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Causal relationship between overweight and coronary
heart disease: Two-sample Mendelian Randomization
using MR-BASE Platform

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GLOSSARY OF TERMS

GWAS: Genome-Wide Association Study

SNP: Single Nucleotide Polymorphism

MR: Mendelian Randomization

IVW: Inverse Variance Weighted

RAPS: Robust Adjusted Profile Score

UVMR: Univariable Mendelian Randomization

MVMR: Multivariable Mendelian Randomization

IV: Instrumental Variables

OD: Odds Ratio

INSIDE: Instrument Strength Independent of Direct Effect

NOME: NO Measurement Error

BMI: Body Mass Index

CHD: Coronary Heart Disease

SBP: Systolic Blood Pressure

FBG: Fasting Blood Glucose

LDL: Low-Density Lipoprotein

TG: Triglycerides

TC: Total Cholesterol

T2D: Type 2 diabetes

GLUT-4: Glucose transporter type 4

ABSTRACT

Causal relationship between overweight and coronary heart disease: Two-sample Mendelian Randomization using MR-BASE Platform

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(Directed by Professor Sun Ha Jee, MPH, Ph.D.)

Background:

Although lifestyle and environmental factors increase the risk of being overweight, genetic predisposition accounts for 40% to 85%. This study evaluated the causal relationship between overweight and coronary heart disease by estimating single

nucleotide polymorphism (SNP)-exposure and SNP-outcome association based on Mendelian randomization analysis.

Methods:

All of the genetic data were obtained from publicly available GWAS summary data through the MR-BASE repository, genetic instruments for overweight were obtained from 158,855 participants of European ancestry. In a two-sample Mendelian randomization (MR), the exposure and outcome variables are estimated in non-overlapping European ancestry. The study was based on univariable Mendelian randomization and multivariable Mendelian randomization to estimate the total and direct effects of genetically predisposed overweight and coronary heart disease. The assumptions of MR are: instrument variable (IV) is associated with exposure, the IV should not be associated with any confounders of the exposure-outcome relationship, and it should be associated with the outcome variable through the exposure variable only. The inverse variance weighted (IVW) method was used for the randomization analysis, while MR-Egger is helpful for sensitivity analysis. The MR-Egger was used to rule out the chances of directional pleiotropy. Additionally, the MR-RAPS (Robust Adjusted Profile Score) was used to extreme outliers and maximizes the profile likelihood of the Wald ratio for univariable MR.

Results:

Based on univariable Mendelian randomization, we found that being overweight is significantly related to the increased risk of coronary heart disease (OR 1.21, 95% CI 1.08-1.34, $p=0.0006$). The study found a causal association between overweight and coronary heart disease. We discovered that a genetically inherited high predisposition toward overweight was strongly related to an elevated risk of coronary heart disease. The findings were substantiated by the absence of any directional horizontal pleiotropy for the outcome because the MR-Egger intercept was negative but non-significant ($\beta=-0.003$, $p=0.862$). To evaluate if the Mendelian randomization association between overweight and coronary heart disease is attributed to low-density lipoprotein, systolic blood pressure, triglyceride, and fasting blood glucose, multivariable Mendelian randomization was undertaken. The Mendelian randomization association between being overweight and coronary heart disease became weaker and did not reach statistical significance when low-density lipoprotein was included in the regression model with systolic blood pressure ($\beta=0.102$, $p=0.138$), fasting blood glucose ($\beta=0.109$, $p=0.108$), or triglyceride ($\beta=0.004$, $p=0.952$) was incorporated in the regression models. Thus, the multivariable Mendelian randomization analysis showed overweight independent causal pathways for coronary heart disease.

Conclusion:

In conclusion, we discovered that being overweight is substantially associated with coronary heart disease in European populations. However, genetic predispositions of being overweight and coronary heart disease is mediated by low-density lipoprotein, triglyceride, and systolic blood pressure. These findings imply that a dyslipidemia management plays a major impact in predicting illness risk or future health issues.

Keywords: Mendelian randomizations; Overweight; Low-density lipoprotein; Systolic blood pressure; Fasting blood glucose; Triglycerides; Coronary heart disease

I. INTRODUCTION

Overweight and obesity are metabolic diseases featured by the excess deposition of fats in the subcutaneous tissues. Obesity increases not only the risk of cardiovascular mortality and morbidity but also T2D that further precipitates the former.²³ BMI is the clinical measure for obesity and overweight. For example, a BMI higher than 26 kg/m² is overweight while that over 30 kg/m² is obese. More than 500 million individuals across the globe are overweight, while two-thirds of adults in the United States are overweight or obese.¹ Apart from lifestyle and dietary attributes, genetic mutations, and gene-environment interactions predispose the risk of being overweight or obese. The mutation susceptibility for higher BMI ranges between 40% and 85%.^{2,22} Studies suggest that obesity not only increases the risk of cardiovascular mortality and CHD but also the risks for chronic obstructive pulmonary disease, T2D, and stroke.²⁴

On the other hand, few randomized trials have provided data that can precisely delineate the underlying causal links between cardiometabolic characteristics and overweight. Because of confounding when a correlation does not suggest a causal link and reverse causality, statistical relationships between BMI and characteristics or illness occurrences are critical.³ The illness process changes the exposure of focus.

According to the worldwide burden of sickness, more than 4 million people died in 2017 from obesity or overweight.³ There is a distinction to be made between being overweight and being obese. Obesity refers to a considerably larger percentage of body fat than "overweight." Hypertension (high blood pressure) is caused by obesity and refers to the pressure that blood exerts on the inner walls of the arteries. Obesity is frequently mentioned as a risk influence for CHD.¹ A high BMI has been linked to elevated jeopardy of coronary heart illness in several epidemiology studies. Environmental confounding factors and measurement error, on the other hand, can lead to an underestimation of the proportion of effect mediated in epidemiology research.² Obesity is a significant risk factor for CHD progression and development. Approximately 80% of people suffering from CHD are obese or overweight. Weight loss is a wide risk response remedy, even though obesity is generally considered a "small" CHD risk factor.³ Reductions in body weight could significantly impact different outcomes such as alcoholism, smoking, and dyslipidemia. Adiposity increases the risk of incident T2D, stroke, and CHD in epidemiological studies.⁴

Many inferential researchers claim similar relationships between overweight or obesity and CHD and selected adiposity variables; for instance, the risk influences found similar relations with various ischemic and CHD and central and general adiposity assessed by the hip to waist ratio and BMI for ischemic stroke and CHD.³

Polymorphism can be perpendicular due to many downstream influences that abide by the SNP impact the understanding of interest, but MR assumptions are not jeopardized. Pleiotropy can also be lateral, in which the instruments or SNP affect systems other than those of the exposure of interest, possibly contradicting the MR hypothesis that the SNP only influences the consequence through the sensitivity of interest and generating in skewed causal estimations.⁴

There seems to be a probability that pleiotropic influences will become balanced with multi-SNP detectors, allowing for reasoning about the exposure.³ In the case of asymmetrical pleiotropy, MR-Egger modeling offers a criterion for it and a causal prediction of the treatment on the outcome. Studies also employ the subjective median model, which can produce mathematical equations even in the manifestation of lateral pleiotropy if at minimum half of the data in the analysis derives from legitimate device variations and has the improvement of keeping more correctness in the predictions than MR-Egger.³

The study by Dale is the most thorough examination of the causative role of adiposity in CHD, stroke, and T2D. It compares the causal influences of central adiposity against general adiposity overweight on several cardiovascular consequences: new CHD occurrences from current and future studies.⁴

The two-sample MR technique was utilized in this study, with causal estimates between prognostic factors produced by dividing the equipment correlation by the

equipment association of each SNP. Following that, the inverse weighted correlation ratios are combined. For the primary MR analysis, we used the IVW approach. The study achieved the aims through the use of a two-sample Mendelian randomization model.

The objectives of the study are as follows:

1. To find causal estimates between overweight (with a BMI range from $25\text{kg}/\text{m}^2$ to $29.9\text{kg}/\text{m}^2$) and CHD by dividing the instrument-outcome association by the instrument-exposure association of each SNP. The BMI range selected is a standardized measure for nutritional status.⁴² These association ratios are combined using the IVW for the main MR analysis.
2. Undertake MVMR for evaluating separate but correlated exposure variables by simultaneously estimating the effects of each on an outcome variable by using a genetic instrument with potentially overlapping genetic variants. So the causal effect assessed by MR and MVMR could differ because the former estimates the total causal effect of exposure on the outcome, while the latter evaluates the direct causal effect of each exposure on the outcome. Thus, MVMR estimates the mediating effects in a two-step MR, as it adjusts for possible pleiotropy (bias due to horizontal pleiotropy of a specific effect) or to adjust for potential confounders.⁴¹

II. MATERIAL AND METHODS

1. Study population and Data Sources

The genetic data for this study were retrieved from GWAS summary data. The data is available in the MR-BASE repository. The repository was created by the Medical Research Council Integrative Epidemiology Unit, University of Bristol, for facilitating two-sample Mendelian randomization created the repository made repository. The GWAS outcomes depicted are insufficiently precise, which destabilize the effective application of this analysis.⁶ The referred MR-BASE repository (<http://www.mrbase.org>) comprises 11 billion SNP-trait associations from 1,673 GWAS. The repository is updated regularly.

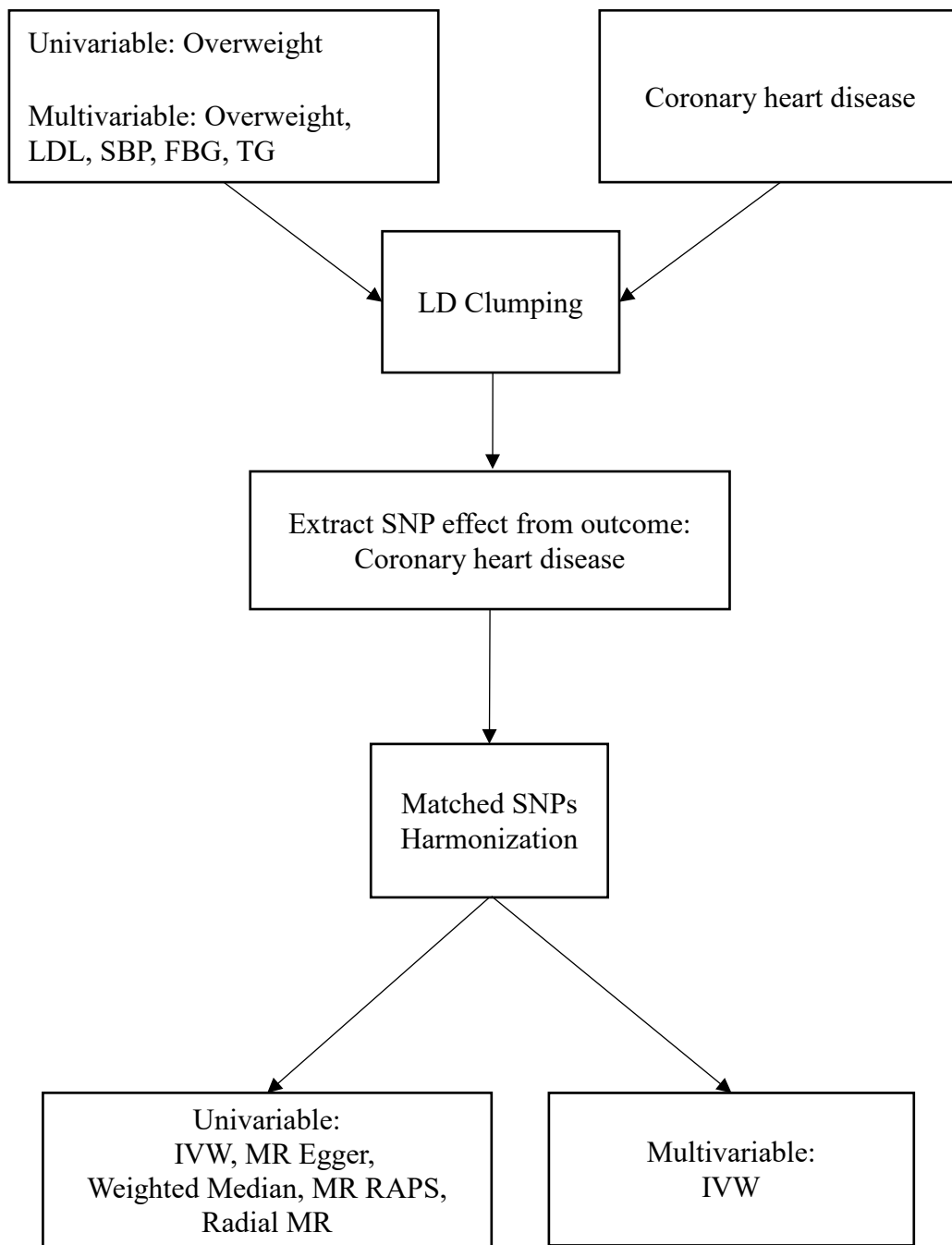


Figure 1. Flow chart of mendelian randomization

2. Assumptions of Mendelian randomization:

MR effect estimate to be valid, the instrument(s) must satisfy

three key assumptions:

- IV1. The instrument(s) must be robustly associated with the exposure.
- IV2. The instrument(s) must not be associated with any confounders of the exposure-outcome relationship.
- IV3. The instrument(s) can only be associated with the outcome via the exposure and not via a different biological pathway independent of the exposure.

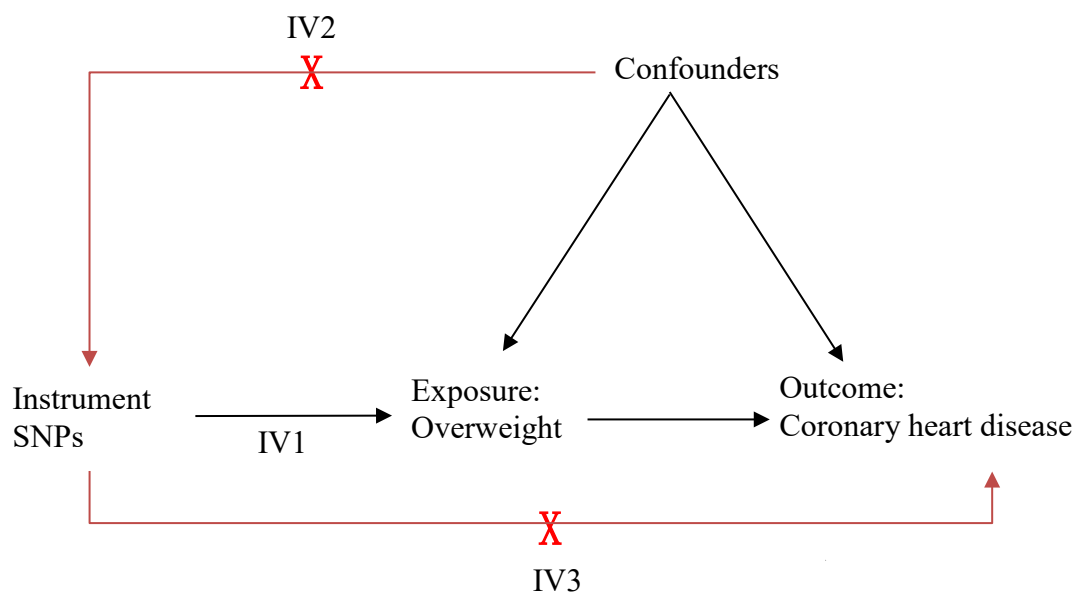


Figure 2. Flow diagram of univariable two-sample mendelian randomization

3. Statistical analysis

(1) Inverse variance weighted

The Wald ratios for each genetics instrument were constructed by dividing the association outcome for each instrument by the exposure association for each instrument using a two-sample MR summary.⁶ The IVW estimate was used to infer the causal effects in the regression of the Wald ratio sets. By balancing each of the estimates by IVW, MR estimates as Wald ratio estimates were derived.

(2) MR Egger

Traditionally, the MR technique does not presume that pleiotropy has no effect on any SNP outcome relationships; therefore, all variations are permitted to be non-zero.⁷ The assumption is that the size of pleiotropy effects is unaffected by respective instrument strengths. In other words, the size of the variants provides no information about the sizes of other variants, a situation known as InSIDE, MR egger, like the IVW approach, makes NOME assumptions. A regression of the SNP result relation on the SNP exposure relationship is used in this strategy.⁶ This approach can only discover pleiotropy if it is 'directional,' meaning it has a non-zero average value.

(3) MR Robust adjusted score profile (RAPS)

We used MR-RAPS technique to model the pleiotropic influence of genetic variations using a random-impact distribution.⁷ It is worth noting the assumption made that pleiotropic influences are normally distributed about point zero with an unknown value of variance.⁷ We used the profile-likelihood to estimate the variance and causal influence of the pleiotropic effect function.

(4) Radial MR

The directional pleiotropy of each genetic instrument was determined using Radial MR regression.⁵ Cochran's statistics were used to investigate the heterogeneity of the Wald ratio estimations. The Radial plot method was used to find single outlier SNPs that created substantial disparities. In Radial MR, the variance of the instrument's associated outcomes and the variance of the instrument's associated exposure were both used for weighting, but in two-sample MR, the variance of the instrument result association was used.⁴

(5) Multivariable MR

MVMR evaluates separate but correlated exposure variables by simultaneously estimating the effects of each on an outcome variable by using a genetic instrument with potentially overlapping genetic variants. The resultant MVMR estimate depicts the direct effect of each exposure on the outcome variable. MVMR estimates the mediating effects in a two-step MR.⁴³ They are also used to adjust for possible pleiotropy or to adjust for potential confounding. MR estimates the total causal effect of exposure on the outcome, while MVMR evaluates the direct causal effect of each exposure on the outcome. As a result, the MVMR estimate reflects the causal effect of one exposure after holding the other exposure variable at a constant level.

Functionally, UVMR and MVMR differ, despite the principles of the former being applied to the latter. UVMR is a powerful epidemiology tool that estimates the causal effect of a single exposure variable on an outcome in the presence of any confounding variable by utilizing such genetic variants that are IV for the referred exposure variable. MVMR estimates the causal effect of multiple exposure variables on a health outcome on two-sample summary data. When the genetic variants (usually the SNP) could reliably predict the exposure variable without having any effect on the outcome, then they are considered valid IVs. The UVMR

is extended to MVMR when there is a violation of MR assumptions 2 and 3.²¹ The analysis also helps to evaluate whether more than one exposure exerts a causal effect on the outcome or mediates the effect of each other on the outcome variable. MVMR requires a set of SNP, which are associated with the exposure variables but do not separately affect the outcome other than their effect through these variables. The MVMR analysis indicates that multiple causal relationships are possible in either direction or their absence. The causal connection between overweight, LDL, SBP, FBG, TG, and CHD was investigated using MVMR because they can have a direct influence on the same result (Figure 3).

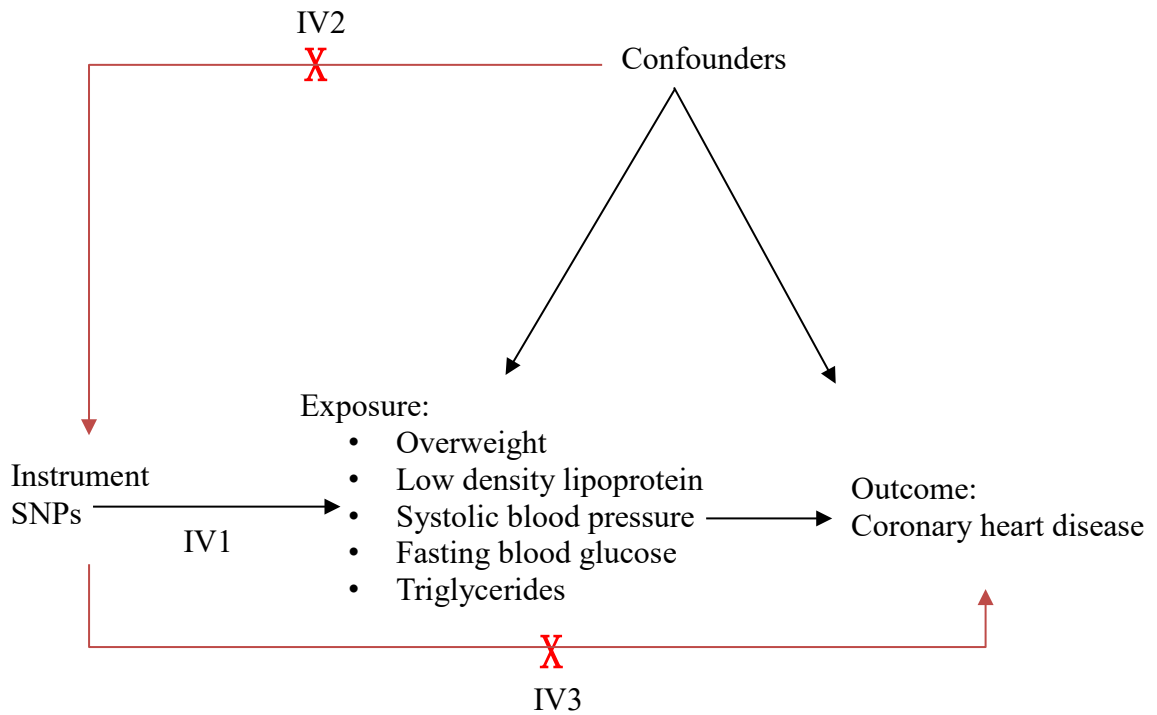


Figure 3. Flow diagram of multivariable two-sample mendelian randomization

In this study, all MR analyses were calculated using R packages in R version 3.6.1 from the R Core Team, based in Vienna, Austria.^{1,5,8}

III. RESULTS

1. GWAS consortium and study participants' characteristics

Table 1 depicts the sample sizes related to each GWAS dataset used in the MR analysis that investigated the effect of being overweight on CHD and its associated risk factors. For genetic instruments, overweight, SBP, and FBG (GWAS data) were obtained for European ancestry, while LDL and TG (GWAS data) were obtained for mixed ancestry. The proportion of non-European is about 4% (n=7,898). For the outcome variable CHD, the GWAS data were obtained from the CARDIoGRAM and GIANT consortium. Similarly, the GLGC and ICBP consortium were used to retrieve the GWAS data on lipid profile and blood pressure, respectively. The number of European participants with an overweight phenotype was 158,855, while that for CHD in the same population was 86,995, suggesting predisposition of overweight or obese phenotype to CHD. The GWAS data was retrieved from the MR-BASE repository. Table 2 depicts the mean age of the patients with CHD from the CARDIoGRAM consortium.

Table 1. Description of GWAS consortium

Variable	Phenotype	Population	Sex	Age ^a	Sample size (cases)	Unit	Consortium	1st Author	Journal (Year)
Exposure	Overweight	European	All	54.3 yrs	158,855 (93,015)	Log odds	GIANT ¹	Berndt SI	Nat Genet. (2013)
Exposure	LDL ²	Mixed	All	62.4 yrs	173,082	SD*	GLGC ²	Willer CJ	Nat Genet. (2013)
Exposure	SBP ³	European	All	54.5 yrs	300,194	N/A	ICBP ⁶	Evangelou, E	Nat Genet. (2018)
Exposure	FBG ⁴	European	All	**	58,074	mmol/L	MAGIC ⁷	Manning AK	Nat Genet. (2012)
Exposure	TG ⁵	Mixed	All	62.4 yrs	177,861	SD(mg/dL)	GLGC ²	Willer CJ	Nat Genet. (2013)
Outcome	Coronary heart disease	European	All	***	86,995 (22,233)	Log odds	CARDIoGRAM ⁸	Schunkert H	Nat Genet. (2011)

^aAge= Mean age

¹GIANT=Genetic Investigation of Anthropometric Traits,

²LDL cholesterol = low density lipoprotein cholesterol /GLGC=Global Lipid Genetics Consortium/The proportion of the non-European is about 4% (n=7,898),

³SBP=Systolic blood pressure, ⁴FBG=Fasting blood glucose, ⁵TG=Triglycerides,

⁶ICBP=International Consortium of Blood Pressure, ⁷MAGIC=Meta-analyses of Glucose and Insulin-related traits Consortium,

⁸CARDIoGRAM=Coronary Artery Disease Genomewide Replication and Meta-analysis,

*Standard Deviation, ** (male 56.23 years, female 55.52 years), *** See Table 2

These data were obtained from the reference papers

(Berndt Si et al., Nat Genet. 2013 May;45(5):501-12., Willer CJ et al., Nat Genet. 2013 November; 45(5):1274-1285.,

Evangelou E et al., Nat Genet. 2018 Oct; 50(10): 1412–1425., Manning AK et al. Nat Genet. 2012 May 13;44(6):659-69.)

Table 2. Ages of GWAS Participants CARDioGRAM consortium

Coronary heart disease (n=86,995 (22,233 cases))	
Cohorts (n=case/controls)	Participants Mean age (case/controls)
ADVANCE (278/312)	45.8/45.3 years
CaDomics(2078/2952)	60.8/55.3 years
CHARGE (2287/22024)	60.0/63.1 years
deCODE CAD (6640/27611)	74.8/53.7 years
GERMIFS I (884/1604)	50.2/62.6 years
GERMIFS II (1222/1287)	51.4/51.2 years
GERMIFS III (KORA) (1157/1748)	58.6/ 55.9 years
LURIC/AtheroRemo 1 (652/213)	61.0/58.3 years
LURIC/AtheroRemo 2 (486/296)	63.7/56.4 years
MedStar (874/447)	48.9/59.7 years
MIGen(1274/1407)	42.4/43.0 years*
OHGS1(1542/1455)	48.7/75.0 years
PennCATH(933/468)	52.7/61.7 years
WTCCC (1926/2938)	49.8**

* For cases age at diagnosis; for control age at recruitment

** WTCCC controls comprised of an equal number of subjects from the 1958 Birth Cohort and from the National Blood Service (NBS)

These data were obtained from the reference papers (Schunkert H et al., Nat Genet. 2011;43(4)333-8.)

2. Selection of genetic instruments

The results related to GWAS for overweight were obtained from a previous study. The total of 2,435,045 overweight SNPs were using a Bonferroni statistical threshold ($p < 5 \times 10^{-8}$). Linkage disequilibrium was used to identify the independent SNPs by using the R^2 threshold < 0.005 . After adjusting for correlated SNPs, 14 of them were selected as the genetic instruments for evaluating genetic predisposition to being overweight.

3. Harmonization of the univariable mendelian randomization

Once the genetic instruments were selected, the final set of harmonized data were completed by extracting information from the outcome GWAS matched to each instrument SNP. Overweight was used as exposure, while CHD was the outcome variable (Appendix 3).

4. The univariable mendelian randomization causal association between overweight and coronary heart disease

The IVW technique revealed that the OR at a confidence interval (CI) of 95% (1.08-1.34) was 1.205 per a single standard deviation (SD) increase with a *P* value of 0.0006 (Table 3). These results were in agreement with the weighted median approach (OR 1.24, 95% CI 1.06-1.44, *p*=0.006) and the MR-Egger methodological approach (OR 1.25, 95% CI 0.87-1.80, *p*=0.253). The MR RAPS causal estimate (OR 1.18, 95 % CI 1.50-1.32, *p*=0.004). The MR RAPS causal estimate predicted an effect size that was consistent with the IVW, MR-Egger, and weighted median findings. Based on the causal association analysis of the GWAS data using the MR's IVW technique, it was revealed that overweight was strongly associated with CHD and that the casual influence of overweight on the risk of development of CHD was true. Both the MR-Egger and IVW estimates showed heterogeneity in the 14 overweight SNPs, suggesting the causal effects that overweight had on CHD. As a result, the inclusion of possible SNPs could have been the chief cause of heterogeneity.

Table 3. A causal relationship between overweight and coronary heart disease

Exposure	Outcome	Method	Nsnp ¹	β	SE ²	OR (95% CI) ³	P value
Overweight	Coronary Heart Disease	IVW ⁴	14	0.187	0.054	1.21(1.08-1.34)	0.0006
		MR Egger		0.223	0.186	1.25(0.87-1.80)	0.253
		Weighted median		0.212	0.076	1.24(1.06-1.44)	0.006
		MR RAPS ⁵		0.164	0.057	1.18(1.05-1.32)	0.004

¹Nsnp = Number of (Single Nucleotide polymorphism, SNP)

²SE = Standard Error

³OR = Odds Ratio (95% Confidence Intervals)

⁴IVW=Inverse variance weight

⁵MR RAPS= Mendelian Randomization Robust Adjusted Profile

Based on the two-sample MR randomization, it was revealed that a causal association between overweight and CHD existed. The MR slopes of the plots for the IVW and weighted median regression indicated positive direction plots and were statistically significant suggesting a causal association between the measurement variable SNP overweight on CHD (Figure 4). On the contrary, the MR-Egger regression indicated that the slope (causal effect) had no significant relationship with the outcome. This assumption suggests that there might be horizontal pleiotropy or significant outliers that violate the findings of the IVW, and weighted mean regarding the relationship between genetic predispositions to obesity and CHD. The (Figure 4) substantiated the assumption as the effect size on SNP-based outcome was lowest for MR-Egger.

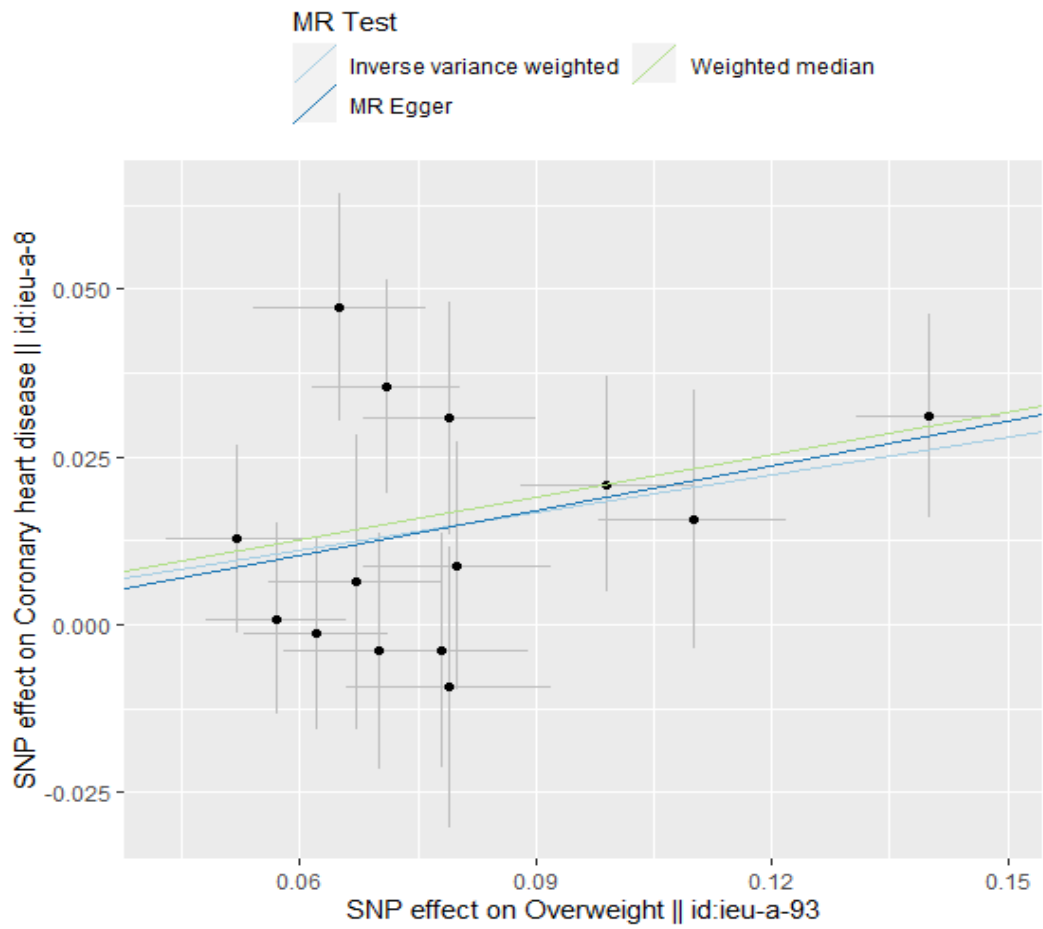


Figure 4. A plot relating the effect sizes of the SNP overweight association and coronary heart disease

The Forest plot of the causal effect of overweight on CHD estimated using each SNP singly using the Wald ratio (Figure 5) reflected the effect size of MR-Egger was more than IVW. However, the observation further suggested that the risk of CHD could be lower with genetic predisposed obesity in the MR Egger. This is not surprising because MR-Egger often produces an inflated effect due to Type I error. Such assumptions were ruled out when one of the SNPs were left out from the analysis (Figure 6). The respective SNP could be considered a potential outlier for the relationship between overweight and CHD. The funnel plot (Figure 7) showed that MR-Egger produced relatively more asymmetry for the effects of overweight on CHD compared to IVW. The asymmetry further contended the involvement of horizontal pleiotropy for the relationship between genetically predisposed overweight and CHD.

The (Figure 8) showed that modeling the estimates from invalid IV with MR RAPS including outliers for overweight and CHD had lower effect sizes compared to (Figure 9), SNP rs8028313 was removed. This means that invalid IVs (that might be outliers) are not robust estimates of the genetic predisposed relationship between being overweight and CHD development.

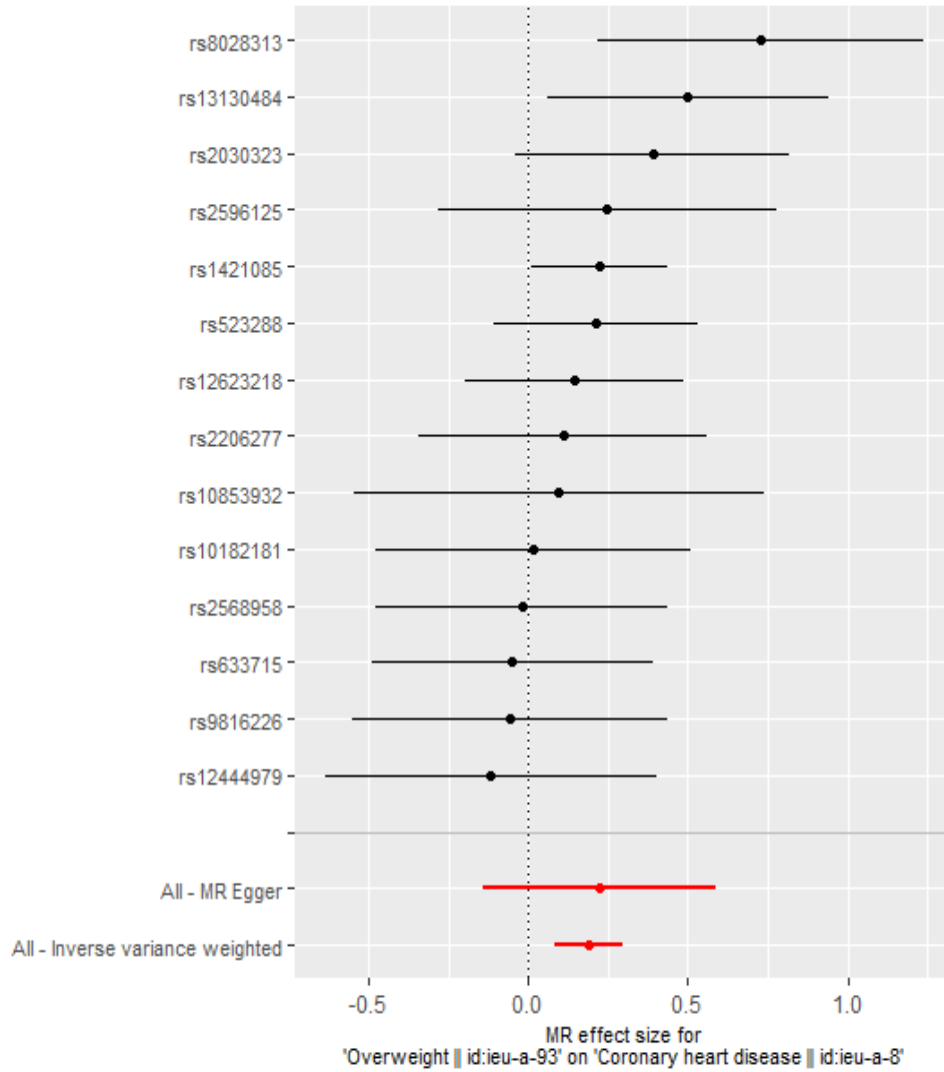


Figure 5. Forest plot- the causal effect of overweight on coronary heart disease estimated using each SNP singly using the Wald ratio

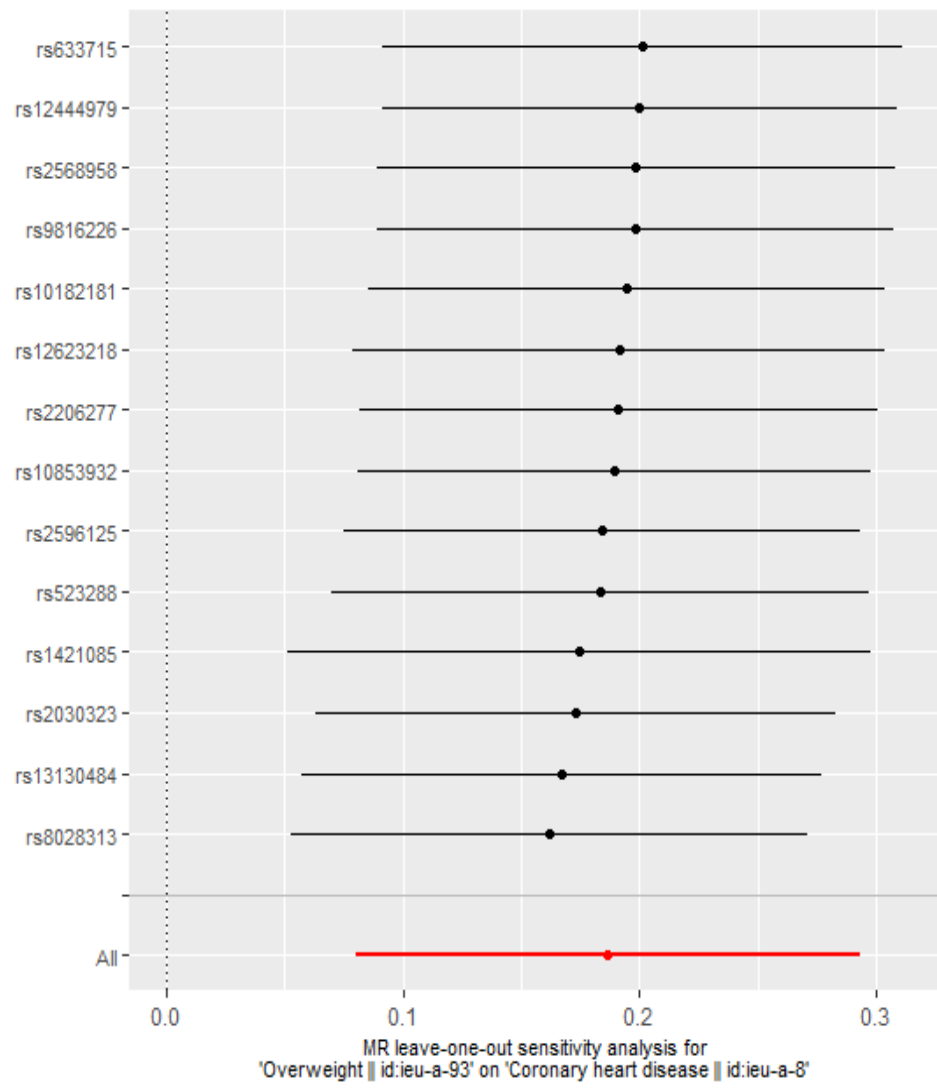


Figure 6. Leave one out the sensitivity analysis plot-the causal effect of overweight on coronary heart disease

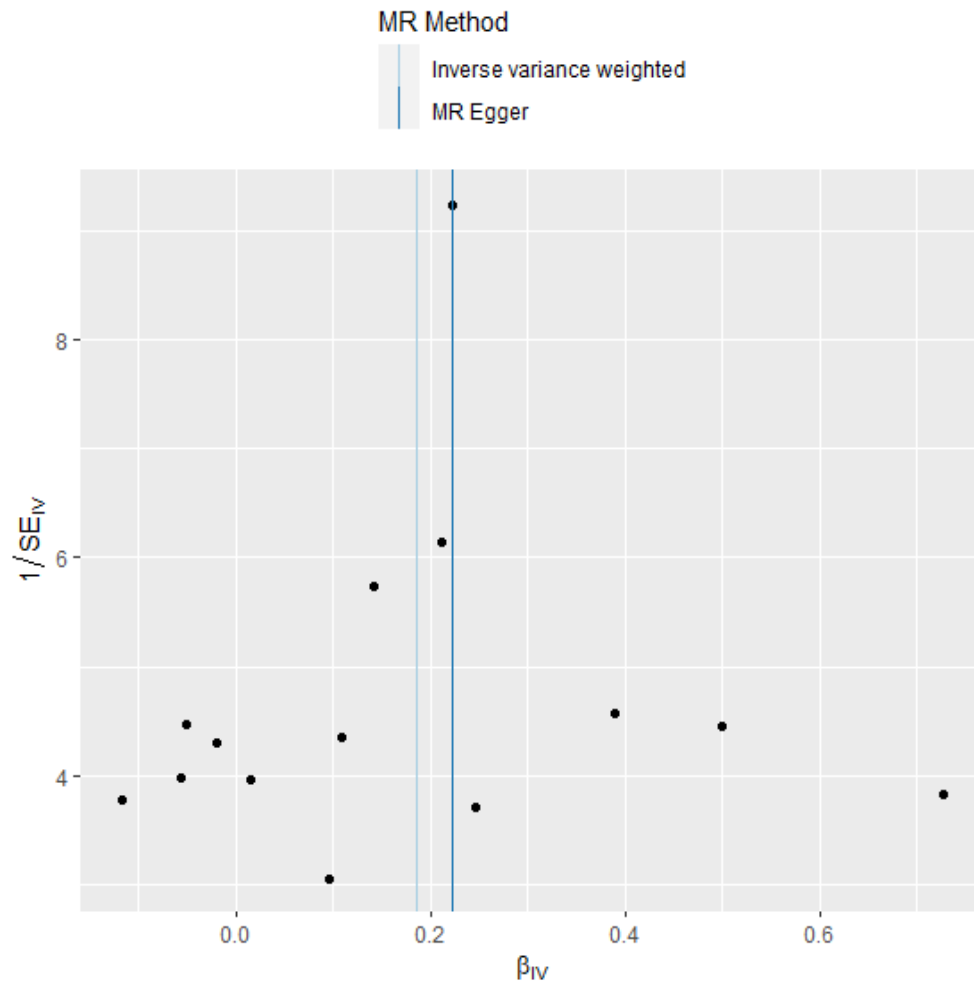


Figure 7. Funnel plot showing the relationship between the cause-effect of overweight and coronary heart disease

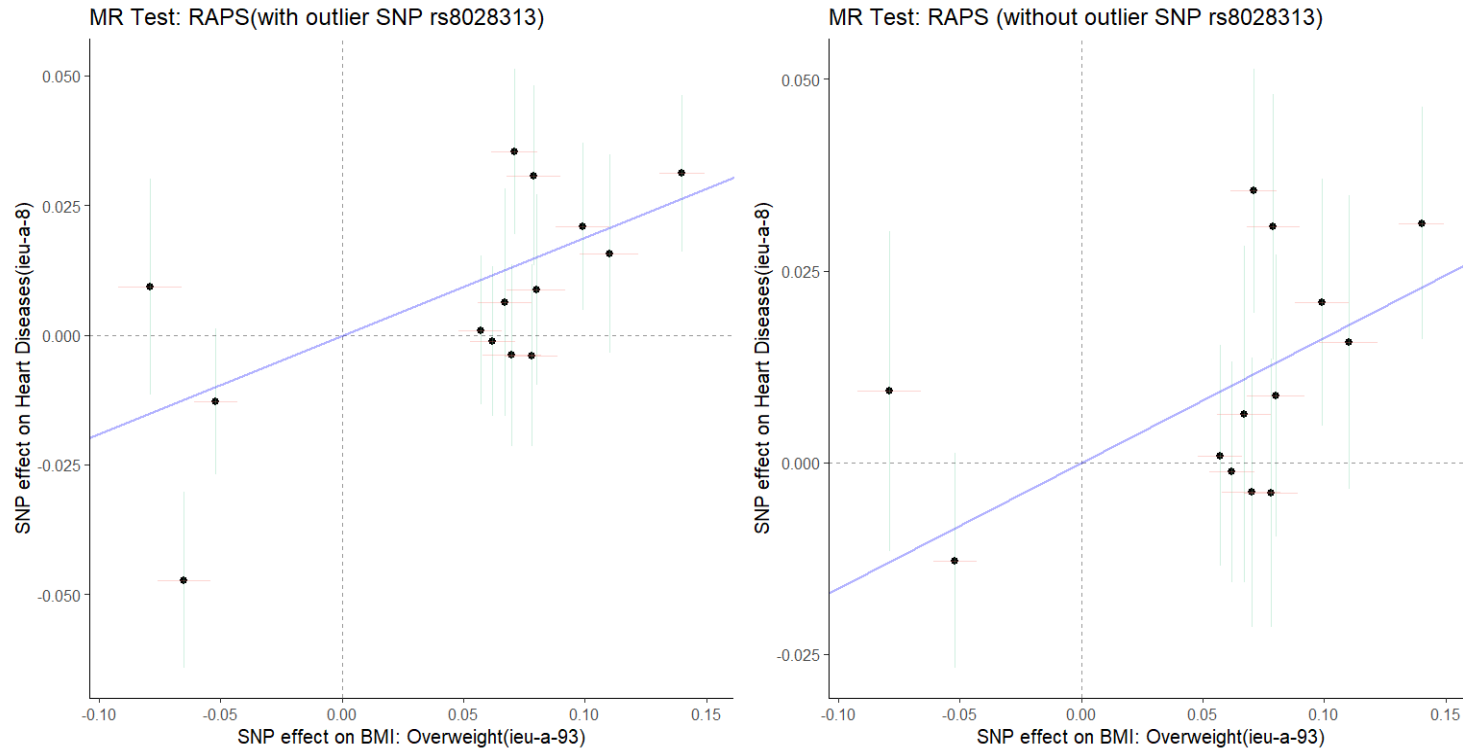


Figure 8 (Left). MR Robust Adjusted Profile Score(RAPS) with outlier plot overweight and coronary heart disease

Figure 9 (Right). MR Robust Adjusted Profile Score(RAPS) without outlier plot overweight and coronary heart disease

(4-1) MR-Egger intercept

The MR-Egger estimator has the ability to correct for directional pleiotropic effects of genetic instruments in instrumental variable analysis. MR-Egger comprises three parts; a test that indicates both violations of the IV assumptions and bias in conventional IV analytics, a test for the causal effect, and estimates of the causal effect. The MR-Egger regression explores the association of the risk/exposure variable, genetic association with outcome, and the genetic variant. Thus, the genetic association with the outcome is decomposed into the sum of direct (pleiotropic) and indirect (causal) effects. The intercept of the regression represents the effect of the genetic variant on the outcome and is independent of the effect of the risk factor or exposure, and the slope represents the causal effect of the risk factor on the outcome. A genetic variant is pleiotropic if it is associated with more than one exposure factor on different causal pathways. Any pleiotropic effect is included in the intercept is not equal to zero. Pleiotropic genetic variants are not valid instrumental variables. However, the MR -Egger estimate also includes an error term (residual) in the simple linear regression model. Hence, the MR-Egger estimate equals the IVW estimate when the intercept is equal to zero. If the pleiotropic are independent of the genetic associations with exposure factors, it is referred to as the InSIDE.

Based on the InSIDE assumption, the intercept is interpreted as the average pleiotropic effect included in the analysis (which is also referred to as balanced pleiotropy), then IVW is a consistent estimate of the causal effect.²¹ When the intercept from the MR-Egger analysis is not equal to zero, then it is assumed that the average pleiotropic effect differs from zero (also referred to as directional pleiotropy), including the violation of the InSIDE assumption or without it. Directional or horizontal pleiotropy occurs when the genetic variant has an effect on the outcome without its effect on the exposure variable in MR. Violation of the no horizontal pleiotropy could lead to severe bias in MR. The issue of horizontal pleiotropy is a significant concern in MR.²¹

The inclusion of pleiotropic effects could lead to biased causal effects and increase the probability of Type I error on the association between exposure and outcome. The acceptance of the horizontal pleiotropic effect also means that IV assumptions were violated, and the findings of MR are subjected to the same criticisms related to the small sample size in meta-analysis. Table 4 depicted that even the intercept was not equal to zero ($\beta=-0.003$, $SE=0.152$), directional horizontal pleiotropy cannot be accepted because the p-value of the MR-Egger intercept was greater than 0.05 ($p=0.842$). Thus, the analysis showed that genetically predicted obesity was positively associated with CHD and the causal

influence of the former on the latter was true. Since the probability of directional pleiotropy was non-significant, genetic predisposition to obesity also increases the risk of CHD. Hence, the MR findings on the relationship between genetic predisposition to obesity and CHD are not biased.

Table 4. Overweight and coronary heart disease egger intercept

Exposure	Outcome	MR Egger Intercept (Estimate)	SE ¹	<i>P</i> value
Overweight	Coronary Heart Disease	-0.003	0.152	0.842

¹SE = Standard Error

(4-2) Radial MR analysis for detection of outlier SNPs

For detecting individual outlier SNPs responsible for horizontal pleiotropy, the Radial MR analysis with the modified second-order weighting method was performed. The Radial IVW findings indicated a stronger positive relationship between overweight and CHD (OR 1.20, 95% CI 0.43-26.34, $p=0.0000384$) (Table 5). The Radial MR-Egger reflected that there was no significant association between overweight and CHD (OR 1.30, 95% CI 0.35-38.52, $p=0.167$) (Table 5). These findings suggested that there could be outliers for Radial MR-Egger or radial IVW. However, following the removal of the outlier, the positive association between overweight and CHD persisted (OR 1.18, 95% CI 0.42-25.16, $p=0.0003$) (Table 6), suggesting no significant detection of the outlier for radial IVW. On the contrary, removal of the outlier in the Radial MR-Egger established the positive relationship between overweight and CHD (OR 1.40, 95% CI 0.42-38.75, $p=0.040$). Thus, outlier SNPs for overweight and CHD was evident from the Radial MR-Egger. However, the Radial MR-Egger intercept reflected that horizontal pleiotropy did not influence the genetic predisposition of being overweight with CHD.

Table 5. Radial MR regression overweight and coronary heart disease

Exposure	Outcome	Method	β^1	SE ²	OR(95%CI)	<i>P</i> values	Q-statistic for heterogeneity	<i>q</i> values
Overweight	Coronary Heart Disease	Radial IVW	0.187	0.053	1.20 (0.43-26.34)	0.0000384	11.97	0.53
		Radial MR-Egger	0.266	0.18	1.30 (0.35-38.52)	0.167	11.60	0.56

¹ β =Beta

²SE=Standard Error

Table 6. Radial MR regression removed outlier overweight and coronary heart disease

Exposure	Outcome	Method	β^1	SE ²	OR(95%CI)	P value	Q-statistic for heterogeneity	q value
Overweight	Coronary Heart Disease	Radial IVW removed outlier	0.162	0.044	1.18 (0.42-25.16)	0.0003	7.584	0.816
		Radial MR-Egger removed outlier	0.333	0.143	1.40 (0.42-38.75)	0.040	6.425	0.893

¹ β =Beta

²SE=Standard Error

Radial estimates revealed a strong association between overweight and CHD with or without the outliers, as shown in (Figures 10 and 11). Data exhibiting two-sample MR are visualized with a scatter plot where the SNP outcome associations are plotted against SNP exposure associations to generate an immediate picture of the cause-and-effect estimate of the individual genetic variant. The scattergram is also helpful to overlay the standard IVW of the causal effect as the fitted slope, which analyzes whether individual SNPs support or contradict the overall assumption. However, the traditional scatter plot is not suitable to estimate such cause-and-effect relationships whenever varying degrees of precision are needed to evaluate SNP-outcome associations. The Radial plot or Radial MR regression is used under such conditions because it has several advantages. The major advantage is it removes the need for recoding the genetic data as it provides a straightforward detection of the significant outliers and data points that influence the magnitude and direction of the outcome variable. The Radial plot aids in the detection of a single outlying variant which is responsible for large differences between IVW and MR-Egger estimates. Thus, in the present study, when the outliers are removed, the IVW and MR-Egger exhibited the same causal relation between overweight and CHD. Thus, when the MR-Egger outlier was removed, the significant relationship between overweight and obesity was established.

On the other hand, the removal of the IVW outlier did not substantially impact the relationship between the two SNP associated variables. Therefore, the Radial plot analysis identified the single outliers in the MR-Egger regression that violated the causal effect of the IVW.

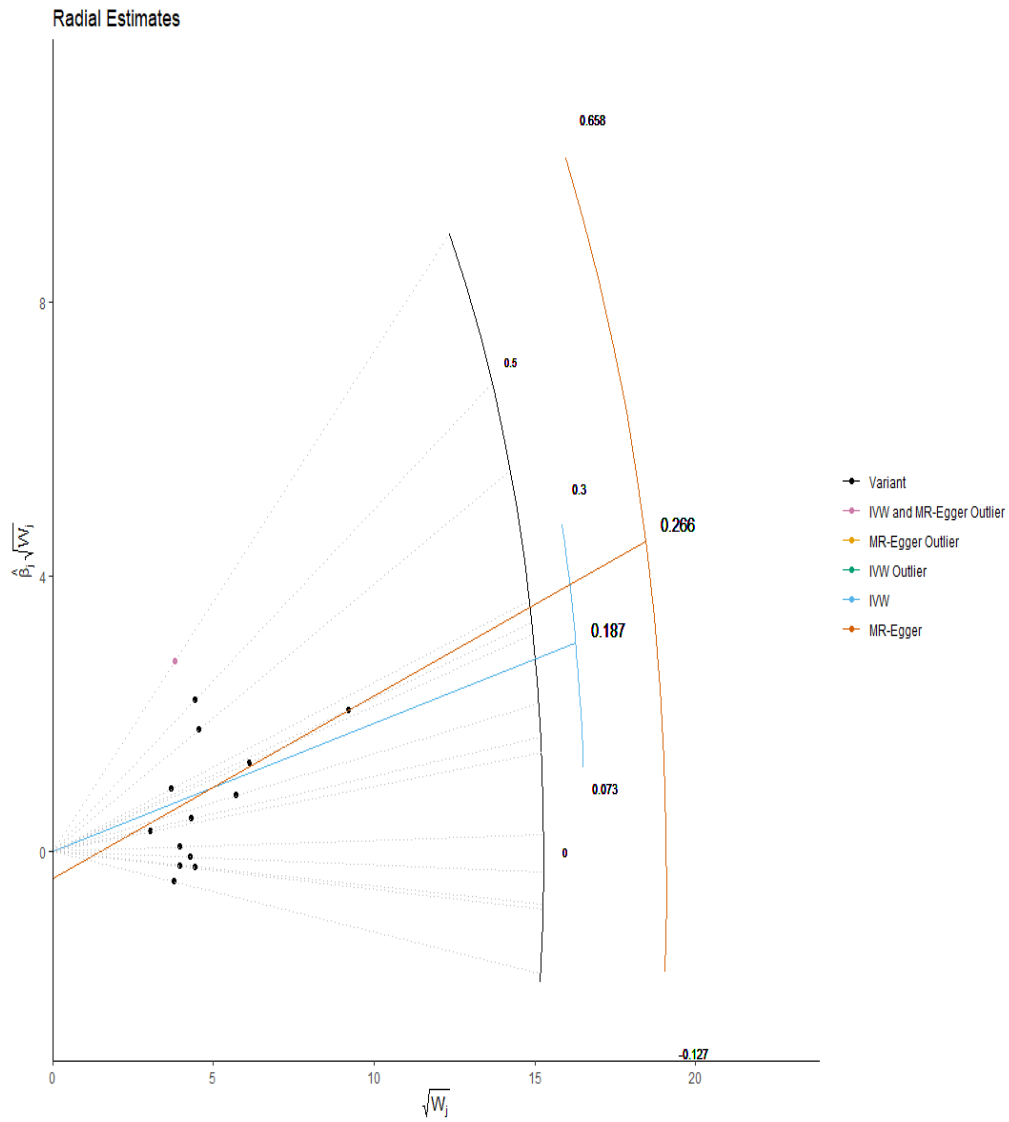


Figure 10. Radial MR plot of the overweight and coronary heart disease with outlier

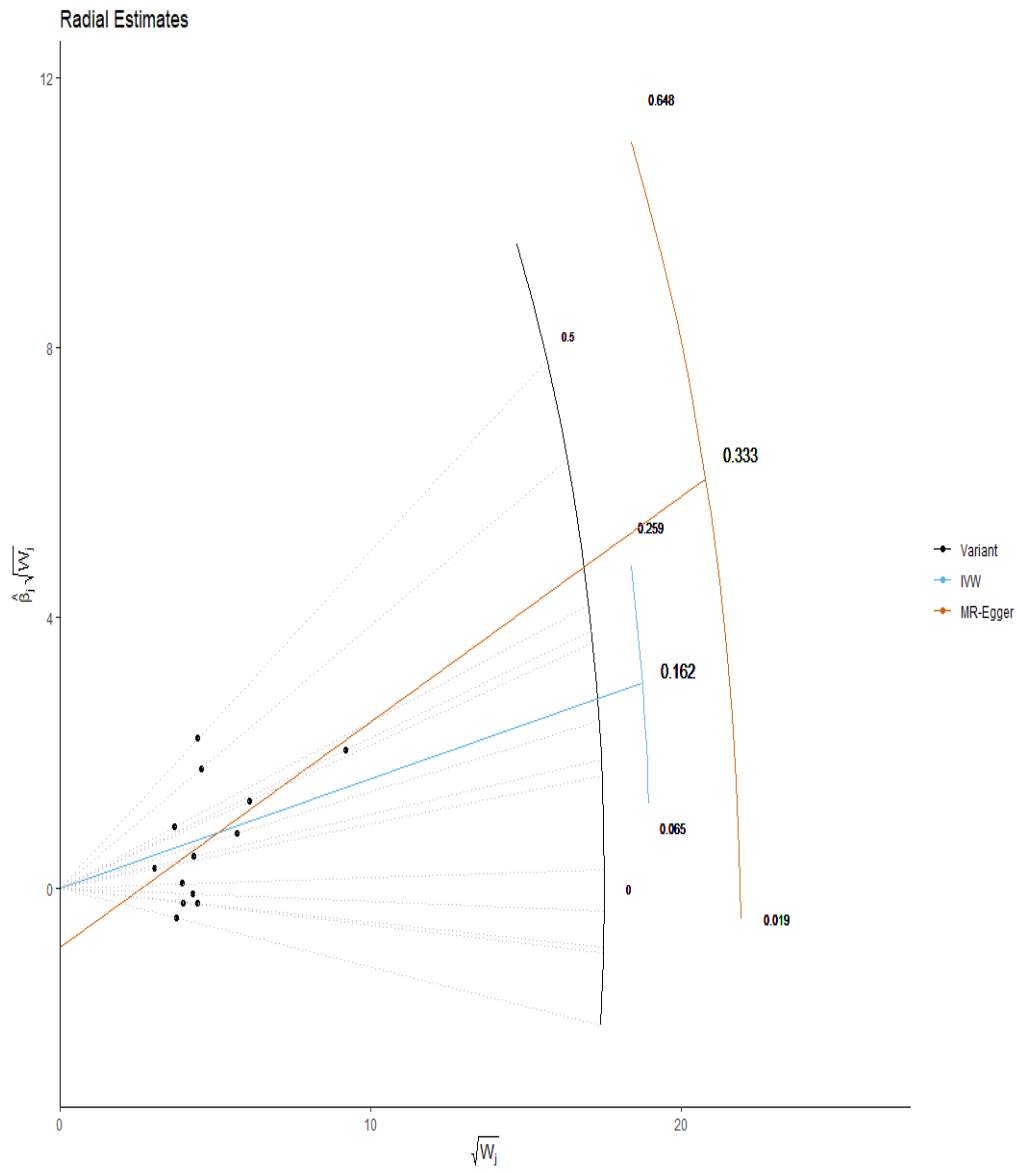


Figure 11. Radial MR removes outliers plot of the overweight and coronary heart disease

5. MVMR causal relationship between Overweight, LDL, SBP, TG, and coronary heart disease.

Based on the IVW analysis, it was contended that genetic predisposition of being overweight was significantly associated with CHD as well as LDL, TG, and FBG (Table 7). To evaluate if the MR association between overweight and CHD is attributed to LDL, SBP, TG, and FBG, MVMR was undertaken. The MR association between being overweight and CHD became weaker and did not reach statistical significance when LDL was included in the regression model with SBP ($\beta=0.102$, $p=0.138$), FBG ($\beta=0.109$, $p=0.108$), or TG ($\beta=0.466$, $p=0.952$) was incorporated in the regression models. Thus, the MVMR analysis showed overweight independent causal pathways for CHD. The overweight independent causal pathways that were revealed include SBP, LDL, and TG because the p-values of the respective variables were less than 0.05. On the other hand, FBG did not influence CHD. The correlation between the exposure variables indicated that being overweight might predispose the risk of high FBG, but the latter is not an independent predictor of CHD. The connection between high BMI (overweight) and high LDL levels were reported by Klop et al.²⁵ However, they did not show whether obesity or LDL is the pathogenic factor for CHD.

Table 7. Multivariable MR casual relationship between exposures and outcome

Model	Exposure	Outcome	β^*	SE	t-value	P value
Model 1	Overweight	Coronary	0.102	0.069	1.489	0.138
	LDL ¹	Heart	0.456	0.073	6.207	2.13E-09
	SBP ²	Disease	0.691	0.098	7.061	1.51E-11
Model 2	Overweight	Coronary	0.109	0.067	1.619	0.108
	LDL ¹	Heart	0.517	0.056	9.194	1.61E-15
	FBG ³	Disease	0.246	0.126	1.956	0.052
Model 3	Overweight	Coronary	0.004	0.065	0.060	0.952
	LDL ¹	Heart	0.348	0.074	4.678	6.27E-06
	TG ⁴	Disease	0.466	0.089	5.234	5.31E-07

¹LDL=Low density lipoprotein cholesterol

²SBP=Systolic blood pressure

³FBG=Fasting glucose

⁴TG=Triglycerides

* β =Beta

IV. DISCUSSION

1. Summary of findings

This study explored the causal relationship between overweight and CHD as a function of two-sample MR using suitable MR platforms. The MR-Egger estimate reflected the absence of horizontal pleiotropy on CHD as its intercept was negative but non-significant ($\beta=-0.003$, $p=0.842$). However, genetically predisposed overweight was significantly related to the increased risk of CHD as depicted by the IVW estimation (OR 1.32, 95% CI 1.21-1.44, $p=0.001$), and such effects were not mediated through horizontal pleiotropy as the intercept of the MR-Egger was not significant ($p=0.842$). This means that the genetic variants that influence overweight did not influence other risk factors for CHD. However, LDL and TG levels independently influenced CHD irrespective of their mediation on genetically predisposed overweight. These findings suggest that lifestyle habits, as well as genetic predisposition, could cause overweight-related effects on CHD.^{22,23} The removal of the IVW outlier did not substantially impact the relationship between the two SNP associated variables. Hence, it could be concluded that the IVW outliers were not significant. Therefore, the Radial plot analysis identified the single outliers in the MR-Egger regression that violated the causal effect of the IVW.

2. Discussion of study results

MR is gaining high popularity in epidemiological studies because it helps to establish whether a modifiable exposure has a causal relationship with the pathophysiology of a disease.²⁰ Also, MR is increasingly used due to the availability of GWAS that provides an opportunity to use a large number of genetic variants in the referred analysis. If the variants in totality could explain a larger proportion of variance in the exposure variable, it would lead to more precise estimates of the causal effects. The precise estimation would increase the reliability of the cause-effect relationships with the referred variables. On the contrary, analysis conducted with an enlarged set of genetic variants is more likely to incorporate invalid instrument variables due to the violations of the assumptions of Mendelian randomization. One such set of variants are those causing horizontal pleiotropy. This is in contrast to vertical pleiotropy, where two traits that are biologically related are correlated irrespective of the gene or variant that is responsible for the effect. Being overweight is a well-known risk factor for CHD, but the genetic predisposition to the cause-and-effect relationship remains relatively unexplored. The study explored whether genetically predisposed obesity significantly increases the risk of CHD. The etiology governing overweight-mediated CHD might be through its effect on higher cholesterol and sugar levels. The deposition of cholesterol in extrahepatic tissues

(such as the coronary blood vessels) prevents the flow of blood and oxygen to the myocardium, which increases the risk of CHD.²⁴ On the other hand, being overweight could lead to immobility and vascular stasis that could impede coronary circulation to increase the risk of CHD. It is contended that overweight and obesity might also prevent the upregulation of GLUT-4 transporter by reducing the fluidity of the plasma membrane. Since the GLUT-4 transporter transports glucose from the blood to the cells under the influence of insulin, the low turnover of these receptors predisposes the risk of hyperglycemia. Nevertheless, the present study did not show a causal relationship between FBG and CHD, despite the significant correlation between overweight and FBG. The paradox could be explained by the fact that a high FBG might not signify T2D, unless there is persistent hyperglycemia. On the contrary, the study showed that genetically predisposed overweight significantly increased the risk of CHD. The findings of the present study are aligned with those of Hu et al. The authors used the MR framework for determining the causal association between BMI and CHD. Hu et al. also evaluated if HbA1c (glycosylated hemoglobin), TC, TG, LDL, and HDL (High density lipoprotein cholesterol) serve as causal mediators from BMI to CHD. BMI was positively associated with HbA1c and TG and negatively associated with HDL.¹⁸ However, there were no associations between BMI and TC or LDL. On the other hand, HbA1c, TC, LDL, and TG were

positively associated with CHD. This finding is both comparable and contradictory to the present study because blood sugar did not affect CHD, while overweight was positively correlated to LDL. The contradictions with the Hu et al. study might stem from the differences in the study population because they selected participants from all BMI groups, while the present study had a cut-off from overweight. This means unless individuals are overweight, the LDL and TC might not be high. This finding again substantiates the genetic predisposition assumption of overweight to CHD. Dale et al., who showed that adiposity and body fat distribution are independent predictors of CHD, stroke, and T2D, also support the assumption¹⁹. However, the present study emphasized the need for dietary modifications and lifestyle habits to reduce the levels of TG and LDL. Obesity-related dyslipidemic profiles are evident as high TC, LDL, HDL, and TG levels compared to controls.²⁵ Studies further showed that the genetic predisposition to obesity, T2D, and dietary habits interact with each other in determining hyperlipidemia.²⁶ The findings of the MVMR contradict the findings of Capurso et al.²⁷ The latter showed that insulin resistance and T2D, along with abdominal obesity, lead to CHD. From this perspective, it may be considered that the present study evaluated FBG, which might not portray insulin resistance. However, the present study considered participants with FBG and not HbA1c, which could have helped to diagnose T2D in them. Flegla et al. also reported that

as CHD is a sequel of obesity, the biochemical pathways implicated in the development of obesity could also lead to the development of CHD.²⁸ Therefore, being overweight might stem from pathways that are also implicated in the genetic predisposition to CHD in the same population. Elevated levels of TG, LDL, and VLDL (Very low-density lipoprotein) are strongly correlated with obesity and are major risk factors for CHD.²⁹ Similarly, our study also showed that being overweight is associated with high FBG levels, TG, and LDL. These findings challenge the relationship between BMI and CHD because unless BMI falls within pathological levels, the risk of dyslipidemia might not be prevalent. Apart from BMI, the distribution of adiposity is related to insulin resistance. This is aligned with the findings that the lack of fluidity of the plasma membrane causes down regulation of the glucose transporters.³⁰ Simultaneously, studies reflected that dietary fatty acids might predispose the risk of metabolic syndrome.³¹ This data could be used to extrapolate our findings that dyslipidemia (which is a part of the metabolic syndrome) would predispose the risk of CHD irrespective of the ethnicity of the participants. The assumptions are not surprising because atherogenic lipoprotein molecule subclasses remain a significant predictor of CHD by blocking coronary vasculature.³² However, the study should have evaluated the correlation between being overweight and HDL level because some fractions in the latter are strongly associated with CHD.³³

The present study showed no correlation between FBG and CHD, which contradicts the findings of Park et al.³⁴ These authors showed that low FBG levels (<70 mg/dl) increased the risk of all-cause stroke.³⁷ The J-shaped relationship between FBG and CHD was supported by this study because the risk of CHD is lower at FBG levels between 85 to 99 mg/dl.^{35,36,38} These findings suggest that future studies should evaluate Hb1Ac as an exposure variable for CHD. Sherwani et al. reported that pathogenic Hb1Ac levels predicted the risk of CHD.³⁹ This is not surprising because Hb1Ac is a reliable marker for DM.^{39,40} The lack of glucose within the cells might precipitate the effects of dyslipidemia on CHD.

3. Strengths and Limitations

The main strength of this study is that the causal relationship of genetically predisposed obesity and CHD were based on various MR methods, which ensured the reliability and reproducibility of the findings. The MR-Egger approach reduced the bias due to reverse causality and confounding. Finally, the construction of MVMR provided a detailed analysis regarding the ways various exposure variables are correlated with being overweight. The IVW coupled with MR-Egger increased the reliability and reproducibility of the study across different comorbid conditions related to CHD.

The major limitation of this study is that we only used the data from individuals of European descent. Hence, it should be cautious about generalizing our findings to other populations. Thus, the chances of Type I error cannot be ruled out in this study, considering data from Europeans only. The relation between being overweight genetically and the risk of developing CHD could not be extrapolated to populations other than Europeans. Moreover, no power estimations were conducted for selecting the sample size, which might have further reduced the reproducibility of the findings. Nevertheless, the limited availability of population-specific information on genetic associations, genetic instruments tend to show poor statistical power. On the contrary, different MR

frameworks substantiated the causal relationship between the genetic predisposition of being overweight and CHD after removing the outliers. Such measures increased the reliability and validity of the findings of our study.

V. CONCLUSIONS

We discovered that overweight is substantially associated with CHD risk in European populations using two-sample Mendelian randomization. However, the present study also showed that LDL and TG could also predispose the risk of CHD independently of being overweight genetically. As high LDL and TG levels are associated with poor dietary and lifestyle habits, and they could posit CHD risk in individuals who are not genetically overweight.

The study showed that both genetic predisposition and lifestyle behaviors might predispose the risk of CHD. This is aligned with the findings that individuals with an ideal lifestyle and high genetic risk are twice likely to develop CHD compared to those with an ideal lifestyle and low genetic risk. These findings imply that genetic predisposition to cardiovascular disease is moderated through lifestyle and dietary behaviors. Hence, individuals who are genetically predisposed to being overweight should refrain from poor dietary habits that increase the levels of LDL and TG.

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Appendix Table 1. Overweight instrument variable

NO.	SNP	Position	Effect Allele	Effect Allele Frequency	Beta(β)	Standard error	<i>P</i> value
1	rs633715	1:177852580	C	T	0.078	0.011	4.00E-12
2	rs2568958	1:72765116	A	G	0.062	0.009	1.10E-11
3	rs12623218	2:632146	A	T	0.110	0.012	5.80E-22
4	rs10182181	2:25150296	G	A	0.057	0.009	2.10E-10
5	rs9816226	3:185834499	T	A	0.070	0.012	2.00E-09
6	rs13130484	4:45175691	T	C	0.071	0.009	3.90E-14
7	rs2206277	6:50798526	T	C	0.080	0.012	5.60E-12
8	rs2596125	8:76642325	T	C	-0.052	0.009	5.90E-09
9	rs2030323	11:27728539	C	A	0.079	0.011	1.10E-12
10	rs8028313	15:68043057	G	C	-0.065	0.011	2.00E-09
11	rs12444979	16:19933600	T	C	-0.079	0.013	1.80E-09
12	rs1421085	16:53800954	C	T	0.140	0.009	5.80E-50
13	rs523288	18:57848369	T	A	0.099	0.011	1.70E-20
14	rs10853932	19:34324709	C	T	0.067	0.011	1.30E-09

Appendix Table 2. Coronary heart disease instrument variable

NO.	SNP	Position	Effect Allele	Effect Allele Frequency	Beta(β)	Standard error	<i>P</i> value
1	rs599839	1:177852580	A	G	0.107	0.017	2.89E-10
2	rs17114036	1:56962821	G	A	-0.145	0.026	1.43E-08
3	rs2351524	2:203880992	C	T	-0.139	0.021	1.76E-11
4	rs7651039	3:15648004	C	T	0.142	0.025	1.85E-08
5	rs2306374	3:138119952	C	T	0.108	0.020	3.34E-08
6	rs10455872	6:161010118	G	A	0.278	0.038	3.08E-13
7	rs9351814	6:72193707	C	A	-0.080	0.014	2.02E-08
8	rs4714955	6:12903435	T	C	-0.100	0.015	6.03E-12
9	rs12190287	6:134214525	G	C	-0.103	0.016	4.64E-11
10	rs11556924	7:129663496	T	C	-0.091	0.015	2.22E-09
11	rs1333045	9:22119195	C	T	0.226	0.019	4.63E-32
12	rs964184	11:116648917	C	G	-0.126	0.020	8.02E-10
13	rs2219939	15:79029723	A	G	-0.099	0.016	1.21E-09
14	rs1122608	19:11163601	T	G	-0.127	0.021	9.73E-10
15	rs9982601	21:35599128	T	C	0.164	0.026	4.22E-10

Appendix Table 3. Harmonized data of overweight and coronary heart disease

NO.	SNP	EA	OA	beta.exposure	beta.outcome	se.exposure	se.outcome	pval.exposure	pval.outcome
1	rs10182181	G	A	0.057	0.001	0.009	0.014	2.10E-10	0.95
2	rs10853932	C	T	0.067	0.006	0.011	0.022	1.30E-09	0.77
3	rs12444979	T	C	-0.079	0.009	0.013	0.021	1.80E-09	0.66
4	rs12623218	A	T	0.110	0.016	0.012	0.019	5.80E-22	0.41
5	rs13130484	T	C	0.071	0.035	0.009	0.016	3.90E-14	0.03
6	rs1421085	C	T	0.140	0.031	0.009	0.015	5.80E-50	0.04
7	rs2030323	C	A	0.079	0.031	0.011	0.017	1.10E-12	0.08
8	rs2206277	T	C	0.080	0.009	0.012	0.018	5.60E-12	0.63
9	rs2568958	A	G	0.062	-0.001	0.009	0.014	1.10E-11	0.93
10	rs2596125	T	C	-0.052	-0.013	0.009	0.014	5.90E-09	0.36
11	rs523288	T	A	0.099	0.021	0.011	0.016	1.70E-20	0.19
12	rs633715	C	T	0.078	-0.004	0.011	0.017	4.00E-12	0.82
13	rs8028313	G	C	-0.065	-0.047	0.011	0.017	2.00E-09	0.01
14	rs9816226	T	A	0.070	-0.004	0.012	0.018	2.00E-09	0.82

Appendix Table 4. Overweight and coronary heart disease MR result

No.	SNP	Beta (β)	SE	<i>P</i> value
1	rs10182181	-1.279	0.424	0.003
2	rs10853932	0.281	0.312	0.368
3	rs12444979	-0.467	0.344	0.175
4	rs12623218	-0.363	0.225	0.108
5	rs13130484	-0.530	0.268	0.048
6	rs1421085	-0.753	0.137	0.000
7	rs2030323	0.289	0.300	0.336
8	rs2206277	-0.954	0.314	0.002
9	rs2568958	-0.098	0.312	0.753
10	rs2596125	-0.699	0.369	0.058
11	rs523288	-0.144	0.226	0.524
12	rs633715	-0.184	0.301	0.541
13	rs8028313	-0.327	0.353	0.354
14	rs9816226	0.780	0.376	0.038
15	All - Inverse variance weighted	-0.395	0.122	0.001
16	All - MR Egger	-0.820	0.410	0.069

Appendix Table 5. Overweight and coronary heart disease leave one out sensitivity analysis

No.	SNP	β	SE	<i>P</i> value
1	rs10182181	0.194974353	0.055724	0.000467
2	rs10853932	0.189228177	0.05531	0.000623
3	rs12444979	0.200075969	0.0556	0.00032
4	rs12623218	0.191386132	0.057435	0.000862
5	rs13130484	0.167096395	0.056083	0.002888
6	rs1421085	0.174410424	0.062947	0.005593
7	rs2030323	0.173295703	0.05617	0.002034
8	rs2206277	0.19120155	0.056041	0.000645
9	rs2568958	0.198584861	0.055966	0.000388
10	rs2596125	0.184091132	0.055753	0.00096
11	rs523288	0.183497766	0.058007	0.00156
12	rs633715	0.201491122	0.056088	0.000328
13	rs8028313	0.1621159	0.055629	0.003565
14	rs9816226	0.198529131	0.055731	0.000368
15	All	0.186622085	0.05441	0.000604

Appendix Table 6. Harmonized data of low-density lipoprotein and coronary heart disease

NO.	SNP	EA	OA	beta.exposure	beta.outcome	se.exposure	se.outcome	pval.exposure	pval.outcome
1	rs10195252	C	T	-0.0238	-0.0145	0.0039	0.0144	3.81E-08	0.313012
2	rs10490626	A	G	-0.0508	-0.0430	0.0069	0.0267	1.70E-12	0.107487
3	rs10832962	T	C	0.0320	0.0443	0.0040	0.0157	6.62E-14	0.004884
4	rs10893499	A	G	0.0521	0.0535	0.0053	0.0220	3.86E-21	0.015163
5	rs10903129	G	A	0.0328	0.0123	0.0037	0.0140	3.03E-17	0.380497
6	rs10947332	A	G	0.0504	0.0251	0.0056	0.0221	6.97E-18	0.256018
7	rs11563251	T	C	0.0345	0.0016	0.0062	0.0268	4.50E-08	0.951349
8	rs1169288	C	A	0.0375	0.0702	0.0040	0.0151	6.45E-21	3.49E-06
9	rs12066643	T	C	-0.0389	0.0170	0.0064	0.0278	1.06E-08	0.539825
10	rs1250229	C	T	0.0243	-0.0337	0.0042	0.0184	3.13E-08	0.066655
11	rs12721109	A	G	-0.4462	-0.1441	0.0183	0.0800	2.99E-122	0.071488
12	rs12748152	T	C	0.0499	0.0415	0.0066	0.0239	3.21E-12	0.082456
13	rs12916	C	T	0.0733	0.0407	0.0038	0.0146	7.79E-78	0.005326
14	rs13206249	A	G	-0.0378	-0.0208	0.0062	0.0166	4.53E-08	0.212092
15	rs13277801	T	C	-0.0338	0.0081	0.0038	0.0145	3.99E-17	0.57527
16	rs1367117	A	G	0.1186	0.0353	0.0040	0.0155	9.48E-183	0.023027
17	rs1408272	G	T	-0.0520	-0.0311	0.0083	0.0317	3.68E-09	0.325866
18	rs1564348	C	T	0.0481	0.0608	0.0050	0.0189	2.76E-21	0.001284
19	rs16831243	T	C	0.0378	-0.0118	0.0055	0.0213	9.06E-12	0.579439
20	rs17404153	T	G	-0.0336	-0.0660	0.0054	0.0212	1.83E-09	0.001797
21	rs174583	T	C	-0.0522	-0.0016	0.0038	0.0144	7.00E-41	0.911637
22	rs1800961	T	C	-0.0685	0.0304	0.0106	0.0442	6.03E-10	0.491232

23	rs1883025	T	C	-0.0296	-0.0141	0.0044	0.0170	6.14E-11	0.406622
24	rs2000999	A	G	0.0650	0.0402	0.0046	0.0185	4.22E-41	0.029767
25	rs2030746	T	C	0.0214	0.0277	0.0038	0.0162	8.60E-09	0.087153
26	rs2073547	G	A	0.0485	0.0207	0.0049	0.0263	1.92E-21	0.431464
27	rs2228603	T	C	-0.1040	-0.1106	0.0072	0.0282	4.43E-44	8.97E-05
28	rs2315065	A	C	0.1102	0.2560	0.0158	0.0561	5.23E-12	5.04E-06
29	rs2328223	C	A	0.0299	-0.0053	0.0050	0.0291	5.63E-09	0.85477
30	rs2390536	A	G	0.0223	0.0148	0.0038	0.0146	2.04E-08	0.309586
31	rs2419604	G	A	-0.0302	0.0057	0.0040	0.0158	7.49E-14	0.715875
32	rs247616	T	C	-0.0547	-0.0365	0.0041	0.0206	2.57E-37	0.077124
33	rs2587534	A	G	0.0391	-0.0006	0.0037	0.0140	8.06E-25	0.963704
34	rs2642438	G	A	0.0352	0.0197	0.0042	0.0160	7.32E-16	0.218884
35	rs267733	G	A	-0.0331	-0.0027	0.0053	0.0220	5.29E-09	0.9009
36	rs2710642	A	G	0.0239	0.0166	0.0038	0.0146	6.09E-09	0.255491
37	rs2737252	A	G	-0.0314	0.0079	0.0041	0.0155	7.04E-14	0.61004
38	rs2886232	C	T	-0.0451	-0.0630	0.0064	0.0350	3.88E-11	0.071623
39	rs2954029	T	A	-0.0564	-0.0586	0.0036	0.0140	2.10E-50	2.79E-05
40	rs2965157	C	T	-0.1886	-0.0896	0.0112	0.0442	7.29E-62	0.042695
41	rs314253	C	T	-0.0242	-0.0104	0.0038	0.0151	3.44E-10	0.490563
42	rs3184504	C	T	0.0268	-0.0704	0.0038	0.0156	4.20E-12	6.35E-06
43	rs364585	G	A	0.0249	0.0072	0.0038	0.0144	4.28E-10	0.614571
44	rs3757354	T	C	-0.0382	-0.0182	0.0044	0.0206	2.09E-17	0.376032
45	rs3780181	G	A	-0.0445	-0.0351	0.0074	0.0260	1.76E-09	0.177783
46	rs4253776	G	A	0.0311	0.0337	0.0059	0.0240	3.35E-08	0.160715
47	rs4530754	A	G	0.0275	-0.0075	0.0036	0.0142	3.58E-12	0.594162
48	rs4722551	C	T	0.0391	0.0332	0.0049	0.0273	3.95E-14	0.225026

49	rs4942486	C	T	-0.0243	0.0000	0.0037	0.0141	2.26E-11	0.999267
50	rs4970712	C	A	0.0339	0.0123	0.0044	0.0171	2.46E-13	0.471551
51	rs4970834	T	C	-0.1503	-0.1287	0.0047	0.0219	1.00E-200	4.25E-09
52	rs5763662	T	C	0.0767	-0.0097	0.0121	0.0502	1.19E-08	0.846522
53	rs579459	C	T	0.0665	0.0981	0.0045	0.0185	2.42E-44	1.16E-07
54	rs6016373	G	A	-0.0349	-0.0109	0.0037	0.0144	7.95E-19	0.448828
55	rs6065311	C	T	0.0417	0.0193	0.0036	0.0140	1.66E-30	0.167658
56	rs6504872	T	C	0.0274	0.0069	0.0037	0.0141	3.48E-13	0.626014
57	rs6511720	T	G	-0.2209	-0.1253	0.0061	0.0332	1.00E-200	0.000161
58	rs6544713	C	T	-0.0806	-0.0615	0.0041	0.0166	4.84E-83	0.000222
59	rs6709904	G	A	-0.0550	-0.0622	0.0085	0.0264	4.58E-10	0.018499
60	rs676388	C	T	0.0265	0.0058	0.0039	0.0162	1.31E-11	0.720324
61	rs6818397	G	T	-0.0224	-0.0298	0.0040	0.0175	1.68E-08	0.088332
62	rs6882076	C	T	0.0456	0.0215	0.0038	0.0149	3.31E-31	0.149584
63	rs6909746	T	C	-0.0263	-0.0230	0.0037	0.0142	7.86E-11	0.105959
64	rs7254892	A	G	-0.4853	-0.1360	0.0119	0.0803	1.00E-200	0.09033
65	rs72902576	G	T	-0.0933	-0.0501	0.0133	0.0684	9.58E-12	0.464229
66	rs7551981	T	G	0.0472	0.0262	0.0038	0.0161	1.36E-33	0.103138
67	rs7640978	T	C	-0.0392	-0.0934	0.0069	0.0264	9.84E-09	0.000408
68	rs7832643	T	G	0.0339	-0.0111	0.0038	0.0143	2.67E-17	0.43824
69	rs8017377	A	G	0.0303	-0.0184	0.0038	0.0202	2.52E-15	0.36153
70	rs964184	C	G	-0.0855	-0.1260	0.0078	0.0205	2.01E-26	8.02E-10
71	rs9875338	A	G	-0.0270	-0.0181	0.0037	0.0144	2.21E-11	0.209173
72	rs9987289	G	A	0.0714	0.0215	0.0066	0.0255	8.53E-24	0.399913

Appendix Table 7. Harmonized data of systolic blood glucose and coronary heart disease

NO.	SNP	EA	OA	beta.exposure	beta.outcome	se.exposure	se.outcome	pval.exposure	pval.outcome
1	rs1000423	T	C	0.41380	-0.05189	0.03460	0.01702	6.50E-33	0.00230
2	rs10045307	G	C	0.20240	-0.00500	0.03620	0.01614	2.21E-08	0.75647
3	rs10048404	T	C	-0.26070	-0.01523	0.03170	0.01518	1.91E-16	0.31570
4	rs1006545	T	G	0.68460	-0.00818	0.04800	0.02285	3.50E-46	0.72044
5	rs10069690	T	C	0.30980	-0.02000	0.03690	0.03300	4.47E-17	0.54447
6	rs1010064	C	A	-0.35710	-0.02712	0.03870	0.01814	3.02E-20	0.13489
7	rs1012089	G	C	0.19200	-0.00210	0.03020	0.01393	1.95E-10	0.87990
8	rs10188003	T	C	0.18830	-0.01911	0.03070	0.01450	8.80E-10	0.18747
9	rs10207726	T	C	-0.21420	-0.00698	0.03300	0.01525	8.06E-11	0.64709
10	rs10224210	C	T	0.38310	0.00021	0.03400	0.01686	1.60E-29	0.99017
11	rs1044822	T	C	-0.24800	0.00114	0.04240	0.01922	5.16E-09	0.95285
12	rs10460108	G	A	-0.21410	-0.00326	0.03010	0.01392	1.12E-12	0.81498
13	rs1049212	G	A	0.29900	0.00006	0.03020	0.01412	4.59E-23	0.99660
14	rs10501410	A	G	0.41220	0.01132	0.06070	0.02857	1.10E-11	0.69195
15	rs1052501	T	C	0.22620	0.02649	0.04120	0.02117	4.14E-08	0.21092
16	rs10749572	T	G	-0.20300	-0.02123	0.03020	0.01397	1.88E-11	0.12846
17	rs10750441	T	C	0.17540	0.00416	0.03190	0.01475	3.74E-08	0.77768
18	rs10776752	T	G	0.82110	0.07600	0.05760	0.03630	4.61E-46	0.03629
19	rs10777213	A	G	-0.17860	0.01211	0.02990	0.01408	2.45E-09	0.38957

20	rs10782230	A	G	0.21060	-0.00419	0.03020	0.01444	2.91E-12	0.77189
21	rs10804330	C	T	-0.23510	-0.02061	0.03060	0.01426	1.62E-14	0.14835
22	rs10914124	C	T	-0.23400	-0.00222	0.03120	0.01578	6.32E-14	0.88814
23	rs11120093	T	C	-0.17920	-0.00899	0.03070	0.01408	5.13E-09	0.52309
24	rs11159091	A	G	0.19780	0.01080	0.03030	0.01394	6.79E-11	0.43873
25	rs111866816	T	C	0.35690	-0.02058	0.05970	0.02741	2.29E-09	0.45278
26	rs11191580	C	T	-1.09950	-0.10399	0.05500	0.02510	7.74E-89	0.00003
27	rs11222084	T	A	0.33630	-0.02402	0.03160	0.01480	1.80E-26	0.10463
28	rs11241313	T	C	-0.20710	-0.01804	0.03260	0.01486	2.23E-10	0.22468
29	rs112509803	C	G	-0.26410	-0.01420	0.04770	0.01917	3.18E-08	0.45886
30	rs11252324	T	G	-0.41640	-0.03513	0.05730	0.02617	3.61E-13	0.17948
31	rs113086489	T	C	0.32490	-0.02715	0.03070	0.01682	3.80E-26	0.10637
32	rs1154214	G	T	0.20310	0.01051	0.03060	0.01420	3.27E-11	0.45935
33	rs11585169	A	T	0.17960	0.04435	0.03080	0.01426	5.34E-09	0.00187
34	rs11592107	A	G	0.30240	0.00565	0.03260	0.01490	1.55E-20	0.70437
35	rs11604357	A	C	-0.27700	0.01877	0.04110	0.01950	1.60E-11	0.33557
36	rs11636952	C	T	-0.53130	-0.00643	0.03280	0.01499	4.22E-59	0.66793
37	rs11641374	A	C	-0.19430	-0.02396	0.03090	0.02119	3.26E-10	0.25829
38	rs11655604	T	C	-0.20330	-0.03088	0.03330	0.02032	1.09E-09	0.12874
39	rs11672660	T	C	0.22120	-0.04559	0.03810	0.02360	6.32E-09	0.05334
40	rs1169078	G	C	0.19710	0.01802	0.03270	0.01532	1.68E-09	0.23940
41	rs11694601	G	A	0.19090	0.00166	0.03090	0.01420	6.41E-10	0.90716
42	rs11874246	T	C	0.28560	0.00772	0.03280	0.01497	3.22E-18	0.60621

43	rs11925504	A	G	-0.29010	-0.03822	0.03050	0.01398	1.78E-21	0.00627
44	rs11960210	C	T	-0.47270	-0.02945	0.03130	0.01443	1.25E-51	0.04133
45	rs11977526	A	G	-0.32130	-0.01126	0.03120	0.01516	6.62E-25	0.45796
46	rs1199330	G	A	0.26540	0.10547	0.04700	0.02182	1.65E-08	0.00000
47	rs1209384	G	A	-0.25580	-0.03632	0.03130	0.01417	2.85E-16	0.01036
48	rs12136922	A	G	0.20270	-0.00315	0.03040	0.01400	2.69E-11	0.82218
49	rs12255372	T	G	0.23580	0.01138	0.03350	0.01558	1.94E-12	0.46512
50	rs12258967	G	C	-0.63270	-0.03311	0.03370	0.01561	1.08E-78	0.03395
51	rs12321	C	G	-0.22920	-0.00813	0.03030	0.01536	3.81E-14	0.59677
52	rs12464602	A	G	-0.24370	-0.05015	0.03150	0.01868	1.02E-14	0.00725
53	rs12509595	C	T	0.83670	0.00046	0.03340	0.02472	2.55E-138	0.98508
54	rs12511987	G	T	0.23290	0.03029	0.03990	0.01924	5.39E-09	0.11540
55	rs12596630	T	C	0.42780	0.02733	0.05470	0.03894	5.01E-15	0.48284
56	rs12610654	G	A	-0.23150	-0.00159	0.03200	0.01689	4.41E-13	0.92518
57	rs12627651	A	G	0.34980	0.03188	0.03410	0.02410	1.02E-24	0.18597
58	rs12637573	G	A	0.17310	-0.01238	0.03020	0.01394	9.95E-09	0.37443
59	rs12643599	G	A	-0.31340	-0.04926	0.03130	0.01445	1.23E-23	0.00065
60	rs12656497	C	T	0.63820	0.03395	0.03070	0.01416	7.14E-96	0.01648
61	rs12657950	T	C	0.45500	-0.01922	0.05900	0.02792	1.27E-14	0.49127
62	rs12668436	C	T	0.21510	0.03274	0.03500	0.01605	7.88E-10	0.04141
63	rs12693982	T	C	0.25750	0.05013	0.03090	0.01410	7.49E-17	0.00038
64	rs12731646	T	C	-0.18900	-0.04143	0.03070	0.01440	7.21E-10	0.00401
65	rs1275985	T	C	-0.54110	0.01075	0.03080	0.01403	4.73E-69	0.44383

66	rs12883810	T	C	-0.23820	-0.02424	0.04280	0.02253	2.70E-08	0.28194
67	rs12885878	G	A	0.22910	0.06049	0.03670	0.02557	4.32E-10	0.01798
68	rs12906962	C	T	0.26530	0.03975	0.03250	0.01854	3.28E-16	0.03206
69	rs1290784	T	C	0.41240	0.02299	0.03030	0.01405	2.97E-42	0.10175
70	rs12926550	A	G	-0.25480	-0.02185	0.03240	0.01540	3.43E-15	0.15587
71	rs1293969	C	T	0.19880	-0.01478	0.03470	0.01617	1.03E-08	0.36070
72	rs13016772	T	C	0.25220	-0.00963	0.03550	0.01669	1.23E-12	0.56374
73	rs13091418	G	C	0.22340	0.00330	0.03250	0.01479	6.15E-12	0.82358
74	rs13107261	A	G	-0.17780	0.01552	0.03140	0.01419	1.57E-08	0.27408
75	rs13107325	T	C	-0.90860	0.00494	0.05920	0.04247	4.22E-53	0.90743
76	rs13204703	C	T	-0.19670	0.02380	0.03500	0.01574	1.94E-08	0.13049
77	rs13253358	T	C	0.21270	0.03011	0.03300	0.01502	1.13E-10	0.04504
78	rs1332813	C	T	-0.22030	-0.00869	0.03140	0.01437	2.32E-12	0.54527
79	rs13358657	G	A	0.38800	0.00098	0.04450	0.02103	2.95E-18	0.96290
80	rs13412750	A	G	-0.28890	0.02503	0.03410	0.01578	2.32E-17	0.11266
81	rs13420463	G	A	-0.31430	0.00026	0.03600	0.01692	2.72E-18	0.98774
82	rs1375564	T	C	0.25790	0.00742	0.03150	0.01436	2.84E-16	0.60536
83	rs1382472	A	G	-0.19170	0.01155	0.03070	0.01408	4.47E-10	0.41195
84	rs1408945	T	G	-0.31960	-0.01912	0.03040	0.01409	8.33E-26	0.17476
85	rs1410222	T	C	0.21730	-0.01814	0.03880	0.01803	2.17E-08	0.31434
86	rs141958336	A	G	0.78070	-0.02496	0.07800	0.03469	1.36E-23	0.47188
87	rs1422279	T	C	0.33100	0.01995	0.03090	0.01439	1.05E-26	0.16552
88	rs1433121	T	C	-0.22800	0.00140	0.03260	0.01495	2.66E-12	0.92528

89	rs1437649	A	G	-0.21890	0.01988	0.03570	0.01631	8.57E-10	0.22290
90	rs146550789	C	T	0.48240	0.00917	0.07780	0.03145	5.64E-10	0.77068
91	rs148140538	T	C	-0.32520	-0.00835	0.05620	0.02838	7.39E-09	0.76868
92	rs1493132	C	T	0.17660	0.00439	0.03180	0.01442	2.73E-08	0.76088
93	rs1544861	C	T	-0.19690	0.02820	0.03180	0.02546	5.66E-10	0.26803
94	rs1551355	T	C	0.20980	-0.00495	0.03560	0.02011	3.89E-09	0.80561
95	rs1565440	A	G	0.17460	0.00038	0.03110	0.01449	1.94E-08	0.97914
96	rs1575290	T	C	0.19730	0.00785	0.03010	0.01446	5.59E-11	0.58733
97	rs1623474	T	C	0.38270	0.00738	0.03210	0.01530	7.66E-33	0.62937
98	rs1630736	T	C	-0.17060	0.03162	0.03090	0.01578	3.52E-08	0.04501
99	rs1664781	A	G	0.26430	0.03260	0.03260	0.01473	5.69E-16	0.02693
100	rs17010957	C	T	0.53400	0.00578	0.04300	0.02105	1.78E-35	0.78368
101	rs17035181	G	T	-0.30740	-0.03498	0.04290	0.01966	7.61E-13	0.07516
102	rs17080102	C	G	-0.80850	-0.06970	0.05940	0.02810	3.52E-42	0.01314
103	rs17245822	C	A	0.18990	0.00311	0.03120	0.01419	1.15E-09	0.82651
104	rs17249754	A	G	-0.84460	0.04477	0.04030	0.01807	1.25E-97	0.01322
105	rs17257081	G	A	-0.22740	0.00942	0.03920	0.01836	6.35E-09	0.60789
106	rs17562391	T	C	0.19670	0.08518	0.03060	0.01667	1.35E-10	0.00000
107	rs17608766	C	T	0.69030	0.08802	0.04330	0.02042	2.48E-57	0.00002
108	rs177551	A	C	0.37300	0.04663	0.04420	0.01951	3.47E-17	0.01681
109	rs17760259	C	T	0.26540	0.02116	0.03040	0.01401	2.25E-18	0.13100
110	rs17762	A	G	0.41170	0.01407	0.05710	0.02677	5.60E-13	0.59923
111	rs17812022	T	C	-0.36130	0.03492	0.05250	0.02534	5.65E-12	0.16817

112	rs1786345	C	A	-0.20730	-0.00152	0.03070	0.01420	1.34E-11	0.91462
113	rs1814951	A	G	-0.32310	0.00242	0.04660	0.02123	3.91E-12	0.90929
114	rs1821002	G	C	-0.37940	-0.03175	0.03070	0.01484	5.19E-35	0.03246
115	rs1848994	A	G	0.20120	-0.02400	0.03340	0.01576	1.79E-09	0.12790
116	rs1871190	T	G	0.19540	0.02562	0.03240	0.01940	1.66E-09	0.18674
117	rs1882212	G	A	-0.27530	0.00779	0.03630	0.01737	3.34E-14	0.65398
118	rs1882961	T	C	0.24430	0.04876	0.03260	0.01533	6.69E-14	0.00147
119	rs1889785	A	G	0.17820	-0.01666	0.03040	0.01732	4.35E-09	0.33629
120	rs1906672	A	G	0.29660	-0.00833	0.03580	0.01658	1.20E-16	0.61535
121	rs1957563	T	C	0.36290	0.02896	0.03420	0.01551	2.32E-26	0.06182
122	rs1984195	A	G	0.24090	0.02478	0.03030	0.01388	1.77E-15	0.07421
123	rs1994158	G	A	-0.25130	-0.02028	0.03910	0.01753	1.23E-10	0.24741
124	rs2014408	T	C	0.51690	-0.00885	0.03730	0.01793	1.26E-43	0.62161
125	rs2024385	A	T	-0.26420	0.00815	0.03060	0.01450	5.88E-18	0.57386
126	rs2111557	T	C	0.17640	0.00660	0.03020	0.01422	5.22E-09	0.64269
127	rs2126474	T	G	-0.26010	0.01753	0.03060	0.01412	1.87E-17	0.21456
128	rs2129869	T	A	0.26430	0.01111	0.03610	0.01681	2.44E-13	0.50869
129	rs2161967	G	T	-0.28360	-0.03187	0.03070	0.01623	2.87E-20	0.04962
130	rs2177843	T	C	0.43940	0.02860	0.04320	0.01963	2.80E-24	0.14518
131	rs2238787	A	G	0.25520	0.02932	0.03320	0.01653	1.45E-14	0.07614
132	rs2249105	G	A	-0.29270	0.00537	0.03130	0.01427	7.63E-21	0.70671
133	rs2276153	G	C	-0.32960	-0.01564	0.03510	0.01656	6.56E-21	0.34487
134	rs2283500	C	A	-0.31060	-0.01675	0.04810	0.02205	1.08E-10	0.44759

135	rs2291434	T	G	-0.26220	-0.01596	0.03030	0.01394	5.10E-18	0.25232
136	rs2291516	A	G	0.37080	0.00230	0.05050	0.03220	2.17E-13	0.94307
137	rs2353940	C	T	0.20750	0.04521	0.03580	0.02298	6.85E-09	0.04916
138	rs2354862	C	A	-0.25070	-0.00251	0.03170	0.01429	2.42E-15	0.86053
139	rs2392929	G	T	0.75070	0.02474	0.03790	0.01975	1.96E-87	0.21044
140	rs246973	T	C	0.24790	-0.00617	0.03350	0.01586	1.45E-13	0.69725
141	rs2470004	T	C	-0.34540	0.00066	0.03920	0.01761	1.28E-18	0.97024
142	rs2493134	C	T	0.37360	0.04754	0.03090	0.01415	1.10E-33	0.00078
143	rs2493296	T	C	0.41830	0.07896	0.04420	0.02330	3.14E-21	0.00070
144	rs2498323	A	G	0.31710	0.06681	0.05170	0.02667	8.51E-10	0.01223
145	rs2580350	A	G	0.17690	0.00745	0.03070	0.01621	8.39E-09	0.64566
146	rs2589218	C	T	0.22580	0.01206	0.03390	0.01596	2.54E-11	0.45005
147	rs2598	G	A	-0.16800	0.02735	0.03030	0.01539	2.87E-08	0.07548
148	rs2610990	G	A	0.29030	0.06052	0.03430	0.01554	2.86E-17	0.00010
149	rs2627313	T	C	0.32080	0.02236	0.03030	0.01399	3.55E-26	0.11000
150	rs263532	C	T	-0.17980	-0.02918	0.03070	0.01618	4.72E-09	0.07126
151	rs2652812	T	C	-0.25160	-0.01783	0.03530	0.01637	1.03E-12	0.27605
152	rs2724377	G	A	-0.19380	-0.00359	0.03010	0.01391	1.29E-10	0.79663
153	rs2760748	A	T	0.36260	0.06445	0.05090	0.02321	1.05E-12	0.00549
154	rs2776037	C	T	0.18510	0.01420	0.03090	0.01624	2.15E-09	0.38173
155	rs2801008	G	T	0.18760	0.00065	0.03240	0.01556	7.37E-09	0.96667
156	rs2833834	A	C	0.21770	0.00139	0.03380	0.01532	1.22E-10	0.92783
157	rs28572357	C	A	0.27330	0.02661	0.03080	0.01403	6.34E-19	0.05780

158	rs28650790	T	C	0.22870	0.05357	0.03870	0.01815	3.30E-09	0.00315
159	rs28866311	G	T	0.27620	0.01619	0.03020	0.01407	5.45E-20	0.24973
160	rs2904315	G	A	0.20810	0.02498	0.03250	0.01517	1.58E-10	0.09976
161	rs2913920	T	C	0.24180	0.02645	0.03590	0.01794	1.62E-11	0.14030
162	rs2957688	A	G	0.34720	0.01482	0.03040	0.01433	2.74E-30	0.30085
163	rs3098186	T	C	-0.24220	0.01426	0.03030	0.01397	1.41E-15	0.30738
164	rs3104552	C	T	-0.24490	0.01491	0.03030	0.01428	6.31E-16	0.29633
165	rs34025993	G	A	-0.22300	0.00014	0.03080	0.01440	4.71E-13	0.99241
166	rs34072724	A	G	-0.24220	-0.04243	0.03030	0.01382	1.37E-15	0.00214
167	rs34727427	C	T	0.23530	0.00978	0.03240	0.01578	4.02E-13	0.53534
168	rs34917849	C	G	0.31240	0.05326	0.04540	0.02013	5.97E-12	0.00817
169	rs34941092	A	G	-0.32250	-0.01141	0.04250	0.02317	3.23E-14	0.62244
170	rs35098810	C	A	-0.19670	-0.00344	0.03560	0.01620	3.20E-08	0.83183
171	rs35444	G	A	-0.43680	0.00500	0.03100	0.01579	3.47E-45	0.75138
172	rs35783704	A	G	-0.46190	-0.04343	0.05070	0.02388	8.81E-20	0.06904
173	rs365990	G	A	-0.22500	-0.02253	0.03120	0.02079	5.95E-13	0.27848
174	rs3735533	C	T	0.91000	0.01270	0.05770	0.02729	5.29E-56	0.64158
175	rs3764400	C	T	-0.37480	-0.01855	0.04450	0.02295	3.69E-17	0.41910
176	rs3772219	C	A	-0.27330	-0.02852	0.03240	0.01743	3.10E-17	0.10187
177	rs3802517	A	T	0.25270	0.01139	0.03010	0.01384	4.65E-17	0.41053
178	rs3807925	G	A	0.18590	0.00320	0.03190	0.02001	5.39E-09	0.87297
179	rs3815460	G	C	0.28500	0.01778	0.05000	0.02400	1.21E-08	0.45887
180	rs3819532	C	T	0.18750	0.02781	0.03060	0.01416	9.44E-10	0.04947

181	rs3828282	G	C	-0.18570	-0.02300	0.03180	0.02280	5.29E-09	0.31300
182	rs3845811	G	C	0.29420	0.00652	0.03090	0.01572	1.88E-21	0.67856
183	rs3860770	A	G	-0.26630	-0.01000	0.03330	0.01494	1.20E-15	0.50335
184	rs3950627	A	C	0.18510	0.00995	0.03080	0.02105	1.82E-09	0.63638
185	rs3980686	T	G	-0.49980	-0.03015	0.04870	0.02166	1.03E-24	0.16392
186	rs4143175	C	T	-0.21870	-0.02241	0.03520	0.01638	5.10E-10	0.17116
187	rs4245599	G	A	0.17940	-0.00156	0.03050	0.01397	4.03E-09	0.91103
188	rs4260863	G	C	-0.19110	-0.02502	0.03140	0.01433	1.17E-09	0.08077
189	rs4284362	A	C	-0.22560	-0.01299	0.03380	0.01567	2.61E-11	0.40704
190	rs4408839	G	A	0.23010	-0.07056	0.03450	0.01622	2.42E-11	0.00001
191	rs4440615	A	G	-0.22010	0.00864	0.03120	0.01422	1.87E-12	0.54331
192	rs4499560	T	A	0.21990	0.00395	0.03260	0.01526	1.46E-11	0.79553
193	rs4511593	T	C	-0.28810	0.00212	0.03180	0.01765	1.28E-19	0.90448
194	rs4577304	C	T	0.17670	0.00974	0.03020	0.01397	4.99E-09	0.48578
195	rs4651224	T	C	0.19860	-0.02033	0.03060	0.01409	9.00E-11	0.14885
196	rs4734868	G	A	0.18440	-0.03945	0.03210	0.01483	9.22E-09	0.00780
197	rs4784541	C	T	0.20150	-0.01132	0.03070	0.01671	4.93E-11	0.49834
198	rs483071	T	C	0.27090	-0.01445	0.03130	0.01837	5.09E-18	0.43168
199	rs4834792	A	T	0.19730	0.03434	0.03030	0.01391	7.24E-11	0.01357
200	rs4873492	T	C	0.34310	0.04636	0.04030	0.01817	1.61E-17	0.01075
201	rs488834	T	C	-0.37990	-0.05034	0.03650	0.02490	2.35E-25	0.04323
202	rs4888408	A	G	0.36530	0.05432	0.03070	0.01467	1.42E-32	0.00021
203	rs4925159	A	G	0.21740	-0.02959	0.03050	0.01423	9.66E-13	0.03761

204	rs4952609	G	A	-0.21240	-0.00921	0.03470	0.01602	9.60E-10	0.56523
205	rs4955575	C	A	-0.21580	0.02664	0.03480	0.01628	5.63E-10	0.10174
206	rs4957026	G	A	-0.19820	0.00269	0.03230	0.01477	8.12E-10	0.85539
207	rs4961293	T	C	0.22680	-0.00539	0.03030	0.01392	7.35E-14	0.69876
208	rs4980379	T	C	0.57640	0.00466	0.03200	0.02085	2.47E-72	0.82317
209	rs509833	G	A	-0.32900	-0.00912	0.04400	0.02049	7.08E-14	0.65616
210	rs55732192	T	G	-0.33580	-0.04229	0.05210	0.02488	1.15E-10	0.08917
211	rs56288724	G	A	0.21780	-0.01329	0.03100	0.01981	2.01E-12	0.50220
212	rs571689	T	C	0.22800	0.00087	0.03040	0.01587	6.77E-14	0.95642
213	rs573455	G	A	-0.19940	-0.00205	0.03030	0.01433	4.77E-11	0.88635
214	rs5742643	C	T	0.22330	-0.00945	0.03490	0.01565	1.53E-10	0.54589
215	rs57946343	C	T	-0.71600	-0.06321	0.04260	0.02047	2.10E-63	0.00201
216	rs60191654	G	A	0.23820	0.00205	0.03850	0.01869	5.88E-10	0.91259
217	rs6026578	G	C	0.18500	-0.01539	0.03160	0.01492	4.59E-09	0.30218
218	rs6026744	T	A	0.71310	0.05876	0.04610	0.02154	7.00E-54	0.00637
219	rs604723	C	T	0.65500	0.01634	0.03390	0.01554	2.55E-83	0.29301
220	rs6054139	A	G	0.20940	-0.00095	0.03060	0.01415	8.23E-12	0.94646
221	rs6058088	G	T	-0.28320	-0.01188	0.04170	0.02083	1.14E-11	0.56851
222	rs6062324	A	G	-0.32940	-0.02142	0.03630	0.01771	1.18E-19	0.22646
223	rs6078093	A	G	-0.18490	-0.00991	0.03040	0.01397	1.20E-09	0.47803
224	rs6090907	A	G	-0.38540	-0.08817	0.04250	0.03595	1.29E-19	0.01420
225	rs60909079	C	G	-0.21140	0.00292	0.03510	0.01603	1.73E-09	0.85526
226	rs60991988	G	T	-0.37890	-0.03036	0.04980	0.02327	2.82E-14	0.19208

227	rs6108787	G	T	0.42740	0.04049	0.03000	0.01796	5.38E-46	0.02412
228	rs61772592	G	A	0.31810	0.06876	0.04550	0.02102	2.86E-12	0.00107
229	rs62076622	G	A	-0.23630	0.02262	0.03770	0.01697	3.79E-10	0.18250
230	rs62082230	A	T	-0.18840	-0.02378	0.03450	0.05101	4.69E-08	0.64110
231	rs62309747	A	G	-0.22440	-0.02387	0.03040	0.01413	1.59E-13	0.09111
232	rs62512914	G	A	-0.20660	-0.00851	0.03060	0.01404	1.42E-11	0.54457
233	rs6271	T	C	-0.55470	-0.00407	0.06110	0.03999	1.18E-19	0.91893
234	rs6438857	C	T	-0.27360	-0.02158	0.03050	0.01411	3.13E-19	0.12630
235	rs6445583	A	G	0.27740	0.02183	0.03490	0.01726	1.90E-15	0.20609
236	rs6452769	A	G	-0.31430	0.00016	0.03770	0.01982	7.82E-17	0.99354
237	rs6490019	G	A	0.28970	0.01336	0.03090	0.01406	6.61E-21	0.34203
238	rs6504213	C	T	0.29820	0.04231	0.03120	0.01501	1.25E-21	0.00482
239	rs6540119	T	A	-0.20160	-0.02074	0.03220	0.01473	3.93E-10	0.15911
240	rs658780	G	T	0.20280	-0.01715	0.03470	0.01705	5.29E-09	0.31424
241	rs665445	A	C	-0.19090	0.02645	0.03340	0.01503	1.15E-08	0.07835
242	rs66864335	A	G	-0.39630	-0.03804	0.03650	0.01836	1.79E-27	0.03826
243	rs6699618	G	C	-0.91150	-0.02498	0.04100	0.01881	1.68E-109	0.18430
244	rs6731373	A	G	0.19130	0.00042	0.03260	0.01864	4.18E-09	0.98214
245	rs6732123	C	G	-0.17370	-0.03045	0.03070	0.01465	1.52E-08	0.03763
246	rs6737318	G	A	-0.23480	-0.02936	0.03640	0.01701	1.13E-10	0.08433
247	rs6788907	A	G	0.22100	0.00065	0.03390	0.01586	7.31E-11	0.96719
248	rs6788984	G	A	-0.29990	-0.06264	0.04320	0.01972	3.81E-12	0.00149
249	rs68085857	T	C	0.27400	-0.01738	0.03570	0.01790	1.68E-14	0.33163

250	rs6870654	C	T	-0.21360	-0.01300	0.03470	0.02033	7.58E-10	0.52251
251	rs6892983	A	C	0.34270	-0.00016	0.03070	0.01422	7.11E-29	0.99083
252	rs6921291	T	C	0.35750	-0.05247	0.03850	0.01780	1.58E-20	0.00321
253	rs6961048	G	C	0.53040	0.04664	0.04970	0.02171	1.43E-26	0.03171
254	rs7012866	G	T	0.23250	0.01350	0.03010	0.01407	1.21E-14	0.33711
255	rs702395	T	C	0.23180	-0.00654	0.03050	0.01837	3.24E-14	0.72170
256	rs7026176	T	G	-0.18690	-0.02796	0.02990	0.02620	4.01E-10	0.28587
257	rs7045409	A	T	-0.18620	0.01011	0.03130	0.01414	2.55E-09	0.47469
258	rs7093894	A	C	0.23600	0.04325	0.04270	0.02074	3.16E-08	0.03707
259	rs7134677	T	C	-0.38510	0.01183	0.03320	0.01548	4.46E-31	0.44458
260	rs7154723	A	G	0.25300	0.04809	0.03090	0.01416	2.72E-16	0.00068
261	rs7186298	T	C	-0.23150	-0.02562	0.03020	0.01402	1.88E-14	0.06766
262	rs7211535	G	A	0.17790	-0.00337	0.03040	0.01440	4.61E-09	0.81499
263	rs7213273	A	G	-0.40000	0.01517	0.03150	0.01458	6.24E-37	0.29810
264	rs72719160	T	A	0.22430	0.03829	0.03240	0.01471	4.34E-12	0.00926
265	rs72742507	T	C	-0.20530	-0.00222	0.03280	0.01540	3.80E-10	0.88532
266	rs7278003	C	T	0.18760	0.04260	0.03040	0.01421	6.63E-10	0.00271
267	rs72847885	G	A	-0.24130	-0.01838	0.03180	0.01482	3.08E-14	0.21470
268	rs73103937	C	T	-0.20510	-0.05455	0.03440	0.01641	2.36E-09	0.00089
269	rs7310615	G	C	-0.58500	-0.06983	0.03060	0.01556	1.32E-81	0.00001
270	rs7331680	T	G	0.41010	0.04410	0.04230	0.02107	3.35E-22	0.03639
271	rs73855810	A	G	0.27320	0.09004	0.04340	0.02009	3.04E-10	0.00001
272	rs740746	A	G	0.45570	0.00636	0.03420	0.01868	1.42E-40	0.73345

273	rs743395	T	C	0.25970	0.01167	0.03170	0.01693	2.55E-16	0.49076
274	rs7439567	T	C	0.25370	0.03967	0.03090	0.01566	2.31E-16	0.01131
275	rs7463212	A	T	-0.27530	-0.00620	0.03050	0.01427	1.81E-19	0.66389
276	rs7491248	A	G	0.21630	0.00931	0.03620	0.01698	2.37E-09	0.58336
277	rs7493678	T	A	0.18900	0.01743	0.03160	0.01481	2.31E-09	0.23907
278	rs75016974	T	C	-0.25130	-0.06012	0.04390	0.02158	1.05E-08	0.00533
279	rs75461554	T	C	-0.30160	-0.02286	0.03770	0.01678	1.18E-15	0.17318
280	rs7555285	C	G	0.22940	0.01468	0.03760	0.01758	1.05E-09	0.40372
281	rs75961402	A	G	0.26590	0.01350	0.04180	0.01943	1.95E-10	0.48713
282	rs7615099	G	A	-0.18910	-0.01720	0.03210	0.01545	3.90E-09	0.26541
283	rs7618284	C	G	-0.18910	0.02482	0.03310	0.02082	1.10E-08	0.23322
284	rs7683728	T	C	-0.36540	-0.03257	0.03040	0.01401	2.43E-33	0.02004
285	rs7703560	G	A	0.22460	0.03721	0.03330	0.01606	1.51E-11	0.02050
286	rs7722243	A	G	-0.20480	-0.03724	0.03020	0.01408	1.21E-11	0.00819
287	rs7725413	T	C	-0.19850	-0.01425	0.03590	0.01654	3.07E-08	0.38909
288	rs77375686	G	A	0.34670	0.00438	0.04850	0.02366	8.38E-13	0.85319
289	rs7744902	A	G	-0.40880	-0.03231	0.05930	0.03186	5.64E-12	0.31053
290	rs7763558	A	G	0.33630	0.00103	0.03210	0.01487	1.17E-25	0.94455
291	rs7765526	G	A	-0.20100	0.00623	0.03070	0.01426	5.88E-11	0.66210
292	rs778124	A	G	0.29650	0.00175	0.03110	0.01441	1.45E-21	0.90356
293	rs7796	G	C	-0.33850	-0.00681	0.03140	0.01384	5.00E-27	0.62273
294	rs7821832	G	T	-0.42220	-0.00944	0.03480	0.01593	6.67E-34	0.55354
295	rs78474310	G	A	0.46990	0.08911	0.07340	0.08439	1.51E-10	0.29102

296	rs786923	T	C	-0.30820	-0.04166	0.03100	0.01469	2.82E-23	0.00458
297	rs78998485	G	C	0.24490	-0.02803	0.03460	0.01576	1.48E-12	0.07533
298	rs7912283	A	G	-0.21440	-0.01143	0.03220	0.01520	2.94E-11	0.45181
299	rs7926110	G	T	-0.26030	-0.00289	0.03210	0.01486	5.71E-16	0.84600
300	rs79384779	T	C	0.31790	-0.01631	0.04280	0.02096	1.08E-13	0.43653
301	rs7963801	C	T	0.23620	-0.00571	0.03110	0.01979	2.87E-14	0.77309
302	rs7980644	G	A	-0.26410	-0.01683	0.04040	0.02001	6.30E-11	0.40019
303	rs8003103	A	G	-0.17550	0.00982	0.03190	0.01492	3.60E-08	0.51054
304	rs8044992	C	T	-0.21380	0.00060	0.03310	0.02830	1.07E-10	0.98302
305	rs8180684	T	C	0.21340	0.01987	0.03350	0.01773	1.80E-10	0.26257
306	rs869396	A	C	-0.21150	-0.04381	0.03050	0.01531	4.12E-12	0.00423
307	rs871004	A	G	0.23360	0.00121	0.03170	0.01497	1.65E-13	0.93574
308	rs908951	T	C	-0.22610	0.00510	0.03150	0.01708	7.14E-13	0.76510
309	rs9285476	G	C	-0.18440	-0.07959	0.03330	0.01549	3.07E-08	0.00000
310	rs9302885	G	A	-0.22420	-0.04057	0.03020	0.01534	1.03E-13	0.00818
311	rs9327297	G	C	-0.27470	-0.01796	0.03190	0.01476	8.07E-18	0.22381
312	rs9349379	G	A	-0.26640	0.09298	0.03120	0.01772	1.31E-17	0.00000
313	rs9361836	T	C	0.21960	0.01932	0.03240	0.01417	1.25E-11	0.17283
314	rs9368222	A	C	0.22810	0.03260	0.03390	0.01586	1.84E-11	0.03976
315	rs9401913	A	G	0.52020	0.00375	0.03050	0.01407	3.66E-65	0.78960
316	rs9486916	T	C	0.26570	-0.01491	0.03850	0.01772	5.42E-12	0.40009
317	rs9508495	T	C	-0.35570	0.03509	0.03530	0.02127	6.34E-24	0.09907
318	rs9526707	A	G	-0.20390	-0.00840	0.03230	0.01713	2.77E-10	0.62410

319	rs961764	G	C	0.19090	0.02829	0.03050	0.01406	3.74E-10	0.04430
320	rs9848170	C	G	0.32310	0.00945	0.03070	0.01449	7.01E-26	0.51433
321	rs9869437	A	C	-0.20010	0.00550	0.03180	0.01478	3.22E-10	0.70971
322	rs9876694	T	C	0.47130	-0.05361	0.06510	0.03351	4.64E-13	0.10968
323	rs9880098	A	G	0.30810	0.03268	0.03080	0.01426	1.59E-23	0.02189
324	rs9899540	T	A	-0.20110	-0.02851	0.03160	0.01424	1.87E-10	0.04528

Appendix Table 8. Harmonized data of triglyceride and coronary heart disease

NO.	SNP	EA	OA	beta.exposure	beta.outcome	se.exposure	se.outcome	pval.exposure	pval.outcome
1	rs10401969	C	T	-0.1210	-0.1081	0.0065	0.0294	9.70E-70	0.0002
2	rs10440120	A	C	-0.0306	-0.0180	0.0044	0.0198	5.34E-11	0.3617
3	rs10501321	C	T	-0.0216	-0.0188	0.0035	0.0145	1.41E-08	0.1929
4	rs10761762	C	T	-0.0270	0.0137	0.0033	0.0140	1.06E-17	0.3289
5	rs11057408	T	G	-0.0258	-0.0396	0.0035	0.0146	2.05E-12	0.0068
6	rs11613352	T	C	-0.0280	-0.0007	0.0039	0.0157	9.40E-14	0.9656
7	rs11974409	G	A	-0.0899	0.0100	0.0042	0.0180	1.36E-100	0.5771
8	rs12280753	T	C	0.1931	0.0562	0.0064	0.0279	1.22E-179	0.0440
9	rs1260326	C	T	-0.1148	-0.0239	0.0034	0.0145	1.00E-200	0.1006
10	rs12676857	C	T	0.0332	0.0667	0.0046	0.0198	7.29E-12	0.0008
11	rs12678919	G	A	-0.1702	-0.0873	0.0056	0.0238	1.82E-199	0.0002
12	rs12748152	T	C	0.0372	0.0415	0.0059	0.0239	1.10E-09	0.0825
13	rs1321257	A	G	-0.0402	-0.0294	0.0034	0.0145	5.99E-31	0.0433
14	rs13389219	T	C	-0.0271	-0.0135	0.0034	0.0142	2.60E-15	0.3427
15	rs16948098	A	G	0.0800	0.0898	0.0089	0.0343	4.84E-17	0.0088
16	rs174535	C	T	0.0470	-0.0069	0.0034	0.0145	1.73E-41	0.6335
17	rs17513135	T	C	0.0220	0.0147	0.0039	0.0162	1.63E-08	0.3649
18	rs1832007	G	A	-0.0327	0.0138	0.0047	0.0201	1.72E-12	0.4931
19	rs2043085	C	T	-0.0327	-0.0127	0.0034	0.0150	7.81E-20	0.3965
20	rs2068888	A	G	-0.0241	-0.0329	0.0034	0.0200	1.68E-11	0.0991

21	rs2239520	A	G	-0.0236	0.0269	0.0037	0.0144	4.14E-10	0.0618
22	rs2247056	C	T	0.0378	0.0300	0.0039	0.0159	3.86E-21	0.0582
23	rs2250802	A	G	0.0230	0.0081	0.0037	0.0156	1.21E-10	0.6065
24	rs247616	T	C	-0.0393	-0.0365	0.0037	0.0206	1.12E-25	0.0771
25	rs2665357	C	A	0.0212	0.0518	0.0033	0.0139	8.33E-10	0.0002
26	rs287621	C	T	-0.0222	-0.0340	0.0037	0.0159	7.67E-09	0.0322
27	rs2954022	A	C	-0.0780	-0.0561	0.0033	0.0139	2.23E-113	0.0001
28	rs2972146	T	G	0.0281	0.0507	0.0034	0.0143	2.97E-15	0.0004
29	rs3198697	T	C	-0.0198	-0.0171	0.0034	0.0142	2.21E-08	0.2287
30	rs3760627	C	T	0.0189	-0.0172	0.0034	0.0160	5.29E-09	0.2840
31	rs3761445	A	G	0.0232	-0.0268	0.0034	0.0143	8.06E-12	0.0614
32	rs38855	G	A	-0.0187	-0.0204	0.0033	0.0141	2.11E-08	0.1465
33	rs439401	C	T	0.0659	0.0087	0.0038	0.0289	1.42E-66	0.7635
34	rs442177	T	G	0.0309	0.0281	0.0033	0.0141	1.32E-18	0.0463
35	rs4587594	A	G	-0.0694	0.0166	0.0035	0.0147	3.50E-82	0.2596
36	rs4719841	G	A	0.0232	-0.0128	0.0034	0.0165	8.86E-11	0.4361
37	rs4738684	G	A	-0.0205	0.0041	0.0035	0.0152	8.82E-09	0.7866
38	rs4810479	T	C	-0.0474	0.0301	0.0038	0.0165	2.07E-34	0.0682
39	rs588136	T	C	-0.0495	-0.0140	0.0041	0.0176	3.37E-30	0.4274
40	rs6029143	T	C	-0.0388	-0.0696	0.0071	0.0327	4.93E-08	0.0335
41	rs634869	C	T	-0.0272	-0.0377	0.0033	0.0140	1.78E-14	0.0072
42	rs645040	T	G	0.0293	0.0246	0.0040	0.0168	1.83E-12	0.1432
43	rs676210	A	G	-0.0733	-0.0297	0.0039	0.0168	3.28E-71	0.0768
44	rs6831256	G	A	0.0258	0.0255	0.0035	0.0201	1.60E-12	0.2048

45	rs6882076	C	T	0.0286	0.0215	0.0035	0.0149	1.51E-15	0.1496
46	rs6995541	G	A	0.0265	-0.0354	0.0037	0.0158	1.34E-12	0.0252
47	rs719726	T	C	0.0199	0.0097	0.0035	0.0150	2.49E-08	0.5179
48	rs7248104	A	G	-0.0222	-0.0057	0.0034	0.0139	5.04E-10	0.6821
49	rs731839	A	G	-0.0224	-0.0209	0.0036	0.0163	2.65E-09	0.2008
50	rs7350481	C	T	-0.2254	-0.1240	0.0066	0.0279	1.00E-200	0.0000
51	rs749671	A	G	-0.0211	-0.0054	0.0034	0.0141	6.11E-10	0.6996
52	rs8077889	C	A	0.0252	-0.0300	0.0042	0.0183	9.88E-09	0.1019
53	rs948690	C	T	-0.0306	-0.0107	0.0052	0.0154	6.57E-09	0.4869
54	rs9686661	T	C	0.0379	0.0536	0.0044	0.0181	2.54E-16	0.0032
55	rs998584	A	C	0.0293	0.0481	0.0037	0.0184	3.42E-15	0.0090

국 문 요 약 (Korean Abstract)

과체중과 관상동맥질환의 인과 관계: MR-BASE 플랫폼을 사용한

Two sample Mendelian Randomization

연세대학교 대학원 보건학과

김조이스

배경 및 목적:

생활습관 및 환경적 요인은 과체중이 될 위험성을 증가시킨다. 그러나 유전적 요인이 40%에서 85%를 차지한다. 본 연구는 멘델 무작위 분석법 (Mendelian Randomization)을 토대로 독립변수인 과체중 단일 핵산염기 다형현상(Single Nucleotide Polymorphism, SNP)과 종속변수인 관상동맥질환 단일 핵산염기 다형현상(SNP)를 추정하여 과체중과 관상동맥질환과의 인과적 관련성을 평가하고자 하였다.

연구 방법:

모든 유전 데이터는 MR-BASE 데이터베이스를 통해 일반에 공개된 GWAS (Genome-wide association study) 이차 데이터를 활용하였다. 멘델 무작위 분석에서 독립변수는 과체중으로 정하였고, 종속변수는 관상동맥질환으로 하였다. 대상자는 유럽인으로 총 158,855 이었다. 본 연구는 단변수 및 다변수 멘델 무작위 분석법을 토대로 유전적 요인이 있는 과체중 및 관상동맥질환의 총 효과 및 직접효과를 추정하였다. MR의 가정은 다음과 같다: 도구 변수(IV)는 독립변수와 관련이 있고, IV는 독립변수-종속변수

관계의 어떠한 교란 변수와도 연관되어서는 안 되며, 독립변수만을 통해서 종속변수와 연관 지어야 한다. Inverse-variance weighted (IVW)를 주요 분석으로 사용되었으며, MR-Egger 와 Weighted median 을 민감성 분석으로 사용하였다. MR-Egger 분석법은 민감도 분석에 도움이 되는 반면, 무작위 분석을 위해 역분산 가중법이 사용되었다. 방향성 다면 발현 가능성(Pleiotropy)을 배제시키기 위해 MR-Egger 분석법을 사용하였다.

연구 결과:

단변수 멘델 무작위 분석법을 토대로 하여 과체중이 관상동맥질환 위험성의 증가와 크게 관련이 있음을 확인하였다 (OR 1.21, 95% CI 1.08-1.34, $p=0.0006$). 이 연구를 통해 과체중 및 관상동맥질환과의 인과적 연관성을 확인하였다. 또한 유전적으로 가지고 태어난 높은 과체중 요인이 관상동맥질환 위험의 상승과 크게 연관되어 있음을 발견하였다. MR-Egger 절편분석 결과 음의 관련성이지만 통계적으로 유의하지 않기 때문에 ($\beta=-0.003$, $p=0.862$) 결과에 대한 방향성 수평적 다면 발현이 없음을 입증되었다. 과체중과 관상동맥질환 간의 멘델 무작위 분석 연관성이 저밀도 지질단백질, 수축기 혈압, 중성지방, 그리고 공복혈당에 기인하는지 평가하기 위해 다변수 멘델 무작위 분석을 진행하였다. 수축기 혈압 ($\beta=0.102$, $p=0.138$), 공복혈당 ($\beta=0.109$, $p=0.108$), 그리고 중성지방 ($\beta=0.004$, $p=0.952$)이 포함된 회귀 모형에 저밀도 지질단백질을 포함시켰을 때 과체중과 관상동맥질환 사이의 멘델 무작위 분석 연관성이 약해졌고 통계적 유의하지 않았다. 따라서 다변수 멘델 무작위 분석법으로 관상동맥질환에 대한 과체중의 독립된 인과적 경로를 보여주었다.

결론 및 고찰:

결론적으로, 유럽인에서 과체중은 관상동맥질환과 상당한 연관성이 있음을 발견하였다. 그러나 과체중과 관상동맥질환의 유전적 요인은 저밀도 지질단백질, 중성지방, 그리고 수축기 혈압에 영향을 받는다. 본 연구는 질병 위험성이나 향후 건강 문제를 예측하는 데 있어서 이상지질혈증 관리가 큰 영향을 미치다는 것을 밝혔다는데 큰 의미가 있다.

핵심어: 멘델 무작위 분석법; 통합 변수; 과체중; 저밀도 지질단백질; 수축기 혈압; 공복혈당; 중성지방; 관상동맥질환