



Doctorate program
Milan
EXPERIMENTAL
MEDICINE



Università degli Studi di Milano

PhD Course in Experimental Medicine

CYCLE XXXVIII

PhD thesis

**PHARMACOGENOMICS OF OPIOID RESPONSE
IN EUROPEAN ADVANCED CANCER PATIENTS**

Candidate: Dr. Francesca Minnai

Matr. ID: R13697

Orcid ID: 0000-0003-3646-3800

Tutor: **Prof. Cristina Battaglia**

Supervisor: **Dr. Francesca Colombo**

Director: **Prof. Nicoletta Landsberger**

Academic Year 2024-2025

Table of contents

1. Abstract.....	1
2. Disclosure for research integrity	3
3. Introduction	4
3.1 General physiology and clinical classification of pain.....	4
3.2 Pharmacological treatment of pain	7
3.3. The role of genetics in the management of pain in cancer patients	10
3.3.1 <i>Candidate-SNP and gene studies</i>	11
3.3.2 <i>Genome-wide Association Studies (GWAS)</i>	13
4. Aim.....	20
5. Materials and Methods	21
5.1 Patients series, samples and data collection.....	21
5.2 Definition of opioid efficacy and toxicity phenotypes.....	22
5.3 DNA extraction, quantification and genotyping	24
5.4 Multivariable linear regression model with clinical data	24
5.4.1 <i>Opioid Toxicity</i>	24
5.4.2 <i>Opioid efficacy</i>	25
5.5 Genotype calling and quality check, relatedness and genetic ancestry detection, and genotype imputation.....	25
5.5.1 <i>Genotype calling and quality check</i>	25
5.5.2 <i>Relatedness and genetic ancestry detection</i>	26
5.5.3 <i>Genotype imputation</i>	28
5.6. Genome-wide association studies	29
5.7 Heritability estimation.....	31
5.8 <i>In silico</i> functional analyses and post-GWAS analyses for opioid efficacy	31
5.8.1 <i>Functional annotation</i>	31
5.8.2 <i>Colocalization analysis</i>	32
5.8.3 <i>Linkage Disequilibrium score regression analysis</i>	32
5.8.4 <i>Bidirectional Mendelian Randomization</i>	33
6. Results	36
6.1 More than two thousand cancer patients treated with strong opioids are genotyped and analyzed.....	36
6.2 Multivariable linear regression model identifies clinical variables associated with opioid efficacy and toxicity.....	38

6.3 Genotypes quality check excludes those variants affecting the statistical power of the analyses.....	40
6.4 GWAS on toxicity phenotype identifies variants related to sleep and circadian rhythms.....	41
6.5 GWAS on PI phenotypes identifies five non-coding variants associated with pain intensity	45
6.6 PCMTD2 gene expression is regulated by our top five pain-intensity associated variants....	49
6.7 Stratified Linkage Disequilibrium Score Regression identifies an enrichment in brain, liver, connective bone and skeletal muscles.....	52
6.8 The identified locus on chromosome 20 is already involved in pain related traits.....	53
6.9 Mendelian Randomization suggests causality for neutrophil count in our GWAS.....	54
7. Discussion and conclusions	61
7.1 GWAS on toxicity phenotype identifies variants related to sleep and circadian rhythms.....	61
7.2 Results about GWAS on toxicity phenotype present several limitations, compared to previous opioid response and GWA studies.....	62
7.3 GWAS on efficacy phenotype identifies variants associated with pain intensity at a genome-wide level threshold, mapping near the <i>OPRL1</i> gene	64
7.4 Post-GWAS analyses on efficacy phenotype identifies the central nervous system as the most enriched tissue	66
7.5 Contextualization of the results from the efficacy phenotype GWAS	67
7.6 Bidirectional Mendelian Randomization results present some limitations due to the relatively small sample size	69
7.7 Conclusions and future perspectives	71
8. Acknowledgements (grant)	73
9. References.....	74
10. Data availability	84
11. Dissemination of results.....	84
12. List of Figures and Tables	86
13. Appendix.....	89

1. Abstract

Background: Strong opioids, which are drugs in the third step of the World Health Organization's analgesic ladder, are the standard of care for treating pain in advanced cancer patients. Unfortunately, a significant minority of them do not benefit from analgesic therapy, or experience several side effects, such as nausea and vomiting. Genetics might play a role in predisposing patients to a good or poor response to opioids. To investigate this issue, two different genome-wide association studies (GWAS) were conducted to identify genetic variants modulating opioid efficacy and toxicity.

Methods: We genotyped over two thousand European patients with advanced cancer, treated with morphine, buprenorphine, fentanyl, and oxycodone. Data about toxicity (nausea-vomiting score, NVS) and efficacy (pain intensity, PI) and other relevant clinical information were collected. We carried out two whole genome regression models (using REGENIE software) to test the association between genotypes and the two opioid response phenotypes, both defined as numerical scores, one measuring patient pain intensity and the other nausea/vomiting intensity. To understand the functional role of the variants significantly associated with opioid response, several "*in silico*" post-GWAS analyses were conducted. Colocalization between pain intensity phenotype and gene expression was explored, as well as the tissue-type enrichment for our significant variants, using stratified linkage disequilibrium score regression (sLDSC). Finally, Mendelian randomization, using our pain intensity GWAS datasets, was performed to investigate causal relationships between putative pain risk factors, such as inflammation, sleep alteration, and psychiatric conditions, and cancer pain intensity.

Results: For the opioid-induced toxicity phenotype, 65 variants associated with NVS (at P -value $< 1.0 \times 10^{-5}$) were found. Among these, 14 variants on chromosome 2 mapped in intronic regions of *NPAS2* gene, which encodes a circadian transcription factor. This gene is reported to influence the sleep-awake cycles; several studies suggested a reciprocal link between the circadian and pain systems, and the modulation of opioid drugs. Also, some of these variants were previously identified as splicing quantitative trait loci of the *NPAS2* (HGNC:7895) gene.

The second GWAS for opioid efficacy identified five variants (rs6062363, rs6062365, rs13043326, rs6089804, and rs1806952) whose minor alleles negatively correlated with pain intensity, at genome-wide statistically significance level (P -value $< 5.0 \times 10^{-8}$). This negative correlation indicates that subjects homozygous, for the minor alleles or

heterozygous, experienced lower pain intensity than patients homozygous for the major allele. These variants mapped to a non-coding region of chromosome 20 downstream *PCMTD2* (HGNC:15882) gene, and less than 200kbp far from *OPRL1* gene. While information on the role of *PCMTD2* is scarce, *OPRL1* encodes the opioid related nociceptin receptor 1, belonging to the opioid receptor family. The identified polymorphisms were reported to be modulators of the expression of both *PCMTD2* and *OPRL1* genes, in eQTLGen database. Also, variants in the same chromosomal region were recently reported to be significantly associated with pain intensity in a GWAS conducted in subjects with different chronic pain conditions. The colocalization analyses showed that there was low evidence for shared variants regulating both pain intensity and *PCMTD2* gene expression. sLDSC indicated that variants associated with pain intensity were enriched in liver and central nervous system. Finally, the Mendelian Randomization did not support causal relationships for the analyzed traits.

Conclusions: The results obtained support the hypothesis of a genetic role in modulating the opioid response of advanced cancer patients. However, *in vivo* functional analyses are needed to understand the biological mechanism underlying the observed association. Also, validation in an independent but homogeneous patient series would be advisable. Those herein reported are the first two GWAS for opioid response, both in terms of efficacy and toxicity, so far performed in cancer patients. They represent the starting point for further pharmacogenomics studies of opioid therapy in larger sample sizes, which might be more representative of the whole population. This study provides new insights into the genetic factors influencing pain intensity suggesting new potential markers of opioid response, which could lead to personalized cancer pain management. The development of individualized pain treatment plans, ultimately, will pave the way to an improvement of advanced cancer patients' quality of life.

2. Disclosure for research integrity

All the study activities were conducted in accordance to the European General Data Protection Regulation and the ALLEA European Code of conduct for Research Integrity.

The protocol of this pharmacogenomic study was approved by the Committee for Ethics of the Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy (INT 20/20). Protocols for patients' recruitment in the MOLO, EPOS, and CERP studies were approved by the Committees for Ethics of each recruiting hospital. The study was performed in accordance with the Declaration of Helsinki. Also, to contribute to the awareness of the patients and respect the principle of transparency, written informed consent was provided by each enrolled patient before biological sample and data collection, to allow researchers to use them for opioid pharmacogenomic research purposes. Clinicians, patient representatives and research partners were engaged during the study design and result interpretation to lead to correct clinical answers to biological interpretation. To ensure reproducibility, genetic analyses and Mendelian randomization were conducted following standard guidelines (STREGA, STROBE-MR) and bioinformatic code used to perform the analyses is available on DATAVERSE at the link https://doi.org/10.13130/RD_UNIMI/ZQMSCY.

The text in this thesis is my own (unless otherwise specified) and generative AI has only been used for grammar editing. I have reviewed and edited the content as needed and I take full responsibility for the content of the thesis. The results obtained from the genetic analyses are publicly available in GWAS Catalog. Also, to share the results with other peers and academics, Open Access publication in two international peer-reviewed journals had been made. Fondazione AIRC per la ricerca sul cancro [MFAG 2019 - ID. 22950 - P.I. Colombo Francesca] supported this three-year project; the funding organization had no role in the design and performing of the study; collection, management, analysis, and interpretation of the data; preparation, review. I declare, like the other researchers collaborating on this project, no conflicts of interest.

3. Introduction

3.1 General physiology and clinical classification of pain

Pain is currently defined, by the International Association for the Study of Pain, as an “unpleasant sensory and emotional experience associated with actual or potential tissue damage”.¹ It is a complex and protective mechanism that alerts the organism in case of damage. The first sensory modality in which the pain stimuli are detected peripherally and transmitted centrally to the central nervous system is nociception (**Figure 1**), and it is characterized by four different stages: 1) transduction, 2) transmission, 3) modulation, 4) perception.²

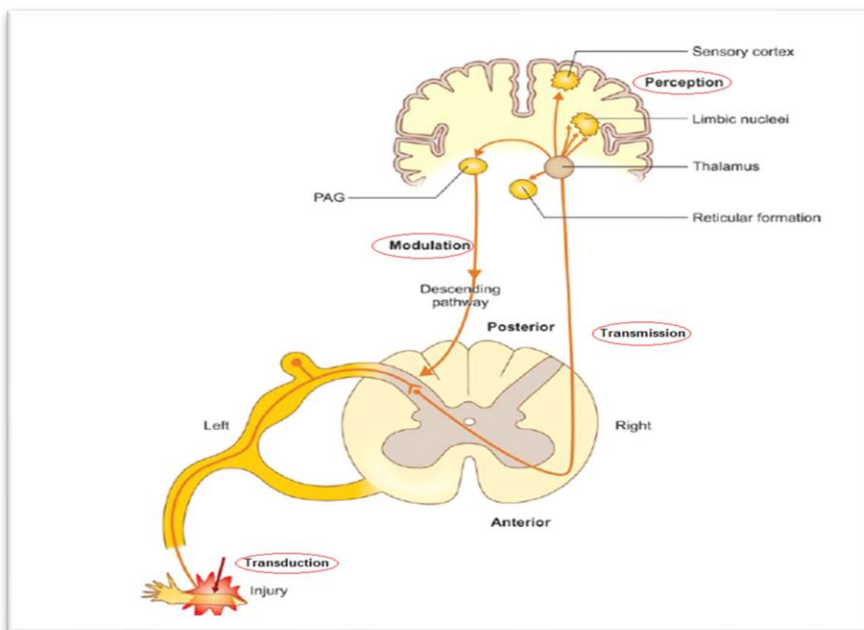


Figure 1. Pain pathway; readapted from "Basics from Chronic Pain management" (10.25259/VJIM_16_2022)

Nociceptors are the main protagonists in this complex pathway: they are the primary afferent neurons for pain, presenting specialized nerve endings able to respond to different types of chemical thermal or mechanical stimuli.²

Transduction occurs when a painful stimulus is converted into an electrical signal by peripheral nociceptors, expressing receptors and ion channels such as the transient receptors potential (TRP) channels.³

When those channels are activated, due to a sufficient strength of the stimulus, there is a transient drop in the resting membrane potential that generates an action potential. It enables the **transmission** of signals from the peripheral nervous system (PNS) to the dorsal

horn of the spinal cord. Here, interneurons release excitatory neurotransmitters, such as glutamate, or inhibitors, such as endogenous relay toward supraspinal centers.⁴

The **modulation** of the pain signal occurs at the spinal and supraspinal levels; this process involves an interplay of descending inhibitory circuits in different brainstem structures^{5,6} such as periaqueductal gray (PAG), the rostroventral medulla (RVM) which regulate facilitation and inhibition at the spinal level, the locus coeruleus and the dorsolateral funiculus that regulate the emotional aspects of pain.⁶

Finally, the **perception** of pain happens when the nociceptive signal is processed in brain regions, and the signal is transformed from a simple sensory input to a conscious emotional experience. Among these, the anterior cingulate cortex (ACC), part of the limbic system, is centrally involved in the emotional-affective dimension of pain. The activation starts with the unpleasantness or distress associated with pain and, also, chronic pain conditions are often associated with increased baseline activity in the ACC.^{7,8} Then, the prefrontal cortex, especially the medial and dorsolateral subregions, is involved in cognitive evaluation, decision-making, and modulation of the pain experience a critical role in pain processing.⁹ Also, the thalamus is the major station for nociceptive input ascending from the spinal cord. It projects both sensory and limbic structures and coordinates input from different nociceptive pathways (spinothalamic, spinothalamic, etc.), allowing the mediation of pain stimuli localization and discrimination.² The mediodorsal, ventroposterolateral (VPL), and ventroposteromedial nuclei (VPM) are particularly involved in pain processing, and a reciprocal link between them demonstrates that the PAG and the sensory thalamus interact reciprocally at short latency, which may be related to pain modulation. Finally, the amygdala, another limbic structure, assigns emotional salience to painful stimuli. It receives nociceptive input directly from the parabrachial nucleus and is involved in pain-related fear and memory formation.¹⁰

Clinical description of pain is based on physiology or pathology, its anatomical location, the duration or qualitative descriptors; based on this, there are three different types of pain: *acute*, *phasic* and *chronic pain*. Acute pain occurs immediately as a protective response from illness or inflammation, with a clear onset and a well-defined cause that lasts until the complete healing of the illness; examples of acute pain can be traumas, burns, or acute infections.¹¹ The pathophysiology of acute pain involves the primary activation of nociceptors that, through ion channels such as TRPs, send signals to Ad or C fibers for slow and persistent pain, respectively, to the dorsal horn of the spinal cord. Here, glutamate and P-substance allow the transmission of the signal to synapsis. Then, pain signals arrive at

higher brain centers, such as the VPL and VPM cortexes of the thalamus. They are then sent to the somatosensory cortex, where the quality, location and type of pain are discriminated, and to the limbic system where they can be emotionally processed through different types of symptoms, such as an increased heart rate or nausea.¹¹ The response to the pain perception is then done through descendant pain modulation pathways, in charge of the RVM and the dorsal horn of the spinal cord. Here, the pain signal can be amplified, modulated, or suppressed using endogenous opioids, norepinephrine, or serotonin.¹²

Phasic pain is a brief, transient noxious sensation, caused by a short-duration stimulus, that stops when the stimulus is removed.² In healthy individuals, phasic pain is used to study pain thresholds, response latency, and pain modulation mechanisms such as conditioned pain modulation or temporal summation.¹³ It is used to assess the integrity of nociceptive pathways in clinical and research settings, activating Ad fibers in the central nervous system (CNS) and leading to a well-localized pain. It is also used to experimentally investigate quantitative sensory testing and psychophysical evaluation of pain sensitivity.¹⁴

Unlike acute and phasic pain, chronic pain (Human Phenotype Ontology code: HP:0012532) is a persistent multifaceted condition that can exist in the absence of active tissue injury. It can last more than 3 to 6 months¹⁵, and be considered a disease rather than a symptom. First, chronic pain causes peripheral sensitization through cytokines or prostaglandins which lower pain activation threshold of nociceptors. This is followed by central sensitization, which is characterized by an increased glutamatergic transmission through N-methyl-D-aspartate receptor (NMDA) receptors, disinhibition due to a loss of GABAergic (gamma-aminobutyric acid) and glycinergic (glycine) control, and finally activation of microglia and astrocytes that release further pro-nociceptive molecules. This leads to activation of neurons in the dorsal horn of the spinal cord.^{16,17} Also, in chronic pain there is a malfunctioning of the common neurological processes in cortical regions such as the anterior cingulate cortex or the insula, that can alter pain perception. Furthermore, there are changes in the descending pain modulation system in structures such as the rostroventral medulla, leading to an alteration of the pain modulation.^{16,17}

Chronic pain has different subtypes, for instance *neuropathic, breakthrough, or cancer-related (chronic) pain*. Neuropathic pain affects 10% of the general population and can be caused by dysfunctional or damaged nerves or induced by infections (e.g. HIV) or chemotherapy, that generate aberrant pain signals in the absence of an external noxious stimulus.¹⁸ Neuropathic pain (HP:6000040) results from the invasion of neural structures such as the brachial plexus, peripheral nerves or spinal cords, and it is described by patients

as burning.¹⁹ Breakthrough pain (HP:0032149) is instead characterized by an intense but short pain episode that occurs contemporary to a stable and well managed baseline pain.²⁰ It is usually common in patients with cancer. Breakthrough pain can be idiopathic, triggered by a specific movement or activity, or can be felt immediately after the end of the analgesic dose effect. Both neuropathic and breakthrough pain assessments are difficult due to the multifaceted type of pain and the underlying unknown cause.

Another important subtype of chronic pain is cancer pain, which is caused by disease progression and metastatization, leading to severe and persistent pain. For example, in breast, lung and prostate cancer, bone metastases are the more common cause of pain: bone involvement led to osteolysis with consequent structural instability and periosteal nociceptive nerves stimulation.²¹ Indeed, in the tumor microenvironment, the release of cytokines or growth factors (e.g., tumor necrosis factor- α or the interleukin-1 β), leading to inflammation, and the sensitization of peripheral nociceptors, as well as their interaction with immune cells can amplify the pain signal.²² Cancer pain is not only caused by tumor growth.²³ In fact, different types of anticancer therapies can lead to pain. For example, chemotherapy-induced peripheral neuropathy can cause persistent burning or tingling in the extremities, due to the different chemotherapy agents such as taxanes or platinum compounds.²⁴ Also, radiation therapy can lead to pain due to nerve injuries or tissue fibrosis, and surgical intervention can lead to after-resection pain syndrome due to nerve damage. All these factors can contribute to an increased severity of pain and more difficult pain relief treatment.²⁵

3.2 Pharmacological treatment of pain

Opioids drugs are the primary analgesics capable of effectively managing moderate to severe cancer-related pain ²⁶ The World Health Organization (WHO) defined an analgesic ladder ²⁷ for the treatment of pain based on its severity. In case of mild pain, treatment with non-opioid drugs such as non-steroid anti-inflammatory drugs (NSAIDs) is recommended. Thus, NSAIDs are defined as the Step 1 of the WHO analgesic ladder. When patients experience moderate pain, treatment with weak opioids (e.g., codeine and tramadol) is recommended (Step 2 of the WHO analgesic ladder. Severe and persistent pain, instead, needs to be treated with strong opioids, such as morphine, fentanyl, oxycodone, and buprenorphine (Step 3).

Opioid drugs can interact with the endogenous opioid system, targeting opioid receptors,

which are G-protein coupled receptors (GPCRs) distributed in different organs such as CNS, PNS, or the digestive tract.²⁸ We can distinguish three primary different opioid receptor types:

1. μ -opioid receptor (MOR), encoded by the *OPRM1* (ENSG00000112038) gene, involved in the primary analgesia response and responsible for different adverse effects such as drug dependence;^{29,30}

2. δ -opioid receptor (DOR), encoded by the *OPRD1* (ENSG00000116329) gene, primarily modulator of emotional response to pain, involved in the reduction of hyperalgesia in chronic pain, as well as in antidepressant and anxiolytic behaviors;³⁰

3. κ -opioid receptors (KOR), encoded by the *OPRK1* (ENSG00000082556) gene, involved in spinal analgesia and implicated in other physiological processes, highly expressed in the CNS but also distributed in heart, lung and small intestine.³¹

A cascade of intracellular events is triggered by the binding of ligands to the opioid receptors: the initial change in conformation activates G-protein subunit G α and G $\beta\gamma$. This leads to the inhibition of adenylate cyclase activity and the concurrent opening of potassium channel.³²

The transmission of signals from the periphery to the brain is interrupted in their ascending pathway; at the same time, opioid can activate a descending pathway that reduces the pain transmission.³³

Ligands of opioid receptors are mostly endogenous opioids such as endorphins, enkephalins, or dynorphins. These are peptides produced in response to positive or negative stimuli, such as stress, pain, or happiness. They specifically bind to different opioid receptors:

1. Endorphins bind MORs, inducing euphoria and stress relief;³⁴

2. Enkephalins mainly bind DORs and are mostly involved in mood modulation;³⁵

3. Dynorphins bind KORs and contribute to stress-related dysphoria and pain chronification.³⁶

Another endogenous peptide, nociceptine, binds to a different receptor of the opioid receptor family. This receptor is encoded by the *OPRL1* (opioid related nociceptine receptor 1, or ORL-1) gene, also called the nociceptine/orphanin FQ peptide receptor (NOP)³⁷. Although it is structurally similar and is part of the same opioid receptors' family, NOP has totally different physiological and pharmacological characteristics. In fact, nociceptine binding to NOP can modulate pain but also contribute to mood and stress/anxiety regulation.³⁸

Regarding pain modulation, it has different effects based on where the NOP gene is expressed. In the spinal cord, it has an analgesic effect inhibiting the pain transmission; if the nociceptine is mostly expressed in supraspinal region, we can observe hyperalgesia and

anti-opioid action.³⁹

Focusing on clinical practice and palliative care settings, exogenous strong opioids are used to mimic the effect of endogenous ones, and they are used to relieve moderate to severe acute or chronic pain. They primarily bind to the MORs that, with their cascade pathway, inhibit the nociceptive transmission and relief of pain. The most used are morphine, buprenorphine, fentanyl, oxycodone, and others from the third step of the WHO analgesic ladder.

Morphine (Drugbank code DB00295) is the gold standard for analgesic treatment with opioids, but it can lead to several adverse effects such as respiratory depression, tolerance, or addiction. Therefore, morphine, as well as codeine, have undergone different molecular conformational studies over the years to improve efficacy without those important side effects.⁴⁰ Buprenorphine (DB00921) is a partial MOR ligand, with an agonist action of KOR, widely used for the treatment of acute postoperative pain, particularly when administered via sublingual or via transdermal routes. This drug is highly safe due to the reduced addiction effect and the less predisposition to respiratory depression, as well as the absence of immunosuppressive effects.^{41,42} Fentanyl (DB00813) is, instead, a synthetic strong opioid used to treat chronic pain, with an analgesic effect 100-fold stronger than morphine. With a rapid onset and short duration. Unfortunately, fentanyl use can rapidly become abuse and create strong addiction, particularly in opioid-naïve patients.⁴³ Then, oxycodone (DB00921) is a semisynthetic opioid with a higher bioavailability than morphine, widely used in outpatients to treat severe chronic pain, but also severe cancer pain. It has been observed that advanced cancer patients treated with a combination of oxycodone/naloxone have a reduced opioid-induced bowel dysfunction and constipation and less abuse risk.⁴⁴

Although the effectiveness of these treatments, they reported several adverse effects that can affect patients' quality of life. Among them, we can include addiction, constipation, due to a reduced gastrointestinal motility, respiratory depression, that can be fatal if not monitored (particularly in case of dependence), nausea and vomiting, opioid-induced hyperalgesia, where the prolonged use of these drugs can lead to an increased pain sensitivity. Understanding the precise molecular and cellular mechanisms of opioid analgesia is essential for optimizing pain management strategies and minimizing risks associated with opioid therapy.

Different strategies could be applied to improve efficacy and reduce the adverse effects. For example, opioid rotation can reduce tolerance and addiction by switching opioids after a certain amount of time.⁴⁵ Another strategy is to use different combination therapies, such as

oxycodone/naloxone.⁴⁶

Another important consideration is that there is a significant variability among patients in the efficacy and side effects of opioid therapy. Genetics, and other factors such as stress, trauma history, mental health comorbidities, and opioid-induced hyperalgesia could be responsible for this variability. These factors can affect individual opioid response. For this reason, it is important that the clinical setting was efficient and well defined: the screening of patients at each visit and comprehensive pain management should be held by a multidisciplinary team, due to the different patho-physiologic conditions in which pain can occur. It is important that the pain intensity is quantified and qualified at each follow-up visit accounting for the high subjectivity due to the pain perception. Analgesic treatment should be administered considering multiple symptoms and the complex combinations of pharmacologic therapies that are generally prescribed.⁴⁷ It is also important to take into account the different types of treatment and dosage in patients that take opioids for the first time (called “opioid-naive”) and in “opioid-tolerant” patients who have already taken opioid for cancer pain.^{48,49}

For all these reasons, a personalized therapeutic approach integrating pharmacogenomics and behavioral interventions for pain treatment could improve clinical practice and patient quality of life.⁵⁰

3.3. The role of genetics in the management of pain in cancer patients

The wide human genetic variability involves also genes encoding drug receptors, metabolizers, and transporters. Pharmacogenomics is the field of medicine that studies how genetic variants modified the action of drug. It investigates the effect of genetic variations on pharmacokinetics (how drugs are absorbed, metabolized and excreted from the body) and pharmacodynamics, that is how drugs act (physiologically and biochemically) at the body's organs or sub-cellular levels. Pain sensitivity and management are influenced by genetics. Genetic studies in twins estimated the effect of heritability for several pain phenotypes, showing that there is a heritable component up to 60% in different types of pain.⁵¹ The same heritable component is demonstrated also for opioid response in pain treatment: in fact, other studies in monozygotic and dizygotic twins have shown that genetics may explain from 12% to 60% of variance in alfentanil-induced analgesia.⁵²

Also, a heritability up to 56% has been observed for opioid-induced adverse effects,

particularly those due to nausea and vomiting.⁵³

3.3.1 Candidate-SNP and gene studies

So far, researchers investigating the genetic underpinnings of individual diversity in opioid responsiveness have done it through candidate genes studies.

Candidate-gene studies are characterized by an approach that consists in the selection of one, or a few, genes for a narrow examination of statistical association with a given trait or disease. The selection of these genes depends usually on previous knowledge about a possible involvement in relevant biological pathways related to the trait of interest. Particularly, in these studies, candidate-gene single nucleotide polymorphisms (SNPs) are evaluated, usually comparing allele or genotype frequencies between case and control groups, or correlating variants with quantitative traits.

Focusing the attention of opioid response, so far researchers centered their interest in those genes involved in pharmacokinetics, such as *CYP2D6*, *CYP3A4*, *CYP3A5*, *UGT2B7*, *ABCB1* (*MDR1*), *COMT*, or in pharmacodynamics (e.g., *OPRM1*, *OPRD1*, *OPRK1*). In addition, most of these studies were not carried out in cancer patients and analyzed the genetics of drug response in patients suffering from different types of pain. Early pharmacogenetic studies of polymorphisms in genes involved in opioid pharmacokinetics suggested that genetic variations in the *CYP2D6* gene had a role in codeine metabolism and response. *CYP2D6* (ENSG00000100197) encodes an isoform of the cytochrome p450 enzyme, that metabolizes a quarter of all prescribed drugs, including the conversion of codeine into morphine.⁵⁴ Individuals with two inactive copies of *CYP2D6* can be classified as poor metabolizers, and are unable to efficiently synthesize morphine, resulting in insufficient pain relief. Conversely, ultrarapid metabolizers have more than two functioning copies of the *CYP2D6* gene and can therefore metabolize codeine into morphine more rapidly. Even with therapeutic doses of codeine, ultrarapid metabolizers can experience symptoms of morphine overdose, including extreme sleepiness, confusion, and shallow breathing, which in some instances can be fatal.⁵⁵ Conversely, ultrarapid metabolizers have more than two functioning copies of the *CYP2D6* gene and can therefore metabolize codeine into morphine more rapidly. Even with therapeutic doses of codeine, ultrarapid metabolizers can experience symptoms of morphine overdose, including extreme sleepiness, confusion, and shallow breathing, which in some instances can be fatal.⁵⁵ Additionally, a more recent review of pharmacogenetic studies on *CYP2D6* variants in

patients treated with oxycodone revealed the importance of this gene in converting oxycodone to oxymorphone, thus leading to better bioavailability and enhanced drug response.⁵⁶

Another candidate-gene study of 60 Japanese cancer patients identified associations between *CYP3A5* and *ABCB1* gene polymorphisms (such as *CYP3A5**3 or *ABCB1* C1236T) and fentanyl clinical response or incidence of side effects. Like *CYP2D6*, the *CYP3A5* gene (ENSG00000106258) encodes a member of the superfamily of cytochrome p450 enzymes, involved in drug metabolism.⁵⁷

The *ABCB1* variant C3435T (rs1045642) was reported to be associated with morphine pain relief, playing a role in morphine pharmacokinetics⁵⁸. *ABCB1* gene (ENSG00000085563), which codes for the isoform MDR-1 of the multi-drug resistance protein, is responsible for the transport of drug through the blood-brain barrier, but it is also involved in hepatic, liver or gut drug level regulation and transportation. This glycoprotein is functional in opioid transportation outside of the CNS, regulating their bioavailability.

Another candidate gene for opioid pharmacogenetic studies is *COMT* (ENSG00000093010). It encodes the enzyme catechol-O methyltransferase, metabolizes catecholamine such as dopamine, noradrenaline, and has a role in the opioid signaling pathways in the CNS. In an independent study, the polymorphism rs4680 of *COMT* gene (and its minor allele, A) was reported as a marker of opioid sensitivity.⁵⁹

Focusing instead on the variants in genes involved in opioid pharmacodynamics (i.e., opioid receptors), a coding polymorphism (rs1799971) in the opioid receptor mu 1 (*OPRM1*) gene, encoding the primary target of opioids, has been extensively investigated for its impact on opioid response variability. This variant not only affects the binding affinity between opioids and *OPRM1*, but also a different opioid ability in relieving pain, (as reviewed in⁶⁰). For instance, cancer patients homozygous for GG allele (*OPRM1* rs1799971 variant) receive higher morphine than heterozygous AG or homozygous AA carriers.⁶¹

An exploratory analysis was performed to evaluate the role of *OPRK1* polymorphisms in opioid response. The study investigated 353 patients treated with fentanyl, morphine, oxycodone, and/or hydromorphone. Only rs12948783 (in *RHBDF2* gene, ENSG00000129667) and rs7016778 (in *OPRK1* gene) were significantly associated with drug response in univariable, but not multivariable model.⁶²

Then, a pharmacogenomic study on 69 patients with colorectal cancer patients treated with different types of opioids for cancer pain, reported the associations of the G allele of rs1799971 polymorphism in *OPRM1* with pain presence, and of *OPRD1* rs2236861 variant

and adverse drug reaction risk.⁶³

A recent systematic review reported the results of a meta-analysis of four pharmacogenetic studies on 118A>G variant of *OPRM1*, indicating that patients with this variant had a higher pain score than those with wild-type genotype.⁶⁴ However, this result was not validated in an independent cohort of 620 patients.⁶⁵

Although the above presented results (summarized in **Table 1**) support a possible role for genetics in modulating the interindividual variability in opioids response, they were often uncoherent between each other, also when evaluating the role of the same polymorphisms in different cohorts. A lack of validation could be due to several reasons, such as the small sample size or the difference in allele frequencies due to a different genetic ancestry between individuals.⁶³ Indeed, a study on animal models receiving morphine to treat pain provided clear evidence of the genetic complexity of opioid response, considered as a quantitative polygenic trait.⁶⁶ This emphasizes the need to address the study of the opioid response phenotype, both in terms of efficacy and toxicity, not only with a candidate-gene approach, but with a genome-wide strategy.⁶⁷

3.3.2 Genome-wide Association Studies (GWAS)

Genome-Wide Association Study (GWAS) is an approach used in population genetics to investigate the statistical association between genetic variations (usually millions of single nucleotide polymorphisms, or SNPs) across the genome, and a specific phenotype or trait of interest, such as disease presence, quantitative traits (e.g., blood pressure or height), or drug treatment response. To test this association, usually statistical methods such as linear or logistic regression are applied, adjusted for relevant covariates that could act as a confounding factor such as, for instance, a clinical variable that can be associated both with the risk factor and the disease, distorting the strength of the genetic association (e.g., age, sex, but also genotyping batch, or population substructures).

The association test between each germline variant and a specific trait in a GWAS can be performed using three different models:

1. Additive Model: genotypes are coded as 0 for homozygous for the major allele, 1 for the heterozygous, 2 for homozygous for the minor allele; this is the default model in GWAS and it assumes a linearity between the different genotypes and the effect provided by the minor allele. Mathematically, genotypes are treated as continuous variables.
2. Dominant Model: genotypes are coded as 0 for homozygous for the major allele, 1 for

heterozygous and homozygous for the minor allele; in this case, the basic assumption is that only one copy of the minor allele is required to produce a phenotypic effect. Mathematically, genotypes are treated as binary variables.

3. Recessive Model: in this model, only the homozygous for the minor allele is coded as 1, while homozygous for the major allele and heterozygous are coded as 0. Similarly, for the dominant model, genotypes are mathematically treated as binary variables but, in this case, the effect on the phenotype is shown only when two copies of the minor allele are present. The choice of the model mostly depends on the biological question: usually, the additive model is recommended because it is more powerful to detect a statistical signal. When the true effect is dominant or recessive, the additive model can visualize the signal with a reduced statistical power, but this is not ensured when using a dominant or recessive model, in which the statistical power is highly reduced.⁶⁸

To account for the very large number of statistical tests performed across the genome, a stringent significance threshold is commonly set ($P\text{-value} < 5 \times 10^{-8}$) to control false positives. While the candidate gene approach looks for a significant association between genetic variants in pre-specified genes of interest, determined by an a priori knowledge of the genetic effect on the specific trait, a genome-wide association studies (GWAS), could be defined more as a “discovery” approach that tests the association between a specific trait and a genome-wide set of genetic variants in different individuals. The loci identified can highlight candidate genes or biological pathways and regulatory mechanisms of complex traits.

So far, several genome-wide association studies have evaluated opioid genetics, but mainly in relation to opioid use disorder. For instance, a large GWAS meta-analysis on European samples identified two variants, rs1799971 and rs79704991, mapping in OPRM1 gene and rs11372849, in FURIN gene (ENSG00000140564), associated with opioid use disorder⁶⁹, at a genome-wide significance level. A large multi-ancestry GWAS meta-analysis of opioid use disorder in Million Veteran Program confirmed the previously identified loci and identified 12 new ones.⁷⁰ Another GWAS in the same cohort, investigating the genetics of buprenorphine drug response in opioid use disorder, identified one genome-wide significant locus (rs149319538) mapping in SLC39A10 (ENSG00000196950).⁶⁹

Conversely, GWAS of opioid therapy response in advanced cancer patients are scarce. The first one was published in 2011⁷¹ and used a DNA-pooling approach and a discovery-validation study design to investigate genetic variants associated with pain relief in 1,008 Europeans cancer patients treated with opioids for cancer pain. This study identified eight

genetic variations associated with response to opioids, both in discovery and validation series, in genes involved in processes of neurological system. Another GWAS performed on 426 Japanese cancer patients showed a significant association (P -value $< 5.0 \times 10^{-8}$) between opioid analgesic requirements per day and two intronic single nucleotide polymorphisms (SNPs), rs1283671 and rs1283720, of ANGPT1 gene (ENSG00000154188), with a P -value $< 5.0 \times 10^{-8}$.⁷² Finally, a GWAS looking for genetic variants associated with opioid toxicity (i.e., nausea-vomiting adverse effect) was performed on a European cohort of more than 1,000 patients using a DNA-pooling approach and a discovery-validation study design.⁷³ Only one SNP, rs12305038 in PDE3A gene (ENSG00000172572), was confirmed in both series, although with opposite effects of the minor allele on the investigated phenotype. Although these results are promising (summarized in **Table 2**), these GWAS have limitations, in fact they used a DNA-pooled approach, not individually genotyping the SNPs and they were not yet validated in other independent series.

Another aspect to consider is that both candidate gene studies and GWAS methods present limitations in the understanding of causality mechanisms. Since they only provide a statistical association between a trait of interest and a genetic variant, they do not address the question about the causal relationship behind this association, without distinguishing whether these genetic signals play a causative role in drug response or pain perception. Indeed, functional validation of GWAS findings is advisable for transitioning from statistical association to understanding the underlying biological mechanisms. In silico functional validation is commonly used to prioritize candidate variants and genes. Fine-mapping⁷⁴, identification of expression quantitative trait loci (eQTLs)⁷⁵, colocalization and genetic correlation analyses⁷⁶ are just some of the most used approaches to functionally investigate, for example, whether the same variant can influence the phenotype of interest and gene expression or other correlated traits. These types of analyses are collectively referred to as post-GWAS analyses.

The Mendelian Randomization (MR)⁷⁷ method is another post-GWAS analysis which has become a complementary approach to infer causal relationship between different traits, using genetic variants as instrumental variables (IVs), under specific assumptions.^{77,78} MR is based on the principle that, if a genetic variant is robustly associated with an exposure (e.g., inflammatory cytokines or opioid metabolism), and if this exposure influences an outcome (e.g., pain severity or opioid toxicity), then a causal relationship exists between them. Also, MR relies on three core assumptions to produce interpretable results.⁷⁸

1. Relevance: the genetic variant used as IVs need to be robustly associated (at genome-wide statistical significance level) with the exposure of interest, to avoid biases and loss of MR statistical power.
2. Independence: the genetic variant must be independent of any confounding factors that might influence both the exposure and the outcome. Population stratification or cryptic relatedness can violate this assumption.
3. Exclusion restriction or no horizontal pleiotropy: the genetic variant must affect the outcome only through its effect on the exposure. This assumption can be violated by horizontal pleiotropy, where a variant influences multiple traits, including the outcome, thus becoming a confounding factor.

To the best of my knowledge, MR studies in the field of pain have thus far focused on chronic, noncancerous pain conditions, whereas the topics of cancer pain and opioid treatment response remain unexplored. For example, a causal relationship between elevated levels of circulating inflammatory proteins and an increased risk of multisite chronic pain was reported.⁷⁹ Other studies have explored the bidirectional relationships between chronic pain and psychiatric comorbidities, such as major depressive disorders, using UK Biobank data, suggesting a causal relationship among them. Other putative risk factors for pain could be sleep disorders: indeed, an association between insomnia and pain was reported⁸⁰ and, thus, novel MR studies might reveal interesting insights also in this field. Specifically, new MR studies would be helpful in elucidating the causality of cancer pain and the mechanisms of opioid analgesia.

Table 1. Summary of results from candidate gene studies on drug response in pain treatment.

rsID	Gene	Trait of interest	Treatment	OR/F	P	N	Ethnicity	PMID
	<i>CYP2D6</i>		oxycodone					34575542
<i>CYP3A5</i> *3/*3	<i>CYP3A5</i>	Drug response	fentanyl	3.49	0.029	60	Asiatic	22277678
1236TT	<i>ABCB1</i>	Side effect incidence	fentanyl	0.17	0.036	60	Asiatic	
C3435T	<i>ABCB1</i>	Pain relief	morphine	19.8	<0.00001	137	European	17898703
rs4680	<i>COMT</i>	Drug response	morphine	0.71	0.005	197	European	19094200
rs1799971	<i>OPRM1</i>	Pain score		1.61	0.0002			38700261
rs1799971	<i>OPRM1</i>	Drug response	morphine	-	0.006	207	European	15504181
rs7016778	<i>OPRK1</i>	Drug response	oxycodone	0.30	0.05	353	European	27472837
rs12948783	<i>RHBDF2</i>	Drug response				353	European	
rs1799971	<i>OPRM1</i>	Pain treatment efficacy	Step III opioids	-	0.007955	69	American	40006034
	<i>OPRD1</i>	ADR	Step III opioids		0.042	69	American	

OR, odds ratio; F, F-value Fisher's statistics; P, *P*-value; N, sample size; ADR, adverse drug reaction;

Table 2. Summary of results from three different genome-wide association studies for opioid response in opioid use disorders or pain treatment

rsID	Gene	Trait of interest	Treatment	OR/F/HR	P	N	Ethnicity	PMID
rs13421094	-	Pain relief	opioids	0.09789	8.0×10^{-5}	1,008	European	21622719
rs12211463	-	Pain relief	opioids	0.07732	6.6×10^{-4}	1,008	European	
rs7757130	-	Pain relief	opioids	-0.1157	5.4×10^{-4}	1,008	European	
rs2473967	-	Pain relief	opioids	-0.1434	6.2×10^{-5}	1,008	European	
rs2884129	-	Pain relief	opioids	-0.09343	7.5×10^{-5}	1,008	European	
rs7104613	<i>SPON1</i>	Pain relief	opioids	-0.1172	7.3×10^{-4}	1,008	European	
rs12948783	<i>RHBDF2</i>	Pain relief	opioids	-0.1415	1.1×10^{-8}	1,008	European	
rs10413396	<i>ZNF235</i>	Pain relief	opioids	-0.1447	4.1×10^{-4}	1,008	European	
rs1283671	<i>ANGPT1</i>	Cancer pain relief	Morphine; oxycodone	-	3.876×10^{-11}	428	Asiatic	36230616
rs1283720	<i>ANGPT1</i>	Cancer pain relief	Morphine; oxycodone	-	4.007×10^{-1}	428	Asiatic	

rs12305038	<i>PDE3A</i>	AED in cancer pain treatment	Step III opioids	-3.325	0.002	1494	European	31953506
rs12305038	<i>PDE3A</i>	AED in cancer pain treatment	Step III opioids	3.982	0.029	264	European	

OR, odds ratio; F, F-value Fisher's statistics; HR, hazard ratio; P, *P*-value; N, sample size; *F-value Fisher's statistics was used; **hazard ratio was used.

4. Aim

The aim of this study is to investigate the genetic basis of inter-individual variability in opioid response, in terms of efficacy and toxicity, in advanced cancer patients, treated with four different strong opioids for cancer pain. In fact, despite the use of these drugs as gold standards for cancer pain management, about 20-30% of patients have a low pain relief, do not benefit at all from the therapy, or experience different adverse effects, such as nausea and vomiting. Previous literature suggests a heritable component in opioid response, and previously published candidate-gene or DNA-pooled pharmacogenomic studies have already tried to identify this genetic basis. Unfortunately, due to the limited sample size and differences in methodologies that led to incongruent results, this answer remains incomplete. To fill this gap, two GWAS on more than 2,000 European adult cancer patients were carried out to identify polymorphisms significantly associated with opioid response, in particular with pain intensity and with nausea–vomiting side effect.

In addition, several post-GWAS analyses, such as colocalization with gene expression, tissue type enrichment, and causal relationship between opioid response and other potential related traits such as inflammation, immune response, sleep traits and psychiatric conditions, were performed to explore, at least in *silico*, the function of the identified variants, and provide insights about the biological mechanism underlying opioid response genetic variability.

The final purpose of this study is to contribute to the field of pain pharmacogenomics, setting the basis for tailored opioid therapy, to improve the quality of life of cancer patients by achieving good pain relief. Moreover, the discovery of genetic markers associated with opioid toxicity will be helpful in inferring patients' risk of developing nausea vomiting side effects and thus, in personalizing therapy for minimizing this adverse event.

5. Materials and Methods

The study workflow, that briefly summarizes the entire method section, can be visualized in **Figure 2**. It started with patient enrollment and clinical data collection, where the clinician checked if the patients met the inclusion criteria and collected clinical information about the patient's history using standardized questionnaires, and blood samples. Then, genomic DNA extraction, quantification, and genotyping, followed by variant calling, allowed for obtaining genetic data to be used in the Genome-Wide Association Study pipeline and subsequent post-GWAS analyses.

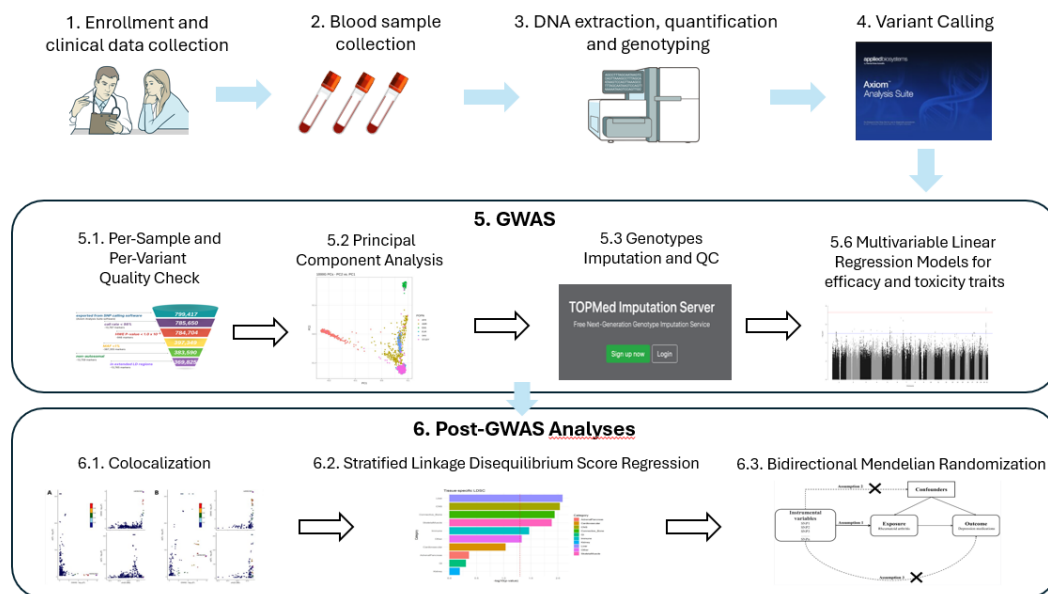


Figure 2. General workflow of the methodology used for this research project.

5.1 Patients series, samples and data collection

This study included 2,193 European adult patients with locally advanced or metastatic tumors. Opioids from the third step of the WHO analgesic (i.e., buprenorphine, fentanyl, morphine and oxycodone) were administered to the patients for the treatment of cancer pain. The patients were previously enrolled as participants to three clinical studies: CERP⁸¹, an Italian multicenter, randomized, and longitudinal phase IV clinical trial; EPOS⁸², a European multicentric and cross-sectional study; and MOLO⁸³, an Italian, longitudinal study. The recruitment was conducted under ethical approval, as already stated in section 2. The inclusion criteria for the three studies are listed in **Table 3**.

Table 3. Patient inclusion criteria for the three clinical studies.

Study	Inclusion criteria	Reference
CERP	Adults with histological or cytological evidence of advanced solid tumor, with a level of pain intensity greater than 4 (on a 0-10 numerical rating scale) requiring, for the first time, an analgesic treatment with step III WHO opioids (opioid-naïve patients); life expectancy >1 month; no contraindications to fentanyl, oxycodone, buprenorphine or morphine	Corli et al, 2016 ⁸¹
EPOS	Adults with malignant disease, who were using an opioid for moderate to severe pain (step III on the WHO treatment ladder for cancer pain).	Kurita et al, 2011 ⁸²
MOLO	Adult patients with solid or metastatic tumor, with a level of pain intensity greater than 4 (on a 0-10 numerical rating scale) and a life expectancy >1 month.	Shkodra et al, 2022 ⁸³

For each patient, the following clinical and personal information was collected: age, sex, country of origin, cancer diagnosis, chemotherapy treatment at the time of recruitment, opioid drug and dose in morphine milligram equivalents (MME), calculated as in Caraceni et al, 2012⁸⁴. Also, information about the quality of life, response to opioids (i.e., the experienced pain intensity), and intensity of side effects experienced during the therapy, was collected. In detail, in MOLO and CERP studies, the two longitudinal ones, data were collected at the enrolment and in five following visits (72 hours, 7, 14, 21 and 28 days after recruitment, during opioid antalgic therapy); in EPOS, since it was a cross-sectional prevalence study, data were collected at a single time point during opioid treatment.

5.2 Definition of opioid efficacy and toxicity phenotypes

For the opioid efficacy phenotype, clinical data regarding patients' pain experiences were collected using the brief pain inventory (BPI) questionnaire.⁸⁵ This instrument was developed by the pain research group of the WHO collaborating center for symptom evaluation in cancer care. It includes questions about several pain-related information, such as the

intensity of pain, location(s) of pain, and various aspects related to analgesic treatment. The overall response to opioid treatment was evaluated through the average pain intensity (PI) score measured in the last 24 hours preceding the clinician visit. Particularly, pain intensity was measured using an 11-point numerical rating scale ranging from 0 (no pain) to 10 (worst imaginable pain). Within this scale, higher scores indicated increased or worsening pain, whereas lower scores were interpreted as greater analgesic effectiveness, reflecting a positive response to opioid therapy. For the CERP and MOLO longitudinal series, the pain intensity was calculated as the average across all time points. For EPOS, due to its cross-sectional nature, a single value was used per patient. For opioid-induced toxicity, I focused on one of the most common and distressing side effects: nausea and vomiting. This phenotype was defined using a composite nausea vomiting score (NVS), which was derived from patient responses to the European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire (EORTC QLQ-C30)⁸⁶, in particular, questions n. 14 (“Have you felt nauseated?”) and n. 15 (“Have you vomited?”). This questionnaire is a standardized tool that assesses the quality of life of cancer patients, including the impact of treatment-related symptoms. Patients could answer to these two questions by using a 4-point rating scale as follows: 1, “not at all”, 2, “a little”, 3 (“quite a bit”), 4 (“very much”) The NVS was calculated based on a composite formula aligned with the EORTC scoring guidelines¹: a raw score was calculated performing the mean of the different component items. For nausea and vomiting, the raw score was calculated for each patient as follows:

$$eq.1 \text{ Raw Score} = RS = (Q_{14} + Q_{15})/2$$

Then, the composite NVS was calculated using the formula in eq.2.

$$eq.2 \text{ NVS} = \{(RS-1)/2\} \times 100$$

The resulting NVS ranged from 0 to 100, with 0 indicating no symptoms of nausea or vomiting, and 100 reflecting the most severe symptoms. As above, for the CERP and MOLO longitudinal series, the NVS was calculated as the average across all time points, ensuring a comprehensive view of each patient's symptom burden over time, whereas for EPOS patients a single NVS value was used. This rigorous and standardized approach to phenotype definition aimed to ensure consistency across cohorts and to maximize the

¹ [EORTC QLQ-C30 Scoring Manual: Quality of Life Assessment](#)

reliability of subsequent GWAS analyses investigating the genetic determinants of opioid response and toxicity.

5.3 DNA extraction, quantification and genotyping

For all EPOS and CERP patients (enrolled in the years from 2000 and 2015) and for the first 200 patients enrolled in the MOLO study before 2020, genomic DNA was already available in the biobanks of collaborating hospitals. An additional 100 patients were prospectively recruited in the MOLO study during the first year of this scientific project, and 5 ml of peripheral blood samples were collected in EDTA-containing tubes. Genomic DNA was then extracted from whole blood, using the DNeasy Blood & Tissue kit (Qiagen); DNA quantification was fluorometrically assessed using the Quant-iT PicoGreen dsDNA Assay (Thermo Fisher Scientific).

5.4 Multivariable linear regression model with clinical data

5.4.1 Opioid Toxicity

To understand which of the collected clinical variables were significantly associated with the opioid toxicity phenotype, a multivariable linear regression was performed using the generalized linear model implemented in the `glm()` function in R v.4.2.⁸⁷ NVS was used as dependent and quantitative variable, while all the collected available clinical variables (sex, age, genotyping batch, the study and country in which each patient were recruited, the administered opioid, the morphine-equivalent dose, tumor diagnosis and chemotherapy treatment) were used as independent ones. The model used was designed as followed:

$$\text{eq.3 NVS} \sim \text{sex} + \text{age} + \text{study} + \text{batch} + \text{country} + \text{opioid} + \text{dosage} + \text{cancer diagnosis} + \text{chemotherapy}$$

To reduce the risk of overfitting, a stepwise model selection based on the Akaike information criterion (AIC) was performed. The model with the lowest AIC balances goodness of fit and complexity best, allowing for the identification of the factors that are significantly and independently associated with the toxicity phenotype. The variables selected from the AIC-based stepwise selection model were then retained and used as covariates in the subsequent GWAS.

5.4.2. Opioid efficacy

Similarly to the toxicity phenotype, the following multivariable linear regression model was tested for pain intensity using all the available collected clinical variables:

eq.4 pain intensity ~ sex + age + study + batch + country + opioid + cancer diagnosis + chemotherapy

This linear model allowed to estimate the contribution of each clinical factor in the interindividual variability in pain response (defined as a quantitative trait). Once fitted, the model residuals were assessed for normality, applying the Shapiro–Wilk test, with the `shapiro.test` function in `stats` package in R (v.4.2) environment.⁸⁸ If the residuals were significantly non-normal (P -value < 0.05), further transformation was necessary to normalize them. Model residuals were transformed using the inverse-normal transformation (INT) using the following formula:

eq.5 $qnorm((rank(r, na.Last = "keep") - 0.5) / sum(!is.na(r)))$

where r are the model residuals.⁸⁹ This rank-based INT maps the residuals to a standard normal distribution (mean = 0, SD = 1), while maintaining the ordinal relationships among the data points. The approach has been widely adopted in GWAS to control non-normality and reduce the influence of outliers. The resulting normalized residuals were then used as the quantitative phenotype in GWAS to identify genetic variants associated with variability in opioid-related pain intensity, while adjusting for potential clinical confounders.

5.5 Genotype calling and quality check, relatedness and genetic ancestry detection, and genotype imputation

5.5.1. Genotype calling and quality check

Genome-wide genotyping was carried out using Axiom Precision Medicine Research Arrays (Thermo Fisher Scientific). These arrays comprise over 900,000 SNPs, including 5,000 pharmacogenomic variants, from PharmGKB, and more than 800,000 GWAS markers. Genotype variant calling was performed using the Axiom Analysis Suite v.5.01.38 software,

with the “Best Practice Workflow” and default quality check (QC) settings, except for the average call rate for passing samples which was set to $\geq 97\%$. After removing samples that failed Axiom QC, as shown in *eq. 6*, patient’s genotypes were extracted and converted into binary PLINK format, including only biallelic SNPs (options `--snps-only just-acgt` and `-biallelic-only` flag of PLINK software v.1.9.⁹⁰

```
eq.6 plink --file MyInputFile --snps-only just-acgt --biallelic-only --  
make-bed --out MyOutputFile
```

Quality checks were performed at the per-sample and per-marker level. In detail, discrepancies between the sex reported in the clinical records and that imputed from each patients’ genotypes were detected using the flag `--check-sex` and samples with sex discrepancies were removed. Samples with low call rates, i.e., with a missing genotype rate $> 5\%$ with respect to the number of typed SNPs, were filtered out using the flag `--mind 0.05`. All SNPs with a missing call rate exceeding 2% were removed using the flag `--geno 0.02`. Then, the Hardy-Weinberg (HW) exact test was performed to remove variants in high HW disequilibrium (`--hwe 1e-6`). Finally, rare SNPs (with a minor allele frequency, MAF $< 1\%$) were excluded, with the `--maf 0.01` option, as follows:

```
eq.7 plink --bfile MyOutputFile --geno 0.02 --mind 0.05 --remove  
SexProblems.txt -- hwe 1e-6 --maf 0.01 --out MyOutputFile_1
```

5.5.2 Relatedness and genetic ancestry detection

Individuals who are first- or second-degree relatives share a higher number of genetic loci and chromosomal regions than unrelated individuals. This introduces an important bias into population genetic analyses, as it can reduce the observed genetic variability. Therefore, related individuals must be excluded from the sample sets analyzed. Individual relatedness i.e., the degree of recent shared ancestry for a pair of individuals (identity by descent, IBD), is usually estimated through the calculation of the genome-wide identity by state (IBS)⁹¹, by examining the number of segments shared by individuals that were inherited from a common ancestor. The higher the number, the higher the probability that these individuals are related to each other. The IBS statistics need to be performed on independent SNPs, i.e. SNPs that

are not in linkage disequilibrium (LD). LD is defined as the non-random association, at different and close loci on the same chromosome, of alleles in each population. To avoid biases in IBS calculation, it is necessary to identify and exclude the subset of SNPs in LD with each other from the dataset, performing the so called “pruning” of the genetic dataset. *Pruning* can be achieved by using the `--indep-pairwise` option of PLINK, which is based on the measure of pairwise genotypic correlation. It is necessary to specify three different parameters: the windows size (i.e., the SNPs to be analyzed each time), the step size (i.e., the SNPs number to shift the windows at each step) and r^2 threshold, a measure of LD. The option `--indep-pairwise 20 2 0.2` was applied to identified SNPs with an $r^2 > 0.2$, with a 20-SNPs sliding window and a step of 2 SNPs which were then removed with the `--exclude` option, as described in eq.8 and eq.9.

```
eq.8 plink --bfile MyOutputFile_1 --indep-pairwise 20 2 0.2 --out  
MyOutputFile_1_prune
```

```
eq.9 plink --bfile MyOutputFile_1 --exclude MyOutputFile_1_prune.prune.out  
--make-bed --out MyOutputFile_1_pruned
```

The IBS/IBD test was performed with PLINK using the `--genome` option and individuals showing a PI_HAT value > 0.185 , which means a genetic relatedness halfway between the expected IBD for third- and second-degree relatives (IBD = 0.125 and 0.25, respectively), were removed using the `--remove` PLINK option, as described in eq.10 and eq.11.

```
eq.10 plink --bfile MyOutputFile_1_pruned --genome --min 0.185  
--out MyOutputFile_1_pruned_IBD
```

```
eq.11 plink --bfile MyOutputFile_1 --remove MyRelatedIDs.txt --make-bed -  
-out MyOutputFile_1_IBD
```

Then, principal component analysis (PCA) was used to quantify and identify population structure and stratification due to different genetic ancestry, PCA is widely used in population genetic studies.^{92–94} It is a dimensionality reduction method used to reduce the complexity of large datasets without losing important information. It transforms correlated variables into

new variables, called principal components (PCs), which are uncorrelated and ordered by decreasing variability. Principal components are represented in the orthogonal axes of a new bidimensional (or tridimensional) graph. The first two principal components describe the greatest possible variance present in the original dataset (PC1 has higher variance than PC2 and so on for all the considered PCs). The same pruned SNPs set ($n = 176,597$ variants) used for IBD analysis, was then used to perform PCA using `--pca` in PLINK, as follows:

```
eq.12 plink --bfile MyOutputFile_1_pruned --pca --out MyOutputFile_1_pca
```

To better understand the genetic ancestry of our patient series, we projected the PCs of our patients along those of individuals from five populations of different ancestries, selected from 1000Genome Projects⁹⁵. Particularly, we selected 1,563 individuals from Africa (AFR), America (AMR), South-East Asia (SAS), East Asia (EAS), and Europe (EUR). The scatterplot of the PC1 vs. PC2 and PC3 vs. PC4 was then plotted by grouping and coloring dots at continental level. Patients that did not cluster with Europeans were removed from the dataset, as shown in *eq.13*. To perform the PCs projection, the same workflow described at this link (https://github.com/long-covid-hg/pca_projection) was followed.

```
eq.13 plink --bfile MyOutputFile_1_IBD --remove NonEuropean.txt --make-bed --out MyOutputFile_2_DEF
```

5.5.3 Genotype imputation

The genotype imputation has the aim of inferring genotypes at untyped loci, enhancing genome coverage, increasing the ability to detect genetic associations, and improving interpretation of the results of the association studies.⁹⁶ Genotype imputation methods rely on the reconstruction of haplotype segments, shared by the study's individuals and a reference panel of sequenced genomes, to assign missing genotyping data. For this study, we split our dataset by chromosome and then imputed the genotype of 2,130 individuals using the TopMED imputation server.⁹⁷ The following parameters were set using Build: hg38; Reference Panel: TopMED; Population: All; Phasing: Eagle; Mode: Imputation. The imputed genotypes were then filtered to exclude rare variants ($MAF < 2\%$) and those with a low-quality imputation (R^2 info score ≤ 0.3).⁹⁸

5.6. Genome-wide association studies

GWAS was performed using REGENIE software, with the default settings¹¹. REGENIE is a C++ program based on a machine learning algorithm, developed at the Regeneron Genetics Center.⁹⁹ It is used for whole-genome regression modelling in large genome-wide association studies. It efficiently processes quantitative, binary, and categorical traits. The REGENIE pipeline is split into two steps:

- **Step 1:** a whole-genome regression model is fitted to a subset of the available genetic markers (defined *a priori* in N blocks using the option `--bsize`). The ridge regression is performed considering the LD to calculate a set of ridge regression predictors in each block of genetic variants. The aim is to “capture the unknown number and size of truly associated genetic markers within each window”. Then, a K-fold cross validation is performed to assess the predictive performance of the whole-genome model and control overfitting induced by using the first level of ridge regression to derive the predictors. Finally, the genetic predictors are calculated for all chromosomes except for one, one at the time, using a leave one chromosome out (LOCO, using the `--loocv` flag) approach.

A `.loco` prediction file is generated, containing the calculated genetic predictors. The Regenie Step 1 is performed as follows, specifying the names of the trait to be used as phenotype and the names of the covariates to be included in the model. Also, additional options are included to reduce computational time and the output file dimension.

```
eq.14 ./regenie_v3.2.5.gz_x86_64_Centos7_mkl --bed MyOutputFile_2
--step 1 --phenoFile MyPhenotypeFile.txt --phenoCol av_NVS, PI_resINT
--covarFile MyCovariatesFile.txt --covarCoLList age,OMED
--catCovarList sex01,study_bisNUM_2,study_bisNUM_1,country_simply01
--qt --Lowmem --threads 12 --bsize 1000 --gz --loocv
--out MyRegenieSte1.Output
```

¹¹ <https://rgcgithub.github.io/regenie/options/>

- **Step 2:** the second step is performed using the imputed genotypes. Here, a single-variant association test is performed on a larger set of markers, using the `.loco` file generated in step 1 as genetic predictors. To ensure the highest statistical power and to catch every signal of association between genetic data and our trait of interest, the additive model was used.

Whole-genome regression for the toxicity phenotype (NVS) was performed, with those clinical variables that resulted significantly associated with NVS, as covariates (i.e., age, sex, the opioid morphine-equivalent dose, and the study in which each patient was recruited, coded as a dummy variable). For the pain intensity analysis, the INT residuals of the model with clinical variables were used as dependent variable in the whole genome regression with genotypes (n= 7,669,761).

```
eq.15 ./regenie_v3.2.5.gz_x86_64_Centos7_mkl --gen MyImputedFile
--step 2 -pred MyGeneticPredictors.pred.List
--phenoFile MyPhenotypeFile.txt --phenoCol av_NVS,PI_resINT
--covarFile MyCovariatesFile.txt --covarColList age,OMED
--catCovarList sex01,study_bisNUM_2,study_bisNUM_1,country_simply01
--qt --Lowmem --threads 12 --bsize 1000 --gz
--out MyRegenieStep2.output
```

The genome-wide significance threshold was set at a P -value $< 5.0 \times 10^{-8}$ and a suggestive threshold was set at P -value $< 1.0 \times 10^{-5}$. The results of the two association analyses were reported in Manhattan plots, drawn using the `Manhattan()` function of the `qqman` package in R environment.¹⁰⁰ Also-significant variants were drawn using the function `Locus.zoom()` in R environment.¹⁰¹ The LD square matrix was calculated with PLINK v.2 software.¹⁰²

5.7 Heritability estimation

SNPs-based heritability is the proportion of the phenotypic variance explained by all the SNPs along the genome, used in GWAS. SNP-based heritability was estimated from GWAS summary statistics using linkage disequilibrium score regression (LDSC)¹⁰³. Using GWAS summary statistics to calculate heritability, it relied on the fact that SNPs in high LD with many neighboring variants are more likely to tag causal variants and will have higher test statistics in a GWAS. LDSC usually performs a regression between the chi-squared values from the GWAS and the LD score from a reference population: the slope of this regression provides evidence of the SNP-based heritability. Here, our pain intensity GWAS summary statistics were standardized, and alleles were aligned and merged with a reference SNP list from HapMap3. The Python script *munge_sumstats.py* provided by LDSC was used, and specifying the flag *-h2*, our summary statistics were merged with pre-computed LD scores from 500 European samples from 1000 Genome project, to calculate the heritability of pain intensity phenotype.

5.8 *In silico* functional analyses and post-GWAS analyses for opioid efficacy

5.8.1 *Functional annotation*

The identified germline polymorphisms associated with phenotypic traits at the suggestive threshold (P -value $< 1.0 \times 10^{-5}$) were annotated using the SNPnexus tool.¹⁰⁴ In addition, candidate cis-regulatory regions (cCREs), according to ENCODE data¹⁰⁵ (Registry of cCREs V3, accessed on 08/05/2024), that matched the positions of the identified variants were searched. The identified polymorphisms were also mapped to transcription factor binding sites, using the SNP2TFBS tool¹⁰⁶ (accessed on 09/05/2024), which relies on the JASPAR database of transcription factor binding sites.¹⁰⁷ Functional annotation with RegulomeDB 2.2¹⁰⁸ was also performed (accessed on 21/05/2024). Then, the same polymorphisms were investigated for their possible regulatory role by searching for them in three public eQTL databases: GTEx (Analysis V8 release, GTEx_Analysis_v8_eQTL_EUR.tar), eQTLGen¹⁰⁹ (accessed on 17 April 2024) and MetaBrain¹¹⁰ (accessed on 17 April 2024). GTEx search for candidate variants associated with NVS was also done (accessed on 08/24/2023). Finally, the top-significant variants were searched in the Open Target Genetics portal^{111,112} to retrieve phenome-wide association study (PheWAS) information across UK Biobank phenotypes. Only traits associated with the searched variants with P -values $< 1.0 \times 10^{-5}$ were reported.

5.8.2 Colocalization analysis

Colocalization analyses were carried out using the `coloc` R package¹¹³ applying default prior settings. These analyses integrated our GWAS summary statistics with data from the eQTLGen dataset. The colocalization analysis evaluates five hypotheses: no association with either trait (H0); association with only pain intensity (H1) or only gene expression (H2); association with both traits but due to independent causal variants (H3); and a shared causal variant regulating both traits (colocalization, H4). Following standard assumptions, a posterior probability ≥ 0.8 for H4 was considered strong evidence of colocalization, while values between 0.5 and 0.8 were interpreted as moderate evidence. Colocalization plots were also generated using the same `coloc` package.

5.8.3. Linkage Disequilibrium score regression analysis

In order to observe the tissue-specific contribution of germline variants to the genetic architecture of pain intensity in advanced cancer patients, stratified Linkage Disequilibrium Score Regression (sLDSC) analysis was applied. Generally, this method allows to extend the traditional LDSC, incorporating functional genomic annotation, and partitioning a SNP-based heritability across biologically meaningful categories related to tissue-specific regulatory activity. In general, LDSC estimates SNP heritability using a regression of the association test statistics from a GWAS on the corresponding linkage disequilibrium (LD) scores, which represent the degree of correlation a given variant has with surrounding variants. The underlying assumption is that SNPs in higher LD with other variants tend to capture more heritability if polygenicity is present. The stratified version, sLDSC, expands this model, evaluating whether specific functional categories of SNPs contribute disproportionately to heritability. A category is considered enriched when SNPs with high LD to that category show systematically elevated χ^2 statistics compared with SNPs with low LD to that category¹¹⁴. To achieve this, sLDSC incorporates a set of binary or continuous annotation terms representing functional categories (e.g., tissue-specific chromatin marks, eQTL regions, or regulatory domains).¹¹⁵ Particularly, sLDSC analysis was carried out using the LDSC software¹¹¹: the enrichment for central nervous system (CNS), kidney, pancreas, skeletal muscle, gastrointestinal tissue (GI), cardiovascular, and liver was estimated using eQTL reference datasets, based on GTEx or other relevant eQTLs¹¹⁶, to ensure a robust annotation coverage. These annotation datasets allowed the mapping of

¹¹¹ <https://github.com/bulik/ldsc>

SNPs in those genomic regions with a high tissue-specific transcriptional activity and potential regulatory function in that tissue.

The summary statistics from our genome-wide association study of pain intensity in advanced cancer patients was used as input file and the heritability for it was calculated (using the flag `--h2`) for the sLDSC analysis. Then, we used default LDSC parameters, setting a reference panel for each different tissue and a baseline control (calculated on 1000 Genomes Project samples) to minimize confounding factors (using the flag `--ref-ld-chr`). Also, to perform the sLDSC the allele frequencies for the same population whose LD score regression was available (using `--freqfile-chr /1000G.mac5eur`) and the regression weights for each chromosome, to correct for heteroskedasticity in the regression model (using `--w-ld-chr /weights`) were needed. Statistical significance was determined by enrichment scores and P -values < 0.05 . The results were then visualized using v.3.4.0 R's `ggplot2()` package, generating a barplot to compare expression patterns across tissues and observe the contribution of each tissue type to the genetic architecture of pain intensity.

5.8.4. Bidirectional Mendelian Randomization

To infer the causal relationship between some possible pain risk factors, such as inflammatory, immune, sleep disorders and psychiatric conditions, and cancer-related pain intensity, a forward Mendelian Randomization analyses were performed.

The Mendelian Randomization looks for causal relationship between a specific disease (called “outcome”) and a risk factor (called “exposure”) using GWAS significant genetic variants as instrumental variables, since the exposure could influence the outcome only through the IVs. Here, the results from our GWAS summary statistics for pain intensity in advanced cancer patients, performed to test the association between genetics and cancer pain, were used as MR outcome. The significant variants from 23 different GWAS for inflammation, immune system, sleep disorders, and psychiatric conditions were instead used as exposures. They were filtered on the basis of the publication data and sample size (from 2020 up to now, and with a minimum sample size of 3,000) and then downloaded from IEU Open GWAS project ¹¹⁷, using the `TwoSampleMR` R package ^{118,119}, including data about inflammatory biomarkers (e.g. C-reactive protein), psychiatric traits (e.g. depression), sleep traits (e.g. insomnia), opioid related use and abuse.

To explore also the reverse causality between sleep traits, psychiatric conditions, and cancer pain intensity, a reverse Mendelian Randomization was performed. Particularly, the significant top variant from our cancer pain GWAS was used as exposure, while the results

from different GWAS about different mental health conditions (i.e. depression, sleep duration, opioid use) were used as outcome (**Table 4**).

As a preliminary quality control step, the top genome-wide significant (P -value $< 5 \times 10^{-8}$) variants for the chronic pain intensity were retained and then clumped with PLINK v.2.0, using a windows size of 10000 kb, a LD threshold of $r^2 = 0.005$ and a P -value = 0.99, to ensure independence of the selected IVs.

For each exposure-outcome pair, significant matching SNPs were retained, effect alleles were harmonized through the specific function `harmonize()` of the `TwoSampleMR` package, to ensure the same directionality between exposure and outcome datasets. To deal with the robustness of the IVs, F-statistics test was calculated using the following formula:

$$eq.16 \quad (\text{beta.exposure})^2 / (\text{se.exposure})^2$$

and IVs with a F statistic < 10 were excluded by the analyses. Also, the function `steiger_filtering()` was performed to deal with the presence of overlapping samples. Non overlapping samples, together with IVs robustness, are necessary in MR to detect valid causal inference between exposures and outcomes.

MR analyses were conducted using different methods to account for potential violations of standard MR assumptions: Inverse Variance Weighted (IVW), assuming no horizontal pleiotropy; Sample and Weighted modes, that group SNPs with similar causal effect estimates, assuming that the larger cluster is the true causal effect; Weighted median, which provides consistent estimates if at least 50% of the weight comes from valid instruments; MR Egger, that detect unbalanced horizontal pleiotropy.

Also, a sensitivity test, to detect heterogeneity, using the corresponding `mr_heterogeneity()` R function of the `TwoSampleMR` package, was carried out to check the variability in causal estimates across SNPs. Results of the analyses were then compared and then P -values, causal estimates and confidence intervals for each exposure, using the IVW method were then plotted using `grid.extra` R package, while dotplots for each single exposure-outcome pair were drawn using the `mr_scatter_plot()` function of the corresponding `TwoSampleMR` package. The STROBE-MR guidelines^{IV} were followed in this study, to ensure transparent reporting of MR results.

^{IV} <https://www.strobe-mr.org/>

Table 4. List of GWAS summary statistics downloaded from IEU Open GWAS project website for Mendelian Randomization analysis with corresponding PMID and sample size

Phenotype ID	Phenotype Definition	Sample Size	PMID
<i>ebi-a-GCST004433</i>	Macrophage inflammatory protein 1b levels	8,243	27989323
<i>finn-b-K11_OTHINFLIV</i>	Other inflammatory liver diseases	214,517	-
<i>prot-c-2849_49_1</i>	AIF1	3,788	28240269
<i>prot-a-62</i>	Allograft inflammatory factor 1	3,301	29875488
<i>ebi-a-GCST90029070</i>	C-reactive protein levels	575,531	35459240
<i>ukb-d-30710_irnt</i>	C-reactive protein levels	469,528	-
<i>ebi-a-GCST90025985</i>	white blood cell counts	444,734	34226706
<i>ebi-a-GCST90025977</i>	neutrophil counts	443,782	34226706
<i>ebi-a-GCST90002379</i>	Basophil count	408,112	32888494
<i>ebi-a-GCST90002381</i>	Eosinophil count	408,112	32888494
<i>ebi-a-GCST90002316</i>	lymphocyte count	524,923	32888493
<i>prot-a-341</i>	procalcitonin	3,301	29875488
<i>ebi-a-GCST005902</i>	depression (broad)*	322,580	29662059
<i>ukb-d-F5_DEPRESSIO</i>	Depression*	361,194	-
<i>finn-b-F5_SLEEP</i>	sleep disorders*	216,454	-
<i>ukb-b-4424</i>	sleep duration*	460,099	-
<i>finn-b-F5_INSOMNIA</i>	Insomnia*	217,855	-
<i>ieu-b-4861</i>	chronotype	244,207	-
<i>ebi-a-GCST90018994</i>	medication use (opioids)*	78,808	34594039
<i>finn-b-F5_OPIOIDS</i>	mental and behavioural disorders due to opioids*	215,650	-
<i>prot-c-3634_5_4</i>	OBCAM*	3,788	28240269
<i>prot-a-2149</i>	Opioid-binding protein/cell adhesion molecule	3,301	29875488
<i>ebi-a-GCST90018924</i>	substance dependence*	483,856	34594039

AIF1, allograft inflammatory factor 1; OBCAM, opioid-binding protein/cell adhesion molecule-like;
 *Bidirectional Mendelian Randomization was performed;

6. Results

The results presented from section 6.1 to 6.4 have been published in the *Journal of Pain and Symptoms Management* under the title “*Genomic Study in Opioid-Treated Cancer Patients Identifies Variants Associated With Nausea-Vomiting*”.¹²⁰ The same quality-control pipeline for clinical and genetic data, together with the results described from section 6.5 to section 6.6 and in 6.8 were reported in the *European Journal of Pain*, with the title “*A genome-wide association study of European advanced cancer patients treated with opioids identifies regulatory variants on chromosome 20 associated with pain intensity.*”¹²¹

Finally, the results described in sections 6.7 and 6.9 are original to this thesis and have not been previously published.

6.1 More than two thousand cancer patients treated with strong opioids are genotyped and analyzed

The whole patient series comprised 2,193 advanced cancer patients treated with opioids for cancer pain whose genomic DNA was genome-wide genotyped. The first quality check excluded 30 samples which failed genotyping quality controls of Axiom pipeline. In the subsequent per-sample quality check steps, 23 samples were removed due to sex inconsistencies, six individuals were discarded due to a low call rate, two duplicated and two related patients were removed (**Supplementary Figure 1**). PCA detected 30 individuals with non-European ancestry that were excluded from the subsequent analyses. (**Supplementary Figure 2**). Then, 48 and 43 patients without complete NVS and pain intensity data, respectively, were excluded: The analyses were then performed on 2,052 and 2,057 patients, respectively, whose personal and clinical characteristics are summarized in **Table 5**, separately for toxicity and efficacy patient series. In detail, patients were equally distributed by sex and had a median age of 64. They received four different opioids of the III step of WHO analgesic ladder: buprenorphine (5%), fentanyl (35%), morphine (35%), and oxycodone (25%). The median morphine milligrams equivalent dose was 110 MME. The most common types of cancer were gastro-enteric (~ 18%), lung (~ 18%) or breast (~ 14%) cancer. More than two thirds of patients did not receive chemotherapy. Regarding the study of enrollment, 67% of patients were from the EPOS study, while 12% and 21% of subjects belonged to CERP and MOLO, respectively. Additionally, patients were mostly Italian (46%), Norwegian (19%), British (10%) and German (6%). Of note, all non-Italian patients were in the EPOS study. Then, about the

opioid toxicity phenotype, the median value for the NVS was 11.11 with an interquartile range of 33.33 and the mean value was 18.8 (standard deviation, SD = 24.9). The EORTC QLQ-C30 reference values for NVS in recurrent/metastatic cancer patients were lower than ours (median = 0, range: 0 – 16.7; mean = 13.1, SD = 22.5).

About the efficacy phenotype, instead, the average pain intensity measured through the Brief Pain Inventory Questionary was 3.67 with an IQR of 3.

Table 5. Clinical characteristics of patients.

Patient characteristic	NVS GWAS (n = 2052)	PI GWAS (n = 2057)
Age, years, median (range)	64 (18–91)	64 (18–91)
Sex, n (%)		
<i>Female</i>	1043 (50.8)	1044 (50.8)
<i>Male</i>	1009 (49.2)	1013 (49.2)
Opioid, n (%)		
<i>Buprenorphine</i>	103 (5.0)	109 (5.3)
<i>Fentanyl</i>	698 (34.0)	694 (33.7)
<i>Morphine</i>	711 (34.6)	707 (34.4)
<i>Oxycodone</i>	540 (26.3)	547 (26.6)
Opioid dose, MME, median (IQR)	110 (180)	
Tumor diagnosis, n (%)		
<i>Lung</i>	356 (17.3)	362 (17.6)
<i>Breast</i>	296 (14.4)	299 (14.5)
<i>Gastro-enteric</i>	369 (18.0)	366 (17.8)
<i>Pancreas</i>	85 (4.1)	90 (4.4)
<i>Prostate</i>	209 (10.2)	207 (10.1)
<i>Urinary traits</i>	142 (6.9)	142 (6.9)
<i>Head and neck</i>	96 (4.7)	98 (4.8)
<i>Gynecological</i>	172 (8.4)	169 (8.2)
<i>Other or unknown</i>	327 (15.9)	324 (15.8)
Chemotherapy, n (%)		
<i>Yes</i>	646 (31.5)	656 (31.9)
<i>No</i>	1406 (68.5)	1401 (68.1)
Study		
<i>EPOS</i>	1390 (67.7)	1372 (66.7)
<i>CERP</i>	214 (10.4)	247 (12.0)

<i>MOLO</i>	448 (21.8)	438 (21.9)
Country of enrollment (%)		
<i>Switzerland</i>	83 (4.0)	83 (4.0)
<i>Germany</i>	131 (6.4)	127 (6.2)
<i>Denmark</i>	12 (0.6)	12 (0.6)
<i>Finland</i>	28 (1.4)	28 (1.4)
<i>Great Britain</i>	207 (10.0)	204 (10.0)
<i>Greece</i>	4 (0.2)	-
<i>Island</i>	122 (5.9)	122 (5.9)
<i>Italy</i>	940 (45.8)	963 (46.8)
<i>Lithuania</i>	48 (2.3)	46 (2.2)
<i>Norway</i>	382 (18.6)	377 (18.3)
<i>Sweden</i>	95 (4.6)	95 (4.6)
Average NVS, median (IQR)	11.11 (33.33)	-
Average PI, median (IQR)	-	3.67 (2–5)

6.2 Multivariable linear regression model identifies clinical variables associated with opioid efficacy and toxicity

To observe which clinical variables were significantly associated with the NVS and PI phenotypes, two different multivariable linear regression models were performed. About the toxicity phenotype, we observed that females have a higher NVS than males. Also, elderly people experience less nausea and vomiting than young patients and patients belonging to the EPOS group experience more nausea and vomiting side effects compared to MOLO and CERP. Regarding the administered drug, morphine-treated patients experienced more NVS than those receiving buprenorphine. Concerning the other clinical variables, there is no significant association between them and NVS. The results of this multivariable analysis are shown in **Table 6**.

Table 6. Multivariable linear regression model performed for opioid toxicity phenotype

Characteristic		Beta	P-Value
Sex (Male as reference)	Female	5.5	3.9×10⁻⁵
Age		-0.12	0.0090
Study (EPOS as reference)	CERP	-10.9	4.7×10⁻⁵
	MOLO	-15.6	8.6×10⁻¹⁴
Opioid (Morphine as reference)	Buprenorphine	-6.2	0.026
	Fentanyl	-1.9	0.27
	Oxycodone	-0.44	0.79
Opioid dose (MME)		0.0027	0.12
Tumor site (Lung as reference)	Gastro-enteric	0.54	0.76
	Breast	-0.40	0.85
	Prostate	2.1	0.34
	Pancreas	-0.45	0.88
	Urinary tracts	0.96	0.69
	Head and neck	3.5	0.21
	Gynecologic	3.5	0.15
	Other	-2.1	0.26
Genotyping batch (I as reference)	II	2.9	0.13
	III	1.9	0.28
	IV	2.0	0.21
Chemotherapy (No as reference)	yes	1.4	0.29

About the efficacy phenotype, instead, we observed that females experience more pain intensity compared to male patients, and patients belonging to the MOLO series experience more pain intensity compared to CERP and EPOS. Also, regarding the administered opioids, morphine-receiving patients experienced lower pain intensity than patients treated, instead, with fentanyl and oxycodone. Regarding the other tested clinical variables, no association had been found with the pain intensity for age, chemotherapy, tumor type, country of enrollment or genotyping batch, as shown in **Table 7**.

Table 7. Multivariable linear regression model performed for opioid efficacy phenotype

Characteristic		Beta	P-Value
Sex (Male as reference)	Female	0.24	0.021
Age		0.0026	0.47
Study (CERP as reference)	EPOS	0.10	0.66
	MOLO	0.79	3.5×10⁻⁶
Opioid (Morphine as reference)	Buprenorphine	0.20	0.35
	Fentanyl	0.38	0.0031
	Oxycodone	0.29	0.031
Tumor site (Lung as reference)	Gastro-enteric	-0.25	0.071
	Breast	-0.18	0.28
	Prostate	-0.34	0.050
	Pancreas	-0.42	0.065
	Urinary tracts	0.037	0.85
	Head and neck	0.26	0.24
	Gynecologic	-0.0073	0.97
	Other	-0.021	0.89
Genotyping batch (I as reference)	II	0.14	0.36
	III	0.26	0.067
	IV	0.15	0.24

For both the two phenotypes, a stepwise model selection (based on AIC), was performed to select the covariates to be used in the GWAS: age, sex, study, and dose (although the latter was not statistically significant) for the NVS phenotype, while for the PI phenotype a different approach was applied. In particular, the residuals from the above-described multivariable linear regression were extracted and inverse-normal transformed. In this case, since the residuals already contained the correction for the statically significant clinical variable, there was no need to correct for other covariates in the GWAS.

6.3 Genotypes quality check excludes those variants affecting the statistical power of the analyses

Genotyping data of 888,799 variants were initially obtained for each patient, and 799,417 of them passed the quality controls of the Axiom pipeline, which evaluated different metrics such as genotypes clusters, plates quality controls and genotyping call rates. To ensure reliability of the results that will be obtained from association analyses, per-marker quality controls were done. Variants with missing genotyping data > 2% were removed (n = 13,767).

The Hardy Weinberg-equilibrium test was applied, since deviation from HWE can be due to population stratification or genotyping errors and 946 variants were filtered out. Also, since rare variants could lead to false-positive associations because they are underpowered in GWAS, a filtering for low allele frequency (MAF < 1%) was applied (n = 387,355 variants). Then, 13,759 non-autosomal variants and 13,765 variants in extended LD were excluded. This final dataset comprising 369,825 variants was used in REGENIE step 1. After imputation and filtering by MAF < 2% and imputation score $R^2 < 0.3$, the dataset for the step 2 of REGENIE included 7,588,110 polymorphisms.

6.4 GWAS on toxicity phenotype identifies variants related to sleep and circadian rhythms

The association between the genotypes of over seven million variants, in 2,052 advanced cancer patients treated with opioids for cancer pain, and the opioid-induced nausea and vomiting, was tested. NVS was used as trait of interest in a linear regression model with the genotypes, while age, sex, study, and opioid dose were used as covariates to account for potential confounding factors. The results of this GWAS are shown in the Manhattan plot reported in **Figure 3**.

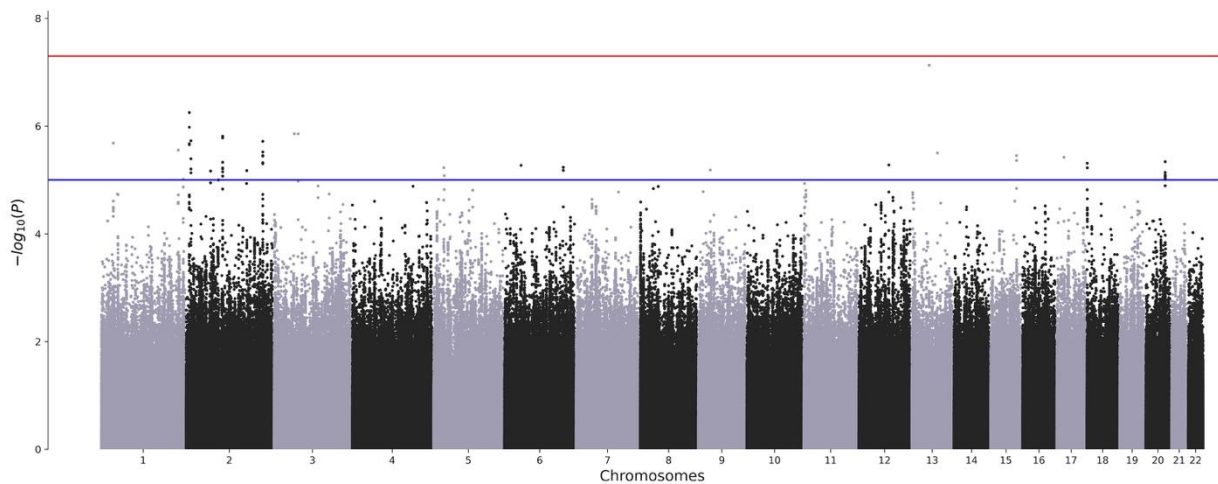


Figure 3. Manhattan plot of the results of the GWAS on NVS with sex, age, study, and opioid morphine-equivalent dose as covariates. Each dot represents tested polymorphisms whose coordinates are determined according to their genomic position (GChr38, hg38 release) on the x axis, and P -values ($-\log_{10}(P)$) of their association with NVS on the y-axis. The horizontal red line represents the genome-wide level threshold of significance (P -value < 5.0×10^{-8}), while the blue line is a suggestive threshold at P -value < 1.0×10^{-5} .

In this GWAS, no associations reached the genome-wide statistical significance threshold (P -value $< 5.0 \times 10^{-8}$). Nevertheless, 65 variants were associated with NVS with a nominal P -value $< 1.0 \times 10^{-5}$, the common suggestive threshold used in GWAS. Details about the results can be found in **Supplementary Table S1**.

The most significant association was observed for the intronic variant rs6562126, whose minor allele was negatively associated with NVS (P -value = 7.4×10^{-8} ; beta = -4.34). This SNP mapped in the long noncoding gene *LINC00378* (ENSG00000225249), on chromosome 13, also, this variant is approximately located 118 kb downstream of the *TDRD3* (ENSG00000083544) gene, previously implicated in transcriptional regulation and RNA processing. The negative beta coefficient of this variant means that patients carrying the minor allele experienced lower nausea and vomiting intensity than carriers of major alleles.

Among the other suggestive significant signals, more than half of them mapped to six different loci. In detail, four of them mapped on chromosome 2 (with a set of four variants at six Mb, four at 10 Mb, 14 at 100 Mb, and another set of six at position 219 Mb), one additional locus was identified on chromosome 20, with a set of 12 variants and another one on chromosome 13, with four variants (19 Mb downstream the top-significant polymorphism). Considering the two most numerous loci, the 14 variants on chromosome 2 mapped to the *NPAS2* gene (ENSG00000170485), a core circadian transcription factor. Those variants were all negatively correlated with NVS, meaning that patients carrying the minor alleles for these polymorphisms experienced less nausea and vomiting than patients carrying the major alleles. Conversely, the 12 variants on chromosome 20 mapped in an intergenic region, approximately 80 kb from the *ZNF217* (ENSG00000171940) gene, a zinc finger protein involved in transcriptional regulation. In this locus, all these polymorphisms had positive beta coefficients, indicating that the minor alleles were associated with higher nausea and vomiting incidence.

To observe the role of these variants, functional annotation has been performed, particularly with a focus on variants mapping in the *NPAS2* gene. Using GTEx database, six variants were reported as splicing quantitative trait loci (sQTLs) for *NPAS2* gene, in the esophagus mucosa. Here, an increasing number of minor alleles of these SNPs was reported to be associated with a high level of transcript splicing alteration, supporting the hypothesis that genetic variation in this locus may influence post-transcriptional regulation and, ultimately, protein function. The results from GTEx can be found in **Table 8**.

Then, carefully studying the REGENIE output, we specifically searched for variants

previously reported in the literature in relation to nausea and vomiting in opioid-treated cancer patients ^{67,73}. The summary statistics from the opioid toxicity phenotypes, as well as the results from the two published association studies, are shown in **Table 9**. Among them, the rs12305038 variant, originally described by Colombo *et al.*⁷³, was also nominally significant in our dataset (P -value < 0.05) and showed concordant beta coefficients across studies. None of the significant variants originally reported by Laugsand *et al.* ⁶⁷ were found to be significantly associated with nausea and vomiting in our GWAS.

Table 8. Variants Associated with NVS and Mapping in the *NPAS2* Gene Were Previously Reported as *NPAS2* sQTLs, in GTEx.

Variant ID	Phenotype ID *	P-Value	NES	Tissue
rs7558747	chr2:100977799:100979559:clu_45742: ENSG00000170485.16	2.0×10^{-8}	-0.64	Esophagus - Mucosa
rs2289950	chr2:100977799:100979559:clu_45742: ENSG00000170485.16	1.9×10^{-6}	-0.52	Esophagus - Mucosa
rs4851393	chr2:100977799:100979559:clu_45742: ENSG00000170485.16	2.3×10^{-6}	-0.51	Esophagus - Mucosa
rs75107839	chr2:100977799:100979559:clu_45742: ENSG00000170485.16	2.3×10^{-6}	-0.51	Esophagus - Mucosa
rs3768985	chr2:100977799:100979559:clu_45742: ENSG00000170485.16	2.4×10^{-6}	-0.52	Esophagus - Mucosa
rs17025086	chr2:100977799:100979559:clu_45742: ENSG00000170485.16	2.7×10^{-6}	-0.51	Esophagus - Mucosa

Abbreviations: NES = normalized effect size.

*As reported in GTEx and defined as the intron (chr:start:end) and cluster of connected components (clu_) to which the intron belongs.

Table 9. Comparison between the summary statistics of the genetic variants, previously reported (by Colombo *et al.* ⁷³, Laugsand *et al.* ⁶⁷) as being associated with nausea and vomiting in opioid-treated cancer patients, and our results.

		previous studies		present study	
	variant ID	P-value	Beta	P-value	Beta
Colombo <i>et al.</i>	rs36024412	0.04	-2.2	0.15	-1.1
	rs168107	0.001	-3.5	0.11	-1.3
	rs41269255	0.03	3.3	0.11	2.7
	rs9393888	0.01	-3.1	0.33	-1.2
	rs12305038	0.002	-3.3	0.015	-1.9
	rs11882256	0.02	2.8	0.21	1.1
	rs10405238	0.02*	5.5*	0.67	0.42
Laugsand <i>et al.</i>	rs685550	0.006	-6.7	0.67	0.35
	rs1176744	0.005	4.1	0.33	-0.76
	rs1672717	0.004	5.8	0.48	-0.53
	rs165722	0.001	5.0	0.53	-0.46
	rs4680	0.002	4.4	0.51	-0.48
	rs4633	0.008	8.9	0.5	-0.44

* summary statistics from the validation study

6.5 GWAS on PI phenotypes identifies five non-coding variants associated with pain intensity

A second GWAS was performed using the imputed genotypes and inverse-normal transformed (INT) residues of the model described above. The overall results for all the tested variants of this GWAS can be observed in the Manhattan plot in **Figure 4**.

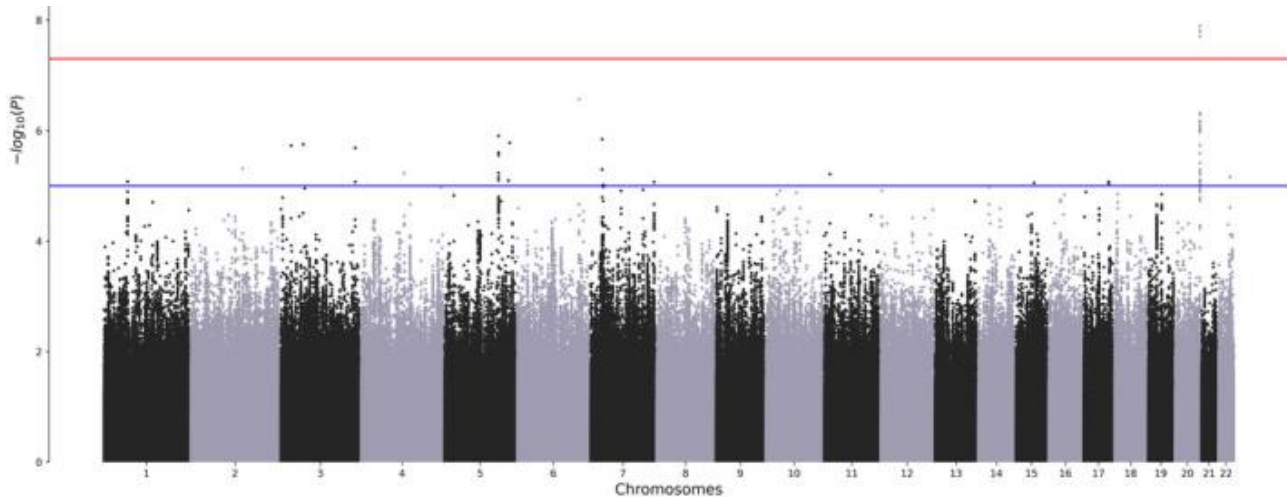


Figure 4. Manhattan plot of the results from the GWAS with the inverse-normal transformed residuals of the linear regression model for pain intensity phenotype, with sex, age, opioid type, cancer diagnosis, chemotherapy treatment, country of origin, study of enrolment and genotyping batch, as covariates. Each dot represents a polymorphism whose coordinates are determined according to the genomic position (GChr38, hg38 release) on the x-axis and p-values ($-\log_{10}(P\text{-value})$) of the association with the phenotype on the y-axis. The horizontal red line represents the threshold of significance ($P\text{-value} < 5.0 \times 10^{-8}$), while the blue line is a suggestive threshold at $P\text{-value} < 1.0 \times 10^{-5}$.

Five germline variants (rs6062363, rs6062365, rs13043326, rs6089804 and rs1806952) associated with the pain intensity phenotype at the genome-wide significance level ($P\text{-value} < 5.0 \times 10^{-8}$). In detail, these variants span a non-coding region of chromosome 20, downstream *PCMTD2* gene coding isoforms. *PCMTD2* is a gene encoding protein-L-isoaspartate (D-aspartate) O-methyltransferase domain-containing isoforms, implied in modulation pathways and protein repair (**Table 10**).

Considering instead the GWAS suggestive threshold of $p\text{-value} < 1.0 \times 10^{-5}$, 66 different variants were identified and details about these variants can be found in (**Supplementary Table S2**) Notably, 31 out of 66 mapped to the chromosome 20 locus, from position 64,257,449 to 64,285,790. The complete summary statistics are publicly available in the GWAS catalog under the GCST90435150 accession code.

Table 10. Summary statistics of the GWAS for pain intensity (P -value $< 5.0 \times 10^{-8}$); variants are sorted according to their P -value

variant ID*	rsID	Allele 0	Allele 1^	Allele 1 frequency	BETA	SE	P -value	FDR
chr20:64281110:G:A	rs6062363 ^a	G	A	0.39	-0.17	0.03	1.27×10^{-8}	0.03
chr20:64281343:G:A	rs6062365 ^a	G	A	0.39	-0.17	0.03	1.55×10^{-8}	0.03
chr20:64285790:T:C	rs6089804 ^a	T	C	0.61	-0.17	0.03	1.60×10^{-8}	0.03
chr20:64282739:C:A	rs13043326 ^a	C	A	0.39	-0.17	0.03	1.60×10^{-8}	0.03
chr20:64283546:A:T	rs1806952 ^a	A	T	0.61	-0.17	0.03	1.95×10^{-8}	0.03

* genomic position According to GRCh38 human genome reference assembly

^ Effect allele

^a predicted function: intergenic

The negative beta coefficients of the association of the five genome-wide significant variants indicate that the minor alleles of these polymorphisms were inversely correlated with pain intensity values. Particularly, patients carrying at least one copy of the minor allele experienced a lower pain intensity than patients homozygous for the major allele. This is shown in the boxplot in **Figure 5**, where the median pain intensity values in the three patient genotyping groups, according to the top-significant variant, rs6062363 (G/A), are plotted as an example. Although the differences were quite small, patients carrying the AA genotype had the lowest median PI score (3.17), while the GA and GG carriers had increasing median PI values (3.33 and 4.00, respectively; Kruskal–Wallis P -value = 3.11×10^{-5}).

The leading variant was in strong LD with the other 31 suggestively significant variants on chromosome 20 (P -value $< 1.0 \times 10^{-5}$). Particularly, an $r^2 > 0.97$ had been observed for the other four polymorphisms above the genome-wide significance threshold; all the others, except for rs58586141, rs41279358 and rs41279358, had $r^2 > 0.60$. The zoom plot in **Figure 6** reported the LD between rs6062363 and the variants in a ~200 kb region.

Finally, the estimation of heritability has been performed using the INT residuals of PI and the pre-computed LD scores for 1,146,582 SNPs. This analysis revealed that the heritability of pain intensity in cancer patients treated with opioids was quite low ($h^2 = 0.0746$; SE = 0.2062; lambda = 1.0046; mean $\chi^2 = 1.006$). This means that 7% of the pleiotropic variance

can be explained by common genetic variants. Nonetheless, this finding is consistent with the h^2 estimate calculated on a larger GWAS on pain intensity in individuals with different types of chronic pain ¹²².

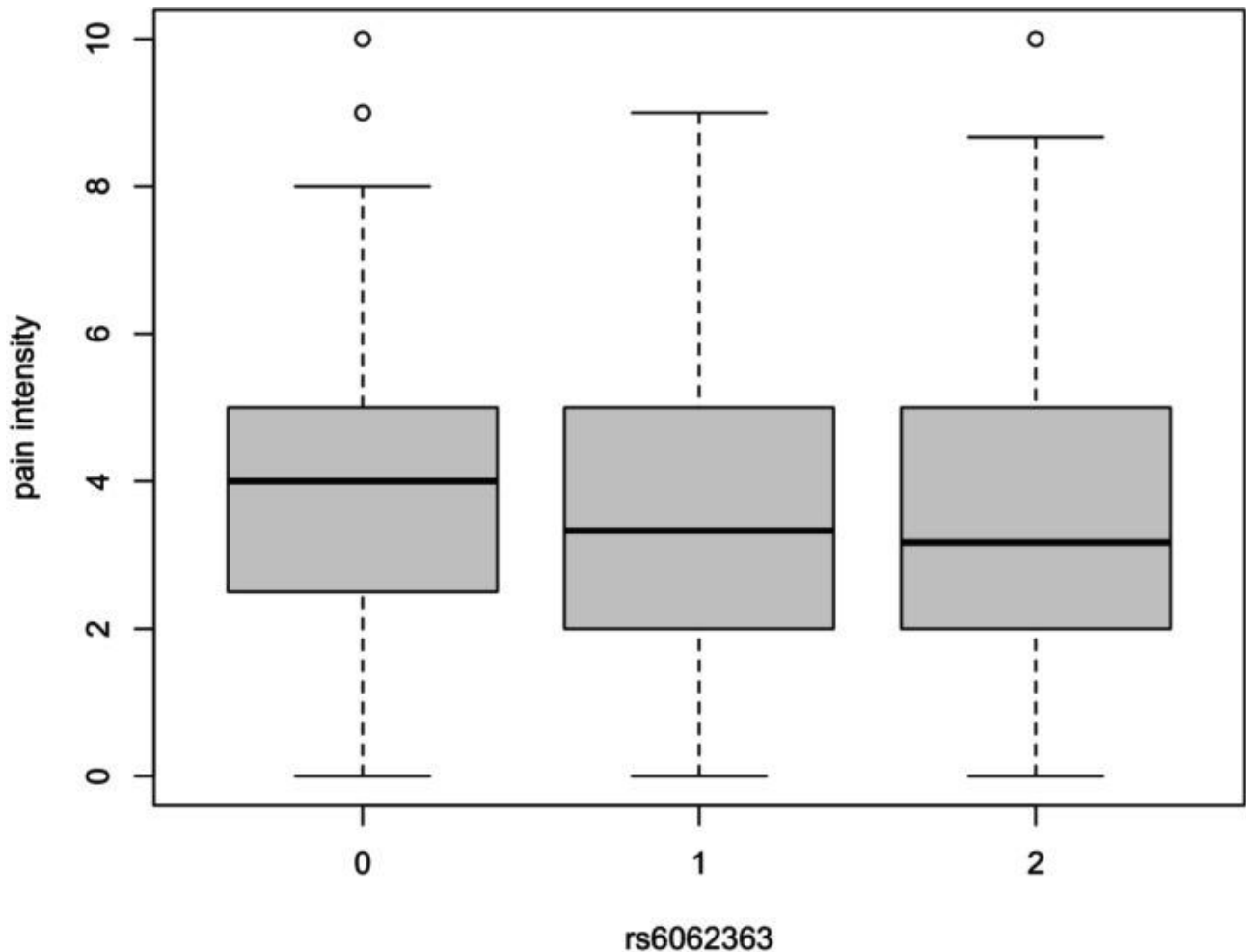


Figure 5. Pain intensity values in the three genotyping groups of patients, according to the top-significant variant, rs6062363 (0, GG; 1, GA; 2, AA). The line within each box represents the median pain intensity values; the upper and lower edges of each box are the 75th and 25th percentiles, respectively; the upper and lower bars indicate the highest and lowest values, respectively; outliers are indicated as circles. Differences between the differences of the pain intensity values were tested using a Kruskal Wallis, showing a significant difference between the homozygous for the major and minor alleles of 3.11×10^{-5} .

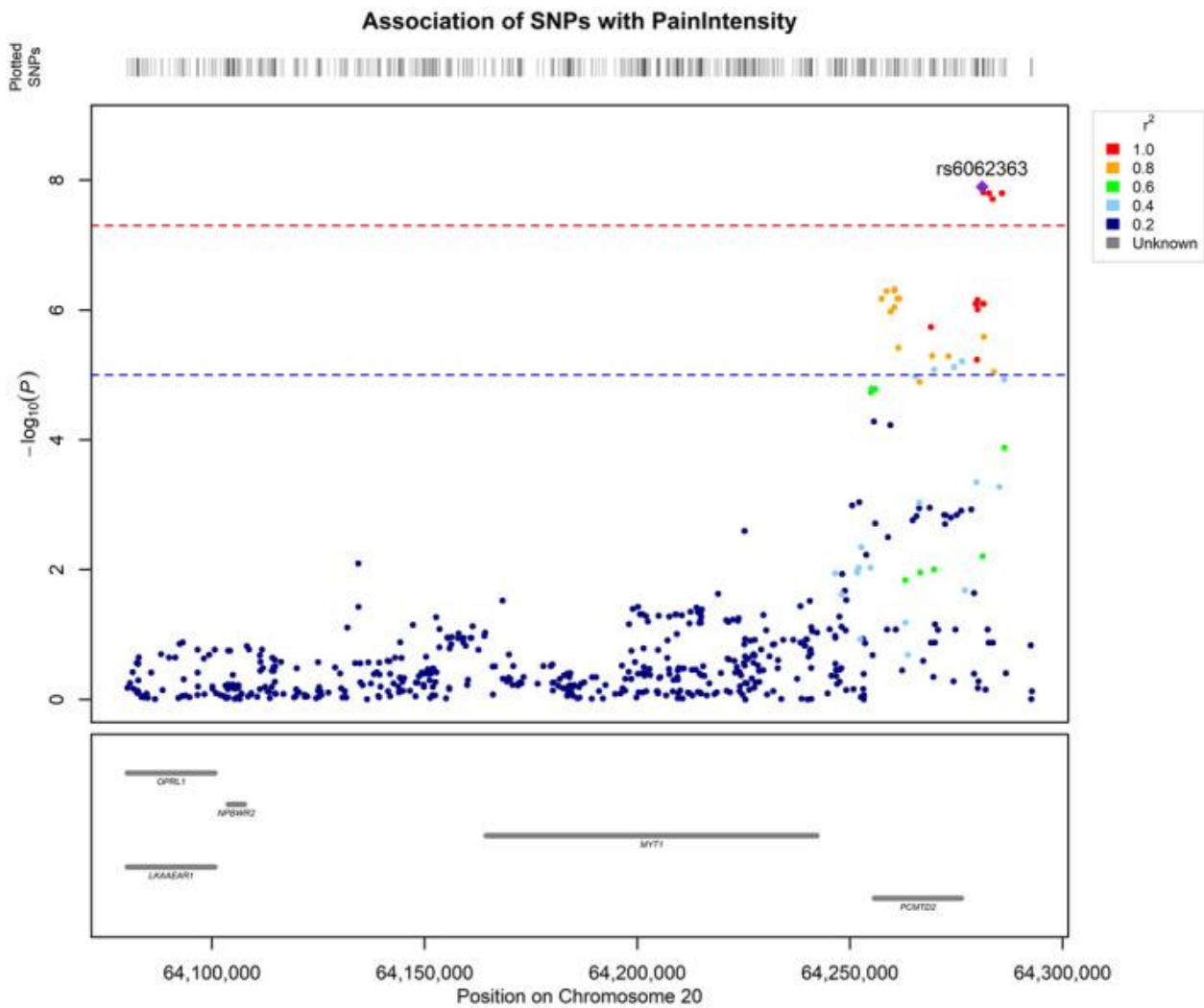


Figure 6. Zoom plot of the locus on chromosome 20 identified in the GWAS. The plots span the region from 64,292,800 to 64,080,100 bp. Polymorphisms are plotted according to their position on chromosome 20, along the x-axis, and to p -values ($-\log_{10} P$) for their association with pain intensity, on the y-axis. Genome-wide (p -value $< 5.0 \times 10^{-8}$) and suggestive (p -value $< 1.0 \times 10^{-5}$) thresholds of significance are represented as red and blue dashed lines, respectively. Dot color indicates linkage disequilibrium (r^2) between each polymorphism and the lead variant (rs6062363, purple diamond).

6.6 PCMTD2 gene expression is regulated by our top five pain-intensity associated variants

Considering that the most significant variants on chromosome 20 mapped in non-coding regions of the genome, such as introns or 3'-UTR, the hypothesis of a regulatory role of these variants on the nearest genes had been postulated. This hypothesis was supported by their functional annotation. Indeed, it has been observed that some of them mapped in candidate cis-regulatory elements (cCREs): rs1806952 is in a CTCF-binding site (EH38E3450000), while rs6512309, rs6062357, and rs7270745 localize to a distal enhancer-like region (EH38E2130198). This suggests potential effects on chromatin looping and gene insulation and is consistent with a role in transcriptional regulation. Also, using SNP2TFBS online tool, a transcription factor binding site analysis has been performed and it predicted that nine variants (rs6062681, rs6512309, rs11474881, rs6062359, rs58586141, rs1570520, rs6089801, and rs6089804) can alter transcription factor (TF) binding through a disruption of existing motifs or creating novel ones, where the minor allele is present. These results are shown in **Supplementary Table S3**.

Another functional annotation had been performed using RegulomeDB, and the results prioritized several variants as likely regulatory using a descending ranking score from 1a to 7 based on the evidence (likelihood) to be a functional variant. Particularly, two of them had a high functional probability score and the most stringent ranking classification (rs6062357, rs6089801 with PS > 0.9 and a ranking = 1b), supported by TF binding, chromatin accessibility, DNase footprint and eQTL evidence. Conversely, rs76240558 had probability score > 0.9 but it had not been ranked in the 1b category, and the opposite was observed for rs1570520. Also, rs6512309 and rs11474881 reported strong evidence of functionality, being ranked in 1d and 2b categories meaning that the evidence for their prioritization as regulatory variants is supported by eQTL evidence, DNase footprint, TF binding, chromatin accessibility peak, and TF binding, DNase footprint, chromatin accessibility peak respectively. For the remaining SNPs there was only minimal supporting data for a possible regulatory function. Details from this functional annotation are shown in **Supplementary Table S4**.

A query using large-scale eQTL datasets was performed to investigate if our GWAS variants were linked to gene expression changes. Using GTEx, 29 out of 31 variants were reported as acting as eQTLs across 18 different tissues for *PCMTD2* gene, with a high involvement of central nervous system with P -value < 1×10^{-5} ; results of this search can be found in **Supplementary Table S5**. The same variants were also queried into eQTLGen database:

here, 29 out of 31 variants were defined as eQTLs not only for *PCMTD2* gene but also for *OPRL1* and *PPDPF* in blood tissue (**Supplementary Table S6**).

Specifically focusing on brain-specific expression, a third query had been performed using MetaBrain dataset: 24 of these polymorphisms were reported as eQTLs for *PCMTD2* in the cerebellum and cortex tissues with a P -value $< 1 \times 10^{-5}$ (**Supplementary Table S7a and S7b**). An inverse correlation between these variants and gene expression was observed across all datasets: in fact, the presence of minor alleles correlated with reduced *PCMTD2* expression, and in blood, with decreased expression of *OPRL1* and *PPDPF*.

To determine if our GWAS variants drove both pain intensity association signal and gene expression, a colocalization analysis had been performed using *coloc* packages, combining and comparing GWAS summary statistics with summary results from eQTLGen database (focusing on blood tissue), for *PCMTD2*, *OPRL1* and *PPTDF* genes. As graphically visualized in **Figure 7**, only mild evidence of colocalization can be found for *PCMTD2* gene, with a posterior probability of 43%, while a low posterior probability for *OPRL1* and *PPTDF* genes (0.006% and 0.23%, respectively) indicated no evidence of colocalization (**Table 11**). These results rejected the hypothesis that gene expression and pain intensity phenotypes are driven by a common causal variant.

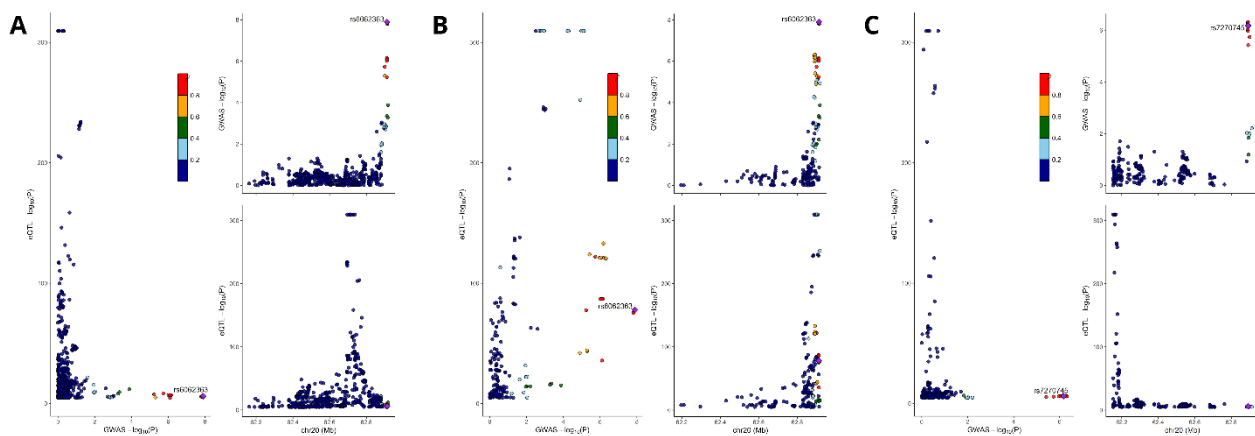


Figure 7. Colocalization plots for the *OPRL1* (a), *PCMTD2* (b) and *PPDPF* (c) genes using the whole-blood tissue expression data from the eQTLGen database (numbers of SNPs included in the analyses were 755, 224, and 293, respectively). Dots are colored based on linkage disequilibrium (r^2) with the lead variants, rs6062363 (a, b) and rs7270745 (c; *PPDPF* expression was not associated with the 5 top-significant variants associated with pain intensity).

Table 11. Colocalization analyses did not support the hypothesis of a shared variant regulating both pain intensity and gene expression.

gene	N variants	P0	P1	P2	P3	P4
OPRL1	755	0	0.00321	0	0.997	0.0000659
PCMTD2	224	0	0.00166	0	0.559	0.439
PPDPF	293	0	0.0380	0	0.960	0.00237

P0 = probability of H0, no association with either trait

P1 = probability of H1, association with pain intensity only

P2 = probability of H2, association with expression only

P3 = probability of H3, association with both traits, but with independent causal variants

P4 = probability of H4, a shared causal variant associated with both traits

Finally, to assess broader phenotypic association, PheWAS data associated with our GWAS variants had been examined. Particularly, two lifestyle traits – tea and coffee intake – from UK Biobank had been reported as associated with the top variants identified in this GWAS, with a P -value $< 1 \times 10^{-5}$. Particularly, tea intake was associated with all five GWAS variants for pain intensity in advanced cancer patients. Details of the PheWAS are reported in **Table S7**.

6.7 Stratified Linkage Disequilibrium Score Regression identifies an enrichment in brain, liver, connective bone and skeletal muscles

To reveal tissue-specific enrichment patterns for our GWAS germline variants associated with pain intensity in advanced cancer patients, stratified linkage disequilibrium score regression was performed. Details of these results can be observed in **Figure 8**.

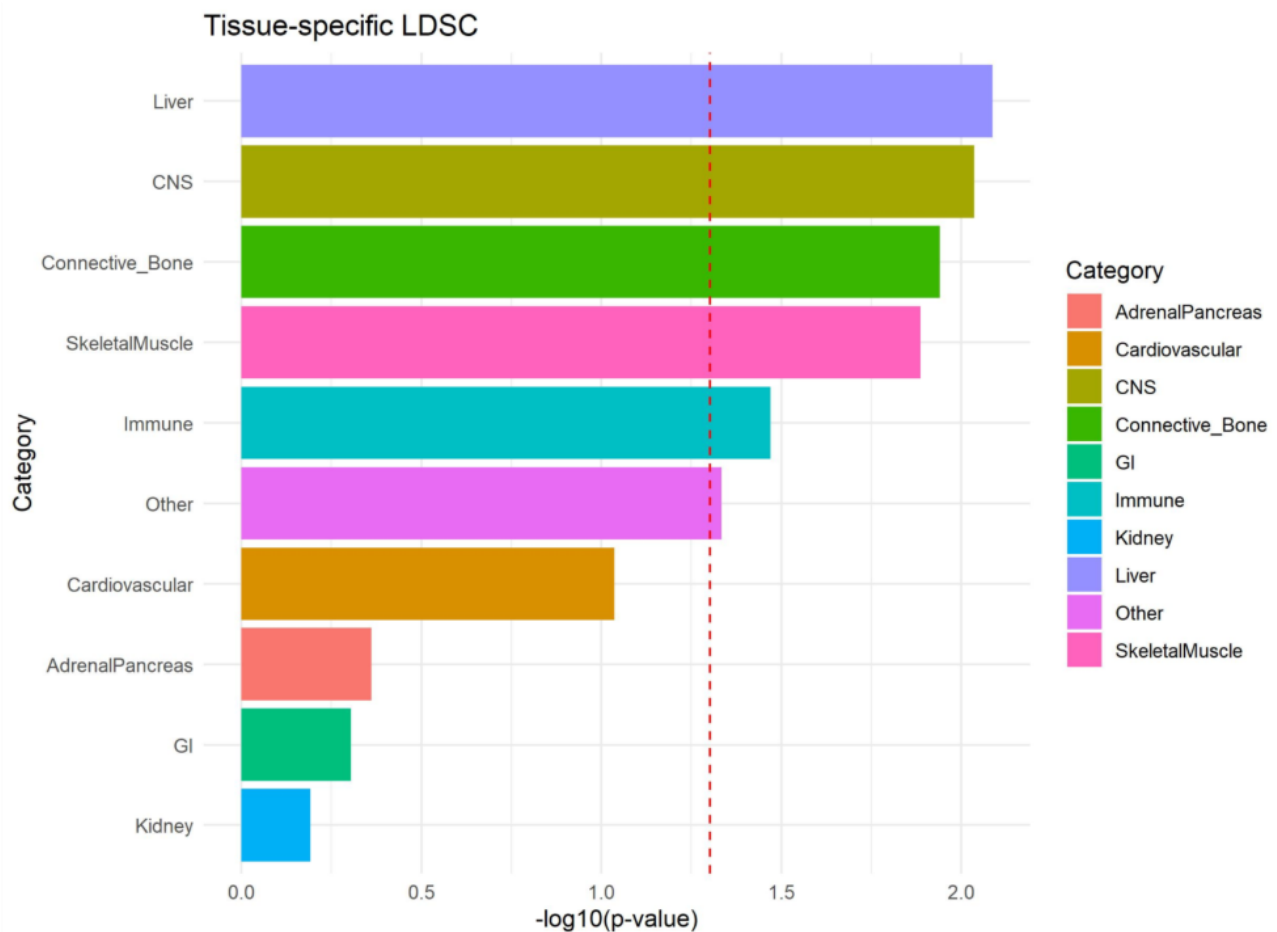


Figure 8. Results of the tissue specific analysis performed with sLDSC software. Tissue types were plotted on the $-\log_{10}(P\text{-value})$ of their enrichment. The red dashed line represents the statistically significant threshold set at $P\text{-value}$ 0.05. CNS, central nervous system; GI, gastro-intestinal tissues.

Testing the enrichment patterns across nine different tissues, the strongest enrichment signals were observed in the liver (enrichment coefficient, $EC = 29.25$, $P\text{-value} = 8.2 \times 10^{-3}$), and central nervous system (CNS, $EC = 17.96$, $P\text{-value} = 9.2 \times 10^{-3}$). Also, connective bone and skeletal muscle were enriched ($EC = 23.82$, $P\text{-value} = 0.011$; $EC = 22.81$ and a $P\text{-value} = 0.013$, respectively). A moderate tissue-specific enrichment was observed for immune-

related tissues (EC = 13.42, P -value = 0.034) and other unspecified tissues (EC = 14.99, P -value = 0.046). These findings suggest that the heritability of pain intensity in advanced cancer patients is highly concentrated in the liver and CNS. All the calculated ECs and P -values for each tissue can be found in **Table 12**.

Table 12. Results from the stratified linkage disequilibrium score regression for nine different tissues using pain intensity phenotype

Tissue	Enrichment coefficient	P-value (-log₁₀(P-value))
Liver	29.250	0.008 (2.086)
CNS	17.959	0.009 (2.035)
Connective bone	23.818	0.011 (1.940)
Skeletal muscle	22.806	0.013 (1.885)
Immune	13.420	0.033 (1.469)
Other	14.988	0.046 (1.333)
Cardiovascular	18.984	0.092 (1.035)
Adrenal-Pancreas	9.595	0.435 (0.361)
GI	6.283	0.495 (0.304)
Kidney	9.561	0.644 (0.191)

CNS, central nervous system; GI, gastro-intestinal tissues.

6.8 The identified locus on chromosome 20 is already involved in pain related traits

Using the Human Pain Genetic DataBase (HPGDB), a comparison between the previously reported associations for pain and our findings had been performed to test whether our study independently verified any previous results. Of the 1,264 genetic variants reported, 1,170 were present in our GWAS summary statistics, and 69 of them showed a nominal association for pain intensity in our advanced cancer patients' cohorts, treated with opioids for cancer pain (P -value < 0,05, **Table S8**). These variants included six polymorphisms previously linked to analgesia, including one located upstream *OPRM1*. Also, four of them were previously linked to cancer pain. Unfortunately, none of these associations survived

multiple testing correction (FDR > 0.05), indicating they may represent weak or context-dependent signals.

Then, a comparison of our results with those of four previously published GWAS has been made. The earlier GWAS performed in cancer patients treated with opioids for cancer pain⁷¹ reported eight variants associated with pain relief, although none of them had been reported as significant in our expanded dataset (**Table S9**). Then, three variants reported by Nishizawa *et al.*⁷² were not replicated in our study. Comparing our results with those of another GWAS, in the UK Biobank cohort, evaluating seventeen different pain traits¹²³, only five reached a nominal association with a *P*-value < 0.05, as shown in **Table S10**. Finally, we compared our results with the largest GWAS performed for different types of chronic pain in veterans¹²²: out of 124 significant variants reported, only 109 were tested in our opioid-treated cancer patients, finding nominal significance (*P*-value < 0.05) for nine of them, as reported in **Table S11**. However, it has been observed that our lead SNP on chromosome 20, rs6062363, lies <500 kb from the Toikumo *et al.*¹²² lead SNP rs4809370. Similarly, other suggestive loci in our study (on chromosomes 1, 5, 6, 7, and 11) mapped within <500 kb—or in one case <1 Mb—of pain loci identified in Mocci *et al.*¹²³ and Toikumo *et al.*¹²². These results support the idea of shared regional signals between chronic and cancer pain.

6.9 Mendelian Randomization suggests causality for neutrophil count in our GWAS

To assess potential causal relationships between putative risk factors (exposures), such as inflammation, sleep disturbance, opioid abuse, and the intensity of cancer-related pain, a Mendelian randomization analysis was performed.^{124–127} For inflammatory traits, I evaluated the causality of inflammation on cancer pain, while for the other conditions a bidirectional MR was carried out. For the first analysis, 12 inflammatory traits were available, but four of them did not share significant variants to be used as IVs.

No statistically significant causal effect on pain intensity was observed, except for the neutrophil count (*P*-value = 0.0364, beta coefficient = -0.18), using the Inverse Variance Weighted method. Other MR methods such as MR Egger, Weighted median, Simple, and Weighted mode were tested. However, no statistically significant findings were obtained, even for neutrophil count exposure. This suggests the presence of possible heterogeneity and pleiotropy.

The results, using the Inverse Variance Weighted method, can be found in **Figure 9** and **Table 13**.

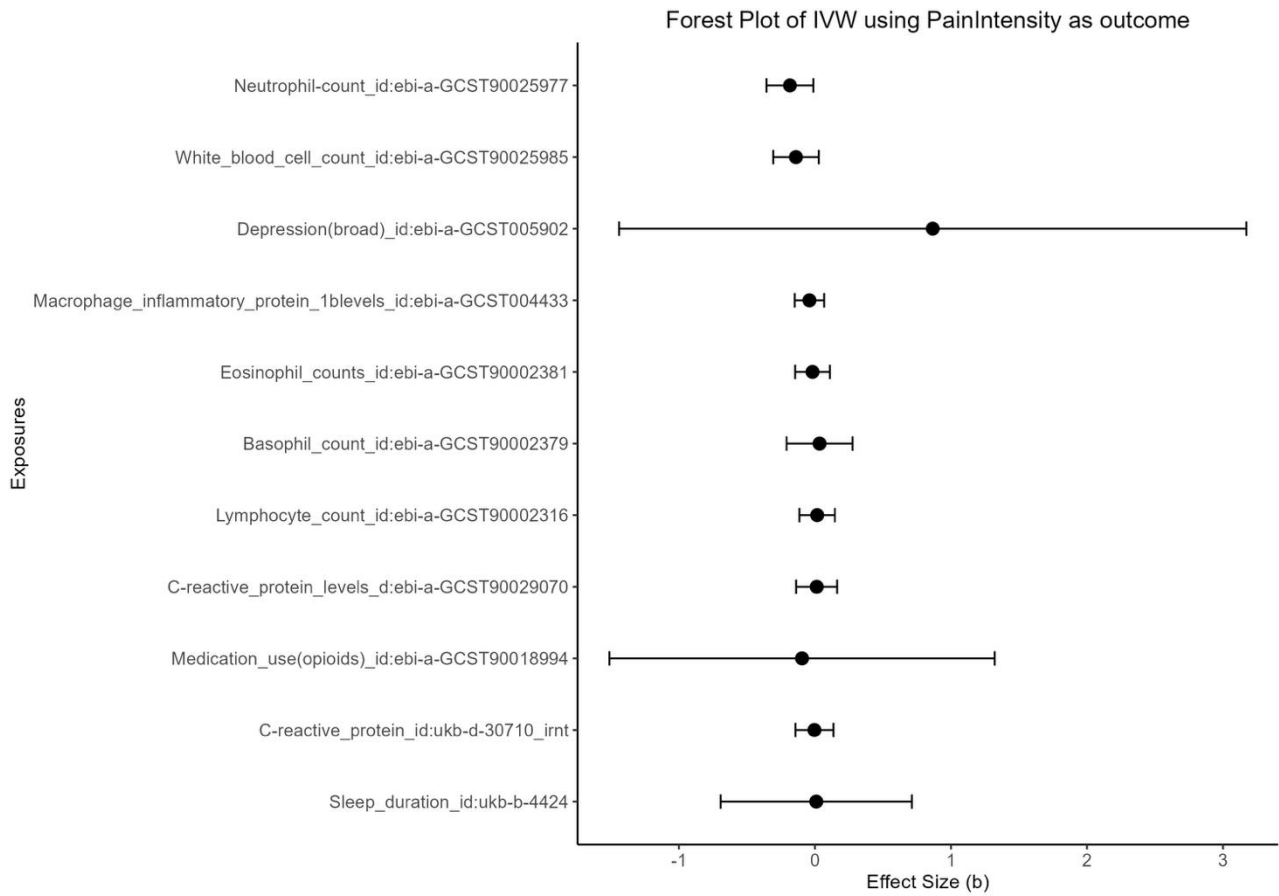


Figure 9. Forest plot with the results of the IVW MR performed using 11 exposures and the cancer pain intensity, as outcome. The effect size and the confidential intervals are plotted on the x-axis; exposures are plotted on y-axis, in a descendant order according to their *P*-values.

Table 13. Results from the Mendelian Randomization analysis (Inverse Variance Weighted method) for eleven different exposures, using cancer pain intensity as outcome

Exposures ID	Exposure	n SNPs	SE	BETA	P	Lower CI	Upper CI
ebi-a-GCST90025977	neutrophil counts	308	0.087	-0.183	0.036	-0.356	-0.11
ebi-a-GCST90025985	white blood cell counts	364	0.085	-0.139	0.103	-0.306	0.028
ebi-a-GCST005902	depression (broad)	13	1.176	0.865	0.461	-1.439	3.171
ebi-a-GCST004433	Macrophage inflammatory protein 1b levels	4	0.055	-0.040	0.462	-0.148	0.067
ebi-a-GCST90002381	Eosinophil count	368	0.064	-0.017	0.783	-0.145	0.109
ebi-a-GCST90002379	Basophil count	148	0.123	0.033	0.784	-0.208	0.276
ebi-a-GCST90002316	lymphocyte count	463	0.066	0.016	0.805	-0.113	0.146
ebi-a-GCST90029070	C-reactive protein levels	206	0.077	0.013	0.865	-0.137	0.163
ebi-a-GCST90018994	medication use (opioids)	2	0.722	-0.094	0.895	-1.510	1.321
ukb-d-30710_imt	C-reactive protein levels	165	0.070	-0.003	0.956	-0.142	0.135
ukb-b-4424	sleep duration	65	0.358	0.009	0.978	-0.693	0.712

SE, standard error; CI, 95% confidential interval.

Sensitivity analyses were performed to detect horizontal pleiotropy and heterogeneity. Evidence of heterogeneity was found for basophil count (MR-Egger Q_pval = 0.029, IVW Q_pval = 0.033), neutrophil count (MR-Egger Q_pval = 0.033, IVW Q_pval = 0.036), white blood cell count (MR-Egger Q_pval = 0.011, IVW Q_pval = 0.012), suggesting potential violations of MR assumptions for these traits. Pleiotropy assessment using the MR-Egger intercept indicated limited directional pleiotropy for most exposures (P -value > 0.05), except for chronotype (intercept P -value = 0.031) and C-reactive protein from UK Biobank (P -value = 0.040), where evidence of horizontal pleiotropy was observed. Details of these results are shown in **Table 14**.

Table 14. Pleiotropy and heterogeneity tests performed for the forward Mendelian Randomization for eleven different exposures, using cancer pain intensity as outcome.

Exposures ID	Exposure	n SNPs	IVW Q	IVW Q_Pval	MR_Egger Q	MR Egger Q_Pval	P*
ebi-a-GCST90025977	neutrophil counts	308	352.893	0.036	352.871	0.033	0.890
ebi-a-GCST90025985	white blood cell counts	364	426.644	0.011	426.604	0.010	0.853
ebi-a-GCST005902	depression (broad)	13	10.078	0.609	8.446	0.672	0.227
ebi-a-GCST004433	Macrophage inflammatory protein 1b levels	4	2.535	0.468	2.431	; 0.269	0.797
ebi-a-GCST90002381	Eosinophil count	368	361.085	0.577	360.640	0.569	0.505

ebi-a-GCST90002379	Basophil count	148	180.084	0.032	179.999	0.029	0.818
ebi-a-GCST90002316	lymphocyte count	463	469.121	0.399	466.966	0.413	0.148
ebi-a-GCST90029070	C-reactive protein levels	206	216.296	0.280	214.545	0.292	0.198
ebi-a-GCST90018994	medication use (opioids)	2	4.394	0.036	-	-	-
ukb-d-30710_irnt	C-reactive protein levels	165	166.676	0.514	162.369	0.586	0.039
ukb-b-4424	sleep duration	65	67.975	0.343	65.752	0.381	0.149

Q, Cochran's Q statistic; **P*-value for pleiotropy test.

Then, for mental health conditions (including psychiatric and sleep traits), 11 summary statistics were available, and only 3 and 10, respectively, shared significant variants to be used as IVs, for the forward and reverse MR. In the forward MR, where sleep and psychiatric traits were used as exposure, no significant results were obtained. Conversely, when using these traits as outcomes, it was observed to have a significant causality between cancer pain and sleep duration (*P*-value = 0.009, beta coefficient = -0.02). No other significant results were obtained. These results can be observed in **Figure 10** and **Table 15**. However, the power of this analysis is quite low, since only one significant variant from our cancer pain GWAS was used as IV and, therefore, the only applicable method was the Wald Ratio. Also, with only one SNPs, sensitivity analysis cannot be performed.

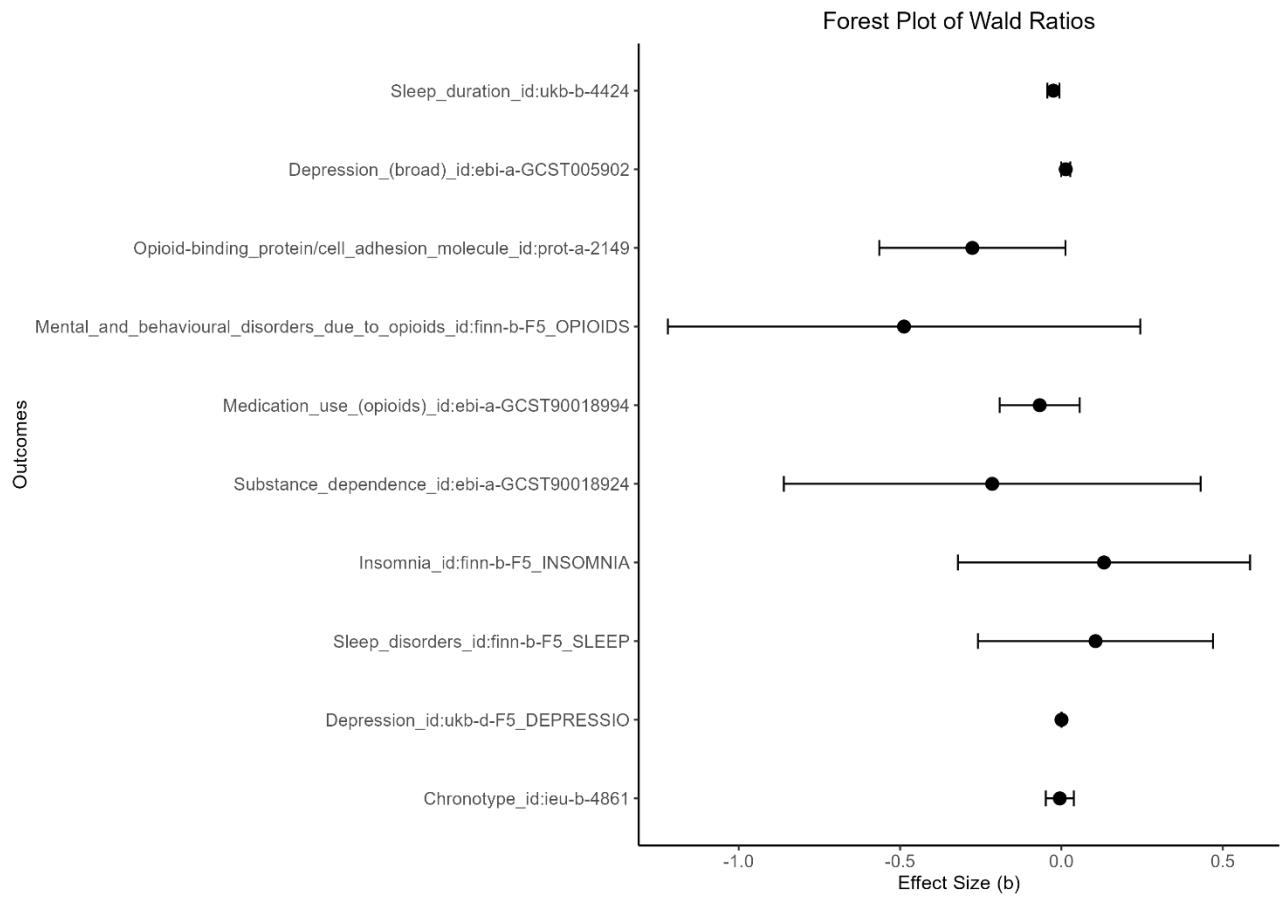


Figure 10. Forest plot with the results of the Wald Ratio MR performed using cancer pain as exposure and ten different outcomes. The effect size and the confidential intervals are plotted on the x-axis; outcomes are plotted on y-axis, in a descendant order according to their *P*-values.

Table 15. Results from the Mendelian Randomization analysis (Wald Ratio method) for cancer pain as exposure, using eleven different exposures

Exposures ID	Exposure	n SNPs	SE	BETA	P	Lower CI	Upper CI
ukb-b-4424	sleep duration	1	0.009	-0.024	0.009	-0.043	-0.006
ebi-a-GCST005902	depression (broad)	1	0.007	0.013	0.057	-0.0004	0.027
prot-a-2149	OBCAM	1	0.147	-0.276	0.060	-0.564	0.012
finn-b-F5_OPIOIDS	Mental and behavioural disorders due to opioids	1	0.373	-0.487	0.191	-1.219	0.244
ebi-a-GCST90018994	medication use (opioids)	1	0.063	-0.067	0.286	-0.191	0.056
ebi-a-GCST90018994	Substance dependence	1	0.329	-0.214	0.514	-0.860	0.431
finn-b-F5_INSOMNIA	Insomnia	1	0.230	0.131	0.567	-0.320	0.584
finn-b-F5_SLEEP	Sleep disorders	1	0.185	0.105	0.570	-0.258	0.469
ukb-d-F5_DEPRESSIO	Depression	1	0.0007	0.0001	0.816	-0.001	0.001
ieu-b-4861	Chronotype	1	0.022	-0.005	0.817	-0.048	0.038

SE, standard error; CI, 95% confidential interval.

7. Discussion and conclusions

7.1 GWAS on toxicity phenotype identifies variants related to sleep and circadian rhythms

In this pharmacogenomic study, performed on more than 2,000 advanced cancer patients treated with step III WHO analgesic ladder opioids to relieve pain (i.e. morphine, buprenorphine, fentanyl, oxycodone), we looked for polymorphisms associated with opioid response, both in term of toxicity (nausea and vomiting intensity, calculated through a nausea vomiting score, NVS) and efficacy, in term of pain intensity experienced by the patients.

Looking at the results from the GWAS performed on opioid toxicity, 65 different variants were associated with NVS at a nominal P -value $< 1.0 \times 10^{-5}$. Although none reached the conventional genome-wide significance threshold of 5.0×10^{-8} , variants surpassing the commonly used suggestive threshold (1.0×10^{-5}) are typically examined further to identify potentially relevant loci. Here, an intronic polymorphism mapping in a long noncoding gene, LINC00378, rs6562126, had been found as lead variant, near the *TDRD3* gene (Tudor domain containing 3) gene. To the best of our knowledge, there is no previously published literature implicating these two genes in nausea and vomiting. No information is available on LINC00378 functional role, whereas it is known that the protein coded by *TDRD3* is responsible for the regulation of transcription, acting as a co-activator of arginine-methylated histones.¹²⁸ Also, this protein interacts with factors such as FMRP and TOP3 β , linking chromatin regulation to mRNA processing and stability, whose alteration can lead to neurodevelopmental disorders.¹²⁹ To the best of my knowledge, there is no evidence for its involvement in opioid response or drug toxicity. Of note, 14 of the identified 65 variants mapped to the *NPAS2* (Neuronal PAS Domain Protein 2) gene, encoding a transcription factor regulating circadian rhythm genes, whose role had been largely studied in sleep conditions¹³⁰. In GTEx database, six of these variants are reported to act as splicing quantitative trait loci (sQTLs) of the *NPAS2* gene in the esophageal mucosa, influencing the splicing of pre-mRNA into different isoforms. However, there is no further explanation in understanding the possible role of these SNPs and how they influence the *NPAS2* isoform function, as well as the role of this circadian gene in affecting opioid-induced nausea-vomiting. Instead, the role of circadian rhythm on gastrointestinal toxicity due to other cancer therapies (e.g., chemotherapy) is under investigation (as reviewed in¹³¹). Nonetheless, it has been reported that *NPAS2* might affect another common opioid side effect, i.e., the

alteration of the sleep-wake cycle. Indeed, in mice, it was observed that NPAS2 absence exacerbated the harmful effect of fentanyl on sleep.¹³² Also, a sex-specific role of NPAS2 was reported in mediating reward behaviors, for instance, fentanyl seeking and craving, in mice.¹³³ This sex-specific role was also observed in the treatment of chronic pain, particularly, in the regulation of fentanyl-induced tolerance, hyperalgesia and dependence.¹³⁴ In general, this association between germline variants mapping to a circadian gene and nausea-vomiting in cancer patients treated with opioids for cancer pain needs to be extensively studied, considering the complex relationship existing between circadian rhythm, pain, and opioids (as reviewed in ¹³⁵). The circadian rhythm can be modified by endogenous and exogenous opioids, and a disrupted sleep-wake cycle can affect the efficacy of opioid treatment, altering pain sensitivity. Additional investigations are required to better understand the role of this reciprocal link and the role of NPAS2 gene in opioid-induced nausea and vomiting.

7.2 Results about GWAS on toxicity phenotype present several limitations, compared to previous opioid response and GWA studies

I compared our results with the already reported associations between germline variants and nausea-vomiting in opioid-treated cancer patients. Unfortunately, none of the SNPs reported by Laugsand *et al.*⁶⁷ was validated, although more than 80% of the EPOS patients analyzed in that study were included in our dataset. One reason might be the different genetic model used: Laugsand *et al.*⁶⁷ used three different methods (codominant, dominant and recessive) to test the association between the genotypes and nausea and vomiting, evaluating multiple inheritance models in a targeted gene analysis. In contrast, our genome-wide study used only the additive model, which is the standard approach in GWAS: the additive framework maximizes statistical power across allele frequencies, avoids the instability associated with dominant and recessive coding for rare genotypes, and mitigates the multiple-testing burden inherent to genome-wide analyses. Another reason could be the difference in the covariates used: in fact, Laugsand *et al.*⁶⁷ stratified each regression model by country, adding a binary covariate, i.e., the use of antiemetic drugs in the last 24 hours, and correcting for Karnofsky Performance Status (KPS), that is a numerical score ranging from 100 to 0 measuring the ability of each patients of conduct everyday life activity. The lack of this clinical information in our dataset reduced the possibility of an investigation of

this aspect in our GWAS. The only SNPs reported as associated with nausea and vomiting, in both the two studies, was rs1672717, passing the Benjamini-Hochberg threshold set by Laugsand *et al.*⁶⁷ at 10% in a dominant model testing only the association with nausea.

Another comparison was made between the results reported by Colombo F. *et al.*⁷³ and ours. They performed a first discovery exome-wide study in the EPOS series (93% overlapping with EPOS patients in this study), and then, significant associations were tested in the CERP series (82% overlapping with CERP patients in this study) for validation, confirming the association of rs12305038 SNP and nausea and vomiting in both the discovery and validation sets but with opposite beta coefficients. In our GWAS, instead, this SNP was reported as associated with NVS at P -value = 0.015, with a concordant beta coefficient with that of the discovery study. The DNA pooling strategy and exome sequencing, *versus* the individual genome-wide genotyping using SNP-array, as well as the choice to not adjust for confounding factors in the exome data analysis, probably reduced the rate of result validation considering the differences in the approach used.

To understand if shared genetic factors might control other nausea and vomiting phenotypes, these results were compared with those of other studies that evaluated the association between genotypes and nausea and vomiting with different etiologies such as chemotherapy¹³⁶ or postoperative nausea¹³⁷. In the first reported systematic review, 29 different pharmacogenomics studies were evaluated in the context of chemotherapy-induced nausea and vomiting, highlighting the contribution of variants in genes involved in drug metabolism and transportation, DNA repair, neurotransmitter pathways, and cell cycle and death processes. Similarly, in the context of postoperative nausea and vomiting, 14 different genetic studies have revealed associations with polymorphisms in genes related to serotonergic and dopaminergic signaling, as well as drug metabolism and opioid receptors. Although the etiologies of nausea and vomiting in these settings are different from the one herein investigated, the potential overlap in genetic architecture with opioid-induced toxicity could provide important insights into shared pathways of susceptibility, pointing to a broader, genetically determined predisposition to nausea and vomiting across clinical contexts. Unfortunately, none of these variants match the significant ones in our GWAS.

Our nausea and vomiting GWAS presents some limitations: firstly, the lack of the clinical information, for most of the patients, regarding the use of other concomitant drugs, such as antiemetics or antidepressant. Similarly, other concurrent disease conditions that patients could have experienced, such as anxiety or intestine bowel disease, that could possibly have affected the presence of nausea and vomiting, were not evaluated, since such data

were not available. On the other hand, adding these further covariates to the GWAS would have reduced the power of the study. Another limitation is the relatively small sample size, that led to finding significant loci associated with nausea and vomiting only at the suggestive and not genome-wide significance threshold. Also, nausea and vomiting are complex phenotypes: to reduce potential bias, their definitions were standardized using questionnaires and recognized methods to calculate the NVS, but they are highly subjective feelings, influenced by external factors in addition to genetics, that plays a very small effect. Although these limitations, this GWAS on NVS in individually genotyped, opioid-treated cancer patients, is the largest performed so far. A great collaborative effort had been required from the different recruiting centers to collect such a wide patient series and related homogeneously recorded data. To validate these results, there is the need to recruit, or to use, existing broader and independent series, that could strengthen the results obtained and better dissect the genetic complexity of opioid toxicity. Also, to ensure the generalizability of the findings, further studies involving patients of different ancestries are advisable. Also, it could be worth investigating the hypothesis of a possible involvement of the circadian genes. Particularly, to understand how the identified variants affect the splicing of *NPAS2*, and how the *NPAS2* splicing isoforms act in the circadian rhythm, new experimental tests are required, before exploring the mechanisms linking circadian rhythm and nausea-vomiting. In conclusion, these results regarding the genetic control of nausea and vomiting encourage the scientific community focused on opioid therapy to improve their recruitment efforts, to increase the statistical power and clinical applicability of pharmacogenomic studies for opioid therapy.

7.3 GWAS on efficacy phenotype identifies variants associated with pain intensity at a genome-wide level threshold, mapping near the *OPRL1* gene

In the second GWAS performed instead on the opioid efficacy phenotype, a locus on chromosome 20, significantly associated with pain intensity, has been identified at a genome-wide level threshold. To be precise, the minor alleles of five variants were markers of good response to opioid analgesic therapy: patients heterozygous or homozygous for the minor allele had lower pain intensity than patients homozygous for the major alleles. Also, these five variants were in strong linkage disequilibrium with each other and were also linked to 26 other SNPs less associated with pain intensity. These variants are in a 30 kbp region, where the protein-L-isoaspartate (D-aspartate) O-methyltransferase domain containing 2

(*PCMTD2*) gene is located. Additionally, less than 200 kbp apart mapped other protein-coding genes including the *MYT1* (myelin transcription factor 1), *NPBWR2* (neuropeptides B and W receptor 2) and *OPRL1* (opioid-related nociceptin receptor 1) genes: these are mostly expressed in the brain, and the latter two genes encoded for two different proteins involved in pain modulation (as reviewed in ^{138,139}). The gene *OPRL1* does not have high affinity for standard opiate ligands but it encodes for a G protein-coupled receptor of the opioid receptor family, binding nociceptine, an endogenous neuropeptide with an opioid modulatory activity and affecting analgesia ³⁹. Regarding the function of *PCMTD2*, literature reported that it interacts with the CUL5 protein, leading to the ubiquitination of IL2RB and negatively regulating IL2 signalling in CD8+ T cells.¹⁴⁰ However, its role in pain modulation is still unknown. In a study on subjects with neuropathy after traumatic nerve injuries, it has been reported that ILR2B plasma levels have been associated with neuropathic pain (but not after correction for multiple testing).¹⁴¹

The top five variants on chromosome 20 identified in our GWAS were previously reported to act as eQTLs in GTEx and eQTLGen (where the association was tested only in the blood) databases, both for *PCMTD2* and *OPRL1* genes. In fact, these genetic variants can negatively modulate the expression levels of these genes and, specifically, carriers of one or two copies of minor alleles expressed lower levels of these genes in blood, as well as in other central nervous system tissues. The *OPRL1* gene, encoding the nociceptin/orphanin FQ receptor, is of particular interest in the context of opioid pharmacogenomics as it specifically binds nociceptine, a neuropeptide that plays a role in inducing hyper- or hypoalgesia based on the modulation of this expression. *PCMTD2*, a member of methyltransferase-like proteins family, a protein group involved in protein repair or modification processes, may influence neuronal signaling stability. The fact that it is also expressed in different brain regions such as cerebellum, spinal cord and cortex, could suggest the possibility of a role of this gene to central and peripheral pathways that regulate also opioid response, but this still needs to be investigated through new functional analyses. Unfortunately, the colocalization analyses that tested if the same variants affecting gene expression are also responsible for the modulation of pain intensity does not support this hypothesis, although different tools predict these polymorphisms to be functional, potentially affecting transcription factor binding sites or other regulatory elements. Of course, further studies are needed to better understand the regulatory role of these variants and the mechanism underlying their association with pain intensity. It would be worth investigating how these variants affect *OPRL1* levels in the brain or in other nervous system tissues

involved in pain signaling. Also, the impact of the lead variants on *OPRL1* expression should be evaluated in other publicly available eQTL datasets: these resources differ in tissue coverage and statistical power. For example, MetaBrain, that focuses on brain tissues, was already used, but it has lower power to detect *OPRL1* eQTLs than eQTLgen, for instance, which include data from a very large number of individuals. The lack of large datasets from relevant peripheral or central nervous system tissues (e.g., dorsal root ganglia, spinal cord, or specific cortical nuclei involved in nociception) limits the mechanistic interpretation. Also, this study lacks functional validation performed with molecular assays that directly test the effect of the identified variants (or the true causal ones) on *OPRL1* transcription.

7.4 Post-GWAS analyses on efficacy phenotype identifies the central nervous system as the most enriched tissue

The results of the sLDSC suggested that the heritability of pain intensity is enriched in the liver and central nervous system, followed by connective bone and skeletal muscle tissues. This pattern aligns with known biological processes. While the liver is critically involved in drug metabolism, including the biotransformation of opioids, such as oxycodone^{142,143}, the CNS plays a central role in pain perception and modulation.^{144,145} Also, the enrichment of connective bones and skeletal muscles was interesting, as it is known that these tissues are highly implicated in tumor invasion, metastasis and inflammation, that cause pain intensity in advanced cancer patients.^{146,147} Interestingly, our results are quite consistent with the findings from the sLDSC performed for chronic non-cancer pain by Toikumo *et al.*¹²² particularly for the CNS-specific enrichment as the major contributor for pain-related genetic variants and liver. Toikumo *et al.*¹²² also evaluated the cell-type-specific regulation, noticing that the major contribution was, for CNS tissues, in the brain, limbic system, hippocampus, cortex, and cerebellum. Unfortunately, at the time of our GWAS analysis, the cell-type specific dataset was no longer publicly available. Thus, we could not download the information about the partitioned SNPs at a cell-type level and perform this additional analysis. However, it could be worthwhile investigating it in the future, considering a possible limitation of this approach which assumes that LD patterns and gene regulatory architectures are consistent across populations. Indeed, this may not be true for admixed populations, where LD patterns can differ from those observed in the reference panels typically used for fine-mapping or annotation: methods that explicitly account for individual ancestry could improve the resolution of variant-level effects.¹⁴⁸ Approaches that incorporate

a kinship matrix can better model relatedness and reduce confounding from population structure^{149,150}; also, tools inferring local or global admixture proportions could quantify the contribution of each ancestral component, allowing to understand whether certain variants have an effect in specific ancestral backgrounds.¹⁵¹ Such strategies could ultimately support a more precise interpretation of genetic associations and, in the longer term, contribute to more personalized therapeutic approaches. For this reason, extending these analyses to cohorts with different ancestries would help determine whether the observed associations are consistent across populations or driven by population-specific genetic structure. Overall, our findings from sLDSC analysis provide novel insights for tissue enrichment in the heritability of cancer pain that needs further investigation.

7.5 Contextualization of the results from the efficacy phenotype GWAS

To contextualize our findings within the existing literature on pain genetics, I first observed if the variants reported in the Human Pain Genetic Database¹⁵² were nominally significantly associated with pain intensity in our GWAS. These results came mostly from candidate-gene studies and one pharmacogenomics studies. Particularly, a lot of them tried to evaluate the associations between cancer pain or analgesia and genetics using a relatively small sample size. Except for the pharmacogenomics study⁶⁷, that was performed on a partial cohort of 1567 advanced cancer patients from the EPOS study here investigated, the candidate-gene study focused their attention of cohort < 400 patients. Also, the cancer pain phenotype evaluated was more specific than the one here investigated, focusing their attention on gastric, breast or lung cancer, while we evaluated the pain intensity of a different range of tumor diagnosis. Moreover, the studies evaluated were not coherent in term of genetic ancestry: some candidate gene studies, performed to evaluate the effect of the analgesia in genetics, were performed on South African advanced cancer patients or cancer patients from East Asia. This explains why the order of magnitude of significance is different from the statistical association obtained here.

Moreover, our results did not replicate the findings of the previous pain GWAS such as Galvan *et al.*⁷¹ or Nishizawa *et al.*⁷². This lack of validation is probably due to a smaller sample size of and to the different study designs in Galvan *et al.*⁷¹, where genetic data were obtained from pooled DNA and not individually genotyped. Also, the phenotype was based on a measure of pain relief and not intensity, which are quite different.

In Nishizawa *et al.*⁷², the small sample size, the different phenotypes used (opioid

requirement) and the different genetic ancestry probably contributed to the lack of validation of the results from the Asiatic study in our GWAS.

In the multi-ancestry GWAS for chronic pain¹²², a locus on chromosome 20 (20q13.33) was reported as associated with pain intensity. This is the same genomic region as our locus. Their top-significant variant, mapping 400 kbp far from ours, was not significantly associated with pain intensity in our GWAS for cancer pain, but we cannot exclude that the identified locus could be the same. In addition, other five loci, less significantly associated with pain intensity in our opioid-treated cancer patients GWAS, mapped near the lead variants of the loci identified in the other previous GWAS^{122,123}. Therefore, we can affirm that our results independently validate previous findings under different pain conditions, indicating that genetics may have a role in influencing different types of pain.

Then, associations of our variants in chromosome 20 with tea and coffee intake phenotypes were revealed through the PheWAS performed with UK Biobank traits; these associations were also confirmed in a recent study in a US cohort (23andMe, Inc. research participants), suggesting a possible shared genetic control of pain intensity and caffeine (and other related natural xanthines) consumption¹⁵³. Caffeine has an antagonistic effect on adenosine receptors, and it can induce pain relief (as reviewed in¹⁵⁴) in animal models. It has been observed that interaction between caffeine, theophylline and morphine can enhance the morphine analgesic effect¹⁵⁵. These findings suggest that a more in-depth study of the shared genetic mechanisms modulating both coffee/tea intake, pain intensity and opioid response are warranted. Broader studies evaluating the role of genetics on opioid-treated cancer patients for pain relief are needed to confirm our findings and, possibly, discover additional genetic loci modulating this specific type of pain. Also, our results might not be generalized to patients of ancestry different from the European one, since the variants affecting opioid response could be different in other populations. The analyzed phenotype could be considered as another limitation of our study, since pain intensity in each individual is highly subjective; however, we tried to overcome this bias with the use of standardized questionnaires to report this patient outcome. Additionally, pain intensity might be influenced by other external factors (e.g. co-existent mood disorders or other comorbidities) that we could not consider in our regression model, because we did not have this kind of information. Also, the different types of studies where our patients came from (EPOS, MOLO and CERP) probably contributed to increase the heterogeneity of this phenotype.

7.6 Bidirectional Mendelian Randomization results present some limitations due to the relatively small sample size

Different studies have suggested a relationship between inflammation and cancer pain, or a link between the latter and mental health.^{156,157} Herein, taking advantage of our results from the GWAS on cancer pain intensity, the possible causal relationship between putative pain risk factors (e.g., inflammatory traits, psychiatric and sleep-related conditions), as well as the causality of cancer pain on mental health conditions, were investigated through bidirectional Mendelian randomization analyses, applying different methods, when possible, to ensure robustness. Unfortunately, some of the available summary statistics of the investigated traits did not include the significant germline variants identified in our GWAS, thus reducing the number of analyzable traits, since shared instrumental variables are mandatory. This may be due to the low number of statistically significant variants in our GWAS (due to its relatively limited sample size), that increase the risk of weak instrument bias, leading to imprecise estimates and inflated Type I errors.¹⁵⁸ Overall, no significant results were obtained for any exposure trait, except for neutrophil count, which, however, was not confirmed using different MR methods. This may again be due to the limited statistical power of the analysis. This limitation should also be considered when discussing the interesting result of a possible causal relationship between cancer pain and sleep disturbance, since it did not allow us to test other MR methods to confirm the Wald ratio test. Another limitation of these MR analyses might be the heterogeneity and horizontal pleiotropy (violating the third assumption of MR), resulting from the sensitivity analyses performed. Larger GWAS on cancer pain would be helpful in better investigating the causal relationships preliminarily explored herein.

Several MR studies investigated the causal relationship between psychiatric, inflammation factors and sleep-related traits in different population ancestries, with chronic pain. For instance, Toikumo *et al.*¹²² investigated the role of 18 different psychiatric risk factors such as drug dependences, depressive disorders, cognitive performance, finding a causal relationship between chronic pain intensity and use of opioids, depression, smoking initiation and neuroticism. Farrell *et al.* identified a causal relationship between higher C-reactive protein levels and different pain types, such as chronic pain of back, neck, shoulder and widespread pain.¹⁵⁹ Liang *et al.* reported also a causal relationship, in European populations, of interleukin-18 levels in neuropathic pain, to be precise in postherpetic neuralgia risk.¹⁶⁰ Another MR study evaluating the role of circulating inflammatory proteins

in multisite chronic pain (MCP) and site-specific chronic pain (SSCP), reported that there is a causality between them, identifying 14 different proteins such as colony-stimulating factor 1, human glial cell line-derived neurotrophic factor, IL-17C or TNF as risk factors for MCP and SSCP.¹⁶¹ These results indicated that chronic pain is modulated by several inflammation factors.

Different MR studies, instead, tried to identify the causality between different sleep and psychiatric traits, and chronic pain conditions. In a bidirectional MR that evaluated the causality between mental health disorders and chronic pain, it has been observed that insomnia, depression and anxiety are causally related to the genetic susceptibility of multisite pain, including headache, back, shoulder, stomach, and abdominal pain. Reversely, some types of pain were causally related to insomnia and depression.¹⁶² This bidirectional relationship between mental health conditions and different types of pain (e.g., widespread, chronic, short-term, and neuropathic pain) was investigated by several authors^{163–166}, who reported interesting findings regarding, for instance, neuroticism major depressive disorder, insomnia, and sleep duration. Generally, these findings evidence the heterogeneity of the chronic pain phenotype that is influenced by different and multiple biological and environmental factors. A limitation of these analyses can be also the use of summary statistics from large biobank resources (i.e. UK Biobank) that can suffer from selection bias due to the healthier and more socioeconomically advantaged profile of participants, that not represent correctly the general population.¹⁶⁷

To the best of my knowledge, no MR studies have been performed specifically on cancer-related pain (as no specific GWAS data were available, thus far), leading to a major gap in the field, that needs to be filled. Here I proposed the first Mendelian Randomization performed for cancer pain, but a larger GWAS sample size is needed to increase the probability to detect a causality between pain intensity in cancer patients and other different risk factors. Future MR analyses would benefit from larger, multi-ancestry GWAS of cancer pain, harmonized exposure datasets, and the possibility to employ alternative sensitivity methods such as weighted median, MR-PRESSO, or multivariable MR, which are currently underpowered due to the scarcity of strong instruments. These improvements would increase robustness against pleiotropy and allow for a more comprehensive assessment of causal mechanisms.

7.7 Conclusions and future perspectives

To conclude and summarize, this is the largest pharmacogenomic study performed in more than 2,000 European advanced cancer patients treated with opioids of the III step of the WHO analgesic ladder for cancer pain. It allowed the identification of genetic variants modulating opioid response, both in terms of efficacy and tolerability.

This study expands the knowledge of the genetic architecture of opioid response in cancer pain, highlighting the role of genetics in opioid response and suggesting new hypotheses about the biological mechanisms contributing to this inter-individual variability. The findings obtained also underscore the importance of further replication and functional validation analyses to address the limitations encountered, such as the complexity of the opioid response phenotype as well as the limited sample size of our cancer-pain cohort.

Setting the basis for future large-scale, multi-ancestry and multi-omics studies in this field will be helpful to bring these pharmacological findings into clinical practice, personalizing the opioid therapies, improving the efficacy and minimizing the incidence of adverse effects in advanced cancer patients undergoing opioid treatment for cancer pain relief.

The next step will be the validation of the observed association in independent cohorts. So far, to the best of our knowledge, other datasets related to advanced cancer patients (treated with morphine, buprenorphine, oxycodone and fentanyl for cancer pain), evaluating nausea/vomiting intensity and pain intensity in the same way that we did, are not available. This highlights the need to improve the patient's recruitment strategies to obtain a valid replication cohort for validation. One suggestion might be using the clinical and genetic data available in existing biobanks such as UK Biobank or FinnGen. However, it is important to consider that biobanks lack accurate information about opioid use in the specific context of patients with cancer pain. For example, dosage information may be missing, or different questionnaires may have been used to collect pain information, resulting in different phenotypic data types or inconsistent clinical annotation. These issues may be even worse in the case of data on opioid adverse events. All these limitations should be considered when using biobank data to replicate the obtained findings, at least until drug-response-focused biobanks are available.

Another future perspective of my job thesis is to address the analysis of additional pain-related phenotypes (e.g. pain relief, neuropathic pain, breakthrough pain), and opioid-induced adverse effects, such as constipation, hallucinations, insomnia or respiratory depression, for some of which we already have data. These analyses will be performed not

only using the additive model, as done in the present work, but also dominant and recessive models, allowing to obtain a more precise and extended view of the genetic architecture behind the response to opioid treatment.

Also the analysis of opioid efficacy and toxicity through the use of longitudinal data (available for CERP and MOLO patients), using method such as trajGWAS¹⁶⁸, that take into account the changes in phenotypes across different time-point, could be useful to better explore the genetics of the dynamic changes in drug efficacy and tolerance over time, as well as the change of pain perception at each follow-up point. This would be helpful to reveal also potential biomarkers and trajectories of response that are not captured, instead, in a cross-sectional design.

Moving into the understanding of the biological role of the identified variants, functional analyses are highly necessary. These analyses can include *in vitro* or *in vivo* experiments with the aim of understanding the mechanism by which the statistically associated variants modulate opioid response, nausea/vomiting, and pain intensity. Since the identified variants are reported to act as regulatory polymorphisms, this might be tested and validated *in vitro*. For instance, a method to directly demonstrate that a SNP acts as a *cis* regulatory variant on a target gene consists in the measurement of allelic differential expression^{169,170}, using public transcriptomic data. In addition, although quite challenging, as most of the variants associated with the phenotype of interest map to non-coding regions of the genome, the high-throughput pooled CRISPR base editing screen¹⁷¹ could be used to investigate whether specific variants influence *OPRL1* or *PCMTD2* expression, providing evidence for the mechanism underlying the observed association with pain intensity.

Then, given the fact that the genetic heritability detected explains only a small proportion of the variability in pain sensitivity and analgesic response, it could be also useful to integrate genomics with other multi-omics approaches to identify additional biomarkers of opioid response. For example, transcriptomics, epigenomics, proteomics and metabolomics can give a complementary perspective, to understand insights behind complex gene and environment interactions and their role in the treatment efficacy. Finally, artificial intelligence algorithms, as those reviewed by Acharya D. *et al.*¹⁷², can be also used to integrate omics data and identify biomarkers predictive of opioid response.

These future directions will not only enhance the scientific rigor of pain genetics research but also pave the way for more personalized and effective approaches to pain management, to ensure better care and quality of life for advanced cancer patients.

8. Acknowledgements (grant)

The research leading to these results was made possible thanks to the funding received from AIRC under MFAG 2019 (ID. 22950—Principal Investigator: Francesca Colombo. The funding organization had no role in the design or execution of the study; collection, management, analysis, or interpretation of the data; or preparation, review, or approval of the manuscript.

I would like to express my deepest gratitude to my supervisor, Dr. Francesca Colombo, for her constant guidance, encouragement, and support throughout these three years of doctoral research. Her expertise, constructive feedback, and trust in doing different activities and abroad experiences have been invaluable for both my scientific and personal growth. Thanks.

I am really grateful also to my university tutor, Prof. Cristina Battaglia, whose precious advice and support during the academic activities of the PhD have greatly enriched my training and experience; a thank you also goes to my external reviewers, who, thanks to their valuable advice, allowed me to improve the drafting of this thesis, making it even more detailed and accurate.

I am also warmly thankful to my external advisor, Dr. Hanna Ollila, who generously hosted me at FIMM. This experience was fundamental in allowing me to broaden my scientific skills, work in an international environment, and develop a stronger sense of autonomy as a researcher.

Special thanks also go to my colleagues at the CNR, Tania, Martina E. e Martina S., Camilla, Eleonora, Clarissa, Roberta, Gianluca, Ugo, Elisa, Eva, Ingrid, Marco, who have always been willing to listen, share ideas, and offer constructive discussions that helped me refine my work. I am sincerely thankful to my fellow PhD colleagues as well, for their companionship, collaboration, and for creating a stimulating and supportive environment during these years of shared challenges and achievements. Finally, I wish to thank my family and friends, whose patience, encouragement, and understanding have been a constant source of strength throughout this journey.

9. References

1. Raja, S. N. *et al.* The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises. *Pain* **161**, 1976–1982 (2020).
2. Lin, T. Physiology of pain. in *Fundamentals of Anaesthesia* 431–453 (Cambridge University Press, 2016). doi:10.1017/9781139626798.023.
3. Rosenbaum, T., Morales-Lázaro, S. L. & Islas, L. D. TRP channels: a journey towards a molecular understanding of pain. *Nat Rev Neurosci* **23**, 596–610 (2022).
4. Cordero-Erausquin, M., Inquimbert, P., Schlichter, R. & Hugel, S. Neuronal networks and nociceptive processing in the dorsal horn of the spinal cord. *Neuroscience* **338**, 230–247 (2016).
5. Basbaum, A. I. & Fields, H. L. Endogenous Pain Control Systems: Brainstem Spinal Pathways and Endorphin Circuitry. *Annu Rev Neurosci* **7**, 309–338 (1984).
6. Llorca-Torralba, M., Borges, G., Neto, F., Mico, J. A. & Berrocoso, E. Noradrenergic Locus Coeruleus pathways in pain modulation. *Neuroscience* **338**, 93–113 (2016).
7. Afridi, B., Khan, H., Akkol, E. K. & Aschner, M. Pain Perception and Management: Where do We Stand? *Curr Mol Pharmacol* **14**, 678–688 (2021).
8. Bliss, T. V. P., Collingridge, G. L., Kaang, B.-K. & Zhuo, M. Synaptic plasticity in the anterior cingulate cortex in acute and chronic pain. *Nat Rev Neurosci* **17**, 485–496 (2016).
9. Ong, W.-Y., Stohler, C. S. & Herr, D. R. Role of the Prefrontal Cortex in Pain Processing. *Mol Neurobiol* **56**, 1137–1166 (2019).
10. McCarberg, B. & Peppin, J. Pain Pathways and Nervous System Plasticity: Learning and Memory in Pain. *Pain Medicine* **20**, 2421–2437 (2019).
11. Mears, L. & Mears, J. The pathophysiology, assessment, and management of acute pain. *British Journal of Nursing* **32**, 58–65 (2023).
12. Ossipov, M. H., Dussor, G. O. & Porreca, F. Central modulation of pain. *Journal of Clinical Investigation* **120**, 3779–3787 (2010).
13. Granot, M., Sprecher, E. & Yarnitsky, D. Psychophysics of phasic and tonic heat pain stimuli by quantitative sensory testing in healthy subjects. *European Journal of Pain* **7**, 139–143 (2003).
14. Arendt-Nielsen, L. & Yarnitsky, D. Experimental and Clinical Applications of Quantitative Sensory Testing Applied to Skin, Muscles and Viscera. *J Pain* **10**, 556–572 (2009).
15. Russo, M. M. & Sundaramurthi, T. An Overview of Cancer Pain: Epidemiology and Pathophysiology. *Semin Oncol Nurs* **35**, 223–228 (2019).
16. Ji, R.-R., Nackley, A., Huh, Y., Terrando, N. & Maixner, W. Neuroinflammation and Central Sensitization in Chronic and Widespread Pain. *Anesthesiology* **129**, 343–366 (2018).

17. Latremoliere, A. & Woolf, C. J. Central Sensitization: A Generator of Pain Hypersensitivity by Central Neural Plasticity. *J Pain* **10**, 895–926 (2009).
18. Finnerup, N. B., Kuner, R. & Jensen, T. S. Neuropathic Pain: From Mechanisms to Treatment. *Physiol Rev* **101**, 259–301 (2021).
19. Fallon, M. T. Neuropathic pain in cancer. *Br J Anaesth* **111**, 105–111 (2013).
20. Portenoy, R. K. & Hagen, N. A. Breakthrough pain: definition, prevalence and characteristics. *Pain* **41**, 273–281 (1990).
21. Macedo, F. *et al.* Bone metastases: an overview. *Oncol Rev* <https://doi.org/10.4081/oncol.2017.321> (2017) doi:10.4081/oncol.2017.321.
22. Wang, K. *et al.* Nociceptor neurons promote PDAC progression and cancer pain by interaction with cancer-associated fibroblasts and suppression of natural killer cells. *Cell Res* **35**, 362–380 (2025).
23. Wang, W.-L., Hao, Y.-H., Pang, X. & Tang, Y.-L. Cancer pain: molecular mechanisms and management. *Molecular Biomedicine* **6**, 45 (2025).
24. Loprinzi, C. L. *et al.* Prevention and Management of Chemotherapy-Induced Peripheral Neuropathy in Survivors of Adult Cancers: ASCO Guideline Update. *Journal of Clinical Oncology* **38**, 3325–3348 (2020).
25. Greco, M. T. *et al.* Quality of Cancer Pain Management: An Update of a Systematic Review of Undertreatment of Patients With Cancer. *Journal of Clinical Oncology* **32**, 4149–4154 (2014).
26. Caraceni, A. *et al.* Use of opioid analgesics in the treatment of cancer pain: evidence-based recommendations from the EAPC. *Lancet Oncol* **13**, (2012).
27. Anekar, A. A., Hendrix, J. M. & Cascella, M. *WHO Analgesic Ladder*. (2025).
28. Pasternak, G. W. & Pan, Y.-X. Mu Opioids and Their Receptors: Evolution of a Concept. *Pharmacol Rev* **65**, 1257–1317 (2013).
29. Swingler, M., Donadoni, M., Unterwald, E. M., Maggirwar, S. B. & Sariyer, I. K. Molecular and cellular basis of mu-opioid receptor signaling: mechanisms underlying tolerance and dependence development. *Front Neurosci* **19**, (2025).
30. El Daibani, A., Burgess, G., Rysztak, L., Jutkiewicz, E. & Pradhan, A. A. Delta opioid receptors: Overlooked outlier or the next big thing. *Curr Opin Pharmacol* **83**, 102528 (2025).
31. Zhang, L. *et al.* Supraspinal kappa-opioid receptors: new therapeutic strategies for pain, pruritus, and negative emotions. *Exp Brain Res* **243**, 116 (2025).
32. Yaksh T, W. M. Opioids, Analgesia, and Pain Management. in *The Pharmacological Basis of Therapeutics* (ed. Laurence L. Brunton) (2017).
33. Lau, B. K., Winters, B. L. & Vaughan, C. W. Opioid presynaptic disinhibition of the midbrain periaqueductal grey descending analgesic pathway. *Br J Pharmacol* **177**, 2320–2332 (2020).

34. Terenius, L. Endorphins and Pain. in *Hormones and the Brain* 231–240 (Springer Netherlands, Dordrecht, 1980). doi:10.1007/978-94-009-8709-8_19.
35. García-Domínguez, M. Enkephalins and Pain Modulation: Mechanisms of Action and Therapeutic Perspectives. *Biomolecules* **14**, 926 (2024).
36. Podvin, S., Yaksh, T. & Hook, V. The Emerging Role of Spinal Dynorphin in Chronic Pain: A Therapeutic Perspective. *Annu Rev Pharmacol Toxicol* **56**, 511–533 (2016).
37. El Daibani, A. & Che, T. Spotlight on Nociceptin/Orphanin FQ Receptor in the Treatment of Pain. *Molecules* **27**, 595 (2022).
38. Gavioli, E. C., Holanda, V. A. D., Calo, G. & Ruzza, C. Nociceptin/orphanin FQ receptor system blockade as an innovative strategy for increasing resilience to stress. *Peptides (N.Y.)* **141**, 170548 (2021).
39. Toll, L., Bruchas, M. R., Calo', G., Cox, B. M. & Zaveri, N. T. Nociceptin/Orphanin FQ Receptor Structure, Signaling, Ligands, Functions, and Interactions with Opioid Systems. *Pharmacol Rev* **68**, 419–457 (2016).
40. Zarin, M. K. Z., Dehaen, W., Salehi, P. & Asl, A. A. B. Synthesis and Modification of Morphine and Codeine, Leading to Diverse Libraries with Improved Pain Relief Properties. *Pharmaceutics* **15**, 1779 (2023).
41. Szczupak, M. *et al.* Strategy for effective analgesia with intravenous buprenorphine in patients with acute postoperative pain. *BMC Anesthesiol* **25**, 216 (2025).
42. Albaqami, M. S. *et al.* Buprenorphine for acute post-surgical pain. *Saudi J Anaesth* **17**, 65–71 (2023).
43. Barletta, C. *et al.* The Rise of Fentanyl: Molecular Aspects and Forensic Investigations. *Int J Mol Sci* **26**, 444 (2025).
44. Formenti, P. *et al.* Managing Severe Cancer Pain with Oxycodone/Naloxone Treatment: A Literature Review Update. *J Pers Med* **14**, 483 (2024).
45. Swegle, J. M. & Logemann, C. Management of common opioid-induced adverse effects. *Am Fam Physician* **74**, 1347–54 (2006).
46. Huynh, P., Villaluz, J., Bhandal, H., Alem, N. & Dayal, R. Long-Term Opioid Therapy: The Burden of Adverse Effects. *Pain Medicine* **22**, 2128–2130 (2021).
47. Swarm, R. A. *et al.* Adult Cancer Pain. *Journal of the National Comprehensive Cancer Network* **11**, 992–1022 (2013).
48. Portenoy, R. K. & Lesage, P. Management of cancer pain. *The Lancet* **353**, 1695–1700 (1999).
49. Mercadante, S., Arcuri, E., Ferrera, P., Villari, P. & Mangione, S. Alternative Treatments of Breakthrough Pain in Patients Receiving Spinal Analgesics for Cancer Pain. *J Pain Symptom Manage* **30**, 485–491 (2005).

50. Teunissen, S. C. C. M. *et al.* Symptom prevalence in patients with incurable cancer: a systematic review. *J Pain Symptom Manage* **34**, 94–104 (2007).
51. Nielsen, C., Knudsen, G. & Steingrimsdóttir, Ó. Twin studies of pain. *Clin Genet* **82**, 331–340 (2012).
52. Angst, M. S. *et al.* Pain sensitivity and opioid analgesia: A pharmacogenomic twin study. *Pain* **153**, 1397–1409 (2012).
53. Raad, M., López, W. O. C., Sharafshah, A., Assefi, M. & Lewandrowski, K.-U. Personalized Medicine in Cancer Pain Management. *J Pers Med* **13**, 1201 (2023).
54. Caraco, Y., Sheller, J. & Wood, A. J. Pharmacogenetic determination of the effects of codeine and prediction of drug interactions. *J Pharmacol Exp Ther* **278**, 1165–74 (1996).
55. Dean, L. & Kane, M. *Codeine Therapy and CYP2D6 Genotype*. (2012).
56. Deodhar, M., Turgeon, J. & Michaud, V. Contribution of CYP2D6 Functional Activity to Oxycodone Efficacy in Pain Management: Genetic Polymorphisms, Phenoconversion, and Tissue-Selective Metabolism. *Pharmaceutics* **13**, 1466 (2021).
57. Takashina, Y. *et al.* Impact of CYP3A5 and ABCB1 gene polymorphisms on fentanyl pharmacokinetics and clinical responses in cancer patients undergoing conversion to a transdermal system. *Drug Metab Pharmacokinet* **27**, 414–21 (2012).
58. Campa, D., Gioia, A., Tomei, A., Poli, P. & Barale, R. Association of ABCB1/MDR1 and OPRM1 Gene Polymorphisms With Morphine Pain Relief. *Clin Pharmacol Ther* **83**, 559–566 (2008).
59. Rakvåg, T. T. *et al.* Genetic Variation in the *Catechol-O-Methyltransferase (COMT)* Gene and Morphine Requirements in Cancer Patients with Pain. *Mol Pain* **4**, (2008).
60. Mura, E. *et al.* Consequences of the 118A>G polymorphism in the OPRM1 gene: translation from bench to bedside? *J Pain Res* **6**, 331–53 (2013).
61. Klepstad, P. *et al.* The 118 A & G polymorphism in the human μ -opioid receptor gene may increase morphine requirements in patients with pain caused by malignant disease. *Acta Anaesthesiol Scand* **48**, 1232–1239 (2004).
62. Oosten, A. W. *et al.* Opioid Treatment Failure in Cancer Patients: The Role of Clinical and Genetic Factors. *Pharmacogenomics* **17**, 1391–1403 (2016).
63. Haupt, L. M. *et al.* The effects of OPRM1 118A&G on methadone response in pain management in advanced cancer at end of life. *Sci Rep* **14**, 3411 (2024).
64. Lingaratnam, S. *et al.* A systematic review and meta-analysis of the impacts of germline pharmacogenomics on severe toxicity and symptom burden in adult patients with cancer. *Clin Transl Sci* **17**, (2024).
65. Fladvad, T., Fayers, P., Skorpen, F., Kaasa, S. & Klepstad, P. Lack of association between genetic variability and multiple pain-related outcomes in a large cohort of patients with advanced cancer: the European Pharmacogenetic Opioid Study (EPOS). *BMJ Support Palliat Care* **2**, 351–355 (2012).

66. Bergeson, S. E. *et al.* Quantitative trait loci influencing morphine antinociception in four mapping populations. *Mammalian Genome* **12**, 546–553 (2001).
67. Laugsand, E. A. *et al.* Clinical and genetic factors associated with nausea and vomiting in cancer patients receiving opioids. *Eur J Cancer* **47**, 1682–1691 (2011).
68. Sham, P. C. & Purcell, S. M. Statistical power and significance testing in large-scale genetic studies. *Nat Rev Genet* **15**, 335–346 (2014).
69. Kember, R. L. *et al.* Cross-ancestry meta-analysis of opioid use disorder uncovers novel loci with predominant effects in brain regions associated with addiction. *Nat Neurosci* **25**, 1279–1287 (2022).
70. Davis, C. N. *et al.* Multi-ancestry genome-wide association meta-analysis of buprenorphine treatment response. *Neuropsychopharmacology* **50**, 1346–1353 (2025).
71. Galvan, A. *et al.* Multiple Loci Modulate Opioid Therapy Response for Cancer Pain. *Clinical Cancer Research* **17**, 4581–4587 (2011).
72. Nishizawa, D. *et al.* Genome-Wide Association Study Identifies Candidate Loci Associated with Opioid Analgesic Requirements in the Treatment of Cancer Pain. *Cancers (Basel)* **14**, 4692 (2022).
73. Colombo, F. *et al.* Identification of genetic polymorphisms modulating nausea and vomiting in two series of opioid-treated cancer patients. *Sci Rep* **10**, 542 (2020).
74. Zou, Y., Carbonetto, P., Wang, G. & Stephens, M. Fine-mapping from summary data with the “Sum of Single Effects” model. *PLoS Genet* **18**, e1010299 (2022).
75. Võsa, U. *et al.* Large-scale cis- and trans-eQTL analyses identify thousands of genetic loci and polygenic scores that regulate blood gene expression. *Nat Genet* **53**, 1300–1310 (2021).
76. Bulik-Sullivan, B. *et al.* An atlas of genetic correlations across human diseases and traits. *Nat Genet* **47**, 1236–41 (2015).
77. Davey Smith, G. & Ebrahim, S. ‘Mendelian randomization’: can genetic epidemiology contribute to understanding environmental determinants of disease?*. *Int J Epidemiol* **32**, 1–22 (2003).
78. Burgess, S. & Thompson, S. G. Avoiding bias from weak instruments in Mendelian randomization studies. *Int J Epidemiol* **40**, 755–764 (2011).
79. Wang, Y. *et al.* Exploring the bidirectional causal associations between pain and circulating inflammatory proteins: A Mendelian randomization study. *Clin Exp Pharmacol Physiol* **51**, (2024).
80. Johnston, K. J. A. *et al.* Genome-wide association study of multisite chronic pain in UK Biobank. *PLoS Genet* **15**, e1008164 (2019).
81. Corli, O. *et al.* Are strong opioids equally effective and safe in the treatment of chronic cancer pain? A multicenter randomized phase IV ‘real life’ trial on the variability of response to opioids. *Annals of Oncology* **27**, 1107–1115 (2016).

82. Kurita, G. P. *et al.* Prevalence and Predictors of Cognitive Dysfunction in Opioid-Treated Patients With Cancer: A Multinational Study. *Journal of Clinical Oncology* **29**, 1297–1303 (2011).
83. Shkodra, M. *et al.* Cancer pain: Results of a prospective study on prognostic indicators of pain intensity including pain syndromes assessment. *Palliat Med* **36**, 1396–1407 (2022).
84. Caraceni, A. *et al.* Use of opioid analgesics in the treatment of cancer pain: evidence-based recommendations from the EAPC. *Lancet Oncol* **13**, e58–e68 (2012).
85. Poquet, N. & Lin, C. The Brief Pain Inventory (BPI). *J Physiother* **62**, 52 (2016).
86. Aaronson, N. K. *et al.* The European Organization for Research and Treatment of Cancer QLQ-C30: A Quality-of-Life Instrument for Use in International Clinical Trials in Oncology. *JNCI Journal of the National Cancer Institute* **85**, 365–376 (1993).
87. R Core Team (2023). *_R: A Language and Environment for Statistical Computing_*. R Foundation for Statistical Computing, Vienna, Austria. <<https://www.R-project.org/>>.
88. STAT: Interactive Document for Working with Basic Statistical Analysis. *CRAN: Contributed Packages* Preprint at <https://doi.org/10.32614/CRAN.package.STAT> (2019).
89. Yang, J. *et al.* FTO genotype is associated with phenotypic variability of body mass index. *Nature* **490**, 267–272 (2012).
90. Purcell, S. *et al.* PLINK: A Tool Set for Whole-Genome Association and Population-Based Linkage Analyses. *The American Journal of Human Genetics* **81**, 559–575 (2007).
91. Anderson, C. A. *et al.* Data quality control in genetic case-control association studies. *Nat Protoc* **5**, 1564–1573 (2010).
92. Pearson, K. LIII. *On lines and planes of closest fit to systems of points in space*. *The London, Edinburgh, and Dublin Philosophical Magazine and Journal of Science* **2**, 559–572 (1901).
93. Price, A. L. *et al.* Principal components analysis corrects for stratification in genome-wide association studies. *Nat Genet* **38**, 904–909 (2006).
94. Novembre, J. & Stephens, M. Interpreting principal component analyses of spatial population genetic variation. *Nat Genet* **40**, 646–649 (2008).
95. Delaneau, O. *et al.* Integrating sequence and array data to create an improved 1000 Genomes Project haplotype reference panel. *Nat Commun* **5**, 3934 (2014).
96. Das, S. *et al.* Next-generation genotype imputation service and methods. *Nat Genet* **48**, 1284–1287 (2016).
97. Taliun, D. *et al.* Sequencing of 53,831 diverse genomes from the NHLBI TOPMed Program. *Nature* **590**, 290–299 (2021).
98. Verlouw, J. A. M. *et al.* A comparison of genotyping arrays. *European Journal of Human Genetics* **29**, 1611–1624 (2021).

99. Mbatchou, J. *et al.* Computationally efficient whole-genome regression for quantitative and binary traits. *Nat Genet* **53**, 1097–1103 (2021).
100. D. Turner, S. qqman: an R package for visualizing GWAS results using Q-Q and manhattan plots. *J Open Source Softw* **3**, 731 (2018).
101. Pruim, R. J. *et al.* LocusZoom: regional visualization of genome-wide association scan results. *Bioinformatics* **26**, 2336–2337 (2010).
102. Chang, C. C. *et al.* Second-generation PLINK: rising to the challenge of larger and richer datasets. *Gigascience* **4**, (2015).
103. Bulik-Sullivan, B. K. *et al.* LD Score regression distinguishes confounding from polygenicity in genome-wide association studies. *Nat Genet* **47**, 291–5 (2015).
104. Oscanoa, J. *et al.* SNPnexus: a web server for functional annotation of human genome sequence variation (2020 update). *Nucleic Acids Res* **48**, W185–W192 (2020).
105. An integrated encyclopedia of DNA elements in the human genome. *Nature* **489**, 57–74 (2012).
106. Kumar, S., Ambrosini, G. & Bucher, P. SNP2TFBS – a database of regulatory SNPs affecting predicted transcription factor binding site affinity. *Nucleic Acids Res* **45**, D139–D144 (2017).
107. Mathelier, A. *et al.* JASPAR 2014: an extensively expanded and updated open-access database of transcription factor binding profiles. *Nucleic Acids Res* **42**, D142–D147 (2014).
108. Boyle, A. P. *et al.* Annotation of functional variation in personal genomes using RegulomeDB. *Genome Res* **22**, 1790–7 (2012).
109. Vösa, U. *et al.* Large-scale cis- and trans-eQTL analyses identify thousands of genetic loci and polygenic scores that regulate blood gene expression. *Nat Genet* **53**, 1300–1310 (2021).
110. de Klein, N. *et al.* Brain expression quantitative trait locus and network analyses reveal downstream effects and putative drivers for brain-related diseases. *Nat Genet* **55**, 377–388 (2023).
111. Ghossaini, M. *et al.* Open Targets Genetics: systematic identification of trait-associated genes using large-scale genetics and functional genomics. *Nucleic Acids Res* **49**, D1311–D1320 (2021).
112. Mountjoy, E. *et al.* An open approach to systematically prioritize causal variants and genes at all published human GWAS trait-associated loci. *Nat Genet* **53**, 1527–1533 (2021).
113. Wallace, C. & Giambartolomei, C. coloc: Colocalisation Tests of Two Genetic Traits. *CRAN: Contributed Packages* Preprint at <https://doi.org/10.32614/CRAN.package.coloc> (2012).
114. Finucane, H. K. *et al.* Partitioning heritability by functional annotation using genome-wide association summary statistics. *Nat Genet* **47**, 1228–35 (2015).
115. Bulik-Sullivan, B. K. *et al.* LD Score regression distinguishes confounding from polygenicity in genome-wide association studies. *Nat Genet* **47**, 291–295 (2015).

116. Pers, T. H. *et al.* Biological interpretation of genome-wide association studies using predicted gene functions. *Nat Commun* **6**, 5890 (2015).
117. Elsworth, B. *et al.* The MRC IEU OpenGWAS data infrastructure. Preprint at <https://doi.org/10.1101/2020.08.10.244293> (2020).
118. Hemani, G. *et al.* The MR-Base platform supports systematic causal inference across the human phenome. *Elife* **7**, (2018).
119. Hemani, G., Tilling, K. & Davey Smith, G. Orienting the causal relationship between imprecisely measured traits using GWAS summary data. *PLoS Genet* **13**, e1007081 (2017).
120. Minnai, F. *et al.* Genomic Study in Opioid-Treated Cancer Patients Identifies Variants Associated With Nausea-Vomiting. *J Pain Symptom Manage* **69**, 175-182.e5 (2025).
121. Minnai, F. *et al.* A genome-wide association study of European advanced cancer patients treated with opioids identifies regulatory variants on chromosome 20 associated with pain intensity. *European Journal of Pain* **29**, (2025).
122. Toikumo, S. *et al.* A multi-ancestry genetic study of pain intensity in 598,339 veterans. *Nat Med* **30**, 1075–1084 (2024).
123. Mocci, E. *et al.* Genome wide association joint analysis reveals 99 risk loci for pain susceptibility and pleiotropic relationships with psychiatric, metabolic, and immunological traits. *PLoS Genet* **19**, e1010977 (2023).
124. Jain, S. V., Panjeton, G. D. & Martins, Y. C. Relationship Between Sleep Disturbances and Chronic Pain: A Narrative Review. *Clin Pract* **14**, 2650–2660 (2024).
125. Herrero Babiloni, A. *et al.* The Impact of Sleep Disturbances on Endogenous Pain Modulation: A Systematic Review and Meta-Analysis. *J Pain* **25**, 875–901 (2024).
126. Ghitani, N. *et al.* A distributed coding logic for thermosensation and inflammatory pain. *Nature* **642**, 1016–1023 (2025).
127. Ji, J., Yuan, M. & Ji, R.-R. Inflammation and Pain. in *Neuroimmune Interactions in Pain* 17–41 (Springer International Publishing, Cham, 2023). doi:10.1007/978-3-031-29231-6_2.
128. Yang, Y. *et al.* TDRD3 is an effector molecule for arginine-methylated histone marks. *Mol Cell* **40**, 1016–23 (2010).
129. Stoll, G. *et al.* Deletion of TOP3 β , a component of FMRP-containing mRNPs, contributes to neurodevelopmental disorders. *Nat Neurosci* **16**, 1228–1237 (2013).
130. Peng, L. u, Bai, G. & Pang, Y. Roles of NPAS2 in circadian rhythm and disease. *Acta Biochim Biophys Sin (Shanghai)* **53**, 1257–1265 (2021).
131. Hofmeister, E. N., Fisher, S., Palesh, O. & Innominato, P. F. Does circadian rhythm influence gastrointestinal toxicity? *Curr Opin Support Palliat Care* **14**, 120–126 (2020).
132. Gamble, M. C. *et al.* A role for the circadian transcription factor NPAS2 in the progressive loss of non-rapid eye movement sleep and increased arousal during fentanyl withdrawal in male mice. *Psychopharmacology (Berl)* **239**, 3185–3200 (2022).

133. Barko, K. *et al.* Sex-specific Regulation of Fentanyl Reward by the Circadian Transcription Factor NPAS2. *bioRxiv* <https://doi.org/10.1101/2024.11.12.623242> (2024) doi:10.1101/2024.11.12.623242.
134. Puig, S., Shelton, M. A., Barko, K., Seney, M. L. & Logan, R. W. Sex-specific role of the circadian transcription factor NPAS2 in opioid tolerance, withdrawal and analgesia. *Genes Brain Behav* **21**, e12829 (2022).
135. Bumgarner, J. R., McCray, E. W. & Nelson, R. J. The disruptive relationship among circadian rhythms, pain, and opioids. *Front Neurosci* **17**, 1109480 (2023).
136. Jin, Y. *et al.* An Update in Our Understanding of the Relationships Between Gene Polymorphisms and Chemotherapy-Induced Nausea and Vomiting. *Int J Gen Med* **14**, 5879–5892 (2021).
137. Klenke, S. & Frey, U. H. Genetic variability in postoperative nausea and vomiting: A systematic review. *Eur J Anaesthesiol* **37**, 959–968 (2020).
138. Chottova Dvorakova, M. Distribution and Function of Neuropeptides W/B Signaling System. *Front Physiol* **9**, 981 (2018).
139. El Daibani, A. & Che, T. Spotlight on Nociceptin/Orphanin FQ Receptor in the Treatment of Pain. *Molecules* **27**, (2022).
140. Liao, X. *et al.* The CUL5 E3 ligase complex negatively regulates central signaling pathways in CD8+ T cells. *Nat Commun* **15**, 603 (2024).
141. Miculescu, A. A., Granlund, P., Butler, S. & Gordh, T. Association between systemic inflammation and experimental pain sensitivity in subjects with pain and painless neuropathy after traumatic nerve injuries. *Scand J Pain* **23**, 184–199 (2023).
142. Shum, S. & Isoherranen, N. Human Fetal Liver Metabolism of Oxycodone Is Mediated by CYP3A7. *AAPS J* **23**, 24 (2021).
143. Rascón-Martínez, D. M. *et al.* Role of Opioid-Sparing Techniques in Pain Management for General Surgery Patients With Hepatic Dysfunction: An Observational Cohort Study. *Cureus* **17**, e77117 (2025).
144. Ferrini, F., Goldstein, P. A. & Labrakakis, C. Editorial: CNS pain circuits in health and disease. *Front Neural Circuits* **16**, 977404 (2022).
145. Murray, G. M. & Sessle, B. J. Pain-sensorimotor interactions: New perspectives and a new model. *Neurobiol Pain* **15**, 100150 (2024).
146. Mantyh, P. W. Bone cancer pain: from mechanism to therapy. *Curr Opin Support Palliat Care* **8**, 83–90 (2014).
147. Waning, D. L. & Guise, T. A. Cancer-associated muscle weakness: What's bone got to do with it? *Bonekey Rep* **4**, 691 (2015).
148. Lee, H., Lee, M. H., Hou, K., Pasaniuc, B. & Han, B. Admixed and single-continental genome segments of the same ancestry have distinct linkage disequilibrium patterns. *Genome Biol* **26**, 201 (2025).

149. Hou, Z. & Ochoa, A. Genetic association models are robust to common population kinship estimation biases. *Genetics* **224**, (2023).
150. Ochoa, A. & Storey, J. D. Estimating FST and kinship for arbitrary population structures. *PLoS Genet* **17**, e1009241 (2021).
151. Uren, C., Hoal, E. G. & Möller, M. Putting RFMix and ADMIXTURE to the test in a complex admixed population. *BMC Genet* **21**, 40 (2020).
152. Meloto, C. B. *et al.* Human pain genetics database: a resource dedicated to human pain genetics research. *Pain* **159**, 749–763 (2018).
153. Thorpe, H. H. A. *et al.* Genome-wide association studies of coffee intake in UK/US participants of European ancestry uncover cohort-specific genetic associations. *Neuropsychopharmacology* **49**, 1609–1618 (2024).
154. Faudone, G., Arifi, S. & Merk, D. The Medicinal Chemistry of Caffeine. *J Med Chem* **64**, 7156–7178 (2021).
155. Malec, D. & Michalska, E. The effect of methylxanthines on morphine analgesia in mice and rats. *Pol J Pharmacol Pharm* **40**, 223–32 (1988).
156. Beniwal, S. S. *et al.* Inflammation in cardio-oncology and psychological disorders: mechanisms, biomarkers, pain management, and therapeutic strategies. *Ann Med Surg (Lond)* **87**, 4229–4236 (2025).
157. Szczepaniak, A., Machelak, W., Fichna, J. & Zielińska, M. The role of kappa opioid receptors in immune system - An overview. *Eur J Pharmacol* **933**, 175214 (2022).
158. Davies, N. M. *et al.* The many weak instruments problem and Mendelian randomization. *Stat Med* **34**, 454–468 (2015).
159. Farrell, S. F. *et al.* Genetic impact of blood C-reactive protein levels on chronic spinal & widespread pain. *European Spine Journal* **32**, 2078–2085 (2023).
160. Liang, X. & Fan, Y. Bidirectional two-sample Mendelian randomization analysis reveals a causal effect of interleukin-18 levels on postherpetic neuralgia risk. *Front Immunol* **14**, 1183378 (2023).
161. Wang, Y. *et al.* Exploring the bidirectional causal associations between pain and circulating inflammatory proteins: A Mendelian randomization study. *Clin Exp Pharmacol Physiol* **51**, e13905 (2024).
162. Yao, C. *et al.* Exploring the bidirectional relationship between pain and mental disorders: a comprehensive Mendelian randomization study. *J Headache Pain* **24**, 82 (2023).
163. Zhu, Y., Bi, Y. & Zhu, T. Mendelian randomization highlights sleep disturbances mediated the effect of depression on chronic pain. *Brain Behav* **14**, e3596 (2024).
164. Williams, J. C., Hum, R. M., Alam, U. & Zhao, S. S. Insomnia and short sleep duration, but not chronotype, is associated with chronic widespread pain: Mendelian randomization study. *Rheumatol Int* **44**, 2961–2966 (2024).

165. Broberg, M., Karjalainen, J., FinnGen & Ollila, H. M. Mendelian randomization highlights insomnia as a risk factor for pain diagnoses. *Sleep* **44**, (2021).
166. Chen, M., Li, S., Zhu, Z., Dai, C. & Hao, X. Investigating the shared genetic architecture and causal relationship between pain and neuropsychiatric disorders. *Hum Genet* **142**, 431–443 (2023).
167. Fry, A. *et al.* Comparison of Sociodemographic and Health-Related Characteristics of UK Biobank Participants With Those of the General Population. *Am J Epidemiol* **186**, 1026–1034 (2017).
168. Ko, S. *et al.* GWAS of longitudinal trajectories at biobank scale. *Am J Hum Genet* **109**, 433–445 (2022).
169. Xavier, J. M. *et al.* Identification of candidate causal variants and target genes at 41 breast cancer risk loci through differential allelic expression analysis. *Sci Rep* **14**, 22526 (2024).
170. Ge, B. *et al.* Global patterns of cis variation in human cells revealed by high-density allelic expression analysis. *Nat Genet* **41**, 1216–1222 (2009).
171. Hanna, R. E. *et al.* Massively parallel assessment of human variants with base editor screens. *Cell* **184**, 1064-1080.e20 (2021).
172. Acharya, D. & Mukhopadhyay, A. A comprehensive review of machine learning techniques for multi-omics data integration: challenges and applications in precision oncology. *Brief Funct Genomics* **23**, 549–560 (2024).

10. Data availability

The genotyping data are not publicly available due to privacy or ethical restrictions. The GWAS summary statistics for pain intensity are publicly available in the GWAS Catalog (GCST90435150), while the GWAS summary statistics for nausea and vomiting will be soon available in GWAS catalog^v. The bioinformatic code used to perform all the analyses mentioned in this thesis are available on Dataverse at https://doi.org/10.13130/RD_UNIMI/ZQMSCY.

11. Dissemination of results

The results of this project were disseminated through different and complementary ways, to reach both the academic and non-academic public.

The major achievement during this PhD was the publication of the results in two different peer-reviewed journals. Particularly, I contributed as first author to the manuscript entitled

^v <https://www.ebi.ac.uk/gwas/>

Genomic Study in Opioid-Treated Cancer Patients Identifies Variants Associated With Nausea-Vomiting, published in the *Journal of Pain and Symptom Management* (2025, 69(2):175-182.e5; doi: 10.1016/j.jpainsymman.2024.10.033), and to the article *A genome-wide association study of European advanced cancer patients treated with opioids identifies regulatory variants on chromosome 20 associated with pain intensity*, published in the *European Journal of Pain* (2025, 29:e4764; doi: 10.1002/ejp.4764). In both, I was first line involved in the conceptualization and design of the project, as well as the analyses and the interpretation of the results. Through these two published articles, these results were disseminated to the international scientific community, contributing to the advancement of pharmacogenomics field of the opioid-treated advanced cancer patients.

Also, the results were presented through different oral and poster presentations at international and national conferences and workshops. In the last year, I was invited to present my results, in a speech entitled *Pharmacogenomics of opioid therapy in advanced cancer patients* at the PhD Meeting, held by the Istituto di Ricerche Farmacologiche Mario Negri (Milan, 9–11 June 2025), and at SIGU 2025, the annual conference held by the Italian Society of Human Genetics, (Rimini, 23-25 September 2025).

In the past years I had the opportunity to present these results through four different poster presentations at the European Society of Human Genetics Conference 2022, 2023 and 2024, and at the Nordic-EMBL conference held in Glasgow (Scotland), Vienna (Austria), Berlin (Germany), and Trondheim (Norway), respectively. During these events other researchers gave me inputs and insights on how to proceed with my research. They also gave me the opportunity of exchanging knowledge, feedback and contacts with other researchers. Also, it allowed to disseminate the obtained findings to experts in palliative care, pharmacology, personalized medicine and genomics.

Beyond the dissemination to an academic public, my findings were share to a non-academic audience. Particularly, I actively participated in a third mission dissemination event organized within the PhD retreat. There, I delivered a lecture on the potential and challenges of precision medicine, presenting complex biomedical concepts in a simple terminology to an audience composed by young students and adult employees.

Overall, this experience and the more academic ones, contributed to strengthen my science communication skills, as well as to manage the stress related to the public speaking. It is important to disseminate the scientific progress both within the international research community and the general public, ensuring connection and dialogue between them, to reinforce the impact of this work beyond the academic field.

12. List of Figures and Tables

Figures

Figure 1. Pain pathway; readapted from "Basics from Chronic Pain management" (10.25259/VJIM_16_2022)

Figure 2. General workflow of the entire method section.

Figure 3. Manhattan plot of the results of the GWAS on NVS with sex, age, study, and opioid morphine-equivalent dose as covariates. Each dot represents tested polymorphisms whose coordinates are determined according to their genomic position (GChr38, hg38 release) on the x axis, and P -values ($-\log_{10}(P)$) of their association with NVS on the y-axis. The horizontal red line represents the genome-wide threshold of significance (P -value $< 5.0 \times 10^{-8}$), while the blue line is a suggestive threshold at P -value $< 1.0 \times 10^{-5}$.

Figure 4. Manhattan plot of the results of the GWAS with the inverse-normal transformed residuals of the linear regression model for pain intensity phenotype, with sex, age, opioid type, cancer diagnosis, chemotherapy treatment, country of origin, study of enrolment and genotyping batch, as covariates. Each dot represents a polymorphism whose coordinates are determined according to the genomic position (GChr38, hg38 release) on the x-axis and p-values ($-\log_{10}(P)$) of the association with the phenotype on the y-axis. The horizontal red line represents the threshold of genome-wide significance (P -value $< 5.0 \times 10^{-8}$), while the blue line is a suggestive threshold at P -value $< 1.0 \times 10^{-5}$.

Figure 5. Pain intensity values in the three genotyping groups of patients, according to the top-significant variant, rs6062363 (0, GG; 1, GA; 2, AA). The line within each box represents the median pain intensity values; the upper and lower edges of each box are the 75th and 25th percentiles, respectively; the upper and lower bars indicate the highest and lowest values, respectively; outliers are indicated as circles.

Figure 6. Zoom plot of the locus on chromosome 20 identified in the GWAS. The plots span the region from 64,292,800 to 64,080,100 bp. Polymorphisms are plotted according to their position on chromosome 20, along the x-axis, and to P -values ($-\log_{10}P$ -value) for their association with pain intensity, on the y-axis. Genome-wide (P -value $< 5.0 \times 10^{-8}$) and suggestive (P -value $< 1.0 \times 10^{-5}$) thresholds of significance are represented as red and blue

dashed lines, respectively. Dot colour indicates linkage disequilibrium (r^2) between each polymorphism and the lead variant (rs6062363, purple diamond).

Figure 7. Colocalization plots for the *OPRL1* (a), *PCMTD2* (b) and *PPDPF* (c) genes using the whole-blood tissue expression data from the eQTLGen database (numbers of SNPs included in the analyses were 755, 224 and 293, respectively). Dots are colored based on linkage disequilibrium (r^2) with the lead variants, rs6062363 (a, b) and rs7270745 (c; *PPDPF* expression was not associated with the 5 top-significant variants associated with pain intensity).

Figure 8. Results of the tissue specific analysis performed with sLDSC software. Tissue types were plotted on the $-\log_{10}(P\text{-value})$ of their enrichment. Red dashed line represent the statistically significant threshold set at $P\text{-value}$ 0.05. CNS, central nervous system; GI, gastro-intestinal tissues.

Figure 9. Forest plot with the results of the IVW MR performed using 11 exposures and the cancer pain intensity as outcome. The effect size and the confidential intervals are plotted on the x-axis; exposures are plotted on y-axis, in a descendant order according to their $P\text{-value}$.

Figure 10. Forest plot with the results of the Wald Ratio MR performed using the cancer pain as exposure and ten different outcomes. The effect size and the confidential intervals are plotted on the x-axis; outcomes are plotted on y-axis, in a descendant order according to their $P\text{-values}$.

Tables

Table 1. Summary of results from candidate gene studies on drug response in pain treatment.

Table 2. Summary of results from genome-wide association studies for opioid response in opioid use disorders or pain treatment.

Table 3. Patient inclusion criteria of the three clinical studies.

Table 4. List of GWAS summary statistics downloaded from IEU Open GWAS project

website for Mendelian Randomization analyses with corresponding PMID and sample size.

Table 5. Clinical characteristics of the patients.

Table 6. Multivariable linear regression model performed for opioid toxicity phenotype.

Table 7. Multivariable linear regression model performed for opioid efficacy phenotype.

Table 8. Variants associated with NVS and mapping in the *NPAS2* gene were previously reported as *NPAS2* sQTLs, in GTEx.

Table 9. Comparison between the summary statistics of the genetic variants, previously reported (by Colombo *et al.* and Laugsand *et al.*) as being associated with nausea and vomiting in opioid-treated cancer patients, and our results.

Table 10. Summary statistics of the GWAS for pain intensity (P -value $< 5.0 \times 10^{-8}$); variants are sorted according to their P -value.

Table 11. Colocalization analyses did not support the hypothesis of a shared variant regulating both pain intensity and gene expression.

Table 12. Results from the stratified linkage disequilibrium score regression for nine different tissues using pain intensity phenotype.

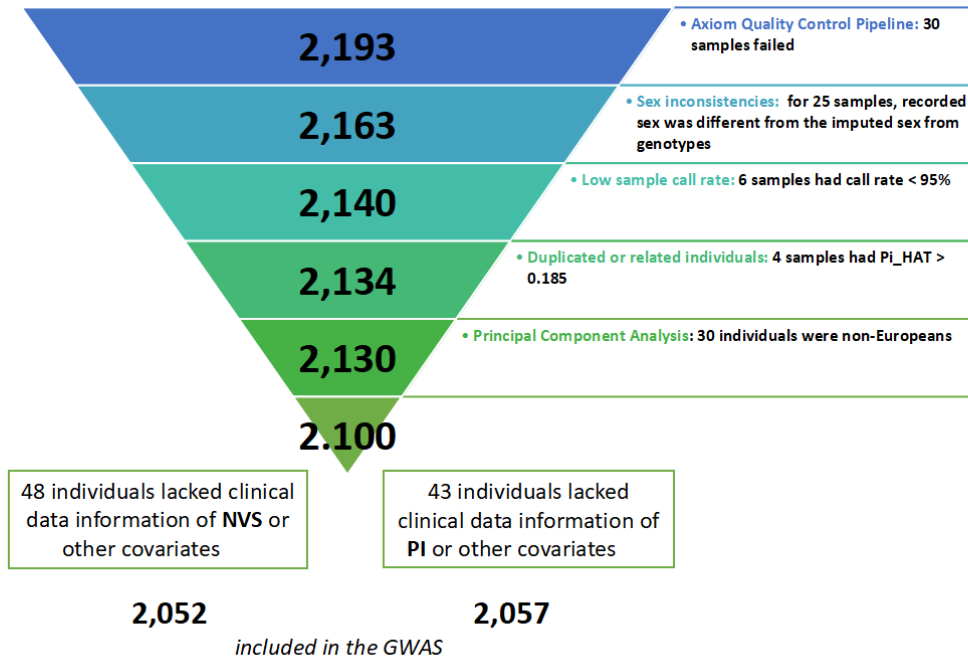
Table 13. Results from the Mendelian Randomization analysis (Inverse Variance Weighted method) for eleven different exposures, using cancer pain intensity as outcome.

Table 14. Pleiotropy and heterogeneity tests performed for the forward Mendelian Randomization for eleven different exposures, using cancer pain intensity as outcome.

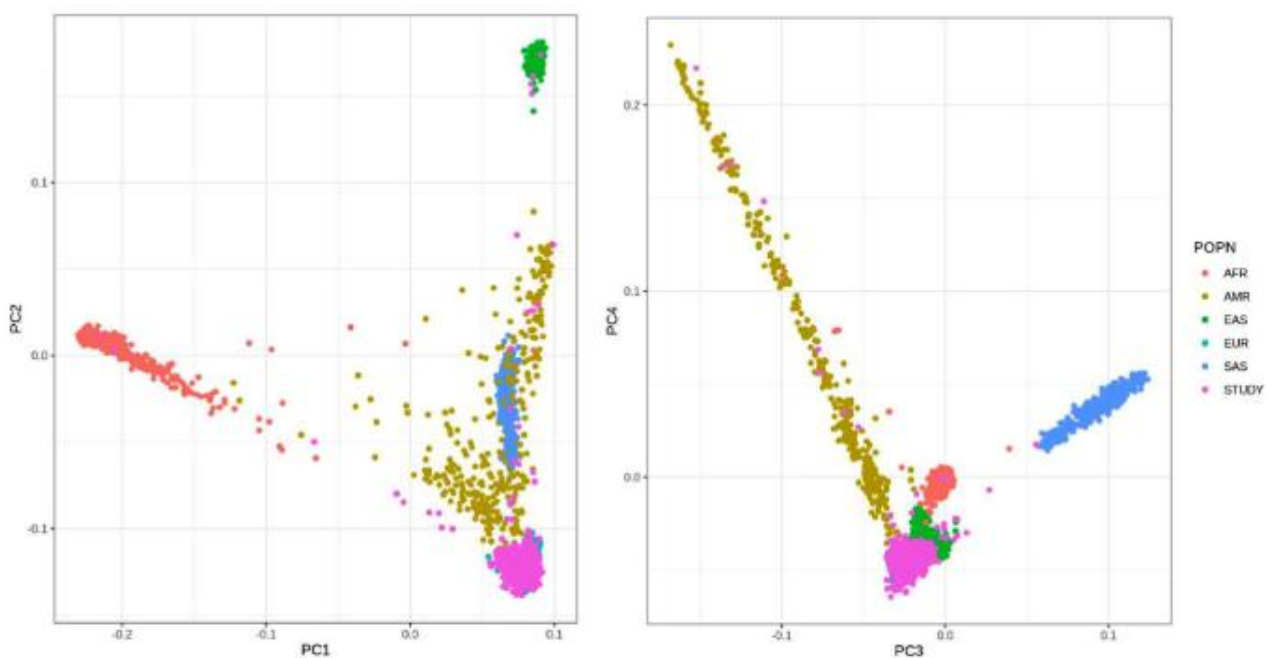
Table 15. Results from the Mendelian Randomization analysis (Wald Ratio method) for cancer pain as exposure, using eleven different exposures.

13. Appendix

Supplementary Figure 1. Details about per-sample and per-variant QCs



Supplementary Figure 2. First four principal components (PCs) projections of our samples (STUDY) together with those of the 1000 Genome reference populations; AFR = Africans; AMR = Americans; EAS = East Asians; EUR = Europeans; SAS = South-East Asians.



List of Supplementary Tables

Supplementary Table S1. Top loci (P -value $< 1.0 \times 10^{-5}$) of the GWAS performed on opioid toxicity phenotype; variants are sorted according to their P -values.

Supplementary Table S2. Summary statistics of the GWAS for pain intensity (P -value $< 1.0 \times 10^{-5}$); variants are sorted according to their P -value.

Supplementary Table S3. Results of SNP2TFBS prediction for the 31 polymorphisms on chromosome 20.

Supplementary Table S4. Results from functional annotation of the 31 variants on chromosome 20, in RegulomeDB.

Supplementary Table S5. eQTLs reported in GTEx, for the 31 variants on chromosome 20 (P -value $< 1.0 \times 10^{-5}$).

Supplementary Table S6. eQTLs reported in eQTLGen, for the 31 variants on chromosome 20 (P -value $< 1.0 \times 10^{-5}$).

Supplementary Table S7a. eQTLs reported in MetaBrain (cerebellum), for for the 31 variants on chromosome 20 (P -value $< 1.0 \times 10^{-5}$).

Supplementary Table S7b. eQTLs reported in MetaBrain (cortex), for for the 31 variants on chromosome 20 (P -value $< 1.0 \times 10^{-5}$).

Supplementary Table S8. PheWAS results for the 31 variants on chromosome 20, across all UK Biobank phenotypes (P -value $< 1.0 \times 10^{-5}$). Data are sorted according to variant position.

Supplementary Table S9. Summary statistics from our GWAS of variants reported in the Human Pain Gene Database, sorted on the basis of their P -value of association with pain intensity in our study.

Supplementary Table S10. Summary statistics from our GWAS of variants reported by *Galvan A. et al.* and by *Nishizawa D. et al.* as significantly associated with pain relief and opioid requirements, respectively.

Supplementary Table S11. Summary statistics from our GWAS of variants reported by *Mocci e. et al.*, sorted on the basis of their *P*-value of association with pain intensity in our study.

Supplementary Table S12. Summary statistics from our GWAS of variants reported by *Zorina-Lichtenwalter et al.*, sorted on the basis of their *P*-value of association with pain intensity in our study.

Supplementary Table S13. Summary statistics from our GWAS of variants reported by *Toikumo S. et al.*, sorted based on their *P*-value of association with pain intensity in our study.

Supplementary Table S1. Top loci (P -value $< 1.0 \times 10^{-5}$) of the GWAS performed on opioid toxicity phenotype; variants are sorted according to their P -values.

Variant ID	rsID ^	Chr	Position (bp) *	Minor allele	MAF	P -value	Beta	Variant category	Gene symbol §	Gene start - end
chr13:60691995:C:A	rs6562126	13	60.691.995	A	0,72	7,42E-08	-4,3	ncRNA_intronic	TDRD3 (118,117 bp)	60,396,457-60,573,878
chr2:6214860:A:G	rs2044651	2	6.214.860	G	0,19	5,59E-07	4,7	intergenic	SOX11 (513,475 bp)	5,692,384-5,701,385
chr2:6210802:G:A	rs1562619	2	6.210.802	A	0,19	1,05E-06	4,6	intergenic	SOX11 (509,417 bp)	5,692,384-5,701,385
chr3:46866766:T:C	rs144291461	3	46.866.766	C	0,02	1,38E-06	12,0	intronic	MYL3	46,835,110-46,882,178
chr3:60120266:G:T	rs11715819	3	60.120.266	T	0,02	1,39E-06	11,9	intronic	FHIT	59,747,277-61,251,459
chr2:100967367:C:CA	rs899688453	2	100.967.367	CA	0,08	1,54E-06	-6,5	intronic	NPAS2	100,820,139-100,996,829
chr2:100979570:A:G	rs7558747	2	100.979.570	G	0,08	1,65E-06	-6,6	intronic	NPAS2	100,820,139-100,996,829
chr2:10455408:T:C	rs6721235	2	10.455.408	C	0,36	1,87E-06	3,5	ncRNA_intronic	ODC1 (7,081 bp)	10,439,968-10,448,327
chr2:219493864:G:A	rs16859981	2	219.493.864	A	0,27	1,92E-06	3,9	ncRNA_intronic	SPEG (235 bp)	219,434,843-219,493,629
chr1:30859255:C:T	rs41269495	1	30.859.255	T	0,12	2,07E-06	5,2	ncRNA_exonic	SDC3 (49,503 bp)	30,869,466-30,908,758
chr2:6212925:A:T	rs74474922	2	6.212.925	T	0,19	2,11E-06	4,5	intergenic	SOX11 (511,540 bp)	5,692,384-5,701,385
chr2:6213775:T:C	rs77772208	2	6.213.775	C	0,19	2,21E-06	4,5	intergenic	SOX11 (512,390 bp)	5,692,384-5,701,385
chr1:235354265:G:A	rs12120237	1	235.354.265	A	0,14	2,78E-06	4,8	intronic	GGPS1-TBCE	235,342,252-235,448,929
chr2:219491798:G:T	rs12473286	2	219.491.798	T	0,27	3,01E-06	3,8	exonic	SPEG	219,434,843-219,493,629
chr13:79720492:T:C	rs113196013	13	79.720.492	C	0,03	3,15E-06	10,9	intergenic	NDFIP2 (239,337 bp)	79,481,155-79,556,076
chr13:79727627:C:T	rs138202697	13	79.727.627	T	0,03	3,15E-06	10,9	intergenic	NDFIP2 (246,472 bp)	79,481,155-79,556,077
chr13:79757834:G:A	rs113650764	13	79.757.834	A	0,03	3,15E-06	10,9	intergenic	NDFIP2 (276,679 bp)	79,481,155-79,556,077
chr13:79774110:C:T	rs112441841	13	79.774.110	T	0,03	3,15E-06	10,9	intergenic	NDFIP2 (292,955 bp)	79,481,155-79,556,077
chr15:92363732:T:A	rs75516006	15	92.363.732	A	0,03	3,52E-06	9,4	intergenic	ST8SIA2 (30,149 bp)	92,393,881-92,468,728
chr2:219491357:G:A	rs4674405	2	219.491.357	A	0,27	3,52E-06	3,8	ncRNA_intronic	SPEG (2,272 bp)	219,434,843-219,493,629
chr2:219489643:C:T	rs56132883	2	219.489.643	T	0,27	3,60E-06	3,8	exonic	SPEG	219,434,843-219,493,629
chr17:15590028:G:A	rs3859258	17	15.590.028	A	0,03	3,78E-06	9,6	intronic	FBXW10B	15,565,483-15,619,704
chr2:10452054:C:T	rs2357551	2	10.452.054	T	0,33	4,05E-06	3,4	intergenic	ODC1 (3,727 bp)	10,439,968-10,448,327
chr15:92360112:A:T	rs76838139	15	92.360.112	T	0,03	4,34E-06	9,3	intergenic	ST8SIA2 (33,769 bp)	92,393,881-92,468,728
chr20:53689497:C:A	rs6022667	20	53.689.497	A	0,13	4,59E-06	4,9	intergenic	ZNF217 (79,590 bp)	53,567,071-53,609,907
chr2:100969022:T:C	rs4851393	2	100.969.022	C	0,09	4,70E-06	-6,1	intronic	NPAS2	100,820,139-100,996,829
chr2:219488291:G:A	rs875098	2	219.488.291	A	0,269737	4,77E-06	3,7	exonic	SPEG	219,434,843-219,493,629
chr18:565760:A:C	rs486633	18	565.760	C	0,79	4,89E-06	-4,1	intergenic	CETN1 (14,620 bp)	580,380-582,114
chr2:219486657:C:T	rs6726806	2	219.486.657	T	0,269493	4,98E-06	3,7	intronic	SPEG	219,434,843-219,493,629
chr12:78344470:G:A	rs688403	12	78.344.470	A	0,220273	5,27E-06	-4,0	ncRNA_intronic	NAV3 (131,460 bp)	77,324,641-78,213,010
chr6:35827923:ACT:A		6	35.827.923	A	0,02	5,36E-06	11,3	intronic	LHFPL5	35,797,206-35,845,397
chr6:146586022:G:A	rs62436209	6	146.586.022	A	0,11306	5,82E-06	5,2	intergenic	ADGB (12,945 bp)	146,598,967-146,815,462

chr5:23357704:T:A	rs76437223	5	23.357.704	A	0,02	5,93E-06	11,2	intergenic	PRDM9 (85,882 bp)	23,443,586-23,528,093
chr18:576287:C:G	rs507731	18	576.287	G	0,179581	5,94E-06	4,3	intergenic	CETN1 (4,093 bp)	580,380-582,114
chr2:100965046:A:G	rs17025086	2	100.965.046	G	0,08	6,02E-06	-6,1	intronic	NPAS2	100,820,139-100,996,829
chr2:100965272:T:C	rs3768985	2	100.965.272	C	0,08	6,02E-06	-6,1	intronic	NPAS2	100,820,139-100,996,829
chr2:100965783:AGCCCAGGCATGGGG:A	rs774019923	2	100.965.783	A	0,08	6,02E-06	-6,1	intronic	NPAS2	100,820,139-100,996,829
chr2:100966205:C:T	rs1867862	2	100.966.205	T	0,08	6,02E-06	-6,1	intronic	NPAS2	100,820,139-100,996,829
chr2:100968433:C:T	rs2289950	2	100.968.433	T	0,08	6,02E-06	-6,1	intronic	NPAS2	100,820,139-100,996,829
chr2:100965484:C:T	rs3768986	2	100.965.484	T	0,08	6,19E-06	-6,1	intronic	NPAS2	100,820,139-100,996,829
chr2:10456151:C:T	rs62127117	2	10.456.151	T	0,35575	6,24E-06	3,4	intergenic	ODC1 (7,824 bp)	10,439,968-10,448,327
chr9:22853832:A:G	rs117959313	9	22.853.832	G	0,03	6,50E-06	9,2	ncRNA_intronic	DMRTA1 (398,092 bp)	22,446,824-22,455,740
chr6:146609106:A:G	rs1115208	6	146.609.106	G	0,130117	6,61E-06	4,8	intronic	ADGB	146,598,967-146,815,462
chr2:167772826:A:G	rs77352129	2	167.772.826	G	0,03	6,67E-06	9,1	intronic	B3GALT1	167,293,001-167,874,045
chr2:56224617:T:C	rs114727015	2	56.224.617	C	0,029971	6,80E-06	9,7	intronic	CCDC85A	56,183,990-56,386,172
chr2:100971180:A:T	rs75107839	2	100.971.180	T	0,09	7,07E-06	-5,9	intronic	NPAS2	100,820,139-100,996,829
chr20:53692448:T:A	rs141742171	20	53.692.448	A	0,13	7,22E-06	4,7	intergenic	ZNF217 (82,541 bp)	53,567,071-53,609,907
chr20:53692564:G:A	rs73134247	20	53.692.564	A	0,13	7,22E-06	4,7	intergenic	ZNF217 (82,657 bp)	53,567,071-53,609,907
chr2:10456888:C:T	rs11685132	2	10.456.888	T	0,353801	7,33E-06	3,4	intergenic	ODC1 (8,561 bp)	10,439,968-10,448,327
chr20:53694463:C:T	rs6022675	20	53.694.463	T	0,13	8,14E-06	4,7	intergenic	ZNF217 (84,556 bp)	53,567,071-53,609,907
chr20:53695294:G:A	rs6022677	20	53.695.294	A	0,13	8,14E-06	4,7	intergenic	ZNF217 (85,387 bp)	53,567,071-53,609,907
chr20:53695395:T:C	rs7264081	20	53.695.395	C	0,13	8,14E-06	4,7	intergenic	ZNF217 (85,488 bp)	53,567,071-53,609,907
chr20:53695568:G:A	rs6022679	20	53.695.568	A	0,13	8,14E-06	4,7	intergenic	ZNF217 (85,661 bp)	53,567,071-53,609,907
chr20:53696291:A:G	rs16998327	20	53.696.291	G	0,13	8,14E-06	4,7	intergenic	ZNF217 (86,384 bp)	53,567,071-53,609,907
chr5:23958489:C:A	rs138045800	5	23.958.489	A	0,02	8,27E-06	11,0	ncRNA_intronic	PRDM9 (514,903 bp)	23,443,586-23,528,093
chr2:100967073:C:CTCAA	rs1573743506	2	100.967.073	CTCAA	0,08	8,45E-06	-6,0	intronic	NPAS2	100,820,139-100,996,829
chr2:100967124:A:T	rs7340468	2	100.967.124	T	0,08	8,45E-06	-6,0	intronic	NPAS2	100,820,139-100,996,829
chr2:100967496:G:C	rs59951797	2	100.967.496	C	0,08	8,45E-06	-6,0	intronic	NPAS2	100,820,139-100,996,829
chr2:100968489:A:G	rs35503589	2	100.968.489	G	0,08	8,45E-06	-6,0	intronic	NPAS2	100,820,139-100,996,829
chr20:53696033:C:T	rs66951711	20	53.696.033	T	0,13	8,64E-06	4,7	intergenic	ZNF217 (86,126 bp)	53,567,071-53,609,907
chr20:53698485:A:G	rs73283718	20	53.698.485	G	0,13	9,34E-06	4,7	intergenic	ZNF217 (88,558 bp)	53,567,071-53,609,907
chr20:53697154:G:A	rs7348874	20	53.697.154	A	0,13	9,44E-06	4,7	intergenic	ZNF217 (87,247 bp)	53,567,071-53,609,907
chr1:245880428:C:T	rs12041538	1	245.880.428	T	0,11	9,65E-06	5,3	intronic	SMYD3	245,749,342-246,507,312
chr20:53697273:G:A	rs7348908	20	53.697.273	A	0,13	9,78E-06	4,7	intergenic	ZNF217 (87,366 bp)	53,567,071-53,609,907
chr2:77359143:C:T	rs17014022	2	77.359.143	T	0,03192	9,97E-06	9,2	intronic	LRRTM4	76,747,685-77,593,319

^ rsID, variant ID from dbSNP; * According to GRCh38 human genome reference assembly; § Coding gene where the variants map or nearest coding gene (distance is indicated in brackets).

Chr, chromosome; MAF, minor allele frequency.

Supplementary Table S2. Summary statistics of the GWAS for pain intensity (P -value $< 1.0 \times 10^{-5}$); variants are sorted according to their P -value.

Chromosome	Position (bp) *	variant ID	rsID	Allele 0	Allele 1 ^	Allele 1 frequency	BETA	SE	P-value	FDR	Predicted Function	RefSeq Gene
20	64281110	chr20:64281110:G:A	rs6062363	G	A	0,39	-0,17	0,03	1,27E-08	0,030	intergenic	
20	64281343	chr20:64281343:G:A	rs6062365	G	A	0,39	-0,17	0,03	1,55E-08	0,030	intergenic	
20	64285790	chr20:64285790:T:C	rs6089804	T	C	0,61	0,17	0,03	1,60E-08	0,030	intergenic	
20	64282739	chr20:64282739:C:A	rs13043326	C	A	0,39	-0,17	0,03	1,60E-08	0,030	intergenic	
20	64283546	chr20:64283546:A:T	rs1806952	A	T	0,61	0,17	0,03	1,95E-08	0,030	intergenic	
6	150123675	chr6:150123675:C:T	rs9479734	C	T	0,19	0,19	0,04	2,69E-07	0,32	intergenic	
20	64260534	chr20:64260534:G:A	rs6062683	G	A	0,47	-0,15	0,03	4,81E-07	0,32	intronic	PCMTD2
20	64260450	chr20:64260450:A:G	rs6062681	A	G	0,47	-0,15	0,03	5,03E-07	0,32	intronic	PCMTD2
20	64258638	chr20:64258638:T:C	rs6062679	T	C	0,47	-0,15	0,03	5,13E-07	0,32	intronic	PCMTD2
20	64257449	chr20:64257449:G:T	rs6062678	G	T	0,47	-0,15	0,03	6,69E-07	0,32	intronic	PCMTD2
20	64261231	chr20:64261231:A:G	rs6512309	A	G	0,47	-0,15	0,03	6,69E-07	0,32	intronic	PCMTD2
20	64261403	chr20:64261403:C:G	rs7270745	C	G	0,47	-0,15	0,03	6,69E-07	0,32	intronic	PCMTD2
20	64261602	chr20:64261602:GT:G	rs11474881	GT	G	0,47	-0,15	0,03	6,69E-07	0,32	intronic	PCMTD2
20	64279990	chr20:64279990:C:A	rs6090105	C	A	0,43	-0,15	0,03	7,02E-07	0,32	intergenic	
20	64279601	chr20:64279601:A:G	rs1570520	A	G	0,44	-0,15	0,03	8,06E-07	0,32	intergenic	
20	64279666	chr20:64279666:G:T	rs1570521	G	T	0,44	-0,15	0,03	8,06E-07	0,32	intergenic	
20	64281260	chr20:64281260:T:C	rs6062688	T	C	0,44	-0,15	0,03	8,06E-07	0,32	intergenic	
20	64281378	chr20:64281378:C:T	rs6090107	C	T	0,44	-0,15	0,03	8,06E-07	0,32	intergenic	
20	64281456	chr20:64281456:G:A	rs6089803	G	A	0,44	-0,15	0,03	8,06E-07	0,32	intergenic	
20	64260467	chr20:64260467:C:T	rs6062682	C	T	0,47	-0,15	0,03	9,06E-07	0,34	intronic	PCMTD2
20	64280038	chr20:64280038:T:G	rs6089801	T	G	0,44	-0,15	0,03	9,74E-07	0,35	intergenic	
20	64259579	chr20:64259579:G:A	rs1808056	G	A	0,47	-0,14	0,03	1,06E-06	0,37	intronic	PCMTD2
5	138125415	chr5:138125415:A:C	rs58312963	A	C	0,05	-0,32	0,07	1,24E-06	0,41	intronic	NME5
7	20198076	chr7:20198076:A:T	rs28469242	A	T	0,46	-0,14	0,03	1,42E-06	0,45	intronic	STEAP1B
5	167004270	chr5:167004270:T:C	rs35961649	T	C	0,02	-0,48	0,10	1,65E-06	0,50	intergenic	
3	54542522	chr3:54542522:C:A	rs9868245	C	A	0,05	-0,33	0,07	1,77E-06	0,50	intronic	LPP
20	64269027	chr20:64269027:T:G	rs6062359	T	G	0,44	-0,14	0,03	1,84E-06	0,50	intronic	PCMTD2
3	21528263	chr3:21528263:G:GA	rs34651874	G	GA	0,04	-0,36	0,08	1,86E-06	0,50	intronic	LPP
3	188518203	chr3:188518203:TA:T	rs562876208	TA	T	0,17	0,19	0,04	2,04E-06	0,53	intronic	ZNF385D
5	138339617	chr5:138339617:C:T	rs17171802	C	T	0,04	-0,33	0,07	2,48E-06	0,63	intronic, 5' upstream	CDC25C, FAM53C
20	64281506	chr20:64281506:C:T	rs4809259	C	T	0,52	0,14	0,03	2,58E-06	0,63	intergenic	
5	138300258	chr5:138300258:C:T	rs75792163	C	T	0,11	-0,21	0,05	2,78E-06	0,66	intronic	CDC25C
20	64261386	chr20:64261386:C:T	rs6062357	C	T	0,47	-0,14	0,03	3,81E-06	0,88	intronic	PCMTD2
2	139244964	chr2:139244964:T:C	rs7567555	T	C	0,48	-0,13	0,03	4,83E-06	0,93	intergenic	
7	20196513	chr7:20196513:A:G	rs5026218	A	G	0,34	-0,14	0,03	5,02E-06	0,93	intronic	MACC1
20	64269364	chr20:64269364:C:T	rs2427638	C	T	0,49	-0,13	0,03	5,09E-06	0,93	intronic	PCMTD2
20	64273189	chr20:64273189:A:G	rs6062361	A	G	0,49	-0,13	0,03	5,16E-06	0,93	intronic	PCMTD2
5	138335720	chr5:138335720:G:A	rs113885171	G	A	0,11	-0,21	0,05	5,83E-06	0,93	intronic, 5' upstream, non-coding intronic	CDC25C, FAM53C, LOC100128966
20	64279876	chr20:64279876:A:G	rs6062362	A	G	0,44	-0,13	0,03	5,86E-06	0,93	intergenic	
4	99500654	chr4:99500654:C:A	rs6848752	C	A	0,02	0,42	0,09	5,94E-06	0,93	intergenic	
11	10570705	chr11:10570705:A:G	rs6484374	A	G	0,93	-0,27	0,06	6,10E-06	0,93	5' upstream, non-coding intronic	LYVE1, MRV1-AS1
20	64276336	chr20:64276336:ATAT:A	rs76240558	ATAT	A	0,14	-0,19	0,04	6,16E-06	0,93	3' downstream	PCMTD2
22	44670653	chr22:44670653:C:T	rs78122049	C	T	0,03	-0,38	0,09	6,82E-06	0,93	intronic	PRR5
5	138459388	chr5:138459388:C:A	rs740075	C	A	0,12	-0,20	0,04	6,90E-06	0,93	intergenic	
20	64274498	chr20:64274498:C:A	rs41279358	C	A	0,14	-0,19	0,04	7,59E-06	0,93	3'-utr	PCMTD2
5	138093459	chr5:138093459:C:T	rs146145625	C	T	0,04	-0,32	0,07	7,88E-06	0,93	3' downstream	WNT8A

5	163737489	chr5:163737489:C:T	rs148238732	C	T	0,11	-0,20	0,05	8,00E-06	0,93	intergenic	
5	163740680	chr5:163740680:C:T	rs17538629	C	T	0,11	-0,20	0,05	8,00E-06	0,93	intergenic	
20	64269826	chr20:64269826:G:A	rs58586141	G	A	0,14	-0,19	0,04	8,26E-06	0,93	intronic	PCMTD2
1	66447783	chr1:66447783:C:T	rs79108599	C	T	0,05	-0,31	0,07	8,37E-06	0,93	intergenic	
1	66450826	chr1:66450826:G:GA	rs145469499	G	GA	0,05	-0,31	0,07	8,37E-06	0,93	intergenic	
1	66453395	chr1:66453395:A:G	rs75901315	A	G	0,05	-0,31	0,07	8,37E-06	0,93	intergenic	
1	66458248	chr1:66458248:A:G	rs111664353	A	G	0,05	-0,31	0,07	8,37E-06	0,93	intergenic	
1	66458730	chr1:66458730:CTTGT:C	rs139409774	CTTGT	C	0,05	-0,31	0,07	8,37E-06	0,93	intergenic	
1	66459442	chr1:66459442:T:C	rs111703121	T	C	0,05	-0,31	0,07	8,37E-06	0,93	intergenic	
1	66460374	chr1:66460374:T:A	rs79090084	T	A	0,05	-0,31	0,07	8,37E-06	0,93	intergenic	
1	66461113	chr1:66461113:G:A	rs75846596	G	A	0,05	-0,31	0,07	8,37E-06	0,93	intergenic	
1	66464467	chr1:66464467:C:A	rs75042283	C	A	0,05	-0,31	0,07	8,37E-06	0,93	intergenic	
1	66472487	chr1:66472487:T:G	rs111798660	T	G	0,05	-0,31	0,07	8,37E-06	0,93	intergenic	
17	74031845	chr17:74031845:T:C	rs74339503	T	C	0,04	0,32	0,07	8,41E-06	0,93	intergenic	
3	188518650	chr3:188518650:C:A	rs6805030	C	A	0,16	0,18	0,04	8,45E-06	0,93	intronic	CACNA2D3
7	157576872	chr7:157576872:C:G	rs3095212	C	G	0,81	-0,16	0,04	8,51E-06	0,93	intronic	MACC1
15	69839420	chr15:69839420:T:C	rs16953814	T	C	0,03	-0,38	0,09	8,79E-06	0,93	non-coding intronic	LINC00593
17	74031826	chr17:74031826:C:T	rs80347687	C	T	0,04	0,33	0,07	8,98E-06	0,93	intergenic	
20	64283878	chr20:64283878:G:A	rs4809418	G	A	0,51	0,13	0,03	9,02E-06	0,93	intergenic	
7	22482241	chr7:22482241:G:A	rs7811696	G	A	0,29	-0,14	0,03	9,54E-06	0,93	intronic	STEAP1B

* According to genomic release GRCh38; ^ Effect allele

rsID, variant ID in dbSNP; SE, standard error; FDR, false discovery rate

Supplementary Table S3. Results of SNP2TFBS prediction for the 31 polymorphisms on chromosome 20.

rsID	TF name	score difference *
rs6062679	SREBF1,SREBF2	0
rs6062681	Arnt_Ahr	0
rs6512309	NFATC2	0
rs11474881	FOXP1	-111
rs6062359	Hoxc9,Hoxa9	-86,-18
rs58586141	Arnt	0
rs1570520	ESR1	-39
rs6089801	MZF1_1-4	0
rs6089804	CTCF	107

rsID, variant ID in dbSNP; TF, transcription factor.

* Difference in positional weight matrix (PWM) scores between alternate and reference allele. For more details about the scores, see frequently asked question page (https://epd.expasy.org/snp2tfbs/FAQ_SNP2TFBS.php)

In bold, one of the top-significant variants.

Supplementary Table S4. Results from functional annotation of the 31 variants on chromosome 20, in RegulomeDB.

rsID	probability	ranking	tissue specific scores	ChIP	Chromatin accessibility	Footprint	Footprint matched	PWM	PWM matched	QTL
rs6062357	0.95833	1b	{'adipose tissue': '0.56791', 'adrenal gland': '0.29363', 'arterial blood vessel': '0.56791', 'blood': '0.40729', 'blood vessel': '0.56791', 'bone element': '0.50255', 'bone marrow': '0.50255', 'brain': '0.40729', 'breast': '0.59043', 'colon': '0.59225', 'connective tissue': '0.56791', 'ear': '0.28328', 'embryo': '0.50255', 'en': 'True	True	True	True	False	True	False	True
rs1570520	0.65401	1b	{'adipose tissue': '0.19333', 'adrenal gland': '0.19333', 'arterial blood vessel': '0.19333', 'blood': '0.36729', 'blood vessel': '0.19333', 'bone element': '0.19758', 'bone marrow': '0.19758', 'brain': '0.19333', 'breast': '0.19333', 'colon': '0.33721', 'connective tissue': '0.21013', 'ear': '0.19333', 'embryo': '0.19333', 'en': 'True	True	True	True	False	True	False	True
rs0808601	0.84984	1b	{'adipose tissue': '0.28077', 'adrenal gland': '0.28077', 'arterial blood vessel': '0.48974', 'blood': '0.53343', 'blood vessel': '0.48974', 'bone element': '0.53343', 'bone marrow': '0.53343', 'brain': '0.28077', 'breast': '0.48974', 'colon': '0.48974', 'connective tissue': '0.48974', 'ear': '0.28077', 'embryo': '0.28077', 'en': 'True	True	True	True	False	True	False	True
rs6512309	0.3525	1a	{'adipose tissue': '0.20515', 'adrenal gland': '0.16416', 'arterial blood vessel': '0.20515', 'blood': '0.15376', 'blood vessel': '0.20515', 'bone element': '0.11566', 'bone marrow': '0.11566', 'brain': '0.15376', 'breast': '0.21545', 'colon': '0.16416', 'connective tissue': '0.20515', 'ear': '0.1042', 'embryo': '0.11566', 'en': 'True	True	True	True	False	True	False	True
rs6062678	0.55436	1f	{'adipose tissue': '0.29464', 'adrenal gland': '0.24896', 'arterial blood vessel': '0.29464', 'blood': '0.29464', 'blood vessel': '0.29464', 'bone element': '0.24896', 'bone marrow': '0.24896', 'brain': '0.32284', 'breast': '0.29464', 'colon': '0.24896', 'connective tissue': '0.29464', 'ear': '0.16387', 'embryo': '0.29464', 'en': 'True	True	True	False	False	False	False	True
rs6062679	0.55436	1f	{'adipose tissue': '0.24896', 'adrenal gland': '0.24896', 'arterial blood vessel': '0.24896', 'blood': '0.24896', 'blood vessel': '0.24896', 'bone element': '0.24896', 'bone marrow': '0.24896', 'brain': '0.32284', 'breast': '0.24896', 'colon': '0.16387', 'connective tissue': '0.24896', 'ear': '0.16387', 'embryo': '0.24896', 'en': 'True	True	True	False	False	False	False	True
rs1800956	0.22271	1f	{'adipose tissue': '0.06583', 'adrenal gland': '0.10002', 'arterial blood vessel': '0.06583', 'blood': '0.10002', 'blood vessel': '0.06583', 'bone element': '0.05893', 'bone marrow': '0.05893', 'brain': '0.10002', 'breast': '0.06583', 'colon': '0.06583', 'connective tissue': '0.06583', 'ear': '0.06583', 'embryo': '0.10002', 'en': 'False	True	True	False	False	False	False	True
rs6062681	0.22271	1f	{'adipose tissue': '0.07307', 'adrenal gland': '0.07307', 'arterial blood vessel': '0.10002', 'blood': '0.05893', 'blood vessel': '0.10002', 'bone element': '0.05893', 'bone marrow': '0.05893', 'brain': '0.07307', 'breast': '0.11229', 'colon': '0.07307', 'connective tissue': '0.07307', 'ear': '0.06583', 'embryo': '0.07307', 'en': 'False	True	True	False	False	False	False	True
rs6062682	0.22271	1f	{'adipose tissue': '0.07307', 'adrenal gland': '0.07307', 'arterial blood vessel': '0.10002', 'blood': '0.05893', 'blood vessel': '0.10002', 'bone element': '0.07307', 'bone marrow': '0.07307', 'brain': '0.07307', 'breast': '0.11229', 'colon': '0.07307', 'connective tissue': '0.07307', 'ear': '0.06583', 'embryo': '0.07307', 'en': 'False	True	True	False	False	False	False	True
rs6062683	0.15481	1f	{'adipose tissue': '0.0721', 'adrenal gland': '0.08118', 'arterial blood vessel': '0.06953', 'blood': '0.04096', 'blood vessel': '0.06954', 'bone element': '0.06979', 'bone marrow': '0.06979', 'brain': '0.08118', 'breast': '0.07906', 'colon': '0.06957', 'connective tissue': '0.06979', 'ear': '0.04576', 'embryo': '0.08118', 'en': 'False	True	True	True	False	True	False	True
rs2727045	0.55436	1f	{'adipose tissue': '0.32284', 'adrenal gland': '0.27951', 'arterial blood vessel': '0.32284', 'blood': '0.24181', 'blood vessel': '0.32284', 'bone element': '0.16189', 'bone marrow': '0.16189', 'brain': '0.24181', 'breast': '0.33882', 'colon': '0.25817', 'connective tissue': '0.32284', 'ear': '0.16387', 'embryo': '0.16189', 'en': 'True	True	True	False	False	False	False	True
rs6062359	0.05	1f	{'adipose tissue': '0.01321', 'adrenal gland': '0.01321', 'arterial blood vessel': '0.01321', 'blood': '0.01321', 'blood vessel': '0.01321', 'bone element': '0.01321', 'bone marrow': '0.01321', 'brain': '0.01805', 'breast': '0.01478', 'colon': '0.01321', 'connective tissue': '0.01321', 'ear': '0.01478', 'embryo': '0.01321', 'en': 'False	True	True	True	False	True	False	True
rs2427638	0.22271	1f	{'adipose tissue': '0.05884', 'adrenal gland': '0.06583', 'arterial blood vessel': '0.05884', 'blood': '0.05884', 'blood vessel': '0.05884', 'bone element': '0.05884', 'bone marrow': '0.05884', 'brain': '0.05884', 'breast': '0.06583', 'colon': '0.05884', 'connective tissue': '0.05884', 'ear': '0.06583', 'embryo': '0.05884', 'en': 'False	True	True	False	False	False	False	True
rs5858641	0.55436	1f	{'adipose tissue': '0.14646', 'adrenal gland': '0.14646', 'arterial blood vessel': '0.16387', 'blood': '0.14646', 'blood vessel': '0.16387', 'bone element': '0.14646', 'bone marrow': '0.14646', 'brain': '0.20007', 'breast': '0.16387', 'colon': '0.26853', 'connective tissue': '0.17124', 'ear': '0.16387', 'embryo': '0.13975', 'en': 'True	True	True	False	False	False	False	True
rs6062361	0.22271	1f	{'adipose tissue': '0.05884', 'adrenal gland': '0.05884', 'arterial blood vessel': '0.05884', 'blood': '0.05884', 'blood vessel': '0.05884', 'bone element': '0.05884', 'bone marrow': '0.05884', 'brain': '0.07307', 'breast': '0.05884', 'colon': '0.05884', 'connective tissue': '0.05884', 'ear': '0.05883', 'embryo': '0.05884', 'en': 'False	True	True	False	False	False	False	True
rs76240558	0.005	1f	{'adipose tissue': '0.26752', 'adrenal gland': '0.26752', 'arterial blood vessel': '0.26752', 'blood': '0.26752', 'blood vessel': '0.26752', 'bone element': '0.2391', 'bone marrow': '0.2391', 'brain': '0.4563', 'breast': '0.26752', 'colon': '0.26752', 'connective tissue': '0.26752', 'ear': '0.26752', 'embryo': '0.2391', 'endocr': 'False	True	True	False	False	False	False	True
rs1570521	0.55436	1f	{'adipose tissue': '0.16387', 'adrenal gland': '0.16387', 'arterial blood vessel': '0.16387', 'blood': '0.24896', 'blood vessel': '0.16387', 'bone element': '0.15228', 'bone marrow': '0.15228', 'brain': '0.16387', 'breast': '0.16387', 'colon': '0.16387', 'connective tissue': '0.17812', 'ear': '0.16387', 'embryo': '0.16387', 'en': 'True	True	True	False	False	False	False	True
rs6090105	0.55436	1f	{'adipose tissue': '0.16387', 'adrenal gland': '0.16387', 'arterial blood vessel': '0.16387', 'blood': '0.24896', 'blood vessel': '0.16387', 'bone element': '0.16387', 'bone marrow': '0.16387', 'brain': '0.27951', 'breast': '0.16387', 'colon': '0.16387', 'connective tissue': '0.16387', 'ear': '0.16387', 'embryo': '0.16387', 'en': 'True	True	True	False	False	False	False	True
rs6062363	0.55436	1f	{'adipose tissue': '0.16387', 'adrenal gland': '0.16387', 'arterial blood vessel': '0.16387', 'blood': '0.24896', 'blood vessel': '0.16387', 'bone element': '0.16387', 'bone marrow': '0.16387', 'brain': '0.27951', 'breast': '0.16387', 'colon': '0.16387', 'connective tissue': '0.17812', 'ear': '0.16387', 'embryo': '0.16387', 'en': 'True	True	True	False	False	False	False	True
rs6062688	0.55324	1f	{'adipose tissue': '0.16354', 'adrenal gland': '0.16354', 'arterial blood vessel': '0.16354', 'blood': '0.24849', 'blood vessel': '0.16354', 'bone element': '0.16354', 'bone marrow': '0.16354', 'brain': '0.27894', 'breast': '0.16354', 'colon': '0.16354', 'connective tissue': '0.17776', 'ear': '0.16354', 'embryo': '0.16354', 'en': 'True	True	True	False	False	False	False	True
rs6090107	0.22271	1f	{'adipose tissue': '0.06583', 'adrenal gland': '0.06583', 'arterial blood vessel': '0.06583', 'blood': '0.10002', 'blood vessel': '0.06583', 'bone element': '0.06583', 'bone marrow': '0.06583', 'brain': '0.11229', 'breast': '0.06583', 'colon': '0.06583', 'connective tissue': '0.07156', 'ear': '0.06583', 'embryo': '0.06583', 'en': 'False	True	True	False	False	False	False	True
rs6089803	0.22271	1f	{'adipose tissue': '0.06583', 'adrenal gland': '0.06583', 'arterial blood vessel': '0.06583', 'blood': '0.10002', 'blood vessel': '0.06583', 'bone element': '0.06583', 'bone marrow': '0.06583', 'brain': '0.11229', 'breast': '0.06583', 'colon': '0.06583', 'connective tissue': '0.07156', 'ear': '0.06583', 'embryo': '0.06583', 'en': 'False	True	True	False	False	False	False	True
rs4802959	0.22271	1f	{'adipose tissue': '0.06583', 'adrenal gland': '0.06583', 'arterial blood vessel': '0.06583', 'blood': '0.10002', 'blood vessel': '0.06583', 'bone element': '0.07156', 'bone marrow': '0.06583', 'brain': '0.05136', 'breast': '0.06583', 'colon': '0.06583', 'connective tissue': '0.07156', 'ear': '0.06583', 'embryo': '0.06583', 'en': 'False	True	True	False	False	False	False	True
rs13043326	0.22271	1f	{'adipose tissue': '0.06583', 'adrenal gland': '0.06583', 'arterial blood vessel': '0.06583', 'blood': '0.10002', 'blood vessel': '0.06583', 'bone element': '0.06583', 'bone marrow': '0.06583', 'brain': '0.11229', 'breast': '0.06583', 'colon': '0.06583', 'connective tissue': '0.07156', 'ear': '0.06583', 'embryo': '0.06583', 'en': 'False	True	True	False	False	False	False	True
rs1806952	0.22271	1f	{'adipose tissue': '0.06583', 'adrenal gland': '0.06583', 'arterial blood vessel': '0.06583', 'blood': '0.10002', 'blood vessel': '0.06583', 'bone element': '0.06583', 'bone marrow': '0.06583', 'brain': '0.10002', 'breast': '0.06583', 'colon': '0.06583', 'connective tissue': '0.07156', 'ear': '0.06583', 'embryo': '0.06583', 'en': 'False	True	True	False	False	False	False	True
rs6062680	0.55436	1f	{'adipose tissue': '0.16387', 'adrenal gland': '0.16387', 'arterial blood vessel': '0.16387', 'blood': '0.16387', 'blood vessel': '0.16387', 'bone element': '0.13975', 'bone marrow': '0.13975', 'brain': '0.27951', 'breast': '0.16387', 'colon': '0.16387', 'connective tissue': '0.16387', 'ear': '0.16387', 'embryo': '0.17812', 'en': 'True	True	True	False	False	False	False	True
rs6089804	0.55436	1f	{'adipose tissue': '0.16387', 'adrenal gland': '0.16387', 'arterial blood vessel': '0.16387', 'blood': '0.16387', 'blood vessel': '0.16387', 'bone element': '0.13975', 'bone marrow': '0.13975', 'brain': '0.27951', 'breast': '0.16387', 'colon': '0.16387', 'connective tissue': '0.16387', 'ear': '0.16387', 'embryo': '0.17812', 'en': 'True	True	True	False	False	False	False	True
rs11474881	0.48203	2b	{'adipose tissue': '0.28565', 'adrenal gland': '0.29789', 'arterial blood vessel': '0.28054', 'blood': '0.1489', 'blood vessel': '0.28054', 'bone element': '0.1489', 'bone marrow': '0.1489', 'brain': '0.21026', 'breast': '0.24853', 'colon': '0.29789', 'connective tissue': '0.28565', 'ear': '0.14249', 'embryo': '0.22448', 'en': 'True	True	True	True	False	True	False	False
rs6062362	0.60906	4	{'adipose tissue': '0.18004', 'adrenal gland': '0.18004', 'arterial blood vessel': '0.18004', 'blood': '0.27353', 'blood vessel': '0.18004', 'bone element': '0.27353', 'bone marrow': '0.27353', 'brain': '0.18004', 'breast': '0.18004', 'colon': '0.18004', 'connective tissue': '0.18004', 'ear': '0.18004', 'embryo': '0.18004', 'en': 'True	True	True	False	False	False	False	True
rs6062365	0.1625	6	{'adipose tissue': '0.04803', 'adrenal gland': '0.04803', 'arterial blood vessel': '0.04803', 'blood': '0.07298', 'blood vessel': '0.04803', 'bone element': '0.04803', 'bone marrow': '0.04803', 'brain': '0.08193', 'breast': '0.04803', 'colon': '0.04803', 'connective tissue': '0.05221', 'ear': '0.04803', 'embryo': '0.04803', 'en': 'False	False	False	False	False	False	False	True
rs41279358	0.51392	7	{'adipose tissue': '0.13578', 'adrenal gland': '0.15191', 'arterial blood vessel': '0.15191', 'blood': '0.13578', 'blood vessel': '0.15191', 'bone element': '0.13578', 'bone marrow': '0.13578', 'brain': '0.18547', 'breast': '0.15191', 'colon': '0.13578', 'connective tissue': '0.13578', 'ear': '0.15191', 'embryo': '0.13578', 'en': 'False	False	False	False	False	False	False	True

rsID, variant ID in dbSNP; PWM, position weight matrix; QTL, quantitative trait locus.

In bold, the top significant variants in our GWAS.

Supplementary Table S5. eQTLs reported in GTEx, for the 31 variants on chromosome 20 (P -value $< 1.0 \times 10^{-5}$).

Variant ID	rsID	gene ID	TSS distance	MAF	MA samples	MA count	P -value	slope	slope SE	tissue
chr20_64257449_G_T_b38	rs6062678	ENSG00000203880.11	1754	0,496364	205	273	8,31E-21	-0,305059	0,0293835	Esophagus_Gastroesophageal_Junction
chr20_64257449_G_T_b38	rs6062678	ENSG00000203880.11	1754	0,479123	356	459	2,85E-17	-0,205605	0,0232554	Adipose_Subcutaneous
chr20_64257449_G_T_b38	rs6062678	ENSG00000203880.11	1754	0,491597	363	468	1,77E-15	-0,208714	0,0251988	Artery_Tibial
chr20_64257449_G_T_b38	rs6062678	ENSG00000203880.11	1754	0,5	255	329	6,27E-14	-0,263862	0,0333475	Artery_Aorta
chr20_64257449_G_T_b38	rs6062678	ENSG00000203880.11	1754	0,473236	303	389	2,99E-10	-0,230665	0,0355313	Esophagus_Mucosa
chr20_64257449_G_T_b38	rs6062678	ENSG00000203880.11	1754	0,486395	220	286	2,75E-09	-0,186083	0,0301138	Colon_Transverse
chr20_64257449_G_T_b38	rs6062678	ENSG00000203880.11	1754	0,479323	193	255	3,14E-08	-0,205701	0,0357899	Colon_Sigmoid
chr20_64257449_G_T_b38	rs6062678	ENSG00000203880.11	1754	0,490881	247	323	4,87E-07	-0,169925	0,0329648	Breast_Mammary
chr20_64257449_G_T_b38	rs6062678	ENSG00000203880.11	1754	0,483461	291	380	3,32E-06	-0,0943795	0,019943	Adipose_Visceral_Omentum
chr20_64258638_T_C_b38	rs6062679	ENSG00000203880.11	2943	0,496364	205	273	8,31E-21	-0,305059	0,0293835	Esophagus_Gastroesophageal_Junction
chr20_64258638_T_C_b38	rs6062679	ENSG00000203880.11	2943	0,479123	356	459	2,85E-17	-0,205605	0,0232554	Adipose_Subcutaneous
chr20_64258638_T_C_b38	rs6062679	ENSG00000203880.11	2943	0,491597	363	468	1,77E-15	-0,208714	0,0251988	Artery_Tibial
chr20_64258638_T_C_b38	rs6062679	ENSG00000203880.11	2943	0,5	255	329	6,27E-14	-0,263862	0,0333475	Artery_Aorta
chr20_64258638_T_C_b38	rs6062679	ENSG00000203880.11	2943	0,473236	303	389	2,99E-10	-0,230665	0,0355313	Esophagus_Mucosa
chr20_64258638_T_C_b38	rs6062679	ENSG00000203880.11	2943	0,486395	220	286	2,75E-09	-0,186083	0,0301138	Colon_Transverse
chr20_64258638_T_C_b38	rs6062679	ENSG00000203880.11	2943	0,479323	193	255	3,14E-08	-0,205701	0,0357899	Colon_Sigmoid
chr20_64258638_T_C_b38	rs6062679	ENSG00000203880.11	2943	0,490881	247	323	4,87E-07	-0,169925	0,0329648	Breast_Mammary
chr20_64258638_T_C_b38	rs6062679	ENSG00000203880.11	2943	0,483461	291	380	3,32E-06	-0,0943795	0,019943	Adipose_Visceral_Omentum
chr20_64259579_G_A_b38	rs1808056	ENSG00000203880.11	3884	0,498182	205	274	1,00E-20	-0,30245	0,0292076	Esophagus_Gastroesophageal_Junction
chr20_64259579_G_A_b38	rs1808056	ENSG00000203880.11	3884	0,478079	355	458	2,93E-17	-0,204798	0,0231734	Adipose_Subcutaneous
chr20_64259579_G_A_b38	rs1808056	ENSG00000203880.11	3884	0,490546	362	467	1,25E-15	-0,209041	0,0250936	Artery_Tibial
chr20_64259579_G_A_b38	rs1808056	ENSG00000203880.11	3884	0,49848	254	328	6,65E-14	-0,262661	0,033234	Artery_Aorta
chr20_64259579_G_A_b38	rs1808056	ENSG00000203880.11	3884	0,472019	302	388	1,16E-10	-0,235107	0,0353486	Esophagus_Mucosa
chr20_64259579_G_A_b38	rs1808056	ENSG00000203880.11	3884	0,484694	219	285	2,43E-09	-0,185975	0,0299852	Colon_Transverse
chr20_64259579_G_A_b38	rs1808056	ENSG00000203880.11	3884	0,477444	192	254	4,52E-08	-0,202422	0,0356623	Colon_Sigmoid
chr20_64259579_G_A_b38	rs1808056	ENSG00000203880.11	3884	0,489362	246	322	6,07E-07	-0,168333	0,0329459	Breast_Mammary
chr20_64259579_G_A_b38	rs1808056	ENSG00000203880.11	3884	0,482188	290	379	2,18E-06	-0,0958431	0,0198699	Adipose_Visceral_Omentum
chr20_64260450_A_G_b38	rs6062681	ENSG00000203880.11	4755	0,496364	205	273	8,31E-21	-0,305059	0,0293835	Esophagus_Gastroesophageal_Junction
chr20_64260450_A_G_b38	rs6062681	ENSG00000203880.11	4755	0,479123	356	459	2,85E-17	-0,205605	0,0232554	Adipose_Subcutaneous
chr20_64260450_A_G_b38	rs6062681	ENSG00000203880.11	4755	0,491597	363	468	1,77E-15	-0,208714	0,0251988	Artery_Tibial
chr20_64260450_A_G_b38	rs6062681	ENSG00000203880.11	4755	0,5	255	329	6,27E-14	-0,263862	0,0333475	Artery_Aorta
chr20_64260450_A_G_b38	rs6062681	ENSG00000203880.11	4755	0,473236	303	389	2,99E-10	-0,230665	0,0355313	Esophagus_Mucosa
chr20_64260450_A_G_b38	rs6062681	ENSG00000203880.11	4755	0,486395	220	286	2,75E-09	-0,186083	0,0301138	Colon_Transverse
chr20_64260450_A_G_b38	rs6062681	ENSG00000203880.11	4755	0,479323	193	255	3,14E-08	-0,205701	0,0357899	Colon_Sigmoid
chr20_64260450_A_G_b38	rs6062681	ENSG00000203880.11	4755	0,490881	247	323	4,87E-07	-0,169925	0,0329648	Breast_Mammary
chr20_64260450_A_G_b38	rs6062681	ENSG00000203880.11	4755	0,483461	291	380	3,32E-06	-0,0943795	0,019943	Adipose_Visceral_Omentum
chr20_64260467_C_T_b38	rs6062682	ENSG00000203880.11	4772	0,498182	205	274	1,00E-20	-0,30245	0,0292076	Esophagus_Gastroesophageal_Junction

chr20_64260467_C_T_b38	rs6062682	ENSG00000203880.11	4772	0,478079	355	458	2,93E-17	-0,204798	0,0231734	Adipose_Subcutaneous
chr20_64260467_C_T_b38	rs6062682	ENSG00000203880.11	4772	0,490546	362	467	1,25E-15	-0,209041	0,0250936	Artery_Tibial
chr20_64260467_C_T_b38	rs6062682	ENSG00000203880.11	4772	0,49848	254	328	6,65E-14	-0,262661	0,033234	Artery_Aorta
chr20_64260467_C_T_b38	rs6062682	ENSG00000203880.11	4772	0,472019	302	388	1,16E-10	-0,235107	0,0353486	Esophagus_Mucosa
chr20_64260467_C_T_b38	rs6062682	ENSG00000203880.11	4772	0,484694	219	285	2,43E-09	-0,185975	0,0299852	Colon_Transverse
chr20_64260467_C_T_b38	rs6062682	ENSG00000203880.11	4772	0,477444	192	254	4,52E-08	-0,202422	0,0356623	Colon_Sigmoid
chr20_64260467_C_T_b38	rs6062682	ENSG00000203880.11	4772	0,489362	246	322	6,07E-07	-0,168333	0,0329459	Breast_Mammary
chr20_64260467_C_T_b38	rs6062682	ENSG00000203880.11	4772	0,482188	290	379	2,18E-06	-0,0958431	0,0198699	Adipose_Visceral_Omentum
chr20_64260534_G_A_b38	rs6062683	ENSG00000203880.11	4839	0,496364	205	273	8,31E-21	-0,305059	0,0293835	Esophagus_Gastroesophageal_Junction
chr20_64260534_G_A_b38	rs6062683	ENSG00000203880.11	4839	0,479123	356	459	2,85E-17	-0,205605	0,0232554	Adipose_Subcutaneous
chr20_64260534_G_A_b38	rs6062683	ENSG00000203880.11	4839	0,491597	363	468	1,77E-15	-0,208714	0,0251988	Artery_Tibial
chr20_64260534_G_A_b38	rs6062683	ENSG00000203880.11	4839	0,5	255	329	6,27E-14	-0,263862	0,0333475	Artery_Aorta
chr20_64260534_G_A_b38	rs6062683	ENSG00000203880.11	4839	0,473236	303	389	2,99E-10	-0,230665	0,0355313	Esophagus_Mucosa
chr20_64260534_G_A_b38	rs6062683	ENSG00000203880.11	4839	0,486395	220	286	2,75E-09	-0,186083	0,0301138	Colon_Transverse
chr20_64260534_G_A_b38	rs6062683	ENSG00000203880.11	4839	0,479323	193	255	3,14E-08	-0,205701	0,0357899	Colon_Sigmoid
chr20_64260534_G_A_b38	rs6062683	ENSG00000203880.11	4839	0,490881	247	323	4,87E-07	-0,169925	0,0329648	Breast_Mammary
chr20_64260534_G_A_b38	rs6062683	ENSG00000203880.11	4839	0,483461	291	380	3,32E-06	-0,0943795	0,019943	Adipose_Visceral_Omentum
chr20_64261231_A_G_b38	rs6512309	ENSG00000203880.11	5536	0,496364	205	273	8,31E-21	-0,305059	0,0293835	Esophagus_Gastroesophageal_Junction
chr20_64261231_A_G_b38	rs6512309	ENSG00000203880.11	5536	0,479123	356	459	2,85E-17	-0,205605	0,0232554	Adipose_Subcutaneous
chr20_64261231_A_G_b38	rs6512309	ENSG00000203880.11	5536	0,491597	363	468	1,77E-15	-0,208714	0,0251988	Artery_Tibial
chr20_64261231_A_G_b38	rs6512309	ENSG00000203880.11	5536	0,5	255	329	6,27E-14	-0,263862	0,0333475	Artery_Aorta
chr20_64261231_A_G_b38	rs6512309	ENSG00000203880.11	5536	0,473236	303	389	2,99E-10	-0,230665	0,0355313	Esophagus_Mucosa
chr20_64261231_A_G_b38	rs6512309	ENSG00000203880.11	5536	0,486395	220	286	2,75E-09	-0,186083	0,0301138	Colon_Transverse
chr20_64261231_A_G_b38	rs6512309	ENSG00000203880.11	5536	0,479323	193	255	3,14E-08	-0,205701	0,0357899	Colon_Sigmoid
chr20_64261231_A_G_b38	rs6512309	ENSG00000203880.11	5536	0,490881	247	323	4,87E-07	-0,169925	0,0329648	Breast_Mammary
chr20_64261231_A_G_b38	rs6512309	ENSG00000203880.11	5536	0,483461	291	380	3,32E-06	-0,0943795	0,019943	Adipose_Visceral_Omentum
chr20_64261386_C_T_b38	rs6062357	ENSG00000203880.11	5691	0,492727	204	271	2,50E-20	-0,301976	0,0295328	Esophagus_Gastroesophageal_Junction
chr20_64261386_C_T_b38	rs6062357	ENSG00000203880.11	5691	0,483299	358	463	6,36E-16	-0,197467	0,023448	Adipose_Subcutaneous
chr20_64261386_C_T_b38	rs6062357	ENSG00000203880.11	5691	0,495798	365	472	2,13E-14	-0,200737	0,0253096	Artery_Tibial
chr20_64261386_C_T_b38	rs6062357	ENSG00000203880.11	5691	0,495441	253	326	1,33E-12	-0,249459	0,0335467	Artery_Aorta
chr20_64261386_C_T_b38	rs6062357	ENSG00000203880.11	5691	0,475669	303	391	1,68E-09	-0,219639	0,0354532	Esophagus_Mucosa
chr20_64261386_C_T_b38	rs6062357	ENSG00000203880.11	5691	0,491497	222	289	9,32E-09	-0,180137	0,0302594	Colon_Transverse
chr20_64261386_C_T_b38	rs6062357	ENSG00000203880.11	5691	0,483083	194	257	1,01E-07	-0,197984	0,0358936	Colon_Sigmoid
chr20_64261386_C_T_b38	rs6062357	ENSG00000203880.11	5691	0,495441	248	326	1,32E-06	-0,163064	0,0329636	Breast_Mammary
chr20_64261386_C_T_b38	rs6062357	ENSG00000203880.11	5691	0,487277	292	383	9,82E-06	-0,0894637	0,0199145	Adipose_Visceral_Omentum
chr20_64261403_C_G_b38	rs7270745	ENSG00000203880.11	5708	0,496364	205	273	8,31E-21	-0,305059	0,0293835	Esophagus_Gastroesophageal_Junction
chr20_64261403_C_G_b38	rs7270745	ENSG00000203880.11	5708	0,479123	356	459	2,85E-17	-0,205605	0,0232554	Adipose_Subcutaneous
chr20_64261403_C_G_b38	rs7270745	ENSG00000203880.11	5708	0,491597	363	468	1,77E-15	-0,208714	0,0251988	Artery_Tibial
chr20_64261403_C_G_b38	rs7270745	ENSG00000203880.11	5708	0,5	255	329	6,27E-14	-0,263862	0,0333475	Artery_Aorta

chr20_64261403_C_G_b38	rs7270745	ENSG00000203880.11	5708	0,473236	303	389	2,99E-10	-0,230665	0,0355313	Esophagus_Mucosa
chr20_64261403_C_G_b38	rs7270745	ENSG00000203880.11	5708	0,486395	220	286	2,75E-09	-0,186083	0,0301138	Colon_Transverse
chr20_64261403_C_G_b38	rs7270745	ENSG00000203880.11	5708	0,479323	193	255	3,14E-08	-0,205701	0,0357899	Colon_Sigmoid
chr20_64261403_C_G_b38	rs7270745	ENSG00000203880.11	5708	0,490881	247	323	4,87E-07	-0,169925	0,0329648	Breast_Mammary
chr20_64261403_C_G_b38	rs7270745	ENSG00000203880.11	5708	0,483461	291	380	3,32E-06	-0,0943795	0,019943	Adipose_Visceral_Omentum
chr20_64269027_T_G_b38	rs6062359	ENSG00000203880.11	13332	0,465455	193	256	2,03E-15	-0,262062	0,0306341	Esophagus_Gastroesophageal_Junction
chr20_64269027_T_G_b38	rs6062359	ENSG00000203880.11	13332	0,457203	342	438	2,59E-15	-0,190616	0,0231696	Adipose_Subcutaneous
chr20_64269027_T_G_b38	rs6062359	ENSG00000203880.11	13332	0,475684	244	313	4,43E-12	-0,243431	0,0336057	Artery_Aorta
chr20_64269027_T_G_b38	rs6062359	ENSG00000203880.11	13332	0,459034	343	437	1,19E-11	-0,17754	0,0254272	Artery_Tibial
chr20_64269027_T_G_b38	rs6062359	ENSG00000203880.11	13332	0,442822	284	364	3,97E-08	-0,195711	0,0348238	Esophagus_Mucosa
chr20_64269027_T_G_b38	rs6062359	ENSG00000203880.11	13332	0,454082	206	267	3,48E-07	-0,159004	0,030329	Colon_Transverse
chr20_64269027_T_G_b38	rs6062359	ENSG00000203880.11	13332	0,454887	183	242	1,13E-06	-0,178527	0,0356101	Colon_Sigmoid
chr20_64269027_T_G_b38	rs6062359	ENSG00000203880.11	13332	0,465046	235	306	8,37E-06	-0,148086	0,0326059	Breast_Mammary
chr20_64269364_C_T_b38	rs2427638	ENSG00000203880.11	13669	0,481818	199	265	9,10E-09	-0,197073	0,0329747	Esophagus_Gastroesophageal_Junction
chr20_64269364_C_T_b38	rs2427638	ENSG00000203880.11	13669	0,488518	359	468	2,60E-07	-0,126969	0,0242384	Adipose_Subcutaneous
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,165966	146	158	1,09E-23	-0,325054	0,0303897	Artery_Tibial
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,160584	119	132	6,17E-20	-0,410833	0,0421844	Esophagus_Mucosa
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,18541	107	122	7,40E-18	-0,353703	0,0383038	Artery_Aorta
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,170909	86	94	1,15E-14	-0,356547	0,0430339	Esophagus_Gastroesophageal_Junction
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,165971	146	159	2,34E-12	-0,226712	0,0313423	Adipose_Subcutaneous
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,186047	58	64	2,25E-11	-0,516838	0,0706718	Brain_Caudate_basal_ganglia
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,151361	82	89	2,91E-11	-0,279866	0,0401008	Colon_Transverse
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,171053	83	91	4,52E-10	-0,292725	0,0447478	Colon_Sigmoid
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,171216	125	138	1,32E-09	-0,123285	0,0197521	Cells_Cultured_fibroblasts
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,186275	51	57	7,82E-09	-0,441904	0,0708108	Brain_Putamen_basal_ganglia
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,176292	105	116	1,78E-08	-0,250637	0,0431819	Breast_Mammary
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,152866	45	48	5,56E-08	-0,433886	0,074712	Brain_Frontal_Cortex
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,162983	55	59	1,70E-07	-0,375764	0,0682735	Brain_Nucleus_accumbens_basal_ganglia
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,173333	46	52	1,84E-07	-0,365784	0,0656972	Brain_Hippocampus
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,16285	117	128	2,92E-07	-0,137029	0,0261547	Adipose_Visceral_Omentum
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,166667	55	61	1,76E-06	-0,283844	0,0569258	Brain_Cortex
chr20_64269826_G_A_b38	rs58586141	ENSG00000203880.11	14131	0,169872	48	53	2,09E-06	-0,398948	0,0798627	Brain_Hypothalamus
chr20_64273189_A_G_b38	rs6062361	ENSG00000203880.11	17494	0,481818	199	265	9,10E-09	-0,197073	0,0329747	Esophagus_Gastroesophageal_Junction
chr20_64273189_A_G_b38	rs6062361	ENSG00000203880.11	17494	0,489562	360	469	2,16E-07	-0,128202	0,0243047	Adipose_Subcutaneous
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,165966	146	158	1,09E-23	-0,325054	0,0303897	Artery_Tibial
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,160584	119	132	6,17E-20	-0,410833	0,0421844	Esophagus_Mucosa
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,18541	107	122	7,40E-18	-0,353703	0,0383038	Artery_Aorta
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,170909	86	94	1,15E-14	-0,356547	0,0430339	Esophagus_Gastroesophageal_Junction
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,165971	146	159	2,34E-12	-0,226712	0,0313423	Adipose_Subcutaneous

chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,186047	58	64	2,25E-11	-0,516838	0,0706718	Brain_Caudate_basal_ganglia
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,151361	82	89	2,91E-11	-0,279866	0,0401008	Colon_Transverse
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,171053	83	91	4,52E-10	-0,292725	0,0447478	Colon_Sigmoid
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,171216	125	138	1,32E-09	-0,123285	0,0197521	Cells_Cultured_fibroblasts
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,186275	51	57	7,82E-09	-0,441904	0,0708108	Brain_Putamen_basal_ganglia
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,176292	105	116	1,78E-08	-0,250637	0,0431819	Breast_Mammary
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,152866	45	48	5,56E-08	-0,433886	0,074712	Brain_Frontal_Cortex
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,162983	55	59	1,70E-07	-0,375764	0,0682735	Brain_Nucleus_accumbens_basal_ganglia
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,173333	46	52	1,84E-07	-0,365784	0,0656972	Brain_Hippocampus
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,16285	117	128	2,92E-07	-0,137029	0,0261547	Adipose_Visceral_Omentum
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,166667	55	61	1,76E-06	-0,283844	0,0569258	Brain_Cortex
chr20_64274498_C_A_b38	rs41279358	ENSG00000203880.11	18803	0,169872	48	53	2,09E-06	-0,398948	0,0798627	Brain_Hypothalamus
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,163158	144	155	3,60E-23	-0,324825	0,0307801	Artery_Tibial
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,156934	117	129	9,45E-19	-0,404264	0,0430949	Esophagus_Mucosa
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,182371	106	120	1,84E-17	-0,35376	0,0388505	Artery_Aorta
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,169091	85	93	2,52E-14	-0,353239	0,0432732	Esophagus_Gastroesophageal_Junction
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,160377	142	153	2,65E-12	-0,231447	0,0320824	Adipose_Subcutaneous
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,185294	57	63	1,37E-11	-0,527759	0,0712528	Brain_Caudate_basal_ganglia
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,147959	80	87	1,13E-10	-0,272678	0,0404121	Colon_Transverse
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,167293	82	89	6,13E-10	-0,295829	0,0456042	Colon_Sigmoid
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,164589	121	132	9,24E-09	-0,120111	0,0203784	Cells_Cultured_fibroblasts
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,183007	50	56	1,19E-08	-0,439754	0,0714863	Brain_Putamen_basal_ganglia
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,172783	103	113	2,47E-08	-0,253612	0,0441629	Breast_Mammary
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,150641	44	47	6,92E-08	-0,434791	0,0754843	Brain_Frontal_Cortex
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,161111	54	58	9,14E-08	-0,390092	0,0692137	Brain_Nucleus_accumbens_basal_ganglia
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,174497	46	52	1,43E-07	-0,368746	0,0655636	Brain_Hippocampus
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,159439	115	125	5,31E-07	-0,136353	0,0266407	Adipose_Visceral_Omentum
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,164835	54	60	1,20E-06	-0,290588	0,0572818	Brain_Cortex
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,166667	47	52	3,56E-06	-0,398926	0,0819107	Brain_Hypothalamus
chr20_64276336_ATAT_A_b38	rs76240558	ENSG00000203880.11	20641	0,195513	56	61	4,54E-06	-0,282165	0,0586622	Brain_Cerebellar_Hemisphere
chr20_64279601_A_G_b38	rs1570520	ENSG00000203880.11	23906	0,450939	339	432	1,22E-15	-0,193186	0,0231861	Adipose_Subcutaneous
chr20_64279601_A_G_b38	rs1570520	ENSG00000203880.11	23906	0,46	192	253	1,32E-14	-0,257518	0,0311601	Esophagus_Gastroesophageal_Junction
chr20_64279601_A_G_b38	rs1570520	ENSG00000203880.11	23906	0,452731	339	431	1,29E-11	-0,177078	0,025406	Artery_Tibial
chr20_64279601_A_G_b38	rs1570520	ENSG00000203880.11	23906	0,469605	241	309	1,41E-11	-0,237295	0,0336345	Artery_Aorta
chr20_64279601_A_G_b38	rs1570520	ENSG00000203880.11	23906	0,43674	281	359	7,25E-08	-0,191285	0,0347433	Esophagus_Mucosa
chr20_64279601_A_G_b38	rs1570520	ENSG00000203880.11	23906	0,442177	201	260	2,21E-07	-0,161761	0,0303172	Colon_Transverse
chr20_64279601_A_G_b38	rs1570520	ENSG00000203880.11	23906	0,443609	180	236	3,09E-06	-0,172568	0,0359994	Colon_Sigmoid
chr20_64279601_A_G_b38	rs1570520	ENSG00000203880.11	23906	0,460486	234	303	6,24E-06	-0,15	0,032552	Breast_Mammary
chr20_64279601_A_G_b38	rs1570520	ENSG00000203880.11	23906	0,456743	277	359	6,63E-06	-0,08992	0,0196311	Adipose_Visceral_Omentum

chr20_64279666_G_T_b38	rs1570521	ENSG00000203880.11	23971	0,449896	339	431	2,37E-15	-0,191644	0,02326	Adipose_Subcutaneous
chr20_64279666_G_T_b38	rs1570521	ENSG00000203880.11	23971	0,458182	192	252	9,67E-15	-0,259144	0,0311733	Esophagus_Gastroesophageal_Junction
chr20_64279666_G_T_b38	rs1570521	ENSG00000203880.11	23971	0,468085	241	308	3,06E-11	-0,234372	0,0338342	Artery_Aorta
chr20_64279666_G_T_b38	rs1570521	ENSG00000203880.11	23971	0,451681	339	430	3,27E-11	-0,174163	0,0255299	Artery_Tibial
chr20_64279666_G_T_b38	rs1570521	ENSG00000203880.11	23971	0,435523	281	358	9,98E-08	-0,19014	0,034927	Esophagus_Mucosa
chr20_64279666_G_T_b38	rs1570521	ENSG00000203880.11	23971	0,440476	201	259	4,08E-07	-0,159089	0,0305373	Colon_Transverse
chr20_64279666_G_T_b38	rs1570521	ENSG00000203880.11	23971	0,443609	180	236	3,09E-06	-0,172568	0,0359994	Colon_Sigmoid
chr20_64279666_G_T_b38	rs1570521	ENSG00000203880.11	23971	0,458967	234	302	8,35E-06	-0,148577	0,0327102	Breast_Mammary
chr20_64279990_C_A_b38	rs6090105	ENSG00000203880.11	24295	0,449896	339	431	2,37E-15	-0,191644	0,02326	Adipose_Subcutaneous
chr20_64279990_C_A_b38	rs6090105	ENSG00000203880.11	24295	0,458182	192	252	9,67E-15	-0,259144	0,0311733	Esophagus_Gastroesophageal_Junction
chr20_64279990_C_A_b38	rs6090105	ENSG00000203880.11	24295	0,468085	241	308	3,06E-11	-0,234372	0,0338342	Artery_Aorta
chr20_64279990_C_A_b38	rs6090105	ENSG00000203880.11	24295	0,451681	339	430	3,27E-11	-0,174163	0,0255299	Artery_Tibial
chr20_64279990_C_A_b38	rs6090105	ENSG00000203880.11	24295	0,435523	281	358	9,98E-08	-0,19014	0,034927	Esophagus_Mucosa
chr20_64279990_C_A_b38	rs6090105	ENSG00000203880.11	24295	0,440476	201	259	4,08E-07	-0,159089	0,0305373	Colon_Transverse
chr20_64279990_C_A_b38	rs6090105	ENSG00000203880.11	24295	0,443609	180	236	3,09E-06	-0,172568	0,0359994	Colon_Sigmoid
chr20_64279990_C_A_b38	rs6090105	ENSG00000203880.11	24295	0,458967	234	302	8,35E-06	-0,148577	0,0327102	Breast_Mammary
chr20_64280038_T_G_b38	rs6089801	ENSG00000203880.11	24343	0,450837	340	431	1,82E-15	-0,192548	0,0232658	Adipose_Subcutaneous
chr20_64280038_T_G_b38	rs6089801	ENSG00000203880.11	24343	0,458182	192	252	9,67E-15	-0,259144	0,0311733	Esophagus_Gastroesophageal_Junction
chr20_64280038_T_G_b38	rs6089801	ENSG00000203880.11	24343	0,468085	241	308	3,06E-11	-0,234372	0,0338342	Artery_Aorta
chr20_64280038_T_G_b38	rs6089801	ENSG00000203880.11	24343	0,451681	339	430	3,27E-11	-0,174163	0,0255299	Artery_Tibial
chr20_64280038_T_G_b38	rs6089801	ENSG00000203880.11	24343	0,436585	282	358	1,08E-07	-0,190115	0,0350247	Esophagus_Mucosa
chr20_64280038_T_G_b38	rs6089801	ENSG00000203880.11	24343	0,440476	201	259	4,08E-07	-0,159089	0,0305373	Colon_Transverse
chr20_64280038_T_G_b38	rs6089801	ENSG00000203880.11	24343	0,443609	180	236	3,09E-06	-0,172568	0,0359994	Colon_Sigmoid
chr20_64280038_T_G_b38	rs6089801	ENSG00000203880.11	24343	0,458967	234	302	8,35E-06	-0,148577	0,0327102	Breast_Mammary
chr20_64281110_G_A_b38	rs6062363	ENSG00000203880.11	25415	0,41858	323	401	2,04E-15	-0,19636	0,023772	Adipose_Subcutaneous
chr20_64281110_G_A_b38	rs6062363	ENSG00000203880.11	25415	0,422269	324	402	1,42E-14	-0,202254	0,0253164	Artery_Tibial
chr20_64281110_G_A_b38	rs6062363	ENSG00000203880.11	25415	0,44	188	242	1,13E-13	-0,251008	0,0316748	Esophagus_Gastroesophageal_Junction
chr20_64281110_G_A_b38	rs6062363	ENSG00000203880.11	25415	0,43617	230	287	2,06E-13	-0,259606	0,0335889	Artery_Aorta
chr20_64281110_G_A_b38	rs6062363	ENSG00000203880.11	25415	0,409976	271	337	5,21E-09	-0,211678	0,0353146	Esophagus_Mucosa
chr20_64281110_G_A_b38	rs6062363	ENSG00000203880.11	25415	0,417933	218	275	8,10E-09	-0,191251	0,0321352	Breast_Mammary
chr20_64281110_G_A_b38	rs6062363	ENSG00000203880.11	25415	0,430025	266	338	3,82E-07	-0,100579	0,0193986	Adipose_Visceral_Omentum
chr20_64281110_G_A_b38	rs6062363	ENSG00000203880.11	25415	0,418367	197	246	1,00E-06	-0,157785	0,0314223	Colon_Transverse
chr20_64281110_G_A_b38	rs6062363	ENSG00000203880.11	25415	0,421053	175	224	1,85E-06	-0,178293	0,0363384	Colon_Sigmoid
chr20_64281260_T_C_b38	rs6062688	ENSG00000203880.11	25565	0,449896	339	431	2,37E-15	-0,191644	0,02326	Adipose_Subcutaneous
chr20_64281260_T_C_b38	rs6062688	ENSG00000203880.11	25565	0,458182	192	252	9,67E-15	-0,259144	0,0311733	Esophagus_Gastroesophageal_Junction
chr20_64281260_T_C_b38	rs6062688	ENSG00000203880.11	25565	0,468085	241	308	3,06E-11	-0,234372	0,0338342	Artery_Aorta
chr20_64281260_T_C_b38	rs6062688	ENSG00000203880.11	25565	0,451681	339	430	3,27E-11	-0,174163	0,0255299	Artery_Tibial
chr20_64281260_T_C_b38	rs6062688	ENSG00000203880.11	25565	0,435523	281	358	9,98E-08	-0,19014	0,034927	Esophagus_Mucosa
chr20_64281260_T_C_b38	rs6062688	ENSG00000203880.11	25565	0,440476	201	259	4,08E-07	-0,159089	0,0305373	Colon_Transverse

chr20_64281260_T_C_b38	rs6062688	ENSG00000203880.11	25565	0,443609	180	236	3,09E-06	-0,172568	0,0359994	Colon_Sigmoid
chr20_64281260_T_C_b38	rs6062688	ENSG00000203880.11	25565	0,458967	234	302	8,35E-06	-0,148577	0,0327102	Breast_Mammary
chr20_64281343_G_A_b38	rs6062365	ENSG00000203880.11	25648	0,413361	318	396	1,17E-15	-0,195744	0,0234768	Adipose_Subcutaneous
chr20_64281343_G_A_b38	rs6062365	ENSG00000203880.11	25648	0,415966	319	396	7,57E-15	-0,201936	0,0249972	Artery_Tibial
chr20_64281343_G_A_b38	rs6062365	ENSG00000203880.11	25648	0,432727	184	238	3,50E-14	-0,251104	0,0309571	Esophagus_Gastroesophageal_Junction
chr20_64281343_G_A_b38	rs6062365	ENSG00000203880.11	25648	0,428571	225	282	2,47E-13	-0,255757	0,0332117	Artery_Aorta
chr20_64281343_G_A_b38	rs6062365	ENSG00000203880.11	25648	0,405109	267	333	6,42E-09	-0,209236	0,0351286	Esophagus_Mucosa
chr20_64281343_G_A_b38	rs6062365	ENSG00000203880.11	25648	0,414894	216	273	1,19E-08	-0,188209	0,0320049	Breast_Mammary
chr20_64281343_G_A_b38	rs6062365	ENSG00000203880.11	25648	0,423664	261	333	1,64E-07	-0,103029	0,0192448	Adipose_Visceral_Omentum
chr20_64281343_G_A_b38	rs6062365	ENSG00000203880.11	25648	0,411565	193	242	1,55E-06	-0,153722	0,031194	Colon_Transverse
chr20_64281343_G_A_b38	rs6062365	ENSG00000203880.11	25648	0,415414	172	221	1,66E-06	-0,177519	0,0360009	Colon_Sigmoid
chr20_64281378_C_T_b38	rs6090107	ENSG00000203880.11	25683	0,449896	339	431	2,37E-15	-0,191644	0,02326	Adipose_Subcutaneous
chr20_64281378_C_T_b38	rs6090107	ENSG00000203880.11	25683	0,458182	192	252	9,67E-15	-0,259144	0,0311733	Esophagus_Gastroesophageal_Junction
chr20_64281378_C_T_b38	rs6090107	ENSG00000203880.11	25683	0,468085	241	308	3,06E-11	-0,234372	0,0338342	Artery_Aorta
chr20_64281378_C_T_b38	rs6090107	ENSG00000203880.11	25683	0,451681	339	430	3,27E-11	-0,174163	0,0255299	Artery_Tibial
chr20_64281378_C_T_b38	rs6090107	ENSG00000203880.11	25683	0,435523	281	358	9,98E-08	-0,19014	0,034927	Esophagus_Mucosa
chr20_64281378_C_T_b38	rs6090107	ENSG00000203880.11	25683	0,440476	201	259	4,08E-07	-0,159089	0,0305373	Colon_Transverse
chr20_64281378_C_T_b38	rs6090107	ENSG00000203880.11	25683	0,443609	180	236	3,09E-06	-0,172568	0,0359994	Colon_Sigmoid
chr20_64281378_C_T_b38	rs6090107	ENSG00000203880.11	25683	0,458967	234	302	8,35E-06	-0,148577	0,0327102	Breast_Mammary
chr20_64281456_G_A_b38	rs6089803	ENSG00000203880.11	25761	0,449896	339	431	2,37E-15	-0,191644	0,02326	Adipose_Subcutaneous
chr20_64281456_G_A_b38	rs6089803	ENSG00000203880.11	25761	0,458182	192	252	9,67E-15	-0,259144	0,0311733	Esophagus_Gastroesophageal_Junction
chr20_64281456_G_A_b38	rs6089803	ENSG00000203880.11	25761	0,468085	241	308	3,06E-11	-0,234372	0,0338342	Artery_Aorta
chr20_64281456_G_A_b38	rs6089803	ENSG00000203880.11	25761	0,451681	339	430	3,27E-11	-0,174163	0,0255299	Artery_Tibial
chr20_64281456_G_A_b38	rs6089803	ENSG00000203880.11	25761	0,435523	281	358	9,98E-08	-0,19014	0,034927	Esophagus_Mucosa
chr20_64281456_G_A_b38	rs6089803	ENSG00000203880.11	25761	0,440476	201	259	4,08E-07	-0,159089	0,0305373	Colon_Transverse
chr20_64281456_G_A_b38	rs6089803	ENSG00000203880.11	25761	0,443609	180	236	3,09E-06	-0,172568	0,0359994	Colon_Sigmoid
chr20_64281456_G_A_b38	rs6089803	ENSG00000203880.11	25761	0,458967	234	302	8,35E-06	-0,148577	0,0327102	Breast_Mammary
chr20_64281506_C_T_b38	rs4809259	ENSG00000203880.11	25811	0,489091	202	269	2,96E-08	0,192521	0,0334805	Esophagus_Gastroesophageal_Junction
chr20_64281506_C_T_b38	rs4809259	ENSG00000203880.11	25811	0,495825	362	475	3,25E-07	0,125491	0,024161	Adipose_Subcutaneous
chr20_64282739_C_A_b38	rs13043326	ENSG00000203880.11	27044	0,413361	318	396	1,17E-15	-0,195744	0,0234768	Adipose_Subcutaneous
chr20_64282739_C_A_b38	rs13043326	ENSG00000203880.11	27044	0,415966	319	396	7,57E-15	-0,201936	0,0249972	Artery_Tibial
chr20_64282739_C_A_b38	rs13043326	ENSG00000203880.11	27044	0,432727	184	238	3,50E-14	-0,251104	0,0309571	Esophagus_Gastroesophageal_Junction
chr20_64282739_C_A_b38	rs13043326	ENSG00000203880.11	27044	0,428571	225	282	2,47E-13	-0,255757	0,0332117	Artery_Aorta
chr20_64282739_C_A_b38	rs13043326	ENSG00000203880.11	27044	0,405109	267	333	6,42E-09	-0,209236	0,0351286	Esophagus_Mucosa
chr20_64282739_C_A_b38	rs13043326	ENSG00000203880.11	27044	0,414894	216	273	1,19E-08	-0,188209	0,0320049	Breast_Mammary
chr20_64282739_C_A_b38	rs13043326	ENSG00000203880.11	27044	0,423664	261	333	1,64E-07	-0,103029	0,0192448	Adipose_Visceral_Omentum
chr20_64282739_C_A_b38	rs13043326	ENSG00000203880.11	27044	0,411565	193	242	1,55E-06	-0,153722	0,031194	Colon_Transverse
chr20_64282739_C_A_b38	rs13043326	ENSG00000203880.11	27044	0,415414	172	221	1,66E-06	-0,177519	0,0360009	Colon_Sigmoid
chr20_64283546_A_T_b38	rs1806952	ENSG00000203880.11	27851	0,413361	318	396	1,17E-15	0,195744	0,0234768	Adipose_Subcutaneous

chr20_64283546_A_T_b38	rs1806952	ENSG00000203880.11	27851	0,415966	319	396	7,57E-15	0,201936	0,0249972	Artery_Tibial
chr20_64283546_A_T_b38	rs1806952	ENSG00000203880.11	27851	0,432727	184	238	3,50E-14	0,251104	0,0309571	Esophagus_Gastroesophageal_Junction
chr20_64283546_A_T_b38	rs1806952	ENSG00000203880.11	27851	0,428571	225	282	2,47E-13	0,255757	0,0332117	Artery_Aorta
chr20_64283546_A_T_b38	rs1806952	ENSG00000203880.11	27851	0,405109	267	333	6,42E-09	0,209236	0,0351286	Esophagus_Mucosa
chr20_64283546_A_T_b38	rs1806952	ENSG00000203880.11	27851	0,414894	216	273	1,19E-08	0,188209	0,0320049	Breast_Mammary
chr20_64283546_A_T_b38	rs1806952	ENSG00000203880.11	27851	0,423664	261	333	1,64E-07	0,103029	0,0192448	Adipose_Visceral_Omentum
chr20_64283546_A_T_b38	rs1806952	ENSG00000203880.11	27851	0,411565	193	242	1,55E-06	0,153722	0,031194	Colon_Transverse
chr20_64283546_A_T_b38	rs1806952	ENSG00000203880.11	27851	0,415413	172	221	1,66E-06	0,177519	0,0360009	Colon_Sigmoid
chr20_64283878_G_A_b38	rs4809418	ENSG00000203880.11	28183	0,490909	203	270	3,14E-08	0,192519	0,0335491	Esophagus_Gastroesophageal_Junction
chr20_64283878_G_A_b38	rs4809419	ENSG00000203880.11	28183	0,493737	362	473	8,17E-07	0,122237	0,024405	Adipose_Subcutaneous
chr20_64285790_T_C_b38	rs6089804	ENSG00000203880.11	30095	0,408142	315	391	3,46817E-15	0,192113	0,0234685	Adipose_Subcutaneous
chr20_64285790_T_C_b38	rs6089804	ENSG00000203880.11	30095	0,429091	182	236	8,10E-15	0,255807	0,0306705	Esophagus_Gastroesophageal_Junction
chr20_64285790_T_C_b38	rs6089804	ENSG00000203880.11	30095	0,411765	317	392	8,66E-15	0,201238	0,0249694	Artery_Tibial
chr20_64285790_T_C_b38	rs6089804	ENSG00000203880.11	30095	0,424012	222	279	2,82E-13	0,253	0,03294	Artery_Aorta
chr20_64285790_T_C_b38	rs6089804	ENSG00000203880.11	30095	0,411854	214	271	8,60E-09	0,18883	0,0317878	Breast_Mammary
chr20_64285790_T_C_b38	rs6089804	ENSG00000203880.11	30095	0,400243	264	329	1,93E-08	0,202433	0,0351722	Esophagus_Mucosa
chr20_64285790_T_C_b38	rs6089804	ENSG00000203880.11	30095	0,418575	259	329	1,51E-07	0,103502	0,0192756	Adipose_Visceral_Omentum
chr20_64285790_T_C_b38	rs6089804	ENSG00000203880.11	30095	0,407895	169	217	7,37E-07	0,183659	0,0359757	Colon_Sigmoid
chr20_64285790_T_C_b38	rs6089804	ENSG00000203880.11	30095	0,406463	190	239	9,31E-07	0,156808	0,0311296	Colon_Transverse

rsID, variant ID in dbSNP; TSS, transcription start site; MAF, minor allele frequency in GTEx; MA samples, number of samples carrying the minor allele; MA count, total number of minor alleles across individuals; SE, standard error.

Supplementary Table S6. eQTLs reported in eQTLGen, for the 31 variants on chromosome 20 (P -value $< 1.0 \times 10^{-5}$).

rsID	Minor Allele	Major Allele	Z score	P-value	Gene ID	GeneSymbol	n cohorts	n samples	FDR
rs17878941	A	G	-40,298	3,27E-296	ENSG00000203880	PCMTD2	16	14263	0
rs41279358	A	C	-40,3424	3,27E-296	ENSG00000203880	PCMTD2	16	14263	0
rs58586141	A	G	-40,4442	3,27E-296	ENSG00000203880	PCMTD2	16	14263	0
rs6512309	G	A	-24,6192	7,87E-134	ENSG00000203880	PCMTD2	16	14261	0
rs7270745	G	C	-24,6144	8,81E-134	ENSG00000203880	PCMTD2	16	14261	0
rs6062357	T	C	-23,7404	1,38E-124	ENSG00000203880	PCMTD2	16	14263	0
rs6062359	G	T	-23,5606	9,73E-123	ENSG00000203880	PCMTD2	16	14261	0
rs6062682	T	C	-23,4872	5,49E-122	ENSG00000203880	PCMTD2	14	13435	0
rs1808056	A	G	-23,4593	1,06E-121	ENSG00000203880	PCMTD2	14	13433	0
rs6062678	T	G	-23,452	1,26E-121	ENSG00000203880	PCMTD2	14	13428	0
rs6062679	C	T	-23,437	1,79E-121	ENSG00000203880	PCMTD2	14	13432	0
rs6062683	A	G	-23,4275	2,24E-121	ENSG00000203880	PCMTD2	14	13435	0
rs6062681	G	A	-23,4067	3,64E-121	ENSG00000203880	PCMTD2	14	13435	0
rs1570520	G	A	-19,878	6,28E-88	ENSG00000203880	PCMTD2	15	9188	0
rs1570521	T	G	-19,8584	9,29E-88	ENSG00000203880	PCMTD2	15	9186	0
rs6090105	A	C	-19,8476	1,16E-87	ENSG00000203880	PCMTD2	15	9187	0
rs6090107	T	C	-19,8404	1,33E-87	ENSG00000203880	PCMTD2	15	9187	0
rs6089801	G	T	-19,837	1,43E-87	ENSG00000203880	PCMTD2	15	9187	0
rs6062688	C	T	-19,836	1,45E-87	ENSG00000203880	PCMTD2	15	9187	0
rs6062363	A	G	-18,7697	1,33E-78	ENSG00000203880	PCMTD2	15	9188	0
rs6062362	G	A	-18,7374	2,44E-78	ENSG00000203880	PCMTD2	14	8672	0
rs1806952	A	T	-18,5037	1,92E-76	ENSG00000203880	PCMTD2	15	9182	0
rs13043326	A	C	-18,4845	2,75E-76	ENSG00000203880	PCMTD2	15	9184	0
rs6062365	A	G	-18,4528	4,93E-76	ENSG00000203880	PCMTD2	15	9187	0
rs6062361	G	A	-14,0516	7,53E-45	ENSG00000203880	PCMTD2	16	14260	0
rs2427638	T	C	-13,9315	4,07E-44	ENSG00000203880	PCMTD2	16	14262	0

rs6089803	A	G	-12,6117	1,82E-36	ENSG00000203880	PCMTD2	7	5437	0
rs4809259	C	T	-11,9384	7,45E-33	ENSG00000203880	PCMTD2	15	9185	0
rs4809418	G	A	-11,9055	1,11E-32	ENSG00000203880	PCMTD2	15	9184	0
rs6062359	G	T	-5,8819	4,05E-09	ENSG00000125510	OPRL1	34	30855	3,24E-05
rs6062362	G	A	-5,5292	3,21E-08	ENSG00000125510	OPRL1	34	25879	0,000134
rs6090107	T	C	-5,3549	8,56E-08	ENSG00000125510	OPRL1	33	25781	0,000309
rs6062688	C	T	-5,3507	8,76E-08	ENSG00000125510	OPRL1	33	25781	0,000309
rs6090105	A	C	-5,3414	9,22E-08	ENSG00000125510	OPRL1	33	25781	0,000309
rs6089801	G	T	-5,3411	9,23E-08	ENSG00000125510	OPRL1	33	25781	0,000309
rs1570521	T	G	-5,3058	1,12E-07	ENSG00000125510	OPRL1	33	25780	0,000358
rs1570520	G	A	-5,1469	2,65E-07	ENSG00000125510	OPRL1	34	25897	0,000834
rs7270745	G	C	-4,9613	7,00E-07	ENSG00000125534	PPDPF	36	31567	0,002056
rs6512309	G	A	-4,9508	7,38E-07	ENSG00000125534	PPDPF	37	31682	0,002184
rs6062363	A	G	-4,943	7,69E-07	ENSG00000125510	OPRL1	35	26395	0,002299
rs6062682	T	C	-4,9242	8,47E-07	ENSG00000125534	PPDPF	34	30741	0,002488
rs1808056	A	G	-4,9184	8,72E-07	ENSG00000125534	PPDPF	34	30739	0,002543
rs6062679	C	T	-4,8988	9,63E-07	ENSG00000125534	PPDPF	34	30738	0,002785
rs6062678	T	G	-4,8959	9,78E-07	ENSG00000125534	PPDPF	34	30734	0,002821
rs6062683	A	G	-4,8761	1,08E-06	ENSG00000125534	PPDPF	34	30741	0,003063
rs6062681	G	A	-4,8691	1,12E-06	ENSG00000125534	PPDPF	34	30741	0,003154
rs1806952	A	T	-4,8079	1,52E-06	ENSG00000125510	OPRL1	33	25776	0,004253
rs6062359	G	T	-4,8007	1,58E-06	ENSG00000125534	PPDPF	35	31069	0,004343
rs13043326	A	C	-4,7801	1,75E-06	ENSG00000125510	OPRL1	33	25778	0,004821
rs6062365	A	G	-4,7647	1,89E-06	ENSG00000125510	OPRL1	33	25781	0,005133
rs6062357	T	C	-4,5757	4,74E-06	ENSG00000125534	PPDPF	37	31684	0,012782
rs2427638	T	C	-4,4572	8,30E-06	ENSG00000125510	OPRL1	36	31469	0,021634

rsID, variant ID in dbSNP; FDR, false discovery rate.

Supplementary Table S7a. eQTLs reported in MetaBrain (cerebellum), for for the 31 variants on chromosome 20 (P-value < 1.0 x 10⁻⁵).

SNP	Gene Symbol	SNP Effect Allele	SNP Effect Allele Frequency	Meta P-value	MetaP N	MetaP Z	Meta Beta	Meta SE	Dataset Correlation		Dataset Z Scores		Dataset Sample	
									Coefficients.GTE.EUR.AMPAD.MAYO.V2.GTE.EUR.	GTE.EUR.TargetALS.GTE.EUR.UCLA.ASD.	GTE.EUR.AMPAD.MAYO.V2.GTE.EUR.GTEX.	GTE.EUR.TargetALS.GTE.EUR.UCLA.ASD.	Sizes.GTE.EUR.AMPAD.MAYO.V2.GTE.EUR.GTEX.GT	E.EUR.TargetALS.GTE.EUR.UCLA.ASD.
20:64283546:rs1806952:A_T	PCMTD2	T	0,628049	3,24E-12	492	6,966761	0,438393	0,062926	4	0.337248;0.265877;0.390208;0.125748	5.532493;2.909986;3.388473;0.832703	256;118;72;46		
20:64281343:rs6062365:G_A	PCMTD2	A	0,371951	3,25E-12	492	-6,966582	-0,438383	0,062927	4	-0.337248;-0.265877;-0.390208;-0.125666	-5.532493;-2.909986;-3.388473;-0.832117	256;118;72;46		
20:64282739:rs13043326:C_A	PCMTD2	A	0,370935	6,33E-12	492	-6,872091	-0,433204	0,063038	4	-0.329705;-0.265877;-0.390208;-0.125748	-5.40125;-2.909986;-3.388473;-0.832703	256;118;72;46		
20:64281110:rs6062363:G_A	PCMTD2	A	0,380612	9,50E-12	490	-6,813826	-0,428447	0,062879	4	-0.353105;-0.205083;-0.390208;-0.125666	-5.787312;-2.227796;-3.388473;-0.832117	254;118;72;46		
20:64257449:rs6062678:G_T	PCMTD2	G	0,557927	1,07E-10	492	6,456469	0,397925	0,061632	4	0.359052;0.176149;0.260711;0.200769	5.915142;1.908043;2.211896;1.337877	256;118;72;46		
20:64258638:rs6062679:T_C	PCMTD2	T	0,558943	1,20E-10	492	6,439101	0,397034	0,061666	4	0.359052;0.176149;0.260711;0.192409	5.915142;1.908043;2.211896;1.281077	256;118;72;46		
20:64260450:rs6062681:A_G	PCMTD2	A	0,558943	1,34E-10	492	6,422674	0,396099	0,061672	4	0.359052;0.176149;0.260711;0.184482	5.915142;1.908043;2.211896;1.227354	256;118;72;46		
20:64261231:rs6512309:A_G	PCMTD2	A	0,558943	1,50E-10	492	6,405077	0,395098	0,061685	4	0.359052;0.176149;0.260711;0.175971	5.915142;1.908043;2.211896;1.169804	256;118;72;46		
20:64261403:rs7270745:C_G	PCMTD2	C	0,558943	1,51E-10	492	6,404265	0,395051	0,061686	4	0.359052;0.176149;0.260711;0.175578	5.915142;1.908043;2.211896;1.167147	256;118;72;46		
20:64259579:rs1808056:G_A	PCMTD2	G	0,561224	1,65E-10	490	6,390526	0,395231	0,061846	4	0.35293;0.188486;0.256336;0.187303	5.795716;2.035173;2.173475;1.246454	255;117;72;46		
20:64260467:rs6062682:C_T	PCMTD2	C	0,560081	1,73E-10	491	6,383745	0,394361	0,061776	4	0.358139;0.176149;0.256336;0.183332	5.887364;1.908043;2.173475;1.219566	255;118;72;46		
20:64260534:rs6062683:G_A	PCMTD2	G	0,558163	2,11E-10	490	6,353395	0,392818	0,061828	4	0.354876;0.176196;0.260711;0.18218	5.82993;1.900279;2.211896;1.211775	255;117;72;46		
20:64279601:rs1570520:A_G	PCMTD2	A	0,583333	3,74E-10	492	6,264563	0,38983	0,062228	4	0.361295;0.113418;0.303028;0.186987	5.954787;1.222873;2.587419;1.244316	256;118;72;46		
20:64280038:rs6089801:T_G	PCMTD2	T	0,583333	3,74E-10	492	6,264563	0,38983	0,062228	4	0.361295;0.113418;0.303028;0.186987	5.954787;1.222873;2.587419;1.244316	256;118;72;46		
20:64281260:rs6062688:T_C	PCMTD2	T	0,583333	3,77E-10	492	6,263455	0,389767	0,062229	4	0.361295;0.113418;0.303028;0.186452	5.954787;1.222873;2.587419;1.240693	256;118;72;46		
20:64281378:rs6090107:C_T	PCMTD2	C	0,583333	3,77E-10	492	6,263455	0,389767	0,062229	4	0.361295;0.113418;0.303028;0.186452	5.954787;1.222873;2.587419;1.240693	256;118;72;46		
20:64281456:rs6089803:G_A	PCMTD2	G	0,576404	4,25E-10	445	6,244533	0,406187	0,065047	3	0.361295;0.124761;0.303028;-	5.954787;1.340247;2.587419;-	256;117;72;-		
20:64279666:rs1570521:G_T	PCMTD2	G	0,58435	6,82E-10	492	6,170147	0,384515	0,062319	4	0.353879;0.113418;0.303028;0.186987	5.823897;1.222873;2.587419;1.244316	256;118;72;46		
20:64269027:rs6062359:T_G	PCMTD2	T	0,581301	7,47E-10	492	6,155793	0,383286	0,062264	4	0.35235;0.130971;0.277093;0.186987	5.796981;1.413657;2.356409;1.244316	256;118;72;46		
20:64285790:rs6089804:T_C	PCMTD2	C	0,643293	7,58E-10	328	6,153584	0,474888	0,077173	2	0.332069;-;0.334505;-	5.44232;-;2.871916;-	256;-;72;-		
20:64261386:rs6062357:C_T	PCMTD2	C	0,551829	7,61E-10	492	6,152948	0,38007	0,06177	4	0.337859;0.176149;0.265766;0.175578	5.543147;1.908043;2.256379;1.167147	256;118;72;46		
20:64279990:rs6090105:C_A	PCMTD2	C	0,58554	1,01E-09	491	6,107594	0,381412	0,062449	4	0.349742;0.113418;0.303028;0.186987	5.739791;1.222873;2.587419;1.244316	255;118;72;46		
20:64274498:rs41279358:C_A	PCMTD2	A	0,160569	4,27E-06	492	-4,598012	-0,390943	0,085024	4	-0.205637;-0.194152;-0.308545;-0.084278	-3.309534;-2.10667;-2.636942;-0.55686	256;118;72;46		
20:64269826:rs58586141:G_A	PCMTD2	A	0,162218	5,45E-06	487	-4,546668	-0,387054	0,085129	4	-0.216377;-0.165221;-0.308545;-0.084737	-3.458861;-1.780204;-2.636942;-0.559905	252;117;72;46		

Supplementary Table S8. PheWAS results for the 31 variant on chromosome 20, across all UK Biobank phenotypes (P -value $< 1.0 \times 10^{-5}$). Data are sorted according to variant position.

variant ID	tea intake *		coffee intake *	
	<i>P</i> -value	beta	<i>P</i> -value	beta
20:64257449:G:T	5,7E-10	0,0435	1,6E-09	0,0112
20:64258638:T:C	5E-10	0,0436	1,4E-09	0,0113
20:64259579:G:A	4,8E-10	0,0436	1,1E-09	0,0113
20:64260450:A:G	3,6E-10	0,0439	1,2E-09	0,0113
20:64260467:C:T	4E-10	0,0438	9,3E-10	0,0114
20:64260534:G:A	4,2E-10	0,0438	1,3E-09	0,0113
20:64261231:A:G	4,1E-10	0,0438	1,3E-09	0,0113
20:64261386:C:T	9,8E-10	0,043	1,2E-09	0,0113
20:64261403:C:G	3,9E-10	0,0438	1,4E-09	0,0112
20:64261602:GT:G	2,9E-10	0,0444	1,4E-09	0,0113
20:64269027:T:G	3,40E-10	0,0437	1,50E-08	0,0104
20:64269364:C:T	5,80E-08	0,0375	>1.0E-05	-
20:64269826:G:A	4,00E-11	0,0612	>1.0E-05	-
20:64273189:A:G	5,90E-08	0,0375	>1.0E-05	-
20:64274498:C:A	2,70E-11	0,0616	>1.0E-05	-
20:64276336:ATAT:A	NA	NA	NA	NA
20:64279601:A:G	1,30E-08	0,0398	3,20E-08	0,0102
20:64279666:G:T	1,20E-08	0,0398	3,30E-08	0,0102
20:64279876:A:G	7,00E-09	0,0405	2,60E-08	0,0103
20:64279990:C:A	1,20E-08	0,0398	3,20E-08	0,0102
20:64280038:T:G	1,20E-08	0,0398	3,10E-08	0,0102
20:64281110:G:A	9,00E-08	0,0378	2,90E-07	0,00961

20:64281260:T:C	1,50E-08	0,0396	2,20E-08	0,0104
20:64281343:G:A	1,50E-07	0,0372	2,30E-07	0,0097
20:64281378:C:T	1,40E-08	0,0396	2,20E-08	0,0104
20:64281456:G:A	1,10E-08	0,0401	1,70E-08	0,0105
20:64281506:C:T	1,20E-06	-0,0336	>1.0E-05	-
20:64282739:C:A	1,80E-07	0,0369	2,30E-07	0,0097
20:64283546:A:T	1,50E-07	-0,0372	2,20E-07	-0,00971
20:64283878:G:A	3,10E-06	-0,0323	>1.0E-05	-
20:64285790:T:C	6,20E-08	-0,0386	1,90E-07	-0,00985

* study IDs: NEALE2_1488_raw; NEALE2_1498, Author (year): UKB Neale v2 (2018)

NA, not available

Supplementary Table S9. Summary statistics from our GWAS of variants reported in the Human Pain Gene Database, sorted on the basis of their *P*-value of association with pain intensity in our study.

rsID	Chromosome	Position (bp)*	Allele 0	Allele 1	frequency of allele 1	BETA	SE	P-value	FDR	phenotype ^	locus/gene ^
rs143383	20	35438203	G	A	0,4905	-0,0948	0,0291	0,0011	0,7333	Neuraxial Pain, Arthritis	GDF5
rs76340814	9	95559130	G	A	0,0435	0,2334	0,0726	0,0013	0,7333	Post-operative pain	RP11-332M4.1
rs143384	20	35437976	G	A	0,4302	-0,0840	0,0291	0,0039	0,7333	Musculoskeletal pain, Arthritis, Post-operativr pain	GDF5
rs5335	4	147542688	G	C	0,4205	0,0831	0,0298	0,0053	0,7333	Migraine	EDNRA
rs679987	6	154098920	T	C	0,0877	-0,1466	0,0526	0,0053	0,7333	Post-operative Pain	OPRM1
rs2817032	6	35720842	T	C	0,3038	0,0863	0,0313	0,0059	0,7333	Musculoskeletal Pain	FKBP5
rs9394314	6	35715282	G	A	0,6894	-0,0862	0,0313	0,0059	0,7333	Musculoskeletal Pain	FKBP5
rs11751591	6	33826438	G	A	0,1378	-0,1142	0,0417	0,0062	0,7333	Other Clinical Pain	
rs6438857	3	124838796	T	C	0,4395	0,0789	0,0292	0,0069	0,7333	Migraine	ITGB5
rs3993110	11	12772983	A	C	0,3894	0,0804	0,0300	0,0073	0,7333	Arthritis	TEAD1
rs11087273	20	1973945	T	C	0,1505	-0,1115	0,0416	0,0074	0,7333	Musculoskeletal Pain	PDYN-AS1
rs11674595	2	101994530	T	C	0,2703	0,0879	0,0330	0,0077	0,7333	Post-operative Pain	IL1R2
rs1476413	1	11792243	C	T	0,2684	-0,0866	0,0330	0,0087	0,7333	Migraine	MTHFR
rs2299908	7	31098482	G	A	0,2584	0,0896	0,0342	0,0088	0,7333	Migraine	ADCYAP1R1
rs7667298	4	55125564	T	C	0,5331	-0,0723	0,0289	0,0124	0,7600	Cancer Pain	KDR
rs1542709	8	72584353	A	G	0,7368	-0,0828	0,0333	0,0130	0,7600	Migraine	KCNB2
rs1431656	8	72578942	G	A	0,7227	-0,0812	0,0328	0,0134	0,7600	Migraine	KCNB2
rs1861960	7	155492440	T	G	0,8068	-0,0908	0,0376	0,0158	0,7600	Migraine	SUV39H2
rs12914479	15	98631599	C	G	0,3060	0,0744	0,0312	0,0169	0,7600	Arthritis	RP11-35015.1
rs9380526	6	35690550	C	T	0,6544	-0,0729	0,0305	0,0170	0,7600	Musculoskeletal Pain	FKBP5
rs7690766	4	130853053	A	G	0,2205	0,0839	0,0352	0,0171	0,7600	Migraine	
rs2817040	6	35737829	G	A	0,2759	0,0763	0,0322	0,0179	0,7600	Musculoskeletal Pain	ARMC12
rs2014712	8	139628391	C	T	0,2329	0,0810	0,0345	0,0188	0,7600	Post-operative Pain	KCNK9
rs1801131	1	11794419	T	G	0,3077	-0,0739	0,0317	0,0197	0,7600	Migraine	MTHFR
rs80120866	8	95437202	G	T	0,0734	-0,1315	0,0568	0,0205	0,7600	Post-operative pain	CFAP418-AS1
rs762551	15	74749576	C	A	0,6920	-0,0716	0,0313	0,0222	0,7600	Analgesia	CYP1A2
rs11930554	4	130866227	T	C	0,2236	0,0794	0,0350	0,0234	0,7600	Migraine	
rs11936003	4	130866937	A	G	0,2236	0,0794	0,0350	0,0234	0,7600	Migraine	
rs1039325	5	30761314	T	G	0,5958	-0,0677	0,0300	0,0239	0,7600	Neuraxial pain	
rs1431659	8	72526835	A	G	0,7394	-0,0748	0,0335	0,0255	0,7600	Migraine	LOC105375897
rs5007872	8	72534635	G	A	0,7404	-0,0746	0,0335	0,0258	0,7600	Migraine	
rs1065852	22	42130692	G	A	0,1915	-0,0818	0,0368	0,0260	0,7600	Analgesia	LOC112268294
rs569207	15	78580777	C	T	0,2334	0,0767	0,0346	0,0263	0,7600	Neuraxial pain	CHRNA5
rs574584	8	26866167	C	T	0,9614	-0,1654	0,0745	0,0265	0,7600	Fibromyalgia	ADRA1A
rs11988795	8	72037366	C	T	0,3182	-0,0674	0,0304	0,0268	0,7600	Nociception, Neuorpathic pain	MSC-AS1
rs7753746	6	35597645	G	A	0,8060	-0,0802	0,0364	0,0274	0,7600	Musculoskeletal Pain	FKBP5
rs714588	7	34653614	A	G	0,4322	-0,0648	0,0295	0,0282	0,7600	Other Clinical Pain	NPSR1-AS1
rs1383914	8	26865532	T	C	0,4874	-0,0637	0,0291	0,0284	0,7600	Fibromyalgia	ADRA1A
rs5333	4	147539885	T	C	0,2521	-0,0739	0,0337	0,0284	0,7600	Nociception, Migraine	EDNRA

rs9982601	21	34226827	C	T	0,1254	0,0985	0,0450	0,0285	0,7600	Migraine	
rs11720013	3	38924745	G	T	0,1232	-0,0977	0,0447	0,0287	0,7600	Nociception	SCN11A
rs667282	15	78571130	T	C	0,2331	0,0750	0,0346	0,0301	0,7600	Neuraxial pain	CHRNA5
rs2506155	10	33214251	C	A	0,1682	-0,0843	0,0391	0,0310	0,7600	Migraine	SUV39H2
rs6881648	5	75696024	A	C	0,3612	0,0642	0,0299	0,0316	0,7600	Migraine	POC5
rs920829	8	72065468	C	T	0,0992	0,1051	0,0491	0,0325	0,7600	Nociception, Neuorpathic pain	TRPA1
rs941601	14	94305204	C	T	0,1444	0,0890	0,0418	0,0331	0,7600	Musculoskeletal Pain	SERPINA6
rs2048894	4	147530682	G	A	0,2552	-0,0713	0,0336	0,0337	0,7600	Migraine	EDNRA
rs75361675	10	96372079	C	A	0,1108	0,0975	0,0459	0,0337	0,7600	Post-operative pain	TLL2
rs9524885	13	95283335	T	C	0,7081	0,0682	0,0321	0,0337	0,7600	Cancer Pain	ABCC4
rs1319339	6	154010049	T	C	0,1475	0,0870	0,0413	0,0354	0,7600	Analgesia	OPRM1
rs13017637	2	166303436	C	T	0,4285	0,0624	0,0298	0,0363	0,7600	Post-operative Pain	SCN9A
rs3104767	16	52590826	G	T	0,4334	-0,0617	0,0295	0,0365	0,7600	Neuropathic pain	CASC16
rs41270041	1	161191494	G	C	0,0749	0,1160	0,0555	0,0367	0,7600	Neuraxial Pain	ADAMTS4
rs851971	6	151656338	C	T	0,3080	0,0663	0,0318	0,0369	0,7600	Migraine	ESR1
rs851967	6	151660021	C	T	0,3080	0,0663	0,0318	0,0369	0,7600	Migraine	ESR1
rs1861881	9	116549977	G	T	0,3085	0,0668	0,0321	0,0375	0,7600	Migraine	ASTN2
rs1799724	6	31574705	C	T	0,0386	0,1556	0,0748	0,0376	0,7600	Migraine	
rs776746	7	99672916	T	C	0,9191	-0,1115	0,0537	0,0379	0,7600	Post-operative pain	ZSCAN25
rs573542	8	26866301	C	T	0,9628	-0,1561	0,0758	0,0394	0,7600	Fibromyalgia	ADRA1A
rs1800610	6	31576050	G	A	0,0369	0,1567	0,0763	0,0400	0,7600	Cancer Pain	TNF
rs349335	8	72576736	C	T	0,8576	-0,0856	0,0417	0,0401	0,7600	Migraine	KCNB2
rs1626492	6	12295270	A	G	0,6925	-0,0640	0,0313	0,0411	0,7600	Migraine	EDN1
rs3782025	11	113936885	G	A	0,5438	-0,0605	0,0297	0,0415	0,7600	Analgesia	HTR3B
rs10494994	1	215188864	G	A	0,2353	0,0692	0,0340	0,0420	0,7600	Migraine	KCNK2
rs3815188	19	15192414	G	A	0,1490	-0,0841	0,0416	0,0433	0,7600	Migraine	NOTCH3
rs851998	6	151662203	G	A	0,3072	0,0642	0,0318	0,0434	0,7600	Migraine	ESR1
rs2740574	7	99784473	C	T	0,9597	-0,1518	0,0752	0,0435	0,7600	Analgesia	
rs13093031	3	88809891	A	G	0,1636	0,0782	0,0392	0,0463	0,7964	Analgesia	
rs4073	4	73740307	A	T	0,5532	-0,0589	0,0297	0,0475	0,8053	Cancer Pain	
rs1448239	16	10093578	G	C	0,1677	-0,0760	0,0389	0,0505	0,8399	Temporomandibular Disorder	GRIN2A
rs10465114	9	127155545	G	A	0,1928	0,0726	0,0372	0,0510	0,8399	Arthritis	RALGPS1
rs6754031	2	166298928	T	G	0,3804	0,0589	0,0304	0,0525	0,8451	Fibromyalgia	SCN1A-AS1
rs4880487	10	1200943	C	T	0,2589	-0,0645	0,0333	0,0531	0,8451	Migraine	SUV39H2
rs6495306	15	78573551	G	A	0,6145	0,0579	0,0300	0,0536	0,8451	Neuraxial pain	CHRNA5
rs1042630	15	88858820	A	G	0,7550	-0,0649	0,0338	0,0549	0,8451	Neuraxial Pain	ACAN
rs588765	15	78573083	T	C	0,6145	0,0572	0,0300	0,0567	0,8451	Neuraxial pain	CHRNA5
rs349355	8	72543535	A	G	0,8303	-0,0735	0,0386	0,0569	0,8451	Migraine	KCNB2
rs12339024	9	74782603	T	C	0,4208	0,0552	0,0291	0,0577	0,8451	Migraine	TRPM6
rs2276749	3	11601991	T	C	0,9477	0,1250	0,0660	0,0583	0,8451	Post-operative pain	VGLL4
rs680244	15	78578946	T	C	0,6125	0,0564	0,0300	0,0598	0,8451	Neuraxial pain	CHRNA5
rs7590387	2	237913557	G	C	0,5287	0,0552	0,0297	0,0626	0,8451	Migraine	

rs6583954	10	94774506	C	T	0,1502	0,0756	0,0408	0,0640	0,8451	Migraine	SUV39H2
rs349358	8	72539240	C	T	0,8306	-0,0713	0,0387	0,0652	0,8451	Migraine	KCNB2
rs767455	12	6341779	T	C	0,4302	0,0550	0,0299	0,0652	0,8451	Neuraxial pain	TNFRSF1A
rs1835740	8	97154685	T	C	0,7832	0,0650	0,0353	0,0654	0,8451	Migraine	LOC101927066
rs3825994	15	88858384	T	G	0,7516	-0,0621	0,0337	0,0656	0,8451	Neuraxial Pain	ACAN
rs16851778	2	166204799	A	G	0,1806	0,0701	0,0381	0,0656	0,8451	Nociception	SCN1A-AS1
rs12765185	10	133163573	T	A	0,2866	0,0592	0,0322	0,0659	0,8451	Other Clinical Pain	KNDC1
rs3800373	6	35574699	C	A	0,7090	-0,0585	0,0318	0,0659	0,8451	Musculoskeletal Pain	FKBP5
rs6478241	9	116490350	A	G	0,6286	-0,0556	0,0303	0,0662	0,8451	Migraine	ASTN2
rs7834973	8	68727437	T	G	0,3965	0,0539	0,0294	0,0664	0,8451	Neuraxial pain	C8orf34
rs6966540	7	96098655	T	C	0,3646	0,0546	0,0298	0,0672	0,8451	Other Clinical Pain	DYNC111
rs2860216	14	76539665	C	T	0,7054	-0,0594	0,0325	0,0674	0,8451	Temporomandibular Disorder	ESRRB
rs56132153	5	68529306	A	C	0,3982	-0,0544	0,0299	0,0683	0,8451	Post-operative pain	CTC-537E7.1
rs2211843	21	37811882	G	T	0,2394	-0,0621	0,0342	0,0691	0,8451	Analgesia	KCNJ6
rs4986936	6	151842149	A	G	0,0401	0,1333	0,0737	0,0704	0,8451	Analgesia	ESR1
rs10160548	11	113985959	G	T	0,6585	0,0557	0,0308	0,0709	0,8451	Neuropathic pain	HTR3A
rs2242480	7	99763843	C	T	0,1121	0,0846	0,0468	0,0710	0,8451	Analgesia	CYP3A4
rs1042713	5	148826877	G	A	0,3814	0,0535	0,0298	0,0721	0,8451	Temporomandibular Disorder	ADRB2
rs11958940	5	148821922	A	T	0,5885	0,0528	0,0294	0,0722	0,8451	Temporomandibular Disorder	ADRB2
rs1467847	21	34342245	G	C	0,5656	-0,0528	0,0295	0,0731	0,8473	Migraine	
rs1013063	21	34326090	T	C	0,5654	-0,0531	0,0298	0,0742	0,8507	Migraine	
rs1641025	16	8777531	T	C	0,7197	-0,0569	0,0322	0,0773	0,8784	Analgesia	ABAT
rs6845322	4	156962953	A	G	0,3381	0,0549	0,0312	0,0788	0,8867	Cancer Pain	PDGFC
rs34811474	4	25407216	G	A	0,2071	-0,0636	0,0364	0,0800	0,8867	Other Clinical Pain	ANAPC4
rs1799864	3	46357717	G	A	0,1060	-0,0810	0,0464	0,0808	0,8867	Migraine	CCR2
rs1432623	5	148824445	C	T	0,5912	0,0512	0,0294	0,0811	0,8867	Temporomandibular Disorder	ADRB2
rs6907508	6	34624313	A	G	0,1084	-0,0803	0,0463	0,0830	0,8987	Other Clinical Pain	ILRUN
rs12494691	3	16658827	G	A	0,2827	0,0550	0,0318	0,0837	0,8989	Analgesia	
rs6279	11	113410351	G	C	0,7120	-0,0555	0,0324	0,0866	0,9163	Migraine	DRD2
rs9981629	21	37594103	C	G	0,5875	-0,0502	0,0293	0,0869	0,9163	Analgesia	
rs3740129	10	72008101	G	A	0,4509	0,0497	0,0292	0,0887	0,9222	Post-operative pain	CHST3
rs1800470	19	41353016	G	A	0,5873	0,0496	0,0292	0,0895	0,9222	Migraine	TGFB1
rs12948783	17	76503318	G	A	0,1682	0,0660	0,0391	0,0914	0,9222	Analgesia	
rs2756109	10	99798989	G	T	0,5848	-0,0498	0,0295	0,0914	0,9222	Cancer Pain	ABCC2
rs7294636	12	14901082	G	A	0,3838	0,0498	0,0295	0,0914	0,9222	Arthritis	C12orf60
rs144017103	20	32041179	C	T	0,0211	0,1727	0,1028	0,0931	0,9222	Migraine	
rs12654778	5	148826178	G	A	0,3824	0,0500	0,0298	0,0935	0,9222	Musculoskeletal Pain	
rs1913707	4	13037816	A	G	0,3751	0,0504	0,0302	0,0945	0,9222	Arthritis	RNU6-962P
rs10459853	16	84383036	C	G	0,1235	0,0748	0,0448	0,0949	0,9222	Migraine	ATP2C2
rs1045280	17	4719343	C	T	0,6818	-0,0523	0,0315	0,0970	0,9222	Analgesia	ARRB2
rs1432622	5	148824199	T	C	0,5914	0,0487	0,0294	0,0971	0,9222	Temporomandibular Disorder	ADRB2
rs6275	11	113412755	A	G	0,7127	-0,0537	0,0324	0,0975	0,9222	Migraine	DRD2
rs1042714	5	148826910	G	C	0,5950	0,0485	0,0293	0,0978	0,9222	Temporomandibular Disorder	ADRB2
rs8065080	17	3577153	T	C	0,3926	-0,0493	0,0299	0,0990	0,9222	Nociception	TRPV1
rs2073618	8	118951813	G	C	0,4669	-0,0484	0,0294	0,0993	0,9222	Cancer Pain	TNFRSF11B
rs302680	2	237882754	G	A	0,8279	-0,0631	0,0385	0,1010	0,9303	Migraine	RAMP1

rs13078967	3	154572157	A	C	0,0331	0,1310	0,0808	0,1049	0,9527	Migraine	
rs1672717	11	113942011	G	A	0,6101	-0,0489	0,0302	0,1051	0,9527	Analgesia	HTR3B
rs6685551	1	61744809	G	A	0,2693	-0,0534	0,0330	0,1059	0,9527	Temporomandibular Disorder	PATJ
rs2293489	7	73692949	C	T	0,3099	0,0497	0,0310	0,1086	0,9545	Migraine	BUD23
rs2400707	5	148825489	A	G	0,5919	0,0469	0,0293	0,1100	0,9545	Neuropathic pain	
rs59898460	1	150520528	T	C	0,4006	-0,0466	0,0292	0,1110	0,9545	Other Clinical Pain	
rs12365397	11	43214511	A	G	0,3128	0,0505	0,0319	0,1133	0,9545	Migraine	SUV39H2
rs638416	17	18363661	G	C	0,6164	0,0476	0,0300	0,1134	0,9545	Temporomandibular Disorder	
rs11127292	2	2026171	C	T	0,1091	0,0727	0,0460	0,1139	0,9545	Fibromyalgia	MYT1L
rs17615906	5	128682720	T	C	0,1473	0,0660	0,0418	0,1144	0,9545	Arthritis	SLC27A6
rs28451064	21	34221526	G	A	0,1167	0,0725	0,0460	0,1148	0,9545	Migraine	
rs4663804	2	237903394	C	T	0,3918	-0,0468	0,0298	0,1162	0,9545	Migraine	RAMP1
rs2271933	1	31626924	A	G	0,6201	0,0478	0,0305	0,1171	0,9545	Migraine	HCRTR1
rs11777116	8	24186788	C	T	0,0802	-0,0836	0,0534	0,1176	0,9545	Migraine	LOC107986931
rs2053044	5	148825809	A	G	0,5921	0,0459	0,0293	0,1180	0,9545	Musculoskeletal Pain	
rs75213074	17	5709320	C	T	0,0377	-0,1195	0,0768	0,1194	0,9545	Migraine	
rs4846048	1	11786195	G	A	0,7008	0,0502	0,0322	0,1198	0,9545	Migraine	MTHFR
rs1024905	12	4408974	G	C	0,5547	0,0447	0,0288	0,1206	0,9545	Migraine	
rs698621	15	88859365	T	G	0,6388	-0,0473	0,0305	0,1212	0,9545	Neuraxial Pain	ACAN
rs7033149	9	32398236	G	T	0,8653	0,0658	0,0425	0,1217	0,9545	Neuropathic Pain	ACO1
rs1061622	1	12192898	T	G	0,2309	-0,0531	0,0347	0,1253	0,9545	Cancer Pain	TNFRSF1B
rs745011	14	76450932	T	C	0,3267	0,0474	0,0309	0,1257	0,9545	Temporomandibular Disorder	ESRRB
rs4880	6	159692840	A	G	0,5044	0,0447	0,0292	0,1261	0,9545	Migraine	SOD2
rs11720988	3	38865054	G	A	0,2360	-0,0527	0,0345	0,1269	0,9545	Nociception	SCN11A
rs2023239	6	88150763	T	C	0,1677	-0,0595	0,0392	0,1289	0,9545	Migraine	CNR1
rs58973023	13	42384997	A	T	0,4694	-0,0443	0,0292	0,1301	0,9545	Arthritis	FABP3P2
rs533123	1	28814643	G	A	0,8175	-0,0575	0,0381	0,1305	0,9545	Analgesia	OPRD1
rs3737240	1	150510879	C	T	0,3950	-0,0442	0,0293	0,1311	0,9545	Musculoskeletal pain	ECM1
rs10037055	5	177264278	T	G	0,8391	0,0604	0,0400	0,1312	0,9545	Migraine	SUV39H2
rs35283004	5	148819704	A	G	0,3833	0,0450	0,0299	0,1325	0,9545	Temporomandibular Disorder	ADR2B
rs2834462	21	34344892	T	C	0,6702	-0,0467	0,0311	0,1332	0,9545	Migraine	
rs3773679	3	114150488	C	T	0,3768	0,0452	0,0301	0,1333	0,9545	Nociception	DRD3
rs2243248	5	132672952	T	G	0,0627	-0,0899	0,0599	0,1336	0,9545	Other Clinical Pain	
rs2856821	6	33078965	T	C	0,1903	-0,0557	0,0371	0,1336	0,9545	Arthritis	HLA-DPA1
rs4387806	2	166294304	T	C	0,6719	0,0465	0,0312	0,1361	0,9545	Analgesia	SCN1A-AS1
rs17289394	13	46899085	G	A	0,3456	0,0447	0,0301	0,1375	0,9545	Musculoskeletal Pain	
rs2006281	14	103861395	C	T	0,5173	0,0424	0,0286	0,1379	0,9545	Other Clinical Pain	
rs1535255	6	88151489	T	G	0,1670	-0,0580	0,0393	0,1393	0,9545	Migraine	CNR1
rs11120499	1	215125465	T	G	0,6390	-0,0444	0,0302	0,1411	0,9545	Migraine	KCNK2
rs9383939	6	151685043	G	A	0,0676	0,0869	0,0592	0,1422	0,9545	Migraine	ESR1
rs10877969	12	63153459	T	C	0,1298	-0,0637	0,0436	0,1437	0,9545	Nociception	
rs5760405	22	24417873	C	T	0,2132	-0,0522	0,0357	0,1437	0,9545	Migraine	ADORA2A-AS1
rs7578855	2	237892655	C	T	0,6079	-0,0439	0,0300	0,1443	0,9545	Migraine	RAMP1
rs941298	7	73710933	G	A	0,3114	0,0453	0,0310	0,1444	0,9545	Migraine	LOC105375350
rs4646	15	51210647	A	C	0,7387	0,0479	0,0329	0,1450	0,9545	Migraine	CYP19A1
rs13421094	2	157185290	A	G	0,1624	-0,0571	0,0392	0,1451	0,9545	Analgesia	

rs17301853	1	174583673	C	T	0,1407	-0,0607	0,0417	0,1454	0,9545	Migraine	SUV39H2
rs8129919	21	37882237	G	A	0,4363	-0,0427	0,0294	0,1460	0,9545	Cancer Pain	KCNJ6
rs12567520	1	215155924	G	A	0,1842	0,0540	0,0372	0,1471	0,9545	Migraine	KCNK2
rs6500609	16	4465333	C	G	0,9018	0,0711	0,0491	0,1473	0,9545	Arthritis	NMRAL1
rs2877098	7	41703696	T	C	0,6767	0,0454	0,0313	0,1477	0,9545	Migraine	SUV39H2
rs10826566	10	29075768	G	A	0,1770	-0,0563	0,0389	0,1477	0,9545	Migraine	SUV39H2
rs2882676	15	88857108	A	C	0,6429	-0,0442	0,0305	0,1478	0,9545	Neuraxial Pain	ACAN
rs2351491	15	88854874	C	T	0,6420	-0,0440	0,0306	0,1500	0,9545	Neuraxial Pain	ACAN
rs429358	19	44908684	T	C	0,1179	0,0653	0,0454	0,1504	0,9545	Fibromyalgia	APOE
rs938609	15	88855400	T	A	0,6424	-0,0439	0,0305	0,1510	0,9545	Neuraxial Pain	ACAN
rs614230	16	57385374	C	T	0,6398	0,0444	0,0310	0,1520	0,9545	Post-operative pain	
rs12705966	7	114608796	A	G	0,3807	-0,0425	0,0297	0,1528	0,9545	Musculoskeletal pain	FOXP2
rs6277	11	113412737	G	A	0,5751	-0,0418	0,0293	0,1533	0,9545	Neuropathic Pain	DRD2
rs17723231	7	31067832	C	T	0,2783	0,0465	0,0327	0,1546	0,9545	Migraine	ADCYAP1R1
rs1979572	17	30184960	G	A	0,4820	0,0421	0,0296	0,1554	0,9545	Migraine	NSRP1
rs12143625	1	215218497	C	T	0,7613	-0,0484	0,0343	0,1579	0,9545	Migraine	KCNK2
rs17428041	8	21853920	T	C	0,2416	0,0485	0,0344	0,1589	0,9545	Neuropathic Pain	LOC105379318
rs2835930	21	37749198	C	A	0,2620	-0,0474	0,0337	0,1591	0,9545	Analgesia	KCNJ6
rs2070699	6	12292539	G	T	0,4465	-0,0408	0,0290	0,1602	0,9545	Migraine	EDN1
rs2834442	21	34318486	T	A	0,6704	-0,0443	0,0316	0,1610	0,9545	Migraine	
rs12641989	4	3418113	G	A	0,0890	-0,0726	0,0519	0,1623	0,9545	Migraine	RGS12
rs3904512	13	37783334	G	A	0,4239	0,0419	0,0300	0,1623	0,9545	Migraine	TRPC4
rs7218756	17	3515353	G	A	0,4789	-0,0411	0,0295	0,1633	0,9545	Migraine	TRPV3
rs4760820	12	72003216	C	G	0,4341	0,0403	0,0290	0,1635	0,9545	Migraine	TPH2
rs1050316	1	156464911	G	T	0,6872	-0,0435	0,0312	0,1636	0,9545	Migraine	MEF2D
rs2274316	1	156476450	C	A	0,6872	-0,0435	0,0312	0,1636	0,9545	Migraine	MEF2D
rs2770293	13	46864839	C	T	0,3916	0,0406	0,0293	0,1662	0,9545	Cancer Pain	HTR2A
rs12994338	2	166303519	T	C	0,7231	0,0455	0,0329	0,1670	0,9545	Analgesia	KCN9A
rs5277	1	186679065	C	G	0,1648	-0,0540	0,0391	0,1675	0,9545	Cancer Pain	PTGS2
rs2072100	7	97732472	C	T	0,5231	-0,0402	0,0291	0,1677	0,9545	Temporomandibular Disorder	TAC1
rs1925950	1	156480948	G	A	0,6874	-0,0430	0,0312	0,1681	0,9545	Migraine	MEF2D
rs4852567	2	80476254	A	G	0,3092	0,0437	0,0317	0,1688	0,9545	Other Clinical Pain	CTNNA2
rs3790455	1	156486509	C	T	0,6886	-0,0430	0,0313	0,1690	0,9545	Migraine	MEF2D
rs10820447	9	96369762	C	T	0,1706	0,0527	0,0387	0,1736	0,9545	Migraine	SUV39H2
rs12310519	12	23822285	C	T	0,1245	-0,0600	0,0441	0,1738	0,9545	Neuraxial pain	SOX5
rs1998056	14	94323158	C	G	0,5695	-0,0392	0,0291	0,1778	0,9545	Musculoskeletal Pain	SERPINA6
rs561561	11	133959811	A	T	0,1145	-0,0612	0,0458	0,1822	0,9545	Migraine	
rs2274319	1	156481081	T	C	0,6881	-0,0416	0,0312	0,1828	0,9545	Migraine	MEF2D
rs3782221	12	117358076	G	A	0,2268	0,0468	0,0353	0,1852	0,9545	Temporomandibular Disorder	NOS1
rs11079993	17	52224192	G	T	0,3782	-0,0404	0,0306	0,1875	0,9545	Other Clinical Pain	
rs9341066	6	152098391	G	A	0,0445	-0,0928	0,0705	0,1877	0,9545	Migraine	ESR1
rs9576354	13	37788657	T	C	0,4283	0,0386	0,0294	0,1886	0,9545	Migraine	TRPC4
rs7085387	10	58444842	G	A	0,7688	-0,0452	0,0343	0,1886	0,9545	Migraine	SUV39H2
rs1042173	17	30197993	A	C	0,4757	0,0389	0,0296	0,1895	0,9545	Arthritis	SLC6A4
rs2836050	21	37912532	C	T	0,1670	0,0510	0,0389	0,1897	0,9545	Cancer Pain	KCNJ6
rs883248	10	1204244	C	T	0,5975	0,0387	0,0296	0,1898	0,9545	Migraine	ADARB2

rs4559	12	57095865	C	T	0,6500	0,0403	0,0308	0,1901	0,9545	Migraine	STAT6
rs7131056	11	113459052	A	C	0,6133	-0,0391	0,0298	0,1903	0,9545	Migraine	DRD2
rs2223089	10	122450644	G	C	0,0688	0,0773	0,0591	0,1904	0,9545	Migraine	LOC105378525
rs3774354	3	52783659	G	A	0,3918	0,0393	0,0300	0,1910	0,9545	Post-operative pain	ITIH1
rs4363087	7	73703866	T	C	0,3568	0,0385	0,0298	0,1956	0,9545	Migraine	BUD23
rs4325622	17	30199457	T	C	0,4750	0,0382	0,0296	0,1970	0,9545	Cancer Pain	SLC6A4
rs2835925	21	37747000	A	G	0,1930	-0,0469	0,0365	0,1982	0,9545	Analgesia	KCNJ6
rs3884606	5	171444070	G	A	0,5440	0,0387	0,0301	0,1983	0,9545	Arthritis	FGF18
rs12453010	17	52238771	C	T	0,3875	-0,0391	0,0305	0,1998	0,9545	Musculoskeletal pain	
rs6717794	2	237902121	G	A	0,6915	-0,0404	0,0317	0,2018	0,9545	Migraine	RAMP1
rs6756590	2	216343848	C	T	0,4353	-0,0377	0,0296	0,2026	0,9545	Migraine	MARCHF4
rs13136239	4	139987601	G	A	0,3257	-0,0402	0,0315	0,2027	0,9545	Other Clinical Pain	MAML3
rs165599	22	19969258	G	A	0,7003	0,0404	0,0317	0,2028	0,9545	Other Clinical Pain	ARVCF
rs9311195	3	38639727	C	G	0,1957	-0,0460	0,0362	0,2032	0,9545	Migraine	SCN5A
rs8008129	14	58362314	T	C	0,3077	-0,0400	0,0315	0,2038	0,9545	Migraine	ARID4A
rs10512405	9	110474517	T	C	0,3204	-0,0394	0,0311	0,2049	0,9545	Migraine	SVEP1
rs1787337	21	37783651	G	A	0,4025	-0,0386	0,0305	0,2052	0,9545	Analgesia	KCNJ6
rs1485395	12	53601293	T	C	0,1629	-0,0499	0,0394	0,2058	0,9545	Migraine	SUV39H2
rs1048483	17	2063163	C	T	0,5105	-0,0373	0,0295	0,2064	0,9545	Migraine	HIC1
rs7142517	14	54840086	C	A	0,3454	-0,0392	0,0311	0,2067	0,9545	Neuraxial Pain	GCH1
rs3020343	6	151733228	C	T	0,5685	-0,0372	0,0295	0,2074	0,9545	Migraine	ESR1
rs4883544	12	132625361	T	C	0,5914	0,0376	0,0299	0,2077	0,9545	Temporomandibular Disorder	POLE
rs2386592	5	10174546	A	G	0,4336	-0,0376	0,0299	0,2093	0,9545	Musculoskeletal Pain	
rs10835649	11	30307628	A	G	0,1568	0,0512	0,0407	0,2093	0,9545	Migraine	ARL14EP-DT
rs3777747	6	35611225	A	G	0,4669	-0,0364	0,0292	0,2114	0,9545	Musculoskeletal Pain	LOC112267956
rs12720071	6	88141462	T	C	0,0885	0,0636	0,0510	0,2122	0,9545	Migraine	CNR1
rs216175	17	2264396	A	C	0,1621	0,0498	0,0400	0,2129	0,9545	Arthritis	SMG6
rs2110726	2	102177822	G	A	0,3763	0,0371	0,0299	0,2136	0,9545	Cancer Pain	IL1R1
rs7374540	3	38592651	C	A	0,6070	0,0380	0,0306	0,2139	0,9545	Migraine	SCN5A
rs6770476	3	136355078	C	T	0,3014	0,0404	0,0325	0,2140	0,9545	Other Clinical Pain	STAG1
rs928723	21	37598364	A	C	0,5107	-0,0365	0,0294	0,2144	0,9545	Analgesia	
rs7819749	8	72063566	T	G	0,5955	-0,0367	0,0295	0,2145	0,9545	Migraine	TRPA1
rs13361160	5	10169711	T	C	0,4339	-0,0372	0,0299	0,2147	0,9545	Musculoskeletal pain	
rs13072552	3	149195339	G	T	0,0754	-0,0684	0,0552	0,2155	0,9545	Neuropathic Pain	CP
rs7833174	8	129706526	T	C	0,2380	0,0422	0,0341	0,2162	0,9545	Neuraxial pain	GSDMC
rs9383938	6	151666222	G	T	0,0926	0,0629	0,0509	0,2172	0,9545	Migraine	ESR1
rs6432896	2	166304910	G	A	0,5314	-0,0369	0,0299	0,2173	0,9545	Arthritis	SCN9A
rs1901531	15	44713183	T	C	0,1716	0,0479	0,0389	0,2182	0,9545	Neuropathic Pain	B2M
rs4499491	20	45092778	C	A	0,3741	-0,0370	0,0300	0,2183	0,9545	Neuropathic Pain	KCNS1
rs10218452	1	3159033	A	G	0,2637	0,0407	0,0331	0,2191	0,9545	Migraine	PRDM16
rs17841327	16	55660341	A	C	0,6650	0,0379	0,0309	0,2198	0,9545	Neuropathic pain	SLC6A2
rs12363824	11	30320603	G	A	0,1575	0,0498	0,0407	0,2210	0,9545	Migraine	ARL14EP-DT
rs182637	17	3606538	C	T	0,4458	0,0358	0,0293	0,2219	0,9545	Migraine	TRPV1
rs2249714	7	31071801	T	C	0,6621	-0,0382	0,0313	0,2221	0,9545	Migraine	ADCYAP1R1
rs9547988	13	37636094	T	G	0,3418	0,0379	0,0310	0,2222	0,9545	Migraine	TRPC4
rs2151438	13	37784293	C	T	0,5464	-0,0363	0,0299	0,2242	0,9545	Migraine	TRPC4

rs12211463	6	92757440	T	G	0,2151	-0,0433	0,0356	0,2243	0,9545	Analgesia	
rs6927800	6	118282959	C	G	0,4750	-0,0364	0,0300	0,2251	0,9545	Neuraxial pain	CHRNA5
rs733080	17	3597317	T	C	0,2703	0,0399	0,0329	0,2252	0,9545	Migraine	TRPV1
rs4448731	12	71935326	T	C	0,5119	0,0355	0,0293	0,2255	0,9545	Migraine	TPH2
rs12223987	11	30374324	C	T	0,1663	0,0480	0,0396	0,2257	0,9545	Migraine	
rs3858429	11	30322210	C	T	0,1573	0,0493	0,0407	0,2260	0,9545	Migraine	ARL14EP-DT
rs4071558	11	30323044	C	T	0,1573	0,0493	0,0407	0,2260	0,9545	Migraine	
rs4071559	11	30323178	C	T	0,1573	0,0493	0,0407	0,2260	0,9545	Migraine	ARL14EP
rs2243250	5	132673462	C	T	0,1439	0,0503	0,0416	0,2264	0,9545	Neuraxial pain	
rs1800469	19	41354391	A	G	0,6607	0,0367	0,0304	0,2279	0,9545	Migraine	
rs6869446	5	66274779	T	C	0,3875	0,0363	0,0302	0,2281	0,9545	Other Clinical Pain	
rs12278989	11	30295275	A	G	0,1568	0,0491	0,0407	0,2284	0,9545	Migraine	ARL14EP-DT
rs11031040	11	30296186	T	G	0,1568	0,0491	0,0407	0,2284	0,9545	Migraine	ARL14EP-DT
rs12271187	11	30297712	G	A	0,1568	0,0491	0,0407	0,2284	0,9545	Migraine	ARL14EP-DT
rs12271300	11	30297886	G	A	0,1568	0,0491	0,0407	0,2284	0,9545	Migraine	ARL14EP-DT
rs4861775	4	179395497	A	C	0,2081	-0,0437	0,0364	0,2304	0,9545	Migraine	
rs11031047	11	30315976	C	T	0,1573	0,0488	0,0407	0,2305	0,9545	Migraine	ARL14EP-DT
rs1543754	21	37721804	G	C	0,5428	0,0349	0,0292	0,2320	0,9545	Analgesia	KCNJ6
rs3020348	6	151736779	C	A	0,5700	-0,0352	0,0295	0,2327	0,9545	Migraine	ESR1
rs685550	1	239761108	G	A	0,7543	0,0391	0,0328	0,2328	0,9545	Analgesia	CHRM3
rs2272023	15	88847929	C	A	0,7708	-0,0414	0,0348	0,2336	0,9545	Neuraxial Pain	ACAN
rs7858755	9	74792820	A	G	0,2523	0,0399	0,0335	0,2343	0,9545	Migraine	TRPM6
rs1149620	11	76795528	T	A	0,4473	-0,0345	0,0290	0,2352	0,9545	Arthritis	TSKU
rs8904	14	35402011	G	A	0,3887	0,0354	0,0299	0,2363	0,9545	Cancer Pain	NFKBIA
rs10453201	9	34050347	C	T	0,2428	-0,0400	0,0338	0,2366	0,9545	Arthritis	UBAP2
rs4939879	18	49619613	A	G	0,5265	-0,0339	0,0288	0,2397	0,9637	Migraine	LOC105372112
rs2284015	22	36700528	C	G	0,2423	-0,0400	0,0341	0,2418	0,9674	Cancer Pain	CACNG2
rs7006287	8	72932080	A	G	0,4310	-0,0349	0,0299	0,2432	0,9674	Migraine	KCNB2
rs6686529	1	215236763	G	C	0,7654	-0,0402	0,0345	0,2435	0,9674	Migraine	KCNK2
rs4820242	22	36586628	G	A	0,6201	0,0353	0,0303	0,2439	0,9674	Cancer Pain	CACNG2
rs2834167	21	33268483	A	G	0,2871	0,0370	0,0321	0,2484	0,9767	Cancer Pain	IL10RB
rs9650767	9	74735440	G	A	0,3709	0,0345	0,0299	0,2493	0,9767	Migraine	TRPM6
rs10405617	19	10642292	A	G	0,6621	-0,0354	0,0308	0,2493	0,9767	Arthritis	SLC44A2
rs7776341	6	154027470	A	C	0,0335	0,0948	0,0826	0,2509	0,9767	Analgesia	OPRM1
rs1256049	14	64257333	C	T	0,0263	0,1061	0,0927	0,2524	0,9767	Temporomandibular disorders	ESR2
rs13107066	4	47376678	G	T	0,5987	0,0342	0,0299	0,2530	0,9767	Neuraxial Pain	GABRB1
rs505738	1	181473340	A	C	0,4774	-0,0333	0,0293	0,2557	0,9767	Migraine	CACNA1E
rs3777567	6	45932829	G	A	0,2876	-0,0365	0,0321	0,2557	0,9767	Migraine	CLIC5
rs10831475	11	96063743	A	G	0,1903	-0,0417	0,0368	0,2567	0,9767	Post-operative pain	MAML2
rs10831476	11	96063746	A	C	0,1903	-0,0417	0,0368	0,2567	0,9767	Arthritis	MAML2
rs10831477	11	96063947	T	G	0,1903	-0,0417	0,0368	0,2567	0,9767	Arthritis	MAML2
rs4985445	16	69833932	A	G	0,4490	-0,0333	0,0294	0,2579	0,9767	Musculoskeletal pain	WWP2
rs6813436	4	47388803	G	A	0,1121	-0,0535	0,0473	0,2580	0,9767	Neuraxial Pain	GABRB1
rs9940278	16	53766288	C	T	0,4429	-0,0331	0,0292	0,2581	0,9767	Arthritis	FTO
rs4478147	4	86552623	G	A	0,5243	-0,0332	0,0295	0,2594	0,9767	Migraine	SUV39H2
rs1801253	10	114045297	G	C	0,7086	0,0366	0,0325	0,2601	0,9767	Analgesia	ADRB1

rs10895837	11	105577727	T	C	0,8816	-0,0498	0,0443	0,2605	0,9767	Fibromyalgia	
rs3851738	16	75353635	G	C	0,5851	0,0332	0,0297	0,2642	0,9804	Migraine	CFDP1
rs1352250	12	72004004	A	G	0,5902	0,0330	0,0296	0,2648	0,9804	Migraine	TPH2
rs806379	6	88151548	A	T	0,4667	-0,0326	0,0293	0,2657	0,9804	Migraine	CNR1
rs731236	12	47844974	A	G	0,4071	-0,0330	0,0297	0,2668	0,9804	Migraine	VDR
rs1517572	11	28808335	A	C	0,5807	0,0333	0,0302	0,2692	0,9804	Arthritis	RP11-115J23.1
rs1946247	5	161409614	T	G	0,8422	0,0441	0,0399	0,2695	0,9804	Other Clinical Pain	GABRB2
rs1799983	7	150999023	T	G	0,6650	0,0346	0,0315	0,2708	0,9804	Migraine	NOS3
rs3804452	6	36109157	G	A	0,1147	0,0507	0,0461	0,2710	0,9804	Temporomandibular Disorder	MAPK14
rs4906902	15	26774621	A	G	0,1748	0,0422	0,0383	0,2714	0,9804	Fibromyalgia	
rs7595255	2	166226468	T	C	0,8614	0,0469	0,0427	0,2715	0,9804	Nociception	SCN1A-AS1
rs4888408	16	75398926	G	A	0,5841	0,0327	0,0297	0,2715	0,9804	Migraine	CFDP1
rs10484919	6	151653287	C	T	0,0955	0,0549	0,0499	0,2720	0,9804	Migraine	ESR1
rs10504861	8	88535703	C	T	0,1864	-0,0408	0,0373	0,2737	0,9804	Migraine	LOC105375629
rs2236225	14	64442127	G	A	0,4458	0,0313	0,0286	0,2741	0,9804	Temporomandibular Disorder	MTHFD1
rs644796	1	181466918	T	C	0,4806	-0,0321	0,0294	0,2745	0,9804	Migraine	CACNA1E
rs1043994	19	15192033	T	C	0,8724	-0,0475	0,0436	0,2765	0,9804	Migraine	NOTCH3
rs910079	20	1979552	A	G	0,2742	-0,0362	0,0333	0,2774	0,9804	Musculoskeletal Pain	PDYN
rs3729618	6	45920336	A	G	0,3077	-0,0341	0,0315	0,2782	0,9804	Migraine	CLIC5
rs2857605	6	31557074	C	T	0,9137	0,0559	0,0516	0,2782	0,9804	Neuropathic Pain	LOC100287329
rs1401795	17	56762291	A	G	0,5143	0,0319	0,0295	0,2792	0,9804	Arthritis	C17orf67
rs1416167	6	45919684	A	T	0,3080	-0,0340	0,0315	0,2802	0,9804	Migraine	CLIC5
rs217693	14	61936083	A	G	0,7667	-0,0377	0,0350	0,2804	0,9804	Migraine	SYT16
rs2070874	5	132674018	C	T	0,1390	0,0457	0,0424	0,2816	0,9804	Neuraxial pain	IL4
rs7105462	11	113041326	G	A	0,5870	0,0322	0,0299	0,2823	0,9804	Neuraxial pain	NCAM1
rs6166	2	48962782	C	T	0,5352	0,0317	0,0295	0,2826	0,9804	Migraine	ESR1
rs3817428	15	88872016	C	G	0,2623	-0,0356	0,0332	0,2832	0,9804	Neuraxial Pain	ACAN
rs10786156	10	94254865	C	G	0,4565	0,0313	0,0294	0,2865	0,9823	Migraine	PLCE1
rs4713902	6	35646249	T	C	0,2927	-0,0341	0,0320	0,2873	0,9823	Musculoskeletal Pain	FKBP5
rs11709492	3	38904493	C	T	0,2166	-0,0381	0,0360	0,2896	0,9823	Nociception	SCN11A
rs2070697	14	24574883	C	T	0,2878	0,0344	0,0325	0,2897	0,9823	Post-operative Pain	CTSG
rs480760	3	196071387	T	C	0,9575	0,0741	0,0700	0,2898	0,9823	Neuropathic Pain	TFRC
rs6746030	2	166242648	A	G	0,8619	0,0451	0,0427	0,2909	0,9823	Neuraxial Pain	SCN1A-AS1
rs2095771	6	45936895	C	A	0,2783	-0,0343	0,0325	0,2910	0,9823	Migraine	CLIC5
rs1268083	6	125727894	T	C	0,4835	0,0314	0,0298	0,2916	0,9823	Migraine	LOC105377986
rs2813550	6	152120452	C	A	0,7365	0,0345	0,0329	0,2932	0,9823	Migraine	ESR1
rs2813544	6	152104447	A	G	0,1983	-0,0383	0,0366	0,2960	0,9823	Migraine	ESR1
rs267206	6	7860582	C	T	0,7995	-0,0375	0,0359	0,2965	0,9823	Neuropathic Pain	BMP6
rs1143634	2	112832813	G	A	0,2394	0,0357	0,0342	0,2971	0,9823	Migraine	IL1B
rs10870267	10	132154559	C	T	0,5139	-0,0304	0,0292	0,2973	0,9823	Neuraxial pain	JAKMIP3
rs6107848	20	6610469	A	G	0,6415	-0,0315	0,0303	0,2997	0,9823	Migraine	
rs34612513	3	137822243	T	A	0,1106	-0,0484	0,0469	0,3026	0,9823	Temporomandibular disorders	
rs13080116	3	38865732	T	C	0,2450	-0,0352	0,0342	0,3032	0,9823	Analgesia	SCN11A
rs57866767	10	94263320	T	C	0,4567	0,0301	0,0294	0,3055	0,9823	Migraine	PLCE1
rs4493873	8	91063415	A	C	0,6381	0,0310	0,0304	0,3084	0,9823	Migraine	SUV39H2
rs324419	1	46406314	T	C	0,8381	-0,0405	0,0398	0,3086	0,9823	Other Clinical Pain	FAAH

rs10925250	1	236858830	A	G	0,1711	-0,0390	0,0384	0,3098	0,9823	Migraine	MTR
rs1045642	7	87509329	A	G	0,4793	0,0300	0,0296	0,3100	0,9823	Analgesia	ABCB1
rs6746771	2	237893144	A	G	0,1101	-0,0477	0,0470	0,3101	0,9823	Migraine	RAMP1
rs10155855	7	111688341	A	T	0,0683	-0,0591	0,0583	0,3106	0,9823	Migraine	
rs2284017	22	36700882	T	C	0,5661	0,0299	0,0296	0,3114	0,9823	Cancer Pain, Post-operative pain	CACNG2
rs3777585	6	45951232	C	T	0,2270	-0,0349	0,0346	0,3129	0,9823	Migraine	CLIC5
rs17568951	2	47580354	T	C	0,1974	0,0373	0,0371	0,3139	0,9823	Migraine	MSH2
rs11164653	1	102998654	T	C	0,5924	0,0299	0,0298	0,3162	0,9823	Arthritis	COL11A1
rs2069845	7	22730530	G	A	0,6048	0,0291	0,0291	0,3187	0,9823	Cancer Pain	IL6
rs10733092	1	91160992	A	G	0,2628	-0,0335	0,0336	0,3192	0,9823	Migraine	
rs12282928	11	48310476	A	G	0,2642	-0,0332	0,0334	0,3208	0,9823	Migraine	SUV39H2
rs9861643	3	38655848	C	T	0,1823	-0,0372	0,0375	0,3213	0,9823	Migraine	
rs3787441	20	4224413	T	C	0,2623	-0,0326	0,0329	0,3213	0,9823	Cancer Pain	ADRA1D
rs8022616	14	94307608	A	G	0,1060	-0,0472	0,0477	0,3217	0,9823	Musculoskeletal Pain	SERPINA6
rs11179000	12	71944848	A	T	0,2236	-0,0349	0,0352	0,3217	0,9823	Neuropathic pain	TPH2
rs11071366	15	58042046	A	T	0,3525	0,0304	0,0308	0,3229	0,9823	Arthritis	ALDH1A2
rs694539	11	114262697	C	T	0,1779	-0,0376	0,0381	0,3231	0,9823	Migraine	NNMT
rs35072907	1	50723884	G	C	0,3367	0,0306	0,0310	0,3238	0,9823	Other Clinical Pain	FAF1
rs2525570	17	31354227	A	G	0,6118	-0,0298	0,0303	0,3251	0,9823	Migraine	NF1
rs4977338	9	18718088	G	T	0,1619	-0,0393	0,0400	0,3255	0,9823	Migraine	ADAMTSL1
rs9534511	13	46894445	T	C	0,5515	-0,0290	0,0296	0,3269	0,9823	Musculoskeletal Pain	HTR2A
rs13267466	8	132327150	A	C	0,1915	0,0362	0,0369	0,3270	0,9823	Migraine	KCNQ3
rs1186902	6	89217243	T	C	0,2632	-0,0328	0,0335	0,3271	0,9823	Migraine	GABRR1
rs6265	11	27658369	C	T	0,2010	-0,0357	0,0365	0,3283	0,9823	Musculoskeletal pain	BDNF
rs4986790	9	117713024	A	G	0,0489	0,0671	0,0686	0,3284	0,9823	Migraine	TLR4
rs2273206	6	152061176	G	T	0,1152	0,0448	0,0459	0,3285	0,9823	Temporomandibular Disorder	ESR1
rs222747	17	3589906	C	G	0,7402	0,0326	0,0335	0,3308	0,9823	Nociception	TRPV1
rs3766694	1	175174071	T	C	0,5647	-0,0284	0,0292	0,3309	0,9823	Migraine	KIAA0040
rs7104613	11	14058384	C	T	0,0685	0,0561	0,0578	0,3317	0,9823	Analgesia	SPON1
rs2070762	11	2165105	A	G	0,4998	0,0280	0,0289	0,3328	0,9823	Cancer Pain	TH
rs1374111	2	136676332	G	A	0,6009	0,0284	0,0293	0,3329	0,9823	Migraine	
rs12550268	8	72523859	A	G	0,5671	-0,0287	0,0296	0,3329	0,9823	Migraine	LOC105375897
rs1801132	6	151944387	G	C	0,7730	-0,0341	0,0353	0,3340	0,9823	Migraine	ESR1
rs162502	21	26960687	C	T	0,2154	-0,0347	0,0360	0,3351	0,9823	Neuraxial Pain	ADAMTS5
rs3918242	20	46007337	C	T	0,1376	-0,0402	0,0418	0,3359	0,9823	Temporomandibular Disorder	
rs3845446	1	181797301	T	C	0,0486	0,0647	0,0677	0,3390	0,9823	Analgesia	CACNA1E
rs5030977	3	50379070	C	T	0,1101	0,0440	0,0460	0,3390	0,9823	Analgesia	CACNA2D2
rs302679	2	237880402	G	T	0,7790	-0,0331	0,0348	0,3421	0,9823	Migraine	RAMP1
rs229052	21	26943889	G	A	0,7127	-0,0309	0,0326	0,3424	0,9823	Neuraxial Pain	ADAMTS5
rs10983775	9	117758822	C	T	0,5540	-0,0274	0,0290	0,3437	0,9823	Arthritis	RP11-281A20.2
rs429313	16	84464239	C	A	0,2010	-0,0345	0,0366	0,3454	0,9823	Migraine	ATP2C2
rs516243	1	10690375	A	G	0,5131	0,0271	0,0288	0,3464	0,9823	Migraine	SUV39H2
rs12439516	15	66411138	A	T	0,0826	-0,0496	0,0527	0,3466	0,9823	Temporomandibular Disorder	MAP2K1
rs6971	22	43162920	A	G	0,6969	0,0300	0,0319	0,3469	0,9823	Neuraxial Pain	TSPO
rs2298771	2	166036278	C	T	0,6595	0,0287	0,0306	0,3473	0,9823	Musculoskeletal Pain	LOC102724058
rs6432860	2	166041354	A	G	0,6595	0,0287	0,0306	0,3473	0,9823	Musculoskeletal Pain	SCN1A

rs1461193	2	166047836	G	A	0,6595	0,0287	0,0306	0,3473	0,9823	Musculoskeletal Pain	SCN1A
rs8112559	19	45887197	C	G	0,1196	0,0435	0,0464	0,3490	0,9823	Arthritis	IRF2BP1
rs10062749	5	142425523	G	T	0,2786	-0,0310	0,0332	0,3510	0,9823	Arthritis	AC005592.2
rs7350833	16	84380558	G	C	0,3051	-0,0292	0,0313	0,3514	0,9823	Migraine	ATP2C2
rs9332377	22	19968169	C	T	0,1633	-0,0373	0,0401	0,3520	0,9823	Temporomandibular disorders	ARVCF
rs1801133	1	11796321	G	A	0,3845	0,0278	0,0299	0,3539	0,9823	Migraine	MTHFR
rs11588850	1	227739541	A	G	0,1325	-0,0402	0,0437	0,3576	0,9823	Arthritis	SNAP47
rs7604448	2	166256134	A	C	0,8563	0,0386	0,0420	0,3592	0,9823	Arthritis	SCN1A-AS1
rs2499797	6	96400793	G	A	0,8153	-0,0349	0,0382	0,3607	0,9823	Migraine	UFL1-AS1
rs4986938	14	64233098	C	T	0,3807	-0,0281	0,0308	0,3610	0,9823	Migraine	ESR1
rs2183271	10	21668300	T	C	0,3879	0,0273	0,0299	0,3624	0,9823	Other Clinical Pain	MLLT10
rs543844	6	44457063	A	G	0,3853	-0,0274	0,0301	0,3633	0,9823	Migraine	SUV39H2
rs2813554	6	152121203	G	A	0,1976	-0,0332	0,0366	0,3646	0,9823	Migraine	ESR1
rs4677830	3	195339614	C	T	0,8160	-0,0340	0,0376	0,3655	0,9823	Analgesia	OPRM1
rs390208	16	84474211	G	A	0,1988	-0,0333	0,0369	0,3665	0,9823	Migraine	
rs2438224	8	97679242	A	G	0,0724	0,0508	0,0564	0,3677	0,9823	Migraine	MTDH
rs7583431	2	175057654	A	C	0,3841	0,0267	0,0297	0,3693	0,9823	Analgesia	
rs2049604	7	114350297	C	T	0,3923	-0,0268	0,0299	0,3704	0,9823	Musculoskeletal pain	FOXP2
rs10888075	8	13902910	T	G	0,8393	-0,0356	0,0398	0,3709	0,9823	Migraine	
rs1556832	20	4234910	C	T	0,5051	-0,0257	0,0288	0,3716	0,9823	Temporomandibular Disorder	ADRA1D
rs569356	1	28810174	A	G	0,1174	0,0408	0,0456	0,3717	0,9823	Post-operative pain	
rs11668962	19	49215291	G	A	0,4577	-0,0262	0,0295	0,3729	0,9823	Migraine	
rs2723279	12	117835066	C	A	0,2807	0,0287	0,0322	0,3733	0,9823	Migraine	SUV39H2
rs699947	6	43768652	A	C	0,5338	-0,0260	0,0294	0,3761	0,9823	Migraine	POLR1C
rs12633508	3	88765985	T	C	0,2467	0,0300	0,0340	0,3765	0,9823	Analgesia	
rs11705555	22	27810924	A	C	0,2691	-0,0292	0,0331	0,3782	0,9823	Arthritis	MN1
rs2052129	7	150851884	G	T	0,2368	-0,0310	0,0352	0,3791	0,9823	Migraine	LOC105375567
rs1295686	5	132660151	T	C	0,8024	-0,0328	0,0373	0,3798	0,9823	Cancer Pain	IL13
rs743506	7	151009827	G	A	0,7299	-0,0288	0,0328	0,3805	0,9823	Migraine	NOS3
rs1631174	11	47952821	A	C	0,6808	0,0272	0,0310	0,3807	0,9823	Arthritis	PTPRJ
rs2026739	9	32418239	G	T	0,7137	0,0286	0,0327	0,3826	0,9823	Neuropathic Pain	ACO1
rs10178489	2	17871407	C	G	0,3002	0,0274	0,0315	0,3829	0,9823	Migraine	
rs4081947	16	87546264	A	G	0,3141	-0,0273	0,0313	0,3832	0,9823	Migraine	
rs1077430	14	76431334	T	C	0,3133	0,0275	0,0317	0,3860	0,9823	Temporomandibular Disorder	ESRRB
rs394533	16	84470981	C	T	0,2499	-0,0292	0,0337	0,3865	0,9823	Migraine	
rs1805087	1	236885200	A	G	0,1709	-0,0332	0,0383	0,3866	0,9823	Migraine	MTR
rs1572668	1	73434059	A	G	0,4584	-0,0258	0,0298	0,3867	0,9823	Migraine	
rs167769	12	57109992	C	T	0,3515	0,0260	0,0301	0,3873	0,9823	Analgesia	STAT6
rs4807347	19	2857289	A	C	0,8359	-0,0344	0,0398	0,3878	0,9823	Migraine	ZNF555
rs11031122	11	30525891	T	C	0,2453	-0,0291	0,0337	0,3885	0,9823	Migraine	MPPED2
rs1143627	2	112836810	G	A	0,6687	0,0272	0,0317	0,3906	0,9823	Cancer Pain	IL1B
rs2473967	6	113158133	G	T	0,9397	-0,0536	0,0626	0,3916	0,9823	Analgesia	
rs13946	9	134842386	C	T	0,7555	-0,0294	0,0343	0,3921	0,9823	Other Clinical Pain	LOC101448202
rs16851799	2	166229904	C	T	0,3804	-0,0256	0,0300	0,3932	0,9823	Analgesia	SCN1A-AS1
rs8133052	21	36135203	G	A	0,4623	0,0251	0,0294	0,3933	0,9823	Cancer Pain	CBR3-AS1
rs1577007	13	37729549	C	T	0,5814	0,0250	0,0295	0,3961	0,9823	Migraine	TRPC4

rs10925257	1	236882860	A	G	0,1714	-0,0320	0,0384	0,4034	0,9823	Migraine	MTR
rs16944	2	112837290	A	G	0,6689	0,0264	0,0317	0,4038	0,9823	Musculoskeletal Pain	IL1B
rs75621460	19	41327879	G	A	0,0228	0,0827	0,0991	0,4040	0,9823	Post-operative pain	TGFB1
rs6951030	7	73718911	T	G	0,1860	0,0311	0,0374	0,4055	0,9823	Migraine	BUD23
rs10275320	7	20142431	G	A	0,1383	-0,0349	0,0422	0,4086	0,9823	Migraine	MACC1-AS1
rs2229094	6	31572779	T	C	0,1458	-0,0339	0,0411	0,4094	0,9823	Musculoskeletal Pain	LTA
rs13107325	4	102267552	C	T	0,0671	-0,0483	0,0587	0,4106	0,9823	Musculoskeletal pain	SLC39A8
rs895572	2	237906610	C	T	0,5374	-0,0242	0,0296	0,4129	0,9823	Migraine	RAMP1
rs1643821	6	151862416	G	A	0,4071	0,0244	0,0300	0,4158	0,9823	Temporomandibular Disorder	ESR1
rs1800783	7	150992309	A	T	0,5892	0,0243	0,0299	0,4162	0,9823	Cancer Pain	NOS3
rs10259354	7	3447782	G	A	0,6971	-0,0253	0,0313	0,4189	0,9823	Other Clinical Pain	SDK1
rs1409202	10	18474754	C	A	0,1237	0,0357	0,0442	0,4190	0,9823	Migraine	CACNB2
rs10809907	9	13134433	C	G	0,6682	0,0244	0,0304	0,4214	0,9823	Nociception	MPDZ
rs3782202	12	117282575	G	A	0,7905	-0,0291	0,0362	0,4218	0,9823	Temporomandibular Disorder	NOS1
rs1544325	22	19944145	A	G	0,5885	0,0234	0,0292	0,4240	0,9823	Temporomandibular Disorder	COMT
rs1928040	13	46873101	G	A	0,5010	-0,0233	0,0291	0,4248	0,9823	Cancer Pain	HTR2A
rs926849	6	161740587	C	T	0,6906	-0,0248	0,0311	0,4248	0,9823	Neuraxial Pain	PRKN
rs17288390	6	45416281	T	C	0,3503	0,0248	0,0311	0,4253	0,9823	Post-operative pain	RUNX2
rs11890824	2	166314399	A	T	0,6135	-0,0242	0,0304	0,4258	0,9823	Migraine	SCN9A
rs12584920	13	46890902	G	T	0,1745	0,0308	0,0387	0,4259	0,9823	Musculoskeletal Pain	HTR2A
rs1563826	4	74369807	T	A	0,7827	-0,0280	0,0353	0,4271	0,9823	Temporomandibular Disorder	EREG
rs11596974	10	18131455	G	A	0,2477	-0,0264	0,0334	0,4292	0,9823	Migraine	
rs2195450	5	153491449	G	A	0,2392	0,0275	0,0349	0,4297	0,9823	Migraine	GRIA1
rs10888692	1	50525801	C	G	0,3755	-0,0238	0,0302	0,4307	0,9823	Other Clinical Pain	FAF1
rs4708592	6	169109450	C	T	0,9317	-0,0459	0,0585	0,4324	0,9823	Neuraxial Pain	
rs2234918	1	28863085	C	T	0,5425	0,0224	0,0286	0,4343	0,9823	Analgesia	OPRD1
rs8007201	14	54858130	A	G	0,3063	0,0249	0,0319	0,4352	0,9823	Neuraxial Pain	GCH1
rs247889	16	84449625	G	A	0,2803	-0,0249	0,0321	0,4368	0,9823	Migraine	ATP2C2
rs672931	11	30899350	T	C	0,6152	-0,0229	0,0294	0,4370	0,9823	Migraine	DCDC1
rs2097629	9	133654578	A	G	0,3884	0,0236	0,0304	0,4372	0,9823	Migraine	DBH
rs11976703	7	24509907	C	A	0,0600	0,0481	0,0621	0,4387	0,9823	Nociception	
rs1946225	5	152428403	T	G	0,1779	-0,0299	0,0386	0,4389	0,9823	Migraine	
rs871385	5	136233776	C	T	0,4599	-0,0228	0,0294	0,4391	0,9823	Migraine	TRPC7-AS2
rs9981408	21	38645522	G	T	0,2027	0,0282	0,0365	0,4396	0,9823	Post-operative pain	ERG
rs5748489	22	19939623	A	C	0,5890	0,0225	0,0291	0,4399	0,9823	Temporomandibular Disorder	TXNRD2
rs2075507	22	19940569	G	A	0,5887	0,0224	0,0291	0,4407	0,9823	Neuraxial Pain	COMT
rs12901499	15	67078107	G	A	0,4397	0,0227	0,0295	0,4414	0,9823	Arthritis	SMAD3
rs165656	22	19961340	G	C	0,5090	-0,0226	0,0294	0,4426	0,9823	Temporomandibular Disorder, Neuraxial Pain, Cancer	COMT
rs6574293	14	76404257	A	G	0,9385	0,0461	0,0603	0,4444	0,9823	Temporomandibular Disorder	ESRRB
rs2305948	4	55113391	C	T	0,0904	0,0394	0,0516	0,4452	0,9823	Cancer Pain	KDR
rs10483636	14	54334127	A	G	0,0318	0,0641	0,0840	0,4454	0,9823	Analgesia	GCH1
rs1550798	2	154822325	A	T	0,5311	-0,0226	0,0298	0,4494	0,9823	Temporomandibular Disorder	KCNJ3
rs1800795	7	22727026	C	G	0,6201	0,0222	0,0293	0,4494	0,9823	Analgesia	IL6
rs7798894	7	21513377	A	T	0,7144	-0,0246	0,0326	0,4499	0,9823	Other Clinical Pain	SP4
rs11898284	2	166325017	A	G	0,1386	-0,0323	0,0430	0,4515	0,9823	Migraine	SCN9A
rs858035	21	37726888	G	A	0,7107	0,0242	0,0321	0,4516	0,9823	Analgesia	KCNJ6

rs858339	6	131832757	T	A	0,2876	-0,0243	0,0323	0,4516	0,9823 Temporomandibular Disorder	ENPP1
rs922772	8	72941326	C	T	0,5853	-0,0223	0,0298	0,4538	0,9823 Migraine	KCNB2
rs67924081	11	65575510	A	G	0,2491	0,0257	0,0344	0,4542	0,9823 Post-operative pain	EHBP1L1
rs72793414	5	152448862	G	A	0,1779	-0,0288	0,0386	0,4559	0,9823 Migraine	
rs1391950	3	7016730	T	C	0,4859	-0,0216	0,0290	0,4579	0,9823 Migraine	GRM7
rs3211371	19	41016810	C	T	0,1053	-0,0348	0,0469	0,4583	0,9823 Cancer Pain	CYP2B6
rs4910165	11	10652497	C	G	0,6621	0,0229	0,0309	0,4584	0,9823 Migraine	IRAG1
rs140174	22	23580796	A	G	0,2730	-0,0245	0,0331	0,4590	0,9823 Migraine	
rs464049	5	1423790	A	G	0,4315	-0,0216	0,0293	0,4594	0,9823 Neuropathic pain	SLC6A3
rs963218	7	34672157	G	A	0,4587	-0,0217	0,0296	0,4629	0,9823 Other Clinical Pain	NPSR1
rs10194315	2	219980900	C	T	0,3454	0,0226	0,0308	0,4630	0,9823 Post-operative pain	LOC105373891
rs10814130	9	34637994	C	A	0,1677	0,0284	0,0387	0,4630	0,9823 Nociception	
rs400922	16	84472761	C	G	0,2003	-0,0271	0,0370	0,4641	0,9823 Migraine	
rs1718119	12	121177300	G	A	0,3790	0,0214	0,0293	0,4661	0,9823 Neuropathic Pain	P2RX7
rs5498	19	10285007	A	G	0,4341	0,0215	0,0295	0,4663	0,9823 Migraine	ICAM1
rs1406846	6	45433203	T	A	0,4925	-0,0215	0,0295	0,4666	0,9823 Arthritis	RUNX2
rs10774912	12	109825003	T	C	0,2749	0,0235	0,0323	0,4674	0,9823 Migraine	TRPV4
rs10797923	1	183932832	T	C	0,2825	-0,0233	0,0322	0,4687	0,9823 Post-operative pain	COLGALT2
rs4957810	5	109338561	C	T	0,1274	-0,0314	0,0434	0,4700	0,9823 Post-operative pain	PJA2
rs10925252	1	236859062	T	C	0,4020	0,0216	0,0300	0,4719	0,9823 Migraine	MTR
rs174697	22	19966309	A	G	0,9614	0,0547	0,0761	0,4723	0,9823 Temporomandibular Disorder	COMT
rs12622743	2	166337881	A	G	0,1393	-0,0308	0,0428	0,4725	0,9823 Migraine	SCN9A
rs111844273	7	18396714	G	A	0,0236	0,0694	0,0968	0,4737	0,9823 Arthritis	HDAC9
rs10950641	7	2294751	G	A	0,0408	-0,0530	0,0748	0,4782	0,9823 Neuropathic pain	SNX8
rs1799964	6	31574531	T	C	0,1060	-0,0333	0,0470	0,4787	0,9823 Cancer Pain	
rs1048101	8	26770511	A	G	0,4446	0,0206	0,0290	0,4789	0,9823 Fibromyalgia	ADRA1A
rs2363561	1	215081964	T	C	0,5788	0,0205	0,0289	0,4789	0,9823 Temporomandibular Disorder	KCNK2
rs10132091	14	76404475	T	C	0,3785	0,0213	0,0301	0,4799	0,9823 Temporomandibular Disorder	ESRRB
rs2275565	1	236885376	G	T	0,1959	-0,0257	0,0366	0,4828	0,9823 Migraine	MTR
rs3918226	7	150993088	C	T	0,0877	-0,0370	0,0528	0,4829	0,9823 Migraine	NOS3
rs6853	3	38142879	A	G	0,1422	0,0291	0,0416	0,4840	0,9823 Analgesia	MYD88
rs138556413	2	202968144	C	T	0,0401	-0,0518	0,0740	0,4843	0,9823 Migraine	CARF
rs66989638	2	106073280	G	A	0,1279	-0,0308	0,0442	0,4860	0,9823 Post-operative pain	C2orf40
rs934287	2	202843584	A	G	0,8257	-0,0267	0,0384	0,4863	0,9823 Migraine	ICA1L
rs60249166	13	31510764	C	T	0,1767	-0,0267	0,0384	0,4870	0,9823 Temporomandibular Disorder	
rs13260	13	110149776	G	T	0,1026	0,0336	0,0484	0,4873	0,9823 Migraine	COL4A1
rs2651899	1	3167148	T	C	0,4436	0,0204	0,0294	0,4873	0,9823 Migraine	LOC105378606
rs13290757	9	126166159	C	T	0,1298	-0,0297	0,0429	0,4889	0,9823 Migraine	
rs4633	22	19962712	C	T	0,5044	-0,0203	0,0293	0,4891	0,9823 Nociception, Temporomandibular Disorder, Fibromya	COMT
rs7412	19	44908822	C	T	0,0668	0,0403	0,0584	0,4900	0,9823 Fibromyalgia	APOE
rs17172526	7	35944418	G	A	0,0846	-0,0365	0,0528	0,4900	0,9823 Migraine	
rs7814941	8	129706613	A	G	0,1930	0,0255	0,0369	0,4901	0,9823 Neuraxial pain	GSDMC
rs7753655	6	49568851	A	G	0,2795	-0,0225	0,0327	0,4907	0,9823 Migraine	
rs10850830	12	109834094	C	T	0,4937	-0,0202	0,0294	0,4920	0,9823 Migraine	TRPV4
rs734784	20	45094986	T	C	0,4592	0,0204	0,0297	0,4925	0,9823 Neuropathic Pain	KCNS1
rs2530566	7	34665211	A	G	0,4908	-0,0200	0,0292	0,4925	0,9823 Other Clinical Pain	NPSR1-AS1

rs7911	1	89052437	A	G	0,3712	-0,0206	0,0301	0,4931	0,9823	Fibromyalgia	LOC105378841
rs62327819	4	146289989	C	T	0,6818	0,0220	0,0321	0,4932	0,9823	Neuraxial pain	SLC10A7
rs6336	1	156879126	C	T	0,0510	0,0451	0,0660	0,4939	0,9823	Post-operative Pain	NTRK1
rs2383515	1	186683820	G	T	0,1825	-0,0259	0,0378	0,4941	0,9823	Other Clinical Pain	PTGS2
rs11599236	10	104694914	T	C	0,4699	-0,0195	0,0286	0,4943	0,9823	Other Clinical Pain	SORCS3
rs2203834	8	12967384	A	C	0,8690	-0,0297	0,0435	0,4952	0,9823	Migraine	TRMT9B
rs1611115	9	133635393	T	C	0,7778	0,0238	0,0350	0,4954	0,9823	Migraine	
rs10770367	12	18510988	C	A	0,3398	0,0210	0,0309	0,4959	0,9823	Cancer Pain	PIK3C2G
rs74676797	2	633063	G	A	0,8257	-0,0257	0,0378	0,4961	0,9823	Arthritis	TMEM18
rs12415832	10	119352815	C	A	0,0202	-0,0714	0,1051	0,4968	0,9823	Temporomandibular Disorder	GRK5
rs11849538	14	95709641	C	G	0,1145	-0,0308	0,0455	0,4979	0,9823	Musculoskeletal Pain	TCL1A
rs6473799	8	53240563	A	G	0,2649	0,0221	0,0326	0,4980	0,9823	Nociception	OPRK1
rs12667224	7	114384261	G	A	0,5649	-0,0198	0,0293	0,4997	0,9823	Arthritis	FOXP2
rs1800866	9	34637693	T	G	0,1689	0,0260	0,0387	0,5015	0,9823	Nociception	SIGMAR1
rs887797	17	66583327	G	A	0,3330	0,0205	0,0306	0,5033	0,9823	Neuropathic Pain	PRKCA
rs3754255	1	236846557	C	T	0,4273	0,0199	0,0298	0,5043	0,9823	Migraine	MTR
rs5993875	22	19927803	A	G	0,5877	0,0195	0,0292	0,5045	0,9823	Temporomandibular Disorder	TXNRD2
rs13263568	8	71535183	T	G	0,0836	0,0349	0,0524	0,5053	0,9823	Migraine	SUV39H2
rs11984666	8	129718034	C	A	0,1915	0,0247	0,0371	0,5056	0,9823	Post-operative pain	RP11-274M4.1
rs151058	21	26939253	T	C	0,8286	-0,0261	0,0394	0,5086	0,9823	Neuraxial Pain	ADAMTS5
rs34884997	1	161191082	T	C	0,1519	0,0272	0,0411	0,5090	0,9823	Neuraxial Pain	ADAMTS4
rs3094117	6	30769709	A	C	0,1242	0,0294	0,0446	0,5096	0,9823	Migraine	SUV39H2
rs2542424	8	139620258	T	C	0,4358	0,0195	0,0296	0,5101	0,9823	Post-operative Pain	KCNK9
rs634479	6	154043305	A	G	0,2139	-0,0232	0,0352	0,5103	0,9823	Post-operative Pain	OPRM1
rs4680	22	19963748	G	A	0,5032	-0,0193	0,0294	0,5103	0,9823	Nociception, Temporomandibular Disorder, Analgesic	COMT
rs1076292	7	30673085	C	G	0,6245	-0,0201	0,0306	0,5107	0,9823	Temporomandibular Disorder	CRHR2
rs7322347	13	46835968	T	A	0,4584	0,0191	0,0290	0,5113	0,9823	Cancer Pain	HTR2A
rs165722	22	19961490	C	T	0,5058	-0,0193	0,0294	0,5116	0,9823	Analgesia, Temporomandibular Disorder	COMT
rs11846556	14	41713822	G	A	0,4932	-0,0190	0,0290	0,5124	0,9823	Other Clinical Pain	LRFN5
rs4814864	20	19489173	G	C	0,2703	-0,0215	0,0328	0,5136	0,9823	Migraine	SLC24A3
rs7640543	3	30420911	G	A	0,3077	-0,0205	0,0315	0,5146	0,9823	Migraine	LOC105377013
rs17376373	7	120360431	T	G	0,2455	-0,0219	0,0337	0,5147	0,9823	Post-operative Pain	KCND2
rs900414	15	101314378	A	G	0,3284	-0,0198	0,0304	0,5150	0,9823	Musculoskeletal Pain	PCSK6
rs3180	10	72060864	A	G	0,5605	0,0196	0,0301	0,5158	0,9823	Neuraxial pain	SPOCK2
rs1176744	11	113932306	A	C	0,3294	-0,0204	0,0315	0,5169	0,9823	Analgesia	HTR3B
rs12537376	7	114384998	A	G	0,4334	-0,0189	0,0293	0,5176	0,9823	Other Clinical Pain	FOXP2
rs6670661	1	215227100	G	A	0,5544	-0,0188	0,0291	0,5181	0,9823	Migraine	KCNK2
rs13276133	8	72943025	A	C	0,3712	-0,0198	0,0306	0,5182	0,9823	Migraine	KCNB2
rs16023	19	13298658	T	A	0,1670	-0,0254	0,0393	0,5182	0,9823	Migraine	CACNA1A
rs3024498	1	206768184	T	C	0,2195	0,0225	0,0349	0,5190	0,9823	Post-operative Pain	IL19
rs4300189	1	215113078	A	G	0,7506	-0,0211	0,0328	0,5207	0,9823	Migraine	KCNK2
rs1128503	7	87550285	A	G	0,5707	0,0191	0,0299	0,5226	0,9823	Analgesia	ABCB1
rs7867868	9	74831958	C	T	0,3670	0,0190	0,0300	0,5251	0,9823	Migraine	TRPM6
rs7217270	17	3518181	A	G	0,5372	0,0188	0,0296	0,5262	0,9823	Migraine	TRPV3
rs344781	19	43670636	C	T	0,7611	0,0216	0,0341	0,5264	0,9823	Migraine	
rs9835230	3	190017672	G	A	0,2426	-0,0215	0,0340	0,5265	0,9823	Arthritis	LEPREL1

rs11563056	2	233992526	T	G	0,3393	0,0196	0,0309	0,5270	0,9823	Migraine	TRPM8
rs12722	9	134842570	C	T	0,5836	0,0187	0,0296	0,5272	0,9823	Other Clinical Pain	LOC101448202
rs3804100	4	153704257	T	C	0,0651	-0,0375	0,0594	0,5279	0,9823	Analgesia	TLR2
rs11166921	8	139695512	A	C	0,6135	0,0191	0,0303	0,5281	0,9823	Cancer Pain	KCNK9
rs3741559	12	49951193	G	A	0,1937	-0,0231	0,0367	0,5285	0,9823	Temporomandibular disorders	AQP2
rs6795970	3	38725184	A	G	0,5839	0,0184	0,0292	0,5290	0,9823	Nociception	SCN10A
rs226794	21	26930036	A	G	0,8957	0,0298	0,0474	0,5300	0,9823	Neuraxial Pain	ADAMTS5
rs6572493	14	22503969	A	G	0,5907	-0,0186	0,0296	0,5306	0,9823	Cancer Pain	LOC112267867
rs7439087	4	47394983	T	C	0,3461	-0,0196	0,0312	0,5306	0,9823	Neuraxial Pain	GABRB1
rs11782118	8	72937968	G	A	0,3945	-0,0189	0,0303	0,5314	0,9823	Migraine	KCNB2
rs1042114	1	28812463	G	T	0,8824	-0,0284	0,0457	0,5337	0,9823	Nociception	OPRD1
rs3769671	2	25167284	A	C	0,0335	0,0507	0,0817	0,5345	0,9823	Musculoskeletal Pain	POMC
rs11594111	10	14903407	A	G	0,1264	0,0270	0,0435	0,5348	0,9823	Migraine	SUV39H2
rs7965399	12	102497908	T	C	0,0428	0,0450	0,0726	0,5353	0,9823	Cancer Pain	LOC105369944
rs4694846	4	47366781	T	C	0,4490	0,0181	0,0293	0,5353	0,9823	Neuraxial Pain	GABRB1
rs20417	1	186681189	C	G	0,1828	-0,0234	0,0378	0,5357	0,9823	Migraine	PACERR
rs2078371	1	115134562	T	C	0,1053	-0,0293	0,0474	0,5361	0,9823	Migraine	
rs9952528	18	6453862	T	C	0,8393	-0,0241	0,0392	0,5389	0,9823	Other Clinical Pain	
rs10413396	19	44309549	G	T	0,0457	0,0424	0,0690	0,5394	0,9823	Analgesia	
rs12908498	15	67074150	C	G	0,4473	0,0181	0,0296	0,5395	0,9823	Arthritis	SMAD3
rs1560080	5	116003035	G	A	0,8021	-0,0222	0,0362	0,5400	0,9823	Arthritis	AQPEP
rs974819	11	103789839	T	C	0,6998	0,0197	0,0322	0,5405	0,9823	Migraine	
rs548294	5	153488877	T	C	0,5994	-0,0184	0,0301	0,5414	0,9823	Migraine	
rs6668344	1	236838026	C	T	0,4045	0,0183	0,0300	0,5423	0,9823	Migraine	MTR
rs4663994	2	233982284	C	G	0,3534	0,0188	0,0308	0,5424	0,9823	Migraine	TRPM8
rs3745274	19	41006936	G	T	0,2547	0,0207	0,0340	0,5437	0,9823	Cancer Pain	CYP2B6
rs2070744	7	150992991	C	T	0,5909	0,0182	0,0299	0,5437	0,9823	Neuraxial Pain	NOS3
rs2229741	21	14967968	C	T	0,4220	-0,0180	0,0297	0,5439	0,9823	Migraine	NRIP1
rs3750625	10	111079843	C	A	0,0554	0,0384	0,0634	0,5449	0,9823	Musculoskeletal Pain	ADRA2A
rs1801252	10	114044277	A	G	0,1300	-0,0259	0,0427	0,5449	0,9823	Analgesia	ADRB1
rs302673	2	237886960	A	G	0,6495	-0,0183	0,0303	0,5468	0,9823	Migraine	RAMP1
rs854560	7	95316772	A	T	0,3556	-0,0185	0,0308	0,5471	0,9823	Migraine	PON1
rs7757130	6	112996060	C	A	0,0676	0,0352	0,0587	0,5486	0,9823	Analgesia	LOC105377951
rs8128316	21	34349261	C	T	0,4759	-0,0176	0,0293	0,5494	0,9823	Migraine	
rs806368	6	88140381	T	C	0,2163	0,0207	0,0346	0,5495	0,9823	Migraine	CNR1
rs1678626	10	72066577	T	C	0,5481	0,0179	0,0299	0,5502	0,9823	Neuraxial pain	SPOCK2
rs2562456	19	21483408	C	T	0,7557	-0,0202	0,0339	0,5503	0,9823	Analgesia	
rs11598027	10	18471706	C	T	0,1225	0,0265	0,0444	0,5504	0,9823	Migraine	CACNB2
rs6426929	1	154778513	G	A	0,4939	0,0174	0,0292	0,5510	0,9823	Migraine	KCNN3
rs1042838	11	101062681	C	A	0,1471	0,0243	0,0408	0,5513	0,9823	Migraine	PGR
rs1465040	4	122007101	T	C	0,7210	0,0194	0,0326	0,5517	0,9823	Analgesia	
rs11758298	6	45917961	C	T	0,1373	0,0252	0,0424	0,5521	0,9823	Migraine	LOC105375078
rs909253	6	31572536	A	G	0,2005	-0,0213	0,0360	0,5530	0,9823	Migraine	LOC100287329
rs946188	20	4234669	A	G	0,2608	-0,0193	0,0326	0,5540	0,9823	Temporomandibular Disorder	ADRA1D
rs12138911	1	236813843	T	C	0,1723	-0,0227	0,0384	0,5540	0,9823	Migraine	MTR
rs55933916	21	26966104	C	G	0,2005	0,0213	0,0360	0,5542	0,9823	Neuraxial Pain	ADAMTS5

rs247820	16	84411831	T	C	0,4514	0,0173	0,0292	0,5546	0,9823	Migraine	ATP2C2
rs12229394	12	71999134	G	A	0,2513	-0,0198	0,0335	0,5546	0,9823	Migraine	TPH2
rs3856087	1	181455397	G	A	0,3673	-0,0179	0,0304	0,5556	0,9823	Migraine	CACNA1E
rs7577262	2	233910224	G	A	0,1162	0,0272	0,0462	0,5562	0,9823	Migraine	
rs2779249	17	27801555	C	A	0,3247	-0,0182	0,0310	0,5567	0,9823	Migraine	NOS2
rs361525	6	31575324	G	A	0,0202	0,0616	0,1050	0,5572	0,9823	Other Clinical Pain	
rs179971	6	16362511	C	T	0,7341	-0,0191	0,0326	0,5583	0,9823	Analgesia	ATXN1
rs2363556	1	215158420	G	C	0,7526	-0,0193	0,0329	0,5587	0,9823	Migraine	KCNK2
rs222749	17	3592080	G	A	0,0496	0,0396	0,0677	0,5590	0,9823	Migraine	TRPV1
rs10895275	11	102212877	T	A	0,3408	0,0181	0,0311	0,5606	0,9823	Migraine	YAP1
rs1611131	9	133657065	A	G	0,3007	0,0187	0,0322	0,5615	0,9823	Migraine	DBH-AS1
rs4286289	2	166305201	C	A	0,7273	-0,0191	0,0331	0,5626	0,9823	Analgesia	SCN9A
rs7824175	8	53231614	C	G	0,0897	0,0300	0,0518	0,5629	0,9823	Nociception	OPRK1
rs1443914	13	53343095	T	C	0,5224	0,0170	0,0295	0,5641	0,9823	Other Clinical Pain	
rs72979233	11	74644478	A	G	0,2491	-0,0194	0,0336	0,5643	0,9823	Post-operative pain	POLD3
rs6796803	3	186746318	T	C	0,7450	0,0187	0,0327	0,5676	0,9823	Neuropathic pain	
rs9671371	14	54861917	C	T	0,2842	0,0185	0,0326	0,5695	0,9823	Neuraxial Pain	GCH1
rs887200	22	19976143	C	T	0,8952	0,0268	0,0472	0,5697	0,9823	Nociception	ARVCF
rs7068341	10	16592300	C	T	0,1138	0,0262	0,0461	0,5705	0,9823	Migraine	SUV39H2
rs5443	12	6845711	C	T	0,3177	0,0179	0,0316	0,5716	0,9823	Other Clinical Pain	CDC43
rs806369	6	88146459	T	C	0,6646	-0,0175	0,0310	0,5725	0,9823	Migraine	CNR1
rs2275913	6	52186235	G	A	0,3323	-0,0174	0,0308	0,5729	0,9823	Arthritis	
rs1879234	19	21521677	T	G	0,7635	-0,0194	0,0347	0,5750	0,9823	Analgesia	ZNF429
rs2562408	19	21527079	C	G	0,7635	-0,0194	0,0347	0,5750	0,9823	Analgesia	ZNF429
rs2562466	19	21531402	C	T	0,7635	-0,0194	0,0347	0,5750	0,9823	Analgesia	
rs1420100	2	102420542	C	A	0,5041	-0,0164	0,0293	0,5751	0,9823	Neuraxial Pain	IL18RAP
rs2276008	22	21759747	G	C	0,0416	-0,0403	0,0719	0,5756	0,9823	Temporomandibular Disorder	MAPK1
rs174680	22	19947476	T	C	0,7265	-0,0184	0,0329	0,5758	0,9823	Analgesia	COMT
rs1800629	6	31575254	G	A	0,0788	-0,0298	0,0533	0,5760	0,9823	Migraine	
rs17461905	4	47367048	T	C	0,1245	0,0247	0,0442	0,5761	0,9823	Neuraxial Pain	GABRB1
rs6280	3	114171968	C	T	0,6677	-0,0175	0,0313	0,5764	0,9823	Nociception	DRD3
rs6035355	20	19484445	T	A	0,2914	-0,0179	0,0321	0,5778	0,9823	Migraine	SLC24A3
rs6986153	8	107059816	G	A	0,7790	0,0197	0,0354	0,5778	0,9823	Neuropathic Pain	
rs2066928	5	30843680	A	G	0,5160	-0,0162	0,0292	0,5786	0,9823	Arthritis	RPL19P11
rs4903419	14	76518312	A	G	0,1330	0,0239	0,0431	0,5793	0,9823	Temporomandibular Disorder	ESRRB
rs228648	1	7853370	G	A	0,6009	0,0163	0,0294	0,5793	0,9823	Migraine	UTS2
rs1556905	1	215188249	C	A	0,4356	0,0159	0,0288	0,5801	0,9823	Migraine	KCNK2
rs12996816	2	17863421	C	T	0,1386	0,0232	0,0420	0,5801	0,9823	Migraine	
rs1531554	17	81406747	T	C	0,5350	0,0163	0,0295	0,5803	0,9823	Temporomandibular Disorder	BAHCC1
rs255097	7	30687343	G	A	0,5868	-0,0163	0,0297	0,5830	0,9823	Temporomandibular Disorder	CRHR2
rs1105794	18	6451335	G	A	0,8401	-0,0214	0,0393	0,5858	0,9823	Other Clinical Pain	
rs4479336	18	6451516	C	T	0,8401	-0,0214	0,0393	0,5858	0,9823	Other Clinical Pain	
rs6506387	18	6451940	C	T	0,8401	-0,0214	0,0393	0,5858	0,9823	Other Clinical Pain	
rs4798443	18	6452945	C	T	0,8401	-0,0214	0,0393	0,5858	0,9823	Other Clinical Pain	
rs10282983	8	68678319	C	T	0,2389	-0,0184	0,0339	0,5869	0,9823	Post-operative pain	C8orf34
rs499796	6	154051557	A	G	0,2156	-0,0190	0,0351	0,5874	0,9823	Post-operative Pain	OPRM1

rs419335	1	28825332	A	G	0,3595	0,0162	0,0300	0,5892	0,9823 Analgesia	OPRD1
rs13135092	4	102276925	A	G	0,0771	-0,0296	0,0549	0,5897	0,9823 Other Clinical Pain	SLC39A8
rs7287604	22	199281157	C	T	0,2005	-0,0195	0,0363	0,5910	0,9823 Temporomandibular Disorder	TXNRD2
rs7290448	22	19928416	G	A	0,2005	-0,0195	0,0363	0,5910	0,9823 Temporomandibular Disorder	TXNRD2
rs4380013	15	50467231	G	A	0,2234	0,0188	0,0352	0,5925	0,9823 Arthritis	USP8
rs2097903	7	10642782	A	T	0,4903	0,0155	0,0289	0,5929	0,9823 Fibromyalgia	MGC4859
rs10843013	12	27872263	A	C	0,2071	-0,0190	0,0356	0,5929	0,9823 Post-operative pain	RP11-993B23.1
rs8060725	16	84780547	C	A	0,3004	0,0169	0,0316	0,5933	0,9823 Migraine	
rs11030064	11	27596469	C	T	0,5297	0,0155	0,0290	0,5936	0,9823 Neuraxial pain	BDNF-AS
rs6479874	10	51029595	T	C	0,8634	-0,0232	0,0434	0,5938	0,9823 Migraine	SUV39H2
rs11214796	11	113983957	C	T	0,7812	0,0190	0,0356	0,5940	0,9823 Cancer Pain	HTR3A
rs2963155	5	143376439	A	G	0,2200	0,0186	0,0349	0,5946	0,9823 Temporomandibular Disorder	NR3C1
rs10997517	10	67120045	T	C	0,1429	-0,0216	0,0406	0,5948	0,9823 Migraine	SUV39H2
rs5993883	22	19950115	T	G	0,5571	0,0153	0,0288	0,5951	0,9823 Temporomandibular Disorder	COMT
rs8136867	22	21850504	G	A	0,5727	-0,0156	0,0295	0,5958	0,9823 Cancer Pain	MAPK1
rs12260159	10	98942980	G	A	0,0994	0,0255	0,0480	0,5959	0,9823 Migraine	HPSE2
rs6598163	12	131840694	G	A	0,5000	0,0151	0,0286	0,5969	0,9823 Migraine	MMP17
rs12071912	1	243078312	C	T	0,3333	-0,0160	0,0303	0,5976	0,9823 Other Clinical Pain	LINC01347
rs2367707	4	74382717	A	G	0,7985	-0,0192	0,0365	0,5980	0,9823 Temporomandibular Disorder	REG
rs7894047	10	16803854	A	T	0,0335	-0,0416	0,0796	0,6012	0,9823 Post-operative pain	RSU1
rs12160491	22	37799789	A	G	0,3330	-0,0162	0,0310	0,6018	0,9823 Arthritis, Post-operative pain	H1FO
rs2506142	10	33179196	A	G	0,1940	-0,0193	0,0373	0,6054	0,9823 Migraine	NRP1
rs7532286	1	154778340	C	A	0,4949	0,0151	0,0293	0,6055	0,9823 Migraine	KCNN3
rs5751862	22	24406596	G	A	0,4545	-0,0152	0,0294	0,6063	0,9823 Migraine	ADORA2A-AS1
rs7212908	17	61577232	A	G	0,2154	0,0179	0,0351	0,6100	0,9823 Post-operative pain	NACA2
rs224446	12	50987935	C	T	0,1573	-0,0204	0,0400	0,6105	0,9823 Neuropathic Pain	SLC11A2
rs9646772	2	166306689	A	T	0,6332	-0,0157	0,0309	0,6106	0,9823 Post-operative Pain	SCN9A
rs2151423	9	74791089	A	G	0,4220	-0,0152	0,0298	0,6110	0,9823 Migraine	TRPM6
rs11031005	11	30204809	T	C	0,1422	0,0214	0,0424	0,6131	0,9823 Migraine	ARL14EP-DT
rs11031006	11	30204981	G	A	0,1422	0,0214	0,0424	0,6131	0,9823 Migraine	ARL14EP-DT
rs1321917	9	116562650	G	C	0,4042	0,0150	0,0296	0,6135	0,9823 Post-operative pain	ASTN2
rs2531840	7	34678911	G	A	0,4047	-0,0152	0,0301	0,6138	0,9823 Other Clinical Pain	NPSR1
rs1051312	20	10306440	T	C	0,2703	0,0166	0,0330	0,6150	0,9823 Fibromyalgia	SNAP25
rs1566652	16	55697663	G	T	0,3717	-0,0153	0,0304	0,6155	0,9823 Neuropathic pain	SLC6A2
rs7696139	4	3774521	G	C	0,7611	0,0174	0,0348	0,6164	0,9823 Temporomandibular Disorder	
rs12134493	1	115135325	C	A	0,1045	-0,0237	0,0475	0,6182	0,9823 Migraine	
rs2052692	11	10646094	A	G	0,6619	0,0154	0,0310	0,6183	0,9823 Migraine	IRAG1
rs1518111	1	206771300	T	C	0,7722	-0,0173	0,0347	0,6184	0,9823 Post-operative Pain	IL19
rs1518110	1	206771516	A	C	0,7722	-0,0173	0,0347	0,6184	0,9823 Post-operative Pain	IL19
rs6290	4	47406821	C	T	0,0727	0,0281	0,0565	0,6185	0,9823 Neuraxial Pain	GABRB1
rs4778889	15	81296654	T	C	0,2032	-0,0178	0,0358	0,6185	0,9823 Other Clinical Pain	IL16
rs165728	22	19969500	C	T	0,9597	0,0369	0,0742	0,6191	0,9823 Analgesia	COMT
rs6017486	20	45096238	G	A	0,2817	0,0160	0,0323	0,6192	0,9823 Neuropathic Pain	KCNS1
rs3820571	1	236897133	G	T	0,5946	0,0147	0,0296	0,6205	0,9823 Migraine	MTR
rs1800532	11	18026269	G	T	0,4020	-0,0149	0,0301	0,6209	0,9823 Migraine	TPH1
rs6025	1	169549811	C	T	0,0221	-0,0497	0,1007	0,6215	0,9823 Migraine	F5

rs16909443	11	6171232	T	C	0,0617	-0,0298	0,0608	0,6234	0,9823 Other Clinical Pain	RP11-290F24.3
rs7687621	4	74384109	T	C	0,7980	-0,0179	0,0364	0,6235	0,9823 Temporomandibular Disorder	EREG
rs2650825	19	21516423	C	T	0,7640	-0,0170	0,0346	0,6240	0,9823 Analgesia	ZNF429
rs7287550	22	19944453	T	C	0,2739	0,0160	0,0328	0,6254	0,9823 Analgesia	COMT
rs9396861	6	18403902	C	A	0,5751	-0,0142	0,0292	0,6267	0,9823 Arthritis	RNF144B
rs9851381	3	142803548	G	A	0,1736	-0,0187	0,0386	0,6277	0,9823 Migraine	TRPC1
rs12435797	14	73330961	G	T	0,2555	0,0160	0,0332	0,6294	0,9823 Other Clinical Pain	NUMB
rs12875271	13	110140396	A	G	0,1045	0,0232	0,0482	0,6300	0,9823 Migraine	
rs3771501	2	70490521	A	G	0,5105	0,0142	0,0294	0,6301	0,9823 Arthritis	TGFA
rs2672596	10	122467277	G	A	0,2292	0,0168	0,0350	0,6305	0,9823 Neuraxial pain	HTRA1
rs4141964	1	46399368	T	C	0,6524	-0,0146	0,0305	0,6317	0,9823 Nociception	FAAH
rs165774	22	19965038	G	A	0,3221	-0,0151	0,0316	0,6322	0,9823 Nociception, Temporomandibular Disorder, Cancer P	COMT
rs7958311	12	121167552	G	A	0,2713	0,0156	0,0326	0,6332	0,9823 Musculoskeletal Pain	LOC105370032
rs6967334	7	82432452	G	C	0,3634	0,0144	0,0301	0,6333	0,9823 Temporomandibular Disorder	CACNA2D1
rs11030104	11	27662970	A	G	0,2270	-0,0167	0,0352	0,6346	0,9823 Neuraxial pain	BDNF-AS
rs10483639	14	54839739	G	C	0,1974	0,0175	0,0368	0,6350	0,9823 Nociception	
rs7943316	11	34438925	A	T	0,6650	0,0146	0,0312	0,6391	0,9823 Migraine	
rs12060570	1	236825769	G	C	0,4020	0,0141	0,0300	0,6394	0,9823 Migraine	MTR
rs1806505	1	236833275	C	T	0,4020	0,0141	0,0300	0,6394	0,9823 Migraine	MTR
rs7767143	6	151774559	A	G	0,1830	0,0174	0,0373	0,6414	0,9823 Migraine	ESR1
rs4663	12	76060186	G	A	0,5902	-0,0135	0,0293	0,6442	0,9823 Neuropathic pain	COMT
rs2267730	7	31083015	C	T	0,4655	0,0135	0,0293	0,6456	0,9823 Migraine	ADCYAP1R1
rs13075921	3	149197841	T	C	0,0975	-0,0232	0,0506	0,6470	0,9823 Neuropathic Pain	CP
rs2069762	4	122456825	A	C	0,3204	-0,0143	0,0313	0,6472	0,9823 Neuraxial pain	
rs10767664	11	27704439	T	A	0,7640	0,0158	0,0348	0,6494	0,9823 Neuraxial pain	BDNF
rs72663521	1	39540231	G	A	0,1804	-0,0171	0,0377	0,6502	0,9823 Migraine	
rs6073643	20	45099429	T	C	0,2834	0,0146	0,0323	0,6507	0,9823 Neuropathic Pain	KCNS1
rs10824456	10	76855700	C	G	0,3673	-0,0132	0,0293	0,6511	0,9823 Post-operative pain	KCNMA1
rs1893047	11	69811704	A	G	0,5248	-0,0133	0,0293	0,6512	0,9823 Temporomandibular disorders	FGF3
rs4941573	13	46890722	A	G	0,4531	-0,0133	0,0294	0,6517	0,9823 Cancer Pain	HTR2A
rs1491850	11	27728178	T	C	0,4239	-0,0135	0,0299	0,6524	0,9823 Post-operative Pain	
rs758275	2	233929375	A	G	0,2010	0,0166	0,0369	0,6525	0,9823 Migraine	TRPM8
rs1979277	17	18328782	G	A	0,2854	0,0147	0,0328	0,6534	0,9823 Temporomandibular Disorder	SHMT1
rs4909945	11	10652192	T	C	0,6653	0,0139	0,0310	0,6535	0,9823 Migraine	SUV39H2
rs1072198	7	120687295	C	T	0,6796	-0,0139	0,0310	0,6539	0,9823 Post-operative Pain	KCND2
rs6295	5	63962738	C	G	0,5005	-0,0133	0,0296	0,6541	0,9823 Migraine	
rs1042615	12	63150429	A	G	0,5768	0,0133	0,0297	0,6544	0,9823 Nociception	AVPR1A
rs10046	15	51210789	G	A	0,5090	0,0131	0,0293	0,6548	0,9823 Migraine	CYP19A1
rs40184	5	1394962	C	T	0,4810	-0,0128	0,0293	0,6608	0,9823 Migraine	SLC6A3
rs1800797	7	22726602	A	G	0,6305	0,0130	0,0296	0,6613	0,9823 Neuraxial Pain	IL6-AS1
rs7734804	5	164919530	G	T	0,0221	-0,0420	0,0964	0,6631	0,9823 Neuropathic Pain	LOC105377703
rs3756612	5	111367789	A	G	0,2042	-0,0159	0,0365	0,6637	0,9823 Temporomandibular Disorder	CAMK4
rs28865059	3	137968557	G	C	0,1101	-0,0204	0,0470	0,6639	0,9823 Temporomandibular disorders	
rs13078961	3	137968843	G	C	0,1101	-0,0204	0,0470	0,6639	0,9823 Temporomandibular disorders	
rs2884129	10	17543150	T	G	0,2056	0,0158	0,0364	0,6642	0,9823 Analgesia	
rs2236742	14	24575924	C	T	0,1655	-0,0172	0,0396	0,6643	0,9823 Post-operative Pain	CTSG

rs2070995	21	37714662	T	C	0,7922	-0,0160	0,0368	0,6647	0,9823 Analgesia	KCNJ6
rs4792311	17	13011692	G	A	0,3048	-0,0136	0,0315	0,6651	0,9823 Fibromyalgia	ELAC2
rs11858956	15	69968889	T	C	0,6801	-0,0136	0,0313	0,6652	0,9823 Migraine	
rs1327123	1	184045459	G	C	0,3245	0,0135	0,0313	0,6663	0,9823 Post-operative pain	TSEN15
rs1976423	5	104706942	A	C	0,4650	0,0129	0,0299	0,6664	0,9823 Other Clinical Pain	LOC105379109
rs1332844	6	12888772	C	T	0,6152	-0,0128	0,0297	0,6672	0,9823 Migraine	PHACTR1
rs11871043	17	45095481	T	C	0,5535	0,0127	0,0297	0,6681	0,9823 Other Clinical Pain	NMT1
rs10974438	9	4291928	A	C	0,3802	-0,0130	0,0304	0,6690	0,9823 Arthritis	GLIS3
rs9544636	13	77925434	C	T	0,0933	0,0214	0,0502	0,6698	0,9823 Migraine	EDNRB
rs1561836	5	22794548	A	G	0,1254	0,0189	0,0446	0,6712	0,9823 Migraine	CDH12
rs985933	13	46881728	A	G	0,6247	0,0130	0,0307	0,6715	0,9823 Musculoskeletal Pain	HTR2A
rs1049353	6	88143916	C	T	0,2426	-0,0142	0,0335	0,6720	0,9823 Migraine	CNR1
rs8659	5	7900720	T	A	0,6417	-0,0129	0,0305	0,6728	0,9823 Migraine	MTRR
rs10502966	18	53222129	A	G	0,4336	0,0123	0,0292	0,6734	0,9823 Neuraxial pain	DCC
rs4384683	18	52852662	G	A	0,5321	0,0122	0,0290	0,6743	0,9823 Neuraxial pain	DCC
rs4818	22	19963684	C	G	0,4203	0,0124	0,0295	0,6747	0,9823 Nociception, Temporomandibular Disorder, Fibromya	COMT
rs2095019	6	169164779	A	C	0,8055	-0,0153	0,0366	0,6760	0,9823 Neuraxial Pain	
rs72760655	9	114153934	C	A	0,3019	-0,0131	0,0313	0,6762	0,9823 Arthritis	COL27A1
rs17171710	7	40400634	C	T	0,0994	-0,0206	0,0493	0,6771	0,9823 Migraine	SUGCT
rs7639403	3	142795831	C	T	0,1915	-0,0153	0,0368	0,6774	0,9823 Migraine	TRPC1
rs9349379	6	12903725	A	G	0,3933	-0,0122	0,0294	0,6792	0,9823 Migraine	PHACTR1
rs4646312	22	19960814	T	C	0,4208	0,0122	0,0295	0,6800	0,9823 Nociception	COMT
rs3766246	1	46399999	A	G	0,6526	-0,0126	0,0305	0,6800	0,9823 Nociception	FAAH
rs4845663	1	154719612	T	C	0,4110	0,0122	0,0296	0,6801	0,9823 Migraine	KCNN3
rs841	14	54843774	G	A	0,1959	0,0151	0,0369	0,6820	0,9823 Fibromyalgia	GCH1
rs752688	14	54844851	C	T	0,1959	0,0151	0,0369	0,6820	0,9823 Neuraxial Pain	GCH1
rs4411417	14	54853845	T	C	0,1959	0,0151	0,0369	0,6820	0,9823 Neuraxial Pain	GCH1
rs4803455	19	41345604	C	A	0,4652	0,0121	0,0295	0,6822	0,9823 Migraine	SUV39H2
rs1129235	17	16422691	A	C	0,3845	-0,0124	0,0304	0,6831	0,9823 Fibromyalgia	TRPV2
rs17862920	2	233919350	C	T	0,1150	0,0189	0,0464	0,6841	0,9823 Migraine	TRPM8
rs34195470	16	69921787	A	G	0,5771	-0,0118	0,0290	0,6845	0,9823 Arthritis	WWP2
rs2069885	5	135892476	G	A	0,1356	-0,0173	0,0426	0,6846	0,9823 Migraine	IL9
rs12073221	1	181444938	G	C	0,3585	-0,0123	0,0306	0,6884	0,9823 Migraine	CACNA1E
rs11759769	6	96617336	G	A	0,2421	0,0138	0,0345	0,6889	0,9823 Migraine	FHL5
rs11906854	20	35795712	A	G	0,0754	-0,0221	0,0554	0,6893	0,9823 Migraine	SUV39H2
rs4645978	1	15525539	C	T	0,5318	-0,0115	0,0289	0,6897	0,9823 Neuraxial Pain	
rs1271309	12	124336159	A	G	0,8379	0,0158	0,0397	0,6898	0,9823 Migraine	NCOR2
rs10490825	3	130977539	G	A	0,1167	-0,0179	0,0451	0,6905	0,9823 Musculoskeletal Pain	ATP2C1
rs7574878	2	154750636	T	G	0,4857	-0,0118	0,0297	0,6907	0,9823 Cancer Pain	KCNJ3
rs6790925	3	30438593	C	T	0,3724	-0,0120	0,0304	0,6925	0,9823 Migraine	LOC101927995
rs973009	19	38683692	G	A	0,8678	-0,0171	0,0432	0,6930	0,9823 Migraine	SUV39H2
rs2230365	6	31557671	C	T	0,0732	-0,0223	0,0567	0,6939	0,9823 Neuropathic Pain	LOC100287329
rs1050993	1	236899005	A	G	0,5980	0,0116	0,0297	0,6955	0,9823 Migraine	MTR
rs1571138	1	46429969	A	G	0,8230	0,0147	0,0378	0,6967	0,9823 Nociception	
rs9862	22	32857293	T	C	0,5007	0,0115	0,0297	0,6979	0,9823 Neuraxial Pain, Migraine	SYN3
rs62053992	16	72355973	A	G	0,1449	-0,0165	0,0427	0,6994	0,9823 Musculoskeletal pain	LINC01572

rs5275	1	186673926	A	G	0,3447	-0,0120	0,0311	0,7005	0,9823 Cancer Pain	PTGS2
rs932816	1	46394077	G	A	0,2929	-0,0125	0,0325	0,7006	0,9823 Nociception	
rs8121	17	16422654	A	G	0,3850	-0,0117	0,0304	0,7010	0,9823 Fibromyalgia	TRPV2
rs11726563	4	46821617	A	C	0,1189	-0,0173	0,0451	0,7013	0,9823 Migraine	SUV39H2
rs6449693	5	63960191	G	A	0,5024	-0,0113	0,0296	0,7016	0,9823 Cancer Pain	HTR1A
rs10802569	1	236892005	G	C	0,5933	0,0112	0,0296	0,7051	0,9823 Migraine	MTR
rs2239393	22	19962905	A	G	0,4273	0,0111	0,0295	0,7054	0,9823 Analgesia	COMT
rs2295633	1	46408711	A	G	0,6607	-0,0116	0,0307	0,7067	0,9823 Nociception	FAAH
rs62578126	9	126613059	C	T	0,3743	0,0112	0,0299	0,7087	0,9823 Post-operative pain	RP11-123K19.1
rs378363	9	9020223	T	C	0,2368	-0,0130	0,0349	0,7088	0,9823 Migraine	SUV39H2
rs161393	17	3586220	T	C	0,3632	-0,0114	0,0305	0,7091	0,9823 Migraine	TRPV1
rs12308843	12	23821470	G	C	0,2173	-0,0132	0,0354	0,7103	0,9823 Neuraxial pain	SOX5
rs9908234	17	49499986	A	G	0,0705	0,0211	0,0570	0,7105	0,9823 Migraine	NGFR
rs7016778	8	53237545	A	T	0,1213	0,0165	0,0447	0,7111	0,9823 Nociception	OPRK1
rs17110477	12	71950083	T	A	0,2256	-0,0128	0,0347	0,7131	0,9823 Migraine	TPH2
rs10495386	1	236869508	G	A	0,0231	0,0358	0,0976	0,7133	0,9823 Migraine	MTR
rs7739181	6	12934455	G	A	0,3474	-0,0111	0,0303	0,7134	0,9823 Migraine	PHACTR1
rs2386584	15	90996342	T	G	0,4001	0,0109	0,0297	0,7143	0,9823 Other Clinical Pain	
rs881	2	75049302	C	G	0,1680	-0,0143	0,0391	0,7150	0,9823 Other Clinical Pain	TACR1
rs4379368	7	40426601	C	T	0,0997	-0,0180	0,0493	0,7157	0,9823 Migraine	SUGCT
rs9608416	22	25715051	G	A	0,6021	0,0111	0,0306	0,7166	0,9823 Neuropathic pain, Cancer Pain	GRK3
rs1364402	7	136899616	T	C	0,0877	0,0186	0,0512	0,7172	0,9823 Migraine	SUV39H2
rs2808772	9	114151514	A	G	0,4781	-0,0103	0,0286	0,7178	0,9823 Musculoskeletal pain	LOC105376225
rs7953280	12	93742233	G	C	0,4752	0,0105	0,0292	0,7196	0,9823 Arthritis	CRADD
rs13208321	6	96412478	A	G	0,7613	-0,0124	0,0346	0,7206	0,9823 Migraine	UFL1-AS1
rs10459710	15	93137328	C	T	0,1940	0,0130	0,0364	0,7217	0,9823 Post-operative pain	LOC101927025
rs3816527	3	157437525	C	A	0,5654	-0,0104	0,0294	0,7226	0,9823 Migraine	VEPH1
rs6313	13	46895805	G	A	0,4560	-0,0104	0,0293	0,7230	0,9823 Fibromyalgia	HTR2A
rs1985242	11	113977551	A	T	0,6825	-0,0111	0,0316	0,7255	0,9823 Cancer Pain	HTR3A
rs2327621	6	12922457	G	A	0,6437	0,0106	0,0304	0,7259	0,9823 Migraine	PHACTR1
rs162036	5	7885846	A	G	0,1174	0,0158	0,0452	0,7274	0,9823 Migraine	MTRR
rs224222	16	3254463	C	T	0,2645	-0,0113	0,0326	0,7289	0,9823 Fibromyalgia	MEFV
rs9371601	6	152469438	G	T	0,3583	0,0105	0,0304	0,7290	0,9823 Migraine	SYNE1
rs12454023	18	58342372	C	T	0,4842	0,0100	0,0291	0,7313	0,9823 Migraine	SUV39H2
rs2860174	19	7130707	A	T	0,1750	-0,0133	0,0388	0,7328	0,9823 Migraine	INSR
rs12209223	6	75454873	C	A	0,0919	-0,0172	0,0503	0,7330	0,9823 Arthritis	FILIP1
rs917997	2	102454108	T	C	0,7868	-0,0121	0,0355	0,7335	0,9823 Neuraxial Pain	IL18RAP
rs10504152	8	53217555	G	A	0,1356	0,0142	0,0418	0,7336	0,9823 Musculoskeletal Pain	LOC105375836
rs3745367	19	7669625	G	A	0,2270	0,0116	0,0341	0,7349	0,9823 Post-operative pain	RETN
rs324420	1	46405089	C	A	0,1770	-0,0128	0,0378	0,7356	0,9823 Analgesia	FAAH
rs10456100	6	39215694	C	T	0,2795	0,0110	0,0327	0,7357	0,9823 Migraine	KCNK5
rs12465950	2	233990798	C	T	0,3131	0,0108	0,0320	0,7361	0,9823 Migraine	TRPM8
rs2282652	11	102226584	T	C	0,3403	0,0104	0,0310	0,7363	0,9823 Migraine	YAP1
rs8004445	14	54883948	G	T	0,1113	0,0154	0,0461	0,7377	0,9823 Neuraxial Pain	GCH1
rs2391333	13	106514346	C	T	0,3734	0,0101	0,0301	0,7378	0,9823 Neuraxial Pain	EFNB2
rs2228480	6	152098960	G	A	0,1539	0,0135	0,0402	0,7382	0,9823 Migraine	ESR1

rs7975232	12	47845054	C	A	0,5527	-0,0096	0,0289	0,7390	0,9823 Neuraxial Pain	VDR
rs17857135	17	80288362	T	C	0,1461	0,0138	0,0414	0,7390	0,9823 Migraine	RNF213
rs11627241	14	94319114	T	C	0,7484	-0,0109	0,0328	0,7399	0,9823 Musculoskeletal Pain	SERPINA6
rs6791480	3	30439067	C	T	0,3041	-0,0105	0,0317	0,7406	0,9823 Migraine	LOC101927995
rs1491985	3	49702074	G	C	0,7866	-0,0117	0,0353	0,7406	0,9823 Musculoskeletal Pain	RNF123
rs7628207	3	49717537	T	C	0,7866	-0,0117	0,0353	0,7406	0,9823 Musculoskeletal Pain	AMIGO3
rs1146161	1	115116155	A	C	0,8403	0,0130	0,0396	0,7422	0,9823 Migraine	
rs34560402	11	67104849	C	T	0,0561	-0,0205	0,0628	0,7440	0,9823 Arthritis	KDM2A
rs13043825	20	45098514	C	T	0,2803	0,0106	0,0324	0,7445	0,9823 Neuropathic Pain	KCNS1
rs1553005	11	14972944	G	C	0,3187	0,0102	0,0312	0,7446	0,9823 Migraine	
rs3781719	11	14972978	A	G	0,3187	0,0102	0,0312	0,7446	0,9823 Migraine	
rs1712517	10	103273258	C	T	0,5265	-0,0096	0,0297	0,7465	0,9823 Migraine	
rs10925235	1	236799475	T	C	0,6004	-0,0096	0,0297	0,7469	0,9823 Migraine	MTR
rs2835859	21	37645860	T	C	0,0814	0,0166	0,0522	0,7503	0,9823 Analgesia	KCNJ6
rs11713183	3	7036492	T	C	0,5421	-0,0093	0,0293	0,7509	0,9823 Migraine	GRM7
rs400824	8	80445467	C	T	0,3238	-0,0099	0,0313	0,7513	0,9823 Migraine	SUV39H2
rs28455731	6	121524892	G	T	0,1590	-0,0128	0,0403	0,7515	0,9823 Migraine	
rs210993	5	162192498	G	A	0,3607	-0,0097	0,0305	0,7515	0,9823 Migraine	
rs16022	19	13298882	C	G	0,1641	-0,0124	0,0395	0,7528	0,9823 Migraine	CACNA1A
rs4646310	22	19941283	G	A	0,1974	-0,0115	0,0364	0,7529	0,9823 Temporomandibular Disorder	TXNRD2
rs222741	17	3605586	G	A	0,7353	0,0104	0,0330	0,7530	0,9823 Migraine	TRPV1
rs4822492	22	24447626	C	G	0,5452	-0,0092	0,0294	0,7535	0,9823 Migraine	ADORA2A-AS1
rs4903399	14	76308859	C	T	0,2018	0,0114	0,0364	0,7539	0,9823 Temporomandibular Disorder	ESRRB
rs174699	22	19966935	C	T	0,9579	0,0224	0,0720	0,7555	0,9823 Analgesia	COMT
rs467323	12	49955982	C	T	0,7086	0,0099	0,0318	0,7556	0,9823 Temporomandibular disorders	AQP5-AS1
rs2770298	13	46872712	C	T	0,7168	-0,0102	0,0329	0,7567	0,9823 Cancer Pain	HTR2A
rs2622873	1	103000497	T	C	0,1281	-0,0135	0,0435	0,7568	0,9823 Arthritis	COL11A1
rs4766311	12	4913272	C	T	0,5005	-0,0091	0,0293	0,7570	0,9823 Post-operative Pain	KCNA1
rs3787535	20	62722169	G	A	0,2951	0,0098	0,0317	0,7581	0,9823 Temporomandibular Disorder	NTSR1
rs7492600	14	54870157	G	T	0,1116	0,0141	0,0461	0,7600	0,9823 Neuraxial Pain	GCH1
rs12147422	14	54877297	T	C	0,1116	0,0141	0,0461	0,7600	0,9823 Neuraxial Pain	GCH1
rs1800872	1	206773062	T	G	0,7547	-0,0103	0,0340	0,7612	0,9823 Neuraxial pain	IL19
rs1800871	1	206773289	A	G	0,7547	-0,0103	0,0340	0,7612	0,9823 Neuraxial pain	IL19
rs927544	13	46881916	G	A	0,7297	0,0101	0,0334	0,7622	0,9823 Musculoskeletal Pain	HTR2A
rs2718796	3	133760356	G	C	0,9672	-0,0251	0,0830	0,7626	0,9823 Neuropathic Pain	TF
rs17641121	2	154809240	T	C	0,3420	-0,0093	0,0307	0,7633	0,9823 Post-operative Pain	KCNJ3
rs6425412	1	177104591	A	G	0,0537	-0,0195	0,0649	0,7637	0,9823 Migraine	ASTN1
rs6758653	2	234004155	G	A	0,3384	0,0093	0,0308	0,7637	0,9823 Migraine	TRPM8
rs2971603	6	96587542	C	T	0,2465	0,0103	0,0344	0,7642	0,9823 Migraine	FHL5
rs3816893	3	149209924	A	T	0,0960	-0,0151	0,0507	0,7661	0,9823 Neuropathic Pain	CP
rs73581580	9	137357006	G	A	0,1099	0,0136	0,0458	0,7661	0,9823 Musculoskeletal pain	EXD3
rs7767277	6	32885265	C	A	0,0462	0,0207	0,0701	0,7674	0,9823 Neuraxial Pain	
rs1799971	6	154039662	A	G	0,1393	-0,0124	0,0422	0,7687	0,9823 Analgesia	OPRM1
rs806366	6	88137870	C	T	0,4733	0,0084	0,0285	0,7693	0,9823 Migraine	CNR1
rs2983896	6	96581995	G	A	0,2397	0,0101	0,0347	0,7707	0,9823 Migraine	FHL5
rs41268673	2	166284599	G	T	0,0338	0,0235	0,0808	0,7708	0,9823 Nociception	SCN1A-AS1

rs1080519	2	237907559	C	T	0,2346	0,0101	0,0349	0,7729	0,9823	Migraine	RAMP1
rs6269	22	19962429	A	G	0,4276	0,0085	0,0295	0,7730	0,9823	Nociception, Temporomandibular Disorder, Fibromya	COMT
rs62182810	2	203522759	G	A	0,5627	0,0084	0,0290	0,7731	0,9823	Arthritis	RAPH1
rs7079024	10	3403476	C	T	0,6060	-0,0086	0,0297	0,7732	0,9823	Migraine	LOC105376360
rs2591172	2	154765665	T	G	0,3138	0,0090	0,0314	0,7734	0,9823	Cancer Pain	KCNJ3
rs9475400	6	55773460	C	T	0,1084	-0,0135	0,0470	0,7735	0,9823	Post-operative pain	BMP5
rs12619987	2	166301463	G	A	0,1104	0,0133	0,0463	0,7739	0,9823	Post-operative Pain	SCN1A-AS1
rs5751876	22	24441333	T	C	0,5676	-0,0085	0,0295	0,7741	0,9823	Migraine	ADORA2A-AS1
rs403636	5	1438239	A	C	0,8576	0,0120	0,0419	0,7744	0,9823	Neuropathic pain	SLC6A3
rs2297518	17	27769571	G	A	0,2110	0,0102	0,0358	0,7761	0,9823	Migraine	NOS2
rs4129256	6	132623858	G	A	0,2166	-0,0101	0,0355	0,7772	0,9823	Fibromyalgia	TAAR2
rs7800170	7	136939573	C	A	0,4871	-0,0082	0,0289	0,7773	0,9823	Temporomandibular Disorder	CHRM2
rs12995382	2	154775781	T	C	0,3872	-0,0085	0,0303	0,7779	0,9823	Post-operative Pain	KCNJ3
rs1800587	2	112785383	G	A	0,2895	-0,0092	0,0327	0,7781	0,9823	Migraine	
rs227732	17	56692529	C	T	0,2603	-0,0095	0,0339	0,7782	0,9823	Post-operative pain	NOG
rs2187689	6	32884870	T	C	0,0462	0,0197	0,0701	0,7783	0,9823	Neuraxial Pain	
rs10930214	2	166249343	C	G	0,7022	-0,0090	0,0323	0,7802	0,9823	Arthritis	SCN1A-AS1
rs9324918	5	143387595	T	C	0,1327	-0,0119	0,0425	0,7803	0,9823	Temporomandibular Disorder	NR3C1
rs2329047	13	77927515	T	G	0,6441	-0,0085	0,0307	0,7804	0,9823	Migraine	EDNRB
rs1420106	2	102418584	A	G	0,7856	-0,0099	0,0357	0,7805	0,9823	Neuraxial Pain	IL18RAP
rs7932320	11	69810743	T	C	0,4891	0,0080	0,0292	0,7833	0,9823	Temporomandibular disorders	FGF3
rs4776783	15	66369769	A	G	0,1461	0,0114	0,0415	0,7842	0,9823	Temporomandibular Disorder	TIPIN
rs10914731	1	33469223	A	G	0,1463	-0,0112	0,0412	0,7855	0,9823	Neuropathic Pain	
rs10485171	6	88133671	A	G	0,4084	-0,0079	0,0292	0,7874	0,9823	Fibromyalgia	
rs35737760	1	181732663	T	A	0,1381	0,0114	0,0424	0,7881	0,9823	Migraine	CACNA1E
rs36017	16	55684906	G	C	0,4730	-0,0079	0,0295	0,7886	0,9823	Cancer Pain	SLC6A2
rs1800796	7	22726627	G	C	0,0625	-0,0160	0,0599	0,7896	0,9823	Neuraxial Pain	IL6-AS1
rs2206593	1	186673297	A	G	0,9295	-0,0149	0,0560	0,7905	0,9823	Other Clinical Pain	PTGS2
rs2910576	5	58236921	A	T	0,7905	-0,0094	0,0353	0,7906	0,9823	Neuraxial pain	
rs17740111	16	84373822	G	C	0,1833	0,0099	0,0374	0,7911	0,9823	Migraine	ATP2C2
rs10795033	10	3404880	C	T	0,6062	-0,0078	0,0297	0,7929	0,9823	Migraine	LOC105376360
rs6311	13	46897343	C	T	0,4555	-0,0076	0,0293	0,7945	0,9823	Other Clinical Pain	HTR2A
rs7223530	17	3565158	G	C	0,3126	0,0082	0,0315	0,7948	0,9823	Migraine	TRPV1
rs705162	10	123492159	G	A	0,2890	0,0083	0,0321	0,7955	0,9823	Migraine	SUV39H2
rs6296	6	77462543	C	G	0,2594	-0,0085	0,0329	0,7957	0,9823	Migraine	LOC105377864
rs7718446	5	146369972	A	G	0,2773	-0,0084	0,0326	0,7958	0,9823	Migraine	SUV39H2
rs2545457	8	139649042	G	A	0,6215	-0,0077	0,0300	0,7976	0,9823	Post-operative Pain	KCNK9
rs2234693	6	151842200	T	C	0,4443	0,0076	0,0298	0,7990	0,9823	Temporomandibular Disorder	ESR1
rs11729628	4	120663127	G	T	0,2353	0,0089	0,0349	0,7991	0,9823	Arthritis	RP11-501E14.1
rs2856836	2	112774506	A	G	0,2897	-0,0083	0,0327	0,8002	0,9823	Neuraxial Pain	IL1A
rs1304037	2	112774659	T	C	0,2897	-0,0083	0,0327	0,8002	0,9823	Neuraxial Pain	IL1A
rs2071375	2	112777861	C	T	0,2897	-0,0083	0,0327	0,8002	0,9823	Neuraxial Pain	IL18RAP
rs17561	2	112779646	C	A	0,2897	-0,0083	0,0327	0,8002	0,9823	Neuraxial Pain	IL1A
rs1218551	1	154828697	C	T	0,6587	0,0078	0,0310	0,8016	0,9823	Migraine	KCNN3
rs197422	1	111774890	C	A	0,3790	-0,0074	0,0295	0,8018	0,9823	Other Clinical Pain	KCND3
rs3761422	22	24430704	T	C	0,5719	-0,0074	0,0295	0,8018	0,9823	Migraine	ADORA2A-AS1

rs6517442	21	37917643	C	T	0,6612	0,0077	0,0313	0,8047	0,9848	Post-operative pain	
rs6693567	1	150538184	C	T	0,7343	-0,0081	0,0332	0,8072	0,9853	Migraine	
rs11636768	15	87152280	G	A	0,1658	-0,0095	0,0390	0,8080	0,9853	Migraine	LOC105370955
rs4233367	1	161193247	T	C	0,6040	-0,0071	0,0297	0,8099	0,9853	Neuraxial Pain	ADAMTS4
rs208294	12	121162450	T	C	0,5530	-0,0071	0,0295	0,8100	0,9853	Post-operative Pain	LOC105370032
rs11624776	14	93129246	A	C	0,3352	0,0073	0,0308	0,8126	0,9853	Migraine	
rs8192619	6	132645209	G	A	0,0493	-0,0158	0,0668	0,8127	0,9853	Fibromyalgia	TAAR1
rs7427106	3	38637010	C	G	0,1517	-0,0095	0,0401	0,8129	0,9853	Migraine	SCN5A
rs2070037	13	46892935	T	C	0,2144	0,0086	0,0363	0,8135	0,9853	Musculoskeletal Pain	HTR2A
rs71647933	1	33480000	A	G	0,1468	-0,0096	0,0410	0,8146	0,9853	Neuropathic Pain	ZSCAN20
rs5993882	22	19950010	T	G	0,2351	0,0079	0,0342	0,8169	0,9853	Temporomandibular Disorder, Cancer Pain	COMT
rs6961071	7	156182007	A	G	0,5357	-0,0068	0,0293	0,8169	0,9853	Analgesia	
rs1487275	12	72016512	C	A	0,7161	0,0076	0,0329	0,8172	0,9853	Migraine	TPH2
rs61883178	11	16296233	C	A	0,1903	0,0084	0,0366	0,8178	0,9853	Other Clinical Pain	SOX6
rs1145324	15	90462133	A	G	0,0440	-0,0164	0,0719	0,8191	0,9853	Post-operative pain	IQGAP1
rs6928	22	21760715	C	G	0,5552	-0,0066	0,0292	0,8206	0,9853	Temporomandibular Disorder	MAPK1
rs1800497	11	113400106	G	A	0,1716	-0,0088	0,0387	0,8209	0,9853	Migraine	ANKK1
rs6741923	2	237890564	C	G	0,7039	-0,0072	0,0317	0,8210	0,9853	Migraine	RAMP1
rs746530	14	94330956	A	G	0,6711	-0,0069	0,0307	0,8214	0,9853	Musculoskeletal Pain	
rs2336244	1	33477789	G	C	0,1373	-0,0095	0,0421	0,8222	0,9853	Neuropathic Pain	ZSCAN20
rs10903399	10	1181928	T	C	0,3128	-0,0070	0,0314	0,8234	0,9853	Migraine	ADARB2
rs1046914	10	1182266	T	C	0,3128	-0,0070	0,0314	0,8234	0,9853	Migraine	ADARB2
rs1514185	1	60719084	C	T	0,6582	-0,0068	0,0305	0,8236	0,9853	Post-operative pain	LOC101926964
rs1042717	5	148827083	G	A	0,2010	-0,0080	0,0362	0,8258	0,9869	Temporomandibular Disorder	ADRB2
rs2032582	7	87531302	A	C	0,5508	0,0064	0,0295	0,8268	0,9871	Analgesia	ABCB1
rs11588154	1	54836263	T	G	0,8226	-0,0084	0,0386	0,8278	0,9871	Arthritis	C1orf177
rs9381462	6	12873543	A	G	0,5017	-0,0062	0,0290	0,8307	0,9871	Migraine	PHACTR1
rs2952768	2	207629510	T	C	0,3408	0,0065	0,0304	0,8317	0,9871	Analgesia	
rs2956	11	14967575	T	A	0,3126	0,0066	0,0313	0,8319	0,9871	Migraine	CALCA
rs8080108	17	49436349	T	C	0,2883	0,0067	0,0320	0,8335	0,9871	Migraine	
rs4652898	1	33475090	A	C	0,1478	-0,0086	0,0408	0,8338	0,9871	Neuropathic Pain	ZSCAN20
rs2287037	2	102362568	C	T	0,4071	0,0062	0,0296	0,8338	0,9871	Neuraxial Pain	IL18RAP
rs1229984	4	99318162	T	C	0,9404	0,0124	0,0603	0,8365	0,9871	Migraine	ADH1B
rs25531	17	30237328	T	C	0,0564	0,0129	0,0627	0,8371	0,9871	Analgesia	LOC105371720
rs2020917	22	19941361	C	T	0,3119	0,0065	0,0315	0,8373	0,9871	Musculoskeletal Pain	COMT
rs1386486	12	72018440	A	G	0,6420	0,0063	0,0310	0,8379	0,9871	Migraine	TPH2
rs2835914	21	37726547	G	C	0,3109	-0,0065	0,0320	0,8388	0,9871	Cancer Pain	KCNJ6
rs2605100	1	219470882	A	G	0,7052	0,0067	0,0328	0,8390	0,9871	Post-operative pain	RP11-95P13.1
rs62281806	3	172244356	C	T	0,1298	-0,0088	0,0436	0,8393	0,9871	Post-operative pain	FNDC3B
rs79220007	6	26098246	T	C	0,0384	0,0150	0,0760	0,8436	0,9871	Arthritis	HFE
rs2069718	12	68156382	A	G	0,6113	0,0059	0,0302	0,8450	0,9871	Neuraxial Pain	IFNG
rs6546952	2	75074636	C	T	0,5231	-0,0058	0,0300	0,8460	0,9871	Nociception	TACR1
rs3922843	3	38582852	A	G	0,7569	-0,0066	0,0343	0,8467	0,9871	Migraine	SCN5A
rs35430524	15	88855322	C	A	0,1077	-0,0092	0,0474	0,8469	0,9871	Neuraxial Pain	ACAN
rs1865442	8	68661930	C	T	0,1796	0,0074	0,0383	0,8472	0,9871	Neuraxial pain	C8orf34
rs79895530	9	107654141	C	T	0,1376	0,0080	0,0418	0,8474	0,9871	Arthritis	RNU6-996P

rs2183080	14	54902268	G	C	0,1045	0,0090	0,0470	0,8479	0,9871 Neuraxial Pain	GCH1
rs1875999	5	76969157	T	C	0,3666	-0,0058	0,0303	0,8485	0,9871 Musculoskeletal Pain	CRHBP
rs7967762	12	48026431	C	T	0,1616	-0,0074	0,0388	0,8489	0,9871 Arthritis	RP1-228P16.4
rs10842226	12	23806655	G	A	0,4020	0,0057	0,0301	0,8490	0,9871 Arthritis	SOX5
rs4804217	19	7634461	C	T	0,3537	-0,0057	0,0301	0,8501	0,9871 Neuropathic pain	PCP2
rs2069705	12	68161231	G	A	0,6998	0,0060	0,0320	0,8505	0,9871 Neuraxial Pain	
rs2076054	22	32436887	C	T	0,7654	-0,0065	0,0349	0,8518	0,9871 Migraine	SUV39H2
rs4252548	19	55368304	C	T	0,0255	-0,0171	0,0931	0,8539	0,9871 Arthritis	IL11
rs10802789	1	239669380	C	T	0,4288	0,0054	0,0295	0,8547	0,9871 Analgesia	CHRM3
rs4742323	9	7286743	C	G	0,3731	0,0055	0,0307	0,8564	0,9871 Migraine	
rs1676303	14	76525821	C	T	0,8838	-0,0083	0,0459	0,8570	0,9871 Temporomandibular Disorder	
rs10156191	7	150856517	C	T	0,2632	-0,0060	0,0336	0,8573	0,9871 Migraine	AOC1
rs34003284	13	53328741	C	A	0,3068	-0,0057	0,0320	0,8577	0,9871 Other Clinical Pain	C6orf106
rs10028494	4	69105219	A	C	0,2202	0,0064	0,0359	0,8585	0,9871 Analgesia	UGT2B7
rs7645358	3	38586334	A	G	0,1247	-0,0080	0,0451	0,8590	0,9871 Migraine	SCN5A
rs7766029	6	88137716	T	C	0,4964	0,0049	0,0288	0,8636	0,9871 Migraine	CNR1
rs3793243	7	73707017	A	G	0,6121	-0,0051	0,0298	0,8641	0,9871 Migraine	STX1A
rs740603	22	19957654	A	G	0,5472	-0,0050	0,0294	0,8647	0,9871 Analgesia, Post-operative pain	COMT
rs2271275	10	1185028	C	T	0,6847	0,0052	0,0314	0,8676	0,9871 Migraine	ADARB2
rs2995082	1	167437008	T	C	0,4886	-0,0049	0,0294	0,8682	0,9871 Cancer Pain	CD247
rs9316233	13	46859220	C	G	0,1840	0,0063	0,0381	0,8695	0,9871 Temporomandibular Disorder	HTR2A
rs558025	6	154120830	A	G	0,2365	-0,0056	0,0341	0,8695	0,9871 Analgesia	OPRM1
rs4790522	17	3566559	A	C	0,5593	-0,0048	0,0294	0,8702	0,9871 Migraine	TRPV1
rs737866	22	19942586	T	C	0,3136	0,0051	0,0315	0,8713	0,9871 Analgesia	COMT
rs737865	22	19942598	A	G	0,3136	0,0051	0,0315	0,8713	0,9871 Musculoskeletal Pain	COMT
rs2591168	2	154761421	G	A	0,7584	0,0057	0,0352	0,8720	0,9871 Cancer Pain	KCNJ3
rs6926377	6	144784218	A	C	0,3128	0,0049	0,0310	0,8748	0,9871 Other Clinical Pain	UTRN
rs11714003	3	54200440	A	G	0,1556	0,0062	0,0397	0,8760	0,9871 Migraine	CACNA2D3
rs2424248	20	19669680	G	A	0,1463	0,0064	0,0413	0,8772	0,9871 Other Clinical Pain	SLC24A3
rs62242105	3	20588903	G	A	0,2992	-0,0049	0,0318	0,8774	0,9871 Arthritis	RNU6-815P
rs11172113	12	57133500	T	C	0,3780	-0,0046	0,0300	0,8792	0,9871 Migraine	LRP1
rs1060826	17	27762841	T	C	0,6249	0,0046	0,0304	0,8794	0,9871 Neuraxial Pain	NOS2
rs7121	20	58903752	C	T	0,5304	-0,0045	0,0295	0,8799	0,9871 Migraine	GNAS
rs9981884	21	39213707	G	A	0,4713	0,0044	0,0290	0,8804	0,9871 Post-operative pain	BRWD1
rs4775319	15	60921365	G	A	0,6393	-0,0045	0,0307	0,8827	0,9871 Neuropathic pain	RORA
rs702757	4	147488120	T	A	0,3126	0,0046	0,0313	0,8836	0,9871 Migraine	EDNRA
rs3111020	2	154710877	T	C	0,4439	-0,0043	0,0294	0,8836	0,9871 Post-operative Pain	KCNJ3
rs2236857	1	28835097	T	C	0,2951	-0,0046	0,0316	0,8842	0,9871 Temporomandibular Disorder	OPRD1
rs689466	1	186681619	T	C	0,1655	0,0057	0,0392	0,8853	0,9871 Migraine	
rs606148	6	154114852	A	C	0,9098	0,0073	0,0508	0,8858	0,9871 Post-operative Pain	OPRM1
rs613341	6	154122144	T	C	0,9098	0,0073	0,0508	0,8858	0,9871 Post-operative Pain	OPRM1
rs7718461	5	76962223	A	G	0,4132	0,0042	0,0294	0,8865	0,9871 Musculoskeletal Pain	CRHBP
rs11030096	11	27643996	T	C	0,4903	0,0042	0,0296	0,8867	0,9871 Neuraxial pain	BDNF-AS
rs7147286	14	54891947	G	A	0,3230	-0,0044	0,0311	0,8881	0,9871 Neuraxial Pain	GCH1
rs2878172	14	54906952	A	G	0,4081	-0,0041	0,0293	0,8887	0,9871 Neuraxial Pain	GCH1
rs11959113	5	148848933	G	A	0,2472	-0,0047	0,0337	0,8901	0,9871 Analgesia	

rs6314	13	46834899	G	A	0,0921	0,0070	0,0512	0,8919	0,9871 Fibromyalgia	LOC105371720
rs2653349	6	55277539	A	G	0,8111	-0,0050	0,0371	0,8924	0,9871 Post-operative Pain	HCRTR2
rs563649	6	154086832	C	T	0,0843	0,0071	0,0528	0,8927	0,9871 Nociception	OPRM1
rs11014504	10	18495059	T	C	0,4473	-0,0039	0,0291	0,8938	0,9871 Migraine	CACNB2
rs6271	9	133657152	C	T	0,0566	-0,0085	0,0638	0,8945	0,9871 Migraine	DBH-AS1
rs1814270	16	55683165	T	C	0,4310	0,0039	0,0298	0,8951	0,9871 Cancer Pain	SLC6A2
rs986222	10	90171130	G	A	0,4718	-0,0038	0,0289	0,8951	0,9871 Migraine	
rs11757063	6	96437010	G	A	0,2059	0,0046	0,0362	0,8979	0,9871 Migraine	UFL1-AS1
rs3024496	1	206768519	A	G	0,4419	0,0037	0,0289	0,8979	0,9871 Temporomandibular Disorder	IL10
rs3754701	2	237858561	A	T	0,3576	0,0039	0,0307	0,8984	0,9871 Migraine	RAMP1
rs2600685	2	174762320	T	C	0,3974	0,0038	0,0301	0,8991	0,9871 Migraine	CHRNA1
rs7897594	10	18129251	A	G	0,2705	0,0041	0,0326	0,9006	0,9871 Migraine	
rs6703152	1	118187574	C	A	0,6429	-0,0038	0,0304	0,9010	0,9871 Post-operative pain	COL11A1
rs3783641	14	54893421	T	A	0,1969	-0,0045	0,0367	0,9019	0,9871 Neuraxial Pain	GCH1
rs7076100	10	18470608	T	A	0,4074	-0,0036	0,0295	0,9020	0,9871 Migraine	CACNB2
rs5761159	22	25706341	G	T	0,3636	0,0038	0,0310	0,9021	0,9871 Neuropathic pain	GRK3
rs17576	20	46011586	A	G	0,3420	0,0038	0,0308	0,9025	0,9871 Neuraxial Pain	MMP9
rs7581446	2	33198734	C	T	0,4934	-0,0035	0,0294	0,9043	0,9871 Arthritis	LTBP1
rs599945	6	154121435	C	A	0,9079	-0,0060	0,0503	0,9052	0,9871 Post-operative Pain	OPRM1
rs616585	6	154122747	A	G	0,9079	-0,0060	0,0503	0,9052	0,9871 Post-operative Pain	OPRM1
rs9340799	6	151842246	A	G	0,3554	-0,0036	0,0308	0,9068	0,9871 Temporomandibular Disorder	ESR1
rs3024491	1	206771701	C	A	0,4407	0,0033	0,0289	0,9080	0,9871 Post-operative Pain	IL19
rs609148	6	154109880	G	A	0,2363	-0,0039	0,0340	0,9091	0,9871 Nociception	OPRM1
rs17350991	1	174114330	G	T	0,2615	0,0037	0,0327	0,9098	0,9871 Migraine	
rs3780039	8	139664421	A	C	0,2817	-0,0037	0,0329	0,9103	0,9871 Cancer Pain	KCNK9
rs978851	10	98900544	C	T	0,6918	0,0035	0,0309	0,9103	0,9871 Migraine	HPSE2
rs2075572	6	154090869	G	C	0,5890	-0,0033	0,0292	0,9114	0,9871 Nociception	OPRM1
rs2530552	7	34658764	A	G	0,3760	-0,0034	0,0304	0,9114	0,9871 Other Clinical Pain	NPSR1-AS1
rs9479757	6	154090209	G	A	0,0887	0,0056	0,0511	0,9123	0,9871 Nociception	OPRM1
rs1923884	13	46847701	C	T	0,1369	0,0046	0,0422	0,9124	0,9871 Cancer Pain	HTR2A
rs5742912	12	6349184	A	G	0,0267	0,0097	0,0894	0,9132	0,9871 Migraine	SCNN1A
rs3212227	5	159315942	T	G	0,2307	-0,0037	0,0346	0,9142	0,9871 Neuraxial pain	IL12B
rs3025039	6	43784799	C	T	0,1424	-0,0043	0,0414	0,9172	0,9871 Neuraxial Pain	POLR1C
rs10491334	5	111436706	C	T	0,1877	0,0039	0,0378	0,9176	0,9871 Temporomandibular Disorder	CAMK4
rs3777580	6	45942727	A	C	0,3583	-0,0031	0,0302	0,9181	0,9871 Migraine	CLIC5
rs12202891	6	12767986	C	T	0,1590	0,0041	0,0398	0,9182	0,9871 Migraine	PHACTR1
rs533586	6	154092539	C	T	0,6736	-0,0031	0,0307	0,9187	0,9871 Nociception	OPRM1
rs7330636	13	46849457	C	T	0,3984	-0,0030	0,0296	0,9193	0,9871 Cancer Pain	HTR2A
rs1801708	4	147481217	G	A	0,3123	0,0030	0,0313	0,9226	0,9871 Migraine	EDNRA
rs466448	21	26171790	A	G	0,4570	0,0028	0,0292	0,9232	0,9871 Temporomandibular Disorder	
rs7787744	7	150824008	A	G	0,3508	0,0030	0,0309	0,9237	0,9871 Post-operative pain	AOC1
rs2049046	11	27702228	T	A	0,4835	0,0028	0,0297	0,9242	0,9871 Migraine	BDNF
rs2038740	6	35146765	C	T	0,7227	0,0031	0,0332	0,9244	0,9871 Post-operative pain	TCP11
rs1053989	5	76969210	C	A	0,4076	0,0027	0,0294	0,9255	0,9871 Musculoskeletal Pain	CRHBP
rs998259	14	54888313	C	T	0,2392	-0,0032	0,0348	0,9260	0,9871 Neuraxial Pain	GCH1
rs7438135	4	69095621	G	A	0,4796	0,0027	0,0296	0,9265	0,9871 Analgesia	UGT2B7

rs7439366	4	69098620	T	C	0,4796	0,0027	0,0296	0,9265	0,9871 Analgesia	UGT2B7
rs4794106	17	50160933	T	C	0,5579	-0,0027	0,0296	0,9269	0,9871 Temporomandibular Disorder	LOC105371818
rs11078454	17	3522260	T	C	0,4640	-0,0027	0,0295	0,9283	0,9871 Migraine	TRPV3
rs2234677	2	113117932	G	A	0,2501	-0,0030	0,0340	0,9286	0,9871 Neuraxial Pain	IL1RN
rs726281	6	151981443	G	A	0,7212	0,0028	0,0322	0,9300	0,9871 Migraine	ESR1
rs998424	16	55698034	G	A	0,3281	0,0027	0,0307	0,9309	0,9871 Neuropathic pain	SLC6A2
rs1800896	1	206773552	T	C	0,4429	0,0025	0,0289	0,9323	0,9871 Temporomandibular Disorder	IL19
rs10992729	9	93418793	C	T	0,3308	0,0026	0,0308	0,9335	0,9871 Other Clinical Pain	
rs2004295	6	39187090	A	G	0,2618	-0,0027	0,0335	0,9347	0,9871 Migraine	
rs1809889	12	124316680	T	C	0,7436	0,0027	0,0335	0,9351	0,9871 Arthritis	FAM101A
rs1801394	5	7870860	A	G	0,5309	0,0023	0,0289	0,9362	0,9871 Temporomandibular Disorder	MTRR
rs1133076	8	133113438	G	A	0,4813	0,0023	0,0290	0,9367	0,9871 Neuropathic Pain	TG
rs7684253	4	56861145	C	T	0,5647	0,0023	0,0294	0,9369	0,9871 Migraine	
rs5746849	22	19955474	A	G	0,5399	-0,0023	0,0290	0,9373	0,9871 Analgesia	COMT
rs4587017	4	69081680	T	G	0,5143	-0,0023	0,0296	0,9373	0,9871 Analgesia	UGT2B7
rs10915437	1	4122946	A	G	0,3522	-0,0024	0,0308	0,9376	0,9871 Migraine	
rs146377178	8	25529457	C	T	0,0231	-0,0076	0,0976	0,9377	0,9871 Migraine	
rs1878672	1	206770368	G	C	0,4431	0,0022	0,0289	0,9380	0,9871 Post-operative Pain	IL19
rs28577186	16	4438190	G	A	0,6791	-0,0024	0,0308	0,9389	0,9871 Migraine	DNAJA3
rs3808353	7	1093336	G	A	0,1684	-0,0030	0,0393	0,9395	0,9871 Migraine	C7orf50
rs1277441	12	118168184	G	A	0,6565	-0,0023	0,0309	0,9399	0,9871 Analgesia	TAOK3
rs4866176	5	20245445	C	T	0,0515	-0,0049	0,0667	0,9410	0,9873 Neuropathic Pain	CDH18
rs728273	7	112428046	G	C	0,5792	0,0021	0,0295	0,9426	0,9873 Temporomandibular Disorder	IFRD1
rs11615115	12	100408674	A	G	0,0442	-0,0050	0,0707	0,9432	0,9873 Migraine	SLC17A8
rs17120227	12	58895568	C	T	0,0581	0,0044	0,0614	0,9434	0,9873 Post-operative pain	LRIG3
rs2066713	17	30224647	G	A	0,3831	-0,0021	0,0305	0,9453	0,9874 Migraine	SLC6A4
rs546240	11	30512075	C	T	0,6213	0,0021	0,0303	0,9458	0,9874 Migraine	MPPED2
rs8007267	14	54912273	C	T	0,1864	0,0025	0,0372	0,9460	0,9874 Other Clinical Pain	
rs285026	16	77066192	G	T	0,5681	0,0019	0,0292	0,9485	0,9890 Other Clinical Pain	
rs6515020	20	19524260	C	T	0,0958	-0,0032	0,0501	0,9495	0,9891 Migraine	SLC24A3
rs733701	6	39204086	C	T	0,2538	-0,0021	0,0334	0,9508	0,9891 Migraine	KCNK5
rs8181477	10	18493951	A	C	0,4468	-0,0018	0,0293	0,9511	0,9891 Migraine	CACNB2
rs62098013	18	53337491	G	A	0,3738	-0,0017	0,0299	0,9537	0,9909 Other Clinical Pain	DCC
rs208296	12	121163150	G	A	0,3316	-0,0017	0,0306	0,9560	0,9911 Musculoskeletal Pain	P2RX7
rs7290221	22	19955157	C	G	0,5396	-0,0015	0,0290	0,9591	0,9911 Analgesia	COMT
rs3020377	6	151951263	G	A	0,6697	0,0016	0,0315	0,9595	0,9911 Musculoskeletal Pain	COMT
rs6985606	8	53248556	T	C	0,4934	-0,0014	0,0289	0,9601	0,9911 Post-operative Pain	OPRK1
rs3024505	1	206766559	G	A	0,1502	0,0021	0,0411	0,9601	0,9911 Post-operative Pain	IL19
rs2716212	17	69507512	A	G	0,3923	0,0015	0,0300	0,9604	0,9911 Post-operative pain	MAP2K6
rs858003	21	37700681	G	A	0,2064	0,0018	0,0368	0,9610	0,9911 Post-operative Pain	LOC107985507
rs1530586	4	1759200	C	T	0,7893	0,0018	0,0365	0,9611	0,9911 Post-operative pain	TACC3
rs28428925	3	107575787	G	A	0,1369	0,0020	0,0426	0,9628	0,9911 Other Clinical Pain	BBX
rs11895478	2	154714611	C	T	0,2983	-0,0015	0,0327	0,9630	0,9911 Post-operative Pain	KCNJ3
rs12947578	17	80272935	C	T	0,3896	-0,0014	0,0303	0,9632	0,9911 Migraine	RNF213
rs589046	6	154072003	C	T	0,2487	-0,0015	0,0336	0,9647	0,9913 Analgesia	OPRM1
rs17486278	15	78575140	A	C	0,3792	-0,0013	0,0305	0,9650	0,9913 Neuraxial pain	CHRNA5

rs4411121	1	118214411	C	T	0,3418	-0,0013	0,0305	0,9664	0,9914	Arthritis	SPAG17
rs33389	5	143320934	C	T	0,1276	0,0018	0,0432	0,9669	0,9914	Temporomandibular Disorder	NR3C1
rs4707436	6	88142032	G	A	0,2501	-0,0013	0,0330	0,9679	0,9916	Migraine	CNR1
rs2455858	17	3546111	T	A	0,3994	-0,0012	0,0301	0,9688	0,9916	Migraine	TRPV3
rs3792603	4	55435891	A	G	0,2139	-0,0013	0,0355	0,9698	0,9918	Migraine	CLOCK
rs2228570	12	47879112	A	G	0,5897	-0,0011	0,0296	0,9713	0,9923	Migraine	VDR
rs548646	6	154097012	T	C	0,6726	-0,0011	0,0306	0,9719	0,9923	Post-operative Pain	OPRM1
rs1570360	6	43770093	A	G	0,6957	-0,0010	0,0313	0,9745	0,9941	Migraine	POLR1C
rs900379	5	44369554	C	T	0,6514	0,0009	0,0307	0,9766	0,9953	Temporomandibular disorders	FGF10
rs795484	12	118152057	T	C	0,6565	-0,0008	0,0309	0,9806	0,9959	Analgesia	TAK3
rs35260355	1	33480230	C	T	0,1458	-0,0010	0,0411	0,9813	0,9959	Neuropathic Pain	ZSCAN20
rs4815670	20	4236217	A	G	0,5493	-0,0006	0,0291	0,9834	0,9959	Cancer Pain	ADRA1D
rs2946505	8	12953643	T	G	0,8077	0,0008	0,0372	0,9837	0,9959	Migraine	SUV39H2
rs3093664	6	31576865	A	G	0,0306	-0,0017	0,0847	0,9839	0,9959	Migraine	TNF
rs495491	6	154061407	A	G	0,2491	0,0006	0,0336	0,9850	0,9959	Nociception	OPRM1
rs3811047	2	112913833	A	G	0,7015	0,0006	0,0323	0,9857	0,9959	Musculoskeletal Pain	IL37
rs1330349	9	115078463	G	C	0,5501	-0,0005	0,0295	0,9859	0,9959	Arthritis	TNC
rs11786084	8	141641609	G	A	0,3133	0,0005	0,0315	0,9862	0,9959	Other Clinical Pain	
rs73271865	7	21359709	C	T	0,0280	0,0015	0,0872	0,9862	0,9959	Temporomandibular Disorder	
rs12596162	16	87117889	C	T	0,3145	0,0005	0,0309	0,9867	0,9959	Neuropathic Pain	LOC105371394
rs1332847	6	12892522	C	T	0,3036	-0,0005	0,0311	0,9874	0,9959	Migraine	PHACTR1
rs2296972	13	46854336	A	C	0,7078	0,0005	0,0318	0,9884	0,9959	Neuropathic pain	HTR2A
rs8040868	15	78618839	T	C	0,4302	-0,0004	0,0295	0,9891	0,9959	Neuraxial pain	CHRNA3
rs1426371	12	108236003	G	A	0,2530	-0,0003	0,0333	0,9927	0,9970	Arthritis	WSCD2
rs4659479	1	236872754	G	A	0,5984	0,0002	0,0296	0,9939	0,9970	Migraine	MTR
rs17034687	3	3638168	C	G	0,0788	0,0004	0,0529	0,9942	0,9970	Neuraxial Pain	
rs6724624	2	233911933	C	G	0,1911	-0,0003	0,0381	0,9947	0,9970	Analgesia	
rs10166942	2	233916448	T	C	0,1911	-0,0003	0,0381	0,9947	0,9970	Migraine	
rs2805050	1	162867060	A	C	0,9502	-0,0004	0,0677	0,9953	0,9970	Fibromyalgia	CCDC190
rs2010963	6	43770613	C	G	0,6526	0,0000	0,0306	0,9995	0,9997	Migraine	POLR1C
rs540825	6	154093311	A	T	0,7630	0,0000	0,0340	0,9997	0,9997	Analgesia	OPRM1

* According to GRCh38 release; ^ in Human Pain Gene database
rsID, variant ID in dbSNP; SE, standard error; FDR, false discovery rate

Supplementary Table S10. Summary statistics from our GWAS of variants reported by *Galvan A. et al.* and by *Nishizawa D. et al.* as significantly associated with pain relief and opioid requirements, respectively.

rsID	Chromosome	Position (bp)*	Allele 0	Allele 1	Allele 1 frequency	BETA	SE	P-value	FDR
<i>Galvan A. et al.</i>									
rs12948783	17	76.503.318	G	A	0,17	0,066	0,039	0,091	0,58
rs13421094	2	157.185.290	A	G	0,16	-0,057	0,039	0,145	0,58
rs12211463	6	92.757.440	T	G	0,22	-0,043	0,036	0,224	0,60
rs7104613	11	14.058.384	C	T	0,07	0,056	0,058	0,332	0,63
rs2473967	6	113.158.133	G	T	0,94	-0,054	0,063	0,392	0,63
rs10413396	19	44.309.549	G	T	0,05	0,042	0,069	0,539	0,63
rs7757130	6	112.996.060	C	A	0,07	0,035	0,059	0,549	0,63
rs2884129	10	17.543.150	T	G	0,21	0,016	0,036	0,664	0,66
<i>Nishizawa D. et al.</i>									
rs1283671	8	107.421.459	C	T	0,11	0,031	0,047	0,509	0,81
rs1283720	8	107.460.100	G	A	0,14	0,019	0,042	0,652	0,81
rs72752701	9	125.992.274	A	C	0,06	0,015	0,060	0,809	0,81

* According to GRCh38 release

rsID, variant ID in dbSNP; SE, standard error; FDR, false discovery rate

Supplementary Table S11. Summary statistics from our GWAS of variants reported by *Mocci e. et al.* , sorted on the basis of their *P* -value of association with pain intensity in our study.

rsID	Chromosome	Position (bp) *	Allele 0	Allele 1	Allele 1 frequency	BETA	SE	<i>P</i> -value	FDR
rs143384	20	35437976	G	A	0,43	-0,084	0,029	0,0039	0,38
rs11764590	7	1993168	C	T	0,23	0,087	0,035	0,013	0,65
rs583104	1	109278685	G	T	0,79	-0,079	0,035	0,027	0,82
rs1537375	9	22116072	T	C	0,53	0,058	0,029	0,046	0,82
rs3904683	1	243253223	T	C	0,40	-0,059	0,030	0,048	0,82
rs938724	8	140647034	G	A	0,63	0,058	0,030	0,051	0,82
rs6478241	9	116490350	A	G	0,63	-0,056	0,030	0,066	0,90
rs1325266	1	66694919	A	G	0,42	-0,053	0,030	0,077	0,90
rs4420638	19	44919689	A	G	0,16	0,065	0,040	0,105	0,90
rs2111592	2	207184857	G	A	0,34	-0,050	0,032	0,116	0,90
rs12445022	16	87541726	G	A	0,36	-0,046	0,031	0,129	0,90
rs11145043	9	69073560	T	G	0,44	-0,043	0,030	0,151	0,90
rs7335163	13	53415840	T	G	0,44	0,042	0,029	0,153	0,90
rs10063803	5	177240326	C	A	0,84	0,057	0,040	0,160	0,90
rs1050316	1	156464911	G	T	0,69	-0,043	0,031	0,164	0,90
rs967823	17	52239916	A	G	0,38	-0,042	0,030	0,170	0,90
rs9426902	1	153746270	G	A	0,40	0,040	0,030	0,182	0,90
rs2395607	6	34805950	C	T	0,16	-0,052	0,040	0,185	0,90
rs2160875	12	4418156	C	T	0,56	0,037	0,029	0,204	0,90
rs3914722	2	50763901	G	A	0,12	0,058	0,046	0,211	0,90
rs11751469	6	33836770	C	T	0,35	-0,038	0,030	0,213	0,90
rs1413573	13	66377697	G	A	0,49	-0,036	0,029	0,215	0,90
rs4895846	6	129063222	T	C	0,58	0,037	0,030	0,220	0,90
rs13207082	6	27283600	A	G	0,05	-0,085	0,070	0,222	0,90
rs301805	1	8420956	T	G	0,51	0,032	0,028	0,261	0,97
rs1350166	12	69242534	G	T	0,41	-0,033	0,030	0,263	0,97
rs17343925	2	103809919	G	T	0,47	-0,032	0,029	0,283	0,97
rs775760	3	77537446	A	C	0,73	-0,035	0,033	0,289	0,97

rs583514	3	173396377 T	C	0,51	-0,031	0,030	0,289	0,97
rs9804988	12	23829625 C	T	0,10	-0,049	0,049	0,318	0,98
rs8046109	16	75326198 A	G	0,58	0,029	0,029	0,330	0,98
rs2421015	10	122423575 A	G	0,05	0,057	0,065	0,384	0,98
rs7924025	10	98998562 T	C	0,11	0,039	0,046	0,393	0,98
rs3802847	11	113041581 T	C	0,39	-0,025	0,030	0,400	0,98
rs6658904	1	50641303 G	T	0,38	-0,025	0,030	0,409	0,98
rs7959516	12	110184419 T	G	0,09	-0,040	0,051	0,438	0,98
rs16988333	22	30156824 A	G	0,07	-0,043	0,058	0,456	0,98
rs2282888	7	21436514 G	A	0,64	-0,023	0,031	0,461	0,98
rs615030	18	57482122 C	T	0,29	-0,023	0,032	0,475	0,98
rs7716347	5	120796579 C	T	0,30	-0,022	0,032	0,484	0,98
rs11599236	10	104694914 T	C	0,47	-0,020	0,029	0,494	0,98
rs10948201	6	45125757 C	A	0,30	0,022	0,032	0,498	0,98
rs1198583	1	98063822 A	G	0,83	0,026	0,040	0,511	0,98
rs12612492	2	23870886 C	T	0,13	0,028	0,044	0,530	0,98
rs11665070	18	37572600 G	A	0,66	-0,019	0,031	0,531	0,98
rs10782959	1	93346012 A	G	0,73	-0,021	0,033	0,532	0,98
rs773108	12	55976127 A	G	0,30	-0,018	0,032	0,559	0,98
rs2721348	7	120896344 G	T	0,18	0,020	0,037	0,584	0,98
rs1245576	10	72050912 T	C	0,59	0,017	0,030	0,586	0,98
rs2856238	3	50120758 T	C	0,57	0,016	0,030	0,592	0,98
rs1951537	14	29091615 A	G	0,85	0,021	0,041	0,603	0,98
rs17822981	2	210490771 A	G	0,27	0,017	0,032	0,606	0,98
rs1934534	6	149711896 T	C	0,36	-0,015	0,030	0,606	0,98
rs12134493	1	115135325 C	A	0,10	-0,024	0,048	0,618	0,98
rs12532479	7	40388035 T	C	0,10	-0,024	0,050	0,628	0,98
rs2627316	15	80750475 A	G	0,50	-0,013	0,029	0,642	0,98
rs10774625	12	111472415 A	G	0,51	0,013	0,029	0,644	0,98
rs12070469	1	15210626 C	T	0,37	-0,014	0,030	0,646	0,98
rs4909945	11	10652192 T	C	0,67	0,014	0,031	0,653	0,98

rs1552284	8	22105096 A	G	0,44	-0,013	0,029	0,654	0,98
rs8057124	16	71938506 T	C	0,74	0,014	0,033	0,664	0,98
rs1852470	7	114387214 T	G	0,57	-0,013	0,029	0,667	0,98
rs9349379	6	12903725 A	G	0,39	-0,012	0,029	0,679	0,98
rs8018823	14	37248972 G	A	0,29	-0,013	0,032	0,691	0,98
rs6790925	3	30438593 C	T	0,37	-0,012	0,030	0,692	0,98
rs3918286	6	160447636 A	G	0,33	-0,011	0,030	0,714	0,98
rs3863241	8	72978100 C	T	0,57	0,010	0,029	0,726	0,98
rs618869	18	55580920 T	C	0,87	-0,015	0,042	0,727	0,98
rs12568655	1	174465194 G	A	0,40	0,009	0,030	0,760	0,98
rs13114738	4	102363708 C	T	0,08	-0,016	0,056	0,772	0,98
rs9653003	18	22616147 T	C	0,48	0,008	0,029	0,774	0,98
rs11729080	4	111582716 G	A	0,13	-0,012	0,043	0,783	0,98
rs16931821	12	83824 T	C	0,60	0,008	0,030	0,788	0,98
rs9320821	6	121526572 C	A	0,16	-0,011	0,040	0,790	0,98
rs6119879	20	32517586 C	T	0,20	-0,009	0,036	0,792	0,98
rs554843	5	114318900 C	A	0,44	-0,007	0,029	0,802	0,98
rs11624776	14	93129246 A	C	0,34	0,007	0,031	0,813	0,98
rs4244883	15	91003267 T	G	0,40	0,007	0,030	0,815	0,98
rs17689882	17	45829462 G	A	0,22	-0,008	0,036	0,817	0,98
rs8614	17	29261788 C	A	0,19	-0,008	0,037	0,821	0,98
rs3021146	4	2956459 A	G	0,32	-0,006	0,031	0,853	0,98
rs11153082	6	96611790 A	G	0,36	0,006	0,031	0,853	0,98
rs1570620	13	46627739 C	T	0,76	0,006	0,034	0,871	0,98
rs2424245	20	19669072 C	T	0,15	0,006	0,041	0,877	0,98
rs11172113	12	57133500 T	C	0,38	-0,005	0,030	0,879	0,98
rs1895910	12	108180501 T	G	0,22	0,005	0,035	0,882	0,98
rs1876767	2	22378060 G	T	0,36	-0,004	0,031	0,887	0,98
rs4502841	5	30862908 G	A	0,52	-0,004	0,029	0,897	0,98
rs698915	1	150415842 A	G	0,74	0,003	0,034	0,925	0,98
rs164741	16	89625890 A	G	0,71	0,003	0,033	0,926	0,98

rs4860809	4	67004677 T	C	0,54	-0,003	0,030	0,931	0,98
rs12379660	9	93420205 G	A	0,33	0,003	0,031	0,933	0,98
rs7684253	4	56861145 C	T	0,56	0,002	0,029	0,937	0,98
rs16826012	1	39253847 T	C	0,17	0,002	0,039	0,964	0,99
rs1431196	18	53305732 A	G	0,44	0,001	0,029	0,973	0,99
rs7222591	17	49429657 G	T	0,41	0,000	0,029	0,989	0,99
rs10166942	2	233916448 T	C	0,19	0,000	0,038	0,995	0,99

* According to GRCh38 release

rsID, variant ID in dbSNP; SE, standard error; FDR, false discovery rate

Supplementary Table S12. Summary statistics from our GWAS of variants reported by *Zorina-Lichtenwalter. et al.* , sorted on the basis of their *P*-value of association with pain intensity in our study.

rsID	Chromosome	Position (bp)*	Allele 0	Allele 1	Allele 1 frequency	BETA	SE	<i>P</i> -value	FDR
rs11751591	6	33826438	G	A	0,14	-0,114	0,042	0,006	0,15
rs7190	18	5889766	A	G	0,64	0,079	0,030	0,009	0,15
rs6506342	18	5871149	A	G	0,50	0,055	0,029	0,058	0,48
rs3936100	18	5872443	G	T	0,38	0,053	0,030	0,077	0,48
rs2263329	6	34627766	T	C	0,36	-0,052	0,031	0,089	0,48
rs12937096	17	52221081	C	A	0,33	-0,051	0,031	0,099	0,48
rs174811	3	76739411	G	A	0,83	0,064	0,039	0,102	0,48
rs767896	6	33823738	C	T	0,33	-0,045	0,031	0,139	0,57
rs6446187	3	49869678	C	A	0,48	-0,038	0,029	0,194	0,70
rs11751469	6	33836770	C	T	0,35	-0,038	0,030	0,213	0,70
rs1859100	7	114554560	T	G	0,55	0,032	0,029	0,266	0,80
rs11505922	7	114370596	T	C	0,43	0,027	0,029	0,355	0,90
rs769668	4	139937563	T	C	0,34	-0,028	0,031	0,367	0,90
rs60658082	18	53380711	C	T	0,53	0,023	0,029	0,425	0,90
rs3818528	6	33693314	G	A	0,66	-0,024	0,031	0,428	0,90
rs8097318	18	53023439	T	C	0,54	0,022	0,029	0,440	0,90
rs7303854	12	15206307	T	A	0,34	0,021	0,031	0,491	0,90
rs10250103	7	114654887	C	T	0,40	-0,018	0,030	0,547	0,90
rs10953758	7	114389808	A	G	0,56	-0,017	0,029	0,559	0,90
rs11877758	18	37558147	T	G	0,32	0,018	0,031	0,561	0,90
rs12055409	6	33833733	A	G	0,65	-0,016	0,030	0,590	0,90
rs10269986	7	114571392	A	G	0,49	0,015	0,029	0,598	0,90
rs55697235	16	71459311	G	A	0,04	0,031	0,073	0,668	0,91
rs1547668	6	33807669	A	G	0,80	0,016	0,036	0,669	0,91
rs34486623	18	52838138	C	T	0,42	-0,012	0,030	0,687	0,91
rs2219428	2	210382843	C	G	0,56	0,010	0,029	0,731	0,92
rs17410557	18	53250021	T	C	0,40	0,006	0,030	0,832	0,92
rs6961970	7	114261077	C	A	0,18	-0,008	0,037	0,835	0,92
rs10228350	7	114420608	A	T	0,35	-0,006	0,030	0,837	0,92

rs482786	6	33739822 T	C	0,26	-0,006	0,033	0,850	0,92
rs2587363	13	53341798 G	A	0,59	0,004	0,030	0,896	0,92
rs4502841	5	30862908 G	A	0,52	-0,004	0,029	0,897	0,92
rs28453001	8	112288701 G	A	0,49	-0,003	0,029	0,918	0,92

* According to GRCh38 release

rsID, variant ID in dbSNP; SE, standard error; FDR, false discovery rate

Supplementary Table S13. Summary statistics from our GWAS of variants reported by *Toikumo S. et al.* , sorted on the basis of their *P* -value of association with pain intensity in our study.

rsID	Chromosome	Position (bp) *	Allele 0	Allele 1	Allele 1 frequency	BETA	SE	<i>P</i> - value	FDR
rs757081	11	17330136	C	G	0,32	0,088	0,031	0,0047	0,64
rs28715885	22	42045087	T	G	0,17	-0,095	0,038	0,012	0,66
rs34731055	7	2067293	C	T	0,23	0,086	0,035	0,015	0,66
rs2034244	5	56946947	T	C	0,25	-0,071	0,033	0,033	0,70
rs17621391	7	140476796	T	C	0,27	-0,071	0,033	0,035	0,70
rs78116502	13	74125684	A	G	0,16	0,081	0,039	0,040	0,70
rs61867344	10	104923885	T	A	0,22	-0,070	0,035	0,044	0,70
rs1002772	12	19156787	G	A	0,71	0,064	0,032	0,044	0,70
rs187698281	18	55220120	A	T	0,05	-0,141	0,071	0,046	0,70
rs2247036	3	49844916	C	T	0,46	-0,057	0,030	0,056	0,74
rs12193842	6	83612439	A	C	0,31	-0,058	0,031	0,062	0,74
rs2294220	1	166914892	A	C	0,38	-0,055	0,031	0,072	0,74
rs10932180	2	207162189	T	C	0,37	-0,054	0,031	0,077	0,74
rs34811474	4	25407216	G	A	0,21	-0,064	0,036	0,080	0,74
rs9836291	3	49660026	G	A	0,26	0,058	0,033	0,082	0,74
rs2072560	11	116791110	T	C	0,94	-0,103	0,061	0,092	0,79
rs6797509	3	136865930	T	C	0,69	0,052	0,032	0,101	0,79
rs729826	4	3015063	A	C	0,40	0,046	0,030	0,131	0,79
rs7631379	3	181691269	T	C	0,18	0,055	0,038	0,143	0,79
rs115506546	3	49770574	A	G	0,03	-0,137	0,095	0,146	0,79
rs429358	19	44908684	T	C	0,12	0,065	0,045	0,150	0,79
rs1261094	18	55200861	A	G	0,04	-0,102	0,072	0,155	0,79
rs10078184	5	118483610	C	G	0,27	-0,046	0,033	0,162	0,79
rs7187662	16	49580127	T	C	0,19	0,051	0,037	0,162	0,79
rs1246731	1	191373432	C	T	0,49	0,041	0,030	0,165	0,79
rs9462029	6	34847426	A	G	0,16	-0,055	0,040	0,166	0,79
rs11973114	7	1873634	G	A	0,20	0,051	0,037	0,168	0,79

rs622726	1	241628245 T	C	0,66	-0,041	0,031	0,175	0,79
rs59918340	8	141222157 A	G	0,45	0,037	0,029	0,204	0,90
rs72807818	2	51591881 G	A	0,14	0,051	0,042	0,229	0,93
rs138736131	3	49957009 G	T	0,08	0,064	0,055	0,247	0,93
rs4757141	11	13285548 A	G	0,26	-0,037	0,033	0,269	0,93
rs467523	2	32076562 G	A	0,54	-0,031	0,029	0,289	0,93
rs1333907	9	119911110 A	T	0,64	0,033	0,031	0,290	0,93
rs6942045	6	33383919 C	T	0,30	0,033	0,032	0,299	0,93
rs56016894	6	68901006 A	T	0,09	-0,051	0,051	0,314	0,93
rs78286408	4	97663403 C	T	0,04	-0,072	0,072	0,319	0,93
rs4902704	14	69236871 G	C	0,59	-0,029	0,029	0,322	0,93
rs72805578	16	89616083 C	A	0,20	-0,035	0,037	0,346	0,93
rs79842130	15	73621748 C	T	0,04	0,066	0,072	0,363	0,93
rs10764437	10	18359576 A	G	0,53	0,026	0,029	0,372	0,93
rs12672629	7	21492213 A	G	0,70	-0,027	0,032	0,390	0,93
rs9601084	13	78586744 C	A	0,22	0,030	0,035	0,396	0,93
rs11012732	10	21541175 A	G	0,36	0,026	0,031	0,401	0,93
rs11664298	18	79818986 G	A	0,17	0,032	0,039	0,407	0,93
rs13107325	4	102267552 C	T	0,07	-0,048	0,059	0,411	0,93
rs359250	2	60253838 G	T	0,62	0,025	0,030	0,412	0,93
rs2657294	10	75193267 G	C	0,41	-0,024	0,030	0,418	0,93
rs9375696	6	130038566 C	T	0,60	0,024	0,030	0,419	0,93
rs7318716	13	56210960 A	T	0,68	-0,025	0,031	0,427	0,93
rs76376207	2	50866560 C	T	0,06	0,048	0,061	0,432	0,93
rs2963999	5	153796513 G	T	0,53	0,023	0,029	0,434	0,93
rs10104041	8	94559374 G	A	0,32	-0,024	0,031	0,439	0,93
rs10053440	5	167269956 C	G	0,93	-0,042	0,057	0,453	0,93
rs10764281	10	20760364 A	G	0,39	-0,021	0,030	0,478	0,93
rs203462	17	19909228 T	C	0,37	-0,021	0,029	0,479	0,93
rs12532894	7	127969463 C	T	0,26	-0,023	0,033	0,483	0,93
rs13023972	2	207642950 T	C	0,47	-0,020	0,029	0,495	0,93

rs887970	2	39624074 C	T	0,33	0,021	0,031	0,497	0,93
rs62032342	16	25326830 A	G	0,16	0,026	0,040	0,510	0,93
rs1966265	5	177089630 G	A	0,21	0,023	0,036	0,519	0,93
rs12994080	2	170742572 A	G	0,64	0,019	0,030	0,521	0,93
rs12916494	15	66525707 G	T	0,09	0,033	0,051	0,523	0,93
rs59165315	1	37829653 C	T	0,31	0,020	0,031	0,526	0,93
rs34898535	16	31014320 C	T	0,42	0,019	0,030	0,532	0,93
rs1151623	20	63737253 T	C	0,79	0,022	0,036	0,535	0,93
rs12616436	2	103731567 T	C	0,44	0,019	0,030	0,536	0,93
rs4548017	6	97951645 A	G	0,61	-0,018	0,030	0,541	0,93
rs13291079	9	93598368 T	C	0,42	0,017	0,029	0,560	0,93
rs1915159	15	46114524 A	G	0,53	0,017	0,030	0,575	0,93
rs9989163	14	102768675 G	A	0,46	0,016	0,029	0,575	0,93
rs7980687	12	123338164 G	A	0,21	-0,020	0,037	0,591	0,93
rs2582974	2	103962465 T	C	0,59	-0,016	0,030	0,593	0,93
rs67883051	20	21539505 G	A	0,21	0,019	0,035	0,594	0,93
rs3752823	12	19375704 G	A	0,10	0,025	0,048	0,600	0,93
rs11171733	12	56062482 G	A	0,44	0,015	0,030	0,619	0,93
rs67468823	3	77225381 A	G	0,26	-0,016	0,033	0,624	0,93
rs6466488	7	114505470 G	A	0,53	0,014	0,029	0,624	0,93
rs8134789	21	45199643 G	A	0,64	-0,014	0,030	0,638	0,93
rs62379821	5	120755395 T	A	0,28	-0,015	0,032	0,638	0,93
rs7018617	9	125724803 G	T	0,62	0,014	0,030	0,654	0,94
rs3820500	1	117470700 G	A	0,66	-0,013	0,031	0,669	0,94
rs1483078	7	49919302 C	T	0,70	-0,014	0,032	0,673	0,94
rs3739749	9	95062284 C	T	0,07	0,022	0,057	0,694	0,94
rs10181521	2	143686312 A	G	0,36	0,011	0,031	0,719	0,94
rs1599859	17	67841077 C	G	0,21	-0,013	0,036	0,721	0,94
rs618869	18	55580920 T	C	0,87	-0,015	0,042	0,727	0,94
rs293531	6	82957217 T	C	0,72	0,011	0,033	0,736	0,94
rs34201437	3	67891777 A	C	0,90	0,016	0,048	0,742	0,94

rs1427675804	2	52865308	GTATGTTTAGA	G	0,45	-0,009	0,030	0,749	0,94
rs4456576	18	53236485	C	G	0,43	0,009	0,029	0,763	0,94
rs2297600	1	31741980	T	G	0,16	0,010	0,039	0,790	0,96
rs9354627	6	67751094	G	A	0,53	0,008	0,030	0,795	0,96
rs6927072	6	151936552	T	G	0,66	0,007	0,031	0,809	0,96
rs9355403	6	162791546	G	A	0,20	-0,009	0,037	0,816	0,96
rs12032174	1	237692868	C	T	0,62	0,006	0,030	0,835	0,96
rs1163089	10	103284207	G	A	0,49	0,006	0,030	0,851	0,96
rs2784738	1	8406157	G	A	0,28	-0,006	0,032	0,856	0,96
rs6742231	2	219490035	G	C	0,34	0,006	0,031	0,857	0,96
rs7739264	6	19785357	C	T	0,53	0,005	0,030	0,859	0,96
rs4334682	3	74900305	T	C	0,83	0,007	0,039	0,862	0,96
rs17681972	14	46773906	G	A	0,50	-0,004	0,029	0,883	0,98
rs35274404	14	37338411	C	T	0,28	0,004	0,032	0,896	0,98
rs4559047	5	134512969	C	T	0,60	0,003	0,030	0,910	0,98
rs12591658	15	73847612	C	G	0,83	0,003	0,039	0,946	0,99
rs3764002	12	108224853	C	T	0,26	-0,002	0,033	0,961	0,99
rs11925666	3	195791789	A	G	0,21	-0,002	0,037	0,966	0,99
rs11620149	13	89163828	T	C	0,15	-0,001	0,040	0,971	0,99
rs6705514	2	26991069	T	C	0,58	-0,001	0,030	0,972	0,99

* According to GRCh38 release

rsID, variant ID in dbSNP; SE, standard error; FDR, false discovery rate