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Genome-Wide Association Study to Identify Common Variants Associated with Brachial Circumference: A Meta-Analysis of 14 Cohorts

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Abstract

Brachial circumference (BC), also known as upper arm or mid arm circumference, can be used as an indicator of muscle mass and fat tissue, which are distributed differently in men and women. Analysis of anthropometric measures of peripheral fat distribution such as BC could help in understanding the complex pathophysiology behind overweight and obesity. The purpose of this study is to identify genetic variants associated with BC through a large-scale genome-wide association scan (GWAS) meta-analysis. We used fixed-effects meta-analysis to synthesise summary results across 14 GWAS discovery and 4 replication cohorts comprising overall 22,376 individuals (12,031 women and 10,345 men) of European ancestry. Individual analyses were carried out for men and women combined across sexes using linear regression and an additive genetic model: adjusted for age and adjusted for age and BMI. We prioritised signals for follow-up in two-stages. We did not detect any signals reaching genome-wide significance. The FTO rs9939609 SNP showed nominal evidence for association (p<0.05) in the age-adjusted strata for men and across both sexes. In this first GWAS meta-analysis for BC to date, we have not observed any genome-wide significant signals and do not observe robust association of previously established obesity loci with BC. Large-scale collaborations will be necessary to achieve higher power to detect loci underlying BC.


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Introduction

Brachial circumference (BC) is a composite measure of muscle mass, skeletal size, and fat tissue [1,2]. BC has been widely used in epidemiological and clinical studies as a proxy for body composition [3]. Analysis of anthropometric measures of peripheral fat distribution like BC could help in understanding complex phenotypes such as overweight and obesity that can lead to the development of chronic diseases, for example type 2 diabetes (T2D) and cardiovascular disease [4,5,6]. Research of upper and lower body fat association with diabetes in families of African origin suggested that arm and leg fat could be used as obesity-related phenotypes in association studies [7]. Obesity in children can also lead to development of chronic diseases such as hyperlipidaemia, hyperinsulinemia, hypertension, and early atherosclerosis later on in life [8]. It was shown that BC closely reflects body mass in children and adolescents and its use was recommended as a screening method for prediction of obesity and overweight [3,8]. Moreover, BC has been used for decades for the assessment of nutritional status of children in developing countries and has also been proposed as a tool for monitoring nutritional status and weight in the elderly [3,9,10,11]. Peripheral and overall fat distribution, assessed through body mass index (BMI), is partly modulated through different genetic effects [12].

There are differences in the amount and distribution pattern of soft tissue between sexes. In general, men have higher total body lean tissue and lower percent body fat whereas women have higher total body fat and a lower proportion of lean tissue in the upper body [1,13,14,15,16]. Women have more subcutaneous fat than men over the buttocks and thighs and behind the upper arms [17]. In addition, it was recently shown that diabetic women of African ancestry have a higher proportion of fat deposited in their arms than diabetic men [7]. Due to the effects of sex hormones but also due to heavier physical activity and involvement in more power sports, men have larger muscle size/mass and larger BC compared to women [17,18]. This may indicate that BC is a better measure of muscularity in men and adipose tissue in women. Analysis of the genetic contribution to BC in Belgian nuclear families indicated that BC is influenced by additive genetic effects (h² = 0.57) [19].

Mijlivoj-Gacic et al also estimated high heritability of upper arm body fat storage and also pointed that genetic factors play a role in defining sexual dimorphism of lower body fat distribution in individuals of African origin [7]. Genetic effects on fat distribution can be related to sex and in this study we aimed to evaluate sex-specific genetic associations with BC through analysis of men and women separately, as well as common associations through the analysis of a combined dataset.

Weight gain and redistribution of fat tissue, the main characteristics of aging, influence body composition and consequently affect BC [20]. The decrease in BC that is observed in elderly men and women points to substantial subcutaneous fat loss and redistribution of fat from extremity to trunk [4]. Additionally, aging is also characterised by loss in skeletal muscle mass, known as sarcopenia [21,22]. To account for these effects of aging on BC we adjusted all our analyses with BMI we aim to differentiate the effects of loci solely influencing regional adiposity and/or muscularity. BC changes throughout the life and by adjusting analyses for age we aim to exclude the effect of age on BC. Association analyses of imputed variants took genotype uncertainty into account. Where necessary, the first three genotype-based principal components were used as covariates. Studies with related individuals additionally adjusted analyses for family relatedness using linear mixed models. Association analysis software for each study is presented in Table S2. Sensitivity analysis excluding the two studies comprised of adolescent individuals (ALSPAC and RAINE) was also carried out, to exclude potential effects of genes that might be involved in body development and growth during adolescence. We also investigated the effects of 54 previously established genetic loci associated with overall adiposity, assessed through BMI and other measures of fat distribution such as waist-to-hip ratio, and peripheral adiposity, and of 64 previously established T2D loci and 41 loci influencing glycaemic traits with BC in discovery dataset.

GWAS metaanalysis

We performed six fixed-effects meta-analyses to synthesize summary statistics across 14 datasets using GWAMA [23]. Meta-analyses were performed separately in men and women but also in the combined set. Prior to meta-analysis we excluded SNPs with minor allele frequency (MAF) lower than 0.05 and SNPs with low imputation accuracy scores. We used a cut-off of rsq.hat <0.3 for genotypes imputed with MACH [24] software and a cut-off of 9,792 women) of European ancestry. BC measurement was taken uniformly across studies: it was measured in mm using non-elastic tape that was wrapped around the upper arm, at the midpoint between the acromion and the olecranon. BC was normally distributed. Individuals that had BC higher or lower than 3 standard deviations from the mean were removed from each dataset prior to conducting association analysis. Sample characteristics across all datasets are presented in Table 1. Detailed sample characteristics on men and women separately are presented in Table S1. A bar chart of BC measures across studies is presented in Figure S1.

Ethics Statement

Each study obtained ethical approval from their respective research ethics committee and all participants gave signed informed consent in accordance with the Declaration of Helsinki.

Genotyping, imputation and quality control

All samples were genotyped using commercially available Illumina (Illumina, Inc., San Diego, CA, USA) or Affymetrix (Affymetrix, Inc., Santa Clara, CA, USA) platforms. Imputation of untyped variants was based on HapMap Phase II data for the CEU population. Quality control (QC) of directly typed and imputed variants was conducted separately in each study. Study-specific information on genotyping platform, imputation method and QC metrics is presented in Table S2.

Genome-wide association analysis in contributing studies

Association analysis was performed in each study separately. Analyses were performed for directly typed and imputed autosomal variants using linear regression and an additive genetic model, adjusted for age and adjusted for age and BMI, in men and women separately. Specifically, four types of analyses were carried out: women – age adjusted, women – age and BMI adjusted, men – age adjusted, men – age and BMI adjusted. By adjusting a set of our analyses with BMI we aim to differentiate the effects of loci solely influencing regional adiposity and/or muscularity. BC changes throughout the life and by adjusting analyses for age we aim to exclude the effect of age on BC. Association analyses of imputed variants took genotype uncertainty into account. Where necessary, the first three genotype-based principal components were used as covariates. Studies with related individuals additionally adjusted analyses for family relatedness using linear mixed models. Association analysis software for each study is presented in Table S2. Sensitivity analysis excluding the two studies comprised of adolescent individuals (ALSPAC and RAINE) was also carried out, to exclude potential effects of genes that might be involved in body development and growth during adolescence. We also investigated the effects of 54 previously established genetic loci associated with overall adiposity, assessed through BMI and other measures of fat distribution such as waist-to-hip ratio, and peripheral adiposity, and of 64 previously established T2D loci and 41 loci influencing glycaemic traits with BC in discovery dataset.

Materials and Methods

Discovery dataset: sample characteristics

We conducted genome-wide meta-analysis across 14 discovery datasets, comprising a total of 18,753 individuals (8,961 men, 9,792 women) of European ancestry. BC measurement was taken uniformly across studies; it was measured in mm using non-elastic tape that was wrapped around the upper arm, at the midpoint between the acromion and the olecranon. BC was normally distributed. Individuals that had BC higher or lower than 3 standard deviations from the mean were removed from each dataset prior to conducting association analysis. Sample characteristics across all datasets are presented in Table 1. Detailed sample characteristics on men and women separately are presented in Table S1. A bar chart of BC measures across studies is presented in Figure S1.

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Table 1. Contributing studies and sample characteristics.

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Sample (% female)</th>
<th>Age, years</th>
<th>BC, mm</th>
<th>BMI, kg/m²</th>
<th>Correlation BC and BMI</th>
<th>Ancestry</th>
<th>PMID number/Reference</th>
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<tr>
<td>ALSPAC</td>
<td>4428 (51.2)</td>
<td>13.77 (0.21)</td>
<td>250.03 (31.93)</td>
<td>20.22 (3.25)</td>
<td>0.916</td>
<td>UK</td>
<td>11237119</td>
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<tr>
<td>SHIP</td>
<td>4070 (50.8)</td>
<td>49.73 (16.27)</td>
<td>291.61 (33.17)</td>
<td>27.31 (4.77)</td>
<td>0.759</td>
<td>Germany</td>
<td>20167617</td>
</tr>
<tr>
<td>KORA S4</td>
<td>1788 (51.3)</td>
<td>53.78 (8.89)</td>
<td>298.79 (29.87)</td>
<td>27.60 (4.30)</td>
<td>0.764</td>
<td>Germany</td>
<td>16032514</td>
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<tr>
<td>KORA S3</td>
<td>1634 (50.4)</td>
<td>52.65 (10.08)</td>
<td>288.96 (27.33)</td>
<td>27.28 (4.03)</td>
<td>0.762</td>
<td>Germany</td>
<td>16032514</td>
</tr>
<tr>
<td>InCHIANTI</td>
<td>1169 (55.3)</td>
<td>68.09 (15.38)</td>
<td>289.54 (32.67)</td>
<td>27.19 (4.15)</td>
<td>0.681</td>
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<td>11129752, 18464913</td>
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<td>BUSSELTION</td>
<td>924 (57.4)</td>
<td>54.15 (17.19)</td>
<td>314.51 (36.62)</td>
<td>25.97 (4.08)</td>
<td>0.842</td>
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<td>/</td>
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<td>CROATIA-VIS</td>
<td>905 (57.6)</td>
<td>56.27 (15.52)</td>
<td>311.12 (34.22)</td>
<td>27.28 (4.18)</td>
<td>0.775</td>
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<td>8327257</td>
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<tr>
<td>MICRO5</td>
<td>895 (45.1)</td>
<td>44.19 (16.82)</td>
<td>285.70 (32.84)</td>
<td>25.34 (4.64)</td>
<td>0.721</td>
<td>Italy</td>
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<td>RAINE</td>
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<td>274.2 (34.91)</td>
<td>23.07 (4.37)</td>
<td>0.841</td>
<td>Australia</td>
<td>/</td>
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<td>CROATIA-KORCULA</td>
<td>841 (63.8)</td>
<td>56.28 (13.98)</td>
<td>333.72 (47.20)</td>
<td>27.91 (4.19)</td>
<td>0.592</td>
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<td>CROATIA-SPLIT</td>
<td>495 (57.6)</td>
<td>49.04 (14.65)</td>
<td>310.30 (36.26)</td>
<td>26.93 (4.19)</td>
<td>0.857</td>
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<td>19260138</td>
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<td>CoLaus-Hercules</td>
<td>369 (47.7)</td>
<td>56.93 (10.31)</td>
<td>283.19 (29.41)</td>
<td>25.89 (4.15)</td>
<td>0.82</td>
<td>Switzerland</td>
<td>17701901, 19543373, 18366642</td>
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<td>HYPERGENES-controls</td>
<td>196 (54.6)</td>
<td>59.16 (7.62)</td>
<td>287.4 (27.0)</td>
<td>25.93 (3.42)</td>
<td>0.78</td>
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<td>HYPERGENES-cases</td>
<td>155 (52.9)</td>
<td>41.02 (8.77)</td>
<td>300.8 (35.3)</td>
<td>27.38 (5.16)</td>
<td>0.77</td>
<td>Italy</td>
<td>20935630</td>
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<td><strong>REPLICATION STAGE 1</strong></td>
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<tr>
<td>FamH5 (in silico)</td>
<td>967 (51.8)</td>
<td>62.5 (11.30)</td>
<td>333.5 (43.5)</td>
<td>29.00 (5.30)</td>
<td>0.806</td>
<td>European Americans</td>
<td>8651220</td>
</tr>
<tr>
<td><strong>REPLICATION STAGE 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUNT (in silico)</td>
<td>1626 (73.4)</td>
<td>40.9 (12.19)</td>
<td>292.2 (30.12)</td>
<td>26.00 (4.09)</td>
<td>0.81</td>
<td>Norway</td>
<td>Holmen et al. 2003</td>
</tr>
<tr>
<td>TEENAGE (de novo)</td>
<td>819 (55.4)</td>
<td>13.42 (0.85)</td>
<td>259.03 (33.27)</td>
<td>21.19 (3.45)</td>
<td>0.899</td>
<td>Greece</td>
<td>/</td>
</tr>
<tr>
<td>FatTwin (in silico)</td>
<td>211 (42.7)</td>
<td>27.65 (2.13)</td>
<td>317.48 (41.11)</td>
<td>25.15 (4.54)</td>
<td>0.856</td>
<td>Finland</td>
<td>17254406, 19584879</td>
</tr>
</tbody>
</table>

Genome-Wide Analysis of Brachial Circumference
proper info score <0.5 for IMPUTE [25] software. The number of directly genotyped and imputed SNPs that passed QC criteria across all studies and were subsequently meta-analysed is presented for each meta-analysis in Table S3. The genomic control (GC) inflation factor was calculated and applied to the results for each study separately, prior to the meta-analysis. The meta-analysis results were also corrected for overall GC. We investigated evidence of heterogeneity using the I² statistic [26].

We created quantile-quantile (QQ) and Manhattan plots to visualise genome-wide association results.

**Replication stage 1**

On the basis of the GWAS meta-analysis results we conducted a two-stage follow-up of prioritised SNPs in independent datasets. The study design is presented in Figure 1.

We selected 31 SNPs for initial in silico replication: we focused on SNPs with p-values below or close to $10^{-3}$ and additionally examined their genomic location, prioritising those within or near biologically interesting genes. When there were many SNPs with p-values below $10^{-5}$ in the same genomic region we selected the two most significant variants for follow-up. We visually inspected cluster plots (in studies with available intensity data) for all selected SNPs prior to replication.

Replication stage 1 samples included 967 subjects from the Family Heart Study (FamHS) [Table 1 and Table S2] [27]. We combined summary statistics for 31 directly typed and imputed SNPs across the discovery and stage 1 replication studies using fixed-effects meta-analysis. We performed the same sets of analyses as described for the discovery dataset.

**Replication stage 2**

On the basis of meta-analysis results across the discovery and replication stage 1 datasets, and taking into account the results of our sensitivity analyses, we prioritised a subset of 22 SNPs for the second round of replication. SNPs were selected primarily on the basis of their overall statistical significance. We also selected the established obesity variant rs9939609 in FTO to assess its association with BC in a larger sample size. Overall, 23 SNPs were taken forward for de novo genotyping in the Greek TEENs of Attica: Genes & Environment (TEENAGE) study and in silico replication in two studies, the Nord-Trøndelag Health Study (HUNT) [28] and TwinFat [29,30]. The main reason for conducting two stage replication was to refine significance of initially prioritised SNPs using in silico data (replication stage 1) and to select a subset of SNPs with greater evidence of association to fit one genotyping multiplex (iPLEX™ Gold Assay) for de novo genotyping in the TEENAGE cohort (replication stage 2). Two studies with in silico data (HUNT and TwinFat) joined the analysis at the advanced stage of replication stage 2.

**TEENAGE cohort.** The TEENAGE cohort consists of 819 adolescent students attending all three classes of public secondary schools in the Attica region of Greece (Table 1). Genotyping of the 23 prioritised SNPs was performed using the iPLEX™ Gold Assay (Sequenom® Inc.). Assays for two SNPs (rs7837164 and rs4833562) could not be designed, therefore their proxies (rs4631616 and rs10019120 with $r^2 = 1$ and $r^2 = 1$, respectively) were genotyped instead. Assays for all SNPs were designed using the eXTEND suite and MassARRAY Assay Design software version 3.1 (Sequenom® Inc.). Amplification was performed in a total volume of 5 μL containing ~0.06–0.4 ng genomic DNA, 100 nM of each PCR primer, 500 μM of each dNTP, 1.25 × PCR buffer (Qiagen), 1.625 mM MgCl₂ and 1 U HotStar Taq® (Qiagen). Reactions were heated to 94°C for 15 min followed by 45 cycles at 94°C for 20 s, 56°C for 30 s and 72°C for 1 min, then a final extension at 72°C for 3 min. Unincorporated dNTPs were SAP digested prior to iPLEX™ Gold allele specific extension with mass-modified dNTPs using an iPLEX Gold reagent kit (Sequenom® Inc.). SAP digestion and extension were performed according to the manufacturer’s instructions with reaction extension primer concentrations adjusted to between 0.7–1.3 μM, dependent upon primer mass. Extension products were desalted and dispensed onto a SpectroCHIP using a MassARRAY Nanodispenser prior to MALDI-TOF analysis with a MassARRAY Analyzer Compact mass spectrometer. Genotypes were automatically assigned and manually confirmed using MassARYTyperAnalyzer software version 4.0 (Sequenom® Inc.).

We applied the following sample/SNP QC exclusions for these de novo genotype data: sex inconsistencies, sample call rate <98% and exact HWE p-value<0.0001. The average assay call rate was 0.993. Overall, 806 samples and 23 SNPs passed our QC criteria in the TEENAGE replication cohort. Linear regression analysis under an additive genetic model, taking into account age and age and BMI in each stratum (men, women and combined set), was carried out using Plink [31].

**HUNT and TwinFat studies.** The HUNT study consisted of 1626 [28] and TwinFat consisted of 216 individuals [29,30] (Table 1 and Table S2).

**Global meta-analysis**

We performed meta-analysis for the 23 prioritised SNPs across the discovery and all replication datasets, comprising a total of 22,376 individuals (12,031 women and 10,345 men). We performed the same six sets of analyses as described for the
discovery dataset. Power for the global meta-analysis was calculated using Quanto [32].

Results

We did not observe an excess of signals in the six meta-analyses that were carried out. QQ and Manhattan plots for combined analysis (adjusted for age and adjusted for age and BMI) are shown in Figure 2. QQ and Manhattan plots for men and women are shown in Figure S2.

Of the 31 SNPs initially taken forward, 4 showed association with \( p < 0.05 \) in replication set 1. Twenty one of 31 signals had effects in the same direction as the discovery GWAS meta-analysis (binomial \( p \)-value = 0.07, given we expect 50% of signals to be in the same direction by chance) (Table S4). Of the 23 SNPs prioritised for stage 2 replication, 12 had effects in the same direction as the GWAS meta-analysis (binomial \( p \)-value = 1) and 1 SNP achieved \( p < 0.05 \) in replication set 2 (Table S4).

There were no genome-wide significant findings in the global meta-analysis of prioritised SNPs across all discovery and replication samples (Table S4). Global meta-analysis results with the greatest evidence of association (\( p \leq 0.001 \)) are displayed in Table 2. We created forest plots for SNPs with \( p \)-value \(\leq 0.001 \) with studies ordered by increasing age (Figure S3). Our study had 90% power at the genome-wide significance level (\( p = 5 \times 10^{-8} \)) to detect SNPs that explain 0.5% of the genetic variance in men (total \( n = 10,345 \)), 0.4% in women (total \( n = 12,031 \)) and 0.2% in the combined set (total \( n = 22,376 \)).

We compared the effect sizes of the initially prioritised 31 SNPs between sexes in the discovery dataset. The effect sizes of loci arising from the combined analyses across men and women are comparable. However, we found heterogeneity in the effect estimates between sexes for the loci prioritized on the basis of the male-only or female-only analyses (Table S5).

The rs9939609 FTO SNP showed nominal evidence for association in the age adjusted strata in men and in the combined set across both sexes (Table 3). The adjustment for BMI almost totally eliminates the effect of FTO on BC which is visible through a ten-fold decrease of beta values (Table 3). If the FTO BC effect were of the same magnitude as the rs9939609 FTO SNP effect on

Figure 2. Manhattan and QQ plots based on meta-analyses results of the discovery panel: a) combined set - age adjusted, b) combined set - age and BMI adjusted.
doi:10.1371/journal.pone.0031369.g002
BMI [33] our study would have >90% power at the genome-wide significance level to detect it in the combined set, 57% power in women and 40% power in men. We additionally examined 53 previously associated obesity (BMI, waist to hip ratio, weight) SNPs with BC and found 20 SNPs showing p<0.05, across six different strata in the discovery panel (binomial p = 0.175). The most associated SNP was rs6348238 from the TMEM18 gene with p = 8.15×10⁻⁴ in the age adjusted stratum across both sexes. Association analysis results for all 53 SNPs are presented in Table S6.

We examined the association of 64 previously established T2D loci with BC in our discovery cohort and found 20 SNPs showing p<0.05, across six different strata in the discovery panel (binomial p = 0.11) (Table S7). We also examined 41 previously established SNPs that influence glycemic traits (fasting glucose, fasting insulin, glycated haemoglobin, 2 h glucose test) and found 12 SNPs with BC in our discovery cohort and found 25 SNPs showing p<0.11 (Table S7). We also examined 41 previously established SNPs that influence glycemic traits (fasting glucose, fasting insulin, glycated haemoglobin, 2 h glucose test) and found 12 SNPs with BC in our discovery cohort and found 25 SNPs showing p<0.11 (Table S7).

Discussion

In this large-scale GWAS meta-analysis of BC we analysed a total of 22,376 individuals (12,031 women and 10,345 men) of European ancestry across 14 GWAS discovery datasets and 4 replication cohorts. We followed-up signals from various strata in a two stage replication effort but found no signals reaching genome-wide significance.

Our study had 90% power to detect SNPs that explain 0.2% of the genetic variance in the combined set i.e. our study is well powered to detect modest effects at common loci at the genome-wide significance level (e.g. a risk allele with frequency 0.35 and per-allele increase of 2 mm of BC). One of the weaknesses of this study is that BC is not a clearly-characterised phenotype because it is essentially a composite of muscle mass, skeletal size and fat tissue, traits with distribution differences between sexes [1,2]. In order to decrease potential misclassification of the phenotype and to search for sex-specific BC effects we conducted analyses in men and women separately. We also analysed the more powerful, combined dataset in the search for shared loci underlying BC. Our study focused on common variants only and has not examined the effect of low frequency and rare variants on BC.

All association analyses were adjusted for age since BC varies qualitatively similar to the results from the full-set discovery meta-analysis (data not shown).

We have also examined the effects of top loci across all strata in the discovery dataset in order to compare effect sizes between sexes (Table S3). As expected, the effect sizes of loci prioritized based on the combined male and female analyses are comparable between men and women. However, when we examined the effect estimates of loci prioritised on the basis of a specific sex analysis in the opposite sex, we mainly observe heterogeneity i.e. effect sizes from one sex analyses greatly differ in size or direction in the other sex. This is corroborated with statistical evidence for heterogeneity as evaluated through the I² measure. This may explain why the combined analyses of these loci did not result in improved or genome-wide significance. This additionally confirms that the BC measure has different properties in men and women.

One of the aims of this study was to investigate if established obesity and other fat distribution-associated loci also regulate peripheral adiposity. We expected to see some overlap, since BC is correlated with BMI (Table 1), but also to potentially detect new loci that may explain the properties of peripheral adiposity since fat is disproportionally distributed over the body. We examined the well-established BMI-associated FTO gene variant [33,34] in

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Table 2. Global meta-analysis results with p≤0.001.

<table>
<thead>
<tr>
<th>STRATUM</th>
<th>SNP</th>
<th>GENE</th>
<th>EA</th>
<th>EAF</th>
<th>BETA</th>
<th>SE</th>
<th>P</th>
<th>I²</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOMEN (age adjusted)</td>
<td>rs13097456</td>
<td>BDH1</td>
<td>T</td>
<td>0.304</td>
<td>0.152</td>
<td>0.043</td>
<td>4.21E-04</td>
<td>0.479</td>
<td>12108</td>
</tr>
<tr>
<td>WOMEN (age adjusted)</td>
<td>rs9997081</td>
<td>LEF1</td>
<td>T</td>
<td>0.133</td>
<td>−0.195</td>
<td>0.061</td>
<td>0.001</td>
<td>0.348</td>
<td>12094</td>
</tr>
<tr>
<td>WOMEN (age &amp; BMI adjusted)</td>
<td>rs17665125</td>
<td>C2orf43, GDF7 (93 kb away)</td>
<td>T</td>
<td>0.723</td>
<td>−0.084</td>
<td>0.025</td>
<td>9.24E-04</td>
<td>0.559</td>
<td>12079</td>
</tr>
<tr>
<td>MEN (age adjusted)</td>
<td>rs11908586</td>
<td>KCNG1 (130 kb away), Nfatc2 (239 kb away)</td>
<td>G</td>
<td>0.848</td>
<td>−0.422</td>
<td>0.111</td>
<td>1.48E-04</td>
<td>0.099</td>
<td>10219</td>
</tr>
<tr>
<td>MEN (age &amp; BMI adjusted)</td>
<td>rs7176881</td>
<td>EIF2AK4</td>
<td>T</td>
<td>0.153</td>
<td>−0.221</td>
<td>0.057</td>
<td>1.07E-04</td>
<td>0.430</td>
<td>10203</td>
</tr>
<tr>
<td>COMBINED (age &amp; BMI adjusted)</td>
<td>rs1476587</td>
<td>DM1F1 (85 kb away), GRM3 (203 kb away)</td>
<td>G</td>
<td>0.141</td>
<td>0.283</td>
<td>0.063</td>
<td>6.50E-06</td>
<td>0.321</td>
<td>20674</td>
</tr>
</tbody>
</table>

EA - effect allele; EAF - effect allele frequency; SE - standard error; P - p-value; I² - measure of heterogeneity; N - total number of samples.

doi:10.1371/journal.pone.0031369.t002

Table 3. Global meta-analysis results for the rs9939609 FTO SNP.

<table>
<thead>
<tr>
<th>STRATUM</th>
<th>EA</th>
<th>EAF</th>
<th>BETA</th>
<th>SE</th>
<th>P</th>
<th>I²</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOMEN (age adjusted)</td>
<td>0.565</td>
<td>−0.052</td>
<td>0.035</td>
<td>0.137</td>
<td>0.552</td>
<td>11600</td>
<td></td>
</tr>
<tr>
<td>WOMEN (age &amp; BMI adjusted)</td>
<td>0.565</td>
<td>−0.006</td>
<td>0.021</td>
<td>0.769</td>
<td>0.120</td>
<td>11493</td>
<td></td>
</tr>
<tr>
<td>MEN (age adjusted)</td>
<td>0.575</td>
<td>−0.113</td>
<td>0.054</td>
<td>0.036</td>
<td>0.545</td>
<td>9734</td>
<td></td>
</tr>
<tr>
<td>MEN (age &amp; BMI adjusted)</td>
<td>0.575</td>
<td>−0.014</td>
<td>0.033</td>
<td>0.656</td>
<td>0.413</td>
<td>9719</td>
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</tr>
<tr>
<td>COMBINED (age adjusted)</td>
<td>0.570</td>
<td>−0.073</td>
<td>0.029</td>
<td>0.013</td>
<td>0.605</td>
<td>21334</td>
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</tr>
<tr>
<td>COMBINED (age &amp; BMI adjusted)</td>
<td>0.570</td>
<td>−0.011</td>
<td>0.019</td>
<td>0.571</td>
<td>0.321</td>
<td>21306</td>
<td></td>
</tr>
</tbody>
</table>

EA - effect allele; EAF - effect allele frequency; SE - standard error; P - p-value; I² - measure of heterogeneity; N - total number of samples.

doi:10.1371/journal.pone.0031369.t003
our dataset consisting of 21,414 individuals and did not find strong evidence for association with BC. On the basis of anthropometric and animal model research it is shown that the FTO gene is primarily associated with fat mass [34,35]. This may explain the fact that we observe only nominal association with BC, since BC is a composite measure of, both lean and fat mass. Of the 53 previously established obesity/adiposity loci we examined in the discovery dataset, only one had p<0.001 (rs6548238 SNP in the TMEM18, p=8.15×10−4 in the combined-age adjusted set). Variants in the TMEM18 gene were previously associated with BMI, body weight and increased risk of childhood obesity [33,34,36]. Willer et al showed that associations of the TMEM18 gene with BMI are, similarly as for the FTO gene, driven by increased fat mass [33].

We have also investigated if established T2D loci and loci implicated in glycemic traits are associated with BC. We did not detect strong evidence for association with BC. Only one previously established T2D variant (rs11899863 in the TTHADA gene) had p=0.001 in the men age-and-BMI adjusted set. This gene was previously associated with thyroid adenomas [37] and recently with gestational weight gain [38].

Within the power constraints of our study, the data suggest that BC is not a good surrogate measure for overall adiposity genetics. To get a better measure of muscularity we employed BMI adjustments for a subset of our analyses, assuming that BMI is an indirect measure of overall adiposity. This interpretation may not be straightforward because BMI is stature-dependent and may reflect lean tissue as well [13,34]. No genome-wide replicating associations were identified.

In this large-scale GWAS meta-analysis for BC we have not identified any signals reaching genome-wide significance and do not observe robust association of previously established obesity loci with BC. This may indicate that peripheral adiposity, measured through BC, does not share similar biological patterns with overall adiposity, measured through BMI, and that BC is not a good measure of peripheral adiposity but mainly reflects muscularity. We have also carried out six stratified analyses, which although non-independent give rise to multiplicity issues. Any significant or nominal associations would therefore need to be interpreted with added caution. Large-scale collaborative efforts will be required to achieve the necessary power to detect loci underpinning BC, and detailed anthropometry will help deconvolute the determinants of muscularity, adiposity and their distributions.

Supporting Information

Figure S1 A bar chart of BC measures across studies.

Figure S2 Manhattan and QQ plots based on meta-analyses results of the discovery panel: a) women – age adjusted, b) women – age and BMI adjusted, c) men - age adjusted, d) men – age and BMI adjusted.

Figure S3 Forest plots for global meta-analysis SNPs with p-value ≤0.001 with studies ordered by increasing age (the top study contains the youngest individuals). This comparison can indicate the presence of age effects on associations with BC. We have not found clear evidence of age effects on BC. Box areas are proportional to study sample size.

Table S1 Detailed sample characteristics on men, women and combined set.
Martine Baumer, Marcy Sagette, Jeanne Ecosfrey, Sylvie Merroux, Gilles Wandeler, Jerome Jaunin and Hela Aboan for data collection.

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**CROATIA-Split:** We would like to acknowledge the staff of several institutions in Croatia that helped with the field work, including but not limited to The University of Split and Zagreb Medical Schools and Croatian Institute for Public Health.

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**HUNT:** The Nord-Trøndelag Health Study (HUNT) is a collaboration between HUNT Research Centre, Faculty of Medicine, Norwegian University of Science and Technology (NTNU, Verdal), Norwegian Institute of Public Health and Nord-Trøndelag County Council.

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The genetic data analysis workflow was created using the Software InforSense. Genetic data were stored using the database Caché (InterSystems).

**TwinFat:** The TwinFat twins are a subset of the national birth cohort studies FinniTwin12 & FinniTwin16, who have been studied intensively for body composition and metabolic trait.

**Author Contributions**

Conceived and designed the experiments: EZ. Performed the experiments: VB. Analyzed the data: VB. Contributed reagents/materials/analysis tools: ADW CSI KPE KP IT EA SJ LB MB GC FE DME CH AAH JH CH ALJ NK IK ZK DAL AWMP MP CEF JRPB AP OP BSP SMR ES SS JAS AT NT VV NMW HY TZ LZ PA IBB JH IN AP KHP JW BSW GVD JK MAP JAZ MB HC DC GDS TMF CG LJPP PPP IR HV HEW AFW. Wrote the paper: EZ.

**References**