Multi-ancestry GWAS of the electrocardiographic PR interval identifies 210 loci underlying

cardiac conduction

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Abstract

The electrocardiographic PR interval reflects atrioventricular conduction, and is associated with conduction abnormalities, pacemaker implantation, atrial fibrillation (AF), and cardiovascular mortality^{1,2}. We performed multi-ancestry (N=293,051) and European only (N=271,570) genomewide association (GWAS) meta-analyses for the PR interval, discovering 210 loci of which 149 are novel. Variants at all loci nearly doubled the percentage of heritability explained, from 33.5% to 62.6%. We observed enrichment for genes involved in cardiac muscle development/contraction and the cytoskeleton highlighting key regulation processes for atrioventricular conduction. Additionally, 19 novel loci harbour genes underlying inherited monogenic heart diseases suggesting the role of these genes in cardiovascular pathology in the general population. We showed that polygenic predisposition to PR interval duration is an endophenotype for cardiovascular disease risk, including distal conduction disease, AF, atrioventricular pre-excitation, non-ischemic cardiomyopathy, and coronary heart disease. These findings advance our understanding of the polygenic basis of cardiac conduction, and the genetic relationship between PR interval duration and cardiovascular disease.

Main text

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The electrocardiogram is among the most common clinical tests ordered to assess cardiac abnormalities. Reproducible waveforms indicating discrete electrophysiologic processes were described over 100 years ago, yet the biological underpinnings of conduction and repolarization remain incompletely defined. The electrocardiographic PR interval reflects conduction from the atria to ventricles, across specialised conduction tissues such as the atrioventricular node and the His-Purkinje system. Pathological variation in the PR interval may indicate heart block or preexcitation, both of which can lead to sudden death². The PR interval also serves as a risk factor for AF and cardiovascular mortality¹⁻³. Prior genetic association studies have identified 64 PR interval loci⁴⁻¹³. To enhance our understanding of the genetic and biological mechanisms of atrioventricular conduction, we performed GWAS meta-analyses of autosomal and X chromosome variants imputed mainly with the 1000 Genomes Project reference panel¹⁴ using an additive model and increased sample size. Our primary meta-analysis included 293,051 individuals of European (92.6%), African (2.7%), Hispanic (4%), and Brazilian (<1%) ancestries from 40 studies (Supplementary Tables 1-3). We also performed ancestry-specific meta-analyses (Fig. 1). We identified a total of 210 genome-wide significant loci (P<5×10⁻⁸), of which 149 were not previously reported (Table 1, Fig. 2). Of the 149 novel loci, 141 were discovered in the multiancestry analysis, and 8 additional novel loci were identified in the European ancestry analysis (Table 1, Fig. 2, Supplementary Tables 4-5, Supplementary Fig. 1-4). We considered only variants present in >60% of the maximum sample size, a filtering criterion used to ensure robustness of associated loci (Online Methods). There was strong support for all 64 previously reported loci (61 at P<5×10⁻⁸ and 3 at P<1.1×10⁻⁴; **Supplementary Tables 6-7**). No additional novel loci were identified in African or Hispanic/Latino ancestry meta-analyses (Supplementary

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Table 8, Supplementary Fig. 1 and 3) or X chromosome meta-analyses (Supplementary Fig. 5). In secondary analyses, we examined the rank-based inverse normal transformed residuals of PR interval. Results of absolute and transformed trait meta-analyses were highly correlated $(\rho>0.94$, Supplementary Tables 5, 9-10, Supplementary Fig. 6-7). By applying joint and conditional analyses in the European meta-analysis data, we identified multiple independently associated variants ($P_{ioint} < 5 \times 10^{-8}$ and $r^2 < 0.1$) at 12 novel and 25 previously reported loci (Supplementary Table 11). The overall variant-based heritability (h^2 _g) for the PR interval estimated in 59,097 unrelated European participants from the UK Biobank (UKB) with electrocardiograms was 18.2% (**Online Methods**). In the UKB, the proportion of h^2 _g explained by variation at all loci discovered in our analysis was 62.6%, compared to 33.5% when considering previously reported loci only. The majority of the lead variants at the 149 novel loci were common (minor allele frequency, MAF>5%). We observed 6 low-frequency (MAF 1-5%) variants, and one rare (MAF<1%) predicted damaging missense variant (rs35816944, p.Ser171Leu) in SPSB3 encoding SplA/Ryanodine Receptor Domain and SOCS Box-containing 3. SPSB3 is involved in degradation of SNAIL transcription factor, which regulates the epithelial-mesenchymal transition¹⁵, and has not been previously associated with cardiovascular traits. In total, we identified missense variants in genes at 12 novel and 6 previously reported loci (Supplementary Table 12). At MYH6, a previously described locus for PR interval^{6,10}, sick sinus syndrome¹⁶, AF and other cardiovascular traits¹⁷, we observed a novel predicted damaging missense variant in MYH6 (rs28711516, p.Gly56Arg). MYH6 encodes the α-heavy chain subunit of cardiac myosin.

PR interval lead variants (or best proxy [r²>0.8]) at 39 novel and 23 previously reported loci were significant cis-eQTLs (at a 5% false discovery rate (FDR) in left ventricle (LV) and right atrial appendage (RAA) tissue samples from the Genotype-Tissue Expression (GTEx) project (Supplementary Table 13). Variants at 21 novel loci were significant eQTLs in both tissues with consistent directionality of gene expression. We also performed a transcriptome-wide analysis to evaluate associations between predicted gene expression in LV and RAA with the PR interval. We identified 120 genes meeting our significance threshold (P<4.4×10⁻⁶, after Bonferroni correction); 26 genes were not localised at PR interval loci (≥500kb from a lead variant) representing potentially novel regions (Supplementary Table 14, Supplementary Fig. 8). Longer PR interval duration was associated with decreased levels of predicted gene expression for 61 genes, and increased levels for 59 genes (Fig. 3).

Most PR interval variants were annotated as non-coding. We therefore explored whether associated variants or proxies were located in transcriptionally active genomic regions. We observed enrichment for DNase I-hypersensitive sites in fetal heart tissue (P<9.36×10⁻⁵, **Supplementary Fig. 9**). Analysis of chromatin states indicated variants at 103 novel and 52 previously reported loci were located within regulatory elements that are present in heart tissues (**Supplementary Table 15**), providing support for gene regulatory mechanisms in specifying the PR interval. To identify distal candidate genes at PR interval loci, we assessed the same set of variants for chromatin interactions in a LV tissue Hi-C dataset¹⁹. Forty-eight target genes were identified (**Supplementary Table 16**). Variants at 38 novel loci were associated with other traits, including AF and coronary heart disease (**Supplementary Table 17**, **Supplementary Fig. 10**).

Candidate genes indicated by bioinformatics and *in silico* functional annotations at each novel locus are summarised in **Supplementary Tables 18-19**, and include 19 genes known to underlie

monogenic cardiovascular diseases. Enrichment analysis of genes at PR interval loci using DEPICT²⁰ indicated heart development (P=1.87×10⁻¹⁵) and actin cytoskeleton organisation (P=2.20×10⁻¹⁵) as the most significantly enriched processes (**Supplementary Table 20**). Ingenuity Pathway Analysis (IPA) supported heart development, ion channel signaling and cell-junction/cell-signaling amongst the most significant canonical pathways (**Supplementary Table 21**).

Finally, we evaluated associations between genetic predisposition to PR interval duration and 16 cardiac phenotypes chosen *a priori* using ~309,000 unrelated UKB European participants not included in our meta-analyses²¹. We created a polygenic risk score (PRS) for PR interval using the multi-ancestry meta-analysis results (**Fig. 4, Supplementary Table 22**). Genetically determined PR interval prolongation was associated with higher risk of distal conduction disease (atrioventricular block; odds ratio [OR] per standard deviation 1.11, P=3.18×10⁻⁸) and pacemaker implantation (OR 1.06, P=0.0005). In contrast, genetically determined PR interval prolongation was associated with reduced risk of AF (OR 0.94, P=1.30×10⁻¹¹) and atrioventricular pre-excitation (Wolff-Parkinson-White syndrome; OR 0.83, P=8.36×10⁻⁴). Genetically determined PR interval prolongation was marginally associated with a reduced risk of non-ischemic cardiomyopathy (OR=0.95, P=0.046) and coronary heart disease (OR 0.99, P=0.035). Results were similar when using a PRS derived using the European ancestry meta-analysis results (**Supplementary Fig. 11, Supplementary Table 22**).

To summarise, in meta-analyses of nearly 300,000 individuals we identified 210 loci, of which 149 were novel, underlying cardiac conduction as manifested by the electrocardiographic PR interval. Apart from confirming well-established associations in loci harbouring ion-channel genes, our findings further underscore the central importance of heart development and

cytoskeletal components in atrioventricular conduction^{10,12,13}. We also highlight the role of common variation at loci harboring genes underlying monogenic forms of heart disease in cardiac conduction.

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We report signals in/near 13 candidate genes at novel loci with functional roles in cytoskeletal assembly (DSP, DES, OBSL1, MYH11, PDLIM5, LDB3, FHL2, CEFIP, SSPN, TLN, PTK2, GJA5 and CDH2; Fig. 5). DSP and DES encode components of the cardiac desmosome, a complex involved in ionic communication between cardiomyocytes and maintenance of cellular integrity. Mutations in the desmosome are implicated in arrhythmogenic cardiomyopathy (ACM) and dilated cardiomyopathy (DCM)²²⁻²⁶. Conduction slowing is a major component of the pathophysiology of arrhythmia in ACM and other cardiomyopathies^{27,28}. *OBSL1* encodes obscurin-like 1, which together with obscurin (OBSCN) is involved in sarcomerogenesis by bridging titin (TTN) and myomesin at the M-band²⁹. *PDLIM5* encodes a scaffold protein that tethers protein kinases to the Z-disk, and has been associated with DCM in homozygous murine cardiac knockouts³⁰. FHL2 encodes calcineurin-binding protein four and a half LIM domains 2, which is involved in cardiac development by negatively regulating calcineurin/NFAT signaling in cardiomyocytes³¹. Missense mutations in FHL2 have been associated with hypertrophic cardiomyopathy³². CEFIP encodes the cardiac-enriched FHL2-interacting protein located at the Z-disc, which interacts with FHL2. It is also involved in calcineurin-NFAT signaling, but its overexpression leads to cardiomyocyte hypertrophy³³.

Common variants in/near genes associated with inherited arrhythmia syndromes were also observed, suggesting these genes also affect atrioventricular conduction and cardiovascular pathology in the general population. Apart from *DSP*, *DES*, *MYH11* and *GJA5* listed above, our analyses indicate 15 additional candidate genes (*ADRB1*, *ALPK3*, *BMPR1*, *BMPR2*, *CRYAB*,

DERL3, DNAH11, DTNA, ETV1, HCN4, MYOZ2, PDE3A, RYR2, SPEG, LDB3) at novel loci causing Mendelian or other inherited forms of cardiovascular disease. Two genes we highlight are HCN4 and RYR2. HCN4 encodes a component of the hyperpolarization-activated cyclic nucleotide-gated potassium channel which specifies the sinoatrial pacemaker "funny" current, and is implicated in sinus node dysfunction, AF, and left ventricular noncompaction 34-36. RYR2 encodes a calcium channel component in the cardiac sarcoplasmic reticulum and is implicated in catecholaminergic polymorphic ventricular tachycardia 37.

Genes with roles in autonomic signaling in the heart (*CHRM2*, *ADCY5*) were indicated from expression analyses. *CHRM2* encodes the M2 muscarinic cholinergic receptors that bind acetylcholine and are expressed in the heart³⁸. Their stimulation results in inhibition of adenylate cyclase encoded by *ADCY5*, which in turn inhibits ion channel function. Ultimately, the signaling cascade can result in reduced levels of the pacemaker "funny" current in the sinoatrial and atrioventricular nodes, reduced L-type calcium current in all myocyte populations, and increased inwardly rectifying $I_{K.Ach}$ potassium current in the conduction tissues and atria causing cardiomyocyte hyperpolarization³⁹. Stimulation has also been reported to shorten atrial action potential duration and thereby facilitate re-entry, which may lead to AF⁴⁰⁻⁴².

By constructing PRSs, we also observed that genetically determined PR interval duration is an endophenotype for several adult-onset complex cardiovascular diseases, the most significant of which are arrhythmias and conduction disorders. For example, our findings are consistent with previous epidemiologic data supporting a U-shaped relationship between PR interval duration and AF risk¹. Although aggregate genetic predisposition to PR interval prolongation is associated with reduced AF risk, top PR interval prolonging alleles are associated with decreased AF risk (e.g., localized to the *SCN5A/SCN10A* locus) whereas others are associated with increased AF risk (e.g.,

localized to the *TTN* locus), consistent with prior reports⁸. These findings suggest that genetic determinants of the PR interval may identify distinct pathophysiologic mechanisms leading to AF, perhaps via specifying differences in tissue excitability, conduction velocity, or refractoriness. Future efforts are warranted to better understand the relations between genetically determined PR interval and specific arrhythmia mechanisms.

In conclusion, our study more than triples the reported number of PR interval loci, which collectively explain ~62% of trait-related heritability. Our findings highlight important biological processes underlying atrioventricular conduction which include both ion channel function, and specification of cytoskeletal components. Our study also indicates that common variation in Mendelian cardiovascular disease genes contributes to population-based variation in the PR interval. Lastly, we observed that genetic determinants of the PR interval provide novel insights into the etiology of several complex cardiac diseases, including AF. Collectively, our results represent a major advance in understanding the polygenic nature of cardiac conduction, and the genetic relationship between PR interval duration and arrhythmias.

Online Methods

Contributing studies

A total of 40 studies (**Supplementary Note**) comprising 293,051 individuals of European (N=271,570), African (N=8,173), Hispanic (N=11,686), and Brazilian (N=485) ancestries contributed GWAS summary statistics for PR interval. All participating institutions and coordinating centres approved this project, and informed consent was obtained from all study participants. Study-specific design, sample quality control and descriptive statistics are provided in **Supplementary Tables 1-3**. For the majority of the studies imputation was performed for autosomal chromosomes and X chromosome using the 1000 Genomes (1000G) project¹⁴ reference panel or a most recently released haplotype version (**Supplementary Table 2**).

PR interval phenotype and exclusions

The PR interval was measured in milliseconds from standard 12-lead electrocardiograms (ECGs), except in the UK-Biobank in which it was obtained from 4-lead ECGs (CAM-USB 6.5, Cardiosoft v6.51) recorded during a 15 second rest period prior to an exercise test (**Supplementary Note**). We excluded individuals with extreme PR interval values (<80ms or >320ms), second/third degree heart block, AF on the ECG, or a history of myocardial infarction or heart failure, Wolff-Parkinson-White syndrome, pacemakers, receiving class I and class III antiarrhythmic medications, digoxin, and pregnancy.

Study-level association analyses

We regressed the absolute PR interval on each genotype dosage using multiple linear regression with an additive genetic effect and adjusted for age, sex, height, body mass index, heart rate and any other study specific covariates. To account for relatedness, linear mixed effects models were used for family studies. To account for population structure, analyses were also adjusted for principal components of ancestry derived from genotyped variants after excluding related individuals. Analyses of autosomal variants were conducted separately for each ancestry group. X chromosome analyses were performed separately for males and females. Analyses using rank-based inverse normal transformed residuals of PR interval corrected for the aforementioned covariates were also conducted. Residuals were calculated separately by ancestral group for autosomal variants, and separately for males and females for X chromosome variants.

Centralized quality control

We performed quality control centrally for each result file using EasyQC version 11.4⁴³. We removed variants that were monomorphic, had a minor allele count (MAC) <6, imputation quality metric <0.3 (imputed by MACH) or 0.4 (imputed by IMPUTE2), had invalid or mismatched alleles, were duplicated, or if they were allele frequency outliers (difference >0.2 from the allele frequency in 1000G project). We inspected PZ plots, effect allele frequency plots, effect size distributions, QQ plots, and compared effect sizes in each study to effect sizes from prior reports for established PR interval loci to identify genotype and study level anomalies. Variants with effective MAC (=2×N×MAF×imputation quality metric) <10 were omitted from each study prior to meta-analysis.

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Meta-analyses We aggregated summary level associations between genotypes and absolute PR interval from all individuals (N=293,051), and only from Europeans (N=271,570), African Americans (N=8,173), and Hispanic/Latinos (N=12,823) using a fixed-effects meta-analysis approach implemented in METAL (release on 2011/03/25)⁴⁴. For the X chromosome, meta-analyses were conducted in a sex-stratified fashion. Genomic control was applied (if inflation factor $\lambda_{GC}>1$) at the study level. Quantile-quantile (QQ) plots of observed versus expected $-\log_{10}(P)$ did not show substantive inflation (Supplementary Figs. 1-2). Given the large sample size we undertook a one-stage discovery study design. To ensure the robustness of this approach we considered for further investigation only variants reaching genomewide significance (P $<5\times10^{-8}$) present in at least 60% of the maximum sample size (N_{max}). We declared as novel any variants mapping outside the 64 loci previously reported (Supplementary Note, Supplementary Table 6). We grouped genome-wide significant variants into independent loci based on both distance (± 500 kb) and linkage disequilibrium (LD, $r^2 < 0.1$) (Supplementary Note). We assessed heterogeneity in allelic effect sizes among studies contributing to the metaanalysis and among ancestral groups by the I² inconsistency index⁴⁵ for the lead variant in each novel locus. LocusZoom⁴⁶ was used to create region plots of identified loci. Meta-analyses (multi-ancestry [N=282,128], European only [N=271,570], and African [N=8,173]) of rank-based inverse normal transformed residuals of PR interval were also performed. Because not all studies contributed summary level association statistics of the transformed PR interval, we considered as primary the meta-analysis of absolute PR interval for

which we achieved the maximum sample size. Any loci that met our significance criteria in the meta-analyses of transformed PR interval were not taken forward for downstream analyses.

Conditional and heritability analysis

Conditional and joint GWAS analyses were implemented in GCTA v1.91.3⁴⁷ using summary level variant statistics from the European ancestry meta-analysis to identify independent association signals within PR interval loci. We used 59,097 unrelated (kinship coefficient >0.0884) UK Biobank participants of European ancestry as the reference sample to model patterns of LD between variants. We declared as conditionally independent any genome-wide significant variants in conditional analysis (P_{ioint} <5×10⁻⁸) not in LD (r^2 <0.1) with the lead variant in the locus.

Using the same set of individuals from UK Biobank, we estimated the aggregate genetic contributions to PR interval with restricted maximum likelihood as implemented in BOLT-REML⁴⁸. We calculated the additive overall variant-heritability (h^2_g) based on 333,167 LD-pruned genotyped variants, as well as the h^2_g of variants at PR interval associated loci only. Loci windows were based on both distance (± 500 kb) and LD ($r^2 > 0.1$) around novel and previously reported variants (**Supplementary Note**). We then calculated the proportion of total h^2_g explained at PR interval loci by dividing the h^2_g estimate of PR interval loci by the total h^2_g .

Bioinformatics and in silico functional analyses

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We use Variant Effect Predictor (VEP)⁴⁹ to obtain functional characterization of variants including consequence, information on nearest genes and, where applicable, amino acid substitution and functional impact, based on SIFT⁵⁰ and PolyPhen-2⁵¹ prediction tools. For non-coding variants, we assessed overlap with DNase I-hypersensitive sites (DHS) and chromatin states as determined by Roadmap Epigenomics Project 52 across all tissues and in cardiac tissues (E083, fetal heart; E095, LV; E104, right atrium; E105, right ventricle) using HaploReg v4⁵³. We assessed whether any PR interval variants were related to cardiac gene expression using GTEx¹⁸ version 7 cis-eQTL LV (N=272) and RAA (N=264) data. If the variant at a locus was not available in GTEx, we used proxy variants ($r^2>0.8$). We report results only for associations at a false discovery rate (FDR) of 5%. We then evaluated the effects of predicted gene expression levels on PR interval duration using S-PrediXcan⁵⁴. GTEx¹⁸ genotypes (variants with MAF>0.01) and normalized expression data in LV and RAA provided by the software developers were used as the training datasets for the prediction models. The prediction models between each gene-tissue pair were performed by Elastic-Net, and only significant (FDR 5%) models for prediction were included in our analysis. We used the European meta-analysis summary-level results (variants with at least 60% of maximum sample size) as the study dataset and then performed the S-PrediXcan calculator to estimate the expression-PR interval associations. In total, we tested 5,366 and 5,977 associations in LV and RAA, respectively. Significance threshold was set at P=4.4×10⁻⁶ (=0.05/(5,977+5,366)) to account for multiple testing corrections. We applied GARFIELD (GWAS analysis of regulatory or functional information enrichment

with LD correction)⁵⁵ to analyse the enrichment patterns for functional annotations of the European

meta-analysis summary statistics, using regulatory maps from the Encyclopedia of DNA Elements (ENCODE)⁵⁶ and Roadmap Epigenomics⁵² projects. This method calculates odds ratios and enrichment P-values at different GWAS P-value thresholds (denoted T) for each annotation by using a logistic regression model accounting for LD, matched genotyping variants and local gene density with the application of logistic regression to derive statistical significance. Threshold for significant enrichment was set to P=9.36×10⁻⁵ (after multiple-testing correction for the number of effective annotations).

We identified potential target genes of regulatory variants using long-range chromatin interaction (Hi-C) data from the LV¹⁹. Hi-C data was corrected for genomic biases and distance using the Hi-C Pro and Fit-Hi-C pipelines according to Schmitt *et al.* (40kb resolution – correction applied to interactions with 50kb-5Mb span). We identified the promoter interactions for all potential regulatory variants in LD ($r^2>0.8$) with our lead and conditionally independent PR interval variants and report the interactors with the variants with the highest regulatory potential (RegulomeDB \geq 2) to annotate the loci.

We performed a literature review, and queried the Online Mendelian Inheritance in Man (OMIM) and the International Mouse Phenotyping Consortium databases for all genes in regions defined by r²>0.5 from the lead variant at each novel locus. We further expanded the gene listing with any genes that were indicated by gene expression or chromatin interaction analyses. We performed look-ups for each lead variant or their proxies (r²>0.8) for associations (P<5×10⁻⁸) for common traits using both GWAS catalog⁵⁷ and PhenoScanner v2⁵⁸ databases. For AF, we supplemented the variant listing with a manually curated list of all overlapping variants (r²>0.7) with PR interval from two recently published GWASs^{59,60}.

Gene set enrichment and pathway analyses

We used DEPICT (Data-driven Expression-Prioritized Integration for Complex Traits)²⁰ to identify enriched pathways and tissues/cell types where genes from associated loci are highly expressed using all genome-wide significant (P<5×10⁻⁸) variants in our multi-ancestry meta-analysis present in at least 60% of N_{max} (N=20,076). To identify uncorrelated variants for PR interval, DEPICT performed LD-clumping (r²=0.1, window size=250kb) using LD estimates between variants from the 1000G reference data on individuals from all ancestries after excluding the major histocompatibility complex region on chromosome 6. Gene-set enrichment analysis was conducted based on 14,461 predefined reconstituted gene sets from various databases and data types, including Gene ontology, Kyoto encyclopedia of genes and genomes (KEGG), REACTOME, phenotypic gene sets derived from the Mouse genetics initiative, and protein molecular pathways derived from protein-protein interaction. Finally, tissue and cell type enrichment analysis was performed based on expression information in any of the 209 Medical Subject Heading (MeSH) annotations for the 37,427 human Affymetrix HGU133a2.0 platform microarray probes.

Ingenuity Pathway Analysis (IPA) was conducted using an extended list comprising 593 genes located in regions defined by r²>0.5 with the lead or conditionally independent variants for all PR interval loci, or the nearest gene. We further expanded this list by adding genes indicated by gene expression analyses. Only molecules and/or relationships for human or mouse or rat and experimentally verified results were considered. The significance P-value associated with enrichment of functional processes is calculated using the right-tailed Fisher's exact test by

considering the number of query molecules that participate in that function and the total number of molecules that are known to be associated with that function in the IPA.

Associations between genetically determined PR interval and cardiovascular conditions

We examined associations between genetic determinants of atrioventricular conduction and candidate cardiovascular diseases in unrelated individuals of European ancestry from UK Biobank (N~309,000 not included in our GWAS meta-analyses) by creating PRSs for PR interval based on our GWAS results. We derived two PRSs. One was derived from the multi-ancestry meta-analysis results, and the other from the European meta-analysis results. We used the LD-clumping feature in PLINK v1.90⁶¹ (r²=0.1, window size=250kb, P=5×10⁻⁸) to select variants for each PRS. Referent LD structure was based on 1000G all ancestry, and European only data. In total, we selected 743 and 582 variants from multi-ancestry and European only meta-analysis results, respectively. We calculated the PRSs for PR interval by summing the dosage of PR interval prolonging alleles weighted by the corresponding effect size from the meta-analysis results. A total of 743 variants for the PRS derived from multi-ancestry results and 581 variants for the PRS derived from European results (among the variants with imputation quality >0.6) were included in our PRS calculations.

We selected candidate cardiovascular conditions *a priori*, which included various cardiac conduction and structural traits such as bradyarrhythmia, AF, atrioventricular pre-excitation, heart failure, cardiomyopathy, and congenital heart disease. We ascertained disease status based on data from baseline interviews, hospital diagnosis codes (ICD-9 and ICD-10), cause of death codes

(ICD-10), and operation codes. Details of individual selections and disease definitions are described in **Supplementary Table 23**.

We tested the PRSs for association with cardiovascular conditions using logistic regression. We adjusted for enrolled age, sex, genotyping array, and phenotype-related principal components of ancestry. Given correlation between traits, we did not establish a pre-specified significance threshold for the analysis and report nominal associations (P<0.05).

Tables

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Table 1 Novel genome-wide significant loci associated with PR interval (N = 149).

Locus ID	Nearest gene(s)	rsID	Chr	Position	EA/OA	EAF	N	Beta	SE	P		
Multi-a	Multi-ancestry meta-analysis											
1	HSPG2	rs7529220	1	22282619	C/T	0.84	293050	0.58	0.09	2.1×10 ⁻¹⁰		
2	AIM1L	rs12031946	1	26679041	C/T	0.13	293051	0.59	0.10	2.4×10 ⁻⁹		
3	MAP7D1	rs1475267	1	36620801	G/C	0.16	293050	0.50	0.09	2.1×10 ⁻⁸		
4	EDN2	rs12751675	1	41955714	G/A	0.75	293050	0.56	0.08	1.8×10 ⁻¹³		
5	SSBP3	rs603901	1	54741767	T/C	0.58	293051	0.43	0.06	3.3×10 ⁻¹¹		
6	NFIA	rs6587924	1	61895257	A/C	0.49	293051	0.35	0.06	2.7×10 ⁻⁸		
7	CDC7	rs13447455	1	91966445	A/G	0.64	293051	0.38	0.07	1.7×10 ⁻⁸		
8	GJA5	rs1692144	1	147281349	C/T	0.79	293051	0.65	0.08	1.7×10 ⁻¹⁶		
9	DPT	rs531706	1	168692137	C/G	0.28	293051	0.39	0.07	3.4×10 ⁻⁸		
10	PRRX1	rs61824886	1	170615660	C/G	0.85	293051	0.67	0.09	6.2×10 ⁻¹³		
11	C1orf98	rs819636	1	200271408	C/T	0.33	293051	0.38	0.07	1.7×10 ⁻⁸		
12	HLX	rs6678632	1	221138612	T/C	0.44	293051	0.47	0.06	4.9×10 ⁻¹³		
13	ADCK3	rs3768419	1	227173477	C/G	0.48	291546	0.49	0.06	1.6×10 ⁻¹⁴		
14	SIPA1L2	rs1285678	1	232712145	A/G	0.47	287628	0.52	0.07	2.6×10 ⁻¹⁵		
15	RYR2	rs10802580	1	237194922	G/A	0.76	286413	0.45	0.08	6.9×10 ⁻⁹		
16	SMYD3	rs28468565	1	246157144	A/G	0.66	287628	0.49	0.07	8.9×10 ⁻¹³		
17	LINC01249	rs12616546	2	4824622	A/G	0.68	293051	0.53	0.07	9.2×10 ⁻¹⁵		
18	STRN	rs17496249	2	37102249	A/G	0.55	293051	0.64	0.06	1.4×10 ⁻²³		
19	EML4	rs6728830	2	42537995	C/A	0.96	291132	1.02	0.18	1.9×10 ⁻⁸		
20	EPAS1	rs11894252	2	46533376	T/C	0.42	293047	0.45	0.06	2.3×10 ⁻¹²		
21	FBXO11	rs7588761	2	48150587	T/C	0.07	288153	0.75	0.13	5.3×10 ⁻⁹		
22	SPTBN1	rs4519566	2	54824815	G/A	0.79	293051	0.54	0.08	4.7×10 ⁻¹²		
23	LINC01812/C1D	rs7584373	2	68079211	A/G	0.35	293051	0.38	0.07	1.5×10 ⁻⁸		
24	FHL2/LOC285000	rs13006682	2	106104856	C/T	0.34	293051	0.51	0.07	6.7×10 ⁻¹⁴		
25	NCKAP5	rs17816356	2	134326085	A/C	0.05	289723	0.96	0.16	7.9×10 ⁻¹⁰		
26	TEX41	rs76909456	2	145453968	G/A	0.24	293051	0.48	0.08	1.8×10 ⁻¹⁰		
27	LINC01473/ZC3H15	rs138711926	2	187033804	G/A	0.04	280792	0.98	0.18	4.7×10 ⁻⁸		
28	SDPR	rs58577564	2	192723128	A/T	0.10	291546	0.78	0.11	7.5×10 ⁻¹³		

Locus	Nearest gene(s)	rsID	Chr	Position	EA/OA	EAF	N	Beta	SE	P		
ID												
Multi-a	Multi-ancestry meta-analysis											
31	TMEM198	rs13023533*	2	220414019	T/C	0.55	293051	0.41	0.06	1.1×10 ⁻¹⁰		
32	LSM3	rs6442433	3	14275759	C/G	0.79	291836	0.71	0.08	1.9×10 ⁻¹⁹		
33	THRB	rs60325252	3	24465080	C/T	0.71	293051	0.75	0.07	9.1×10 ⁻²⁷		
34	TRAK1	rs11921457	3	42103045	T/G	0.81	292301	0.69	0.09	8.0×10 ⁻¹⁶		
35	LAMB2	rs9865051*	3	49166069	T/C	0.78	293051	0.49	0.08	3.7×10 ⁻¹⁰		
36	ADCY5	rs1000368	3	123117165	T/C	0.26	293051	0.43	0.07	2.5×10 ⁻⁹		
37	TSC22D2	rs201481721	3	150176904	D/I	0.03	223845	1.32	0.22	1.8×10 ⁻⁹		
38	RAP2B	rs4680046	3	153000092	T/C	0.49	293051	0.47	0.06	1.2×10 ⁻¹³		
40	FNDC3B	rs4894803	3	171800256	G/A	0.39	293046	0.49	0.07	1.8×10 ⁻¹³		
41	FGF12	rs4687352	3	192373761	A/C	0.41	293051	0.53	0.06	1.3×10 ⁻¹⁶		
42	DLG1	rs143879787	3	196799232	I/D	0.73	226107	0.51	0.08	1.4×10 ⁻⁹		
43	SRD5A3	rs77422711	4	56123105	A/G	0.02	273824	1.85	0.30	6.4×10 ⁻¹⁰		
44	LPHN3	rs28540500	4	62409801	C/G	0.38	293051	0.42	0.07	2.4×10 ⁻¹⁰		
45	FGF5	rs36034102	4	81202048	T/G	0.27	292217	0.43	0.07	3.5×10 ⁻⁹		
46	PDLIM5	rs2172448	4	95506214	A/G	0.55	288153	0.37	0.06	9.4×10 ⁻⁹		
48	SLC12A7	rs4975572	5	1054197	T/C	0.46	293051	0.62	0.07	5.5×10 ⁻²¹		
49	SUB1	rs17441816	5	32629419	G/A	0.29	293051	0.51	0.07	4.7×10 ⁻¹³		
50	HCN1	rs10039283	5	45864843	A/G	0.41	293051	0.64	0.06	3.2×10 ⁻²³		
51	NR2F1	rs4869412	5	92455655	G/A	0.49	293051	0.40	0.06	2.3×10 ⁻¹⁰		
53	STARD4	rs67968533	5	111046342	C/T	0.09	293051	0.66	0.11	4.8×10 ⁻⁹		
54	LOC101927421/ ZNF608	rs12654442	5	124343851	T/C	0.27	293051	0.46	0.07	2.8×10 ⁻¹⁰		
55	SLC27A6	rs2577531	5	128299279	C/T	0.59	293051	0.38	0.06	3.8×10 ⁻⁰⁹		
56	FGF18	rs78810186	5	170868622	T/C	0.11	290821	0.74	0.10	1.4×10 ⁻¹²		
57	LINC01411	rs4868384	5	173779209	T/A	0.47	290336	0.47	0.06	2.5×10 ⁻¹³		
58	DSP	rs72825038	6	7527269	A/G	0.09	293051	0.94	0.11	2.7×10 ⁻¹⁶		
59	DEK	rs214502	6	18227546	A/C	0.58	291546	0.42	0.07	9.9×10 ⁻¹¹		
60	HDGFL1	rs6922960	6	22570189	C/T	0.28	291546	0.61	0.07	5.6×10 ⁻¹⁸		
61	LRRC16A	rs139915396	6	25351477	I/D	0.10	226107	0.69	0.13	4.2×10 ⁻⁸		
62	CDKN1A	rs730506	6	36645968	C/G	0.20	293051	0.62	0.08	6.5×10 ⁻¹⁵		
63	TFEB	rs1015149	6	41658889	T/C	0.47	293051	0.45	0.06	1.6×10 ⁻¹²		
64	RCAN2	rs871728	6	46452619	C/T	0.42	293051	0.52	0.07	1.3×10 ⁻¹⁵		

Locus	Nearest gene(s)	rsID	Chr	Position	EA/OA	EAF	N	Beta	SE	P
ID	0 ()									
Multi-a	 ancestry meta-analysis	S								
65	LOC101927686	rs111739590	6	113978255	C/T	0.81	293051	0.50	0.08	1.5×10 ⁻⁹
66	TCF21	rs12190287	6	134214525	G/C	0.37	290979	0.43	0.07	2.9×10 ⁻¹⁰
67	RP1-155D22.1	rs206708	6	164532059	A/T	0.70	293051	0.47	0.07	1.9×10 ⁻¹¹
68	GET4	rs10226357	7	925949	G/A	0.59	293050	0.39	0.07	3.1×10 ⁻⁹
69	DGKB	rs56352403	7	14453835	G/A	0.64	291623	0.56	0.07	1.4×10 ⁻¹⁶
70	PRPS1L1	rs6961768	7	18040476	A/C	0.43	293051	0.38	0.06	3.0×10 ⁻⁹
71	DNAH11	rs62441680*	7	21622494	C/T	0.17	293051	0.62	0.08	2.3×10 ⁻¹³
72	ELMO1	rs4720244	7	37398113	C/G	0.64	293051	0.42	0.07	3.6×10 ⁻¹⁰
73	SEMA3A	rs62472627	7	83998676	C/T	0.14	293051	0.61	0.09	6.7×10 ⁻¹¹
74	CHRM2	rs1424569	7	136569416	C/T	0.53	293051	0.36	0.07	4.6×10 ⁻⁸
75	DLC1	rs1188285	8	13130478	C/T	0.56	293050	0.45	0.06	2.4×10 ⁻¹²
76	MTUS1	rs4921804	8	17550623	G/A	0.63	289672	0.39	0.07	4.4×10 ⁻⁹
77	XPO7	rs56317071	8	21775838	C/G	0.12	293050	0.57	0.10	1.2×10 ⁻⁸
78	RBPMS	rs4545054	8	30302465	C/T	0.49	293050	0.36	0.06	2.0×10 ⁻⁸
80	RP11-1082L8.3	rs35006907	8	125859817	A/C	0.31	293050	0.48	0.07	1.6×10 ⁻¹²
81	PTK2	rs10106406	8	142006198	C/G	0.45	282729	0.40	0.07	1.4×10 ⁻⁹
82	TRPM3	rs6560168	9	73482647	T/A	0.45	292407	0.45	0.06	2.2×10 ⁻¹²
83	SPATA31D5P/ RASEF	rs7043482	9	85135915	A/C	0.65	293050	0.42	0.07	8.3×10 ⁻¹⁰
84	ASTN2	rs1407243	9	119314851	C/T	0.60	293051	0.37	0.06	9.1×10 ⁻⁹
85	PLPP7	rs4584185	9	134203545	C/T	0.45	278484	0.48	0.07	6.1×10 ⁻¹³
86	BEND7	rs7916672	10	13534234	T/C	0.58	293051	0.35	0.06	3.8×10 ⁻⁸
87	CCDC7	rs2947080	10	32847962	G/C	0.64	293051	0.41	0.07	4.6×10 ⁻¹⁰
88	CEFIP	rs10776558*	10	50510406	C/T	0.53	293050	0.42	0.06	2.8×10 ⁻¹¹
89	TMEM26	rs74813029	10	63194576	A/G	0.17	293051	0.54	0.09	3.3×10 ⁻¹⁰
90	COL13A1	rs2642608	10	71559723	T/C	0.27	293051	0.42	0.07	3.8×10 ⁻⁹
91	ZMIZ1	rs1769758	10	80898969	T/G	0.50	267464	0.50	0.07	1.0×10 ⁻¹¹
92	U3	rs117443987	10	88509088	T/A	0.92	288153	1.00	0.12	6.1×10 ⁻¹⁷
93	ADRB1	rs67234920	10	115782061	G/A	0.89	293051	0.67	0.11	2.3×10 ⁻¹⁰
94	FGFR2	rs2912774	10	123348662	T/G	0.42	288153	0.48	0.07	1.3×10 ⁻¹³
95	MPPED2	rs553951	11	30432176	C/T	0.73	293051	0.39	0.07	3.8×10 ⁻⁸
96	WT1	rs11031737	11	32372772	G/A	0.52	293051	0.35	0.06	4.5×10 ⁻⁸

Locus ID	Nearest gene(s)	rsID	Chr	Position	EA/OA	EAF	N	Beta	SE	P	
Multi-ancestry meta-analysis											
97	PCNXL3	rs12801636	11	65391317	A/G	0.24	293051	0.41	0.07	4.1×10 ⁻⁸	
98	CRYAB	rs12808601	11	111776066	G/A	0.70	293050	0.51	0.07	3.1×10 ⁻¹³	
99	USP28	rs144789148	11	113666335	G/A	0.05	290495	0.96	0.17	6.4×10 ⁻⁹	
100	PDE3A	rs10770646	12	20544361	T/C	0.79	288153	0.53	0.08	6.4×10 ⁻¹¹	
101	SSPN	rs78518764	12	26306484	T/C	0.86	293051	0.61	0.10	2.1×10 ⁻¹⁰	
102	ARID2	rs76611452	12	46209520	T/C	0.04	286416	1.19	0.19	1.5×10 ⁻¹⁰	
103	SRGAP1	rs17099893	12	64283014	A/G	0.06	291836	0.95	0.14	9.9×10 ⁻¹²	
104	MIR6074	rs4026608	12	66394664	T/C	0.62	293051	0.38	0.07	6.5×10 ⁻⁹	
105	SLC6A15	rs10862858	12	84806298	A/G	0.43	293051	0.46	0.06	1.1×10 ⁻¹²	
106	HCFC2	rs2629745	12	104503806	A/G	0.88	293051	0.69	0.10	1.7×10 ⁻¹²	
107	RIC8B	rs3759310	12	107166122	G/C	0.36	293051	0.56	0.07	4.5×10 ⁻¹⁷	
108	UBE3B	rs2004359*	12	109976893	G/T	0.47	291836	0.42	0.06	5.0×10 ⁻¹¹	
109	TESC	rs7972416	12	117491824	A/G	0.66	293051	0.45	0.07	1.8×10 ⁻¹¹	
110	FREM2	rs9634754*	13	39261151	G/T	0.69	293051	0.41	0.07	4.4×10 ⁻⁹	
111	FGF14	rs9513995	13	102878269	T/C	0.74	287628	0.50	0.07	2.1×10 ⁻¹¹	
112	ARHGEF40	rs12885183	14	21545230	G/A	0.22	283907	0.49	0.08	8.5×10 ⁻¹⁰	
113	RP11-562L8.1	rs7146955	14	29750244	G/A	0.59	293051	0.44	0.06	6.7×10 ⁻¹²	
114	AKAP6	rs3784192	14	32923336	A/G	0.20	293051	0.55	0.08	3.0×10 ⁻¹¹	
115	NFKBIA	rs8904	14	35871217	G/A	0.63	287252	0.40	0.07	1.6×10 ⁻⁹	
116	SYNE2	rs1255908	14	64457638	T/G	0.69	291546	0.52	0.07	6.0×10 ⁻¹⁴	
117	FLRT2	rs17712080	14	86041160	G/A	0.75	293050	0.47	0.07	2.0×10 ⁻¹⁰	
118	RP11-1070N10.3	rs179145	14	95983975	A/G	0.38	287627	0.41	0.07	5.2×10 ⁻¹⁰	
119	MARK3	rs3759579	14	103851272	A/G	0.41	287627	0.42	0.07	1.2×10 ⁻¹⁰	
120	RBPMS2	rs3935716*	15	65035979	A/G	0.15	293051	0.61	0.10	1.2×10 ⁻¹⁰	
121	CORO2B	rs11330601	15	69021265	I/D	0.55	222818	0.43	0.08	1.4×10 ⁻⁸	
122	HCN4	rs8039168	15	73664723	A/T	0.83	293051	0.60	0.09	2.0×10 ⁻¹²	
123	ALPK3	rs6496452	15	85372645	A/T	0.55	287628	0.55	0.06	1.3×10 ⁻¹⁷	
124	LINC00924/NR2F2	rs62008078	15	96460899	C/T	0.44	285649	0.48	0.07	4.4×10 ⁻¹³	
125	SPSB3	rs35816944*	16	1828030	G/A	0.99	247100	2.70	0.44	1.3×10 ⁻⁹	
126	SRL	rs79321945	16	4282284	C/A	0.78	293051	0.50	0.08	2.1×10 ⁻¹⁰	
128	LOC101927480/ LINC02140	rs1186818	16	54598337	G/A	0.24	293051	0.43	0.07	9.0×10 ⁻⁹	

Locus ID	Nearest gene(s)	rsID	Chr	Position	EA/OA	EAF	N	Beta	SE	P	
Multi-a	Multi-ancestry meta-analysis										
129	CNOT1	rs7199856*	16	58584772	G/T	0.26	292217	0.56	0.07	8.6×10 ⁻¹⁵	
130	LINC01082/IRF8	rs904199	16	86184639	G/A	0.08	287629	0.73	0.12	7.9×10 ⁻¹⁰	
131	ZFPM1	rs28634651	16	88553198	T/C	0.61	261197	0.51	0.07	2.1×10 ⁻¹²	
132	MINK1	rs7774	17	4801163	A/C	0.33	293051	0.43	0.07	8.6×10 ⁻¹⁰	
133	EFCAB5	rs55866125*	17	28312993	T/C	0.52	293051	0.42	0.06	3.2×10 ⁻¹¹	
134	CACNA1G	rs757416	17	48666064	T/C	0.63	293051	0.69	0.07	2.5×10 ⁻²⁵	
135	CSHL1	rs2006122	17	61987405	T/A	0.27	293051	0.42	0.07	5.8×10 ⁻⁹	
136	PRKCA	rs9909004	17	64306133	C/T	0.42	291623	0.38	0.06	2.9×10 ⁻⁹	
138	AC100791.2	rs745570*	17	77781725	G/A	0.53	293051	0.35	0.06	3.4×10 ⁻⁸	
139	CDH2	rs11083300	18	26339589	G/C	0.46	293050	0.35	0.06	3.8×10 ⁻⁸	
140	GAREM	rs982521	18	30029141	C/T	0.18	293050	0.75	0.09	1.7×10 ⁻¹⁸	
141	DTNA	rs1786595	18	32399259	C/T	0.74	293050	0.47	0.07	6.9×10 ⁻¹¹	
142	CCBE1	rs12961264	18	57138957	C/T	0.23	293050	0.51	0.08	1.1×10 ⁻¹¹	
143	STK11	rs3795063	19	1217560	C/G	0.65	268324	0.49	0.08	7.3×10 ⁻¹¹	
144	ZNF358	rs113394178	19	7581244	A/C	0.60	212667	0.46	0.08	2.1×10 ⁻⁸	
145	TMEM59L	rs111551996	19	18733355	G/T	0.95	290902	0.95	0.16	8.0×10 ⁻¹⁰	
146	RNF24/SMOX	rs16989138	20	4031653	G/A	0.43	291546	0.53	0.07	7.1×10 ⁻¹⁶	
147	KIAA1755	rs6023939	20	36832526	C/A	0.54	293051	0.44	0.06	6.7 ×10 ⁻¹²	
148	DERL3	rs2070464	22	24183875	G/A	0.38	291836	0.54	0.07	6.2 ×10 ⁻¹⁶	
149	PHF5A	rs9607805	22	41854446	T/C	0.70	287628	0.42	0.07	5.6 ×10 ⁻⁹	
Europe	ean meta-analysis	-	· ·	ı	ı			1	ı	l .	
29	BMPR2	rs2103208	2	203373030	G/A	0.49	271570	0.36	0.07	4.8×10 ⁻⁸	
30	AC007563.5	rs6435953	2	217628087	C/T	0.16	271570	0.51	0.09	2.1×10 ⁻⁸	
39	MLF1	rs6799180*	3	158333891	A/G	0.47	271570	0.37	0.07	2.2×10 ⁻⁸	
47	MYOZ2	rs78277783	4	120070079	A/T	0.27	266672	0.42	0.08	2.1×10 ⁻⁸	
52	FER	rs6889995	5	108210304	G/A	0.22	266672	0.44	0.08	4.3×10 ⁻⁸	
79	AZIN1	rs565720	8	103914366	A/C	0.77	271570	0.44	0.08	3.1×10 ⁻⁸	
127	MYH11	rs72772025	16	15834729	T/C	0.27	269591	0.41	0.08	3.5×10 ⁻⁸	
137	CASKIN2	rs7501873	17	73505172	G/A	0.22	271570	0.45	0.08	4.9×10 ⁻⁸	

There was no evidence of heterogeneity for any of the newly identified loci across individual studies ($P_{heterogeneity} \ge 0.001$) or across ancestry groups ($P_{heterogeneity} > 0.01$). Locus ID: unique locus identifier; Nearest gene(s): Nearest annotated gene(s) to the lead variant; rsID, variant accession number; Chr, chromosome; Position, physical position in build 37; EA, effect allele; OA, other allele; EAF, effect allele frequency; N, total sample size analyzed; beta, effect estimate is milliseconds; SE, standard error; P, P-value. * Missense variant or variant in high LD ($r^2 > 0.8$) with missense or splice site variant(s).

- 644 **Figures**
- **Figure 1** Overview of the study design.
- 646 Figure includes overview of contributing studies, single-stage discovery approach, and downstream bioinformatics and in silico
- annotations we performed to link variants to genes, and polygenic risk score analysis to link variants to cardiovascular disease risk.

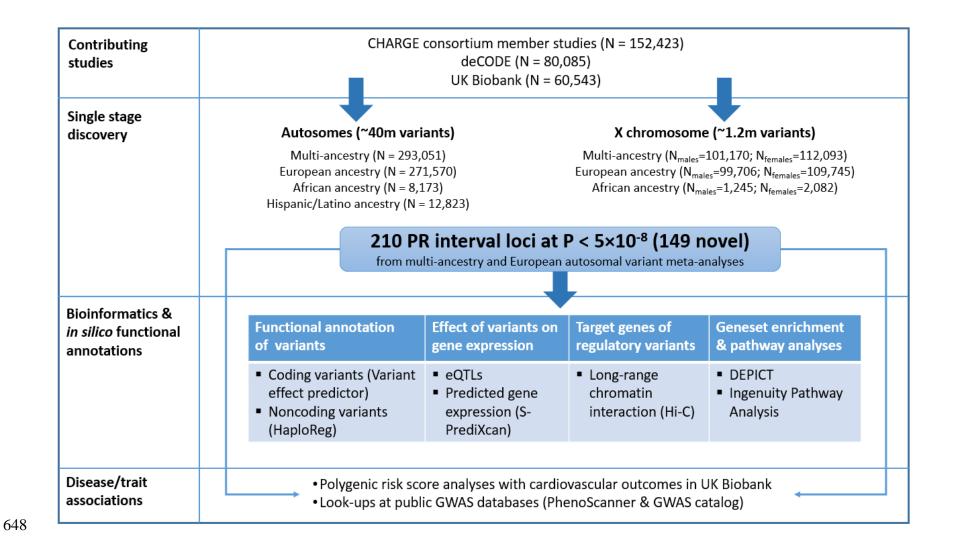


Figure 2 Manhattan plot of the multi-ancestry meta-analysis for PR interval. P values are plotted on the $-\log_{10}$ scale for all variants present in at least 60% of the maximum sample size. Associations of genome-wide significant (P < 5 × 10⁻⁸) variants at novel (N = 141) and previously reported loci (N = 61) are plotted in dark and light blue colours respectively.

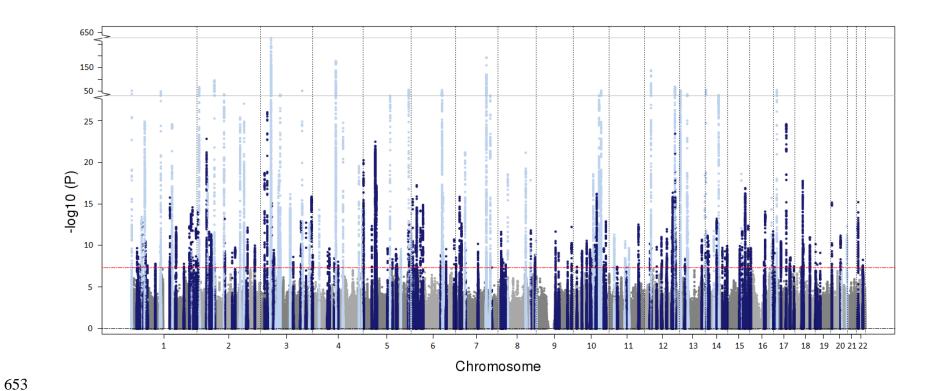
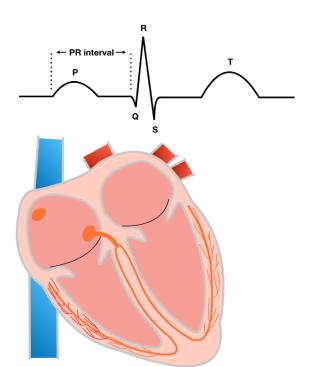


Figure 3 Plausible candidate genes of PR interval from S-PrediXcan

Diagram of standard electrocardiographic intervals and the heart. The electrocardiographic features are illustratively aligned with the corresponding cardiac conduction system structures (orange) reflected on the tracing. The PR interval (labeled) indicates conduction through the atria, atrioventricular node, His bundle, and Purkinje fibers. Right: The tables show 120 genes whose expression in the left ventricle (N=272) or right atrial appendage (N=264) was associated with PR interval duration in a transcriptome-wide analysis using S-PrediXcan and GTEx v7. Displayed genes include those with significant associations after Bonferroni correction for all tested genes at the two tissues with a $P < 4.4 \times 10^{-6} \ (=0.05/(5,977+5,366))$. Longer PR intervals were associated with increased predicted expression of 59 genes (blue) and reduced expression of 61 genes (orange).



Increased gene expression

ACP6	DEK	LRCH1	SNX1
AL590822.1	DNM1P51	MSTO2P	SYNPO2L
ALPK3	EDN2	MYO15A	TCTN3
ATP5D	EEFSEC	NPIPA5	TMEM182
BMPR1A	EF-1	NUDT13	TMEM72
CEFIP	FADS1	PDZRN3	TPMT
C11orf1	FAM211B	PHACTR1	TRAK1
CALHM2	FAT1	RP11-29H23.5	TRIP4
CAMK2D	FKBP7	RP11-399K21.11	TTC18
CCDC36	FUT11	RP11-3B7.1	VDAC2
CDH13	GBAP1	RP4-764022.2	VPREB3
CEP85	HMGA1P5	RPSA	XIRP1
CFDP1	IFRD2	SLC25A26	ZCCHC24
CHRM2	KCND3	SLC6A6	ZNF503-AS1
DAG1	KDM1B	SLK	

Reduced gene expression

ABHD12	HCN1	NPIPA1	SH3PXD2A
AC011747.4	IL17D	PHLDB2	SLC2A11
AC103965.1	IL25	PLCD1	SMARCB1
AGAP5	KP-3	PPAPDC3	SPATA20
BEND7	LINC00964	QRICH1	SPTBN1
C1orf86	MALAT1	RCAN2	SSBP3
CAB39L	MEI1	RP11-1070N10.3	SSXP10
CBX8	MLF1	RP11-182J1.16	STRN
CMTM5	MMP11	RP11-344N10.5	SYNE2
CSPG4P11	MRPL37	RP11-379F4.7	SYPL2
DDX42	MTSS1	RP11-397E7.4	TFEC
DNAH11	MYBPHL	RP11-724N1.1	THRB
EMB	MYOZ1	SCN5A / SCN10A	UBE3B
GBF1	NDST2	SELM	WDR73
GORASP1	NEURL	SH3D21	ZHX1

Figure 4 Bubble plot of phenome-wide association analysis of multi-ancestry PR interval polygenic risk score.

Polygenic risk score was derived from the multi-ancestry meta-analysis results. Orange circles indicate that higher polygenic risk score of prolonged PR interval is associated with an increased risk of the condition, whereas blue circles indicate that higher score is associated with lower risks. The darkness of the colour reflects the effect size (odds ratio, OR) changes per 1 standard deviation increment of the polygenic risk score. Given correlation between traits, we did not establish a pre-specified significance threshold for the analysis and report nominal associations (P < 0.05).

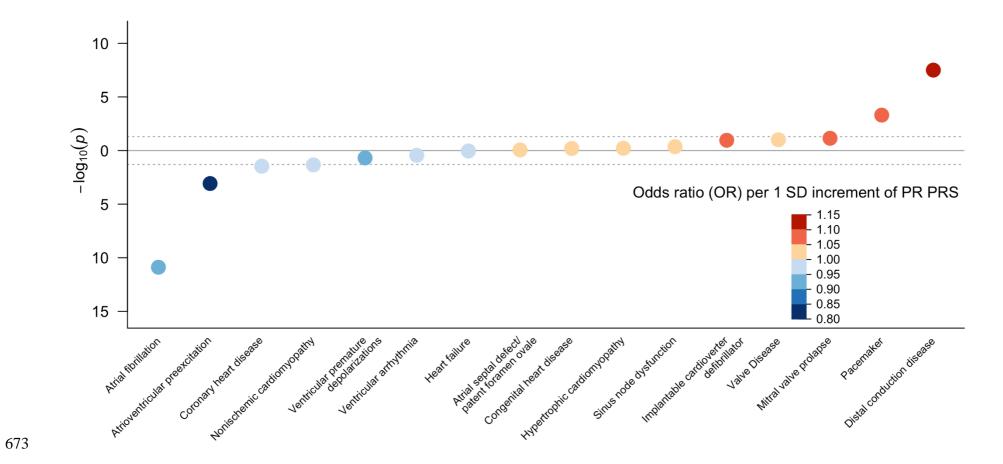
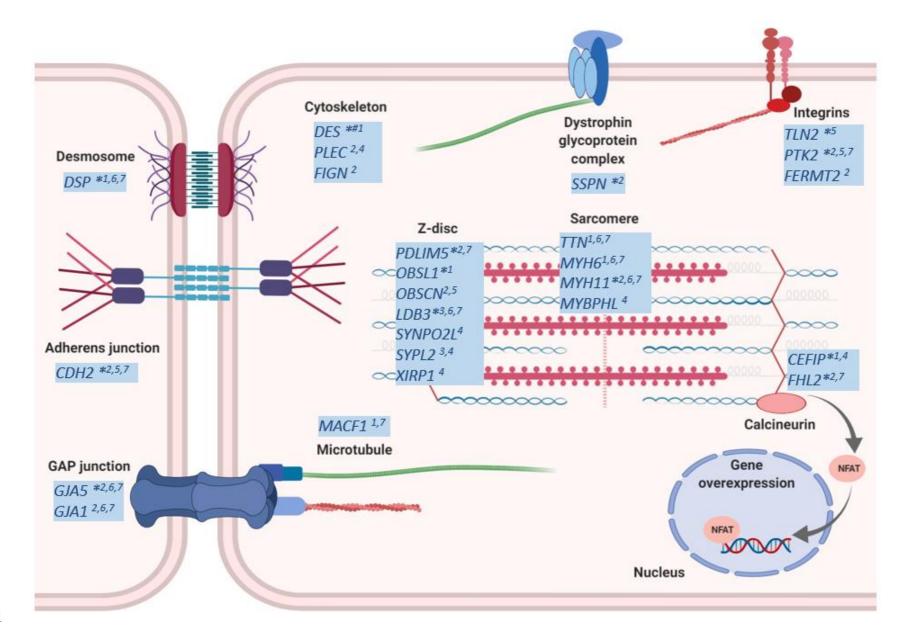


Figure 5 Candidate genes in PR interval loci encoding proteins involved in cardiac muscle cytoskeleton. Candidate genes or encoded proteins are
 indicated by a star symbol in the figure and listed in the table. More information about the genes is provided in Supplementary Tables 18-19.
 *Novel locus, # genome-wide significant locus in transformed trait meta-analysis.
 ¹ Missense variant; ² Nearest gene to the lead variant; ³ Gene within the region (r²>0.5); ⁴ Variant(s) in the locus are associated with gene expression in left ventricle and/or right atrial appendage; ⁵ Left ventricle best HiC locus interactor (RegulomeDB score ≤ 2); ⁶ Animal model; ⁿ Monogenic cardiovascular disease.



b	bioRxiv preprint doi: https://doi.org/10.1101/712398; this version posted July 30, 2019. The copyright holder for this preprint (which we certified by peer review) is the author/funder. All rights reserved. No reuse allowed without permission.			
682	URLs			
683	1000 Genome Project: http://www.internationalgenome.org			
684	BOLT-LMM: https://data.broadinstitute.org/alkesgroup/BOLT-LMM/			
685	DEPICT: https://data.broadinstitute.org/mpg/depict/			
686	DGIdb: http://www.dgidb.org			
687	EasyQC: https://www.uni-regensburg.de/medizin/epidemiologie-			
688	praeventivmedizin/genetische-epidemiologie/software/#			
689	FORGE: https://github.com/iandunham/Forge			
690	GCTA: https://cnsgenomics.com/software/gcta/#Overview			
691	GTEx: https://gtexportal.org/home/			
692	HRC: http://www.haplotype-reference-consortium.org			
693	IMPUTE2: http://mathgen.stats.ox.ac.uk/impute/impute_v2.html			
694	Ingenuity Pathway Analysis software:			
695	https://www.qiagenbioinformatics.com/products/ingenuity-pathway-analysis/			
696	International Mouse Phenotyping Consortium: https://www.mousephenotype.org/			
697	IPA: https://www.qiagenbioinformatics.com/products/ingenuity-pathway-analysis			
698	LocusZoom: http://locuszoom.org/			
699	MACH: http://csg.sph.umich.edu/abecasis/mach/tour/imputation.html			
700	METAL: http://csg.sph.umich.edu/abecasis/metal/			
701	OMIM: https://www.omim.org/			

RegulomeDB: http://www.regulomedb.org

704

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703 S-PrediXcan: https://github.com/hakyimlab/MetaXcan

UK Biobank: https://www.ukbiobank.ac.uk

Author contributions

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- revised and approved the manuscript.

Competing Interests

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