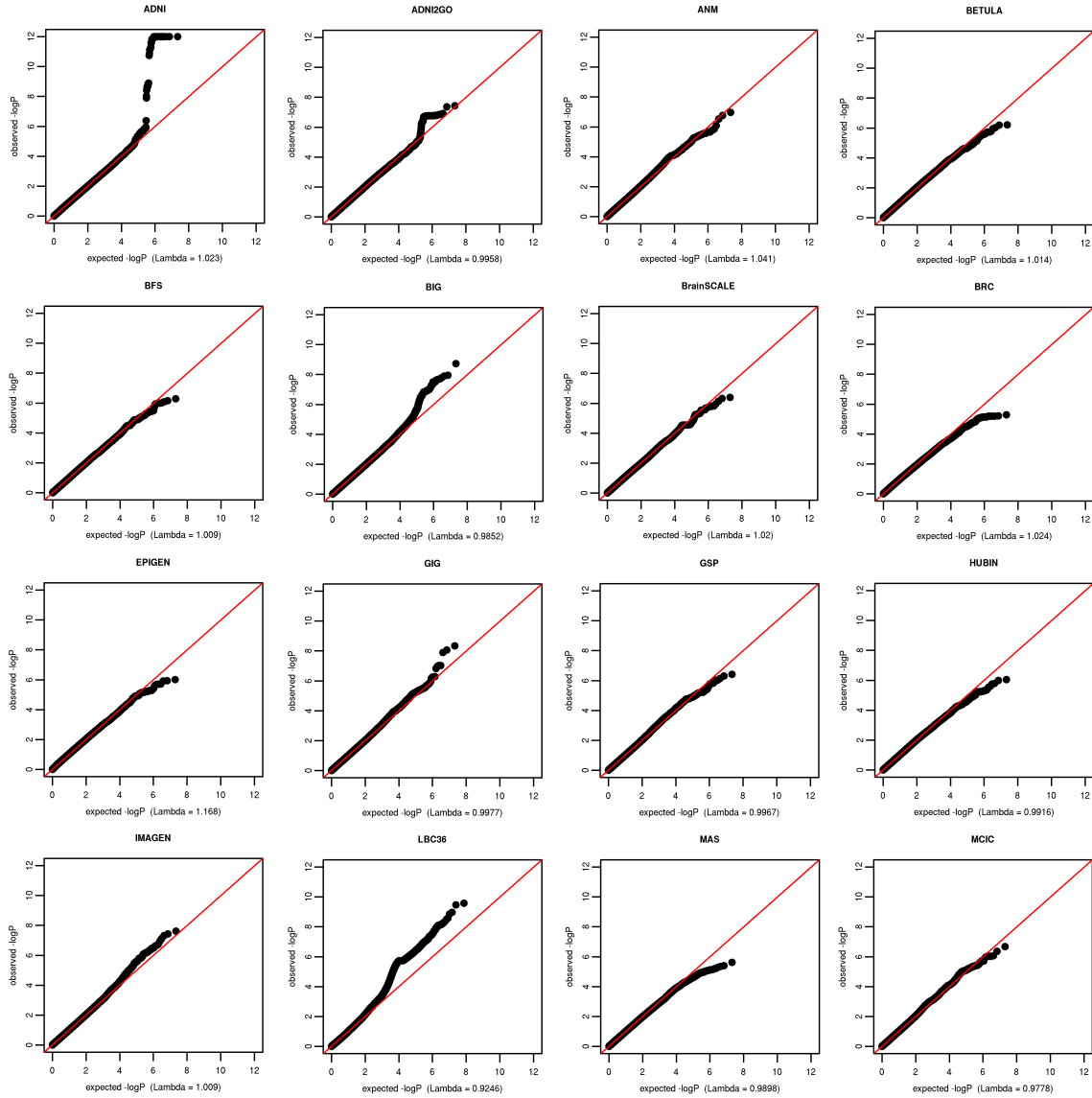
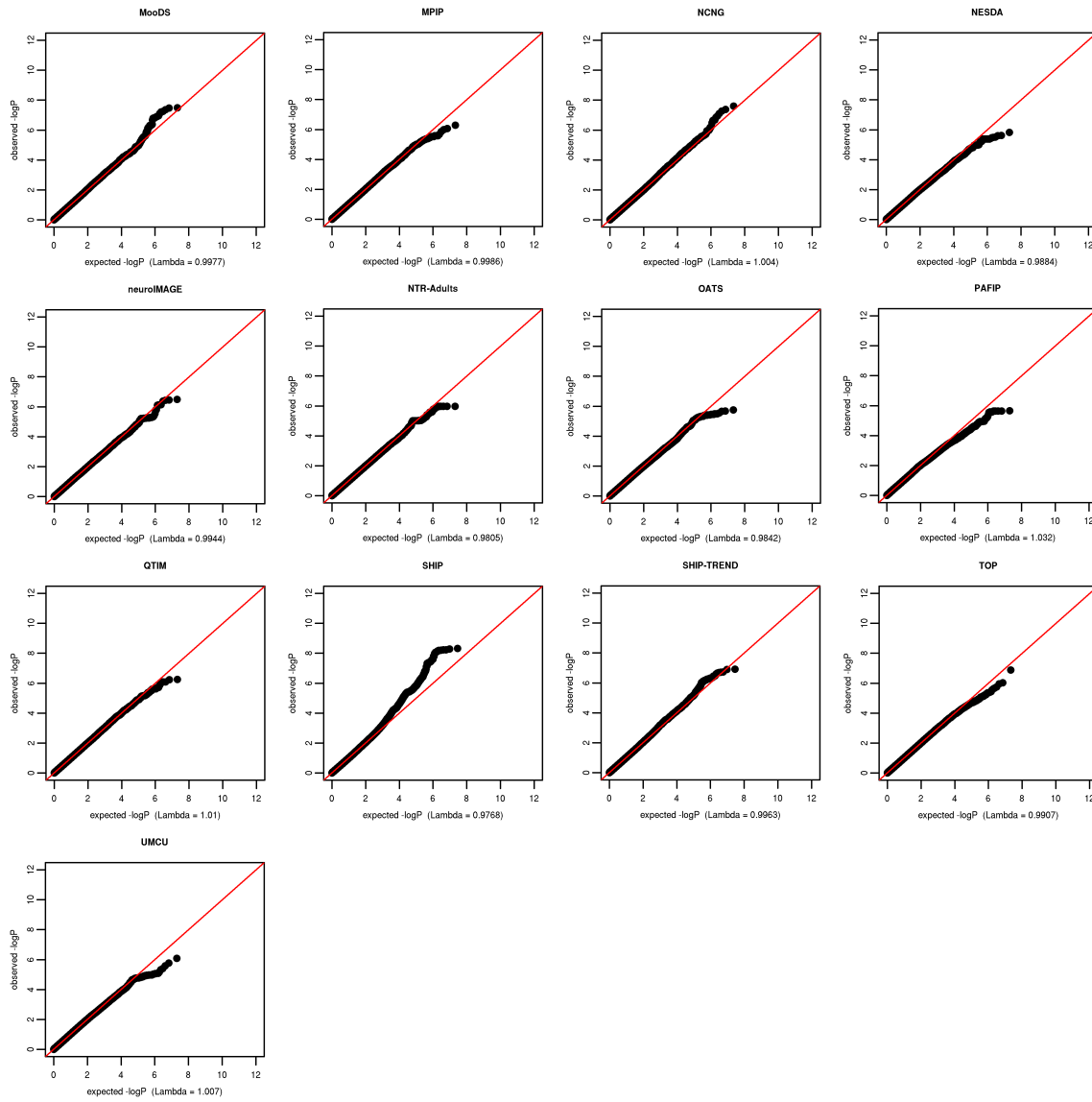


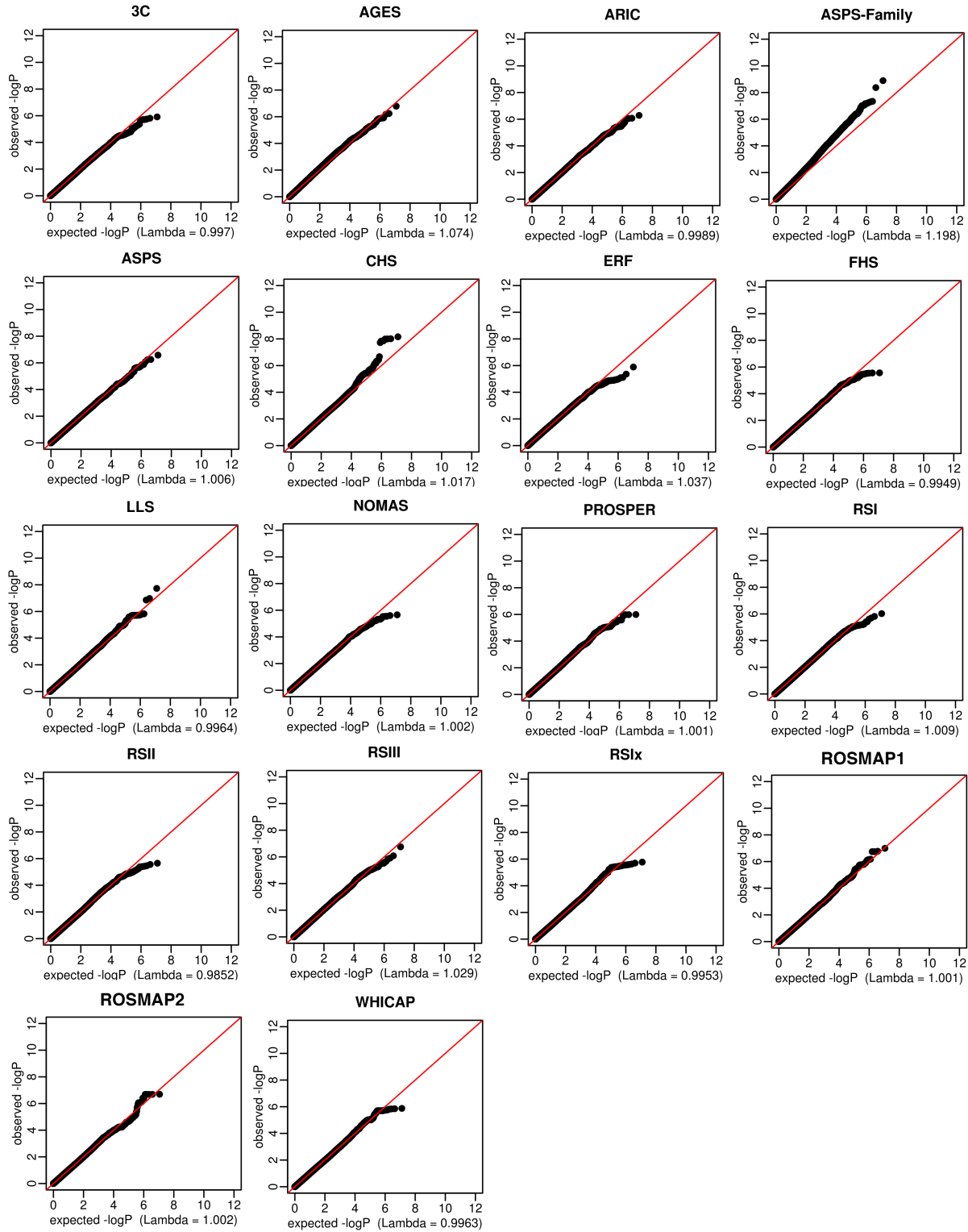
Supplemental Figure 1 (a-b). (a) Quantile-Quantile plots of the GWAS of hippocampal volume results for each individual study from the ENIGMA Consortium (split into two panels a and b). Lambda inflation factors are provided for each plot. The red line represents the expected null distribution.



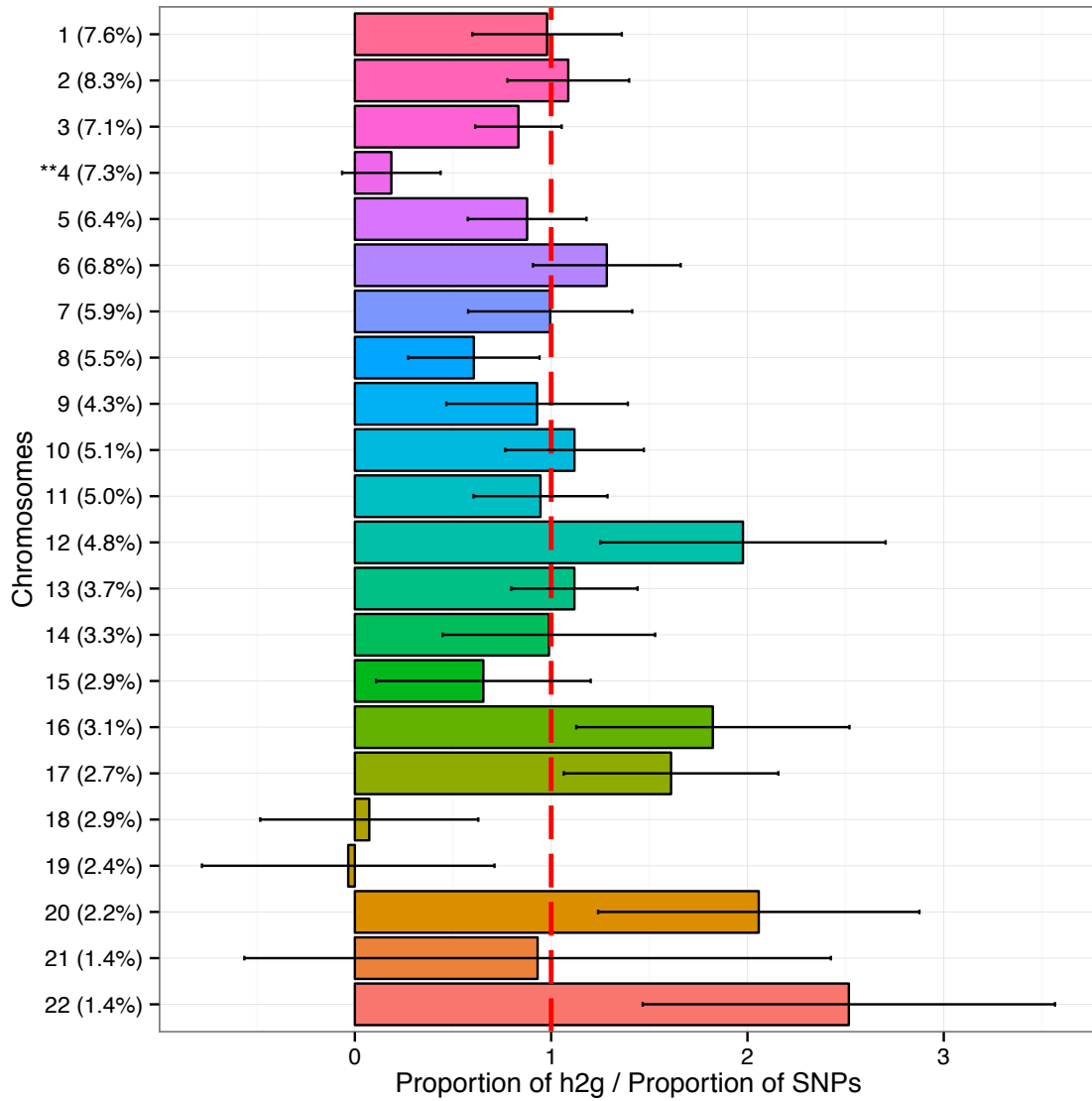
Supplemental Figure 1 (a-b). (b) Quantile-Quantile plots of the GWAS of hippocampal volume results for each individual study from the ENIGMA Consortium (split into two panels a and b). Lambda inflation factors are provided for each plot. The red line represents the expected null distribution.



Supplemental Figure 2. (b) Quantile-Quantile plots of the GWAS of hippocampal volume results for each individual study from the CHARGE Consortium. Lambda inflation factors are provided for each plot. The red line represents the expected null distribution.



Supplemental Figure 3. LDSCORE regression analysis split by chromosome. Plotted values are the proportion of h^2_g explained divided by the proportion of SNPs in a given chromosome. Values are significantly over- or under-represented if they differ significantly from 1. Values are plotted with a standard error calculated with a jackknife in LDSCORE. Chromosome 4 had a significant under-representation in its contribution to the overall heritability estimate (indicated by **).



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Michael Weiner (UC San Francisco), Paul Aisen (UC San Diego), Ronald Petersen (Mayo Clinic, Rochester), Clifford R. Jack, Jr. (Mayo Clinic, Rochester), William Jagust (UC Berkeley), John Q. Trojanowki (U Pennsylvania), Arthur W. Toga (USC), Laurel Beckett (UC Davis), Robert C. Green (Brigham and Women's Hospital / Harvard Medical School), Andrew J. Saykin (Indiana University), John Morris (Washington University St. Louis), Leslie M. Shaw (University of Pennsylvania); ADNI External Advisory Board (ESAB): Zaven Khachaturian (Prevent Alzheimer's Disease 2020), Greg Sorensen (Siemens), Maria Carrillo (Alzheimer's Association), Lew Kuller (University of Pittsburgh), Marc Raichle (Washington University St. Louis), Steven Paul (Cornell University), Peter Davies (Albert Einstein College of Medicine of Yeshiva University), Howard Fillit (AD Drug Discovery Foundation), Franz Hefti (Acumen Pharmaceuticals), Davie Holtzman (Washington University St. Louis), M. Marcel Mesulman (Northwestern University), William Potter (National Institute of Mental Health), Peter Snyder (Brown University); **ADNI 2 Private Partner Scientific Board (PPSB) Chair:** Adam Schwartz (Eli Lilly); **Data and Publication Committee (DPC):** Robert C. Green (Brigham and Women's Hospital/Harvard Medical School (Chair)); **Resource Allocation Review Committee:** Tom Montine (University of Washington (Chair)); **Clinical Core Leaders:** Ronald Petersen (Mayo Clinic, Rochester), Paul Aisen (UC San Diego); **Clinical Informatics and Operations:** Ronald G. Thomas (UC San Diego), Michael Donohue (UC San Diego), Sarah Walter (UC San Diego), Devon Gessert (UC San Diego), Tamie Sather (UC San Diego), Gus Jiminez (UC San Diego); **Biostatistics Core Leaders and Key Personnel:** Laurel Beckett (UC Davis), Danielle Harvey (UC Davis), Michael Donohue (UC San Diego); **MRI Core Leaders and Key Personnel:** Clifford R. Jack, Jr. (Mayo Clinic, Rochester), Matthew Bernstein (Mayo Clinic, Rochester), Nick Fox (University of London), Paul Thompson (Keck School of Medicine of USC), Norbert Schuff (UCSF), Charles DeCarli (UC Davis), Bret Borowski (Mayo Clinic), Jeff Gunter (Mayo Clinic), Matt Senjem (Mayo Clinic), Prashanthi Vemuri (Mayo Clinic), David Jones (Mayo Clinic), Kejal Kantarci (Mayo Clinic), Chad Ward (Mayo Clinic); **PET Core Leaders and Key Personnel:** William Jagust (UC Berkeley), Robert A. Koeppe (University of Michigan), Norm Foster (University of Utah), Eric M. Reiman (Banner Alzheimer's Institute), Kewei Chen (Banner Alzheimer's Institute), Chet Mathis (University of Pittsburgh), Susan Landau (UC Berkeley); **Neuropathology Core Leaders:** John Morris (Washington University St. Louis), Nigel J. Cairns (Washington University St. Louis), Erin Householder (Washington University St. Louis), Lisa Taylor-Reinwald (Washington University St. Louis); **Biomarkers Core Leaders and Key Personnel:** J.Q. Trojanowki (UPenn School of Medicine), Les Shaw (UPenn School of Medicine), Virginia M.Y. Lee (UPenn School of Medicine), Magdalena Korecka (UPenn School of Medicine), Michal Figurski (UPenn School of Medicine); **Informatics Core Leaders and Key Personnel:** Arthur W. Toga (USC), Karen Crawford (USC), Scott Neu (USC); **Genetics Core Leaders and Key Personnel:** Andrew J. Saykin (Indiana University), Tatiana M. Foroud (Indiana University), Steven Potkin (UC Irvine), Li Shen (Indiana University), Kelley Faber (Indiana University), Sungeun Kim (Indiana University), Kwangsik Nho (Indiana University);

Initial Concept Planning & Development: Michael W. Weiner (UC San Francisco), Leon Thal (UC San Diego), Zaven Khachaturian (Prevent Alzheimer's Disease 2020); **Early Project Development:** Zaven Khachaturian (Prevent Alzheimer's Disease 2020), Richard Frank (General Electric), Peter J. Snyder (University of Connecticut), Michael W. Weiner (UC San Francisco), Leon Thal (UC San Diego), Neil Buckholtz (NIA), William Potter (NIMH), Steven Paul (Cornell University), Marilyn Albert (The Johns Hopkins University); **NIA:** John Hsiao (National Institute on Aging/National Institutes of Health) ;

ADNI Investigators By Site (FULL ADNI Investigator Lists):

Oregon Health and Science University: Jeffrey Kaye, Joseph Quinn, Betty Lind, Raina Carter, Sara Dolen – Past Investigator; **University of Southern California:** Boris A. Gutman, Lon S. Schneider, Sonia Pawluczyk, Mauricio Beccera, Liberty Teodoro, Bryan M. Spann, DO – Past Investigator; **University of California-San Diego:** James Brewer, Helen Vanderswag, Adam Fleisher – Past Investigator; **University of Michigan:** Judith L. Heidebrink, Joanne L. Lord; **Mayo Clinic, Rochester:** Ronald Petersen, Sara S. Mason, Colleen S. Albers, David Knopman, Kris Johnson – Past Investigator; **Baylor College of Medicine:** Rachelle S. Doody, Javier Villanueva-Meyer, Munir Chowdhury, Susan Rountree, Mimi Dang; **Columbia University Medical Center:** Yaakov Stern, Lawrence S. Honig, Karen L. Bell; **Washington University, St. Louis:** Beau Ances, John C. Morris, Maria Carroll, Sue Leon, Erin Householder, Mark A. Mintun – Past Investigator, Stacy Schneider – Past Investigator, Angela Oliver – Past Investigator; **University of Alabama - Birmingham:** Daniel Marson, Randall Griffith, David Clark, David Geldmacher, John Brockington, Erik Roberson; **Mount Sinai School of Medicine:** Hillel Grossman, Effie Mitsis; **Rush University Medical Center:** Leyla deToledo-Morrell, Raj C. Shah; **Wien Center:** Ranjan Duara, Daniel Varon, Maria T. Greig, Peggy Roberts– Past Investigator; **Johns Hopkins University:** Marilyn Albert, Chiadi Onyike, Daniel D'Agostino II, Stephanie Kielb – Past Investigator; **New York University:** James E. Galvin, Dana M. Pogorelec, Brittany Cerbone, Christina A. Michel, Henry Rusinek – Past Investigator, Mony J de Leon – Past Investigator, Lidia Glodzik – Past Investigator, Susan De Santi – Past Investigator; **Duke University Medical Center:** P. Murali Doraiswamy, Jeffrey R. Petrella, Terence Z. Wong; **University of Pennsylvania:** Steven E. Arnold, Jason H. Karlawish, David Wolk; **University of Kentucky:** Charles D. Smith, Greg Jicha, Peter Hardy, Partha Sinha, Elizabeth Oates, Gary Conrad; **University of Pittsburgh:** Oscar L. Lopez, MaryAnn Oakley, Donna M. Simpson; **University of Rochester Medical Center:** Anton P. Porsteinsson, Bonnie S. Goldstein, Kim Martin, Kelly M. Makino – Past Investigator, M. Saleem Ismail – Past Investigator, Connie Brand – Past Investigator; **University of California, Irvine:** Ruth A. Mulnard, Gaby Thai, Catherine Mc-Adams-Ortiz; **University of Texas Southwestern Medical School:** Kyle Womack, Dana Mathews, Mary Quiceno, Ramon Diaz-Arrastia – Past Investigator, Richard King – Past Investigator, Myron Weiner – Past Investigator, Kristen Martin-Cook – Past Investigator, Michael DeVous – Past Investigator; **Emory University:** Allan I. Levey, James J. Lah, Janet S. Cellar; **University of Kansas, Medical Center:** Jeffrey M. Burns, Heather S. Anderson, Russell H. Swerdlow; **University of California, Los Angeles:** Liana Apostolova, Kathleen Tingus, Ellen Woo, Daniel H.S. Silverman, Po H. Lu – Past Investigator, George Bartzokis – Past Investigator; **Mayo Clinic, Jacksonville:** Neill R Graff-Radford, Francine Parfitt, Tracy Kendall, Heather Johnson – Past Investigator; **Indiana University:** Martin R. Farlow, Ann Marie Hake, Brandy R. Matthews, Scott Herring, Cynthia Hunt; **Yale University School of Medicine:** Christopher H. van Dyck, Richard E. Carson, Martha G. MacAvoy; **McGill Univ., Montreal-Jewish General Hospital:** Howard Chertkow, Howard Bergman, Chris Hosein; **Sunnybrook Health Sciences, Ontario:** Sandra Black, Dr Bojana Stefanovic, Curtis Caldwell; **U.B.C. Clinic for AD & Related Disorders:** Ging-Yuek Robin Hsiung, Howard Feldman, Benita Mudge, Michele Assaly, – Past Investigator; **Cognitive Neurology - St. Joseph's, Ontario:** Andrew Kertesz, John Rogers, Dick Trost;

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Northwestern University: Diana Kerwin, Marek-Marsel Mesulam, Kristine Lipowski, Chuang-Kuo Wu – Past Investigator, Nancy Johnson – Past Investigator; **Premiere Research Inst (Palm Beach Neurology):** Carl Sadowsky, Walter Martinez, Teresa Villena; **Georgetown University Medical Center:** Raymond Scott Turner, Kathleen Johnson, Brigid Reynolds;
Brigham and Women's Hospital: Reisa A. Sperling, Keith A. Johnson, Gad Marshall, Meghan Frey – Past Investigator; **Stanford University:** Jerome Yesavage, Joy L. Taylor, Barton Lane, Allyson Rosen – Past Investigator, Jared Tinklenberg – Past Investigator; **Banner Sun Health Research Institute:** Marwan N. Sabbagh, Christine M. Belden Sandra A. Jacobson, Sherye A. Sirrel; **Boston University:** Neil Kowall, Ronald Killiany, Andrew E. Budson, Alexander Norbash – Past Investigator, Patricia Lynn Johnson – Past Investigator; **Howard University:** Thomas O. Obisesan, Saba Wolday, Joanne Allard; **Case Western Reserve University:** Alan Lerner, Paula Ogrocki, Leon Hudson – Past Investigator; **University of California, Davis – Sacramento:** Evan Fletcher, Owen Carmichael, John Olichney, Charles DeCarli – Past Investigator; **Neurological Care of CNY:** Smita Kittur; **Parkwood Hospital:** Michael Borrie, T-Y Lee, Dr Rob Bartha; **University of Wisconsin:** Sterling Johnson, Sanjay Asthana, Cynthia M. Carlsson; **University of California, Irvine - BIC:** Steven G. Potkin, Adrian Preda, Dana Nguyen; **Banner Alzheimer's Institute:** Pierre Tariot, Adam Fleisher, Stephanie Reeder; **Dent Neurologic Institute:** Vernice Bates, Horacio Capote, Michelle Rainka; **Ohio State University:** Douglas W. Scharre, Maria Katakaki, Anahita Adeli; **Albany Medical College:** Earl A. Zimmerman, Dzintra Celmins, Alice D. Brown; **Hartford Hospital, Olin Neuropsychiatry Research Center:** Godfrey D. Pearlson, Karen Blank, Karen Anderson; **Dartmouth-Hitchcock Medical Center:** Robert B. Santulli, Tamar J. Kitzmiller, Eben S. Schwartz – Past Investigator; **Wake Forest University Health Sciences:** Kaycee M. Sink, Jeff D. Williamson, Pradeep Garg, Franklin Watkins – Past Investigator; **Rhode Island Hospital:** Brian R. Ott, Henry Querfurth, Geoffrey Tremont; **Butler Hospital:** Stephen Salloway, Paul Malloy, Stephen Correia; **UC San Francisco:** Howard J. Rosen, Bruce L. Miller; **Medical University South Carolina:** Jacobo Mintzer, Kenneth Spicer, David Bachman; **St. Joseph's Health Care:** Elizabeth Finger, Stephen Pasternak, Irina Rachinsky, John Rogers, Andrew Kertesz – Past Investigator, Dick Drost – Past Investigator; **Nathan Kline Institute:** Nunzio Pomara, Raymundo Hernando, Antero Sarrael; **University of Iowa College of Medicine:** Susan K. Schultz, Laura L. Boles Ponto, Hyungsub Shim, Karen Elizabeth Smith; **Cornell University:** Norman Relkin, Gloria Chaing, Lisa Raudin; **University of South Florida: USF Health Byrd Alzheimer's Institute:** Amanda Smith, Kristin Fargher, Balebail Ashok Raj.

ADNI Methods:

Data used in the preparation of this article were obtained from the Alzheimer's Disease Neuroimaging Initiative (ADNI) database (adni.loni.usc.edu). The ADNI was launched in 2003 by the National Institute on Aging (NIA), the National Institute of Biomedical Imaging and Bioengineering (NIBIB), the Food and Drug Administration (FDA), private pharmaceutical companies and non-profit organizations, as a \$60 million, 5-year public-private partnership. The primary goal of ADNI has been to test whether serial magnetic resonance imaging (MRI), positron emission tomography (PET), other biological markers, and clinical and neuropsychological assessment can be combined to measure the progression of mild cognitive impairment (MCI) and early Alzheimer's disease (AD). Determination of sensitive and specific markers of very early AD progression is intended to aid researchers and clinicians to develop new treatments and monitor their effectiveness, as well as lessen the time and cost of clinical trials.

The Principal Investigator of this initiative is Michael W. Weiner, MD, VA Medical Center and

University of California – San Francisco. ADNI is the result of efforts of many co-investigators from a broad range of academic institutions and private corporations, and subjects have been recruited from over 50 sites across the U.S. and Canada. The initial goal of ADNI was to recruit 800 subjects but ADNI has been followed by ADNI-GO and ADNI-2. To date these three protocols have recruited over 1500 adults, ages 55 to 90, to participate in the research, consisting of cognitively normal older individuals, people with early or late MCI, and people with early AD. The follow up duration of each group is specified in the protocols for ADNI-1, ADNI-2 and ADNI-GO. Subjects originally recruited for ADNI-1 and ADNI-GO had the option to be followed in ADNI-2. For up-to-date information, see www.adni-info.org.

The following authors are included under the CHARGE Consortium:

Najaf Amin (Erasmus University Medical Center, Genetic Epidemiology Unit, Department of Epidemiology and Biostatistics), Diane Becker (General internal Medicine, Johns Hopkins School of Medicine, Baltimore, USA), Alexa Beiser (Department of Biostatistics, Boston University School of Public Health, Boston, MA; Framingham Heart Study, Framingham, MA), Stéphanie Debette (INSERM U897, University of Bordeaux, France; Bordeaux University Hospital; Department of Neurology, Lariboisière Hospital, Paris, France; Department of Neurology, Boston University School of Medicine, Boston, USA), Anita DeStefano (Department of Biostatistics, Boston University School of Public Health, Boston, MA; 2) Framingham Heart Study, Framingham, MA), Edith Hofer (Department of Neurology, Clinical Division of Neurogeriatrics, Institute of Medical Informatics, Statistics and Documentation, Medical University Graz), Albert Hofman (Department of Epidemiology, Erasmus University Medical Center, Rotterdam, The Netherlands), Wiro J. Niessen (Department of Medical Informatics Erasmus University Medical Center, Rotterdam, The Netherlands; (2) Faculty of Applied Sciences, Delft University, The Netherlands), Stephan Seiler (Department of Neurology, Clinical Division of Neurogeriatrics, Medical University Graz), Albert Smith (Icelandic Heart Association), Christophe Tzourio (INSERM U897, University of Bordeaux, France; Bordeaux University Hospital and CIC-EC7 ISPED), Dhananjay Vaidya (General Internal Medicine, Johns Hopkins School of Medicine, Baltimore, USA), Meike W. Vernooij (Departments of Epidemiology and Radiology, Erasmus University Medical Center, Rotterdam, The Netherlands)

The following authors are included under the EPIGEN Consortium:

David B. Goldstein (The Centre for Genomics and Population Genetics, Duke University Institute for Genome Sciences and Policy, Durham, North Carolina, USA), Erin L. Heinzen (The Centre for Genomics and Population Genetics, Duke University Institute for Genome Sciences and Policy, Durham, North Carolina, USA), Kevin Shianna (The Centre for Genomics and Population Genetics, Duke University Institute for Genome Sciences and Policy, Durham, North Carolina, USA), Rodney Radtke (Department of Medicine, Duke University Medical Center, Durham, North Carolina, USA) and Ruth Ottmann (Departments of Epidemiology, Neurology, and the G.H. Sergievsky Center, Columbia University, New York, NY).

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Sylvane Desrivieres (IoP), Tahmine Fadai (University of Hamburg), Herta Flor (Central Institute of Mental Health), Vincent Frouin (Commissariat à l'Energie Atomique), Birgit Fuchs (GABO:milliarium mbH & Co. KG), Jürgen Gallinat (Charité), Hugh Garavan (Trinity College Dublin), Fanny Gollier Briand (INSERM), Penny Gowland (University of Nottingham), Kay Head (University of Nottingham), Bert Heinrichs (Deutsches Referenzzentrum für Ethik), Andreas Heinz (Charité), Nadja Heym (University of Nottingham), Thomas Hübner (Technische Universität Dresden), Albrecht Ihlenfeld (PTB), James Ireland (Delosis), Bernd Ittermann (PTB), Nikolay Ivanov (Charité), Tianye Jia (IoP), Jennifer Jones (Trinity College Dublin), Arno Klaassen (Scito), Christophe Lalanne (Commissariat à l'Energie Atomique), Mark Lathrop (CNG), Dirk Lanzerath (Deutsches Referenzzentrum für Ethik), Hervé Lemaitre (INSERM), Katharina Lüdemann (Charité), Christine Macare (IoP), Catherine Mallik (IoP), Jean-François Mangin (INSERM), Karl Mann (Central Institute of Mental Health), Adam Mar (Cambridge University), Jean-Luc Martinot (INSERM), Jessica Massicotte (INSERM), Eva Mennigen (Technische Universität Dresden), Fabiana Mesquita de Carvahlo (IoP), Xavier Mignon (PERTIMM), Ruben Miranda (INSERM), Kathrin Müller (Technische Universität Dresden), Frauke Nees (Central Institute of Mental Health), Charlotte Nymberg (IoP), Marie-Laure Paillere (INSERM), Tomas Paus (University of Toronto), Zdenka Pausova (University of Toronto), Yolanda Pena-Oliver (University of Sussex), Jean-Baptiste Poline (Commissariat à l'Energie Atomique), Luise Poustka (Central Institute of Mental Health), Michael Rapp (Charité), Laurence Reed (IoP), Gabriel Robert (IoP), Jan Reuter (Charité), Marcella Rietschel (Central Institute of Mental Health), Stephan Ripke (Technische Universität Dresden), Tamzin Ripley (University of Sussex), Trevor Robbins (Cambridge University), Sarah Rodehacke (Technische Universität Dresden), John Rogers (Delosis), Alexander Romanowski (Charité), Barbara Ruggeri (IoP), Christina Schilling (Charité), Christine Schmäler (Central Institute of Mental Health), Dirk Schmidt (Technische Universität Dresden), Sophia Schneider (University of Hamburg), Markus Schroeder (Tembit), Florian Schubert (PTB), Yannick Schwartz (Commissariat à l'Energie Atomique), Michael Smolka (Technische Universität Dresden), Wolfgang Sommer (Central Institute of Mental Health), Rainer Spanagel (Central Institute of Mental Health), Claudia Speiser (GABO:milliarium mbH & Co. KG), Tade Spranger (Deutsches Referenzzentrum für Ethik / Institut of Science and Ethics), Alicia Stedman (University of Nottingham), Sabina Steiner (Central Institute of Mental Health), Dai Stephens (University of Sussex), Nicole Strache (Charité), Andreas Ströhle (Charité), Maren Struve (Central Institute of Mental Health), Naresh Subramaniam (Cambridge University), David Theobald (Cambridge University), Lauren Topper (IoP), Sabine Vollstaedt-Klein (Central Institute of Mental Health), Bernadeta Walaszek (PTB), Henrik Walter (Charité), Katharina Weiß (Charité), Helen Werts (IoP), Robert Whelan (Trinity College Dublin), Steve Williams (IoP), Juliana Yacubian (University of Hamburg), Veronika Ziesch (Technische Universität Dresden), Monica Zilbovicius (INSERM), C Peng Wong (IoP), Steven Lubbe (IoP), Lourdes Martinez-Medina (IoP), Agnes Kepa (IoP), Alinda Fernandes (IoP), Amir Tahmasebi (University of Toronto)

The following authors are included under the MCIC: Randy L. Gollub (Massachusetts General Hospital), Jody M. Shoemaker (The Mind Research Network), Margaret D. King (The Mind Research Network), Tonya White (Erasmus Medical Centre), Stefan Ehrlich (University of Technology – Dresden), Scott R. Sponheim (University of Minnesota), Vincent P. Clark (The Mind Research Network), Jessica A. Turner (The Mind Research Network), Bryon A. Mueller (University of Minnesota), Vince Magnotta (University of Iowa), Daniel O'Leary (University of Iowa), Beng C. Ho (University of Iowa), Stefan Brauns (Charité University Medicine), Dara S. Manoach (Massachusetts General Hospital), Larry Seidman (Beth Israel Deaconess Medical Center), Juan R. Bustillo (University of New Mexico), John Lauriello (University of Missouri), Jeremy Bockholt (University of Iowa), Kelvin O. Lim (University of Minnesota), Bruce R. Rosen (Massachusetts General Hospital), S. Charles Schulz (University of Minnesota), Vince D.

Calhoun (The Mind Research Network), Nancy C. Andreasen (University of Iowa).

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Supplementary Note: Author Contributions

The following authors wrote and edited the first draft: Derrek P Hibar, Hieab HH Adams, Neda Jahanshad, Ganesh Chauhan, Jason L Stein, Edith Hofer, Miguel E Renteria, Joshua C Bis, Alejandro Arias-Vasquez, M Kamran Ikram, Sylvane Desrivieres, Meike W Vernooij, Nicholas G Martin, Cornelia M Van Duijn, Margaret J Wright, WT Longstreth Jr, Gunter Schumann, Hans J Grabe, Barbara Franke, Lenore J Launer, Sarah E Medland, Sudha Seshadri, Paul M Thompson, M Arfan Ikram; **performed imaging and genetic analyses:** Derrek P Hibar, Hieab HH Adams, Neda Jahanshad, Ganesh Chauhan, Jason L Stein, Edith Hofer, Miguel E Renteria, Joshua C Bis, Alejandro Arias-Vasquez, M Kamran Ikram, Sylvane Desrivieres, Meike W Vernooij, Lucija Abramovic, Saud Alhusaini, Najaf Amin, Micael Andersson, Konstantinos Arfanakis, Benjamin S Aribisala, Nicola J Armstrong, Lavinia Athanasiu, Tomas Axelsson, Ashley H Beecham, Alexa Beiser, Manon Bernard, Susan H Blanton, Marc M Bohlken, Marco P Boks, Janita Bralten, Adam M Brickman, Owen Carmichael, M Mallar Chakravarty, Qiang Chen, Christopher RK Ching, Vincent Chouraki, Fabrice Crivello, Gabriel Cuellar-Partida, Anouk Den Braber, Nhat Trung Doan, Stefan Ehrlich, Sudheer Giddaluru, Aaron L Goldman, Rebecca F Gottesman, Oliver Grimm, Michael E Griswold, Tulio Guadalupe, Boris A Gutman, Johanna Hass, Unn K Haukvik, David Höhn, Avram J Holmes, Martine Hoogman, Deborah Janowitz, Tianye Jia, Kjetil N Jørgensen, Nazanin Karbalai, Dalia Kasperaviciute, Sungeun Kim, Marieke Klein, Bernd Krämer, Phil H Lee, David CM Liewald, Lorna M Lopez, Michelle Luciano, Christine Macare, Andre Marquand, Mar Matarin, Karen A Mather, Manuel Mattheisen, David R McKay, Yuri Milaneschi, Susanna Muñoz Maniega, Kwangsik Nho, Allison C Nugent, Paul Nyquist, Loes M Olde Loehuis, Jaap Oosterlaan, Martina Pampmeyer, Lukas Pirpamer, Benno Pütz, Adaikalavan Ramasamy, Jennifer S Richards, Shannon L Risacher, Roberto Roiz-Santiañez, Nanda Rommelse, Stefan Ropele, Emma J Rose, Natalie A Royle, Tatjana Rundek, Philipp G Sämann, Claudia L Satizabal, Lianne Schmaal, Andrew J Schork, Li Shen, Jean Shin, Elena Shumskaya, Albert V. Smith, Emma Sprooten, Lachlan T Strike, Alexander Teumer, Diana Tordesillas-Gutierrez, Roberto Toro, Daniah Trabzuni, Stella Trompet, Dhananjay Vaidya, Jeroen Van der Grond, Sven J Van der Lee, Dennis van der Meer, Marjolein MJ Van Donkelaar, Kristel R Van Eijk, Theo GM van Erp, Daan van Rooij, Esther Walton, Lars T Westlye, Christopher D Whelan, Beverly G Windham, Anderson M Winkler, Katharina Wittfeld, Girma Woldehawariat, Christiane Wolf, Thomas Wolfers, Lisa R Yanek, Jingyun Yang, Alex Zijdenbos, Marcel P Zwiers; **local study management and oversight:** Ingrid Agartz, Laura Almasy, David Ames, Philippe Amouyel, Ole A Andreassen, Sampath Arepalli, Amelia A Assareh, Sandra Barral, Mark E Bastin, Diane M Becker, James T Becker, David A Bennett, John Blangero, Hans van Bokhoven, Dorret I Boomsma, Henry Brodaty, Rachel M Brouwer, Han G Brunner, Randy L Buckner, Jan K Buitelaar, Kazima B Bulayeva, Wiepke Cahn, Vince D Calhoun, Dara M Cannon, Gianpiero L Cavalleri, Ching-Yu Cheng, Sven Cichon, Mark R Cookson, Aiden Corvin, Benedicto Crespo-Facorro, Joanne E Curran, Michael Czisch, Anders M Dale, Gareth E Davies, Anton JM De Craen, Eco JC De Geus, Philip L De Jager, Greig I De Zubicaray, Ian J Deary, Stéphanie Debette, Charles DeCarli, Norman Delanty, Chantal Depondt, Anita DeStefano, Allissa Dillman, Srdjan Djurovic, Gary Donohoe, Wayne C Drevets, Ravi Duggirala, Thomas D Dyer, Christian Enzinger, Susanne Erk, Thomas Espeseth, Iryna O Fedko, Guillén Fernández, Luigi Ferrucci,

Simon E Fisher, Debra A Fleischman, Ian Ford, Myriam Fornage, Tatiana M Foroud, Peter T Fox, Clyde Francks, Masaki Fukunaga, J Raphael Gibbs, David C Glahn, Randy L Gollub, Harald HH Göring, Robert C Green, Oliver Gruber, Vilmunder Gudnason, Sebastian Guelfi, Asta K. Håberg, Narelle K Hansell, John Hardy, Catharina A Hartman, Ryota Hashimoto, Katrin Hegenscheid, Andreas Heinz, Stephanie Le Hellard, Dena G Hernandez, Dirk J Heslenfeld, Beng-Choon Ho, Pieter J Hoekstra, Wolfgang Hoffmann, Albert Hofman, Florian Holsboer, Georg Homuth, Norbert Hosten, Jouke-Jan Hottenga, Matthew Huentelman, Hilleke E Hulshoff Pol, Masashi Ikeda, Clifford R Jack Jr, Mark Jenkinson, Robert Johnson, Erik G Jönsson, J Wouter Jukema, René S Kahn, Ryota Kanai, Iwona Kloszewska, David S Knopman, Peter Kochunov, John B Kwok, Stephen M Lawrie, Hervé LeMaître, Xinmin Liu, Dan L Longo, Oscar L Lopez, Simon Lovestone, Oliver Martinez, Jean-Luc Martinot, Venkata S Mattay, Colm McDonald, Andrew M McIntosh, Francis J McMahon, Katie L McMahon, Patrizia Mecocci, Ingrid Melle, Andreas Meyer-Lindenberg, Sebastian Mohnke, Grant W Montgomery, Derek W Morris, Thomas H Mosley, Thomas W Mühleisen, Bertram Müller-Myhsok, Michael A Nalls, Matthias Nauck, Thomas E Nichols, Wiros J Niessen, Markus M Nöthen, Lars Nyberg, Kazutaka Ohi, Rene L Olvera, Roel A Ophoff, Massimo Pandolfo, Tomas Paus, Zdenka Pausova, Brenda WJH Penninx, G Bruce Pike, Steven G Potkin, Bruce M Psaty, Simone Reppermund, Marcella Rietschel, Joshua L Roffman, Nina Romanczuk-Seiferth, Jerome I Rotter, Mina Ryten, Ralph L Sacco, Perminder S Sachdev, Andrew J Saykin, Reinhold Schmidt, Helena Schmidt, Peter R Schofield, Sigurdur Sigursson, Andy Simmons, Andrew Singleton, Sanjay M Sisodiya, Colin Smith, Jordan W Smoller, Hilka Soininen, Vidar M Steen, David J Stott, Jessika E Susmann, Anbupalam Thalamuthu, Arthur W Toga, Bryan Traynor, Juan Troncoso, Magda Tsolaki, Christophe Tzourio, Andre G Uitterlinden, Maria C Valdés Hernández, Dennis Van 't Ent, Marcel Van der Brug, Aad Van der Lugt, Nic JA Van der Wee, Neeltje EM Van Haren, Marie-Jose Van Tol, Badri N Vardarajan, Bruno Vellas, Dick J Veltman, Henry Völzke, Henrik Walter, Joanna M Wardlaw, Thomas H Wassink, Michael E Weale, Daniel R Weinberger, Michael W Weiner, Wei Wen, Eric Westman, Tonya White, Tien Y Wong, Clinton B Wright, Ronald H Zielke, Alan B Zonderman, Nicholas G Martin, Cornelia M Van Duijn, Margaret J Wright, WT Longstreth Jr, Gunter Schumann, Hans J Grabe, Barbara Franke, Lenore J Launer, Sarah E Medland, Sudha Seshadri, Paul M Thompson, M Arfan Ikram