using LDPred2-auto[51]. We used the precomputed EUR LD correlation matrix

provided by LDPred2 and ran the Markov Chain Monte Carlo process with default

hyperparameter settings.

***All of Us* phenotype curation**

For the 10 phenotypes with GWAS summary statistics available from Pan-UKBB, we curated

the corresponding phenotypes in the *All of Us* following the methodology outlined in Tsuo *et al*[52].

We curated the quantitative traits based on concept IDs, and binary traits using PheCode map

v1.2, which facilitate the mapping of ICD codes into their corresponding phecodes. For

quantitative phenotypes, we harmonized their units by adopting the most frequently observed

unit as the reference standard. We further removed those individuals with values exceeding 5

standard deviations from the mean. Subsequently, we performed inverse-rank normal

transformation to ensure normalization.

Target sample selection

Samples with both genotyped array and WGS data were selected. In total, 95,562 individuals

had both types of data in *All of Us* v6. Samples were excluded if more than 10% of genotypes

were missing. Related samples were removed based on a kinship score > 0.1. Samples

predicted to be of EUR (European, composed of Finnish and non-Finnish European), AMR

(Latino/admixed American), or AFR (African) ancestry were selected based on an auxiliary

genetically predicted ancestry file provided in *All of Us*. Briefly, the ancestry labels were inferred

using the prediction probabilities from a random forest classifier, which was trained on the 16-

dimenional PCA space of reference HGDP and TGP samples and autosomal variants, which

obtained from gnomAD[14]. A summary table of sample sizes for the 10 curated phenotypes is

provided in Supplementary Table 2.

Target variant QC

The QC criteria were identical for both array and WGS variants in *All of Us* v6. First, only

autosomal variants were retained. Variants with a call rate lower than 90% were excluded.

Indels were removed, and only common biallelic SNPs with a MAF > 0.01 were retained. QC of

the 1,824,517 array variants resulted in 975,876 SNPs, while QC of the 702,574,937 WGS

variants resulted in 8,996,707 SNPs (Supplementary Table 4). We did not impute array variants

in *All of Us* due to the high computational cost associated with cloud-based analysis. *All of Us*

genotype data is only released unimputed, such that this is expected to be standard practice for

users of this particular dataset. *All of Us* array data is genotyped with the Global Diversity Array,

which was designed to integrate highly optimized multiethnic variants with a genome-wide

scaffold, incorporating WGS data from over 1,000 individuals of African and/or American

ancestry, reflecting the genetic diversity of participants in the *All of Us* Research Program. As

such, comparing polygenic prediction performance across ancestral groups using array and

WGS data from *All of Us* is particularly relevant.

C+T construction

For C+T, QC'd array and WGS variants were first restricted to those overlapping with QC'd

GWAS summary statistics to maximize variant overlap. The counts of intersecting array or WGS

variants with the discovery GWAS are presented in Supplementary Table 4. LD was estimated

using 3,202 unrelated samples from five continental populations in the TGP Phase 3 as the

reference panel; first- and second-degree relatives were excluded. Reference variants were

filtered to retain common biallelic SNPs (MAF > 0.01). LD clumping was performed using PLINK

to retain approximately independent variants (--clump-p1 1, --clump-r2 0.1, and --clump-kb 250).

For each trait, clumped variants were subsequently filtered across a range of GWAS *p*-value

thresholds (1, 0.5, 1e-1, 1e-2, 1e-3, 1e-4, 1e-5, 1e-6, 1e-7, and 1e-8), constituting the

thresholding step of the C+T procedure. The number of retained variants after clumping is

reported in Supplementary Table 5. PGS were calculated for each individual as:

$$PGS_i = \sum_{j=1}^{M} x_{ij}\beta_j$$

where X represents the dosage of alternate alleles {0, 1, 2} from the genotype matrix, β denotes

the effect size estimates, i indexes the individual, j indexes the variant, and M is the total number

of variants used for the calculation (i.e. number of clumped SNPs). Optimal *p*-value thresholds

were selected separately for each population using 10-fold cross-validation (1 fold for validation

and 9 folds for testing). Model performance was assessed using R^2 for continuous traits and

Nagelkerke's R^2 for binary traits. R^2 is the proportion of variance explained by the full model

relative to the null model, calculated using linear regression. Nagelkerke's R^2 was computed via

logistic regression by comparing the likelihoods of the null and full models, adjusting for the overall

fit to obtain a value indicating the proportion of variance explained by the PGS in the context of

the full model. The null model included age, male sex, female sex, and the first 16 principal

components as predictors, while the full model included all variables from the null model in

addition to PGS.

PRS-CS construction

We prepared the LD reference panel from two sources: (1) A precomputed EUR LD panel

constructed using UKBB data, restricted to 1,120,696 HapMap3 variants, which was

downloaded from the PRS-CS GitHub repository. (2) A genome-wide EUR LD panel

constructed using the TGP and HGDP joint call set[53]. To generate this LD panel, we

downloaded precomputed EUR LD blocks based on the GRCh38 genome from

LDblocks_GRCh38[54]. We then computed the LD matrices for each LD block using PLINK, with

a total of 7,330,169 post-QC (bi-allelic SNPs with MAF >0.5%) genome-wide variants from the

VCF of 664 unrelated EUR samples in the TGP and HGDP joint call set. The LD matrices

across 22 chromosomes were saved in HDF5 format, which is compatible with PRS-CS. To run

PRS-CS, we did not set the global shrinkage parameter phi and allowed the program to

automatically search for the optimal value. After obtaining posterior effect sizes generated from

PRS-CS-auto, we computed PGS for each target individual by aggregating the product of their

genotypes weighted by the updated effect sizes, as shown in the equation below:

500
$$PGS_i = \sum_{j=1}^{M} x_{ij}\beta_{j,posterior}$$

501   PGS performance was then evaluated using R^2 for continuous traits and Nagelkerke's R^2 for

502   binary traits, as described in the C+T section.

Evaluation of prediction performances using PGS Catalog

To evaluate the PGS performance in the *AoU* and UKBB cohorts, we downloaded publicly available scoring files from the PGS Catalog for 4 traits: Height, HDL cholesterol, Type 2 Diabetes, and breast cancer. Each scoring file included SNP ID, effect allele, and corresponding effect size estimates derived from the published PGS models. The PGS studies selected were prioritized to those trained the model on multi-ancestry datasets and evaluated across multiple populations. Details of the selected scoring files are provided in Supplementary Table 13. Variant QC criteria for *AoU* data have been described previously. For UKBB array and imputed genotype, variants were restricted to bi-allelic SNPs with MAF > 0.005. Duplicate and ambiguous SNPs were removed, and alleles were harmonized between scoring files and the target genotypes, including strand and sign flipping where necessary. Phenotype curation for *AoU* was described previously. For UKBB, continuous traits were curated using the first data instance and values were converted with inverse rank normal transformation for each population groups (EUR, AMR, AFR, East Asian (EAS), and Central South Asian (CSA)). Binary disease traits were defined based on primary and secondary ICD-10 diagnosis codes, with individuals having at least one relevant code classified as cases and those without any diagnosis classified as controls. Polygenic scores were computed using PLINK to aggregate the weighted genotype dosage, where weights corresponded to effect size estimates from the PGS Catalog and genotypes were from *AoU*'s array and WGS data and from UKBB's array and imputation data. Prediction performance was assessed with either R^2 or Negelkerke R^2, adjusting for age, sex, and 16 PCs.

Simulation

We simulated phenotypes based on real genotype data from the *AoU* (array and WGS) and UKBB (array and imputation). For *AoU*, we randomly selected 50,000 unrelated EUR samples. To ensure comparable genotypes between array and WGS, we extracted QC'd chromosome 22

variants from the short-read WGS (srWGS) common Allele Count/Allele Frequency (ACAF)

threshold callset (*AoU* release v7) to created two datasets: a full WGS variant set and an array-

matched subset obtained by restricting WGS variants to those overlapping array SNPs.

Phenotypes and effect sizes were simulated using GCTA[55]. Continuous phenotypes were

simulated under 10 scenarios, each with 10 replicates, where each scenario differed in the

proportion of causal variants present in array vs. WGS data (ranging from 100% to 0%) (Fig. 1b).

Causal SNPs were randomly assigned to variants with allele frequencies between 0.005 and 0.05

across all scenarios. Two levels of genetic architecture were considered: 500 causal SNPs to

represent polygenic traits (~0.1% of the studied genomic variants) and 50 causal variants to

represent sparse traits (~0.01% of the studied genomic variants). Effect sizes were estimated by

conducting GWAS on 80% of the samples with PGS computed on the remaining 20%. Ten PCs

were generated for the discovery and target sets and included as covariates in GWAS and PGS

analyses. For UKBB, we similarly selected 50,000 unrelated EUR samples and extracted

chromosome 22 variants from the QC'd imputation data, subsequently generating an array-

matched subset by restricting variants to those overlapping with *AoU* array SNPs to facilitate

comparison. All other simulation and analysis procedures were identical to those applied to *AoU*

data. PGS were constructed using C+T, since PRS-CS is limited to HapMap3 variants, which

reduces the total number of SNPs. Predictive performance was evaluated using R^2.

Statistical fine-mapping

To identify likely causal variants in real data, we performed statistical fine-mapping using

SuSiE[56](susieR package v0.15.2), a Bayesian regression framework that models multiple causal

variants within a locus. Pan-UKBB summary statistics (height, HDL, T2D, and breast cancer) and

a precomputed UKBB EUR LD matrices were used as inputs. For each genome-wide significant

locus ($p < 5e-8$), SuSiE was applied assuming up to 10 causal variants. Variants within 95%

credible sets were prioritized, and those with posterior inclusion probabilities (PIPs) > 0.9 were

considered likely causal for downstream analyses.

Declaration of interests

A.R.M. has received speaker fees from Novartis. Other authors declare no competing interests.

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Author contributions

Y-S.L. analyzed the data, interpreted the results, and drafted the manuscript. T.T. analyzed the

data and interpreted the results. Y.W. curated *All of Us* phenotypes. B.P. and A.R.M. provided

critical comments. E.G.A designed and supervised the study and revised the manuscript. All

authors approved the final manuscript.

Web resources

Pan-UKBB Downloads page, https://pan.ukbb.broadinstitute.org/downloads

EUR LD scores, https://zenodo.org/records/8182036

TGP Phase 3 reference panels, https://www.cog-genomics.org/plink/2.0/resources

PRS-CS, https://github.com/getian107/PRScs

PGS Catalog, https://www.pgscatalog.org/

susieR, https://stephenslab.github.io/susieR/

UKBB LD reference, https://uchicago.app.box.com/s/jqocacd2fulskmhoqnasrknbt59x3xkn

Data and code availability

The GWAS summary statistics used in this study were downloaded from the Pan UKBB

Downloads page. Individual genotype data were obtained from the *All of Us* Research Program

Controlled Tier Dataset v6. EUR LD scores from TGP, used for heritability estimation, were

downloaded from the zenodo web resources describe above. The TGP Phase 3 reference panels

used for C+T were downloaded from PLINK resources. The EUR reference LD panel, constructed

using UKBB data for PRS-CS, was downloaded from the PRS-CS GitHub repository. PGS

Catalog scoring files were downloaded from the link provided in Supplementary Table 13. The

UKBB LD reference were downloaded from the UChicagoBox. All code used for this analysis is

available at https://github.com/Atkinson-Lab/PGS_Array_WGS.

Figures

a. Polygenic prediction across genotype discovery approaches

b. Evaluation of the impact of causal variant proportion

Fig. 1: Study design.

In the phase (a), PGS were calculated for each *All of Us* individual in the EUR, AMR, or AFR populations using genotypes derived from either array or WGS approaches. C+T and PRS-CS methods were benchmarked. Pre-trained models from the PGS Catalog were used to evaluate performance in *All of Us* and UKBB individuals across multiple populations, using genotypes derived from direct genotyping, imputation, or WGS. In the phase (b), prediction performance was

610 evaluated based on different proportions of causal variants captured by the genotype discovery

611 approach, from simulation and fine-mapping.

Fig. 2: Comparison of PGS performance across genotype discovery approaches.

PGS were computed for samples with genotypes derived from arrays (yellow, orange) or WGS

(blues) in *All of Us*. Continuous traits (a) and binary traits (b) are ordered by polygenicity. R^2 or

Nagelkerke's R^2 were determined by adjusting for age, sex, and the first 16 genetic PCs. Black

bars indicate 95% confidence intervals. HDL: high-density lipoprotein cholesterol. DBP: diastolic

blood pressure. RBC: red blood cell count. TC: total cholesterol. T2D: type 2 diabetes. CRC:

colorectal cancer. BC: breast cancer.

Fig. 3: Evaluation of PGS performance from the PGS Catalog.

Polygenic score data for four traits, (a) height, (b) HDL, (c) T2D, and (d) breast cancer, were extracted from the PGS Catalog. The studies for each trait, where PGS models were trained, are labeled in the upper right corner. Performance was evaluated using genotype discovery approaches from two sources: array and WGS data from *AoU*, and direct genotyping array and imputation data from UKBB. The central South Asian (CSA) group in UKBB was renamed to the SAS group for comparison with *AoU*. For T2D and breast cancer, results are shown only for EUR and AFR populations due to insufficient sample sizes (n < 100) in AMR within UKBB and in EAS and SAS within *AoU*. BC: breast cancer.

Fig. 4: Simulation settings of causal variants captured.

Traits were simulated using *AoU* WGS genotypes under polygenic settings (**a**, with $M = 500$ causal variants) and sparse settings (**b**, with $M = 50$ causal variants), both with heritability = 0.5. Ten scenarios were simulated. P_{WGS} represent the percentage of causal variants captured by WGS, and P_{Array} denote the percentage of causal variants captured by array.

Fig. 5: Prediction performance of PGS including different numbers of causal variants.

The performance for selected traits was assessed with three PRS-CS strategies for variant selection: (HM3) variants intersected with the LD panel constructed using HapMap3 variants (default in PRS-CS), (Full LD) variants intersected with a full LD reference panel, and (Causal SNPs only) only inferred causal SNPs were used with the full LD panel. The numbers on top of each bar indicate the number of causal variants used, out of (/) the total variants included in the PRS-CS construction.

References

1.   Konuma, T. & Okada, Y. Statistical genetics and polygenic risk score for precision

medicine. *Inflamm. Regen.* **41**, 18 (2021).

2.   Choi, S. W., Mak, T. S.-H. & O'Reilly, P. F. Tutorial: a guide to performing polygenic

risk score analyses. *Nat. Protoc.* **15**, 2759–2772 (2020).

3.   Wang, Y., Tsuo, K., Kanai, M., Neale, B. M. & Martin, A. R. Challenges and

opportunities for developing more generalizable polygenic risk scores. *Annu. Rev.*

Biomed. Data Sci. **5**, 293–320 (2022).

4.   Ding, Y. *et al.* Polygenic scoring accuracy varies across the genetic ancestry

continuum. *Nature* **618**, 774–781 (2023).

5.   Fitipaldi, H. & Franks, P. W. Ethnic, gender and other sociodemographic biases in

genome-wide association studies for the most burdensome non-communicable

diseases: 2005-2022. *Hum. Mol. Genet.* **32**, 520–532 (2023).

6.   Sirugo, G., Williams, S. M. & Tishkoff, S. A. The missing diversity in human genetic

studies. *Cell* **177**, 26–31 (2019).

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

health disparities. *Nat. Genet.* **51**, 584–591 (2019).

8.   Ikegawa, S. A short history of the genome-wide association study: where we were

and where we are going. *Genomics Inform.* **10**, 220–225 (2012).

9.   Cross, B., Turner, R. & Pirmohamed, M. Polygenic risk scores: An overview from

676   bench to bedside for personalised medicine. *Front. Genet.* **13**, 1000667 (2022).

677   10.   Yeung, J. M., Sham, P. C., Chan, A. S. & Cherny, S. S. OpenADAM: an open source

678   genome-wide association data management system for Affymetrix SNP arrays. *BMC*

679   *Genomics* **9**, 636 (2008).

680   11.   Xing, C. *et al.* Evaluation of power of the Illumina HumanOmni5M-4v1 BeadChip to

681   detect risk variants for human complex diseases. *Eur. J. Hum. Genet.* **24**, 1029–1034

682   (2016).

683   12.   Infinium Global Screening Array-24 Kit | Population-scale genetics.

684   https://www.illumina.com/products/by-type/microarray-kits/infinium-global-

685   screening.html.

686   13.   Infinium Global Diversity Array-8 Kit | Multiethnic human genotyping.

687   https://www.illumina.com/products/by-type/microarray-kits/infinium-global-

688   diversity.html.

689   14.   All of Us Research Program Genomics Investigators. Genomic data in the All of Us

690   Research Program. *Nature* **627**, 340–346 (2024).

691   15.   Infinium Asian Screening Array | Genotyping of East Asian populations.

692   https://www.illumina.com/products/by-type/microarray-kits/infinium-asian-

693   screening.html.

694   16.   content, C. A powerful array for genetic studies focused on African populations.

695   17.   H3Africa Consortium *et al.* Enabling the genomic revolution in Africa. *Science* **344**,

696   1346–1348 (2014).

697   18.   1000 Genomes Project Consortium *et al.* A global reference for human genetic

698   variation. *Nature* **526**, 68–74 (2015).

699   19.   Naito, T. & Okada, Y. Genotype imputation methods for whole and complex

700   genomic regions utilizing deep learning technology. *J. Hum. Genet.* **69**, 481–486

701   (2024).

702   20.   McMahon, A. *et al.* Sequencing-based genome-wide association studies reporting

703   standards. *Cell Genomics* **1**, (2021).

704   21.   Brlek, P. *et al.* Implementing whole genome sequencing (WGS) in clinical practice:

705   advantages, challenges, and future perspectives. *Cells* **13**, (2024).

706   22.   Wendl, M. C. & Wilson, R. K. The theory of discovering rare variants via DNA

707   sequencing. *BMC Genomics* **10**, 485 (2009).

708   23.   Wheeler, M. M. *et al.* Whole genome sequencing identifies structural variants

709   contributing to hematologic traits in the NHLBI TOPMed program. *Nat. Commun.*

710   **13**, 7592 (2022).

24.   Appadurai, V. *et al.* Accuracy of haplotype estimation and whole genome

imputation affects complex trait analyses in complex biobanks. *Commun. Biol.* **6**,

101 (2023).

25.   Martin, A. R. *et al.* Low-coverage sequencing cost-effectively detects known and

novel variation in underrepresented populations. *Am. J. Hum. Genet.* **108**, 656–668

(2021).

26.   Chat, V., Ferguson, R., Morales, L. & Kirchhoff, T. Ultra Low-Coverage Whole-

Genome Sequencing as an Alternative to Genotyping Arrays in Genome-Wide

Association Studies. *Front. Genet.* **12**, 790445 (2021).

27.   Petter, E. *et al.* Genotype error due to low-coverage sequencing induces uncertainty

in polygenic scoring. *Am. J. Hum. Genet.* **110**, 1319–1329 (2023).

28.   Kim, S. *et al.* Evaluation of low-pass genome sequencing in polygenic risk score

calculation for Parkinson's disease. *Hum Genomics* **15**, 58 (2021).

29.   Wang, Y. *et al.* Polygenic prediction across populations is influenced by ancestry,

genetic architecture, and methodology. *Cell Genomics* **3**, 100408 (2023).

30.   Ge, T., Chen, C.-Y., Ni, Y., Feng, Y.-C. A. & Smoller, J. W. Polygenic prediction via

Bayesian regression and continuous shrinkage priors. *Nat. Commun.* **10**, 1776

(2019).

31.   Lambert, S. A. *et al*. The Polygenic Score Catalog as an open database for

730   reproducibility and systematic evaluation. *Nat. Genet*. **53**, 420–425 (2021).

731   32.   Yengo, L. *et al*. A saturated map of common genetic variants associated with

732   human height. *Nature* **610**, 704–712 (2022).

733   33.   Gunn, S. *et al*. Comparison of methods for building polygenic scores for diverse

734   populations. *HGG Adv*. **6**, 100355 (2025).

735   34.   Zhang, H. *et al*. A new method for multiancestry polygenic prediction improves

736   performance across diverse populations. *Nat. Genet*. **55**, 1757–1768 (2023).

737   35.   Kanoni, S. *et al*. Implicating genes, pleiotropy, and sexual dimorphism at blood lipid

738   loci through multi-ancestry meta-analysis. *Genome Biol*. **23**, 268 (2022).

739   36.   Guo, B. *et al*. Polygenic risk score for type 2 diabetes shows context-dependent

740   effects across populations. *Nat. Commun*. **16**, 8632 (2025).

741   37.   Mavaddat, N. *et al*. Polygenic risk scores for prediction of breast cancer and breast

742   cancer subtypes. *Am. J. Hum. Genet*. **104**, 21–34 (2019).

743   38.   Stoler, N. & Nekrutenko, A. Sequencing error profiles of Illumina sequencing

744   instruments. *NAR Genom. Bioinform*. **3**, lqab019 (2021).

745   39.   Wall, J. D. *et al*. Estimating genotype error rates from high-coverage next-generation

746   sequence data. *Genome Res*. **24**, 1734–1739 (2014).

40.   Sleep, J. A., Schreiber, A. W. & Baumann, U. Sequencing error correction without a

reference genome. *BMC Bioinformatics* **14**, 367 (2013).

41.   Visscher, P. M., Yang, J. & Goddard, M. E. A commentary on "common SNPs explain

a large proportion of the heritability for human height" by Yang et al. (2010). *Twin*

Res. Hum. Genet. **13**, 517–524 (2010).

42.   Fatumo, S. *et al.* A roadmap to increase diversity in genomic studies. *Nat. Med.* **28**,

243–250 (2022).

43.   Kachuri, L. *et al.* Principles and methods for transferring polygenic risk scores

across global populations. *Nat. Rev. Genet.* **25**, 8–25 (2024).

44.   Kullo, I. J. *et al.* Polygenic scores in biomedical research. *Nat. Rev. Genet.* **23**, 524–

532 (2022).

45.   Montinaro, F. *et al.* Unravelling the hidden ancestry of American admixed

populations. *Nat. Commun.* **6**, 6596 (2015).

46.   Bryc, K., Durand, E. Y., Macpherson, J. M., Reich, D. & Mountain, J. L. The genetic

ancestry of African Americans, Latinos, and European Americans across the United

States. *Am. J. Hum. Genet.* **96**, 37–53 (2015).

47.   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).

48.   Metzker, M. L. Sequencing technologies - the next generation. *Nat. Rev. Genet.* **11**,

766   31–46 (2010).

767   49.   Bycroft, C. *et al.* The UK Biobank resource with deep phenotyping and genomic

768   data. *Nature* **562**, 203–209 (2018).

769   50.   Bulik-Sullivan, B. *et al.* LD Score regression distinguishes confounding from

770   polygenicity in genome-wide association studies. *Nat. Genet.* **47**, 291–295 (2015).

771   51.   Privé, F., Arbel, J. & Vilhjálmsson, B. J. LDpred2: better, faster, stronger.

772   *Bioinformatics* **36**, 5424–5431 (2021).

773   52.   Tsuo, K. *et al.* All of Us diversity and scale improve polygenic prediction contextually

774   with greatest improvements for under-represented populations. *BioRxiv* (2025)

775   doi:10.1101/2024.08.06.606846.

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

777   genomes. *Genome Res.* **34**, 796–809 (2024).

778   54.   MacDonald, J., Harrison, T., Bammler, T., Mancuso, N. & Lindstroem, S. An updated

779   map of GRCh38 linkage disequilibrium blocks based on European ancestry data.

780   *BioRxiv* (2022) doi:10.1101/2022.03.04.483057.

781   55.   Yang, J., Lee, S. H., Goddard, M. E. & Visscher, P. M. GCTA: a tool for genome-wide

782   complex trait analysis. *Am. J. Hum. Genet.* **88**, 76–82 (2011).

783   56.   Wang, G., Sarkar, A., Carbonetto, P. & Stephens, M. A simple new approach to

784   variable selection in regression, with application to genetic fine mapping. *J. R. Stat.*

785   *Soc. Series B Stat. Methodol.* **82**, 1273–1300 (2020).