

Genome-wide association analysis of dementia and its clinical endophenotypes reveal novel loci associated with Alzheimer's disease and three causality networks of AD: the GR@ACE project.

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at http://adni.loni.usc.edu/wp-content/uploads/how_to_apply/ADNI_Acknowledgement_List.pdf

Supplementary Figure Legend.

Supplementary Figure 1. Flow chart diagram for inclusion of AD patients and construction of GR@ACE clinical endophenotypes.

Supplementary Figure 2. Quantile-quantile plots across five regression models using the GR@ACE cohort.

Supplementary Figure 3. Effect change for each individual LOAD genetic variant across GR@ACE clinical endophenotypes.

Supplementary Figure 4. A) Results of genome-wide association analysis for GR@ACE clinical endophenotypes. B) Quantile-quantile plot.

Supplementary Figure 5. Associations of the region centered on rs117834366 located in the *CNTNAP2* gene.

Supplementary Figure 6. Forest plot for the effect of rs4704171-*ANKDR31* in risk of AD.

Supplementary Figure 7. Results of genome-wide association analysis for GR@ACE meta-analysis with IGAP Stage I. B) QQplot.

Supplementary Figure 8. Associations of the region centered on rs10098778 located in the *TP53INP1/NDUFAF6* gene. B) on rs7225151 located in the *SCIMP* gene.

Supplementary Tables Legend.

Supplementary Table 1. Association results obtained from the GR@ACE dataset and GR@ACE endophenotypes, classified per gene categories for functional pathway analysis. Global effect change per genetic variant.

Supplementary Table 2. Full description of dbGaP datasets used in the meta-analysis.

Supplementary Table 3. eQTL analysis for novel GWAS significant hits associated with AD.

Supplementary Table 4. Association results for rs2732703-*KANSL1/MAPT* in *APOE* ϵ 4 carriers and non-carriers across GR@ACE endophenotypes.

Supplementary Table 5. Replication results for rs7100488-*PCBD1/UNSC5B* and rs117834366-*CNTNAP2* in additional datasets.

Supplementary Table 6. Top ten biological pathways per gene cluster after sub-analysis of gene Category C.

Supplementary Table 7. Top ten biological pathways per gene cluster after secondary gene categorization.

Supplementary Table 8. Association results for known LOAD loci in meta-analysis with dbGaP datasets and IGAP Stage I and Stage I+II.

Methods

GR@ACE cohort and phenotype definitions

All AD patients included in the GR@ACE study received a thorough structured neurological evaluation that included: history, examination, Mini-Mental State Examination (MMSE)¹, Blessed Dementia Rating Scale (BDRS)^{2,3}, Neuropsychiatric Inventory-questionnaire (NPI-Q)⁴, Tinnetti scale for gait and balance⁵, Clinical Dementia Rating (CDR)⁶, Global Deterioration Scale (GDR)⁷ scoring and Hachinski Ischemia Scale⁸. The Fundacio ACE neuropsychological battery (NBACE)⁹ was administered to all patients. The NBACE includes measures of cognitive information processing speed, orientation, attention, verbal learning and memory, language, visuoperception, praxis and executive functions. Family members or caregivers are interviewed by a social worker.

Endophenotype approach was feasible due to Fundació ACE's endorsement both, a primary and a secondary diagnosis, as well as routine follow-up evaluations. The secondary diagnosis might be the same or an additional clinical condition that explains the clinical symptoms. Follow-up visits enabled controlling for the progression of the disease and identifying comorbidities and sometimes diagnosis changes, thereby providing a longitudinal landscape for each individual's clinical evolution (Supplementary figure 1). VaD patients were defined according to NINDS-AIREN criteria.¹⁰

GWAS genotyping

Peripheral blood was taken from all individuals to isolate germline DNA from leukocytes. DNA extraction was performed automatically according to standard procedures using the Chemagic system (Perkin Elmer). Extensive DNA quality control was conducted. Only samples reaching DNA concentrations >10ng/ μ l and presenting high integrity were included for genotyping. Samples and controls were randomized across sample plates to avoid batch effects.

The genotyping array, Axiom 815K Spanish Biobank array, is an adaptation of the Axiom Biobank Genotyping Array, but also contains population-specific rare variations observed in the Spanish population. DNA samples were genotyped according to the manufacturer's instructions (Axiom™ 2.0 Assay Manual Workflow). The Axiom 2.0 assay interrogates biallelic SNPs and simple indels in a single assay workflow. Starting with 200 ng of genomic DNA, the samples were processed through a manual target preparation protocol followed by automated processing of the array plates in the GeneTitan Multi-Channel (MC) instrument. Target preparation involved DNA amplification, fragmentation, purification and resuspension of the target in a hybridization cocktail. The hyb-ready targets were then transferred to the GeneTitan MC instrument for automated, hands-free processing including hybridization, staining, washing and imaging. CEL files were generated using the GeneTitan MC instrument.

To achieve higher genotyping performance, quality control for samples and plates was performed using the Affymetrix power tool (APT) 1.15.0 software following Axiom Data Analysis Workflow. Briefly, sample quality was determined based on the resolution of AT and GC channels in a group of non-polymorphic SNPs (resolution > 0.82). Passing samples were genotyped for sample QC. Samples with a call rate greater than 97% and plates with an average call rate above 98.5% were included for final SNP calling. Quality samples were jointly called to minimize batch effects. Best quality markers were selected for downstream analysis ($N_{\text{SNPs}} = 777,649$; 95.4%) using the SNPolisher R package (Thermo Fisher). To assess the sample genotyping concordance, we intentionally re-sampled 200 samples and determined a concordance rate of 99.5%.

GWAS quality control

Principal component analysis was conducted excluding markers with moderate-to-high linkage disequilibrium (LD) ($r^2 > 0.3$) and long-range LD regions from PCA analysis using the “indep-pairwise” option of PLINK 1.9¹¹ (<https://www.cog-genomics.org/plink2>).

GWAS Statistical analysis

We tested the association between markers and the targeted phenotypes with and without covariates. We selected a model including the top four PCs as covariates for the discovery stage because this model exhibited the lowest inflation and optimal power compared to alternative models. To establish the discovery model, we conducted an exploratory step using the GR@ACE dataset. We evaluated the performance of five different models: a) Model A, unadjusted; b) Model B, unadjusted and excluding all individuals matching with Hispanic American ancestry; c) Model C, adjusted per four main PCs; d) Model D, adjusted per top four PCs, gender and age; and e) Model E, adjusted per top four PCs, gender, age and *APOE* status (Supplementary figure 2). We explored the QQ plot and the genomic inflation factor (λ), using the Qqman and GenABEL packages (<http://www.genabel.org/packages/GenABEL>) from R, to test for covariates in the regression model.

Genetic exploration of GR@ACE clinical endophenotypes and enrichment analysis

We explored the biological pathways underlying each gene category. First, we extracted the significant co-expressed genes ($p < 0.05$) for each category using GeneFriends in human microarray datasets containing 26,113 experimental conditions and 19,080 genes¹². Second, to avoid unspecific pathway detection, we selected co-expressed genes with ≥ 2 LOAD loci per category, and ranked the results from the highest to the lowest number of co-occurrences. Third, we set the maximum number of co-expressed genes for pathway analysis to 150. Thus, *category A* and *category C* includes 150 co-expressed genes (Bonferroni p -value = 3.33×10^{-4}); and *category B*, 99 (Bonferroni p -value = 5.05×10^{-4}). Next, we explored the biological pathways underlying each co-expression on the ranked list by applying an overrepresentation enrichment method in

WebGestalt¹³, while using Gene Ontology as a reference database for functional annotations of non-redundant biological pathways.

Next, we performed a sub-classification and pathway analysis for variants from *category C*: Subset C1 includes variants presenting a stable effect across endo-phenotypes (*ABCA7, ADAMTS1, CD2AP, CELF1, EPHA1, INPP5D, NME8, PTK2B, ZCWPWI*); and subset C2 includes variants with an inverse effect between extreme endo-phenotypes (*CLU, FERMT2, IQCK*). Both clusters presented 150 co-expressed genes for pathway analysis.

Finally, we carried out a stringent analysis to validate previous results. We applied a linear regression model using R to evaluate the effect change trend per each genetic variant across clinical endophenotypes. Dementia endophenotypes were the independent variables, coded as follows: VaD⁺⁺ = 1; VaD⁺ = 2; Dementia = 3; AD⁺⁺⁺ = 6; AD⁺ = 4; AD⁺⁺ = 5. Effect change was the dependent variable. Variants presenting a linear trend a positive effect ($R^2 > 0.80$ and $\beta \geq 0.01$) comprised Category A (*APOE, CR1, MEF2C, MS4A2, PICALM*). Those presenting a linear trend and a negative effect ($R^2 > 0.80$ and $\beta \leq -0.01$) comprised Category B (*SORL1, CASS4*). Those not fulfilling the above criteria comprised Category C (*EPHA1, ABCA7, ACE, ADAMTS1, ADAM10, ATP5H, BIN1, MAPT, CELF1, CD2AP, CD33, CLU, FERMT2, INPP5D, IQCK, NME8, PTK2B, ZCWPWI*). Pathway analysis was conducted applying identical procedure to those described previously. Category A includes 150 co-expressed genes (Bonferroni p-value = 3.33×10^{-4}); Category B, 116 (Bonferroni p-value = 4.31×10^{-4}) and Category C, 150. At this point, we were not able to detect vascular processes in Category A. To discard that this was caused by unspecific pathway detection, we restricted the analysis to include those loci co-expressing with more than 4 LOAD genes at this cluster (co-expressing loci = 43, Bonferroni p-value = 5.55×10^{-4}). Regulation of vascular development was identified as top pathway ($p < 2.14 \times 10^{-7}$).

Meta-analysis: datasets

To identify novel loci associated with AD, we combined the GR@ACE dataset and its endophenotypes with: 1) raw genotype data from nine additional GWAS series (N = 21 235) (Supplementary Table 2); and 2) public summary statistics from IGAP stages I (N = 61 571) and II (N = 81 455).

Genotype level data

In the first meta-analysis, we had access to raw genotyped data for 7,879 AD patients and 5,947 controls. All datasets were processed by applying the same quality control and imputation procedures as those described for the GR@ACE cohort. To exclude duplicate samples coming from different studies, we also performed a joint analysis and carried out an identity-by-descent analysis (IBD) ($\hat{\pi} > 0.80$) of the nine cohorts and GR@CE (n = 21,235) using PLINK software 1.9.¹¹ The study cohorts included:

The Alzheimer's Disease Neuroimaging Initiative (ADNI).

We obtained the data used in preparing this article from the Alzheimer's Disease Neuroimaging Initiative (ADNI) database (adni.loni.usc.edu). The ADNI was launched in 2003 as a public-private partnership led by Principal Investigator Michael W. Weiner, MD. The primary goal of ADNI is to test whether serial magnetic resonance imaging (MRI), positron emission tomography (PET), other biological markers and clinical and neuropsychological assessments can be combined to measure the progression of mild cognitive impairment (MCI) and early Alzheimer's disease (AD). The ADNI study has three phases: ADNI1, ADNI GO and ADNI2. For up-to-date information, see www.adni-info.org. In the present study, we included 478 cases and 243 controls from ADNI1 and ADNI2.

The AddNeuroMed Study.

AddNeuroMed was a public-private partnership for biomarker discovery and replication in Alzheimer's disease^{14,15}. It was a multi-center study in Europe with the first patient enrolled in January 2006 and the last in February 2008. The study protocol was planned for a baseline assessment visit with follow-ups every 3 months for the first year, then annual visits that continued through 2013. The study enrolled a total of 258 AD, 257 MCI and 266 controls, but not all had complete data at each assessment. In the present study, we included 450 cases and 187 controls.

This dataset was downloaded from Synapse ([doi:10.7303/syn2790911](https://doi.org/10.7303/syn2790911)).

The Alzheimer's Disease Genetics Consortium (ADGC).

The National Institute on Aging (NIA) Alzheimer's Disease Centers' (ADC) cohort includes subjects ascertained and evaluated by the clinical and neuropathology cores of the 29 NIA-funded ADCs¹⁶. Data collection was coordinated by the National Alzheimer's Coordinating Center (NACC). The ADC cohort consists of autopsy-confirmed and clinically-confirmed AD cases, cognitively normal elders (CNEs) with complete neuropathology data who were older than 60 years at age of death, as well as living CNEs evaluated using the Uniform dataset (UDS) protocol who were documented to not have mild cognitive impairment (MCI) and were between 60 and 100 years of age at assessment. In the present study, we included 3287 cases and 1322 controls.

This study was downloaded from dbGaP ([phs000372](https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE100000000)).

Multi-Site Collaborative Study for Genotype-Phenotype Associations in Alzheimer's disease and Longitudinal follow-up of Genotype-Phenotype Associations in Alzheimer's disease and Neuroimaging component of Genotype-Phenotype Associations in Alzheimer's disease (GenADA).

GenADA was a multi-site collaborative study involving GlaxoSmithKline Inc and nine medical centers in Canada, including 1000 AD patients and 1000 ethnically-matched

controls in order to associate DNA sequence (allelic) variations in candidate genes with AD phenotypes^{17,18}. The study consisted of both retrospective and prospective data. Where possible, biological relatives with Alzheimer's (up to third-degree relationships such as cousins) and unaffected siblings of AD cases were also recruited. In the present study, we included 785 cases and 764 controls.

This study was downloaded from dbGaP (phs000219).

The Mayo Clinic LOAD genome-wide association study.

Subjects from the Mayo LOAD GWAS were selected from two clinical AD Case-Control series: Mayo Clinic Jacksonville (MCJ) and Mayo Clinic Rochester (MCR), as well as a neuropathological series of autopsy-confirmed subjects from the Mayo Clinic Brain Bank¹⁹. All subjects from the clinical series (MCJ and MCR) were diagnosed by a Mayo Clinic neurologist; all control subjects had a Clinical Dementia Rating score of zero at the most recent time of testing; all LOAD patients had a diagnosis of probable or possible AD according to the NINCDS-ADRDA criteria²⁰. All ADs had definite diagnoses according to the NINCDS-ADRDA criteria and had Braak scores of ≥ 4.0 . All non-AD Controls had Braak scores of ≤ 2.5 ; many had brain pathology unrelated to AD. . In the present study, we included 703 cases and 1066 controls.

This dataset was downloaded from Synapse (doi:10.7303/syn5550404).

The Neocodex-Murcia study.

The study included 327 sporadic AD patients and 801 controls with unknown cognitive status from the Spanish general population collected by Neocodex^{21,22}. AD patients were diagnosed as possible or probable AD in accordance with the criteria of the National Institute of Neurological and Communicative Disorders and Stroke and the Alzheimer's Disease and Related Disorders Association (NINCDS-ADRDA)²⁰. In the present study, we included 324 cases and 754 controls.

The Religious Orders Study and Memory and Aging Project (ROS/MAP) Study.

The Religious Orders Study (ROS) was a longitudinal clinical-pathologic cohort study of aging and Alzheimer's disease (AD) from Rush University that enrolled individuals from religious communities for longitudinal clinical analysis and brain donation²³. Participants were enrolled from more than 40 groups of religious orders (nuns, priests, brothers) across the United States. Enrolment required no known indications of dementia. Medical conditions were documented starting in 1994 by clinical evaluation or self-report. Alzheimer's disease status was determined by a computer algorithm based on cognitive test performance with a series of discrete clinical judgments made in series by a neuropsychologist and a clinician.

The Memory and Aging Project (MAP) was a longitudinal epidemiologic clinical-pathologic cohort study of common chronic conditions of aging with an emphasis on declines in cognitive and motor function and the risk of Alzheimer's disease. This study

began in 1997 and was run by Rush University²³. This study was designed to complement the ROS study by enrolling individuals with a wider range of life experiences and socioeconomic status into a study of similar structure and design as ROS. The study enrolled older individuals without any signs of dementia, primarily recruiting from continuous care retirement communities throughout northeastern Illinois, USA. Diagnoses of dementia and AD were performed in an identical manner to the ROS study. . In the present study, we included 628 cases and 229 controls.

This dataset was downloaded from Synapse (doi:10.7303/syn3219045).

The Translational Genomics Research Institute (TGEN) study.

The TGEN GWAS study included 643 late-onset AD cases and 404 controls from a neuropathological cohort, and 197 late-onset AD cases and 114 controls from a clinical cohort, all of which were genotyped with the Affimetrix 500 K GeneChip Array²⁴. In the present study, we included 741 cases and 449 controls.

TGEN investigators have provided free access to genotype data to other researchers via Coriell Biorepositories (<http://www.coriell.org/>).

IGAP summary statistics

In the second meta-analysis, we combined public summary statistics from IGAP stages I and II (http://web.pasteur-lille.fr/en/recherche/u744/igap/igap_download.php) with the GR@ACE dataset and its endophenotypes. IGAP stage I consisted of 17,008 AD cases and 37,154 controls collected from four published GWAS datasets (The European Alzheimer's disease Initiative – EADI; the Alzheimer Disease Genetics Consortium – ADGC; the Cohorts for Heart and Aging Research in Genomic Epidemiology consortium – CHARGE; the Genetic and Environmental Risk in AD consortium – GERAD) containing 7,055,881 single nucleotide polymorphisms (SNPs). IGAP stage II was a replication effort in which significantly associated variants of stage I were genotyped ($N_{\text{SNP}} = 11,632$) in 8,572 AD cases and 11,312 controls.

Meta-analysis: association analysis and biological interpretation.

Summary statistics for each individual dataset were combined with METAL software²⁵, release 2011-03-25, using inverse variance weighted meta-analysis without genomic control as default. Meta-analysis with genomic control was also explored. To define independent significant signals in the meta-analyses, we assigned variants to clusters using the clump function of PLINK software 1.9¹¹ based on the association p-values and the short-range LD (250Kb). We used GCTA-COJO²⁶, version 1.91.3 beta3, to perform standard conditional analysis adjusting for the lead SNP in a region of $\pm 500\text{kb}$. We estimated the LD score intercept using LD score regression (LDSC v.1.0.0) to distinguish polygenicity from other confounding factors.²⁷ Regional plots were generated using LocusZoom software.²⁸

Finally, we conducted gene expression quantitative trait locus (eQTL) analysis to link GWAS top signals to genes. We used brain (n = 11) and whole blood (n = 1) tissues from the GTEx repository (<https://gtexportal.org/home/>) for mapping cis-eQTLs. Markers in moderate-to-high LD ($r^2 \geq 0.6$) with the novel lead markers were identified using LDlink²⁹ and were included in this analysis (Supplementary Table 3).

Results

GR@ACE genome-wide association study

Genome-wide analysis for GR@ACE clinical endophenotypes revealed one novel variant reaching GWS in the VaD⁺⁺ endophenotypes [*CNTNAP2*-rs117834366; OR = 6.03 (3.22 – 11.30); $p = 1.91 \times 10^{-8}$] (table 3) and a suggestive signal in AD⁺⁺⁺ endophenotype [*PCBD1/UNSC5B*-rs7100488; OR = 0.76 (0.69 – 0.84); $p = 5.16 \times 10^{-8}$]. After exploring these signals in additional datasets, we detected a nominal significance and a consistent effect for *PCBD1/UNSC5B*-rs7100488 marker only in the ADGC2 dataset [OR = 0.79 (0.61 – 1.01); $p = 0.058$] (Supplementary table 5).

Genetic exploration of GR@ACE clinical endophenotypes and enrichment analysis

For category B, with variants with stronger effects in AD mixed with vascular disease, *SORL1*-rs11218343 showed the strongest vascular enrichment [VaD⁺⁺ OR (95%) = 0.71 (0.43 - 1.16), p -value = 0.168; AD⁺⁺⁺ OR (95%) = 0.97 (0.77 – 1.23), p -value = 0.805], and *ADAM10*-rs593742 was the unique marker significantly associated with the VaD⁺⁺ endophenotype [VaD⁺⁺ OR (95%) = 0.80 (0.66 – 0.97), p -value = 0.02; AD⁺⁺⁺ OR (95%) = 0.95 (0.87 – 1.05), p -value = 0.34].

The sub-analysis of Category C allowed distinguishing two sub-categories of variants residing in this cluster. The first subset comprised variants with a stable effect across all endo-phenotypes. The second subset included variants with inverse effects between extreme clinical subgroups. Vascular processes and the regulation of nervous system development were detected in top pathways in this second subset (Supplementary Table 6)

eQTL for Meta-GWAS signals

To identify candidate genes and potential causal variants within novel genome-wide regions, we conducted cis-eQTL mapping. The rs2335107 marker located in the *ANKRD31* locus (chr5:74,451,443) was associated with the cortical expression of the long non-coding RNA (lncRNA) *CTD-2235C13.3* ($p = 1.26 \times 10^{-05}$) (appendix). This variant is located 83.4Kb from the GWAS lead SNP (rs4704171, chr5:74,368,254) and both are in complete LD ($r^2=1$). The *CTD-2235C13.3* gene is located 1.6kb from the *HMGCR* locus and its function is unknown. The *NDUFAF6*-rs4734295 marker

(chr8:96,000,669), located 8.6kb from the lead meta-GWAS hit (rs10098778, chr8:95,992,020), was mapped for cortical *NDUFAF6* RNA expression ($p = 1.17 \times 10^{-10}$) (appendix). Finally, rs73976325 (chr17:5,123,227), located in the *SCIMP* locus 13.8kb from the meta-GWAS top signal (rs7225151, chr17:5137047), was mapped to brain cis-acting eQTL for the AC012146.1 lincRNA ($p = 2.15 \times 10^{-07}$) (appendix). Two additional markers, rs6502851 and rs59277121, pointed to blood eQTLs for *SCIMP* ($p = 3.89 \times 10^{-08}$) and *RABEP1* ($p = 3.89 \times 10^{-08}$) loci, respectively (appendix).

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Supplementary Table 1. Association results obtained from the GR@ACE dataset and GR@ACE endophenotypes, and gene categories for functional enrichment analysis.

Marker	Near Locus	CHR	BP ^a	Minor / Mayor	MAF ^b	VaD ⁺⁺ OR (CI95%) P-value	VaD ⁺ OR (CI95%) P-value	Dementia OR (CI95%) P-value	AD ⁺ OR (CI95%) P-value	AD ⁺⁺ OR (CI95%) P-value	AD ⁺⁺⁺ OR (CI95%) P-value	Global Effect Change
Category A												
rs6656401	<i>CRI</i>	1	207692049	A/G	0.18	1.00 (1.22 – 0.82) 0.999	1.01 (1.15 – 0.89) 0.829	1.07 (1.16 – 0.98) 0.145	1.06 (1.16 – 0.97) 0.200	1.09 (1.20 – 0.99) 0.086	1.10 (1.22 – 0.98) 0.092	0.098
rs6733839	<i>BINI</i>	2	127892810	T/C	0.36	1.03 (1.21 – 0.88) 0.736	1.15 (1.27 – 1.04) 0.007	1.16 (1.24 – 1.08) 2.58 x 10 ⁻⁵	1.16 (1.25 – 1.08) 0.027	1.16 (1.25 – 1.07) 1.78 x 10 ⁻⁵	1.16 (1.27 – 1.07) 0.001	0.134
rs190982	<i>MEF2C</i>	5	88223420	G/A	0.39	0.99 (1.16 – 0.85) 0.900	0.96 (1.06 – 0.87) 0.411	0.97 (1.04 – 0.91) 0.351	0.96 (1.02 – 0.89) 0.191	0.95 (1.02 – 0.88) 0.149	0.93 (1.02 – 0.86) 0.118	0.056
rs983392	<i>MS4A2</i>	11	59923508	G/A	0.43	1.00 (1.17 – 0.86) 0.992	0.94 (1.03 – 0.85) 0.179	0.91 (0.96 – 0.85) 0.007	0.91 (0.97 – 0.85) 0.005	0.88 (0.94 – 0.81) 0.001	0.86 (0.93 – 0.79) 3.34 x 10 ⁻⁴	0.142
rs10792832	<i>PICALM</i>	11	85867875	A/G	0.33	0.95 (1.12 – 0.81) 0.546	0.93 (1.03 – 0.84) 0.160	0.89 (0.97 – 0.83) 0.001	0.89 (0.96 – 0.83) 0.002	0.88 (0.95 – 0.81) 0.001	0.88 (0.96 – 0.81) 0.005	0.068
rs2732703	<i>MAPT</i>	17	44353222	G/T	0.23	1.00 (1.22 – 0.80) 0.998	0.89 (1.01 – 0.78) 0.064	0.86 (0.94 – 0.79) 0.001	0.86 (0.93 – 0.78) 0.001	0.86 (0.95 – 0.78) 0.002	0.86 (0.97 – 0.77) 0.006	0.143
rs429358	<i>APOE</i>	19	45411941	C/T	0.17	1.27 (1.59 – 1.02) 0.035	1.69 (1.93 – 1.47) 5.56 x 10 ⁻¹⁴	2.27 (2.50 – 2.06) 1.25 x 10 ⁻⁶²	2.39 (2.64 – 2.17) 1.02 x 10 ⁻⁶⁴	2.71 (3.01 – 2.44) 1.13 x 10 ⁻⁷⁶	2.92 (3.27 – 2.60) 1.30 x 10 ⁻⁷⁵	1.644
rs3865444	<i>CD33</i>	19	51727962	A/C	0.29	0.98 (1.16 – 0.83) 0.833	0.93 (1.03 – 0.83) 0.173	0.95 (1.02 – 0.88) 0.176	0.94 (1.02 – 0.88) 0.134	0.95 (1.04 – 0.89) 0.261	0.92 (1.01 – 0.84) 0.067	0.064

Marker	Near Locus	CHR	BP ^a	Mino/ Mayor Allele	MAF ^b	VaD ⁺⁺ OR (CI95%) P-value	VaD ⁺ OR (CI95%) P-value	Dementia OR (CI95%) P-value	AD ⁺ OR (CI95%) P-value	AD ⁺⁺ OR (CI95%) P-value	AD ⁺⁺⁺ OR (CI95%) P-value	Global Effect Change
Category B												
rs11218343	<i>SORL1</i>	11	121435587	C/T	0.03	0.71 (1.16 – 0.43) 0.168	0.79 (1.05 – 0.59) 0.109	0.91 (1.10 – 0.75) 0.315	0.90 (1.10 – 0.74) 0.310	0.95 (1.18 – 0.77) 0.639	0.97 (1.23 – 0.77) 0.805	0.263
rs593742	<i>ADAM10</i>	15	59045774	G/A	0.23	0.80 (0.97 – 0.66) 0.022	0.95 (1.07 – 0.85) 0.394	0.94 (1.02 – 0.87) 0.149	0.96 (1.04 – 0.88) 0.280	0.95 (1.04 – 0.87) 0.267	0.95 (1.05 – 0.87) 0.344	0.150
rs138190086	<i>ACE</i>	17	61538148	A/G	0.02	0.83 (1.00 – 0.45) 0.533	0.92 (1.31 – 0.64) 0.637	0.93 (1.18 – 0.73) 0.533	0.91 (1.17 – 0.71) 0.460	0.89 (1.18 – 0.68) 0.419	0.89 (1.22 – 0.65) 0.468	0.069
rs11870474	<i>ATP5H/KCTD2</i>	17	73030810	A/C	0.03	1.15 (1.77 – 0.75) 0.513	1.43 (1.84 – 1.11) 0.006	1.13 (1.36 – 0.93) 0.228	1.13 (1.38 – 0.93) 0.213	1.03 (1.28 – 0.82) 0.828	1.08 (1.38 – 0.85) 0.510	0.066
rs7274581	<i>CASS4</i>	20	55018260	C/T	0.10	0.92 (1.19 – 0.71) 0.526	0.95 (1.12 – 0.81) 0.565	0.96 (1.07 – 0.86) 0.435	0.96 (1.07 – 0.85) 0.433	0.97 (1.09 – 0.85) 0.588	0.99 (1.13 – 0.86) 0.837	0.066
Category C												
rs35349669	<i>INPP5D</i>	2	234068476	T/C	0.43	1.05 (1.22 – 0.90) 0.550	1.03 (1.14 – 0.94) 0.530	1.00 (1.06 – 0.93) 0.882	1.00 (1.07 – 0.93) 0.956	1.00 (1.08 – 0.93) 0.923	0.99 (1.07 – 0.91) 0.730	0.033
rs10948363	<i>CD2AP</i>	6	47487762	G/A	0.27	1.08 (1.28 – 0.91) 0.360	1.10 (1.22 – 0.99) 0.084	1.08 (1.16 – 1.00) 0.047	1.08 (1.16 – 0.99) 0.063	1.08 (1.17 – 0.99) 0.084	1.08 (1.18 – 0.98) 0.125	0.007
rs2718058	<i>NME8</i>	7	37841534	G/A	0.41	0.97 (1.14 – 0.83) 0.731	0.92 (1.02 – 0.84) 0.114	0.98 (1.05 – 0.91) 0.518	0.97 (1.04 – 0.91) 0.438	1.00 (1.08 – 0.93) 0.926	1.02 (1.11 – 0.93) 0.711	0.011
rs1476679	<i>ZCWPWI</i>	7	100004446	C/T	0.26	0.98 (1.16 – 0.82) 0.774	0.98 (1.09 – 0.88) 0.674	0.94 (1.01 – 0.87) 0.103	0.94 (1.01 – 0.87) 0.094	0.91 (0.99 – 0.84) 0.038	0.95 (1.04 – 0.87) 0.277	0.025
rs11771145	<i>EPHA1</i>	7	143110762	A/G	0.34	0.93 (1.10 – 0.79)	0.99 (1.10 – 0.89)	0.95 (1.01 – 0.88)	0.95 (1.03 – 0.89)	0.94 (1.01 0.87)	0.92 (1.01 – 0.85)	0.009

						0.404	0.837	0.121	0.202	0.108	0.071	
Marker	Near Locus	CHR	BP ^a	Mino/ Mayor Allele	MAF ^b	VaD ⁺⁺ OR (CI95%) P-value	VaD ⁺ OR (CI95%) P-value	Dementia OR (CI95%) P-value	AD ⁺ OR (CI95%) P-value	AD ⁺⁺ OR (CI95%) P-value	AD ⁺⁺⁺ OR (CI95%) P-value	Global Effect Change
Category C												
rs28834970	<i>PTK2B</i>	8	27195121	C/T	0.38	1.06 (1.24 – 0.91) 0.461	1.04 (1.15 – 0.94) 0.461	1.04 (1.11 – 0.97) 0.283	1.04 (1.12 – 0.97) 0.255	1.04 (1.12 – 0.96) 0.317	1.09 (1.19 – 1.00) 0.050	0.028
rs9331896	<i>CLU</i>	8	27467686	C/T	0.36	1.10 (1.28 – 0.94) 0.235	1.04 (1.14 – 0.94) 0.464	0.97 (1.04 – 0.91) 0.403	0.97 (1.04 – 0.90) 0.324	0.93 (1.01 – 0.86) 0.087	0.92 (0.99 – 0.84) 0.045	0.014
rs10838725	<i>CELF1</i>	11	47557871	C/T	0.36	0.93 (1.09 – 0.79) 0.345	1.05 (1.16 – 0.95) 0.353	1.05 (1.12 – 0.98) 0.173	1.05 (1.13 – 0.98) 0.159	1.06 (1.15 – 0.98) 0.137	1.06 (1.16 – 0.98) 0.149	0.010
rs17125944	<i>FERMT2</i>	14	53400629	C/T	0.07	0.87 (1.21 – 0.63) 0.419	0.96 (1.17 – 0.78) 0.665	1.05 (1.20 – 0.92) 0.461	1.05 (1.20 – 0.91) 0.515	1.09 (1.27 – 0.94) 0.249	1.19 (1.40 – 1.02) 0.031	0.067
rs7185636	<i>IQCK</i>	16	19808163	C/T	0.20	1.25 (1.50 – 1.04) 0.018	1.09 (1.22 – 0.96) 0.174	0.97 (1.06 – 0.90) 0.547	0.97 (1.06 – 0.89) 0.516	0.93 (1.03 – 0.85) 0.148	0.91 (1.01 – 0.82) 0.087	0.159
rs4147929	<i>ABCA7</i>	19	1063443	A/G	0.22	1.09 (1.30 – 0.90) 0.381	0.99 (1.11 – 0.88) 0.882	1.06 (1.15 – 0.98) 0.166	1.05 (1.14 – 0.97) 0.223	1.10 (1.20 – 1.01) 0.043	1.11 (1.23 – 1.01) 0.033	0.027
rs2830500	<i>ADAMTS1</i>	21	28156856	A/C	0.32	1.05 (1.24 – 0.89) 0.537	1.09 (1.20 – 0.98) 0.113	0.99 (1.06 – 0.92) 0.810	0.99 (1.06 – 0.92) 0.719	0.95 (1.03 – 0.87) 0.198	0.96 (1.05 – 0.87) 0.325	0.009
Variants with a null effect in our dataset												
rs9271192	<i>HLA-DRB1</i>	6	32578530	C/A	0.24	1.01 (1.21 – 0.84) 0.897	0.99 (1.11 – 0.89) 0.924	0.99 (1.07 – 0.92) 0.871	0.99 (1.07 – 0.91) 0.793	0.99 (1.08 – 0.91) 0.821	1.00 (1.10 – 0.90) 0.942	0.010
rs7920721	<i>ECHDC3</i>	10	11720308	G/A	0.40	1.04 (1.22 – 0.90) 0.583	0.99 (1.10 – 0.89) 0.983	1.00 (1.06 – 0.93) 0.893	1.00 (1.07 – 0.93) 0.914	0.99 (1.07 – 0.92) 0.838	0.99 (1.08 – 0.91) 0.891	0.040
rs10498633	<i>SLC2A4A/RIN3</i>	14	92926952	T/G	0.18	1.02 (1.23 – 0.84)	1.00 (1.13 – 0.88)	0.99 (1.08 – 0.91)	0.97 (1.06 – 0.89)	0.97 (1.06 – 0.88)	0.99 (1.10 – 0.89)	0.010

0.873

0.971

0.851

0.535

0.490

0.875

^aBuild 37, assembly hg19. ^b Average of the entire GR@ACE cohort (n = 7,409). Global effect change = ABS(effect change Va⁺⁺ - effect change AD⁺⁺⁺)

Supplementary Table 2. Full description of dbGaP datasets used in the meta-analysis.

Dataset	Cases	Controls	Quality markers for Imputation	Quality markers post-Imputation*	Genomic Inflation factor
ADGC1	1822	560	530,711	7,726,690	1.00
ADGC2	599	239	531,880	7,720,289	0.98
ADGC3	866	523	634,591	7,732,661	1.00
AddNeuronMed1	252	73	471,757	7,791,484	0.94
AddNeuronMed2	198	114	588,254	7,765,343	0.95
ADNI1	258	73	620,901	7,704,291	0.94
ADNI2	220	190	730,525	7,747,959	0.96
GenADA	785	764	374,695	7,589,054	0.99
GR@ACE	4120	3289	592,875	7,724,483	1.03
MAYO	703	1066	312,512	7,685,633	1.00
NIA	483	913	583,472	7,923,335	0.99
NxC/Murcia Study	324	754	260,399	7,149,673	1.03
ROSMAP1	340	136	634,469	7,608,211	0.97
ROSMAP2	214	58	730,437	7,559,403	0.93
ROSMAP3	74	35	643,470	7,519,248	0.94
TGEN	741	449	307,631	7,571,653	1.00
Meta-analysis	11,999	9,236	NA	NA	1.10

*Quality markers post-Imputation: $R^2 > 0.30$; $MAF > 0.01$

Supplementary Table 3. eQTL analysis for novel GWAS signals associated with AD.

AD GWAS lead signals				Cortical cis-eQTL				Whole Blood cis-eQTL			
SNP	CHR:BP	Near Locus	LD SNPs	Lead Marker	CHR:BP	cis-eQTL	P-value	Lead Marker	CHR:BP	Cis-eQTL	P-value
rs10098778	8: 95992020	<i>TP53INP1/NDUFAF6</i>	85	rs4734295	8:96,000,669	<i>NDUFAF6</i>	1.17×10^{-10}	rs4582532	8:95,969,007	<i>TP53INP1</i>	1.17×10^{-10}
rs4704171	5:74368254	<i>ANKRD31*</i>	143	rs2335107	5:74,451,443	<i>CTD-2235C13.3</i>	1.26×10^{-05}	NA	NA	NA	NA
rs7225151	17:5137047	<i>SCIMP</i>	76	rs73976325	17:5,123,227	<i>AC012146.1</i>	2.15×10^{-07}	rs6502851 rs59277121	17:5,150,403 17:5,244,821	<i>SCIMP;</i> <i>RABEP1</i>	3.89×10^{-08}

**POLK* and *POC5* loci present brain non-cortical cis-e.

Supplementary Table 4. Association results for rs2732703-*KANSL1/MAPT* in *APOE* ε4 carriers and non-carriers across GR@ACE endophenotypes.

	AD OR (CI95%); P-value	AD+ OR (CI95%); P-value	AD++ OR (CI95%); P-value	AD+++ OR (CI95%); P-value
APOE+	0.88 (0.81 - 0.97); 0.007	0.87 (0.80 - 0.96); 0.005	0.87 (0.78 - 0.97); 0.01	0.85 (0.75 - 0.96); 0.01
APOE-	0.88 (0.76 - 1.01); 0.07	0.88 (0.76 - 1.01); 0.07	0.87 (0.75 - 1.01); 0.07	0.87 (0.74 - 1.03); 0.10

Supplementary Table 5. Replication results for rs7100488-PCBD1/UNSC5B and rs117834366-CNTNAP2 in additional datasets.

	rs7100488-PCBD1/UNSC5B				rs117834366-CNTNAP2			
	Mayor/ Minor Allele	MAF	OR (CI95%)	P-value	Mayor/ Minor Allele	MAF	OR (CI95%)	P-value
GR@ACE	G/A	0.26	0.82 (0.76-0.89)	4.80 x 10 ⁻⁰⁷	G/A	0.01	2.20 (1.46-3.32)	0.00
NxC-Murcia Study	G/A	0.27	1.38 (0.84-2.26)	0.065	NA	NA	NA (NA-NA)	NA
AddNeuronMed1	G/A	0.27	1.31 (0.84-2.02)	0.232	G/A	0.02	1.76 (0.20-15.38)	0.61
AddNeuronMed2	G/A	0.25	1.05 (0.71-1.55)	0.799	G/A	0.02	0.35 (0.05-2.52)	0.30
ADGC1	G/A	0.26	1.04 (0.89-1.22)	0.608	G/A	0.02	0.79 (0.45-1.38)	0.41
ADGC2	G/A	0.26	0.79 (0.61-1.01)	0.058	G/A	0.02	0.97 (0.43-2.18)	0.94
ADGC3	G/A	0.26	0.92 (0.77-1.10)	0.384	G/A	0.01	1.27 (0.50-3.20)	0.62
ADNI1	G/A	0.24	0.99 (0.62-1.59)	0.971	G/A	0.02	11.89 (0.44-322.73)	0.14
ADNI2	G/A	0.27	1.09 (0.78-1.51)	0.627	G/A	0.02	0.41 (0.11-1.44)	0.16
GENADA	G/A	0.25	0.94 (0.79-1.13)	0.507	G/A	0.02	0.54 (0.24-1.25)	0.15
TGEN	G/A	0.25	0.94 (0.76-1.16)	0.582	G/A	0.01	2.22 (0.69-7.18)	0.18
MAYO	G/A	0.25	1.03 (0.87-1.20)	0.762	G/A	0.02	0.80 (0.40-1.62)	0.54
NIA	G/A	0.26	0.91 (0.76-1.09)	0.302	G/A	0.01	0.80 (0.32-1.99)	0.63
ROSMAP1	G/A	0.25	1.12 (0.81-1.56)	0.490	NA	NA	NA	NA
ROSMAP2	G/A	0.24	0.85 (0.52-1.40)	0.524	G/A	0.01	1.97 (0.13-30.28)	0.63
ROSMAP3	G/A	0.20	0.82 (0.38-1.76)	0.606	NA	NA	NA	NA
IGAP_Stage_I	G/A	NA	0.99 (0.95-1.02)	0.584	NA	NA	NA	NA

NA: Non Available

Supplementary Table 6. Top ten biological pathways per gene cluster after sub-analysis of gene Category C.

GeneOntology Pathway	Top 10 co-regulated pathways for <i>Category C1</i>	P-value
GO:0050865	regulation of cell activation	2.22×10^{-16}
GO:0002253	activation of immune response	3.11×10^{-15}
GO:0002764	immune response-regulating signaling pathway	8.99×10^{-15}
GO:0007159	leukocyte cell-cell adhesion	2.08×10^{-14}
GO:0009617	response to bacterium	3.13×10^{-12}
GO:0050900	leukocyte migration	6.88×10^{-12}
GO:0098542	defense response to other organism	2.43×10^{-11}
GO:0002274	myeloid leukocyte activation	3.50×10^{-9}
GO:0045785	positive regulation of cell adhesion	3.96×10^{-9}
GO:0060326	cell chemotaxis	5.29×10^{-9}
GeneOntology Pathway	Top 10 co-regulated pathways for <i>Category C2</i>	P-value
GO:0048514	blood vessel morphogenesis	3.20×10^{-6}
GO:0050673	epithelial cell proliferation	6.54×10^{-6}
GO:0051271	negative regulation of cellular component movement	8.74×10^{-6}
GO:0040013	negative regulation of locomotion	1.45×10^{-5}
GO:1901342	regulation of vasculature development	2.85×10^{-5}
GO:0031346	positive regulation of cell projection organization	4.93×10^{-5}
GO:0001655	urogenital system development	6.98×10^{-5}
GO:0014812	muscle cell migration	4.00×10^{-4}
GO:0051961	negative regulation of nervous system development	4.00×10^{-4}
GO:0042476	odontogenesis	4.00×10^{-4}

Supplementary Table 7. Top ten biological pathways per gene cluster after secondary gene categorization.

GeneOntology Pathway	Top 10 co-regulated pathways for Category A	P-value
Category_A^a		
GO:0050865	regulation of cell activation	3.33 x 10 ⁻¹⁶
GO:0032103	positive regulation of response to external stimulus	2.44 x 10 ⁻¹⁵
GO:0002253	activation of immune response	3.46 x 10 ⁻¹⁴
GO:0022407	regulation of cell-cell adhesion	7.78 x 10 ⁻¹⁴
GO:0007159	leukocyte cell-cell adhesion	1.90 x 10 ⁻¹³
GO:0050900	leukocyte migration	3.81 x 10 ⁻¹³
GO:0045785	positive regulation of cell adhesion	4.27 x 10 ⁻¹³
GO:0070661	leukocyte proliferation	5.15 x 10 ⁻¹³
GO:0002764	immune response-regulating signaling pathway	6.29 x 10 ⁻¹³
GO:0034341	response to interferon-gamma	1.32 x 10 ⁻¹¹
Category_A^b		
GO:1901342	regulation of vasculature development	2.14 x 10 ⁻⁷
GO:0032103	positive regulation of response to external stimulus	4.48 x 10 ⁻⁷
GO:0007159	leukocyte cell-cell adhesion	4.50 x 10 ⁻⁷
GO:0022407	regulation of cell-cell adhesion	6.87 x 10 ⁻⁷
GO:0010573	vascular endothelial growth factor production	1.92 x 10 ⁻⁶
GO:0060326	cell chemotaxis	3.75 x 10 ⁻⁶
GO:0050727	regulation of inflammatory response	1.50 x 10 ⁻⁵
GO:0045444	fat cell differentiation	1.71 x 10 ⁻⁵
GO:2001057	reactive nitrogen species metabolic process	4.01 x 10 ⁻⁵
GO:0048514	blood vessel morphogenesis	4.82 x 10 ⁻⁵
Category_B		
GO:0002253	activation of immune response	0
GO:0002764	immune response-regulating signaling pathway	0
GO:0007159	leukocyte cell-cell adhesion	0
GO:0050900	leukocyte migration	0
GO:0050865	regulation of cell activation	1.16 x 10 ⁻¹⁶
GO:0009617	response to bacterium	3.24 x 10 ⁻¹⁴
GO:0002274	myeloid leukocyte activation	6.20 x 10 ⁻¹⁴
GO:0060326	cell chemotaxis	2.23 x 10 ⁻¹²
GO:0022407	regulation of cell adhesion	2.28 x 10 ⁻¹²
GO:0031349	positive regulation of defense	4.72 x 10 ⁻¹²
Category_C		
GO:0050865	regulation of cell activation	3.31 x 10 ⁻⁹
GO:0007159	leukocyte cell-cell adhesion	1.16 x 10 ⁻⁷
GO:0002443	leukocyte mediated immunity	1.20 x 10 ⁻⁷
GO:0098542	defense response to other organism	5.75 x 10 ⁻⁶
GO:0002250	adaptive immune response	6.10 x 10 ⁻⁶
GO:0032623	interleukin-2 production	8.03 x 10 ⁻⁶
GO:0002764	immune response-regulating signaling pathway	8.58 x 10 ⁻⁶
GO:0002683	negative regulation of immune system process	1.01 x 10 ⁻⁵

GO:0001818	negative regulation of cytokine production	1.53 x 10 ⁻⁵
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Category A^a: Pathway analysis conducted with top 150 co-expressed genes; Category A^b: Pathway analysis conducted with loci co-expressing with more than 4 LOAD genes (N = 43)

Supplementary Table 8. Association results for known LOAD loci in meta-analysis of GR@ACE with dbGaP datasets and IGAP Stage I and Stages I+II.

Marker	Near Gene	CHR:BP	Major/ Minor	dbGAP (n = 21,235)			IGAP Stage I (n = 61,571)			IGAP Stage I + II (n = 81,455)		
				OR	95%CI	Meta P-value	OR	95%CI	Meta P-value	OR	95%CI	Meta P-value
rs6656401	<i>CRI</i>	1:207692049	G/A	1.12	1.06 – 1.18	2.26 x 10 ⁻⁵	1.15	1.11 – 1.19	1.74 x 10 ⁻¹⁴	1.17	1.13 – 1.20	1.83 x 10 ⁻²³
rs6733839	<i>BINI</i>	2:127892810	C/T	1.23	1.18 – 1.28	5.37 x 10 ⁻²⁰	1.20	1.16 – 1.23	2.77 x 10 ⁻³⁰	1.21	1.18 – 1.24	1.18 x 10 ⁻²³
rs35349669	<i>INPP5D</i>	2:234068476	C/T	1.03	0.99 – 1.08	0.146	1.05	1.02 – 1.09	6.26 x 10 ⁻⁴	1.07	1.04 – 1.09	3.45 x 10 ⁻⁷
rs190982	<i>MEF2C</i>	5:88223420	A/G	0.93	0.89 – 0.97	0.002	0.93	0.96 – 0.90	3.74 x 10 ⁻⁶	0.93	0.96 – 0.91	4.00 x 10 ⁻⁸
rs9271192	<i>HLA-DRB5/ HLA-DRB1</i>	6:32578530	A/C	1.03	0.98 – 1.09	0.214	1.09	1.13 – 1.05	4.51 x 10 ⁻⁷	1.10	1.13 – 1.07	1.07 x 10 ⁻¹⁰
rs10948363	<i>CD2AP</i>	6:47487762	A/G	1.10	1.05 – 1.16	3.14 x 10 ⁻⁵	1.10	1.13 – 1.06	4.94 x 10 ⁻⁹	1.10	1.13 – 1.07	7.05 x 10 ⁻¹²
rs1476679	<i>ZCWPWI</i>	7:100004446	T/C	0.92	0.88 – 0.96	4.56 x 10 ⁻⁴	0.93	0.96 – 0.90	2.07 x 10 ⁻⁶	0.92	0.94 – 0.89	1.97 x 10 ⁻¹⁰
rs11771145	<i>EPHA1</i>	7:143110762	G/A	0.93	0.89 – 0.97	0.002	0.91	0.88 – 0.94	5.22 x 10 ⁻¹⁰	0.91	0.89 – 0.93	6.02 x 10 ⁻¹⁴
rs2718058	<i>NME8</i>	7:37841534	A/G	0.96	0.92 – 1.00	0.040	0.94	0.97 – 0.91	2.44 x 10 ⁻⁶	0.93	0.95 – 0.91	1.17 x 10 ⁻⁸
rs28834970	<i>PTK2B</i>	8:27195121	T/C	1.07	1.02 – 1.12	0.002	1.09	1.12 – 1.06	5.81 x 10 ⁻⁹	1.10	1.12 – 1.07	1.57 x 10 ⁻¹³
rs9331896	<i>CLU</i>	8:27467686	T/C	0.92	0.88 – 0.96	2.46 x 10 ⁻⁴	0.88	0.91 – 0.86	5.56 x 10 ⁻¹⁵	0.88	0.90 – 0.86	3.75 x 10 ⁻²³
rs11218343	<i>SORL1</i>	11:121435587	T/C	0.84	0.75 – 0.93	0.002	0.78	0.84 – 0.73	1.10 x 10 ⁻¹⁰	0.78	0.83 – 0.74	1.97 x 10 ⁻¹⁴
rs10838725	<i>CELF1</i>	11:47557871	T/C	1.06	1.02 – 1.11	0.006	1.07	1.04 – 1.10	3.23 x 10 ⁻⁶	1.08	1.05 – 1.10	5.95 x 10 ⁻⁹
rs983392	<i>MS4A2</i>	11:59923508	A/G	0.89	0.85 – 0.95	5.10 x 10 ⁻⁸	0.90	0.87 – 0.93	8.51 x 10 ⁻¹³	0.90	0.88 – 0.92	2.15 x 10 ⁻¹⁷
rs10792832	<i>PICALM</i>	11:85867875	G/A	0.86	0.83 – 0.90	1.89 x 10 ⁻¹¹	0.88	0.86 – 0.91	4.23 x 10 ⁻¹⁸	0.87	0.85 – 0.89	4.22 x 10 ⁻²⁸
rs17125944	<i>FERMT2</i>	14:53400629	T/C	1.10	1.02 – 1.19	0.015	1.12	1.18 – 1.06	1.24 x 10 ⁻⁴	1.13	1.18 – 1.08	1.10 x 10 ⁻⁸
rs10498633	<i>SLC2A4A/RIN3</i>	14:92926952	G/T	0.92	0.87 – 0.96	7.40 x 10 ⁻⁴	0.92	0.88 – 0.95	1.24 x 10 ⁻⁶	0.92	0.89 – 0.95	3.07 x 10 ⁻⁸
rs74615166	<i>TRIP4</i>	15:64725490	T/C	1.09	0.95 – 1.25	0.239	1.25	1.41 – 1.12	1.42 x 10 ⁻⁴	1.22	1.34 – 1.12	8.48 x 10 ⁻⁶
rs2732703	<i>MAPT</i>	17:44353222	T/G	0.91	0.86 – 0.96	8.98 x 10 ⁻⁴	0.86	0.91 – 0.81	1.28 x 10 ⁻⁷	0.87	0.92 – 0.82	2.08 x 10 ⁻⁷
rs11870474	<i>ATP5H/KCTD2</i>	17:73030810	C/A	1.13	1.00 – 1.28	0.056	1.17	1.08 – 1.27	2.81 x 10 ⁻⁴	1.16	1.07 – 1.25	1.11 x 10 ⁻⁴
rs4147929	<i>ABCA7</i>	19:1063443	G/A	1.08	1.02 – 1.15	0.008	1.12	1.08 – 1.17	2.83 x 10 ⁻⁹	1.14	1.10 – 1.17	2.44 x 10 ⁻¹⁵
rs429358	<i>APOE</i>	19:45411941	T/C	3.21	3.02 – 3.41	1.88 x 10 ⁻³⁰³	3.41	3.57 – 3.25	0	NA	NA	NA
rs3865444	<i>CD33</i>	19:51727962	C/A	0.90	0.86 – 0.94	6.75 x 10 ⁻⁶	0.92	0.89 – 0.95	3.61 x 10 ⁻⁸	0.94	0.91 – 0.96	1.13 x 10 ⁻⁶
rs7274581	<i>CASS4</i>	20:55018260	T/C	0.87	0.81 – 0.93	1.02 x 10 ⁻⁴	0.89	0.93 – 0.84	3.92 x 10 ⁻⁶	0.89	0.93 – 0.85	5.17 x 10 ⁻⁸