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Title: Loss of cardio-protective effects at the ADAMTS7 locus due to gene-smoking interactions

Manuscript number: CIRCULATIONAHA/2016/022069R2

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155 **ABSTRACT**

156 **Background** Common diseases such as coronary heart disease (CHD) are complex in etiology. The
157 interaction of genetic susceptibility with lifestyle factors may play a prominent role. However, gene-
158 environment interactions for CHD have been difficult to identify. Here, we investigate interaction of
159 smoking behavior, a potent lifestyle factor, with genotypes that have been shown to associate with
160 CHD risk.

161 **Methods** We analyzed data on 60,919 CHD cases and 80,243 controls from 29 studies for gene-
162 smoking interactions for genetic variants at 45 loci previously reported to associate with CHD risk.
163 We also studied 5 loci associated with smoking behavior. Study specific gene-smoking interaction
164 effects were calculated and pooled using fixed-effects meta-analyses. Interaction analyses were
165 declared to be significant at a $P\text{-value} < 1.0 \times 10^{-3}$ (Bonferroni correction for 50 tests).

166 **Results** We identified novel gene-smoking interaction for a variant upstream of the *ADAMTS7* gene.
167 Every T allele of rs7178051 was associated with lower CHD risk by 12% in never-smokers ($P\text{-value}$:
168 1.3×10^{-16}) compared to 5% in ever-smokers ($P\text{-value}$: 2.5×10^{-4}) translating to a 60% loss of CHD
169 protection conferred by this allelic variation in people who smoked tobacco (*Interaction $P\text{-value}$* :
170 8.7×10^{-5}). The protective T allele at rs7178051 was also associated with reduced *ADAMTS7*
171 expression in human aortic endothelial cells and lymphoblastoid cell lines. Exposure of human
172 coronary artery smooth muscle cells to cigarette smoke extract led to induction of *ADAMTS7*.

173 **Conclusion** Allelic variation at rs7178051 that associates with reduced *ADAMTS7* expression
174 confers stronger CHD protection in “never-smokers” compared to “ever-smokers”. Increased
175 vascular *ADAMTS7* expression may contribute to the loss of CHD protection in smokers.

176 **Key words:** Gene-smoking interaction, gene-environment interaction, coronary heart disease,
177 *ADAMTS7*, smoking.

178 **Word count: 269**

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181 Clinical Perspective

182 1) What is new?

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- 184 • Using data on 60,919 CHD cases and 80,243 controls, this study conducted gene-
185 environment interaction analyses to investigate effect modification by smoking behavior at
186 established CHD and smoking related loci.
- 187 • Cardio-protective effects conferred by allelic variation at the *ADAMTS7* locus attenuated by
188 60% in people who smoked tobacco compared to those who did not smoke.
- 189 • Allelic variation at *ADAMTS7* associated with reduced CHD risk was associated with reduced
190 *ADAMTS7* expression in human aortic endothelial cells and lymphoblastoid cell lines.
- 191 • Exposure of human coronary artery smooth muscle cells to cigarette smoke extract led to
192 induction of *ADAMTS7*.

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194 2) What are the clinical implications?

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- 196 • These human genomic data provide new insights into potential mechanisms of CHD in
197 cigarette smokers.
- 198 • Findings from this study also point towards the directional impact of the *ADAMTS7* locus on
199 CHD.
- 200 • *ADAMTS7* and its substrates have a specific role in cigarette smoking related CHD.
- 201 • Inhibition of *ADAMTS7* is a novel potential therapeutic strategy for CHD that may have
202 particular benefits in individuals who smoke cigarettes.

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211 INTRODUCTION

212 Coronary heart disease (CHD) is a complex disorder resulting from the interplay of lifestyle
213 and genetic factors.^{1, 2} Yet, gene-environment interactions for CHD have been difficult to identify.
214 Cigarette smoking is one of the strongest lifestyle risk factors for CHD but the underlying molecular
215 mechanisms of CHD in humans who smoke remain uncertain.³⁻⁵ Cigarette smoking accounts for
216 one-fifth of all CHD events globally and is responsible for ~1.6 million deaths attributable to CHD
217 annually.⁶ Genome-wide association studies (GWAS) have improved our understanding on the
218 genetic predisposition to both CHD and smoking behavior.⁷⁻¹⁰ Joint or interactive effects of genetic
219 variation and smoking behavior in the etiology of CHD, however, remain poorly understood. GWAS
220 can provide new opportunities to investigate gene-smoking interactions.

221 We hypothesized that genetic predisposition to CHD is modified by cigarette smoking at
222 loci discovered by GWAS to be associated with either CHD or smoking behavior. We conducted a
223 focused experiment at 50 main-effect loci (45 for CHD and 5 for smoking behavior) using genetic
224 data and information on smoking behavior in 60,919 CHD cases and 80,243 controls from 29
225 different studies. We report novel findings on gene-smoking interactions in CHD. Allelic variation on
226 chr.15q25.1 at *ADAMTS7* is associated with protection from CHD in “never-smokers” with
227 attenuation of this protective effect in people who smoked. Expression studies in relevant vascular
228 cells support a role for *ADAMTS7* in smoking induced CHD. These data provide the first insights on
229 the etiology of CHD in cigarette smokers and may present opportunities for targeted therapeutic
230 strategies to lower CHD risk in individuals who smoke cigarettes.

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239 **METHODS**

240 **Summary of study Design**

241 All studies participating in the CARDIoGRAMplusC4D consortium⁷⁻⁹ that had information
242 available on smoking status, CHD risk and genotypes at the 50 CHD and smoking behavior-
243 associated loci were invited to participate. The current study had five inter-related components
244 (**eFigure-1**). First, as part of the quality control, we investigated the association of smoking status
245 with CHD risk within each study. Second, we performed an updated analysis of all the SNPs (\pm 50
246 KB) at the 45 established CHD loci to identify the variant with the strongest CHD association in our
247 study population at each established CHD locus. Effect estimates from each study in association
248 with CHD risk were obtained and pooled to identify the strongest CHD associated variant (“lead
249 variant”). Third, we investigated gene-smoking interactions at these 45 CHD loci and at 5 loci related
250 to smoking behavior. Fourth, for loci demonstrating differential CHD associations by smoking status,
251 we mapped the interaction region, examined linkage disequilibrium (LD) across the region and
252 performed conditional analyses to identify independent genetic signals. Finally, for loci exhibiting
253 gene-smoking interaction in CHD, we assessed eQTL data for association of variants with
254 expression of local genes in available datasets and examined expression of these genes in multiple
255 cell types that play prominent roles in smoking-CHD pathobiology.

256 **Harmonization of phenotypes and genotypes**

257 Summary level estimates for each study were shared via a secure FTP site. We used
258 “ever-smoking” as a primary exposure and data were harmonized by uniformly characterizing
259 participants in each study into two categories, “ever-smokers” and “never-smokers”. “Ever-smokers”
260 were defined as those who had smoked more than 100 cigarettes in a lifetime. For case-control
261 studies, information on “ever smoking” status collected at the time of enrollment was used for the
262 current analyses; whereas for prospective cohort studies, information on smoking status obtained at
263 the baseline visit was used for the current investigation. CHD was defined based on evidence from
264 angiography or history of verified myocardial infarction (MI), percutaneous coronary interventions
265 (PCI) or coronary artery bypass grafting (CABG) as published in CARDIoGRAMplusC4D projects.⁷⁻⁹
266 Genotype data generated through GWAS (directly genotyped or imputed) or cardio-metabochip
267 (directly genotyped only) arrays were obtained from each study and all genetic data were aligned
268 using the build-37 reference panel. Imputed SNPs were removed if they had any of the following: (i)
269 a minor allele frequency of $<1\%$; (ii) info score of <0.90 ; or (iii) confidence score <0.90 . For each
270 study, GWAS data were imputed using the Phase II CEU HapMap reference population.¹¹ Standard

271 quality control criteria were applied by each participating study, as described previously.⁷ All
272 participating studies in the CARDIoGRAMplusC4D consortium were approved by their locally
273 relevant institutional review boards and all participants gave written informed consent before their
274 enrollment in each study.⁷⁻⁹

275 **STATISTICAL ANALYSIS**

276 **Gene-smoking interaction analyses**

277 Initial quality control and association of established CHD loci with CHD risk: As part of an initial
278 quality control, effect estimates from each study were obtained for “ever-smoking” status and CHD
279 risk using a case-control logistic regression model adjusted for age and sex. Each participating study
280 also assessed and, if needed, controlled for population stratification by including principal
281 components as covariates in the regression model as described earlier.⁷⁻⁹ To identify variant(s) with
282 the most significant association with CHD risk at established CHD loci in our study population,
283 logistic regression analyses were conducted by each participating study for all the SNPs flanking
284 (±50 kb) the lead variant previously reported at each CHD locus. Effect estimates and standard
285 errors were obtained and meta-analyzed using a fixed-effects inverse variance approach. All lead
286 variants identified through these analyses were further investigated for gene-smoking interactions in
287 CHD. One lead variant per locus was selected for primary gene-smoking interaction analyses.

288 Investigation of the APOE locus: Although APOE has been recently established as a GWAS locus,⁷
289 previous studies prior to GWAS have suggested that CHD risk is higher among carriers of the ε4
290 allele at the APOE locus in smokers than in non-smokers.¹²⁻¹⁴ Because the ε2, ε3 and ε4 alleles at
291 the APOE locus are not captured by the GWAS platform, we specifically conducted genotyping for
292 rs429358 and rs7412 variants to capture the three epsilon (ε) alleles in 13,822 participants (including
293 7,286 first-onset myocardial infarction cases) in the PROMIS study.¹⁵

294 Gene-smoking interaction analyses at CHD and smoking loci: To assess gene-smoking interactions,
295 analyses were conducted within each study, adjusted for age, sex and other study specific
296 covariates (e.g., principal components), and variants were analyzed in association with CHD
297 separately in “ever-smokers” and “never-smokers”. Results from the two groups were then used to
298 test for interaction within each study. For the 50 variants, an interaction test statistic was calculated
299 within each study using the following equation as adapted from Teslovich *et al.*¹⁶

$$\frac{(\beta_n - \beta_e)}{\sqrt{SE_n^2 + SE_e^2}}$$

300 where β_n and β_e are the beta coefficients for the SNP in never-smokers and ever-smokers
301 respectively, SE_n and SE_e are the standard errors for the log-ORs estimated for never-smokers and
302 ever-smokers, respectively. Study specific interaction beta(s) and se(s) were calculated within each
303 study and were pooled across studies using a fixed-effects meta-analysis. Interaction analyses were
304 declared to be significant at a P-value of $<1.0 \times 10^{-3}$ (Bonferroni correction for 50 tests).

305 Conditional analyses on chr.15q25.1: At chr.15q25.1, we observed two variants exhibiting gene-
306 smoking interactions for CHD. The proximity of these two signals raised the possibility that the
307 observed interactions may represent a single interaction locus across the entire region. To
308 investigate this possibility we undertook conditional analyses using an approximate conditional and
309 joint analyses approach, also known as GCTA (Genome-wide Complex Trait Analysis), as described
310 previously.¹⁷⁻²² Briefly, this method leverages summary-level statistics from a meta-analysis and uses
311 LD corrections between SNPs estimated from a reference sample. Such an approach has been
312 shown to yield similar results to that obtained from conditional analyses conducted on individual
313 participant data and has been successfully implemented in several other studies that have fine-
314 mapped loci for other complex traits.¹⁷⁻²² Using this approach, we first conducted separate
315 conditional analyses at the chr.15q25.1 locus to identify main-effect variant(s) independently
316 associated with CHD and smoking behavior, respectively. We used the meta-analyzed data for CHD
317 main effects in the CARDIoGRAMplus4D consortium to identify SNPs independently associated with
318 CHD risk and we used the genetic meta-analysis data from the Tobacco and Genetics Consortium
319 (TGC) in 140,000 participants to identify variants independently associated with smoking behavior.
320 We then estimated the effects of these independent variants on CHD risk stratified by smoking
321 status and mutually adjusted the effects of these variants for each other.

322

323 **Analysis of eQTLs and regulatory features at the chr15q25.1 gene-smoking interaction locus**

324 eQTL analyses: We mined publicly available databases to identify genotype-related expression
325 differences (eQTLs) in *ADAMTS7* and the *CHRNA4-A3-A5* gene cluster in order to understand the
326 directionality of the association of expression of these genes with CHD and smoking behavior.
327 Specifically, we investigated data available from the GTEx consortium,²³ the HapMap consortium
328 (restricted to European populations), and the Multiple Tissue Human Expression Resource
329 (MuTHER).²⁴ We also analyzed expression data in 147 donor HAOEC lines.²⁵ We used a nominal P-
330 value of 0.002 to account for multiple testing involved in the eQTL analyses.

331 Regulatory features of the chr. 15q25.1 region: Data from ENCODE²⁶ were explored as described in
332 eMethods. ChIP-seq experiments were performed on confluent HCASMC (Cell Applications 350-05a
333 & Lonza CC-2583; cultured in SmGM-2 BulletKit media; Lonza) as described.²⁷ TCF21 (Abcam
334 ab49475), Jun (Santa Cruz Biotechnology sc-1694), JunD (Santa Cruz Biotechnology sc-74), and
335 CEBP (Santa Cruz Biotechnology sc-150) transcription factor binding was interrogated and H3K27ac
336 data were acquired using the same ChIP protocol with an anti-H3K27ac antibody (Abcam; ab4729).
337 Reads were aligned to the human genome (GRCh37p13) using STAR.²⁸

338

339 ***Analyses of ADAMTS7 and CHRNA3-A5 gene expression in vascular cells and tissues***

340 ADAMTS7 and CHRNA3-A5 gene expression in vascular cells: ADAMTS7 and CHRNA3-A5
341 mRNA levels were measured in cultured human coronary artery smooth muscle cells (HCASMC;
342 Lonza CC-2583, Lonza Walkersville, MD), human coronary artery endothelial cells (HCAEC, Lonza
343 CC-2585), human aortic smooth muscle cells (HAoSMC, Lonza CC-2571), human aortic endothelial
344 cells (HAoEC, Lonza CC-2535), human aortic adventitial fibroblasts (HAoAF, Lonza CC-7014), and
345 human acute monocytic leukemia cell line (THP-1, ATCC TIB-202). Further details are provided in
346 eMethods.

347 ADAMTS7 and CHRNA3-A5 gene expression in response to cigarette smoke extract: HCASMC
348 were grown to confluence and cigarette smoke extract experiments performed at passage-7.
349 Cigarette smoke extract was custom-prepared by Arista Laboratories (Richmond, VA). Briefly, the
350 condensate was generated by smoking Marlboro Red King Size Hard Pack cigarettes on an
351 analytical smoke machine under International Organization for Standardization smoking conditions.
352 The smoke condensate was collected on 92 mm filter pads and extracted from each pad in DMSO
353 by shaking to obtain a solution of ~20 mg/mL final concentration of the total particulate matter.
354 Serum starved (24 hrs) HCASMC were treated with 0.5% or 1.0% cigarette smoke extract (v/v) for 4,
355 12, and 24 hrs in serum reduced conditions (0.5% FBS in DMEM). Details on RNA preparation and
356 q-PCR are provided in eMethods.

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361 RESULTS

362 Description of the participating studies

363 Of the 37 studies participating in the CARDIoGRAMplusC4D consortium, information on
364 “ever-smoking” was available in 30 studies, yielding a total sample size of 60,919 CHD cases and
365 80,243 controls. All studies recruited participants of European ancestry, except PROMIS (South
366 Asian),¹⁵ LOLIPOP (South Asian)²⁹ and FGENTCARD (Lebanese).³⁰ Number of CHD cases and
367 controls and percentages that were “ever-smokers” are provided in **eTable 1**. As expected, in all the
368 participating studies, association of “ever-smoking” status with CHD risk was directionally consistent
369 with an increased risk of CHD (**eFigure 2**).

370 New variants associated with CHD at established loci

371 **eFigure 3** and **eTable 2** present effect estimates for the association with CHD for (i) the
372 most significant variant that we identified at known CHD loci in the current CARDIoGRAMplusC4D
373 consortium analysis as well as for (ii) the top SNP previously reported at each of these established
374 CHD loci. Of the 45 established CHD loci, we identified 32 for which we discovered a more
375 statistically significant SNP in association with CHD risk in our dataset than the prior reported top
376 variant. All of these 32 SNPs were in moderate to high LD ($r^2 > 0.6$) with the previously published
377 variants.⁷⁻⁹ In our primary gene-smoking interaction analyses, at each of the CHD loci, we, therefore,
378 used the SNP with the most significant CHD association (**eFigure 3** and **eTable 2**). Because the
379 smoking behavior phenotype (captured as cigarettes per day [CPD]) was not available in all
380 CARDIoGRAMplusC4D studies, we used the top variant previously reported for CPD¹⁰ at each locus
381 (**eFigure 4**).

382 Analyses of the APOE locus.

383 The effect of rs6857, the lead CHD variant at the APOE locus, was similar in “ever-
384 smokers” compared to “never-smokers” (**eTable 3**). Specifically, the CHD OR for the T allele at
385 rs6857 was found to be 1.10 (P-value 7.93×10^{-4}) in “never-smokers” (12,159 CHD cases and 22,932
386 controls) which was quantitatively similar to the CHD OR of 1.09 (P-value: 8.68×10^{-5}) observed in
387 “ever-smokers” (23,753 CHD cases and 24,019 controls) (interaction P-value: 0.76) (**eFigure 5a**).
388 Investigation in the PROMIS study of the APOE epsilon genotypes yielded consistent findings; the
389 OR for CHD among $\epsilon 4$ carriers in “never-smokers” was 1.13 compared to the CHD OR of 1.07
390 observed in “ever-smokers” (interaction P-value: 0.82) (**eFigure 5a**).

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393 Novel gene-smoking interaction effects on CHD at chromosome 15q25.1

394 Of the 50 loci, we identified effect-modification by “ever-smoking” status on CHD risk for the
395 lead variants at two distinct loci, rs7178051, in proximity of *ADAMTS7* (an established CHD locus),
396 and rs1051730, in proximity of *CHRNA4-A3-A5* (an established smoking behavior locus) (**eTable 3**).
397 Although associated with different traits and located in distinct LD blocks, these two variants reside
398 ~224 KBs apart on chr.15q25.1 and are in weak linkage disequilibrium (LD) ($r^2 = 0.22$), raising the
399 question of whether these two chr.15q25.1 gene-smoking interactions on CHD are independent of
400 each other.

401 At the *ADAMTS7* CHD locus, the T allele at the rs7178051 variant was found to be more
402 strongly and inversely associated with CHD risk in never-smokers (OR: 0.88; P-value: 7.02×10^{-16})
403 compared to a much weaker effect in ever-smokers (OR: 0.95; P-value: 8.64×10^{-4}) (P-value of
404 interaction: 8.57×10^{-5}) (**Table 1**). Thus, the protective impact of the rs7178051 T allele observed in
405 never-smokers was halved in people who smoked (**Figure-1**). This difference is not related to power
406 differences within strata because for this variant, there were less data available in the never-smoking
407 group (21,232 CHD cases and 38,713 controls) compared to the ever-smoking group (39,585 CHD
408 cases and 40,749 controls). There was no substantial evidence of heterogeneity for the interaction
409 beta across the participating studies (Heterogeneity chi-squared = 36.23 (d.f. = 25); P-value for the
410 χ^2 test of heterogeneity = 0.06; $I^2 = 31.0\%$; tau-squared ($\tau^2 = 0$). We further conducted sensitivity
411 analyses using a random effect model; the results remained unchanged and the interaction beta
412 remained significant (**eFigure 5b**). Although the frequency of rs7178051 was 39% in Europeans
413 compared to 28% in South Asians, further analyses stratified by ancestry (i.e., European versus non-
414 Europeans) showed similar results (**eFigure 5c**). Other variants discovered through prior CHD
415 GWAS at the *ADAMTS7* locus (e.g., rs7173743, rs4380028, rs3825807) were in moderate to high
416 LD ($r^2 > 0.50$) with rs7178051 and were also found to display a similar pattern of gene-smoking
417 interaction effects (**Table 1**).

418 At the *CHRNA4-A3-A5* smoking locus, the A allele at the rs1051730 variant had an inverse
419 trend (not significant after adjustment) of association with CHD in never-smokers (OR: 0.96; P-value:
420 1.56×10^{-2}) and a positive trend (not significant after adjustment) in ever-smokers (OR: 1.03; P-value:
421 1.53×10^{-2}) (P-value of interaction: 2.37×10^{-4}) (**Table 1 and eTable 3**). For this variant, data on
422 20,559 CHD cases and 38,198 controls were available in the never-smoking group whereas 38,923
423 CHD cases and 40,371 controls were available in the ever-smoking group. Similar gene-smoking

424 interaction patterns were observed for other variants (e.g., rs2036527, rs8034191) that have been
425 previously reported for CPD behavior at the *CHRNA4-A3-A5* gene cluster (**Table 1**).

426 Further interrogation of the chr15q21.1 region encompassing rs7178051 and rs1051730
427 across three distinct LD blocks (**Figure 1**) revealed multiple additional variants for which we
428 observed gene-smoking interactions in CHD (**Table 1** and **Figure 1**). Indeed, several SNPs (e.g.,
429 rs7178051, rs10083696, rs7176187, rs6495335, rs4887077) had genome-wide significant
430 associations with CHD in “never-smokers” but had weaker and less significant associations with
431 CHD in “ever-smokers” (**Figure 1**). Alleles clustered specifically around *ADAMTS7* rather than at the
432 *CHRNA4-A3-A5* genes appear to be protective of CHD in “never-smokers” but have attenuated
433 protective effects in “ever-smokers” (**Figure 2**).

434 Conditional analyses

435 To investigate the possibility that the two chr.15q25.1 gene-smoking interactions might
436 represent a single interaction locus across the entire region we undertook an approximate
437 conditional and joint analyses¹⁷⁻²² using summary data derived from CARDIoGRAMplus4D for CHD
438 and from the TGC for smoking behavior. In-addition to rs7178051, we identified one other variant,
439 rs11072794 in low LD with rs7178051 ($r^2=0.20$) that was associated independently with CHD
440 (**Figure 3a**; red triangles) (**Figure 3b & eFigure 6b**; red triangles). We also confirmed two variants
441 (rs1051730 and rs684513) located in two different LD blocks that were independently associated
442 with smoking behavior in the TGC data¹⁰ (**Figure 3d & eFigure 6b**; grey circles).

443 In analyses of the CHD variants, both rs7178051 and rs11072794 remained strongly
444 associated with CHD after adjusting for the top CPD variants (rs1051730 and rs684513) (**Figure 3d**,
445 red triangles) whereas their weak association with CPD was lost after adjusting for the top CPD
446 variants (**Figure 3d**; grey circles); e.g., the P-value for rs7178051 association with CPD was 1×10^{-5}
447 in unadjusted analyses but attenuated to 0.55 after adjusting for rs1051730 and rs684513. In
448 analyses of the CPD variants, both rs1051730 and rs684513 remained strongly associated with CPD
449 after adjusting for the top CHD variants (rs7178051 and rs11072794) (**Figure 3b**, grey circles)
450 whereas their weak association with CHD was lost after adjusting for the top CHD variants (**Figure**
451 **3b**, red triangles). As expected, conditional analyses that included all four of these variants resulted
452 in a null association of the region with both CHD and CPD (**eFigure 6b**). To underscore the validity
453 of the conditional approach using summary data, we used individual participant data from an
454 expanded PROMIS sample involving 9,025 MI cases and 8,506 controls. We found that the OR
455 conferred by allelic variation at rs7178051 remained associated with MI risk independent of the two

456 CPD variants (rs1051730 and rs684513) and rs11072794 (the second CHD SNP) (**eFigure 6c**).
457 Conversely, the apparent effect of allelic variation at rs1051730 (the top CPD variant) on CHD risk
458 was lost when we adjusted for the other three variants, rs7178051, rs11072794 and rs684513
459 (**eFigure 6c**).

460 Next, using summary level data we examined the association of each of these four variants
461 with CHD risk separately in “ever-smokers” and “never-smokers” while mutually adjusting for the
462 other three variants (**Figure 4 & eFigure 7**). In these analyses, only allelic variation at rs7178051
463 was found to have independent genome-wide significant effects on CHD in never-smokers.
464 rs7178051 was also the only one of these four variants with significant differences in the effect
465 estimate for gene-CHD associations between the two smoking groups (P-value for the χ^2 test of
466 heterogeneity: 5.4×10^{-5}) after adjusting for the effects of other variants (rs11072794, rs1051730 and
467 rs684513). These conditional analyses suggest that (a) variants located near the *ADAMTS7* gene
468 but not *CHRNA4-A3-A5* genes have independent effects on CHD, (b) a single independent gene-
469 smoking interaction signal for CHD exists on chr.15q.25.1 which is localized at the *ADAMTS7* CHD
470 locus (marked by rs7178051) and (c) an apparent interaction signal observed at the nearby
471 *CHRNA4-A3-A5* CPD locus (marked by rs1051730) is not independent of the *ADAMTS7*
472 (rs7178051) interaction signal.

473 To assess the robustness of conditional analyses methodology that uses summary level data
474 (i.e., GCTA)¹⁷⁻²², we conducted sensitivity analyses in the PROMIS dataset (9,025 MI cases and
475 8,506 controls). We assessed the association of rs7178051 (top CHD SNP) and rs1051730 (top
476 CPD SNP) after mutually adjusting for each other by conducting (i) standard logistic regression using
477 individual participant data and (ii) summary level data in PROMIS using the GCTA method (**eTable**
478 **4**). The top CHD SNP was found associated with CHD risk in PROMIS independent of the top CPD
479 variant using both the methods, in-contrast the effect on CHD of the top CPD SNP attenuated
480 sharply when adjusted for the top CHD SNP – the effect estimates obtained using the two methods
481 were very similar (**eTable 4**).

482 Finally, to further demonstrate that the gene-smoking interaction effect in CHD at rs7178051 is
483 independent of the *CHRNA4-A3-A5* CPD locus, we conducted sensitivity analyses in the PROMIS
484 study by restricting our gene-environment interaction analysis to subjects who do not carry the minor
485 alleles of rs1051730 and rs684513 (the two SNPs associated with CPD) at the *CHRNA4-A3-A5*
486 locus. The T allele at the rs7178051 variant was associated with CHD only in never-smokers (OR:
487 0.88; P-value: 0.01) compared to a weaker and non-significant association in ever-smokers (OR:

0.94; P-value: 0.21) (**eTable 5**). The effect estimates obtained in each of the categories defined by smoking status in PROMIS were similar to the effect estimates obtained in our overall meta-analyses that utilized data in all participants (**eTable 5**).

Analysis of eQTLs and regulatory features at the chr15q25.1 gene-smoking interaction locus.

We mined publicly available eQTL data from the HapMap consortium,¹¹ GTEx consortium²³ and the MuTHER consortium²⁴ as well as data from 147 HAoEC lines²⁵ to examine the association between mRNA expression of *ADAMTS7* and *CHRN* genes with CHD, CPD and gene-smoking interaction SNPs at the chr15q25.1 locus. SNP-mRNA associations with p-values <0.002 (correction for 20 tests) are presented (**Figure 5**). The top two CHD variants (rs7178051, rs11072794) are associated with reduced *ADAMTS7* expression (e.g., rs11072794 $p=6.01 \times 10^{-21}$ in MuTHER LCL, n=850; and rs7178051 $p=0.0029$ in HAoEC, n=147) but have no association with expression of *CHRN* genes in any cell or tissue examined. In contrast, the top two CPD variants (rs1051730 and rs684513) were associated with *CHRN* gene expression (e.g., rs1051730 $p=6.9 \times 10^{-7}$ for CHRNA5 in GTEx skeletal muscle and nerve tissue) but have no association with *ADAMTS7* in these cells or tissues. These findings complement conditional analyses suggesting that gene-CHD and gene-smoking interaction effects on CHD are likely mediated by *ADAMTS7* whereas the smoking behavior effect appears to be mediated through the *CHRNA3-5* gene cluster.

In analysis of data from the ENCODE project²⁶ and for human aortic tissue in NIH Roadmap Epigenomics project, *ADAMTS7* was associated with RNAseq reads and an active transcription mark, H3K36me3, whereas *CHRN* genes had low/absent RNAseq reads and were positive for repressive marks, H3K27me3 and H3K9me3 (**eFigure 8**). In HCASMC ChIPseq data, rs7178051 the top CHD and gene-smoking CHD interacting SNP, is located in a region with active regulatory marks H3K4me1 and H3K4me3 as well as transcription factor binding site for TCF21, an important HCASMC transcription factor also associated with CAD. This ChIPseq pattern was observed also in human aortic tissue (**Figure 6**). These regulatory data suggest active transcription of *ADAMTS7*, but not *CHRN* genes, in vascular cells and aortic tissue and reveal that rs7178051, the lead gene-smoking CHD interaction SNP, overlaps active transcription marks and transcription factor binding regions in HCASMC.

ADAMTS7 and *CHRNA3-5* expression in vascular cells and their response to cigarette smoke extract

519 In order to explore which genes at the chr15q25.1 locus are expressed in CHD-relevant
520 vascular cells, we performed q-PCR of *ADAMTS7* and the *CHRNA4-A3-A5* genes in primary human
521 vascular cells and in the THP1 human monocyte cell line (**eFigure 9 & Figure 5**). Whilst *ADAMTS7*
522 mRNA was expressed abundantly in all vascular cell types, mRNA was below detection or
523 expressed at a very low level for each of the genes in the *CHRNA4-A3-A5* cluster in any of these cell
524 types (**eFigure 9**). Next, we explored the effect of cigarette smoke extract on gene expression in
525 HCASMC, a cell type of particular relevance to vascular responses to cigarette smoke products^{31, 32}
526 as well as to *ADAMTS7* vascular functions in atherosclerosis and CHD.³³ In primary HCASMC,
527 cigarette smoke extract exposure increased *ADAMTS7* mRNA levels by over 2-fold (**Figure 5**) but
528 did not affect expression of the *CHRN* genes (not shown). Thus, in contrast to *CHRN* genes,
529 *ADAMTS7* is both expressed and modulated by cigarette smoke extract in CHD-relevant vascular
530 cells providing biological support for *ADAMTS7*, but not *CHRN* genes, in the gene-smoking
531 interaction at chr15q25.1.

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DISCUSSION

We conducted a gene-environment interaction study at fifty loci associated with either CHD or smoking behavior and found evidence of effect-modification of genotype-related CHD risk by smoking-behavior at the chr.15q21.1 CHD locus. Specifically, we observed highly significant attenuation of the cardio-protective effects conferred by alleles at this locus in people who smoked cigarettes. Conditional analyses identified an LD block located at the *ADAMTS7* gene that accounted for both the main effect on CHD as well as the gene-smoking interactions in CHD. Data from expression and cell studies support our genetic analysis, suggesting that the underlying mechanism relates to genotype differences in the effect of smoking on expression of *ADAMTS7* in vascular tissue.

Our findings have novel mechanistic and clinical implications. These human genomic data provide new insights into the mechanism of CHD in cigarette smokers. Identification of gene-smoking interaction at the chr15q21.1 locus suggests a specific role in smoking-related CHD for *ADAMTS7* and its substrates, vascular matrix and vascular smooth muscle cell biology more broadly. Such insights can help to prioritize translational strategies for smoking-related CHD and present opportunities to study lifestyle interventions and pharmacological strategies to lower CHD in individuals who smoke cigarettes. Thus, inhibition of *ADAMTS7* represents a novel potential therapeutic strategy for CHD that may have particular benefits in individuals who smoke cigarettes. All smokers should receive counseling for smoking cessation yet such broad public health strategies have failed to reach or impact smoking behavior in a large portion of nicotine-addicted individuals. Our data provides a human genomic context for consideration of targeting specific genetically at-risk individuals via intensified preventive strategies and development of novel pharmacological treatments.

Our study also represents a realistic strategy for performing gene-environment interaction studies using contemporary genetic data. We illustrate that identifying joint effects of genetic and lifestyle factors in CHD requires very large sample sizes, yet such analyses are biologically informative when studies are adequately powered. In this context, an important observation in our large sample is the lack of effect modification by smoking behavior on CHD at the *APOE* locus, a previously reported smoking interaction locus.¹²⁻¹⁴ This finding is consistent with a recent meta-analysis that found no evidence of effect modification by smoking for *APOE* genotypes and CHD risk.³⁴ These studies raise concerns that most prior gene-environment interactions studies in CHD have been prone to the same biases (i.e., limited statistical power and false positive associations) as

578 candidate gene studies investigating main effects in the pre-GWAS era. The present study differs
579 from previous studies by being much larger and, importantly, it includes genomic and functional
580 follow-up data supporting the plausibility of the observed gene-environment interaction.

581 *ADAMTS7* (or the A disintegrin and metalloproteinase with thrombospondin motifs-7) is a
582 member of the ADAMTS family of secreted zinc metalloproteases.^{35, 36} We previously discovered
583 and replicated genetic variation at the *ADAMTS7* locus in association with coronary atherosclerosis
584 and MI.⁷⁻⁹ Both *in vivo* and *in vitro* studies suggest that ADAMTS7 modulates VSMC phenotype
585 switching and migration and that this may be mediated via cartilage oligomeric matrix protein
586 (COMP) or thrombospondin-1 (TSP-1),^{32,33} i.e. putative ADAMTS7 substrates expressed in vascular
587 tissue. Genetic variation at *ADAMTS7*, however, has no relationship with traditional risk factors or
588 mechanistic biomarkers; hence the directional impact of *ADAMTS7* expression on CHD risk and the
589 underlying biological mechanisms have been unclear.³²

590 Our gene-smoking interaction analyses provide novel insights into the directional impact of
591 the *ADAMTS7* locus on CHD, the underlying mechanisms of CHD in smokers, and how such
592 findings ultimately might translate towards achieving health benefits in society. Our human eQTL
593 interrogations reveal that common alleles that relate to lower CHD risk at the *ADAMTS7* locus are
594 also associated with reduced *ADAMTS7* expression, implying an atherogenic role of the gene. This
595 is supported by our recent *in vivo* experimental studies; *Adamts7* deficiency protected against diet-
596 induced atherosclerosis in both the *Ldlr*^{-/-} and *ApoE*^{-/-} mouse models, reduced neointima formation
597 following arterial injury, and decreased VSMC migration *in vitro*.³³ In our smoking-stratified analyses,
598 we observed CHD protective effect which was attenuated in smokers. Thus, smoking exposure may
599 overcome the genetic effect of protective alleles that act by reducing *ADAMTS7* expression. Such a
600 possibility is supported by our HCASMC data that reveals increased *ADAMTS7* expression in
601 HCASMC exposed to cigarette smoke extract. These human genome-smoking studies are the first to
602 implicate a specific locus as causal in mediating increased risk of CHD in smokers. Additional
603 translational studies are needed to establish the precise mechanisms of atheroprotection for alleles
604 at the *ADAMTS7* locus, how cigarette smoking impacts these genetic effects, and whether deletion
605 or inhibition of ADAMTS7 *in vivo* attenuates the specific acceleration of atherosclerosis conferred by
606 cigarette smoking.

607 Strengths and limitations of our study merit consideration. This is a large study that
608 conducted gene-smoking interaction analyses in CHD by using GWAS data. We observed
609 substantial heterogeneity across study samples in our initial quality control analyses of “ever-

610 smoking” status with CHD risk. This is similar, however, to the heterogeneity reported in a recent
611 meta-analysis that pooled risk ratios from all the past prospective studies with information on
612 association of “ever-smoking” with incident CHD events.⁵ We recognize that other smoking related
613 phenotypes are important e.g., “current smoking” may have a more pronounced role than “ever-
614 smoking” in plaque rupture and thrombosis in patients with MI. “Current smoking” status and MI
615 phenotypes were available only in a subset of our studies limiting statistical power. Given the use of
616 multiple studies and meta-analyses of data, we used only one analytical approach to investigate
617 gene-smoking interactions. This approach, however, was feasible and powerful in this large-scale
618 consortium setting. While we used a fixed effects approach in our meta-analyses, a random effects
619 meta-analysis yielded qualitatively similar results (data not shown). The lack of replication is partially
620 offset by a large sample size, consistency across study cohorts and racial groups and supplemental
621 genomic and experimental evidence supporting biological plausibility. This approach is also
622 consistent with recent recommendations³⁷ which favor use of a powerful discovery experiment using
623 all data rather than reducing power by splitting available dataset for discovery and validation. While
624 our *in vitro* studies support a role for ADAMTS7 in the gene-smoking interaction, it will be important
625 to confirm that *Adamts7* deficiency protect against cigarette-smoke acceleration of atherosclerosis in
626 rodent models.

627 Our interaction analyses, conditional analyses, eQTL interrogations and cell studies
628 suggest that *ADAMTS7*, but not the *CHRNA4-A3-A5* gene cluster, is likely causal at 15q21.1 for
629 gene-smoking interaction effects in CHD. Yet, analyses are not definitive. Although top interacting
630 SNPs and CHD SNPs (e.g., rs7178051) were associated with *ADAMTS7*, but not *CHRNA4-A3-A5*,
631 expression in LCLs, large-scale eQTL data and allele specific expression data (e.g., via RNA
632 sequencing) are not available for vascular tissues limiting causal inference. In our small HCAEC
633 datasets, we did however find that alleles at rs7178051 associate with *ADAMTS7* expression but not
634 with any *CHRNA4-A3-A5* genes suggesting, at least in one vascular cell type, that the gene-smoking
635 interaction is mediated via *ADAMTS7*.

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Conclusions

We provide novel evidence for allelic variation exhibiting gene-smoking interaction in CHD at the chr.15q21.1 locus. The protective effect conferred by variation at this locus in never-smokers is markedly attenuated in people who are ever-smokers. Stepwise conditional analyses, gene expression data in vascular cells, eQTL interrogation, and cigarette smoke extract exposure in HCASMC suggest that *ADAMTS7* accounts for both the gene-smoking interaction in CHD and the CHD main effect on chr.15q21.1. Our findings reveal interactions of genetic variants and key lifestyle determinants in the etiology of CHD, provide new insights into the potential mechanisms of CHD in cigarette smokers, and facilitate precision medicine advances in cigarette-smoking related CHD. Our work motivates future large-scale studies investigating joint effects of genes and environment in CHD using existing complex-disease consortia datasets and genome-wide discovery approaches. This will provide opportunities to detect additional and novel loci displaying gene-environment interactions revealing genetic contexts for targeting intensive lifestyle interventions and novel therapeutics.

674

675 **Sources of Funding**

676 Dr. Saleheen has received funding from the National Institutes of Health, the Fogarty International,
 677 the Wellcome Trust, the British Heart Foundation, Pfizer, Genentech, Regeneron and Eli Lilly
 678 pharmaceuticals. This work was supported in part by R01-HL-111694 and K24-HL-107643 from the
 679 National Institutes of Health to Dr. Reilly.

680

681 **PROMIS.** Genotyping in PROMIS was funded by the Wellcome Trust, UK and Pfizer. Fieldwork in
 682 the PROMIS study has been supported through funds available to investigators at the Center for
 683 Non-Communicable Diseases, Pakistan and the University of Cambridge, UK.

684

685 **EPIC-CVD Consortium.** CHD case ascertainment and validation, genotyping, and clinical chemistry
 686 assays in EPIC-CVD were principally supported by grants awarded to the University of Cambridge
 687 from the EU Framework Programme 7 (HEALTH-F2-2012-279233), the UK Medical Research
 688 Council (G0800270) and British Heart Foundation (SP/09/002), the UK National Institute for Health
 689 Research Cambridge Biomedical Research Centre, and the European Research Council (268834).
 690 Scientists at the EPIC-CVD Coordinating Centre have also been supported by grants from the US
 691 National Institutes of Health, Merck, Novartis, GlaxoSmithKline, and Pfizer.

692

693 **WTCCC.** Recruitment of the WTCCC CAD cases was funded by the British Heart Foundation.
 694 Collection of controls and genotyping was funded by the Wellcome Trust. Chris Nelson and Nilesh
 695 Samani are funded by the British Heart Foundation. Nilesh Samani is a NIHR Senior Investigator.

696

697 **SCARF-SHEEP.** The investigators would like to acknowledge the Swedish Heart-Lung Foundation,
 698 the Swedish Research Council, the Strategic Cardiovascular Programme of Karolinska Institutet and
 699 the Stockholm County Council, the Strategic support for epidemiological research at Karolinska
 700 Institutet and the Stockholm County Council. Rona J Strawbridge is supported by SRP Diabetes
 701 Program at Karolinska Institutet.

702 **CARDIOGENICS and THESIAS.** Professor Deloukas' work forms part of the research themes
 703 contributing to the translational research portfolio of Barts Cardiovascular Biomedical Research Unit
 704 which is supported and funded by the National Institute for Health Research. Analysis was supported
 705 by BHF grant (Deloukas) RG/14/5/30893. Professor Schunkert was supported by grants from the
 706 Fondation Leducq (*CADgenomics: Understanding CAD Genes*, 12CVD02), the German Federal

707 Ministry of Education and Research (BMBF) within the framework of the e:Med research and funding
708 concept (*e:AtheroSysMed*, grant 01ZX1313A-2014), and the European Union Seventh Framework
709 Programme FP7/2007-2013 under grant agreement n° HEALTH-F2-2013-601456 (*CVgenes-at-*
710 *target*). Further grants were received from the DFG as part of the Sonderforschungsbereich CRC
711 1123 (B2). Thorsten Kessler MD was supported by a DZHK Rotation Grant.

712 **Rotterdam Study.** The Rotterdam Study is supported by the Erasmus Medical Center and Erasmus
713 University Rotterdam; the Netherlands Organization for Scientific Research; the Netherlands
714 Organization for Health Research and Development (ZonMw); the Research Institute for Diseases in
715 the Elderly; the Ministry of Education, Culture and Science; the Ministry of Health, Welfare and
716 Sports; the European Commission; and the Municipality of Rotterdam. Support for genotyping was
717 provided by the Netherlands Organisation of Scientific Research (NOW) Investments (No.
718 175.010.2005.011, 911-03-012), the Research Institute for Diseases in the Elderly (014-93-015;
719 RIDE2), the Netherlands Genomics Initiative/Netherlands Consortium for Healthy Aging project No.
720 050-060-810. Abbas Dehghan is supported by an NWO grant (veni, 916.12.154) and the EUR
721 Fellowship. Oscar H. Franco works in ErasmusAGE, a center for aging research across the life
722 course funded by Nestlé Nutrition (Nestec Ltd.), Metagenics Inc., and AXA. Nestlé Nutrition (Nestec
723 Ltd.), Metagenics Inc., and AXA had no role in design and conduct of the study; collection,
724 management, analysis, and interpretation of the data; and preparation, review, or approval of the
725 manuscript.

726
727 **Expression studies.** These studies were supported in part by a Transatlantic Network of Excellence
728 grant 10CVD03 from the Fondation Leducq. Analysis of expression quantitative trait loci (eQTL) in
729 endothelial cells was supported by a Transatlantic Networks of Excellence Award (12CVD02) from
730 Fondation Leducq (to Dr. Jake Lusis and team)

731 **Diabetes Heart Study.** This study was supported in part by R01 HL67348, R01 HL092301, and R01
732 NS058700 to Donald W. Bowden.

733 **Cleveland Clinic Study.** This study was supported in part by NIH grants R01ES021801,
734 3R01ES021801-03S1, and R01ES025786.

735 **Family Heart Study (FamHS).** The FamHS is funded by NHLBI grant R01HL117078 grant.

736 **MORGAM.** This work has been sustained by the MORGAM Project's funding: European Union FP 7
737 projects ENGAGE (HEALTH-F4-2007-201413), CHANCES (HEALTH-F3-2010-242244) and
738 BiomarCaRE (278913). This funding has supported central coordination, workshops and part of the

739 activities of the MORGAM Data Centre, at THL in Helsinki, Finland. MORGAM Participating Centres
740 are funded by regional and national governments, research councils, charities, and other local
741 sources. The PRIME Study was supported by grants from Inserm, Merck Sharp and Dohme-Chibret
742 Laboratory, the French Research Agency and the Foundation Heart and Arteries. We also thank the
743 following organisations that allowed the recruitment of participants for the PRIME: the health
744 screening centres organised by the SocialSecurity of Lille (Institut Pasteur), Strasbourg, Toulouse,
745 and Tourcoing; the occupational medicine services of Haute-Garonne and of the Urban Community
746 of Strasbourg; the Association Inter-entreprises des Services Médicaux du Travail de Lille et
747 environs; the Comité pour le Développement de la Médecine du Travail; the Mutuelle Générale des
748 Postes, Télégraphes et Téléphones du Bas-Rhin; the Laboratoire d'Analyses de l'Institut de Chimie
749 Biologique de la Faculté de Médecine de Strasbourg. We also gratefully acknowledge the teams of
750 the Lille, Strasbourg and Toulouse centres for their dedicate work and relentness energy in following
751 up their cohorts; the contribution of the members of the event validation committees : L Guize; C
752 Morrison; M-T Guillanneuf; and M Giroud and the Alliance Partnership Programme for its financial
753 support. The KORA study was initiated and financed by the Helmholtz Zentrum München – German
754 Research Center for Environmental Health, which is funded by the German Federal Ministry of
755 Education and Research (BMBF) and by the State of Bavaria. KK was supported by the Orion-
756 Farnos Research Foundation and Academy of Finland (grant number 250207).

757 **DILGOM.** This work was enabled through a grant #139635 from the Academy of Finland and a grant
758 from the Finnish Foundation for Cardiovascular Research. The DILGOM project is also supported by
759 the Academy of Finland (grant numbers 136895 and 263836). We are grateful for the THL DNA
760 laboratory for its skillful work to produce the DNA samples used in this study. We also acknowledge
761 the Academy of Finland (136895 and 263836), Funding from Academy of Finland, grant number:
762 118065, and Juho Vainio Foundation.

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Acknowledgements

We would like to thank the CARDIoGRAMplusC4D consortium, the EPIC-CVD and the PROMIS study for contributing data.

PROMIS. We also acknowledge the contributions made by the following: Zeeshan Ozair, Usman Ahmed, Abdul Hakeem, Hamza Khalid, Naeem Khan, Sadiq Khan, Ayaz Ali, Madad Ali, Saeed Ahmed, Muhammad Waqar Khan, Muhammad Razaq Khan, Abdul Ghafoor, Mir Alam, Riazuddin, Muhammad Irshad Javed, Abdul Ghaffar, Tanveer Baig Mirza, Muhammad Shahid, Jabir Furqan, Muhammad Iqbal Abbasi, Tanveer Abbas, Rana Zulfiqar, Muhammad Wajid, Irfan Ali, Muhammad Ikhtlaq, Danish Sheikh, Muhammad Imran, Nadeem Sarwar, Adam Butterworth, Matthew Walker and Hannah Lombardi, Shahid Abbas, Faisal Majeed, Saba Akhtar, Nadeem Qamar, Khan Shah Zaman, Zia Yaqoob, Tahir Saghir, Syed Nadeem Hasan Rizvi, Anis Memon, Nadeem Hayyat Mallick, Mohammad Ishaq, Syed Zahed Rasheed, Fazal-ur-Rehman Memon, Khalid Mahmood, and Naveeduddin Ahmed.

EPIC-CVD. We thank all EPIC participants and staff for their contribution to the study, the laboratory teams at the Medical Research Council Epidemiology Unit for sample management and Cambridge Genomic Services for genotyping, Sarah Spackman for data management, and the team at the EPIC-CVD Coordinating Centre for study coordination and administration.

Disclosures

Dr. Saleheen has received funding from Pfizer, Genentech, Regeneron and Eli Lilly pharmaceuticals.

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1075 **Figure Legends**

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1077 **Figure 1.** (a) Regional association analyses at the chromosome 15q25.1 locus in association with
1078 CHD risk stratified by smoking status. Association P-values for genetic variants with CHD risk in
1079 “never-smokers” (green squares) and “ever-smokers” (red triangles). (b) Longitudinal bars represent
1080 gene-smoking CHD interaction P-values at the chromosome 15q25.1 locus; bars in blue are P-
1081 values for variants listed in Table-1 and each variant has been assigned a unique identification
1082 number based on its physical location; (c) LD-blocks at the 15q25.1 locus visualized through
1083 HAPLOVIEW using LD estimates in the HapMAP-2 CEU reference population.

1084
1085 **Figure 2.** Several variants at chromosome 15q21.1 have stronger effects on CHD risk in “never-
1086 smokers” compared to “ever-smokers”. Variants with the strongest interaction P-value are displayed.

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1088 **Figure 3.** Step-wise conditional analysis of genetic variation at the chromosome 15q21.1 locus with
1089 CHD (red triangles) and smoking behavior (cigarettes per day, CPD; grey circles). At the
1090 chromosome 15q21.1 locus, analyses adjusted for rs7178051 and rs11072794 completely
1091 attenuated the gene-CHD associations whereas gene-smoking remained unchanged. Analyses
1092 adjusted for rs1051730 and rs684513 completely attenuated the gene-smoking associations
1093 whereas gene-CHD effect remained unchanged.

1094 **Figure 4.** Analyses mutually adjusted for rs7178051, rs11072794, rs1051730 and rs684513 at
1095 15q21.1 on CHD and smoking behavior; gene-CHD interaction analyses were only found significant
1096 for rs7178051.

1097 **Figure 5.** Genome browser view of regulatory features at rs7178051 on Chr15q21.1. ChIP-seq
1098 experiments were performed on confluent HCASMC for TCF21, Jun, JunD, CEBP and H3K4me1,
1099 H3K27me3, H3K27ac. DNaseI hypersensitivity data for human AoSMC were acquired from the
1100 ENCODE project. Human aortic tissue H3K4me1, H3K9me3, H3K27me3, and H3K36me3 ChIP-seq
1101 data were acquired from the NIH Roadmap Epigenomics Project. HCASMC = human coronary
1102 artery smooth muscle cells; AoSMC = human aortic smooth muscle cells.

1103 **Figure 6.** (a) *ADAMTS7* and *CHRNA4-A3-A5* mRNA levels were measured in HCASMC. Cells were
1104 cultured to confluence, total RNA was extracted and cDNA generated. q-PCR was performed for
1105 *ACTB*, *GAPDH*, *TBP*, *ADAMTS7*, *CHRNA4*, *CHRNA3*, *CHRNA5* (95°C 15s, 60°C 1min). Delta Cts

1106 were calculated as follows: $(Ct_{ACTB} + Ct_{GAPDH} + Ct_{TBP})/3 - Ct_{TARGET\ GENE}$. Fold changes are derived
1107 from delta delta Cts based on formula $FC = 2^{-\Delta\Delta Ct}$. (b) Confluent HCASMC were exposed to cigarette
1108 smoke extract. Serum starved (x24 hrs.) confluent HCASMC were treated with 0.5% or 1.0%
1109 cigarette smoke extract (v/v) for 4, 12, and 24 hrs. in serum reduced conditions (0.5% FBS in
1110 DMEM). Total RNA was extracted, cDNA generated preparation and q-PCR performed for
1111 *ADAMTS7* by Taqman and normalized to *GAPDH*. The Average Ct for *ADAMTS7* at baseline was
1112 28.25. Results were presented as means \pm SEM, and data were analyzed using Student's t-Test. (c)
1113 expression and eQTL Data from the GTEx consortium, the HapMap consortium (restricted to
1114 European populations), the Multiple Tissue Human Expression Resource (MuTHER) and in 147
1115 donor HAoEC lines. Association of the independent lead variants identified in our conditional
1116 analyses with expression of *ADAMTS7* and genes in the *CHRNA4-A3-A5* cluster. A P-value
1117 threshold of 0.002 was set to account for multiple testing involved in the eQTL analyses.

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Table-1. Novel genotype-smoking interaction findings in coronary heart disease at the chromosome 15q25.1 locus

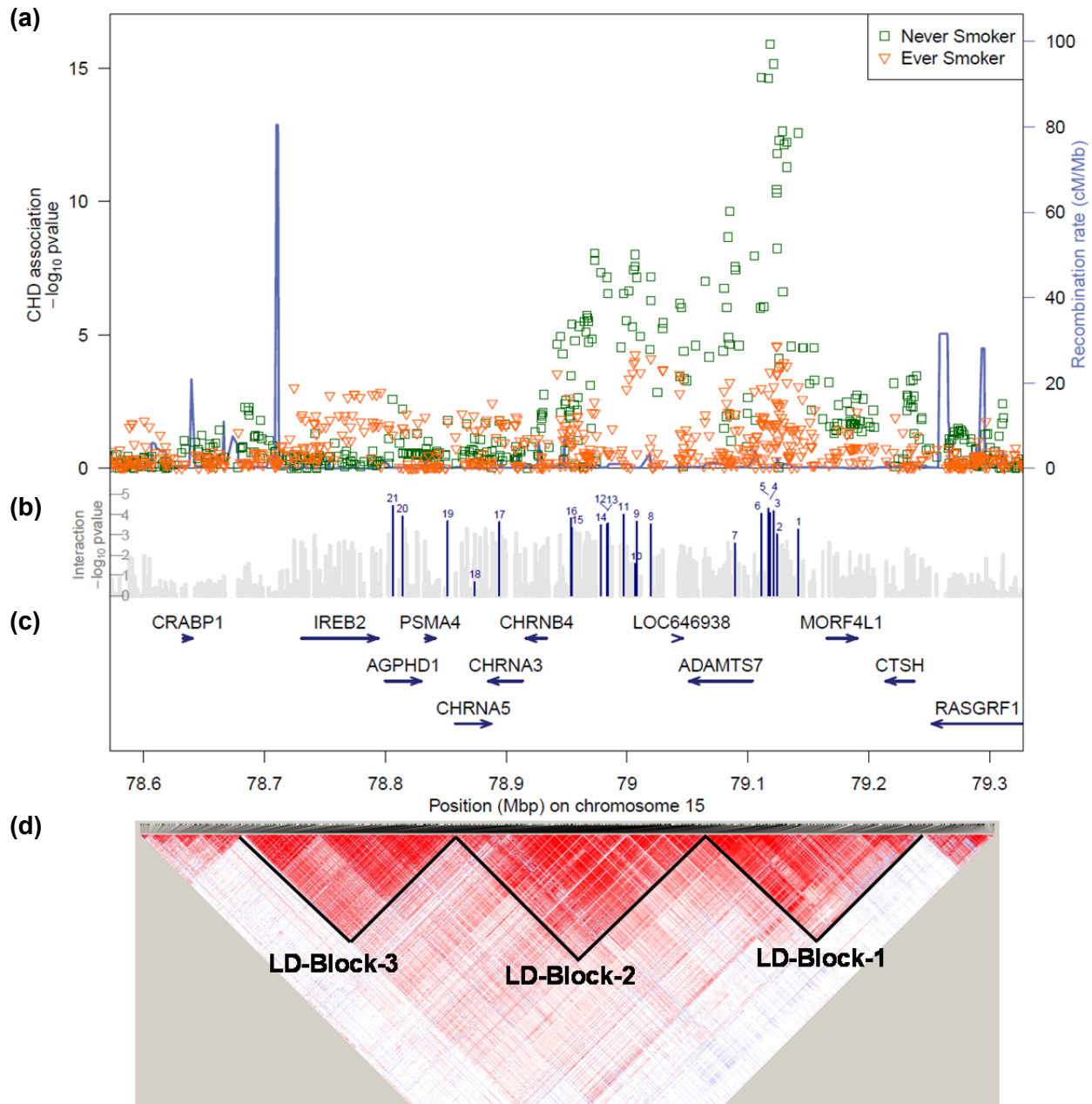
Variant	Association	allele	LD with rs7178051*	LD with rs1051730^	Never Smokers					Ever Smokers					P-value interaction
					N cases	N controls	N Total	Beta (SE)	P-value	N cases	N controls	N Total	Beta (SE)	P-value	
*rs7178051 ⁴	CHD (NPR)	T/C	-	0.22	21232	38713	59945	-0.13 (0.01)	1.30E-16	39585	40749	80334	-0.05 (.01)	2.49E-04	8.57E-05
^rs1051730 ^{1b}	SB (known)	A/G	0.22	-	20559	38198	58757	-0.04 (0.02)	0.02	38923	40371	79294	0.03 (0.01)	0.02	2.37E-04
Other variants on chr.15q25.1 with significant gene-smoking interactions on CHD															
rs7173743 ¹	CHD (Known)	C/T	0.61	0.18	21050	37955	59005	-0.11 (0.01)	2.73E-13	39044	39559	78603	-0.04 (0.01)	8.60E-04	9.29E-05
rs10083696 ²	CHD (Novel)	A/G	1.0	0.22	19721	36206	55927	-0.11 (0.02)	1.60E-12	38807	40018	78825	-0.05 (0.01)	2.72E-04	5.15E-05
rs7176187 ³	CHD (Novel)	T/C	1.0	0.24	21232	38713	59945	-0.12 (0.01)	7.02E-16	39585	40749	80334	-0.04 (0.01)	8.64E-04	6.93E-05
rs6495335 ⁵	CHD (Novel)	G/T	1.0	0.22	20144	37217	57361	-0.13 (0.02)	2.39E-15	36448	38203	74651	-0.04 (0.01)	1.69E-03	9.51E-04
rs4380028 ⁶	CHD (Known)	T/C	1	0.22	21232	38713	59945	-0.12 (0.01)	2.20E-15	39585	40749	80334	-0.04 (.01)	1.03E-03	5.44E-04
rs3825807 ⁷	CHD (Known)	G/A	0.52	0.43	17137	28633	45771	-0.09 (0.02)	2.82E-08	30071	29014	59086	-0.03 (0.01)	0.04	2.6E-03
rs3813565 ⁸	CHD (NPR)	T/G	0.43	0.56	19466	35830	55296	-0.08 (0.02)	5.08E-07	36642	37759	74401	-0.01 (0.01)	0.42	3.05E-04
rs11638490 ⁹	CHD (NPR)	T/C	0.44	0.51	20465	37897	58362	-0.08 (0.01)	6.90E-08	38533	39690	78223	-0.01 (0.01)	0.28	2.25E-04
rs11072791 ¹¹	CHD (NPR)	A/C	0.44	0.51	19289	35944	55233	-0.08 (0.02)	2.83E-07	35245	36635	71880	-0.05 (0.01)	0.68	1.06E-04
rs922692 ¹²	CHD (NPR)	A/C	0.44	0.50	20559	38198	58757	-0.08 (0.01)	2.81E-07	38923	40371	79294	-0.01 (0.01)	0.29	2.75E-04
rs11638372 ¹³	CHD (NPR)	T/C	0.44	0.50	21232	38713	59945	-0.08 (0.01)	6.92E-08	39585	40749	80334	-0.01 (0.01)	0.23	3.16E-04
rs4887077 ¹⁴	CHD (NPR)	T/C	0.44	0.50	21232	38713	59945	-0.08 (0.01)	4.71E-08	39585	40749	80334	-0.02 (0.01)	0.20	3.92E-05
rs12899135 ¹⁵	CHD (NPR)	G/A	0.39	0.56	20377	37440	57817	-0.07 (0.02)	3.97E-06	38382	39181	77563	-0.01 (0.01)	0.58	4.54E-04
rs684513 ¹⁸	SB (Known)	C/G	0.01	0.10	12517	21054	33572	-0.01 (0.02)	0.67	24641	24487	49129	0.03 (0.02)	0.18	0.08
rs2036527 ¹⁹	SB (Known)	A/G	0.17	0.90	20559	38198	58757	-0.04 (0.02)	0.02	38923	40371	79294	0.03 (0.01)	0.02	2.14E-04
rs10519203 ²⁰	CHD (NPR)	G/A	0.19	0.93	21232	38713	59945	-0.04 (0.01)	5.93E-03	39585	40749	80334	0.03 (0.01)	0.03	1.27E-04
rs8034191 ²¹	SB (Known)	C/T	0.19	1.0	19251	32131	51382	-0.05 (0.02)	2.62E-03	34925	34047	68972	0.02 (0.01)	0.06	3.91E-05

CHD = coronary heart disease; SB = smoking behavior; NPR: Not a previously reported variant with disease risk

*lead variant in association with CHD in our dataset; ^ lead variant in association with SB

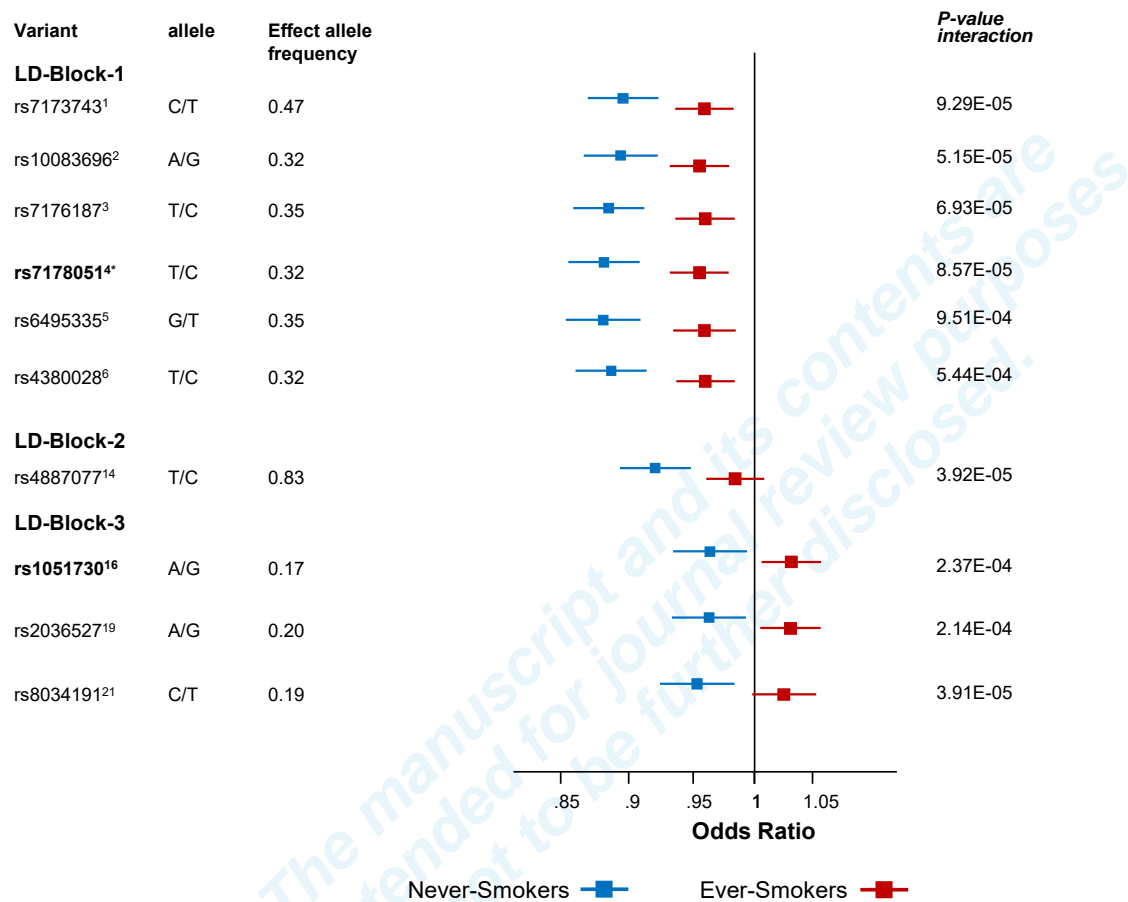
¹⁻²¹ each number refers to the physical location of the variant in figure-

Figure-1. Analyses of the chromosome 15q25.1 locus association with CHD stratified by smoking status and gene-smoking CHD interaction analyses



1-rs7173743; 2-rs10083696; 3-rs7176187; 4-rs7178051; 5-rs6495335; 6-rs4380028; 7-rs3825807; 8-rs3813565; 9-rs11638490; 10-rs11072794; 11-rs11072791; 12-rs922692; 13-rs11638372; 14-rs4887077; 15-rs12899135; 16-rs17487514; 17-rs1051730; 18-rs637137; 19-rs2036527; 20-rs10519203; 21-rs8034191. LD 1-3 indicate three separate linkage disequilibrium blocks in European ancestry at the chromosome 15q25.1 locus.

Figure-2. Multiple variants at chromosome 15q21.1 have stronger effects on CHD risk in “never-smokers” compared to “ever-smokers”

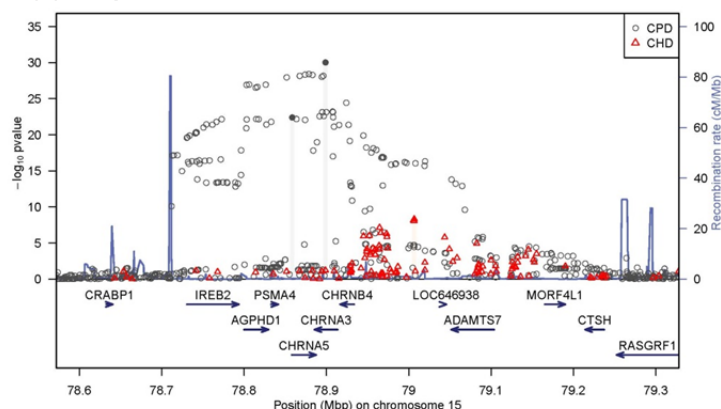


rs7178051 is the lead variant identified in association with CHD in our study population; whereas rs1051730 is the lead variant previously identified in association with smoking behavior .
Variants are ordered based on their base pair position in **Figure-1**.

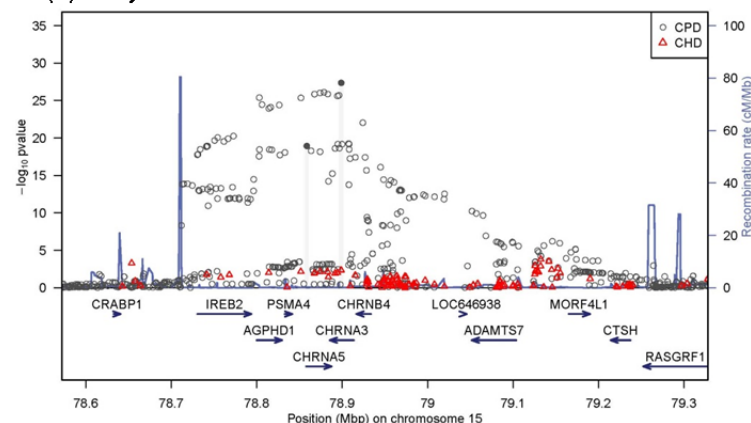
Figure 3. Conditional analysis of genetic variation at the chromosome 15q21.1 locus with coronary heart disease (CHD; red triangles) and smoking behavior (cigarettes per day, CPD; grey circles)

Stepwise conditional analyses for CHD risk and CPD behavior adjusting for top CHD variants at chromosome 15q21.1

(a) analyses conditioned on rs7178051

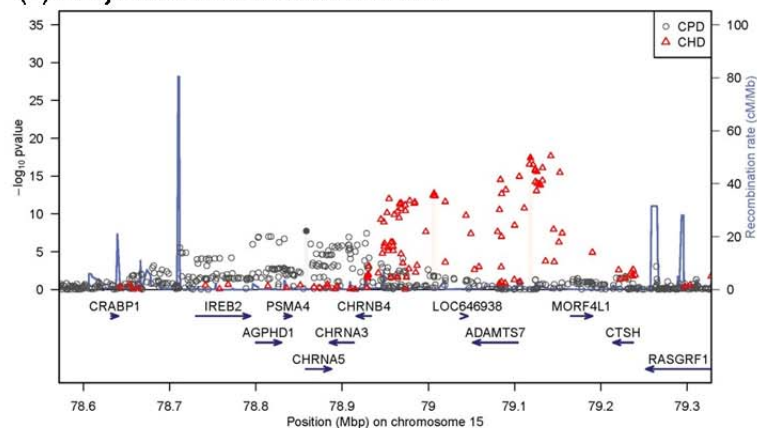


(b) analyses conditioned on rs7178051 and rs11072794



Stepwise conditional analyses for CHD risk and CPD behavior adjusting for top CPD variants at chromosome 15q21.1

(c) analyses conditioned on rs1051730



(d) Analyses conditioned on rs1051730 and rs684513

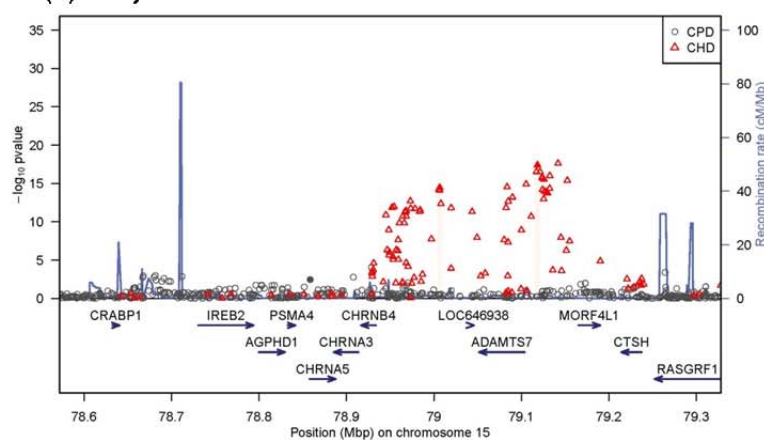
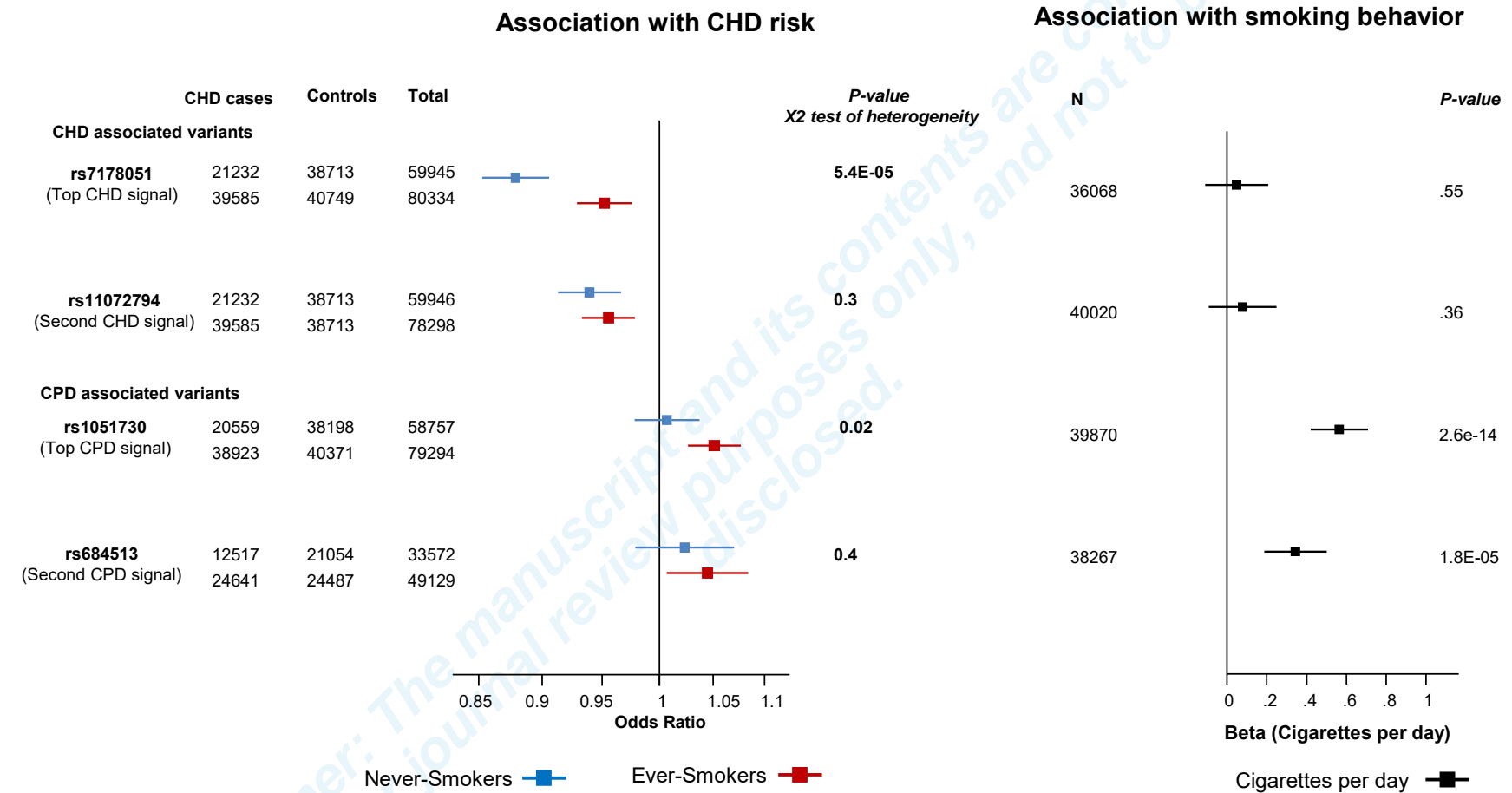


Figure 4. Mutually adjusted effects of 15q21.1 lead variants on coronary heart disease and smoking behavior



Gene-CHD and gene-smoking analyses for rs7178051 were adjusted for rs11072794, rs1051730 and rs684513;
 Gene-CHD and gene-smoking analyses for rs11072794 were adjusted for rs7178051, rs1051730 and rs684513;
 Gene-CHD and gene-smoking analyses for rs1051730 were adjusted for rs7178051, rs11072794 and rs684513;
 Gene-CHD and gene-smoking analyses for rs684513 were adjusted for rs7178051, rs11072794 and rs1051730.

Figure-5. (a) Expression of *ADAMTS7* and *CHRNA3-4-5* mRNAs and (b) cigarette smoke extract (CSE) induction of *ADAMTS7* mRNA in primary human coronary artery smooth muscle cells

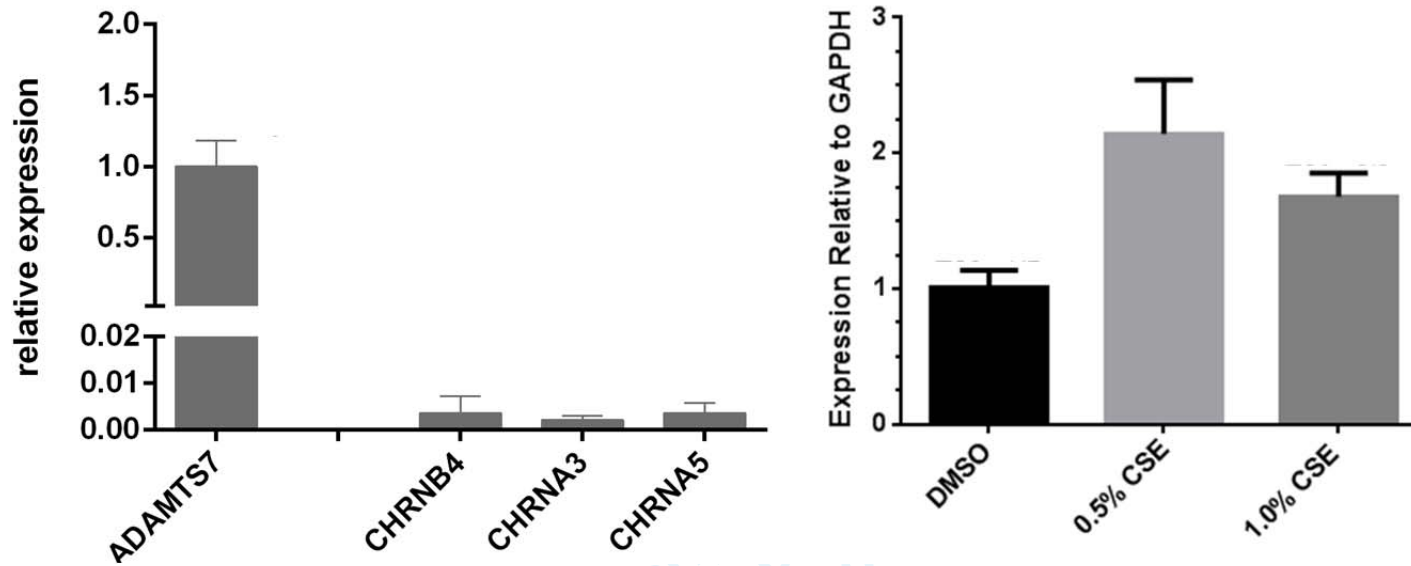


Figure-5c. Association of lead CHD and smoking behavior variants with candidate gene expression in available cells and tissues

Variant	Type	CHD direct.#	LCL in the MuTHER consortium (n=850)		HAEC (n=147)		HapMap CEU LCL (n=109)		GTEx Skeletal muscle (n= 142)		GTEx Nerve Tibial (n=101)	
			<i>ADAMTS7</i>	<i>CHRNA3-5</i>	<i>ADAMTS7</i>	<i>CHRNA3-5</i>	<i>ADAMTS7</i>	<i>CHRNA3-5</i>	<i>ADAMTS7</i>	<i>CHRNA3-5</i>	<i>ADAMTS7</i>	<i>CHRNA3-5</i>
rs7178051	Top CHD signal	-	4.1e-4 (-)	NS	0.0029 (-)	NS	NS	NS	NS	NS	NS	NS
rs11072794	Second CHD signal	-	6.0E-21 (-)	NS	NA	NS	0.0013 (-)	NS	NS	NS	NS	NS
rs1051730	Top CPD signal	-	NS	NS	NS	NS	NS	NS	NS	6.9E-7 (-) ¹	NS	6.9E-7 ¹
rs684513	Second CPD signal	-	NS	NS	NS	NS	NS	NS	NS	2.4E-7 (-) ¹	NS	NS

#Direction of association for the effect allele on CHD; NS: Not significant (P-value < 0.002; Bonferroni correction for 20 tests); HAEC: Human Aortic Endothelial Cells; LCL: lymphoblastoid cell lines; 1 Association with *CHRNA5* expression;

Figure-6. Genome browser view of regulatory features at rs7178051 on Chr15q21.1

