

SUPPLEMENTARY INFORMATION

Yaghootkar H, Zhang Y, Spracklen CN, Karaderi T, Huang LO, Bradfield J, et al.
Genetic studies of leptin concentrations implicate leptin in the regulation of early adiposity

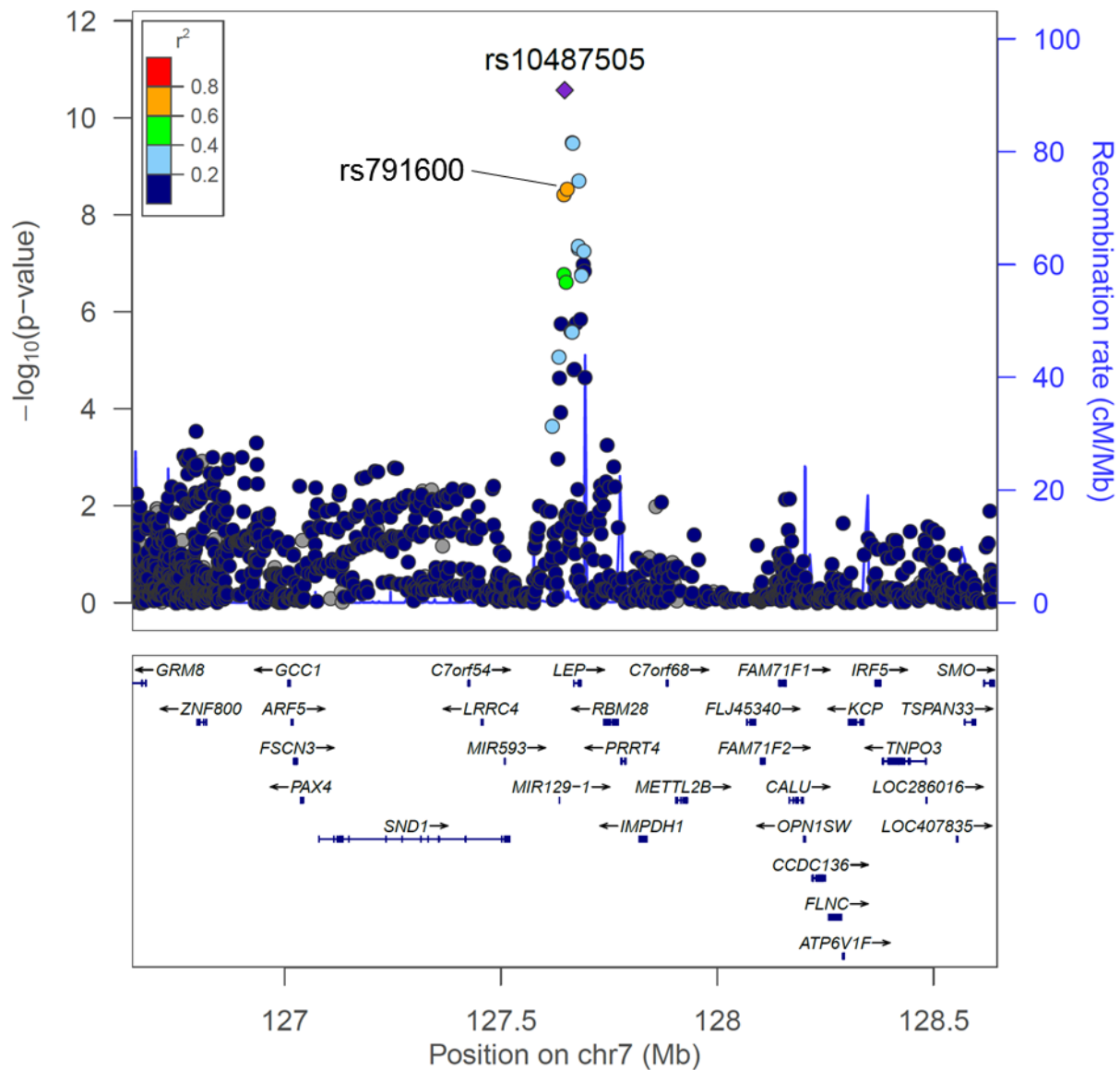


Figure S1. Association of rs10487505 and rs791600 variants near *LEP* with leptin concentrations adjusted for BMI in a genome-wide association study of up to 32,161 individuals of European ancestry (Kilpeläinen et al., 2016).

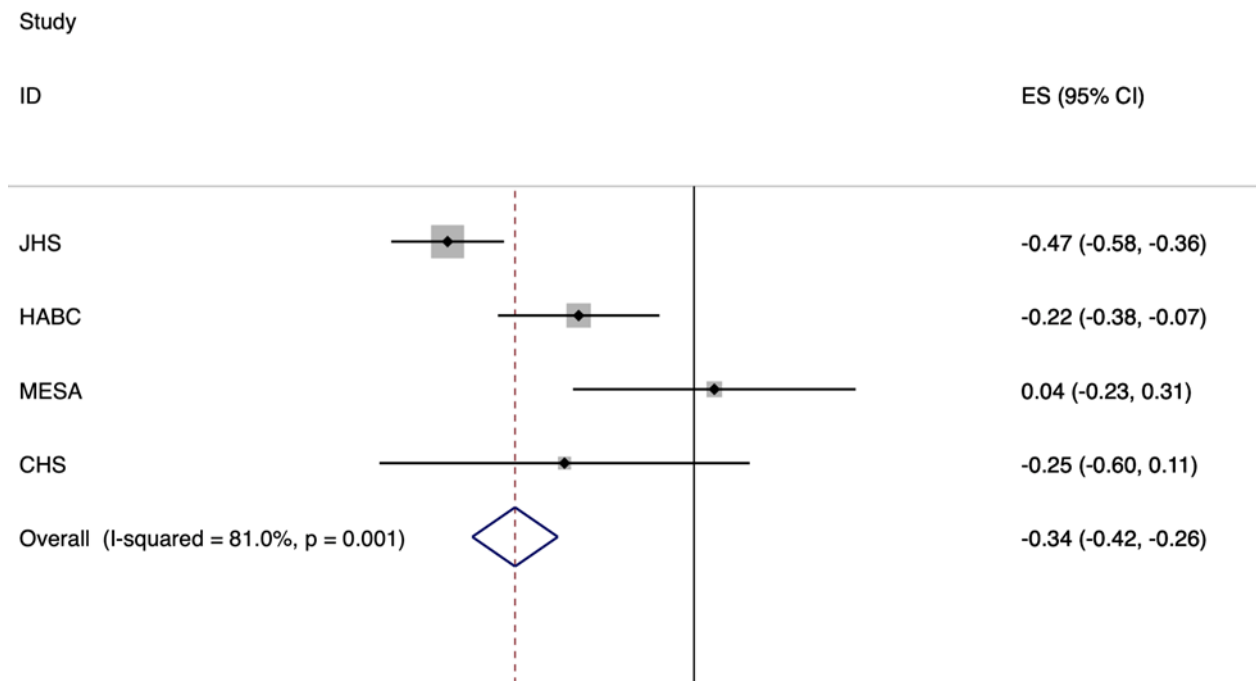


Figure S2. Meta-analysis of the association of the Met94 allele of rs17151919 with leptin concentrations adjusted for BMI in cohorts of African ancestry.

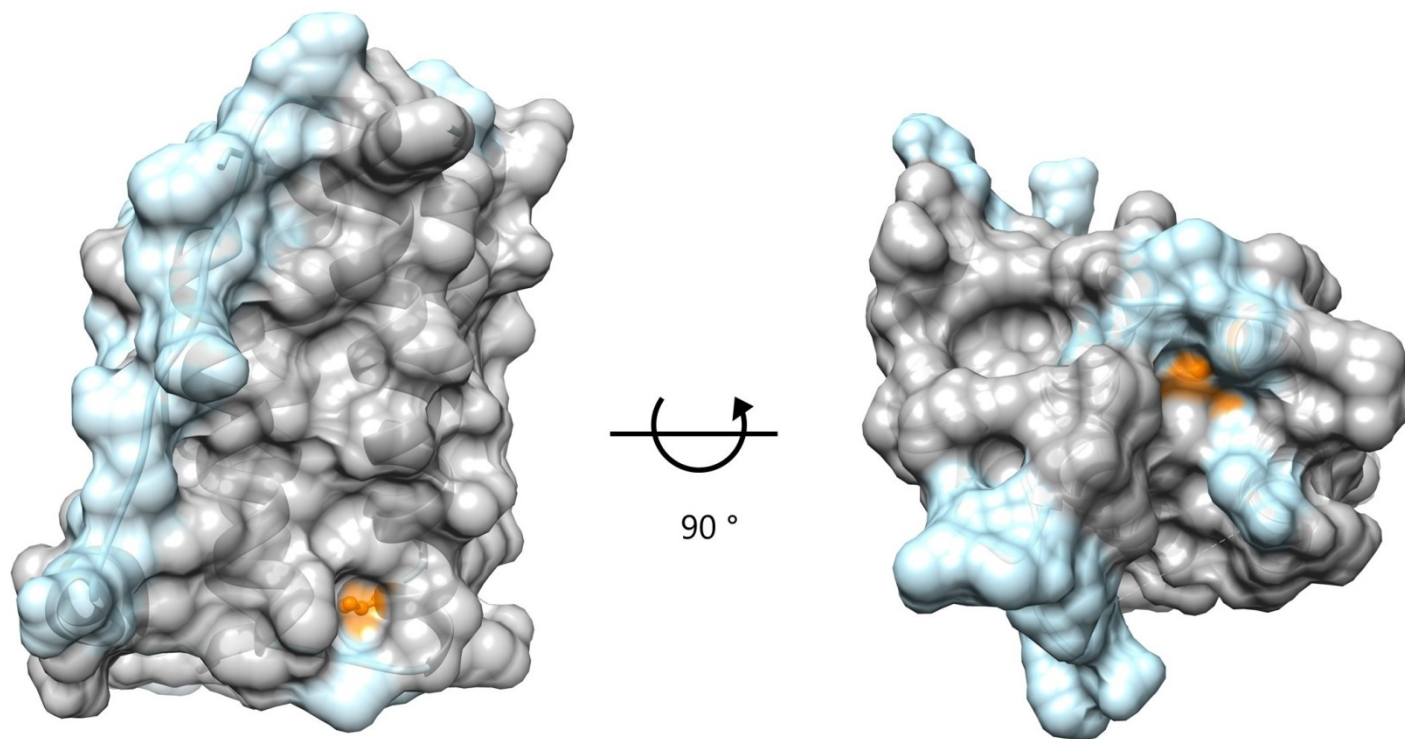


Figure S3: Surface region of the leptin protein with the Val94Met position (Val73Met in the mature protein) highlighted.

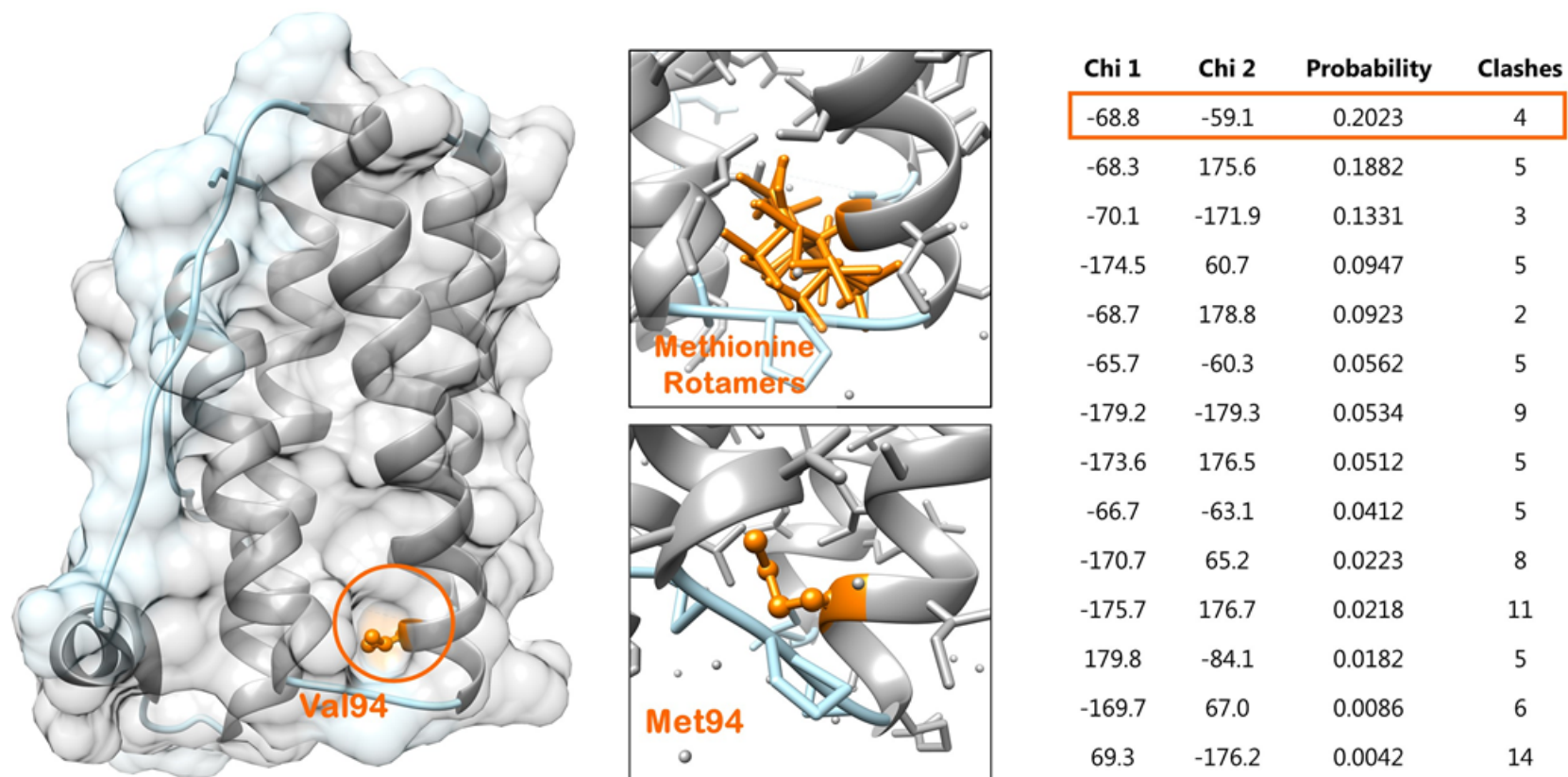


Figure S4: Leptin structure and the predicted impact of mutagenesis in position 73 from valine to methionine. The Rotamer list on the left shows sidechain torsions (Chi 1 and 2), with the probability and number of interatomic clashes, i.e. unfavourable interactions where atoms are too close together. On the right, the lower picture shows all possibilities for sidechain torsions when methionine is substituted with valine, whereas the upper picture displays the substitution with the highest probability (marked with red square in the Rotamer list).

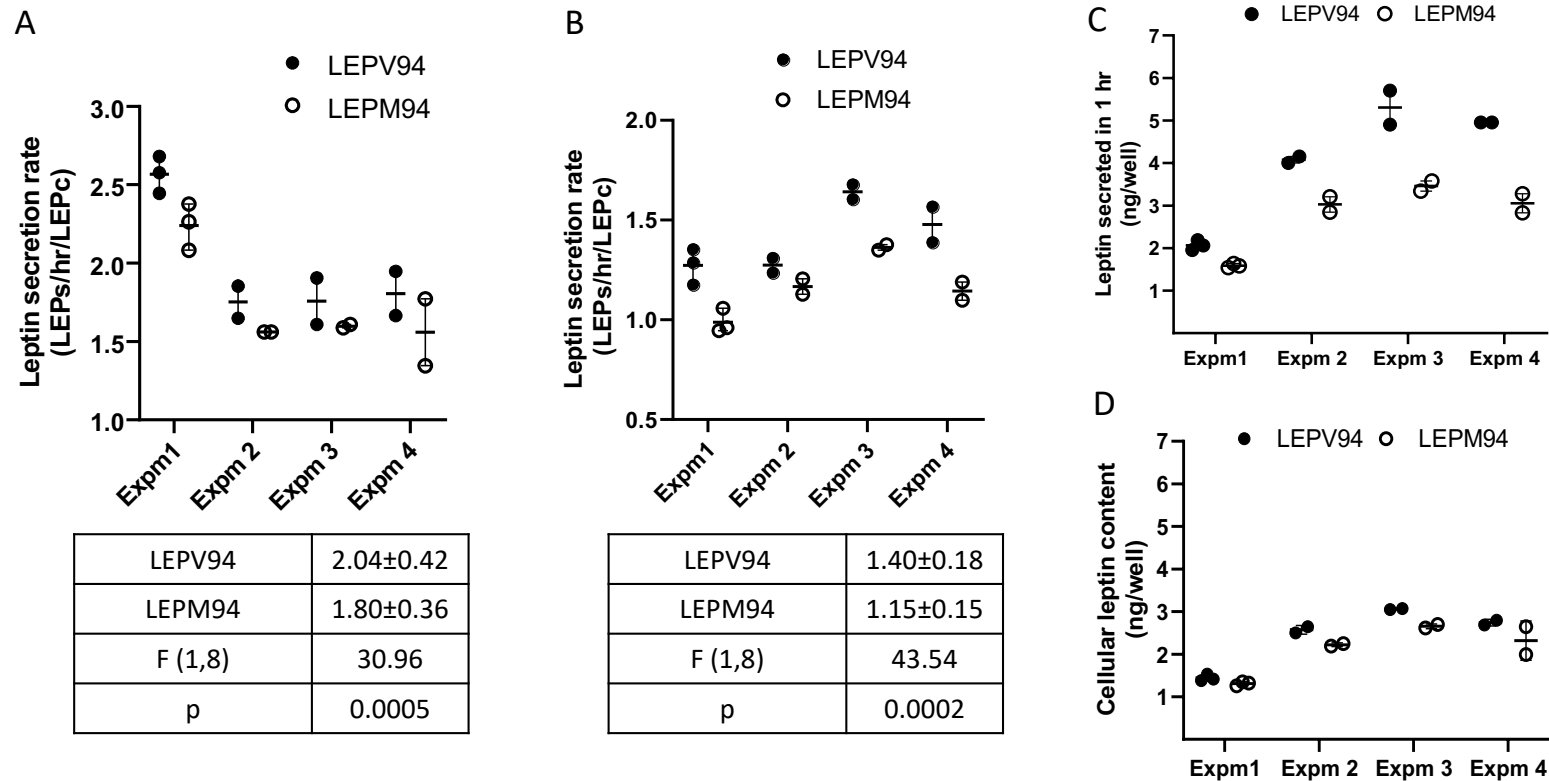


Fig S5. Impact of Val94Met transversion at *LEP* rs17151919 on leptin secretion rate in HEK293 cells in different conditions. A) Leptin secretion rates for Val94 and Met94 during a 24-hr incubation period (48-72 hr post-transfection), expressed as the amount of leptin secreted in ng per hour over 24 hrs (LEPs/hr) normalized by the respective cellular leptin content (LEPc, ng) at the end of incubation. B) Leptin secretion rates for Val94 and Met94 during a 1-hour incubation (72-73 hr post-transfection) in the presence of cycloheximide (CHX, 20 µg/ml) expressed as the amount of leptin secreted in ng during the 1-hour incubation (LEPs/hr), normalized by the respective cellular leptin content (LEPc, ng). Individual data points from four separate experiments (each with 2-3 technical replicates) are plotted. All data passed D'Agostino & Pearson normality test and repeated measures one-way ANOVA was performed to assess the difference in secretion rate between the genotypes. Mean ± SD and AVOVA results (F and p values) are reported in the table below each graph. C-D. The amounts of leptin secreted (LEPs) during a 1 hr incubation (72-73 hr post-transfection) in untreated control cells (C), and the corresponding cellular leptin content (LEPc) at the end of the

incubation (D). Leptin secretion rates shown in Fig 2B were ratios of the amounts of leptin secreted (LEPs) over the corresponding cellular leptin contents (LEPc) shown here.

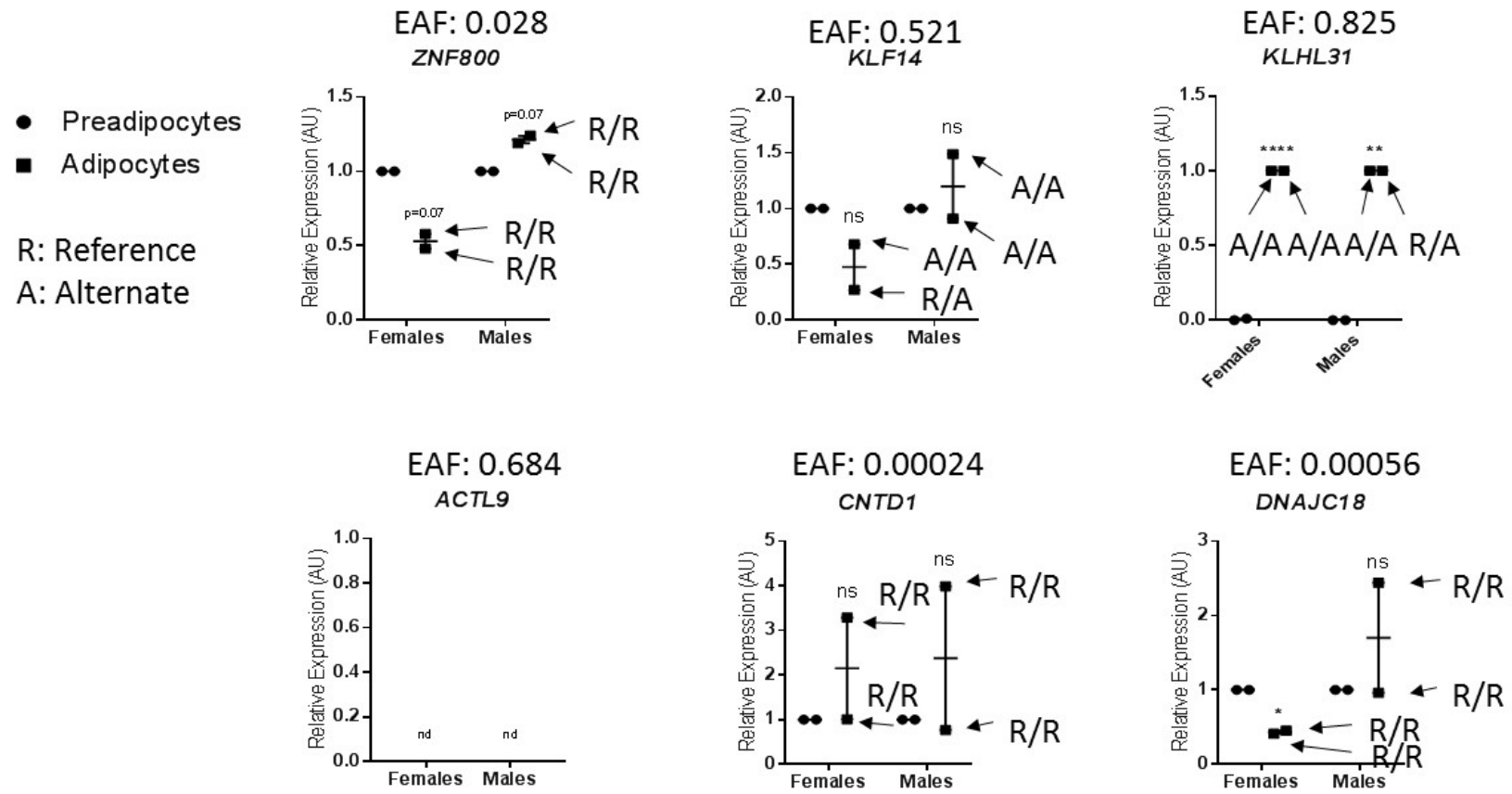


Figure S6. Expression of leptin modifiers in human preadipocytes and mature adipocytes. De-identified human subcutaneous adipose stromal cells were generously provided by the Boston NORC and were cultured and differentiated as previously described (Lee and Fried, 2014). Preadipocytes and *in vitro*-differentiated adipocytes from two females and two males were studied. Lipid-laden cells were assayed between 10-14 days after initial treatment with differentiation factors. Transcript levels were determined by RT-qPCR, normalized to the geometric mean of *RPLP0* and *PPIA*, and expressed relative to levels in preadipocytes. Two-way repeated measures ANOVA with post-hoc Sidak's multiple comparison tests were performed *: $p < 0.05$, **: $p < 0.01$, ****: $p < 0.0001$, ns (no statistical difference) are indicated, comparing the transcript levels between preadipocytes and mature adipocytes. There was an interaction

between sex and differentiation stage for ZNF800 ($p < 0.01$). No *ACTL9* transcript was detected (nd: none detected). Genotypes of the individuals were marked as R-reference allele and A-alternative allele.

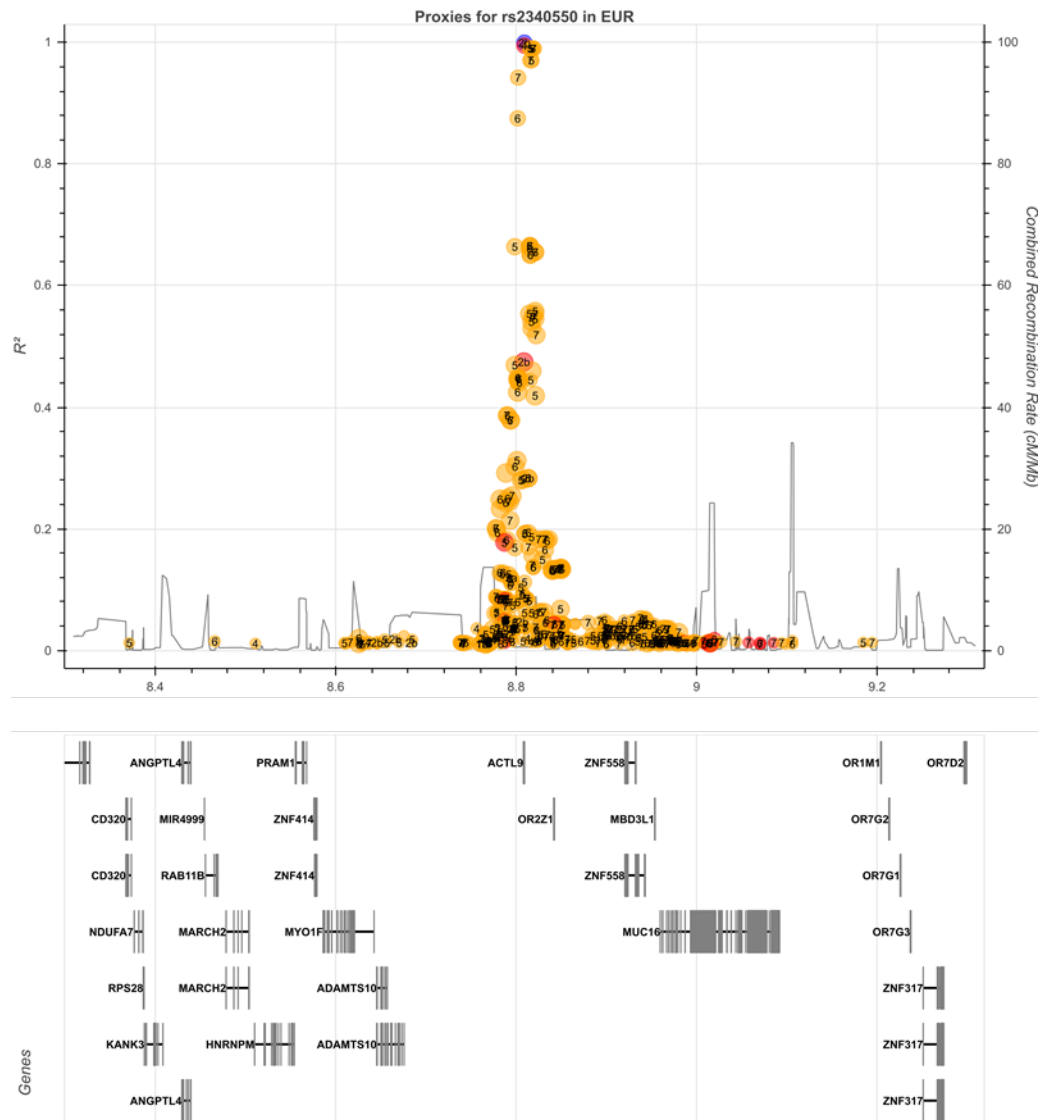


Figure S7. Linkage disequilibrium between the Ser37Phe (rs2340550) variant in *ACTL9* and variants within ± 500 kb in the 1000 Genomes European ancestry reference panel. The numbering refers to Regulome DB score of the variants (www.regulomedb.org). Non-coding variants are marked in orange color and coding variants in red. The plot was produced using LDlink (<https://ldlink.nci.nih.gov>).

ACKNOWLEDGEMENTS

H.Y. was funded by Diabetes UK RD Lawrence fellowship (grant 17/ 0005594). T.K. was supported by the Novo Nordisk Foundation Center for Protein Research (grants NNF17OC0027594 and NNF14CC0001). C.N.S. was supported by the American Heart Association Postdoctoral Fellowships 15POST24470131 and 17POST33650016. C.K.R. was supported by National Institutes of Health (grant 5T32GM67553). N.G, J.B-J. T.M.S., T.H., and T.O.K. were partially funded by the Novo Nordisk Foundation Center for Basic Metabolic Research, an independent Research Center at the University of Copenhagen (grant NNF18CC0034900). T.O.K. was additionally supported by the Danish Council for Independent Research (grant DFF – 6110-00183) and the Novo Nordisk Foundation (grant NNF17OC0026848). V.S. was supported by the Finnish Foundation for Cardiovascular Research. S.R. was supported by the Academy of Finland Center of Excellence in Complex Disease Genetics (grant 312062) and the Academy of Finland (grant 285380). K.L.Y. was supported by KL2TR001109. A.E.J. was supported by American Heart Association (13POST16500011); NIH (R01DK089256, R01DK101855, 1K99HL130580). T.M.F. was supported by the European Research Council (grant 323195:GLUCOSEGENES-FP7-IDEAS-ERC). K.E.N. was supported by NIH R01DK089256, R01HD057194, U01HG007416, and R01DK101855 and AHA 13GRNT16490017. K.L.M. was supported by NIH R01DK072193 and R01DK093757. L.B.L.W. was supported by Wellcome Trust (WT083442AIA). D.M-K. is supported by Dutch Science Organization (ZonMW-VENI Grant 916.14.023). J.B. Meigs is supported by NIH K24 DK080140. J.G.W. is supported by U54GM115428 from the National Institute of General Medical Sciences. C.M.L. is supported by the Li Ka Shing Foundation, WT-SSI/John Fell funds, the NIHR Biomedical Research Centre, Oxford, Widenlife, and NIH (grant 5P50HD028138-27). Y.Z., K.G., J.M.C., C.A.L., C.D., R.L.L. were partially supported by NIH P30 DK26687 and RO1 DK 52431. R.S.F. was supported by NIH NHGRI F31 HG009850. R.J.F.L. is supported by the NIH (R01DK11011, R01DK107786, 1R01DK124097).

The **Atherosclerosis Risk in Communities (ARIC)** study is carried out as a collaborative study supported by the National Heart, Lung, and Blood Institute (NHLBI) contracts (HHSN268201100005C, HHSN268201100006C, HHSN268201100007C, HHSN268201100008C, HHSN268201100009C, HHSN268201100010C, HHSN268201100011C, and HHSN268201100012C). The authors thank the staff and participants of the ARIC study for their important contributions. Funding support for “Building on GWAS for NHLBI-diseases: the U.S. CHARGE consortium” was provided by the NIH through the American Recovery and Reinvestment Act of 2009 (ARRA) (5RC2HL102419).

CHOP: The authors thank the network of primary care clinicians and the patients and families for their contribution to this project and to clinical research facilitated by the Pediatric Research Consortium [PeRC]-The Children’s Hospital of Philadelphia. R. Chiavacci, E. Dabaghyan, A.

[Hope] Thomas, K. Harden, A. Hill, C. Johnson-Honesty, C. Drummond, S. Harrison, F. Salley, C. Gibbons, K. Lilliston, C. Kim, E. Frackelton, F. Mentch, G. Otieno, K. Thomas, C. Hou, K. Thomas and M.L. Garriss provided expert assistance with genotyping and/or data collection and management. The authors would also like to thank S. Kristinsson, L.A. Hermannsson and A. Krisbjörnsson of Raförinn ehf for extensive software design and contributions. This research was financially supported by an Institute Development Award from the Children's Hospital of Philadelphia, a Research Development Award from the Cotswold Foundation, the Daniel B. Burke Endowed Chair for Diabetes Research, the Children's Hospital of Philadelphia Endowed Chair in Genomic Research and NIH grant R01 HD056465.

This **CHS** research was supported by NHLBI contracts HHSN268201200036C, HHSN268200800007C, HHSN268201800001C, N01HC55222, N01HC85079, N01HC85080, N01HC85081, N01HC85082, N01HC85083, N01HC85086; and NHLBI grants R01HL068986, U01HL080295, R01HL087652, R01HL105756, R01HL103612, R01HL120393, and U01HL130114 with additional contribution from the National Institute of Neurological Disorders and Stroke (NINDS). Additional support was provided through R01AG023629 from the National Institute on Aging (NIA). A full list of principal CHS investigators and institutions can be found at CHS-NHLBI.org. The provision of genotyping data was supported in part by the National Center for Advancing Translational Sciences, CTSI grant UL1TR000124, and the National Institute of Diabetes and Digestive and Kidney Disease Diabetes Research Center (DRC) grant DK063491 to the Southern California Diabetes Endocrinology Research Center. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. Additional grant received from the AHA Clinically Applied Research Grant, R01 HL094555 from NHLBI.

CLHNS thanks the Office of Population Studies Foundation research and data collection teams and the study participants who generously provided their time for this study. This work was supported by National Institutes of Health grants DK078150, TW005596 and HL085144; pilot funds from RR020649, ES010126, and DK056350; and the Office of Population Studies Foundation.

Ely: We are grateful to all the volunteers and to the staff of St. Mary's Street Surgery, Ely and the study team. The Ely Study was funded by the MRC (MC_U106179471) and Diabetes UK. Genotyping in the Ely and Fenland studies was supported in part by an MRC-GlaxoSmithKline pilot programme grant (G0701863).

The **Erasmus Rucphen Family (ERF)** study is grateful to all study participants and their relatives, general practitioners and neurologists for their contributions and to P. Veraart for her help in genealogy, J. Vergeer for the supervision of the laboratory work and P. Snijders for his help in data collection. ERF was supported by the Consortium for Systems Biology (NCSB),

both within the framework of the Netherlands Genomics Initiative (NGI)/Netherlands Organisation for Scientific Research (NWO). ERF study as a part of EUROSPAN (European Special Populations Research Network) supported by European Commission FP6 STRP grant number 018947 (LSHG-CT-2006-01947) and also received funding from the European Community's Seventh Framework Programme (FP7/2007-2013)/grant agreement HEALTH-F4-2007- 201413 by the European Commission under the programme “Quality of Life and Management of the Living Resources” of 5th Framework Programme (no. QLG2-CT-2002-01254) as well as FP7 project EUROHEADPAIN (nr 602633). The ERF study was further supported by ENGAGE consortium and CMSB. High-throughput analysis of the ERF data was supported by joint grant from Netherlands Organization for Scientific Research and the Russian Foundation for Basic Research (NWO-RFBR 047.017.043). The exome-chip measurements have been funded by the Netherlands Organization for Scientific Research (NWO; project number 184021007) and by the Rainbow Project (RP10; Netherlands Exome Chip Project) of the Biobanking and Biomolecular Research Infrastructure Netherlands (BBMRI-NL; www.bbmri.nl (<http://www.bbmri.nl>)). Ayse Demirkan is supported by a Veni grant (2015) from ZonMw. Ayse Demirkan, Ivana Nedeljkovic and Cornelia van Duijn have used exchange grants from PRECEDI. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscripts.

The **Family Heart Study (FamHS)** was funded by R01HL118305 and R01HL117078 NHLBI grants, and 5R01DK07568102 and 5R01DK089256 NIDDK grant.

The Fenland Study (DOI 10.22025/2017.10.101.00001) is funded by the Medical Research Council (MC_UU_12015/1). We are grateful to all the volunteers and to the General Practitioners and practice staff for assistance with recruitment. We thank the Fenland Study Investigators, Fenland Study Co-ordination team and the Epidemiology Field, Data and Laboratory teams. We further acknowledge support for genomics from the Medical Research Council (MC_PC_13046).

The **Framingham Heart Study (FHS)** was initiated in 1948 and is comprised of 5,209 participants from Framingham, MA (US), who have undergone examinations every other year to evaluate cardiovascular disease and related risk factors. The Offspring cohort was recruited in 1971 and includes 5,124 children of the Original cohort and the children's spouses. Participants from the Offspring cohort have attended exams roughly every four years. The current analysis includes 2,223 individuals with available phenotypic and genotypic information.

The **FINRISK** surveys have been mainly funded by budgetary funds of the National Institute for Health and Welfare. Additional funding has been obtained from the Finnish Academy and several domestic non-profit foundations. The **FINRISK07/DILGOM** was supported by the

Academy of Finland (#118065 and #136895). VS has been supported by the Finnish Foundation for Cardiovascular Research.

The **Health ABC** study was supported by NIA contracts N01AG62101, N01AG62103, and N01AG62106 and, in part, by the NIA Intramural Research Program. The genome-wide association study was funded by NIA grant 1R01AG032098-01A1 to Wake Forest University Health Sciences and genotyping services were provided by the Center for Inherited Disease Research (CIDR). CIDR is fully funded through a federal contract from the National Institutes of Health to The Johns Hopkins University, contract number HHSN268200782096C. This study utilized the high-performance computational capabilities of the Biowulf Linux cluster at the National Institutes of Health, Bethesda, Md. (<http://biowulf.nih.gov>).

The **Inter99** was initiated by Torben Jørgensen (PI), Knut Borch-Johnsen (co-PI), Hans Ibsen and Troels F. Thomsen. The steering committee comprises the former two and Charlotta Pisinger. The study was financially supported by research grants from the Danish Research Council, the Danish Centre for Health Technology Assessment, Novo Nordisk Inc., Research Foundation of Copenhagen County, Ministry of Internal Affairs and Health, the Danish Heart Foundation, the Danish Pharmaceutical Association, the Augustinus Foundation, the Ib Henriksen Foundation, the Becket Foundation, and the Danish Diabetes Association.

We thank the **Jackson Heart Study (JHS)** participants and staff for their contributions to this work. The JHS is supported by contracts HHSN268201300046C, HHSN268201300047C, HHSN268201300048C, HHSN268201300049C, HHSN268201300050C from the National Heart, Lung, and Blood Institute and the National Institute on Minority Health and Health Disparities.

The **KORA** research platform (KORA, Cooperative Research in the Region of Augsburg) was initiated and financed by the Helmholtz Zentrum München – German Research Center for Environmental Health, Neuherberg, Germany and supported by grants from the German Federal Ministry of Education and Research (BMBF), the Federal Ministry of Health (Berlin, Germany), the Ministry of Innovation, Science, Research and Technology of the state North Rhine-Westphalia (Düsseldorf, Germany), and the Munich Center of Health Sciences (MC Health) as part of LMUinnovativ. This research was supported by the European Union's Seventh Framework Programme (FP7-Health-F5-2012) under grant agreement no. 305280 (MIMOmics), by the Helmholtz-Russia Joint Research Group (HRJRG) 310, and by the German Center for Diabetes Research (DZD). We thank all members of field staffs who were involved in the planning and conduct of the MONICA/KORA Augsburg studies. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Leipzig-Adults was supported by the Kompetenznetz Adipositas (Competence network for Obesity) funded by the Federal Ministry of Education and Research (German Obesity Biomaterial Bank; FKZ 01GI1128), by grants from the Deutsche Forschungsgemeinschaft (DFG, German Research Foundation – Projektnummer 209933838 – SFB 1052; B01, B03) and from IFB AdiposityDiseases (AD2-060E, AD2-06E95, AD2-K7-117). IFB Adiposity Diseases is supported by the Federal Ministry of Education and Research (BMBF), Germany, FKZ: 01EO1501.

MESA and the MESA SHARe projects are conducted and supported by the National Heart, Lung, and Blood Institute (NHLBI) in collaboration with MESA investigators. Support for MESA is provided by contracts 75N92020D00001, HHSN268201500003I, N01-HC-95159, 75N92020D00005, N01-HC-95160, 75N92020D00002, N01-HC-95161, 75N92020D00003, N01-HC-95162, 75N92020D00006, N01-HC-95163, 75N92020D00004, N01-HC-95164, 75N92020D00007, N01-HC-95165, N01-HC-95166, N01-HC-95167, N01-HC-95168, N01-HC-95169, UL1-TR-000040, UL1-TR-001079, UL1-TR-001420. The provision of genotyping data was supported in part by the National Center for Advancing Translational Sciences, CTSI grant UL1TR001881, and the National Institute of Diabetes and Digestive and Kidney Disease Diabetes Research Center (DRC) grant DK063491 to the Southern California Diabetes Endocrinology Research Center.

The authors of the **NEO study** thank all individuals who participated in the Netherlands Epidemiology in Obesity study, all participating general practitioners for inviting eligible participants and all research nurses for collection of the data. We thank the NEO study group, Pat van Beelen, Petra Noordijk and Ingeborg de Jonge for the coordination, lab and data management of the NEO study. The genotyping in the NEO study was supported by the Centre National de Génotypage (Paris, France), headed by Jean-Francois Deleuze. The NEO study is supported by the participating Departments, the Division and the Board of Directors of the Leiden University Medical Center, and by the Leiden University, Research Profile Area Vascular and Regenerative Medicine.

PIVUS/ULSAM studies were supported by Wellcome Trust Grants WT098017, WT064890, WT090532, Uppsala University, Uppsala University Hospital, the Swedish Research Council and the Swedish Heart-Lund Foundation.

The **RAINE study** was supported by the National Health and Medical Research Council of Australia [grant numbers 572613, 403981 and 003209] and the Canadian Institutes of Health Research [grant number MOP-82893]. The authors are grateful to the Raine Study participants and their families, and to the Raine Study research staff for cohort coordination and data collection. The authors gratefully acknowledge the NH&MRC for their long term contribution to funding the study over the last 29 years and also the following Institutions for providing funding

for Core Management of the Raine Study: The University of Western Australia (UWA), Curtin University, Raine Medical Research Foundation, The Telethon Kids Institute, Women and Infants Research Foundation (King Edward Memorial Hospital), Murdoch University, The University of Notre Dame (Australia), and Edith Cowan University. The authors gratefully acknowledge the assistance of the Western Australian DNA Bank (National Health and Medical Research Council of Australia National Enabling Facility). This work was supported by resources provided by the Pawsey Supercomputing Centre with funding from the Australian Government and the Government of Western Australia.

The **RISC study** was supported by European Union grant QLG1-CT-2001-01252 and AstraZeneca. The initial genotyping of the RISC samples was funded by Merck & Co Inc.

RSI - The generation and management of the Illumina exome chip v1.0 array data for the Rotterdam Study (RS-I) was executed by the Human Genotyping Facility of the Genetic Laboratory of the Department of Internal Medicine, Erasmus MC, Rotterdam, The Netherlands. The Exome chip array data set was funded by the Genetic Laboratory of the Department of Internal Medicine, Erasmus MC, from the Netherlands Genomics Initiative (NGI)/Netherlands Organisation for Scientific Research (NWO)-sponsored Netherlands Consortium for Healthy Aging (NCHA; project nr. 050-060-810); the Netherlands Organization for Scientific Research (NWO; project number 184021007) and by the Rainbow Project (RP10; Netherlands Exome Chip Project) of the Biobanking and Biomolecular Research Infrastructure Netherlands (BBMRI-NL; www.bbMRI.nl). We thank Ms. Mila Jhamai, Ms. Sarah Higgins, and Mr. Marijn Verkerk for their help in creating the exome chip database, and Carolina Medina-Gomez, PhD, Lennard Karsten, MSc, and Linda Broer PhD for QC and variant calling. Variants were called using the best practice protocol developed by Grove et al. as part of the CHARGE consortium exome chip central calling effort. The Rotterdam Study is funded by Erasmus Medical Center and Erasmus University, Rotterdam, Netherlands Organization for the Health Research and Development (ZonMw), the Research Institute for Diseases in the Elderly (RIDE), the Ministry of Education, Culture and Science, the Ministry for Health, Welfare and Sports, the European Commission (DG XII), and the Municipality of Rotterdam. The authors are grateful to the study participants, the staff from the Rotterdam Study and the participating general practitioners and pharmacists. Additionally, the Netherlands Organization for Health Research and Development supported authors of this manuscript (C.M-G : ZonMw VIDI 016.136.367;).

SHIP-TREND is part of the Community Medicine Research net of the University of Greifswald, Germany, which is funded by the Federal Ministry of Education and Research (grants no. 01ZZ9603, 01ZZ0103, and 01ZZ0403), the Ministry of Cultural Affairs as well as the Social Ministry of the Federal State of Mecklenburg-West Pomerania, and the network 'Greifswald Approach to Individualized Medicine (GANI_MED)' funded by the Federal Ministry of Education and Research (grant 03IS2061A). Generation of ExomeChip data was supported by the

Federal Ministry of Education and Research (grant no. 03Z1CN22). The blood samples were stored in the Integrated Research Biobank (Liconic, Liechtenstein). The University of Greifswald is a member of the Caché Campus program of the InterSystems GmbH.

TwinsUK is funded by the Wellcome Trust, Medical Research Council, European Union, the National Institute for Health Research (NIHR)-funded BioResource, Clinical Research Facility and Biomedical Research Centre based at Guy's and St Thomas' NHS Foundation Trust in partnership with King's College London.

The **WGHS** is supported by the National Heart, Lung, and Blood Institute (HL043851, HL080467, HL099355) and the National Cancer Institute (CA047988 and UM1CA182913) with collaborative scientific support and funding for genotyping provided by Amgen. Funding for leptin and adiponectin measures was provided by Roche.

The **Women's Health Initiative (WHI)** program is funded by the National Heart, Lung, and Blood Institute, National Institutes of Health, U.S. Department of Health and Human Services through contracts HHSN268201100046C, HHSN268201100001C, HHSN268201100002C, HHSN268201100003C, HHSN268201100004C, and HHSN271201100004C. Exome-chip data and analysis were supported through the Women's Health Initiative Sequencing Project (NHLBI RC2 HL-102924), the Genetics and Epidemiology of Colorectal Cancer Consortium (NCI CA137088), the Genomics and Randomized Trials Network (NHGRI U01-HG005152), and an NCI training grant (R25CA094880). The authors thank the WHI investigators and staff for their dedication, and the study participants for making the program possible. A listing of WHI investigators can be found at: <https://www.whi.org/researchers/Documents%20%20Write%20a%20Paper/WHI%20Investigator%20Short%20List.pdf>.

The **Young Finns Study (YFS)** has been financially supported by the Academy of Finland: grants 322098, 286284, 134309 (Eye), 126925, 121584, 124282, 129378 (Salve), 117787 (Gendi), and 41071 (Skidi); the Social Insurance Institution of Finland; Competitive State Research Financing of the Expert Responsibility area of Kuopio, Tampere and Turku University Hospitals (grant X51001); Juho Vainio Foundation; Paavo Nurmi Foundation; Finnish Foundation for Cardiovascular Research ; Finnish Cultural Foundation; The Sigrid Juselius Foundation; Tampere Tuberculosis Foundation; Emil Aaltonen Foundation; Yrjö Jahnsson Foundation; Signe and Ane Gyllenberg Foundation; Diabetes Research Foundation of Finnish Diabetes Association; EU Horizon 2020 (grant 755320 for TAXINOMISIS); European Research Council (grant 742927 for MULTIEPIGEN project); and Tampere University Hospital Supporting Foundation. We thank the teams that collected data at all measurement time points; the persons who participated as both children and adults in these longitudinal studies; and

biostatisticians Irina Lisinen, Johanna Ikonen, Noora Kartiosuo, Ville Aalto, and Jarno Kankaanranta for data management and statistical advice.

REFERENCES

1. Kilpeläinen, T.O., Carli, J.F., Skowronski, A.A., Sun, Q., Kriebel, J., Feitosa, M.F., Hedman, A.K., Drong, A.W., Hayes, J.E., Zhao, J., et al. (2016). Genome-wide meta-analysis uncovers novel loci influencing circulating leptin levels. *Nat Commun* 7, 10494.
2. Lee, M.J., and Fried, S.K. (2014). Optimal protocol for the differentiation and metabolic analysis of human adipose stromal cells. *Methods Enzymol* 538, 49-65.