

# Genome-wide association study of coronary artery disease in Korean population

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# What is the Human Genome ?

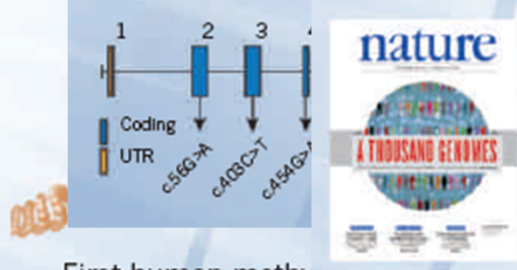
- The entire genetic make up of the human cell nucleus.
- Genes carry the information for making all of the proteins required by the body for growth and maintenance.
- Made up of ~20,000-25,000 genes and a much smaller mitochondrial genome with 37 genes
- Includes non-coding sequences located between genes, which makes up the vast majority of the DNA in the genome (~95%)
- The particular order of nucleotide bases (As, Gs, Cs, and Ts) determines the amino acid composition of proteins

Wellcor Human g  
Cons breakthrough

Gene  
Nondiscriminatory  
pa

First personal genom  
sequenced using new techn

First human methy



1000 Genomes pilot project complete

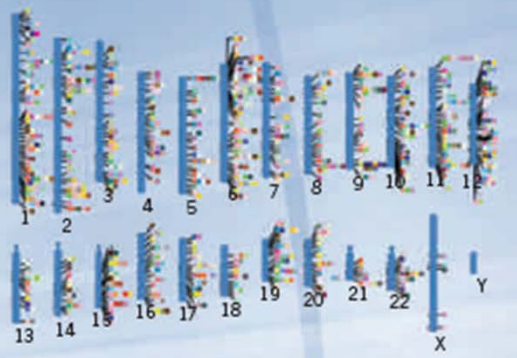
Genomic achievements since the Human Genome Project

Timeline of genomic achievements:

- 1953: Watson & Crick describe the DNA double helix.
- 1965: Mendel discovers laws of genetics.
- 1982: Sanger and Maxam develop DNA sequencing methods.
- 1990: Human Genome Project launched.
- 1996: Nirenberg & Holley determine the genetic code.
- 1997: Carnegie database established.
- 2001: Human Genome Project completed.
- 2004: Chickadee genome sequence.
- 2006: Korean genome sequence.
- 2008: 1000 Genomes pilot project complete.
- 2010: 500th genome-wide association study published.

First genome-wide association study published

First personal genome sequenced



500th genome-wide association study published

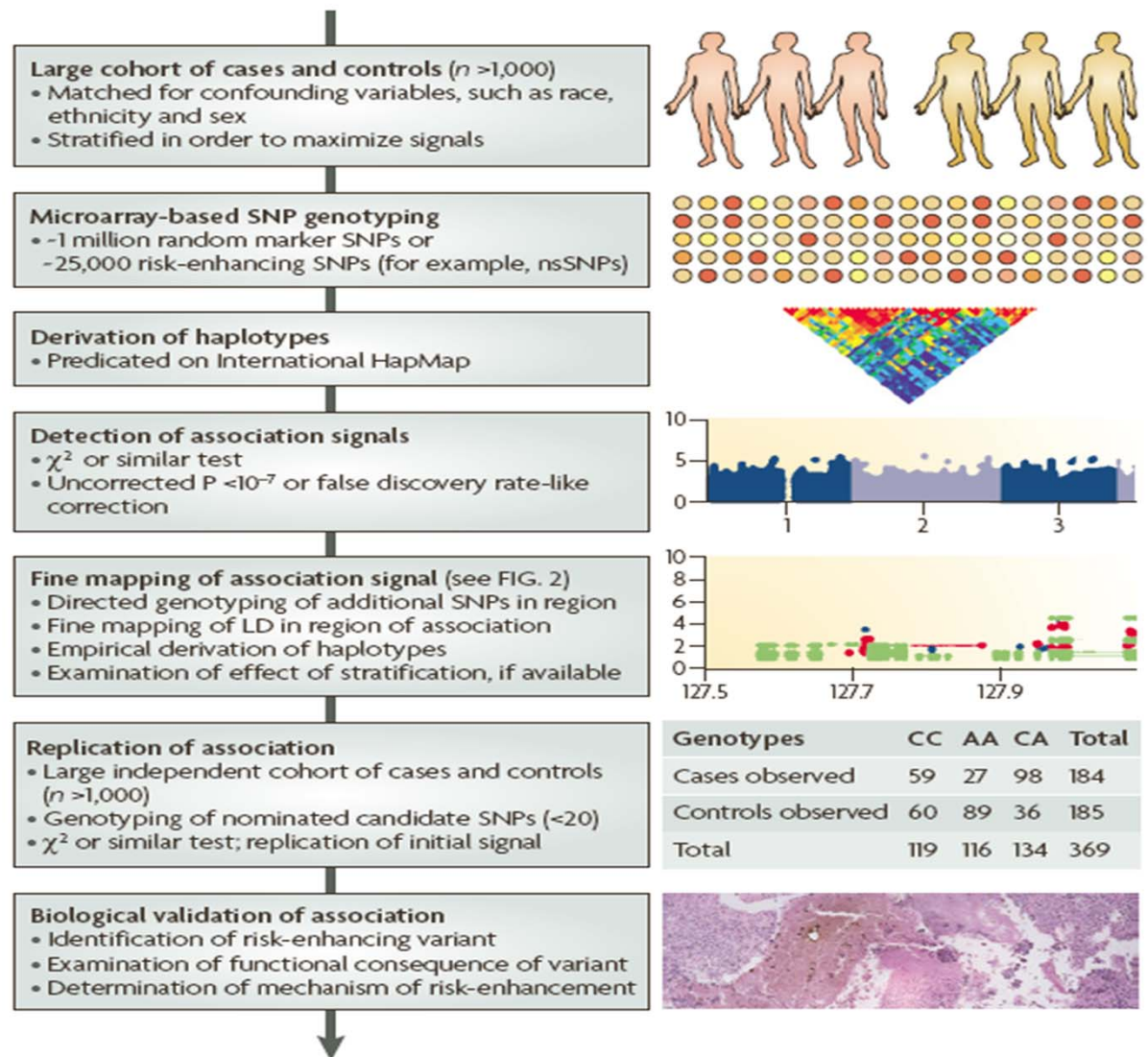
# 전장유전체연관분석 연구란 ?

## Genome-Wide Association Study (GWAS)

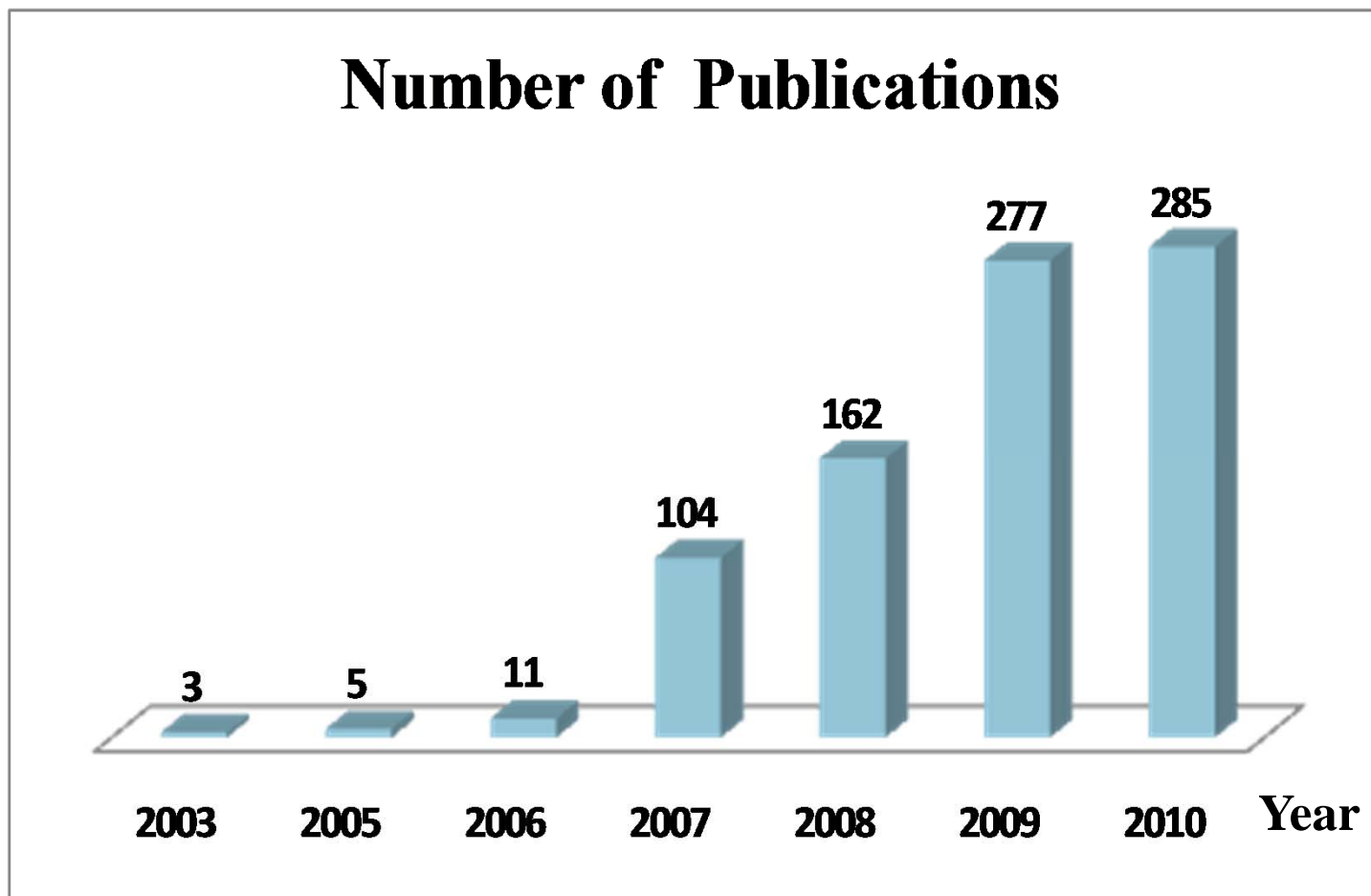
대규모 연구대상자(정상-환자)들의 유전체시료(DNA)를 이용하여 **유전체 전장을 대표할 수 있도록 선택된 대량의 마커 (SNPs)**들을 타이핑하고, 이 정보를 역학·임상정보와 연계하여 특정 질환이나 형질과 연관된 유전 변이(유전적요인)들을 발굴하는 연구

(Pearson & Manolio, JAMA. 2008)

# Overview of the general design and workflow GWAS



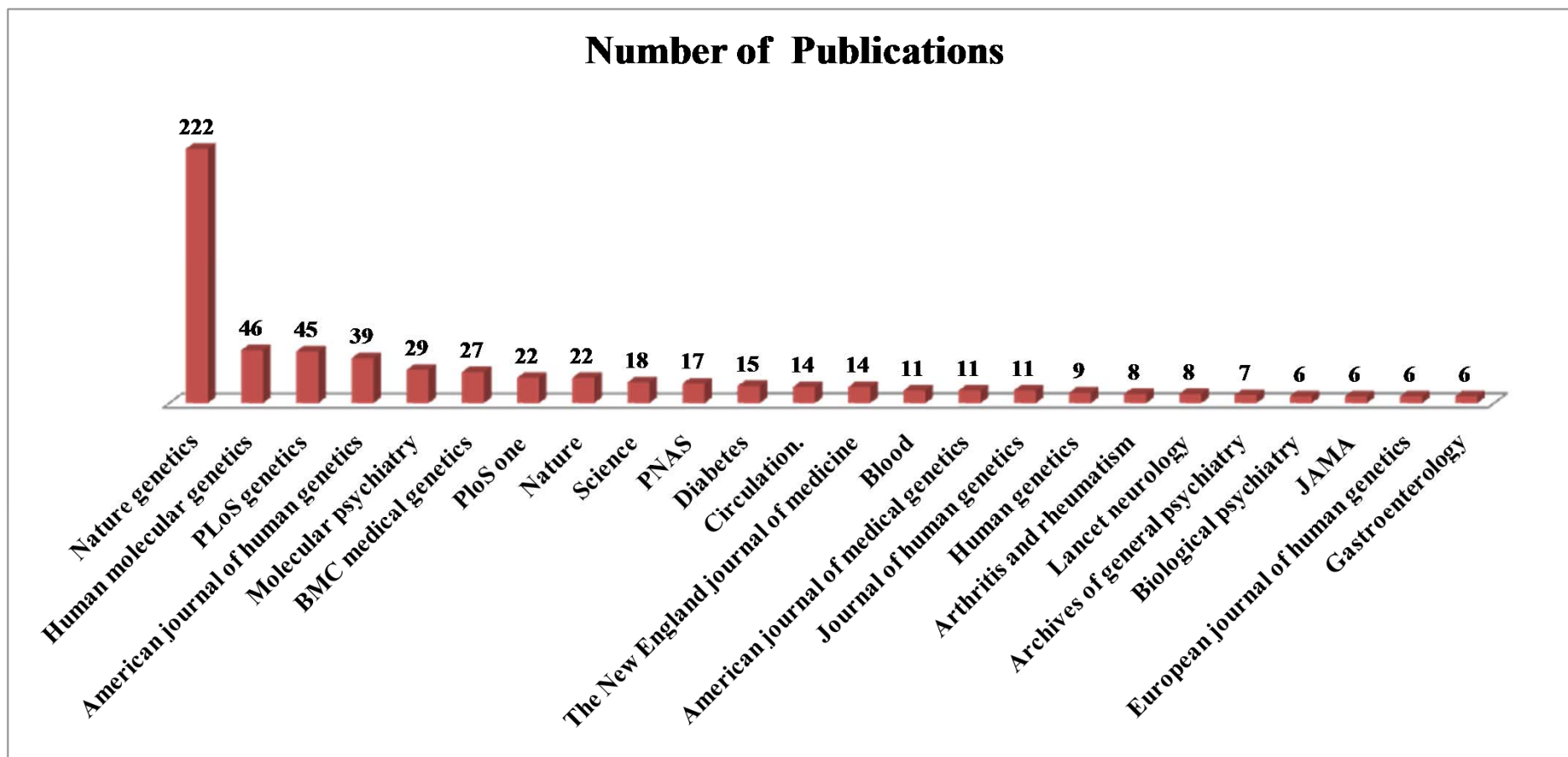
Trend of GWA studies-Publications: 847 papers, ~2010. Oct.13



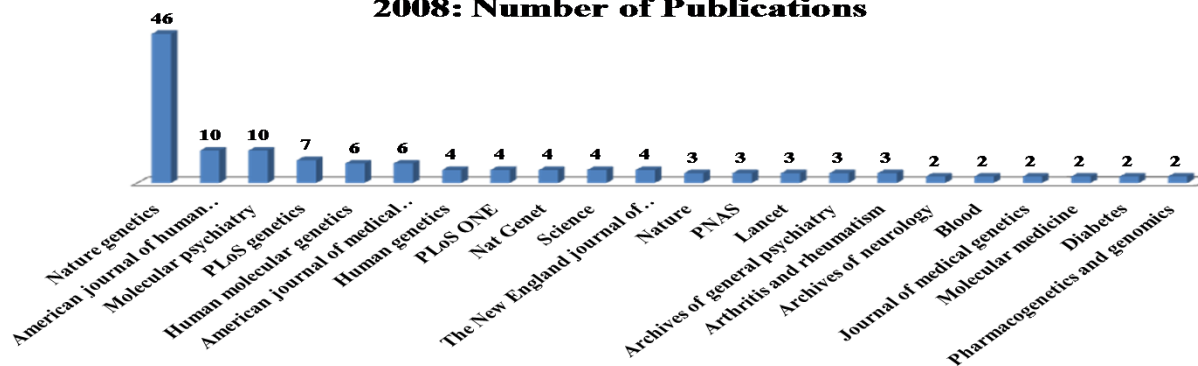
Modified data from HuGE Navigator

# GWA studies are published in 160 Journals:

Nature genetics 222 papers, ~2010. Oct.13

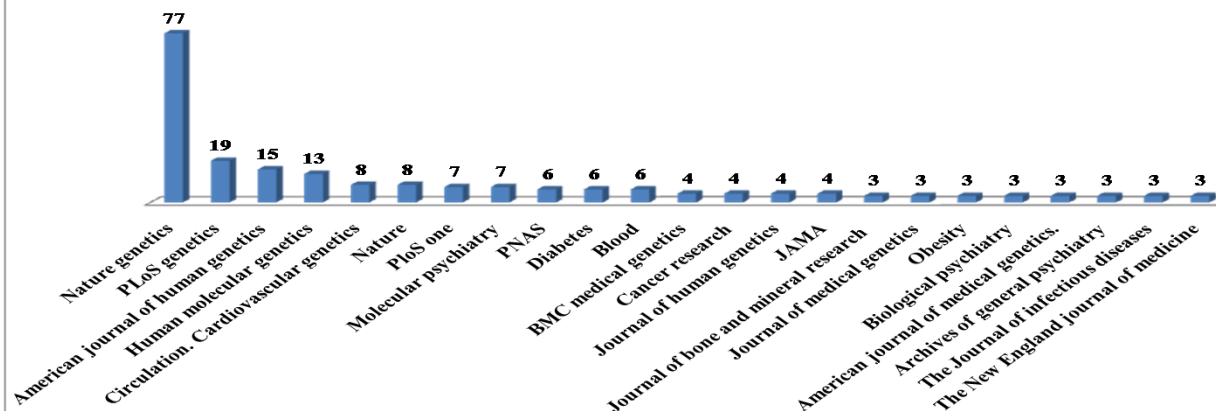


**2008: Number of Publications**



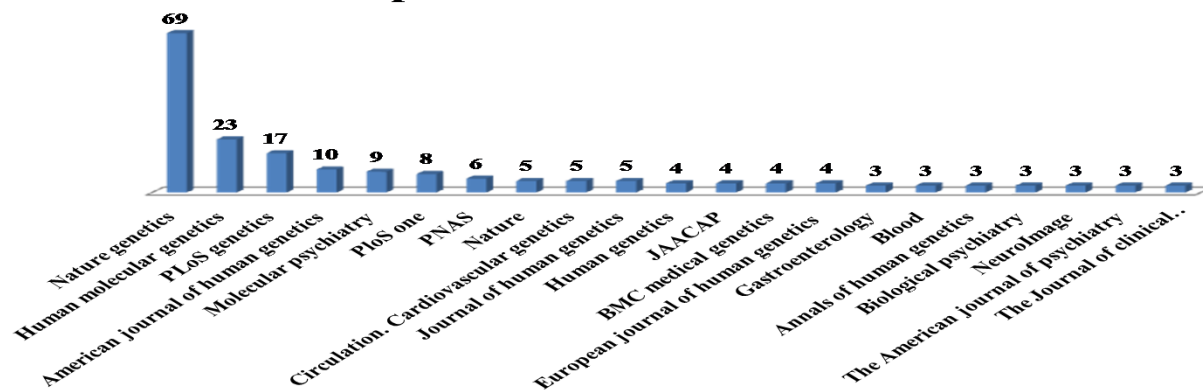
**52 Journals**

**2009: Number of Publications**



**77 Journals**

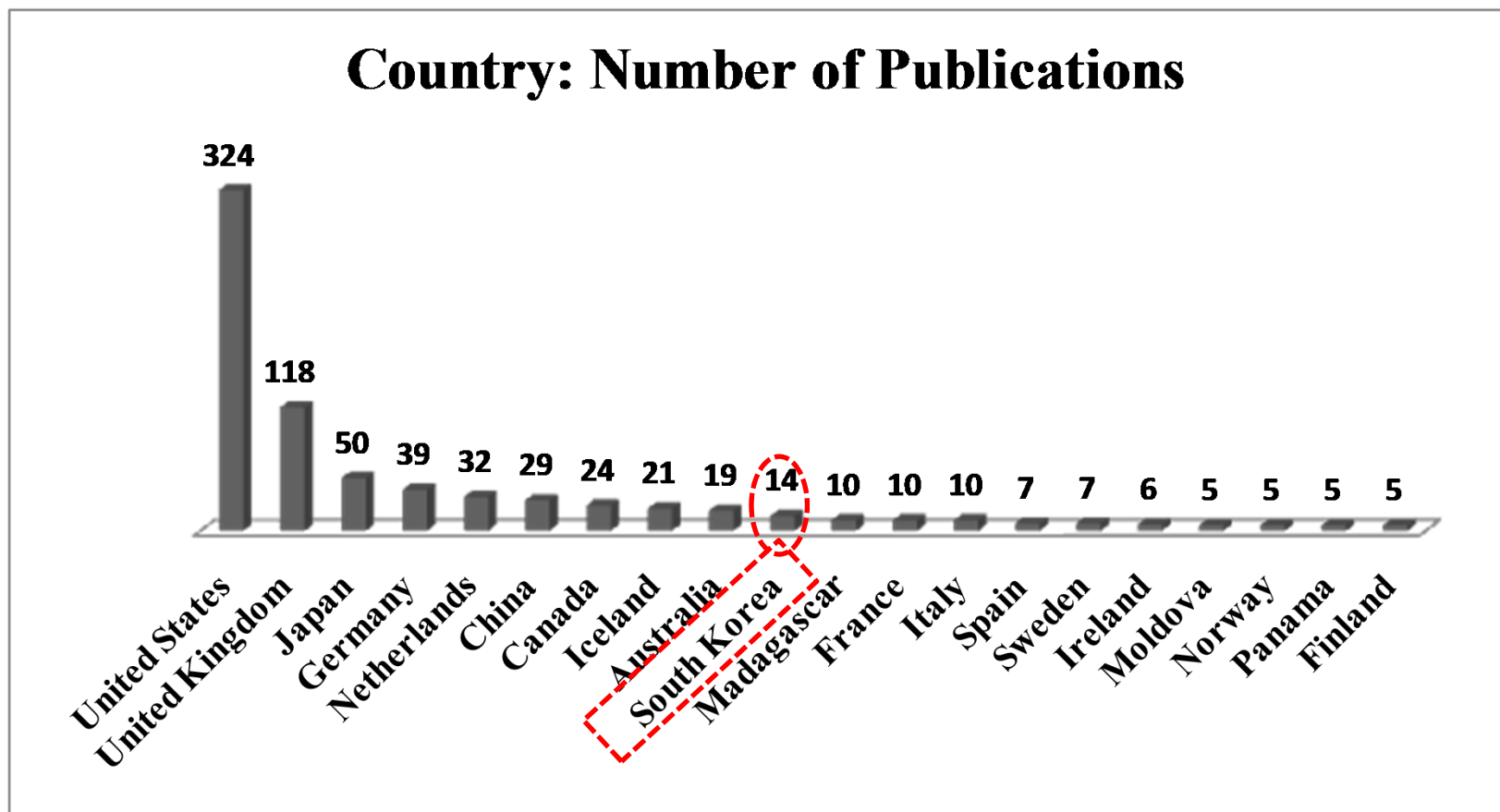
**2010 ~present : Number of Publications**



**97 Journals**



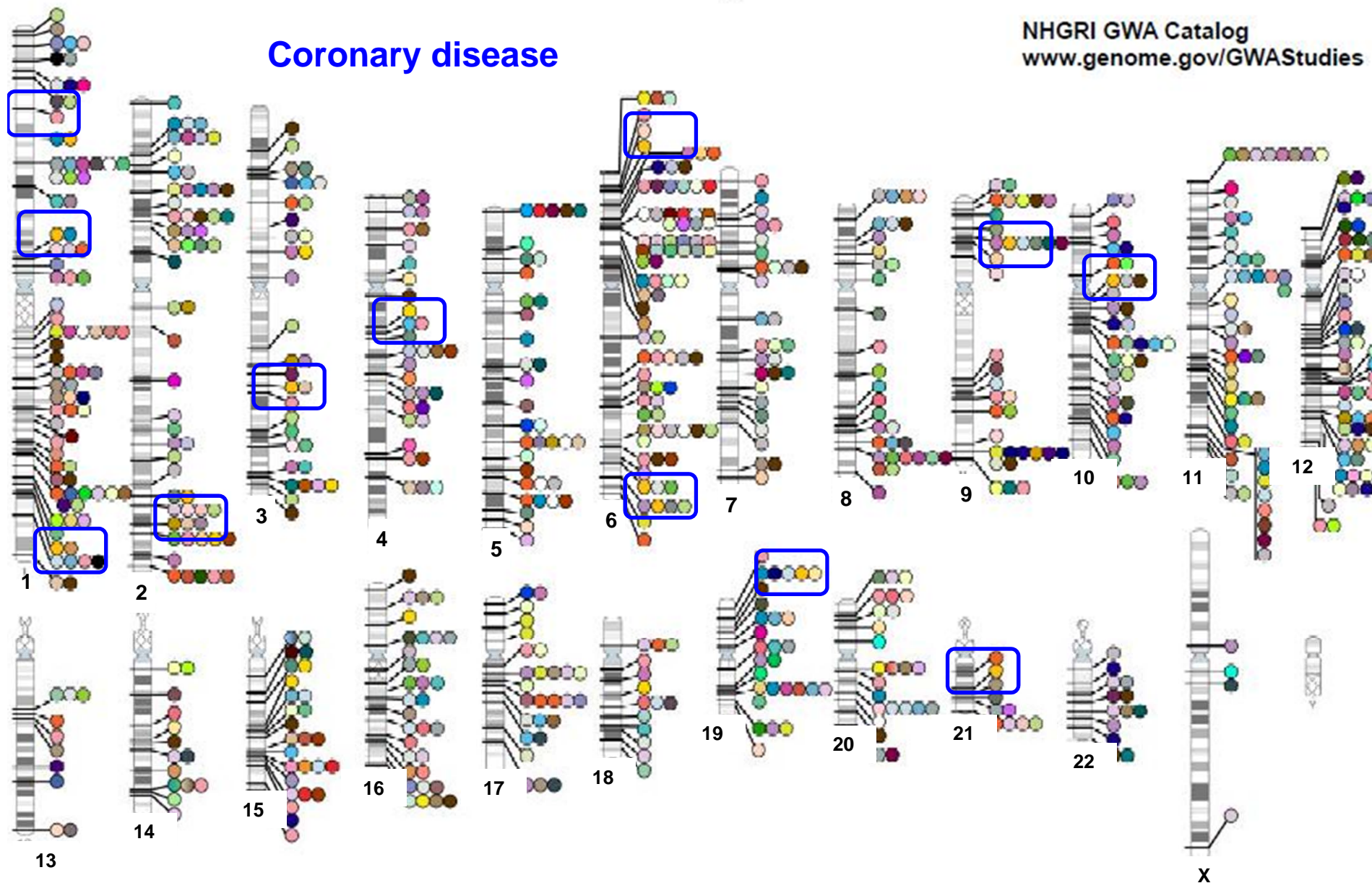
## Trend of GWA studies-Publications: 847 papers, ~2010. Oct.13



Published Genome-Wide Associations through 3/2010,  
779 published GWA at  $p \leq 5 \times 10^{-8}$  for 148 traits

NHGRI GWA Catalog  
[www.genome.gov/GWAStudies](http://www.genome.gov/GWAStudies)

Coronary disease



# Korean GWAS Vs Previous GWAS

SNP	Chromosome	Gene(s)	Korean GWAS					Previous GWAS				Ref.
			Type	Allele	maf	OR	P	Allele	maf	OR	P	
rs10757278	9p21.3	<i>CDKN2A-CDKN2B</i>	I	G	<b>0.485</b>	<b>1.269</b>	<b>1.91E-08</b>	G	0.45	1.28	<b>1.00E-20</b>	Science 2007
rs1333049	9p21.3	<i>CDKN2A-CDKN3B</i>	O	C	<b>0.494</b>	<b>1.263</b>	<b>3.30E-08</b>	G	0.47	1.47	<b>1.00E-13</b>	Nature 2007
rs4977574	9p21.3	<i>CDKN2A-CDKN2B</i>	O	G	<b>0.467</b>	<b>1.244</b>	<b>2.02E-07</b>	G	0.56	1.29	<b>3.00E-44</b>	Nat Genet 2009
rs4537545	1q21.3	<i>IL6R</i>	O	T	<b>0.417</b>	<b>0.809</b>	<b>1.20E-06</b>	T	NR	11.5	<b>2.00E-14</b>	JAMA 2009
rs599839	1p13.3	<i>PSRC1</i>	O	G	<b>0.06</b>	<b>0.725</b>	<b>0.00033</b>	A	0.23	1.29	<b>4.00E-09</b>	N Engl J Med 2007
rs646776	1p13.3	<i>CELSR2-PSRC1-SORT1</i>	I	C	<b>0.045</b>	<b>0.739</b>	<b>0.00295</b>	T	0.81	1.19	<b>8.00E-12</b>	Nat Genet 2008
rs501120	10q11.21	<i>CXCL12</i>	I	C	0.365	0.9193	0.05198	T	0.13	1.33	9.00E-08	N Engl J Med 2007
rs1000778	11q12.3	<i>FADS3</i>	I	A	0.3	0.9146	0.05651	A	0.32	0.62	7.00E-13	PLoS Genet 2009
rs1746048	10q11.21	<i>CXCL12</i>	O	A	0.328	0.9229	0.07304	C	0.84	1.17	7.00E-09	Nat Genet 2009
rs6725887	2q33.1	<i>WDR12</i>	O	C	0.014	1.357	0.08414	C	0.14	1.17	1.00E-08	Nat Genet 2009
rs17465637	1q41	<i>MIA3</i>	O	T	0.437	0.9323	0.09338	C	0.29	1.2	1.00E-06	N Engl J Med 2007
rs17465637	1q41	<i>MIA3</i>	O	T	0.437	0.9323	0.09338	C	0.72	1.14	1.00E-09	Nat Genet 2009

**Boldfaces** represent associations with  $P < 0.05$  in Korean CAD GWAS

**Abbreviation:** I, imputed type; O, observed type

Hugenavigator "GWAS integrator"

# Genome-wide association study of 14,000 cases of seven common diseases and 3,000 shared controls

*Nature* 2007

## A Common Variant on Chromosome

9p21  
Myo

# A Common Allele on Chromosome 9 Associated with Coronary

reach to the

*N Engl J Med.* 2007

Anna Helg Thorarinn  
Adam Bak  
Karl Andrei Thorbjorg

# Heart Disease

*Science* 2007

Arnaldur C. Ruth McPherson,<sup>1\*</sup> Alexander Pertsemlidis,<sup>2\*</sup> Nihan Kavaslar,<sup>1</sup> Alexandre Stewart,<sup>1</sup> Christophe Robert Roberts,<sup>1</sup> David R. Cox,<sup>3</sup> David A. Hinds,<sup>3</sup> Len A. Pennacchio,<sup>4,5</sup> Anne Tybjaerg-Hansen,<sup>6</sup> Jeffrey R. Aaron R. Folsom,<sup>7</sup> Eric Boerwinkle,<sup>8</sup> Helen H. Hobbs,<sup>2,9</sup> Jonathan C. Cohen<sup>2,10†</sup>  
Augustine

The global Coronary heart disease (CHD) is a major cause of death in Western countries. We used genome-wide association scanning to identify a 58-kilobase interval on chromosome 9p21 that was consistently associated with CHD in six independent samples (more than 23,000 participants) from four Caucasian populations. This interval, which is located near the *CDKN2A* and *CDKN2B* genes, contains no annotated genes and is not associated with established CHD risk factors such as plasma lipoproteins, hypertension, or diabetes. Homozygotes for the risk allele make up 20 to 25% of Caucasians and have a ~30 to 40% increased risk of CHD.

# Associations of *IL6R* variants at 1q21.3

## Genetic Loci Associated With C-Reactive Protein Levels and Risk of Coronary Heart Disease

Paul Elliott, FRCP

John C. Chambers, PhD

Weihua Zhang, PhD

Robert Clarke, MD

Jemma C. Hopewell, PhD

John F. Peden, PhD

Jeanette Erdmann, PhD

Peter Braund, MSc

James C. Engert, PhD

Derrick Bennett, PhD

Lachlan Coin, PhD

Deborah Ashby, PhD

Ioanna Tzoulaki, PhD

Ian J. Brown, PhD

Shahrul Mt-Isa, BSc

Mark I. McCarthy, FRCP

Leena Peltonen, MD, PhD

Nelson B. Freimer, MD

Martin Farrall, FRCPATH

Aimo Ruokonen, MD, PhD

Anders Hamsten, MD

Noha Lim, PhD

Philippe Froguel, MD

Dawn M. Waterworth, PhD

Peter Vollenweider, MD

Gerard Waeber, MD

Marjo-Riitta Jarvelin, MD

Vincent Mooser, MD

**Context** Plasma levels of C-reactive protein (CRP) are independently associated with risk of coronary heart disease, but whether CRP is causally associated with coronary heart disease or merely a marker of underlying atherosclerosis is uncertain.

**Objective** To investigate association of genetic loci with CRP levels and risk of coronary heart disease.

**Design, Setting, and Participants** We first carried out a genome-wide association (n=17 967) and replication study (n=13 615) to identify genetic loci associated with plasma CRP concentrations. Data collection took place between 1989 and 2008 and genotyping between 2003 and 2008. We carried out a mendelian randomization study of the most closely associated single-nucleotide polymorphism (SNP) in the *CRP* locus and published data on other *CRP* variants involving a total of 28 112 cases and 100 823 controls, to investigate the association of *CRP* variants with coronary heart disease. We compared our finding with that predicted from meta-analysis of observational studies of CRP levels and risk of coronary heart disease. For the other loci associated with CRP levels, we selected the most closely associated SNP for testing against coronary heart disease among 14 365 cases and 32 069 controls.

**Main Outcome Measure** Risk of coronary heart disease.

**Results** Polymorphisms in 5 genetic loci were strongly associated with CRP levels (% difference per minor allele): SNP rs6700896 in *LEPR* (-14.8%; 95% confidence interval [CI], -17.6% to -12.0%;  $P=6.2 \times 10^{-22}$ ), rs4537545 in *IL6R* (-11.5%; 95% CI, -14.4% to -8.5%;  $P=1.3 \times 10^{-12}$ ), rs7553007 in the *CRP* locus (-20.7%; 95% CI, -23.4% to -17.9%;  $P=1.3 \times 10^{-38}$ ), rs1183910 in *HNF1A* (-13.8%; 95% CI, -16.6% to -10.9%;  $P=1.9 \times 10^{-18}$ ), and rs4420638 in *APOE-C1-C2* (-21.8%; 95% CI, -25.3% to -18.1%;  $P=8.1 \times 10^{-26}$ ). Association of SNP rs7553007 in the *CRP* locus with coronary heart disease gave an odds ratio (OR) of 0.98 (95% CI, 0.94 to 1.01) per 20% lower CRP level. Our mendelian randomization study of variants in the *CRP* locus showed no association with coronary heart disease: OR, 1.00; 95% CI, 0.97 to 1.02; per 20% lower CRP level, compared with OR, 0.94; 95% CI, 0.94 to 0.95; predicted from meta-analysis of the observational studies of CRP levels and coronary heart disease (z score, -3.45;  $P<.001$ ). SNPs rs6700896 in *LEPR* (OR, 1.06; 95% CI, 1.02 to 1.09; per minor allele), rs4537545 in *IL6R* (OR, 0.94; 95% CI, 0.91 to 0.97), and rs4420638 in the *APOE-C1-C2* cluster (OR, 1.16; 95% CI, 1.12 to 1.21) were all associated with risk of coronary heart disease.

**Conclusion** The lack of concordance between the effect on coronary heart disease risk of *CRP* genotypes and CRP levels argues against a causal association of CRP with coronary heart disease.

JAMA. 2009;302(1):37-48

www.jama.com

JAMA 2009

## Genomewide Association Analysis of Coronary Artery Disease

N Engl J Med. 2007

Nilesh J. Samani, F.Med.Sci., Jeanette Erdmann, Ph.D., Alistair S. Hall, F.R.C.P., Christian

Hengstenberg, M.D., Ma Six new loci associated with blood low-density

Thomas Meitinger, M.D., lipoprotein cholesterol, high-density lipoprotein

Ph.D., Inke R. König, Ph cholesterol or triglycerides in humans Nat. Genet. 2008

Alexandre Tregouet, Ph.

M.Sc., Wolfgang Lieb, M

Ouwehand, F.R.C.Path.,

Baessler, M.D., Stephen

Gieger, Ph.D., Panos De

John R. Thompson, Ph.

\*for the WTCCC and the C

Sekar Kathiresan<sup>1-3</sup>, Olle Melander<sup>4</sup>, Candace Guiducci<sup>2</sup>, Aarti Surti<sup>2</sup>, Noël P Burt<sup>2</sup>, Mark J Rieder<sup>5</sup>,Gregory M Cooper<sup>5</sup>, Charlotta Roos<sup>6</sup>, Benjamin F Voight<sup>2,7,8</sup>, Aki S Havulinna<sup>9</sup>, Björn Wahlstrand<sup>10</sup>,Thomas Hedner<sup>10</sup>, Dolores Corella<sup>11</sup>, E Shyong Tai<sup>12</sup>, Jose M Ordovas<sup>13</sup>, Göran Berglund<sup>14</sup>, Erkki Vartiainen<sup>9</sup>,Pekka Jousilahti<sup>9</sup>, Bo Hedblad<sup>15</sup>, Marja-Riitta Taskinen<sup>16</sup>, Christopher Newton-Cheh<sup>1-3</sup>, Veikko Salomaa<sup>9</sup>,Leena Peltonen<sup>2,9,17,18</sup>, Leif Groop<sup>6,19</sup>, David M Altshuler<sup>2,3,7,8,20</sup> & Marju Orho-Melander<sup>6</sup>

## Abstract

## BACKGROUND—M

components of complex Blood concentrations of lipoproteins and lipids are heritable<sup>1</sup>  
studies of coronary arte risk factors for cardiovascular disease<sup>2,3</sup>. Using genome-wide  
association data from three studies ( $n = 8,816$  that included

**METHODS**—We first 2,758 individuals from the Diabetes Genetics Initiative specific  
artery disease in the Weto the current paper as well as 1,874 individuals from the

1926 case subjects with FUSION study of type 2 diabetes and 4,184 individuals from  
German MI [Myocardia the SardiNIA study of aging-associated variables reported

myocardial infarction a in a companion paper in this issue<sup>4</sup>) and targeted replication  
association analyses in up to 18,554 independent participants,

that were significantly a we show that common SNPs at 18 loci are reproducibly  
combined to identify ad associated with concentrations of low-density lipoprotein  
studies was performed v (LDL) cholesterol, high-density lipoprotein (HDL) cholesterol,

**RESULTS**—Of thousa and/or triglycerides. Six of these loci are new ( $P < 5 \times 10^{-8}$   
with coronary artery dis regions, two were associated with LDL cholesterol (1p13 near  
rs1333049) ( $P=1.80 \times 10$  *CELSR2*, *PSRC1* and *SORT1* and 19p13 near *CILP2* and *PBX4*),

one with HDL cholesterol (1q42 in *GALNT2*) and five with  
triglycerides (7q11 near *TBL2* and *MLXIPL*, 8q24 near *TRIB1*,  
1q42 in *GALNT2*, 19p13 near *CILP2* and *PBX4* and 1p31  
near *ANGPTL3*). At 1p13, the LDL-associated SNP was  
also strongly correlated with *CELSR2*, *PSRC1*, and *SORT1*  
transcript levels in human liver, and a proxy for this SNP

was recently shown to affect risk for coronary artery  
disease<sup>5</sup>. Understanding the molecular, cellular and  
clinical consequences of the newly identified loci may inform  
therapy and clinical care.

We recently conducted the Diabetes Genetics Initiative (DGI) genome-wide association study for type 2 diabetes and 18 other traits, including blood lipoprotein and lipid concentrations<sup>6</sup>. Here, we focus on replication analyses related to three traits—concentrations of LDL cholesterol, HDL cholesterol and triglycerides. In DGI, we analyzed the association of 389,878 markers with blood lipoproteins and lipids in 2,758 individuals. From these results, we selected an initial 196 SNPs for replication on the basis of the strength of statistical evidence. We then combined the DGI results with those from two other genome-wide association studies—the Finland–United States Investigation of NIDDM Genetics (FUSION) and the SardiNIA Study of Aging (see companion manuscript for meta-analytic methods<sup>4</sup>)—and selected an additional 30 SNPs for replication on the basis of the combined evidence (see **Supplementary Fig. 1** online for study design). The 226 SNPs selected for replication were tested in up to 18,554 separate participants from three studies, (**Table 1**). Statistical evidence from the DGI

## Most loci with associations with CAD have been confirmed primarily in large European populations

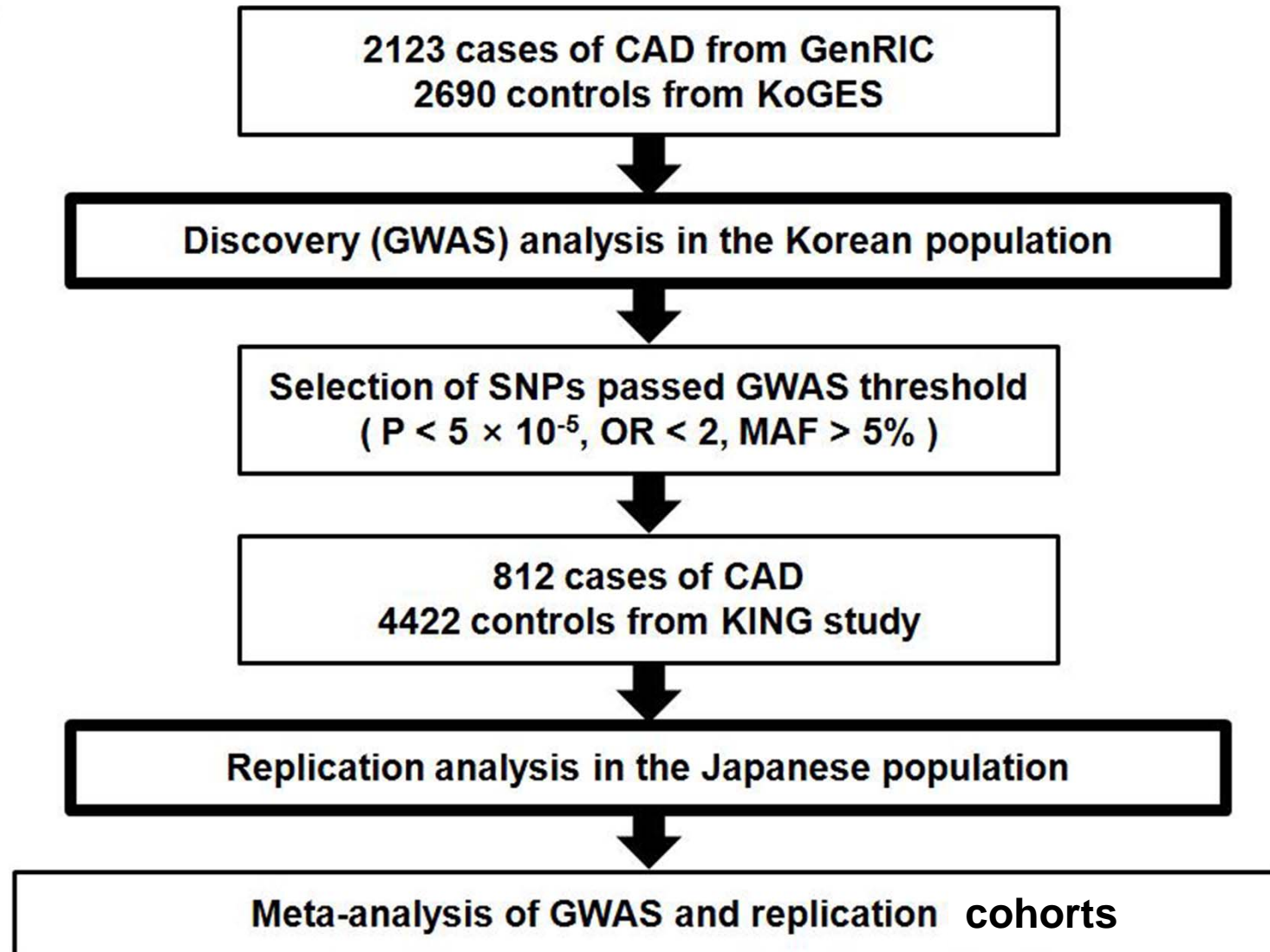
### In Asian Populations,

- **New associations of *BRAP* variants** with myocardial infarction at 12q24.12 in Japanese populations Ozaki K *et al. Nat.Genet* 2009
- Replication for associations of ***BRAP*** variants Hinohara K *et al. J Hum Genet.* 2009
- Replication for associations of variants at **9p21.3** in Chinese, Japanese and Korean populations Ding H *et al. Circ Cardiovasc Genet.* 2009 ,  
•Hinohara K *et al. J Hum Genet.* 2008
- Replication for associations of ***MIA3*** variants at 1q41 in Japanese Hiura Y *et al Circ J.* 2008

# **Genome-wide association study of CAD in East Asian populations**



## Schematic Overview of CAD GWAS

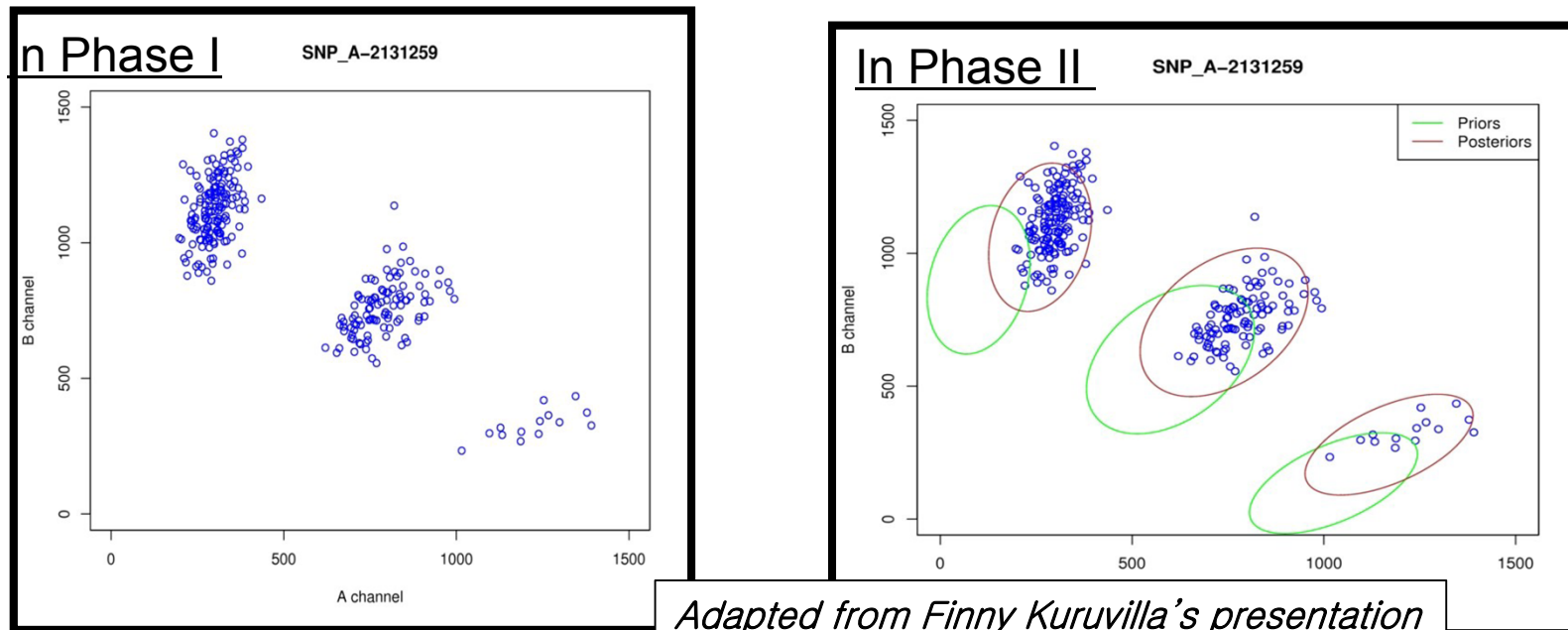


## Samples in The Discovery Stage

- Cases with coronary artery disease
  - Samples were collected by **GenRIC Working Group**
    - Samsung Medical Center
    - Seoul National University Hospital
    - Yonsei University College of Medicine, Seoul, Korea
  - Age of men and women was younger than 55 and 65, respectively
  - Collected Between 2005 and 2009
- Controls
  - Samples recruited from a large urban cohort, part of the **Korea Genome Epidemiology Study (KoGES)**
    - KoGES is an ongoing cohort study in Korea that started in 2001
    - Samples of urban cohorts were collected in centers of Seoul and Busan for health examination
  - Age of men and women was older than 40

## Genotype for Discovery Stage

- Samples
  - **2,317 cases** with **stable angina, unstable angina and myocardial infarction** from 3 hospitals
  - **4,302 controls** from urban cohort
- Platform
  - Affymetrix Genome-Wide Human SNP Array 6.0
- genotyping algorithm
  - **Birdseed** is a new tool to genotype SNPs on the Affymetrix SNP 6.0 arrays (Downloaded from “**Affymetrix Power Tools**” )



# Quality Control Procedure

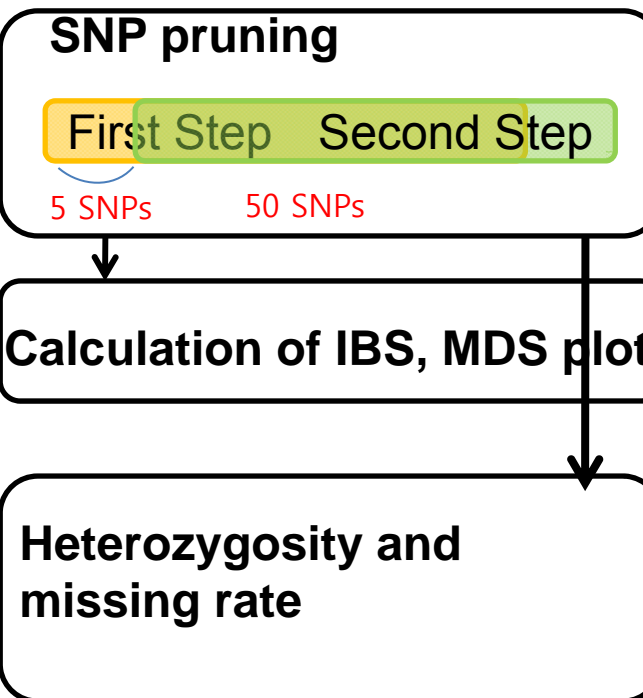
## Sample quality control

	Case	Control
<b>At beginning</b>	<b>2,317</b>	<b>4,302</b>
Gender discrepancy	-28	-8
Low call rate >= 95 %	-108	-443
Excessive heterozygosity	-51	-25
Cryptic first degree relative	-9	-33
outlier (MDS)	-3	-26
Cancer history		-64
<b>After filtering</b>	<b>2,123</b>	<b>3,703</b>

## SNP quality control

	Case	Control
<b>At beginning</b>	<b>909,622</b>	<b>909,622</b>
Minor allele frequency	-175,249	-112,231
Missing rate	-97,776	-170,631
Hardy-weinberg		-39,456
<b>After filtering</b>	<b>644,502</b>	<b>627,659</b>

## Remove Individual



→ 599,162 common SNPs for association analysis

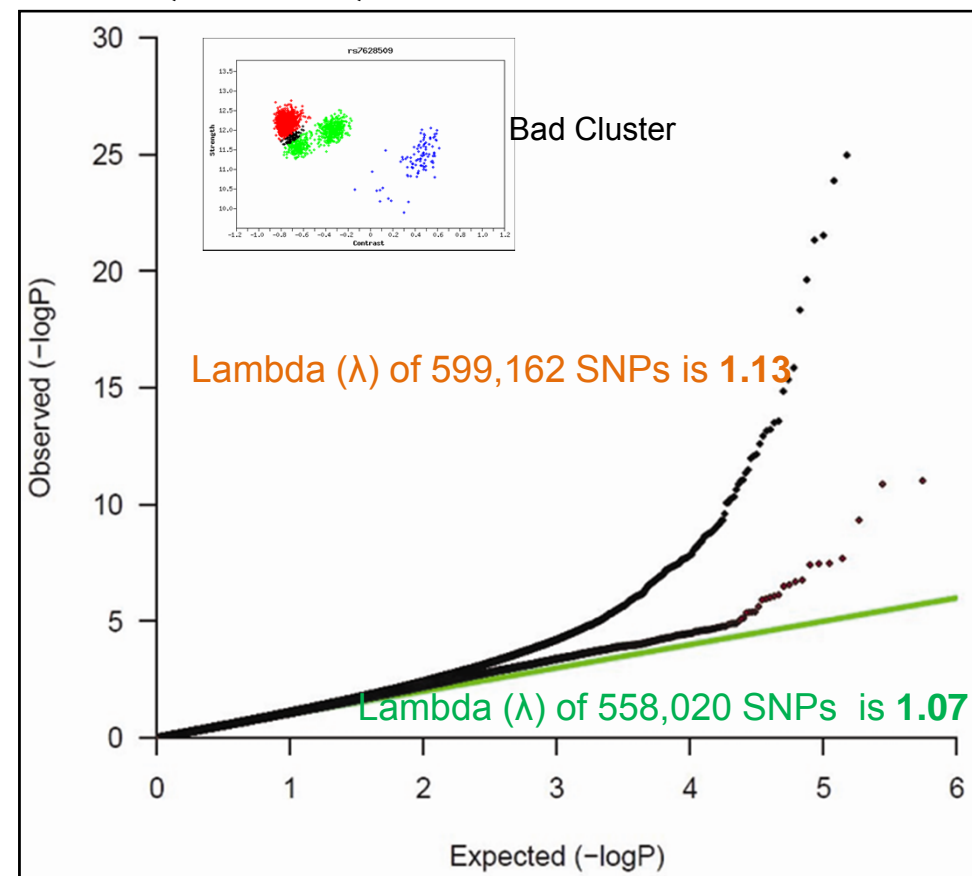
### Samples and SNPs quality control

- **Case** : At beginning 2,317 samples and 909,622 SNPs  
after filtering **2,123 samples and 644,502 SNPs**
- **Control** : At beginning 4,304 samples and 909,622 SNPs  
after filtering **3,703 samples and 627,659 SNPs**

## Association Analysis

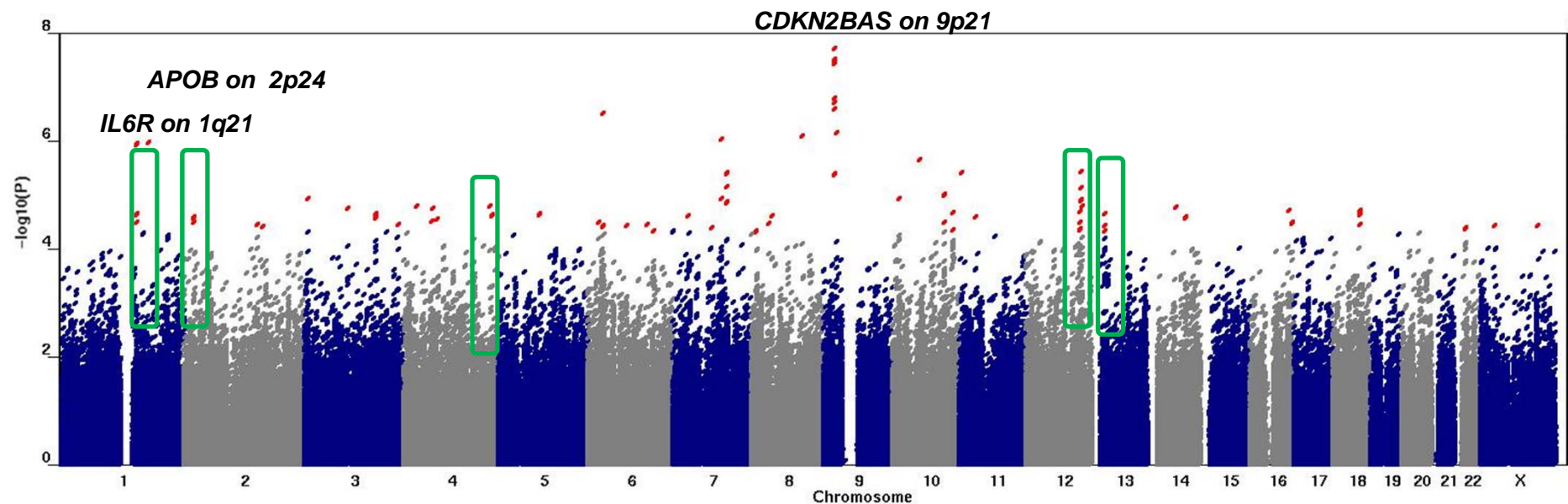
- The **logistic regression** with adjustment for age, gender under additive model
- 599,162 SNPs in **2,123 cases** (in men < 55 y old and in women < 65 y old) and **2,690 gender-matched controls** among 3,703 subjects passed by quality control criteria
- To reduce inflation generated by confounding effects, **remove with SNPs**,
  - Different missing proportions in cases and controls
    - Case missing rate >1% or control missing rate >1%,
    - Missing  $P < 5 \times 10^{-5}$
  - Or with ambiguous cluster plots

### Quantile-Quantile Plot



# Association Results

For the 558,020 markers in 2,123 cases and 2,690 gender-matched controls from discovery stage



## SNP selection for replication

- 62 SNPs with  $P < 5 \times 10^{-5}$
- Lead 36 SNPs with lowest  $P$  value in Linkage Disequilibrium(LD) block
- **18 loci** were selected for replication test in the Japanese population
  - $P < 5 \times 10^{-5}$ , Minor allele frequency  $> 5\%$ , OR  $< 2$ ,
  - Robust cluster plot
  - supporting evidence for association in LD block

## Replication Stage

- Subjects
  - The samples of cases and controls were collected from from KING (KItaNagoya Genome) study
  - Age of men and women is younger than 80
  - Between May 2005 and December 2007
- Genotype of subjects in cases and controls
  - 18 SNPs were genotyped in **812 cases** and **4,422 gender-matched controls** (in men < 55 y old and in women < 65 y old) using TaqMan® SNP genotyping assays

## Previously published loci associated with CAD

SNP	Gene	Chromosome	Risk Allele	Risk Allele Freq.	OR
rs9818870	<i>MRAS</i>	3q22.3	T	17.3	1.15
Hap	<i>SLC22A3, LPAL2, LPA</i>	6q25.3		0.02	1.82
<b>rs646776</b>	<b><i>CELSR2, PSRC1, SORT1</i></b>	<b>1p13.3</b>	<b>T</b>	<b>0.81</b>	<b>1.19</b>
rs11206510	<i>PCSK9</i>	1p32.3	T	0.81	1.15
rs17465637	<i>MIA3</i>	1q41	C	0.72	1.14
rs6725887	<i>WDR12</i>	2q33.1	C	0.14	1.17
rs12526453	<i>PHACTR1</i>	6p24.1	C	0.65	1.12
<b>rs4977574</b>	<b><i>CDKN2A, CDKN2B</i></b>	<b>9p21.3</b>	<b>G</b>	<b>0.56</b>	<b>1.29</b>
rs1746048	<i>CXCL12</i>	10q11.21	C	0.84	1.17
rs11066001	<i>BRAP</i>	12q24.12	G	0.34	1.47
rs1122608	<i>LDLR</i>	19p13.2	G	0.75	1.15
rs9982601	<i>SLC5A3, MRPS6, KCNE2</i>	21q22.11	T	0.13	1.2

SNPs with  $P$  value  $< 5 \times 10^{-8}$

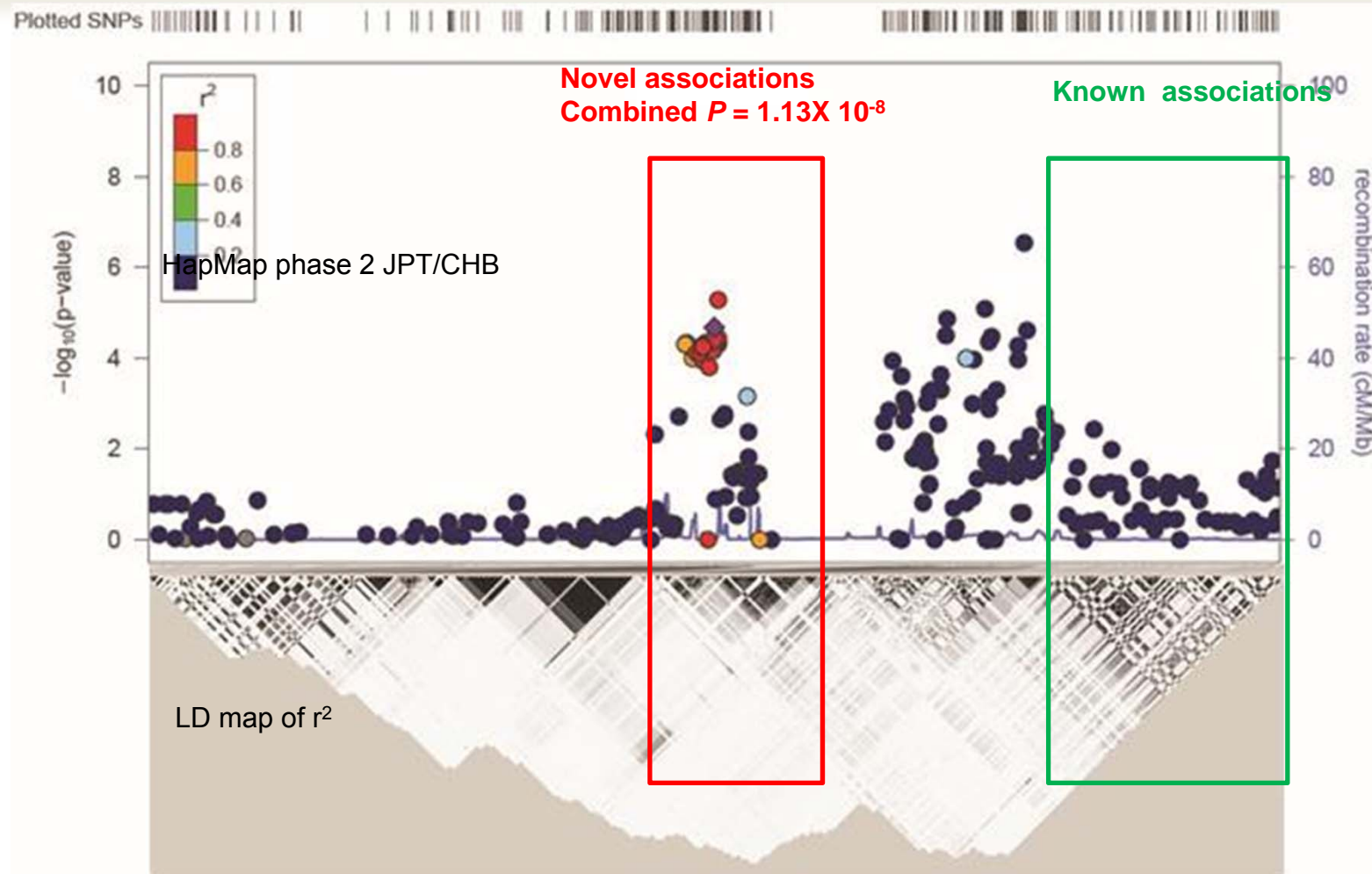
Dan E. Arking and Aravinda Chakravarti, *Trends in Genetics* 2009



# Results of a meta-analysis for SNPs identified from both the GWAS and the replication cohorts

SNP	Chromosome	Gene	Func	GWAS - Korea				Replication - Japan				Combined analysis		
				Allele	N	OR	P	Allele	N	OR	P	OR	p	het.(P)
<b>Previous publications</b>														
rs4537545	1q21.3e	<i>IL6R</i>	i	T	4735	0.8356	2.39E-05	T	5234	0.8936	0.04297	0.8659	4.74E-05	0.3376
rs7588415	2p24.1c	<i>APOB</i>		A	4778	0.7578	2.74E-05	A	5233	0.8232	0.02587	0.7914	2.47E-05	0.4498
<b>New identified loci</b>														
rs1111782	9p21.2a	<i>TEK</i>	i	A	4716	0.8101	7.32E-07	T	5234	0.952	0.3684	0.8816	3.46E-04	0.0198
rs12114277	8q22.3b	<i>UBR5</i>	i	A	4674	0.8082	8.43E-07	A	5233	1.016	0.764	0.912	8.70E-03	9.00E-04
rs219822	7q22.1a	<i>TRRAP</i>	i	A	4783	1.229	9.64E-07	A	5232	1.068	0.2277	1.1422	1.35E-04	4.12E-02
rs12705702	7q31.1b			T	4781	0.8263	4.17E-06	G	5232	1.039	0.4792	0.9314	4.06E-02	8.00E-04
rs1163072	10q24.33			T	4780	1.203	1.04E-05	G	5231	1.051	0.3571	1.1208	9.86E-04	0.0487
rs41391154	3p26.1a	<i>GRM7</i>	i	T	4775	0.7166	1.24E-05	T	5233	0.9898	0.9076	0.8487	5.05E-03	0.0055
rs886126	12q24.11d	<i>CUX2</i>	i	C	4756	0.8244	1.31E-05	C	5232	0.9654	5.45E-01	0.8958	2.92E-03	0.0309
rs10012505	4q34.1b	<i>GALNT17</i>	i	G	4662	0.7661	1.67E-05	C	5233	0.9422	0.4594	0.8547	2.35E-03	0.0416
rs2122149	4q13.1a			A	4674	1.277	1.87E-05	A	5231	1.03	0.6516	1.14	2.96E-03	0.0138
rs9944810	18q21.31	<i>ALPK2</i>	cn	C	4783	0.8326	2.08E-05	C	5234	0.9488	0.3364	0.8914	1.09E-03	0.0603
<b>SNP2</b>	<b>12</b>	<b>gene2</b>	<b>i</b>	<b>C</b>	<b>4762</b>	<b>1.255</b>	<b>2.13E-05</b>	<b>G</b>	<b>5232</b>	<b>1.262</b>	<b>9.85E-05</b>	<b>1.2586</b>	<b>1.13E-08</b>	<b>0.9446</b>
rs17101534	10q26.12b			C	4780	0.8218	2.26E-05	C	5232	0.9621	0.5224	0.8923	3.13E-03	0.0384
rs2068230	3q23c	<i>ATP1B3</i>	i	A	4759	0.834	2.33E-05	T	5231	0.9775	0.6776	0.9063	5.25E-03	0.0226
<b>SNP3</b>	<b>13</b>	<b>gene3</b>	<b>i</b>	<b>C</b>	<b>4789</b>	<b>1.192</b>	<b>2.34E-05</b>	<b>G</b>	<b>5231</b>	<b>1.148</b>	<b>1.09E-02</b>	<b>1.1688</b>	<b>6.35E-06</b>	<b>0.5817</b>
<b>SNP4</b>	<b>4</b>	<b>gene4</b>	<b>i</b>	<b>G</b>	<b>4781</b>	<b>1.187</b>	<b>3.27E-05</b>	<b>C</b>	<b>5233</b>	<b>1.116</b>	<b>0.04156</b>	<b>1.1491</b>	<b>4.91E-05</b>	<b>0.3625</b>
rs9368386	6p22.3b			T	4779	0.7383	3.33E-05	T	5232	0.9921	0.928	0.8616	9.85E-03	0.0098

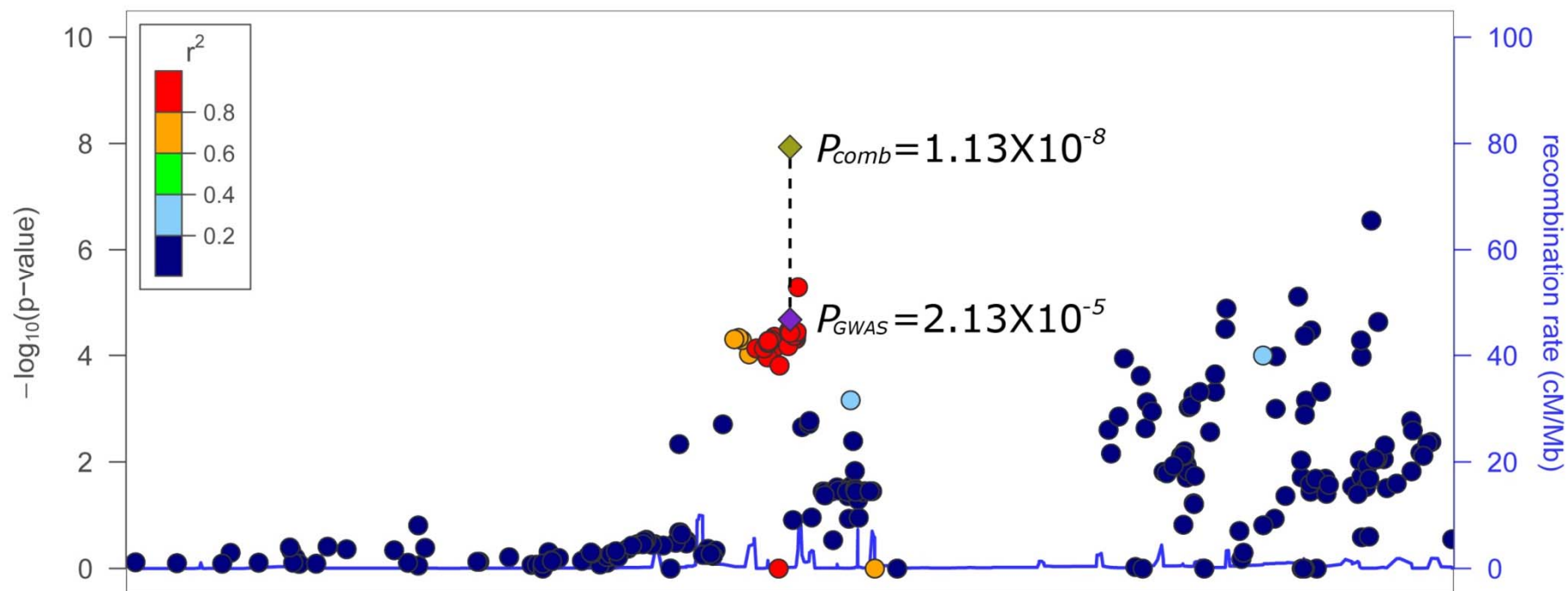
# Novel association at 12q24 confirmed in the present study



Novel locus is about 700kb apart from known locus

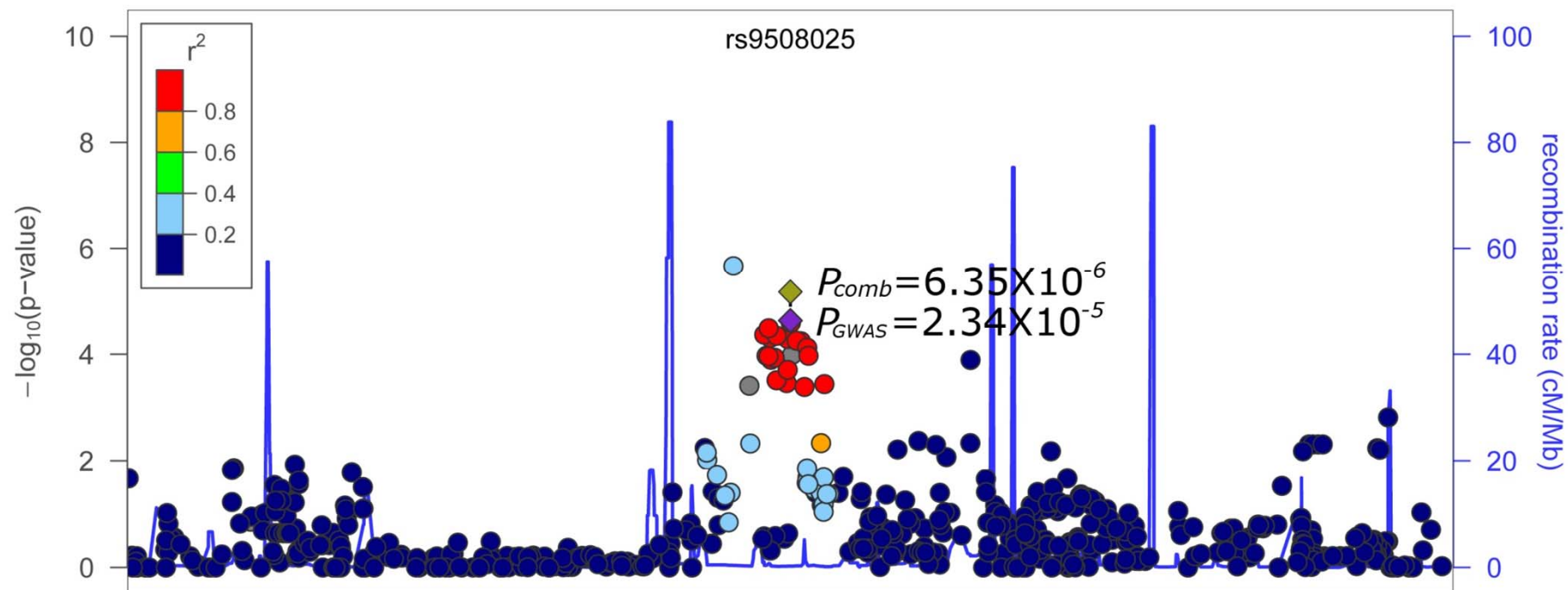
# Signal plot at chromosome 12

Plotted SNPs



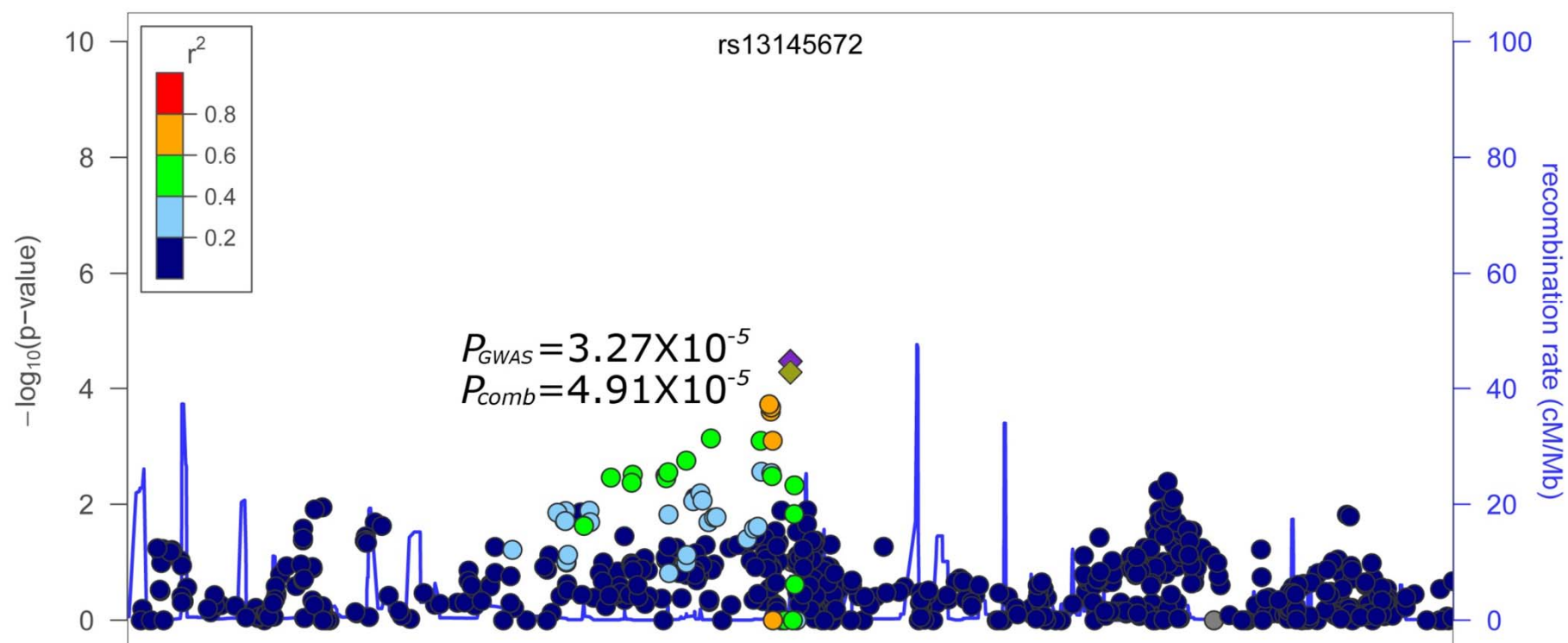
# Signal plot at chromosome 13

Plotted SNPs



# Signal plot at chromosome 4

Plotted SNPs



# Summary and Future Works

- We undertook a GWAS in large Korean population followed by replication studies in an independent Japanese population to discover novel susceptibility loci associated with CAD in East Asian populations
- We identified One new susceptibility locus on 12q24.11 supported by compelling statistical evidence, together with two additional statistically significant loci on 13q12.3 and 4q12.
- Meta-analysis and replication should be required to discover more novel risk genetic factors for CAD in different large-scale populations.
- Fine mapping will be conducted to detect some novel loci and functional rare variants that have been missed completely.

# Acknowledgement

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감사합니다!