

APPLICATIONS OF MENDELIAN RANDOMIZATION TO THE DISCOVERY AND
VALIDATION OF BLOOD BIOMARKERS IN CARDIOMETABOLIC DISEASE

**APPLICATIONS OF MENDELIAN RANDOMIZATION TO THE DISCOVERY
AND VALIDATION OF BLOOD BIOMARKERS IN CARDIOMETABOLIC
DISEASE**

By PEDRUM MOHAMMADI-SHEMIRANI, B.Sc. (Hons.)

A Thesis Submitted to the School of Graduate Studies in Partial Fulfillment of the
Requirements for the Degree of Doctor of Philosophy

McMaster University DOCTOR OF PHILOSOPHY (2022) Hamilton, Ontario, Canada.

(Medical Sciences)

TITLE: Applications of Mendelian randomization to the discovery and validation of
blood biomarkers in cardiometabolic disease

AUTHOR: Pedrum Mohammadi-Shemirani, BSc (Western University)

SUPERVISOR: Dr. Guillaume Paré, MD, MSc

NUMBER OF PAGES: xvii, 238

LAY ABSTRACT

Biological markers associated with disease can inform novel therapeutics or diagnostics but distinguishing causation from correlation is challenging. Mendelian randomization – a technique that leverages random inheritance of genetic variation to infer causality – was used to examine the role of biomarkers in cardiometabolic diseases. First, we implicated lipoprotein(a) as a risk factor for atrial fibrillation that acts independent of atherosclerotic cardiovascular disease. Second, we comprehensively characterized the lifelong effects of testosterone on health outcomes in males, where we found evidence of both beneficial and adverse effects on disease. Finally, we discovered trefoil factor 3 as a diagnostic marker for early-stage chronic kidney disease. Altogether, this thesis demonstrated different applications of Mendelian randomization that showcase its utility as a complementary tool to reveal causal biomarkers, and served to identify biomarkers for cardiometabolic diseases that merit further studies to evaluate their potential benefit on patient care.

ABSTRACT

Peripheral blood biomarkers can inform clinical care and drug development. Establishing causality between biomarker and disease is often critical for such applications, but epidemiological studies are limited due to biases from confounding and reverse causation. Mendelian randomization analysis leverages random inheritance of genetic variants at conception to mimic properties of randomized studies and estimate unconfounded effects between biomarker and disease, or vice-versa. This thesis demonstrates the utility of Mendelian randomization as a complementary tool to elucidate observational studies, predict drug safety and repurposing opportunities, and improve diagnostic biomarkers for cardiometabolic diseases. First, we characterized the hypothesized relationship between lipoprotein(a) and atrial fibrillation. We demonstrated both observed and genetically predicted lipoprotein(a) levels were associated with higher risk of atrial fibrillation across multiple independent cohorts. Importantly, risk was partly mediated independent of atherosclerotic cardiovascular disease, a known consequence of elevated lipoprotein(a) and itself a risk factor for atrial fibrillation. Next, we explored the lifelong effects of endogenous testosterone across a comprehensive set of 461 health outcomes in 161,268 males from the UK Biobank cohort. Using Mendelian randomization analysis, we found higher testosterone had beneficial effects on body composition and bone mineral density but adverse effects on prostate cancer, androgenic alopecia, spinal stenosis, and hypertension. Finally, we applied Mendelian randomization with the intention of discovering biomarkers caused by disease, which are expected to represent markers of early disease. As a proof-of-concept, we applied this framework to identify biomarkers

associated with genetic predisposition to kidney function among 238 biomarkers measured in the ORIGIN trial. We discovered reduced kidney function caused increased trefoil factor 3 and showed its addition to models with known risk factors improved discrimination of incident early-stage chronic kidney disease. Taken together, Mendelian randomization identified biomarkers that warrant further study, with promising implications for screening, prevention, and treatment of different cardiometabolic diseases.

ACKNOWLEDGEMENTS

Success is never achieved alone.

I must first thank my advisor – Dr. Guillaume Paré. I am forever grateful for the opportunities that you have provided me as well as the independence to explore and forge my own path. You are a wise mentor and inspirational role model, and I am privileged to be your student. Likewise, I am fortunate to have two phenomenal committee members, Dr. Hertzl Gerstein and Dr. Gregory Steinberg, who have taught me invaluable lessons and provided generous opportunities to broaden my research experience. I would also like to thank the students, staff, and alumni of GMEL. Amanda, Reina, and GMEL-CRLB staff for your tireless work running lab operations. Dr. Marie Pigeys, Dr. Matt Lanktree, and other co-authors for offering your insights and constructive feedback. And a special thanks to Jenny Sjaarda, Ricky Lali, and Mike Chong who were generous teachers and made me feel welcome when I first joined the lab.

Finally, I wouldn't be here without the support of my family and friends. Both new friendships that were formed during my studies, as well as old friends and family that have supported me through decades of ups and downs in life. Most importantly, I want to dedicate this work to my parents to whom I owe everything. My father – who instilled in me the importance of education and a desire to seek new challenges throughout life. And my mother – who inspires me to work hard and have confidence in myself, and always strive to be a better person each day. Without your influence, I wouldn't be where I am, or the person I am, today.

TABLE OF CONTENTS

| | |
|---|------------|
| LAY ABSTRACT | iii |
| ABSTRACT | iv |
| ACKNOWLEDGEMENTS | vi |
| LIST OF FIGURES | ix |
| LIST OF TABLES | xi |
| LIST OF ABBREVIATIONS | xii |
| DECLARATION OF ACADEMIC ACHIEVEMENT | xiv |
| CHAPTER 1: INTRODUCTION | 1 |
| 1.1 Cardiometabolic Disease Overview | 2 |
| 1.1.1 Epidemiology and Burden of Disease | 2 |
| 1.1.2 Risk Factors | 3 |
| 1.2 Peripheral Blood Biomarkers | 4 |
| 1.2.1 Applications of Biomarkers | 5 |
| 1.2.2 Limitations of Observational Studies | 7 |
| 1.3 Mendelian Randomization | 8 |
| 1.3.1 Limitations of Mendelian Randomization | 10 |
| 1.3.2 Genome-wide Association Studies of Biomarkers | 13 |
| 1.4 REFERENCES | 16 |
| 2.1 General Hypothesis | 25 |
| 2.2 General Objective | 25 |
| 2.3 Rationale and Approach | 25 |
| 2.4 References | 27 |
| CHAPTER 6: DISCUSSION | 93 |
| 6.1 General Overview | 94 |
| 6.2 Chapter Summaries | 94 |
| 6.2.1 Chapter 3 Summary | 94 |
| 6.2.2 Chapter 4 Summary | 95 |
| 6.2.3 Chapter 5 Summary | 95 |
| 6.3 Significance of Findings and Implications | 96 |
| 6.3.1 Lipoprotein(a) | 96 |

| | |
|--|-----|
| 6.3.2 Testosterone | 97 |
| 6.3.3 “Reverse” MR and Trefoil Factor 3 | 100 |
| 6.4 Limitations | 101 |
| 6.5 Future Directions | 103 |
| 6.6 Conclusion | 106 |
| 6.7 References | 106 |
| APPENDIX A: Supplementary Data for Chapter 3 | 120 |
| APPENDIX B: Supplementary Data for Chapter 4 | 155 |
| APPENDIX C: Supplementary Data for Chapter 5 | 216 |

LIST OF FIGURES

| | |
|---|-----------|
| CHAPTER 1: Introduction | 1 |
| Figure 1.1. Comparison of randomized controlled trial and Mendelian randomization study designs demonstrating the common foundation behind interpretation of a causal effect of testosterone on cardiovascular disease. | 10 |
| Figure 1.2. Major assumptions of Mendelian randomization analysis. | 13 |
| CHAPTER 3: Elevated lipoprotein(a) and risk of atrial fibrillation: an observational and Mendelian randomization study | 31 |
| Figure 1. Flowchart depicting study design. | 37 |
| Central Illustration. Lipoprotein(a) increases atrial fibrillation risk independent of atherosclerotic cardiovascular disease. | 45 |
| Figure 2. Greater risk of incident atrial fibrillation with increased Lp(a). A) observed and B) genetically determined lipoprotein(a). | 46 |
| Figure 3. Genetically determined lipoprotein(a) levels are highly predictive of observed lipoprotein(a). | 48 |
| Figure 4. Lipoprotein(a) increases risk of atrial fibrillation in multiple independent studies. | 50 |
| CHAPTER 4: Effects of lifelong testosterone exposure on health and disease using Mendelian randomization | 64 |
| Figure 1. Flowchart depicting overall study design. | 68 |
| Figure 2. Phenome-wide survey of effects of genetically predicted calculated free testosterone on 439 health outcomes in males from the UK Biobank. | 70 |
| Figure 3. Comparison of effect sizes reported in randomized controlled trials and Mendelian randomization analyses. | 71 |
| CHAPTER 5: A Mendelian randomization-based approach to identify early and sensitive diagnostic biomarkers of disease | 82 |
| Figure 1. Schematic representation of (A) traditional MR compared to (B) reverse MR studies. | 84 |

| | |
|--|----|
| Figure 2. Simplified diagram of the overall study design. | 85 |
| Figure 3. Effect of eGFR _{crea} on trefoil factor 3 with reverse MR. | 88 |
| Figure 4. Odds ratios of incident CKD according to TFF3 quartiles in subset of ORIGIN with normal kidney measures. | 89 |

LIST OF TABLES

| | |
|---|-----------|
| CHAPTER 4: Effects of lifelong testosterone exposure on health and disease using Mendelian randomization | 64 |
| Table 1. Effect of calculated free testosterone on 22 health outcomes from the UK Biobank relevant to effects of testosterone treatment in males. | 69 |
| Table 2. Effects of calculated free testosterone on 439 health outcomes in males from the UK Biobank significant after adjusting for multiple hypothesis testing using Bonferroni correction ($p < 1.14 \times 10^{-4}$). | 70 |
| CHAPTER 5: A Mendelian randomization-based approach to identify early and sensitive diagnostic biomarkers of disease | 82 |
| Table 1. Adjusted odds ratios for incident CKD in subset of ORIGIN with normal kidney measures. | 89 |
| Table 2. Comparison of discrimination capacity for incident CKD after addition of TFF3 to risk models. | 90 |

LIST OF ABBREVIATIONS

ACE – angiotensin converting enzyme
ACR – albumin-to-creatinine ratio
AF – atrial fibrillation
ARB – angiotensin receptor blocker
ASCVD – atherosclerotic cardiovascular disease
AUC – area under the curve
BMD – bone mineral density
BMI – body mass index
BPH – benign prostate hyperplasia
CFT – calculated free testosterone
CI – confidence interval
CKD – chronic kidney disease
CKDGen – Chronic Kidney Disease Genetics
CRP – C-reactive protein
CVD – cardiovascular disease
DNA – deoxyribonucleic acid
EA – effect allele
eGFR – estimated glomerular filtration rate
eGFR_{crea} – estimated glomerular filtration rate based on creatinine
ELISA – enzyme-linked immunosorbent assay
FDR – false discovery rate
FT – free testosterone
GLP-1 – glucagon-like peptide 1
GRS – genetic risk score
GWAS – genome-wide association study
HbA1c – glycated haemoglobin
HDL – high density lipoprotein
HMG-CoA – 3-hydroxy-3-methyl-glutaryl-coenzyme A
HR – hazard ratio
ICD – International Classification of Diseases
INTERVAL – Efficiency and safety of varying the frequency of whole blood donation
IVW – inverse variance weighted
Kb – kilobases
kDa – kilodalton
KORA – cooperative health research in the region of Augsburg F4
LD – linkage disequilibrium
LDL – low density lipoprotein
Lp(a) – lipoprotein(a)
Lp(a)HORIZON – Assessing the Impact of Lipoprotein (a) Lowering With TQJ230 on Major Cardiovascular Events in Patients With CVD
MI – myocardial infarction
MR – Mendelian randomization

MR-PRESSO – Mendelian Randomization Pleiotropy Residual Sum and Outlier
NRI – net reclassification index
NT-proBNP – N-terminal-pro-hormone brain natriuretic peptide
OA – other allele
OR – odds ratio
ORIGIN – outcome reduction with initial glargine intervention
PCSK9 – proprotein convertase subtilin/kexin type 9
pQTL – protein quantitative trait loci
PRS – polygenic risk score
QMDiab – Qatar Metabolomics Study of Diabetes
RAPS – robust adjusted profile score
RCT – randomized controlled trial
SCALLOP – Systematic and Combined Analysis of Olink Proteins
SD – standard deviation
SE – standard error
SGLT-2 – sodium-glucose transport protein 2
SHBG – sex hormone-binding globulin
SNP – single nucleotide polymorphism
SOMAmer – slow off-rate modified aptamer
T2D – type 2 diabetes
TFF3 – trefoil factor 3
TRAVERSE – A Study to Evaluate the Effect of Testosterone Replacement Therapy on
the Incidence of Major Adverse Cardiovascular Events and Efficacy Measures in
Hypogonadal Men
TT – total testosterone
UACR – urinary albumin-to-creatinine ratio
UKB – UK Biobank
UMOD – uromodulin

DECLARATION OF ACADEMIC ACHIEVEMENT

FORMAT AND ORGANIZATION OF THESIS

This thesis is prepared in the “sandwich” format as outlined in the School of Graduate Studies’ Guide for the Preparation of Theses. It includes a general introduction, an overview of hypotheses and objectives, three independent studies prepared in journal article format, and an overall discussion. The candidate is the first author on all manuscripts. At the time of thesis preparation, Chapter 3 was under review in a peer-reviewed journal, and Chapters 4 and 5 were published.

CONTRIBUTION TO PAPERS WITH MULTIPLE AUTHORSHIP

Chapter 3 (Study 1)

Mohammadi-Shemirani P, Chong M, Narula S, Perrot N, Conen D, Roberts JD, Thériault S, Bossé Y, Lanktree MB, Pigeys M, Paré G. Elevated lipoprotein(a) as a risk factor for atrial fibrillation: an observational and Mendelian randomization study. *Journal of the American College of Cardiology*. In press. (2022)

Author Contributions:

PM and GP contributed to the conception and design of the study. **PM** and GP contributed to methodological development. **PM** and MC conducted bioinformatic and/or statistical analyses. **PM**, MC, SN, NP, DC, JDR, ST, YB, MBL, MP, and GP contributed to data acquisition, analysis, and/or interpretation of data. GP contributed to funding or data acquisition. GP facilitated project administration and supervision. **PM** was the principal writer of the manuscript. All authors contributed to the drafting and revision of the final article. All authors approved the final submitted version of the manuscript.

Chapter 4 (Study 2)

Mohammadi-Shemirani P, Chong M, Pigeyre M, Morton RW, Gerstein HC, Paré G. Effects of lifelong testosterone exposure on health and disease using Mendelian randomization. *eLife*. 9:e58914. (2020)

Author Contributions:

PM and GP contributed to the conception and design of the study. **PM** and GP contributed to methodological development. **PM** and MC conducted bioinformatic and/or statistical analyses. **PM**, MC, MP, RWM, HCG, and GP contributed to data acquisition, analysis, and/or interpretation of data. GP contributed to funding or data acquisition. GP facilitated project administration and supervision. **PM** was the principal writer of the manuscript. All authors contributed to the drafting and revision of the final article. All authors approved the final submitted version of the manuscript.

Chapter 5 (Study 3)

Mohammadi-Shemirani P, Sjaarda J, Gerstein HC, Treleaven DJ, Walsh M, Mann JF, McQueen MJ, Hess S, Paré G. A Mendelian Randomization-Based Approach to Identify Early and Sensitive Diagnostic Biomarkers of Disease. *Clinical Chemistry*. 65(3)427-436. (2019).

Author Contributions:

PM and GP contributed to the conception and design of the study. **PM** and GP contributed to methodological development. **PM** and JS conducted bioinformatic and/or statistical analyses. **PM**, JS, HCG, DJT, MW, JFM, MJM, SH, and GP contributed to data acquisition, analysis, and/or interpretation of data. HCG, MJM and GP contributed to funding or data acquisition. GP facilitated project administration and supervision. **PM** was the principal writer of the manuscript. All authors contributed to the drafting and revision of the final article. All authors approved the final submitted version of the manuscript.

CHAPTER 1:
INTRODUCTION

CHAPTER 1: INTRODUCTION

1.1 CARDIOMETABOLIC DISEASE OVERVIEW

Multimorbidity, the co-occurrence of multiple chronic diseases in a single patient, is growing in prevalence and often observed among type 2 diabetes, cardiovascular diseases, chronic kidney disease, and their clinical correlates (Han et al., 2021) (Mechanick et al., 2020) (Busija et al., 2019). Indeed, there is ample evidence supporting a causal relationship between dysglycemia and cardiovascular diseases (Gan et al., 2019) (Ross et al., 2015). Therefore, cardiometabolic disease is a broad categorization that encompasses these interrelated cardiovascular and metabolic diseases and their sequelae.

1.1.1 EPIDEMIOLOGY AND BURDEN OF DISEASE

Ischaemic heart disease, stroke, and type 2 diabetes are among the leading causes of death and disability globally. Cardiovascular diseases were the leading cause of global disease burden with 523 million cases and 18.6 million deaths in 2019 (Roth et al., 2020), while type 2 diabetes was a top 10 cause of global disease burden with 449 million cases and 1.47 million deaths in 2019 (Vos et al., 2020). Importantly, clinical sequelae of uncontrolled diabetes, such as kidney disease, reflect indirect effects of type 2 diabetes but are themselves major contributors to disease burden as well (Lin et al., 2020). In recent years, the mortality burden has shifted from high-income countries to low- and middle-income countries stressing the growing need for effective interventions (Danaei et al., 2014) (Roth et al., 2020)

1.1.2 RISK FACTORS

In the absence of public health measures, the prevalence of cardiometabolic disease and its risk factors are expected to rise as global populations grow older. Risk factors for cardiometabolic diseases, which include hypertension, elevated blood glucose, elevated cholesterol, and elevated body mass index (BMI), are often comorbid (Danaei et al., 2014). Altogether, these four modifiable risk factors account for 63% of deaths due to cardiovascular disease, diabetes, or chronic kidney disease, or 20% of all deaths, globally (Danaei et al., 2014). However, each cardiometabolic disease has its own specific profile of clinical risk factors or at least their relative importance may differ. For instance, LDL cholesterol is a well-characterized risk factor for myocardial infarction and ischemic stroke, but its role in chronic kidney disease is still unclear (Lanktree et al., 2018) (Rasheed et al., 2021) (Su et al., 2016).

Nevertheless, lifestyle and pharmacological interventions targeting these risk factors are expected to lower cardiometabolic risk. Lipid-lowering therapies are used to reduce risk of atherosclerotic cardiovascular diseases, such as myocardial infarction and ischaemic stroke. Statins function by blocking HMG-CoA reductase and are recommended as first-line therapies to lower LDL cholesterol, followed by ezetimibe or PCSK9 inhibitors in patients that show resistance to statins (Grundy et al., 2019). Meanwhile, newer pharmacological agents are highlighting the role of other lipid fractions, such as lipoprotein(a) and triglycerides, in the development of atherosclerotic disease as well (Tsimikas et al., 2020) (Bhatt et al., 2019). In addition to lifestyle interventions focused on weight loss, several glucose-lowering therapies exist, including metformin,

thiazolidinediones, and sulfonylureas, which lower glucose levels through different mechanisms of action. Among pharmacological agents that reduce risk of type 2 diabetes, metformin is a first-line therapy due to its effectiveness and long-term safety profile (American Diabetes Association, 2018). Furthermore, newer glucose-lowering therapies, such as SGLT-2 inhibitors or GLP-1 receptor agonists, are gaining favour for certain patient groups as they demonstrate ancillary benefits on both glycaemic control and cardiorenal outcomes (Palmer et al., 2021). Finally, antihypertensive agents, such as thiazides, ACE inhibitors, ARBs, beta blockers, and calcium channel blockers, act to lower blood pressure and reduce risks of myocardial infarction, stroke, and heart failure (Reboussin et al., 2018). In patients with chronic kidney disease, ACE inhibitors and ARBs reduce the risk of both kidney failure and cardiovascular events, further highlighting the importance of medications for disease with ancillary benefits on its comorbidities (Xie et al., 2016).

1.2 PERIPHERAL BLOOD BIOMARKERS

Although these risk factors are important and readily available in clinical settings, technological advances are enabling researchers to dive deeper into pathophysiology by exploring beyond traditional risk factors and examining individual biological characteristics. A biomarker can be defined as “a characteristic that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a therapeutic intervention” (Atkinson et al., 2001) (Califf, 2018). Naturally, such a broad definition can encompass diverse measurements including molecular, histologic, or radiographic data. For the context of this dissertation, biomarker will refer to circulating biomarkers in peripheral blood, unless otherwise specified.

Peripheral blood is a useful source of biomarkers because it is non-invasive, cost-effective, and reflects both systemic and some tissue-specific conditions (Williams et al., 2019) (Vösa et al., 2021) (Ganz et al., 2016). Biomarkers can provide clinical utility by diagnosing or subtyping disease, monitoring disease status or pharmacological response, informing disease prognosis, and predicting risk of disease or pharmacological response (Califf, 2018).

1.2.1 APPLICATIONS OF BIOMARKERS

Diagnostic biomarkers can reflect both acute and chronic physiological states. Cardiac troponin is an acute marker that is used to rule-out myocardial infarction in patients presenting with symptoms, as it is a structural protein that is unique to the heart that leaks into circulation on myocardial injury (Twerenbold et al., 2017). Likewise, C-reactive protein is an acute phase reactant that increases considerably in response to bacterial infections (Jaye & Waites, 1997), though it often lacks specificity as mild elevations may reflect other inflammatory processes (Kaptoge et al., 2010). On the other hand, HbA1c is a type of hemoglobin molecule that is linked to a sugar and reflects long-term blood glucose concentrations over the past 3 months, such that it is used to diagnose and monitor diabetes (American Diabetes Association, 2012). Likewise, creatinine is a ubiquitous circulating protein that gets filtered by the kidneys and elevated serum creatinine can indicate poor kidney health (Levey et al., 2020). Accordingly, glomerular filtration rate can be estimated from serum creatinine, and it is used to diagnose and stage chronic kidney disease (Levey et al., 2009). In order to better reflect complex disease and improve performance, scores are being developed that incorporate multiple biomarkers (Gerstein et al., 2017) (Ganz et

al., 2016) (Hijazi et al., 2016). However, overfitting is an important limitation that researchers must take care to avoid, so independent replications are needed to evaluate generalizability (Ganz et al., 2016).

Two common metrics that quantify accuracy of a diagnostic biomarker are: sensitivity and specificity. Sensitivity, or true positive rate, is the proportion of individuals with disease that are correctly identified by the test. Specificity, or true negative rate, is the proportion of individuals without disease that are correctly identified by the test (Altman & Bland, 1994). The optimal balance of sensitivity and specificity will depend on various factors such as the intended utility of the test. For instance, a biomarker for a rare condition like cancer may elect to have high specificity and few false positives limiting emotional distress (Califf, 2018). On the other hand, a routine screening test that can occur repeatedly may choose to have high sensitivity limiting false negatives followed by a confirmatory test.

Beyond diagnostics, biomarkers can inform various aspects of therapeutic development as well. Lipoprotein(a) was first described in 1963, and it has since been appreciated as a lipoprotein structurally resembling atherogenic LDL cholesterol (Berg, 1963). Epidemiological evidence has confirmed suspicions regarding its role as a bona fide risk factor for atherosclerotic cardiovascular disease (Paré et al., 2019). However, challenges using traditional therapeutic modalities to modulate lipoprotein(a) levels partly hampered its integration into clinical practice (Berglund & Ramakrishnan, 2004). The recent development of ribonucleic acid-based therapeutics led to antisense oligonucleotides against apolipoprotein(a) that reduced lipoprotein(a) levels in a phase 2 trial and it is

currently being investigated in the Lp(a)HORIZON phase 3 trial for prevention of major cardiovascular events (Tsimikas et al., 2020) (ClinicalTrials.gov Identifier: NCT04023552).

It is important to note that the application of biomarkers to drug target identification has an added challenge in that biomarkers should be causally involved in disease. The correlation of any individual protein with disease may be a spurious association rather than an indication of causality (Davey Smith & Hemani, 2014). For instance, low levels of HDL cholesterol are consistently correlated with higher risk of cardiovascular disease in observational studies (The Emerging Risk Factors Collaboration*, 2009), but randomized controlled trials of pharmacologically increasing HDL showed no benefit for stroke, cardiovascular mortality, or all-cause mortality (Riaz et al., 2019). Therefore, it has been suggested that HDL cholesterol is a marker of cardiovascular health rather than a true causal mediator of cardiovascular disease. (Holmes et al., 2015).

1.2.2 LIMITATIONS OF OBSERVATIONAL STUDIES

Drug development is expensive such that each new drug being brought to market costs \$1.3 billion on average (Wouters et al., 2020). The expensive cost is partly owing to the high failure rate in drug development, where approximately 90% of preclinical compounds entering phase 1 clinical trials are unsuccessful in reaching market (Smietana et al., 2016). The majority of failed clinical trials cited either lack of efficacy (52%) or poor safety (24%) as the reason for failure (Harrison, 2016). As clinical trials are expensive and time-consuming efforts, preclinical evidence is critical in reducing costs but current data sources that inform preclinical decision-making have inherent limitations. Although *in*

vitro cell lines and *in vivo* animal models are informative, difficulties recapitulating physiology, biological context, and life course of disease can limit external validity in humans (Pound & Ritskes-Hoitinga, 2018). Additionally, observational studies are limited by inherent biases such as reverse causality or confounding that can result in spurious findings (Davies et al., 2018) (Davey Smith & Hemani, 2014).

Advances in high-throughput DNA sequencing and genotyping have revolutionized genetic epidemiology and the study of genetic determinants of human disease. Drug targets with genetic support for an indication are two-fold more likely to be approved suggesting human genetics is informative for target prioritization (King et al., 2019). Indeed, there are well-known examples of monogenic diseases, such as gain-of-function mutations in *PCSK9* causing familial hypercholesterolemia, that have informed the development of approved therapies (Abifadel et al., 2003). Polygenic diseases can inform drug discovery as well, and genome-wide association studies are instrumental in studying these complex traits by agnostically surveying the human genome for disease-associated genetic variants. The exponential growth in genome-wide association studies has been paralleled by a similar increase in the discovery of novel trait-associated genetic loci (Welter et al., 2014). In the coming years, large-scale national biobanks studies with genetic data linked to electronic healthcare records will result in unprecedented opportunities to discover novel genetic variants associated with many complex diseases and traits (Zhou et al., 2021).

1.3 MENDELIAN RANDOMIZATION

Mendelian randomization is a technique in genetic epidemiology that seeks to estimate the unbiased causal effect of an exposure on an outcome, such as a biomarker and

risk of cardiometabolic disease (Davies et al., 2018). The underlying principle is akin to a randomized controlled trial – the gold-standard for causal inference in health sciences – where randomization of an intervention balances known and unknown confounders across the two arms of the trial (Gerstein et al., 2019). Likewise, genetic alleles have the unique property of being randomly assorted during meiosis in accordance with Mendel’s laws of segregation and independent assortment, and genetic variants are fixed at conception providing a safeguard against reverse causation (Davey Smith & Hemani, 2014). Therefore, a genetic variant associated with a biomarker can be thought of as a proxy for that biomarker that is independent of other confounding traits akin to a natural randomized trial for that biomarker (Figure 1.1) (Gill et al., 2021). In fact, Mendelian randomization has replicated numerous findings from randomized controlled trials, such as demonstrating causal roles for LDL cholesterol and dysglycemia on cardiovascular disease risk (Holmes et al., 2015) (Ross et al., 2015).

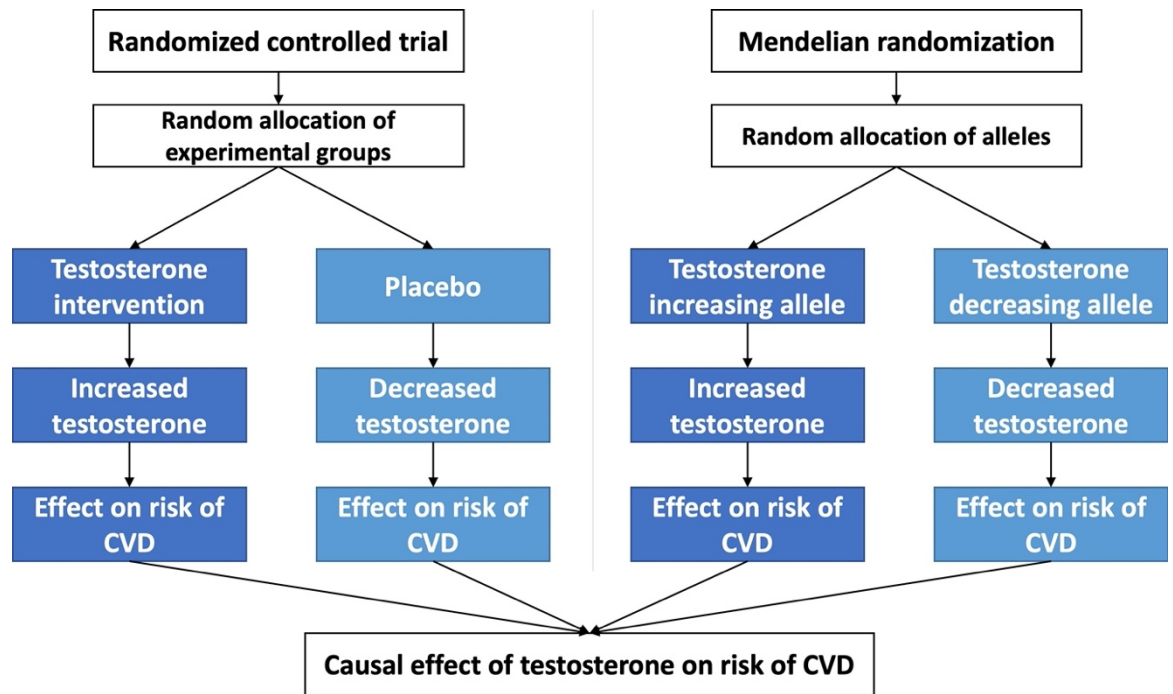


Figure 1.1. Comparison of randomized controlled trial and Mendelian randomization study designs demonstrating the common foundation behind interpretation of a causal effect of testosterone on cardiovascular disease. Due to the random inheritance of genetic alleles, a genetic variant associated with altered testosterone expression or quality is akin to a “natural randomized trial” for testosterone modulation. By the same reasoning, if Mendelian randomization finds genetic variants affecting testosterone are associated with a difference in cardiovascular risk, it provides evidence that testosterone causally affects cardiovascular disease.

1.3.1 LIMITATIONS OF MENDELIAN RANDOMIZATION

In Mendelian randomization, genetic variants are treated as instrumental variables, which are broadly defined as any variables associated with an exposure, unrelated to confounders, and affect the outcome only through the exposure. Therefore, there are

important limitations of Mendelian randomization that must be considered when interpreting findings (Figure 1.2) (Davey Smith & Hemani, 2014). First, genetic variants included in Mendelian randomization analysis must be robustly associated with the exposure. Weak instrument bias can occur if genetic variants do not explain enough variation in the exposure. In a one-sample design, where all genetic effect estimates are derived from the same study participants, results will be biased towards the confounded estimate of the exposure-outcome relationship. In a two-sample design, where genetic estimates of the exposure and outcome are derived from separate samples of participants, results will be biased towards the null (Davies et al., 2018). Even in the absence of weak instrument bias, sufficient statistical power is an important consideration and it is partly a function of the variance explained by the genetic variant. As a result, methods have been developed that combine multiple genetic variants to increase statistical power (Burgess et al., 2016). Second, there must be no confounding of the genetic variant with the outcome. Spurious genetic associations can be confounded by differences in ancestry, a major source of genetic diversity, rather than true genetic effects, so statistical models in genetics adjust for principal components as a covariate. Third, genetic variants must affect the outcome exclusively through the exposure. Horizontal pleiotropy violates this assumption as it describes a state where a genetic variant has an effect on an outcome through a pathway independent of the exposure of interest. However, it is important to note that vertical pleiotropy, where a genetic variant exhibits pleiotropic effects on intermediate exposures that mediate the primary exposure-outcome relationship, does not violate any assumptions because the genetic variant still affects the outcome exclusively through the primary

exposure. The second and third assumptions are difficult to rule-out conclusively, as there can exist unmeasured confounders, but there are some strategies that manage these violations. When investigating protein biomarkers, the likelihood of horizontal pleiotropy can be reduced by choosing genetic variants near the gene encoding for the protein (Gill et al., 2021). Moreover, there is a growing body of statistical literature regarding Mendelian randomization methods that are robust to horizontal pleiotropy and violations of these assumptions (Burgess et al., 2019). Given each method is robust to certain scenarios (e.g., majority of genetic variants must be valid, plurality of genetic variants must be valid, etc.), it is recommended that researchers perform multiple approaches and interpret results holistically. Finally, certain limitations of Mendelian randomization affect its generalizability when predicting efficacy and safety of pharmacological interventions, including: inability to assess off-target effects of drugs, reflecting lifelong changes in endogenous biomarker levels, and assumption of linearity in the exposure-outcome relationship though some methods can allow for non-linearity (Staley & Burgess, 2017).

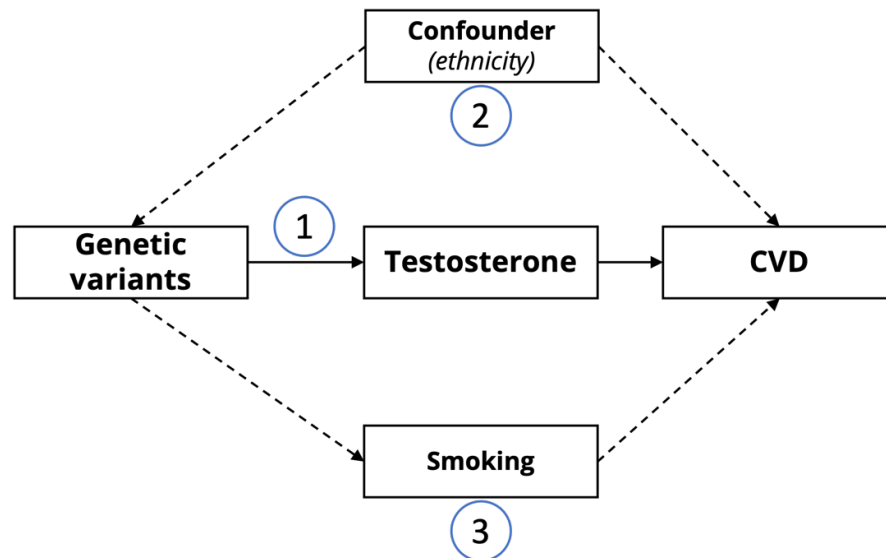


Figure 1.2. Major assumptions of Mendelian randomization analysis. 1) Relevance assumption: genetic variants must be associated with the exposure or biomarker (e.g., testosterone). 2) Independence assumption: there must be no confounders between genetic variant and outcome. 3) Exclusion restriction assumption: genetic variants must affect outcome only through exposure or biomarker (i.e., no horizontal pleiotropy).

1.3.2 GENOME-WIDE ASSOCIATION STUDIES OF BIOMARKERS

In Mendelian randomization analysis, there is evidence of a causal relationship if the effects of genetic variants associated with the exposure are proportional to effects on the outcome. Therefore, Mendelian randomization analysis investigating the causal relationship between a biomarker and outcome requires estimates of the effect of genetic variants on both the biomarker and the outcome.

Genome-wide association studies have been traditionally focused on diseases and complex traits. Early genome-wide association studies of biomarkers were focused on individual biomarkers with clinical relevance, like fibrinogen or uric acid, but they

represented a miniscule fraction of the 20,000 to 30,000 proteins comprising the human proteome (Dehghan et al., 2008) (Dehghan et al., 2009) (Williams et al., 2019). Recent technological advances in quantitative proteomics have enabled high-throughput, multiplexed, and cost-effective quantification for thousands of proteins simultaneously (Correa Rojo et al., 2021). When applied to large-scale studies or clinical trials with genetic data, these advancements have enabled genome-wide association studies of an exploratory nature that are designed to discover novel genetic determinants for circulating protein levels, or protein quantitative trait loci (pQTL). For instance, an early study in this domain measured 284 serum biomarkers relevant to cardiovascular disease in 5,078 ORIGIN trial participants using a multiplex ELISA array, the Human Discovery Multi-Analyte Profile 250+ panel on the LUMINEX 100/200 platforms from Myriad RBM Incorporated (Sjaarda et al., 2018) (Gerstein et al., 2015).

The SOMAScan assay developed by SOMALogic Incorporated is a popular technology for multiplex protein quantification that uses a DNA-based Slow Off-Rate Modified Aptamer (SOMAmer) to bind to proteins and can be quantified using DNA microarrays (Gold et al., 2010). To improve specificity and sensitivity, their modified oligonucleotides undergo an iterative process of enrichment to select for aptamers with highest affinity and slowest dissociation from a target protein. In 2017, this technology was used to measure 1,124 proteins in 1,338 individuals from the KORA and QMDiab studies (Suhre et al., 2017). Then, a larger study in 3,301 individuals from the INTERVAL study used an updated SOMAScan assay that interrogated 3,662 plasma proteins (Sun et al., 2018). Most recently, deCODE genetics performed a monumental study by testing 4,907

plasma proteins in 35,559 Icelanders identifying 18,084 pQTL (Ferkingstad et al., 2021). The current SOMAScan Discovery assay measures 7,000 proteins.

Olink Proteomics invented another popular antibody-based technology with high specificity called Proximity Extension Assay that features two matched antibodies conjugated to complementary single-stranded DNA. Only when both matched antibodies bind to a target protein, the single-stranded DNA can hybridize providing a unique signature for that protein that can be quantified by quantitative PCR (Assarsson et al., 2014). The SCALLOP consortium first published a genome-wide association study of 90 cardiovascular-related plasma proteins from the Olink cardiovascular I panel in 30,931 individuals (Folkersen et al., 2020), while a more recent preprint broadened the scope to 184 proteins plasma proteins from the Olink cardiovascular II and III panels in up to 26,494 individuals (Macdonald-Dunlop et al., 2021). The current Olink Explore assay measures up to 3,072 proteins across 8 panels designed for specific therapeutic areas.

As with genome-wide association studies of complex disease, broader adoption of proteomic technologies will foster the international collaborations and consortia necessary to facilitate future large-scale population studies. Indeed, biobank studies have already begun incorporating proteomic measurements in their studies (Sudlow et al., 2015). However, differences between quantitative proteomic platforms may pose a challenge for meta-analysis of genome-wide association studies of protein concentration. Although nearly 65% of protein quantitative trait loci replicate across Olink and SOMALogic, there are some protein characteristics that affect cross-platform correlation, such as protein-altering variants, glycosylation, and presence of transmembrane domains among others

(Pietzner et al., 2021) (Ferkingstad et al., 2021). Cross-platform differences may have implications for downstream analyses such as Mendelian randomization and highlight the importance of identifying shared signals in future efforts.

1.4 REFERENCES

- Abifadel, M., Varret, M., Rabès, J.-P., Allard, D., Ouguerram, K., Devillers, M., Cruaud, C., Benjannet, S., Wickham, L., Erlich, D., Derré, A., Villéger, L., Farnier, M., Beucler, I., Bruckert, E., Chambaz, J., Chanu, B., Lecerf, J.-M., Luc, G., ... Boileau, C. (2003). Mutations in PCSK9 cause autosomal dominant hypercholesterolemia. *Nature Genetics*, *34*(2), 154–156. <https://doi.org/10.1038/ng1161>
- Altman, D. G., & Bland, J. M. (1994). Diagnostic tests 1: sensitivity and specificity. *BMJ*, *308*(6943), 1552–1552. <https://doi.org/10.1136/bmj.308.6943.1552>
- American Diabetes Association. (2012). Diagnosis and Classification of Diabetes Mellitus. *Diabetes Care*, *35*(Supplement_1), S64–S71. <https://doi.org/10.2337/dc12-s064>
- American Diabetes Association. (2018). 5. Prevention or Delay of Type 2 Diabetes: Standards of Medical Care in Diabetes—2018. *Diabetes Care*, *41*(Supplement_1), S51–S54. <https://doi.org/10.2337/dc18-S005>
- Assarsson, E., Lundberg, M., Holmquist, G., Björkstén, J., Bucht Thorsen, S., Ekman, D., Eriksson, A., Rennel Dickens, E., Ohlsson, S., Edfeldt, G., Andersson, A.-C., Lindstedt, P., Stenvang, J., Gullberg, M., & Fredriksson, S. (2014). Homogenous 96-Plex PEA Immunoassay Exhibiting High Sensitivity, Specificity, and Excellent Scalability. *PLoS ONE*, *9*(4), e95192. <https://doi.org/10.1371/journal.pone.0095192>
- Atkinson, A. J., Colburn, W. A., DeGruttola, V. G., DeMets, D. L., Downing, G. J., Hoth, D. F., Oates, J. A., Peck, C. C., Schooley, R. T., Spilker, B. A., Woodcock, J., & Zeger, S. L. (2001). Biomarkers and surrogate endpoints: Preferred definitions and conceptual framework. *Clinical Pharmacology & Therapeutics*, *69*(3), 89–95. <https://doi.org/10.1067/mcp.2001.113989>
- Berg, K. (1963). A NEW SERUM TYPE SYSTEM IN MAN--THE LP SYSTEM. *Acta Pathologica et Microbiologica Scandinavica*, *59*(3), 369–382. <https://doi.org/10.1111/j.1699-0463.1963.tb01808.x>
- Berglund, L., & Ramakrishnan, R. (2004). Lipoprotein(a): an elusive cardiovascular risk factor. *Arteriosclerosis, Thrombosis, and Vascular Biology*, *24*(12), 2219–2226. <https://doi.org/10.1161/01.ATV.0000144010.55563.63>
- Bhatt, D. L., Steg, P. G., Miller, M., Brinton, E. A., Jacobson, T. A., Ketchum, S. B., Doyle, R. T., Juliano, R. A., Jiao, L., Granowitz, C., Tardif, J.-C., & Ballantyne, C. M. (2019). Cardiovascular Risk Reduction with Icosapent Ethyl for Hypertriglyceridemia. *New England Journal of Medicine*, *380*(1), 11–22. <https://doi.org/10.1056/nejmoa1812792>

- Burgess, S., Davey Smith, G., Davies, N. M., Dudbridge, F., Gill, D., Glymour, M. M., Hartwig, F. P., Holmes, M. V., Minelli, C., Relton, C. L., & Theodoratou, E. (2019). Guidelines for performing Mendelian randomization investigations. *Wellcome Open Research*, 4, 186. <https://doi.org/10.12688/wellcomeopenres.15555.1>
- Burgess, S., Dudbridge, F., & Thompson, S. G. (2016). Combining information on multiple instrumental variables in Mendelian randomization: Comparison of allele score and summarized data methods. *Statistics in Medicine*, 35(11), 1880–1906. <https://doi.org/10.1002/sim.6835>
- Busija, L., Lim, K., Szoeki, C., Sanders, K. M., & McCabe, M. P. (2019). Do replicable profiles of multimorbidity exist? Systematic review and synthesis. *European Journal of Epidemiology*, 34(11), 1025–1053. <https://doi.org/10.1007/s10654-019-00568-5>
- Califf, R. M. (2018). Biomarker definitions and their applications. *Experimental Biology and Medicine*, 243(3), 213–221. <https://doi.org/10.1177/1535370217750088>
- Correa Rojo, A., Heylen, D., Aerts, J., Thas, O., Hooyberghs, J., Ertaylan, G., & Valkenburg, D. (2021). Towards Building a Quantitative Proteomics Toolbox in Precision Medicine: A Mini-Review. *Frontiers in Physiology*, 12(August). <https://doi.org/10.3389/fphys.2021.723510>
- Danaei, G., Lu, Y., Singh, G. M., Carnahan, E., Stevens, G. A., Cowan, M. J., Farzadfar, F., Lin, J. K., Finucane, M. M., Rao, M., Khang, Y. H., Riley, L. M., Arian, D. M., Lim, S. S., Ezzati, M., Aamodt, G., Abdeen, Z., Abdella, N. A., Rahim, H. F. A., ... Zhou, M. (2014). Cardiovascular disease, chronic kidney disease, and diabetes mortality burden of cardiometabolic risk factors from 1980 to 2010: a comparative risk assessment. *The Lancet Diabetes & Endocrinology*, 2(8), 634–647. [https://doi.org/10.1016/S2213-8587\(14\)70102-0](https://doi.org/10.1016/S2213-8587(14)70102-0)
- Davey Smith, G., & Hemani, G. (2014). Mendelian randomization: genetic anchors for causal inference in epidemiological studies. *Human Molecular Genetics*, 23(R1), R89–R98. <https://doi.org/10.1093/hmg/ddu328>
- Davies, N. M., Holmes, M. V., & Davey Smith, G. (2018). Reading Mendelian randomisation studies: a guide, glossary, and checklist for clinicians. *BMJ*, 362, k601. <https://doi.org/10.1136/bmj.k601>
- Dehghan, A., Köttgen, A., Yang, Q., Hwang, S. J., Kao, W. L., Rivadeneira, F., Boerwinkle, E., Levy, D., Hofman, A., Astor, B. C., Benjamin, E. J., van Duijn, C. M., Witteman, J. C., Coresh, J., & Fox, C. S. (2008). Association of three genetic loci with uric acid concentration and risk of gout: a genome-wide association study. *The Lancet*, 372(9654), 1953–1961. [https://doi.org/10.1016/S0140-6736\(08\)61343-4](https://doi.org/10.1016/S0140-6736(08)61343-4)
- Dehghan, A., Yang, Q., Peters, A., Basu, S., Bis, J. C., Rudnicka, A. R., Kavousi, M., Chen, M. H., Baumert, J., Lowe, G. D. O., McKnight, B., Tang, W., De Maat, M., Larson, M. G., Eyhermendy, S., McArdle, W. L., Lumley, T., Pankow, J. S., Hofman, A., ... Folsom, A. R. (2009). Association of novel genetic loci with circulating fibrinogen levels a genome-wide association study in 6 population-based cohorts. *Circulation: Cardiovascular Genetics*, 2(2), 125–133. <https://doi.org/10.1161/CIRCGENETICS.108.825224>
- Ferkingstad, E., Sulem, P., Atlason, B. A., Sveinbjornsson, G., Magnusson, M. I., Styrismisdottir, E. L., Gunnarsdottir, K., Helgason, A., Oddsson, A., Halldorsson, B.

- V., Jensson, B. O., Zink, F., Halldorsson, G. H., Masson, G., Arnadottir, G. A., Katrinardottir, H., Juliusson, K., Magnusson, M. K., Magnusson, O. T., ... Stefansson, K. (2021). Large-scale integration of the plasma proteome with genetics and disease. *Nature Genetics*, *53*(12), 1712–1721. <https://doi.org/10.1038/s41588-021-00978-w>
- Folkersen, L., Gustafsson, S., Wang, Q., Hansen, D. H., Hedman, Å. K., Schork, A., Page, K., Zhernakova, D. V., Wu, Y., Peters, J., Eriksson, N., Bergen, S. E., Boutin, T. S., Bretherick, A. D., Enroth, S., Kalnapekns, A., Gådin, J. R., Suur, B. E., Chen, Y., ... Mälarstig, A. (2020). Genomic and drug target evaluation of 90 cardiovascular proteins in 30,931 individuals. *Nature Metabolism*, *2*(10), 1135–1148. <https://doi.org/10.1038/s42255-020-00287-2>
- Gan, W., Bragg, F., Walters, R. G., Millwood, I. Y., Lin, K., Chen, Y., Guo, Y., Vaucher, J., Bian, Z., Bennett, D., Lv, J., Yu, C., Mahajan, A., Clarke, R. J., Li, L., Holmes, M. V., McCarthy, M. I., & Chen, Z. (2019). Genetic predisposition to type 2 diabetes and risk of subclinical atherosclerosis and cardiovascular diseases among 160,000 Chinese adults. *Diabetes*, *68*(11), 2155–2164. <https://doi.org/10.2337/db19-0224>
- Ganz, P., Heidecker, B., Hveem, K., Jonasson, C., Kato, S., Segal, M. R., Sterling, D. G., & Williams, S. A. (2016). Development and Validation of a Protein-Based Risk Score for Cardiovascular Outcomes Among Patients With Stable Coronary Heart Disease. *JAMA*, *315*(23), 2532. <https://doi.org/10.1001/jama.2016.5951>
- Gerstein, H. C., McMurray, J., & Holman, R. R. (2019). Real-world studies no substitute for RCTs in establishing efficacy. *The Lancet*, *393*(10168), 210–211. [https://doi.org/10.1016/S0140-6736\(18\)32840-X](https://doi.org/10.1016/S0140-6736(18)32840-X)
- Gerstein, H. C., Paré, G., McQueen, M. J., Haenel, H., Lee, S. F., Pogue, J., Maggioni, A. P., Yusuf, S., & Hess, S. (2015). Identifying novel biomarkers for cardiovascular events or death in people with dysglycemia. *Circulation*, *132*(24), 2297–2304. <https://doi.org/10.1161/CIRCULATIONAHA.115.015744>
- Gerstein, H. C., Paré, G., McQueen, M. J., Lee, S. F., & Hess, S. (2017). Validation of the origin cardiovascular biomarker panel and the value of adding troponin i in dysglycemic people. *Journal of Clinical Endocrinology and Metabolism*, *102*(7), 2251–2257. <https://doi.org/10.1210/jc.2017-00273>
- Gill, D., Georgakis, M. K., Walker, V. M., Schmidt, A. F., Gkatzionis, A., Freitag, D. F., Finan, C., Hingorani, A. D., Howson, J. M. M., Burgess, S., Swerdlow, D. I., Davey Smith, G., Holmes, M. V., Dichgans, M., Scott, R. A., Zheng, J., Psaty, B. M., & Davies, N. M. (2021). Mendelian randomization for studying the effects of perturbing drug targets. *Wellcome Open Research*, *6*, 16. <https://doi.org/10.12688/wellcomeopenres.16544.2>
- Gold, L., Ayers, D., Bertino, J., Bock, C., Bock, A., Brody, E. N., Carter, J., Dalby, A. B., Eaton, B. E., Fitzwater, T., Flather, D., Forbes, A., Foreman, T., Fowler, C., Gawande, B., Goss, M., Gunn, M., Gupta, S., Halladay, D., ... Zichi, D. (2010). Aptamer-Based Multiplexed Proteomic Technology for Biomarker Discovery. *PLoS ONE*, *5*(12), e15004. <https://doi.org/10.1371/journal.pone.0015004>
- Grundy, S. M., Stone, N. J., Bailey, A. L., Beam, C., Birtcher, K. K., Blumenthal, R. S., Braun, L. T., de Ferranti, S., Faiella-Tommasino, J., Forman, D. E., Goldberg, R.,

- Heidenreich, P. A., Hlatky, M. A., Jones, D. W., Lloyd-Jones, D., Lopez-Pajares, N., Ndumele, C. E., Orringer, C. E., Peralta, C. A., ... Yeboah, J. (2019). 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Journal of the American College of Cardiology*, *73*(24), e285–e350. <https://doi.org/10.1016/j.jacc.2018.11.003>
- Han, Y., Hu, Y., Yu, C., Guo, Y., Pei, P., Yang, L., Chen, Y., Du, H., Sun, Di., Pang, Y., Chen, N., Clarke, R., Chen, J., Chen, Z., Li, L., & Lv, J. (2021). Lifestyle, cardiometabolic disease, and multimorbidity in a prospective Chinese study. *European Heart Journal*, *42*(34), 3374–3384. <https://doi.org/10.1093/eurheartj/ehab413>
- Harrison, R. K. (2016). Phase II and phase III failures: 2013-2015. *Nature Reviews Drug Discovery*, *15*(12), 817–818. <https://doi.org/10.1038/nrd.2016.184>
- Hijazi, Z., Lindbäck, J., Alexander, J. H., Hanna, M., Held, C., Hylek, E. M., Lopes, R. D., Oldgren, J., Siegbahn, A., Stewart, R. A. H., White, H. D., Granger, C. B., & Wallentin, L. (2016). The ABC (age, biomarkers, clinical history) stroke risk score: A biomarker-based risk score for predicting stroke in atrial fibrillation. *European Heart Journal*, *37*(20), 1582–1590. <https://doi.org/10.1093/eurheartj/ehw054>
- Holmes, M. V., Asselbergs, F. W., Palmer, T. M., Drenos, F., Lanktree, M. B., Nelson, C. P., Dale, C. E., Padmanabhan, S., Finan, C., Swerdlow, D. I., Tragante, V., van Iperen, E. P. A., Sivapalaratnam, S., Shah, S., Elbers, C. C., Shah, T., Engmann, J., Giambartolomei, C., White, J., ... Casas, J. P. (2015). Mendelian randomization of blood lipids for coronary heart disease. *European Heart Journal*, *36*(9), 539–550. <https://doi.org/10.1093/eurheartj/eh571>
- Jaye, D. L., & Waites, K. B. (1997). Clinical applications of C-reactive protein in pediatrics. *The Pediatric Infectious Disease Journal*, *16*(8), 735–747. <https://doi.org/10.1097/00006454-199708000-00003>
- Kaptoge, S., Di Angelantonio, E., Lowe, G., Pepys, M. B., Thompson, S. G., Collins, R., Danesh, J., Tipping, R. W., Ford, C. E., Pressel, S. L., Walldius, G., Jungner, I., Folsom, A. R., Chambless, L., Ballantyne, C. M., Panagiotakos, D., Pitsavos, C., Chrysohoou, C., Stefanadis, C., ... Wood, A. M. (2010). C-reactive protein concentration and risk of coronary heart disease, stroke, and mortality: An individual participant meta-analysis. *The Lancet*, *375*(9709), 132–140. [https://doi.org/10.1016/S0140-6736\(09\)61717-7](https://doi.org/10.1016/S0140-6736(09)61717-7)
- King, E. A., Wade Davis, J., & Degner, J. F. (2019). Are drug targets with genetic support twice as likely to be approved? Revised estimates of the impact of genetic support for drug mechanisms on the probability of drug approval. *PLoS Genetics*, *15*(12), 1–20. <https://doi.org/10.1371/journal.pgen.1008489>
- Lanktree, M. B., Thériault, S., Walsh, M., & Paré, G. (2018). HDL Cholesterol, LDL Cholesterol, and Triglycerides as Risk Factors for CKD: A Mendelian Randomization Study. *American Journal of Kidney Diseases*, *71*(2), 166–172. <https://doi.org/10.1053/j.ajkd.2017.06.011>
- Levey, A. S., Coresh, J., Tighiouart, H., Greene, T., & Inker, L. A. (2020). Measured and

- estimated glomerular filtration rate: current status and future directions. *Nature Reviews Nephrology*, *16*(1), 51–64. <https://doi.org/10.1038/s41581-019-0191-y>
- Levey, A. S., Stevens, L. A., Schmid, C. H., Zhang, Y. L., Castro, A. F., Feldman, H. I., Kusek, J. W., Eggers, P., Van Lente, F., Greene, T., & Coresh, J. (2009). A New Equation to Estimate Glomerular Filtration Rate. *Annals of Internal Medicine*, *150*(9), 604. <https://doi.org/10.7326/0003-4819-150-9-200905050-00006>
- Lin, X., Xu, Y., Pan, X., Xu, J., Ding, Y., Sun, X., Song, X., Ren, Y., & Shan, P.-F. (2020). Global, regional, and national burden and trend of diabetes in 195 countries and territories: an analysis from 1990 to 2025. *Scientific Reports*, *10*(1), 14790. <https://doi.org/10.1038/s41598-020-71908-9>
- Macdonald-Dunlop, E., Klarić, L., Folkersen, L., Timmers, P. R. H. J., Gustafsson, S., Zhao, J. H., Eriksson, N., Richmond, A., Enroth, S., Mattsson-Carlgren, N., Johansson, Å., Hayward, C., Wallentin, L., Siegbahn, A., Lind, L., Butterworth, A. S., Michaëlsson, K., Peters, J. E., Mälarstig, A., ... Wilson, J. F. (2021). Mapping genetic determinants of 184 circulating proteins in 26,494 individuals to connect proteins and diseases. *MedRxiv*, *10*, 39. <https://doi.org/10.1101/2021.08.03.21261494>
- Mechanick, J. I., Farkouh, M. E., Newman, J. D., & Garvey, W. T. (2020). Cardiometabolic-Based Chronic Disease, Adiposity and Dysglycemia Drivers: JACC State-of-the-Art Review. *Journal of the American College of Cardiology*, *75*(5), 525–538. <https://doi.org/10.1016/j.jacc.2019.11.044>
- Palmer, S. C., Tendal, B., Mustafa, R. A., Vandvik, P. O., Li, S., Hao, Q., Tunnicliffe, D., Ruospo, M., Natale, P., Saglimbene, V., Nicolucci, A., Johnson, D. W., Tonelli, M., Rossi, M. C., Badve, S. V., Cho, Y., Nadeau-Fredette, A.-C., Burke, M., Faruque, L. I., ... Strippoli, G. F. M. (2021). Sodium-glucose cotransporter protein-2 (SGLT-2) inhibitors and glucagon-like peptide-1 (GLP-1) receptor agonists for type 2 diabetes: systematic review and network meta-analysis of randomised controlled trials. *BMJ*, *372*, m4573. <https://doi.org/10.1136/bmj.m4573>
- Paré, G., Çaku, A., McQueen, M., Anand, S. S., Enas, E., Clarke, R., Boffa, M. B., Koschinsky, M., Wang, X., & Yusuf, S. (2019). Lipoprotein(a) Levels and the Risk of Myocardial Infarction Among 7 Ethnic Groups. *Circulation*, *139*(12), 1472–1482. <https://doi.org/10.1161/CIRCULATIONAHA.118.034311>
- Pietzner, M., Wheeler, E., Carrasco-Zanini, J., Kerrison, N. D., Oerton, E., Koprulu, M., Luan, J., Hingorani, A. D., Williams, S. A., Wareham, N. J., & Langenberg, C. (2021). Synergistic insights into human health from aptamer- and antibody-based proteomic profiling. *Nature Communications*, *12*(1). <https://doi.org/10.1038/s41467-021-27164-0>
- Pound, P., & Ritskes-Hoitinga, M. (2018). Is it possible to overcome issues of external validity in preclinical animal research? Why most animal models are bound to fail. *Journal of Translational Medicine*, *16*(1), 1–8. <https://doi.org/10.1186/s12967-018-1678-1>
- Rasheed, H., Zheng, J., Rees, J., Sanderson, E., Thomas, L., Richardson, T. G., Fang, S., Bekkevold, O.-J., Stovner, E. B., Gabrielsen, M. E., Skogholt, A. H., Romundstad, S., Brumpton, B., Hallan, S., Willer, C., Burgess, S., Hveem, K., Davey Smith, G.,

- Gaunt, T. R., & Åsvold, B. O. (2021). The causal effects of serum lipids and apolipoproteins on kidney function: multivariable and bidirectional Mendelian-randomization analyses. *International Journal of Epidemiology*, *50*(5), 1569–1579. <https://doi.org/10.1093/ije/dyab014>
- Reboussin, D. M., Allen, N. B., Griswold, M. E., Guallar, E., Hong, Y., Lackland, D. T., Miller, E. (Pete) R., Polonsky, T., Thompson-Paul, A. M., & Vupputuri, S. (2018). Systematic Review for the 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults. *Journal of the American College of Cardiology*, *71*(19), 2176–2198. <https://doi.org/10.1016/j.jacc.2017.11.004>
- Riaz, H., Khan, S. U., Rahman, H., Shah, N. P., Kaluski, E., Lincoff, A. M., & Nissen, S. E. (2019). Effects of high-density lipoprotein targeting treatments on cardiovascular outcomes: A systematic review and meta-analysis. *European Journal of Preventive Cardiology*, *26*(5), 533–543. <https://doi.org/10.1177/2047487318816495>
- Ross, S., Gerstein, H. C., Eikelboom, J., Anand, S. S., Yusuf, S., & Paré, G. (2015). Mendelian randomization analysis supports the causal role of dysglycaemia and diabetes in the risk of coronary artery disease. *European Heart Journal*, *36*(23), 1454–1462. <https://doi.org/10.1093/eurheartj/ehv083>
- Roth, G. A., Mensah, G. A., Johnson, C. O., Addolorato, G., Ammirati, E., Baddour, L. M., Barengo, N. C., Beaton, A. Z., Benjamin, E. J., Benziger, C. P., Bonny, A., Brauer, M., Brodmann, M., Cahill, T. J., Carapetis, J., Catapano, A. L., Chugh, S. S., Cooper, L. T., Coresh, J., ... Fuster, V. (2020). Global Burden of Cardiovascular Diseases and Risk Factors, 1990–2019. *Journal of the American College of Cardiology*, *76*(25), 2982–3021. <https://doi.org/10.1016/j.jacc.2020.11.010>
- Sjaarda, J., Gerstein, H. C., Yusuf, S., Treleaven, D., Walsh, M., Mann, J. F. E., Hess, S., & Paré, G. (2018). Blood HER2 and Uromodulin as Causal Mediators of CKD. *Journal of the American Society of Nephrology*, *29*(4), 1326–1335. <https://doi.org/10.1681/ASN.2017070812>
- Smietana, K., Siatkowski, M., & Møller, M. (2016). Trends in clinical success rates. *Nature Reviews Drug Discovery*, *15*(6), 379–380. <https://doi.org/10.1038/nrd.2016.85>
- Staley, J. R., & Burgess, S. (2017). Semiparametric methods for estimation of a nonlinear exposure-outcome relationship using instrumental variables with application to Mendelian randomization. *Genetic Epidemiology*, *41*(4), 341–352. <https://doi.org/10.1002/gepi.22041>
- Su, X., Zhang, L., Lv, J., Wang, J., Hou, W., Xie, X., & Zhang, H. (2016). Effect of statins on kidney disease outcomes: A systematic review and meta-analysis. *American Journal of Kidney Diseases*, *67*(6), 881–892. <https://doi.org/10.1053/j.ajkd.2016.01.016>
- Sudlow, C., Gallacher, J., Allen, N., Beral, V., Burton, P., Danesh, J., Downey, P., Elliott, P., Green, J., Landray, M., Liu, B., Matthews, P., Ong, G., Pell, J., Silman, A., Young, A., Sprosen, T., Peakman, T., & Collins, R. (2015). UK Biobank: An Open Access Resource for Identifying the Causes of a Wide Range of Complex Diseases

- of Middle and Old Age. *PLOS Medicine*, 12(3), e1001779.
<https://doi.org/10.1371/journal.pmed.1001779>
- Suhre, K., Arnold, M., Mukund Bhagwat, A., Cotton, R. J., Engelke, R., Raffler, J., Sarwath, H., Thareja, G., Wahl, A., Kirk DeLisle, R., Gold, L., Pezer, M., Lauc, G., El-Din Selim, M. A., Mook-Kanamori, D. O., Al-Dous, E. K., Kastenmüller, G., Gieger, C., & Graumann, J. (2017). Connecting genetic risk to disease end points through the human blood plasma proteome. *Nature Communications*, 8(14357), 1–13. <https://doi.org/10.1038/ncomms14357>
- Sun, B. B., Maranville, J. C., Peters, J. E., Stacey, D., Staley, J. R., Blackshaw, J., Burgess, S., Jiang, T., Paige, E., Surendran, P., Oliver-Williams, C., Kamat, M. A., Prins, B. P., Wilcox, S. K., Zimmerman, E. S., Chi, A., Bansal, N., Spain, S. L., Wood, A. M., ... Butterworth, A. S. (2018). Genomic atlas of the human plasma proteome. *Nature*, 558(7708), 73–79. <https://doi.org/10.1038/s41586-018-0175-2>
- The Emerging Risk Factors Collaboration*. (2009). Major Lipids, Apolipoproteins, and Risk of Vascular Disease. *JAMA*, 302(18), 1993.
<https://doi.org/10.1001/jama.2009.1619>
- Tsimikas, S., Karwatowska-Prokopczuk, E., Gouni-Berthold, I., Tardif, J.-C., Baum, S. J., Steinhagen-Thiessen, E., Shapiro, M. D., Stroes, E. S., Moriarty, P. M., Nordestgaard, B. G., Xia, S., Guerriero, J., Viney, N. J., O’Dea, L., & Witztum, J. L. (2020). Lipoprotein(a) Reduction in Persons with Cardiovascular Disease. *New England Journal of Medicine*, 382(3), 244–255.
<https://doi.org/10.1056/nejmoa1905239>
- Twerenbold, R., Boeddinghaus, J., Nestelberger, T., Wildi, K., Rubini Gimenez, M., Badertscher, P., & Mueller, C. (2017). Clinical Use of High-Sensitivity Cardiac Troponin in Patients With Suspected Myocardial Infarction. *Journal of the American College of Cardiology*, 70(8), 996–1012. <https://doi.org/10.1016/j.jacc.2017.07.718>
- Vos, T., Lim, S. S., Abbafati, C., Abbas, K. M., Abbasi, M., Abbasifard, M., Abbasi-Kangevari, M., Abbastabar, H., Abd-Allah, F., Abdelalim, A., Abdollahi, M., Abdollahpour, I., Abolhassani, H., Aboyans, V., Abrams, E. M., Abreu, L. G., Abrigo, M. R. M., Abu-Raddad, L. J., Abushouk, A. I., ... Murray, C. J. L. (2020). Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*, 396(10258), 1204–1222. [https://doi.org/10.1016/S0140-6736\(20\)30925-9](https://doi.org/10.1016/S0140-6736(20)30925-9)
- Võsa, U., Claringbould, A., Westra, H.-J., Bonder, M. J., Deelen, P., Zeng, B., Kirsten, H., Saha, A., Kreuzhuber, R., Yazar, S., Brugge, H., Oelen, R., de Vries, D. H., van der Wijst, M. G. P., Kasela, S., Pervjakova, N., Alves, I., Favé, M.-J., Agbessi, M., ... Franke, L. (2021). Large-scale cis- and trans-eQTL analyses identify thousands of genetic loci and polygenic scores that regulate blood gene expression. *Nature Genetics*, 53(9), 1300–1310. <https://doi.org/10.1038/s41588-021-00913-z>
- Welter, D., MacArthur, J., Morales, J., Burdett, T., Hall, P., Junkins, H., Klemm, A., Flicek, P., Manolio, T., Hindorff, L., & Parkinson, H. (2014). The NHGRI GWAS Catalog, a curated resource of SNP-trait associations. *Nucleic Acids Research*, 42(D1), D1001–D1006. <https://doi.org/10.1093/nar/gkt1229>
- Williams, S. A., Kivimaki, M., Langenberg, C., Hingorani, A. D., Casas, J. P., Bouchard,

- C., Jonasson, C., Sarzynski, M. A., Shipley, M. J., Alexander, L., Ash, J., Bauer, T., Chadwick, J., Datta, G., DeLisle, R. K., Hagar, Y., Hinterberg, M., Ostroff, R., Weiss, S., ... Wareham, N. J. (2019). Plasma protein patterns as comprehensive indicators of health. *Nature Medicine*, 25(12), 1851–1857. <https://doi.org/10.1038/s41591-019-0665-2>
- Wouters, O. J., McKee, M., & Luyten, J. (2020). Estimated Research and Development Investment Needed to Bring a New Medicine to Market, 2009-2018. *JAMA - Journal of the American Medical Association*, 323(9), 844–853. <https://doi.org/10.1001/jama.2020.1166>
- Xie, X., Liu, Y., Perkovic, V., Li, X., Ninomiya, T., Hou, W., Zhao, N., Liu, L., Lv, J., Zhang, H., & Wang, H. (2016). Renin-Angiotensin System Inhibitors and Kidney and Cardiovascular Outcomes in Patients With CKD: A Bayesian Network Meta-analysis of Randomized Clinical Trials. *American Journal of Kidney Diseases*, 67(5), 728–741. <https://doi.org/10.1053/j.ajkd.2015.10.011>
- Zhou, W., Kanai, M., Wu, K. H., Humaira, R., Tsuo, K., & Hirbo, J. B. (2021). Global Biobank Meta-analysis Initiative: powering genetic discovery across human diseases. *MedRxiv*. <https://doi.org/10.1101/2021.11.19.21266436>

CHAPTER 2:
GENERAL HYPOTHESIS, OBJECTIVE, RATIONALE, AND APPROACH

CHAPTER 2: HYPOTHESIS, OBJECTIVE, RATIONALE, & APPROACH

2.1 GENERAL HYPOTHESIS

We hypothesized that causal blood biomarkers for cardiometabolic disease could be identified that have applications to disease prevention, treatment, and diagnosis.

2.2 GENERAL OBJECTIVE

We sought to use Mendelian randomization to discover blood biomarkers that are causal for, or a consequence of, cardiometabolic disease to inform improved therapies or diagnostic biomarkers of disease.

2.3 RATIONALE AND APPROACH

Blood biomarkers can be helpful in informing novel therapeutic targets or diagnostic markers for cardiometabolic disease (Califf, 2018). Observational studies suffer from inherent biases such as reverse causation and confounding that limit their ability to discern causal biomarkers related to disease. Large-scale randomized controlled trials are the gold-standard for causal inference in health sciences research but they are time-consuming, resource-intensive, or, in some cases, impossible from an ethical or logistical standpoint (Gerstein et al., 2019). Mendelian randomization is a technique that leverages random inheritance of alleles at conception to mimic properties of randomized studies and estimate the causal effect of a biomarker and disease (Davies et al., 2018) (Gill et al., 2021). Therefore, this thesis sought to demonstrate the utility of Mendelian randomization as a complementary tool to explain findings from observational studies, predict drug safety and repurposing opportunities, inform clinical trial decision making, and improve diagnostic biomarkers.

In the context of this theme, we pursued three research projects that both make novel contributions to the scientific literature and provide clinical insights to improve treatment and diagnosis of cardiometabolic diseases.

In chapter 3, “*Elevated lipoprotein(a) and risk of atrial fibrillation: an observational and Mendelian randomization study*”, we applied Mendelian randomization analysis to a pre-specified hypothesis. Given ongoing trials of lipoprotein(a) inhibitors for prevention of cardiovascular disease and lack of preventative therapies for atrial fibrillation, we intended to elucidate whether lipoprotein(a) causes atrial fibrillation and whether any effect is mediated independent of atherosclerotic cardiovascular disease. To do so, we tested the association of observed and genetically predicted lipoprotein(a) levels on risk of atrial fibrillation in the UK Biobank (Sudlow et al., 2015) followed by a formal two-sample Mendelian randomization analysis using two independent genome-wide association studies of atrial fibrillation (Nielsen et al., 2018) (Borodulin et al., 2018). The plausibility of an effect of lipoprotein(a) on atrial fibrillation independent of atherosclerotic disease was tested through mediation analysis conditioning on ischemic heart disease and aortic valve stenosis, and comparison between the effect of lipoprotein(a) to other atherogenic lipid fractions.

In chapter 4, “*Effects of lifelong elevated testosterone on health and disease*”, we applied Mendelian randomization analysis to broadly survey the causal effects of testosterone – a biomarker of topical interest to the medical community due to its controversial role in cardiometabolic disease (Münzer et al., 2001) (Snyder et al., 2018) (Bhasin et al., 2018). In addition to exploring suspected effects, the exploratory nature of

this study afforded the ability to agnostically identify novel effects that could inform drug repurposing opportunities and adverse effects. We identified genetic determinants of calculated free testosterone in males from the UK Biobank, which were used to test the association of genetically predicted free testosterone with hundreds of diseases and traits in a one-sample Mendelian randomization analysis design (Mohammadi-Shemirani et al., 2020).

In chapter 5, “*A Mendelian randomization-based approach to identify early and sensitive diagnostic biomarkers of disease*”, we reimagined traditional Mendelian randomization analysis to discover biomarkers that are caused by disease rather than act as causal mediators themselves (Mohammadi-Shemirani et al., 2019). Such biomarkers that are consequences of disease are expected to serve as sensitive and early markers for diagnosis. We explored this notion through a proof-of-concept study in the ORIGIN trial (Sjaarda et al., 2018), where we identified serum biomarkers that were associated with genetically predicted levels of eGFR_{crea} using genetic variants from the CKDGen consortium (Pattaro et al., 2016). To validate their ability to discriminate early stages of disease, we tested whether significant biomarkers were associated with incident CKD in participants without traditional risk factors of CKD, and whether inclusion of biomarkers improved discriminative ability of stage 3 CKD in models with CKD risk factors.

2.4 REFERENCES

Bhasin, S., Brito, J. P., Cunningham, G. R., Hayes, F. J., Hodis, H. N., Matsumoto, A. M., Snyder, P. J., Swerdloff, R. S., Wu, F. C., & Yialamas, M. A. (2018). Testosterone Therapy in Men With Hypogonadism: An Endocrine Society* Clinical Practice

- Guideline. *The Journal of Clinical Endocrinology & Metabolism*, 103(5), 1715–1744. <https://doi.org/10.1210/jc.2018-00229>
- Borodulin, K., Tolonen, H., Jousilahti, P., Jula, A., Juolevi, A., Koskinen, S., Kuulasmaa, K., Laatikainen, T., Männistö, S., Peltonen, M., Perola, M., Puska, P., Salomaa, V., Sundvall, J., Virtanen, S. M., & Vartiainen, E. (2018). Cohort Profile: The National FINRISK Study. *International Journal of Epidemiology*, 47(3), 696-696i. <https://doi.org/10.1093/ije/dyx239>
- Califf, R. M. (2018). Biomarker definitions and their applications. *Experimental Biology and Medicine*, 243(3), 213–221. <https://doi.org/10.1177/1535370217750088>
- Davies, N. M., Holmes, M. V., & Davey Smith, G. (2018). Reading Mendelian randomisation studies: a guide, glossary, and checklist for clinicians. *BMJ*, 362, k601. <https://doi.org/10.1136/bmj.k601>
- Gerstein, H. C., McMurray, J., & Holman, R. R. (2019). Real-world studies no substitute for RCTs in establishing efficacy. *The Lancet*, 393(10168), 210–211. [https://doi.org/10.1016/S0140-6736\(18\)32840-X](https://doi.org/10.1016/S0140-6736(18)32840-X)
- Gill, D., Georgakis, M. K., Walker, V. M., Schmidt, A. F., Gkatzionis, A., Freitag, D. F., Finan, C., Hingorani, A. D., Howson, J. M. M., Burgess, S., Swerdlow, D. I., Davey Smith, G., Holmes, M. V., Dichgans, M., Scott, R. A., Zheng, J., Psaty, B. M., & Davies, N. M. (2021). Mendelian randomization for studying the effects of perturbing drug targets. *Wellcome Open Research*, 6, 16. <https://doi.org/10.12688/wellcomeopenres.16544.2>
- Mohammadi-Shemirani, P., Chong, M., Pigeyre, M., Morton, R. W., Gerstein, H. C., &

- Paré, G. (2020). Effects of lifelong testosterone exposure on health and disease using mendelian randomization. *ELife*, *9*, 1–17. <https://doi.org/10.7554/eLife.58914>
- Mohammadi-Shemirani, P., Sjaarda, J., Gerstein, H. C., Treleaven, D. J., Walsh, M., Mann, J. F., McQueen, M. J., Hess, S., & Paré, G. (2019). A Mendelian randomization-based approach to identify early and sensitive diagnostic biomarkers of disease. *Clinical Chemistry*, *65*(3), 427–436. <https://doi.org/10.1373/clinchem.2018.291104>
- Münzer, T., Harman, S. M., Hees, P., Shapiro, E., Christmas, C., Bellantoni, M. F., Stevens, T. E., O'Connor, K. G., Pabst, K. M., St. Clair, C., Sorkin, J. D., & Blackman, M. R. (2001). Effects of GH and/or Sex Steroid Administration on Abdominal Subcutaneous and Visceral Fat in Healthy Aged Women and Men. *The Journal of Clinical Endocrinology & Metabolism*, *86*(8), 3604–3610. <https://doi.org/10.1210/jcem.86.8.7773>
- Nielsen, J. B., Thorolfsdottir, R. B., Fritsche, L. G., Zhou, W., Skov, M. W., Graham, S. E., Herron, T. J., McCarthy, S., Schmidt, E. M., Sveinbjornsson, G., Surakka, I., Mathis, M. R., Yamazaki, M., Crawford, R. D., Gabrielsen, M. E., Skogholt, A. H., Holmen, O. L., Lin, M., Wolford, B. N., ... Willer, C. J. (2018). Biobank-driven genomic discovery yields new insight into atrial fibrillation biology. *Nature Genetics*, *50*(9), 1234–1239. <https://doi.org/10.1038/s41588-018-0171-3>
- Pattaro, C., Teumer, A., Gorski, M., Chu, A. Y., Li, M., Mijatovic, V., Garnaas, M., Tin, A., Sorice, R., Li, Y., Taliun, D., Olden, M., Foster, M., Yang, Q., Chen, M. H., Pers, T. H., Johnson, A. D., Ko, Y. A., Fuchsberger, C., ... Fox, C. S. (2016).

Genetic associations at 53 loci highlight cell types and biological pathways relevant for kidney function. *Nature Communications*, 7, 1–19.

<https://doi.org/10.1038/ncomms10023>

Sjaarda, J., Gerstein, H. C., Yusuf, S., Treleaven, D., Walsh, M., Mann, J. F. E., Hess, S., & Paré, G. (2018). Blood HER2 and Uromodulin as Causal Mediators of CKD.

Journal of the American Society of Nephrology, 29(4), 1326–1335.

<https://doi.org/10.1681/ASN.2017070812>

Snyder, P. J., Bhasin, S., Cunningham, G. R., Matsumoto, A. M., Stephens-Shields, A. J., Cauley, J. A., Gill, T. M., Barrett-Connor, E., Swerdloff, R. S., Wang, C., Ensrud, K. E., Lewis, C. E., Farrar, J. T., Cella, D., Rosen, R. C., Pahor, M., Crandall, J. P., Molitch, M. E., Resnick, S. M., ... Ellenberg, S. S. (2018). Lessons from the Testosterone Trials. *Endocrine Reviews*, 39(3), 369–386.

<https://doi.org/10.1210/er.2017-00234>

Sudlow, C., Gallacher, J., Allen, N., Beral, V., Burton, P., Danesh, J., Downey, P., Elliott, P., Green, J., Landray, M., Liu, B., Matthews, P., Ong, G., Pell, J., Silman, A., Young, A., Sprosen, T., Peakman, T., & Collins, R. (2015). UK Biobank: An Open Access Resource for Identifying the Causes of a Wide Range of Complex Diseases of Middle and Old Age. *PLOS Medicine*, 12(3), e1001779.

<https://doi.org/10.1371/journal.pmed.1001779>

CHAPTER 3:

**Elevated lipoprotein(a) and risk of atrial fibrillation: an observational and
Mendelian randomization study**

Submitted to *Journal of the American College of Cardiology*. (June 22, 2021)

**Elevated lipoprotein(a) and risk of atrial fibrillation: an observational and
Mendelian randomization study**

Authors: Pedrum Mohammadi-Shemirani BSc^{a,b,c}, Michael Chong MSc^{a,b,d}, Sukrit Narula BA^{a,b,e}, Nicolas Perrot PhD^{a,f,g}, David Conen MD MPH^{a,e,h}, Jason D. Roberts MD MAS^a, Sébastien Thériault MD MSc^{f,i}, Yohan Bossé PhD^{f,j}, Matthew B. Lanktree MD PhD^{a,k}, Marie Pigeyre MD PhD^{a,h}, Guillaume Paré MD MSc^{a,b,e,l}

- a. Population Health Research Institute, David Braley Cardiac, Vascular and Stroke Research Institute, Hamilton, Ontario, Canada
- b. Thrombosis and Atherosclerosis Research Institute, David Braley Cardiac, Vascular and Stroke Research Institute, Hamilton, Ontario, Canada
- c. Department of Medical Sciences, McMaster University, Hamilton, Ontario, Canada
- d. Department of Biochemistry and Biomedical Sciences, McMaster University, Hamilton, Ontario, Canada
- e. Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Ontario, Canada
- f. Centre de Recherche de l'Institut Universitaire de Cardiologie et de Pneumologie de Québec, Québec, Canada
- g. Department of Medicine, Faculty of Medicine, Université Laval, Québec, Québec, Canada
- h. Department of Medicine, McMaster University, Hamilton Health Sciences, Hamilton, Ontario, Canada
- i. Department of Molecular Biology, Medical Biochemistry and Pathology, Faculty of Medicine, Université Laval, Québec, Québec, Canada
- j. Department of Molecular Medicine, Faculty of Medicine, Université Laval, Québec, Québec, Canada
- k. Division of Nephrology, Department of Medicine, McMaster University, Hamilton, Ontario, Canada
- l. Department of Pathology and Molecular Medicine, McMaster University, Michael G. DeGroot School of Medicine, Hamilton, Ontario, Canada

Abstract

Background: Atrial fibrillation (AF) is a cardiac arrhythmia associated with elevated risk of stroke, heart failure, and mortality. However, preventative therapies are needed with ancillary benefits on its cardiovascular comorbidities. Lipoprotein(a) (Lp(a)) is a recognized risk factor for atherosclerotic cardiovascular disease (ASCVD), which itself increases AF risk, but it remains unknown whether Lp(a) is a causal mediator of AF independent of ASCVD.

Objectives: This study investigated the role of Lp(a) in AF and whether it is independent of ASCVD.

Methods: Measured and genetically predicted Lp(a) levels were tested for association with 20,432 cases of incident AF in the UK Biobank (UKB) (N=435,579). Mendelian randomization (MR) analyses were performed using summary-level data for AF from Nielsen *et al.* and FinnGen (N=1,145,375).

Results: In the UKB, each 50 nmol/L (23 mg/dL) increase in Lp(a) was associated with increased risk of incident AF using measured (HR=1.03; 95%CI=1.02 to 1.04; $p=1.65 \times 10^{-8}$) and genetically predicted Lp(a) (OR=1.03; 95%CI=1.02 to 1.05; $p=1.33 \times 10^{-5}$). MR analyses using independent data replicated the effect (OR=1.04 per 50 nmol/L Lp(a) increase; 95%CI=1.03 to 1.05; $p=9.23 \times 10^{-10}$). There was no evidence of risk-conferring effect from LDL cholesterol or triglycerides, and only 39% (95%CI=27% to 73%) of Lp(a) risk was mediated through ASCVD, suggesting Lp(a) partly influences AF independent of its known effects on ASCVD.

Conclusions: Our findings implicate Lp(a) as a potential causal mediator in development of AF that demonstrate Lp(a)'s effects extend across myocardial tissues. Ongoing clinical trials for Lp(a)-lowering therapies should evaluate effects on AF prevention.

Funding: P.M. is supported by the Frederick Banting and Charles Best Canada Graduate Scholarship from the Canadian Institute of Health Research. M.C. is supported by the Frederick Banting and Charles Best Canada Graduate Scholarship the Canadian Institute of Health Research. D.C. holds a McMaster University Department of Medicine Mid-Career Research Award. S.T. holds a junior scholar award from the FRQS (Fonds de recherche du Québec - Santé). Y.B. holds a Canada Research Chair in Genomics of Heart and Lung Diseases. M.B.L. is a new investigator in the KRESCENT (Kidney Research Scientist Core Education and National Training) program and is supported by the Canadian Institutes of Health Research, Kidney Foundation of Canada, and the Canadian Society of Nephrology. M.P. is supported by the E.J. Moran Campbell Internal Career Research Award from McMaster University. G.P. is holds the Canada Research Chair in Genetic and Molecular Epidemiology and Cisco Systems Professorship in Integrated Health Biosystems.

Introduction

Atrial fibrillation (AF) is the most common cardiac arrhythmia in adults with a prevalence between 0.5-2% (1, 2). Longer lifespan and higher prevalence of AF risk factors are projected to further increase global prevalence of AF (3). Patients with AF have greater risks of heart failure, ischemic stroke, dementia and death, and are more likely to be hospitalized resulting in higher healthcare costs (4–7). Early intervention and prevention are important for management of any disease, but it is critically important for AF as structural and electrical remodelling in the atria begets further remodelling that exacerbates the condition (8, 9). However, preventative therapies repurposed from other cardiovascular diseases (CVD) have shown inconsistent results in AF. There is some evidence of beneficial effect for renin-angiotensin-aldosterone system inhibitors in primary prevention, but inconclusive results for statins or even potentially harmful effects for polyunsaturated fatty acids (10–14). Therefore, there is a lack of preventative therapies for AF with ancillary benefits on cardiovascular comorbidities.

Lipoprotein(a) [Lp(a)] is a particle consisting of an LDL-like core attached to an apolipoprotein(a) chain. Apolipoprotein(a) size is inversely related to circulating Lp(a) concentration, and Lp(a) levels are up to 90% heritable with most of the variance explained by the *LPA* locus alone (15, 16). Lp(a) plays a role in atherosclerotic cardiovascular disease and is a well-established risk factor for coronary artery disease, ischemic stroke, and aortic valve stenosis (15, 17–19). Higher risk of aortic valve stenosis suggests a pathological mechanism that extends beyond the arteries to other types of cardiac tissue and may include the atria (20). Although coronary artery disease is itself a risk factor for AF, Lp(a) particles

have additional thrombogenic and inflammatory properties that could provide other mechanisms, independent of atherosclerotic cardiovascular disease, by which an effect on AF could be mediated (21, 22). As a result, Lp(a) could represent a target that simultaneously prevents or treats both cardiovascular comorbidities of AF and AF itself, where the latter could be mediated as a downstream effect of its beneficial effect on atherosclerotic cardiovascular disease or through independent mechanisms unique to Lp(a) particles.

Unlike coronary artery disease, ischemic stroke, and aortic valve stenosis, an effect of Lp(a) on AF has been suggested but never effectively evaluated. Observational studies have identified Lp(a) as a risk factor for atrial thrombi in patients with AF but no association between Lp(a) and incident AF events (23). However, these studies were limited by the number of AF cases and underpowered to detect smaller effects of Lp(a) on AF (24, 25). A recent Mendelian randomization study explored multiple lipid traits and identified an effect of Lp(a) on AF, but it was only nominally significant without adjustment for multiple hypothesis testing (26). By integrating observational and genetic epidemiology evidence across multiple independent cohorts representing a 20-fold increase in AF cases over previous observational studies, we sought to conclusively answer whether Lp(a) has a causal role in AF development, and to demonstrate for the first time whether this role is independent of its effects in atherosclerotic cardiovascular disease (Figure 1).

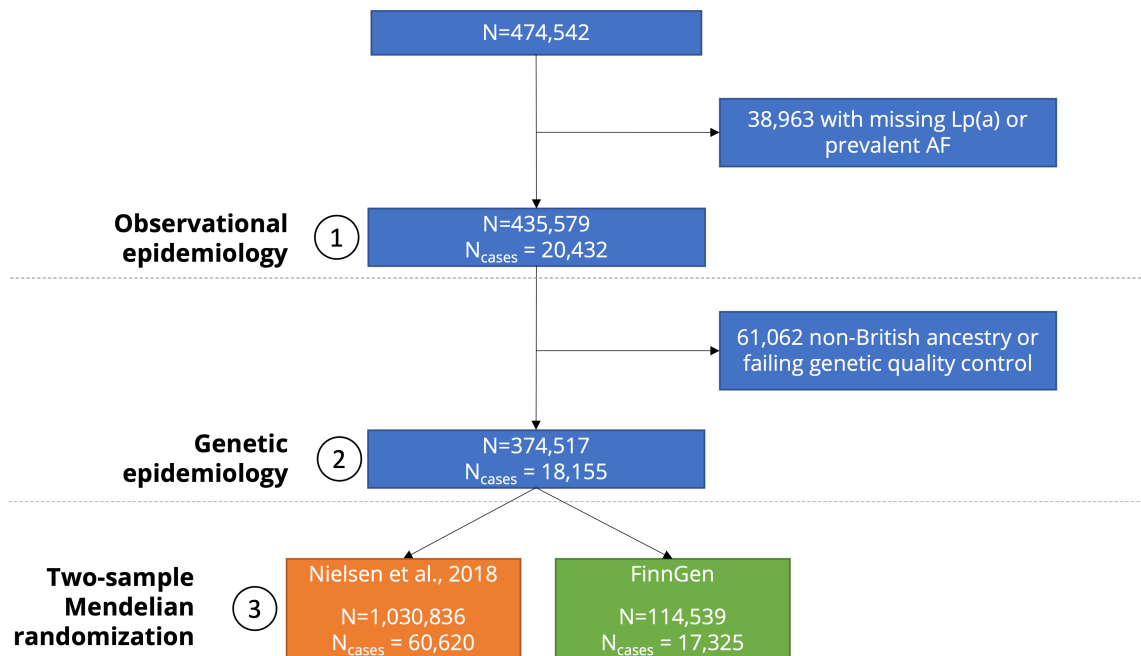


Figure 1. Flowchart depicting study design. Study was testing *Lp(a)* as a causal risk factor for atrial fibrillation. In the UK Biobank (blue), participants were excluded if their *Lp(a)* was missing or if they had atrial fibrillation before their assessment centre visit. Genetic epidemiology was used to help infer the unconfounded relationship between *Lp(a)* and atrial fibrillation by leveraging random allocation of genetic variants at meiosis akin to the random assignment of participants to experimental groups in a randomized controlled trial. For these analyses, participants were further excluded if they were of non-British ancestry or missing genetic data. Finally, two-sample Mendelian randomization was performed to evaluate the effect of genetically predicted *Lp(a)* on atrial fibrillation in two independent cohorts from the Nielsen et al. and FinnGen studies. AF, atrial fibrillation; *Lp(a)*, lipoprotein(a).

Methods

Study Population

The UK Biobank is a population-scale longitudinal cohort study that recruited over 500,000 people between the ages of 37-73 across the United Kingdom from 2006-2010 (27). UK Biobank received ethical approval from the North West Multi-Centre Research Ethics Committee (REC reference: 11/NW/0382). This research was conducted using the UK Biobank under Application Number 15255. For this study, participant selection is depicted in Figure 1.

Measurement of Lipoprotein(a) in UK Biobank

Lp(a) was measured on a Randox AU5800 immunoturbidimetric assay that used a 5-point calibrator to reflect heterogeneity in Lp(a) isoform size. Analytical range for Lp(a) was from 5.76 to 189 nmol/L (2.68 to 87.91 mg/dL). Within-laboratory coefficient of variation for high, medium, and low concentration quality controls samples were 6.1, 4.4, and 3.8%. To monitor assay consistency, all samples were run with internal quality control samples between batches and operations used external quality assurance schemes according to the ISO 17025:2005 standard. Lp(a) values were detectable but flagged outside of the reportable range in 16.3% of samples. There were 45,352 and 31,775 participants with values below and above the reportable range, respectively (Supplemental Figure 1). Detectable values outside of analytical range were included in all analyses (Return 2321) (Supplemental Figure 1A). Sensitivity analyses were performed where any values that fell outside of the analytical range were winsorized to the lowest and highest reportable values, as appropriate (Supplemental Figure 1B). Lp(a) was converted from nmol/L to mg/dL by dividing by 2.15, as previously described (28).

Definitions of Atrial Fibrillation and Risk Factors in UK Biobank

Health information was collected from self-reported medical history and physical measures at recruitment, and ongoing developments through linked electronic health records. AF was defined based on the occurrence of one or more ICD-10 (I48.0 through I48.9) or OPCS-4 (K62.2, K62.3) codes in electronic health records from hospital inpatient admissions (field ID 41270) or death register (field ID 40001 and 40002). Sensitivity and specificity for ascertainment of AF using ICD-10 billing codes can vary between 42-97 and 88-100%, respectively (29, 30). Prevalent AF was defined as any event with a date of occurrence before the participant's first visit for recruitment into the study, while incident AF was defined as an event occurring after the first study visit. For subgroup analyses, prevalent disease (ischemic heart disease, type 2 diabetes, heart failure, or aortic valve stenosis) was defined as any event with a date of occurrence before the date of occurrence for AF. Definitions of risk factors for AF used in subgroup analyses and other relevant variables from the UK Biobank are provided in Supplemental Table 1.

Statistical Analysis

Survival Analysis in UK Biobank

For observational epidemiological analyses, we restricted participants to those with Lp(a) measured at recruitment and without prevalent AF (n= 435,579). Cox proportional hazards regression modelled the relationship between Lp(a) at recruitment and incident AF events in the overall cohort and each ancestry group (African, n=6,833; British, n=395,497; Non-British Caucasian, n=26,350; South Asian, n=6,899). Models were adjusted for age, sex, genetic ancestry, Townsend deprivation index, BMI, height, physical activity, diastolic blood pressure, systolic blood pressure, prevalent type 2 diabetes, smoking status, alcoholic

drinks per week, total cholesterol, HDL cholesterol, triglycerides, lipid-lowering medication, and anti-hypertensive medication use. The continuous relationship between Lp(a) and hazard ratios of incident AF was modelled using a restricted cubic spline adjusted for the aforementioned covariates. To identify effect modifiers of the Lp(a) and AF relationship, subgroup analyses were performed for common risk factors of AF selected *a priori* as specified in the Supplemental Methods. Given Lp(a) lowering therapies are being tested in participants with elevated Lp(a) (>70 mg/dL or 150 nmol/L), Lp(a) was also modelled as a categorical variable according to clinically accepted cutoffs for normal (<30 mg/dL or 75 nmol/L) and elevated (>70 mg/dL or 150 nmol/L) Lp(a) levels (31) [ClinicalTrials.gov Identifier: NCT04023552].

Genetic Risk Score Analysis in UK Biobank

For genetic epidemiological analyses, we further restricted the subset from observational epidemiological analyses to only participants with British ancestry and genetic data that passed quality control (n=374,516). Quality control of genetic data in the UK Biobank is described in Supplemental Methods. Least absolute shrinkage and selection operator (LASSO) regression was used to construct the genetic risk scores for Lp(a) using genetic variants within 500Kb of the *LPA* gene as described in the Supplemental Methods. Sensitivity analyses were performed using variants across the entire genome or within 50Kb of the *LPA* gene. In the UK Biobank, the genetic subset was divided into a training and testing set. Model training for the genetic risk score for Lp(a) was done using 10-fold cross-validation in the training set. Then, model performance was evaluated using the variance of Lp(a) explained (r^2) by the genetic score in an independent testing set.

Furthermore, we evaluated the association of the genetic risk score for Lp(a) with AF in the testing set. To maximize power to detect an association between genetically predicted Lp(a) and incident AF, the testing set consisted of all 18,155 cases of incident AF and 36,287 randomly selected age- (± 5 years) and sex-matched controls ($n=54,442$). The training set consisted of all remaining participants as it was exclusively used to generate the genetic risk score for Lp(a) ($n=320,075$). Logistic regression was used to model the relationship between the allele score for Lp(a) at recruitment and incident AF events in the overall cohort as a case-control analysis. Models were adjusted for age, sex, chip type (Affymetrix UK BiLEVE or UK Biobank Axiom arrays), assessment centre, and 40 principal components of ancestry. As a sensitivity analysis, we conducted a case-control analysis with only prevalent AF cases ($n_{\text{cases}}=6,156$) and combining prevalent with incident AF cases. Subgroup analyses were performed to identify effect modifiers as specified in the Supplemental Methods.

Mendelian randomization analysis of Lp(a) as a causal risk factor for atrial fibrillation

As described in the Supplemental Methods, 15 independent ($r^2 < 0.001$) genetic variants within 500Kb of *LPA* associated ($p < 5 \times 10^{-8}$) with Lp(a) were selected from the same training set from the UK Biobank. To replicate analyses in independent datasets and maximize statistical power, genetic associations with AF were derived from publicly available genome-wide association study (GWAS) summary statistics for two-sample Mendelian randomization analyses. The study by Nielsen *et al.* was the largest GWAS of AF to-date with 60,620 cases of AF and 970,216 controls (32). Since UK Biobank was a participating cohort in the study by Nielsen *et al.*, there is partial overlap of samples. To

obtain a truly independent cohort for two-sample Mendelian randomization, summary statistics for AF were also downloaded from FinnGen freeze v4 release with 17,325 cases of AF and 97,214 controls (33).

Mendelian randomization compares the effect of each independent genetic variant on Lp(a) with its effect on AF using the inverse variance-weighted (IVW) method (34). To detect deviation from key assumptions underlying Mendelian randomization, standard sensitivity analyses were conducted: MR-Egger, weighted median, weighted mode, MR-RAPS (Robust Adjusted Profile Score), and MR-PRESSO (Mendelian Randomization Pleiotropy RESidual Sum and Outlier) (35–37). MR-PRESSO was performed using the *MR-PRESSO* package and all other Mendelian randomization analyses were implemented using the *TwoSampleMR* package (37, 38). Finally, Mendelian randomization was used to detect whether AF itself had a causal effect on Lp(a) by comparing effect of 112 independent genetic variants associated with AF ($p < 5 \times 10^{-8}$) in the study by Nielsen *et al.* Detailed methods are provided in the Supplemental Methods.

Evaluating potential mediation of lipoprotein(a) through atherosclerotic cardiovascular disease

Given the atherogenic properties of Lp(a) and role of atherosclerotic cardiovascular diseases as a risk factor for AF, we sought to assess whether part of the effect of Lp(a) on AF was mediated independently of atherosclerotic cardiovascular disease by comparing effect estimates from other atherogenic lipid fractions. As described for Lp(a), Cox proportional hazards regression was used to model the relationship between LDL and

triglycerides at recruitment and incident AF events in the UK Biobank cohort adjusted for aforementioned covariates in Lp(a) analyses. Furthermore, Mendelian randomization analysis was performed for LDL (OpenGWAS ID: ukb-d-30780_raw) and triglycerides (OpenGWAS ID: ukb-d-30870_raw) on AF using publicly available GWAS summary statistics in the UK Biobank from the Neale lab after excluding variants on chromosome 6 associated with Lp(a) ($p < 0.05$) or within 500Kb of the *LPA* gene (39). To compare Lp(a) and LDL or triglyceride effect sizes, estimates were standardized with respect to equivalent effect of each lipid particle on CAD based on Mendelian randomization analysis using GWAS summary statistics from CARDIoGRAMplusC4D ($n_{\text{cases}}=60,801$) (40). The effect of LDL on AF is reported per 0.27 mmol/L of LDL and the effect of triglycerides on AF is reported per 0.69 mmol/L of triglycerides, which corresponds to the same effect on CAD as 50 nmol/L (23 mg/dL) increased Lp(a). Details for the calculations are provided in the Supplemental Methods. For each lipid fraction, IVW effect estimates from Nielsen *et al.* and FinnGen were meta-analyzed using a fixed-effects model. Cochran's Q statistic was used to test for heterogeneity between the effect estimates of Lp(a) and each lipid fraction on AF ($p_{\text{hetero}} < 0.05$).

All individual-level UK Biobank data is available by application directly to the UK Biobank. Summary-level data for the studies by Nielsen *et al.* and FinnGen are publicly available for download.

All statistical analyses were performed in R version 3.6.0. A two-sided p-value less than 5.56×10^{-3} (0.05/9) was considered statistically significant for subgroup analyses. For

all other analyses, a two-sided p-value less than 0.05 was considered statistically significant.

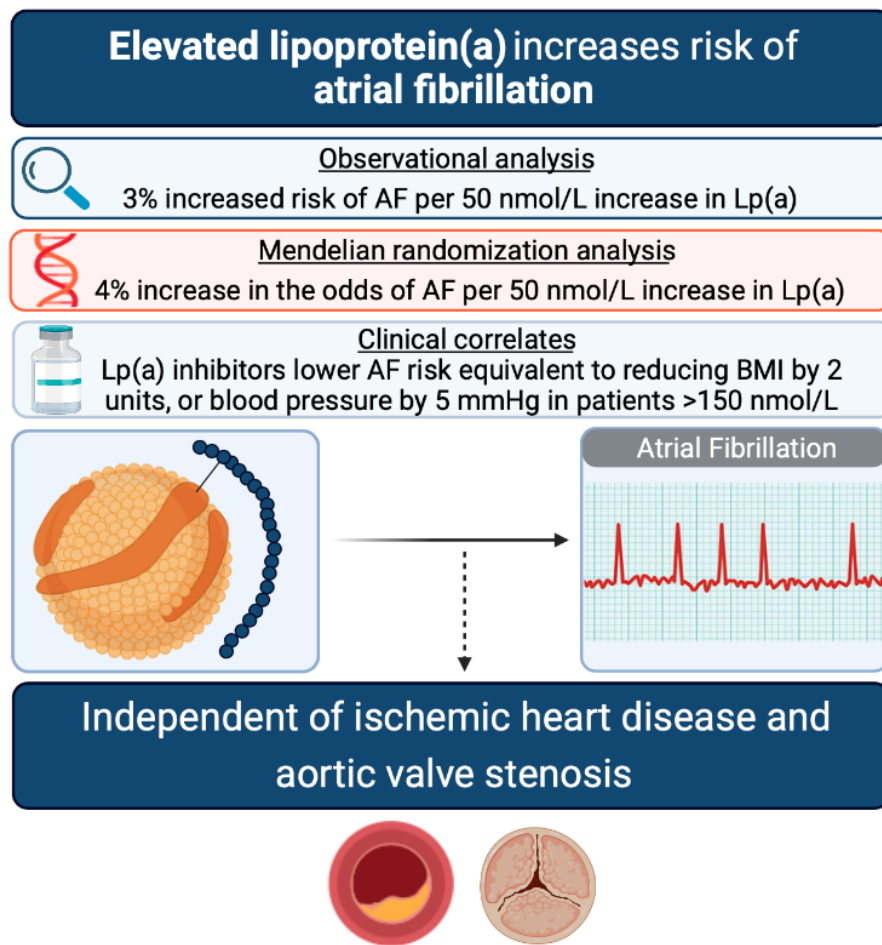
Results

Epidemiological association of lipoprotein(a) and atrial fibrillation in UK Biobank

After excluding participants with prevalent AF (1.4%, n=6,677) and missing Lp(a) measurement at recruitment (6.9%, n=32,748) in the UK Biobank, 435,579 participants were included (Supplemental Table 2). After a median 11 years of follow-up (interquartile range, 10.3 to 11.8 years), 20,432 participants developed incident AF corresponding to a rate of 4.37 events per 1000 person years.

After adjustment for common risk factors, Cox proportional hazards regression identified an increased incidence of AF by 3% per 50 nmol/L (23 mg/dL) increase in Lp(a) (HR=1.03 per 50 nmol/L Lp(a) increase; 95%CI=1.02 to 1.04; $p=1.65 \times 10^{-8}$) (Central Illustration). Sensitivity analysis winsorizing participants with Lp(a) levels outside of the reportable range showed consistent results (HR=1.03 per 50 nmol/L Lp(a) increase; 95%CI=1.02 to 1.05; $p=1.81 \times 10^{-4}$). Effect estimates were overlapping in non-British ancestries but less precise due to limited numbers of AF cases (Supplemental Figure 2 and Supplemental Table 3). Participants with Lp(a) above the cut-off to receive Lp(a)-lowering therapies (>150 nmol/L or >70 mg/dL) in a current phase 3 clinical trial had higher risk of AF (HR=1.10; 95%CI=1.05 to 1.15; $p=1.72 \times 10^{-5}$) relative to participants with normal Lp(a) (<75 nmol/L or <30 mg/dL) (Figure 2A). In this group of at-risk participants, the prevalence of AF is 5.2% and assuming 80% decline in Lp(a), the prevalence of AF would fall to 4.9% representing 0.4% and 8% absolute and relative reduction, respectively, comparable to 2

units reduction in body mass index or 5 mmHg reduction in blood pressure (Supplemental Methods). In addition, subgroup analysis showed no evidence of effect modification or interaction according to common risk factors of AF (Supplemental Figure 4 and Supplemental Table 4).



Central Illustration. Lipoprotein(a) increases atrial fibrillation risk independent of atherosclerotic cardiovascular disease. *Lipoprotein(a) increased risk of atrial fibrillation using epidemiologic and genetic analyses across multiple independent cohorts and biobank studies. The effect is partially mediated independently of its effects on ischemic heart disease and aortic valve stenosis.*

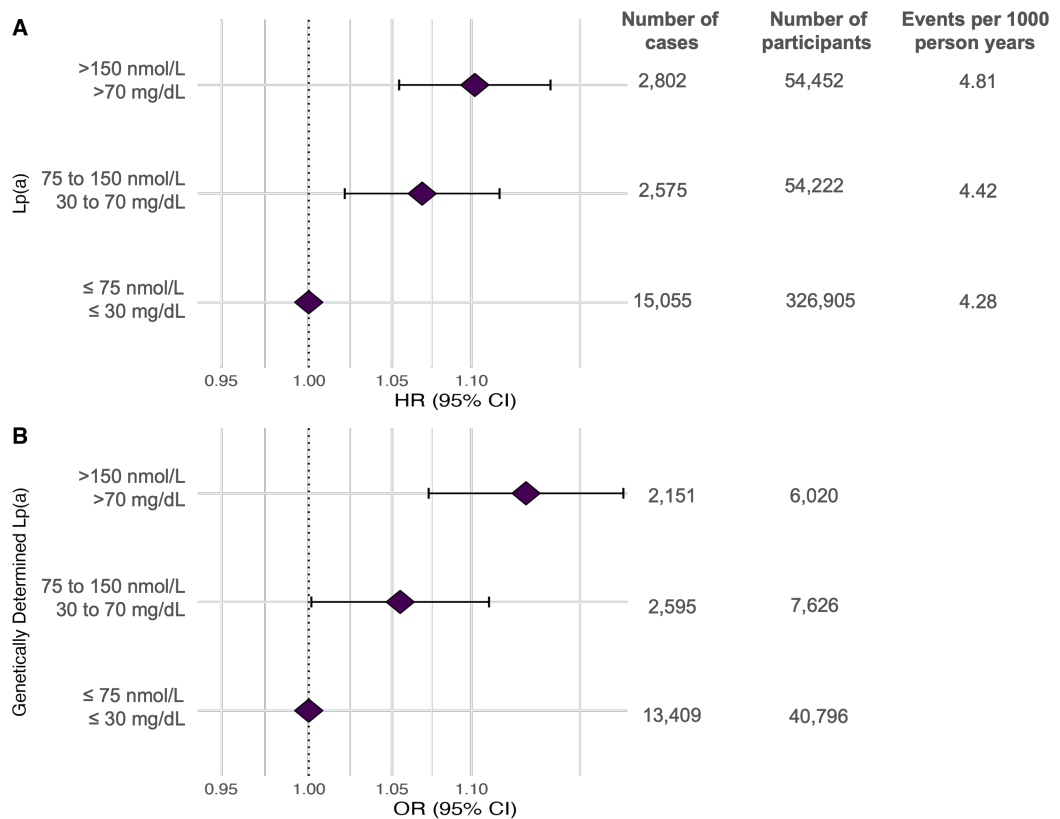


Figure 2. Greater risk of incident atrial fibrillation with increased Lp(a). *A) observed and B) genetically determined lipoprotein(a). Normal lipoprotein(a) levels are less than 75 nmol/L or 30 mg/dL. Participants with lipoprotein(a) levels above 150 nmol/L or 70 mg/dL are eligible for lipoprotein(a)-lowering therapies in a current clinical trial. Lp(a), lipoprotein(a)*

Association of genetically predicted lipoprotein(a) and atrial fibrillation in UK

Biobank

In the UK Biobank, the genetic risk score alone explained 71.4% of the variance in Lp(a) (Figure 3). Moreover, each 50 nmol/L increase in genetically predicted Lp(a) was associated with an increased risk of incident AF (OR=1.03; 95%CI=1.02 to 1.05;

$p=1.33 \times 10^{-5}$). Participants with genetically determined Lp(a) above the cut-off to receive Lp(a)-lowering therapies (>150 nmol/L or >70 mg/dL) had higher odds of AF (OR=1.14; 95%CI=1.07 to 1.20; $p=1.22 \times 10^{-5}$) relative to participants with normal Lp(a) (<75 nmol/L or <30 mg/dL) (Figure 2B). An increased risk was consistently observed when looking at the association of genetically predicted Lp(a) with only prevalent AF cases (OR=1.03 per 50 nmol/L increased Lp(a); 95%CI= 1.01 to 1.06; $p=9.26 \times 10^{-4}$) and combined prevalent and incident AF cases (OR=1.03 per 50 nmol/L increased Lp(a); 95%CI= 1.02 to 1.04; $p=4.60 \times 10^{-9}$) (Supplemental Figure 5). Sensitivity analyses were performed using variants ± 50 Kb from the *LPA* gene and genome-wide variants that showed the majority of Lp(a) levels were explained by variants around the *LPA* gene (Supplemental Table 5) with a consistent risk-conferring effect of Lp(a) concentration on AF. In addition, there was no evidence of heterogeneous effects across *a priori* risk factor subgroups nor evidence of interaction with quantitative risk factors (all $p_{\text{interaction}} > 0.05$): (Supplemental Figure 6 and Supplemental Table 6).

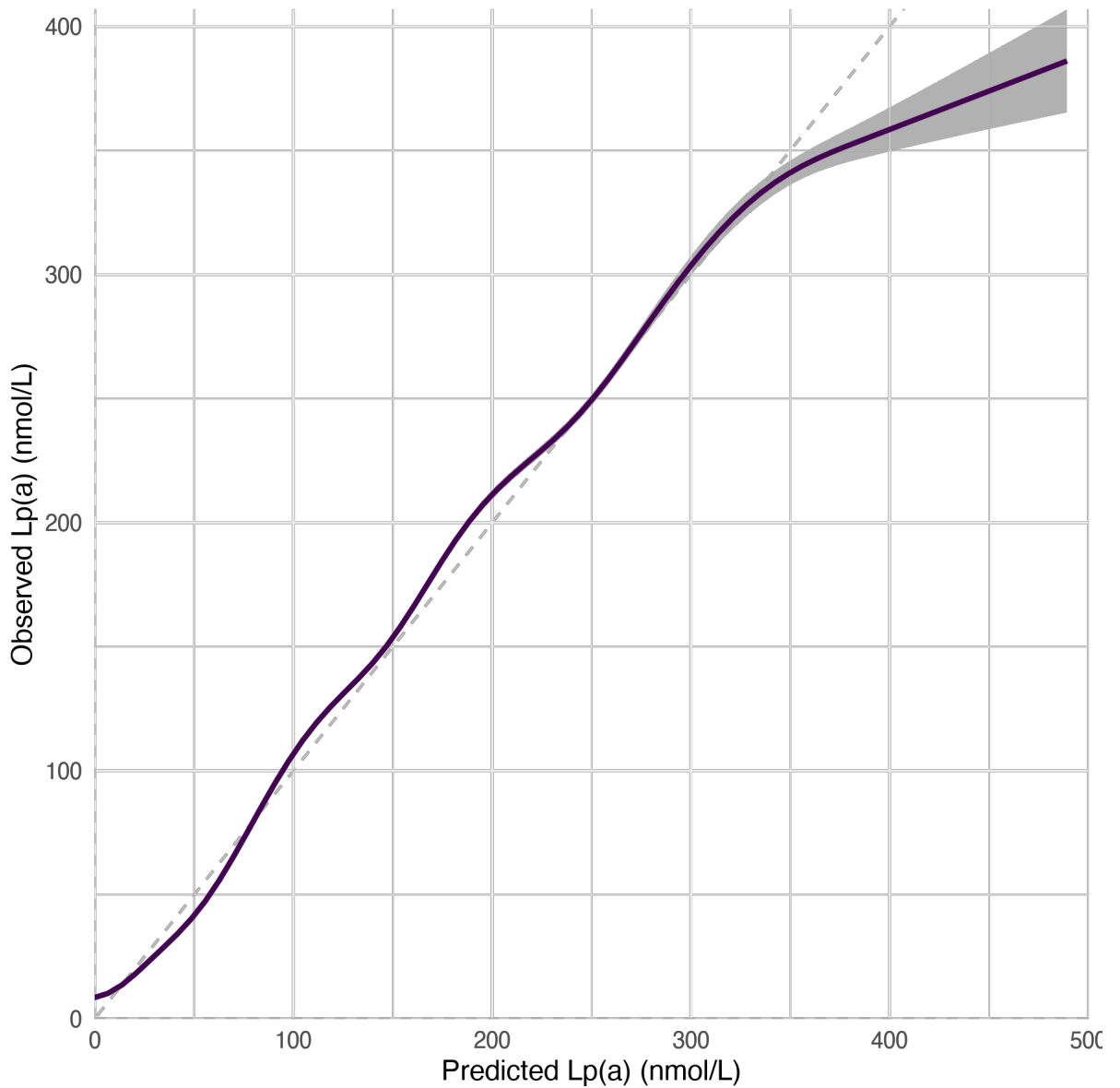


Figure 3. Genetically determined lipoprotein(a) levels are highly predictive of observed lipoprotein(a). *Genetic score for lipoprotein(a) explained 70% of the variance in observed lipoprotein(a) levels in British UK Biobank participants. Lp(a), lipoprotein(a)*

Mendelian randomization analysis of lipoprotein(a) and atrial fibrillation

To test for replication of the observed effect of Lp(a) on AF in independent datasets additional to the UK Biobank, we performed a two-sample Mendelian randomization analysis using publicly available GWAS summary statistics of AF from the study by Nielsen *et al.* and the FinnGen cohort. Using Mendelian randomization, 15 genetic variants within 500 Kb of the *LPA* gene associated with Lp(a) concentration in the UK Biobank were associated with increased risk of AF in both Nielsen *et al.* (OR=1.03 per 50 nmol/L Lp(a) increase; 95%CI=1.02 to 1.05; $p=9.93 \times 10^{-8}$) and FinnGen (OR=1.08 per 50 nmol/L Lp(a) increase; 95%CI=1.04 to 1.12; $p=9.54 \times 10^{-6}$) (Supplemental Table 7 and Figure 4). Sensitivity analyses were directionally consistent with no evidence of directional pleiotropy (Egger intercept $p=0.42$ and 0.99 for Nielsen *et al.* and FinnGen, respectively) or other apparent violation in the underlying assumptions for Mendelian randomization analyses (Supplemental Figure 7 and Supplemental Table 8). Moreover, Mendelian randomization analysis did not show an effect in the reverse direction for AF on Lp(a) levels itself (-0.195 nmol/L Lp(a) per 1 SD increase in log(OR) for AF; 95%CI=-0.587 to 0.197; $p=0.33$) (Supplemental Table 9). Finally, a Mendelian randomization analysis using only two variants associated with Lp(a) in previous studies showed a consistent effect of Lp(a) on AF in both Nielsen *et al.* (OR=1.03 per 50 nmol/L Lp(a) increase; 95%CI=1.02 to 1.04; $p=3.74 \times 10^{-7}$) and FinnGen (OR=1.07 per 50 nmol/L Lp(a) increase; 95%CI=1.04 to 1.10; $p=7.58 \times 10^{-6}$) (Supplemental Table 7) (19).

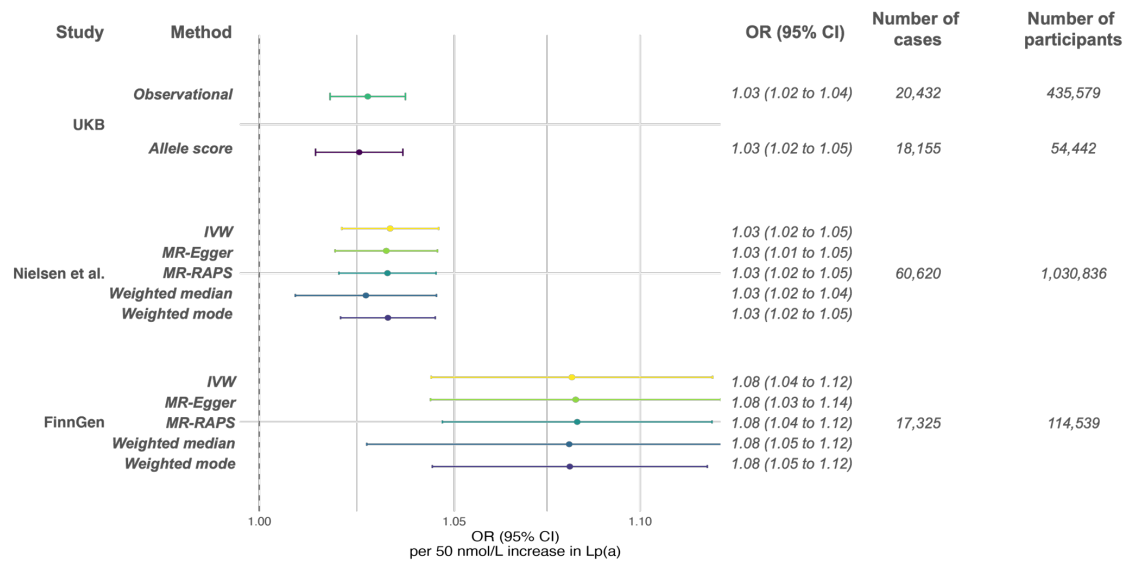


Figure 4. Lipoprotein(a) increases risk of atrial fibrillation in multiple independent studies. *Effect of lipoprotein(a) on atrial fibrillation is consistent using observed and genetically predicted levels in UK Biobank, and Mendelian randomization analysis using Nielsen et al. and FinnGen studies. CI, confidence interval; IVW, inverse variance weighted; Lp(a), lipoprotein (a); MR, Mendelian randomization; OR, odds ratio; RAPS, robust adjusted profile score.*

Evaluating potential mediation of lipoprotein(a) through atherosclerotic cardiovascular disease

Given the known relationship between Lp(a) and ischemic heart disease and aortic valve stenosis, we sought to establish whether the relationship of Lp(a) with AF was mediated through atherosclerotic cardiovascular disease or valvular disease. Subgroup analyses did not identify any modification of the effect of either observed or genetically predicted Lp(a) on AF according to prevalent ischemic heart disease (8.8%, n=38,543) or aortic valve stenosis (0.7%, n=3,085) status (Supplemental Figures 3 and 6). After

excluding participants with prevalent ischemic heart disease, the relationship between Lp(a) and AF remained unchanged (HR=1.02; 95%CI=1.00 to 1.04; $p=6.84 \times 10^{-4}$) (Supplemental Figure 3). Mediation analysis determined that 62.2% (95%CI=48.9% to 80.4%) of the effect of observed Lp(a) and 39.2% (95%CI=26.7% to 73.3%) of the effect of genetically predicted Lp(a) on increased risk of atrial fibrillation was mediated through prevalent ischemic heart disease and aortic valve stenosis considered together (Supplemental Table 10). Furthermore, we tested whether the effect on AF was specific to Lp(a) or applicable to other lipid fractions. Unlike Lp(a), observed LDL (HR=0.89 per mmol/L; 95%CI= 0.87 to 0.91; $p=1.20 \times 10^{-29}$) and triglyceride (HR=0.91 per mmol/L; 95%CI= 0.89 to 0.92; $p=1.22 \times 10^{-28}$) levels at recruitment showed an inverse association with risk of incident AF in the UK Biobank. However, Mendelian randomization analyses showed no effect of LDL or triglycerides on AF (Supplemental Tables 11, 12, 13 and Supplemental Figure 8, 9). In fact, after standardizing changes in Lp(a) and LDL with respect to equivalent effects on CAD, there was a significant difference between effects reported for Lp(a) (OR=1.04 per 50 nmol/L Lp(a) increase; 95%CI=1.03 to 1.05; $p=9.23 \times 10^{-10}$) and both LDL (OR=1.00 per 0.27 mmol/L LDL increase; 95%CI=0.99 to 1.02; $p=0.62$) ($p_{\text{hetero}} = 2.30 \times 10^{-3}$) and triglycerides (OR=1.00 per 0.69 mmol/L triglyceride increase; 95%CI=0.97 to 1.03; $p=0.99$) ($p_{\text{hetero}} = 0.04$) on AF using Mendelian randomization.

Discussion

Using epidemiological and genetic analyses, our results implicate Lp(a) as a potentially causal mediator of AF. Higher Lp(a) levels were associated with greater risk of

incident AF independent of age, sex, BMI, blood pressure, smoking, and other risk factors in the UK Biobank. Genetic variants explaining 71% of variation in circulating Lp(a) levels were associated with a 3% increased risk of incident AF per 50 nmol/L increase in genetically predicted Lp(a). This result was replicated in two independent Mendelian randomization analyses using summary statistics from studies by Nielsen *et al.* and the FinnGen cohort. Ischemic heart disease and aortic valve stenosis are both known consequences of elevated Lp(a) and risk factors for AF, but they did not modify the effect of Lp(a) on incident AF (21, 22). Indeed, mediation analysis determined there was some residual effect of Lp(a) on AF independent from ischemic heart disease or aortic valve stenosis as these diseases mediated 39% of the total risk-conferring effect of genetically predicted Lp(a) on AF. Moreover, there was an inverse association in epidemiological analyses but no detectable effect in Mendelian randomization of genetically predicted LDL cholesterol or triglycerides on increased AF risk and a significant difference in effect size relative to Lp(a), making the effect specific to Lp(a) and unlikely to be mediated through atherosclerotic cardiovascular disease. Altogether, epidemiologic and genetic analyses support a role for Lp(a) on incident development of AF independent of atherosclerotic cardiovascular disease, demonstrating its effect on myocardial tissues extends beyond the aortic valve and coronary arteries that may point to new disease pathways and pharmacological targets.

Although the effect does not appear to be mediated solely through atherosclerotic cardiovascular disease, we can only speculate at the mechanism behind the risk-conferring effect of Lp(a) on AF. Lp(a) is a unique molecule with potential pro-atherogenic, pro-

thrombotic, and pro-inflammatory properties. In aortic valve stenosis, mechanical stress increases endothelial permeability allowing Lp(a) to infiltrate valvular tissue and induce gene expression that results in microcalcifications and local cell death (20, 41). A similar mechanism may extend to the atria resulting in cellular damage and electrical remodelling. Moreover, an *ex vivo* study showed that large reductions in Lp(a) induced anti-inflammatory gene expression and lower activation of circulating monocytes (42). Notably, reductions in Lp(a) with sufficient magnitude were only observed for antisense oligonucleotides against apolipoprotein(a) and were not observed with PCSK9 inhibitors.

A secondary analysis of the FIDELIO-DKD phase 3 trial recently found finerenone – a nonsteroidal mineralocorticoid receptor antagonist for treatment of diabetic kidney disease – reduced incidence of new-onset AF, and highlights the importance of therapies for AF comorbidities with ancillary benefits on AF (43). To this end, there is considerable interest regarding Lp(a) as an intervenable risk factor for cardiovascular diseases. Lp(a)HORIZON is an ongoing phase 3 clinical trial expected to complete in 2024 that is testing the efficacy of Lp(a) lowering for prevention of major adverse cardiovascular events [ClinicalTrials.gov Identifier: NCT04023552]. However, AF is not currently being assessed as an outcome. Our findings highlight the potential for Lp(a) to help fill the unmet need for preventative therapies of AF with complementary effects on cardiovascular comorbidities and suggest AF should be considered as an additional outcome in future studies.

A major strength of this study is the large-scale epidemiological analyses conferred by the UK Biobank cohort and public data from the study by Nielsen *et al.* and FinnGen

cohort. In comparison with previous observational studies of Lp(a) and AF, this study included 20-fold more incident AF cases improving statistical power (24, 25). A previous Mendelian randomization study explored the effects of seven lipids on risk of AF and identified a nominal association with Lp(a) that was not significant after correcting for multiple hypothesis testing. Our study provides more robust data to answer this question by triangulating evidence from observational and genetic analyses, increasing the sample size through the addition of UK Biobank and FinnGen cohorts, and exploring the mechanism mediating the effect between Lp(a) and AF (26). Accordingly, we demonstrate the beneficial mechanism of Lp(a) reduction on AF risk is partly independent of its known effects on atherosclerotic cardiovascular disease, which is relevant given the role of ischemic heart disease as a risk factor for AF. This finding is important for Lp(a) research as it suggests the role of Lp(a) in myocardial tissues extends beyond atherosclerotic cardiovascular disease. Furthermore, Mendelian randomization is particularly powerful for Lp(a) given the extent of variation in Lp(a) concentration explained by genetic variants and provides stronger evidence of a causal relationship between Lp(a) and AF. Notably, genetic determinants in the Lp(a) instrument lie within a narrow window around the *LPA* gene increasing confidence that their effects occur via Lp(a) and satisfy the pleiotropy assumptions underlying Mendelian randomization. Finally, we triangulated evidence across multiple types of analyses and independent studies to answer the central question. Lines of evidence from survival analyses, genetic risk scores for Lp(a), and Mendelian randomization with independent datasets all point to a risk-conferring effect of elevated Lp(a) in AF.

Study Limitations

Our study has limitations. Included population-scale cohorts ascertained cases of AF using electronic health records. An enrichment for disease that required hospitalization may limit generalizability to individuals with less severe disease, while undetected AF among controls might lead to an underestimate of the true effect size. Indeed, the magnitude of effect was larger in FinnGen, which may reflect cohort-specific differences such as more participant ascertainment in hospitals compared to the general population. Follow-up studies in cohorts designed to study AF are warranted. Relatedly, a limitation of the mediation analysis is that some atherosclerotic cardiovascular disease cases may be undetected among AF cases leading to an underestimate of the true proportion of mediation between Lp(a) and AF. Sample sizes for non-European ancestries were relatively smaller in the UK Biobank making it difficult to draw conclusions in other ancestries. In light of large ethnic differences in Lp(a) levels, it is particularly important to examine the generalizability of this relationship in other ancestries, although we did not find evidence of a large difference (15). The number of Kringle IV2 domain repeats within the *LPA* gene is the largest contributor to genetic variation in Lp(a) concentration and could not be directly measured in this investigation, but we were still able to explain over 70% of variation in Lp(a) using a predictor based on genotyping array data. Subgroup and interaction analyses were *ad hoc* and exploratory in nature, as such careful interpretation of results and follow-up studies are warranted. Finally, future research is required to identify the specific properties or subcomponents of Lp(a) that are responsible for the risk-

conferring effect, such as size versus concentration or oxidized phospholipid content relative to apolipoprotein(a).

Conclusions

Epidemiologic and genetic analyses implicate a potentially causal role for Lp(a) on risk of incident AF in population-scale cohorts that is independent of its effect on atherosclerotic cardiovascular disease. Given the role of Lp(a) as a risk factor for common comorbidities of AF – namely stroke and myocardial infarction – and the development of antisense oligonucleotides to lower Lp(a) to treat these comorbidities, these findings highlight an important beneficial pleiotropic effect these therapies may have on prevention or treatment of AF in high-risk groups with highly elevated Lp(a). Future experimental work and randomized controlled trials will be required to elucidate underlying physiological mechanisms and conclusively evaluate its efficacy as a preventative therapy for AF.

References

1. Chugh SS, Havmoeller R, Narayanan K, et al. Worldwide epidemiology of atrial fibrillation: A global burden of disease 2010 study. *Circulation* 2014;129:837–847.
2. Benjamin EJ, Muntner P, Alonso A, et al. Heart Disease and Stroke Statistics—2019 Update: A Report From the American Heart Association. *Circulation* 2019;139:e56–e528. Available at: <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000659>.
3. Hindricks G, Potpara T, Dagres N, et al. 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS). *Eur. Heart J.* 2021;42:373–498.

4. Conen D, Chae CU, Glynn RJ, et al. Risk of Death and Cardiovascular Events in Initially Healthy Women with New-Onset Atrial Fibrillation. *JAMA - J. Am. Med. Assoc.* 2011;305:2080–2087.
5. Chatterjee NA, Chae CU, Kim E, et al. Modifiable Risk Factors for Incident Heart Failure in Atrial Fibrillation. *JACC Hear. Fail.* 2017;5:552–560. Available at: <https://linkinghub.elsevier.com/retrieve/pii/S2213177917302639>.
6. Kalantarian S, Stern TA, Mansour M, Ruskin JN. Cognitive Impairment Associated With Atrial Fibrillation. *Ann. Intern. Med.* 2013;158:338. Available at: <http://annals.org/article.aspx?doi=10.7326/0003-4819-158-5-201303050-00007>.
7. Meyre P, Blum S, Berger S, et al. Risk of Hospital Admissions in Patients With Atrial Fibrillation: A Systematic Review and Meta-analysis. *Can. J. Cardiol.* 2019;35:1332–1343. Available at: <https://doi.org/10.1016/j.cjca.2019.05.024>.
8. Lau DH, Nattel S, Kalman JM, Sanders P. Modifiable Risk Factors and Atrial Fibrillation. *Circulation* 2017;136:583–596.
9. Wijffels MCEF, Kirchhof CJHJ, Dorland R, Allessie MA. Atrial Fibrillation Begets Atrial Fibrillation. *Circulation* 1995;92:1954–1968. Available at: <https://www.ahajournals.org/doi/10.1161/01.CIR.92.7.1954>.
10. Khatib R, Joseph P, Briel M, Yusuf S, Healey J. Blockade of the renin–angiotensin–aldosterone system (RAAS) for primary prevention of non-valvular atrial fibrillation: A systematic review and meta analysis of randomized controlled trials. *Int. J. Cardiol.* 2013;165:17–24. Available at: <http://dx.doi.org/10.1016/j.ijcard.2012.02.009>.
11. Schneider MP, Hua TA, Böhm M, Wachtell K, Kjeldsen SE, Schmieder RE.

Prevention of Atrial Fibrillation by Renin-Angiotensin System Inhibition. *J. Am. Coll. Cardiol.* 2010;55:2299–2307. Available at:

<https://linkinghub.elsevier.com/retrieve/pii/S0735109710010892>.

12. Neefs J, van den Berg NWE, Limpens J, et al. Aldosterone Pathway Blockade to Prevent Atrial Fibrillation: A Systematic Review and Meta-Analysis. *Int. J. Cardiol.* 2017;231:155–161. Available at: <http://dx.doi.org/10.1016/j.ijcard.2016.12.029>.

13. Bang CN, Greve AM, Abdulla J, Køber L, Gislason GH, Wachtell K. The preventive effect of statin therapy on new-onset and recurrent atrial fibrillation in patients not undergoing invasive cardiac interventions: A systematic review and meta-analysis. *Int. J. Cardiol.* 2013;167:624–630. Available at: <http://dx.doi.org/10.1016/j.ijcard.2012.08.056>.

14. Bhatt DL, Steg PG, Miller M, et al. Cardiovascular Risk Reduction with Icosapent Ethyl for Hypertriglyceridemia. *N. Engl. J. Med.* 2019;380:11–22. Available at: <http://www.nejm.org/doi/10.1056/NEJMoa1812792>.

15. Paré G, Çaku A, McQueen M, et al. Lipoprotein(a) Levels and the Risk of Myocardial Infarction Among 7 Ethnic Groups. *Circulation* 2019;139:1472–1482. Available at: <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.118.034311>.

16. Zekavat SM, Ruotsalainen S, Handsaker RE, et al. Deep coverage whole genome sequences and plasma lipoprotein(a) in individuals of European and African ancestries. *Nat. Commun.* 2018;9:1–14.

17. Larsson SC, Gill D, Mason AM, et al. Lipoprotein(a) in Alzheimer, Atherosclerotic, Cerebrovascular, Thrombotic, and Valvular Disease. *Circulation* 2020;141:1826–1828. Available at:

<https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.120.045826>.

18. Thanassoulis G, Campbell CY, Owens DS, et al. Genetic Associations with Valvular Calcification and Aortic Stenosis. *N. Engl. J. Med.* 2013;368:503–512. Available at: <http://www.nejm.org/doi/10.1056/NEJMoa1109034>.

19. Clarke R, Peden JF, Hopewell JC, et al. Genetic Variants Associated with Lp(a) Lipoprotein Level and Coronary Disease. *N. Engl. J. Med.* 2009;361:2518–2528. Available at: <http://www.nejm.org/doi/abs/10.1056/NEJMoa0902604>. Accessed June 22, 2017.

20. Zheng KH, Tsimikas S, Pawade T, et al. Lipoprotein(a) and Oxidized Phospholipids Promote Valve Calcification in Patients With Aortic Stenosis. *J. Am. Coll. Cardiol.* 2019;73:2150–2162. Available at: <https://doi.org/10.1016/j.jacc.2019.01.070>.

21. Benjamin EJ, Levy D, Vaziri SM, D'agostino RB, Belanger AJ, Wolf PA. Independent Risk Factors for Atrial Fibrillation in a Population-Based Cohort: The Framingham Heart Study. *JAMA J. Am. Med. Assoc.* 1994;271:840–844. Available at: <http://jama.jamanetwork.com/article.aspx?doi=10.1001/jama.1994.03510350050036>.

22. Greve AM, Gerds E, Boman K, et al. Prognostic importance of atrial fibrillation in asymptomatic aortic stenosis: The Simvastatin and Ezetimibe in Aortic Stenosis study. *Int. J. Cardiol.* 2013;166:72–76. Available at: <http://dx.doi.org/10.1016/j.ijcard.2011.09.064>.

23. Igarashi Y, Yamaura M, Ito M, Inuzuka H, Ojima K, Aizawa Y. Elevated serum lipoprotein(a) is a risk factor for left atrial thrombus in patients with chronic atrial fibrillation: A transesophageal echocardiographic study. *Am. Heart J.* 1998;136:965–971.

Available at: <https://linkinghub.elsevier.com/retrieve/pii/S0002870398701516>.

24. Garg PK, Guan W, Karger AB, et al. Lp(a) (Lipoprotein [a]) and Risk for Incident Atrial Fibrillation. *Circ. Arrhythmia Electrophysiol.* 2020;13:477–479. Available at: <https://www.ahajournals.org/doi/10.1161/CIRCEP.120.008401>.

25. Aronis KN, Zhao D, Hoogeveen RC, et al. Associations of Lipoprotein(a) Levels With Incident Atrial Fibrillation and Ischemic Stroke: The ARIC (Atherosclerosis Risk in Communities) Study. *J. Am. Heart Assoc.* 2017;6:1–11. Available at: <https://www.ahajournals.org/doi/10.1161/JAHA.117.007372>.

26. Jiang Q, Qin D, Yang L, et al. Causal effects of plasma lipids on the risk of atrial fibrillation: A multivariable mendelian randomization study. *Nutr. Metab. Cardiovasc. Dis.* 2021;31:1569–1578. Available at: <https://doi.org/10.1016/j.numecd.2021.02.011>.

27. Sudlow C, Gallacher J, Allen N, et al. UK Biobank: An Open Access Resource for Identifying the Causes of a Wide Range of Complex Diseases of Middle and Old Age. *PLOS Med.* 2015;12:e1001779. Available at: <http://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.1001779&type=printable>. Accessed April 29, 2018.

28. Khera A V., Everett BM, Caulfield MP, et al. Lipoprotein(a) Concentrations, Rosuvastatin Therapy, and Residual Vascular Risk. *Circulation* 2014;129:635–642. Available at: <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.113.004406>.

29. Shah RU, Mukherjee R, Zhang Y, et al. Impact of Different Electronic Cohort Definitions to Identify Patients With Atrial Fibrillation From the Electronic Medical

- Record. *J. Am. Heart Assoc.* 2020;9:e014527.
30. Kokotailo RA, Hill MD. Coding of stroke and stroke risk factors using International Classification of Diseases, revisions 9 and 10. *Stroke* 2005;36:1776–1781.
31. Anderson TJ, Grégoire J, Pearson GJ, et al. 2016 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult. *Can. J. Cardiol.* 2016;32:1263–1282.
32. Nielsen JB, Thorolfsson RB, Fritsche LG, et al. Biobank-driven genomic discovery yields new insight into atrial fibrillation biology. *Nat. Genet.* 2018;50:1234–1239. Available at: <http://dx.doi.org/10.1038/s41588-018-0171-3>.
33. Borodulin K, Tolonen H, Jousilahti P, et al. Cohort Profile: The National FINRISK Study. *Int. J. Epidemiol.* 2018;47:696-696i. Available at: <https://academic.oup.com/ije/article/47/3/696/4641873>.
34. Burgess S, Dudbridge F, Thompson SG. Combining information on multiple instrumental variables in Mendelian randomization: Comparison of allele score and summarized data methods. *Stat. Med.* 2016;35:1880–1906.
35. Bowden J, Smith GD, Burgess S. Mendelian randomization with invalid instruments: Effect estimation and bias detection through Egger regression. *Int. J. Epidemiol.* 2015;44:512–525.
36. Zhao Q, Wang J, Hemani G, Bowden J, Small DS. Statistical inference in two-sample summary-data Mendelian randomization using robust adjusted profile score. *arXiv Prepr.* 2018. Available at: <https://arxiv.org/pdf/1801.09652.pdf>. Accessed July 30, 2018.
37. Verbanck M, Chen C-Y, Neale B, Do R. Detection of widespread horizontal

pleiotropy in causal relationships inferred from Mendelian randomization between complex traits and diseases. *Nat. Genet.* 2018;50:693–698. Available at: <http://www.nature.com.libaccess.lib.mcmaster.ca/articles/s41588-018-0099-7.pdf>. Accessed April 25, 2018.

38. Hemani G, Zheng J, Elsworth B, et al. The MR-Base platform supports systematic causal inference across the human phenome. *Elife* 2018;7:e34408. Available at: <https://elifesciences.org/articles/34408>. Accessed May 31, 2018.

39. Elsworth B, Lyon M, Alexander T, et al. The MRC IEU OpenGWAS data infrastructure. *bioRxiv* 2020.

40. Nikpay M, Goel A, Won H-HH, et al. A comprehensive 1000 Genomes–based genome-wide association meta-analysis of coronary artery disease. *Nat. Genet.* 2015;47:1121–1130. Available at: <http://www.nature.com/articles/ng.3396>. Accessed December 13, 2016.

41. Bouchareb R, Mahmut A, Nsaibia MJ, et al. Autotaxin derived from lipoprotein(a) and valve interstitial cells promotes inflammation and mineralization of the aortic valve. *Circulation* 2015;132:677–690.

42. Stiekema LCA, Prange KHM, Hoogeveen RM, et al. Potent lipoprotein(a) lowering following apolipoprotein(a) antisense treatment reduces the pro-inflammatory activation of circulating monocytes in patients with elevated lipoprotein(a). *Eur. Heart J.* 2020;41:2262–2271.

43. Filippatos G, Bakris GL, Pitt B, et al. Finerenone Reduces Onset of Atrial Fibrillation in Patients with Chronic Kidney Disease and Type 2 Diabetes. *J. Am. Coll. Cardiol.*

2021;184:107229. Available at: <https://doi.org/10.1016/j.buildenv.2020.107229>.

CHAPTER 4:

**Effects of lifelong testosterone exposure on health and disease using Mendelian
randomization**

Published in *eLife*. 9:e58914 (2020)

Effects of lifelong testosterone exposure on health and disease using Mendelian randomization

Pedrum Mohammadi-Shemirani^{1,2,3}, Michael Chong^{1,2,4}, Marie Pigeyre^{1,5}, Robert W Morton⁶, Hertzell C Gerstein^{1,5}, Guillaume Paré^{1,2,7,8*}

¹Population Health Research Institute, David Braley Cardiac, Vascular and Stroke Research Institute, Hamilton, Canada; ²Thrombosis and Atherosclerosis Research Institute, David Braley Cardiac, Vascular and Stroke Research Institute, Hamilton, Canada; ³Department of Medical Sciences, McMaster University, Hamilton, Canada; ⁴Department of Biochemistry and Biomedical Sciences, McMaster University, Hamilton, Canada; ⁵Department of Medicine, McMaster University, Hamilton Health Sciences, Hamilton, Canada; ⁶Department of Kinesiology, McMaster University, Hamilton, Canada; ⁷Department of Pathology and Molecular Medicine, McMaster University, Michael G. DeGroote School of Medicine, Hamilton, Canada; ⁸Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada

Abstract Testosterone products are prescribed to males for a variety of possible health benefits, but causal effects are unclear. Evidence from randomized trials are difficult to obtain, particularly regarding effects on long-term or rare outcomes. Mendelian randomization analyses were performed to infer phenome-wide effects of free testosterone on 461 outcomes in 161,268 males from the UK Biobank study. Lifelong increased free testosterone had beneficial effects on increased bone mineral density, and decreased body fat; adverse effects on decreased HDL, and increased risks of prostate cancer, androgenic alopecia, spinal stenosis, and hypertension; and context-dependent effects on increased hematocrit and decreased C-reactive protein. No benefit was observed for type 2 diabetes, cardiovascular or cognitive outcomes. Mendelian randomization suggests benefits of long-term increased testosterone should be considered against adverse effects, notably increased prostate cancer and hypertension. Well-powered randomized trials are needed to conclusively address risks and benefits of testosterone treatment on these outcomes.

*For correspondence: pareg@mcmaster.ca

Competing interest: See page 13

Funding: See page 13

Received: 14 May 2020

Accepted: 13 October 2020

Published: 16 October 2020

Reviewing editor: Dolores Shoback, University of California, San Francisco, United States

© Copyright Mohammadi-Shemirani et al. This article is distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use and redistribution provided that the original author and source are credited.

Introduction

In developed countries, rising rates of both serum testosterone level testing and therapy initiation have been observed among older male patients (*Handelsman, 2013; Layton et al., 2014*). In the USA alone, it is estimated 1.5–1.7% of males are prescribed testosterone (*Baillargeon et al., 2018; Jasuja et al., 2017*). Randomized clinical trials (RCT) have attempted to elucidate the benefits and risks of testosterone treatment (*Bhasin et al., 2018a; Gagliano-Jucá and Basaria, 2019*). These studies identified short-term beneficial effects on bone mineral density (BMD), sexual function, body fat and muscle mass, and anaemia; potential adverse effects on venous thrombosis and coronary artery plaque; and no effects on cognitive function, fatigue, or hemoglobin A_{1c} (HbA_{1c}) (*Bhasin et al., 2018a; Gagliano-Jucá and Basaria, 2019; Mohler et al., 2018; Snyder et al., 2018*). However, given the logistic and financial challenges involved in a well-powered RCT with appropriate follow-up, there is unlikely to be satisfactory evidence regarding long-term effects and risks of

eLife digest Men experience a gradual decline in their testosterone levels as they grow older. However, the effects of testosterone and the consequences of supplementation on the human body have been unclear.

Scientists use so-called randomized controlled trials to establish cause-and-effect and to reduce bias. In these experiments, participants are randomly assigned to either a treatment group (that receives the intervention being tested) or a control group (that either receives an alternative intervention, a dummy or placebo, or no intervention at all).

Randomization ensures that both groups are balanced, and any resulting differences can be attributed to the treatment. However, randomized controlled trials are time-consuming and expensive, so trials of testosterone have had relatively small numbers of participants and short follow-up periods. This makes it difficult to draw conclusions about any potential effects of testosterone administration on less common diseases in men.

Now, Paré et al. investigated the effects of naturally produced testosterone using Mendelian randomization, which mimics randomized trials by exploiting the fact that parents randomly pass on their unique genetic variants to their children at conception. This random assignment of genetic variants leads to its informal namesake, “nature’s clinical trial”, and provides the ability to study cause-and-effect for any genetically determined factors, such as testosterone levels.

Paré et al. studied the long-term effects of testosterone on 22 diseases previously explored in randomized controlled trials, and hundreds of other traits and diseases that have not been investigated in any randomized controlled trials yet.

The Mendelian randomization analysis made it possible to examine the effects of lifelong naturally elevated testosterone levels on 469 traits and diseases. Paré et al. found that testosterone increased the density of bone mineral and decreased body fat. However, it also increased the risks of prostate cancer, high blood pressure, baldness and a condition affecting the spine. It also increased the number of red blood cells and decreased a marker of inflammation, which may be beneficial or detrimental depending on the context.

This shows that genetic analyses can be powerful methods to prioritize the allocation of limited resources towards investigating the most pressing clinical questions. The results of this study may help inform physicians and patients about the effects of long-term testosterone use. Ultimately, large randomized controlled trials are needed to conclusively address the cause-and-effect on these diseases.

adverse outcomes, such as myocardial infarction (MI), stroke and cancer (*Gagliano-Jucá and Basaria, 2019*). Given the rates of testosterone prescription, efforts to resolve the causal effects of testosterone on health outcomes have important public health implications (*Bhasin et al., 2018a*).

Mendelian randomization (MR) is a technique for causal inference that leverages the random allocation of genetic variants to infer the unconfounded relationship between an exposure and outcome. Similar to the random assignment of participants to experimental groups in a RCT, genetic variants are randomly allocated at meiosis (*Davies et al., 2018*). For instance, if individuals genetically randomized to produce higher testosterone develop different rates of cardiovascular disease (CVD), then MR analysis supports a causal effect of testosterone on risk of CVD (*Figure 1—figure supplement 1*). Notably, this technique has previously replicated RCT findings, among others demonstrating causal roles for LDL cholesterol and dysglycemia on CVD risk (*Holmes et al., 2015; Ross et al., 2015*). Earlier MR studies investigating the effects of testosterone have demonstrated harmful effects on lipid levels but inconsistent effects on CVD, and they were limited by the small number of genetic variants (*Schooling et al., 2018; Zhao et al., 2014*). A recent MR study using the UK Biobank identified a large number of genetic variants associated with testosterone and found evidence for harmful effects on several types of cancers but sex-specific effects on type 2 diabetes (T2D) (*Ruth et al., 2020*). This study highlighted the importance of performing sex-specific analyses for testosterone, but it was focused on glycemic and oncologic traits (*Ruth et al., 2020*). Therefore, we sought to expand the scope of prior studies by performing a comprehensive scan of the effects of free testosterone on human disease in males.

We hypothesized that MR and genetic risk score (GRS) analyses would enable estimation of the causal effects of longstanding exposure to high levels of free testosterone on health outcomes in males. We first conducted a genome-wide association study (GWAS) for calculated free testosterone (CFT) in male participants of the UK Biobank ($n = 161,268$) cohort to identify genetic determinants of free testosterone levels. Then, using MR, we investigated the causal effects of lifelong genetically-elevated free testosterone levels on a priori health outcomes previously investigated in RCTs of testosterone treatment, encompassing: expected clinical benefits (physical activity, strength, fat-free body mass, body fat, BMD, dementia, depression) and potential adverse effects (androgenic alopecia, heematocrit, T2D, prostate cancer, benign prostate hyperplasia, blood pressure, CVD, heart failure, ischemic stroke) (Figure 1; Bhasin et al., 2018a; Gagliano-Juca and Basaria, 2019; Mohler et al., 2018; Snyder et al., 2018). Finally, we used GRS to investigate the associations of lifelong genetically-elevated free testosterone levels on 439 health outcomes, encompassing diseases ($n = 415$) and biomarkers of health ($n = 24$) (Figure 1).

Results

Genetic determinants of CFT in males

To calculate free testosterone levels, 187,524 males in the white, British subset of the UK Biobank cohort were excluded if they had missing levels of total testosterone, SHBG and albumin, or self-reported taking androgen medications. After these exclusions, the study population consisted of 161,268 males with an average CFT of 0.210 nmol/L (Supplementary file 1 - Table 1 and Figure 1—figure supplement 2).

There were 13,338 genetic variants associated with CFT that reached genome-wide significance ($p < 5 \times 10^{-8}$). After removing genetic variants associated with natural-log-transformed SHBG, there were 7048 genetic variants that comprised 93 independent signals carried forward for subsequent genetic analyses (Supplementary file 1 - Table 2 and Figure 1—figure supplement 3). Overall, chip-based heritability of CFT was estimated at 15% (95% CI = 14 to 16), while these 93 independent genetic variants associated with CFT explained 3.7% of the total variance of CFT levels in males from the UK Biobank.

Effect of genetically-predicted free testosterone on 22 a priori health outcomes

In males from the UK Biobank, sample size for the quantitative risk factors ranged from 30,439 to 156,403, while number of cases for dichotomous outcomes ranged from 1003 to 70,283 (Table 1). After adjusting for the 22 outcomes tested, one-sample MR analysis using IVW regression identified significant effects of CFT on hematocrit percentage, body fat-free percentage, body fat percentage, heel BMD, androgenic alopecia, and prostate cancer (Table 1). Each 0.1 nmol/L higher CFT had beneficial effects on increased heel BMD (0.40 SD; 95% CI = 0.25 to 0.54; $p = 1.10 \times 10^{-7}$), increased body fat-free percentage (1.91%; 95% CI = 1.48 to 2.35; $p = 9.06 \times 10^{-18}$), and decreased body fat percentage (-1.88%; 95% CI = -2.31 to -1.45; $p = 1.65 \times 10^{-17}$), but deleterious effects on increased hematocrit percentage (1.37%; 95% CI = 1.12 to 1.62; $p = 1.03 \times 10^{-27}$), risk of prostate cancer (OR = 1.51; 95% CI = 1.21 to 1.88; $p = 2.1 \times 10^{-4}$), and risk of androgenic alopecia (OR = 1.49; 95% CI = 1.19 to 1.86; $p = 5.28 \times 10^{-4}$) (Figure 3—figure supplements 1–6). Leave-one-out analyses did not identify any outlying individual genetic variants responsible for the observed effects on any significant outcomes.

Sensitivity analyses were performed to detect violations of MR assumptions. Egger regression did not detect evidence of directional pleiotropy for any outcomes ($p_{\text{intercept}} < 0.05$) (Supplementary file 1 - Table 3). Results using MR-RAPS were consistent with IVW regression method for all significant outcomes (Supplementary file 1 - Table 4). However, MR-PRESSO detected evidence of pleiotropic variants for hematocrit percentage, body fat-free percentage, body fat percentage, heel BMD, androgenic alopecia, whole body fat-free mass, hemoglobin A1C, glucose, handgrip strength, systolic blood pressure, diastolic blood pressure, T2D, and benign prostate hyperplasia (Supplementary file 1 - Table 5). However, removal of pleiotropic variants made no changes to the significance or interpretation of earlier results using IVW regression (Supplementary file 1 - Table 5).

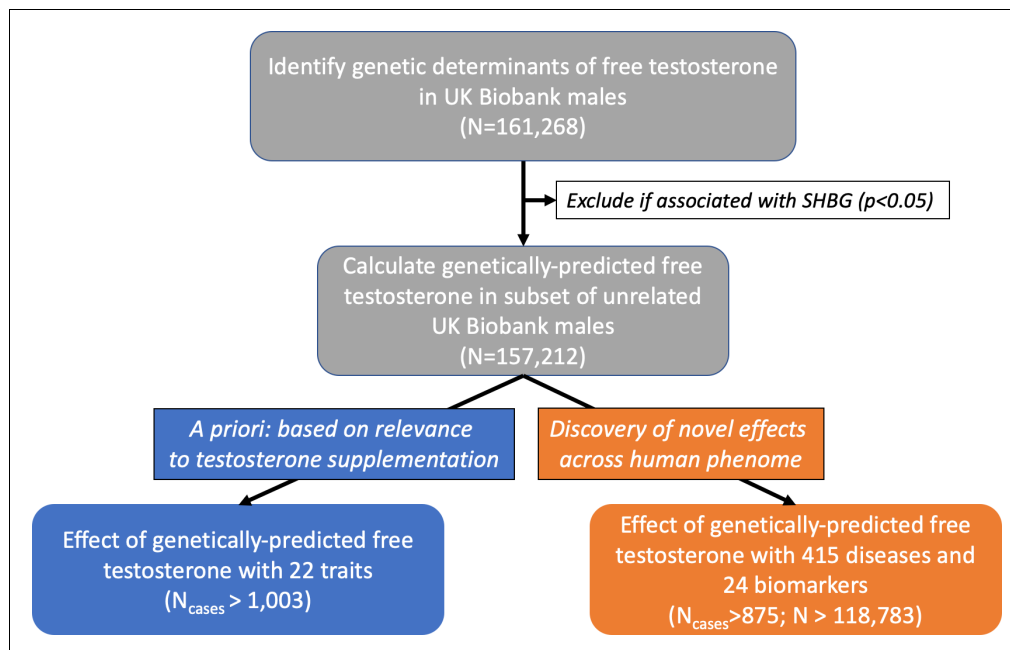


Figure 1. Flowchart depicting overall study design. Free testosterone levels were calculated in males from the UK Biobank cohort. Then, genetic variants were tested for association with levels of CFT and carried forward if genome-wide significant ($p < 5 \times 10^{-8}$) and unassociated with SHBG ($p < 0.05$). In the subset of unrelated males, these genetic variants were used to investigate the effect of genetically-predicted CFT on: (1) 22 a priori outcomes relevant to suspected effects of testosterone treatment using Mendelian randomization, and (2) 439 outcomes in a hypothesis-free approach using a weighted genetic risk score. CFT, calculated free testosterone; MR, Mendelian randomization; SHBG, sex hormone-binding globulin.

The online version of this article includes the following figure supplement(s) for figure 1:

Figure supplement 1. Comparison of randomized controlled trial (RCT) and Mendelian randomization (MR) study designs demonstrating the common foundation behind interpretation of a causal effect of testosterone on cardiovascular disease (CVD).

Figure supplement 2. Distribution of free testosterone levels calculated using the Vermeulen equation in males from the UK Biobank cohort.

Figure supplement 3. Manhattan plot showing distribution of p-values from genome-wide association study of calculated free testosterone after exclusion of SHBG-associated variants based on chromosomal location.

Figure supplement 4. Distribution of sex hormone-binding globulin in males from the UK Biobank.

Figure supplement 5. Quantile-quantile plot for genome-wide association study of calculated free testosterone levels (before exclusion of SHBG-associated genetic variants).

Figure supplement 6. Distribution of total testosterone levels in males from the UK Biobank cohort.

Phenome-wide effects of genetically-predicted free testosterone

To discover novel effects of free testosterone, we tested for the association of a GRS for testosterone with 415 diseases and 24 biomarkers in the same subpopulation of unrelated males from the UK Biobank. Sample size for biomarkers ranged from 118,783 for lipoprotein(a) to 149,940 for total cholesterol, while number of cases for diseases ranged from 876 for 'localized superficial swelling, mass, or lump' to 40,960 for 'hypertension' (Figure 2—source data 1). After adjusting for the 439 outcomes tested, each 0.1 nmol/L increase in genetically-predicted CFT was significantly associated with beneficial effects on lowered C-reactive protein ($\beta = -0.085$ SD; 95% CI = -0.119 to -0.052 ; $p = 6.15 \times 10^{-7}$) but adverse effects on increased creatinine ($\beta = 0.113$ SD; 95% CI = 0.079 to 0.146 ; $p = 4.78 \times 10^{-11}$), lowered apolipoprotein A ($\beta = -0.018$ g/L; 95% CI = -0.026 to -0.01 ;

Table 1. Effect of calculated free testosterone on 22 health outcomes from the UK Biobank relevant to effects of testosterone treatment in males.

| Outcome | Effect per 0.1 nmol/L increased CFT (95% CI) | P-value | Sample Size Cases/Controls |
|---|--|----------|----------------------------|
| Outcomes with Expected Clinical Benefits | | | |
| Body fat-free percentage* | 1.91% (1.48 to 2.35) | 9.06E-18 | 154254 |
| Body fat percentage* | -1.88% (-2.31 to -1.45) | 1.65E-17 | 153772 |
| Heel bone mineral density* | 0.40 SD (0.25 to 0.54) | 1.10E-07 | 90676 |
| Depression | OR = 1.45 (1.1 to 1.91) | 7.77E-03 | 4725/152485 |
| Accelerometer-based physical activity | 0.89 milligravity (-0.05 to 1.82) | 0.06 | 30439 |
| All fracture | OR = 0.89 (0.71 to 1.11) | 0.30 | 9133/148077 |
| Handgrip strength | 0.29 kg (-0.31 to 0.89) | 0.34 | 156400 |
| All dementia | OR = 1.26 (0.67 to 2.34) | 0.47 | 1003/156207 |
| Outcomes with Potential Adverse Effects | | | |
| Hematocrit percentage* | 1.37% (1.12 to 1.62) | 1.03E-27 | 152872 |
| Prostate cancer* | OR = 1.51 (1.21 to 1.88) | 2.10E-04 | 7586/149624 |
| Androgenic alopecia* | OR = 1.49 (1.19 to 1.86) | 5.28E-04 | 70283/85756 |
| Benign prostatic hyperplasia | OR = 1.36 (1.10 to 1.67) | 3.80E-03 | 10894/146316 |
| Myocardial infarction | OR = 1.23 (1 to 1.53) | 0.05 | 9398/147812 |
| Glucose | -0.06 mmol/L (-0.14 to 0.02) | 0.12 | 138307 |
| Hemoglobin A1c | -0.34 mmol/mol (-0.82 to 0.15) | 0.17 | 149828 |
| All stroke | OR = 1.18 (0.90 to 1.56) | 0.23 | 4569/152641 |
| Diastolic blood pressure | 0.27 mmHg (-0.30 to 0.85) | 0.35 | 148384 |
| Ischemic stroke | OR = 0.92 (0.61 to 1.37) | 0.67 | 2122/155088 |
| Systolic blood pressure | -0.12 mmHg (-1.23 to 1.00) | 0.84 | 148383 |
| Type 2 diabetes | OR = 1.02 (0.81 to 1.28) | 0.87 | 11079/146131 |
| Venous thromboembolism | OR = 1.02 (0.74 to 1.4) | 0.92 | 4127/153083 |
| Heart failure | OR = 1.01 (0.76 to 1.34) | 0.95 | 4288/152922 |

* Significant adjusting for Bonferroni correction of 22 outcomes ($p < 2.27 \times 10^{-3}$). CFT, calculated free testosterone.

$p = 1.55 \times 10^{-5}$), lowered HDL ($\beta = -0.074$ SD; 95% CI = -0.109 to -0.039 ; $p = 3.62 \times 10^{-5}$), and increased risks of hypertension (OR = 1.17; 95% CI = 1.08 to 1.26; $p = 2.83 \times 10^{-5}$), and spinal stenosis (OR = 2.03; 95% CI = 1.51 to 2.75; $p = 3.82 \times 10^{-6}$) (Table 2 and Figure 2).

As confirmation, we demonstrated the GRS was indeed not associated with natural log-transformed natural log-transformed SHBG levels in males ($p = 0.12$). For all statistically significant outcomes, associations were directionally consistent after removing participants taking blood pressure medication (Supplementary file 1 - Table 6) or cholesterol-lowering medication (Supplementary file 1 - Table 7). Further sensitivity analyses were performed by repeating the one-sample MR analysis using 52 genetic variants associated with total testosterone in males from the UK Biobank (Supplementary file 1 - Table 8). For all statistically significant outcomes, effects observed using total testosterone genetic variants were directionally consistent with CFT, and results for all outcomes are presented in Supplementary file 1 - Tables 9 and 10. Finally, most effect estimates for genetically-predicted testosterone in this study were comparable in magnitude to effect sizes reported in RCTs except bone mineral density (Figure 3).

Discussion

We herein perform MR and GRS analyses of CFT to identify effects of endogenous free testosterone in males on 461 health outcomes. All effects are reported in terms of 0.1 nmol/L of CFT to

Table 2. Effects of calculated free testosterone on 439 health outcomes in males from the UK Biobank significant after adjusting for multiple hypothesis testing using Bonferroni correction ($p < 1.14 \times 10^{-4}$).

| Outcome | Effect per 0.1 nmol/L increased CFT (95% CI) | P-value | Sample Size Cases/Controls |
|------------------------|--|------------------------|----------------------------|
| Creatinine | 0.113 SD (0.079 to 0.146) | 4.78×10^{-11} | 149849 |
| C-reactive protein | -0.085 SD (-0.119 to -0.052) | 6.15×10^{-7} | 149547 |
| Spinal stenosis | OR = 2.03 (1.51 to 2.75) | 3.82×10^{-6} | 1917/150919 |
| Apolipoprotein A | -0.018 g/L (-0.026 to -0.01) | 1.55×10^{-5} | 138185 |
| HDL cholesterol | -0.074 SD (-0.109 to -0.039) | 3.62×10^{-5} | 138394 |
| Essential hypertension | OR = 1.17 (1.08 to 1.27) | 7.53×10^{-5} | 40809/115957 |
| Hypertension | OR = 1.17 (1.08 to 1.26) | 1.05×10^{-4} | 40960/115957 |

CFT, calculated free testosterone; HDL, high density lipoprotein; GRS, genetic risk score.

approximate expected effect sizes after initiation of testosterone treatment (Bhasin et al., 2018b). Among 22 a priori outcomes with suspected effects based on RCTs of testosterone treatment, MR analyses demonstrated that each 0.1 nmol/L increase in CFT was associated with adverse effects on

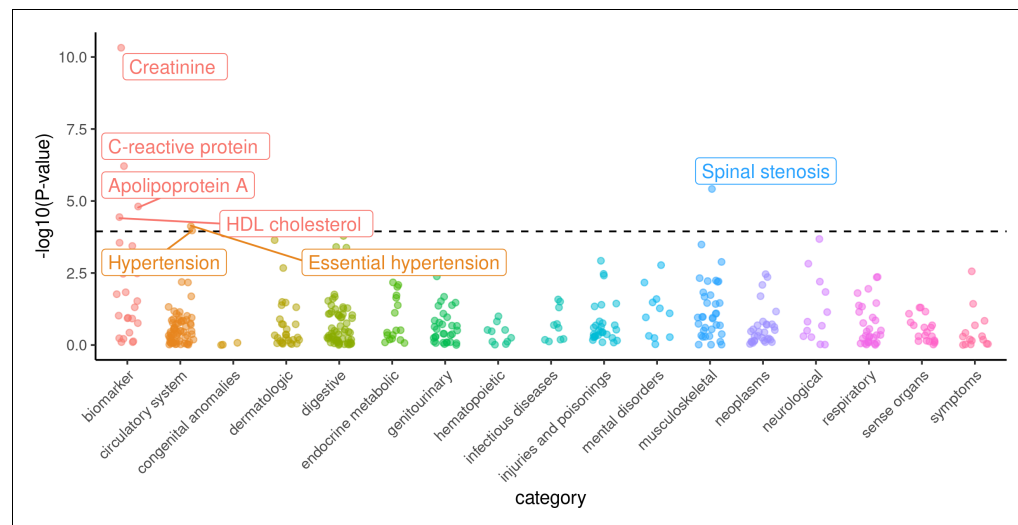


Figure 2. Phenome-wide survey of effects of genetically-predicted calculated free testosterone on 439 health outcomes in males from the UK Biobank. Logistic or linear regression was used to assess the association of the genetic score for free testosterone against each dichotomous or quantitative outcome, respectively. $-\log_{10}(p\text{-values})$ for the association of each outcome on the y-axis are stratified into subcategories on the x-axis. Labelled outcomes were statistically significant adjusting for multiple hypothesis testing ($p < 1.14 \times 10^{-4}$). The online version of this article includes the following source data for figure 2:

Source data 1. Associations of genetically-predicted calculated free testosterone for 439 health outcomes across the human phenome.

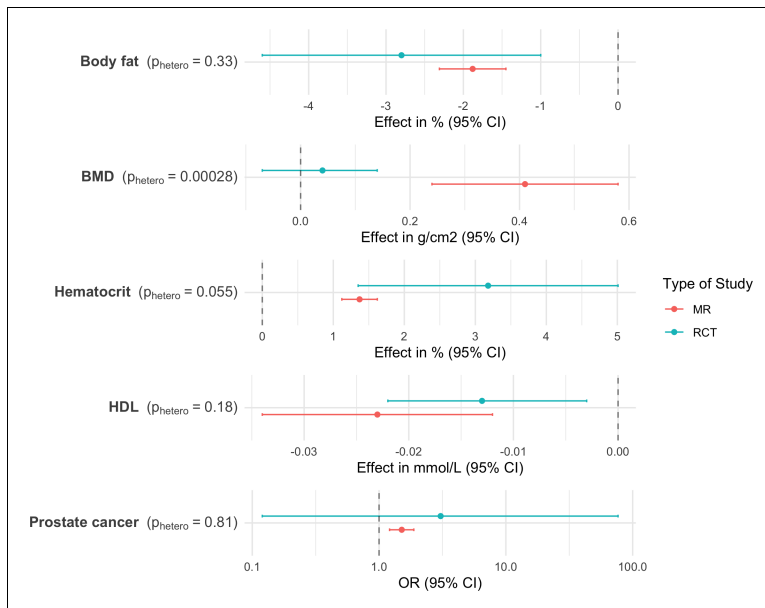


Figure 3. Comparison of effect sizes reported in randomized controlled trials and Mendelian randomization analyses. Error bars indicate 95% confidence intervals around the effect estimate. MR effect estimates are reported in terms of 0.1 nmol/L of CFT to approximate expected effect sizes after initiation of testosterone treatment (Bhasin et al., 2018b).

The online version of this article includes the following figure supplement(s) for figure 3:

Figure supplement 1. Comparison of effect of calculated free testosterone on hematocrit percentage using Mendelian randomization with IVW and Egger regression methods.

Figure supplement 2. Comparison of effect of calculated free testosterone on body fat-free percentage using Mendelian randomization with IVW and Egger regression methods.

Figure supplement 3. Comparison of effect of calculated free testosterone on body fat percentage using Mendelian randomization with IVW and Egger regression methods.

Figure supplement 4. Comparison of effect of calculated free testosterone on heel bone mineral density using Mendelian randomization with IVW and Egger regression methods.

Figure supplement 5. Comparison of effect of calculated free testosterone on prostate cancer using Mendelian randomization with IVW and Egger regression methods.

Figure supplement 6. Comparison of effect of calculated free testosterone on androgenic alopecia using Mendelian randomization with IVW and Egger regression methods.

increased risk of prostate cancer, risk of androgenic alopecia, and hematocrit percentage, but beneficial effects on increased heel BMD, increased body fat-free percentage and decreased body fat percentage. Findings on body composition, hematocrit, and BMD are consistent with short-term effects in randomized trials of testosterone treatment (Bhasin et al., 2018a). Although testosterone treatment has not been conclusively shown to increase risk of prostate cancer and androgenic alopecia in RCTs, androgen suppression therapies, such as of 5 α -reductase inhibitors, are used as treatment for androgenic alopecia and prostate cancer (Adil and Godwin, 2017; Andriole et al., 2010). The increased risk of prostate cancer replicates effects of testosterone observed in a previous MR analysis using independent data from the PRACTICAL consortium, and further supports the role of testosterone in development of these outcomes. As the leading cause of cancer among men, the predicted 1.5-fold increased risk as a result of changes in testosterone observed after initiation of

testosterone treatment warrants further investigation in clinical trials and greater scrutiny in at-risk patient populations (*American Cancer Society, 2019; Bhasin et al., 2018b*). Furthermore, these results cast doubt on cardiovascular, cognitive, or metabolic benefit for increased testosterone, as we do not find evidence of a beneficial effect of CFT on hard endpoints, such as dementia, MI, stroke, fractures, or T2D (*Aukrust et al., 2009*). Most of the estimates from MR analyses were comparable with effect sizes from RCTs (*Figure 3*). There was only significant heterogeneity between the effects on BMD for MR and RCT, but it is difficult to make direct comparisons due to variable change in testosterone levels after administration of testosterone in each RCT, different methods and anatomical sites of BMD estimation, and differences between short-term effects in RCTs relative to life-long effects in MR.

Among the remaining outcomes without well-established effects from RCTs, we identified evidence of novel associations between an increased GRS for CFT with adverse effects on creatinine, HDL, apolipoprotein A, hypertension, and spinal stenosis, but beneficial effects on C-reactive protein. Higher genetically-predicted free testosterone was associated with increased creatinine ($\beta = 0.113$ SD; 95% CI = 0.079 to 0.146; $p=4.78 \times 10^{-11}$). Mechanistically, effects of testosterone on renal function are unclear, but this effect may be mediated through the known effect of testosterone on increased muscle mass which is tightly related to serum creatinine (*Carrero et al., 2009; Filler et al., 2016; Schutte et al., 1981*). HDL cholesterol ($\beta = -0.074$ SD; 95% CI = -0.109 to -0.039 ; $p=3.62 \times 10^{-5}$) and its main protein component, apolipoprotein A ($\beta = -0.018$ g/L; 95% CI = -0.026 to -0.01 ; $p=1.55 \times 10^{-5}$), were both decreased with higher genetically-predicted free testosterone. Likewise, the Testosterone Trials found male participants over 65 years of age randomized to testosterone experienced mildly lowered HDL cholesterol levels after 12 months (*Mohler et al., 2018; Snyder et al., 2018*). Higher free testosterone was associated with decreased C-reactive protein (CRP) ($\beta = -0.085$ SD; 95% CI = -0.119 to -0.052 ; $p=6.15 \times 10^{-7}$). Although the Testosterone Trials did not find any change in CRP in its testosterone arm, testosterone is widely-believed to have suppressive effects on the immune system which may extend to markers of inflammation such as CRP (*Trigunaita et al., 2015*). Furthermore, despite no effect on SBP or DBP, our analyses suggest 0.1 mol/L higher free testosterone is associated with increased risk of hypertension (OR = 1.17; 95% CI = 1.08 to 1.27; $p=1.05 \times 10^{-4}$). Given the multifactorial nature of this disease, the apparent discrepancy between blood pressure and hypertension may be explained by an effect on other risk factors that develop into hypertension. Moreover, both human and animal studies suggest a role of testosterone on hypertension. A randomized controlled trial found testosterone administration increased levels of NT-proBNP, and studies of both transgender men and anabolic steroid users have found testosterone increased arterial stiffness and blood pressure (*Bachmann et al., 2019; Hartgens and Kuipers, 2004; Velho et al., 2017*). Meanwhile, animal models have shown testosterone may aggravate hypertension and exacerbate increased production of reactive oxygen species specifically in hypertensive but not normotensive rat vascular endothelial tissue (*Chignalia et al., 2012; Reckelhoff et al., 1998*). Testosterone is widely-believed to have anti-inflammatory and osteogenic effects, but our analyses showed an association with higher risk of spinal stenosis (OR = 2.03; 95% CI = 1.51 to 2.75; $p=3.82 \times 10^{-6}$). However, the literature shows some evidence that higher testosterone is associated with greater loss of cartilage in healthy older males, and evidence from mouse models suggest testosterone has a sex-specific role in worsening osteoarthritis, a common risk factor for spinal stenosis (*Hanna, 2005; Hi et al., 2007*).

In comparison to previous MR studies, our results broaden the scope of the existing literature by comprehensively assessing the effects of testosterone on 461 health outcomes including hard endpoints and intermediate biomarkers. Moreover, a key strength of this study was the stringent attempt to control for pleiotropic effects of SHBG on free testosterone by conservatively removing any genetic variants in the GRS that were associated with SHBG ($p<0.05$). The apparent difference between protective effects of testosterone observed in a previous MR analysis of testosterone and lack of protective effect in our study might be a result of less stringent control for pleiotropic effects of SHBG in the previous study. Given studies have identified associations between SHBG and risk of T2D independent of testosterone and a direct role of SHBG in mediating signalling on target cells, insufficient controls for SHBG may lead to residual pleiotropic effects (*Lakshman et al., 2010; Rosner et al., 2010; Vikan et al., 2010*). Other reasons may include genetic variants explaining less variation in testosterone levels in our study, fewer cases of T2D leading to inadequate statistical

power to detect weaker effects in our study, or other differences between the populations of the UK Biobank in our study and DIAGRAM consortium used by *Ruth et al., 2020*.

There are several limitations of this study. First, an assumption of the MR analysis is that the effect of the genetic variant on the outcome occurs only through free testosterone levels, such that there are no pleiotropic effects through other proteins or mechanisms (*Davies et al., 2018*). This concern was minimized by the use of multiple genetic variants, which limited the likelihood of a common alternative pathway confounding our observation. Moreover, we performed several sensitivity analyses and excluded genetic variants associated with SHBG levels, which is a potential source of pleiotropy through its effects on other hormones. Although a stringent p-value threshold was selected for genetic variants, the winner's curse phenomenon may still bias genetic effect sizes due to the same sample being used to select genetic variants and estimate effect sizes on testosterone. Additionally, one-sample MR may be susceptible to bias towards the confounded estimate if the genetic variants are 'weak instruments', which can occur if the genetic variants don't explain enough of the variance in free testosterone levels (*Davies et al., 2018*). To address this concern, we confirmed the selected genetic variants were strong instruments using a common threshold in MR literature (F -statistic >10) (*Davies et al., 2018*). Next, the UK Biobank is generally healthier and higher socioeconomic status than the general population, so there are insufficient cases to detect effects on certain rarer outcomes, such as Alzheimer's disease, and inadequate power to identify weaker effects of free testosterone on common outcomes. Relatedly, an inherent limitation for outcomes ascertained using linked electronic medical records is a lack of adjudication and consistent application of codes in clinical practice. In the UK Biobank, CFT levels were below the reference ranges for young healthy individuals, which may be attributable to the older age of the cohort and inherent inaccuracy of immunoassays at lower levels of total testosterone. Total testosterone levels are similarly low relative to reference ranges and comparable to previous studies in the UK Biobank (*Peila et al., 2020; Petermann-Rocha et al., 2020*). Additional sources of variability introduced into the total testosterone measurements include differences in fasting times, diets, and time of day at which blood was drawn from participants. Nevertheless, genetic variants associated with testosterone consistently replicated known effects of testosterone on established outcomes, such as body fat, body fat-free mass, and hematocrit (*Table 1*). Furthermore, although the free hormone hypothesis is still debated by experts, we found largely consistent effects on outcomes using genetically-predicted free testosterone and total testosterone (*Handelsman, 2017*). The only significant outcomes from MR analyses with free testosterone that showed no significant effect with total testosterone across all MR methods were HDL ($p=0.55$) and apolipoprotein A ($p=0.45$). Finally, these results represent lifelong effects of endogenous free testosterone and may not necessarily reflect effects of exogenous testosterone treatment, which can vary in duration, age of initiation, and dosage.

Taken altogether, the decision to initiate long-term testosterone use warrants careful consideration of benefits and risk. Beneficial effects on body composition, sexual function, hematocrit, and BMD should be weighed against detrimental effects on androgenic alopecia, prostate cancer, hypertension and spinal stenosis, and no detectable beneficial effects on other major clinical endpoints. Ultimately, well-designed and appropriately powered RCTs, such as the ongoing TRAVERSE trials (clinicaltrials.gov, NCT03518034), are necessary to conclusively address questions of safety and effectiveness of testosterone treatment. However, as demonstrated in this study, genetically-informed analyses can be powerful tools to aid health professionals in prioritizing allocation of limited resources towards investigating the most pressing questions.

Materials and methods

Study population - UK Biobank

The UK Biobank is a large-scale longitudinal cohort study that recruited over 500,000 people between the ages of 37–73 across the United Kingdom from 2006 to 2010 (*Sudlow et al., 2015*) (RRID:SCR_012815). UK Biobank received ethical approval from the North West Multi-Centre Research Ethics Committee (REC reference: 11/NW/0382). This research was conducted using the UK Biobank under Application Number 15255. For this study, UK Biobank participants were included if white British ancestry, and no self-reported androgen medication at recruitment based on field ID 20003.

Measurement of testosterone and sex hormone-binding globulin in UK Biobank

In the UK Biobank, total testosterone and sex hormone-binding globulin (SHBG) were measured on a Beckman Coulter Unicel DXI 800 using a one-step competitive analysis and two-step sandwich immunoassay, respectively. Analytical range for the immunoassays of total testosterone and SHBG were 0.35 to 55.52 and 0.33 to (226–242) nmol/L, respectively. For total testosterone, within-laboratory CV for high, medium, and low concentration quality control samples were 4.15, 3.66, and 8.34%. For SHBG, within-laboratory CV for high, medium, and low concentration quality control samples were 5.22, 5.25, and 5.67%. For each blood sample drawn at recruitment, testosterone, SHBG, and albumin were each measured only once. Testosterone and SHBG measurements were flagged if they fell outside the manufacturer's observed reportable range, or samples reported high levels of bilirubin, hemoglobin or lipids/turbidity that might interfere with the assay. Testosterone measurements were flagged if levels of total protein (<55 or >85 g/L) or triglycerides (>20 mmol/L) could interfere with the assay measurements. To monitor assay consistency, all samples were run with internal quality control samples between batches and operations used external quality assurance schemes against the ISO 17025:2005 standard.

Genome-wide association study of CFT

Individual-level genetic data was available for 488,317 participants that consented to blood collection and genotyping. Genotyping was performed with the Applied Biosystems UK Biobank Lung Exome Variant Evaluation (UK BiLEVE) and UK Biobank Axiom arrays (Affymetrix Research Services Laboratory, Santa Clara, California, USA). Description of quality control has been previously described in detail (Bycroft *et al.*, 2017). Genetic variants located in the human leukocyte antigen gene complex were excluded due to extensive pleiotropic effects.

For genome-wide association testing, samples were restricted to a subset of 161,268 males with white British ancestry, no androgen medication ($n = 2,137$), and no missing values of testosterone, SHBG, or albumin at recruitment. Free testosterone at recruitment was calculated using the Vermeulen equation (Vermeulen *et al.*, 1999). CFT levels were winsorized such that outlying values greater or less than four standard deviations (SD) away from the mean in males were set to 4 SD.

This study was restricted to genetic variants from 'v3' release of the UK Biobank data including those present in the Haplotype Reference Consortium and 1000 Genomes panels with imputation imputation quality greater than 0.7, no deviation from Hardy-Weinberg equilibrium ($p > 1 \times 10^{-10}$) and minor allele frequency greater than 1% (McCarthy *et al.*, 2016). To allow for genetic relatedness between participants, linear mixed models in BOLT-LMM were used to test for associations of genetic variants (Loh *et al.*, 2015). The model was adjusted for age, age², chip type, assessment center, and the first 20 genetic principal components. Genetic variants near the SHBG gene may alter binding affinity for testosterone thereby violating assumptions of the Vermeulen equation, or risk having pleiotropic effects through binding of other sex hormones (Ohlsson *et al.*, 2011). Therefore, any genetic variants associated with CFT reaching genome-wide significance ($p \leq 5 \times 10^{-8}$) were excluded if associated with natural log-transformed SHBG levels at a stringent threshold ($p < 0.05$) in the same subset of the UK Biobank (Figure 1—figure supplement 4). To arrive at an independent set of genetic variants, variants associated with CFT but not SHBG were pruned based on linkage disequilibrium (LD) at a threshold of $r^2 < 0.01$ using Europeans from 1000 Genomes phase three as reference panel (Abecasis *et al.*, 2012) (RRID:SCR_006828).

Genomic inflation factor (λ) was 1.2 and calculated as the ratio of the median test statistic from the GWAS relative to the expected median test statistic under a null model (Figure 1—figure supplement 5). To distinguish between an inflated λ due to population stratification or polygenic inheritance of the trait, the intercept of an LD score regression line was determined to be 1.03 indicating the observed inflation could be attributed to polygenicity rather than uncontrolled population stratification. LD score regression was performed and intercept was calculated with LDSC software (Bulik-Sullivan *et al.*, 2015) using 1000 Genomes Europeans phase three data as the LD reference panel (Abecasis *et al.*, 2012).

Definition of health-related UK Biobank outcomes

For MR analyses, 22 health outcomes were selected a priori based on relevance with known or suspected effects of testosterone treatment and categorized based on expected beneficial or adverse effects from RCT data. Outcomes with expected beneficial effects were fractures at any site, heel BMD, body fat percentage, body fat-free percentage, dementia, depression, handgrip strength, and physical activity level measured by wrist-worn accelerometer. Outcomes with potential adverse effects were stroke, androgenic alopecia, benign prostate hyperplasia (BPH), blood pressure, glucose, hematocrit percentage, hemoglobin A1c, heart failure, prostate cancer, MI, type 2 diabetes (T2D), and venous thromboembolism. Depression was coded using a 'broad' definition as previously described, which included self-reported depressive symptoms with associated impairment, or having sought help for 'nerves, anxiety, tensions or depression' (Howard *et al.*, 2018). Androgenic alopecia was defined based on participants' responses to the question, 'Which of the following best describes your hair/balding pattern?' (field ID 2395). Available options were four pictures of hair patterns (Supplementary file 1 – Figure 1). Individuals with pattern 3 or four were cases, pattern 1 and 2 were controls, and 'do not know' or 'prefer not to answer' responses were excluded. Physical activity was assessed using the overall acceleration average from wrist-worn accelerometer devices over the course of approximately 7 days. Following UK Biobank recommendations, individuals were excluded from the analysis based on poorly calibrated data (field ID: 90016) or having worn the device for insufficient time to get a stable measure of physical activity (field ID: 90015) (Doherty *et al.*, 2017). Blood pressure measures were coded as the average of two automated measurements of blood pressure taken a few moments apart by a registered nurse using an Omron 705 IT electronic blood pressure monitor. Body fat percentage and whole body fat-free mass were estimated based on impedance measurements from a Tanita BC418MA body composition analyser. Heel BMD was estimated as a T-score based on quantitative ultrasound index through the calcaneus relative to that expected in someone of the same sex. Handgrip strength was calculated as the average of right and left hands measured using a Jamar J00105 hydraulic hand dynamometer. hemoglobin A1c was measured using high performance liquid chromatography analysis on a Bio-Rad VARIANT II Turbo. Glucose was measured using hexokinase analysis on a Beckman Coulter AU5800. Hematocrit percentage was measured using a Coulter LH750 and calculated as the relative volume of packed erythrocytes to whole blood, computed by the formula: $\frac{\text{red blood cells} \times \text{mean corpuscular volume}}{10}$. Detailed descriptions of all 22 outcomes are shown in Supplementary file 1 – Table 11.

For hypothesis-free GRS analyses, we included 24 blood biomarkers measured at recruitment and 415 diseases derived from linked electronic medical records (Supplementary file 1 - Table 12; Brion *et al.*, 2013; Denny *et al.*, 2013; Wu *et al.*, 2019). Disease outcomes were defined using the previously published 'PheCode' scheme to aggregate ICD-10 codes from hospital episodes (field ID 41270), death registry (field ID 40001 and 40002), and cancer registry (field ID 40006) records (Denny *et al.*, 2013; Wu *et al.*, 2019). Given the small number of cases for many disease outcomes, any outcomes with detectable odds ratios less than 0.5 or greater than 2 per 0.1 nmol/L at 80% power were excluded ($n_{\text{cases}} < 871$) based on approximate changes in response to testosterone supplementation (Bhasin *et al.*, 2018b; Brion *et al.*, 2013; Traustadóttir *et al.*, 2018). After these exclusions, there were 415 diseases that remained for subsequent analyses in this study. Furthermore, all blood biomarkers measured by the UK Biobank at recruitment were included except estradiol and rheumatoid factor, which were complicated by majority missing values below the limit of detection of the assay ($n_{\text{biomarkers}} = 24$). Detailed descriptions of all 439 outcomes (415 diseases and 24 biomarkers) are shown in Supplementary file 1 – Table 12.

Mendelian randomization analysis

In a subset of unrelated males with White British ancestry, the association of all independent genetic variants associated with CFT were determined for each of the 22 a priori outcomes using additive genetic models in BGENIE v1.2 and adjusted for the same covariates as the model for CFT (Bycroft *et al.*, 2017). For each of the 22 outcomes, one-sample MR analysis was used to combine the effect of each independent genetic variant on CFT with its effect on the outcome using the inverse variance-weighted (IVW) method (Burgess *et al.*, 2016). Effect estimates were reported per 0.1 nmol/L increase in CFT levels based on approximate changes in response to testosterone treatment (Bhasin *et al.*, 2018b). For dichotomous outcomes, odds ratios were approximated as

previously described (Adams et al., 2018) by converting linear effect estimates from BGENIE to log-odds scale using:

$$\log(OR) = \frac{\beta}{k(1-k)},$$
 where k is the proportion of cases for the given outcome.

Given the polygenic nature of testosterone and potential for pleiotropy, for outcomes with statistically significant effects using the IVW method, standard sensitivity analyses were conducted to correct for pleiotropic effects, such as MR-Egger, MR-RAPS, and MR-PRESSO (Bowden et al., 2015; Verbanck et al., 2018). To investigate and correct for directional pleiotropy on each outcome, we performed Egger regression. For outcomes with y-intercept of the regression line significantly different from 0 ($p < 0.05$), there was evidence of directional pleiotropy and the causal estimate from MR Egger was reported to attempt to control for pleiotropic effects (Bowden et al., 2015). As a sensitivity analysis robust to idiosyncratic pleiotropy and weak instrument bias, MR-RAPS (Robust Adjusted Profile Score) was conducted using overdispersion and Tukey's loss function (Zhao et al., 2018). To detect and correct for potential bias from invalid variants with pleiotropic effects, we performed the MR-PRESSO (Mendelian Randomization Pleiotropy RESidual Sum and Outlier) test with 10,000 simulations (Verbanck et al., 2018). The global test p-value evaluated whether there was any overall horizontal pleiotropy among all genetic variants. For outcomes with significant p-values ($p < 0.05$), outlying genetic variants with predicted pleiotropic effects were removed and MR analysis repeated to correct for horizontal pleiotropy. The distortion test evaluated whether removal of the pleiotropic variants resulted in a significantly different causal estimate ($p < 0.05$). Leave-one-out analysis was performed such that the IVW MR analysis was repeated after each genetic variant was excluded to identify effects on an outcome that are driven by a single outlying genetic variant. Furthermore, the set of genetic variants used in MR analysis were assessed for 'weak instrument bias', which can result in biased estimates if genetic variants don't explain enough variance in exposure (e.g., CFT) levels (Pierce et al., 2011). Lastly, as a sensitivity analysis, all MR and GRS analyses were repeated using genetic variants associated with total testosterone. Finally, for significant outcomes, we compared estimated effect sizes from this MR study with reported effect sizes from random controlled trials of testosterone therapy, where possible, in Figure 3 (Cui et al., 2014; Fernández-Balsells et al., 2010; Ng Tang Fui et al., 2016; Zhang et al., 2020).

In consideration of 'weak instrument bias', the F-statistic was 66 for the genetic variants associated with CFT, which was considered a strong instrument based on the recommended threshold of greater than 10 (Davies et al., 2018). MR-PRESSO was performed using the MR-PRESSO package and all other MR analyses were implemented using the TwoSampleMR package (Hemani et al., 2018; Verbanck et al., 2018) (RRID:SCR_019010).

Genetic risk score analysis

A genetically-predicted value of CFT was determined for each individual by constructing weighted GRS in the unrelated White British subset of UK Biobank males ($n = 157,252$). Weighted GRS were calculated by multiplying the effect of each CFT-associated genetic variant by the number of effect-corresponding alleles and summing this value for each individual. The GRS was tested for association with outcomes using logistic or linear regression models for case-control or quantitative outcomes, respectively, and adjusted for the same covariates as the GWAS for CFT. Effect estimates were reported per 0.1 nmol/L increase in CFT levels based on approximate changes in response to testosterone treatment (Bhasin et al., 2018b). As sensitivity analyses, we repeated GRS analyses after excluding males that self-reported taking blood pressure ($n = 38,676$) or cholesterol medication ($n = 35,737$) at recruitment based on field ID 6177.

Genetic determinants and effects of total testosterone in males

As a set of sensitivity checks, we repeated all GWAS, MR, and GRS analyses using total testosterone. In the White British subset of the UK Biobank, there were 175,421 males with total testosterone measured with an average 11.9 nmol/L (Figure 1—figure supplement 6). In this population, a genome-wide association study was conducted for total testosterone as described herein for CFT. After removing genetic variants associated with natural-log-transformed SHBG and LD pruning for independent SNPs ($r^2 < 0.01$), there were 52 independent genetic variants associated ($p < 5 \times 10^{-8}$) with total testosterone in males from the UK Biobank (Supplementary file 1 – Table 8).

All statistical analyses were performed under R version 3.6.0, unless otherwise specified (RRID: [SCR_001905](https://orcid.org/0000-0001-6740-7858)). A two-sided p-value less than 5×10^{-8} for GWAS, 2.27×10^{-3} (0.05/22 outcomes) for a priori MR analyses, and 1.14×10^{-4} (0.05/439 outcomes) for hypothesis-free GRS analyses was considered statistically significant.

Acknowledgements

The authors are thankful for all the participants that contributed to the UK Biobank study.

Additional information

Competing interests

Hertzel C Gerstein: HCG reports research grants from Eli Lilly, AstraZeneca, Merck, Novo Nordisk, and Sanofi; honoraria for speaking from AstraZeneca, Boehringer Ingelheim, Eli Lilly, Novo Nordisk, and Sanofi; and consulting fees from Abbott, AstraZeneca, Boehringer Ingelheim, Eli Lilly, Merck, Novo Nordisk, Janssen, Sanofi, Kowa, and Cirius. The other authors declare that no competing interests exist.

Funding

| Funder | Grant reference number | Author |
|--|---|--------------------|
| Canadian Institutes of Health Research | Frederick Banting and Charles Best Canada Graduate Scholarships Doctoral Award | Michael Chong |
| Canadian Institutes of Health Research | Post-Doctoral Fellowship | Robert W Morton |
| McMaster University | E.J. Moran Campbell Internal Career Research Award | Marie Pigeyre |
| McMaster University | McMaster-Sanofi Population Health Institute Chair in Diabetes Research and Care | Hertzel C Gerstein |
| Cisco Systems | Professorship in Integrated Health Biosystems | Guillaume Paré |
| Canada Research Chairs | Canada Research Chair in Genetic and Molecular Epidemiology | Guillaume Paré |

The funders had no role in study design, data collection and interpretation, or the decision to submit the work for publication.

Author contributions

Pedrum Mohammadi-Shemirani, Data curation, Software, Formal analysis, Investigation, Visualization, Writing - original draft; Michael Chong, Data curation, Software, Formal analysis, Writing - review and editing; Marie Pigeyre, Hertzel C Gerstein, Conceptualization, Writing - review and editing, Analysis and interpretation of data; Robert W Morton, Writing - review and editing, Analysis and interpretation of data; Guillaume Paré, Conceptualization, Data curation, Supervision, Funding acquisition, Methodology, Project administration, Writing - review and editing

Author ORCIDs

Pedrum Mohammadi-Shemirani  <https://orcid.org/0000-0001-6740-7858>

Robert W Morton  <http://orcid.org/0000-0003-0099-4167>

Guillaume Paré  <https://orcid.org/0000-0002-6795-4760>

Ethics

Human subjects: UK Biobank received ethical approval from the North West Multi-Centre Research Ethics Committee (REC reference: 11/NW/0382). This research was conducted using the UK Biobank under Application Number 15255.

Decision letter and Author response

Decision letter <https://doi.org/10.7554/eLife.58914.sa1>

Author response <https://doi.org/10.7554/eLife.58914.sa2>

Additional files

Supplementary files

- Supplementary file 1. Supplementary Tables. Table 1. Characteristics at recruitment for study population of males from UK Biobank cohort study Table 2. Independent genetic variants associated with calculated free testosterone (CFT) at genome-wide significance ($p < 5 \times 10^{-8}$) and not associated with sex hormone-binding globulin in males Table 3. Results of Mendelian randomization analysis using Egger regression for 22 a priori outcomes relevant to testosterone treatment Table 4. Results of Mendelian randomization analysis using MR-RAPS for effect of CFT on 22 a priori outcomes relevant to testosterone treatment Table 5. Results of Mendelian randomization analysis using MR-PRESSO for effect of CFT on 22 a priori outcomes relevant to testosterone treatment Table 6. Associations of genetically-predicted CFT for 439 health outcomes across the human phenome excluding individuals on antihypertensive medication Table 7. Associations of genetically-predicted CFT for 439 health outcomes across the human phenome excluding individuals on cholesterol-lowering medication Table 8. Independent genetic variants associated with total testosterone at genome-wide significance ($p < 5 \times 10^{-8}$) and not associated with sex hormone-binding globulin in 175,421 males from UK Biobank Table 9. All Mendelian randomization analyses of total testosterone on 22 a priori outcomes Table 10. Associations of genetically-predicted total testosterone for 439 health outcomes across the human phenome. Table 11. Definitions for 22 health outcomes with suspected relevance with testosterone treatment Table 12. Definitions for 439 phenome-wide health outcomes *Figure 1*. Screenshot of options shown to male UK Biobank participants for selection of hair/baldness pattern.

- Transparent reporting form

Data availability

Individual-level data cannot be provided, but it is available to all researchers by application to the UK Biobank. Summary-level GWAS data will be returned to the UK Biobank Access Team for use by other researchers. All MR results and genome-wide significant SNPs have been provided in Supplementary Tables 4 to 12 in Supplementary file 1.

References

- Abecasis GR, Auton A, Brooks LD, DePristo MA, Durbin RM, Handsaker RE, Kang HM, Marth GT, McVean GA, 1000 Genomes Project Consortium. 2012. An integrated map of genetic variation from 1,092 human genomes. *Nature* **491**:56–65. DOI: <https://doi.org/10.1038/nature11632>, PMID: 23128226
- Adams M, Hill WD, Howard DM, Davis KAS, Deary IJ, Hotopf M, McIntosh AM. 2018. Factors associated with sharing email information and mental health survey participation in two large population cohorts. *bioRxiv*. DOI: <https://doi.org/10.1101/471433>
- Adil A, Godwin M. 2017. The effectiveness of treatments for androgenetic alopecia: a systematic review and meta-analysis. *Journal of the American Academy of Dermatology* **77**:136–141. DOI: <https://doi.org/10.1016/j.jaad.2017.02.054>
- American Cancer Society. 2019. *Cancer Facts & Figures 2019*.
- Andriole GL, Bostwick DG, Brawley OW, Gomella LG, Marberger M, Montorsi F, Pettaway CA, Tammela TL, Teloken C, Tindall DJ, Somerville MC, Wilson TH, Fowler IL, Rittmaster RS REDUCE Study Group. 2010. Effect of dutasteride on the risk of prostate Cancer. *New England Journal of Medicine* **362**:1192–1202. DOI: <https://doi.org/10.1056/NEJMoa0908127>, PMID: 20357281

- Aukrust P, Ueland T, Gullestad L, Yndestad A. 2009. Testosterone: a novel therapeutic approach in chronic heart failure? *Journal of the American College of Cardiology* **54**:928–929. DOI: <https://doi.org/10.1016/j.jacc.2009.05.039>, PMID: 19712803
- Bachmann KN, Huang S, Lee H, Dichtel LE, Gupta DK, Burnett JC, Miller KK, Wang TJ, Finkelstein JS. 2019. Effect of testosterone on natriuretic Peptide Levels. *Journal of the American College of Cardiology* **73**:1288–1296. DOI: <https://doi.org/10.1016/j.jacc.2018.12.062>
- Baillargeon J, Kuo Y-F, Westra JR, Urban RJ, Goodwin JS. 2018. Testosterone prescribing in the united states, 2002-2016. *JAMA* **320**:200–202. DOI: <https://doi.org/10.1001/jama.2018.7999>
- Bhasin S, Brito JP, Cunningham GR, Hayes FJ, Hodis HN, Matsumoto AM, Snyder PJ, Swerdloff RS, Wu FC, Yialamas MA. 2018a. Testosterone therapy in men with hypogonadism: an endocrine society* clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism* **103**:1715–1744. DOI: <https://doi.org/10.1210/jc.2018-00229>
- Bhasin S, Ellenberg SS, Storer TW, Basaria S, Pahor M, Stephens-Shields AJ, Cauley JA, Ensrud KE, Farrar JT, Cella D, Matsumoto AM, Cunningham GR, Swerdloff RS, Wang C, Lewis CE, Molitch ME, Barrett-Connor E, Crandall JP, Hou X, Preston P, et al. 2018b. Effect of testosterone replacement on measures of mobility in older men with mobility limitation and low testosterone concentrations: secondary analyses of the testosterone trials. *The Lancet Diabetes & Endocrinology* **6**:879–890. DOI: [https://doi.org/10.1016/S2213-8587\(18\)30171-2](https://doi.org/10.1016/S2213-8587(18)30171-2)
- Bowden J, Davey Smith G, Burgess S. 2015. Mendelian randomization with invalid instruments: effect estimation and Bias detection through egger regression. *International Journal of Epidemiology* **44**:512–525. DOI: <https://doi.org/10.1093/ije/dyv080>
- Brion M-JA, Shakhbazov K, Visscher PM. 2013. Calculating statistical power in mendelian randomization studies. *International Journal of Epidemiology* **42**:1497–1501. DOI: <https://doi.org/10.1093/ije/dyt179>
- Bulik-Sullivan BK, Loh P-R, Finucane HK, Ripke S, Yang J, Patterson N, Daly MJ, Price AL, Neale BM. 2015. LD score regression distinguishes confounding from polygenicity in genome-wide association studies. *Nature Genetics* **47**:291–295. DOI: <https://doi.org/10.1038/ng.3211>
- Burgess S, Dudbridge F, Thompson SG. 2016. Combining information on multiple instrumental variables in mendelian randomization: comparison of allele score and summarized data methods. *Statistics in Medicine* **35**:1880–1906. DOI: <https://doi.org/10.1002/sim.6835>
- Bycroft C, Freeman C, Petkova D, Band G, Elliott LT, Sharp K, Motyer A, Vukcevic D, Delaneau O, O'Connell J, Cortes A, Welsh S, McVean G, Leslie S, Donnelly P, Marchini J. 2017. Genome-wide genetic data on ~500,000 UK biobank participants. *bioRxiv*. DOI: <https://doi.org/10.1101/166298>
- Carrero JJ, Qureshi AR, Parini P, Arver S, Lindholm B, Bárány P, Heimbürger O, Stenvinkel P. 2009. Low serum testosterone increases mortality risk among male Dialysis patients. *Journal of the American Society of Nephrology* **20**:613–620. DOI: <https://doi.org/10.1681/ASN.2008060664>
- Chignalia AZ, Schuldt EZ, Camargo LL, Montezano AC, Callera GE, Laurindo FR, Lopes LR, Avellar MCW, Carvalho MHC, Fortes ZB, Touyz RM, Tostes RC. 2012. Testosterone induces vascular smooth muscle cell migration by NADPH oxidase and c-Src-Dependent Pathways. *Hypertension* **59**:1263–1271. DOI: <https://doi.org/10.1161/HYPERTENSIONAHA.111.180620>
- Cui Y, Zong H, Yan H, Zhang Y. 2014. The effect of testosterone replacement therapy on prostate Cancer: a systematic review and meta-analysis. *Prostate Cancer and Prostatic Diseases* **17**:132–143. DOI: <https://doi.org/10.1038/pcan.2013.60>
- Davies NM, Holmes MV, Davey Smith G. 2018. Reading mendelian randomisation studies: a guide, glossary, and checklist for clinicians. *BMJ* **362**:k601. DOI: <https://doi.org/10.1136/bmj.k601>
- Denny JC, Bastarache L, Ritchie MD, Carroll RJ, Zink R, Mosley JD, Field JR, Pulley JM, Ramirez AH, Bowton E, Basford MA, Carrell DS, Peissig PL, Kho AN, Pacheco JA, Rasmussen LV, Crosslin DR, Crane PK, Pathak J, Bielinski SJ, et al. 2013. Systematic comparison of phenome-wide association study of electronic medical record data and genome-wide association study data. *Nature Biotechnology* **31**:1102–1111. DOI: <https://doi.org/10.1038/nbt.2749>
- Doherty A, Jackson D, Hammerla N, Plötz T, Olivier P, Granat MH, White T, van Hees VT, Trenell MI, Owen CG, Preece SJ, Gillions R, Sheard S, Peakman T, Brage S, Wareham NJ. 2017. Large scale population assessment of physical activity using wrist worn accelerometers: the UK biobank study. *PLOS ONE* **12**:e0169649. DOI: <https://doi.org/10.1371/journal.pone.0169649>
- Fernández-Balsells MM, Murad MH, Lane M, Lampropulos JF, Albuquerque F, Mullan RJ, Agrwal N, Elamin MB, Gallegos-Orozco JF, Wang AT, Erwin PJ, Bhasin S, Montori VM. 2010. Adverse effects of testosterone therapy in adult men: a systematic review and Meta-Analysis. *The Journal of Clinical Endocrinology & Metabolism* **95**:2560–2575. DOI: <https://doi.org/10.1210/jc.2009-2575>
- Filler G, Ramsaroop A, Stein R, Grant C, Marants R, So A, McIntyre C. 2016. Is testosterone detrimental to renal function? *Kidney International Reports* **1**:306–310. DOI: <https://doi.org/10.1016/j.ekir.2016.07.004>
- Gagliano-Jucá T, Basaria S. 2019. Testosterone replacement therapy and cardiovascular risk. *Nature Reviews Cardiology* **16**:555–574. DOI: <https://doi.org/10.1038/s41569-019-0211-4>
- Handelsman DJ. 2013. Global trends in testosterone prescribing, 2000–2011: expanding the spectrum of prescription drug misuse. *Medical Journal of Australia* **199**:548–551. DOI: <https://doi.org/10.5694/mja13.10111>
- Handelsman DJ. 2017. Free testosterone: pumping up the tires or ending the free ride? *Endocrine Reviews* **38**:297–301. DOI: <https://doi.org/10.1210/er.2017-00171>
- Hanna F. 2005. Factors influencing longitudinal change in knee cartilage volume measured from magnetic resonance imaging in healthy men. *Annals of the Rheumatic Diseases* **64**:1038–1042. DOI: <https://doi.org/10.1136/ard.2004.029355>

- Hartgens F, Kuipers H. 2004. Effects of Androgenic-Anabolic steroids in Athletes. *Sports Medicine* **34**:513–554. DOI: <https://doi.org/10.2165/00007256-200434080-00003>
- Hemani G, Zheng J, Elsworth B, Wade KH, Haberland V, Baird D, Laurin C, Burgess S, Bowden J, Langdon R, Tan VY, Yarmolinsky J, Shihab HA, Timpson NJ, Evans DM, Relton C, Martin RM, Davey Smith G, Gaunt TR, Haycock PC. 2018. The MR-Base platform supports systematic causal inference across the human phenotype. *eLife* **7**:e34408. DOI: <https://doi.org/10.7554/eLife.34408>
- HI M, Blanchet TJ, Peluso D, Hopkins B, Morris EA, Glasson SS. 2007. Osteoarthritis severity is sex dependent in a surgical mouse model. *Osteoarthr Cartil* **15**:695–700. DOI: <https://doi.org/10.1016/j.joca.2006.11.005>
- Holmes MV, Asselbergs FW, Palmer TM, Drenos F, Lanktree MB, Nelson CP, Dale CE, Padmanabhan S, Finan C, Swerdlow DI, Tragante V, van Iperen EPA, Sivapalaratnam S, Shah S, Elbers CC, Shah T, Engmann J, Giambartolomei C, White J, Zabaneh D, et al. 2015. Mendelian randomization of blood lipids for coronary heart disease. *European Heart Journal* **36**:539–550. DOI: <https://doi.org/10.1093/eurheartj/ehv571>
- Howard DM, Adams MJ, Shireen M, Clarke T-K, Marioni RE, Davies G, Coleman JRI, Alloza C, Shen X, Barbu MC, Wigmore EM, Gibson J, Hagenaars SP, Lewis CM, Ward J, Smith DJ, Sullivan PF, Haley CS, Breen G, Deary IJ, et al. 2018. Genome-wide association study of depression phenotypes in UK biobank identifies variants in excitatory synaptic pathways. *Nature Communications* **9**:1470. DOI: <https://doi.org/10.1038/s41467-018-03819-3>
- Jasuja GK, Bhasin S, Rose AJ. 2017. Patterns of testosterone prescription overuse. *Current Opinion in Endocrinology & Diabetes and Obesity* **24**:240–245. DOI: <https://doi.org/10.1097/MED.0000000000000336>
- Lakshman KM, Bhasin S, Araujo AB. 2010. Sex Hormone-Binding globulin as an independent predictor of incident type 2 diabetes mellitus in men. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences* **65A**:503–509. DOI: <https://doi.org/10.1093/gerona/gdq002>
- Layton JB, Li D, Meier CR, Sharpless JL, Stürmer T, Jick SS, Brookhart MA. 2014. Testosterone lab testing and initiation in the united kingdom and the united states, 2000 to 2011. *The Journal of Clinical Endocrinology & Metabolism* **99**:835–842. DOI: <https://doi.org/10.1210/jc.2013-3570>
- Loh P-R, Tucker G, Bulik-Sullivan BK, Vilhjálmsson BJ, Finucane HK, Salem RM, Chasman DI, Ridker PM, Neale BM, Berger B, Patterson N, Price AL. 2015. Efficient bayesian mixed-model analysis increases association power in large cohorts. *Nature Genetics* **47**:284–290. DOI: <https://doi.org/10.1038/ng.3190>
- McCarthy S, Das S, Kretschmar W, Delaneau O, Wood AR, Teumer A, Kang HM, Fuchsberger C, Danecek P, Sharp K, Luo Y, Sidore C, Kwong A, Timpson N, Koskinen S, Vrieze S, Scott LJ, Zhang H, Mahajan A, Veldink J, et al. 2016. A reference panel of 64,976 haplotypes for genotype imputation. *Nature Genetics* **48**:1279–1283. DOI: <https://doi.org/10.1038/ng.3643>, PMID: 27548312
- Mohler ER, Ellenberg SS, Lewis CE, Wenger NK, Budoff MJ, Lewis MR, Barrett-Connor E, Swerdlow RS, Stephens-Shields A, Bhasin S, Cauley JA, Crandall JP, Cunningham GR, Ensrud KE, Gill TM, Matsumoto AM, Molitch ME, Pahor M, Preston PE, Hou X, et al. 2018. The effect of testosterone on cardiovascular biomarkers in the testosterone trials. *The Journal of Clinical Endocrinology & Metabolism* **103**:681–688. DOI: <https://doi.org/10.1210/jc.2017-02243>, PMID: 29253154
- Ng Tang Fui M, Prendergast LA, Dupuis P, Raval M, Strauss BJ, Zajac JD, Grossmann M. 2016. Effects of testosterone treatment on body fat and lean mass in obese men on a hypocaloric diet: a randomised controlled trial. *BMC Medicine* **14**:153. DOI: <https://doi.org/10.1186/s12916-016-0700-9>, PMID: 27716209
- Ohlsson C, Wallaschofski H, Lunetta KL, Stolk L, Perry JR, Koster A, Petersen AK, Eriksson J, Lehtimäki T, Huhtaniemi IT, Hammond GL, Maggio M, Coviello AD, Ferrucci L, Heier M, Hofman A, Holliday KL, Jansson JO, Kähönen M, Karasik D, et al. 2011. Genetic determinants of serum testosterone concentrations in men. *PLOS Genetics* **7**:e1002313. DOI: <https://doi.org/10.1371/journal.pgen.1002313>, PMID: 21998597
- Peila R, Arthur RS, Rohan TE. 2020. Association of sex hormones with risk of cancers of the pancreas, kidney, and brain in the UK biobank cohort study. *Cancer Epidemiology Biomarkers & Prevention* **29**:1832–1836. DOI: <https://doi.org/10.1158/1055-9965.EPI-20-0246>
- Petermann-Rocha F, Gray SR, Pell JP, Celis-Morales C, Ho FK. 2020. Biomarkers profile of people with Sarcopenia: a Cross-sectional analysis from UK biobank. *Journal of the American Medical Directors Association* **5**:e005. DOI: <https://doi.org/10.1016/j.jamda.2020.05.005>
- Pierce BL, Ahsan H, Vanderweele TJ. 2011. Power and instrument strength requirements for mendelian randomization studies using multiple genetic variants. *International Journal of Epidemiology* **40**:740–752. DOI: <https://doi.org/10.1093/ije/dyq151>, PMID: 20813862
- Reckelhoff JF, Zhang H, Granger JP. 1998. Testosterone exacerbates hypertension and reduces pressure-natriuresis in male spontaneously hypertensive rats. *Hypertension* **31**:435–439. DOI: <https://doi.org/10.1161/01.HYP.31.1.435>, PMID: 9453341
- Rosner W, Hryb DJ, Kahn SM, Nakhla AM, Romas NA. 2010. Interactions of sex hormone-binding globulin with target cells. *Molecular and Cellular Endocrinology* **316**:79–85. DOI: <https://doi.org/10.1016/j.mce.2009.08.009>, PMID: 19698759
- Ross S, Gerstein HC, Eikelboom J, Anand SS, Yusuf S, Paré G. 2015. Mendelian randomization analysis supports the causal role of dysglycaemia and diabetes in the risk of coronary artery disease. *European Heart Journal* **36**:1454–1462. DOI: <https://doi.org/10.1093/eurheartj/ehv083>, PMID: 25825043
- Ruth KS, Day FR, Tyrrell J, Thompson DJ, Wood AR, Mahajan A, Beaumont RN, Wittemans L, Martin S, Busch AS, Erzurumluoglu AM, Hollis B, O'Mara TA, McCarthy MI, Langenberg C, Easton DF, Wareham NJ, Burgess S, Murray A, Ong KK, et al. 2020. Using human genetics to understand the disease impacts of testosterone in men and women. *Nature Medicine* **26**:252–258. DOI: <https://doi.org/10.1038/s41591-020-0751-5>, PMID: 32042192

- Schooling CM, Luo S, Au Yeung SL, Thompson DJ, Karthikeyan S, Bolton TR, Mason AM, Ingelsson E, Burgess S. 2018. Genetic predictors of testosterone and their associations with cardiovascular disease and risk factors: a mendelian randomization investigation. *International Journal of Cardiology* **267**:171–176. DOI: <https://doi.org/10.1016/j.ijcard.2018.05.051>, PMID: 29804699
- Schutte JE, Longhurst JC, Gaffney FA, Bastian BC, Blomqvist CG. 1981. Total plasma creatinine: an accurate measure of total striated muscle mass. *Journal of Applied Physiology* **51**:762–766. DOI: <https://doi.org/10.1152/jappl.1981.51.3.762>, PMID: 7327978
- Snyder PJ, Bhasin S, Cunningham GR, Matsumoto AM, Stephens-Shields AJ, Cauley JA, Gill TM, Barrett-Connor E, Swerdloff RS, Wang C, Ensrud KE, Lewis CE, Farrar JT, Cella D, Rosen RC, Pahor M, Crandall JP, Molitch ME, Resnick SM, Budoff M, et al. 2018. Lessons from the testosterone trials. *Endocrine Reviews* **39**:369–386. DOI: <https://doi.org/10.1210/er.2017-00234>, PMID: 29522088
- Sudlow C, Gallacher J, Allen N, Beral V, Burton P, Danesh J, Downey P, Elliott P, Green J, Landray M, Liu B, Matthews P, Ong G, Pell J, Silman A, Young A, Sprosen T, Peakman T, Collins R. 2015. UK biobank: an open access resource for identifying the causes of a wide range of complex diseases of middle and old age. *PLOS Medicine* **12**:e1001779. DOI: <https://doi.org/10.1371/journal.pmed.1001779>, PMID: 25826379
- Traustadóttir T, Harman SM, Tsitouras P, Pencina KM, Li Z, Travison TG, Eder R, Miciek R, McKinnon J, Woodbury E, Basaria S, Bhasin S, Storer TW. 2018. Long-Term testosterone supplementation in older men attenuates Age-Related decline in aerobic capacity. *The Journal of Clinical Endocrinology & Metabolism* **103**:2861–2869. DOI: <https://doi.org/10.1210/jc.2017-01902>, PMID: 29846604
- Trigunaite A, Dimo J, Jørgensen TN. 2015. Suppressing effects of androgens on the immune system. *Cellular Immunology* **294**:87–94. DOI: <https://doi.org/10.1016/j.cellimm.2015.02.004>, PMID: 25708485
- Velho I, Figuera TM, Ziegelmann PK, Spritzer PM. 2017. Effects of testosterone therapy on BMI, blood pressure, and laboratory profile of transgender men: a systematic review. *Andrology* **5**:881–888. DOI: <https://doi.org/10.1111/andr.12382>, PMID: 28709177
- Verbanck M, Chen CY, Neale B, Do R. 2018. Detection of widespread horizontal pleiotropy in causal relationships inferred from mendelian randomization between complex traits and diseases. *Nature Genetics* **50**:693–698. DOI: <https://doi.org/10.1038/s41588-018-0099-7>, PMID: 29686387
- Vermeulen A, Verdonck L, Kaufman JM. 1999. A critical evaluation of simple methods for the estimation of free testosterone in serum. *The Journal of Clinical Endocrinology & Metabolism* **84**:3666–3672. DOI: <https://doi.org/10.1210/jcem.84.10.6079>, PMID: 10523012
- Vikan T, Schirmer H, Njølstad I, Svartberg J. 2010. Low testosterone and sex hormone-binding globulin levels and high estradiol levels are independent predictors of type 2 diabetes in men. *European Journal of Endocrinology* **162**:747–754. DOI: <https://doi.org/10.1530/EJE-09-0943>, PMID: 20061333
- Wu P, Gifford A, Meng X, Li X, Campbell H, Varley T, Zhao J, Carroll R, Bastarache L, Denny JC, Theodoratou E, Wei W-Q. 2019. Mapping ICD-10 and ICD-10-CM codes to phecodes: workflow development and initial evaluation. *JMIR Medical Informatics* **7**:e14325. DOI: <https://doi.org/10.2196/14325>
- Zhang Z, Kang D, Li H. 2020. The effects of testosterone on bone health in males with testosterone deficiency: a systematic review and meta-analysis. *BMC Endocrine Disorders* **20**:1–12. DOI: <https://doi.org/10.1186/s12902-020-0509-6>
- Zhao J, Jiang C, Lam TH, Liu B, Cheng KK, Xu L, Au Yeung SL, Zhang W, Leung GM, Schooling CM. 2014. Genetically predicted testosterone and cardiovascular risk factors in men: a mendelian randomization analysis in the guangzhou biobank cohort study. *International Journal of Epidemiology* **43**:140–148. DOI: <https://doi.org/10.1093/ije/dyt239>, PMID: 24302542
- Zhao Q, Wang J, Hemani G, Bowden J, Small DS. 2018. Statistical inference in two-sample summary-data mendelian randomization using robust adjusted profile score. *arXiv*. <https://arxiv.org/abs/1801.09652>.

CHAPTER 5:

**A Mendelian randomization-based approach to identify early and sensitive
diagnostic biomarkers of disease**

Published in *Clinical Chemistry*. 65(3):427-436 (2019)



A Mendelian Randomization-Based Approach to Identify Early and Sensitive Diagnostic Biomarkers of Disease

Pedrum Mohammadi-Shemirani,^{1,2,3} Jennifer Sjaarda,^{1,2,3} Hertz C. Gerstein,^{1,4} Darin J. Treleaven,⁵ Michael Walsh,⁵ Johannes F. Mann,⁶ Matthew J. McQueen,⁷ Sibylle Hess,⁸ and Guillaume Paré^{1,2,7,9*}

BACKGROUND: Identifying markers of chronic kidney disease (CKD) that occur early in the disease process and are specific to loss of kidney function rather than other underlying causes of disease may allow earlier, more accurate identification of patients who will develop CKD. We therefore sought to identify diagnostic blood markers of early CKD that are caused by loss of kidney function by using an innovative “reverse Mendelian randomization” (MR) approach.

METHODS: We applied this technique to genetic and biomarker data from 4147 participants in the Outcome Reduction with Initial Glargine Intervention (ORIGIN) trial, all with known type 2 diabetes, impaired fasting glucose, or impaired glucose tolerance. Two-sample MR was conducted using variants associated with creatinine-based eGFR (eGFR_{crea}) from the CKDGen Consortium (n = 133814) to estimate the effect of genetically decreased eGFR_{crea} on 238 serum biomarkers.

RESULTS: With reverse MR, trefoil factor 3 (TFF3) was identified as a protein that is increased owing to decreased eGFR_{crea} ($\beta = 1.86$ SD per SD decrease eGFR_{crea}; 95% CI, 0.95–2.76; $P = 8.0 \times 10^{-5}$). Reverse MR findings were consistent with epidemiological associations for incident CKD in ORIGIN (OR = 1.28 per SD increase in TFF3; 95% CI, 1.18–1.38; $P = 4.58 \times 10^{-10}$). Addition of TFF3 significantly improved discrimination for incident CKD relative to eGFR_{crea} alone (net reclassification improvement = 0.211; $P = 9.56 \times 10^{-12}$) and in models including additional risk factors.

CONCLUSIONS: Our results suggest TFF3 is a valuable diagnostic marker for early CKD in dysglycemic populations and acts as a proof of concept for the application of this novel MR technique to identify diagnostic biomarkers for other chronic diseases.

CLINICALTRIALS.GOV IDENTIFIER: NCT00069784

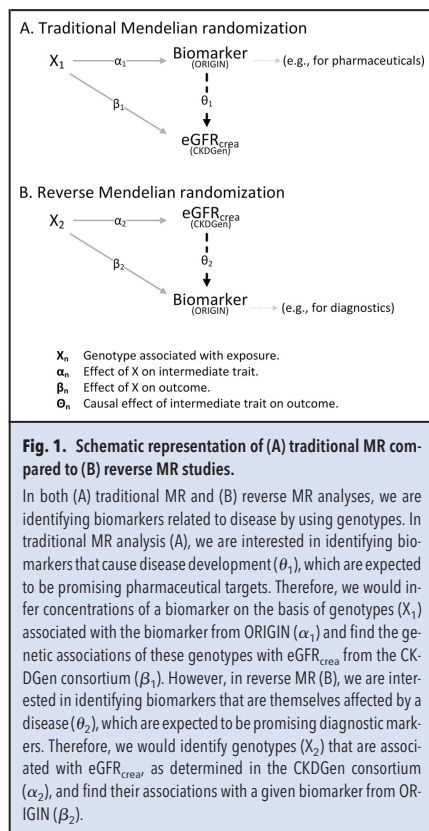
© 2018 American Association for Clinical Chemistry

Diabetic renal disease is characterized by a progressive increase in albumin excretion and gradual decline in glomerular filtration rate (GFR)¹⁰ (1). Chronic kidney disease (CKD) increases the likelihood of early mortality, cardiovascular disease, end-stage renal disease, and a host of further serious chronic conditions (2–4). Current guidelines recommend the use of albuminuria and estimated GFR based on the serum creatinine (eGFR_{crea}) to gauge the severity of diabetic renal disease. However, these tests have significant limitations (5). Albuminuria may be transient in the early stages of CKD (6), may be a late manifestation of kidney disease (7), and may be discordant from GFR (4). eGFR_{crea} is insensitive to early kidney damage (8) and is affected by such factors as age, sex, ethnicity, muscle mass, diet, and intraglomerular hemodynamics, which may confound the relationship between serum creatinine and GFR in diabetics (9, 10). The limitations in these biomarkers of renal disease subsequently impair clinicians’ abilities to accurately identify individuals at early risk of CKD when treatments may mitigate their future risks as recommended in guidelines (5). It is ultimately hoped that early, focused interven-

¹ Population Health Research Institute, McMaster University, Hamilton Health Sciences, Hamilton, Ontario, Canada; ² Thrombosis and Atherosclerosis Research Institute, McMaster University, Hamilton Health Sciences, Hamilton, Ontario, Canada; ³ Department of Medical Sciences, McMaster University, Hamilton, Ontario, Canada; ⁴ Department of Medicine, McMaster University, Hamilton Health Sciences, Hamilton, Ontario, Canada; ⁵ Division of Nephrology, Department of Medicine, McMaster University, Hamilton, Ontario, Canada; ⁶ KH Kidney Center, München, Germany; ⁷ Department of Pathology and Molecular Medicine, McMaster University, Michael G. DeGroot School of Medicine, Hamilton, Ontario, Canada; ⁸ Sanofi Aventis Deutschland GmbH, Research and Development Division, Translational Medicine and Early Development, Biomarkers and Clinical Bioanalyses, Frankfurt, Germany; ⁹ Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Ontario, Canada.

* Address correspondence to this author at: McMaster University, Population Health Research Institute, David Braley Cardiac, Vascular and Stroke Institute, 237 Barton St. East—C4 126. Fax +905-297-3789; e-mail pareg@mcmaster.ca. Received June 19, 2018; accepted September 5, 2018. Previously published online at DOI: 10.1373/clinchem.2018.291104 © 2018 American Association for Clinical Chemistry

¹⁰ Nonstandard abbreviations: GFR, glomerular filtration rate; CKD, chronic kidney disease; eGFR_{crea}, estimated GFR based on serum creatinine; MR, Mendelian randomization; ORIGIN, Outcome Reduction with Initial Glargine Intervention; ACR, albumin-to-creatinine ratio; SNP, single nucleotide polymorphism; eGFR_{cys}, estimated GFR based on cystatin C; NRI, net reclassification improvement index; AUC, area under the curve.



tion will reduce the contribution of CKD to the global burden disease (11).

An early effect of CKD is the accumulation of proteins in the blood due to changes in the glomerular barrier of the kidneys. Thus, the serum of affected individuals may harbor markers of the antecedent causes of CKD, confounders commonly linked to either dysglycemia or CKD, and CKD itself (5, 12–14) (see Fig. 1 in the Data Supplement that accompanies the online version of this article at <http://www.clinchem.org/content/vol65/issue3>). We propose that identification of these biomarkers related to CKD itself can be achieved by using a variation of a powerful genetic technique called Mendelian randomization (MR) (Fig. 1A) (15). Genetic variants have the unique property of being randomly and independently inherited from one another (15). Thus, nature effectively randomizes individuals to make high or low

levels of particular proteins. If people born with a genetic propensity to make higher (or lower) levels of a particular protein also develop some chronic disease more commonly than people born with a propensity to make lower (or higher) levels of this protein, an MR analysis may support the conclusion that this protein has a causal effect on the disease (16, 17) (Fig. 1A). Using similar reasoning, we can identify serum proteins that change concentration as a result of a chronic disease rather than simply being associated with the cause of the chronic disease. In the case of diabetic renal disease, this means we would identify serum proteins that change because of kidney damage rather than because of dysglycemia. We label this novel approach “reverse Mendelian randomization.” In this study, we demonstrate its utility as a tool in the context of identifying sensitive and early diagnostic biomarkers of kidney damage specifically (Fig. 1B). However, it has broader applications in identifying these biomarkers for any chronic disease with a set of robustly associated genetic variants.

We therefore sought to identify new biomarkers of early renal disease in patients with dysglycemia. We identified genetic variants linked with eGFR_{CKDGen}^{crea} in the publicly available CKDGen consortium study (18), found which of the 238 biomarkers measured in the Outcome Reduction with Initial Glargine Intervention (ORIGIN) (NCT00069784) biomarker study were statistically associated with these variants (19), and then tested the identified biomarkers for their association with incident CKD in models adjusting for other risk factors of a reduced eGFR (Fig. 2).

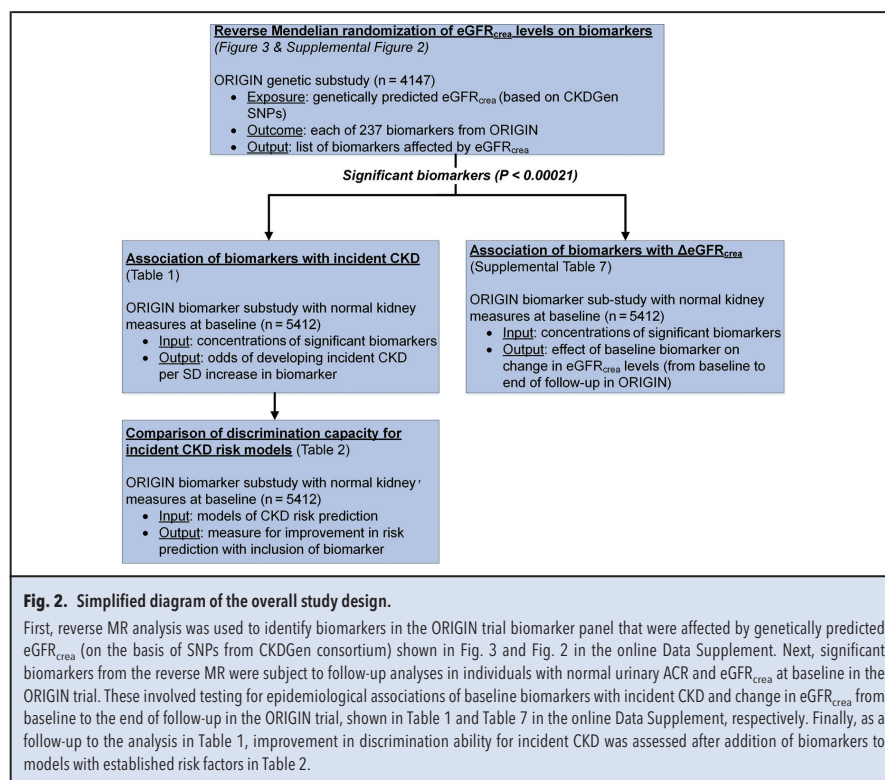
Methods

STUDY POPULATION—ORIGIN

The ORIGIN trial has been described previously (20). Briefly, from 2003 to 2005, 12 537 participants with cardiovascular risk factors and impaired fasting glucose, impaired glucose tolerance, or type 2 diabetes were randomized in a 2 × 2 factorial design to either subcutaneous insulin glargine vs usual care and ω-3 fatty acid supplementation vs placebo and followed for 5–7 years (median 6.2 years). At randomization, all participants were insulin naive.

The ORIGIN biomarker substudy consisted of 8401 participants of European, Native Latin, and African ethnicity. As previously described (19, 21), 238 biomarkers related to metabolism, inflammation, and cardiovascular disease were selected to be measured. Of those, 237 serum biomarkers were measured with a customized human discovery multianalyte platform on the Luminex 100/200 instrument (Myriad RBM), and serum troponin I was assayed with the Architect Stat high-sensitivity assay on the Abbott Architect System (21). Because the primary aim of this study was to identify

Mendelian Randomization for Diagnostic Biomarkers



early blood biomarkers of incident CKD, our primary patient population was a subset of the ORIGIN biomarker substudy participants with eGFR_{crea} and urinary albumin-to-creatinine ratio (ACR) at baseline within clinically normal ranges, defined as >60 mL/min/1.73m² and <30 mg/g (<3.4 mg/mmol), respectively.

In total, 5078 biomarker substudy participants consented to genetic analysis. Genotyping was performed on Illumina's HumanCore Exome chip and filtered with standard quality-control measures in PLINK (22) and GCTA (23). After quality control, 4147 participants and 284024 single nucleotide polymorphisms (SNPs) from 2 ethnic groups, Native Latin and Europeans, remained. Imputation was done after quality control with IMPUTE2 (24) and the 1000 Genomes Project (25) as a reference panel. SNPs with low imputation certainty, defined as INFO <0.7 by IMPUTE2, were then removed (detailed information in the Methods in the online Data Supplement).

STUDY OUTCOMES—ORIGIN

The primary renal outcome was incident CKD in the ORIGIN biomarker substudy with normal eGFR_{crea} and urinary ACR at baseline. It was defined as ≥1 of the following: incident worsening of albuminuria category, doubling of serum creatinine, end-stage renal disease, or development of eGFR_{crea} <60 mL/min per 1.73 m² by the end of follow-up. Detailed definitions of renal outcomes are described in the Methods in the online Data Supplement. Renal function during follow-up was assessed at year 2 and at the end of study on the basis of serum creatinine and urinary ACR. Both renal markers were measured centrally (20). The secondary renal outcome was change in eGFR_{crea} from baseline to end of study time point.

CKDGen CONSORTIUM DATA

Genome-wide significant variants for eGFR_{crea} were obtained from the CKDGen Consortium (18). In brief, 49

genome-wide association studies totaling 133814 individuals of European descent were meta-analyzed to identify 53 independent loci at a genome-wide significant threshold ($P < 5 \times 10^{-8}$) associated with eGFR_{crea}, which we selected for further analysis. ORIGIN did not contribute samples to the consortium.

ETHICS STATEMENT

The ORIGIN clinical trial and CKDGen consortium both received approvals from the local ethics committees at all participating sites, and all participants provided written informed consent.

"REVERSE" MR ANALYSIS OF eGFR_{crea} ON 238 BIOMARKERS

Of the 53 eGFR_{crea} SNPs, 50 were successfully imputed in the ORIGIN genetic substudy (see Table 1 in the online Data Supplement). First, each of the 50 SNPs was tested for association with each of the 238 biomarkers in ORIGIN by linear regression. Models were constructed with biomarker concentration as the dependent variable under an additive genetic model in each ethnic group separately (European and Latin), adjusting for age, sex, and the first 5 genetic principal components of each ethnicity by SNPtest v2.5 (26). Estimates from the 2 ethnic-specific models were then meta-analyzed together with a fixed-effects model in META v1.7 (26).

Next, a 2-sample reverse MR analysis (15) was performed for each of the 238 serum biomarkers by use of the 50 SNPs associated with eGFR_{crea} in the CKDGen Consortium. SNP–biomarker effect estimates (calculated in ORIGIN) for each of the 238 biomarkers, and SNP–eGFR_{crea} effect estimates (from the CKDGen consortium) were used as input variables for the reverse MR analysis (Fig. 1B). The inverse-variance weighted method was used to obtain MR associations by regressing the genetic effect estimates for each biomarker against genetic effect estimates for eGFR_{crea} (27). Bootstrapping (28) was done to calculate significance of the regression model for each biomarker. Two-tailed *P* values are reported for 100000 random simulations, with effect sizes sampled assuming a normal distribution of genetic effects according to mean and standard deviations taken from the CKDGen data or ORIGIN calculations. Significance threshold was adjusted for multiple hypothesis testing with Bonferroni correction for 238 biomarkers ($P < 0.05/238$). Sensitivity analyses included “leave-one-out” validation and repetition of reverse MR using genetic variants associated with related traits and risk factors of decreased eGFR_{crea} (see Methods in the online Data Supplement).

To determine whether the identified biomarkers themselves were causally affecting CKD, we used a traditional MR approach (Fig. 1A) to identify the effect of significant biomarkers on eGFR_{crea}. As previously described (17), MR analysis was restricted to nearby SNPs (within 300 Kb of the gene encoding the biomarker)

significantly associated with the biomarker ($P < 0.01$) and pruned for independence on the basis of linkage disequilibrium (see Methods in the online Data Supplement for more details).

ASSOCIATION OF SIGNIFICANT BIOMARKERS WITH BASELINE eGFR_{crea}, INCIDENT CKD, AND CHANGE IN eGFR_{crea} IN ORIGIN

We assessed whether the significant biomarkers predicted incident CKD and change in eGFR_{crea} in those ORIGIN biomarker substudy participants whose eGFR_{crea} and urinary ACR were both normal at baseline. We used logistic regression models to test the association of each biomarker (independent variable) with incident CKD (dependent variable). Three separate multivariate models were constructed. The basic model was adjusted for age, sex, and ethnicity. The laboratory model additionally included baseline natural log-transformed urinary ACR and eGFR_{crea}. The full model included all variables in the basic and laboratory model and added fasting plasma glucose, systolic blood pressure, body mass index, prior diabetes, prior cardiovascular disease, antihypertensive drug use, and smoking status. As sensitivity analyses, we also tested each component of the composite CKD end point, namely, worsening of albuminuria category, doubling of serum creatinine, and eGFR_{crea} < 60 mL/min per 1.73 m². The significant biomarker concentrations were categorized as quartiles within this population. Kaplan–Meier survival probabilities from incident CKD were calculated for each quartile adjusting for age, sex, and ethnicity at each of the primary follow-up time points. Logistic regression models were created for incident CKD against biomarker quartiles and adjusted for the aforementioned base, laboratory, and full models. We determined *P* values for trend across the quartiles by modeling the biomarker quartiles as an ordered linear term. Similarly, linear regression models were used to assess the relationship between changes in eGFR_{crea} from baseline to the end of usual follow-up time point, adjusting for the same models. Sensitivity analyses were performed by further adjusting models with randomization status for insulin glargine and ω -3 fatty acids.

The ability of the significant biomarkers to discriminate between people who do and do not develop incident stage 3 CKD was assessed by estimating the category-free net reclassification improvement (NRI) index after inclusion of the biomarker to several risk reference models containing known CKD risk factors with use of the Hmisc (29) R package. As a sensitivity measure, we also calculated ROC curves and the area under the curve (AUC) for the aforementioned risk models with and without the biomarker, using the pROC (30) R package.

All statistical analyses were performed on R version 3.0.1, unless otherwise specified.

DATA AVAILABILITY

Patient consent forms for the ORIGIN trial state that analysis of individual-level data must be approved by the principal investigator (Hertzler Gerstein, gerstein@mcmaster.ca). All relevant summary-level data are included within the report and its supporting information. CKDGen consortium data are available at <http://ckdgen.imbi.uni-freiburg.de/>.

Results

ORIGIN STUDY PARTICIPANT CHARACTERISTICS

The primary study population consisted of 5300 individuals from the ORIGIN trial who had normal eGFR_{crea} and no albuminuria at baseline. In this subset, mean eGFR_{crea} and urinary ACR at baseline were 82.0 mL/min per 1.73 m² and 6.2 mg/g (0.7 mg/mmol), respectively, and 1353 of 5300 participants developed CKD (980 albuminuria progression, 66 doubling of serum creatinine, and 515 eGFR_{crea} <60 mL/min per 1.73 m²) by study end. End-stage renal disease developed in only 2 of 5300 participants.

Key clinical characteristics of the study population are shown in Table 2 in the online Data Supplement. Those participants with prior renal disease were excluded from the present analysis, if not stated otherwise.

IDENTIFICATION OF SERUM BIOMARKERS AFFECTED BY eGFR_{crea} BY USE OF REVERSE MR

With use of reverse MR on 238 serum biomarkers, trefoil factor 3 (TFF3)¹¹ and uromodulin (UMOD) were identified as being significantly affected by eGFR_{crea} after adjustment for multiple hypothesis testing ($P < 0.05/238$) (see Table 3 in the online Data Supplement). The reverse MR analysis for TFF3 suggests an inverse relationship between eGFR_{crea} and serum TFF3 levels ($\beta = -1.86$ SD of TFF3 per 1 unit increase in log-transformed eGFR_{crea}; 95% CI, -2.76 to -0.95 ; $P = 8 \times 10^{-5}$), or in other words increased TFF3 levels are associated with decreased kidney function (Fig. 3). While an inverse relationship between eGFR_{crea} and UMOD was observed, a leave-one-out analysis suggested a single SNP (at the UMOD locus) was responsible for this association (see Fig. 2 in the online Data Supplement). Since the association with TFF3 remained unchanged upon leave-one-out analysis, we focused further analyses on this relationship. Consistent with the eGFR_{crea} analysis, TFF3 was also associated with CKD ($P = 0.028$) but not associated with cystatin C-based eGFR (eGFR_{cys}), an alternative measure of GFR, in reverse MR analysis (see Table 4 in the online Data Supplement). To ensure that

the eGFR_{crea}-TFF3 relationship was not due to some factor associated with eGFR_{crea}, we conducted reverse MR analysis for known risk factors of reduced GFR (see Methods in the online Data Supplement). TFF3 was not associated with any of these traits ($P > 0.05$; see Table 4 in the online Data Supplement). To investigate the potential for a causal effect of TFF3 on eGFR_{crea}, we determined whether the genetic variants near TFF3 are also linked to eGFR_{crea} and found no such relationship ($\beta = 0.01$; 95% CI, $0.00-0.02$; $P = 0.24$).

ASSOCIATION OF TFF3 WITH PREVALENT AND INCIDENT CKD IN ORIGIN

We sought to test the ability of TFF3 to identify individuals at risk of CKD despite normal eGFR_{crea} and no albuminuria. In the 5300 ORIGIN participants with a normal eGFR_{crea} and no albuminuria at baseline, TFF3 was associated with a higher incidence of incident CKD (OR = 1.28 per SD; 95% CI, 1.18–1.38; $P = 4.58 \times 10^{-10}$). The relationship with incident CKD remained significant after adjusting for eGFR_{crea}, albuminuria, other known CKD risk factors (Table 1), and treatment allocation in the ORIGIN trial (data not shown). The associations were also significant with different definitions of CKD (Table 1). After adjusting for known CKD risk factors, participants in the highest (OR = 1.74; 95% CI, 1.43–2.12; $P = 3.58 \times 10^{-9}$) and upper-middle TFF3 quartiles (OR = 1.41; 95% CI, 1.16–1.70; $P = 4.50 \times 10^{-4}$) had a significantly increased risk of incident CKD events relative to the lowest quartile (P for trend = 3.04×10^{-9}) (Fig. 4; see Table 5 in the online Data Supplement). Of patients in the highest quartile of serum TFF3, 65.7% were free from incident CKD, whereas those with upper-middle, lower-middle, and lowest quartile of serum TFF3 had 72.0%, 77.6%, and 80.2% freedom from incident CKD by study end, respectively (see Table 6 in the online Data Supplement). Moreover, higher levels of TFF3 predicted a greater decline in eGFR_{crea} (-4.33 mL/min per 1.73 m² eGFR_{crea} per 1 SD increase in TFF3; 95% CI, -5.13 to -3.53 ; $P = 7.92 \times 10^{-26}$) from baseline to the end of study before and after adjusting for baseline eGFR_{crea} and urinary ACR (see Table 7 in the online Data Supplement).

To determine the improvement in discrimination ability for incident CKD after addition of TFF3 to models with established risk factors, we constructed ROC curves and calculated net reclassification improvement (NRI) scores. In models adjusting for age, sex, and ethnicity, addition of TFF3 moderately but significantly improved risk prediction relative to eGFR_{crea} alone (AUC with TFF3 and eGFR_{crea} = 0.60; AUC with eGFR_{crea} alone = 0.59; NRI = 0.211; $P = 9.56 \times 10^{-12}$) (Table 2). Addition of TFF3 to models with clinical risk factors, urinary ACR, and other risk factors consistently showed significant improvements in NRI (Table 2). TFF3 alone

¹¹ Human Genes: TFF3, trefoil factor 3; UMOD, uromodulin.

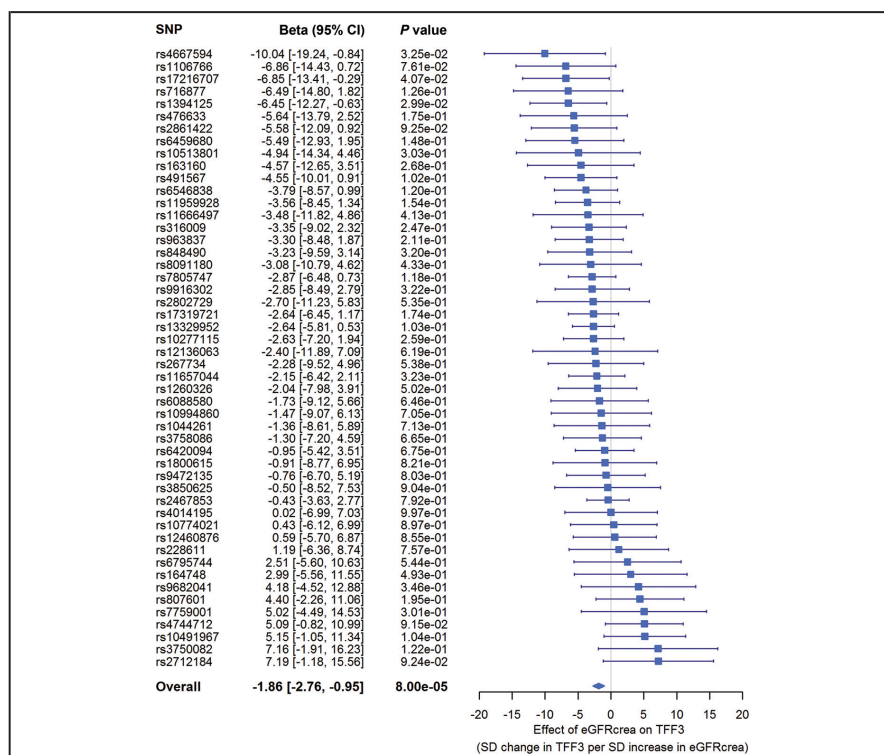


Fig. 3. Effect of eGFR_{crea} on trefoil factor 3 with reverse MR.

Forest plots depict a summary of the reverse MR results for TFF3. Single SNP MR was conducted for each SNP used in the combined MR analysis. Betas represent the effect of eGFR_{crea} on TFF3 as explained by that single SNP. Betas were determined by the Wald method (39) by regressing the effect estimates from the biomarker association (from ORIGIN trial) on the eGFR_{crea} association (from CKDGen consortium). A two-tailed *P* value was calculated with a *z* test from 100 000 random simulations.

was also still significantly better at discriminating incident CKD than eGFR_{crea} alone (AUC for eGFR_{crea} = 0.59; AUC for TFF3 = 0.60; NRI = 0.112; *P* = 1.86 × 10⁻⁴).

Sensitivity analyses investigating the relationship between TFF3 and baseline renal characteristics were consistent with the overall analysis (see Results in the online Data Supplement).

Discussion

We herein demonstrated a novel approach to diagnostic biomarker discovery called “reverse MR.” As a proof of

concept, we applied it in the context of diabetic renal disease. TFF3 was identified as a serum biomarker that is causally increased by reduced eGFR_{crea} in patients with dysglycemia. The observed effect on TFF3 was specific to eGFR_{crea} and CKD, and TFF3 itself was not found to affect CKD. The reverse MR finding was subsequently validated with statistically significant and directionally consistent epidemiological associations, and we demonstrated TFF3 concentration is a significant independent predictor of incident CKD in a dysglycemic population.

TFF3 belongs to a family of 3 mammalian trefoil factors and is a 6.6-kDa protein that contains 1 trefoil

Mendelian Randomization for Diagnostic Biomarkers

Table 1. Adjusted odds ratios for incident CKD in subset of ORIGIN with normal kidney measures.

| Clinical endpoint | Age-, sex-, and ethnicity-adjusted | | Laboratory model ^a | | Full model ^b | |
|--|------------------------------------|----------|-------------------------------|----------|--------------------------|----------|
| | OR ^{c,d} (95% CI) | P value | OR ^c (95% CI) | P value | OR ^c (95% CI) | P value |
| CKD | 1.28 (1.18-1.38) | 4.58E-10 | 1.21 (1.12-1.31) | 2.22E-06 | 1.24 (1.1-1.34) | 3.41E-07 |
| Worsening in albuminuria category | 1.17 (1.07-1.27) | 3.01E-04 | 1.12 (1.02-1.22) | 1.26E-02 | 1.13 (1.04-1.24) | 6.38E-03 |
| Doubling of serum creatinine | 1.33 (1.01-1.76) | 0.045 | 1.62 (1.22-2.16) | 8.60E-04 | 1.66 (1.23-2.22) | 8.11E-04 |
| eGFR _{crea} <60 mL/min per 1.73m ² at EUF ^d | 1.57 (1.41-1.75) | 6.82E-16 | 1.44 (1.28-1.61) | 2.58E-10 | 1.46 (1.30-1.64) | 1.33E-10 |

^a Adjusted for age, sex, ethnicity, baseline eGFR_{crea}, and natural log-transformed urinary albumin-to-creatinine ratio.
^b Adjusted for age, sex, ethnicity, baseline eGFR_{crea}, natural log-transformed urinary albumin-to-creatinine ratio, fasting plasma glucose, systolic blood pressure, body mass index, prior diabetes, prior cardiovascular disease, antihypertensive drug use, and smoking status.
^c OR per 1 SD increase in serum trefoil factor 3.
^d OR, odds ratio; EUF, end of usual study follow-up.

domain, a characteristic of the trefoil protein family, and exists in monomeric or dimeric forms (31, 32). The biological role of TFF3 is unclear, but it is believed to be involved in cellular repair and restitution. It is produced in the tubular cells of the renal cortex (32), and both increased urinary (33) and serum TFF3 concentrations have been associated with onset (34) and severity of CKD (32). With SOMAscan assay technology (SomaLogic), it was shown that TFF3 measured in plasma

showed a negative correlation with measured GFR in a Swedish cohort with 389 participants (35). Moreover, our results also suggest that TFF3 concentrations predict declines in eGFR_{crea} and incident CKD in dysglycemic individuals with normal albuminuria and renal function. Indeed, in such individuals, TFF3 improved CKD risk discrimination compared to eGFR_{crea} and models that included other risk factors. Those individuals with TFF3 in the highest quartile had 1.74 times greater odds of

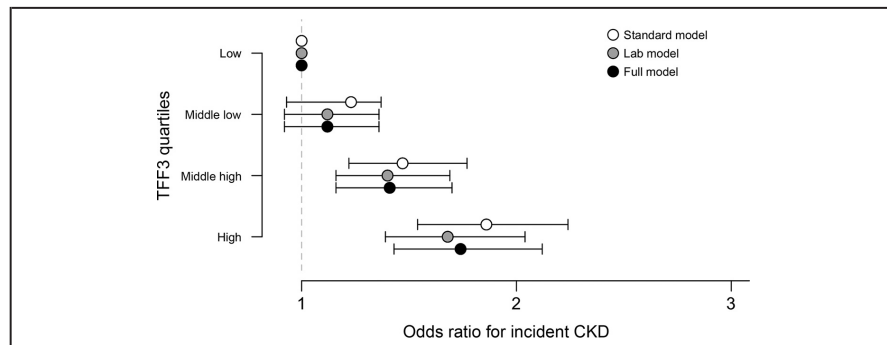


Fig. 4. Odds ratios of incident CKD according to TFF3 quartiles in subset of ORIGIN with normal kidney measures. Figure represents the odds ratio of developing incident CKD in the given quartile of TFF3 relative to the lowest ratio, with adjustment for each set of model covariates. TFF3 concentrations were transformed into quartiles in a subset of the ORIGIN trial population with normal albuminuria and eGFR_{crea}. Standard model covariates included age, sex, and ethnicity. Laboratory model covariates included standard model as well as baseline eGFR_{crea} and natural log-transformed urinary ACR. Full model covariates included laboratory model as well as fasting plasma glucose, systolic blood pressure, body mass index, prior diabetes, prior cardiovascular disease, antihypertensive drug use, and smoking status. Incident CKD was defined as worsening of albuminuria category, doubling of serum creatinine, end-stage renal disease, or eGFR_{crea} <60 mL/min per 1.73m² at the end of follow-up.

Downloaded from https://academic.oup.com/clinchem/article/65/3/427/5608012 by guest on 21 January 2022

Table 2. Comparison of discrimination capacity for incident CKD after addition of TFF3 to risk models.

| Reference model | AUC for reference model (95% CI) | Model of interest | AUC for model of interest (95% CI) | NRI ^a (95% CI) | P value |
|---|----------------------------------|--|------------------------------------|---------------------------|----------|
| eGFR _{crea} | 0.586 (0.569-0.604) | TFF3 | 0.601 (0.584-0.618) | 0.112 (0.050-0.174) | 1.86E-04 |
| eGFR _{crea} + clinical risk factors ^b | 0.614 (0.596-0.631) | eGFR _{crea} + TFF3 | 0.602 (0.585-0.610) | 0.211 (0.149-0.272) | 9.56E-12 |
| eGFR _{crea} + clinical risk factors ^b + ln(ACR) | 0.664 (0.647-0.680) | eGFR _{crea} + clinical risk factors ^b + TFF3 | 0.626 (0.609-0.643) | 0.206 (0.145-0.268) | 2.55E-11 |
| Full model ^c | 0.667 (0.650-0.683) | eGFR _{crea} + clinical risk factors ^b + ln(ACR) + TFF3 | 0.670 (0.653-0.687) | 0.174 (0.112-0.235) | 1.65E-08 |
| | | Full model ^c + TFF3 | 0.673 (0.657-0.690) | 0.193 (0.131-0.254) | 3.96E-10 |

^a NRI index comparing model of interest to reference model.
^b Prior cardiovascular disease + prior diabetes + systolic blood pressure + smoking status + anti-hypertensive drug use.
^c Baseline eGFR_{crea} + natural log-transformed baseline urinary albumin-to-creatinine ratio + prior cardiovascular disease + prior diabetes + systolic blood pressure + smoking status + anti-hypertensive drug use + body mass index + fasting plasma glucose.

developing CKD than the lowest after adjusting for known risk factors, including eGFR.

The dysglycemic population in ORIGIN is well suited for identification of novel markers because eGFR_{crea} is temporally and paradoxically increased in the early stages of diabetic nephropathy (9, 10). However, there are several limitations of our study. First, our stringent statistical criteria may have excluded other markers causally affected by renal disease. For example, 2 other established renal biomarkers, β_2 microglobulin (14) and cystatin C (5) (see Table 3 in the online Data Supplement), failed to meet the stringent Bonferroni-corrected significance threshold of 0.00021, although they were nominally significant (P , 3.4×10^{-4} and 1.5×10^{-3} , respectively) and cannot be ruled out as potential biomarkers. Second, MR relies on the assumption that the genetic variants have no pleiotropic effects (15), meaning the genetic variants have an effect on the biomarker only through eGFR_{crea}. This concern was minimized by the use of multiple genetic variants, which limited the likelihood of an alternative pathway confounding our observation, and sensitivity analyses, like leave-one-out, to reduce the possibility of any individual variants driving results. For instance, we identified that the association of UMOD in the reverse MR analysis was driven by a single variant located in the *UMOD* gene, which is also related to hypertension (36) and strongly associated with eGFR_{crea} (18). In this case, UMOD is a known causal mediator of CKD, as leave-one-out analysis of a cis SNP resulting in a null association likely corresponds to a significant traditional MR result for that biomarker (17). Third, we used genetic variants associated with eGFR_{crea}, a specific estimate of the kidney's abilities to function. The CKDGen Consortium genome-wide association studies for eGFR_{cys} was a smaller sample size ($n =$

33152) and yielded weaker instruments ($F = 11.8$) than eGFR_{crea} ($n = 133814$), which had an overall stronger set of instruments ($F = 67.6$). Consequently, the lack of a significant association in the reverse MR between eGFR_{cys}, an alternative measure of kidney function, and TFF3 could be due to the limited number of variants strongly associated with eGFR_{cys}, which limits our power to detect an association. Moreover, Pattaro et al. reported that the majority of eGFR_{crea} SNPs in CKDGen were associated with a consistent direction of effect for eGFR_{cys}—albeit with less significance given the smaller sample size; this association further supported the expectation that the eGFR_{crea} reverse MR findings are not reflecting pathways specific to creatinine metabolism but rather true kidney function overall (18). Indeed, the reverse MR results themselves imply that the majority of variants are reflecting kidney function, since a nominal association was observed for cystatin C ($\beta = -1.39$ SD of cystatin C per 1 unit increase in log-transformed eGFR_{crea}; 95% CI, -2.30 to -0.48 ; $P = 2.8 \times 10^{-3}$), which is a known marker of CKD and itself corresponds to an increase in eGFR_{cys}.

Disease prediction does not necessitate causal biomarkers, and often better accuracy can be achieved by adding markers simply associated from epidemiology. However, finding the biomarkers causally affected by disease is particularly promising for diagnostic and population-screening applications. Because these markers are less prone to confounding, they would be expected to be more specific, sensitive, and altered early in the disease pathology. Improvements in diagnostic methods for early detection of CKD are important for strategies to slow progression of kidney disease and its complications, particularly in high-risk populations such as patients with dysglycemia (5). Growing evidence for protective effects

Mendelian Randomization for Diagnostic Biomarkers

of SGLT2 inhibitors and GLP1-receptor agonists (37) for diabetic nephropathy further highlights the timely nature and importance of early markers (38). Future research should be directed toward better elucidating the biological role of TFF3 and trefoil family proteins in the kidneys and further evaluating the clinical utility of TFF3 as an early diagnostic tool for CKD in broader populations. Importantly, the validation of our findings with epidemiological models of CKD risk also suggests that reverse MR could be a novel method used to identify sensitive and early diagnostic biomarkers for a variety of other diseases. The growing number of publicly available genome-wide association studies data sets will clearly facilitate such analyses.

Author Contributions: All authors confirmed they have contributed to the intellectual content of this paper and have met the following 4 requirements: (a) significant contributions to the conception and design, acquisition of data, or analysis and interpretation of data; (b) drafting or revising the article for intellectual content; (c) final approval of the published article; and (d) agreement to be accountable for all aspects of the article thus ensuring that questions related to the accuracy or integrity of any part of the article are appropriately investigated and resolved.

P. Mohammadi-Shemirani, statistical analysis; J. Sjaarda, statistical analysis; G. Pare, financial support, administrative support, provision of study material or patients.

Authors' Disclosures or Potential Conflicts of Interest: Upon manuscript submission, all authors completed the author disclosure form. Disclosures and/or potential conflicts of interest:

Employment or Leadership: S. Hess, Sanofi.

Consultant or Advisory Role: H.C. Gerstein, Sanofi, Lilly, Merck, Novo Nordisk, AstraZeneca, Abbott, Boehringer Ingelheim, Janssen.

Stock Ownership: S. Hess, Sanofi.

Honoraria: H.C. Gerstein, Sanofi, Lilly, Merck, Novo Nordisk, AstraZeneca, Boehringer Ingelheim.

Research Funding: The ORIGIN trial and biomarker project were financially supported by Sanofi and the Canadian Institute of Health Research (CIHR) (FRN 125794).

Expert Testimony: None declared.

Patents: None declared.

Role of Sponsor: The funding organizations played no role in the design of study, choice of enrolled patients, or review and interpretation of data. Sanofi provided comments on the manuscript.

Acknowledgment: The authors are thankful to all the participants having agreed to contribute to this project and to all the consortia for making their data publicly available. In particular, the authors wish to thank the ORIGIN investigators at the Population Health Research Institute for having led the biomarker project and the CKDGen consortium for providing free access to their data.

References

- Molitch ME, Adler AI, Flyvbjerg A, Nelson RG, So W-Y, Wanner C, et al. Diabetic kidney disease: a clinical update from Kidney Disease: Improving Global Outcomes. *Kidney Int* 2015;87:20-30.
- Matsushita K, van der Velde M, Astor BC, Woodward M, Levey AS, de Jong PE, et al. Association of estimated glomerular filtration rate and albuminuria with all-cause and cardiovascular mortality in general population cohorts: a collaborative meta-analysis. *Lancet* 2010;375:2073-81.
- Hemmelgarn BR, Manns BJ, Lloyd A, James MT, Klarenbach S, Quinn RR, et al. Relation between kidney function, proteinuria, and adverse outcomes. *JAMA* 2010;303:423-9.
- Retnakaran R, Cull CA, Thorne KJ, Adler AI, Holman RR. Risk factors for renal dysfunction in type 2 diabetes: U.K. Prospective Diabetes Study 74. *Diabetes* 2006;55:1832-9.
- Group KDIGO (KDIGO) CW. KDIGO clinical practice guideline for the evaluation and management of chronic kidney disease. *Kidney Int Suppl* 2013;3:1-150.
- Johnson DW, Jones GRD, Mathew TH, Ludlow MJ, Chadban SJ, Usherwood T, et al. Chronic kidney disease and measurement of albuminuria or proteinuria: a position statement. *Med J Aust* 2012;197:224-5.
- Nelson RG, Bennett PH, Beck GJ, Tan M, Knowler WC, Mitch WE, et al. Development and progression of renal disease in Pima Indians with non-insulin-dependent diabetes mellitus. *N Engl J Med* 1996;335:1636-42.
- Shemesh O, Golbetz H, Kriss JP, Myers BD. Limitations of creatinine as a filtration marker in glomerulopathic patients. *Kidney Int* 1985;28:830-8.
- Bank N. Mechanisms of diabetic hyperfiltration. *Kidney Int* 1991;40:792-807.
- Jin Y, Moriya T, Tanaka K, Matsubara M, Fujita Y, Glomerular hyperfiltration in non-proteinuric and non-hypertensive Japanese type 2 diabetic patients. *Diabetes Res Clin Pract* 2006;71:264-71.
- GBD 2016 Causes of Death Collaborators, Naghavi M, Abajobir AA, Abbafati C, Abbas KM, Abd-Allah F, et al. Global, regional, and national age-sex specific mortality for 264 causes of death, 1980-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2017;390:1151-210.
- Fliser D, Kollerits B, Neyer U, Ankerst DP, Lhotka K, Linggenhel A, et al. Fibroblast growth factor 23 (FGF23) predicts progression of chronic kidney disease: the Mild to Moderate Kidney Disease (MMKD) Study. *J Am Soc Nephrol* 2007;18:2600-8.
- Bhavsar NA, Kottgen A, Coresh J, Astor BC. Neutrophil gelatinase-associated lipocalin (NGAL) and kidney injury molecule 1 (KIM-1) as predictors of incident CKD stage 3: the Atherosclerosis Risk in Communities (ARIC) Study. *Am J Kidney Dis* 2012;60:233-40.
- Foster MC, Coresh J, Hsu C, Xie D, Levey AS, Nelson RG, et al. Serum β -trace protein and β 2-microglobulin as predictors of ESRD, mortality, and cardiovascular disease in adults with CKD in the Chronic Renal Insufficiency Cohort (CRIC) Study. *Am J Kidney Dis* 2016;68:68-76.
- Davey Smith G, Hemani G. Mendelian randomization: genetic anchors for causal inference in epidemiological studies. *Hum Mol Genet* 2014;23:R89-98.
- Clarke R, Peden JF, Hopewell JC, Kyriakou T, Goel A, Heath SC, et al. Genetic variants associated with Lp(a) lipoprotein level and coronary disease. *N Engl J Med* 2009;361:2518-28.
- Sjaarda J, Gerstein HC, Yusuf S, Treleaven D, Walsh M, Mann JFE, et al. Blood HER2 and uromodulin as causal mediators of CKD. *J Am Soc Nephrol* 2018;29:1326-35.
- Pattaro C, Teumer A, Gorski M, Chu AY, Li M, Mijatovic V, et al. Genetic associations at 53 loci highlight cell types and biological pathways relevant for kidney function. *Nat Commun* 2016;7:10023.
- Gerstein HC, Paré G, McQueen MJ, Haanel H, Lee SF, Pogue J, et al. Identifying novel biomarkers for cardiovascular events or death in people with dysglycemia. *Circulation* 2015;132:2297-304.
- Gerstein HC, Yusuf S, Riddle MC, Ryden L, Bosch J. Rationale, design, and baseline characteristics for a large international trial of cardiovascular disease prevention in people with dysglycemia: the ORIGIN trial (Outcome Reduction with an Initial Glargine Intervention). *Am Heart J* 2008;155:26-32, 32.e1-6.
- Gerstein HC, Paré G, McQueen MJ, Lee SF, Hess S. Validation of the ORIGIN cardiovascular biomarker panel and the value of adding troponin I in dysglycemic people. *J Clin Endocrinol Metab* 2017;102:2251-7.
- Purcell S, Neale B, Todd-Brown K, Thomas L, Ferreira MAR, Bender D, et al. PLINK: a tool set for whole-genome association and population-based linkage analyses. *Am J Hum Genet* 2007;81:559-75.
- Yang J, Lee SH, Goddard ME, Visscher PM. GCTA: a tool for genome-wide complex trait analysis. *Am J Hum Genet* 2011;88:76-82.
- Howie BN, Donnelly P, Marchini J. A flexible and accurate genotype imputation method for the next generation of genome-wide association studies. *PLoS Genet* 2009;5:e1000529.
- Gibbs RA, Boerwinkle E, Doddapaneni H, Han Y, Korchina V, Kovar C, et al. A global reference for human genetic variation. *Nature* 2015;526:68-74.
- Marchini J, Howie B. Genotype imputation for genome-wide association studies. *Nat Rev Genet* 2010;11:499-511.
- Burgess S, Butterworth A, Thompson SG. Mendelian

- randomization analysis with multiple genetic variants using summarized data. *Genet Epidemiol* 2013;37:658–65.
28. Efron B. Bootstrap methods: another look at the jack-knife. *Ann Stat* 1979;7:1–26.
29. Harrell F. Hmisc: A package of miscellaneous R functions. 2014.
30. Robin X, Turck N, Hainard A, Tiberti N, Lisacek F, Sanchez J-C, et al. pROC: an open-source package for R and S+ to analyze and compare ROC curves. *BMC Bioinformatics* 2011;12:1–8.
31. Aihara E, Engevik KA, Montrose MH. Trefoil factor peptides and gastrointestinal function. *Annu Rev Physiol* 2017;79:357–80.
32. Du T, Luo H, Qin H, Wang F, Wang Q, Xiang Y, et al. Circulating serum trefoil factor 3 (TFF3) is dramatically increased in chronic kidney disease. *PLoS One* 2013;8:e80271.
33. Astor BC, Köttgen A, Hwang S-J, Bhavsar N, Fox CS, Coresh J. Trefoil factor 3 predicts incident chronic kidney disease: a case-control study nested within the Atherosclerosis Risk in Communities (ARIC) study. *Am J Nephrol* 2011;34:291–7.
34. Leberher-Eichinger D, Tudor B, Ankersmit HJ, Reiter T, Haas M, Roth-Walter F, et al. Trefoil factor 1 excretion is increased in early stages of chronic kidney disease. *PLoS One* 2015;10:e0138312.
35. Christensson A, Ash JA, DeLisle RK, Gaspar FW, Ostroff R, Grubb A, et al. The impact of the glomerular filtration rate on the human plasma proteome. *Proteomics Clin Appl* 2018;12:1700067.
36. Padmanabhan S, Melander O, Johnson T, Di Blasio AM, Lee WK, Gentilini D, et al. Genome-wide association study of blood pressure extremes identifies variant near UMOD associated with hypertension. *PLoS Genet* 2010;6:e1001177.
37. Mann JFE, Ørsted DD, Brown-Frandsen K, Marso SP, Poulter NR, Rasmussen S, et al. Liraglutide and renal outcomes in type 2 diabetes. *N Engl J Med* 2017;377:839–48.
38. Fioretto P, Zambon A, Rossato M, Busetto L, Vettor R. SGLT2 inhibitors and the diabetic kidney. *Diabetes Care* 2016;39:S165–71.
39. Wald A. The fitting of straight lines if both variables are subject to error. *Ann Math Stat* 1940;11:284–300.

CHAPTER 6:
DISCUSSION

CHAPTER 6: DISCUSSION

6.1 GENERAL OVERVIEW

Precision medicine aims to stratify patients and provide tailored treatments, as such it is expected that better understanding of individual biological characteristics and their relationship to disease will be instrumental in advancing such initiatives (Correa Rojo et al., 2021). More specifically, studies of peripheral blood biomarkers have applications to the discovery of novel therapeutic targets, prediction of drug efficacy and safety, and improvements in disease screening. However, as demonstrated in this body of work, establishing causality in epidemiological studies of biomarkers is critical for these applications and Mendelian randomization analysis can act as a complementary tool to pinpoint such biomarkers in the context of cardiometabolic diseases. This section serves as a summary of the key findings presented in this thesis as well as their implications, limitations, and future directions of research.

6.2 CHAPTER SUMMARIES

6.2.1 CHAPTER 3 SUMMARY

Lipoprotein(a) is a lipid particle consisting of an LDL core attached to an apolipoprotein(a) chain and serves as a well-established risk factor for atherosclerotic cardiovascular disease but its role in atrial fibrillation is unclear. In this chapter, higher lipoprotein(a) was demonstrated to be associated with increased risk of atrial fibrillation in participants from the UK Biobank. Moreover, these results were replicated through Mendelian randomization analysis using independent data from two of the largest genome-wide association studies of atrial fibrillation. Notably, no effect of other atherogenic lipids

and some residual effect from lipoprotein(a) that was not mediated through atherosclerotic cardiovascular disease suggests an independent mechanism that underlies the role of lipoprotein(a) in atrial fibrillation pathology.

6.2.2 CHAPTER 4 SUMMARY

In this chapter, Mendelian randomization analysis was applied to test causal effects of lifelong higher free testosterone in males. Among 22 outcomes relevant to testosterone supplementation, we identified adverse effects on increased risk of prostate cancer, risk of androgenic alopecia, and hematocrit percentage, but beneficial effects on increased heel bone mineral density, increased body fat-free percentage and decreased body fat percentage. In a hypothesis-free survey of 439 diseases and traits, we found lesser-appreciated adverse effects on creatinine, HDL, hypertension, and spinal stenosis, but beneficial effects on C-reactive protein.

6.2.3 CHAPTER 5 SUMMARY

Traditionally, Mendelian randomization analysis has been focused on identifying biomarkers that cause disease. Although non-causal biomarkers, such as those associated with confounders or antecedent causes of disease, can be informative for some applications, biomarkers that are specifically caused by disease have advantageous properties. We proposed that Mendelian randomization can be used to identify biomarkers that are consequences of disease thereby representing early and sensitive markers for disease. Among 238 serum biomarkers measured in the ORIGIN trial, trefoil factor 3 was associated with genetic predisposition to reduced renal function as measured by $eGFR_{crea}$. As hypothesized, trefoil factor 3 showed promise for early diagnosis as it predicted incident

chronic kidney disease in participants without risk factors and improved discriminative ability of models for early stages of chronic kidney disease even after adjusting for known risk factors.

6.3 SIGNIFICANCE OF FINDINGS AND IMPLICATIONS

6.3.1 LIPOPROTEIN(A)

Lipoprotein(a) is an established risk factor for coronary artery disease, ischemic stroke, and aortic valve stenosis (Clarke et al., 2009; Larsson et al., 2020; Paré et al., 2019; Thanassoulis et al., 2013). Its role in atrial fibrillation is unclear as smaller studies investigating the relationship had inconclusive findings (Aronis et al., 2017; Garg et al., 2020) (Jiang et al., 2021). Our work was able to demonstrate a causal effect of lipoprotein(a) on atrial fibrillation by integrating evidence from observational and genetic epidemiology across multiple independent cohorts representing a 20-fold increase in atrial fibrillation cases over previous observational studies. The lack of preventative therapies for atrial fibrillation with ancillary benefits on cardiovascular comorbidities makes lipoprotein(a) an intriguing candidate worthy of further investigation (Bang et al., 2013; Bhatt et al., 2019; Khatib et al., 2013; Neefs et al., 2017; Schneider et al., 2010). Lp(a)HORIZON is an ongoing phase III trial testing pelacarsen, an antisense oligonucleotide against lipoprotein(a), for prevention of major adverse cardiovascular events. In light of our results, secondary analyses or future trials should consider atrial fibrillation as an additional outcome.

Furthermore, we demonstrated the effect of lipoprotein(a) on atrial fibrillation is partly mediated independent of known effects on atherosclerotic cardiovascular diseases.

From a structural and biochemical perspective, lipoprotein(a) has an LDL-like core covalently attached to an apolipoprotein(a) chain – a homologue of plasminogen with an inactive protease site – and acts as a carrier of proinflammatory oxidized phospholipids in circulation (Tsimikas et al., 2020) (Berglund & Ramakrishnan, 2004). Therefore, lipoprotein(a) is a unique molecule with potential atherogenic, thrombogenic, and inflammatory properties that provide alternative mechanisms that could mediate an effect on atrial fibrillation. Indeed, both thrombosis and inflammation have been associated with atrial fibrillation (Spronk et al., 2017) (Pretorius et al., 2007) (Conen et al., 2010). Colchicine – an anti-inflammatory drug – is being explored as a secondary prevention to lower rates of post-operative atrial fibrillation (Imazio et al., 2011). To this end, an *ex vivo* study showed that large reductions in lipoprotein(a) levels induced anti-inflammatory gene expression in circulating monocytes (Stiekema et al., 2020).

More broadly, this study provides further evidence that deleterious effects of lipoprotein(a) are not limited to arterial tissue. Previous studies in aortic valve stenosis have shown mechanical stresses allow lipoprotein(a) to infiltrate valvular tissue and induce gene expression resulting in calcification and cell death (Bouchareb et al., 2015; Zheng et al., 2019). Our results suggest lipoprotein(a) effects may extend to atrial tissue and raises questions regarding the potential for effects of lipoprotein(a) on other diseases.

6.3.2 TESTOSTERONE

Testosterone is a biomarker of great clinical interest given age-related declines in its levels, frequency of prescriptions for testosterone supplementation, and controversy surrounding its effects on cardiometabolic disease (Bhasin et al., 2018). As might be

expected for an endogenous hormone, we found testosterone exhibited both beneficial and deleterious effects in males. Many effects replicated well-established effects based on observations from trials of short-term testosterone administration, such as lower body fat, higher fat-free mass, higher hematocrit, and higher bone density (Bhasin et al., 2018) (Snyder et al., 2018). Other observed effects on risk of prostate cancer and androgenic alopecia were supported by randomized controlled trials of androgen suppression therapy, such as 5 α -reductase inhibitors, and this work raises the possibility of higher endogenous testosterone levels as a risk factor (Adil & Godwin, 2017) (Andriole et al., 2010).

When considering cardiometabolic outcomes, we did not find evidence of a beneficial effect on any endpoints, casting doubt on claims of benefit for cardiovascular or metabolic health. However, it should be noted that recent Mendelian randomization studies have been divided on the role of testosterone in type 2 diabetes. *Ruth et al.* identified a protective effect for testosterone on type 2 diabetes in males (Ruth et al., 2020), while a recent preprint by *Leinonen et al.* using data from the FinnGen cohort found no effect after adjustment for sex hormone-binding globulin (SHBG), which matched our findings (Leinonen et al., 2021). Explanations for the discrepancies could include differences in the amount of control for pleiotropy, differences in power due to numbers of type 2 diabetes cases, or other differences between study populations. In particular, isolating testosterone is challenging and there is molecular and epidemiological evidence that SHBG may have physiological effects independent from regulating sex hormone concentration (Lakshman et al., 2010; Rosner et al., 2010; Vikan et al., 2010). Once completed, the TRAVERSE trial (clinicaltrials.gov, NCT03518034) will be able to shed more light on the effects of

testosterone supplementation in hypogonadal men for cardiovascular and prostate safety as well as anemia, bone density, depression, diabetes, and sexual activity.

Furthermore, in a hypothesis-free scan of human disease and biomarkers, we detected effects of testosterone on higher risk of hypertension, higher risk of spinal stenosis, and decrease C-reactive protein. Testosterone is believed to have immunosuppressive properties which may explain its effect on C-reactive protein, a common marker of inflammation (Trigunaite et al., 2015). Scientific literature shows some evidence that higher testosterone is associated with greater loss of cartilage in healthy older males, and evidence from mouse models suggest testosterone has a sex-specific role in worsening osteoarthritis, a common risk factor for spinal stenosis (Hanna et al., 2005) (Ma et al., 2007). With regards to hypertension, since it is a multifactorial disease, a lack of association with systolic or diastolic blood pressure does not preclude a real effect of testosterone on hypertension. Indeed, small randomized controlled trials have observed testosterone administration lowered NT-proBNP levels, a protective factor against hypertension, in healthy men (Bachmann et al., 2019). Likewise, animal models show testosterone may exacerbate early stages of hypertension by increasing production of reactive oxygen species in hypertensive rats (Hartgens & Kuipers, 2004) (Reckelhoff et al., 1998).

Since the publication of this work, additional Mendelian randomization studies of testosterone have been published. A study of bioavailable testosterone in the UK Biobank found no effects on social and economic outcomes (Harrison et al., 2021). This study reported no effect of testosterone on BMI in males, which could reflect opposing effects of testosterone on decreased body fat and increased body fat-free mass as reported in our study

and others. In addition, there is a preprint for a phenome-wide analysis that builds on our work by including participants from the FinnGen cohort, though it includes comparatively fewer outcomes (Leinonen et al., 2021). Although outcomes are not directly comparable, these independent results are largely concordant with our study.

6.3.3 “REVERSE” MR AND TREFOIL FACTOR 3

Our results highlighted trefoil factor 3 as a promising diagnostic and prognostic biomarker that predicted worsening kidney function at an early stage of disease. Trefoil factor 3 is not well-known for its role in kidney so there is still a scarcity of literature. Since our study was published some independent researchers using broad panels of biomarkers have similarly reported associations of trefoil factor 3 with kidney function in various populations (Marcovecchio et al., 2020) (Grams et al., 2021) (Ascher et al., 2021). Ultimately, the growing appreciation of this biomarker in kidney disease driven by hypothesis-free studies reinforces the importance of unbiased exploratory analyses to enable the discovery of new biomarkers for disease.

Furthermore, the reverse Mendelian randomization method has started to gain traction as it has been applied to other traits and diseases. Two studies surveyed proteins on the SOMAScan assay to identify associations with genetic predisposition to BMI (Goudswaard et al., 2021) (Zaghlool et al., 2021). *Goudswaard et al.* identified 8 differentially regulated proteins, and *Zaghlool et al.* identified 24 differentially regulated proteins, of which 21 had a BMI-to-protein causal relationship. Importantly, it is not necessary to restrict reverse Mendelian randomization to identifying proteins that are consequences of disease and other researchers have broadened the scope to include other

types of molecules. A preprint by *Gobeil et al.* explored blood metabolites that were associated with genetic predisposition to non-alcoholic fatty liver disease, and identified elevated tyrosine levels as a plausible metabolite causally affected by liver disease (Gobeil et al., 2021). Another study surveyed 12 clinically relevant traits and diseases to develop a comprehensive map of differential gene expression caused by each disease (Porcu et al., 2021). As the rate of adoption of multiplex quantitative proteomic technologies increases, it will lead to additional studies that discover novel diagnostic biomarkers. Finally, unlike therapeutic targets, causality does not need to be established for diagnostic biomarkers. However, as our work demonstrates, biomarkers that are causal consequences of disease are likely to provide unique properties as early markers that can be ideal to screen or monitor disease (Califf, 2018) (Atkinson et al., 2001).

6.4 LIMITATIONS

As previously discussed, Mendelian randomization has several limitations. First, genetic variants are assumed to act on the outcome exclusively through the biomarker (i.e., no horizontal pleiotropy). Second, estimates from Mendelian randomization represent lifelong effects of the endogenous biomarker on each outcome, which may not reflect short-term interventions with exogenous drugs. This is particularly important when extrapolating findings to predict effects of short-term interventions, such as administration of exogenous testosterone in randomized controlled trials. Third, estimates from Mendelian randomization represent on-target effects. Again, this is relevant when extrapolating findings to predicting efficacy and safety of therapeutics, as different therapeutic agents and modalities can have off-target effects. Similarly, unless tissue-specific genetic variants

associated with biomarker levels are incorporated, these analyses would not predict tissue-specific effects. The latter point can be an important consideration as therapies might have different effects across tissues, and other modalities, such as oligonucleotide-based therapies, are currently limited to delivery in specific tissues (Roberts et al., 2020) (Zhao et al., 2020).

With respect to individual chapters, there are some additional limitations. First, independent replication is necessary for novel findings, such as the association of trefoil factor 3 with incident chronic kidney disease. At the time, we were limited by the availability of public data with the necessary measurements, but wider adoption of proteomics in other epidemiological cohorts have now addressed these concerns providing independent replication for this association (Grams et al., 2021). Second, electronic health records are commonly utilized and invaluable datasets for conducting exploratory phenome-wide in large-scale biobank studies. However, there are inherent biases in this type of data due to ascertainment and selection biases in hospital settings. In chapter 3, we noted that atrial fibrillation cases might reflect more severe disease that required hospitalization while controls might include undetected atrial fibrillation. Similarly, outcomes in the phenome-wide analysis from chapter 4 could suffer from these biases as they were derived from electronic health records in the UK Biobank. Third, genetic studies were limited to Europeans to control for confounding by genetic ancestry, but this limits generalizability to other populations. In some cases, such as lipoprotein(a), there are large ethnic differences in biomarker levels and potentially differences in risk, which make trans-ethnic analysis particularly relevant (Paré et al., 2019). Often non-European ancestries had

smaller sample sizes that decreased statistical power and limited the ability to draw firm conclusions, which underscores the need for increased diversity (Martin et al., 2019). On a related note, our Mendelian randomization study of testosterone was limited to males. The decision was motivated by the sex-specific genetic architecture of testosterone, which can result in opposing sex-specific effects that would otherwise be masked, but this limited generalizability to females (Leinonen et al., 2021) (Ruth et al., 2020).

6.5 FUTURE DIRECTIONS

Naturally, there are numerous outstanding questions that remain unanswered for each chapter in this thesis. Although there is considerable excitement around lipoprotein(a) inhibitors, the Lp(a)HORIZON trial is still ongoing to see if pelacarsen will prevent cardiovascular disease. Until then, there is still uncertainty regarding the exact mechanisms that mediate the effect of lipoprotein(a) and atrial fibrillation indirect from atherosclerotic cardiovascular disease. Targeted cohorts focused on studying atrial fibrillation have better phenotyping that could help address limitations related to use of electronic healthcare records (Conen et al., 2017). Additionally, experimental models or multivariable analyses can help disentangle the specific components of lipoprotein(a) that mediate the effect on atrial fibrillation, such as size, concentration, or oxidized phospholipid content. Furthermore, there have been genome-wide Mendelian randomization studies of lipoprotein(a), but with updates to the UK Biobank and release of other biobank studies, a refresh may be warranted eventually to discover novel effects of lipoprotein(a) (Chong et al., 2019) (W. Zhou et al., 2021).

Although it is tempting to think about biomarkers in binary terms, most endogenous molecules are inherently essential in human bodies at certain levels. Therefore, a limitation of Mendelian randomization studies for testosterone has been the assumption of a linear relationship with disease. Instead, it is more likely that there is a range of healthy values and excessively high or low levels both confer deleterious effects. Non-linear Mendelian randomization allows modelling of non-linear causal relationship and it could be used to estimate optimal levels of testosterone for overall health (Staley & Burgess, 2017). Indeed, other studies using this technique have found evidence for non-linear relationships, such as vitamin D – another endogenous hormone – and all-cause mortality, which was previously missed by traditional Mendelian randomization (A. Zhou et al., 2021) (Sofianopoulou et al., 2021) (Sun et al., 2019).

With the release of newer datasets from the CKDGen consortium, the reverse Mendelian randomization study for diagnostic biomarkers of kidney function may warrant an update that includes a larger panel of biomarkers (Stanzick et al., 2021) (Ferkingstad et al., 2021). However, independent validation is important to assess diagnostic accuracy, which can present a challenge as the availability of individual-level data from studies with the same biomarker panel is often limited. Alternatively, it might be more feasible to design targeted panels based on biomarkers identified from Mendelian randomization analyses that could then validate their performance in longitudinal cohorts. Furthermore, there have been methodological developments related to Mendelian randomization that could be worth exploring. Novel Mendelian randomization methods, such as the contamination mixture method, group genetic variants according to their individual causal estimates and provide

valid estimates if the largest group of genetic variants contributing to causal effect follow Mendelian randomization assumptions (Burgess et al., 2020). As such, these methods are more robust and identify instances where a cluster of genetic variants might have a causal effect on a biomarker. The contaminant mixture method can further disentangle instances where a complex disease may have multiple effects on an outcome through different mechanisms by inspecting the modality of the distribution of likely causal effect estimates (Burgess et al., 2020). These methods can be applied more broadly as sample sizes in genome-wide association studies increase, leading to the discovery of additional genetic variants that better capture the multifactorial nature of complex traits. For instance, genetic variants associated with BMI reflect diverse biological pathways, such as appetite control, growth, insulin secretion, and thermogenesis (Loos & Yeo, 2021). Therefore, it is plausible that the contaminant mixture method may enable an unbiased identification of biomarkers that are caused by specific biological pathways underlying complex disease and enable discovery of novel disease subtypes.

Finally, proteomics tools are beginning to emerge that provide single-molecule protein sequencing, such as Quantum-Si (<https://www.quantum-si.com/>), Nautilus Bio (<https://www.nautilus.bio/>), and others. Although this technology is still very early, it could enable better characterization of human proteoforms and perhaps avoid limitations of existing quantitative proteomic methods that rely on epitope recognition for protein detection (Pietzner et al., 2021).

6.6 CONCLUSION

In this thesis, we demonstrated that Mendelian randomization is a valuable tool to identify causal relationship between biomarker and cardiometabolic disease. It is expected that such biomarkers can inform efficacy and safety of novel therapeutic targets, uncover drug repurposing opportunities, and discover diagnostic biomarkers. In chapter 3, we applied Mendelian randomization to a pre-specified hypothesis revealing lipoprotein(a) is a risk factor for atrial fibrillation independent of atherosclerotic cardiovascular disease. In chapter 4, we broadened the scope by conducting a phenome-wide Mendelian randomization and identifying both beneficial and adverse effects for higher testosterone levels. In chapter 5, we test whether Mendelian randomization can identify biomarkers caused by disease and discover trefoil factor 3 as a novel diagnostic biomarker for early-stage chronic kidney disease. As we stand on the shoulders of giants, we hope the work outlined in this thesis will form the foundation for future discoveries that will improve patient lives.

6.7 REFERENCES

- Adil, A., & Godwin, M. (2017). The effectiveness of treatments for androgenetic alopecia: A systematic review and meta-analysis. *Journal of the American Academy of Dermatology*, 77(1), 136-141.e5. <https://doi.org/10.1016/j.jaad.2017.02.054>
- Andriole, G. L., Bostwick, D. G., Brawley, O. W., Gomella, L. G., Marberger, M., Montorsi, F., Pettaway, C. A., Tammela, T. L., Teloken, C., Tindall, D. J., Somerville, M. C., Wilson, T. H., Fowler, I. L., & Rittmaster, R. S. (2010). Effect of Dutasteride on the Risk of Prostate Cancer. *New England Journal of Medicine*,

362(13), 1192–1202. <https://doi.org/10.1056/NEJMoa0908127>

Aronis, K. N., Zhao, D., Hoogeveen, R. C., Alonso, A., Ballantyne, C. M., Guallar, E., Jones, S. R., Martin, S. S., Nazarian, S., Steffen, B. T., Virani, S. S., & Michos, E. D. (2017). Associations of Lipoprotein(a) Levels With Incident Atrial Fibrillation and Ischemic Stroke: The ARIC (Atherosclerosis Risk in Communities) Study. *Journal of the American Heart Association*, 6(12), 1–11.

<https://doi.org/10.1161/JAHA.117.007372>

Ascher, S. B., Scherzer, R., Estrella, M. M., Muir, A. N., Jotwani, V. K., Grunfeld, C., Shigenaga, J., Spaulding, K. A., Ng, D. K., Gustafson, D., Spence, A. B., Sharma, A., Cohen, M. H., Parikh, C. R., Ix, J. H., & Shlipak, M. G. (2021). Kidney tubule health scores and their associations with incident CKD in women living with HIV. *HIV Medicine*, 22(7), 527–537. <https://doi.org/10.1111/hiv.13081>

Atkinson, A. J., Colburn, W. A., DeGruttola, V. G., DeMets, D. L., Downing, G. J., Hoth, D. F., Oates, J. A., Peck, C. C., Schooley, R. T., Spilker, B. A., Woodcock, J., & Zeger, S. L. (2001). Biomarkers and surrogate endpoints: Preferred definitions and conceptual framework. *Clinical Pharmacology & Therapeutics*, 69(3), 89–95.

<https://doi.org/10.1067/mcp.2001.113989>

Bachmann, K. N., Huang, S., Lee, H., Dichtel, L. E., Gupta, D. K., Burnett, J. C., Miller, K. K., Wang, T. J., & Finkelstein, J. S. (2019). Effect of Testosterone on Natriuretic Peptide Levels. *Journal of the American College of Cardiology*, 73(11), 1288–1296.

<https://doi.org/10.1016/j.jacc.2018.12.062>

Bang, C. N., Greve, A. M., Abdulla, J., Køber, L., Gislason, G. H., & Wachtell, K.

- (2013). The preventive effect of statin therapy on new-onset and recurrent atrial fibrillation in patients not undergoing invasive cardiac interventions: A systematic review and meta-analysis. *International Journal of Cardiology*, *167*(3), 624–630. <https://doi.org/10.1016/j.ijcard.2012.08.056>
- Berglund, L., & Ramakrishnan, R. (2004). Lipoprotein(a): an elusive cardiovascular risk factor. *Arteriosclerosis, Thrombosis, and Vascular Biology*, *24*(12), 2219–2226. <https://doi.org/10.1161/01.ATV.0000144010.55563.63>
- Bhasin, S., Brito, J. P., Cunningham, G. R., Hayes, F. J., Hodis, H. N., Matsumoto, A. M., Snyder, P. J., Swerdloff, R. S., Wu, F. C., & Yialamas, M. A. (2018). Testosterone Therapy in Men With Hypogonadism: An Endocrine Society* Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, *103*(5), 1715–1744. <https://doi.org/10.1210/jc.2018-00229>
- Bhatt, D. L., Steg, P. G., Miller, M., Brinton, E. A., Jacobson, T. A., Ketchum, S. B., Doyle, R. T., Juliano, R. A., Jiao, L., Granowitz, C., Tardif, J.-C., & Ballantyne, C. M. (2019). Cardiovascular Risk Reduction with Icosapent Ethyl for Hypertriglyceridemia. *New England Journal of Medicine*, *380*(1), 11–22. <https://doi.org/10.1056/NEJMoa1812792>
- Bouchareb, R., Mahmut, A., Nsaibia, M. J., Boulanger, M. C., Dahou, A., Lépine, J. L., Laflamme, M. H., Hadji, F., Couture, C., Trahan, S., Pagé, S., Bossé, Y., Pibarot, P., Scipione, C. A., Romagnuolo, R., Koschinsky, M. L., Arsenault, B. J., Marette, A., & Mathieu, P. (2015). Autotaxin derived from lipoprotein(a) and valve interstitial cells promotes inflammation and mineralization of the aortic valve. *Circulation*,

- 132(8), 677–690. <https://doi.org/10.1161/CIRCULATIONAHA.115.016757>
- Burgess, S., Foley, C. N., Allara, E., Staley, J. R., & Howson, J. M. M. (2020). A robust and efficient method for Mendelian randomization with hundreds of genetic variants. *Nature Communications*, *11*(1). <https://doi.org/10.1038/s41467-019-14156-4>
- Califf, R. M. (2018). Biomarker definitions and their applications. *Experimental Biology and Medicine*, *243*(3), 213–221. <https://doi.org/10.1177/1535370217750088>
- Chong, M., Sjaarda, J., Pigeyre, M., Mohammadi-Shemirani, P., Lali, R., Shoamanesh, A., Gerstein, H. C., & Paré, G. (2019). Novel Drug Targets for Ischemic Stroke Identified Through Mendelian Randomization Analysis of the Blood Proteome. *Circulation*, *140*(10), 819–830. <https://doi.org/10.1161/circulationaha.119.040180>
- Clarke, R., Peden, J. F., Hopewell, J. C., Kyriakou, T., Goel, A., Heath, S. C., Parish, S., Barlera, S., Franzosi, M. G., Rust, S., Bennett, D., Silveira, A., Malarstig, A., Green, F. R., Lathrop, M., Gigante, B., Leander, K., de Faire, U., Sedorf, U., ... Farrall, M. (2009). Genetic Variants Associated with Lp(a) Lipoprotein Level and Coronary Disease. *New England Journal of Medicine*, *361*(26), 2518–2528. <https://doi.org/10.1056/NEJMoa0902604>
- Conen, D., Ridker, P. M., Everett, B. M., Tedrow, U. B., Rose, L., Cook, N. R., Buring, J. E., & Albert, C. M. (2010). A multimarker approach to assess the influence of inflammation on the incidence of atrial fibrillation in women. *European Heart Journal*, *31*(14), 1730–1736. <https://doi.org/10.1093/eurheartj/ehq146>
- Conen, D., Rodondi, N., Müller, A., Beer, J. H., Auricchio, A., Ammann, P., Hayoz, D., Kobza, R., Moschovitis, G., Shah, D., Schläpfer, J., Novak, J., Di Valentino, M.,

- Erne, P., Sticherling, C., Bonati, L. H., Ehret, G., Roten, L., Fischer, U., ... Osswald, S. (2017). Design of the Swiss Atrial Fibrillation Cohort Study (Swiss-AF): Structural brain damage and cognitive decline among patients with atrial fibrillation. *Swiss Medical Weekly*, *147*(July), 1–9. <https://doi.org/10.4414/smw.2017.14467>
- Correa Rojo, A., Heylen, D., Aerts, J., Thas, O., Hooyberghs, J., Ertaylan, G., & Valkenburg, D. (2021). Towards Building a Quantitative Proteomics Toolbox in Precision Medicine: A Mini-Review. *Frontiers in Physiology*, *12*(August). <https://doi.org/10.3389/fphys.2021.723510>
- Ferkingstad, E., Sulem, P., Atlason, B. A., Sveinbjornsson, G., Magnusson, M. I., Styrnisdottir, E. L., Gunnarsdottir, K., Helgason, A., Oddsson, A., Halldorsson, B. V., Jensson, B. O., Zink, F., Halldorsson, G. H., Masson, G., Arnadottir, G. A., Katrinardottir, H., Juliusson, K., Magnusson, M. K., Magnusson, O. T., ... Stefansson, K. (2021). Large-scale integration of the plasma proteome with genetics and disease. *Nature Genetics*, *53*(12), 1712–1721. <https://doi.org/10.1038/s41588-021-00978-w>
- Garg, P. K., Guan, W., Karger, A. B., Steffen, B. T., O’Neal, W., Heckbert, S. R., Michos, E. D., & Tsai, M. Y. (2020). Lp(a) (Lipoprotein [a]) and Risk for Incident Atrial Fibrillation. *Circulation: Arrhythmia and Electrophysiology*, *13*(5), 477–479. <https://doi.org/10.1161/CIRCEP.120.008401>
- Gobeil, É., Maltais-payette, I., Taba, N., Brière, F., Ghodsian, N., Abner, E., Bourgault, J., Gagnon, É., Manikpurage, H. D., Couture, C., Mitchell, P. L., Julien, F., Corbeil, J., & Vohl, M. (2021). Mendelian randomization analysis identifies blood tyrosine

levels as a biomarker of non-alcoholic fatty liver disease. *MedRxiv*.

<https://doi.org/10.1101/2021.11.26.21266879>

Goudswaard, L. J., Bell, J. A., Hughes, D. A., Corbin, L. J., Walter, K., Davey Smith, G., Soranzo, N., Danesh, J., Di Angelantonio, E., Ouwehand, W. H., Watkins, N. A., Roberts, D. J., Butterworth, A. S., Hers, I., & Timpson, N. J. (2021). Effects of adiposity on the human plasma proteome: observational and Mendelian randomisation estimates. *International Journal of Obesity*, *45*(10), 2221–2229.

<https://doi.org/10.1038/s41366-021-00896-1>

Grams, M. E., Surapaneni, A., Chen, J., Zhou, L., Yu, Z., Dutta, D., Welling, P. A., Chatterjee, N., Zhang, J., Arking, D. E., Chen, T. K., Rebholz, C. M., Yu, B., Schlosser, P., Rhee, E. P., Ballantyne, C. M., Boerwinkle, E., Lutsey, P. L., Mosley, T., ... Coresh, J. (2021). Proteins associated with risk of kidney function decline in the general population. *Journal of the American Society of Nephrology*, *32*(9), 2291–2302. <https://doi.org/10.1681/ASN.2020111607>

Hanna, F., Ebeling, P. R., Wang, Y., O’Sullivan, R., Davis, S., Wluka, A. E., & Cicuttini, F. M. (2005). Factors influencing longitudinal change in knee cartilage volume measured from magnetic resonance imaging in healthy men. *Annals of the Rheumatic Diseases*, *64*(7), 1038–1042. <https://doi.org/10.1136/ard.2004.029355>

Harrison, S., Davies, N. M., Howe, L. D., & Hughes, A. (2021). Testosterone and socioeconomic position: Mendelian randomization in 306,248 men and women in UK Biobank. *Science Advances*, *7*(31), 1–16. <https://doi.org/10.1126/sciadv.abf8257>

Hartgens, F., & Kuipers, H. (2004). Effects of androgenic-anabolic steroids in athletes.

Sports Medicine, 34(8), 513–554. <https://doi.org/10.2165/00007256-200434080-00003>

- Imazio, M., Brucato, A., Ferrazzi, P., Rovere, M. E., Gandino, A., Cemin, R., Ferrua, S., Belli, R., Maestroni, S., Simon, C., Zingarelli, E., Barosi, A., Sansone, F., Patrini, D., Vitali, E., Trincherò, R., Spodick, D. H., & Adler, Y. (2011). Colchicine reduces postoperative atrial fibrillation: Results of the Colchicine for the Prevention of the Postpericardiotomy Syndrome (COPPS) atrial fibrillation substudy. *Circulation*, 124(21), 2290–2295. <https://doi.org/10.1161/CIRCULATIONAHA.111.026153>
- Jiang, Q., Qin, D., Yang, L., Lin, Y., Zhai, L., Zhang, Y., Yang, G., Wang, K., Tong, D., Li, X., Chen, Z., Huang, K., Yu, T., Xiang, X., Cui, C., Cai, C., Shi, J., Li, M., & Chen, M. (2021). Causal effects of plasma lipids on the risk of atrial fibrillation: A multivariable mendelian randomization study. *Nutrition, Metabolism and Cardiovascular Diseases*, 31(5), 1569–1578. <https://doi.org/10.1016/j.numecd.2021.02.011>
- Khatib, R., Joseph, P., Briel, M., Yusuf, S., & Healey, J. (2013). Blockade of the renin–angiotensin–aldosterone system (RAAS) for primary prevention of non-valvular atrial fibrillation: A systematic review and meta analysis of randomized controlled trials. *International Journal of Cardiology*, 165(1), 17–24. <https://doi.org/10.1016/j.ijcard.2012.02.009>
- Lakshman, K. M., Bhasin, S., & Araujo, A. B. (2010). Sex hormone-binding globulin as an independent predictor of incident type 2 diabetes mellitus in men. *Journals of Gerontology - Series A Biological Sciences and Medical Sciences*, 65 A(5), 503–509.

<https://doi.org/10.1093/gerona/glq002>

Larsson, S. C., Gill, D., Mason, A. M., Jiang, T., Bäck, M., Butterworth, A. S., &

Burgess, S. (2020). Lipoprotein(a) in Alzheimer, Atherosclerotic, Cerebrovascular, Thrombotic, and Valvular Disease. *Circulation*, *141*(22), 1826–1828.

<https://doi.org/10.1161/CIRCULATIONAHA.120.045826>

Leinonen, J. T., Mars, N., Lehtonen, L. E., Ahola-Olli, A., Ruotsalainen, S., Lehtimäki,

T., Kähönen, M., Raitakari, O., Gen, F., Daly, M., Tuomi, T., Ripatti, S., Pirinen,

M., & Tukiainen, T. (2021). Genetic analyses on the health impacts of testosterone highlight effects on female-specific diseases and sex differences. In *medRxiv*.

Loos, R. J. F., & Yeo, G. S. H. (2021). The genetics of obesity: from discovery to

biology. *Nature Reviews Genetics*, *0123456789*. <https://doi.org/10.1038/s41576-021-00414-z>

Ma, H. L., Blanchet, T. J., Peluso, D., Hopkins, B., Morris, E. A., & Glasson, S. S.

(2007). Osteoarthritis severity is sex dependent in a surgical mouse model.

Osteoarthritis and Cartilage, *15*(6), 695–700.

<https://doi.org/10.1016/j.joca.2006.11.005>

Marcovecchio, M. L., Colombo, M., Dalton, R. N., McKeigue, P. M., Benitez-Aguirre,

P., Cameron, F. J., Chiesa, S. T., Couper, J. J., Craig, M. E., Daneman, D., Davis, E.

A., Deanfield, J. E., Donaghue, K. C., Jones, T. W., Mahmud, F. H., Marshall, S. M.,

Neil, A., Colhoun, H. M., & Dunger, D. B. (2020). Biomarkers associated with early

stages of kidney disease in adolescents with type 1 diabetes. *Pediatric Diabetes*,

May, 1322–1332. <https://doi.org/10.1111/pedi.13095>

- Martin, A. R., Kanai, M., Kamatani, Y., Okada, Y., Neale, B. M., & Daly, M. J. (2019). Clinical use of current polygenic risk scores may exacerbate health disparities. *Nature Genetics*, *51*(4), 584–591. <https://doi.org/10.1038/s41588-019-0379-x>
- Neefs, J., van den Berg, N. W. E., Limpens, J., Berger, W. R., Boekholdt, S. M., Sanders, P., & de Groot, J. R. (2017). Aldosterone Pathway Blockade to Prevent Atrial Fibrillation: A Systematic Review and Meta-Analysis. *International Journal of Cardiology*, *231*, 155–161. <https://doi.org/10.1016/j.ijcard.2016.12.029>
- Paré, G., Çaku, A., McQueen, M., Anand, S. S., Enas, E., Clarke, R., Boffa, M. B., Koschinsky, M., Wang, X., & Yusuf, S. (2019). Lipoprotein(a) Levels and the Risk of Myocardial Infarction Among 7 Ethnic Groups. *Circulation*, *139*(12), 1472–1482. <https://doi.org/10.1161/CIRCULATIONAHA.118.034311>
- Pietzner, M., Wheeler, E., Carrasco-Zanini, J., Kerrison, N. D., Oerton, E., Koprulu, M., Luan, J., Hingorani, A. D., Williams, S. A., Wareham, N. J., & Langenberg, C. (2021). Synergistic insights into human health from aptamer- and antibody-based proteomic profiling. *Nature Communications*, *12*(1). <https://doi.org/10.1038/s41467-021-27164-0>
- Porcu, E., Sadler, M. C., Lepik, K., Auwerx, C., Wood, A. R., Weihs, A., Sleiman, M. S. B., Ribeiro, D. M., Bandinelli, S., Tanaka, T., Nauck, M., Völker, U., Delaneau, O., Metspalu, A., Teumer, A., Frayling, T., Santoni, F. A., Reymond, A., & Kutalik, Z. (2021). Differentially expressed genes reflect disease-induced rather than disease-causing changes in the transcriptome. *Nature Communications*, *12*(1), 1–9. <https://doi.org/10.1038/s41467-021-25805-y>

- Pretorius, M., Donahue, B. S., Yu, C., Greelish, J. P., Roden, D. M., & Brown, N. J. (2007). Plasminogen activator inhibitor-1 as a predictor of postoperative atrial fibrillation after cardiopulmonary bypass. *Circulation*, *116*(11 SUPPL. 1), 1–7. <https://doi.org/10.1161/CIRCULATIONAHA.106.677906>
- Reckelhoff, J. F., Zhang, H., & Granger, J. P. (1998). Testosterone Exacerbates Hypertension and Reduces Pressure-Natriuresis in Male Spontaneously Hypertensive Rats. *Hypertension*, *31*(1), 435–439. <https://doi.org/10.1161/01.HYP.31.1.435>
- Roberts, T. C., Langer, R., & Wood, M. J. A. (2020). Advances in oligonucleotide drug delivery. *Nature Reviews Drug Discovery*, *19*(10), 673–694. <https://doi.org/10.1038/s41573-020-0075-7>
- Rosner, W., Hryb, D. J., Kahn, S. M., Nakhla, A. M., & Romas, N. A. (2010). Interactions of sex hormone-binding globulin with target cells. *Molecular and Cellular Endocrinology*, *316*(1), 79–85. <https://doi.org/10.1016/j.mce.2009.08.009>
- Ruth, K. S., Day, F. R., Tyrrell, J., Thompson, D. J., Wood, A. R., Mahajan, A., Beaumont, R. N., Wittemans, L., Martin, S., Busch, A. S., Erzurumluoglu, A. M., Hollis, B., O'Mara, T. A., McCarthy, M. I., Langenberg, C., Easton, D. F., Wareham, N. J., Burgess, S., Murray, A., ... Perry, J. R. B. (2020). Using human genetics to understand the disease impacts of testosterone in men and women. *Nature Medicine*, *26*(2), 252–258. <https://doi.org/10.1038/s41591-020-0751-5>
- Schneider, M. P., Hua, T. A., Böhm, M., Wachtell, K., Kjeldsen, S. E., & Schmieder, R. E. (2010). Prevention of Atrial Fibrillation by Renin-Angiotensin System Inhibition.

Journal of the American College of Cardiology, 55(21), 2299–2307.

<https://doi.org/10.1016/j.jacc.2010.01.043>

Snyder, P. J., Bhasin, S., Cunningham, G. R., Matsumoto, A. M., Stephens-Shields, A. J., Cauley, J. A., Gill, T. M., Barrett-Connor, E., Swerdloff, R. S., Wang, C., Ensrud, K. E., Lewis, C. E., Farrar, J. T., Cella, D., Rosen, R. C., Pahor, M., Crandall, J. P., Molitch, M. E., Resnick, S. M., ... Ellenberg, S. S. (2018). Lessons from the Testosterone Trials. *Endocrine Reviews*, 39(3), 369–386.

<https://doi.org/10.1210/er.2017-00234>

Sofianopoulou, E., Kaptoge, S. K., Afzal, S., Jiang, T., Gill, D., Gundersen, T. E., Bolton, T. R., Allara, E., Arnold, M. G., Mason, A. M., Chung, R., Pennells, L. A. M., Shi, F., Sun, L., Willeit, P., Forouhi, N. G., Langenberg, C., Sharp, S. J., Panico, S., ... Burgess, S. (2021). Estimating dose-response relationships for vitamin D with coronary heart disease, stroke, and all-cause mortality: observational and Mendelian randomisation analyses. *The Lancet Diabetes and Endocrinology*, 9(12), 837–846.

[https://doi.org/10.1016/S2213-8587\(21\)00263-1](https://doi.org/10.1016/S2213-8587(21)00263-1)

Spronk, H. M. H., De Jong, A. M., Verheule, S., De Boer, H. C., Maass, A. H., Lau, D. H., Rienstra, M., Van Hunnik, A., Kuiper, M., Lumeij, S., Zeemering, S., Linz, D., Kamphuisen, P. W., Ten Cate, H., Crijns, H. J., Van Gelder, I. C., Van Zonneveld, A. J., & Schotten, U. (2017). Hypercoagulability causes atrial fibrosis and promotes atrial fibrillation. *European Heart Journal*, 38(1), 38–50.

<https://doi.org/10.1093/eurheartj/ehw119>

Staley, J. R., & Burgess, S. (2017). Semiparametric methods for estimation of a nonlinear

exposure-outcome relationship using instrumental variables with application to Mendelian randomization. *Genetic Epidemiology*, 41(4), 341–352.

<https://doi.org/10.1002/gepi.22041>

Stanzick, K. J., Li, Y., Schlosser, P., Gorski, M., Wuttke, M., Thomas, L. F., Rasheed, H., Rowan, B. X., Graham, S. E., Vanderweff, B. R., Patil, S. B., Robinson-Cohen, C., Gaziano, J. M., O'Donnell, C. J., Willer, C. J., Hallan, S., Åsvold, B. O., Gessner, A., Hung, A. M., ... Winkler, T. W. (2021). Discovery and prioritization of variants and genes for kidney function in >1.2 million individuals. *Nature Communications*, 12(1), 1–17. <https://doi.org/10.1038/s41467-021-24491-0>

Stiekema, L. C. A., Prange, K. H. M., Hoogeveen, R. M., Verweij, S. L., Kroon, J., Schnitzler, J. G., Dzobo, K. E., Cupido, A. J., Tsimikas, S., Stroes, E. S. G., de Winther, M. P. J., & Bahjat, M. (2020). Potent lipoprotein(a) lowering following apolipoprotein(a) antisense treatment reduces the pro-inflammatory activation of circulating monocytes in patients with elevated lipoprotein(a). *European Heart Journal*, 41(24), 2262–2271. <https://doi.org/10.1093/eurheartj/ehaa171>

Sun, Y.-Q., Burgess, S., Staley, J. R., Wood, A. M., Bell, S., Kaptoge, S. K., Guo, Q., Bolton, T. R., Mason, A. M., Butterworth, A. S., Di Angelantonio, E., Vie, G. Å., Bjørngaard, J. H., Kinge, J. M., Chen, Y., & Mai, X.-M. (2019). Body mass index and all cause mortality in HUNT and UK Biobank studies: linear and non-linear mendelian randomisation analyses. *BMJ*, 364, 11042.

<https://doi.org/10.1136/bmj.11042>

Thanassoulis, G., Campbell, C. Y., Owens, D. S., Smith, J. G., Smith, A. V., Peloso, G.

- M., Kerr, K. F., Pechlivanis, S., Budoff, M. J., Harris, T. B., Malhotra, R., O'Brien, K. D., Kamstrup, P. R., Nordestgaard, B. G., Tybjaerg-Hansen, A., Allison, M. A., Aspelund, T., Criqui, M. H., Heckbert, S. R., ... Post, W. S. (2013). Genetic Associations with Valvular Calcification and Aortic Stenosis. *New England Journal of Medicine*, 368(6), 503–512. <https://doi.org/10.1056/NEJMoa1109034>
- Trigunaite, A., Dimo, J., & Jørgensen, T. N. (2015). Suppressive effects of androgens on the immune system. *Cellular Immunology*, 294(2), 87–94. <https://doi.org/10.1016/j.cellimm.2015.02.004>
- Tsimikas, S., Karwatowska-Prokopczuk, E., Gouni-Berthold, I., Tardif, J.-C., Baum, S. J., Steinhagen-Thiessen, E., Shapiro, M. D., Stroes, E. S., Moriarty, P. M., Nordestgaard, B. G., Xia, S., Guerriero, J., Viney, N. J., O'Dea, L., & Witztum, J. L. (2020). Lipoprotein(a) Reduction in Persons with Cardiovascular Disease. *New England Journal of Medicine*, 382(3), 244–255. <https://doi.org/10.1056/nejmoa1905239>
- Vikan, T., Schirmer, H., Njølstad, I., & Svartberg, J. (2010). Low testosterone and sex hormone-binding globulin levels and high estradiol levels are independent predictors of type 2 diabetes in men. *European Journal of Endocrinology*, 162(4), 747–754. <https://doi.org/10.1530/EJE-09-0943>
- Zaghlool, S. B., Sharma, S., Molnar, M., Matías-García, P. R., Elhadad, M. A., Waldenberger, M., Peters, A., Rathmann, W., Graumann, J., Gieger, C., Grallert, H., & Suhre, K. (2021). Revealing the role of the human blood plasma proteome in obesity using genetic drivers. *Nature Communications*, 12(1).

<https://doi.org/10.1038/s41467-021-21542-4>

Zhao, Z., Ukidve, A., Kim, J., & Mitragotri, S. (2020). Targeting Strategies for Tissue-Specific Drug Delivery. *Cell*, *181*(1), 151–167.

<https://doi.org/10.1016/j.cell.2020.02.001>

Zheng, K. H., Tsimikas, S., Pawade, T., Kroon, J., Jenkins, W. S. A., Doris, M. K., White, A. C., Timmers, N. K. L. M., Hjortnaes, J., Rogers, M. A., Aikawa, E., Arsenault, B. J., Witztum, J. L., Newby, D. E., Koschinsky, M. L., Fayad, Z. A., Stoes, E. S. G., Boekholdt, S. M., & Dweck, M. R. (2019). Lipoprotein(a) and Oxidized Phospholipids Promote Valve Calcification in Patients With Aortic Stenosis. *Journal of the American College of Cardiology*, *73*(17), 2150–2162.

<https://doi.org/10.1016/j.jacc.2019.01.070>

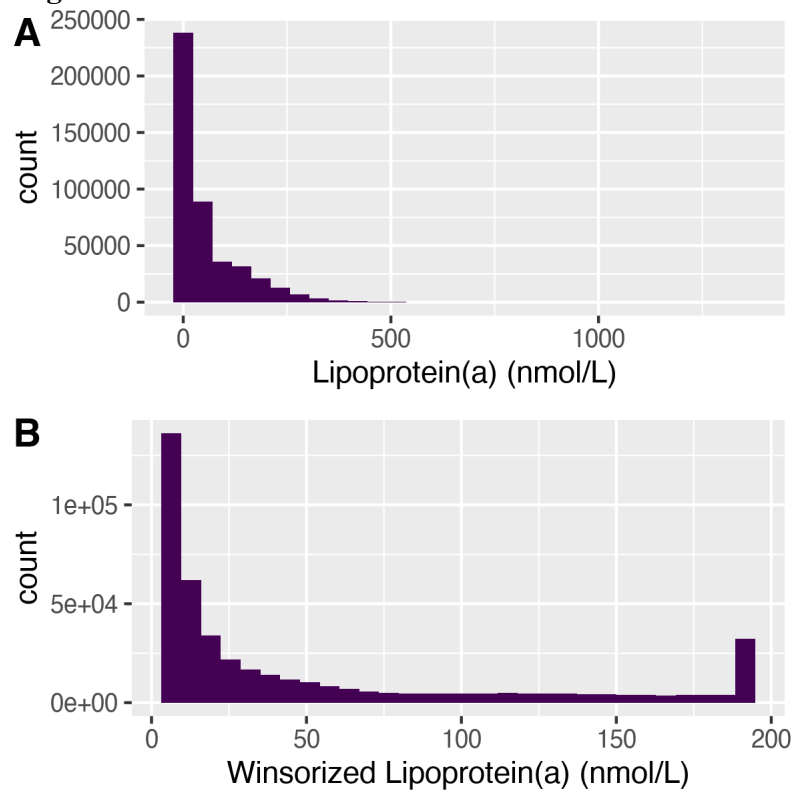
Zhou, A., Selvanayagam, J. B., & Hyppönen, E. (2021). Non-linear Mendelian randomization analyses support a role for vitamin D deficiency in cardiovascular disease risk. *European Heart Journal*, 1–10.

<https://doi.org/10.1093/eurheartj/ehab809>

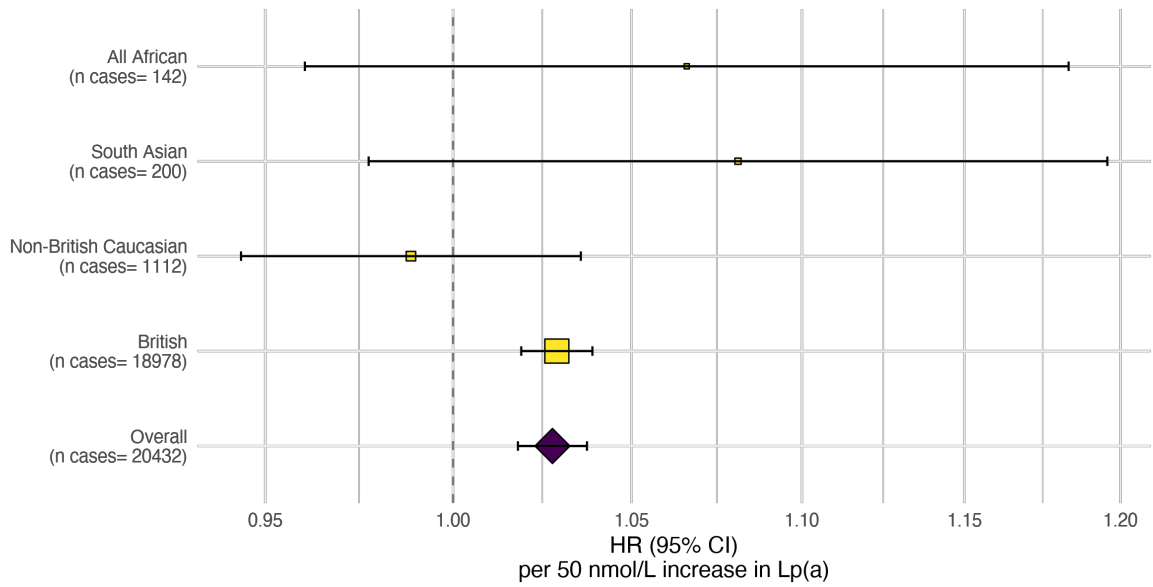
Zhou, W., Kanai, M., Wu, K. H., Humaira, R., Tsuo, K., & Hirbo, J. B. (2021). Global Biobank Meta-analysis Initiative: powering genetic discovery across human diseases. *MedRxiv*. <https://doi.org/10.1101/2021.11.19.21266436>

APPENDIX A:
SUPPLEMENTARY DATA FOR CHAPTER 3

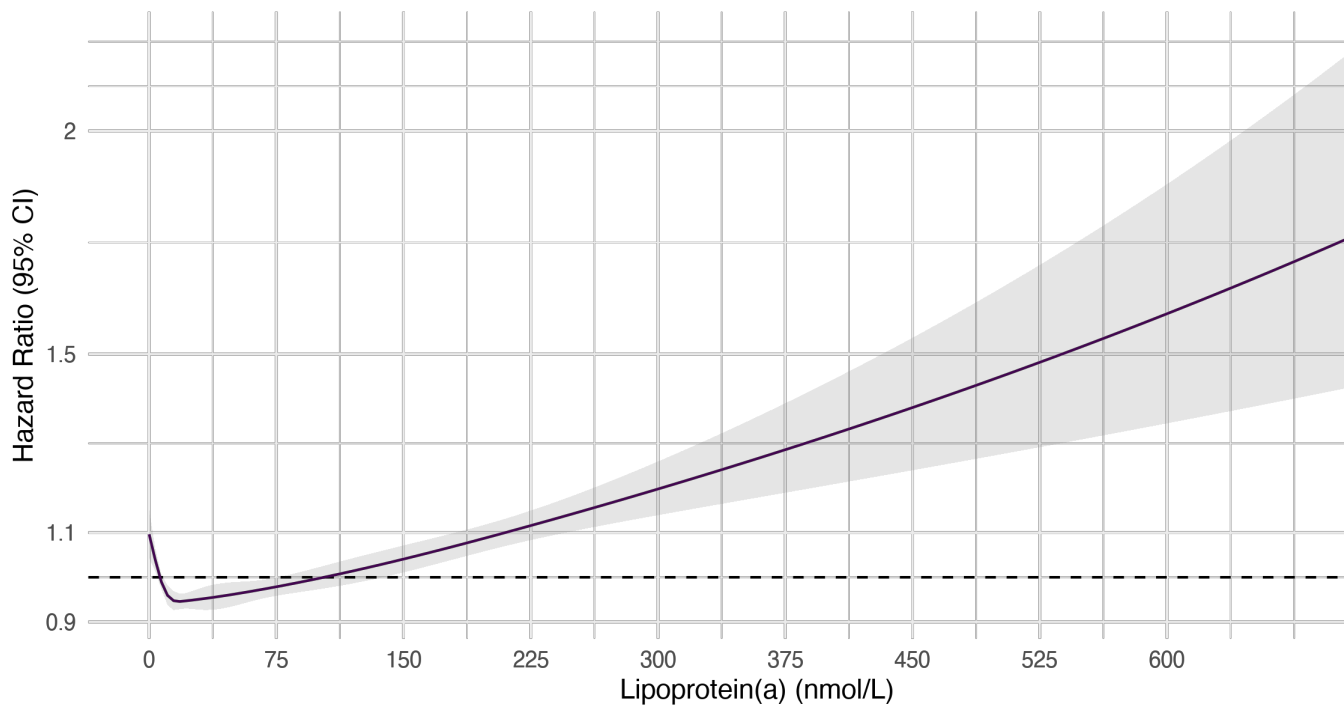
Supplemental Figures



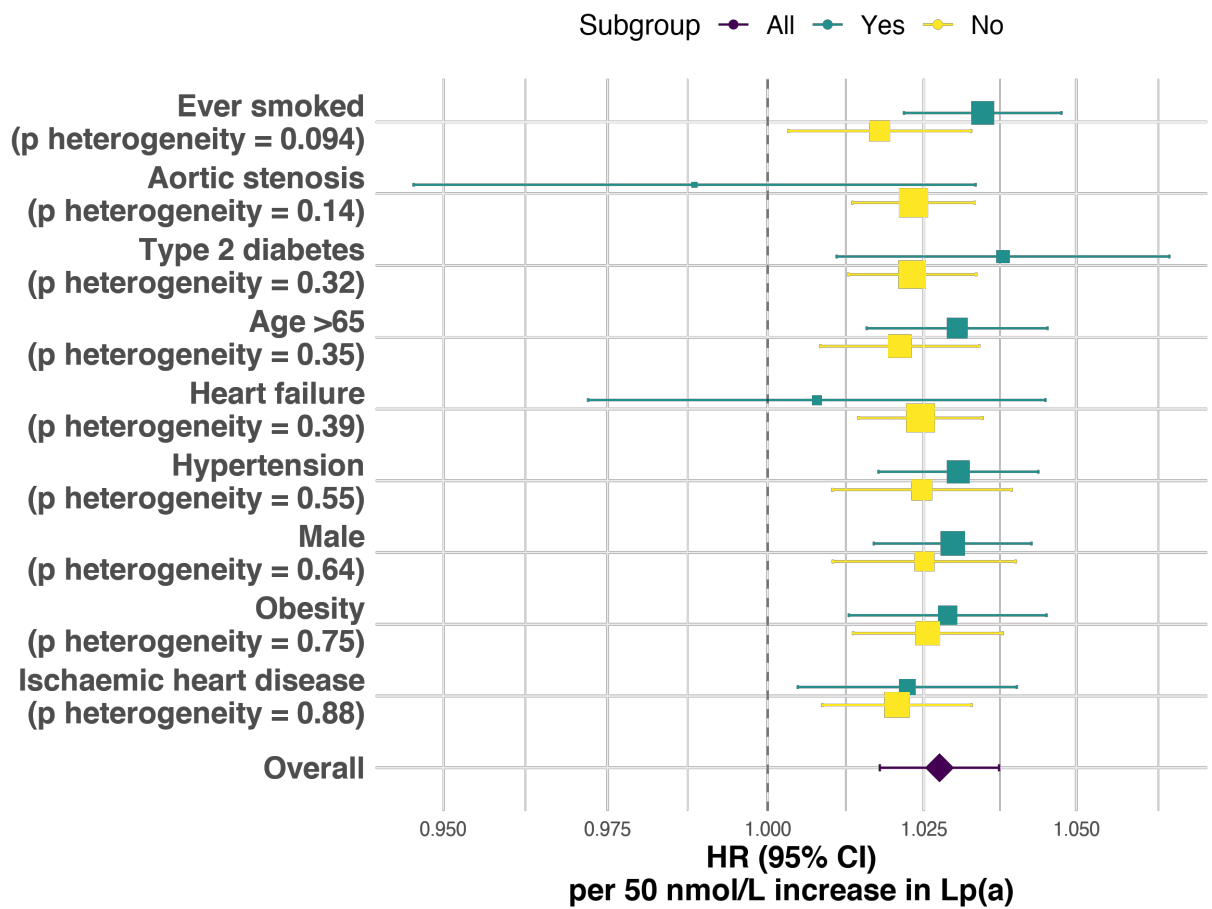
Supplemental Figure 1. Distribution of lipoprotein(a) levels from the UK Biobank cohort. A) Raw lipoprotein(a) levels B) After winsorizing detectable values outside reportable range



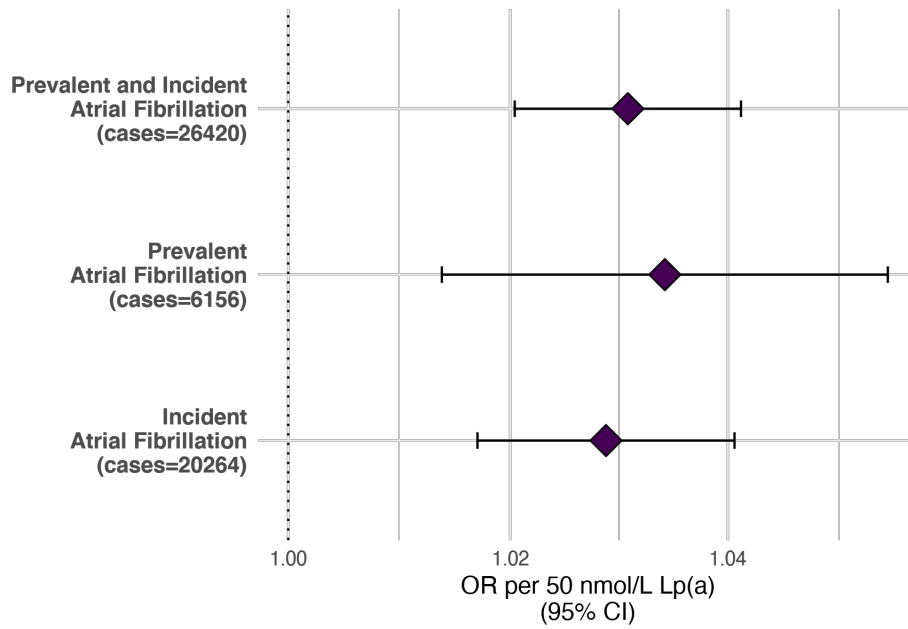
Supplemental Figure 2. Association between Lp(a) concentration at recruitment and incident atrial fibrillation events in UK Biobank participants. *CI, confidence interval; HR, hazard ratio; Lp(a), lipoprotein(a)*



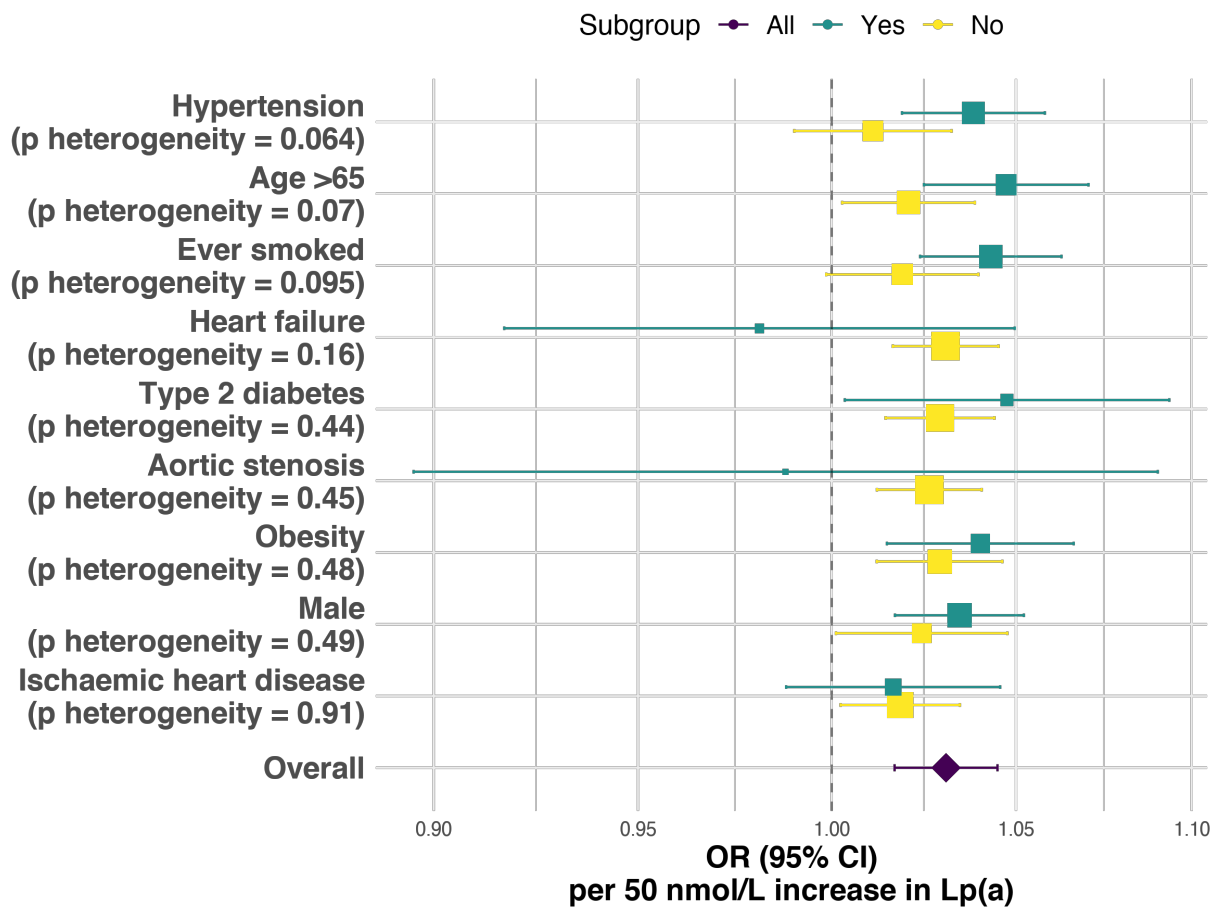
Supplemental Figure 3. Dose-response relationship between lipoprotein(a) and risk of incident atrial fibrillation in UK Biobank.



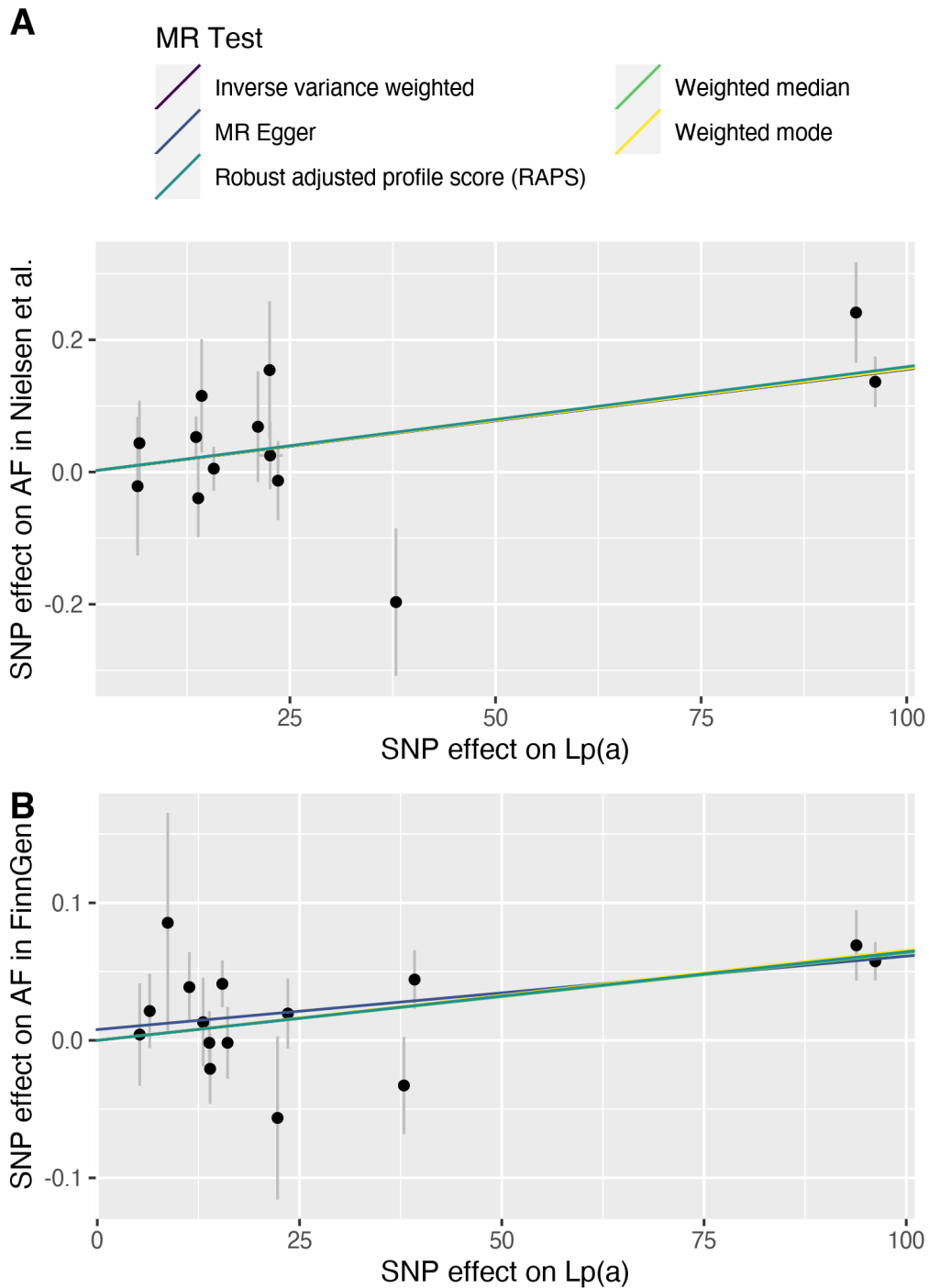
Supplemental Figure 4. No evidence of effect modification of lipoprotein(a) and atrial fibrillation in UK Biobank stratified according to common risk factors.



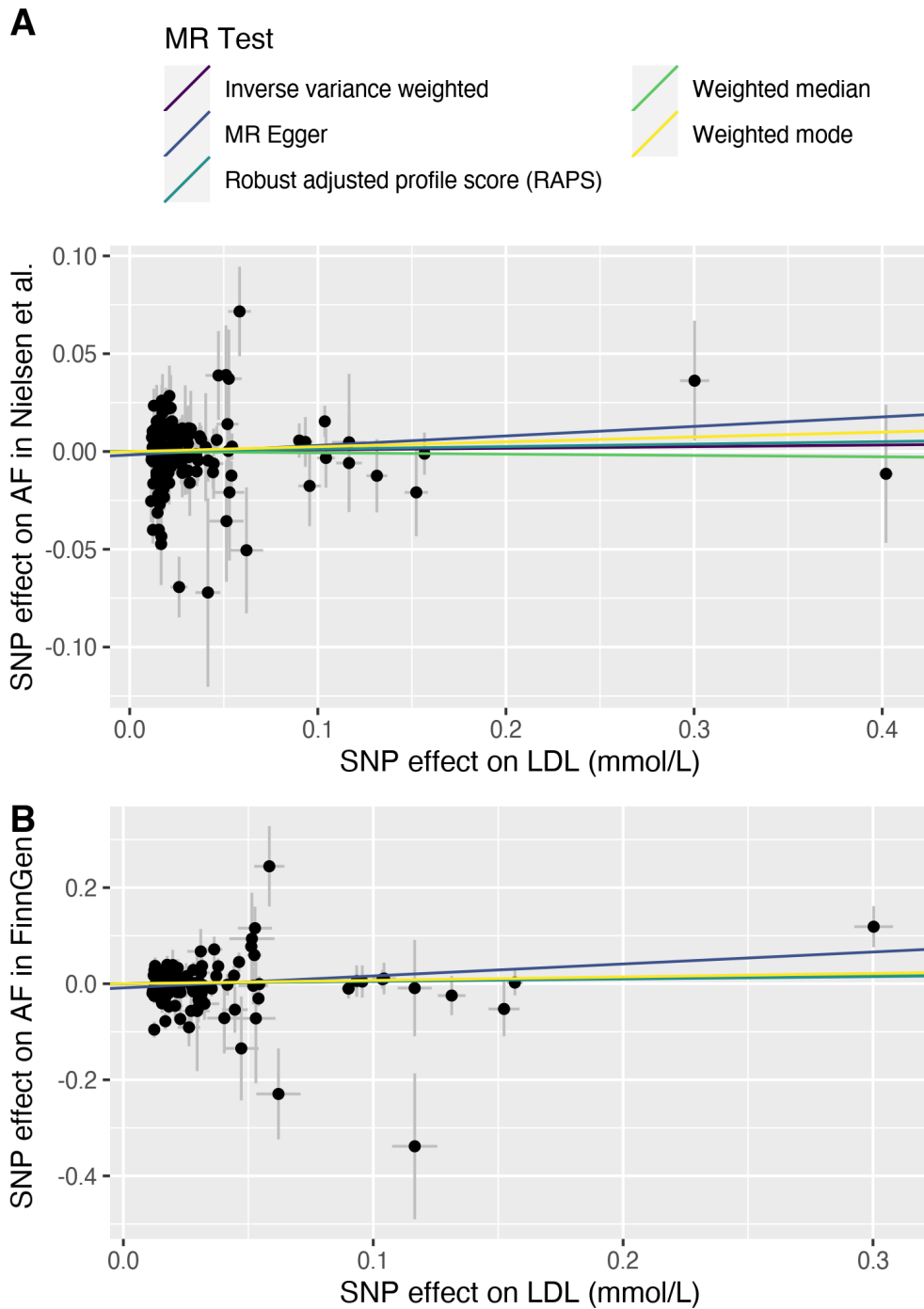
Supplemental Figure 5. Consistent risk-conferring effect of genetically predicted lipoprotein(a) on prevalent or incident atrial fibrillation in UK Biobank.



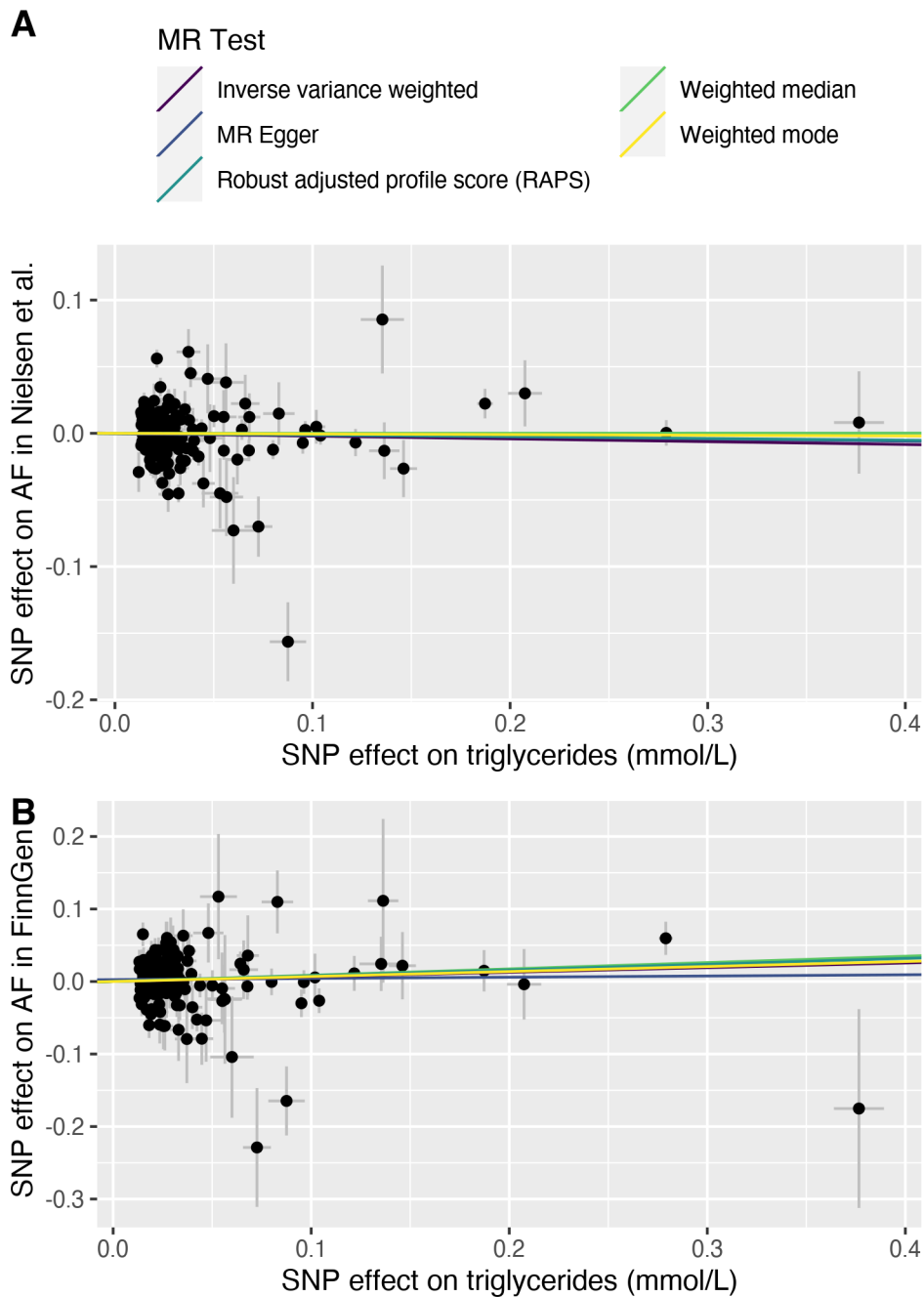
Supplemental Figure 6. No evidence of effect modification of genetically predicted lipoprotein(a) and atrial fibrillation in UK Biobank stratified according to common risk factors.



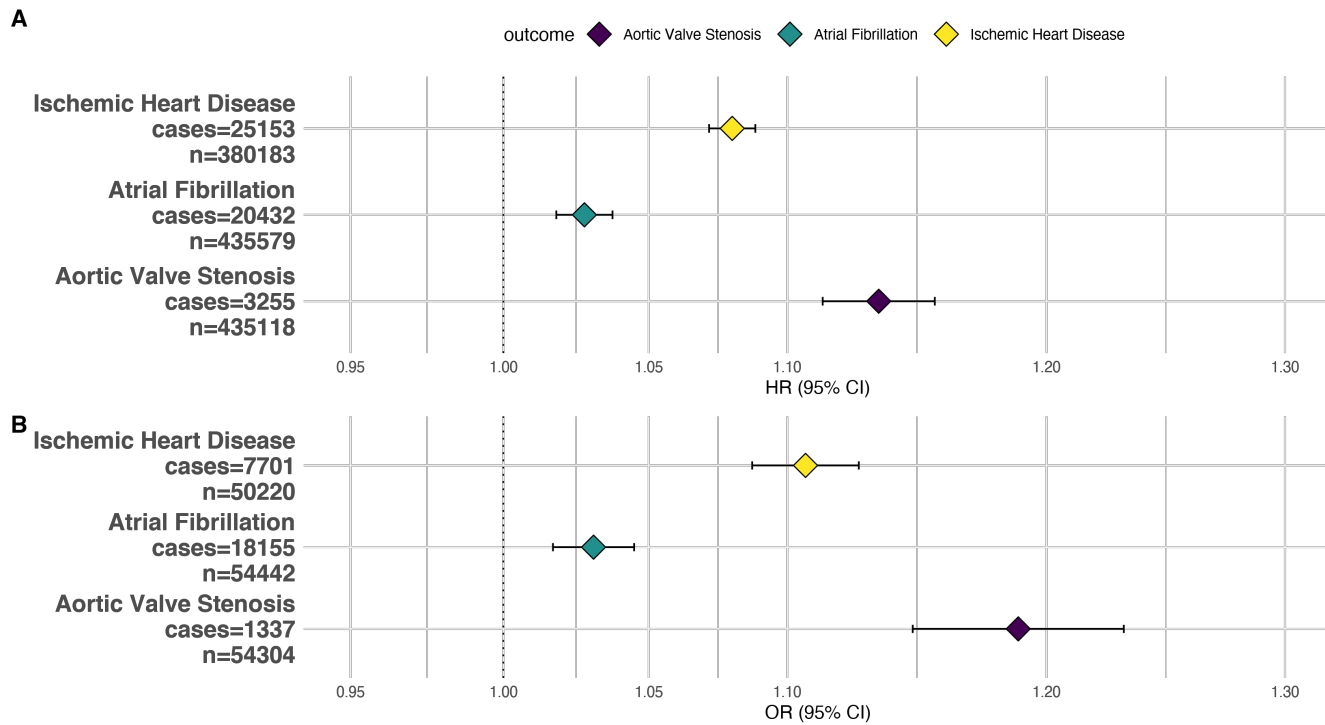
Supplemental Figure 7. Comparison of effect of lipoprotein(a) on atrial fibrillation using Mendelian randomization with various Mendelian randomization methods. A) Using Nielsen et al. GWAS summary statistics for atrial fibrillation. B) Using FinnGen consortium GWAS summary statistics for atrial fibrillation.



Supplemental Figure 8. Comparison of effect of LDL cholesterol on atrial fibrillation using Mendelian randomization with various Mendelian randomization methods. A) Using Nielsen et al. GWAS summary statistics for atrial fibrillation. B) Using FinnGen consortium GWAS summary statistics for atrial fibrillation.



Supplemental Figure 9. Comparison of effect of triglycerides on atrial fibrillation using Mendelian randomization with various Mendelian randomization methods. A) Using Nielsen et al. GWAS summary statistics for atrial fibrillation. B) Using FinnGen consortium GWAS summary statistics for atrial fibrillation.



Supplemental Figure 10. Comparison of risk estimates for lipoprotein(a) with incident aortic valve stenosis, ischemic heart disease, and atrial fibrillation in UK Biobank.

Supplemental Tables

Supplemental Table 1. Definitions for risk factors and other variables used in analyses.

| Trait | Field ID | ICD10 codes | Notes |
|------------------------------|---------------------------------------|--------------|--|
| Lipoprotein(a) | 30790 | | Participants above or below reportable range were defined by field ID 30796 |
| Ischaemic heart disease | 41270; 40001; 40002 | I20- to I25- | |
| Aortic valve stenosis | 41270; 40001; 40002 | I35.0; I35.2 | |
| Type 2 diabetes | 41270; 40001; 40002 | E11- | |
| Heart Failure | 41270; 40001; 40002 | I50- | |
| Age at recruitment | 21022 | | |
| Sex | 31 | | |
| Townsend deprivation index | 189 | | |
| Income | 738 | | "Do not know" and "prefer not to answer" were coded as missing |
| BMI | 21001 | | Obesity was defined as BMI >30 |
| Height | 50 | | |
| Physical activity | 22040 | | MET minutes for all activities in week |
| Systolic blood pressure | 4080 | | Average of two consecutive measures for blood pressure; Hypertension was defined as SBP > 140 mmHg |
| Diastolic blood pressure | 4079 | | Average of two consecutive measures for blood pressure |
| Smoking Status | 20116 | | Ever smokers were defined as any participants that reported "current" or "previous" smoking status |
| Alcoholic drinks | 1568; 1578; 1588; 1598; 1608; 5364 | | Number of alcoholic drinks per week were calculated as sum of all drinks per week across red wine, champagne plus white wine, beer plus cider, spirits, fortified wine, and other alcohols |
| Total cholesterol | 30690 | | |
| HDL cholesterol | 30760 | | |
| LDL cholesterol | 30780 | | |
| Triglycerides | 30870 | | |
| Lipid-lowering medication | 6153; 6157 | | |
| Anti-hypertensive medication | 6153; 6157 | | |

| Supplemental Table 2 - Characteristics at recruitment for population of participants with Lp(a) and without prevalent AF from UK Biobank cohort study. | |
|---|--|
| UK Biobank (N=435579) | Mean (\pm SD) or N (%) |
| Age at recruitment (years) | 57 (8) |
| Sex (male) | 198223 (45.5%) |
| Ethnicity | |
| <i>African</i> | 6833 (2%) |
| <i>British</i> | 395497 (91%) |
| <i>Non-British Caucasian</i> | 26350 (6%) |
| <i>South Asian</i> | 6899 (2%) |
| Lipoprotein(a) (nmol/L) | 55.93 (76.14) |
| <i>Lipoprotein(a) winsorized (nmol/L)</i> | 50.76 (60.33) |
| Incident atrial fibrillation | 20432 (4.7%) |
| Prevalent ischemic heart disease | 16834 (3.9%) |
| Prevalent type 2 diabetes | 8146 (1.9%) |
| Body mass index (kg/m ²) | 27.4 (4.8) |
| Systolic blood pressure (mmHg) | 138 (19) |
| Diastolic blood pressure (mmHg) | 82 (10) |
| Ever smoked | 196496 (45.1%) |
| Townsend Deprivation Index | -1.37 (3.05) |
| Alcohol consumption (# drinks per week) | 2.2 (2.0) |

| Supplemental Table 3 - Association of Lp(a) at recruitment with incident AF events in UK Biobank. | | | | | | |
|--|---|----------------|----------------|--------------|-----------------|----------|
| Ethnicity | OR per 50 nmol/L increased Lp(a) | 95% CI | P-value | cases | controls | n |
| Overall | 1.03 | (1.02 to 1.04) | 1.65E-08 | 20432 | 415147 | 435579 |
| British | 1.03 | (1.02 to 1.04) | 1.07E-08 | 18978 | 376519 | 395497 |
| Non-British Caucasian | 0.99 | (0.94 to 1.04) | 0.63 | 1112 | 25238 | 26350 |
| African | 1.07 | (0.96 to 1.18) | 0.23 | 142 | 6691 | 6833 |
| South Asian | 1.08 | (0.98 to 1.20) | 0.13 | 200 | 6699 | 6899 |

Supplemental Table 4 - Association of interaction terms for quantitative risk factors and Lp(a) with incident AF in UK Biobank.

| Interaction Term | P-value for interaction |
|----------------------------|--------------------------------|
| Age | 0.424 |
| BMI | 0.569 |
| Diastolic blood pressure | 0.197 |
| Systolic blood pressure | 0.367 |
| Weekly alcohol consumption | 0.476 |

| Supplemental Table 5 - Association of each Lp(a) genetic score with observed Lp(a) and incident AF in testing set from UK Biobank (n=54062). | | | | | |
|---|--|-------------------------------------|----------------|--------------|-----------------|
| cis window | R2 for observed Lp(a) using genetic score | OR* for incident AF (95% CI) | p-value | cases | controls |
| 50Kb | 0.680 | 1.03 (1.02 to 1.04) | 5.36E-05 | 18155 | 36287 |
| 500Kb | 0.714 | 1.03 (1.02 to 1.05) | 1.33E-05 | 18155 | 36287 |
| whole genome | 0.728 | 1.03 (1.02 to 1.04) | 2.21E-04 | 18155 | 36287 |

* per 50 nmol/L increase in Lp(a) genetic score

Supplemental Table 6 - Association of interaction terms for quantitative risk factors and Lp(a) genetic score with incident AF in UK Biobank.

| Interaction Term | P-value for interaction |
|----------------------------|--------------------------------|
| Age | 0.302 |
| BMI | 0.505 |
| Diastolic blood pressure | 0.507 |
| Systolic blood pressure | 0.529 |
| Weekly alcohol consumption | 0.697 |

| Supplemental Table 7 - Association of independent genetic variants with lipoprotein(a) in UK Biobank training set within 500Kb of <i>LPA</i> gene. | | | | | | | | |
|---|------------------------|-------------|-----------|-----------|------------|----------------------|-----------------------|------------------------|
| Chr | Position (hg19) | SNP | EA | OA | EAF | Beta (nmol/L) | Standard Error | -log10(p-value) |
| 6 | 160578069 | rs146534110 | G | T | 0.987 | -37.90 | 0.665 | 708.157 |
| 6 | 160628128 | rs117648937 | C | T | 0.988 | 13.09 | 0.722 | 72.7517 |
| 6 | 160644552 | rs494554 | C | G | 0.972 | 13.85 | 0.474 | 187.279 |
| 6 | 160762506 | rs149210101 | C | A | 0.979 | 13.94 | 0.549 | 141.632 |
| 6 | 160779981 | rs76596562 | G | A | 0.974 | 11.38 | 0.472 | 127.447 |
| 6 | 160922870 | rs117733303 | A | G | 0.981 | -93.83 | 0.562 | 6053.64 |
| 6 | 160939982 | rs71565772 | T | C | 0.955 | 15.46 | 0.366 | 389.482 |
| 6 | 161010118 | rs10455872 | A | G | 0.919 | -96.17 | 0.278 | 25933.8 |
| 6 | 161017363 | rs73596816 | G | A | 0.967 | -39.22 | 0.423 | 1871.61 |
| 6 | 161062118 | rs569944069 | G | A | 0.984 | 22.28 | 0.615 | 286.824 |
| 6 | 161080457 | rs117857195 | G | T | 0.975 | 23.56 | 0.527 | 435.14 |
| 6 | 161104060 | rs565310232 | C | T | 0.984 | 8.71 | 0.669 | 38.0536 |
| 6 | 161290860 | rs143368848 | A | G | 0.980 | 16.10 | 0.571 | 174.153 |
| 6 | 161314975 | rs143292133 | G | C | 0.981 | -6.48 | 0.565 | 29.777 |
| 6 | 161447465 | rs113304208 | T | C | 0.992 | 5.24 | 0.834 | 9.4866 |

Chr, chromosome; EA, effect allele; EAF, effect allele frequency; OA, other allele; SNP, single nucleotide polymorphism

Supplemental Table 8 - Effect of lipoprotein(a) on atrial fibrillation using Mendelian randomization in Nielsen et al. and FinnGen cohorts.

| method | n SNP | OR (95%CI) | P-value | MR-PRESSO | | | Heterogeneity | | MR Egger | |
|------------------------------|-------|------------------------|----------|-------------------|-----------------------|----------|----------------|---------|---------------------|---------|
| | | | | Global P-value | Distortion P-value | Outliers | Cochran's Q | P-value | Intercept (SE) | P-value |
| <i>50Kb - Nielsen et al.</i> | | | | | | | | | | |
| IVW | 6 | 1.03 (1.02 to 1.04) | 2.31E-06 | NA | | | 1.13 | 0.95 | NA | |
| MR Egger | 6 | 1.04 (1.01 to 1.06) | 3.36E-02 | NA | | | NA | | -0.0152 (0.0177) | 0.44 |
| Weighted median | 6 | 1.03 (1.02 to 1.04) | 8.89E-06 | NA | | | NA | | NA | |
| Weighted mode | 6 | 1.03 (1.02 to 1.04) | 5.44E-03 | NA | | | NA | | NA | |
| RAPS | 6 | 1.03 (1.02 to 1.04) | 4.15E-06 | NA | | | NA | | NA | |
| MR PRESSO | 6 | NA | NA | 0.96 | NA | NA | NA | | NA | |
| <i>50Kb - FinnGen</i> | | | | | | | | | | |
| IVW | 8 | 1.08 (1.05 to 1.12) | 2.66E-06 | NA | | | 4.73 | 0.69 | NA | |
| MR Egger | 8 | 1.1 (1.04 to 1.16) | 1.20E-02 | NA | | | NA | | -0.0258 (0.0313) | 0.44 |
| Weighted median | 8 | 1.08 (1.04 to 1.12) | 5.46E-05 | NA | | | NA | | NA | |
| Weighted mode | 8 | 1.08 (1.04 to 1.12) | 4.57E-03 | NA | | | NA | | NA | |
| RAPS | 8 | 1.08 | 4.73E-06 | NA | | | NA | | NA | |

| | | | | | | | | | |
|-------------------------------|----|------------------------|----------|------|----|----|-------|--------------------|------|
| | | (1.05 to 1.12) | | | | | | | |
| MR PRESSO | 8 | NA | NA | 0.63 | NA | NA | NA | 8 | |
| <i>500Kb - Nielsen et al.</i> | | | | | | | | | |
| IVW | 15 | 1.03 (1.02 to 1.05) | 9.93E-08 | NA | | | 13.16 | 0.51 | NA |
| MR Egger | 15 | 1.03 (1.01 to 1.05) | 1.10E-02 | NA | | | NA | 0.0079 (0.0095) | 0.42 |
| Weighted median | 15 | 1.03 (1.02 to 1.05) | 1.16E-06 | NA | | | NA | NA | |
| Weighted mode | 15 | 1.03 (1.02 to 1.04) | 4.25E-05 | NA | | | NA | NA | |
| RAPS | 15 | 1.03 (1.02 to 1.05) | 2.07E-07 | NA | | | NA | NA | |
| MR PRESSO | 15 | NA | NA | 0.44 | NA | NA | NA | NA | |
| <i>500Kb - FinnGen</i> | | | | | | | | | |
| IVW | 13 | 1.08 (1.04 to 1.12) | 9.54E-06 | NA | | | 13.14 | 0.36 | NA |
| MR Egger | 13 | 1.08 (1.03 to 1.14) | 1.21E-02 | NA | | | NA | 0.0002 (0.023) | 0.99 |
| Weighted median | 13 | 1.08 (1.04 to 1.12) | 1.03E-05 | NA | | | NA | NA | |
| Weighted mode | 13 | 1.08 (1.05 to 1.12) | 6.23E-04 | NA | | | NA | NA | |
| RAPS | 13 | 1.08 (1.05 to 1.12) | 3.71E-06 | NA | | | NA | NA | |

| | | | | | | | | |
|--------------------------------------|----|------------------------|----------|------|----|-------|---------------------|------|
| MR PRESSO | 13 | NA | NA | 0.44 | NA | NA | NA | 13 |
| <i>Whole genome - Nielsen et al.</i> | | | | | | | | |
| IVW | 40 | 1.03 (1.02 to 1.05) | 3.65E-06 | NA | | 51.24 | 0.09 | NA |
| MR Egger | 40 | 1.03 (1.02 to 1.05) | 8.22E-05 | NA | | NA | -0.0001 (0.0021) | 0.98 |
| Weighted median | 40 | 1.03 (1.02 to 1.05) | 1.02E-06 | NA | | NA | NA | |
| Weighted mode | 40 | 1.03 (1.02 to 1.05) | 1.62E-05 | NA | | NA | NA | |
| RAPS | 40 | 1.03 (1.02 to 1.05) | 5.89E-07 | NA | | NA | NA | |
| MR PRESSO | 40 | NA | NA | 0.17 | NA | NA | NA | NA |
| <i>Whole genome - FinnGen</i> | | | | | | | | |
| IVW | 44 | 1.2 (1.11 to 1.3) | 1.42E-05 | NA | | 52.22 | 0.08 | NA |
| MR Egger | 40 | 1.08 (1.04 to 1.12) | 3.90E-05 | NA | | NA | 0.0017 (0.005) | 0.74 |
| Weighted median | 40 | 1.08 (1.04 to 1.12) | 4.99E-04 | NA | | NA | NA | |
| Weighted mode | 40 | 1.08 (1.04 to 1.12) | 1.56E-04 | NA | | NA | NA | |
| RAPS | 40 | 1.07 (1.03 to 1.11) | 3.97E-04 | NA | | NA | NA | |
| MR PRESSO | 40 | NA | NA | 0.13 | NA | NA | NA | NA |

| <i>Clarke et al. – Nielsen et al.</i> | | | | | | |
|---------------------------------------|---|------------------------|----------|----|------|----|
| IVW | 2 | 1.03 (1.02 to 1.04) | 3.74E-07 | NA | 0.22 | NA |
| RAPS | 2 | 1.03 (1.02 to 1.04) | 7.33E-07 | NA | NA | NA |
| <i>Clarke et al. – FinnGen</i> | | | | | | |
| IVW | 2 | 1.07 (1.04 to 1.10) | 4.36E-06 | NA | 0.27 | NA |
| RAPS | 2 | 1.07 (1.04 to 1.10) | 7.58E-06 | NA | NA | NA |

IVW, inverse variance weighted; nsnp, number of single nucleotide polymorphisms; RAPS, robust adjusted profile score

Supplemental Table 9 - Effect of atrial fibrillation on lipoprotein(a) using Mendelian randomization.

| method | nsnp | Effect (50 mol/L) (95%CI) | P-value | MR-PRESSO | | | Heterogeneity | | Egger | |
|--------------------|------|---------------------------------|---------|-------------------|-----------------------|------------------------|----------------|----------|---------------------|---------|
| | | | | Global P-value | Distortion P-value | Outliers | Cochran's Q | P-value | Intercept (SE) | P-value |
| IVW | 112 | -0.195 (-0.587 to 0.197) | 0.33 | NA | | | 152.26 | 3.95E-03 | NA | NA |
| MR Egger | 112 | 0.108 (-0.747 to 0.963) | 0.80 | NA | | | NA | NA | -0.0249 (0.0319) | 0.44 |
| Weighted median | 112 | -0.049 (-0.591 to 0.493) | 0.86 | NA | | | NA | NA | NA | NA |
| Weighted mode | 112 | -0.078 (-0.715 to 0.559) | 0.81 | NA | | | NA | NA | NA | NA |
| RAPS | 112 | -0.103 (-0.499 to 0.292) | 0.61 | NA | | | NA | NA | NA | NA |
| MR PRESSO | 112 | -0.100 (-0.467 to 0.267) | 0.59 | 0.0022 | 0.32 | rs775498; rs1278493 | NA | NA | NA | NA |

IVW, inverse variance weighted; nsnp, number of single nucleotide polymorphisms; RAPS, robust adjusted profile score

Supplemental Table 10 - Effect of lipoprotein(a) on atrial fibrillation mediated through atherosclerotic cardiovascular disease.

| Mediator | Direct Effect | Indirect Effect | Proportion of Total Effect Mediated (%) |
|--|---------------------------|---------------------------|--|
| <i>Observed Lp(a)</i> | | | |
| Ischemic Heart Disease | 0.0019 (0.0001 to 0.0038) | 0.0025 (0.0023 to 0.0027) | 59.4 (39.7 to 97.8) |
| Aortic Valve Stenosis | 0.0035 (0.0021 to 0.0049) | 0.0086 (0.0007 to 0.0010) | 19.8 (13.8 to 27.7) |
| Ischemic Heart Disease and Aortic Valve Stenosis | 0.0017 (0.0006 to 0.0029) | 0.0026 (0.0024 to 0.0029) | 62.2 (48.9 to 80.4) |
| <i>Genetically Predicted Lp(a)</i> | | | |
| Ischemic Heart Disease | 0.0182 (0.0059 to 0.0334) | 0.0100 (0.0083 to 0.0116) | 35.6 (23.5 to 63.4) |
| Aortic Valve Stenosis | 0.0213 (0.0115 to 0.0318) | 0.0045 (0.0029 to 0.0057) | 17.3 (10.4 to 31.6) |
| Ischemic Heart Disease and Aortic Valve Stenosis | 0.0168 (0.0044 to 0.0322) | 0.0110 (0.0088 to 0.0132) | 39.2 (26.7 to 73.3) |

Supplemental Table 11 - Association of independent genetic variants with LDL in UK Biobank after excluding LPA genetic variants.

| Chromosome | Position (hg19) | SNP | Effect Allele | Other Allele | Effect Allele Frequency | Beta (mmol/L) | Standard Error | p-value |
|------------|-----------------|-------------|---------------|--------------|-------------------------|---------------|----------------|-----------|
| 18 | 47158186 | rs10438978 | C | T | 0.8178 | 0.015164 | 0.0026591 | 1.18E-08 |
| 9 | 139320069 | rs10448340 | G | T | 0.32184 | -0.014238 | 0.0021903 | 8.02E-11 |
| 6 | 29937795 | rs1061537 | A | G | 0.46166 | 0.016162 | 0.0020502 | 3.20E-15 |
| 19 | 45413233 | rs1065853 | T | G | 0.080275 | -0.40201 | 0.0037043 | 1.00E-200 |
| 10 | 124686656 | rs10794579 | C | T | 0.5763 | 0.014373 | 0.0020696 | 3.80E-12 |
| 19 | 45412955 | rs1081105 | C | A | 0.027878 | 0.15234 | 0.0062156 | 1.56E-132 |
| 1 | 234734956 | rs10910476 | T | C | 0.55699 | 0.012392 | 0.002071 | 2.18E-09 |
| 1 | 174898715 | rs10912854 | C | G | 0.27215 | 0.012683 | 0.0023075 | 3.88E-08 |
| 7 | 100216773 | rs10953298 | T | C | 0.23569 | -0.017618 | 0.0024225 | 3.54E-13 |
| 11 | 18639167 | rs11024735 | T | C | 0.7397 | 0.013354 | 0.0023322 | 1.03E-08 |
| 12 | 9061971 | rs11047939 | A | G | 0.22676 | 0.015695 | 0.0024554 | 1.64E-10 |
| 16 | 83980965 | rs11149612 | T | C | 0.46149 | -0.015554 | 0.0020656 | 5.09E-14 |
| 3 | 132217703 | rs113177823 | A | G | 0.054411 | -0.031935 | 0.0045654 | 2.66E-12 |
| 9 | 136149711 | rs115478735 | T | A | 0.18375 | 0.051192 | 0.0026462 | 2.47E-83 |
| 11 | 103870640 | rs115739682 | A | T | 0.19105 | -0.016709 | 0.0026169 | 1.72E-10 |
| 1 | 55505647 | rs11591147 | T | G | 0.017695 | -0.30026 | 0.007733 | 1.00E-200 |
| 11 | 5701074 | rs11601507 | A | C | 0.068465 | 0.030005 | 0.0039966 | 6.03E-14 |
| 14 | 24871926 | rs11621792 | T | C | 0.45362 | 0.016436 | 0.0020675 | 1.87E-15 |
| 5 | 52095024 | rs116734477 | T | C | 0.041372 | -0.044622 | 0.0051499 | 4.55E-18 |
| 12 | 121426478 | rs1169292 | T | C | 0.3075 | 0.021572 | 0.002222 | 2.80E-22 |
| 3 | 142648844 | rs11709868 | T | G | 0.29778 | -0.014707 | 0.002246 | 5.84E-11 |
| 8 | 29024943 | rs117139027 | A | G | 0.017217 | -0.05303 | 0.0078561 | 1.48E-11 |

| | | | | | | | | |
|----|-----------|-------------|---|---|----------|-----------|-----------|-----------|
| 8 | 74899141 | rs11775193 | T | C | 0.31395 | -0.013049 | 0.0022102 | 3.55E-09 |
| 9 | 107647019 | rs11789603 | T | C | 0.10762 | 0.020987 | 0.0033079 | 2.23E-10 |
| 19 | 11197261 | rs12151108 | A | G | 0.11874 | -0.15668 | 0.0031533 | 1.00E-200 |
| 4 | 100239319 | rs1229984 | C | T | 0.977714 | 0.047196 | 0.0069313 | 9.84E-12 |
| 15 | 75083912 | rs12442901 | G | A | 0.73778 | 0.01672 | 0.0023292 | 7.07E-13 |
| 16 | 11706100 | rs12445804 | A | G | 0.074481 | 0.02304 | 0.0039348 | 4.76E-09 |
| 1 | 109817590 | rs12740374 | T | G | 0.22176 | -0.1037 | 0.0024557 | 1.00E-200 |
| 10 | 18495885 | rs1277763 | C | T | 0.7981 | 0.014239 | 0.0025517 | 2.41E-08 |
| 5 | 74656539 | rs12916 | C | T | 0.39977 | 0.054077 | 0.0020866 | 6.08E-148 |
| 2 | 44327463 | rs13020929 | A | G | 0.45694 | 0.012833 | 0.0020589 | 4.58E-10 |
| 3 | 58398215 | rs13066351 | T | C | 0.082304 | -0.027956 | 0.0037291 | 6.57E-14 |
| 3 | 12239931 | rs13098031 | T | G | 0.26877 | -0.017143 | 0.002311 | 1.19E-13 |
| 4 | 3443931 | rs13108218 | G | A | 0.61829 | -0.016763 | 0.0021242 | 3.00E-15 |
| 2 | 165528876 | rs13389219 | T | C | 0.39347 | -0.012123 | 0.0020938 | 7.05E-09 |
| 8 | 6563868 | rs1365041 | T | G | 0.68341 | 0.012144 | 0.0022067 | 3.73E-08 |
| 22 | 41272143 | rs138354 | C | T | 0.53403 | -0.012176 | 0.0020498 | 2.85E-09 |
| 2 | 21149771 | rs140798831 | C | T | 0.65258 | -0.031359 | 0.0021558 | 6.38E-48 |
| 14 | 94768196 | rs145730801 | C | T | 0.045445 | 0.029537 | 0.0050078 | 3.68E-09 |
| 4 | 81164723 | rs1458038 | T | C | 0.29289 | -0.016814 | 0.0022561 | 9.16E-14 |
| 19 | 45337918 | rs147711004 | A | G | 0.037007 | 0.13139 | 0.0055391 | 2.81E-124 |
| 19 | 45346666 | rs148601586 | G | C | 0.013544 | 0.11661 | 0.0090611 | 6.82E-38 |
| 2 | 234522619 | rs149247216 | C | A | 0.068811 | 0.022847 | 0.0040443 | 1.61E-08 |
| 17 | 64228995 | rs149394327 | C | G | 0.029739 | 0.058407 | 0.0060424 | 4.23E-22 |
| 8 | 18272881 | rs1495741 | A | G | 0.77908 | -0.0171 | 0.0024638 | 3.92E-12 |
| 2 | 118845121 | rs150474434 | A | G | 0.10187 | -0.031382 | 0.0034066 | 3.22E-20 |
| 15 | 58683366 | rs1532085 | G | A | 0.61337 | -0.016135 | 0.0021007 | 1.58E-14 |

| | | | | | | | | |
|----|-----------|------------|---|---|----------|-----------|-----------|-----------|
| 10 | 71093392 | rs16926246 | T | C | 0.13069 | -0.019763 | 0.0030332 | 7.25E-11 |
| 6 | 100620931 | rs17185536 | T | C | 0.24437 | -0.01548 | 0.0023897 | 9.32E-11 |
| 11 | 61603510 | rs174576 | A | C | 0.3527 | -0.027986 | 0.0021426 | 5.58E-39 |
| 7 | 44581986 | rs17725246 | C | T | 0.18254 | 0.031461 | 0.0026413 | 1.05E-32 |
| 20 | 43042364 | rs1800961 | T | C | 0.031399 | -0.051996 | 0.0058643 | 7.58E-19 |
| 20 | 39179822 | rs1883711 | C | G | 0.031082 | 0.095621 | 0.006005 | 4.56E-57 |
| 9 | 107586753 | rs2066714 | C | T | 0.12709 | 0.02071 | 0.0030664 | 1.44E-11 |
| 12 | 50650057 | rs2160994 | C | T | 0.64706 | 0.016101 | 0.0021422 | 5.65E-14 |
| 22 | 35678256 | rs2179050 | G | A | 0.69051 | -0.012521 | 0.0022321 | 2.03E-08 |
| 13 | 32959199 | rs2238162 | T | C | 0.52456 | -0.015568 | 0.0020472 | 2.87E-14 |
| 7 | 75614777 | rs2302429 | A | G | 0.18325 | 0.015681 | 0.0026428 | 2.97E-09 |
| 16 | 56990716 | rs247617 | A | C | 0.32478 | -0.030169 | 0.0021858 | 2.55E-43 |
| 19 | 11228745 | rs2569550 | C | T | 0.59296 | 0.037956 | 0.0020859 | 5.96E-74 |
| 17 | 45664861 | rs2611867 | G | A | 0.51292 | -0.021804 | 0.0020526 | 2.37E-26 |
| 15 | 58727325 | rs261332 | G | A | 0.78938 | -0.020206 | 0.0025123 | 8.79E-16 |
| 20 | 17844684 | rs2618566 | T | G | 0.66141 | -0.021268 | 0.0021603 | 7.25E-23 |
| 1 | 220970028 | rs2642438 | G | A | 0.70247 | 0.02176 | 0.002235 | 2.13E-22 |
| 2 | 63248968 | rs2710644 | C | A | 0.69906 | 0.017912 | 0.0022333 | 1.06E-15 |
| 5 | 131638817 | rs272838 | T | C | 0.16495 | -0.016877 | 0.0027849 | 1.36E-09 |
| 8 | 116667539 | rs2737263 | T | G | 0.28411 | -0.01916 | 0.0022696 | 3.13E-17 |
| 9 | 107661742 | rs2740488 | C | A | 0.26548 | -0.020655 | 0.0023224 | 5.93E-19 |
| 8 | 126500031 | rs28601761 | G | C | 0.41935 | -0.054389 | 0.002096 | 2.64E-148 |
| 8 | 55451193 | rs28615248 | C | T | 0.19749 | 0.021387 | 0.0025804 | 1.15E-16 |
| 1 | 235109214 | rs28631087 | C | T | 0.21218 | -0.01472 | 0.00251 | 4.51E-09 |
| 19 | 45173951 | rs28807203 | C | A | 0.048867 | -0.10432 | 0.0047597 | 2.08E-106 |
| 3 | 119813282 | rs334558 | G | A | 0.33584 | 0.015183 | 0.0021769 | 3.07E-12 |

| | | | | | | | | |
|----|-----------|------------|---|---|----------|-----------|-----------|-----------|
| 12 | 618790 | rs34019521 | C | G | 0.26177 | 0.012866 | 0.0023335 | 3.52E-08 |
| 1 | 10798489 | rs34071855 | G | C | 0.34069 | -0.012353 | 0.002167 | 1.20E-08 |
| 19 | 49155255 | rs34488585 | T | C | 0.085278 | -0.022526 | 0.0037133 | 1.31E-09 |
| 6 | 31514448 | rs34568880 | T | C | 0.013032 | 0.051441 | 0.0090229 | 1.19E-08 |
| 19 | 58662235 | rs35081008 | T | C | 0.14661 | -0.030705 | 0.0029086 | 4.77E-26 |
| 2 | 20363666 | rs35135293 | T | C | 0.52048 | -0.013042 | 0.0020543 | 2.18E-10 |
| 9 | 2640759 | rs3780181 | G | A | 0.067305 | -0.025128 | 0.0041137 | 1.01E-09 |
| 16 | 72097827 | rs3794695 | T | C | 0.18827 | 0.044279 | 0.002618 | 3.83E-64 |
| 6 | 116316882 | rs3822855 | T | G | 0.40059 | 0.016405 | 0.002089 | 4.07E-15 |
| 2 | 44072576 | rs4299376 | T | G | 0.6765 | -0.046289 | 0.0021856 | 1.74E-99 |
| 11 | 126244955 | rs4307732 | A | G | 0.10532 | 0.041646 | 0.00334 | 1.13E-35 |
| 19 | 11285390 | rs440677 | A | G | 0.62303 | -0.015172 | 0.0021278 | 1.00E-12 |
| 1 | 55521313 | rs472495 | T | G | 0.65079 | 0.037196 | 0.0021467 | 3.12E-67 |
| 8 | 59393273 | rs4738684 | G | A | 0.66476 | -0.0267 | 0.0021666 | 6.90E-35 |
| 21 | 40709171 | rs4818025 | G | A | 0.57159 | 0.011403 | 0.0020731 | 3.79E-08 |
| 6 | 30696762 | rs4947288 | G | A | 0.22085 | 0.015906 | 0.0024715 | 1.23E-10 |
| 10 | 113933009 | rs5024318 | A | T | 0.24753 | 0.017448 | 0.0023726 | 1.93E-13 |
| 1 | 109696333 | rs542049 | C | T | 0.33009 | -0.013454 | 0.0021893 | 8.00E-10 |
| 17 | 7080316 | rs55714927 | T | C | 0.19216 | -0.025364 | 0.002596 | 1.52E-22 |
| 8 | 145031968 | rs55831924 | T | C | 0.36104 | 0.016018 | 0.0021414 | 7.42E-14 |
| 10 | 94822686 | rs55843714 | T | C | 0.59271 | 0.017969 | 0.0020808 | 5.85E-18 |
| 3 | 69810294 | rs55921103 | T | G | 0.65099 | 0.011846 | 0.0021615 | 4.24E-08 |
| 7 | 21598753 | rs56130071 | C | G | 0.2191 | 0.027901 | 0.0024814 | 2.50E-29 |
| 2 | 21289432 | rs581411 | A | G | 0.82133 | 0.090106 | 0.0026677 | 1.00E-200 |
| 5 | 156399039 | rs58198139 | T | C | 0.63579 | 0.030182 | 0.002124 | 8.20E-46 |
| 19 | 19379549 | rs58542926 | T | C | 0.07546 | -0.093367 | 0.0038733 | 2.81E-128 |

| | | | | | | | | |
|----|-----------|------------|---|---|----------|-----------|-----------|----------|
| 12 | 111973358 | rs597808 | G | A | 0.51664 | 0.022783 | 0.002053 | 1.31E-28 |
| 1 | 55492083 | rs59784135 | G | A | 0.69766 | -0.021101 | 0.0023064 | 5.76E-20 |
| 7 | 98874892 | rs60612724 | G | A | 0.037656 | 0.030964 | 0.005384 | 8.88E-09 |
| 20 | 62909520 | rs6090101 | A | G | 0.19903 | 0.016205 | 0.0025922 | 4.07E-10 |
| 20 | 39780932 | rs6093446 | A | G | 0.28692 | 0.017525 | 0.0022636 | 9.80E-15 |
| 20 | 17804068 | rs61433703 | A | G | 0.16344 | 0.015733 | 0.0027919 | 1.75E-08 |
| 19 | 45617263 | rs62118464 | A | G | 0.1183 | 0.027128 | 0.003243 | 6.03E-17 |
| 19 | 10622478 | rs62131897 | C | G | 0.026592 | -0.041576 | 0.0066524 | 4.11E-10 |
| 2 | 169832276 | rs62171034 | T | A | 0.6039 | -0.017242 | 0.0021054 | 2.64E-16 |
| 9 | 22081850 | rs6475606 | T | C | 0.48109 | -0.018219 | 0.0020477 | 5.74E-19 |
| 9 | 78730766 | rs6560499 | A | G | 0.57694 | -0.011853 | 0.0020816 | 1.24E-08 |
| 13 | 114551993 | rs6602909 | C | T | 0.32526 | 0.019873 | 0.0021866 | 1.01E-19 |
| 1 | 198994619 | rs6667939 | T | C | 0.7197 | 0.014352 | 0.0022932 | 3.89E-10 |
| 2 | 44080324 | rs6709904 | G | A | 0.11102 | -0.036362 | 0.0032664 | 8.84E-29 |
| 8 | 9173209 | rs7012637 | A | G | 0.47499 | 0.022562 | 0.0020626 | 7.63E-28 |
| 14 | 70846954 | rs7157399 | C | T | 0.86123 | 0.01694 | 0.002962 | 1.07E-08 |
| 5 | 71849807 | rs71628040 | C | T | 0.055714 | -0.026255 | 0.0044683 | 4.21E-09 |
| 16 | 71642946 | rs7186717 | T | C | 0.37504 | 0.016359 | 0.0021125 | 9.69E-15 |
| 16 | 72217113 | rs7202323 | G | T | 0.22869 | -0.022612 | 0.0024353 | 1.62E-20 |
| 17 | 67191270 | rs72631343 | G | C | 0.12732 | -0.027414 | 0.003066 | 3.87E-19 |
| 10 | 115786233 | rs72823013 | A | G | 0.12807 | -0.019459 | 0.0030686 | 2.28E-10 |
| 1 | 62999675 | rs7534572 | G | C | 0.6456 | 0.035578 | 0.0021382 | 3.84E-62 |
| 1 | 27180088 | rs75460349 | C | A | 0.02368 | 0.052673 | 0.0068347 | 1.29E-14 |
| 2 | 203527979 | rs7569317 | C | T | 0.53196 | 0.016745 | 0.0020487 | 3.01E-16 |
| 2 | 135597764 | rs7608700 | A | C | 0.32311 | 0.014803 | 0.0022579 | 5.53E-11 |
| 5 | 74472939 | rs7707394 | A | G | 0.35469 | 0.035352 | 0.0021349 | 1.45E-61 |

| | | | | | | | | |
|----|-----------|------------|---|---|----------|-----------|-----------|----------|
| 5 | 122848876 | rs7734476 | A | G | 0.54853 | 0.018928 | 0.0020544 | 3.18E-20 |
| 6 | 16126934 | rs7746081 | A | G | 0.30134 | -0.0219 | 0.0022339 | 1.10E-22 |
| 17 | 67081278 | rs77542162 | G | A | 0.022999 | 0.11658 | 0.0068278 | 2.45E-65 |
| 18 | 47109955 | rs77960347 | G | A | 0.013481 | 0.062069 | 0.0088598 | 2.46E-12 |
| 2 | 27741237 | rs780094 | C | T | 0.61824 | -0.030117 | 0.002104 | 1.84E-46 |
| 18 | 19640350 | rs79120103 | G | A | 0.031287 | -0.032465 | 0.0059419 | 4.67E-08 |
| 10 | 52373245 | rs80276949 | A | G | 0.0231 | 0.04041 | 0.0068255 | 3.21E-09 |
| 7 | 6440437 | rs836550 | G | A | 0.4079 | 0.011642 | 0.0020829 | 2.28E-08 |
| 7 | 25934357 | rs896311 | A | G | 0.70494 | 0.014438 | 0.0022578 | 1.61E-10 |
| 6 | 127097775 | rs9398815 | C | T | 0.45289 | -0.012378 | 0.0020633 | 1.99E-09 |
| 11 | 116648917 | rs964184 | C | G | 0.86787 | -0.052434 | 0.0030169 | 1.25E-67 |
| 3 | 32535382 | rs9834932 | G | A | 0.088902 | -0.031014 | 0.0035927 | 6.03E-18 |
| 4 | 69373407 | rs9884390 | C | T | 0.2365 | 0.021633 | 0.0024368 | 6.86E-19 |
| 17 | 7571080 | rs9894946 | G | A | 0.84264 | -0.015836 | 0.0028565 | 2.96E-08 |

Supplemental Table 12 - Effect of LDL on atrial fibrillation using Mendelian randomization.

| Exposure | Outcome GWAS | N SNP | Method | Unscaled | | Scaled | | P-value |
|----------|----------------|-------|--------------------------------------|----------|----------------|--------|----------------|---------|
| | | | | OR | 95%CI | OR* | 95%CI | |
| LDL | Nielsen et al. | 140 | Inverse variance weighted | 1.01 | (0.94 to 1.08) | 1.01 | (0.96 to 1.05) | 0.82 |
| LDL | Nielsen et al. | 140 | MR Egger | 1.05 | (0.94 to 1.17) | 1.03 | (0.96 to 1.11) | 0.38 |
| LDL | Nielsen et al. | 140 | Weighted median | 0.99 | (0.92 to 1.07) | 1 | (0.95 to 1.04) | 0.85 |
| LDL | Nielsen et al. | 140 | Weighted mode | 1.03 | (0.96 to 1.09) | 1.02 | (0.98 to 1.06) | 0.43 |
| LDL | Nielsen et al. | 140 | Robust adjusted profile score (RAPS) | 1.01 | (0.95 to 1.08) | 1.01 | (0.97 to 1.05) | 0.69 |
| LDL | FinnGen | 128 | Inverse variance weighted | 1.06 | (0.91 to 1.24) | 1.04 | (0.94 to 1.15) | 0.48 |
| LDL | FinnGen | 128 | MR Egger | 1.28 | (1.02 to 1.61) | 1.18 | (1.01 to 1.36) | 0.035 |
| LDL | FinnGen | 128 | Weighted median | 1.06 | (0.88 to 1.27) | 1.04 | (0.92 to 1.17) | 0.54 |
| LDL | FinnGen | 128 | Weighted mode | 1.07 | (0.92 to 1.25) | 1.05 | (0.95 to 1.16) | 0.36 |
| LDL | FinnGen | 128 | Robust adjusted profile score (RAPS) | 1.05 | (0.91 to 1.22) | 1.03 | (0.94 to 1.14) | 0.51 |

*Effect is scaled to the equivalent effect on CAD from Lp(a) (i.e., the effect on atrial fibrillation per unit of LDL that corresponds to the same effect on CAD as 50 nmol/L increase in Lp(a))

Supplemental Table 13 - Effect of triglycerides on atrial fibrillation using Mendelian randomization.

| Exposure | Outcome GWAS | N SNP | Method | Unscaled | | Scaled | | P-value |
|---------------|----------------|-------|--------------------------------------|----------|----------------|--------|----------------|---------|
| | | | | OR | 95%CI | OR* | 95%CI | |
| Triglycerides | Nielsen et al. | 178 | Inverse variance weighted | 0.98 | (0.93 to 1.04) | 0.99 | (0.91 to 1.07) | 0.46 |
| Triglycerides | Nielsen et al. | 178 | MR Egger | 0.99 | (0.91 to 1.07) | 0.99 | (0.88 to 1.11) | 0.74 |
| Triglycerides | Nielsen et al. | 178 | Weighted median | 1.00 | (0.94 to 1.06) | 1.00 | (0.92 to 1.09) | 0.99 |
| Triglycerides | Nielsen et al. | 178 | Weighted mode | 1.00 | (0.95 to 1.04) | 1.00 | (0.94 to 1.06) | 0.82 |
| Triglycerides | Nielsen et al. | 178 | Robust adjusted profile score (RAPS) | 0.99 | (0.93 to 1.05) | 0.99 | (0.91 to 1.08) | 0.68 |
| Triglycerides | FinnGen | 166 | Inverse variance weighted | 1.07 | (0.97 to 1.18) | 1.05 | (0.91 to 1.21) | 0.20 |
| Triglycerides | FinnGen | 166 | MR Egger | 1.02 | (0.88 to 1.17) | 1.01 | (0.82 to 1.24) | 0.82 |
| Triglycerides | FinnGen | 166 | Weighted median | 1.09 | (0.96 to 1.24) | 1.06 | (0.88 to 1.28) | 0.19 |
| Triglycerides | FinnGen | 166 | Weighted mode | 1.07 | (0.96 to 1.20) | 1.05 | (0.89 to 1.23) | 0.22 |
| Triglycerides | FinnGen | 166 | Robust adjusted profile score (RAPS) | 1.08 | (0.98 to 1.20) | 1.06 | (0.91 to 1.22) | 0.12 |

*Effect is scaled to the equivalent effect on CAD from Lp(a) (i.e., the effect on atrial fibrillation per unit of triglycerides that corresponds to the same effect on CAD as 50 nmol/L increase in Lp(a))

Supplemental Methods

Subgroup analyses in UK Biobank

In order to identify effect modifiers of the Lp(a) and AF relationship, subgroup analyses were performed for common risk factors of AF selected *a priori* including age (*above versus below 65 years of age*), sex, obesity, smoking status (*current and former versus never smokers*), hypertension, prevalent ischemic heart disease, prevalent aortic valve stenosis, prevalent heart failure, and prevalent type 2 diabetes. Moreover, risk factors of AF modeled as quantitative risk factors for interaction analyses included age, BMI, systolic blood pressure, diastolic blood pressure, or alcohol intake.

Estimating effect of Lp(a)-lowering therapies in relation to other clinical risk factors

To provide an estimate of reduction in AF expected with Lp(a)-lowering therapies, we restricted the UK Biobank sample to participants with Lp(a) above 150 nmol/L that would be eligible for current Lp(a)-lowering trials. For each participant, the probability of AF was predicted using a logistic regression model adjusted for the same covariates. By modifying Lp(a) levels in the model, the predicted prevalence of AF was compared before and after reducing Lp(a) levels by 80%, based on the median reduction in Lp(a) observed in phase 2 trials of Lp(a)-lowering therapies (1). Risk estimates for reduction of blood pressure and BMI were obtained from previous literature (2, 3).

Genotyping quality control in UK Biobank

In the UK Biobank, genotyping was performed with the Applied Biosystems UK Biobank Lung Exome Variant Evaluation (UK BiLEVE) and UK Biobank Axiom arrays (Affymetrix Research Services Laboratory, Santa Clara, California, USA). Quality control has been previously described (4). In brief, UK Biobank centrally excluded poor quality markers or samples based on standard metrics, such as batch effects, plate effects, Hardy-Weinberg equilibrium, sex effects, array effects, missing rate, and heterozygosity. For our analyses, data was derived from almost 17 million genetic variants from ‘v3’ release of the UK Biobank genetic data including those present in the Haplotype Reference Consortium and 1000 Genomes panels (4). Genetic variants located in the human leukocyte antigen gene complex were excluded due to extensive pleiotropic effects.

Genetic risk score analyses in UK Biobank

After excluding rare genetic variants (MAF<0.1%) or variants with low imputation quality (INFO<0.7), three scores were constructed using variants across the entire genome ($p < 5 \times 10^{-6}$), within 500Kb of the *LPA* gene, and within 50Kb of the *LPA* gene. After regularization, the allele score was calculated by multiplying the effect of each selected genetic variant by the number of effect alleles and summing the value for each individual resulting in a genetically predicted Lp(a) level.

$$GRS = \sum \beta_1 g_1 + \beta_2 g_2 + \dots + \beta_i g_i,$$

where β is the effect of a genetic variant on Lp(a), and g is the number of effect alleles (0, 1, or 2)

Genome-wide association study for Lp(a) in UK Biobank

A genome-wide association study (GWAS) for Lp(a) levels was conducted in the same training set from the UK Biobank. To allow for genetic relatedness between participants, REGENIE was used to test for associations after excluding rare genetic variants (MAF<0.1%) (5). The model was adjusted for age, sex, genotyping chip type, assessment centre, and 40 principal components of ancestry. To arrive at an independent set, genetic variants associated at genome-wide significance ($p < 5 \times 10^{-8}$) were pruned based on linkage disequilibrium (LD) at a threshold of $r^2 < 0.001$ using Europeans from 1000 Genomes phase 3 as reference panel (6).

Mendelian randomization sensitivity analyses

An Egger intercept significantly different from 0 ($p < 0.05$) was considered evidence of directional pleiotropy and the causal estimate from MR Egger was reported to attempt to control for pleiotropic effects(7). As a sensitivity analysis robust to idiosyncratic pleiotropy and weak instrument bias, MR-RAPS (Robust Adjusted Profile Score) was conducted using overdispersion and Tukey's loss function(8). To detect and correct for potential bias from invalid variants with pleiotropic effects, we performed the MR-PRESSO (Mendelian Randomization Pleiotropy RESidual Sum and Outlier) test with 10,000 simulations(9). The global test p-value evaluated whether there was any overall horizontal pleiotropy among all genetic variants. If global test p-value was significant ($p < 0.05$), outlying genetic variants with predicted pleiotropic effects were removed and MR analysis repeated to correct for horizontal pleiotropy. The distortion test evaluated whether removal of the pleiotropic variants resulted in a significantly different causal estimate ($p < 0.05$). As another sensitivity analyses, Mendelian randomization was repeated using two genetic variants (rs10455872 and rs3798220) associated with Lp(a) that were previously reported by Clarke *et al.* (10)

Standardizing effect estimates for Lp(a), LDL, and triglycerides

In order to facilitate comparisons, the effects derived from Mendelian randomization analysis of Lp(a), LDL, and triglycerides on risk of AF were standardized. The effect of each lipid particle on CAD using GWAS summary statistics from CARDIoGRAMplusC4D ($n_{cases}=60,801$) was used to standardize effects, such that effects of LDL and triglycerides on CAD are equivalent to the effect of 50 nmol/L change in Lp(a) on CAD. In detail, for each lipid, the effect of 50 nmol/L change in Lp(a) on CAD was divided by the effect of that lipid fraction on CAD to determine the units of the lipid fraction that correspond to the same effect as 50 nmol/L change in Lp(a), then the effect of the lipid fraction on AF was adjusted by multiplying by this number of units. As an example, the formula for obtaining the effect of LDL on AF standardized with respect to the effect on CAD caused by 50 nmol/L change in Lp(a) is shown below.

$$\text{Standardized } \log(OR)_{AF \sim LDL} = \frac{\log(OR)_{CAD \sim LPA}}{\log(OR)_{CAD \sim LDL}} \log(OR)_{AF \sim LDL}$$

$$= \frac{0.167}{0.612} * 0.0083 = 0.0023$$

Mediation analysis

To formally quantify the proportion increased risk of atrial fibrillation due to increased Lp(a) that is mediated by prevalent ischemic heart disease and aortic valve stenosis. Mediation analysis was performed using the *mediation* package in R with 1,000 simulations and quasi-Bayesian approximation of confidence intervals (11). As recommended, Lp(a) “treatment” and “control” values were selected by dichotomizing through a natural cut point. In this case, participants were categorized based on Lp(a) levels above or below 150 nmol/L.

Supplemental References

1. Tsimikas S, Karwatowska-Prokopczuk E, Gouni-Berthold I, et al. Lipoprotein(a) Reduction in Persons with Cardiovascular Disease. *N. Engl. J. Med.* 2020;382:244–255.
2. Wong CX, Sullivan T, Sun MT, et al. Obesity and the risk of incident, post-operative, and post-ablation atrial fibrillation: A meta-analysis of 626,603 individuals in 51 studies. *JACC Clin. Electrophysiol.* 2015;1:139–152.
3. Hyman MC, Levin MG, Gill D, et al. Genetically Predicted Blood Pressure and Risk of Atrial Fibrillation. *Hypertens. (Dallas, Tex. 1979)* 2021;77:376–382.
4. Bycroft C, Freeman C, Petkova D, et al. Genome-wide genetic data on ~500,000 UK Biobank participants. *bioRxiv* 2017. Available at: <http://dx.doi.org/10.1101/166298>. Accessed July 23, 2018.
5. Mbatchou J, Barnard L, Backman J, et al. Computationally efficient whole genome regression for quantitative and binary traits. *bioRxiv* 2020:1–88.
6. Altshuler DM, Durbin RM, Abecasis GR, et al. An integrated map of genetic variation from 1,092 human genomes. *Nature* 2012;491:56–65. Available at: <https://www.nature.com/articles/nature11632.pdf>. Accessed April 20, 2018.
7. Bowden J, Smith GD, Burgess S. Mendelian randomization with invalid instruments: Effect estimation and bias detection through Egger regression. *Int. J. Epidemiol.* 2015;44:512–525.
8. Zhao Q, Wang J, Hemani G, Bowden J, Small DS. Statistical inference in two-sample summary-data Mendelian randomization using robust adjusted profile score. *arXiv Prepr.* 2018. Available at: <https://arxiv.org/pdf/1801.09652.pdf>. Accessed July 30, 2018.
9. Verbanck M, Chen C-Y, Neale B, Do R. Detection of widespread horizontal pleiotropy in causal relationships inferred from Mendelian randomization between complex traits and diseases. *Nat. Genet.* 2018;50:693–698. Available at: <http://www.nature.com.libaccess.lib.mcmaster.ca/articles/s41588-018-0099-7.pdf>. Accessed April 25, 2018.
10. Clarke R, Peden JF, Hopewell JC, et al. Genetic Variants Associated with Lp(a) Lipoprotein Level and Coronary Disease. *N. Engl. J. Med.* 2009;361:2518–2528. Available at: <http://www.nejm.org/doi/abs/10.1056/NEJMoa0902604>.
11. Imai K, Keele L, Tingley D. A general approach to causal mediation analysis. *Psychol. Methods* 2010;15:309–334. Available at:

<http://doi.apa.org/getdoi.cfm?doi=10.1037/a0020761>.

APPENDIX B:
SUPPLEMENTARY DATA FOR CHAPTER 4

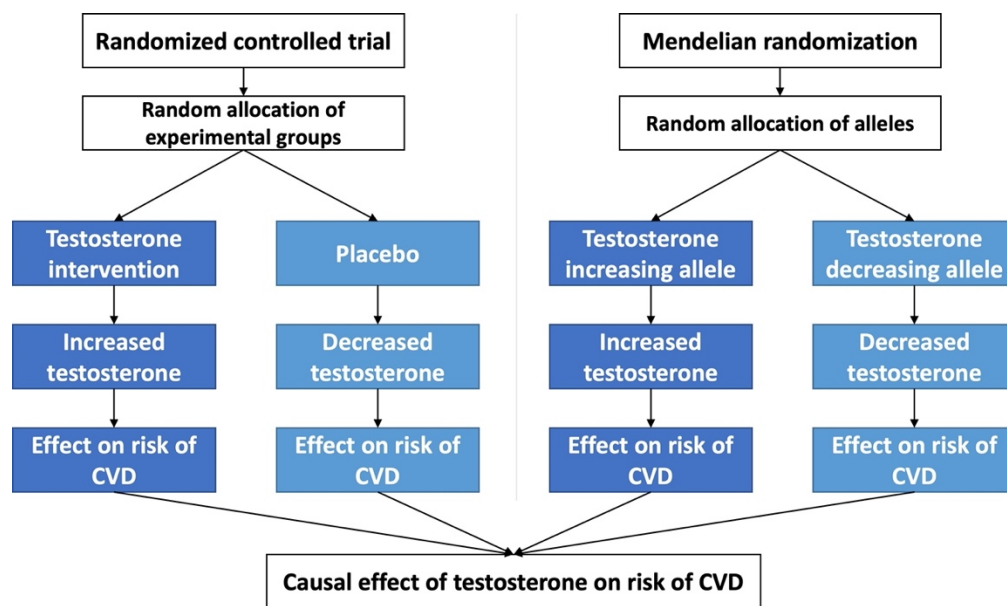


Figure 1 – Figure Supplement 1. Comparison of randomized controlled trial (RCT) and Mendelian randomization (MR) study designs demonstrating the common foundation behind interpretation of a causal effect of testosterone on cardiovascular disease (CVD). In accordance with Mendel’s second law, random and independent inheritance of alleles can be thought of akin to random allocation of treatment vs. placebo in RCT. Therefore, by the same reasoning, if MR finds genetic variants affecting testosterone are associated with a difference in CVD risk, it provides evidence that testosterone causally affects CVD.

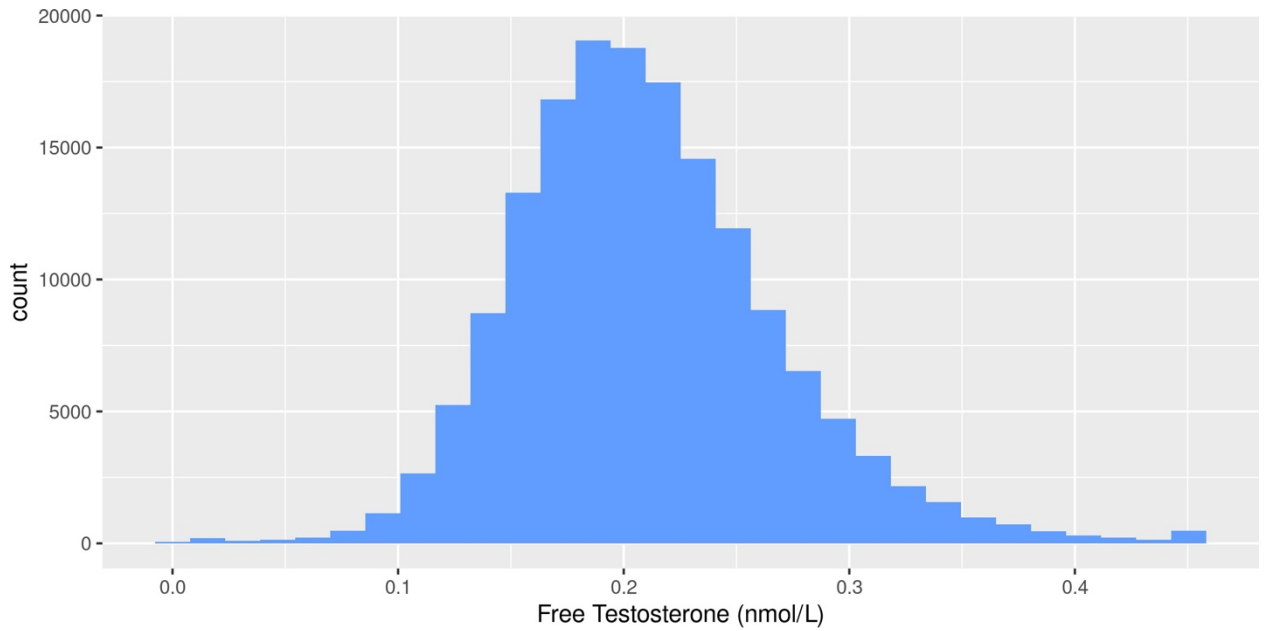


Figure 1 – Figure Supplement 2. Distribution of free testosterone levels calculated using the Vermeulen equation in males from the UK Biobank cohort.

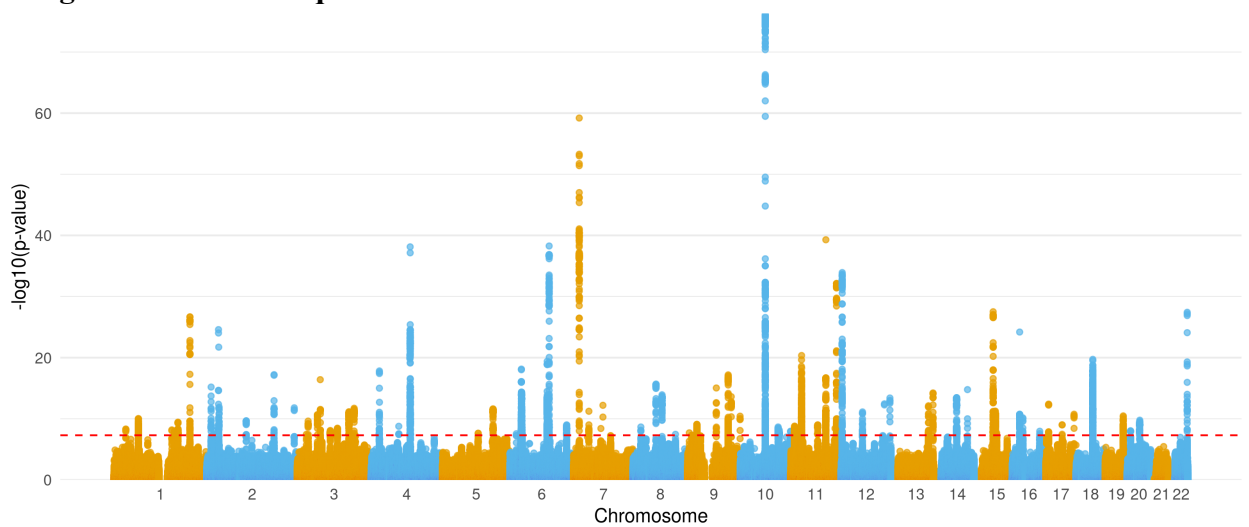


Figure 1 – Figure Supplement 3. Manhattan plot showing distribution of p-values from genome-wide association study of calculated free testosterone after exclusion of SHBG-associated variants based on chromosomal location.

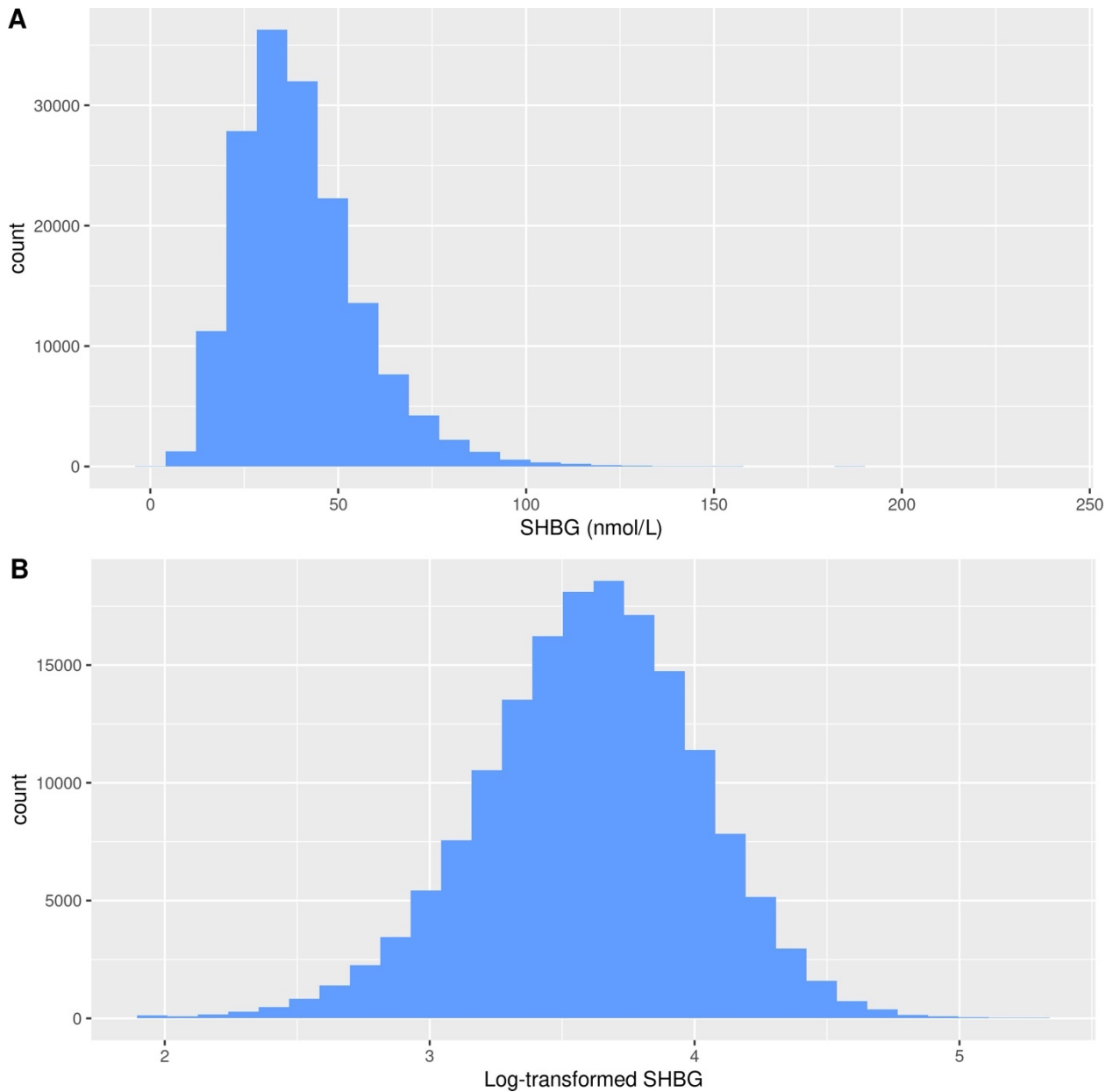


Figure 1 – Figure Supplement 4. Distribution of sex hormone-binding globulin in males from the UK Biobank. (A) Distribution of raw sex hormone-binding globulin levels in males from the UK Biobank cohort (B) Distribution of natural log-transformed sex hormone-binding globulin levels in males from the UK Biobank cohort

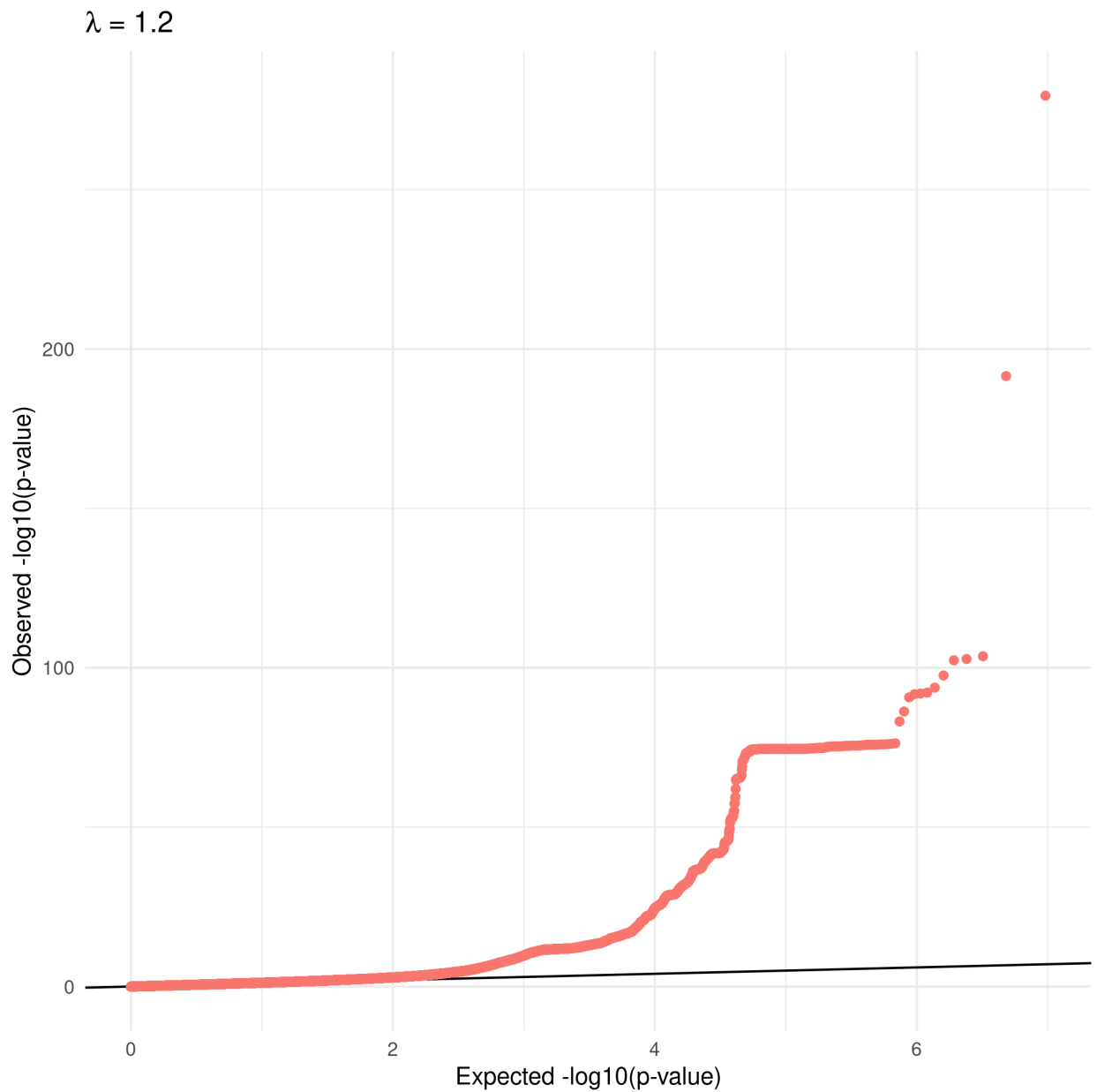


Figure 1 – Figure Supplement 5. Quantile-quantile plot for genome-wide association study of calculated free testosterone levels (before exclusion of SHBG-associated genetic variants). Plot shows observed test statistics (y-axis) relative to expected test statistics under a null model (x-axis), and lambda (λ) represents genomic inflation factor.

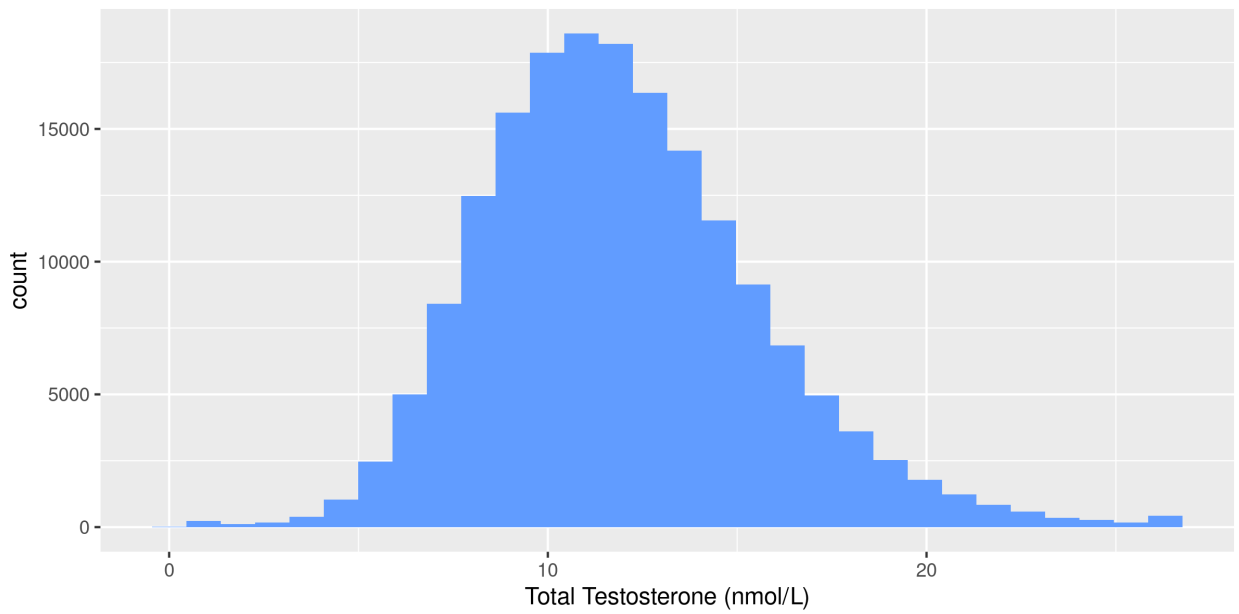


Figure 1 – Figure Supplement 6. Distribution of total testosterone levels in males from the UK Biobank cohort.

Figure 2 – Source Data 1. Associations of genetically predicted calculated free testosterone for 439 health outcomes across the human phenome.

| Trait | Effect per 0.1 nmol/L increase CFT (95% CI) | P-value | FDR-adjusted p-value | Sample Size | Number of Cases | Number of Controls | Number of Phecodes | Category |
|---|---|----------|----------------------|-------------|-----------------|--------------------|--------------------|-------------------------|
| Creatinine | 0.113 (0.079 to 0.146) | 4.78E-11 | 2.11E-08 | 149849 | NA | NA | NA | biomarker |
| C-reactive protein | -0.085 (-0.119 to -0.052) | 6.15E-07 | 1.35E-04 | 149547 | NA | NA | NA | biomarker |
| Spinal stenosis | OR=2.03 (1.51 to 2.75) | 3.82E-06 | 5.61E-04 | 152836 | 1917 | 150919 | phecode 720 | musculoskeletal |
| Apolipoprotein A | -0.018 (-0.026 to -0.01) | 1.55E-05 | 1.71E-03 | 138185 | NA | NA | NA | biomarker |
| HDL cholesterol | -0.074 (-0.109 to -0.039) | 3.62E-05 | 3.19E-03 | 138394 | NA | NA | NA | biomarker |
| Essential hypertension | OR=1.17 (1.08 to 1.27) | 7.53E-05 | 5.54E-03 | 156766 | 40809 | 115957 | phecode 401.1 | circulatory system |
| Hypertension | OR=1.17 (1.08 to 1.26) | 1.05E-04 | 6.63E-03 | 156917 | 40960 | 115957 | phecode 401 | circulatory system |
| Umbilical hernia | OR=1.64 (1.27 to 2.13) | 1.64E-04 | 9.01E-03 | 132863 | 2624 | 130239 | phecode 550.4 | digestive |
| Sleep apnea | OR=1.56 (1.23 to 1.98) | 2.09E-04 | 0.010 | 156734 | 3124 | 153610 | phecode 327.3 | neurological |
| Degenerative skin conditions and other dermatoses | OR=0.61 (0.47 to 0.79) | 2.27E-04 | 0.010 | 155651 | 2584 | 153067 | phecode 702 | dermatologic |
| IGF1 | 0.333 (0.153 to 0.513) | 2.81E-04 | 0.011 | 149151 | NA | NA | NA | biomarker |
| Unspecified monoarthritis | OR=1.29 (1.12 to 1.48) | 3.25E-04 | 0.012 | 147634 | 9832 | 137802 | phecode 716.2 | musculoskeletal |
| Phosphate | -0.01 (-0.016 to -0.005) | 3.64E-04 | 0.012 | 138207 | NA | NA | NA | biomarker |
| Inguinal hernia | OR=1.24 (1.1 to 1.39) | 3.94E-04 | 0.012 | 144145 | 13906 | 130239 | phecode 550.1 | digestive |
| Abdominal hernia | OR=1.17 (1.07 to 1.28) | 4.18E-04 | 0.012 | 157211 | 26972 | 130239 | phecode 550 | digestive |
| Total protein | -0.235 (-0.376 to -0.095) | 1.05E-03 | 0.027 | 138299 | NA | NA | NA | biomarker |
| Inflammatory diseases of prostate | OR=1.56 (1.19 to 2.03) | 1.08E-03 | 0.027 | 44293 | 2695 | 41598 | phecode 601 | genitourinary |
| Intestinal obstruction without mention of hernia | OR=1.66 (1.22 to 2.25) | 1.17E-03 | 0.027 | 127446 | 1884 | 125562 | phecode 560 | digestive |
| Allergy/adverse effect of penicillin | OR=1.34 (1.12 to 1.6) | 1.19E-03 | 0.027 | 152298 | 5686 | 146612 | phecode 960.2 | injuries and poisonings |
| GERD | OR=1.24 (1.09 to 1.42) | 1.26E-03 | 0.027 | 147762 | 10877 | 136885 | phecode 530.11 | digestive |
| Spondylosis and allied disorders | OR=1.46 (1.16 to 1.84) | 1.30E-03 | 0.027 | 154215 | 3296 | 150919 | phecode 721 | musculoskeletal |
| Sleep disorders | OR=1.43 (1.15 to 1.78) | 1.50E-03 | 0.030 | 157211 | 3601 | 153610 | phecode 327 | neurological |
| Symptoms involving head and neck | OR=1.67 (1.21 to 2.29) | 1.68E-03 | 0.032 | 157211 | 1709 | 155502 | phecode 293 | mental disorders |
| Total bilirubin | 0.054 (0.02 to 0.088) | 1.74E-03 | 0.032 | 149300 | NA | NA | NA | biomarker |
| Alkaline phosphatase | -0.054 (-0.087 to -0.02) | 1.87E-03 | 0.033 | 149937 | NA | NA | NA | biomarker |
| Seborrheic keratosis | OR=0.58 (0.41 to 0.82) | 2.12E-03 | 0.036 | 156046 | 1419 | 154627 | phecode 702.2 | dermatologic |
| Other symptoms involving abdomen and pelvis | OR=1.69 (1.2 to 2.38) | 2.51E-03 | 0.041 | 147838 | 1496 | 146342 | phecode 579 | digestive |
| Back pain | OR=1.31 (1.1 to 1.56) | 2.76E-03 | 0.044 | 157211 | 5797 | 151414 | phecode 760 | symptoms |
| Albumin | -0.133 (-0.221 to -0.044) | 3.26E-03 | 0.048 | 138474 | NA | NA | NA | biomarker |
| Calcium | -0.005 (-0.008 to -0.002) | 3.37E-03 | 0.048 | 138426 | NA | NA | NA | biomarker |
| Intimal derangement of knee | OR=1.25 (1.08 to 1.46) | 3.39E-03 | 0.048 | 156183 | 7941 | 148242 | phecode 835 | injuries and poisonings |
| Lipoma | OR=1.42 (1.12 to 1.79) | 3.46E-03 | 0.048 | 156819 | 3221 | 153598 | phecode 214 | neoplasms |
| Poisoning by antibiotics | OR=1.29 (1.08 to 1.52) | 3.87E-03 | 0.052 | 152812 | 6200 | 146612 | phecode 960 | injuries and poisonings |
| Prostatitis | OR=1.68 (1.18 to 2.4) | 4.13E-03 | 0.053 | 43064 | 1466 | 41598 | phecode 601.1 | genitourinary |
| Obstructive chronic bronchitis | OR=1.32 (1.09 to 1.6) | 4.34E-03 | 0.053 | 147942 | 5003 | 142939 | phecode 496.21 | respiratory |
| Cancer; suspected or other | OR=1.19 (1.06 to 1.34) | 4.37E-03 | 0.053 | 151649 | 13842 | 137807 | phecode 195 | neoplasms |
| Chronic bronchitis | OR=1.32 (1.09 to 1.59) | 4.44E-03 | 0.053 | 148033 | 5094 | 142939 | phecode 496.2 | respiratory |
| Arthropathy NOS | OR=1.17 (1.05 to 1.3) | 4.75E-03 | 0.055 | 155282 | 17480 | 137802 | phecode 716.9 | musculoskeletal |
| Contracture of palmar fascia Dupuytren's disease | OR=0.69 (0.53 to 0.9) | 5.75E-03 | 0.063 | 145632 | 2606 | 143026 | phecode 728.71 | musculoskeletal |
| Fasciitis | OR=0.7 (0.54 to 0.9) | 6.02E-03 | 0.063 | 145804 | 2778 | 143026 | phecode 728.7 | musculoskeletal |
| Other arthropathies | OR=1.16 (1.04 to 1.29) | 6.19E-03 | 0.063 | 155325 | 17523 | 137802 | phecode 716 | musculoskeletal |
| Other peripheral nerve disorders | OR=1.35 (1.09 to 1.68) | 6.31E-03 | 0.063 | 154804 | 3798 | 151006 | phecode 351 | neurological |
| Osteoarthritis | OR=1.19 (1.05 to 1.36) | 6.36E-03 | 0.063 | 157211 | 11721 | 145490 | phecode 740 | musculoskeletal |
| Nonrheumatic mitral valve disorders | OR=0.65 (0.48 to 0.89) | 6.49E-03 | 0.063 | 150859 | 1859 | 149000 | phecode 395.1 | circulatory system |
| Hypercholesterolemia | OR=1.15 (1.04 to 1.28) | 6.69E-03 | 0.063 | 155658 | 19758 | 135900 | phecode 272.11 | endocrine metabolic |
| Mitral valve disease | OR=0.66 (0.48 to 0.89) | 6.73E-03 | 0.063 | 150902 | 1902 | 149000 | phecode 394.2 | circulatory system |
| Delirium dementia and amnesic and other cognitive disorders | OR=1.57 (1.13 to 2.17) | 6.77E-03 | 0.063 | 154523 | 1652 | 152871 | phecode 290 | mental disorders |
| Malignant neoplasm; other | OR=1.18 (1.04 to 1.33) | 8.18E-03 | 0.074 | 151312 | 13505 | 137807 | phecode 195.1 | neoplasms |
| Gout | OR=1.38 (1.09 to 1.75) | 8.20E-03 | 0.074 | 156915 | 3131 | 153784 | phecode 274.1 | endocrine metabolic |
| Gout and other crystal arthropathies | OR=1.35 (1.08 to 1.69) | 9.59E-03 | 0.085 | 157211 | 3427 | 153784 | phecode 274 | endocrine metabolic |
| Chronic airway obstruction | OR=1.25 (1.05 to 1.49) | 0.011 | 0.097 | 148957 | 6018 | 142939 | phecode 496 | respiratory |
| Convulsions | OR=1.6 (1.1 to 2.33) | 0.014 | 0.121 | 148322 | 1219 | 147103 | phecode 345.3 | neurological |
| Direct bilirubin | 0.043 (0.009 to 0.078) | 0.015 | 0.121 | 139800 | NA | NA | NA | biomarker |
| Spondylosis without myelopathy | OR=1.43 (1.07 to 1.91) | 0.015 | 0.121 | 153008 | 2089 | 150919 | phecode 721.1 | musculoskeletal |
| Respiratory abnormalities | OR=1.27 (1.05 to 1.54) | 0.016 | 0.126 | 157211 | 4784 | 152427 | phecode 513 | respiratory |
| Cholesterol | -0.046 (-0.083 to -0.008) | 0.017 | 0.135 | 149940 | NA | NA | NA | biomarker |
| Gastrointestinal hemorrhage | OR=1.18 (1.03 to 1.36) | 0.018 | 0.136 | 156012 | 9670 | 146342 | phecode 578 | digestive |
| Osteoarthritis; localized | OR=1.21 (1.03 to 1.41) | 0.018 | 0.141 | 152917 | 7427 | 145490 | phecode 740.1 | musculoskeletal |
| Hyperlipidemia | OR=1.13 (1.02 to 1.24) | 0.019 | 0.141 | 157148 | 21248 | 135900 | phecode 272.1 | endocrine metabolic |
| Lipoma of skin and subcutaneous tissue | OR=1.4 (1.05 to 1.87) | 0.020 | 0.147 | 155732 | 2134 | 153598 | phecode 214.1 | neoplasms |
| Other acute and subacute forms of ischemic heart disease | OR=1.56 (1.07 to 2.28) | 0.020 | 0.147 | 137463 | 1221 | 136242 | phecode 411.9 | circulatory system |
| Disorders of muscle; ligament; and fascia | OR=0.75 (0.59 to 0.96) | 0.021 | 0.147 | 146118 | 3092 | 143026 | phecode 728 | musculoskeletal |
| Urinary tract infection | OR=1.24 (1.03 to 1.49) | 0.021 | 0.147 | 149462 | 5313 | 144149 | phecode 591 | genitourinary |
| Personal history of diseases of digestive system | OR=1.19 (1.03 to 1.39) | 0.021 | 0.147 | 133795 | 8233 | 125562 | phecode 564.9 | digestive |
| Disorders of lipid metabolism | OR=1.12 (1.02 to 1.24) | 0.023 | 0.156 | 157211 | 21311 | 135900 | phecode 272 | endocrine metabolic |
| Other intestinal obstruction | OR=1.48 (1.05 to 2.08) | 0.025 | 0.167 | 127050 | 1488 | 125562 | phecode 560.4 | digestive |
| Anxiety disorder | OR=1.34 (1.04 to 1.72) | 0.025 | 0.167 | 138279 | 2725 | 135554 | phecode 300.1 | mental disorders |
| Postoperative infection | OR=1.39 (1.04 to 1.87) | 0.026 | 0.170 | 156723 | 2028 | 154695 | phecode 080 | infectious diseases |
| Esophagitis; GERD and related diseases | OR=1.13 (1.01 to 1.27) | 0.029 | 0.187 | 152090 | 15205 | 136885 | phecode 530.1 | digestive |
| Gamma glutamyltransferase | 0.037 (0.004 to 0.071) | 0.030 | 0.187 | 149840 | NA | NA | NA | biomarker |
| Other symptoms/disorders or the urinary system | OR=1.15 (1.01 to 1.3) | 0.030 | 0.187 | 157211 | 12410 | 144801 | phecode 599 | genitourinary |
| Intestinal infection | OR=1.24 (1.02 to 1.52) | 0.031 | 0.191 | 157211 | 4483 | 152728 | phecode 008 | infectious diseases |
| Actinic keratosis | OR=0.67 (0.46 to 0.97) | 0.032 | 0.193 | 155924 | 1297 | 154627 | phecode 702.1 | dermatologic |
| Anxiety disorders | OR=1.3 (1.02 to 1.65) | 0.033 | 0.195 | 138570 | 3016 | 135554 | phecode 300 | mental disorders |
| Chronic dermatitis due to solar radiation | OR=0.68 (0.47 to 0.97) | 0.034 | 0.195 | 155541 | 1353 | 154188 | phecode 938.2 | dermatologic |
| Other disorders of prostate | OR=1.53 (1.03 to 2.27) | 0.034 | 0.195 | 42816 | 1218 | 41598 | phecode 602 | genitourinary |
| Osteoporosis | OR=0.64 (0.42 to 0.97) | 0.035 | 0.195 | 156733 | 1004 | 155729 | phecode 743.1 | musculoskeletal |
| Osteoporosis NOS | OR=0.64 (0.42 to 0.97) | 0.035 | 0.195 | 156733 | 1004 | 155729 | phecode 743.11 | musculoskeletal |
| Asthma | OR=1.16 (1.01 to 1.33) | 0.035 | 0.195 | 152957 | 10018 | 142939 | phecode 495 | respiratory |
| Fracture of lower limb | OR=0.76 (0.59 to 0.98) | 0.036 | 0.201 | 151628 | 2688 | 148940 | phecode 800 | injuries and poisonings |
| Sciatica | OR=1.58 (1.03 to 2.43) | 0.037 | 0.202 | 156502 | 934 | 155568 | phecode 764 | symptoms |

| | | | | | | | | |
|--|--------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Other inflammatory spondylopathies | OR=1.55 (1.03 to 2.33) | 0.038 | 0.202 | 157211 | 1022 | 156189 | phecode 715 | musculoskeletal |
| Poisoning by primarily systemic agents | OR=1.53 (1.02 to 2.29) | 0.040 | 0.211 | 147670 | 1058 | 146612 | phecode 963 | injuries and poisonings |
| Dermatitis due to solar radiation | OR=0.69 (0.49 to 0.99) | 0.041 | 0.211 | 155587 | 1399 | 154188 | phecode 938 | dermatologic |
| Urinary obstruction | OR=1.4 (1.01 to 1.95) | 0.041 | 0.211 | 146437 | 1636 | 144801 | phecode 599.1 | genitourinary |
| Peritoneal adhesions postoperative postinfection | OR=1.48 (1.01 to 2.15) | 0.042 | 0.211 | 143200 | 1234 | 141966 | phecode 568.1 | digestive |
| Hypothyroidism NOS | OR=1.31 (1.01 to 1.7) | 0.042 | 0.211 | 156567 | 2588 | 153979 | phecode 244.4 | endocrine metabolic |
| Other diseases of respiratory system; not elsewhere classified | OR=1.21 (1.01 to 1.46) | 0.042 | 0.212 | 157211 | 5112 | 152099 | phecode 519 | respiratory |
| Other disorders of urethra and urinary tract | OR=1.35 (1.01 to 1.8) | 0.043 | 0.215 | 151230 | 2091 | 149139 | phecode 597 | genitourinary |
| Fracture of unspecified part of femur | OR=0.64 (0.41 to 0.99) | 0.046 | 0.224 | 149838 | 898 | 148940 | phecode 800.2 | injuries and poisonings |
| Septal DeviationsorTurbinat Hypertrophy | OR=1.31 (1 to 1.7) | 0.047 | 0.225 | 150593 | 2536 | 148057 | phecode 470 | respiratory |
| Right bundle branch block | OR=0.68 (0.47 to 1) | 0.048 | 0.225 | 141247 | 1236 | 140011 | phecode 426.31 | circulatory system |
| Functional digestive disorders | OR=1.13 (1 to 1.27) | 0.048 | 0.225 | 139238 | 13676 | 125562 | phecode 564 | digestive |
| Erythematous conditions | OR=1.56 (1 to 2.43) | 0.049 | 0.225 | 155296 | 881 | 154415 | phecode 695 | dermatologic |
| Alanine aminotransferase | 0.033 (0 to 0.067) | 0.049 | 0.225 | 149830 | NA | NA | NA | biomarker |
| E coli | OR=1.46 (1 to 2.14) | 0.050 | 0.225 | 150693 | 1204 | 149489 | phecode 041.4 | infectious diseases |
| Degeneration of macula and posterior pole of retina | OR=1.51 (1 to 2.28) | 0.050 | 0.225 | 94875 | 1053 | 93822 | phecode 362.2 | sense organs |
| Macular degeneration senile of retina NOS | OR=1.51 (1 to 2.28) | 0.050 | 0.225 | 94875 | 1053 | 93822 | phecode 362.29 | sense organs |
| Other disorders of peritoneum | OR=1.43 (1 to 2.06) | 0.052 | 0.233 | 143289 | 1323 | 141966 | phecode 568 | digestive |
| Altered mental status | OR=1.4 (1 to 1.97) | 0.053 | 0.235 | 154362 | 1491 | 152871 | phecode 292.4 | mental disorders |
| Diseases of the oral soft tissues; excluding lesions specific for gingiva and tongue | OR=1.36 (0.99 to 1.87) | 0.055 | 0.239 | 156503 | 1744 | 154759 | phecode 528 | digestive |
| Diseases of esophagus | OR=1.11 (1 to 1.24) | 0.057 | 0.245 | 153704 | 16819 | 136885 | phecode 530 | digestive |
| Peripheral vascular disease; unspecified | OR=1.33 (0.98 to 1.8) | 0.067 | 0.286 | 153464 | 1889 | 151575 | phecode 443.9 | circulatory system |
| Secondary malignancy of bone | OR=1.4 (0.97 to 2.01) | 0.069 | 0.291 | 139152 | 1345 | 137807 | phecode 198.6 | neoplasms |
| Other disorders of eyelids | OR=1.29 (0.98 to 1.7) | 0.069 | 0.291 | 155466 | 2335 | 153131 | phecode 374 | sense organs |
| Diaphragmatic hernia | OR=1.13 (0.99 to 1.28) | 0.071 | 0.291 | 141891 | 11652 | 130239 | phecode 550.2 | digestive |
| Other diseases of respiratory system; NEC | OR=1.19 (0.98 to 1.45) | 0.071 | 0.291 | 156921 | 4822 | 152099 | phecode 519.8 | respiratory |
| Nonspecific chest pain | OR=1.11 (0.99 to 1.25) | 0.071 | 0.291 | 157211 | 14178 | 143033 | phecode 418 | circulatory system |
| Hemiplegia | OR=0.67 (0.43 to 1.04) | 0.072 | 0.291 | 148019 | 916 | 147103 | phecode 342 | neurological |
| Hypothyroidism | OR=1.26 (0.98 to 1.62) | 0.076 | 0.305 | 156694 | 2715 | 153979 | phecode 244 | endocrine metabolic |
| Other mental disorder | OR=1.1 (0.99 to 1.22) | 0.079 | 0.310 | 154074 | 18520 | 135554 | phecode 306 | mental disorders |
| Synovitis and tenosynovitis | OR=1.3 (0.97 to 1.73) | 0.079 | 0.310 | 145109 | 2083 | 143026 | phecode 727.1 | musculoskeletal |
| Hemorrhoids | OR=1.13 (0.99 to 1.29) | 0.081 | 0.310 | 151566 | 10293 | 141273 | phecode 455 | circulatory system |
| Hydronephrosis | OR=1.39 (0.96 to 2.02) | 0.081 | 0.310 | 153509 | 1254 | 152255 | phecode 595 | genitourinary |
| Anal and rectal conditions | OR=1.15 (0.98 to 1.33) | 0.081 | 0.310 | 149752 | 7786 | 141966 | phecode 565 | digestive |
| Otitis media and Eustachian tube disorders | OR=1.46 (0.95 to 2.23) | 0.082 | 0.310 | 156494 | 954 | 155540 | phecode 381 | sense organs |
| Osteoarthritis; localized; primary | OR=1.21 (0.98 to 1.51) | 0.083 | 0.310 | 149212 | 3722 | 145490 | phecode 740.11 | musculoskeletal |
| Noninfectious gastroenteritis | OR=1.18 (0.98 to 1.41) | 0.083 | 0.310 | 130942 | 5380 | 125562 | phecode 558 | digestive |
| Diseases of pancreas | OR=1.37 (0.96 to 1.96) | 0.084 | 0.311 | 157211 | 1360 | 155851 | phecode 577 | digestive |
| Other biliary tract disease | OR=1.35 (0.96 to 1.88) | 0.085 | 0.311 | 153390 | 1530 | 151860 | phecode 575 | digestive |
| Symptoms involving digestive system | OR=1.17 (0.98 to 1.39) | 0.091 | 0.332 | 131291 | 5729 | 125562 | phecode 561 | digestive |
| Other disorders of intestine | OR=1.13 (0.98 to 1.31) | 0.094 | 0.337 | 150634 | 8668 | 141966 | phecode 569 | digestive |
| Hemorrhage of rectum and anus | OR=1.17 (0.97 to 1.41) | 0.094 | 0.337 | 151592 | 5250 | 146342 | phecode 578.8 | digestive |
| Vitamin D | 0.029 (-0.005 to 0.063) | 0.096 | 0.340 | 145566 | NA | NA | NA | biomarker |
| Heart valve disorders | OR=0.83 (0.67 to 1.03) | 0.097 | 0.343 | 152826 | 3826 | 149000 | phecode 395 | circulatory system |
| Atrial fibrillation and flutter | OR=1.12 (0.98 to 1.28) | 0.098 | 0.344 | 150383 | 10372 | 140011 | phecode 427.2 | circulatory system |
| Other diseases of blood and blood forming organs | OR=1.27 (0.95 to 1.68) | 0.101 | 0.350 | 155768 | 2180 | 153588 | phecode 289 | hematopoietic |
| Peripheral enthesopathies and allied syndromes | OR=1.15 (0.97 to 1.36) | 0.106 | 0.362 | 149433 | 6407 | 143026 | phecode 726 | musculoskeletal |
| Intervertebral disc disorders | OR=1.22 (0.96 to 1.56) | 0.106 | 0.362 | 153832 | 2913 | 150919 | phecode 722 | musculoskeletal |
| Hemorrhage of gastrointestinal tract | OR=1.22 (0.96 to 1.55) | 0.108 | 0.362 | 149364 | 3022 | 146342 | phecode 578.9 | digestive |
| Urethral stricture not specified as infectious | OR=1.29 (0.95 to 1.75) | 0.108 | 0.362 | 150977 | 1838 | 149139 | phecode 597.1 | genitourinary |
| Tobacco use disorder | OR=1.12 (0.98 to 1.28) | 0.110 | 0.362 | 151119 | 10356 | 140763 | phecode 318 | mental disorders |
| Osteoarthritis NOS | OR=1.17 (0.97 to 1.41) | 0.111 | 0.362 | 150594 | 5104 | 145490 | phecode 740.9 | musculoskeletal |
| Cough | OR=1.34 (0.94 to 1.92) | 0.111 | 0.362 | 152453 | 1344 | 151109 | phecode 512.8 | respiratory |
| Unstable angina intermediate coronary syndrome | OR=1.22 (0.95 to 1.55) | 0.112 | 0.362 | 139239 | 2997 | 136242 | phecode 411.1 | circulatory system |
| Other disorders of synovium; tendon; and bursa | OR=1.19 (0.98 to 1.47) | 0.113 | 0.362 | 146899 | 3873 | 143026 | phecode 727 | musculoskeletal |
| Esophageal bleeding varicesorhemorrhage | OR=0.71 (0.47 to 1.08) | 0.113 | 0.362 | 137865 | 980 | 136885 | phecode 530.2 | digestive |
| LDL direct | -0.023 (-0.052 to 0.006) | 0.113 | 0.362 | 149626 | NA | NA | NA | biomarker |
| Gastric ulcer | OR=0.79 (0.59 to 1.06) | 0.117 | 0.371 | 155429 | 2060 | 153369 | phecode 531.2 | digestive |
| Cystatin C | 0.026 (-0.006 to 0.057) | 0.118 | 0.371 | 149927 | NA | NA | NA | biomarker |
| Other and unspecified disc disorder | OR=1.25 (0.94 to 1.67) | 0.121 | 0.376 | 153055 | 2136 | 150919 | phecode 722.9 | musculoskeletal |
| Hypotension | OR=0.84 (0.67 to 1.05) | 0.126 | 0.389 | 148804 | 3444 | 145360 | phecode 458 | circulatory system |
| Other local infections of skin and subcutaneous tissue | OR=0.81 (0.61 to 1.06) | 0.127 | 0.390 | 153426 | 2334 | 151092 | phecode 686 | dermatologic |
| Acute pulmonary heart disease | OR=1.24 (0.94 to 1.64) | 0.134 | 0.404 | 155042 | 2226 | 152816 | phecode 415.1 | circulatory system |
| Pulmonary embolism and infarction; acute | OR=1.24 (0.94 to 1.64) | 0.134 | 0.404 | 155042 | 2226 | 152816 | phecode 415.11 | circulatory system |
| Cardiac pacemakerordevice in situ | OR=1.26 (0.93 to 1.71) | 0.139 | 0.415 | 141903 | 1892 | 140011 | phecode 426.9 | circulatory system |
| Abnormal findings examination of lungs | OR=1.31 (0.92 to 1.86) | 0.139 | 0.415 | 157211 | 1391 | 155820 | phecode 514 | respiratory |
| Renal failure | OR=1.13 (0.96 to 1.34) | 0.142 | 0.421 | 155360 | 6446 | 148914 | phecode 585 | genitourinary |
| Malaise and fatigue | OR=1.3 (0.92 to 1.83) | 0.144 | 0.423 | 157211 | 1440 | 155771 | phecode 798 | symptoms |
| Other specified peripheral vascular diseases | OR=1.23 (0.93 to 1.64) | 0.145 | 0.423 | 153785 | 2210 | 151575 | phecode 443.8 | circulatory system |
| Transient cerebral ischemia | OR=0.76 (0.52 to 1.1) | 0.146 | 0.423 | 152337 | 1222 | 151115 | phecode 433.31 | circulatory system |
| Poisoning by analgesics; antipyretics; and antirheumatics | OR=1.22 (0.93 to 1.61) | 0.151 | 0.434 | 148899 | 2287 | 146612 | phecode 965 | injuries and poisonings |
| Diseases of white blood cells | OR=1.27 (0.92 to 1.75) | 0.152 | 0.434 | 155271 | 1683 | 153588 | phecode 288 | hematopoietic |
| Non Hodgkins lymphoma | OR=1.32 (0.9 to 1.95) | 0.153 | 0.436 | 155517 | 1170 | 154347 | phecode 202.2 | neoplasms |
| Epilepsy; recurrent seizures; convulsions | OR=1.21 (0.93 to 1.57) | 0.155 | 0.438 | 149628 | 2525 | 147103 | phecode 345 | neurological |
| Hypotension NOS | OR=0.84 (0.66 to 1.07) | 0.158 | 0.444 | 148355 | 2995 | 145360 | phecode 458.9 | circulatory system |
| Dizziness and giddiness light headedness and vertigo | OR=1.22 (0.92 to 1.62) | 0.164 | 0.457 | 156589 | 2216 | 154373 | phecode 386.9 | sense organs |
| Other disorders of bladder | OR=1.13 (0.95 to 1.35) | 0.167 | 0.462 | 154968 | 5829 | 149139 | phecode 596 | genitourinary |
| Cardiac pacemaker in situ | OR=1.25 (0.91 to 1.72) | 0.170 | 0.469 | 141740 | 1729 | 140011 | phecode 426.91 | circulatory system |
| Abnormal sputum | OR=1.2 (0.92 to 1.56) | 0.173 | 0.470 | 157211 | 2581 | 154630 | phecode 516 | respiratory |
| Effects radiation NOS | OR=1.24 (0.91 to 1.68) | 0.174 | 0.470 | 155439 | 1852 | 153587 | phecode 990 | injuries and poisonings |
| Acute pancreatitis | OR=1.34 (0.88 to 2.06) | 0.175 | 0.472 | 156801 | 950 | 155851 | phecode 577.1 | digestive |
| Rheumatic disease of the heart valves | OR=0.85 (0.68 to 1.08) | 0.177 | 0.472 | 152296 | 3296 | 149000 | phecode 394 | circulatory system |
| Heart valve replaced | OR=0.75 (0.5 to 1.14) | 0.178 | 0.472 | 150046 | 1046 | 149000 | phecode 395.6 | circulatory system |
| Enthesopathy | OR=1.15 (0.93 to 1.42) | 0.184 | 0.483 | 147072 | 4046 | 143026 | phecode 726.1 | musculoskeletal |

| | | | | | | | | |
|--|-------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Other hypertrophic and atrophic conditions of skin | OR=1.24 (0.9 to 1.69) | 0.186 | 0.483 | 157153 | 1777 | 155376 | phecode 701 | dermatologic |
| Bacterial infection NOS | OR=1.13 (0.94 to 1.34) | 0.186 | 0.483 | 155365 | 5876 | 149489 | phecode 041 | infectious diseases |
| Varicose veins | OR=1.16 (0.93 to 1.44) | 0.187 | 0.483 | 144964 | 3691 | 141273 | phecode 454 | circulatory system |
| Cancer of other lymphoid; histiocytic tissue | OR=1.26 (0.89 to 1.79) | 0.190 | 0.483 | 155784 | 1437 | 154347 | phecode 202 | neoplasms |
| Colon cancer | OR=1.22 (0.91 to 1.64) | 0.191 | 0.483 | 118823 | 1997 | 116826 | phecode 153.2 | neoplasms |
| Atopic/contact dermatitis due to other or unspecified | OR=1.31 (0.87 to 1.98) | 0.191 | 0.483 | 155217 | 1029 | 154188 | phecode 939 | dermatologic |
| Chronic renal failure CKD | OR=1.17 (0.92 to 1.48) | 0.191 | 0.483 | 152156 | 3242 | 148914 | phecode 585.3 | genitourinary |
| Chronic ulcer of skin | OR=1.26 (0.89 to 1.79) | 0.192 | 0.483 | 157211 | 1420 | 155791 | phecode 707 | dermatologic |
| Pulmonary heart disease | OR=1.19 (0.9 to 1.55) | 0.198 | 0.494 | 155334 | 2518 | 152816 | phecode 415 | circulatory system |
| Benign neoplasm of colon | OR=1.09 (0.96 to 1.24) | 0.200 | 0.494 | 128626 | 11711 | 116915 | phecode 208 | neoplasms |
| Other derangement of joint | OR=1.3 (0.87 to 1.95) | 0.202 | 0.494 | 155391 | 1053 | 154338 | phecode 742.9 | musculoskeletal |
| Bacterial enteritis | OR=1.28 (0.87 to 1.89) | 0.203 | 0.494 | 153897 | 1169 | 152728 | phecode 008.5 | infectious diseases |
| Complications of transplants and reattached limbs | OR=1.1 (0.95 to 1.27) | 0.205 | 0.494 | 154168 | 8858 | 145310 | phecode 851 | injuries and poisonings |
| Secondary malignancy of lymph nodes | OR=1.21 (0.9 to 1.61) | 0.206 | 0.494 | 139898 | 2091 | 137807 | phecode 198.1 | neoplasms |
| Retinal detachments and defects | OR=0.82 (0.6 to 1.12) | 0.206 | 0.494 | 152471 | 1845 | 150626 | phecode 361 | sense organs |
| Retinal detachment with retinal defect | OR=0.82 (0.6 to 1.12) | 0.206 | 0.494 | 152471 | 1845 | 150626 | phecode 361.1 | sense organs |
| Abdominal pain | OR=1.08 (0.96 to 1.22) | 0.207 | 0.494 | 157211 | 13297 | 143914 | phecode 785 | symptoms |
| Osteoporosis; osteopenia and pathological fracture | OR=0.8 (0.57 to 1.13) | 0.208 | 0.494 | 157211 | 1482 | 155729 | phecode 743 | musculoskeletal |
| Fracture of upper limb | OR=0.86 (0.68 to 1.09) | 0.208 | 0.494 | 152093 | 3153 | 148940 | phecode 803 | injuries and poisonings |
| Redundant prepuce and phimosis/BXO | OR=1.18 (0.91 to 1.54) | 0.213 | 0.502 | 141251 | 2493 | 138758 | phecode 604.1 | genitourinary |
| Nerve root and plexus disorders | OR=1.21 (0.9 to 1.62) | 0.214 | 0.502 | 153006 | 2000 | 151006 | phecode 353 | neurological |
| Other disorders of the kidney and ureters | OR=1.2 (0.9 to 1.61) | 0.217 | 0.505 | 150972 | 2058 | 148914 | phecode 586 | genitourinary |
| Duodenitis | OR=1.14 (0.93 to 1.4) | 0.219 | 0.509 | 146811 | 4217 | 142594 | phecode 535.6 | digestive |
| Left bundle branch block | OR=1.26 (0.86 to 1.85) | 0.228 | 0.527 | 141209 | 1198 | 140011 | phecode 426.32 | circulatory system |
| Fracture of tibia and fibula | OR=0.77 (0.5 to 1.18) | 0.230 | 0.527 | 149884 | 944 | 148940 | phecode 800.3 | injuries and poisonings |
| Renal colic | OR=0.79 (0.53 to 1.17) | 0.233 | 0.532 | 153392 | 1137 | 152255 | phecode 594.8 | genitourinary |
| Malignant neoplasm of rectum; rectosigmoid junction; and anus | OR=1.23 (0.87 to 1.73) | 0.235 | 0.535 | 118320 | 1494 | 116826 | phecode 153.3 | neoplasms |
| Atherosclerosis | OR=1.28 (0.85 to 1.92) | 0.242 | 0.547 | 152626 | 1051 | 151575 | phecode 440 | circulatory system |
| Cataract | OR=1.09 (0.94 to 1.25) | 0.246 | 0.551 | 157211 | 9843 | 147368 | phecode 366 | sense organs |
| Fracture of vertebral column without mention of spinal cord injury | OR=0.77 (0.5 to 1.2) | 0.247 | 0.551 | 149858 | 918 | 148940 | phecode 805 | injuries and poisonings |
| Other retinal disorders | OR=1.17 (0.9 to 1.52) | 0.247 | 0.551 | 96487 | 2665 | 93822 | phecode 362 | sense organs |
| Other disorders of soft tissues | OR=0.87 (0.69 to 1.1) | 0.250 | 0.554 | 146197 | 3171 | 143026 | phecode 729 | musculoskeletal |
| Candidiasis | OR=1.26 (0.84 to 1.89) | 0.254 | 0.560 | 156902 | 1064 | 155838 | phecode 112 | infectious diseases |
| Coronary atherosclerosis | OR=1.07 (0.95 to 1.2) | 0.257 | 0.563 | 151051 | 14809 | 136242 | phecode 411.4 | circulatory system |
| Reflux esophagitis | OR=1.11 (0.92 to 1.34) | 0.260 | 0.568 | 142036 | 5151 | 136885 | phecode 530.14 | digestive |
| Hemoptysis | OR=1.16 (0.89 to 1.51) | 0.275 | 0.598 | 157105 | 2475 | 154630 | phecode 516.1 | respiratory |
| Tachycardia NOS | OR=0.81 (0.55 to 1.19) | 0.278 | 0.601 | 141157 | 1146 | 140011 | phecode 427.7 | circulatory system |
| Frequency of urination and polyuria | OR=1.18 (0.87 to 1.59) | 0.283 | 0.605 | 146763 | 1962 | 144801 | phecode 599.5 | genitourinary |
| Disturbance of skin sensation | OR=1.23 (0.84 to 1.79) | 0.283 | 0.605 | 155152 | 1220 | 153932 | phecode 687.4 | dermatologic |
| Pain in joint | OR=1.14 (0.9 to 1.44) | 0.285 | 0.605 | 157211 | 3215 | 153996 | phecode 745 | musculoskeletal |
| Secondary malignant neoplasm | OR=1.12 (0.91 to 1.37) | 0.285 | 0.605 | 142238 | 4431 | 137807 | phecode 198 | neoplasms |
| Angina pectoris | OR=1.07 (0.94 to 1.23) | 0.291 | 0.614 | 147250 | 11008 | 136242 | phecode 411.3 | circulatory system |
| Dysphagia | OR=0.88 (0.68 to 1.12) | 0.293 | 0.614 | 139768 | 2883 | 136885 | phecode 532 | digestive |
| Superficial injury without mention of infection | OR=1.14 (0.89 to 1.47) | 0.294 | 0.614 | 156951 | 2791 | 154160 | phecode 915 | injuries and poisonings |
| Decreased white blood cell count | OR=1.21 (0.85 to 1.72) | 0.301 | 0.623 | 154969 | 1381 | 153588 | phecode 288.1 | hematopoietic |
| Neutropenia | OR=1.21 (0.85 to 1.72) | 0.301 | 0.623 | 154969 | 1381 | 153588 | phecode 288.11 | hematopoietic |
| Colorectal cancer | OR=1.14 (0.89 to 1.45) | 0.304 | 0.625 | 119810 | 2984 | 116826 | phecode 153 | neoplasms |
| Diabetes mellitus | OR=1.07 (0.94 to 1.21) | 0.305 | 0.625 | 157211 | 12038 | 145173 | phecode 250 | endocrine/metabolic |
| Fracture of radius and ulna | OR=0.84 (0.6 to 1.18) | 0.306 | 0.625 | 150452 | 1512 | 148940 | phecode 803.2 | injuries and poisonings |
| Diabetic retinopathy | OR=1.25 (0.81 to 1.95) | 0.311 | 0.628 | 94735 | 913 | 93822 | phecode 250.7 | endocrine/metabolic |
| Calculus of kidney | OR=1.16 (0.87 to 1.56) | 0.312 | 0.628 | 154296 | 2041 | 152255 | phecode 594.1 | genitourinary |
| Diseases of the larynx and vocal cords | OR=1.22 (0.83 to 1.8) | 0.312 | 0.628 | 149221 | 1164 | 148057 | phecode 473 | respiratory |
| Peripheral vascular disease | OR=1.15 (0.88 to 1.51) | 0.314 | 0.628 | 153963 | 2388 | 151575 | phecode 443 | circulatory system |
| Derangement of joint; non traumatic | OR=1.21 (0.84 to 1.75) | 0.315 | 0.628 | 155611 | 1273 | 154338 | phecode 742 | musculoskeletal |
| Degenerative disease of the spinal cord | OR=1.23 (0.82 to 1.84) | 0.316 | 0.628 | 148165 | 1062 | 147103 | phecode 334 | neurological |
| Other diseases of the teeth and supporting structures | OR=1.22 (0.83 to 1.79) | 0.318 | 0.628 | 154150 | 1161 | 152989 | phecode 525 | digestive |
| Pericarditis | OR=0.8 (0.51 to 1.25) | 0.322 | 0.634 | 155919 | 879 | 155040 | phecode 420.2 | circulatory system |
| Abnormal heart sounds | OR=0.9 (0.74 to 1.1) | 0.325 | 0.637 | 153532 | 4532 | 149000 | phecode 396 | circulatory system |
| Cerebral ischemia | OR=1.14 (0.88 to 1.48) | 0.329 | 0.641 | 153702 | 2587 | 151115 | phecode 433.3 | circulatory system |
| Other anemias | OR=0.91 (0.76 to 1.1) | 0.333 | 0.647 | 154546 | 5218 | 149328 | phecode 285 | hematopoietic |
| Cancer of bronchus; lung | OR=0.84 (0.6 to 1.19) | 0.337 | 0.649 | 156871 | 1458 | 155413 | phecode 165.1 | neoplasms |
| Other symptoms of respiratory system | OR=1.09 (0.92 to 1.29) | 0.337 | 0.649 | 157211 | 6102 | 151109 | phecode 512 | respiratory |
| Ileostomy status | OR=1.23 (0.8 to 1.91) | 0.345 | 0.661 | 126476 | 914 | 125562 | phecode 559 | digestive |
| Benign neoplasm of other parts of digestive system | OR=1.14 (0.86 to 1.51) | 0.350 | 0.661 | 157211 | 2238 | 154973 | phecode 211 | neoplasms |
| Preordial pain | OR=0.86 (0.63 to 1.18) | 0.351 | 0.661 | 144876 | 1843 | 143033 | phecode 418.1 | circulatory system |
| Hemorrhage or hematoma complicating a procedure | OR=1.14 (0.87 to 1.5) | 0.352 | 0.661 | 147619 | 2309 | 145310 | phecode 850 | injuries and poisonings |
| Hypertensive heart and/or renal disease | OR=1.21 (0.81 to 1.81) | 0.355 | 0.661 | 117021 | 1064 | 115957 | phecode 401.2 | circulatory system |
| Blood in stool | OR=1.18 (0.83 to 1.66) | 0.355 | 0.661 | 147799 | 1457 | 146342 | phecode 578.2 | digestive |
| Cholelithiasis with other cholecystitis | OR=1.17 (0.84 to 1.64) | 0.355 | 0.661 | 153385 | 1525 | 151860 | phecode 574.12 | digestive |
| Senile cataract | OR=1.1 (0.9 to 1.35) | 0.355 | 0.661 | 151653 | 4285 | 147368 | phecode 366.2 | sense organs |
| Chemotherapy | OR=1.08 (0.92 to 1.26) | 0.362 | 0.669 | 144944 | 7137 | 137807 | phecode 197 | neoplasms |
| Fracture of ankle and foot | OR=0.81 (0.52 to 1.27) | 0.364 | 0.669 | 149820 | 880 | 148940 | phecode 801 | injuries and poisonings |
| Dislocation | OR=1.2 (0.81 to 1.79) | 0.364 | 0.669 | 149324 | 1082 | 148242 | phecode 830 | injuries and poisonings |
| Hypovolemia | OR=1.16 (0.84 to 1.58) | 0.369 | 0.676 | 154337 | 1763 | 152574 | phecode 276.5 | endocrine/metabolic |
| Urate | 1.102 (-1.318 to 3.523) | 0.372 | 0.678 | 149755 | NA | NA | NA | biomarker |
| Ulcer of esophagus | OR=1.12 (0.87 to 1.43) | 0.375 | 0.680 | 139816 | 2931 | 136885 | phecode 530.12 | digestive |
| Swelling of limb | OR=0.88 (0.66 to 1.17) | 0.380 | 0.686 | 156888 | 2127 | 154761 | phecode 771.1 | symptoms |
| Cardiac dysrhythmias | OR=1.05 (0.94 to 1.18) | 0.388 | 0.698 | 154977 | 14966 | 140011 | phecode 427 | circulatory system |
| Appendiceal conditions | OR=0.86 (0.62 to 1.21) | 0.401 | 0.718 | 157211 | 1516 | 155695 | phecode 540 | digestive |
| Urinary incontinence | OR=1.17 (0.81 to 1.71) | 0.402 | 0.718 | 146048 | 1247 | 144801 | phecode 599.4 | genitourinary |
| Cardiac arrest and ventricular fibrillation | OR=1.2 (0.78 to 1.85) | 0.404 | 0.719 | 140944 | 933 | 140011 | phecode 427.4 | circulatory system |
| Disorders of penis | OR=1.11 (0.87 to 1.41) | 0.409 | 0.724 | 141790 | 3032 | 138758 | phecode 604 | genitourinary |
| Acquired foot deformities | OR=0.86 (0.61 to 1.23) | 0.418 | 0.737 | 155349 | 1384 | 153965 | phecode 735 | musculoskeletal |
| Acute renal failure | OR=1.09 (0.88 to 1.35) | 0.420 | 0.737 | 152907 | 3993 | 148914 | phecode 585.1 | genitourinary |

| | | | | | | | | |
|---|-------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Aortic aneurysm | OR=1.16 (0.81 to 1.67) | 0.423 | 0.737 | 152901 | 1326 | 151575 | phecode 442.1 | circulatory system |
| Calculus of bile duct | OR=0.84 (0.54 to 1.3) | 0.424 | 0.737 | 152759 | 899 | 151860 | phecode 574.2 | digestive |
| Complication due to other implant and internal device | OR=1.14 (0.83 to 1.58) | 0.426 | 0.737 | 146977 | 1667 | 145310 | phecode 859 | injuries and poisonings |
| Diseases of hair and hair follicles | OR=0.9 (0.68 to 1.18) | 0.428 | 0.737 | 156720 | 2347 | 154373 | phecode 704 | dermatologic |
| Skull and face fracture and other intracranial injury | OR=1.13 (0.84 to 1.52) | 0.429 | 0.737 | 157211 | 1949 | 155262 | phecode 819 | injuries and poisonings |
| Ischemic Heart Disease | OR=1.04 (0.94 to 1.15) | 0.429 | 0.737 | 156847 | 20605 | 136242 | phecode 411 | circulatory system |
| Localized superficial swelling; mass; or lump | OR=1.19 (0.76 to 1.86) | 0.439 | 0.751 | 154808 | 876 | 153932 | phecode 687.2 | dermatologic |
| Other chronic ischemic heart disease; unspecified | OR=1.04 (0.94 to 1.16) | 0.447 | 0.759 | 154252 | 18010 | 136242 | phecode 411.8 | circulatory system |
| Epistaxis or throat hemorrhage | OR=1.15 (0.8 to 1.64) | 0.447 | 0.759 | 149441 | 1384 | 148057 | phecode 477 | respiratory |
| Disorders of fluid; electrolyte; and acid base balance | OR=1.08 (0.89 to 1.31) | 0.450 | 0.759 | 157211 | 4637 | 152574 | phecode 276 | endocrine metabolic |
| Electrolyte imbalance | OR=1.1 (0.85 to 1.43) | 0.454 | 0.759 | 155178 | 2604 | 152574 | phecode 276.1 | circulatory system |
| Open wounds of extremities | OR=1.1 (0.86 to 1.41) | 0.454 | 0.759 | 154725 | 2867 | 151858 | phecode 871 | injuries and poisonings |
| Bacterial pneumonia | OR=0.92 (0.75 to 1.14) | 0.455 | 0.759 | 154608 | 4193 | 150415 | phecode 480.1 | respiratory |
| Cystitis and urethritis | OR=1.16 (0.78 to 1.72) | 0.457 | 0.759 | 145262 | 1113 | 144149 | phecode 592 | genitourinary |
| Cerebral artery occlusion; with cerebral infarction | OR=0.87 (0.6 to 1.26) | 0.460 | 0.759 | 152417 | 1302 | 151115 | phecode 433.21 | circulatory system |
| Carbuncle and furuncle | OR=0.87 (0.59 to 1.27) | 0.461 | 0.759 | 152286 | 1194 | 151092 | phecode 686.1 | dermatologic |
| Paroxysmal supraventricular tachycardia | OR=0.86 (0.58 to 1.28) | 0.463 | 0.759 | 141140 | 1129 | 140011 | phecode 427.11 | circulatory system |
| Disorders of refraction and accommodation; blindness and low vision | OR=1.14 (0.8 to 1.62) | 0.465 | 0.759 | 157211 | 1411 | 155800 | phecode 367 | sense organs |
| Malignant neoplasm of other and ill defined sites within the digestive organs a | OR=1.13 (0.82 to 1.55) | 0.467 | 0.759 | 156044 | 1706 | 154338 | phecode 741 | musculoskeletal |
| Symptoms and disorders of the joints | OR=1.09 (0.87 to 1.37) | 0.467 | 0.759 | 144622 | 3349 | 141273 | phecode 454.1 | circulatory system |
| Varicose veins of lower extremity | OR=0.88 (0.62 to 1.24) | 0.470 | 0.761 | 157158 | 1463 | 155695 | phecode 540.1 | digestive |
| Appendicitis | OR=1.1 (0.85 to 1.43) | 0.472 | 0.762 | 153980 | 2871 | 151109 | phecode 512.7 | respiratory |
| Shortness of breath | OR=1.11 (0.84 to 1.46) | 0.474 | 0.762 | 154137 | 2279 | 151858 | phecode 870 | injuries and poisonings |
| Open wounds of head; neck; and trunk | OR=1.09 (0.86 to 1.38) | 0.480 | 0.768 | 118550 | 3285 | 115265 | phecode 159 | neoplasms |
| Malignant neoplasm of other and ill defined sites within the digestive organs a | OR=1.09 (0.85 to 1.39) | 0.482 | 0.768 | 155814 | 2943 | 152871 | phecode 292 | mental disorders |
| Neurological disorders | OR=0.93 (0.75 to 1.15) | 0.483 | 0.768 | 157211 | 3842 | 153369 | phecode 531 | digestive |
| Peptic ulcer excl esophageal | OR=0.9 (0.66 to 1.22) | 0.487 | 0.773 | 156022 | 1868 | 154154 | phecode 189.2 | neoplasms |
| Cancer of bladder | OR=1.16 (0.75 to 1.81) | 0.492 | 0.774 | 154886 | 921 | 153965 | phecode 736 | musculoskeletal |
| Other acquired deformities of limbs | OR=0.91 (0.7 to 1.19) | 0.493 | 0.774 | 157211 | 2450 | 154761 | phecode 771 | symptoms |
| Musculoskeletal symptoms referable to limbs | OR=1.11 (0.82 to 1.5) | 0.495 | 0.774 | 157211 | 1915 | 155296 | phecode 350 | neurological |
| Abnormal movement | OR=1.15 (0.78 to 1.69) | 0.495 | 0.774 | 144084 | 1145 | 142939 | phecode 496.1 | respiratory |
| Emphysema | OR=1.16 (0.75 to 1.79) | 0.497 | 0.774 | 94759 | 937 | 93822 | phecode 362.7 | sense organs |
| Hereditary retinal dystrophies | OR=1.09 (0.85 to 1.4) | 0.498 | 0.774 | 157211 | 2838 | 154373 | phecode 386 | sense organs |
| Vertiginous syndromes and other disorders of vestibular system | OR=1.1 (0.84 to 1.44) | 0.508 | 0.787 | 157211 | 2384 | 154827 | phecode 773 | symptoms |
| Pain in limb | OR=1.15 (0.75 to 1.77) | 0.510 | 0.787 | 149863 | 949 | 148914 | phecode 585.2 | genitourinary |
| Renal failure NOS | OR=0.87 (0.56 to 1.34) | 0.517 | 0.790 | 154873 | 908 | 153965 | phecode 735.2 | musculoskeletal |
| Acquired toe deformities | OR=1.1 (0.82 to 1.49) | 0.518 | 0.790 | 157211 | 1954 | 155257 | phecode 994.2 | injuries and poisonings |
| Sepsis | OR=1.1 (0.82 to 1.49) | 0.518 | 0.790 | 157211 | 1954 | 155257 | phecode 994 | injuries and poisonings |
| Sepsis and SIRS | OR=0.89 (0.61 to 1.28) | 0.520 | 0.790 | 156962 | 1267 | 155695 | phecode 540.11 | digestive |
| Acute appendicitis | OR=1.15 (0.75 to 1.76) | 0.523 | 0.793 | 143973 | 947 | 143026 | phecode 727.4 | musculoskeletal |
| Anglion and cyst of synovium; tendon; and bursa | OR=1.05 (0.9 to 1.22) | 0.527 | 0.796 | 152438 | 8289 | 144149 | phecode 593 | genitourinary |
| Hematuria | OR=1.05 (0.9 to 1.22) | 0.532 | 0.797 | 149004 | 8241 | 140763 | phecode 317 | mental disorders |
| Alcohol related disorders | OR=0.88 (0.6 to 1.31) | 0.532 | 0.797 | 156804 | 1127 | 155677 | phecode 357 | neurological |
| Inflammatory and toxic neuropathy | OR=1.07 (0.87 to 1.32) | 0.534 | 0.797 | 153858 | 4080 | 149778 | phecode 507 | respiratory |
| Pleurisy; pleural effusion | OR=0.91 (0.69 to 1.21) | 0.535 | 0.797 | 142197 | 2186 | 140011 | phecode 427.3 | circulatory system |
| Other specified cardiac dysrhythmias | OR=0.88 (0.59 to 1.31) | 0.537 | 0.798 | 150048 | 1108 | 148940 | phecode 803.3 | injuries and poisonings |
| Fracture of clavicle or scapula | OR=0.9 (0.65 to 1.26) | 0.544 | 0.804 | 127122 | 1560 | 125562 | phecode 555.2 | digestive |
| Ulcerative colitis | OR=1.13 (0.76 to 1.69) | 0.548 | 0.804 | 147411 | 1069 | 146342 | phecode 578.1 | digestive |
| Hematemesis | OR=1.06 (0.87 to 1.31) | 0.549 | 0.804 | 155296 | 4204 | 151092 | phecode 681 | dermatologic |
| Superficial cellulitis and abscess | OR=1.1 (0.81 to 1.48) | 0.549 | 0.804 | 150012 | 1955 | 148057 | phecode 471 | respiratory |
| Nasal polyps | OR=1.13 (0.75 to 1.72) | 0.553 | 0.807 | 152579 | 1004 | 151575 | phecode 447 | circulatory system |
| Other disorders of arteries and arterioles | OR=1.07 (0.85 to 1.35) | 0.557 | 0.808 | 157211 | 3279 | 153932 | phecode 687 | dermatologic |
| Symptoms affecting skin | OR=0.9 (0.64 to 1.27) | 0.558 | 0.808 | 139321 | 1514 | 137807 | phecode 199 | neoplasms |
| Neoplasm of uncertain behavior | OR=0.9 (0.62 to 1.29) | 0.560 | 0.808 | 141308 | 1297 | 140011 | phecode 427.9 | circulatory system |
| Palpitations | OR=1.14 (0.74 to 1.76) | 0.562 | 0.808 | 156674 | 918 | 155756 | phecode 287.3 | hematopoietic |
| Thrombocytopenia | OR=0.89 (0.59 to 1.34) | 0.564 | 0.808 | 145036 | 1019 | 144017 | phecode 709.7 | dermatologic |
| Unspecified diffuse connective tissue disease | OR=0.89 (0.59 to 1.33) | 0.565 | 0.808 | 149986 | 1046 | 148940 | phecode 807 | injuries and poisonings |
| Fracture of ribs | OR=1.05 (0.88 to 1.26) | 0.568 | 0.808 | 150344 | 5543 | 144801 | phecode 599.2 | genitourinary |
| Retention of urine | OR=1.06 (0.86 to 1.32) | 0.569 | 0.808 | 144599 | 3836 | 140763 | phecode 316 | mental disorders |
| Substance addiction and disorders | OR=1.1 (0.8 to 1.51) | 0.570 | 0.808 | 141731 | 1720 | 140011 | phecode 426.2 | circulatory system |
| Atrioventricular AV block | -0.002 (-0.01 to 0.006) | 0.582 | 0.823 | 148956 | NA | NA | NA | biomarker |
| Apolipoprotein B | OR=1.07 (0.85 to 1.34) | 0.588 | 0.828 | 145936 | 3342 | 142594 | phecode 537 | digestive |
| Other disorders of stomach and duodenum | OR=0.9 (0.62 to 1.31) | 0.592 | 0.831 | 139057 | 1250 | 137807 | phecode 198.2 | neoplasms |
| Secondary malignancy of respiratory organs | OR=0.94 (0.76 to 1.17) | 0.595 | 0.832 | 154129 | 3714 | 150415 | phecode 480.11 | respiratory |
| Pneumococcal pneumonia | OR=1.11 (0.74 to 1.66) | 0.605 | 0.844 | 153659 | 1085 | 152574 | phecode 276.12 | endocrine metabolic |
| Hyposmolality and/or hyponatremia | OR=1.05 (0.86 to 1.29) | 0.608 | 0.846 | 130028 | 4466 | 125562 | phecode 563 | digestive |
| Constipation | 0.009 (-0.025 to 0.043) | 0.611 | 0.847 | 149354 | NA | NA | NA | biomarker |
| Aspartate aminotransferase | OR=1.07 (0.83 to 1.38) | 0.615 | 0.850 | 152151 | 2662 | 149489 | phecode 038 | infectious diseases |
| Septicemia | OR=1.08 (0.79 to 1.49) | 0.620 | 0.854 | 131993 | 1754 | 130239 | phecode 550.5 | digestive |
| Ventral hernia | OR=1.04 (0.9 to 1.19) | 0.623 | 0.855 | 155540 | 10010 | 145530 | phecode 172.2 | neoplasms |
| Other non epithelial cancer of skin | OR=1.05 (0.87 to 1.26) | 0.634 | 0.868 | 157098 | 5126 | 151972 | phecode 790.6 | symptoms |
| Other abnormal blood chemistry | OR=1.04 (0.87 to 1.24) | 0.645 | 0.880 | 157211 | 5734 | 151477 | phecode 278 | endocrine metabolic |
| Overweight; obesity and other hyperalimentation | OR=1.08 (0.77 to 1.51) | 0.649 | 0.880 | 153158 | 1583 | 151575 | phecode 442 | circulatory system |
| Other aneurysm | OR=1.11 (0.72 to 1.71) | 0.650 | 0.880 | 150400 | 911 | 149489 | phecode 041.2 | infectious diseases |
| Streptococcus infection | OR=0.91 (0.6 to 1.38) | 0.651 | 0.880 | 152857 | 997 | 151860 | phecode 574.3 | digestive |
| Cholecystitis without cholelithiasis | OR=1.04 (0.87 to 1.26) | 0.654 | 0.880 | 157211 | 5239 | 151972 | phecode 790 | symptoms |
| Nonspecific findings on examination of blood | OR=1.06 (0.83 to 1.34) | 0.655 | 0.880 | 157211 | 3057 | 154154 | phecode 189 | neoplasms |
| Cancer of urinary organs incl kidney and bladder | OR=1.1 (0.73 to 1.64) | 0.660 | 0.881 | 155858 | 1051 | 154807 | phecode 079 | infectious diseases |
| Viral infection | OR=0.95 (0.76 to 1.19) | 0.661 | 0.881 | 156848 | 3588 | 153260 | phecode 706 | dermatologic |
| Diseases of sebaceous glands | OR=0.92 (0.62 to 1.36) | 0.663 | 0.881 | 145150 | 1133 | 144017 | phecode 709 | dermatologic |
| Diffuse diseases of connective tissue | OR=1.05 (0.85 to 1.29) | 0.664 | 0.881 | 156001 | 4141 | 151860 | phecode 574.1 | digestive |
| Cholelithiasis | OR=1.07 (0.78 to 1.46) | 0.667 | 0.881 | 154132 | 1811 | 152321 | phecode 573.7 | digestive |
| Abnormal results of function study of liver | OR=1.04 (0.87 to 1.24) | 0.668 | 0.881 | 157184 | 5707 | 151477 | phecode 278.1 | endocrine metabolic |
| Obesity | OR=0.93 (0.67 to 1.29) | 0.673 | 0.881 | 150596 | 1656 | 148940 | phecode 804 | injuries and poisonings |
| Fracture of hand or wrist | | | | | | | | |

| | | | | | | | | |
|---|--------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Diverticulosis | OR=0.97 (0.86 to 1.1) | 0.673 | 0.881 | 139014 | 13452 | 125562 | phecode 562.1 | digestive |
| Diverticulosis and diverticulitis | OR=0.97 (0.86 to 1.1) | 0.673 | 0.881 | 139014 | 13452 | 125562 | phecode 562 | digestive |
| Cardiac conduction disorders | OR=1.04 (0.86 to 1.26) | 0.683 | 0.891 | 145047 | 5036 | 140011 | phecode 426 | circulatory system |
| Sebaceous cyst | OR=0.96 (0.76 to 1.19) | 0.687 | 0.891 | 156823 | 3563 | 153260 | phecode 706.2 | dermatologic |
| Inflammation of eyelids | OR=1.09 (0.73 to 1.62) | 0.687 | 0.891 | 154216 | 1085 | 153131 | phecode 371.3 | sense organs |
| Complication of internal orthopedic device | OR=1.06 (0.8 to 1.41) | 0.701 | 0.905 | 147475 | 2165 | 145310 | phecode 858 | injuries and poisonings |
| Skin cancer | OR=1.03 (0.9 to 1.17) | 0.704 | 0.905 | 157141 | 11611 | 145530 | phecode 172 | neoplasms |
| Leukemia | OR=0.93 (0.64 to 1.36) | 0.706 | 0.905 | 155553 | 1206 | 154347 | phecode 204 | neoplasms |
| Nausea and vomiting | OR=0.96 (0.78 to 1.18) | 0.706 | 0.905 | 157211 | 4168 | 153043 | phecode 789 | symptoms |
| Inflammation of the eye | OR=1.07 (0.75 to 1.53) | 0.710 | 0.907 | 154480 | 1349 | 153131 | phecode 371 | sense organs |
| Psoriasis vulgaris | OR=0.93 (0.61 to 1.41) | 0.724 | 0.921 | 143312 | 981 | 142331 | phecode 696.41 | dermatologic |
| Paroxysmal tachycardia; unspecified | OR=0.94 (0.69 to 1.29) | 0.724 | 0.921 | 141775 | 1764 | 140011 | phecode 427.1 | circulatory system |
| Malignant neoplasm of bladder | OR=0.94 (0.68 to 1.31) | 0.728 | 0.923 | 155780 | 1626 | 154154 | phecode 189.21 | neoplasms |
| Hearing loss | OR=0.96 (0.74 to 1.24) | 0.730 | 0.923 | 157185 | 2573 | 154612 | phecode 389 | sense organs |
| Urea | 0.008 (-0.037 to 0.053) | 0.742 | 0.935 | 149832 | NA | NA | NA | biomarker |
| Respiratory failure | OR=1.06 (0.75 to 1.49) | 0.747 | 0.938 | 151257 | 1479 | 149778 | phecode 509.1 | respiratory |
| Cancer within the respiratory system | OR=0.95 (0.69 to 1.3) | 0.752 | 0.938 | 157193 | 1780 | 155413 | phecode 165 | neoplasms |
| Aphakia and other disorders of lens | OR=0.93 (0.61 to 1.43) | 0.753 | 0.938 | 154756 | 969 | 153787 | phecode 379.3 | sense organs |
| Staphylococcus infections | OR=1.05 (0.77 to 1.43) | 0.753 | 0.938 | 151291 | 1802 | 149489 | phecode 041.1 | infectious diseases |
| Glaucoma | OR=1.04 (0.8 to 1.36) | 0.756 | 0.939 | 153095 | 2469 | 150626 | phecode 365 | sense organs |
| Iron deficiency anemias | OR=0.97 (0.77 to 1.21) | 0.763 | 0.940 | 152701 | 3373 | 149328 | phecode 280 | hematopoietic |
| Iron deficiency anemias; unspecified or not due to blood loss | OR=0.97 (0.77 to 1.21) | 0.763 | 0.940 | 152701 | 3373 | 149328 | phecode 280.1 | hematopoietic |
| Calculus of ureter | OR=1.05 (0.76 to 1.46) | 0.765 | 0.940 | 153872 | 1617 | 152255 | phecode 594.3 | genitourinary |
| Degeneration of intervertebral disc | OR=1.06 (0.72 to 1.57) | 0.765 | 0.940 | 152067 | 1148 | 150919 | phecode 722.6 | musculoskeletal |
| Chronic liver disease and cirrhosis | OR=0.96 (0.7 to 1.3) | 0.772 | 0.945 | 154165 | 1844 | 152321 | phecode 571 | digestive |
| Other forms of chronic heart disease | OR=1.05 (0.75 to 1.46) | 0.781 | 0.950 | 137837 | 1595 | 136242 | phecode 414 | circulatory system |
| Occlusion and stenosis of precerebral arteries | OR=1.06 (0.69 to 1.64) | 0.782 | 0.950 | 152030 | 915 | 151115 | phecode 433.1 | circulatory system |
| Bundle branch block | OR=0.96 (0.74 to 1.26) | 0.789 | 0.950 | 142464 | 2453 | 140011 | phecode 426.3 | circulatory system |
| Lipoprotein A | -0.005 (-0.043 to 0.033) | 0.789 | 0.950 | 118783 | NA | NA | NA | biomarker |
| Benign neoplasm of skin | OR=1.03 (0.81 to 1.32) | 0.790 | 0.950 | 156940 | 2940 | 154000 | phecode 216 | neoplasms |
| Melanomas of skin | OR=1.04 (0.76 to 1.42) | 0.792 | 0.950 | 147340 | 1810 | 145530 | phecode 172.11 | neoplasms |
| Melanomas of skin; dx or hx | OR=1.04 (0.76 to 1.42) | 0.792 | 0.950 | 147340 | 1810 | 145530 | phecode 172.1 | neoplasms |
| Triglycerides | 0.005 (-0.029 to 0.038) | 0.793 | 0.950 | 149776 | NA | NA | NA | biomarker |
| Urinary calculus | OR=1.03 (0.84 to 1.26) | 0.796 | 0.950 | 156430 | 4175 | 152255 | phecode 594 | genitourinary |
| Acute upper respiratory infections of multiple or unspecified sites | OR=1.06 (0.69 to 1.62) | 0.798 | 0.950 | 157150 | 942 | 156208 | phecode 465 | respiratory |
| Other open wound of head and face | OR=1.04 (0.77 to 1.4) | 0.801 | 0.950 | 153838 | 1980 | 151858 | phecode 870.3 | injuries and poisonings |
| Other abnormality of urination | OR=1.05 (0.71 to 1.56) | 0.803 | 0.950 | 145926 | 1125 | 144801 | phecode 599.9 | genitourinary |
| Diseases of hard tissues of teeth | OR=1.04 (0.74 to 1.47) | 0.803 | 0.950 | 154484 | 1495 | 152989 | phecode 521 | digestive |
| Type 1 diabetes | OR=1.04 (0.74 to 1.46) | 0.810 | 0.953 | 146702 | 1529 | 145173 | phecode 250.1 | endocrine metabolic |
| Phlebitis and thrombophlebitis | OR=0.97 (0.73 to 1.28) | 0.811 | 0.953 | 143446 | 2173 | 141273 | phecode 451 | circulatory system |
| Dental caries | OR=1.04 (0.74 to 1.47) | 0.813 | 0.953 | 154465 | 1476 | 152989 | phecode 521.1 | digestive |
| Rash and other nonspecific skin eruption | OR=0.95 (0.63 to 1.44) | 0.817 | 0.955 | 154935 | 1003 | 153932 | phecode 687.1 | dermatologic |
| Complications of cardiovascular device; implant; and graft | OR=1.04 (0.75 to 1.44) | 0.821 | 0.955 | 146946 | 1636 | 145310 | phecode 854 | injuries and poisonings |
| Stricture and stenosis of esophagus | OR=1.05 (0.71 to 1.54) | 0.821 | 0.955 | 138053 | 1168 | 136885 | phecode 530.3 | digestive |
| Pneumonia | OR=0.98 (0.83 to 1.16) | 0.825 | 0.958 | 157057 | 6642 | 150415 | phecode 480 | respiratory |
| Other disorders of male genital organs | OR=0.97 (0.75 to 1.26) | 0.832 | 0.958 | 141295 | 2537 | 138758 | phecode 608 | genitourinary |
| Abnormal findings on examination of urine | OR=1.03 (0.77 to 1.38) | 0.834 | 0.958 | 157211 | 2083 | 155128 | phecode 598 | genitourinary |
| Congenital anomalies of great vessels | OR=1.04 (0.72 to 1.51) | 0.837 | 0.958 | 156725 | 1267 | 155458 | phecode 747.13 | congenital anomalies |
| Other disorders of eye | OR=1.03 (0.77 to 1.39) | 0.839 | 0.958 | 155754 | 1967 | 153787 | phecode 379 | sense organs |
| Orthostatic hypotension | OR=1.05 (0.68 to 1.61) | 0.840 | 0.958 | 146303 | 943 | 145360 | phecode 458.1 | circulatory system |
| Occlusion of cerebral arteries | OR=0.97 (0.76 to 1.25) | 0.840 | 0.958 | 153888 | 2773 | 151115 | phecode 433.2 | circulatory system |
| Respiratory failure; insufficiency; arrest | OR=0.97 (0.71 to 1.32) | 0.841 | 0.958 | 151605 | 1827 | 149778 | phecode 509 | respiratory |
| Anal and rectal polyp | OR=1.02 (0.83 to 1.25) | 0.844 | 0.958 | 146264 | 4298 | 141966 | phecode 565.1 | digestive |
| Benign neoplasm of unspecified sites | OR=0.96 (0.62 to 1.48) | 0.847 | 0.958 | 157211 | 900 | 156311 | phecode 229 | neoplasms |
| Disorders of mineral metabolism | OR=0.97 (0.67 to 1.38) | 0.850 | 0.958 | 157211 | 1343 | 155868 | phecode 275 | endocrine metabolic |
| Other disorders of testis | OR=0.97 (0.73 to 1.3) | 0.851 | 0.958 | 140795 | 2037 | 138758 | phecode 603 | genitourinary |
| Carditis | OR=0.97 (0.68 to 1.38) | 0.852 | 0.958 | 156416 | 1376 | 155040 | phecode 420 | circulatory system |
| Cystitis | OR=1.04 (0.69 to 1.56) | 0.859 | 0.961 | 145195 | 1046 | 144149 | phecode 592.1 | genitourinary |
| Cholelithiasis and cholecystitis | OR=1.02 (0.84 to 1.24) | 0.861 | 0.961 | 156526 | 4666 | 151860 | phecode 574 | digestive |
| Cellulitis and abscess of arm/hand | OR=1.02 (0.81 to 1.28) | 0.866 | 0.961 | 154462 | 3370 | 151092 | phecode 681.3 | dermatologic |
| Cellulitis and abscess of foot; toe | OR=1.02 (0.81 to 1.28) | 0.866 | 0.961 | 154462 | 3370 | 151092 | phecode 681.6 | dermatologic |
| Cellulitis and abscess of leg; except foot | OR=1.02 (0.81 to 1.28) | 0.866 | 0.961 | 154462 | 3370 | 151092 | phecode 681.5 | dermatologic |
| Duodenal ulcer | OR=0.98 (0.72 to 1.32) | 0.872 | 0.965 | 155249 | 1880 | 153369 | phecode 531.3 | digestive |
| Respiratory insufficiency | OR=1.03 (0.71 to 1.49) | 0.876 | 0.965 | 151070 | 1292 | 149778 | phecode 509.2 | respiratory |
| Aortic valve disease | OR=1.03 (0.67 to 1.59) | 0.878 | 0.965 | 149938 | 938 | 149000 | phecode 394.3 | circulatory system |
| Cerebrovascular disease | OR=1.01 (0.84 to 1.22) | 0.881 | 0.965 | 156525 | 5410 | 151115 | phecode 433 | circulatory system |
| Chronic sinusitis | OR=1.03 (0.7 to 1.53) | 0.881 | 0.965 | 149183 | 1126 | 148057 | phecode 475 | respiratory |
| Inflammatory bowel disease and other gastroenteritis and colitis | OR=1.02 (0.76 to 1.37) | 0.882 | 0.965 | 127644 | 2082 | 125562 | phecode 555 | digestive |
| Psoriasis and related disorders | OR=0.98 (0.67 to 1.41) | 0.896 | 0.977 | 143599 | 1268 | 142331 | phecode 696 | dermatologic |
| Fever of unknown origin | OR=1.02 (0.76 to 1.37) | 0.897 | 0.977 | 157211 | 2001 | 155210 | phecode 783 | symptoms |
| Bronchiectasis | OR=1.03 (0.66 to 1.59) | 0.911 | 0.984 | 143844 | 905 | 142939 | phecode 496.3 | respiratory |
| Disorder of skin and subcutaneous tissue NOS | OR=0.99 (0.76 to 1.28) | 0.911 | 0.984 | 157211 | 2609 | 154602 | phecode 689 | dermatologic |
| Circulatory disease NEC | OR=0.99 (0.86 to 1.14) | 0.916 | 0.984 | 154635 | 9275 | 145360 | phecode 459.9 | circulatory system |
| Secondary malignant neoplasm of liver | OR=1.02 (0.72 to 1.43) | 0.918 | 0.984 | 139299 | 1492 | 137807 | phecode 198.4 | neoplasms |
| Gastritis and duodenitis | OR=0.99 (0.88 to 1.12) | 0.918 | 0.984 | 155649 | 13055 | 142594 | phecode 535 | digestive |
| Symptoms involving skin and other integumentary tissue | OR=1.02 (0.69 to 1.52) | 0.921 | 0.984 | 157211 | 1099 | 156112 | phecode 782 | symptoms |
| Other disorders of circulatory system | OR=0.99 (0.86 to 1.14) | 0.922 | 0.984 | 154746 | 9386 | 145360 | phecode 459 | circulatory system |
| First degree AV block | OR=1.02 (0.65 to 1.6) | 0.924 | 0.984 | 140890 | 879 | 140011 | phecode 426.21 | circulatory system |
| Lymphadenitis | OR=1.02 (0.71 to 1.46) | 0.927 | 0.984 | 154930 | 1342 | 153588 | phecode 289.4 | hematopoietic |
| Psoriasis | OR=0.98 (0.68 to 1.43) | 0.928 | 0.984 | 143566 | 1235 | 142331 | phecode 696.4 | dermatologic |
| Hydrocele | OR=1.02 (0.7 to 1.47) | 0.929 | 0.984 | 140023 | 1265 | 138758 | phecode 603.1 | genitourinary |
| Other disorders of liver | OR=0.99 (0.81 to 1.22) | 0.931 | 0.984 | 156496 | 4175 | 152321 | phecode 573 | digestive |
| Abdominal aortic aneurysm | OR=1.02 (0.66 to 1.58) | 0.936 | 0.987 | 152477 | 902 | 151575 | phecode 442.11 | circulatory system |
| Irritable Bowel Syndrome | OR=0.99 (0.69 to 1.4) | 0.938 | 0.987 | 126963 | 1401 | 125562 | phecode 564.1 | digestive |

| | | | | | | | | |
|---|------------------------|-------|-------|--------|------|--------|---------------|----------------------|
| Other specified gastritis | OR=1.01 (0.81 to 1.26) | 0.941 | 0.987 | 146248 | 3654 | 142594 | phecode 535.8 | digestive |
| Alcoholism | OR=1.01 (0.84 to 1.2) | 0.943 | 0.987 | 146499 | 5736 | 140763 | phecode 317.1 | mental disorders |
| Phlebitis and thrombophlebitis of lower extremities | OR=0.99 (0.74 to 1.33) | 0.945 | 0.987 | 143312 | 2039 | 141273 | phecode 451.2 | circulatory system |
| Other headache syndromes | OR=1.01 (0.79 to 1.29) | 0.948 | 0.987 | 156671 | 2932 | 153739 | phecode 339 | neurological |
| Symptoms involving nervous and musculoskeletal systems | OR=1.01 (0.8 to 1.27) | 0.949 | 0.987 | 157211 | 3214 | 153997 | phecode 781 | symptoms |
| Syncope and collapse | OR=1.01 (0.83 to 1.22) | 0.952 | 0.988 | 157211 | 4965 | 152246 | phecode 788 | symptoms |
| Other upper respiratory disease | OR=0.99 (0.73 to 1.34) | 0.960 | 0.988 | 149974 | 1917 | 148057 | phecode 479 | respiratory |
| Cardiomegaly | OR=1.01 (0.75 to 1.35) | 0.963 | 0.988 | 154883 | 2067 | 152816 | phecode 416 | circulatory system |
| Visual disturbances | OR=1.01 (0.72 to 1.41) | 0.963 | 0.988 | 157211 | 1577 | 155634 | phecode 368 | sense organs |
| Abnormality of gait | OR=0.99 (0.69 to 1.43) | 0.966 | 0.988 | 156620 | 1324 | 155296 | phecode 350.2 | neurological |
| Other disorders of biliary tract | OR=1.01 (0.66 to 1.55) | 0.968 | 0.988 | 152791 | 931 | 151860 | phecode 575.8 | digestive |
| Rheumatoid arthritis and other inflammatory polyarthropathies | OR=1.01 (0.72 to 1.4) | 0.968 | 0.988 | 157211 | 1585 | 155626 | phecode 714 | musculoskeletal |
| Other disorders of bone and cartilage | OR=0.99 (0.71 to 1.39) | 0.969 | 0.988 | 153714 | 1535 | 152179 | phecode 733 | musculoskeletal |
| Purpura and other hemorrhagic conditions | OR=1.01 (0.67 to 1.52) | 0.972 | 0.988 | 156790 | 1034 | 155756 | phecode 287 | hematopoietical |
| Rheumatoid arthritis | OR=1.01 (0.71 to 1.43) | 0.974 | 0.988 | 157211 | 1398 | 155813 | phecode 714.1 | musculoskeletal |
| Cardiac congenital anomalies | OR=1.01 (0.73 to 1.39) | 0.974 | 0.988 | 157103 | 1645 | 155458 | phecode 747.1 | congenital anomalies |
| Nonrheumatic aortic valve disorders | OR=1 (0.74 to 1.37) | 0.980 | 0.992 | 150841 | 1841 | 149000 | phecode 395.2 | circulatory system |
| Pulmonary collapse; interstitial and compensatory emphysema | OR=1 (0.7 to 1.44) | 0.987 | 0.996 | 151099 | 1321 | 149778 | phecode 508 | respiratory |
| Edema | OR=1 (0.66 to 1.51) | 0.992 | 0.988 | 157129 | 1017 | 156112 | phecode 782.3 | symptoms |
| Other chronic nonalcoholic liver disease | OR=1 (0.7 to 1.43) | 0.995 | 0.998 | 153654 | 1333 | 152321 | phecode 571.5 | digestive |
| Bladder neck obstruction | OR=1 (0.72 to 1.38) | 0.996 | 0.998 | 150802 | 1663 | 149139 | phecode 596.1 | genitourinary |
| Cardiac and circulatory congenital anomalies | OR=1 (0.73 to 1.37) | 0.999 | 0.999 | 157211 | 1753 | 155458 | phecode 747 | congenital anomalies |

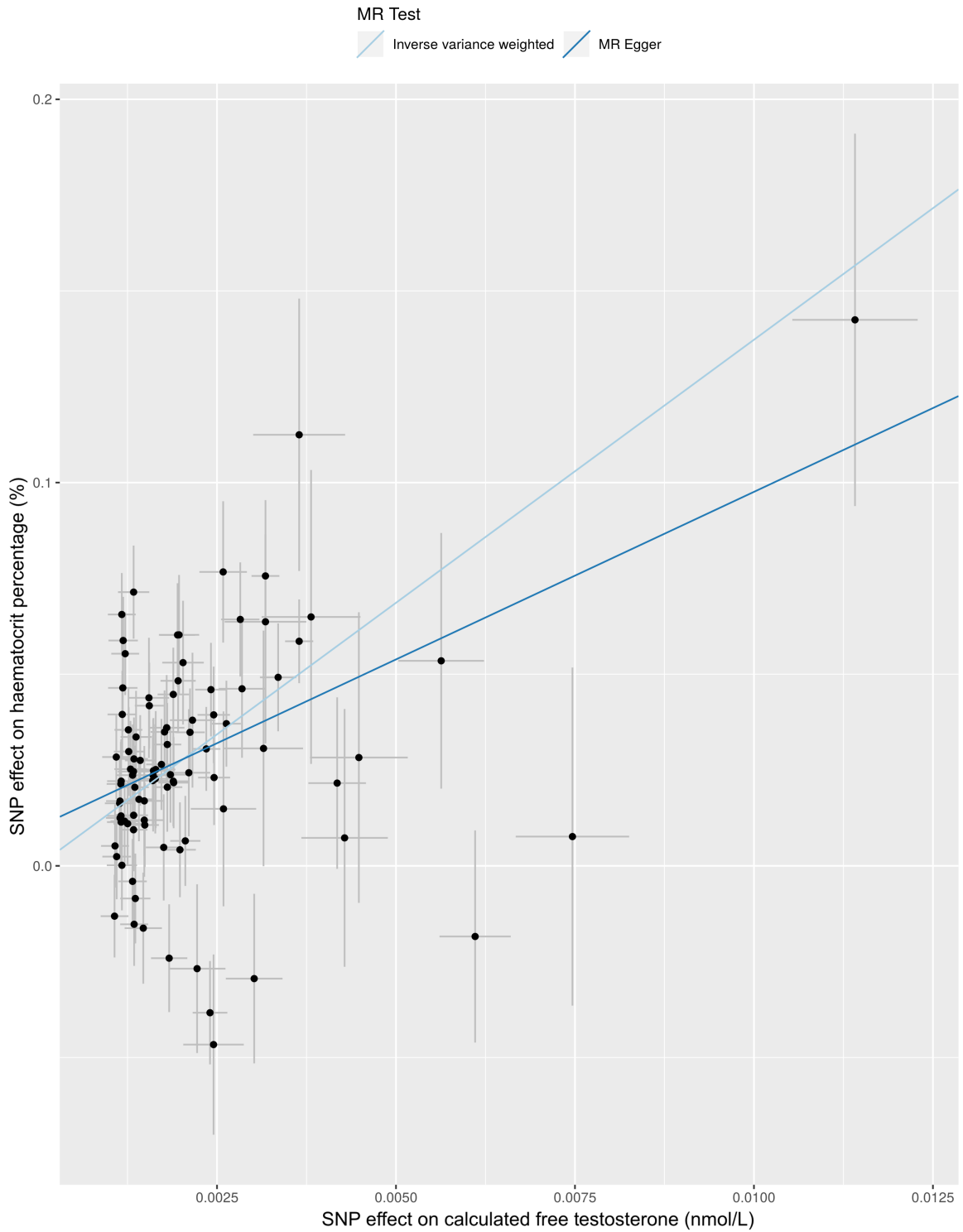


Figure 3 – Figure Supplement 1. Comparison of effect of calculated free testosterone on haematocrit percentage using Mendelian randomization with IVW and Egger regression methods.

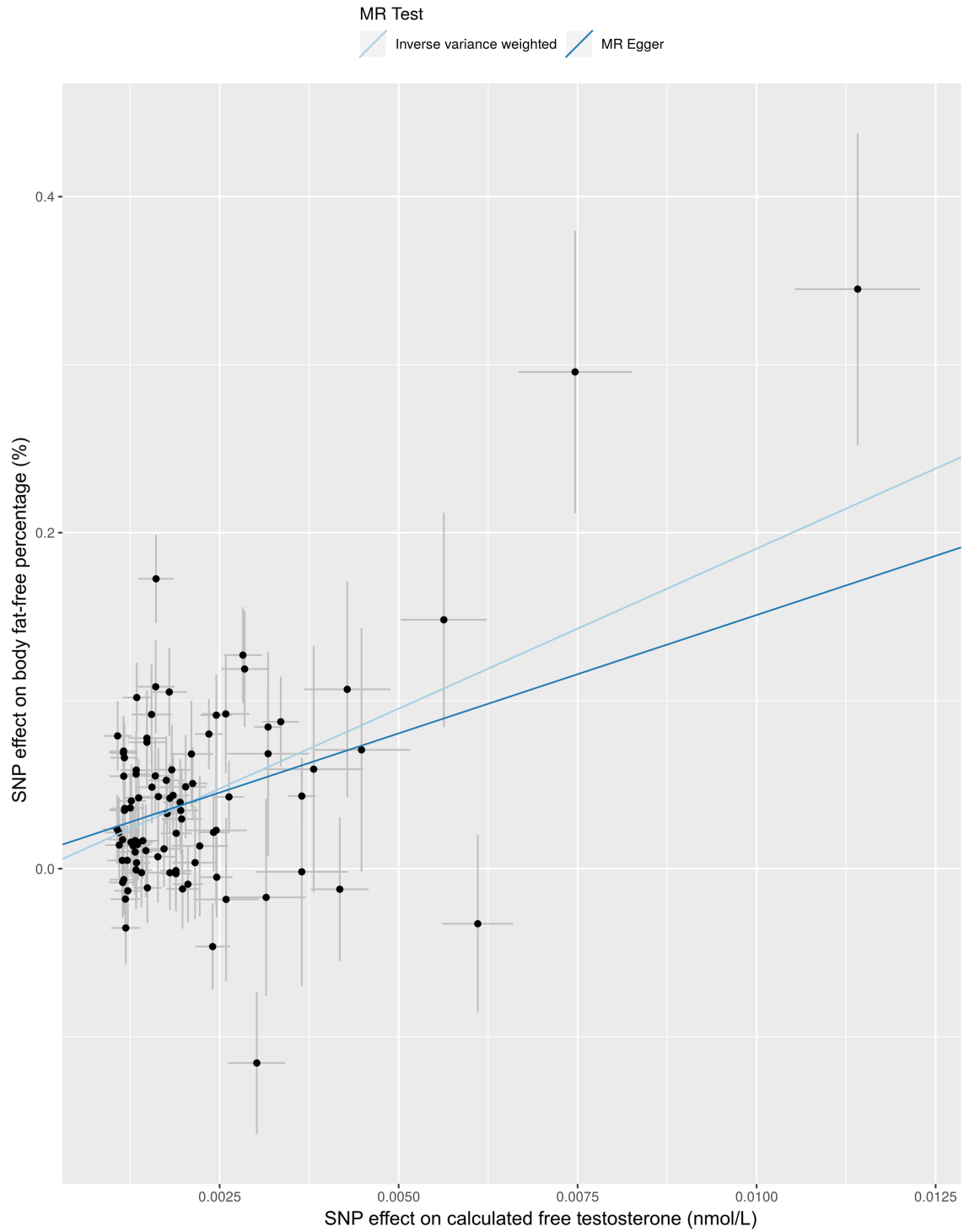


Figure 3 – Figure Supplement 2. Comparison of effect of calculated free testosterone on body fat-free percentage using Mendelian randomization with IVW and Egger regression methods.

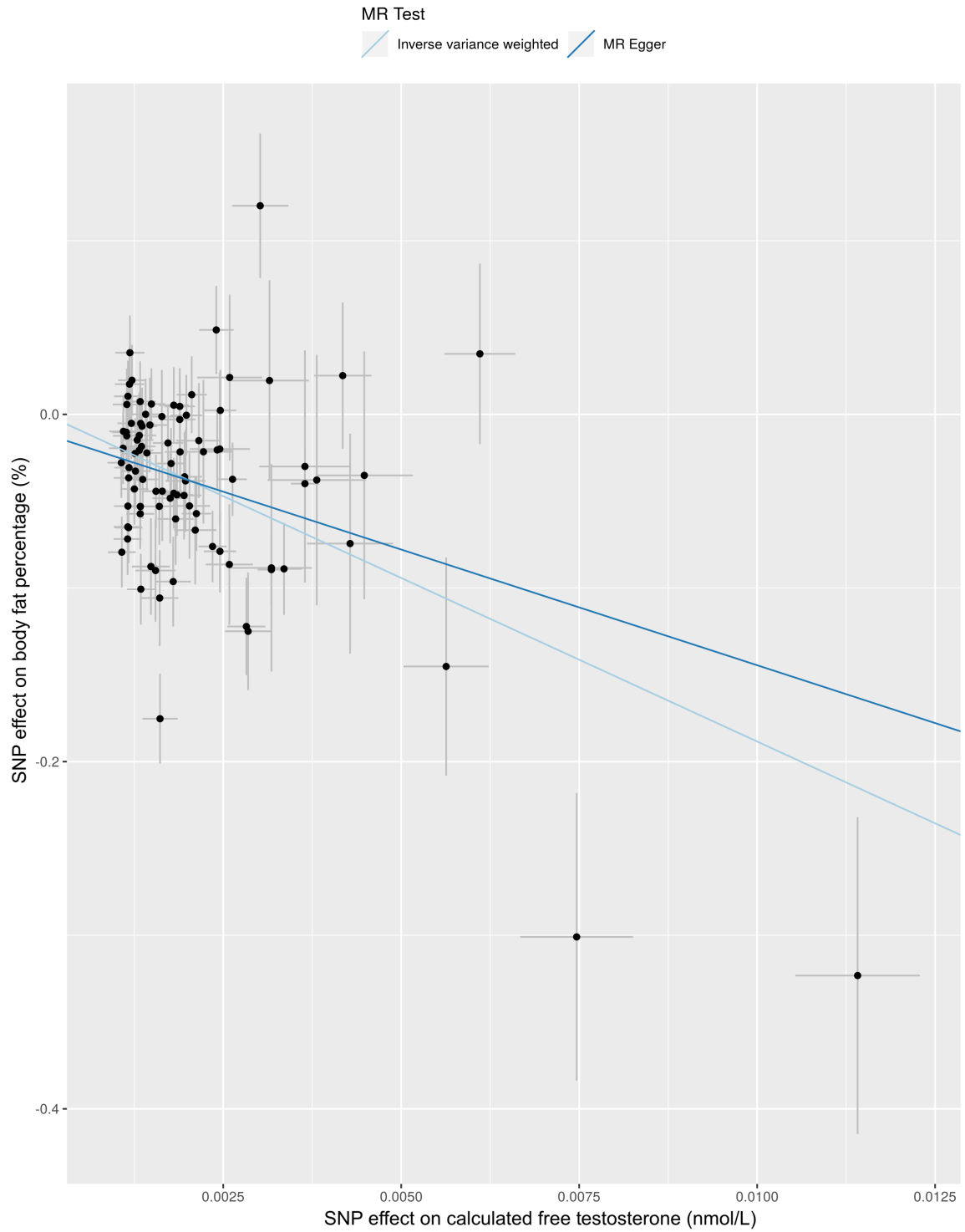


Figure 3 – Figure Supplement 3. Comparison of effect of calculated free testosterone on body fat percentage using Mendelian randomization with IVW and Egger regression methods.

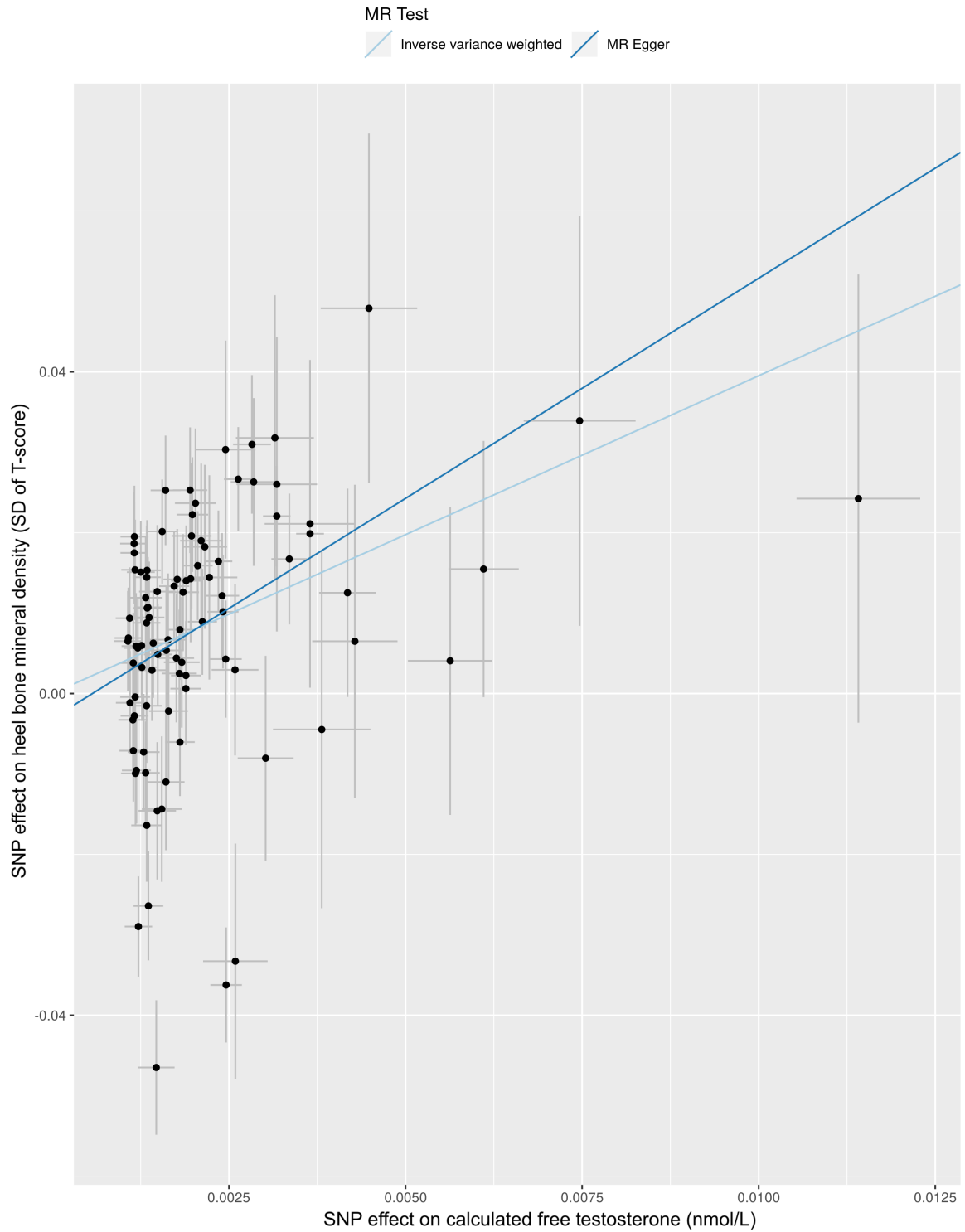


Figure 3 – Figure Supplement 4. Comparison of effect of calculated free testosterone on heel bone mineral density using Mendelian randomization with IVW and Egger regression methods.

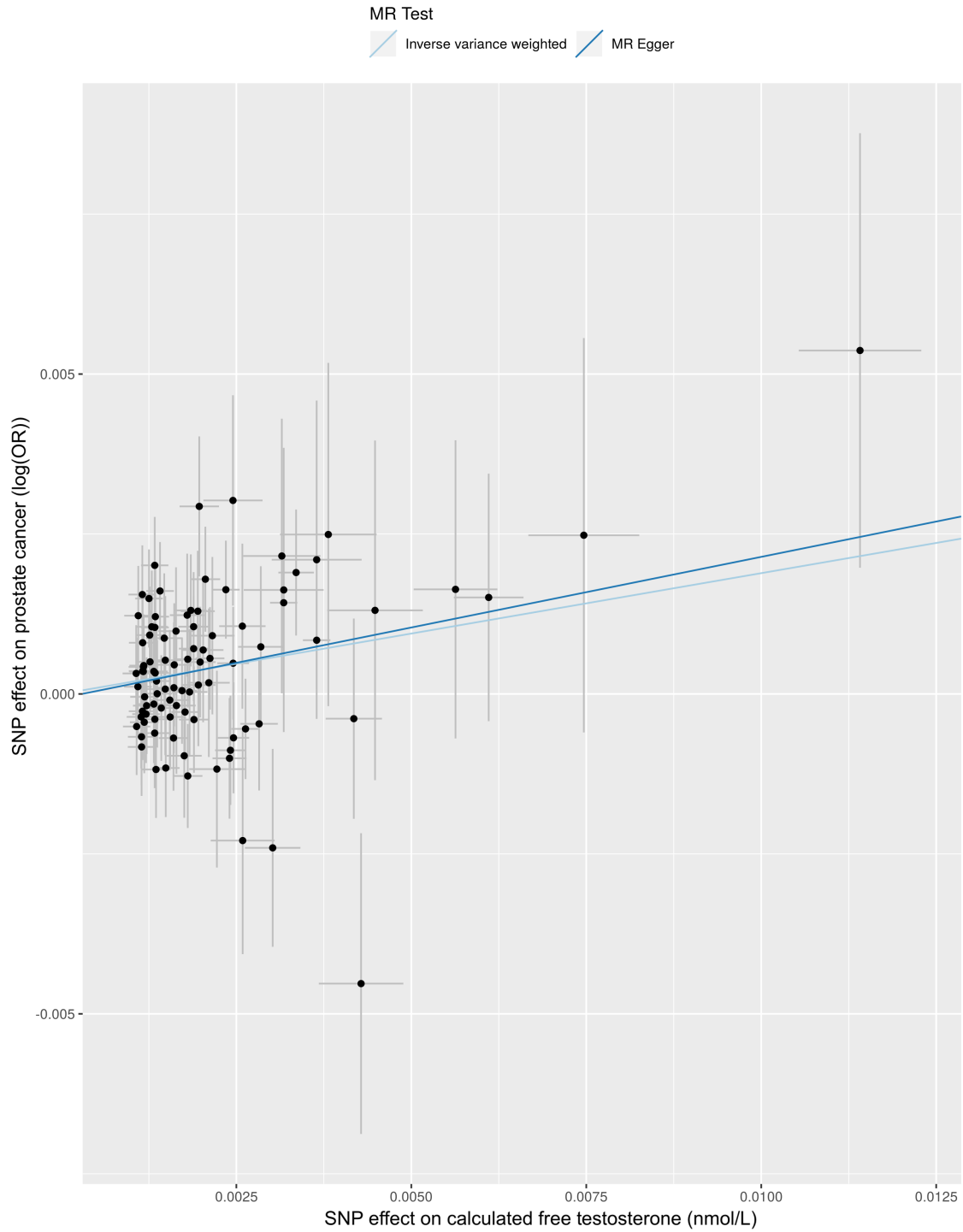


Figure 3 – Figure Supplement 5. Comparison of effect of calculated free testosterone on prostate cancer using Mendelian randomization with IVW and Egger regression methods.

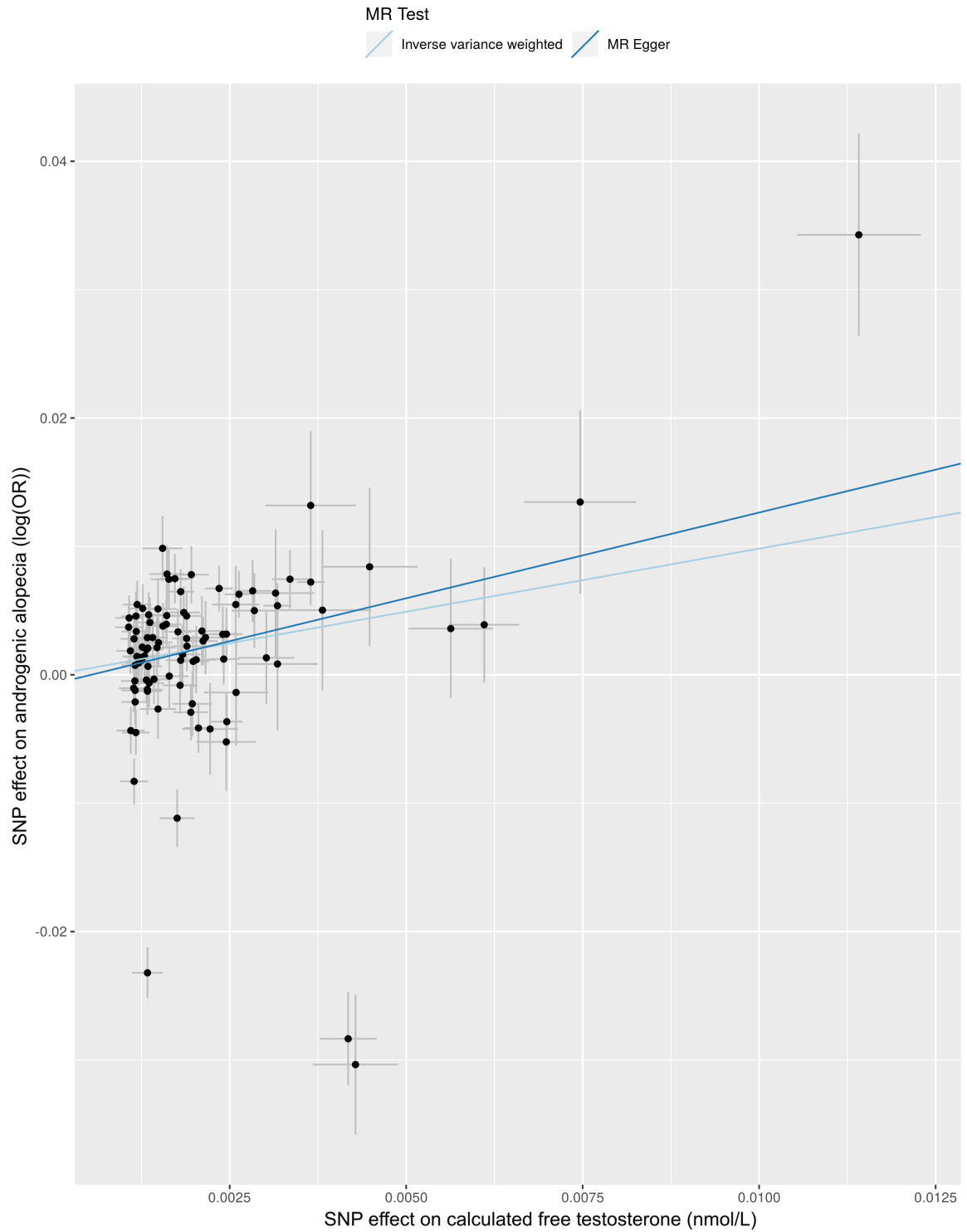


Figure 3 – Figure Supplement 6. Comparison of effect of calculated free testosterone on androgenic alopecia using Mendelian randomization with IVW and Egger regression methods.

Supplementary File 1 - Table 1. Characteristics at recruitment for study population of males from UK Biobank cohort study

| Variable | UK Biobank Males (n=161,268) |
|---|-------------------------------------|
| Age at Recruitment (years) | 57 (8.1) |
| Townsend Deprivation Index | -1.54 (2.98) |
| BMI (kg/m ²) | 27.8 (4.2) |
| Biochemical Measurements | |
| Total Testosterone (nmol/L) | 11.9 (3.7) |
| Sex Hormone-Binding Globulin (nmol/L) | 39.9 (16.7) |
| Albumin (g/L) | 45.5 (2.6) |
| Calculated Free Testosterone (nmol/L) | 0.21 (0.06) |
| Assessment Centre | |
| Manchester | 4435 (2.8%) |
| Oxford | 4299 (2.7%) |
| Cardiff | 6365 (3.9%) |
| Glasgow | 5780 (3.6%) |
| Edinburgh | 5702 (3.5%) |
| Stoke | 7964 (4.9%) |
| Reading | 9529 (5.9%) |
| Bury | 9928 (6.2%) |
| Newcastle | 13185 (8.2%) |
| Leeds | 14794 (9.2%) |
| Bristol | 14305 (8.9%) |
| Barts | 2624 (1.6%) |
| Nottingham | 11418 (7.1%) |
| Sheffield | 10584 (6.6%) |
| Liverpool | 11057 (6.9%) |
| Middlesborough | 7329 (4.5%) |
| Hounslow | 6635 (4.1%) |
| Croydon | 6748 (4.2%) |
| Birmingham | 7611 (4.7%) |
| Swansea | 773 (0.5%) |
| Wrexham | 203 (0.1%) |
| Values are expressed as mean (\pm SD) or count (%) | |
| Abbreviations: BMI, body mass index | |

Supplementary File 1 - Table 2. Independent genetic variants associated with calculated free testosterone at genome-wide significance ($p < 5 \times 10^{-8}$) and not associated with sex hormone-binding globulin in males

| chr | rsid | position (hg19) | beta | se | effect allele | other allele | eaf | pval | gene | sample size |
|-----|-------------|-----------------|----------|---------|---------------|--------------|-------|----------|-------------------------------------|-------------|
| 1 | rs72664935 | 32274901 | -0.00116 | 0.00020 | T | C | 0.424 | 4.80E-09 | SPOCD1 | 161268 |
| 1 | rs6656451 | 65990422 | 0.00126 | 0.00019 | C | T | 0.447 | 9.20E-11 | LEPR | 161268 |
| 1 | rs41264945 | 155640115 | -0.00245 | 0.00042 | C | T | 0.944 | 6.60E-09 | YY1AP1 | 161268 |
| 1 | rs12756999 | 163242095 | -0.00129 | 0.00023 | C | A | 0.757 | 1.00E-08 | RG55 | 161268 |
| 1 | rs2421985 | 172099136 | 0.00122 | 0.00019 | T | C | 0.519 | 3.60E-10 | DNM3 | 161268 |
| 1 | rs114654555 | 204117104 | 0.00318 | 0.00057 | G | T | 0.969 | 2.50E-08 | ETNK2 | 161268 |
| 1 | rs35737316 | 204161534 | -0.00245 | 0.00023 | C | T | 0.754 | 2.10E-27 | KISS1 | 161268 |
| 2 | rs17529680 | 11727087 | -0.00172 | 0.00021 | G | T | 0.706 | 6.50E-16 | GREB1 | 161268 |
| 2 | rs6729954 | 18286651 | -0.00109 | 0.00020 | A | T | 0.566 | 2.90E-08 | KCN3;RDH14 | 161268 |
| 2 | rs72862643 | 31533151 | -0.00418 | 0.00040 | T | C | 0.937 | 2.60E-25 | EHD3;XDH | 161268 |
| 2 | rs11124268 | 31951731 | -0.00176 | 0.00025 | C | A | 0.811 | 1.90E-12 | SRD5A2;LINC01946 | 161268 |
| 2 | rs11901448 | 32096569 | -0.00206 | 0.00021 | C | T | 0.443 | 1.90E-22 | MEMO1 | 161268 |
| 2 | rs7599125 | 32861555 | -0.00115 | 0.00020 | A | G | 0.547 | 6.10E-09 | TTC27 | 161268 |
| 2 | rs112564689 | 33377229 | -0.00428 | 0.00060 | C | G | 0.972 | 1.30E-12 | LTBP1 | 161268 |
| 2 | rs144956283 | 105867819 | -0.00125 | 0.00020 | A | T | 0.505 | 2.20E-10 | TGFBRAP1 | 161268 |
| 2 | rs10192634 | 180500950 | -0.00189 | 0.00022 | C | T | 0.730 | 6.10E-18 | ZNF385B | 161268 |
| 2 | rs4233633 | 234619937 | 0.00211 | 0.00030 | G | C | 0.879 | 1.60E-12 | UGT1A10;UGT1A6;UGT1A7;UGT1A8;UGT1A9 | 161268 |
| 3 | rs1112195 | 24085166 | -0.00108 | 0.00019 | A | G | 0.505 | 3.50E-08 | NR1D2;LINC00691 | 161268 |
| 3 | rs9824196 | 28807441 | -0.00137 | 0.00022 | G | T | 0.280 | 2.40E-10 | LINC00693;RBMS3-AS3 | 161268 |
| 3 | rs56384446 | 53796386 | 0.00134 | 0.00020 | A | G | 0.614 | 2.20E-11 | CACNA1D | 161268 |
| 3 | rs35018228 | 61296301 | 0.00119 | 0.00021 | G | A | 0.662 | 6.70E-09 | FHIT;PTPRG | 161268 |
| 3 | rs7649178 | 61659697 | 0.00203 | 0.00029 | G | A | 0.869 | 3.00E-12 | PTPRG | 161268 |
| 3 | rs11425772 | 88217876 | 0.00148 | 0.00026 | C | CA | 0.228 | 8.30E-09 | C3orf38;EPHA3 | 161268 |
| 3 | rs329926 | 107380821 | 0.00115 | 0.00019 | A | G | 0.477 | 3.90E-09 | BBX | 161268 |
| 3 | rs7626226 | 138234576 | 0.00133 | 0.00019 | C | T | 0.532 | 7.10E-12 | CEP70 | 161268 |
| 3 | rs7610095 | 152035637 | 0.00135 | 0.00019 | G | A | 0.547 | 3.60E-12 | MBNL1 | 161268 |
| 4 | rs78627661 | 21951413 | -0.00285 | 0.00032 | G | C | 0.900 | 1.50E-18 | KCNIP4;LOC100505912 | 161268 |
| 4 | rs6446913 | 73891050 | 0.00133 | 0.00022 | G | A | 0.740 | 1.70E-09 | ADAMTS3;COX18 | 161268 |
| 4 | rs188539658 | 103712252 | 0.00746 | 0.00079 | C | T | 0.983 | 4.30E-21 | LOC102723704 | 161268 |
| 4 | rs17289915 | 104491078 | 0.01141 | 0.00088 | C | G | 0.988 | 7.50E-39 | LINC02428;TACR3 | 161268 |
| 4 | rs565931739 | 104590005 | 0.00283 | 0.00027 | C | CA | 0.836 | 4.00E-26 | TACR3 | 161268 |
| 5 | rs72774885 | 95840231 | -0.00148 | 0.00027 | T | C | 0.834 | 2.30E-08 | LOC101929710 | 161268 |
| 5 | rs950716 | 135680540 | 0.00197 | 0.00028 | A | G | 0.862 | 2.40E-12 | TRPC7 | 161268 |
| 6 | rs7748921 | 17415517 | 0.00117 | 0.00021 | T | C | 0.690 | 2.80E-08 | CAP2 | 161268 |
| 6 | rs1856502 | 100097384 | -0.00177 | 0.00019 | T | A | 0.546 | 1.20E-19 | PRDM13;MCHR2 | 161268 |
| 6 | rs6902789 | 105358192 | 0.00263 | 0.00020 | G | A | 0.630 | 5.40E-39 | HACE1;LIN28B-AS1 | 161268 |
| 6 | rs3020421 | 152348122 | 0.00127 | 0.00021 | G | A | 0.674 | 1.00E-09 | ESR1 | 161268 |
| 7 | rs9986829 | 15019259 | -0.00318 | 0.00019 | G | A | 0.494 | 6.30E-60 | DGKB;AGMO | 161268 |
| 7 | rs10279715 | 40870935 | 0.00134 | 0.00020 | A | G | 0.539 | 5.90E-12 | SUGCT | 161268 |
| 7 | rs145359938 | 78504431 | 0.00448 | 0.00068 | G | C | 0.976 | 5.30E-11 | MAGI2 | 161268 |
| 8 | rs7835492 | 21089517 | -0.00164 | 0.00027 | T | C | 0.854 | 2.20E-09 | LINC02153;LOC101929172 | 161268 |
| 8 | rs7844586 | 61782304 | -0.00185 | 0.00023 | T | C | 0.250 | 2.10E-16 | CHD7;LOC100130298 | 161268 |
| 8 | rs4507742 | 77899752 | 0.00155 | 0.00020 | C | T | 0.637 | 1.20E-14 | PEX2 | 161268 |
| 8 | rs11985714 | 113903152 | 0.00107 | 0.00019 | C | T | 0.472 | 3.50E-08 | CSMD3 | 161268 |
| 9 | rs72695843 | 4707078 | -0.00222 | 0.00040 | A | G | 0.931 | 2.00E-08 | CDC37L1 | 161268 |
| 9 | rs12682723 | 24958749 | 0.00121 | 0.00020 | G | A | 0.570 | 8.00E-10 | IZUMO3;TUSC1 | 161268 |
| 9 | rs72729232 | 77104963 | -0.00195 | 0.00024 | T | G | 0.795 | 9.20E-16 | RORB-AS1 | 161268 |
| 9 | rs2090409 | 108967088 | 0.00181 | 0.00021 | C | A | 0.684 | 6.60E-18 | TMEM38B;MIR8081 | 161268 |
| 9 | rs10982156 | 117088064 | -0.00302 | 0.00040 | T | A | 0.930 | 2.40E-14 | ORM1 | 161268 |
| 10 | rs7912521 | 67262089 | -0.00365 | 0.00020 | T | C | 0.585 | 5.00E-77 | LOC101928887;LINC01515 | 161268 |
| 10 | rs28613899 | 101723615 | 0.00116 | 0.00020 | G | C | 0.565 | 3.20E-09 | DNMBP | 161268 |
| 10 | rs200372827 | 104890340 | -0.00118 | 0.00020 | T | TA | 0.388 | 7.50E-09 | NT5C2 | 161268 |
| 10 | rs41313485 | 135055101 | -0.00315 | 0.00055 | G | A | 0.968 | 1.10E-08 | VENTX | 161268 |
| 11 | rs2957688 | 10364963 | 0.00117 | 0.00019 | G | A | 0.526 | 1.80E-09 | CAND1.11 | 161268 |
| 11 | rs11389722 | 28077708 | 0.00110 | 0.00020 | G | GT | 0.512 | 3.90E-08 | KIF18A | 161268 |
| 11 | rs139807436 | 28728766 | 0.00365 | 0.00064 | A | C | 0.976 | 1.30E-08 | MIR8068;LINC01616 | 161268 |
| 11 | rs567203 | 28743701 | 0.00189 | 0.00021 | T | C | 0.322 | 2.70E-19 | MIR8068;LINC01616 | 161268 |
| 11 | rs142521478 | 29068121 | 0.00563 | 0.00060 | G | A | 0.972 | 4.50E-21 | MIR8068;LINC01616 | 161268 |
| 11 | rs35381476 | 29309284 | 0.00198 | 0.00022 | C | CT | 0.739 | 5.00E-19 | MIR8068;LINC01616 | 161268 |
| 11 | rs1148889 | 29595806 | 0.00381 | 0.00069 | G | T | 0.979 | 3.30E-08 | MIR8068;LINC01616 | 161268 |
| 11 | rs11604034 | 72364147 | 0.00161 | 0.00026 | G | C | 0.837 | 1.00E-09 | PDE2A | 161268 |
| 11 | rs12796488 | 94131557 | 0.00335 | 0.00025 | C | A | 0.823 | 5.20E-40 | GPR83 | 161268 |

| | | | | | | | | | | |
|----|-------------|-----------|----------|---------|---|---|-------|----------|------------------------|--------|
| 11 | rs4938576 | 118746769 | -0.00116 | 0.00020 | T | G | 0.412 | 3.80E-09 | DDX6;CXCR5 | 161268 |
| 11 | rs10892924 | 122773715 | -0.00235 | 0.00020 | A | T | 0.433 | 7.50E-33 | C11orf63 | 161268 |
| 11 | rs7110039 | 122834001 | 0.00116 | 0.00020 | T | C | 0.432 | 3.30E-09 | C11orf63;BSX | 161268 |
| 11 | rs634554 | 125070392 | 0.00136 | 0.00021 | C | A | 0.308 | 1.10E-10 | PKNOX2 | 161268 |
| 12 | rs4765999 | 2945970 | -0.00189 | 0.00021 | C | T | 0.668 | 7.70E-19 | LOC100507424 | 161268 |
| 12 | rs3819886 | 3001009 | -0.00240 | 0.00024 | C | G | 0.798 | 3.30E-23 | TULP3 | 161268 |
| 12 | rs10082968 | 3099291 | -0.00611 | 0.00050 | G | A | 0.960 | 1.20E-34 | TEAD4 | 161268 |
| 12 | rs141773786 | 57475601 | 0.00216 | 0.00032 | A | G | 0.894 | 7.60E-12 | NEMP1;NAB2 | 161268 |
| 12 | rs12810788 | 116196322 | 0.00180 | 0.00025 | G | A | 0.201 | 3.60E-13 | TBX3;MED13L | 161268 |
| 12 | rs6486542 | 130952209 | 0.00149 | 0.00020 | C | T | 0.572 | 4.00E-14 | RIMBP2 | 161268 |
| 13 | rs1555589 | 100480664 | 0.00114 | 0.00021 | G | A | 0.340 | 3.30E-08 | LOC101927437 | 161268 |
| 13 | rs2038695 | 100559123 | 0.00141 | 0.00020 | C | A | 0.449 | 7.50E-13 | LOC101927437 | 161268 |
| 13 | rs3742223 | 112725196 | 0.00259 | 0.00033 | T | C | 0.903 | 6.00E-15 | LINC00403 | 161268 |
| 14 | rs1254269 | 60843017 | -0.00160 | 0.00021 | G | A | 0.698 | 3.50E-14 | LINC02322;C14orf39 | 161268 |
| 14 | rs1812755 | 90007637 | 0.00196 | 0.00025 | T | C | 0.801 | 1.70E-15 | FOXN3 | 161268 |
| 15 | rs61733869 | 50769520 | -0.00259 | 0.00046 | G | A | 0.953 | 1.40E-08 | USP8 | 161268 |
| 15 | rs6493485 | 51498587 | 0.00147 | 0.00026 | G | T | 0.171 | 1.60E-08 | MIR4713HG | 161268 |
| 15 | rs6493487 | 51513729 | 0.00246 | 0.00022 | G | A | 0.255 | 3.10E-28 | MIR4713HG | 161268 |
| 15 | rs12914625 | 57263440 | -0.00134 | 0.00019 | C | T | 0.465 | 5.70E-12 | TCF12 | 161268 |
| 15 | rs35663835 | 60758053 | -0.00155 | 0.00028 | C | T | 0.863 | 4.00E-08 | ICE2 | 161268 |
| 16 | rs2764772 | 20060653 | -0.00212 | 0.00021 | T | A | 0.666 | 6.50E-25 | GPR139 | 161268 |
| 16 | rs74752114 | 28618068 | 0.00161 | 0.00025 | G | A | 0.727 | 7.10E-11 | SULT1A1 | 161268 |
| 16 | rs62041532 | 73922719 | -0.00132 | 0.00024 | T | G | 0.787 | 2.70E-08 | LINC01568;LOC101928035 | 161268 |
| 17 | rs4542712 | 7469327 | -0.00183 | 0.00025 | T | C | 0.821 | 4.90E-13 | SENBP3-EIF4A1 | 161268 |
| 17 | rs2696641 | 43651550 | -0.00134 | 0.00022 | G | C | 0.475 | 1.00E-09 | LRRC37A4P;MAPK8IP1P2 | 161268 |
| 17 | rs8076703 | 75612643 | 0.00143 | 0.00021 | C | T | 0.297 | 1.80E-11 | LOC100507351;LINC01987 | 161268 |
| 18 | rs2668776 | 44750365 | 0.00181 | 0.00019 | C | T | 0.470 | 1.90E-20 | SKOR2 | 161268 |
| 19 | rs55662444 | 48388635 | -0.00132 | 0.00020 | A | G | 0.585 | 3.40E-11 | SULT2A1 | 161268 |
| 20 | rs2327121 | 8878250 | -0.00118 | 0.00020 | G | C | 0.344 | 9.10E-09 | PLCB1;PLCB4 | 161268 |
| 20 | rs7265992 | 33525407 | 0.00164 | 0.00026 | G | A | 0.821 | 1.70E-10 | GSS | 161268 |
| 22 | rs6009583 | 49677646 | -0.00242 | 0.00022 | C | T | 0.733 | 3.80E-28 | LINC01310;NONE | 161268 |

Effect size (beta and standard error) in nmol/L of calculated free testosterone per copy of effect allele
Abbreviations: Chr, chromosome; rsID, rs identifier; SE, standard error; eaf, effect allele frequency; pval, p-value

Supplementary File 1 - Table 3. Results of Mendelian randomization analysis using Egger regression for 22 a priori outcomes relevant to testosterone supplementation

| Outcome | P-value for Egger intercept | Effect using MR Egger (95% CI) | P-value |
|---------------------------------------|------------------------------------|---------------------------------------|----------------|
| Haematocrit percentage | 0.08 | 0.874 % (0.265 to 1.483) | 0.006 |
| Body fat-free percentage | 0.33 | 1.409 % (0.323 to 2.495) | 0.0127 |
| Body fat percentage | 0.28 | -1.332656 % (-2.414 to -0.251) | 0.0177 |
| Heel bone mineral density | 0.37 | 0.5473823 SD (0.183 to 0.912) | 0.0041 |
| Prostate cancer | 0.79 | OR = 1.62 (0.94 to 2.79) | 0.0875 |
| Androgenic alopecia | 0.59 | OR = 1.72 (0.98 to 3.01) | 0.0632 |
| Benign prostatic hyperplasia | 0.94 | OR = 1.38 (0.82 to 2.33) | 0.2253 |
| Depression | 0.66 | OR = 1.26 (0.64 to 2.5) | 0.5106 |
| Myocardial infarction | 0.21 | OR = 1.69 (0.99 to 2.89) | 0.0561 |
| Accelerometer-based physical activity | 0.88 | 1.06 milligravity (-1.286 to 3.4) | 0.3787 |
| Glucose | 0.96 | -0.059 mmol/L (-0.26 to 0.142) | 0.5661 |
| Hemoglobin A1c | 0.68 | -0.101 mmol/mol (-1.316 to 1.11) | 0.8704 |
| All stroke | 0.37 | OR = 0.88 (0.44 to 1.76) | 0.7247 |
| All fracture | 0.41 | OR = 1.1 (0.63 to 1.92) | 0.7329 |
| Handgrip strength | 0.46 | -0.224 kg (-1.725 to 1.278) | 0.7709 |
| Diastolic blood pressure | 0.91 | 0.4 mmHg (-1.095 to 1.799) | 0.6348 |
| All dementia | 0.60 | OR = 0.86 (0.18 to 4.09) | 0.8485 |
| Ischemic stroke | 0.35 | OR = 0.59 (0.21 to 1.61) | 0.3016 |
| Systolic blood pressure | 0.09 | 2.1 mmHg (-0.632 to 4.892) | 0.134 |
| Type 2 diabetes | 0.95 | OR = 1.04 (0.59 to 1.84) | 0.898 |
| Venous thromboembolism | 0.06 | OR = 0.51 (0.23 to 1.12) | 0.0961 |
| Heart failure | 0.57 | OR = 0.83 (0.41 to 1.7) | 0.6177 |

Supplementary File 1 - Table 4. Results of Mendelian randomization analysis using MR-RAPS for effect of calculated free testosterone on 22 a priori outcomes relevant to testosterone supplementation

| Outcome | Effect using MR RAPS (95% CI) | P-value |
|---------------------------------------|--------------------------------------|----------------|
| Haematocrit percentage | 1.31 % (1.04 to 1.58) | 2.11E-21 |
| Body fat-free percentage | 1.97 % (1.506 to 2.434) | 7.76E-17 |
| Body fat percentage | -1.95 % (-2.412 to -1.488) | 1.28E-16 |
| Heel bone mineral density | 0.441 SD (0.308 to 0.574) | 8.68E-11 |
| Prostate cancer | OR = 1.53 (1.21 to 1.92) | 2.86E-04 |
| Androgenic alopecia | OR = 1.65 (1.32 to 2.06) | 1.05E-05 |
| Benign prostatic hyperplasia | OR = 1.42 (1.14 to 1.77) | 0.00163 |
| Depression | OR = 1.45 (1.09 to 1.93) | 0.011 |
| Myocardial infarction | OR = 1.30 (1.04 to 1.61) | 0.020 |
| Accelerometer-based physical activity | 0.929 milligravity (0.004 to 1.854) | 0.049 |
| Glucose | -0.022 mmol/L (-0.091 to 0.046) | 0.52 |
| Hemoglobin A1c | -0.209 mmol/L (-0.648 to 0.23) | 0.35 |
| All stroke | OR = 1.22 (0.92 to 1.64) | 0.17 |
| All fracture | OR = 0.91 (0.71 to 1.15) | 0.42 |
| Handgrip strength | 0.17 kg (-0.446 to 0.786) | 0.59 |
| Diastolic blood pressure | 0.384 mmHg (-0.195 to 0.963) | 0.19 |
| All dementia | OR = 1.11 (0.59 to 2.1) | 0.74 |
| Ischemic stroke | OR = 0.92 (0.6 to 1.4) | 0.69 |
| Systolic blood pressure | 0.267 mmHg (-0.892 to 1.426) | 0.65 |
| Type 2 diabetes | OR = 1.08 (0.85 to 1.38) | 0.53 |
| Venous thromboembolism | OR = 0.97 (0.69 to 1.36) | 0.87 |
| Heart failure | OR = 0.98 (0.73 to 1.32) | 0.89 |

Abbreviations: CFT, calculated free testosterone; P, p-value; CI, confidence interval

Supplementary File 1 - Table 5. Results of Mendelian randomization analysis using MR-PRESSO for effect of calculated free testosterone on 22 a priori outcomes relevant to testosterone supplementation

| Outcome | Global Test P-value | Effect using MR PRESSO (95% CI) | P-value | Distortion Test P-value |
|---------------------------------------|----------------------------|--|----------------|--------------------------------|
| Haematocrit percentage | ≤0.0001 | 1.394 % (1.182 to 1.606) | 7.031E-22 | 0.8365 |
| Body fat-free percentage | ≤0.0001 | 1.917 % (1.538 to 2.296) | 5.516E-16 | 0.9539 |
| Body fat percentage | ≤0.0001 | -1.897 % (-2.272 to -1.522) | 5.277E-16 | 0.9469 |
| Heel bone mineral density | ≤0.0001 | 0.4912 SD (0.38 to 0.602) | 2.05E-13 | 0.1588 |
| Androgenic alopecia | ≤0.0001 | OR = 1.79 (1.55 to 2.06) | 2.45E-12 | 0.1359 |
| Glucose | ≤0.0001 | -0.02062 mmol/L (-0.083 to 0.041) | 0.516 | 0.0639 |
| Hemoglobin A1c | ≤0.0001 | -0.2206 mmol/mol (-0.607 to 0.166) | 0.2665 | 0.2268 |
| Handgrip strength | ≤0.0001 | 0.1428 kg (-0.423 to 0.709) | 0.622 | 0.294 |
| Systolic blood pressure | ≤0.0001 | 0.1665 mmHg (-0.843 to 1.176) | 0.7474 | 0.1588 |
| Type 2 diabetes | ≤0.0001 | OR = 1.11 (0.9 to 1.39) | 0.3342 | 0.6741 |
| Diastolic blood pressure | 0.0038 | 0.441 mmHg (-0.064 to 0.946) | 0.09072 | 0.6254 |
| Benign prostatic hyperplasia | 0.026 | OR = 1.4 (1.15 to 1.7) | 0.001151 | 0.7902 |
| All fracture | 0.0723 | NA | NA | NA |
| Venous thromboembolism | 0.0805 | NA | NA | NA |
| Myocardial infarction | 0.0951 | NA | NA | NA |
| All dementia | 0.1866 | NA | NA | NA |
| Accelerometer-based physical activity | 0.2249 | NA | NA | NA |
| Prostate cancer | 0.4305 | NA | NA | NA |
| Heart failure | 0.4893 | NA | NA | NA |
| Ischemic stroke | 0.6653 | NA | NA | NA |
| All stroke | 0.8287 | NA | NA | NA |
| Depression | 0.8484 | NA | NA | NA |

^a Distortion test evaluates significant differences in the causal estimates before and after correction for outliers

^b Global test evaluates overall horizontal pleiotropy among all genetic variants

Abbreviations: CFT, calculated free testosterone; P, p-value; CI, confidence interval

Supplementary File 1 - Table 6. Associations of genetically predicted calculated free testosterone for 439 health outcomes across the human genome excluding individuals on antihypertensive medication

| Trait | Effect per 0.1 nmol/L increase CFT (95% CI) | P-value | FDR-adjusted | | Sample Size | Number of Cases | Number of | | Category |
|--|---|----------|--------------|--------|-------------|-----------------|----------------|---------|-------------------------|
| | | | p-value | Size | | | Controls | Phecode | |
| Creatinine | 0.118 (0.081 to 0.155) | 3.19E-10 | 1.41E-07 | 112976 | NA | NA | NA | NA | biomarker |
| Apolipoprotein A | -0.021 (-0.031 to -0.012) | 5.00E-06 | 1.10E-03 | 104233 | NA | NA | NA | NA | biomarker |
| HDL cholesterol | -0.083 (-0.123 to -0.044) | 3.58E-05 | 4.82E-03 | 104382 | NA | NA | NA | NA | biomarker |
| C-reactive protein | -0.081 (-0.12 to -0.042) | 4.37E-05 | 4.82E-03 | 112768 | NA | NA | NA | NA | biomarker |
| Other symptoms involving abdomen and pelvis | OR=2.15 (1.41 to 3.29) | 3.96E-04 | 0.035 | 112195 | 963 | 111232 | phecode 579 | | digestive |
| Umbilical hernia | OR=1.73 (1.26 to 2.39) | 8.12E-04 | 0.043 | 101505 | 1690 | 99815 | phecode 550.4 | | digestive |
| Spinal stenosis | OR=1.96 (1.32 to 2.91) | 8.41E-04 | 0.043 | 115676 | 1112 | 114564 | phecode 720 | | musculoskeletal |
| Fasciitis | OR=0.6 (0.44 to 0.81) | 8.58E-04 | 0.043 | 110722 | 1947 | 108775 | phecode 728.7 | | musculoskeletal |
| Albumin | -0.17 (-0.27 to -0.07) | 8.82E-04 | 0.043 | 104429 | NA | NA | NA | | biomarker |
| Contracture of palmar fascia Dupuytren's disease | OR=0.6 (0.44 to 0.81) | 1.12E-03 | 0.049 | 110604 | 1829 | 108775 | phecode 728.71 | | musculoskeletal |
| Total protein | -0.26 (-0.42 to -0.1) | 1.43E-03 | 0.053 | 104299 | NA | NA | NA | | biomarker |
| Phosphate | -0.011 (-0.017 to -0.004) | 1.45E-03 | 0.053 | 104211 | NA | NA | NA | | biomarker |
| Abdominal hernia | OR=1.19 (1.07 to 1.32) | 1.59E-03 | 0.054 | 118535 | 18720 | 99815 | phecode 550 | | digestive |
| IGF1 | 0.322 (0.12 to 0.524) | 1.76E-03 | 0.055 | 112446 | NA | NA | NA | | biomarker |
| Unspecified monoarthritis | OR=1.31 (1.1 to 1.55) | 2.21E-03 | 0.065 | 112557 | 6314 | 106243 | phecode 716.2 | | musculoskeletal |
| Inguinal hernia | OR=1.24 (1.08 to 1.42) | 2.58E-03 | 0.071 | 109916 | 10101 | 99815 | phecode 550.1 | | musculoskeletal |
| Calcium | -0.005 (-0.009 to -0.002) | 3.19E-03 | 0.083 | 104386 | NA | NA | NA | | biomarker |
| Hypotension | OR=0.63 (0.46 to 0.86) | 3.90E-03 | 0.093 | 113978 | 1823 | 112155 | phecode 458 | | circulatory system |
| Disorders of muscle; ligament; and fascia | OR=0.66 (0.49 to 0.88) | 4.11E-03 | 0.093 | 110944 | 2169 | 108775 | phecode 728 | | musculoskeletal |
| Spondylosis and allied disorders | OR=1.54 (1.14 to 2.06) | 4.24E-03 | 0.093 | 116588 | 2024 | 114564 | phecode 721 | | musculoskeletal |
| Arthropathy NOS | OR=1.21 (1.06 to 1.38) | 4.65E-03 | 0.098 | 117337 | 11094 | 106243 | phecode 716.9 | | musculoskeletal |
| Back pain | OR=1.36 (1.1 to 1.69) | 5.48E-03 | 0.106 | 118535 | 3745 | 114790 | phecode 760 | | symptoms |
| Other arthropathies | OR=1.21 (1.06 to 1.38) | 5.63E-03 | 0.106 | 117366 | 11123 | 106243 | phecode 716 | | musculoskeletal |
| Other disorders of intestine | OR=1.29 (1.08 to 1.55) | 5.78E-03 | 0.106 | 113894 | 5615 | 108279 | phecode 569 | | digestive |
| Symptoms involving head and neck | OR=1.7 (1.16 to 2.5) | 6.25E-03 | 0.110 | 118535 | 1185 | 117350 | phecode 293 | | mental disorders |
| Hypotension NOS | OR=0.63 (0.45 to 0.88) | 7.11E-03 | 0.119 | 113732 | 1577 | 112155 | phecode 458.9 | | circulatory system |
| Inflammatory diseases of prostate | OR=1.55 (1.12 to 2.13) | 7.29E-03 | 0.119 | 38517 | 1831 | 36686 | phecode 601 | | genitourinary |
| Degenerative skin conditions and other dermatoses | OR=0.65 (0.48 to 0.9) | 8.60E-03 | 0.135 | 117429 | 1778 | 115651 | phecode 702 | | dermatologic |
| Hemiplegia | OR=0.44 (0.23 to 0.83) | 0.011 | 0.170 | 112321 | 439 | 111882 | phecode 342 | | neurological |
| Delirium dementia and amnestic and other cognitive disorders | OR=1.7 (1.11 to 2.62) | 0.015 | 0.222 | 116902 | 948 | 115954 | phecode 290 | | mental disorders |
| Osteoarthritis | OR=1.22 (1.04 to 1.43) | 0.016 | 0.226 | 118535 | 7314 | 111221 | phecode 740 | | musculoskeletal |
| Alkaline phosphatase | -0.047 (-0.085 to -0.009) | 0.016 | 0.226 | 113050 | NA | NA | NA | | biomarker |
| Internal derangement of knee | OR=1.23 (1.04 to 1.47) | 0.018 | 0.235 | 117744 | 6027 | 111717 | phecode 835 | | injuries and poisonings |
| Urethral stricture not specified as infectious | OR=1.58 (1.08 to 2.3) | 0.018 | 0.235 | 114490 | 1217 | 113273 | phecode 597.1 | | genitourinary |
| GERD | OR=1.21 (1.03 to 1.42) | 0.019 | 0.239 | 112426 | 7371 | 105055 | phecode 530.11 | | digestive |
| Mitral valve disease | OR=0.6 (0.39 to 0.92) | 0.020 | 0.247 | 114991 | 969 | 114022 | phecode 394.2 | | circulatory system |
| Prostatitis | OR=1.65 (1.08 to 2.54) | 0.021 | 0.252 | 37682 | 996 | 36686 | phecode 601.1 | | genitourinary |
| Chronic bronchitis | OR=1.34 (1.04 to 1.72) | 0.024 | 0.254 | 112084 | 2819 | 109265 | phecode 496.2 | | respiratory |
| Other disorders of peritoneum | OR=1.66 (1.07 to 2.57) | 0.024 | 0.254 | 109183 | 904 | 108279 | phecode 568 | | digestive |
| Obstructive chronic bronchitis | OR=1.34 (1.04 to 1.73) | 0.024 | 0.254 | 112022 | 2757 | 109265 | phecode 496.21 | | respiratory |
| Lipoma | OR=1.37 (1.04 to 1.8) | 0.024 | 0.254 | 118243 | 2364 | 115879 | phecode 214 | | neoplasms |
| Convulsions | OR=1.69 (1.07 to 2.68) | 0.025 | 0.254 | 112698 | 816 | 111882 | phecode 345.3 | | neurological |
| Personal history of diseases of digestive system | OR=1.24 (1.03 to 1.49) | 0.025 | 0.254 | 102744 | 5389 | 97355 | phecode 564.9 | | digestive |
| Sleep apnea | OR=1.44 (1.04 to 2) | 0.027 | 0.264 | 118221 | 1647 | 116574 | phecode 327.3 | | neurological |
| Total bilirubin | 0.044 (0.005 to 0.083) | 0.027 | 0.264 | 112560 | NA | NA | NA | | biomarker |
| Other disorders of urethra and urinary tract | OR=1.49 (1.04 to 2.13) | 0.029 | 0.275 | 114644 | 1371 | 113273 | phecode 597 | | genitourinary |
| Functional digestive disorders | OR=1.18 (1.02 to 1.36) | 0.029 | 0.277 | 106299 | 8944 | 97355 | phecode 564 | | digestive |
| Allergy/adverse effect of penicillin | OR=1.27 (1.02 to 1.58) | 0.031 | 0.282 | 115509 | 3800 | 111709 | phecode 960.2 | | injuries and poisonings |
| Duodenitis | OR=1.32 (1.02 to 1.7) | 0.034 | 0.303 | 111801 | 2746 | 109055 | phecode 535.6 | | digestive |
| Seborrheic keratosis | OR=0.64 (0.42 to 0.97) | 0.035 | 0.306 | 117756 | 999 | 116757 | phecode 702.2 | | dermatologic |
| Cancer; suspected or other | OR=1.17 (1.01 to 1.36) | 0.035 | 0.306 | 114819 | 9023 | 105796 | phecode 195 | | neoplasms |
| Malignant neoplasm; other | OR=1.17 (1.01 to 1.36) | 0.037 | 0.312 | 114600 | 8804 | 105796 | phecode 195.1 | | neoplasms |
| Fracture of lower limb | OR=0.73 (0.54 to 0.98) | 0.038 | 0.312 | 114322 | 1927 | 112395 | phecode 800 | | injuries and poisonings |
| Other peripheral nerve disorders | OR=1.33 (1.01 to 1.75) | 0.039 | 0.322 | 116930 | 2354 | 114576 | phecode 351 | | neurological |
| Noninfectious gastroenteritis | OR=1.26 (1.01 to 1.58) | 0.041 | 0.332 | 100910 | 3555 | 97355 | phecode 558 | | digestive |

| | | | | | | | | |
|--|------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Diseases of the oral soft tissues; excluding lesions specific for gingiva and tongue | OR=1.47 (1.01 to 2.15) | 0.044 | 0.343 | 118093 | 1226 | 116867 | phecode 528 | digestive |
| Osteoarthritis; localized | OR=1.22 (1.01 to 1.49) | 0.044 | 0.343 | 115940 | 4719 | 111221 | phecode 740.1 | musculoskeletal |
| Peritoneal adhesions postoperative postinfection | OR=1.58 (1.01 to 2.49) | 0.047 | 0.358 | 109128 | 849 | 108279 | phecode 568.1 | digestive |
| Nonrheumatic mitral valve disorders | OR=0.65 (0.42 to 1) | 0.048 | 0.360 | 114977 | 955 | 114022 | phecode 395.1 | circulatory system |
| Other symptoms or disorders of the urinary system | OR=1.17 (1 to 1.36) | 0.049 | 0.361 | 118535 | 7961 | 110574 | phecode 599 | genitourinary |
| Intestinal infection | OR=1.29 (1 to 1.65) | 0.050 | 0.361 | 118535 | 2807 | 115728 | phecode 008 | infectious diseases |
| Hemorrhage of gastrointestinal tract | OR=1.34 (1 to 1.8) | 0.053 | 0.362 | 113245 | 2013 | 111232 | phecode 578.9 | digestive |
| Essential hypertension | OR=1.12 (1 to 1.27) | 0.053 | 0.362 | 118245 | 14230 | 104015 | phecode 401.1 | circulatory system |
| Visual disturbances | OR=0.66 (0.43 to 1.01) | 0.055 | 0.362 | 118535 | 950 | 117585 | phecode 368 | sense organs |
| Gastrointestinal hemorrhage | OR=1.18 (1 to 1.39) | 0.055 | 0.362 | 117762 | 6530 | 111232 | phecode 578 | digestive |
| Retinal detachments and defects | OR=0.7 (0.48 to 1.01) | 0.055 | 0.362 | 115816 | 1276 | 114540 | phecode 361 | sense organs |
| Retinal detachment with retinal defect | OR=0.7 (0.48 to 1.01) | 0.055 | 0.362 | 115816 | 1276 | 114540 | phecode 361.1 | sense organs |
| Abal findings examination of lungs | OR=1.54 (0.99 to 2.42) | 0.057 | 0.372 | 118535 | 866 | 117669 | phecode 514 | respiratory |
| Osteoarthritis NOS | OR=1.26 (0.99 to 1.6) | 0.061 | 0.376 | 114295 | 3074 | 111221 | phecode 740.9 | musculoskeletal |
| Open wounds of head; neck; and trunk | OR=1.37 (0.99 to 1.91) | 0.061 | 0.376 | 116186 | 1605 | 114581 | phecode 870 | injuries and poisonings |
| Osteoporosis | OR=0.61 (0.36 to 1.03) | 0.063 | 0.376 | 118196 | 638 | 117558 | phecode 743.1 | musculoskeletal |
| Osteoporosis NOS | OR=0.61 (0.36 to 1.03) | 0.063 | 0.376 | 118196 | 638 | 117558 | phecode 743.11 | musculoskeletal |
| Poisoning by antibiotics | OR=1.22 (0.99 to 1.5) | 0.063 | 0.376 | 115843 | 4134 | 111709 | phecode 960 | injuries and poisonings |
| Hypertension | OR=1.12 (0.99 to 1.26) | 0.063 | 0.376 | 118315 | 14300 | 104015 | phecode 401 | circulatory system |
| Benign neoplasm of colon | OR=1.16 (0.99 to 1.36) | 0.065 | 0.376 | 98910 | 7577 | 91333 | phecode 208 | neoplasms |
| Other local infections of skin and subcutaneous tissue | OR=0.73 (0.52 to 1.02) | 0.065 | 0.376 | 116217 | 1549 | 114668 | phecode 686 | dermatologic |
| Other diseases of the teeth and supporting structures | OR=1.54 (0.97 to 2.46) | 0.066 | 0.376 | 116306 | 806 | 115500 | phecode 525 | digestive |
| Fracture of upper limb | OR=0.77 (0.59 to 1.02) | 0.067 | 0.377 | 114769 | 2374 | 112395 | phecode 803 | injuries and poisonings |
| Symptoms involving digestive system | OR=1.22 (0.99 to 1.51) | 0.068 | 0.381 | 101357 | 4002 | 97355 | phecode 561 | digestive |
| Intestinal obstruction without mention of hernia | OR=1.41 (0.97 to 2.05) | 0.073 | 0.400 | 98600 | 1245 | 97355 | phecode 560 | digestive |
| Acute pulmonary heart disease | OR=1.36 (0.97 to 1.92) | 0.077 | 0.412 | 117556 | 1491 | 116065 | phecode 415.1 | circulatory system |
| Pulmonary embolism and infarction; acute | OR=1.36 (0.97 to 1.92) | 0.077 | 0.412 | 117556 | 1491 | 116065 | phecode 415.11 | circulatory system |
| Sciatica | OR=1.62 (0.95 to 2.78) | 0.078 | 0.412 | 118066 | 596 | 117470 | phecode 764 | symptoms |
| Fracture of unspecified part of femur | OR=0.62 (0.37 to 1.06) | 0.079 | 0.416 | 113013 | 618 | 112395 | phecode 800.2 | injuries and poisonings |
| Chronic airway obstruction | OR=1.23 (0.97 to 1.54) | 0.083 | 0.433 | 112693 | 3428 | 109265 | phecode 496 | respiratory |
| Abality of gait | OR=0.66 (0.4 to 1.06) | 0.088 | 0.445 | 118128 | 751 | 117377 | phecode 350.2 | neurological |
| Other disorders of prostate | OR=1.53 (0.94 to 2.5) | 0.089 | 0.445 | 37448 | 762 | 36686 | phecode 602 | genitourinary |
| Malignant neoplasm of other and ill defined sites within the digestive organs and peritoneum | OR=1.28 (0.96 to 1.71) | 0.089 | 0.445 | 92351 | 2158 | 90193 | phecode 159 | neoplasms |
| Poisoning by primarily systemic agents | OR=1.53 (0.94 to 2.51) | 0.090 | 0.445 | 112422 | 713 | 111709 | phecode 963 | injuries and poisonings |
| Esophagitis; GERD and related diseases | OR=1.13 (0.98 to 1.29) | 0.091 | 0.447 | 115274 | 10219 | 105055 | phecode 530.1 | digestive |
| Diseases of esophagus | OR=1.12 (0.98 to 1.27) | 0.096 | 0.463 | 116340 | 11285 | 105055 | phecode 530 | digestive |
| Right bundle branch block | OR=0.65 (0.39 to 1.09) | 0.102 | 0.488 | 109854 | 668 | 109186 | phecode 426.31 | circulatory system |
| Appendiceal conditions | OR=0.73 (0.49 to 1.07) | 0.103 | 0.490 | 118535 | 1180 | 117355 | phecode 540 | digestive |
| Fracture of radius and ulna | OR=0.72 (0.49 to 1.07) | 0.105 | 0.494 | 113535 | 1140 | 112395 | phecode 803.2 | injuries and poisonings |
| Abdominal pain | OR=1.12 (0.97 to 1.3) | 0.108 | 0.498 | 118535 | 9247 | 109288 | phecode 785 | symptoms |
| Other diseases of blood and blood forming organs | OR=1.34 (0.94 to 1.91) | 0.109 | 0.498 | 117523 | 1373 | 116150 | phecode 289 | hematopoietic |
| Sleep disorders | OR=1.28 (0.95 to 1.72) | 0.110 | 0.498 | 118535 | 1961 | 116574 | phecode 327 | neurological |
| Other disorders of stomach and duodenum | OR=1.27 (0.95 to 1.69) | 0.111 | 0.499 | 111171 | 2116 | 109055 | phecode 537 | digestive |
| Nausea and vomiting | OR=0.81 (0.63 to 1.05) | 0.114 | 0.507 | 118535 | 2648 | 115887 | phecode 789 | symptoms |
| Lipoma of skin and subcutaneous tissue | OR=1.3 (0.94 to 1.81) | 0.116 | 0.507 | 117475 | 1596 | 115879 | phecode 214.1 | neoplasms |
| Diaphragmatic hernia | OR=1.13 (0.97 to 1.32) | 0.116 | 0.507 | 107545 | 7730 | 99815 | phecode 550.2 | digestive |
| Hypercholesterolemia | OR=1.12 (0.97 to 1.3) | 0.125 | 0.533 | 117796 | 8894 | 108902 | phecode 272.11 | endocrine metabolic |
| Secondary malignancy of lymph nodes | OR=1.32 (0.93 to 1.88) | 0.126 | 0.533 | 107187 | 1391 | 105796 | phecode 198.1 | neoplasms |
| Precordial pain | OR=0.73 (0.48 to 1.09) | 0.127 | 0.533 | 111190 | 1049 | 110141 | phecode 418.1 | circulatory system |
| Anal and rectal conditions | OR=1.15 (0.96 to 1.39) | 0.127 | 0.533 | 113627 | 5348 | 108279 | phecode 565 | digestive |
| Asthma | OR=1.13 (0.96 to 1.34) | 0.133 | 0.555 | 116058 | 6793 | 109265 | phecode 495 | respiratory |
| Appendicitis | OR=0.74 (0.5 to 1.1) | 0.137 | 0.557 | 118493 | 1138 | 117355 | phecode 540.1 | digestive |
| Pulmonary heart disease | OR=1.28 (0.92 to 1.78) | 0.140 | 0.557 | 117694 | 1629 | 116065 | phecode 415 | circulatory system |

| | | | | | | | | |
|---|--------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Vitamin D | 0.029 (-0.01 to 0.069) | 0.142 | 0.557 | 109121 | NA | NA | NA | biomarker |
| Other mental disorder | OR=1.1 (0.97 to 1.26) | 0.143 | 0.557 | 116299 | 11056 | 105243 | phecode 306 | mental disorders |
| Hemorrhoids | OR=1.13 (0.96 to 1.32) | 0.143 | 0.557 | 114575 | 7274 | 107301 | phecode 455 | circulatory system |
| Other biliary tract disease | OR=1.37 (0.9 to 2.09) | 0.143 | 0.557 | 116054 | 980 | 115074 | phecode 575 | digestive |
| Cholelithiasis | OR=1.21 (0.94 to 1.57) | 0.144 | 0.557 | 117744 | 2670 | 115074 | phecode 574.1 | digestive |
| Cystatin C | 0.026 (-0.009 to 0.061) | 0.144 | 0.557 | 113043 | NA | NA | NA | biomarker |
| Open wounds of extremities | OR=1.23 (0.93 to 1.64) | 0.146 | 0.558 | 116772 | 2191 | 114581 | phecode 871 | injuries and poisonings |
| Chronic liver disease and cirrhosis | OR=0.74 (0.49 to 1.11) | 0.151 | 0.573 | 116576 | 1057 | 115519 | phecode 571 | digestive |
| Varicose veins | OR=1.2 (0.93 to 1.56) | 0.160 | 0.597 | 109984 | 2683 | 107301 | phecode 454 | circulatory system |
| Osteoporosis; osteopenia and pathological fracture | OR=0.74 (0.48 to 1.13) | 0.161 | 0.597 | 118535 | 977 | 117558 | phecode 743 | musculoskeletal |
| Hyperlipidemia | OR=1.11 (0.96 to 1.28) | 0.161 | 0.597 | 118499 | 9597 | 108902 | phecode 272.1 | endocrine metabolic |
| Erythematous conditions | OR=1.48 (0.85 to 2.56) | 0.165 | 0.603 | 117331 | 571 | 116760 | phecode 695 | dermatologic |
| Direct bilirubin | 0.029 (-0.012 to 0.069) | 0.165 | 0.603 | 104780 | NA | NA | NA | biomarker |
| Anxiety disorder | OR=1.25 (0.91 to 1.71) | 0.168 | 0.608 | 107024 | 1781 | 105243 | phecode 300.1 | mental disorders |
| Altered mental status | OR=1.37 (0.87 to 2.16) | 0.171 | 0.611 | 116803 | 849 | 115954 | phecode 292.4 | mental disorders |
| Tachycardia NOS | OR=0.7 (0.43 to 1.16) | 0.172 | 0.611 | 109882 | 696 | 109186 | phecode 427.7 | circulatory system |
| Disorders of mineral metabolism | OR=0.72 (0.45 to 1.15) | 0.174 | 0.612 | 118535 | 795 | 117740 | phecode 275 | endocrine metabolic |
| Acute appendicitis | OR=0.75 (0.49 to 1.14) | 0.178 | 0.621 | 118342 | 987 | 117355 | phecode 540.11 | digestive |
| Transient cerebral ischemia | OR=0.69 (0.4 to 1.19) | 0.179 | 0.621 | 116037 | 585 | 115452 | phecode 433.31 | circulatory system |
| Frequency of urination and polyuria | OR=1.28 (0.89 to 1.85) | 0.183 | 0.622 | 111873 | 1299 | 110574 | phecode 599.5 | genitourinary |
| Gout | OR=1.27 (0.89 to 1.8) | 0.184 | 0.622 | 118327 | 1412 | 116915 | phecode 274.1 | endocrine metabolic |
| Disorders of lipid metabolism | OR=1.1 (0.96 to 1.27) | 0.185 | 0.622 | 118535 | 9633 | 108902 | phecode 272 | endocrine metabolic |
| Alanine aminotransferase | 0.026 (-0.012 to 0.064) | 0.186 | 0.622 | 112973 | NA | NA | NA | biomarker |
| Osteoarthritis; localized; primary | OR=1.2 (0.91 to 1.58) | 0.187 | 0.622 | 113566 | 2345 | 111221 | phecode 740.11 | musculoskeletal |
| Anxiety disorders | OR=1.22 (0.91 to 1.64) | 0.188 | 0.622 | 107239 | 1996 | 105243 | phecode 300 | mental disorders |
| Epistaxis or throat hemorrhage | OR=0.72 (0.43 to 1.19) | 0.198 | 0.641 | 112820 | 687 | 112133 | phecode 477 | respiratory |
| Urinary obstruction | OR=1.31 (0.87 to 1.99) | 0.198 | 0.641 | 111579 | 1005 | 110574 | phecode 599.1 | genitourinary |
| Septal Deviations or Turbinate Hypertrophy | OR=1.22 (0.9 to 1.64) | 0.199 | 0.641 | 114089 | 1956 | 112133 | phecode 470 | respiratory |
| Otitis media and Eustachian tube disorders | OR=1.41 (0.83 to 2.38) | 0.199 | 0.641 | 118010 | 632 | 117378 | phecode 381 | sense organs |
| Cough | OR=1.34 (0.85 to 2.1) | 0.203 | 0.648 | 115742 | 855 | 114887 | phecode 512.8 | respiratory |
| Spondylosis without myelopathy | OR=1.27 (0.88 to 1.83) | 0.206 | 0.654 | 115849 | 1285 | 114564 | phecode 721.1 | musculoskeletal |
| Cholesterol | -0.027 (-0.068 to 0.015) | 0.209 | 0.659 | 113057 | NA | NA | NA | biomarker |
| Nasal polyps | OR=1.25 (0.88 to 1.77) | 0.212 | 0.659 | 113558 | 1425 | 112133 | phecode 471 | respiratory |
| Renal colic | OR=0.74 (0.45 to 1.19) | 0.213 | 0.659 | 116134 | 750 | 115384 | phecode 594.8 | genitourinary |
| Other abal blood chemistry | OR=1.16 (0.92 to 1.48) | 0.214 | 0.659 | 118472 | 3111 | 115361 | phecode 790.6 | symptoms |
| Other chronic nonalcoholic liver disease | OR=0.74 (0.45 to 1.19) | 0.215 | 0.659 | 116263 | 744 | 115519 | phecode 571.5 | digestive |
| Gout and other crystal arthropathies | OR=1.23 (0.89 to 1.71) | 0.217 | 0.660 | 118535 | 1620 | 116915 | phecode 274 | endocrine metabolic |
| Urate | 1.651 (-0.991 to 4.293) | 0.221 | 0.663 | 112907 | NA | NA | NA | biomarker |
| Hypothyroidism NOS | OR=1.23 (0.88 to 1.72) | 0.222 | 0.663 | 118123 | 1556 | 116567 | phecode 244.4 | endocrine metabolic |
| Unspecified diffuse connective tissue disease | OR=0.73 (0.44 to 1.21) | 0.223 | 0.663 | 110331 | 693 | 109638 | phecode 709.7 | dermatologic |
| Dermatitis due to solar radiation | OR=0.77 (0.5 to 1.18) | 0.230 | 0.670 | 117504 | 948 | 116556 | phecode 938 | dermatologic |
| Type 1 diabetes | OR=0.71 (0.4 to 1.25) | 0.230 | 0.670 | 114372 | 543 | 113829 | phecode 250.1 | endocrine metabolic |
| Blood in stool | OR=1.31 (0.84 to 2.06) | 0.232 | 0.670 | 112099 | 867 | 111232 | phecode 578.2 | digestive |
| Secondary malignant neoplasm | OR=1.16 (0.91 to 1.49) | 0.234 | 0.670 | 108697 | 2901 | 105796 | phecode 198 | neoplasms |
| Esophageal bleeding varices or hemorrhage | OR=0.72 (0.42 to 1.23) | 0.234 | 0.670 | 105667 | 612 | 105055 | phecode 530.2 | digestive |
| Colon cancer | OR=1.25 (0.86 to 1.8) | 0.236 | 0.670 | 92581 | 1310 | 91271 | phecode 153.2 | neoplasms |
| Other disorders of bladder | OR=1.14 (0.92 to 1.42) | 0.237 | 0.670 | 117067 | 3794 | 113273 | phecode 596 | genitourinary |
| Nonspecific findings on examination of blood | OR=1.15 (0.91 to 1.46) | 0.237 | 0.670 | 118535 | 3174 | 115361 | phecode 790 | symptoms |
| Other disorders of soft tissues | OR=0.84 (0.62 to 1.13) | 0.238 | 0.670 | 110770 | 1995 | 108775 | phecode 729 | musculoskeletal |
| Tobacco use disorder | OR=1.1 (0.94 to 1.3) | 0.246 | 0.681 | 114482 | 6822 | 107660 | phecode 318 | mental disorders |
| Candidiasis | OR=1.35 (0.81 to 2.24) | 0.248 | 0.681 | 118324 | 672 | 117652 | phecode 112 | infectious diseases |
| Chronic dermatitis due to solar radiation | OR=0.77 (0.5 to 1.2) | 0.249 | 0.681 | 117472 | 916 | 116556 | phecode 938.2 | dermatologic |
| Chronic ulcer of skin | OR=1.34 (0.81 to 2.22) | 0.249 | 0.681 | 118535 | 695 | 117840 | phecode 707 | dermatologic |
| Colorectal cancer | OR=1.19 (0.88 to 1.61) | 0.254 | 0.690 | 93261 | 1990 | 91271 | phecode 153 | neoplasms |
| Actinic keratosis | OR=0.77 (0.49 to 1.21) | 0.260 | 0.700 | 117622 | 865 | 116757 | phecode 702.1 | dermatologic |
| Malignant neoplasm of rectum; rectosigmoid junction; and anus | OR=1.27 (0.84 to 1.93) | 0.261 | 0.700 | 92272 | 1001 | 91271 | phecode 153.3 | neoplasms |
| Cholelithiasis with other cholecystitis | OR=1.27 (0.84 to 1.92) | 0.264 | 0.702 | 116076 | 1002 | 115074 | phecode 574.12 | digestive |
| Hemorrhage of rectum and anus | OR=1.13 (0.91 to 1.41) | 0.275 | 0.719 | 114886 | 3654 | 111232 | phecode 578.8 | digestive |
| Fracture of ankle and foot | OR=0.75 (0.44 to 1.26) | 0.275 | 0.719 | 113027 | 632 | 112395 | phecode 801 | injuries and poisonings |

| | | | | | | | | |
|---|-------------------------|-------|-------|--------|------|--------|----------------|-------------------------|
| Other acute and subacute forms of ischemic heart disease | OR=1.36 (0.78 to 2.37) | 0.276 | 0.719 | 109619 | 564 | 109055 | phecode 411.9 | circulatory system |
| Other open wound of head and face | OR=1.22 (0.85 to 1.73) | 0.280 | 0.720 | 115967 | 1386 | 114581 | phecode 870.3 | injuries and poisonings |
| Bundle branch block | OR=0.81 (0.55 to 1.19) | 0.282 | 0.720 | 110368 | 1182 | 109186 | phecode 426.3 | circulatory system |
| Epilepsy; recurrent seizures; convulsions | OR=1.19 (0.87 to 1.64) | 0.282 | 0.720 | 113604 | 1722 | 111882 | phecode 345 | neurological |
| Hypothyroidism | OR=1.2 (0.86 to 1.66) | 0.282 | 0.720 | 118205 | 1638 | 116567 | phecode 244 | endocrine metabolic |
| Staphylococcus infections | OR=0.8 (0.54 to 1.2) | 0.288 | 0.724 | 114982 | 1076 | 113906 | phecode 041.1 | infectious diseases |
| Diffuse diseases of connective tissue | OR=0.77 (0.48 to 1.25) | 0.290 | 0.724 | 110396 | 758 | 109638 | phecode 709 | dermatologic |
| Benign neoplasm of other parts of digestive system | OR=1.21 (0.85 to 1.72) | 0.291 | 0.724 | 118535 | 1406 | 117129 | phecode 211 | neoplasms |
| Electrolyte imbalance | OR=1.22 (0.84 to 1.77) | 0.292 | 0.724 | 117411 | 1266 | 116145 | phecode 276.1 | endocrine metabolic |
| Respiratory abalities | OR=1.14 (0.89 to 1.46) | 0.292 | 0.724 | 118535 | 2888 | 115647 | phecode 513 | respiratory |
| Cardiac conduction disorders | OR=0.87 (0.66 to 1.13) | 0.295 | 0.727 | 111671 | 2485 | 109186 | phecode 426 | circulatory system |
| Edema | OR=0.74 (0.41 to 1.33) | 0.314 | 0.770 | 118486 | 510 | 117976 | phecode 782.3 | symptoms |
| Cancer of bladder | OR=0.82 (0.55 to 1.21) | 0.317 | 0.772 | 117852 | 1129 | 116723 | phecode 189.2 | neoplasms |
| Cholecystitis without cholelithiasis | OR=0.77 (0.46 to 1.29) | 0.319 | 0.772 | 115718 | 644 | 115074 | phecode 574.3 | digestive |
| Malaise and fatigue | OR=1.25 (0.8 to 1.96) | 0.321 | 0.774 | 118535 | 869 | 117666 | phecode 798 | symptoms |
| Other non epithelial cancer of skin | OR=1.09 (0.92 to 1.28) | 0.325 | 0.778 | 117363 | 6884 | 110479 | phecode 172.2 | neoplasms |
| Diseases of white blood cells | OR=1.21 (0.83 to 1.78) | 0.326 | 0.778 | 117326 | 1176 | 116150 | phecode 288 | hematopoietic |
| Effects radiation NOS | OR=1.21 (0.83 to 1.77) | 0.329 | 0.779 | 117516 | 1219 | 116297 | phecode 990 | injuries and poisonings |
| Redundant prepuce and phimosisorBXO | OR=1.17 (0.85 to 1.61) | 0.330 | 0.779 | 108070 | 1735 | 106335 | phecode 604.1 | genitourinary |
| Dizziness and giddiness Light headedness and vertigo | OR=1.2 (0.83 to 1.73) | 0.337 | 0.791 | 118129 | 1303 | 116826 | phecode 386.9 | sense organs |
| Postoperative infection | OR=1.2 (0.82 to 1.76) | 0.340 | 0.791 | 118226 | 1207 | 117019 | phecode 080 | infectious diseases |
| Rheumatoid arthritis and other inflammatory polyarthropathies | OR=1.24 (0.8 to 1.91) | 0.341 | 0.791 | 118535 | 921 | 117614 | phecode 714 | musculoskeletal |
| Other hypertrophic and atrophic conditions of skin | OR=1.2 (0.82 to 1.74) | 0.347 | 0.799 | 118500 | 1247 | 117253 | phecode 701 | dermatologic |
| Peripheral enthesopathies and allied syndromes | OR=1.1 (0.9 to 1.35) | 0.350 | 0.799 | 113228 | 4453 | 108775 | phecode 726 | musculoskeletal |
| Symptoms involving skin and other integumentary tissue | OR=0.77 (0.44 to 1.34) | 0.352 | 0.799 | 118535 | 559 | 117976 | phecode 782 | symptoms |
| Abal heart sounds | OR=0.89 (0.68 to 1.15) | 0.356 | 0.799 | 116683 | 2661 | 114022 | phecode 396 | circulatory system |
| Circulatory disease NEC | OR=0.91 (0.75 to 1.11) | 0.357 | 0.799 | 117066 | 4911 | 112155 | phecode 459.9 | circulatory system |
| Bacterial enteritis | OR=1.26 (0.77 to 2.06) | 0.357 | 0.799 | 116448 | 720 | 115728 | phecode 008.5 | infectious diseases |
| Disorders of fluid; electrolyte; and acid base balance | OR=1.14 (0.87 to 1.49) | 0.358 | 0.799 | 118535 | 2390 | 116145 | phecode 276 | endocrine metabolic |
| Degeneration of intervertebral disc | OR=0.8 (0.49 to 1.29) | 0.360 | 0.799 | 115316 | 752 | 114564 | phecode 722.6 | musculoskeletal |
| Musculoskeletal symptoms referable to limbs | OR=0.85 (0.6 to 1.2) | 0.362 | 0.799 | 118535 | 1472 | 117063 | phecode 771 | symptoms |
| Diseases of pancreas | OR=1.23 (0.79 to 1.91) | 0.364 | 0.799 | 118535 | 888 | 117647 | phecode 577 | digestive |
| Superficial injury without mention of infection | OR=1.15 (0.85 to 1.56) | 0.365 | 0.799 | 118344 | 1870 | 116474 | phecode 915 | injuries and poisonings |
| Alcohol related disorders | OR=1.09 (0.91 to 1.31) | 0.368 | 0.799 | 113106 | 5446 | 107660 | phecode 317 | mental disorders |
| Swelling of limb | OR=0.84 (0.58 to 1.22) | 0.373 | 0.799 | 118335 | 1272 | 117063 | phecode 771.1 | symptoms |
| Other derangement of joint | OR=1.23 (0.78 to 1.95) | 0.373 | 0.799 | 117323 | 825 | 116498 | phecode 742.9 | musculoskeletal |
| Complication due to other implant and internal device | OR=1.2 (0.8 to 1.81) | 0.375 | 0.799 | 112474 | 1046 | 111428 | phecode 859 | injuries and poisonings |
| Ventral hernia | OR=1.19 (0.8 to 1.77) | 0.380 | 0.799 | 100943 | 1128 | 99815 | phecode 550.5 | digestive |
| Skin cancer | OR=1.07 (0.92 to 1.25) | 0.380 | 0.799 | 118484 | 8005 | 110479 | phecode 172 | neoplasms |
| Acquired foot deformities | OR=0.83 (0.54 to 1.27) | 0.381 | 0.799 | 117328 | 961 | 116367 | phecode 735 | musculoskeletal |
| Nonspecific chest pain | OR=1.07 (0.92 to 1.24) | 0.381 | 0.799 | 118535 | 8394 | 110141 | phecode 418 | circulatory system |
| Varicose veins of lower extremity | OR=1.13 (0.86 to 1.48) | 0.383 | 0.799 | 109731 | 2430 | 107301 | phecode 454.1 | circulatory system |
| Reflux esophagitis | OR=1.1 (0.88 to 1.38) | 0.383 | 0.799 | 108635 | 3580 | 105055 | phecode 530.14 | digestive |
| Rheumatic disease of the heart valves | OR=0.87 (0.63 to 1.2) | 0.386 | 0.799 | 115707 | 1685 | 114022 | phecode 394 | circulatory system |
| Carbuncle and furuncle | OR=0.82 (0.51 to 1.3) | 0.388 | 0.799 | 115480 | 812 | 114668 | phecode 686.1 | dermatologic |
| Occlusion of cerebral arteries | OR=1.17 (0.82 to 1.68) | 0.389 | 0.799 | 116803 | 1351 | 115452 | phecode 433.2 | circulatory system |
| Localized superficial swelling; mass; or lump | OR=1.27 (0.74 to 2.2) | 0.390 | 0.799 | 116996 | 575 | 116421 | phecode 687.2 | dermatologic |
| Alcoholism | OR=1.1 (0.88 to 1.37) | 0.393 | 0.802 | 111466 | 3806 | 107660 | phecode 317.1 | mental disorders |
| First degree AV block | OR=0.76 (0.4 to 1.44) | 0.396 | 0.804 | 109614 | 428 | 109186 | phecode 426.21 | circulatory system |
| Gamma glutamyltransferase | 0.017 (-0.022 to 0.056) | 0.399 | 0.806 | 112976 | NA | NA | NA | biomarker |
| Atrial fibrillation and flutter | OR=1.08 (0.9 to 1.31) | 0.400 | 0.806 | 114508 | 5322 | 109186 | phecode 427.2 | circulatory system |
| Cholelithiasis and cholecystitis | OR=1.11 (0.87 to 1.41) | 0.407 | 0.813 | 118095 | 3021 | 115074 | phecode 574 | digestive |
| Other disorders of circulatory system | OR=0.92 (0.76 to 1.12) | 0.408 | 0.813 | 117126 | 4971 | 112155 | phecode 459 | circulatory system |

| | | | | | | | | |
|--|------------------------|-------|-------|--------|------|--------|----------------|-------------------------|
| Enthesopathy | OR=1.11 (0.86 to 1.43) | 0.418 | 0.828 | 111530 | 2755 | 108775 | phecode 726.1 | musculoskeletal |
| Other specified cardiac dysrhythmias | OR=0.86 (0.59 to 1.25) | 0.420 | 0.828 | 110432 | 1246 | 109186 | phecode 427.3 | circulatory system |
| Hypertensive heart and/or renal disease | OR=0.68 (0.26 to 1.77) | 0.426 | 0.828 | 104204 | 189 | 104015 | phecode 401.2 | circulatory system |
| Other disorders of eyelids | OR=1.15 (0.82 to 1.62) | 0.429 | 0.828 | 117280 | 1502 | 115778 | phecode 374 | sense organs |
| Abal movement | OR=0.85 (0.58 to 1.26) | 0.429 | 0.828 | 118535 | 1158 | 117377 | phecode 350 | neurological |
| Rheumatoid arthritis | OR=1.2 (0.76 to 1.91) | 0.432 | 0.828 | 118535 | 819 | 117716 | phecode 714.1 | musculoskeletal |
| Gastritis and duodenitis | OR=1.06 (0.91 to 1.23) | 0.432 | 0.828 | 117526 | 8471 | 109055 | phecode 535 | digestive |
| Renal failure | OR=1.11 (0.86 to 1.43) | 0.434 | 0.828 | 117464 | 2729 | 114735 | phecode 585 | genitourinary |
| Bladder neck obstruction | OR=1.17 (0.78 to 1.76) | 0.435 | 0.828 | 114351 | 1078 | 113273 | phecode 596.1 | genitourinary |
| Nonrheumatic aortic valve disorders | OR=1.2 (0.76 to 1.88) | 0.435 | 0.828 | 114888 | 866 | 114022 | phecode 395.2 | circulatory system |
| Hydronephrosis | OR=1.21 (0.75 to 1.94) | 0.436 | 0.828 | 116163 | 779 | 115384 | phecode 595 | genitourinary |
| Ileostomy status | OR=1.23 (0.73 to 2.08) | 0.438 | 0.828 | 97985 | 630 | 97355 | phecode 559 | digestive |
| Thrombocytopenia | OR=1.24 (0.71 to 2.17) | 0.448 | 0.843 | 118204 | 561 | 117643 | phecode 287.3 | hematopoietic |
| Melanomas of skin | OR=1.15 (0.8 to 1.67) | 0.451 | 0.843 | 111739 | 1260 | 110479 | phecode 172.11 | neoplasms |
| Melanomas of skin; dx or hx | OR=1.15 (0.8 to 1.67) | 0.451 | 0.843 | 111739 | 1260 | 110479 | phecode 172.1 | neoplasms |
| Retention of urine | OR=1.09 (0.87 to 1.37) | 0.457 | 0.850 | 114014 | 3440 | 110574 | phecode 599.2 | genitourinary |
| Congenital anomalies of great vessels | OR=1.23 (0.71 to 2.13) | 0.459 | 0.851 | 118201 | 577 | 117624 | phecode 747.13 | congenital anomalies |
| Bacterial infection NOS | OR=1.09 (0.87 to 1.36) | 0.470 | 0.862 | 117439 | 3533 | 113906 | phecode 041 | infectious diseases |
| Constipation | OR=1.1 (0.85 to 1.42) | 0.470 | 0.862 | 100132 | 2777 | 97355 | phecode 563 | digestive |
| Disorders of penis | OR=1.11 (0.83 to 1.48) | 0.471 | 0.862 | 108440 | 2105 | 106335 | phecode 604 | genitourinary |
| Aortic valve disease | OR=1.25 (0.68 to 2.3) | 0.474 | 0.863 | 114487 | 465 | 114022 | phecode 394.3 | circulatory system |
| Diseases of the larynx and vocal cords | OR=1.19 (0.74 to 1.91) | 0.478 | 0.864 | 112898 | 765 | 112133 | phecode 473 | respiratory |
| Ulcer of esophagus | OR=1.12 (0.82 to 1.51) | 0.480 | 0.864 | 106980 | 1925 | 105055 | phecode 530.12 | digestive |
| Respiratory failure | OR=1.18 (0.74 to 1.89) | 0.481 | 0.864 | 114970 | 799 | 114171 | phecode 509.1 | respiratory |
| Poisoning by analgesics; antipyretics; and antirheumatics | OR=1.13 (0.8 to 1.6) | 0.482 | 0.864 | 113167 | 1458 | 111709 | phecode 965 | injuries and poisonings |
| Other and unspecified disc disorder | OR=1.13 (0.8 to 1.59) | 0.491 | 0.864 | 116033 | 1469 | 114564 | phecode 722.9 | musculoskeletal |
| Neurological disorders | OR=1.12 (0.81 to 1.54) | 0.493 | 0.864 | 117694 | 1740 | 115954 | phecode 292 | mental disorders |
| Pericarditis | OR=0.82 (0.45 to 1.47) | 0.497 | 0.864 | 117883 | 500 | 117383 | phecode 420.2 | circulatory system |
| Complications of transplants and reattached limbs | OR=1.07 (0.89 to 1.28) | 0.500 | 0.864 | 116695 | 5267 | 111428 | phecode 851 | injuries and poisonings |
| Other specified peripheral vascular diseases | OR=1.16 (0.76 to 1.77) | 0.501 | 0.864 | 116771 | 959 | 115812 | phecode 443.8 | circulatory system |
| Other headache syndromes | OR=0.9 (0.67 to 1.22) | 0.501 | 0.864 | 118153 | 1970 | 116183 | phecode 339 | neurological |
| Hemoptysis | OR=0.88 (0.62 to 1.27) | 0.502 | 0.864 | 118471 | 1348 | 117123 | phecode 516.1 | respiratory |
| Orthostatic hypotension | OR=0.81 (0.45 to 1.49) | 0.504 | 0.864 | 112639 | 484 | 112155 | phecode 458.1 | circulatory system |
| E coli | OR=1.19 (0.72 to 1.97) | 0.506 | 0.864 | 114588 | 682 | 113906 | phecode 041.4 | infectious diseases |
| Shortness of breath | OR=0.89 (0.64 to 1.25) | 0.509 | 0.864 | 116495 | 1608 | 114887 | phecode 512.7 | respiratory |
| Degeneration of macula and posterior pole of retina | OR=1.19 (0.7 to 2.03) | 0.510 | 0.864 | 78616 | 632 | 77984 | phecode 362.2 | sense organs |
| Macular degeneration senile of retina NOS | OR=1.19 (0.7 to 2.03) | 0.510 | 0.864 | 78616 | 632 | 77984 | phecode 362.29 | sense organs |
| Fracture of vertebral column without mention of spinal cord injury | OR=0.84 (0.51 to 1.4) | 0.512 | 0.864 | 113076 | 681 | 112395 | phecode 805 | injuries and poisonings |
| Neoplasm of uncertain behavior | OR=0.87 (0.57 to 1.33) | 0.514 | 0.864 | 106777 | 981 | 105796 | phecode 199 | neoplasms |
| Respiratory insufficiency | OR=1.18 (0.72 to 1.93) | 0.514 | 0.864 | 114887 | 716 | 114171 | phecode 509.2 | respiratory |
| Superficial cellulitis and abscess | OR=1.09 (0.84 to 1.42) | 0.517 | 0.864 | 117208 | 2540 | 114668 | phecode 681 | dermatologic |
| Heart valve disorders | OR=0.9 (0.66 to 1.23) | 0.518 | 0.864 | 115898 | 1876 | 114022 | phecode 395 | circulatory system |
| Lymphadenitis | OR=1.16 (0.74 to 1.81) | 0.520 | 0.864 | 117015 | 865 | 116150 | phecode 289.4 | hematopoietic |
| Irritable Bowel Syndrome | OR=0.87 (0.57 to 1.33) | 0.523 | 0.864 | 98350 | 995 | 97355 | phecode 564.1 | digestive |
| Other inflammatory spondylopathies | OR=1.19 (0.7 to 2.01) | 0.527 | 0.864 | 118535 | 622 | 117913 | phecode 715 | musculoskeletal |
| Other intestinal obstruction | OR=1.14 (0.75 to 1.74) | 0.530 | 0.864 | 98343 | 988 | 97355 | phecode 560.4 | digestive |
| Other disorders of bone and cartilage | OR=0.88 (0.59 to 1.31) | 0.530 | 0.864 | 116154 | 1083 | 115071 | phecode 733 | musculoskeletal |
| Hypovolemia | OR=1.14 (0.75 to 1.75) | 0.533 | 0.864 | 117120 | 975 | 116145 | phecode 276.5 | endocrine metabolic |
| Hemorrhage or hematoma complicating a procedure | OR=1.12 (0.78 to 1.61) | 0.533 | 0.864 | 112760 | 1332 | 111428 | phecode 850 | injuries and poisonings |
| Diabetic retinopathy | OR=1.29 (0.57 to 2.93) | 0.537 | 0.864 | 78245 | 261 | 77984 | phecode 250.7 | endocrine metabolic |
| Malignant neoplasm of bladder | OR=0.87 (0.57 to 1.34) | 0.538 | 0.864 | 117689 | 966 | 116723 | phecode 189.21 | neoplasms |
| Fracture of clavicle or scapula | OR=0.87 (0.55 to 1.36) | 0.540 | 0.864 | 113261 | 866 | 112395 | phecode 803.3 | injuries and poisonings |
| Calculus of kidney | OR=1.12 (0.77 to 1.63) | 0.541 | 0.864 | 116649 | 1265 | 115384 | phecode 594.1 | genitourinary |
| Cystitis and urethritis | OR=1.17 (0.7 to 1.95) | 0.543 | 0.864 | 111086 | 667 | 110419 | phecode 592 | genitourinary |
| Paroxysmal supraventricular tachycardia | OR=0.85 (0.51 to 1.43) | 0.544 | 0.864 | 109843 | 657 | 109186 | phecode 427.11 | circulatory system |
| Fracture of tibia and fibula | OR=0.86 (0.53 to 1.4) | 0.549 | 0.864 | 113121 | 726 | 112395 | phecode 800.3 | injuries and poisonings |
| Diverticulosis | OR=1.05 (0.9 to 1.22) | 0.551 | 0.864 | 105829 | 8474 | 97355 | phecode 562.1 | digestive |

| | | | | | | | | |
|---|--------------------------|-------|-------|--------|------|--------|----------------|-------------------------|
| Diverticulosis and diverticulitis | OR=1.05 (0.9 to 1.22) | 0.551 | 0.864 | 105829 | 8474 | 97355 | phecode 562 | digestive |
| Triglycerides | 0.012 (-0.027 to 0.051) | 0.553 | 0.864 | 112940 | NA | NA | NA | biomarker |
| Other diseases of respiratory system; not elsewhere classified | OR=1.08 (0.84 to 1.37) | 0.554 | 0.864 | 118535 | 3039 | 115496 | phecode 519 | respiratory |
| Other disorders of arteries and arterioles | OR=0.82 (0.43 to 1.57) | 0.557 | 0.864 | 116228 | 416 | 115812 | phecode 447 | circulatory system |
| Disorders of refraction and accommodation; blindness and low vision | OR=1.14 (0.74 to 1.76) | 0.560 | 0.864 | 118535 | 929 | 117606 | phecode 367 | sense organs |
| Pain in joint | OR=1.09 (0.82 to 1.45) | 0.561 | 0.864 | 118535 | 2153 | 116382 | phecode 745 | musculoskeletal |
| Obesity | OR=0.93 (0.72 to 1.2) | 0.564 | 0.864 | 118514 | 2780 | 115734 | phecode 278.1 | endocrine metabolic |
| Atrioventricular AV block | OR=0.87 (0.55 to 1.38) | 0.567 | 0.864 | 110025 | 839 | 109186 | phecode 426.2 | circulatory system |
| Occlusion and stenosis of precerebral arteries | OR=1.21 (0.62 to 2.37) | 0.569 | 0.864 | 115841 | 389 | 115452 | phecode 433.1 | circulatory system |
| Aortic aneurysm | OR=1.17 (0.68 to 2) | 0.570 | 0.864 | 116417 | 605 | 115812 | phecode 442.1 | circulatory system |
| Nerve root and plexus disorders | OR=1.11 (0.77 to 1.59) | 0.572 | 0.864 | 115922 | 1346 | 114576 | phecode 353 | neurological |
| Cardiac pacemaker in situ | OR=1.15 (0.71 to 1.84) | 0.573 | 0.864 | 109969 | 783 | 109186 | phecode 426.91 | circulatory system |
| Derangement of joint; non traumatic | OR=1.13 (0.74 to 1.72) | 0.573 | 0.864 | 117471 | 973 | 116498 | phecode 742 | musculoskeletal |
| Secondary malignancy of bone | OR=1.14 (0.73 to 1.78) | 0.574 | 0.864 | 106680 | 884 | 105796 | phecode 198.6 | neoplasms |
| Overweight; obesity and other hyperalimentation | OR=0.93 (0.72 to 1.2) | 0.578 | 0.867 | 118535 | 2801 | 115734 | phecode 278 | endocrine metabolic |
| Symptoms involving nervous and musculoskeletal systems | OR=1.08 (0.81 to 1.45) | 0.588 | 0.878 | 118535 | 2068 | 116467 | phecode 781 | symptoms |
| Gastric ulcer | OR=0.9 (0.61 to 1.32) | 0.593 | 0.878 | 117419 | 1176 | 116243 | phecode 531.2 | digestive |
| Other specified gastritis | OR=0.93 (0.71 to 1.22) | 0.593 | 0.878 | 111426 | 2371 | 109055 | phecode 535.8 | digestive |
| Senile cataract | OR=0.93 (0.71 to 1.22) | 0.595 | 0.878 | 115154 | 2515 | 112639 | phecode 366.2 | sense organs |
| Chemotherapy | OR=1.05 (0.87 to 1.28) | 0.595 | 0.878 | 110590 | 4794 | 105796 | phecode 197 | neoplasms |
| Chronic renal failure CKD | OR=1.11 (0.75 to 1.66) | 0.600 | 0.880 | 115832 | 1097 | 114735 | phecode 585.3 | genitourinary |
| Acute pancreatitis | OR=1.15 (0.68 to 1.95) | 0.602 | 0.880 | 118273 | 626 | 117647 | phecode 577.1 | digestive |
| Dislocation | OR=1.13 (0.72 to 1.76) | 0.605 | 0.880 | 112578 | 861 | 111717 | phecode 830 | injuries and poisonings |
| Urinary tract infection | OR=1.07 (0.84 to 1.35) | 0.607 | 0.880 | 113538 | 3119 | 110419 | phecode 591 | genitourinary |
| Inflammation of eyelids | OR=1.13 (0.71 to 1.79) | 0.607 | 0.880 | 116595 | 817 | 115778 | phecode 371.3 | sense organs |
| Apolipoprotein B | 0.002 (-0.007 to 0.011) | 0.613 | 0.884 | 112313 | NA | NA | NA | biomarker |
| Pain in limb | OR=1.09 (0.78 to 1.53) | 0.613 | 0.884 | 118535 | 1521 | 117014 | phecode 773 | symptoms |
| Peripheral vascular disease; unspecified | OR=1.13 (0.69 to 1.85) | 0.624 | 0.895 | 116539 | 727 | 115812 | phecode 443.9 | circulatory system |
| Chronic sinusitis | OR=1.12 (0.71 to 1.78) | 0.626 | 0.895 | 112939 | 806 | 112133 | phecode 475 | respiratory |
| Viral infection | OR=1.13 (0.69 to 1.83) | 0.629 | 0.895 | 117630 | 733 | 116897 | phecode 079 | infectious diseases |
| Pneumonia | OR=1.05 (0.85 to 1.3) | 0.633 | 0.895 | 118432 | 3989 | 114443 | phecode 480 | respiratory |
| Iron deficiency anemias | OR=0.93 (0.69 to 1.25) | 0.634 | 0.895 | 115914 | 2000 | 113914 | phecode 280 | hematopoietic |
| Iron deficiency anemias; unspecified or not due to blood loss | OR=0.93 (0.69 to 1.25) | 0.634 | 0.895 | 115914 | 2000 | 113914 | phecode 280.1 | hematopoietic |
| Ganglion and cyst of synovium; tendon; and bursa | OR=0.89 (0.54 to 1.46) | 0.638 | 0.895 | 109467 | 692 | 108775 | phecode 727.4 | musculoskeletal |
| Unstable angina intermediate coronary syndrome | OR=1.1 (0.73 to 1.66) | 0.638 | 0.895 | 110113 | 1058 | 109055 | phecode 411.1 | circulatory system |
| Aspartate aminotransferase | 0.009 (-0.029 to 0.048) | 0.642 | 0.896 | 112601 | NA | NA | NA | biomarker |
| LDL direct | -0.008 (-0.039 to 0.024) | 0.642 | 0.896 | 112819 | NA | NA | NA | biomarker |
| Other disorders of testis | OR=0.92 (0.65 to 1.31) | 0.645 | 0.897 | 107732 | 1397 | 106335 | phecode 603 | genitourinary |
| Complication of internal orthopedic device | OR=1.08 (0.76 to 1.54) | 0.661 | 0.916 | 112841 | 1413 | 111428 | phecode 858 | injuries and poisonings |
| Other disorders of the kidney and ureters | OR=1.09 (0.73 to 1.64) | 0.664 | 0.916 | 115814 | 1079 | 114735 | phecode 586 | genitourinary |
| Disturbance of skin sensation | OR=1.11 (0.69 to 1.77) | 0.665 | 0.916 | 117209 | 788 | 116421 | phecode 687.4 | dermatologic |
| Atopic/contact dermatitis due to other or unspecified | OR=1.12 (0.67 to 1.86) | 0.667 | 0.916 | 117229 | 673 | 116556 | phecode 939 | dermatologic |
| Cardiac pacemaker/device in situ | OR=1.1 (0.7 to 1.74) | 0.674 | 0.921 | 110035 | 849 | 109186 | phecode 426.9 | circulatory system |
| Inflammatory bowel disease and other gastroenteritis and colitis | OR=1.08 (0.76 to 1.51) | 0.676 | 0.921 | 98852 | 1497 | 97355 | phecode 555 | digestive |
| Other disorders of eye | OR=1.08 (0.74 to 1.59) | 0.678 | 0.921 | 117591 | 1188 | 116403 | phecode 379 | sense organs |
| Psoriasis vulgaris | OR=1.12 (0.65 to 1.91) | 0.680 | 0.921 | 109225 | 603 | 108622 | phecode 696.41 | dermatologic |
| Paroxysmal tachycardia; unspecified | OR=0.91 (0.59 to 1.4) | 0.681 | 0.921 | 110132 | 946 | 109186 | phecode 427.1 | circulatory system |
| Other retinal disorders | OR=1.08 (0.75 to 1.56) | 0.684 | 0.922 | 79312 | 1328 | 77984 | phecode 362 | sense organs |
| Abal sputum | OR=0.93 (0.65 to 1.32) | 0.685 | 0.922 | 118535 | 1412 | 117123 | phecode 516 | respiratory |
| Purpura and other hemorrhagic conditions | OR=1.11 (0.66 to 1.88) | 0.694 | 0.925 | 118276 | 633 | 117643 | phecode 287 | hematopoietic |
| Hematuria | OR=1.04 (0.86 to 1.25) | 0.694 | 0.925 | 115639 | 5220 | 110419 | phecode 593 | genitourinary |
| Fever of unknown origin | OR=1.08 (0.74 to 1.56) | 0.696 | 0.925 | 118535 | 1277 | 117258 | phecode 783 | symptoms |
| Peripheral vascular disease | OR=1.09 (0.72 to 1.65) | 0.696 | 0.925 | 116826 | 1014 | 115812 | phecode 443 | circulatory system |

| | | | | | | | | |
|--|------------------------|-------|-------|--------|------|--------|----------------|-------------------------|
| Cardiac congenital anomalies | OR=1.09 (0.69 to 1.73) | 0.705 | 0.933 | 118458 | 834 | 117624 | phecode 747.1 | congenital anomalies |
| Other anemias | OR=0.95 (0.74 to 1.22) | 0.709 | 0.935 | 116809 | 2895 | 113914 | phecode 285 | hematopoietic |
| Other disorders of male genital organs | OR=0.94 (0.69 to 1.29) | 0.710 | 0.935 | 108144 | 1809 | 106335 | phecode 608 | genitourinary |
| Synovitis and tenosynovitis | OR=1.07 (0.75 to 1.51) | 0.712 | 0.935 | 110231 | 1456 | 108775 | phecode 727.1 | musculoskeletal |
| Cancer of urinary organs incl kidney and bladder | OR=0.94 (0.69 to 1.29) | 0.720 | 0.940 | 118535 | 1812 | 116723 | phecode 189 | neoplasms |
| Other diseases of respiratory system; NEC | OR=1.05 (0.82 to 1.34) | 0.721 | 0.940 | 118346 | 2850 | 115496 | phecode 519.8 | respiratory |
| Streptococcus infection | OR=0.9 (0.51 to 1.61) | 0.724 | 0.941 | 114425 | 519 | 113906 | phecode 041.2 | infectious diseases |
| Inflammation of the eye | OR=1.08 (0.71 to 1.64) | 0.725 | 0.941 | 116764 | 986 | 115778 | phecode 371 | sense organs |
| Sepsis | OR=0.93 (0.63 to 1.38) | 0.732 | 0.944 | 118535 | 1144 | 117391 | phecode 994.2 | injuries and poisonings |
| Sepsis and SIRS | OR=0.93 (0.63 to 1.38) | 0.732 | 0.944 | 118535 | 1144 | 117391 | phecode 994 | injuries and poisonings |
| Decreased white blood cell count | OR=1.07 (0.7 to 1.64) | 0.739 | 0.947 | 117121 | 971 | 116150 | phecode 288.1 | hematopoietic |
| Neutropenia | OR=1.07 (0.7 to 1.64) | 0.739 | 0.947 | 117121 | 971 | 116150 | phecode 288.11 | hematopoietic |
| Carditis | OR=0.92 (0.57 to 1.49) | 0.743 | 0.947 | 118145 | 762 | 117383 | phecode 420 | circulatory system |
| Diseases of hair and hair follicles | OR=0.95 (0.69 to 1.3) | 0.746 | 0.947 | 118220 | 1726 | 116494 | phecode 704 | dermatologic |
| Angina pectoris | OR=0.97 (0.79 to 1.19) | 0.746 | 0.947 | 113465 | 4410 | 109055 | phecode 411.3 | circulatory system |
| Heart valve replaced | OR=1.11 (0.59 to 2.08) | 0.747 | 0.947 | 114462 | 440 | 114022 | phecode 395.6 | circulatory system |
| Vertiginous syndromes and other disorders of vestibular system | OR=1.05 (0.76 to 1.45) | 0.751 | 0.949 | 118535 | 1709 | 116826 | phecode 386 | sense organs |
| Sebaceous cyst | OR=1.04 (0.8 to 1.35) | 0.754 | 0.949 | 118283 | 2608 | 115675 | phecode 706.2 | dermatologic |
| Emphysema | OR=1.08 (0.65 to 1.79) | 0.757 | 0.951 | 109953 | 688 | 109265 | phecode 496.1 | respiratory |
| Diabetes mellitus | OR=0.97 (0.8 to 1.18) | 0.759 | 0.951 | 118535 | 4706 | 113829 | phecode 250 | endocrine metabolic |
| Urinary calculus | OR=0.96 (0.74 to 1.24) | 0.764 | 0.955 | 118049 | 2665 | 115384 | phecode 594 | genitourinary |
| Atherosclerosis | OR=1.1 (0.57 to 2.13) | 0.772 | 0.958 | 116215 | 403 | 115812 | phecode 440 | circulatory system |
| Other ability of urination | OR=1.07 (0.65 to 1.77) | 0.777 | 0.958 | 111278 | 704 | 110574 | phecode 599.9 | genitourinary |
| Other chronic ischemic heart disease; unspecified | OR=0.98 (0.84 to 1.14) | 0.779 | 0.958 | 116939 | 7884 | 109055 | phecode 411.8 | circulatory system |
| Diseases of sebaceous glands | OR=1.04 (0.8 to 1.34) | 0.779 | 0.958 | 118300 | 2625 | 115675 | phecode 706 | dermatologic |
| Fracture of hand or wrist | OR=0.95 (0.66 to 1.37) | 0.780 | 0.958 | 113709 | 1314 | 112395 | phecode 804 | injuries and poisonings |
| Cancer of other lymphoid; histiocytic tissue | OR=0.94 (0.62 to 1.43) | 0.782 | 0.958 | 117624 | 1006 | 116618 | phecode 202 | neoplasms |
| Bronchiectasis | OR=1.08 (0.62 to 1.89) | 0.782 | 0.958 | 109829 | 564 | 109265 | phecode 496.3 | respiratory |
| Phlebitis and thrombophlebitis of lower extremities | OR=1.05 (0.73 to 1.51) | 0.788 | 0.962 | 108653 | 1352 | 107301 | phecode 451.2 | circulatory system |
| Fracture of ribs | OR=0.94 (0.58 to 1.52) | 0.791 | 0.962 | 113146 | 751 | 112395 | phecode 807 | injuries and poisonings |
| Leukemia | OR=1.06 (0.67 to 1.69) | 0.793 | 0.962 | 117429 | 811 | 116618 | phecode 204 | neoplasms |
| Cardiac dysrhythmias | OR=1.02 (0.88 to 1.19) | 0.798 | 0.962 | 117352 | 8166 | 109186 | phecode 427 | circulatory system |
| Symptoms affecting skin | OR=1.04 (0.78 to 1.39) | 0.798 | 0.962 | 118535 | 2114 | 116421 | phecode 687 | dermatologic |
| Hereditary retinal dystrophies | OR=1.11 (0.51 to 2.43) | 0.799 | 0.962 | 78268 | 284 | 77984 | phecode 362.7 | sense organs |
| Glaucoma | OR=1.04 (0.75 to 1.45) | 0.803 | 0.962 | 116158 | 1618 | 114540 | phecode 365 | sense organs |
| Abal findings on examination of urine | OR=1.04 (0.73 to 1.48) | 0.809 | 0.962 | 118535 | 1419 | 117116 | phecode 598 | genitourinary |
| Symptoms and disorders of the joints | OR=1.05 (0.71 to 1.55) | 0.809 | 0.962 | 117639 | 1141 | 116498 | phecode 741 | musculoskeletal |
| Non Hodgkins lymphoma | OR=0.95 (0.6 to 1.5) | 0.810 | 0.962 | 117444 | 826 | 116618 | phecode 202.2 | neoplasms |
| Benign neoplasm of unspecified sites | OR=0.94 (0.56 to 1.56) | 0.811 | 0.962 | 118535 | 668 | 117867 | phecode 229 | neoplasms |
| Pleurisy; pleural effusion | OR=1.03 (0.79 to 1.36) | 0.814 | 0.962 | 116570 | 2399 | 114171 | phecode 507 | respiratory |
| Ischemic Heart Disease | OR=0.98 (0.85 to 1.14) | 0.814 | 0.962 | 118315 | 9260 | 109055 | phecode 411 | circulatory system |
| Skull and face fracture and other intercranial injury | OR=1.04 (0.74 to 1.47) | 0.821 | 0.967 | 118535 | 1465 | 117070 | phecode 819 | injuries and poisonings |
| Secondary malignant neoplasm of liver | OR=0.95 (0.62 to 1.46) | 0.824 | 0.967 | 106763 | 967 | 105796 | phecode 198.4 | neoplasms |
| Cardiomegaly | OR=0.95 (0.62 to 1.47) | 0.824 | 0.967 | 116993 | 928 | 116065 | phecode 416 | circulatory system |
| Other aneurysm | OR=1.05 (0.65 to 1.71) | 0.828 | 0.967 | 116560 | 748 | 115812 | phecode 442 | circulatory system |
| Urinary incontinence | OR=0.95 (0.59 to 1.52) | 0.830 | 0.967 | 111356 | 782 | 110574 | phecode 599.4 | genitourinary |
| Intervertebral disc disorders | OR=1.03 (0.77 to 1.39) | 0.834 | 0.967 | 116539 | 1975 | 114564 | phecode 722 | musculoskeletal |
| Complications of cardiacorvascular device; implant; and graft | OR=1.05 (0.64 to 1.74) | 0.837 | 0.967 | 112127 | 699 | 111428 | phecode 854 | injuries and poisonings |
| Peptic ulcer excl esophageal | OR=1.03 (0.78 to 1.36) | 0.839 | 0.967 | 118535 | 2292 | 116243 | phecode 531 | digestive |
| Degenerative disease of the spinal cord | OR=1.05 (0.64 to 1.73) | 0.840 | 0.967 | 112579 | 697 | 111882 | phecode 334 | neurological |
| Abal results of function study of liver | OR=1.04 (0.7 to 1.54) | 0.842 | 0.967 | 116659 | 1140 | 115519 | phecode 573.7 | digestive |
| Secondary malignancy of respiratory organs | OR=1.05 (0.66 to 1.67) | 0.846 | 0.967 | 106607 | 811 | 105796 | phecode 198.2 | neoplasms |
| Cancer of bronchus; lung | OR=0.96 (0.62 to 1.48) | 0.848 | 0.967 | 118327 | 922 | 117405 | phecode 165.1 | neoplasms |
| Cancer within the respiratory system | OR=1.04 (0.7 to 1.54) | 0.849 | 0.967 | 118523 | 1118 | 117405 | phecode 165 | neoplasms |
| Other acquired deformities of limbs | OR=1.05 (0.62 to 1.8) | 0.850 | 0.967 | 116967 | 600 | 116367 | phecode 736 | musculoskeletal |
| Syncope and collapse | OR=0.98 (0.77 to 1.25) | 0.854 | 0.967 | 118535 | 2972 | 115563 | phecode 788 | symptoms |

| | | | | | | | | |
|---|-------------------------|-------|-------|--------|------|--------|----------------|----------------------|
| Phlebitis and thrombophlebitis | OR=1.03 (0.73 to 1.47) | 0.855 | 0.967 | 108740 | 1439 | 107301 | phecode 451 | circulatory system |
| Cerebrovascular disease | OR=1.02 (0.79 to 1.33) | 0.855 | 0.967 | 118107 | 2655 | 115452 | phecode 433 | circulatory system |
| Other disorders of biliary tract | OR=1.05 (0.61 to 1.8) | 0.863 | 0.967 | 115665 | 591 | 115074 | phecode 575.8 | digestive |
| Benign neoplasm of skin | OR=0.98 (0.73 to 1.3) | 0.863 | 0.967 | 118364 | 2131 | 116233 | phecode 216 | neoplasms |
| Left bundle branch block | OR=1.05 (0.58 to 1.9) | 0.863 | 0.967 | 109688 | 502 | 109186 | phecode 426.32 | circulatory system |
| Aphakia and other disorders of lens | OR=1.05 (0.6 to 1.84) | 0.864 | 0.967 | 116962 | 559 | 116403 | phecode 379.3 | sense organs |
| Cerebral artery occlusion; with cerebral infarction | OR=1.05 (0.61 to 1.78) | 0.869 | 0.968 | 116065 | 613 | 115452 | phecode 433.21 | circulatory system |
| Other symptoms of respiratory system | OR=0.98 (0.79 to 1.23) | 0.870 | 0.968 | 118535 | 3648 | 114887 | phecode 512 | respiratory |
| Calculus of bile duct | OR=0.96 (0.54 to 1.68) | 0.877 | 0.971 | 115620 | 546 | 115074 | phecode 574.2 | digestive |
| Acute upper respiratory infections of multiple or unspecified sites | OR=0.96 (0.56 to 1.64) | 0.881 | 0.971 | 118493 | 602 | 117891 | phecode 465 | respiratory |
| Other disorders of synovium; tendon; and bursa | OR=1.02 (0.79 to 1.32) | 0.882 | 0.971 | 111503 | 2728 | 108775 | phecode 727 | musculoskeletal |
| Cataract | OR=0.99 (0.82 to 1.18) | 0.883 | 0.971 | 118535 | 5896 | 112639 | phecode 366 | sense organs |
| Stricture and stenosis of esophagus | OR=1.04 (0.65 to 1.66) | 0.883 | 0.971 | 105849 | 794 | 105055 | phecode 530.3 | digestive |
| Abdominal aortic aneurysm | OR=0.95 (0.49 to 1.86) | 0.886 | 0.971 | 116201 | 389 | 115812 | phecode 442.11 | circulatory system |
| Anal and rectal polyp | OR=1.02 (0.79 to 1.31) | 0.892 | 0.971 | 111137 | 2858 | 108279 | phecode 565.1 | digestive |
| Cellulitis and abscess of arm/hand | OR=0.98 (0.73 to 1.32) | 0.898 | 0.971 | 116649 | 1981 | 114668 | phecode 681.3 | dermatologic |
| Cellulitis and abscess of foot; toe | OR=0.98 (0.73 to 1.32) | 0.898 | 0.971 | 116649 | 1981 | 114668 | phecode 681.6 | dermatologic |
| Cellulitis and abscess of leg; except foot | OR=0.98 (0.73 to 1.32) | 0.898 | 0.971 | 116649 | 1981 | 114668 | phecode 681.5 | dermatologic |
| Cerebral ischemia | OR=0.98 (0.67 to 1.42) | 0.898 | 0.971 | 116678 | 1226 | 115452 | phecode 433.3 | circulatory system |
| Other disorders of liver | OR=0.98 (0.76 to 1.28) | 0.898 | 0.971 | 118088 | 2569 | 115519 | phecode 573 | digestive |
| Ulcerative colitis | OR=1.02 (0.69 to 1.52) | 0.905 | 0.975 | 98472 | 1117 | 97355 | phecode 555.2 | digestive |
| Hydrocele | OR=1.03 (0.65 to 1.61) | 0.914 | 0.979 | 107190 | 855 | 106335 | phecode 603.1 | genitourinary |
| Lipoprotein A | 0.002 (-0.041 to 0.046) | 0.915 | 0.979 | 90248 | NA | NA | NA | biomarker |
| Pulmonary collapse; interstitial and compensatory emphysema | OR=0.98 (0.61 to 1.56) | 0.920 | 0.979 | 114965 | 794 | 114171 | phecode 508 | respiratory |
| Palpitations | OR=0.98 (0.61 to 1.56) | 0.921 | 0.979 | 109968 | 782 | 109186 | phecode 427.9 | circulatory system |
| Hearing loss | OR=0.98 (0.71 to 1.36) | 0.924 | 0.979 | 118518 | 1665 | 116853 | phecode 389 | sense organs |
| Substance addiction and disorders | OR=0.99 (0.76 to 1.29) | 0.926 | 0.979 | 110152 | 2492 | 107660 | phecode 316 | mental disorders |
| Coronary atherosclerosis | OR=0.99 (0.84 to 1.17) | 0.929 | 0.979 | 115660 | 6605 | 109055 | phecode 411.4 | circulatory system |
| Other forms of chronic heart disease | OR=1.02 (0.63 to 1.65) | 0.931 | 0.979 | 109814 | 759 | 109055 | phecode 414 | circulatory system |
| Septicemia | OR=0.99 (0.7 to 1.38) | 0.933 | 0.979 | 115435 | 1529 | 113906 | phecode 038 | infectious diseases |
| Diseases of hard tissues of teeth | OR=0.98 (0.65 to 1.48) | 0.934 | 0.979 | 116538 | 1038 | 115500 | phecode 521 | digestive |
| Cardiac and circulatory congenital anomalies | OR=1.02 (0.66 to 1.58) | 0.935 | 0.979 | 118535 | 911 | 117624 | phecode 747 | congenital anomalies |
| Respiratory failure; insufficiency; arrest | OR=1.02 (0.67 to 1.55) | 0.935 | 0.979 | 115147 | 976 | 114171 | phecode 509 | respiratory |
| Hyposmolality and/or hyponatremia | OR=0.98 (0.57 to 1.68) | 0.937 | 0.979 | 116739 | 594 | 116145 | phecode 276.12 | endocrine metabolic |
| Acquired toe deformities | OR=1.02 (0.6 to 1.72) | 0.945 | 0.982 | 117001 | 634 | 116367 | phecode 735.2 | musculoskeletal |
| Disorder of skin and subcutaneous tissue NOS | OR=1.01 (0.74 to 1.39) | 0.946 | 0.982 | 118535 | 1760 | 116775 | phecode 689 | dermatologic |
| Rash and other nonspecific skin eruption | OR=0.98 (0.59 to 1.65) | 0.947 | 0.982 | 117067 | 646 | 116421 | phecode 687.1 | dermatologic |
| Bacterial pneumonia | OR=0.99 (0.76 to 1.29) | 0.951 | 0.982 | 116978 | 2535 | 114443 | phecode 480.1 | respiratory |
| Inflammatory and toxic neuropathy | OR=0.98 (0.56 to 1.72) | 0.951 | 0.982 | 118278 | 552 | 117726 | phecode 357 | neurological |
| Dental caries | OR=0.99 (0.65 to 1.49) | 0.953 | 0.982 | 116527 | 1027 | 115500 | phecode 521.1 | digestive |
| Cardiac arrest and ventricular fibrillation | OR=1.02 (0.54 to 1.91) | 0.958 | 0.984 | 109621 | 435 | 109186 | phecode 427.4 | circulatory system |
| Psoriasis and related disorders | OR=1.01 (0.63 to 1.62) | 0.961 | 0.984 | 109402 | 780 | 108622 | phecode 696 | dermatologic |
| Hematemesis | OR=1.01 (0.61 to 1.69) | 0.962 | 0.984 | 111896 | 664 | 111232 | phecode 578.1 | digestive |
| Other upper respiratory disease | OR=1.01 (0.7 to 1.44) | 0.967 | 0.988 | 113495 | 1362 | 112133 | phecode 479 | respiratory |
| Dysphagia | OR=0.99 (0.73 to 1.35) | 0.970 | 0.988 | 106951 | 1896 | 105055 | phecode 532 | digestive |
| Urea | 0.001 (-0.047 to 0.049) | 0.972 | 0.988 | 112971 | NA | NA | NA | biomarker |
| Renal failure NOS | OR=1.01 (0.52 to 1.96) | 0.979 | 0.993 | 115131 | 396 | 114735 | phecode 585.2 | genitourinary |
| Acute renal failure | OR=1 (0.73 to 1.37) | 0.988 | 0.995 | 116538 | 1803 | 114735 | phecode 585.1 | genitourinary |
| Duodenal ulcer | OR=1 (0.68 to 1.47) | 0.989 | 0.995 | 117411 | 1168 | 116243 | phecode 531.3 | digestive |
| Cystitis | OR=1 (0.58 to 1.7) | 0.990 | 0.995 | 111030 | 611 | 110419 | phecode 592.1 | genitourinary |
| Calculus of ureter | OR=1 (0.66 to 1.5) | 0.993 | 0.995 | 116430 | 1046 | 115384 | phecode 594.3 | genitourinary |
| Psoriasis | OR=1 (0.62 to 1.62) | 0.993 | 0.995 | 109381 | 759 | 108622 | phecode 696.4 | dermatologic |
| Pneumococcal pneumonia | OR=1 (0.76 to 1.32) | 0.999 | 0.999 | 116697 | 2254 | 114443 | phecode 480.11 | respiratory |

Supplementary File 1 - Table 7. Associations of genetically predicted calculated free testosterone for 439 health outcomes across the human genome excluding individuals on cholesterol-lowering medication

| Trait | Effect per 0.1 nmol/L increase CFT (95% CI) | P-value | FDR-adjusted | | Number of Cases | | |
|--|---|----------|--------------|-------------|--------------------|--------------------|----------------|
| | | | p-value | Sample Size | Number of Controls | Number of Phecodes | |
| Creatinine | 0.119 (0.082 to 0.156) | 3.23E-10 | 1.42E-07 | 115799 | NA | NA | NA |
| C-reactive protein | -0.08 (-0.119 to -0.042) | 3.71E-05 | 8.17E-03 | 115569 | NA | NA | NA |
| Apolipoprotein A | -0.019 (-0.028 to -0.01) | 5.97E-05 | 8.78E-03 | 106807 | NA | NA | NA |
| HDL cholesterol | -0.077 (-0.116 to -0.038) | 1.19E-04 | 0.012 | 106972 | NA | NA | NA |
| Umbilical hernia | OR=1.83 (1.34 to 2.49) | 1.39E-04 | 0.012 | 103930 | 1814 | 102116 | phecode 550.4 |
| Hypotension | OR=0.56 (0.41 to 0.76) | 2.20E-04 | 0.016 | 116879 | 1909 | 114970 | phecode 458 |
| Degenerative skin conditions and other dermatoses | OR=0.56 (0.41 to 0.77) | 3.46E-04 | 0.022 | 120338 | 1785 | 118553 | phecode 702 |
| IGF1 | 0.364 (0.163 to 0.565) | 3.95E-04 | 0.022 | 115263 | NA | NA | NA |
| Essential hypertension | OR=1.19 (1.07 to 1.32) | 8.25E-04 | 0.038 | 121158 | 21233 | 99925 | phecode 401.1 |
| Hypotension NOS | OR=0.57 (0.41 to 0.79) | 8.73E-04 | 0.038 | 116614 | 1644 | 114970 | phecode 458.9 |
| Hypertension | OR=1.19 (1.07 to 1.31) | 9.54E-04 | 0.038 | 121244 | 21319 | 99925 | phecode 401 |
| Spinal stenosis | OR=1.88 (1.28 to 2.77) | 1.25E-03 | 0.046 | 118554 | 1175 | 117379 | phecode 720 |
| Hypercholesterolemia | OR=1.31 (1.11 to 1.55) | 1.62E-03 | 0.055 | 120894 | 6512 | 114382 | phecode 272.11 |
| Inguinal hernia | OR=1.24 (1.08 to 1.42) | 2.01E-03 | 0.063 | 112581 | 10465 | 102116 | phecode 550.1 |
| Hemiplegia | OR=0.38 (0.2 to 0.71) | 2.43E-03 | 0.070 | 115099 | 454 | 114645 | phecode 342 |
| Abdominal hernia | OR=1.17 (1.06 to 1.3) | 2.56E-03 | 0.070 | 121474 | 19358 | 102116 | phecode 550 |
| Seborrheic keratosis | OR=0.53 (0.35 to 0.81) | 3.17E-03 | 0.081 | 120693 | 1004 | 119689 | phecode 702.2 |
| Back pain | OR=1.38 (1.11 to 1.71) | 3.34E-03 | 0.081 | 121474 | 3861 | 117613 | phecode 760 |
| Disorders of lipid metabolism | OR=1.27 (1.08 to 1.5) | 3.66E-03 | 0.081 | 121474 | 7092 | 114382 | phecode 272 |
| Internal derangement of knee | OR=1.29 (1.09 to 1.53) | 3.76E-03 | 0.081 | 120667 | 6223 | 114444 | phecode 835 |
| Hyperlipidemia | OR=1.27 (1.08 to 1.49) | 3.88E-03 | 0.081 | 121447 | 7065 | 114382 | phecode 272.1 |
| Fasciitis | OR=0.66 (0.49 to 0.89) | 6.35E-03 | 0.122 | 113534 | 1970 | 111564 | phecode 728.7 |
| Inflammatory diseases of prostate | OR=1.55 (1.13 to 2.13) | 6.35E-03 | 0.122 | 39044 | 1872 | 37172 | phecode 601 |
| Other disorders of urethra and urinary tract | OR=1.61 (1.14 to 2.27) | 6.93E-03 | 0.123 | 117396 | 1476 | 115920 | phecode 597 |
| Albumin | -0.136 (-0.235 to -0.037) | 7.00E-03 | 0.123 | 107018 | NA | NA | NA |
| GERD | OR=1.24 (1.06 to 1.45) | 7.65E-03 | 0.130 | 115190 | 7426 | 107764 | phecode 530.11 |
| Phosphate | -0.009 (-0.015 to -0.002) | 9.09E-03 | 0.148 | 106811 | NA | NA | NA |
| Contracture of palmar fascia Dupuytren's disease | OR=0.67 (0.49 to 0.91) | 0.012 | 0.180 | 113412 | 1848 | 111564 | phecode 728.71 |
| Fracture of upper limb | OR=0.71 (0.54 to 0.93) | 0.012 | 0.180 | 117584 | 2437 | 115147 | phecode 803 |
| Lipoma | OR=1.4 (1.07 to 1.84) | 0.013 | 0.180 | 121170 | 2429 | 118741 | phecode 214 |
| Other symptoms involving abdomen and pelvis | OR=1.69 (1.11 to 2.56) | 0.014 | 0.180 | 114923 | 999 | 113924 | phecode 579 |
| Urethral stricture not specified as infectious | OR=1.58 (1.1 to 2.28) | 0.014 | 0.180 | 117220 | 1300 | 115920 | phecode 597.1 |
| Convulsions | OR=1.75 (1.11 to 2.74) | 0.015 | 0.180 | 115498 | 853 | 114645 | phecode 345.3 |
| Osteoporosis | OR=0.53 (0.32 to 0.88) | 0.015 | 0.180 | 121122 | 673 | 120449 | phecode 743.1 |
| Osteoporosis NOS | OR=0.53 (0.32 to 0.88) | 0.015 | 0.180 | 121122 | 673 | 120449 | phecode 743.11 |
| Gout | OR=1.49 (1.08 to 2.05) | 0.015 | 0.180 | 121261 | 1712 | 119549 | phecode 274.1 |
| Prostatitis | OR=1.69 (1.11 to 2.57) | 0.015 | 0.180 | 38199 | 1027 | 37172 | phecode 601.1 |
| Chronic dermatitis due to solar radiation | OR=0.58 (0.37 to 0.9) | 0.016 | 0.180 | 120352 | 904 | 119448 | phecode 938.2 |
| Unspecified monoarthritis | OR=1.22 (1.04 to 1.44) | 0.016 | 0.184 | 115270 | 6797 | 108473 | phecode 716.2 |
| Disorders of muscle; ligament; and fascia | OR=0.71 (0.53 to 0.94) | 0.018 | 0.198 | 113758 | 2194 | 111564 | phecode 728 |
| Mitral valve disease | OR=0.61 (0.41 to 0.93) | 0.020 | 0.209 | 117822 | 1046 | 116776 | phecode 394.2 |
| Actinic keratosis | OR=0.59 (0.37 to 0.92) | 0.020 | 0.209 | 120555 | 866 | 119689 | phecode 702.1 |
| Chronic bronchitis | OR=1.34 (1.04 to 1.73) | 0.022 | 0.211 | 114823 | 2819 | 112004 | phecode 496.2 |
| Obstructive chronic bronchitis | OR=1.35 (1.04 to 1.74) | 0.022 | 0.211 | 114769 | 2765 | 112004 | phecode 496.21 |
| Gout and other crystal arthropathies | OR=1.42 (1.05 to 1.92) | 0.022 | 0.211 | 121474 | 1925 | 119549 | phecode 274 |
| Dermatitis due to solar radiation | OR=0.6 (0.39 to 0.93) | 0.023 | 0.211 | 120381 | 933 | 119448 | phecode 938 |
| Total protein | -0.185 (-0.344 to -0.026) | 0.023 | 0.211 | 106886 | NA | NA | NA |
| Spondylosis and allied disorders | OR=1.41 (1.05 to 1.88) | 0.023 | 0.211 | 119424 | 2045 | 117379 | phecode 721 |
| Cancer; suspected or other | OR=1.18 (1.02 to 1.36) | 0.024 | 0.219 | 117604 | 9438 | 108166 | phecode 195 |
| Cerebral artery occlusion; with cerebral infarction | OR=0.54 (0.32 to 0.93) | 0.025 | 0.220 | 118973 | 611 | 118362 | phecode 433.21 |
| Total bilirubin | 0.044 (0.005 to 0.082) | 0.026 | 0.221 | 115368 | NA | NA | NA |
| Other local infections of skin and subcutaneous tissue | OR=0.69 (0.49 to 0.96) | 0.026 | 0.221 | 118948 | 1611 | 117337 | phecode 686 |
| Nonrheumatic mitral valve disorders | OR=0.63 (0.41 to 0.95) | 0.027 | 0.223 | 117803 | 1027 | 116776 | phecode 395.1 |
| Other disorders of prostate | OR=1.71 (1.05 to 2.79) | 0.030 | 0.244 | 37956 | 784 | 37172 | phecode 602 |
| Lipoma of skin and subcutaneous tissue | OR=1.43 (1.03 to 1.98) | 0.030 | 0.244 | 120398 | 1657 | 118741 | phecode 214.1 |
| Tobacco use disorder | OR=1.2 (1.02 to 1.42) | 0.032 | 0.249 | 117178 | 6575 | 110603 | phecode 318 |
| Malignant neoplasm; other | OR=1.17 (1.01 to 1.35) | 0.033 | 0.251 | 117382 | 9216 | 108166 | phecode 195.1 |
| Fracture of unspecified part of femur | OR=0.57 (0.34 to 0.96) | 0.033 | 0.251 | 115801 | 654 | 115147 | phecode 800.2 |
| Calcium | -0.004 (-0.007 to 0) | 0.034 | 0.251 | 106982 | NA | NA | NA |
| Other disorders of peritoneum | OR=1.59 (1.03 to 2.44) | 0.035 | 0.254 | 111884 | 943 | 110941 | phecode 568 |

| | | | | | | | |
|--|--------------------------|-------|-------|--------|-------|--------|----------------|
| Fracture of lower limb | OR=0.73 (0.55 to 0.98) | 0.038 | 0.276 | 117176 | 2029 | 115147 | phecode 800 |
| Sciatica | OR=1.73 (1.03 to 2.92) | 0.039 | 0.277 | 120988 | 632 | 120356 | phecode 764 |
| Intestinal obstruction without mention of hernia | OR=1.47 (1.02 to 2.12) | 0.040 | 0.277 | 100944 | 1313 | 99631 | phecode 560 |
| Fracture of radius and ulna | OR=0.67 (0.45 to 0.98) | 0.040 | 0.277 | 116318 | 1171 | 115147 | phecode 803.2 |
| Other symptoms or disorders of the urinary system | OR=1.17 (1.01 to 1.36) | 0.042 | 0.286 | 121474 | 8452 | 113022 | phecode 599 |
| Secondary malignant neoplasm | OR=1.28 (1.01 to 1.64) | 0.043 | 0.286 | 111236 | 3070 | 108166 | phecode 198 |
| Peripheral vascular disease; unspecified | OR=1.75 (1.02 to 3.01) | 0.043 | 0.286 | 119389 | 590 | 118799 | phecode 443.9 |
| Right bundle branch block | OR=0.6 (0.36 to 0.99) | 0.044 | 0.288 | 112256 | 693 | 111563 | phecode 426.31 |
| Urinary tract infection | OR=1.26 (1 to 1.59) | 0.052 | 0.331 | 116204 | 3340 | 112864 | phecode 591 |
| Urinary obstruction | OR=1.47 (0.99 to 2.19) | 0.054 | 0.343 | 114139 | 1117 | 113022 | phecode 599.1 |
| Peritoneal adhesions postoperative postinfection | OR=1.54 (0.99 to 2.39) | 0.057 | 0.353 | 111827 | 886 | 110941 | phecode 568.1 |
| Other disorders of intestine | OR=1.19 (0.99 to 1.42) | 0.058 | 0.353 | 116735 | 5794 | 110941 | phecode 569 |
| Other and unspecified disc disorder | OR=1.38 (0.99 to 1.94) | 0.060 | 0.360 | 118897 | 1518 | 117379 | phecode 722.9 |
| Esophagitis; GERD and related diseases | OR=1.14 (0.99 to 1.3) | 0.061 | 0.360 | 118118 | 10354 | 107764 | phecode 530.1 |
| Duodenitis | OR=1.27 (0.99 to 1.64) | 0.061 | 0.360 | 114579 | 2784 | 111795 | phecode 535.6 |
| Allergy or adverse effect of penicillin | OR=1.22 (0.99 to 1.51) | 0.066 | 0.386 | 118367 | 3882 | 114485 | phecode 960.2 |
| Hydronephrosis | OR=1.51 (0.96 to 2.37) | 0.073 | 0.419 | 118881 | 853 | 118028 | phecode 595 |
| Symptoms involving head and neck | OR=1.41 (0.97 to 2.05) | 0.074 | 0.419 | 121474 | 1231 | 120243 | phecode 293 |
| Alkaline phosphatase | -0.034 (-0.072 to 0.004) | 0.076 | 0.423 | 115860 | NA | NA | NA |
| Esophageal bleeding varices or hemorrhage | OR=0.63 (0.38 to 1.05) | 0.078 | 0.427 | 108450 | 686 | 107764 | phecode 530.2 |
| Delirium dementia and amnesic and other cognitive disorders | OR=1.45 (0.96 to 2.21) | 0.080 | 0.434 | 119811 | 1007 | 118804 | phecode 290 |
| Other peripheral nerve disorders | OR=1.27 (0.97 to 1.66) | 0.081 | 0.434 | 119802 | 2468 | 117334 | phecode 351 |
| Erythematous conditions | OR=1.61 (0.94 to 2.75) | 0.083 | 0.442 | 120153 | 600 | 119553 | phecode 695 |
| Arthropathy NOS | OR=1.12 (0.98 to 1.28) | 0.085 | 0.443 | 120189 | 11716 | 108473 | phecode 716.9 |
| Chronic airway obstruction | OR=1.22 (0.97 to 1.54) | 0.085 | 0.443 | 115434 | 3430 | 112004 | phecode 496 |
| Gamma glutamyltransferase | 0.033 (-0.005 to 0.072) | 0.090 | 0.459 | 115794 | NA | NA | NA |
| Alanine aminotransferase | 0.033 (-0.005 to 0.071) | 0.093 | 0.472 | 115780 | NA | NA | NA |
| Sleep apnea | OR=1.3 (0.95 to 1.77) | 0.096 | 0.482 | 121139 | 1818 | 119321 | phecode 327.3 |
| Visual disturbances | OR=0.7 (0.46 to 1.07) | 0.100 | 0.484 | 121474 | 1006 | 120468 | phecode 368 |
| Other arthropathies | OR=1.11 (0.98 to 1.27) | 0.100 | 0.484 | 120221 | 11748 | 108473 | phecode 716 |
| Secondary malignancy of lymph nodes | OR=1.33 (0.95 to 1.88) | 0.100 | 0.484 | 109648 | 1482 | 108166 | phecode 198.1 |
| Intervertebral disc disorders | OR=1.28 (0.95 to 1.71) | 0.102 | 0.484 | 119426 | 2047 | 117379 | phecode 722 |
| Osteoarthritis NOS | OR=1.22 (0.96 to 1.54) | 0.102 | 0.484 | 116919 | 3244 | 113675 | phecode 740.9 |
| Abal heart sounds | OR=0.81 (0.63 to 1.04) | 0.104 | 0.484 | 119519 | 2743 | 116776 | phecode 396 |
| Functional digestive disorders | OR=1.13 (0.98 to 1.3) | 0.105 | 0.484 | 108831 | 9200 | 99631 | phecode 564 |
| Altered mental status | OR=1.44 (0.92 to 2.26) | 0.107 | 0.484 | 119678 | 874 | 118804 | phecode 292.4 |
| Direct bilirubin | 0.033 (-0.007 to 0.072) | 0.108 | 0.484 | 107392 | NA | NA | NA |
| Acute pulmonary heart disease | OR=1.32 (0.94 to 1.84) | 0.109 | 0.484 | 120369 | 1558 | 118811 | phecode 415.1 |
| Pulmonary embolism and infarction; acute | OR=1.32 (0.94 to 1.84) | 0.109 | 0.484 | 120369 | 1558 | 118811 | phecode 415.11 |
| Diseases of the oral soft tissues; excluding lesions specific for gingiva and tongue | OR=1.35 (0.93 to 1.97) | 0.110 | 0.484 | 120982 | 1254 | 119728 | phecode 528 |
| Tachycardia NOS | OR=0.67 (0.41 to 1.1) | 0.112 | 0.489 | 112295 | 732 | 111563 | phecode 427.7 |
| Peptic ulcer excl esophageal | OR=0.8 (0.61 to 1.05) | 0.114 | 0.489 | 121474 | 2348 | 119126 | phecode 531 |
| Diseases of pancreas | OR=1.42 (0.92 to 2.21) | 0.114 | 0.489 | 121474 | 901 | 120573 | phecode 577 |
| Osteoporosis; osteopenia and pathological fracture | OR=0.72 (0.47 to 1.09) | 0.116 | 0.494 | 121474 | 1025 | 120449 | phecode 743 |
| Benign neoplasm of colon | OR=1.13 (0.97 to 1.32) | 0.118 | 0.495 | 101110 | 7856 | 93254 | phecode 208 |
| Other specified peripheral vascular diseases | OR=1.43 (0.91 to 2.27) | 0.123 | 0.510 | 119630 | 831 | 118799 | phecode 443.8 |
| Diseases of esophagus | OR=1.11 (0.97 to 1.26) | 0.126 | 0.517 | 119230 | 11466 | 107764 | phecode 530 |
| Osteoarthritis | OR=1.13 (0.97 to 1.32) | 0.127 | 0.517 | 121474 | 7799 | 113675 | phecode 740 |
| Other acute and subacute forms of ischemic heart disease | OR=1.55 (0.88 to 2.73) | 0.128 | 0.517 | 113645 | 542 | 113103 | phecode 411.9 |
| Other biliary tract disease | OR=1.37 (0.91 to 2.05) | 0.130 | 0.522 | 118799 | 1063 | 117736 | phecode 575 |
| Other anemias | OR=0.83 (0.65 to 1.06) | 0.134 | 0.532 | 119722 | 3085 | 116637 | phecode 285 |
| Degeneration of macula and posterior pole of retina | OR=1.49 (0.88 to 2.52) | 0.138 | 0.537 | 81342 | 642 | 80700 | phecode 362.2 |
| Macular degeneration senile of retina NOS | OR=1.49 (0.88 to 2.52) | 0.138 | 0.537 | 81342 | 642 | 80700 | phecode 362.29 |
| Duodenal ulcer | OR=0.75 (0.51 to 1.1) | 0.142 | 0.546 | 120344 | 1218 | 119126 | phecode 531.3 |
| Anal and rectal conditions | OR=1.15 (0.96 to 1.38) | 0.143 | 0.546 | 116383 | 5442 | 110941 | phecode 565 |
| Gastrointestinal hemorrhage | OR=1.13 (0.96 to 1.33) | 0.144 | 0.548 | 120663 | 6739 | 113924 | phecode 578 |
| Abality of gait | OR=0.71 (0.44 to 1.14) | 0.153 | 0.575 | 121091 | 787 | 120304 | phecode 350.2 |
| Cardiomegaly | OR=0.74 (0.5 to 1.12) | 0.155 | 0.580 | 119874 | 1063 | 118811 | phecode 416 |
| Poisoning by antibiotics | OR=1.16 (0.94 to 1.43) | 0.157 | 0.581 | 118722 | 4237 | 114485 | phecode 960 |
| Abdominal pain | OR=1.11 (0.96 to 1.27) | 0.160 | 0.585 | 121474 | 9393 | 112081 | phecode 785 |
| Fracture of clavicle or scapula | OR=0.73 (0.47 to 1.14) | 0.161 | 0.585 | 116023 | 876 | 115147 | phecode 803.3 |

| | | | | | | | |
|--|--------------------------|-------|-------|--------|------|--------|----------------|
| Orthostatic hypotension | OR=0.66 (0.37 to 1.18) | 0.162 | 0.585 | 115481 | 511 | 114970 | phecode 458.1 |
| Abal findings examination of lungs | OR=1.38 (0.88 to 2.15) | 0.164 | 0.585 | 121474 | 866 | 120608 | phecode 514 |
| Personal history of diseases of digestive system | OR=1.14 (0.95 to 1.37) | 0.165 | 0.585 | 105175 | 5544 | 99631 | phecode 564.9 |
| First degree AV block | OR=0.64 (0.34 to 1.2) | 0.167 | 0.590 | 112010 | 447 | 111563 | phecode 426.21 |
| Other disorders of soft tissues | OR=0.82 (0.62 to 1.09) | 0.178 | 0.610 | 113708 | 2144 | 111564 | phecode 729 |
| Symptoms involving digestive system | OR=1.16 (0.94 to 1.42) | 0.178 | 0.610 | 103712 | 4081 | 99631 | phecode 561 |
| Fracture of tibia and fibula | OR=0.72 (0.44 to 1.16) | 0.179 | 0.610 | 115899 | 752 | 115147 | phecode 800.3 |
| Nasal polyps | OR=1.26 (0.9 to 1.78) | 0.183 | 0.610 | 116293 | 1480 | 114813 | phecode 471 |
| Pulmonary heart disease | OR=1.24 (0.9 to 1.71) | 0.184 | 0.610 | 120510 | 1699 | 118811 | phecode 415 |
| Occlusion and stenosis of precerebral arteries | OR=1.58 (0.8 to 3.12) | 0.186 | 0.610 | 118737 | 375 | 118362 | phecode 433.1 |
| Other specified cardiac dysrhythmias | OR=0.78 (0.53 to 1.13) | 0.188 | 0.610 | 112808 | 1245 | 111563 | phecode 427.3 |
| Poisoning by primarily systemic agents | OR=1.39 (0.85 to 2.28) | 0.189 | 0.610 | 115201 | 716 | 114485 | phecode 963 |
| Cholelithiasis with other cholecystitis | OR=1.3 (0.88 to 1.93) | 0.190 | 0.610 | 118863 | 1127 | 117736 | phecode 574.12 |
| Other disorders of bone and cartilage | OR=0.77 (0.52 to 1.14) | 0.190 | 0.610 | 119014 | 1121 | 117893 | phecode 733 |
| Otitis media and Eustachian tube disorders | OR=1.4 (0.84 to 2.32) | 0.193 | 0.610 | 120959 | 675 | 120284 | phecode 381 |
| Vitamin D | 0.026 (-0.013 to 0.064) | 0.193 | 0.610 | 111844 | NA | NA | NA |
| Frequency of urination and polyuria | OR=1.27 (0.89 to 1.81) | 0.194 | 0.610 | 114389 | 1367 | 113022 | phecode 599.5 |
| Secondary malignancy of bone | OR=1.33 (0.86 to 2.06) | 0.194 | 0.610 | 109093 | 927 | 108166 | phecode 198.6 |
| Postoperative infection | OR=1.27 (0.88 to 1.84) | 0.195 | 0.610 | 121145 | 1304 | 119841 | phecode 080 |
| Retention of urine | OR=1.16 (0.93 to 1.45) | 0.196 | 0.610 | 116708 | 3686 | 113022 | phecode 599.2 |
| Heart valve disorders | OR=0.82 (0.61 to 1.11) | 0.197 | 0.610 | 118770 | 1994 | 116776 | phecode 395 |
| Hemorrhage of gastrointestinal tract | OR=1.21 (0.9 to 1.61) | 0.202 | 0.622 | 116027 | 2103 | 113924 | phecode 578.9 |
| Peripheral vascular disease | OR=1.33 (0.85 to 2.08) | 0.206 | 0.631 | 119676 | 877 | 118799 | phecode 443 |
| Type 1 diabetes | OR=0.64 (0.32 to 1.28) | 0.208 | 0.632 | 117632 | 363 | 117269 | phecode 250.1 |
| Intestinal infection | OR=1.17 (0.92 to 1.5) | 0.211 | 0.636 | 121474 | 2938 | 118536 | phecode 008 |
| Circulatory disease NEC | OR=0.89 (0.73 to 1.07) | 0.213 | 0.638 | 119934 | 4964 | 114970 | phecode 459.9 |
| Open wounds of head; neck; and trunk | OR=1.23 (0.89 to 1.69) | 0.215 | 0.638 | 119102 | 1682 | 117420 | phecode 870 |
| Epilepsy; recurrent seizures; convulsions | OR=1.22 (0.89 to 1.68) | 0.216 | 0.638 | 116382 | 1737 | 114645 | phecode 345 |
| Bundle branch block | OR=0.79 (0.54 to 1.15) | 0.221 | 0.650 | 112799 | 1236 | 111563 | phecode 426.3 |
| Sleep disorders | OR=1.19 (0.9 to 1.59) | 0.224 | 0.650 | 121474 | 2153 | 119321 | phecode 327 |
| Other disorders of bladder | OR=1.14 (0.92 to 1.41) | 0.226 | 0.650 | 119881 | 3961 | 115920 | phecode 596 |
| Bacterial pneumonia | OR=0.85 (0.66 to 1.1) | 0.228 | 0.650 | 119825 | 2655 | 117170 | phecode 480.1 |
| Gastric ulcer | OR=0.79 (0.54 to 1.16) | 0.230 | 0.650 | 120324 | 1198 | 119126 | phecode 531.2 |
| Other disorders of circulatory system | OR=0.89 (0.74 to 1.08) | 0.230 | 0.650 | 119994 | 5024 | 114970 | phecode 459 |
| Ventral hernia | OR=1.26 (0.86 to 1.83) | 0.231 | 0.650 | 103355 | 1239 | 102116 | phecode 550.5 |
| Hemorrhoids | OR=1.1 (0.94 to 1.29) | 0.233 | 0.650 | 117280 | 7463 | 109817 | phecode 455 |
| Rheumatic disease of the heart valves | OR=0.83 (0.61 to 1.13) | 0.234 | 0.650 | 118594 | 1818 | 116776 | phecode 394 |
| Precordial pain | OR=0.78 (0.52 to 1.18) | 0.237 | 0.650 | 114327 | 1022 | 113305 | phecode 418.1 |
| Urate | 1.611 (-1.064 to 4.287) | 0.238 | 0.650 | 115723 | NA | NA | NA |
| Retinal detachments and defects | OR=0.81 (0.56 to 1.15) | 0.239 | 0.650 | 118711 | 1371 | 117340 | phecode 361 |
| Retinal detachment with retinal defect | OR=0.81 (0.56 to 1.15) | 0.239 | 0.650 | 118711 | 1371 | 117340 | phecode 361.1 |
| Other inflammatory spondylopathies | OR=1.35 (0.82 to 2.25) | 0.241 | 0.650 | 121474 | 674 | 120800 | phecode 715 |
| Candidiasis | OR=1.35 (0.82 to 2.23) | 0.242 | 0.650 | 121251 | 688 | 120563 | phecode 112 |
| Acute renal failure | OR=0.84 (0.63 to 1.13) | 0.245 | 0.651 | 119127 | 2117 | 117010 | phecode 585.1 |
| Other hypertrophic and atrophic conditions of skin | OR=1.24 (0.86 to 1.79) | 0.248 | 0.655 | 121436 | 1290 | 120146 | phecode 701 |
| Other disorders of synovium; tendon; and bursa | OR=1.16 (0.9 to 1.49) | 0.256 | 0.667 | 114313 | 2749 | 111564 | phecode 727 |
| Redundant prepuce and phimosisorBXO | OR=1.2 (0.88 to 1.64) | 0.258 | 0.667 | 110583 | 1756 | 108827 | phecode 604.1 |
| Septal DeviationsorTurbinat Hypertrophy | OR=1.19 (0.88 to 1.6) | 0.259 | 0.667 | 116780 | 1967 | 114813 | phecode 470 |
| Cholecystitis without cholelithiasis | OR=0.75 (0.45 to 1.24) | 0.263 | 0.667 | 118406 | 670 | 117736 | phecode 574.3 |
| Other disorders of the kidney and ureters | OR=1.24 (0.85 to 1.79) | 0.263 | 0.667 | 118283 | 1273 | 117010 | phecode 586 |
| Fracture of vertebral column without mention of spinal cord injury | OR=0.75 (0.46 to 1.24) | 0.265 | 0.667 | 115840 | 693 | 115147 | phecode 805 |
| Alcohol related disorders | OR=1.11 (0.93 to 1.32) | 0.268 | 0.667 | 116319 | 5716 | 110603 | phecode 317 |
| Synovitis and tenosynovitis | OR=1.22 (0.86 to 1.73) | 0.268 | 0.667 | 112986 | 1422 | 111564 | phecode 727.1 |
| Renal colic | OR=0.77 (0.49 to 1.22) | 0.268 | 0.667 | 118845 | 817 | 118028 | phecode 594.8 |
| Effects radiation NOS | OR=1.23 (0.85 to 1.8) | 0.270 | 0.667 | 120372 | 1252 | 119120 | phecode 990 |
| Acute pancreatitis | OR=1.34 (0.8 to 2.26) | 0.272 | 0.667 | 121208 | 635 | 120573 | phecode 577.1 |
| Other diseases of blood and blood forming organs | OR=1.21 (0.86 to 1.7) | 0.273 | 0.667 | 120442 | 1512 | 118930 | phecode 289 |
| Cholesterol | -0.022 (-0.061 to 0.017) | 0.273 | 0.667 | 115873 | NA | NA | NA |
| Benign neoplasm of other parts of digestive system | OR=1.21 (0.86 to 1.7) | 0.274 | 0.667 | 121474 | 1503 | 119971 | phecode 211 |
| Diaphragmatic hernia | OR=1.09 (0.93 to 1.27) | 0.285 | 0.688 | 109966 | 7850 | 102116 | phecode 550.2 |
| Cystatin C | 0.019 (-0.016 to 0.054) | 0.285 | 0.688 | 115851 | NA | NA | NA |
| Appendiceal conditions | OR=0.82 (0.56 to 1.19) | 0.295 | 0.701 | 121474 | 1202 | 120272 | phecode 540 |
| Dysphagia | OR=0.85 (0.63 to 1.15) | 0.296 | 0.701 | 109708 | 1944 | 107764 | phecode 532 |
| Pericarditis | OR=0.74 (0.42 to 1.31) | 0.297 | 0.701 | 120761 | 533 | 120228 | phecode 420.2 |

| | | | | | | | |
|--|-------------------------|-------|-------|--------|------|--------|----------------|
| Chronic liver disease and cirrhosis | OR=0.81 (0.55 to 1.2) | 0.298 | 0.701 | 119428 | 1169 | 118259 | phecode 571 |
| Carditis | OR=0.78 (0.49 to 1.24) | 0.299 | 0.701 | 121038 | 810 | 120228 | phecode 420 |
| Diseases of white blood cells | OR=1.22 (0.83 to 1.79) | 0.301 | 0.703 | 120126 | 1196 | 118930 | phecode 288 |
| Nerve root and plexus disorders | OR=1.2 (0.85 to 1.71) | 0.303 | 0.704 | 118754 | 1420 | 117334 | phecode 353 |
| Carbuncle and furuncle | OR=0.79 (0.5 to 1.24) | 0.307 | 0.706 | 118186 | 849 | 117337 | phecode 686.1 |
| Gastritis and duodenitis | OR=1.08 (0.93 to 1.25) | 0.308 | 0.706 | 120408 | 8613 | 111795 | phecode 535 |
| Anxiety disorder | OR=1.17 (0.86 to 1.6) | 0.310 | 0.707 | 109873 | 1840 | 108033 | phecode 300.1 |
| Asthma | OR=1.09 (0.92 to 1.28) | 0.311 | 0.707 | 118994 | 6990 | 112004 | phecode 495 |
| Cardiac conduction disorders | OR=0.87 (0.67 to 1.14) | 0.314 | 0.709 | 114084 | 2521 | 111563 | phecode 426 |
| Atrioventricular AV block | OR=0.79 (0.51 to 1.24) | 0.315 | 0.709 | 112442 | 879 | 111563 | phecode 426.2 |
| Staphylococcus infections | OR=0.82 (0.56 to 1.21) | 0.322 | 0.721 | 117706 | 1157 | 116549 | phecode 041.1 |
| Diseases of the larynx and vocal cords | OR=1.26 (0.79 to 2.02) | 0.324 | 0.721 | 115613 | 800 | 114813 | phecode 473 |
| Apolipoprotein B | 0.004 (-0.004 to 0.013) | 0.330 | 0.731 | 115123 | NA | NA | NA |
| Anxiety disorders | OR=1.15 (0.86 to 1.55) | 0.335 | 0.734 | 110081 | 2048 | 108033 | phecode 300 |
| Abal sputum | OR=1.18 (0.84 to 1.66) | 0.337 | 0.734 | 121474 | 1530 | 119944 | phecode 516 |
| Bacterial enteritis | OR=1.26 (0.78 to 2.04) | 0.337 | 0.734 | 119294 | 758 | 118536 | phecode 008.5 |
| Other chronic nonalcoholic liver disease | OR=0.8 (0.5 to 1.27) | 0.338 | 0.734 | 119077 | 818 | 118259 | phecode 571.5 |
| Paroxysmal supraventricular tachycardia | OR=0.78 (0.47 to 1.3) | 0.340 | 0.734 | 112226 | 663 | 111563 | phecode 427.11 |
| Diabetes mellitus | OR=0.91 (0.74 to 1.11) | 0.352 | 0.758 | 121474 | 4205 | 117269 | phecode 250 |
| Other headache syndromes | OR=0.87 (0.65 to 1.17) | 0.359 | 0.762 | 121094 | 2025 | 119069 | phecode 339 |
| Hemorrhage of rectum and anus | OR=1.11 (0.89 to 1.38) | 0.359 | 0.762 | 117702 | 3778 | 113924 | phecode 578.8 |
| Appendicitis | OR=0.83 (0.57 to 1.23) | 0.360 | 0.762 | 121430 | 1158 | 120272 | phecode 540.1 |
| Noninfectious gastroenteritis | OR=1.11 (0.89 to 1.38) | 0.369 | 0.775 | 103265 | 3634 | 99631 | phecode 558 |
| Acquired foot deformities | OR=0.82 (0.54 to 1.26) | 0.370 | 0.775 | 120200 | 988 | 119212 | phecode 735 |
| Acute appendicitis | OR=0.83 (0.54 to 1.25) | 0.372 | 0.775 | 121271 | 999 | 120272 | phecode 540.11 |
| Other intestinal obstruction | OR=1.2 (0.8 to 1.81) | 0.373 | 0.775 | 100682 | 1051 | 99631 | phecode 560.4 |
| Hypothyroidism NOS | OR=1.17 (0.83 to 1.65) | 0.376 | 0.775 | 121042 | 1490 | 119552 | phecode 244.4 |
| Complication of internal orthopedic device | OR=0.86 (0.61 to 1.21) | 0.376 | 0.775 | 115577 | 1491 | 114086 | phecode 858 |
| Spondylosis without myelopathy | OR=1.18 (0.82 to 1.7) | 0.380 | 0.780 | 118685 | 1306 | 117379 | phecode 721.1 |
| Cerebral ischemia | OR=1.18 (0.81 to 1.73) | 0.382 | 0.780 | 119599 | 1237 | 118362 | phecode 433.3 |
| Unspecified diffuse connective tissue disease | OR=0.8 (0.47 to 1.34) | 0.389 | 0.791 | 112998 | 650 | 112348 | phecode 709.7 |
| Inflammatory and toxic neuropathy | OR=0.79 (0.46 to 1.36) | 0.392 | 0.791 | 121201 | 587 | 120614 | phecode 357 |
| Melanomas of skin | OR=1.17 (0.81 to 1.68) | 0.397 | 0.791 | 114460 | 1323 | 113137 | phecode 172.11 |
| Melanomas of skin; dx or hx | OR=1.17 (0.81 to 1.68) | 0.397 | 0.791 | 114460 | 1323 | 113137 | phecode 172.1 |
| Hematuria | OR=1.08 (0.9 to 1.3) | 0.399 | 0.791 | 118370 | 5506 | 112864 | phecode 593 |
| Other forms of chronic heart disease | OR=0.81 (0.51 to 1.31) | 0.400 | 0.791 | 113871 | 768 | 113103 | phecode 414 |
| Osteoarthritis; localized | OR=1.09 (0.9 to 1.31) | 0.400 | 0.791 | 118729 | 5054 | 113675 | phecode 740.1 |
| Aspartate aminotransferase | 0.016 (-0.022 to 0.054) | 0.407 | 0.796 | 115412 | NA | NA | NA |
| Rash and other nonspecific skin eruption | OR=0.81 (0.49 to 1.34) | 0.408 | 0.796 | 119935 | 680 | 119255 | phecode 687.1 |
| Swelling of limb | OR=0.86 (0.6 to 1.23) | 0.409 | 0.796 | 121251 | 1388 | 119863 | phecode 771.1 |
| Hypovolemia | OR=0.84 (0.56 to 1.27) | 0.410 | 0.796 | 119831 | 1054 | 118777 | phecode 276.5 |
| Pneumococcal pneumonia | OR=0.89 (0.68 to 1.17) | 0.412 | 0.797 | 119534 | 2364 | 117170 | phecode 480.11 |
| Irritable Bowel Syndrome | OR=0.84 (0.56 to 1.27) | 0.416 | 0.797 | 100652 | 1021 | 99631 | phecode 564.1 |
| Hemoptysis | OR=1.15 (0.82 to 1.63) | 0.418 | 0.797 | 121404 | 1460 | 119944 | phecode 516.1 |
| Other non epithelial cancer of skin | OR=1.07 (0.91 to 1.26) | 0.419 | 0.797 | 120234 | 7097 | 113137 | phecode 172.2 |
| Diffuse diseases of connective tissue | OR=0.82 (0.5 to 1.33) | 0.421 | 0.797 | 113076 | 728 | 112348 | phecode 709 |
| Cancer of urinary organs incl kidney and bladder | OR=1.13 (0.84 to 1.53) | 0.421 | 0.797 | 121474 | 1952 | 119522 | phecode 189 |
| Other diseases of respiratory system; not elsewhere classified | OR=1.1 (0.87 to 1.4) | 0.427 | 0.805 | 121474 | 3148 | 118326 | phecode 519 |
| Reflux esophagitis | OR=1.09 (0.88 to 1.37) | 0.429 | 0.805 | 111385 | 3621 | 107764 | phecode 530.14 |
| Cholelithiasis | OR=1.1 (0.86 to 1.41) | 0.435 | 0.813 | 120642 | 2906 | 117736 | phecode 574.1 |
| Psoriasis and related disorders | OR=0.84 (0.54 to 1.31) | 0.437 | 0.814 | 112103 | 872 | 111231 | phecode 696 |
| Electrolyte imbalance | OR=1.14 (0.81 to 1.61) | 0.443 | 0.821 | 120263 | 1486 | 118777 | phecode 276.1 |
| Other diseases of the teeth and supporting structures | OR=1.2 (0.75 to 1.9) | 0.447 | 0.824 | 119154 | 805 | 118349 | phecode 525 |
| Superficial cellulitis and abscess | OR=1.1 (0.85 to 1.42) | 0.458 | 0.832 | 120102 | 2765 | 117337 | phecode 681 |
| Psoriasis | OR=0.84 (0.53 to 1.33) | 0.459 | 0.832 | 112077 | 846 | 111231 | phecode 696.4 |
| Varicose veins | OR=1.1 (0.86 to 1.41) | 0.460 | 0.832 | 112640 | 2823 | 109817 | phecode 454 |
| Obesity | OR=0.91 (0.72 to 1.16) | 0.461 | 0.832 | 121452 | 3147 | 118305 | phecode 278.1 |
| Complications of transplants and reattached limbs | OR=1.07 (0.89 to 1.28) | 0.462 | 0.832 | 119610 | 5524 | 114086 | phecode 851 |
| Dislocation | OR=1.18 (0.76 to 1.85) | 0.463 | 0.832 | 115316 | 872 | 114444 | phecode 830 |
| Overweight; obesity and other hyperalimantation | OR=0.92 (0.72 to 1.16) | 0.464 | 0.832 | 121474 | 3169 | 118305 | phecode 278 |
| Cystitis and urethritis | OR=1.2 (0.73 to 1.96) | 0.469 | 0.833 | 113587 | 723 | 112864 | phecode 592 |
| Other symptoms of respiratory system | OR=0.92 (0.74 to 1.15) | 0.469 | 0.833 | 121474 | 3728 | 117746 | phecode 512 |
| Lymphadenitis | OR=1.17 (0.76 to 1.79) | 0.472 | 0.836 | 119884 | 954 | 118930 | phecode 289.4 |

| | | | | | | | |
|--|--------------------------|-------|-------|--------|------|--------|----------------|
| Purpura and other hemorrhagic conditions | OR=0.83 (0.51 to 1.37) | 0.475 | 0.837 | 121188 | 700 | 120488 | phecode 287 |
| Fracture of ankle and foot | OR=0.83 (0.5 to 1.38) | 0.477 | 0.837 | 115815 | 668 | 115147 | phecode 801 |
| Cardiac pacemaker or device in situ | OR=1.19 (0.74 to 1.9) | 0.478 | 0.837 | 112347 | 784 | 111563 | phecode 426.9 |
| Other upper respiratory disease | OR=1.13 (0.8 to 1.61) | 0.487 | 0.847 | 116209 | 1396 | 114813 | phecode 479 |
| Diseases of hair and hair follicles | OR=0.89 (0.65 to 1.23) | 0.488 | 0.847 | 121144 | 1768 | 119376 | phecode 704 |
| Abal movement | OR=0.87 (0.59 to 1.29) | 0.497 | 0.852 | 121474 | 1170 | 120304 | phecode 350 |
| Colon cancer | OR=1.13 (0.79 to 1.62) | 0.497 | 0.852 | 94548 | 1360 | 93188 | phecode 153.2 |
| Other abal blood chemistry | OR=1.08 (0.86 to 1.37) | 0.499 | 0.852 | 121400 | 3222 | 118178 | phecode 790.6 |
| Other open wound of head and face | OR=1.13 (0.8 to 1.59) | 0.499 | 0.852 | 118870 | 1450 | 117420 | phecode 870.3 |
| Triglycerides | 0.013 (-0.025 to 0.052) | 0.502 | 0.852 | 115746 | NA | NA | NA |
| Respiratory failure; insufficiency; arrest | OR=0.87 (0.57 to 1.31) | 0.503 | 0.852 | 117969 | 1031 | 116938 | phecode 509 |
| Psoriasis vulgaris | OR=0.84 (0.5 to 1.41) | 0.507 | 0.857 | 111889 | 658 | 111231 | phecode 696.41 |
| Stricture and stenosis of esophagus | OR=0.86 (0.54 to 1.36) | 0.512 | 0.862 | 108592 | 828 | 107764 | phecode 530.3 |
| Nonspecific findings on examination of blood | OR=1.08 (0.86 to 1.37) | 0.516 | 0.864 | 121474 | 3296 | 118178 | phecode 790 |
| Cardiac pacemaker in situ | OR=1.17 (0.72 to 1.91) | 0.518 | 0.864 | 112301 | 738 | 111563 | phecode 426.91 |
| Constipation | OR=1.09 (0.85 to 1.39) | 0.520 | 0.864 | 102498 | 2867 | 99631 | phecode 563 |
| Lipoprotein A | -0.014 (-0.056 to 0.029) | 0.523 | 0.864 | 92883 | NA | NA | NA |
| Acquired toe deformities | OR=0.85 (0.51 to 1.42) | 0.526 | 0.864 | 119868 | 656 | 119212 | phecode 735.2 |
| Paroxysmal tachycardia; unspecified | OR=0.87 (0.57 to 1.34) | 0.530 | 0.864 | 112513 | 950 | 111563 | phecode 427.1 |
| Peripheral enthesopathies and allied syndromes | OR=1.07 (0.87 to 1.3) | 0.530 | 0.864 | 115999 | 4435 | 111564 | phecode 726 |
| Hypertensive heart and/or renal disease | OR=1.23 (0.64 to 2.37) | 0.532 | 0.864 | 100332 | 407 | 99925 | phecode 401.2 |
| Other diseases of respiratory system; NEC | OR=1.08 (0.85 to 1.38) | 0.536 | 0.864 | 121283 | 2957 | 118326 | phecode 519.8 |
| Substance addiction and disorders | OR=1.08 (0.84 to 1.4) | 0.537 | 0.864 | 113303 | 2700 | 110603 | phecode 316 |
| Other disorders of arteries and arterioles | OR=1.24 (0.63 to 2.44) | 0.538 | 0.864 | 119177 | 378 | 118799 | phecode 447 |
| Disorders of penis | OR=1.09 (0.82 to 1.46) | 0.540 | 0.864 | 110967 | 2140 | 108827 | phecode 604 |
| Other retinal disorders | OR=1.12 (0.78 to 1.61) | 0.540 | 0.864 | 82043 | 1343 | 80700 | phecode 362 |
| Urinary incontinence | OR=1.15 (0.73 to 1.83) | 0.542 | 0.864 | 113849 | 827 | 113022 | phecode 599.4 |
| Cataract | OR=1.06 (0.89 to 1.26) | 0.544 | 0.864 | 121474 | 6090 | 115384 | phecode 366 |
| Vertiginous syndromes and other disorders of vestibular system | OR=0.91 (0.66 to 1.25) | 0.545 | 0.864 | 121474 | 1721 | 119753 | phecode 386 |
| Respiratory abalities | OR=1.08 (0.84 to 1.38) | 0.548 | 0.867 | 121474 | 2926 | 118548 | phecode 513 |
| Inflammation of eyelids | OR=1.15 (0.73 to 1.8) | 0.555 | 0.869 | 119446 | 850 | 118596 | phecode 371.3 |
| Skin cancer | OR=1.05 (0.9 to 1.22) | 0.557 | 0.869 | 121420 | 8283 | 113137 | phecode 172 |
| Unstable angina intermediate coronary syndrome | OR=1.15 (0.72 to 1.83) | 0.560 | 0.869 | 113903 | 800 | 113103 | phecode 411.1 |
| Other disorders of stomach and duodenum | OR=1.09 (0.82 to 1.44) | 0.564 | 0.869 | 114044 | 2249 | 111795 | phecode 537 |
| Poisoning by analgesics; antipyretics; and antirheumatics | OR=1.11 (0.78 to 1.56) | 0.564 | 0.869 | 115962 | 1477 | 114485 | phecode 965 |
| Fracture of ribs | OR=0.87 (0.54 to 1.4) | 0.566 | 0.869 | 115910 | 763 | 115147 | phecode 807 |
| Occlusion of cerebral arteries | OR=0.9 (0.63 to 1.29) | 0.568 | 0.869 | 119720 | 1358 | 118362 | phecode 433.2 |
| Disorders of mineral metabolism | OR=0.88 (0.57 to 1.37) | 0.568 | 0.869 | 121474 | 906 | 120568 | phecode 275 |
| Other abality of urination | OR=1.15 (0.71 to 1.86) | 0.569 | 0.869 | 113770 | 748 | 113022 | phecode 599.9 |
| Shortness of breath | OR=0.91 (0.65 to 1.26) | 0.573 | 0.871 | 119367 | 1621 | 117746 | phecode 512.7 |
| Ulcerative colitis | OR=0.89 (0.61 to 1.32) | 0.576 | 0.871 | 100790 | 1159 | 99631 | phecode 555.2 |
| Open wounds of extremities | OR=1.08 (0.82 to 1.43) | 0.577 | 0.871 | 119651 | 2231 | 117420 | phecode 871 |
| Nausea and vomiting | OR=0.93 (0.72 to 1.2) | 0.581 | 0.874 | 121474 | 2760 | 118714 | phecode 789 |
| Non Hodgkins lymphoma | OR=1.13 (0.72 to 1.78) | 0.584 | 0.876 | 120282 | 852 | 119430 | phecode 202.2 |
| Nonspecific chest pain | OR=1.04 (0.9 to 1.21) | 0.588 | 0.879 | 121474 | 8169 | 113305 | phecode 418 |
| Thrombocytopenia | OR=0.86 (0.51 to 1.47) | 0.591 | 0.880 | 121110 | 622 | 120488 | phecode 287.3 |
| Bronchiectasis | OR=1.16 (0.67 to 2) | 0.593 | 0.880 | 112591 | 587 | 112004 | phecode 496.3 |
| Other chronic ischemic heart disease; unspecified | OR=1.05 (0.89 to 1.24) | 0.596 | 0.881 | 119836 | 6733 | 113103 | phecode 411.8 |
| Bladder neck obstruction | OR=1.11 (0.75 to 1.65) | 0.600 | 0.885 | 117044 | 1124 | 115920 | phecode 596.1 |
| Renal failure | OR=0.94 (0.74 to 1.19) | 0.602 | 0.885 | 120249 | 3239 | 117010 | phecode 585 |
| Musculoskeletal symptoms referable to limbs | OR=0.92 (0.66 to 1.28) | 0.613 | 0.889 | 121474 | 1611 | 119863 | phecode 771 |
| Disturbance of skin sensation | OR=1.13 (0.71 to 1.8) | 0.619 | 0.889 | 120046 | 791 | 119255 | phecode 687.4 |
| Chronic renal failure CKD | OR=0.91 (0.64 to 1.31) | 0.620 | 0.889 | 118379 | 1369 | 117010 | phecode 585.3 |
| Other disorders of eye | OR=0.91 (0.63 to 1.32) | 0.622 | 0.889 | 120505 | 1257 | 119248 | phecode 379 |
| Edema | OR=0.87 (0.5 to 1.51) | 0.622 | 0.889 | 121426 | 574 | 120852 | phecode 782.3 |
| Other specified gastritis | OR=0.93 (0.71 to 1.22) | 0.622 | 0.889 | 114222 | 2427 | 111795 | phecode 535.8 |
| Respiratory insufficiency | OR=0.89 (0.54 to 1.44) | 0.623 | 0.889 | 117678 | 740 | 116938 | phecode 509.2 |
| Pneumonia | OR=0.95 (0.77 to 1.17) | 0.624 | 0.889 | 121366 | 4196 | 117170 | phecode 480 |
| Leukemia | OR=0.89 (0.57 to 1.4) | 0.627 | 0.889 | 120293 | 863 | 119430 | phecode 204 |
| Diverticulosis | OR=0.96 (0.83 to 1.12) | 0.627 | 0.889 | 108491 | 8860 | 99631 | phecode 562.1 |
| Diverticulosis and diverticulitis | OR=0.96 (0.83 to 1.12) | 0.627 | 0.889 | 108491 | 8860 | 99631 | phecode 562 |
| Fracture of hand or wrist | OR=0.91 (0.64 to 1.31) | 0.629 | 0.889 | 116468 | 1321 | 115147 | phecode 804 |
| Phlebitis and thrombophlebitis | OR=0.92 (0.66 to 1.29) | 0.634 | 0.893 | 111359 | 1542 | 109817 | phecode 451 |

| | | | | | | | |
|--|------------------------|-------|-------|--------|------|--------|----------------|
| Cancer of other lymphoid; histiocytic tissue | OR=1.1 (0.73 to 1.66) | 0.640 | 0.897 | 120468 | 1038 | 119430 | phecode 202 |
| Glaucoma | OR=1.08 (0.78 to 1.49) | 0.648 | 0.897 | 119013 | 1673 | 117340 | phecode 365 |
| Other disorders of eyelids | OR=1.08 (0.77 to 1.51) | 0.649 | 0.897 | 120146 | 1550 | 118596 | phecode 374 |
| Symptoms affecting skin | OR=0.94 (0.71 to 1.24) | 0.649 | 0.897 | 121474 | 2219 | 119255 | phecode 687 |
| Cough | OR=1.11 (0.71 to 1.74) | 0.650 | 0.897 | 118598 | 852 | 117746 | phecode 512.8 |
| Hypothyroidism | OR=1.08 (0.77 to 1.51) | 0.652 | 0.897 | 121125 | 1573 | 119552 | phecode 244 |
| Blood in stool | OR=1.11 (0.72 to 1.71) | 0.653 | 0.897 | 114842 | 918 | 113924 | phecode 578.2 |
| Abal findings on examination of urine | OR=0.92 (0.65 to 1.31) | 0.654 | 0.897 | 121474 | 1456 | 120018 | phecode 598 |
| Complications of cardiacorvascular device; implant; and graft | OR=1.12 (0.67 to 1.89) | 0.657 | 0.897 | 114733 | 647 | 114086 | phecode 854 |
| Decreased white blood cell count | OR=1.1 (0.72 to 1.67) | 0.661 | 0.897 | 119927 | 997 | 118930 | phecode 288.1 |
| Neutropenia | OR=1.1 (0.72 to 1.67) | 0.661 | 0.897 | 119927 | 997 | 118930 | phecode 288.11 |
| Alcoholism | OR=1.05 (0.85 to 1.3) | 0.663 | 0.897 | 114546 | 3943 | 110603 | phecode 317.1 |
| Hearing loss | OR=0.93 (0.67 to 1.29) | 0.663 | 0.897 | 121457 | 1674 | 119783 | phecode 389 |
| Neoplasm of uncertain behavior | OR=0.91 (0.6 to 1.38) | 0.668 | 0.898 | 109190 | 1024 | 108166 | phecode 199 |
| Secondary malignancy of respiratory organs | OR=0.91 (0.58 to 1.42) | 0.668 | 0.898 | 109023 | 857 | 108166 | phecode 198.2 |
| Diabetic retinopathy | OR=1.22 (0.48 to 3.12) | 0.671 | 0.899 | 80900 | 200 | 80700 | phecode 250.7 |
| Atherosclerosis | OR=1.16 (0.58 to 2.34) | 0.676 | 0.903 | 119154 | 355 | 118799 | phecode 440 |
| Atopicorcontact dermatitis due to other or unspecified | OR=1.11 (0.68 to 1.81) | 0.680 | 0.906 | 120170 | 722 | 119448 | phecode 939 |
| Secondary malignant neoplasm of liver | OR=1.09 (0.72 to 1.64) | 0.686 | 0.907 | 109206 | 1040 | 108166 | phecode 198.4 |
| Malignant neoplasm of other and ill defined sites within the digestive organs and peritoneum | OR=1.06 (0.8 to 1.4) | 0.687 | 0.907 | 94346 | 2278 | 92068 | phecode 159 |
| Aphakia and other disorders of lens | OR=1.12 (0.65 to 1.93) | 0.687 | 0.907 | 119838 | 590 | 119248 | phecode 379.3 |
| Pain in joint | OR=0.94 (0.71 to 1.25) | 0.690 | 0.908 | 121474 | 2192 | 119282 | phecode 745 |
| Hemorrhage or hematoma complicating a procedure | OR=0.93 (0.65 to 1.33) | 0.694 | 0.908 | 115468 | 1382 | 114086 | phecode 850 |
| Bacterial infection NOS | OR=1.04 (0.84 to 1.3) | 0.695 | 0.908 | 120302 | 3753 | 116549 | phecode 041 |
| Left bundle branch block | OR=1.12 (0.63 to 2) | 0.696 | 0.908 | 112085 | 522 | 111563 | phecode 426.32 |
| Palpitations | OR=0.91 (0.57 to 1.45) | 0.701 | 0.912 | 112363 | 800 | 111563 | phecode 427.9 |
| Chronic sinusitis | OR=1.09 (0.69 to 1.72) | 0.703 | 0.912 | 115655 | 842 | 114813 | phecode 475 |
| Heart valve replaced | OR=1.12 (0.62 to 2.04) | 0.708 | 0.915 | 117261 | 485 | 116776 | phecode 395.6 |
| Diseases of hard tissues of teeth | OR=1.08 (0.72 to 1.61) | 0.717 | 0.923 | 119420 | 1071 | 118349 | phecode 521 |
| E coli | OR=1.09 (0.68 to 1.76) | 0.720 | 0.923 | 117308 | 759 | 116549 | phecode 041.4 |
| Hematemesis | OR=1.1 (0.66 to 1.82) | 0.721 | 0.923 | 114601 | 677 | 113924 | phecode 578.1 |
| Atrial fibrillation and flutter | OR=1.03 (0.86 to 1.24) | 0.724 | 0.923 | 117384 | 5821 | 111563 | phecode 427.2 |
| Benign neoplasm of skin | OR=0.95 (0.72 to 1.26) | 0.726 | 0.923 | 121288 | 2205 | 119083 | phecode 216 |
| Ischemic Heart Disease | OR=1.03 (0.88 to 1.2) | 0.728 | 0.923 | 121203 | 8100 | 113103 | phecode 411 |
| Dental caries | OR=1.07 (0.72 to 1.61) | 0.729 | 0.923 | 119406 | 1057 | 118349 | phecode 521.1 |
| Enthesopathy | OR=1.05 (0.81 to 1.35) | 0.732 | 0.924 | 114326 | 2762 | 111564 | phecode 726.1 |
| Symptoms involving skin and other integumentary tissue | OR=0.91 (0.54 to 1.55) | 0.733 | 0.924 | 121474 | 622 | 120852 | phecode 782 |
| Malaise and fatigue | OR=0.93 (0.6 to 1.43) | 0.740 | 0.928 | 121474 | 929 | 120545 | phecode 798 |
| Phlebitis and thrombophlebitis of lower extremities | OR=0.94 (0.67 to 1.34) | 0.743 | 0.928 | 111267 | 1450 | 109817 | phecode 451.2 |
| Cardiac and circulatory congenital anomalies | OR=0.93 (0.6 to 1.44) | 0.744 | 0.928 | 121474 | 920 | 120554 | phecode 747 |
| Calculus of bile duct | OR=0.91 (0.53 to 1.57) | 0.745 | 0.928 | 118333 | 597 | 117736 | phecode 574.2 |
| Chemotherapy | OR=1.03 (0.85 to 1.25) | 0.748 | 0.929 | 113140 | 4974 | 108166 | phecode 197 |
| Cardiac arrest and ventricular fibrillation | OR=1.11 (0.6 to 2.05) | 0.750 | 0.929 | 112021 | 458 | 111563 | phecode 427.4 |
| Ulcer of esophagus | OR=1.05 (0.78 to 1.41) | 0.754 | 0.930 | 109763 | 1999 | 107764 | phecode 530.12 |
| Symptoms involving nervous and musculoskeletal systems | OR=0.96 (0.72 to 1.27) | 0.759 | 0.930 | 121474 | 2159 | 119315 | phecode 781 |
| Cellulitis and abscess of armorhand | OR=0.96 (0.72 to 1.27) | 0.762 | 0.930 | 119519 | 2182 | 117337 | phecode 681.3 |
| Cellulitis and abscess of foot; toe | OR=0.96 (0.72 to 1.27) | 0.762 | 0.930 | 119519 | 2182 | 117337 | phecode 681.6 |
| Cellulitis and abscess of leg; except foot | OR=0.96 (0.72 to 1.27) | 0.762 | 0.930 | 119519 | 2182 | 117337 | phecode 681.5 |
| Hydrocele | OR=1.07 (0.69 to 1.65) | 0.772 | 0.933 | 109742 | 915 | 108827 | phecode 603.1 |
| Disorders of refraction and accommodation; blindness and low vision | OR=1.06 (0.7 to 1.63) | 0.774 | 0.933 | 121474 | 969 | 120505 | phecode 367 |
| Renal failure NOS | OR=1.09 (0.6 to 2) | 0.774 | 0.933 | 117487 | 477 | 117010 | phecode 585.2 |
| Angina pectoris | OR=1.03 (0.82 to 1.3) | 0.775 | 0.933 | 116549 | 3446 | 113103 | phecode 411.3 |
| Superficial injury without mention of infection | OR=1.04 (0.77 to 1.41) | 0.779 | 0.933 | 121281 | 1939 | 119342 | phecode 915 |
| Calculus of kidney | OR=1.05 (0.74 to 1.5) | 0.781 | 0.933 | 119422 | 1394 | 118028 | phecode 594.1 |
| Cardiac congenital anomalies | OR=0.94 (0.59 to 1.48) | 0.782 | 0.933 | 121394 | 840 | 120554 | phecode 747.1 |
| Colorectal cancer | OR=1.04 (0.78 to 1.4) | 0.782 | 0.933 | 95259 | 2071 | 93188 | phecode 153 |
| Osteoarthritis; localized; primary | OR=1.04 (0.8 to 1.35) | 0.783 | 0.933 | 116206 | 2531 | 113675 | phecode 740.11 |

| | | | | | | | |
|---|--------------------------|-------|-------|--------|-------|--------|----------------|
| Other disorders of biliary tract | OR=1.07 (0.63 to 1.83) | 0.791 | 0.936 | 118352 | 616 | 117736 | phecode 575.8 |
| Iron deficiency anemias | OR=0.96 (0.72 to 1.29) | 0.791 | 0.936 | 118719 | 2082 | 116637 | phecode 280 |
| Iron deficiency anemias; unspecified or not due to blood loss | OR=0.96 (0.72 to 1.29) | 0.791 | 0.936 | 118719 | 2082 | 116637 | phecode 280.1 |
| Rheumatoid arthritis | OR=0.94 (0.61 to 1.47) | 0.794 | 0.936 | 121474 | 889 | 120585 | phecode 714.1 |
| Cerebrovascular disease | OR=1.03 (0.8 to 1.34) | 0.799 | 0.936 | 120987 | 2625 | 118362 | phecode 433 |
| LDL direct | -0.004 (-0.034 to 0.026) | 0.801 | 0.936 | 115619 | NA | NA | NA |
| Malignant neoplasm of rectum; rectosigmoid junction; and anus | OR=1.05 (0.7 to 1.59) | 0.802 | 0.936 | 94237 | 1049 | 93188 | phecode 153.3 |
| Aortic valve disease | OR=1.08 (0.6 to 1.94) | 0.802 | 0.936 | 117282 | 506 | 116776 | phecode 394.3 |
| Disorder of skin and subcutaneous tissue NOS | OR=0.96 (0.71 to 1.31) | 0.804 | 0.936 | 121474 | 1860 | 119614 | phecode 689 |
| Fever of unknown origin | OR=1.05 (0.73 to 1.5) | 0.808 | 0.936 | 121474 | 1328 | 120146 | phecode 783 |
| Ganglion and cyst of synovium; tendon; and bursa | OR=1.06 (0.65 to 1.74) | 0.810 | 0.936 | 112269 | 705 | 111564 | phecode 727.4 |
| Senile cataract | OR=1.03 (0.79 to 1.34) | 0.811 | 0.936 | 117981 | 2597 | 115384 | phecode 366.2 |
| Complication due to other implant and internal device | OR=0.95 (0.64 to 1.42) | 0.815 | 0.938 | 115194 | 1108 | 114086 | phecode 859 |
| Anal and rectal polyp | OR=1.03 (0.8 to 1.31) | 0.824 | 0.946 | 113903 | 2962 | 110941 | phecode 565.1 |
| Pulmonary collapse; interstitial and compensatory emphysema | OR=0.95 (0.6 to 1.5) | 0.828 | 0.947 | 117785 | 847 | 116938 | phecode 508 |
| Cancer within the respiratory system | OR=1.04 (0.7 to 1.55) | 0.829 | 0.947 | 121462 | 1136 | 120326 | phecode 165 |
| Skull and face fracture and other intercranial injury | OR=1.04 (0.74 to 1.45) | 0.837 | 0.950 | 121474 | 1519 | 119955 | phecode 819 |
| Viral infection | OR=1.05 (0.65 to 1.71) | 0.841 | 0.950 | 120536 | 739 | 119797 | phecode 079 |
| Aortic aneurysm | OR=1.05 (0.62 to 1.79) | 0.844 | 0.950 | 119425 | 626 | 118799 | phecode 442.1 |
| Congenital anomalies of great vessels | OR=0.95 (0.55 to 1.64) | 0.844 | 0.950 | 121134 | 580 | 120554 | phecode 747.13 |
| Rheumatoid arthritis and other inflammatory polyarthropathies | OR=0.96 (0.63 to 1.46) | 0.845 | 0.950 | 121474 | 1004 | 120470 | phecode 714 |
| Epistaxis or throat hemorrhage | OR=1.05 (0.66 to 1.67) | 0.847 | 0.950 | 115611 | 798 | 114813 | phecode 477 |
| Abal results of function study of liver | OR=1.04 (0.71 to 1.52) | 0.847 | 0.950 | 119455 | 1196 | 118259 | phecode 573.7 |
| Respiratory failure | OR=0.96 (0.61 to 1.51) | 0.849 | 0.950 | 117787 | 849 | 116938 | phecode 509.1 |
| Varicose veins of lower extremity | OR=1.03 (0.79 to 1.34) | 0.852 | 0.950 | 112359 | 2542 | 109817 | phecode 454.1 |
| Urea | 0.004 (-0.044 to 0.053) | 0.857 | 0.950 | 115789 | NA | NA | NA |
| Emphysema | OR=0.95 (0.58 to 1.58) | 0.858 | 0.950 | 112693 | 689 | 112004 | phecode 496.1 |
| Cancer of bladder | OR=0.97 (0.66 to 1.42) | 0.858 | 0.950 | 120718 | 1196 | 119522 | phecode 189.2 |
| Other mental disorder | OR=1.01 (0.89 to 1.16) | 0.861 | 0.950 | 119162 | 11129 | 108033 | phecode 306 |
| Septicemia | OR=0.97 (0.7 to 1.34) | 0.862 | 0.950 | 118221 | 1672 | 116549 | phecode 038 |
| Pain in limb | OR=1.03 (0.73 to 1.44) | 0.868 | 0.951 | 121474 | 1542 | 119932 | phecode 773 |
| Streptococcus infection | OR=1.05 (0.61 to 1.81) | 0.868 | 0.951 | 117127 | 578 | 116549 | phecode 041.2 |
| Neurological disorders | OR=1.03 (0.75 to 1.41) | 0.869 | 0.951 | 120592 | 1788 | 118804 | phecode 292 |
| Transient cerebral ischemia | OR=0.96 (0.54 to 1.68) | 0.877 | 0.957 | 118911 | 549 | 118362 | phecode 433.31 |
| Malignant neoplasm of bladder | OR=1.03 (0.68 to 1.56) | 0.883 | 0.960 | 120554 | 1032 | 119522 | phecode 189.21 |
| Degeneration of intervertebral disc | OR=1.04 (0.65 to 1.66) | 0.885 | 0.960 | 118166 | 787 | 117379 | phecode 722.6 |
| Hyposmolality and/or hyponatremia | OR=0.96 (0.58 to 1.6) | 0.886 | 0.960 | 119460 | 683 | 118777 | phecode 276.12 |
| Ileostomy status | OR=1.03 (0.62 to 1.73) | 0.897 | 0.963 | 100290 | 659 | 99631 | phecode 559 |
| Degenerative disease of the spinal cord | OR=1.03 (0.64 to 1.68) | 0.897 | 0.963 | 115385 | 740 | 114645 | phecode 334 |
| Cardiac dysrhythmias | OR=0.99 (0.85 to 1.15) | 0.897 | 0.963 | 120253 | 8690 | 111563 | phecode 427 |
| Chronic ulcer of skin | OR=0.97 (0.59 to 1.58) | 0.897 | 0.963 | 121474 | 733 | 120741 | phecode 707 |
| Localized superficial swelling; mass; or lump | OR=1.03 (0.61 to 1.75) | 0.905 | 0.963 | 119881 | 626 | 119255 | phecode 687.2 |
| Inflammation of the eye | OR=1.03 (0.68 to 1.55) | 0.905 | 0.963 | 119626 | 1030 | 118596 | phecode 371 |
| Diseases of sebaceous glands | OR=0.98 (0.76 to 1.27) | 0.906 | 0.963 | 121235 | 2681 | 118554 | phecode 706 |
| Cholelithiasis and cholecystitis | OR=1.01 (0.8 to 1.28) | 0.908 | 0.963 | 120996 | 3260 | 117736 | phecode 574 |
| Dizziness and giddiness Light headedness and vertigo | OR=0.98 (0.68 to 1.41) | 0.908 | 0.963 | 121043 | 1290 | 119753 | phecode 386.9 |
| Nonrheumatic aortic valve disorders | OR=0.98 (0.63 to 1.51) | 0.916 | 0.968 | 117688 | 912 | 116776 | phecode 395.2 |
| Other derangement of joint | OR=1.02 (0.65 to 1.61) | 0.919 | 0.968 | 120175 | 850 | 119325 | phecode 742.9 |
| Other acquired deformities of limbs | OR=1.03 (0.61 to 1.73) | 0.922 | 0.968 | 119843 | 631 | 119212 | phecode 736 |
| Pleurisy; pleural effusion | OR=0.99 (0.76 to 1.29) | 0.922 | 0.968 | 119435 | 2497 | 116938 | phecode 507 |
| Hereditary retinal dystrophies | OR=1.04 (0.43 to 2.5) | 0.925 | 0.968 | 80929 | 229 | 80700 | phecode 362.7 |
| Disorders of fluid; electrolyte; and acid base balance | OR=1.01 (0.78 to 1.31) | 0.926 | 0.968 | 121474 | 2697 | 118777 | phecode 276 |
| Sebaceous cyst | OR=0.99 (0.76 to 1.28) | 0.934 | 0.974 | 121216 | 2662 | 118554 | phecode 706.2 |
| Coronary atherosclerosis | OR=1.01 (0.84 to 1.21) | 0.942 | 0.980 | 118697 | 5594 | 113103 | phecode 411.4 |
| Cystitis | OR=1.01 (0.61 to 1.69) | 0.955 | 0.986 | 113538 | 674 | 112864 | phecode 592.1 |
| Sepsis | OR=0.99 (0.68 to 1.44) | 0.959 | 0.986 | 121474 | 1230 | 120244 | phecode 994.2 |
| Sepsis and SIRS | OR=0.99 (0.68 to 1.44) | 0.959 | 0.986 | 121474 | 1230 | 120244 | phecode 994 |

| | | | | | | | |
|---|------------------------|-------|-------|--------|------|--------|----------------|
| Other disorders of testis | OR=0.99 (0.7 to 1.4) | 0.959 | 0.986 | 110301 | 1474 | 108827 | phecode 603 |
| Symptoms and disorders of the joints | OR=1.01 (0.69 to 1.47) | 0.961 | 0.986 | 120544 | 1219 | 119325 | phecode 741 |
| Benign neoplasm of unspecified sites | OR=0.99 (0.6 to 1.62) | 0.961 | 0.986 | 121474 | 703 | 120771 | phecode 229 |
| Abdominal aortic aneurysm | OR=0.98 (0.49 to 1.99) | 0.965 | 0.988 | 119155 | 356 | 118799 | phecode 442.11 |
| Inflammatory bowel disease and other gastroenteritis and colitis | OR=0.99 (0.71 to 1.39) | 0.971 | 0.991 | 101189 | 1558 | 99631 | phecode 555 |
| Acute upper respiratory infections of multiple or unspecified sites | OR=1.01 (0.6 to 1.71) | 0.976 | 0.993 | 121428 | 625 | 120803 | phecode 465 |
| Calculus of ureter | OR=1.01 (0.68 to 1.49) | 0.978 | 0.993 | 119165 | 1137 | 118028 | phecode 594.3 |
| Other aneurysm | OR=1.01 (0.62 to 1.62) | 0.979 | 0.993 | 119566 | 767 | 118799 | phecode 442 |
| Other disorders of male genital organs | OR=1 (0.73 to 1.35) | 0.984 | 0.995 | 110693 | 1866 | 108827 | phecode 608 |
| Other disorders of liver | OR=1 (0.77 to 1.29) | 0.990 | 0.995 | 121011 | 2752 | 118259 | phecode 573 |
| Syncope and collapse | OR=1 (0.79 to 1.27) | 0.991 | 0.995 | 121474 | 3064 | 118410 | phecode 788 |
| Derangement of joint; non traumatic | OR=1 (0.66 to 1.52) | 0.992 | 0.995 | 120336 | 1011 | 119325 | phecode 742 |
| Urinary calculus | OR=1 (0.78 to 1.28) | 0.992 | 0.995 | 120952 | 2924 | 118028 | phecode 594 |
| Cancer of bronchus; lung | OR=1 (0.65 to 1.54) | 0.995 | 0.995 | 121260 | 934 | 120326 | phecode 165.1 |
| Other disorders of male genital organs | OR=1 (0.73 to 1.35) | 0.984 | 0.995 | 110693 | 1866 | 108827 | phecode 608 |
| Other disorders of liver | OR=1 (0.77 to 1.29) | 0.990 | 0.995 | 121011 | 2752 | 118259 | phecode 573 |
| Syncope and collapse | OR=1 (0.79 to 1.27) | 0.991 | 0.995 | 121474 | 3064 | 118410 | phecode 788 |
| Derangement of joint; non traumatic | OR=1 (0.66 to 1.52) | 0.992 | 0.995 | 120336 | 1011 | 119325 | phecode 742 |
| Urinary calculus | OR=1 (0.78 to 1.28) | 0.992 | 0.995 | 120952 | 2924 | 118028 | phecode 594 |
| Cancer of bronchus; lung | OR=1 (0.65 to 1.54) | 0.995 | 0.995 | 121260 | 934 | 120326 | phecode 165.1 |

Supplementary File 1 - Table 8. Independent genetic variants associated with total testosterone at genome-wide significance ($p < 5 \times 10^{-8}$) and not associated with sex hormone-binding globulin in 175,421 males from UK Biobank

| chr | rsid | position (hg19) | beta | se | effect allele | other allele | eaf | pval | gene | sample size |
|-----|-------------|--------------------|--------|-------|------------------|-----------------|-------|----------|------------------------|----------------|
| 1 | rs12035604 | 66056052 | -0.077 | 0.014 | T | C | 0.743 | 4.00E-08 | LEPR | 175421 |
| 1 | rs537115525 | 155572575 | -0.148 | 0.027 | T | C | 0.945 | 3.40E-08 | ASH1L-AS1;MSTO1 | 175421 |
| 1 | rs34702488 | 163256609 | -0.089 | 0.016 | T | A | 0.825 | 3.20E-08 | RGS5 | 175421 |
| 1 | rs537444 | 172134469 | 0.071 | 0.012 | C | G | 0.579 | 8.70E-09 | DNM3 | 175421 |
| 1 | rs35737316 | 204161534 | -0.137 | 0.014 | C | T | 0.754 | 5.30E-22 | KISS1 | 175421 |
| 2 | rs72862643 | 31533151 | -0.250 | 0.025 | T | C | 0.937 | 2.70E-23 | EHD3;XDH | 175421 |
| 2 | rs11124268 | 31951731 | -0.100 | 0.016 | C | A | 0.811 | 1.30E-10 | SRD5A2;LINC01946 | 175421 |
| 2 | rs11901448 | 32096569 | -0.106 | 0.013 | C | T | 0.444 | 8.10E-16 | MEMO1 | 175421 |
| 2 | rs112564689 | 33377229 | -0.309 | 0.038 | C | G | 0.972 | 3.20E-16 | LTBP1 | 175421 |
| 2 | rs10192634 | 180500950 | -0.080 | 0.014 | C | T | 0.730 | 6.80E-09 | ZNF385B | 175421 |
| 2 | rs12468274 | 234627914 | 0.193 | 0.028 | T | C | 0.950 | 6.60E-12 | UGT1A4 | 175421 |
| 3 | rs6785560 | 88269441 | 0.103 | 0.017 | G | A | 0.155 | 8.00E-10 | C3orf38;EPHA3 | 175421 |
| 3 | rs7626226 | 138234576 | 0.085 | 0.012 | C | T | 0.532 | 3.10E-12 | CEP70 | 175421 |
| 3 | rs79223973 | 151992162 | -0.121 | 0.020 | A | C | 0.900 | 3.00E-09 | MBNL1 | 175421 |
| 4 | rs7679843 | 22028079 | -0.155 | 0.021 | C | G | 0.905 | 3.90E-13 | KCNIP4;LOC100505912 | 175421 |
| 4 | rs115872353 | 103983087 | 0.277 | 0.044 | T | G | 0.980 | 2.00E-10 | SLC9B2 | 175421 |
| 4 | rs17289915 | 104491078 | 0.485 | 0.055 | C | G | 0.987 | 7.00E-19 | LINC02428;TACR3 | 175421 |
| 4 | rs565931739 | 104590005 | 0.155 | 0.017 | C | CA | 0.836 | 2.40E-20 | TACR3 | 175421 |
| 5 | rs1979835 | 135689839 | 0.110 | 0.018 | G | A | 0.862 | 5.10E-10 | TRPC7 | 175421 |
| 6 | rs7758796 | 100105028 | -0.088 | 0.012 | G | A | 0.547 | 9.50E-13 | PRDM13;MCHR2 | 175421 |
| 6 | rs6902789 | 105358192 | 0.116 | 0.013 | G | A | 0.630 | 3.60E-20 | HACE1;LIN28B-AS1 | 175421 |
| 6 | rs7755185 | 152339615 | 0.072 | 0.013 | A | G | 0.689 | 3.70E-08 | ESR1 | 175421 |
| 7 | rs9986829 | 15019259 | -0.146 | 0.012 | G | A | 0.494 | 7.00E-33 | DGKB;AGMO | 175421 |
| 7 | rs10279715 | 40870935 | 0.073 | 0.012 | A | G | 0.539 | 2.00E-09 | SUGCT | 175421 |
| 7 | rs10229569 | 99183704 | -0.093 | 0.017 | G | A | 0.840 | 2.10E-08 | ZNF655;TMEM225B | 175421 |
| 8 | rs7835492 | 21089517 | -0.096 | 0.017 | T | C | 0.853 | 2.30E-08 | LINC02153;LOC101929172 | 175421 |
| 8 | rs35006173 | 77911193 | 0.084 | 0.013 | A | AT | 0.611 | 3.60E-11 | PEX2 | 175421 |
| 9 | rs2090409 | 108967088 | 0.095 | 0.013 | C | A | 0.684 | 3.90E-13 | TMEM38B;MIR8081 | 175421 |
| 10 | rs571568325 | 67293894 | -0.174 | 0.012 | G | GA | 0.595 | 8.40E-45 | LOC101928887;LINC01515 | 175421 |
| 11 | rs76160029 | 28884695 | 0.248 | 0.037 | G | A | 0.971 | 1.20E-11 | MIR8068;LINC01616 | 175421 |
| 11 | rs7478970 | 29118542 | -0.108 | 0.015 | G | A | 0.782 | 2.30E-13 | MIR8068;LINC01616 | 175421 |
| 11 | rs2933170 | 29135383 | 0.079 | 0.014 | A | G | 0.729 | 7.40E-09 | MIR8068;LINC01616 | 175421 |
| 11 | rs35934227 | 29458062 | 0.280 | 0.045 | C | T | 0.981 | 3.70E-10 | MIR8068;LINC01616 | 175421 |
| 11 | rs12796488 | 94131557 | 0.160 | 0.016 | C | A | 0.823 | 5.90E-24 | GPR83 | 175421 |
| 11 | rs34669210 | 122772285 | -0.109 | 0.012 | T | TA | 0.433 | 1.40E-18 | C11orf63 | 175421 |
| 11 | rs7107502 | 122830214 | 0.071 | 0.012 | G | A | 0.431 | 7.70E-09 | C11orf63 | 175421 |
| 11 | rs634554 | 125070392 | 0.076 | 0.013 | C | A | 0.308 | 7.90E-09 | PKNOX2 | 175421 |
| 12 | rs7959682 | 2944356 | -0.085 | 0.015 | T | A | 0.529 | 1.40E-08 | NRIP2 | 175421 |
| 12 | rs11835185 | 3057794 | -0.135 | 0.015 | C | T | 0.801 | 1.00E-18 | TULP3;TEAD4 | 175421 |
| 12 | rs12318430 | 3115206 | -0.347 | 0.031 | C | A | 0.961 | 1.80E-28 | TEAD4 | 175421 |
| 12 | rs12810788 | 116196322 | 0.100 | 0.015 | G | A | 0.201 | 1.10E-10 | TBX3;MED13L | 175421 |

| | | | | | | | | | | |
|----|-------------|-----------|--------|-------|---|------|-------|----------|---------------------|--------|
| 12 | rs6486542 | 130952209 | 0.074 | 0.012 | C | T | 0.571 | 2.30E-09 | RIMBP2 | 175421 |
| 13 | rs12429920 | 112720354 | -0.070 | 0.012 | G | A | 0.524 | 7.10E-09 | LINC00403 | 175421 |
| 14 | rs1812755 | 90007637 | 0.094 | 0.015 | T | C | 0.800 | 9.00E-10 | FOXN3 | 175421 |
| 15 | rs28892005 | 51519945 | 0.101 | 0.013 | A | AAAG | 0.350 | 1.90E-15 | MIR4713HG | 175421 |
| 15 | rs17238845 | 56936160 | -0.068 | 0.012 | A | G | 0.406 | 4.50E-08 | ZNF280D | 175421 |
| 16 | rs2764772 | 20060653 | -0.122 | 0.013 | T | A | 0.666 | 3.50E-21 | GPR139 | 175421 |
| 16 | rs2077412 | 28621311 | 0.096 | 0.014 | T | C | 0.301 | 1.10E-11 | SULT1A1 | 175421 |
| 17 | rs2696641 | 43651550 | -0.076 | 0.014 | G | C | 0.475 | 2.60E-08 | LRR37A4P;MAPK8IP1P2 | 175421 |
| 18 | rs2684837 | 44749884 | 0.085 | 0.012 | A | C | 0.559 | 3.80E-12 | SKOR2 | 175421 |
| 19 | rs142936065 | 48449301 | -0.073 | 0.013 | G | GTT | 0.483 | 2.40E-08 | SNAR-A12;SNAR-C3 | 175421 |
| 22 | rs11703376 | 49678713 | -0.122 | 0.014 | C | T | 0.731 | 1.00E-18 | LINC01310;NONE | 175421 |

Effect size (beta and standard error) in nmol/L of calculated free testosterone per copy of effect allele
Abbreviations: Chr, chromosome; rsID, rs identifier; SE, standard error; eaf, effect allele frequency; pval, p-value

Supplementary File 1 - Table 9. All Mendelian randomization analyses of total testosterone on 22 a priori outcomes

| Outcome | IVW | | Egger | | | MR-RAPS | | MR-PRESSO | | | | Sample Size (Cases/Controls) |
|---------------------------------------|---|-----------------|-----------------------------|---|---------|---|-----------------|---------------------|---|-----------------|-------------------------|---------------------------------|
| | Effect per 1 nmol/L increase in total testosterone (95% CI) | P-value | P-value for Egger intercept | Effect per 1 nmol/L increase in total testosterone (95% CI) | P-value | Effect per 1 nmol/L increase in total testosterone (95% CI) | P-value | Global Test P-value | Effect per 1 nmol/L increase in total testosterone (95% CI) | P-value | Distortion Test P-value | |
| Haematocrit percentage | 0.256 % (0.193 to 0.319) | 1.87E-15 | 0.11 | 0.127 % (-0.04 to 0.294) | 0.14 | 0.232 % (0.158 to 0.306) | 9.76E-10 | ≤0.0001 | 0.2612 % (0.211 to 0.312) | 3.17E-13 | 0.81 | 152872 |
| Body fat-free percentage | 0.408 % (0.3 to 0.516) | 1.66E-13 | 0.56 | 0.327 % (0.034 to 0.62) | 0.03 | 0.447 % (0.322 to 0.572) | 2.19E-12 | ≤0.0001 | 0.4155 % (0.313 to 0.518) | 2.58E-10 | 0.8856 | 154254 |
| Body fat percentage | -0.395 % (-0.503 to -0.287) | 7.59E-13 | 0.54 | -0.31 % (-0.602 to -0.018) | 0.04 | -0.426 % (-0.551 to -0.301) | 2.36E-11 | ≤0.0001 | -0.3764 % (-0.473 to -0.28) | 8.32E-10 | 0.7025 | 153772 |
| Benign prostatic hyperplasia | OR = 1.09 (1.04 to 1.14) | 3.57E-04 | 0.49 | OR = 1.04 (0.92 to 1.18) | 0.51 | OR = 1.10 (1.05 to 1.15) | 1.26E-04 | 0.1086 | NA | NA | NA | 10894/146316 |
| Heel bone mineral density T-score | 0.0666 SD (0.028 to 0.105) | 7.11E-04 | 0.23 | 0.126 SD (0.023 to 0.229) | 0.02 | 0.08 SD (0.051 to 0.109) | 6.68E-08 | ≤0.0001 | 0.0943 SD (0.071 to 0.118) | 3.76E-10 | 0.1483 | 90676 |
| Hemoglobin A1c | -0.17 mmol/L (-0.274 to -0.066) | 1.27E-03 | 0.39 | -0.0555 mmol/L (-0.334 to 0.223) | 0.70 | -0.124 mmol/L (-0.215 to -0.033) | 7.85E-03 | ≤0.0001 | -0.1063 mmol/L (-0.19 to -0.023) | 0.01612 | 0.036 | 149828 |
| Glucose | -0.0256 mmol/L (-0.045 to -0.006) | 8.99E-03 | 0.85 | -0.0208 mmol/L (-0.073 to 0.031) | 0.44 | -0.015 mmol/L (-0.03 to 0) | 0.05 | ≤0.0001 | -0.01373 mmol/L (-0.027 to 0) | 0.04776 | 0.0244 | 138307 |
| Depression | OR = 1.08 (1.02 to 1.15) | 0.014 | 0.82 | OR = 1.06 (0.9 to 1.26) | 0.48 | OR = 1.08 (1.01 to 1.16) | 0.02 | 0.8715 | NA | NA | NA | 4725/152485 |
| Accelerometer-based physical activity | 0.266 milligravity (0.042 to 0.49) | 0.020 | 0.50 | 0.0736 milligravity (-0.532 to 0.679) | 0.81 | 0.276 milligravity (0.053 to 0.499) | 0.02 | 0.1331 | NA | NA | NA | 30439 |
| Prostate cancer | OR = 1.07 (1.01 to 1.13) | 0.029 | 0.91 | OR = 1.06 (0.9 to 1.24) | 0.49 | OR = 1.06 (1 to 1.13) | 0.05 | 0.0213 | NA | NA | NA | 7586/149624 |
| Androgenic alopecia | OR = 1.06 (1 to 1.13) | 0.051 | 0.68 | OR = 1.03 (0.87 to 1.21) | 0.74 | OR = 1.08 (0.99 to 1.17) | 0.07 | ≤0.0001 | OR = 1.12 (1.08 to 1.15) | 1.46E-08 | 0.2131 | 70283/85756 |
| Type 2 diabetes | OR = 0.97 (0.91 to 1.02) | 0.200 | 0.41 | OR = 1.02 (0.88 to 1.18) | 0.77 | OR = 0.98 (0.92 to 1.03) | 0.39 | 0.0011 | OR = 0.98 (0.94 to 1.03) | 0.5362 | 0.2032 | 11079/146131 |
| Myocardial infarction | OR = 1.02 (0.98 to 1.08) | 0.320 | 0.97 | OR = 1.02 (0.9 to 1.16) | 0.74 | OR = 1.03 (0.98 to 1.09) | 0.23 | 0.2035 | NA | NA | NA | 9398/147812 |
| Venous thromboembolism | OR = 1.02 (0.95 to 1.09) | 0.604 | 0.08 | OR = 0.87 (0.73 to 1.05) | 0.15 | OR = 1.02 (0.95 to 1.09) | 0.65 | 0.6821 | NA | NA | NA | 4127/153083 |
| All fracture | OR = 0.99 (0.94 to 1.04) | 0.611 | 0.54 | OR = 0.95 (0.82 to 1.09) | 0.45 | OR = 0.99 (0.93 to 1.05) | 0.75 | 0.0427 | NA | NA | NA | 9133/148077 |
| Handgrip strength | 0.0306 kg (-0.105 to 0.166) | 0.657 | 0.61 | -0.0581 kg (-0.424 to 0.307) | 0.76 | 0.029 kg (-0.102 to 0.16) | 0.67 | ≤0.0001 | -0.009878 kg (-0.132 to 0.112) | 0.8744 | 0.0892 | 156400 |
| Ischemic stroke | OR = 1.02 (0.93 to 1.12) | 0.663 | 0.37 | OR = 0.92 (0.72 to 1.18) | 0.50 | OR = 1.01 (0.92 to 1.12) | 0.77 | 0.9149 | NA | NA | NA | 2122/155088 |
| Diastolic blood pressure | 0.0187 mmHg (-0.114 to 0.151) | 0.782 | 0.87 | 0.0475 mmHg (-0.312 to 0.407) | 0.80 | 0.023 mmHg (-0.114 to 0.159) | 0.75 | 0.0164 | 0.03997 mmHg (-0.084 to 0.164) | 0.5304 | 0.8204 | 148384 |
| All stroke | OR = 1.01 (0.95 to 1.07) | 0.812 | 0.69 | OR = 0.98 (0.82 to 1.16) | 0.78 | OR = 1.01 (0.95 to 1.08) | 0.68 | 0.7977 | NA | NA | NA | 4569/152641 |
| Heart failure | OR = 1 (0.93 to 1.07) | 0.894 | 0.49 | OR = 0.94 (0.78 to 1.13) | 0.49 | OR = 0.99 (0.91 to 1.06) | 0.71 | 2.29E-01 | NA | NA | NA | 4288/152922 |
| All dementia | OR = 1.01 (0.86 to 1.17) | 0.937 | 0.43 | OR = 0.86 (0.57 to 1.3) | 0.48 | OR = 0.97 (0.84 to 1.13) | 0.69 | 0.085 | NA | NA | NA | 1003/156207 |
| Systolic blood pressure | -0.0105 mmHg (-0.271 to 0.25) | 0.937 | 0.10 | 0.534 mmHg (-0.152 to 1.22) | 0.13 | 0.087 mmHg (-0.173 to 0.347) | 0.51 | ≤0.0001 | 0.06339 mmHg (-0.164 to 0.29) | 0.5866 | 0.2225 | 148383 |

Bolded rows are significant adjusting for multiple hypothesis testing using Bonferroni correction

Supplementary File 1 - Table 10. Associations of genetically predicted total testosterone for 439 health outcomes across the human phenome.

| Trait | Effect per 1 nmol/L increase total testosterone (95% CI) | FDR-adjusted | | Sample Size | Number of Cases | | | Category |
|---|--|--------------|----------|-------------|-----------------|---------|----------------|-------------------------|
| | | P-value | p-value | | Controls | Phecode | Phecode | |
| Total bilirubin | 0.034 (0.024 to 0.045) | 1.26E-10 | 5.55E-08 | 149300 | NA | NA | NA | biomarker |
| C-reactive protein | -0.033 (-0.043 to -0.023) | 5.42E-10 | 1.19E-07 | 149547 | NA | NA | NA | biomarker |
| Creatinine | 0.033 (0.022 to 0.043) | 8.81E-10 | 1.29E-07 | 149849 | NA | NA | NA | biomarker |
| Phosphate | -0.005 (-0.006 to -0.003) | 2.11E-07 | 2.32E-05 | 138207 | NA | NA | NA | biomarker |
| Inguinal hernia | OR=1.1 (1.06 to 1.14) | 4.56E-07 | 4.01E-05 | 144145 | 13906 | 130239 | phecode 550.1 | digestive |
| Direct bilirubin | 0.026 (0.015 to 0.037) | 2.59E-06 | 1.90E-04 | 139800 | NA | NA | NA | biomarker |
| Alkaline phosphatase | -0.021 (-0.032 to -0.011) | 6.57E-05 | 3.52E-03 | 149937 | NA | NA | NA | biomarker |
| Spinal stenosis | OR=1.21 (1.1 to 1.33) | 7.07E-05 | 3.52E-03 | 152836 | 1917 | 150919 | phecode 720 | musculoskeletal |
| Abdominal hernia | OR=1.06 (1.03 to 1.09) | 7.20E-05 | 3.52E-03 | 157211 | 26972 | 130239 | phecode 550 | digestive |
| Umbilical hernia | OR=1.17 (1.08 to 1.27) | 8.41E-05 | 3.57E-03 | 132863 | 2624 | 130239 | phecode 550.4 | digestive |
| Degenerative disease of the spinal cord | OR=1.28 (1.13 to 1.46) | 8.91E-05 | 3.57E-03 | 148165 | 1062 | 147103 | phecode 334 | neurological |
| Other symptoms or disorders or the urinary system | OR=1.07 (1.03 to 1.12) | 2.93E-04 | 0.010 | 157211 | 12410 | 144801 | phecode 599 | genitourinary |
| Essential hypertension | OR=1.05 (1.02 to 1.07) | 3.00E-04 | 0.010 | 156766 | 40809 | 115957 | phecode 401.1 | circulatory system |
| Hypertension | OR=1.05 (1.02 to 1.07) | 3.33E-04 | 0.010 | 156917 | 40960 | 115957 | phecode 401 | circulatory system |
| IGF1 | 0.1 (0.045 to 0.156) | 4.24E-04 | 0.012 | 149151 | NA | NA | NA | biomarker |
| Hypercholesterolemia | OR=1.06 (1.03 to 1.09) | 4.28E-04 | 0.012 | 155658 | 19758 | 135900 | phecode 272.11 | endocrine metabolic |
| Other disorders of peritoneum | OR=1.22 (1.09 to 1.36) | 6.72E-04 | 0.017 | 143289 | 1323 | 141966 | phecode 568 | digestive |
| Symptoms involving digestive system | OR=1.1 (1.04 to 1.16) | 7.78E-04 | 0.019 | 131291 | 5729 | 125562 | phecode 561 | digestive |
| Hyperlipidemia | OR=1.05 (1.02 to 1.09) | 9.42E-04 | 0.022 | 157148 | 21248 | 135900 | phecode 272.1 | endocrine metabolic |
| Disorders of lipid metabolism | OR=1.05 (1.02 to 1.09) | 1.03E-03 | 0.022 | 157211 | 21311 | 135900 | phecode 272 | endocrine metabolic |
| Spondylosis and allied disorders | OR=1.13 (1.05 to 1.21) | 1.04E-03 | 0.022 | 154215 | 3296 | 150919 | phecode 721 | musculoskeletal |
| Prostatitis | OR=1.2 (1.07 to 1.34) | 1.33E-03 | 0.027 | 43064 | 1466 | 41598 | phecode 601.1 | genitourinary |
| Candidiasis | OR=1.23 (1.08 to 1.39) | 1.49E-03 | 0.028 | 156902 | 1064 | 155838 | phecode 112 | infectious diseases |
| Internal derangement of knee | OR=1.08 (1.03 to 1.13) | 1.88E-03 | 0.034 | 156183 | 7941 | 148242 | phecode 835 | injuries and poisonings |
| Spondylosis without myelopathy | OR=1.15 (1.05 to 1.26) | 2.47E-03 | 0.043 | 153008 | 2089 | 150919 | phecode 721.1 | musculoskeletal |
| Peritoneal adhesions postoperative postinfection | OR=1.19 (1.06 to 1.34) | 2.97E-03 | 0.050 | 143200 | 1234 | 141966 | phecode 568.1 | digestive |
| Anal and rectal conditions | OR=1.07 (1.02 to 1.13) | 3.38E-03 | 0.054 | 149752 | 7786 | 141966 | phecode 565 | digestive |
| Other symptoms involving abdomen and pelvis | OR=1.17 (1.05 to 1.3) | 3.49E-03 | 0.054 | 147838 | 1496 | 146342 | phecode 579 | digestive |
| Urinary obstruction | OR=1.16 (1.05 to 1.29) | 3.59E-03 | 0.054 | 146437 | 1636 | 144801 | phecode 599.1 | genitourinary |
| Erythematous conditions | OR=1.22 (1.07 to 1.41) | 3.95E-03 | 0.057 | 155296 | 881 | 154415 | phecode 695 | dermatologic |
| Unspecified monoarthritis | OR=1.06 (1.02 to 1.11) | 3.98E-03 | 0.057 | 147634 | 9832 | 137802 | phecode 716.2 | musculoskeletal |
| Inflammatory diseases of prostate | OR=1.13 (1.04 to 1.22) | 4.53E-03 | 0.062 | 44293 | 2695 | 41598 | phecode 601 | genitourinary |
| Urinary tract infection | OR=1.09 (1.03 to 1.15) | 4.92E-03 | 0.066 | 149462 | 5313 | 144149 | phecode 591 | genitourinary |
| Septal DeviationsorTurbinat | OR=1.12 (1.03 to 1.22) | 5.87E-03 | 0.076 | 150593 | 2536 | 148057 | phecode 470 | respiratory |
| Hypertrophy | | | | | | | | |
| Nonspecific findings on examination of blood | OR=1.08 (1.02 to 1.15) | 6.36E-03 | 0.080 | 157211 | 5239 | 151972 | phecode 790 | symptoms |
| Angina pectoris | OR=1.06 (1.02 to 1.1) | 7.12E-03 | 0.085 | 147250 | 11008 | 136242 | phecode 411.3 | circulatory system |
| Other disorders of intestine | OR=1.06 (1.02 to 1.11) | 7.19E-03 | 0.085 | 150634 | 8668 | 141966 | phecode 569 | digestive |
| Intestinal infection | OR=1.09 (1.02 to 1.16) | 7.47E-03 | 0.086 | 157211 | 4483 | 152728 | phecode 008 | infectious diseases |
| Other abnormal blood chemistry | OR=1.08 (1.02 to 1.15) | 7.59E-03 | 0.086 | 157098 | 5126 | 151972 | phecode 790.6 | symptoms |
| E coli | OR=1.17 (1.04 to 1.32) | 7.85E-03 | 0.086 | 150693 | 1204 | 149489 | phecode 041.4 | infectious diseases |
| Respiratory abnormalities | OR=1.08 (1.02 to 1.15) | 0.011 | 0.113 | 157211 | 4784 | 152427 | phecode 513 | respiratory |
| SHBG | 0.014 (0.003 to 0.024) | 0.011 | 0.113 | 137408 | NA | NA | NA | biomarker |
| Sleep apnea | OR=1.1 (1.02 to 1.18) | 0.012 | 0.124 | 156734 | 3124 | 153610 | phecode 327.3 | neurological |
| Retention of urine | OR=1.07 (1.02 to 1.14) | 0.013 | 0.126 | 150344 | 5543 | 144801 | phecode 599.2 | genitourinary |
| Peripheral vascular disease; unspecified | OR=1.13 (1.03 to 1.24) | 0.013 | 0.126 | 153464 | 1889 | 151575 | phecode 443.9 | circulatory system |
| Other specified peripheral vascular diseases | OR=1.12 (1.02 to 1.22) | 0.013 | 0.126 | 153785 | 2210 | 151575 | phecode 443.8 | circulatory system |
| Hematuria | OR=1.06 (1.01 to 1.11) | 0.014 | 0.128 | 152438 | 8289 | 144149 | phecode 593 | genitourinary |
| Chronic airway obstruction | OR=1.07 (1.01 to 1.13) | 0.014 | 0.129 | 148957 | 6018 | 142939 | phecode 496 | respiratory |
| Hydronephrosis | OR=1.15 (1.03 to 1.3) | 0.015 | 0.137 | 153509 | 1254 | 152255 | phecode 595 | genitourinary |
| GERD | OR=1.05 (1.01 to 1.09) | 0.018 | 0.154 | 147762 | 10877 | 136885 | phecode 530.11 | digestive |
| Other disorders of male genital organs | OR=1.1 (1.02 to 1.2) | 0.018 | 0.156 | 141295 | 2537 | 138758 | phecode 608 | genitourinary |

| | | | | | | | | |
|--|------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Atopic/contact dermatitis due to other or unspecified | OR=1.17 (1.03 to 1.32) | 0.019 | 0.156 | 155217 | 1029 | 154188 | phecode 939 | dermatologic |
| Cancer; suspected or other | OR=1.05 (1.01 to 1.08) | 0.019 | 0.156 | 151649 | 13842 | 137807 | phecode 195 | neoplasms |
| Bacterial infection NOS | OR=1.07 (1.01 to 1.13) | 0.020 | 0.158 | 155365 | 5876 | 149489 | phecode 041 | infectious diseases |
| Other peripheral nerve disorders | OR=1.08 (1.01 to 1.16) | 0.020 | 0.158 | 154804 | 3798 | 151006 | phecode 351 | neurological |
| Personal history of diseases of digestive system | OR=1.06 (1.01 to 1.11) | 0.020 | 0.158 | 133795 | 8233 | 125562 | phecode 564.9 | digestive |
| Other diseases of blood and blood forming organs | OR=1.11 (1.02 to 1.21) | 0.020 | 0.158 | 155768 | 2180 | 153588 | phecode 289 | hematopoietic |
| Chronic bronchitis | OR=1.07 (1.01 to 1.14) | 0.022 | 0.170 | 148033 | 5094 | 142939 | phecode 496.2 | respiratory |
| Frequency of urination and polyuria | OR=1.11 (1.01 to 1.22) | 0.024 | 0.176 | 146763 | 1962 | 144801 | phecode 599.5 | genitourinary |
| Other chronic ischemic heart disease; unspecified | OR=1.04 (1 to 1.07) | 0.026 | 0.191 | 154252 | 18010 | 136242 | phecode 411.8 | circulatory system |
| Diseases of esophagus | OR=1.04 (1 to 1.07) | 0.027 | 0.194 | 153704 | 16819 | 136885 | phecode 530 | digestive |
| Congenital anomalies of great vessels | OR=1.14 (1.01 to 1.28) | 0.028 | 0.196 | 156725 | 1267 | 155458 | phecode 747.13 | congenital anomalies |
| Other symptoms of respiratory system | OR=1.06 (1.01 to 1.12) | 0.029 | 0.200 | 157211 | 6102 | 151109 | phecode 512 | respiratory |
| Hemiplegia | OR=0.86 (0.75 to 0.99) | 0.030 | 0.204 | 148019 | 916 | 147103 | phecode 342 | neurological |
| Other abnormality of urination | OR=1.14 (1.01 to 1.29) | 0.030 | 0.204 | 145926 | 1125 | 144801 | phecode 599.9 | genitourinary |
| Complications of transplants and reattached limbs | OR=1.05 (1 to 1.1) | 0.031 | 0.207 | 154168 | 8858 | 145310 | phecode 851 | injuries and poisonings |
| Other retinal disorders | OR=1.09 (1.01 to 1.18) | 0.034 | 0.221 | 96487 | 2665 | 93822 | phecode 362 | sense organs |
| Gamma glutamyltransferase | 0.011 (0.001 to 0.022) | 0.034 | 0.221 | 149840 | NA | NA | NA | biomarker |
| Malignant neoplasm; other | OR=1.04 (1 to 1.08) | 0.035 | 0.221 | 151312 | 13505 | 137807 | phecode 195.1 | neoplasms |
| Coronary atherosclerosis | OR=1.04 (1 to 1.08) | 0.036 | 0.223 | 151051 | 14809 | 136242 | phecode 411.4 | circulatory system |
| Benign neoplasm of colon | OR=1.04 (1 to 1.09) | 0.037 | 0.223 | 128626 | 11711 | 116915 | phecode 208 | neoplasms |
| Obstructive chronic bronchitis | OR=1.07 (1 to 1.13) | 0.037 | 0.223 | 147942 | 5003 | 142939 | phecode 496.21 | respiratory |
| Right bundle branch block | OR=0.88 (0.79 to 0.99) | 0.037 | 0.223 | 141247 | 1236 | 140011 | phecode 426.31 | circulatory system |
| Other disorders of prostate | OR=1.14 (1.01 to 1.28) | 0.038 | 0.223 | 42816 | 1218 | 41598 | phecode 602 | genitourinary |
| Ischemic Heart Disease | OR=1.03 (1 to 1.07) | 0.038 | 0.223 | 156847 | 20605 | 136242 | phecode 411 | circulatory system |
| Peripheral vascular disease | OR=1.09 (1 to 1.19) | 0.039 | 0.225 | 153963 | 2388 | 151575 | phecode 443 | circulatory system |
| Lipoma | OR=1.08 (1 to 1.16) | 0.039 | 0.225 | 156819 | 3221 | 153598 | phecode 214 | neoplasms |
| Other inflammatory spondylopathies | OR=1.14 (1.01 to 1.3) | 0.040 | 0.228 | 157211 | 1022 | 156189 | phecode 715 | musculoskeletal |
| Shortness of breath | OR=1.08 (1 to 1.17) | 0.041 | 0.230 | 153980 | 2871 | 151109 | phecode 512.7 | respiratory |
| Hypothyroidism | OR=1.08 (1 to 1.17) | 0.044 | 0.244 | 156694 | 2715 | 153979 | phecode 244 | endocrine metabolic |
| Acute pancreatitis | OR=1.14 (1 to 1.31) | 0.046 | 0.252 | 156801 | 950 | 155851 | phecode 577.1 | digestive |
| Inflammatory bowel disease and other gastroenteritis and colitis | OR=1.1 (1 to 1.2) | 0.047 | 0.253 | 127644 | 2082 | 125562 | phecode 555 | digestive |
| Gout | OR=1.08 (1 to 1.16) | 0.048 | 0.253 | 156915 | 3131 | 153784 | phecode 274.1 | endocrine metabolic |
| Hemorrhage or hematoma complicating a procedure | OR=1.09 (1 to 1.19) | 0.049 | 0.256 | 147619 | 2309 | 145310 | phecode 850 | injuries and poisonings |
| Actinic keratosis | OR=0.89 (0.8 to 1) | 0.050 | 0.256 | 155924 | 1297 | 154627 | phecode 702.1 | dermatologic |
| Functional digestive disorders | OR=1.04 (1 to 1.08) | 0.051 | 0.260 | 139238 | 13676 | 125562 | phecode 564 | digestive |
| Other disorders of bladder | OR=1.06 (1 to 1.12) | 0.051 | 0.260 | 154968 | 5829 | 149139 | phecode 596 | genitourinary |
| Gout and other crystal arthropathies | OR=1.07 (1 to 1.15) | 0.058 | 0.292 | 157211 | 3427 | 153784 | phecode 274 | endocrine metabolic |
| Sepsis | OR=1.09 (1 to 1.2) | 0.060 | 0.293 | 157211 | 1954 | 155257 | phecode 994.2 | injuries and poisonings |
| Sepsis and SIRS | OR=1.09 (1 to 1.2) | 0.060 | 0.293 | 157211 | 1954 | 155257 | phecode 994 | injuries and poisonings |
| Postoperative infection | OR=1.09 (0.99 to 1.19) | 0.065 | 0.311 | 156723 | 2028 | 154695 | phecode 080 | infectious diseases |
| Esophagitis; GERD and related diseases | OR=1.03 (1 to 1.07) | 0.065 | 0.311 | 152090 | 15205 | 136885 | phecode 530.1 | digestive |
| Enthesopathy | OR=1.06 (1 to 1.13) | 0.067 | 0.314 | 147072 | 4046 | 143026 | phecode 726.1 | musculoskeletal |
| Hypothyroidism NOS | OR=1.08 (0.99 to 1.17) | 0.067 | 0.314 | 156567 | 2588 | 153979 | phecode 244.4 | endocrine metabolic |
| Sciatica | OR=1.13 (0.99 to 1.29) | 0.073 | 0.327 | 156502 | 934 | 155568 | phecode 764 | symptoms |
| Osteoporosis; osteopenia and pathological fracture | OR=0.91 (0.82 to 1.01) | 0.074 | 0.327 | 157211 | 1482 | 155729 | phecode 743 | musculoskeletal |
| Osteoporosis | OR=0.89 (0.78 to 1.01) | 0.074 | 0.327 | 156733 | 1004 | 155729 | phecode 743.1 | musculoskeletal |
| Osteoporosis NOS | OR=0.89 (0.78 to 1.01) | 0.074 | 0.327 | 156733 | 1004 | 155729 | phecode 743.11 | musculoskeletal |
| Degenerative skin conditions and other dermatoses | OR=0.93 (0.86 to 1.01) | 0.074 | 0.327 | 155651 | 2584 | 153067 | phecode 702 | dermatologic |
| Other non epithelial cancer of skin | OR=1.04 (1 to 1.08) | 0.075 | 0.327 | 155540 | 10010 | 145530 | phecode 172.2 | neoplasms |

| | | | | | | | | |
|--|--------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Derangement of joint; non traumatic | OR=1.11 (0.99 to 1.24) | 0.075 | 0.327 | 155611 | 1273 | 154338 | phecode 742 | musculoskeletal |
| Peripheral enthesopathies and allied syndromes | OR=1.05 (0.99 to 1.1) | 0.080 | 0.344 | 149433 | 6407 | 143026 | phecode 726 | musculoskeletal |
| Other disorders of bone and cartilage | OR=1.1 (0.99 to 1.22) | 0.081 | 0.346 | 153714 | 1535 | 152179 | phecode 733 | musculoskeletal |
| Diseases of pancreas | OR=1.1 (0.99 to 1.23) | 0.082 | 0.346 | 157211 | 1360 | 155851 | phecode 577 | digestive |
| Poisoning by analgesics; antipyretics; and antirheumatics | OR=1.08 (0.99 to 1.18) | 0.083 | 0.347 | 148899 | 2287 | 146612 | phecode 965 | injuries and poisonings |
| Arthropathy NOS | OR=1.03 (1 to 1.06) | 0.087 | 0.358 | 155282 | 17480 | 137802 | phecode 716.9 | musculoskeletal |
| Nerve root and plexus disorders | OR=1.08 (0.99 to 1.19) | 0.089 | 0.358 | 153006 | 2000 | 151006 | phecode 353 | neurological |
| Total protein | -0.038 (-0.082 to 0.006) | 0.089 | 0.358 | 138299 | NA | NA | NA | biomarker |
| Other hypertrophic and atrophic conditions of skin | OR=1.09 (0.99 to 1.2) | 0.090 | 0.358 | 157153 | 1777 | 155376 | phecode 701 | dermatologic |
| Other arthropathies | OR=1.03 (1 to 1.06) | 0.090 | 0.358 | 155325 | 17523 | 137802 | phecode 716 | musculoskeletal |
| Rash and other nonspecific skin eruption | OR=1.12 (0.98 to 1.27) | 0.091 | 0.358 | 154935 | 1003 | 153932 | phecode 687.1 | dermatologic |
| Secondary malignancy of lymph nodes | OR=1.08 (0.99 to 1.18) | 0.091 | 0.358 | 139898 | 2091 | 137807 | phecode 198.1 | neoplasms |
| Sleep disorders | OR=1.06 (0.99 to 1.14) | 0.093 | 0.363 | 157211 | 3601 | 153610 | phecode 327 | neurological |
| Otitis media and Eustachian tube disorders | OR=1.12 (0.98 to 1.28) | 0.095 | 0.363 | 156494 | 954 | 155540 | phecode 381 | sense organs |
| Diseases of white blood cells | OR=1.09 (0.99 to 1.2) | 0.095 | 0.363 | 155271 | 1683 | 153588 | phecode 288 | hematopoietic |
| Bladder neck obstruction | OR=1.09 (0.98 to 1.2) | 0.096 | 0.363 | 150802 | 1663 | 149139 | phecode 596.1 | genitourinary |
| Pleurisy; pleural effusion | OR=1.06 (0.99 to 1.13) | 0.097 | 0.363 | 153858 | 4080 | 149778 | phecode 507 | respiratory |
| Lipoprotein A | 0.01 (-0.002 to 0.022) | 0.102 | 0.381 | 118783 | NA | NA | NA | biomarker |
| Chronic dermatitis due to solar radiation | OR=0.91 (0.82 to 1.02) | 0.107 | 0.395 | 155541 | 1353 | 154188 | phecode 938.2 | dermatologic |
| Constipation | OR=1.05 (0.99 to 1.12) | 0.108 | 0.395 | 130028 | 4466 | 125562 | phecode 563 | digestive |
| Other and unspecified disc disorder | OR=1.07 (0.98 to 1.17) | 0.112 | 0.407 | 153055 | 2136 | 150919 | phecode 722.9 | musculoskeletal |
| Cancer of other lymphoid; histiocytic tissue | OR=1.09 (0.98 to 1.22) | 0.114 | 0.409 | 155784 | 1437 | 154347 | phecode 202 | neoplasms |
| Dermatitis due to solar radiation | OR=0.92 (0.82 to 1.02) | 0.114 | 0.409 | 155587 | 1399 | 154188 | phecode 938 | dermatologic |
| Intervertebral disc disorders | OR=1.06 (0.98 to 1.15) | 0.118 | 0.418 | 153832 | 2913 | 150919 | phecode 722 | musculoskeletal |
| Hydrocele | OR=1.1 (0.98 to 1.23) | 0.119 | 0.419 | 140023 | 1265 | 138758 | phecode 603.1 | genitourinary |
| Symptoms involving nervous and musculoskeletal systems | OR=0.94 (0.88 to 1.02) | 0.120 | 0.419 | 157211 | 3214 | 153997 | phecode 781 | symptoms |
| Renal colic | OR=0.91 (0.81 to 1.03) | 0.124 | 0.427 | 153392 | 1137 | 152255 | phecode 594.8 | genitourinary |
| Disorders of fluid; electrolyte; and acid base balance | OR=1.05 (0.99 to 1.12) | 0.124 | 0.427 | 157211 | 4637 | 152574 | phecode 276 | endocrine metabolic |
| Nonrheumatic aortic valve disorders | OR=1.08 (0.98 to 1.19) | 0.126 | 0.429 | 150841 | 1841 | 149000 | phecode 395.2 | circulatory system |
| Acute appendicitis | OR=1.09 (0.97 to 1.23) | 0.131 | 0.442 | 156962 | 1267 | 155695 | phecode 540.11 | digestive |
| Skin cancer | OR=1.03 (0.99 to 1.07) | 0.132 | 0.442 | 157141 | 11611 | 145530 | phecode 172 | neoplasms |
| Cystitis and urethritis | OR=1.1 (0.97 to 1.24) | 0.133 | 0.442 | 145262 | 1113 | 144149 | phecode 592 | genitourinary |
| Melanomas of skin | OR=1.08 (0.98 to 1.19) | 0.135 | 0.442 | 147340 | 1810 | 145530 | phecode 172.11 | neoplasms |
| Melanomas of skin; dx or hx | OR=1.08 (0.98 to 1.19) | 0.135 | 0.442 | 147340 | 1810 | 145530 | phecode 172.1 | neoplasms |
| Other biliary tract disease | OR=1.08 (0.97 to 1.2) | 0.138 | 0.444 | 153390 | 1530 | 151860 | phecode 575 | digestive |
| Degeneration of macula and posterior pole of retina | OR=1.1 (0.97 to 1.25) | 0.139 | 0.444 | 94875 | 1053 | 93822 | phecode 362.2 | sense organs |
| Macular degeneration senile of retina NOS | OR=1.1 (0.97 to 1.25) | 0.139 | 0.444 | 94875 | 1053 | 93822 | phecode 362.29 | sense organs |
| Calcium | -0.001 (-0.002 to 0) | 0.139 | 0.444 | 138426 | NA | NA | NA | biomarker |
| Diseases of the oral soft tissues; excluding lesions specific for gingiva and tongue | OR=1.08 (0.98 to 1.19) | 0.141 | 0.446 | 156503 | 1744 | 154759 | phecode 528 | digestive |
| Other diseases of respiratory system; NEC | OR=1.05 (0.98 to 1.11) | 0.144 | 0.451 | 156921 | 4822 | 152099 | phecode 519.8 | respiratory |
| Secondary malignancy of bone | OR=1.09 (0.97 to 1.22) | 0.146 | 0.453 | 139152 | 1345 | 137807 | phecode 198.6 | neoplasms |
| Secondary malignancy of respiratory organs | OR=0.92 (0.82 to 1.03) | 0.147 | 0.453 | 139057 | 1250 | 137807 | phecode 198.2 | neoplasms |
| Cataract | OR=1.03 (0.99 to 1.08) | 0.148 | 0.453 | 157211 | 9843 | 147368 | phecode 366 | sense organs |
| Benign neoplasm of other parts of digestive system | OR=1.07 (0.98 to 1.16) | 0.150 | 0.453 | 157211 | 2238 | 154973 | phecode 211 | neoplasms |
| Pain in limb | OR=1.06 (0.98 to 1.16) | 0.150 | 0.453 | 157211 | 2384 | 154827 | phecode 773 | symptoms |

| | | | | | | | | |
|--|-------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Neoplasm of uncertain behavior | OR=0.93 (0.83 to 1.03) | 0.152 | 0.453 | 139321 | 1514 | 137807 | phecode 199 | neoplasms |
| Diabetes mellitus | OR=0.97 (0.93 to 1.01) | 0.153 | 0.453 | 157211 | 12038 | 145173 | phecode 250 | endocrine metabolic |
| Urea | -0.01 (-0.024 to 0.004) | 0.153 | 0.453 | 149832 | NA | NA | NA | biomarker |
| Hypertensive heart and/or renal disease | OR=1.1 (0.97 to 1.24) | 0.154 | 0.453 | 117021 | 1064 | 115957 | phecode 401.2 | circulatory system |
| Abdominal aortic aneurysm | OR=0.91 (0.79 to 1.04) | 0.154 | 0.453 | 152477 | 902 | 151575 | phecode 442.11 | circulatory system |
| Cystitis | OR=1.1 (0.97 to 1.24) | 0.158 | 0.456 | 145195 | 1046 | 144149 | phecode 592.1 | genitourinary |
| Other diseases of respiratory system; not elsewhere classified | OR=1.04 (0.98 to 1.11) | 0.158 | 0.456 | 157211 | 5112 | 152099 | phecode 519 | respiratory |
| Poisoning by primarily systemic agents | OR=1.09 (0.97 to 1.24) | 0.159 | 0.456 | 147670 | 1058 | 146612 | phecode 963 | injuries and poisonings |
| Tobacco use disorder | OR=1.03 (0.99 to 1.07) | 0.160 | 0.456 | 151119 | 10356 | 140763 | phecode 318 | mental disorders |
| Cardiac congenital anomalies | OR=1.07 (0.97 to 1.19) | 0.162 | 0.457 | 157103 | 1645 | 155458 | phecode 747.1 | congenital anomalies |
| Anxiety disorder | OR=1.06 (0.98 to 1.14) | 0.162 | 0.457 | 138279 | 2725 | 135554 | phecode 300.1 | mental disorders |
| Senile cataract | OR=1.05 (0.98 to 1.12) | 0.164 | 0.460 | 151653 | 4285 | 147368 | phecode 366.2 | sense organs |
| Atherosclerosis | OR=1.09 (0.96 to 1.24) | 0.166 | 0.463 | 152626 | 1051 | 151575 | phecode 440 | circulatory system |
| Dislocation | OR=1.09 (0.96 to 1.23) | 0.172 | 0.474 | 149324 | 1082 | 148242 | phecode 830 | injuries and poisonings |
| Malignant neoplasm of other and ill defined sites within the digestive organs and peritoneum | OR=1.05 (0.98 to 1.13) | 0.173 | 0.474 | 118550 | 3285 | 115265 | phecode 159 | neoplasms |
| Duodenitis | OR=1.05 (0.98 to 1.11) | 0.174 | 0.474 | 146811 | 4217 | 142594 | phecode 535.6 | digestive |
| Pain in joint | OR=1.05 (0.98 to 1.13) | 0.179 | 0.486 | 157211 | 3215 | 153996 | phecode 745 | musculoskeletal |
| Back pain | OR=1.04 (0.98 to 1.1) | 0.188 | 0.507 | 157211 | 5797 | 151414 | phecode 760 | symptoms |
| Other disorders of arteries and arterioles | OR=1.09 (0.96 to 1.24) | 0.193 | 0.517 | 152579 | 1004 | 151575 | phecode 447 | circulatory system |
| Dental caries | OR=1.07 (0.96 to 1.19) | 0.198 | 0.528 | 154465 | 1476 | 152989 | phecode 521.1 | digestive |
| Altered mental status | OR=1.07 (0.96 to 1.19) | 0.200 | 0.528 | 154362 | 1491 | 152871 | phecode 292.4 | mental disorders |
| Poisoning by antibiotics | OR=1.04 (0.98 to 1.09) | 0.200 | 0.528 | 152812 | 6200 | 146612 | phecode 960 | injuries and poisonings |
| Fracture of upper limb | OR=0.95 (0.89 to 1.03) | 0.207 | 0.541 | 152093 | 3153 | 148940 | phecode 803 | injuries and poisonings |
| Other local infections of skin and subcutaneous tissue | OR=0.95 (0.87 to 1.03) | 0.209 | 0.543 | 153426 | 2334 | 151092 | phecode 686 | dermatologic |
| Delirium dementia and amnestic and other cognitive disorders | OR=1.07 (0.96 to 1.18) | 0.210 | 0.544 | 154523 | 1652 | 152871 | phecode 290 | mental disorders |
| Transient cerebral ischemia | OR=0.93 (0.83 to 1.04) | 0.212 | 0.545 | 152337 | 1222 | 151115 | phecode 433.31 | circulatory system |
| Cardiac and circulatory congenital anomalies | OR=1.06 (0.96 to 1.17) | 0.219 | 0.556 | 157211 | 1753 | 155458 | phecode 747 | congenital anomalies |
| Fracture of radius and ulna | OR=0.94 (0.84 to 1.04) | 0.220 | 0.556 | 150452 | 1512 | 148940 | phecode 803.2 | injuries and poisonings |
| Other derangement of joint | OR=1.08 (0.95 to 1.23) | 0.221 | 0.556 | 155391 | 1053 | 154338 | phecode 742.9 | musculoskeletal |
| Diseases of hard tissues of teeth | OR=1.07 (0.96 to 1.19) | 0.221 | 0.556 | 154484 | 1495 | 152989 | phecode 521 | digestive |
| Other mental disorder | OR=1.02 (0.99 to 1.05) | 0.224 | 0.559 | 154074 | 18520 | 135554 | phecode 306 | mental disorders |
| Intestinal obstruction without mention of hernia | OR=1.06 (0.96 to 1.17) | 0.227 | 0.560 | 127446 | 1884 | 125562 | phecode 560 | digestive |
| Calculus of ureter | OR=0.94 (0.85 to 1.04) | 0.227 | 0.560 | 153872 | 1617 | 152255 | phecode 594.3 | genitourinary |
| Symptoms involving head and neck | OR=1.06 (0.96 to 1.17) | 0.229 | 0.560 | 157211 | 1709 | 155502 | phecode 293 | mental disorders |
| Tachycardia NOS | OR=0.93 (0.82 to 1.05) | 0.230 | 0.560 | 141157 | 1146 | 140011 | phecode 427.7 | circulatory system |
| Other disorders of eyelids | OR=1.05 (0.97 to 1.15) | 0.230 | 0.560 | 155466 | 2335 | 153131 | phecode 374 | sense organs |
| Hemorrhage of gastrointestinal tract | OR=1.05 (0.97 to 1.13) | 0.233 | 0.564 | 149364 | 3022 | 146342 | phecode 578.9 | digestive |
| Cancer of urinary organs incl kidney and bladder | OR=0.96 (0.89 to 1.03) | 0.239 | 0.572 | 157211 | 3057 | 154154 | phecode 189 | neoplasms |
| Diseases of the larynx and vocal cords | OR=1.07 (0.95 to 1.21) | 0.239 | 0.572 | 149221 | 1164 | 148057 | phecode 473 | respiratory |
| Anal and rectal polyp | OR=1.04 (0.97 to 1.11) | 0.241 | 0.572 | 146264 | 4298 | 141966 | phecode 565.1 | digestive |
| Fracture of unspecified part of femur | OR=0.92 (0.8 to 1.06) | 0.242 | 0.572 | 149838 | 898 | 148940 | phecode 800.2 | injuries and poisonings |
| Cerebral artery occlusion; with cerebral infarction | OR=0.93 (0.83 to 1.05) | 0.243 | 0.572 | 152417 | 1302 | 151115 | phecode 433.21 | circulatory system |
| Other open wound of head and face | OR=0.95 (0.86 to 1.04) | 0.245 | 0.573 | 153838 | 1980 | 151858 | phecode 870.3 | injuries and poisonings |
| Psoriasis | OR=1.07 (0.95 to 1.2) | 0.247 | 0.574 | 143566 | 1235 | 142331 | phecode 696.4 | dermatologic |
| Open wounds of extremities | OR=1.05 (0.97 to 1.13) | 0.256 | 0.593 | 154725 | 2867 | 151858 | phecode 871 | injuries and poisonings |
| Abnormal results of function study of liver | OR=1.06 (0.96 to 1.16) | 0.265 | 0.609 | 154132 | 1811 | 152321 | phecode 573.7 | digestive |
| Paroxysmal tachycardia; unspecified | OR=0.95 (0.86 to 1.04) | 0.277 | 0.628 | 141775 | 1764 | 140011 | phecode 427.1 | circulatory system |
| Hemorrhoids | OR=1.02 (0.98 to 1.07) | 0.278 | 0.628 | 151566 | 10293 | 141273 | phecode 455 | circulatory system |

| | | | | | | | | |
|---|--------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Paroxysmal supraventricular tachycardia | OR=0.93 (0.83 to 1.06) | 0.278 | 0.628 | 141140 | 1129 | 140011 | phecode 427.11 | circulatory system |
| Other upper respiratory disease | OR=1.05 (0.96 to 1.16) | 0.279 | 0.628 | 149974 | 1917 | 148057 | phecode 479 | respiratory |
| Electrolyte imbalance | OR=1.05 (0.96 to 1.13) | 0.280 | 0.628 | 155178 | 2604 | 152574 | phecode 276.1 | endocrine metabolic |
| Other disorders of urethra and urinary tract | OR=1.05 (0.96 to 1.15) | 0.283 | 0.631 | 151230 | 2091 | 149139 | phecode 597 | genitourinary |
| Bacterial enteritis | OR=1.07 (0.95 to 1.2) | 0.286 | 0.635 | 153897 | 1169 | 152728 | phecode 008.5 | infectious diseases |
| Ulcerative colitis | OR=1.06 (0.95 to 1.17) | 0.293 | 0.649 | 127122 | 1560 | 125562 | phecode 555.2 | digestive |
| Inflammatory and toxic neuropathy | OR=0.94 (0.83 to 1.06) | 0.297 | 0.653 | 156804 | 1127 | 155677 | phecode 357 | neurological |
| Cholecystitis without cholelithiasis | OR=1.07 (0.94 to 1.22) | 0.300 | 0.657 | 152857 | 997 | 151860 | phecode 574.3 | digestive |
| Anxiety disorders | OR=1.04 (0.97 to 1.12) | 0.304 | 0.657 | 138570 | 3016 | 135554 | phecode 300 | mental disorders |
| Varicose veins | OR=1.04 (0.97 to 1.11) | 0.306 | 0.657 | 144964 | 3691 | 141273 | phecode 454 | circulatory system |
| Hypovolemia | OR=1.05 (0.95 to 1.16) | 0.307 | 0.657 | 154337 | 1763 | 152574 | phecode 276.5 | endocrine metabolic |
| Other aneurysm | OR=0.95 (0.85 to 1.05) | 0.309 | 0.657 | 153158 | 1583 | 151575 | phecode 442 | circulatory system |
| Non Hodgkins lymphoma | OR=1.06 (0.94 to 1.2) | 0.309 | 0.657 | 155517 | 1170 | 154347 | phecode 202.2 | neoplasms |
| Other disorders of liver | OR=1.03 (0.97 to 1.1) | 0.309 | 0.657 | 156496 | 4175 | 152321 | phecode 573 | digestive |
| First degree AV block | OR=0.93 (0.81 to 1.07) | 0.313 | 0.663 | 140890 | 879 | 140011 | phecode 426.21 | circulatory system |
| Psoriasis and related disorders | OR=1.06 (0.95 to 1.19) | 0.318 | 0.669 | 143599 | 1268 | 142331 | phecode 696 | dermatologic |
| Seborrheic keratosis | OR=0.95 (0.85 to 1.06) | 0.322 | 0.669 | 156046 | 1419 | 154627 | phecode 702.2 | dermatologic |
| Unstable angina intermediate coronary syndrome | OR=1.04 (0.96 to 1.12) | 0.322 | 0.669 | 139239 | 2997 | 136242 | phecode 411.1 | circulatory system |
| Aspartate aminotransferase | 0.005 (-0.005 to 0.016) | 0.323 | 0.669 | 149354 | NA | NA | NA | biomarker |
| Chronic ulcer of skin | OR=1.06 (0.95 to 1.18) | 0.334 | 0.682 | 157211 | 1420 | 155791 | phecode 707 | dermatologic |
| Cellulitis and abscess of arm/hand | OR=0.97 (0.9 to 1.04) | 0.335 | 0.682 | 154462 | 3370 | 151092 | phecode 681.3 | dermatologic |
| Cellulitis and abscess of foot; toe | OR=0.97 (0.9 to 1.04) | 0.335 | 0.682 | 154462 | 3370 | 151092 | phecode 681.6 | dermatologic |
| Cellulitis and abscess of leg; except foot | OR=0.97 (0.9 to 1.04) | 0.335 | 0.682 | 154462 | 3370 | 151092 | phecode 681.5 | dermatologic |
| Chronic renal failure CKD | OR=1.04 (0.96 to 1.11) | 0.338 | 0.685 | 152156 | 3242 | 148914 | phecode 585.3 | genitourinary |
| Aortic aneurysm | OR=0.95 (0.85 to 1.06) | 0.341 | 0.688 | 152901 | 1326 | 151575 | phecode 442.1 | circulatory system |
| Abnormal sputum | OR=1.04 (0.96 to 1.13) | 0.343 | 0.688 | 157211 | 2581 | 154630 | phecode 516 | respiratory |
| Gastric ulcer | OR=1.04 (0.95 to 1.14) | 0.346 | 0.691 | 155429 | 2060 | 153369 | phecode 531.2 | digestive |
| Other anemias | OR=0.97 (0.92 to 1.03) | 0.349 | 0.695 | 154546 | 5218 | 149328 | phecode 285 | hematopoietic |
| Septicemia | OR=1.04 (0.96 to 1.13) | 0.354 | 0.699 | 152151 | 2662 | 149489 | phecode 038 | infectious diseases |
| Allergy/adverse effect of penicillin | OR=1.03 (0.97 to 1.08) | 0.355 | 0.699 | 152298 | 5686 | 146612 | phecode 960.2 | injuries and poisonings |
| Cardiac conduction disorders | OR=0.97 (0.92 to 1.03) | 0.356 | 0.699 | 145047 | 5036 | 140011 | phecode 426 | circulatory system |
| Asthma | OR=1.02 (0.98 to 1.06) | 0.361 | 0.699 | 152957 | 10018 | 142939 | phecode 495 | respiratory |
| Other disorders of testis | OR=1.04 (0.95 to 1.14) | 0.363 | 0.699 | 140795 | 2037 | 138758 | phecode 603 | genitourinary |
| Fracture of tibia and fibula | OR=1.06 (0.93 to 1.21) | 0.364 | 0.699 | 149884 | 944 | 148940 | phecode 800.3 | injuries and poisonings |
| Other intestinal obstruction | OR=1.05 (0.94 to 1.17) | 0.365 | 0.699 | 127050 | 1488 | 125562 | phecode 560.4 | digestive |
| Gastritis and duodenitis | OR=1.02 (0.98 to 1.06) | 0.365 | 0.699 | 155649 | 13055 | 142594 | phecode 535 | digestive |
| Carditis | OR=1.05 (0.94 to 1.18) | 0.366 | 0.699 | 156416 | 1376 | 155040 | phecode 420 | circulatory system |
| Benign neoplasm of skin | OR=0.97 (0.9 to 1.04) | 0.370 | 0.705 | 156940 | 2940 | 154000 | phecode 216 | neoplasms |
| Triglycerides | -0.005 (-0.015 to 0.006) | 0.372 | 0.706 | 149776 | NA | NA | NA | biomarker |
| Nonspecific chest pain | OR=1.02 (0.98 to 1.05) | 0.377 | 0.712 | 157211 | 14178 | 143033 | phecode 418 | circulatory system |
| Lipoma of skin and subcutaneous tissue | OR=1.04 (0.95 to 1.14) | 0.385 | 0.725 | 155732 | 2134 | 153598 | phecode 214.1 | neoplasms |
| Streptococcus infection | OR=1.06 (0.93 to 1.22) | 0.387 | 0.725 | 150400 | 911 | 149489 | phecode 041.2 | infectious diseases |
| Appendicitis | OR=1.05 (0.94 to 1.17) | 0.389 | 0.726 | 157158 | 1463 | 155695 | phecode 540.1 | digestive |
| Reflux esophagitis | OR=1.03 (0.97 to 1.09) | 0.396 | 0.736 | 142036 | 5151 | 136885 | phecode 530.14 | digestive |
| Other diseases of the teeth and supporting structures | OR=1.05 (0.93 to 1.19) | 0.400 | 0.737 | 154150 | 1161 | 152989 | phecode 525 | digestive |
| Psoriasis vulgaris | OR=1.06 (0.93 to 1.2) | 0.403 | 0.737 | 143312 | 981 | 142331 | phecode 696.41 | dermatologic |
| Renal failure | OR=1.02 (0.97 to 1.08) | 0.406 | 0.737 | 155360 | 6446 | 148914 | phecode 585 | genitourinary |
| Cystatin C | -0.004 (-0.014 to 0.006) | 0.408 | 0.737 | 149927 | NA | NA | NA | biomarker |
| Fasciitis | OR=0.97 (0.89 to 1.05) | 0.409 | 0.737 | 145804 | 2778 | 143026 | phecode 728.7 | musculoskeletal |
| Respiratory insufficiency | OR=1.05 (0.94 to 1.18) | 0.410 | 0.737 | 151070 | 1292 | 149778 | phecode 509.2 | respiratory |
| Staphylococcus infections | OR=1.04 (0.95 to 1.15) | 0.410 | 0.737 | 151291 | 1802 | 149489 | phecode 041.1 | infectious diseases |
| Mitral valve disease | OR=0.96 (0.87 to 1.06) | 0.411 | 0.737 | 150902 | 1902 | 149000 | phecode 394.2 | circulatory system |
| Emphysema | OR=1.05 (0.93 to 1.19) | 0.412 | 0.737 | 144084 | 1145 | 142939 | phecode 496.1 | respiratory |
| Bundle branch block | OR=0.97 (0.89 to 1.05) | 0.418 | 0.745 | 142464 | 2453 | 140011 | phecode 426.3 | circulatory system |
| Diaphragmatic hernia | OR=1.02 (0.98 to 1.06) | 0.421 | 0.745 | 141891 | 11652 | 130239 | phecode 550.2 | digestive |

| | | | | | | | | |
|---|--------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Nonrheumatic mitral valve disorders | OR=0.96 (0.87 to 1.06) | 0.422 | 0.745 | 150859 | 1859 | 149000 | phecode 395.1 | circulatory system |
| Symptoms involving skin and other integumentary tissue | OR=1.05 (0.93 to 1.19) | 0.431 | 0.752 | 157211 | 1099 | 156112 | phecode 782 | symptoms |
| Epistaxis or throat hemorrhage | OR=1.05 (0.94 to 1.17) | 0.431 | 0.752 | 149441 | 1384 | 148057 | phecode 477 | respiratory |
| Fever of unknown origin | OR=0.96 (0.88 to 1.06) | 0.432 | 0.752 | 157211 | 2001 | 155210 | phecode 783 | symptoms |
| Ventral hernia | OR=1.04 (0.94 to 1.15) | 0.434 | 0.752 | 131993 | 1754 | 130239 | phecode 550.5 | digestive |
| Neurological disorders | OR=1.03 (0.96 to 1.11) | 0.436 | 0.752 | 155814 | 2943 | 152871 | phecode 292 | mental disorders |
| Contracture of palmar fascia Dupuytren's disease | OR=0.97 (0.89 to 1.05) | 0.439 | 0.752 | 145632 | 2606 | 143026 | phecode 728.71 | musculoskeletal |
| Decreased white blood cell count | OR=1.04 (0.94 to 1.17) | 0.440 | 0.752 | 154969 | 1381 | 153588 | phecode 288.1 | hematopoietic |
| Neutropenia | OR=1.04 (0.94 to 1.17) | 0.440 | 0.752 | 154969 | 1381 | 153588 | phecode 288.11 | hematopoietic |
| Lymphadenitis | OR=1.04 (0.93 to 1.17) | 0.442 | 0.752 | 154930 | 1342 | 153588 | phecode 289.4 | hematopoietic |
| Acquired foot deformities | OR=0.96 (0.86 to 1.07) | 0.447 | 0.752 | 155349 | 1384 | 153965 | phecode 735 | musculoskeletal |
| Degeneration of intervertebral disc | OR=1.05 (0.93 to 1.18) | 0.448 | 0.752 | 152067 | 1148 | 150919 | phecode 722.6 | musculoskeletal |
| Cough | OR=1.04 (0.93 to 1.17) | 0.448 | 0.752 | 152453 | 1344 | 151109 | phecode 512.8 | respiratory |
| Convulsions | OR=1.05 (0.93 to 1.18) | 0.451 | 0.752 | 148322 | 1219 | 147103 | phecode 345.3 | neurological |
| Acute upper respiratory infections of multiple or unspecified sites | OR=1.05 (0.92 to 1.2) | 0.453 | 0.752 | 157150 | 942 | 156208 | phecode 465 | respiratory |
| Edema | OR=1.05 (0.92 to 1.19) | 0.453 | 0.752 | 157129 | 1017 | 156112 | phecode 782.3 | symptoms |
| Hemoptysis | OR=1.03 (0.95 to 1.12) | 0.454 | 0.752 | 157105 | 2475 | 154630 | phecode 516.1 | respiratory |
| Apolipoprotein A | -0.001 (-0.003 to 0.002) | 0.455 | 0.752 | 138185 | NA | NA | NA | biomarker |
| Abdominal pain | OR=1.01 (0.98 to 1.05) | 0.457 | 0.752 | 157211 | 13297 | 143914 | phecode 785 | symptoms |
| Diseases of hair and hair follicles | OR=1.03 (0.95 to 1.12) | 0.460 | 0.754 | 156720 | 2347 | 154373 | phecode 704 | dermatologic |
| Fracture of ribs | OR=1.05 (0.92 to 1.19) | 0.466 | 0.762 | 149986 | 1046 | 148940 | phecode 807 | injuries and poisonings |
| Cholelithiasis with other cholecystitis | OR=1.04 (0.94 to 1.15) | 0.471 | 0.767 | 153385 | 1525 | 151860 | phecode 574.12 | digestive |
| Stricture and stenosis of esophagus | OR=1.04 (0.93 to 1.18) | 0.475 | 0.771 | 138053 | 1168 | 136885 | phecode 530.3 | digestive |
| Malaise and fatigue | OR=1.04 (0.93 to 1.16) | 0.478 | 0.772 | 157211 | 1440 | 155771 | phecode 798 | symptoms |
| Vitamin D | 0.004 (-0.007 to 0.014) | 0.479 | 0.772 | 145566 | NA | NA | NA | biomarker |
| Fracture of ankle and foot | OR=0.95 (0.83 to 1.09) | 0.482 | 0.774 | 149820 | 880 | 148940 | phecode 801 | injuries and poisonings |
| Other specified gastritis | OR=1.02 (0.96 to 1.1) | 0.493 | 0.789 | 146248 | 3654 | 142594 | phecode 535.8 | digestive |
| Substance addiction and disorders | OR=1.02 (0.96 to 1.09) | 0.497 | 0.789 | 144599 | 3836 | 140763 | phecode 316 | mental disorders |
| Unspecified diffuse connective tissue disease | OR=0.96 (0.84 to 1.09) | 0.498 | 0.789 | 145036 | 1019 | 144017 | phecode 709.7 | dermatologic |
| Appendiceal conditions | OR=1.04 (0.93 to 1.15) | 0.500 | 0.789 | 157211 | 1516 | 155695 | phecode 540 | digestive |
| Effects radiation NOS | OR=1.03 (0.94 to 1.14) | 0.501 | 0.789 | 155439 | 1852 | 153587 | phecode 990 | injuries and poisonings |
| Other disorders of synovium; tendon; and bursa | OR=1.02 (0.96 to 1.09) | 0.502 | 0.789 | 146899 | 3873 | 143026 | phecode 727 | musculoskeletal |
| Acquired toe deformities | OR=0.95 (0.83 to 1.09) | 0.505 | 0.790 | 154873 | 908 | 153965 | phecode 735.2 | musculoskeletal |
| Aphakia and other disorders of lens | OR=1.05 (0.92 to 1.19) | 0.506 | 0.790 | 154756 | 969 | 153787 | phecode 379.3 | sense organs |
| Heart valve disorders | OR=1.02 (0.96 to 1.09) | 0.511 | 0.792 | 152826 | 3826 | 149000 | phecode 395 | circulatory system |
| Diffuse diseases of connective tissue | OR=0.96 (0.85 to 1.08) | 0.513 | 0.792 | 145150 | 1133 | 144017 | phecode 709 | dermatologic |
| Respiratory failure; insufficiency; arrest | OR=1.03 (0.94 to 1.14) | 0.513 | 0.792 | 151605 | 1827 | 149778 | phecode 509 | respiratory |
| Cancer of bladder | OR=0.97 (0.88 to 1.07) | 0.516 | 0.794 | 156022 | 1868 | 154154 | phecode 189.2 | neoplasms |
| Ileostomy status | OR=1.04 (0.91 to 1.2) | 0.528 | 0.805 | 126476 | 914 | 125562 | phecode 559 | digestive |
| Other disorders of stomach and duodenum | OR=1.02 (0.95 to 1.1) | 0.530 | 0.805 | 145936 | 3342 | 142594 | phecode 537 | digestive |
| Hyposmolality and/or hyponatremia | OR=1.04 (0.92 to 1.18) | 0.531 | 0.805 | 153659 | 1085 | 152574 | phecode 276.12 | endocrine metabolic |
| Disorder of skin and subcutaneous tissue NOS | OR=1.03 (0.95 to 1.11) | 0.532 | 0.805 | 157211 | 2609 | 154602 | phecode 689 | dermatologic |
| Irritable Bowel Syndrome | OR=0.97 (0.87 to 1.08) | 0.532 | 0.805 | 126963 | 1401 | 125562 | phecode 564.1 | digestive |
| Thrombocytopenia | OR=1.04 (0.91 to 1.19) | 0.535 | 0.806 | 156674 | 918 | 155756 | phecode 287.3 | hematopoietic |
| Orthostatic hypotension | OR=1.04 (0.91 to 1.19) | 0.536 | 0.806 | 146303 | 943 | 145360 | phecode 458.1 | circulatory system |
| Inflammation of the eye | OR=0.97 (0.86 to 1.08) | 0.541 | 0.808 | 154480 | 1349 | 153131 | phecode 371 | sense organs |
| Localized superficial swelling; mass; or lump | OR=0.96 (0.83 to 1.1) | 0.542 | 0.808 | 154808 | 876 | 153932 | phecode 687.2 | dermatologic |
| Glaucoma | OR=1.03 (0.94 to 1.11) | 0.546 | 0.811 | 153095 | 2469 | 150626 | phecode 365 | sense organs |
| HDL cholesterol | -0.003 (-0.014 to 0.008) | 0.549 | 0.812 | 138394 | NA | NA | NA | biomarker |
| Blood in stool | OR=1.03 (0.93 to 1.15) | 0.550 | 0.812 | 147799 | 1457 | 146342 | phecode 578.2 | digestive |
| Fracture of clavicle or scapula | OR=1.04 (0.92 to 1.17) | 0.552 | 0.812 | 150048 | 1108 | 148940 | phecode 803.3 | injuries and poisonings |

| | | | | | | | | |
|--|--------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Atrial fibrillation and flutter | OR=1.01 (0.97 to 1.06) | 0.556 | 0.816 | 150383 | 10372 | 140011 | phecode 427.2 | circulatory system |
| Symptoms affecting skin | OR=1.02 (0.95 to 1.1) | 0.563 | 0.823 | 157211 | 3279 | 153932 | phecode 687 | dermatologic |
| Ganglion and cyst of synovium; tendon; and bursa | OR=0.96 (0.84 to 1.1) | 0.565 | 0.823 | 143973 | 947 | 143026 | phecode 727.4 | musculoskeletal |
| Leukemia | OR=1.03 (0.92 to 1.16) | 0.570 | 0.827 | 155553 | 1206 | 154347 | phecode 204 | neoplasms |
| Malignant neoplasm of rectum; rectosigmoid junction; and anus | OR=1.03 (0.93 to 1.15) | 0.572 | 0.828 | 118320 | 1494 | 116826 | phecode 153.3 | neoplasms |
| Pulmonary collapse; interstitial and compensatory emphysema | OR=1.03 (0.92 to 1.16) | 0.580 | 0.837 | 151099 | 1321 | 149778 | phecode 508 | respiratory |
| Syncope and collapse | OR=0.98 (0.93 to 1.04) | 0.586 | 0.840 | 157211 | 4965 | 152246 | phecode 788 | symptoms |
| Superficial injury without mention of infection | OR=1.02 (0.95 to 1.1) | 0.589 | 0.840 | 156951 | 2791 | 154160 | phecode 915 | injuries and poisonings |
| Alcoholism | OR=0.98 (0.93 to 1.04) | 0.590 | 0.840 | 146499 | 5736 | 140763 | phecode 317.1 | mental disorders |
| Renal failure NOS | OR=1.04 (0.91 to 1.18) | 0.591 | 0.840 | 149863 | 949 | 148914 | phecode 585.2 | genitourinary |
| Cancer of bronchus; lung | OR=1.03 (0.92 to 1.15) | 0.592 | 0.840 | 156871 | 1458 | 155413 | phecode 165.1 | neoplasms |
| Other disorders of the kidney and ureters | OR=1.02 (0.94 to 1.12) | 0.594 | 0.840 | 150972 | 2058 | 148914 | phecode 586 | genitourinary |
| Aortic valve disease | OR=1.04 (0.91 to 1.19) | 0.596 | 0.840 | 149938 | 938 | 149000 | phecode 394.3 | circulatory system |
| Abnormality of gait | OR=1.03 (0.92 to 1.15) | 0.600 | 0.841 | 156620 | 1324 | 155296 | phecode 350.2 | neurological |
| Cardiac pacemaker or device in situ | OR=0.98 (0.89 to 1.07) | 0.602 | 0.841 | 141903 | 1892 | 140011 | phecode 426.9 | circulatory system |
| Abnormal findings examination of lungs | OR=1.03 (0.92 to 1.15) | 0.603 | 0.841 | 157211 | 1391 | 155820 | phecode 514 | respiratory |
| Symptoms and disorders of the joints | OR=1.03 (0.93 to 1.13) | 0.604 | 0.841 | 156044 | 1706 | 154338 | phecode 741 | musculoskeletal |
| Cardiomegaly | OR=1.02 (0.94 to 1.12) | 0.607 | 0.843 | 154883 | 2067 | 152816 | phecode 416 | circulatory system |
| Complication due to other implant and internal device | OR=0.97 (0.88 to 1.08) | 0.612 | 0.845 | 146977 | 1667 | 145310 | phecode 859 | injuries and poisonings |
| Gastrointestinal hemorrhage | OR=1.01 (0.97 to 1.06) | 0.612 | 0.845 | 156012 | 9670 | 146342 | phecode 578 | digestive |
| Swelling of limb | OR=1.02 (0.94 to 1.12) | 0.619 | 0.848 | 156888 | 2127 | 154761 | phecode 771.1 | symptoms |
| Other acute and subacute forms of ischemic heart disease | OR=1.03 (0.92 to 1.16) | 0.620 | 0.848 | 137463 | 1221 | 136242 | phecode 411.9 | circulatory system |
| Open wounds of head; neck; and trunk | OR=0.98 (0.9 to 1.07) | 0.620 | 0.848 | 154137 | 2279 | 151858 | phecode 870 | injuries and poisonings |
| Pericarditis | OR=1.04 (0.9 to 1.19) | 0.622 | 0.848 | 155919 | 879 | 155040 | phecode 420.2 | circulatory system |
| Occlusion and stenosis of precerebral arteries | OR=1.03 (0.9 to 1.18) | 0.626 | 0.848 | 152030 | 915 | 151115 | phecode 433.1 | circulatory system |
| Malignant neoplasm of bladder | OR=0.97 (0.88 to 1.08) | 0.627 | 0.848 | 155780 | 1626 | 154154 | phecode 189.21 | neoplasms |
| Peptic ulcer excl esophageal | OR=1.02 (0.95 to 1.09) | 0.632 | 0.849 | 157211 | 3842 | 153369 | phecode 531 | digestive |
| Other disorders of eye | OR=0.98 (0.89 to 1.07) | 0.632 | 0.849 | 155754 | 1967 | 153787 | phecode 379 | sense organs |
| Vertiginous syndromes and other disorders of vestibular system | OR=0.98 (0.91 to 1.06) | 0.633 | 0.849 | 157211 | 2838 | 154373 | phecode 386 | sense organs |
| Heart valve replaced | OR=1.03 (0.91 to 1.17) | 0.639 | 0.855 | 150046 | 1046 | 149000 | phecode 395.6 | circulatory system |
| Type 1 diabetes | OR=0.98 (0.88 to 1.08) | 0.645 | 0.859 | 146702 | 1529 | 145173 | phecode 250.1 | endocrine metabolic |
| Fracture of vertebral column without mention of spinal cord injury | OR=1.03 (0.9 to 1.18) | 0.649 | 0.859 | 149858 | 918 | 148940 | phecode 805 | injuries and poisonings |
| Carbuncle and furuncle | OR=0.97 (0.86 to 1.1) | 0.652 | 0.859 | 152286 | 1194 | 151092 | phecode 686.1 | dermatologic |
| Diverticulosis | OR=0.99 (0.95 to 1.03) | 0.653 | 0.859 | 139014 | 13452 | 125562 | phecode 562.1 | digestive |
| Diverticulosis and diverticulitis | OR=0.99 (0.95 to 1.03) | 0.653 | 0.859 | 139014 | 13452 | 125562 | phecode 562 | digestive |
| Fracture of hand or wrist | OR=0.98 (0.88 to 1.08) | 0.655 | 0.859 | 150596 | 1656 | 148940 | phecode 804 | injuries and poisonings |
| Cardiac arrest and ventricular fibrillation | OR=1.03 (0.9 to 1.18) | 0.656 | 0.859 | 140944 | 933 | 140011 | phecode 427.4 | circulatory system |
| Varicose veins of lower extremity | OR=1.02 (0.95 to 1.09) | 0.660 | 0.862 | 144622 | 3349 | 141273 | phecode 454.1 | circulatory system |
| Other forms of chronic heart disease | OR=1.02 (0.92 to 1.13) | 0.666 | 0.865 | 137837 | 1595 | 136242 | phecode 414 | circulatory system |
| Synovitis and tenosynovitis | OR=1.02 (0.93 to 1.12) | 0.666 | 0.865 | 145109 | 2083 | 143026 | phecode 727.1 | musculoskeletal |
| Cerebrovascular disease | OR=0.99 (0.93 to 1.05) | 0.671 | 0.869 | 156525 | 5410 | 151115 | phecode 433 | circulatory system |
| Cholelithiasis and cholecystitis | OR=1.01 (0.95 to 1.08) | 0.677 | 0.874 | 156526 | 4666 | 151860 | phecode 574 | digestive |
| Urethral stricture not specified as infectious | OR=1.02 (0.93 to 1.12) | 0.690 | 0.886 | 150977 | 1838 | 149139 | phecode 597.1 | genitourinary |
| Chronic sinusitis | OR=1.03 (0.91 to 1.16) | 0.691 | 0.886 | 149183 | 1126 | 148057 | phecode 475 | respiratory |
| Cholesterol | -0.002 (-0.014 to 0.009) | 0.696 | 0.888 | 149940 | NA | NA | NA | biomarker |
| Hematemesis | OR=1.02 (0.9 to 1.16) | 0.700 | 0.888 | 147411 | 1069 | 146342 | phecode 578.1 | digestive |
| Acute renal failure | OR=1.01 (0.95 to 1.08) | 0.700 | 0.888 | 152907 | 3993 | 148914 | phecode 585.1 | genitourinary |
| Colorectal cancer | OR=1.02 (0.94 to 1.1) | 0.701 | 0.888 | 119810 | 2984 | 116826 | phecode 153 | neoplasms |
| Colon cancer | OR=1.02 (0.93 to 1.12) | 0.705 | 0.889 | 118823 | 1997 | 116826 | phecode 153.2 | neoplasms |
| Diabetic retinopathy | OR=1.03 (0.9 to 1.18) | 0.711 | 0.889 | 94735 | 913 | 93822 | phecode 250.7 | endocrine metabolic |

| | | | | | | | | |
|---|------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Fracture of lower limb | OR=1.02 (0.94 to 1.1) | 0.711 | 0.889 | 151628 | 2688 | 148940 | phecode 800 | injuries and poisonings |
| Left bundle branch block | OR=1.02 (0.91 to 1.15) | 0.715 | 0.889 | 141209 | 1198 | 140011 | phecode 426.32 | circulatory system |
| Pneumonia | OR=0.99 (0.94 to 1.04) | 0.716 | 0.889 | 157057 | 6642 | 150415 | phecode 480 | respiratory |
| Iron deficiency anemias | OR=1.01 (0.94 to 1.09) | 0.717 | 0.889 | 152701 | 3373 | 149328 | phecode 280 | hematopoietic |
| Iron deficiency anemias; unspecified or not due to blood loss | OR=1.01 (0.94 to 1.09) | 0.717 | 0.889 | 152701 | 3373 | 149328 | phecode 280.1 | hematopoietic |
| Osteoarthritis | OR=1.01 (0.97 to 1.05) | 0.717 | 0.889 | 157211 | 11721 | 145490 | phecode 740 | musculoskeletal |
| Bacterial pneumonia | OR=0.99 (0.93 to 1.05) | 0.726 | 0.893 | 154608 | 4193 | 150415 | phecode 480.1 | respiratory |
| Palpitations | OR=0.98 (0.87 to 1.1) | 0.727 | 0.893 | 141308 | 1297 | 140011 | phecode 427.9 | circulatory system |
| Disorders of mineral metabolism | OR=0.98 (0.88 to 1.1) | 0.730 | 0.893 | 157211 | 1343 | 155868 | phecode 275 | endocrine metabolic |
| Abnormal findings on examination of urine | OR=1.02 (0.93 to 1.11) | 0.732 | 0.893 | 157211 | 2083 | 155128 | phecode 598 | genitourinary |
| Hypotension | OR=0.99 (0.92 to 1.06) | 0.733 | 0.893 | 148804 | 3444 | 145360 | phecode 458 | circulatory system |
| Retinal detachments and defects | OR=0.98 (0.89 to 1.08) | 0.734 | 0.893 | 152471 | 1845 | 150626 | phecode 361 | sense organs |
| Retinal detachment with retinal defect | OR=0.98 (0.89 to 1.08) | 0.734 | 0.893 | 152471 | 1845 | 150626 | phecode 361.1 | sense organs |
| Redundant prepuce and phimosisorBXO | OR=1.01 (0.93 to 1.1) | 0.740 | 0.897 | 141251 | 2493 | 138758 | phecode 604.1 | genitourinary |
| Nasal polyps | OR=1.02 (0.93 to 1.11) | 0.744 | 0.899 | 150012 | 1955 | 148057 | phecode 471 | respiratory |
| Hearing loss | OR=1.01 (0.93 to 1.1) | 0.746 | 0.899 | 157185 | 2573 | 154612 | phecode 389 | sense organs |
| Dizziness and giddiness Light headedness and vertigo | OR=1.01 (0.93 to 1.11) | 0.747 | 0.899 | 156589 | 2216 | 154373 | phecode 386.9 | sense organs |
| Purpura and other hemorrhagic conditions | OR=1.02 (0.9 to 1.16) | 0.751 | 0.901 | 156790 | 1034 | 155756 | phecode 287 | hematopoietic |
| Rheumatoid arthritis and other inflammatory polyarthropathies | OR=0.98 (0.89 to 1.09) | 0.755 | 0.902 | 157211 | 1585 | 155626 | phecode 714 | musculoskeletal |
| Respiratory failure | OR=1.02 (0.91 to 1.13) | 0.759 | 0.905 | 151257 | 1479 | 149778 | phecode 509.1 | respiratory |
| Overweight; obesity and other hyperalimentionation | OR=0.99 (0.94 to 1.05) | 0.765 | 0.910 | 157211 | 5734 | 151477 | phecode 278 | endocrine metabolic |
| Obesity | OR=0.99 (0.94 to 1.05) | 0.773 | 0.916 | 157184 | 5707 | 151477 | phecode 278.1 | endocrine metabolic |
| Urinary calculus | OR=0.99 (0.93 to 1.06) | 0.775 | 0.917 | 156430 | 4175 | 152255 | phecode 594 | genitourinary |
| Osteoarthritis; localized | OR=1.01 (0.96 to 1.06) | 0.779 | 0.919 | 152917 | 7427 | 145490 | phecode 740.1 | musculoskeletal |
| Pulmonary heart disease | OR=0.99 (0.91 to 1.07) | 0.783 | 0.919 | 155334 | 2518 | 152816 | phecode 415 | circulatory system |
| Benign neoplasm of unspecified sites | OR=1.02 (0.89 to 1.17) | 0.784 | 0.919 | 157211 | 900 | 156311 | phecode 229 | neoplasms |
| Disorders of penis | OR=1.01 (0.94 to 1.09) | 0.791 | 0.925 | 141790 | 3032 | 138758 | phecode 604 | genitourinary |
| Urinary incontinence | OR=0.98 (0.88 to 1.11) | 0.795 | 0.927 | 146048 | 1247 | 144801 | phecode 599.4 | genitourinary |
| Bronchiectasis | OR=1.02 (0.89 to 1.17) | 0.800 | 0.927 | 143844 | 905 | 142939 | phecode 496.3 | respiratory |
| Cardiac pacemaker in situ | OR=0.99 (0.89 to 1.09) | 0.802 | 0.927 | 141740 | 1729 | 140011 | phecode 426.91 | circulatory system |
| Other headache syndromes | OR=1.01 (0.94 to 1.09) | 0.803 | 0.927 | 156671 | 2932 | 153739 | phecode 339 | neurological |
| Cancer within the respiratory system | OR=1.01 (0.92 to 1.12) | 0.807 | 0.927 | 157193 | 1780 | 155413 | phecode 165 | neoplasms |
| Sebaceous cyst | OR=1.01 (0.94 to 1.08) | 0.810 | 0.927 | 156823 | 3563 | 153260 | phecode 706.2 | dermatologic |
| Other disorders of circulatory system | OR=1.01 (0.96 to 1.05) | 0.813 | 0.927 | 154746 | 9386 | 145360 | phecode 459 | circulatory system |
| Secondary malignant neoplasm | OR=1.01 (0.95 to 1.07) | 0.814 | 0.927 | 142238 | 4431 | 137807 | phecode 198 | neoplasms |
| Acute pulmonary heart disease | OR=1.01 (0.93 to 1.1) | 0.815 | 0.927 | 155042 | 2226 | 152816 | phecode 415.1 | circulatory system |
| Pulmonary embolism and infarction; acute | OR=1.01 (0.93 to 1.1) | 0.815 | 0.927 | 155042 | 2226 | 152816 | phecode 415.11 | circulatory system |
| Disturbance of skin sensation | OR=0.99 (0.88 to 1.11) | 0.817 | 0.927 | 155152 | 1220 | 153932 | phecode 687.4 | dermatologic |
| Circulatory disease NEC | OR=1.01 (0.96 to 1.05) | 0.818 | 0.927 | 154635 | 9275 | 145360 | phecode 459.9 | circulatory system |
| Other disorders of biliary tract | OR=0.99 (0.86 to 1.13) | 0.832 | 0.941 | 152791 | 931 | 151860 | phecode 575.8 | digestive |
| Phlebitis and thrombophlebitis | OR=0.99 (0.91 to 1.08) | 0.836 | 0.943 | 143446 | 2173 | 141273 | phecode 451 | circulatory system |
| Calculus of bile duct | OR=1.01 (0.88 to 1.16) | 0.845 | 0.947 | 152759 | 899 | 151860 | phecode 574.2 | digestive |
| Atrioventricular AV block | OR=0.99 (0.9 to 1.09) | 0.846 | 0.947 | 141731 | 1720 | 140011 | phecode 426.2 | circulatory system |
| Cholelithiasis | OR=1.01 (0.94 to 1.07) | 0.850 | 0.947 | 156001 | 4141 | 151860 | phecode 574.1 | digestive |
| Other disorders of soft tissues | OR=0.99 (0.92 to 1.07) | 0.854 | 0.947 | 146197 | 3171 | 143026 | phecode 729 | musculoskeletal |
| Other chronic nonalcoholic liver disease | OR=0.99 (0.88 to 1.11) | 0.854 | 0.947 | 153654 | 1333 | 152321 | phecode 571.5 | digestive |
| Disorders of refraction and accommodation; blindness and low vision | OR=1.01 (0.91 to 1.13) | 0.855 | 0.947 | 157211 | 1411 | 155800 | phecode 367 | sense organs |
| Inflammation of eyelids | OR=0.99 (0.87 to 1.12) | 0.856 | 0.947 | 154216 | 1085 | 153131 | phecode 371.3 | sense organs |
| Diseases of sebaceous glands | OR=1.01 (0.94 to 1.08) | 0.857 | 0.947 | 156848 | 3588 | 153260 | phecode 706 | dermatologic |
| Secondary malignant neoplasm of liver | OR=0.99 (0.89 to 1.1) | 0.863 | 0.948 | 139299 | 1492 | 137807 | phecode 198.4 | neoplasms |
| Rheumatic disease of the heart valves | OR=0.99 (0.92 to 1.07) | 0.864 | 0.948 | 152296 | 3296 | 149000 | phecode 394 | circulatory system |

| | | | | | | | | |
|---|----------------------------|-------|-------|--------|-------|--------|----------------|-------------------------|
| Complication of internal orthopedic device | OR=0.99 (0.91 to 1.08) | 0.865 | 0.948 | 147475 | 2165 | 145310 | phecode 858 | injuries and poisonings |
| Calculus of kidney | OR=0.99 (0.91 to 1.09) | 0.868 | 0.948 | 154296 | 2041 | 152255 | phecode 594.1 | genitourinary |
| Dysphagia | OR=0.99 (0.92 to 1.07) | 0.869 | 0.948 | 139768 | 2883 | 136885 | phecode 532 | digestive |
| Epilepsy; recurrent seizures; convulsions | OR=1.01 (0.93 to 1.09) | 0.878 | 0.949 | 149628 | 2525 | 147103 | phecode 345 | neurological |
| Viral infection | OR=0.99 (0.87 to 1.12) | 0.880 | 0.949 | 155858 | 1051 | 154807 | phecode 079 | infectious diseases |
| Other acquired deformities of limbs | OR=0.99 (0.86 to 1.13) | 0.880 | 0.949 | 154886 | 921 | 153965 | phecode 736 | musculoskeletal |
| Skull and face fracture and other intercranial injury | OR=1.01 (0.92 to 1.11) | 0.881 | 0.949 | 157211 | 1949 | 155262 | phecode 819 | injuries and poisonings |
| Abnormal movement | OR=1.01 (0.92 to 1.11) | 0.881 | 0.949 | 157211 | 1915 | 155296 | phecode 350 | neurological |
| Visual disturbances | OR=0.99 (0.89 to 1.1) | 0.882 | 0.949 | 157211 | 1577 | 155634 | phecode 368 | sense organs |
| Abnormal heart sounds | OR=1 (0.94 to 1.06) | 0.886 | 0.951 | 153532 | 4532 | 149000 | phecode 396 | circulatory system |
| Superficial cellulitis and abscess | OR=1 (0.93 to 1.06) | 0.888 | 0.951 | 155296 | 4204 | 151092 | phecode 681 | dermatologic |
| LDL direct | -0.001 (-0.01 to 0.008) | 0.895 | 0.955 | 149626 | NA | NA | NA | biomarker |
| Cardiac dysrhythmias | OR=1 (0.97 to 1.04) | 0.897 | 0.955 | 154977 | 14966 | 140011 | phecode 427 | circulatory system |
| Hemorrhage of rectum and anus | OR=1 (0.95 to 1.06) | 0.900 | 0.956 | 151592 | 5250 | 146342 | phecode 578.8 | digestive |
| Alanine aminotransferase | -0.001 (-0.011 to 0.01) | 0.903 | 0.956 | 149830 | NA | NA | NA | biomarker |
| Esophageal bleeding varicesorhemorrhage | OR=1.01 (0.88 to 1.15) | 0.903 | 0.956 | 137865 | 980 | 136885 | phecode 530.2 | digestive |
| Osteoarthritis; localized; primary | OR=1 (0.94 to 1.07) | 0.909 | 0.959 | 149212 | 3722 | 145490 | phecode 740.11 | musculoskeletal |
| Occlusion of cerebral arteries | OR=1 (0.92 to 1.08) | 0.918 | 0.965 | 153888 | 2773 | 151115 | phecode 433.2 | circulatory system |
| Hereditary retinal dystrophies | OR=1.01 (0.88 to 1.15) | 0.919 | 0.965 | 94759 | 937 | 93822 | phecode 362.7 | sense organs |
| Precordial pain | OR=1 (0.9 to 1.1) | 0.923 | 0.965 | 144876 | 1843 | 143033 | phecode 418.1 | circulatory system |
| Disorders of muscle; ligament; and fascia | OR=1 (0.93 to 1.08) | 0.925 | 0.965 | 146118 | 3092 | 143026 | phecode 728 | musculoskeletal |
| Osteoarthritis NOS | OR=1 (0.94 to 1.06) | 0.925 | 0.965 | 150594 | 5104 | 145490 | phecode 740.9 | musculoskeletal |
| Hypotension NOS | OR=1 (0.92 to 1.07) | 0.928 | 0.965 | 148355 | 2995 | 145360 | phecode 458.9 | circulatory system |
| Nausea and vomiting | OR=1 (0.94 to 1.06) | 0.940 | 0.975 | 157211 | 4168 | 153043 | phecode 789 | symptoms |
| Complications of cardiocirculatory device; implant; and graft | OR=1 (0.9 to 1.1) | 0.943 | 0.977 | 146946 | 1636 | 145310 | phecode 854 | injuries and poisonings |
| Phlebitis and thrombophlebitis of lower extremities | OR=1 (0.92 to 1.1) | 0.953 | 0.983 | 143312 | 2039 | 141273 | phecode 451.2 | circulatory system |
| Chronic liver disease and cirrhosis | OR=1 (0.91 to 1.1) | 0.954 | 0.983 | 154165 | 1844 | 152321 | phecode 571 | digestive |
| Urate | 0.02 (-0.731 to 0.771) | 0.958 | 0.985 | 149755 | NA | NA | NA | biomarker |
| Other specified cardiac dysrhythmias | OR=1 (0.91 to 1.09) | 0.966 | 0.991 | 142197 | 2186 | 140011 | phecode 427.3 | circulatory system |
| Noninfectious gastroenteritis | OR=1 (0.95 to 1.06) | 0.972 | 0.993 | 130942 | 5380 | 125562 | phecode 558 | digestive |
| Duodenal ulcer | OR=1 (0.91 to 1.1) | 0.976 | 0.993 | 155249 | 1880 | 153369 | phecode 531.3 | digestive |
| Musculoskeletal symptoms referable to limbs | OR=1 (0.92 to 1.09) | 0.977 | 0.993 | 157211 | 2450 | 154761 | phecode 771 | symptoms |
| Chemotherapy | OR=1 (0.95 to 1.05) | 0.979 | 0.993 | 144944 | 7137 | 137807 | phecode 197 | neoplasms |
| Rheumatoid arthritis | OR=1 (0.9 to 1.11) | 0.980 | 0.993 | 157211 | 1398 | 155813 | phecode 714.1 | musculoskeletal |
| Alcohol related disorders | OR=1 (0.95 to 1.05) | 0.982 | 0.993 | 149004 | 8241 | 140763 | phecode 317 | mental disorders |
| Pneumococcal pneumonia | OR=1 (0.93 to 1.07) | 0.987 | 0.994 | 154129 | 3714 | 150415 | phecode 480.11 | respiratory |
| Apolipoprotein B | 0 (-0.003 to 0.002) | 0.989 | 0.994 | 148956 | NA | NA | NA | biomarker |
| Cerebral ischemia | OR=1 (0.92 to 1.09) | 0.990 | 0.994 | 153702 | 2587 | 151115 | phecode 433.3 | circulatory system |
| Ulcer of esophagus | OR=1 (0.93 to 1.08) | 0.994 | 0.994 | 139816 | 2931 | 136885 | phecode 530.12 | digestive |
| Albumin | 0.0001 (-0.0132 to 0.0133) | 0.994 | 0.994 | 138474 | NA | NA | NA | biomarker |

Italicized rows are significant adjusting for multiple hypothesis testing using Bonferroni correction

Supplementary File 1 - Table 11. Definitions for 22 health outcomes with suspected relevance with testosterone supplementation.

| Trait | Field ID | ICD10 codes (if applicable) | Total Sample (Cases/Controls) | Notes |
|--|----------------------------|--|-------------------------------|---|
| <u>Outcomes with Expected Clinical Benefits</u> | | | | |
| All Fracture | 41270; 40001; 40002 | S02-; S12-; S22-; S32-; S42-; S52-; S62-; S72-; S82-; S92-; T02- | 9,133/148,098 | Derived from ICD-10 codes in hospital inpatient episode, and death registry records |
| Body Fat Percentage | 23100; 23098 | NA | 154,095 | Body fat mass divided by weight; measured by BIA |
| Body Fat-free Percentage | 23101; 23098 | NA | 154,262 | Body fat-free mass divided by weight; measured by BIA |
| Dementia | 42018 | NA | 1,003/156,228 | Derived from algorithmically-defined outcomes as recommended by the UK Biobank adjudication committee |
| Depression | 2090; 2100; 41270 | F32-; F33-; F34-; F38-; F39- | 4,725/152,506 | |
| Handgrip Strength | 46; 47 | NA | 156,403 | Average of handgrip strength for both hands |
| Heel Bone Mineral Density T-score | 3148 | NA | 90,597 | |
| Accelerometer-based Physical Activity | 90012 | NA | 30,439 | |
| <u>Outcomes with Potential Adverse Effects</u> | | | | |
| All-cause Stroke | 42006 | NA | 4,569/152,662 | Derived from algorithmically-defined outcomes as recommended by the UK Biobank adjudication committee |
| Ischaemic Stroke | 42008 | NA | 2,122/155,109 | Derived from algorithmically-defined outcomes as recommended by the UK Biobank adjudication committee |
| Androgenic Alopecia | 2395 | NA | 70,283/85,757 | |
| Benign Prostatic Hyperplasia | 41270; 40001; 40002 | N40- | 10,894/146,337 | Derived from ICD-10 codes in hospital inpatient episode, and death registry records |
| Diastolic Blood Pressure | 4079 | NA | 145,156 | Average of two consecutive measures for blood pressure |
| Glucose | 30740 | NA | 138,308 | |
| Hematocrit Percentage | 30030 | NA | 152,893 | |
| Hemoglobin A1c | 30750 | NA | 149,829 | |
| Heart Failure | 41270; 40001; 40002 | I50- | 4,288/152,943 | Derived from ICD-10 codes in hospital inpatient episode, and death registry records |
| Prostate Cancer | 41270; 40001; 40002; 40003 | C61- | 7,586/149,645 | Derived from ICD-10 codes in hospital inpatient episode, death registry, and cancer registry records |
| Myocardial Infarction | 42000 | NA | 9,398/147,833 | Derived from algorithmically-defined outcomes as recommended by the UK Biobank adjudication committee |
| Systolic Blood Pressure | 4080 | NA | 145,155 | Average of two consecutive measures for blood pressure |
| Type 2 Diabetes | 41270; 40001; 40002 | E11- | 11,079/146,152 | Derived from ICD-10 codes in hospital inpatient episode, and death registry records |
| Venous Thromboembolism | 41270; 40001; 40002 | I26-; I80-; I81-; I82- | 4,127/153,104 | Derived from ICD-10 codes in hospital inpatient episode, and death registry records |

Supplementary File 1 - Table 12. Definitions for 439 phenome-wide health outcomes.

| Trait | Field ID | Phecode | Units | Transformation |
|--|----------------------------|---------|--------|---------------------|
| Alanine aminotransferase | 30620 | NA | SD | Quantile normalized |
| Albumin | 30600 | NA | g/L | NA |
| Alkaline phosphatase | 30610 | NA | SD | Quantile normalized |
| Apolipoprotein A | 30630 | NA | g/L | NA |
| Apolipoprotein B | 30640 | NA | g/L | NA |
| Aspartate aminotransferase | 30650 | NA | SD | Quantile normalized |
| C-reactive protein | 30710 | NA | SD | Quantile normalized |
| Calcium | 30680 | NA | mmol/L | NA |
| Cholesterol | 30690 | NA | mmol/L | NA |
| Creatinine | 30700 | NA | SD | Quantile normalized |
| Cystatin C | 30720 | NA | SD | Quantile normalized |
| Direct bilirubin | 30660 | NA | SD | Quantile normalized |
| Gamma glutamyltransferase | 30730 | NA | SD | Quantile normalized |
| HDL cholesterol | 30760 | NA | SD | Quantile normalized |
| IGF1 | 30770 | NA | nmol/L | NA |
| LDL direct | 30780 | NA | mmol/L | NA |
| Lipoprotein A | 30790 | NA | SD | Quantile normalized |
| Phosphate | 30810 | NA | mmol/L | NA |
| Total bilirubin | 30840 | NA | SD | Quantile normalized |
| Total protein | 30860 | NA | g/L | NA |
| Triglycerides | 30870 | NA | SD | Quantile normalized |
| Urate | 30880 | NA | umol/L | NA |
| Urea | 30670 | NA | mmol/L | NA |
| Vitamin D | 30890 | NA | SD | Quantile normalized |
| Intestinal infection | 41270; 40006; 40001; 40002 | 008 | NA | NA |
| Bacterial enteritis | 41270; 40006; 40001; 40002 | 008.5 | NA | NA |
| Septicemia | 41270; 40006; 40001; 40002 | 038 | NA | NA |
| Bacterial infection NOS | 41270; 40006; 40001; 40002 | 041 | NA | NA |
| Staphylococcus infections | 41270; 40006; 40001; 40002 | 041.1 | NA | NA |
| Streptococcus infection | 41270; 40006; 40001; 40002 | 041.2 | NA | NA |
| E coli | 41270; 40006; 40001; 40002 | 041.4 | NA | NA |
| Viral infection | 41270; 40006; 40001; 40002 | 079 | NA | NA |
| Postoperative infection | 41270; 40006; 40001; 40002 | 080 | NA | NA |
| Candidiasis | 41270; 40006; 40001; 40002 | 112 | NA | NA |
| Colorectal cancer | 41270; 40006; 40001; 40002 | 153 | NA | NA |
| Colon cancer | 41270; 40006; 40001; 40002 | 153.2 | NA | NA |
| Malignant neoplasm of rectum; rectosigmoid junction; and anus | 41270; 40006; 40001; 40002 | 153.3 | NA | NA |
| Malignant neoplasm of other and ill defined sites within the digestive organs and peritoneum | 41270; 40006; 40001; 40002 | 159 | NA | NA |
| Cancer within the respiratory system | 41270; 40006; 40001; 40002 | 165 | NA | NA |
| Cancer of bronchus; lung | 41270; 40006; 40001; 40002 | 165.1 | NA | NA |
| Skin cancer | 41270; 40006; 40001; 40002 | 172 | NA | NA |
| Melanomas of skin; dx or hx | 41270; 40006; 40001; 40002 | 172.1 | NA | NA |
| Melanomas of skin | 41270; 40006; 40001; 40002 | 172.11 | NA | NA |
| Other non epithelial cancer of skin | 41270; 40006; 40001; 40002 | 172.2 | NA | NA |
| Cancer of urinary organs incl kidney and bladder | 41270; 40006; 40001; 40002 | 189 | NA | NA |
| Cancer of bladder | 41270; 40006; 40001; 40002 | 189.2 | NA | NA |
| Malignant neoplasm of bladder | 41270; 40006; 40001; 40002 | 189.21 | NA | NA |
| Cancer; suspected or other | 41270; 40006; 40001; 40002 | 195 | NA | NA |
| Malignant neoplasm; other | 41270; 40006; 40001; 40002 | 195.1 | NA | NA |
| Chemotherapy | 41270; 40006; 40001; 40002 | 197 | NA | NA |
| Secondary malignant neoplasm | 41270; 40006; 40001; 40002 | 198 | NA | NA |
| Secondary malignancy of lymph nodes | 41270; 40006; 40001; 40002 | 198.1 | NA | NA |
| Secondary malignancy of respiratory organs | 41270; 40006; 40001; 40002 | 198.2 | NA | NA |
| Secondary malignant neoplasm of liver | 41270; 40006; 40001; 40002 | 198.4 | NA | NA |

| | | | | |
|---|----------------------------|--------|----|----|
| Secondary malignancy of bone | 41270; 40006; 40001; 40002 | 198.6 | NA | NA |
| Neoplasm of uncertain behavior | 41270; 40006; 40001; 40002 | 199 | NA | NA |
| Cancer of other lymphoid; histiocytic tissue | 41270; 40006; 40001; 40002 | 202 | NA | NA |
| Non Hodgkins lymphoma | 41270; 40006; 40001; 40002 | 202.2 | NA | NA |
| Leukemia | 41270; 40006; 40001; 40002 | 204 | NA | NA |
| Benign neoplasm of colon | 41270; 40006; 40001; 40002 | 208 | NA | NA |
| Benign neoplasm of other parts of digestive system | 41270; 40006; 40001; 40002 | 211 | NA | NA |
| Lipoma | 41270; 40006; 40001; 40002 | 214 | NA | NA |
| Lipoma of skin and subcutaneous tissue | 41270; 40006; 40001; 40002 | 214.1 | NA | NA |
| Benign neoplasm of skin | 41270; 40006; 40001; 40002 | 216 | NA | NA |
| Benign neoplasm of unspecified sites | 41270; 40006; 40001; 40002 | 229 | NA | NA |
| Hypothyroidism | 41270; 40006; 40001; 40002 | 244 | NA | NA |
| Hypothyroidism NOS | 41270; 40006; 40001; 40002 | 244.4 | NA | NA |
| Diabetes mellitus | 41270; 40006; 40001; 40002 | 250 | NA | NA |
| Type 1 diabetes | 41270; 40006; 40001; 40002 | 250.1 | NA | NA |
| Diabetic retinopathy | 41270; 40006; 40001; 40002 | 250.7 | NA | NA |
| Disorders of lipid metabolism | 41270; 40006; 40001; 40002 | 272 | NA | NA |
| Hyperlipidemia | 41270; 40006; 40001; 40002 | 272.1 | NA | NA |
| Hypercholesterolemia | 41270; 40006; 40001; 40002 | 272.11 | NA | NA |
| Gout and other crystal arthropathies | 41270; 40006; 40001; 40002 | 274 | NA | NA |
| Gout | 41270; 40006; 40001; 40002 | 274.1 | NA | NA |
| Disorders of mineral metabolism | 41270; 40006; 40001; 40002 | 275 | NA | NA |
| Disorders of fluid; electrolyte; and acid base balance | 41270; 40006; 40001; 40002 | 276 | NA | NA |
| Electrolyte imbalance | 41270; 40006; 40001; 40002 | 276.1 | NA | NA |
| Hyposmolality and/or hyponatremia | 41270; 40006; 40001; 40002 | 276.12 | NA | NA |
| Hypovolemia | 41270; 40006; 40001; 40002 | 276.5 | NA | NA |
| Overweight; obesity and other hyperalimantation | 41270; 40006; 40001; 40002 | 278 | NA | NA |
| Obesity | 41270; 40006; 40001; 40002 | 278.1 | NA | NA |
| Iron deficiency anemias | 41270; 40006; 40001; 40002 | 280 | NA | NA |
| Iron deficiency anemias; unspecified or not due to blood loss | 41270; 40006; 40001; 40002 | 280.1 | NA | NA |
| Other anemias | 41270; 40006; 40001; 40002 | 285 | NA | NA |
| Purpura and other hemorrhagic conditions | 41270; 40006; 40001; 40002 | 287 | NA | NA |
| Thrombocytopenia | 41270; 40006; 40001; 40002 | 287.3 | NA | NA |
| Diseases of white blood cells | 41270; 40006; 40001; 40002 | 288 | NA | NA |
| Decreased white blood cell count | 41270; 40006; 40001; 40002 | 288.1 | NA | NA |
| Neutropenia | 41270; 40006; 40001; 40002 | 288.11 | NA | NA |
| Other diseases of blood and blood forming organs | 41270; 40006; 40001; 40002 | 289 | NA | NA |
| Lymphadenitis | 41270; 40006; 40001; 40002 | 289.4 | NA | NA |
| Delirium dementia and amnesic and other cognitive disorders | 41270; 40006; 40001; 40002 | 290 | NA | NA |
| Neurological disorders | 41270; 40006; 40001; 40002 | 292 | NA | NA |
| Altered mental status | 41270; 40006; 40001; 40002 | 292.4 | NA | NA |
| Symptoms involving head and neck | 41270; 40006; 40001; 40002 | 293 | NA | NA |
| Anxiety disorders | 41270; 40006; 40001; 40002 | 300 | NA | NA |
| Anxiety disorder | 41270; 40006; 40001; 40002 | 300.1 | NA | NA |
| Other mental disorder | 41270; 40006; 40001; 40002 | 306 | NA | NA |
| Substance addiction and disorders | 41270; 40006; 40001; 40002 | 316 | NA | NA |
| Alcohol related disorders | 41270; 40006; 40001; 40002 | 317 | NA | NA |
| Alcoholism | 41270; 40006; 40001; 40002 | 317.1 | NA | NA |
| Tobacco use disorder | 41270; 40006; 40001; 40002 | 318 | NA | NA |
| Sleep disorders | 41270; 40006; 40001; 40002 | 327 | NA | NA |
| Sleep apnea | 41270; 40006; 40001; 40002 | 327.3 | NA | NA |
| Degenerative disease of the spinal cord | 41270; 40006; 40001; 40002 | 334 | NA | NA |
| Other headache syndromes | 41270; 40006; 40001; 40002 | 339 | NA | NA |
| Hemiplegia | 41270; 40006; 40001; 40002 | 342 | NA | NA |
| Epilepsy; recurrent seizures; convulsions | 41270; 40006; 40001; 40002 | 345 | NA | NA |

| | | | | |
|---|----------------------------|--------|----|----|
| Convulsions | 41270; 40006; 40001; 40002 | 345.3 | NA | NA |
| Abnormal movement | 41270; 40006; 40001; 40002 | 350 | NA | NA |
| Abnormality of gait | 41270; 40006; 40001; 40002 | 350.2 | NA | NA |
| Other peripheral nerve disorders | 41270; 40006; 40001; 40002 | 351 | NA | NA |
| Nerve root and plexus disorders | 41270; 40006; 40001; 40002 | 353 | NA | NA |
| Inflammatory and toxic neuropathy | 41270; 40006; 40001; 40002 | 357 | NA | NA |
| Retinal detachments and defects | 41270; 40006; 40001; 40002 | 361 | NA | NA |
| Retinal detachment with retinal defect | 41270; 40006; 40001; 40002 | 361.1 | NA | NA |
| Other retinal disorders | 41270; 40006; 40001; 40002 | 362 | NA | NA |
| Degeneration of macula and posterior pole of retina | 41270; 40006; 40001; 40002 | 362.2 | NA | NA |
| Macular degeneration senile of retina NOS | 41270; 40006; 40001; 40002 | 362.29 | NA | NA |
| Hereditary retinal dystrophies | 41270; 40006; 40001; 40002 | 362.7 | NA | NA |
| Glaucoma | 41270; 40006; 40001; 40002 | 365 | NA | NA |
| Cataract | 41270; 40006; 40001; 40002 | 366 | NA | NA |
| Senile cataract | 41270; 40006; 40001; 40002 | 366.2 | NA | NA |
| Disorders of refraction and accommodation; blindness and low vision | 41270; 40006; 40001; 40002 | 367 | NA | NA |
| Visual disturbances | 41270; 40006; 40001; 40002 | 368 | NA | NA |
| Inflammation of the eye | 41270; 40006; 40001; 40002 | 371 | NA | NA |
| Inflammation of eyelids | 41270; 40006; 40001; 40002 | 371.3 | NA | NA |
| Other disorders of eyelids | 41270; 40006; 40001; 40002 | 374 | NA | NA |
| Other disorders of eye | 41270; 40006; 40001; 40002 | 379 | NA | NA |
| Aphakia and other disorders of lens | 41270; 40006; 40001; 40002 | 379.3 | NA | NA |
| Otitis media and Eustachian tube disorders | 41270; 40006; 40001; 40002 | 381 | NA | NA |
| Vertiginous syndromes and other disorders of vestibular system | 41270; 40006; 40001; 40002 | 386 | NA | NA |
| Dizziness and giddiness Light headedness and vertigo | 41270; 40006; 40001; 40002 | 386.9 | NA | NA |
| Hearing loss | 41270; 40006; 40001; 40002 | 389 | NA | NA |
| Rheumatic disease of the heart valves | 41270; 40006; 40001; 40002 | 394 | NA | NA |
| Mitral valve disease | 41270; 40006; 40001; 40002 | 394.2 | NA | NA |
| Aortic valve disease | 41270; 40006; 40001; 40002 | 394.3 | NA | NA |
| Heart valve disorders | 41270; 40006; 40001; 40002 | 395 | NA | NA |
| Nonrheumatic mitral valve disorders | 41270; 40006; 40001; 40002 | 395.1 | NA | NA |
| Nonrheumatic aortic valve disorders | 41270; 40006; 40001; 40002 | 395.2 | NA | NA |
| Heart valve replaced | 41270; 40006; 40001; 40002 | 395.6 | NA | NA |
| Abnormal heart sounds | 41270; 40006; 40001; 40002 | 396 | NA | NA |
| Hypertension | 41270; 40006; 40001; 40002 | 401 | NA | NA |
| Essential hypertension | 41270; 40006; 40001; 40002 | 401.1 | NA | NA |
| Hypertensive heart and/or renal disease | 41270; 40006; 40001; 40002 | 401.2 | NA | NA |
| Ischemic Heart Disease | 41270; 40006; 40001; 40002 | 411 | NA | NA |
| Unstable angina intermediate coronary syndrome | 41270; 40006; 40001; 40002 | 411.1 | NA | NA |
| Angina pectoris | 41270; 40006; 40001; 40002 | 411.3 | NA | NA |
| Coronary atherosclerosis | 41270; 40006; 40001; 40002 | 411.4 | NA | NA |
| Other chronic ischemic heart disease; unspecified | 41270; 40006; 40001; 40002 | 411.8 | NA | NA |
| Other acute and subacute forms of ischemic heart disease | 41270; 40006; 40001; 40002 | 411.9 | NA | NA |
| Other forms of chronic heart disease | 41270; 40006; 40001; 40002 | 414 | NA | NA |
| Pulmonary heart disease | 41270; 40006; 40001; 40002 | 415 | NA | NA |
| Acute pulmonary heart disease | 41270; 40006; 40001; 40002 | 415.1 | NA | NA |
| Pulmonary embolism and infarction; acute | 41270; 40006; 40001; 40002 | 415.11 | NA | NA |
| Cardiomegaly | 41270; 40006; 40001; 40002 | 416 | NA | NA |
| Nonspecific chest pain | 41270; 40006; 40001; 40002 | 418 | NA | NA |
| Precordial pain | 41270; 40006; 40001; 40002 | 418.1 | NA | NA |
| Carditis | 41270; 40006; 40001; 40002 | 420 | NA | NA |
| Pericarditis | 41270; 40006; 40001; 40002 | 420.2 | NA | NA |
| Cardiac conduction disorders | 41270; 40006; 40001; 40002 | 426 | NA | NA |
| Atrioventricular AV block | 41270; 40006; 40001; 40002 | 426.2 | NA | NA |
| First degree AV block | 41270; 40006; 40001; 40002 | 426.21 | NA | NA |

| | | | | |
|---|----------------------------|--------|----|----|
| Bundle branch block | 41270; 40006; 40001; 40002 | 426.3 | NA | NA |
| Right bundle branch block | 41270; 40006; 40001; 40002 | 426.31 | NA | NA |
| Left bundle branch block | 41270; 40006; 40001; 40002 | 426.32 | NA | NA |
| Cardiac pacemaker or device in situ | 41270; 40006; 40001; 40002 | 426.9 | NA | NA |
| Cardiac pacemaker in situ | 41270; 40006; 40001; 40002 | 426.91 | NA | NA |
| Cardiac dysrhythmias | 41270; 40006; 40001; 40002 | 427 | NA | NA |
| Paroxysmal tachycardia; unspecified | 41270; 40006; 40001; 40002 | 427.1 | NA | NA |
| Paroxysmal supraventricular tachycardia | 41270; 40006; 40001; 40002 | 427.11 | NA | NA |
| Atrial fibrillation and flutter | 41270; 40006; 40001; 40002 | 427.2 | NA | NA |
| Other specified cardiac dysrhythmias | 41270; 40006; 40001; 40002 | 427.3 | NA | NA |
| Cardiac arrest and ventricular fibrillation | 41270; 40006; 40001; 40002 | 427.4 | NA | NA |
| Tachycardia NOS | 41270; 40006; 40001; 40002 | 427.7 | NA | NA |
| Palpitations | 41270; 40006; 40001; 40002 | 427.9 | NA | NA |
| Cerebrovascular disease | 41270; 40006; 40001; 40002 | 433 | NA | NA |
| Occlusion and stenosis of precerebral arteries | 41270; 40006; 40001; 40002 | 433.1 | NA | NA |
| Occlusion of cerebral arteries | 41270; 40006; 40001; 40002 | 433.2 | NA | NA |
| Cerebral artery occlusion; with cerebral infarction | 41270; 40006; 40001; 40002 | 433.21 | NA | NA |
| Cerebral ischemia | 41270; 40006; 40001; 40002 | 433.3 | NA | NA |
| Transient cerebral ischemia | 41270; 40006; 40001; 40002 | 433.31 | NA | NA |
| Atherosclerosis | 41270; 40006; 40001; 40002 | 440 | NA | NA |
| Other aneurysm | 41270; 40006; 40001; 40002 | 442 | NA | NA |
| Aortic aneurysm | 41270; 40006; 40001; 40002 | 442.1 | NA | NA |
| Abdominal aortic aneurysm | 41270; 40006; 40001; 40002 | 442.11 | NA | NA |
| Peripheral vascular disease | 41270; 40006; 40001; 40002 | 443 | NA | NA |
| Other specified peripheral vascular diseases | 41270; 40006; 40001; 40002 | 443.8 | NA | NA |
| Peripheral vascular disease; unspecified | 41270; 40006; 40001; 40002 | 443.9 | NA | NA |
| Other disorders of arteries and arterioles | 41270; 40006; 40001; 40002 | 447 | NA | NA |
| Phlebitis and thrombophlebitis | 41270; 40006; 40001; 40002 | 451 | NA | NA |
| Phlebitis and thrombophlebitis of lower extremities | 41270; 40006; 40001; 40002 | 451.2 | NA | NA |
| Varicose veins | 41270; 40006; 40001; 40002 | 454 | NA | NA |
| Varicose veins of lower extremity | 41270; 40006; 40001; 40002 | 454.1 | NA | NA |
| Hemorrhoids | 41270; 40006; 40001; 40002 | 455 | NA | NA |
| Hypotension | 41270; 40006; 40001; 40002 | 458 | NA | NA |
| Orthostatic hypotension | 41270; 40006; 40001; 40002 | 458.1 | NA | NA |
| Hypotension NOS | 41270; 40006; 40001; 40002 | 458.9 | NA | NA |
| Other disorders of circulatory system | 41270; 40006; 40001; 40002 | 459 | NA | NA |
| Circulatory disease NEC | 41270; 40006; 40001; 40002 | 459.9 | NA | NA |
| Acute upper respiratory infections of multiple or unspecified sites | 41270; 40006; 40001; 40002 | 465 | NA | NA |
| Septal Deviations or Turbinate Hypertrophy | 41270; 40006; 40001; 40002 | 470 | NA | NA |
| Nasal polyps | 41270; 40006; 40001; 40002 | 471 | NA | NA |
| Diseases of the larynx and vocal cords | 41270; 40006; 40001; 40002 | 473 | NA | NA |
| Chronic sinusitis | 41270; 40006; 40001; 40002 | 475 | NA | NA |
| Epistaxis or throat hemorrhage | 41270; 40006; 40001; 40002 | 477 | NA | NA |
| Other upper respiratory disease | 41270; 40006; 40001; 40002 | 479 | NA | NA |
| Pneumonia | 41270; 40006; 40001; 40002 | 480 | NA | NA |
| Bacterial pneumonia | 41270; 40006; 40001; 40002 | 480.1 | NA | NA |
| Pneumococcal pneumonia | 41270; 40006; 40001; 40002 | 480.11 | NA | NA |
| Asthma | 41270; 40006; 40001; 40002 | 495 | NA | NA |
| Chronic airway obstruction | 41270; 40006; 40001; 40002 | 496 | NA | NA |
| Emphysema | 41270; 40006; 40001; 40002 | 496.1 | NA | NA |
| Chronic bronchitis | 41270; 40006; 40001; 40002 | 496.2 | NA | NA |
| Obstructive chronic bronchitis | 41270; 40006; 40001; 40002 | 496.21 | NA | NA |
| Bronchiectasis | 41270; 40006; 40001; 40002 | 496.3 | NA | NA |
| Pleurisy; pleural effusion | 41270; 40006; 40001; 40002 | 507 | NA | NA |
| Pulmonary collapse; interstitial and compensatory emphysema | 41270; 40006; 40001; 40002 | 508 | NA | NA |

| | | | | |
|--|----------------------------|--------|----|----|
| Respiratory failure; insufficiency; arrest | 41270; 40006; 40001; 40002 | 509 | NA | NA |
| Respiratory failure | 41270; 40006; 40001; 40002 | 509.1 | NA | NA |
| Respiratory insufficiency | 41270; 40006; 40001; 40002 | 509.2 | NA | NA |
| Other symptoms of respiratory system | 41270; 40006; 40001; 40002 | 512 | NA | NA |
| Shortness of breath | 41270; 40006; 40001; 40002 | 512.7 | NA | NA |
| Cough | 41270; 40006; 40001; 40002 | 512.8 | NA | NA |
| Respiratory abnormalities | 41270; 40006; 40001; 40002 | 513 | NA | NA |
| Abnormal findings examination of lungs | 41270; 40006; 40001; 40002 | 514 | NA | NA |
| Abnormal sputum | 41270; 40006; 40001; 40002 | 516 | NA | NA |
| Hemoptysis | 41270; 40006; 40001; 40002 | 516.1 | NA | NA |
| Other diseases of respiratory system; not elsewhere classified | 41270; 40006; 40001; 40002 | 519 | NA | NA |
| Other diseases of respiratory system; NEC | 41270; 40006; 40001; 40002 | 519.8 | NA | NA |
| Diseases of hard tissues of teeth | 41270; 40006; 40001; 40002 | 521 | NA | NA |
| Dental caries | 41270; 40006; 40001; 40002 | 521.1 | NA | NA |
| Other diseases of the teeth and supporting structures | 41270; 40006; 40001; 40002 | 525 | NA | NA |
| Diseases of the oral soft tissues; excluding lesions specific for gingiva and tongue | 41270; 40006; 40001; 40002 | 528 | NA | NA |
| Diseases of esophagus | 41270; 40006; 40001; 40002 | 530 | NA | NA |
| Esophagitis; GERD and related diseases | 41270; 40006; 40001; 40002 | 530.1 | NA | NA |
| GERD | 41270; 40006; 40001; 40002 | 530.11 | NA | NA |
| Ulcer of esophagus | 41270; 40006; 40001; 40002 | 530.12 | NA | NA |
| Reflux esophagitis | 41270; 40006; 40001; 40002 | 530.14 | NA | NA |
| Esophageal bleeding varicesorhemorrhage | 41270; 40006; 40001; 40002 | 530.2 | NA | NA |
| Stricture and stenosis of esophagus | 41270; 40006; 40001; 40002 | 530.3 | NA | NA |
| Peptic ulcer excl esophageal | 41270; 40006; 40001; 40002 | 531 | NA | NA |
| Gastric ulcer | 41270; 40006; 40001; 40002 | 531.2 | NA | NA |
| Duodenal ulcer | 41270; 40006; 40001; 40002 | 531.3 | NA | NA |
| Dysphagia | 41270; 40006; 40001; 40002 | 532 | NA | NA |
| Gastritis and duodenitis | 41270; 40006; 40001; 40002 | 535 | NA | NA |
| Duodenitis | 41270; 40006; 40001; 40002 | 535.6 | NA | NA |
| Other specified gastritis | 41270; 40006; 40001; 40002 | 535.8 | NA | NA |
| Other disorders of stomach and duodenum | 41270; 40006; 40001; 40002 | 537 | NA | NA |
| Appendiceal conditions | 41270; 40006; 40001; 40002 | 540 | NA | NA |
| Appendicitis | 41270; 40006; 40001; 40002 | 540.1 | NA | NA |
| Acute appendicitis | 41270; 40006; 40001; 40002 | 540.11 | NA | NA |
| Abdominal hernia | 41270; 40006; 40001; 40002 | 550 | NA | NA |
| Inguinal hernia | 41270; 40006; 40001; 40002 | 550.1 | NA | NA |
| Diaphragmatic hernia | 41270; 40006; 40001; 40002 | 550.2 | NA | NA |
| Umbilical hernia | 41270; 40006; 40001; 40002 | 550.4 | NA | NA |
| Ventral hernia | 41270; 40006; 40001; 40002 | 550.5 | NA | NA |
| Inflammatory bowel disease and other gastroenteritis and colitis | 41270; 40006; 40001; 40002 | 555 | NA | NA |
| Ulcerative colitis | 41270; 40006; 40001; 40002 | 555.2 | NA | NA |
| Noninfectious gastroenteritis | 41270; 40006; 40001; 40002 | 558 | NA | NA |
| Ileostomy status | 41270; 40006; 40001; 40002 | 559 | NA | NA |
| Intestinal obstruction without mention of hernia | 41270; 40006; 40001; 40002 | 560 | NA | NA |
| Other intestinal obstruction | 41270; 40006; 40001; 40002 | 560.4 | NA | NA |
| Symptoms involving digestive system | 41270; 40006; 40001; 40002 | 561 | NA | NA |
| Diverticulosis and diverticulitis | 41270; 40006; 40001; 40002 | 562 | NA | NA |
| Diverticulosis | 41270; 40006; 40001; 40002 | 562.1 | NA | NA |
| Constipation | 41270; 40006; 40001; 40002 | 563 | NA | NA |
| Functional digestive disorders | 41270; 40006; 40001; 40002 | 564 | NA | NA |
| Irritable Bowel Syndrome | 41270; 40006; 40001; 40002 | 564.1 | NA | NA |
| Personal history of diseases of digestive system | 41270; 40006; 40001; 40002 | 564.9 | NA | NA |
| Anal and rectal conditions | 41270; 40006; 40001; 40002 | 565 | NA | NA |
| Anal and rectal polyp | 41270; 40006; 40001; 40002 | 565.1 | NA | NA |

| | | | | |
|---|----------------------------|--------|----|----|
| Other disorders of peritoneum | 41270; 40006; 40001; 40002 | 568 | NA | NA |
| Peritoneal adhesions postoperative postinfection | 41270; 40006; 40001; 40002 | 568.1 | NA | NA |
| Other disorders of intestine | 41270; 40006; 40001; 40002 | 569 | NA | NA |
| Chronic liver disease and cirrhosis | 41270; 40006; 40001; 40002 | 571 | NA | NA |
| Other chronic nonalcoholic liver disease | 41270; 40006; 40001; 40002 | 571.5 | NA | NA |
| Other disorders of liver | 41270; 40006; 40001; 40002 | 573 | NA | NA |
| Abnormal results of function study of liver | 41270; 40006; 40001; 40002 | 573.7 | NA | NA |
| Cholelithiasis and cholecystitis | 41270; 40006; 40001; 40002 | 574 | NA | NA |
| Cholelithiasis | 41270; 40006; 40001; 40002 | 574.1 | NA | NA |
| Cholelithiasis with other cholecystitis | 41270; 40006; 40001; 40002 | 574.12 | NA | NA |
| Calculus of bile duct | 41270; 40006; 40001; 40002 | 574.2 | NA | NA |
| Cholecystitis without cholelithiasis | 41270; 40006; 40001; 40002 | 574.3 | NA | NA |
| Other biliary tract disease | 41270; 40006; 40001; 40002 | 575 | NA | NA |
| Other disorders of biliary tract | 41270; 40006; 40001; 40002 | 575.8 | NA | NA |
| Diseases of pancreas | 41270; 40006; 40001; 40002 | 577 | NA | NA |
| Acute pancreatitis | 41270; 40006; 40001; 40002 | 577.1 | NA | NA |
| Gastrointestinal hemorrhage | 41270; 40006; 40001; 40002 | 578 | NA | NA |
| Hematemesis | 41270; 40006; 40001; 40002 | 578.1 | NA | NA |
| Blood in stool | 41270; 40006; 40001; 40002 | 578.2 | NA | NA |
| Hemorrhage of rectum and anus | 41270; 40006; 40001; 40002 | 578.8 | NA | NA |
| Hemorrhage of gastrointestinal tract | 41270; 40006; 40001; 40002 | 578.9 | NA | NA |
| Other symptoms involving abdomen and pelvis | 41270; 40006; 40001; 40002 | 579 | NA | NA |
| Renal failure | 41270; 40006; 40001; 40002 | 585 | NA | NA |
| Acute renal failure | 41270; 40006; 40001; 40002 | 585.1 | NA | NA |
| Renal failure NOS | 41270; 40006; 40001; 40002 | 585.2 | NA | NA |
| Chronic renal failure CKD | 41270; 40006; 40001; 40002 | 585.3 | NA | NA |
| Other disorders of the kidney and ureters | 41270; 40006; 40001; 40002 | 586 | NA | NA |
| Urinary tract infection | 41270; 40006; 40001; 40002 | 591 | NA | NA |
| Cystitis and urethritis | 41270; 40006; 40001; 40002 | 592 | NA | NA |
| Cystitis | 41270; 40006; 40001; 40002 | 592.1 | NA | NA |
| Hematuria | 41270; 40006; 40001; 40002 | 593 | NA | NA |
| Urinary calculus | 41270; 40006; 40001; 40002 | 594 | NA | NA |
| Calculus of kidney | 41270; 40006; 40001; 40002 | 594.1 | NA | NA |
| Calculus of ureter | 41270; 40006; 40001; 40002 | 594.3 | NA | NA |
| Renal colic | 41270; 40006; 40001; 40002 | 594.8 | NA | NA |
| Hydronephrosis | 41270; 40006; 40001; 40002 | 595 | NA | NA |
| Other disorders of bladder | 41270; 40006; 40001; 40002 | 596 | NA | NA |
| Bladder neck obstruction | 41270; 40006; 40001; 40002 | 596.1 | NA | NA |
| Other disorders of urethra and urinary tract | 41270; 40006; 40001; 40002 | 597 | NA | NA |
| Urethral stricture not specified as infectious | 41270; 40006; 40001; 40002 | 597.1 | NA | NA |
| Abnormal findings on examination of urine | 41270; 40006; 40001; 40002 | 598 | NA | NA |
| Other symptoms or disorders of the urinary system | 41270; 40006; 40001; 40002 | 599 | NA | NA |
| Urinary obstruction | 41270; 40006; 40001; 40002 | 599.1 | NA | NA |
| Retention of urine | 41270; 40006; 40001; 40002 | 599.2 | NA | NA |
| Urinary incontinence | 41270; 40006; 40001; 40002 | 599.4 | NA | NA |
| Frequency of urination and polyuria | 41270; 40006; 40001; 40002 | 599.5 | NA | NA |
| Other abnormality of urination | 41270; 40006; 40001; 40002 | 599.9 | NA | NA |
| Inflammatory diseases of prostate | 41270; 40006; 40001; 40002 | 601 | NA | NA |
| Prostatitis | 41270; 40006; 40001; 40002 | 601.1 | NA | NA |
| Other disorders of prostate | 41270; 40006; 40001; 40002 | 602 | NA | NA |
| Other disorders of testis | 41270; 40006; 40001; 40002 | 603 | NA | NA |
| Hydrocele | 41270; 40006; 40001; 40002 | 603.1 | NA | NA |
| Disorders of penis | 41270; 40006; 40001; 40002 | 604 | NA | NA |
| Redundant prepuce and phimosis or BXO | 41270; 40006; 40001; 40002 | 604.1 | NA | NA |
| Other disorders of male genital organs | 41270; 40006; 40001; 40002 | 608 | NA | NA |
| Superficial cellulitis and abscess | 41270; 40006; 40001; 40002 | 681 | NA | NA |
| Cellulitis and abscess of arm or hand | 41270; 40006; 40001; 40002 | 681.3 | NA | NA |

| | | | | |
|---|----------------------------|--------|----|----|
| Cellulitis and abscess of leg; except foot | 41270; 40006; 40001; 40002 | 681.5 | NA | NA |
| Cellulitis and abscess of foot; toe | 41270; 40006; 40001; 40002 | 681.6 | NA | NA |
| Other local infections of skin and subcutaneous tissue | 41270; 40006; 40001; 40002 | 686 | NA | NA |
| Carbuncle and furuncle | 41270; 40006; 40001; 40002 | 686.1 | NA | NA |
| Symptoms affecting skin | 41270; 40006; 40001; 40002 | 687 | NA | NA |
| Rash and other nonspecific skin eruption | 41270; 40006; 40001; 40002 | 687.1 | NA | NA |
| Localized superficial swelling; mass; or lump | 41270; 40006; 40001; 40002 | 687.2 | NA | NA |
| Disturbance of skin sensation | 41270; 40006; 40001; 40002 | 687.4 | NA | NA |
| Disorder of skin and subcutaneous tissue NOS | 41270; 40006; 40001; 40002 | 689 | NA | NA |
| Erythematous conditions | 41270; 40006; 40001; 40002 | 695 | NA | NA |
| Psoriasis and related disorders | 41270; 40006; 40001; 40002 | 696 | NA | NA |
| Psoriasis | 41270; 40006; 40001; 40002 | 696.4 | NA | NA |
| Psoriasis vulgaris | 41270; 40006; 40001; 40002 | 696.41 | NA | NA |
| Other hypertrophic and atrophic conditions of skin | 41270; 40006; 40001; 40002 | 701 | NA | NA |
| Degenerative skin conditions and other dermatoses | 41270; 40006; 40001; 40002 | 702 | NA | NA |
| Actinic keratosis | 41270; 40006; 40001; 40002 | 702.1 | NA | NA |
| Seborrheic keratosis | 41270; 40006; 40001; 40002 | 702.2 | NA | NA |
| Diseases of hair and hair follicles | 41270; 40006; 40001; 40002 | 704 | NA | NA |
| Diseases of sebaceous glands | 41270; 40006; 40001; 40002 | 706 | NA | NA |
| Sebaceous cyst | 41270; 40006; 40001; 40002 | 706.2 | NA | NA |
| Chronic ulcer of skin | 41270; 40006; 40001; 40002 | 707 | NA | NA |
| Diffuse diseases of connective tissue | 41270; 40006; 40001; 40002 | 709 | NA | NA |
| Unspecified diffuse connective tissue disease | 41270; 40006; 40001; 40002 | 709.7 | NA | NA |
| Rheumatoid arthritis and other inflammatory polyarthropathies | 41270; 40006; 40001; 40002 | 714 | NA | NA |
| Rheumatoid arthritis | 41270; 40006; 40001; 40002 | 714.1 | NA | NA |
| Other inflammatory spondylopathies | 41270; 40006; 40001; 40002 | 715 | NA | NA |
| Other arthropathies | 41270; 40006; 40001; 40002 | 716 | NA | NA |
| Unspecified monoarthritis | 41270; 40006; 40001; 40002 | 716.2 | NA | NA |
| Arthropathy NOS | 41270; 40006; 40001; 40002 | 716.9 | NA | NA |
| Spinal stenosis | 41270; 40006; 40001; 40002 | 720 | NA | NA |
| Spondylosis and allied disorders | 41270; 40006; 40001; 40002 | 721 | NA | NA |
| Spondylosis without myelopathy | 41270; 40006; 40001; 40002 | 721.1 | NA | NA |
| Intervertebral disc disorders | 41270; 40006; 40001; 40002 | 722 | NA | NA |
| Degeneration of intervertebral disc | 41270; 40006; 40001; 40002 | 722.6 | NA | NA |
| Other and unspecified disc disorder | 41270; 40006; 40001; 40002 | 722.9 | NA | NA |
| Peripheral enthesopathies and allied syndromes | 41270; 40006; 40001; 40002 | 726 | NA | NA |
| Enthesopathy | 41270; 40006; 40001; 40002 | 726.1 | NA | NA |
| Other disorders of synovium; tendon; and bursa | 41270; 40006; 40001; 40002 | 727 | NA | NA |
| Synovitis and tenosynovitis | 41270; 40006; 40001; 40002 | 727.1 | NA | NA |
| Ganglion and cyst of synovium; tendon; and bursa | 41270; 40006; 40001; 40002 | 727.4 | NA | NA |
| Disorders of muscle; ligament; and fascia | 41270; 40006; 40001; 40002 | 728 | NA | NA |
| Fasciitis | 41270; 40006; 40001; 40002 | 728.7 | NA | NA |
| Contracture of palmar fascia Dupuytren's disease | 41270; 40006; 40001; 40002 | 728.71 | NA | NA |
| Other disorders of soft tissues | 41270; 40006; 40001; 40002 | 729 | NA | NA |
| Other disorders of bone and cartilage | 41270; 40006; 40001; 40002 | 733 | NA | NA |
| Acquired foot deformities | 41270; 40006; 40001; 40002 | 735 | NA | NA |
| Acquired toe deformities | 41270; 40006; 40001; 40002 | 735.2 | NA | NA |
| Other acquired deformities of limbs | 41270; 40006; 40001; 40002 | 736 | NA | NA |
| Osteoarthritis | 41270; 40006; 40001; 40002 | 740 | NA | NA |
| Osteoarthritis; localized | 41270; 40006; 40001; 40002 | 740.1 | NA | NA |
| Osteoarthritis; localized; primary | 41270; 40006; 40001; 40002 | 740.11 | NA | NA |
| Osteoarthritis NOS | 41270; 40006; 40001; 40002 | 740.9 | NA | NA |
| Symptoms and disorders of the joints | 41270; 40006; 40001; 40002 | 741 | NA | NA |
| Derangement of joint; non traumatic | 41270; 40006; 40001; 40002 | 742 | NA | NA |
| Other derangement of joint | 41270; 40006; 40001; 40002 | 742.9 | NA | NA |
| Osteoporosis; osteopenia and pathological fracture | 41270; 40006; 40001; 40002 | 743 | NA | NA |

| | | | | |
|--|----------------------------|--------|----|----|
| Osteoporosis | 41270; 40006; 40001; 40002 | 743.1 | NA | NA |
| Osteoporosis NOS | 41270; 40006; 40001; 40002 | 743.11 | NA | NA |
| Pain in joint | 41270; 40006; 40001; 40002 | 745 | NA | NA |
| Cardiac and circulatory congenital anomalies | 41270; 40006; 40001; 40002 | 747 | NA | NA |
| Cardiac congenital anomalies | 41270; 40006; 40001; 40002 | 747.1 | NA | NA |
| Congenital anomalies of great vessels | 41270; 40006; 40001; 40002 | 747.13 | NA | NA |
| Back pain | 41270; 40006; 40001; 40002 | 760 | NA | NA |
| Sciatica | 41270; 40006; 40001; 40002 | 764 | NA | NA |
| Musculoskeletal symptoms referable to limbs | 41270; 40006; 40001; 40002 | 771 | NA | NA |
| Swelling of limb | 41270; 40006; 40001; 40002 | 771.1 | NA | NA |
| Pain in limb | 41270; 40006; 40001; 40002 | 773 | NA | NA |
| Symptoms involving nervous and musculoskeletal systems | 41270; 40006; 40001; 40002 | 781 | NA | NA |
| Symptoms involving skin and other integumentary tissue | 41270; 40006; 40001; 40002 | 782 | NA | NA |
| Edema | 41270; 40006; 40001; 40002 | 782.3 | NA | NA |
| Fever of unknown origin | 41270; 40006; 40001; 40002 | 783 | NA | NA |
| Abdominal pain | 41270; 40006; 40001; 40002 | 785 | NA | NA |
| Syncope and collapse | 41270; 40006; 40001; 40002 | 788 | NA | NA |
| Nausea and vomiting | 41270; 40006; 40001; 40002 | 789 | NA | NA |
| Nonspecific findings on examination of blood | 41270; 40006; 40001; 40002 | 790 | NA | NA |
| Other abnormal blood chemistry | 41270; 40006; 40001; 40002 | 790.6 | NA | NA |
| Malaise and fatigue | 41270; 40006; 40001; 40002 | 798 | NA | NA |
| Fracture of lower limb | 41270; 40006; 40001; 40002 | 800 | NA | NA |
| Fracture of unspecified part of femur | 41270; 40006; 40001; 40002 | 800.2 | NA | NA |
| Fracture of tibia and fibula | 41270; 40006; 40001; 40002 | 800.3 | NA | NA |
| Fracture of ankle and foot | 41270; 40006; 40001; 40002 | 801 | NA | NA |
| Fracture of upper limb | 41270; 40006; 40001; 40002 | 803 | NA | NA |
| Fracture of radius and ulna | 41270; 40006; 40001; 40002 | 803.2 | NA | NA |
| Fracture of clavicle or scapula | 41270; 40006; 40001; 40002 | 803.3 | NA | NA |
| Fracture of hand or wrist | 41270; 40006; 40001; 40002 | 804 | NA | NA |
| Fracture of vertebral column without mention of spinal cord injury | 41270; 40006; 40001; 40002 | 805 | NA | NA |
| Fracture of ribs | 41270; 40006; 40001; 40002 | 807 | NA | NA |
| Skull and face fracture and other intercranial injury | 41270; 40006; 40001; 40002 | 819 | NA | NA |
| Dislocation | 41270; 40006; 40001; 40002 | 830 | NA | NA |
| Internal derangement of knee | 41270; 40006; 40001; 40002 | 835 | NA | NA |
| Hemorrhage or hematoma complicating a procedure | 41270; 40006; 40001; 40002 | 850 | NA | NA |
| Complications of transplants and reattached limbs | 41270; 40006; 40001; 40002 | 851 | NA | NA |
| Complications of cardiacorvascular device; implant; and graft | 41270; 40006; 40001; 40002 | 854 | NA | NA |
| Complication of internal orthopedic device | 41270; 40006; 40001; 40002 | 858 | NA | NA |
| Complication due to other implant and internal device | 41270; 40006; 40001; 40002 | 859 | NA | NA |
| Open wounds of head; neck; and trunk | 41270; 40006; 40001; 40002 | 870 | NA | NA |
| Other open wound of head and face | 41270; 40006; 40001; 40002 | 870.3 | NA | NA |
| Open wounds of extremities | 41270; 40006; 40001; 40002 | 871 | NA | NA |
| Superficial injury without mention of infection | 41270; 40006; 40001; 40002 | 915 | NA | NA |
| Dermatitis due to solar radiation | 41270; 40006; 40001; 40002 | 938 | NA | NA |
| Chronic dermatitis due to solar radiation | 41270; 40006; 40001; 40002 | 938.2 | NA | NA |
| Atopicorcontact dermatitis due to other or unspecified | 41270; 40006; 40001; 40002 | 939 | NA | NA |
| Poisoning by antibiotics | 41270; 40006; 40001; 40002 | 960 | NA | NA |
| Allergyoradverse effect of penicillin | 41270; 40006; 40001; 40002 | 960.2 | NA | NA |
| Poisoning by primarily systemic agents | 41270; 40006; 40001; 40002 | 963 | NA | NA |
| Poisoning by analgesics; antipyretics; and antirheumatics | 41270; 40006; 40001; 40002 | 965 | NA | NA |
| Effects radiation NOS | 41270; 40006; 40001; 40002 | 990 | NA | NA |
| Sepsis and SIRS | 41270; 40006; 40001; 40002 | 994 | NA | NA |
| Sepsis | 41270; 40006; 40001; 40002 | 994.2 | NA | NA |

APPENDIX C:
SUPPLEMENTARY DATA FOR CHAPTER 5

Supplemental Methods

Genotyping Quality Control and Imputation in ORIGIN

Poor quality SNPs were excluded using standard thresholds for low call rate (<99%), deviation from Hardy-Weinberg equilibrium ($P < 1 \times 10^{-6}$), and low minor allele frequency (<0.01). Poor quality samples were excluded using standard measures for low call rate (<99%), sex or ethnicity mismatches, and cryptic relatedness. Samples belonging to ethnicities with small sample sizes were excluded ($n < 500$). Quality control was done using PLINK (1) or GCTA (2) software. Imputation was performed using the 1000 Genomes Project (3) as a reference panel and IMPUTE2 for software (4) resulting in complete coverage of the genome with over 30 million SNPs. INFO score was calculated by IMPUTE2, and a cut-off (<0.7) was used to remove SNPs with low confidence (4).

Study outcomes – ORIGIN

GFR was estimated based on serum creatinine measurements using the CKD-Epidemiology collaboration (CKD-EPI) equation (5). Albuminuria categories were defined to be three mutually exclusive classifications for urinary ACR corresponding to normoalbuminuria (less than 30 mg/g [3.4 mg/mmol]), elevated albuminuria (between 30 mg/g [3.4 mg/mmol] and 300 mg/g [33.9 mg/mmol]), or highly elevated (greater than 300 mg/g [33.9 mg/mmol]). Patients with an $eGFR_{crea} < 60$ mL/min per $1.73m^2$ were classified as having stage 3 CKD as per the 2013 Kidney Disease Improving Global Outcomes (6). ESRD was defined as an $eGFR_{crea} < 15$ mL/min per $1.73m^2$, chronic dialysis or having had a renal transplant on follow-up (6). Prior renal disease was defined as either $eGFR_{crea} < 60$ mL/min per $1.73 m^2$, or elevated albuminuria, or highly elevated albuminuria at baseline.

Sensitivity Analyses for Reverse MR

Validation was performed using a “leave-one-out” approach in which the MR analysis was repeated after excluding each of the SNPs. Non-significant biomarker associations resulting from such an approach suggest that the excluded SNP disproportionately contributed to the originally detected association; these biomarkers were flagged as

potential false positives. To identify whether any of the significant biomarkers were affected by alternative measures of kidney function, the reverse MR analysis was also performed using genetic variants associated with estimated GFR based on cystatin-C ($eGFR_{cys}$) and CKD itself. In the CKDGen Consortium, 5 variants were associated with CKD (7), and 5 variants were associated with $eGFR_{cys}$, of which 1 variant was located in the *CST3* gene encoding cystatin-C and excluded leaving 4 variants for subsequent analyses. This variant (rs3827143) likely doesn't reflect kidney function since it affects $eGFR_{cys}$ by altering cystatin-C rather than kidney filtration.

To determine whether identified biomarkers for kidney function were independent of established renal risk factors, we repeated the reverse MR technique using genetic variants associated at GWS level ($P < 5 \times 10^{-8}$) with established CKD risk factors instead of with $eGFR_{crea}$. These genetic associations were obtained from summary statistics of publicly available consortium datasets of risk factors including: type 2 diabetes (8); systolic blood pressure, diastolic blood pressure, hypertension (9); coronary artery disease, myocardial infarction (10); body mass index (11), waist-to-hip ratio adjusted for BMI (12); fasting glucose, fasting insulin (13), glycated hemoglobin (14); HDL cholesterol, LDL cholesterol, total cholesterol, triglycerides (15), as well as nominally significant variants ($P < 1 \times 10^{-6}$) for urinary ACR (16). ORIGIN was not part of these consortia. The reverse MR analysis was performed separately for each of these risk factors, representing the effect of that risk factor on the biomarker.

Identification of SNPs for Traditional MR

Observed regional associations located hundreds of kilobases from known loci required selection of a 300 Kb window (17). Therefore, we selected SNPs located within 300 Kb of the gene encoding any significant biomarkers from the reverse MR, based on the Reference Sequence gene list on the University of California, Santa Cruz Genome Table Browser (18). Gene names were identified using the GeneCards Encyclopedia (19). SNPs with minor allele frequency below 0.05 or absent from the CKDGen database were removed (7).

To arrive at an independent set of SNPs, they were pruned for linkage disequilibrium at a threshold of $r^2 < 0.1$ using 1000 Genomes data in Europeans. Genetic association of these independent SNPs with $eGFR_{crea}$ was determined from the publicly-available summary statistics of the CKDGen consortium (7). Similar to the reverse MR, a two-sample MR analysis was then performed using these independent SNPs for each biomarker. However, in this analysis, the independent variable was the effect of SNPs on the biomarker, while the dependent variable was the effect of SNPs on $eGFR_{crea}$.

Association of TFF3 in the full ORIGIN biomarker sub-study

In the full ORIGIN biomarker sub-study, there were 8,197 participants with available ethnicity information, of whom 34% had prior renal disease (defined as either $eGFR_{crea} < 60$ mL/min per 1.73 m^2 , or microalbuminuria, or macroalbuminuria) and a mean $eGFR_{crea}$ at baseline of 75.0 mL/min per 1.73 m^2 . To confirm our reverse MR and epidemiological associations for incident CKD held true with baseline renal characteristics, we investigated the association of the significant biomarkers with $eGFR_{crea}$ and prior renal disease at baseline. For these ancillary analyses we used all participants in the ORIGIN biomarker sub-study with ethnicity information available. Linear regression models were used to evaluate the relationship between $eGFR_{crea}$ as well as prior renal disease at baseline (independent variable) on each significant biomarker (dependent variable) identified in the reverse MR analysis. Both models were adjusted for age, sex, and ethnicity.

Supplemental References

1. Purcell S, Neale B, Todd-Brown K, Thomas L, Ferreira MAR, Bender D, et al. PLINK: A tool set for whole-genome association and population-based linkage analyses. *Am J Hum Genet* 2007;81:559–75.
2. Yang J, Lee SH, Goddard ME, Visscher PM. GCTA: A tool for genome-wide complex trait analysis. *Am J Hum Genet* 2011;88:76–82.
3. Gibbs RA, Boerwinkle E, Doddapaneni H, Han Y, Korchina V, Kovar C, et al. A global reference for human genetic variation. *Nature* 2015;526:68–74.
4. Howie BN, Donnelly P, Marchini J. A Flexible and Accurate Genotype Imputation Method for the Next Generation of Genome-Wide Association Studies. Schork NJ, editor. *PLoS Genet* 2009;5:e1000529.
5. Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, Feldman HI, et al. A

- new equation to estimate glomerular filtration rate. *Ann Intern Med* 2009;150:604–12.
6. Group KDIGO (KDIGO) CW. KDIGO Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney Int Suppl* 2013;3:1–150.
 7. Pattaro C, Teumer A, Gorski M, Chu AY, Li M, Mijatovic V, et al. Genetic associations at 53 loci highlight cell types and biological pathways relevant for kidney function. *Nat Commun* 2016;7:10023.
 8. Mahajan A, Go MJ, Zhang W, Below JE, Gaulton KJ, Ferreira T, et al. Genome-wide trans-ancestry meta-analysis provides insight into the genetic architecture of type 2 diabetes susceptibility. *Nat Genet* 2014;46:234–44.
 9. Ehret GB, Munroe PB, Rice KM, Bochud M, Johnson AD, Chasman DI, et al. Genetic variants in novel pathways influence blood pressure and cardiovascular disease risk. *Nature* 2011;478:103–9.
 10. Nikpay M, Goel A, Won H-H, Hall LM, Willenborg C, Kanoni S, et al. A comprehensive 1000 Genomes-based genome-wide association meta-analysis of coronary artery disease. *Nat Genet* 2015;47:1121–30.
 11. Locke AE, Kahali B, Berndt SI, Justice AE, Pers TH, Day FR, et al. Genetic studies of body mass index yield new insights for obesity biology. *Nature* 2015;518:197–206.
 12. Shungin D, Winkler TW, Croteau-Chonka DC, Ferreira T, Locke AE, Mägi R, et al. New genetic loci link adipose and insulin biology to body fat distribution. *Nature* 2015;518:187–96.
 13. Manning AK, Hivert M-F, Scott RA, Grimsby JL, Bouatia-Naji N, Chen H, et al. A genome-wide approach accounting for body mass index identifies genetic variants influencing fasting glycemic traits and insulin resistance. *Nat Genet* 2012;44:659–69.
 14. Soranzo N, Sanna S, Wheeler E, Gieger C, Radke D, Dupuis J, et al. Common variants at 10 genomic loci influence hemoglobin A1C levels via glycemic and nonglycemic pathways. *Diabetes* 2010;59:3229–39.
 15. Willer CJ, Schmidt EM, Sengupta S, Peloso GM, Gustafsson S, Kanoni S, et al. Discovery and refinement of loci associated with lipid levels. *Nat Genet* 2013;45:1274–83.
 16. Teumer A, Tin A, Sorice R, Gorski M, Yeo NC, Chu AY, et al. Genome-wide association studies identify genetic loci associated with Albuminuria in diabetes. *Diabetes* 2016;65:803–17.
 17. Paré G, Asma S, Deng WQ. Contribution of large region joint associations to complex traits genetics. Shriener D, editor. *PLoS Genet* 2015;11:e1005103.
 18. Hsu F, Kent JW, Clawson H, Kuhn RM, Diekhans M, Haussler D. The UCSC known genes. *Bioinformatics* 2006;22:1036–46.
 19. Rebhan M, Chalifa-Caspi V, Prilusky J, Lancet D. GeneCards: A novel functional genomics compendium with automated data mining and query reformulation support. *Bioinformatics* 1998;14:656–64.

Supplemental Results

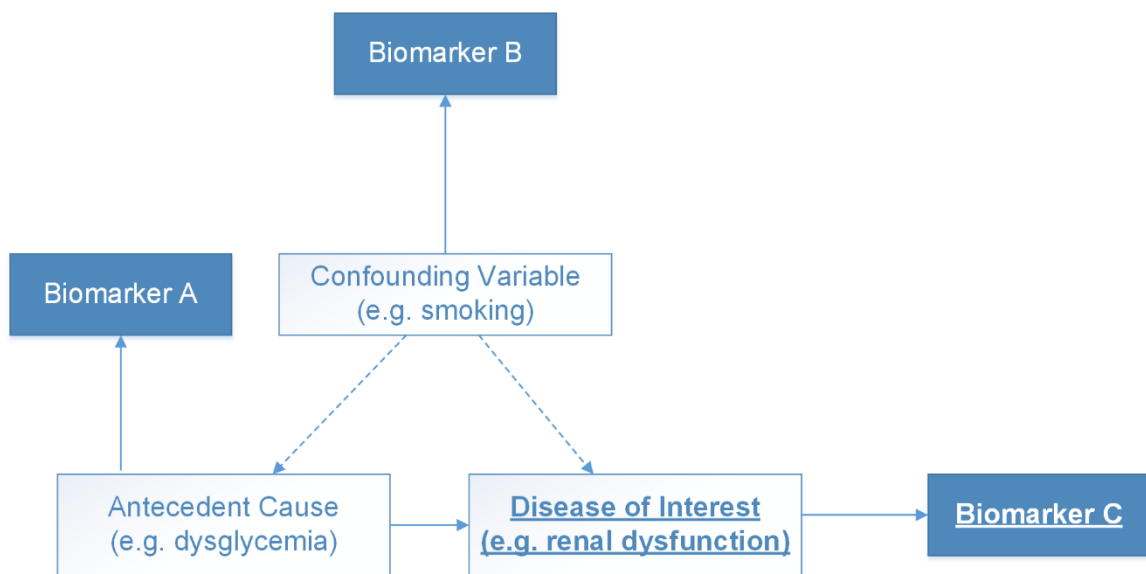
Associations of TFF3 in the full ORIGIN biomarker sub-study

The relationship between baseline $eGFR_{crea}$ and TFF3 levels was assessed in the full ORIGIN biomarker sub-study with a sample of $N=8,197$. After adjusting for age, sex, and ethnicity, higher levels of TFF3 were independently linked to lower levels of $eGFR_{crea}$ ($\beta = -1.64$ SD of TFF3 per 1 unit increase in log-transformed $eGFR_{crea}$; 95% CI = -1.72 to -1.56; $p = 3.75 \times 10^{-321}$). Consistently, after adjusting for the same variables, renal disease at baseline was a determinant for higher levels of TFF3 ($\beta=0.58$ SD higher in individuals with renal disease at baseline; 95% CI= 0.53 to 0.62; $p=2.45 \times 10^{-147}$).

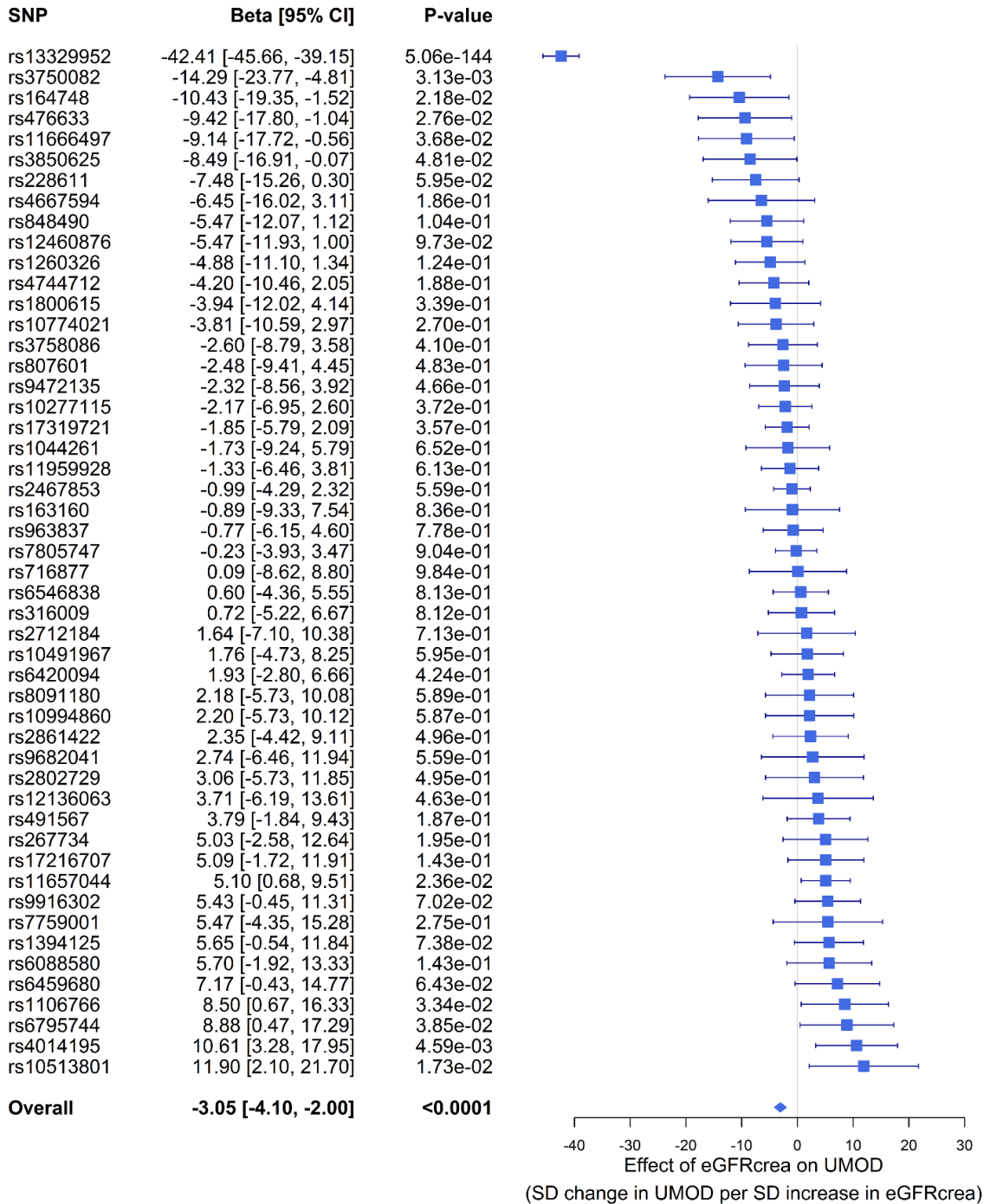
Supplemental Figures

Supplemental Figure 1. Schematic representation of the different types of biomarkers that can be found in the serum of individuals with diabetic renal disease.

Individuals with diabetic renal disease host several different types of serum biomarkers, which are difficult to distinguish from observation alone. Biomarker A represents biomarkers associated with the antecedent cause of disease (e.g., dysglycemia). Biomarker B represents biomarkers associated with a confounding variable associated with both dysglycemia and renal dysfunction (e.g., obesity). Biomarker C represents the biomarker of interest that is affected by renal dysfunction itself.



Supplemental Figure 2. Effect of eGFR_{crea} on uromodulin using Mendelian randomization



Supplemental Tables

Supplemental Table 1. List of eGFR_{crea}-associated SNPs from CKDGen consortium GWAS meta-analysis that matched in ORIGIN genetic panel.

| Chr | SNP | Position (hg19) | Effect Allele | Other Allele | Effect Allele Frequency | Beta | Standard Error | P-value |
|-----|------------|--------------------|------------------|-----------------|-------------------------------|---------|-------------------|----------|
| 1 | rs1800615 | 15832281 | t | c | 0.231 | -0.0058 | 0.00092 | 1.90E-09 |
| 1 | rs12136063 | 110014170 | a | g | 0.714 | 0.0049 | 0.00092 | 2.30E-07 |
| 1 | rs267734 | 150951477 | t | c | 0.792 | -0.0079 | 0.0011 | 4.00E-13 |
| 1 | rs3850625 | 201016296 | a | g | 0.097 | 0.008 | 0.0014 | 6.40E-09 |
| 1 | rs2802729 | 243501763 | a | c | 0.406 | -0.005 | 0.00092 | 7.40E-08 |
| 2 | rs807601 | 15793014 | t | g | 0.319 | 0.0064 | 0.00092 | 6.60E-12 |
| 2 | rs1260326 | 27730940 | t | c | 0.42 | 0.0068 | 0.00092 | 3.40E-14 |
| 2 | rs6546838 | 73679280 | a | g | 0.748 | -0.0093 | 0.001 | 7.70E-20 |
| 2 | rs4667594 | 170008506 | a | t | 0.509 | -0.0045 | 0.00092 | 2.40E-07 |
| 2 | rs2712184 | 217682779 | a | c | 0.541 | -0.0049 | 0.00092 | 2.70E-08 |
| 3 | rs6795744 | 13906850 | a | g | 0.133 | 0.0071 | 0.0012 | 9.60E-09 |
| 3 | rs2861422 | 141724644 | t | c | 0.248 | 0.0074 | 0.001 | 9.10E-14 |
| 3 | rs9682041 | 170091902 | t | c | 0.898 | -0.0067 | 0.0013 | 3.80E-07 |
| 3 | rs10513801 | 185822353 | t | g | 0.898 | 0.007 | 0.0013 | 9.30E-08 |
| 4 | rs17319721 | 77368847 | a | g | 0.42 | -0.011 | 0.00092 | 1.30E-37 |
| 4 | rs228611 | 103561709 | a | g | 0.447 | -0.0055 | 0.00092 | 4.70E-10 |
| 5 | rs11959928 | 39397132 | a | t | 0.431 | -0.0083 | 0.00092 | 1.70E-20 |
| 5 | rs6420094 | 176817636 | a | g | 0.633 | 0.0096 | 0.001 | 4.90E-22 |
| 6 | rs7759001 | 27341409 | a | g | 0.783 | -0.0053 | 0.001 | 2.60E-07 |
| 6 | rs9472135 | 43809802 | t | c | 0.734 | -0.008 | 0.001 | 3.30E-15 |
| 6 | rs316009 | 160675764 | t | c | 0.097 | 0.013 | 0.0014 | 4.40E-19 |
| 7 | rs10277115 | 1285195 | a | t | 0.215 | 0.0095 | 0.0014 | 1.10E-10 |
| 7 | rs3750082 | 32919927 | a | t | 0.314 | 0.0049 | 0.00092 | 2.50E-07 |
| 7 | rs848490 | 77555005 | c | g | 0.727 | 0.0073 | 0.001 | 7.80E-13 |
| 7 | rs7805747 | 151407801 | a | g | 0.296 | -0.013 | 0.0011 | 8.00E-29 |
| 7 | rs6459680 | 156258568 | t | g | 0.8 | -0.0065 | 0.001 | 2.00E-10 |
| 8 | rs3758086 | 23714992 | a | g | 0.446 | -0.0071 | 0.00092 | 1.70E-15 |
| 9 | rs4744712 | 71434707 | a | c | 0.383 | -0.0071 | 0.00092 | 4.30E-15 |
| 10 | rs1044261 | 1065710 | t | c | 0.084 | -0.011 | 0.0016 | 1.20E-11 |
| 10 | rs10994860 | 52645424 | t | c | 0.186 | 0.0075 | 0.0011 | 1.20E-10 |
| 11 | rs163160 | 2789955 | a | g | 0.857 | 0.0067 | 0.0011 | 9.70E-09 |
| 11 | rs963837 | 30749090 | t | c | 0.544 | -0.0078 | 0.00092 | 5.70E-18 |
| 11 | rs4014195 | 65506822 | c | g | 0.673 | 0.0061 | 0.00092 | 2.20E-11 |

| | | | | | | | | |
|-----------|------------|----------|---|---|-------|---------|---------|----------|
| 12 | rs10774021 | 349298 | t | c | 0.695 | -0.0063 | 0.00092 | 4.80E-12 |
| 12 | rs10491967 | 3368093 | a | g | 0.097 | -0.0092 | 0.0014 | 3.00E-10 |
| 12 | rs1106766 | 57809456 | t | c | 0.246 | 0.0062 | 0.0011 | 4.70E-08 |
| 13 | rs716877 | 72347448 | c | g | 0.376 | 0.0049 | 0.00092 | 6.20E-08 |
| 15 | rs476633 | 41392134 | c | g | 0.669 | 0.0051 | 0.00092 | 8.90E-09 |
| 15 | rs2467853 | 45698793 | t | g | 0.672 | 0.013 | 0.00092 | 1.00E-42 |
| 15 | rs491567 | 53946593 | a | c | 0.792 | -0.0084 | 0.001 | 2.90E-15 |
| 15 | rs1394125 | 76158983 | a | g | 0.35 | -0.0073 | 0.001 | 5.50E-14 |
| 16 | rs13329952 | 20366507 | t | c | 0.783 | -0.016 | 0.0011 | 9.50E-43 |
| 16 | rs164748 | 89708292 | c | g | 0.554 | 0.0047 | 0.00092 | 9.30E-08 |
| 17 | rs9916302 | 37499949 | t | c | 0.754 | -0.008 | 0.001 | 4.80E-15 |
| 17 | rs11657044 | 59450105 | t | c | 0.18 | -0.011 | 0.0012 | 7.90E-22 |
| 18 | rs8091180 | 77164243 | a | g | 0.598 | -0.0054 | 0.001 | 3.50E-07 |
| 19 | rs12460876 | 33356891 | t | c | 0.577 | -0.0066 | 0.00092 | 1.90E-13 |
| 19 | rs11666497 | 38464262 | t | c | 0.156 | -0.0064 | 0.0012 | 8.60E-08 |
| 20 | rs6088580 | 33285053 | c | g | 0.51 | -0.0055 | 0.00092 | 7.20E-10 |
| 20 | rs17216707 | 52732362 | t | c | 0.788 | -0.0084 | 0.0011 | 6.00E-13 |

Abbreviations: Chr, chromosome; SNP, single nucleotide polymorphism; hg19, human genome version 19

Supplemental Table 2. Population characteristics for the genetic and biomarker sub-studies of the ORIGIN clinical trial.

| Variable | Biomarker Sub-study with Normal Baseline Kidney Measures (n=5,300) | Genetic Sub-study (n=4,147) |
|---|---|------------------------------------|
| Age (years) | 62.42 (7.43) | 63.45 (7.98) |
| Sex (% male) | 68.13 | 64.14 |
| Ethnicity (%) | | |
| <i>European</i> | 60.49 | 46.56 |
| <i>Latin</i> | 28.62 | 53.44 |
| <i>Black</i> | 4.85 | 0 |
| <i>South Asian</i> | 5.51 | 0 |
| <i>Other Asian</i> | 0.53 | 0 |
| Smoking Status (%) | | |
| <i>Never</i> | 38.04 | 39.84 |
| <i>Former</i> | 49.17 | 48.76 |
| <i>Current</i> | 12.79 | 11.41 |
| Prior CVD (% yes) | 61.09 | 53.29 |
| Hypertension (% yes) | 76.08 | 82.90 |
| Prior renal disease (% yes) | NA | 35.62 |
| Prior diabetes mellitus (% yes) | 79.98 | 87.56 |
| Incident CKD (% yes) | 25.53 | 34.07 |
| <i>Worsening of Albuminuria Category (% of CKD)</i> | 72.43 | 57.68 |
| <i>Doubling of Serum Creatinine (% of CKD)</i> | 4.88 | 6.02 |
| <i>eGFR_{crea} < 60 mL/min per 1.73 m² (% of CKD)</i> | 38.06 | 57.47 |
| Body mass index (kg/m²) | 30.07 (5.23) | 30.45 (5.33) |
| Serum creatinine (mg/dL) | 0.92 (0.17) | 1.02 (0.26) |
| (μ mol/L) | 81.42 (14.84) | 90.09 (22.98) |
| eGFR_{crea} (mL/min per 1.73 m²) | 81.96 (13.24) | 75.91 (21.07) |
| Urinary ACR (mg/g) | 5.93 (6.02) | 64.51 (249.56) |
| (mg/mmol) | 0.67 (0.68) | 7.29 (28.20) |
| FPG (mg/dL) | 130.08 (34.05) | 136.56 (39.09) |
| (mmol/L) | 7.22 (1.89) | 7.58 (2.17) |
| HDL (mg/dL) | 45.56 (11.97) | 45.17 (12.36) |
| (mmol/L) | 1.18 (0.31) | 1.17 (0.32) |

Data are presented as mean (SD) or median [IQR] unless otherwise stated

Abbreviations: ACR, albumin-to-creatinine ratio; CVD, cardiovascular disease; CKD, chronic kidney disease; eGFR_{crea}, creatinine-based estimated glomerular filtration rate (MDRD formula); FPG, fasting plasma glucose; HDL, high-density lipoprotein; IQR, interquartile range; SD, standard deviation

Supplemental Table 3. Summary of top Mendelian randomization biomarkers for

eGFR_{crea}

| Biomarker | Effect of eGFR_{crea} on biomarker^a (95% CI) | P-value |
|----------------------|--|----------------|
| Uromodulin | -3.05 (-2.00 – -4.10) | <0.00001 |
| Trefoil Factor 3 | 1.86 (0.95 – 2.76) | 0.00008 |
| Beta-2-Microglobulin | 1.47 (0.56 – 2.38) | 0.0016 |
| Mesothelin | 1.39 (0.50 – 2.29) | 0.0020 |

a. SD change in biomarker per 1 unit decrease in log-transformed eGFR_{crea}

Supplemental Table 4. Reverse Mendelian randomization for other metabolic and kidney-related traits with serum trefoil factor 3.

| Trait | Beta | 95% CI | P-value | Number of GWS SNPs |
|--|-------------|---------------|----------------|---------------------------|
| Body mass index | 0.02 | -0.20 - 0.25 | 0.848 | 77 |
| Chronic kidney disease | 0.18 | 0.02 - 0.34 | 0.028 | 4 |
| Coronary artery disease | -0.1 | -0.23 - 0.02 | 0.092 | 52 |
| Diastolic blood pressure | -0.02 | -0.05 - 0.01 | 0.219 | 27 |
| eGFR_{cys} | -0.69 | -2.33 - 0.94 | 0.409 | 4 |
| Fasting glucose | 0.26 | -0.10 - 0.63 | 0.157 | 34 |
| Fasting glucose adjusted for BMI | 0.24 | -0.10 - 0.58 | 0.162 | 37 |
| Fasting insulin adjusted for BMI | -0.59 | -1.39 - 0.20 | 0.143 | 15 |
| Haemoglobin A1c | 0.12 | -0.46 - 0.70 | 0.678 | 11 |
| HDL | 0.08 | -0.05 - 0.20 | 0.227 | 76 |
| Hypertension | 0.19 | 0 - 0.38 | 0.053 | 11 |
| LDL | 0.03 | -0.09 - 0.15 | 0.638 | 58 |
| Myocardial infarction | -0.09 | -0.22 - 0.04 | 0.162 | 52 |
| Systolic blood pressure | -0.01 | -0.03 - 0.01 | 0.168 | 26 |
| Total cholesterol | 0.05 | -0.07 - 0.17 | 0.433 | 73 |
| Triglycerides | -0.02 | -0.17 - 0.13 | 0.77 | 42 |
| Type 2 diabetes | 0.04 | -0.03 - 0.11 | 0.284 | 66 |
| Urinary albumin-creatinine ratio (p<1x10⁻⁶) | -0.04 | -0.60 - 0.53 | 0.893 | 5 |
| Waist-hip ratio adjusted for BMI | 0.07 | -0.23 - 0.36 | 0.649 | 39 |

Abbreviations: BMI, body mass index; CI, confidence interval; eGFR_{cys}, cystatin C-based estimated glomerular filtration rate; GWS, genome-wide significant; HDL, high density lipoprotein cholesterol; LDL, low density lipoprotein cholesterol; p, p-value; SNP, single nucleotide polymorphism

Supplemental Table 5. Adjusted odds ratios of incident CKD according to TFF3 quartiles

| | | Age, Sex, and Ethnicity-Adjusted | | Laboratory Model ^a | | Full Model ^b | |
|----------------|------|----------------------------------|----------|-------------------------------|----------|-----------------------------|----------|
| TFF3 Quartiles | N | OR ^c (95% CI) | P-value | OR ^c (95% CI) | P-value | OR ^c (95% CI) | P-value |
| Lower | 1310 | 1 | - | 1 | - | 1 | - |
| Lower Middle | 1280 | 1.23 (0.93 - 1.37) | 0.213 | 1.12 (0.92 - 1.36) | 0.256 | 1.12 (0.92 - 1.36) | 0.271 |
| Upper Middle | 1357 | 1.47 (1.22 - 1.77) | 3.84E-05 | 1.40 (1.16 - 1.69) | 4.70E-04 | 1.41 (1.16 - 1.70) | 4.50E-04 |
| Upper | 1353 | 1.86 (1.54 - 2.24) | 6.40E-11 | 1.68 (1.39 - 2.04) | 1.14E-07 | 1.74 (1.43 - 2.12) | 3.58E-08 |
| P Trend | | 0.476 (0.344 - 0.608) | 1.69E-12 | 0.400 (0.263 - 0.537) | 1.04E-08 | 0.422 (0.283 - 0.562) | 3.04E-09 |

- Adjusted for age, sex, ethnicity, baseline eGFR_{crea} and natural log-transformed urinary ACR
- Adjusted for age, sex, ethnicity, baseline eGFR_{crea}, natural log-transformed urinary ACR, fasting plasma glucose, systolic blood pressure, BMI, prior diabetes, prior cardiovascular disease, anti-hypertensive drug use, and smoking status
- Odds of incident CKD relative to lower quartile per 1 SD increase in TFF3

Abbreviations: ACR, albumin-to-creatinine ratio; BMI, body mass index; CI, confidence interval; CKD, chronic kidney disease; eGFR_{crea}, creatinine-based estimated glomerular filtration rate; OR, odds ratio; SD, standard deviation; TFF3, trefoil factor 3

Supplemental Table 6. Kaplan-Meier table for freedom from incident CKD stratified by serum TFF3 quartiles.

| Time Interval (year) | Lower | | | Lower Middle | | | Upper Middle | | | Upper | | |
|----------------------|-------------|------------|-----------------------|--------------|------------|-----------------------|--------------|------------|-----------------------|-------------|------------|-----------------------|
| | At risk (n) | Events (n) | Freedom [95% CI] | At risk (n) | Events (n) | Freedom [95% CI] | At risk (n) | Events (n) | Freedom [95% CI] | At risk (n) | Events (n) | Freedom [95% CI] |
| 0 - 2 | 1310 | 105 | 92.0 [90.4 - 93.3] | 1280 | 117 | 90.9 [89.1 - 92.3] | 1357 | 170 | 87.5 [85.6 - 89.1] | 1353 | 208 | 84.6 [82.6 - 86.4] |
| 2 - EUF | 1174 | 151 | 80.2 [77.9 - 82.2] | 1120 | 164 | 77.6 [75.1 - 79.8] | 1142 | 202 | 72.0 [69.5 - 74.3] | 1057 | 236 | 65.7 [63.1 - 68.3] |

Abbreviations: CI, confidence interval; EUF, end of usual follow-up

Supplemental Table 7. Association of TFF3 with changes in eGFR_{crea} from baseline to end of usual follow-up in a subset of ORIGIN with normal kidney measures

| | Age, Sex, and Ethnicity | | Laboratory Model ^a | | Full Model ^b | |
|--------------|--|----------------|--|----------------|--|----------------|
| | <i>Effect of TFF3 on ΔeGFR ^c (95% CI)</i> | <i>P-value</i> | <i>Effect of TFF3 on ΔeGFR ^c (95% CI)</i> | <i>P-value</i> | <i>Effect of TFF3 on ΔeGFR ^c (95% CI)</i> | <i>P-value</i> |
| ΔeGFR | -2.12 (-2.96 - -1.28) | 8.36E-07 | -4.27 (-5.07 - -3.48) | 1.40E-25 | -4.33 (-5.13 - -3.53) | 7.92E-26 |

- a. Adjusted for age, sex, ethnicity, baseline eGFR_{crea} and natural log-transformed urinary albumin-to-creatinine ratio.
- b. Adjusted for age, sex, ethnicity, baseline eGFR_{crea}, natural log-transformed urinary albumin-to-creatinine ratio, fasting plasma glucose, systolic blood pressure, body mass index, prior diabetes, prior cardiovascular disease, anti-hypertensive drug use, and smoking status.
- c. mL/min per 1.73 m² eGFR_{crea} per 1 SD increase in serum trefoil factor 3.

Supplemental Table 8. Comparison of discrimination capacity for incident CKD risk models using integrated discrimination improvement (IDI) scores.

| Model A | Model B | IDI^c (95% CI) | P-value |
|--|---|-------------------------------------|----------------|
| eGFR_{crea} | TFF3 | 0.005 (0.002 - 0.007) | 7.48E-05 |
| | eGFR_{crea} + TFF3 | 0.006 (0.004 - 0.008) | 1.59E-08 |
| eGFR_{crea} + clinical risk factors^a | eGFR_{crea} + clinical risk factors^a + TFF3 | 0.006 (0.004 - 0.008) | 1.05E-08 |
| eGFR_{crea} + clinical risk factors^a + ln(ACR) | eGFR_{crea} + clinical risk factors^a + ln(ACR) + TFF3 | 0.004 (0.002 - 0.006) | 6.89E-06 |
| Full model^b | Full model₂ + TFF3 | 0.005 (0.003 - 0.007) | 1.32E-06 |

- a. Prior renal disease + prior cardiovascular disease + prior diabetes + SBP + smoking status + anti-hypertensive drug use
- b. Baseline eGFR_{crea} + natural log-transformed baseline urinary ACR + prior renal disease + prior cardiovascular disease + prior diabetes + systolic blood pressure + smoking status + anti-hypertensive drug use + BMI + fasting plasma glucose
- c. IDI comparing model B to model A

Abbreviations: ACR, albumin-to-creatinine ratio; BMI, body mass index; CKD, chronic kidney disease; eGFR_{crea}, creatinine-based estimated glomerular filtration rate (CKD-EPI formula); IDI, integrated discrimination improvement; TFF3, trefoil factor 3

Supplemental Table 9. Summary-level associations of eGFRcrea SNPs with uromodulin and TFF3 in ORIGIN trial.

| Chromosome | Biomarker | SNP | Position (hg19) | OA | EA | P-value | EAF | Effect ^a | SE |
|------------|------------|------------|-----------------|----|----|---------|------|---------------------|-------|
| 1 | Uromodulin | rs1800615 | 15832281 | C | T | 0.341 | 0.30 | 0.023 | 0.024 |
| 1 | Uromodulin | rs12136063 | 110014170 | G | A | 0.456 | 0.74 | 0.018 | 0.025 |
| 1 | Uromodulin | rs267734 | 150951477 | T | C | 0.192 | 0.15 | 0.040 | 0.031 |
| 1 | Uromodulin | rs3850625 | 201016296 | G | A | 0.048 | 0.11 | -0.067 | 0.034 |
| 1 | Uromodulin | rs2802729 | 243501763 | C | A | 0.487 | 0.44 | -0.016 | 0.022 |
| 2 | Uromodulin | rs807601 | 15793014 | G | T | 0.483 | 0.36 | -0.016 | 0.023 |
| 2 | Uromodulin | rs1260326 | 27730940 | T | C | 0.120 | 0.59 | 0.033 | 0.022 |
| 2 | Uromodulin | rs6546838 | 73679280 | A | G | 0.821 | 0.29 | 0.005 | 0.024 |
| 2 | Uromodulin | rs4667594 | 170008506 | T | A | 0.197 | 0.57 | 0.028 | 0.022 |
| 2 | Uromodulin | rs2712184 | 217682779 | C | A | 0.703 | 0.60 | -0.008 | 0.022 |
| 3 | Uromodulin | rs6795744 | 13906850 | G | A | 0.037 | 0.16 | 0.063 | 0.030 |
| 3 | Uromodulin | rs2861422 | 141724644 | C | T | 0.495 | 0.23 | 0.017 | 0.026 |
| 3 | Uromodulin | rs9682041 | 170091902 | C | T | 0.568 | 0.85 | -0.018 | 0.031 |
| 3 | Uromodulin | rs10513801 | 185822353 | T | G | 0.017 | 0.11 | -0.083 | 0.035 |
| 4 | Uromodulin | rs17319721 | 77368847 | G | A | 0.358 | 0.39 | 0.020 | 0.022 |
| 4 | Uromodulin | rs228611 | 103561709 | G | A | 0.060 | 0.43 | 0.041 | 0.022 |
| 5 | Uromodulin | rs11959928 | 39397132 | T | A | 0.611 | 0.44 | 0.011 | 0.022 |
| 5 | Uromodulin | rs6420094 | 176817636 | A | G | 0.426 | 0.31 | -0.018 | 0.023 |
| 6 | Uromodulin | rs7759001 | 27341409 | G | A | 0.283 | 0.78 | -0.029 | 0.027 |
| 6 | Uromodulin | rs9472135 | 43809802 | T | C | 0.478 | 0.26 | -0.018 | 0.026 |
| 6 | Uromodulin | rs316009 | 160675764 | T | C | 0.818 | 0.92 | -0.009 | 0.039 |
| 7 | Uromodulin | rs10277115 | 1285195 | A | T | 0.381 | 0.70 | 0.021 | 0.023 |
| 7 | Uromodulin | rs3750082 | 32919927 | T | A | 0.003 | 0.30 | -0.071 | 0.024 |
| 7 | Uromodulin | rs848490 | 77555005 | G | C | 0.099 | 0.74 | -0.040 | 0.025 |
| 7 | Uromodulin | rs7805747 | 151407801 | G | A | 0.917 | 0.26 | 0.003 | 0.025 |
| 7 | Uromodulin | rs6459680 | 156258568 | G | T | 0.068 | 0.75 | -0.047 | 0.026 |
| 8 | Uromodulin | rs3758086 | 23714992 | G | A | 0.400 | 0.37 | 0.019 | 0.022 |
| 9 | Uromodulin | rs4744712 | 71434707 | A | C | 0.183 | 0.64 | -0.030 | 0.023 |

| | | | | | | | | | |
|----|---------------------|------------|-----------|---|---|-------|------|--------|-------|
| 10 | Uromodulin | rs1044261 | 1065710 | C | T | 0.654 | 0.07 | 0.019 | 0.042 |
| 10 | Uromodulin | rs10994860 | 52645424 | C | T | 0.592 | 0.16 | 0.016 | 0.030 |
| 11 | Uromodulin | rs163160 | 2789955 | A | G | 0.825 | 0.17 | 0.006 | 0.029 |
| 11 | Uromodulin | rs963837 | 30749090 | T | C | 0.779 | 0.45 | -0.006 | 0.022 |
| 11 | Uromodulin | rs4014195 | 65506822 | C | G | 0.005 | 0.33 | -0.065 | 0.023 |
| 12 | Uromodulin | rs10774021 | 349298 | C | T | 0.269 | 0.54 | 0.024 | 0.022 |
| 12 | Uromodulin | rs10491967 | 3368093 | G | A | 0.591 | 0.15 | -0.016 | 0.030 |
| 12 | Uromodulin | rs1106766 | 57809456 | C | T | 0.034 | 0.24 | 0.053 | 0.025 |
| 13 | Uromodulin | rs716877 | 72347448 | C | G | 0.994 | 0.53 | 0.000 | 0.022 |
| 15 | Uromodulin | rs476633 | 41392134 | C | G | 0.027 | 0.43 | 0.048 | 0.022 |
| 15 | Uromodulin | rs2467853 | 45698793 | T | G | 0.557 | 0.48 | 0.013 | 0.022 |
| 15 | Uromodulin | rs491567 | 53946593 | A | C | 0.190 | 0.26 | 0.032 | 0.024 |
| 15 | Uromodulin | rs1394125 | 76158983 | G | A | 0.070 | 0.32 | -0.041 | 0.023 |
| 16 | Uromodulin | rs13329952 | 20366507 | T | C | 0.000 | 0.21 | -0.679 | 0.026 |
| 16 | Uromodulin | rs164748 | 89708292 | C | G | 0.022 | 0.45 | 0.049 | 0.021 |
| 17 | Uromodulin | rs9916302 | 37499949 | T | C | 0.070 | 0.28 | 0.043 | 0.024 |
| 17 | Uromodulin | rs11657044 | 59450105 | T | C | 0.023 | 0.74 | 0.057 | 0.025 |
| 18 | Uromodulin | rs8091180 | 77164243 | G | A | 0.598 | 0.59 | -0.012 | 0.022 |
| 19 | Uromodulin | rs12460876 | 33356891 | T | C | 0.098 | 0.41 | -0.036 | 0.022 |
| 19 | Uromodulin | rs11666497 | 38464262 | C | T | 0.038 | 0.18 | 0.058 | 0.028 |
| 20 | Uromodulin | rs6088580 | 33285053 | G | C | 0.154 | 0.43 | -0.031 | 0.022 |
| 20 | Uromodulin | rs17216707 | 52732362 | T | C | 0.137 | 0.26 | 0.043 | 0.029 |
| 1 | Trefoil Factor 3 | rs1800615 | 15832281 | C | T | 0.809 | 0.30 | 0.006 | 0.023 |
| 1 | Trefoil Factor 3 | rs12136063 | 110014170 | G | A | 0.615 | 0.74 | -0.012 | 0.024 |
| 1 | Trefoil Factor 3 | rs267734 | 150951477 | T | C | 0.551 | 0.15 | -0.017 | 0.029 |
| 1 | Trefoil Factor 3 | rs3850625 | 201016296 | G | A | 0.904 | 0.11 | -0.004 | 0.033 |
| 1 | Trefoil Factor 3 | rs2802729 | 243501763 | C | A | 0.536 | 0.44 | 0.013 | 0.021 |
| 2 | Trefoil Factor 3 | rs807601 | 15793014 | G | T | 0.196 | 0.36 | 0.028 | 0.022 |

| | | | | | | | | | |
|---|---------------------|------------|-----------|---|---|-------|------|--------|-------|
| 2 | Trefoil Factor 3 | rs1260326 | 27730940 | T | C | 0.499 | 0.59 | 0.014 | 0.021 |
| 2 | Trefoil Factor 3 | rs6546838 | 73679280 | A | G | 0.122 | 0.29 | -0.035 | 0.023 |
| 2 | Trefoil Factor 3 | rs4667594 | 170008506 | T | A | 0.032 | 0.57 | 0.045 | 0.021 |
| 2 | Trefoil Factor 3 | rs2712184 | 217682779 | C | A | 0.093 | 0.60 | -0.035 | 0.021 |
| 3 | Trefoil Factor 3 | rs6795744 | 13906850 | G | A | 0.532 | 0.16 | 0.018 | 0.029 |
| 3 | Trefoil Factor 3 | rs2861422 | 141724644 | C | T | 0.092 | 0.23 | -0.041 | 0.024 |
| 3 | Trefoil Factor 3 | rs9682041 | 170091902 | C | T | 0.356 | 0.85 | -0.028 | 0.030 |
| 3 | Trefoil Factor 3 | rs10513801 | 185822353 | T | G | 0.301 | 0.11 | 0.035 | 0.034 |
| 4 | Trefoil Factor 3 | rs17319721 | 77368847 | G | A | 0.176 | 0.39 | 0.029 | 0.021 |
| 4 | Trefoil Factor 3 | rs228611 | 103561709 | G | A | 0.756 | 0.43 | -0.007 | 0.021 |
| 5 | Trefoil Factor 3 | rs11959928 | 39397132 | T | A | 0.151 | 0.44 | 0.030 | 0.021 |
| 5 | Trefoil Factor 3 | rs6420094 | 176817636 | A | G | 0.688 | 0.31 | 0.009 | 0.022 |
| 6 | Trefoil Factor 3 | rs7759001 | 27341409 | G | A | 0.314 | 0.78 | -0.026 | 0.026 |
| 6 | Trefoil Factor 3 | rs9472135 | 43809802 | T | C | 0.803 | 0.26 | -0.006 | 0.024 |
| 6 | Trefoil Factor 3 | rs316009 | 160675764 | T | C | 0.247 | 0.92 | 0.044 | 0.038 |
| 7 | Trefoil Factor 3 | rs10277115 | 1285195 | A | T | 0.267 | 0.70 | 0.025 | 0.023 |
| 7 | Trefoil Factor 3 | rs3750082 | 32919927 | T | A | 0.123 | 0.30 | 0.035 | 0.023 |

| | | | | | | | | | |
|----|---------------------|------------|-----------|---|---|-------|------|--------|-------|
| 7 | Trefoil Factor 3 | rs848490 | 77555005 | G | C | 0.318 | 0.74 | -0.023 | 0.024 |
| 7 | Trefoil Factor 3 | rs7805747 | 151407801 | G | A | 0.113 | 0.26 | 0.038 | 0.024 |
| 7 | Trefoil Factor 3 | rs6459680 | 156258568 | G | T | 0.148 | 0.75 | 0.036 | 0.025 |
| 8 | Trefoil Factor 3 | rs3758086 | 23714992 | G | A | 0.674 | 0.37 | 0.009 | 0.021 |
| 9 | Trefoil Factor 3 | rs4744712 | 71434707 | A | C | 0.096 | 0.64 | 0.036 | 0.022 |
| 10 | Trefoil Factor 3 | rs1044261 | 1065710 | C | T | 0.705 | 0.07 | 0.015 | 0.040 |
| 10 | Trefoil Factor 3 | rs10994860 | 52645424 | C | T | 0.693 | 0.16 | -0.012 | 0.029 |
| 11 | Trefoil Factor 3 | rs163160 | 2789955 | A | G | 0.266 | 0.17 | 0.031 | 0.027 |
| 11 | Trefoil Factor 3 | rs963837 | 30749090 | T | C | 0.214 | 0.45 | -0.026 | 0.021 |
| 11 | Trefoil Factor 3 | rs4014195 | 65506822 | C | G | 0.987 | 0.33 | 0.000 | 0.022 |
| 12 | Trefoil Factor 3 | rs10774021 | 349298 | C | T | 0.892 | 0.54 | -0.003 | 0.021 |
| 12 | Trefoil Factor 3 | rs10491967 | 3368093 | G | A | 0.107 | 0.15 | -0.047 | 0.029 |
| 12 | Trefoil Factor 3 | rs1106766 | 57809456 | C | T | 0.076 | 0.24 | -0.042 | 0.024 |
| 13 | Trefoil Factor 3 | rs716877 | 72347448 | C | G | 0.127 | 0.53 | 0.032 | 0.021 |
| 15 | Trefoil Factor 3 | rs476633 | 41392134 | C | G | 0.169 | 0.43 | 0.029 | 0.021 |
| 15 | Trefoil Factor 3 | rs2467853 | 45698793 | T | G | 0.798 | 0.48 | 0.005 | 0.021 |
| 15 | Trefoil Factor 3 | rs491567 | 53946593 | A | C | 0.105 | 0.26 | -0.038 | 0.023 |

| | | | | | | | | | |
|----|---------------------|------------|----------|---|---|-------|------|--------|-------|
| 15 | Trefoil Factor 3 | rs1394125 | 76158983 | G | A | 0.031 | 0.32 | 0.047 | 0.022 |
| 16 | Trefoil Factor 3 | rs13329952 | 20366507 | T | C | 0.096 | 0.21 | -0.042 | 0.025 |
| 16 | Trefoil Factor 3 | rs164748 | 89708292 | C | G | 0.501 | 0.45 | -0.014 | 0.021 |
| 17 | Trefoil Factor 3 | rs9916302 | 37499949 | T | C | 0.324 | 0.28 | -0.023 | 0.023 |
| 17 | Trefoil Factor 3 | rs11657044 | 59450105 | T | C | 0.316 | 0.74 | -0.024 | 0.024 |
| 18 | Trefoil Factor 3 | rs8091180 | 77164243 | G | A | 0.435 | 0.59 | 0.017 | 0.021 |
| 19 | Trefoil Factor 3 | rs12460876 | 33356891 | T | C | 0.841 | 0.41 | 0.004 | 0.021 |
| 19 | Trefoil Factor 3 | rs11666497 | 38464262 | C | T | 0.409 | 0.18 | 0.022 | 0.027 |
| 20 | Trefoil Factor 3 | rs6088580 | 33285053 | G | C | 0.650 | 0.43 | 0.009 | 0.021 |
| 20 | Trefoil Factor 3 | rs17216707 | 52732362 | T | C | 0.038 | 0.26 | -0.058 | 0.028 |

a. per copy of effect allele

Abbreviations: EA, effect allele; EAF, effect allele frequency; hg19, human genome version 19; OA, other allele; SE, standard error; SNP, single nucleotide polymorphism