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Title:

Polyunsaturated fatty acids and risk of melanoma: A Mendelian randomisation analysis

Supplementary information

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Contributing studies to melanoma GWAS:

GenoMEL

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This study makes use of data generated by the Wellcome Trust Case Control Consortium (http://www.wtccc.org.uk/). A full list of the investigators who contributed to the generation of the data is available from their website (see URLs). Funding for the project was provided by the Wellcome Trust under award 076113.

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Q-MEGA cases and QTWINs controls (used in Q-MEGA 610k set)

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M.D. Anderson

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Supplementary Table 1: Association of PUFA MR SNPs with height

SNP	EA/NEA	EAF	В	SE	P	N
rs10740118	C/G	0.47	0.010	0.0030	1.1 × 10 ⁻³	253,207
rs174538	A/G	0.33	-0.011	0.0032	7.5×10^{-4}	253,167
rs174547	T/C	0.63	0.013	0.0031	4.7×10^{-5}	253,196
rs16966952	A/G	0.25	-0.013	0.0033	1.1×10^{-4}	236,235
rs780094	T/C	0.38	-0.021	0.0030	5.7×10^{-12}	253,130
rs3734398	T/C	0.56	-0.0012	0.0029	0.68	252,890
rs2236212	C/G	0.43	0.0007	0.0029	0.81	253,040
rs3798713	C/G	0.43	0.0006	0.0029	0.83	253,019

EA - Effect allele, NEA - Non effect allele, EAF - Effect allele frequency, SE - Standard error, *P* - *P* value, N - Sample size, β - Magnitude of association between the SNP and the trait (unit – 1 standard deviation change). Data extracted on 05/12/2016 from https://www.broadinstitute.org/collaboration/giant/images/0/01/GIANT_HEIGHT_Wood_et _al_2014_publicrelease_HapMapCeuFreq.txt.gz¹.

Supplementary Table 2: Association of PUFA MR SNPs with BMI

SNP	EA/NEA	EAF	β	SE	P	N
rs10740118	G/C	0.53	0.0144	0.0036	6.3 × 10 ⁻⁵	236,158
rs174538	A/G	0.34	0.0009	0.0033	0.79	339,082
rs174547	C/T	0.37	0.0023	0.0032	0.46	339,131
rs16966952	A/G	0.27	-0.0124	0.0041	3× 10 ⁻²	218,552
rs780094	T/C	0.38	-0.0121	0.003	7.0×10^{-5}	339,056
rs3734398	T/C	0.57	-0.0009	0.0036	0.80	235,897
rs2236212	G/C	0.57	-0.001	0.0036	0.78	235,982
rs3798713	G/C	0.57	-0.0009	0.0036	0.80	236,012

EA - Effect allele, NEA - Non effect allele, EAF - Effect allele frequency, SE - Standard error, P - P value, N - Sample size, β - Magnitude of association between the SNP and the trait (unit – kg/m²). Data extracted on 05/12/2016 from https://www.broadinstitute.org/collaboration/giant/images/f/f0/All_ancestries_SNP_gwas_mc_merge_nogc.tbl.uniq.gz².

Supplementary Table 3: Association of PUFA MR SNPs with educational attainment

SNP	EA/NEA	EAF	β	SE	P	N	
rs10740118	C/G	0.48	1.043	0.01	1.21 × 10 ⁻⁵	293,723	
rs174538	A/G	0.32	1.005	0.01	0.64	293,723	
rs174547	T/C	0.63	0.993	0.01	0.51	293,723	
rs16966952	A/G	0.26	1.011	0.011	0.33	293,723	
rs780094	T/C	0.39	0.988	0.01	0.23	293,723	
rs3734398	T/C	0.54	0.997	0.01	0.77	293,723	
rs2236212	C/G	0.45	1.003	0.01	0.74	293,723	
rs3798713	C/G	0.45	1.004	0.01	0.68	293,723	

EA - Effect allele, NEA - Non effect allele, EAF - Effect allele frequency, SE - Standard error, P - P value, N - Sample size, β - Magnitude of association between the SNP and the trait (unit - individual's years of schooling according to International Standard Classification of Education (ISCED 1997). Data extracted on 05/12/2016 from https://www.thessgac.org/data 3 .

Supplementary Table 4: Association of PUFA MR SNPs with waist circumference

SNP	EA/NEA	EAF	β	SE	Р	N
rs10740118	G/C	0.53	0.012	4.3 × 10 ⁻³	7×10 ⁻⁰²	153,935
rs174538	A/G	0.34	0.0028	3.6×10^{-3}	0.44	244,354
rs174547	C/T	0.37	0.0024	3.5×10^{-3}	0.49	244,381
rs16966952	A/G	0.27	-0.019	0.0048	6.9×10 ⁻⁰⁵	140,000
rs780094	T/C	0.38	-0.0086	3.4×10^{-3}	0.011	244,317
rs3734398	T/C	0.57	0.0021	4.3×10^{-3}	0.63	153,779
rs2236212	G/C	0.57	0.0027	4.3×10^{-3}	0.53	153,863
rs3798713	G/C	0.57	0.0029	4.3×10^{-3}	0.5	153,885

EA - Effect allele, NEA - Non effect allele, EAF - Effect allele frequency, SE - Standard error, P - P value, N - Sample size, β - Magnitude of association between the SNP and the trait (unit – 1 standard deviation change). Data extracted on 05/12/2016 from http://portals.broadinstitute.org/collaboration/giant/images/e/ea/GIANT_2015_WC_COMB INED_AllAncestries.txt.gz⁴.

Supplementary Table 5: Association of PUFA MR SNPs with fasting blood sugar

SNP	EA/NEA	MAF	β	SE	Р	N
rs10740118	C/G	0.42	-0.0041	0.0037	0.27	46186
rs174538	A/G	0.32	-0.18	0.0039	4.7×10 ⁻⁰⁶	46186
rs174547	T/C	0.34	0.021	0.038	1.7×10 ⁻⁰⁸	46186
rs16966952	A/G	0.28	-0.001	0.004	0.80	46186
rs780094	T/C	0.39	-0.026	0.037	2.5×10 ⁻¹²	46186
rs3734398	T/C	0.45	-0.0005	0.037	0.90	46186
rs2236212	C/G	0.45	0.0006	0.037	0.87	46186
rs3798713	C/G	0.43	0.0005	0.037	0.89	46186

EA - Effect allele, NEA - Non effect allele, EAF - Effect allele frequency, SE - Standard error, P

https://www.magicinvestigators.org/downloads/

ftp://ftp.sanger.ac.uk/pub/magic/MAGIC_FastingGlucose.txt5

⁻ P value, N - Sample size, β - Magnitude of association between the SNP and the trait (unit - mmol/l) . Data extracted on 05/12/2016 from

Supplementary Table 6: Effect estimates of PUFA for genome wide significant genetic variants reported by the CHARGE consortium^{6, 7}

	SNP	EA /NEA	EAF	P- value	β	S.E.	%VE per allele	% VE per IV	F - statistic per IV
	Linoleic acid (I	LA,18:2n6)							
10	rs10740118	C/G	0.56	8.1×10^{-9}	-0.248	0.043	0.2-0.7		
11	rs174547	C/T	0.32	5.0×10^{-274}	1.474	0.042	7.6–18.1	8.3-21.3	1104–3533
16	rs16966952	A/G	0.31	1.2×10^{-15}	0.351	0.044	0.5-2.5		
	Arachidonic a	cid (AA, 20:4r	n6)						
11	rs174547	C/T	0.68	3×10^{-971}	-1.691	0.025	32.63	33.07	11302
16	rs16966952	A/G	0.31	2.4×10^{-10}	-0.199	0.031	0.44	33.07	11302
	α-Linolenic ac	id (ALA, 18:3r	13)						
11	rs174547	C/T	0.33	3.5×10^{-64}	0.016	0.001	1.03	1.03	476
	Eicosapentaer	noic acid (EPA	, 20:5n3)						
6	rs3798713	C/G	0.43	1.9×10^{-12}	0.035	0.005	0.36	2.05	479
11	rs174538	G/A	0.72	5.4×10^{-58}	0.083	0.005	1.69	2.03	479
	Docosapentae	enoic acid (DP	A, 20:5n3)					
2	rs780094	T/C	0.41	9.0×10^{-09}	0.017	0.003	0.46		
6	rs3734398	C/T	0.43	9.6×10^{-44}	0.040	0.003	2.74	11.58	1997
11	rs174547	T/C	0.67	3.8×10^{-154}	0.075	0.003	8.38		
	Docosahexaer	noic acid (DH	A, 22:6n3)						
6	rs2236212	G/C	0.57	1.3×10^{-15}	0.113	0.014	0.65	0.65	299

Chr - Chromosome, SNP - Single nucleotide polymorphism, EA - Effect Allele, NEA - Non effect allele, EAF - Effect allele frequency, β - Magnitude of association between SNP and PUFA, S.E. - standard error of the magnitude of association between SNP and PUFA, % VE per allele - Variation explained per allele, IV - Instrumental variable

Supplementary Table 7: Mendelian randomisation results: LA concentration and melanoma

	Gene/GRC		EA/								
SNP	h19 position	CHR	EA/ NEA	R ²	β LA	σLA	β melanoma	σ melanoma	EAF	βIVW	σIVW
rs10740118	65101207	10	C/G	0.2-0.7%	-0.248	0.043	-0.0104	0.017	0.56	0.042	0.071
rs174547	FADS1	11	C/T	7.6-18.1%	1.474	0.042	-0.0271	0.018	0.32	-0.018	0.012
rs16966952	15135943	16	A/G	0.5-2.5%	0.351	0.044	-0.0030	0.018	0.31	- 0.009	0.053
Combined				8.3-21.3%						-0.016	0.011

Supplementary Table 8: Mendelian randomisation results: AA concentration and melanoma

SNP	Gene/GRC h19 position	CH R	EA/NEA	R ²	β ΑΑ	σ ΑΑ	β melanoma	σ melanoma	EAF	βIVW	σIVW
rs174547 rs16966952	FADS1 15135943	11 16	C/T A/G	32.63% 0.44%	-1.691 -0.199	0.025 0.031	-0.0271 -0.0030	0.018	0.68 0.31	0.016 0.015	0.011
Combined	13133343	10	AyG	33.07%	-0.133	0.031	-0.0030	0.019	0.31	0.013	0.093

Supplementary Table 9: Mendelian randomisation results: ALA concentration and melanoma

SNP	Gene	CHR	EA/NEA	R ²	β ΑΙΑ	σALA	β melanoma	σ melanoma	EAF	βIVW	σIVW
rs174547	FADS1	11	C/T	1.03%	0.016	0.001	-0.0271	0.018	0.33	-1.69	1.13

Supplementary Table 10: Mendelian randomisation results: EPA concentration and melanoma

SNP	Gene/GRC h19	CHR	EA/N	R ²	β ΕΡΑ	σ ΕΡΑ	β melanoma	σ melanoma	EAF	βIVW	σIVW
	position		EA								
Rs3798713	11008622	6	C/G	0.36%	0.035	0.005	-0.0150	0.017	0.43	-0.43	0.49
Rs174538	61560081	11	A/G	1.69%	-0.083	0.005	-0.0341	0.019	0.72	0.41	0.23
Combined				2.05%						-0.27	0.21

Supplementary Table 11: Mendelian randomisation results: DPA concentration and melanoma

SNP	Gene	CHR	EA/NEA	R ²	β DPA	σDPA	β melanoma	σ melanoma	EAF	βIVW	σIVW
rs174547	FADS1	11	T/C	8.4%	0.075	0.0028	0.027	0.018	0.67	0.36	0.24
rs3734398	ELOVL2	6	C/T	2.8%	0.040	0.0029	-0.017	0.017	0.43	-0.42	0.43
Combined				11.2%						0.17	0.21

Supplementary Table 12: Mendelian randomisation results: DHA concentration and melanoma

SNP	Gene/GRC h19 position	CH R	EA/NEA	R²	β DHA	σDHA	β melanoma	σ melanoma	EAF	βIVW	σIVW
Rs2236212	10995015	6	C/G	0.65%	0.113	0.014	-0.0188	0.017	0.57	-0.17	0.15

Supplementary Table 13: Effect estimates of melanoma for genetic variants used as IVs in the analysis reported by the Melanoma consortium

Chr	SNP	EA/NEA	EAF	<i>P</i> -value	β	S.E.
Linoleic acid (LA,18:2n6)						
10	rs10740118	C/G	0.58	0.5541	-0.0104	0.0175
11	rs174547	C/T	0.34	0.1399	-0.0271	0.0183
16	rs16966952	A/G	0.31	0.8708	-0.0030	0.0185
Arac	chidonic acid (AA, 2	20:4n6)				
11	rs174547	C/T	0.66	0.1399	-0.0271	0.0183
16	rs16966952	A/G	0.31	0.8708	-0.0030	0.0185
α -Li	nolenic acid (ALA,	18:3n3)				
11	rs174547	C/T	0.34	0.1399	-0.0271	0.0183
Eicosapentaenoic acid (EPA, 20:5n3)						
6	rs3798713	C/G	0.43	0.3901	-0.0150	0.0174
11	rs174538	A/G	0.69	7.016× 10 ⁻²	-0.0341	0.0188
Docosapentaenoic acid (DPA, 20:5n3)						
2	rs780094	C/T	0.41	1.323×10^{-2}	-0.0435	0.0175
6	rs3734398	C/T	0.43	0.3351	-0.0168	0.0174
11	rs174547	T/C	0.66	0.1399	0.0271	0.0183
Docosahexaenoic acid (DHA, 22:6n3)						
6	rs2236212	C/G	0.58	0.283	-0.0188	0.0174

Chr - Chromosome, SNP - Single nucleotide polymorphism, EA - Effect Allele, NEA - Non effect allele, EAF - Effect allele frequency, β - Magnitude of association between SNP and melanoma, S.E. – Standard error of magnitude of association between SNP and melanoma

Supplementary Figures 1: Scatter plots illustrating correlation between PUFAs and potential confounding trait (height) and vice-versa

Height data source - https://www.ncbi.nlm.nih.gov/pubmed/25282103 - Wood et.al,¹

DPA, EPA, ALA, DHA data source - http://www.chargeconsortium.com - Lemaitre et. al,6

LA, AA data source - http://www.chargeconsortium.com - Guan et.al,7

 r^2 - coefficient of determination (strength of the linear relationship between traits) P- P value

Trend line - regression line

Figure 01- Scatter plot showing the correlation between DPA and height using genomewide significant DPA SNPs

X axis - effect size on DPA

Y axis - effect size on height

Figure 02- Scatter plot showing the correlation between height and DPA using genomewide significant height SNPs

X axis - effect size on height

Y axis - effect size on DPA

Figure 03- Scatter plot showing the correlation between EPA and height using genome-wide significant EPA SNPs

X axis - effect size on EPA

Y axis - effect size on height

Figure 04- Scatter plot showing the correlation between height and EPA using genomewide significant height SNPs

X axis - effect size on height

Y axis - effect size on EPA

Figure 05- Scatter plot showing the correlation between ALA and height using genomewide significant ALA SNPs

X axis - effect size on ALA

Y axis - effect size on height

Figure 06- Scatter plot showing the correlation between height and ALA using genomewide significant height SNPs

X axis - effect size on height

Y axis - effect size on ALA

Figure 07- Scatter plot showing the correlation between DHA and height using genomewide significant DHA SNPs

X axis - effect size on DHA Y axis - effect size on height

Figure 08- Scatter plot showing the correlation between height and DHA using genomewide significant height SNPs

X axis - effect size on height Y axis - effect size on DHA

Figure 09- Scatter plot showing the correlation between LA and height using genome-wide significant LA SNPs

X axis - effect size on LA Y axis - effect size on height

Figure 10- Scatter plot showing the correlation between height and LA using genome-wide significant height SNPs

X axis - effect size on height Y axis - effect size on LA

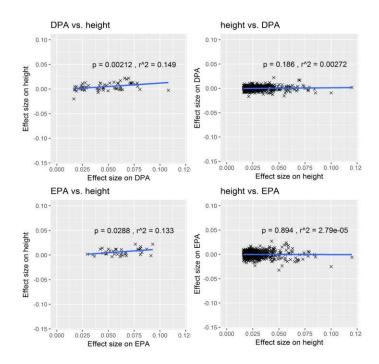
Figure 11- Scatter plot showing the correlation between AA and height using genome-wide significant AA SNPs

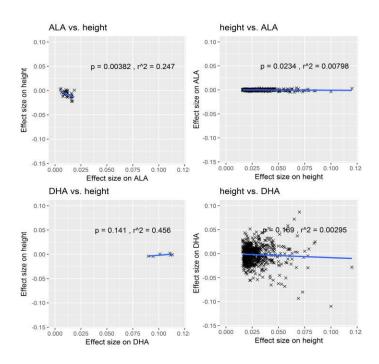
X axis - effect size on AA Y axis - effect size on height

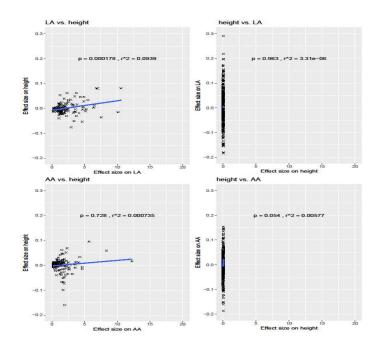
Figure 12- Scatter plot showing the correlation between height and AA using genomewide significant height SNPs

X axis - effect size on height Y axis - effect size on AA

(These plots are uploaded as separate tiff files)







Supplementary Figure 13 - Two sample MR report for Fasting blood sugar versus Melanoma

Two sample MR analysis performed for Fasting blood sugar mmol/L (Scott RA et.al,)⁸ against Melanoma (Law et.al,)⁹ using MR-Base ¹⁰.

nsnp - number of SNPs = 9, β - beta (effect estimates of causality of melanoma from FBS analysed using different MR methods) , se - standard error, P-value — Significance of the causality of melanoma from FBS using different MR methods

MR Egger - A more reliable method than IVW method of MR to detect causality when using invalid instruments 11

Weighted median - A robust method when some of the IVs are invalid (50%)12

Method	β	se	<i>P</i> -value
Fixed effects meta-analysis (simple SE)	0.204	0.158	0.196
Fixed effects meta-analysis (delta method)	0.200	0.160	0.210
Random effects meta-analysis (delta method)	0.260	0.262	0.320

Method	β	se	<i>P</i> -value
Maximum likelihood	0.210	0.160	0.190
MR Egger	-0.042	0.594	0.946
Weighted median	0.122	0.210	0.558
Inverse variance weighted	0.204	0.237	0.388

Supplementary Figure 14 - Two sample MR report for BMI versus Melanoma

Two sample MR report, performed for Body mass index (kg/m²) (Locke AE et.al,)² against Melanoma (Law et.al,)⁹ using MR-Base ¹⁰.

nsnp - number of SNPs = 86, β - beta (effect estimates of causality of melanoma from FBS analysed using different MR methods), se - standard error, *P*-value — Significance of the causality of melanoma from FBS using different MR methods

MR Egger - A more reliable method than IVW method of MR to detect causality when using invalid instruments 11

Weighted median - A robust method when some of the IVs are invalid (50%)¹²

Method	β	se	<i>P</i> -value
Fixed effects meta-analysis (simple SE)	0.032	0.078	0.687
Fixed effects meta-analysis (delta method)	0.032	0.079	0.679
Random effects meta-analysis (delta method)	0.033	0.079	0.679
Maximum likelihood	0.032	0.079	0.682
MR Egger	0.229	0.194	0.242
Weighted median	0.023	0.125	0.856
Inverse variance weighted	0.032	0.080	0.693

Supplementary Figure 15 - Two sample MR report for height versus Melanoma

Two sample MR analysis performed for height (m) (Liu F et.al,) ¹³ against Melanoma (Law et.al,) ⁹ using MR-Base ¹⁰

nsnp - number of SNPs = 534, β - beta (effect estimates of causality of melanoma from FBS analysed using different MR methods), se - standard error, *P*-value - Significance of the causality of melanoma from FBS using different MR methods

MR Egger - A more reliable method than IVW method of MR to detect causality when using invalid instruments 11

Weighted median - A robust method when some of the IVs are invalid (50%)¹²

Method	β	se	<i>P</i> -value
Fixed effects meta-analysis (simple SE)	0.078	0.032	0.013
Fixed effects meta-analysis (delta method)	0.075	0.032	0.018
Random effects meta-analysis (delta method)	0.079	0.034	0.019
Maximum likelihood	0.079	0.032	0.014
MR Egger	0.028	0.091	0.761
Weighted median	0.115	0.053	0.031
Inverse variance weighted	0.079	0.034	0.020

Supplementary Notes

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MR of PUFA and melanoma risk: Supplementary

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Supplemental References -

- 1. Wood AR, Esko T, Yang J, Vedantam S, Pers TH, Gustafsson S, Chu AY, Estrada K, Luan Ja, Kutalik Z, Amin N, Buchkovich ML, et al. Defining the role of common variation in the genomic and biological architecture of adult human height. *Nature genetics* 2014;**46**: 1173-86.
- 2. Locke AE, Kahali B, Berndt SI, Justice AE, Pers TH, Day FR, Powell C, Vedantam S, Buchkovich ML, Yang J, Croteau-Chonka DC, Esko T, et al. Genetic studies of body mass index yield new insights for obesity biology. *Nature* 2015;**518**: 197-206.
- 3. Rietveld CA, Medland SE, Derringer J, Yang J, Esko T, Martin NW, Westra HJ, Shakhbazov K, Abdellaoui A, Agrawal A, Albrecht E, Alizadeh BZ, et al. GWAS of 126,559 individuals identifies genetic variants associated with educational attainment. *Science* 2013;**340**: 1467-71.
- 4. Shungin D, Winkler TW, Croteau-Chonka DC, Ferreira T, Locke AE, Magi R, Strawbridge RJ, Pers TH, Fischer K, Justice AE, Workalemahu T, Wu JM, et al. New genetic loci link adipose and insulin biology to body fat distribution. *Nature* 2015;**518**: 187-96.
- 5. Dupuis J, Langenberg C, Prokopenko I, Saxena R, Soranzo N, Jackson AU, Wheeler E, Glazer NL, Bouatia-Naji N, Gloyn AL, Lindgren CM, Magi R, et al. New genetic loci implicated in fasting glucose homeostasis and their impact on type 2 diabetes risk. *Nature genetics* 2010;**42**: 105-16.
- 6. Lemaitre RN, Tanaka T, Tang W, Manichaikul A, Foy M, Kabagambe EK, Nettleton JA, King IB, Weng LC, Bhattacharya S, Bandinelli S, Bis JC, et al. Genetic loci associated with plasma phospholipid n-3 fatty acids: a meta-analysis of genome-wide association studies from the CHARGE Consortium. *PLoS Genet* 2011;7: e1002193.
- 7. Guan W, Steffen BT, Lemaitre RN, Wu JH, Tanaka T, Manichaikul A, Foy M, Rich SS, Wang L, Nettleton JA, Tang W, Gu X, et al. Genome-wide association study of plasma N6 polyunsaturated fatty acids within the cohorts for heart and aging research in genomic epidemiology consortium. *Circulation Cardiovascular genetics* 2014;**7**: 321-31.
- 8. Scott RA, Lagou V, Welch RP, Wheeler E, Montasser ME, Luan J, Magi R, Strawbridge RJ, Rehnberg E, Gustafsson S, Kanoni S, Rasmussen-Torvik LJ, et al. Large-scale association analyses identify new loci influencing glycemic traits and provide insight into the underlying biological pathways. *Nature genetics* 2012;**44**: 991-1005.
- 9. Law MH, Bishop DT, Lee JE, Brossard M, Martin NG, Moses EK, Song F, Barrett JH, Kumar R, Easton DF, Pharoah PD, Swerdlow AJ, et al. Genome-wide meta-analysis identifies five new susceptibility loci for cutaneous malignant melanoma. *Nature genetics* 2015;**47**: 987-95.
- 10. Hemani G, Zheng J, Wade KH, Laurin C, Elsworth B, Burgess S, Bowden J, Langdon R, Tan V, Yarmolinsky J, Shihab HA, Timpson N, et al. MR-Base: a platform for systematic causal inference across the phenome using billions of genetic associations. *bioRxiv* 2016.
- 11. Bowden J, Davey Smith G, Burgess S. Mendelian randomization with invalid instruments: effect estimation and bias detection through Egger regression. *International journal of epidemiology* 2015;**44**: 512-25.
- 12. Bowden J, Davey Smith G, Haycock PC, Burgess S. Consistent Estimation in Mendelian Randomization with Some Invalid Instruments Using a Weighted Median Estimator. *Genetic epidemiology* 2016;**40**: 304-14.
- 13. Liu F, Hendriks AE, Ralf A, Boot AM, Benyi E, Savendahl L, Oostra BA, van Duijn C, Hofman A, Rivadeneira F, Uitterlinden AG, Drop SL, et al. Common DNA variants predict tall stature in Europeans. *Human genetics* 2014;**133**: 587-97.