potential role of epidermal barrier dysfunction in the pathogenesis of SAK and provide new evidence for its genetic mechanism.

## Data availability statement

Datasets related to this article can be found in Table 1.

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## CONFLICT OF INTEREST

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## SUPPLEMENTARY MATERIAL

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# GWAs Identify DNA Variants Influencing Eyebrow Thickness Variation in Europeans and Across Continental Populations 

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## TO THE EDITOR

Natural variation in eyebrow thickness (ET) is one of the most conspicuous facial features. Understanding its genetic basis is of broad interest and has implications for dermatology and other

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Figure 1. Outcomes of a European GWAS on ET in 9,948 subjects from four cohorts. (a) Manhattan plots from a GWAS meta-analysis of four European cohorts (RS, TwinsUK, QIMR, and US). The $-\log _{10} P$-values for association were plotted for each SNP according to its chromosomal position in the human genome assembly GRCh37.p13. Genes previously known from non-European GWASs are indicated in black, whereas previously unreported genes identified in this study in Europeans are in red. The red and blue lines indicate the threshold for genome-wide significant association $\left(P=5.00 \times 10^{-8}\right)$ and suggestive association $\left(P=1.00 \times 10^{-5}\right)$, respectively. (b) Effect sizes for the lead SNPs in the four significantly ET-associated genetic loci 2p25.2-SOX11-rs57744491, 3q23-MRPS22-rs10935314, 3q26.33-SOX2-rs73182377, and 10p12.33-SLC39A12-rs10508556. Blue boxes represent linear regression coefficients (x-axis), and red boxes represent effect sizes estimated in the meta-analysis. Horizontal bars indicate a $95 \%$ confidence interval of width equal to 1.96 standard errors. The right $y$-axis indicates $P$-values in each cohort on $-\log _{10}$ scale. META denotes European meta-analysis. Chr, chromosome; ET, eyebrow thickness; QIMR, Queensland Institute of Medical Research; RS, Rotterdam Study; TZL, Taizhou longitudinal study; US, United States of America.
fields. Two GWASs for ET have been reported thus far. In 2,457 Latin Americans from the CANDELA cohort, Adhikari et al. (2016) identified 3q22.3 harboring FOXL2. In 2,961 Han Chinese from the Taizhou longitudinal study (TZL) cohort, Wu et al. (2018) discovered 3q26.33 harboring SOX2 and $5 q 13.2$ harboring FOXD1 and discovered $2 q 12.3$ harboring $E D A R$ by meta-analysis of CANDELA and TZL (Wu et al., 2018). Thus, four ETassociated loci have been established thus far, all in non-Europeans. Because no European ET GWAS had been reported, it remains unknown whether the genetic ET effects described in nonEuropeans persist in Europeans or whether there are European-specific genetic loci involved in ET or both.
In this study, we report, to our knowledge, the first GWAS of ET in Europeans using 9,948 individuals from four
cohorts of European ancestry, including the Rotterdam Study (RS) ( $n=4,441$ ), TwinsUK ( $\mathrm{n}=1,159$, females only), the Queensland Institute of Medical Research (QIMR) study ( $\mathrm{n}=2,257$ ), and a cohort from the United States of America (US) ( $\mathrm{n}=2,121$ ) (Supplementary Table S1 and Supplementary Figure S1 and Supplementary Materials and Methods). ET phenotypes were classified from digital facial images into three ordinal levels (thin, intermediate, and thick) (Supplementary Figure S2) as described elsewhere (Wu et al., 2018). Inter-rater concordance was reasonably high (Kappa $=0.34-0.66$, Pearson $r=$ 0.51-0.76) (Supplementary Table S2). Increased age, female sex, and blond eyebrow color were significantly associated with thinner eyebrows (Supplementary Table S3 and Supplementary Materials and Methods).

Phenotypic correlations between monozygotic twins (TwinsUK $r=0.75$, QIMR $r=0.83$ ) were significantly higher than between dizygotic ones (TwinsUK $r=0.22$, QIMR $r=0.35$ ). Heritability analyses using ACE and ADE models in QIMR twins confirmed a high level of broad sense heritability at $76.27 \%$ (69.85-79.79\%). Genetic nonadditivity accounted for $28.57 \%$ (1.43-59.19\%) of variance (dominance), and the additive component (narrow-sense heritability) was 47.70\% (18.21-5.16\%) (Supplementary Table S4).

GWASs were conducted independently in each of the four cohorts, and the results were meta-analyzed (Figure 1 and Supplementary Figure S3). This European meta-analysis highlighted seven SNPs at four distinct genetic loci showing genomewide significant $\left(P<5 \times 10^{-8}\right)$ ET association, including three previously


Figure 2. ET association and LD plots for the genetic region harboring 3q23 (MRPS22) and 3q22.3 (FOXL2). For 3q23, we identified previously unreported ET association in Europeans, whereas for 3q22.3, ET association was previously reported in Latin Americans. Regional association plots for (a) European metaanalysis results, (b) GWAS results of Latin Americans (CANDELA) as well as simulation results based on (c) European and (d) Native American population samples from the 1000 Genomes Project. The $-\log _{10} P$-values for eyebrow thickness association were plotted for each SNP according to chromosomal positions (GRCh37.p13). Dark blue dots correspond to the results of Europeans, that is, (a) European GWASs (META) and (c, d) European population samples from 1000 Genomes (EUR). Light green dots correspond to the results of Americans, that is, (b) Latin American GWAS (CANDELA) and (c, d) Native American population samples from 1000 Genomes (AMR). The squares and triangles mark the lead SNPs in Europeans (rs10935314) and Latin Americans (rs112458845), respectively. In $\mathbf{c}$ and $\mathbf{d}$, red and cyan colors (for both squares and triangles) correspond to the signals generated in our simulation analyses on the basis of European and Native American population samples from 1000 Genomes, respectively. The gray dashed lines mark the positions of the two lead SNPs in Europeans (rs10935314) and Latin Americans (rs112458845), respectively. The red and blue lines, respectively, correspond to $P=5 \times 10^{-8}$ and $P=1 \times 10^{-5}$. (d, f) LD plots for (e) Europeans (EUR) and (f) Native Americans (AMR). META denotes European meta-analysis, EUR denotes European, and AMR denotes Native American. ET, eyebrow thickness; LD, linkage disequilibrium.
unreported loci at 2 p25.2 (nearest gene SOX11, lead SNP rs57744491, $\left.\beta=-0.11, P=3.60 \times 10^{-8}\right), 3 \mathrm{q} 23$ (MRPS22, rs10935314, $\beta=0.05, P=$ $3.51 \times 10^{-9}$ ), and 10p12.33 (SLC39A12, rs10508556, $\left.\beta=0.04, P=3.19 \times 10^{-8}\right)$. The fourth significant locus at 3 q 26.33 (SOX2, rs73182377, $\beta=0.05, P=5.25 \times$ $10^{-9}$ ) (Figure 1 and Supplementary Figure S4 and Supplementary Tables S5 and S6) represents one of the four loci previously discovered in non-Europeans, albeit with a different lead SNP (Wu et al., 2018). The Chinese lead SNP showed a strong but nominally significant association in our European dataset ( $P=$ $3.13 \times 10^{-7}$ ) (Supplementary Figure S5 and Supplementary Table S6).

The identified locus at 2 p 25.2 (SOX11, rs57744491) was not even nominally significant in the nonEuropeans from the CANDELA and

TZL cohorts ( $P>0.05$ ) (Figure 1 and Supplementary Table S6), although the effect was on the same direction across all the six cohorts. This nonsignificant association cannot be explained by allele frequency. The G-allele, increasing ET in Europeans, was sufficiently common in CANDELA and TZL without ET association as well as in other population samples from both continents in the 1000 Genomes (1000G) Project data (1000 Genomes Project Consortium et al., 2015) $\left(f_{\text {CANDELA }}=0.09, f_{\text {TZL }}=0.22\right.$, $f_{\text {AMR } 1000 \mathrm{G}}=0.09, f_{\text {EAS } 1000 \mathrm{G}}=0.20$ ), as it was in Europeans with ET association ( $f_{\text {EUR }}=0.05$, missing in TwinsUK and QIMR, $\left.f_{\text {US }}=0.05, f_{\text {EUR } 1000 G}=0.05\right)$. The lead SNP rs57744491 is located $\sim 65 \mathrm{~kb}$ upstream of the intron-less gene SOX11, which has not been functionally implicated in eyebrow
thickness thus far. However, SOX11 is reported to be a causal gene of the Coffin-Siris syndrome (Coffin-Siris syndrome 9), a congenital multiple malformation syndrome including coarse facial features and hypertrichosis (Tsurusaki et al., 2014), which supports our ET-association findings.

The identified locus at $3 q 23$ (MRPS22) is physically close to $3 q 22.3$ (FOXL2) previously reported with ET association in CANDELA (Adhikari et al., 2016). The European lead SNP rs10935314 at 3 q 23 is 317 kb away from the Latin American lead SNP rs112458845 at 3q22.3. The European lead SNP was not even nominally significant ( $P>0.05$ ) in CANDELA. Large allele frequency differences between Europeans and Americans were seen at rs112458845 ( $f_{\text {RS }}=0.003$, nonpolymorphic in TwinsUK, QIMR, and

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US, $f_{\text {EUR } 1000 G}=0.002, f_{\text {CANDELA }}=0.27$,
$\left.f_{\text {AMR1000G }}=0.26\right)$ and at rs10935314 ( $f_{\mathrm{RS}}=0.44$, missing in TwinsUK, $f_{\mathrm{QIMR}}=$ $0.45, f_{\text {US }}=0.46, f_{\text {EUR } 1000 G}=0.46$, $f_{\text {CANDELA }}=0.26, f_{\text {AMR } 1000 G}=0.25$ ) (Supplementary Figure S6). These two SNPs fell in different linkage disequilibrium blocks in Europeans and Americans $\left(r_{\text {EUR1000G }}^{2}=3.05 \times 10^{-6}\right.$, $\left.r_{\text {AMR1000G }}^{2}=0.08\right)$ (Figure 2). Simulating genuine effects for these two SNPs on the basis of 1000G data (Figure 2 and Supplementary Materials and Methods) provides additional support for the presence of allelic heterogeneity at the 3q23-3q22.3 region. This likely explains the contrasting association signals at these two different albeit closely spaced genetic loci in different continental populations. A European patient with eyelid ptosis and scarce eyebrows had a 197-kb de novo deletion upstream of FOXL2, involving a regulatory element in which our European lead SNP is located (Bertini et al., 2019), which has a prolonged conversion relationship with FOXL2 (Supplementary Figure S7) in a chromatin interaction analysis with paired-end tag database (Zhou et al., 2013). This finding together with our results suggests a regulatory role of rs10935314 in Europeans, whereas it is absent in non-Europeans, at least in Americans.

At the identified locus 10p12.33, the lead SNP rs10508556 is an intronic variant of SLC39A12, which belongs to a subfamily of genes encoding proteins that show structural characteristics of zinc transporters (Taylor and Nicholson, 2003). Functional knowledge of SLC39A12 in hair development is limited. The T-allele, increasing ET in Europeans, has a high frequency across all relevant groups $\left(f_{\mathrm{RS}}=0.47, f_{\mathrm{TwinsUK}}=0.46, f_{\mathrm{QIMR}}=\right.$ $0.48, f_{\text {US }}=0.46, f_{\text {CANDELA }}=0.63$, $f_{\mathrm{TZL}}=0.73, \quad f_{\mathrm{EUR} 1000 \mathrm{G}}=0.44$, $f_{\text {AMR } 1000 \mathrm{G}}=0.63, f_{\text {EAS } 1000 \mathrm{G}}=0.69$ ). The allele effect was in the same direction across all the four European cohorts as well as in CANDELA and TZL (Figure 1 and Supplementary Table S6). The latter might suggest a lack of power in detecting this locus in previous non-European GWASs and strengthens the reliability of our association finding.

Of the four ET-associated loci previously reported in non-Europeans, two,
that is, $3 q 22.3$ FOXL2 and $3 q 26.33$ SOX2, have been discussed earlier, whereas $5 q 13.2$ FOXD1 showed nominally significant association in our European dataset (rs12651896 $P=5.65 \times$ $10^{-3}$ ) (Supplementary Figure S5 and Supplementary Table S6), and 2 q 12.3 $E D A R$ is almost nonpolymorphic in Europeans (rs1866188 $f_{\text {EUR1000G }}=0.01 ; f<$ 0.01 in RS, TwinsUK, QIMR, and US) (Supplementary Figure S5 and Supplementary Table S6).
In conclusion, the first GWAS of eyebrow thickness in Europeans discovered three previously unreported genetic loci 2 p25.2 SOX11, 3q23 MRPS22, and 10p12.33 SLC39A12 with genome-wide significant ET association. Moreover, it rediscovered in Europeans two of the four loci previously found in non-Europeans: 3 q26.33 SOX2 with genome-wide association and $5 q 13.2$ FOXD1 with nominally significant association. The other two loci previously reported in nonEuropeans, $2 q 12.3 E D A R$ and $3 q 22.3$ FOXL2, had no pronounced effects in Europeans, most likely owing to very low allele frequencies. Our study significantly improves the genetic knowledge of human eyebrow variation by increasing the number of known genes from four to seven and delivers previously unreported targets for future functional studies. We show that the phenotypic variation of human eyebrows is determined by both shared and distinct genetic effects across continental populations. Our findings underline the need for studying various population samples of different ancestries for unveiling the genetic basis of human traits, including but not restricted to appearance.

## Ethics Statement

Human subjects: All cohort participants gave written informed consent and consent to publish. Ethical approvals were provided for the RS according to the Population Study Act Rotterdam Study (Wet Bevolkingsonderzoek ERGO) executed by the Ministry of Health, Welfare and Sports of The Netherlands, for the TwinsUK study by the St. Thomas' Hospital Local Research Ethics Committee, for the QIMR study by the QIMR Human Research Ethics Committee, and for the

US study by the Indiana University Internal Review Board.

## Data availability statement

Datasets related to this article regarding the full GWAS summary statistics of eyebrow thickness for the discovery cohorts Rotterdam Study, TwinsUK, Queensland Institute of Medical Research, and United States as well as the meta-analysis of all the four GWASs can be found at figshare with the DOI number 10.6084/m9.figshare. 19078070 (https://figshare.com/ s/50e489c672fe2d7a9194). The summary statistics of all analyzed DNA variants in the previously published Taizhou longitudinal study and CANDELA GWAS datasets, which were used in this study in addition to the European data, can be found at the National Omics Data Encyclopedia (http://www.biosino.org/node/) under accession number OEZ000393.

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## Disclaimer

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## SUPPLEMENTARY MATERIAL

Supplementary material is linked to the online version of the paper at www.jidonline.org, and at https://doi.org/10.1016/j.jid.2022.11.026.

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# Proteasome Inhibitors Interact Synergistically with BCL2, Histone Deacetylase, BET, and Jak Inhibitors against Cutaneous T-Cell Lymphoma Cells 

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## TO THE EDITOR

Cutaneous T-cell lymphoma (CTCL) is often refractory to treatment at advanced stages with blood involvement (Dummer et al., 2021). We have previously revealed the synergistic cytotoxic effects of inhibiting BCL2, histone deacetylase, BET, and/or Jak in patient-derived CTCL cells and CTCL cell lines, suggesting potential advantages of a spectrum of combination treatment strategies for this disease (Cyrenne et al., 2017; Kim et al., 2018; Yumeen et al., 2020). Proteasome inhibitors target multiple pathways, including protein degradation, to cause cytotoxicity and have been utilized in other hematologic malignancies. They have shown efficacy as a single agent in a small phase II trial of patients with relapsed or refractory CTCL (Zinzani et al., 2007) as well as in limited combinations during preclinical studies (Yumeen et al., 2020) and early clinical trials (Holkova et al., 2017). In this study, we share our expanded preclinical assessment of the synergistic activity of proteasome inhibitors when used with the BCL2 inhibitor venetoclax, histone deacetylase inhibitor
vorinostat, BET inhibitor mivebresib, or Jak inhibitor fedratinib. We reveal that the cytotoxic effects from combination treatment were greater than additive when assessed in patient-derived CTCL cells. Furthermore, we show an increase in apoptosis pathway activation with combination treatment and explore the gene expression changes underlying these synergistic effects.

Nine patients with CTCL provided written informed consent at Yale Cancer Center (New Haven, CT) in accordance with the Yale Human Investigational Review Board (Table 1). Malignant cells were isolated from peripheral blood as previously described (Kim et al., 2018). HH and HUT78 cells were procured from ATCC (Manassas, VA), and MyLa 2059 was provided by E. Contassot (University Hospital Zurich, Zurich, Switzerland). We have previously characterized the genetic alterations in HH and HUT78 (Lin et al., 2012). Cell lines tested negative for Mycoplasma contamination by PCR. Seventy-twohour cell viability assays were conducted as previously described (Kim et al., 2018). The degree of synergy was quantified as a combination index using

[^1]the Chou-Talalay method (Chou, 2010). For caspase-mediated apoptosis studies, primary cells were incubated for 48 hours with $0.0167 \mu \mathrm{M}$ of oprozomib and approximately three-fold of the $50 \%$ inhibitory concentration of the second drug. Caspase-Glo 3/7 (Promega, Madison, WI) was used to measure caspase activity. Gene expression profiling was performed as previously described (Kim et al., 2018). Statistical analysis was performed using GraphPad Prism, version 9.4.0 (GraphPad Software, San Diego, CA).

Primary CTCL cells from seven patients and three CTCL cell lines (HH, MyLa, and HUT78) were treated with the following proteasome inhibitors in cell viability assays: first-generation bortezomib and second-generation oprozomib, ixazomib, carfilzomib, and marizomib (Figure 1a). We found that both primary CTCL cells and cell lines were highly sensitive to the inhibitors with mean $50 \%$ inhibitory concentration values in the nanomolar range, the most potent being carfilzomib and the least being marizomib. All proteasome inhibitors except for marizomib showed significantly lower $50 \%$ inhibitory concentration values against CTCL cells than against normal CD4+ T cells isolated from healthy controls (Supplementary Table S1). For combination treatment testing, we selected bortezomib for being first of

## SUPPLEMENTARY MATERIALS AND METHODS

## Rotterdam Study

The Rotterdam Study (RS) is a population-based prospective study of 14,926 participants aged $\geq 45$ years living in a suburb of Rotterdam, The Netherlands. Details regarding the cohort profile have been described previously (Hofman et al., 2015). A total of 5,604 participants not wearing make-up, cream, or jewelry were photographed using a Premier 3dMD face3-plus UHD camera (3dMD, Atlanta, GA). Frontal two-dimensional portrait photos were projected from the three-dimensional images and were used for eyebrow phenotyping. The RS has been approved by the medical ethics committee according to the Wet Bevolkingsonderzoek ERGO (Population Study Act Rotterdam Study) and executed by the Ministry of Health, Welfare and Sports of The Netherlands. All participants provided written informed consent. Genotyping was carried out using the Infinium II HumanHap 550K Genotyping BeadChip, version 3 (Illumina, San Diego, CA). Collection and purification of DNA have been described previously (Kayser et al., 2008). All SNPs were imputed using MACH software (www. sph.umich.edu/csg/abecasis/MaCH/) on the basis of the 1000-Genomes Project reference population information (1000 Genomes Project Consortium et al., 2012). Genotype and individual quality controls (QCs) have been described in detail previously (Lango Allen et al., 2010). After all QCs, this study included a total of $6,886,438$ autosomal SNPs and 4,411 individuals.

## TwinsUK Study

The TwinsUK study included 3,347 female participants of European origin within the TwinsUK adult twin registry based at St. Thomas' Hospital (London, United Kingdom). All participants gave fully informed consent under a protocol reviewed by the St. Thomas' Hospital Local Research Ethics Committee. This study includes 1,574 participants for whom high-resolution 3dMDface digital photographs were taken. Frontal two-dimensional portrait photos were generated using three-dimensional images and were used for eyebrow
phenotyping. Genotyping of the TwinsUK cohort was done with a combination of Illumina HumanHap300 and HumanHap610Q chips. Intensity data for each of the arrays were pooled separately, and genotypes were called with the Illuminus32 calling algorithm, thresholding on a maximum posterior probability of 0.95 as previously described (Small et al., 2011). Imputation was performed using the IMPUTE 2.0 software package using haplotype information from the 1000-Genomes Project (phase 1, integrated variant set across 1,092 individuals, version 2, March 2012). SNPs with minor allele frequency (MAF) $<5 \%$, overall call rate $<97 \%$, and Hardy-Weinberg equilibrium $P<1 \mathrm{e}-4$ were removed. After all QCs, this study included a total of 4,699,858 autosomal SNPs and 1,159 women.

## Queensland Institute of Medical Research study

Participants were genotyped on the Illumina Human610-Quad and Core + Exome SNP chips. These samples were genotyped in the context of a larger genome-wide association project that resulted in the genotyping of 28,028 individuals using the Illumina 317,370 , 610, 660, Core + Exome, PsychChip, Omni2.5, and OmniExpress SNP chips, which included data from twins, their siblings, and their parents. Because these samples were genotyped in the context of a larger project, the data were integrated with the larger Queensland Institute of Medical Research (QIMR) genotype project, and the data were checked for pedigree, sex, and Mendelian errors and for nonEuropean ancestry. Because the QIMR genotyping project included data from the multiple chip sets, to avoid introducing bias to the imputed data, individuals genotyped on the Human Hap Illumina chips (the 317, 370, 610, 660 K chips) were imputed separately from those genotyped on the Omni chips (the Core+Exome, PsychChip, Omni2.5, and OmniExpress chips). Individuals were imputed to the Haplotype Reference Consortium (HRC.1.1) using a set of SNPs common to the firstgeneration genotyping platforms ( $\mathrm{n}=$ $\sim 278,000$ ). Imputation was performed on the Michigan Imputation Server using the SHAPEIT/minimac Pipeline.

Genotype data were screened for genotyping quality (GenCall < 0.7), SNP and individual call rate (0.95), Hardy-Weinberg equilibrium test (1e$6)$, and MAF (0.01). After genotype QCs, data were available for $7,624,941$ SNPs. This study included 2,404 adolescent twins and singletons for whom two-dimensional portrait photos were taken from a distance of $1-2$ meters for identification, with no specific instructions for facial expression. All participants and, where appropriate, their parents or guardians gave informed consent. This study was approved by the QIMR Berghofer Human Research Ethics Committee.

## United States study

This cohort is comprised of 3,528 individuals from diverse sampling locations, collected in the United States of America (US), Ireland, and Lebanon. All participants gave informed consent under a protocol reviewed by the Indiana University Internal Review Board. Genotyping was performed using the Infinium Multi-Ethnic Global BeadChip array on an Illumina Hiseq (Illumina) from DNA that had been extracted and purified from participant saliva samples using an inhouse salting out method. Preimputation QCs involved filtering out poorly genotyped variants (SNP-wise call rate $<0.95$, Hardy-Weinberg equilibrium $P<1 \mathrm{e}-6$, and MAF $<0.025$ ) and individuals (call rate $<0.9$ ). All variants were phased and imputed using SHAPEIT (Delaneau et al., 2011) and IMPUTE (Bycroft et al., 2017 ${ }^{1}$; Marchini et al., 2007), respectively. The 1000-Genomes Project (International HapMap Consortium, 2003) reference panel and the Haplotype Research Consortium (1000 Genomes Project Consortium et al., 2012) reference panel were merged through cross-imputation in IMPUTE and then used as the reference panel for imputation. Postimputation QCs involved filtering out related individuals (identity by descent $>0.1875$ ) and variants that had low imputation confidence (information score reported by IMPUTE $<0.3$ ). Owing to the diverse sampling locations, genomic admixture was accessed to remove individuals of

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non-European descent using an Eigensoft-like exclusion method. Specifically, using European reference samples from the 1000-Genomes Project (Genomes Project et al., 2015) and the Human Genome Diversity Project (Cann et al., 2002) retrieved from http://hagsc. org/hgdp/files.html, a European centroid was calculated from eigenvectors calculated from a principal component analysis. Study individuals falling outside of three SDs of this European centroid on six dimensions were excluded. After all QCs, this study included 2,121 individuals and $6,165,244$ SNPs.

Details regarding sample characteristics, phenotyping, genotyping, and GWAS in CANDELA and Taizhou longitudinal study have been described previously (Adhikari et al., 2016; Wu et al., 2018). GWAS data in all cohorts were aligned according to human reference assembly GRCh37.p13.

## Genotype QC

As described earlier, genotype QC was independently conducted in each cohort with slightly different QC parameters (Supplementary Table S7). All SNPs in all cohorts passed these lower-bound QC parameters, that is, SNP-wise call rate (0.95), Hardy-Weinberg equilibrium test (1e-4), MAF (0.01), and identity by descent (0.2). In addition, SNPs that were missing in more than two cohorts were removed. Genomic relatedness matrix was derived for RS and US using GCTA (genome-wide complex trait analysis) (Yang et al., 2011), where no individuals were identified as close relatives (identity by descent $>0.1$ ). Genomic principal component analysis was performed for all four cohorts together with 2,504 samples from the 1000-Genomes Project, where all individuals were clustered together with the European samples from the 1000Genomes Project. After all QCs, a total of $6,370,473$ SNPs were available for the subsequent analysis.

## Computer simulations

We conducted a simulation analysis to examine whether allelic heterogeneity at $3 q 23-3 q 22.3$ may explain the different associations observed between Europeans and Latin Americans. Phenotypes were simulated on the basis of real genotypes of Europeans and Native Americans in the 1000-Genomes Project reference panel,
assuming a genuine effect for the regional lead SNP in Europeans (rs10935314) or for the lead SNP in Latin Americans (rs112458845).

Consider a linear regression model as follows:

$$
y=1_{\mathrm{n}} \mu+\mathrm{x} \beta+\in \text { with } \mathrm{V}=\beta^{2} \mathrm{x}^{\top} \mathrm{x}+\sigma_{\epsilon}^{2}
$$

where $y_{i}$ is the phenotype of the $i_{t h}$ individual, $1_{n}$ is an n-dimensional vector of ones, $\mu$ is the general mean, and $x_{i}$ is the number of the effect allele. The $\beta$ is the allele effect, and $\varepsilon$ is an n-dimensional vector of normally distributed residuals $N\left(0, \sigma_{\varepsilon}^{2}\right) . V$, the variance of $y$, is given as a linear combination of the genetic component $x^{T} x$ and the residual component $\sigma_{\varepsilon}^{2}$. The allele effect is derived as $\beta=$ $\pm \sqrt{\frac{\mathrm{P} \sigma_{\varepsilon}^{2}}{(1-\mathrm{P}) \mathrm{X}^{\top} \mathrm{x}^{\prime}}}$ where the parameter P (ranging from 0.1 to 0.9 ) is used to control for the significance level under different sample sizes (European $\mathrm{n}=503$ and Native Americans $\mathrm{n}=263$ ). Because the sample sizes are small, we simulated a large effect to manifest the association significance, that is, y is simulated in such a way that $10 \%$ of its variance is explained by the SNP under investigation. Regional association analysis of the simulated phenotypes was carried out separately in Europeans and Native Americans. The resultant patterns of association signals in Europeans and Native Americans were compared with the patterns observed in our Europeans and Latin Americans.

In this region, the patterns of the association signals in our Europeans and Latin Americans (CANDELA) were highly consistent with the simulation results we obtained in Europeans and Native Americans (Figure 2), although the Native Americans-CANDELA comparison is not completely fair because Latin Americans are only partially of Native American ancestry. The fact that simulating a genuine effect for the European-specific SNP or the Latin American-specific SNP resembled the association patterns observed in our Europeans and those observed in CANDELA supports the presence of heterogeneity in this genomic region.

## GWAS and meta-analysis

GWASs for eyebrow thickness were independently carried out in RS, TwinsUK, QIMR, and US. GWASs in RS and

US (no close relatives) were conducted on the basis of linear models assuming an additive allele effect adjusted for covariates, including sex, age, eyebrow color, and top four genomic principal components using PLINK (Purcell et al., 2007). For GWASs in TwinsUK and QIMR, which contains twins, we used the exact linear mixed model implemented in GEMMA (Zhou and Stephens, 2012) to adjust for family relatedness in addition to the covariates mentioned earlier. The kinship matrix was estimated internally in GEMMA using the 50,000 SNPs we selected from a larger set of linkage disequilibrium pruned $\left(r^{2}<0.2\right)$ and high frequency (MAF $>0.3$ ) SNPs in European samples from the 1000-Genomes Project. Kinship measures were then used within the linear mixed model framework to structure the variance/covariance matrix of the genetic random effect. A permutation analysis $(k=10)$ in TwinsUK confirmed that the genome-wide type-I error was properly controlled because the genomic inflation factors were all very close to 1.0 . Inverse variance fixed-effect meta-analyses were carried out using PLINK to combine GWAS results. $P$-values smaller than $5 \times 10^{-8}$ were considered to be genome-wide significant. GWAS results were visualized using Manhattan plots and $\mathrm{Q}-\mathrm{Q}$ plots. Regional Manhattan plots were produced using LocusZoom (Pruim et al., 2010). Allele frequency distribution in 2,504 subjects from the 1000-Genomes Project was visualized using MapViewer.

## Eyebrow thickness phenotyping and QC

Eyebrow thickness was assessed on three ordinal levels (thin, intermediate, and thick) by $3-4$ raters using a previously proposed protocol (Wu et al., 2018). Images with obvious eyebrow threading/plucking/coloring were removed. In RS, individuals who answered yes to our questionnaires regarding eyebrow threading/plucking/ coloring were removed. Each cohort prepared its own reference photos for eyebrow classification. The reference photos in RS are provided (Supplementary Figure S2). Before grading, 3-4 raters were trained using 50 randomly selected photos in comparison with the reference photos to
reach a consensus. After grading, concordance between the raters was evaluated using Pearson correlation coefficients and Kappa's statistic. The average score of all raters was considered numeric in regression analyses.

Inter-rater (for CANDELA, intra-rater) reliability was reasonably high in all cohorts (Карра $=0.34-0.66$, Pearson $r=0.51-0.76$ ). Besides, the inter-rater results in all the four newly involved cohorts were reasonably concordant (mean Pearson $r=0.71$, mean Kappa $K=0.54$ for RS; mean $r=0.70, K=$ 0.57 for TwinsUK; mean $r=0.73$, mean $K=0.60$ for QIMR; and mean $r=0.54$, mean $K=0.38$ for US) (Supplementary Table S2).

Consistent with the findings in Wu et al. (2018), the female sex ( $\beta=-0.38, P=4.10 \times 10^{-106}$ in RS; samples were all female in TwinsUK; $\beta=-0.32, P=6.03 \times 10^{-44}$ in QIMR; $\beta=-0.23, P=3.80 \times 10^{-27}$ in US) showed a significant eyebrow thinning effect (Supplementary Table S3). The phenotypic variance in males was consistently larger than in females (Supplementary Table S8). Whether this is because of more non-natural eyebrow thickness in women than in men for instance (whereas we did exclude obvious cases of non-natural eyebrow shape before analysis) we cannot know. Considering that our cohorts include individuals both young (QIMR), young to middle-aged individuals (US), and elder people (RS and TwinsUK), which all showed similar phenotypic variance differences between males and females, maybe this finding represents natural variation differences between men and women as may be explained by sexbiased selection on human appearance traits, which we believe is beyond the scope of our study. What matters most for our GWAS are genetic effects. We conducted a sex-stratified analysis for
the lead SNPs in the RS cohort where we have individual-level data. We found that the allele effects were in the same direction for both sexes. Indeed, the effect sizes were larger in males than in females (Supplementary Table S9), which is consistent with the observation that phenotypic variance was larger in males than in females. we added these results in our revised Supplementary Materials and Methods. Age also showed significantly reduced eyebrow thickness association in both RS $\left(\beta=-0.01, P=1.33 \times 10^{-10}\right)$, TwinsUK $\left(\beta=-0.01, P=3.60 \times 10^{-13}\right)$, and US $\left(\beta=-0.01, P=1.09 \times 10^{-31}\right)$ but not in $\operatorname{QIMR}(\beta=0.02, P=0.14)$, which might be explained by only adolescents with similar age being included in QIMR (mean age of $16.43 \pm 0.80$ years). Darker eyebrows showed significant ( $\beta=0.30, P=1.57 \times 10^{-59}$ in RS; $\beta=$ 0.44, $P=4.65 \times 10^{-34}$ in TwinsUK; $\beta=$ 0.29, $P=2.61 \times 10^{-66}$ in QIMR; $\beta=0.06, P=1.45 \times 10^{-5}$ in US) eyebrow thickening effect. Because this may likely be explained by a biased perception of the raters (Supplementary Table S3), we adjusted eyebrow color in all GWASs of European descent.

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> - Africa
> - America
> - Asia
> - db-removed
> - EastAsia
> - EuroEyebrowGwas
> - Europe
> - MiddleEast
> - NorthAfrica
> - Oceania
> - SouthAsia
> - SubsaharianAfrica

Supplementary Figure S1. PCA of QIMR and US population structure. (a) Ancestry of the QIMR samples with respect to three HapMap phase 2 reference population data. Blue circles represent the HapMap European (denoted as CEU) samples, green circles are the HapMap East Asian (denoted as CHB+JPT) samples, and red circles represent the HapMap West African (denoted as YRI) samples. Orange and white circles are samples from QIMR. Samples (white circles) outside of six SDs of the principal component of the CEU samples were removed from further the current GWAS. (b) Ancestry of the US cohort samples with respect to the 1000 Genomes Project reference population data. PC1, principal component 1; PC2, principal component 2; QIMR, Queensland Institute of Medical Research; US, United States of America.


Supplementary Figure S2. Example images of eyebrow thickness. Eyebrows were classified into three levels, that is, 0 , thin; 1, intermediate; and 2, thick. Level 0 (thin) eyebrow does not cover the skin completely, level 1 (intermediate) eyebrow covers the skin but with less heavy density compared with level 2 (thick).


Supplementary Figure S3. Q-Q plots of the eyebrow thickness GWAS results in RS, TwinsUK, QIMR, and US. QIMR, Queensland Institute of Medical Research; RS, Rotterdam Study; US, United States of America.

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Supplementary Figure S4. Regional Manhattan plots from meta-analysis results. (a) 2p25.2-SOX11-rs57744491, (b) 3q23-MRPS22-rs10935314, (c) 3q26.33-SOX2-rs73182377, and (d) 10p12.33-SLC39A12-rs10508556.

2q13.2-rs1866188:A-EDAR


3q26.33-rs1345417:G-SOX2


Supplementary Figure S5. Effect sizes for the previously reported lead SNPs in four ET-associated genetic loci (2q13.2-EDAR-rs1866188, 3q22.3-FOXL2rs112458845, 3q26.33-SOX2-rs1345417, and 5q13.2-FOXD1-rs12651896). Blue boxes represent linear regression coefficients (x-axis) estimated in each cohort. Red boxes represent effect sizes estimated in the meta-analyses (denoted as META). Box sizes are proportional to sample size. Horizontal bars indicate a $95 \%$ confidence interval of width equal to 1.96 standard errors. The right y-axis indicates $P$-values in each cohort on - $\log _{10}$ scale. ET, eyebrow thickness; NA, not available; QIMR, Queensland Institute of Medical Research; RS, Rotterdam Study; TZL, Taizhou longitudinal study; US, United States of America.

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GWAS of Eyebrow Thickness in Europeans


Supplementary Figure S6. Effect allele frequencies of the newly identified SNPs (CANDELA-rs112458845, European-rs10935314) in 26 populations from the 1000-Genomes Project.


Supplementary Figure S7. ChIA-PET indicates long-range chromatin interaction and suggests the presence of putative regulatory regions at loci associated with eyebrow thickness. The region exhibits distinct active enhancer signatures defined by epigenetic marks, such as H3K4me1 (green) and H 3 K 27 me 3 (red) histone modifications, on the basis of two independent biological replicates. The position of rs10935314 is indicated by a yellow line. The different tracks were overlaid with physical positions using the WashU Epigenome Browser. ChIA-PET, chromatin interaction analysis with paired-end tag.

Supplementary Table S1. Sample Characteristics


Abbreviations: QIMR, Queensland Institute of Medical Research; RS, Rotterdam Study; US, United States of America.
The three levels of eyebrow thickness were rounded from the average score of evaluators.

Supplementary Table S2. Phenotyping Concordance between Evaluators

| RS ( $\mathrm{n}=\mathbf{4 , 4 1 1 \text { ) }}$ |  |  |  | TwinsUK ( $\mathrm{n}=1,159$ ) |  |  |  | QIMR ( $\mathrm{n}=2,257$ ) |  |  |  |  | US ( $\mathrm{n}=2,121$ ) |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Rater 1 | Rater 2 | Rater 3 |  | Rater 1 | Rater 2 | Rater 3 |  | Rater 1 | Rater 2 | Rater 3 | Rater 4 |  | Rater 1 | Rater 2 | Rater 3 |
| Rater 1 |  | 0.69 | 0.76 | Rater 1 |  | 0.68 | 0.70 | Rater 1 |  | 0.73 | 0.73 | 0.75 | Rater 1 |  | 0.51 | 0.54 |
| Rater 2 | 0.48 |  | 0.68 | Rater 2 | 0.52 |  | 0.73 | Rater 2 | 0.59 |  | 0.71 | 0.74 | Rater 2 | 0.34 |  | 0.56 |
| Rater 3 | 0.66 | 0.49 |  | Rater 3 | 0.61 | 0.57 |  | Rater 3 | 0.61 | 0.57 |  | 0.73 | Rater 3 | 0.39 | 0.42 |  |
| Rater 4 |  |  |  |  |  |  |  | Rater 4 | 0.62 | 0.59 | 0.60 |  |  |  |  |  |

Abbreviations: QIMR, Queensland Institute of Medical Research; RS, Rotterdam Study; US, United States of America.
Values in the upper triangle represent Pearson's correlations and the ones in the lower triangle represent Kappa's test statistics. RS, TwinsUK, and QIMR were phenotyped by the same rater, and the US was phenotyped by another three raters.

Supplementary Table S3. Association Test between Eyebrow Thickness and Sex, Age, and Eyebrow Color

| Characteristics | RS |  | TwinsUK |  | QIMR |  | US |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\beta$ | $P$-Value | $\beta$ | $P$-Value | $\beta$ | $P$-Value | $\beta$ | $P$-Value |
| Sex (female) | -0.38 | \#\#\#\#\#\#\# | / | 1 | -0.33 | 2.78E-50 | -0.23 | \#\#\#\#\#\# |
| Age | -0.01 | $1.33 \mathrm{E}-10$ | -0.01 | $3.60 \mathrm{E}-13$ | 0.02 | $1.40 \mathrm{E}-01$ | -0.01 | \#\#\#\#\#\# |
| Eyebrow color | 0.30 | 1.57E-59 | 0.44 | 4.65E-34 | 0.31 | 7.66E-79 | 0.06 | \#\#\#\#\#\#\# |

Abbreviations: QIMR, Queensland Institute of Medical Research; RS, Rotterdam Study; US, United States of America.

Supplementary Table S4. Heritability Estimation Using ACE and ADE Models in QIMR Dataset

| Model | A | C\|D | E | -2LL | df | Comp. | $\boldsymbol{\Delta} \boldsymbol{X}^{\mathbf{2}}$ |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| ACE | $82.69(77.28-85.06)$ | $0(0-4.86)$ | $17.31(14.94-20.13)$ | 3586.7 | 2470 |  |  |
| AE | $82.69(79.87-85.06)$ | - | $17.31(14.94-20.13)$ | 3586.7 | 2471 | 2 versus 1 | 0 |
| CE | - | $54.07(49.82-58.03)$ | $45.93(41.97-50.18)$ | 3793.3 | 2471 | 3 versus 1 | 206.5 |
| ADE | $57.31(30.57-82.55)$ | $25.41(0.27-52.49)$ | $17.07(14.79-19.78)$ | 3582.8 | 2470 |  |  |
| AE | $82.69(79.87-85.06)$ | - | $17.31(14.94-20.13)$ | 3586.7 | 2471 | 5 versus 4 | 3.9 |

[^3]Supplementary Table S5. Lead SNPs for Meta-Analysis Results for Four European Cohorts ( $\mathbf{n}=\mathbf{9}, \mathbf{9 4 8}$ )

| SNP | CHR | BP | Locus | Gene | EA | OA | META ( $\mathrm{n}=9,948$ ) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  | $\beta$ | $P$-Value |
| rs57744491 | 2 | 5766939 | 2 p 25.2 | SOX11 | G | A | -0.11 | \#\#\#\#\#\#\# |
| rs10935314 | 3 | $1.39 \mathrm{E}+08$ | 3 q 23 | MRPS22 | T | G | 0.05 | \#\#\#\#\#\# |
| rs73182377 | 3 | $1.82 \mathrm{E}+08$ | 3q26.33 | SOX2 | T | C | 0.05 | \#\#\#\#\#\#\# |
| rs10508556 | 10 | 18285342 | 10p12.33 | SLC39A12 | T | C | 0.04 | \#\#\#\#\#\#\# |

Abbreviations: BP, base position; CHR, chromosome; EA, effect allele; fEA, frequency of the effect allele; META, meta-analysis; QIMR, Queensland Institute of Medical Research; RS, Rotterdam Study; US, United States of America.
META denotes META RS, TwinsUK, QIMR, and US GWASs results.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | RS ( $\mathrm{n}=4,411$ ) |  |  | $\begin{aligned} & \text { TwinsUK } \\ & (\mathrm{n}=\mathbf{1 , 1 5 9 )} \end{aligned}$ |  |  | QIMR ( $\mathrm{n}=2,257$ ) |  |  | US ( $\mathrm{n}=2,121$ ) |  |  | META$(\mathrm{n}=9,948)$ |  | CANDELA$(n=2,457)$ |  |  | TZL ( $\mathrm{n}=2,961$ ) |  |  |
| SNP | CHR | BP | EA | fEA | $\beta$ | $P$-Value | fEA | $\beta$ | $P$-Value | fEA | $\beta$ | $P$-Value | fEA | $\beta$ | $P$-Value | $\beta$ | $P$-Value | fEA | $\beta$ | $P$-Value | fEA | $\beta$ | $P$-Value |
| rs57744491 | 2 | 5766939 | G | 0.05 | -0.11 | $1.71 \mathrm{E}-05$ | NA | NA | NA | NA | NA | NA | 0.05 | -0.11 | 5.81E-04 | -0.11 | 3.60E-08 | 0.09 | -0.02 | 4.87E-01 | 0.22 | -0.01 | 4.10E-01 |
| rs1866188 | 2 | 109257152 | A | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | 0.40 | 0.09 | $3.54 \mathrm{E}-06$ | 0.92 | 0.10 | $1.46 \mathrm{E}-04$ |
| rs112458845 | 3 | 138675741 | G | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | 0.27 | -0.13 | $4.95 \mathrm{E}-11$ | 0.07 | -0.01 | 7.30E-01 |
| rs10935314 | 3 | 138993138 | T | 0.44 | 0.06 | 4.93E-08 | NA | NA | NA | 0.45 | 0.04 | 4.54E-02 | 0.46 | 0.03 | 2.59E-02 | 0.05 | 3.51E-09 | 0.26 | 0.04 | $6.01 \mathrm{E}-02$ | 0.05 | -0.02 | 4.45E-01 |
| rs4894342 | 3 | 139000844 | T | 0.43 | 0.06 | 2.42E-07 | NA | NA | NA | 0.45 | 0.04 | 3.14E-02 | 0.45 | 0.03 | 3.78E-02 | 0.04 | 1.27E-08 | 0.23 | 0.03 | $1.15 \mathrm{E}-01$ | 0.03 | 0.01 | 7.37E-01 |
| rs2046965 | 3 | 139009532 | T | 0.43 | 0.06 | 2.15E-08 | NA | NA | NA | 0.45 | 0.03 | 8.85E-02 | 0.45 | 0.02 | 8.70E-02 | 0.04 | $2.54 \mathrm{E}-08$ | 0.24 | 0.03 | $2.13 \mathrm{E}-01$ | 0.42 | 0.02 | $1.72 \mathrm{E}-01$ |
| rs4438684 | 3 | 139016767 | T | 0.43 | 0.06 | $4.22 \mathrm{E}-08$ | NA | NA | NA | 0.45 | 0.03 | $9.82 \mathrm{E}-02$ | NA | NA | NA | 0.05 | $3.63 \mathrm{E}-08$ | 0.23 | 0.02 | $3.19 \mathrm{E}-01$ | 0.43 | 0.02 | $1.60 \mathrm{E}-01$ |
| rs1345417 | 3 | 181511951 | G | 0.57 | 0.04 | 5.45E-03 | NA | NA | NA | 0.60 | 0.05 | $3.62 \mathrm{E}-03$ | 0.61 | 0.05 | 7.30E-04 | 0.05 | 3.13E-07 | 0.52 | 0.10 | $1.04 \mathrm{E}-07$ | 0.27 | 0.09 | 6.51E-10 |
| rs73182377 | 3 | 181512034 | T | 0.23 | 0.04 | 3.61E-03 | 0.21 | 0.09 | 3.68E-04 | 0.23 | 0.03 | 1.38E-01 | 0.26 | 0.05 | 4.08E-04 | 0.05 | 5.25E-09 | 0.16 | 0.08 | 6.02E-04 | 0.10 | 0.12 | 2.25E-07 |
| rs12651896 | 5 | 72502029 |  | 0.28 | 0.05 | $1.62 \mathrm{E}-04$ | 0.29 | 0.02 | 3.85E-01 | 0.31 | -0.01 | $5.41 \mathrm{E}-01$ | NA | NA | NA | 0.03 | 3.65E-03 | 0.32 | 0.08 | $7.54 \mathrm{E}-06$ | 0.27 | 0.08 | 1.73E-08 |
| rs10508556 | 10 | 18285342 |  | 0.47 | 0.03 | 2.89E-02 | 0.46 | 0.02 | 2.88E-01 | 0.48 | 0.07 | 1.03E-05 | 0.46 | 0.04 | 1.53E-03 | 0.04 | 3.19E-08 | 0.63 | 0.03 | 7.47E-02 | 0.73 | 0.01 | 5.05E-01 |

Abbreviations: BP, base position; CHR, chromosome; EA, effect allele; fEA, frequency of the effect allele; META, meta-analysis; NA, not applicable; QIMR, Queensland Institute of Medical Research; RS, Rotterdam Study; US, United States of America.

 META results)

## Supplementary Table S7. QC Thresholds for Each Cohort

| Cohorts | INFO | LD R2 | MAF | SNP-Wise Call Rate | Individual Call Rate | HWE | IBD |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| RS | 0.80 | - | 0.05 | 0.97 | 0.97 | $1.00 \mathrm{E}-04$ | 0.2 |
| TwinsUK | 0.80 | - | 0.05 | 0.97 | 0.97 | $1.00 \mathrm{E}-04$ | 0.2 |
| QIMR | - | 0.70 | 0.01 | 0.95 | 0.95 | $1.00 \mathrm{E}-06$ | 0.2 |
| US | 0.30 | - | 0.025 | 0.90 | 0.90 | $1.00 \mathrm{E}-06$ | 0.19 |

Abbreviations: IBD, identity by descent; INFO, information score reported by IMPUTE; HWE, Hardy-Weinberg equilibrium; LD, linkage disequilibrium; MAF, minor allele frequency; QC, quality control; QIMR, Queensland Institute of Medical Research; RS, Rotterdam Study; US, United States of America. INFO was produced by IMPUTE; LD R2 was produced by SHAPEIT/minimac pipeline.

| Supplementary Table S8. Phenotypic Variance of Eyebrow Thickness in <br> European Populations <br> Cohorts <br> All Sample | Male | Female |  |
| :--- | :---: | :---: | :---: |
| RS | 0.34 | 0.39 | 0.24 |
| TwinsUK | 0.26 | NA | 0.26 |
| QIMR | 0.35 | 0.38 | 0.27 |
| US | 0.20 | 0.23 | 0.16 |

Abbreviations: NA, not applicable; QIMR, Queensland Institute of Medical Research; RS, Rotterdam Study; US, United States of America.

Supplementary Table S9. Sex-Stratification Analysis of the Lead SNPs Associated with Eyebrow Thickness Reported in this Study and Previous Studies

| SNP | CHR | BP | EA | Male |  | Female |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | $\beta$ | $P$-Value | $\beta$ | $P$-Value |
| rs57744491 | 2 | 5766939 | G | -0.19 | 5.82E-06 | -0.04 | $2.13 \mathrm{E}-01$ |
| rs10935314 | 3 | 138993138 | T | 0.11 | $1.52 \mathrm{E}-08$ | 0.03 | 5.65E-02 |
| rs4894342 | 3 | 139000844 | T | 0.11 | $4.02 \mathrm{E}-08$ | 0.02 | $1.01 \mathrm{E}-01$ |
| rs2046965 | 3 | 139009532 | T | 0.12 | $3.04 \mathrm{E}-09$ | 0.02 | 7.95E-02 |
| rs4438684 | 3 | 139016767 | T | 0.11 | $1.24 \mathrm{E}-08$ | 0.02 | $6.77 \mathrm{E}-02$ |
| rs1345417 | 3 | 181511951 | G | 0.03 | $1.72 \mathrm{E}-01$ | 0.05 | 5.72E-03 |
| rs73182377 | 3 | 181512034 | T | 0.07 | $6.02 \mathrm{E}-03$ | 0.02 | $2.27 \mathrm{E}-01$ |
| rs12651896 | 5 | 72502029 | C | 0.08 | $2.85 \mathrm{E}-04$ | 0.02 | $1.45 \mathrm{E}-01$ |
| rs10508556 | 10 | 18285342 | T | 0.05 | $7.41 \mathrm{E}-03$ | 0.00 | 7.44E-01 |

Abbreviations: BP, base position; CHR , chromosome; EA, effect allele.


[^0]:    Abbreviations: 1000G, 1000 Genomes; ET, eyebrow thickness; QIMR, Queensland Institute of Medical Research; RS, Rotterdam Study; TZL, Taizhou longitudinal study; US, United States of America
    Accepted manuscript published online 20 April 2023
    © 2023 The Authors. Published by Elsevier, Inc. on behalf of the Society for Investigative Dermatology.

[^1]:    Abbreviations: CTCL, cutaneous T-cell lymphoma; UPR, unfolded protein response
    Accepted manuscript published online 13 January 2023; corrected proof published online 12 February 2023
    © 2023 The Authors. Published by Elsevier, Inc. on behalf of the Society for Investigative Dermatology.

[^2]:    ${ }^{1}$ Bycroft C, Freeman C, Petkova D, Band G, Elliott LT, Sharp K, et al. Genome-wide genetic data on~ 500,000 UK Biobank participants. bioRxiv 2017.

[^3]:    Abbreviation: A, additive genetic effects; C, common (or shared) environmental effects; D, non-additive genetic (or dominance) effects; E, specific (or nonshared) environment effects plus measurement error; Comp., comparison; df, difference; QIMR, Queensland Institute of Medical Research.

