

20 **Abstract**

21 Integrating association results from both genome-wide association studies (GWASs) and
22 expression quantitative trait locus (eQTL) mapping studies has the potential to shed light on the
23 molecular mechanisms underlying disease etiology. Several statistical methods have been
24 recently developed to integrate GWASs with eQTL studies in the form of transcriptome-wide
25 association studies (TWASs). These existing methods can all be viewed as a form of two sample
26 Mendelian randomization (MR) analysis, which has been widely applied in various GWASs for
27 inferring the causal relationship among complex traits. Unfortunately, most existing TWAS and
28 MR methods make an unrealistic modeling assumption and assume that instrumental variables
29 do not exhibit horizontal pleiotropic effects. However, horizontal pleiotropic effects have been
30 recently discovered to be wide spread across complex traits, and, as we will show here, are also
31 wide spread across gene expression traits. Therefore, not allowing for horizontal pleiotropic
32 effects can be overly restrictive, and, as we will be show here, can lead to a substantial inflation
33 of test statistics and subsequently false discoveries in TWAS applications. Here, we present a
34 probabilistic MR method, which we refer to as PMR-Egger, for testing and controlling for
35 horizontal pleiotropic effects in TWAS applications. PMR-Egger relies on an MR likelihood
36 framework that unifies many existing TWAS and MR methods, accommodates multiple
37 correlated instruments, tests the causal effect of gene on trait in the presence of horizontal
38 pleiotropy, and, with a newly developed parameter expansion version of the expectation
39 maximization algorithm, is scalable to hundreds of thousands of individuals. With extensive
40 simulations, we show that PMR-Egger provides calibrated type I error control for causal effect
41 testing in the presence of horizontal pleiotropic effects, is reasonably robust for various types of
42 horizontal pleiotropic effect mis-specifications, is more powerful than existing MR approaches,

43 and, as a by-product, can directly test for horizontal pleiotropy. We illustrate the benefits of
44 PMR-Egger in applications to 39 diseases and complex traits obtained from three GWASs
45 including the UK Biobank. In these applications, we show how PMR-Egger can lead to new
46 biological discoveries through integrative analysis.

47

48 **Introduction**

49 Genome-wide association studies (GWASs) have identified many SNPs associated with common
50 diseases or disease related traits. Parallel expression quantitative trait loci (eQTL) mapping
51 studies have also identified many cis-acting SNPs associated with the expression level of nearby
52 genes. Integrating the existing association results from both GWASs and eQTL mapping studies
53 has the potential to shed light on the molecular mechanisms underlying disease etiology. Several
54 statistical methods have been recently proposed to integrate GWASs with eQTL mapping studies.
55 For example prediXcan¹ proposes to perform a weighted SNP set test in GWAS by inferring
56 SNP weights from eQTL studies. TWAS² proposes to infer the association between gene
57 expression and disease trait by leveraging the shared common set of cis-SNPs. SMR³ or GSMR⁴
58 directly tests the causal association between gene expression and disease trait under a Mendelian
59 randomization (MR) framework through selecting a single instrument or multiple independent
60 instruments. While each of these integrative methods was originally proposed to solve a different
61 problem, all of them can be viewed as a two-sample MR method with different modeling
62 assumptions. Because of their relationship to MR, these methods effectively attempt to identify
63 genes causally associated with diseases or complex traits in the context of transcriptome-wide
64 association studies (TWAS).

65 MR analysis is a form of instrumental variable analysis that was originally developed in the
66 field of causal inference⁵. MR aims to determine the causal relationship between an exposure
67 variable (e.g. gene expression) and an outcome variable (e.g. complex trait) in observational
68 studies. MR treats SNPs as instrumental variables for the exposure variable of interest and uses
69 these SNP instruments to estimate and test the causal effect of the exposure variable on the
70 outcome variable. MR methods have been widely applied to investigate the causal relationship

71 among various complex traits⁶⁻⁹, and, through a two-sample design, can be easily adapted to
72 settings where the exposure and outcome are measured on two different sets of individuals^{10,11}.
73 However, MR analysis for TWAS is not straightforward and requires the development of new
74 methods that can accommodate two important features of TWAS analysis.

75 First, both GWASs and eQTL mapping studies collect SNPs that are in high linkage
76 disequilibrium (LD) with each other. Traditional MR methods, such as the random effects
77 version or the fixed effect version of the inverse variance weighted regression¹², MR-Egger¹³,
78 median-based regression¹⁴, SMR³, or GSMR⁴, can only make use of a single SNP instrument or
79 multiple independent SNP instruments. Handling only independent SNPs is restrictive, as most
80 exposure variables/molecular traits are polygenic/omni-genic and are influenced by multiple
81 SNPs that are in potential LD with each other. As a result, incorporating multiple correlated
82 SNPs can often help explain a greater proportion of variance in the exposure variable than using
83 independent SNPs, and thus can help increase power and improve estimation accuracy of MR
84 analysis^{5,15-17}. Due to the benefits of using multiple correlated instruments, most TWAS methods
85 (e.g. PrediXcan¹, TWAS², CoMM¹⁸, DPR¹⁹, TIGAR²⁰) rely on polygenic modeling priors to
86 incorporate all cis-SNPs that are in high LD for TWAS applications. (Certainly, while the prior
87 used in PrediXcan is polygenic, the parameter estimates obtained from PrediXcan is sparse as it
88 uses posterior mode instead of posterior mean.) By incorporating all cis-SNPs, as we will show
89 below, these methods can lead to substantial power improvement over standard MR approaches
90 that use only a few independent SNPs. Unfortunately, many TWAS methods rely on a two-stage
91 MR inference procedure: they estimate SNP effect sizes in the exposure study and plug in these
92 estimates to the outcome study for causal effect inference. The two-stage inference procedure in
93 MR fails to account for the uncertainty in parameter estimates in the exposure study and can

94 often lead to biased causal effect estimates and power loss, especially in the presence of weak
95 instruments^{5,16}. Indeed, similar to what have been observed in the MR field, our previous study
96 also suggests that the likelihood based inference can substantially improve power for TWAS¹⁸.
97 Therefore, it is important to incorporate multiple correlated instruments in a likelihood inference
98 framework for MR analysis in TWAS.

99 Second, perhaps more importantly, SNP instruments often exhibit pervasive horizontal
100 pleiotropic effects²¹. Horizontal pleiotropy occurs when a genetic variant affects the outcome
101 variable through pathways other than or in addition to the exposure variable²². Horizontal
102 pleiotropy is in contrast to the vertical pleiotropy, which characterizes instrument effects on the
103 outcome variable through the path of the exposure. Horizontal pleiotropy is widely distributed
104 across the genome, affects a wide spectrum of complex traits, and can be driven by LD and
105 extreme polygenicity of traits^{21 23}. Despite its wide prevalence, however, only a limited number
106 of MR methods have been developed to test and control for horizontal pleiotropy; even fewer are
107 applicable for TWAS applications. For example, some existing methods (e.g. MR-PRESSO²¹)
108 test for horizontal pleiotropic effects without directly controlling for them. Some methods (e.g.
109 CaMMEL²⁴) control for horizontal pleiotropic effects without directly testing them^{25,26}. Some
110 methods (e.g. Egger regression^{13,27}, GLIDE²⁸, GSMR⁴, MR-median method¹⁴, profile score
111 approach²⁹, MRMix³⁰ and Bayesian MR^{31,32}) test and control for horizontal pleiotropic effects,
112 but can only accommodate independent instruments. As far as we are aware, there is only one
113 two-sample MR method currently developed for testing and controlling for pleiotropic effects in
114 the presence of correlated instruments: LDA MR-Egger³³. Unfortunately, as we will show below,
115 LDA MR-Egger cannot handle realistic LD pattern among cis-SNPs for TWAS applications.

116 Here, we develop a generative two-sample MR method in a likelihood framework, which we
117 refer to as the probabilistic two-sample Mendelian randomization (PMR), to perform MR
118 analysis using multiple correlated instruments for TWAS applications. We illustrate how the
119 PMR framework can facilitate the understanding of many existing MR approaches as well as
120 many existing integrative analysis approaches. Within the PMR framework, we focus on a
121 particular horizontal pleiotropy effect modeling assumption based on the burden test assumption
122 commonly used for rare variant test. This particular horizontal pleiotropy effect, as we will show
123 later, effectively generalizes the Egger regression assumption commonly used for MR analysis to
124 correlated instruments. Our method allows us to test the causal effect in the presence of
125 horizontal pleiotropy, and, with a parameter expansion version of the expectation maximization
126 algorithm (PX-EM), is scalable to hundreds of thousands of individuals. We refer to our method
127 as PMR-Egger. With simulations, we show that PMR-Egger provides calibrated type I error for
128 causal effect testing in the presence of horizontal pleiotropic effects, is more powerful than
129 existing MR approaches, and, as a by-product, can directly test for horizontal pleiotropy. We
130 apply our method to perform TWAS for 39 diseases and complex traits obtained from three
131 GWASs with sample size ranging from 4,686 to 337,198.
132

133 **Methods**

134 **PMR-Egger Overview**

135 We consider a probabilistic Mendelian randomization framework for performing two-sample
136 Mendelian randomization analysis with correlated SNP instruments. Two-sample Mendelian
137 randomization analysis aims to estimate and test for the causal effect of an exposure on an
138 outcome in the setting where the exposure and outcome variables are measured in two separate
139 studies with no sample overlap. In the TWAS applications we consider here, the exposure
140 variable is gene expression level that is measured in a gene expression study, while the outcome
141 variable is a quantitative trait or a dichotomous disease status that is measured in a GWAS. Often
142 times, the gene expression study and GWAS are performed on two separate samples. While we
143 mostly focus on TWAS applications in the present study, we note that the two-sample Mendelian
144 randomization is also commonly performed in settings where both the exposure and outcome
145 variables are complex traits that are measured in two separate GWASs. An illustrative diagram
146 of MR analysis is displayed in [Supplementary Fig. 1](#).

147 We denote \mathbf{x} as an n_1 -vector of exposure variable (i.e. gene expression measurements) that is
148 measured on n_1 individuals in the gene expression study and denote \mathbf{Z}_x as an n_1 by p matrix of
149 genotypes for p instruments (i.e. cis-SNPs) in the same study. Note that, unlike standard MR
150 methods that select independent instruments, we follow existing TWAS approaches and use all
151 cis-SNPs that are in LD as instruments. We denote \mathbf{y} as an n_2 -vector of outcome variable (i.e.
152 trait) that is measured on n_2 individuals in the GWAS and denote \mathbf{Z}_y as an n_2 by p matrix of
153 genotypes for the same p instruments there. We consider three linear regressions to model the
154 two studies separately

$$155 \quad \mathbf{x} = \mathbf{1}_{n_1} \mu_x + \mathbf{Z}_x \boldsymbol{\beta} + \boldsymbol{\varepsilon}_x \quad (1)$$

156
$$\tilde{x} = \mathbf{1}_{n_2}\mu_x + \mathbf{Z}_y\boldsymbol{\beta} + \boldsymbol{\varepsilon}_{\tilde{x}} \quad (2)$$

157
$$\mathbf{y} = \mathbf{1}_{n_2}\mu_y + \tilde{x}\alpha + \mathbf{Z}_y\boldsymbol{\gamma} + \boldsymbol{\varepsilon} \quad (3)$$

158 where the equation (1) is for the gene expression data and the equations (2)-(3) are for the
159 GWAS data. Here, μ_x and μ_y are the intercepts; \tilde{x} is an unobserved n_2 -vector of exposure
160 variable on the n_2 individuals in the GWAS; $\boldsymbol{\beta}$ is a p -vector of instrumental effect sizes on the
161 exposure variable; α is a scalar that represents the causal effect of the exposure variable on the
162 outcome variable; $\boldsymbol{\gamma}$ is a p -vector of horizontal pleiotropic effect sizes of p instruments on the
163 outcome variable; $\boldsymbol{\varepsilon}_x$ is an n_1 -vector of residual error with each element independently and
164 identically distributed from a normal distribution $N(0, \sigma_x^2)$; $\boldsymbol{\varepsilon}_{\tilde{x}}$ is an n_2 -vector of residual error
165 with each element independently and identically distributed from the same normal distribution
166 $N(0, \sigma_x^2)$; and $\boldsymbol{\varepsilon}$ is an n_2 -vector of residual error with each element independently and identically
167 distributed from a normal distribution $N(0, \sigma_y^2)$. We note that while the above three equations are
168 specified based on two separate studies, they are joined together with the common parameter $\boldsymbol{\beta}$
169 and the unobserved gene expression measurements \tilde{x} . Equations (2)-(3) can also be combined
170 into

171
$$\mathbf{y} = \mathbf{1}_{n_2}\mu_y + \mathbf{Z}_y\boldsymbol{\beta}\alpha + \mathbf{Z}_y\boldsymbol{\gamma} + \boldsymbol{\varepsilon}_y \quad (4)$$

172 where $\boldsymbol{\varepsilon}_y = \boldsymbol{\varepsilon}_{\tilde{x}}\alpha + \boldsymbol{\varepsilon}$.

173 Our key parameter of interest in the above joint model is the causal effect α . The causal
174 interpretation of α requires two assumptions of MR analysis to hold: (i) instruments are
175 associated with the exposure; (ii) instruments are not associated with any other confounders that
176 may be associated with both exposure and outcome. Note that our model no longer requires the
177 general exclusion restriction condition of traditional MR (i.e. instruments only influence the
178 outcome through the path of exposure), as we make explicit modeling assumptions on the

179 horizontal pleiotropy effects $\boldsymbol{\gamma}$. Certainly, PMR-Egger still need to satisfy the InSIDE
180 assumption that the instrument-exposure effects and instrument-outcome effects are independent
181 of each other, which is sometimes referred to as the weak exclusion restriction condition¹³. In our
182 model, we derive the causal interpretation and identification of α under the decision-theoretic
183 framework of causal inference^{31,34-36} (details in [Supplementary Note](#)). Because the causal effect
184 interpretation of α depends on MR assumptions as well as other explicit modeling assumptions,
185 many of which are not easily testable in practice, MR analysis in observational studies likely
186 provides weaker causality evidence than randomized clinical trials. Therefore, while we follow
187 standard MR analysis and use the term “causal effect” through the text, we only intend to use this
188 term to emphasize the fact that α estimate from an MR analysis is more trustworthy than the
189 effect size estimate in a standard linear regression of y on \tilde{x} .

190 Because p is often larger than n_1 , we will need to make additional modeling assumptions on $\boldsymbol{\beta}$
191 to make the model identifiable. In addition, the two instrumental effect terms defined in equation
192 (4), the vertical pleiotropic effect $\mathbf{Z}_y\boldsymbol{\beta}\alpha$ and the horizontal pleiotropic effect $\mathbf{Z}_y\boldsymbol{\gamma}$, are also not
193 identifiable from each other, unless we make additional modeling assumptions on $\boldsymbol{\gamma}$. Here, we
194 follow standard polygenic model and assume that all elements in $\boldsymbol{\beta}$ are non-zero and that each
195 follows a normal distribution $N(0, \sigma_\beta^2)$. In addition, we follow the burden test assumption
196 commonly used for rare variant test and assume that equal horizontal pleiotropic effects across
197 SNPs $\boldsymbol{\gamma}_j = \gamma$ for $j = 1, \dots, p$. With the burden test assumption on the horizontal pleiotropic
198 effects γ , our model becomes a generalization of the commonly used MR-Egger regression
199 model. In the special case where instruments are independent and treated as fixed effects and
200 where a two-stage estimation procedure is used for inference, our model reduces to MR-Egger.
201 However, our method can handle general cases where MR-Egger does not apply to. In particular,

202 unlike MR-Egger, our method can handle multiple correlated instruments and perform inference
203 in a likelihood framework.

204 In the above model, we are interested in estimating the causal effect α and testing the null
205 hypothesis $H_0: \alpha = 0$ in the presence of horizontal pleiotropy effects $\boldsymbol{\gamma}$. In addition, we are
206 interested in estimating the horizontal pleiotropic effect size γ and testing the null hypothesis
207 $H_0: \gamma = 0$. We accomplish both tasks through the maximum likelihood inference framework. In
208 particular, we develop an expectation maximization (EM) algorithm for parameter inference by
209 maximizing the joint likelihood defined based on equations (1) and (4) (details in the
210 [Supplementary Note](#)). The EM algorithm allows us to obtain the maximum likelihood of the
211 joint model, together with maximum likelihood estimates for both α and γ . In addition, we apply
212 the EM algorithm to two reduced models, one without α and the other without γ , to obtain the
213 corresponding maximum likelihoods. Afterwards, we perform likelihood ratio tests for either
214 $H_0: \alpha = 0$ or $H_0: \gamma = 0$, by contrasting the maximum likelihood obtained from the joint model to
215 that obtained from each of the two reduced models, respectively. We refer to the above inference
216 procedure as probabilistic, as we place estimation and testing into a maximum likelihood
217 framework. Our inference procedure is in contrast to the commonly used two-stage estimation
218 procedure (as used in, for example, Egger regression^{13,27}, PrediXcan¹ and TWAS²), which
219 estimates $\hat{\boldsymbol{\beta}}$ from equation (1) first and then plug in the estimates into equation (4) for inference.
220 The previous two-stage estimation procedure fails to properly account for the estimation
221 uncertainty in $\hat{\boldsymbol{\beta}}$ and is known to lose power compared to a formal likelihood inference
222 procedure^{5,16,18}.

223 We refer to our model and algorithm together as the two-sample probabilistic Mendelian
224 randomization with Egger regression (PMR-Egger). As explained above, we use “probabilistic”

225 to refer to both the data generative model and the maximum likelihood inference procedure. We
226 use “Egger” to refer to the horizontal pleiotropic assumption on $\boldsymbol{\gamma}$ that effectively generalizes the
227 Egger-regression assumption to correlated instruments. We also note that the joint generative
228 Mendelian randomization model defined in equations (1) and (4) is a useful conceptual
229 framework that unifies many existing MR methods. In particular, almost all existing MR
230 methods are built upon the joint model, but with different modeling assumptions on $\boldsymbol{\beta}$ and $\boldsymbol{\gamma}$, and
231 with different inference procedures (Table 1). Compared with these existing MR approaches,
232 PMR-Egger is capable of modeling multiple correlated instruments, effectively controls for
233 horizontal pleiotropy, and places inference into a likelihood framework.

234 **Simulations**

235 We performed simulations to assess the performance of PMR-Egger and compare it with existing
236 approaches. To do so, we first obtained 556 cis-SNPs for the gene *BACE1* on chromosome 11
237 from the GEUVADIS data³⁷ (data processing details in the next section) and simulated gene
238 expression values. We used the gene *BACE1* because the number of cis-SNPs in this gene
239 represents the median of all genes. With the scaled genotype data \mathbf{Z}_x , we simulated SNP effect
240 sizes $\boldsymbol{\beta}$ from a normal distribution $N(0, PVE_{zx}/556)$, where the scalar PVE_{zx} represents the
241 proportion of gene expression variance explained by genetic effects. We summed the genetic
242 effects across all cis-SNPs as $\mathbf{Z}_x\boldsymbol{\beta}$. In addition, we simulated residual errors $\boldsymbol{\epsilon}_x$ from a normal
243 distribution $N(0, 1 - PVE_{zx})$. We then summed the genetic effects and residual errors to yield
244 the simulated gene expression level.

245 Next, we obtained genotypes for the same 556 SNPs from 2,000 randomly selected control
246 individuals in the Kaiser Permanente/UCSF Genetic Epidemiology Research Study on Adult
247 Health and Aging (GERA)^{38,39} and simulated a quantitative trait. Here, we directly used $\boldsymbol{\beta}$ from

248 the gene expression data, which, when paired with the causal effect α , yielded the vertical
249 pleiotropic effects $\alpha\beta$. We set $\alpha = \sqrt{PVE_{zy}/PVE_{zx}}$, and we simulated residual errors ϵ_y from a
250 normal distribution $N(0, 1 - PVE_{zy})$. Here, the scalar parameter PVE_{zy} represents the proportion
251 of phenotypic variance explained by vertical pleiotropic effects in the absence of horizontal
252 pleiotropic effects. Afterwards, we simulated horizontal pleiotropic effects γ for these SNPs
253 (more details below). We summed the horizontal pleiotropic effects, vertical pleiotropic effects
254 and residual errors to yield the simulated trait.

255 In the simulations, we first examined a baseline simulation setting where we set $PVE_{zx} =$
256 10%, $PVE_{zy} = 0$, with all $\gamma_j = 0$. On top of the baseline setting, we varied one parameter at a
257 time to examine the influence of various parameters. For PVE_{zx} , we set it to be either 1%, 5% or
258 10%, close to the median gene expression heritability estimates across genes^{40,41}. For β , we
259 examined alternative SNP effect size distributions that deviate from the polygenic assumption in
260 the baseline setting. Specifically, we randomly selected either 1 SNP, 1%, 10% or 100% of the
261 SNPs to have non-zero effect, while simulated their effects from a normal distribution to explain
262 a fixed PVE_{zx} . For PVE_{zy} , we varied its value to be either 0% (for null simulations), 0.2%, 0.4%
263 or 0.6% (for power simulations). For the horizontal pleiotropy effects γ , we randomly assigned a
264 fixed proportion of γ_j to be non-zero (proportion equals 10%, 30%, 50%, or 100%). Afterwards,
265 we set the absolute value of non-zero γ_j to be the same value of γ . As a sensitivity analysis, we
266 also randomly assigned some of their signs to be positive and some of their signs to be negative,
267 with the ratio of positive effects to negative effects being either 1:9, 3:7, or 5:5. Here, we set γ to
268 be 1×10^{-4} , 5×10^{-4} , 1×10^{-3} or 2×10^{-3} , which corresponds to the 50%, 70%, 90%, 95%
269 quantiles of horizontal pleiotropic effect estimates across all genes and all traits in the WTCCC
270 data (more details below), respectively. For null simulations and type I error control examination,

271 we performed 10,000 simulation replicates for each simulation scenario described above. For
272 power calculation, for each scenario, we performed 1,000 alternative simulations together with
273 9,000 null simulations and calculated power based on false discovery rate (FDR).

274 While we applied PMR-Egger to analyze individual-level data from all simulations, we also
275 applied PMR-Egger to analyze summary statistics in a subset of simulations to validate the
276 implementation of the summary statistics based PMR-Egger algorithm. These results are
277 presented in the Discussion section. Here, we considered the simulation settings with a fixed
278 sample size ($n_1 = 465, n_2 = 2,000$), different causal effect sizes ($PVE_{zy} = 0$ or 0.6%) and
279 different pleiotropy effect sizes ($\gamma = 0$ or 0.0005). In the analysis, we calculated the LD matrix
280 in the eQTL data using the observed individual-level genotypes in the eQTL study. We
281 calculated the LD matrix in the GWAS data from a reference panel. The reference panel is
282 constructed in three different ways, by using individual-level genotypes from either all
283 individuals in the GWAS ($n=2,000$), 10% of randomly selected individuals from the GWAS
284 ($n=200$), or the individuals with European ancestry from the 1,000 Genomes project ($n=503$).

285 Besides the single gene-based simulations, we also conducted cross-gene simulations.
286 Specifically, we randomly selected 10,000 genes from GEUVADIS. We extracted cis-SNPs for
287 these 10,000 genes, obtaining a median of 576 cis-SNPs per gene (min=11; max=7,409). For
288 each gene in turn, we used its cis-SNPs to simulate its gene expression level as described above.
289 Afterwards, we applied different methods to analyze simulated data. The cross-gene based
290 simulations reflect the varying LD pattern and the varying number of cis-SNPs across genes that
291 we observe in real data, and thus are likely to be realistic than the single gene-based simulations.
292 We performed cross-gene simulations under all simulation settings described above, including

293 settings with varying gene expression heritability, varying genetic architectures underlying gene
294 expression, as well as varying causal and horizontal pleiotropy effects.

295 **Real Data Applications**

296 We applied our method to perform TWAS by integrating gene expression data with several
297 GWASs. Specifically, we obtained GEUVADIS data³⁷ as the gene expression data and examined
298 39 phenotypes from three GWASs. The three GWASs include the Wellcome trust case control
299 study (WTCCC)⁴², the Kaiser Permanente/UCSF Genetic Epidemiology Research Study on
300 Adult Health and Aging (GERA)^{38,39}, and the UK Biobank⁴³.

301 The GEUVADIS data³⁷ contains gene expression measurements for 465 individuals collected
302 from five different populations that include CEPH (CEU), Finns (FIN), British (GBR), Toscani
303 (TSI) and Yoruba (YRI). In the expression data, we only focused on protein coding genes and
304 lincRNAs that are annotated in GENCODE (release 12)^{44,45}. Among these genes, we removed
305 lowly expressed genes that have zero counts in at least half of the individuals to obtain a final set
306 of 15,810 genes. We performed PEER normalization to remove confounding effects and
307 unwanted variations following previous studies^{19,46}. Afterwards, following¹⁹, to remove
308 remaining population stratification, we quantile normalized the gene expression measurements
309 across individuals in each population to a standard normal distribution, and then further quantile
310 normalized the gene expression measurements to a standard normal distribution across
311 individuals from all five populations. Besides expression data, all individuals in GEUVADIS
312 also have their genotypes sequenced in the 1,000 Genomes Project. We obtained genotype data
313 from the 1,000 Genomes Project phase 3. We filtered out SNPs that have a Hardy-Weinberg
314 equilibrium (HWE) p-value $< 10^{-4}$, a genotype call rate $< 95\%$, or a minor allele frequency (MAF)
315 < 0.01 . We retained a total of 7,072,917 SNPs for analysis.

316 The WTCCC data consists of about 14,000 cases from seven common diseases and 2,938
317 shared controls⁴². The diseases include type 1 diabetes (T1D; $n=1,963$), Crohn's disease (CD;
318 $n=1,748$), rheumatoid arthritis (RA; $n=1,861$), bipolar disorder (BD; $n=1,868$), type 2 diabetes
319 (T2D; $n=1,924$), coronary artery disease (CAD; $n=1,926$), and hypertension (HT; $n=1,952$). We
320 obtained quality controlled genotypes from WTCCC and initially imputed missing genotypes
321 using BIMBAM⁴⁷ to arrive at a total of 458,868 SNPs shared across all individuals. Afterwards,
322 we further imputed SNPs using the 1,000 Genomes as the reference panel using SHAPEIT and
323 IMPUTE2⁴⁸. We filtered out SNPs that have an HWE p-value $< 10^{-4}$, a genotype call rate $< 95\%$,
324 or an MAF < 0.01 to obtain a total of 2,793,818 imputed SNPs. For each trait in turn, we first
325 regressed the phenotype on the top 10 genotype principal components (PCs) and obtained
326 phenotype residuals. We then scaled the phenotype residuals to have a mean of zero and standard
327 deviation of one and used these phenotype residuals for TWAS analysis. In addition to the main
328 analysis that uses phenotype residuals, we also performed parallel analysis with PMR-Egger
329 where we used the original phenotype as the outcome variable and the top 10 genotype PCs as
330 covariates.

331 The GERA study consists of 61,953 individuals and 675,367 genotyped SNPs. We filtered out
332 SNPs that had a genotype calling rate below 0.95, MAF < 0.01 , or HWE p value $< 10^{-4}$ to yield a
333 total of 487,609 SNPs. We phased genotypes using SHAPEIT⁴⁹ and imputed SNPs based on the
334 Haplotype Reference Consortium (HRC version r1.1) reference panel⁵⁰ on the Michigan
335 Imputation Server using Minimac3⁵¹. Afterwards, we further filtered out SNPs that have a HWE
336 p-value $< 10^{-4}$, a genotype call rate $< 95\%$, an MAF < 0.01 , or an imputation score < 0.30 to arrive
337 at a total of 8,385,867 SNPs that are shared across 61,953 individuals. We examined 22 diseases
338 in GERA that include Asthma (number of cases $n=10,101$), Allergic Rhinitis ($n=15,193$),

339 Cardiovascular Disease (CARD, n=16,431), Cancers (n=18,714), Depressive Disorder (n=7,900),
340 Dermatophytosis (n=8,443), Type 2 Diabetes (T2D, n=7,638), Dyslipidemia (n=33,071),
341 Hypertension (HT, n=31,044), Hemorrhoids (n=9,922), Abdominal Hernia (n=6,876), Insomnia
342 (n=4,357), Iron Deficiency (n=2,706), Irritable Bowel Syndrome (n=3,367), Macular
343 Degeneration (n=4,031), Osteoarthritis (n=22,062), Osteoporosis (n=5,909), Peripheral Vascular
344 Disease (PVD, n=4,718), Peptic Ulcer (n=1,007), Psychiatric disorders (n=9408), Stress
345 Disorders (n=4,706), and Varicose Veins (n=2,714). For each trait in turn, we first regressed the
346 phenotype on the top 10 genotype principal components (PCs) and obtained phenotype residuals.
347 We then scaled the phenotype residuals to have a mean of zero and standard deviation of one and
348 used these phenotype residuals for TWAS analysis. In addition to the main analysis that uses
349 phenotype residuals, we also performed parallel analysis with PMR-Egger where we used the
350 original phenotype as the outcome and the top 10 genotype PCs as covariates.

351 The UK Biobank data consists of 487,409 individuals and 92,693,895 imputed SNPs⁴³. We
352 followed the same sample QC procedure in Neale lab
353 (https://github.com/Nealelab/UK_Biobank_GWAS/tree/master/imputed-v2-gwas) to retain a
354 total of 337,198 individuals of European ancestry. We filtered out SNPs with an HWE p-value <
355 10^{-7} , a genotype call rate <95%, or an MAF<0.001 to obtain a total of 13,876,958 SNPs. We
356 selected 10 UK Biobank quantitative traits that have a phenotyping rate > 80%, a SNP
357 heritability > 0.2 and a low correlation among them following a previous study⁵². The 10 traits
358 include Height ($h^2 = 0.579$), Platelet count ($h^2 = 0.404$), Bone mineral density ($h^2 = 0.401$),
359 Red blood cell count ($h^2 = 0.324$), FEV1-FVC ratio ($h^2 = 0.313$), Body mass index (BMI,
360 $h^2 = 0.308$), RBC distribution width ($h^2 = 0.288$), Eosinophils count ($h^2 = 0.277$), Forced
361 vital capacity ($h^2 = 0.277$), White blood cell count ($h^2 = 0.272$). For each trait in turn, we

362 regressed the resulting standardized phenotypes on sex and top 10 genotype principal
363 components (PCs) to obtain the residuals, standardized the residuals to have a mean of zero and a
364 standard deviation of one, and finally used these scaled residuals to conduct TWAS analysis. We
365 also performed parallel analysis with PMR-Egger by including the top 10 genotype PCs as
366 covariates.

367 We combined the GEUVADIS data with each of the three GWASs for TWAS analysis. To do
368 so, in the GEUVADIS data, for each gene in turn, we extracted cis-SNPs that are within either
369 100 kb upstream of the transcription start site (TSS) or 100 kb downstream of the transcription
370 end site (TES). We overlapped these SNPs in GEUVADIS with the SNPs obtained from each of
371 the three GWASs to obtain common sets of SNPs. The median number of the overlapped cis-
372 SNPs between GEUVADIS and WTCCC, GERA or UK Biobank are 200, 556 or 500,
373 respectively. Afterwards, for each pair of gene (from GEUVADIS) and trait (from GWAS) in
374 turn, we examined the causal relationship between gene expression and trait of interest while
375 testing and controlling for potential horizontal pleiotropic effects.

376 **Compared Methods**

377 For testing the causal effect, we compared the performance of PMR-Egger with five existing
378 methods that include: (1) SMR, which uses a single instrument and does not control for
379 horizontal pleiotropy. For SMR, we first performed a linear regression to choose the top
380 associated cis-SNP to be the instrumental variable. (2) PrediXcan, which uses multiple correlated
381 instruments but does not control for horizontal pleiotropy. For PrediXcan, we used all cis-SNPs
382 for the model and used ElasticNet implemented in the R package glmnet to obtain the coefficient
383 estimates for the cis-SNPs. (3) TWAS, which uses multiple correlated instruments but does not
384 control for horizontal pleiotropy. For TWAS, we used all cis-SNPs for the model and used

385 BSLMM⁵³ implemented in the GEMMA software⁵⁴ to obtain coefficient estimates for the cis-
386 SNPs. (4) CoMM, which uses multiple correlated instruments but does not control for horizontal
387 pleiotropy. We used all cis-SNPs for the model and used the R package CoMM for model fitting.
388 (5) LDA MR-Egger, which uses multiple correlated instruments and controls for horizontal
389 pleiotropy. We used all cis-SNPs for the model and contacted the authors of LDA MR-Egger to
390 obtain the method source code. All these methods are suitable for two-sample design and yield p
391 values for testing the causal effect α . Note that PrediXcan, TWAS and CoMM are not originally
392 described as an MR method but conceptually rely on the same joint MR model based on
393 equations (1) and (4). These three methods differ in their prior assumptions on β : PrediXcan
394 relies on ElasticNet assumption; TWAS relies on BSLMM⁵³ assumption; while CoMM relies on
395 the normal prior assumption. In addition, PrediXcan and TWAS rely on a two-stage regression
396 procedure while CoMM is based on maximum likelihood. We were unable to compare our
397 method with either GSRM or the standard Egger regression, as both require multiple independent
398 SNP instruments that are generally not feasible to obtain in TWAS applications.

399 Again, we used all cis-SNPs for methods that can make use of multiple correlated instruments
400 (i.e. PMR-Egger, TWAS, PrediXcan, CoMM, and LDA MR Egger). We performed a linear
401 regression to select the top associated cis-SNP as the instrumental variable for SMR, as it can
402 only use a single instrument. In all simulations and real data applications, methods that can use
403 either individual-level data or summary statistics (PMR-Egger, PrediXcan and TWAS) are
404 applied using individual-level data as input to ensure their optimal performance. Methods that
405 can only use individual-level data (CoMM) are applied using individual-level data as input.
406 Methods that can only use summary statistics (SMR and LDA MR-Egger) are applied using

407 summary data as input. For PMR-Egger, we used individual-level data for all main analyses and
408 used summary data for a subset of analyses that are described in the Discussion section.

409 Besides the above methods, we also compared different methods to a recently published fine-
410 mapping TWAS method, FOCUS⁵⁵. In the FOCUS analysis, we followed⁵⁵ and obtained a set of
411 independent non-overlapping genomic regions termed as LD blocks from LDetect⁵⁶. We
412 removed genomic regions that overlap with the MHC region due to the extensive LD structure.
413 Following⁵⁵, we also focus our analysis on a subset of regions that harbor at least one genome-
414 wide-significant SNP ($p < 5 \times 10^{-8}$; the default threshold used in FOCUS), and for each
415 TWAS/MR method (i.e. PMR-Egger, TWAS, PrediXcan, CoMM, or SMR), also harbor at least
416 one TWAS gene that is declared significant by the given method. We then applied FOCUS to
417 analyze these remaining regions and identify genes that are in the 90% credible set.

418 For testing horizontal pleiotropic effect, we compared the performance of PMR-Egger with
419 two existing methods that include (1) LDA MR-Egger; and (2) the global test in MR-PRESSO,
420 which is implemented as an R package. Both these methods examine one gene at a time and
421 output a p value for testing horizontal pleiotropic effects.

422

423 **Results**

424 Our method is described in the [Methods](#) (inside the method overview subsection there), with
425 technical details provided in the [Supplementary Note](#). For TWAS applications, our method
426 examines one gene at a time and estimates and tests its causal effect on a trait of interest. Our
427 method models multiple correlated instruments, performs MR inference in a maximum
428 likelihood inference framework, and is capable of testing and controlling for horizontal
429 pleiotropic effects commonly encountered in TWAS. We refer to our method as the probabilistic
430 Mendelian randomization with Egger regression (PMR-Egger), which is implemented as an R
431 package. Our method is computationally efficient and can analyze each gene in minutes in a
432 GWAS with a few hundred thousand individuals ([Table 2](#)).

433 **Simulations: Testing and estimating the causal effect**

434 We performed simulations to examine the effectiveness of our method and compared it with
435 existing MR approaches. Simulation details are provided in the [Methods](#). Briefly, we simulated
436 gene expression values based on genotypes from 456 individuals in GEUVADIS and simulated
437 phenotypes based on genotypes from 2,000 randomly selected individuals in GERA. In the
438 simulations, we varied the genetic architecture underlying gene expression from sparse (one SNP
439 or 1% of SNPs are causal) to polygenic (10% or 100% of SNPs are causal). We varied the
440 proportion of SNPs exhibiting horizontal pleiotropic effects in a wide range (from 0%, 10%,
441 30%, 50% to 100%). We examined directional pleiotropy setting (the ratio of SNPs with
442 negative vs positive horizontal pleiotropic effects is 0:10), approximately directional pleiotropy
443 setting (1:9 or 3:7) and balanced pleiotropy settings (5:5). We varied the magnitude of horizontal
444 pleiotropic effects γ to be either 1×10^{-4} , 5×10^{-4} , 1×10^{-3} , or 2×10^{-3} , which corresponds to the 50%,
445 70%, 90%, 95% percentiles of the horizontal pleiotropic effect estimate in real data. We also

446 varied the magnitude of causal effect α to be either 0, 0.14, 0.2 or 0.245, which corresponds to a
447 proportion of phenotypic variance explained by vertical pleiotropic effects (PVE_{zy}) as 0, 0.2%,
448 0.4% and 0.6% respectively.

449 Our first set of simulations is focused on causal effect testing. Here, we compared PMR-Egger
450 with five different methods that include SMR, PrediXcan, TWAS, CoMM, and LDA MR-Egger.
451 We first examined type I error control of different methods under the null ($\alpha = 0$). In the
452 absence of horizontal pleiotropic effects, PMR-Egger, together with PrediXcan, TWAS, and
453 CoMM, all provides calibrated type I error (Fig. 1a). Consistent with previous observations⁵⁷, we
454 found that SMR produces overly-conservative/deflated p-values. The deflation of SMR p-values
455 is presumably because SMR requires the selected instrument being a true causal SNP with a
456 large effect size, which is not always guaranteed in practice. In addition, we found that LDA
457 MR-Egger produces inflated p-values, presumably because LDA MR-Egger makes a fixed effect
458 assumption on β . The fixed effect assumption on β is not expected to work well in TWAS
459 settings where the number of SNPs are on the same order of the sample size in the gene
460 expression study and where the cis-SNPs are all highly correlated with each other due to LD.
461 Such fixed effect assumption on β , when paired with the two-stage inference procedure that
462 ignores the estimation uncertainty in the first stage, makes LDA MR-Egger sensitive to the
463 collinearity induced by SNP correlations caused by LD. Indeed, we found that the p-values from
464 LDA MR-Egger are well calibrated when we followed the exact same simulation setting used
465 in³³, where SNP genotypes were simulated based on an autoregressive covariance matrix with a
466 moderate correlation parameter. However, when such correlation parameter was set to be
467 realistically high (>0.9) or if we used SNPs from real data to carry out the same set of
468 simulations, then we observed p-value inflation from LDA MR-Egger (Supplementary Fig. 2).

469 In the presence of horizontal pleiotropic effects, PMR-Egger becomes the only method that
470 produces calibrated (or slightly conservative) p-values (Fig. 1b, c, d). In contrast, the p-values
471 from all other methods become inflated, and more so with increasingly large horizontal
472 pleiotropic effect. For example, when γ is 5×10^{-4} , the genomic control factors from PMR-Egger,
473 SMR, PrediXcan, TWAS, CoMM, and LDA MR-Egger are 0.93, 1.30, 1.33, 1.33, 1.49 and 2.61
474 respectively. When γ is increased to 1×10^{-3} , the genomic control factors from PMR-Egger, SMR,
475 PrediXcan, TWAS, CoMM, and LDA MR-Egger become 0.93, 2.39, 2.27, 2.46, 4.03 and 2.57
476 respectively.

477 The null p-value distributions from different methods remain largely similar regardless of the
478 genetic architecture underlying gene expression being sparse or polygenic (Supplementary Fig.
479 3). Note that, the p-values from SMR become less deflated when there is a sparse set of SNPs
480 affecting gene expression; however, such deflation is not completely abolished even when one
481 SNP has non-zero effect on gene expression, presumably because we cannot always identify the
482 true non-zero effect SNP through eQTL mapping and may supply a tagged SNP for SMR
483 analysis. In addition, the p-value distribution pattern for different methods under the null does
484 not change much with reduced the gene expression heritability value PVE_{zx} . When PVE_{zx} is
485 either 5% or 1%, PMR-Egger still produces well-calibrated p values (Supplementary Fig. 4).

486 We note that, like the standard MR-Egger regression, our PMR-Egger also makes a relatively
487 strong assumption on the horizontal pleiotropic effect and assumes that all SNPs have the same
488 horizontal pleiotropic effect. To examine the robustness of such assumption, besides the above
489 settings where either 0% or 100% SNPs have horizontal pleiotropic effects, we varied the
490 proportion of horizontal pleiotropic SNPs to be either 10%, 30%, 50%. We found that the p-
491 values from PMR-Egger remain calibrated regardless of the sparsity of the horizontal pleiotropic

492 SNPs ([Supplementary Fig. 5](#)). In addition, besides the above directional pleiotropy settings
493 where the ratio of SNPs with negative vs positive effects is set to be 0:10, we also examined two
494 approximately directional pleiotropy settings (1:9 or 3:7) and one balanced setting (5:5). We
495 found that the p-values from PMR-Egger remains calibrated in either the approximately
496 directional pleiotropy settings or the balanced setting when horizontal pleiotropic effect is small
497 or moderate ($\gamma = 1 \times 10^{-4}$, 5×10^{-4} , or 1×10^{-3} ; [Supplementary Fig. 6a, b, c](#)). However, when
498 horizontal pleiotropic effect is large ($\gamma = 2 \times 10^{-3}$), as one would expect, the p-values from PMR-
499 Egger becomes inflated, with genomic control factor being 1.08, 1.31 and 1.37, for settings
500 where the ratio is 1:9, 3:7 and 5:5, respectively ([Supplementary Fig. 6d](#)). Finally, we repeated all
501 the above analyses with cross-gene based simulations, which provide consistent results on the
502 type I error control of different methods for testing the causal effects ([Supplementary Fig. 7-12](#)).

503 Next, we examined the power of different methods to identify the causal effect for a range of
504 possible causal effect sizes α . Because the same p-value from different methods may correspond
505 to different type I errors, we computed power based on FDR of 0.1 instead of a nominal p-value
506 threshold to allow for fair comparison across methods. In the absence of horizontal pleiotropic
507 effects or in the presence of small horizontal pleiotropic effects, PMR-Egger, TWAS and CoMM
508 have similarly power, all outperforming the other three methods, highlighting the importance of
509 making polygenic assumptions on β and modeling all cis-SNPs together ([Fig. 2a, b](#)). The power
510 of PMR-Egger is slightly lower than the other two, presumably because PMR-Egger uses extra
511 parameters to model horizontal pleiotropy, which leads to a loss of degrees of freedom and
512 subsequent loss of power in the absence of horizontal pleiotropy. The power of all methods
513 increases with α , though their relative performance rank does not change. In the presence of
514 horizontal pleiotropy, the power of all methods reduces ([Fig. 2c, d](#)). However, the power

515 reduction from PMR-Egger is substantially smaller than all other methods. For example, when
516 $PVE_{zy} = 0.006$ and $\gamma = 0.0005$, PMR-Egger reaches a power of 41%; the power of SMR,
517 PrediXcan, TWAS, CoMM, and LDA MR-Egger are 7%, 24%, 31%, 33% and 1%, respectively.
518 When $PVE_{zy} = 0.006$ but $\gamma = 0.001$, the power of PMR-Egger remains similar and is 40%; the
519 power of SMR, PrediXcan, TWAS, CoMM, and LDAMR-Egger reduces to 3%, 13%, 16%, 16%
520 and 0.9%, respectively. Besides the horizontal pleiotropic effects $\boldsymbol{\gamma}$, we examined how power is
521 influenced by the genetic architecture underlying gene expression, $\boldsymbol{\beta}$ (Supplementary Fig. 13).
522 We found that the power of different methods in the setting where 10% of SNPs have non-zero
523 effects on gene expression are similar to the baseline setting where all SNPs have non-zero
524 effects, both in the absence (Supplementary Fig. 13e vs Fig. 2a) or in the presence of horizontal
525 pleiotropic effects (Supplementary Fig. 13f vs Fig. 2d). However, the relative performance of
526 different methods changes when there is only one SNP or 1% SNPs having non-zero effect on
527 gene expression. Specifically, in the absence of horizontal pleiotropic effects, the power of both
528 PrediXcan and SMR become slightly higher than PMR-Egger, TWAS and CoMM, all of which
529 have substantially higher power than LDA MR-Egger (Supplementary Fig. 13a, c). The higher
530 power of PrediXcan and SMR in the sparse setting presumably is because the ElasticNet
531 estimation procedure employed in PrediXcan favors sparse eQTLs while SMR explicitly makes a
532 single eQTL assumption. In the presence of horizontal pleiotropic effects, however, PMR-Egger
533 remains the most powerful, even in the setting where only one SNP has non-zero effect on gene
534 expression (Supplementary Fig. 13b, d). We also found that PMR-Egger produces accurate
535 estimate of the causal effect α , both under the null and under various alternatives, in the presence
536 or absence of horizontal pleiotropic effects (Supplementary Fig. 14). The causal effect estimates
537 remain reasonably unbiased in the two approximately directional pleiotropy settings and one

538 balanced setting (Supplementary Fig. 15a, c, e). Finally, we repeated all the above analyses in
539 cross-gene based simulations, which provide consistent results on the power of different methods
540 for detecting causal effects (Supplementary Fig. 16-17).

541 **Simulations: Testing and estimating horizontal pleiotropic effect**

542 Our second set of simulations is focused on horizontal pleiotropic effect testing. Here, we
543 compared PMR-Egger with two different methods: LDA MR-Egger and MR-PRESSO. All three
544 methods examine one gene at a time and test whether cis-SNPs within the gene exhibit non-zero
545 horizontal pleiotropic effects. Note that, unlike PMR-Egger and LDA MR-Egger, MR-PRESSO
546 requires independent instruments and uses permutation to obtain the empirical p-values. Due to
547 the heavy computational burden resulting from permutations, we restricted the number of
548 permutations in MR-PRESSO to 10,000 (the lowest possible p value from MR-PRESSO is thus
549 10^{-4}) and were only able to apply MR-PRESSO to a subset of simulation scenarios.

550 We first examined type I error control of different methods under the null, where there is no
551 horizontal pleiotropic effect. We found that the p-values from PMR-Egger provide calibrated
552 type I error control under a range of causal effect sizes α (Fig. 3). However, p-values from both
553 LDA MR-Egger and MR-PRESSO are inflated, and more so with increasingly large causal effect
554 α . For example, when $PVE_{zy} = 0$, the genomic control factor from PMR-Egger and LDA MR-
555 Egger are 0.96 and 2.31, respectively. When PVE_{zy} is increased to 0.6%, the genomic control
556 factor from PMR-Egger remains 0.96, while the genomic control factor from LDA MR-Egger
557 becomes 3.04. (We are unable to accurately compute the genomic control factor for MR-
558 PRESSO because its minimal p-value is 10^{-4} .) The overly inflated p-values from LDA MR-Egger
559 is presumably due to its fixed effect modeling assumption on β and the subsequent failure to
560 control for realistic LD patterns. The inflation of MR-PRESSO p values is presumably because

561 MR-PRESSO can only handle independent instruments and thus does not fare well in TWAS
562 settings. Inflation of p-value on testing horizontal pleiotropy would incorrectly identify genes
563 with no pleiotropic effects, thus likely reducing the power to detect true causal effect α .
564 Importantly, the p-values from PMR-Egger remain calibrated regardless of the genetic
565 architecture underlying gene expression (Supplementary Fig. 18). Finally, we repeated all the
566 above analyses in cross-gene based simulations, which provide consistent results on the type I
567 error control of different methods for testing pleiotropic effects (Supplementary Fig. 19-20).

568 Next, we examined the power of different methods in detecting non-zero horizontal
569 pleiotropic effect. Again, we computed power based on an FDR of 0.1 instead of the nominal p-
570 value to allow for fair comparison across methods. We dropped MR-PRESSO for comparison
571 here due to its heavy computational burden. We found that PMR-Egger outperforms LDA MR-
572 Egger in a range of possible horizontal pleiotropic effect sizes, and that the power of both
573 methods increases with increasing horizontal pleiotropy (Fig. 2e, f). For example, when $PVE_{zy} =$
574 0.6% and $\gamma = 0.0005$, PMR-Egger achieves a power of 1.6% while LDA MR-Egger achieves a
575 power of 1% (note that the power is relatively small due to the small sample size used in the
576 simulations). When $PVE_{zy} = 0.6\%$ but $\gamma = 0.001$, the power of PMR-Egger increases to 58.9%
577 while the power of LDA MR-Egger increases to 32%. In addition, the power to detect horizontal
578 pleiotropic effects is not influenced by the sparsity level of the genetic architecture underlying
579 gene expression (Supplementary Fig. 21). The power to detect horizontal pleiotropic effects does,
580 however, depend on the sparsity level of γ (Supplementary Fig. 22a). Specifically, power of both
581 PMR-Egger and LDA MR-Egger reduces with increasing sparsity of γ , though the power of
582 PMR-Egger remains higher than LDA MR-Egger across a range of sparsity values. Similarly, the
583 power to detect pleiotropic effects also suffers in the absence of directional pleiotropic effect

584 (Supplementary Fig. 22b). In addition, PMR-Egger can estimate the horizontal pleiotropic effect
585 size accurately in the presence of directional pleiotropic effect (Supplementary Fig. 23).
586 However, in the absence of directional pleiotropic effect, as one would expect, the estimates of
587 pleiotropic effects become under-ward biased, more so in the balanced setting than in the
588 approximately directional pleiotropy settings (Supplementary Fig. 15b, d, f). Finally, we repeated
589 all the above analyses in cross-gene based simulations, which provide consistent results on the
590 power of different methods for detecting pleiotropic effects (Supplementary Fig. 24-25).

591 **Real data applications**

592 We performed TWAS to detect genes causally associated with any of the 39 phenotypes
593 collected from three GWASs (details in Methods). The examined gene expression data is
594 obtained from the GEUVADIS study and contains 15,810 genes. The examined phenotypes
595 include 7 common diseases from WTCCC, 22 diseases from GERA, and 10 quantitative traits
596 from UK Biobank. The GWAS sample size ranges from 4,686 (for Crohn's disease in WTCCC)
597 to 337,198 (for UK Biobank). We applied PMR-Egger together with five other approaches (SMR,
598 PrediXcan, TWAS, CoMM, and LDA MR-Egger) to examine pairs of gene and phenotype one at
599 a time. In the analysis, we regressed phenotypes on the top 10 genotyping PCs to obtain the
600 phenotype residuals, which we used further to conduct TWAS analysis for all compared methods.
601 The p-values for testing the causal effect of each gene on the phenotype are shown for WTCCC
602 traits (Fig. 4a, b and Supplementary Fig. 26), GERA traits (Fig. 5a, b and Supplementary Fig.
603 27), and UK Biobank traits (Fig. 6a, b and Supplementary Fig. 28); with genomic control factors
604 listed in Supplementary Table 1 and visualized in Fig. 4c, Fig. 5c and Fig. 6c. Besides these main
605 analyses, we also performed parallel analysis for PMR-Egger where we used the original
606 phenotype as the outcome and included the top 10 genotype PCs as covariates (Supplementary

607 [Figures 29-31](#)). The results from these parallel analyses are largely consistent with the main
608 results. Therefore, we will mainly report the main results in the following text. For illustration
609 purpose, we display qq-plots for two selected traits in each data, one with a relatively low
610 number of gene associations and the other with a relatively high number of gene associations, in
611 [Fig. 4a, b](#), [Fig. 5a, b](#) and [Fig. 6a, b](#), respectively. Among the selected six traits, the one with zero
612 number of associated genes (BD in WTCCC; [Fig. 4a](#)) and the one with one associated gene
613 (Irritable Bowel Syndrome in GERA; [Fig. 5a](#)), represent approximately null traits with no
614 apparently associated genes. For the six selected traits, consistent with simulations, we found that
615 the p-values from PMR-Egger are well calibrated, more so than the other methods. In contrast,
616 the p-values from CoMM, TWAS, PrediXcan and LDA MR-Egger are inflated and deviated
617 upward from the diagonal line, while the p-values from SMR are overly conservative and lie
618 below the diagonal line. The results observed in these exemplary traits generalize to all other
619 examined traits. For example, the genomic control factor from PMR-Egger is the lowest among
620 all methods in 25 out of the 39 traits, and ranges from 0.93 to 1.04 in WTCCC ([Fig. 4c](#)), from
621 0.92 to 1.13 in GERA ([Fig. 5c](#)), and from 1.12 to 1.34 in UK Biobank ([Fig. 6c](#)). (Note that the
622 higher genomic control factor in the large UK Biobank as compared to WTCCC and GERA is
623 expected under polygenic architecture⁵⁸ and reflects at least in part the higher power in the UK
624 Biobank as compared to GERA and WTCCC.) In contrast, the genomic control factors from
625 CoMM, TWAS, PrediXcan are often higher than that from PMR-Egger for most traits examined.
626 For example, the genomic control factor from CoMM is often the highest among all other
627 methods (except for LDA MR-Egger) in 22 out of the 39 traits, and ranges from 1.13 to 1.23 in
628 WTCCC, 0.94 to 1.62 in GERA, and 1.45 to 1.90 in UK Biobank. The genomic control factor
629 from TWAS is the highest among all other methods (except for LDA MR-Egger) in 14 out of the

630 39 traits, ranges from 1.20 to 1.31 in WTCCC, 0.98 to 1.15 in GERA, and 1.30 to 2.17 in UK
631 Biobank. The genomic control factor from PrediXcan is the highest among all other methods
632 (except for LDA MR-Egger) in 5 out of the 39 traits, and ranges from 1.21 to 1.31 in WTCCC,
633 1.00 to 1.16 in GERA, and 1.09 to 1.46 in UK Biobank. In addition, consistent with simulations,
634 we observed a substantial inflation of LDA MR-Egger p-values: its genomic control factor
635 ranges from 17.60 to 18.56 in WTCCC, 32.13 to 34.74 in GERA, and 10.48 to 16.65 in UK
636 Biobank. Also consistent with simulations, the p-value from SMR often lies underneath the
637 expected null, even though its genomic control factors are often well behaved (Fig. 4a, b, Fig. 5a,
638 b, Fig. 6a, b and Supplementary Figs. 26-28).

639 We examined the number of associated genes detected by different methods based on a
640 Bonferroni corrected genome-wide threshold (Fig. 4d, Fig. 5d and Fig. 6d; Supplementary Table
641 2). We note that the number of detected genes based on this p-value threshold may artificially
642 favors those methods that have inflated type I error control. For this analysis, we excluded LDA
643 MR-Egger for comparison, as its p-values are overly inflated. Comparing across the remaining
644 methods, we found that SMR can barely detect any genes significantly associated with traits
645 across all three data sets, much less so than that detected by the other four methods. The much
646 lower number of genes detected by SMR than the other four methods are consistent with the
647 relatively low power of SMR observed in simulations. For the other four methods, we found that
648 the number of gene-trait pairs detected by CoMM and PMR-Egger is higher than that detected by
649 TWAS and PrediXcan in all three GWASs (Fig. 4d, Fig. 5d and Fig. 6d; Supplementary Table 2).
650 The higher number of discoveries by both CoMM and PMR-Egger in the three GWASs is
651 consistent with our simulations as well as previous observations that likelihood-based inference
652 often achieves higher power than two-stage inference for MR analysis. However, we do notice

653 that PMR-Egger detects slightly lower number of gene-trait pairs than CoMM based on the same
654 genome-wide p-value threshold, consistent with the inflated genomic inflation factors observed
655 for CoMM. Indeed, we found that the estimated $|\frac{\alpha}{\gamma}|$ for the common set of genes detected by
656 both CoMM and PMR-Egger is higher than the set of genes only detected by CoMM across traits
657 (Supplementary Fig. 32a, b). Therefore, the genes detected by CoMM but not PMR-Egger tend
658 to have large $|\gamma|$ and small $|\alpha|$, likely reflecting false associations due to horizontal pleiotropic
659 confounding.

660 Overall, by controlling for horizontal pleiotropic effects, PMR-Egger detected many likely
661 causal genes that the other methods failed to detect. For example, the *LNK/SH2B3* gene
662 (111,743,752-111,989,427 on chr 12) is only identified by PMR-Egger to be associated with
663 platelet count in the UK Biobank (PMR-Egger $p = 1.17 \times 10^{-221}$; CoMM $p=0.98$; TWAS $p =$
664 8.6×10^{-5} ; PrediXcan $p=0.68$; SMR $p=0.024$). The association between *LNK* and plate count is
665 consistent with results from recent large-scale GWASs⁵⁹⁻⁶¹. *LNK/SH2B3* encodes the lymphocyte
666 adaptor protein (LNK) that is primarily expressed in hematopoietic and endothelial cells⁶². In
667 hematopoietic cells, LNK functions as a negative regulator of cell proliferation as well as the
668 thrombopoietin-mediated cytokine signaling pathway, which is a key signaling pathway that
669 promotes megakaryocytes to form platelets^{62,63}. Indeed, platelets are overproduced and
670 accumulated in *LNK* knockdown cells as well as *Lnk* knockout mouse⁶⁴⁻⁶⁶, supporting a causal
671 role of *LNK* in platelets production. As the second example, the *NOD2* gene (50,627,514-
672 50,866,988 on chr 16) is identified by PMR-Egger to be associated with Crohn's disease (CD;
673 $p = 6.1 \times 10^{-19}$), and, with a slightly less significance, also by CoMM ($p = 7.8 \times 10^{-15}$). The
674 association between *NOD2* and CD was not identified by the other methods (TWAS $p=0.005$;
675 PrediXcan $p=0.92$; SMR $p=0.15$). *NOD2* encodes a cytosolic pattern recognition receptor that

676 acts both as a cytoplasmic sensor of microbial products and as an important mediator of innate
677 immunity and inflammatory response⁶⁷. The *NOD2* gene is a well-known susceptible gene for
678 CD and is perhaps one of the first genes ever implied for CD⁶⁸. Multiple SNPs in *NOD2* have
679 been found to be associated with CD in both early linkage studies⁶⁹⁻⁷¹ and many recent
680 GWASs^{72,73}. *NOD2* variants associated with CD often reside in the ligand recognition domain of
681 *NOD2* and can lead to aberrant bacterial handling and antigen presentation⁷⁴. Indeed, *NOD2*-
682 deficient mice displays dysregulated bacterial community in the ileum and *NOD2*-deficient ileal
683 epithelia exhibit impaired ability of inducing immune responses for bacteria elimination⁷⁵. It is
684 thus hypothesized that mis-regulation of *NOD2* can causally lead to altered interactions between
685 ileal microbiota and mucosal immunity, resulting in increased disease susceptibility to CD⁷⁵. As
686 a third example, the *TFRC* gene (195,654,054-195,909,060 on chr 3) is identified by PMR-Egger
687 to be associated with red blood cell distribution width (RDW) in the UK Biobank ($p = 3.3 \times$
688 10^{-17}). Such association is not identified by the other methods (CoMM $p=0.95$; TWAS $p=0.76$;
689 PrediXcan $p=0.97$; SMR $p=0.38$). *TFRC* encodes the classical transferrin receptor that is
690 involved in cellular iron uptake^{76,77}. Multiple SNPs in *TFRC* have been established to be
691 associated with various erythrocyte phenotypes in GWASs^{78,79}. These associated erythrocyte
692 phenotypes include the mean corpuscular hemoglobin (MCH) and mean corpuscular volume
693 (MCV, the average volume of red blood cells) which is directly related to RDW^{77,78}. The variants
694 in *TFRC* likely lead to decreased iron availability for red cell precursors, as has been observed in
695 mice deficient in *TFRC*, thus resulting in a compensatory increase of red blood cell size as
696 measured by RDW⁸⁰. The regional association plots for all these three genes are presented in the
697 [Supplementary Fig.33-35](#).

698 We compared the results from different MR methods with a recently published TWAS fine-
699 mapping method, FOCUS⁵⁵. The analysis details are provided in the [Materials and Methods](#)
700 section. Briefly, we follow ⁵⁵ and focused on independent and non-overlapping genomic regions
701 that harbor at least one genome-wide-significant SNP and at least one TWAS gene that is
702 significant by the MR methods. The number of genes and regions analyzed by FOCUS for each
703 of the three data sets are shown in [Supplementary Table 3](#), which also contains the number of
704 associated genes detected by FOCUS in the credible set. Due to the small number of associated
705 genes detected in WTCCC, we focus our main comparison in GERA and UK Biobank. In these
706 real data applications, we found that the results from PMR-Egger is largely consistent with that
707 of FOCUS, more so than the other methods ([Supplementary Fig. 41](#)). Specifically, the average
708 PMR-Egger $-\log_{10}(\text{p-value})$ for genes in the FOCUS 90% credible set is 22.43 in GERA and
709 10.67 in UK Biobank. The average $-\log_{10}(\text{p-value})$ of PMR-Egger is higher than CoMM (13.83
710 and 10.43), TWAS (5.71 and 7.55), PrediXcan (4.66 and 7.06) and SMR (NA for GERA, as no
711 gene in the credible set is detected by SMR; 1.78 for UKbiobank). In addition, the difference of
712 the average PMR-Egger $-\log_{10}(\text{p-value})$ between genes in the FOCUS credible set and genes
713 outside is large (16.61 in GERA and 7.43 in UK Biobank). The $-\log_{10}(\text{p-value})$ difference is
714 again larger than CoMM (8.41 and 6.02), TWAS (4.52 and 5.35), PrediXcan (3.50 and 4.74) and
715 SMR (NA and 0.28). Similarly, the proportion of significant genes detected by PMR-Egger in
716 the FOCUS credible set is 78% in GERA and 60% in UK Biobank. The proportion of significant
717 genes by PMR-Egger is higher than CoMM (75% and 53%), TWAS (50% and 47%), PrediXcan
718 (50% and 48%) and SMR (NA and 8%). In addition, the difference in the proportion of
719 significant genes detected by PMR-Egger between genes in the FOCUS credible set and genes
720 outside is high (53% in GERA and 41% in UK Biobank). This proportion difference by PMR-

721 Egger is again higher than CoMM (51% and 39%), TWAS (46% and 36%), PrediXcan (50% and
722 35%) and SMR (NA and 1%). The consistency between PMR-Egger and FOCUS validates the
723 high power of PMR-Egger.

724 Next, we shift our focus to testing horizontal pleiotropic effects. The p-values for testing the
725 causal effect of gene on phenotype are shown for WTCCC traits (Fig. 4e, f and Supplementary
726 Fig. 26), GERA traits (Fig. 5e, f and Supplementary Fig. 36), and UK Biobank traits (Fig. 6e, f
727 and Supplementary Fig. 37); with genomic control factors visualized in Fig. 4g, Fig. 5g and Fig.
728 6g. We also display qq-plots for the previously selected exemplary traits in Fig. 4e, f, Fig. 5e, f,
729 and Fig. 6e, F. Overall, consistent with simulations, the p-values from PMR-Egger are well
730 behaved while the p-value from LDA MR-Egger display substantial inflation. For example, the
731 genomic control factor from PMR-Egger ranges from 0.93 to 1.01 in WTCCC (Fig. 4g), from
732 0.92 to 1.09 in GERA (Fig. 5g), and from 1.13 to 1.71 in UK Biobank (Fig. 6g). In contrast, the
733 genomic control factor from LDA MR-Egger ranges from 34.00 to 36.00 in WTCCC, from 69.82
734 to 72.19 in GERA and from 17.75 to 29.85 in UK Biobank (Supplementary Table 1). With the
735 same Bonferroni adjusted genome-wide p-value threshold, PMR-Egger detected 33 gene-trait
736 pairs in WTCCC in which the cis-SNPs exhibit significant horizontal pleiotropy, 37 gene-trait
737 pairs in GERA, and 626 gene-trait pairs in the UK Biobank.

738 Horizontal pleiotropic effect tests can help us explain some of the discrepancy in terms of the
739 causal associations detected by PMR-Egger and the other methods. For example, for the trait of
740 red blood cell count in UK Biobank, the *MAPT* gene on chromosome 17 shows a significant
741 pleiotropy effect ($p = 2.35 \times 10^{-9}$) but displays no significant causal effect ($p=0.98$) by PMR-
742 Egger. In contrast, *MAPT* is detected to be significantly associated with red blood cell count by
743 PrediXcan ($p = 8.11 \times 10^{-10}$), and, to a much lesser extent, by TWAS ($p = 1.72 \times 10^{-3}$).

744 However, no previous evidence suggests that *MAPT* is associated with red blood cell count.
745 Indeed, we found that the genomic location of *MAPT* (43,871,748-44,205,700) is close to and
746 partially overlapped with *KANSL1* (44,007,282-44,402,733), which has been previously
747 identified to be associated with red blood cell traits^{81,82}. The association between *KANSL1* and
748 red blood cell count is also detected by PMR-Egger ($p = 1.02 \times 10^{-7}$), by CoMM ($p = 2.72 \times$
749 10^{-8}), and, to a much lesser extent, by TWAS ($p = 1.66 \times 10^{-3}$) in the present study. By
750 controlling for the expression level of the *KANSL1* gene in the PrediXcan framework, the
751 association between the predicted *MAPT* expression level and red blood cell count is no longer
752 significant ($p = 0.10$). Therefore, the causal association between *MAPT* and red blood cell count
753 detected by PrediXcan likely reflects either the true horizontal pleiotropic effect of *MAPT* cis-
754 SNPs on red blood cell count through *KANSL1* or their tagging effects of the neighboring eQTLs
755 of *KANSL1*. As another example, for height in the UK Biobank, the pseudogene *RP11-9E13.2*
756 (70,137,755-70,340,521) on chromosome 10 has a significant pleiotropy effect ($p = 1.08 \times$
757 10^{-13}) but displays no significant causal effect ($p=0.93$) by PMR-Egger. In contrast, *RP11-*
758 *9E13.2* is detected to be significantly associated with height by PrediXcan ($p = 4.34 \times 10^{-10}$),
759 and, to a lesser extent, by TWAS ($p = 9.05 \times 10^{-6}$). The pseudogene *RP11-9E13.2* is in the
760 neighborhood of *MYPN* (69,765,912-70,071,774), which has been previously identified to be
761 associated with height⁸³. The association between *MYPN* and height is also detected by PMR-
762 Egger ($p = 1.82 \times 10^{-7}$), CoMM ($p = 2.13 \times 10^{-14}$), and to a lesser extent, PrediXcan ($p =$
763 3.94×10^{-4}) and TWAS ($p = 1.55 \times 10^{-3}$), in the present study. By controlling for the
764 predicted expression level of *MYPN* gene in the PrediXcan framework, the association between
765 the predicted *RP11-9E13.2* expression level and height is no longer significant at the genome-
766 wide threshold ($p = 3.37 \times 10^{-4}$). Therefore, the causal association between the pseudogene

767 *RP11-9E13.2* and height as detected by PrediXcan and TWAS likely reflects either the
768 horizontal pleiotropic effect of *RP11-9E13.2* cis-SNPs on height through *MYPN* or their tagging
769 effects of the neighboring eQTLs of *MYPN*. The results suggest the practical importance of
770 testing and controlling for pleiotropic effects in TWAS applications. Certainly, we acknowledge
771 that, both these examples are focused on the special case where the false gene association with
772 the trait disappears when conditional on a neighboring gene. We did not provide examples where
773 the apparently false gene association with the trait may be explained by horizontal pleiotropic
774 effects acted upon/through a gene far away, as it is often challenging to convincingly identify
775 trans eQTL effects. In the special case we focused on, while it is possible that SNPs display true
776 horizontal pleiotropic effects through the neighboring gene, it is equally likely that SNPs used in
777 the model are simply tagging nearby eQTLs of the neighboring causal gene^{55,84} and thus display
778 apparent “horizontal pleiotropic effects” through the neighboring gene, as also mentioned above.
779 Subsequently, the horizontal pleiotropic effect term in PMR-Egger may represent the apparent
780 “horizontal pleiotropic effects” through SNP tagging to the nearby eQTLs of the causal gene,
781 rather than the truly horizontal pleiotropic effect acted through other molecular pathways.
782 Regardless of the interpretation of the horizontal pleiotropic effect term, we found it reassuring
783 that by modeling the horizontal pleiotropic effect term in PMR-Egger can reduce false
784 discoveries in the case of SNP tagging.

785 We note that an important feature of PMR-Egger is its ability to test both causal effect and
786 horizontal pleiotropy effect simultaneously. We contrast the p-values obtained from these two
787 different tests across genes for those traits in which at least one gene is detected as significant
788 from either of the two tests ([Supplementary Figs. 38-40](#)). We found that different traits exhibit
789 different gene association patterns. For example, some traits may only contain genes with a

790 significant causal effect but without a significant horizontal pleiotropic effect (e.g. CD and CAD
791 in WTCCC; Allergic Rhinitis, Irritable Bowel Syndrome and Psychiatric disorders in GERA).
792 Some traits may only contain genes with a significant horizontal pleiotropic effect but without a
793 significant causal effect (e.g. Dermatophytosis in GERA). Some traits may contain genes with a
794 significant causal effect as well as genes with a significant horizontal pleiotropic effect, but with
795 the two sets of genes being non-overlapped (e.g. Asthma, Dyslipidemia, HT, Abdominal Hernia
796 and Macular Degeneration in GERA; Fored Vitral Capacity in UK Biobank). While the majority
797 of traits contain genes with both a significant causal effect and a significant horizontal
798 pleiotropic effect. The top gene which is most significant for both causal effect test and
799 pleiotropy test is highlighted in the plots. Being capable of testing both causal effect and
800 horizontal pleiotropy effect facilitates our understanding of the gene association pattern with
801 various different complex traits.

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804 **Discussion**

805 We have presented a data generative model and a likelihood framework for MR analysis that
806 unifies many existing transcriptome wide association analysis methods and many existing MR
807 methods. Under the framework, we have presented PMR-Egger, a new method that conducts MR
808 analysis using multiple correlated instruments while properly controlling for horizontal
809 pleiotropic effects. By properly controlling for horizontal pleiotropic effects and making
810 inference under a likelihood framework, PMR-Egger yields calibrated p-values across a wide
811 range of scenarios and improves power of MR analysis over existing approaches. We have
812 illustrated the benefits of PMR-Egger through extensive simulations and multiple real data
813 applications of TWAS.

814 One important modeling assumption we made in PMR-Egger is that the horizontal pleiotropic
815 effects of all SNPs equal to each other. The equal effect size assumption directly follows the
816 commonly used Egger regression modeling assumption for MR analysis and is analogous to the
817 burden effect size assumption commonly used for rare variant tests. Consistent with existing
818 literature on applications of the Egger regression and burden test, we also found that equal effect
819 size assumption employed in PMR-Egger works reasonably robust for causal effect estimation
820 and testing with respect to a range of model mis-specifications and appears to be effective in
821 several real data applications examined here. However, we do acknowledge that our equal effect
822 size assumption in PMR-Egger can be overly restrictive in many settings. For example, as
823 described in the Results, in the absence of direction pleiotropy, the pleiotropic effect estimate
824 becomes down-ward biased and the pleiotropic effect test loses power. We have attempted to
825 alleviate this restrictive modeling assumption by imposing an alternative modeling assumption
826 on the horizontal effect sizes based on variance component assumption. In particular, we have

827 attempted to assume that the horizontal pleiotropic effect of each SNP follows a normal
828 distribution with mean zero and a certain variance component parameter, i.e. analogous to the
829 SKAT test assumption⁸⁵. Such variance component assumption is a more flexible modeling
830 assumption than the equal effect size assumption, potentially alleviating much of the concern
831 with respect to the sensitivity and robustness of equal effect size assumption. Unfortunately,
832 under the variance component assumption, inference for the resulting PMR model becomes
833 overly complicated. In particular, due to the estimation uncertainty in the hyper-parameter
834 estimates, the p-values from the PMR variance component model becomes severely deflated
835 even under simple null simulations (Supplementary Fig. S42). Such deflation of p-values has
836 been previously observed in variance component tests for microbiome applications⁸⁶. Only few
837 methods exist to address such p-value in-calibration issue resulting from hyper-parameter
838 estimation uncertainty⁸⁷, and it is not straightforward to adapt any of these methods to our PMR
839 variance component model. Besides the equal effect size modeling restriction, we also note that
840 neither PMR-Egger nor the PMR variance component model is capable of accounting for
841 correlation between horizontal pleiotropic effects γ and the SNP effects on gene expression β .
842 Therefore, while we view PMR-Egger as an important first step towards effective control of
843 horizontal pleiotropic effects in TWAS applications, we emphasize that imposing more realistic
844 modeling assumptions on the horizontal pleiotropic effects in the PMR framework will likely
845 yield more fruitful results in the future.

846 We have primarily focused on modeling continuous traits with PMR-Egger. For case control
847 studies, we have followed previous approaches and directly treated binary phenotypes as
848 continuous outcomes^{19,53,88,89}, which appears to work well in both WTCCC and GERA data
849 applications we examined. Treating binary phenotypes as continuous outcomes can be justified

850 by recognizing the linear model as a first order Taylor approximation to a generalized linear
851 model⁵³. However, it would be desirable to extend PMR-Egger to accommodate case control
852 data or other discrete data types in a principled way, by, for example, extending PMR-Egger into
853 the generalized linear model framework. In particular, we could use a probit or a logistic link to
854 extend PMR-Egger to directly model case control data. Extending PMR-Egger to model discrete
855 data types using the generalized linear model framework would likely lead to wider applications
856 of PMR-Egger and is thus an important avenue for future research.

857 We have primarily focused on modeling individual-level data with PMR-Egger. However, like
858 many other linear model-based methods in statistical genetics, PMR-Egger can also be easily
859 extended to make use of summary statistics. The summary statistics version of PMR-Egger is
860 described in detail in the [Supplementary Text](#). Briefly, the summary statistics version of PMR-
861 Egger requires marginal SNP effect size estimates and their standard errors, both on the gene
862 expression and on the trait of interest. In addition, it requires a SNP by SNP correlation matrix
863 that can be constructed based on a reference panel. We validated the implementation of the
864 summary statistics-based approach of PMR-Egger in simulations (details in [Materials and](#)
865 [Methods](#)). In the comparison, we constructed the SNP by SNP correlation matrix from three
866 different reference panels, by using either all individuals from the GWAS data, 10% randomly
867 selected individuals from the GWAS data, or individuals of European ancestry from the 1,000
868 Genomes project. We applied the summary statistics-based approach of PMR-Egger to each
869 reference panel and compared results with the individual level data-based approach of PMR-
870 Egger that was applied to the complete data. The p values from both approaches for testing
871 causal effects as well as for testing pleiotropy effects are largely consistent with each other,
872 demonstrating the effectiveness of summary statistics-based approach of PMR-Egger

873 (Supplementary Fig. 43). The summary statistics-based approach of PMR-Egger is implemented
874 in the same software package. Being able to make use of summary statistics extends the
875 applicability of PMR-Egger to data sets where individual-level genotype or phenotype are not
876 available.

877 Finally, in addition to what we have already mentioned in the [Materials and Methods](#), we
878 emphasize here again, that, while we have followed the previous MR literature and use “causal
879 effect” through the text, the effect is causal only when certain MR modeling assumptions hold.
880 These MR assumptions are often not straightforward to prove. For example, without measuring
881 all potential confounders, it is not straightforward to argue that the SNP instruments are not
882 associated with any other confounders that may be associated with both exposure and outcome.
883 Therefore, we caution against the over-interpretation of causal inference in observation studies
884 such as TWAS applications. However, we do believe MR is an important step that allows us to
885 move beyond standard linear regressions and is an important analysis that can provide potentially
886 more trustworthy evidence with regard to causality compared to simpler approaches.

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896 **Code availability.** Our method is implemented in the R package PMR, freely available at
897 <http://www.xzlab.org/software.html> and <https://cran.r-project.org/web/packages/PPMR/index.html>.

898 The code to reproduce all the analyses are available on GitHub
899 (<https://github.com/yuanzhongshang/PMRreproduce>).

900 **Data availability.** No data were generated in the present study. The GEUVADIS gene
901 expression data is publicly available at <http://www.geuvadis.org>. The WTCCC genotype and
902 phenotype data is publicly available at <https://www.wtccc.org.uk>. The GERA genotype and
903 phenotype data is available in dbGaP (<https://www.ncbi.nlm.nih.gov/gap>) with accession number
904 phs000788. The UK Biobank data is from UK Biobank resource under Application Number
905 30686.

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907 **References**

- 908 1 Gamazon, E. R. *et al.* A gene-based association method for mapping traits using reference
909 transcriptome data. *Nature genetics* **47**, 1091-1098 (2015).
- 910 2 Gusev, A. *et al.* Integrative approaches for large-scale transcriptome-wide association studies.
911 *Nature genetics* **48**, 245-252 (2016).
- 912 3 Zhu, Z. *et al.* Integration of summary data from GWAS and eQTL studies predicts complex trait
913 gene targets. *Nature genetics* **48**, 481-487 (2016).
- 914 4 Zhu, Z. *et al.* Causal associations between risk factors and common diseases inferred from GWAS
915 summary data. *Nature communications* **9**, 224 (2018).
- 916 5 Burgess, S., Small, D. S. & Thompson, S. G. A review of instrumental variable estimators for
917 Mendelian randomization. *Statistical methods in medical research* **26**, 2333-2355 (2017).
- 918 6 Ference, B. A. *et al.* Variation in PCSK9 and HMGCR and risk of cardiovascular disease and
919 diabetes. *New England Journal of Medicine* **375**, 2144-2153 (2016).
- 920 7 Helgadottir, A. *et al.* Variants with large effects on blood lipids and the role of cholesterol and
921 triglycerides in coronary disease. *Nature genetics* **48**, 634-639 (2016).
- 922 8 Pingault, J.-B. *et al.* Using genetic data to strengthen causal inference in observational research.
923 *Nature Reviews Genetics* **19**, 566-580 (2018).
- 924 9 Zheng, J. *et al.* Recent developments in Mendelian randomization studies. *Current epidemiology*
925 *reports* **4**, 330-345 (2017).
- 926 10 Haycock, P. C. *et al.* Best (but oft-forgotten) practices: the design, analysis, and interpretation of
927 Mendelian randomization studies. *The American journal of clinical nutrition* **103**, 965-978 (2016).
- 928 11 Lawlor, D. A. Commentary: Two-sample Mendelian randomization: opportunities and challenges.
929 *International journal of epidemiology* **45**, 908-915 (2016).
- 930 12 Bowden, J. *et al.* A framework for the investigation of pleiotropy in two-sample summary data
931 Mendelian randomization. *Statistics in medicine* **36**, 1783-1802 (2017).
- 932 13 Bowden, J., Smith, G. D. & Burgess, S. Mendelian randomization with invalid instruments: effect
933 estimation and bias detection through Egger regression. *International journal of epidemiology*
934 **44**, 512-525 (2015).
- 935 14 Bowden, J., Davey Smith, G., Haycock, P. C. & Burgess, S. Consistent estimation in Mendelian
936 randomization with some invalid instruments using a weighted median estimator. *Genetic*
937 *epidemiology* **40**, 304-314 (2016).
- 938 15 Burgess, S., Butterworth, A. & Thompson, S. G. Mendelian Randomization Analysis With Multiple
939 Genetic Variants Using Summarized Data. *Genetic epidemiology* **37**, 658-665 (2013).
- 940 16 Burgess, S., Dudbridge, F. & Thompson, S. G. Combining information on multiple instrumental
941 variables in Mendelian randomization: comparison of allele score and summarized data
942 methods. *Statistics in medicine* **35**, 1880-1906 (2016).
- 943 17 Burgess, S. & Thompson, S. G. Bias in causal estimates from Mendelian randomization studies
944 with weak instruments. *Statistics in medicine* **30**, 1312-1323 (2011).
- 945 18 Yang, C. *et al.* CoMM: a collaborative mixed model to dissecting genetic contributions to
946 complex traits by leveraging regulatory information. *Bioinformatics*,
947 doi:10.1093/bioinformatics/bty865 (2018).
- 948 19 Zeng, P. & Zhou, X. Non-parametric genetic prediction of complex traits with latent Dirichlet
949 process regression models. *Nature communications* **8**, 456 (2017).
- 950 20 Nagpal, S. *et al.* TIGAR: An Improved Bayesian Tool for Transcriptomic Data Imputation Enhances
951 Gene Mapping of Complex Traits. *The American Journal of Human Genetics* (2019).

- 952 21 Verbanck, M., Chen, C.-Y., Neale, B. & Do, R. Detection of widespread horizontal pleiotropy in
953 causal relationships inferred from Mendelian randomization between complex traits and
954 diseases. *Nature genetics* **50**, 693-698 (2018).
- 955 22 Hemani, G., Bowden, J. & Davey Smith, G. Evaluating the potential role of pleiotropy in
956 Mendelian randomization studies. *Human molecular genetics* **27**, R195-R208 (2018).
- 957 23 Jordan, D. M., Verbanck, M. & Do, R. The landscape of pervasive horizontal pleiotropy in human
958 genetic variation is driven by extreme polygenicity of human traits and diseases. *bioRxiv*, 311332
959 (2018).
- 960 24 Park, Y. *et al.* A Bayesian approach to mediation analysis predicts 206 causal target genes in
961 Alzheimer's disease. *bioRxiv*, 219428 (2017).
- 962 25 Kang, H., Zhang, A., Cai, T. T. & Small, D. S. Instrumental variables estimation with some invalid
963 instruments and its application to Mendelian randomization. *Journal of the American statistical*
964 *Association* **111**, 132-144 (2016).
- 965 26 Guo, Z., Kang, H., Tony Cai, T. & Small, D. S. Confidence intervals for causal effects with invalid
966 instruments by using two-stage hard thresholding with voting. *Journal of the Royal Statistical*
967 *Society: Series B (Statistical Methodology)* **80**, 793-815 (2018).
- 968 27 Burgess, S. & Thompson, S. G. Interpreting findings from Mendelian randomization using the
969 MR-Egger method. *European journal of epidemiology* **32**, 391-392 (2017).
- 970 28 Dai, J. Y. *et al.* Diagnostics of Pleiotropy in Mendelian Randomization Studies: Global and
971 Individual Tests for Direct Effects. *American journal of epidemiology* **187**, 2672-2680 (2018).
- 972 29 Zhao, Q., Wang, J., Bowden, J. & Small, D. S. Statistical inference in two-sample summary-data
973 Mendelian randomization using robust adjusted profile score. *arXiv:1801.09652* (2018).
- 974 30 Qi, G. & Chatterjee, N. Mendelian Randomization Analysis Using Mixture Models (MRMix) for
975 Genetic Effect-Size-Distribution Leads to Robust Estimation of Causal Effects. *bioRxiv*, 367821
976 (2018).
- 977 31 Berzuini, C., Guo, H., Burgess, S. & Bernardinelli, L. A Bayesian approach to Mendelian
978 randomization with multiple pleiotropic variants. *Biostatistics*, 1-16 (2018).
- 979 32 Li, S. Mendelian randomization when many instruments are invalid: hierarchical empirical Bayes
980 estimation. *arXiv:1706.01389* (2017).
- 981 33 Barfield, R. *et al.* Transcriptome-wide association studies accounting for colocalization using
982 Egger regression. *Genetic epidemiology* **42**, 418-433 (2018).
- 983 34 Dawid, A. P. Causal inference without counterfactuals. *Journal of the American statistical*
984 *Association* **95**, 407-424 (2000).
- 985 35 Dawid, A. P. Statistical causality from a decision-theoretic perspective. *Annual Review of*
986 *Statistics and Its Application* **2**, 273-303 (2015).
- 987 36 Berzuini, C., Dawid, P. & Bernardinelli, L. *Causality: Statistical perspectives and applications*.
988 (John Wiley & Sons, 2012).
- 989 37 Lappalainen, T. *et al.* Transcriptome and genome sequencing uncovers functional variation in
990 humans. *Nature* **501**, 506-511 (2013).
- 991 38 Banda, Y. *et al.* Characterizing race/ethnicity and genetic ancestry for 100,000 subjects in the
992 Genetic Epidemiology Research on Adult Health and Aging (GERA) cohort. *Genetics* **200**, 1285-
993 1295 (2015).
- 994 39 Kvale, M. N. *et al.* Genotyping informatics and quality control for 100,000 subjects in the Genetic
995 Epidemiology Research on Adult Health and Aging (GERA) cohort. *Genetics* **200**, 1051-1060
996 (2015).
- 997 40 Price, A. L. *et al.* Effects of cis and trans genetic ancestry on gene expression in African
998 Americans. *Plos Genetics* **4**, e1000294 (2008).

- 999 41 Price, A. L. *et al.* Single-tissue and cross-tissue heritability of gene expression via identity-by-
1000 descent in related or unrelated individuals. *Plos Genetics* **7**, e1001317 (2011).
- 1001 42 Consortium, W. T. C. C. Genome-wide association study of 14,000 cases of seven common
1002 diseases and 3,000 shared controls. *Nature* **447**, 661-678 (2007).
- 1003 43 Bycroft, C. *et al.* The UK Biobank resource with deep phenotyping and genomic data. *Nature* **562**,
1004 203-209 (2018).
- 1005 44 Wen, X., Luca, F. & Pique-Regi, R. Cross-population joint analysis of eQTLs: fine mapping and
1006 functional annotation. *Plos Genetics* **11**, e1005176 (2015).
- 1007 45 Harrow, J. *et al.* GENCODE: the reference human genome annotation for The ENCODE Project.
1008 *Genome research* **22**, 1760-1774 (2012).
- 1009 46 Stegle, O., Parts, L., Piipari, M., Winn, J. & Durbin, R. Using probabilistic estimation of expression
1010 residuals (PEER) to obtain increased power and interpretability of gene expression analyses.
1011 *Nature protocols* **7**, 500-507 (2012).
- 1012 47 Guan, Y. & Stephens, M. Practical issues in imputation-based association mapping. *Plos Genetics*
1013 **4**, e1000279 (2008).
- 1014 48 Howie, B. N., Donnelly, P. & Marchini, J. A flexible and accurate genotype imputation method for
1015 the next generation of genome-wide association studies. *Plos Genetics* **5**, e1000529 (2009).
- 1016 49 Delaneau, O., Zagury, J.-F. & Marchini, J. Improved whole-chromosome phasing for disease and
1017 population genetic studies. *Nature methods* **10**, 5-6 (2012).
- 1018 50 McCarthy, S. *et al.* A reference panel of 64,976 haplotypes for genotype imputation. *Nature*
1019 *genetics* **48**, 1279-1283 (2016).
- 1020 51 Das, S. *et al.* Next-generation genotype imputation service and methods. *Nature genetics* **48**,
1021 1284-1287 (2016).
- 1022 52 Loh, P.-R., Kichaev, G., Gazal, S., Schoech, A. P. & Price, A. L. Mixed-model association for
1023 biobank-scale datasets. *Nature genetics* **50**, 906-908 (2018).
- 1024 53 Zhou, X., Carbonetto, P. & Stephens, M. Polygenic Modeling with Bayesian Sparse Linear Mixed
1025 Models. *Plos Genetics* **9**, : e1003264. (2013).
- 1026 54 Zhou, X. & Stephens, M. Genome-wide efficient mixed-model analysis for association studies.
1027 *Nature genetics* **44**, 821-824 (2012).
- 1028 55 Mancuso, N. *et al.* Probabilistic fine-mapping of transcriptome-wide association studies. *Nature*
1029 *genetics* **51**, 675 (2019).
- 1030 56 Berisa, T. & Pickrell, J. K. Approximately independent linkage disequilibrium blocks in human
1031 populations. *Bioinformatics* **32**, 283 (2016).
- 1032 57 Barbeira, A. N. *et al.* Exploring the phenotypic consequences of tissue specific gene expression
1033 variation inferred from GWAS summary statistics. *Nature communications* **9**, 1825 (2018).
- 1034 58 Yengo, L. *et al.* Meta-analysis of genome-wide association studies for height and body mass
1035 index in approximately 700000 individuals of European ancestry. *Hum Mol Genet* **27**, 3641-3649,
1036 doi:10.1093/hmg/ddy271 (2018).
- 1037 59 Kamatani, Y. *et al.* Genome-wide association study of hematological and biochemical traits in a
1038 Japanese population. *Nature genetics* **42**, 210 (2010).
- 1039 60 Soranzo, N. *et al.* A genome-wide meta-analysis identifies 22 loci associated with eight
1040 hematological parameters in the HaemGen consortium. *Nature genetics* **41**, 1182 (2009).
- 1041 61 Auer, P. L. *et al.* Rare and low-frequency coding variants in CXCR2 and other genes are
1042 associated with hematological traits. *Nature genetics* **46**, 629 (2014).
- 1043 62 Bersenev, A., Wu, C., Balcerak, J. & Tong, W. Lnk controls mouse hematopoietic stem cell self-
1044 renewal and quiescence through direct interactions with JAK2. *The Journal of clinical*
1045 *investigation* **118**, 2832-2844 (2008).

- 1046 63 Tong, W. & Lodish, H. F. Lnk inhibits Tpo–mpl signaling and Tpo-mediated megakaryocytopoiesis.
1047 *Journal of Experimental Medicine* **200**, 569-580 (2004).
- 1048 64 Takizawa, H. *et al.* Lnk regulates integrin $\alpha\text{IIb}\beta\text{3}$ outside-in signaling in mouse platelets, leading
1049 to stabilization of thrombus development in vivo. *The Journal of clinical investigation* **120**, 179-
1050 190 (2010).
- 1051 65 Viny, A. D. & Levine, R. L. Genetics of myeloproliferative neoplasms. *Cancer journal (Sudbury,*
1052 *Mass.)* **20**, 61 (2014).
- 1053 66 Bersenev, A. *et al.* Lnk constrains myeloproliferative diseases in mice. *The Journal of clinical*
1054 *investigation* **120**, 2058-2069 (2010).
- 1055 67 Yamamoto, S. & Ma, X. Role of Nod2 in the development of Crohn's disease. *Microbes and*
1056 *infection* **11**, 912-918 (2009).
- 1057 68 McGovern, D., Van Heel, D., Ahmad, T. & Jewell, D. NOD2 (CARD15), the first susceptibility gene
1058 for Crohn's disease. *Gut* **49**, 752-754 (2001).
- 1059 69 Hugot, J.-P. *et al.* Mapping of a susceptibility locus for Crohn's disease on chromosome 16.
1060 *Nature* **379**, 821 (1996).
- 1061 70 Hugot, J.-P. *et al.* Association of NOD2 leucine-rich repeat variants with susceptibility to Crohn's
1062 disease. *Nature* **411**, 599 (2001).
- 1063 71 Ogura, Y. *et al.* A frameshift mutation in NOD2 associated with susceptibility to Crohn's disease.
1064 *Nature* **411**, 603 (2001).
- 1065 72 Franke, A. *et al.* Genome-wide meta-analysis increases to 71 the number of confirmed Crohn's
1066 disease susceptibility loci. *Nature genetics* **42**, 1118 (2010).
- 1067 73 Franke, A. *et al.* Replication of signals from recent studies of Crohn's disease identifies
1068 previously unknown disease loci for ulcerative colitis. *Nature genetics* **40**, 713 (2008).
- 1069 74 Kennedy, N. A. *et al.* The impact of NOD2 variants on fecal microbiota in Crohn's disease and
1070 controls without gastrointestinal disease. *Inflammatory bowel diseases* **24**, 583-592 (2018).
- 1071 75 Sidiq, T., Yoshihama, S., Downs, I. & Kobayashi, K. S. Nod2: a critical regulator of ileal microbiota
1072 and Crohn's disease. *Front Immunol* **7**, 367 (2016).
- 1073 76 Keel, S. B. *et al.* Evidence that the expression of transferrin receptor 1 on erythroid marrow cells
1074 mediates hepcidin suppression in the liver. *Experimental hematology* **43**, 469-478. e466 (2015).
- 1075 77 Andrews, N. C. Genes determining blood cell traits. *Nature genetics* **41**, 1161 (2009).
- 1076 78 Ganesh, S. K. *et al.* Multiple loci influence erythrocyte phenotypes in the CHARGE Consortium.
1077 *Nature genetics* **41**, 1191 (2009).
- 1078 79 Lo, K. S. *et al.* Genetic association analysis highlights new loci that modulate hematological trait
1079 variation in Caucasians and African Americans. *Human genetics* **129**, 307-317 (2011).
- 1080 80 Levy, J. E., Jin, O., Fujiwara, Y., Kuo, F. & Andrews, N. Transferrin receptor is necessary for
1081 development of erythrocytes and the nervous system. *Nature genetics* **21**, 396 (1999).
- 1082 81 Kanai, M. *et al.* Genetic analysis of quantitative traits in the Japanese population links cell types
1083 to complex human diseases. *Nature genetics* **50**, 390-400 (2018).
- 1084 82 Astle, W. J. *et al.* The allelic landscape of human blood cell trait variation and links to common
1085 complex disease. *Cell* **167**, 1415-1429 (2016).
- 1086 83 Wood, A. R. *et al.* Defining the role of common variation in the genomic and biological
1087 architecture of adult human height. *Nature genetics* **46**, 1173-1186 (2014).
- 1088 84 Wainberg, M. *et al.* Opportunities and challenges for transcriptome-wide association studies.
1089 *Nature genetics* **51**, 592 (2019).
- 1090 85 Wu, M. C. *et al.* Rare-variant association testing for sequencing data with the sequence kernel
1091 association test. *The American Journal of Human Genetics* **89**, 82-93 (2011).
- 1092 86 Zhao, N. *et al.* Testing in microbiome-profiling studies with MiRKAT, the microbiome regression-
1093 based kernel association test. *The American Journal of Human Genetics* **96**, 797-807 (2015).

- 1094 87 Chen, J., Chen, W., Zhao, N., Wu, M. C. & Schaid, D. J. Small sample kernel association tests for
1095 human genetic and microbiome association studies. *Genetic epidemiology* **40**, 5-19 (2016).
1096 88 Yang, J., Fritsche, L. G., Zhou, X., Abecasis, G. & Consortium, I. A.-R. M. D. G. A scalable Bayesian
1097 method for integrating functional information in genome-wide association studies. *The*
1098 *American Journal of Human Genetics* **101**, 404-416 (2017).
1099 89 Crawford, L., Zeng, P., Mukherjee, S. & Zhou, X. Detecting epistasis with the marginal epistasis
1100 test in genetic mapping studies of quantitative traits. *Plos Genetics* **13**, e1006869 (2017).

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1145 **Author contributions**

1146 XZ conceived the idea and provided funding support. XZ and ZY developed the methods. ZY
1147 developed the software tool with assistance from JL and CY. ZY performed simulations and real
1148 data analysis with assistance from HZ, PZ, SY, and SS. XZ and ZY wrote the manuscript with
1149 input from all other authors. All authors reviewed and approved the final manuscript.

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1151 **Competing interests:** The authors declare no competing interests.

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Table 1 Summary of some existing MR methods

	Design	Instrumental variable	β effect assumption	γ effect assumption	Estimation procedure
PrediXcan ¹	Two-sample	Correlated	Elastic net	N/A	Two-stage
TWAS ²	Two-sample	Correlated	BSLMM	N/A	Two-stage
SMR ³	Two-sample	Univariate	Fixed effect	N/A	Two-stage
GSMR ⁴	Two-sample	independent	Fixed effect	N/A	Two-stage
MR-Egger ¹³	Two-sample	Independent	Fixed effect	Equal effect size	Two-stage
CoMM ¹⁸	Two-sample	Correlated	Normal	N/A	MLE
CaMMEL ²⁴	Two-sample	Correlated	Fixed effect	Normal	Variational Bayes
Kang et al. ²⁵	One-sample	Correlated	Fixed effect	Lasso	Two-stage
MRMix ³⁰	Two-sample	Independent	Normal Mixture	Normal Mixture	Estimating equation
Berzuni et al. ³¹	One-sample	Correlated	Fixed effect	Horseshoe	MCMC
LDA MR-Egger ³²	Two-sample	Correlated	Fixed effect	Equal effect size	Two-stage
DPR ¹⁹	Two-sample	Correlated	Latent Dirichlet process	N/A	Two-stage
TIGAR ²⁰	Two-sample	Correlated	Latent Dirichlet process	N/A	Two-stage
PMR-Egger	Two-sample	Correlated	Normal	Equal effect size	MLE

Methods are categorized based on the experimental design (two-sample vs one-sample vs both), the characterizes of selected instrumental variables (univariate vs multiple independent vs multiple correlated), β effect size assumption, γ effect size assumption, estimation/inference procedure (ratio-based vs two-stage estimation vs maximum likelihood vs Bayesian), and input data type (individual-level vs summary; which is now removed per reviewer's request). The categorization of inference procedure generally follows ref [5]. In the inference procedure, the two-stage estimation procedure comprises two regression stages: the first-stage regression of the exposure on the instrumental variables, and the second-stage regression of the outcome on the fitted values of the exposure from the first stage. Some inference procedures, such as the inverse variance weighted (IVW) procedure (e.g. MR-Egger¹³) or the ratio method (e.g. for SMR³) are categorized as two-stage procedure here, as both are asymptotically equivalent to a two-stage estimation procedure in the case of independent instruments. We only list MR methods that directly take input instruments into the model; many MR methods that performs various selection procedures on the instruments (e.g. Guo et al²⁶) are not included in the table. Some recently developed methods that only test for horizontal pleiotropy, such as GLIDE²⁸ and MR-PRESSO²¹ are not included in the table.

Table 2. Mean computational time (in second) of various MR methods

Trait	#SNP in the exemplary gene	CoMM	PMR-Egger	TWAS	LDA MR-Egger	SMR	PrediXcan	MR-PRESSO
T1D from WTCCC (n=4901)	300	0.51(0.19)	0.80(0.57)	1.97(0.86)	0.08(0.02)	0.0003(0.0005)	26.74(2.81)	408.27(74.76)
	500	1.21(0.41)	1.42(0.77)	3.48(1.16)	0.14(0.03)	0.0004(0.0005)	11.77(0.64)	829.04(135.79)
	983	5.85(1.50)	9.79(1.56)	4.69(1.73)	0.60(0.09)	0.0004(0.0005)	9.96(0.78)	2023.77(260.43)
	2106	111.00(12.87)	97.33(7.63)	5.87(2.26)	4.18(0.59)	0.0005(0.0005)	22.90(2.63)	4913.22(554.47)
Asthma from GERA (n=61,953)	300	1.47(0.29)	2.06(0.22)	2.61(1.48)	0.05(0.02)	0.0002(0.0004)	33.39(3.09)	464.64(62.18)
	500	1.21(0.33)	4.21(0.81)	2.54(0.87)	0.09(0.03)	0.0002(0.0004)	11.71(0.70)	919.66(102.83)
	1000	24.37(5.13)	21.68(1.66)	3.07(2.55)	0.46(0.13)	0.0002(0.0004)	14.29(1.30)	2275.42(263.95)
	2008	59.01(4.98)	52.52(4.47)	4.51(1.48)	2.33(0.71)	0.0004(0.0005)	20.18(3.28)	5213.73(601.46)
Platelet Count from UK Biobank (n=337,198)	300	2.56(0.53)	5.57(4.54)	5.04(4.19)	0.09(0.02)	0.0008(0.0004)	10.93(1.96)	471.55(50.44)
	500	6.82(2.75)	7.61(2.30)	5.44(4.30)	0.15(0.02)	0.0007(0.0005)	12.17(1.04)	876.06(92.90)
	1052	24.92(6.28)	23.59(3.21)	5.91(4.79)	0.81(0.09)	0.0008(0.0004)	16.05(2.38)	2133.03(77.56)
	2605	186.14(28.45)	178.68(16.75)	5.37(0.73)	8.11(1.20)	0.0008(0.0004)	9.89(1.74)	6949.72(245.75)

Computation is carried out on a single thread of a Xeon Gold 6138 CPU. The computation time is averaged across 20 replicates, with values inside parentheses denoting the standard deviation. #SNP denotes the number of cis-SNPs for four exemplary genes in each study. The computational time for MR-PRESSO is based on 10,000 permutations.

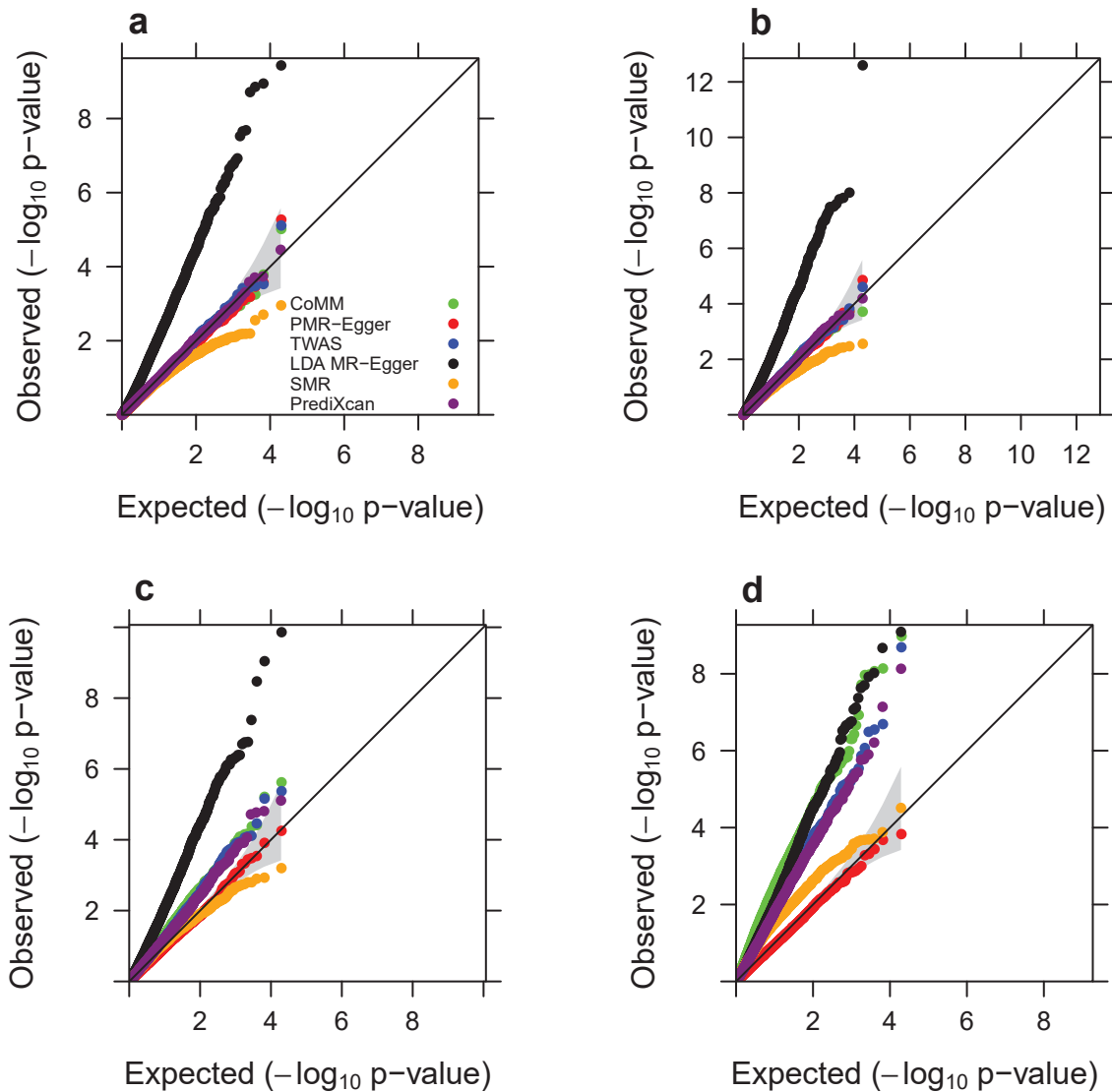


Fig. 1 Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the causal effect either in the absence or in the presence of horizontal pleiotropic effect under null simulations. Compared methods include CoMM (green), PMR-Egger (red), TWAS (blue), LDA MR-Egger (black), SMR (orange), and PrediXcan (purple). Null simulations are performed under different horizontal pleiotropic effect sizes: (a) $\gamma=0$; (b) $\gamma=0.0001$; (c) $\gamma=0.0005$; (d) $\gamma=0.001$. Only p-values from PMR-Egger adhere to the expected diagonal line across a range of horizontal pleiotropic effect sizes.

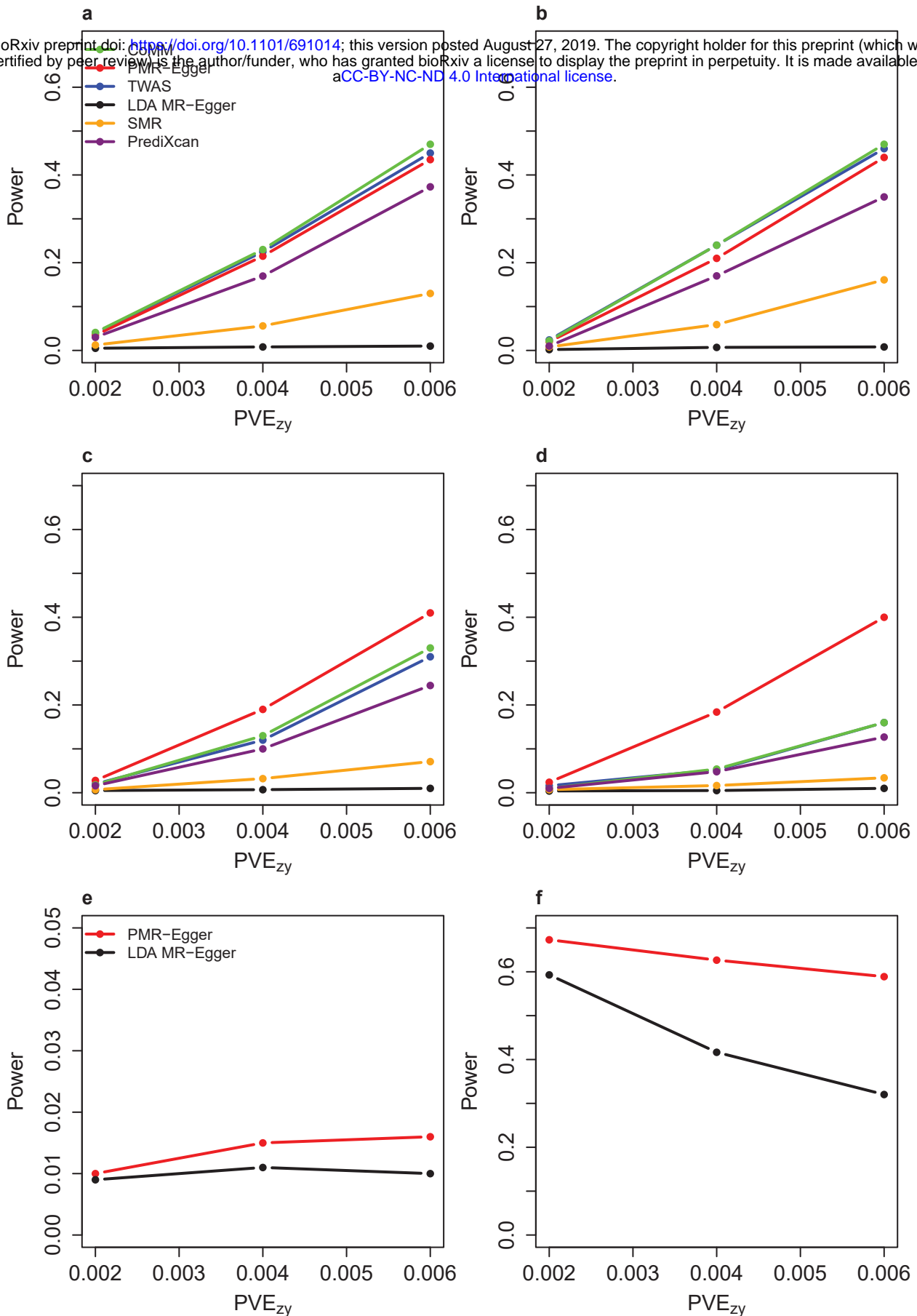


Fig. 2 Power of different methods under various simulation scenarios. Power (y-axis) at a false discovery rate of 0.1 to detect the causal effect (a-d) or the horizontal pleiotropic effect (e-f) is plotted against different causal effect size characterized by PVE_{zy} (x-axis). Compared methods include CoMM (green), PMR-Egger (red), TWAS (blue), LDA MR-Egger (black), SMR (orange), and PrediXcan (purple). Simulations are performed under different horizontal pleiotropic effect sizes: (a) $\gamma=0$; (b) $\gamma=0.0001$; (c, e) $\gamma=0.0005$; (d, f) $\gamma=0.001$.

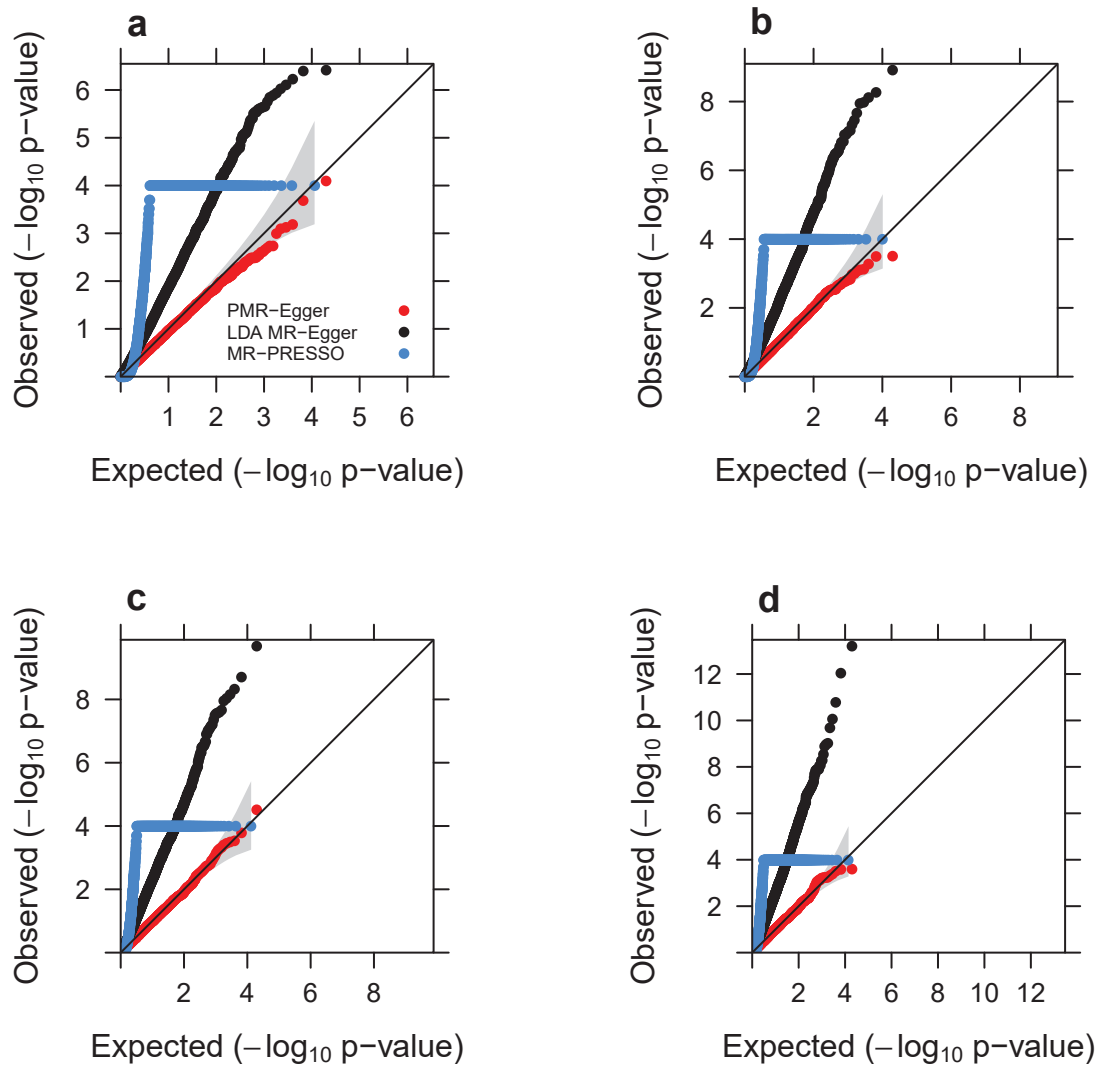


Fig. 3 Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the horizontal pleiotropic effect either in the absence or in the presence of causal effect under null simulations. Compared methods include PMR-Egger (red), LDA MR-Egger (black), and MR-PRESSO (dodger blue). Null simulations are performed under different causal effect sizes characterized by PVE_{zy} : **(a)** $PVE_{zy}=0$; **(b)** $PVE_{zy}=0.2\%$; **(c)** $PVE_{zy}=0.4\%$; and **(d)** $PVE_{zy}=0.6\%$. Only p-values from PMR-Egger adhere to the expected diagonal line across a range of horizontal pleiotropic effect sizes. Due to heavy computational burden, we are only able to run 10,000 permutations for MR-PRESSO. Therefore, the minimal p-value from MR-PRESSO is 10^{-4} .

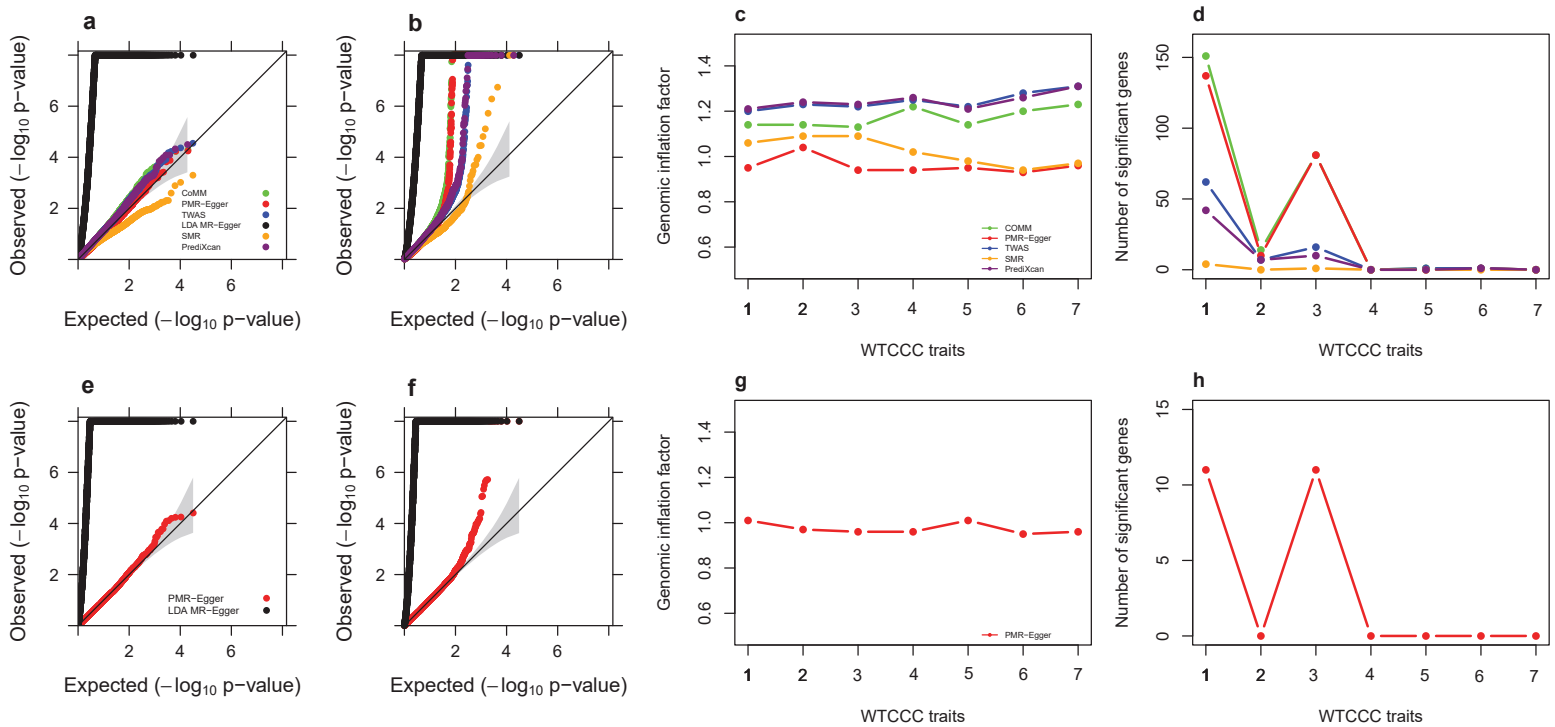


Fig. 4 TWAS analysis results by different methods for traits in the WTCCC data. Compared methods include CoMM (green), PMR-Egger (red), TWAS (blue), LDA MR-Egger (black), SMR (orange), and PrediXcan (purple). **(a)** Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the causal effect for an exemplary trait BD. **(b)** Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the causal effect for another exemplary trait T1D. **(c)** Genomic inflation factor for testing the causal effect for each of the 7 traits by different methods. **(d)** Number of causal genes identified for each of the 7 traits by different methods. **(e)** Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the horizontal pleiotropic effect for an exemplary trait BD. **(f)** Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the horizontal pleiotropic effect for another exemplary trait T1D. **(g)** Genomic inflation factor for testing the horizontal pleiotropic effect for each of the 7 traits by different methods. **(h)** Number of genes identified to have significant horizontal pleiotropic effect for each of the 7 traits by different methods. For c, d, g, h, the number on the x-axis represents seven traits in order: T1D, CD, RA, BD, T2D, CAD, HT.

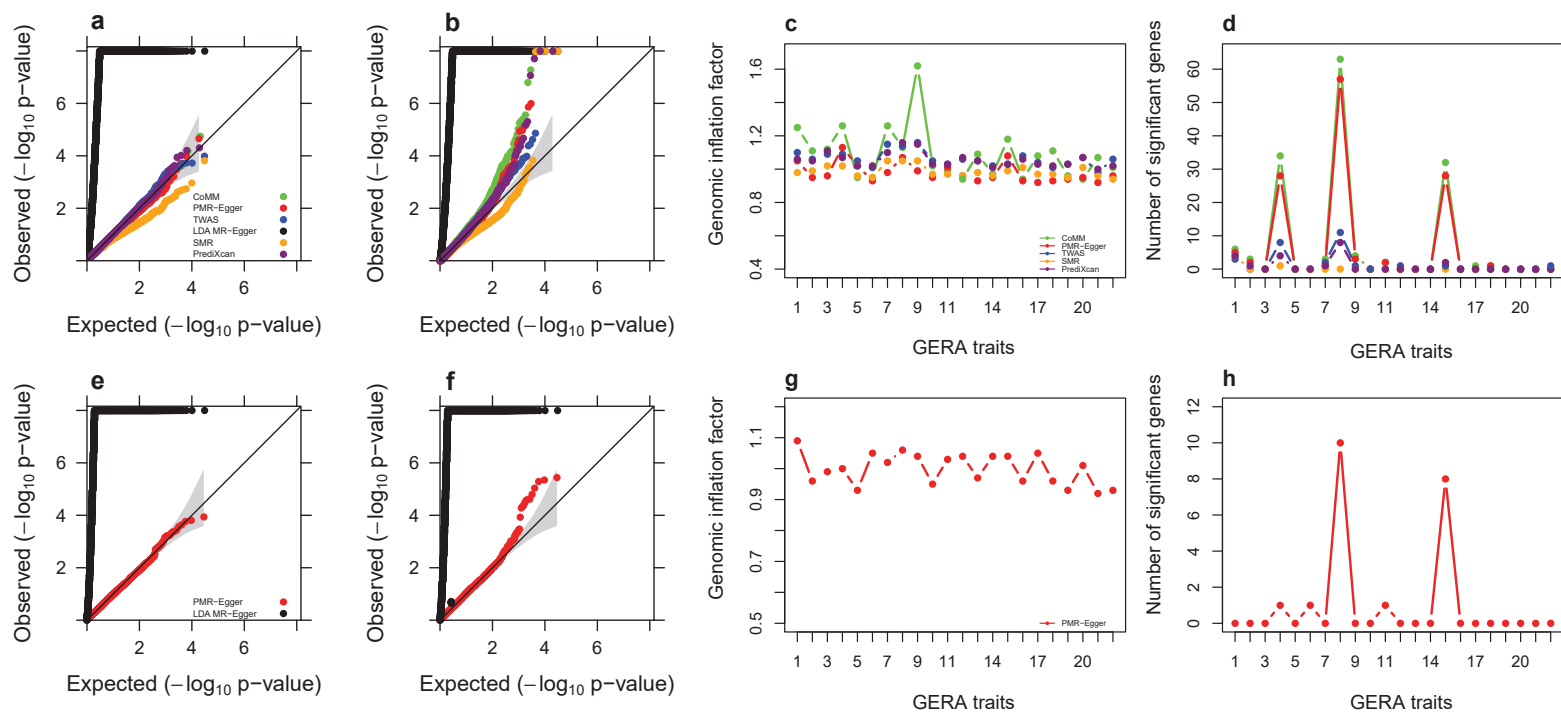


Fig. 5 TWAS analysis results by different methods for traits in the GERA data. Compared methods include CoMM (green), PMR-Egger (red), TWAS (blue), LDA MR-Egger (black), SMR (orange), and PrediXcan (purple). **(a)** Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the causal effect for an exemplary trait Irritable Bowel Syndrome. **(b)** Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the causal effect for another exemplary trait Asthma. **(c)** Genomic inflation factor for testing the causal effect for each of the 22 traits by different methods. **(d)** Number of causal genes identified for each of the 22 traits by different methods. **(e)** Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the horizontal pleiotropic effect for an exemplary trait Irritable Bowel Syndrome. **(f)** Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the horizontal pleiotropic effect for another exemplary trait Asthma. **(g)** Genomic inflation factor for testing the horizontal pleiotropic effect for each of the 22 traits by different methods. **(h)** Number of genes identified to have significant horizontal pleiotropic effect for each of the 22 traits by different methods. For c, d, g, h, the number on the x-axis represents 22 traits in order: Asthma, Allergic Rhinitis, CARD, Cancers, Depressive Disorder, Dermatophytosis, T2D, Dyslipidemia, HT, Hemorrhoids, Abdominal Hernia, Insomnia, Iron Deficiency, Irritable Bowel Syndrome, Macular Degeneration, Osteoarthritis, Osteoporosis, PVD, Peptic Ulcer, Psychiatric disorders, Stress Disorders, Varicose Veins.

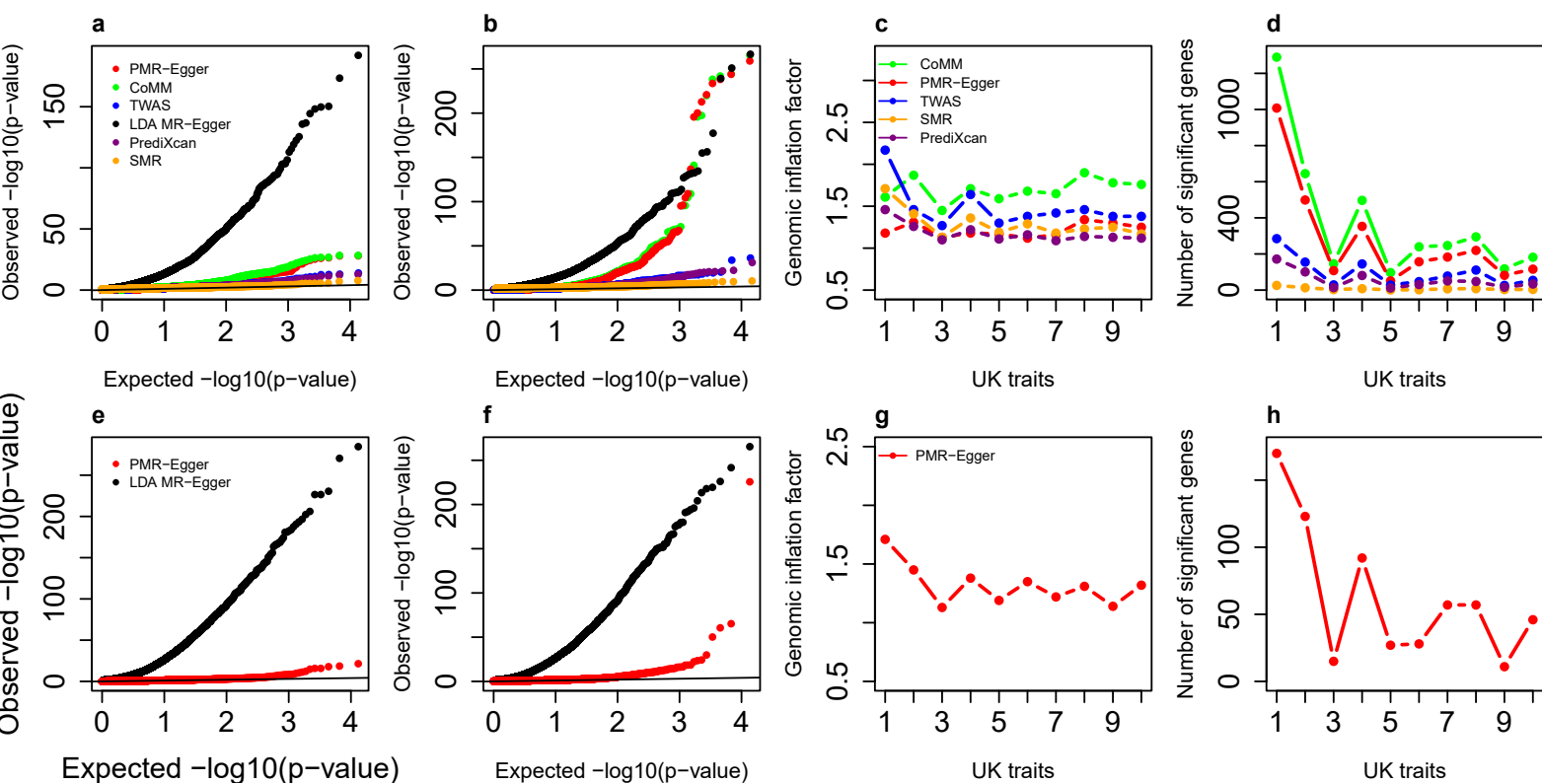


Fig. 6 TWAS analysis results by different methods for traits in the UK Biobank data. Compared methods include CoMM (green), PMR-Egger (red), TWAS (blue), LDA MR-Egger (black), SMR (orange), and PrediXcan (purple). **(a)** Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the causal effect for an exemplary trait BMI. **(b)** Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the causal effect for another exemplary trait Platelet Count. **(c)** Genomic inflation factor for testing the causal effect for each of the 10 traits by different methods. **(d)** Number of causal genes identified for each of the 10 traits by different methods. **(e)** Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the horizontal pleiotropic effect for an exemplary trait BMI. **(f)** Quantile-quantile plot of $-\log_{10}$ p-values from different methods for testing the horizontal pleiotropic effect for another exemplary trait Platelet Count. **(g)** Genomic inflation factor for testing the horizontal pleiotropic effect for each of the 10 traits by different methods. **(h)** Number of genes identified to have significant horizontal pleiotropic effect for each of the 10 traits by different methods. For c, d, g, h, the number on the x-axis represents 10 traits in order: Height, Platelet count, Bone mineral density, Red blood cell count, FEV1-FVC ratio, BMI, RDW, Eosinophils count, Forced vital capacity, White blood cell count.