

GENETICS OF SPONTANEOUS IDIOPATHIC PRETERM BIRTH:
EXPLORATION OF MATERNAL AND FETAL GENOMES

By

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Dissertation

Submitted to the Faculty of the
Graduate School of Vanderbilt University
in partial fulfillment of the requirements for
the degree of

DOCTOR OF PHILOSOPHY

in

Human Genetics

August, 2013

Nashville, Tennessee

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To all my friends and family without whom I would never have made it this far

and

A very special thank you to a charming person who saw me better than I saw myself and helped me believe...

ACKNOWLEDGEMENTS

The work presented in this dissertation was supported by the Vanderbilt Medical Scientist Training Program (MSTP) grant T32 GM007347, as well as funding from the March of Dimes (21-FY2011-16 "Genetic Analysis of Human Preterm Birth"). A very heartfelt thank you to all the individuals who participated in these studies. All of the work presented here would have not been possible without you.

The work presented here was guided by the input from my thesis committee: Dana Crawford (committee chair), Michael DeBaun, Louis Muglia, Dan Roden and Scott Williams. Special acknowledgements are needed for my mentor, Louis Muglia. Lou has helped give me the skills required to complete my dissertation and allowed me grow to become an excellent scientist, but even more importantly was an excellent role model for how to be an outstanding person.

Thanks to the students of the Program in Human Genetics for their discussions and support. Special thanks to Will Bush and Stephen Turner for their excellent genetics blog, "Getting Genetics Done", and especially for their R code which was used for the QQ and Manhattan plots presented here and used throughout my training.

I would also like to thank all of the staff of the DNA Resources Core especially Holli Dilks, Cara Sutcliffe and Paxton Baker. Additionally, Christian

Shafer was extremely helpful with our whole-exome sequencing and answering all of my computational questions.

Modern human genetics requires a team, and all of the people above have been instrumental in helping me complete my dissertation and made the journey more enjoyable.

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CHAPTER I

INTRODUCTION*

Preterm birth (PTB) is defined as live birth before 37 complete weeks gestation. Parturition in humans, typically occurs between 37-42 weeks gestation, with 40 weeks gestation being the most common (Figure 1.1). The rate of preterm birth has risen over the past two decades worldwide and in 2010 was 12.0% in the United States, which is a 15% increase from 1990.¹ PTB is responsible for 75% of perinatal mortality and greater than 50% of long-term morbidity.² The lungs³ and brain⁴ are particularly susceptible to insult. Studies have estimated that PTB is responsible for half of all pediatric neurodevelopmental disabilities.⁵ The severity and incidence of these associated comorbidities increases with decreased gestational length.⁶ When one considers the constellation of health conditions and disabilities prematurity creates, it is the leading cause of disability in the United States and worldwide.⁷ In addition to the disabilities and medical comorbidities that PTB causes, its cost to society and families is devastating.^{8,9} A 2006 report from the Institute of Medicine estimates the cost to care for preterm infants and the associated comorbidities at greater than \$26 billion per year.¹⁰ Clearly, PTB is a major public health concern.

*Adapted from: Jude J. McElroy's thesis proposal, Defining the Genetics of Spontaneous Idiopathic Preterm Birth

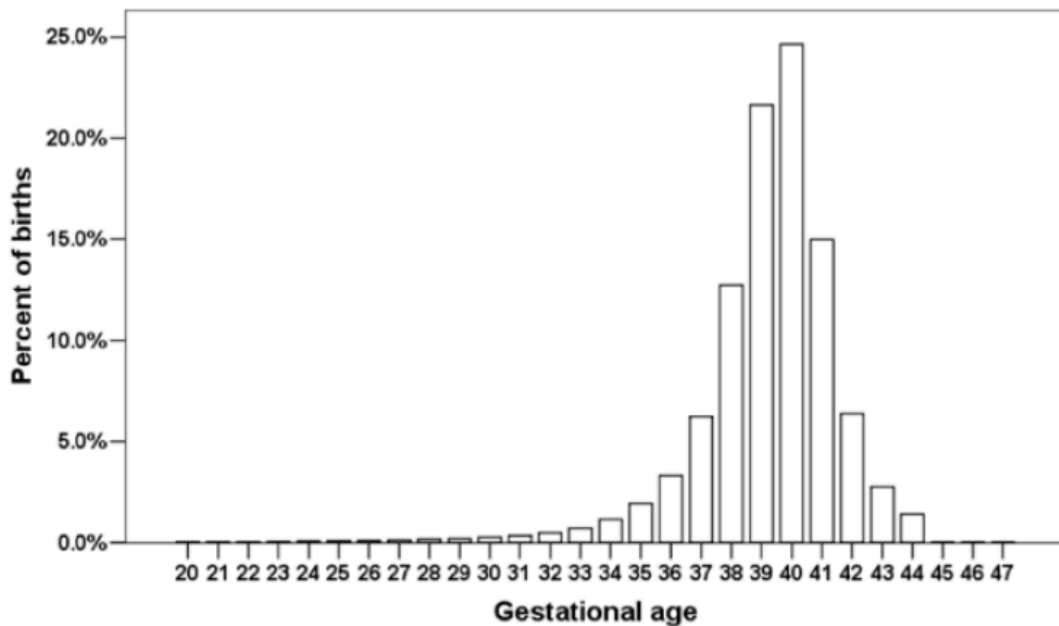


Figure 1.1: **Birth timing in Missouri (1978-1997)**. From Plunkett et al. 2008

Classification of Preterm birth

There are two main categories of PTB: spontaneous and medically indicated. PTB can almost equally be divided between these two groups.¹¹ Medically indicated PTB can be grouped by indication, the most common of which include preeclampsia, placental abruption, and maternal or fetal distress. Similarly, spontaneous PTB can be divided into two groups: idiopathic and accompanied by preterm premature rupture of the membranes (PPROM). Racial disparity is seen in the most common causes and rates of spontaneous PTB. In Caucasian women, preterm labor is the most common cause while PPRM is responsible for the majority in African American women.⁵ Spontaneous PTB is almost twice as common in African American women compared to Caucasian

women when all other risk factors are equal (Figure 1.2).¹² The cause of this large discrepancy remains unknown and represents one of the largest in medicine.

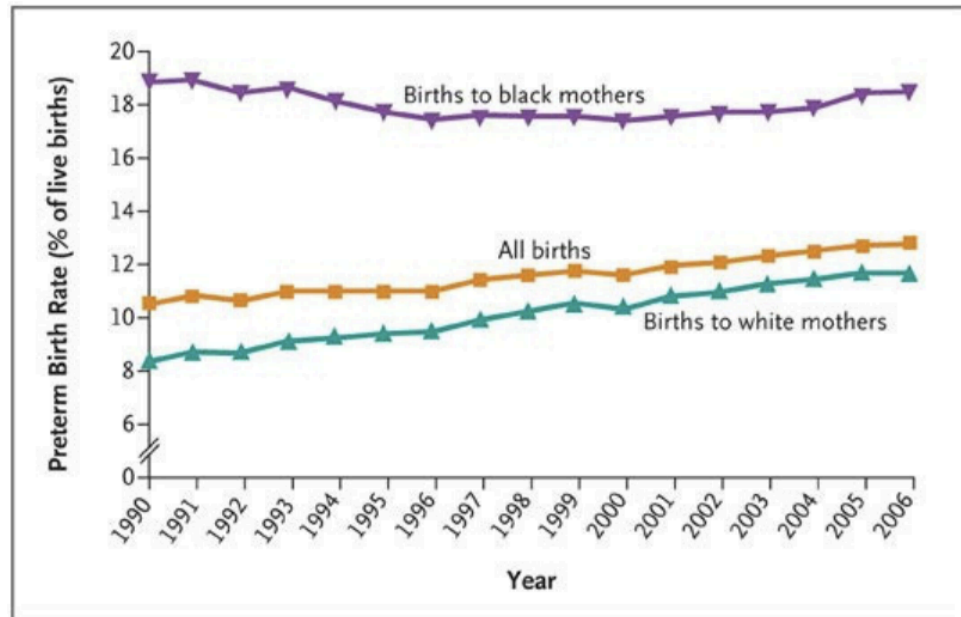


Figure 1.2: **Singleton preterm birth rates in the US 1990-2006.** Data from the National Center for Health Statistics by ethnicity. From Muglia & Katz 2010

Pathways hypothesized to be involved in preterm birth

Currently there are four main pathways hypothesized to be involved in the etiology of PTB: 1) activation of the maternal or fetal hypothalamic-pituitary-adrenal (HPA) axis, 2) infection and inflammation, 3) decidual hemorrhage, and 4) uterine distention (Figure 1.3).¹³ These pathways are not mutually exclusive and there is much crosstalk between them. All of these pathways converge on a final common pathway that results in PTB.

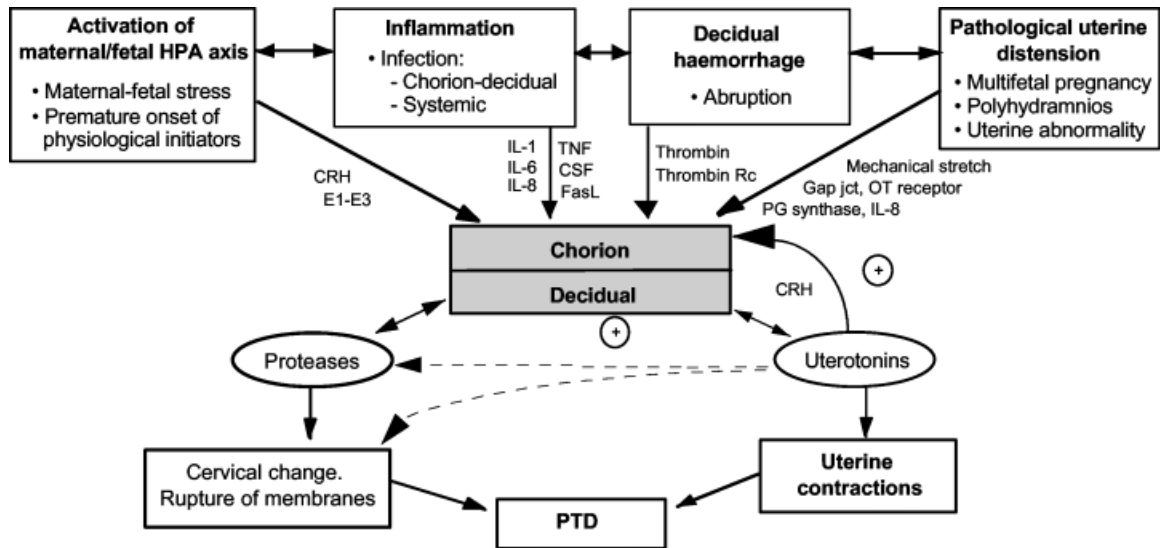


Figure 1.3: Overview of pathways believed to be involved in preterm delivery. From Lockwood & Kuczynski 2001

An important outstanding question is whether PTB represents inappropriate early activation of the normal parturition pathway or is a unique mechanism. This question is harder to answer than one might expect because human parturition is not well understood. Studies in sheep during the 1970s are the basis for the progesterone withdrawal theory of labor.^{14,15} Briefly, levels of progesterone rise during pregnancy which is critical for maintenance of uterine quiescence, but abruptly decline prior to labor. The decline in progesterone is believed to be the precipitating event leading to labor. This abrupt decline is seen in mouse, rat, hamster, cow, goat, and sheep; however, it is absent in humans and great apes.^{16,17} While there is not a systemic decline in progesterone concentration in humans prior to labor, there is some evidence that there may be a more localized decrease in progesterone or changes in the receptor isoform, co-

activators, and co-repressors resulting in a “functional withdrawal”.^{15,18,19} Additionally, there is evidence that the human progesterone receptor has been the target of adaptive evolution.²⁰ Because of the difference in labor initiation and evolution of the human progesterone receptor, studying the etiology and pathophysiology of human PTB is best performed in humans.

Epidemiological risk factors

Epidemiological studies have identified a number of risk factors that are associated with an increased risk of PTB. As previously mentioned race has been shown to play a significant role.²¹⁻²⁶ Other well recognized risk factors for PTB are low socioeconomic status and education, low and high maternal age, and single marital status.²⁷⁻²⁹ Multiple gestations almost always deliver prior to term with nearly 60% of twins delivering preterm.² While only 2-3% of pregnancies are multiple-gestations they make up 15-20% of all PTBs.² Infection has long been recognized as a risk factor for PTB especially early (22-24 weeks) PTB.³⁰ Studies have shown that bacterial vaginosis,³¹ trichomoniasis,³² and periodontal infection³³ are more common in women who deliver preterm. Unfortunately, prophylactic treatment of gravid women with antibiotics has been unsuccessful at decreasing the rate of PTB even though it decreased the rate of positive cultures.^{34,35} Both extremes of body mass index (BMI) have been shown to be risk factors for PTB. Women with low BMI³⁶ prior to pregnancy are more likely to have a spontaneous preterm delivery while obese² women are more likely to

develop complications that require a medically indicated PTB. However, some studies have seen a protective effect for obesity.³⁶ Low serum concentration of iron, folate, and zinc associate with delivering preterm.³⁷⁻³⁹ Studies have also shown that high levels of psychological or social stress increase the risk of PTB even after correcting for sociodemographic, medical, and behavioral risk factors.^{40,41} In the United States, 12-15% of pregnant women smoke throughout their pregnancy and smoking has been shown to increase the risk of PTB.⁴²⁻⁴⁴ Heavy alcohol consumption and the use of cocaine and heroin have been associated with increased risk of PTB.² The interpregnancy interval has been shown to be a significant variable in PTB.⁴⁵ When this interval is less than six months, the rate of PTB is more than double after adjusting for other confounders.⁴⁶

Evidence of a genetic component

A number of lines of evidence support the role of genetics in PTB, and birth timing in general. One of the most significant risk factors of having a preterm delivery is a positive family history.⁴⁷⁻⁴⁹ The risk of preterm birth in females whose sister has had a preterm delivery is 80% higher themselves.⁵⁰ A number of twin and family studies investigating birth timing have been performed and report heritability (h^2) ranging between 30-40%.⁵¹⁻⁵³ These family studies have also illustrated that birth timing (both pre and post term) is stable across generations and sibships. The most common time or recurrence is during

the same week of gestation (Figure 1.4).⁵⁴⁻⁵⁶ Segregation analysis has shown that the maternal genome plays the largest role in preterm birth.⁵³ Another line of evidence supporting a genetic component of PTB was a study by Ward et al. (2005), which found a significantly higher coefficient of kinship in PTB cases compared to controls in a Utah population.⁵⁷ However, even with this wealth of evidence that preterm birth has a large genetic component we are still currently unable to identify the variation responsible for the vast majority of cases.

Due to the known risk factors of PTB and four hypothesized pathways, the majority of previous candidate gene studies have focused on genes involved in the immune response, inflammation, drug metabolism, and connective tissue

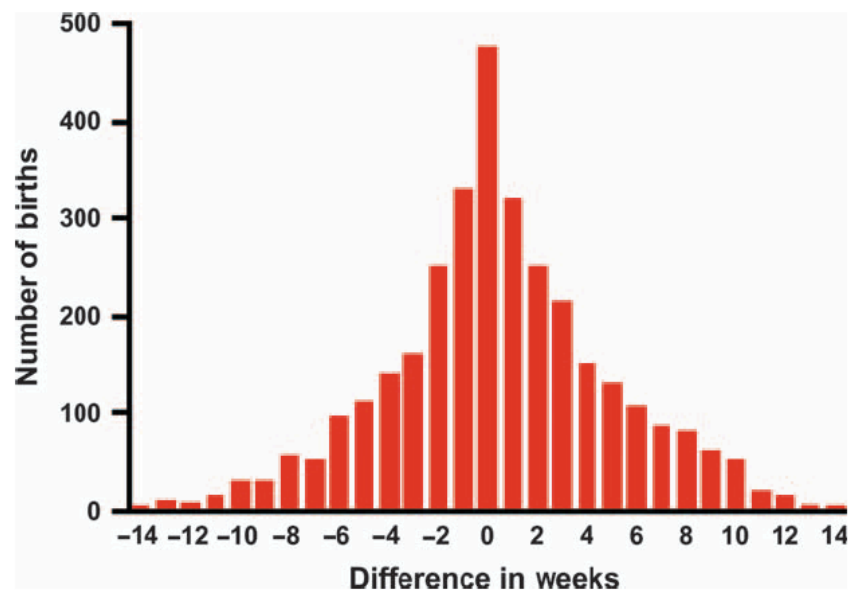


Figure 1.4: A histogram illustrating the difference in gestational age between consecutive preterm pregnancies to an individual mother in Missouri, 1989-1997. From Chaudhari et al. 2008

remodeling.⁵⁸⁻⁶⁰ There have been a handful of positive associations between common variants and PTB many of which have not replicated due to a number of reasons one of which is lack of power due to small sample sizes. For a complete list of genes associated with PTB please see Appendix A.

While the genetic causes of the vast majority of PTBs are idiopathic, the Mendelian disorder Ehlers-Danlos Syndrome (EDS) serves as a proof-of-principle that a genetic disorder can increase the risk of PTB. EDS are a group of Mendelian disorders inherited in both an autosomal dominant and autosomal recessive manner in which the connective tissue is affected. Individuals with vascular (Type IV) EDS are at an increased risk of PTB primarily due to PPROM.⁶¹

Because PPROM involves rupture of the fetal membranes this raises the unresolved question of who should be considered the proband when investigating PTB, the infant or the mother (Figure 1.5)? Additionally, the placenta is fetal tissue and placental insufficiency and/or abruption are common causes of medically indicated PTB. While genetic modeling and segregation analysis have shown that the maternal genome plays the largest role in the genetic component of PTB risk, all children born to mothers who have had a preterm delivery are not born preterm. This raises the possibility that the fetus's genome individually or through an interaction with the maternal genome or the environment might be playing a partial role in etiology of PTB.

(GWAS), exome array association, whole-exome sequence and pathway analysis. In addition to using a group of complementary methods, we also interrogated both maternal and fetal genomes for their potential role in the etiology or pathogenesis of PTB. The ultimate goal of this research is to help prevent PTB and improve public health.

CHAPTER II

MATERNAL GENOME-WIDE ASSOCIATION FOR PRETERM BIRTH RISK AND GESTATION LENGTH[†]

Introduction

Preterm birth (PTB) is defined by the World Health Organization (WHO) as live birth before 37 weeks' completed gestation and occurs in 12.0% of pregnancies in the United States.⁶² Despite this major public health concern,^{6,63} little is known about the pathogenesis of PTB. The limited insight into PTB is contributed to by the fact that the mechanism for normal parturition in general is not well understood in humans.⁶⁴

A number of lines of evidence suggests that PTB has a genetic component such as PTB aggregating in families, segregation analysis and genetic modeling.^{16,51,53} Primarily through candidate gene studies, there have been a number of SNPs associated with PTB; however, contradictory evidence from replication studies exists, and none of these have large effect sizes or have implicated new mechanisms in parturition control.⁶⁰

Prior genetic model and segregation analysis have illustrated that the maternal genome plays an important role in the genetic contribution to PTB risk.⁵³ However, this does not mean that the fetal genome or paternally inherited

[†] Adapted from McElroy et al. In Preparation

genes in the fetus are not also potentially important, but only that the maternal genome plays the most significant role and models indicating a maternal genome contribution are the best fitting.

Due to this and the minimal success of candidate gene/pathway studies' ability to explain only a small percentage of cases of PTB, we decided to take a different approach and performed a genome-wide association study (GWAS) in a Finnish dataset of mothers from Helsinki and Oulu. This is conceptually different than a candidate/gene pathway study, which is limited by prior understanding or hypothesized mechanisms and is "hypothesis free".

The only "hypothesis" is that common alleles i.e. those with $\geq 5\%$ minor allele frequency (MAF) are involved with the phenotype and have smaller effect sizes e.g. odds ratios (OR) generally ≤ 1.3 .⁶⁵ GWAS are not without their own limitations, while candidate gene/pathway studies are limited by prior biology GWAS studies are limited by SNPs that are known at the time of the genotyping array design and also by the linkage disequilibrium (LD) in the population being studied. Additionally, "genome-wide" is somewhat of a misnomer and there are many genes/regions of the genome that are not covered at all or where the majority of the variation is not captured. However, even with these caveats GWAS have the ability to transform our understanding of the genetic underpinnings of disease and open up new avenues of research.⁶⁶

Here we report the first GWAS investigating PTB and gestational age in a dataset of mothers from Helsinki and Oulu Finland that were genotyped using the Affymetrix Genome-Wide Human SNP Array 6.0. We chose to examine the more traditional dichotomous PTB phenotype as well as the transformed quantitative trait, gestational age, which increased our statistical power and the results should be somewhat complementary.⁶⁷ While we did not identify any associations that surpassed the genome-wide significance threshold of $p\text{-value} = 5e-8$, we were able to discover a number of strong associations that could help elucidate new biology and better understand the basic mechanism of parturition.

Due to the lack of an independent dataset to replicate/generalize our most significant associations from this GWAS should be considered tentative until replicated in a large independent dataset. We present these results with the hopes that others will attempt to generalize our strongest associations in their datasets.

Results

Study population characteristics

The Finish mother dataset consisted of 539 total individuals of which 252 were cases and the remaining 287 samples were controls. These samples were a collection of mothers from Helsinki and Oulu Finland. Out of the 539 total samples, 152 were from Oulu and the remaining from Helsinki.

For the samples collected in Helsinki, we have access to dense demographic information some of which included maternal age, body mass index (BMI), gravidity, parity, smoking and alcohol use; however, unfortunately this information was not available for the Oulu mothers. If we had decided to adjust for variables, which were found to differ significantly between cases and controls in the Helsinki samples, we would be excluding all of the Oulu samples (~28% of the total number) from our analysis. Due to our small sample size, we could not afford the loss of that many samples; therefore all association analysis described below is unadjusted for any covariates.

Finnish mothers preterm birth chi-square association

The first analysis we performed was a standard allelic chi-squared genome-wide association study (GWAS) examining an association with PTB. In evaluating the quantile-quantile plot (QQ), we observed fewer than expected significant associations at the higher levels of significance (Figure 2.1). Our most significant SNP was rs871476 (p-value = 6.22e-6; OR = 0.484). This is an intergenic SNP which is ~114kb 5' upstream of solute carrier family 34 (sodium phosphate), member 2 (*SLC34A2*) and ~123 kb 3' downstream of anaphase promoting complex subunit 4 (*ANAPC4*). How this SNP is protective against PTB is currently unclear and will require further functional studies. For a complete list of SNPs with p-value < 10⁻⁴ please see Appendix B.

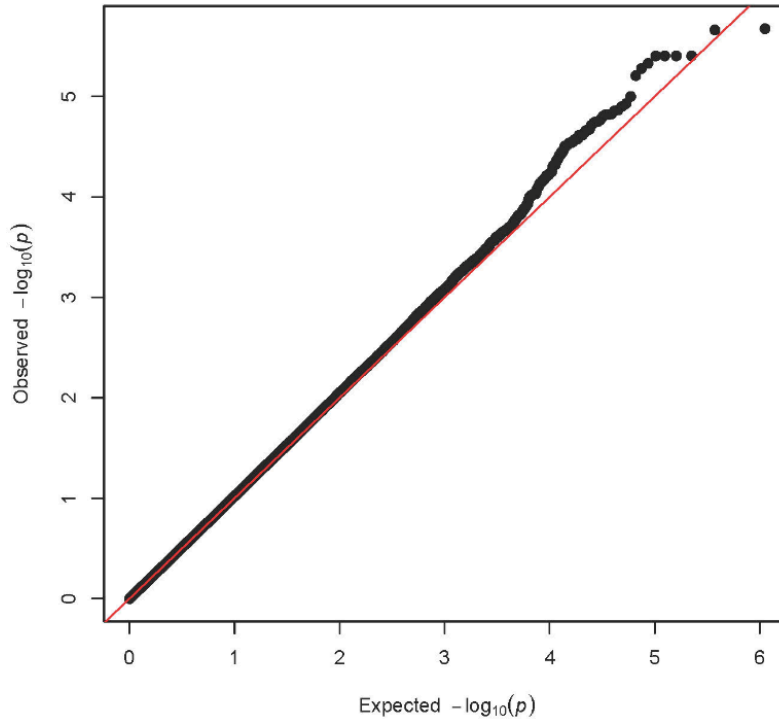


Figure 2.1: **QQ plot for chi-square allelic association analysis in our Finnish mothers genotyped on the Affymetrix 6.0 SNP array.**

Box-Cox transformation of gestational ages

Due to the smaller size of our Finnish mother dataset (539 total samples 252 born in the preterm range (< 37 weeks) and 287 term or (37-41 weeks)), we re-analyzed our Affymetrix 6.0 SNP arrays using the quantitative trait gestational age (in days), which increased our power to detect an association.⁶⁷ However, one of the main assumptions of linear regression is that the dependent variable is normally distributed. While linear regression is robust to deviations from normality we wanted to formally test whether our dependent variable i.e. gestational ages were normally distributed. To do so we performed a one-sample

Kolmogorov-Smirnov test which revealed that our gestational ages were very skewed, p-value = 1.49e-85 (Figure 2.2).

In order to normalize this distribution, we performed a Box-Cox power transformation. The lambda was determined using the Stata software package “boxcox” function with the rs6534679 genotypes coded recessively and was determined to be ~4.2. The gestational age was transformed using the original gestational age^{4.2} and the distribution was graphed again and appeared more normally distributed (Figure 2.3). We chose to use rs6534679 coded recessively to determine the best lambda because this was the SNP and model that had the most significant p-value for the untransformed gestational age linear regression when we examined the additive, dominant and recessive models (data not shown).

Box-Cox transformed gestational age unadjusted linear regression association analysis of Finnish mothers genotyped on the Affymetrix 6.0 SNP array

The unadjusted linear regression was performed using the Box-Cox transformed gestational age as our dependent variable. When the additive model was performed we observed three SNPs with p-values at the 10⁻⁶ level of significance with the most significant SNP being rs10874644 which is ~185kb 3' downstream of collagen, type XI, alpha 1 (COL11A1), p-value = 5.26e-6 and is protective i.e. promotes longer gestational age (Table 2.1). For a complete

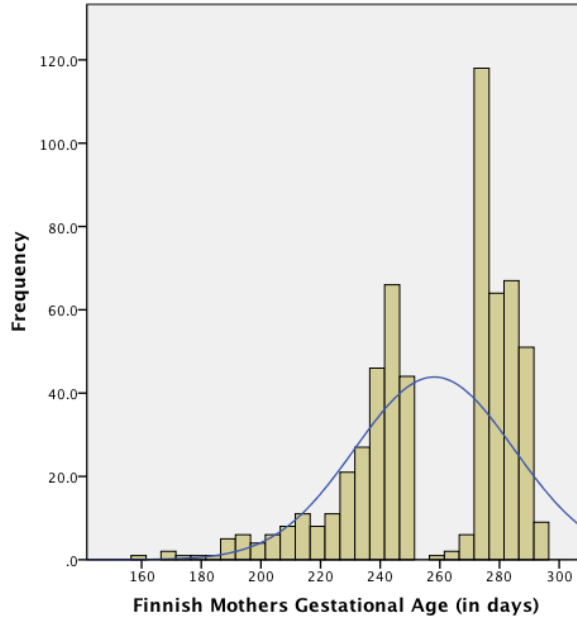


Figure 2.2: **Distribution of Finnish mother gestational ages in days with a normal curve overlaid.** The gestational ages are not normal (one-sample Kolmogorov-Smirnov test p-value = $1.49e-85$). In order to try to normalize our gestational ages we performed a Box-Cox power transformation and used that variable in the linear regression

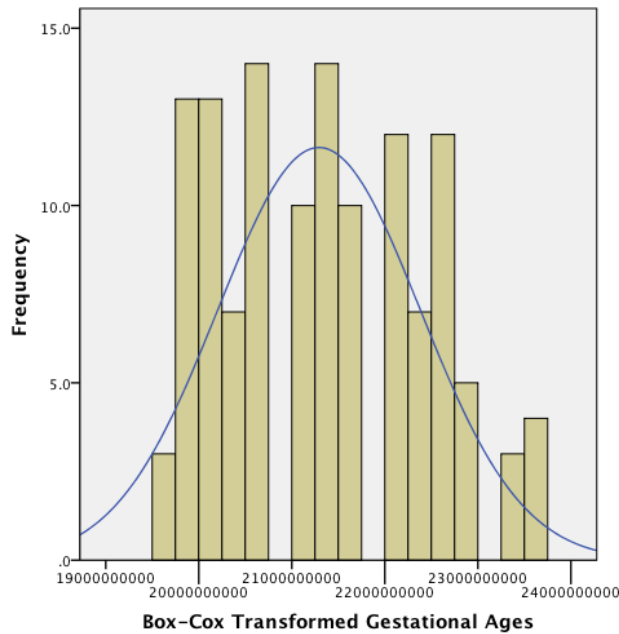


Figure 2.3: **Distribution of Finnish mother Box-Cox transformed gestational age with a normal curve overlaid.** Using the Stata software package the optimal lambda for the Box-Cox power transformation was determined to be ~ 4.2 . The transformed variable was then graphed and a normal curve was overlaid.

list of SNPs with p-values $< 10^{-4}$ please see Appendix C.

Because there is no a priori evidence to require gestational age to follow an allelic model, we also examined the genotypic 2-degree of freedom Box-Cox transformed gestational age linear regression for our Finnish mothers. We identified four SNPs with p-values $\leq 10^{-7}$ with the SNP 5' upstream of *TACC1* rs10104530 (p-value = $7.09e-8$) having the strongest genotypic association. When these four SNPs were tested using a dominant and recessive model rs10104530 had the most significant p-value, p-value = $9.45e-7$, under the recessive model (Table 2.2).

Discussion

To our knowledge, this is the first reported GWAS investigating preterm birth and gestational age in mothers. Due to this fact alone, we believe that this report is with merit.

When investigating PTB our most significant association was observed for rs871476, p-value = $6.22e-6$, OR = 0.48, which is an intergenic SNP that is ~114kb 5' upstream of *SLC34A2* and ~123 kb 3' downstream of *ANAPC4*.

SLC34A2, or the solute carrier family 34 (sodium phosphate), member 2, is involved in the active transport of phosphate into cells and maybe involved in surfactant production in type II alveolar cells in the lungs.^{68,69} While *SLC34A2* is

expressed in all tissues not surprisingly, it is most highly expressed in human lungs and trachea.^{70,71} Interestingly, surfactant production and increased surfactant levels in amniotic fluid has been shown to be a trigger for human parturition.^{72,73} While this is a possible mechanistic explanation how perturbation in *SLC34A2* could be involved in PTB, surfactant is produced by the fetus and the association was observed in the mothers. One could argue that this variant is being over-transmitted and/or preferentially transmitted to affected fetuses; however, this will require fetal genotyping and should be considered a future direction.

The gene most 5' to rs871476 is the anaphase promoting complex subunit 4, *ANAPC4*. *ANAPC4* is involved in the control of progression through mitosis and the G1 phase of the cell cycle. How perturbation in this gene could be involved in PTB is unclear, but a GWAS from 2010 found an intronic SNP in *ANAPC4* to be the strongest associated with weight (p-value = 1.44e-6) in a population of Filipino women.⁷⁴ The Illumina Human Body Map 2.0 (<http://www.ensembl.info/blog/2011/05/24/human-bodymap-2-0-data-from-illumina/>), identified expression of *ANAPC4* in human cervix. While level of expression in the cervix was not higher than the other tissues investigated, perturbation of this protein in the cervix could be a potential mechanism for how this gene could be involved in PTB.

Table 2.1: All SNPs with 10^{-6} level of significance for the unadjusted additive linear regression for the Box-Cox transformed gestational age in Finnish mothers genotyped on the Affymetrix 6.0 SNP array. Base pair (BP) positions refer to NCBI36 (hg18, March 2006 assembly) build of the human genome.

CHR	SNP	BP	GENE	LOCATION	MINOR ALLELE	BETA	L95	U95	P
1	rs10874644	102931572	<i>COL11A1</i>	3'downstream/intergenic	G	2.34E+09	1.34E+09	3.34E+09	5.26E-06
2	rs7583085	42876472	<i>HAAO</i>	5' upstream	G	1.78E+09	1.02E+09	2.54E+09	5.77E-06
2	rs7569325	42978493	<i>HAAO</i>	5' upstream	G	1.81E+09	1.02E+09	2.59E+09	7.54E-06

Table 2.2: All SNPs with a genotypic p-values $\leq 10^{-7}$ level of significance for Box-Cox gestational age and the subsequent dominant and recessive model p-values. The SNPs are sorted by GENO p-value. Base pair (BP) positions refer to NCBI36 (hg18, March 2006 assembly) build of the human genome.

CHR	SNP	BP	GENE	LOCATION	GENO P	DOM P	REC P
8	rs10104530	38682002	<i>TACC1</i>	5' upstream	7.09E-08	0.2987	9.45E-07
10	rs7094463	114701973	<i>TCF7L2</i>	intron	4.88E-07	6.37E-04	1.10E-03
15	rs1568209	90382294	<i>SLCO3A1</i>	intron	4.90E-07	1.82E-04	0.0199
15	rs11074035	90381355	<i>SLCO3A1</i>	intron	9.18E-07	2.49E-04	0.0208

Additionally, it is overly simplistic to believe that rs871476 is regulating genes that are over 100kb away or only these genes. To investigate this we interrogated the web expression quantitative trait loci (eQTLs) database, SCAN,⁷⁵ searching for rs871476 and found that this SNP is an eQTL controlling expression of *ACCS* (p-value = 7e-5) in the HapMap Northern and Western European ancestry (CEU) population. Unfortunately this gene, 1-aminocyclopropane-1-carboxylate synthase homolog (*Arabidopsis*), is believed to be non-functional and therefore is unlikely to be involved in the etiology of PTB.

In an attempt to increase statistical power, we performed linear regression using gestational age as the phenotype.⁶⁷ After we utilized a Box-Cox power transformation to transform our gestational ages and analyzed our data using an additive linear regression the most significant SNP was found to be rs10874644 (p-value = 5.26e-6), which is ~185kb 3' downstream of collagen, type XI, alpha 1 (*COL11A1*). This is one of the two alpha chains of type XI collagen, a minor collagen. This gene is ubiquitously expressed in all tissues examined via mRNA microarray.^{70,71} While this gene has not previously been implicated in preterm birth or gestational age control, mutations in *COL11A1* have previously been associated with type II Stickler syndrome,⁷⁶⁻⁷⁹ Marshall syndrome⁷⁹⁻⁸² and an increased risk for lumbar disc herniation.⁸³ None of these previously associated diseases have pregnancy/fertility phenotypes or at increased risk for PTB.

Once again additionally, this SNP is a far distance from the closest gene so it may very well exert its functional effect or be in LD with the causative variant

which could have its functional effect on a completely different gene possibly even on a different chromosome.

Examining the genotypic, dominant and recessive models after the Box-Cox transformation we observed that the same gene, *TACC1*, has the most significant genotypic, p-value = 7.09e-8. We also observe transforming, acidic coiled-coil containing protein 1 (*TACC1*) under the recessive model change from the third most significant to the most significant SNP with a p-value of 9.45e-7.

How *TACC1* is involved in the etiology of PTB or control of gestational age is currently unknown. *TACC1* is believed to be involved in the process that promotes cell division prior to tissue differentiation. Microarray expression analysis has found this gene to be expressed in all tissue types interrogated; however, one of the tissues with the highest expression was human uterus.^{70,71} The fact that one of the tissues with the highest expression was the uterus could help bolster the argument that it is involved in PTB or gestational age control. *TACC1* has currently been shown to be dysregulated in breast,⁸⁴⁻⁸⁶ ovarian⁸⁷ and gastric⁸⁸ carcinomas.

More interesting however, was the gene with the second most significant recessive model Box-Cox transformed gestational age, *TCF7L2* (p-value = 1.10e-3). Transcription factor 7-like 2 (*TCF7L2*), as the name implies is a transcription factor that plays a role in the Wnt signaling pathway.⁸⁹ Expression analysis has

found *TCF7L2* mRNA expression in all tissues examined, but one of the organ systems with higher expression is the female reproductive system.^{70,71}

This gene has been previously been associated with type 2 diabetes risk,⁹⁰⁻¹⁰⁶ glucose control,^{107,108} metabolic syndrome,¹⁰⁹ coronary heart disease¹¹⁰ and most importantly for us birth weight.¹¹¹ While SNPs in this gene have not yet been associated with gestational age if a carrier of a SNP which has been shown to alter birth weight that could indirectly control gestational age due to the uterine stretch response.^{18,112}

The SNP that we observed the strongest association in *TCF7L2* in this study, rs7094463, which promoted longer gestational ages, was not the same SNP, which was associated with increased birth, weight (rs7903146) and in our dataset these two SNPs were not in LD ($r^2 = 0.038$).

In conclusion, we present our preliminary results for our Finnish mothers GWAS investigating preterm birth and gestational age. Due to our lack of an independent dataset to replicate/generalize our most significant result all associations presented should be considered tentative. Our study actually creates more questions than it answers, but we present it with the hope that it will motivate others to interrogate their datasets for associations with our top-hits with the ultimate goal of understanding preterm birth etiology and the control of gestational age.

Materials and methods

Sample collection

Mothers from preterm or term deliveries were enrolled for genetic analysis by methods approved by the Institutional Review Boards/Ethics Committees of University Central Hospital, Helsinki and the University of Oulu. DNA was extracted from whole blood or Oragene® saliva kits. Standard manufacturer protocols were followed. All families filled out a detailed questionnaire, which included questions about their current pregnancy, past pregnancies and family histories.

Sample inclusion and exclusion criteria

For the Affymetrix Genome-Wide Human SNP Array 6.0 the inclusion and exclusion criteria are as described below. Case mothers were required to have been delivered spontaneously preterm between 22-36 weeks gestation and additionally either the child or mother had to have a first degree relative with a history of PTB, or a spontaneous idiopathic preterm delivery less than 35 weeks of gestation. Mothers were excluded if they had any medical indication for a preterm delivery, were part of a multiple gestation pregnancy, or other identified risk from preterm delivery such as recent trauma or clinical evidence of infection.

Finnish mothers Affymetrix Genome-Wide Human SNP Array 6.0

750ng of genomic DNA was sent to the Vanderbilt DNA microarray core or Washington University in St. Louis School of Medicine Genome Sciences Center where they performed QC and processed the Affymetrix arrays per the manufacture's protocol. Affymetrix® Genotyping Console™ software (GTC) version 4.0 was used to perform initial quality control (QC) and to make genotype calls. Briefly, all CEL files, both Washington University and Vanderbilt samples, were imported into GTC and initial QC determined which arrays are acceptable for genotype calling. Next, the Birdseed V2 genotype-calling algorithm that is embedded in GTC was used to call genotypes from the passing CEL files creating a Chp file containing all of the genotypes. The genotypes were exported as plain text files using a Perl script written by one of our collaborators at Washington University, Dr. Justin Fay, was used to create PLINK formatted MAP and PED files from the GTC output. PLINK v1.07 was used to perform QC using the following filters: 1.) Exclude SNPs with < 95% genotype efficiency, 2.) Remove samples with < 95% genotypes, 3.) Filter with minor allele frequency (MAF) < 0.05, 4.) Hardy Weinberg Equilibrium (HWE) < 0.0001 in controls. After data cleaning, our Finnish mother dataset consisted of 539 individuals of which 252 were cases and the remaining 287 were controls. The Affymetrix Genome-Wide Human SNP Array 6.0 consists of ~906,600 single nucleotide

polymorphisms (SNPs) and after standard quality control (QC) filters there were 561,598 SNPs remaining in our Finnish mothers dataset for interrogation.

Statistical analysis

All association analysis was performed using the software package PLINK v1.07. SPSS18 was used to perform one-sample Kolmogorov-Smirnov tests and plot histograms of gestational ages. Stata 11.1 and its “boxcox” function was used to determine the ideal lambda for the Box-Cox power transformation of gestational ages. The R software package was used to create QQ plots. All p-values are two-tailed unless noted otherwise.

CHAPTER III

FETAL VARIANTS IN THE *INF2* REGION ARE ASSOCIATED WITH GESTATIONAL AGE AND PRETERM BIRTH‡

Introduction

While there is growing evidence that genetics are involved in the etiology of preterm birth (PTB), we can currently ascribe a role to the genome in a small percentage of cases.^{16,60} Traditionally, PTB genetic studies focus on candidate gene and pathways studies, and while there have been some significant associations found many of these have failed to replicate.⁶⁰ Besides not replicating, another weakness of prior candidate gene/pathway studies is that they are limited by our current biological understanding.

Segregation analysis and genetic modeling found that models where PTB risk was conferred by the maternal genome to be the most parsimonious and best fitting.^{16,51,53} However, all offspring of mothers' who have experienced a preterm delivery are not delivered preterm, though, so there is almost certainly a fetal genome effect.⁵³

There have been a handful number of studies examining the role of fetal candidate genes and pathways for PTB risk;^{58,113-120} in this study we utilized an agnostic approach and report to our knowledge the first fetal genome-wide

‡ Adapted from McElroy et al. In Preparation

association study (GWAS) in examining two phenotypes: dichotomous PTB (case/control) and the quantitative trait gestational age. Here we report a SNP located within an intron of the Ensembl gene, *ENSG0256050*, and 5' upstream to *INF2*, rs7153053, to be significantly and reproducibly associated with PTB and gestational age. This association may elucidate new biology and possibly medical interventions for prevention of PTB.

Results

Study population characteristics

The Helsinki infant sample consisted of a total of 471 individuals (159 cases/312 controls) of which 236 were male and the remaining 235 were female. The software package SPSS Statistics V.20, was used to test for differences in demographic data between the case and control infants. The variables that were tested for differences include maternal age, body mass index (BMI), parity, gravidity, birth weight, birth length, alcohol use and smoking use. Besides the expected significant differences in birth weight and birth length between cases and controls, BMI (p-value = 0.015), gravidity (p-value = 0.016) and tobacco use (p-value = 0.003) differed significantly between groups and will be adjusted for in our analysis (Table 3.1). P-values were determined using a one-way ANOVA.

Table 3.1: **Demographic information for Helsinki infants genotyped on the Illumina Omni2.5 BeadChip.** Numbers in the table are mean (standard deviation) except for dichotomous variables where percentages were used. P-values were determined using a one-way analysis of variance (ANOVA).

Variable	Preterm (n=159)	Term (n=312)	P-value
Maternal age (yr)	31.3 (5.0)	31.4 (4.1)	0.767
Body Mass Index (kg/m ²)	23.6 (4.6)	22.7 (3.3)	0.015
Parity (n)	1.6 (0.093)	1.5 (0.71)	0.080
Gravidity (n)	2.1 (1.4)	1.9 (1.0)	0.016
Birth weight (g)	2389.9 (480.9)	3577.1 (417.6)	<0.0001
Birth length (cm)	45.3 (2.6)	50.3 (1.9)	<0.0001
Alcohol use (%)	3.9%	1.6%	0.123
Tobacco use (%)	9.2%	2.9%	0.003

Preterm birth additive logistic regression adjusted for BMI, gravidity and smoking status association analysis in Helsinki infants on the Illumina Omni2.5 BeadChip

After quality control (QC) of the Illumina Omni2.5 BeadChips, there were 1,695,052 single nucleotide polymorphism (SNPs) remaining for interrogation.

The initial analysis we performed was an adjusted additive logistic regression for PTB adjusting for three factors, which were shown to differ significantly. A quantile-quantile plot (QQ) showed almost no deviation from the expected distribution (Figure 3.1). There is one SNP with an adjusted additive logistic regression p-value at the 10^{-7} level of significance. The strongest associated SNP, rs7153053, was located in an intron of an Ensembl gene,

ENSG0256050, and 5' upstream of inverted formin, FH2 and WH2 domain containing (*INF2*) (p-value = 5.72e-7; OR = 2.11). For a complete list of all SNPs with p-values < 10⁻⁴ please see Appendix D. For comparison purposes, please see Appendix E for all SNPs with p-values < 10⁻⁴ for the unadjusted additive logistic regression.

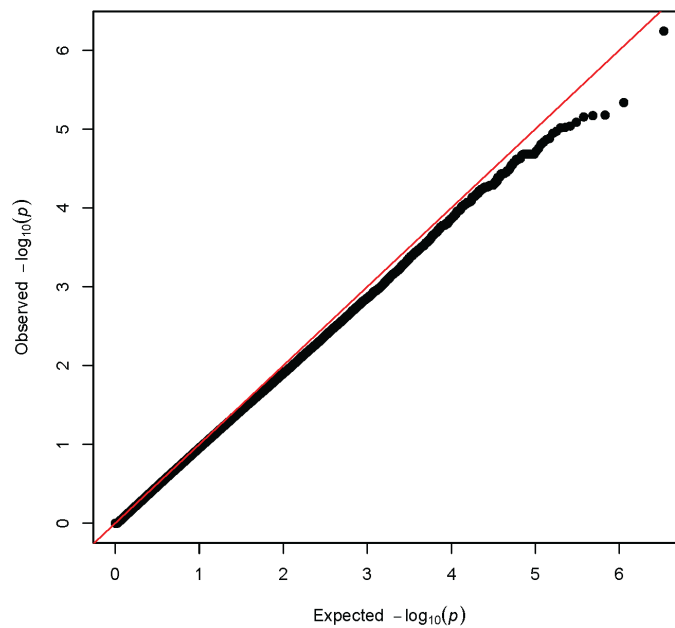


Figure 3.1: QQ plot of additive logistic regression adjusted for body mass index, gravidity and smoking status association analysis for dichotomous preterm birth phenotype in our Helsinki infants Omni2.5 dataset

Preterm birth genotypic logistic regression adjusted for BMI, gravidity and smoking status association analysis in Helsinki infants on the Illumina Omni2.5 BeadChip

Because there is no a priori evidence to conclude that PTB follows an allelic model, we re-analyzed our Helsinki infant dataset under a genotypic

model. We once again adjusted for the three covariates; BMI, gravidity and smoking that were identified to differ significantly between cases and controls.

Our most significantly associated SNP, and only one with a single SNP at the 10^{-7} level of significance is rs7153053, genotypic p-value = $7.40e-7$. This is the same SNP as observed under the additive model, but p-value is slightly less significant, $5.72e-7$ vs. $7.40e-7$, almost certainly not statistically different. However, because the p-values were so similar we concluded that the additive adjusted logistic regression was the model to use because it had very similar p-values and also saved us a degree of freedom. For a complete list of all SNPs with p-values $< 10^{-4}$ please see Appendix F. For comparison purposes, please see Appendix G for all SNPs with p-values $< 10^{-4}$ for the unadjusted genotypic logistic regression.

Box-Cox transformation of gestational age in Helsinki infants

Since our dataset is considered small for a GWAS, to gain additional statistical power,⁶⁷ we also analyzed the Helsinki infant dataset, 471 total samples 159 born in the preterm range (<37 weeks) and 312 term or (37-41 weeks) using the quantitative trait gestational age (in days).

One of the main assumptions of linear regression is that the dependent variable, in this case gestational age, is normally distributed. To test this we performed a one-sample Kolmogorov-Smirnov test on the gestational ages and

discovered that our gestational ages were very skewed, $p\text{-value} = 1.07e-67$ (Figure 3.2).

In order to normalize this distribution, we performed a Box-Cox power transformation.¹²¹ The lambda was determined using the Stata software package “boxcox” function with the rs7153053 genotypes coded additively and was determined to be 7.639. The gestational age was transformed using the original gestational age^{7.639} and the distribution was graphed again and appeared more normally distributed (Figure 3.3).

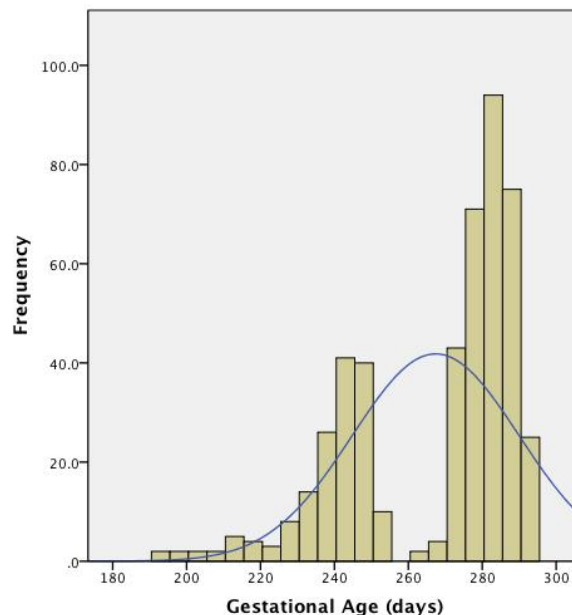


Figure 3.2: **Distribution of Helsinki infant gestational age in days with a normal curve overlaid.** The gestational ages are not normal which (one-sample Kolmogorov-Smirnov Test $p\text{-value} = 1.07e-67$). In order to try to normalize our gestational ages we performed a Box-Cox power transformation and used that variable in the linear regression.

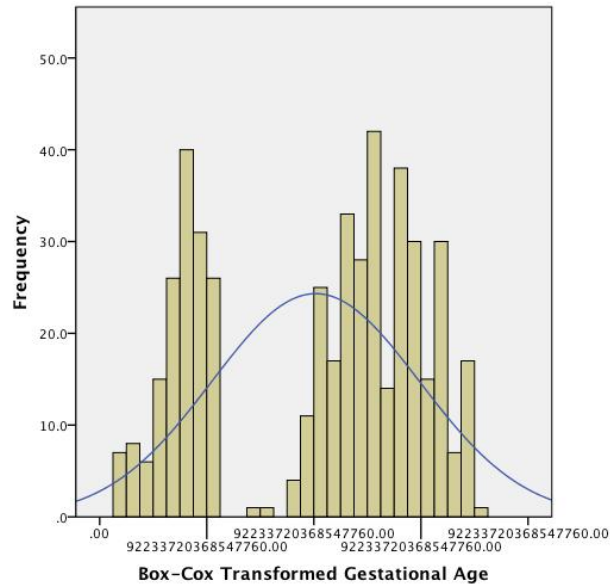


Figure 3.3: **Distribution of Helsinki infant Box-Cox transformed gestational age with a normal curve overlaid.** Using the Stata 12.1 software package the optimal lambda for the Box-Cox power transformation was determined to be 7.639. The transformed variable was then graphed and a normal curve was overlaid

Box-Cox transformed gestational age adjusted for BMI, gravidity and smoking status linear regression in Helsinki infants

The first regression that we performed was an adjusted additive model linear regression in which we adjusted for the three variables found to differ significantly between cases and controls: BMI, gravidity and smoking. We observed only a single SNP at the 10^{-8} level of significance. The strongest association was once again observed for rs7153053, which was also the SNP with the strongest association observed for the dichotomous PTB analysis, p-value = $6.28e-8$, and was risk promoting i.e. earlier gestational age. For the complete list of SNPs with p-values $< 10^{-4}$ please see Appendix H. The QQ plot illustrates that

the results do not deviate from the expected until we observe a slight underrepresentation in more highly significant associations and then there is the single SNP, rs7153053, which lies above the expected line (Figure 3.4).

Next, we ran an adjusted genotypic model linear regression for the Box-Cox transformed gestational age in which we were interested in SNPs in which the genotypic 2-degree of freedom have highly significant p-values. Just like for the PTB analysis, there is no evidence that gestational age needs to follow an additive allelic model, which is why we performed this investigation. This analysis was adjusted for the same variables as the additive linear regression. We utilized a genotypic p-value $\leq 10^{-7}$ as highly significant, we observed only a single SNP, rs7153053, p-value = 5.96e-8. This SNP, rs7153053, was then tested under the more defined dominant and recessive models. The most significant association was observed under the recessive model, p-value = 1.56e-7.

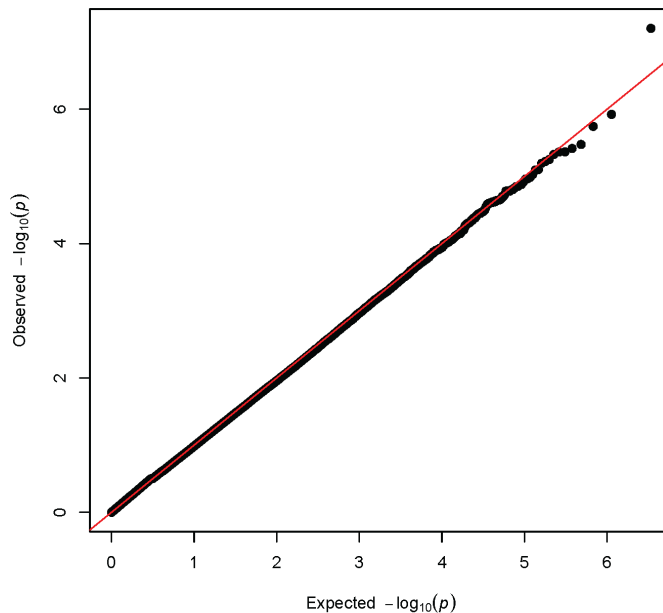


Figure 3.4: **QQ plot of the results of the adjusted additive linear regression using Box-Cox transformed gestational age in our Helsinki infants Omni2.5 dataset.** The covariates, which we adjusted for included, body mass index, gravidity and smoking.

TaqMan genotyping of rs7153053 in an Oulu infant cohort

In an attempt to replicate our most significant result, we used Applied Biosystems TaqMan to genotype our most significant SNP, rs7153053, in an Oulu infant cohort, which consisted of 310 cases (22.7-35.9 weeks) and 180 controls (37.3-41.9 weeks) of which 271 were male and the remaining 216 female. Unfortunately, unlike for our Helsinki infant cohort we did not have access to as extensive demographic information for these samples; therefore, these analyses discussed below were not adjusted for any covariates. After discussion, we felt as

if it was more appropriate to perform unadjusted analysis than to lose power by having to remove samples for which we were missing demographic data and not being able to test for significant differences in variables known to be/suggested to be involved in PTB or gestational age.

We investigated both the quantitative trait gestational age (in days) and dichotomous preterm birth phenotype. Before running an unadjusted linear regression for gestational age, we tested the normality of the gestational ages using the one-sample Kolmogorov-Smirnov test and the data was found to be skewed with a p-value = $1.43e-8$ (Figure 3.5). Using the Stata software packing “boxcox” function and rs7153053 coded additively the ideal lambda was

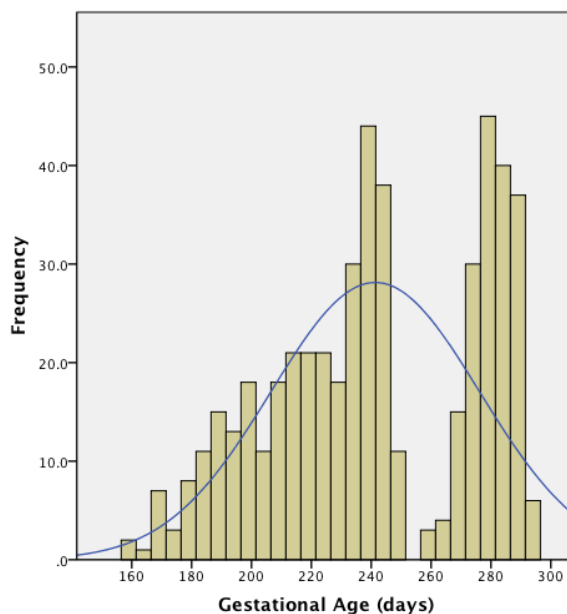


Figure 3.5: **Distribution of Oulu infant gestational ages in days with a normal curve overlaid.** The gestational ages are not normal (one-sample Kolmogorov-Smirnov Test p-value = $1.43e-8$). In order to try to normalize our gestational ages we performed a Box-Cox power transformation and used that variable in the linear regression

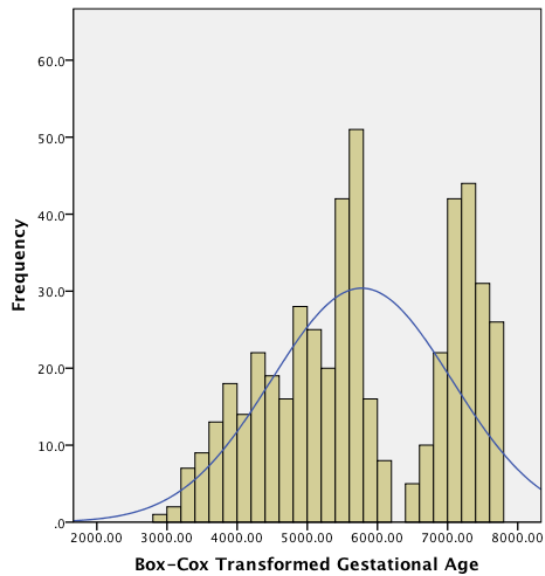


Figure 3.6: **Distribution of Oulu infant Box-Cox transformed gestational age with a normal curve overlaid.** Using the Stata 12.1 software package the optimal lambda for the Box-Cox power transformation was determined to be 1.577. The transformed variable was then graphed and a normal curve was overlaid.

determined to be 1.577 and the transformed variable was computed by raising the original gestational age to the 1.577 power. The new Box-Cox gestational age was graphed and appeared slightly more normally distributed (Figure 3.6). The one-tailed unadjusted additive linear regression was significant with a p-value = 0.040 with the effect in the same direction as observed in the Helsinki infants. We believed that the one-tailed test was appropriate due to the fact that we had a priori knowledge that we expected this SNP to be risk promoting i.e. minor allele more common in the cases.

For PTB, a simple chi-squared association analysis was performed and the one-tailed p-value = 0.059; OR = 1.23. While this does not meet the traditional p-value threshold of ≤ 0.05 , the effect is trending in the same direction, risk promoting. Taken together, we believe this should be considered a positive replication of rs7153053 identified in our Helsinki infant GWAS.

Discussion

To our knowledge, this is the first reported GWAS in preterm birth infants. Additionally, it is the first study to observe an association between rs7153053 and PTB and gestational age.

The one SNP, rs7153053, that was consistently the strongest associated is located within an intron of the Ensembl gene, *ENSG0256050*, and ~5.4kb 5' upstream of *INF2*. While *ENSG0256050* is not a traditional protein-coding gene, it is predicted to be a long intergenic non-coding RNAs (lincRNA). This class of genes is emerging to be involved in a number of key cellular processes and have the potential to regulate a number of genes.¹²² While the exact role of *ENSG0256050* remains to be elucidated, other lincRNAs have been discovered to be involved in X chromosome inactivation,¹²³ imprinting^{124,125} and development.^{126,127} Most importantly for this investigation, one can make the argument *ENSG0256050* is important for PTB risk and control of gestational age length due to its potential role controlling imprinting and/or fetal development. Unfortunately, tissue specific expression of *ENSG0256050* remains to be

performed therefore it is unknown if this gene is expressed in tissues which we believe would be important for PTB risk and/or gestational age control such as the fetal membranes or placenta.

While *ENSG0256050* remains somewhat of an enigma, there is more known about inverted formin, FH2 and WH2 domain containing (*INF2*). This protein, like all formins, is involved in the regulation of proteins that accelerate actin polymerization; however, *INF2* is unique in its ability to additionally accelerate actin depolymerization *in vitro*.^{128,129} Actin is ubiquitously expressed in almost all eukaryotic cells including the fetal membranes (amnion and chorion) and placenta; therefore any depletion of actin integrity could be important for the pathogenesis of PTB and/or controlling gestational age timing. Further strengthening its potential role in PTB, *INF2* is expressed in the human placenta.¹³⁰ Any perturbation of placental integrity or implantation can be devastating.¹³¹

While this is to the best of our knowledge the first report of a SNP near *INF2* being associated with preterm birth and gestational age, it is not the first time this gene has been implicated in human disease pathogenesis. A study by Brown et al. in 2009, identified missense variants in *INF2* as the cause of autosomal dominant focal segmental glomerulosclerosis (FSGS).¹³⁰ Whether or not families with the autosomal dominant form of FSGS caused by *INF2* variants are at an increased risk of preterm delivery is not known. Because women with FSGS are advised not to become pregnant because of increased health risks, it

would require women harboring *INF2* missense variants who had incomplete penetrance to help answer whether the variant in *INF2* was playing a role in PTB age gestational age determination.

Our study is not without limitations. Our replication cohort is small and to further validate this report our association needs to be replicated/generalized in an independent dataset. An additional limitation of our replication cohort is the lack of dense demographic data. If these were available we would be able to test for significant differences between potential covariates and then adjust for any covariate illustrated to differ significantly in our association models. Furthermore, our most significantly associated SNP, rs7153053, is almost certainly not the causal variant and is acting as a surrogate and “tagging” the true causative variant. In order to find the true “causative” variant, DNA sequencing of the region around rs7153053 will be required and should be a future direction.

In conclusion, we report the first genome-wide association study in preterm birth infants and report an association between a SNP within an intron of the Ensembl gene, *ENSG0256050*, and ~5.4kb 5' upstream of *INF2*, rs7153053, to be reproducibly associated with PTB and Box-Cox transformed gestational age. We believe this SNP may elucidate new biology and possibly medical interventions for prevention of PTB; however, further functional studies will be required to make this a reality.

Materials and methods

Sample collection

Infants from preterm or term delivery were enrolled for genetic analysis by methods approved by the Institutional Review Boards/Ethics Committees of University Central Hospital, Helsinki and the University of Oulu. DNA was extracted from whole blood or Oragene® saliva kits. Standard manufacturer protocols were followed.

Sample inclusion and exclusion criteria

For the Illumina Omni2.5 BeadChips and Applied Biosystems TaqMan SNP genotyping the inclusion and exclusion criteria are as described below. Case infants were required to have been delivered spontaneously preterm between 22-36 weeks gestation and additionally either the child or mother had to have a first degree relative with a history of PTB, or a spontaneous idiopathic preterm delivery less than 35 weeks of gestation. Infants were excluded if their mother had any medical indication for a preterm delivery, where part of a multiple gestation pregnancy, or other identified risk from preterm delivery such as recent trauma or clinical evidence of infection.

Helsinki infant Illumina Omni2.5 BeadChips

750ng of genomic DNA was sent to the Vanderbilt DNA microarray core where they performed QC and processed the Illumina arrays per the manufacture's protocol. The GTC created PLINK ready BED files from the processed array genotype calls. QC was performed in PLINK. Monomorphic SNPs were removed by using a minor allele frequency filter (MAF) of 0.000001%. We chose to not filter by Hardy-Weinberg equilibrium (HWE), but HWE checks were performed in order to see if our most significant SNPs were out of HWE in controls. SNPs which were found to have a HWE $p < 0.0001$ in controls were excluded from further analysis.

Applied Biosystems TaqMan genotyping

Genomic DNA from Oulu was sent to the Cincinnati Children's Hospital Medical Center Genetic Variation and Gene Discovery Core Facility. Standard manufacturers protocols were followed and for each assay 10ng of genomic DNA was used.

Statistical analysis

All association analysis, chi-squared, logistic regression and linear regression were performed using the software package PLINK v1.07. SPSS18 was

used to perform one-sample Kolmogorov-Smirnov tests and plot histograms of gestational age and Box-Cox transformed gestational ages. The software package SPSS Statistics V.20, was used to test for differences in demographic data between the case and control infants and p-values were determined using a one-way ANOVA. Stata 12.1 and its “boxcox” function were used to determine the ideal lambda for the Box-Cox power transformation of gestational ages. The R software package was used to create all of the QQ plots. All p-values are two-tailed unless noted otherwise.

CHAPTER IV

FETAL CODING REGION VARIANTS IN ADAM METALLOPEPTIDASE DOMAIN 29 (ADAM29) ARE SIGNIFICANTLY ASSOCIATED WITH INCREASED BIRTH WEIGHT Z-SCORES[§]

Introduction

Birth weight is complex trait that is controlled by a number of factors, the strongest, which is gestational age. Other factors known to influence birth weight include maternal age, ethnicity, parity, body mass index (BMI), education and smoking.^{132,133} Both extremes of birth weight are at increased risk for perinatal morbidity and mortality.¹³⁴⁻¹³⁶ Additionally, low birth weight infants are at an increased risk of type 2 diabetes, cardiovascular disease and hypertension in adulthood.^{137,138}

A number of previous twin and family studies have illustrated that birth weight has a genetic component.¹³⁹⁻¹⁴² While the intrauterine environment, controlled by the maternal genome and environmental factors, almost certainly plays an important role in birth weight, the correlation between paternal height or weight and offspring birth weight also illustrates the importance of fetal genetics on birth weight.^{132,143-145} Heritability estimates have been shown to vary depending on the gestational age and decreases with increasing gestational age, 38% at 25 weeks gestation to only 15% at 42 weeks.¹⁴⁶

[§] Adapted from McElroy et al. In Preparation

Prior studies have identified a handful of genes associated with birth weight, most of which are also associated with type 2 diabetes, including: insulin-like growth factor binding protein 3 (*IGFBP3*),¹⁴⁷ peroxisome proliferator-activated receptor- γ (*PPARG*)¹⁴⁸ and transcription factor 7-like 2 (*TCF7L2*).¹¹¹ While the overlap between genes associated with type 2 diabetes and birth weight may signify important overlap in the underlying etiology/pathophysiology and pleiotropic effect of variants in these genes, most of these associations have not been replicated in independent datasets.¹⁴⁹⁻¹⁵²

In 2010, a genome-wide association study (GWAS) meta-analysis by Freathy et al. identified two variants that were associated with decreased fetal birth weights.¹⁵³ One of these variants, rs9883204, was in an intron of adenylate cyclase type 5 (*ADCY5*) and the other, rs900400, located between cyclin-L1 (*CCNL1*) and leucine, glutamate and lysine rich 1 (*LEKR1*). Further strengthening the link between birth weight and type 2 diabetes correlated SNPs in *ADCY5* have been associated with glucose control and risk for type 2 diabetes.¹⁰⁷ A recent study, found a modest replication of rs900400 in a meta-analysis of preterm infants.¹⁵⁴

Here we report a GWAS in which we identified a robust association between birth weight z-scores and SNPs in the coding region of ADAM metallopeptidase domain 29 (*ADAM29*) in a Finnish infant dataset from Helsinki that includes both preterm and term infants. Our study is somewhat different from the earlier investigations of birth weight because we used normalized birth

weight z-scores instead of the absolute birth weight. Using birth weight z-scores allowed us to include infants that were born both term and preterm. To our knowledge, this is the first report to show this link between coding region *ADAM29* SNPs and increased birth weight z-scores. We believe that these associations may elucidate new biology.

Results

Study population characteristics

The Helsinki infant sample consisted of a total of 471 individuals (159 cases/312 controls) of which 236 were male and the remaining 235 were female. The software package SPSS Statistics V.20, was used to test for differences in demographic data between the case and control infants. The variables that were tested for differences include maternal age, body mass index (BMI), parity, gravidity, birth weight, birth length, alcohol use and smoking use. Besides the expected significant differences in birth weight and birth weight between cases and controls, BMI (p-value = 0.015), gravidity (p-value = 0.016) and tobacco use (p-value = 0.003) differed significantly between groups and will be adjusted for in our analysis (Table 4.1). P-values were determined using a one-way ANOVA.

Table 4.1: **Demographic information for Helsinki infants genotyped on the Illumina Omni2.5 BeadChip.** Numbers in the table are mean (standard deviation) except for dichotomous variables where percentages were used. P-values were determined using a one-way analysis of variance (ANOVA).

Variable	Preterm (n=159)	Term (n=312)	P-value
Maternal age (yr)	31.3 (5.0)	31.4 (4.1)	0.767
Body Mass Index (kg/m ²)	23.6 (4.6)	22.7 (3.3)	0.015
Parity (n)	1.6 (0.093)	1.5 (0.71)	0.080
Gravidity (n)	2.1 (1.4)	1.9 (1.0)	0.016
Birth weight (g)	2389.9 (480.9)	3577.1 (417.6)	<0.0001
Birth length (cm)	45.3 (2.6)	50.3 (1.9)	<0.0001
Alcohol use (%)	3.9%	1.6%	0.123
Tobacco use (%)	9.2%	2.9%	0.003

Birth weight z-score linear regression adjusted for BMI, gravidity and smoking status in Helsinki infants genotyped on Illumina Omni2.5 BeadChips

Due to the smaller size of our dataset, 471 infants of whom 312 were born in the period considered term gestation (37-41 weeks) and 159 preterm infants ranging in gestational age from ~28 to ~36 weeks gestation, we chose to use the quantitative phenotype birth weight z-scores to increase our power to detect an association.⁶⁷ Linear regression was adjusted for the variables shown to differ significantly between infants born in the term and preterm period: body mass index (BMI), gravidity and smoking.

We used birth weight z-scores instead of the absolute birth weights as our phenotype/dependent variable because when they are converted to z-scores they are normally distributed, a requirement for linear regression. We calculated the

birth weight z-scores by comparing the sample birth weights to a population sample of around 7,000 Finish births.¹⁵⁵ A one-sample Kolmogorov-Smirnov test was performed and the normality assumptions of the z-scores was valid, p-value = 0.171.

Under the adjusted additive linear regression, there were 5 SNPs with p-values at the level of 10^{-7} (Table 4.2). However, all of these SNPs are in very high linkage disequilibrium (LD) ($r^2 = 0.98-1.0$) therefore should conceptually be considered a single robust association in *ADAM29* which increases birth weight z-score, beta = 0.30, most significant p-value = $4.25e-7$ (Figure 4.1). Examining the quantile-quantile plot (QQ) showed almost no deviation from the expected distribution except for the five SNPs discussed above (Figure 4.2). This is also illustrated when we examine a “Manhattan” plot and the *ADAM29* SNPs are the only SNPs, which are highly significant and rise above the background (Figure 4.3). For a complete list of all SNPs with p-values $< 10^{-4}$ please see Appendix I.

In addition to an additive model, we also tested for an association under a general 2-degree of freedom genotypic model and the more defined dominant and recessive models. The SNPs, which we carried forward and tested under more specific genetic models, were the SNPs that had genotypic p-values = 10^{-7} (Table 4.3). All of these SNPs with the exception of two, rs1864180 and KGP10390109, are the same as under the additive model. The first additional SNP (rs1864180) is in a long intergenic non-coding RNA (lincRNA), *CTC-454M9.1* while the later is intergenic. For all of the SNPs that were significant

under both the additive and genotypic model the additive model had the more significant p-values.

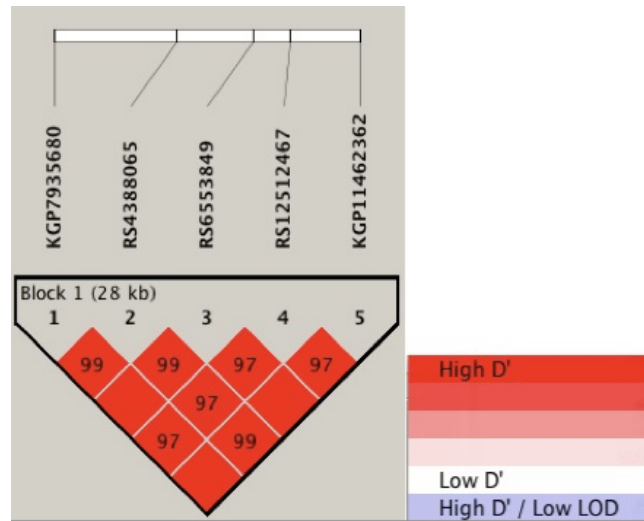


Figure 4.1: A Haploview diagram illustrating the LD (r^2) values for the five SNPs in *ADAM29* for our Helsinki infants genotyped on the Illumina Omni2.5. All five of the SNPs reside in the same 28kb LD block on chromosome 4

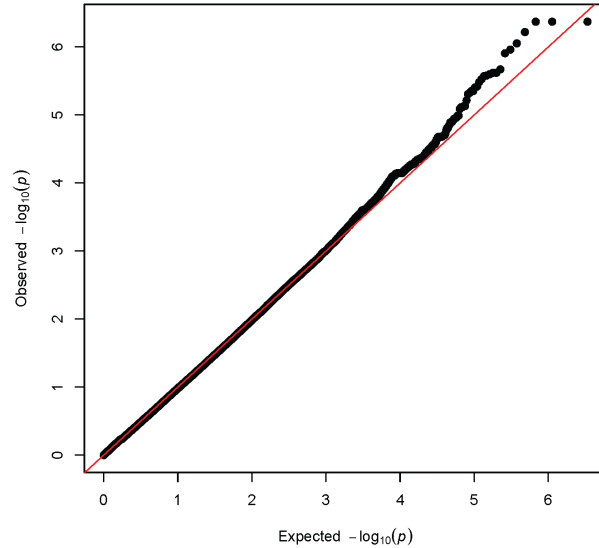


Figure 4.2: **QQ plot of the results of adjusted additive linear regression using birth weight z-scores in our Helsinki infants Omni2.5 dataset.** The variables adjusted for include body mass index (BMI), gravidity and smoking

TaqMan genotyping of ADAM29 SNPs in Oulu infants

Because all genetic association is tentative until replicated, in an attempt to replicate the results we observed in our Helsinki infants we used Applied Biosystems (ABI) TaqMan to genotype three of these SNPs, rs6553849, rs12512467 and rs4388065, in a cohort of infants from Oulu Finland. This cohort consisted of 310 cases (22.7-35.9 weeks) and 180 controls (37.3-41.9 weeks) of which 271 were male and the remaining 216 female. We chose to only run the unadjusted additive linear regression for birth weight z-scores. The reason why we were unable to perform adjusted linear regression is because of lack of

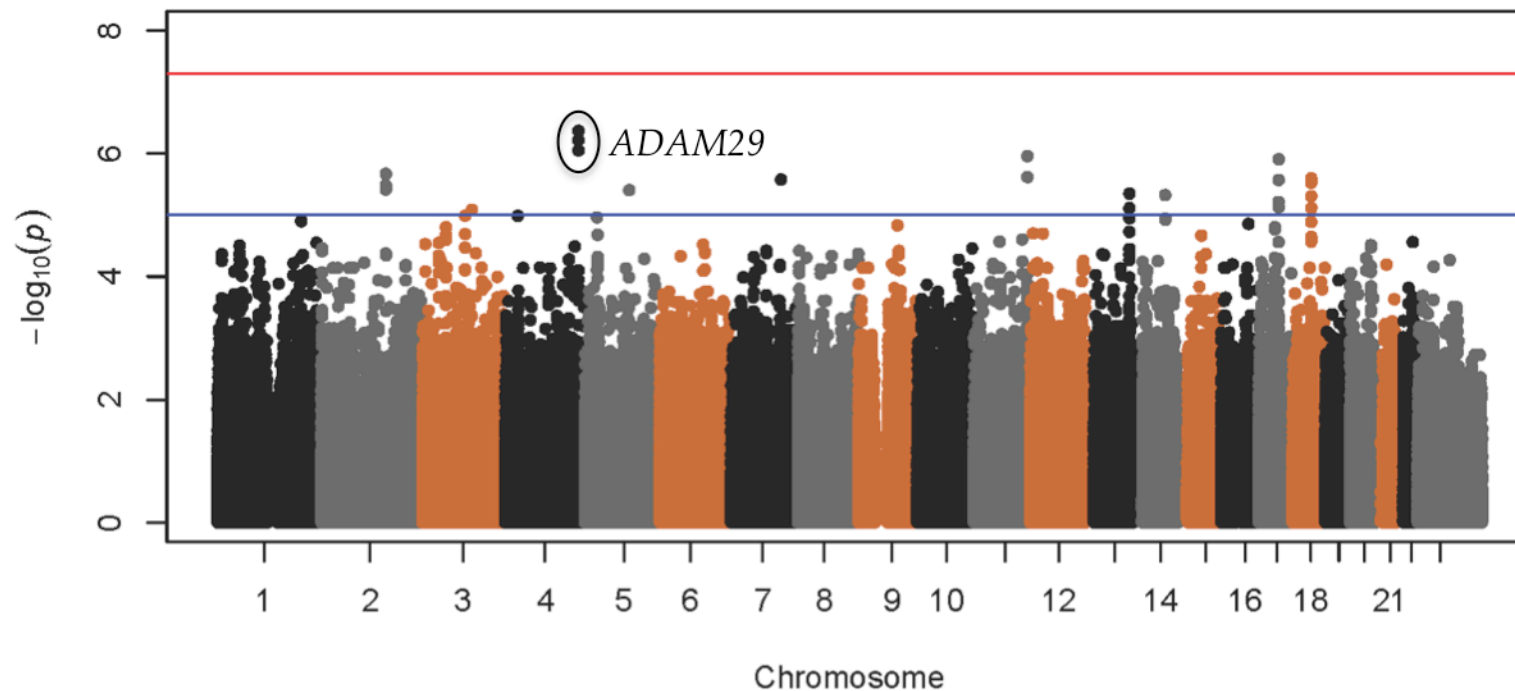


Figure 4.3: Manhattan plot of Helsinki infants on Omni2.5 BeadChips adjusted additive linear regression for birth weight z-scores. The variables adjusted for include body mass index (BMI), gravidity and smoking. The blue line is for p-value = $1e-5$ and the red line is for p-value = $5e-8$ which is considered genome-wide significant. The SNPs, which are circled, are the five most significant SNPs in *ADAM29*: KGP7935680, rs6553849, KGP11462362, rs12512467 and rs4388065.

demographic data for this Oulu infant dataset. Before regression was performed, genotype efficiency was tested using PLINK v1.07 and while both rs4388065 and rs6553849 were >97% unfortunately, rs12512467 had only an ~82% genotyping efficiency and was excluded from further analysis. Once again, the normality assumption of the birth weight z-scores was tested using a one-sample

Table 4.2: Adjusted additive model linear regression for birth weight z-scores in our Helsinki infant dataset. The variables adjusted for include body mass index (BMI), gravidity and smoking.

CHR	SNP	GENE	LOCATION	MINOR ALLELE	BETA	L95	U95	ADJ P
4	KGP7935680	ADAM29	Intron/5' upstream	T	0.30	0.18	0.41	4.25E-07
4	rs6553849	ADAM29	Intron/5' upstream	G	0.30	0.18	0.41	4.25E-07
4	KGP11462362	ADAM29	Intron	C	0.30	0.18	0.41	4.25E-07
4	rs12512467	ADAM29	Intron	G	0.29	0.18	0.41	6.04E-07
4	rs4388065	ADAM29	Intron/5' upstream	C	0.29	0.18	0.40	8.85E-07

Table 4.3: Adjusted linear regression for birth weight z-scores in Helsinki infants under a number of different models. All SNPs that had a genotypic 2DF (GENO) p-value $\leq e-7$ were tested under a dominant (DOM) and recessive (REC) model. The variables adjusted for include body mass index (BMI), gravidity and smoking. The base pair positions (BP) refer to GRCh37 (hg19, February 2009 assembly) build of the human genome.

CHR	SNP	BP	GENO P-VALUE	DOM P-VALUE	REC P-VALUE
5	rs1864180	88421363	2.28E-07	0.01	2.85E-04
7	rs17156420	102940582	6.46E-07	0.42	9.85E-07
7	KGP3967285	103011509	6.54E-07	0.40	1.08E-06
7	KGP4607969	102980732	6.54E-07	0.40	1.08E-06
7	KGP5238014	103008646	7.51E-07	0.43	1.09E-06
2	KGP10390109	155375235	8.54E-07	5.32E-05	4.18E-05

Kolmogorov-Smirnov test and found to be valid, p-value = 0.096.

For the unadjusted linear regression additive model for birth weight z-scores the most significant SNP was rs6553849 which had a one-tailed p-value = 0.096, beta = 0.093 (Table 4.4). Due to the a priori knowledge that we expected the minor allele of rs6553849 to increase birth weight z-scores we felt justified using one-tailed p-values. While this association does not meet the standard level of significance, p-value ≤ 0.05 , it does meet the more liberal cutoff of p-value < 0.1 . Additionally, the beta is in the same direction as in the initial Helsinki infant dataset i.e. the minor allele is weight promoting. We would consider this a tentative replication of our original GWAS association.

Table 4.4: **Unadjusted additive model linear regression for birth weight z-scores in our Oulu infant cohort.** Please note that p-values in this table are one-tailed.

CHR	SNP	BP	GENE	LOCATION	MINOR ALLELE	BETA	L95	U95	UNADJ P
4	rs6553849	175839066	ADAM29	Intron/5' upstream	G	0.093	-0.047	0.233	0.096
4	rs4388065	175832109	ADAM29	Intron/5' upstream	C	0.087	-0.051	0.224	0.109

Discussion

There have been a number of studies investigating birth weight z-scores. However, until recently most of these datasets have only included infants born during the gestational age range considered term. While there maybe important biological rationale to do so such as different mechanisms of weight gain in

preterm vs. term infants; here we report the first genome-wide association study including both term and preterm infants investigating birth weight z-scores.

All of our strongest associations were observed in ADAM metallopeptidase domain 29 (*ADAM29*). *ADAM29* is thought to play an important role in spermatogenesis and fertilization. Not surprisingly, the gene is strongly expressed in the testicles almost exclusively.¹⁵⁶ Explaining how *ADAM29* is involved in birth weight z-score control is still a mystery and will require a number of functional studies to try to illuminate a possible mechanism.

There have been a number of studies recently investigating the association of an intronic *ADCY5* SNP, rs9883204, and an intergenic SNP, rs900400, between *LEKR1* and *CCNL1* with birth weight. As in most of human genetics, the associations have been inconsistent in their replication/generalizability. Unlike the associations we observed with *ADAM29* both of these SNPs conferred the risk of lower birth weight z-scores. However, much like with *ADAM29* how the variant between *LEKR1* (~35kb) and *CCNL1* (~67kb), rs900400, is exactly playing a role in birth weight control is unknown. Interestingly however, this same variant and specific allele has been associated with decreased birth weight and placental weight in two prospective cohorts from The Netherlands and Australia. Each copy of the C allele for rs900400 beginning in the second trimester was associated with decreased fetal head circumference and femur length and in the third trimester in addition to the previously mentioned anthropometric measures smaller abdominal circumference and estimated fetal weight.¹⁵⁷ Unfortunately,

both of these SNPs were not on the Illumina Omni2.5 BeadChip therefore we were unable to test for an association in our Helsinki infants.

On the other hand, the *ADCY5* intronic variant, rs9883204, has been associated with insulin control in addition to birth weight and joins a number of genes (*IGF3*, *PPARG* and *TCF7L2*), which have been, associated with birth weight and the have pleiotropic effects controlling glucose control and type 2 diabetes risk. With the modicum of knowledge known about *ADAM29*, it does not seem to be involved in this mechanism/pathophysiology controlling birth weight. Thus new opportunity to elucidate a new potential mechanism controlling birth weight exists.

As is with all investigations, this study is not without important limitations. Even though our most significantly associated SNPs are located in the coding region of *ADAM29* it is simplistic to believe that the SNPs are only affecting *ADAM29*. When we interrogate the web expression quantitative trait loci (eQTLs) database, SCAN,⁷⁵ with our three most significant *ADAM29* SNPs with rs numbers two of the SNPs (rs6553849 and rs4388065) have no known effect on gene expression while rs12512467 has been shown to effect expression of two genes, *WDR5B* (p-value = 7e-5) and *ANAPC4* (p-value = 0.0001), in the HapMap Yorubian (YRI) population. Further complicating the functional consequences of our proposed associated SNPs, *WDR5B* is not located on the same chromosome as *ADAM29* (*ADAM29* and *ANAPC4* chromosome 4 vs.

WDR5B chromosome 3) illustrating that SNPs can have functional effects in *trans*..

Anaphase promoting complex subunit 4 (*ANAPC4*) was the gene most 5' to the most significantly associated SNP, rs871476, identified in our chi-square association analysis between maternal DNA and PTB. For a more extensive discussion about *ANAPC4* please see Chapter II. The other gene identified as an eQTL, WD repeat domain 5B (*WDR5B*) as the name suggests contains a number of WD40 repeats, is ubiquitously expressed,^{70,71} and hypothesized to be involved in protein-protein interactions. These two genes, much like *ADAM29*, also have no obvious mechanistic role controlling birth weight z-scores.

Additionally, considering the eQTL was only observed in the HapMap YRI samples it is unlikely that the eQTL effect of rs12512467 is generalizable to the Finnish. Another limitation with this study is that our replication cohort was somewhat small and to further validate this report our association needs to be replicated/generalized in an independent dataset. Finally, the lack of demographic data to adjust for in our Oulu infant dataset was another weakness of this study.

In conclusion, we report the first genome-wide association study investigating birth weight z-scores that includes both infants born during the gestational age considered preterm and term. Here we found a reproducible association with SNPs in *ADAM29*. Functional work will be required to

understand how these SNPs in *ADAM29* could be controlling birth weight z-scores, nevertheless this report will help elucidate new biology and offer potential opportunities for intervention.

Materials and methods

Sample collection

Infants from preterm or term delivery were enrolled for genetic analysis by methods approved by the Institutional Review Boards/Ethics Committees of University Central Hospital, Helsinki and the University of Oulu. DNA was extracted from whole blood or Oragene® saliva kits. Standard manufacturer protocols were followed. Demographic information was collected by a trained study nurse using an approved questionnaire and all variables with the exceptions of alcohol and tobacco use were quantitative.

Sample inclusion and exclusion criteria

For the Illumina Omni2.5 BeadChips and Applied Biosystems TaqMan SNP genotyping the inclusion and exclusion criteria are as described below. Case infants were required to have been delivered spontaneously preterm between 22-36 weeks gestation and additionally either the child or mother had to have a first degree relative with a history of PTB, or a spontaneous idiopathic preterm delivery less than 35 weeks of gestation. Infants were excluded if their mother

had any medical indication for a preterm delivery, where part of a multiple gestation pregnancy, or other identified risk from preterm delivery such as recent trauma or clinical evidence of infection.

Helsinki infant Illumina Omni2.5 BeadChips

750ng of genomic DNA was sent to the Vanderbilt DNA microarray core where they performed QC and processed the Illumina arrays per the manufacture's protocol. The GTC created PLINK ready BED files from the processed array genotype calls. QC was performed in PLINK. Monomorphic SNPs were removed by using a minor allele frequency filter (MAF) of 0.000001%. We chose to not filter by Hardy-Weinberg equilibrium (HWE), but HWE checks were performed in order to see if our most significant SNPs were out of HWE in controls. SNPs which were found to have a HWE $p < 0.0001$ in controls were excluded from further analysis.

Applied Biosystems TaqMan genotyping

Genomic DNA from Oulu was sent to the Cincinnati Children's Hospital Medical Center Genetic Variation and Gene Discovery Core Facility. Standard manufacturers protocols were followed and for each assay 10 ng of genomic DNA was used.

Statistical analysis

All association analysis was performed using the software package PLINK v1.07. For association tests Fisher's exact allelic tests were used due to SNPs with low MAF. SPSS18 was used to perform one-sample Kolmogorov-Smirnov tests and plot histograms of birth weight z-scores. The software package SPSS Statistics V.20, was used to test for differences in demographic data between the case and control infants and p-values were determined using a one-way ANOVA. The R software package was used to create QQ and Manhattan plots. All p-values are two-tailed unless noted otherwise.

CHAPTER V

MATERNAL CODING REGION VARIANTS IN COMPLEMENT RECEPTOR 1 INCREASE RISK FOR SPONTANEOUS IDIOPATHIC PRETERM BIRTH **

Introduction

Preterm birth (PTB), defined as live birth before 37 weeks' completed gestation, is the leading cause of infant mortality worldwide.¹ Despite this major public health concern, little is known about the pathogenesis of PTB. The limited insight into PTB is contributed to by the fact that the mechanism for normal parturition in general is not known in humans. There have been a number of suggested pathways believed to play a role in PTB pathogenesis, but direct evidence for any of these is modest at best.¹³

A number of lines of evidence suggest that PTB has a genetic component such as PTB aggregating in families, segregation analysis and genetic modeling.^{16,53} Primarily through candidate gene studies, there have been a number of SNPs associated with PTB; however, contradictory evidence from replication studies exists, and none of these have large effect sizes or have implicated new mechanisms in parturition control.⁶⁰

With the advent of next-generation sequencing (NGS) and exon capture technology the ability to sequence a patient's exome provides an important new approach to disease gene discovery. Whole-exome sequencing has been used to

** Adapted from McElroy et al. In Press at *Human Genetics*

identify the casual variant/gene for a number of Mendelian diseases.^{158,159} While the potential of whole-exome sequencing to identify the cause of complex diseases has been discussed,¹⁶⁰ this approach has only been used sparingly such as in autism spectrum disorders.¹⁶¹

In this study, we test the hypothesis that rare variants aggregate in specific genes and pathways that contribute to PTB risk. In order to test our hypothesis, we performed whole-exome sequencing in multiplex families with a history of spontaneous idiopathic PTB. We identified predicted deleterious variants aggregating in complement/coagulation pathway genes, and extended this observation to more common coding region variants to demonstrate a significant association of the complement receptor 1 (*CR1*) gene with spontaneous idiopathic preterm birth.

Results

Analysis of shared variants in mother-daughter pairs

To identify potential rare variants that contribute to the risk for preterm birth, we analyzed two Finnish mother-daughter pairs (families 1168 and 1281) each of whom experienced preterm delivery (Figure 5.1). These families were selected from more than 100 pedigrees due to high penetrance of preterm birth to each mother, more than one affected generation with spontaneous idiopathic preterm birth phenotype, and exhibiting a maternal pattern of transmission. Variants were called using standard best-practice quality control (QC) thresholds

in Genome Analysis Toolkit (GATK).¹⁶² Only variants that passed QC filters were then input into the Variant Annotation, Analysis and Search Tool (VAAST) pipeline.¹⁶³ Each set of these variants was then individually compared to a 1000 Genomes background VAAST file that contained data from 1093 individuals.

In family 1168 there were 202 genes/features, which had the most significant VAAST genome-wide permuted p-value ($1.67e-06$) (Appendix J). For family 1281 there were 275 genes with the most significant VAAST genome-wide permuted p-value ($1.67e-06$) (Appendix K). Examining the overlap of these gene lists reveals 163 genes that are common between the two families. The top genome-wide permutation p-value for both families are considered genome-wide significant due to the fact that it surpasses the Bonferroni corrected p-value for 20,000 genes, $2.5e-06$.

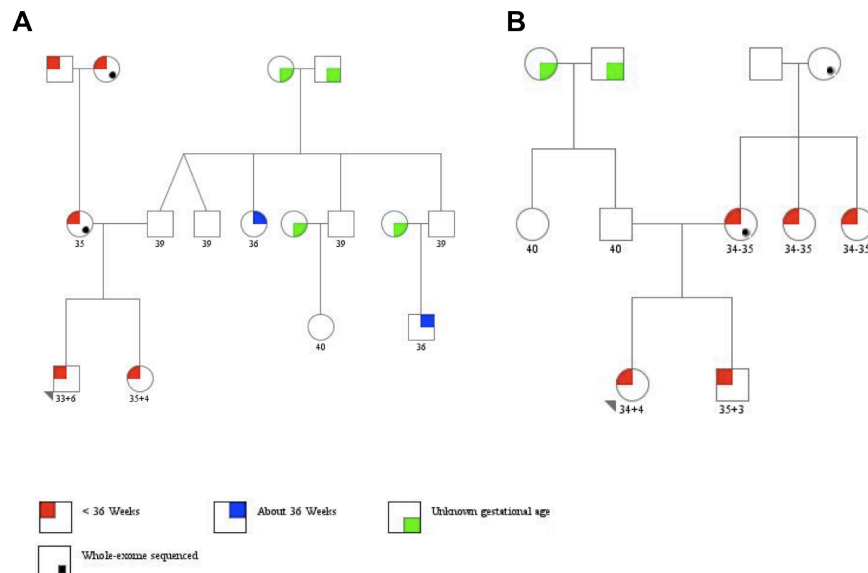


Figure 5.1: **Pedigrees for the two mother-daughter pairs that were whole-exome sequenced.** Family 1168 (A) and family 1281 (B)

Pathway analysis of the most significant genes in mother-daughter pairs

In order to glean insight into PTB pathophysiology we used a pathway analysis approach. The most significant genes for our two families were tested for pathway enrichment using the Kyoto Encyclopedia of Genes and Genomes (KEGG).¹⁶⁴

Overall, for family 1168 genes from the most significant list played a role in 102 pathways (Table 5.1). The top three pathways were olfactory transduction, metabolic pathways and complement and coagulation cascades with 25, eight, and five genes respectively. In family 1281, there were 86 KEGG pathways with at least one gene, which had the most significant VAAST p-value (Table 5.2). The top three pathways were olfactory transduction, focal adhesion and metabolic pathways with 20, six, and five genes respectively. The complement and coagulation cascades is in the next group of three pathways which each have four genes. Table 5.3 lists the genes in each family that were involved in the complement and coagulation cascades.

Table 5.1: **KEGG pathways with more than three genes from the list of most significant p-value genes for family 1168.** Only pathways with three or greater genes are listed. The number of genes for each pathway is the number inside the parentheses. For a complete list of KEGG pathways for family 1168 please see Appendix L.

KEGG Pathways Top P-value Genes Family 1168	
hsa04740	Olfactory transduction (25)
hsa01100	Metabolic pathways (8)
hsa04610	Complement and coagulation cascades (5)
hsa04640	Hematopoietic cell lineage (4)
hsa04510	Focal adhesion (4)
hsa04972	Pancreatic secretion (4)
hsa05164	Influenza A (4)
hsa04974	Protein digestion and absorption (4)
hsa04080	Neuroactive ligand-receptor interaction (3)
hsa04141	Protein processing in endoplasmic reticulum (3)
hsa05144	Malaria (3)
hsa00520	Amino sugar and nucleotide sugar metabolism (3)
hsa04666	Fc gamma R-mediated phagocytosis (3)
hsa04360	Axon guidance (3)

Table 5.2: **KEGG pathways with more than three genes from the list of most significant p-value genes for family 1281.** Only pathways with three or greater genes are listed. The number of genes for each pathway is the number inside the parentheses. For a complete list of KEGG pathways for family 1168 please see Appendix M.

KEGG Pathways Top P-value Genes Family 1281	
hsa04740	Olfactory transduction (20)
hsa04510	Focal adhesion (6)
hsa01100	Metabolic pathways (5)
hsa04141	Protein processing in endoplasmic reticulum (4)
hsa04610	Complement and coagulation cascades (4)
hsa04512	ECM-receptor interaction (4)
hsa04972	Pancreatic secretion (3)
hsa04650	Natural killer cell mediated cytotoxicity (3)
hsa05164	Influenza A (3)
hsa04612	Antigen processing and presentation (3)
hsa04974	Protein digestion and absorption (3)

Table 5.3: The complement and coagulation cascade genes from the KEGG analysis of the most significant p-value VAAST genes for families 1168 and 1281. The higher the VAAST score the more likely the gene is to be disease causing.

Gene	Gene Name	VAAST Score Family 1168	VAAST Score Family 1281	VAAST Rank Family 1168	VAAST Rank Family 1281	Total Missense SNPs for the other 6 exomes
<i>CR1</i>	Complement component (3b/4b) receptor 1 (Knops blood group)	174.31	71.81	12	74	60*Φ
<i>F5</i>	Coagulation factor V (proaccelerin, labile factor)	91.08	53.38	45	130	44*
<i>F13B</i>	Coagulation factor XIII, B polypeptide	57.60	57.60	64	86	6
<i>CR2</i>	Complement component (3d/Epstein Barr virus) receptor 2	56.76	39.38	70	162	30*
<i>C4BPA</i>	Complement component 4 binding protein, alpha	23.64	38.25	182	170	7
<i>CFH</i>	Complement factor H	n/a	76.52	n/a	65	10*

* Contains variants predicted to be probably damaging

Φ Contains variants predicted to be possibly damaging

Examination of complement and coagulation cascades in our other PTB exomes

We chose to focus our analysis on the KEGG complement and coagulation cascade instead of the two others that they shared, olfactory transduction and metabolic pathways, for three main reasons. First, whole-genome sequencing has shown that olfactory transduction genes harbor more predicted loss-of-function variants than expected when interrogating 1000 Genomes Project data;¹⁶⁵ therefore we believed that these shared variants in the mother-daughter pairs were unlikely to be involved in PTB. Second, coagulation and immune activation (complement system) are two of the proposed pathways previously hypothesized to contribute to PTB.^{13,166} Third, prior modest associations exist between coagulation pathway genes, *F5*,^{167,168} *F7*,^{168,169} *F13A1*,¹⁶⁹ and *PLAT*¹⁶⁸ and PTB.

Using our two mother-daughter pairs as a “discovery” cohort we examined the six genes from the KEGG complement and coagulation cascades identified by VAAST in six other PTB exomes (5 Finnish, 1 European American). Because of the higher probability of being damaging, we focused on novel variants. Of the six exomes, three harbored novel variants. There were 19 total novel variants: 14 were unique, and half were missense SNPs. Using the *in silico* tool PolyPhen-2, we assessed the novel missense variants for potential to be deleterious using the HumDiv algorithm.¹⁷⁰ The only variant predicted to be “probably damaging” was a complement factor H (*CFH*) Thr956Met variant seen

in a single family. All of the other novel missense variants were predicted to be “benign” (Table 5.4).

We also analyzed all missense variants in these genes. All of the six genes harbored between 6 and 60 missense variants for a total of 157, and 36 were unique. We once again tested the potential for these variants to be deleterious using the PolyPhen-2 *in silico* tool’s HumDiv algorithm. Only half of the genes, *CR1*, *CR2*, and *F5*, contained missense variants that were predicted to be “probably damaging” and *CR1* was the sole gene that contained missense variants predicted to be “possibly damaging” by PolyPhen-2 (Table 5.5).

Table 5.4: All novel missense variants in our six other exomes in the six complement and coagulation cascade genes identified by VAAST. For the PolyPhen-2 prediction the HumDiv algorithm was used.

Individual	Gene	Variant	PolyPhen-2
Family 150	<i>F5</i>	GLU1390GLN	Benign
Family 150	<i>F5</i>	LEU1370PHE	Benign
Family 150	<i>F5</i>	PRO1361LEU	Benign
Family 150	<i>F5</i>	LEU1357ILE	Benign
Family 1165	<i>F5</i>	LEU1370PHE	Benign
Family 1165	<i>F5</i>	PRO1361LEU	Benign
Family 1165	<i>F5</i>	LEU1357ILE	Benign
Family 1165	<i>F5</i>	PHE1334LEU	Benign
Family 1165	<i>F5</i>	ARG1220THR	Benign
Family 14w	<i>CFH</i>	THR956MET	Probably Damaging

Table 5.5: Counts of missense SNPs in our six proband mother exomes. The numbers are for counts of missense variants in the six exomes, and not unique variants, except when in parentheses or if there is a single variant.

GENE	TOTAL MISSENSE	NOVEL MISSENSE	POLYPHEN-2 PROBABLY DAMAGING	POLYPHEN-2 POSSIBLY DAMAGING
CR1	60	4	9 (2)	3 (2)
F5	44	14	2 (1)	0
CR2	30	0	12 (2)	0
CFH	10	1	1	0
C4BPA	7	0	0	0
F13B	6	0	0	0

Interrogation of the complement and coagulation cascade in nuclear PTB mothers

Based upon the exome sequencing findings, we next tested the hypothesis that coding-region variants in the complement/coagulation cascade genes identified in the Finnish families contributed more broadly to the pathogenesis of preterm birth. We conducted an association study in 237 case and 328 control Finnish mothers. We performed additive logistic regression adjusting for the variables shown to differ significantly between the preterm and term mothers: body mass index (BMI), gravidity, ethanol use and smoking use (Table 5.6). Our examination was focused on the six complement and coagulation cascade genes identified by VAAST in our two whole-exome families. In total, 67 coding region SNPs from the six gene regions were analyzed (Appendix N). The most significantly associated SNP was an exonic missense SNP, rs6691117, unadjusted

p-value = 6.93e-5, OR = 1.74 (1.33, 2.29 95% CI); adjusted additive logistic regression p-value = 1.07e-4, OR = 1.73 (1.31, 2.29 95% CI) in *CR1*. This association withstands a conservative Bonferroni corrected p-value of 7.64e-4. Depending on the transcript, this SNP changes an isoleucine to a valine at amino acid position 1615 or 2065. Both of these substitutions are predicted to be “benign” by the HumDiv algorithm in PolyPhen-2.

Table 5.6: **Demographic information for Helsinki mothers genotyped on the Illumina exome BeadChip.** Numbers in the table are mean (standard deviation) except for dichotomous variables where percentages were used. P-values were determined using a one-way analysis of variance (ANOVA).

Variable	Preterm (n=237)	Term (n=328)	P-value
Maternal age (yr)	31.1 (5.0)	31.5 (4.2)	0.334
Body Mass Index (kg/m ²)	23.5 (4.5)	22.7 (3.1)	0.012
Parity (n)	1.6 (0.89)	1.5 (0.73)	0.062
Gravidity (n)	2.1 (1.3)	1.9 (1.0)	0.050
Birth weight (g)	2337.0 (500.1)	3578.7 (421.3)	<0.0001
Birth length (cm)	45.0 (2.8)	50.3 (1.9)	<0.0001
Alcohol use (%)	5.2%	1.5%	0.012
Tobacco use (%)	8.7%	2.7%	0.002

Due to the robust association of the *CR1* coding region SNP we applied a similar analysis to our Finnish mothers (252 cases/287 controls), which were previously genotyped on the Affymetrix 6.0 SNP arrays.¹⁷¹ We provide this additional analysis to explore whether our coding SNP, rs6691117, on the exome

array may be tagging another variant elsewhere in the *CR1* gene or its regulatory regions which would be detected with this more densely sampled, largely noncoding variant array. We identified 103 SNPs in the region spanning 10 kb 5' through 10 kb 3' of the *CR1* gene boundary (Appendix O). The most significantly associated SNP, rs10429953, was located in an intron of *CR1* unadjusted additive logistic regression p-value = $1.31e-4$, OR = 1.93. This p-value surpasses the Bonferroni corrected p-value of $4.85e-4$ for 103 SNPs tested. In addition to the most significantly associated SNPs surpassing Bonferroni, the second highest associated SNP, rs10429943, also in a *CR1* intron p-value = $3.74e-4$ OR = 1.84 clears the threshold. However, these two SNPs are in strong linkage disequilibrium ($r^2 = 0.96$) so this should be considered a single strong association in *CR1* (Figure 5.2).

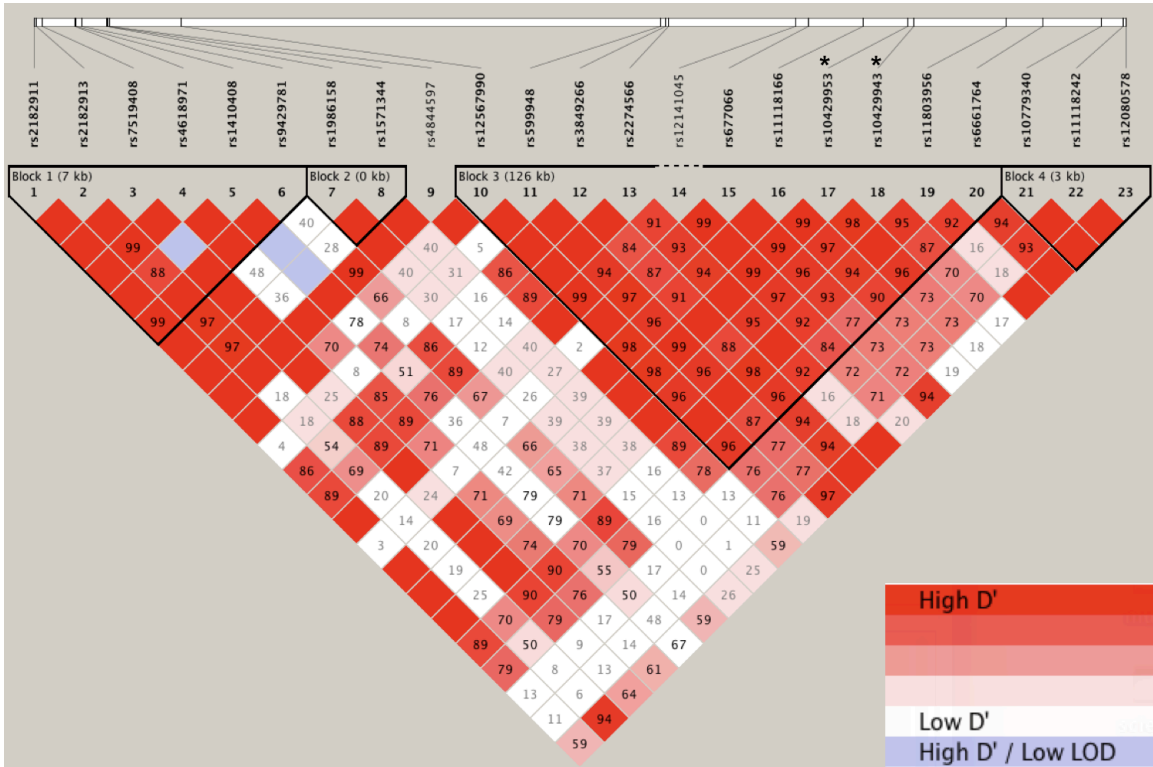


Figure 5.2: A Haploview view LD diagram showing D' values for our Affymetrix 6.0 SNP array samples for the *CR1* gene region with the addition of 10Kb 5' and 3'. The two intronic SNPs on the Affymetrix array are marked with an asterisk. The intronic SNP on the Illumina exome beadchip resides in the same 126Kb LD block.

Discussion

To our knowledge, this is the first report using whole-exome sequencing to interrogate for rare variants that aggregate in specific genes and pathways in the complex disease of PTB. We used our results from the exome sequencing of mother-daughter pairs in highly affected families to expand to candidate gene/pathway association studies using genotyping arrays. This more focused

analysis enhances the power to detect significant variants in smaller nuclear datasets, and should accelerate gene discovery. We believe that this approach can be effectively applied to other complex disorders.

CR1, and the complement/coagulation factor pathway, as revealed by our exome sequencing and follow-up analysis, provides a biologically plausible pathway related to adverse pregnancy outcomes. There is a growing body of literature describing activation of the complement system and adverse pregnancy outcomes, including PTB.^{172,173} There have been a number of reports illustrating that an increased level of fragment Bb (FBb) early in pregnancy is associated with an increased risk of PTB < 34 weeks.¹⁷⁴ FBb is a marker of alternative pathway complement activation. In addition to increased FBb, increased maternal plasma levels of complement C3a during the first trimester have been associated with an increased risk of a number of adverse pregnancy outcomes including PTB.¹⁷⁵ It has also been shown that erythrocyte membrane complement receptor 1 (CR1) levels are reduced during pregnancy and reach their nadir during the third trimester.¹⁷⁶ In this study, we found a significant association between three SNPs in *CR1* and an increased risk of PTB. However, when we examine linkage disequilibrium all three of the SNPs are in a large 126 kb linkage block (Figure 5.2). The strongest association residing in the coding region variant suggests that the other non-coding SNPs are detected based on tagging this variant.

While predicted to be “benign” the isoleucine to valine exonic SNP in our exome arrays may be functional; such a subtle substitution would be misclassified by *in silico* tools such as PolyPhen-2¹⁷⁰ and SIFT.¹⁷⁷ Evidence for functional consequences of the SNP leading to the isoleucine to valine change in *CR1* we identified in our exome arrays is its association with alteration in erythrocyte sedimentation rate (ESR), as detected in a large genome-wide association study.¹⁷⁸ Our SNP (rs6691117) is associated with a decreased ESR. As *CR1* on erythrocytes leads to increased clearance of immune complexes to limit their deposition in vessel walls, we would predict greater systemic inflammation or coagulability resulting from our risk-promoting allele. ESR normally increases in pregnancy due to increased fibrinogen levels and the need for clearance of immune complexes;¹⁷⁹ attenuating this process by less functional *CR1* variants would be predicted to increase risk for adverse pregnancy outcomes such as preterm birth. Alternatively, this SNP may be tagging a different causative variant in the gene. It should be noted that the predicted damaging SNP rs2274567, resulting in a histidine to arginine change, is in linkage disequilibrium with rs6691117, and is associated with similar changes in ESR.¹⁷⁸

In conclusion, this is the first report of using whole-exome sequencing to interrogate for rare variants that aggregate in specific genes and pathways in the complex disease of PTB. We believe that our results strengthen the argument that the complement and coagulation cascade are involved in the pathophysiology of PTB, and suggest potential screening and intervention approaches to prevent

prematurity, which target this pathway.¹⁸⁰ Possible interventions include the use of soluble CR1¹⁸¹ or monoclonal antibodies to C5¹⁸² to limit complement activation and inflammation or enhance clearance, which our risk allele may compromise. While there are FDA approved anti-C5 antibodies, eculizumab,¹⁸³ soluble CR1 is still in the clinical trial stage. Future functional studies will be essential to determine the specific mechanisms by which these pathways increase prematurity risk.

Materials and Methods

Sample collection

Mothers of preterm or term infants were enrolled for genetic analysis by methods approved by Institutional Review Boards/Ethics Committees of University Central Hospital, Helsinki, University of Oulu, Cincinnati Children's Hospital Medical Center and Vanderbilt University. DNA was extracted from whole blood or Oragene® saliva kits. Standard manufacturer protocols were followed.

Sample inclusion and exclusion criteria

Samples were selected for whole-exome sequencing based on a number of features, which we termed, "preterm birth load". What we took into account

was the shortest gestation in a pedigree, number of preterm children and whether the mother herself was born preterm. For this study we only sequenced case mothers.

For the Illumina and Affymetrix SNP genotyping arrays the inclusion and exclusion criteria are as described below. Case mothers were required to have a spontaneous preterm birth between 22-36 weeks gestation and additionally either the child or mother had to have a first degree relative with a history of PTB, or spontaneous idiopathic preterm birth less than 35 weeks of gestation. Families for whole exome sequencing were selected by more than one generation of the pedigree affected with an apparent maternal mode of transmission. Mothers were excluded if they had any medical indication for a preterm delivery, a multiple gestation pregnancy, or other identified risk from preterm birth such as recent trauma or clinical evidence of infection.

Exome capture

A total of 3 μ g of genomic DNA was submitted to the Vanderbilt Genome Technology Core (GTC) for whole-exome capture. The Agilent Technologies 50Mb SureSelect Human All Exome Kit was used to capture and amplify the submitted samples. Per the manufacturer's website, the kit interrogates 1.22% of the human genomic regions corresponding to the NCBI Consensus CDS database (CCDS).

Whole-exome sequencing

The GTC performed the sequencing using an Illumina HiSeq and 100bp paired-end reads. This resulted in an average of 76x read-depth for all of our exome with a range between ~60-104x.

Sequencing quality control

The Genome Analysis Toolkit (GATK) using current best practices was used to trim, align and call variants in our exome sequence data against the Hg19 genome build.

VAAST analysis

Only variants, which passed GATK QC were annotated against the Hg19 genome build using the Variant Annotation Tool (VAT). Once annotated the Variant Selection Tool (VST) was used to select variants that were shared between the mother-daughter pairs in family 1168 and 1281. Each set of these shared variants were then individually compared to a 1000 Genomes background VAAST background file that contained data from 1093 individuals using the Variant Analysis Tool (VAT). When VAT was ran the codon-bias

option and default additive genetic model were used. VAAST p-values were calculated using the fast genome-permutation option with 1e5 permutations.

KEGG pathway analysis of VAAST most significant p-value genes

All of the genes with the top p-value for each mother-daughter pair were searched against the KEGG Homo Sapiens pathways to test for pathway enrichment in the top p-value genes.

Finnish mothers Illumina HumanExome beadchips

750ng of genomic DNA was sent to the Vanderbilt DNA microarray core where they performed QC and processed the Illumina arrays per the manufacture's protocol. The GTC created PLINK ready BED files from the processed array genotype calls. QC was performed in PLINK. Monomorphic SNPs were removed by using a minor allele frequency filter (MAF) of 0.000001%. We chose to not filter by Hardy-Weinberg equilibrium (HWE), but HWE checks were performed in order to see if our most significant SNPs were out of HWE in controls.

Finnish mothers Affymetrix Genome-Wide Human SNP Array 6.0

750ng of genomic DNA were genotyped in the Vanderbilt microarray core. All samples, which passed the core's QC thresholds, were processed using the manufacturer's protocol for the Affymetrix 6.0 arrays. The PLINK ready BED files were processed for QC using PLINK. The QC steps were as follows and performed in the following order: remove SNPs with genotype frequency <95%, remove samples with <95% SNP calls, remove SNPs with MAF <5%, and remove SNPs with HWE p-values in controls <0.0001.

Statistical analysis

All SNP statistical analysis was performed using the software package PLINK v1.07. Demographic data was analyzed using SPSS Statistics V.20 and means were tested for a significant difference using a one-way analysis of variance (ANOVA). For association tests of complement/coagulation factor cascade SNPs, we used additive logistic regression adjusting for the factors shown to differ significantly between cases and controls (Table 5.6). Associations were considered statistically significant if they survived a Bonferroni correction for the number of SNPs tested.

CHAPTER VI

CONCLUSION

Summary

Preterm birth (PTB) and parturition in general are controlled by a complex interaction of genetic and environmental factors. While we have known that gestational age is a heritable trait, we can currently only explain a small proportion of this heritability.^{16,51-53,60} While this so-called “missing heritability”¹⁸⁴ is not unique to PTB, it is accentuated because compared to most complex disease or phenotypes studied, PTB genetics is very verdant. In Chapter I, I discuss some of the genetic variants associated with PTB and also some of the reasons why the majority of associations have not replicated and/or generalized.⁶⁰ Additionally, since PTB genetics is still in its infancy, access to appropriate datasets to replicate associations is often lacking.

Genome-wide association studies (GWAS) have been used successfully as an agnostic approach to identify SNPs associated with other complex diseases such as type 2 diabetes and cardiovascular disease reviewed by Manolio.⁶⁶ As of August 16, 2012, the National Human Genome Research Institute (NHGRI) GWAS catalog of published GWAS includes 1353 publications and 7039 SNPs. While this catalog includes more than 700 phenotypes/traits there has yet to be a published GWAS investigating PTB, gestational age or birth weight z-scores. To complete this dissertation, I have interrogated both the maternal and fetal

genome in an attempt to explain the etiology of PTB or the associated traits, gestational age or birth weight z-scores.

In Chapter II, I utilized a GWAS in Finnish mothers to investigate PTB and the quantitative trait gestational age. When we used PTB as the phenotype, we identified only a single SNP at the 10^{-6} level of significance, rs871476, p-value = 6.22×10^{-6} , odds ratio (OR) = 0.484. This is an intergenic SNP that is more than 100kb away from the two closest genes *SLC34A2* and *ANAPC4*. Unfortunately, this SNP is unlikely to be a true causative SNP for PTB. Due to our smaller sample size of 539 mothers, especially for a GWAS, the “real” SNP which is tagging the causative variant is probably still somewhere lower down in significance, in the noise. We will only be able to answer this question more definitively when we increase our dataset by adding new samples, which our colleagues in Finland send to us every 6-8 months. Larger sample sizes in the future will allow us to re-investigate these and other genetic associations with PTB.

After transforming the gestational ages using Box-Cox power transformation in order to make the dependent variable more Gaussian our results were more encouraging. We observed three SNPs with p-values at the 10^{-6} level of significance. The strongest association, p-value = 5.26×10^{-6} , for a SNP 3' downstream of *COL11A1*. While *COL11A1* has not been associated with preterm birth or gestational age previously, it has been associated with Marshall

syndrome,⁷⁹⁻⁸² type II Stickler syndrome⁷⁶⁻⁷⁹ and an increased risk for lumbar disc herniation.⁸³

For the Box-Cox transformed gestational age linear regression using genotypic, dominant and recessive linear regression our strongest association is observed for rs10104530, which is 5' upstream of *TACC1*, for both the genotypic and recessive model, 7.09e-8 and 9.45e-7 respectively. *TACC1* has not been previously associated with PTB or gestational age control, but has previously been shown to be dysregulated in breast,⁸⁴⁻⁸⁶ ovarian⁸⁷ and gastric⁸⁸ carcinoma. While this association with Box-Cox transformed gestational ages could be a false positive, alternatively it could be illustrating pleiotropy, an area of human genetics that is currently garnering substantial interest.^{185,186}

Also of note, and further strengthening the element of pleiotropy the second most significant SNP under an additive model is in *TCF7L2* (p-value 1.10e-3). Variants within this gene have been associated with a number of phenotypes such as type 2 diabetes risk, glucose control,^{90-102,187} coronary heart disease,¹¹⁰ metabolic syndrome¹⁰⁹ and absolute birth weight;¹⁰⁹ however, this is the first report of a variant within this gene being associated with gestational age.

While GWAS are an ideal agnostic approach to discover common variants with minor allele frequency (MAF) > 5% and smaller effect sizes, they are unable to discover/test rare variants with larger effect sizes.^{65,66} To remedy this, we used complementary approaches such as whole-exome sequencing, Illumina HumanExome BeadChip association and pathway analysis to investigate rare and

lower (MAF < 5%) variants in the maternal genome. These results are presented and discussed in Chapter V of this dissertation. These experiments added evidence to the growing theory of involvement of the complement and coagulation system systems in the pathogenesis of PTB.¹⁷²⁻¹⁷⁵ By selecting mothers to sequence from highly affected families and using two mother-daughter pairs as a “discovery” cohort then following up with exome beadchips in a larger dataset of mothers, we discovered a robust association with coding SNPs in complement receptor 1 (*CR1*). We hope that this finding will allow for screening of gravid women and targets for potential therapeutic intervention.

Chapters III and IV of this dissertation, take a different tact and instead of investigating the maternal genome we switched our focus to the fetal genome. We first utilized a GWAS testing for associations with preterm birth risk and Box-Cox transformed gestational age. The strongest association is observed for rs7153053 when we explore both phenotypes. This SNP is located within an intron of the Ensembl gene, *ENSG0256050*, and 5' upstream of *INF2*. Neither of these two genes has previously been associated with PTB or gestation length control; however, missense variants in *INF2* have previously been discovered to be a cause of autosomal dominant focal segmental glomerulosclerosis (FSGS).¹³⁰ Additionally, *ENSG0256050*, is predicted to be a long intergenic non-coding RNAs (lincRNA) which can control a number of genes and been shown to be involved in development.^{126,127}

We once again alter our analysis and in Chapter IV interrogate the fetal genome for SNPs that associate with birth weight z-scores. Unlike earlier GWAS of birth weight, we chose to use the normalized birth weight z-scores instead of the absolute birth weight because this allowed us to have the largest dataset possible and include both infants born in the preterm and term range. This investigation discovered a number of highly significant associations with SNPs in the coding region of *ADAM29*. When we examine the associations closer for the adjusted additive linear regression we observed five SNPs in the coding region of *ADAM29*, but they are all in very high linkage disequilibrium (LD); therefore it is best to consider this one very robust association with three SNP (rs6553849, KGP11462362 and KGP7935680) having the identical p-value and beta, p-value = $4.25e-7$ and beta = 0.33. These three SNPs as well as the next most significant, rs12512467, p-value = $6.04e-7$ and beta = 0.29, all while not reaching the threshold of “genome-wide” significance p-value $< 5e-8$ were close. Like all of the other GWAS analysis, we also tested birth weight z-scores under a general genotypic and dominant and recessive models. The most significant SNPs for each analysis were the same five SNPs from the additive model and for each SNP the additive model produced the most significant p-values.

Following up the most significant birth weight z-score associations in an independent Oulu infant cohort we observed a one-tailed p-value = 0.096 for rs6553849. While this does not surpass the traditional p-value ≤ 0.05 level of significance I would still consider it a positive replication especially since the

beta is in the same direction. Unfortunately, we do not have access to demographic data for the infants born during the term period (37-41weeks) therefore we were unable to adjust our linear association in the Oulu infant birth weight z-score analysis.

Overall, in this dissertation I present a comprehensive interrogation of the maternal and fetal genome investigating a number of phenotypes: preterm birth, gestational age and birth weight z-scores. Not unexpectedly, the top “hits” for all of these analyses were not always the same SNP or within the same gene/region. Also based on current biological understanding the most significantly associated SNPs would not have been identified using the more traditional candidate gene or candidate pathway approach because the majority of the top SNPs do not have an obvious connection to any of the hypothesized pathways involved in preterm birth and parturition.^{13,64} If these associations replicate, they add to the growing evidence showing the importance of pleiotropy.^{185,186} This is the beauty of the agnostic GWAS and whole-exome sequencing approaches and these results should not be considered the end of the investigation, but only the beginning.

Future Directions

While in this dissertation, I present a number of interesting results there is still much more work to be done in order to achieve the ultimate goal of this work: to transform public health by helping prevent or delay preterm birth.

A logical first step for all of the association results discussed in this dissertation, and human genetics in general, is to attempt to replicate and/or generalize all of the SNPs with the most significant associations. The terms “replicate” and “generalize” are often incorrectly used interchangeably. Replication is an experiment in which one attempts to find a significant association and affect in the same direction, when the alleles are coded the same way, for variants of interest in an independent dataset from the same ancestral background. On the other hand, generalization is when the most highly associated SNPs from an association study are interrogated in independent datasets from different ancestral backgrounds i.e. a Caucasian GWAS identified SNP is tested for an association in an African American cohort. It is possible for a SNP to replicate and not generalize.

The primary datasets used for this dissertation are Finnish, which due to the small population size (~5.4 million) will unfortunately make finding an appropriate replication cohort virtually impossible. Due to this limitation, I believe that finding an appropriate generalization cohort to be a key future direction and should be undertaken as soon as possible.

Because of the lack of appropriate replication cohort availability and the fact that Finland is a genetic isolate, I believe that the strongest associations discovered in this dissertation may not be generalizable. The two primary reasons I believe this is due to possible different genetic architecture of PTB and gestational age control in the Finnish due to private mutations or more likely due to different patterns of LD. However, while the same actual variant may not generalize other variants within a gene/region or SNPs in other genes within a particular pathway may be discovered to have robust associations and should be considered evidence in support of the results presented here. Due to the low cost of ABI TaqMan or Sequenom genotyping I recommend that in addition to the most highly significant SNPs additional SNPs in that gene/region and additional genes within a pathway (if one is known for a gene) are interrogated when completing this future direction.

In addition to genotyping, with the decreasing costs and throughput of next-generation sequencing (NGS) always increasing another future direction is to perform deep sequencing of genes and genes within pathways identified in the GWAS presented. Because I expect the majority of the discovered putative functional variants to be very rare and/or private I believe the best use of funds would be to sequence only affected individuals. When interesting variants are discovered, ABI TaqMan assays can always be created to explore if any term mothers/infants harbor said variant.

Finally, computational and statistical analysis can only teach us so much about the pathogenesis and/or etiology of preterm birth, gestation length control and birth weight z-scores. Functional analysis will be required in order to discover if particular SNPs have measurable effects *in vitro*. While the specific functional experiment will be guided by the gene or region a SNP of interest is located in mRNA or protein level variation will be examined. Allele expression imbalance is another potential consequence one may want to explore.

As discussed above, preterm birth research is a young field overall and this is true for the sphere of human genetics. Before we are able to make large advancements in understanding the etiology or pathogenesis with the ultimate goal of being able to prevent or delay PTB a number of things must happen. First and foremost, what we really require are larger datasets which will have more power to identify variants with smaller, more realistic effect size. Currently, the two largest PTB datasets are the Danish National Birth Cohort (DNBC) and Norwegian Mother and Child Cohort (MoBa) both of which include ~1000 mother-child pair cases and ~1000 mother-child pair controls.¹⁸⁸

These two larger datasets also illustrate another important aspect, which we need to standardize in order to move this field ahead; a more standardized phenotype of preterm birth. While PTB is inherently a heterogeneous phenotype, if we have a standardized phenotypic definition, which must include demographic factors known, to be associated with PTB or speculated to be associated some of which include: maternal age, body mass index (BMI),

gravidity, parity, preterm premature rupture of the membranes (PPROM), infection status (bacterial vaginosis (BV), Group Beta Streptococcus (GBS), etc), drug use during and prior to pregnancy, prior pregnancy complications, smoking and alcohol use. A more uniform set of variables will allow for more efficient and powerful meta-analyses in the future.

Other areas of research that will be important to interrogate in the future to help understand PTB are maternal-fetal interactions, gene-environment (GxE) and gene-gene (GxG) in both maternal and fetal samples. These type of analyses in genome-wide SNP and whole-exome/whole-genome sequence data are still in their infancy and will need to mature in order to be performed in all PTB studies, but I believe will be a fruitful area of discovery.

In conclusion, while the results discussed in this dissertation are interesting and have potentially implicated new pathways in the etiology of preterm birth, gestational age control and birth weight z-score this should only be considered a starting off point. There is much more analysis and functional studies needed to untangle how these SNPs and/or genes are involved. However, I believe the results presented in this dissertation to be an important step in the process of improving public health by understanding preterm birth.

Appendix A. Summary of candidate gene association studies' findings as of August 2012. Modified from Jevon et al.

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>ABCA1</i>	ATP-binding cassette, sub-family A, member 1	1	0
<i>ACE</i>	angiotensin I converting enzyme 1	8	1
<i>ADD1</i>	adducin 1 (alpha)	2	0
<i>ADH1B</i>	alcohol dehydrogenase 1B	4	0
<i>ADH1C</i>	alcohol dehydrogenase 1c	5	0
<i>ADRB2</i>	adrenergic, beta-2, receptor, surface	9	3
<i>AGT</i>	angiotensinogen	4	2
<i>AGTR1</i>	angiotensin II receptor, type 1	3	0
<i>ALOX5</i>	arachidonate 5-lipoxygenase	1	0
<i>ALOX5AP</i>	arachidonate 5-lipoxygenase-activating protein	2	0
<i>ANG</i>	angiogenin, ribonuclease, RNase A family, 5	1	0
<i>ANGPT2</i>	angiopoietin 2	1	0
<i>ANXA5</i>	annexin A5	1	0
<i>APOA1</i>	apolipoprotein A-I	2	0
<i>APOA4</i>	apolipoprotein A-4	1	0
<i>APOA5</i>	apolipoprotein A-5	1	0
<i>APOB</i>	apolipoprotein B	2	0
<i>APOC2</i>	apolipoprotein C2	1	0
<i>APOC3</i>	apolipoprotein C3	2	0
<i>APOE</i>	apolipoprotein E	2	0

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>AQP2</i>	aquaporin 2 (collecting duct)	1	0
<i>BHMT</i>	betaine-homocysteine methyltransferase	1	0
<i>CBS</i>	cystathionine-beta-synthase	5	1
<i>CCL2</i>	chemokine (C-C motif) ligand 2	5	0
<i>CCL3</i>	chemokine (C-C motif) ligand 3	4	0
<i>CCL8</i>	chemokine (C-C motif) ligand 8	4	0
<i>CCR2</i>	chemokine (C-C motif) receptor 2	1	0
<i>CD14</i>	monocyte differentiation antigen CD14	6	1
<i>CD55</i>	CD55 molecule, decay accelerating factor for complement	1	0
<i>CETP</i>	cholesteryl ester transfer protein, plasma	2	0
<i>COL1A1</i>	collagen, type I, alpha 1	4	0
<i>COL1A2</i>	collagen, type I, alpha 2	4	0
<i>COL3A1</i>	collagen, type 3, alpha 1	4	0
<i>COL4A1</i>	collagen, type IV, alpha 1	1	0
<i>COL4A2</i>	collagen, type IV, alpha 2	1	0
<i>COL4A3</i>	collagen, type IV, alpha 3	1	1
<i>COL4A4</i>	collagen, type IV, alpha 4	1	0
<i>COL4A5</i>	collagen, type IV, alpha 5	1	0
<i>COL4A6</i>	collagen, type IV, alpha 6	1	0
<i>COL5A1</i>	collagen, type V, alpha 1	5	0
<i>COL5A2</i>	collagen, type V, alpha 2	5	0
<i>CRH</i>	corticotropin releasing hormone	4	0
<i>CRHBP</i>	corticotropin releasing hormone binding	5	1

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
	protein		
<i>CRHR1</i>	corticotropin releasing hormone receptor 1	5	0
<i>CRHR2</i>	corticotropin releasing hormone receptor 2	5	0
<i>CRP</i>	C-reactive protein, pentraxin-related	4	0
<i>CSF1</i>	colony stimulating factor 1	1	0
<i>CSF2</i>	colony stimulating factor 2	1	0
<i>CSF3</i>	colony stimulating factor 3	2	0
<i>CSPG2</i>	Chondroitin sulfate proteoglycan core protein 2	1	0
<i>CTGF</i>	connective tissue growth factor	1	0
<i>CTLA4</i>	cytotoxic T-lymphocyte-associated protein 4	4	1
<i>CYP19A1</i>	cytochrome P450, family 19, subfamily A, polypeptide 1	4	0
<i>CYP1A1</i>	cytochrome P450, family 1, subfamily A, polypeptide 1	7	2
<i>CYP2C19</i>	cytochrome P450, family 2, subfamily C, polypeptide 19	1	0
<i>CYP2D6</i>	cytochrome P450, family 2, subfamily D, polypeptide 6	4	0
<i>CYP2E1</i>	cytochrome P450, family 2, subfamily E, polypeptide 1	2	0
<i>CYP3A4</i>	cytochrome P450, family 3, subfamily A, polypeptide 4	1	0
<i>DEFA5</i>	defensin, alpha 5, Paneth cell-specific	1	0

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>DEFB1</i>	defensin, beta 1	1	0
<i>DHCR24</i>	24-dehydrocholesterol reductase	1	0
<i>DHCR7</i>	7-dehydrocholesterol reductase	1	0
<i>DHFR</i>	dihydrofolate reductase	4	0
<i>DLAT</i>	dihydrolipoamide S-acetyltransferase	1	0
<i>DRD2</i>	dopamine receptor D2	1	0
<i>EDN1</i>	endothelin 1	1	0
<i>EDN2</i>	endothelin 2	4	0
<i>ELN</i>	elastin	1	0
<i>PROCR</i>	protein C receptor, endothelial (EPCR)	1	0
<i>EPHX1</i>	epoxide hydrolase 1, microsomal (xenobiotic)	5	0
<i>EPHX2</i>	epoxide hydrolase 2, microsomal (xenobiotic)	4	0
<i>ESR1</i>	estrogen receptor 1	1	0
<i>ESR2</i>	estrogen receptor 2	1	0
<i>F12</i>	coagulation factor XII (Hageman factor)	1	0
<i>F13A1</i>	coagulation factor XIII, A1 polypeptide	2	0
<i>F13B</i>	coagulation factor XIII, B polypeptide	1	0
<i>F2</i>	coagulation factor II (thrombin)	10	0
<i>F3</i>	coagulation factor III (thromboplastin, tissue factor)	1	0
<i>F5</i>	coagulation factor V	13	4
<i>F7</i>	coagulation factor VII	8	1
<i>FABP2</i>	fatty acid binding protein 2, intestinal	1	0
<i>FAS</i>	Fas	4	0

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>FADS1</i>	Fatty acid desaturase 1	1	0
<i>FADS2</i>	Fatty acid desaturase 2	1	0
<i>FASLG</i>	Fas ligand	4	0
<i>FGB</i>	fibrinogen beta chain	3	0
<i>FGF1</i>	fibroblast growth factor 1 (acidic)	1	0
<i>FGF2</i>	fibroblast growth factor 2 (basic)	1	0
<i>FGF4</i>	fibroblast growth factor 4	1	0
<i>FIGF</i>	c-fos induced growth factor (vascular endothelial growth factor D)	1	0
<i>FLT1</i>	fms-related tyrosine kinase 1	2	0
<i>FLT4</i>	fms-related tyrosine kinase 4	1	0
<i>FN1</i>	fibronectin 1	1	0
<i>FSHR</i>	follicle stimulating hormone receptor	1	1
<i>GJA4</i>	gap junction protein, alpha 4	1	0
<i>GJB2</i>	gap junction protein, beta 2,	1	0
<i>GNB3</i>	guanine nucleotide binding protein, beta polypeptide 3	2	0
<i>GP1BA</i>	glycoprotein Ib (platelet), alpha polypeptide	1	0
<i>GSTM1</i>	glutathione S-transferase mu 1	4	2
<i>GSTP1</i>	glutathione S-transferase pi 1	5	0
<i>GSTT1</i>	glutathione S-transferase theta 1	5	2
<i>GSTT2</i>	glutathione S-transferase theta 2	4	0
<i>HLA-E</i>	major histocompatibility complex, class I, E	1	0
<i>HLA-G</i>	major histocompatibility complex, class I, G	1	0

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>HMGCR</i>	3-hydroxy-3-methylglutaryl-Coenzyme A reductase	1	1
<i>HPGD</i>	hydroxyprostaglandin dehydrogenase 15-(NAD)	1	0
<i>HSD11B1</i>	hydroxysteroid (11-beta) dehydrogenase 1	4	0
<i>HSD17B7</i>	hydroxysteroid (17-beta) dehydrogenase 7	4	0
<i>HSPA14</i>	heat shock 70kDa protein 14	4	0
<i>HSPA1A</i>	heat shock 70kDa protein 1A	4	0
<i>HSPA1B</i>	heat shock 70kDa protein 1B	4	0
<i>HSPA1L</i>	heat shock 70kDa protein 1-like	4	1
<i>HSPA4</i>	heat shock 70kDa protein 4	4	0
<i>HSPA6</i>	heat shock 70kDa protein 6	4	0
<i>HSPG2</i>	heparan sulfate proteoglycan 2	1	0
<i>HTR2A</i>	serotonin receptor 2A	1	0
<i>ICAM1</i>	intercellular adhesion molecule 1	2	1
<i>ICAM3</i>	intercellular adhesion molecule 3	1	0
<i>IFNG</i>	interferon, gamma	6	2
<i>IFNGR1</i>	interferon, gamma receptor 1	2	0
<i>IFNGR2</i>	interferon, gamma receptor 2	1	0
<i>IGF1</i>	insulin-like growth factor 1	5	0
<i>IGF1R</i>	insulin-like growth factor 1 receptor	1	0
<i>IGF2</i>	insulin-like growth factor 2	1	1
<i>IGF2R</i>	insulin-like growth factor 2 receptor	1	0
<i>IGFBP3</i>	insulin-like growth factor binding protein 3	4	0

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>IL10</i>	interleukin 10	11	2
<i>IL10RA</i>	interleukin 10 receptor, alpha	6	1
<i>IL10RB</i>	interleukin 10 receptor, beta	4	0
<i>IL11</i>	interleukin 11	1	0
<i>IL12A</i>	interleukin 12A	2	0
<i>IL12B</i>	interleukin 12B	1	0
<i>IL12RB1</i>	interleukin 12 receptor, beta 1	1	0
<i>IL12RB2</i>	interleukin 12 receptor, beta 2	1	0
<i>IL13</i>	interleukin 13	5	1
<i>IL13RA2</i>	interleukin 13 receptor, alpha 2	1	0
<i>IL15</i>	interleukin 15	4	1
<i>IL18</i>	interleukin 18	6	0
<i>IL18BP</i>	interleukin 18 binding protein	1	0
<i>IL1A</i>	interleukin 1, alpha	10	2
<i>IL1B</i>	interleukin 1, beta	11	2
<i>IL1R1</i>	interleukin 1 receptor, type I	6	0
<i>IL1R2</i>	interleukin 1 receptor, type 2	6	1
<i>IL1RAP</i>	interleukin 1 receptor accessory protein	4	0
<i>IL1RAPL1</i>	interleukin 1 receptor accessory protein-like 1	1	0
<i>IL1RN</i>	interleukin 1 receptor antagonist	11	4
<i>IL2</i>	interleukin 2	7	1
<i>IL2RA</i>	interleukin 2 receptor, alpha	5	1
<i>IL2RB</i>	interleukin 2 receptor, beta	4	1
<i>IL3</i>	interleukin 3	1	0

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>IL3RA</i>	interleukin 3 receptor, alpha	1	0
<i>IL4</i>	interleukin 4	9	3
<i>IL4R</i>	interleukin 4 receptor	5	0
<i>IL5</i>	interleukin 5	5	1
<i>IL5RA</i>	interleukin 5 receptor, alpha	1	0
<i>IL6</i>	interleukin 6	16	5
<i>IL6R</i>	interleukin 6 receptor	8	4
<i>IL8</i>	interleukin 8	8	0
<i>IL8RA</i>	interleukin 8 receptor alpha	5	0
<i>IL8RB</i>	interleukin 8 receptor beta	1	0
<i>IL9</i>	interleukin 9	1	0
<i>IL9R</i>	interleukin 9 receptor	1	0
<i>IRS1</i>	insulin receptor substrate 1	1	0
<i>ITGA2</i>	integrin, alpha 2	1	0
<i>ITGB3</i>	integrin, beta 3	2	0
<i>KL</i>	Klotho	4	1
<i>LCAT</i>	lecithin-cholesterol acyltransferase	1	0
<i>LDLR</i>	LDL receptor	1	0
<i>LEP</i>	leptin	1	0
<i>LIPC</i>	lipase, hepatic	2	0
<i>LNPEP</i>	leucyl/cystinyl aminopeptidase	1	0
<i>LOXL1</i>	lysyl oxidase-like 1	1	0
<i>LPA</i>	lipoprotein	1	0
<i>LPL</i>	lipoprotein lipase	2	0

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>LST1</i>	leukocyte specific transcript 1	4	0
<i>LTA</i>	lymphotoxin alpha	6	1
<i>LTF</i>	lactotransferrin	1	0
<i>LYZ</i>	lysozyme	1	0
<i>MASP2</i>	mannan-binding lectin serine peptidase 2	1	0
<i>MBL2</i>	mannose-binding lectin 2, soluble	11	6
<i>MGP</i>	matrix Gla protein	1	0
<i>MIF</i>	macrophage migration inhibitory factor	1	0
<i>MMP1</i>	matrix metallopeptidase 1	6	1
<i>MMP10</i>	matrix metallopeptidase 10	1	0
<i>MMP11</i>	matrix metallopeptidase 11	1	0
<i>MMP12</i>	matrix metallopeptidase 12	1	0
<i>MMP13</i>	matrix metallopeptidase 13	1	0
<i>MMP14</i>	matrix metallopeptidase 14	1	0
<i>MMP15</i>	matrix metallopeptidase 15	1	0
<i>MMP16</i>	matrix metallopeptidase 16	1	0
<i>MMP17</i>	matrix metallopeptidase 17	1	0
<i>MMP19</i>	matrix metallopeptidase 19	1	0
<i>MMP2</i>	matrix metallopeptidase 2	5	1
<i>MMP3</i>	matrix metallopeptidase 3	6	0
<i>MMP7</i>	matrix metallopeptidase 7	1	0
<i>MMP8</i>	matrix metallopeptidase 8	5	0
<i>MMP9</i>	matrix metallopeptidase 9	6	2
<i>MTHFD1</i>	methylenetetrahydrofolate dehydrogenase	4	0

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>MTHFR</i>	5,10-methylenetetrahydrofolate reductase	12	0
<i>MTR</i>	5-methyltetrahydrofolate-homocysteine methyltransferase	1	0
<i>MTRR</i>	5-methyltetrahydrofolate-homocysteine methyltransferase reductase	2	1
<i>NAT1</i>	N-acetyltransferase 1	5	0
<i>NAT2</i>	N-acetyltransferase 2	6	0
<i>NFKB1</i>	nuclear factor of kappa light polypeptide gene enhancer in B-cells 1	5	0
<i>NFKB2</i>	nuclear factor of kappa light polypeptide gene enhancer in B-cells 2	4	0
<i>NFKBIA</i>	nuclear factor of kappa light polypeptide gene enhancer in B-cells inhibitor, alpha	4	0
<i>NFKBIB</i>	nuclear factor of kappa light polypeptide gene enhancer in B-cells inhibitor, beta	4	0
<i>NFKBIE</i>	nuclear factor of kappa light polypeptide gene enhancer in B-cells inhibitor, epsilon	4	0
<i>NOD2</i>	nucleotide-binding oligomerization domain containing 2	2	1
<i>NOD2/CARD15</i>	nucleotide-binding oligomerization domain containing 2	5	0
<i>NOS2A</i>	nitric oxide synthase 2, inducible	3	2
<i>NOS3</i>	nucleotide-binding oligomerization domain containing 3	8	1
<i>NPPA</i>	natriuretic peptide precursor A	2	0

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>NPR1</i>	natriuretic peptide receptor A	1	0
<i>NPY</i>	neuropeptide Y	1	0
<i>NQO1</i>	NAD(P)H dehydrogenase, quinone 1	1	0
<i>NR3C1</i>	glucocorticoid receptor	4	0
<i>OPRM1</i>	opioid receptor, mu 1	1	1
<i>OXT</i>	oxytocin	1	0
<i>OXTR</i>	oxytocin receptor	2	1
<i>PAFAH1B1</i>	platelet-activating factor acetylhydrolase, isoform Ib, subunit 1	5	0
<i>PAFAH1B2</i>	platelet-activating factor acetylhydrolase, isoform Ib, subunit 2	4	0
<i>PDE4D</i>	phosphodiesterase 4D, cAMP-specific	1	0
<i>PDGFB</i>	platelet-derived growth factor beta polypeptide	1	0
<i>PDGFC</i>	platelet derived growth factor C	1	0
<i>PECAM1</i>	platelet/endothelial cell adhesion molecule 1	1	0
<i>PGEA1</i>	chibby homolog 1	4	0
<i>PGF</i>	placental growth factor	1	0
<i>PIGF</i>	phosphatidylinositol glycan anchor biosynthesis, class F	1	0
<i>PLA2G4C</i>	phospholipase A2, group IVC (cytosolic, calcium-independent)	1	1
<i>PGR</i>	progesterone receptor	9	1
<i>PGRMC1</i>	progesterone receptor membrane component	4	0

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
	1		
<i>PGRMC2</i>	progesterone receptor membrane component 2	4	0
<i>PLA2G4A</i>	phospholipase A2, group IVA	4	0
<i>PLAT</i>	plasminogen activator, tissue	7	2
<i>PLAU</i>	plasminogen activator, urokinase	1	0
<i>PLAUR</i>	plasminogen activator, urokinase receptor	1	0
<i>POMC</i>	proopiomelanocortin	4	0
<i>PON1</i>	paraoxonase 1	8	3
<i>PON2</i>	paraoxonase 2	6	2
<i>PPARA</i>	peroxisome proliferator-activated receptor alpha	1	0
<i>PPARG</i>	peroxisome proliferator-activated receptor gamma	2	1
<i>PRKCA</i>	protein kinase C, alpha	1	1
<i>PROC</i>	protein C	2	0
<i>PROS1</i>	protein S (alpha)	1	0
<i>PTCRA</i>	pre T-cell antigen receptor alpha	4	0
<i>PTGER1</i>	prostaglandin E receptor 1	1	0
<i>PTGER2</i>	prostaglandin E receptor 2	5	1
<i>PTGER3</i>	prostaglandin E receptor 3	4	2
<i>PTGER4</i>	prostaglandin E receptor 4	1	0
<i>PTGES</i>	prostaglandin E synthase	6	0
<i>PTGES2</i>	prostaglandin E synthase 2	2	1

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>PTGES3</i>	prostaglandin E synthase 3	2	0
<i>PTGFR</i>	prostaglandin F receptor	5	0
<i>PTGS1</i>	prostaglandin G/H synthase (cyclooxygenase)	6	0
<i>PTGS2</i>	prostaglandin-endoperoxide synthase 2	6	0
<i>PTPN22</i>	protein tyrosine phosphatase, non-receptor type 22	4	0
<i>REN</i>	renin	2	0
<i>RFC1</i>	replication factor C (activator 1) 1	1	0
<i>RLN1</i>	Relaxin 1	1	0
<i>RLN2</i>	Relaxin 2	1	0
<i>RLN3</i>	Relaxin 3	1	0
<i>SCGB1A1</i>	secretoglobin, family 1A, member 1 (uteroglobin)	4	0
<i>SCNN1A</i>	sodium channel, nonvoltage-gated 1 alpha	1	0
<i>SELE</i>	selectin E	3	0
<i>SELP</i>	selectin P	1	0
<i>SERPINB2</i>	serpin peptidase inhibitor, clade B (ovalbumin), member 2	1	0
<i>SERPINC1</i>	serpin peptidase inhibitor, clade C, member 1	1	0
<i>SERPINE1</i>	serpin peptidase inhibitor, clade E, member 1	7	1
<i>SERPINH1</i>	serpin peptidase inhibitor, clade H, member 1 (collagen binding protein 1)	6	2
<i>SFTPA1</i>	surfactant protein A1	1	0

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>SFTPA2</i>	surfactant protein A2	1	0
<i>SFTPC</i>	Surfactant protein C	2	0
<i>SFTPD</i>	Surfactant protein D	2	1
<i>SHMT1</i>	serine hydroxymethyltransferase 1	1	1
<i>SLC23A1</i>	solute carrier family 23 (nucleobase transporters), member 1	5	0
<i>SLC23A2</i>	solute carrier family 23, member 2	1	1
<i>SLC6A4</i>	solute carrier family 6, member 4	4	0
<i>SOD3</i>	superoxide dismutase 3, extracellular	1	0
<i>SPARC</i>	secreted protein, acidic, cysteine-rich	1	0
<i>TAP1</i>	transporter 1, ATP-binding cassette, sub-family B	1	0
<i>TBXAS1</i>	thromboxane A synthase 1 (platelet)	1	0
<i>TCN2</i>	transcobalamin II	4	0
<i>TFPI</i>	tissue factor pathway inhibitor	1	0
<i>TGFA</i>	transforming growth factor, alpha	1	0
<i>TGFB</i>	transforming growth factor, beta	1	0
<i>TGFB1</i>	transforming growth factor, beta 1	7	0
<i>THBD</i>	thrombomodulin	2	1
<i>THBS1</i>	thrombospondin 1	1	0
<i>THBS2</i>	thrombospondin 2	1	0
<i>THPO</i>	thrombopoietin	1	0
<i>TIMP1</i>	TIMP metalloproteinase inhibitor 1	1	0
<i>TIMP2</i>	TIMP metalloproteinase inhibitor 2	1	1

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
<i>TIMP3</i>	TIMP metalloproteinase inhibitor 3	4	0
<i>TIMP4</i>	TIMP metalloproteinase inhibitor 4	4	0
<i>TLR1</i>	toll-like receptor 1	1	0
<i>TLR10</i>	toll-like receptor 10	1	1
<i>TLR2</i>	toll-like receptor 2	7	1
<i>TLR3</i>	toll-like receptor 3	5	0
<i>TLR4</i>	toll-like receptor 4	11	2
<i>TLR5</i>	toll-like receptor 5	1	0
<i>TLR6</i>	toll-like receptor 6	1	0
<i>TLR7</i>	toll-like receptor 7	4	0
<i>TLR8</i>	toll-like receptor 8	4	0
<i>TLR9</i>	toll-like receptor 9	5	0
<i>TNF</i>	tumor necrosis factor	27	12
<i>TNFR1</i>	tumor necrosis factor receptor 1	7	4
<i>TNFR2</i>	tumor necrosis factor receptor 2	3	2
<i>TNFRSF1A</i>	tumor necrosis factor receptor superfamily, member 1A	5	0
<i>TNFRSF1B</i>	tumor necrosis factor receptor superfamily, member 1B	5	0
<i>TNFRSF6</i>	tumor necrosis factor receptor superfamily, member 6b, decoy	2	1
<i>TNR</i>	tenascin R	1	0
<i>TRAF2</i>	TNF receptor-associated factor 2	4	0
<i>TREM1</i>	triggering receptor expressed on myeloid cells	4	1

Gene Symbol	Gene Name	Number of Studies	Studies reporting positive findings
	1		
<i>TSHR</i>	thyroid stimulating hormone receptor	4	0
<i>UGT1A1</i>	UDP glucuronosyltransferase 1 family, polypeptide A1	4	0
<i>VEGF</i>	vascular endothelial growth factor A	7	1
<i>VEGFB</i>	vascular endothelial growth factor B	1	0
<i>VEGFC</i>	vascular endothelial growth factor C	1	0
<i>VWF</i>	von Willebrand factor	1	0

Appendix B. All SNPs with p-value < 10⁻⁴ for chi-square PTB association in Finnish mothers genotyped on the Affymetrix 6.0 array. Base pair (BP) positions refer to NCBI36 (hg18, March 2006 assembly) build of the human genome.

CHR	SNP	BP	MINOR ALLELE	FREQ CASE	FREQ CONTROL	MAJOR ALLELE	P	OR	L95	U95
4	rs871476	25152250	G	0.137	0.247	A	6.22E-06	0.48	0.35	0.67
6	rs732496	152995144	C	0.362	0.496	A	1.15E-05	0.58	0.45	0.74
17	rs222745	3435620	T	0.155	0.071	C	1.17E-05	2.41	1.61	3.60
4	rs904132	55496865	G	0.093	0.030	A	1.72E-05	3.30	1.86	5.84
13	rs17337271	23250220	C	0.036	0.103	G	2.00E-05	0.32	0.19	0.56
14	rs767757	60944127	G	0.318	0.204	T	2.04E-05	1.82	1.38	2.40
10	rs11193681	84068972	T	0.155	0.073	C	2.14E-05	2.32	1.56	3.45
12	rs2302728	2644929	C	0.205	0.320	A	2.29E-05	0.55	0.41	0.73
6	rs1110227	153003973	A	0.365	0.493	G	2.51E-05	0.59	0.46	0.76
4	rs12648485	55499294	C	0.089	0.029	T	2.52E-05	3.31	1.84	5.95
10	rs3908834	84068197	T	0.153	0.073	C	2.85E-05	2.30	1.54	3.41
2	rs332867	117602473	G	0.273	0.167	A	2.85E-05	1.87	1.39	2.51
6	rs9384026	153035435	C	0.370	0.497	G	3.27E-05	0.60	0.47	0.76
3	rs4682892	43558769	G	0.262	0.159	T	3.30E-05	1.88	1.39	2.53
22	rs9605923	15445079	T	0.208	0.320	A	3.52E-05	0.56	0.42	0.74
3	rs7428158	43558323	C	0.262	0.160	T	4.07E-05	1.86	1.38	2.51
1	rs1890844	208973862	T	0.516	0.391	G	4.48E-05	1.66	1.30	2.12
12	rs4765701	2641152	T	0.153	0.255	C	4.64E-05	0.53	0.39	0.72
5	rs17463165	39140675	A	0.337	0.459	G	4.80E-05	0.60	0.47	0.77
2	rs12464127	19949783	C	0.193	0.300	T	4.95E-05	0.56	0.42	0.74
18	rs4798834	9714549	A	0.242	0.356	G	5.19E-05	0.58	0.44	0.75
3	rs17407870	43471145	G	0.262	0.161	A	5.22E-05	1.84	1.37	2.49

CHR	SNP	BP	MINOR ALLELE	FREQ CASE	FREQ CONTROL	MAJOR ALLELE	P	OR	L95	U95
10	rs3904726	84081058	G	0.153	0.075	A	5.45E-05	2.22	1.50	3.29
16	rs344357	1776256	G	0.223	0.335	C	5.59E-05	0.57	0.43	0.75
3	rs3755602	43594314	A	0.262	0.162	G	5.67E-05	1.84	1.36	2.47
3	rs6809134	43559114	T	0.263	0.163	C	6.24E-05	1.83	1.36	2.47
6	rs9479367	153014823	T	0.363	0.484	C	6.36E-05	0.61	0.48	0.78
6	rs12200492	47646089	C	0.472	0.352	T	6.48E-05	1.65	1.29	2.10
9	rs7045593	1530499	T	0.145	0.070	C	6.50E-05	2.26	1.50	3.41
2	rs11676603	209969736	G	0.300	0.193	C	6.60E-05	1.79	1.34	2.38
4	rs2051428	100342209	C	0.239	0.144	T	6.99E-05	1.87	1.37	2.55
2	rs7602876	117576259	T	0.276	0.175	C	7.00E-05	1.80	1.34	2.41
2	rs13396426	42965448	C	0.407	0.528	T	7.03E-05	0.61	0.48	0.78
14	rs9944098	90557351	T	0.460	0.342	C	7.31E-05	1.64	1.29	2.10
15	rs1868243	55667810	C	0.344	0.234	T	7.42E-05	1.72	1.31	2.25
2	rs12986437	20068171	G	0.213	0.323	T	7.54E-05	0.57	0.43	0.75
16	rs169844	16162267	C	0.468	0.350	T	7.67E-05	1.64	1.28	2.09
3	rs2372433	43473252	C	0.260	0.162	T	7.72E-05	1.82	1.35	2.45
3	rs17407912	43471255	G	0.262	0.164	A	7.83E-05	1.81	1.35	2.44
6	rs1744397	152962545	G	0.387	0.509	C	8.23E-05	0.61	0.48	0.78
8	rs9918898	94373271	A	0.028	0.084	G	8.52E-05	0.31	0.17	0.58
12	rs961445	73790333	C	0.175	0.093	T	8.67E-05	2.06	1.43	2.96
3	rs13063227	172429742	A	0.184	0.100	G	9.29E-05	2.01	1.41	2.88
6	rs9395272	47603093	G	0.480	0.362	A	9.66E-05	1.63	1.27	2.08
21	rs243693	28127529	T	0.366	0.484	C	9.70E-05	0.61	0.48	0.79
5	rs28050	96171180	G	0.280	0.180	A	9.74E-05	1.77	1.33	2.36

CHR	SNP	BP	MINOR ALLELE	FREQ CASE	FREQ CONTROL	MAJOR ALLELE	P	OR	L95	U95
6	rs873889	153033302	G	0.364	0.482	A	9.76E-05	0.61	0.48	0.78
4	rs7663862	55454959	G	0.089	0.033	A	9.83E-05	2.86	1.65	4.97
2	rs4665765	25216019	T	0.355	0.473	C	9.91E-05	0.61	0.48	0.78
16	rs2247696	1792776	T	0.209	0.315	C	9.92E-05	0.58	0.44	0.76
2	rs332868	117602387	C	0.286	0.185	T	9.97E-05	1.76	1.32	2.34

Appendix C. A complete list of all SNPs with p-value < 10⁻⁴ from the unadjusted additive linear regression for the Box-Cox transformed gestational ages for Finnish mothers genotyped on the Affymetrix 6.0 SNP array. Base pair (BP) positions refer to NCBI36 (hg18, March 2006 assembly) build of the human genome.

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	P
1	rs10874644	102931572	G	2.34E+09	1.34E+09	3.34E+09	5.26E-06
2	rs7583085	42876472	G	1.78E+09	1.02E+09	2.54E+09	5.77E-06
2	rs7569325	42978493	G	1.81E+09	1.02E+09	2.59E+09	7.54E-06
2	rs12464127	19949783	C	1.77E+09	9.92E+08	2.55E+09	1.04E-05
6	rs4714551	42098919	A	-1.65E+09	-2.37E+09	-9.18E+08	1.13E-05
5	rs10070878	28220077	T	-2.42E+09	-3.49E+09	-1.35E+09	1.14E-05
6	rs12208368	76474506	T	-2.12E+09	-3.06E+09	-1.18E+09	1.21E-05
12	rs12827976	65560052	T	1.70E+09	9.46E+08	2.46E+09	1.22E-05
4	rs41389750	11370357	C	2.40E+09	1.33E+09	3.46E+09	1.30E-05
2	rs920391	42872851	C	1.73E+09	9.56E+08	2.49E+09	1.34E-05
2	rs7582883	42876508	C	1.70E+09	9.37E+08	2.46E+09	1.42E-05
6	rs4711698	42095429	G	-1.63E+09	-2.36E+09	-8.99E+08	1.51E-05
13	rs17337271	23250220	C	2.78E+09	1.53E+09	4.03E+09	1.55E-05
4	rs871476	25152250	G	1.80E+09	9.90E+08	2.62E+09	1.65E-05
6	rs732496	152995144	C	1.51E+09	8.30E+08	2.19E+09	1.66E-05
2	rs6736894	42995273	A	1.67E+09	9.14E+08	2.43E+09	1.82E-05
23	rs1172046	103629907	T	1.60E+09	8.75E+08	2.33E+09	1.89E-05
10	rs1904693	52585849	G	1.49E+09	8.10E+08	2.16E+09	1.92E-05
6	rs12210386	76610556	A	-2.17E+09	-3.16E+09	-1.18E+09	2.05E-05
6	rs6901077	42097696	A	-1.61E+09	-2.34E+09	-8.70E+08	2.24E-05
14	rs767757	60944127	G	-1.61E+09	-2.35E+09	-8.70E+08	2.34E-05
12	rs2302728	2644929	C	1.64E+09	8.87E+08	2.39E+09	2.35E-05

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	P
2	rs332867	117602473	G	-1.74E+09	-2.54E+09	-9.40E+08	2.38E-05
12	rs12820694	65550268	T	1.59E+09	8.60E+08	2.32E+09	2.39E-05
14	rs17127816	54264954	C	-1.41E+09	-2.06E+09	-7.60E+08	2.43E-05
12	rs7310441	65540438	T	1.63E+09	8.80E+08	2.38E+09	2.46E-05
7	rs10225158	76939468	C	-1.53E+09	-2.24E+09	-8.27E+08	2.49E-05
2	rs4350800	42966710	G	1.72E+09	9.30E+08	2.52E+09	2.49E-05
12	rs17182681	65560266	A	1.63E+09	8.76E+08	2.38E+09	2.59E-05
23	rs5916847	104101048	A	1.44E+09	7.74E+08	2.11E+09	2.82E-05
6	rs9352244	76628350	A	-2.12E+09	-3.10E+09	-1.14E+09	2.82E-05
6	rs9360946	76629692	A	-2.12E+09	-3.10E+09	-1.14E+09	2.82E-05
6	rs2208798	76640363	T	-2.12E+09	-3.10E+09	-1.14E+09	2.82E-05
6	rs12196105	76575424	T	-2.12E+09	-3.10E+09	-1.14E+09	2.82E-05
16	rs344357	1776256	G	1.57E+09	8.43E+08	2.30E+09	2.85E-05
13	rs7999686	109785738	A	1.44E+09	7.72E+08	2.11E+09	2.90E-05
6	rs12200169	76293841	T	-1.98E+09	-2.91E+09	-1.06E+09	2.94E-05
16	rs4781675	9708081	T	1.48E+09	7.91E+08	2.17E+09	3.07E-05
2	rs4953664	42878180	C	1.67E+09	8.93E+08	2.45E+09	3.09E-05
5	rs52252	141944700	G	1.85E+09	9.88E+08	2.72E+09	3.13E-05
12	rs2098414	95798431	C	1.77E+09	9.39E+08	2.60E+09	3.35E-05
11	rs7945752	33916012	A	-1.58E+09	-2.32E+09	-8.39E+08	3.37E-05
11	rs16908162	10655488	C	-1.53E+09	-2.25E+09	-8.12E+08	3.42E-05
6	rs13216921	76640907	A	-2.12E+09	-3.11E+09	-1.12E+09	3.62E-05
18	rs1945148	20387524	G	-1.50E+09	-2.20E+09	-7.93E+08	3.67E-05
2	rs4594497	42959781	A	1.65E+09	8.71E+08	2.42E+09	3.73E-05
7	rs16219	24224133	C	1.48E+09	7.80E+08	2.18E+09	4.11E-05

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	P
9	rs7045593	1530499	T	-2.24E+09	-3.30E+09	-1.17E+09	4.43E-05
10	rs1904692	52585942	T	1.45E+09	7.58E+08	2.14E+09	4.67E-05
5	rs4702798	11377554	C	1.57E+09	8.18E+08	2.31E+09	4.71E-05
12	rs4765701	2641152	T	1.73E+09	9.01E+08	2.55E+09	4.72E-05
8	rs4633077	6059848	G	-1.48E+09	-2.18E+09	-7.70E+08	4.77E-05
8	rs2320562	24782519	T	1.37E+09	7.15E+08	2.03E+09	4.82E-05
12	rs7967486	3780172	T	-1.59E+09	-2.35E+09	-8.26E+08	5.00E-05
16	rs1420050	9719224	T	1.38E+09	7.17E+08	2.04E+09	5.00E-05
2	rs12986437	20068171	G	1.62E+09	8.40E+08	2.39E+09	5.15E-05
2	rs3816184	42869261	G	1.58E+09	8.20E+08	2.34E+09	5.23E-05
8	rs2632839	18718981	G	-2.21E+09	-3.27E+09	-1.15E+09	5.23E-05
2	rs7602876	117576259	T	-1.62E+09	-2.40E+09	-8.40E+08	5.27E-05
6	rs1110227	153003973	A	1.38E+09	7.13E+08	2.04E+09	5.66E-05
13	rs10507333	23267776	A	2.70E+09	1.40E+09	4.00E+09	5.68E-05
6	rs9350591	76298247	T	-1.89E+09	-2.80E+09	-9.77E+08	5.69E-05
4	rs16841283	7844571	A	-2.17E+09	-3.22E+09	-1.12E+09	5.74E-05
11	rs1120306	21719669	C	2.18E+09	1.12E+09	3.23E+09	6.10E-05
22	rs5768864	45284762	C	1.74E+09	8.93E+08	2.58E+09	6.15E-05
3	rs4682892	43558769	G	-1.67E+09	-2.48E+09	-8.59E+08	6.21E-05
8	rs2638610	18719115	G	-2.20E+09	-3.26E+09	-1.13E+09	6.30E-05
6	rs12207159	76609496	A	-2.41E+09	-3.59E+09	-1.24E+09	6.35E-05
23	rs3135207	122776922	C	-1.46E+09	-2.17E+09	-7.47E+08	6.50E-05
20	rs4813182	15424232	G	-2.66E+09	-3.96E+09	-1.37E+09	6.58E-05
6	rs3798430	76660572	C	-2.05E+09	-3.05E+09	-1.05E+09	6.60E-05
2	rs9917172	42963980	C	1.57E+09	8.06E+08	2.34E+09	6.63E-05

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	P
2	rs11883440	42976693	A	1.62E+09	8.29E+08	2.41E+09	6.89E-05
3	rs7428158	43558323	C	-1.66E+09	-2.47E+09	-8.46E+08	6.97E-05
10	rs11193681	84068972	T	-2.15E+09	-3.20E+09	-1.10E+09	7.05E-05
8	rs11786728	24801098	G	1.35E+09	6.87E+08	2.01E+09	7.34E-05
6	rs12202443	76295334	T	-1.89E+09	-2.81E+09	-9.61E+08	7.35E-05
3	rs978485	64298841	T	1.66E+09	8.45E+08	2.47E+09	7.37E-05
22	rs9605923	15445079	T	1.46E+09	7.43E+08	2.18E+09	7.73E-05
6	rs9384026	153035435	C	1.38E+09	7.00E+08	2.06E+09	7.84E-05
2	rs1861459	51547229	C	1.59E+09	8.06E+08	2.37E+09	7.93E-05
5	rs258833	11377531	A	1.55E+09	7.85E+08	2.31E+09	8.08E-05
2	rs437866	126864929	A	-1.35E+09	-2.01E+09	-6.81E+08	8.28E-05
10	rs3908834	84068197	T	-2.13E+09	-3.18E+09	-1.07E+09	8.61E-05
16	rs11645147	9709958	A	1.33E+09	6.69E+08	1.99E+09	8.69E-05
2	rs4953687	43002989	A	1.51E+09	7.60E+08	2.26E+09	8.88E-05
9	rs12683498	84671083	G	-1.37E+09	-2.05E+09	-6.90E+08	8.93E-05
20	rs1412977	56142696	T	-1.38E+09	-2.07E+09	-6.95E+08	8.97E-05
3	rs17407870	43471145	G	-1.62E+09	-2.43E+09	-8.15E+08	9.19E-05
6	rs9447540	76512109	G	-1.92E+09	-2.87E+09	-9.64E+08	9.23E-05
3	rs3755602	43594314	A	-1.62E+09	-2.42E+09	-8.12E+08	9.30E-05
14	rs17094971	58252951	A	2.27E+09	1.14E+09	3.40E+09	9.34E-05
20	rs16980283	54765104	A	1.66E+09	8.31E+08	2.48E+09	9.35E-05
11	rs10767349	3597975	G	-2.02E+09	-3.03E+09	-1.01E+09	9.55E-05
18	rs4798834	9714549	A	1.41E+09	7.05E+08	2.11E+09	9.62E-05

Appendix D. All SNPs with p -value $< 10^{-4}$ from PTB additive logistic regression adjusted for body mass index (BMI), gravidity and smoking status association analysis for the Helsinki infants genotyped on the Illumina Omni2.5 BeadChip. Base pair (BP) positions refer to GRCh37 (hg19, February 2009 assembly) build of the human genome.

CHR	SNP	BP	MINOR ALLELE	ADJ P-value	OR	L95	U95
14	rs7153053	105150273	T	5.72E-07	2.11	1.58	2.83
2	rs651418	4495174	T	4.61E-06	0.47	0.34	0.65
13	KGP1703195	23467854	C	6.65E-06	0.44	0.31	0.63
4	KGP8375539	56993480	G	6.75E-06	0.49	0.36	0.67
12	KGP2468001	123572794	G	7.01E-06	4.51	2.34	8.70
13	rs9510404	23462530	G	8.20E-06	0.44	0.31	0.63
22	KGP11155947	19226260	A	9.16E-06	4.05	2.18	7.52
22	rs712950	19204210	C	9.55E-06	4.04	2.18	7.49
18	KGP10756992	55899135	C	9.68E-06	2.56	1.69	3.87
12	KGP6141129	31496481	A	1.07E-05	0.47	0.34	0.66
11	rs4757417	16615280	C	1.13E-05	2.00	1.47	2.73
4	KGP4968386	27091299	C	1.31E-05	0.37	0.23	0.58
11	KGP9466771	16637583	T	1.36E-05	1.99	1.46	2.71
3	KGP2829197	59893355	A	1.46E-05	2.12	1.51	2.98
10	KGP5967610	117393184	C	1.56E-05	2.14	1.52	3.03
10	rs17724010	117273552	C	1.76E-05	2.12	1.51	2.99
23	rs17215777	14045928	A	1.90E-05	2.82	1.75	4.54
19	rs3745751	48519241	C	2.09E-05	2.84	1.76	4.59
22	rs1633399	19183787	G	2.09E-05	3.92	2.09	7.34
22	KGP3688261	19195680	C	2.09E-05	3.92	2.09	7.34
22	rs712952	19197949	A	2.09E-05	3.92	2.09	7.34
22	rs807459	19223352	C	2.09E-05	3.92	2.09	7.34
22	KGP4024090	19280168	G	2.09E-05	3.92	2.09	7.34
22	KGP2366391	19283478	G	2.09E-05	3.92	2.09	7.34
9	KGP535977	73076516	A	2.14E-05	0.45	0.31	0.65
19	rs16982100	48511888	G	2.36E-05	3.38	1.92	5.94
9	rs10780947	73165078	T	2.40E-05	0.51	0.37	0.70
13	rs9571702	67532237	A	2.41E-05	0.46	0.32	0.66
10	KGP10886825	117230790	C	2.43E-05	2.10	1.49	2.97
8	rs900213	3454880	T	2.57E-05	1.89	1.41	2.55
10	KGP349528	131918109	G	2.65E-05	2.17	1.51	3.11
10	KGP22784786	116847333	T	2.81E-05	1.93	1.42	2.63

CHR	SNP	BP	MINOR ALLELE	ADJ P-value	OR	L95	U95
13	rs1028730	67527244	C	2.86E-05	0.48	0.34	0.68
10	rs1171727	131908016	G	3.04E-05	2.14	1.50	3.05
10	rs1264794	116902943	C	3.23E-05	1.94	1.42	2.65
2	rs662510	4491654	T	3.32E-05	0.50	0.36	0.69
10	KGP6938912	116941272	G	3.36E-05	1.93	1.41	2.63
18	rs1529905	73077313	T	3.52E-05	0.33	0.20	0.56
14	rs11160817	105168414	T	3.57E-05	1.81	1.37	2.40
5	rs2270822	60459040	A	3.65E-05	0.27	0.15	0.50
5	KGP10062212	60367377	C	3.67E-05	0.27	0.15	0.50
5	KGP9219331	60457627	T	3.67E-05	0.27	0.15	0.50
3	rs1864427	5626851	A	3.69E-05	0.52	0.38	0.71
9	KGP3932024	127536726	A	3.71E-05	1.88	1.39	2.53
9	KGP1766722	73095674	T	3.98E-05	0.46	0.32	0.67
13	KGP7715737	67553342	T	4.10E-05	0.47	0.33	0.68
15	rs11855354	78443631	G	4.12E-05	0.55	0.41	0.73
15	rs2304824	78466127	A	4.12E-05	0.55	0.41	0.73
2	KGP11014586	187487160	G	4.62E-05	1.90	1.40	2.60
2	rs2197138	187493841	A	4.62E-05	1.90	1.40	2.60
2	rs7596996	187494427	G	4.62E-05	1.90	1.40	2.60
10	rs1899721	116965037	T	4.86E-05	1.90	1.39	2.59
13	KGP9920102	67545692	G	4.96E-05	0.48	0.34	0.69
7	KGP11556052	22141292	A	5.13E-05	2.00	1.43	2.79
19	KGP11012186	48517676	T	5.15E-05	3.22	1.83	5.66
19	KGP3429713	48522480	A	5.15E-05	3.22	1.83	5.66
19	KGP12010912	48522553	C	5.15E-05	3.22	1.83	5.66
23	rs5965496	67319094	C	5.15E-05	0.45	0.30	0.66
3	KGP5507304	47649998	C	5.20E-05	1.95	1.41	2.70
3	rs1014228	47652639	C	5.20E-05	1.95	1.41	2.70
1	KGP4299054	243602390	A	5.24E-05	1.90	1.39	2.60
5	rs2071239	149755421	G	5.36E-05	2.31	1.54	3.47
9	KGP1996626	434222	A	5.38E-05	2.00	1.43	2.80
19	KGP1072697	48522746	A	5.42E-05	3.21	1.82	5.64
1	rs3842895	180596196	C	5.44E-05	0.53	0.39	0.72
5	KGP12461110	60199201	C	5.44E-05	0.21	0.10	0.44
5	rs976080	60217651	T	5.44E-05	0.21	0.10	0.44
2	KGP22789102	187483472	C	5.45E-05	1.89	1.39	2.58
5	rs7713638	149759096	C	5.48E-05	2.30	1.53	3.44
19	KGP1220612	48517387	A	5.60E-05	3.26	1.83	5.79
4	KGP11607606	91912899	A	5.67E-05	2.26	1.52	3.37

CHR	SNP	BP	MINOR ALLELE	ADJ P-value	OR	L95	U95
10	rs1414632	117244968	G	5.70E-05	2.02	1.43	2.84
17	KGP3405370	9719103	C	5.77E-05	1.79	1.35	2.38
12	rs12300476	31514886	C	5.79E-05	2.01	1.43	2.82
2	rs2370693	187475104	G	5.81E-05	1.89	1.39	2.57
3	rs3732530	47618953	C	5.94E-05	1.95	1.41	2.70
5	rs1559050	134470030	T	5.95E-05	1.92	1.40	2.65
2	rs4233788	187462581	A	6.12E-05	1.89	1.38	2.58
5	KGP4818545	149763305	G	6.14E-05	2.28	1.52	3.41
10	rs589508	117171076	C	6.14E-05	1.89	1.38	2.58
10	rs10885649	116843474	A	6.40E-05	1.88	1.38	2.56
10	KGP6011600	117148182	A	6.56E-05	1.88	1.38	2.57
10	rs1170884	117173622	T	6.56E-05	1.88	1.38	2.57
2	rs3911084	187475357	G	6.61E-05	1.88	1.38	2.56
23	KGP22809830	67338660	T	6.65E-05	0.45	0.31	0.67
9	KGP11168890	8402449	A	6.67E-05	0.52	0.37	0.72
7	KGP3934027	36087216	C	6.76E-05	4.05	2.04	8.06
5	KGP12517799	60180474	T	7.01E-05	0.21	0.10	0.45
17	KGP1296647	12534475	T	7.08E-05	2.15	1.48	3.14
1	rs28456011	1567206	A	7.09E-05	3.02	1.75	5.20
23	KGP22806909	67347391	G	7.17E-05	0.46	0.31	0.67
13	rs9562406	43097559	A	7.24E-05	2.51	1.59	3.94
5	rs13173226	134786259	C	7.25E-05	1.95	1.40	2.71
16	KGP46650	6028700	T	7.26E-05	0.54	0.39	0.73
9	KGP22833554	127410515	A	7.31E-05	1.86	1.37	2.52
19	rs1423056	33780444	T	7.33E-05	0.53	0.38	0.72
2	rs6758285	19029816	G	7.50E-05	2.04	1.43	2.90
5	KGP12328891	134486618	A	8.05E-05	1.91	1.38	2.63
9	KGP5987914	433708	C	8.12E-05	1.95	1.40	2.72
9	KGP4579224	433978	A	8.12E-05	1.95	1.40	2.72
3	KGP5265567	147371594	T	8.32E-05	2.37	1.54	3.65
6	KGP12324497	11292289	A	8.36E-05	0.52	0.37	0.72
1	rs13375369	197007229	A	8.42E-05	6.81	2.62	17.73
1	KGP15746110	197020510	T	8.42E-05	6.81	2.62	17.73
13	rs1323903	67591078	C	8.50E-05	0.55	0.41	0.74
13	KGP10648476	67608580	T	8.50E-05	0.55	0.41	0.74
13	rs260156	67613729	C	8.50E-05	0.55	0.41	0.74
5	KGP11421325	134780494	A	8.52E-05	2.10	1.45	3.03
5	rs744247	134781400	T	8.52E-05	2.10	1.45	3.03
5	rs12519481	134784086	A	8.52E-05	2.10	1.45	3.03

CHR	SNP	BP	MINOR ALLELE	ADJ P-value	OR	L95	U95
3	rs1973780	59904539	T	8.73E-05	1.82	1.35	2.46
13	KGP9582727	23502042	T	8.80E-05	0.53	0.38	0.72
5	KGP11882290	60219480	A	8.85E-05	0.22	0.10	0.47
10	rs11595630	117277009	C	8.91E-05	1.99	1.41	2.80
10	rs12781613	117302717	C	8.91E-05	1.99	1.41	2.80
3	KGP1917465	47642726	G	8.94E-05	1.87	1.37	2.56
11	rs1950008	8058910	T	8.96E-05	3.10	1.76	5.46
1	KGP4449990	1567206	A	9.08E-05	2.93	1.71	5.02
3	rs2888432	45292244	G	9.15E-05	0.30	0.16	0.55
1	rs6660568	48082491	G	9.21E-05	2.22	1.49	3.30
2	KGP5053590	187467750	A	9.34E-05	1.87	1.37	2.56
9	KGP2727660	73053196	G	9.42E-05	0.48	0.33	0.69
10	KGP4162559	116939803	C	9.43E-05	1.82	1.35	2.46
12	KGP5357931	123519112	A	9.44E-05	5.02	2.23	11.29
9	rs7040842	433347	C	9.51E-05	1.90	1.38	2.61
11	KGP12037102	8031000	T	9.52E-05	2.31	1.52	3.52
16	KGP6524413	80280761	T	9.66E-05	1.98	1.41	2.80
16	rs16977041	23203690	T	9.69E-05	5.54	2.34	13.12
11	KGP208171	8030988	T	9.82E-05	2.33	1.52	3.55

Appendix E. All SNPs with p-value < 10⁻⁴ from PTB unadjusted additive logistic regression association analysis for the Helsinki infants genotyped on the Illumina Omni2.5 BeadChip. Base pair (BP) positions refer to GRCh37 (hg19, February 2009 assembly) build of the human genome.

CHR	SNP	BP	MINOR ALLELE	UNADJ P-value	OR	L95	U95
14	rs7153053	105150273	T	9.36E-07	2.05	1.54	2.73
4	KGP8375539	56993480	G	5.04E-06	0.50	0.37	0.67
9	KGP535977	73076516	A	7.37E-06	0.44	0.31	0.63
1	rs28456011	1567206	A	8.68E-06	3.36	1.97	5.72
13	KGP1703195	23467854	C	9.27E-06	0.45	0.32	0.64
13	rs9510404	23462530	G	1.13E-05	0.45	0.32	0.65
1	KGP4449990	1567206	A	1.20E-05	3.25	1.92	5.50
10	KGP349528	131918109	G	1.22E-05	2.20	1.55	3.13
2	rs651418	4495174	T	1.24E-05	0.50	0.37	0.68
12	KGP2468001	123572794	G	1.26E-05	4.21	2.21	8.04
15	rs11855354	78443631	G	1.43E-05	0.54	0.41	0.71
15	rs2304824	78466127	A	1.43E-05	0.54	0.41	0.71
9	KGP1766722	73095674	T	1.50E-05	0.45	0.31	0.65
3	KGP2829197	59893355	A	1.51E-05	2.09	1.50	2.91
3	rs1864427	5626851	A	1.52E-05	0.51	0.38	0.69
9	rs10780947	73165078	T	1.57E-05	0.51	0.38	0.69
22	KGP11155947	19226260	A	1.67E-05	3.77	2.06	6.91
10	rs1171727	131908016	G	1.70E-05	2.15	1.52	3.05
22	rs712950	19204210	C	1.76E-05	3.76	2.05	6.88
4	KGP4968386	27091299	C	1.93E-05	0.38	0.25	0.60
11	rs4757417	16615280	C	2.55E-05	1.92	1.42	2.60
5	rs2270822	60459040	A	2.66E-05	0.27	0.15	0.50
12	rs12300476	31514886	C	2.68E-05	2.05	1.47	2.86
5	KGP10062212	60367377	C	2.70E-05	0.27	0.15	0.50
5	KGP9219331	60457627	T	2.70E-05	0.27	0.15	0.50
19	rs1423056	33780444	T	2.77E-05	0.51	0.38	0.70
16	KGP6524413	80280761	T	3.03E-05	2.06	1.47	2.89
11	KGP9466771	16637583	T	3.14E-05	1.90	1.41	2.58
9	KGP1996626	434222	A	3.24E-05	2.02	1.45	2.81
9	KGP2727660	73053196	G	3.27E-05	0.46	0.32	0.67
18	rs1529905	73077313	T	3.40E-05	0.33	0.20	0.56
22	rs1633399	19183787	G	3.72E-05	3.65	1.97	6.75
22	KGP3688261	19195680	C	3.72E-05	3.65	1.97	6.75
22	rs712952	19197949	A	3.72E-05	3.65	1.97	6.75

CHR	SNP	BP	MINOR ALLELE	UNADJ P-value	OR	L95	U95
22	rs807459	19223352	C	3.72E-05	3.65	1.97	6.75
22	KGP4024090	19280168	G	3.72E-05	3.65	1.97	6.75
22	KGP2366391	19283478	G	3.72E-05	3.65	1.97	6.75
17	KGP3405370	9719103	C	3.74E-05	1.79	1.36	2.37
23	rs17215777	14045928	A	3.75E-05	2.67	1.67	4.25
10	KGP5967610	117393184	C	3.76E-05	2.03	1.45	2.84
13	rs9562406	43097559	A	3.96E-05	2.56	1.63	4.00
5	KGP12461110	60199201	C	4.15E-05	0.20	0.10	0.44
5	rs976080	60217651	T	4.15E-05	0.20	0.10	0.44
7	KGP11556052	22141292	A	4.28E-05	1.99	1.43	2.76
17	KGP1296647	12534475	T	4.29E-05	2.16	1.50	3.13
2	KGP11014586	187487160	G	4.44E-05	1.88	1.39	2.55
2	rs2197138	187493841	A	4.44E-05	1.88	1.39	2.55
2	rs7596996	187494427	G	4.44E-05	1.88	1.39	2.55
19	KGP1577871	41550317	T	4.47E-05	1.80	1.36	2.38
1	KGP4299054	243602390	A	4.53E-05	1.89	1.39	2.56
4	KGP4441723	92890696	A	4.66E-05	3.13	1.81	5.43
10	KGP22784786	116847333	T	4.74E-05	1.88	1.39	2.54
15	KGP11866130	78470310	A	4.87E-05	0.56	0.42	0.74
9	KGP11168890	8402449	A	4.91E-05	0.52	0.38	0.71
10	rs1264794	116902943	C	4.94E-05	1.89	1.39	2.56
5	KGP11882290	60219480	A	4.98E-05	0.21	0.10	0.44
4	rs2343115	109111726	C	5.02E-05	0.55	0.41	0.73
5	KGP12517799	60180474	T	5.20E-05	0.21	0.10	0.45
2	KGP22789102	187483472	C	5.22E-05	1.87	1.38	2.54
15	KGP824359	39012965	G	5.25E-05	6.95	2.72	17.78
9	rs7040842	433347	C	5.27E-05	1.92	1.40	2.63
4	KGP3024940	109104841	T	5.27E-05	0.55	0.41	0.73
9	KGP5987914	433708	C	5.33E-05	1.97	1.42	2.73
9	KGP4579224	433978	A	5.33E-05	1.97	1.42	2.73
12	KGP6141129	31496481	A	5.37E-05	0.52	0.38	0.71
5	rs13173226	134786259	C	5.42E-05	1.95	1.41	2.70
2	rs2370693	187475104	G	5.45E-05	1.87	1.38	2.53
11	rs1950008	8058910	T	5.58E-05	3.15	1.80	5.50
15	rs3816253	78458485	G	5.58E-05	1.79	1.35	2.38
10	rs17724010	117273552	C	5.59E-05	1.98	1.42	2.77
4	KGP11607606	91912899	A	5.75E-05	2.22	1.50	3.27
2	rs4233788	187462581	A	5.78E-05	1.87	1.38	2.53
1	rs4839478	116295007	G	5.92E-05	3.93	2.02	7.66

CHR	SNP	BP	MINOR ALLELE	UNADJ P-value	OR	L95	U95
10	KGP6938912	116941272	G	6.04E-05	1.87	1.38	2.53
11	rs10832869	2910621	C	6.07E-05	1.89	1.38	2.58
2	rs3911084	187475357	G	6.10E-05	1.86	1.37	2.52
17	KGP1449113	9720357	C	6.10E-05	1.76	1.33	2.31
17	rs4791876	9722150	C	6.10E-05	1.76	1.33	2.31
4	KGP1392454	109105287	A	6.37E-05	0.55	0.41	0.74
2	KGP9614636	33440045	G	6.40E-05	1.81	1.35	2.41
1	rs7554304	116284997	G	6.48E-05	3.90	2.00	7.60
1	KGP6147061	116291094	A	6.48E-05	3.90	2.00	7.60
16	KGP46650	6028700	T	6.59E-05	0.54	0.40	0.73
13	rs1028730	67527244	C	6.81E-05	0.51	0.36	0.71
10	KGP10886825	117230790	C	7.12E-05	1.97	1.41	2.76
2	KGP5053590	187467750	A	7.18E-05	1.87	1.37	2.54
18	KGP10756992	55899135	C	7.20E-05	2.27	1.52	3.40
20	rs458332	53425217	A	7.26E-05	1.72	1.31	2.24
19	KGP7273430	48524294	G	7.46E-05	1.77	1.33	2.34
15	KGP10073062	78435527	T	7.95E-05	1.74	1.32	2.30
7	rs7357254	135466740	C	8.08E-05	0.46	0.32	0.68
10	rs1899721	116965037	T	8.18E-05	1.84	1.36	2.50
9	rs1329376	431860	T	8.48E-05	1.93	1.39	2.67
17	KGP3023594	9722104	C	8.51E-05	1.74	1.32	2.29
7	KGP6023091	135466550	A	8.76E-05	0.46	0.31	0.68
9	KGP3932024	127536726	A	8.76E-05	1.79	1.34	2.40
14	rs11160817	105168414	T	8.80E-05	1.73	1.32	2.28
16	rs7204357	80252871	T	8.90E-05	1.97	1.40	2.76
16	KGP383502	57112865	A	8.91E-05	0.33	0.19	0.57
13	rs9571702	67532237	A	8.97E-05	0.50	0.35	0.71
19	rs3745751	48519241	C	8.99E-05	2.56	1.60	4.09
8	rs900213	3454880	T	9.45E-05	1.78	1.33	2.37
11	KGP12037102	8031000	T	9.52E-05	2.27	1.50	3.43
1	rs13375369	197007229	A	9.66E-05	6.56	2.55	16.88
1	KGP15746110	197020510	T	9.66E-05	6.56	2.55	16.88
5	KGP11421325	134780494	A	9.75E-05	2.05	1.43	2.95
5	rs744247	134781400	T	9.75E-05	2.05	1.43	2.95
5	rs12519481	134784086	A	9.75E-05	2.05	1.43	2.95
5	rs11742346	45003293	T	9.88E-05	2.14	1.46	3.13
2	rs6758285	19029816	G	9.96E-05	1.99	1.41	2.80
10	rs10885649	116843474	A	9.99E-05	1.83	1.35	2.48

Appendix F. All SNPs with p-value < 10⁻⁴ from PTB genotypic logistic regression adjusted for body mass index (BMI), gravidity and smoking status association analysis for the Helsinki infants genotyped on the Illumina Omni2.5 BeadChip. Base pair (BP) positions refer to GRCh37 (hg19, February 2009 assembly) build of the human genome

CHR	SNP	BP	Minor Allele	Adjusted Genotypic P-value
14	rs7153053	105150273	T	7.40E-07
20	rs3865536	2362961	A	3.90E-06
8	rs900213	3454880	T	8.44E-06
16	rs6497441	9829848	T	9.93E-06
3	rs6800348	67010311	A	1.30E-05
10	KGP349528	131918109	G	1.49E-05
18	KGP10756992	55899135	C	1.71E-05
15	KGP2297008	37151356	A	2.20E-05
3	KGP7628141	15701184	G	2.37E-05
11	rs12364666	81395174	A	2.41E-05
2	KGP9077006	50268228	T	2.49E-05
2	rs651418	4495174	T	2.84E-05
2	rs1819972	50268228	T	2.90E-05
4	KGP8375539	56993480	G	3.14E-05
22	KGP10885912	46017699	G	3.73E-05
5	rs10072136	174470775	T	3.95E-05
5	KGP11777967	174472781	C	4.17E-05
5	rs10053511	174472998	A	4.17E-05
10	KGP22784786	116847333	T	4.20E-05
10	rs1264794	116902943	C	4.29E-05
15	rs8025854	37165249	G	4.33E-05
1	KGP4299054	243602390	A	4.59E-05
3	KGP9937064	15699347	G	4.86E-05
11	rs4757417	16615280	C	5.30E-05
5	KGP5909768	174473277	A	5.48E-05
15	rs11855354	78443631	G	5.61E-05
15	rs2304824	78466127	A	5.61E-05
12	rs12300476	31514886	C	5.70E-05
11	KGP9466771	16637583	T	6.12E-05
15	KGP10073062	78435527	T	6.13E-05
2	rs716335	169402127	T	6.17E-05
10	rs1171727	131908016	G	6.29E-05
10	KGP6938912	116941272	G	6.82E-05

CHR	SNP	BP	Minor Allele	Adjusted Genotypic P-value
22	KGP9592633	46016136	G	6.99E-05
15	rs1450418	37166878	C	7.04E-05
20	rs458332	53425217	A	7.35E-05
11	rs10832869	2910621	C	7.47E-05
4	KGP1592798	127266480	G	7.51E-05
14	KGP6461089	22103779	C	7.57E-05
10	rs10885649	116843474	A	7.57E-05
1	rs1129590	161953015	T	7.61E-05
14	rs4982475	22101945	A	7.70E-05
10	KGP5967610	117393184	C	7.81E-05
9	KGP535977	73076516	A	7.86E-05
19	rs16982100	48511888	G	7.90E-05
10	rs17093770	92830260	A	7.96E-05
3	KGP2829197	59893355	A	8.33E-05
10	rs11253689	6668830	G	8.43E-05
10	rs7915166	6409502	C	8.74E-05
4	rs17384008	122580875	A	9.15E-05
14	KGP3600601	92582472	A	9.32E-05
14	rs3814833	92583579	C	9.32E-05
14	rs3818263	92588002	C	9.32E-05
11	KGP208171	8030988	T	9.44E-05
6	KGP1255072	130351313	T	9.44E-05
1	rs12726227	161954448	C	9.74E-05
5	KGP2263756	140570974	G	9.77E-05
5	rs4912742	140571526	C	9.77E-05
10	rs17724010	117273552	C	9.82E-05
11	KGP12037102	8031000	T	9.85E-05
4	KGP4142511	16136484	G	9.90E-05

Appendix G. All SNPs with p-value < 10⁻⁴ from PTB genotypic logistic regression unadjusted association analysis for the Helsinki infants genotyped on the Illumina Omni2.5 BeadChip. Base pair (BP) positions refer to GRCh37 (hg19, February 2009 assembly) build of the human genome

CHR	SNP	BP	Minor allele	Unadjusted Genotypic P-value
14	rs7153053	105150273	T	7.88E-07
20	rs3865536	2362961	A	2.25E-06
16	rs6497441	9829848	T	7.56E-06
10	KGP349528	131918109	G	9.40E-06
2	KGP9077006	50268228	T	1.21E-05
2	rs1819972	50268228	T	1.41E-05
12	rs12300476	31514886	C	2.04E-05
20	rs458332	53425217	A	2.21E-05
15	rs11855354	78443631	G	2.59E-05
15	rs2304824	78466127	A	2.59E-05
8	rs900213	3454880	T	2.60E-05
4	KGP8375539	56993480	G	2.64E-05
11	rs12364666	81395174	A	2.67E-05
4	KGP1592798	127266480	G	2.83E-05
9	KGP535977	73076516	A	2.95E-05
5	rs10072136	174470775	T	3.35E-05
10	rs1264794	116902943	C	3.79E-05
10	KGP22784786	116847333	T	3.81E-05
22	KGP10885912	46017699	G	3.83E-05
1	KGP4299054	243602390	A	3.96E-05
10	rs1171727	131908016	G	4.01E-05
3	rs6800348	67010311	A	4.03E-05
2	rs4281904	107151134	G	4.09E-05
23	rs9699237	123461240	C	4.11E-05
15	KGP2297008	37151356	A	4.13E-05
9	KGP720068	16012195	T	4.46E-05
11	rs10832869	2910621	C	4.61E-05
15	KGP10073062	78435527	T	4.83E-05
9	KGP1766722	73095674	T	5.43E-05
9	rs10962251	16012225	A	5.56E-05
8	rs7818882	88803575	G	5.92E-05
14	KGP6461089	22103779	C	6.22E-05
14	rs4982475	22101945	A	6.36E-05
6	rs3828886	31440552	G	6.41E-05

CHR	SNP	BP	Minor allele	Unadjusted Genotypic P-value
10	rs10885649	116843474	A	6.42E-05
2	rs651418	4495174	T	6.69E-05
18	rs7228791	71341426	A	6.77E-05
22	KGP9592633	46016136	G	7.04E-05
2	rs6729848	107154331	G	7.29E-05
14	KGP3600601	92582472	A	7.34E-05
14	rs3814833	92583579	C	7.34E-05
14	rs3818263	92588002	C	7.34E-05
10	KGP6938912	116941272	G	7.49E-05
15	rs8025854	37165249	G	7.57E-05
5	KGP11777967	174472781	C	7.71E-05
5	rs10053511	174472998	A	7.71E-05
10	rs17093770	92830260	A	7.78E-05
18	rs1529905	73077313	T	8.13E-05
14	KGP9989748	92584025	T	8.25E-05
3	KGP7628141	15701184	G	8.66E-05
23	KGP22772552	78565662	G	9.08E-05
1	KGP12448491	243558785	G	9.08E-05
3	KGP2829197	59893355	A	9.09E-05
18	KGP10576230	71347120	T	9.09E-05
16	KGP9902020	9866186	A	9.48E-05
6	KGP1999769	88421485	C	9.73E-05
2	rs716335	169402127	T	9.95E-05

Appendix H. A complete list of all SNPs with p-value < 10⁻⁴ from the additive linear regression for Box-Cox transformed gestational age adjusted for BMI, gravidity and smoking status for the Helsinki infants genotyped on the Illumina Omni2.5 BeadChip. Base pair (BP) positions refer to GRCh37 (hg19, February 2009 assembly) build of the human genome.

CHR	SNP	BP	MINOR ALLELE	ADJ Box Cox P-value
14	rs7153053	105150273	T	6.28E-08
18	KGP10756992	55899135	C	1.20E-06
4	KGP8375539	56993480	G	1.80E-06
23	rs17215777	14045928	A	3.35E-06
20	rs6079395	14327899	G	3.85E-06
18	KGP1841629	24195715	A	4.32E-06
22	KGP1327745	27571605	T	4.35E-06
19	rs3745751	48519241	C	4.73E-06
18	rs1529905	73077313	T	5.60E-06
18	KGP12553043	24194562	G	6.02E-06
1	KGP2324307	161955804	C	6.39E-06
4	KGP10363154	92027017	A	7.91E-06
14	rs11160817	105168414	T	8.02E-06
1	rs12726227	161954448	C	9.38E-06
1	rs1129590	161953015	T	1.04E-05
12	KGP2468001	123572794	G	1.08E-05
19	rs16982100	48511888	G	1.10E-05
13	KGP1703195	23467854	C	1.21E-05
10	KGP1429545	116400883	C	1.32E-05
5	rs11242497	102926108	A	1.35E-05
23	KGP22783547	66980923	T	1.41E-05
23	KGP22820383	66339984	C	1.42E-05
13	rs9510404	23462530	G	1.50E-05
13	KGP2028096	100549885	G	1.57E-05
3	rs1864427	5626851	A	1.59E-05
6	KGP17157059	118340886	T	1.66E-05
6	KGP2973353	118378899	A	1.66E-05
6	KGP8877966	118384078	G	1.66E-05
6	KGP9462937	118397112	A	1.66E-05
1	rs4839478	116295007	G	1.88E-05
1	rs7554304	116284997	G	2.00E-05
1	KGP6147061	116291094	A	2.00E-05
23	rs11095194	30975402	C	2.15E-05

CHR	SNP	BP	MINOR ALLELE	ADJ Box Cox P-value
20	rs6079391	14306953	G	2.21E-05
9	KGP11955310	36213849	A	2.25E-05
10	rs10903443	1454864	T	2.27E-05
16	rs7187030	65922323	A	2.30E-05
23	KGP22820496	30973949	C	2.30E-05
19	KGP11012186	48517676	T	2.39E-05
19	KGP3429713	48522480	A	2.39E-05
19	KGP12010912	48522553	C	2.39E-05
19	KGP1072697	48522746	A	2.39E-05
6	rs11756591	14088091	G	2.47E-05
23	KGP22789476	66783343	T	2.48E-05
20	rs4640454	14337539	G	2.50E-05
14	KGP2938981	24910076	T	2.50E-05
18	KGP4741739	24181001	A	2.55E-05
11	rs4757417	16615280	C	2.59E-05
14	KGP4248600	85507035	G	2.71E-05
19	KGP1220612	48517387	A	2.80E-05
9	KGP2866004	78159780	A	3.02E-05
11	KGP9466771	16637583	T	3.19E-05
23	KGP22802116	30958392	T	3.22E-05
16	rs17494421	64819806	T	3.35E-05
5	rs1559050	134470030	T	3.38E-05
6	rs2013807	14088302	A	3.41E-05
6	rs12660382	31443323	T	3.43E-05
7	KGP3934027	36087216	C	3.54E-05
5	KGP10407767	134493981	G	3.56E-05
1	rs6660568	48082491	G	3.57E-05
5	KGP12328891	134486618	A	3.59E-05
12	KGP9155397	86114882	T	3.66E-05
5	rs6874368	102921968	C	3.67E-05
3	KGP2829197	59893355	A	3.79E-05
16	KGP6524413	80280761	T	3.88E-05
7	KGP6023091	135466550	A	3.94E-05
14	KGP1568287	85884768	A	3.99E-05
14	KGP22760935	85892075	C	4.18E-05
20	rs6074716	14293522	T	4.18E-05
4	KGP4968386	27091299	C	4.20E-05
2	rs4270372	71717062	C	4.20E-05
12	KGP5098575	71380074	C	4.37E-05

CHR	SNP	BP	MINOR ALLELE	ADJ Box Cox P-value
10	KGP22784786	116847333	T	4.50E-05
4	KGP12486975	91937972	G	4.52E-05
4	KGP9305680	92113737	C	4.52E-05
3	KGP11570798	41493591	A	4.60E-05
2	KGP9171376	27611454	T	4.72E-05
19	KGP12296823	35670808	A	4.81E-05
23	rs7885415	30975885	A	4.84E-05
23	rs12838662	30976242	G	4.95E-05
23	KGP22742897	30977301	T	4.95E-05
23	KGP22729818	30978353	C	4.95E-05
1	KGP480502	169623594	T	5.05E-05
9	rs4879961	36231483	T	5.10E-05
1	KGP1517463	94569447	G	5.12E-05
10	KGP10902145	116567094	C	5.13E-05
9	KGP398693	36298820	T	5.35E-05
1	rs13375369	197007229	A	5.39E-05
1	KGP15746110	197020510	T	5.39E-05
23	KGP22754915	66198870	G	5.67E-05
1	rs17524161	169622927	C	5.78E-05
10	KGP349528	131918109	G	6.02E-05
10	rs1264794	116902943	C	6.29E-05
10	rs4749049	25864482	A	6.33E-05
14	rs11621863	85918380	A	6.36E-05
20	rs3747927	14230505	C	6.38E-05
13	rs1028730	67527244	C	6.40E-05
16	KGP10540547	6024123	G	6.49E-05
2	KGP437725	213991770	C	6.49E-05
11	rs7128152	40859924	C	6.51E-05
2	KGP11659142	38925610	G	6.96E-05
10	rs11259736	15595361	A	7.10E-05
19	KGP12256054	35673896	T	7.10E-05
22	KGP11155947	19226260	A	7.11E-05
10	KGP6938912	116941272	G	7.14E-05
22	rs712950	19204210	C	7.15E-05
10	KGP1874043	134540672	A	7.21E-05
10	rs1171727	131908016	G	7.24E-05
14	rs4900406	99056323	A	7.24E-05
5	rs2071239	149755421	G	7.31E-05
1	rs6691548	161967287	C	7.41E-05

CHR	SNP	BP	MINOR ALLELE	ADJ Box Cox P-value
4	KGP12445244	55094467	A	7.44E-05
16	KGP46650	6028700	T	7.55E-05
13	rs9571702	67532237	A	7.61E-05
10	rs11196905	116528294	C	7.62E-05
2	KGP8418824	115621917	A	7.64E-05
4	KGP11607606	91912899	A	7.79E-05
19	rs9807905	35685456	C	7.80E-05
17	rs2343202	70222600	A	7.89E-05
11	rs12804793	122643283	T	8.11E-05
19	KGP4180994	35658188	A	8.21E-05
19	rs12110	35660508	G	8.21E-05
10	KGP10799699	25867396	T	8.32E-05
16	KGP383502	57112865	A	8.44E-05
17	KGP9084790	21296416	A	8.45E-05
13	KGP7715737	67553342	T	8.60E-05
13	KGP9920102	67545692	G	8.62E-05
1	rs3842895	180596196	C	8.70E-05
2	rs4536672	71714223	A	8.77E-05
5	rs7713638	149759096	C	8.82E-05
1	rs12756866	161968297	T	8.83E-05
5	rs11745068	134475494	T	8.84E-05
10	rs10885649	116843474	A	8.91E-05
15	rs8034908	98124026	A	8.98E-05
5	rs2270822	60459040	A	9.08E-05
1	KGP5269992	169580510	T	9.14E-05
1	KGP10559043	169580717	C	9.14E-05
16	KGP5557476	65932588	A	9.25E-05
2	rs3739028	135907846	G	9.39E-05
2	KGP3867438	135988235	T	9.39E-05
15	rs12591876	98115684	C	9.45E-05
20	rs6071381	59434798	G	9.48E-05
5	KGP1480373	174609264	C	9.56E-05
5	KGP4818545	149763305	G	9.56E-05
10	KGP7663783	9028946	T	9.61E-05
19	rs11084724	33781008	T	9.65E-05
9	rs1043313	36214971	C	9.72E-05
4	KGP7789951	38370504	A	9.72E-05
10	rs1899721	116965037	T	9.73E-05
1	KGP11853718	169643176	A	9.79E-05

CHR	SNP	BP	MINOR ALLELE	ADJ Box Cox P-value
4	KGP4062013	186578529	A	9.81E-05
17	KGP1290608	72047939	T	9.90E-05
3	rs1500005	46102620	A	9.97E-05

Appendix I. A complete list of all SNPs with p -value $\leq 10^{-4}$ from the additive birth weight z-score linear regression adjusted for BMI, gravidity and smoking status for Helsinki infants genotyped on the Illumina Omni2.5 BeadChip. Base pair (BP) positions refer to GRCh37 (hg19, February 2009 assembly) build of the human genome.

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	ADJ P-value
4	KGP7935680	175820536	T	0.296	0.183	0.409	4.25E-07
4	rs6553849	175838816	G	0.296	0.183	0.409	4.25E-07
4	KGP11462362	175848583	C	0.296	0.183	0.409	4.25E-07
4	rs12512467	175842230	G	0.294	0.180	0.408	6.04E-07
4	rs4388065	175831859	C	0.289	0.175	0.402	8.85E-07
11	KGP5677965	128764571	A	0.486	0.293	0.678	1.09E-06
17	KGP10605353	47459646	C	-0.367	-0.514	-0.221	1.24E-06
2	KGP10390109	155375235	G	0.446	0.264	0.628	2.13E-06
11	KGP12295813	128769010	T	0.472	0.278	0.666	2.40E-06
11	KGP10855022	128769387	A	0.472	0.278	0.666	2.40E-06
18	KGP216041	44526798	A	0.276	0.163	0.390	2.52E-06
7	KGP7565682	119519894	T	2.412	1.418	3.405	2.63E-06
17	rs6917	47481543	T	-0.329	-0.465	-0.193	2.68E-06
18	rs2010834	44560875	T	0.273	0.160	0.386	2.97E-06
2	KGP411313	155370926	A	0.444	0.259	0.629	3.29E-06
2	rs16837788	155371557	C	0.433	0.252	0.615	3.82E-06
5	rs967489	107325759	T	-0.277	-0.393	-0.161	3.93E-06
13	KGP5600928	104714446	C	-0.362	-0.515	-0.209	4.45E-06
13	KGP6718572	104716555	C	-0.362	-0.515	-0.209	4.45E-06
14	KGP4386312	75701221	T	0.374	0.216	0.532	4.71E-06
18	rs7244778	44541915	T	0.266	0.153	0.379	4.92E-06
17	KGP12240597	47244412	T	-0.287	-0.410	-0.164	6.09E-06

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	ADJ P-value
17	KGP6975802	47293848	T	-0.280	-0.402	-0.159	7.37E-06
17	rs2233362	47287067	G	-0.282	-0.404	-0.160	7.43E-06
18	KGP12164454	44537102	T	0.261	0.148	0.374	7.64E-06
13	rs7998621	104647290	T	-0.348	-0.499	-0.197	7.69E-06
3	KGP9945238	118281147	A	-2.892	-4.149	-1.636	8.13E-06
3	rs12486534	101816344	C	-0.254	-0.366	-0.143	1.02E-05
4	KGP5822115	30338739	T	0.762	0.427	1.096	1.03E-05
5	KGP1886224	28998113	G	0.411	0.230	0.592	1.08E-05
13	KGP3791399	104652517	A	-0.343	-0.494	-0.192	1.12E-05
14	KGP10544388	75705656	A	0.377	0.211	0.544	1.13E-05
14	KGP6657936	75705863	T	0.376	0.210	0.542	1.19E-05
1	KGP10162962	201260642	A	0.353	0.197	0.510	1.25E-05
18	rs509647	44383675	C	0.257	0.143	0.371	1.28E-05
18	rs642897	44396917	T	0.257	0.143	0.371	1.28E-05
16	KGP11936906	65193896	C	-1.953	-2.825	-1.082	1.39E-05
9	KGP643692	93597588	A	0.404	0.223	0.584	1.46E-05
3	rs12488237	56114861	C	-0.674	-0.976	-0.371	1.57E-05
17	KGP11999849	38133922	G	0.306	0.169	0.444	1.57E-05
17	KGP4921252	38133545	C	0.307	0.169	0.446	1.69E-05
13	KGP16741843	104646537	A	-0.340	-0.494	-0.186	1.87E-05
12	KGP2332927	7596747	T	-2.700	-3.928	-1.473	1.98E-05
12	rs16906797	30955572	C	-0.586	-0.853	-0.320	1.99E-05
3	rs6774331	101823824	G	-0.247	-0.359	-0.134	2.02E-05
5	rs1436969	30689900	G	0.245	0.133	0.356	2.08E-05
3	rs6804221	56207448	C	-0.618	-0.899	-0.336	2.09E-05

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	ADJ P-value
3	rs6764295	56207634	A	-0.618	-0.899	-0.336	2.09E-05
3	rs4974120	56220993	C	-0.618	-0.899	-0.336	2.09E-05
3	KGP3087267	56230867	T	-0.618	-0.899	-0.336	2.09E-05
3	KGP9981812	56288321	T	-0.618	-0.899	-0.336	2.09E-05
3	KGP10188926	56303321	C	-0.618	-0.899	-0.336	2.09E-05
15	rs12916632	55118942	T	-0.290	-0.423	-0.158	2.14E-05
18	rs9304337	44493094	G	0.249	0.135	0.362	2.26E-05
18	KGP2783710	44488514	A	0.247	0.134	0.360	2.29E-05
11	rs7110240	116343848	C	-0.258	-0.377	-0.139	2.48E-05
3	rs4974196	56357553	A	-0.599	-0.875	-0.323	2.51E-05
18	rs10853545	44475220	A	0.249	0.134	0.364	2.69E-05
11	KGP12477693	62434740	A	-2.648	-3.872	-1.424	2.69E-05
17	rs2177309	47262672	C	-0.266	-0.389	-0.143	2.73E-05
22	KGP11418130	39551628	T	-0.243	-0.355	-0.131	2.74E-05
1	KGP12121704	237836880	C	-0.245	-0.358	-0.131	2.81E-05
3	rs12053903	38593393	C	0.246	0.132	0.361	2.82E-05
3	KGP5143211	6363787	T	0.943	0.505	1.381	2.95E-05
6	rs7768059	103775306	G	-0.532	-0.779	-0.284	3.01E-05
6	rs9404359	103788127	T	-0.532	-0.779	-0.284	3.01E-05
20	KGP19186526	50555325	C	0.873	0.467	1.279	3.06E-05
1	rs11811484	53775436	G	0.974	0.520	1.428	3.12E-05
20	KGP19243097	50578768	G	0.871	0.465	1.277	3.17E-05
4	rs2611209	166578236	A	-0.240	-0.352	-0.128	3.23E-05
20	KGP4604730	50573234	G	0.892	0.475	1.310	3.34E-05
3	KGP2675136	101813131	C	-0.239	-0.351	-0.127	3.35E-05

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	ADJ P-value
2	KGP6370333	1982376	C	0.269	0.143	0.394	3.47E-05
10	KGP10748275	131699951	A	0.295	0.157	0.434	3.47E-05
13	rs2806768	104724443	T	-0.316	-0.464	-0.168	3.54E-05
13	KGP12344613	104724623	A	-0.316	-0.464	-0.168	3.54E-05
7	KGP6839477	84338112	A	-0.379	-0.558	-0.201	3.77E-05
8	KGP20187005	4100582	A	-1.667	-2.453	-0.882	3.79E-05
9	rs10821325	97018657	T	-0.266	-0.391	-0.141	3.80E-05
2	rs7561518	1983619	C	0.268	0.142	0.395	3.86E-05
6	KGP3656064	107650309	G	-0.308	-0.454	-0.163	3.97E-05
6	rs2430464	107639414	T	-0.308	-0.454	-0.162	4.11E-05
3	KGP3425928	127913954	A	0.576	0.303	0.848	4.15E-05
7	KGP2678353	84594661	A	-0.369	-0.544	-0.194	4.18E-05
1	KGP9894193	53902833	A	0.900	0.474	1.327	4.19E-05
2	KGP11300174	155370862	A	0.431	0.227	0.635	4.19E-05
8	rs7017102	145118648	G	0.434	0.228	0.640	4.24E-05
15	KGP9865938	65809642	A	1.495	0.785	2.204	4.29E-05
15	KGP2935410	65871017	T	1.495	0.785	2.204	4.29E-05
1	KGP5615287	10807369	A	0.287	0.151	0.423	4.32E-05
13	KGP3146424	39647492	T	-0.476	-0.702	-0.250	4.32E-05
13	KGP11565338	104731202	G	-0.307	-0.453	-0.161	4.35E-05
13	KGP16832172	43520205	C	1.112	0.584	1.641	4.38E-05
1	KGP7415512	53917385	A	0.899	0.472	1.326	4.42E-05
1	KGP22758040	205390079	A	2.576	1.352	3.801	4.43E-05
2	rs1896831	155381331	A	0.429	0.225	0.633	4.48E-05
9	KGP3331281	97021624	T	-0.262	-0.386	-0.137	4.49E-05

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	ADJ P-value
13	KGP1596046	43531085	A	1.106	0.580	1.633	4.52E-05
3	KGP9532024	38599886	C	0.240	0.126	0.355	4.55E-05
8	KGP2375841	81922820	T	-2.579	-3.808	-1.351	4.56E-05
6	rs495335	49701523	A	-0.251	-0.371	-0.131	4.63E-05
6	rs509699	49704546	A	-0.251	-0.371	-0.131	4.63E-05
15	KGP3967604	55134440	G	-0.342	-0.505	-0.179	4.75E-05
5	KGP2332271	30802243	C	0.269	0.140	0.397	4.77E-05
7	rs11532826	53967836	A	-0.244	-0.360	-0.127	4.77E-05
8	KGP6731082	20985530	A	-1.813	-2.680	-0.946	4.90E-05
1	rs2268147	201252866	T	0.371	0.194	0.548	4.91E-05
17	rs9972882	37807698	A	-0.273	-0.404	-0.143	4.94E-05
20	KGP22832251	38839231	G	-0.305	-0.451	-0.159	5.01E-05
5	KGP4721260	143219584	C	-0.280	-0.415	-0.146	5.13E-05
17	rs12948798	47275360	A	-0.255	-0.377	-0.133	5.17E-05
4	rs17028431	152949686	A	0.336	0.175	0.497	5.21E-05
8	rs7004867	145114844	T	0.430	0.224	0.637	5.27E-05
10	KGP4567182	99497671	T	0.380	0.197	0.562	5.28E-05
10	rs17108375	99498123	G	0.380	0.197	0.562	5.28E-05
1	KGP1786634	53847964	T	0.890	0.463	1.317	5.28E-05
4	KGP8409301	152966262	T	0.336	0.175	0.498	5.29E-05
13	rs6491817	104736365	G	-0.305	-0.452	-0.159	5.34E-05
4	rs12511908	152957388	A	0.334	0.174	0.495	5.34E-05
4	KGP8058190	152969838	C	0.334	0.174	0.495	5.34E-05
4	KGP10209584	152971850	A	0.334	0.174	0.495	5.34E-05
23	KGP22766765	77086257	T	1.282	0.665	1.898	5.38E-05

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	ADJ P-value
1	rs205478	10811672	C	0.281	0.146	0.416	5.51E-05
3	KGP7144741	43385905	T	-2.083	-3.086	-1.080	5.54E-05
12	KGP6908040	128021163	T	-0.235	-0.349	-0.122	5.54E-05
14	KGP10753036	57781048	C	1.149	0.595	1.702	5.55E-05
11	rs1508098	116338899	C	-0.239	-0.354	-0.124	5.66E-05
8	rs6558293	145118501	G	0.419	0.217	0.621	5.72E-05
1	rs620281	100359333	A	-0.275	-0.408	-0.142	5.74E-05
14	rs17097726	21338824	C	0.336	0.174	0.499	5.76E-05
17	KGP2193194	5864270	T	-0.411	-0.609	-0.212	5.82E-05
5	KGP2886748	30797764	C	0.264	0.137	0.392	5.87E-05
17	KGP4356413	47322264	G	-0.238	-0.352	-0.123	5.90E-05
3	rs6793245	38599037	A	0.239	0.123	0.354	5.91E-05
2	rs2215944	103308109	A	0.283	0.146	0.420	5.93E-05
1	rs3015315	59271489	G	-0.259	-0.385	-0.134	5.97E-05
12	KGP10449250	16997890	C	0.243	0.125	0.361	6.01E-05
1	rs185580	182519861	T	0.433	0.224	0.643	6.05E-05
11	KGP11936758	46695365	T	3.523	1.816	5.230	6.17E-05
5	rs1553238	30805404	T	0.268	0.138	0.397	6.22E-05
9	KGP6347718	80933424	A	0.242	0.124	0.359	6.23E-05
16	KGP22775411	27303201	T	3.516	1.810	5.222	6.27E-05
8	KGP7605529	124688861	A	-0.332	-0.493	-0.171	6.29E-05
21	KGP6049103	24879624	T	0.703	0.362	1.044	6.35E-05
7	KGP4058397	117484407	T	3.513	1.807	5.220	6.38E-05
2	KGP10541057	202578735	C	-0.398	-0.591	-0.204	6.46E-05
1	KGP7574149	53757935	A	0.933	0.479	1.387	6.51E-05

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	ADJ P-value
12	KGP11305355	126878310	C	-0.282	-0.419	-0.145	6.52E-05
12	rs7972835	126881318	T	-0.282	-0.419	-0.145	6.52E-05
7	KGP22777208	67384864	C	3.537	1.816	5.259	6.61E-05
20	rs16996025	50061314	T	0.552	0.283	0.820	6.67E-05
17	rs9913468	8987850	A	3.537	1.814	5.260	6.68E-05
8	KGP4424636	4263108	C	-0.246	-0.365	-0.126	6.81E-05
7	KGP5625284	116680062	A	3.539	1.812	5.266	6.88E-05
23	KGP22754315	38921384	A	0.287	0.147	0.427	6.88E-05
2	KGP724647	202593280	A	-0.386	-0.574	-0.197	6.88E-05
12	KGP19017736	7981180	G	3.534	1.808	5.259	6.99E-05
4	KGP10278399	83506328	T	-0.378	-0.563	-0.193	7.04E-05
3	KGP17690561	141642493	G	3.539	1.809	5.270	7.11E-05
15	rs7182589	55121068	A	-0.274	-0.407	-0.140	7.17E-05
2	KGP14352045	28078741	A	3.535	1.806	5.265	7.18E-05
2	KGP14630788	39417280	C	3.535	1.806	5.265	7.18E-05
2	KGP4441825	67206868	A	3.535	1.806	5.265	7.18E-05
2	rs9678580	67911392	T	3.535	1.806	5.265	7.18E-05
2	KGP5719345	77595289	T	3.535	1.806	5.265	7.18E-05
3	KGP17790171	58260764	T	3.535	1.806	5.265	7.18E-05
4	KGP20914043	43210788	A	3.535	1.806	5.265	7.18E-05
7	KGP8187902	68466002	T	3.535	1.806	5.265	7.18E-05
7	KGP10217381	68469575	C	3.535	1.806	5.265	7.18E-05
8	KGP5758399	80102186	T	3.535	1.806	5.265	7.18E-05
9	KGP11502707	9878200	G	3.535	1.806	5.265	7.18E-05
9	KGP18685884	23017950	C	3.535	1.806	5.265	7.18E-05

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	ADJ P-value
9	KGP18500611	87043507	G	3.535	1.806	5.265	7.18E-05
10	KGP22030309	122576439	A	3.535	1.806	5.265	7.18E-05
11	KGP12773346	46784448	T	3.535	1.806	5.265	7.18E-05
11	KGP12659342	63342699	T	3.535	1.806	5.265	7.18E-05
12	KGP18905928	8188744	A	3.535	1.806	5.265	7.18E-05
12	KGP18726703	8202273	T	3.535	1.806	5.265	7.18E-05
12	KGP18911582	8284164	A	3.535	1.806	5.265	7.18E-05
12	KGP19124898	8290881	C	3.535	1.806	5.265	7.18E-05
12	KGP18807926	40940381	A	3.535	1.806	5.265	7.18E-05
16	KGP1402542	6498791	T	3.535	1.806	5.265	7.18E-05
16	rs9282774	11647532	A	3.535	1.806	5.265	7.18E-05
17	KGP3621758	8978285	G	3.535	1.806	5.265	7.18E-05
18	KGP16029087	40550514	T	3.535	1.806	5.265	7.18E-05
18	KGP7261933	76950069	A	3.535	1.806	5.265	7.18E-05
5	KGP7070362	30789521	A	0.261	0.133	0.389	7.18E-05
16	KGP1320860	61998278	T	0.240	0.122	0.357	7.19E-05
11	rs6485688	46762142	C	3.538	1.806	5.269	7.22E-05
13	KGP1341706	82856926	C	3.533	1.804	5.263	7.25E-05
11	KGP2548532	46926246	A	3.536	1.806	5.267	7.25E-05
7	KGP22829342	71404269	A	3.536	1.805	5.267	7.26E-05
5	rs2616314	99243418	T	3.534	1.804	5.265	7.28E-05
4	KGP9086245	107715244	T	3.534	1.804	5.265	7.29E-05
12	rs10848031	130676091	A	-0.228	-0.340	-0.116	7.41E-05
16	KGP4010190	61998405	A	0.238	0.121	0.355	7.50E-05
8	KGP8492828	55199771	A	1.260	0.642	1.878	7.54E-05

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	ADJ P-value
8	KGP22764564	55211121	A	1.260	0.642	1.878	7.54E-05
6	rs2500585	107637582	C	-0.280	-0.417	-0.142	7.59E-05
3	KGP2510828	101821068	C	-0.229	-0.341	-0.116	7.60E-05
9	KGP9181314	97050935	A	0.293	0.149	0.437	7.77E-05
9	rs1536690	97055310	A	0.293	0.149	0.437	7.77E-05
5	rs17623890	29151261	A	0.406	0.207	0.606	7.77E-05
9	rs17373603	98493505	T	0.408	0.208	0.609	7.78E-05
12	KGP2171465	128015666	T	0.230	0.117	0.343	7.82E-05
12	rs16912235	16963281	T	0.241	0.123	0.360	7.83E-05
20	KGP5722281	38827848	T	-0.300	-0.447	-0.152	7.86E-05
3	rs1399272	101811776	G	-0.227	-0.339	-0.115	7.88E-05
3	KGP4822429	101811776	C	-0.227	-0.339	-0.115	7.88E-05
14	KGP19526628	33086732	A	-0.825	-1.231	-0.419	7.90E-05
4	KGP3751996	175827177	A	-0.224	-0.335	-0.114	7.90E-05
4	rs6553847	175836048	G	-0.224	-0.335	-0.114	7.90E-05
8	rs7838113	4264676	G	-0.289	-0.431	-0.147	7.98E-05
14	rs2281677	23284572	T	0.224	0.114	0.335	7.99E-05
1	KGP38486	216899635	G	0.349	0.177	0.521	8.02E-05
6	KGP4132992	103866352	A	-0.492	-0.735	-0.250	8.04E-05
4	rs4691212	166585445	G	-0.232	-0.346	-0.118	8.16E-05
1	KGP2685985	102204932	G	1.775	0.900	2.651	8.16E-05
17	KGP11116724	38125891	C	0.261	0.132	0.390	8.20E-05
3	rs17216007	6475608	C	0.431	0.218	0.643	8.20E-05
1	rs6694800	40551745	T	0.521	0.264	0.777	8.25E-05
20	rs3787207	50056419	A	0.691	0.350	1.033	8.38E-05

CHR	SNP	BP	MINOR ALLELE	BETA	L95	U95	ADJ P-value
2	KGP1852138	2004564	G	0.256	0.130	0.383	8.54E-05
7	KGP11111926	57343139	A	-0.672	-1.004	-0.340	8.55E-05
4	rs17028403	152943626	A	0.300	0.152	0.449	8.58E-05
3	KGP7730892	38598606	T	0.276	0.140	0.413	8.65E-05
20	KGP11474206	2376920	T	0.242	0.122	0.361	8.69E-05
8	rs1430449	4258195	T	-0.298	-0.445	-0.150	8.76E-05
17	KGP22820022	77463529	C	0.554	0.279	0.828	8.80E-05
14	KGP3068459	29845225	A	0.237	0.119	0.354	8.91E-05
8	KGP20314184	55208974	T	1.175	0.592	1.758	8.98E-05
1	rs10864742	230463537	A	0.316	0.159	0.472	9.00E-05
11	rs17119743	116344404	G	-0.248	-0.371	-0.125	9.07E-05
10	KGP4897218	99503021	T	0.383	0.193	0.573	9.14E-05
11	rs10893871	128325507	T	0.247	0.124	0.370	9.22E-05
20	KGP7935258	798547	G	0.534	0.269	0.800	9.31E-05
13	rs12100138	23770808	T	-0.575	-0.860	-0.289	9.38E-05
14	rs11161052	29836773	T	0.234	0.118	0.351	9.38E-05
13	KGP6651515	85865655	G	-0.343	-0.513	-0.172	9.40E-05
1	rs266549	182528269	A	0.420	0.211	0.629	9.50E-05
1	rs1257394	201254116	C	0.295	0.148	0.442	9.52E-05
7	KGP1446355	57363286	T	-0.667	-0.999	-0.335	9.63E-05
1	rs2984908	59304719	T	-0.249	-0.373	-0.125	9.70E-05
1	KGP6439718	59306823	A	-0.249	-0.373	-0.125	9.70E-05

Appendix J. VAAST genes with most significant p-values in family 1168 sorted by rank. P-values were calculated using the fast genome-permutation option with 1e5 permutations.

Rank	Gene	P-value	Score
1	<i>PDE4DIP</i>	1.67E-06	512.63
2	<i>HEATR1</i>	1.67E-06	337.39
3	<i>HRNR</i>	1.67E-06	310.50
4	<i>OR6N1</i>	1.67E-06	247.08
5	<i>USH2A</i>	1.67E-06	235.23
6	<i>OR2L8</i>	1.67E-06	234.92
7	<i>OR11L1</i>	1.67E-06	231.18
8	<i>OR2M7</i>	1.67E-06	192.86
9	<i>EXO1</i>	1.67E-06	189.52
10	<i>OR2W3</i>	1.67E-06	184.78
11	<i>KIR3DL1</i>	1.67E-06	178.51
12	<i>CR1</i>	1.67E-06	174.31
13	<i>LGALS8</i>	1.67E-06	173.87
14	<i>SPTA1</i>	1.67E-06	170.29
15	<i>NES</i>	1.67E-06	169.47
16	<i>OR14I1</i>	1.67E-06	167.38
17	<i>OR4C3</i>	1.67E-06	158.42
18	<i>KIAA1614</i>	1.67E-06	151.24
19	<i>KIAA1324</i>	1.67E-06	148.60
20	<i>PEAR1</i>	1.67E-06	145.22
21	<i>TCHH</i>	1.67E-06	135.75
22	<i>CENPF</i>	1.67E-06	121.82
23	<i>OR2G2</i>	1.67E-06	119.26
24	<i>FCRL5</i>	1.67E-06	119.03
25	<i>IFI16</i>	1.67E-06	118.95
26	<i>CHIA</i>	1.67E-06	117.83
27	<i>PGLYRP4</i>	1.67E-06	115.09
28	<i>TOR1AIP1</i>	1.67E-06	113.73
29	<i>TLR5</i>	1.67E-06	113.51
30	<i>DTL</i>	1.67E-06	112.78
31	<i>CCDC76</i>	1.67E-06	112.56
32	<i>FAM71A</i>	1.67E-06	112.36
33	<i>OR2T11</i>	1.67E-06	111.33
34	<i>LAMC1</i>	1.67E-06	111.24

Rank	Gene	P-value	Score
35	<i>OR2C3</i>	1.67E-06	109.80
36	<i>CDC27</i>	1.67E-06	105.25
37	<i>OR9G9</i>	1.67E-06	104.26
38	<i>OR2T6</i>	1.67E-06	98.89
39	<i>OR2B11</i>	1.67E-06	97.80
40	<i>THEM5</i>	1.67E-06	95.04
41	<i>IQGAP3</i>	1.67E-06	93.68
42	<i>OR10J1</i>	1.67E-06	93.46
43	<i>ADAR</i>	1.67E-06	92.91
44	<i>MRPL9</i>	1.67E-06	91.19
45	<i>F5</i>	1.67E-06	91.08
46	<i>PTGFRN</i>	1.67E-06	87.94
47	<i>ZNF805</i>	1.67E-06	83.06
48	<i>OR2T12</i>	1.67E-06	82.08
49	<i>IGSF3</i>	1.67E-06	81.48
50	<i>OR14C36</i>	1.67E-06	79.06
51	<i>ADAM15</i>	1.67E-06	77.87
52	<i>AKNAD1</i>	1.67E-06	77.61
53	<i>ASTN1</i>	1.67E-06	76.82
54	<i>KIR2DL4_DUP_01</i>	1.67E-06	75.51
55	<i>CR1L</i>	1.67E-06	75.22
56	<i>ARHGEF11</i>	1.67E-06	74.39
57	<i>MUC6</i>	1.67E-06	74.29
58	<i>ZNF695</i>	1.67E-06	73.25
59	<i>FAM104B_DUP_01</i>	1.67E-06	72.30
60	<i>HYDIN</i>	1.67E-06	68.67
61	<i>EPS8L3</i>	1.67E-06	65.99
62	<i>CTBP2</i>	1.67E-06	60.41
63	<i>GPR37L1</i>	1.67E-06	58.49
64	<i>F13B</i>	1.67E-06	57.60
65	<i>RRNAD1</i>	1.67E-06	57.52
66	<i>MYBPHL</i>	1.67E-06	57.30
67	<i>BCL2L15</i>	1.67E-06	57.30
68	<i>TMEM81</i>	1.67E-06	57.09
69	<i>PRODH</i>	1.67E-06	57.09
70	<i>CR2</i>	1.67E-06	56.76
71	<i>CSF1</i>	1.67E-06	56.54
72	<i>PRG4</i>	1.67E-06	56.54
73	<i>ASPM</i>	1.67E-06	56.32
74	<i>ACP6</i>	1.67E-06	56.07

Rank	Gene	P-value	Score
75	<i>DSTYK</i>	1.67E-06	55.95
76	<i>ITPKB</i>	1.67E-06	55.70
77	<i>XKR3</i>	1.67E-06	55.66
78	<i>PTPN22</i>	1.67E-06	55.65
79	<i>TRIM33</i>	1.67E-06	55.63
80	<i>OR14A16</i>	1.67E-06	55.63
81	<i>MIA3</i>	1.67E-06	55.61
82	<i>C1orf111</i>	1.67E-06	55.43
83	<i>CDC42BPA</i>	1.67E-06	55.43
84	<i>CEP350</i>	1.67E-06	55.38
85	<i>ANKRD35</i>	1.67E-06	55.38
86	<i>PPP1R15B</i>	1.67E-06	55.36
87	<i>AHCTF1</i>	1.67E-06	55.36
88	<i>FAM63A</i>	1.67E-06	55.25
89	<i>C1orf116</i>	1.67E-06	54.92
90	<i>C1orf204</i>	1.67E-06	54.76
91	<i>RGS16</i>	1.67E-06	54.66
92	<i>LYPLAL1</i>	1.67E-06	54.64
93	<i>OR2T27</i>	1.67E-06	54.61
94	<i>CD101</i>	1.67E-06	54.46
95	<i>PRSS38</i>	1.67E-06	54.46
96	<i>SYT11</i>	1.67E-06	54.42
97	<i>S100A7</i>	1.67E-06	54.32
98	<i>RXFP4</i>	1.67E-06	54.10
99	<i>CNST</i>	1.67E-06	54.10
100	<i>EPRS</i>	1.67E-06	53.81
101	<i>FNDC7</i>	1.67E-06	52.92
102	<i>TSHB</i>	1.67E-06	52.52
103	<i>ASH1L</i>	1.67E-06	52.52
104	<i>PRSS3</i>	1.67E-06	52.52
105	<i>DBT</i>	1.67E-06	52.49
106	<i>PPM1J</i>	1.67E-06	52.36
107	<i>PM20D1</i>	1.67E-06	52.30
108	<i>APOBEC4</i>	1.67E-06	50.18
109	<i>SETD8</i>	1.67E-06	50.13
110	<i>HMCN1</i>	1.67E-06	49.47
111	<i>COL11A1</i>	1.67E-06	49.22
112	<i>RNASEL</i>	1.67E-06	48.93
113	<i>BGLAP</i>	1.67E-06	47.00
114	<i>LRRC71</i>	1.67E-06	46.59

Rank	Gene	P-value	Score
115	<i>OR10T2</i>	1.67E-06	45.59
116	<i>ITLN1</i>	1.67E-06	41.03
117	<i>OR6K3</i>	1.67E-06	40.72
118	<i>FMN2</i>	1.67E-06	40.22
119	<i>ITLN2</i>	1.67E-06	40.22
120	<i>SMYD2</i>	1.67E-06	39.95
121	<i>URB2</i>	1.67E-06	39.75
122	<i>ST7L</i>	1.67E-06	39.71
123	<i>EDEM3</i>	1.67E-06	39.62
124	<i>LEFTY1</i>	1.67E-06	38.83
125	<i>OR10R2</i>	1.67E-06	38.44
126	<i>CHI3L1</i>	1.67E-06	38.30
127	<i>GPRIN2</i>	1.67E-06	38.30
128	<i>TTF2</i>	1.67E-06	38.23
129	<i>ZNF845</i>	1.67E-06	38.00
130	<i>CHD1L</i>	1.67E-06	37.84
131	<i>SLC6A17</i>	1.67E-06	37.76
132	<i>OR10Z1</i>	1.67E-06	37.74
133	<i>POTEF</i>	1.67E-06	37.56
134	<i>SEMA6C</i>	1.67E-06	37.55
135	<i>HSD3B1</i>	1.67E-06	37.51
136	<i>AGT</i>	1.67E-06	37.48
137	<i>FCGR2A</i>	1.67E-06	37.28
138	<i>SEC16B</i>	1.67E-06	37.28
139	<i>SHISA4_DUP_01</i>	1.67E-06	37.26
140	<i>ARHGAP30</i>	1.67E-06	37.23
141	<i>AXDND1</i>	1.67E-06	37.09
142	<i>SLAMF9</i>	1.67E-06	37.09
143	<i>NSL1</i>	1.67E-06	37.09
144	<i>MTMR11</i>	1.67E-06	37.09
145	<i>ATF6</i>	1.67E-06	37.09
146	<i>ACBD3</i>	1.67E-06	36.94
147	<i>SLC16A1</i>	1.67E-06	36.44
148	<i>SCYL3</i>	1.67E-06	36.00
149	<i>C1orf105</i>	1.67E-06	35.79
150	<i>LBR</i>	1.67E-06	35.79
151	<i>HBXIP</i>	1.67E-06	35.79
152	<i>PLA2G4A</i>	1.67E-06	35.71
153	<i>LGR6</i>	1.67E-06	35.54
154	<i>MOSC1</i>	1.67E-06	35.14

Rank	Gene	P-value	Score
155	<i>GSTM3</i>	1.67E-06	34.98
156	<i>PROK1</i>	1.67E-06	34.98
157	<i>PLEKHA6</i>	1.67E-06	34.98
158	<i>OR13G1</i>	1.67E-06	34.92
159	<i>OR2G3</i>	1.67E-06	34.92
160	<i>VAV3</i>	1.67E-06	34.67
161	<i>MTX1</i>	1.67E-06	34.67
162	<i>EFNA1</i>	1.67E-06	27.65
163	<i>ATP1A4</i>	1.67E-06	26.50
164	<i>DARC</i>	1.67E-06	26.50
165	<i>PBXIP1</i>	1.67E-06	26.50
166	<i>SCCPDH</i>	1.67E-06	26.11
167	<i>SELP</i>	1.67E-06	25.31
168	<i>DENND2C</i>	1.67E-06	25.21
169	<i>LIPK</i>	1.67E-06	24.94
170	<i>IBA57</i>	1.67E-06	24.79
171	<i>FLG2</i>	1.67E-06	24.55
172	<i>CELSR2</i>	1.67E-06	24.34
173	<i>UAP1</i>	1.67E-06	24.34
174	<i>HDGF</i>	1.67E-06	24.29
175	<i>C1orf124</i>	1.67E-06	24.29
176	<i>ADAMTSL4</i>	1.67E-06	24.23
177	<i>CLDN16</i>	1.67E-06	24.23
178	<i>CLCC1</i>	1.67E-06	24.00
179	<i>TCEB3CL_DUP_02</i>	1.67E-06	24.00
180	<i>RPTN</i>	1.67E-06	23.83
181	<i>PLXNA2</i>	1.67E-06	23.83
182	<i>C4BPA</i>	1.67E-06	23.64
183	<i>CAPN2</i>	1.67E-06	23.62
184	<i>EDARADD</i>	1.67E-06	23.61
185	<i>CEP170</i>	1.67E-06	23.54
186	<i>C1orf129</i>	1.67E-06	23.37
187	<i>LHX4</i>	1.67E-06	23.37
188	<i>OR2T4</i>	1.67E-06	23.29
189	<i>PIGC</i>	1.67E-06	23.29
190	<i>BCL9</i>	1.67E-06	23.29
191	<i>PCMTD1</i>	1.67E-06	23.13
192	<i>OR2T1</i>	1.67E-06	22.67
193	<i>METTL13</i>	1.67E-06	22.48
194	<i>LY9</i>	1.67E-06	22.48

Rank	Gene	P-value	Score
195	<i>KCNJ12</i>	1.67E-06	22.44
196	<i>SIPA1L2</i>	1.67E-06	22.33
197	<i>CBWD6</i>	1.67E-06	21.83
198	<i>CD1E</i>	1.67E-06	21.40
199	<i>ADAMTS4</i>	1.67E-06	21.40
200	<i>KDM4DL</i>	1.67E-06	21.40
201	<i>PRSS1</i>	1.67E-06	21.19
202	<i>ADCY10</i>	1.67E-06	20.31

Appendix K. VAAST genes with most significant p-values in family 1281 sorted by rank. P-values were calculated using the fast genome-permutation option with 1e5 permutations.

Rank	Gene	P-value	Score
1	<i>HRNR</i>	1.67E-06	537.33
2	<i>PDE4DIP</i>	1.67E-06	529.39
3	<i>USH2A</i>	1.67E-06	297.29
4	<i>OR2L8</i>	1.67E-06	234.92
5	<i>SPTA1</i>	1.67E-06	234.17
6	<i>OR11L1</i>	1.67E-06	231.18
7	<i>OR6N1</i>	1.67E-06	228.36
8	<i>OR2W3</i>	1.67E-06	215.57
9	<i>IFI16</i>	1.67E-06	190.83
10	<i>EXO1</i>	1.67E-06	177.37
11	<i>FCRL5</i>	1.67E-06	171.17
12	<i>HEATR1</i>	1.67E-06	171.12
13	<i>KIAA1324</i>	1.67E-06	168.17
14	<i>OVGP1</i>	1.67E-06	157.97
15	<i>KIR3DL1</i>	1.67E-06	146.41
16	<i>IGSF3</i>	1.67E-06	134.53
17	<i>OR10R2</i>	1.67E-06	134.26
18	<i>LGR6</i>	1.67E-06	133.68
19	<i>OR14I1</i>	1.67E-06	131.01
20	<i>ASPM</i>	1.67E-06	130.25
21	<i>OR2C3</i>	1.67E-06	130.03
22	<i>CHIA</i>	1.67E-06	126.56
23	<i>OR13G1</i>	1.67E-06	123.55
24	<i>OR10X1</i>	1.67E-06	120.47
25	<i>PGLYRP4</i>	1.67E-06	115.09
26	<i>ECM1</i>	1.67E-06	114.95
27	<i>TCHH</i>	1.67E-06	114.52
28	<i>DUSP27</i>	1.67E-06	114.13
29	<i>THEM5</i>	1.67E-06	113.80
30	<i>TLR5</i>	1.67E-06	113.51
31	<i>COL11A1</i>	1.67E-06	113.19
32	<i>KIAA1614</i>	1.67E-06	113.13
33	<i>DTL</i>	1.67E-06	112.78
34	<i>FAM71A</i>	1.67E-06	112.36
35	<i>ASTN1</i>	1.67E-06	111.57

Rank	Gene	P-value	Score
36	<i>OR2T11</i>	1.67E-06	111.33
37	<i>TNR</i>	1.67E-06	107.39
38	<i>IQGAP3</i>	1.67E-06	105.92
39	<i>CDC27</i>	1.67E-06	105.25
40	<i>OR2G2</i>	1.67E-06	104.18
41	<i>CENPF</i>	1.67E-06	103.83
42	<i>OR4C3</i>	1.67E-06	102.50
43	<i>OR2M7</i>	1.67E-06	102.45
44	<i>HMCN1</i>	1.67E-06	101.61
45	<i>DNAH14</i>	1.67E-06	100.87
46	<i>MUC6</i>	1.67E-06	100.82
47	<i>VAV3</i>	1.67E-06	98.54
48	<i>CR1L</i>	1.67E-06	97.06
49	<i>CAPN9</i>	1.67E-06	94.83
50	<i>CHD1L</i>	1.67E-06	94.43
51	<i>OR10J1</i>	1.67E-06	93.46
52	<i>ITPKB</i>	1.67E-06	89.90
53	<i>KCNJ12</i>	1.67E-06	87.50
54	<i>CSF1</i>	1.67E-06	80.73
55	<i>TOR1AIP1</i>	1.67E-06	78.97
56	<i>KIR3DL2</i>	1.67E-06	78.30
57	<i>OR9G9</i>	1.67E-06	78.17
58	<i>RNASEL</i>	1.67E-06	78.15
59	<i>LGALS8</i>	1.67E-06	77.91
60	<i>GPRIN2</i>	1.67E-06	77.85
61	<i>CD101</i>	1.67E-06	77.70
62	<i>FAM177B</i>	1.67E-06	77.63
63	<i>ADAR</i>	1.67E-06	76.92
64	<i>CAPN2</i>	1.67E-06	76.67
65	<i>CFH</i>	1.67E-06	76.52
66	<i>LAMC1</i>	1.67E-06	76.49
67	<i>CDC42BPA</i>	1.67E-06	75.03
68	<i>OR10T2</i>	1.67E-06	74.80
69	<i>C1orf68</i>	1.67E-06	74.52
70	<i>NSL1</i>	1.67E-06	74.00
71	<i>MAGEC1</i>	1.67E-06	72.63
72	<i>FAM104B_DUP_01</i>	1.67E-06	72.30
73	<i>PTGFRN</i>	1.67E-06	71.94
74	<i>CR1</i>	1.67E-06	71.81
75	<i>SWT1</i>	1.67E-06	69.18

Rank	Gene	P-value	Score
76	<i>HYDIN</i>	1.67E-06	68.67
77	<i>TNN</i>	1.67E-06	63.40
78	<i>FNDC7</i>	1.67E-06	63.34
79	<i>ATF6</i>	1.67E-06	62.19
80	<i>KIR3DL3</i>	1.67E-06	61.58
81	<i>PM20D1</i>	1.67E-06	60.22
82	<i>EFNA1</i>	1.67E-06	59.63
83	<i>ATP1A4</i>	1.67E-06	58.49
84	<i>GPR37L1</i>	1.67E-06	58.49
85	<i>LCE5A</i>	1.67E-06	57.65
86	<i>F13B</i>	1.67E-06	57.60
87	<i>RRNAD1</i>	1.67E-06	57.52
88	<i>SMYD2</i>	1.67E-06	57.33
89	<i>MYBPHL</i>	1.67E-06	57.30
90	<i>BCL2L15</i>	1.67E-06	57.30
91	<i>PRODH</i>	1.67E-06	57.09
92	<i>EPS8L3</i>	1.67E-06	56.93
93	<i>PRG4</i>	1.67E-06	56.54
94	<i>ADAMTSL4</i>	1.67E-06	56.22
95	<i>FLVCR1</i>	1.67E-06	56.18
96	<i>ACP6</i>	1.67E-06	56.07
97	<i>OR2B11</i>	1.67E-06	56.07
98	<i>OR14C36</i>	1.67E-06	55.66
99	<i>C1orf227</i>	1.67E-06	55.63
100	<i>TRIM33</i>	1.67E-06	55.63
101	<i>OR14A16</i>	1.67E-06	55.63
102	<i>TTF2</i>	1.67E-06	55.61
103	<i>MIA3</i>	1.67E-06	55.61
104	<i>C1orf111</i>	1.67E-06	55.43
105	<i>JMJD4</i>	1.67E-06	55.43
106	<i>SH2D2A</i>	1.67E-06	55.36
107	<i>PPP1R15B</i>	1.67E-06	55.36
108	<i>ADAM15</i>	1.67E-06	55.35
109	<i>FAM63A</i>	1.67E-06	55.25
110	<i>SEMA6C</i>	1.67E-06	54.93
111	<i>PEAR1</i>	1.67E-06	54.92
112	<i>C1orf116</i>	1.67E-06	54.92
113	<i>APOA1BP</i>	1.67E-06	54.77
114	<i>DIEXF</i>	1.67E-06	54.76
115	<i>C1orf204</i>	1.67E-06	54.76

Rank	Gene	P-value	Score
116	<i>SEC16B</i>	1.67E-06	54.66
117	<i>UBQLN4</i>	1.67E-06	54.64
118	<i>LYPLAL1</i>	1.67E-06	54.64
119	<i>OR2T27</i>	1.67E-06	54.61
120	<i>SLAMF9</i>	1.67E-06	54.47
121	<i>PRSS38</i>	1.67E-06	54.46
122	<i>SYT11</i>	1.67E-06	54.42
123	<i>S100A7</i>	1.67E-06	54.32
124	<i>RXFP4</i>	1.67E-06	54.10
125	<i>CNST</i>	1.67E-06	54.10
126	<i>ZNF805</i>	1.67E-06	53.85
127	<i>SLC16A1</i>	1.67E-06	53.81
128	<i>EPRS</i>	1.67E-06	53.81
129	<i>SCYL3</i>	1.67E-06	53.38
130	<i>F5</i>	1.67E-06	53.38
131	<i>LBR</i>	1.67E-06	53.17
132	<i>PLA2G4A</i>	1.67E-06	53.09
133	<i>ERO1LB</i>	1.67E-06	52.58
134	<i>TSHB</i>	1.67E-06	52.52
135	<i>ASH1L</i>	1.67E-06	52.52
136	<i>PRSS3</i>	1.67E-06	52.52
137	<i>DBT</i>	1.67E-06	52.49
138	<i>PPM1J</i>	1.67E-06	52.36
139	<i>AQP10</i>	1.67E-06	52.05
140	<i>BCLAF1</i>	1.67E-06	50.52
141	<i>SELP</i>	1.67E-06	50.25
142	<i>APOBEC4</i>	1.67E-06	50.18
143	<i>SETD8</i>	1.67E-06	50.13
144	<i>POTED</i>	1.67E-06	49.26
145	<i>CEP89</i>	1.67E-06	47.61
146	<i>NES</i>	1.67E-06	46.66
147	<i>SAA2-SAA4</i>	1.67E-06	46.38
148	<i>C1orf85</i>	1.67E-06	45.60
149	<i>SPRR1A</i>	1.67E-06	45.30
150	<i>ARHGEF11</i>	1.67E-06	45.17
151	<i>PDE10A</i>	1.67E-06	44.20
152	<i>ZNF695</i>	1.67E-06	44.04
153	<i>FCRLB</i>	1.67E-06	41.11
154	<i>OR6K3</i>	1.67E-06	40.72
155	<i>KIR2DL1</i>	1.67E-06	40.14

Rank	Gene	P-value	Score
156	<i>DENND2C</i>	1.67E-06	39.82
157	<i>URB2</i>	1.67E-06	39.75
158	<i>TMEM81</i>	1.67E-06	39.71
159	<i>NUF2</i>	1.67E-06	39.69
160	<i>C1orf162</i>	1.67E-06	39.39
161	<i>PIGR</i>	1.67E-06	39.39
162	<i>CR2</i>	1.67E-06	39.38
163	<i>IL19</i>	1.67E-06	39.16
164	<i>KPRP</i>	1.67E-06	39.16
165	<i>CLDN16</i>	1.67E-06	38.84
166	<i>OR2AK2</i>	1.67E-06	38.69
167	<i>DSTYK</i>	1.67E-06	38.57
168	<i>TBX15</i>	1.67E-06	38.28
169	<i>PTPN22</i>	1.67E-06	38.27
170	<i>C4BPA</i>	1.67E-06	38.25
171	<i>DDX20</i>	1.67E-06	38.25
172	<i>CEP350</i>	1.67E-06	38.00
173	<i>ANKRD35</i>	1.67E-06	38.00
174	<i>LHX4</i>	1.67E-06	37.98
175	<i>FAM46C</i>	1.67E-06	37.54
176	<i>TRAF3IP3</i>	1.67E-06	37.38
177	<i>AXDND1</i>	1.67E-06	37.38
178	<i>RGS16</i>	1.67E-06	37.28
179	<i>SHISA4_DUP_01</i>	1.67E-06	37.26
180	<i>METTL13</i>	1.67E-06	37.09
181	<i>LY9</i>	1.67E-06	37.09
182	<i>SDCCAG8</i>	1.67E-06	36.94
183	<i>CD1E</i>	1.67E-06	36.00
184	<i>BGLAP</i>	1.67E-06	36.00
185	<i>HBXIP</i>	1.67E-06	35.79
186	<i>MOSC1</i>	1.67E-06	35.14
187	<i>LCE1E</i>	1.67E-06	35.11
188	<i>PLEKHA6</i>	1.67E-06	34.98
189	<i>TARBP1</i>	1.67E-06	34.97
190	<i>ADCY10</i>	1.67E-06	34.92
191	<i>BBS9</i>	1.67E-06	32.71
192	<i>CHI3L2</i>	1.67E-06	27.07
193	<i>PAPPA2</i>	1.67E-06	27.07
194	<i>CACNA1S</i>	1.67E-06	26.70
195	<i>KMO</i>	1.67E-06	26.70

Rank	Gene	P-value	Score
196	<i>DCST1</i>	1.67E-06	26.70
197	<i>PIP</i>	1.67E-06	26.67
198	<i>FMO3</i>	1.67E-06	26.18
199	<i>BCAN</i>	1.67E-06	26.18
200	<i>OR2T12</i>	1.67E-06	26.13
201	<i>KIAA1671</i>	1.67E-06	26.13
202	<i>VSIG4</i>	1.67E-06	26.11
203	<i>FMN2</i>	1.67E-06	25.61
204	<i>FRG1</i>	1.67E-06	25.35
205	<i>NUDT22</i>	1.67E-06	25.22
206	<i>FCRL4</i>	1.67E-06	25.11
207	<i>SHMT2_DUP_01</i>	1.67E-06	25.11
208	<i>YIF1B</i>	1.67E-06	25.05
209	<i>TPTE</i>	1.67E-06	25.05
210	<i>C1orf88</i>	1.67E-06	24.73
211	<i>ZNF337</i>	1.67E-06	24.69
212	<i>TDRD5</i>	1.67E-06	24.53
213	<i>C1orf110</i>	1.67E-06	24.53
214	<i>IL24</i>	1.67E-06	24.34
215	<i>C1orf129</i>	1.67E-06	24.34
216	<i>TEDDM1</i>	1.67E-06	24.34
217	<i>COL4A5</i>	1.67E-06	24.29
218	<i>INSRR</i>	1.67E-06	24.29
219	<i>C1orf124</i>	1.67E-06	24.29
220	<i>KIR2DL4_DUP_01</i>	1.67E-06	24.29
221	<i>TMEM79_DUP_01</i>	1.67E-06	24.09
222	<i>EFNA3</i>	1.67E-06	24.09
223	<i>HHIPL2</i>	1.67E-06	24.03
224	<i>KIF14</i>	1.67E-06	24.00
225	<i>CLCC1</i>	1.67E-06	24.00
226	<i>TCEB3CL_DUP_02</i>	1.67E-06	24.00
227	<i>DISC1</i>	1.67E-06	23.70
228	<i>NAIF1</i>	1.67E-06	23.70
229	<i>OR2M2</i>	1.67E-06	23.69
230	<i>CGB1</i>	1.67E-06	23.69
231	<i>EDARADD</i>	1.67E-06	23.61
232	<i>SLAMF1</i>	1.67E-06	23.58
233	<i>NOTCH2NL</i>	1.67E-06	23.54
234	<i>AHCTF1</i>	1.67E-06	23.37
235	<i>CREB3L4</i>	1.67E-06	23.29

Rank	Gene	P-value	Score
236	<i>NLRP3</i>	1.67E-06	23.19
237	<i>OR10Z1</i>	1.67E-06	23.13
238	<i>PCMTD1</i>	1.67E-06	23.13
239	<i>METTL11B</i>	1.67E-06	22.93
240	<i>HSD3B1</i>	1.67E-06	22.91
241	<i>AGT</i>	1.67E-06	22.88
242	<i>CD244</i>	1.67E-06	22.80
243	<i>MFSD4</i>	1.67E-06	22.80
244	<i>MR1</i>	1.67E-06	22.67
245	<i>FCGR2A</i>	1.67E-06	22.67
246	<i>FCRL2</i>	1.67E-06	22.63
247	<i>ARHGAP30</i>	1.67E-06	22.62
248	<i>SPRR3</i>	1.67E-06	22.62
249	<i>LAMC2</i>	1.67E-06	22.59
250	<i>RASA2</i>	1.67E-06	22.59
251	<i>CFHR4</i>	1.67E-06	22.49
252	<i>MTMR11</i>	1.67E-06	22.48
253	<i>CRTC2</i>	1.67E-06	22.48
254	<i>RTBDN</i>	1.67E-06	22.36
255	<i>ACBD3</i>	1.67E-06	22.34
256	<i>METTL18</i>	1.67E-06	22.34
257	<i>ATP8B2</i>	1.67E-06	22.02
258	<i>NCF2</i>	1.67E-06	22.02
259	<i>CBWD6</i>	1.67E-06	21.83
260	<i>NAP1L2</i>	1.67E-06	21.83
261	<i>KISS1</i>	1.67E-06	21.40
262	<i>AKNAD1</i>	1.67E-06	21.19
263	<i>AMY2B</i>	1.67E-06	20.93
264	<i>PARP1</i>	1.67E-06	20.93
265	<i>BEND3</i>	1.67E-06	20.93
266	<i>IVL</i>	1.67E-06	20.53
267	<i>CASQ2</i>	1.67E-06	20.53
268	<i>OR6Y1</i>	1.67E-06	20.37
269	<i>GSTM3</i>	1.67E-06	20.37
270	<i>NUP210L</i>	1.67E-06	20.37
271	<i>ILDR2</i>	1.67E-06	20.37
272	<i>XPR1</i>	1.67E-06	20.31
273	<i>ABL2</i>	1.67E-06	20.07
274	<i>NUP98</i>	1.67E-06	19.56
275	<i>NKRF</i>	1.67E-06	18.20

Appendix L. Kyoto Encyclopedia of Genes and Genomes (KEGG) pathway analysis of most significant p-value VAAST genes for family 1168. The table includes KEGG pathway ID, pathway name and number of genes in parentheses.

KEGG Pathways Top P-value Genes Family 1168	
hsa04740	Olfactory transduction (25)
hsa01100	Metabolic pathways (8)
hsa04610	Complement and coagulation cascades (5)
hsa04640	Hematopoietic cell lineage (4)
hsa04510	Focal adhesion (4)
hsa04972	Pancreatic secretion (4)
hsa05164	Influenza A (4)
hsa04974	Protein digestion and absorption (4)
hsa04080	Neuroactive ligand-receptor interaction (3)
hsa04141	Protein processing in endoplasmic reticulum (3)
hsa05144	Malaria (3)
hsa00520	Amino sugar and nucleotide sugar metabolism (3)
hsa04666	Fc gamma R-mediated phagocytosis (3)
hsa04360	Axon guidance (3)
hsa04810	Regulation of actin cytoskeleton (2)
hsa05145	Toxoplasmosis (2)
hsa05010	Alzheimer's disease (2)
hsa04530	Tight junction (2)
hsa04662	B cell receptor signaling pathway (2)
hsa04664	Fc epsilon RI signaling pathway (2)
hsa05140	Leishmaniasis (2)
hsa04514	Cell adhesion molecules (CAMs) (2)
hsa05134	Legionellosis (2)
hsa04380	Osteoclast differentiation (2)
hsa00310	Lysine degradation (2)
hsa04512	ECM-receptor interaction (2)
hsa05152	Tuberculosis (2)
hsa05200	Pathways in cancer (2)
hsa04650	Natural killer cell mediated cytotoxicity (2)
hsa05150	Staphylococcus aureus infection (2)
hsa04270	Vascular smooth muscle contraction (2)
hsa05146	Amoebiasis (2)
hsa05160	Hepatitis C (2)
hsa04670	Leukocyte transendothelial migration (2)
hsa04614	Renin-angiotensin system (1)
hsa00592	alpha-Linolenic acid metabolism (1)

KEGG Pathways Top P-value Genes Family 1168	
hsa04060	Cytokine-cytokine receptor interaction (1)
hsa03430	Mismatch repair (1)
hsa04912	GnRH signaling pathway (1)
hsa04726	Serotonergic synapse (1)
hsa04062	Chemokine signaling pathway (1)
hsa03008	Ribosome biogenesis in eukaryotes (1)
hsa00590	Arachidonic acid metabolism (1)
hsa04976	Bile secretion (1)
hsa04120	Ubiquitin mediated proteolysis (1)
hsa00740	Riboflavin metabolism (1)
hsa05162	Measles (1)
hsa04914	Progesterone-mediated oocyte maturation (1)
hsa05222	Small cell lung cancer (1)
hsa04725	Cholinergic synapse (1)
hsa04970	Salivary secretion (1)
hsa04070	Phosphatidylinositol signaling system (1)
hsa04370	VEGF signaling pathway (1)
hsa05130	Pathogenic Escherichia coli infection (1)
hsa04964	Proximal tubule bicarbonate reclamation (1)
hsa00480	Glutathione metabolism (1)
hsa04975	Fat digestion and absorption (1)
hsa00591	Linoleic acid metabolism (1)
hsa04114	Oocyte meiosis (1)
hsa04310	Wnt signaling pathway (1)
hsa05132	Salmonella infection (1)
hsa05322	Systemic lupus erythematosus (1)
hsa05133	Pertussis (1)
hsa04973	Carbohydrate digestion and absorption (1)
hsa00982	Drug metabolism cytochrome P450 (1)
hsa00562	Inositol phosphate metabolism (1)
hsa05166	HTLV-I infection (1)
hsa00280	Valine, leucine and isoleucine degradation (1)
hsa05020	Prion diseases (1)
hsa04730	Long-term depression (1)
hsa00330	Arginine and proline metabolism (1)
hsa04350	TGF-beta signaling pathway (1)
hsa05332	Graft-versus-host disease (1)
hsa04660	T cell receptor signaling pathway (1)
hsa04620	Toll-like receptor signaling pathway (1)
hsa04971	Gastric acid secretion (1)

KEGG Pathways Top P-value Genes Family 1168
hsa00565 Ether lipid metabolism (1)
hsa04978 Mineral absorption (1)
hsa04110 Cell cycle (1)
hsa05320 Autoimmune thyroid disease (1)
hsa04623 Cytosolic DNA-sensing pathway (1)
hsa00563 Glycosylphosphatidylinositol(GPI)-anchor biosynthesis (1)
hsa04260 Cardiac muscle contraction (1)
hsa00140 Steroid hormone biosynthesis (1)
hsa04145 Phagosome (1)
hsa05220 Chronic myeloid leukemia (1)
hsa04210 Apoptosis (1)
hsa00970 Aminoacyl-tRNA biosynthesis (1)
hsa04010 MAPK signaling pathway (1)
hsa00564 Glycerophospholipid metabolism (1)
hsa04330 Notch signaling pathway (1)
hsa04612 Antigen processing and presentation (1)
hsa04320 Dorso-ventral axis formation (1)
hsa04724 Glutamatergic synapse (1)
hsa00230 Purine metabolism (1)
hsa05168 Herpes simplex infection (1)
hsa04020 Calcium signaling pathway (1)
hsa00980 Metabolism of xenobiotics by cytochrome P450 (1)
hsa04960 Aldosterone-regulated sodium reabsorption (1)
hsa05323 Rheumatoid arthritis (1)
hsa04961 Endocrine and other factor-regulated calcium reabsorption (1)
hsa00860 Porphyrin and chlorophyll metabolism (1)

Appendix M. Kyoto Encyclopedia of Genes and Genomes (KEGG) pathway analysis of most significant p-value VAAST genes for family 1281. The table includes KEGG pathway ID, pathway name and number of genes in parentheses.

KEGG Pathways Top P-value Genes Family 1281	
hsa04740	Olfactory transduction (20)
hsa04510	Focal adhesion (6)
hsa01100	Metabolic pathways (5)
hsa04141	Protein processing in endoplasmic reticulum (4)
hsa04610	Complement and coagulation cascades (4)
hsa04512	ECM-receptor interaction (4)
hsa04972	Pancreatic secretion (3)
hsa04650	Natural killer cell mediated cytotoxicity (3)
hsa05164	Influenza A (3)
hsa04612	Antigen processing and presentation (3)
hsa04974	Protein digestion and absorption (3)
hsa04810	Regulation of actin cytoskeleton (2)
hsa05145	Toxoplasmosis (2)
hsa04080	Neuroactive ligand-receptor interaction (2)
hsa04640	Hematopoietic cell lineage (2)
hsa05010	Alzheimer's disease (2)
hsa04370	VEGF signaling pathway (2)
hsa04664	Fc epsilon RI signaling pathway (2)
hsa05134	Legionellosis (2)
hsa05332	Graft-versus-host disease (2)
hsa04666	Fc gamma R-mediated phagocytosis (2)
hsa04360	Axon guidance (2)
hsa05146	Amoebiasis (2)
hsa00592	alpha-Linolenic acid metabolism (1)
hsa04060	Cytokine-cytokine receptor interaction (1)
hsa03430	Mismatch repair (1)
hsa04912	GnRH signaling pathway (1)
hsa04726	Serotonergic synapse (1)
hsa04062	Chemokine signaling pathway (1)
hsa03008	Ribosome biogenesis in eukaryotes (1)
hsa00590	Arachidonic acid metabolism (1)
hsa04976	Bile secretion (1)
hsa04120	Ubiquitin mediated proteolysis (1)
hsa00740	Riboflavin metabolism (1)
hsa05162	Measles (1)

KEGG Pathways Top P-value Genes Family 1281
hsa04530 Tight junction (1)
hsa04914 Progesterone-mediated oocyte maturation (1)
hsa05222 Small cell lung cancer (1)
hsa04725 Cholinergic synapse (1)
hsa04970 Salivary secretion (1)
hsa04070 Phosphatidylinositol signaling system (1)
hsa04662 B cell receptor signaling pathway (1)
hsa05130 Pathogenic Escherichia coli infection (1)
hsa04964 Proximal tubule bicarbonate reclamation (1)
hsa04975 Fat digestion and absorption (1)
hsa05140 Leishmaniasis (1)
hsa00591 Linoleic acid metabolism (1)
hsa04114 Oocyte meiosis (1)
hsa04380 Osteoclast differentiation (1)
hsa05132 Salmonella infection (1)
hsa05144 Malaria (1)
hsa04973 Carbohydrate digestion and absorption (1)
hsa00562 Inositol phosphate metabolism (1)
hsa05166 HTLV-I infection (1)
hsa00280 Valine, leucine and isoleucine degradation (1)
hsa05020 Prion diseases (1)
hsa04730 Long-term depression (1)
hsa00330 Arginine and proline metabolism (1)
hsa00310 Lysine degradation (1)
hsa04660 T cell receptor signaling pathway (1)
hsa04620 Toll-like receptor signaling pathway (1)
hsa00520 Amino sugar and nucleotide sugar metabolism (1)
hsa04971 Gastric acid secretion (1)
hsa04978 Mineral absorption (1)
hsa00565 Ether lipid metabolism (1)
hsa05152 Tuberculosis (1)
hsa05200 Pathways in cancer (1)
hsa04110 Cell cycle (1)
hsa05320 Autoimmune thyroid disease (1)
hsa04623 Cytosolic DNA-sensing pathway (1)
hsa04260 Cardiac muscle contraction (1)
hsa04210 Apoptosis (1)
hsa00970 Aminoacyl-tRNA biosynthesis (1)
hsa04010 MAPK signaling pathway (1)
hsa00564 Glycerophospholipid metabolism (1)

KEGG Pathways Top P-value Genes Family 1281	
hsa04270	Vascular smooth muscle contraction (1)
hsa05150	Staphylococcus aureus infection (1)
hsa04724	Glutamatergic synapse (1)
hsa05168	Herpes simplex infection (1)
hsa04020	Calcium signaling pathway (1)
hsa05160	Hepatitis C (1)
hsa04670	Leukocyte transendothelial migration (1)
hsa04960	Aldosterone-regulated sodium reabsorption (1)
hsa05323	Rheumatoid arthritis (1)
hsa04961	Endocrine and other factor-regulated calcium reabsorption (1)
hsa00860	Porphyrin and chlorophyll metabolism (1)

Appendix N. Complete unadjusted and adjusted additive logistic regression association results for Finnish mothers' complement and coagulation factor exome SNPs on Illumina Omni2.5 BeadChips sorted by adjusted p-values. The gene listed is that in which the SNP is located and in parentheses is the VAAST gene the SNP was selected to interrogate within the 10 kb 5' and 3' buffer. Base pair (BP) positions refer to GRCh37 (hg19, February 2009 assembly) build of the human genome.

CHR	SNP	BP	GENE	MINOR ALLELE	MAJOR ALLELE	ADJ P-VALUE	ADJ OR	UNADJ P-VALUE	UNADJ OR
1	rs6691117	207782931	<i>CR1</i>	G	A	1.07E-04	1.732	6.93E-05	1.741
1	EXM133911	197031021	<i>F13B</i>	C	T	0.0213	0.5327	0.04428	0.5864
1	EXM-RS12034383	207803595	<i>CR1</i>	G	A	0.0307	1.31	0.02107	1.326
1	EXM-RS6656401	207692049	<i>CR1</i>	A	G	0.0504	0.7326	0.05833	0.7454
1	EXM144910	207782769	<i>CR1</i>	A	G	0.0793	1.477	0.1053	1.423
1	EXM-RS3818361	207784968	<i>CR1</i>	T	C	0.0927	0.7726	0.09383	0.7776
1	EXM-RS6701713	207786289	<i>CR1</i>	A	G	0.0927	0.7726	0.09383	0.7776
1	EXM144976	207795320	<i>CR1</i>	A	G	0.1011	0.7782	0.104	0.784
1	EXM-RS3813948	207269858	<i>C4BPA</i>	G	A	0.1553	0.673	0.165	0.6842
1	EXM-RS6677604	196686918	<i>CFH</i>	A	G	0.1601	0.752	0.1991	0.7769
1	EXM144922	207782916	<i>CR1</i>	A	T	0.1796	0.493	0.127	0.4497
1	EXM144743	207653395	<i>CR2</i>	C	A	0.1905	0.7905	0.1542	0.7775
1	EXM-RS1061170	196659237	<i>CFH</i>	C	T	0.1964	0.8492	0.1775	0.8459
1	EXM144486	207304980	<i>C4BPA</i>	C	G	0.2161	2.305	0.3081	1.987
1	EXM121798	169510139	<i>F5</i>	A	G	0.2205	0.7313	0.1913	0.7219
1	EXM121818	169510475	<i>F5</i>	T	G	0.2523	0.8353	0.3945	0.878
1	EXM121977	169521853	<i>F5</i>	G	A	0.2732	0.7969	0.5509	0.8878
1	EXM121943	169513583	<i>F5</i>	T	G	0.3048	0.8082	0.6067	0.9022
1	EXM2250216	169513583	<i>F5</i>	T	G	0.3048	0.8082	0.6067	0.9022
1	EXM-RS1329424	196646176	<i>CFH</i>	A	C	0.3288	0.8869	0.2994	0.8824

CHR	SNP	BP	GENE	MINOR ALLELE	MAJOR ALLELE	ADJ P-VALUE	ADJ OR	UNADJ P-VALUE	UNADJ OR
1	EXM133342	196642233	<i>CFH</i>	A	G	0.3511	1.135	0.2702	1.158
1	EXM133469	196709816	<i>CFH</i>	T	G	0.3593	3.091	0.4045	2.783
1	EXM144433	207286381	<i>C4BPA</i>	A	C	0.4025	1.58	0.5381	1.396
1	EXM133467	196709774	<i>CFH</i>	T	G	0.4383	1.142	0.6694	1.074
1	EXM122025	169541513	<i>F5</i>	G	C	0.4563	1.328	0.5909	1.224
1	EXM121797	169510118	<i>F5</i>	A	G	0.4583	0.7704	0.4232	0.7584
1	EXM122022	169529974	<i>F5</i>	A	G	0.4843	0.5536	0.4769	0.5498
1	EXM-RS380390	196701051	<i>CFH</i>	C	G	0.4857	0.9182	0.4585	0.9149
1	EXM144908	207782707	<i>CR1</i>	G	A	0.5277	1.139	0.4767	1.155
1	EXM144887	207760772	<i>CR1</i>	G	A	0.5394	1.304	0.5605	1.282
1	EXM121681	169483561	<i>F5</i>	C	T	0.5635	0.877	0.9626	1.01
1	EXM122058	169563951	<i>F5</i>	G	T	0.5974	0.9059	0.5445	0.8951
1	EXM121903	169511878	<i>F5</i>	G	T	0.5975	0.8857	0.9166	1.023
1	EXM-RS17045328	207652176	<i>CR2</i>	G	A	0.6030	1.183	0.5552	1.206
1	EXM144740	207653364	<i>CR2</i>	G	A	0.6062	0.8743	0.4428	0.8213
1	EXM144473	207300070	<i>C4BPA</i>	A	G	0.6458	0.8845	0.5855	0.8667
1	EXM144961	207791434	<i>CR1</i>	G	A	0.7044	1.218	0.887	1.075
1	EXM121964	169519112	<i>F5</i>	T	C	0.7311	1.115	0.9299	1.027
1	EXM144679	207646898	<i>CR2</i>	C	T	0.7341	0.95	0.5762	0.9208
1	EXM144874	207755285	<i>CR1</i>	A	G	0.7434	0.7922	0.8784	1.109
1	EXM144675	207646462	<i>CR2</i>	A	G	0.7572	0.9545	0.5927	0.9241
1	EXM144681	207646923	<i>CR2</i>	A	G	0.7579	0.9545	0.5992	0.9254
1	EXM133877	197026289	<i>F13B</i>	G	A	0.8023	0.7329	0.7631	0.6907
1	EXM-RS10737680	196679455	<i>CFH</i>	C	A	0.8453	1.025	0.6321	1.062
1	EXM-RS1329428	196702810	<i>CFH</i>	A	G	0.8453	1.025	0.6321	1.062

CHR	SNP	BP	GENE	MINOR ALLELE	MAJOR ALLELE	ADJ P-VALUE	ADJ OR	UNADJ P-VALUE	UNADJ OR
1	EXM-RS1410996	196696933	<i>CFH</i>	T	C	0.8453	1.025	0.6321	1.062
1	EXM122075	169565346	<i>F5</i>	A	C	0.8731	0.9642	0.9244	0.9793
1	EXM121879	169511555	<i>F5</i>	C	T	0.8767	1.023	0.7438	0.9545
1	EXM121894	169511734	<i>F5</i>	C	T	0.8792	1.022	0.7491	0.9556
1	EXM121896	169511755	<i>F5</i>	C	T	0.9022	1.018	0.7251	0.9513
1	EXM144655	207644786	<i>CR2</i>	A	T	0.9062	0.8651	0.7631	0.6907
1	EXM121743	169498975	<i>F5</i>	C	T	0.9359	0.9892	0.8742	0.9793
1	EXM133490	196712596	<i>CFH</i>	T	A	0.9514	0.9559	0.7977	0.8282
1	EXM121985	169524517	<i>F5</i>	A	G	0.9666	0.9682	0.6435	1.391
1	EXM144888	207760773	<i>CR1</i>	T	C	0.9814	1.003	0.996	0.9993
1	EXM2259849	169527856	<i>F5</i>	C	T	0.9866	1.002	0.8072	1.033
1	EXM144899	207762095	<i>CR1</i>	T	C	0.9879	0.9815	0.7631	0.6907
1	EXM121732	169497306	<i>F5</i>	A	G	0.9993	9.495E-10	0.9993	8.541E-10
1	EXM121746	169499020	<i>F5</i>	C	G	0.9993	1.006E-09	0.9993	8.541E-10
1	EXM121969	169519883	<i>F5</i>	A	G	0.9993	2.89E+09	0.9993	2.25E+09
1	EXM122036	169555582	<i>F5</i>	T	C	0.9993	7.867E-10	0.9993	8.515E-10
1	EXM133460	196706677	<i>CFH</i>	T	G	0.9993	1.58E+09	0.9993	2.25E+09
1	EXM133479	196711067	<i>CFH</i>	T	G	0.9993	1.58E+09	0.9993	2.25E+09
1	EXM133865	197024914	<i>F13B</i>	G	A	0.9993	2.48E+09	0.9993	2.25E+09
1	EXM144467	207297622	<i>C4BPA</i>	A	G	0.9993	1.67E+09	0.9993	2.25E+09
1	EXM144499	207307932	<i>C4BPA</i>	A	G	0.9993	2.22E+09	0.9993	2.25E+09
1	EXM144639	207643432	<i>CR2</i>	G	C	0.9993	9.624E-10	0.9993	8.541E-10

Appendix O. Complete unadjusted additive logistic association results for Finnish mothers' Affymetrix 6.0 SNP arrays sorted by p-value. The gene listed in the gene column is the gene where the SNP is located. The gene listed is the gene in which the SNP is located and in parentheses is the VAAST gene the SNP was selected to interrogate within the 10kb 5' and 3' buffer. Base pair (BP) positions refer to NCBI36 (hg18, March 2006 assembly) build of the human genome.

CHR	SNP	BP	GENE	MINOR ALLELE	MAJOR ALLELE	UNADJ P-VALUE	UNADJ OR
1	rs10429953	205855201	<i>CR1</i>	G	A	1.31E-04	1.931
1	rs10429943	205856094	<i>CR1</i>	T	C	3.74E-04	1.841
1	rs11118166	205848618	<i>CR1</i>	G	A	5.78E-04	1.776
1	rs12567990	205748308	<i>CR1</i>	T	C	5.82E-04	1.791
1	rs12141045	205838777	<i>CR1</i>	G	A	6.22E-04	1.776
1	rs599948	205818862	<i>CR1</i>	C	T	7.04E-04	1.664
1	rs677066	205840614	<i>CR1</i>	C	T	1.70E-03	1.591
1	rs3753305	167820682	<i>F5</i>	G	C	5.52E-03	1.422
1	rs9943077	205361921	<i>C4BPA</i>	T	C	0.02323	0.7266
1	rs2491393	205366882	<i>C4BPA</i>	G	A	0.03275	1.335
1	rs10489185	167815516	<i>F5</i>	A	C	0.03766	0.757
1	rs12080578	205887235	<i>CR1L (CR1)</i>	G	A	0.04018	1.525
1	rs17522707	167829686	<i>SELP (F5)</i>	A	G	0.04466	0.5847
1	rs4844573	205371523	<i>C4BPA</i>	C	T	0.05165	1.28
1	rs2213873	167810401	<i>F5</i>	A	G	0.05722	0.7711
1	rs10733086	194943558	<i>CFH</i>	A	T	0.06023	0.7854
1	rs2227245	167806704	<i>F5</i>	T	C	0.06292	0.7785
1	rs572515	194912884	<i>CFH</i>	A	G	0.06589	0.7914
1	rs6691048	167808759	<i>F5</i>	T	C	0.0678	0.7857
1	rs4403634	205334714	<i>C4BPB</i>	A	C	0.06793	0.797

CHR	SNP	BP	GENE	MINOR ALLELE	MAJOR ALLELE	UNADJ P-VALUE	UNADJ OR
1	rs6427195	167747800	<i>F5</i>	T	A	0.07488	1.609
1	rs12406092	167809755	<i>F5</i>	T	C	0.07674	0.7934
1	rs7551623	167740978	<i>F5</i>	A	G	0.08331	0.6452
1	rs2491395	205368346	<i>C4BPA</i>	T	A	0.08607	1.264
1	rs12032512	205719801	<i>CR2</i>	C	G	0.09646	0.8065
1	rs6695321	194942484	<i>CFH</i>	G	A	0.1016	1.239
1	rs9332647	167758724	<i>F5</i>	G	A	0.1105	0.6706
1	rs11118242	205886936	<i>CR1L (CR1)</i>	T	C	0.1129	0.8181
1	rs2274566	205819968	<i>CR1</i>	G	A	0.1181	1.227
1	rs1018827	167780630	<i>F5</i>	T	C	0.1195	1.501
1	rs4618971	205732684	<i>CR1</i>	C	T	0.1263	0.8011
1	rs6662176	167810667	<i>F5</i>	T	A	0.1271	0.8195
1	rs6427197	167767214	<i>F5</i>	G	T	0.1272	1.484
1	rs9429781	205733845	<i>CR1</i>	G	T	0.1343	0.7974
1	rs7542088	167802864	<i>F5</i>	A	C	0.1538	0.8256
1	rs1329423	194913010	<i>CFH</i>	G	A	0.1547	1.258
1	rs17044576	205701293	<i>CR2</i>	G	A	0.1567	1.422
1	rs10801555	194926884	<i>CFH</i>	A	G	0.1568	0.8273
1	rs514943	194930536	<i>CFH</i>	G	A	0.1569	0.836
1	rs6428357	194942194	<i>CFH</i>	T	C	0.1654	0.8365
1	rs11803956	205869644	<i>CR1</i>	T	C	0.1693	1.187
1	rs10779340	205883648	<i>CR1</i>	C	T	0.1704	1.187
1	rs1831282	194940616	<i>CFH</i>	A	C	0.1724	0.8445
1	rs395544	194964895	<i>CFH</i>	A	G	0.1894	0.8456
1	rs2182911	205726694	<i>CR2</i>	G	A	0.203	0.8308

CHR	SNP	BP	GENE	MINOR ALLELE	MAJOR ALLELE	UNADJ P-VALUE	UNADJ OR
1	rs1759007	195294229	<i>F13B</i>	T	C	0.2242	0.7253
1	rs10801556	194927087	<i>CFH</i>	T	C	0.2281	0.8539
1	rs17258982	205719987	<i>CR2</i>	C	T	0.2337	0.7363
1	rs6690215	205722673	<i>CR2</i>	C	T	0.2468	0.86
1	rs4844597	205737892	<i>CR1</i>	C	T	0.2732	0.8503
1	rs742855	194972143	<i>CFH</i>	G	A	0.2843	1.212
1	rs7518773	195278259	<i>F13B</i>	A	G	0.2971	1.137
1	rs10737680	194946078	<i>CFH</i>	G	T	0.2977	1.146
1	rs974793	167745278	<i>F5</i>	T	C	0.2998	1.172
1	rs203687	194940893	<i>CFH</i>	C	T	0.3151	0.8774
1	rs1759008	195293518	<i>F13B</i>	T	G	0.3161	0.7802
1	rs3917843	167826881	<i>SELP (F5)</i>	T	C	0.3344	0.8381
1	rs9332627	167764444	<i>F5</i>	T	C	0.3483	1.153
1	rs3820060	167751176	<i>F5</i>	G	T	0.3557	1.134
1	rs403846	194963360	<i>CFH</i>	A	G	0.3581	0.8845
1	rs1627765	195299666	<i>F13B</i>	C	T	0.371	0.8008
1	rs424535	194975846	<i>CFH</i>	T	A	0.3888	1.124
1	rs10754209	195278200	<i>F13B</i>	A	T	0.3949	1.111
1	rs4915148	195302161	<i>F13B</i>	T	C	0.437	0.8258
1	rs857021	195274102	<i>F13B</i>	A	G	0.437	0.8258
1	rs2182913	205727001	<i>CR2</i>	T	C	0.4498	0.9044
1	rs3849266	205819613	<i>CR1</i>	T	C	0.4527	1.112
1	rs1571344	205737551	<i>CR1</i>	G	A	0.4535	1.185
1	rs3917820	167831369	<i>SELP (F5)</i>	T	C	0.4566	1.172
1	rs4656685	167750468	<i>F5</i>	A	G	0.4634	1.123

CHR	SNP	BP	GENE	MINOR ALLELE	MAJOR ALLELE	UNADJ P-VALUE	UNADJ OR
1	rs1759009	195293295	<i>F13B</i>	T	C	0.5075	0.847
1	rs3766104	167755647	<i>F5</i>	T	A	0.5089	0.8546
1	rs17020993	205355015	<i>C4BPA</i>	G	A	0.5116	1.145
1	rs7519408	205727912	<i>CR2</i>	C	G	0.5476	0.9042
1	rs3917824	167831206	<i>SELP (F5)</i>	G	C	0.5669	1.13
1	rs3917819	167831513	<i>SELP (F5)</i>	G	A	0.598	1.13
1	rs9332600	167779537	<i>F5</i>	T	C	0.6052	1.077
1	rs8942	205336542	<i>C4BPB</i>	A	G	0.6097	1.113
1	rs6128	167829528	<i>SELP (F5)</i>	A	G	0.6377	0.9326
1	rs9332619	167766972	<i>F5</i>	T	C	0.6544	1.069
1	rs9332661	167755827	<i>F5</i>	C	T	0.666	1.101
1	rs6661764	205875008	<i>CR1</i>	C	G	0.7046	1.05
1	rs4524	167778379	<i>F5</i>	G	A	0.7397	1.049
1	rs7527218	205690452	<i>CR2</i>	C	T	0.7508	1.041
1	rs6662593	167779218	<i>F5</i>	T	C	0.7594	1.045
1	rs3766110	167781807	<i>F5</i>	C	A	0.7746	0.9597
1	rs1986158	205737367	<i>CR1</i>	G	A	0.7833	1.065
1	rs6029	167796597	<i>F5</i>	A	G	0.7891	0.9636
1	rs12025910	167745405	<i>F5</i>	C	T	0.797	1.059
1	rs17615	205713085	<i>CR2</i>	A	G	0.8337	0.9697
1	rs9332618	167767105	<i>F5</i>	T	C	0.8377	0.9661
1	rs11120211	205343002	<i>C4BPA</i>	A	G	0.8424	1.054
1	rs2019727	194941337	<i>CFH</i>	T	A	0.8471	1.037
1	rs2940253	205712366	<i>CR2</i>	C	G	0.8611	0.9746
1	rs9332595	167780979	<i>F5</i>	C	G	0.8669	0.9767

CHR	SNP	BP	GENE	MINOR ALLELE	MAJOR ALLELE	UNADJ P-VALUE	UNADJ OR
1	rs11120218	205345074	<i>C4BPA</i>	T	C	0.8718	1.032
1	rs9332640	167760350	<i>F5</i>	G	C	0.8719	0.9804
1	rs511678	205711905	<i>CR2</i>	C	G	0.8976	0.981
1	rs1410408	205732931	<i>CR1</i>	T	C	0.9113	0.9738
1	rs311311	205706318	<i>CR2</i>	C	G	0.9124	0.984
1	rs6015	167786518	<i>F5</i>	T	C	0.9447	1.014
1	rs9429774	205712518	<i>CR2</i>	T	C	0.9519	0.9912
1	rs916438	167766283	<i>F5</i>	A	T	0.9561	0.993

REFERENCES

- 1 Eds CP Howson, M. K., JE Lawn. March of Dimes, PMNCH, Save the Children, WHO. Born Too Soon: The Global Action Report on Preterm Birth. (World Health Organization, 2012).
- 2 Goldenberg, R. L., Culhane, J. F., Iams, J. D. & Romero, R. Epidemiology and causes of preterm birth. *Lancet* **371**, 75-84, doi:10.1016/S0140-6736(08)60074-4 (2008).
- 3 Jobe, A. H. & Bancalari, E. Bronchopulmonary dysplasia. *American Journal of Respiratory and Critical Care Medicine* **163**, 1723-1729 (2001).
- 4 Rees, S. & Inder, T. Fetal and neonatal origins of altered brain development. *Early Hum Dev* **81**, 753-761, doi:10.1016/j.earlhumdev.2005.07.004 (2005).
- 5 Ananth, C. V. & Vintzileos, A. M. Epidemiology of preterm birth and its clinical subtypes. *J Matern Fetal Neonatal Med* **19**, 773-782, doi:10.1080/14767050600965882 (2006).
- 6 Green, N. S. *et al.* Research agenda for preterm birth: recommendations from the March of Dimes. *Am J Obstet Gynecol* **193**, 626-635, doi:10.1016/j.ajog.2005.02.106 (2005).
- 7 Murray, C. J. & Lopez, A. D. Mortality by cause for eight regions of the world: Global Burden of Disease Study. *Lancet* **349**, 1269-1276, doi:10.1016/S0140-6736(96)07493-4 (1997).
- 8 Gilbert, W. M., Nesbitt, T. S. & Danielsen, B. The cost of prematurity: quantification by gestational age and birth weight. *Obstet Gynecol* **102**, 488-492 (2003).
- 9 Petrou, S. The economic consequences of preterm birth during the first 10 years of life. *BJOG* **112 Suppl 1**, 10-15, doi:10.1111/j.1471-0528.2005.00577.x (2005).
- 10 Preterm birth: causes, consequences and prevention. (Institute of Medicine, 2006).
- 11 Muglia, L. J. & Katz, M. The enigma of spontaneous preterm birth. *N Engl J Med* **362**, 529-535, doi:10.1056/NEJMra0904308 (2010).
- 12 Martin, J. *et al.* Births: Final data for 2006. *Public Health Resources*, 65 (2009).
- 13 Lockwood, C. J. & Kuczynski, E. Risk stratification and pathological mechanisms in preterm delivery. *Paediatr Perinat Epidemiol* **15 Suppl 2**, 78-89 (2001).
- 14 Liggins, G. C., Fairclough, R. J., Grieves, S. A., Forster, C. S. & Knox, B. S. Parturition in the sheep. *Ciba Found Symp*, 5-30 (1977).

- 15 Sfakianaki, A. K. & Norwitz, E. R. Mechanisms of progesterone action in inhibiting prematurity. *J Matern Fetal Neonatal Med* **19**, 763-772, doi:10.1080/14767050600949829 (2006).
- 16 Chaudhari, B. P. *et al.* The genetics of birth timing: insights into a fundamental component of human development. *Clin Genet* **74**, 493-501, doi:10.1111/j.1399-0004.2008.01124.x (2008).
- 17 JRG, C., Matthews, S. G., Gibb, W. & Lye, S. J. Endocrine and paracrine regulation of birth at term and preterm. *Endocr Rev* **21**, 514-550 (2000).
- 18 Mendelson, C. R. Minireview: fetal-maternal hormonal signaling in pregnancy and labor. *Mol Endocrinol* **23**, 947-954, doi:10.1210/me.2009-0016 (2009).
- 19 Merlino, A. A. *et al.* Nuclear progesterone receptors in the human pregnancy myometrium: evidence that parturition involves functional progesterone withdrawal mediated by increased expression of progesterone receptor-A. *J Clin Endocrinol Metab* **92**, 1927-1933, doi:10.1210/jc.2007-0077 (2007).
- 20 Chen, C. *et al.* The human progesterone receptor shows evidence of adaptive evolution associated with its ability to act as a transcription factor. *Mol Phylogenet Evol* **47**, 637-649, doi:10.1016/j.ympev.2007.12.026 (2008).
- 21 Velez, D. R. *et al.* Ethnic differences in interleukin 6 (IL-6) and IL6 receptor genes in spontaneous preterm birth and effects on amniotic fluid protein levels. *Ann Hum Genet* **71**, 586-600, doi:10.1111/j.1469-1809.2007.00352.x (2007).
- 22 Burris, H. H., Collins, J. W. & Wright, R. O. Racial/ethnic disparities in preterm birth: clues from environmental exposures. *Current Opinion in Pediatrics*, doi:10.1097/MOP.0b013e328344568f (2011).
- 23 Burris, H. H. & Collins, J. W. Race and preterm birth--the case for epigenetic inquiry. *Ethnicity & disease* **20**, 296-299 (2010).
- 24 Dunlop, A. L., KRAMER, M., HOGUE, C. J., Menon, R. & RAMAKRISHAN, U. Racial disparities in preterm birth: an overview of the potential role of nutrient deficiencies. *Acta obstetrica et gynecologica Scandinavica*, doi:10.1111/j.1600-0412.2011.01274.x (2011).
- 25 Menon, R., Dunlop, A. L., Kramer, M. R., Fortunato, S. J. & Hogue, C. J. An overview of racial disparities in preterm birth rates: caused by infection or inflammatory response? *Acta obstetrica et gynecologica Scandinavica*, no-no, doi:10.1111/j.1600-0412.2011.01135.x (2011).
- 26 Menon, R. *et al.* Racial disparity in pathophysiologic pathways of preterm birth based on genetic variants. *Reproductive biology and endocrinology : RB&E* **7**, 62, doi:10.1186/1477-7827-7-62 (2009).

- 27 Brett, K. M., Strogatz, D. S. & Savitz, D. A. Employment, job strain, and preterm delivery among women in North Carolina. *American Journal of Public Health* **87**, 199-204 (1997).
- 28 Smith, L. K., Draper, E. S., Manktelow, B. N., Dorling, J. S. & Field, D. J. Socioeconomic inequalities in very preterm birth rates. *Arch Dis Child Fetal Neonatal Ed* **92**, F11-14, doi:10.1136/adc.2005.090308 (2007).
- 29 Thompson, J. M. D., Irgens, L. M., Rasmussen, S. & Daltveit, A. K. Secular trends in socio-economic status and the implications for preterm birth. *Paediatr Perinat Epidemiol* **20**, 182-187, doi:10.1111/j.1365-3016.2006.00711.x (2006).
- 30 Mueller-Heubach, E., Rubinstein, D. N. & Schwarz, S. S. Histologic chorioamnionitis and preterm delivery in different patient populations. *Obstet Gynecol* **75**, 622-626 (1990).
- 31 Nygren, P. *et al.* Evidence on the benefits and harms of screening and treating pregnant women who are asymptomatic for bacterial vaginosis: an update review for the U.S. Preventive Services Task Force. *Ann Intern Med* **148**, 220-233 (2008).
- 32 Okun, N., Gronau, K. A. & Hannah, M. E. Antibiotics for bacterial vaginosis or *Trichomonas vaginalis* in pregnancy: a systematic review. *Obstet Gynecol* **105**, 857-868, doi:10.1097/01.AOG.0000157108.32059.8f (2005).
- 33 Michalowicz, B. S. *et al.* Treatment of periodontal disease and the risk of preterm birth. *N Engl J Med* **355**, 1885-1894, doi:10.1056/NEJMoa062249 (2006).
- 34 Carey, J. C. *et al.* Metronidazole to prevent preterm delivery in pregnant women with asymptomatic bacterial vaginosis. National Institute of Child Health and Human Development Network of Maternal-Fetal Medicine Units. *N Engl J Med* **342**, 534-540, doi:10.1056/NEJM200002243420802 (2000).
- 35 Klebanoff, M. A. *et al.* Failure of metronidazole to prevent preterm delivery among pregnant women with asymptomatic *Trichomonas vaginalis* infection. *N Engl J Med* **345**, 487-493, doi:10.1056/NEJMoa003329 (2001).
- 36 Hendler, I. *et al.* The Preterm Prediction Study: association between maternal body mass index and spontaneous and indicated preterm birth. *Am J Obstet Gynecol* **192**, 882-886, doi:10.1016/j.ajog.2004.09.021 (2005).
- 37 Scholl, T. O. Iron status during pregnancy: setting the stage for mother and infant. *Am J Clin Nutr* **81**, 1218S-1222S (2005).
- 38 Scholl, T. O., Hediger, M. L., Schall, J. I., Fischer, R. L. & Khoo, C. S. Low zinc intake during pregnancy: its association with preterm and very preterm delivery. *Am J Epidemiol* **137**, 1115-1124 (1993).
- 39 Tamura, T. *et al.* Maternal serum folate and zinc concentrations and their relationships to pregnancy outcome. *Am J Clin Nutr* **56**, 365-370 (1992).

- 40 Lobel, M., Dunkel-Schetter, C. & Scrimshaw, S. C. Prenatal maternal stress and prematurity: a prospective study of socioeconomically disadvantaged women. *Health Psychol* **11**, 32-40 (1992).
- 41 Copper, R. L. *et al.* The preterm prediction study: maternal stress is associated with spontaneous preterm birth at less than thirty-five weeks' gestation. National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. *Am J Obstet Gynecol* **175**, 1286-1292 (1996).
- 42 Andres, R. L. & Day, M. C. Perinatal complications associated with maternal tobacco use. *Semin Neonatol* **5**, 231-241, doi:10.1053/siny.2000.0025 (2000).
- 43 Ebrahim, S. H., Floyd, R. L., Merritt, R. K., Decoufle, P. & Holtzman, D. Trends in pregnancy-related smoking rates in the United States, 1987-1996. *JAMA* **283**, 361-366 (2000).
- 44 Cnattingius, S. The epidemiology of smoking during pregnancy: smoking prevalence, maternal characteristics, and pregnancy outcomes. *Nicotine Tob Res* **6 Suppl 2**, S125-140, doi:10.1080/14622200410001669187 (2004).
- 45 Conde-Agudelo, A., Rosas-Bermúdez, A. & Kafury-Goeta, A. C. Birth spacing and risk of adverse perinatal outcomes: a meta-analysis. *JAMA* **295**, 1809-1823, doi:10.1001/jama.295.15.1809 (2006).
- 46 Smith, G. C. S., Pell, J. P. & Dobbie, R. Interpregnancy interval and risk of preterm birth and neonatal death: retrospective cohort study. *BMJ* **327**, 313, doi:10.1136/bmj.327.7410.313 (2003).
- 47 Bakketeig, L. S., Hoffman, H. J. & Harley, E. E. The tendency to repeat gestational age and birth weight in successive births. *Am J Obstet Gynecol* **135**, 1086-1103 (1979).
- 48 Carr-Hill, R. A. & Hall, M. H. The repetition of spontaneous preterm labour. *Br J Obstet Gynaecol* **92**, 921-928 (1985).
- 49 Porter, T. F., Fraser, A. M., Hunter, C. Y., Ward, R. H. & Varner, M. W. The risk of preterm birth across generations. *Obstet Gynecol* **90**, 63-67, doi:10.1016/S0029-7844(97)00215-9 (1997).
- 50 Winkvist, A., Mogren, I. & Högberg, U. Familial patterns in birth characteristics: impact on individual and population risks. *Int J Epidemiol* **27**, 248-254 (1998).
- 51 Kistka, Z. A.-F. *et al.* Heritability of parturition timing: an extended twin design analysis. *Am J Obstet Gynecol* **199**, 43.e41-45, doi:10.1016/j.ajog.2007.12.014 (2008).
- 52 Boyd, H. A. *et al.* Maternal contributions to preterm delivery. *Am J Epidemiol* **170**, 1358-1364, doi:10.1093/aje/kwp324 (2009).

- 53 Plunkett, J. *et al.* Mother's genome or maternally-inherited genes acting in the fetus influence gestational age in familial preterm birth. *Hum Hered* **68**, 209-219, doi:10.1159/000224641 (2009).
- 54 Bloom, S. L., Yost, N. P., McIntire, D. D. & Leveno, K. J. Recurrence of preterm birth in singleton and twin pregnancies. *Obstet Gynecol* **98**, 379-385 (2001).
- 55 Kistka, Z. A.-F. *et al.* Risk for postterm delivery after previous postterm delivery. *Am J Obstet Gynecol* **196**, 241.e241-246, doi:10.1016/j.ajog.2006.10.873 (2007).
- 56 Melve, K. K., Skjaerven, R., Gjessing, H. K. & Oyen, N. Recurrence of gestational age in sibships: implications for perinatal mortality. *Am J Epidemiol* **150**, 756-762 (1999).
- 57 Ward, K., Argyle, V., Meade, M. & Nelson, L. The heritability of preterm delivery. *Obstet Gynecol* **106**, 1235-1239, doi:10.1097/01.AOG.0000189091.35982.85 (2005).
- 58 Romero, R. *et al.* Identification of fetal and maternal single nucleotide polymorphisms in candidate genes that predispose to spontaneous preterm labor with intact membranes. *Am J Obstet Gynecol* **202**, 431.e431-434, doi:10.1016/j.ajog.2010.03.026 (2010).
- 59 Crider, K. S., Whitehead, N. & Buus, R. M. Genetic variation associated with preterm birth: a HuGE review. *Genet Med* **7**, 593-604 (2005).
- 60 Plunkett, J. & Muglia, L. J. Genetic contributions to preterm birth: implications from epidemiological and genetic association studies. *Ann Med* **40**, 167-195, doi:10.1080/07853890701806181 (2008).
- 61 Volkov, N., Nisenblat, V., Ohel, G. & Gonen, R. Ehlers-Danlos syndrome: insights on obstetric aspects. *Obstetrical & gynecological survey* **62**, 51-57, doi:10.1097/01.ogx.0000251027.32142.63 (2007).
- 62 Ventura, S. Births: Preliminary Data for 2010. *NCHS data brief* (2012).
- 63 Esplin, M. S. Preterm birth: a review of genetic factors and future directions for genetic study. *Obstetrical & gynecological survey* **61**, 800-806, doi:10.1097/01.ogx.0000248747.52343.5f (2006).
- 64 Smith, R. Parturition. *N Engl J Med* **356**, 271-283, doi:10.1056/NEJMra061360 (2007).
- 65 Manolio, T. A., Brooks, L. D. & Collins, F. S. A HapMap harvest of insights into the genetics of common disease. *J Clin Invest* **118**, 1590-1605, doi:10.1172/JCI34772 (2008).
- 66 Manolio, T. A. Genomewide association studies and assessment of the risk of disease. *The New England journal of medicine* **363**, 166-176, doi:10.1056/NEJMra0905980 (2010).

- 67 Yang, J., Wray, N. R. & Visscher, P. M. Comparing apples and oranges: equating the power of case-control and quantitative trait association studies. *Genetic Epidemiology* **34**, 254-257, doi:10.1002/gepi.20456 (2010).
- 68 Hashimoto, M. *et al.* Isolation and localization of type IIb Na/Pi cotransporter in the developing rat lung. *The American journal of pathology* **157**, 21-27, doi:10.1016/S0002-9440(10)64512-9 (2000).
- 69 Traebert, M., Hattenhauer, O., Murer, H., Kaissling, B. & Biber, J. Expression of type II Na-P(i) cotransporter in alveolar type II cells. *The American journal of physiology* **277**, L868-873 (1999).
- 70 Wu, C. *et al.* BioGPS: an extensible and customizable portal for querying and organizing gene annotation resources. *Genome Biology* **10**, R130, doi:10.1186/gb-2009-10-11-r130 (2009).
- 71 Su, A. I. *et al.* A gene atlas of the mouse and human protein-encoding transcriptomes. *Proceedings of the National Academy of Sciences of the United States of America* **101**, 6062-6067, doi:10.1073/pnas.0400782101 (2004).
- 72 López Bernal, A., Newman, G. E., Phizackerley, P. J. & Turnbull, A. C. Surfactant stimulates prostaglandin E production in human amnion. *British journal of obstetrics and gynaecology* **95**, 1013-1017 (1988).
- 73 Mendelson, C. R. & Condon, J. C. New insights into the molecular endocrinology of parturition. *The Journal of steroid biochemistry and molecular biology* **93**, 113-119, doi:10.1016/j.jsbmb.2004.12.027 (2005).
- 74 Croteau-Chonka, D. C. *et al.* Genome-Wide Association Study of Anthropometric Traits and Evidence of Interactions With Age and Study Year in Filipino Women. *Obesity* **19**, 1019-1027, doi:10.1038/oby.2010.256 (2009).
- 75 Gamazon, E. R. *et al.* SCAN: SNP and copy number annotation. *Bioinformatics (Oxford, England)* **26**, 259-262, doi:10.1093/bioinformatics/btp644 (2010).
- 76 Martin, S. *et al.* Stickler syndrome: further mutations in COL11A1 and evidence for additional locus heterogeneity. *European Journal of Human Genetics* **7**, 807-814, doi:10.1038/sj.ejhg.5200377 (1999).
- 77 Richards, A. J. *et al.* Stickler syndrome and the vitreous phenotype: mutations in COL2A1 and COL11A1. *Human mutation* **31**, E1461-1471, doi:10.1002/humu.21257 (2010).
- 78 Richards, A. J. *et al.* A family with Stickler syndrome type 2 has a mutation in the COL11A1 gene resulting in the substitution of glycine 97 by valine in alpha 1 (XI) collagen. *Human Molecular Genetics* **5**, 1339-1343 (1996).
- 79 Annunen, S. *et al.* Splicing mutations of 54-bp exons in the COL11A1 gene cause Marshall syndrome, but other mutations cause overlapping Marshall/Stickler

- phenotypes. *American journal of human genetics* **65**, 974-983, doi:10.1086/302585 (1999).
- 80 Griffith, A. J., Gebarski, S. S., Shepard, N. T. & Kileny, P. R. Audiovestibular phenotype associated with a COL11A1 mutation in Marshall syndrome. *Archives of otolaryngology--head & neck surgery* **126**, 891-894 (2000).
- 81 Griffith, A. J. *et al.* Marshall syndrome associated with a splicing defect at the COL11A1 locus. *American journal of human genetics* **62**, 816-823, doi:10.1086/301789 (1998).
- 82 Shanske, A., Bogdanow, A., Shprintzen, R. J. & Marion, R. W. Marshall syndrome and a defect at the COL11A1 locus. *American journal of human genetics* **63**, 1558-1561, doi:10.1086/302110 (1998).
- 83 Mio, F. *et al.* A functional polymorphism in COL11A1, which encodes the alpha 1 chain of type XI collagen, is associated with susceptibility to lumbar disc herniation. *American journal of human genetics* **81**, 1271-1277, doi:10.1086/522377 (2007).
- 84 Conte, N. *et al.* TACC1-chTOG-Aurora A protein complex in breast cancer. *Oncogene* **22**, 8102-8116, doi:10.1038/sj.onc.1206972 (2003).
- 85 Ghayad, S. E. *et al.* Identification of TACC1, NOV, and PTTG1 as new candidate genes associated with endocrine therapy resistance in breast cancer. *Journal of molecular endocrinology* **42**, 87-103, doi:10.1677/JME-08-0076 (2009).
- 86 Still, I. H., Hamilton, M., Vince, P., Wolfman, A. & Cowell, J. K. Cloning of TACC1, an embryonically expressed, potentially transforming coiled coil containing gene, from the 8p11 breast cancer amplicon. *Oncogene* **18**, 4032-4038, doi:10.1038/sj.onc.1202801 (1999).
- 87 Lauffart, B. *et al.* Aberrations of TACC1 and TACC3 are associated with ovarian cancer. *BMC women's health* **5**, 8, doi:10.1186/1472-6874-5-8 (2005).
- 88 Line, A., Slucka, Z., Stengrevics, A., Li, G. & Rees, R. C. Altered splicing pattern of TACC1 mRNA in gastric cancer. *Cancer genetics and cytogenetics* **139**, 78-83 (2002).
- 89 Jin, T. & Liu, L. The Wnt signaling pathway effector TCF7L2 and type 2 diabetes mellitus. *Molecular endocrinology (Baltimore, Md)* **22**, 2383-2392, doi:10.1210/me.2008-0135 (2008).
- 90 Burton, P. R. *et al.* Genome-wide association study of 14,000 cases of seven common diseases and 3,000 shared controls. *Nature* **447**, 661-678, doi:10.1038/nature05911 (2007).
- 91 Diabetes Genetics Initiative of Broad Institute of Harvard and MIT, L. U., and Novartis Institutes of BioMedical Research *et al.* Genome-Wide Association

- Analysis Identifies Loci for Type 2 Diabetes and Triglyceride Levels. *Science (New York, NY)* **316**, 1331-1336, doi:10.1126/science.1142358 (2007).
- 92 Perry, J. R. B. *et al.* Stratifying Type 2 Diabetes Cases by BMI Identifies Genetic Risk Variants in LAMA1 and Enrichment for Risk Variants in Lean Compared to Obese Cases. *PLoS Genetics* **8**, e1002741, doi:10.1371/journal.pgen.1002741.t003 (2012).
- 93 Rung, J. *et al.* Genetic variant near IRS1 is associated with type 2 diabetes, insulin resistance and hyperinsulinemia. *Nature Genetics* **41**, 1110-1115, doi:10.1038/ng.443 (2009).
- 94 Salonen, J. T. *et al.* Type 2 Diabetes Whole-Genome Association Study in Four Populations: The DiaGen Consortium. *The American Journal of Human Genetics* **81**, 338-345, doi:10.1086/520599 (2007).
- 95 Scott, L. J. *et al.* A Genome-Wide Association Study of Type 2 Diabetes in Finns Detects Multiple Susceptibility Variants. *Science (New York, NY)* **316**, 1341-1345, doi:10.1126/science.1142382 (2007).
- 96 Sladek, R. *et al.* A genome-wide association study identifies novel risk loci for type 2 diabetes. *Nature* **445**, 881-885, doi:10.1038/nature05616 (2007).
- 97 Steinthorsdottir, V. *et al.* A variant in CDKAL1 influences insulin response and risk of type 2 diabetes. *Nature Genetics* **39**, 770-775, doi:10.1038/ng2043 (2007).
- 98 Takeuchi, F. *et al.* Confirmation of Multiple Risk Loci and Genetic Impacts by a Genome-Wide Association Study of Type 2 Diabetes in the Japanese Population. *Diabetes* **58**, 1690-1699, doi:10.2337/db08-1494 (2009).
- 99 Timpson, N. J. *et al.* Adiposity-Related Heterogeneity in Patterns of Type 2 Diabetes Susceptibility Observed in Genome-Wide Association Data. *Diabetes* **58**, 505-510, doi:10.2337/db08-0906 (2008).
- 100 Voight, B. F. *et al.* Twelve type 2 diabetes susceptibility loci identified through large-scale association analysis. *Nature Genetics* **42**, 579-589, doi:10.1038/ng.609 (2010).
- 101 Zeggini, E. *et al.* Meta-analysis of genome-wide association data and large-scale replication identifies additional susceptibility loci for type 2 diabetes. *Nature Genetics* **40**, 638-645, doi:10.1038/ng.120 (2008).
- 102 Zeggini, E. *et al.* Replication of Genome-Wide Association Signals in UK Samples Reveals Risk Loci for Type 2 Diabetes. *Science (New York, NY)* **316**, 1336-1341, doi:10.1126/science.1142364 (2007).
- 103 Palizban, A., Nikpour, M., Salehi, R. & Maracy, M.-R. Association of a common variant in TCF7L2 gene with type 2 diabetes mellitus in a Persian population. *Clinical and experimental medicine* **12**, 115-119, doi:10.1007/s10238-011-0144-7 (2012).

- 104 Greenawalt, D. M. *et al.* Integrating genetic association, genetics of gene expression, and single nucleotide polymorphism set analysis to identify susceptibility Loci for type 2 diabetes mellitus. *American journal of epidemiology* **176**, 423-430, doi:10.1093/aje/kws123 (2012).
- 105 Gamboa-Meléndez, M. A. *et al.* Contribution of Common Genetic Variation to the Risk of Type 2 Diabetes in the Mexican Mestizo Population. *Diabetes*, doi:10.2337/db11-0550 (2012).
- 106 Mtiraoui, N. *et al.* Contribution of common variants of ENPP1, IGF2BP2, KCNJ11, MLXIPL, PPAR γ , SLC30A8 and TCF7L2 to the risk of type 2 diabetes in Lebanese and Tunisian Arabs. *Diabetes & metabolism*, doi:10.1016/j.diabet.2012.05.002 (2012).
- 107 Dupuis, J. *et al.* New genetic loci implicated in fasting glucose homeostasis and their impact on type 2 diabetes risk. *Nature Genetics* **42**, 105-116, doi:10.1038/ng.520 (2010).
- 108 Saxena, R. *et al.* Genetic variation in GIPR influences the glucose and insulin responses to an oral glucose challenge. *Nature Genetics* **42**, 142-148, doi:10.1038/ng.521 (2010).
- 109 Zabaneh, D. & Balding, D. J. A genome-wide association study of the metabolic syndrome in Indian Asian men. *PLoS ONE* **5**, e11961, doi:10.1371/journal.pone.0011961 (2010).
- 110 Lettre, G. *et al.* Genome-Wide Association Study of Coronary Heart Disease and Its Risk Factors in 8,090 African Americans: The NHLBI CARE Project. *PLoS Genetics* **7**, e1001300, doi:10.1371/journal.pgen.1001300.t004 (2011).
- 111 Freathy, R. M. *et al.* Type 2 diabetes TCF7L2 risk genotypes alter birth weight: a study of 24,053 individuals. *American journal of human genetics* **80**, 1150-1161, doi:10.1086/518517 (2007).
- 112 Gibb, W. & Challis, J. R. G. Mechanisms of term and preterm birth. *J Obstet Gynaecol Can* **24**, 874-883 (2002).
- 113 Ryckman, K. K. *et al.* Maternal and fetal genetic associations of PTGER3 and PON1 with preterm birth. *PLoS ONE* **5**, e9040, doi:10.1371/journal.pone.0009040 (2010).
- 114 Kalish, R. B., Vardhana, S., Gupta, M., Perni, S. C. & Witkin, S. S. Interleukin-4 and -10 gene polymorphisms and spontaneous preterm birth in multifetal gestations. *American journal of obstetrics and gynecology* **190**, 702-706, doi:10.1016/j.ajog.2003.09.066 (2004).
- 115 Lorenz, E., Hallman, M., Marttila, R., Haataja, R. & Schwartz, D. A. Association between the Asp299Gly polymorphisms in the Toll-like receptor 4 and premature births in the Finnish population. *Pediatric research* **52**, 373-376 (2002).

- 116 Genç, M. R., Gerber, S., Nesin, M. & Witkin, S. S. Polymorphism in the interleukin-1 gene complex and spontaneous preterm delivery. *American journal of obstetrics and gynecology* **187**, 157-163 (2002).
- 117 Fujimoto, T. *et al.* A single nucleotide polymorphism in the matrix metalloproteinase-1 (MMP-1) promoter influences amnion cell MMP-1 expression and risk for preterm premature rupture of the fetal membranes. *The Journal of biological chemistry* **277**, 6296-6302, doi:10.1074/jbc.M107865200 (2002).
- 118 Ferrand, P. E. *et al.* A polymorphism in the matrix metalloproteinase-9 promoter is associated with increased risk of preterm premature rupture of membranes in African Americans. *Molecular human reproduction* **8**, 494-501 (2002).
- 119 Aidoo, M. *et al.* Tumor necrosis factor-alpha promoter variant 2 (TNF2) is associated with pre-term delivery, infant mortality, and malaria morbidity in western Kenya: Asembo Bay Cohort Project IX. *Genetic Epidemiology* **21**, 201-211, doi:10.1002/gepi.1029 (2001).
- 120 Dizon-Townson, D. S., Major, H., Varner, M. & Ward, K. A promoter mutation that increases transcription of the tumor necrosis factor-alpha gene is not associated with preterm delivery. *American journal of obstetrics and gynecology* **177**, 810-813 (1997).
- 121 Box, G. E. P. & Cox, D. R. An analysis of transformations. *Journal of the Royal Statistical Society. Series B (Methodological)*, 211-252 (1964).
- 122 Cabili, M. N. *et al.* Integrative annotation of human large intergenic noncoding RNAs reveals global properties and specific subclasses. *Genes & Development* **25**, 1915-1927, doi:10.1101/gad.17446611 (2011).
- 123 Zhao, J., Sun, B. K., Erwin, J. A., Song, J. J. & Lee, J. T. Polycomb Proteins Targeted by a Short Repeat RNA to the Mouse X Chromosome. *Science (New York, NY)* **322**, 750-756, doi:10.1126/science.1163045 (2008).
- 124 Pandey, R. R. *et al.* Kcnq1ot1 Antisense Noncoding RNA Mediates Lineage-Specific Transcriptional Silencing through Chromatin-Level Regulation. *Molecular cell* **32**, 232-246, doi:10.1016/j.molcel.2008.08.022 (2008).
- 125 Leighton, P. A., Ingram, R. S., Eggenschwiler, J., Efstratiadis, A. & Tilghman, S. M. Disruption of imprinting caused by deletion of the H19 gene region in mice. *Nature* **375**, 34-39, doi:10.1038/375034a0 (1995).
- 126 Rinn, J. L. *et al.* Functional demarcation of active and silent chromatin domains in human HOX loci by noncoding RNAs. *Cell* **129**, 1311-1323, doi:10.1016/j.cell.2007.05.022 (2007).
- 127 Heo, J. B. & Sung, S. Vernalization-mediated epigenetic silencing by a long intronic noncoding RNA. *Science (New York, NY)* **331**, 76-79, doi:10.1126/science.1197349 (2011).

- 128 Faix, J. & Grosse, R. Staying in shape with formins. *Developmental Cell* **10**, 693-706, doi:10.1016/j.devcel.2006.05.001 (2006).
- 129 Higgs, H. N. Formin proteins: a domain-based approach. *Trends in biochemical sciences* **30**, 342-353, doi:10.1016/j.tibs.2005.04.014 (2005).
- 130 Brown, E. J. *et al.* Mutations in the formin gene INF2 cause focal segmental glomerulosclerosis. *Nature Genetics* **42**, 72-76, doi:10.1038/ng.505 (2009).
- 131 Cross, J. C. Placental function in development and disease. *Reproduction, fertility, and development* **18**, 71-76, doi:10.1071/RD05121 (2006).
- 132 Kramer, M. Determinants of low birth weight: methodological assessment and meta-analysis. *Bulletin of the World Health Organization* (1987).
- 133 Mortensen, L. H., Diderichsen, F., Smith, G. D. & Andersen, A. M. N. The social gradient in birthweight at term: quantification of the mediating role of maternal smoking and body mass index. *Human reproduction (Oxford, England)* **24**, 2629-2635, doi:10.1093/humrep/dep211 (2009).
- 134 Acker, D. B., Sachs, B. P. & Friedman, E. A. Risk factors for shoulder dystocia. *Obstetrics and gynecology* **66**, 762-768 (1985).
- 135 Battaglia, F. C. & Lubchenco, L. O. A practical classification of newborn infants by weight and gestational age. *The Journal of pediatrics* **71**, 159-163 (1967).
- 136 Fanaroff, A. A. *et al.* Trends in neonatal morbidity and mortality for very low birthweight infants. *American journal of obstetrics and gynecology* **196**, 147.e141-148, doi:10.1016/j.ajog.2006.09.014 (2007).
- 137 Barker, D. J. *et al.* Type 2 (non-insulin-dependent) diabetes mellitus, hypertension and hyperlipidaemia (syndrome X): relation to reduced fetal growth. *Diabetologia* **36**, 62-67 (1993).
- 138 Jarvelin, M.-R. *et al.* Early Life Factors and Blood Pressure at Age 31 Years in the 1966 Northern Finland Birth Cohort. (2004).
- 139 Klebanoff, M. A., Meirik, O. & Berendes, H. W. Second-generation consequences of small-for-dates birth. *PEDIATRICS* **84**, 343-347 (1989).
- 140 Clausson, B., Lichtenstein, P. & Cnattingius, S. Genetic influence on birthweight and gestational length determined by studies in offspring of twins. *BJOG : an international journal of obstetrics and gynaecology* **107**, 375-381 (2000).
- 141 Emanuel, I., Filakti, H., Alberman, E. & Evans, S. J. Intergenerational studies of human birthweight from the 1958 birth cohort. 1. Evidence for a multigenerational effect. *British journal of obstetrics and gynaecology* **99**, 67-74 (1992).

- 142 Magnus, P. Causes of variation in birth weight: A study of offspring of twins - Magnus - 2008 - Clinical Genetics - Wiley Online Library. *Clinical genetics* (1984).
- 143 Knight, B. *et al.* Evidence of genetic regulation of fetal longitudinal growth. *Early human development* **81**, 823-831, doi:10.1016/j.earlhumdev.2005.06.003 (2005).
- 144 Klebanoff, M. A., Mednick, B. R., Schulsinger, C., Secher, N. J. & Shiono, P. H. Father's effect on infant birth weight. *American journal of obstetrics and gynecology* **178**, 1022-1026 (1998).
- 145 Magnus, P., Gjessing, H. K., Skrondal, A. & Skjaerven, R. Paternal contribution to birth weight. *Journal of epidemiology and community health* **55**, 873-877 (2001).
- 146 Gielen, M. *et al.* Modeling Genetic and Environmental Factors to Increase Heritability and Ease the Identification of Candidate Genes for Birth Weight: A Twin Study. *Behavior genetics* **38**, 44-54, doi:10.1007/s10519-007-9170-3 (2007).
- 147 Sweeney, C. *et al.* Insulin-like growth factor pathway polymorphisms associated with body size in Hispanic and non-Hispanic white women. *Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology* **14**, 1802-1809, doi:10.1158/1055-9965.EPI-05-0149 (2005).
- 148 Meirhaeghe, A. *et al.* A possible role for the PPARG Pro12Ala polymorphism in preterm birth. *Diabetes* **56**, 494-498, doi:10.2337/db06-0915 (2007).
- 149 Hattersley, A. T. & Tooke, J. E. The fetal insulin hypothesis: an alternative explanation of the association of low birthweight with diabetes and vascular disease. *Lancet* **353**, 1789-1792, doi:10.1016/S0140-6736(98)07546-1 (1999).
- 150 Freathy, R. M. *et al.* Type 2 diabetes risk alleles are associated with reduced size at birth. *Diabetes* **58**, 1428-1433, doi:10.2337/db08-1739 (2009).
- 151 Zhao, J. *et al.* Examination of type 2 diabetes loci implicates CDKAL1 as a birth weight gene. *Diabetes* **58**, 2414-2418, doi:10.2337/db09-0506 (2009).
- 152 Pulizzi, N. *et al.* Interaction between prenatal growth and high-risk genotypes in the development of type 2 diabetes. *Diabetologia* **52**, 825-829, doi:10.1007/s00125-009-1291-1 (2009).
- 153 Freathy, R. M. *et al.* Variants in ADCY5 and near CCNL1 are associated with fetal growth and birth weight. *Nat Genet* **42**, 430-435, doi:10.1038/ng.567 (2010).
- 154 Ryckman, K. K., Dagle, J. M., Kelsey, K., Momany, A. M. & Murray, J. C. Replication of genetic associations in the inflammation, complement, and coagulation pathways with intraventricular hemorrhage in LBW preterm neonates. *Pediatric research* **70**, 90-95, doi:10.1203/PDR.0b013e31821ceb63 (2011).

- 155 Pihkala, J., Hakala, T., Voutilainen, P. & Raivio, K. [Characteristic of recent fetal growth curves in Finland]. *Duodecim; lääketieteellinen aikakauskirja* **105**, 1540-1546 (1989).
- 156 Kouadjo, K. E., Nishida, Y., Cadrin-Girard, J. F., Yoshioka, M. & St-Amand, J. Housekeeping and tissue-specific genes in mouse tissues. *BMC genomics* **8**, 127, doi:10.1186/1471-2164-8-127 (2007).
- 157 Mook-Kanamori, D. O. *et al.* Variants near CCNL1/LEKR1 and in ADCY5 and fetal growth characteristics in different trimesters. *The Journal of clinical endocrinology and metabolism* **96**, E810-815, doi:10.1210/jc.2010-2316 (2011).
- 158 Züchner, S. *et al.* Whole-Exome Sequencing Links a Variant in DHDDS to Retinitis Pigmentosa. *American journal of human genetics* **88**, 201-206, doi:10.1016/j.ajhg.2011.01.001 (2011).
- 159 Ng, S. B. *et al.* Exome sequencing identifies the cause of a mendelian disorder. *Nat Genet* **42**, 30-35, doi:10.1038/ng.499 (2010).
- 160 Kiezun, A. *et al.* Exome sequencing and the genetic basis of complex traits. *Nature Genetics* **44**, 623-630, doi:10.1038/ng.2303 (2012).
- 161 O'Roak, B. J. *et al.* Exome sequencing in sporadic autism spectrum disorders identifies severe de novo mutations. *Nature Genetics* **43**, 585-589, doi:10.1038/ng.835 (2011).
- 162 McKenna, A. *et al.* The Genome Analysis Toolkit: a MapReduce framework for analyzing next-generation DNA sequencing data. *Genome Research* **20**, 1297-1303, doi:10.1101/gr.107524.110 (2010).
- 163 Yandell, M. *et al.* A probabilistic disease-gene finder for personal genomes. *Genome Research* **21**, 1529-1542, doi:10.1101/gr.123158.111 (2011).
- 164 Kanehisa, M. & Goto, S. KEGG: kyoto encyclopedia of genes and genomes. *Nucleic Acids Research* **28**, 27-30 (2000).
- 165 MacArthur, D. G. *et al.* A systematic survey of loss-of-function variants in human protein-coding genes. *Science (New York, NY)* **335**, 823-828, doi:10.1126/science.1215040 (2012).
- 166 Wang, X. *et al.* Molecular epidemiology of preterm delivery: methodology and challenges. *Paediatr Perinat Epidemiol* **15 Suppl 2**, 63-77 (2001).
- 167 Hao, K. *et al.* A candidate gene association study on preterm delivery: application of high-throughput genotyping technology and advanced statistical methods. *Hum Mol Genet* **13**, 683-691, doi:10.1093/hmg/ddh091 (2004).
- 168 Velez, D. R. *et al.* Preterm birth in Caucasians is associated with coagulation and inflammation pathway gene variants. *PLoS ONE* **3**, e3283, doi:10.1371/journal.pone.0003283 (2008).

- 169 Härtel, C. *et al.* Polymorphisms of haemostasis genes as risk factors for preterm delivery. *Thrombosis and haemostasis* **94**, 88-92, doi:10.1267/THRO05010088 (2005).
- 170 Adzhubei, I. A. *et al.* A method and server for predicting damaging missense mutations. *Nature Methods* **7**, 248-249, doi:10.1038/nmeth0410-248 (2010).
- 171 Plunkett, J. *et al.* An Evolutionary Genomic Approach to Identify Genes Involved in Human Birth Timing. *PLoS Genetics* **7**, e1001365, doi:10.1371/journal.pgen.1001365.t002 (2011).
- 172 Vaisbuch, E. *et al.* Activation of the alternative pathway of complement is a feature of pre-term parturition but not of spontaneous labor at term. *American journal of reproductive immunology (New York, N.Y. : 1989)* **63**, 318-330, doi:10.1111/j.1600-0897.2009.00800.x (2010).
- 173 Soto, E. *et al.* Anaphylatoxins in preterm and term labor. *Journal of perinatal medicine* **33**, 306-313, doi:10.1515/JPM.2005.051 (2005).
- 174 Lynch, A., Gibbs, R., Murphy, J. & Byers, T. ScienceDirect.com - American Journal of Obstetrics and Gynecology - Complement activation fragment Bb in early pregnancy and spontaneous preterm birth. *American journal of ...* (2008).
- 175 Lynch, A. M. *et al.* Early elevations of the complement activation fragment C3a and adverse pregnancy outcomes. *Obstetrics and gynecology* **117**, 75-83, doi:10.1097/AOG.0b013e3181fc3afa (2011).
- 176 Imrie, H., McGonigle, T., Liu, D. & Jones, D. Reduction in erythrocyte complement receptor 1 (CR1, CD35) and decay accelerating factor (DAF, CD55) during normal pregnancy. *Journal of reproductive immunology* **31**, 221-227 (1996).
- 177 Ng, P. C. & Henikoff, S. SIFT: Predicting amino acid changes that affect protein function. *Nucleic Acids Research* **31**, 3812-3814 (2003).
- 178 Kullo, I. J. *et al.* Complement receptor 1 gene variants are associated with erythrocyte sedimentation rate. *American journal of human genetics* **89**, 131-138, doi:10.1016/j.ajhg.2011.05.019 (2011).
- 179 van den Broe, N. R. & Letsky, E. A. Pregnancy and the erythrocyte sedimentation rate. *BJOG : an international journal of obstetrics and gynaecology* **108**, 1164-1167 (2001).
- 180 Ricklin, D. & Lambris, J. D. Complement-targeted therapeutics. *Nature Biotechnology* **25**, 1265-1275, doi:10.1038/nbt1342 (2007).
- 181 Weisman, H. F. *et al.* Soluble human complement receptor type 1: in vivo inhibitor of complement suppressing post-ischemic myocardial inflammation and necrosis. *Science (New York, NY)* **249**, 146-151 (1990).
- 182 Wang, Y., Rollins, S. A., Madri, J. A. & Matis, L. A. Anti-C5 monoclonal antibody therapy prevents collagen-induced arthritis and ameliorates established disease.

Proceedings of the National Academy of Sciences of the United States of America **92**, 8955-8959 (1995).

- 183 Zareba, K. Eculizumab: A novel therapy for paroxysmal nocturnal hemoglobinuria. *Drugs Today* (2007).
- 184 Makowsky, R. *et al.* Beyond Missing Heritability: Prediction of Complex Traits. *PLoS Genetics* **7**, e1002051, doi:10.1371/journal.pgen.1002051.t002 (2011).
- 185 Pavlicev, M. & Wagner, G. P. A model of developmental evolution: selection, pleiotropy and compensation. *Trends in ecology & evolution* **27**, 316-322, doi:10.1016/j.tree.2012.01.016 (2012).
- 186 Sivakumaran, S. *et al.* Abundant pleiotropy in human complex diseases and traits. *American journal of human genetics* **89**, 607-618, doi:10.1016/j.ajhg.2011.10.004 (2011).
- 187 Kho, A. N. *et al.* Use of diverse electronic medical record systems to identify genetic risk for type 2 diabetes within a genome-wide association study. *Journal of the American Medical Informatics Association* **19**, 212-218, doi:10.1136/amiajnl-2011-000439 (2012).
- 188 Alleman, B. W. *et al.* No observed association for mitochondrial SNPs with preterm delivery and related outcomes. *Pediatric research* **72**, 539-544, doi:10.1038/pr.2012.112 (2012).