Supplementary Table 1. Partial	Summar y	JI LSTANI	SIEU TLA	maauulati0	ns, and Ass	ociations 0	r Contempo	Jiary Inter	est	
PHENOTYPE	HLA-A	HLA-C	HLA-B	C4	DRB1	DQA1	DQB1	DPB1	RR	Comments*
Autoimunity										
Acute anterior uveitis			*27							
Ankylosing spondylitis			*2702 *2704						~90	
			*2705							
Goodpastures syndrome					*1501/2				~16	
Graves disease			*0801		*0301				-4	
					*0301	*0501				
Hashimoto's thyroiditis										
Multiple sclerosis					*1501	*0102	*0602		~4	
Myasthenia gravis			*0801		*0301	*0501	*0201		~2.5	
Narcolepsy		-			*1501	*0102	*0602		~90	
					*0402					
Pemphigus vulgaris									~14	
Rheumatoid arthritis					*0101 *0401				~1-2 ~7	European descent
					*0404				-8	European descent European descent
					*0405				-8	Oriental
					*1402				~2	Native American
SLE	*0101		*0801	C4AQ*0	*0301	*0501	*0201		~6	
			+0004							200 205 2011
Sjogren's syndrome			*0801		*0301				-3-20	DR2, DR5, DR11 some populations
Type 1 diabetes					*04	*0301	*0302		%	heterozygote
Type I diabetes					*03	*0501	*0201		7.0	notor of pigoto
					*09	*0301	*0303		%	heterozygote
					*03	*0501	*0201		7.0	notor of pygoto
					*08	*0301	*0402		%	heterozygote
					*04	*0301	*0302			Tioto o 2 y go to
					*0401	*0301	*0302		%	
					*0402	"	"		%	
					*0403 *0404	"			%	
					0404				76	
										MICA5.1/TNF2/TNFa2/DRB1*03 haplotype
Polymyositis/Dermatomyositis										(8.1 ancestral haplotype) 7.1 ancestral haplotype protective
										7.1 ancestral napiotype protective
Other immune disorders										
Behcet's disease			*5101 *57							
Bird-shot retinopathy	*A29		*12						49.9-224	
Celiac disease			*0801		*0301	*0501	*02			DQA1*1501/DQB102 in cis or trans
Crohn's disease										DR7 (not confirmed in all studies)
Ig deficiency										class II or class III?
Psoriasis		*0602								PSORS1 - cluster of loci near HLA-C
Sarcoidosis					*12/14				-8	BTNL2 near DRA1 implicated
-			*07		12/14					various class I and II

Lofgren's					*0301		*0201		-21	
Mixed Cryoglobulinemia (HCV-associated)					DR11					DR11 phenotype is associated with a significantly increased risk for the development of type II MC in patients with chronic HCV infection. In contrast, HLA-DR7 appears to protect against the production of type II MC.
Hypersensitivity										
abacavir			*5701							mapped to class III HSP70?
										mapped to class III hor/o?
allopurinol			*5801							
asthma										various class II - not seen in all cases - dependent on allergen. HLA-G associated in recent study
Berylliosis								*0201		DPB1 Glu69 susceptible/Lys69 protective
carbamazepine			*1502							
pigeon breeder's lung										class II
pollen-induced allergic rhinitis						*0302				chinese; 41 cases, 41 controls
						0302				crimese, 41 CdSeS, 41 COULTUIS
Infections										
AIDS progression			*35Px							mostly HLA-B, protective: e.g. B*27/*57/*51
Leprosy/Tuberculosis						*02	*0503			Cambodian, 48 cases, 39 controls
Lyme disease					*0401					
Malaria			*5301							DRB1*1302 protective
SARS			*4601							
Kaposi's sarcoma - HIV associated			*5401		alleles with F13		ı	,		DRB1 phe13 susceptible/gly13 protective
Other diseases										
Haemochromatosis	*03									due to linked HFE-class I gene
	03									
21-OH deficiency										CYP21 in class III region
cervical cancer										class II
nasopharyngeal carcinoma	*0207									chinese
smoking behavior				C4AQ*0						
SHOWING DELIGNION				C4AQ"U						
hypertrophic cardiomyopathy			*51							A2-B51-DR2 haplotype, Asian Indian population (14 cases, 81 controls)
non-response to HBV vaccine					*07				relative odds [RO]=5.18	N=164
HCV - Sustained response to therapy			*44	<u> </u>						
Gastric cancer					*04051					Japanese; 70 cases, 121 controls
Gastric Californ					54051					Sapariese, 70 cases, 121 controls
N.B.	 			-						
There is a huge body of data on HLA and disease associations. A recent compilation describes over 200 separate conditions where MHC markers are associated with either disease susceptibility or severity of symptoms [Lechler, 2000].										
In this Table are listed some of the more established associations, as well as others of contemporary interest. The earliest reference is given in most cases. Some of these early studies contained small patient numbers but generally										
have been confirmed in more than one popu	lation. For exa	mple, the asso	ciation of SLE	with various l	MHC haplotypes	has been confi	rmed in over 6	66 studies on 2	5 populations but the preci	se etiologic locus or loci remain unidentified[Pick
Books and reviews provide a more compreh										
There are several explanations for this, inclu This table summarizes some of the main ass					Data from differe	nt populations	s. 5. Multiple s	usceptibility at	nd protective alleles at diff	erent linked loci (e.g. HLA-DQ and -DR). 4. Dise
2 ms more summarizes some of the main ass	Controlls as a s	amang point i	o. accessing ti	ic inciatare.	 					