

Seventy-five genetic loci influencing the human red blood cell

A list of authors and their affiliations appears at the end of the paper

Anaemia is a chief determinant of global ill health, contributing to cognitive impairment, growth retardation and impaired physical capacity. To understand further the genetic factors influencing red blood cells, we carried out a genome-wide association study of haemoglobin concentration and related parameters in up to 135,367 individuals. Here we identify 75 independent genetic loci associated with one or more red blood cell phenotypes at $P < 10^{-8}$, which together explain 4–9% of the phenotypic variance per trait. Using expression quantitative trait loci and bioinformatic strategies, we identify 121 candidate genes enriched in functions relevant to red blood cell biology. The candidate genes are expressed preferentially in red blood cell precursors, and 43 have haematopoietic phenotypes in *Mus musculus* or *Drosophila melanogaster*. Through open-chromatin and coding-variant analyses we identify potential causal genetic variants at 41 loci. Our findings provide extensive new insights into genetic mechanisms and biological pathways controlling red blood cell formation and function.

Haemoglobin, an iron-containing metalloprotein found in the red blood cells of all vertebrates, provides the primary mechanism for oxygen transport in the circulation. Haemoglobin levels and related red blood cell phenotypes are tightly regulated, including an important genetic component^{1–5}. To refine our understanding of the genetic factors influencing red blood cell formation and function, we carried out a meta-analysis of genome-wide association studies (GWAS) and staged follow-up genotyping of six red blood cell phenotypes: haemoglobin, mean cell haemoglobin (MCH), mean cell haemoglobin concentration (MCHC), mean cell volume (MCV), packed cell volume (PCV) and red blood cell count (RBC).

Our study design is summarized in Supplementary Fig. 1. In brief, we combined genome-wide association data from 71,861 individuals of European or South Asian ancestry, with up to 2,644,161 autosomal single-nucleotide polymorphisms (SNPs) and 67,645 X-chromosome SNPs. Characteristics of participants, genotyping arrays and imputation are summarized in Supplementary Tables 1–3. Meta-analysis was carried out among Europeans and South Asians separately, followed by a final combined analysis of results from the two populations. We performed replication testing of 22 loci showing suggestive association ($10^{-8} < P < 10^{-7}$) in a further 63,506 individuals using a combination of *in silico* data and direct genotyping (Supplementary Tables 1, 2 and Supplementary Note). Genome-wide significance was set at $P < 1 \times 10^{-8}$, allowing a Bonferroni correction both for the $\sim 10^6$ independent SNPs tested⁶, as well as for the six inter-related red blood cell phenotypes (Supplementary Note)⁷.

Seventy-five independent genetic loci reached genome-wide significance for association with one or more red blood cell phenotypes (Table 1 and Supplementary Fig. 2), 43 of which are novel. For descriptive and downstream purposes, we identified a single ‘sentinel’ SNP for each of the 75 loci, defined as the SNP with the lowest P value against any phenotype at each locus; regional plots for the 75 loci are shown in Supplementary Fig. 3. Full lists of the SNPs associated with phenotype at $P < 10^{-6}$ and of the sentinel SNPs are provided (Supplementary Tables 4 and 5). Of the 38 loci previously reported to be associated with red blood cell traits^{1–5}, we replicate 32 loci ($P < 10^{-8}$) and find three to be nominally associated ($P < 0.05$; Supplementary Table 6). The remaining three loci, initially reported in an East Asian GWAS⁴, were not associated with red blood cell

phenotypes in our sample (Supplementary Fig. 4 and Supplementary Note).

Among the 75 genomic loci identified, we found that 31 were associated with one red blood cell phenotype, and 44 with two or more phenotypes, at $P < 10^{-8}$. The total number of locus–phenotype associations identified at $P < 10^{-8}$ was 156, of which 92 are novel (Supplementary Fig. 5 and Supplementary Table 7). In addition, at 8 of the 75 loci we found evidence for multiple SNPs independently associated with red blood cell phenotype at $P < 10^{-8}$ in conditional analyses⁸, suggesting the presence of possible secondary genetic mechanisms at these loci (Supplementary Table 8).

Identification of candidate genes

There are >3,000 protein-coding genes within 1 megabase (Mb) of the sentinel SNPs from the 75 genetic loci associated with red blood cell phenotypes. We prioritized genes as probable candidates underlying the observed genetic associations using the following criteria: (1) gene nearest to the sentinel SNP, and any other gene within 10 kilobases (kb) (97 genes; Table 1); (2) gene containing a non-synonymous SNP in high linkage disequilibrium ($r^2 > 0.8$) with the sentinel SNP (24 genes; Supplementary Table 9); (3) gene with expression quantitative trait loci (eQTL) associated with sentinel SNP in peripheral blood lymphocytes (27 genes; Supplementary Table 10); and (4) gene relationships among implicated loci (GRAIL) literature analysis⁹ (9 genes; Supplementary Table 11). This strategy identified 121 candidate genes (Table 1 and Supplementary Fig. 6).

Pathway analysis revealed that the list of candidate genes is strongly enriched for genes known to be involved in haematological development and function ($P = 10^{-63}$), as well as in cellular proliferation, development and death, and immunological processes (Supplementary Tables 12 and 13). Current knowledge of gene function for all 121 candidates is summarized in Supplementary Table 14. Of note, some of the genes within these regions are known to underlie the Mendelian red blood cell disorders of elliptocytosis, ovalocytosis and spherocytosis (*ANK1*, *SLC4A1*, *SPTA1*)¹⁰, haemolytic anaemia (*HK1*)¹¹ and iron deficiency or overload (*TMPRSS6*, *HFE*, *TFR2*)¹². Furthermore, somatic mutations of *IKZF1*, *KIT*, *SH2B3*, *SH3GL1* and *TAL1* (also known as *SCL*) underlie several haematologic proliferative disorders (Supplementary Table 14).

Table 1 | Genomic loci associated with red blood cell phenotypes

| Region | Sentinel SNP | Position (B36) | Alleles (EA/OA) | EAF | Phenotype | Effect (SE) | P | Candidate genes |
|--------|--------------|----------------|-----------------|------|-----------|----------------|-------------------------|---|
| 1p36 | rs1175550 | 3,681,388 | G/A | 0.22 | MCHC | 0.008 (0.013) | 8.6×10^{-15} | CCDC27 ⁿ , LRRC48 ⁿ |
| 1p34† | rs3916164 | 39,842,526 | G/A | 0.71 | MCH | 0.008 (0.004) | 3.1×10^{-10} | HEYL ⁿ |
| 1p32 | rs741959 | 47,448,820 | G/A | 0.57 | MCV | 0.157 (0.025) | 6.0×10^{-10} | TALI ⁿ |
| 1q23† | rs857684 | 156,842,353 | C/T | 0.74 | MCHC | -0.006 (0.011) | 3.5×10^{-16} | OR6Y1 ^c , OR10Z1 ^{nc} , SPTA1 ^{ncg} |
| 1q32† | rs7529925 | 197,273,831 | C/T | 0.28 | RBC | 0.014 (0.002) | 8.3×10^{-9} | MIR181A1 ⁿ |
| 1q32 | rs7551442 | 201,921,744 | A/G | 0.09 | MCHC | -0.023 (0.017) | 9.7×10^{-12} | ATP2B4 ^{ng} |
| 1q32 | rs9660992 | 203,516,073 | G/A | 0.42 | MCH | 0.007 (0.004) | 7.1×10^{-10} | TMCC2 ⁿ |
| 1q44† | rs3811444 | 246,106,074 | T/C | 0.35 | RBC | 0.018 (0.003) | 4.5×10^{-10} | TRIM58 ^{nc} |
| 2p21† | rs4953318 | 46,208,555 | A/C | 0.62 | PCV | 0.152 (0.018) | 3.1×10^{-19} | PRKCE ⁿ |
| 2p16† | rs243070 | 60,473,790 | T/A | 0.72 | MCV | -0.181 (0.027) | 4.4×10^{-13} | BCL11A ⁿ |
| 2q13 | rs10207392 | 111,566,130 | G/A | 0.44 | MCV | -0.132 (0.025) | 4.4×10^{-11} * | ACOXL ⁿ |
| 3p24† | rs9310736 | 24,325,815 | A/G | 0.35 | MCV | -0.210 (0.026) | 6.1×10^{-16} | THRB ⁿ |
| 3q22 | rs6776003 | 142,749,183 | A/G | 0.44 | MCV | -0.138 (0.026) | 3.7×10^{-11} * | RASA2 ⁿ |
| 3q23 | rs13061823 | 143,603,476 | T/C | 0.56 | MCV | -0.168 (0.025) | 4.7×10^{-13} | XRN1 ⁿ |
| 3q29† | rs11717368 | 197,318,754 | C/G | 0.52 | MCH | 0.008 (0.004) | 6.6×10^{-19} | TFRC ^{ng} |
| 4q11† | rs218238 | 55,089,781 | A/T | 0.78 | RBC | 0.033 (0.003) | 2.8×10^{-39} | KIT ⁿ |
| 4q27 | rs13152701 | 122,970,511 | A/G | 0.37 | MCV | 0.150 (0.026) | 9.0×10^{-10} | BBS7 ⁿ , CCNA2 ^{ne} |
| 6p23 | rs6914805 | 16,389,166 | C/T | 0.75 | MCH | 0.012 (0.004) | 1.2×10^{-19} | GMPTX ^{ne} |
| 6p21† | rs1408272 | 25,950,930 | G/T | 0.07 | MCH | 0.033 (0.009) | 4.8×10^{-67} | HFE ^c , SLC17A3 ⁿ |
| 6p22 | rs13219787 | 27,969,649 | A/G | 0.09 | MCH | 0.023 (0.007) | 5.9×10^{-17} | HIST1H2AM ⁿ , HIST1H2BO ⁿ , HIST1H3J ⁿ |
| 6p22 | rs2097775 | 30,462,282 | A/T | 0.15 | HB | 0.055 (0.008) | 1.3×10^{-10} | TRIM39-RPP21 ⁿ |
| 6p21 | rs9272219 | 32,710,247 | G/T | 0.72 | RBC | 0.015 (0.002) | 4.3×10^{-10} | HLA-DQA1 ^{nc} , HLA-DQA2 ^e |
| 6p21† | rs9349204 | 42,022,356 | G/A | 0.27 | MCV | -0.367 (0.028) | 2.4×10^{-40} | CCND3 ⁿ |
| 6p12 | rs9369427 | 43,919,408 | A/C | 0.68 | HB | 0.042 (0.006) | 5.6×10^{-12} | VEGFA ⁿ |
| 6q21† | rs1008084 | 109,733,658 | G/A | 0.56 | MCH | -0.010 (0.003) | 6.4×10^{-26} | CCDC162P ⁿ |
| 6q23† | rs9389269 | 135,468,852 | T/C | 0.72 | MCV | -0.600 (0.028) | 2.6×10^{-19} | HBS1L ⁿ |
| 6q24† | rs590856 | 139,886,122 | G/A | 0.43 | MCV | 0.313 (0.026) | 5.0×10^{-36} | CITED2 ⁿ |
| 6q26 | rs736661 | 164,402,826 | A/G | 0.62 | MCH | 0.007 (0.004) | 1.6×10^{-11} | QKI ⁿ |
| 7p13† | rs12718598 | 50,395,939 | T/C | 0.51 | MCV | -0.204 (0.030) | 1.6×10^{-13} | IKZF1 ⁿ |
| 7q22† | rs2075672 | 100,078,232 | A/G | 0.39 | RBC | 0.022 (0.003) | 1.9×10^{-20} | ACTL6B ⁿ , TFR2 ^{ng} |
| 7q36† | rs10480300 | 151,036,938 | C/T | 0.72 | HB | 0.052 (0.007) | 7.8×10^{-15} | PRKAG2 ^{ng} |
| 8p11 | rs4737009 | 41,749,562 | G/A | 0.74 | MCHC | -0.014 (0.013) | 4.9×10^{-11} | ANK1 ^{ng} |
| 8p11 | rs6987853 | 42,576,607 | C/T | 0.62 | MCHC | -0.002 (0.010) | 6.1×10^{-11} | C8orf40 ^{ne} |
| 9p24† | rs2236496 | 4,834,265 | C/T | 0.22 | MCV | -0.279 (0.031) | 1.4×10^{-19} | RCL1 ⁿ |
| 9q34† | rs579459 | 135,143,989 | T/C | 0.8 | RBC | 0.021 (0.003) | 9.3×10^{-18} | ABO ⁿ |
| 10q11† | rs901683 | 45,286,428 | A/G | 0.08 | MCV | 0.364 (0.050) | 1.5×10^{-16} | MARCH8 ^{nce} |
| 10q22† | rs10159477 | 70,769,894 | A/G | 0.16 | HB | 0.087 (0.010) | 4.4×10^{-20} | HK1 ^{ng} |
| 10q24 | rs11190134 | 101,272,190 | G/A | 0.6 | MCH | -0.011 (0.004) | 1.3×10^{-10} * | NKX2-3 ⁿ |
| 11p15 | rs11042125 | 8,894,625 | A/T | 0.6 | HB | 0.032 (0.006) | 1.5×10^{-9} | AKIP1 ^{ne} , C11orf16 ^{ne} , NRIP3 ^e , ST5 ⁿ |
| 11p15 | rs7936461 | 9,997,462 | C/T | 0.75 | PCV | 0.121 (0.021) | 1.0×10^{-9} | SBF2 ⁿ |
| 11q13 | rs2302264 | 66,964,002 | G/A | 0.58 | MCV | 0.140 (0.025) | 1.3×10^{-10} | CORO1B ^{ne} , PTPRCAP ^{ne} , RPS6KB2 ^{nce} |
| 11q13 | rs7125949 | 72,686,732 | A/G | 0.11 | HB | 0.053 (0.010) | 2.1×10^{-9} | ARHGFEF17 ^{ce} , P2RY6 ⁿ |
| 12p13 | rs7312105 | 2,393,616 | G/A | 0.36 | PCV | 0.104 (0.019) | 3.2×10^{-9} * | CACNA1C ⁿ |
| 12p13† | rs10849023 | 4,202,739 | C/T | 0.79 | MCH | -0.008 (0.005) | 7.5×10^{-12} | CCND2 ^{ng} |
| 12q22 | rs11104870 | 87,353,425 | C/T | 0.3 | RBC | 0.013 (0.002) | 6.2×10^{-11} * | KITLG ⁿ |
| 12q24† | rs3184504 | 110,368,991 | T/C | 0.48 | HB | 0.051 (0.006) | 4.3×10^{-19} | ATXN2 ⁿ , SH2B3 ^{nc} |
| 12q24 | rs3829290 | 119,610,821 | C/T | 0.44 | MCV | -0.153 (0.026) | 2.1×10^{-9} | ACADS ^c , MLEC ⁿ |
| 14q23† | rs7155454 | 64,571,992 | A/G | 0.51 | MCH | 0.002 (0.004) | 1.8×10^{-12} | FNTB ⁿ , MAX ⁿ |
| 14q24 | rs11627546 | 69,435,677 | C/A | 0.84 | MCV | 0.162 (0.032) | 1.1×10^{-9} * | SMOC1 ⁿ |
| 14q32† | rs17616316 | 102,892,515 | G/C | 0.07 | MCH | 0.014 (0.009) | 8.2×10^{-11} * | EIF5 ⁿ |
| 15q21† | rs1532085 | 56,470,658 | G/A | 0.59 | HB | 0.034 (0.006) | 6.7×10^{-11} * | LIPC ⁿ |
| 15q22† | rs2572207 | 63,857,747 | C/T | 0.74 | MCV | 0.153 (0.029) | 3.4×10^{-9} | DENND4A ⁿ , PTPLAD1 ^e |
| 15q24 | rs8028632 | 73,108,315 | T/C | 0.8 | MCV | 0.188 (0.032) | 6.9×10^{-10} | PPCDC ⁿ , SCAMP5 ⁿ |
| 15q24 | rs11072566 | 74,081,026 | A/G | 0.48 | HB | 0.028 (0.006) | 3.0×10^{-10} * | NRG4 ⁿ |
| 15q25 | rs2867932 | 76,378,092 | G/A | 0.61 | MCHC | -0.021 (0.010) | 3.3×10^{-9} | DNAJA4 ^e , WDR61 ⁿ |
| 16p11† | rs11248850 | 103,598 | G/A | 0.5 | MCH | 0.007 (0.004) | 6.3×10^{-23} | NPR3 ⁿ |
| 16q22 | rs2271294 | 66,459,827 | T/A | 0.15 | RBC | 0.017 (0.003) | 1.1×10^{-9} | CTRL ^c , DUS2L ^e , EDC4 ⁿ , NUTF2 ⁿ , PSMB10 ^c |
| 16q24† | rs10445033 | 87,367,963 | G/A | 0.37 | MCHC | 0.020 (0.012) | 1.5×10^{-22} | PIEZO1 ⁿ |
| 17p11 | rs888424 | 19,926,019 | A/G | 0.43 | MCH | 0.006 (0.004) | 5.4×10^{-20} | SPECC1 ⁿ |
| 17q11 | rs2070265 | 24,099,550 | T/C | 0.2 | MCH | 0.013 (0.004) | 5.1×10^{-14} | C17orf63 ⁿ , ERAL1 ^e , NEK8 ⁿ , TRAF4 ^{ne} |
| 17q12 | rs8182252 | 34,981,476 | C/T | 0.18 | RBC | 0.016 (0.003) | 5.9×10^{-9} | CDK12 ^e , NEUROD2 ⁿ |
| 17q21 | rs2269906 | 39,649,863 | C/A | 0.36 | MCHC | 0.027 (0.010) | 2.0×10^{-11} | SLC4A1 ⁸ , UBT ⁿ |
| 17q21 | rs12150672 | 41,182,408 | A/G | 0.23 | RBC | 0.017 (0.003) | 4.7×10^{-12} | ARHGAP27 ^e , ARL17B ^e , C17orf69 ^{ce} , CRHR1 ^{nc} , SPPL2C ^c , KANSL1 ^c , MAPT ^c , STH ^c |
| 17q25 | rs4969184 | 73,905,008 | G/A | 0.53 | HB | 0.031 (0.006) | 7.0×10^{-9} | PGS1 ^{ne} |
| 18q21 | rs4890633 | 42,087,276 | G/A | 0.27 | MCH | 0.005 (0.004) | 1.9×10^{-23} | C18orf25 ^{ne} |
| 19p13 | rs2159213 | 2,087,102 | C/T | 0.5 | HB | 0.032 (0.006) | 1.9×10^{-9} | AP3D1 ⁿ |
| 19p13 | rs732716 | 4,317,219 | A/G | 0.71 | MCV | 0.201 (0.028) | 1.5×10^{-14} | MPND ⁿ , SH3GL1 ⁿ , UBXN6 ^c |
| 19p13† | rs741702 | 12,885,250 | A/C | 0.35 | MCH | 0.006 (0.004) | 8.2×10^{-20} | CALR ^e , FARSA ^{ne} , SYCE2 ⁿ |
| 19q13 | rs3892630 | 37,873,324 | T/C | 0.18 | MCV | 0.176 (0.034) | 1.0×10^{-10} * | NUDT19 ^{nc} |
| 20q13† | rs737092 | 55,423,811 | C/T | 0.49 | MCV | 0.216 (0.033) | 4.0×10^{-13} | RBM38 ⁿ |
| 21q22† | rs2032314 | 34,276,393 | T/C | 0.08 | PCV | 0.154 (0.034) | 7.5×10^{-10} * | ATP5O ⁿ |
| 22q11† | rs5754217 | 20,269,675 | G/T | 0.83 | MCV | 0.194 (0.031) | 8.6×10^{-10} | UBE2L3 ^{ne} , YDJC ^c |
| 22q12† | rs5749446 | 31,210,585 | T/C | 0.62 | MCH | 0.007 (0.004) | 3.3×10^{-13} | FBXO7 ^{ncg} |
| 22q12† | rs855791 | 35,792,882 | G/A | 0.57 | MCH | 0.012 (0.004) | 1.0×10^{-69} | KCTD17 ⁿ , TMPPRSS6 ^{nc} |
| 22q13† | rs140522 | 49,318,132 | C/T | 0.67 | MCV | 0.287 (0.030) | 4.5×10^{-23} | TYMP ^{ne} , NCAPH2 ⁿ , ODF3B ⁿ , SCO2 ⁿ |

Candidate gene superscripts indicate the method of identification. *Replication testing performed. †Previously reported. ‡Discovered from combined analysis of European and South Asian genome-wide association data. c, coding variant; e, eQTL; EA, effect allele; EAF, effect allele frequency; g, GRAIL; HB, haemoglobin; n, nearby; OA, other allele; SE, standard error.

Gene expression during haematopoiesis

We next explored expression of the 121 candidate genes using an atlas of 38 different haematopoietic cell types (Supplementary Table 15)¹³. Ninety-seven genes could be reliably assigned a probe on the Affymetrix HG_U133AAofAv2 array (Fig. 1a); these transcripts were, on average, expressed at higher levels in late erythroblasts (or the precursors of red blood cells, EB3-EB5) compared to other transcripts in the same cell type ($P < 0.01$ after Bonferroni correction; Fig. 1b). Furthermore, expression was more likely to be upregulated in EB3-5 relative to other cell types ($P = 1.2 \times 10^{-6}$, rank-sum test).

To further investigate lineage-specific effects, we assessed temporal patterns of gene expression during *in vitro* differentiation of haematopoietic stem cells to erythroblasts¹⁴. On average, candidate genes have increasing expression over time along the erythroid lineage ($P = 0.006$, rank-sum test; Fig. 1c). These data support the view that the gene set identified here is enriched for genes relevant to red blood cell biology, including a number of candidate genes differentially regulated to increase their expression in late erythropoiesis.

Coding and regulatory sequence variants

To better capture common sequence variation at the 75 loci, we searched the 1000 Genomes Project data set (www.1000genomes.org)

and identified 39 non-synonymous SNPs that are in high linkage disequilibrium ($r^2 > 0.8$) with sentinel SNPs at the red blood cell loci (Supplementary Table 9). This represents a ~sixfold enrichment compared to the expectation under the null hypothesis ($P = 0.01$; Supplementary Note). Although re-sequencing will be needed to obtain a complete assessment of variants at these loci, these non-synonymous sites represent an initial set of candidates for genetic variants underlying the observed associations with red blood cell phenotypes, potentially mediated through changes in protein function.

We next searched for sequence variants at the red blood cell loci that might influence gene regulation. We used formaldehyde-assisted isolation of regulatory elements followed by next-generation sequencing (FAIRE-seq) to identify nucleosome-depleted regions (NDRs) that may represent active regulatory elements¹⁵. We studied three haematologic cell types, and found 103,308 unique NDRs, of which 38,014 were present in erythroblasts, 50,372 in megakaryocytes and 34,833 in monocytes. We then searched the 1000 Genomes Project data set and found 60 SNPs located within one of these NDRs that are either: (1) one of the 75 sentinel SNPs from the red blood cell GWAS, or (2) in high linkage disequilibrium ($r^2 > 0.8$) and located within 1 Mb of a sentinel SNP (Supplementary Table 16). The NDRs overlapping these 60 SNPs were more likely to be erythroblast specific than expected by

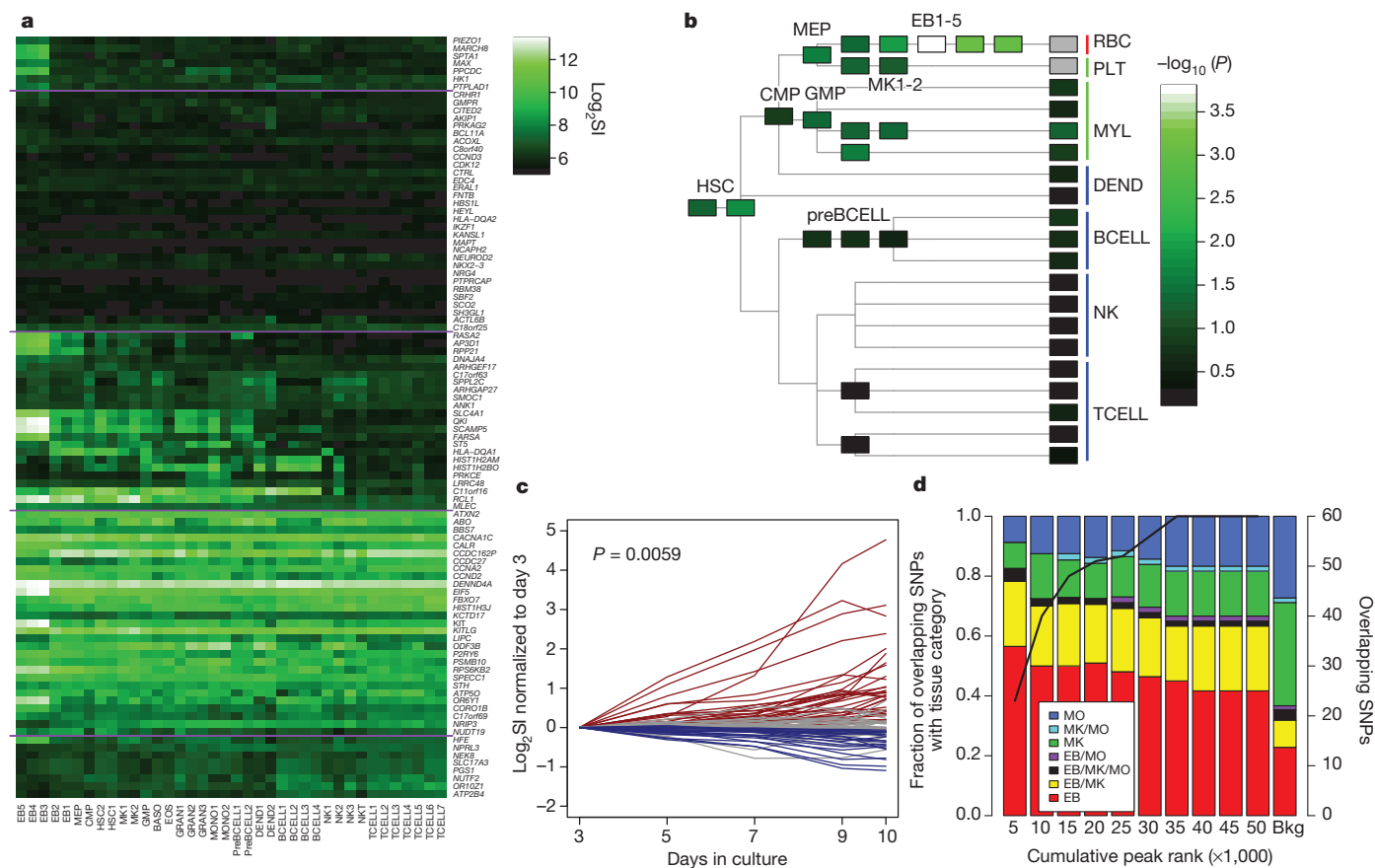


Figure 1 | Gene-expression patterns for 121 putative candidate genes, and tissue distribution of NDRs. **a**, Heat-map of candidate genes in the Differentiation Map of Hematology¹³. Cell acronyms refer to original source (summarized in Supplementary Table 15). Expression above a log₂ signal intensity (SI) of 6 is consistently above background. **b**, $-\log_{10} P$ of the signed-rank test for candidate genes being more highly expressed in each cell type than non-candidate genes. **c**, Time-course of differentiation of cord-blood haematopoietic stem cells cultured along the erythroid lineage. Putative candidate genes are shown as upregulated (red), downregulated (blue) or with the slope not being significantly different from zero (grey). **d**, Tissue distribution of NDRs containing a potential causal variant. NDRs were ranked by peak score (proportional to their peak height in FAIRE-seq). The rankings were then used

to divide the NDRs into cumulative tranches to explore the effect of calling-thresholds on results (left bar, tranche containing the 5,000 top-ranked NDRs of each cell type; penultimate bar, tranche containing the 50,000 top-ranked NDRs of each cell type). The solid line indicates the number of SNPs overlapping the tranche-specific NDRs that are potential causal variants (defined as a sentinel SNP from the red blood cell GWAS, or a SNP in high linkage disequilibrium ($r^2 > 0.8$) and located within 1 Mb of a sentinel SNP; right-hand y axis); the bar summarizes the tissue distribution of these SNPs (as a percentage of tranche-specific total). The right-hand bar represents the expected tissue distribution for the SNPs under the null hypothesis. Results show that the potential causal variants are most commonly found in erythroblast-specific NDRs, and that this is true across the spectrum of peak-calling thresholds.

chance (1.8-fold enrichment compared to background distribution of NDRs; $P = 0.007$, Bonferroni-adjusted binomial test); by contrast, there were fewer megakaryocyte-specific NDRs coinciding with red blood cell SNPs (0.4-fold enrichment; $P = 0.007$; Fig. 1d). This pattern of erythroblast enrichment and megakaryocyte depletion was robust to the stringency of NDR peak-calling (Supplementary Table 17). Our results indicate that regulatory variation within the erythroid lineage may underlie the associations observed at several of the loci identified in our red blood cell GWAS. The 19 genes closest to the 25 erythroblast-specific NDRs were more likely to be upregulated during erythropoiesis compared to all other expressed transcripts ($P = 6.3 \times 10^{-6}$, rank-sum test; Supplementary Table 18), lending further support to the view that the NDRs identified have a role in the regulation of genes involved in erythropoiesis^{16,17}. Interestingly, the SNPs associated with MCH at 16p11 overlap an erythroblast-specific NDR that coincides with the NPRL3 regulatory element in the locus control region of the downstream haemoglobin- α locus^{18,19}.

Together our coding- and regulatory-variant analyses thus identify a set of ~ 100 SNPs across 41 regions that are candidates for functional genomic elements influencing red blood cell formation and function, and which constitutes a priority set for future experimental evaluation.

Insights from mouse models

A systematic search of the Mouse Genome Informatics database reveals haematologic phenotypes for 29 of the 100 candidate genes that have mouse homologues (Supplementary Fig. 6 and Supplementary Tables 14, 19), including genes involved in cell cycle regulation: *CCNA2* (4q27), *CCND2* (12p13) and *CCND3* (6p21); genes coding for transcription factors and their interacting proteins: *BCL11A* (2p16), *CITED2* (6q24), *IKZF1* (7p13) and *TAL1* (1p32); and genes involved in growth factor or cytokine signalling: *KIT* (4q11), *KITLG* (12q22), *SH2B3* (12q24) and *PTPRCAP* (11q13). Among the gene products encoded at the newly identified loci, *KITLG*, also known as stem cell factor, is the cognate ligand for the *KIT* tyrosine kinase receptor²⁰. *KIT* signalling is involved in the perinatal transition from fetal to adult haemoglobin, in addition to maintenance, proliferation and differentiation of haematopoietic stem cells²¹. *Kitlg*^{-/-} and *Kit*^{-/-} mice have low red blood cell concentrations, anaemia and other haematological abnormalities. *CCNA2*, *CCND2* and *CCND3* are cyclin-dependent kinases that contribute to initiation and progression of cell division²². Knock-out models of these genes have a number of haematological abnormalities, including reduced stem cell and red blood cell concentrations, and anaemia²². Of the 29 candidate genes with a blood phenotype in mouse, 25 were identified as the genes nearest to the sentinel SNP, and 15 through the eQTL ($n = 2$), coding-variant ($n = 6$) or GRAIL ($n = 8$) analyses (Supplementary Table 19).

RNAi silencing in *D. melanogaster*

We used haemocyte-specific RNA interference (RNAi) silencing in *D. melanogaster* to further evaluate the candidate genes for their role in blood cell formation. We first carried out permutation testing in a genome-wide *D. melanogaster* RNAi silencer screen (Supplementary Note). Results confirmed that the 121 candidates are enriched for genes with a blood cell phenotype in *D. melanogaster*, supporting the view that our GWAS identifies a set of genes conserved across phyla and involved in blood cell formation or survival.

We next created haemocyte-specific RNAi knockdowns for 96 *D. melanogaster* genes that are orthologues for 74 of the 121 candidate genes, and assessed blood cell formation (crystal cells and plasmotocytes) in early- and late-stage L3 larvae²³. We found 19 out of the 74 candidate genes with orthologues in *D. melanogaster* to have a blood cell phenotype, of which 5 also have a haematological phenotypes in mouse models: *KIT*, *HK1*, *CCNA2*, *AP3D1* and *PSMB10* (Supplementary Tables 19 and 20). Among the genes highlighted, RNAi silencing of *KIT* and *CCNA2* orthologues was associated with a profound reduction in plasmocyte formation (Fig. 2), consistent with

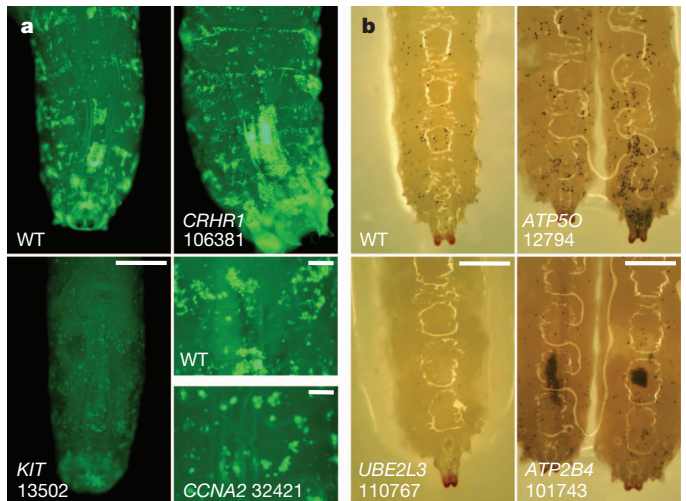


Figure 2 | RNAi silencing in *D. melanogaster*. **a**, Plasmotocytes imaged by green fluorescent protein expression (light green spots on posterior dorsal end of L3 larvae) from wild-type (WT) cells and cells with RNAi silencing of orthologues of the following human genes: *CRHR1* (106381, increased cell counts (CC)), *KIT* (13502, decreased CC) and *CCNA2* (32421, increased CC). Numbers represent the unique Flybase IDs corresponding to the *D. melanogaster* orthologues. Scale bar, 0.5 mm. Bottom right, plasmotocyte size is also increased in *CCNA2* compared to wild type. Scale bars, 0.1 mm. **b**, Crystal cells (black spots) visualized by heating larvae to 60 °C in wild-type larvae, and in RNAi silencing of *ATP50* (12794, increased CC), *UBE2L3* (110767, decreased CC) or *ATP2B4* (101743, aggregated). Scale bars, 0.5 mm.

their established role in cytokinesis^{20,22}. *AP3D1* is involved in vesicular trafficking and dense granule formation in platelets²⁴, whereas *PSMB10* is a component of a widely distributed proteasome linked to inflammation and ubiquitin signalling²⁵. *UBE2L3* is also involved in ubiquitin signalling and immune regulation²⁶, and genetic variants in *UBE2L3* are strongly associated with several autoimmune diseases known to influence blood cell counts^{27,28}. *EIF5* (14q32) is involved in activation of the ribosomal initiation complex²⁹, whereas *RPS6KB2* (22q11) is a key component of growth factor and other signalling cascades that regulate ribosomal function, cellular proliferation and survival³⁰. For most of the genes identified, the mechanisms underlying their potential relationship to red cell biology remain to be elucidated; our gene set thus provides a rich resource for future experimental evaluation and discovery.

Contribution to clinical phenotype

The 75 sentinel SNPs together account for between 3.9% (PCV) and 8.9% (MCV) of population variation in red blood cell phenotypes (Supplementary Table 21). Individuals in the highest quartile of genetic risk score (GRS; on the basis of weighted effect of the 75 sentinel SNPs) are 3–5-fold more likely to be in the highest quartile for population distribution of MCH, MCV and RBC (Fig. 3). GRS is associated with haemoglobin concentrations across the physiological range, including at haemoglobin levels that predict adverse outcomes in pregnancy, cardiovascular and neurologic disease, in addition to mortality in the elderly^{31–34}.

We next investigated the association of the 75 sentinel SNPs with red blood cell phenotypes in thalassaemia, a group of genetic disorders characterized by defects in haemoglobin synthesis and anaemia. We confirmed association of several of the sentinel SNPs with respective blood cell trait, and found that GRS predicts phenotype similarly, among 460 β -thalassaemia heterozygotes (Supplementary Table 22 and Supplementary Note). In separate experiments, GRS predicts time to first blood transfusion among 495 patients with thalassaemia major ($P = 6.9 \times 10^{-4}$); however, this effect was fully accounted for by the *MYB-HBSIL* locus, which modifies the severity of thalassaemia major

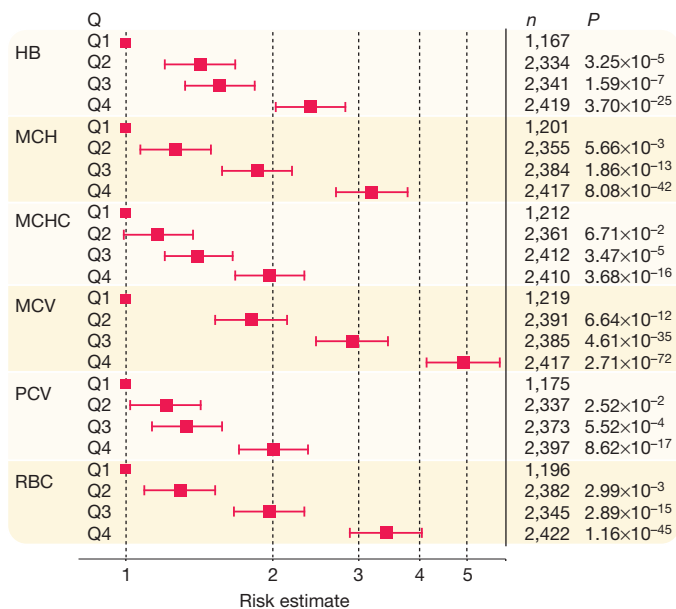


Figure 3 | Association of SNP score with red blood cell phenotypes. Results presented as odds ratio (95% confidence interval) for participants in each SNP score quartile (Q) having phenotype level in the top quartile versus the lowest quartile of the respective population distribution, compared to people in the lowest quartile of SNP score (Q1, reference group). HB, haemoglobin; n, number of participants in the respective comparison of SNP score quartiles.

through its effect on fetal haemoglobin levels (Supplementary Note)³⁵. Together, our findings demonstrate that the common genetic variants identified contribute to phenotypic variation in the general population, and suggest that they may also act as genetic modifiers in clinically relevant red blood cell abnormalities.

Conclusions

Our genome-wide association and replication study in 135,367 individuals identifies 75 genetic loci influencing red blood cell phenotypes, and 156 locus–phenotype associations; most of these discoveries are novel. Through open-chromatin and coding-variant studies, we identify a first set of SNPs as potential causal variants. In parallel, our bioinformatic strategies identify a core set of genes, differentially regulated in haematologic precursor cells, which are candidates for mediating the effects on red blood cell phenotypes. However, despite our extensive GWAS, bioinformatic and experimental data, the precise identities of the causal variants, regulatory regions and genes remain to be determined; definitive identification will require further detailed experimental evaluation. Our results thus provide new insights into the genes and gene variants that may influence haemoglobin levels and related red blood cell indices, and will underpin a deeper knowledge of the biological mechanisms involved in haematopoiesis and red blood cell function.

METHODS SUMMARY

Genome-wide association and replication. Genome-wide association was carried out in 62,553 people of European ancestry and 9,308 people of South Asian ancestry. Phenotypic associations were tested in each cohort separately, followed by fixed-effect meta-analysis using Z-scores weighted by the square root of sample size. Replication testing of 22 SNPs was done by *in silico* and direct genotyping among 63,506 people, and results combined with genome-wide association data. Genome-wide significance was inferred at $P < 1 \times 10^{-8}$.

Gene-expression profiling. Gene expression was investigated in cord-blood-derived CD34⁺ haematopoietic stem cells *in vitro*, differentiated along the erythroid lineage for 3, 5, 7, 9 or 10 days. Gene expression was assayed using Illumina human WGv3.0 microarrays, and temporal patterns quantified by linear regression.

Open-chromatin studies. FAIRE-seq was done in erythroblasts, megakaryocytes and peripheral blood monocytes. NDRs were identified as regions of sequencing

enrichment using F-Seq³⁶. Candidate functional SNPs were selected as all biallelic SNPs within 1 Mb of the sentinel SNP and in linkage disequilibrium at $r^2 > 0.8$. **D. melanogaster studies.** *D. melanogaster* orthologues of the human candidate genes were identified using Ensembl Compara. Haemocyte-specific RNAi silencing of the orthologues identified was achieved using the blood-specific hemolymph promoter driving the yeast transcriptional activator Gal4 (*Hml-Gal4*) which, in turn, promotes upstream activation sequence–short hairpin RNA expression. Early and late L3 larvae were analysed for plasmotocyte and crystal cell numbers and morphology.

Contribution to population variation. Phenotypic contribution was investigated in non-discovery samples. Estimates of population variance explained by the sentinel SNPs were made in each study separately, and mean values calculated weighted by sample size. We calculated the odds ratio for being in the highest versus the lowest quartile of phenotype, associated with a SNP score defined as the sum of number of effect (trait raising) alleles present, weighted according to effect size.

Full Methods and any associated references are available in the online version of the paper.

Received 6 February; accepted 15 October 2012.

Published online 5 December; corrected online 19 December 2012 (see full-text HTML version for details).

- Chambers, J. C. *et al.* Genome-wide association study identifies variants in *TM6RS6* associated with hemoglobin levels. *Nature Genet.* **41**, 1170–1172 (2009).
- Ganesh, S. K. *et al.* Multiple loci influence erythrocyte phenotypes in the CHARGE Consortium. *Nature Genet.* **41**, 1191–1198 (2009).
- Soranzo, N. *et al.* A genome-wide meta-analysis identifies 22 loci associated with eight hematological parameters in the HaemGen consortium. *Nature Genet.* **41**, 1182–1190 (2009).
- Kamatani, Y. *et al.* Genome-wide association study of hematological and biochemical traits in a Japanese population. *Nature Genet.* **42**, 210–215 (2010).
- Ding, K. *et al.* Genetic loci implicated in erythroid differentiation and cell cycle regulation are associated with red blood cell traits. *Mayo Clin. Proc.* **87**, 461–474 (2012).
- Pe'er, I., Yelensky, R., Altshuler, D. & Daly, M. J. Estimation of the multiple testing burden for genomewide association studies of nearly all common variants. *Genet. Epidemiol.* **32**, 381–385 (2008).
- Nyholt, D. R. A simple correction for multiple testing for single-nucleotide polymorphisms in linkage disequilibrium with each other. *Am. J. Hum. Genet.* **74**, 765–769 (2004).
- Yang, J. *et al.* Conditional and joint multiple-SNP analysis of GWAS summary statistics identifies additional variants influencing complex traits. *Nature Genet.* **44**, 369–375 (2012).
- Raychaudhuri, S. *et al.* Identifying relationships among genomic disease regions: predicting genes at pathogenic SNP associations and rare deletions. *PLoS Genet.* **5**, e1000534 (2009).
- An, X. & Mohandas, N. Disorders of red cell membrane. *Br. J. Haematol.* **141**, 367–375 (2008).
- van Wijk, R., Rijksen, G., Huizinga, E. G., Nieuwenhuis, H. K. & van Solinge, W. W. HK Utrecht: missense mutation in the active site of human hexokinase associated with hexokinase deficiency and severe nonspherocytic hemolytic anemia. *Blood* **101**, 345–347 (2003).
- Camaschella, C. & Poggiali, E. Inherited disorders of iron metabolism. *Curr. Opin. Pediatr.* **23**, 14–20 (2011).
- Novershtern, N. *et al.* Densely interconnected transcriptional circuits control cell states in human hematopoiesis. *Cell* **144**, 296–309 (2011).
- Gieger, C. *et al.* New gene functions in megakaryopoiesis and platelet formation. *Nature* **480**, 201–208 (2011).
- Paul, D. S. *et al.* Maps of open chromatin guide the functional follow-up of genome-wide association signals: application to hematological traits. *PLoS Genet.* **7**, e1002139 (2011).
- Forrester, W. C., Thompson, C., Elder, J. T. & Groudine, M. A developmentally stable chromatin structure in the human beta-globin gene cluster. *Proc. Natl Acad. Sci. USA* **83**, 1359–1363 (1986).
- Tuan, D., Solomon, W., Li, Q. & London, I. M. The “beta-like-globin” gene domain in human erythroid cells. *Proc. Natl Acad. Sci. USA* **82**, 6384–6388 (1985).
- Kowalczyk, M. S. *et al.* Intragenic enhancers act as alternative promoters. *Mol. Cell* **45**, 447–458 (2012).
- Baù, D. *et al.* The three-dimensional folding of the α -globin gene domain reveals formation of chromatin globules. *Nature Struct. Mol. Biol.* **18**, 107–114 (2011).
- Zsebo, K. M. *et al.* Stem cell factor is encoded at the *Sl* locus of the mouse and is the ligand for the *c-kit* tyrosine kinase receptor. *Cell* **63**, 213–224 (1990).
- Heissig, B. *et al.* Recruitment of stem and progenitor cells from the bone marrow niche requires MMP-9 mediated release of kit-ligand. *Cell* **109**, 625–637 (2002).
- Kozar, K. *et al.* Mouse development and cell proliferation in the absence of D-cyclins. *Cell* **118**, 477–491 (2004).
- Dietz, G. *et al.* A genome-wide transgenic RNAi library for conditional gene inactivation in *Drosophila*. *Nature* **448**, 151–156 (2007).
- Clark, R. H. *et al.* Adaptor protein 3-dependent microtubule-mediated movement of lytic granules to the immunological synapse. *Nature Immunol.* **4**, 1111–1120 (2003).

25. Berhane, S. *et al.* Adenovirus E1A interacts directly with, and regulates the level of expression of, the immunoproteasome component MECL1. *Virology* **421**, 149–158 (2011).
26. Tiwari, S. & Weissman, A. M. Endoplasmic reticulum (ER)-associated degradation of T cell receptor subunits. Involvement of ER-associated ubiquitin-conjugating enzymes (E2s). *J. Biol. Chem.* **276**, 16193–16200 (2001).
27. Fransen, K. *et al.* Analysis of SNPs with an effect on gene expression identifies UBE2L3 and BCL3 as potential new risk genes for Crohn's disease. *Hum. Mol. Genet.* **19**, 3482–3488 (2010).
28. Zernakova, A. *et al.* Meta-analysis of genome-wide association studies in celiac disease and rheumatoid arthritis identifies fourteen non-HLA shared loci. *PLoS Genet.* **7**, e1002004 (2011).
29. Das, S., Ghosh, R. & Maitra, U. Eukaryotic translation initiation factor 5 functions as a GTPase-activating protein. *J. Biol. Chem.* **276**, 6720–6726 (2001).
30. Fenton, T. R. & Gout, I. T. Functions and regulation of the 70 kDa ribosomal S6 kinases. *Int. J. Biochem. Cell Biol.* **43**, 47–59 (2011).
31. Scanlon, K. S., Yip, R., Schieve, L. A. & Cogswell, M. E. High and low hemoglobin levels during pregnancy: differential risks for preterm birth and small for gestational age. *Obstet. Gynecol.* **96**, 741–748 (2000).
32. Shah, R. C., Buchman, A. S., Wilson, R. S., Leurgans, S. E. & Bennett, D. A. Hemoglobin level in older persons and incident Alzheimer disease: prospective cohort analysis. *Neurology* **77**, 219–226 (2011).
33. Sabatine, M. S. *et al.* Association of hemoglobin levels with clinical outcomes in acute coronary syndromes. *Circulation* **111**, 2042–2049 (2005).
34. Zakai, N. A. *et al.* A prospective study of anemia status, hemoglobin concentration, and mortality in an elderly cohort: the Cardiovascular Health Study. *Arch. Intern. Med.* **165**, 2214–2220 (2005).
35. Galanello, R. *et al.* Amelioration of Sardinian β^0 thalassemia by genetic modifiers. *Blood* **114**, 3935–3937 (2009).
36. Boyle, A. P., Guinney, J., Crawford, G. E. & Furey, T. S. F-Seq: a feature density estimator for high-throughput sequence tags. *Bioinformatics* **24**, 2537–2538 (2008).

Supplementary Information is available in the online version of the paper.

Acknowledgements A detailed list of acknowledgements is provided in the Supplementary Material.

Author Contributions Study organisation: J.C.C., C.G., P.v.d.H., J.S.K., W.H.O. and N.S. Manuscript preparation: H.A., J.S.B., J.C.C., G.V.D., P.D., C.G., P.v.d.H., A.A.Hicks, J.S.K., I.M.-L., W.H.O., A.Radhakrishnan, A.Rendon, S.S., J.Sehmi, N.S., D.S.P., M.U., N.V. and W.Z. All authors reviewed and had the opportunity to comment on the manuscript. Data collection and analysis in the participating genome-wide association, replication and phenotype cohorts: **ALSPAC**: D.M.E., J.P.K., S.M.R., G.D.S.; **AMISH**: Q.D.G., B.D.M., A.Parsa, A.R.S.; **Beta-thalassaemia**: F.A., F.D., P.Fortina, R.G., L.Perseu, A.Piga, S.S., M.U.; **CBR**: A.Attwood, J.D., S.F.G., H.L.-J., C.Moore, W.H.O., J.Sambrook; **CoLAUS**: F.B., J.S.B., M.H., P.V.; **DeCODE**: G.I.E., D.F.G., H.H., I.O., P.T.O., K.S., P.S., U.T.; **DESIR**: B.Balkau, C.D., P.Froguel, R.Sladek; **EGCUT**: T.E., K.F., A.M., E.M., A.S.; **EPIC**: K.-T.K., C.L., R.J.F.L., N.J.W., J.-H.Z.; **Genebank**: H.A., J.H., S.L.H., W.H.W.T.; **INGI CARL**: P.G., G.G., N.P.; **INGI CILENTO**: M.C., T.N., D.R., R.Sorice; **WHI FVG**: A.P.d.A., A.Robino, S.U.; **INGI Val Borbera**: G.P., C.S., D.T., M.T.; **KORA**: A.D., C.G., T.I., C.Meisinger, J.S.R.; **LBC**: I.J.D., S.E.H., L.M.L., J.M.S.; **LIFELINES**: R.A.d.B., I.P.K., I.M.-L., G.N., P.v.d.H., L.J.v.P., N.V., B.H.R.W.; **LOLLIPOP**: A.Al-Hussani, J.C.C., D.D., P.E., J.S.K., X.L., K.M., J.Scott, J.Sehmi, S.-T.T., W.Z.; **LURIC**: B.G., B.O.B., M.E.K., W.M., B.R.W.; **MDC**: A.F.D., G.E., B.H., C.E.H., O.M., S.P., J.G.S.; **MICROS**: M.G., A.A.Hicks, A.S.-P., P.P.P.; **NESDA**: I.M.N., B.W.P., J.H.S., H.Snieider; **NFBC1966**: A.-L.H., M.-R.J., P.F.O., A.Pouta, A.Ruokonen.; **NTR**: A.Abdellaoui, D.I.B., E.J.C.d.G., J.-J.H., M.H.d.M., G.Willemsen; **OGP**: F.M., D.P., L.Portas, M.P.; **PREVEND**: R.A.d.B., I.M.-L., G.N., P.v.d.H., W.H.v.G., D.J.v.V., N.V.; **QIMR**: B.Benjamin, M.A.F., N.G.M., S.E.M., G.W.M., C.S.T., P.M.V., J.B.W.; **SardinIA**: F.C., E.P., S.S.; **SHIP**: A.G., M.Naugk, C.O.S., A.Teumer, U.V.; **SMART**: A.Algra, F.W.A., P.I.W.d.B., V.T.; **SORBS**: V.L., I.P., M.S., A.Tönjes; **TwinsUK**: Y.M., S.-Y.S., N.S., T.D.S.; **UKBS**: J.J., W.H.O., N.S., J.Stephens; **Young Finns**: M.K., T.L., L.-P.L., O.R. Functional studies: *Drosophila*, U.E., F.S.D., A.A.Hicks, M.Novatchkova, J.M.P., U.P., C.X.W., G.Wirnsberger; expression profiling, W.O.C., L.Franke, L.L., M.F.M., A.Rendon, E.S., H.-J.W.; **FAIRE**, C.A.A., P.D., W.H.O., D.S.P., A.Rendon, N.S. Data analysis and bioinformatics: A.Al-Hussani, A.B., J.C.C., M.D., L.Ferrucci, P.v.d.H., S.K., X.L., I.M.-L., K.M., S.M., A.Radhakrishnan, S.Rendon, R.R.-S., H.Schepers, J.Sehmi, N.S., H.H.W.S., S.T., T.T., N.V., K.V., P.V., J.Y., W.Z.

Author Information Summary statistics from the genome-wide association study are available from the European Genome-Phenome Archive (EGA, <http://www.ebi.ac.uk/ega>) under accession number EGAS00000000132. Reprints and permissions information is available at www.nature.com/reprints. The authors declare no competing financial interests. Readers are welcome to comment on the online version of the paper. Correspondence and requests for materials should be addressed to J.C.C. (john.chambers@ic.ac.uk), C.G. (christian.gieger@helmholtz-muenchen.de), P.v.d.H. (p.van.der.harst@umcg.nl), J.S.K. (j.kooner@ic.ac.uk), W.H.O. (who1000@cam.ac.uk) and N.S. (ns6@sanger.ac.uk).

Pim van der Harst^{1,2*}, Weihua Zhang^{3,4*}, Irene Mateo Leach^{1*}, Augusto Rendon^{5,6,7,8*}, Niek Verweij^{1*}, Joban Sehmi^{4,9*}, Dirk S. Paul^{10*}, Ulrich Elling^{11*}, Hooman Allayee¹², Xinzhong Li^{3,14}, Aparna Radhakrishnan^{5,6,8,10}, Sian-Tsung Tan^{4,9}, Katrin Voss^{5,6,8}, Christian X. Weichenberger¹⁵, Cornelis A. Albers^{5,6,10}, Abtehal Al-Hussani³, Folkert W. Asselbergs^{16,17,18}, Marina Ciullo¹⁹, Fabrice Danjou²⁰, Christian Dina^{21,22,23}, Tõnu Esko^{24,25}, David M. Evans²⁶, Lude Franke², Martin Gögele¹⁵, Jaana Hartiala¹², Micha Hersch^{27,28}, Hilma Holm²⁹, Jouke-Jan Hottenga³⁰, Stavroula

Kanoni¹⁰, Marcus E. Kleber^{31,32}, Vasiliki Lagou^{33,34}, Claudia Langenberg³⁵, Lorna M. Lopez^{26,37}, Leo-Pekka Lyytikäinen^{38,39}, Olle Melander⁴⁰, Federico Murgia⁴¹, Ilija M. Nolte⁴², Paul F. O'Reilly³, Sandosh Padmanabhan⁴³, Afshin Parsa⁴⁴, Nicola Pirastu⁴⁵, Eleonora Porcu⁴⁶, Laura Portas⁴¹, Inga Prokopenko^{33,34}, Janina S. Ried⁴⁷, So-Youn Shin¹⁰, Clara S. Tang⁴⁸, Alexander Teumer⁴⁹, Michela Traglia⁵⁰, Sheila Ulivi⁵¹, Harm-Jan Westra², Jian Yang⁵², Jing Hua Zhao³⁵, Franco Anzi²⁰, Abdel Abdellaoui³⁰, Antony Attwood^{5,6,8,10}, Beverley Balkau^{53,54}, Stefania Bandinelli⁵⁵, François Bastardot^{56,57}, Beben Benjamin^{48,58}, Bernhard O. Boehm⁵⁹, William O. Cookson⁹, Debashish Das⁶⁰, Paul I. W. de Bakker^{17,18,61,62}, Rudolf A. de Boer¹, Eco J. C. de Geus³⁰, Marleen H. de Moor³⁰, Maria Dimitriou⁶³, Francisco S. Domingues¹⁵, Angela Döring⁶⁴, Gunnar Engström⁴⁰, Gudmundur Ingi Eyjolfsson⁶⁵, Luigi Ferrucci⁶⁶, Krista Fischer²⁴, Renzo Galanello²⁰, Stephen F. Garner^{5,6,8}, Bernd Genser³¹, Quince D. Gibson^{44,67}, Georgia Girotto⁴⁵, Daniel Fannar Gudbjartsson²⁹, Sarah E. Harris^{37,68}, Anna-Liisa Hartikainen⁶⁹, Claire E. Hastie⁴³, Bo Hedblad⁴⁰, Thomas Illig^{70,71}, Jennifer Jolley^{5,6,8}, Mika Kähönen^{72,73}, Ido P. Kema⁷⁴, John P. Kemp²⁶, Liming Liang⁷⁵, Heather Lloyd-Jones^{5,6,8}, Ruth J. F. Loos³⁵, Stuart Meacham^{5,6,8,10}, Sarah E. Medland⁴⁸, Christa Meisinger⁷⁶, Yasin Memari^{10,77}, Evelin Mihailov¹⁹, Kathy Miller⁷, Miriam F. Moffatt⁹, Matthias Nauck⁷⁸, Maria Novatchkova¹¹, Teresa Nutile¹⁹, Isleifur Olafsson⁷⁹, Pall T. Onundarson^{80,81}, Debora Parracciani⁸², Brenda W. Penninx^{83,84,85}, Lucia Perseu⁴⁶, Antonio Piga⁸⁶, Giorgio Pistis⁵⁰, Anneli Pouta^{87,88}, Ursula Puc¹¹, Olli Raitakari^{89,90}, Susan M. Ring⁹¹, Antonietta Robino⁴⁵, Daniela Ruggiero¹⁹, Aimo Ruukonen⁹², Aude Saint-Pierre¹⁵, Cinzia Sala³⁰, Andres Salumets^{93,94}, Jennifer Sambrook^{5,6,8}, Heir Schepers^{95,96}, Carsten Oliver Schmidt⁹⁷, Herman H. W. Silljé¹, Rob Sladek⁹⁸, Johannes H. Smit⁸³, John M. Starr^{37,99}, Jonathan Stephens^{5,6,8}, Patrick Sulem²⁹, Toshiko Tanaka⁶⁶, Unnur Thorsteinsdottir^{29,100}, Vinicius Tragante¹⁶, Wiek H. van Gilst¹, L. Joost van Pelt⁷⁴, Dirk J. van Veldhuisen¹, Uwe Völker⁴⁹, John B. Whitfield⁴⁸, Gonneke Willemsen³⁰, Bernhard R. Winkelmann¹⁰¹, Gerald Wirnsberger¹¹, Ale Algra^{17,102}, Francesco Cucca^{46,103}, Adamo Pio d'Adamo⁴⁵, John Danesh¹⁰⁴, Ian J. Deary^{36,37}, Anna F. Dominiczak⁴³, Paul Elliott³, Paolo Fortina^{106,107}, Philippe Froguel^{108,109}, Paolo Gasparini⁴⁵, Andreas Greinacher¹⁰, Stanley L. Hazen¹¹, Marjo-Riitta Jarvelin^{3,87,105,112,113}, Kay Tee Khaw¹¹⁴, Terho Lehtimäki^{38,39}, Winfried Maerz^{31,115}, Nicholas G. Martin⁴⁸, Andres Metspalu^{24,25}, Braxton D. Mitchell⁴⁴, Grant W. Montgomery⁴⁸, Carmel Moore¹⁰⁴, Gerjan Navis¹¹⁶, Mario Pirastu⁴¹, Peter P. Pramstaller^{15,117,118}, Ramiro Ramirez-Solis¹⁰, Eric Schadt¹¹⁹, James Scott⁹, Alan R. Shuldiner^{44,120}, George Davey Smith²⁶, J. Gustav Smith^{40,121}, Harold Snieder⁴², Rossella Sorice¹⁹, Tim D. Spector¹²², Kari Stefansson^{29,100}, Michael Stumvoll^{123,124}, W. H. Wilson Tang¹¹¹, Daniela Toniolo^{50,125}, Anke Tönjes^{123,124}, Peter M. Visser^{37,48,52,58}, Peter Vollenweider^{56,57}, Nicholas J. Wareham³⁵, Bruce H. R. Wolfenbutter¹²⁶, Dorret I. Boekmans³⁰, Jacques S. Beckmann^{27,127}, George V. Dedoussis⁶³, Panos Deloukas¹⁰, Manuel A. Ferreira⁴⁸, Serena Sanna⁴⁶, Manuela Uda⁴⁶, Andrew A. Hicks^{19*}, Josef Martin Penninger^{11*}, Christian Gieger^{47*}, Jaspal S. Kooner^{4,9,128*}, Willem H. Ouwehand^{5,6,8,10*}, Nicole Soranzo^{10*} & John C Chambers^{3,4,14,128*}

¹Department of Cardiology, University of Groningen, University Medical Center Groningen, 9700 RB Groningen, The Netherlands. ²Department of Genetics, University of Groningen, University Medical Center Groningen, 9700 RB Groningen, The Netherlands. ³Department of Epidemiology and Biostatistics, Imperial College London, London W2 1PG, UK. ⁴Ealing Hospital NHS Trust, Middlesex UB1 3HW, UK. ⁵Department of Haematology, University of Cambridge, Cambridge CB2 0XY, UK. ⁶NHS Blood and Transplant, Cambridge CB2 0PT, UK. ⁷MRC Biostatistics Unit, Institute of Public Health, Cambridge CB2 2SR, UK. ⁸NIHR Cambridge Biomedical Research Centre, Cambridge CB2 0QQ, UK. ⁹National Heart and Lung Institute, Imperial College London, London W12 0NN, UK. ¹⁰Wellcome Trust Sanger Institute, Hinxton, Cambridge CB10 1SA, UK. ¹¹Institute of Molecular Biotechnology of the Austrian Academy of Sciences, 1030 Vienna, Austria. ¹²Department of Preventive Medicine, University of Southern California Keck School of Medicine, Los Angeles, California 90033, USA. ¹³Institute of Clinical Sciences, Imperial College London, London W12 0NN, UK. ¹⁴NIHR Cardiovascular Biomedical Research Unit, Royal Brompton and Harefield NHS Foundation Trust and Imperial College London, London SW3 6NP, UK. ¹⁵Center for Biomedicine, European Academy Bozen/Bolzano (EURAC), 39100 Bolzano, Italy. ¹⁶Department of Cardiology, Division Heart and Lungs, University Medical Center Utrecht, 3508 Utrecht, The Netherlands. ¹⁷Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, 3508 Utrecht, The Netherlands. ¹⁸Department of Medical Genetics, Biomedical Genetics, University Medical Center Utrecht, 3508 Utrecht, The Netherlands. ¹⁹Institute of Genetics and Biophysics "Adriano Buzzati-Traverso"-CNR, 80131 Naples, Italy. ²⁰Clinica Pediatrica 2a, Dipartimento di Scienze Biomediche e Biotechnologie - Università di Cagliari, Ospedale Regionale Microcitemie ASL8, 09121 Cagliari, Italy. ²¹Institut National de la Santé et de la Recherche Médicale (INSERM) Unité Mixte de Recherche (UMR) 1087, BP 70721 44007 Nantes cedex, 1 Nantes, France. ²²Centre National de la Recherche Scientifique (CNRS) UMR 6291, BP 70721 44007 Nantes cedex 1, Nantes, France. ²³School of Medicine, Nantes University, 44000 Nantes, France. ²⁴Estonian Genome Center of University of Tartu, 51010 Tartu, Estonia. ²⁵Institute of Molecular and Cell Biology, University of Tartu, 51010 Tartu, Estonia. ²⁶MRC Centre for Causal Analyses in Translational Epidemiology, School of Social and Community Medicine, University of Bristol, Bristol BS8 2BN, UK. ²⁷Department of Medical Genetics, University of Lausanne, CH-1005 Lausanne, Switzerland. ²⁸Swiss Institute of Bioinformatics, CH-1015 Lausanne, Switzerland. ²⁹deCODE genetics, 101 Reykjavik, Iceland. ³⁰Department of Biological Psychology, VU University, 1081 BT Amsterdam, The Netherlands. ³¹Mannheim Institute of Public Health, Social and Preventive Medicine, Medical Faculty of Mannheim, University of Heidelberg, D-68167 Mannheim, Germany. ³²LURIC Study nonprofit LLC, D-79098 Freiburg, Germany. ³³Oxford Centre for Diabetes, Endocrinology and Metabolism, Radcliffe Department of Medicine, University of Oxford OX3 7JL, UK. ³⁴Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford OX3 7BN, UK. ³⁵MRC Epidemiology Unit, Institute of Metabolic Science, Addenbrooke's Hospital, Cambridge CB2 0QQ, UK. ³⁶Department of Psychology, The University of Edinburgh, Edinburgh EH8

9JZ, UK.³⁷Centre for Cognitive Ageing and Cognitive Epidemiology, The University of Edinburgh, Edinburgh EH8 9JZ, UK.³⁸Department of Clinical Chemistry, Fimlab Laboratories, Tampere University Hospital, FIN-33521 Tampere, Finland.³⁹Department of Clinical Chemistry, University of Tampere School of Medicine, FIN-33521 Tampere, Finland.⁴⁰Department of Clinical Sciences, Lund University, SE-205 02Malmö, Sweden.⁴¹Institute of Population Genetics, National Research Council of Italy, 07100 Sassari, Italy.⁴²Department of Epidemiology, University of Groningen, University Medical Center Groningen, 9700 RB Groningen, The Netherlands.⁴³Institute of Cardiovascular and Medical Sciences, College of Medical, Veterinary and Life Sciences, University of Glasgow, Glasgow G12 8QQ, United Kingdom.⁴⁴University of Maryland School of Medicine, Baltimore, Maryland 21201, USA.⁴⁵Institute for Maternal and Child Health-IRCCS "Burlo Garofolo"-Trieste, University of Trieste, 34137 Trieste, Italy.⁴⁶Istituto di Ricerca Genetica e Biomedica, Consiglio Nazionale delle Ricerche, c/o Cittadella Universitaria di Monserrato, Monserrato, Cagliari 09042, Italy.⁴⁷Institute of Genetic Epidemiology, Helmholtz Zentrum München, German Research Center for Environmental Health, D-85764 Neuherberg, Germany.⁴⁸Queensland Institute of Medical Research, Brisbane, Queensland 4006, Australia.⁴⁹Interfaculty Institute for Genetics and Functional Genomics, University Medicine Greifswald, D-17487 Greifswald, Germany.⁵⁰Division of Genetics and Cell Biology, San Raffaele Scientific Institute, 20132 Milano, Italy.⁵¹Institute for Maternal and Child Health - IRCCS "Burlo Garofolo"- Trieste, 34137 Trieste, Italy.⁵²University of Queensland Diamantina Institute, The University of Queensland, Princess Alexandra Hospital, Brisbane, Queensland 4102, Australia.⁵³Inserm, CESP Centre for research in Epidemiology and Population Health, U1018, Villejuif F-94807, France.⁵⁴University Paris Sud 11, UMRS 1018, Villejuif F-94807, France.⁵⁵Geriatric Unit, Azienda Sanitaria Firenze, 50125 Florence, Italy.⁵⁶Centre Hospitalier Universitaire Vaudois, CH-1011 Lausanne, Switzerland.⁵⁷Department of Internal Medicine, University of Lausanne, CH-1011 Lausanne, Switzerland.⁵⁸Queensland Brain Institute, The University of Queensland, Brisbane, Queensland 4072, Australia.⁵⁹Division of Endocrinology and Diabetes, Department of Medicine, University Hospital, Ulm D-89075, Germany.⁶⁰The Hatter Cardiovascular Institute, University College London, London WC1E 6HX, UK.⁶¹Division of Genetics, Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts 02115, USA.⁶²Program in Medical and Population Genetics, Broad Institute of Harvard and MIT, Cambridge, Massachusetts 02142, USA.⁶³Nutrition and Dietetics, Harokopio University, Kallithea 17671, Athens, Greece.⁶⁴Institute of Epidemiology I and Institute of Epidemiology II, Helmholtz Zentrum München, German Research Center for Environmental Health, D-85764 Neuherberg, Germany.⁶⁵The Laboratory in Mjodd, 108 Reykjavik, Iceland.⁶⁶Clinical Research Branch, National Institute on Aging, Baltimore, Maryland 21250, USA.⁶⁷Instituto de Saúde Coletiva, Federal University of Bahia, Salvador, Bahia 40110-040, Brazil.⁶⁸Medical Genetics Section, The University of Edinburgh, Edinburgh EH4 2XU, UK.⁶⁹Institute of Clinical Sciences, Obstetrics and Gynecology, University of Oulu FIN-90220 Oulu, Finland.⁷⁰Research Unit of Molecular Epidemiology, Helmholtz Zentrum München, German Research Center for Environmental Health, D-85764 Neuherberg, Germany.⁷¹Hannover Unified Biobank, Hannover Medical School, D-30625 Hannover, Germany.⁷²Department of Clinical Physiology, Tampere University Hospital, FIN-33521 Tampere, Finland.⁷³Department of Clinical Physiology, University of Tampere School of Medicine, FIN-33521 Tampere, Finland.⁷⁴Department of Laboratory Medicine, University of Groningen, University Medical Center Groningen, 9700 RB Groningen, The Netherlands.⁷⁵Department of Epidemiology, Department of Biostatistics, Harvard School of Public Health, Cambridge, Massachusetts 02115, USA.⁷⁶Institute of Epidemiology II, Helmholtz Zentrum München, German Research Center for Environmental Health, D-85764 Neuherberg, Germany.⁷⁷Department of Twin Research and Genetic Epidemiology, Kings College London, London SE1 7EH, UK.⁷⁸Institute of Clinical Chemistry and Laboratory Medicine, University Medicine Greifswald, D-17475 Greifswald, Germany.⁷⁹Department of Clinical Biochemistry, Landspítali University Hospital, 101 Reykjavik, Iceland.⁸⁰Faculty of Medicine, University of Iceland, 101 Reykjavik, Iceland.⁸¹Laboratory of Hematology and Coagulation Disorder Center, Landspítali University Hospital, 101 Reykjavik, Iceland.⁸²Genetic Park of Ogliastra, Perdasdefogu, Sardinia, Italy.⁸³Department of Psychiatry/EMGO Institute/Neuroscience Campus, VU University Medical Centre, 1081 BT Amsterdam, The Netherlands.⁸⁴Department of Psychiatry, University of Groningen, University Medical Center Groningen, 9700 RB Groningen, The Netherlands.⁸⁵Department of Psychiatry, Leiden University Medical Centre, 2333 Leiden, The Netherlands.⁸⁶Division of Pediatrics and Thalassemia Centre, Department of Clinical and Biological Sciences, University of Torino, 10043 Orbassano, Turin, Italy.⁸⁷Institute of Health Sciences, University of Oulu, FIN-90220 Oulu, Finland.⁸⁸National Institute of Health and Welfare, Aapistie 1, P.O. Box 310, FIN-90101 Oulu, Finland.⁸⁹Department of Clinical Physiology and Nuclear Medicine, Turku University Hospital, FIN-20521 Turku, Finland.⁹⁰Research Centre of Applied and Preventive Cardiovascular Medicine, University of Turku, FIN-20521 Turku, Finland.⁹¹The School of Social and Community Medicine, University of Bristol, Bristol BS8 2PS, UK.⁹²Institute of Diagnostics, University of Oulu, FIN-90014 Oulu, Finland.⁹³Competence Centre on Reproductive Medicine and Biology, 50410 Tartu, Estonia.⁹⁴Institute of General and Molecular Pathology, University of Tartu, 51014 Tartu, Estonia.⁹⁵Department of Experimental Hematology, University of Groningen, University Medical Center Groningen, 9700 RB Groningen, The Netherlands.⁹⁶Department of Stem Cell Biology, University of Groningen, University Medical Center Groningen, 9700 RB Groningen, The Netherlands.⁹⁷Institute for Community Medicine, University Medicine Greifswald, D-17475 Greifswald, Germany.⁹⁸Departments of Human Genetics and Medicine, Faculty of Medicine, McGill University, Montreal, Quebec H3A 1B1, Canada.⁹⁹Geriatric Medicine Unit, The University of Edinburgh, Western General Hospital, Edinburgh EH4 2XU, UK.¹⁰⁰Faculty of Medicine, University of Iceland, 101 Reykjavik, Iceland.¹⁰¹ClinPhenomics Study Center, D-60594 Frankfurt, Germany.¹⁰²Utrecht Stroke Center, Department of Neurology and Neurosurgery, Rudolf Magnus Institute of Neuroscience, University Medical Center Utrecht, 3584 CG Utrecht, The Netherlands.¹⁰³Dipartimento di Scienze Biomediche, Università di Sassari, 07100 Sassari, Italy.¹⁰⁴Department of Public Health and Primary Care, University of Cambridge, Cambridge CB1 8RN, UK.¹⁰⁵MRC-HPA Centre for Environment and Health, Imperial College London, London W2 1PG, UK.¹⁰⁶Department of Cancer Biology, Thomas Jefferson University Jefferson Medical College, Philadelphia, Pennsylvania 19107, USA.¹⁰⁷Dipartimento di Medicina Molecolare, Università La Sapienza, 00161 Roma, Italy.¹⁰⁸Centre National de la Recherche Scientifique (CNRS)-Unité mixte de recherche (UMR) 8199, Lille Pasteur Institute, Lille 59100, France.¹⁰⁹Department of Genomics of Common Disease, School of Public Health, Imperial College London, London W2 1PG, UK.¹¹⁰Institute for Immunology and Transfusion Medicine, University Medicine Greifswald, D-17487 Greifswald, Germany.¹¹¹Center for Cardiovascular Diagnostics and Prevention, Department of Cell Biology, Lerner Research Institute, Cleveland Clinic, Cleveland, Ohio 44195, USA.¹¹²Department of Lifecourse and Service, National Institute for Health and Welfare, FIN-90101 Oulu, Finland.¹¹³Biocenter Oulu, University of Oulu, FIN-90220 Oulu, Finland.¹¹⁴Clinical Gerontology Unit, Box 251, Addenbrooke's Hospital, Hills Road, Cambridge CB2 2QQ, UK.¹¹⁵Synlab Academy, D-68165 Mannheim, Germany.¹¹⁶Department of Internal Medicine, University of Groningen, University Medical Center Groningen, 9700 RB Groningen, The Netherlands.¹¹⁷Department of Neurology, General Central Hospital, 39100 Bolzano, Italy.¹¹⁸Department of Neurology, University of Lübeck, D-23538 Lübeck, Germany.¹¹⁹Institute for Genomics and Multiscale Biology, Mount Sinai School of Medicine, New York 10029-6574, USA.¹²⁰Geriatric Research and Education Clinical Center, Veterans Administration Medical Center, Baltimore, Maryland 21201, USA.¹²¹Department of Cardiology, Lund University, 22185 Lund, Sweden.¹²²Department of Twin Research and Genetic Epidemiology, Kings College London, London SE1 7EH, UK.¹²³Department of Medicine, University of Leipzig, Liebigstr. 18, D-04103 Leipzig, Germany.¹²⁴University of Leipzig, IFB AdiposityDiseases, D-04103 Leipzig, Germany.¹²⁵Institute of Molecular Genetics, CNR, 27100 Pavia, Italy.¹²⁶Department of Endocrinology, University of Groningen, University Medical Center Groningen, 9700 RB Groningen, The Netherlands.¹²⁷Service of Medical Genetics, Centre Hospitalier Universitaire Vaudois, 1011 Lausanne, Switzerland.¹²⁸Imperial College Healthcare NHS Trust, London W12 0HS, UK.

*These authors contributed equally to this work.

METHODS

Genome-wide association. Genome-wide association was carried out in 62,553 people of European ancestry and 9,308 people of South Asian ancestry, using up to 2,644,161 autosomal and 67,645 X-chromosome SNPs. Imputation was done using haplotypes from HapMap Phase 2. Characteristics of participants, genotyping arrays and imputation are summarized in Supplementary Tables 1 and 2. Participants with extreme measurements ($> \pm 3$ s.d. from mean) were excluded on a per-phenotype basis. Each population cohort was approved by a research ethics committee, and all participants gave informed consent.

SNP associations with each phenotype were tested by linear regression using an additive genetic model. Associations were tested separately in men and women in each cohort, with principal components and other study-specific factors as covariates to account of population substructure as described in Supplementary Table 2. Test statistics from each cohort were then corrected for their respective genomic-control inflation factor to adjust for residual population sub-structure; genomic-control inflation factors are summarized in Supplementary Table 3. We then carried out a meta-analysis of results from the individual cohorts using Z-scores weighted by the square root of sample size. The meta-analysis was varied out among Europeans and South Asians separately. There were no South-Asian-specific discoveries, but also little evidence for heterogeneity of effect at known or new genetic loci (Supplementary Table 23); we therefore carried out a final combined analysis of results for the two populations. SNPs with minor allele frequency $< 1\%$ (weighted average across cohorts) were removed, as were SNPs with weight $< 50\%$ of phenotype sample size. There was no evidence for inflation of test statistics at SNPs not known to be associated with red blood cell phenotypes (Supplementary Table 3), and genomic control was not applied to the final meta-analysis results. We used the function 'clump' implemented in PLINK to cluster the SNPs into genomic loci using a 2-Mb window; clustering was done separately for each phenotype. Inverse variance meta-analysis was used to quantify effect sizes for SNPs of interest.

Genome-wide significance was inferred at $P < 1 \times 10^{-8}$. This choice of statistical threshold was grounded on the guidelines derived from studies of the ENCODE (encyclopedia of DNA elements) regions⁶, combined with results of permutation testing to determine the additional adjustment needed for the six red blood cell phenotypes studied (Supplementary Tables 24, 25 and Supplementary Note). As an alternative strategy, a P -value threshold of $P < 3.2 \times 10^{-9}$ would provide correction for the number of SNP-phenotype combinations tested without any adjustment for the correlations between the SNPs or phenotypes tested. We note that 70 of the 75 loci identified would exceed such a highly stringent threshold, including all four of the loci identified through the joint analysis of European and South Asian data.

Replication testing. We carried out replication testing of 22 SNPs selected on the basis of the following criteria: (1) the lead SNP from each of 17 loci showing suggestive evidence for association with one or more red blood cell phenotypes in Europeans ($P > 10^{-8}$ and $P < 10^{-7}$), and (2) the lead SNP from each of the loci identified through combined analysis of genome-wide association data for Europeans and South Asians. Replication testing was done using a combination of *in silico* results and direct genotyping among 63,506 people from four population cohorts.

In silico data were available for 34,843 people from Iceland participating in the deCODE (diabetes epidemiology: collaborative analysis of diagnostic criteria in Europe) study³⁷ (Supplementary Table 1). SNPs were directly genotyped with the Illumina HumanHap300 or CNV370 chips or imputed from one or more of four sources: the HapMap2 CEU sample (60 triads), the 1000 Genomes Project data (179 individuals) and Icelandic samples genotyped with the Illumina Human1 M-Duo (123 triads) or the HumanOmni1-Quad chips (505 individuals), as previously described in ref. 37. The 22 SNPs were tested for association against their respective discovery phenotypes, under an additive genetic model; results were combined with the genome-wide association data by weighted-Z-score meta-analysis.

We found that for 7 of the 22 SNPs carried forward for replication, their associations with phenotype remained inconclusive after *in silico* testing ($P > 10^{-8}$ but $P < 10^{-7}$). For these SNPs we carried out additional direct genotyping using Sequenom assays, among up to 20,066 people from three population cohorts (Supplementary Table 1). Associations were tested in each cohort separately, and results combined across the replication cohorts, and then with the genome-wide association data, by weighted-Z-score meta-analysis (Supplementary Table 26).

Conditional analysis. We performed conditional-association analysis using the summary statistics from the meta-analysis to test for the association of each SNP while conditioning on the top SNPs, with correlations between SNPs due to linkage disequilibrium estimated from the imputed genotype data from the atherosclerosis risk in communities (ARIC) cohort^{8,38}. Secondary-association signals were selected with conditional-association $P < 1 \times 10^{-8}$.

Identification of candidate genes. We considered the nearest gene, and any other gene located within 10 kb of the sentinel SNP, to be a candidate for mediating the association with red blood cell phenotype. We also used coding variant, eQTL and literature analyses to identify candidate genes. On the basis of analysis of linkage-disequilibrium relations at the 75 genetic loci, we defined genomic region as the 1-Mb interval either side of the sentinel SNP for our functional genomic studies (Supplementary Fig. 7).

Coding variation. We identified all non-synonymous SNPs that were in linkage disequilibrium with one or more of the sentinel SNPs at $r^2 > 0.8$ in 1000 Genomes Project data set (released in March 2012). We considered the gene to be a candidate when the non-synonymous and sentinel SNPs were in linkage disequilibrium at $r^2 > 0.8$ and with no evidence for heterogeneity of effect on phenotype. This strategy identified 39 non-synonymous SNPs distributed between 24 genes (Supplementary Table 9), representing a ~sixfold enrichment compared to the mean number expected under the null hypothesis generated by permutation testing of SNP sets matched for allele frequency (± 0.05) and number of genes in proximity (± 10 kb), but selected otherwise at random ($P = 0.01$; Supplementary Note).

Expression analyses. To identify the possible genes influencing red blood cell phenotypes at the 75 loci, we examined the association of the sentinel SNPs with eQTL data from two data sets: (1) peripheral blood lymphocytes from 206 families of European descent (830 parents and offspring)³⁹ and (2) peripheral blood lymphocytes from 1,469 unrelated individuals⁴⁰.

SNPs were tested for association with expression of nearby (1 Mb) genes ($P < 0.05$ after Bonferroni correction for number of SNP-transcript associations tested). Where eQTLs were identified, we used the whole-genome SNP data available in these data sets (imputed with HapMap Phase 2 genotypes), to identify the SNP at the locus most closely associated with transcript level (the transcript SNP). We then tested whether the sentinel SNP and the transcript SNP were coincident, defined as $r^2 > 0.8$ with no evidence for heterogeneity of effect on phenotype or transcript level ($P > 0.05$). This strategy identified eQTLs involving 28 genes from 18 loci (Supplementary Table 10).

GRAIL analyses. We carried out a literature analysis using the GRAIL algorithm⁹, a statistical tool that uses text mining of PubMed abstracts to annotate candidate genes from loci associated with phenotypic traits. We carried out the analysis using the 2006 data set to avoid confounding by subsequent GWAS discoveries; results identified candidate genes at nine loci ($P < 0.05$; Supplementary Table 11). Results are also shown for a GRAIL analysis using the 2011 PubMed data set, although these were not used for the final analysis.

Gene expression in haematopoietic precursors. Cord-blood-derived CD34⁺ haematopoietic stem cells were differentiated *in vitro* along the erythroid lineage in the presence of 6 U ml⁻¹ erythropoietin (R&D Systems), 10 ng ml⁻¹ interleukin (IL)-3 (Miltenyi Biotec) and 100 ng ml⁻¹ stem cell factor (R&D Systems). Cells were collected at days 3, 5, 7, 9 and 10 in three biological replicates and gene expression was assayed using Illumina human WGv3.0 microarrays⁴¹. For each gene, we determined the relationship of gene expression with time using linear regression, and calculated the t -statistic for the difference in β from zero. We then classified gene-expression patterns as increasing, decreasing or unchanged on the basis of the 2.5% and 97.5% quartiles of the t distribution with 4 degrees of freedom. To test whether a gene set was enriched for differentially regulated genes, a Wilcoxon signed-rank test of the t scores in the gene set relative to all other genes that were expressed in at least one time point was calculated.

FAIRE-seq. We generated maps of chromatin accessibility ('open chromatin') in primary human erythroblasts and megakaryocytes, and in peripheral blood monocytes using FAIRE-seq. Cord-blood-derived CD34⁺ haematopoietic progenitor cells from two unrelated individuals were differentiated *in vitro* into either erythroblasts (in the presence of erythropoietin, IL-3 and stem cell factor) or megakaryocytes (in the presence of thrombopoietin and IL-1 β). Monocytes were purified from leukocyte cones of apheresis collections from another two individuals.

FAIRE experiments were performed as previously described in ref. 42. FAIRE DNA was processed following the Illumina paired-end library-generation protocol. Genomic libraries derived from erythroblast and megakaryocyte cultures were sequenced with 54-bp paired-end reads on Illumina Genome Analyzer II. Libraries derived from monocyte extractions were sequenced with 50-bp paired-end reads on Illumina HiSeq. Raw sequence reads were aligned to the human reference sequence (NCBI build 37) using the read mapper Stampy⁴³. Reads were realigned around known insertions and deletions, followed by base-quality recalibration using the Genome Analysis Toolkit (GATK)⁴⁴. Duplicates were flagged using the software Picard (<http://picard.sourceforge.net/>) and excluded from subsequent analyses. For each cell type, we merged all read fragments into one data set. NDRs were identified as regions of sequencing enrichment (peaks) using the software F-Seq³⁶. We applied a feature length of $L = 600$ bp and a s.d. threshold of $T = 8.0$ over the mean across a local background. In order to reduce

false-positive peak calls, we removed regions of collapsed repeats as recently described, applying a threshold of 0.1%⁴⁵. For each associated locus, candidate functional SNPs were selected by identifying all biallelic SNPs with an $r^2 > 0.8$ and within 1 Mb of the sentinel SNP in the European samples of the 1000 Genomes Project (data released June 2011).

***D. melanogaster* gene-silencing models.** We used haemocyte-specific RNAi silencing to investigate whether the 121 candidate genes identified in the red blood cell GWAS influenced blood cell formation in *D. melanogaster*. We identified *D. melanogaster* genes predicted to be orthologues of human genes using the Ensembl v65 Compara pipeline, an established phylogenetic-tree-based approach for orthology prediction⁴⁶; this revealed 96 *D. melanogaster* orthologues for 74 of the 121 human candidate genes (Supplementary Table 27). We evaluated each of the 96 orthologues for a blood cell phenotype in *D. melanogaster*. We obtained all 225 available *D. melanogaster* lines carrying inducible siRNA constructs from the Vienna *Drosophila* RNAi Center (VDRC)²³. To achieve haemocyte-specific knockdowns, flies were crossed to the blood-specific *Hml-Gal4* line driving Gal4 expression under the control of a hemolectin promoter⁴⁷. Flies were crossed at 29 °C, and early and late L3 larvae analysed 7 days after mating. Upstream activating sequence–green fluorescent protein enabled microscopic visualization of plasmatocytes and evaluation of cell size and cell number (L3 larvae only). Early- and late-stage larvae were incubated at 60 °C for 15 min, a process that turns the crystal cells black and allows quantification of crystal cells microscopically. For each orthologue, all available RNAi silencer constructs were investigated, and in addition, each construct was assayed in duplicate, blind to initial result. Cell counts were quantified visually (0–3, decreased or increased) and the mean of the duplicate measurements calculated.

We separately carried out permutation testing in a genome-wide screen of 5,658 *D. melanogaster* genes to simulate expectations under the null hypothesis (Supplementary Fig. 8 and Supplementary Note); results confirmed that the 121 candidate genes were enriched for blood cell phenotype in *D. melanogaster* orthologues ($P < 0.05$), and showed that this was robust to threshold for calling. **Contribution of the genetic loci identified to population variation in red blood cell phenotypes.** This was investigated in participants from the Estonian Genome Center of University of Tartu (EGCUT), LIFELINES, Ludwigshafen Risk and Cardiovascular Health Study (LURIC) and Young Finns cohorts using samples that were not included in the discovery experiment (Supplementary Table 1). The contribution of the SNPs to population variation in red blood cell phenotypes was quantified using two models: model 1, limited to SNPs associated

with respective phenotype at $P < 1 \times 10^{-8}$; and model 2, comprising all of the 75 sentinel SNPs identified. Estimates of population variance explained were made in each study separately, and average values calculated weighted by sample size (Supplementary Table 21).

We then investigated whether the 75 sentinel SNPs influenced the probability of being in the highest versus the lowest quartile for population distribution of phenotype. Two SNP scores were calculated for each phenotype: score 1, limited to SNPs associated with respective phenotype at $P < 1 \times 10^{-8}$, and score 2, containing all 75 sentinel SNPs identified. For both, SNP score was calculated as the sum of number of effect (trait raising) alleles present, weighted according to effect size. We then calculated the odds ratio for being in the highest versus the lowest quartile of phenotype, associated with SNP scores in the second, third and fourth quartiles, compared to first quartile of SNP score. Odds ratios were calculated in each study separately, and then combined by inverse variance meta-analysis (Fig. 3).

37. Holm, H. *et al.* A rare variant in MYH6 is associated with high risk of sick sinus syndrome. *Nature Genet.* **43**, 316–320 (2011).
38. Yang, J., Lee, S. H., Goddard, M. E. & Visscher, P. M. GCTA: a tool for genome-wide complex trait analysis. *Am. J. Hum. Genet.* **88**, 76–82 (2011).
39. Dixon, A. L. *et al.* A genome-wide association study of global gene expression. *Nature Genet.* **39**, 1202–1207 (2007).
40. Dubois, P. C. *et al.* Multiple common variants for celiac disease influencing immune gene expression. *Nature Genet.* **42**, 295–302 (2010).
41. Anderson, R. J. *et al.* Reduced dependency on arteriography for penetrating extremity trauma: influence of wound location and noninvasive vascular studies. *J. Trauma* **30**, 1059–1063 (1990).
42. Giresi, P. G. & Lieb, J. D. Isolation of active regulatory elements from eukaryotic chromatin using FAIRE (Formaldehyde Assisted Isolation of Regulatory Elements). *Methods* **48**, 233–239 (2009).
43. Lunter, G. & Goodson, M. Stampy: a statistical algorithm for sensitive and fast mapping of Illumina sequence reads. *Genome Res.* **21**, 936–939 (2011).
44. McKenna, A. *et al.* The Genome Analysis Toolkit: a MapReduce framework for analyzing next-generation DNA sequencing data. *Genome Res.* **20**, 1297–1303 (2010).
45. Pickrell, J. K., Gaffney, D. J., Gilad, Y. & Pritchard, J. K. False positive peaks in ChIP-seq and other sequencing-based functional assays caused by unannotated high copy number regions. *Bioinformatics* **27**, 2144–2146 (2011).
46. Vilella, A. J. *et al.* EnsemblCompara GeneTrees: complete, duplication-aware phylogenetic trees in vertebrates. *Genome Res.* **19**, 327–335 (2009).
47. Goto, A. *et al.* A *Drosophila* haemocyte-specific protein, hemolectin, similar to human von Willebrand factor. *Biochem. J.* **359**, 99–108 (2001).