

Genome-wide interaction study of smoking behavior and non-small cell lung cancer risk in Caucasian population

Yafang Li, Xiangjun Xiao, Younghun Han, Olga Gorlova, David Qian, Natasha Leighl, Jakob S. Johansen, Matt Barnett, Chu Chen, Gary Goodman, Angela Cox, Fiona Taylor, Penella Woll, H.-Erich Wichmann, Judith Manz, Thomas Muley, Angela Risch, Albert Rosenberger, Susanne M. Arnold, Eric B. Haura, Ciprian Bolca, Ivana Holcatova, Vladimir Janout, Milica Kontic, Jolanta Lissowska, Anush Mukeria, Simona Ognjanovic, Tadeusz M. Orłowski, Ghislaine Scelo, Beata Swiatkowska, David Zaridze, Per Bakke, Vidar Skaug, Shanbeh Zienolddiny, Eric J. Duell, Lesley M. Butler, Richard Houlston, María Soler Artigas, Kjell Grankvist, Mikael Johansson, Frances A. Shepherd, Michael W. Marcus, Hans Brunnström, Jonas Manjer, Olle Melander, David C. Muller, Kim Overvad, Antonia Trichopoulou, Rosario Tumino, Geoffrey Liu, Stig E. Bojesen, Xifeng Wu, Loic Le Marchand, Demetrios Albanes, Heike Bickeböller, Melinda C. Aldrich, William S. Bush, Adonina Tardon, Gad Rennert, M. Dawn Teare, John K. Field, Lambertus A. Kiemeny, Philip Lazarus, Aage Haugen, Stephen Lam, Matthew B. Schabath, Angeline S. Andrew, Pier Alberto Bertazzi, Angela C. Pesatori, David C. Christiani, Neil Caporaso, Mattias Johansson, James D. McKay, Paul Brennan, Rayjean J. Hung, Christopher I Amos*

*To whom correspondence should be addressed. Tel: 603-650-1972; Email: Christopher.I.Amos@Dartmouth.edu

Abstract

Non-small cell lung cancer (NSCLC) is the most common type of lung cancer. Both environmental and genetic risk factors contribute to lung carcinogenesis. We conducted a genome-wide interaction analysis between SNPs and smoking status (never vs ever smokers) in a European-descent population. We adopted a two-step analysis strategy in the discovery stage: we first conducted a case-only interaction analysis to assess the relationship between SNPs and smoking behavior using 13,336 NSCLC cases. Candidate SNPs with p-value less than 0.001 were further analyzed using a standard case-control interaction analysis including 13970 controls. The significant SNPs with p-value less than 3.5×10^{-5} (correcting for multiple tests) from the case-control analysis in the discovery stage were further validated using an independent replication dataset comprising 5377 controls and 3054 NSCLC cases. We further stratified the analysis by histological subtypes. Two novel SNPs, rs6441286 and rs17723637, were identified for overall lung cancer risk. The interaction odds ratio and meta-analysis p-value for these two SNPs were 1.24 with 6.96×10^{-7} and 1.37 with 3.49×10^{-7} , respectively. Additionally, interaction of smoking with rs4751674 was identified in squamous cell lung carcinoma with an odds ratio of 0.58 and p-value of 8.12×10^{-7} . This study is by far the largest genome-wide SNP-smoking interaction analysis reported for lung cancer. The three identified novel SNPs provide potential candidate biomarkers for lung cancer risk screening and intervention. The results from our study reinforce that gene-smoking interactions play important roles in the etiology of lung cancer and account for part of the missing heritability of this disease.

Summary: We conducted a genome-wide gene-smoking interaction analysis in non-small cell lung cancer using genotype from 35,737 individuals including both discovery and validation datasets. We identified three novel SNPs with significant interactions with tobacco smoking.

Introduction

Lung cancer is one of the most common cancers worldwide and the leading cause of cancer-related death in both men and women in the United States (1). Non-small cell lung cancer (NSCLC) contributes to about 80-85% of lung cancer cases (2). NSCLC has three major subtypes: adenocarcinoma, squamous cell carcinoma and large cell carcinoma. About 40% of NSCLC are adenocarcinoma, while squamous cell carcinoma represents about 25-30% of NSCLC and is strongly related to a history of having ever smoked (3-5).

Genome-wide association studies (GWAS) have been successful in identifying common variants associated with lung cancer in the past decade. The identified susceptibility genes include the *CHRNA5*, *CHRNA3* and *CHRNA4* genes at 15q25, *TERT* at 5p15, the HLA region at 6p21, *TP63* at 3q28, and several additional variants (6-13). Most of the identified common variants have a relatively small genetic effect (Odds Ratio (OR) < 1.5) and together account for a fraction of the heritability of lung cancer. Gene-environment interactions are believed to explain part of the missing heritability (14). Tobacco smoking is the major risk factor associated with lung cancer risk and about 80% to 90% of European-descent lung cancer cases have a history of exposure to cigarette smoke (15). Interactions between genes and smoking behavior play an important role in the development of lung cancer (16-18). An interaction effect manifests itself when the disease risk associated with a genotype varies by smoking behavior. In 2014, Zhang and his colleague detected two SNPs rs1316298 and rs4589502 (OR: 0.71, p value 6.73×10^{-6} ; and OR 1.55, p value 3.84×10^{-6} , respectively) in a genome-wide gene-smoking interaction scanning using genotype data from 3865 cases and 4566 controls from a Han Chinese population (16). Studies of gene-smoking interactions are important in deciphering the lung cancer etiology because they will reveal those genes involved in lung tumorigenesis that interacting with tobacco smoking that would not be discovered by main effect association analysis without jointly modeling with smoking status. The

identified genetic variants with heterogeneous effects between subgroups defined by smoking behavior will contribute to lung cancer risk prediction and disease prevention.

However, genome-wide interaction scanning remains a challenge. Most GWAS studies were designed for main effect association analysis and have limited power for interaction analysis. Analyses of power show that a sample size at least a four-fold larger is required for interaction analysis if a standard case-control design is used and the power limitations are more extreme when the effect size is modest or the risk allele has a lower frequency (19). In the absence of gene-environment correlation, a case-only approach has been shown to be much more powerful than a standard case-control design (20-21). If the gene environment independence assumption is not met, then false positives can be introduced when a case-only design is followed. A two-step test strategy was proposed by researchers for gene-environment interaction analysis: step 1, comprises a case-only test to test the association between SNPs and environmental risk factor; step 2, candidate SNPs from step 1 were further submitted to standard case-control logistic interaction analysis (21). There are two advantages using this 2-step study design: first, the step 1 test allows us to filter the SNPs tested in step2 thus reducing the power loss from multiple comparisons in the step 2 test; and second, standard case-control interaction analysis in step 2 is more stringent and is robust to the gene-environment requirement of the case-only design, thus reducing the false discovery rate that may otherwise plague the case-only design.

The current reports on genome-wide gene-smoking interaction analysis in lung cancer are still quite limited (16). To explore gene-smoking interactions in NSCLC lung cancer development in a European-decent population, we conducted a genome-wide interaction analysis based on about 500,000 SNPs genotype data from about 27,000 individuals of European descent. We tested the interactions between each SNP and the smoking status (never-smokers vs ever smokers). The interaction analyses were further categorized by lung cancer histology subtypes including adenocarcinoma and squamous cell

carcinoma. The candidate SNPs were further validated using independent genotype data from another sample of about 8, 400 individuals. As far as we know, this is the largest genome-wide SNP-smoking interaction analysis in lung cancer study up to date.

Materials and methods

Study populations

The discovery genotype data in this study came from OncoArray consortium which was designed to identify genetic variants associated with common cancers including breast, colon, lung, prostate and ovarian cancers (22). We restricted the analysis to individuals with European ancestry and valid information on smoking status and lung cancer histology (23). The smoking status was denoted as never- versus ever-smokers, and ever-smokers included current and former smokers based on self-reported information about smoking status when the samples were recruited. The large sample size ($n>25,000$) in the discovery phase derives from samples that were collected from 28 individual institutes. To minimize the potential for false positive findings, we randomly grouped the data into three balanced data sets S1-S3 (Table S1). The three subsets serve as internal replication datasets for the associations, and help to reduce the potential for spurious association findings. The sample size from the 28 sites varies from 146 to 3195. We “randomly” distributed the sites to three groups following two criteria: 1, there are sites with sample size > 1000 and sites with sample size < 1000 in each group; 2, the sample size of each group are balanced (within range of $\text{average} \pm 500$). There are 9480, 9059 and 8767 individuals in S1-S3 which sum to 13970 controls and 13336 patients with NSCLC lung cancer (Table 1). The NSCLC lung cancer cases includes 7015 adenocarcinoma patients and 4529 squamous cell carcinoma patients. All the samples were genotyped using the Illumina OncoArray-500K BeadChip (22). The independent replication data includes 5377 controls and 3054 NSCLC cases genotyped on a separate Affymetrix array (24). The smoking statuses in the replication data were recorded following the same

classification as in the discovery data. The percentage of never smokers in the control samples are 32.14% and 29.85% in discovery and replication data; and 10.49% and 11.43% in the disease samples in the discovery and replication data, respectively (Table 1).

Ethics statement

All subjects provided informed consent, and the institutional review boards of each participating institutes approved this collaborative study.

Genotype data quality control

In the discovery stage, we started with genotypes from 43,959 samples on 517820 SNPs. We inferred ancestry information using the FastPop program and individuals with probability of European ancestry greater than 0.8 were inferred as having European-descent population (25). IBD analysis and sex checking were conducted as quality control checks to identify close relatives or possible sample processing issues. Individuals and SNPs with genotype call rate less than 0.95 were excluded from the analysis. IBD analysis was further performed among samples between discovery and replication data sets, and duplicate samples included in discovery study were removed. A total of 27,306 individuals including 13,970 controls and 13,336 patients with NSCLC lung cancer were included in the discovery study. FlashPCA was used for PCA analysis and we adjusted for the first three principal components in the interaction analysis (26). A total of 502,933 SNPs were analyzed in the interaction analysis (23).

In the replication study, a total of 12,651 individuals were genotyped using Affymetrix Array platform on 404740 SNPs (24). IBD analysis was conducted to remove duplicate samples or close relatives within the data set. Individuals with genotype call rate less than 0.95 were excluded from the analysis. The Structure program was run to infer ancestry origin and 0.8 was used as the cutoff for European-descent population inference (27). A total of 8431 samples were included in replication study including 5377

controls and 3054 patients with NSCLC lung cancer. EIGENSTRAT was run for PCA analysis and we adjusted for the first three principal components in the analysis (28).

Statistical analysis

We conducted a genome-wide interaction analysis comprising a discovery stage in which candidate SNPs were identified, and then these SNPs were validated in a subsequent replication study using an independent set of cases and controls (Supplemental Figure S1). A two-step analysis strategy was adopted in discovery stage: step 1, a genome-wide case-only logistic regression analysis was performed to assess the association between each SNP and smoking status using formula (1) (E denotes smoking status) using all the discovery data; SNPs with case-only p value less than 0.001 were further submitted to step 2 analysis with a standard case-control logistic model as denoted in formula (2) (D denotes disease status).

$$\text{logit}(E) = \beta_0 + \beta_1 \times \text{snp} + \sum \beta_i \times \text{cov}_i \quad (1)$$

$$\text{logit}(D) = \beta_0 + \beta_1 \times \text{snp} + \beta_2 \times \text{smoking} + \beta_3 \times \text{snp} \times \text{smoking} + \sum \beta_i \times \text{cov}_i \quad (2)$$

The Bonferroni corrected cutoff p-value in the step 2 case-control analysis was set to 0.05 divided by the number of SNPs entering the step 2 analysis. For example, if 500 SNPs had case-only p-value less than 0.001 then the cutoff p-value in case-control analysis was $0.05/500=1 \times 10^{-4}$. The significant candidate SNPs following the step 2 test were chosen for further study based on two additional criteria: 1, the SNPs have case-control interaction p value less than 0.1 from each of three subsets in discovery data; 2, case-control interaction p values less than the Bonferroni corrected p-value from the combined discovery data. The candidate SNPs were further submitted for verification in replication study. In the interaction analysis, SNPs were coded in an additive model (0, 1 or 2). There were three categories of reported smoking status, never smoker, current smoker and ex-smoker, in the phenotype data. And ex-

1
2
3 smoker was defined as time since last smoking greater than 2 years. We grouped the samples into never
4
5 smokers (0) and ever-smokers (1, including both current smokers and ex-smokers). The first three
6
7 principal components were adjusted in the interaction analysis.
8
9

10
11 The interaction analysis was further stratified by histology subtypes including adenocarcinoma and
12
13 squamous cell carcinoma. For those SNPs validated in replication study (case-control interaction p value
14
15 < 0.05), we also performed a meta-analysis to combine the information from both discovery and
16
17 replication data.
18
19

20 21 **Genotype imputation**

22
23 To increase the density of SNP markers at regions surrounding the significant SNPs verified in replication
24
25 study, we used IMPUTE2 to impute the flanking SNPs in ~250 kb of the three validated SNPs rs6441286,
26
27 rs17723637, and rs4751674 in the discovery data. Because of the limited overlap in SNP panels between
28
29 discovery and replication data, we also conducted imputation to increase the SNP density and overlap in
30
31 the replication data. The 1000 Genomes Project Phase 3 release was used as the reference dataset (29).
32
33 The output dosage file from IMPUTE2 was used as input in logistic regression analysis and the first three
34
35 PCs were adjusted in the imputed genotype analysis.
36
37
38
39

40 41 **Results**

42 43 **Discovery study**

44
45 In discovery study, we first performed the genome-wide interaction analysis to test the association
46
47 between SNPs and smoking behavior using only the lung cancer patients; the samples with p value $<$
48
49 0.001 were submitted to interaction analysis to test the association between SNP-smoking interaction
50
51 and lung cancer risk using S1-S3 subset as well as the combined data in the discovery stage. Figure 1A-C
52
53 display the Manhattan plot of $-\log_{10}(p)$ from the case-only studies including 13336 NSCLC cases, 7015
54
55
56
57
58
59
60

adenocarcinoma cases and 4529 squamous cell carcinoma cases, respectively. The QQ-plots displayed the observed p-values vs expected p-values, and the observed genomic inflation factor (λ , lambda) were 1.13, 1.06 and 1.00 for NSCLC, adenocarcinoma and squamous cell carcinoma, respectively. Since the lambda value scales with sample size, we also computed the inflation factor for an equivalent study of 1000 cases (30). The scaled lambda values were 1.01, 1.01 and 1.00 for interaction analysis in NSCLC, adenocarcinoma and squamous cell carcinoma, respectively (Figure 1A-C). No obvious inflation of type I error rate was detected in the study. In the association analysis between smoking behavior and SNPs using only cases, 1379, 867 and 468 SNPs, including the SNPs at the well-known chr15q24.3—chr15q25.1 region (the *CHRNA5*, *CHRNA3*, *CHRNA4*, *IREB2*, *PSMA4* gene cluster) with p-value less than 0.001 were detected in NSCLC, adenocarcinoma and squamous cell carcinoma case-only interaction analysis, respectively (Table S2). And these SNPs entered the step 2 test in discovery stage to test the associations between gene-smoking interactions and lung cancer disease using all the cases and controls data.

In step 2 test, the Bonferroni corrected p-values were computed by dividing 0.05 by the number of SNPs entered the analysis. And we got 3.63×10^{-5} , 5.77×10^{-5} , 1.07×10^{-4} for NSCLC, adenocarcinoma and squamous cell carcinoma subgroup studies, respectively (Table S2). For consistency, we used 3.5×10^{-5} as the cutoff in step 2 case-control interaction analysis across all the three studies by histology. The significant SNPs from step 2 test in discovery stage were chosen based on two criteria: 1, the association between disease status and gene-smoking interaction has a p value < 0.1 from each of the S1-S3 subset; 2, has a p value $< 3.5 \times 10^{-5}$ from the combined data analysis. For example, 438, 766 and 925 SNPs had a case-control interaction p value less than 0.1 from subset 1-3 in NSCLC cohort and 105 of them were common to all the three subsets. Among the 105 SNPs, 52 had a case-control interaction p value less than 3.5×10^{-5} using the combined data (Table S2). In adenocarcinoma and squamous cell carcinoma lung cancer cohort, 41 and 10 SNPs were selected as significant markers for further replication analysis (Table

1
2
3 S2, S3). 33 and 26 SNPs at chr15q24.3—chr15q25.1 region had significant interaction p-values in
4
5 discovery stage from NSCLC and adenocarcinoma interaction analysis, respectively. The CHRNA5 region
6
7 had been extensively studied in several independent studies (7, 12, 18). However, these p-values were
8
9 much less significant compared with that from main-effect-only association analysis, which means the
10
11 association effect between disease status and SNPs were much more significant when only genetic main
12
13 effect was considered in the model compared with the association effect between disease status and
14
15 gene-smoking interactions (Table S3). These SNPs on chromosome 15q were not novel SNPs and the
16
17 interaction effect between smoking and SNPs was not as striking as that found in main effect analysis.
18
19
20
21
22

23 Replication study and meta-analysis

24
25 The replication data came from a separate study so the genotype panel was different from that of
26
27 discovery data. Some of the selected candidate SNPs from discovery study were not available in
28
29 validation data but we still validated the signals at three novel SNPs using genotypes from replication
30
31 data. In the cohort including all NSCLC cases, SNP rs6441286 on chromosome 3q25.33 had a p-value of
32
33 6.30×10^{-6} in gene and smoking behavior association analysis (step 1) and p-value of 1.16×10^{-5} in gene-
34
35 smoking and disease status association analysis (step 2) using combined discovery data. The step 2
36
37 interaction p-values were 3.39×10^{-3} , 1.67×10^{-2} , and 4.79×10^{-3} for S1-S3 subset. The replication data
38
39 produced an interaction p-value of 2.02×10^{-2} . The interaction odds ratios (OR) varied from 1.21 to 1.31
40
41 across the different subsets and the overall OR was 1.24. This SNP has a p-value of 6.96×10^{-7} in the
42
43 meta-analysis to combine both the discovery and replication data. rs6441286 was located at the intron
44
45 of *IL12A-AS1* gene, which is an antisense RNA regulating *IL12* gene, a key regulator in immune response.
46
47
48
49
50
51 Another validated SNP in NSCLC cohort was SNP rs17723637 located in *ZNF462* gene. It had a case-only
52
53 interaction p value of 4.92×10^{-4} in the gene and smoking behavior association analysis, a gene-smoking
54
55 and disease status association p value of 1.06×10^{-5} in combined discovery data and p value of 9.76×10^{-3}
56
57
58
59
60

in validation analysis. The interaction ORs were 1.40 (95% CI: (1.09, 1.79)), 1.32 (95% CI: (1.06, 1.64), 1.45 (95% CI: (1.12, 1.86)), and 1.43 (95%CI: (1.09, 1.88)) for S1-S3 and replication data, respectively. The overall interaction OR was 1.37 with p-value of 3.49×10^{-7} in the meta-analysis.

In the genome-wide gene-smoking interaction analysis stratified by different tumor subtype, SNP rs4751674 had a case-only interaction p-value of 3.69×10^{-5} and the case-control interaction p-value of 1.07×10^{-5} in discovery stage and 2.62×10^{-2} in replication stage in squamous cell carcinoma lung cancer group (Table 2). The interaction ORs were 0.59, 0.54, 0.68 and 0.58 for S1-S3 and replication data, respectively. The overall OR was 0.58 from the meta-analysis with a p value of 8.12×10^{-7} . We also identified another neighbor rs2244178 with a gene and smoking behavior association p-value of 2.23×10^{-4} and gene-smoking interaction and squamous cell lung cancer disease status association p-value of 3.14×10^{-5} from combined discovery data analysis. The OR of lung cancer risk associated with rs2244178 was 0.58 (95% CI: (0.45, 0.75)). Unfortunately, rs2244178 was not available at the replication data and we couldn't verify it. Both rs2244178 and rs4751674 were located at gene *AFAP1L2* (*XB130*), which is an adaptor that regulated signal transduction in lung.

We further checked the interaction effect of the three SNPs at different lung cancer subtypes. Both SNP rs6441286 and rs17723637 had a marginal interaction effect in adenocarcinoma and squamous cell lung cancer. These interaction effect only achieved genome-wide significance in NSCLC analysis when both adenocarcinoma and squamous cell carcinoma patients were included in the analysis to get a larger sample size (Figure 2A). The interaction effect between SNP rs4751674 and smoking behavior was only detected in squamous cell lung cancer subtype. This effect was not existing in adenocarcinoma subtype although there were 3293 more samples in adenocarcinoma than in squamous cell group.

Imputation analysis

To further verify the replicated interactions between SNPs and smoking behavior, we imputed the ~250kb flanking regions around each of the three significant SNPs using the genotypes from the discovery data to increase the density of markers in the regions harboring the three target SNPs. We plotted the signals from 1000 up- and down-stream SNP markers of the target SNPs. Because the genotype data for imputation analysis went through additional QC procedures, the final sample size was a little smaller than that used in genotype analysis. There were 12624 controls and 12979 NSCLC cases in imputed data analysis. In the imputation analysis, we found another eight imputed SNPs with interaction p-values less than 3.5×10^{-5} around rs6441286 and the most significant SNP was rs66785795 with interaction p value 7.63×10^{-6} (Table S4 and Figure 1D). All the most significant SNPs were within *IL12A-AS1* gene. For SNP rs17723637, we found another 6 SNPs with interaction p-values less than 3.5×10^{-5} and all the most significant SNPs were within gene *ZNF462* which encodes a zinc finger protein (Table S4 and Figure 1E). For SNP rs4751674 from interaction analysis in squamous cell lung cancer, we detected 14 more SNPs with interaction p-values less than 3.5×10^{-5} harboring both rs2244178 and rs4751674. All of these SNPs were located within the gene *AFAP1L2* and the most significant p-value came from imputed SNP rs2483911 with a p-value of 2.87×10^{-6} (Table S4 and Figure 1F). The results from imputed genotype analysis strongly supported the identified SNPs in our gene-smoking interactions analysis.

Because the SNP panels between discovery and replication data were different and only limited number of SNPs were available in both panels, we also imputed the replication genotype data using 1000 Genome as the reference. We identified another three SNPs with case-control interaction p value < 0.05 in the imputed replication data. They are rs10477550 on chromosome 5, rs4557740 on chromosome 8 and rs11544453 on chromosome 22 (Table S3). rs10477550 was located within *COMMD10* gene, and it has interaction p value of 9.05×10^{-2} , 7.69×10^{-4} , 4.30×10^{-2} with adenocarcinoma disease in the three subsets S1-S3 in discovery data and 4.33×10^{-3} in the imputed replication data. rs11544453 was within

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

WNT7B gene and it has interaction p value of 5.61×10^{-4} , 7.07×10^{-2} , 2.17×10^{-3} with squamous cell lung cancer in three subsets in discovery data and 4.05×10^{-2} in imputed replication data (Table S3). The results from imputed replication data suggest the potential interaction effect with smoking behavior at these two genes but direct genotype data would be more reliable for further validation.

Risk effect of lung cancer at significant SNPs stratified by smoking status

For the replicated SNPs with significant interactions with smoking status, we further investigated the risk effect of the SNPs in smoking and never smoking groups separately. There were 5899 never-smokers in the NSCLC cohort and 1399 individuals were NSCLC patients in the never-smokers (Table 1). The minor allele at SNP rs6441286 had a protective effect on NSCLC in never smokers and the overall OR was 0.83 (95%CI: (0.77, 0.90)) when we combined both the discovery and replication data set (Figure 2B). However, this protective effect did not exist in samples from only smokers (OR=1.04, 95%CI: (1.00, 1.07)) in the study combining both discovery and replication data. Similarly, SNP rs17723637 had a protective effect on NSCLC in nonsmokers with the overall OR was 0.76 (95% CI: (0.68, 0.85)) in never smoking group. No significant effect was identified in the smoking group.

SNP rs4751674 had a negative interaction with smoking behavior in squamous cell carcinoma cohort. Among the 4649 never-smokers, only 159 of them were squamous cell carcinoma lung cancer patients. SNP rs4751674 had a squamous cell lung cancer risk effect with the overall OR of 1.66 (95%CI: (1.35, 2.05)) in nonsmokers when we combined both discovery and replication data (Figure 2B). This risk effect for lung cancer did not exist in the smoking group (OR: 0.99, 95% CI: (0.94, 1.04)). SNP rs4751674 had a risk allele A, and there was no significant difference between the allele frequencies in never-smokers vs ever-smokers in controls (OR=1, p value=0.98) (Table S5). In patients with squamous cell lung cancer, 63.52% of never smokers have at least one risk allele, compared with 45.73% in ever smoker patients

(OR=2.07, p-value= 1.44×10^{-5}). The neighbor SNP rs2244178 had a risk effect with OR of 1.60 (95%CI: (1.25, 2.04)) in never-smoker group and no significant effect in ever-smoker group.

Joint analysis of SNP and smoking behavior in lung cancer

To better understand the interaction effect between the SNP and smoking status we conducted a joint analysis with never smoker without risk allele as the reference group (Table 3). For ever-smokers without risk allele group, the NSCLC risk at SNP rs6441286 was 3.51 (95% CI: (3.18, 3.88)); for never-smokers with risk allele group, the risk was 0.79 (95% CI: (0.70, 0.90)); for ever-smokers with risk allele group, the disease risk was 3.66 (95%CI (3.30, 4.06)). The interaction effect between the risk genotype and smoking behavior was 1.33 (95% CI: (1.16, 1.52)). A similar pattern was found at SNP rs17723637. For people carrying at least one risk allele, the OR of lung cancer was 0.77 (95% CI: (0.67, 0.88)) in never-smokers and 3.94 (95% CI: (3.61, 4.30)) in ever-smokers. The interaction between smoking and the SNP was 1.38 (95% CI; (1.18, 1.60)). The joint analysis at these two SNPs displayed that for a person who was a carrier of the risk allele the lung cancer risk varied dramatically depending on the smoking behavior of the person. Cigarette smoking had a synergetic effect on the risk genotype and abstinence from smoking among those risk allele carrier population would significantly decrease their risk for NSCLC lung cancer.

For SNP rs4751674 we found that smoking had a very big risk effect for squamous cell lung carcinoma which alone contributed an OR of 19.67 (95% CI: (15.08, 25.65)). SNP rs4751674 was located at a potential tumor gene *AFAP1L2* and the risk allele contributed an OR of 1.92 (95% CI: (1.38, 2.67)). The OR was decreased to 19.04 (95%CI: (14.59, 24.85)) when both risk factors occurred which meant that smoking behavior had an antagonistic effect on the risk allele and there was a negative interaction between the SNP and smoking behavior (OR=0.48 (95% CI: (0.34, 0.67))).

SNP rs4751674 is located at gene *AFAP1L2* (alias: *XB130*) on chromosome 10 which encodes an adaptor protein that participates in many cellular functions including cell proliferation and survival process in various cancers (31). *AFAP1L2* is a potential oncogene and the knockdown of *AFAP1L2* by RNAi was associated with induced cell death in human lung cancer cells (32). The results from our statistical analysis of SNP rs4751674 suggested that this gene was involved in squamous cell carcinoma in nonsmokers.

Discussion

Lung cancer has a complicated disease mechanism and both genetic and environmental factors impact the disease development. Tobacco smoking is the most important environmental risk factor associated with lung cancer. In this study, we conducted a genome-wide gene-smoking behavior interaction analysis on NSCLC lung cancer using genotype data from about 36,000 samples including both discovery and validation datasets. As far as we know this is by far the largest genome-wide SNP-smoking interaction analysis in lung cancer. The three subsets at the discovery stage and independent validation data at the replication stage allow us to identify SNPs with consistent effect in interaction analysis across different data sets and provide solid evidence for interactions between reported SNPs and smoking behavior. The GWAS studies are designed for main effect association analysis and have limited power for interaction effect detection. We adopted a two-step test for the interaction analysis in discovery stage. The case-only interaction analysis at step 1 allowed us to filter the SNPs for further case-control interaction analysis at step 2. Based on the number of SNPs in standard interaction analysis at step 2, we computed the genome-wide interaction significant level in a conservative way, i.e., 0.05 divided by the number of SNPs tested in step2 analysis and we chose 3.5×10^{-5} as the significance cutoff for all the analyses in discovery study. And the candidate SNPs were submitted to replication study using independent data set.

Although the SNPs at the chr15q24.3—chr15q25.1 region passed the significance criteria at gene-smoking association analysis in case-only study and had a significant interaction effect with smoking behavior in disease status association analysis. The interaction effect was much less significant compared with the main effect association analysis when no interaction effect was considered. For example, rs7163730 and rs11638372, both at chr15q25 region, had a p value of 5.66×10^{-32} and 5.24×10^{-25} in the main effect model, respectively. The interaction p values were only 8.78×10^{-6} and 1.95×10^{-5} when SNP-smoking interaction was considered in the model (Table S3).

52, 41 and 10 SNPs were identified from discovery study in NSCLC, ADE and SQC subgroups, respectively. Because of the limited overlap in SNP panel between discovery and replication genotype data, only 35, 26 and 1 of them were available in the replication genotype data, which limited our ability in replication study (Table S2). Three novel SNPs, rs6441286, rs17723637 and rs4751674, were validated in the replication analysis with significant interactions with smoking behavior in lung cancer development. The gene-smoking interaction and lung cancer disease association p-values from meta-analysis are 6.96×10^{-7} , 3.49×10^{-7} and 8.12×10^{-7} for these three SNPs. The overall ORs combining both discovery and replication data are 1.24, 1.37 for SNP rs6441286 and rs17723637 in NSCLC, respectively; and 0.58 for SNP rs4751674 in squamous cell carcinoma lung cancer. The large sample size in this study allow us to identify two SNP-smoking interactions with moderate effect (OR of 1.24 and 1.37). The minor alleles C at SNP rs64412866 and G at rs17723637 both have protective effect for NSCLC in never smokers but these protective effects are not existing in smokers. SNP rs64412866 is located at gene *IL12A-AS1* which encodes an antisense RNA of *IL12A* gene. Antisense RNA is widely transcribed in human genome and is an important regulatory mechanism human gene expression (37-38). Studies have shown that cigarette smoking affects non-coding RNA, such as microRNA and antisense RNA, expression in humans (39-40). One study found that some stress-induced non-coding RNAs were up-regulated by exposure to tobacco carcinogen nicotine-derived nitrosamine betone (NNK) in lung cancer and breast cancer cell lines (40). Xi

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

et al. found that the exposure of human respiratory epithelial cells and lung cancer cells to cigarette smoke increased the expression of micro RNA miR-31 in both these two types of cells and overexpression of miR-31 was associated with increased lung cancer risk (39). *IL12A* encodes the subunit of *IL12* which has been shown to be a potent cytokine with antitumor activity in human (41). Our results suggest smoking behavior interact with *IL12A-AS1* gene and increase the risk for NSCLC lung cancer in smokers. The other SNP rs17723637 is located at gene *ZNF462*, which is a member of zinc finger protein transcription factor family in human. The functions of zinc finger proteins in human tumorigenesis vary in different cancers and the report about *ZNF462* is still quite limited. Studies showed that *ZNF462* could be involved in chronic obstructive pulmonary disease development (42). Our results suggested it had a protective effect for lung cancer in nonsmokers.

SNP rs6441286 and rs17723637 are common variants with minor allele frequency of 0.4 and 0.15, respectively. The lung cancer risk among individuals carrying the risk allele of each of these two SNPs varies drastically by smoking status (OR 0.79 vs. 3.66 at SNP 6441286 and 0.77 vs. 3.94 at SNP 17723637 between never- and ever-smokers, Table 3). The positive interactions between smoking behavior and these two SNPs illustrated the adverse effect of smoking behavior in NSCLC development again. The results at these two SNPs provided us another evidence that smoking is harmful to our health and quitting smoking will greatly reduce the risk for lung cancer in human.

In the interaction analysis stratified by disease subtype, we identified some significant interaction in adenocarcinoma cohort in discovery study but not validated successfully in replication study. In squamous cell carcinoma cohort, we found two SNPs, rs2244178 and rs4751674, with p-values less than 3×10^{-5} in case-control interaction analysis in discovery study but only rs4751674 were available and successfully validated in replication study. The minor allele A at SNP rs4751674 has a strong interaction effect with smoking status and the OR is 0.58 in squamous cell carcinoma lung cancer risk evaluation.

The negative interaction effect between gene and smoking behavior, i.e., tobacco smoking decreases the genetic risk for lung cancer disease at a genetic locus, is rare but still existing in lung cancer development. For example, Zhang and his colleagues identified the negative interaction between rs1316298 and smoking behavior. This SNP has an OR of 1.12 (95% CI: 1.01-1.25) in non-smoking group whereas an OR of 0.79 (95% CI: 0.71-0.87) is found among smokers (16). SNP rs1316298 is located within a potential tumor suppressor gene and close to genes with tumor-related functions as well. The SNP rs1316298 was not available in our genotype data so we couldn't validate their findings. In our analysis, rs4751674 is located at gene *AFAP1L2* (alias: *XB130*) which is a member of actin filament associated protein (AFAP) family. *AFAP* genes are adaptor proteins and have been shown to be related with tumorigenesis in prostate, lung and breast cancer (31-32,43). Study showed that *XB130* regulated survival, cell cycle, migration and invasion of cancer by interacting with binding proteins (44). Our results support its oncogene function in never smokers. Tobacco smoking has a complicated effect in the genome including impact on the signaling pathways, gene expression and induced methylation at many genes (45-48). A study on cadmium, one of the important toxic chemicals in cigarette, showed that cadmium suppressed *AFAP1L2* gene expression (36). Tobacco smoking may reduce the *AFAP1L2* gene expression thus reduced its tumorigenesis risk effect in smokers.

Squamous cell carcinoma of the lung constitutes about 25% to lung cancers and is closely related with smoking history (49). In our squamous carcinoma cohort, only 3.51% and 3.99% of the patients are never-smokers in the discovery data and replication data, respectively, compared with 15.63% in adenocarcinoma cohort (Table 1). The large sample size in the study enabled us to identify the significant interactions in never-smoking squamous cell carcinoma patients. However, the sample size in squamous cell carcinoma cohort is still limited and there are only 159 and 38 never-smoker patients in the discovery and replication cohort, respectively. We are hoping more never-smoker patients will be available in the future so these results can be further validated.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

The three SNPs, rs6441286, rs17723637 and rs4751674, identified in our study stratify lung cancer risk by smoking behavior. The interaction ORs are 1.24, 1.37 and 0.58 for these three SNPs, respectively. rs6441286 and rs17723637 have increased risk effect for lung cancer in ever smokers whereas rs4751674 has a protective effect in ever smokers compared with never smokers. These three SNPs can be potential biomarkers used to improve the precision to which we can categorize an individual's risk of lung cancer disease by smoking behavior. rs6441286 and rs17723637 have interaction effect with smoking behavior in NSCLC development, and rs4751674 only interacts with tobacco smoking in squamous cell carcinoma lung cancer. These lung cancer subtype-specific biomarkers will further help us categorize the disease risk by tumor histology which is helpful for individualized prognosis and prediction of treatment plan.

All the three identified novel SNPs have little evidence for association with lung cancer risk in main-effect-only association analysis (p values vary from 0.29 to 0.94 in main effect analysis), which displays that the gene-environment interaction analysis is an essential approach in exploring the missing heritability of lung cancer disease. There are significant gene-smoking interactions at well-known chr15q24.3—chr15q25.1 region in lung adenocarcinoma. But the interaction p-values are much less significant than that from the main-effect-only association analysis, which suggests the dominant roles of the main effect in lung cancer development (Table S3). The interaction effect at SNP rs4751674 only exists in squamous cell carcinoma also suggests the difference of genomic features between squamous cell carcinoma and adenocarcinoma in lung cancer from perspective of gene-smoking interaction analysis. This reported study was restricted to Caucasian population and the results may not be generalized to other ethnicities because of the different genetic backgrounds. The limited overlap between discovery genotype and replication genotype may have reduced the power in our validation study. We believe as more genotype data becomes available in the future we can discover more important gene-smoking interaction in lung cancer disease.

Acknowledgement

This study is supported by grant U19CA148127.

Reference

1. <http://www.cancer.org/cancer/lungcancer-non-smallcell/detailedguide/non-small-cell-lung-cancer-key-statistics>
2. <http://www.cancer.org/cancer/lungcancer-non-smallcell/detailedguide/non-small-cell-lung-cancer-what-is-non-small-cell-lung-cancer>
3. <http://www.cancer.org/acs/groups/cid/documents/webcontent/003115-pdf.pdf>
4. The Cancer Genome Atlas Research Network (2014) Comprehensive molecular profiling of lung adenocarcinoma. *Nature*, 511: 543-550.
5. The Cancer Genome Atlas Research Network (2012) Comprehensive genomic characterization of lung squamous cell lung cancers. *Nature*, 489: 519-525.
6. Buttitta F, et al. (2006) Mutational analysis of the HER2 gene in lung tumors from Caucasian patients: Mutations are mainly present in adenocarcinomas with bronchioloalveolar features. *Int. J. Cancer*, 119:2586-2591.
7. Amos CI, et al. (2008) Genome-wide association scan of tag SNPs identifies a susceptibility locus for lung cancer at 15q25.1. *Nat. Genet.*, 40(5):616-622.
8. Le Marchand L, et al. (2008) Smokers with the CHRNA lung cancer-associated variants are exposed to higher levels of nicotine equivalents and a carcinogenic tobacco-specific nitrosamine. *Cancer Res.*, 68(22):9137-9140.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

9. McKay JD, et al. (2008) Lung cancer susceptibility locus at 5p15.33. *Nat. Genet.*, 40(12):1404-1406.

10. Landi MT, et al. (2009) A genome-wide association study of lung cancer identifies a region of chromosome 5p15 associated with risk for adenocarcinoma. *Am. J. Hum. Genet.*, 85(5):679-691.

11. Wang Y, et al. (2008) Common 5p15.33 and 6p21.33 variants influence lung cancer risk. *Nat. Genet.*, 40(12):1407-1409.

12. Truong T, et al. (2010) Replication of lung cancer susceptibility loci at chromosomes 15q25, 5p15, and 6p21: a pooled analysis from the international lung cancer consortium. *J. Natl. Cancer Inst.*, 102(13):959-971.

13. Miki D, et al. (2010) Variation in TP63 is associated with lung adenocarcinoma susceptibility in Japanese and Korean populations. *Nat. Genet.*, 42(10):893-896.

14. Maher B. (2008) Personal genomes: the case of the missing heritability. *Nature*, 456:18-21.

15. http://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm

16. Zhang R, et al. (2014) A genome-wide gene-environment interaction analysis for tobacco smoke and lung cancer susceptibility. *Carcinogenesis*, 35(7):1528-1535.

17. Thorgeirsson TE, et al. (2010) Commentary: gene-environment interactions and smoking-related cancers. *Int. J. Epidemiol.*, 39(2):577-579.

18. CanderWeele TJ, et al. (2012) Genetic variants on 15q25.1, smoking and lung cancer: an assessment of mediation and interaction. *Am. J. Epidemiol.*, 175(10):1013-1020.

19. Smith PG, et al. (1984) The design of case-control studies: the influence of confounding and interaction effect. *Int. J. Epidemiol.*, 13:356-365.

20. Kraft P, et al. (2007) Exploiting gene-environment interaction to detect genetic associations. *Hum. Hered.*, 63: 111-119.

21. Murcay CE, et al. (2009) Gene-environment interaction in genome-wide association studies. *Am J. Epidemiol.*, 169 (2):219-226.
22. Amos CI, et al. (2016) The OncoArray consortium: a network for understanding the genetic architecture of common cancers. *Cancer Epidemiol. Biomarkers Prev.*, doi: 10.1158/1055-9965
23. McKay JD, et al. (2017) Large scale genetic analysis identifies novel loci and histological variability in susceptibility to lung cancer. *Nat genetics*, In Press.
24. Kachuri L, et al. (2016) Fine mapping of chromosome 5p15.33 based on a targeted deep sequencing and high density genotyping identifies novel lung cancer susceptibility loci. *Carcinogenesis*, 37(1): 96-105.
25. Li Y, et al. (2016) FastPop: a rapid principal component derived method to infer intercontinental ancestry using genetic data. *BMC Bioinformatics*, 17:122, DOI: 10.1186/s12859-016-0965-1.
26. Abraham G, et al. (2014) Fast Principal Component Analysis of Large-Scale Genome-Wide Data. *PLoS One*, 9(4): doi: 10.1371/journal.pone.0093766.
27. Pritchard JK, et al. (2000) Inference of population structure using multilocus genotype data. *Genetics*, 155:945-959.
28. Price AL, et al. (2006) Principal components analysis corrects for stratification in genome-wide association studies. *Nat. Genet.*, 28:904-909.
29. Howie BN, et al. (2009) A flexible and accurate genotype imputation method for the next generation of genome-wide association studies. *PLoS Genetics*, 5(6): e1000529.
30. PIW Bakker, et al. (2008) Practical aspects of imputation-driven meta-analysis of genome-wide association studies. *Hum. Mol. Genet.*, 17(R2): R122-R128.
31. Shiozaki A, et al. (2011) Roles of XB130, a novel adaptor protein, in cancer. *J. Clin. Bioinforma.*, 1:10.

32. Lodyga M, et al. (2005) P-080 Prognostic expression of a novel adaptor protein XB130 in non-small cell lung cancer. *Lung Cancer*, 49:S135-2005.

33. Charlesworth JC, et al. (2010) Transcriptomic epidemiology of smoking: the effect of smoking on gene expression in lymphocytes. *BMC Med. Genomics*, 3:29.

34. Leeuwen DM, et al. (2007) Cigarette smoke-induced differential gene expression in blood cells from monozygotic twin pairs. *Carcinogenesis*, 28(3):691-697.

35. Staff J, et al. (2012) Relation between smoking history and gene expression profiles in lung adenocarcinomas. *BMC Med. Genomics*, 5:22.

36. Benton MA, et al. (2011) Comparative genomic analyses identify common molecular pathways modulated upon exposure to low doses of arsenic and cadmium. *BMC Genomics*, 12:173.

37. Pelechano V, et al. (2013) Gene regulation by antisense transcription. *Nat. Rev. Genet.*, 14: 880-893.

38. Balbin PA, et al. (2015) The landscape of antisense gene expression in human cancers. *Genome Res.*, 25(7):1068-1079.

39. Xi S, Yang M, Tao Y, Xu H, Shan J, et al. (2010). Cigarette smoke induces C/EBP-beta-mediated activation of miR-31 in normal human respiratory epithelia and lung cancer cells. *PLoS ONE* 5, e13764. [10.1371/journal.pone.0013764](https://doi.org/10.1371/journal.pone.0013764)

40. Silva M, Perez DS, Pritchett JR, Halling ML, Tang H, Smith DI. (2010). Identification of long stress-induced non-coding transcripts that have altered expression in cancer. *Genomics* 95, 355–362. [10.1016/j.ygeno.2010.02.009](https://doi.org/10.1016/j.ygeno.2010.02.009)

41. Tugues S, et al. (2015) New insights into IL-12 mediated tumor suppression. *Cell Death Differ.*, 22: 237-246.

42. http://www.atsjournals.org/doi/pdf/10.1164/ajrccm-conference.2016.193.1_MeetingAbstracts.A7480

- 1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
43. Zeng Z, et al. (2016) AFAP1-AS1, a long noncoding RNA upregulated in lung cancer and promotes invasion and metastasis. *Tumor Biology*, 37(1): 729-737.
44. Shiozaki A, Liu M. (2011) Roles of XB130, a novel adaptor protein, in cancer. *J. Clin. Bioinforma.*, 1:10.
45. Zeilinger S, et al. (2013) Tobacco Smoking Leads to Extensive Genome-Wide Changes in DNA Methylation. *PLoS ONE*, 8(5): e63812. doi:10.1371/journal.pone.0063812
46. Huang T, et al. (2015) Meta-analysis of gene methylation and smoking behavior in non-small cell lung cancer patients. *Sci. Rep.*, 5:8897. doi:10.1038/srep08897
47. Vink JM, et al. (2015) Differential gene expression patterns between smokers and non-smokers: cause or consequence? *Addict. Biol.*, doi: 10.1111/adb.12322.
48. Birrell MA, et al. (2008) Impact of tobacco-smoke on key signaling pathways in the innate immune response in lung macrophages. *J. Cell Physiol.*, 214(1): 27-37.
49. Kenfield SA, et al. (2008) Comparison of aspects of smoking among the four histological types of lung cancer. *Tobacco Control*, 17 (3): 198–204.

Table 1. The number of never- and ever-smokers in controls and lung cancer subtypes.

Data		Controls	Never ¹	Ever		Ade ²	Never	Ever		Sqc ³	Never	Ever		NSCLC ⁴	Never	Ever
Discovery	Subset 1	4463	1472	2991		2732	351	2381		1690	28	1662		5017	416	4601
	Subset 2	4490	1377	3113		2446	426	2020		1422	87	1335		4569	583	3986
	Subset 3	5017	1641	3376		1837	320	1517		1417	44	1373		3750	400	3350
	Combined	13970	4490	9480		7015	1097	5918		4529	159	4370		13336	1399	11937
Replication		5377	1605	3772		1759	275	1484		952	38	914		3054	349	2705

1, Never and ever denote smoking status and ever smokers include current smokers and ex-smokers; 2, adenocarcinoma; 3, squamous cell carcinoma; 4, non-small cell lung cancer, including ade, sqc, large cell lung cancer. IBD analysis was performed to remove the duplicated between discovery and replication data.

Table 2. Replicated signals from genome-wide joint analysis of main effect and interaction effect.

			MAF		Gene		Smoking status		Interaction	
	Cytoband	Gene		P _{case} ^c	OR (95% CI)	P	OR (95% CI)	P	OR (95% CI)	P
rs6441286 (C ^a)	3q25.33	IL12A-AS1			nsclc ^b					
S1			0.404		0.76 (0.64, 0.90)	1.34E-03	5.23 (4.37, 6.26)	9.01E-73	1.31 (1.09, 1.57)	3.39E-03
S2			0.406		0.88 (0.77, 1.02)	8.42E-02	2.58 (2.19, 3.05)	3.09E-29	1.21 (1.04, 1.41)	1.67E-02
S3			0.412		0.82 (0.70, 0.96)	1.22E-02	3.47 (2.90, 4.16)	6.02E-42	1.28 (1.08, 1.53)	4.79E-03
S1-S3 combined			0.407	6.30x10 ⁻⁶	0.83 (0.76, 0.91)	3.92E-05	3.51 (3.18, 3.88)	2.68E-134	1.24 (1.13, 1.37)	1.16E-05
Replicate			0.399		0.81 (0.68, 0.96)	1.58E-02	2.77 (2.29, 3.34)	3.25E-26	1.25 (1.03, 1.50)	2.02E-02
Meta					0.83	1.92E-06			1.24	6.96E-07
rs17723637 (G)	9q31.2	ZNF462			nsclc					
S1			0.149		0.75 (0.60, 0.94)	1.38E-02	5.77 (5.02, 6.63)	3.92E-134	1.40 (1.09, 1.79)	7.95E-03
S2			0.146		0.78 (0.64, 0.95)	1.20E-02	2.79 (2.46, 3.16)	5.81E-59	1.32 (1.06, 1.64)	1.33E-02
S3			0.158		0.71 (0.56, 0.90)	4.17E-03	3.83 (3.33, 4.39)	1.69E-81	1.45 (1.12, 1.86)	4.14E-03
S1-S3 combined			0.151	4.92x10 ⁻⁴	0.75 (0.66, 0.85)	6.31E-06	3.81 (3.53, 4.11)	4.17E-262	1.36 (1.19, 1.56)	1.06E-05
Replicate			0.143		0.73 (0.56, 0.94)	1.40E-02	3.01 (2.61, 3.47)	2.11E-51	1.43 (1.09, 1.88)	9.76E-03
Meta					0.74	2.79E-07			1.37	3.49E-07

rs4751674 (A)	10q25.3	AFAP1L2			sqc					
S1			0.271		1.68 (0.96, 2.93)	6.72E-02	44.19 (25.12, 77.76)	1.88E-39	0.59 (0.33, 1.03)	6.34E-02
S2			0.275		1.70 (1.24, 2.33)	1.06E-03	9.90 (7.05, 13.90)	5.13E-40	0.54 (0.39, 0.75)	2.70E-04
S3			0.265		1.57 (1.01, 2.44)	4.60E-02	21.11 (13.61, 32.73)	2.96E-42	0.68 (0.43, 1.06)	9.10E-02
S1-S3 combined			0.270	3.69x10 ⁻⁵	1.68 (1.33, 2.12)	1.21E-05	18.55 (14.58, 23.59)	2.43E-125	0.58 (0.46, 0.74)	1.07E-05
Replicate			0.269		1.80 (1.12, 2.87)	1.44E-02	14.76 (8.97, 24.28)	2.91E-26	0.58 (0.36, 0.94)	2.62E-02
Meta					1.70	5.52E-07			0.58	8.12E-07

S1-S3 indicate independent subsets in discovery study. Meta-analysis was performed based on the results from combined discovery data analysis and replicate data analysis. First three principal components were adjusted in both discovery and replication study. In step 1 test at discovery stage, SNPs with case-only p value less than 0.001 using all the patients in discovery data were selected. Bonferroni P values were calculated by dividing 0.05 by the number of selected SNPs from step 1 tests. For consistency, we used 3.5x10⁻⁵ as the cutoff p value for all the subtype studies in step 2 test. In step 2 test at discovery stage, SNPs with case-control interaction p value less than 0.1 from each subset S1-S3 and less than 3.5x10⁻⁵ from combined discovery data were submitted to validation analysis in replication stage. a, the allele in the brackets indicates the minor allele; b, abbreviation indicates disease histology subgroup, NSCLC for non-small cell lung carcinoma and SQC for squamous cell carcinoma. c, P_{case} indicates case-only p value from association test between SNPs and smoking behavior using lung cancer patients (step 1 test).

Table 3. Joint analysis of SNP and smoking behavior in lung cancer using combined discovery data.

Never-smokers vs ever-smokers				
	Risk allele	Smoking	OR (95% CI)	P
rs6441286	0	0	Reference	
NSCLC	0	1	3.51 (3.18, 3.88)	<2.2x10 ⁻¹⁶
	1	0	0.79 (0.70, 0.90)	3.08x10 ⁻⁴
	1	1	3.66 (3.30, 4.06)	<2.2x10 ⁻¹⁶
	Interaction		1.33 (1.16, 1.52)	4.83x10 ⁻⁵
rs17723637	0	0	Reference	
NSCLC	0	1	3.83 (3.54, 4.13)	<2.2x10 ⁻¹⁶
	1	0	0.77 (0.67, 0.88)	2.15x10 ⁻⁴
	1	1	3.94 (3.61, 4.30)	<2.2x10 ⁻¹⁶
	Interaction		1.38 (1.18, 1.60)	3.74x10 ⁻⁵
rs4751674	0	0	Reference	
SQC	0	1	19.67 (15.08, 25.65)	<2.2x10 ⁻¹⁶
	1	0	1.92 (1.38, 2.67)	1.01x10 ⁻⁴
	1	1	19.04 (14.59, 24.85)	<2.2x10 ⁻¹⁶
	Interaction		0.48 (0.34, 0.67)	2.11x10 ⁻⁵

Individuals with no risk allele genotype (0) and never smoker (0) were used as reference group. The genotype with at least one risk allele was coded as 1. The first three PCs were adjusted in the analysis.

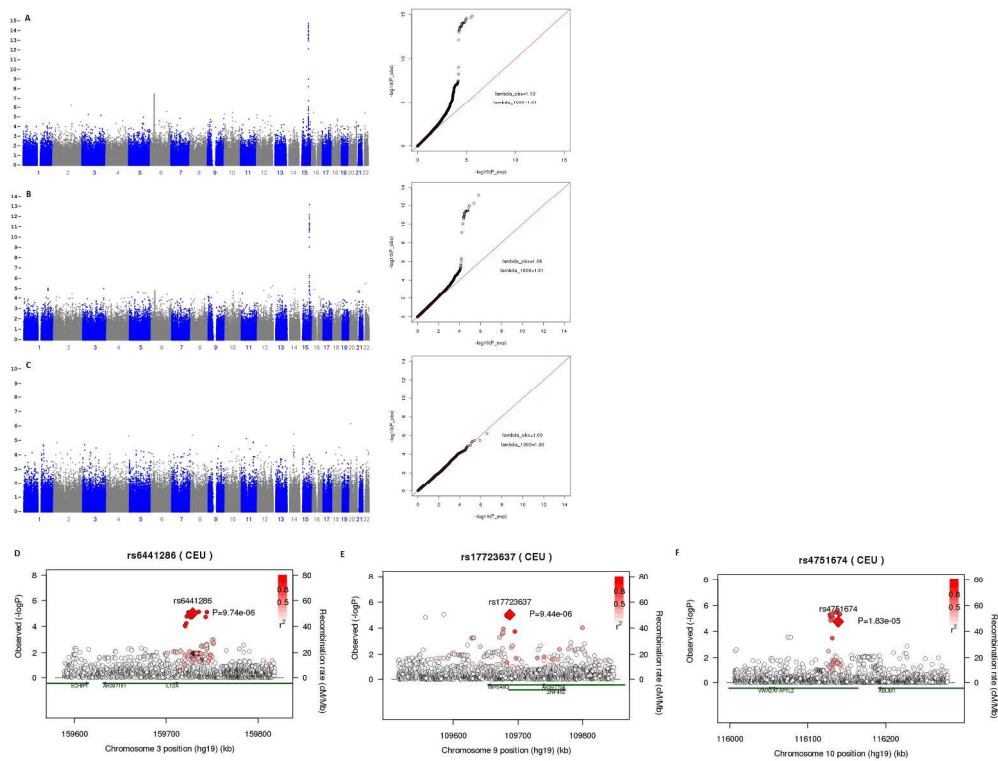


Figure 1. A-C, Manhattan plot (left) and QQ plot (right) of p values from case-only genome-wide interaction analysis (step 1) in NSCLC, adenocarcinoma and squamous cell carcinoma patients using discovery data. λ_{obs} and λ_{1000} indicate genomic inflation factor from observed data and from an equivalent study of 1000 cases, respectively. $\lambda_{1000} = 1 + (\lambda_{obs} - 1) \times (1/n_{cases}) / (1/1000)$. D-F, regional association plot around three significant SNPs validated in replication study using imputed SNPs from Oncoarray data. Diamonds and circles denote genotyped and imputed SNPs. Since the genotype data for imputation analysis went through additional QC procedures so the final sample size was a little smaller than that in genotype analysis. There were 12624 controls and 12979 NSCLC cases in imputed data analysis. So the signals at the genotyped SNPs (indicated by diamond) were a little bit different from that at genome-wide interaction analysis in discovery stage as shown in Table 2.

522x397mm (120 x 120 DPI)

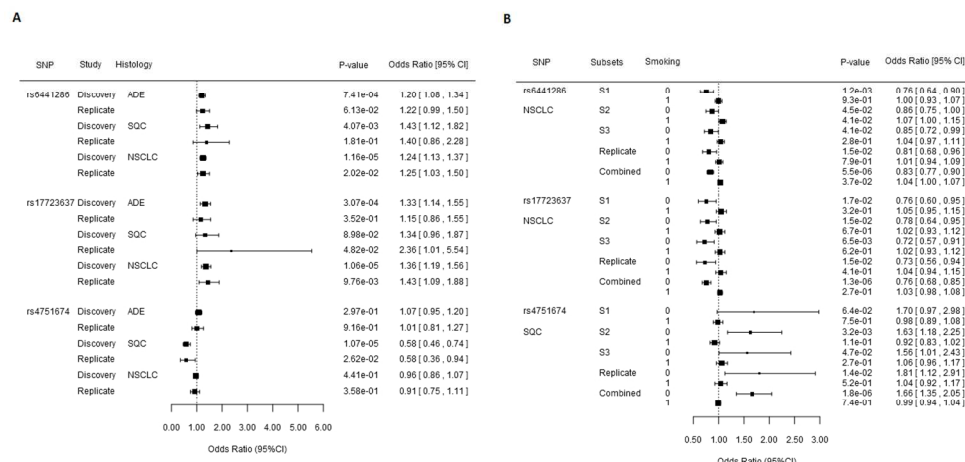


Figure 2. A, Forest plot of interaction effect of three identified SNPs stratified by histology. B, Forest plot of risk effect of SNPs in never smokers and ever smokers. 0 and 1 standing for never smokers and ever smokers. S1-S3 denote subsets 1-3 in discovery stage. ADE, cases are from patients with adenocarcinoma lung cancer; SQC, cases are from patients with squamous cell carcinoma; NSCLC, cases are from patients with non-small cell lung cancer.

295x151mm (120 x 120 DPI)

Supplementary material

Table S1. Sample size from individual institute.

No.	Site	Sample	Subset	No.	Site	Sample	Subset
1	PLCO	1951	2	15	NELCS	299	3
2	RUSSIAN_CE	2009	3	16	NIJMEGEN	755	2
3	ISRAEL	1044	2	17	TAMPA	146	2
4	TORONTO	1022	1	18	VANDERBILT	1048	2
5	EAGLE	3195	3	19	MDCS	239	3
6	MDACC	1750	1	20	NSHDC	402	3
7	ATBC_1	257	1	21	TCC	362	2
8	ATBC_2	935	1	22	COPENHAGEN	1691	1
9	CANADA	585	2	23	FIELD_2008	183	2
10	CAPUA	1220	1	24	FIELD_2013	636	2
11	FHCRC	298	2	25	GER-1680	779	2
12	HSPH	2607	1	26	IARC	1904	3
13	KENTUCKY	207	2	27	NORWAY	719	3
14	MEC	406	2	28	RESOLUCENT	659	2

“Site” indicates the code for the institute; “Sample” indicates the number of individuals from the site; and “Subset” indicates which subset (1-3) those samples were grouped. 1, PLCO= The Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial, National Cancer Institute (US); 2, RUSSIAN_CE= The IARC L2 Study, International Agency for Research on Cancer-; 3, ISRAEL=Technion Institute; 4, Toronto=Samuel Lunenfeld Research Institute and Princess Margaret Hospital; 5, EAGLE=National Cancer Institute – Environment and Genetics in Lung Cancer Etiology; 6, MDACC=MD Anderson Cancer Center; 7-8, ATBC=National Cancer Institute - Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study ; 9, CANADA=University of British Columbia - Early Detection of Lung Cancer Study ; 10, CAPUA= Cancer de Pulmon en Asturias, University of Oviedo and CIBERESP; 11, FHCRC=-- The Carotene and Retinol EfficacyTrial , Fred Hutchinson Cancer Research Center; 12, HSPH=Harvard Lung Cancer Study, Harvard School of Public Health; 13, KENTUCKY=University of Kentucky; 14, MEC=Multi-ethnic cohort study, University of Hawaii and University of Southern California; 15, NELCS=New England Lung Cancer Study, Dartmouth College; 16; NIJMEGEN=Nijmegen Lung Cancer Study, Radbound University Medical Center; 17, TAMPA=Tampa case control study, Washington State University; 18, VANDERBILT=BioVu- Vanderbilt University; 19, MDCS= The Malmö Diet and Cancer Study, Lund University Sweden; 20, NSHDC= Northern Sweden Health and Disease Study, Umea University Sweden; 21, TCC=Total Cancer Care - Moffitt Cancer Center; 22, COPENHAGEN=Copenhagen; 23-24, LLP=Liverpool Lung Cancer Project, University of Liverpool; 25; GER-1680=Germany; 26, IARC= Study European Prospective Investigation into Cancer and Nutrition -- International Agency for Research on Cancer; 27, Norway=The Norway Lung Cancer Study - National Institute of Occupational Health Norway; 28, RESOLUCENT= Resource for the Study of Lung Cancer Epidemiology in North Trent, University of Sheffield.

Table S2. Number of significant SNPs at each step in the analysis and theoretical Bonferroni p value in the analysis.

	Discovery stage							Replication stage
Histology	Step 1 test ¹	Bonferroni P value ²	Step 2 test ³					
			Sub 1	Sub 2	Sub 3	Common	Combined	Validation
NSCLC	1379	3.63×10^{-5}	438	766	925	105	52	2/35
ADE	867	5.77×10^{-5}	356	462	571	108	41	0/26
SQC	468	1.07×10^{-4}	51	80	89	46	10	1/1

1, SNPs with case-only p value less than 0.001 using all the patients in discovery data were selected. 2, Bonferroni P values were calculated by dividing 0.05 by the number of selected SNPs from step 1 tests. For consistency, we used 3.5×10^{-5} as the cutoff p value for all the subtype studies. 3, SNPs were chosen based on two criteria: 1), case-control p value < 0.1 from each of the Sub1-3 subset in discovery data and 2), case-control p value < 3.5×10^{-5} in the test using the combined discovery data. Sub1-3 indicate the number of SNPs with p value < 0.1 from each subset; “Common” indicates the number of SNPs common to all the three subsets; “Combined” indicates the number of SNPs from “Common” that have a case-control p value < 3.5×10^{-5} in the combined data analysis in discovery stage; “Validation” indicates the number of SNPs available in replication genotype data and the number of SNPs validated in replication stage with case-control p value less than 0.05. We also replicated the signals at one SNP from ADE and two SNPs from SQC subgroup using imputed replication data.

Table S3. Significant SNPs at step 2 test in discovery stage from NSCLC, ADE and SQC cohorts and their interaction p values in replication study.

SNP	CHR	Pos	P_S1	P_S2	P_S3	P_combined	P_main	P_replica
NSCLC								
rs1166706	1	78359029	1.24×10^{-3}	1.41×10^{-2}	3.23×10^{-2}	4.37×10^{-6}	5.59×10^{-1}	2.95×10^{-1}
rs4839580	1	111430758	1.25×10^{-2}	5.04×10^{-2}	1.96×10^{-3}	1.14×10^{-5}	2.74×10^{-1}	7.97×10^{-1}
rs7540041	1	203769532	5.10×10^{-2}	5.96×10^{-4}	9.27×10^{-2}	2.33×10^{-5}	8.06×10^{-2}	4.90×10^{-1}
rs4951259	1	203785169	5.51×10^{-2}	5.44×10^{-4}	9.50×10^{-2}	2.45×10^{-5}	8.07×10^{-2}	5.67×10^{-1}
rs7552670	1	203768328	5.07×10^{-2}	7.51×10^{-4}	9.32×10^{-2}	2.80×10^{-5}	7.96×10^{-2}	4.90×10^{-1}
rs7546400	1	203777799	6.04×10^{-2}	5.39×10^{-4}	9.67×10^{-2}	2.85×10^{-5}	8.82×10^{-2}	5.09×10^{-1}
rs10494844	1	203769891	5.23×10^{-2}	7.45×10^{-4}	9.53×10^{-2}	3.00×10^{-5}	7.90×10^{-2}	5.17×10^{-1}
rs6441286	3	159728878	3.39×10^{-3}	1.67×10^{-2}	4.79×10^{-3}	1.16×10^{-5}	6.60×10^{-1}	2.02×10^{-2}
rs693476	3	128743450	4.78×10^{-2}	7.37×10^{-3}	4.77×10^{-3}	1.55×10^{-5}	4.96×10^{-1}	1.79×10^{-1}
rs11727860	4	182179570	6.25×10^{-3}	9.89×10^{-3}	1.50×10^{-3}	9.62×10^{-7}	8.90×10^{-1}	9.57×10^{-1}
rs10947963	6	41305976	2.89×10^{-2}	4.66×10^{-2}	4.57×10^{-3}	1.74×10^{-5}	7.71×10^{-1}	4.18×10^{-1}
rs144936251	6	170401481	6.14×10^{-2}	4.98×10^{-3}	5.64×10^{-2}	2.84×10^{-5}	9.55×10^{-1}	NA
rs17723637	9	109687403	7.95×10^{-3}	1.33×10^{-2}	4.14×10^{-3}	1.06×10^{-5}	2.89×10^{-1}	9.76×10^{-3}

Carcinogenesis

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49

rs12294383	11	129239091	4.33X10-2	2.89X10-3	3.03X10-2	4.94X10-6	4.23X10-1	1.92X10-1
rs17484524	15	78772676	5.63X10-7	3.91X10-5	1.20X10-3	3.01X10-13	4.26X10-37	8.77X10-4
rs2656065	15	78750549	4.80X10-7	3.14X10-5	1.54X10-3	3.62X10-13	3.48X10-36	2.16X10-3
rs2656065	15	78750549	5.76X10-7	3.02X10-5	1.49X10-3	3.87X10-13	3.58X10-36	2.16X10-3
rs9788721	15	78802869	1.41X10-7	2.23X10-4	8.55X10-4	4.56X10-13	2.29X10-48	1.39X10-2
rs17405217	15	78731149	9.75X10-7	3.64X10-5	1.21X10-3	4.62X10-13	4.90X10-37	1.61X10-3
rs2656052	15	78740932	1.15X10-6	1.99X10-5	1.76X10-3	5.07X10-13	1.33X10-36	1.76X10-3
rs17483548	15	78730313	1.11X10-6	2.83X10-5	1.72X10-3	6.29X10-13	5.60X10-37	2.71X10-3
rs10519203	15	78814046	1.20X10-7	5.85X10-4	9.01X10-4	6.95X10-13	6.22X10-49	1.83X10-3
rs931794	15	78826180	9.61X10-8	5.61X10-4	1.03X10-3	7.97X10-13	8.41X10-51	8.53X10-4
rs4887056	15	78734585	9.32X10-7	3.39X10-5	2.49X10-3	1.02X10-12	3.52X10-36	NA
rs17483721	15	78733731	6.17X10-7	3.48X10-5	3.08X10-3	1.09X10-12	5.39X10-37	2.02X10-3
rs2009746	15	78754102	7.78X10-7	4.25X10-5	2.58X10-3	1.20X10-12	1.58X10-36	1.99X10-3
rs8040868	15	76698236	8.39X10-7	2.07X10-5	8.92X10-3	1.37X10-12	1.51X10-46	8.05X10-3
rs17483929	15	78742376	7.78X10-7	5.11X10-5	2.82X10-3	1.77X10-12	1.19X10-37	1.77X10-3
rs8034191	15	78806023	3.19X10-7	8.02X10-4	1.62X10-3	3.86X10-12	9.26X10-48	4.89X10-3
rs12914385	15	78898723	1.89X10-6	6.36X10-5	5.47X10-3	4.04X10-12	1.37X10-48	3.84X10-3
rs2036527	15	78851615	6.94X10-7	1.86X10-4	5.10X10-3	6.63X10-12	7.68X10-53	4.14X10-3
rs55781567	15	78857986	1.40X10-6	2.38X10-4	5.49X10-3	1.65X10-11	3.97X10-53	NA
rs1317286	15	78896129	1.13X10-6	2.02X10-3	4.19X10-3	9.65X10-11	6.92X10-50	2.70X10-3
rs1051730	15	78894339	7.40X10-7	2.13X10-3	6.40X10-3	9.85X10-11	9.25X10-51	5.95X10-3
rs16969968	15	78882925	1.18X10-6	1.65X10-3	6.21X10-3	1.02X10-10	5.38X10-51	7.38X10-3
rs951266	15	78878541	7.82X10-7	2.14X10-3	6.14X10-3	1.15X10-10	2.04X10-51	5.05X10-3
rs10851907	15	78915864	4.10X10-5	1.54X10-4	1.15X10-2	1.78X10-10	5.34X10-42	3.97X10-3
rs17487223	15	78923987	7.27X10-5	2.49X10-3	5.05X10-3	2.14X10-9	4.89X10-43	9.85X10-3
rs56117933	15	78832349	1.17X10-3	1.76X10-3	1.21X10-3	4.71X10-9	6.25X10-29	1.08X10-2
rs17487514	15	78953785	1.20X10-2	3.96X10-3	2.94X10-3	4.51X10-7	6.82X10-20	5.80X10-3
rs7163730	15	78814681	5.32X10-2	1.98X10-2	1.08X10-3	8.78X10-6	5.66X10-32	3.17X10-3
rs17235533	15	33356782	4.73X10-2	5.03X10-2	2.17X10-4	1.57X10-5	7.06X10-1	4.54X10-2
rs1996371	15	78956806	1.91X10-3	9.18X10-2	2.79X10-2	1.68X10-5	6.50X10-26	1.69X10-2
rs77438700	15	78906637	1.42X10-3	4.34X10-2	4.64X10-2	1.78X10-5	1.13X10-8	6.76X10-2
rs10519781	15	33362794	9.44X10-2	6.69X10-2	4.47X10-5	1.87X10-5	2.06X10-1	1.30X10-1
rs11638372	15	78983559	2.08X10-3	9.24X10-2	3.57X10-2	1.95X10-5	5.24X10-25	8.98X10-2
rs4887053	15	78712699	6.91X10-2	2.72X10-2	1.78X10-3	3.00X10-5	1.10X10-22	1.59X10-4
rs299744	18	46193230	8.21X10-2	3.56X10-4	1.90X10-3	1.33X10-6	6.78X10-1	5.88X10-1
rs2624160	18	46192191	7.87X10-2	2.76X10-3	5.72X10-3	1.08X10-5	4.88X10-1	7.29X10-1

1	rs299716	18	46162410	2.84X10-2	2.55X10-3	2.23X10-2	2.13X10-5	7.62X10-1	5.93X10-1
2	rs299729	18	46170624	7.41X10-2	2.48X10-3	1.22X10-2	2.50X10-5	7.68X10-1	7.03X10-1
3	rs177259	18	46164961	4.93X10-2	1.05X10-2	8.51X10-3	2.82X10-5	6.71X10-1	5.97X10-1
4	Adenocarcinoma								
5	rs7540041	1	203769532	2.73X10-2	1.44X10-3	1.21X10-2	4.32X10-6	3.12X10-2	9.90X10-1
6	rs7552670	1	203768328	2.77X10-2	1.47X10-3	1.24X10-2	4.55X10-6	3.38X10-2	9.90X10-1
7	rs10494844	1	203769891	2.85X10-2	1.45X10-3	1.27X10-2	4.83X10-6	3.32X10-2	9.80X10-1
8	rs4951259	1	203785169	3.11X10-2	1.46X10-3	1.30X10-2	5.37X10-6	3.55X10-2	9.32X10-1
9	rs7546400	1	203777799	3.41X10-2	1.38X10-3	1.34X10-2	6.02X10-6	3.88X10-2	9.98X10-1
10	rs6685918	1	203777309	4.84X10-2	1.28X10-3	1.36X10-2	7.60X10-6	5.21X10-2	9.95X10-1
11	rs11727860	4	182179570	6.52X10-3	5.60X10-2	5.29X10-4	1.67X10-6	3.08X10-1	8.11X10-1
12	rs6810985	4	25765527	1.56X10-3	6.82X10-2	1.63X10-2	8.04X10-6	3.31X10-1	6.09X10-1
13	rs10477550	5	115429757	9.05X10-2	7.69X10-4	4.30X10-2	1.95X10-5	3.57X10-3	4.33X10-3*
14	rs11781075	8	31272835	8.22X10-3	5.69X10-2	2.49X10-3	2.80X10-5	5.89X10-1	1.55X10-1
15	rs10815428	9	6400030	1.20X10-2	2.98X10-2	2.69X10-2	1.66X10-5	7.09X10-2	5.63X10-2
16	rs12294383	11	129239091	6.93X10-2	2.63X10-3	2.56X10-2	9.76X10-6	8.35X10-1	8.38X10-2
17	rs9569039	13	55044198	4.98X10-3	4.54X10-2	1.80X10-3	2.21X10-5	8.13X10-1	2.99X10-1
18	rs2057133	14	63726382	6.25X10-3	5.10X10-2	7.97X10-3	1.14X10-5	1.82X10-3	2.16X10-1
19	rs9788721	15	78802869	1.04X10-8	5.27X10-3	4.19X10-4	3.35X10-12	2.52X10-24	5.43X10-3
20	rs10519203	15	78814046	1.65X10-8	9.79X10-3	9.59X10-4	1.61X10-11	4.69X10-24	2.81X10-3
21	rs17484524	15	78772676	1.05X10-7	3.46X10-3	1.16X10-3	1.95X10-11	8.55X10-18	8.17X10-4
22	rs931794	15	78826180	1.05X10-8	1.04X10-2	1.45X10-3	2.28X10-11	3.58X10-25	1.90X10-3
23	rs17405217	15	78731149	1.53X10-7	3.11X10-3	1.16X10-3	2.35X10-11	5.64X10-18	2.08X10-3
24	rs2656065	15	78750549	1.12X10-7	3.28X10-3	1.32X10-3	2.75X10-11	6.69X10-18	2.70X10-3
25	rs2656052	15	78740932	1.87X10-7	2.21X10-3	1.56X10-3	2.85X10-11	4.80X10-18	1.95X10-3
26	rs2656065	15	78750549	1.35X10-7	3.34X10-3	1.28X10-3	3.11X10-11	6.65X10-18	2.70X10-3
27	rs17483548	15	78730313	1.80X10-7	2.54X10-3	1.77X10-3	3.25X10-11	7.43X10-18	3.61X10-3
28	rs2009746	15	78754102	1.63X10-7	3.44X10-3	2.30X10-3	6.28X10-11	4.91X10-18	2.47X10-3
29	rs4887056	15	78734585	3.22X10-7	2.54X10-3	2.37X10-3	7.49X10-11	8.39X10-18	NA
30	rs17483721	15	78733731	1.99X10-7	2.80X10-3	2.80X10-3	7.64X10-11	3.45X10-18	2.62X10-3
31	rs8034191	15	78806023	3.71X10-8	1.30X10-2	1.96X10-3	7.90X10-11	1.71X10-23	4.89X10-3
32	rs17483929	15	78742376	1.62X10-7	4.06X10-3	2.58X10-3	9.78X10-11	1.52X10-18	2.46X10-3
33	rs2036527	15	78851615	9.69X10-8	4.77X10-3	4.95X10-3	1.52X10-10	1.52X10-26	4.33X10-3
34	rs55781567	15	78857986	1.70X10-7	6.19X10-3	4.96X10-3	3.14X10-10	4.68X10-27	8.45X10-3
35	rs8040868	15	76698236	4.69X10-7	4.53X10-3	1.19X10-2	5.50X10-10	1.16X10-21	1.95X10-2
36	rs1317286	15	78896129	8.93X10-8	3.10X10-2	2.29X10-3	6.18X10-10	7.07X10-26	8.06X10-3

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49

rs12914385	15	78898723	3.02X10-7	8.39X10-3	9.64X10-3	7.54X10-10	1.15X10-24	1.20X10-2
rs16969968	15	78882925	1.17X10-7	2.42X10-2	4.88X10-3	1.15X10-9	2.64X10-26	5.57X10-3
rs1051730	15	78894339	8.81X10-8	3.18X10-2	4.76X10-3	1.32X10-9	2.56X10-26	9.27X10-3
rs951266	15	78878541	9.37X10-8	3.32X10-2	6.93X10-3	2.55X10-9	1.34X10-26	1.38X10-2
rs17487223	15	78923987	1.47X10-5	1.43X10-2	4.28X10-3	8.66X10-9	2.11X10-23	4.80X10-3
rs10851907	15	78915864	2.22X10-5	1.22X10-2	1.10X10-2	1.44X10-8	1.99X10-21	1.55X10-2
rs13180	15	78789488	9.14X10-2	4.67X10-4	8.10X10-3	1.97X10-6	1.51X10-11	5.22X10-4
rs74386627	15	78908077	1.38X10-2	2.45X10-2	4.97X10-2	2.77X10-5	2.64X10-3	NA
rs184039141	18	53068769	1.68X10-3	1.98X10-2	4.36X10-2	3.18X10-6	1.21X10-1	8.21X10-1
Squamous cell carcinoma								
rs4657670	1	167534270	5.33X10-2	2.68X10-5	3.70X10-2	7.11X10-7	9.38X10-2	5.58X10-1
rs192884100	1	161565856	6.30X10-2	4.81X10-4	7.49X10-2	4.23X10-6	4.34X10-2	7.06X10-1
rs3970313	4	185520068	3.26X10-2	6.95X10-3	3.80X10-3	1.31X10-5	1.74X10-1	2.03X10-1
rs75288301	4	160905823	9.12X10-2	6.08X10-2	1.04X10-4	2.46X10-5	6.67X10-1	3.55X10-1
rs73275922	5	120653176	1.30X10-2	3.76X10-2	2.21X10-3	2.26X10-5	1.16X10-1	8.77X10-1
rs4557740	8	18015120	1.54X10-3	3.29X10-2	3.09X10-3	1.13X10-5	6.51X10-1	3.27X10-3*
rs4751674	10	116139029	6.34X10-2	2.70X10-4	9.10X10-2	1.07X10-5	9.39X10-1	2.62X10-2
c12_pos28182123	12	28182123	5.19X10-2	1.76X10-2	5.48X10-3	2.64X10-5	4.69X10-2	NA
rs6573400	14	62239572	3.48X10-3	2.14X10-2	2.59X10-2	2.03X10-5	9.18X10-1	2.77X10-1
rs11544453	22	46316863	5.61X10-4	7.07X10-2	2.17X10-3	8.84X10-6	9.30X10-1	4.05X10-2*

P_S1, P_S2 and P_S3 indicate the case-control p values from each of the subset at discovery stage; P_combined indicates the case-control p value from combined data analysis in discovery stage; P_main indicates the p values from disease and SNP association when no gene-smoking interaction is considered in the combined discovery data; P_replica indicates the case-control p values from replication data including imputed SNPs. In step 2 test, significant SNPs were chosen based on two criteria: 1, p value < 0.1 from each of the S1-S3 subset in discovery data and 2, p value < 3.5x10-5 in the test using all the discovery data. The significant SNPs with case-control p values < 0.05 were highlighted in the replication analysis and the * indicates the significant signal from imputed replication data. "NA" indicates the SNP was not available in the imputed replication data.

Table S4. Interaction analysis using imputed SNPs from discovery data around the three validated genotyped SNPs.

Chr	SNP	Position	beta	sd	Statistics	P	Genotype
3	rs9824967	159722333	-0.22	0.05	-4.30	1.71X10-5	imputed
3	rs4679868	159724154	-0.22	0.05	-4.45	8.43X10-6	imputed
3	rs10433458	159726252	-0.22	0.05	-4.44	8.87X10-6	imputed
3	rs71147308	159726755	-0.22	0.05	-4.26	2.05X10-5	imputed
3	rs6441286	159728878	-0.22	0.05	-4.42	9.74X10-6	genotyped
3	rs9877910	159730819	-0.22	0.05	-4.46	8.19X10-6	imputed
3	rs66785795	159735441	-0.23	0.05	-4.48	7.63X10-6	imputed

3	rs13096549	159742913	-0.22	0.05	-4.28	1.90X10 ⁻⁵	imputed
3	rs2279741	159744261	-0.22	0.05	-4.46	8.07X10 ⁻⁶	imputed
9	rs10978672	109682501	-0.31	0.07	-4.38	1.18X10 ⁻⁵	imputed
9	rs10978673	109682871	-0.32	0.07	-4.42	9.80X10 ⁻⁶	imputed
9	rs10978675	109683216	-0.31	0.07	-4.39	1.13X10 ⁻⁵	imputed
9	rs10978676	109685081	-0.32	0.07	-4.43	9.64X10 ⁻⁶	imputed
9	rs10978677	109685461	-0.31	0.07	-4.34	1.44X10 ⁻⁵	imputed
9	rs17723637	109687403	-0.32	0.07	-4.43	9.44X10 ⁻⁶	genotyped
9	rs3814541	109689752	-0.32	0.07	-4.44	8.84X10 ⁻⁶	imputed
10	rs539668	116128478	-0.58	0.13	4.55	5.32X10 ⁻⁶	imputed
10	rs1248221	116129222	-0.57	0.13	4.46	8.06X10 ⁻⁶	imputed
10	rs11357629	116129353	-0.55	0.13	4.34	1.44X10 ⁻⁵	imputed
10	rs9420152	116129370	-0.57	0.13	4.50	6.71X10 ⁻⁶	imputed
10	rs1248222	116129432	-0.58	0.13	4.56	5.20X10 ⁻⁶	imputed
10	rs2244178	116131214	-0.57	0.13	4.57	4.88X10 ⁻⁶	genotyped
10	rs541241	116131425	-0.56	0.13	4.48	7.58X10 ⁻⁶	imputed
10	rs610315	116131915	-0.56	0.13	4.45	8.79X10 ⁻⁶	imputed
10	rs75543623	116135688	-0.59	0.13	4.65	3.37X10 ⁻⁶	imputed
10	rs2483911	116136862	-0.59	0.13	4.68	2.87X10 ⁻⁶	imputed
10	rs35288351	116138971	-0.51	0.12	-4.16	3.19X10 ⁻⁵	imputed
10	rs4751674	116139029	-0.52	0.12	-4.28	1.83X10 ⁻⁵	genotyped
10	rs7896317	116139551	-0.57	0.12	-4.59	4.33X10 ⁻⁶	imputed
10	rs7911173	116139682	-0.53	0.12	-4.25	2.17X10 ⁻⁵	imputed
10	rs2093370	116140961	-0.60	0.13	-4.56	5.03X10 ⁻⁶	imputed
10	rs630668	116141185	-0.60	0.13	4.58	4.68X10 ⁻⁶	imputed

The highlighted SNPs indicate the three validated SNPs from genotype interaction analysis.

Table S5. Genotype distribution in Never- vs ever-smoker group at the three novel SNPs.

		Cases					Controls				
		Never-smoker	Ever-smoker	Ever-smoker %	OR	P value	Never-smoker	Ever-smoker	Ever-smoker %	OR	P value
rs6441286	AA	545	4100	88.27	1		1531	3398	68.94	1	
	AC	659	5779	89.76	0.86	1.36x10 ⁻²	2205	4512	67.17	1.08	4.58x10 ⁻²
	CC	193	2036	91.34	0.71	1.37x10 ⁻⁴	748	1550	67.45	1.07	2.14x10 ⁻²

	AC+CC	852	7815		0.82	7.14×10^{-4}	2953	6062		1.08	4.23×10^{-2}
	Trend					6.23×10^{-5}					9.99×10^{-2}
rs17723637	AA	1065	8564	88.94	1		3177	6857	68.33	1	
	AG	316	3126	90.82	0.81	2.31×10^{-3}	1188	2408	66.96	1.06	1.35×10^{-1}
	GG	18	243	93.10	0.60	4.29×10^{-2}	125	211	62.80	1.29	3.71×10^{-2}
	AG+GG	334	3369		0.80	6.45×10^{-4}	1313	2619		1.08	5.13×10^{-2}
	Trend					2.84×10^{-4}					1.94×10^{-2}
rs4751674	GG	58	2371	97.61	1		2393	5055	67.87	1	
	AG	81	1679	95.40	1.97	1.12×10^{-4}	1767	3713	67.76	1.01	9.05×10^{-1}
	AA	20	319	94.10	2.56	4.92×10^{-4}	330	710	68.27	0.98	8.24×10^{-1}
	AG+AA	101	1998		2.07	1.44×10^{-5}	2097	4423		1.00	9.81×10^{-1}
	Trend					5.97×10^{-6}					9.28×10^{-1}

Common allele homozygous genotype is used as reference group. chi-square test was conducted to compare the genotype distribution between never- and ever-smoker groups in cases and controls, respectively. Trend test was used to test the proportion of ever-smokers across three genotypes at each SNP.

1 Discovery stage (three
2 subsets with a total of
3 13970 controls and 13336
4 cases):

Step 1: case-only interaction
analysis

SNPs with case-only p value < 0.001
were submitted to step 2 test.

Step 2: case-control interaction
analysis

SNPs with case-control p value < 0.1
from each subset and < 3.5×10^{-5} in
combined data were submitted to
replication

15 Replication stage (5377
16 controls and 3054
17 cases):

Step 3: case-control interaction
analysis

SNPs with case-control p value <
0.05 were reported as significant

Meta-analysis

Genotype imputation in discovery
and replication data

Figure S1. Study scheme in the genome-wide interaction analysis. This flowchart takes the interaction analysis in NSCLC as an example and the sample size varies in adenocarcinoma and squamous cell carcinoma interaction study. Imputation analysis in discovery data was conducted to increase the SNP density around the significant SNPs identified in discovery data; imputation analysis in replication data was conducted to increase the SNP overlap between discovery and replication data.