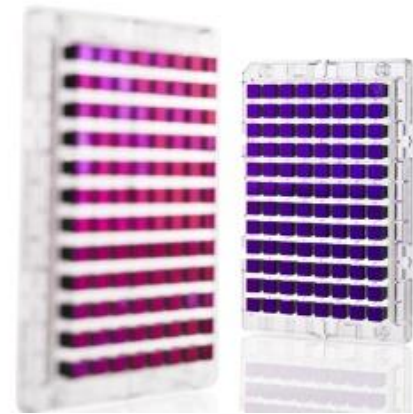


Genome-wide association studies (GWAS)



Outline for GWAS

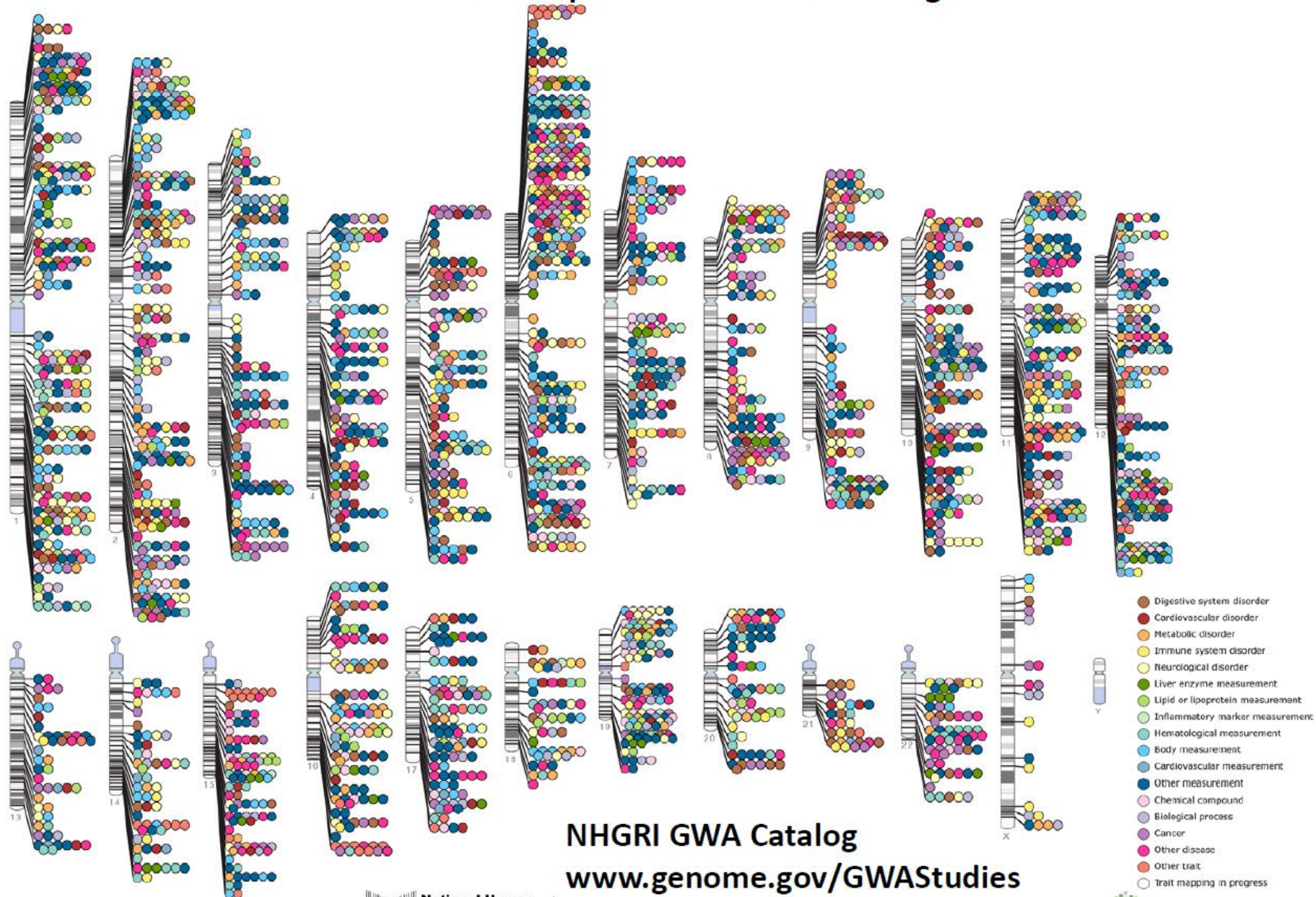
- Review / Overview
 - Design
 - Analysis
 - QC
 - Prostate cancer example
 - Imputation
 - Replication & Meta-analysis
- } (Likely next time)

Outline for GWAS

- Review / Overview
- Design
- Analysis
 - QC
 - Prostate cancer example
 - Imputation
 - Replication & Meta-analysis

Published Genome-Wide Associations through 07/2012

Published GWA at $p \leq 5 \times 10^{-8}$ for 18 trait categories



NHGRI GWA Catalog

www.genome.gov/GWASStudies

www.ebi.ac.uk/fgpt/gwas/



EMBL-EBI



Filter the diagram

Filter by trait

Clear

Apply

Show SNPs for

 Digestive system disease	1010
 Cardiovascular disease	702
 Metabolic disease	277
 Immune system disease	1250
 Nervous system disease	1209
 Liver enzyme measurement	154
 Lipid or lipoprotein measurement	698
 Inflammatory marker measurement	329
 Hematological measurement	2266
 Body weights and measures	1159
 Cardiovascular measurement	845
 Other measurement	6025
 Response to drug	285
 Biological process	1438
 Cancer	1015
 Other disease	1267
 Other trait	4678

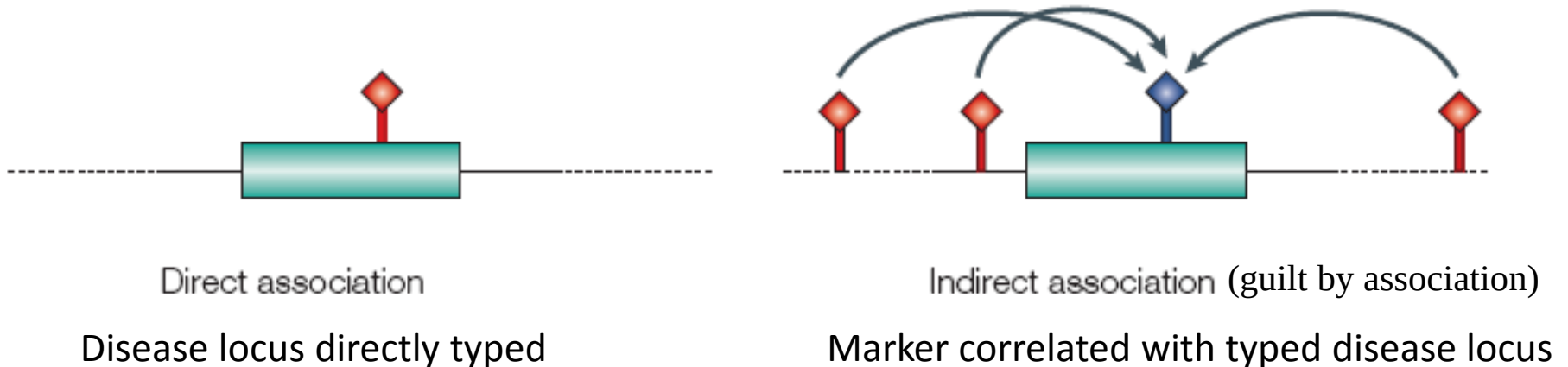
01/28/2019



Outline for GWAS

- Review / Overview
- Design
- Analysis
 - QC
 - Prostate cancer example
 - Imputation
 - Replication & Meta-analysis

Design 1: Microarray – Genotype a subset of markers available



- Previously we talked about using this to “tag” candidate genes (only Genotype a subset of the SNPs).
- Same principal applies to tagging the whole genome.

Technology behind a GWAS Microarray

Target prep

Amplify

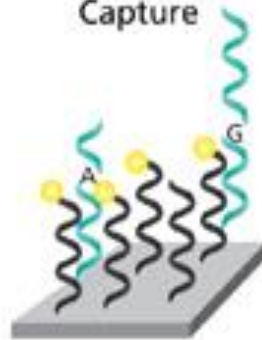


Fragment



Hybridization

Capture



+

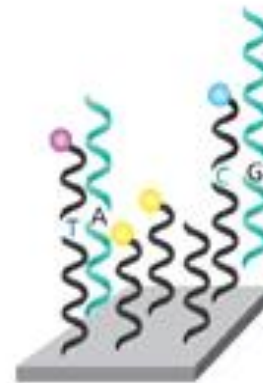
Label



Labeled solution probe
Sample binds to
array

Ligation

Differentiate



Labeled probes
bind to sample,
differentiating
between the two
alleles

Signal amplification

Stain and image

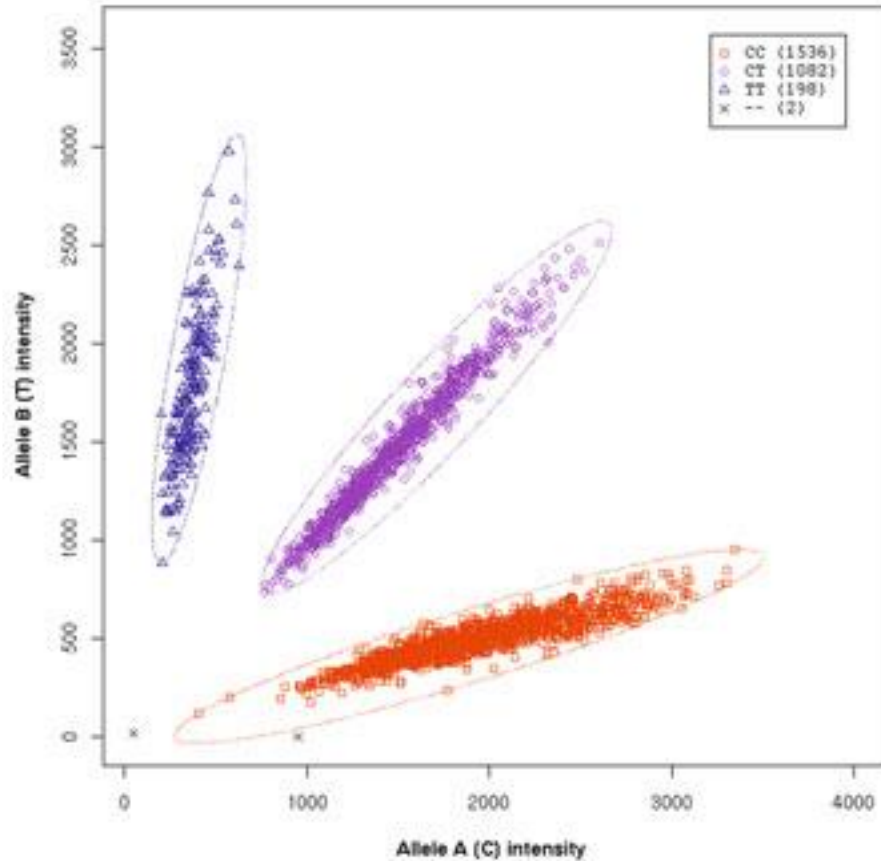


Make it bright
enough then
measure intensity of
array

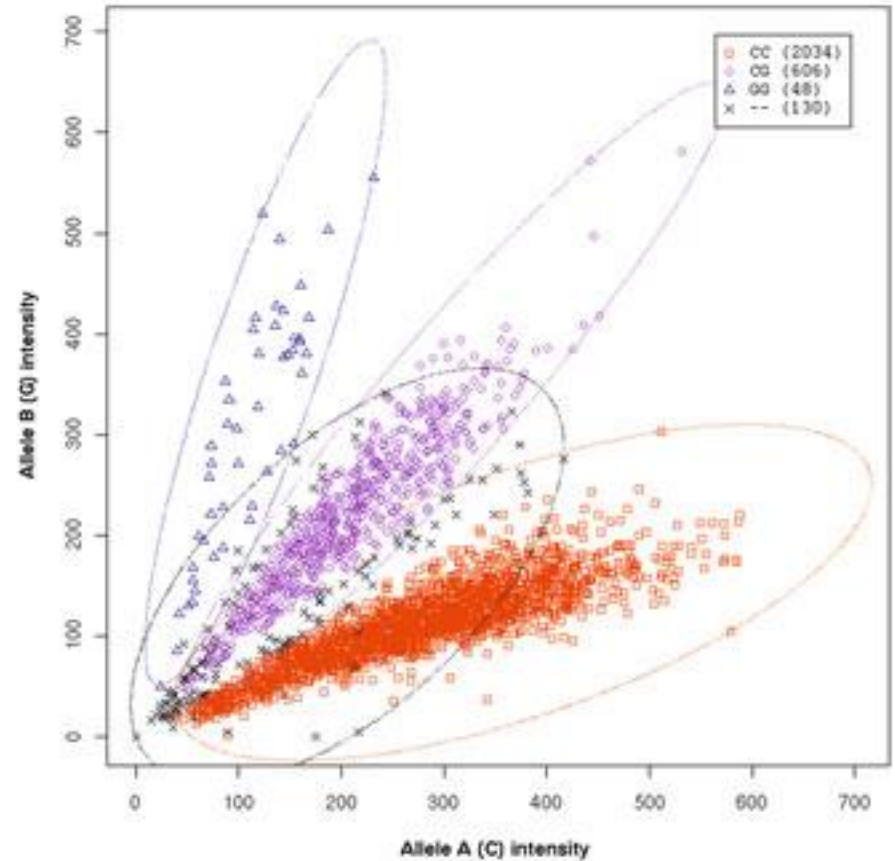
Assay ~ 0.7 - 5M SNPs (keeps increasing)

Affymetrix, <http://www.affymetrix.com>

Raw microarray data: Genotype calls



Good calls!



Bad calls!

Class Exercise (groups of 3-4)!:

How would you design a *general* GWAS microarray?

- It will be linked to an EHR, all diseases of interest
- Do you have to genotype *everything*?
- Regions/SNPs to prioritize?

Class Exercise (groups of 3-4)!: How would you design a *general* GWAS microarray?

- It will be linked to an EHR, all diseases of interest
- Do you have to genotype *everything/everyone*? [tag SNPs (population?), minor allele frequency limit, old multistage design]
- Regions/SNPs to prioritize? [genes?, prev hits, functional significance?; some SNPs cost more; some SNPs work better]
- [Similar to candidate genes before, but grander scale]

Class Exercise!: How would you design a *general* GWAS microarray?

88

T.J. Hoffmann et al. / Genomics 98 (2011) 79–89

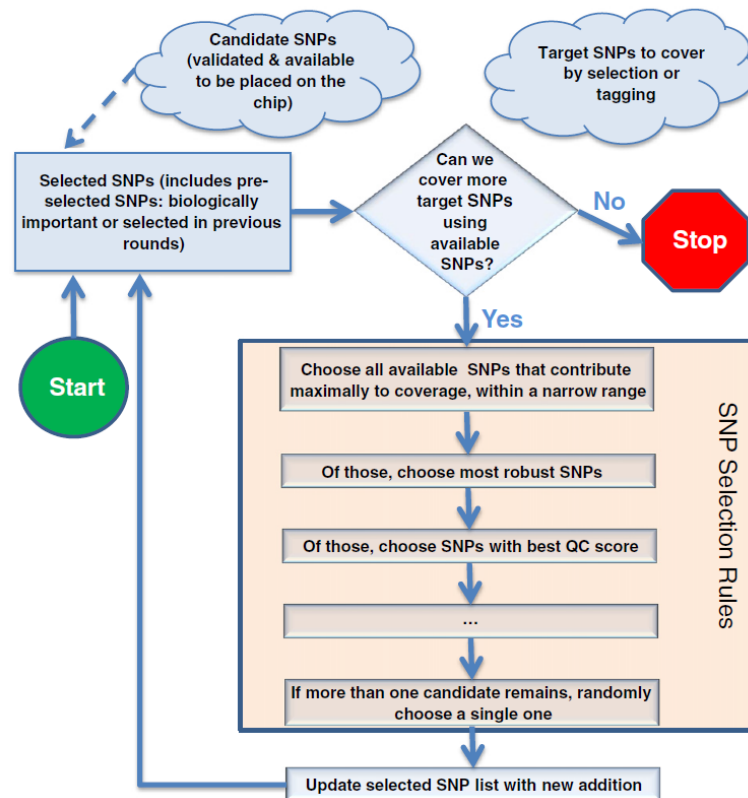
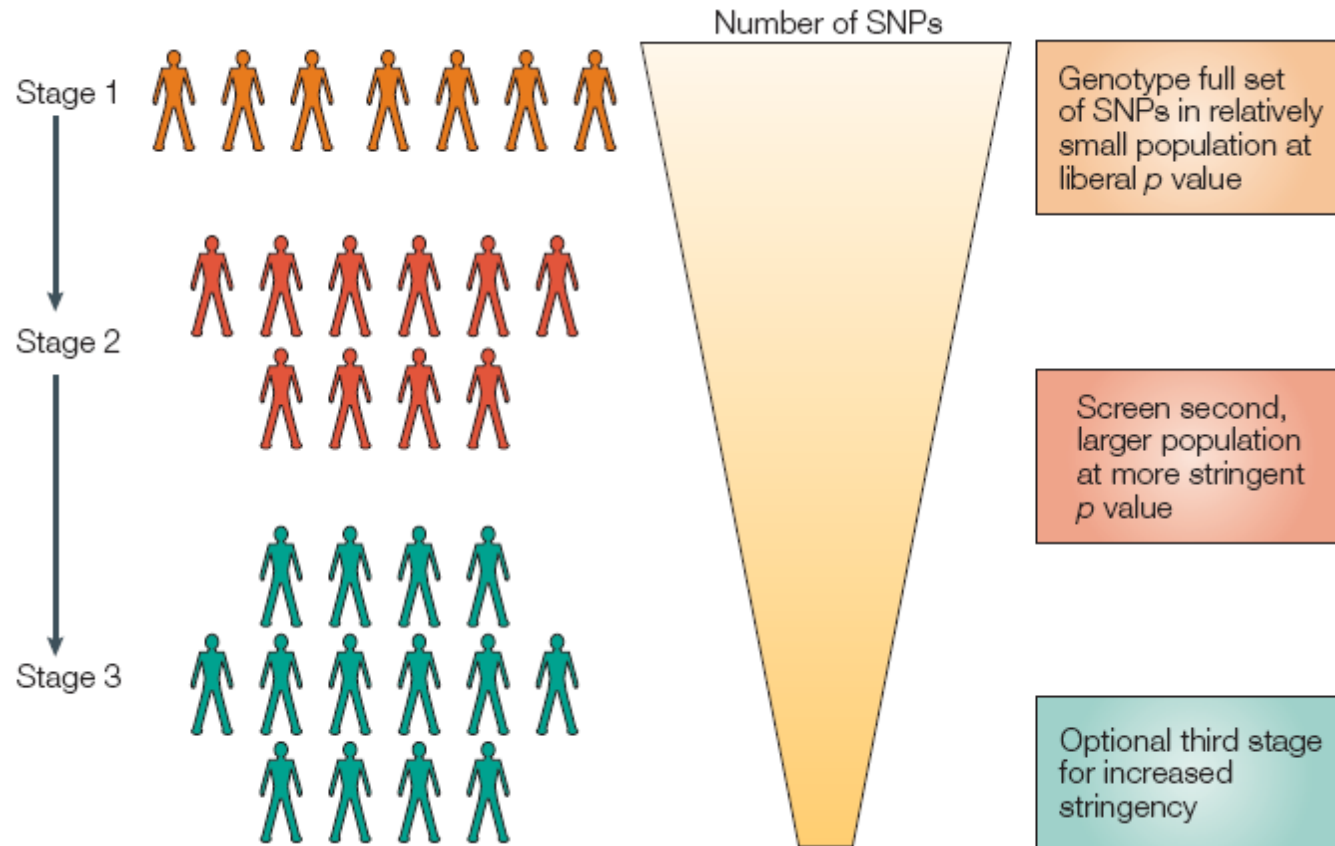
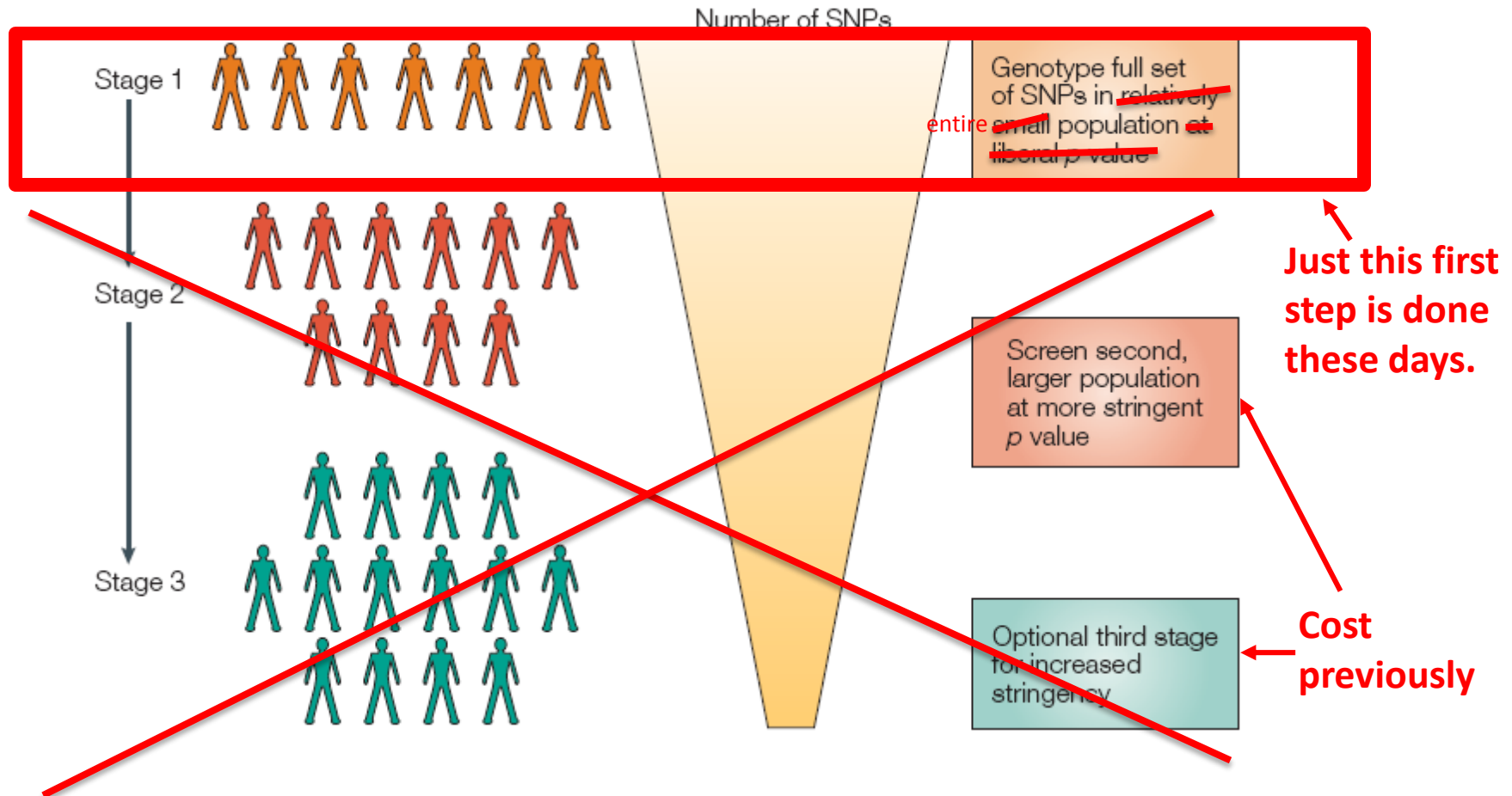


Fig. 7. Greedy SNP selection algorithm. A set of SNPs are chosen for reasons of biological importance, significance in published GWAS, etc., or as the result of previous rounds of greedy SNP selection. The “target” set of SNPs to be covered by tagging is established to fit the purpose of the current round of SNP selection, e.g., maximize coverage of SNPs in coding regions, or maximize general coverage of the genome. Then, SNPs which are available to be placed on the microarray are assessed for their ability to increase coverage of the target set. If coverage can be increased, a set of decision rules is applied to select the best single SNP to add to the selected list, as described in the text. This process continues until maximum coverage of the target set is achieved, or no space for additional SNPs on the microarray remains.

Genome-wide Association Studies (GWAS)



Genome-wide Association Studies (GWAS)



Design 2: Next generation sequencing

- Genotype essentially entire genome
 - A bunch of random reads all over the genome are assembled (not trivial) to produce the genome
 - Some regions of the genome have more reads than others; can choose how much you want to sequence (5x coverage 1000 Genomes, e.g.)
- More expensive
- Extreme phenotypes, since can't do everyone?
- More in “Next Generation Sequencing” lecture

Design choices

- **GWAS Microarray**

- Only assay SNPs designed into array (0.7-5 million)
- Cheaper (so more subjects tradeoff)

GWAS Sequencing

“De novo” discovery
(particularly good for rare variants)

More expensive (but costs are falling) (many less subjects)

Need much more expansive IT support

Lots of interesting interpretation problems (field rapidly evolving)

Can also do a hybrid design (use sequencing on some to inform array design on rest; complicates analysis)

Design choices

- **Exome Microarray**

- Only assay SNPs designed into array (~300K+custom); in **exons only** and that could affect protein coding function
- Cheapest (so many more subjects)

Exome Sequencing

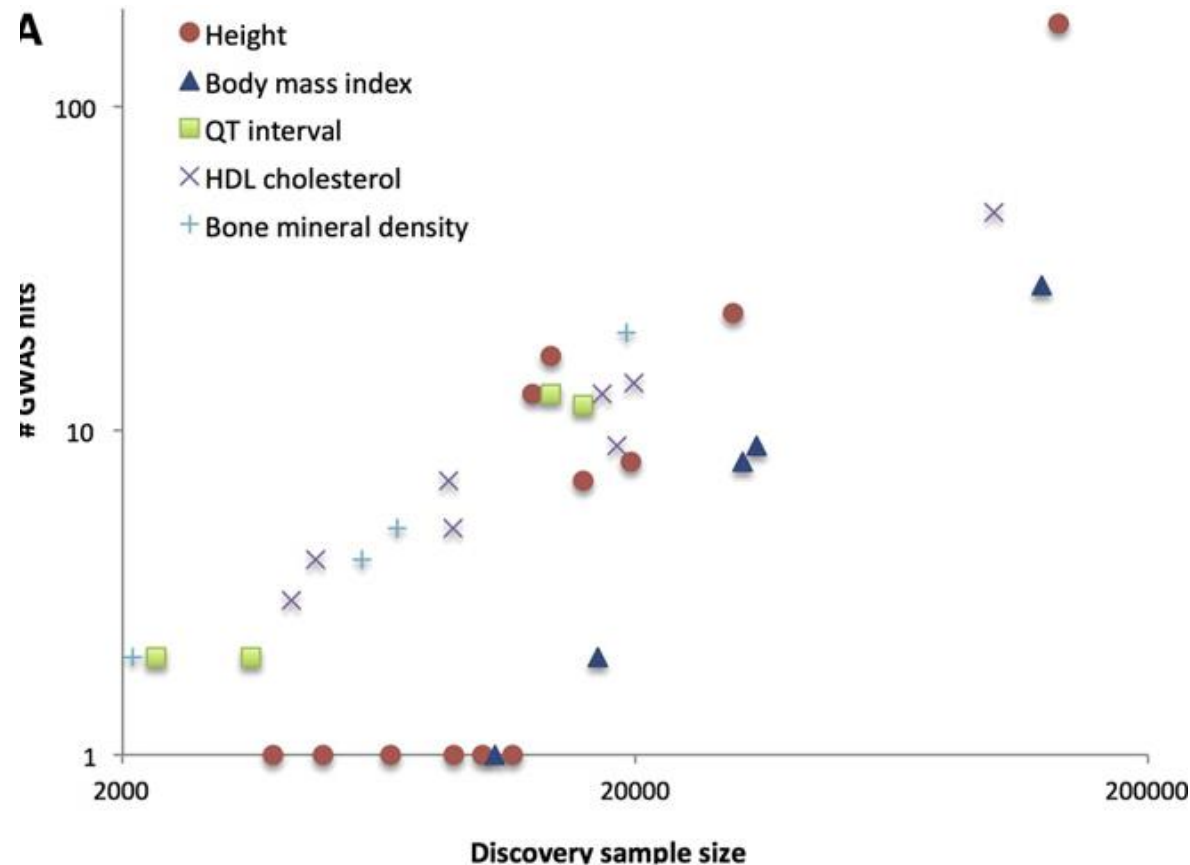
“De novo” discovery
(particularly good for rare variants); **%age of exons only**
(first step is a pull down that does not capture all exons)

More expensive than
microarrays, less expensive
than gwas sequencing

Need more expansive IT
support, but not as much as
whole genome

Size of study matters

- Large # SNPs tested – multiple comparisons
- Very small effect sizes
- Tag SNP, rather than actual SNP
- Consortia



Biggest studies...

- GWAS Microarray:
 - US: 100K people in the Kaiser RPGEH (Hoffmann et al., Genomics, 2011a&b)
 - UK: nearly 500K people
 - MVP: 1M people in process (400K soon)
- Sequencing: 1000 Genomes Project, UK10K, TopMed
- Exome Sequencing: GO ESP (12,031 subjects, for exome microarray design), Geisinger, UK

Outline for GWAS

- Review / Overview
- Design
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 - QC
 - Prostate cancer example
 - Imputation
 - Replication & Meta-analysis

QC Steps: Class exercise!

- Can you think about potential QC steps you might take at an individual and SNP level basis? Which one first?
- What tests have we talked about in this course?
- Special chromosomes?
- (Could families be problematic? useful?)

QC Steps

- “garbage rises to the top”
- Filter SNPs and Individuals
 - MAF (e.g., 1%, but very sample size dependent!)
 - Low call rates (means genotype probably didn't work correctly)
- Test for HWE among controls & within ethnic groups. Use conservative alpha-level (10^{-6} , e.g., but opinions vary) (again, to remove artifacts)
- Check for relatedness.
 - MZ twins, or accidentally genotyped same sample twice?
 - Remove first degree, or account for.
- Check genotype gender (mislabelled samples)
- Filter Mendelian inheritance (family-based, or potentially cryptics, if large enough sample)
- plink software: pngu.mgh.harvard.edu/~purcell/plink/reference.shtml

Filter for Mendelian inheritance

A | A - - - - A | A

|

A | T

Filter for Mendelian inheritance

A | A - - - - A | A

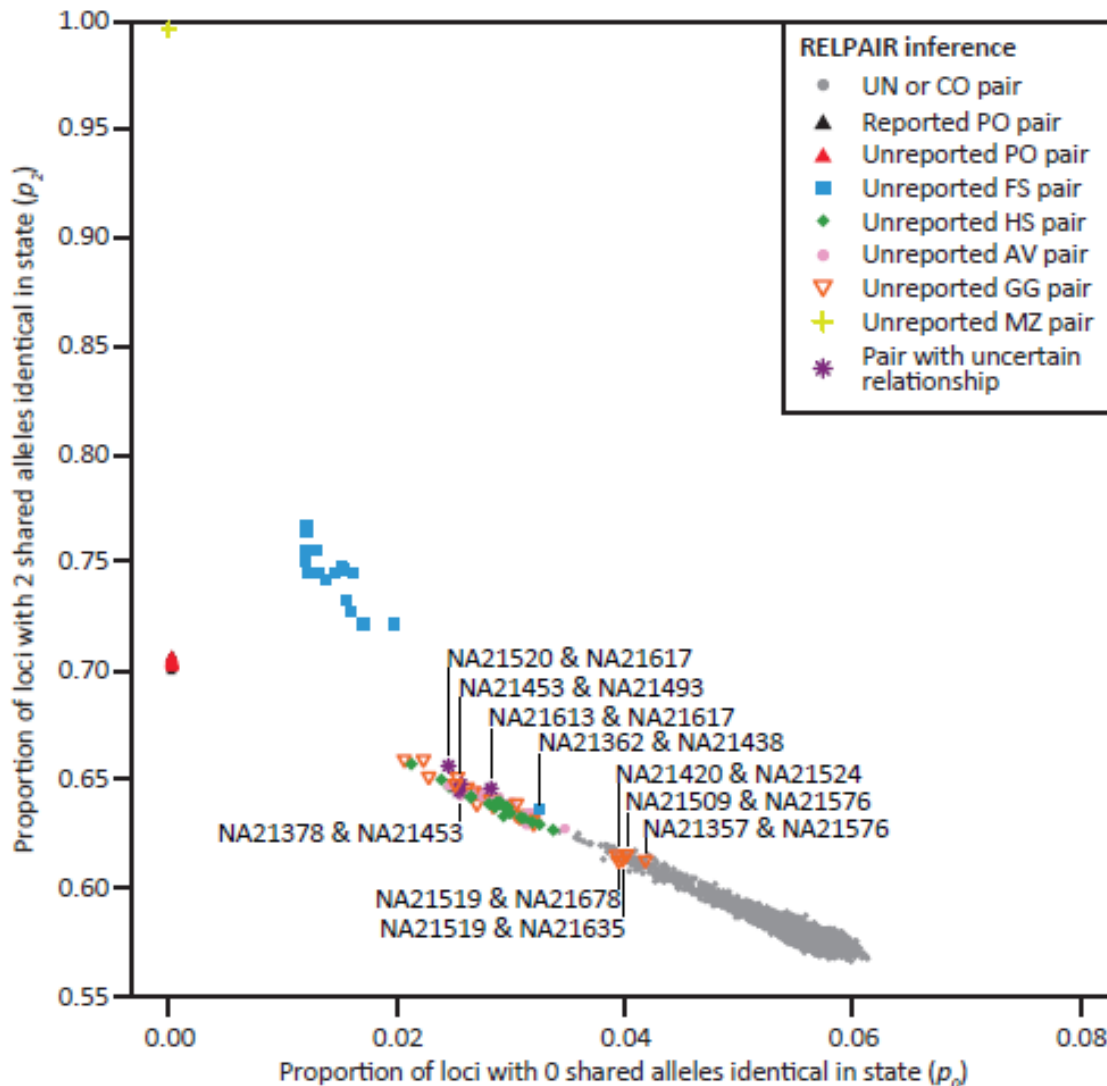
|

A | T ← Offspring Genotype not
Possible!

(De novo mutation, but
more likely genotyping
error.)

Check for relatedness, e.g., HapMap

MKK



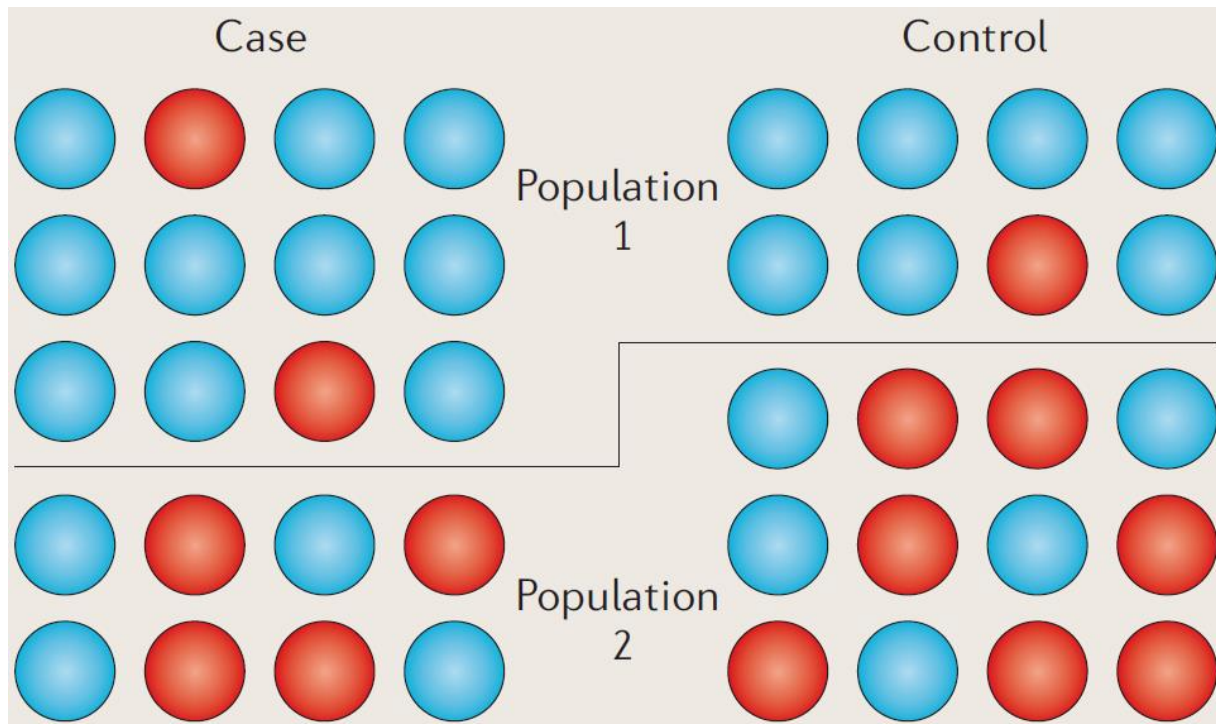
- Take overall average of all SNPs of how many alleles are shared.
- E.g., parent-offspring never shares zero alleles.
- HapMap was supposed to be unrelateds (this was a bit of a surprise!)

GWAS analysis

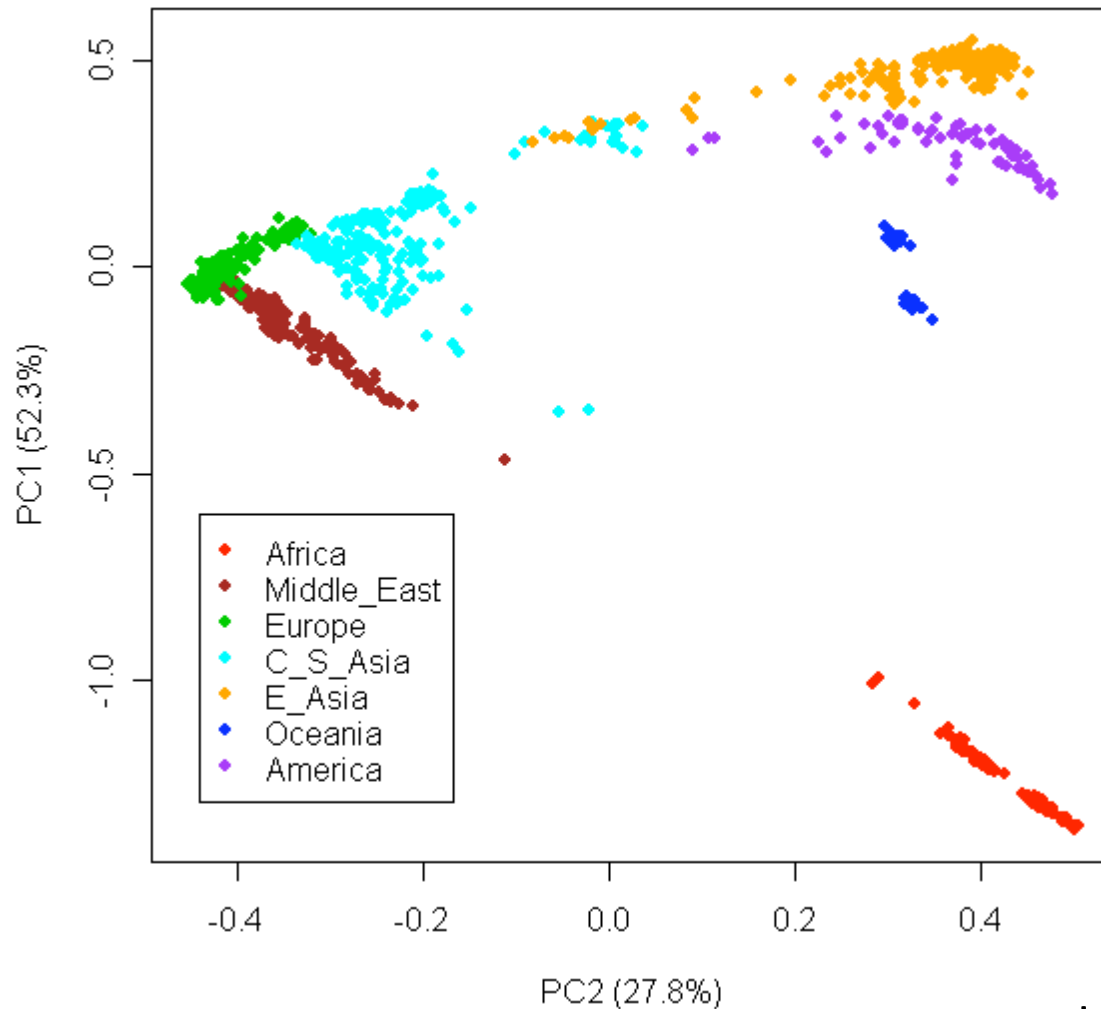
- Most common approach: Model each SNP separately
- Additive coding of SNP most common, just a covariate in a regression framework
- Dichotomous phenotype: logistic regression
- Continuous phenotype: linear regression
- Correct for multiple comparisons
 - e.g., Bonferroni, 1 million gives $\alpha=5 \times 10^{-8}$
 - [Often use 5×10^{-8} for larger GWAS arrays (or imputed SNPs, more later) also, SNPs are correlated, so Bonferroni is a little too conservative...]
- Adjust for potential population stratification (details next slides...)
 - principal components (PC's), on best performing SNPs
 - software usually does LD filter (e.g., Eigensoft)

Recap of population substructure

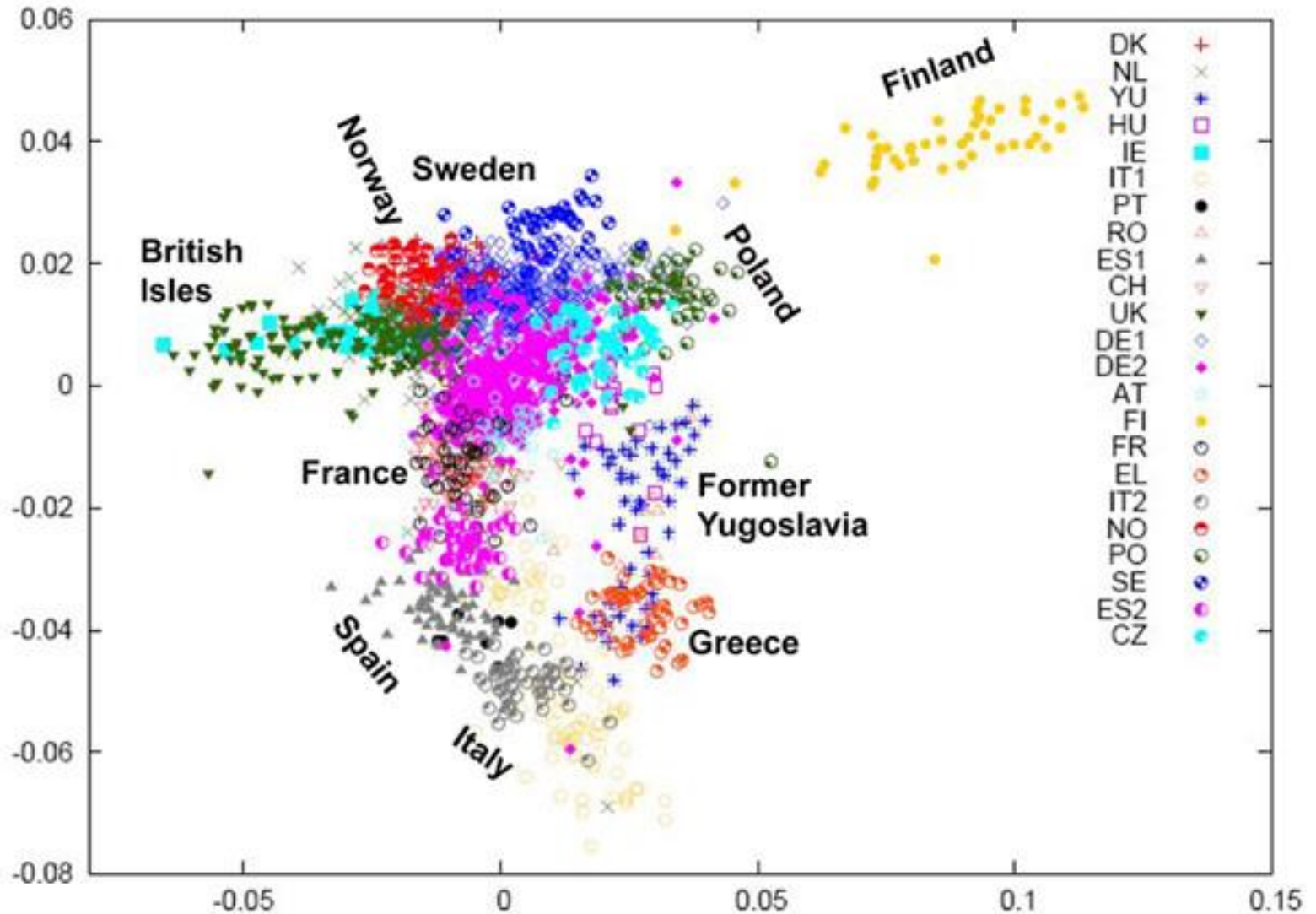
- Two populations have different disease frequency, and different allele frequency (Recall Pima & Papago example).
- Association picks up they are different populations!



Control for race/ethnicity/ancestry: Principal Components (PCs) as covariates in regression model



PCs pick up fine population structure

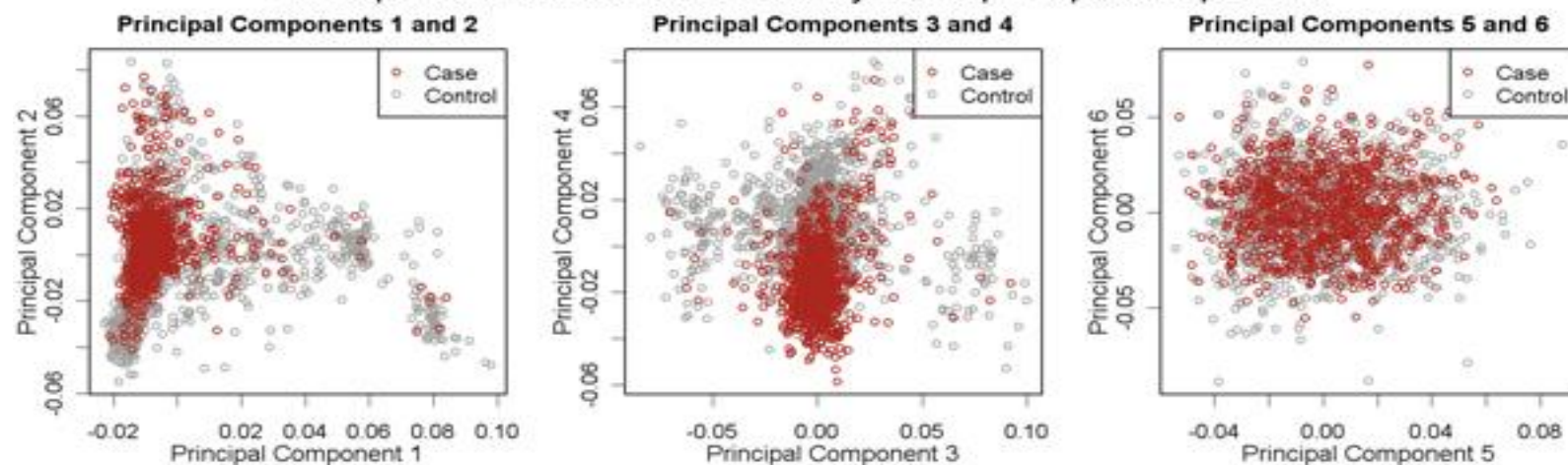


- Razib, Current Biology 2008

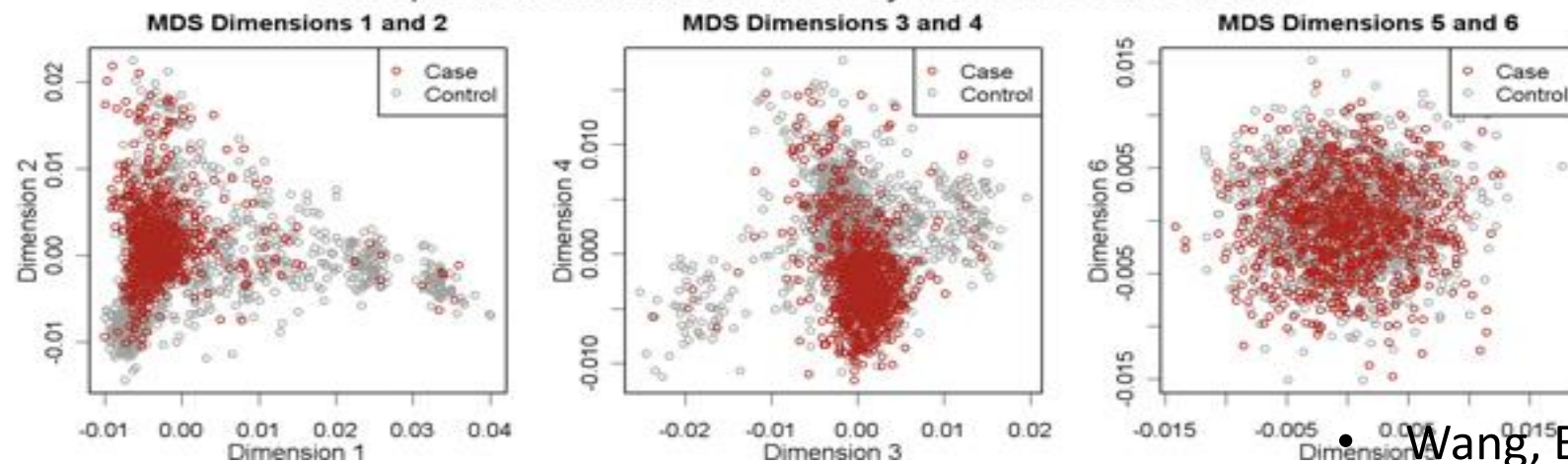
Adjusting for PC's

Do not want separate cluster for cases as controls! – Why want individuals from similar population for controls (and randomization). [These look reasonable, but if see a separation...]

A. Population structure identified by first 6 principal components



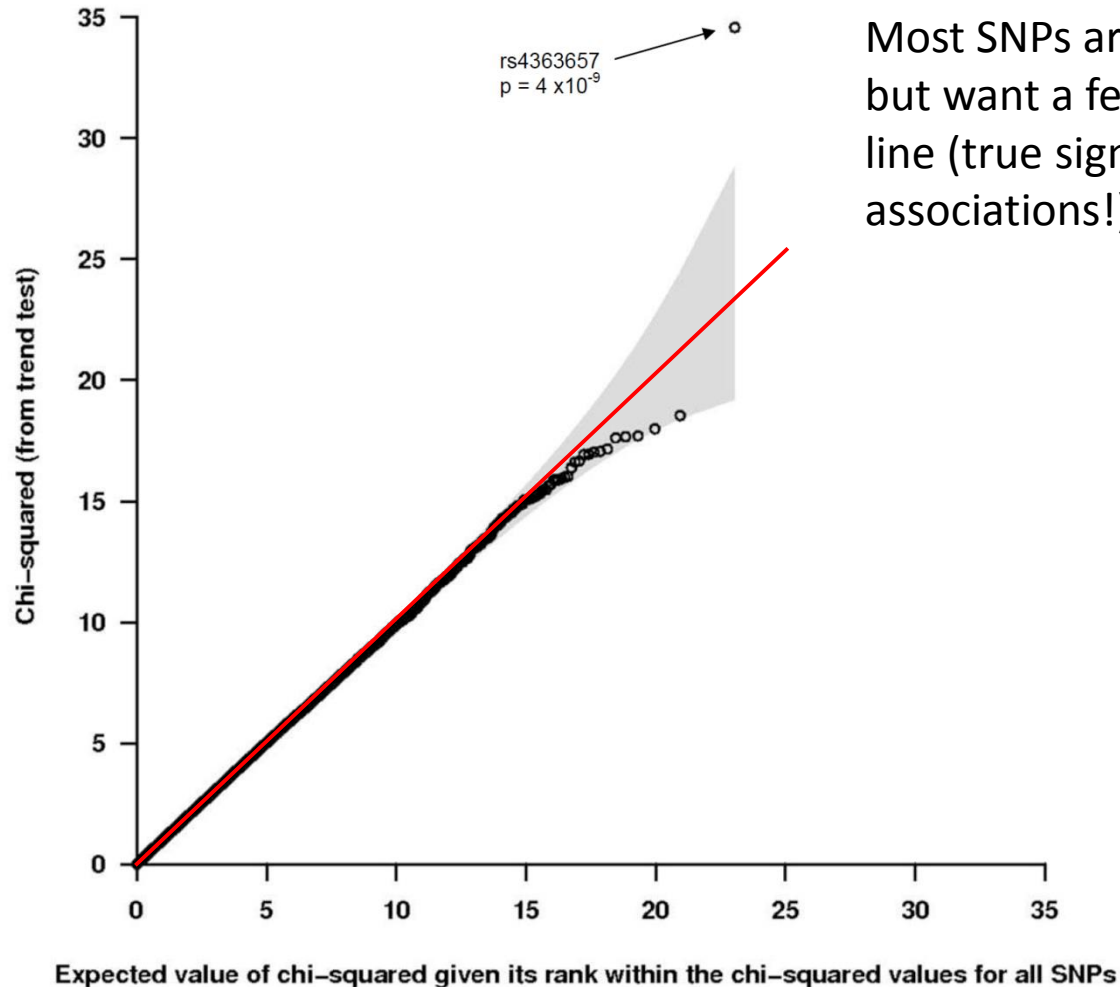
B. Population structure identified by first 6 MDS dimensions



After run analysis

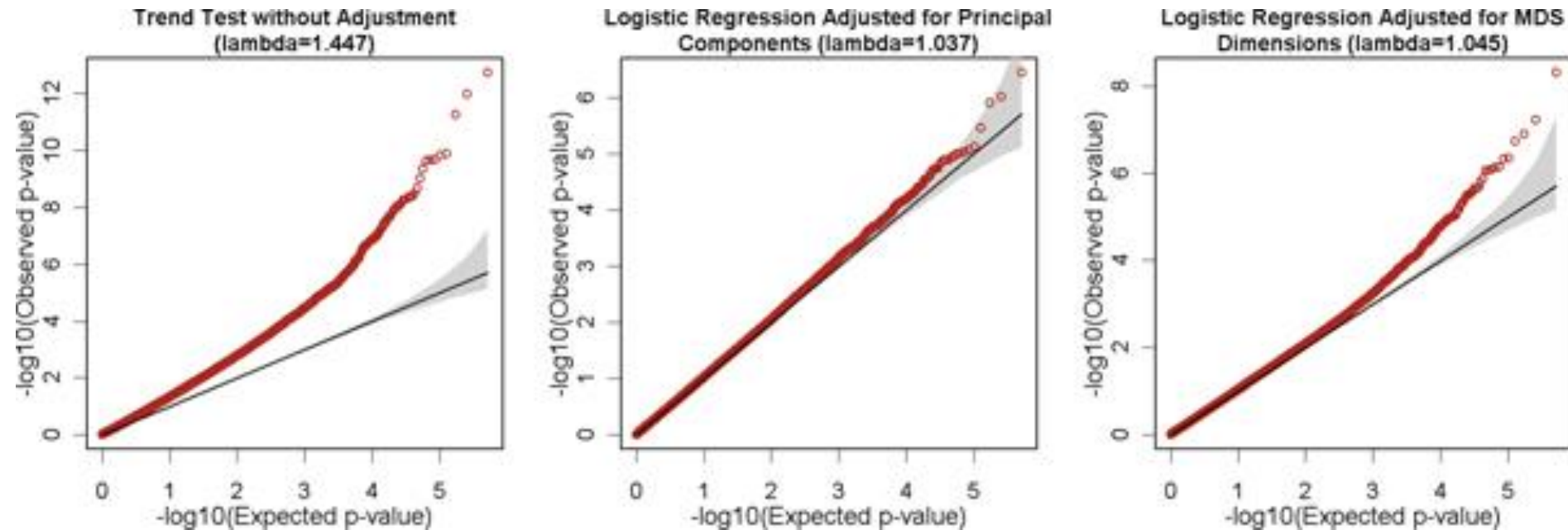
- Assess the fit with Q-Q plot (saw last lecture)
- Look at results in Manhattan plots
- **Replication** of hits in a separate cohort

Quantile-quantile (Q-Q) plot review



Most SNPs are on the line, but want a few hits off the line (true significant associations!)

Q-Q plots and PC adjustment recap



- Exactly on line if no signal at all.
- If don't adjust for PC's, then p-values are all inflated artificially.
- Adjusting for PC's fixes the problem.

Manhattan plot example: Kaiser GWAS of Prostate Cancer

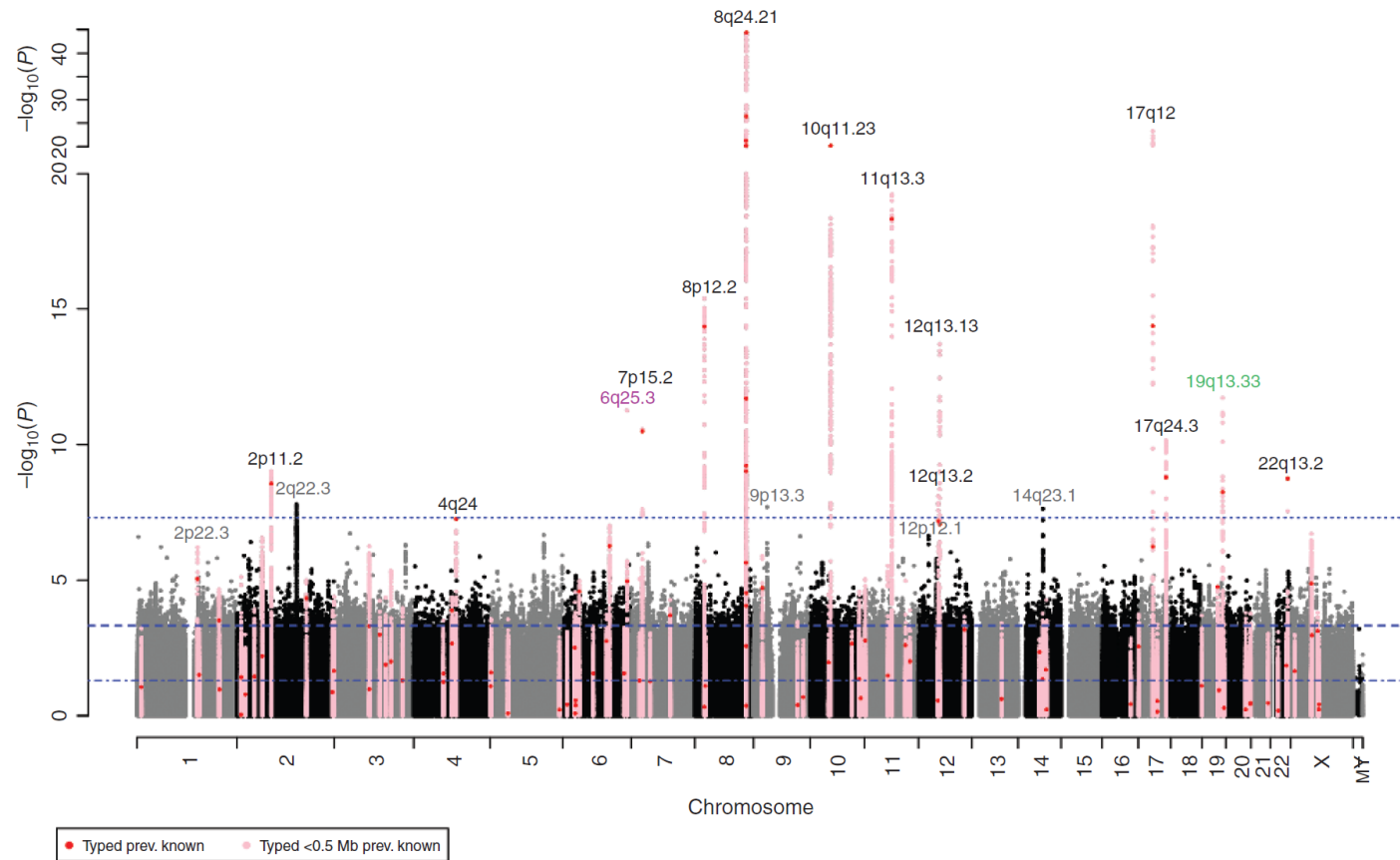
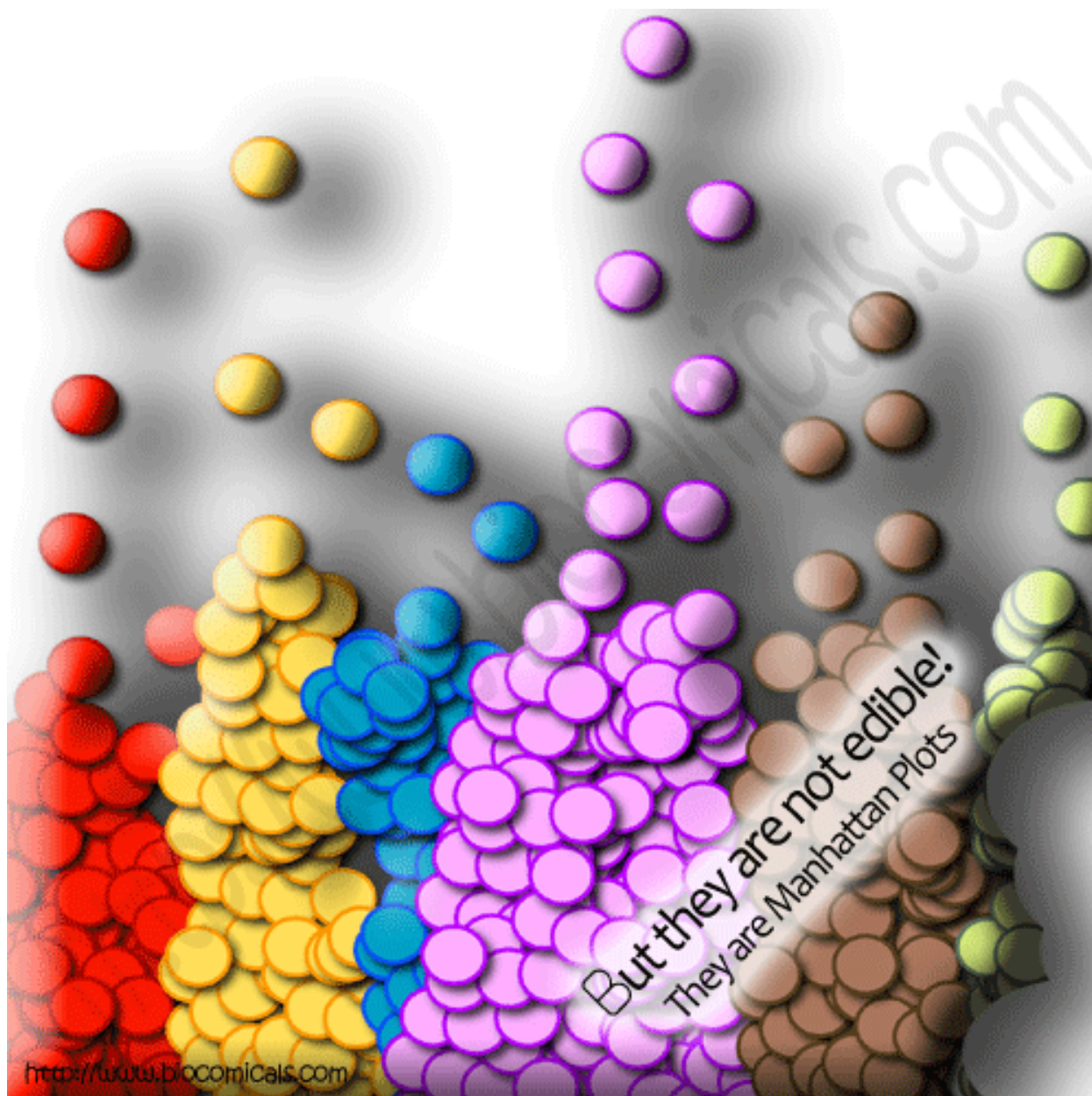


Figure 1. Results from a GWAS of prostate cancer in the KP population (8,399 cases and 38,745 controls), highlighting key chromosomal regions. P values are for variant associations with prostate cancer from transethnic fixed-effects meta-analysis of four race/ethnicity GWAS (non-Hispanic white, Latino, African-American, East Asian), each adjusted for age and ancestry principal components. Horizontal dashed lines indicate genome-wide statistical significance ($P < 5 \times 10^{-8}$), Bonferroni-corrected significance for 105 known prostate cancer risk variants ($P < 0.05/105$), and nominal significance ($P < 0.05$). Red points denote our findings for the 105 known risk SNPs, and pink indicates results for SNPs within a 0.5 Mb window around these SNPs. The new 6q25.3 indel rs4646284 is colored magenta, and the 19q13.33 prostate cancer or PSA SNP rs2659124 is noted in green. Those loci containing previously reported variants that we replicated at genome-wide significance are noted in black text. Loci with variants that were novel in the KP GWAS but failed to replicate are noted in gray text.



Replication, Replication, Replication

- To replicate:
 - Association test for replication sample significant at $0.05/\{\text{Number of SNPs replicating}\}$ alpha level
 - Same genetic model (e.g. additive, dominant)
 - Same direction
 - Sufficient sample size for replication!
 - [e.g., do a power calculation]
- Non-replications not necessarily a false positive
 - LD structures, different populations (e.g., flip-flop)
 - covariates, phenotype definition, underpowered
 - Winner's curse

Meta-analysis

- Combine multiple studies to increase power
- Either combine p-values (Fisher's test),
- or coefficient estimates + standard error (better)

Replication & Meta-analysis

Table 2. Prostate cancer genome-wide association study results for new risk indel rs4646284 at 6q25.3 and for risk SNP rs2659124 at 19q13.33

A

Variant	Risk allele	Ref. allele	Group	Risk AF	No conditioning		Conditioning on other 6q25.3 SNPs		
					OR (95% CI)	P	OR (95% CI)	P	r ² _{info}
Indel: rs4646284	TG (indel)	T	KP NH white	0.298	1.17 (1.12–1.23)	6.7 × 10 ^{−11}	1.16 (1.10–1.23)	3.3 × 10 ^{−7}	0.91
			KP Latino	0.250	1.13 (0.94–1.36)	0.20	1.06 (0.85–1.31)	0.61	0.89
			KP Asian	0.324	1.03 (0.84–1.27)	0.76	0.91 (0.68–1.23)	0.56	0.89
			KP Af-Amer	0.365	1.18 (1.02–1.37)	0.029	1.21 (1.03–1.42)	0.020	0.85
			KP Meta FE	—	1.17 (1.12–1.22)	5.5 × 10 ^{−12}	1.15 (1.09–1.21)	8.5 × 10 ^{−8}	—
			KP Meta RE	—	1.17 (1.12–1.22)	5.5 × 10 ^{−12}	1.15 (1.07–1.22)	7.7 × 10 ^{−5}	—
			MEC	0.361	1.13 (1.03–1.25)	0.0094	1.13 (1.03–1.25)	0.014	0.81
			PEGASUS	0.278	1.27 (1.17–1.37)	1.4 × 10 ^{−8}	1.20 (1.09–1.32)	0.00024	0.80
			Overall Meta FE	—	1.18 (1.14–1.22)	1.0 × 10 ^{−19}	1.16 (1.11–1.21)	5.4 × 10 ^{−12}	—
			Overall Meta RE	—	1.18 (1.13–1.23)	9.8 × 10 ^{−17}	1.16 (1.11–1.21)	5.4 × 10 ^{−12}	—

Beyond Genotyped SNPs: Imputation of SNP Genotypes

- Combine data from different platforms (e.g., Affy & Illumina) (for replication / meta-analysis).
- Estimate unmeasured or missing genotypes.
- Based on measured SNPs and external info (e.g., haplotype structure of HapMap).
- Increase GWAS power (impute and analyze all), e.g. Sick sinus syndrome, most significant was 1000 Genomes imputed SNP (Holm et al., Nature Genetics, 2011)
- HapMap as reference, now 1000 Genomes Project; UK10K, Haplotype reference consortium?
- Hybrid sequencing/genotyping approaches

Generalization of Tag SNPs: Imputed SNPs using a Reference Panel

- ♦ Generalization of pairwise r^2 of tagSNPs to multi-marker correlation

Study sample

.....A.....A.....A.....
.....G.....C.....A.....

Reference haplotypes

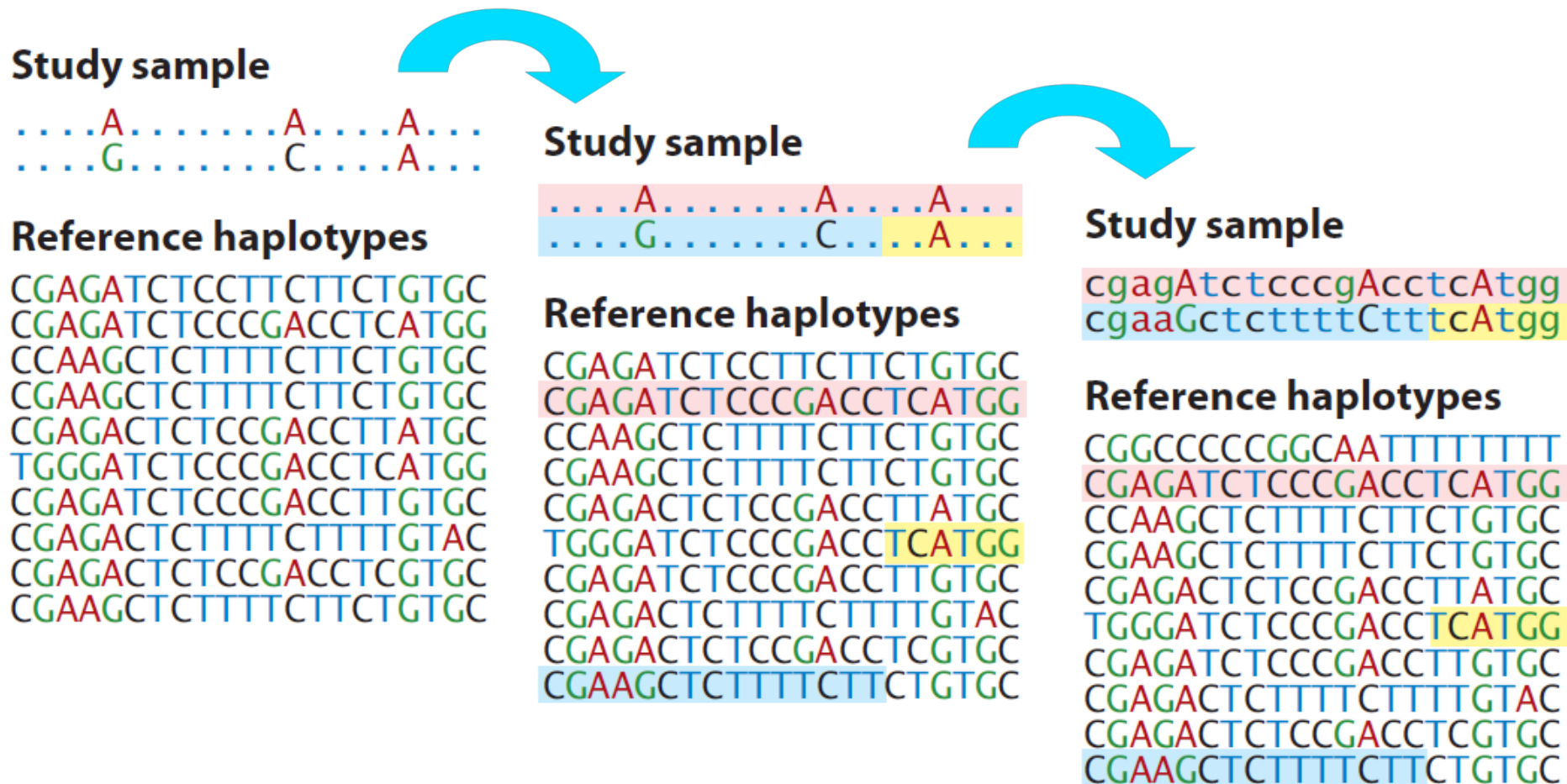
CGAGATCTCCCTTCTTCTGTGC
CGAGATCTCCCGACCTCATGG
CCAAGCTCTTTTCTTCTGTGC
CGAAGCTCTTTTCTTCTGTGC
CGAGACTCTCCGACCTTATGC
TGGGATCTCCCGACCTCATGG
CGAGATCTCCCGACCTTGTGC
CGAGACTCTTTTCTTTTGTAC
CGAGACTCTCCGACCTCGTGC
CGAAGCTCTTTTCTTCTGTGC

Class Exercise!

How would you fill in the remaining genotypes of this study sample individual, given the reference haplotypes?

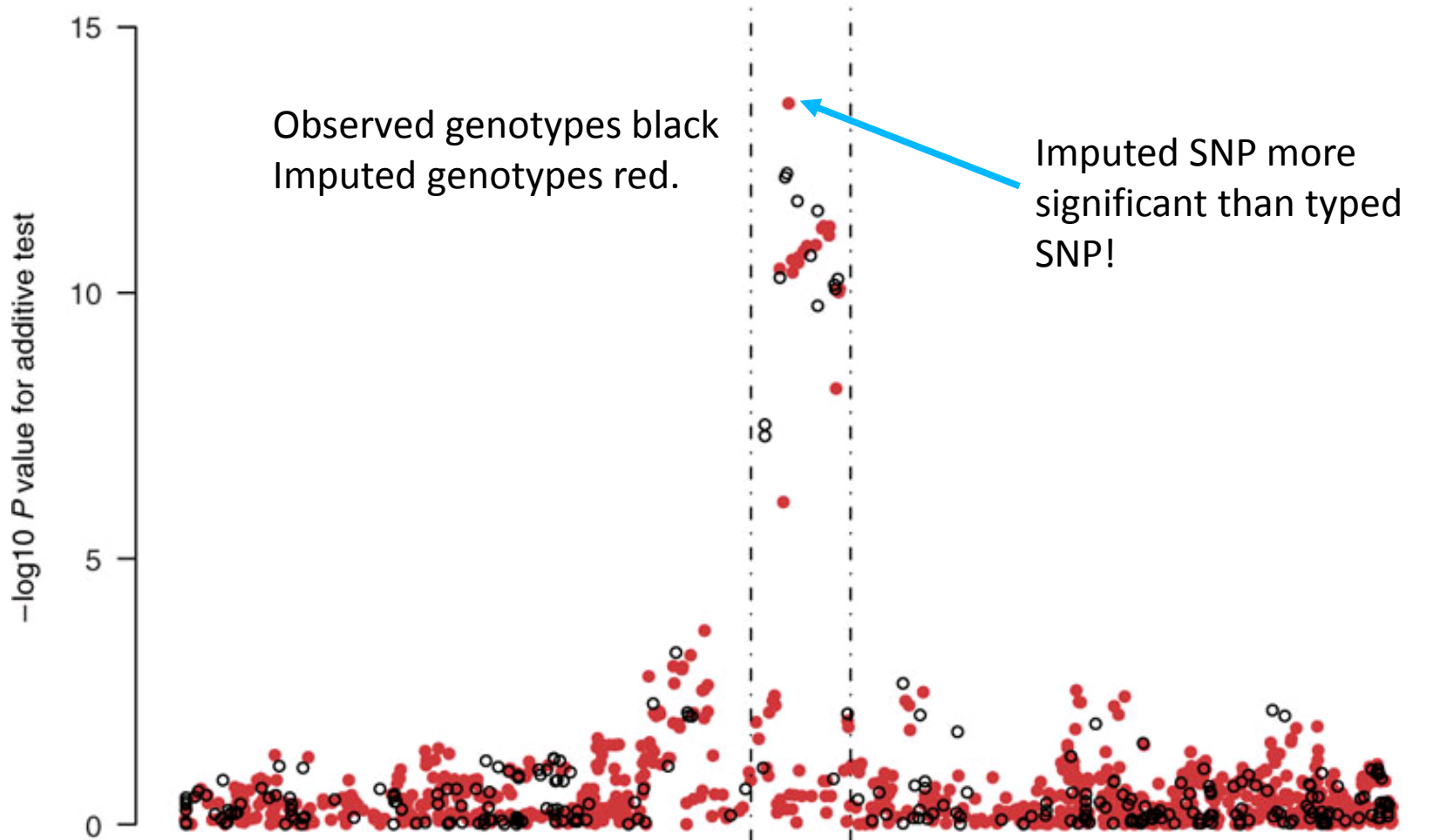
Generalization of Tag SNPs: Imputed SNPs using a Reference Panel

- ◆ Generalization of pairwise r^2 of tagSNPs to multi-marker correlation



Imputation Application

TCF7L2 gene region & T2D from the WTCCC data



Chromosomal Position

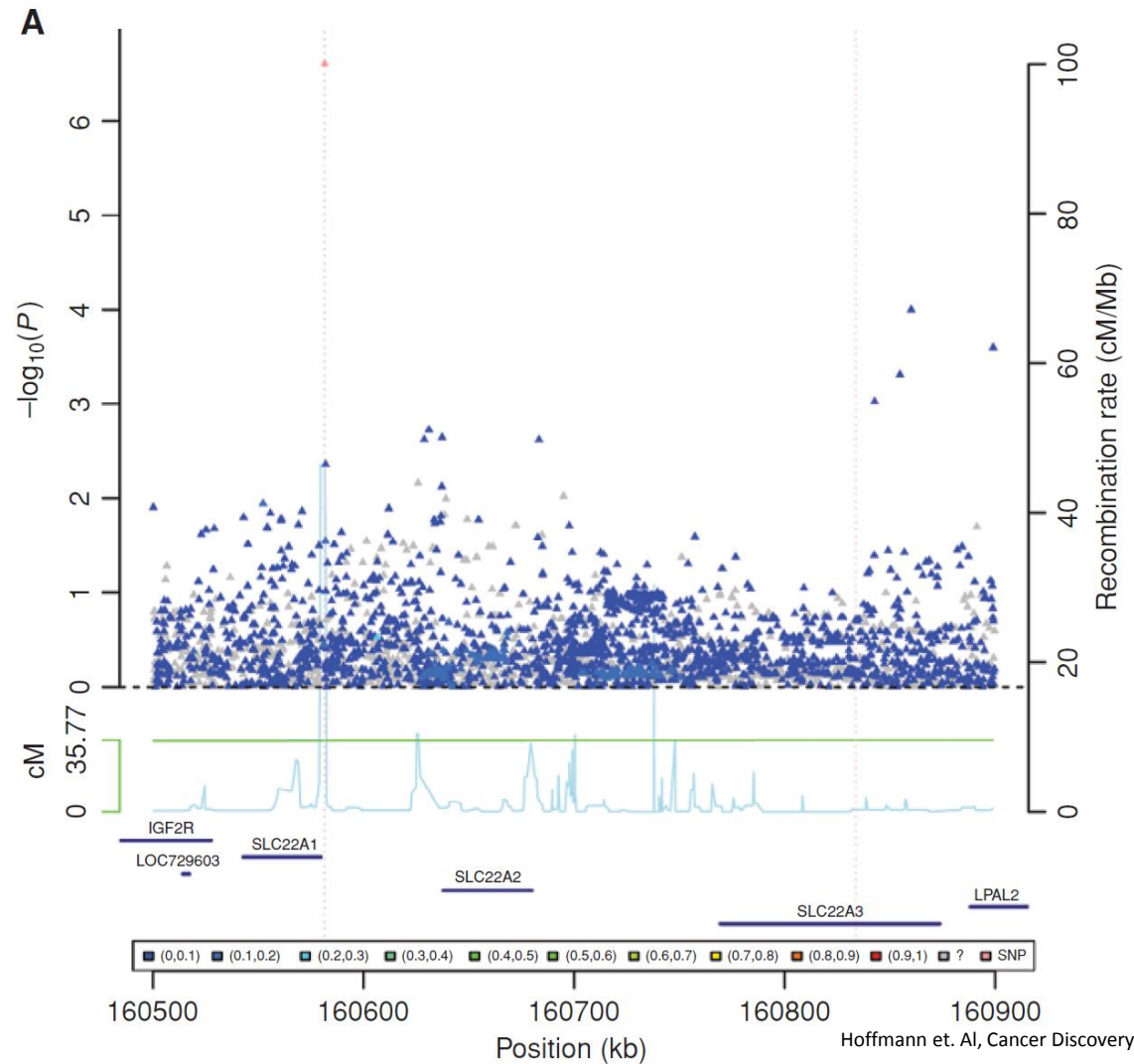
Marchini Nature Genetics 2007

<http://www.stats.ox.ac.uk/~marchini/#software>

Imputation Application #2 – Do not always see a jet of points, even for common SNP...

Figure 2. Regional fixed-effects meta-analysis plots from GWAS in KP population of the two risk variants that replicated: (A) 6q25.3 (rs4646284), (B) 19q13.33 (rs2659124). The color code for the points represents the r^2 of each SNP with the risk variant (ranges defined in the legend). The dotted vertical lines pass through the risk variants and the other significant SNPs in the region, on which analyses were conditioned.

(Same SNP as 4 slides ago)



Imputation example: How rare can you go?

- G84E example talked about in Austin pg. 62
- MAF 0.0034 in European ancestry. $r^2=0.57$.
- In general, a moving target, still unknown how rare is possible



RESEARCH ARTICLE

Imputation of the Rare *HOXB13* G84E Mutation and Cancer Risk in a Large Population-Based Cohort

Thomas J. Hoffmann^{1,2}, Lori C. Sakoda³, Ling Shen³, Eric Jorgenson³, Laurel A. Habel³, Jinghua Liu², Mark N. Kvale², Maryam M. Asgari³, Yambazi Banda², Douglas Corley³, Lawrence H. Kushi³, Charles P. Quesenberry Jr.³, Catherine Schaefer³, Stephen K. Van Den Eeden^{3,4}, Neil Risch^{1,2,3}, John S. Witte^{1,2,4*}



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HOXB13 G84E (continued)

Table 1. Pleiotropic effect of G84E mutation on risk of cancer.

Cancer ^a	# Case carriers ^b	# Cases ^b	Frequency ^c	Odds Ratio ^d (95% CI)	Corrected Odds Ratio ^e (95% CI)	P-value ^d
Kidney	5	303	0.94%	2.32 (0.94, 5.76)	3.32 (0.89, 9.99)	0.034
Bladder	5	335	0.85%	2.05 (0.81, 5.22)	2.84 (0.70, 8.94)	0.065
Non-Hodgkin's Lymphoma	10	846	0.67%	1.81 (0.98, 3.36)	2.42 (0.96, 5.52)	0.029
Melanoma	15	1301	0.66%	1.50 (0.89, 2.55)	1.88 (0.81, 3.95)	0.066
Pancreas	2	149	0.77%	1.49 (0.28, 7.83)	1.86 (0.18, 13.70)	0.32
Breast	38	3183	0.68%	1.48 (1.04, 2.10)	1.84 (1.07, 3.16)	0.014
Endometrium	6	578	0.59%	1.44 (0.64, 3.24)	1.77 (0.49, 5.22)	0.19
Colon	11	1119	0.56%	1.42 (0.77, 2.60)	1.74 (0.65, 4.06)	0.13
Thyroid	3	217	0.79%	1.35 (0.35, 5.22)	1.61 (0.23, 8.81)	0.33
Ovary	2	198	0.58%	1.32 (0.32, 5.49)	1.56 (0.20, 9.26)	0.35
Multiple Myeloma	1	135	0.42%	1.26 (0.20, 7.92)	1.46 (0.12, 13.75)	0.40
Lung	5	667	0.43%	1.10 (0.44, 2.72)	1.18 (0.30, 4.22)	0.42
Oral	2	283	0.40%	0.98 (0.23, 4.10)	0.97 (0.14, 6.78)	NA
Lymphocytic Leukemia	1	218	0.26%	0.53 (0.05, 5.24)	0.39 (0.03, 9.06)	NA
Any ^f	123	10493	0.67%	1.36 (1.13, 1.63)	1.63 (1.22, 2.29)	5.8×10 ⁻⁴
Any single cancer ^g	106	9532	0.63%	1.41 (1.14, 1.75)	1.72 (1.23, 2.51)	8.9×10 ⁻⁴
Two or more cancers ^h	17	961	1.01%	2.21 (1.35, 3.61)	3.12 (1.60, 6.14)	0.0011