



REVIEW ARTICLE

Genomics of body fat distribution

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Abstract. Central obesity and body fat distribution measured by waist circumference (WC) and waist hip ratio (WHR) are good predictors of cardio metabolic adversities independent of overall adiposity. There are substantial evidence that body fat distribution is controlled by genetic factors. Even after accounting for body mass index (BMI), individual variation in body fat distribution is heritable, with estimates ranging from 31–76%. Individuals genetically predisposed to store more fat in visceral depots are at higher risk of developing metabolic complications. Several linkage and genomewide association studies (GWAS) for measures of body fat distribution uncovered numerous loci harbouring genes potentially regulating body fat distribution. Additionally, genes with fat depot specific expression patterns (especially, subcutaneous adipose tissue (SAT) and visceral adipose tissue (VAT)) have provided plausible candidate genes involved in body fat regulation. Further, sexual dimorphism have revealed a remarkable heterogeneity in the genetic regulation of body fat distribution. More than hundred loci have been identified through GWAS, displaying more pronounced effect in females than males, suggesting that both sexes share potentially different biological architecture in traits related to body fat distribution. Moreover, the handful of genes identified by GWAS have been validated in different population groups. This article aims at reviewing the current knowledge of genomic basis of body fat distribution.

Keywords. body fat distribution; waist to hip ratio; genetics; genomewide association study; sexual dimorphism.

Introduction

Obesity is one of the major public health conditions that predispose population for the increased risk of type 2 diabetes, fatty liver disease, dyslipidemia, hypertension and cardiovascular disease (Van Gaal *et al.* 2006). The common measures of overall and regional adiposity, i.e. body mass index (BMI), and waist circumference (WC) and waist hip ratio (WHR), respectively, are well established risk factors for metabolic disorders (Carey *et al.* 1997; Wang *et al.* 2005; Canoy 2008). Moreover, the effect of central abdominal fat in visceral adipose depots make obese individuals more prone to metabolic complications than fat stored in subcutaneous adipose depots (Bjorntorp 1991; Cassano *et al.* 1992; Kissebah 1997; Wei *et al.* 1997; Folsom *et al.* 2000). Epidemiological evidence proposing the role of regional fat depots, as a mediator in causing metabolic disease risk is gradually accumulating in different human populations (Wang *et al.* 2005; Canoy 2008; Hardy *et al.* 2017; Lee *et al.* 2017).

There is a fair amount of literature that suggest the genetic underpinnings of body fat distribution independent of BMI and overall adiposity (Lindgren *et al.* 2009; Heid *et al.* 2010; Shungin *et al.* 2015). Twin and family aggregation studies have estimated the heritability levels of WC and WHR ranging from 31% to 76% (Selby *et al.* 1990; Nelson *et al.* 1999; Soren *et al.* 2007) even after adjusting for BMI (Rose *et al.* 1998; Nelson *et al.* 2002). Regional fat depots are also heritable, for instance, the heritability estimates of subcutaneous adipose tissue (SAT) and visceral adipose tissue (VAT) were reported to be 40% and 50–55%, respectively (Pérusse *et al.* 1996).

Studies have shown that the genetic factors underlying adiposity traits detected through linkage and genomewide linkage studies (Pérusse *et al.* 2001; Do *et al.* 2008; González-Sánchez *et al.* 2009; Vaughan *et al.* 2015). Genome-wide linkage studies have identified several chromosomal regions harbouring genes for obesity related traits using the linkage related genetic data (Pérusse *et al.* 2001; Rice *et al.* 2002; Aberg *et al.* 2009). Further, linkage studies have been

subsequently accompanied by large and statistically powerful genomewide association studies (GWAS), designed to dissect the genetic architecture of adiposity traits in hypothesis-free way (Manolio 2010; Lu et al. 2016; Rask-Andersen et al. 2019). GWAS have led to substantial discoveries of the genetic susceptibility loci for body fat distribution (Winkler et al. 2015; Ng et al. 2017). Genetic variants that reached genomewide significance level were further replicated to double ensure the statistical associations. These findings were further validated among different ethnic groups for the scientific credibility of genetic discoveries (den Hoed et al. 2010; Moore et al. 2012; Xi et al. 2013a). These detected genetic variants are important for unraveling biological mechanism and pathways involved in the regulation of body fat distribution.

A comprehensive understanding of the genetic architecture of body fat distribution is required to address the clinical and public health implications of alarming burden of obesity. Moreover, BMI as an imperfect proxy for the body fat with differential validity among populations highlight the importance of studying more accurate methods of quantifying regional adiposity levels. Therefore, the purpose of this review was to summarize the current knowledge and understanding of genomic basis of body fat distribution.

Linkage studies

We have identified five linkage-based studies which have primarily focussed on obesity related traits but were restricted to a few genetic markers (Norman et al. 1998; Lee et al. 1999; Norris et al. 2005; Voruganti et al. 2011; Gragnoli 2013). Two linkage studies have reported genetic association with body fat percentage (BF%) assessed by bioelectrical impedance. The first study ($n = 451$ sib-pairs and 362 siblings) found a strongest sib-pair-based multipoint linkage at 11q21-q22, near D11S2366, and the strongest sibling-based multipoint variance-components linkage at 18q21, near D18S877 for BF% with highest logarithm of the odds score (LOD = 2.1, 2.3, $P = 0.001$, 0.0006, respectively) in Pima Indians (Norman et al. 1998). Genes including *MMP1*, *MMP3*, *MMP8*, *GPDH-C* and *ATM* at chromosome 11 might influence adiposity through insulin resistance, lipid synthesis and insulin stimulated glucose transport (Hotamisligil et al. 1993; Evans et al. 1995; Edwards et al. 1996). The second study had revealed three peaks (D20S887, D20S120 and D20S149) at 20q13 for BF% (Lee et al. 1999), harbouring several genes such as *MC3R*, *MC4R* (Lu et al. 1994; Fong et al. 1997), *GNAS1* and *CEBPB* (Yeh et al. 1995) which might be candidates for obesity. Agouti-signalling protein (*ASIP*) belonged to the relevant region is a strong inhibitor of alpha melanocyte-stimulating-hormone receptors 3 and 4 (*MC3R* and *MC4R*) (Lu et al. 1994; Fong et al. 1997). Lack of functional *MC4R* gene resulted in obese mice (Huszar et al. 1997). However, mice homozygous for knockout mutations in *MC3R* gene had increased body fat

and decrease lean mass not caused by increased food intake but due to increase food efficiency (Chen et al. 2000). The other candidate gene mapped in this region was CAAT/enhancer-binding-protein beta (*CEBPB*), having significant contribution in differentiation of adipocytes (Yeh et al. 1995).

Studies on refined measures of body fat distribution had identified a wide linkage peak on 12q13-q24 among Hispanic American families for WHR (D12S297 (LOD = 2.67), D12S1052 (LOD = 2.60) after adjusting with BMI (Norris et al. 2005). The potential candidate genes in this region such as *VDR*, *CD36L1* and *IGF1* are significantly involved in the mechanism of insulin release and glucose tolerance maintenance (Ye et al. 2001), high density lipoprotein metabolism (Acton et al. 1999) and insulin sensitivity (Sun et al. 1999), respectively. However, a linkage signal for BMI-adjusted with VAT was observed at 11q13 D11S2006 (LOD = 2.36) (Norris et al. 2005). Genes (*UCP2/UCP3*) identified in this location are actively involved in metabolism (Rodríguez et al. 2002). Moreover, genes mapped near 5q33 region for BMI-adjusted with SAT (D5S820, LOD = 2.64) include the glucocorticoid receptor (*GRL*) and β 2-adrenoreceptor genes (Norris et al. 2005). The β 2-adrenoceptor are the most abundant lipolytic adrenoceptor subtype and found to be linked with obesity due to accumulation of subcutaneous fat in Japanese men (Mori et al. 1999). In Quebec family study, β 2-adrenoceptor genes have shown notable interactions with *GRL* gene, when their influence was evaluated on total abdominal fat area (Ukkola et al. 2001).

Voruganti et al. (2011) detected the evidence of linkage between D19S414 and D19S220 on chromosome 19 for WC (LOD = 3.5), BF% (LOD = 1.7), WHR (LOD = 2.5), subscapular (LOD = 2.1) and triceps skinfolds (LOD = 1.9) in 1214 Alaskan Eskimos. Important candidate genes in this region are *TGFB1*, *GYS1*, *LIPE*, *APOE*, *GIPR* and *LSR* which are functionally associated with growth and differentiation (Dickinson et al. 1990) and clearance of very low density lipoproteins and chylomicron remnants (Mooijaart et al. 2006). In addition, these genes also participate in insulin and glucocorticoid metabolism (Usdin et al. 1993), mobilization of free fatty acids from adipose tissue (Holm et al. 1988) and lipid transporter activity and clearance of dietary triglyceride (Yen et al. 1999). Moreover, the linkage of *PSMD9* (LOD = 0.93, $P = 0.023$) was observed with WC in 108 Italian families (Gragnoli 2013). This gene may contribute to type-2 diabetes, obesity, overweight and visceral obesity (Thomas et al. 1999).

Genomewide linkage studies

Before the advent of GWAS, genomewide linkage study was the primary approach for genetic mapping of Mendelian and complex traits with familial aggregation through linked markers (Dickinson et al. 1990). We have identified six

genomewide linkage studies on obesity related traits (Hsueh *et al.* 2001; Sutton *et al.* 2006; Dong *et al.* 2011; Kim *et al.* 2013; Liu *et al.* 2014; Vaughan *et al.* 2015), while additional six have focussed on body fat distribution as an independent phenotype (Pérusse *et al.* 2001; Rice *et al.* 2002; Fox *et al.* 2004; Aberg *et al.* 2009; Feitosa *et al.* 2009; Chiu *et al.* 2010) (table 1).

The first genomewide linkage study of obesity-related traits conducted on Old Order Amish population had reported linkage with maximum LOD scores for BF% (LOD = 1.61) and WC (LOD = 1.80) occurring on chromosomes 3p and 14q, respectively mapped near *PPARG* or *PPAR γ* (Hsueh *et al.* 2001). *PPAR γ* is actively involved in differentiation of adipocytes and glucose metabolism. Further, a genomewide linkage study on visceral fat assessed by CT scan in the Quebec family cohort revealed the strongest evidence of linkage on chromosome 12q24.3 between marker D12S2078 and abdominal subcutaneous fat (LOD = 2.88) (Pérusse *et al.* 2001). Three loci (1p11.2, 9q22.1 and 17q21.1) were in close proximity to the genes involved in regulation of sex steroid levels (*NHLH2*, *HSD17B3* and *HSDB3*), whereas other two loci (4q32.1 and 17q21.1) were close to the genes involved in regulation of food intake (*NPY* and *NPY2R*) (Pérusse *et al.* 2001). Moreover, the best evidence for abdominal visceral fat was found on 2q22.1 and 2q33.2-q36.3 (including the *IRS1* locus) in whites and suggestive findings on 7q22.2-q31.3 (including the *LEP* locus) in blacks of HERITAGE family cohort (Rice *et al.* 2002). *IRS1* is a cornerstone factor in insulin-signalling pathways and mediates the control of various cellular processes by insulin (Asano *et al.* 2007). Studies on humans and knockout mice have shown association of leptin gene with BMI, weight loss and body weight (Shintani *et al.* 1996; Li *et al.* 1999).

The significant linkage signal for WC were also attained at 1q32 (near *PROX1* gene marker rs1704198) in an Asian population (Kim *et al.* 2013). The biological role of *PROX1* gene was previously studied in a mouse model, where heterozygosity in *PROX1* gene causes adult-onset obesity and heavier adipocytes with large circumference as compared to wild-type animals. In addition, mice with *PROX1* heterozygosity had also developed impaired hepatic lipid accumulation along with increased levels of leptin and insulin (Harvey *et al.* 2005).

Candidate gene association studies

Candidate gene approach is hypothesis driven. Genes which have been previously implicated in pathways controlling energy intake and expenditure have been selected as important candidates and analysed (Tabor *et al.* 2002). Thus, this approach relies upon the existing knowledge of the biology and pathophysiology of the disease. A total of 14 candidate gene association studies have been conducted with respect to body fat distribution (table 2). Some of these

genes were previously belonged to body mass and adiposity measures while others are involved in energy intake and energy expenditure.

Since from the discovery of *FTO* gene, an association of single-nucleotide polymorphisms (SNPs) with obesity and BMI was reported in number of populations, making *FTO* the first candidate gene associated with obesity (Yajnik *et al.* 2009; Vasani *et al.* 2013). Gene expression studies in animal models suggested that *FTO* is actively involved in controlling feeding behaviour and energy expenditure (Fawcett and Barroso 2010). It had been reported that the genetic variants of *FTO* influence obesity, and also associated with body fat distribution independent of BMI and sex (Do *et al.* 2008; González-Sánchez *et al.* 2009; Pausova *et al.* 2009; Yajnik *et al.* 2009; Liu *et al.* 2010a; Dwivedi *et al.* 2012; Vasani *et al.* 2013). Another candidate gene for obesity is *MC4R*, which play a significant role in the regulation of body weight and appetite (Huszar *et al.* 1997). The importance of *MC4R* in body weight regulation is apparent but studies have also reported its association with WC, WHR and BF% (Dwivedi *et al.* 2013; Evans *et al.* 2014). In addition, *PPAR γ* was found to be an important candidate gene, actively involved in adipocyte differentiation (Passaro *et al.* 2011; Bhatt *et al.* 2012). Animal studies showed that the adipose-specific *PPAR γ* knockout mice showed diminished weight gain on feeding with high-fat diet despite hyperphagia and also had diminished serum concentrations of leptin and adiponectin, and did not develop glucose intolerance or insulin resistance (Jones *et al.* 2005). In humans, of the three *PPAR γ* isoforms, *PPAR γ 2* mRNA is the most abundantly and relatively specifically expressed in adipose tissue. It has been reported that *PPAR γ 2* mRNA levels were increased in adipocytes from morbidly obese subjects (Auwerx 1999). Further, investigators have explored the role of variants in *SIRT1* gene, previously known to be an important regulator of energy metabolism via its influence on glucose and lipid metabolism (Peeters *et al.* 2008). Moreover, variants in *LPL* and *IL6* genes might regulate body fat distribution through their contribution in ectopic visceral storage (Parikh and Groop 2004; Radha *et al.* 2007; Gupta *et al.* 2011).

Candidate gene approach have been criticized because of its limited ability to include all possible causative genes, nonreplication of results and incapability to discover new genes (Tabor *et al.* 2002). All these limitations led to the establishment of more advanced tool, i.e. GWAS, which can pinpoint genes regardless of their unknown function.

GWAS

GWAS are the powerful tool for understanding the genetic basis of many complex traits (McCarthy *et al.* 2008). GWAS focussed on fat distribution traits including WC and WHR have generated genotyping data on thousands of samples and uncovered several loci (> 200) that harbour associations of common variants with adiposity traits (Shungin *et al.* 2015;

Table 1. Genes identified by genomewide linkage studies in context with body fat distribution.

Author (year)	Population	Sample size	Nearest gene	Position	Marker (EA)	Trait	Effect size, P -value	
Pérusse et al. (2001)	Canadian families of French ancestry	496	<i>NHLH2, HSD17B3, PPARGC1, NPY2R, LEP, CAV2, HSD17B3</i>	1p11.2	D1S534	ASF	LOD = 2.07	
				4p15.1	D4S2397	ASF	LOD = 2.13	
				4q32.1	D4S2417	ASF	LOD = 1.74	
				7q31.1	D7S1875	ASF	LOD = 2.01	
				9q22.1	D9S1122	ASF	LOD = 2.01	
				—	D9S257	ASF	LOD = 1.69	
				12q22-q23	IGF1	ASF	LOD = 1.86	
				12q24.3	D12S2078	ASF	LOD = 2.53	
				—	D12S1045	ASF	LOD = 1.09	
				13q34	D13S285	ASF	LOD = 1.44	
				17q21.1-q21.3	D17S2180	ASF	LOD = 1.30	
				—	D17S1290	ASF	LOD = 1.29	
				—	D17S1301	ASF	LOD = 1.99	
Hsueh et al. (2001)	Amish	672	<i>PPARγ</i>	14q	—	WC	LOD = 1.80	
				3p	D3S3608	BF%	LOD = 1.61	
Rice et al. (2002)	European ancestry	99 HERITAGE white families	—	2p14	D2S441	ASF	LOD = 1.88, $P = 0.00164$	
				2q22.1	D2S1334	AVF	LOD = 1.97, $P = 0.00131$	
				2q22.1	D2S1399	AVF	LOD = 2.33, $P = 0.00053$	
				2q36.1	D2S434	AVF	LOD = 2.49, $P = 0.00035$	
				2q36.3	IRSI	AVF	LOD = 1.87, $P = 0.00168$	
				5q31.2	D5S658	ASF	LOD = 2.06, $P = 0.00104$	
				5q31.2	D5S658	ATF	LOD = 1.84, $P = 0.00179$	
				5q31.3	D5S1480	ATF	LOD = 1.87, $P = 0.00169$	
				22q11.23	D22S264	ASF	LOD = 1.96, $P = 0.00132$	
				3p26.3	D3S2387	ASF	LOD = 2.16, $P = 0.00080$	
				3q29	D3S1311	ASF	LOD = 2.45, $P = 0.00039$	
				4q31.22	D4S2431	ASF	LOD = 2.34, $P = 0.00052$	
				7q36.3	D7S559	ASF	LOD = 1.74, $P = 0.00230$	
11p14.1	GATA34E08	ASF	LOD = 1.75, $P = 0.00224$					
14q24.1	D14S588	ASF	LOD = 2.38, $P = 0.00047$					
11p15.2	C11P15_3	ASF	LOD = 1.85, $P = 0.00177$					
6	D6S1009	WC	LOD = 3.30					
Fox et al. (2004)	European	2086	<i>ESR1, OPRM1 and NMBR</i>	—	D17S1301/D17S801	VAT	LOD = 3.05	
Sutton et al. (2006)	Hispanics	1425	—	—	D17S1301/D17S801	WC	LOD = 1.92	
Feitosa et al. (2009)	European	5076	<i>POMC, IRS1 and calpain 10</i>	2p25	GATA116B01	WC	LOD = 4.23	
		1164	—	9p22.3–p21.3	D9S285	BF%	LOD = 2.48	
Aberg et al. (2009)	American Samoa and Samoa	1365	—	—	D9S157–D9S171	ABDCIR	LOD = 2.14	
					6p123	—	Hip	LOD = 2.39, $P = 0.0018$
Dong et al. (2011)	Caribbean Hispanic	1390	—	—	12q23.1	WC	LOD = 1.61, $P = 0.0146$	
					16q23–24	D16S3091/D16S539	Average tricep skinfold	LOD = 2.32, $P = 0.0008$
Kim et al. (2013)	Mongolian and Korean	3106	<i>PROX1</i>	—	14q32	Abdominal thickness	LOD = 2.17, $P = 0.001$	
					211977117	rs1704198 (A)	WC	$P = 4.11 \times 10^{-7}$
Liu et al. (2014)	Chinese	1791	<i>TBC1D22A</i>	22q13.31–13.33	rs16996195	WC	LOD = 3.13	
		982	<i>SBSPO1</i>	8	rs1007750	Thigh circumference	$P = 0.0005$	
Vaughan et al. (2015)	European	982	—	—	5	rs878953	Thigh skinfold	$P = 0.0004$
					11	rs1596854	WC	$P = 0.0003$

ABDCIR, abdominal circumference; ASF, abdominal subcutaneous fat; AVF, abdominal visceral fat; ATF, abdominal total fat; BF%, body fat percentage; EA, effect allele; LOD, logarithm of the odds; VAT, visceral adipose tissue; WC, waist circumference.

Winkler *et al.* 2015; Wen *et al.* 2016) (table 3). A study conducted by Chambers *et al.* (2008) had reported an association of rs12970134 with WC ($\beta = 0.88$) among individuals of Indian-Asian and European ancestry. This genetic variant (rs12970134) have been mapped near *MC4R* gene and is known for their association with monogenic obesity (Hinney *et al.* 2010). Further, the association of a novel variant (rs10146997) of *NRXN3* with WC was discovered among Caucasians but this effect was reduced after adjusting for BMI, indicating the role of this locus in regulating overall adiposity rather than central obesity (Heard-Costa *et al.* 2009).

The first meta-analysis of GWAS related to two widely studied measures of body fat distribution, i.e. WC and WHR, was conducted among Europeans (Lindgren *et al.* 2009). Genetic variants within *TFAP2B* ($P = 1.87 \times 10^{-11}$) and near *MSRA* ($P = 8.89 \times 10^{-9}$) were found to be strongly associated with WC and a third locus, near *LYPLAL1* ($\beta = 0.040$, $P = 2.6 \times 10^{-8}$), was associated with WHR in women only (Lindgren *et al.* 2009). Second meta-analysis have included 32 GWAS to detect other genetic variants associated with WHR adjusted for BMI (WHRadjBMI) ($n = 77,167$). They have also followed up 16 loci in additional 29 studies ($n = 113,636$). Thirteen novel loci in or near *VEGFA*, *RSPO3*, *NISCH-STAB1*, *TBX15-WARS2*, *LY86*, *NFE2L3*, *GRB14*, *ITPR2-SSPN*, *HOXC13*, *ADAMTS9*, *ZNRF3-KREMEN1*, *DNM3-PIGC* and *CPEB4* genes were uncovered and confirmed association signal at *LYPLAL1* (Heid *et al.* 2010).

Several studies have used more precise techniques (CT scan) for measuring body fat distribution (Norris *et al.* 2009; Fox *et al.* 2012a; Plourde *et al.* 2013). GWAS focussing on more accurate methods for quantifying body fat had uncovered additional variants contributing to genetic control of body fat distribution. A novel locus near *THNSL2* was identified in association with VAT among women of European ancestry (Fox *et al.* 2012a). For the VAT/SAT ratio, the most significant P -value was attained at *LYPLAL1* gene ($P = 3.1 \times 10^{-9}$), previously identified in association with WHR. The genetic associations of seven loci were observed with VAT/SAT ratio (Fox *et al.* 2012a) after interrogating data for the 14 previously identified loci for WHRadjBMI (Heid *et al.* 2010). Findings of these studies have suggested that phenotyping using imaging techniques is better than typical anthropometric measures as imaging have the ability to partition subcutaneous fat depots from visceral fat depots (Fox *et al.* 2012a).

Further, six new loci near *IRSI*, *SPRY2*, *PLA2G6*, *IGF2BP1*, *COBLL1/GRB14* and *CRTC1* were identified for BF% (Kilpeläinen *et al.* 2011; Lu *et al.* 2016). The body fat decreasing allele of *IRSI* (rs2943650) and *SPRY2* (rs534870) were associated with 0.16% and 0.14%, respectively, decrease in BF% (Kilpeläinen *et al.* 2011). Additionally, four novel loci near *EFEMP1*, *ADAMTSL3*, *CNPY2*, *GNAS* with WC adjusted for BMI (WCadjBMI), two loci near *NID2*, *HLA-DRB5* with WHRadjBMI, and three novel loci near *CEP120*, *TSC22D2* and *SLC22A2* genes with WC not

adjusted for BMI (WCnoBMI) were identified at the genome-wide significance level among individuals of East Asian ancestry (Wen *et al.* 2016). Moreover, the only GWAS conducted on pericardial fat identified a novel locus (rs10198628) near *TRIP2* showing significant association ($P = 2.7 \times 10^{-8}$) among individuals of European ancestry. This gene is exclusively associated with pericardial fat suggestive of unique genetic underpinnings for ectopic fat distribution (Fox *et al.* 2012b).

Recently, the largest GWAS ($n = 362,499$) conducted on proportions of body fat distributed to arms, trunk and legs assessed through segmental bioelectric impedance analysis had identified 98 independent associations with body fat distribution. Of these, 29 associations were previously established for anthropometric traits. A total of 37 loci showed more pronounced effect in females than males, indicated a high level of sex heterogeneity (Rask-Andersen *et al.* 2019) (table 3). Moreover, Pulit *et al.* (2019) had performed a GWAS meta-analysis for WHRadjBMI in up to 694,649 individuals of European ancestry and identified 436 independent signals in 346 loci ($P < 5 \times 10^{-9}$). All these variants explained nearly 3.9% of the overall phenotypic variance in WHRadjBMI. On constructing the polygenic risk score, 5% of the individuals carrying WHRadjBMI increasing alleles were 1.62 times more expected to meet WHR threshold used for defining metabolic syndrome. Additionally, the WHRadjBMI of the individuals in the top 5% of the polygenic risk score was 1.05 and 1.06 times higher in males and females, respectively, as compared to individuals in the bottom 5% of the polygenic risk score (Pulit *et al.* 2019).

Sexual dimorphism

Sexual dimorphism is a well characterized feature of body fat distribution. Unlike BMI, both males and females tend to have different levels of fat depots that define body shape (Pulit *et al.* 2017). Studies focussed on the biology of body fat distribution considered WHR as the main phenotype since it indicates the amount of fat located in the visceral part of an individual (Heid *et al.* 2010). Our search for GWAS uncovering sexually dimorphic loci associated with fat distribution yielded limited number of studies and most of them have identified sexually dimorphic loci for WHRadjBMI.

Firstly, Heid *et al.* (2010) had conducted a sex stratified meta-analyses for the 14 WHR associated loci within the GIANT consortium included up to 108,979 women and 82,483 men (mean age range: 16.0–76.52 years) of European ancestry. They have identified seven loci (near *RSPO3*, *VEGFA*, *GRB14*, *LYPLAL1*, *HOXC13*, *ITPR2-SSPN* and *ADAMTS9*) which showed significant differences in sex-specific effect sizes (P ranging from 1.9×10^{-3} to 1.2×10^{-13}) in joint analyses. All these 14 loci explained 0.46% of the variance in WHR (adjusted for BMI and age) in men and 1.34% in women (Heid *et al.* 2010). Another sex-

Table 2. Candidate gene association and validation of GWAS identified genes in context with body fat distribution.

Author (year)	Population	Sample size total (M/F)/range	Gene	SNPs studied (EA)	Trait	Effect size (S.E.)	95% CI	P value
Radha et al. (2007)	Indians	731	<i>LPL</i>	-93 T to G (G)	WC	-	-	0.03
Marvelle et al. (2008)	Philippines	1,886 Cebu Filipino female	<i>FTO</i>	rs9939609 (A)	WC	-	-	0.0094
Peeters et al. (2008)	Belgian	Obese cases, 1068; controls, 313	<i>SIRT1</i>	rs7069102 (C)	WC	-	-	0.04
					WHR	-	-	0.02
					VFA	-	-	0.005
					VFA	-	-	0.005
Do et al. (2008)	European	908	<i>FTO</i>	rs3818292 (G) rs17817449 (G)	WC	-	-	0.00021
					HC	-	-	0.0014
					WHR	-	-	0.0013
					BF%	-	-	0.0023
					Sum of six skin-folds	-	-	0.0013
					WC	-	-	0.00059
					HC	-	-	0.0025
					WHR	-	-	0.0029
					BF%	-	-	0.0095
					Sum of six skin-folds	-	-	0.0019
					WC	$\beta = -0.43$	-0.76, -0.10	0.0100
Bauer et al. (2009)	European	1700 females	<i>NEGR1</i>	rs2568958 (A)	WHR	-	-	0.01
Bressler et al. (2009)	African-American	3869	<i>INSIG2</i>	rs7566605 (C)	WHR	-	-	0.02
Yajnik et al. (2009)	Indians	960	<i>FTO</i>	rs9939609 (A)	HC	-	-	0.011
González-Sánchez et al. (2009)	European	80/127	<i>FTO</i>	rs9939609 (A)	WC	-	-	0.04
Pausova et al. (2009)	Americans	485 adolescents	<i>FTO</i>	rs9939609 (A)	WC	$\beta = 2.9$	0.2, 5.7	0.007
					Intra-abdominal fat	$\beta = 0.5$	0.1, 0.8	0.0008
					Subcutaneous fat	$\beta = 0.5$	0.2, 0.8	2.5 × 10 ⁻⁴
					Sum of skinfolds	$B = 0.126$ (0.03)	-	6.8 × 10 ⁻³
den Hoed et al. (2010)	European	2042	<i>SEC16B</i>	rs10913469	Wc	$\beta = 0.075$ (0.03)	-	3.9 × 10 ⁻²
			<i>LYPLAL1</i>	rs2605100	Wc	$\beta = 0.060$ (0.03)	-	1.0 × 10 ⁻²
			<i>TMEM18</i>	rs6548238	Wc	$\beta = 0.060$ (0.02)	-	2.5 × 10 ⁻⁵
			<i>TMEM18</i>	rs6548238	Wc	$\beta = 0.150$ (0.04)	-	1.6 × 10 ⁻²
			<i>NEGR1</i>	rs2815752	WC	$\beta = 0.068$ (0.03)	-	4.8 × 10 ⁻³
			<i>GNPD42</i>	rs10938397	Sum of skinfolds	$\beta = 0.061$ (0.03)	-	2.5 × 10 ⁻³
			<i>BDNF</i>	rs925946	Sum of skinfolds	$\beta = 0.065$ (0.03)	-	2.7 × 10 ⁻³
			<i>TFAP2B</i>	rs987237	WC	$\beta = 0.056$ (0.03)	-	3.5 × 10 ⁻²
			<i>NEGR1</i>	rs3101336	WC	$\beta = 0.022$ (0.010)	-	0.027
			<i>TMEM18</i>	rs6548238	WC	$\beta = 0.050$ (0.013)	-	1.50 × 10 ⁻⁴
			<i>GNPD42</i>	rs10938397	WC	$\beta = 0.039$ (0.010)	-	1.69 × 10 ⁻⁴
			<i>KCTD15</i>	rs368794	WC	$\beta = 0.024$ (0.011)	-	0.023
			<i>MC4R</i>	rs17782313	WC	$\beta = 0.042$ (0.012)	-	3.48 × 10 ⁻⁴
			<i>FTO</i>	rs1121980	WC	$\beta = 0.080$ (0.010)	-	2.04 × 10 ⁻¹⁵
			<i>BDNF</i>	rs925946	WC	$\beta = 0.049$ (0.011)	-	8.47 × 10 ⁻⁶
			<i>SH2B1</i>	rs7498665	WC	$\beta = 0.024$ (0.010)	-	0.015
			<i>FAIM2</i>	rs7132908	WC	$\beta = 0.040$ (0.010)	-	8.43 × 10 ⁻⁵
Li et al. (2010)	European	20,125			WC	-	-	0.04

Table 2 (cont'd)

Author (year)	Population	Sample size total (M/F)/range	Gene	SNPs studied (EA)	Trait	Effect size (S.E.)	95% CI	P value
Liu <i>et al.</i> (2010a)	European and African ancestry	1975	<i>FTO</i>	rs9939609 (A)	WC	–	–	0.04
Haupt <i>et al.</i> (2010)	European	1469 nondiabetic white subjects	<i>TMEM18</i> <i>SH2B1</i> <i>NEGR1</i>	rs6548238 (T) rs7498665 (G) rs2815752 (C)	WC VAT VAT TAT WHR	– – – – –	– – – – –	0.03 0.009 0.02 0.03 < 0.001
Gupta <i>et al.</i> (2011)	Indians	178	<i>IL6</i>	G-174C (C)	WHR	–	–	0.03
Liu <i>et al.</i> (2010b)	European Americans & African Americans	395–1652 European Americans & African Americans	<i>MC4R</i>	rs17782313 (C) rs17700633 (A)	WC BF% VAT SAAT VFA	– – – – –	– – – – –	0.001 <0.001 <0.001 0.00047
Hotta <i>et al.</i> (2011)	Japanese	1279 (556/723)	<i>SH2B1</i>	rs7498665 (G)	WC	–	–	0.0168
Klimentidis <i>et al.</i> (2011)	European	298 (children)	<i>FTO</i>	rs8050136 (A) rs9939609 (A) rs7561317 (G)	WC WC WC	– – –	– – –	0.0197 0.042
Bille <i>et al.</i> (2011)	European	6038	<i>TMEM18</i> <i>LYPLAL1</i> <i>NRXN3</i>	rs2605100 (G) rs10146997 (G)	WC WC WC	β = -0.08 β = 0.55 β = 2.03	-0.29, 0.13 0.20, 0.89	0.04 0.02 0.001
Passaro <i>et al.</i> (2011)	Caucasians	364	<i>PP4R1</i> ²	Pro12Ala (Ala)	WC	–	–	0.03
Bhatt <i>et al.</i> (2012)	Indians	495	<i>PP4R1</i> ²	Pro12Ala (Ala)	HC	–	–	0.04
Moore <i>et al.</i> (2012)	Indians	1129	<i>FTO</i>	rs3751812 (T)	WC	–	–	7.9 × 10 ⁻⁶ 1.5 × 10 ⁻⁴ 9.2 × 10 ⁻³ 0.00011 0.0016 3.8 × 10 ⁻¹² 2.0 × 10 ⁻⁴ 4.3 × 10 ⁻¹⁰ 0.002 0.034 0.05 0.01
Dwivedi <i>et al.</i> (2012)	Indians	3126 children	<i>FTO</i>	rs8050136 (A)	WC HC WHR	β = 0.12 β = 0.11 β = 0.07	0.07, 0.18 0.05, 0.16 0.02, 0.13	–
Hotta <i>et al.</i> (2012)	Japanese	1279	<i>CYP17A1</i> <i>NT5C2</i>	rs1004467 (A) rs11191548 (T)	SFA SFA	β = -0.030 (0.008) β = -0.026 (0.008)	– –	–
Dwivedi <i>et al.</i> (2013)	Indians	1362 children 2028 nondiabetic controls	<i>MC4R</i>	rs17782313 (C) (in children)	WC WHR WC WHR	β = 0.26 β = 0.13 β = 0.24 β = 0.11	0.19, 0.34 0.06, 0.20 0.16, 0.31 0.04, 0.18	–
Gupta <i>et al.</i> (2013)	Indians	5056	<i>NGN3</i>	rs12970134 (A) (in children)	WC WHR	β = 0.07	0.01, 0.14	0.002
Vasan <i>et al.</i> (2013)	Indians	1230	<i>FTO</i>	rs17782313 (C) (In adults) rs12970134 (A) (In adults) rs10823406 (A)	WC WC WHR	β = 0.08	–	0.05 0.01
Xi <i>et al.</i> (2013a)	Chinese	2849	<i>SEC16B</i>	rs9939609 (A) rs10913469 (C)	WHR WC	β = 0.006 β = 0.39	0.001, 0.012 0.08, 0.7	0.021 0.014
Xi <i>et al.</i> (2013b)	Chinese	19593 children	<i>FTO</i> <i>MC4R</i>	rs9939609 (A) rs17782313 (C)	WC WHR WC WHR	OR = 1.29 OR = 1.33 OR = 1.27 OR = 1.25	1.10, 1.50 1.14, 1.56 1.12, 1.44 1.10, 1.42	0.001 3.56 × 10 ⁻⁴ 1.32 × 10 ⁻⁴ 4.71 × 10 ⁻⁴
Evans <i>et al.</i> (2014)	African American white	1538–1616	<i>BDNF</i> <i>GNPDA2</i> <i>MC4R</i>	rs6265 (G) rs10938397 (G) rs11152221 (T)	WC WC WHR BF%	OR = 1.20 OR = 1.22 OR = 1.25	1.08, 1.34 1.09, 1.37 1.11, 1.39	8.86 × 10 ⁻⁴ 4.09 × 10 ⁻⁴ 1.32 × 10 ⁻⁴ 0.003

Table 2 (cont'd)

Author (year)	Population	Sample size total (M/F)/range	Gene	SNPs studied (EA)	Trait	Effect size (S.E.)	95% CI	P value
Zhu et al. (2014)	Chinese	2894	<i>MTIF3</i> <i>SH2B1</i>	rs4771122 rs4788102	BF%	$\beta = 0.98$ (0.34)	—	0.0047
Nakayama et al. (2014)	Japanese	3013 (1,572/1339)	<i>PCSK1</i> <i>GIPR</i>	rs261967 rs55669001 (T)	BF% VFA	$\beta = 0.55$ (0.26) $\beta = 20.16$ (0.08)	—	0.033 0.044
				rs2287019 (C)	WC VFA WC	$\beta = 0.029$ $\beta = 0.046$ $\beta = 0.031$ $\beta = 0.038$	—	0.035 0.008 0.023 0.028

BF%, body fat percentage; β , beta coefficient; CI, confidence interval; EA, effect allele; HC, hip circumference; OR, odds ratio; SAT, subcutaneous adipose tissue; SFA, subcutaneous fat area; SAAT, subcutaneous abdominal adipose tissue; TAT, total adipose tissue; VFT, visceral fat area; VAT, visceral adipose tissue; WC, waist circumference; WHR, waist hip ratio.

specific meta-analyses have identified four previously established and three novel anthropometric trait loci (near *MAP3K1*, *HSD17B4*, *PPARG*) exhibiting significant sex-differences for WHRadjBMI in European population (mean age range: 40.9–74.3 years). All these loci reached genome-wide significant level only in women (joint P -women: 3.4×10^{-9} to 4.2×10^{-14}) (Randall et al. 2013).

The sexual dimorphism in body fat distribution gained further support from a recent large scale GWAS meta-analyses (>320,000 individuals of European descent; mean age range: 18.9–69.1 years) identified 44 loci displaying significantly distinct effects on WHRadjBMI between male and female, of which 17 were novel (near *TTN*, *IRS1*, *CDH10*, *IQGAP2*, *SIMI*, *ISPD*, *KLF14*, *SGCZ*, *PTPRD*, *RXRA*, *GANAB*, *SLC2A3*, *LEMD3*, *GPNPAT1*, *RPS6KA5*, *CECR2*, *HMGXB4*) and 27 loci had been confirmed in earlier study (Winkler et al. 2015). Of these 27 loci, sex-specific effects on WHRadjBMI for 10 of the previously established loci (near *GORAB*, *LY86*, *ITPR2*, *PIGU*, *EYA2*, *KCNJ2*, *MEIS*, *EYA1*, *CCDC92*, *NSD1*) were also reported. A total of 28 loci $P_{\text{binomial}} = 3.3 \times 10^{-5}$ have shown more pronounced effects in females than in males (Winkler et al. 2015).

Another largest meta-analysis on 224,459 European individuals (mean age range: 18.90–73.90 years) have discovered 49 loci associated with WHRadjBMI, of which 20 loci showed significant sexual differences (Shungin et al. 2015). A total of 19 loci (11 new) near *PLXND1*, *NMU*, *FAM13A*, *MAP3K1*, *HMGAI*, *NKX2-6*, *SFXN2*, *MACROD1-VEGFB*, *CMIP*, *BCL2*, *SNX10*, *LYPLAL1*, *GRB14-COBL1*, *PPARG*, *ADAMTS9*, *TNFAIP8*, *HSD17B4*, *VEGFA*, *RSPO3*, *HOXC13* displayed a stronger effect in women while only loci that showed a larger effect in men mapped near *GDF5* (rs224333, $\beta_{\text{men}} = 0.036$ and $P = 9.0 \times 10^{-12}$, $\beta_{\text{women}} = 0.009$ and $P = 0.074$, $P_{\text{difference}} = 6.4 \times 10^{-5}$). Further, on conditional analysis, in *HOXC6*–*HOXC13* region, one loci was found to be female-specific (rs1443512, $P_{\text{conditional}} = 1.1 \times 10^{-14}$), similarly, in *TBX15*–*WARS2*–*SPAG17* region, one signal was male-specific (rs1106529, $P_{\text{conditional}} = 4.8 \times 10^{-9}$) (Shungin et al. 2015).

The association of rs3791679 near *EFEMP1* gene with WCadjBMI was significantly stronger in men than in women (effect size: 4.04 vs 2.43), whereas the association of rs1982963 near *NID2* gene with WHRadjBMI was significantly weaker in men than in women (effect size: 2.88 vs 6.26) (Wen et al. 2016) among individuals of East Asian ancestry (mean age range: 36.5–66.0 years). Two novel loci (*SSX2IP*, *PDE3B*) with WHRadjBMI were identified among women of African ancestry. On combining the GWAS of African and European ancestry, two more novel loci (*CASC8*, *ZDHC1/HSD11B2*) for WHRadjBMI were identified in African and European ancestry (mean age range: 9.3–73.5 years) (Ng et al. 2017).

The only GWAS focussed on sexual dimorphic loci in BF% among individuals of European and Asian Indians

ancestry (mean age range: 43.4–75.5 years) have identified the association of locus near *IRS1* with BF% ($P_{\text{sex-difference}} = 0.02$) and this effect was more pronounced in men ($P = 3 \times 10^{-11}$) than in women ($P = 9 \times 10^{-3}$) (Kilpeläinen *et al.* 2011). The *IRS1* locus was found to be associated with an adverse distribution of body fat in men as the BF% decreasing allele of rs2943650 near *IRS1* was associated with reduced subcutaneous fat in men ($P = 1.8 \times 10^{-3}$) but not in women ($P = 0.063$), implying that there may be sex differences in the effects of near *IRS1* locus on the function of gene itself (Kilpeläinen *et al.* 2011).

The above findings of GWAS have suggested that the contribution of women to genetic variance is significantly higher as compared to men.

Validation of GWAS identified genes

Our search yielded 17 validation studies of previously identified GWAS hits which have shown significant associations with body fat distribution in pooled sample size of 75,776 participants. Most of the validation studies ($n = 9$) have been conducted on WC and WHR and found significant associations (Marville *et al.* 2008; Bauer *et al.* 2009; Bressler *et al.* 2009; den Hoed *et al.* 2010; Bille *et al.* 2011; Klimentidis *et al.* 2011; Liu *et al.* 2012b; Moore *et al.* 2012; Xi *et al.* 2013a). The largest study ($n = 20,125$) conducted on European population have validated 12 loci, previously identified from GWAS on BMI. Of these, nine loci have shown significant association with WC with an effect size range from 0.010 to 0.013 cm per allele change for WC (Li *et al.* 2010). Second largest study performed on 19,593 Chinese children have validated 11 BMI associated loci in GWAS for associations with central obesity. It was found that four loci have shown significant association with central obesity assessed through WC (odds ratio (OR) range: 1.20–1.29) and WHR (OR range: 1.25–1.33) (Xi *et al.* 2013b). In addition, a validation study on Indian population have identified a locus (*NGN3*), previously established in GWAS for type-2 diabetes, in association with WHR ($P = 0.01$), suggestive of a common underlying biological mechanism (Gupta *et al.* 2013).

Moreover, the genetic associations were also validated for VAT (*NEGR1*, *SH2B1*), leg fat percentage (*PCSK1*, *MSRA*, *TFAP2B*), BF% (*FTO*, *MC4R*, *MTIF3*), trunk fat percentage (*TFAP2B*), visceral fat area (*GIPR*, *SH2B1*), subcutaneous fat area (*CYP17A1*, *NT5C2*), sum of skinfolds (*GNPDA2*, *BDNF*, *LYPLAL1*, *TMEM18*, *SEC16B*) (den Hoed *et al.* 2010; Liu *et al.* 2010b; Haupt *et al.* 2010; Hotta *et al.* 2011, 2012; Zhu *et al.* 2014; Nakayama *et al.* 2014). A total of 30 genetic variants in 20 genes have been validated in association with body fat distribution (table 2).

Biological functions of genes

Several genes have been identified through GWAS but the functional role could be allocated to a few of the candidate genes. For instance, the *cis*-expression quantitative trait loci (eQTL) data implicated *GRB14* as a potential candidate gene for WHR association (Heid *et al.* 2010). The *GRB14* variant (rs10195252) was also studied in association with insulin and triglyceride levels. These findings were supported by evidence that mice deficient with *Grb14* displayed improved glucose homeostasis despite having less circulating insulin levels, and increased insulin signalling in skeletal muscle and liver (Cooney *et al.* 2004). *VEGFA* is another candidate gene identified through GWAS, having a significant role as a mediator in adipogenesis (Nishimura *et al.* 2007). Given evidence that serum levels of *VEGFA* are correlated with obesity (Silha *et al.* 2005). Further, *TBX15* emerged to be a strongest candidate gene through *cis*-eQTL in omental fat with significant depot specific differences in expression of adipose tissue in mice and humans and associations between WHR and *TBX15* expression in visceral fat (Gesta *et al.* 2006, 2007). Developmental gene (*HOX13*) may determine the pattern of adipocyte specific expression which have been observed in different fat depots (Gesta *et al.* 2006; Lanctot *et al.* 2007). The signal near *ADAMTS9* showed overlapping with previously associated type-2 diabetes locus (Zeggini *et al.* 2009). The type-2 diabetes risk alleles of *ADAMTS9* locus were found to be associated with insulin resistance in peripheral tissue (Boesgaard *et al.* 2009). Moreover, the mRNA of the five potential body fat distribution related genes (*ITPR2*, *RSPO3*, *TBX15*, *WARS2* and *STAB1*) was differentially expressed between gluteal and abdominal subcutaneous adipose tissue (Heid *et al.* 2010).

Some of the validated genes such as *LYPLAL1* which encodes a lysophospholipase-like protein might acts as a triglyceride lipase and was reported to be upregulated in SAT of obese subjects (Steinberg *et al.* 2007). *TFAP2B* is another validated gene which encodes a transcription factor preferentially expressed in adipose tissue. Over expression of *TFAP2B* downregulates the expression of insulin sensitizing hormone adiponectin by direct transcriptional repression (Ikeda *et al.* 2006). Further, *CYP17A1* gene is involved in the biosynthesis of androgens, oestrogens, mineral corticoids and glucocorticoids (Gilep *et al.* 2011).

Moreover, other identified genes were involved in adipogenesis (*ZNF423*, *CEBPA*, *PPARG*, *BMP2*, *HOXCmir196*, *SPRY1* and *PEMT*), angiogenesis (*VEGFB*, *PLXND1*, *CALCRL*, *MEIS1*, *FGF2*, *SMAD6*), and inflammation (*NLRP3*) (Heid *et al.* 2010). Some of the transcriptional regulators at WHRadjBMI loci include *CEBPA*, *PPARG*, *MSC*, *SMAD6*, *HOXA*, *HOXC*, *ZBTB7B*, *JUND*, *KLF13*, *MEIS1*, *RFX7*, *NKX2-6* and *HMGAI* (Shungin *et al.* 2015). Deficiency of a few candidate genes including *NMU* (Hanada *et al.* 2004), *FGFR4* (Huang *et al.* 2007) and

Table 3. Summary of the genes identified by GWAS in context with body fat distribution.

Author (Year)	Population	Sample size total (M/F)/ range	Gene	Chr	SNP studied (EA)	Phenotype	Effect size (S.E.)	P value				
Scuteri et al. (2007) Chambers et al. (2008)	Sardinian population European ancestry or Indian Asians from UK	6148 14,639	FTO MC4R	16	rs9930506 (A)	HC	$\beta = -0.157$	3.4×10^{-8}				
				18	rs12970134 (A)	WC	$\beta = 0.88$	1.7×10^{-9}				
Norris et al. (2009)	Hispanic Americans	229	-	13	rs4541696	VSR	-	6.1×10^{-6}				
				5	rs4134351	VSR	-	1.6×10^{-6}				
				1	rs7543757	VAT	-	4.6×10^{-6}				
				11	rs4754373	SAT	-	9.5×10^{-7}				
				11	rs11212913	SAT	-	6.5×10^{-6}				
				17	rs987237 (G)	WC	-	1.87×10^{-11}				
Lindgren et al. (2009)	European	118,691	TEAP2B	17	rs987237 (G)	WC	-	8.89×10^{-9}				
				8	rs7826222 (G)	WC	$\beta = 0.040 (0.007)$	2.6×10^{-8}				
				1	rs4846567 (G)	WHR	$\beta = 0.255 (0.056)$	4.90×10^{-6}				
				7	rs7792939	ZNF498	$\beta = 0.256 (0.056)$	5.73×10^{-6}				
Polasek et al. (2009)	European	898	ZNF498	7	rs7792939	Brachial circumference	$\beta = -0.311 (0.067)$	3.70×10^{-6}				
				5	rs157350	HC	$\beta = -0.306 (0.068)$	6.08×10^{-6}				
Heid et al. (2010)	European	113,582 95,430 109,623 113,636 102,449 91,820 92,018 102,189 112,353 84,480 107,503 85,722 109,028 93,911 1060	SGCD CRMI ITGAI MAX SEZ6L2 RSPO3 VEGFA TBX15-WARS2 NFE2L3 GRB14 LYPLALI DNM3-PIGC LY86 HOXC13 ADAMTS9 ITPR2-SSPN CPEB4 NISCHE-STAB1 ZNRF3-KREMEN1 NRXN3	5	rs157350	Brachial circumference	$\beta = 0.164 (0.035)$	2.10×10^{-6}				
				6	rs9491696 (G)	WHRadjBMI	$\beta = 0.042$	1.84×10^{-40}				
				6	rs6905288 (A)	WHRadjBMI	$\beta = 0.036$	5.88×10^{-25}				
				1	rs984222 (G)	WHRadjBMI	$\beta = 0.034$	8.69×10^{-25}				
				7	rs1055144 (T)	WHRadjBMI	$\beta = 0.040$	9.97×10^{-25}				
				2	rs10195252 (T)	WHRadjBMI	$\beta = 0.033$	2.09×10^{-24}				
				1	rs4846567 (G)	WHRadjBMI	$\beta = 0.034$	6.89×10^{-21}				
				1	rs1011731 (G)	WHRadjBMI	$\beta = 0.028$	9.51×10^{-18}				
				6	rs1294421 (G)	WHRadjBMI	$\beta = 0.028$	1.75×10^{-17}				
				12	rs1443512 (A)	WHRadjBMI	$\beta = 0.031$	6.38×10^{-17}				
				3	rs6795735 (C)	WHRadjBMI	$\beta = 0.025$	9.79×10^{-14}				
				12	rs118314 (G)	WHRadjBMI	$\beta = 0.030$	1.14×10^{-17}				
				5	rs6861681 (A)	WHRadjBMI	$\beta = 0.022$	1.91×10^{-9}				
				3	rs6784615 (T)	WHRadjBMI	$\beta = 0.043$	3.84×10^{-10}				
				22	rs4823006 (A)	WHRadjBMI	$\beta = 0.023$	1.10×10^{-11}				
				14	rs11624704	WHR	-	2.67×10^{-9}				
				9	rs1440072 (C)	WC	-	7.87×10^{-7}				
				Croteau-Chonka et al. (2011)	Philippines	1792 adult women	KCNE4	9	rs1440072 (C)	WC	-	7.87×10^{-7}
								2	rs2943650 (T)	BF%	$\beta = -0.16$	3.8×10^{-11}
				Kilpeläinen et al. (2011)	Europeans and Indian Asians	76,150 70,831 70,642 4997/5560	IRSI SPRY2 FTO LYPLALI	13	rs534870 (A)	BF%	$\beta = -0.14$	6.5×10^{-8}
16	rs8050136 (C)	BF%	$\beta = -0.33$					2.7×10^{-26}				
1	rs11118316 (A)	VAT/SAT ratio	-					3.13×10^{-9}				
2	rs1659258 (A)	VAT	-					1.58×10^{-8}				
Fox et al. (2012a)	European	In women	THNSL2	2	rs1659258 (A)	VAT	-	1.58×10^{-8}				
				9	rs2075064 (C)	WC	$\beta = -0.07 (0.01)$	2.24×10^{-8}				
Liu et al. (2013)	African	27350	RREB1	13	rs6931262 (C)	WHR	$\beta = 0.06 (0.01)$	2.48×10^{-8}				
				3	rs17451107 (T)	Sum of skinfolds	-	1.90×10^{-13}				
Urbanek et al. (2013) Randall et al. (2013)	European European	4281 newborns 98,321 98,352 97,269	LEKRI/CCNLI GRB14/COBLL1 LYPLALI/SL30410	2	rs6717858 (T)	WHRadjBMI	-	1.99×10^{-29}				
				1	rs2820443 (T)	WHRadjBMI	-	4.62×10^{-37}				
Urbanek et al. (2013) Randall et al. (2013)	European European	95,325 73,066 96,472 107,403	VEGFA ADAMTS9 HSD17B4 PPARG MAP3K1	6	rs1358980 (T)	WHRadjBMI	-	2.41×10^{-31}				
				3	rs2371767 (G)	WHRadjBMI	-	7.07×10^{-23}				
				5	rs10478424 (A)	WHRadjBMI	-	3.45×10^{-9}				
				3	rs4684854 (C)	WHRadjBMI	-	4.17×10^{-14}				
5	rs11743303 (G)	WHRadjBMI	-	2.69×10^{-11}								

Table 3 (contd)

Author (Year)	Population	Sample size total (M/F) range	Gene	Chr	SNP studied (EA)	Phenotype	Effect size (S.E.)	P value
Plourde et al. (2013)	European	926	<i>LRRFIP1</i>	2	rs3769053 (C)	TAT	$\beta = 0.402$	1.1×10^{-4}
					rs11680012 (C)	VAT	$\beta = 0.321$	3.7×10^{-4}
Yoneyama et al. (2014)	European	48,549 48,548 35,827 13,532 Females 15,207 Females 1257 1034	<i>TMCC1</i> <i>HOXC10</i> <i>PEMT</i> <i>SHC1</i> <i>ATFDDB4</i> <i>IDHI</i> <i>ZGRF1</i>	3	rs2811337 (G)	WHR	$\beta = 0.044$ (0.008)	7.7×10^{-9}
				12	rs7302703 (G)	WHR	$\beta = 0.048$ (0.008)	2.9×10^{-7}
				17	rs936108 (C)	WHR	$\beta = 0.035$ (0.007)	1.9×10^{-6}
				1	rs12076073 (A)	WHR	$\beta = 0.10$ (0.02)	1.9×10^{-6}
				15	rs1037575 (A)	WHR	$\beta = 0.046$ (0.01)	2.2×10^{-6}
				2	rs34218846 (T)	WC	$\beta = -0.080$ (0.010)	1.62×10^{-8}
				4	rs1471880 (C)	WHR	$\beta = -0.027$ (0.0047)	1.00×10^{-8}
					rs13144672 (C)	WHR	$\beta = -0.027$ (0.0047)	3.15×10^{-8}
					rs12054518 (A)	WHR	$\beta = 0.027$ (0.0048)	3.23×10^{-8}
					rs7696816 (C)	WHR	$\beta = 0.025$	4.35×10^{-8}
Shungin et al. (2015)	European	207,867 181,049 206,619 209,906 209,921 207,795 209,218 209,925 209,941 208,181 178,874 208,263 177,879 195,215 209,766 203,826 209,941 209,642 209,807 208,255 208,374 207,447 198,072 207,828 198,196 169,793 209,990 209,977	<i>DCST2</i> <i>GORAB</i> <i>MEIS1</i> <i>CALCRL</i> <i>PLXND1</i> <i>LEKR1</i> <i>NMU</i> <i>FAM13A</i> <i>SPAT45FGF2</i> <i>MAP3K1</i> <i>FGFR4</i> <i>BTNL2</i> <i>HMGAI</i> <i>HOXA11</i> <i>NKX2-6</i> <i>MSC</i> <i>ABCA1</i> <i>SFXN2</i> <i>CCDC92</i> <i>KLF13</i> <i>REF7</i> <i>SMAD6</i> <i>MACROD1</i> <i>VEGFB</i> <i>CMIP</i> <i>PEMT</i> <i>BCL2</i> <i>JUND</i> <i>KCNJ2</i>	1	rs905938 (T)	WHRadjBMI	$\beta = 0.024$	7.3×10^{-10}
				1	rs10919388 (C)	WHRadjBMI	$\beta = 0.024$	3.2×10^{-9}
				2	rs1385167 (G)	WHRadjBMI	$\beta = 0.029$	1.9×10^{-9}
				2	rs1569135 (A)	WHRadjBMI	$\beta = 0.021$	5.6×10^{-10}
				3	rs10804591 (A)	WHRadjBMI	$\beta = 0.025$	6.6×10^{-9}
				3	rs17451107 (T)	WHRadjBMI	$\beta = 0.026$	1.1×10^{-12}
				4	rs3805389 (A)	WHRadjBMI	$\beta = 0.012$	1.5×10^{-3}
				4	rs9991328 (T)	WHRadjBMI	$\beta = 0.019$	4.5×10^{-8}
				4	rs303084 (A)	WHRadjBMI	$\beta = 0.023$	3.9×10^{-8}
				5	rs9687846 (A)	WHRadjBMI	$\beta = 0.024$	7.1×10^{-8}
				5	rs6556301 (T)	WHRadjBMI	$\beta = 0.022$	2.6×10^{-8}
				6	rs7759742 (A)	WHRadjBMI	$\beta = 0.023$	4.4×10^{-11}
				6	rs1776897 (G)	WHRadjBMI	$\beta = 0.030$	1.1×10^{-5}
				7	rs7801581 (T)	WHRadjBMI	$\beta = 0.027$	3.7×10^{-10}
				8	rs7830933 (A)	WHRadjBMI	$\beta = 0.022$	7.4×10^{-8}
				8	rs12679556 (G)	WHRadjBMI	$\beta = 0.027$	2.1×10^{-11}
				9	rs10991437 (A)	WHRadjBMI	$\beta = 0.031$	1.0×10^{-8}
				10	rs7917772 (A)	WHRadjBMI	$\beta = 0.014$	5.6×10^{-5}
				12	rs4765219 (C)	WHRadjBMI	$\beta = 0.028$	1.6×10^{-9}
				15	rs8042543 (C)	WHRadjBMI	$\beta = 0.026$	1.2×10^{-9}
				15	rs8030605 (A)	WHRadjBMI	$\beta = 0.030$	8.8×10^{-9}
15	rs1440372 (C)	WHRadjBMI	$\beta = 0.024$	1.1×10^{-10}				
11	rs11231693 (A)	WHRadjBMI	$\beta = 0.041$	2.7×10^{-11}				
16	rs2925979 (T)	WHRadjBMI	$\beta = 0.018$	1.2×10^{-6}				
17	rs4646404 (G)	WHRadjBMI	$\beta = 0.027$	1.4×10^{-11}				
18	rs12454712 (T)	WHRadjBMI	$\beta = 0.016$	1.0×10^{-4}				
19	rs12608504 (A)	WHRadjBMI	$\beta = 0.022$	8.0×10^{-10}				
17	rs8066985 (A)	WHRadjBMI	$\beta = 0.018$	1.4×10^{-7}				

Table 3 (contd)

Author (Year)	Population	Sample size total (M/F) range	Gene	Chr	SNP studied (EA)	Phenotype	Effect size (S.E.)	P value
Shungin et al. (2015)	European	207,418	CEBPA	19	rs4081724 (G)	WHRadjBMI	$\beta = 0.035$	7.4×10^{-12}
		209,941	BMP2	20	rs979012 (T)	WHRadjBMI	$\beta = 0.027$	3.3×10^{-14}
		208,025	GDF5	20	rs224333 (G)	WHRadjBMI	$\beta = 0.020$	2.6×10^{-8}
		209,435	EYA2	20	rs6090583 (A)	WHRadjBMI	$\beta = 0.022$	6.2×10^{-11}
		209,808	TBX15-WARS2	1	rs2645294 (T)	WHRadjBMI	$\beta = 0.031$	1.7×10^{-19}
		203,401	DNM3-PIGC	1	rs714515 (G)	WHRadjBMI	$\beta = 0.027$	4.4×10^{-15}
		209,975	LYPEL1	1	rs2820443 (T)	WHRadjBMI	$\beta = 0.035$	5.3×10^{-21}
		209,395	GRB14-COBL1	2	rs10195252 (T)	WHRadjBMI	$\beta = 0.027$	5.9×10^{-15}
		208,809	PPARG	3	rs17819328 (G)	WHRadjBMI	$\beta = 0.021$	2.4×10^{-9}
		208,901	PBRM1	3	rs2276824 (C)	WHRadjBMI	$\beta = 0.024$	3.2×10^{-11}
		194,506	ADAMTS9	3	rs2371767 (G)	WHRadjBMI	$\beta = 0.036$	1.6×10^{-20}
		209,710	TNEAIP8-HISD17B4	5	rs1045241 (C)	WHRadjBMI	$\beta = 0.019$	4.4×10^{-7}
		209,827	CPEB4	5	rs7705502 (A)	WHRadjBMI	$\beta = 0.027$	4.7×10^{-14}
		209,830	LY86	6	rs1294410 (C)	WHRadjBMI	$\beta = 0.031$	2.0×10^{-18}
		206,862	VEGFA	6	rs1358980 (T)	WHRadjBMI	$\beta = 0.039$	3.1×10^{-27}
		209,859	RSPO3	6	rs1936805 (T)	WHRadjBMI	$\beta = 0.043$	3.6×10^{-35}
		210,008	NFE2L3	7	rs10245353 (A)	WHRadjBMI	$\beta = 0.035$	8.4×10^{-16}
		210,023	ITPR2-SSPN	12	rs10842707 (T)	WHRadjBMI	$\beta = 0.032$	4.4×10^{-16}
		209,980	HOXC13	12	rs1443512 (A)	WHRadjBMI	$\beta = 0.028$	6.9×10^{-13}
		209,454	ZNRF3	22	rs2294239 (A)	WHRadjBMI	$\beta = 0.025$	7.2×10^{-13}
		140,515	OT2W5-NLRP3	1	rs10925060 (T)	WCadjBMI	$\beta = 0.017$	2.2×10^{-5}
		231,284	ITGB6	2	rs2124969 (C)	WCadjBMI	$\beta = 0.020$	7.1×10^{-9}
217,564	CCN1L	5	rs17472426 (T)	WCadjBMI	$\beta = 0.014$	3.1×10^{-2}		
63,892	KIAA1731	11	rs1784203 (A)	WCadjBMI	$\beta = 0.031$	1.3×10^{-8}		
231,009	ZNF423	16	rs2047937 (C)	WCadjBMI	$\beta = 0.019$	4.7×10^{-8}		
210,935	KLF14	7	rs13241538 (C)	HIPadjBMI	$\beta = 0.017$	1.6×10^{-6}		
210,737	VPS53	22	rs2034088 (T)	HIPadjBMI	$\beta = 0.021$	4.8×10^{-9}		
202,070	HMGXB4	17	rs1053593 (T)	HIPadjBMI	$\beta = 0.021$	3.9×10^{-8}		
131,877	KLHL31	6	rs7739232 (A)	HIPadjBMI	$\beta = 0.037$	5.4×10^{-5}		
207,648	SOX11	2	rs10929925 (C)	HIP	$\beta = 0.020$	4.5×10^{-8}		
143,412	C5	9	rs7044106 (C)	HIPadjBMI	$\beta = 0.023$	4.1×10^{-5}		
212,815	MYEOV	11	rs11607976 (C)	HIP	$\beta = 0.022$	4.2×10^{-8}		
144,349	CNTN5	11	rs1394461 (C)	WHR	$\beta = 0.017$	4.7×10^{-4}		
212,137	GPC6	13	rs319564 (C)	WHR	$\beta = 0.014$	3.4×10^{-5}		
Lu et al. (2016)	European, east Asian, south Asian and African-American ancestry	244,110	ARL15	5	rs1664789 (C)	WCadjBMI	$\beta = 0.014$	2.6×10^{-5}
		239,342	SRPK2	7	rs1144 (C)	WCadjBMI	$\beta = 0.019$	3.1×10^{-8}
		205,815	GMD5	6	rs722585 (G)	HIPadjBMI	$\beta = 0.015$	2.1×10^{-4}
		226,572	PTPDC1	9	rs2398893 (A)	WHR	$\beta = 0.020$	4.0×10^{-8}
		212,501	SNX10	7	rs1534696 (C)	WHRadjBMI	$\beta = 0.011$	1.3×10^{-3}
		227,296	PDXDC1	16	rs4985155 (A)	HIP	$\beta = 0.018$	4.5×10^{-7}
		80,196	COBL1/GRB14	2	rs6738627 (A)	BF%	$\beta = 0.030$ (0.005)	5.7×10^{-9}
		74,338	IGF2BP1	17	rs9906944 (C)	BF%	$\beta = 0.033$ (0.006)	2.9×10^{-8}
		51,687 Men	PLA2G6	22	rs3761445 (G)	BF%	$\beta = 0.037$ (0.0063)	2.5×10^{-9}
		47,986 Women	CRTC1	19	rs757318 (C)	BF%	$\beta = 0.037$ (0.0067)	4.8×10^{-8}
		99,328	FTO	16	rs1558902 (A)	BF%	$\beta = 0.051$ (0.005)	3.8×10^{-27}
		99,323	IRSI	2	rs1558902 (A)	BF%	$\beta = 0.034$ (0.005)	3.5×10^{-12}
		100,642	MC4R	18	rs6567160 (C)	BF%	$\beta = 0.034$ (0.005)	1.3×10^{-10}
		99,855	TMEM18	2	rs6755502 (C)	BF%	$\beta = 0.039$ (0.006)	1.4×10^{-10}
		100,190	SPRY2	13	rs693839 (C)	BF%	$\beta = 0.028$ (0.005)	6.6×10^{-9}
		68,857	TOMM40	19	rs6857 (C)	BF%	$\beta = 0.048$ (0.008)	6.6×10^{-9}
		100,659	TUFM	16	rs4788099 (G)	BF%	$\beta = 0.027$ (0.005)	1.2×10^{-8}
		100,705	SEC16B	1	rs543874 (G)	BF%	$\beta = 0.032$ (0.006)	4.5×10^{-8}

Table 3 (contd)

Author (Year)	Population	Sample size total (M/F) range	Gene	Chr	SNP studied (EA)	Phenotype	Effect size (S.E.)	P value
Wen <i>et al.</i> (2016)	East Asian ancestry	64,454	<i>EFEMP1</i>	2	rs3791679 (A)	WCadj BMI	$\beta = 2.87$ (0.38)	4.86×10^{-14}
		49,519	<i>HLA-DRB5</i>	6	rs5020946 (T)	WHRadj BMI	$\beta = 3.15$ (0.52)	1.30×10^{-9}
		60,909	<i>CEP120</i>	5	rs10051787 (T)	WCnoBMI	$\beta = 3.96$ (0.58)	7.2×10^{-12}
		36,247	<i>TSC22D2</i>	3	rs1868673 (C)	WCnoBMI	$\beta = 4.36$ (0.77)	1.49×10^{-8}
		62,430	<i>SLC22A2</i>	6	rs368123 (G)	WCnoBMI	$\beta = 3.16$ (0.57)	2.64×10^{-8}
		50,668	<i>ADAMTSL3</i>	15	rs8030379 (A)	WCadj BMI	$\beta = 2.46$ (0.41)	1.62×10^{-9}
		30,368	<i>CNPY2</i>	12	rs3809128 (C)	WCadj BMI	$\beta = 3.69$ (0.63)	3.74×10^{-8}
		38,613	<i>GNAS</i>	20	rs2057291 (G)	WCadj BMI	$\beta = 2.52$ (0.46)	4.02×10^{-8}
		56,208	<i>NID2</i>	14	rs1982963 (A)	WHRadj BMI	$\beta = 4.82$ (0.62)	1.07×10^{-14}
		23,095	<i>TCF7L2/HABP2</i>	10	rs116718588 (A)	WHRadj BMI	$\beta = 0.134$ (0.024)	3.22×10^{-8}
		12,148 (women)	<i>SSX2IP</i>	1	rs140858719 (G)	WHRadj BMI	$\beta = 0.502$ (0.091)	3.69×10^{-8}
		17,331 (women)	<i>PDE3B</i>	11	rs185693786 (G)	WHRadj BMI	$\beta = 0.125$ (0.023)	2.98×10^{-8}
		102,655 (women)	<i>CASC8</i>	8	rs378854 (C)	WHRadj BMI	-	3.26×10^{-8}
		103,646 (women)	<i>ZDHHC1/HSD11B2</i>	16	rs6499129 (A)	WHRadj BMI	-	4.84×10^{-8}
		162,962	<i>SPRYD7/DLEU2</i>	13	rs2472591 (T)	WHRadj BMI	-	9.13×10^{-27}
168,351	<i>ADAMTS9-AS2</i>	3	rs2371767 (G)	WHRadj BMI	-	5.98×10^{-9}		
130,413	<i>ZSCAN2</i>	15	rs7176527 (C)	WCadj BMI	$\beta = 0.0317$ (0.0054)	2.34×10^{-8}		
113,963	<i>PAPP42</i>	1	rs4650943 (A)	WHRadj BMI	$\beta = 0.0267$ (0.0048)	2.41×10^{-8}		
110,881	<i>MEIS1</i>	2	rs2300481 (T)	WHRadj BMI	$\beta = 0.0267$ (0.0048)	6.24×10^{-9}		
46,591 (men)	<i>ARHGGEF28</i>	5	rs167025 (A)	WHRadj BMI	$\beta = 0.0427$ (0.0074)	4.51×10^{-8}		
64,138 (men)	<i>HCP5</i>	6	rs3094013 (G)	WHRadj BMI	$\beta = 0.0494$ (0.009)	4.51×10^{-8}		
145,913	<i>BAZ1B</i>	7	rs6976930 (G)	WHRadj BMI	$\beta = 0.0294$ (0.0051)	1.03×10^{-8}		
147,123	<i>PLCE1</i>	10	rs10786152 (A)	WHRadj BMI	$\beta = 0.0224$ (0.004)	1.79×10^{-8}		
70,315 (women)	<i>CTRB2</i>	16	rs8895112 (C)	WHRadj BMI	$\beta = 0.0506$ (0.0091)	2.87×10^{-8}		
Total = 15945	<i>TBX15-WARS2</i>	1	rs12096179 (G)	WHR	$\beta = 0.0044$	2.24×10^{-6}		
In women	<i>TBX15-WARS2</i>	1	rs6701378 (A)	WHR	$\beta = 0.0054$	3.07×10^{-5}		
In men	<i>TBX15-WARS2</i>	1	rs7412918 (G)	WHR	$\beta = 0.0054$	2.47×10^{-5}		
Total = 15945	<i>GRB14</i>	2	rs10195252 (A)	WHR	$\beta = 0.0025$	3.69×10^{-6}		
In women	<i>GRB14</i>	2	rs6717858 (A)	WHR	$\beta = 0.0071$	3.49×10^{-7}		
Total = 15945	<i>ADAMTS9</i>	3	rs2059092 (A)	WHR	$\beta = 0.0049$	5.897×10^{-6}		
In women	<i>ADAMTS9</i>	3	rs2059092 (A)	WHR	$\beta = 0.0072$	9.98×10^{-8}		
Total = 15945	<i>RSPO3</i>	6	rs9321069 (G)	WHR	$\beta = 0.0042$	1.35×10^{-5}		
In women	<i>RSPO3</i>	6	rs9491696 (G)	WHR	$\beta = 0.0053$	2.58×10^{-5}		
362,499	<i>KRTCAP2</i>	1	rs4971091	AFR	-	3.62×10^{-11}		
	<i>THBS3</i>	1	rs180921974	AFR	-	7.52×10^{-35}		
	<i>NSD1</i>	5	rs34022431	AFR	-	1.67×10^{-11}		
	<i>VRK2</i>	2	rs13011472	AFR	-	1.17×10^{-11}		
	<i>MAP4K5</i>	14	rs71420186	LFR	-	2.47×10^{-18}		
	<i>WDR6</i>	3	rs4521268	TFR	-	1.46×10^{-18}		
	<i>ASB16</i>	17	rs2071167	LFR	-	1.58×10^{-10}		
	<i>RFTN</i>	2	rs148812496	AFR	-	8.07×10^{-11}		
	<i>KCNH2</i>	7	rs56282717	AFR	-	3.03×10^{-15}		
	<i>BNC2</i>	9	rs10962638	TFR	-	4.50×10^{-10}		
	<i>RALGPS1</i>	9	rs3780327	LFR	-	3.40×10^{-13}		
	<i>PLCE1</i>	10	rs11289753	AFR	-	1.22×10^{-22}		
	<i>AP006621.1</i>	11	rs1138714	AFR	-	6.65×10^{-11}		
	<i>ORA011</i>	11	rs1789166	AFR	-	4.92×10^{-12}		
	<i>FAMBS3</i>	2	rs62107261	AFR	-	1.80×10^{-38}		
Yoneyama <i>et al.</i> (2017)	African							
Rask-Andersen <i>et al.</i> (2019)	Data taken from UK biobank							

Table 3. (contd)

Author (year)	Population	Sample size total (M/F)/range	Gene	Chr	SNP studied (EA)	Phenotype	Effect size (S.E.)	P value
		195,068 (females)						
			CPZ	4	rs2241069	TFR	—	3.97×10^{-13}
			RP11-32D16	5	rs1317415	LFR	—	4.71×10^{-11}
			ERH1	8	rs2044387	AFR	—	1.69×10^{-16}
			YKR6	8	rs12546366	AFR	—	8.23×10^{-14}
			RMI1	9	rs7039458	TFR	—	7.20×10^{-17}
			ADAMTS14	10	rs34821335	TFR	—	2.89×10^{-14}
			TSGA10IP	11	rs71455793	TFR	—	8.29×10^{-12}
			LARP4	12	rs11614785	TFR	—	1.15×10^{-18}
			SMAD3	15	rs35874463	TFR	—	3.10×10^{-21}
			RP11-343B18.2	15	rs8026676	TFR	—	6.37×10^{-14}
			RP11-419C5.2	16	rs80257620	AFR	—	1.79×10^{-17}
			CL6OR3	16	rs10584116	TFR	—	1.20×10^{-12}
			ZNF652	17	rs28394864	TFR	—	3.51×10^{-17}
			ADAMTS10	19	rs62621197	TFR	—	8.33×10^{-46}

AFR, arm fat ratio; β , beta coefficient; Chr, chromosome; EA, effect allele; HC, hip circumference; HIPadjBMI, hip adjusted with body mass index; LFR, leg fat ratio; OR, odds ratio; BF%, body fat percentage; SAT, subcutaneous adipose tissue; S.E., standard error; TFR, trunk fat ratio; TAT, total adipose tissue; VAT, visceral adipose tissue; WC, waist circumference; WHR, waist hip ratio; WHRadjBMI, waist hip ratio adjusted with body mass index; WCadjBMI, waist circumference adjusted with body mass index; WCnoBMI, waist circumference not adjusted for BMI.

HMGAI (Foti et al. 2005) exhibit obesity, glucose intolerance and insulin resistance in mice.

Overlapping signals with BMI

The era of large scale GWAS have identified several loci influencing overall obesity through BMI (Thorleifsson et al. 2009; Speliotes et al. 2010). The first obesity GWAS identified a strongest association of rs9930506 with BMI ($P = 8.6 \times 10^{-7}$) and HC ($P = 3.4 \times 10^{-8}$) in the first intron of the *FTO* gene among Sardinian population (Scuteri et al. 2007). In line with this, a strong and replicated association between variants in *MC4R* and BMI was reported among Asian Sikh and European population (Been et al. 2010; Locke et al. 2015). The effect of *MC4R* variant was also reported with WC ($P = 1.7 \times 10^{-9}$) among Europeans and Indian Asians living in UK, suggesting the role of *MC4R* loci in mediating susceptibility to obesity by influencing overall body size (Chambers et al. 2008). In addition, associations of 12 loci (*NEGR1*, *BDNF*, *SH2B1*, *GNPDA2*, *FAIM2*, *TMEM18*, *ETV5*, *MTCH2*, *KCTD15*, *TFAP2B*, *NRXN3*, *GIPR*) previously established by GWAS for BMI (Thorleifsson et al. 2009; Speliotes et al. 2010; Wen et al. 2014) were found to overlap with WC (Heard-Costa et al. 2009; Li et al. 2010; Wang et al. 2011; Nakayama et al. 2014).

Moreover, few other loci (*SEC16B*, *INSIG2*, *GPRC5B*, *PCSK1*, *MTIF3*, *TOMM40*, *TUFM*, *NT5C2*, *IRS1*) associated with BMI (Zhao et al. 2009; Speliotes et al. 2010; Wen et al. 2014; Locke et al. 2015), also revealed evidences of their association with BF%, leg fat percentage, subcutaneous fat area and WHR (Talbert et al. 2009; Hotta et al. 2012; Murphy et al. 2013; Zhu et al. 2014; Lu et al. 2016).

Conclusion

The compilation of genetic studies related to body fat distribution, summarized in our critical review provides a comprehensive update on the current knowledge of genomic basis of body fat distribution among different ethnic groups. Several linkage scans and association studies, as well as many candidate gene studies have yielded numerous loci associated with body fat distribution. Nevertheless, given the high heritability estimates for body fat distribution, only a small proportion of the variance can be explained by the existing knowledge of identified variants associated with body fat distribution. Further, the genetic heterogeneity of variants associated with fat distribution has not been well documented among different ethnic groups. Majority of the GWAS have focussed on samples with European ancestry while gene mapping findings among Asian populations remain rare. Moreover, the use of GWAS has increasingly gained importance for uncovering the genetics of complex traits and diseases. Despite their value, problems to confirm the findings of GWAS are rather common; therefore, there is

a need to validate these discoveries in distinct human populations using appropriate study design and large sample size for further confirmation. This review emphasized not only the need for more genetic studies to explore missing heritability using more accurate methods (DEXA and CT scan) but also dissecting the precise biological functions of these genes in the regulation of body fat, which could be helpful in developing better disease management strategies.

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