

Original Article

Analysis of *ANK3* and *CACNA1C* variants identified in bipolar disorder whole genome sequence data

Fiorentino A, O'Brien NL, Locke DP, McQuillin A, Jarram A, Anjorin A, Kandaswamy R, Curtis D, Blizard RA, Gurling HMD. Analysis of *ANK3* and *CACNA1C* variants identified in bipolar disorder whole genome sequence data.

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Objectives: Genetic markers in the genes encoding ankyrin 3 (*ANK3*) and the α -calcium channel subunit (*CACNA1C*) are associated with bipolar disorder (BP). The associated variants in the *CACNA1C* gene are mainly within intron 3 of the gene. *ANK3* BP-associated variants are in two distinct clusters at the ends of the gene, indicating disease allele heterogeneity.

Methods: In order to screen both coding and non-coding regions to identify potential aetiological variants, we used whole-genome sequencing in 99 BP cases. Variants with markedly different allele frequencies in the BP samples and the 1,000 genomes project European data were genotyped in 1,510 BP cases and 1,095 controls.

Results: We found that the *CACNA1C* intron 3 variant, rs79398153, potentially affecting an ENCYclopedia of DNA Elements (ENCODE)-defined region, showed an association with BP ($p = 0.015$). We also found the *ANK3* BP-associated variant rs139972937, responsible for an asparagine to serine change ($p = 0.042$). However, a previous study had not found support for an association between rs139972937 and BP. The variants at *ANK3* and *CACNA1C* previously known to be associated with BP were not in linkage disequilibrium with either of the two variants that we identified and these are therefore independent of the previous haplotypes implicated by genome-wide association.

Conclusions: Sequencing in additional BP samples is needed to find the molecular pathology that explains the previous association findings. If changes similar to those we have found can be shown to have an effect on the expression and function of *ANK3* and *CACNA1C*, they might help to explain the so-called 'missing heritability' of BP.

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Bipolar disorder (BP) is a common disease with a worldwide average population prevalence of 1.4%, which rises to 2.4% if bipolar spectrum disorders are included (1). Twin and family studies indicate that BP is genetically related to some types of unipolar affective disorder (2). The genetic heritability of BP is thought to be between 79% and 93%

(3–6), with a ten-fold increase in risk to the relatives of probands with BP (7). Many linkage studies of specific chromosomal regions and whole genomes in multiply affected families support the presence of locus heterogeneity, with multiple susceptibility loci (8–10). About half of the segregation analyses of systematically ascertained families

imply that BP has an autosomal dominant mode of inheritance (11). Other models have favoured a single major locus with a polygenic multifactorial background and pure polygenic transmission. Linkage and linkage disequilibrium (LD) analyses demonstrate locus heterogeneity (12, 13). Genome-wide association studies (GWAS), meta-analyses, and replication studies focusing on BP have been carried out on combined cohort sizes of up to 7,481 cases and 9,250 controls (14–17). These and other single-locus case–control association studies have repeatedly implicated the L-type calcium channel $\alpha 1C$ subunit (*CACNA1C*) and ankyrin 3 (*ANK3*) genes in BP. The strongest allelic association signal in *CACNA1C* is localized entirely within intron 3 of the gene with the single nucleotide polymorphisms (SNPs) rs1006737 ($p = 7.0 \times 10^{-8}$) (14, 18, 19), rs4765913 ($p = 1.52 \times 10^{-8}$) (14), rs4765914 ($p = 1.52 \times 10^{-8}$) (20), and rs1024582 ($p = 1.7 \times 10^{-7}$) (17, 21). GWAS results across five different psychiatric illnesses further implicate rs1024582 in susceptibility to both BP and schizophrenia, assuming that there has not been substantial misdiagnosis, especially where schizoaffective BP cases are included in the schizophrenia group (20). Intron 3 of *CACNA1C* contains a chromosomal region with high levels of LD, strong mammalian conservation, and multiple sites designated by the ENCYClopedia of DNA Elements (ENCODE) project as being able to affect gene expression. Studies show that the presence of the rs1006737 *CACNA1C* BP risk variant may have an impact on certain brain activities. One study showed that the rs1006737 risk variant in healthy males is associated with lower extraversion, trait anxiety, paranoid ideation, and higher harm avoidance (22). The rs1006737 risk variant has been associated with increased amygdala functioning observed by magnetic resonance imaging during emotional processing; the enhancement of activation leads to impaired facial emotion recognition in BP patients (20, 23–26). There has been conflicting evidence as to whether the presence of the *CACNA1C* variant results in brain volumetric alteration. Some reports state that this SNP has been associated with brainstem alterations, increased grey matter density, as well as a cortical volume increase (27–29). A conflicting study did not report any association between this SNP and brain volumetric alterations (30). Mutations/variants located in intronic regions can also affect the stability of RNA and protein expression, and can have a strong effect on the transcriptional regulation of the gene.

In *ANK3*, the strongest evidence for allelic association comes from SNPs rs10994338 ($p = 1.20 \times$

10^{-7}) (31), rs4948418 ($p = 8.93 \times 10^{-9}$) (15), rs10994336 ($p = 9.1 \times 10^{-9}$) (14, 26, 32–34), rs10994397 ($p = 7.1 \times 10^{-9}$) (17) at the 5' end, and the SNP rs9804190 ($p = 1.20 \times 10^{-4}$) (17, 26, 35) at the 3' end of the longest isoform (NM_001204403) of the gene. These regions are over 340 kb apart and appear to be independently associated with BP, with no significant interactions between SNPs from the two regions (32). However, the existing data on *ANK3* show that only low-frequency aetiological base-pair (bp) changes are present with an odds ratio less than 1.35 for BP (17). The SNP associations are not replicated in every study (36–39); however, the *ANK3* association has been reported in several different ancestral populations (36, 40–42). Several novel, rare potential aetiological bp changes have been identified by us through sequencing the gene in our samples. These were selected for having haplotypes associated with BP (43). Doyle et al. (44) sequenced the 8 kb brain-expressed exon 48 of *ANK3* but could not find potential aetiological bp changes that were associated with BP. This exon is of recent evolutionary history, and variation in the exon appears to be tolerated. Sequencing analysis of *ANK3* demonstrated the impact of heterogeneity on replication of allelic associations, even within well-defined ancestral populations (43). mRNA analysis has detected differential regulation of distinct *ANK3* transcription start sites and coupling of specific 5' ends with 3' mRNA splicing events, suggesting that brain-specific *cis*-regulatory transcriptional changes might be relevant to BP molecular pathology (45). Gene network analysis and test of epistasis have found further support for an association of *ANK3* with BP (46, 47). The genetic variants associated with disease have no known biological function. However, one study showed that the presence of the rs10994336 BP risk variant in healthy males might predict lower novelty seeking, lower behavioural activation scores, and high startle reactivity (22). In healthy volunteers, rs10994336 may be associated with reduced white matter integrity in the anterior limb of the internal capsule, as well as with altered set-shifting and decision-making (48). These findings may be consistent with previous diffusion tensor imaging studies in patients with BP (49–54) and core phenotypes of BP (55–58). Lithium has been shown to alter *Ank3* mRNA levels in the mouse brain (59), and lithium and sodium valproate have been shown to change *Ank3* protein amounts in rat neuronal dendritic spines (60). In another animal model, RNA interference of *Ank3* in the hippocampus dentate gyrus induced a reduction of anxiety-related behaviours and increased activity during the light phase, which

were attenuated by chronic treatment with the mood stabilizer, lithium. Similar behavioural alterations of reduced anxiety and increased motivation for reward were also exhibited by *Ank3*^{+/-} heterozygous mice compared with wild-type *Ank3*^{+/+} mice (61).

Given the typical natural history of BP, which consists of episodes of both mania and depression with complete recovery very often between episodes, it can be argued that genetic susceptibility will involve aetiological bp changes influencing the control of gene expression and mRNA translation rather than mutations creating structural protein abnormalities. Therefore, we chose whole-genome sequencing (WGS) rather than exome sequencing in order to be able to investigate intronic and non-coding control regions of susceptibility genes along with the exonic coding regions.

Materials and methods

Subjects

This study included 1,510 affected research subjects with BP. These were sampled in three cohorts. The first cohort, UCL1, included 506 research subjects with bipolar I disorder (BP-I), defined by the presence of mania and hospitalization according to Research Diagnostic Criteria (RDC) (62). UCL1 was included in the previously reported mega-analysis by the Psychiatric Genetic Consortium (PGC) BP GWAS (17). The second and third cohorts, UCL2 and UCL3, consisted, respectively, of 593 and 411 subjects with BP-I or bipolar II disorder (BP-II). Ancestry screening was used as a selection criterion for the inclusion of cases. Samples were included if at least three out of four grandparents were English, Irish, Scottish, or Welsh and if the fourth grandparent was non-Jewish European, before the European Union enlargement in 2004. The sample of 1,095 controls comprised 614 screened subjects who had no first-degree family or personal history of psychiatric illness and an additional 481 unscreened normal British subjects, obtained from the European Collection of Animal Cell Cultures (ECACC). National Health Service (NHS) multicentre research ethics approval was obtained. All participants provided signed consent.

Research subjects with BP had been given an NHS clinical diagnosis of ICD-10 BP and then needed to fulfil RDC (62) for BP with clinical data collected by the lifetime version of the Schizophrenia and Affective Disorder Schedule (SADS-L) (63). DNA samples were collected from blood samples from the UCL1 cohort,

saliva samples for the UCL2 cohort, and a mixture of both blood and saliva for the UCL3 samples. DNA from blood samples was extracted using a standard phenol–chloroform method and from saliva samples using the Oragene protocol for DNA extraction (DNA Genotek, Ottawa, ON, Canada).

WGS

WGS was performed on 99 of the subjects with BP-I selected from all our cohorts who had a positive family history of BP or bipolar spectrum disorder and an early age at onset. The genomic DNA was sequenced using 100 bp paired-end reads on a Hi-Seq 1000 (Illumina Inc., San Diego, CA, USA). Sequence data alignment to the National Center for Biotechnology Information human reference genome 37.1 (hg19) and variant calling was performed using the CASAVA 1.8.2 pipeline at Illumina (http://res.illumina.com/documents/products/technotes/technote_snp_caller_sequencing.pdf). The sequence data from these individuals were further analysed and annotated using kGAP (Knome Inc., Boston, MA, USA).

Variant selection

ANK3 and *CACNA1C* non-synonymous variants present in the coding exons were identified using the Knome VARIANTS software (Knome Inc.) (*Supplementary Table 1*). The same software was used to identify variants in the 5' untranslated region (UTR), 3'UTR, splicing sites [donor site consists of 5 bp in the exon and 6 bp in the intron, acceptor site consist of 3 bp in the exon and 20 bp in the intron (64)], promoter region (1,000 bp from the first exon of every coding isoform), and the third intron of *CACNA1C* (*Supplementary Table 1, Supplementary Fig. 1, Supplementary Fig. 2*). Allele counts for each SNP in the BP samples were compared to those from the 372 European samples in the 1,000 Genomes (1,000G) Project (phase 1, version 3; ftp://ftp.1000genomes.ebi.ac.uk/vol1/ftp/release/20110521/ALL.wgs.phase1_release_v3.20101123.snps_indels_sv.sites.vcf.gz). SNPs for which the variant allele was more common in subjects with BP than in the 1,000G Project data, significant at $p < 0.05$ using Fisher's exact test, were chosen for genotyping in the complete UCL case–control sample. Variants which were present in poly-base regions and insertions in repeat regions were excluded from genotyping.

The variants in the third intron of *CACNA1C* were selected if they met four criteria:

- (i) Located in the third intron of *CACNA1C* between flanking high recombination peaks (chr12:2271532-2425994 hg19);
- (ii) Located in a putative functional site defined by being an ENCODE-marked element (65);
- (iii) Located in a conserved non-coding sequence, determined using the mammalian conservation track on the University of California Santa Cruz (UCSC) genome browser (<http://genome.ucsc.edu/>) or by their Genomic Evolutionary Rate Profiling (GERP) scores;
- (iv) Not in a repeat region.

Each variant was validated by confirming the bp call confidence using individual Binary Alignment/Map (BAM) files before genotyping. Bioinformatic analysis to determine potentially functional SNPs was carried out using the UCSC genome browser, Alibaba2.1 (<http://www.gene-regulation.com/pub/programs/alibaba2/index.html>), targetscan 6.2 (<http://www.targetscan.org/>), miRanda (<http://www.microrna.org/microrna/home.do>), PolyPhen-2 (<http://genetics.bwh.harvard.edu/pph2/>), and Sorting Intolerant From Tolerant (SIFT) (<http://sift.jcvi.org/>).

Genotyping

Genotyping for the selected SNPs in 1,510 BP cases (UCL1, UCL2, and UCL3 samples) and 1,095 ancestrally matched controls was performed in-house with allele-specific polymerase chain reaction (PCR) using KASPar reagents (KBiosciences, Hoddesdon, UK) on a LightCycler 480 (Roche, Burgess Hill, UK) real-time PCR machine. For all SNPs genotyped, 17% of samples were duplicated to detect error and confirm the reproducibility of genotypes. Allele-specific primers were designed for each of the SNPs using Primer Picker (KBiosciences), as shown in *Supplementary Table 2*. All these data were analysed to confirm Hardy–Weinberg equilibrium (HWE). Allelic associations for SNPs were performed using Fisher’s Exact test. Significance values shown for all analyses are uncorrected for multiple testing, and a cutoff significance value of $p < 0.05$ was used.

Burden analysis

A burden analysis was performed on the data separately for *ANK3* and *CACNA1C*. A chi-square test was used to compare the numbers of case and control individuals carrying one or more of the variant alleles against the numbers of case and control individuals who were found to be homozygous for the reference alleles at all of the loci tested.

Haplotype analysis

Haplotype analysis was performed using Haploview (66) to determine the LD between GWAS-associated SNPs and the rare variants reported here. Haplotype blocks were determined using a solid spine of LD ($D' = 1$).

Results

Variant calling and selection

WGS in 99 samples with BP produced a mean depth coverage of 37.0 with 90% of the genome sequenced. A total of 0.12% of bases were heterozygous and the transition/transversion (Ti/Tv) ratio was 2.0 (see *Supplementary Table 3*).

Using the criteria set out above, 82 *ANK3* and 43 *CACNA1C* variants were identified in the coding exons, 5'UTR, 3'UTR, splicing sites, and promoter region; and a further 108 *CACNA1C* variants were identified in the intron 3 region 12:2271532-2425994 (*Supplementary Table 1*, *Supplementary Fig. 1*, *Supplementary Fig. 2*).

These variants were further filtered using a cutoff threshold of $p < 0.05$ using Fisher’s exact test against the 1,000G Project (67) European allele frequencies. After filtering, three variants remained in *ANK3* and these comprised two known SNPs, rs184389434 and rs139972937, and a previously unreported SNP at position ss825679002; ten *CACNA1C* variants remained after filtering and these comprised five known SNPs (rs146482058, rs79398153, rs191953785, rs112312080, and rs113414207) and four previously unreported variants (ss825679004, ss825679005, ss825679006, and ss825679007) (*Table 1*, *Supplementary Fig. 1*, *Supplementary Fig. 2*).

The *ANK3* variant rs184389434 is located in the promoter region of the gene and was predicted to create a binding site for three new transcription factors [ETS-related gene (Erg-1), Ultrabithorax (Ubx) and Octamen-1 (Oct-1)]. rs139972937 causes a non-conservative amino acid change from asparagine to serine at position 2,643 (N2643S) in exon 34 of the alternative isoforms NM_020987.3 and CCDS7258.1. The N2643S amino acid substitution was predicted to be *benign* with a score of 0 (sensitivity 1, specificity 0) by PolyPhen-2 and *tolerated* with a score of 0.71 by SIFT. The previously unreported *ANK3* variant, ss825679002, was located in the 3'UTR of the gene and was found to be in a microRNA binding site. Bioinformatic analysis using targetscan and miRanda predicted no effect on microRNA binding.

Bipolar variants in *ANK3* and *CACNA1C*

Table 1. Test of association with *ANK3* and *CACNA1C* variants with bipolar disorder

Gene	SNP	Location (hg19)	Position in gene	Change	European 1,000G		Number of samples	Genotype counts	MAF	p-value ^a	
					MAF	MLP					
<i>ANK3</i>	rs184389434	10: 62493837	Promoter	A/T	0	1.39	BP	1,469	0/15/1454	0.0051	0.41
							Control	1,031	0/12/1019	0.0058	
<i>ANK3</i>	ss825679002	10: 61788626	3'UTR	C/A	0	1.39	BP	1,467	0/36/1431	0.012	0.35
							Control	1,026	0/28/998	0.014	
<i>ANK3</i>	rs139972937	10: 61832711	Exon (N2643S)	A/G	0	1.39	BP	1,474	0/9/1465	0.0031	0.042
							Control	1,030	0/1/1029	0.0005	
<i>CACNA1C</i>	ss825679004	12: 2161934	Promoter	G/A	0	1.39	BP	1,467	0/5/1462	0.0017	0.57
							Control	1,031	0/4/1027	0.0019	
<i>CACNA1C</i>	ss825679005	12: 2694668	Splice site	G/A	0	1.39	BP	1,473	0/3/1470	0.0010	0.7
							Control	1,032	0/2/1030	0.0010	
<i>CACNA1C</i>	rs146482058	12: 2403077	Intron ^{b,e}	-T	0	10.9	BP	1,486	3/134/1322	0.048	0.31
							Control	1,022	4/96/922	0.051	
<i>CACNA1C</i>	rs79398153	12: 2295156	Intron ^{b,e}	C/T	0.01	1.57	BP	1,498	3/88/1380	0.032	0.015
							Control	1,029	0/44/985	0.021	
<i>CACNA1C</i>	rs191953785	12: 2425097	Intron ^{b,e}	C/T	0	2.29	BP	1,475	0/25/1450	0.0085	0.34
							Control	1,020	0/20/1005	0.0098	
<i>CACNA1C</i>	rs112312080	12: 2354510	Intron ^{b,c,e}	C/T	0.001	2.02	BP	1,501	0/35/1439	0.012	0.30
							Control	1,028	0/20/1008	0.0097	
<i>CACNA1C</i>	rs113414207	12: 2292742-2292743	Intron ^{b,d,e}	-C	0	2.15	BP	1,497	0/76/1394	0.026	0.19
							Control	1,026	0/44/982	0.021	
<i>CACNA1C</i>	ss825679006	12: 2329069	Intron ^{b,d,e}	G/T	0	2.15	BP	1,498	0/14/1457	0.0048	0.43
							Control	1,033	0/8/1024	0.0039	
<i>CACNA1C</i>	ss825679007	12: 2423175	Intron ^{b,c,d,e}	G/C	0	2.15	BP	1,502	0/4/1471	0.0014	0.34
							Control	1,026	0/1/1025	0.0010	

1,000G = 1,000 Genomes; *ANK3* = ankyrin 3; BP = bipolar disorder; *CACNA1C* = L-type calcium channel $\alpha 1C$ subunit; MAF = minor allele frequency; SNP = single nucleotide polymorphism; UTR = untranslated region; European 1,000G MAF = MAF for European samples in the 1,000G Project (72); MLP = minus log₁₀ of Fisher's exact p-value comparing UCL whole-genome sequence allele frequency to the European 1,000G MAF.

^ap-significance value for a Fisher's exact test.

^bH3K4Me1, H3K4Me3, and H3K27Ac marks.

^cDNAse hypersensitivity cluster marks.

^dHuman mRNA.

^eConserved region. The distributions of genotype data for all SNPs were in Hardy-Weinberg equilibrium in the cases and controls.

One of the novel variants in *CACNA1C*, ss825679004, was in the promoter region of the gene. Alibaba 2.1 analysis of ss825679004 predicted it to disrupt the binding sites for three transcription factors [Activating Enhancer Binding Protein-2alpha (AP-2alpha), NF-muE1, Specificity Protein-1 (Sp1)] and to create a new one for a different transcription factor [GC Factor (GCF)]. *CACNA1C* variant ss825679005 is the sixth base in the intron of the splice donor site for exon 17. This exon is present in all known isoforms of the gene and this variant might alter splicing efficiency.

The *CACNA1C* intron 3 variants rs146482058, rs79398153, rs191953785, rs112312080, rs113414207, ss825679006, and ss825679007 were present in the region of high LD between chr12:2,230,353 and chr12:2,559,413. Each variant was also located in an ENCODE marked region (65). All seven SNP regions are marked by H3 mono-methylation of lysine 4 (H3K4me1), H3 tri-methylation of lysine 4 (H3K4me3), and H3 acetylation of lysine

27 (H3K27ac), and active transcriptional enhancers with distinct chromatin signatures (68). Enrichment for H3K4me1 and H3K27ac at a genetic level distinguishes active enhancers from inactive or poised enhancers (69, 70). The presence of H3K4me1- and H3K27ac-marked chromatin, with low levels of H3K4me3 and an absence of another histone marker, H3K27me3, represent putative human embryonic stem cell (hESC) enhancers and have been shown to localize proximally to genes that are expressed during development in hESCs and in epiblast cells (70). Additionally, rs112312080 and ss825679007 were found to be present on DNAse I hypersensitivity sites, as listed by the ENCODE project.

Genotyping

Assays were designed for 13 SNPs which passed filtering tests for genotyping in the complete UCL BP case-control sample. Genotype data were

generated for 12 of these variants and the genotype distributions for each SNP followed HWE in the case and control cohorts. The non-synonymous *ANK3* variant rs139972937 was found to be associated with BP (Fisher's exact test $p = 0.042$) (Table 1). Nine cases with BP and only one control were found to be heterozygous for this variant. None of the other *ANK3* variants were found to be associated with BP, as shown in Table 1.

Of the SNPs found in the *CACNA1C* intronic region, rs79398153 was found to be associated with BP (Fisher's exact test $p = 0.015$). We detected 88 heterozygote and three homozygote cases for this variant and 44 heterozygote controls. The excess of homozygotes may possibly represent a recessive effect, as only one homozygote would be expected under HWE, but this excess is not statistically significant (71). rs79398153 is located in an ENCODE-marked region for H3K4me1, H3K27ac, and H3Kme3. None of the other intronic *CACNA1C* SNPs were associated with BP. Imputation for rs79398153 in UCL1 using GWAS data showed that it was still significantly associated with BP ($p = 0.022$) (17). Burden analysis showed that, overall, there was no excess of the variants genotyped in cases versus controls for either *CACNA1C* or *ANK3*.

Haplotype and LD analysis at *ANK3* and *CACNA1C* was performed separately in Haploview (66) to examine the co-occurrence of the BP GWAS SNP alleles [*ANK3* rs10994285, rs2018783, rs10994336, rs10994397, rs10821792, rs1938526 (14, 26, 32–34); *CACNA1C* rs1006737 (14); rs4765913 (14); rs476590 (31); and rs4765914 (20)] with the BP risk variant alleles (rs139972937, allele G; rs79398153, allele T). For both sets of analyses, the BP risk variant alleles reported here were found to be associated with the GWAS SNP alleles that

were more common in the control subjects. Thus, these variants could not be accounting for the GWAS signals. The results of the LD analysis are shown in Table 2.

Discussion

We have analysed genetic variation by WGS in two of the best-replicated bipolar susceptibility genes, *CACNA1C* and *ANK3*. This analysis has identified novel possible BP susceptibility variants in both of these genes. The *CACNA1C* intron 3 variant rs79398153 may impact *CACNA1C* gene expression by virtue of its presence in an ENCODE-marked transcriptional enhancer region.

The *ANK3* amino acid changing variant, rs139972937 (N2643S), was associated with BP in our sample ($p = 0.042$). This rare variant was also found in two of 1,119 cases and one of 1,078 controls and in a family containing seven subjects with BP, a father and six offspring, where only the father and two of the offspring possessed the variant (44). These conflicting findings are not uncommon in the genetics of complex diseases but this lack of support casts doubt on the true aetiological importance of this variant in BP.

It is of note that the allele frequencies of some of the variants selected for genotyping were found to be markedly different in our control samples compared to the frequencies in the European 1,000G Project. This underlies the importance of typing variants in matched control samples on the same platform rather than relying on publicly available data such as the 1,000G Project in order to mitigate possible spurious association findings.

The variants we have found appear to be acting independently of the allelic and haplotypic associations found in the previous BP allelic association studies. Independent genetic replication and biological validation of intronic potential aetiological bp changes would support the argument for carrying out WGS as well as exome sequencing in BP. The biphasic nature of BP makes a compelling argument for the existence of genetically determined pathological switch mechanisms that may manifest themselves in the loss of control of gene expression. Findings such as ours may help to explain the 'missing heritability' in this common complex disorder. Further analyses in much larger samples are needed to find aetiological bp changes in the *ANK3* and *CACNA1C* genes that are carried by the main haplotypes showing strong association with BP. The outcome could be personalized treatment for BP, based on susceptibility genotypes.

Table 2. Pairwise linkage disequilibrium analysis between bipolar disorder-associated SNPs reported here and previous GWAS SNPs

Gene	Marker 1	Marker 2	D'	r^2	LOD
<i>ANK3</i>	rs139972937	rs10994285	1	0	0.17
<i>ANK3</i>	rs139972937	rs2018783	1	0.002	0.51
<i>ANK3</i>	rs139972937	rs10994336	1	0	0.03
<i>ANK3</i>	rs139972937	rs10994397	1	0	0.03
<i>ANK3</i>	rs139972937	rs10821792	1	0	0.21
<i>ANK3</i>	rs139972937	rs1938526	1	0	0.26
<i>CACNA1C</i>	rs79398153	rs1006737	0.754	0.016	1.06
<i>CACNA1C</i>	rs79398153	rs1024582	0.729	0.014	0.87
<i>CACNA1C</i>	rs79398153	rs4765913	0.822	0.029	2.12
<i>CACNA1C</i>	rs79398153	rs4765914	0.829	0.032	2.31

ANK3 = ankyrin; *CACNA1C* = L-type calcium channel $\alpha 1C$ subunit; GWAS = genome-wide association studies; LOD = logarithm of the odds; SNPs = single nucleotide polymorphisms.

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Disclosures

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Supporting Information

Additional Supporting Information may be found in the online version of this article:

Figure S1. The introns and exons of the different splice variants of the *ANK3* gene are shown, along with the genomic regions of the gene that were analysed for variant selection. The locations of the variants detected by sequencing are shown, as are the variants that were selected for genotyping in the full case control sample.

Figure S2. The introns and exons of the different splice variants of the *CACNA1C* gene are shown, along with the genomic regions of the gene that were analysed for variant selection. The locations of the variants detected by sequencing are shown, as are the variants that were selected for genotyping in the full case–control sample.

Table S1. Variants identified using the Knome VARIANTS software (Knome). VAF = variant allele(s) frequency.

Table S2. Allele-specific primers designed using Primer Picker (KBiosciences) for genotyping.

Table S3. Next Generation Sequencing Control information.