

SUPPLEMENTARY NOTE

Contents:
Supplementary methods
Details of the EOCRC cases and controls
Supplementary Figures
SUF 1 : Association of lead SNPs at 12 significant genomic loci stratified by Lynch status in CCFR and OSMUC
SUF 2A : Enrichment of the credible SNP set for genomic annotations
SUF 2B : Overlap of the credible SNP set for different functional chromatin states.
SUF 3A-J : Regional plots showing the top and individual lead SNPs and the LD structure of the known GWAS significant loci.
SUF 4 : Enrichment of the credible SNP set for histone marks in different cell-types
SUF 5A-F : Plots for hi-C chromatin interaction involving the credible SNP set in each loci from the GM12878 cell line.
SUF6A : Manhattan plot for gene-level test in MAGMA
SUF6B : Protein-protein interaction map of genes with $P < 0.05$ in MAGMA
SUF 7 : Statistical power calculation to detect OR of 1.8 with 0.8% MAF in a one-stage study
SUF 8 : Comparison of the expression of the prioritized genes in colorectal cancer tissues and normal colonic cells from TCGA and GTEx datasets.
SUF 9 : Scatter plot of the beta estimates from exposure and outcome GWAS for the tested risk factors
SUF10 : Odds ratios from inverse variance weighted MR-analysis for association between putative risk factors and overall CRC
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Supplementary Methods:

Genotyping and imputation:

We performed sample and variant level QC on the genotyped data as follows: samples with missing call rate $\geq 3\%$, samples with discrepancies between reported and genotypic sex, close second-degree relatives, and individuals of non-European ancestry were removed. Variants with missing call rate $> 2\%$ or Hardy-Weinberg equilibrium (HWE) $P < 1e-04$ were also removed. To identify population outliers, we performed principal component analysis (PCA). This was followed by phasing and imputation using minimac3 and/or the Haplotype Reference Consortium (HRC) panel (using the University of Michigan Imputation Server) after pooling studies that used very similar genotyping platforms.

Replication in cases with Lynch syndrome:

Screening of CRC cases for the presence of Lynch syndrome was systematically carried out for two studies, namely, Colon Cancer Family Registry (CCFR) and Columbus-area HNPCC Study, OCCPI study, Ohio Colorectal Cancer Prevention Initiative (OSUMC) as described previously (Archambault et al, 2020). For OSUMC, all cases were tested for mismatch repair deficiency using immunohistochemistry. Cases with Lynch syndrome-like characteristics were subjected to additional genetic testing in order to definitively diagnose Lynch syndrome based on the presence of one or more germline high-penetrance mutations in DNA mismatch repair genes (MLH1, MSH2, MSH6, PMS2) or the EPCAM gene. In these studies, we used logistic regression to evaluate the association between individual lead SNPs, genetic risk scores and EOCRC risk.

Genetic Risk Score (GRS) Computation:

GRS was calculated for 12 SNPs, one from each of the two newly identified loci and the ten previously identified EOCRC risk loci (rs186107317, rs9991540, rs16892766, rs10808556, rs11255835, rs7944895, rs12427378, rs73376930, rs11874392, rs913245, rs6066825, rs2427291), as follows:

$$GRS_j = \sum_{k=1}^{12} w_k x_{jk} ,$$

where, GRS_j is the risk score for individual j , x_{jk} is the number of risk alleles for the k -th variant and w_k is the weight $[\ln(OR)]$ of the k -th variant. We computed logistic regression models using GRS as continuous variable and as tertiles, comparing the highest with the lowest tertile. All models were adjusted for sex, age and 20 principal components.

Partitioned and cell type heritability

We used stratified LDSC to determine whether any of the 28 functional genomic categories were enriched for contribution to the h^2_{SNP} relative to the proportion of variants annotated to that category. We estimated cell-type group partitioned heritability using LD scores partitioned across 220 cell-type-specific annotations that were divided into 10 tissue types (central nervous system, cardiovascular, kidney, adrenal/pancreas, gastrointestinal, connective/bone, immune/hematopoietic, skeletal muscle, liver, and other) implemented in LDSC. Cell-type-specific annotations included H3K9ac, H3K27ac, H3K4me1, and H3K4me3 enhancer and promoter specific histone marks in each tissue types.

Mendelian randomization analysis:

We used Inverse variance-weighted Mendelian randomization (IVW-MR) as the main analysis. Under the assumption of all valid instrumental variables (IVs), IVW-MR estimates the effect of the risk factor on the disease outcome using a weighted average of the effect estimates from each genetic variant, where the weights are based on the inverse of the variance of the effect estimates. Further to detect and correct for biases arising from horizontal pleiotropy, we used an MR-Egger regression method that uses a linear regression model to estimate the causal effect of the exposure on the outcome, while also testing for the presence of horizontal pleiotropy by assessing the deviation of the slope of the regression line. We also computed OR estimates using

the complementary weighted-median method that can give valid MR estimates under the presence of horizontal pleiotropy when up to 50% of the included instruments are invalid. Also, the MR-PRESSO (Mendelian Randomization Pleiotropy RESidual Sum and Outlier) distortion test was used to estimate if horizontal pleiotropy caused by any identified outlier SNPs biased the effect estimates ($P < .05$).

Mendelian randomization analysis: Exposure phenotype definition

Birth Weight: Weight at birth in grams, measured at birth or self-reported at baseline/follow-up (Warrington et al. (2019), PMID: 31043758).

Body Mass Index: Calculated at baseline from measured height and weight. (kg/m^2) (Yengo et al. (2018), PMID: 30124842).

Basal Metabolic Rate: Calculated at baseline using a body composition analyzer based on Dual-energy X-ray absorptiometry using bioelectrical impedance analysis (in Kilojoule) (<https://gwas.mrcieu.ac.uk>, GWAS -ID: ukb-b-16446).

Waist to Hip Ratio: Calculated by dividing waist circumference by hip circumference measured at baseline (Pulit et al. (2019), PMID: 30239722).

Waist Circumference: Measured in cm at baseline (in cm) (<https://gwas.mrcieu.ac.uk>, GWAS-ID: ukb-b-9405).

Body Fat Percentage: Estimated at baseline using whole-body bio-impedance measures using the body composition analyzer (in %) (<https://gwas.mrcieu.ac.uk>, GWAS-ID: ukb-b-8909).

Early-life Body Size: Estimated at baseline from categorical self-reported perceived body size at age 10, using the questionnaire as follows: "When you were 10 years old, compared to average would you describe yourself as thinner, plumper, or about average?" (Richardson et al. (2020), PMID: 32376654).

Height: Height in cm either measured, self reported or from electronic health records (Yengo et al. (2022), PMID: 36224396).

Type 2 Diabetes: Study specific T2D definitions summarised as: diagnostic fasting glucose, 2-hour plasma glucose or HbA1c levels, hospital discharge diagnosis, use of oral diabetes medication, electronic health records or self report (Mahajan et al. (2018), PMID: 30297969).

Fasting Glucose (FG), 2-Hour Glucose (2hGlu), Fasting Insulin (FI), glycated hemoglobin (HbA1c): Data for FG and 2hGlu were measured in mmol/L , FI measured in pmol/L , and HbA1c in % [where possible, studies reported HbA1c as a National Glycohemoglobin Standardization Program (NGSP) percent]. Similar to previous MAGIC efforts, individuals were excluded if they had type 1 or type 2 diabetes (defined by physician diagnosis); reported use of diabetes-relevant medication(s); or had a $\text{FG} \geq 7 \text{ mmol}/\text{L}$, $2\text{hGlu} \geq 11.1 \text{ mmol}/\text{L}$, or $\text{HbA1c} \geq 6.5\%$. 2hGlu measures were obtained 120 minutes after a glucose challenge in an oral glucose tolerance test (OGTT). Measures for FG and FI taken from whole blood were corrected to plasma level using the correction factor 1.1380 (Chen et al. (2021), PMID: 34059833).

Smoking Initiation: In GSCAN, calculated as a binary phenotype (Liu M et al. (2019), PMID: 30643251).

1. Any participant reporting ever being a regular smoker in their life (current or former) were coded "2", while any participant who reported never being a regular smoker in their life were coded "1".

2. Does not include information about pipes/cigar/chew, or other non-cigarette forms of tobacco use.

3. This phenotype was measured in a variety of ways.

a. Have you smoked over 100 cigarettes over the course of your life?

b. Have you ever smoked every day for at least a month?

c. Have you ever smoked regularly?

Lifetime Smoking Index (CSI): Estimated following the method outlined by Leffondré, Abrahamowicz, Xiao, and Siemiatycki (2006) by combining the smoking measures into a lifetime smoking index along with a simulated half-life (τ) constant. Half-life captures the exponentially decreasing effect of smoking at a given time on health outcomes. The value of half-life was determined by simulating the effects of lifetime smoking on lung cancer and overall mortality in the UK Biobank. Both suggested the best fitting value as 18.

These values were used to fit the final model which is: $tsc^* = \max(tsc - \delta, 0)$

$dur^* = \max(dur + tsc - \delta, 0) - tsc^*$

$lifetime\ smoking = (1 - 0.5^{dur^*/\tau}) (0.5^{tsc^*/\tau}) \ln(int+1)$

...where τ = half-life, δ = lag time, int = cigarettes per day, tss = time started smoking, tsc = time since cessation, dur = duration of smoking (either age- tss for current smokers or [age- tsc]- tss for former smokers). So, in our case, where $\delta = 0$, $tsc^* = tsc$ and consequently. Values of lifetime smoking were treated as continuous in subsequent analysis (Wootton et al. (2019), PMID: 31689377).

Alcoholic drinks per week: 1. In GSCAN, defined as the average number of drinks a participant reported drinking each week, aggregated across all types of alcohol. If a study recorded binned response ranges (e.g., 1-4 drinks per week, 5-10 drinks per week) it used the midpoint of the range. For example, if an individual reported 1-5 drinks per week, it assumed they drank 2.5 drinks per week on average.

2. This was measured in a variety of ways.

a. In the past week, how many alcoholic beverages did you have?

b. Thinking about the past year, on the average how many drinks did you have each week?

3. This phenotype was left-anchored at 1 and log-transformed prior to analysis, in order to prevent outliers from having undue leverage on analyses.

(Liu M. (2019), PMID: 30643251).

Coffee consumption: Estimated as cups/day in UK Biobank derived from "How many cups of coffee do you drink each DAY? (Include decaffeinated coffee) (<https://gwas.mrcieu.ac.uk/>, GWAS ID: ukb-b-5237).

Serum Calcium: Total calcium concentrations in serum were determined in UKB using a colorimetric method on the Beckman Coulter AU5800 during Initial assessment visit (2006-2010) at which participants were recruited and consent given (Sinnott-Armstrong N, et al. PMID: 33462484).

25(OH)D: In UK Biobank, vitamin D 25OHD levels were measured in blood samples collected at two instances: the initial assessment visit, conducted between 2006 and 2010, and a repeat assessment visit, conducted between 2012 and 2013 using the Diasorin Liason, a chemiluminescent immunoassay (CLIA) was used for the quantitative determination of 25OHD. The GWAS was conducted on UKB participants mostly from the initial assessment visit (99.6%) (Revez et al. (2020), PMID: 32242144).

Serum iron: Non-fasting or fasting serum iron was measured using FerroZine calorimetric method. For individuals with multiple measurements, the initial measurement was used in the analyses (Moksnes et al. (2022), PMID: 35710628).

Physical activity (MVPA), Leisure screen time (LST): Self-reported moderate-to-vigorous intensity physical activity during leisure time (MVPA) and leisure screen time (LST) were determined using study/cohort specific questionnaires as detailed by Wang et al. (2022), (PMID: 36071172).

Education attainment: Education attainment was measured as number of years of schooling completed (*EduYears*). *EduYears* was measured at an age of at least 30 and the phenotype was constructed by mapping each major educational qualification that can be identified from the cohort's survey measure to an International Standard Classification of Education (ISCED) category and imputing a years-of-education equivalent for each ISCED category (Lee et al. (2018), PMID:30038396).

Systolic blood pressure (SBP): The mean SBP values at baseline were calculated from two sets of automated or manual BP measurements. The average of the manual and automated BP measurements were considered for individuals who had both types of measurements. Single value was used for individuals who had only one available BP measurement (Evangelou et al, (2018), PMID: 30224653).

Circulating Adiponectin: Adiponectin levels were measured using ELISA or RIA methods at baseline for either population-based, family-based, or case-control studies (Dastani et al. (2012), PMID: 22479202).

C-reactive Protein (CRP): Baseline serum CRP was measured in mg/L by using standard laboratory techniques and transformed the values by natural log. Individuals with auto-immune diseases, individuals taking immune-modulating agents (if this information was available), and individuals with CRP amounts 4 SD or more away from the mean were excluded from all GWAS analyses (Lighthart et al, (2018), PMID: 30388399).

IGF1: IGF1 in serum were determined in UKB using CLIA analysis on a DiaSorin Ltd. LIASON XL during Initial assessment visit (2006-2010) at which participants were recruited and consent given (Sinnott-Armstrong N et al. (2021), PMID: 33462484).

IGFBP3: IBFBP3 levels were estimated by various cohort-specific methods as detailed by Teumer A et al. (2016). Levels were estimated on either fasting/non-fasting plasma or serum using either or a combination of chemiluminescence assay, ELISA, RIA or immunoradiometric methods (Teumer A et al. (2016), PMID: 27329260).

Details of the EOCRC cases included in the study

Study	Country/Continent	Cases			
		Total	Female	Male	Age Mean (SD)
ASTERISK	France	33	12 (36.4)	21	F: 45.2 (2.5) M: 45.6 (2.4)
ATBC	Finland	0			F: NA (NA) M: NA (NA)
CCFR	USA, Canada, Australia	1965	1042 (53)	923	F: 42.1 (5.7) M: 42.7 (5.8)
CGN	USA	94	44 (46.8)	50	F: 38.7 (9.1) M: 43.2 (4.4)
CLUEII	USA	41	21 (51.2)	20	F: 43 (5.4) M: 43.1 (4.3)
Colo23	USA	10	4 (40)	6	F: 45.5 (1.9) M: 44.2 (4.4)
ColoCare	USA, Germany	72	24 (33.3)	48	F: 41.4 (6.2) M: 42.3 (5.9)
COLON	Netherlands	34	18 (52.9)	16	F: 44.3 (5) M: 42.4 (5.2)
CORSA	Austria	255	85 (33.3)	170	F: 43 (5.4) M: 44.4 (4.5)
CPSII	USA	1	1 (100)	0	F: 49 (NA) M: NA (NA)
CRCGEN	Spain	54	23 (42.6)	31	F: 42.7 (7.5) M: 44.9 (3.9)
CzechCCS	Czech Republic	163	71 (43.6)	92	F: 41.2 (7) M: 41.5 (6.4)
DACHS	Germany	166	72 (43.4)	94	F: 44.2 (4.4) M: 44.5 (4)
DALS	USA	104	49 (47.1)	55	F: 42.9 (5.2) M: 43.3 (5.6)
EDRN	USA	43	19 (44.2)	24	F: 42.1 (5.9) M: 43.8 (5.1)
EPIC	Europe	369	203 (55)	166	F: 44.6 (4.2) M: 44.6 (4.2)
EPICOLON	Spain	62	33 (53.2)	29	F: 41.7 (6.6) M: 43.6 (5.5)
ESTHER_VERDI	Germany	8	4 (50)	4	F: 42.2 (6.6) M: 47 (2.3)
FIRE3	Germany, Austria	23	8 (34.8)	15	F: 45.8 (4.1) M: 44.9 (4.8)
GALEON	Spain	2	2 (100)	0	F: 48 (1.4) M: NA (NA)
HawaiiCCS	USA	7	3 (42.9)	4	F: 46 (1) M: 44 (2.6)
HispanicCCS	USA	1	1 (100)	0	F: 31 (NA) M: NA (NA)
HPFS	USA	48	0 (0)	48	F: NA (NA) M: 48.5 (0.7)
Kentucky	USA	120	62 (51.7)	58	F: 43.3 (6.3) M: 44.3 (5.4)
LCCS	UK	66	31 (47)	35	F: 43.6 (5.2) M: 44.7 (5.2)
MAVERICC	USA	33	20 (60.6)	13	F: 43.8 (5.9) M: 41.8 (4.5)
MCCS	Australia	32	17 (53.1)	15	F: 44.1 (2.9) M: 45.1 (3)
MEC	USA	33	13 (39.4)	20	F: 46.9 (1.6) M: 46.9 (1.4)
MECC	Isreal	329	190 (57.8)	139	F: 42.7 (6.3) M: 42.1 (6.5)
MOFFITT	USA	26	13 (50)	13	F: 44.9 (5.9) M: 43.4 (4.9)
MSKCC	USA	20	15 (75)	5	F: 42.1 (7.1) M: 41.6 (7.2)
NCCCSI	USA	19	7 (36.8)	12	F: 45.6 (3.2) M: 45.8 (2.5)
NCCCSII	USA	86	35 (40.7)	51	F: 45.7 (2.9) M: 46.1 (2.8)
NGCCS	Germany	135	78 (57.8)	57	F: 42.9 (4.8) M: 43.3 (6)
NHS	USA	157	157 (100)	0	F: 47 (1.9) M: NA (NA)
NHSII	USA	109	109 (100)	0	F: 36.5 (4.5) M: NA (NA)
NSHDS	Sweden	69	37 (53.6)	32	F: 44.5 (5.7) M: 43.1 (6.3)
OSUMC	USA	574	259 (45.1)	315	F: 42.9 (5.8) M: 42.4 (6.1)
PHS	USA	64	0 (0)	64	F: NA (NA) M: 45.6 (2.8)
PLCO	USA	0			F: NA (NA) M: NA (NA)
PMH-CCFR	USA	0			F: NA (NA) M: NA (NA)
PPS3	USA	8	2 (25)	6	F: 44.5 (2.1) M: 46.7 (1.8)
PPS4	USA	8	2 (25)	6	F: 47.5 (2.1) M: 47.8 (1.3)
PURIFICAR	Puerto Rico, USA	15	9 (60)	6	F: 43.4 (7.2) M: 46.5 (1.2)
SEARCH	UK	256	133 (52)	123	F: 43.3 (5.8) M: 43.5 (5.2)
SELECT	USA	0			F: NA (NA) M: NA (NA)
SLRCCS	Sweden	131	63 (48.1)	68	F: 43.7 (5.3) M: 43.4 (5)
SMC_COSM	Sweden	18	5 (27.8)	13	F: 49 (0) M: 47.2 (1)
SMS	USA	3	1 (33.3)	2	F: 38 (NA) M: 47 (1.4)
TRIBE	Italy	53	25 (47.2)	28	F: 43.7 (4.4) M: 43.8 (5.1)
UKB	UK	257	139 (54.1)	118	F: 45.8 (2.7) M: 46 (2.6)
USC_HRT_CRC	USA	0			F: NA (NA) M: NA (NA)
VITAL	USA	0			F: NA (NA) M: NA (NA)
WHI	USA	0			F: NA (NA) M: NA (NA)

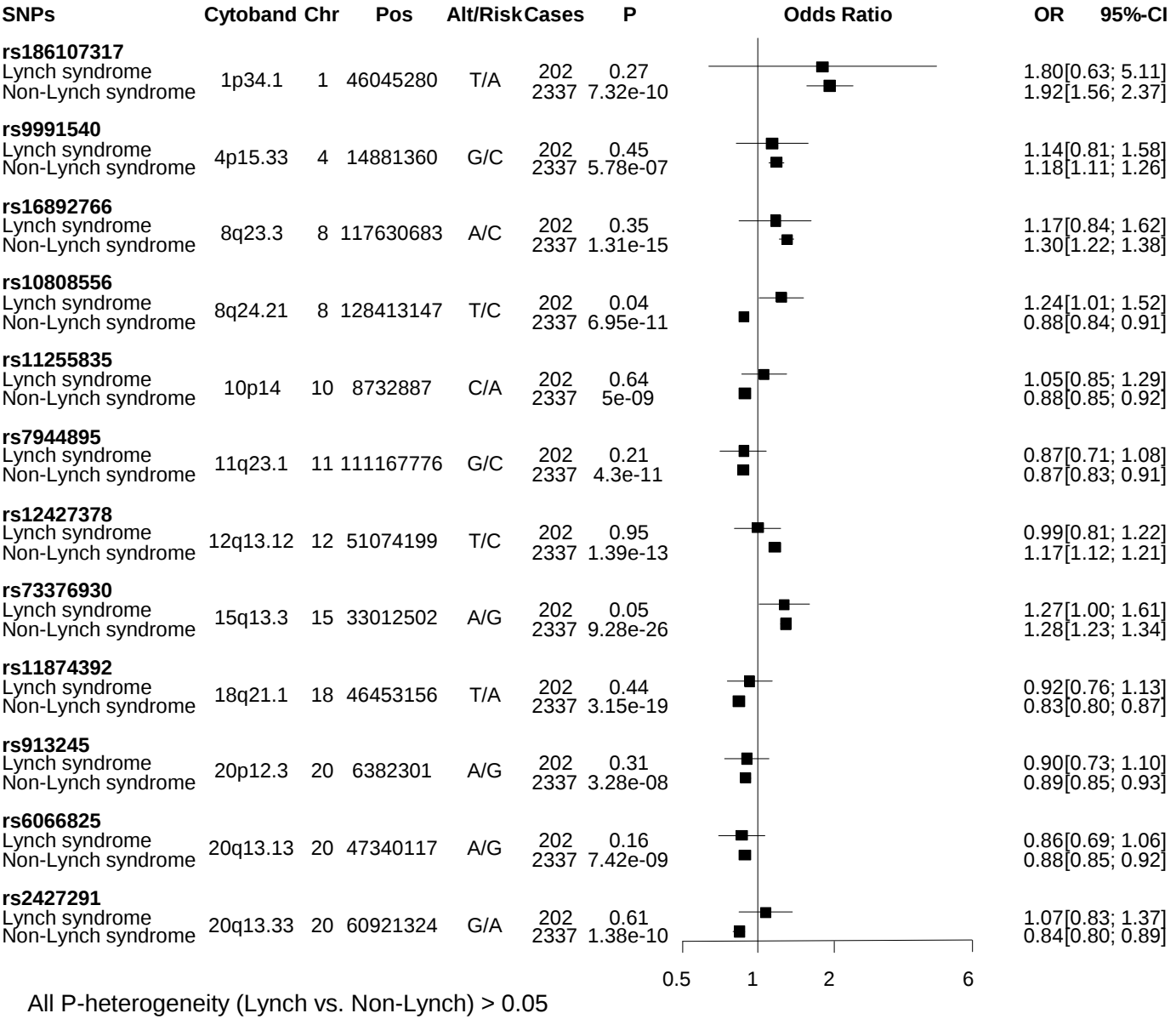
Details of the tumor anatomical subsite of EOCRC cases included in the study

Study	Proximal	Distal	Rectal	Unknown
ASTERISK	8	14	10	1
ATBC	0	0	0	0
CCFR	540	532	756	137
CGN	0	0	0	94
CLUEII	15	13	12	1
Colo23	3	2	4	1
ColoCare	0	0	36	36
COLON	5	10	11	8
CORSA	44	78	51	82
CPSII	0	0	1	0
CRCGEN	14	16	20	4
CzechCCS	3	12	27	121
DACHS	28	52	86	0
DALS	51	47	0	6
EDRN	13	11	19	0
EPIC	92	111	137	29
EPICOLON	6	28	21	7
ESTHER_VERDI	1	3	3	1
FIRE3	0	0	0	23
GALEON	1	0	1	0
HawaiiCCS	2	4	1	0
HispanicCCS	0	0	0	1
HPFS	7	6	5	30
Kentucky	45	58	0	17
LCCS	8	20	34	4
MAVERICC	0	0	0	33
MCCS	7	11	14	0
MEC	12	7	10	4
MECC	57	106	132	34
MOFFITT	6	4	16	0
MSKCC	0	0	0	20
NCCCSI	7	8	2	2
NCCCSII	0	33	24	29
NGCCS	3	5	8	119
NHS	19	24	15	99
NHSII	0	0	0	109
NSHDS	20	22	22	5
OSUMC	142	159	234	39
PHS	17	15	25	7
PLCO	0	0	0	0
PMH-CCFR	0	0	0	0
PPS3	0	0	0	8
PPS4	0	0	0	8
PURIFICAR	0	0	0	15
SEARCH	65	74	112	5
SELECT	0	0	0	0
SLRCCS	30	37	54	10
SMC_COSM	5	7	6	0
SMS	0	0	0	3
TRIBE	0	0	0	53
UKB	58	75	102	22
USC_HRT_CRC	0	0	0	0
VITAL	0	0	0	0
WHI	0	0	0	0
Total	1334	1604	2011	1227

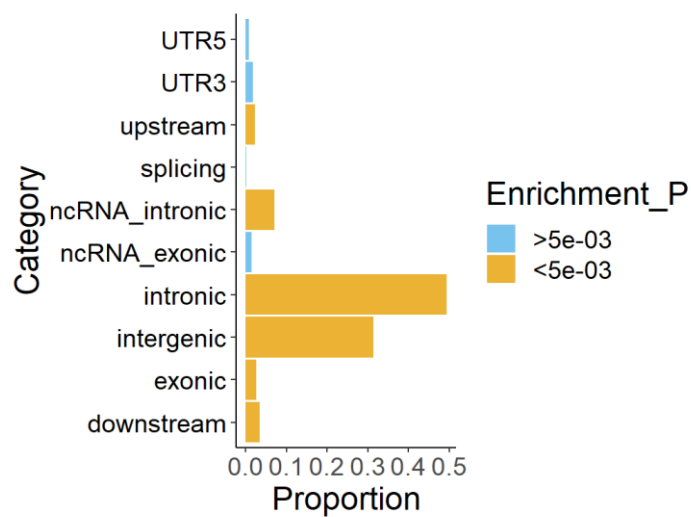
Details of the EOCRC controls included in the study

Study	Country/Continent	Controls			
		Total	Female	Male	Age Mean (SD)
ASTERISK	France	946	423 (44.7)	523	F: 62.7 (10.5) M: 61.3 (9.8)
ATBC	Finland	32	0 (0)	32	F: NA (NA) M: 57.1 (4.3)
CCFR	USA, Canada, Australia	3001	1511 (50.3)	1490	F: 54.6 (12.2) M: 56 (11.7)
CGN	USA	0			F: NA (NA) M: NA (NA)
CLUEII	USA	252	135 (53.6)	117	F: 61.7 (12.1) M: 60.3 (10.7)
Colo23	USA	124	54 (43.5)	70	F: 65.6 (10.5) M: 64.5 (11.4)
ColoCare	USA, Germany	38	21 (55.3)	17	F: 52.1 (11.4) M: 59.4 (14.5)
COLON	Netherlands	697	259 (37.2)	438	F: 60.8 (6.9) M: 62.1 (6.2)
CORSA	Austria	1949	753 (38.6)	1196	F: 61.7 (11.9) M: 58.4 (12.5)
CPSII	USA	347	182 (52.4)	165	F: 68 (6.1) M: 69.2 (5.2)
CRCGEN	Spain	1022	495 (48.4)	527	F: 62.6 (11.8) M: 66.1 (10.3)
CzechCCS	Czech Republic	1616	734 (45.4)	882	F: 50.2 (14.7) M: 50.9 (12.5)
DACHS	Germany	2788	1094 (39.2)	1694	F: 68.6 (10.8) M: 68.4 (10.2)
DALS	USA	1163	526 (45.2)	637	F: 64.3 (9.8) M: 63.6 (10)
EDRN	USA	312	160 (51.3)	152	F: 59 (10.4) M: 60 (10.7)
EPIC	Europe	2317	1239 (53.5)	1078	F: 56.6 (8) M: 56.8 (8.1)
EPICOLON	Spain	341	142 (41.6)	199	F: 58.7 (6.6) M: 59.8 (6.4)
ESTHER_VERDI	Germany	436	153 (35.1)	283	F: 65.1 (7.2) M: 64.9 (5.9)
FIRE3	Germany, Austria	0			F: NA (NA) M: NA (NA)
GALEON	Spain	0			F: NA (NA) M: NA (NA)
HawaiiCCS	USA	530	191 (36)	339	F: 61.9 (8.8) M: 60.5 (7.7)
HispanicCCS	USA	0			F: NA (NA) M: NA (NA)
HPFS	USA	989	0 (0)	989	F: NA (NA) M: 65.1 (9.4)
Kentucky	USA	1132	572 (50.5)	560	F: 66.7 (6.6) M: 60.4 (9.2)
LCCS	UK	683	362 (53)	321	F: 67.7 (9) M: 68.5 (7.8)
MAVERICC	USA	0			F: NA (NA) M: NA (NA)
MCCS	Australia	212	99 (46.7)	113	F: 60.1 (7.5) M: 60.7 (7.3)
MEC	USA	429	202 (47.1)	227	F: 63.5 (7.8) M: 62.7 (8.4)
MECC	Isreal	3851	1850 (48)	2001	F: 70 (12.5) M: 71.2 (11.6)
MOFFITT	USA	0			F: NA (NA) M: NA (NA)
MSKCC	USA	0			F: NA (NA) M: NA (NA)
NCCCSI	USA	464	204 (44)	260	F: 66.1 (9.5) M: 66.1 (9.6)
NCCCSII	USA	686	258 (37.6)	428	F: 63.4 (10.7) M: 64.6 (9.1)
NGCCS	Germany	0			F: NA (NA) M: NA (NA)
NHS	USA	1890	1890 (100)	0	F: 61.4 (8.4) M: NA (NA)
NHSII	USA	101	101 (100)	0	F: 36.3 (4.2) M: NA (NA)
NSHDS	Sweden	414	261 (63)	153	F: 57.7 (7.7) M: 53.4 (7.3)
OSUMC	USA	2436	1476 (60.6)	960	F: 51.4 (15) M: 53.4 (14.4)
PHS	USA	387	0 (0)	387	F: NA (NA) M: 58.6 (8.9)
PLCO	USA	2687	1077 (40.1)	1610	F: 62.6 (5.3) M: 63.6 (5.3)
PMH-CCFR	USA	118	118 (100)	0	F: 61.8 (7.4) M: NA (NA)
PPS3	USA	452	186 (41.2)	266	F: 55.6 (9.9) M: 56.7 (9)
PPS4	USA	910	377 (41.4)	533	F: 56.3 (6.1) M: 58.2 (6.6)
PURIFICAR	Puerto Rico, USA	74	48 (64.9)	26	F: 53.5 (10.9) M: 58.5 (12.5)
SEARCH	UK	1149	1016 (88.4)	133	F: 36.5 (15.7) M: 54.8 (7.6)
SELECT	USA	268	0 (0)	268	F: NA (NA) M: 65.8 (6.6)
SLRCCS	Sweden	2493	1177 (47.2)	1316	F: 58.3 (15.7) M: 59.6 (15.3)
SMC_COSM	Sweden	856	366 (42.8)	490	F: 63.7 (8.2) M: 63.7 (8.1)
SMS	USA	127	71 (55.9)	56	F: 58.7 (11.2) M: 63.2 (11)
TRIBE	Italy	0			F: NA (NA) M: NA (NA)
UKB	UK	21368	9064 (42.4)	12304	F: 59.3 (7.2) M: 60.4 (6.7)
USC_HRT_CRC	USA	400	400 (100)	0	F: 63.9 (6.8) M: NA (NA)
VITAL	USA	282	136 (48.2)	146	F: 67.3 (6.1) M: 66 (6.4)
WHI	USA	3060	3060 (100)	0	F: 67.3 (6.7) M: NA (NA)

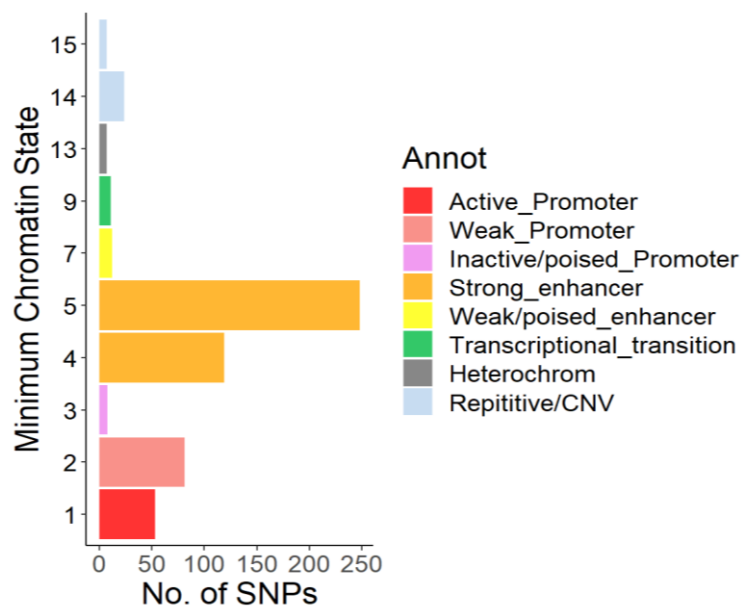
SUP-1: Association of lead SNPs at 12 significant genomic loci stratified by Lynch status in CCFR and OSMUC



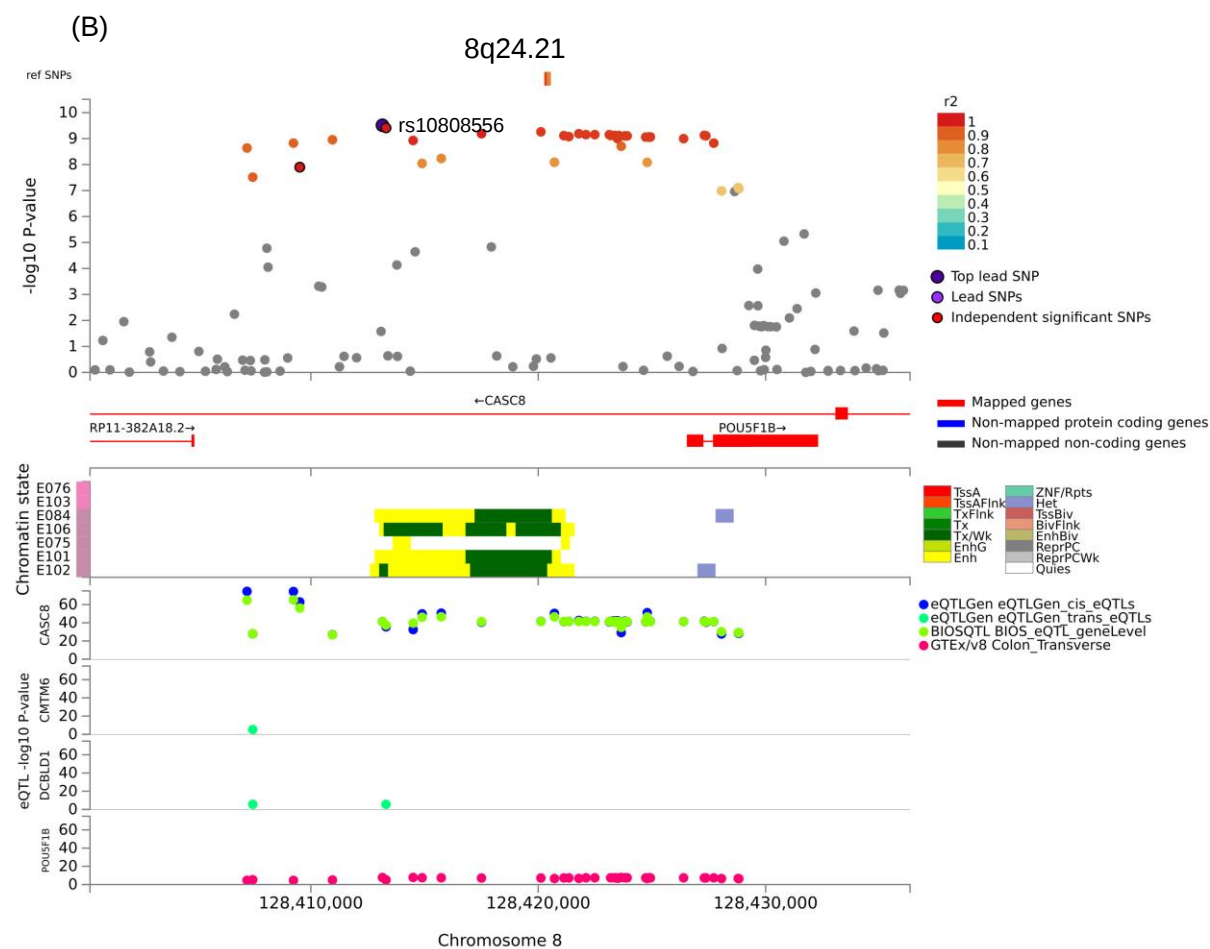
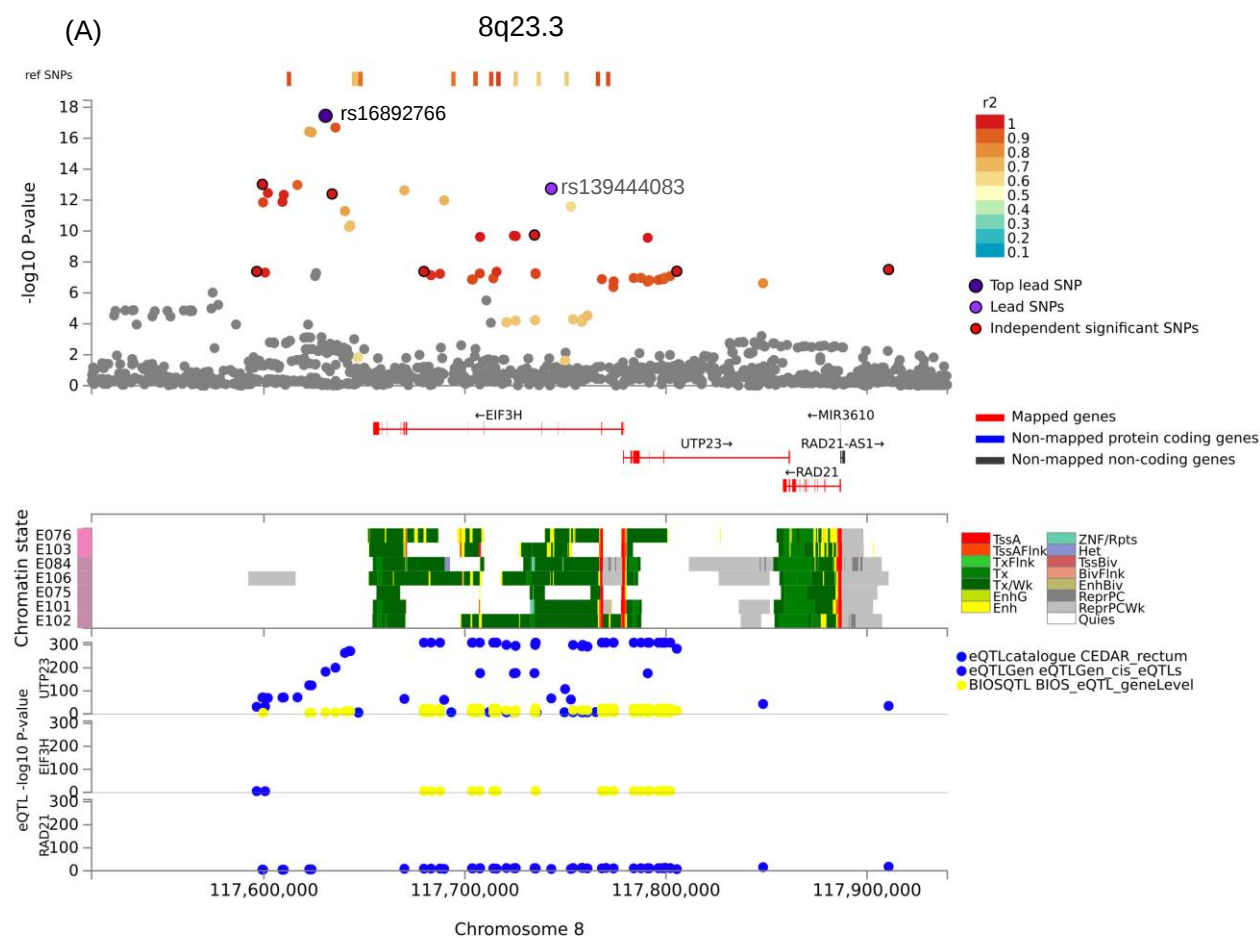
SUF 2A: Enrichment of the credible SNP set for genomic annotations

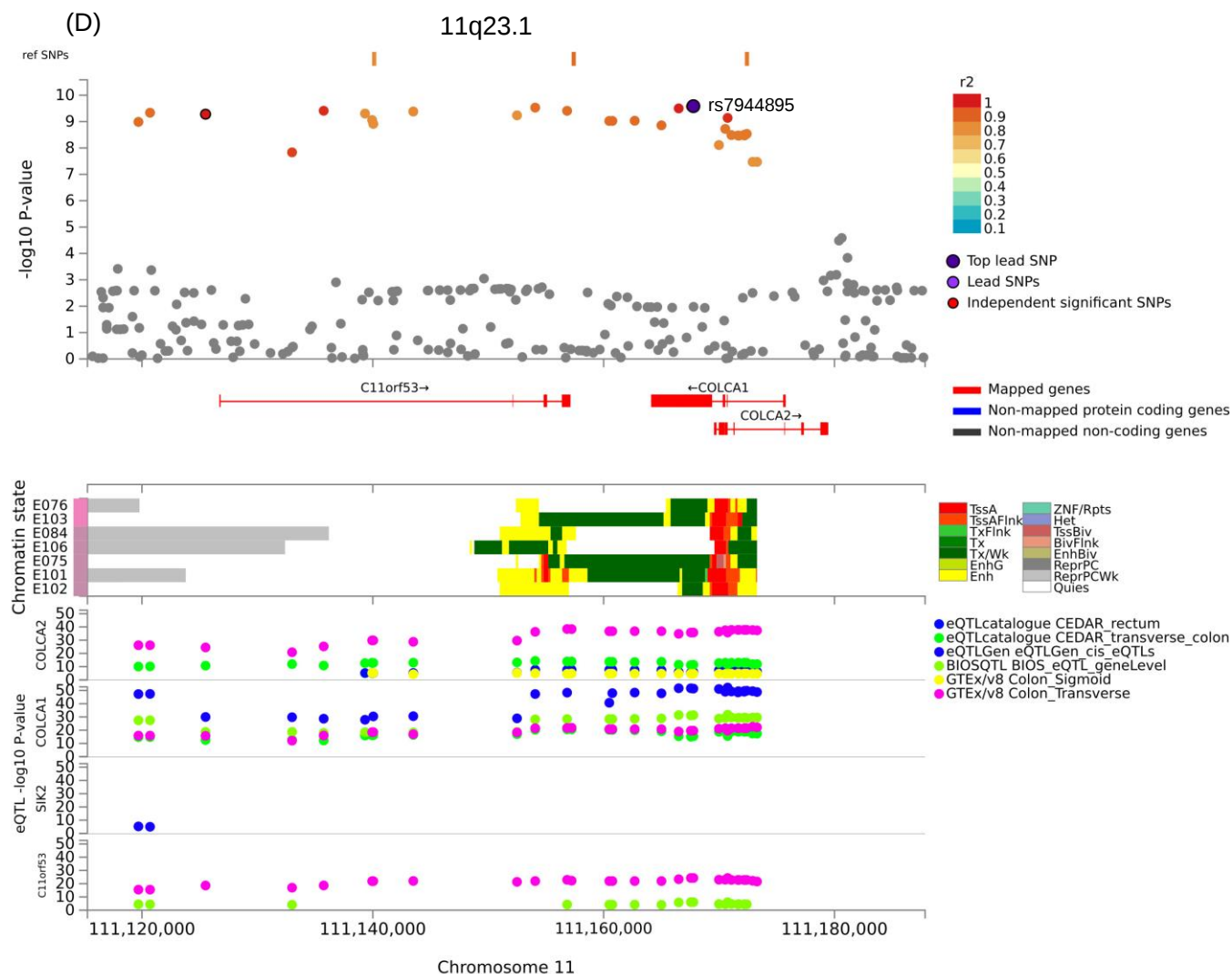
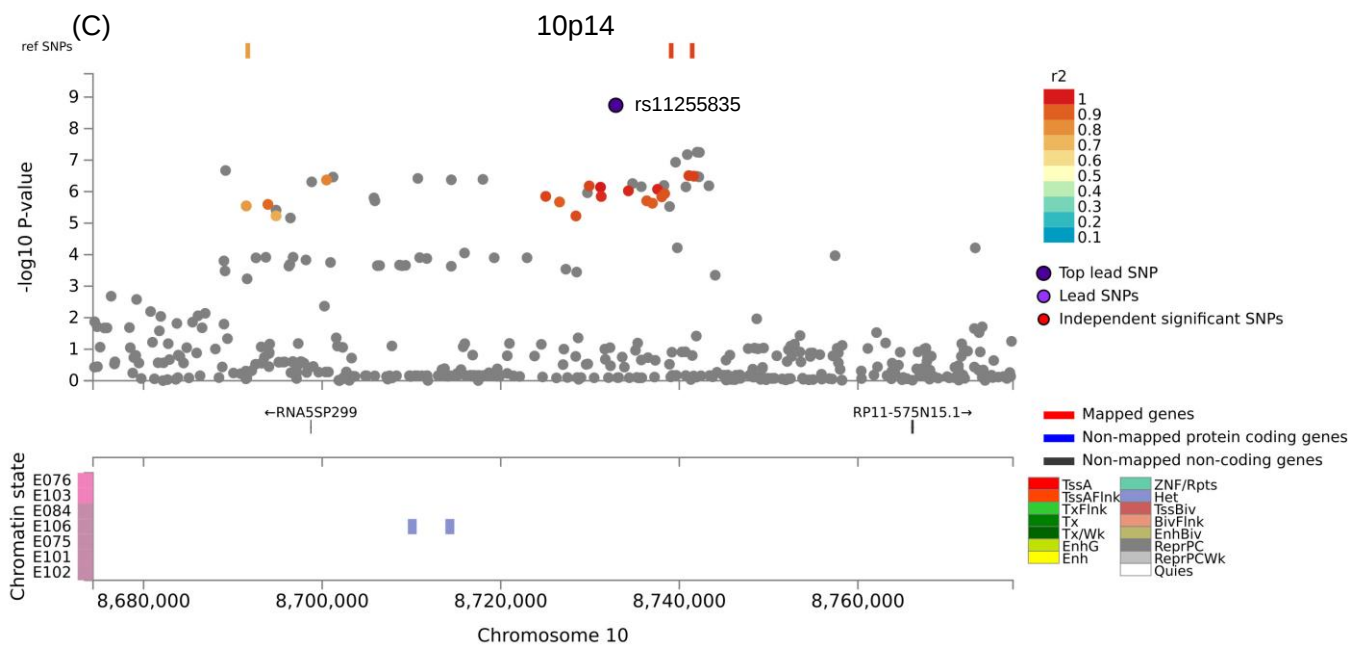


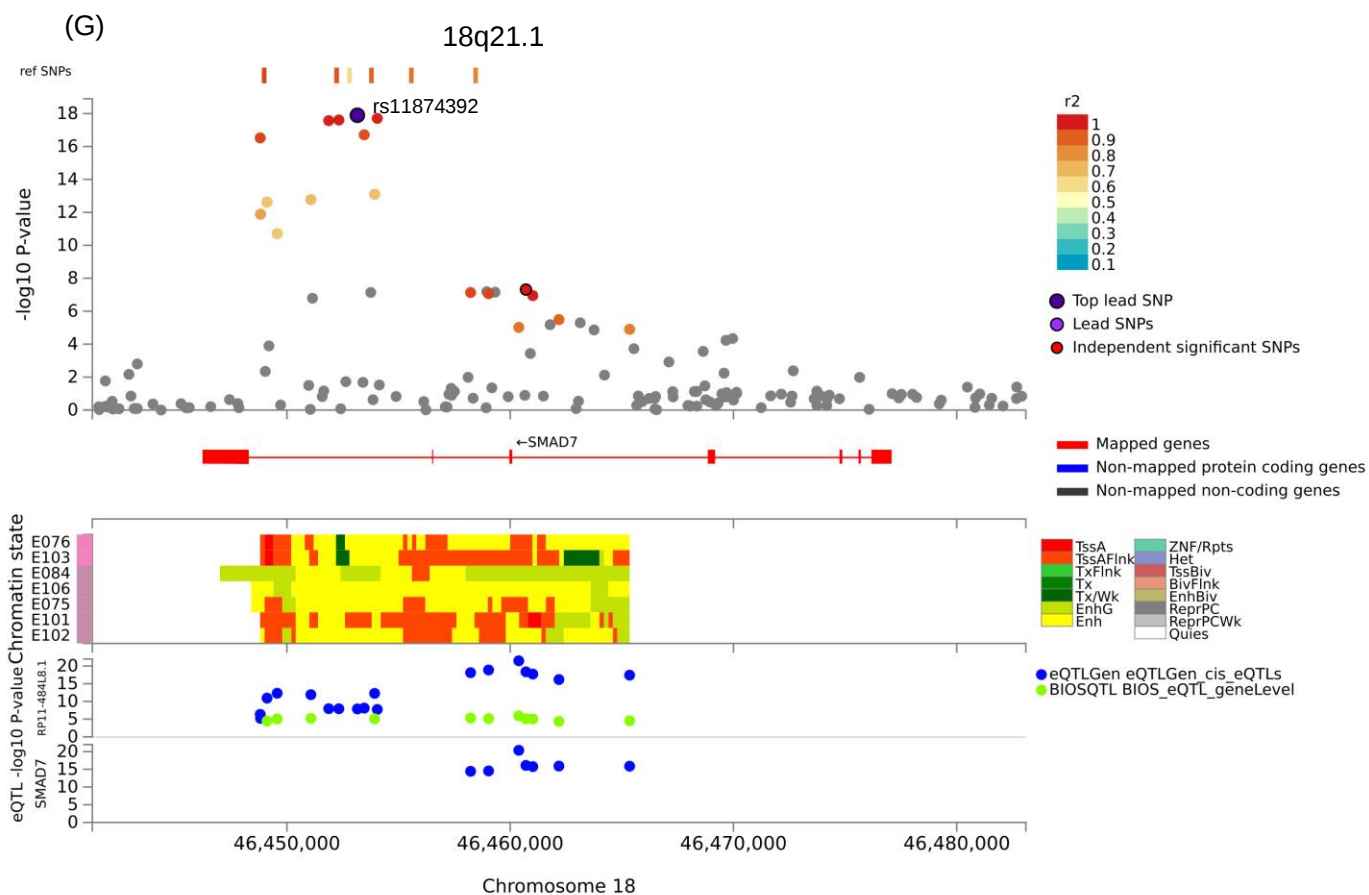
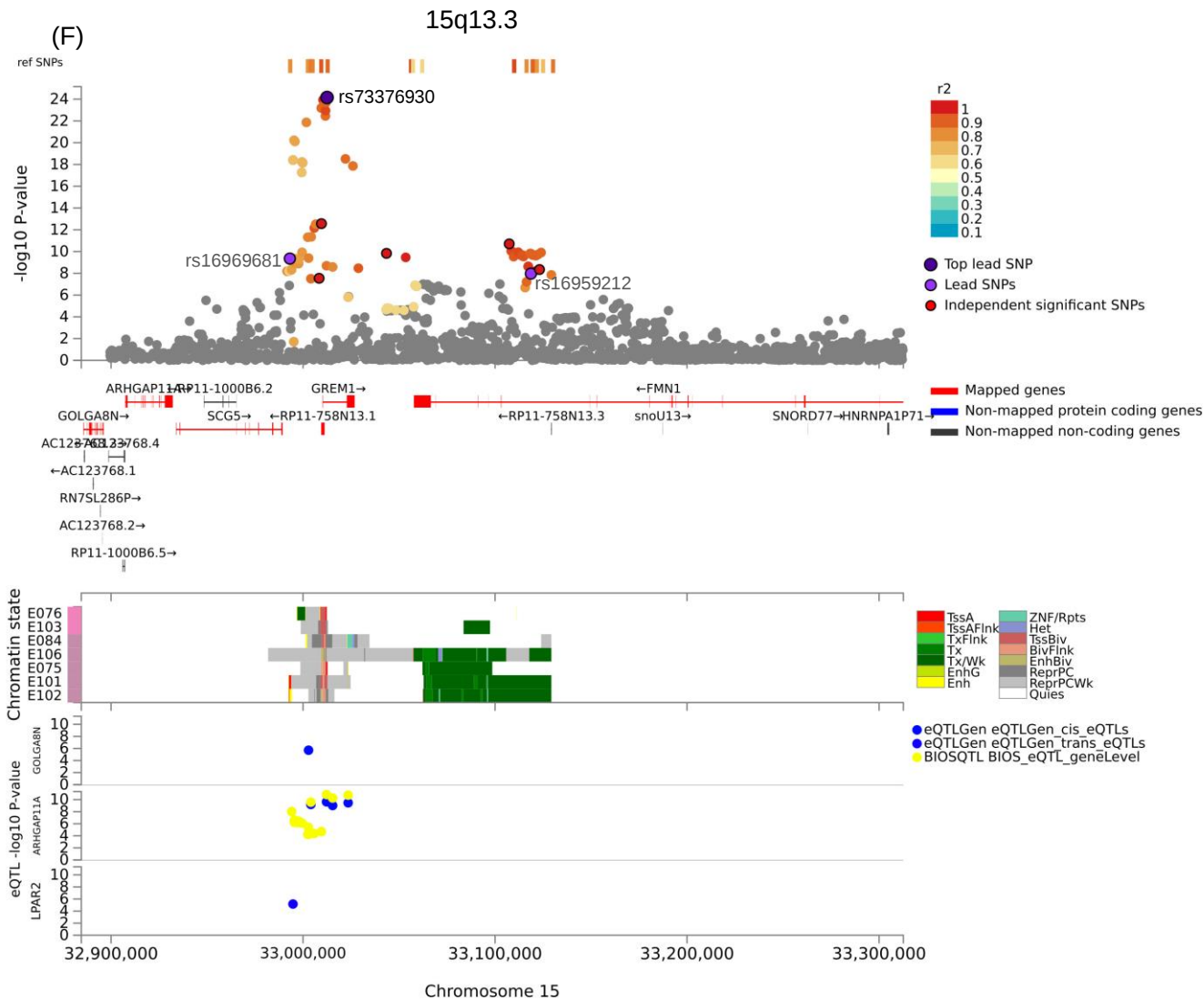
SUF 2B: Overlap of the credible SNP set for different functional chromatin states.

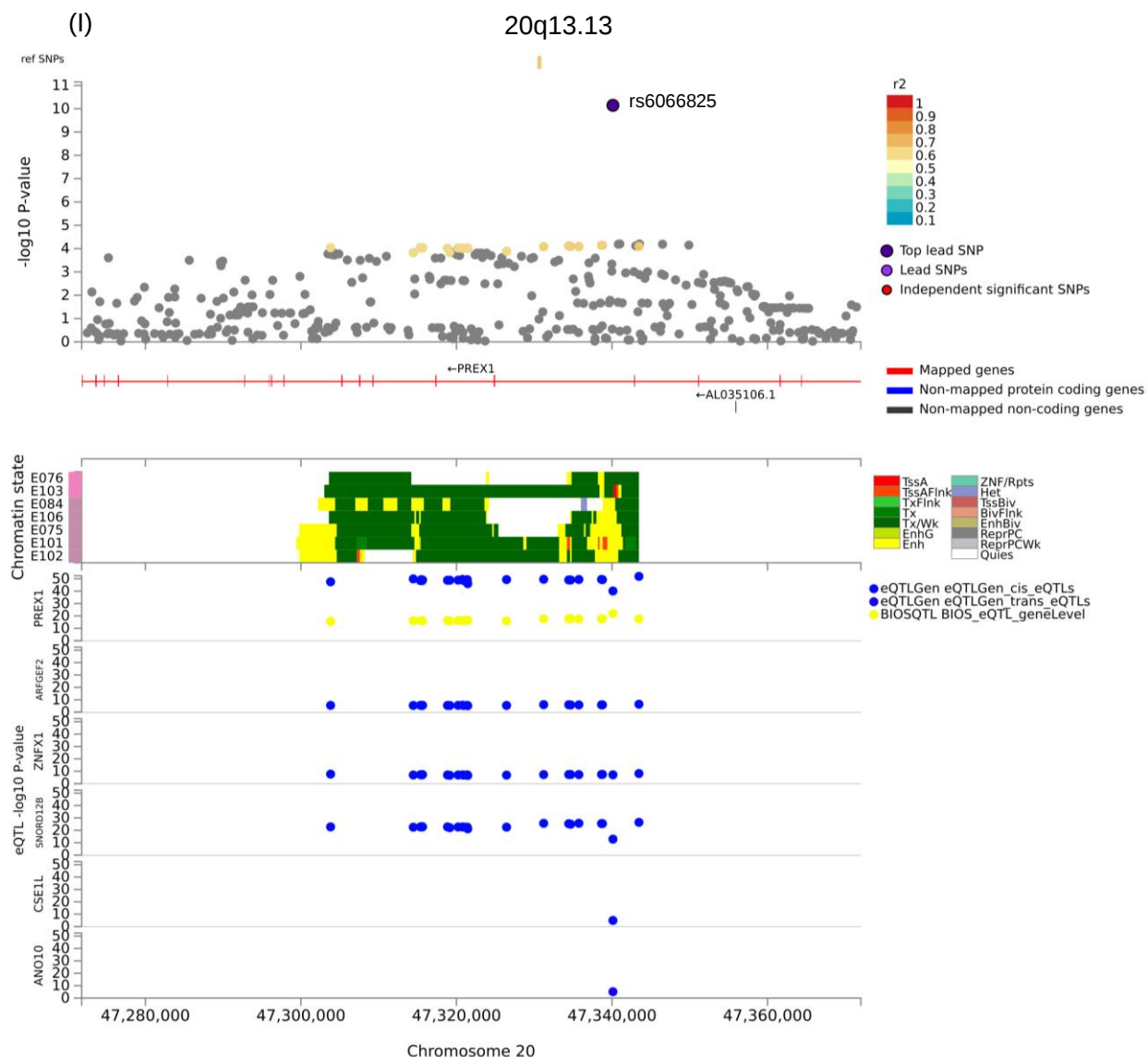
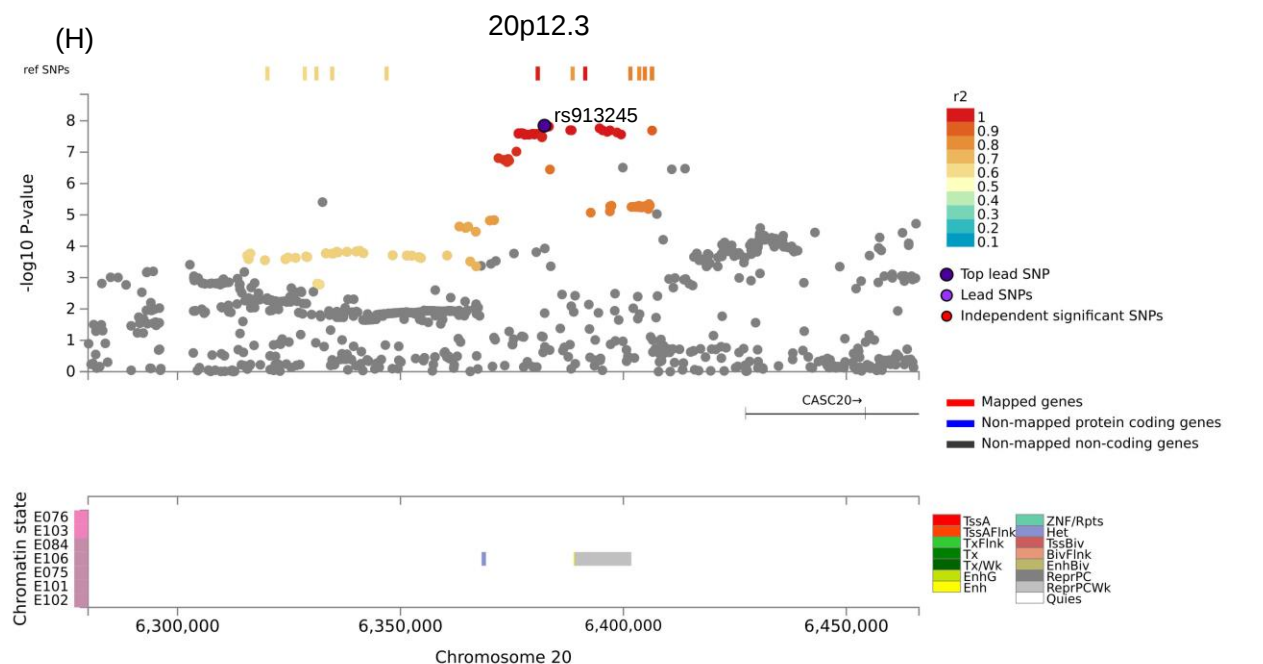


Supplementary figure [SUF 3A-1](#): Regional plots showing the top and individual lead SNPs and the LD structure of the known GWAS significant loci.



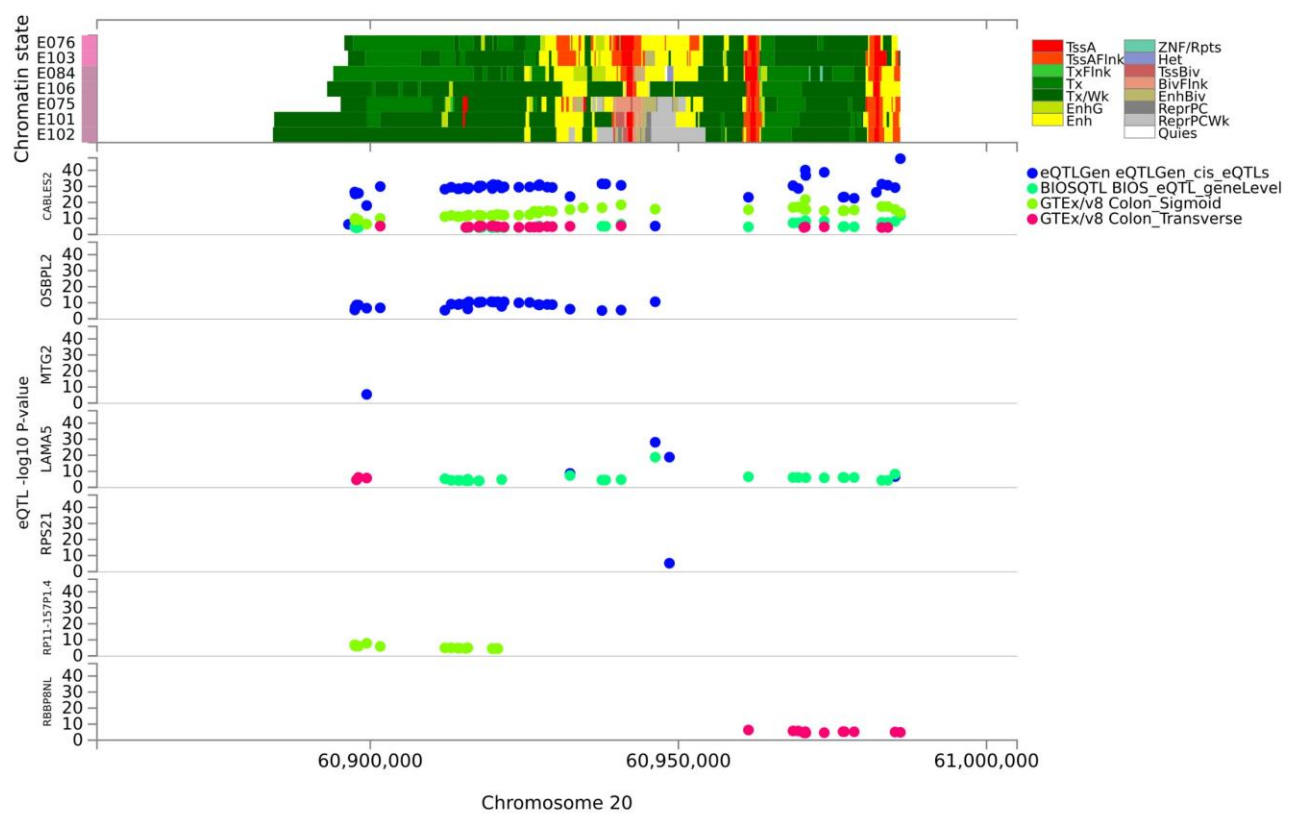
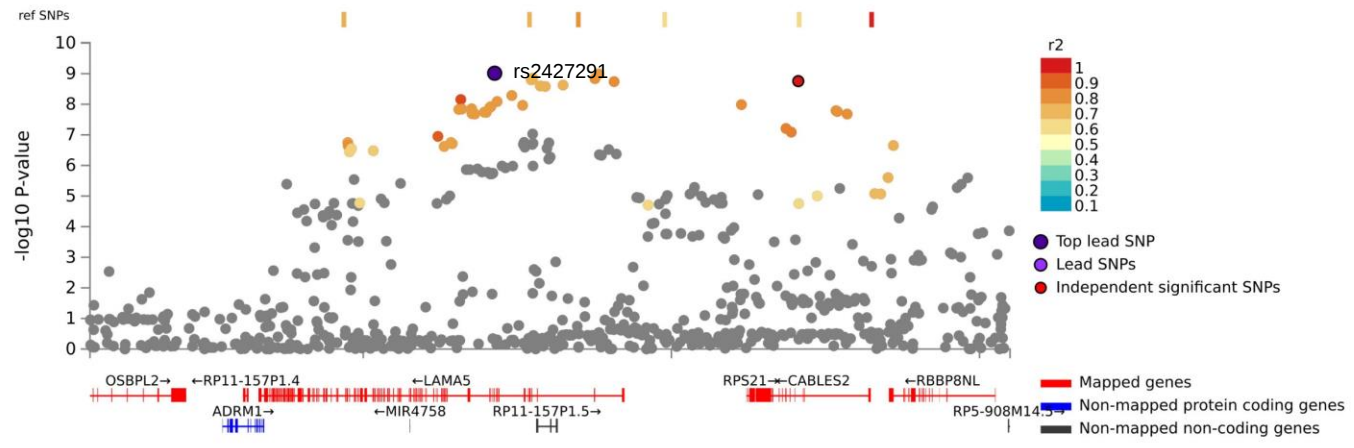




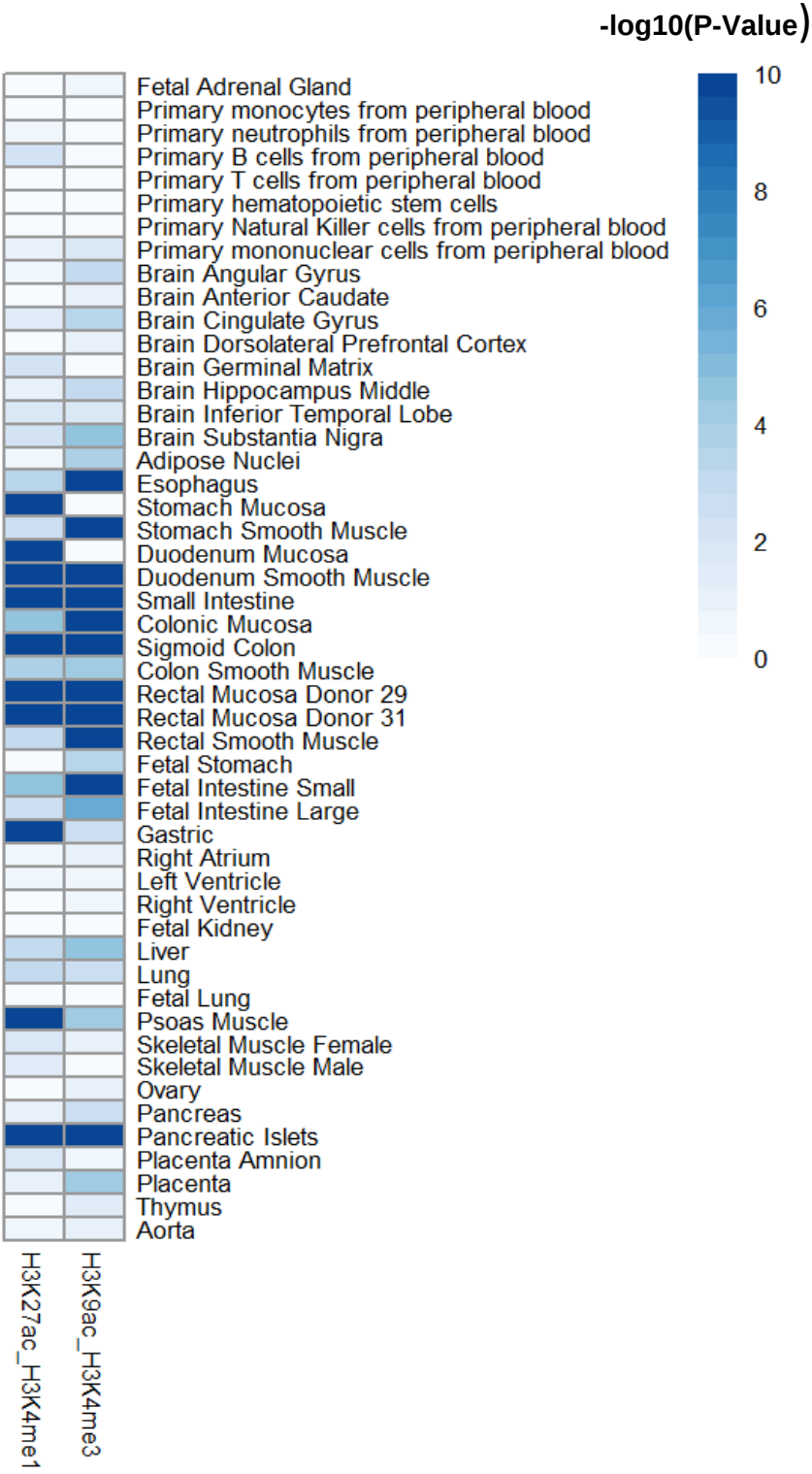


(J)

20q13.33

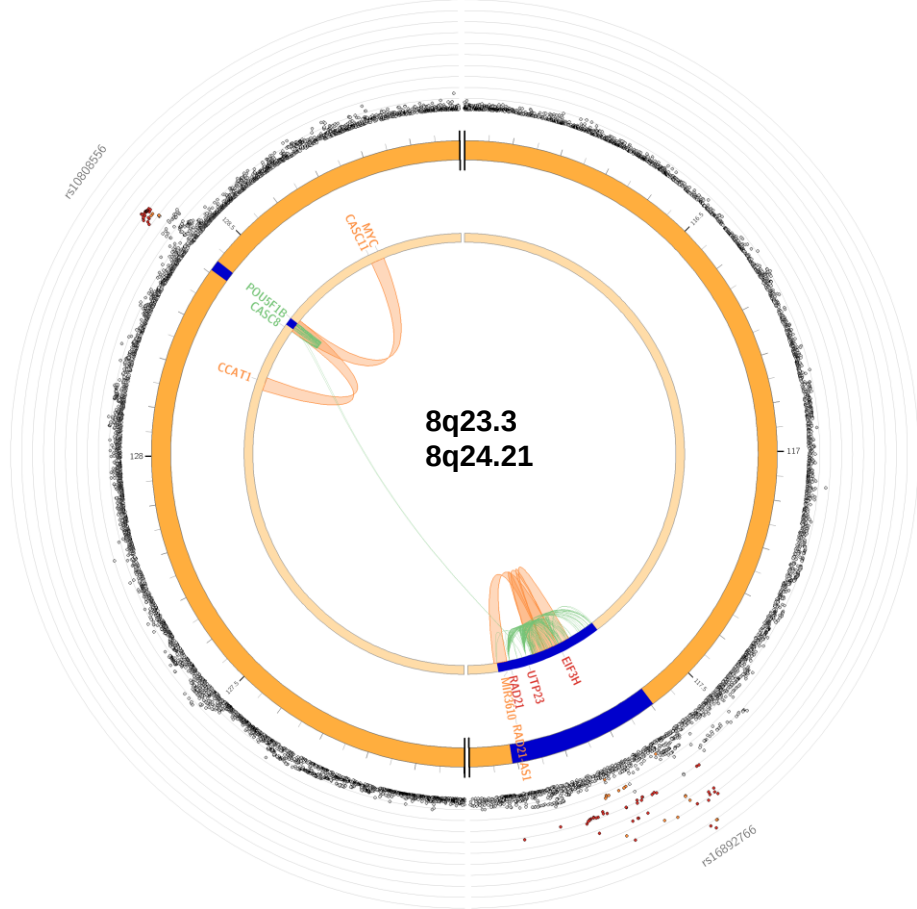


SUP-4: Enrichment of the credible SNP set for histone marks in different cell-types

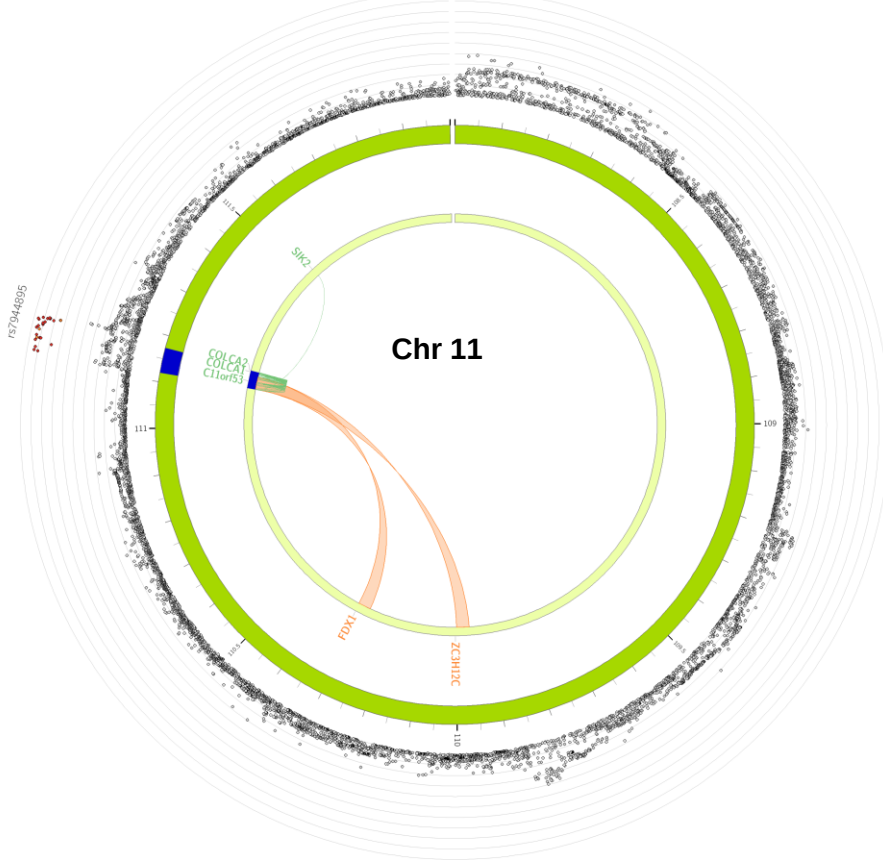


SUF 5A-E: Plots for hi-C chromatin interaction involving the credible SNP set in each loci from the GM12878 cell line. The genes in green represents eQTL mapped genes, orange represents chromatin interaction mapped and red are both eQTL and Chromatin interaction mapped genes at each locus.

(A)

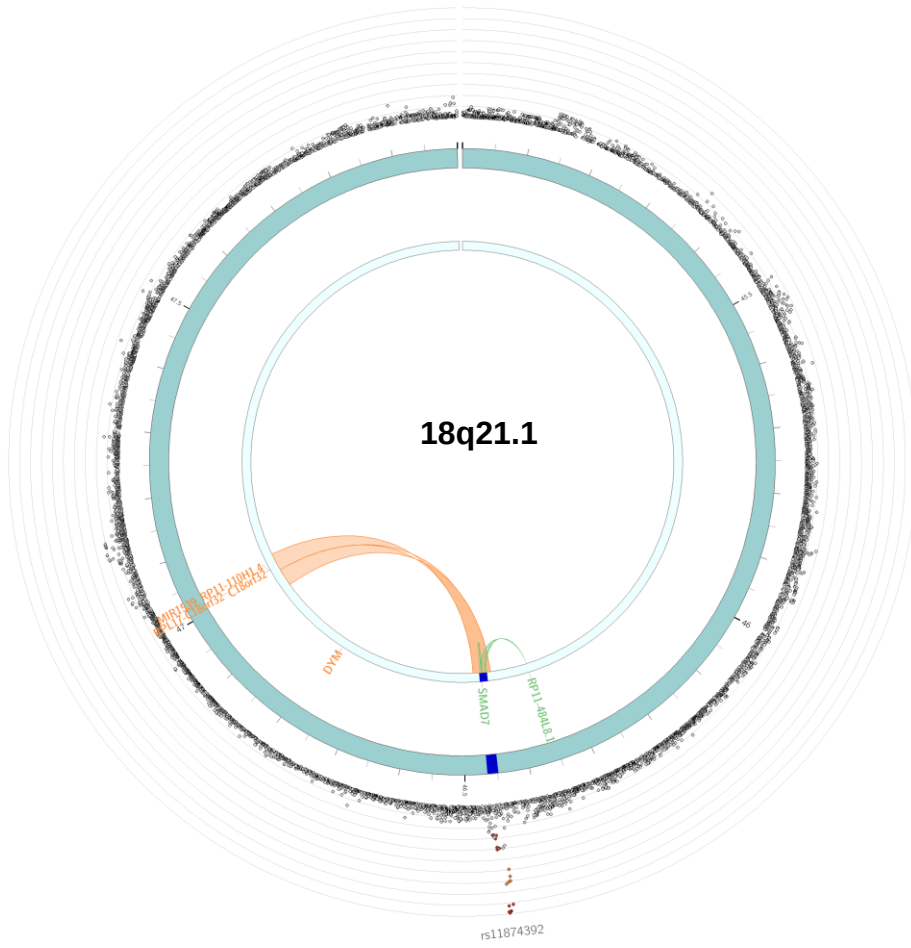


(B)

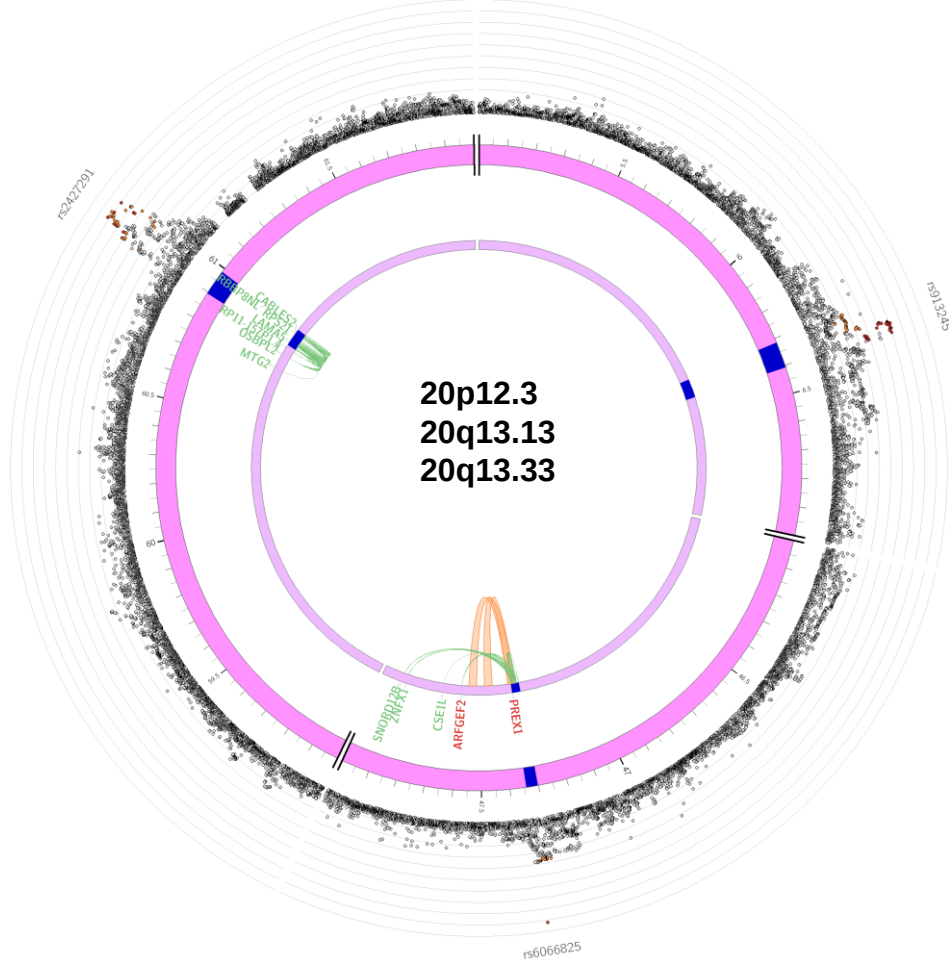


[illegible]

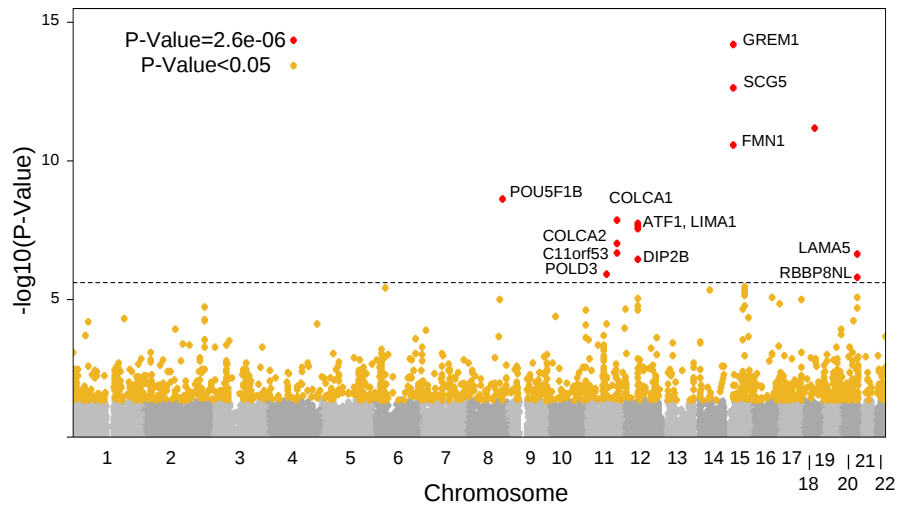
(E)



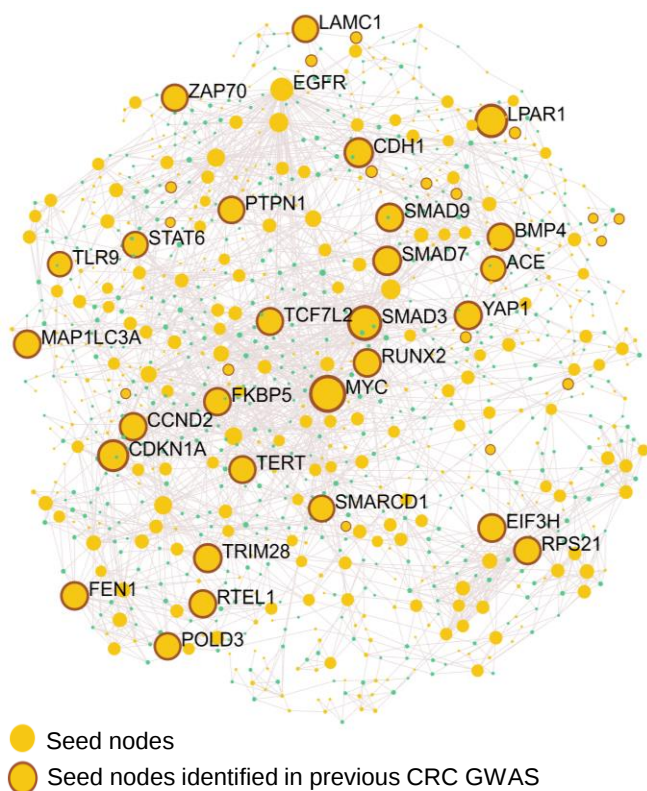
(F)



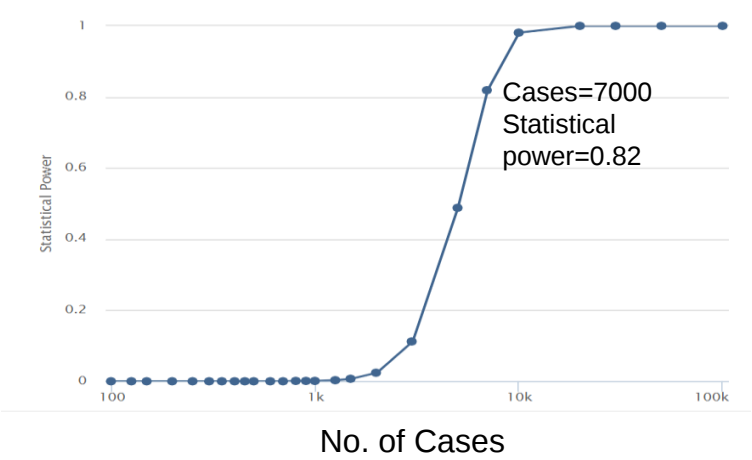
SUF6A: Gene-level associations: Gene-level associations with the y-axis representing the P-value ($-\log_{10}$) for association in the MAGMA. The gene-level genome-wide significance threshold in MAGMA was $P = 2.6 \times 10^{-6}$ (after accounting for 19,235 genes tested) indicated by the dashed line.



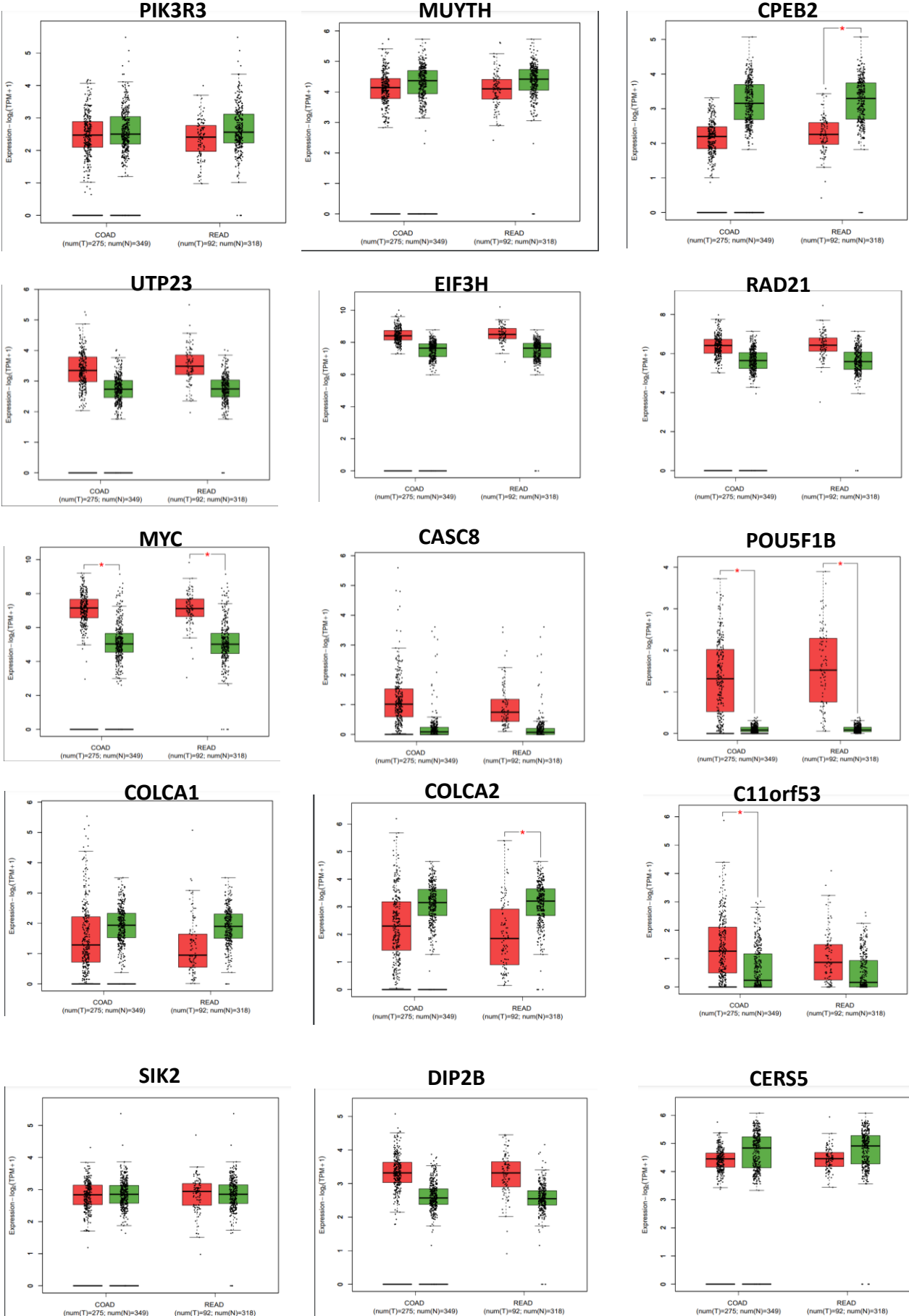
SUF6B: Gene-level associations: The largest protein–protein interaction (PPI) biological subnetwork using proteins encoded by genes with nominal significance ($P < 0.05$) in MAGMA as "seeds". The orange-colored nodes indicate seed proteins that interact with at least two other proteins in this subnetwork with larger nodes representing the seed nodes with higher number of interactions. Seed proteins encircled by red are the proteins encoded by genes identified in the previous CRC GWAS. Green nodes are other non-seed proteins that are in the subnetwork.

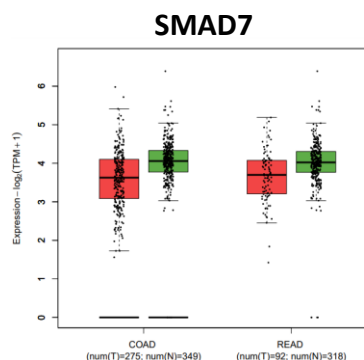
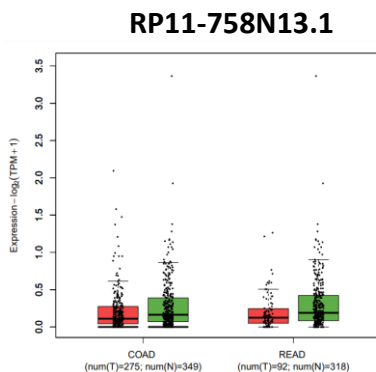
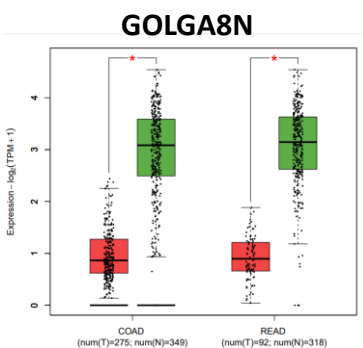
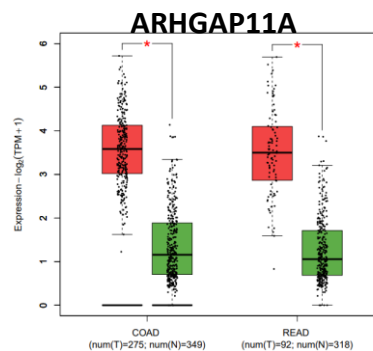
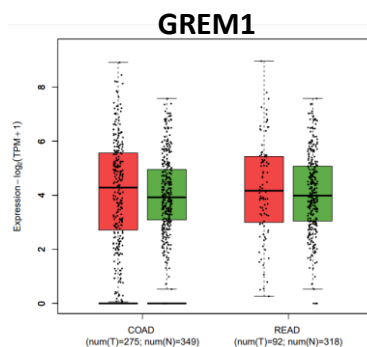
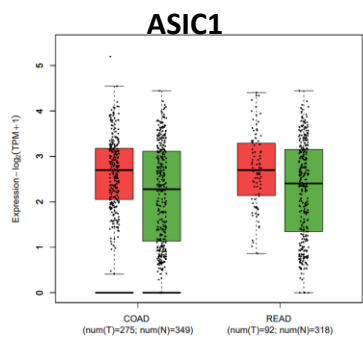
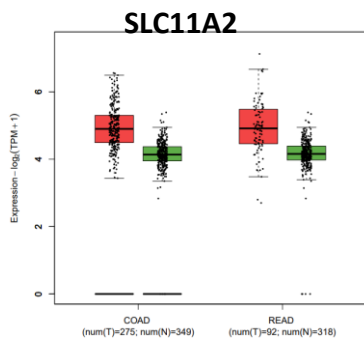
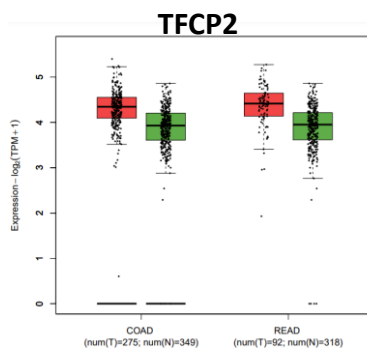
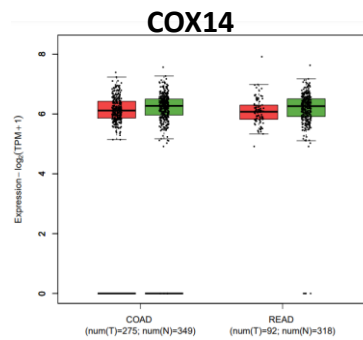
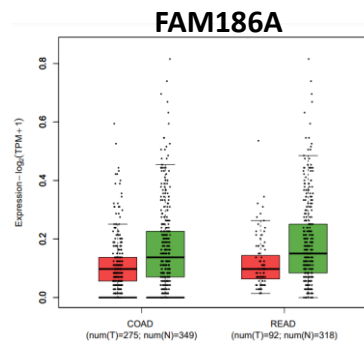
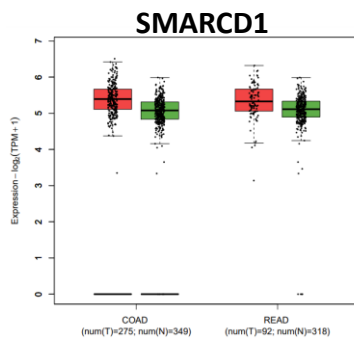
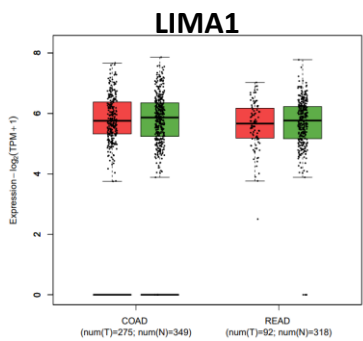
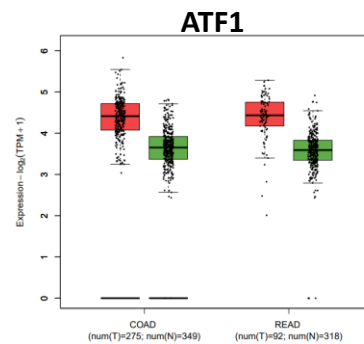
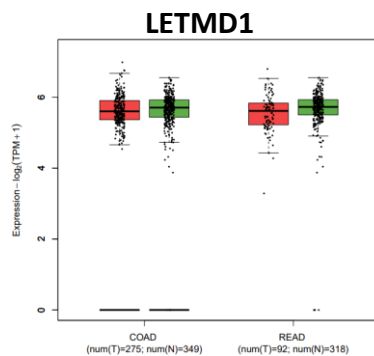
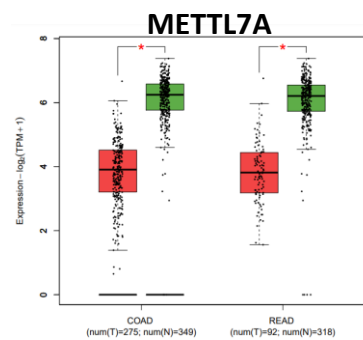


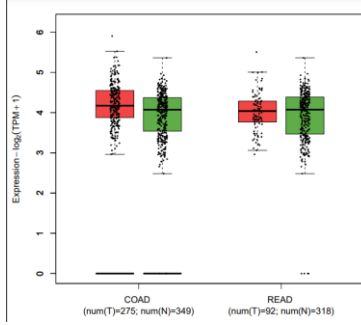
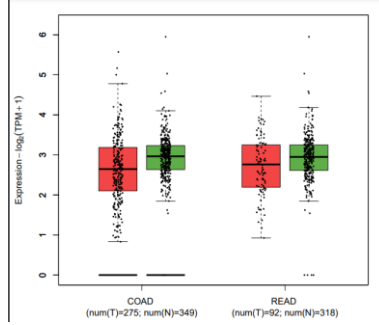
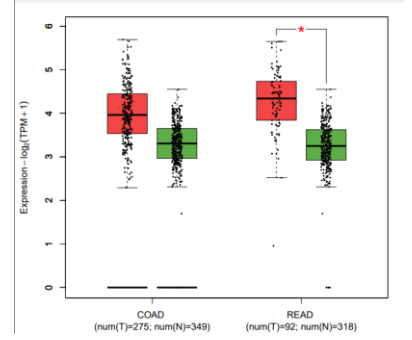
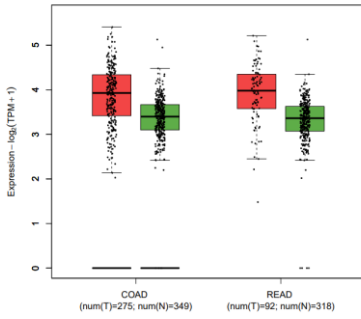
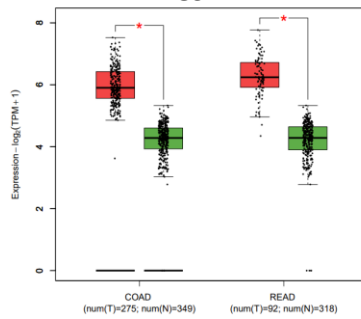
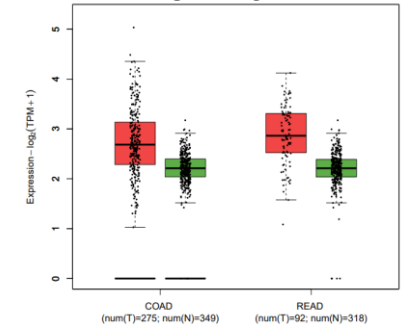
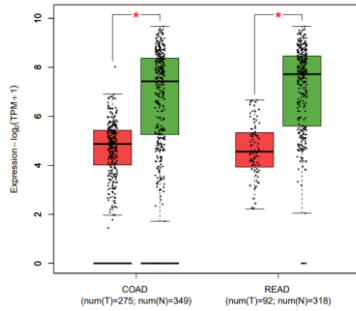
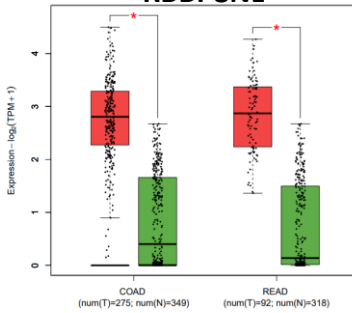
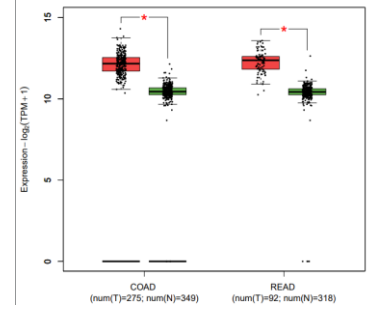
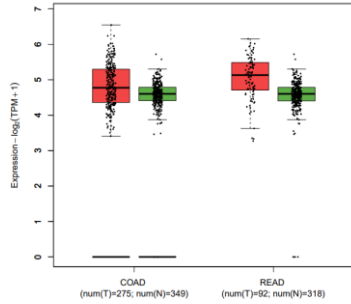
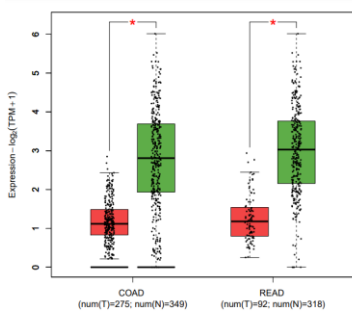
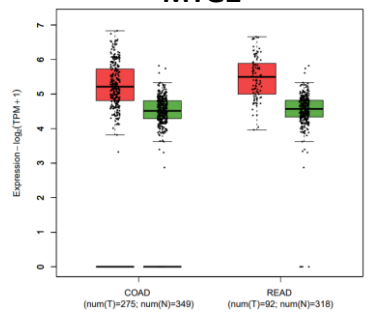
SUF 7: Statistical power calculation to detect OR of 1.8 with 0.8% MAF in a one-stage study



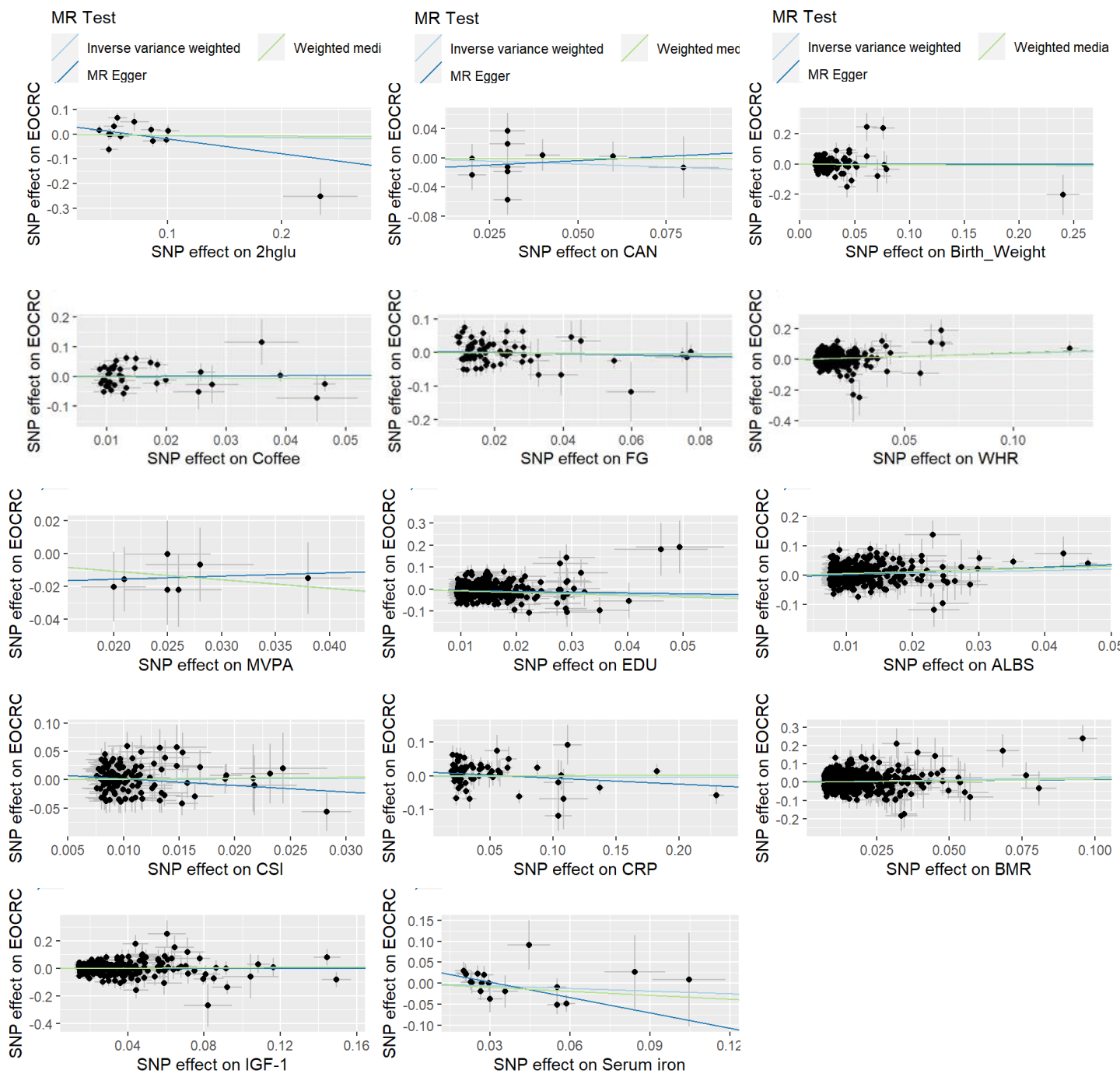
SUF-8: Comparison of the expression of the prioritized genes in colorectal cancer tissues depicted by red colour [T] (COAD=Colon adenocarcinoma, READ= Rectal adenocarcinoma) and normal colonic cells in green colour [N] from TCGA and GTEx datasets respectively. * P<0.05

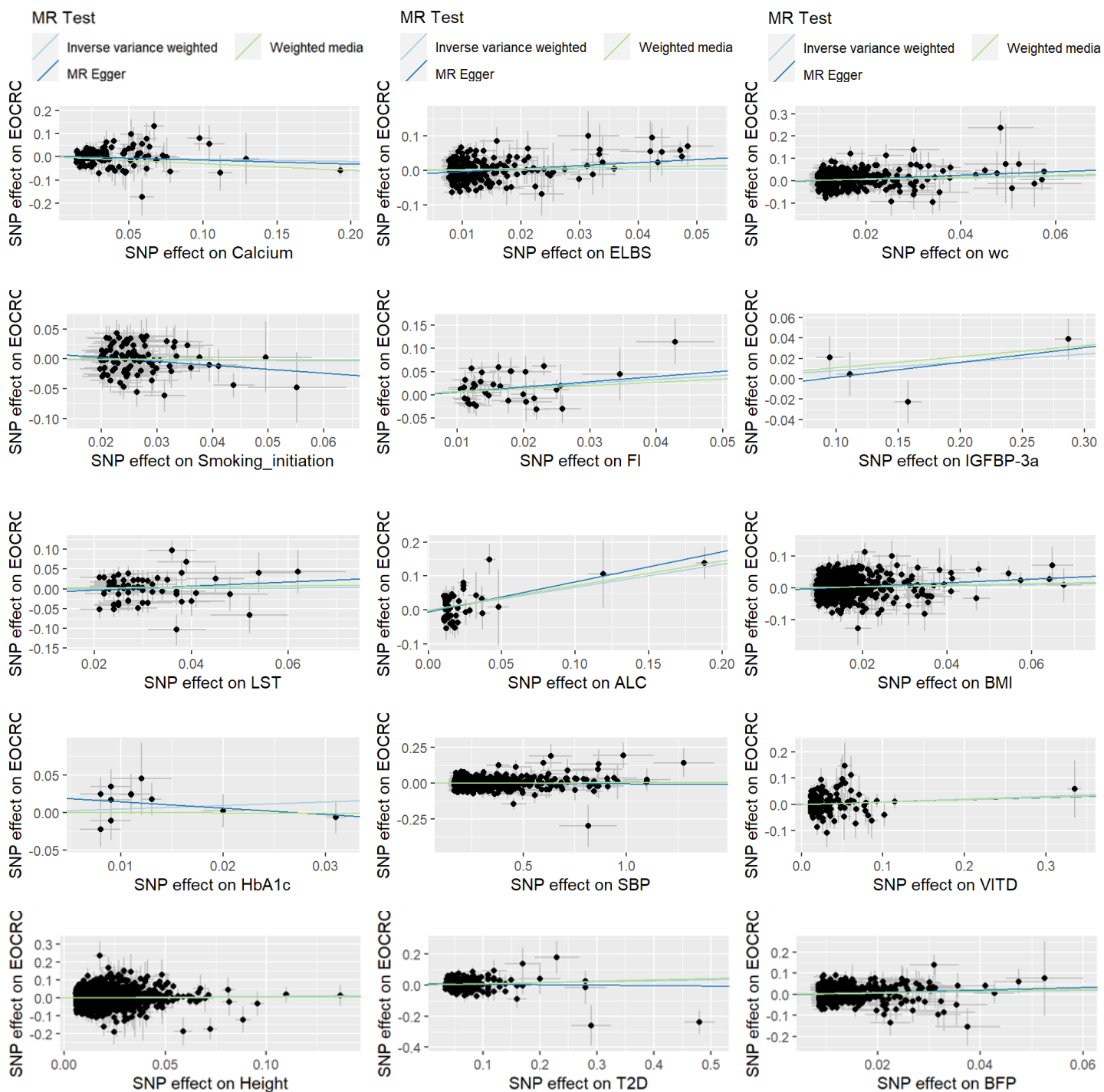




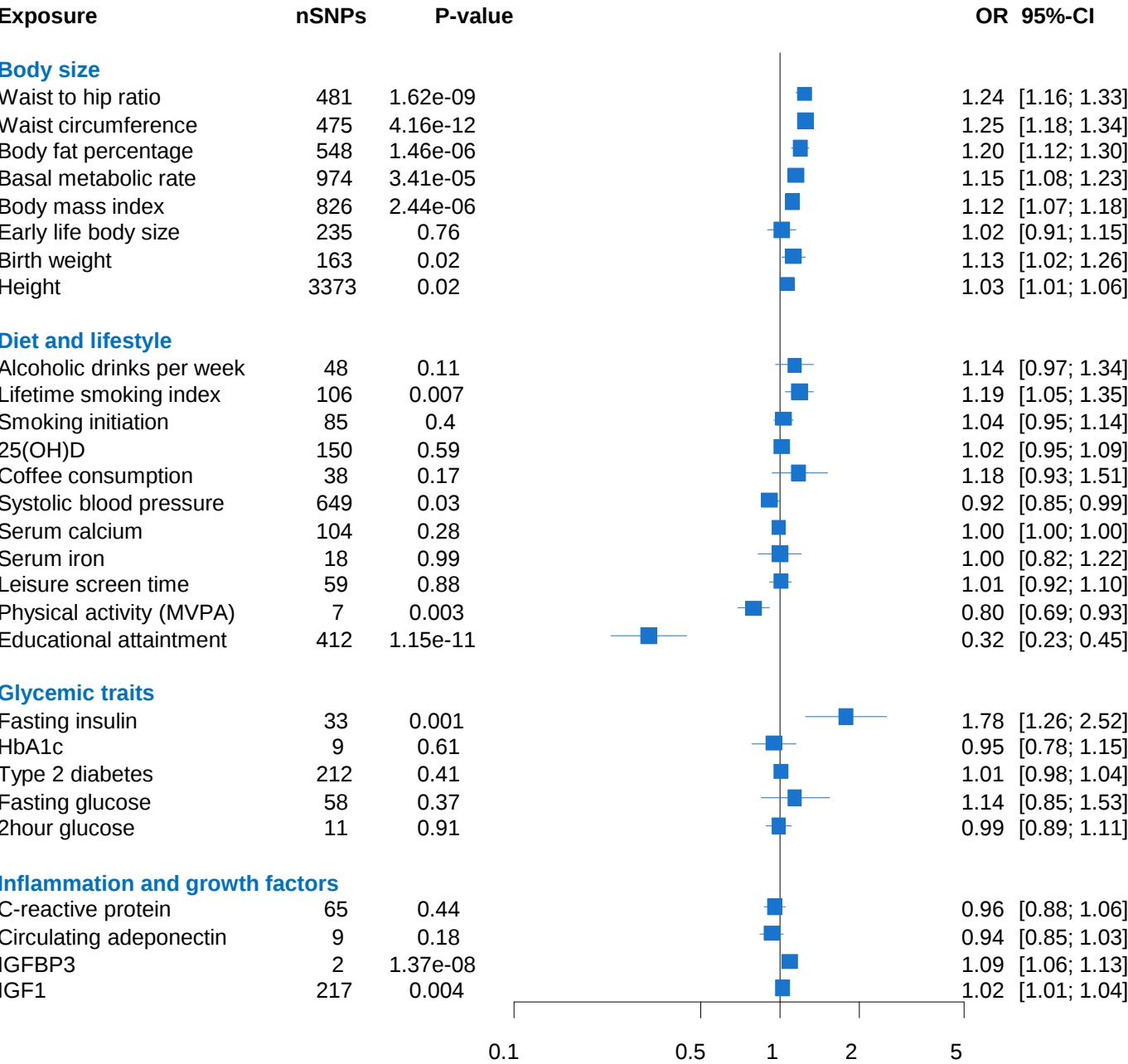
DYM**PREX1****ARFGEF2****ZNFX1****CSE1L****CABLES2****LAMA5****RBBP8NL****RPS21****OSBPL2****RP11-157P1.4****MTG2**

SUP 9: Scatter plot of the beta estimates from exposure and outcome GWAS for the tested risk factors





SUF 10: Odds ratios from inverse variance weighted MR-analysis for association between putative risk factors and overall CRC



All associations are expressed as OR per SD increase in the risk factor except for alcoholic drinks per week and fasting insulin which were expressed as OR per unit increase in natural logarithm of the exposures. For categorical risk factors like smoking initiation (ever vs never), type 2 diabetes (yes vs no) and physical activity (inactive vs active), the ORs were expressed as unit change in the exposure, compared to the reference group

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Maryland Cancer Registry (MCR)

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