

TITLE PAGE

Evaluation of shared genetic susceptibility loci between autoimmune diseases and schizophrenia based on genome-wide association studies

Louise K. Hoeffding^{1,2}, Anders Rosengren^{1,2}, Johan H. Thygesen¹, Henriette Schmock^{1,2}, Thomas Werge^{1,2,3}, Thomas Hansen^{1,2}

¹Institute of Biological Psychiatry, Mental Health Centre Sct. Hans, Mental Health Services Copenhagen, DK-4000, Denmark.

²The Lundbeck Foundation Initiative for Integrative Psychiatric Research, iPSYCH, Denmark.

³Department of Clinical Medicine, University of Copenhagen, DK-2200, Denmark.

Corresponding author:

Louise K. Hoeffding

Address: Institute of Biological Psychiatry, Mental Health Centre Sct. Hans, Mental Health Services Copenhagen, Boserupvej 2, DK-4000 Roskilde, Denmark.

Telephone: +45 38642285

Fax: +45 46334367

Email: Louise.K.Enggaard.Hoeffding@regionh.dk

RUNNING TITLE: Shared loci between autoimmune diseases and schizophrenia

ABSTRACT

Background: Epidemiological studies have documented higher than expected comorbidity (or in some cases, inverse comorbidity) between schizophrenia and several autoimmune disorders. It remains unknown whether this comorbidity reflect shared genetic susceptibility loci.

Aims: In the present study, we aimed to investigate whether verified genome wide significant variants of autoimmune disorders confer risk of schizophrenia which could suggest a common genetic basis.

Methods: 714 genome wide significant risk variants of 25 autoimmune disorders were extracted from the NHGRI GWAS catalogue and examined for association to schizophrenia in the Psychiatric Genomics Consortium schizophrenia GWAS samples (36,989 cases and 113,075 controls).

Results: Two independent loci at 4q24 and 6p21.32–33 originally identified from GWAS of autoimmune diseases were found genome wide associated with schizophrenia ($1.7 \times 10^{-8} \geq P \geq 4.0 \times 10^{-21}$). While these observations confirm the existence of shared genetic susceptibility loci between schizophrenia and autoimmune diseases, our findings did not show a significant enrichment.

Conclusion: Our findings do not support a genetic overlap in common SNPs between autoimmune diseases and schizophrenia that in part could explain the observed comorbidity from epidemiological studies.

KEYWORDS: GWAS, schizophrenia, autoimmune diseases, comorbidity

BACKGROUND

Both schizophrenia and autoimmune diseases are complex disorders caused by multiple genetic and non-genetic risk factors. Schizophrenia is a severe mental disorder while autoimmune diseases are a clinical heterogeneous group of diseases with common underlying mechanisms related to an immune response against self. Recently, genome-wide association studies (GWAS) of large case-control samples have identified genome-wide significant SNPs implicating several candidate regions and genes for both autoimmune diseases and schizophrenia (1,2). Here, the most solid genetic finding for both disorders is that common variants in the major histocompatibility complex (MHC) on chromosome 6 confer risk of disease but with very different effect sizes (1,3). The MHC region contains multiple genes and extensive linkage disequilibrium (LD) which have made it difficult to identify the causal variants but the findings do, however, support the notion that similarly to autoimmune diseases, inflammatory processes might be involved in the pathogenesis of schizophrenia (4–8,1). The role of the immune system in the aetiology of schizophrenia is supported by prenatal infections particular during the second trimester increasing the risk of the disease in the offspring as well as insult of infectious agents during childhood (9,10).

There is mounting evidence for higher than expected comorbidity (or in some cases, inverse comorbidity) between schizophrenia and a number of autoimmune disorders both at the individual and familial level when compared to the general population (11–14) which could reflect a common genetic basis. Several GWAS have with great success been carried out for both disorders thus; it seems evident to test for shared genetic susceptibility loci of common SNPs that might contribute to the observed comorbidity between autoimmune diseases and schizophrenia and point towards shared molecular pathways and mechanisms.

AIM

In this study, we examine whether verified genome wide significant variants of autoimmune disorders confer risk of schizophrenia thereby supporting a common genetic basis.

MATERIALS AND METHODS

All SNPs showing genome wide association ($P \leq 5.0 \times 10^{-8}$) to an autoimmune disease were extracted from the National Human Genome Research Institute (NHGRI) GWAS catalogue (15) (<http://www.genome.gov/gwastudies/>, March, 2015). SNPs from GWAS based on subgroups of patients, case only studies, response to treatment, haplotype-based associations, or shared risk alleles between diseases were excluded from the analysis. Thus, a total of 714 unique SNPs (Supplementary Table 1) of 25 autoimmune disorders from GWAS of European, East Asian, and North India ancestry were included in the study (Table 1).

We used summary statistics from the Psychiatric Genomics Consortium schizophrenia (PGC-SCZ) GWAS samples, a large collection of 36,989 cases with schizophrenia and 113,075 controls of European and East Asian descent (1) (available at <http://www.med.unc.edu/pgc/downloads>) to examine whether these 714 SNPs were genome wide associated with schizophrenia. A more in depth description of the PGC-SCZ GWAS samples can be obtained from the original publication (1).

Of the initial 714 SNPs, 706 were present in the PGC-SCZ GWAS samples either by its original refSNP ID reported in the NHGRI GWAS catalogue (N=629), by its current refSNP ID (N=62, retrieved from the file RsMergeArch downloaded at <http://www.ncbi.nlm.nih.gov>) or by a proxy SNP (N=15, using SNAP (16), 1000 Genomes Pilot 1, CEU reference panel, $r^2=0.1$). The remaining 8 SNPs were not found in the 1000 Genomes/CEU reference panel.

The 706 aforementioned SNPs present in the PGC-SCZ GWAS samples were spread across nearly all chromosomes (except chromosome 13 and the Y chromosome) and 90 SNPs were found in the

MHC region (the extended MHC region was defined as chr6:29,570,005–33,377,699, hg19(17)). By applying the same LD criteria as in (1), 388 of the 706 analysed SNPs remained (1000 Genomes Pilot 1, CEU reference panel, $r^2=0.1$ and a 500kb window).

In order to evaluate the robustness of our findings regarding the observed number of shared susceptibility loci between autoimmune diseases and schizophrenia, we first used the PGC-SCZ GWAS samples and randomly selected 706 SNPs 1000 times to estimate the expected number of SNPs that would be associated with schizophrenia by chance.

Second, we used the LD pruned version of the PGC-SCZ GWAS samples where SNPs within 500kb of, and in $r^2 \geq 0.1$ with, another (more significant) SNP were discarded as described in (1). From this LD pruned dataset, we randomly extracted 388 SNPs 1000 times where the 388 SNPs correspond to the number of independent autoimmune loci tested for genome wide association to schizophrenia (as described above). The observed number of shared susceptibility loci between autoimmune diseases and schizophrenia found in this study were considered statistical significant if less than 5% of the number of randomly chosen loci were found with $P \leq 5.0 \times 10^{-8}$.

Third, we extracted and evaluated all SNPs within 50kb up- and downstream of the non-MHC gene *BANK1* (chr4:102,711,764–102,995,969, hg19) that had previously been reported in GWAS of autoimmune diseases ($P \leq 5.0 \times 10^{-6}$) (rs4522865 and rs13126505 both associated with systemic lupus erythematosus (SLE)) from the NHGRI catalogue. Regional association plot was generated using LocusZoom (18) and all analyses related to the study were carried out using the statistical program R ver3.1.3 (<http://www.r-project.org/>).

(TABLE 1 HERE PLEASE)

RESULTS

A total of 714 risk variants were selected from GWAS of 25 autoimmune disorders (Table 1 and supplementary Table 1) and evaluated for genome wide association to schizophrenia in the latest PGC-SCZ GWAS sample in order to identify shared genetic susceptibility loci (see Materials and Methods for details regarding the SNP selection). Here, 706 SNPs were present in the PGC-SCZ GWAS sample (corresponding to 388 independent genomic regions) and of these 16 variants were found genome wide associated with schizophrenia ($P \leq 3.1 \times 10^{-8}$, Figure 1-2 and Table 2). Of the 16 identified genome wide associated variants 15 were present in the MHC region on chromosome 6p21.32–33 (strongest $P = 4.0 \times 10^{-21}$) while the last SNP was located in the non-MHC gene *BANK1* at chromosome 4q24 ($P = 1.2 \times 10^{-8}$) (Table 2).

Six SNPs originating from celiac disease (rs424232), crohn's disease (rs13126505), systemic sclerosis (rs3129763 and rs443198) and rheumatoid arthritis (rs805297 and rs9272219) had the same direction of effect in the PGC-SCZ GWAS sample while the remaining 10 variants had opposite effects (N=8) or unavailable at-risk alleles (N=2) despite contact to the corresponding author of the original GWAS.

To determine whether the 16 observed loci shared between autoimmune diseases and schizophrenia occurred more often than expected, we first sampled 706 SNPs from the PGC-SCZ GWAS dataset 1000 times (see methods). Here, we did not sample more than 8 loci showing genome wide association to schizophrenia from the 1000 permutations. However, as 15 of the 16 shared variants between schizophrenia and autoimmune diseases were situated in the MHC region with strong LD structures, we in addition found that the two shared independent loci at 6p21.32–33 and 4q24

showed a considerable trend toward significance since 5.5% of the 388 randomly drawn SNPs from the LD pruned PGC-SCZ GWAS sample had $P \leq 5 \times 10^{-8}$ (Figure 3).

None of the neighbouring SNPs that had previously been associated with an autoimmune disease (SLE) positioned in the non-MHC gene *BANK1* showed additional association to schizophrenia in the PGC-SCZ GWAS samples (rs4522865, $P=5.3 \times 10^{-2}$ and rs10516487, $P=1.7 \times 10^{-2}$, Figure 4 and Supplementary Table 2).

(TABLE 2 AND FIGURE 1-4 HERE PLEASE)

CONCLUSION

Several epidemiological studies have shown that autoimmune diseases occur more frequently in patients suffering from schizophrenia than in the general population (11–14), however, no studies have addressed whether this could reflect shared genetic susceptibility loci between the diseases. This study aimed to make a comprehensive assessment of the genetic overlap of common SNPs between the two epidemiologically related diseases by investigating whether genome wide associated variants originally identified from GWAS of autoimmune diseases were genome wide associated with schizophrenia using the largest GWAS samples of schizophrenia to date (1). Several aspects of our work merit further discussion.

First, we identified two independent susceptibility loci at 6p21.32–33 and 4q24 shared by specific autoimmune diseases and schizophrenia (Table 2); however, when compared to randomly selected SNPs the number of shared loci were only marginally significant ($P=0.055$) (Figure 3). Thus, common SNPs captured as significant in current GWAS only contribute with little effect to the autoimmune comorbidity among patients with schizophrenia that could instead be explained by non-significant or rare variants interacting with non-genetic factors which have so far not been addressed in the literature. However, as the GWAS sample size continue to grow it is likely that more shared susceptibility loci of common SNPs between schizophrenia and autoimmune diseases will be discovered.

Second, the MHC region on chromosome 6 is a universal genetic susceptibility region for all autoimmune diseases studied in addition to schizophrenia and the number of shared MHC loci found in this study, ensured the reliability of our findings. However, the magnitude of effect for each shared risk variants in the MHC region was markedly different between autoimmune disease

and schizophrenia (Table 2) which may suggest that specific loci in the MHC region have key phenotype-determining role for autoimmune diseases when compared to schizophrenia where only weak effects are present.

Third, the single shared loci outside the MHC region implicating the immune related gene *BANK1* could imply an important role for B cell immune response pathways in the pathogenesis of both autoimmune diseases and schizophrenia. Despite this shared loci being a good candidate pointing directly towards shared immunological components outside the MHC region, neighbouring SNPs previously associated with SLE were not genome wide associated with schizophrenia suggesting that this may not be a true shared locus of association. Similarly, Pouget et al. (19) recently analysed whether common variation in immune gene outside the MHC region contributed to schizophrenia and found no enrichment of immune loci which were in contrast to five autoimmune diseases of known immune origin. Further analysis including the *BANK1* locus is necessary in order to clarify whether this could represent shared pathways involved in both schizophrenia and autoimmune diseases.

Fourth, several autoimmune disorders have in nation-wide population based register studies been associated with schizophrenia including the majority of the autoimmune diseases that were found to share risk variants with schizophrenia in this study (12,13). In addition, we identified shared loci with opposite directions for schizophrenia contradicting the epidemiological observations (e.g. autoimmune hepatitis and celiac disease) (12,13) and we did not exclusively find that the at-risk variants of rheumatoid arthritis are protective of schizophrenia as would be expected based on both epidemiological and genetic studies (12,13,20,21). These conflicting observations could suggest that the effect of the underlying causal variant vary among cell types and tissues emphasizing the

functional importance of the implicated genes and their biological impact and translation into phenotypes. Discordant associations are a common observation across autoimmune diseases (as reviewed by Parkes et al. (22)) which highlight the complexity of SNP or haplotype sharing. It has recently been explained how population-level phenomena (including genetic drift, natural selection, mutation or migration) are the likely reason behind this complexity of gene effects in different autoimmune diseases (2) which might also account for the observations in this study.

In summary, by merging GWAS data from multiple autoimmune diseases and schizophrenia we were not able to show that common SNPs significantly contribute to the observed comorbidity between the two epidemiologically related diseases.

REFERENCES

1. Schizophrenia Working Group of the Psychiatric Genomics Consortium. Biological insights from 108 schizophrenia-associated genetic loci. *Nature*. 2014;511:421–7.
2. Ramos PS, Shedlock AM, Langefeld CD. Genetics of autoimmune diseases: insights from population genetics. *J Hum Genet*. 2015;60:657–64.
3. Cho JH, Feldman M. Heterogeneity of autoimmune diseases: pathophysiologic insights from genetics and implications for new therapies. *Nat Med*. 2015;21:730–8.
4. Stefansson H, Ophoff RA, Steinberg S, Andreassen OA, Cichon S, Rujescu D, et al. Common variants conferring risk of schizophrenia. *Nature*. 2009;460:744–7.
5. Shi J, Levinson DF, Duan J, Sanders AR, Zheng Y, Pe'er I, et al. Common variants on chromosome 6p22.1 are associated with schizophrenia. *Nature*. 2009;460:753–7.
6. Purcell SM, Wray NR, Stone JL, Visscher PM, O'Donovan MC, Sullivan PF, et al. Common polygenic variation contributes to risk of schizophrenia and bipolar disorder. *Nature*. 2009;460:748–52.
7. Ripke S, Sanders AR, Kendler KS, Levinson DF, Sklar P, Holmans PA, et al. Genome-wide association study identifies five new schizophrenia loci. *Nat Genet*. 2011;43:969–76.
8. Ripke S, O'Dushlaine C, Chambert K, Moran JL, Kähler AK, Akterin S, et al. Genome-wide association analysis identifies 13 new risk loci for schizophrenia. *Nat Genet*. 2013;45:1150–9.
9. Brown AS, Derkits EJ. Prenatal infection and schizophrenia: a review of epidemiologic and translational studies. *Am J Psychiatry*. 2010;167:261–80.

10. Blomström Å, Karlsson H, Svensson A, Frisell T, Lee BK, Dal H, et al. Hospital admission with infection during childhood and risk for psychotic illness--a population-based cohort study. *Schizophr Bull.* 2014;40:1518–25.
11. Benros ME, Pedersen MG, Rasmussen H, Eaton WW, Nordentoft M, Mortensen PB. A nationwide study on the risk of autoimmune diseases in individuals with a personal or a family history of schizophrenia and related psychosis. *Am J Psychiatry.* 2014;171:218–26.
12. Chen S-J, Chao Y-L, Chen C-Y, Chang C-M, Wu EC-H, Wu C-S, et al. Prevalence of autoimmune diseases in in-patients with schizophrenia: nationwide population-based study. *Br J Psychiatry.* 2012;200:374–80.
13. Eaton WW, Byrne M, Ewald H, Mors O, Chen C-Y, Agerbo E, et al. Association of schizophrenia and autoimmune diseases: linkage of Danish national registers. *Am J Psychiatry.* 2006;163:521–8.
14. Wright P, Sham PC, Gilvarry CM, Jones PB, Cannon M, Sharma T, et al. Autoimmune diseases in the pedigrees of schizophrenic and control subjects. *Schizophr Res.* 1996;20:261–7.
15. Hindorff LA, Sethupathy P, Junkins HA, Ramos EM, Mehta JP, Collins FS, et al. Potential etiologic and functional implications of genome-wide association loci for human diseases and traits. *Proc Natl Acad Sci USA.* 2009;106:9362–7.
16. Johnson AD, Handsaker RE, Pulit SL, Nizzari MM, O'Donnell CJ, de Bakker PIW. SNAP: a web-based tool for identification and annotation of proxy SNPs using HapMap. *Bioinformatics.* 2008;24:2938–9.

17. Clark PM, Kunkel M, Monos DS. The dichotomy between disease phenotype databases and the implications for understanding complex diseases involving the major histocompatibility complex. *Int J Immunogenet.* 2015;42:413–22.
18. Pruim RJ, Welch RP, Sanna S, Teslovich TM, Chines PS, Gliedt TP, et al. LocusZoom: regional visualization of genome-wide association scan results. *Bioinformatics.* 2010;26:2336–7.
19. Pouget JG, Goncalves VF, Spain SL, Finucane HK, Raychaudhuri S, Kennedy JL, et al. Genome-wide association studies suggest limited immune gene enrichment in schizophrenia compared to five autoimmune diseases. *bioRxiv [Internet].* 2016; Available from: <http://biorxiv.org/content/early/2016/04/12/030411.abstract>.
20. Lee SH, Byrne EM, Hultman CM, Kähler A, Vinkhuyzen AA, Ripke S, et al. New data and an old puzzle: the negative association between schizophrenia and rheumatoid arthritis. *Int J Epidemiol.* 2015;44:1706-21.
21. Euesden J, Breen G, Farmer A, McGuffin P, Lewis CM. The relationship between schizophrenia and rheumatoid arthritis revisited: Genetic and epidemiological analyses. *Am J Med Genet.* 2015;168:81–8.
22. Parkes M, Cortes A, van Heel DA, Brown MA. Genetic insights into common pathways and complex relationships among immune-mediated diseases. *Nat Rev Genet.* 2013;14:661–73.

ACKNOWLEDGMENTS

The authors are grateful to Stephan Ripke for assistance on the Psychiatric Genomics Consortium Schizophrenia GWAS samples. This study was financed through grants to Dr. Werge from the Lundbeck Foundation (R34-A3243), the Danish National Advanced Technology Foundation (001-2009-2); the Danish Psychiatric Research Foundation and the European Union (LSHM-CT-2006-037761).

DISCLOSURE OF INTEREST

Dr. Werge has served as a lecturer for and consultant to H. Lundbeck A/S.

LEGENDS OF FIGURES AND TABLES

FIGURE 1. Quantile-quantile plots of the 706 autoimmune SNPs included in the analysis of the PGC-SCZ GWAS samples.

Fig. 1: A quantile-quantile plot of the 706 SNPs extracted from the NHGRI catalogue of 25 autoimmune diseases. Association testing was performed in the PGC-SCZ GWAS samples of 36,989 schizophrenia cases and 113,075 controls.

FIGURE 2. Risk variants from autoimmune disorders associated with schizophrenia

Fig. 2: Genome wide significant SNPs from autoimmune diseases replicated in the PGC-SCZ GWAS samples. The negative logarithm of the P -value is plotted against each chromosome. The vertical red line represents $P = 5 \times 10^{-8}$.

FIGURE 3. Analysis of the number of shared genetic susceptibility loci between autoimmune diseases and schizophrenia.

Fig. 3: The distribution of P -values ($P \leq 5 \times 10^{-8}$) of associated loci for the 388 SNPs drawn randomly 1000 times from the LD pruned version of the PGC-SCZ GWAS samples. The frequency of randomly drawn loci (SNPs) showing either two or three genome wide associated SNPs per 388 SNPs randomly drawn are 5.1% and 0.4%, respectively being only marginally significant ($P=0.055$). The y-axis represents the frequency while the x-axis shows the number of independent loci with P -values less than 5×10^{-8} from each extraction of 388 SNPs from the LD pruned version of the PGC-SCZ GWAS samples.

FIGURE 4. Regional association plot of the chromosomal region of the non-MHC gene *BANK1*.

Fig. 4: A regional plot showing the chromosomal position of the SNP rs13126505 in the gene *BANK1* against $-\log_{10}(\text{P-value})$ in the PGC-SCZ GWAS samples. The SNP (rs13126505) that was found genome wide associated with both an autoimmune disease and schizophrenia are represented by a purple diamond. The SNPs rs10516487 ($P_{SCZ}=1.7 \times 10^{-2}$) and rs4522865 ($P_{SCZ}=5.3 \times 10^{-2}$) that has previously been associated with and autoimmune disease (red arrows) were not genome wide associated with schizophrenia. Other SNPs in the region are coloured according to their LD patterns (generated using LocusZoom).

TABLE 1. The 25 autoimmune diseases included in the study and their respective number of genome wide associated SNPs

TABLE 2. Association results for verified risk variants for autoimmune diseases in the PGC-SCZ GWAS samples

SUPPLEMENTARY INFORMATION

Supplementary TABLE 1. The 714 genome wide associated SNPs from autoimmune diseases included in the study

Supplementary TABLE 2. SNPs previously associated with an autoimmune disease in the non-MHC gene *BANK1*

Table 1. The 25 autoimmune diseases included in the study and their respective number of genome wide associated SNPs

Autoimmune Diseases	No. of GWA SNPs ^a	References (PMID) ^b	Ethnic origin ^c
Alopecia areata	6	20596022	European
Ankylosing spondylitis	15	22138694;20062062;21743469	European and East Asian
Arthritis (juvenile idiopathic)	1	18576341	European
Autoimmune hepatitis type-1	1	24768677	European
Behcet's disease	13	20622878;23001997;23291587;20622879	European and East Asian
Celiac disease	33	24999842;23936387;20190752;18311140;17558408	European
Crohn's disease	157	22936669;17554261;17554300;22293688;18587394;23266558;17804789;17684544;23850713;17447842;21102463;22412388;20570966;17435756;23128233	European and East Asian
Dermatomyositis	0	NA	NA
Graves' disease	22	21900946;236129;21841780	East Asian
Kawasaki disease	9	22081228;22446962;22446961	European and East Asian
Multiple sclerosis	74	19525955;2245734;21244703;22570697;19525953;18941528;23412934;18997785;22190364;20598377;20159113;20453840;21833088;17660530	European
Myasthenia gravis	3	23055271	European
Primary biliary cirrhosis	27	21399635;20639880;23000144;19458352	European and East Asian
Primary sclerosing cholangitis	2	21151127	European
Psoriasis	27	19169255;19169254;20953190;18369459;18364390;20953188;20953189	European and East Asian
Psoriatic arthritis	4	22170493;20953186	European
Rheumatoid arthritis	137	21156761;2150507;17804836;17554300;21653640;21844665;20453841;23028356;19503088;24449572;18794853;17982456;22446963;18668548;24782177;20453842;23918589;21452313;24390342;24532677	European, East Asian, and North India
Sarcoidosis	2	22837380;229367	European
Sjögren's syndrome	5	24097066	East Asian
Systemic lupus erythematosus	58	19838193;1820409;23053960;23273568;18204447;20169177;19165918;21044949;18204446;24871463;21408207;22291604	European and East Asian
Systemic sclerosis	14	20383147;21779181;21750679	European
Type 1 diabetes	53	17554300;22293688;17554260;18978792;17632545;18198356;18840781;19430480;19966805;21980299	European
Ulcerative colitis	91	19122664;20228798;18836448;19915572;20228799;20848476;19915573;21297633;23511034;24837172;23128233	European, East Asian, and North India
Vitiligo	29	20526339;22951725;21326295;20410501;22561518	European and East Asian
Wegener's granulomatosis	2	23740775	European

^aThe number of SNPs included in the study that are genome wide associated with an autoimmune disease $P \leq 5.0 \times 10^{-8}$ (extracted from the NHGRI GWAS catalogue).

^bThe PubMed ID of the GWAS included in the analysis.

^cThe ethnic origin of the subjects from the original GWAS.

Table 2. Association results for verified risk variants for autoimmune diseases in schizophrenia

GWAS SNP _{AD} ^a	Region	AD(s)	Risk allele _{AD}	P _{AD}	OR _{AD}	Mapped gene	A1/A2 _{SCZ}	P _{SCZ}	OR _{SCZ}
rs2647044*	6p21.32	T1D	A	1.0x10 ⁻¹⁶	8.3		A/G	4.0x10 ⁻²¹	0.84
rs3131379	6p21.33	SLE	A	2.0x10 ⁻⁵²	2.4	<i>MSH5</i>	A/G	1.9x10 ⁻¹⁸	0.85
rs558702*	6p21.33	SLE	A	8.0x10 ⁻²¹	2.3	<i>C2;ZBTB12</i>	A/G	3.3x10 ⁻¹⁸	0.85
rs3130544*	6p21.33	MG	A	2.0x10 ⁻⁹⁰	5.6		A/C	3.6x10 ⁻¹⁸	0.86
rs2596565*	6p21.33	RA	A ^b	9.0x10 ⁻⁹	1.4		A/G	3.8x10 ⁻¹⁸	0.85
rs3134792*	6p21.33	PS	-	1.0x10 ⁻⁹	-		T/G	4.8x10 ⁻¹⁸	1.17
rs2040406*	6p21.32	MS	G	1.0x10 ⁻²⁰	2.1		A/G	3.7x10 ⁻¹⁶	1.13
rs2187668*	6p21.32	AH, SLE, CD	T ^b /T/T	2.0x10 ⁻⁷⁸ /1.0x10 ⁻⁵⁰ /6.0x10 ⁻²⁸	2.9/6.2/2.2	<i>HLA-DQA1</i>	T/C	2.6x10 ⁻¹³	0.87
rs1150754	6p21.33	SLE	T	6.0x10 ⁻²⁹	2.2	<i>TNXB</i>	T/C	5.2x10 ⁻¹²	0.90
rs805297*	6p21.33	RA	A	3.0x10 ⁻¹⁰	1.6	<i>BAG6;APOM</i>	A/C	1.1x10 ⁻¹⁰	1.08
rs9272219*	6p21.32	RA	G ^b	1.0x10 ⁻⁴⁵	1.9		T/G	2.4x10 ⁻¹⁰	0.92
rs2157337*	6p21.32	RA	-	9.0x10 ⁻⁵²	-		T/C	7.7x10 ⁻¹⁰	0.92
rs424232*	6p21.32	CD	C	5.0x10 ⁻²¹	-		T/C	7.9x10 ⁻¹⁰	0.92
rs443198*	6p21.32	SSc	A	9.0x10 ⁻²¹	1.8	<i>NOTCH4</i>	A/G	1.0x10 ⁻⁹	1.08
rs13126505	4q24	CSD	A	2.0x10 ⁻¹²	1.2	<i>BANK1</i>	A/G	1.2x10 ⁻⁸	1.14
rs3129763*	6p21.32	SSc	G ^b	1.0x10 ⁻¹¹	1.7		A/G	1.7x10 ⁻⁸	0.93

A1 is reference allele for the odds ratio. “-” indicate that the information is unavailable. Unadjusted *P*-values are given.

Abbreviations: OR, odds ratio; *P*, *P*-value; AD; autoimmune disease, SCZ; Schizophrenia, SLE; Systemic lupus erythematosus, RA; Rheumatoid arthritis, AH; Autoimmune hepatitis, SSc; Systemic sclerosis, T1D; Type 1 diabetes, CD; Celiac disease, MG; Myasthenia gravis, PS; Psoriasis, CSD; Crohn’s disease.

^a Genome wide significant SNP for an autoimmune disease extracted from NHGRI GWAS catalogue.

^b The risk allele are obtained by personal communication with the corresponding author.

* SNPs found in the Psychiatric Genomics Consortium schizophrenia GWAS samples by a different refSNP ID than reported in the NHGRI GWAS catalogue.

Supplementary information

Supplementary table 2. SNPs previously associated with an autoimmune disease in the non-MHC gene *BANK1*

GWAS SNP _{AD} ^a	Region	Position(hg19)	AD(s)	Risk allele _{AD}	P_{AD}	OR _{AD}	Mapped gene	A1/A2 _{SCZ}	P_{SCZ}	OR _{SCZ}
rs13126505	4q24	102865304	CSD	A	2.0×10^{-12}	1.2	<i>BANK1</i>	A/G	1.2×10^{-8}	1.14
rs10516487	4q24	102751076	SLE	G	4.0×10^{-10}	1.4	<i>BANK1</i>	A/G	1.7×10^{-2}	1.03
rs4522865	4q24	102715888	SLE	A	5.0×10^{-6}	1.4	<i>BANK1</i>	A/G	5.3×10^{-2}	1.03

A1 is reference allele for the odds ratio. Unadjusted P -values are given. Abbreviations: OR, odds ratio; P , P -value; AD; autoimmune disease, SCZ; Schizophrenia, SLE; Systemic lupus erythematosus, CSD; Crohn's disease.

^a SNPs associated with an autoimmune disease ($P \leq 5.0 \times 10^{-6}$) extracted from NHGRI GWAS catalogue.

Figure 1.

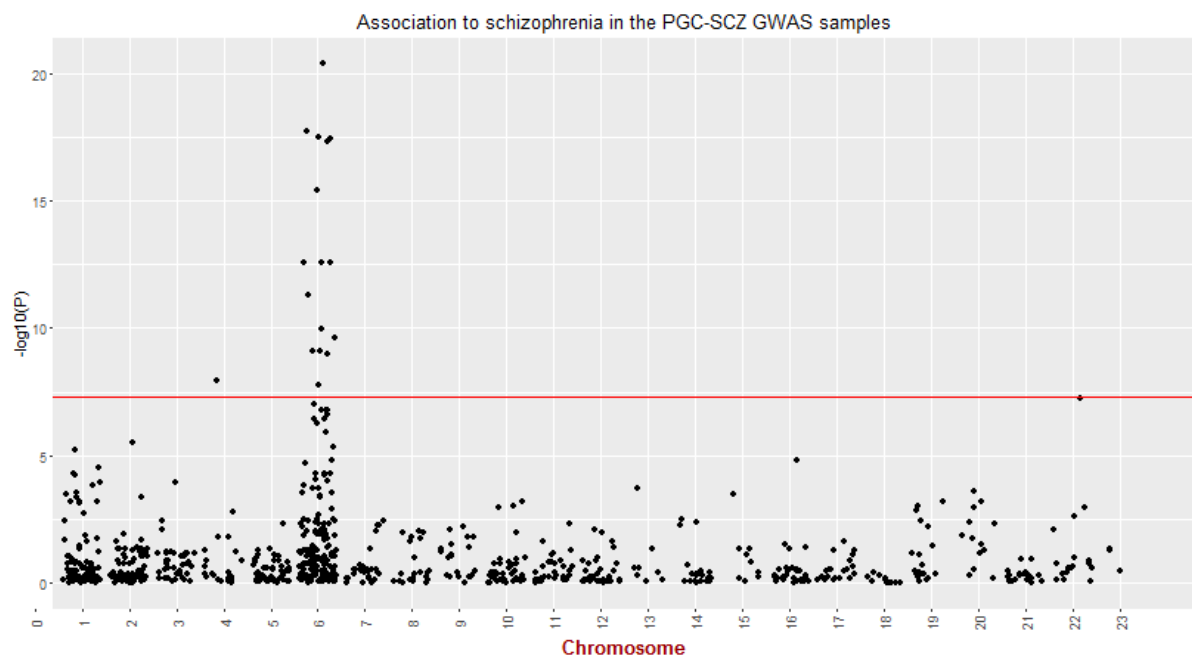


Figure 2

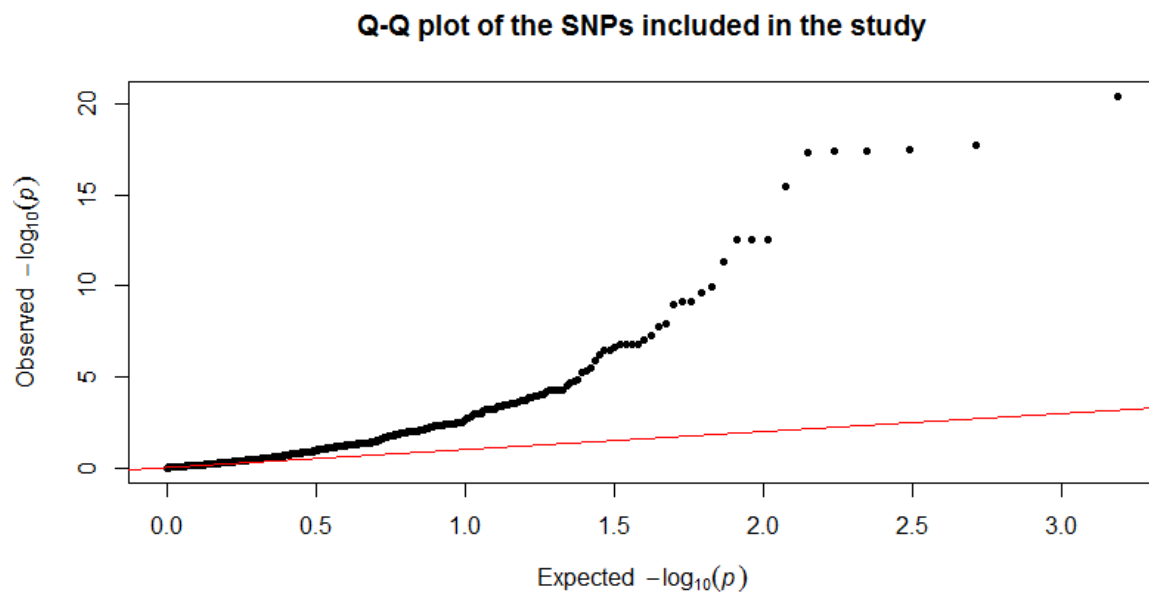


Figure 3

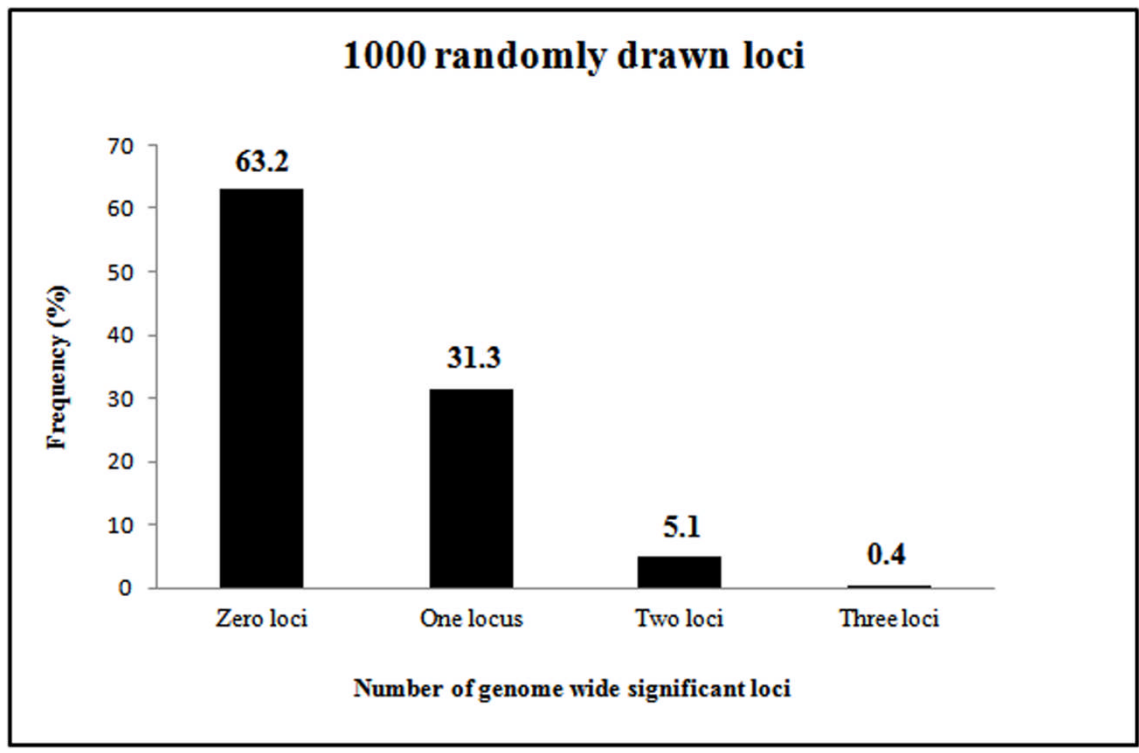


Figure 4

