

Supplementary Methods: Compiling code lists

Coding system	Stroke-specific code list	Broad CVD code list
ICD-9	Previously published codes ^{1,2}	Previously published codes ^{1,2}
ICD-10	Previously published codes ^{1,2}	Previously published codes ^{1,2}
Read Version 2	Previously published codes ^{1,2}	Codes compiled for this study ³
Read Version 3	Codes compiled for this study ³	Codes compiled for this study ³
UKB self-reported illness	Codes compiled for this study ³	Codes compiled for this study ³

ICD: International Classification of Diseases; UKB: UK Biobank

¹Woodfield, R., Grant, I., UK Biobank Stroke Outcomes group, UK Biobank Follow-Up and Outcomes Working Group, Sudlow, C. L. M. (2015). Accuracy of Electronic Health Record Data for Identifying Stroke Cases in Large-Scale Epidemiological Studies: A Systematic Review from the UK Biobank Stroke Outcomes Group. PLoS One. 10(10):e0140533.

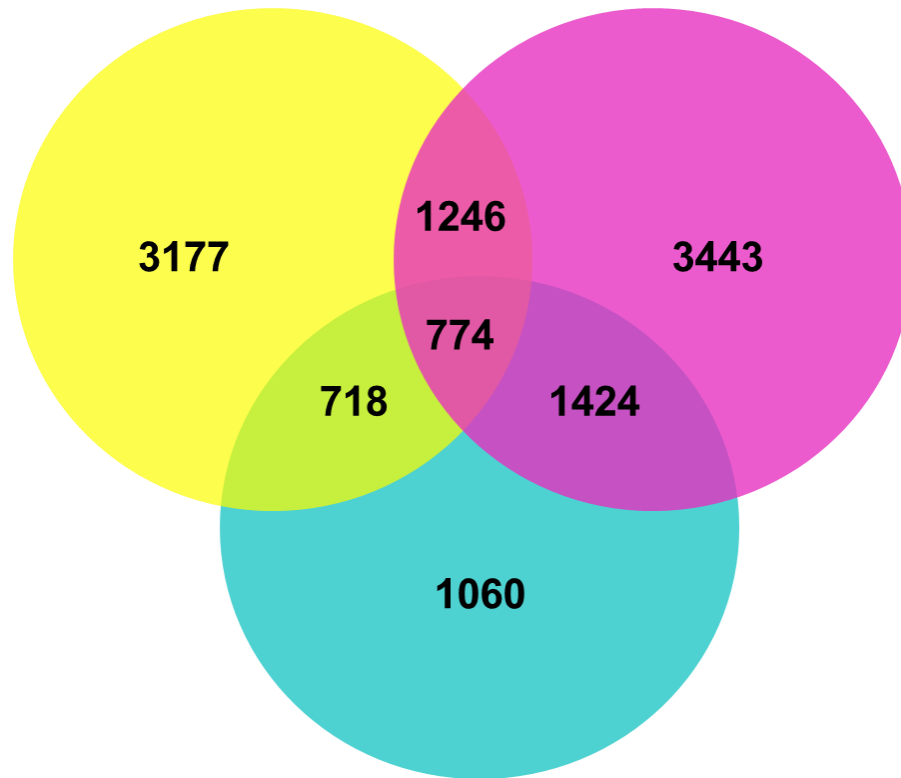
²Rannikmäe, K., Ngoh, K., Bush, K., Al-Shahi Salman, R., Doubal, F., Flaig, R. et al. (2020). Accuracy of identifying incident stroke cases from linked health care data in UK Biobank. Neurology. 95(6):e697-e707.

³ Process of compiling additional code lists specifically for this study:

- A clinician browsed the Technology Reference Data Update Distribution Service (isd.hscic.gov.uk/trud3/user/guest/group/0/home), the Secure Anonymised Information Linkage databank cerebrovascular diseases dictionary, the Quality Outcomes Framework indicator sets for stroke (www.wales.nhs.uk/), and the CALIBER online data portal (www.caliberresearch.org/) for any relevant codes
- A clinician manually reviewed the entire respective coding systems to identify additional codes
- A clinician used the UK Biobank Resource 592 (<https://biobank.ndph.ox.ac.uk/showcase/refer.cgi?id=592>) to map codes between ICD-10 and Read Version 2/3 coding systems
- A clinician reviewed the resulting code list and excluded codes that did not seem sensible clinically
- Final code lists were reviewed by expert clinicians (at least two of authors KR, CLMS, ED, RW) and included upon discussion and mutual agreement

Figure S1. Code sources.

1a. Code sources for cases with a stroke-specific code



2b. Code sources for cases with a broad cerebrovascular disease code



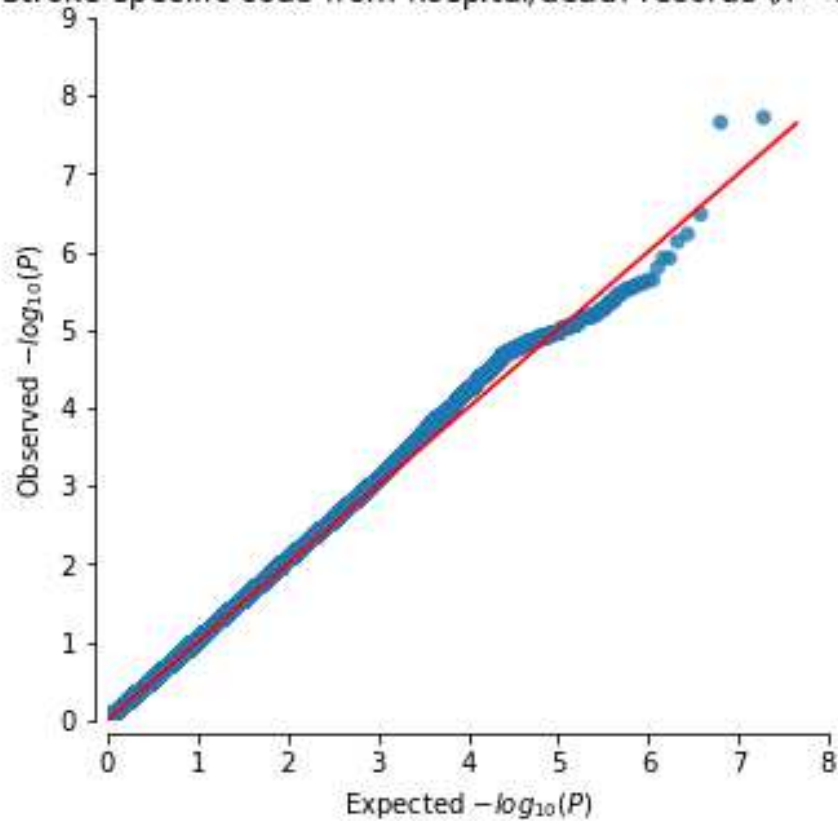
- Self-reported event
- Code from hospital / death records
- Code from primary care

Figure S2. Manhattan and QQ plots for GWAS results for the 12 definitions

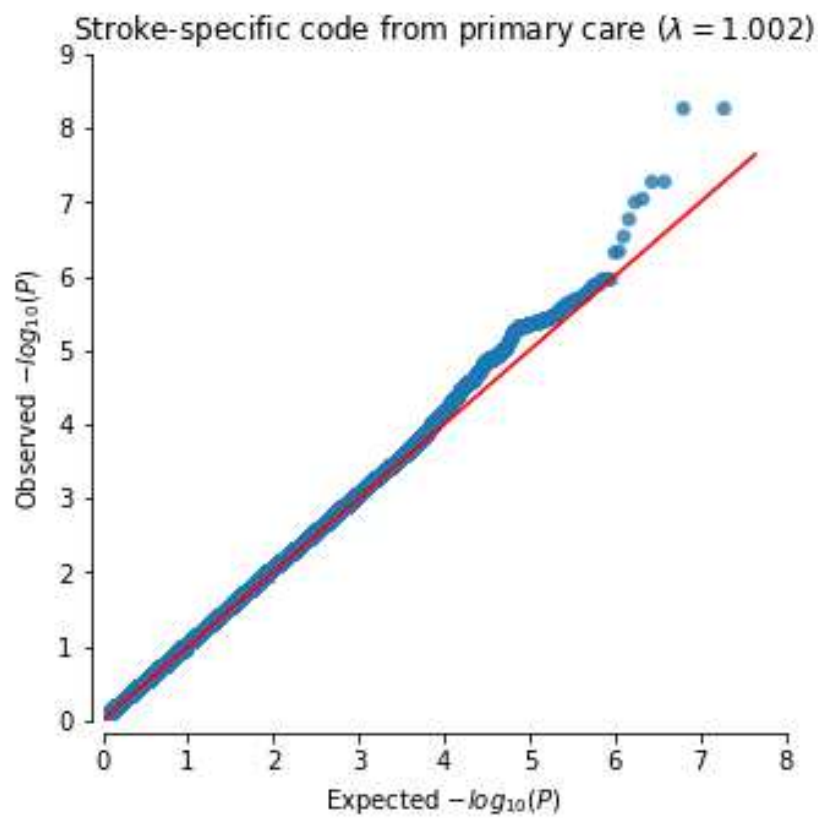
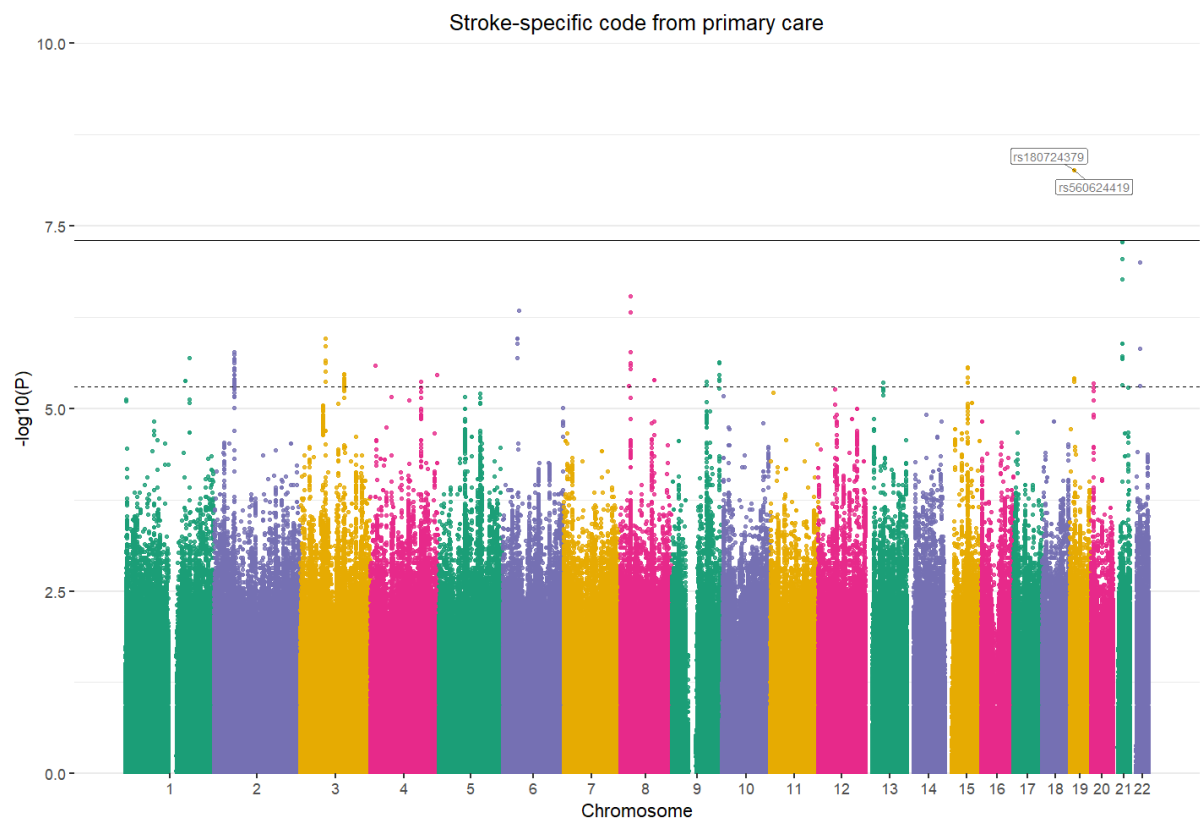
1. Stroke-specific code from hospital/death records



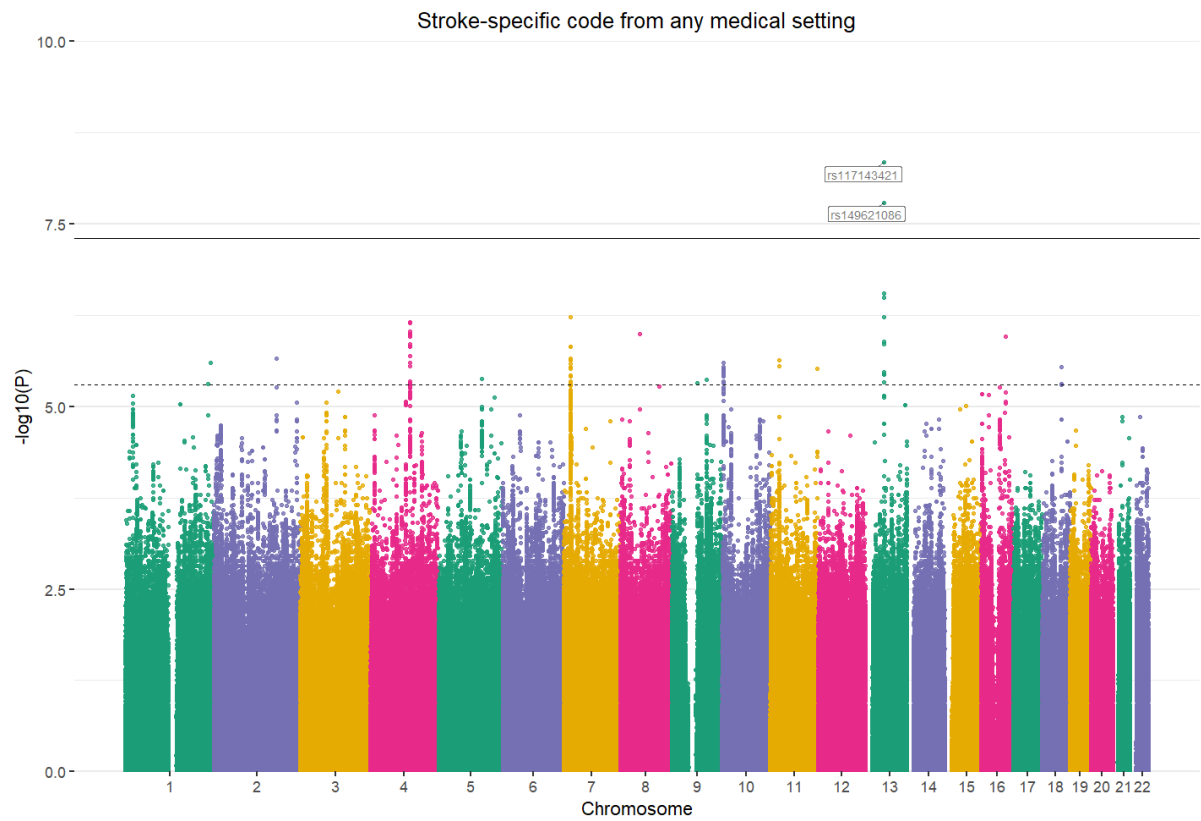
Stroke-specific code from hospital/death records ($\lambda = 1.002$)



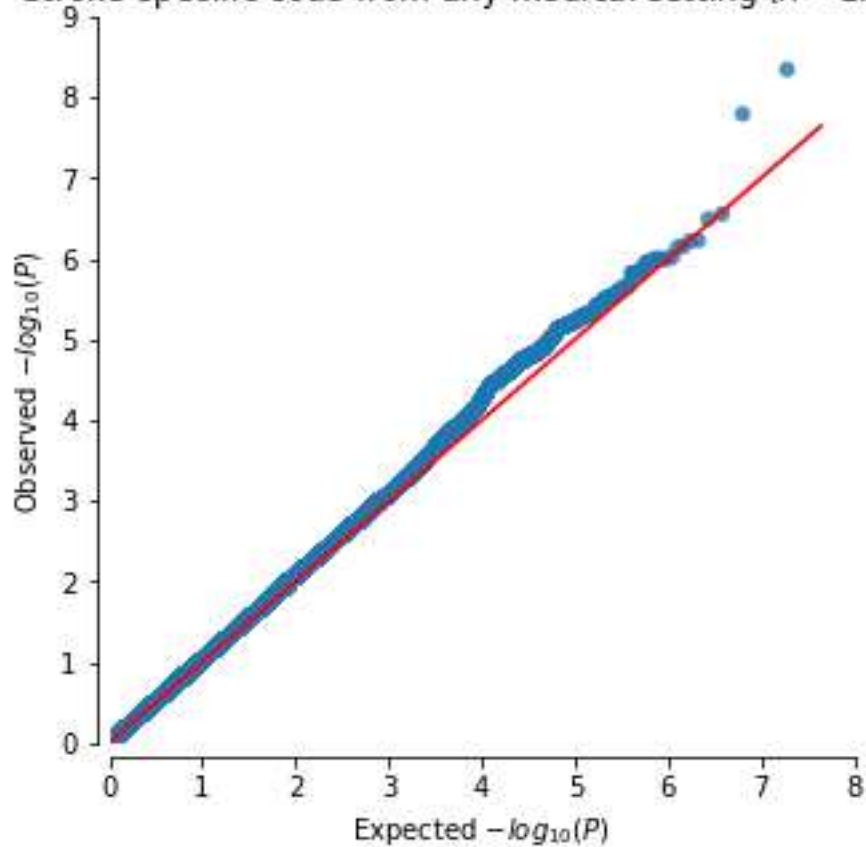
2. Stroke-specific code from primary care



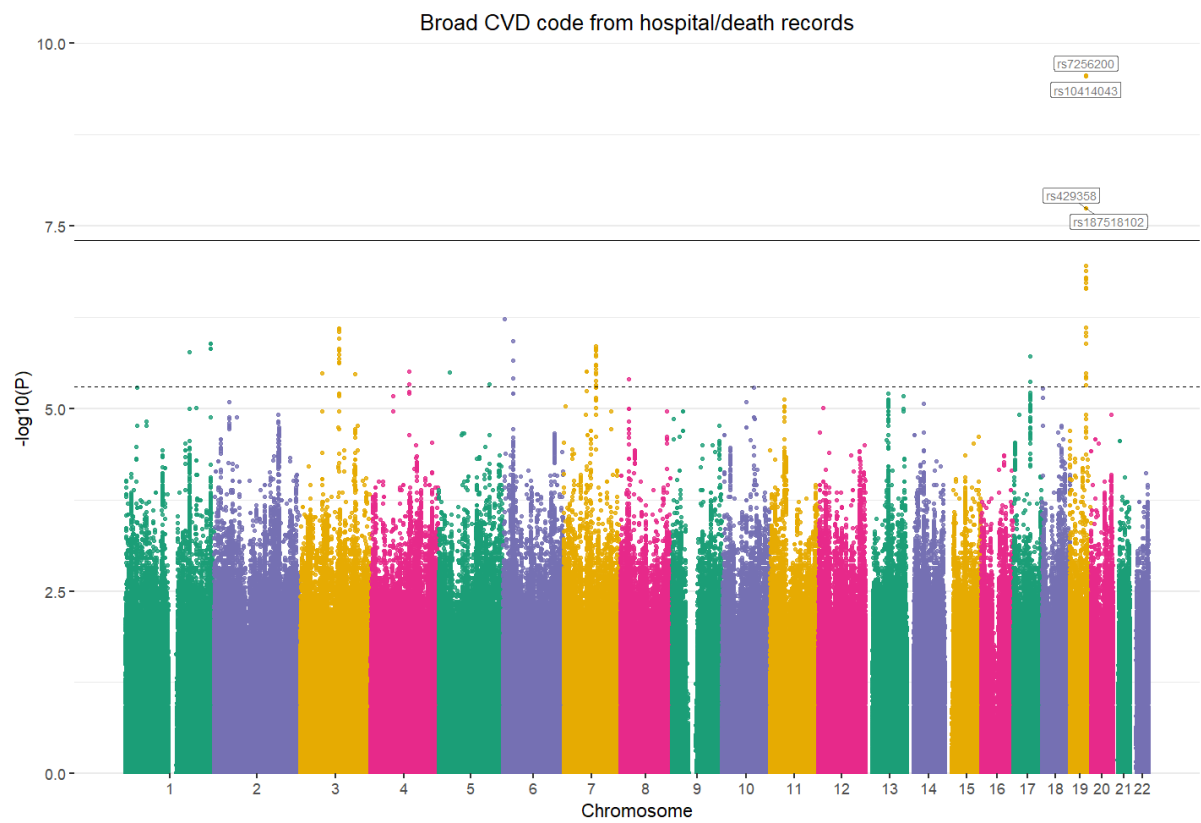
3. Stroke-specific code from any medical setting



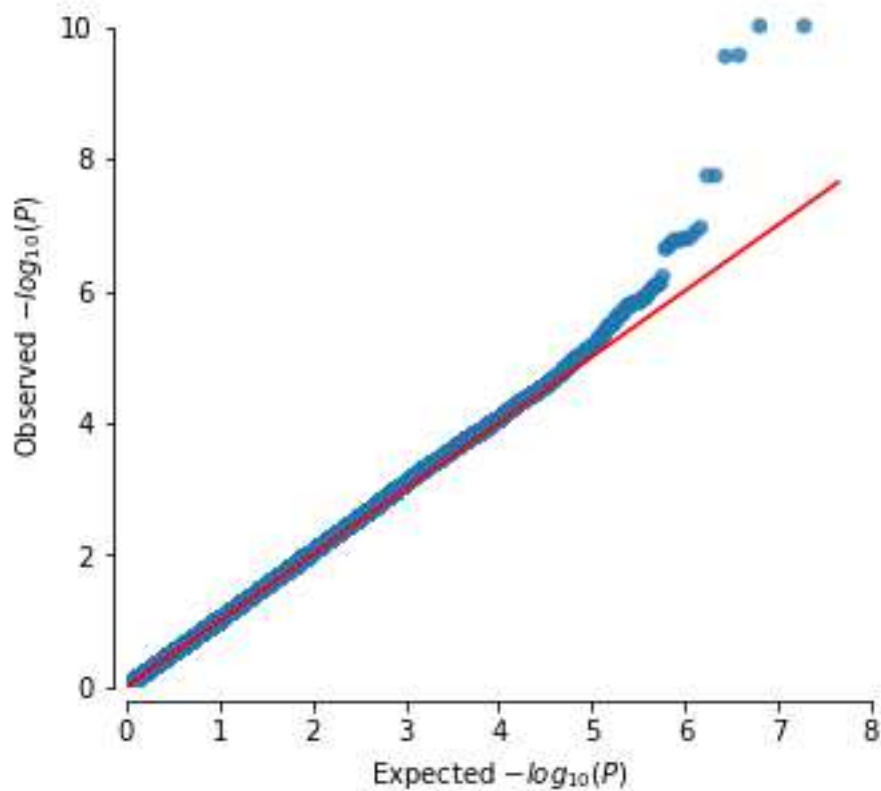
Stroke-specific code from any medical setting ($\lambda = 1.002$)



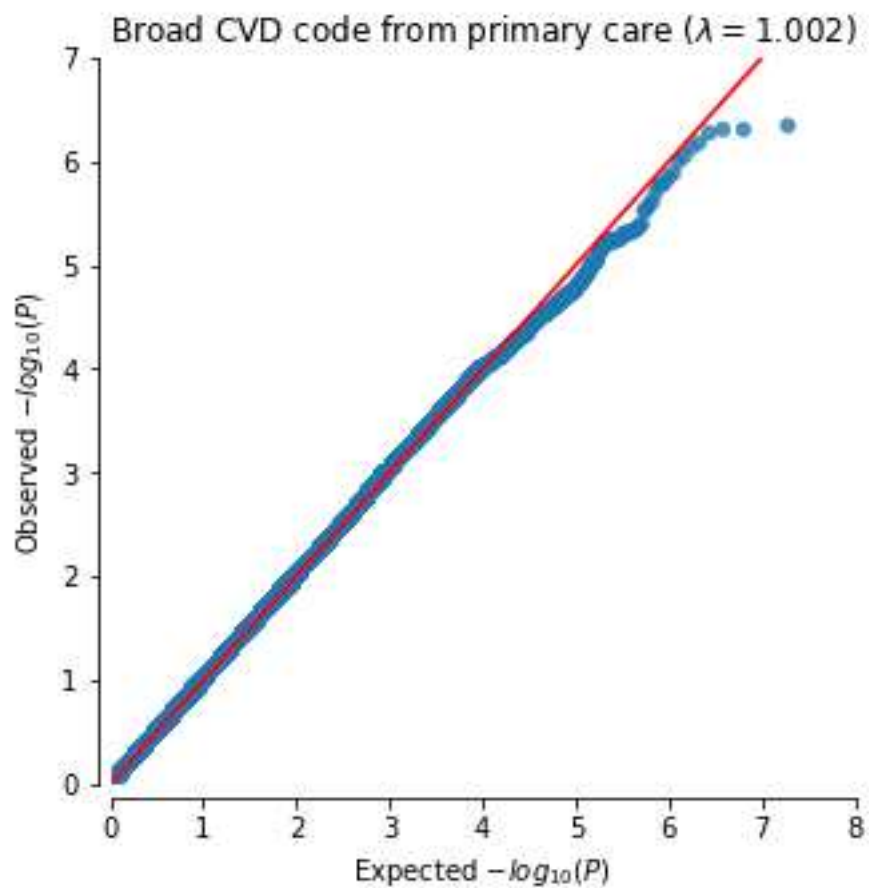
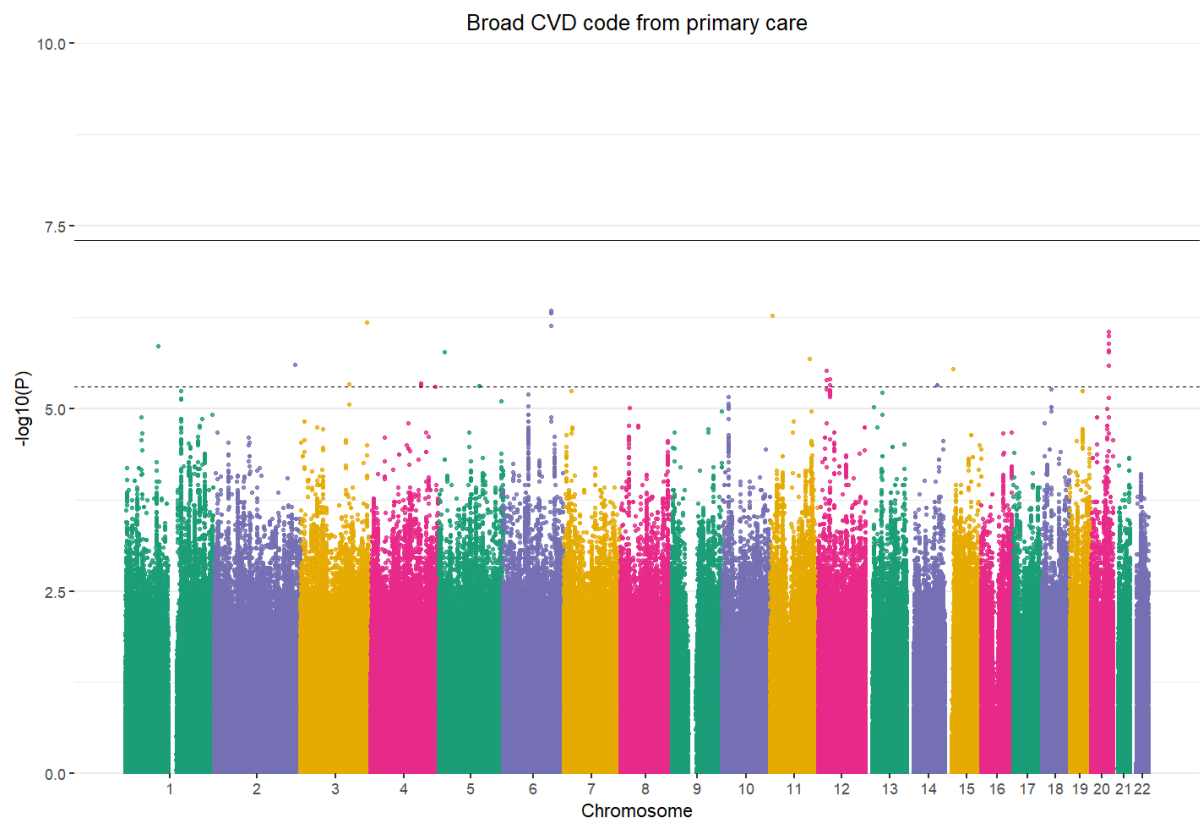
4. Broad CVD code from hospital/death records



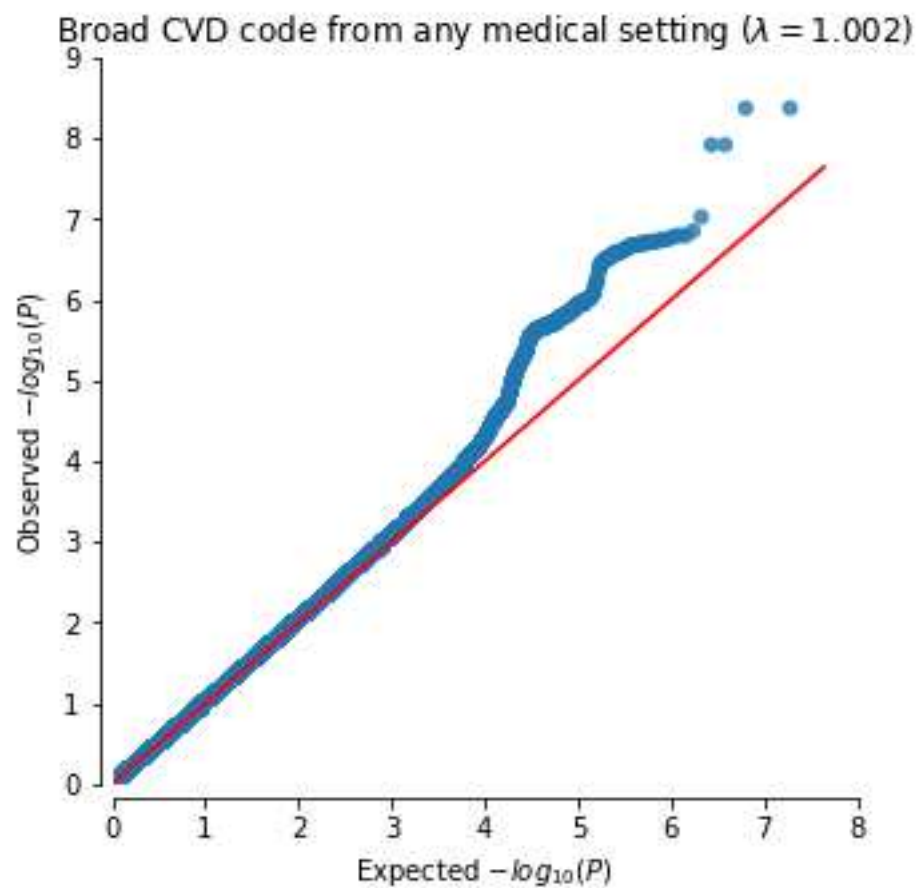
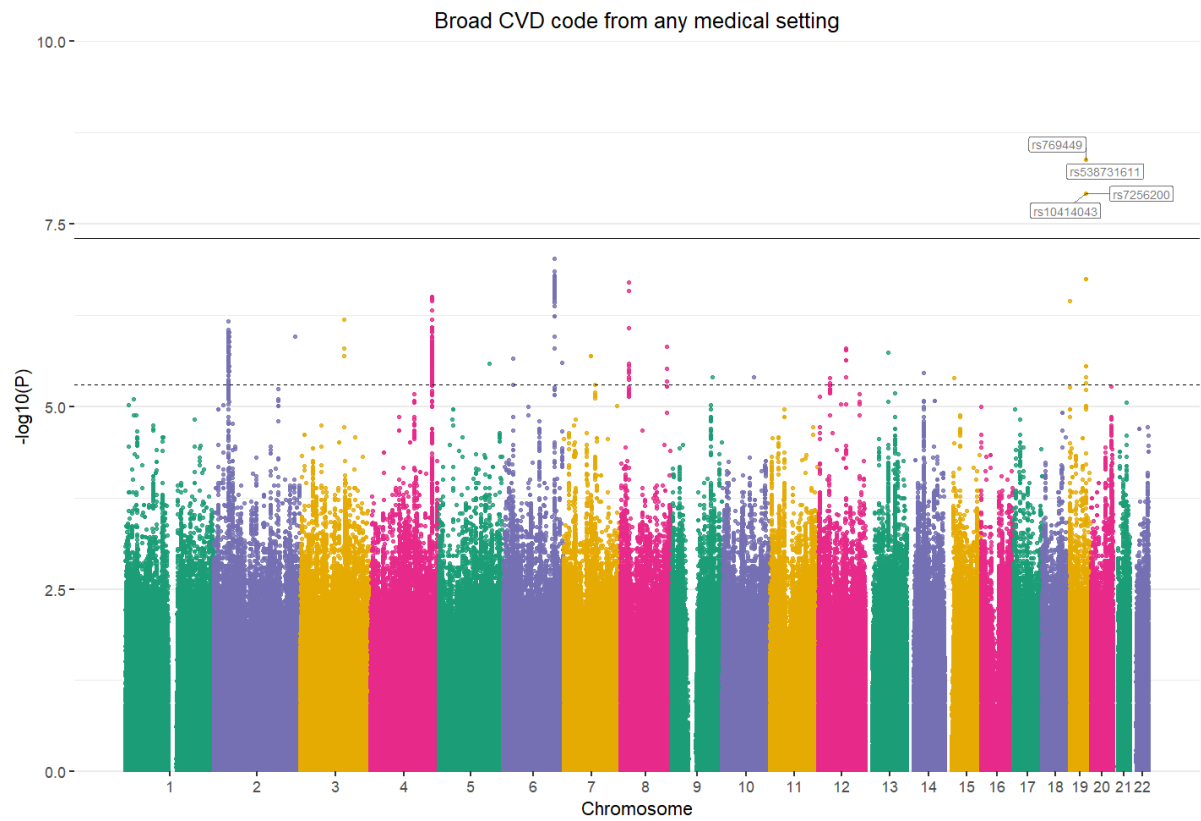
Broad CVD code from hospital/death records ($\lambda = 1.002$)



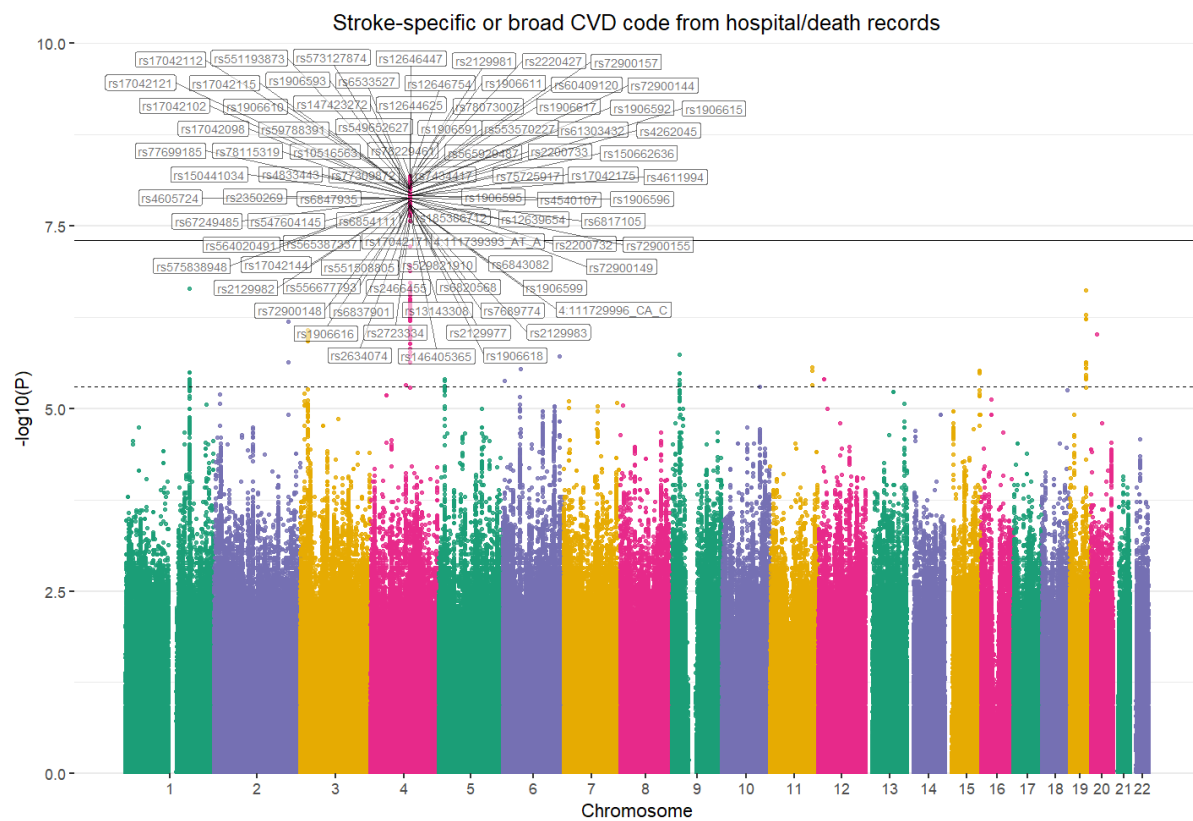
5. Broad CVD code from primary care



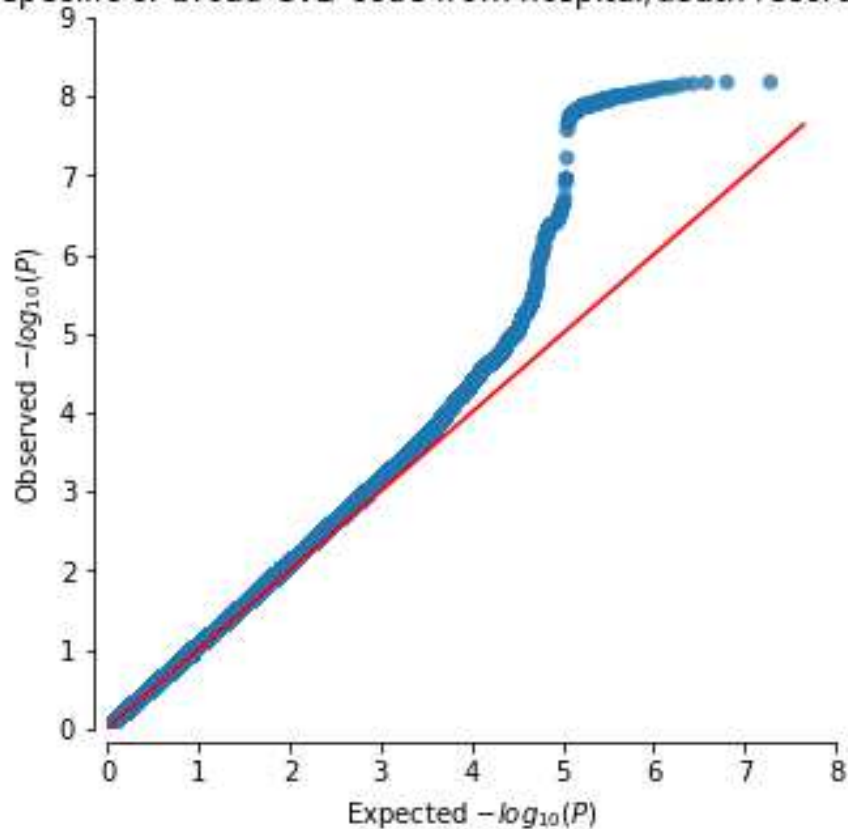
6. Broad CVD code from any medical setting



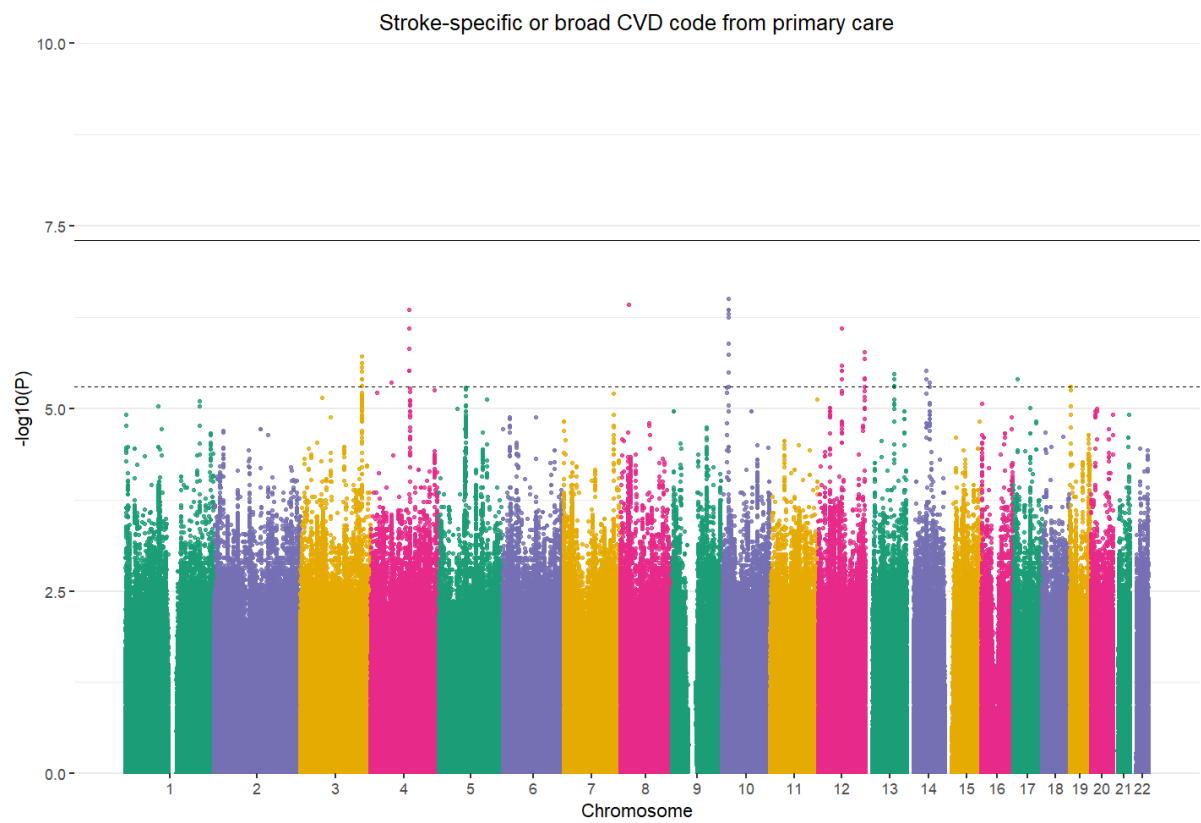
7. Stroke-specific or broad CVD code from hospital/death records



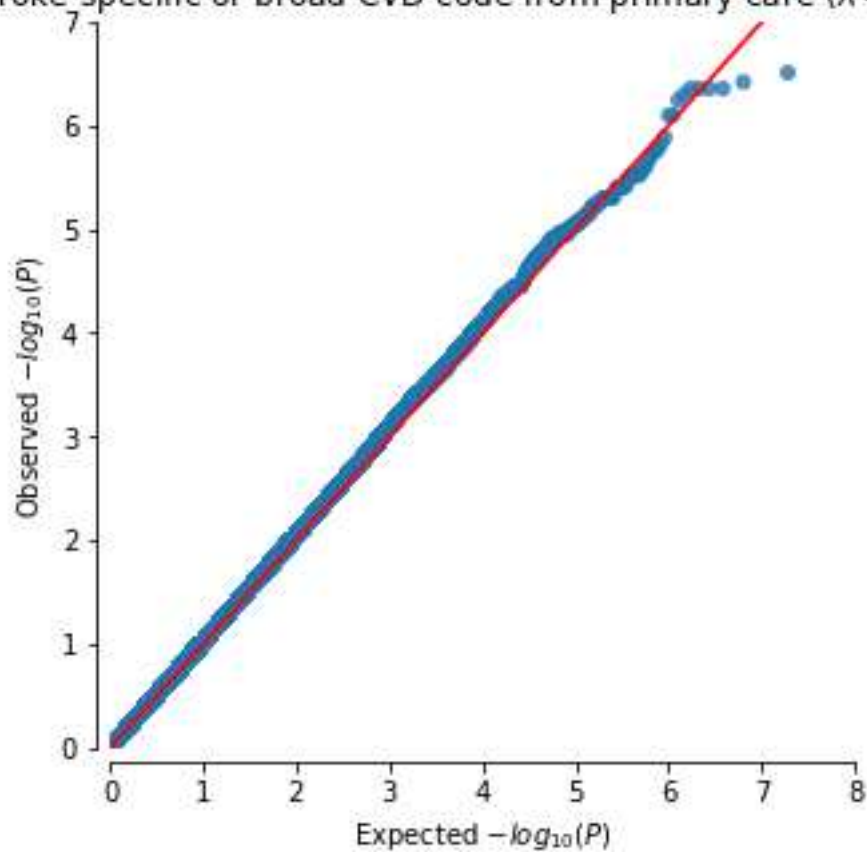
Stroke-specific or broad CVD code from hospital/death records ($\lambda = 1.002$)



8. Stroke-specific or broad CVD code from primary care



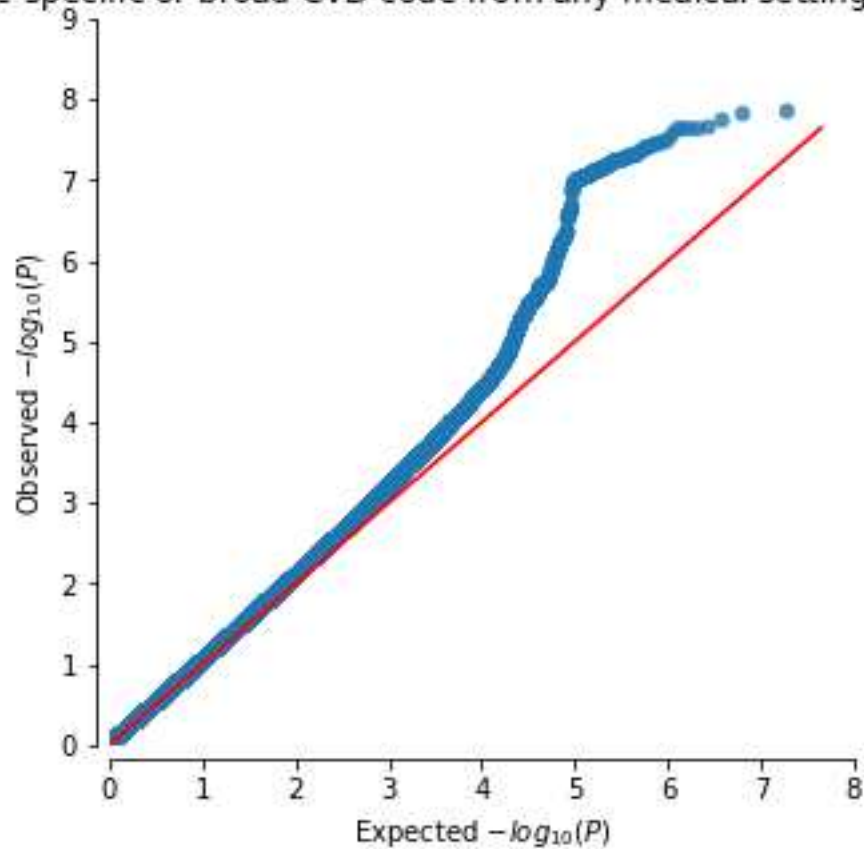
Stroke-specific or broad CVD code from primary care ($\lambda = 1.002$)



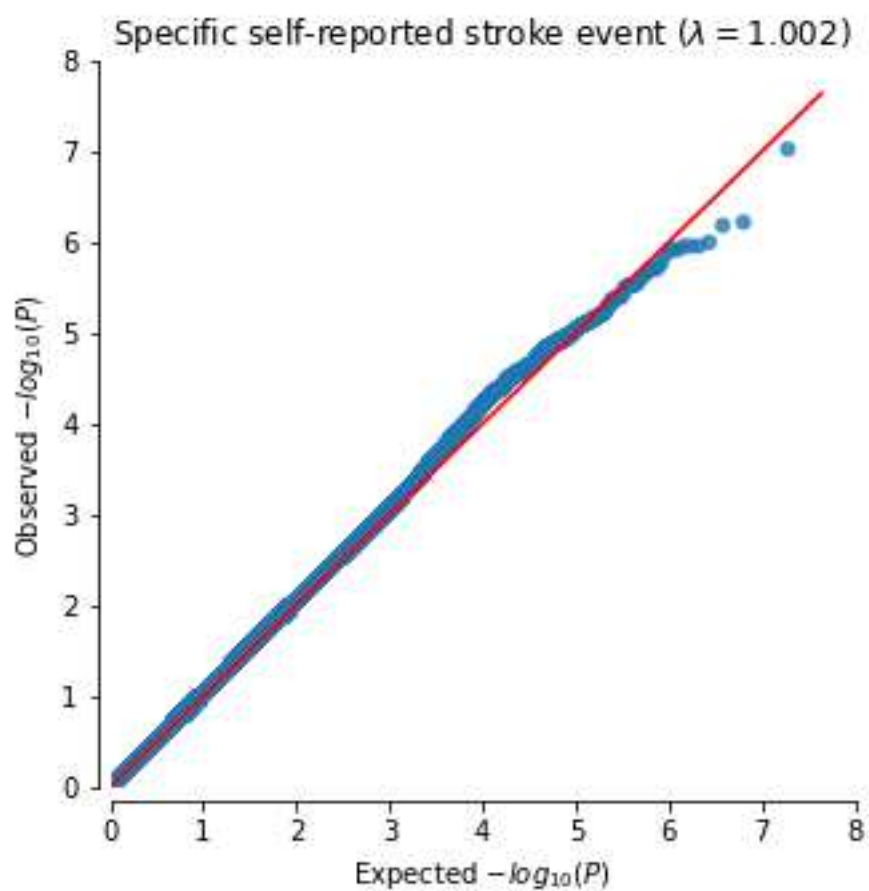
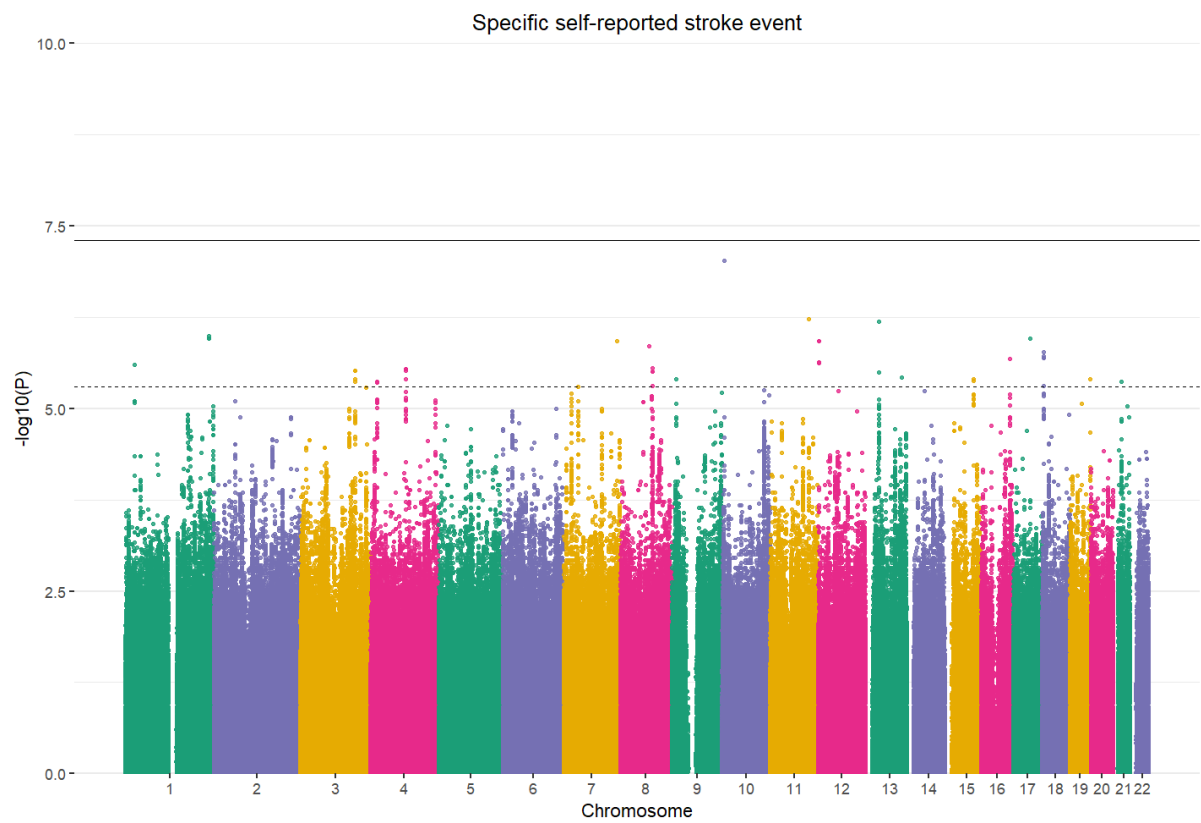
9. Stroke-specific or broad CVD code from any medical setting



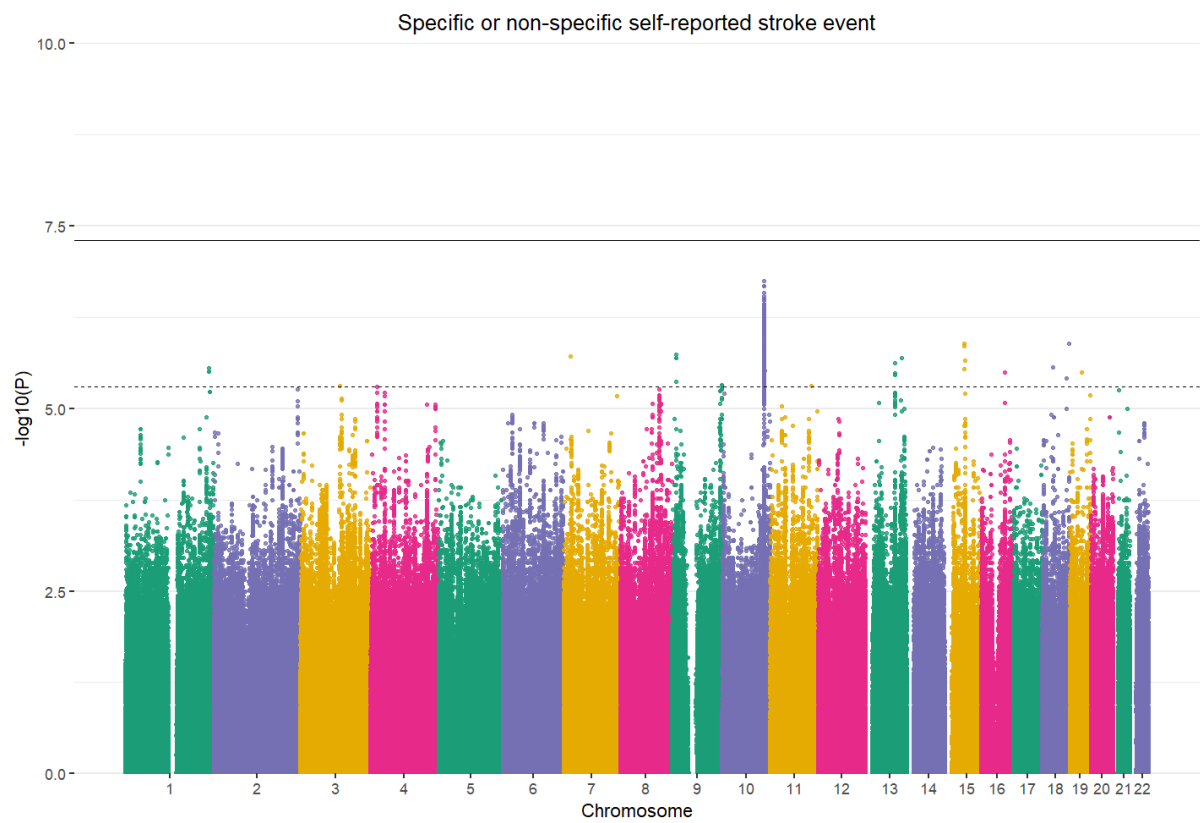
Stroke-specific or broad CVD code from any medical setting ($\lambda = 1.002$)



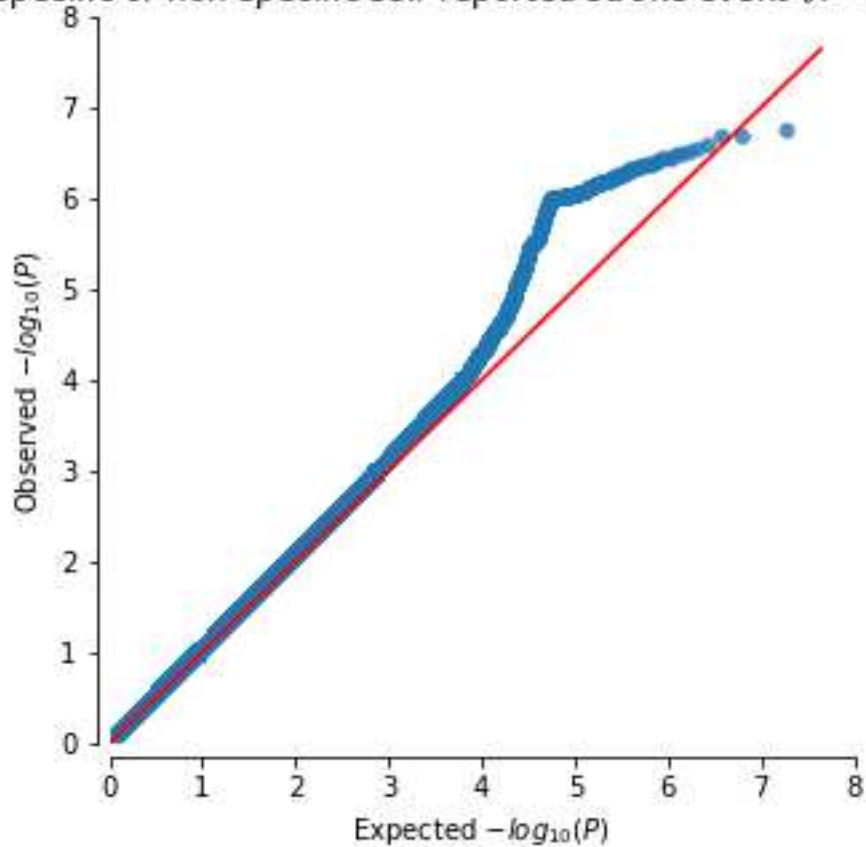
10. Specific self-reported stroke event



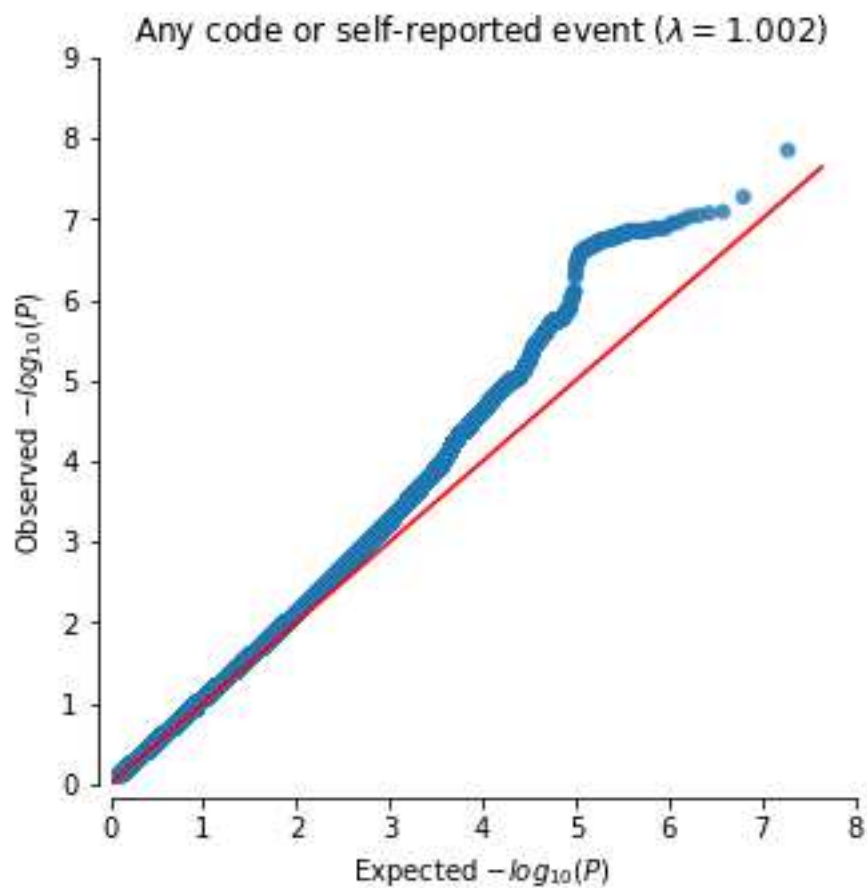
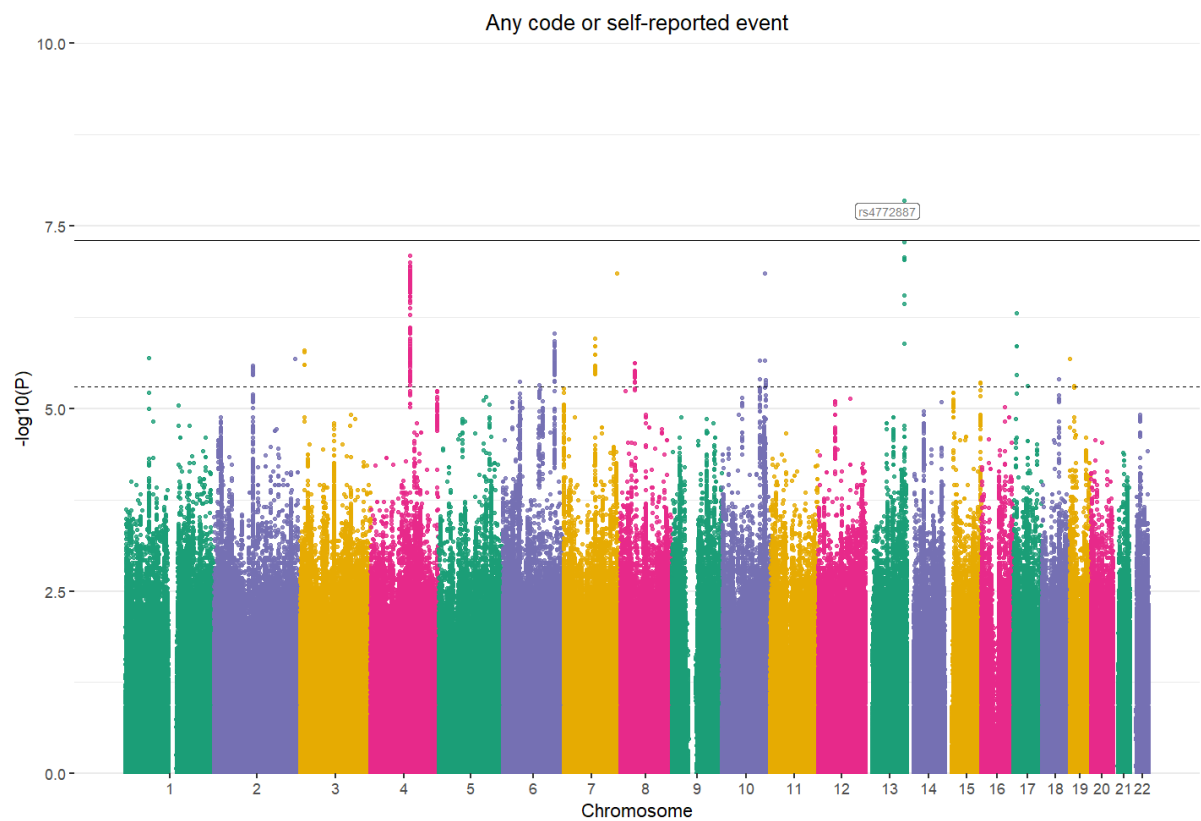
11. Specific or non-specific self-reported stroke event



Specific or non-specific self-reported stroke event ($\lambda = 1.002$)



12. Any code or self-reported event



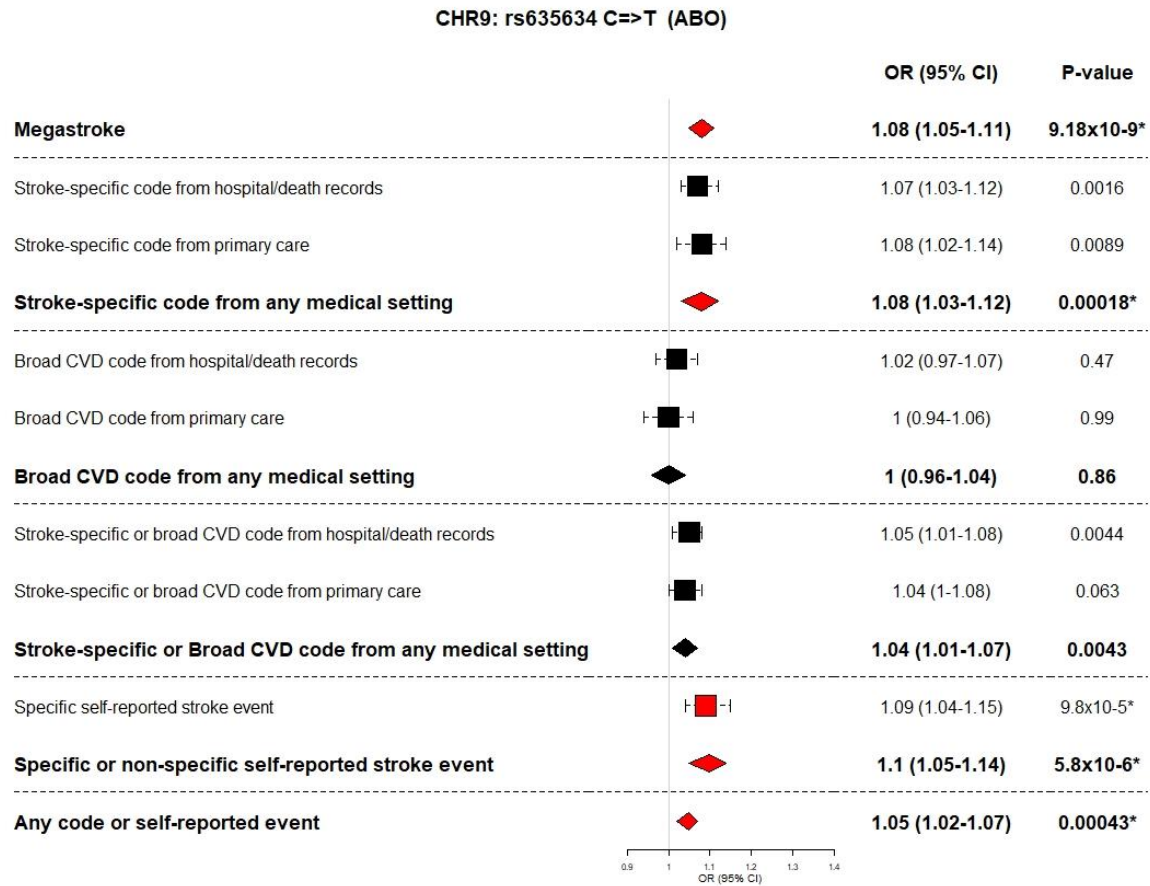
*Dashed line on Manhattan plots indicates a p-value threshold of 0.5×10^{-6} and the solid line a p-value threshold of 0.5×10^{-8}

** λ (lambda): the genomic inflation factor defined as the ratio of the median of the empirically observed distribution of the test statistic to the expected median, thus quantifying the extent of the bulk inflation and the excess false positive rate.

Figure S3. MEGASTROKE stroke-significant loci replicated using UK Biobank stroke definitions

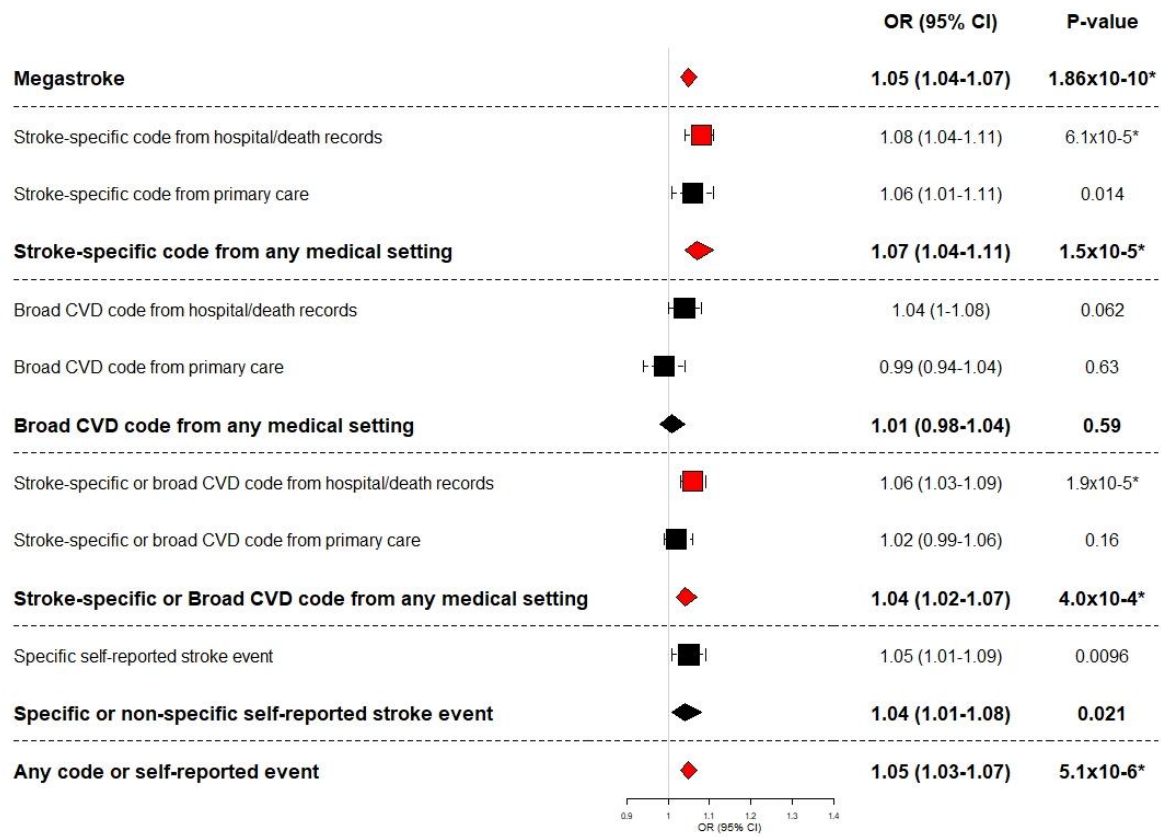
MEGASTROKE odds ratio and p-value is shown for the analyses (European or trans-ethnic) showing the lowest p-value.

2a.



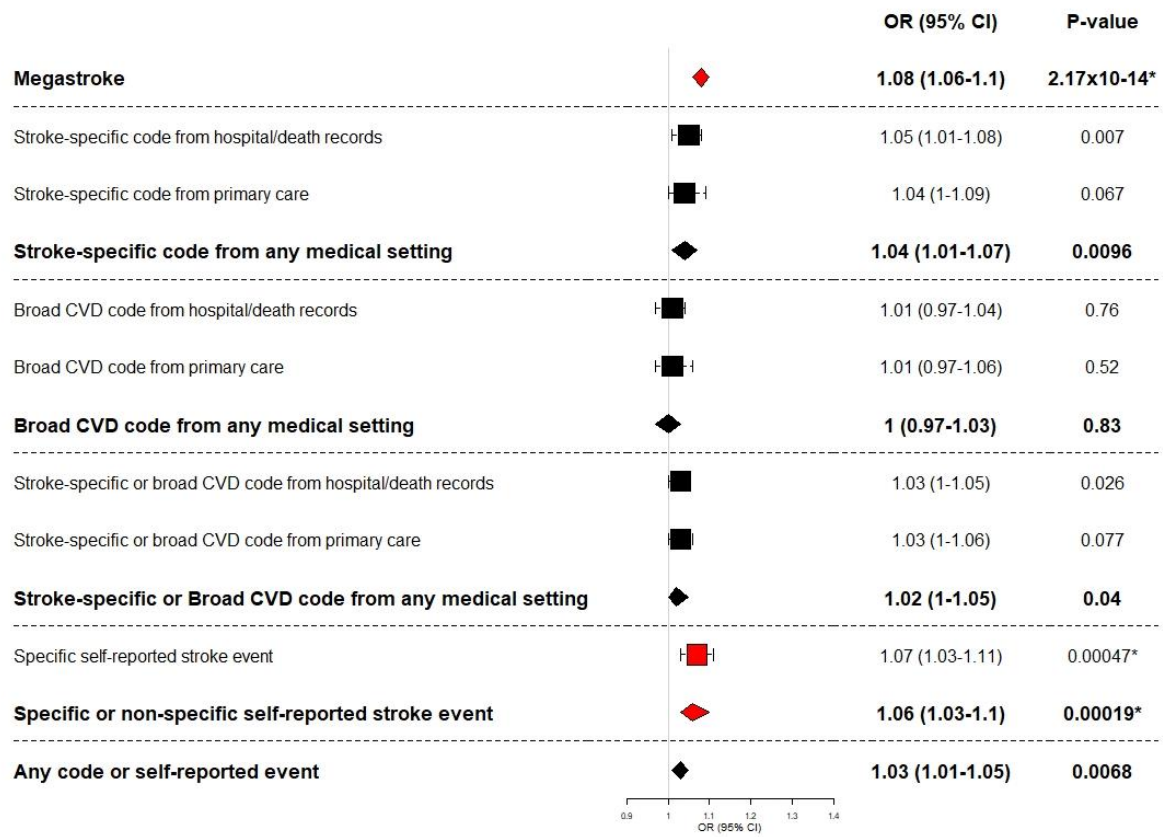
2b.

CHR10: rs2295786 T=>A (SH3PXD2A)

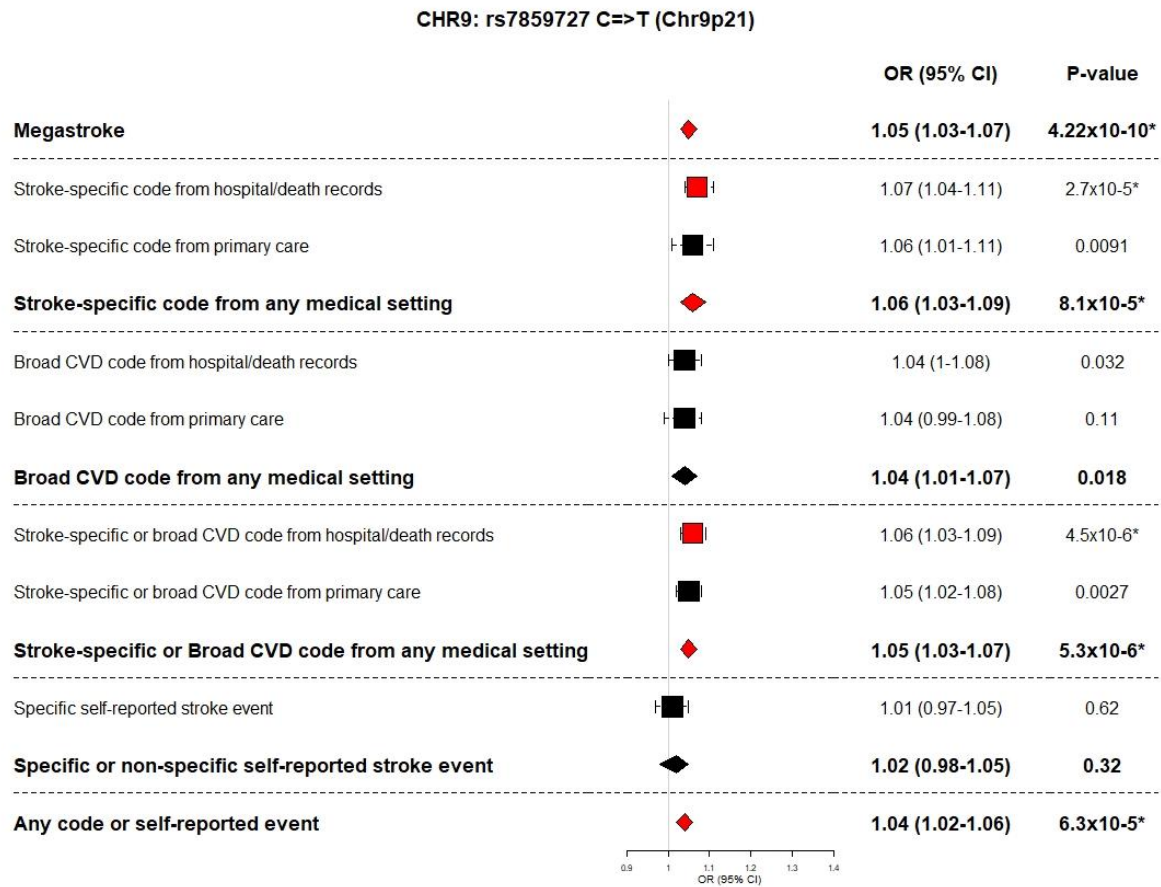


2c.

CHR12: rs3184504 C=>T (SH2B3)



2d.



Appendix 1

MEGASTROKE CONSORTIUM

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