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Unravelling the genetic architecture of musical rhythm: a large-scale genome-wide association study of beat synchronization

**Maria Niarchou[1,2*], Daniel E. Gustavson[1,2,], J. Fah Sathirapongsasuti[3],
Manuel Anglada-Tort[4], Else Eising[5], Eamonn Bell[6], Evonne McArthur[1],
Peter Straub[1], The 23andMe Research Team[3^], J. Devin McAuley[7], John A. Capra[8],
Fredrik Ullén[9], Nicole Creanza[10], Miriam A. Mosing[11,9], David Hinds[3],
Lea K. Davis[2,1,13,14,15*†], Nori Jacoby[4†], Reyna L. Gordon[16,1,17,18*†]**

[1]Vanderbilt Genetics Institute, Vanderbilt University Medical Center, TN, USA

[2]Division of Genetic Medicine, Department of Medicine, Vanderbilt University Medical Center, TN, USA

[3]23andMe, Inc., Sunnyvale, CA, USA

[4]Computational Auditory Perception Research Group, Max Planck Institute for Empirical Aesthetics, Frankfurt, Germany

[5]Department of Language and Genetics, Max Planck Institute for Psycholinguistics, Nijmegen, Netherlands

[6]Department of Music, Trinity College Dublin, Dublin, Republic of Ireland

[7]Department of Psychology, Michigan State University, Michigan, USA

[8]Bakar Computational Health Sciences Institute and Department of Epidemiology & Biostatistics, University of California, San Francisco, CA, USA

[9]Department of Neuroscience, Karolinska Institutet, Sweden

[10]Department of Biological Sciences, Vanderbilt University, Nashville, TN, USA

[11]Melbourne School of Psychological Sciences, University of Melbourne, Australia

[13]Department of Biomedical Informatics, Vanderbilt University Medical Center, TN, USA

[14]Department of Psychiatry and Behavioral Sciences, Vanderbilt University Medical Center, TN, USA

[15]Department of Molecular Physiology and Biophysics, Vanderbilt University, TN, USA

[16]Department of Otolaryngology – Head & Neck Surgery, Vanderbilt University Medical Center, TN, USA

[17]Department of Psychology, Vanderbilt University, TN, USA

[18]Vanderbilt Brain Institute, Vanderbilt University, Nashville, TN, USA

^full list of authors in Acknowledgements

*Correspondence to: Reyna L. Gordon (reyna.gordon@alumni.usc.edu), Lea Davis (lea.k.davis@gmail.com), Maria Niarchou (maria.niarchou@vumc.org)

†Co-senior authors

Abstract

Moving in synchrony to a musical beat is a fundamental component of musicality.

Here, we conducted a genome-wide association study (GWAS) to identify common

genetic variants associated with beat synchronization in 606,825 individuals. Beat

synchronization exhibited a highly polygenic architecture, with sixty-seven loci reaching

genome-wide significance ($p<5x10^{-8}$) and SNP-based heritability (on the liability scale)

of 13%-16%. Heritability was enriched for genes expressed in brain tissues, and for fetal

and adult brain-specific gene regulatory elements, underscoring the role of central

nervous system biomarkers linked to the genetic basis of the trait. We performed

validations of the self-report phenotype (through internet-based experiments) and of the

GWAS (polygenic scores for beat synchronization were associated with patients

algorithmically classified as musicians in medical records of a separate biobank).

Genetic correlations with breathing function, motor function, processing speed, and

chronotype suggest shared genetic architecture with beat synchronization and provide

avenues for new phenotypic and genetic explorations.

Introduction

Our tendency to perceive, create, and appreciate rhythms in a variety of contexts

(e.g., speech, music, movement) is a feature of the human experience[1–3]. Rhythmic

patterns provide predictable and robust sensorimotor structure to human interactions[4,5],

helping guide our attention to communicatively important moments in time[6,7]. Even very

young children are sensitive to the social and linguistic signals carried by rhythm[8–10],

thus it is not surprising that parents use rhythmic vocalizations and synchronous

movement (e.g., lullabies and rocking) to interact with their infants from birth[11,12].

Rhythmic musical interactions in young children and across the lifespan[13] are structured

around the percept of a stable periodic pulse, termed the "beat" in Western music and

also present in music of other cultures[1,14] (though different musical cultures varies in the

way they incorporate beats in musical structure; see[15,16]). While music in general and

rhythmic structures in particular significantly vary from one culture to another[16–18], there

is preliminary evidence that hierarchical beat structure of most music is robust to

cultural transmission[2] and indeed common in many types of music[1].

Beat perception and synchronization (i.e. perceiving, predicting, and moving

predictively in synchrony to a musical beat[19]) is an important feature of musical

experiences across many human cultures and musical genres[1,20]. The predictive

temporal mechanisms afforded by beat structure enhance general perceptual and

learning processes in music, including melody perception and production, singing, and

joint music-making[3,6]. Recent work showed that some features of rhythm perception and

production (e.g., categorical rhythm perception) varies across listeners from different

cultures[14,20–22], the same studies showed considerable consistencies across cultures for

other features (for example preference for beat-based isochrony). Beat synchronization,

and musicality in general, appear to have broad implications for society by supporting

pro-social behavior[11,23] and well-being[24]. Many have proposed that beat perception and

synchronization evolved in humans to support communication and group cohesion[19,25–

27].

Neuroimaging findings have highlighted auditory-motor networks in the brain

underlying rhythm perception and production[28], during which there is precise

entrainment of neural oscillatory activity to musical signals, primarily involving motor

planning areas and auditory regions of the brain, even during simple passive listening to

music[29]. Neural mechanisms of entrainment, prediction, and reward work in concert to

coordinate the timing of beat-related expectancies to musical signals during listening,

playing, singing, and dance[27].

Although most people are able to effortlessly detect and synchronize with the

beat even without musical training[4,19], there is still substantial inter-individual variability,

within cultures, in the extent to which individuals can perceive and produce musical

rhythms accurately[30,31], including the temporal precision of coordinating movement with

a musical beat[32]. These individual differences could be due in part to genetic variation,

and thus genetic approaches can be used to gain a foothold on the biological basis of

musicality in humans (with the definition of *musicality* broadly encompassing musical

behavior, music engagement and musical skill per[25]). Indeed, twin-modelling and other

family-based studies point to moderate heritability of rhythm-related traits such as

duration discrimination[33,34], rhythm discrimination[35], isochronous sensori-motor

production[36], and off-beat detection[37]. Much less is known at the molecular level about

human genome variation underlying musicality[38] which to date has been investigated in

relatively small samples[34], due to the challenge of assessing musicality phenotypes in

samples large enough to provide sufficient power to detect common variants with small

effects (as expected for complex traits[39]). Large-scale genome-wide association studies

(GWAS) of musicality traits are thus needed to advance this field.

Our understanding of the biological underpinnings of beat synchronization, from

its genetic architecture to its neural instantiation and behavioral manifestation, requires

complex multi-methodological approaches. For instance, post-GWAS approaches (i.e.,

heritability enrichment of gene expression in central nervous tissues) can eventually be

used to illuminate the relationship between the genetic architecture of music-related

traits and patterns of neural activity reported in neuroscience studies.

Human tendencies to engage with music are beyond recreational; individual

differences in beat perception and synchronization abilities and the strength of neural

resources associated with rhythm are predictive of language and literacy skills[40,41] and

are more generally related to cognition, motor function, and social coordination[42]. The

underlying genetic architecture of beat synchronization may have clinical-translational

relevance, both for characterizing risk (i.e. atypical or impaired rhythm appears to be

associated with developmental speech-language disorders[43]) and for rhythm-based

rehabilitation (i.e. for stroke and Parkinson's[44]; with other promising benefits of music on

health under investigation[45]). Applying advanced genetic epidemiology methods[46] to

musicality phenotypes data collected in large population samples will generate new

avenues of research, allowing us to examine to what extent beat synchronization might

share genetic architecture with other traits, thus also highlighting common risk or

protective effects with other health and cognitive traits.

Summary of Approach.

Here, we report a novel genome-wide interrogation of beat synchronization. Our

approach was as follows: 1) We validated a subjective self-reported beat

synchronization item ("Can you clap in time with a musical beat?", referred to in this

paper as the "target item"), in relation to measured beat synchronization and rhythm

perception task performance, as a scalable and accurate phenotype for large-scale

population-based studies. 2) We identified genomic loci and established a polygenic

model of beat synchronization. We first conducted a genome-wide association study

(GWAS) to identify common genetic variants associated with beat synchronization in

606,825 individuals participating in research with the personal genetics company

23andMe, Inc. We then validated the findings in a separate genetic sample associated

with musicality in a health care context (in Vanderbilt's BioVU database), by testing

whether a cumulative sum of the genetic effects for beat synchronization detected in our

GWAS (i.e., polygenic score), was significantly associated with algorithmically identified

musicianship. We also estimated how much of the total phenotypic variance of beat

synchronization could be explained by all variation across the genome (i.e., SNP-based

heritability). 3) We further investigated the genetic architecture of beat synchronization,

using partitioned heritability and gene set enrichment analyses, with a particular focus

on genes that play a role in the central nervous system. We also evaluated the

contribution to beat synchronization of genomic regions that have experienced

significant human-specific evolutionary shifts (since the divergence of humans and

chimpanzees from their last common ancestor). 4) We explored shared genetic effects

(pleiotropy) on beat synchronization and other traits, performing exploratory genetic

correlation analysis including 764 complex traits for which a well-powered GWAS has

been performed and deposited in LDHub[47]. We then used genomic Structural Equation

Modelling (SEM) to characterize the relationship among the top associations between

beat synchronization and health-related traits. Findings were further investigated on the

phenotypic level in a separate experiment.

Results

Overview. Validating the self-reported beat synchronization phenotype

In light of prior work suggesting that musicality and rhythm skills are complex traits that can be quantified with both objective (experiment-derived) assessment and subjective self-reported data[48,49], we performed a series of validations of the self-report beat synchronization item (i.e., the single item "Can you clap in time with a music beat?" that was used in the genetic study), in relation to measured rhythm perception and beat production tasks. Both studies were administered in English for consistency. We also explored the relationship between task-based beat synchronization ability, a self-reported rhythm scale (from additional questionnaire items), and musicality. Study overviews and key results are summarized in Figure 1.

Figure 1. Phenotype validation studies overview and results. *A) Schema of internet-based phenotype validation studies.* In phenotype experiment #1, participants performed a musical rhythm perception test and provided self-report of the same target question in the GWAS study ("Can you clap in time with a musical beat"). In phenotype experiment #2, participants performed beat synchronization tasks (which involved tapping to the beat of musical excerpts) as well as responding to the same target question, in addition to a series of other questionnaires about their musical engagement/ability and health traits. B) Phenotype Experiment 1 results show rhythm perception task performance in association with responses to GWAS target question in N=724. C-H): Phenotype Experiment 2 results. C) Beat synchronization task performance in association with responses to the target question in n=542. D) Beat synchronization task performance in association with responses to a similar self-report question asked on a Likert scale, in n=542. E) Self-reported rhythm questionnaire (7-item scale) in association with responses to the target question in N=1,412. F) Beat synchronization task performance in association with Self-reported rhythm questionnaire in n=542. G) Gold-MSI (musical sophistication) in association with responses to the target question in N=1,412. H) Beat synchronization task performance in association with Gold-MSI in n=542.

Phenotype Experiment 1: Rhythm perception task performance.

Phenotype experiment #1 was conducted in N=724 participants recruited

anonymously in Amazon's Mechanical Turk (see Table 1 for demographics).

Participants were asked the target question "Can you clap in time with a musical beat?"

and performed a musical rhythm perception test (Supplementary Figure 1). See

Methods and Supplementary Notes for experiment details. Briefly, in each of the 32

trials of the task, participants had to judge whether a pair of rhythms were the same or

different (see Figure 1A), following a standard procedure for assessing individual

differences in musical perception ability[31] and utilizing rhythm sequences with simple

(highly metrical) and complex (syncopated) rhythms[50]. The rhythm perception task

yielded quantitative scores.

Individuals with better performance in the rhythm perception test (higher total d')

were more likely to answer Yes to the target item (i.e. that they can clap to the beat:

OR(95%CI)=1.94 [1.28 to 3.01], p=0.002, McFadden's R^2=0.39), indicating there is

approximately a 94% increase in the odds of answering 'Yes', per standard deviation

increase in the rhythm perception test (see Figure 1B). In addition, individuals with

higher scores on the subset of "simple" (i.e., more strongly beat-based) rhythm trials

were more likely to answer that they can clap to the beat (OR(95%CI)=1.99[1.36-2.90],

p<0.001, McFadden's R^2=0.40.

Phenotype Experiment 2: Beat synchronization task performance

We conducted a second internet-based phenotype experiment (pre-registered in OSF)

with N=1,412, to validate self-reported beat synchronization phenotype as a proxy for

directly-measured beat synchronization ability (see Table 1 for demographics).

Participants completed a questionnaire on musicality, health, and personality items, and

were asked to tap in real time to the musical beat of 4 different musical excerpts (see

Supplementary Figure 2). Participants completed a questionnaire on musicality, health,

and personality items, and were asked to tap in real time to the musical beat of 4

different musical excerpts (see Supplementary Figure 2). Beat synchronization tapping

accuracy was assessed similarly to lab-based studies[32], but with a recently developed

online-based technology that allowed us to precisely measure asynchrony of

participants' taps along to music clips - i.e., REPP (Rhythm ExPeriment Platform; see[51])

for additional details on the experiment and pre-registered hypotheses (H1-H6), see

Methods and Supplementary Notes. Key results of this study are summarized in Figure

1 and Supplementary Table 1. Note that better *tapping accuracy* is reflected in lower

tapping asynchrony scores, i.e., more accurate timing of taps in relation to the beat.

First, we tested pre-registered H1, showing that individuals who respond Yes to

the target question (i.e., "Can you clap in time with a musical beat") had lower tapping

asynchrony, OR = 0.28, [0.18, 0.43], McFadden R^2 = .67 (Figure 1C). Tapping

asynchrony was also negatively correlated with responses to a highly similar item ("I

can tap in time to a musical beat") when asked on a seven-point Likert agreement scale

(1= disagree; 7 = agree) instead of a "yes/no" answer, r = -.40, 95% CI [-0.47, -0.33]

(H1a; Figure 1D). Similarly, individuals with significantly better self-reported rhythmic

ability (based on responses to a seven-item questionnaire) were much more likely

respond "yes" to the target question, OR = 7.34, 95% CI [4.79, 11.23], McFadden

R^2=.34 (Figure 1E), and had lower tapping asynchrony, r = -.41, 95% CI [-0.47, -0.33]

(Figure 1F) (H2). The results for H5 show that Musical sophistication scores from the

Gold-MSI were also positively associated with the target question, OR=4.16, 95% CI

[2.86, 6.04] (Figure 1G) and negatively correlated with tapping asynchrony r= -.34, 95%

CI [-0.42, -0.27] (Figure 1H). There was also no evidence that Musical Sophistication or

prior/current musician status (measured with an additional item) interacted with the

tapping asynchrony to predict responses to the target question (H6).

In addition, we demonstrated that although responses to the target question were

associated with confidence judgements of one's own tapping performance assessed

either immediately after the tapping trials, OR = 1.72, 95% CI [1.07, 2.76], or confidence

assessed as a personality trait, OR = 1.75, 95% CI [1.02, 3.00], controlling for these

confidence measures had no impact on the association with tapping asynchrony

described above, OR = 0.28, 95% CI [0.17, 0.44], McFadden R^2=.69 (H3). These

findings suggest that while the target question may encompass some self-reporting

bias, the bias does not diminish its strong association with true beat synchronization

ability. Moreover, all associations reported here were not altered when controlling for

age, sex, and education (see Supplementary Table 1).

Genomic study population

Beat Synchronization GWAS sample.

The study population for the discovery GWAS consisted of N=606,825 unrelated

participants of European ancestry (see Table 1 for demographics), who consented to

participate in research with 23andMe, Inc. and answered Yes or No to the target

question "Can you clap in time with a musical beat?" The majority of participants

answered 'Yes' (91.57%) and 8.43% answered 'No'. See Methods for further sample

details, genotyping, and quality control,.

GWAS results and heritability estimation.

GWAS was conducted using logistic regression under an additive genetic model,

while adjusting for age, sex, the first five principal components from genetic data, and

genotype platforms (see Methods). Sixty-eight "sentinel" SNPs (after two rounds of LD

pruning, first at r^2=0.6 and then at r^2=0.1, kb = 250) at 67 genomic loci (locus 28

contains two independent sentinel SNPs) reached genome-wide significance ($p<5x10^{-8}$;

Figure 2, Table 2, and Supplementary Table 2), with a total of 6,115 SNPs passing the

genome-wide significance threshold. QQ-plot is provided in Supplementary Figure 3.

Local association plots at each locus are provided in the Regional Plots supplemental

document.

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Figure 2. Manhattan plot of GWAS results of beat synchronization. Results are shown for 606,825
research participants with 23andMe who responded Yes (N=555,660) vs. No (N=51,165) to the question
"Can you clap in time with a musical beat?", controlling for age, sex, top 5 PC's for ancestry, and
genotype platform. The x-axis shows chromosomal position and the y-axis shows -log10 p-values). Sixty-
seven loci (68 sentinel SNPs, with one locus containing two independent sentinel SNPs) surpassed the
threshold for genome-wide significance of $p<5x10^{-8}$ (dotted horizontal line). For illustration purposes, only
500,000 SNPs with p<0.1 are shown; gene symbols for sentinel SNPs are notated when FUMA provided
a gene mapped to nearest sentinel SNP.
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The top associated locus was mapped at chromosome 2 close to *VRK2*

*(V*accinia Serine/Threonine Kinase 2) and *FANCL* genes (rs848293, p=9.2 x 10^{-18}), a

region that has been linked to sleep, depression[52] and schizophrenia[53]. Another strongly

associated locus was around a SNP on chromosome 17 (rs4792891, p=7.07x10^{-13}) that

maps to the Microtubule Associated Protein Tau (*MAPT*) gene, well-known for its

associations with Parkinson's disease[54]. There was also a locus on the Mitogen-

Activated Protein Kinase 3 (*MAPK3*) gene at 16p11.2, a region linked to risk for a

number of neurodevelopmental disorders including autism and schizophrenia[55], and to

verbal memory and language[56]. Another significantly associated gene was the

chromosome 4 Glycoprotein M6A (*GPM6A*), whose gene promoter contains a

transcription factor binding site for *GATA2*, a gene previously related to music

phenotypes[34].

Linkage Disequilibrium Score Regression (LDSC)[57] analyses revealed that

heritability estimates on the liability scale ranged from 13% to 16% when adjusted for a

range of estimated population prevalence of poor rhythm skills (from 3.0% to 6.5%;

Supplementary Table 3; see Supplementary Notes for explanation of prevalence

estimates). The observed (unadjusted) genetic variance explained 5% (se=0.0002) of

the phenotypic variance in the beat synchronization trait, with an LD score regression

intercept of 1.02 (se=0.01).

Gene-based analyses.

Gene-based association analyses performed with MAGMA v1.08 yielded 125

genes that surpassed the threshold of p<2.6x10^{-6} (Supplementary Table 4). The top two

genes are: *CCSER1,* in proximity to genes previously associated with musicality[58], and

VRK2 (converging with the top locus identified in our SNP-based association analyses).

We also examined potential replication of genetic associations with musicality in

humans from prior reports (29 genes were selected: 26 reported in[58] plus *GATA2* and

PCDH7[34] and *UGT8*[59]). None of the genes reached statistical significance after

genome-wide correction (p<2.6x 10^{-6}; Supplementary Table 5, Supplementary Notes),

neither independently, nor as a gene-set (p=0.30), however, several are located near

CCSER1 in the 4q22-24 region.

Gene set enrichment analyses

We performed gene-set enrichment analyses using MAGMA, implemented in

FUMA[60]. As hypothesized, associations with beat synchronization were significantly

enriched among genes expressed in brain tissue compared to those expressed in non-

brain tissues (Figure 3A); tissue-expression gene sets were based on GTEx data on 53

different tissue types[61]. To further examine potential biological pathways associated with

beat synchronization, we performed GO term and pathway enrichment analyses[62,63].

Three gene-sets out of 15,496 achieved statistical significance after Bonferroni

correction (Supplementary Table 6). Results were associated with nervous system

function, specifically: gene sets for synaptic membrane adhesion (p=2.55 x 10^{-8}) and

synaptic adhesion-like molecules (p=1.90x 10^{-6}), and MeCP2 regulation of transcription

factors (p=1.17x 10^{-6}).

Heritability Partitioning

One advantage to SNP-based heritability estimation is the ability to partition

heritability according to genomic properties, which provides insight into the types of

genetic variation that contribute most to beat synchronization. To determine whether the

heritability of beat synchronization is enriched for specific functional categories,

stratified LDSC[64] was used to partition heritability (Supplementary Table 7). We

hypothesized that SNPs falling into open chromatin regulatory regions (i.e., accessible

to transcriptional machinery), and regions with human-specific variation, would be

enriched for beat synchronization-associated variation. When assessing broad SNP

annotation categories[65], we found enrichment in regions conserved in mammals

(regions of the genome identified under purifying selection[66]) (enrichment=15.8, p=1.19

x 10^{-12}) and in regulatory regions marked by acetylation of histone H3 at lysine 9

(H3K9ac; generally considered a marker for active chromatin; enrichment=8.0, p=1.85 x

10^{-8}) and monomethylation of histone H3 at lysine 4 (H3K4me1; generally considered a

marker for enhancers; enrichment=1.29, p=2.16 x 10^{-5}), supporting associations

mediated by effects on gene regulation.

Given the results of the broad categories showing enrichment in markers of

enhancers and active chromatin, we further used LDSC-Specifically Enriched Genes

(LDSC-SEG) heritability partitioning as described in[67] to examine whether genes

expressed in specific cell- or tissue-types (conditional to the other annotations) would

show enrichment for beat synchronization-associated variants. When assessing tissue-

specific annotations of active chromatin and enhancers (marked by H3K9ac, H3K27ac,

DNase hypersensitivity sites and H3K4me1), we found that heritability was enriched in

central-nervous-system- and skeletal muscle-specific regulatory regions; see

Supplementary Table 8 and Supplementary Figures 4, 5 and 6, for all cell-type specific,

multi-tissue chromatin, and multi-tissue gene expression results, respectively.

Enrichment in brain-specific regulatory elements, in several fetal and adult tissue-

specific elements as well as CNS-specific cell cultures, are shown in Figure 3B.

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353   **Figure 3A. Genes associated with beat synchronization are enriched for expression in brain tissue.** Results of
354   MAGMA gene-property analysis are based on gene expression levels from GTEx in 53 tissues. Associations with
355   beat synchronization were significantly enriched in brain-expressed genes (-log-10 p-values are on the y-axis, with
356   tissue type on the x-axis). Dotted line shows p-value threshold for significant enrichment after Bonferroni correction
357   for testing 53 tissues.

Human Accelerated Region and Neanderthal Introgression Stratified Heritability

Analyses

Given evolutionary hypotheses about the origins of rhythm[4,19,68], we evaluated

the contribution of regions of the human genome that have experienced significant

human-specific shifts in evolutionary pressure, using stratified LDSC[57,64]. In particular,

we analyzed the contribution to beat synchronization heritability from variants in

genomic loci that are conserved across non-human species, but have elevated

substitution rate on the human lineage[69]. Many of these human accelerated regions

(HARs) play roles in human-enriched traits[70], including cognition[71]. Two of the variants

significantly ($p < 5\times10^{-8}$) associated with beat synchronization (rs14316, rs1464791) fall

within HARs (occurring within our locus 66 and locus 20, respectively). This is 11.2

times more overlap than expected by chance (μ = 0.178 overlaps; p = 0.017, based on

10,000 permutations). The rs1464791 variant is near *GBE1*, a gene associated with

neuromuscular disease[72], reaction time[73] and cognitive deficits[74]. Applying LDSC to

consider the full set of association statistics, we find that genetic variants in HARs

contribute 2.26 times more to the observed heritability of beat synchronization than

would be expected if heritability were distributed uniformly across variants (p = 0.14).

Given the small number of common variants within HARs, this stratified heritability

analysis is substantially underpowered (0.17% of variants considered are in HARs). The

general agreement of these two approaches supports the enrichment of functional

variation relevant to beat synchronization in HARs.

We also evaluated the contribution of genetic variants detected in the

Neanderthal genome present in modern Eurasians due to interbreeding (hereafter

"Neanderthal variants") to the heritability of the beat synchronization phenotype.

Eurasian genomes contain ~1.5-4% of DNA as a result from interbreeding with

Neanderthals around 50,000 years ago. Heritability of beat synchronization was

significantly depleted among Neanderthal variants (1.97-fold depletion, p = 0.001).

However, Neanderthal ancestry is significantly depleted in functional genomic regions

overall[75]; therefore, the depletion of beat synchronization heritability in these regions is

likely the result of the overall depletion for Neanderthal ancestry in functional regions of

the genome. This is supported by a non-significant τ_c^*, illustrating that Neanderthal vs.

human variants do not provide unique heritability when conditioned on a broad set of

regulatory elements (Supplementary Table 9, Methods).

Polygenic scores for beat synchronization are related to musicality reported in a

health care context

We investigated whether the polygenic model of beat synchronization would be

associated with musicality, by examining whether a weighted sum of the common

alleles associated with beat synchronization, based on the GWAS results (also known

as polygenic scores [PGS]), differentiated musicians from non-musicians.

Musicians were drawn from recent study[76] that had algorithmically identified musically

active patients by the presence of specific musician-related keywords/regular

expressions in clinical documentation collected in the electronic health record (see

Methods and Supplementary Notes for details of automated search terms and chart

review validation details). Briefly, 1,753 musician cases (who also had linked genetic

data on file in the BioVU biobank) were compared with 65,147 genotyped controls. The

PGS for beat synchronization was significantly associated with musician status (OR per

SD increase in PGS, 1.26, 95%CI:1.20-1.33, $p<2 \times 10^{-16}$, Nagelkerke's R^2=1%)

(Supplementary Table 10, Figure 4), consistent with our hypothesis that the beat

synchronization phenotype captures a dimension of musicality. As expected, we did not

find evidence for associations of the beat synchronization PGS with the negative control

phenotypes (i.e., iron deficiency anemias, carcinoma in situ of skin, and cancer of the

brain).

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Figure 4. Polygenic score for beat synchronization predicts musicianship in electronic health record (EHR) biobank. With weights derived from the 23andMe beat synchronization GWAS, we applied polygenic scores (PGS) for beat synchronization to genomic data from N=1,753 musicians identified in Vanderbilt's BioVU compared to a control sample of N=65,147 (See Supplementary Notes). PGS-beat synchronization was associated with musician status (OR=1.26) but not with the three negative-control traits.

Cross-trait analyses

Genetic correlations. To determine if beat synchronization shares genetic

architecture with other traits, we tested genetic correlations[57] between beat

synchronization and all 764 available traits in LDHub (v.1.9.2) using LDscore

regression. This method is designed to show whether there is shared genetic variation

linked to a particular trait (here, our beat synchronization trait) and traits measured in

other GWAS studies. There were 31 statistically significant genetic correlations ($p < 6.5 \times 10^{-5}$) between beat synchronization and other traits after adjusting for multiple

comparisons (Figure 5A, Supplementary Table 11). Briefly, top associations with beat

synchronization included grip strength (rg(left)=0.18, $p=3.6 \times 10^{-16}$, rg(right)=0.16,

$p=6.91 \times 10^{-15}$); peak expiratory flow from both the UKBiobank (rg=0.15, $p=2.11 \times 10^{-9}$)

and a second independent GWA study (rg=0.11, $p=6.6 \times 10^{-8}$), shortness of breath when

walking on level ground (rg = -0.16, $p=0.43 \times 10^{-5}$), and several other breathing/lung

function phenotypes (Supplementary Table 11). Processing speed measured as 'mean

time to correctly identify matches' was negatively genetically correlated with beat

synchronization ability (rg=-0.16, $p=3.22 \times 10^{-13}$) (i.e., faster processing speed was

associated with better beat synchronization). Additionally, smoking including 'ever

smoked' (rg=0.16, $p=2.5 \times 10^{-11}$) and 'past tobacco smoking' (rg=-0.15, $p=4.6 \times 10^{-10}$),

educational qualifications (O' levels/GCSEs or equivalent) (rg=0.16, $p=4.6 \times 10^{-7}$),

evening chronotype (rg=0.09, $p=3.8 \times 10^{-5}$) and tinnitus (rg=0.20, $p=6.7 \times 10^{-6}$) were all

positively associated with beat synchronization. While falling short of the correction for

multiple testing, exposure to loud music was also correlated with a similar point estimate

(rg=0.20, p=2.0 x 10^{-4}) and could be due to a relationship between tinnitus and loud

music exposure in the UKBB (r$_g$=0.30, p=4.8 x 10^{-6})[77,78].

Genomic Structural Equation Modeling (SEM). Next, we conducted Genomic

SEM[79] to examine whether the primary associations resulting from the exploratory

analyses represented distinct genetic correlations with beat synchronization and/or a

common set of genetic influences between beat synchronization and its top-associated

traits, some of which are also known to be related among each other in prior research

(e.g., musculoskeletal strength, lung function, and processing speed[80–82]). Analysis

details are reported in the Supplementary Notes. Briefly, we included the four most

significant traits from the LDHub analyses (grip strength, processing speed, smoking,

lung function), creating latent factors where possible using other GWAS from these

categories that were also significant in LDHub analyses (e.g., "Ever smoked", "Smoking

status: Previous", "Light smokers: At least 100 smokes in lifetime"). The final model,

displayed in Figure 5B, suggested that associations between beat synchronization,

reaction time, grip strength, and lung function were explained by a common set of

genetic influences, accounting for 16% of the total variance in the beat synchronization

GWAS (the squared factor loading of 0.40 on the Common factor). Beat synchronization

was genetically associated with smoking through a separate genetic association

(*r*=0.16; 95% CI [0.10, 0.23]), as smoking was uncorrelated with the other factors (see

Supplementary Notes for more information).

A

479
480

B.

481
Figure 5. Selected results from the cross-trait genetic correlations analysis. Beat synchronization
summary statistics were significantly genetically correlated with several health, cognitive, emotion, and
circadian phenotypes in our analysis comparing beat synchronization to traits available in LDHub. **(A)** The
most significant genetic associations from exploratory analyses of LDHub traits, along with other selected
traits. The y-axis is the rg correlation, the bars represent standard errors and the p-values are also
indicated. Full results are presented in Supplementary Table 11. **(B)** The best-fitting genomic structure
equation model of beat synchronization with GWAS of grip strength, breathing, smoking, and processing
speed from LDHub. 95% confidence intervals of factor loadings and correlations are displayed in
brackets. Results suggest that beat synchronization was associated with the other traits (except smoking)
through a set of common genetic influences. Model fit: χ^2 (31) = 7136.92, p < .001, CFI = .982, SRMR =
.041.

493
494
Common Factor GWAS: Rhythm-Related Traits. Using genomic SEM, we

conducted a multivariate GWAS on the latent genetic factor from the Common variance

in the model presented above and portrayed in Figure 5B, after excluding smoking from

the model and restricting to one set of summary statistics per domain (beat

synchronization, processing speed, peak expiratory flow, grip strength [left]). The

heritability of this latent genetic factor was .1068 (s.e.=0.0038). There were 270

independent genome-wide significant sentinel SNPs, 97 lead SNPs, and 80 genomic

risk loci (Supplementary Table 12). Heritability was enriched for genes expressed in

cerebellum. See Supplementary Figures 7 and 8 for the Manhattan plot and tissue

expression plots, and Supplementary Notes for more detail.

Sensitivity analyses.

We conducted sensitivity analyses to examine whether 1) the GWAS beat

synchronization results are due to shared genetic effects with cognitive ability; 2) the

GWAS genetic correlation results are driven by subtle residual population substructure;

3) the inversion on chromosome 17q21 is associated with local ancestry in our study

sample; and 4) the MAPT association is due to the presence of patients with

Parkinson's in the sample. These analyses demonstrated that our results are robust to

each of these potential biases (Supplementary Notes).

Cross-trait phenotypic extension of genetic correlations.

Data from Phenotype Experiment 2 was analyzed to examine whether the

genetic associations between beat synchronization we uncovered from LDSC

regression would be reflected in true phenotypic associations (H4 of the pre-

registration). Poor tapping accuracy was weakly associated with a morningness

preference (r=-.10), more shortness of breath (r=-.16), and smoking 20 or more

(lifetime) cigarettes (r=-.11) (Supplementary Table 13). Association with tinnitus and

loud music exposure were nonsignificant. In other words, individuals who had better

beat synchronization task performance were more likely to report eveningness

chronotype, less likely to report shortness of breath when walking on level ground

(these associations go in the same direction of the genetic study). However, they were

less likely to report ever smoking, and less likely to report tinnitus (these associations

were opposite of what was found in the genetic study). The association with loud music

exposure was nonsignificant. These associations with chronotype, shortness of breath,

and smoking remained significant after controlling for age, sex and education, and/or

removing professional musicians from the sample. Self-reported rhythm (assessed

using the seven-item Rhythm scale) was only associated with smoking status (r=-.08)

and loud music exposure (r=-.13), even when controlling for covariates or focusing on

non-musicians; however, these associations appeared in the opposite direction of the

corresponding genetic associations. There was no evidence of interactions with musical

sophistication or prior/current musician status for the H4 constructs, except that the

association between loud music exposure and self-reported rhythm was weaker in

individuals with who more actively performed music (p=.022), though this effect would

not survive a strict multiple test correction.

Discussion

This study demonstrates that common genetic variation plays a role in

synchronizing to a musical beat, complementing prior evidence of innate human rhythm

sensitivity[4,19]. We conducted a GWAS of beat synchronization in more than half a million

individuals surveyed within 23andMe, Inc., with the resulting summary statistics and

post-GWAS analyses representing a significant advancement of our understanding of

the genomic basis of a musicality phenotype. Heritability of beat synchronization is

enriched for functions of the central nervous system on a number of dimensions (gene

expression in brain tissue, genes involved in synaptic function, and more generally,

genes involved in neural development and brain-specific regulatory regions of the

genome). We successfully applied polygenic scores for beat synchronization to a

separate cohort to predict musicianship, showing that the GWAS taps into the larger

construct of musicality. Our findings point to pleiotropy between beat synchronization

and several other types of biological functions (breathing function, motor function,

processing speed, and chronotype), paving the way to a better understanding of the

biological underpinnings of musicality and its health relevance.

Of course, the interpretation of these results depends upon a valid phenotype. In

a series of phenotypic experiments, we demonstrate that self-reported beat

synchronization/rhythm measures can be used in large-scale population-based studies

as suitable proxies for measuring individual differences in beat synchronization ability.

Our findings indicate that the "target question" phenotype used in the genetic study

(*Can you clap in time with a musical beat?*) was highly related to beat synchronization

task performance (i.e., accuracy in tapping along to musical excerpts). We show that

the GWAS phenotype is also significantly associated with the following: rhythm

perception task performance[50], a self-report Rhythm scale (generated from an additional

questionnaire), and a well-established assessment of musical sophistication[48]. These

results also converge with findings from prior work in small samples that show shared

variance among task performance of beat synchronization, rhythm perception, and

musical engagement/training[49,83–86]. The phenotypic associations were robust to

demographic factors (age, sex, level of education) and confidence (both as a

personality trait and as confidence in assessing one's own tapping accuracy), and were

not driven by the presence of professional musicians in the sample. More generally, our

findings indicate that people were able to self-report their rhythm abilities accurately

using other similar questionnaire items (i.e., scale from a seven-item Rhythm

questionnaire and a Likert scale single item both predict tapping accuracy). These

phenotype validation studies represent critical groundwork enabling self-reported

rhythm traits to be deployed online in large-scale population genetic cohorts where

participant assessment time and technology are constrained.

Beat synchronization exhibited a highly polygenic architecture, with sixty-seven

loci surpassing the threshold for genome-wide significance. The top-associated locus

(at sentinel SNP rs848293) mapped to *VRK2*, a protein kinase with multiple spliced

isoforms expressed in the brain that was previously associated with behavioral and

psychiatric phenotypes (i.e. depression[52], schizophrenia[53] and developmental delay[87]),

suggesting a biological connection between rhythm and neurodevelopment. The SNP-

based heritability of beat synchronization on the liability scale was moderate, ranging

from 13 to 16%, similar to heritability estimates of other complex traits (e.g., chronotype

GWAS[88]) and consistent with moderate heritability estimates of musical rhythm abilities

reported in twin studies[35–37].

We used complementary methods (tissue-specific GTex-based gene set

enrichment analysis in MAGMA, and partitioned heritability in tissue-specific expressed

genes and regulatory regions with LDSC-SEG) to examine potential mechanisms linking

genetic variation to neural architecture of the beat synchronization trait. Collectively,

results showed enrichment of the heritability of beat synchronization in many brain

tissues including cerebellum, dorso-lateral prefrontal cortex, inferior temporal lobe, and

several basal ganglia nuclei (including putamen, caudate, and nucleus accumbens).

This pattern of results likely reflects a genetic contribution to subcortical-cortical

networks underlying musical rhythm perception and production[28]. It is important to note

that because of the highly overlapping gene expression and chromatin signatures

between related tissues, with differences reflecting both function and cell type

composition, these results do not yet allow us to directly compare the respective

contributions different enriched brain regions. Rather, enrichment of brain-tissue-

specific enhancers and active-regulatory regions, and enrichment of expression in brain

tissue, suggest that regions of the genome involved in regulation of gene expression

play a role in the beat synchronization trait. Moreover, partitioning heritability chromatin

results showed an enrichment in both fetal and adult brain tissues, suggesting that beat

synchronization may be the result of neurodevelopmental or basic brain processes.

Gene set enrichments were also observed for synaptic function and MeCP2

transcription regulation in the nervous system. Taken together, these results are a

building block towards understanding how genes influence neural processes during

beat perception and production, complementing results obtained with neuroimaging

methods[89–94].

Insights about the evolution of rhythm traits are suggested by the occurrence of

two of the beat-synchronization-associated loci in human-accelerated regions (HARS)

of the genome. In particular, rs1464791 is an expressive quantitative trait locus (eQTL)

that regulates expression of *GBE1* in multiple tissues, including adrenal gland and

muscle[61]; *GBE1* is also linked to neuromuscular disease[72] and reaction time[73]. HARs

are involved in many functions, so it is difficult to explicitly link their accelerated

evolution to beat synchronization. It is too early to tell whether the overlap between beat

synchronization-associated loci and those two HARS supports evolutionary theories

about music (e.g., groups moving to a beat in synchrony during joint music-making

and/or temporal coordination of movement between parents and young children have

been posited to exert selective pressures in early humans by enhancing group social

cohesion and family bonding[27,95]). The contribution of the genetic architecture of

musculo-skeletal systems and motor function to beat synchronization is further

suggested by enriched heritability of SNPs that are enhancers located in

musculoskeletal-tissue-specific regulatory regions of the genome, as well as our

findings of genetic correlations between grip strength and beat synchronization.

We derived polygenic scores (PGS) generated from the beat synchronization

GWAS to a separate genetically informative sample (in a healthcare biobank),

demonstrating that beat synchronization PGS's are significantly associated with

musicianship. These findings suggest that the genetic signature of musical beat

synchronization is more widely tied to the biology of musicality, a finding corroborated in

Phenotype Experiment 2 by phenotypic associations between musical engagement,

measured beat synchronization (tapping accuracy), and self-reported rhythm ability.

These results also align with literature on other related biological bases of musicality

and rhythm, i.e., brain network activity during rhythmic tasks and the effects of plasticity-

related effects of musical expertise[28].

Moreover, our findings are promising for future large-scale genomic

interrogations using comprehensive music phenotyping yielding continuous musicality

variables (whether questionnaire-based[48,96] or measured aptitude-based variables[35]).

When this new field examines GWAS results on other heritable musicality traits such as

pitch discrimination and music training, future work can examine potential genetic

correlations between beat synchronization and other musical traits as predicted by

family-based studies[33,34,38,97]. While the current data show a clear connection between

the beat synchronization and broader musicality at the phenotypic and genetic levels,

further genomic investigation in well-powered samples is needed to disentangle the

specificity of genetic influences on rhythm from more general genetic influences on

musical ability.

The ability to move in synchrony to a musical beat encompasses beat perception

and extraction, motor periodicity, meter perception, and auditory-motor entrainment (see

Glossary in Supplementary Notes and[4,28,98]). Despite this complexity, beat is a highly

frequent feature of many musical systems[1,3,27]. For Western participants, beat

perception and production does not depend on musical training or a particular genre of

music (note that deficits in beat synchronization are not linked to lack of music

exposure[99]). A limitation of the current work is the restriction of the genetic sample to a

European ancestry (due to GWAS methodology constraints); investigating beat

synchronization, musicality, and cross-trait correlations in populations of non-European

ancestry should be a future priority for capturing the spectra of musicality in a wider

range of ethnic, cultural and socio-economic contexts (see[100]). It is important to note

that early research on individual differences in music ability in the early 1900's was

pursued not only using what we now recognize as highly culturally biased assessments,

but also explicitly through the lens of eugenics (see[101]), similar to early research on

individual differences in cognition. We strongly condemn the design and intent of those

studies, and emphasize that even a robust polygenic model for beat synchronization (or

musicality in general) cannot make deterministic predictions about a specific individual's

actual ability; rather, these models are probabilistic at the group level[102], and explain

only a small part of the etiology of complex traits[103]. Furthermore, new knowledge on

the genetic basis of musicality must be used ethically and fairly for research discovery

and never for harm (e.g., preventing children's access to musical activities).

We replicated previous findings implicating location 4q22.1 in musicality-related

traits[33,59] (*CCSER1* was the top-associated gene in our MAGMA analysis), but did not

find support for previous gene associations from a set of genes that was drawn from

prior candidate-gene, linkage, and GWAS studies with relatively small samples[58]. This is

potentially due to well-known methodological problems with these methods particularly

when applied to complex traits in small samples[104]. Without a second comparably sized

GWAS available within which to conduct replication of the loci discovered in the primary

GWAS, we were still able to demonstrate generalizability of these results by showing

that PGS for beat synchronization predicts a musical trait in a separate biobank sample.

The genetic architecture of beat synchronization also remained virtually unchanged

after conditioning the analyses on known GWAS markers of intelligence, in line with twin

studies showing specific genetic effects of rhythmic aptitude, over and above any

common genetic influences on rhythm and intelligence[36,105].

Our multi-pronged genetic cross-trait explorations revealed pleiotropic effects

between beat synchronization and several traits, including types of biological rhythms

(breathing-related phenotypes and circadian chronotypes); these were verified by

phenotypic replication of selected associations in an additional experiment. We initially

discovered novel genetic correlations between beat synchronization and specific health

and cognitive traits (i.e., increased breathing function, greater grip strength, and faster

processing speed) consistent with prior phenotypic and behavioral genetic studies of

cognition, sensory processing, and musicality[97,106–108]. We further explored these novel

associations with genomic SEM, which revealed common genetic variance among beat

synchronization and breathing function, musculoskeletal function, and cognitive function

(with the latter three traits previously shown to be genetically interrelated during the

aging process[80,81]). Poor beat synchronization could be tied to certain health risks

during aging, in light of other genetic and epidemiological work showing that lung

function decline predicts later declines in motor function and psychomotor speed in

older adults[109–112]. We replicated the positive genetic correlation between better beat

synchronization ability (accuracy in tapping to the beat of musical excerpts) and lung

capacity in our phenotype validation study, where we also found that better beat

synchronization task performance was related to lower likelihood of shortness of breath.

Thus, the LDSC and genomic SEM results suggest that beat synchronization

shares common biology with a constellation of related health traits, converging with the

growing literature on the overlapping biomechanical and perceptual mechanisms of

rhythms harnessed during synchronization, communication, muscle tensioning, and

breathing. The cerebellum in particular governs certain neural mechanisms shared

among these processes and plays important roles in the control of coordinated

movement, balance, respiration, dance, and even rhythm perception during passive

listening to music[29]. The rhythm-related traits multi-variate GWAS obtained with

Genomic SEM resulted in 80 genome-wide significant loci and enriched heritability of

genes expressed in Cerebellar tissue. Such phenomenon reflecting potentially shared

biology across a broad range of physiological and developmental processes has been

the focus of recent frameworks in which the ontogeny of rhythm, and more specifically

of sensitivity to beat synchronization, are been hypothesized to play a role very early in

life in its potential connections with maternal breathing and locomotion[113]. Experiments

in infants demonstrate that parental singing and rocking help to regulate newborn

breathing[114] and that infants reap the socio-emotional benefits of their caregivers' beat-

synchronous interactions even before they possess the motor coordination to

synchronize precisely to music[115]. Respiratory and upper limb movements have been

found to be functionally synchronized during vocalization such that listeners can detect

nuances of oscillatory body movement in an unseen speaker's vocalizations even when

highly constrained[5]. "Beat gestures" in speech involve the cerebellum[116] and are

inextricably linked to respiration, upper limb movement, and postural control, all of which

may be biomechanically related to tapping or clapping to music.

In addition, we identified a new relationship between chronotype and beat

synchronization (genetic correlation between eveningness and beat synchronization

GWAS) and replicated this phenotypically in our pre-registered Phenotype Experiment

in which we found that individuals who self-identified as 'evening people' tended to tap

more accurately to music. This particular association was not moderated by musical

sophistication scores, and survived sensitivity analysis in which professional musicians

were removed. These results complement recent evidence of the increased prevalence

of eveningness in musicians[117], indicating that the relationship between chronotype and

musicianship cannot solely be explained by environment (i.e., nocturnal job demands of

professional musicians), but that also other shared biological factors may play a role.

Our case/control GWAS has allowed us to effectively identify genetic alleles

differentially associated with normative beat synchronization vs. beat impairment,

complementing neural evidence of beat synchronization networks[83,85,86,99]. Future

genetic studies could also examine beat synchronization task performance as a

continuous trait, either through self-report or online-based methods directly measuring

participants' tapping accuracy, such as demonstrated in Phenotype Experiment 2 using

REPP[51]. Prior literature on liability threshold models has shown that case-control GWAS

of complex traits yield similar results to those obtained through continuous phenotypic

measures (for example, the genetic architecture of continuous measures of psychiatric

symptoms is highly similar to the genetic architecture of cases versus controls[118]).

Finally, although our GWAS was based on self-report, previous studies of other health

traits based on self-report have effectively replicated associations from studies using

validated assessments, indicating that a powerful sample size can overcome limitations

arising from phenotyping error[119].

Taken together, our results advance knowledge of the biological basis of beat

synchronization by identifying genomic regions associated with individual differences in

beat synchronization, estimating its cumulative SNP-based heritability, successfully

applying a polygenic score model in a separate genetic sample, and exploring the

enrichment of heritability in genes tied to central nervous system function. Movement in

synchrony with a musical beat is a fundamental feature of music, and sensitivity to the

beat emerges early in development, supporting childhood development in numerous

ways[3,11,40,43] and with importance over the lifespan[120]. By elucidating the genetic

architecture of beat synchronization, we were able to identify the source of some of the

phenotypic variation observed in the general population and reveal health relevance

through cross-trait analyses. This study also provides a solid foundation for future

exploration of how specific genetic variants contribute to neural mechanisms of

entrainment, prediction, and reward harnessed during musical interactions.

Methods

Phenotype validation studies

Phenotype Validation Experiment 1.

Overview.

Phenotype Validation Experiment 1 was designed to determine if self-reported rhythm

abilities measured with the question used in the GWAS (i.e., 'Can you clap in time with

a musical beat?') would be associated with task-based rhythm perception performance.

The study was conducted in Amazon's Mechanical Turk and received ethical approval

from the Columbia University Institutional Review Board; participants gave their written

informed consent. We selected the Beat-based Advantage paradigm as a rhythm

discrimination (perception) test due to its design of stimuli with simple and complex

meter[121] and prior history investigating individual differences in rhythm perception in a

variety of brain and behavioural studies in adults and children with typical and atypical

development[30,50,122,123] as well as feasibility for internet-based adaptation. A

questionnaire (self-report questions) was administered prior to the perception task, to

avoid biasing participant self-report responses by how they perceived their own task

performance. See Supplementary Notes for additional details on procedure and self-

report questionnaire.

Participants

The study sample was N=724 individuals who consented and passed a common

headphone check[124] that guarantees good listening conditions and the ability to follow

basic instructions; this test also effectively filters out bots. Participants (333 females;

387 males; 4 "other") were 18-73 years old (mean = 36.1 years, SD=10.9) with 0-45

years of self-reported musical experience (mean 3.7 years, SD=5.8), representing an

average degree of musical experience (see norms in[48]); demographics are reported in

Table 1 (note that n=2 did not report their age).

Rhythm Perception Task

Stimuli for the rhythm perception task consisted of 32 rhythms drawn from prior

work[50,121]. For each participant, we randomized with probability of one half the

occurrence of "simple" rhythms (strong beat-based metrical structure and generally

easier to discriminate) and "complex" rhythms (weaker metrical structure due to

syncopation and generally more challenging to discriminate). Each rhythm was

presented using pure tone stimuli in one of 6 frequencies (294, 353, 411, 470, 528, and

587 Hz, selected at random), and one of 4 durations (ISI of 220, 230, 240, and 250 ms).

Each trial consisted of 3 rhythms separated by 1500 ms of silence. The two first

presentations were always identical, and in half of the trials (counterbalanced) the third

rhythm was also identical (standard condition); in the other half of the trials, the rhythm

differed by having one interval swapped (deviant condition). The pairings and structure

of standard and deviant trials were taken from[50]. Participants were instructed that in

each trial, they would listen to the series of three rhythms (the first two were always

identical, and the third could be the same or different), and they had to indicate if the

third rhythm was the same or different (see Supplementary Figure 1). Additional

technical details are provided in the Supplementary Notes.

Data analysis.

Self-report. Responses to the target question 'Can you clap in time with a

musical beat?' were as follows: n=654 (90.3%) participants answered 'Yes', n=25

(3.5%) answered 'No' and n=45 (6.2%) answered "I'm not sure." Regarding an

additional self-report question 'Do you have a good sense of rhythm?', n=503(67%)

answered 'Yes', 102(14%) answered 'No' and n=117(16%) answered 'I don't know'.

n=488 answered 'Yes' to both questions; the tetrachoric correlation between these two

self-report questions was *r*=0.73.

Rhythm perception test. Responses to the rhythm perception test were analysed

using signal detection theory[50,125]; this method is appropriate for discrimination tasks

where the participant has to categorize stimuli along some dimension with the resulting

d' values the strength of detection of the signal relative to noise. *d'* values were

calculated on the 32 test trials. As expected from prior work[50,126], individuals performed

better at discriminating simple rhythms (mean d'= 1.98, SD =0.91) than complex

rhythms (mean d'=1.43, SD =0.97) (t(724)=11.11, $p<2.2 \times 10^{-16}$, Cohen's d=0.58).

To examine whether the target question was related to the objective performance

on the rhythm perception test, we performed a logistic regression analysis in which the

clap-beat target question (Yes vs. No) was the outcome and quantitative scores on the

rhythm perception test performance (standardized *d'* scores mean = 0, SD = 1) were the

predictor. Covariates included age, education, and sex. McFadden's R^2 was also

computed. We did not include 'I'm not sure' in the regressions, because this response

was not available for data analysis in the GWAS. Given that the simple rhythms have a

strong metrical structure that is known to facilitate detection and synchronization of the

beat[50], we also tested whether performance on the simple rhythm trials predicted self-

reported beat synchronization (i.e., those who responded Yes to the clap-beat

question).

Phenotype Experiment 2.

Overview.

The aims of Phenotype Experiment 2 were two-fold: 1) to validate self-reported

beat synchronization phenotype as a proxy for objectively measured beat

synchronization ability, and 2) to explore phenotypic associations between rhythm/beat

synchronization and assorted traits found to be genetically correlated with beat

synchronization. Phenotype Experiment 2 was pre-registered in OSF prior to data

collection. This internet-based study consisted of a beat synchronization task to assess

the accuracy of participants' tapping in time with musical excerpts, and a series of

questionnaires assessing self-reported rhythm, musicality/music engagement, selected

health traits, confidence as a personality trait, and demographics. We used REPP[51] to

measure participants' tapping responses online with high temporal fidelity. The item

from the GWAS study, "Can you clap in time with a musical beat?" with possible

responses: Yes/No/I'm not sure, is referred to as the "target question."

We tested the following hypotheses: *H1*: Self-report responses to the target

question will be correlated with beat synchronization task performance (i.e., accuracy of

tapping to the beat of music), such that individuals who respond Yes to the "target

question" are predicted to tap more accurately to the beat of musical excerpts (i.e., they

will have lower standard deviation of asynchrony than individuals who respond No to the

target question). *H1*a: Self-report on a highly similar self-report question ("I can tap in

time with a musical beat") with responses on a 7-point agreement Likert scale are

predicted to be correlated with tapping accuracy. *H2a:* The target question will be

associated with broader rhythm ability/engagement (measured with a rhythm scale from

other self-report questions). *H2b:* Beat synchronization task performance reflects

broader self-reported rhythm ability/engagement. *H3:* To examine whether confidence

(either as a personality trait or sureness in one's own task performance) affects the

reliability of self-reported beat synchronization. *H4:* Selected traits found to be

genetically correlated with beat synchronization in the GWAS will be phenotypically

correlated with beat synchronization task performance and the Rhythm Scale.

Specifically: better beat/rhythm is correlated with evening chronotype (H4a), less

shortness of breath (H4b), more tinnitus and loud music exposure (H4c), and more

smoking (H4d); and that these associations would survive controlling for age, sex, and

education (H4e). *H5.* Responses to the target question will be positively correlated with

musical engagement measured with the Gold-MSI. *H6*. The associations in H4 would

interact with being a musician, or more generally, with musical engagement.

Participants.

A total of N=1,412 individuals met participation criteria outlined in the pre-

registration (including passing the attention check item and not abandoning the study

before completion). The study took place in Amazon Mechanical Turk and all

participants provided informed consent in accordance with the Max Planck Society

Ethics Council's approved protocol. Participants (728 females; 678 males; 6 prefer not

answer) were 18-77 years old (mean=36.3 years, SD=11.9) and had of 1-2 years of

self-reported musical experience. To ensure that the tapping technology measured beat

synchronization with high temporal fidelity, it was crucial that participants complied with

instructions to perform the tapping task (e.g., using the laptop speakers instead of

headphones, with minimal background noise, etc.), and also used hardware and

software without any technical issues that would preclude the recording signal (e.g.,

malfunctioning speakers or microphones, or the use of strong noise cancellation

technology; see[51]). Thus, several precautions, including calibration tests and practice

trials, were taken to make sure the tapping technology would work effectively, excluding

cases that did not meet the requirements (see Supplementary materials for details). A

subset of n=542 had appropriate hardware to complete all parts of the study (including

the tapping tests). Questionnaires were administered in the full sample of participants.

Sample demographics are reported in Table 1. Demographics of the participants that

completed the tapping experiment was highly similar to the full sample, as shown in the

table; furthermore, 65.3% of the full sample and 64.9% of tapping sample had a

Bachelor's degree or higher.

Data collection for Phenotype Experiment 2.

The first questionnaire included self-report items, including the "target question,"

and also covering a variety of musical, health, and interest phenotypes. The health

phenotype questions were chosen from phenotypes (chronotype, smoking, shortness of

breath, tinnitus, and loud music exposure) found to be genetically correlated with beat

synchronization in our genetic analyses. Rhythm questions were selected for their

particular relevance to various aspects of interacting/engaging with musical rhythm. The

order of the questions was fixed for all participants. In addition, we used an attention

check item[127] between item 10 and 11, in order to exclude fraudulent responders, such

as computer bots or disengaged participants responding randomly to the experiments.

The end-questionnaire consisted of items covering the following additional self-report

topics: another question about being a musician, a task confidence rating question, a

Confidence scale, a 16-item short version of the Gold-MSI[48] (items were chosen due to

their high reliability scores: reliability omega = 0.92), and a Demographic questionnaire.

Questionnaire items for Phenotype Experiment 2 are listed in the Appendix of the

Supplementary Notes.

Tapping technology. Beat synchronization is particularly challenging to study with

online research, where variability in participants' hardware and software can introduce

all kinds of delay in latency and jitter into the recorded time stamps[128,129]. Here we used

REPP (see[51] for full details and a validation study of the technology), a robust cross-

platform solution for measuring sensorimotor synchronization in online experiments that

has high temporal fidelity and can work efficiently using hardware and software

available to most participants online. To address core issues related to latency and

jitter, REPP uses a free-field recording approach: specifically, the audio stimulus is

played through the laptop speakers and the original signal is simultaneously recorded

with participants' tapping responses using the built-in microphone. The resulting

recording is then analyzed using signal processing techniques to extract and align

timing cues with high temporal accuracy.

Beat synchronization task. The beat synchronization task procedure consisted of

three parts: calibration tests, practice phase, and main tapping phase. Participants

started with the calibration tests, including a volume test to calibrate the volume of the

laptop speakers to a level sufficient for detection by the microphone, a background

noise test to make sure participants were in a quiet environment, and a tapping test to

help participants practice how to tap on the surface of their laptop in the right level and

location to be detected by the microphone. Participants were then presented with the

practice phase, which consisted of four 15-second trials of isochronous tapping to a

metronome beat (two with inter-onset interval of 500 msec and two with inter-onset

interval of 600 msec). Following the practice phase, participants were presented with

the main tapping task consisting of eight trials (4 musical excerpts, each played twice),

with each trial 30 seconds long. The order of presentation of the practice trials and test

trials was randomized for each participant.

The musical excerpts were drawn from the MIREX 2006 Audio Beat Tracking

database in which musical excerpts had been annotated for beat locations by 30

listeners who tapped along to the music[130]. We chose these four MIREX clips that

represent different music genres with different tempos and tapping difficulty: track 1

("You're the First, the Last, My Everything" by Barry White), track 3 ("El Contrapunto" by

Los Mensajeros de La Libertad), track 7 ("Le Sacre du Printemps" by Stravinsky), and

track 19 ("Possessed to Skate" by Suicidal Tendencies) of the MIREX training set

(respectively). Based on the annotations in[130], we identified the target beat locations

from those consistently produced by the annotators. We performed kernel density

estimation with a kernel width of 20 msec; this provided an estimate of the probability of

producing a response in any given time. The peaks of the probability density were

located using Matlab's findpeaks function with the following parameters:

'MinPeakHeight', 0.11/ts, 'MinPeakProminence',0.11/ts, 'MinPeakDistance',100 msec,

where ts is the number of responses in the clip. Beat locations were extracted from the

entire 30 seconds of the clip and used as the reference location for computing the

asynchrony. To help participants find the beat and eliminate potential ambiguity of

tapping at half- or double-time the tempo, a metronome marking the beats in the first 11

seconds of the clip were added to the stimulus (as commonly used in this type of

tapping paradigm). Additional technical details are provided in the Supplementary

Notes, and Supplementary Figure 2 illustrates the instructions for participants.

Data Analysis.

Beat synchronization task performance: Tapping accuracy analysis

Let S_t and R_t be the stimulus and response onsets, respectively. In case of the

metronome S_t are the metronome onset (practice phase) and for music clips S_t is the

target beat location based on the annotations. We define the asynchrony as $a_t=R_t$ -R_t.

Based on prior work[131], we chose the standard deviation of the asynchrony (std(a_t)) as

our main target interest variable, as this appears to be a robust measure of individual

performance and tightly linked to musical abilities[132]. We used metronome onsets to

mark the beat metric level in an unambiguous way[133]. We emphasize that the

metronome onsets were only physically present during the beginning and end of each

clip. We used only the participant-produced asynchronies during the epoch at beats in

which the guiding metronome was *not* present, in order to test the ability of the

participants to synchronize to music without the metronome sounds (results were nearly

identical when we included all onsets including the one were physical metronome

onsets were present). For the main test scores, we used the asynchronies computed

relative to the virtual beat locations computed from prior human annotators in MIREX.

Regression analyses

In accordance with the OSF preregistration, we examined whether responses to

self-reported beat synchronization phenotype were associated with objectively-

measured tapping accuracy, other self-reported measures of rhythm ability, confidence,

and/or musical sophistication using logistic regression and McFadden's R^2 (for H1, H2a,

H3, and H5) and linear regression (for H1a and H2b). Likewise, we used linear

regression to examine potential replication of cross-trait associations uncovered by

genetic analyses (H4a-d), to examine whether musical background interacted with the

above associations (H6). Analyses were conducted in R version 3.5.1[134]. As described

in our preregistration, individuals were recruited using MTurk and were included unless

they failed and attention check item or abandoned the experiment before completing the

study (N=1,412). Usable tapping data was available for n=542 individuals. The majority

of exclusions were due to technical reasons detected by REPP's signal processing

pipeline during the practice trials (e.g., poor signal, noisy environment, wearing

headphone, issues with laptop microphone, or people not tapping at all), but some

additional subjects (n=19) were excluded for not having enough usable trials during data

analysis. Missing covariates were handled using pair-wise deletion. Exclusion criteria

are detailed in the Supplementary Notes.

GWAS of beat synchronization.

GWAS sample.

Genome-wide association study summary statistics were generated from data

acquired by personal genetics company 23andMe, Inc. Phenotypic status was based on

responses to an English-language online questionnaire in which individuals self-

reported "Yes" (cases) or "No" (controls) to the question 'Can you clap in time with a

musical beat?". Individuals who responded "I'm not sure" were excluded from the

genomic dataset as their data was not available. The GWAS included a total of 555,660

cases and 51,165 controls (total N=606,825, mean age(SD)=52.09(18.5),

prevalence=92%), all of European ancestry; age range breakdown is provided in Table

1. All individuals provided informed consent according to 23andMe's human subject

protocol, which is reviewed and approved by Ethical & Independent Review Services, a

private institutional review board (http://www.eandireview.com).

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Genotypes and QC.

The National Genetics Institute (NGI) performed the DNA extraction and

genotyping on saliva samples for the 23andMe GWAS. Overall, there were five

genotyping platforms and subjects were genotyped on only one of them. The v1 and v2

platforms had variants of the Illumina HumanHap550+ BeadChip, including

approximately 25,000 custom SNPs selected by 23andMe, with a total of about 560,000

SNPs. The v3 platform had variants of the Illumina OmniExpress+ BeadChip, with

custom content to improve the overlap with the v2 array, with a total of about 950,000

SNPs. The v4 platform covered about 570,000 SNPs, providing extra coverage of

lower-frequency coding variation. The v5 platform, in current use, is based on an

Illumina Infinium Global Screening Array (~640,000 SNPs) supplemented with ~50,000

SNPs of custom content. In cases where samples did not reach the 98.5% call rate, the

sample was re-genotyped. When analyses failed repeatedly, then customers were re-

contacted by 23andMe customer service to provide additional samples.

23andMe restricted participants to a set of unrelated individuals of European

ancestry, determined through an analysis of local ancestry[135]. Relatedness was defined

using a segmental identity-by-descent (IBD) estimation algorithm[136]. Imputation was

conducted by combining the May 2015 release of 1000 Genomes Phase 3

haplotypes[137] with the UK10K imputation reference panel[138] to create a single unified

imputation reference panel. Phasing was conducted using an internally-developed tool,

Finch, which uses the Beagle graph-based haplotype phasing algorithm[139] for platforms

V1 to V4 while for the V5 platform a similar approach was used with a new phasing

algorithm, Eagle2[140]. SNPs with a Hardy-Weinberg $p<10^{-20}$, or a call rate of <90% were

flagged. SNPs were also flagged if they were only genotyped on their 'V1' and/or 'V2'

platforms due to small sample size and also if SNPs had genotype date effects. Finally,

SNPs were also flagged if they had probes matching multiple genomic positions in the

reference genome[136–140].

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GWAS.

GWAS was conducted using logistic regression under an additive genetic model,

while adjusting for age, sex, the top five principal components of ancestry in order to

control for population stratification, and indicators for genotype platforms to account for

batch effects. We excluded SNPs with Minor Allele Frequency (MAF) <0.01, low

imputation quality (R^2<0.3) and indels, resulting in 8,288,850 SNPs in the GWAS

summary statistics. SNPs within the X chromosome were further excluded, resulting in

8,076,862 SNPs for subsequent analyses unless otherwise indicated.

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Statistical analyses

FUMA-based analyses. The FUMA[60] web application was used on the Genome-

Wide Association summary statistics to identify genomic loci along with the "sentinel"

SNPs that were independent in our analysis with a genome-wide significant P-value (<5

x 10^{-8}) that are in approximate linkage disequilibrium (LD) with each other at r^2<0.1 and

to generate Manhattan plots and Quantile-Quantile plots.

Gene-based analysis and gene-set analysis was performed with MAGMA (v1.08)

using FUMA (v1.3.4) and the association analysis summary statistics. Gene expression

data analysis was obtained from GTEx v8 (https://www.gtexportal.org/home/) integrated

by FUMA. More specifically, the gene expression values were log2 transformed average

RPKM per tissue type after winsorization at 50 based on GTEx RNA-seq data. Tissue

expression analysis was performed for 53 tissue types where the result of gene analysis

was tested for one side while conditioning on average expression across all tissue

types.

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LD score regression and genetic correlations. SNP-heritability was computed with LD

Score regression software[64], and heritability estimates were adjusted to the liability

scale based on population prevalence of poor rhythm of 3.0%-6.5% (Supplementary

Table 3, Supplementary Notes). We partitioned heritability of beat synchronization by 52

broad functional categories (Supplementary Table 7), using stratified LD score

regression[64,67] (Bonferroni-corrected significance level of p=9.6x10^{-4}).

We further investigated cell-type-specific and tissue-specific enrichments with

LDSC-SEG (LDSC Specifically Expressed Genes)[67], using a total of 697 gene sets (3

Cahoy gene sets, 205 Multi-tissue gene expression sets and 489 Multi-tissue chromatin

sets from the RoadMap Epigenomics and ENCODE datasets); the Bonferroni-corrected

significance level for this analysis was 7.1x10^{-5} (Supplementary Table 8).

The set of human accelerated regions (HARs) was taken from[69]. All variants in

perfect LD (r^2 = 1.0 in 1000 Genomes European individuals) with variants in HARs were

considered in the analysis. Similarly, variants tagging Neanderthal introgressed

haplotypes were defined as in[141]. All variants in perfect LD with a Neanderthal tag SNP

were considered Neanderthal variants. For each set, we performed stratified LDSC

(v1.0.0) with European LD scores and the baseline LD-score annotations v2.1. The

heritability enrichment is defined as the proportion of heritability explained by SNPs in

the annotation divided by the proportion of SNPs in the annotation. Standard effect size

(τ_c^*), which quantifies the effects unique to the annotation, is the proportionate change in

per-SNP heritability associated with a one standard deviation increase in the value of

the annotation, conditional on other annotations in the baseline v2.1 model[66]. To

determine the expected number of overlaps between the N loci significantly associated

with beat synchronization and HARs, we computed all overlaps between these sets of

genomic regions (in hg19 coordinates) using bedtools2[142]. We then randomly shuffled

the locations of HARs around the genome respecting their lengths and avoiding gaps in

the genome assembly. We repeated this process 10,000 times and for each iteration

computed the number of overlaps observed with the significantly associated loci. Based

on this empirical distribution created with no association between the region sets, we

computed the enrichment and p-value for the observed number of overlaps.

Genetic correlations between beat synchronization and other complex traits were

estimated using LDSC through LDHub v1.9.0 (http://ldsc.broadinstitute.org/ldhub/)[47]

using publicly available GWAS summary statistics therein. In total, 764 traits were

examined (Bonferroni corrected threshold = 6.5×10^{-5}).

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Beat synchronization Polygenic Score (PGS) prediction of musicianship

Overview. We examined whether beat synchronization polygenic scores (PGS)

would be associated with musicianship in a health care context. Musicians cases were

drawn from a recent phenome-wide study of 9,803 musicians[76] identified from keyword

searches of patient electronic health records (EHRs) in Vanderbilt University Medical

Center's de-identified research database (Synthetic Derivative). The phenotyping

method was based on mining of clinical notes, utilizing 4 keywords and 449 regular

expressions (i.e., "musician", "plays the piano"); see Supplementary Notes and[76] for

details. Their method was validated with manually conducted chart review, with a

positive predictive value (PPV) of 93%. Here we accessed the subset of n=1,753

musicians that were also part of the BioVU database and had genotyped data on file, to

test the hypothesis that higher PGS for beat synchronization would be associated with

musicianship (i.e., higher likelihood of having musician-related keywords/regular

expressions recorded in an individual's electronic health record).

We only selected individuals of European ancestry with genetic data that met

standard quality control thresholds, resulting in n=1,753 individuals (965 (55%) males,

mean median age of record (SD)=44.3(22.5)) as musician "cases" and 65,147 controls

(28698(44%) males, mean median age of record (SD)=48.3(22.3)). See Supplementary

Notes for details on the phenotyping, the samples, genotyping, and QC.

Polygenic scores. We used an IBD filter of 0.2 in order to include unrelated

European samples of BioVU. PGS were generated using the beat synchronization

GWAS summary statistics, using software PRS_CS[143]. Briefly, this method uses a

Bayesian regression framework and places continuous shrinkage (CS) prior on SNP

effect sizes; this method outperforms previous methods in terms of prediction accuracy

especially when the training sample size is large[143], as is the case with the beat

synchronization GWAS. The 1000genomes reference set was used. The PGS was

standardized to have a mean of 0 and SD of 1.

Control traits in BioVU. As negative control phenotypes we selected the following

traits: Iron deficiency anemias (phecode:280, cases=4,594, controls=62,306),

carcinoma in situ of skin (phecode:172.3, cases=523, controls=66,377), and cancer of

the brain (phecode:191.11, cases=970, controls=65,930).

Data analysis. We conducted a logistic regression where the outcome variable

was keyword "musician" (yes vs no) and the predictor variable was PGS for beat

synchronization, while also adjusting for median age, sex, 10 Principal Components and

genotyping batch. The same process was followed when the outcome variables were

iron deficiency anemias, carcinoma in situ of skin and cancer of the brain (cases vs.

controls).

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Author contributions

Conceptualization of study: Reyna Gordon, Lea Davis

Study design of GWAS and design of other genomic analyses:

Lea Davis, Reyna Gordon, J. Fah Sathirapongsasuti, Maria Niarchou, Tony Capra, David Hinds

Data collection of genomic data: J. Fah Sathirapongsasuti, The 23andMe Research Team,

David Hinds

Genome-wide Association analysis: J. Fah Sathirapongsasuti, The 23andMe Research Team

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Post-association QC and generation of figures: Peter Straub and Maria Niarchou

Post-GWAS analyses (heritability, gene-based analyses, gene set analyses, LD correlations,

mtcojo, PGS in BioVU):

Maria Niarchou, Reyna Gordon, Peter Straub, Else Eising, Lea Davis

HARS and Neanderthal introgression analyses and interpretation: Evonne McArthur, John A

Capra

Genomic SEM: Daniel Gustavson

Sensitivity Analyses of Chromosome 17 inversion and Parkinson's Disease: J. Fah

Sathirapongsasuti

Estimation of population prevalence of rhythm deficits: Miriam Mosing, Daniel Gustavson, and

Reyna Gordon

Phenotype validation studies - design and materials: Reyna Gordon, J. Devin McAuley, Nori

Jacoby, Daniel Gustavson, Manuel Anglada-Tort

Phenotype validation data collection: Nori Jacoby, Eamonn Bell, Manuel Anglada-Tort

Phenotype validation study data analysis: Manuel Anglada-Tort, Daniel Gustavson, Eamonn

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Interpretation of data, writing, editing, and reviewing drafts: All authors

Project Supervision: Reyna Gordon, Lea Davis, Nori Jacoby, David Hinds

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1197 authors declare no competing interests.

1198

Data and materials availability: The full GWAS summary statistics for the 23andMe

dataset will be made available through 23andMe to qualified researchers under an

agreement that protects the privacy of the 23andMe participants. Please visit

research.23andme.com/collaborate/#publication for more information and to apply to

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Tables

Table 1. Sample demographics for each of the three cohorts (GWAS, Phenotype Experiment 1, and Phenotype Experiment 2).

GWAS Sample by Phenotype group (response to Clap-to-beat question)

	Cases (Yes)	Controls (No)
Total	555660	51165
Males	226188	23998
Females	329472	27167
18 to 30 years old	57898	5186
30 to 45 years old	135168	12909
45 to 60 years old	150939	13312
60 years old and over	211655	19758

Phenotype Validation Experiment 1 – rhythm perception

Full sample who provided demographics	N	Mean Age in years (for N=722 who reported demographics)	SD Age
Total	722	36.03	10.98
Males	386	34.86	10.74
Females	332	37.49	11.07

Phenotype Validation Experiment 2 – beat production and cross-trait

Full sample	N	Mean Age in years	SD Age
Total	1412	36.34	11.93
Males	678	35.53	11.12
Females	728	37.15	12.61
Subset with valid tapping data	n	Mean Age in years	SD Age
Total	542	35.24	11.39
Males	241	35.02	10.62
Females	300	35.43	12.00

Table 2. Genomic loci and sentinel SNPs significantly associated with beat synchronization in the primary GWAS. Further details (e.g., chromosomal location) are provided in Supplementary Table 2.

Genomic Locus	Sentinel SNP	chr	A1	MAF	OR	SE	p-value	gene symbol
11	rs848293	2	G	0.42228	0.94	0.007	9.23E-18	*VRK2*
26	rs62340585	4	G	0.20695	0.94	0.008	1.81E-14	*GPM6A*
13	rs10168817	2	G	0.49299	0.95	0.007	1.94E-14	*NA*
20	rs10779987	3	T	0.38175	0.95	0.007	2.21E-14	*GBE1*
28	rs28392605	5	G	0.33904	0.95	0.007	8.93E-14	*NA*
45	rs1832909	9	T	0.40687	1.05	0.007	1.78E-13	*NA*
2	rs34762587	1	T	0.31379	1.05	0.007	2.25E-13	*FOXO6*
60	rs7542	16	G	0.46184	0.95	0.007	2.41E-13	*MAPK3*
5	rs10875125	1	C	0.15305	0.93	0.009	2.61E-13	*DPYD*
35	rs9400241	6	C	0.28851	0.95	0.007	4.49E-13	*FOXO3*
64	rs4792891	17	T	0.34013	1.05	0.007	7.07E-13	*MAPT*
39	rs1468701	7	G	0.29172	0.95	0.007	3.62E-12	*SND1*
50	rs10848650	12	G	0.42192	1.05	0.007	6.04E-12	*SLC6A13*
29	rs2635634	5	T	0.45317	1.05	0.007	9.54E-12	*CDH12*
67	rs9626920	22	G	0.41282	1.05	0.007	1.04E-11	*MIRLET7BHG*
16	rs764299	2	G	0.26719	1.05	0.007	1.47E-11	*PLEKHM3*
43	rs10984506	9	T	0.36558	1.05	0.007	1.66E-11	*ANP32B*
53	rs1426371	12	G	0.25919	1.05	0.008	1.67E-11	*WSCD2*
58	rs12913592	15	T	0.3596	1.05	0.007	6.13E-11	*NA*
6	rs72700870	1	G	0.14377	0.94	0.009	1.42E-10	*MCL1*
34	rs9388171	6	G	0.47595	0.96	0.007	2.16E-10	*NA*
55	rs6572878	14	T	0.39477	0.96	0.007	3.48E-10	*HAUS4*
4	rs11210206	1	T	0.31286	0.96	0.007	3.93E-10	*NA*
28	rs72633496	5	T	0.43224	0.95	0.008	6.21E-10	*NA*
10	rs7586405	2	G	0.30559	1.04	0.007	7.19E-10	*PPP1CB*
63	rs3024293	17	T	0.23528	1.05	0.008	8.26E-10	*C1QL1*
1	rs2061843	1	G	0.4001	0.96	0.007	1.19E-09	*CSMD2*
19	rs1349028	3	T	0.25977	0.95	0.008	1.54E-09	*EIF4E3*
25	rs4443239	4	T	0.2463	1.05	0.008	1.68E-09	*C4orf27*
33	rs1901739	5	T	0.47772	1.04	0.007	2.14E-09	*NA*
7	rs55678522	1	G	0.21629	0.95	0.008	2.25E-09	*LRRN2*
61	rs8079923	17	T	0.25309	1.05	0.008	2.88E-09	*AKAP10*
62	rs7501911	17	T	0.18191	0.95	0.009	3.34E-09	*NLK*
66	rs6087848	20	G	0.44304	0.96	0.007	3.40E-09	*POFUT1*
54	rs10744255	12	G	0.23229	0.96	0.008	4.24E-09	*NA*
31	rs13163173	5	C	0.16597	0.95	0.009	4.51E-09	*MEF2C*
3	rs2819333	1	T	0.37068	1.04	0.007	4.54E-09	*PTPRF*
51	rs2453873	12	G	0.22254	0.95	0.008	5.17E-09	*NA*
27	rs67264739	5	G	0.27395	0.96	0.007	5.54E-09	*ADCY2*
56	rs2284901	14	G	0.37485	1.04	0.007	6.48E-09	*AKAP6*
32	rs1596431	5	T	0.19182	1.05	0.008	7.42E-09	*NA*
44	rs10978661	9	T	0.12006	0.94	0.01	7.74E-09	*ZNF462*
23	rs42263335	4	G	0.49483	1.04	0.007	8.74E-09	*JAKMIP1*
48	rs7939759	11	T	0.23981	1.05	0.008	1.23E-08	*CTSF*
65	rs9710427	19	G	0.41536	1.04	0.007	1.32E-08	*TECR*
21	rs12638746	3	G	0.33546	0.96	0.007	1.37E-08	*EPHA3*
59	rs12909047	15	G	0.48251	1.04	0.007	1.49E-08	*UBL7*
46	rs2505344	10	G	0.17674	0.95	0.009	1.51E-08	*EPC1*
24	rs67816799	4	C	0.38188	1.04	0.007	1.56E-08	*CCSER1*

15	rs10932201	2	G	0.46351	1.04	0.007	1.59E-08	*CREB1*
49	rs526904	11	T	0.34865	0.96	0.007	1.60E-08	*PICALM*
9	rs6548147	2	T	0.4402	1.04	0.007	2.05E-08	*TSSC1*
52	rs10877461	12	G	0.29968	0.96	0.008	2.44E-08	*NA*
41	rs11996434	8	G	0.27037	1.04	0.008	2.61E-08	*NA*
40	rs1996148	8	G	0.31961	0.96	0.007	2.69E-08	*PEBP4*
47	rs10885458	10	G	0.28314	0.96	0.007	2.69E-08	*NA*
17	rs191373913	2	T	0.43899	0.96	0.007	2.74E-08	*NGEF*
38	rs12056186	7	C	0.42875	0.96	0.007	2.93E-08	*ORC5*
42	rs7856850	9	C	0.22184	0.96	0.008	3.07E-08	*PTPRD*
36	rs13197257	6	T	0.27444	0.96	0.007	3.23E-08	*PTPRK*
14	rs10497355	2	T	0.46078	1.04	0.007	3.43E-08	*UBR3*
12	rs11692449	2	T	0.37522	1.04	0.007	3.45E-08	*XPO1*
30	rs4704043	5	T	0.2827	1.04	0.007	3.65E-08	*TNPO1*
18	rs43182	3	T	0.13443	1.06	0.01	3.80E-08	*PTPRG*
57	rs62014217	15	G	0.20132	0.96	0.008	3.91E-08	*HERC1*
8	rs476141	1	T	0.49868	1.04	0.007	4.49E-08	*NA*
37	rs2849543	6	G	0.41591	1.04	0.007	4.60E-08	*PARK2*
22	rs571760466	3	C	0.27511	0.96	0.007	4.81E-08	*LSAMP*

Abbreviations: SNP=Single Nucleotide Polymorphism, chr=Chromosome, A1=effect allele, MAF=Minor Allele Frequency, OR=Odds Ratio, S.E.=Standard Error, Notes: Gene symbol is based on HUGO (HGNC). These are all genes annotated to SNPs in r2> 0.1 with the lead SNP; sentinel SNP in a given locus refers to independent SNP from FUMA. The SNPs were mapped to genes based on ANNOVAR annotation and on being physically located inside a protein coding gene using 10kb window. NA=when the SNP is not within the 10kb window of a gene.