Design and Analysis Issues in Genomewide Association Scans

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Multistage Designs for Genetic Associations

- Satagopan et al. (2002- 4): two-stage design, testing all markers in stage I followed by testing a subset on additional subjects in stage II
- We propose adding additional tagging SNPs in all regions initially flagged before proceeding to stage II
- and take differences in genotyping costs into account

Satagopan et al., Genet Epidemiol 2003;25:149-57

Multistage Design

- Stage I: full scan of 500,000 SNPs on sample of size N₁
- Stage II: genotype only SNPs "significant" at level α₁ from stage I on a new sample of size N₂
- Final analysis combines both samples at significance level α_2 , chosen to ensure an overall Type I error rate α
 - Significance assessed conditionally on hit in stage I
- Optimize choice of N₁ and α₁ to minimize cost subject to constraint on α and power

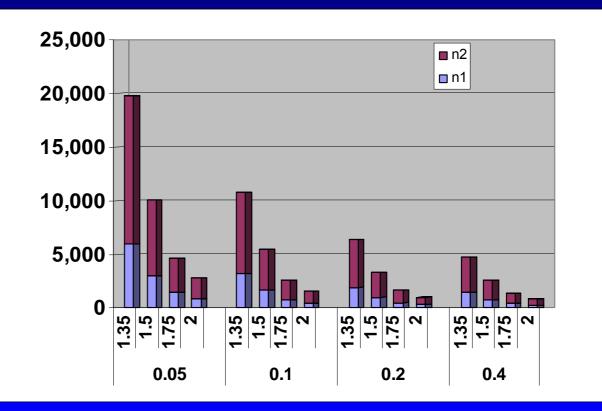
Satagopan et al., Genet Epidemiol 2003;25:149-57

Optimal Designs Per-Genotype Cost Ratio = 17.5 for Stages II / I: Genomewide α = .05, 1 - β = 0.9

Minimizing Total Cost

 $\alpha_1 = .0038$ $1 - \beta_1 = 0.907$ $\alpha_2 = 1.7 \times 10^{-7}$ $1 - \beta_2 = 0.987$

*n*₁/*n*∗ = 30%



Wang, Thomas & Stram, Genet Epidemiol 2006:30:3

Designs Using Additional Markers

- Plan A: type additional markers on stage I sample around each "hit"; then type subset of most significant original or extra markers on stage II sample
- Plan B: type additional markers on stage II sample only for each hit from stage I; combined analysis uses indirect haplotypebased associations for stage I samples
- Plan C: no additional markers until stage III

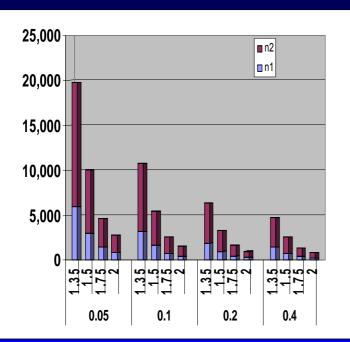
Indirect SNP Associations

- Suppose in stage I we observe markers M_i on i = 1,...,N₁ subjects, and in stage II markers M_i on j = 1,...,N₂ subjects
- We wish to draw inference about a particular SNP A in M_j that was not included in M_i

$$L_{A}(\beta, \alpha) = \prod_{i=1}^{N_{1}} \sum_{a} P_{\beta}(Y_{i} | A = a) P_{\alpha}(A = a | M_{i})$$
$$\times \prod_{j=1}^{N_{2}} P_{\beta}(Y_{j} | A_{j}) P_{\alpha}(A_{j} | M_{j})$$

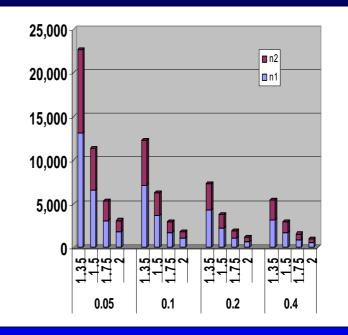
Thomas et al, Genet Epidemiol 2004;27:401-14

Optimal Designs Per-Genotype Cost Ratio = 17.5 for Stages II / I: Genomewide α = .05, 1 - β = 0.9



Minimizing Total Cost

 $\begin{array}{ll} \alpha_1 = .0038 & 1 - \beta_1 = 0.907 \\ \alpha_2 = 1.7 \times 10^{-7} & 1 - \beta_2 = 0.987 \\ n_1/n_* = 30\% \end{array}$



5 Additional Markers Typed at Stage II $R_s^2 = 0.6$ at stage I and 0.9 stage II $\alpha_1 = .0005$ $1 - \beta_1 = 0.906$ $\alpha_2 = 0.5 \times 10^{-7}$ $1 - \beta_2 = 0.975$ $n_1/n_* = 49\%$

Wang, Thomas, Pe'er & Stram, Genet Epidemiol 2006:30:356-68

Other Possible Options

- More that two stages
- Other constraints:
 - Total sample size fixed
 - Stage 1 sample size fixed, optimize significance levels at stages I and II
- Different designs at stages I and II
 - E.g., population-based vs. family-based
 - SNP vs. haplotype tests
 - When to test for interactions?

Hierarchical Approach to Prioritizing SNPs

- Standard multistage designs assume the α₁ most significant SNPs from the first stage will be tested in later stage(s)
- Can we do better?
- False discovery rate using a weights by prior knowledge (Roeder et al, AJHG 2006:78:243-42)
- Bayesian FDR (Whittemore, CEBP 2005;14:1359)
- Empirical Bayes ranking, using an exchangeable mixture prior with a large mass at *RR* = 1
- Adding prior knowledge to hierarchical Bayes

Empirical Bayes Ranking

• Assume an "exchangeable" distribution of noncentrality parameter λ_m for the observed unsigned chi statistics χ_m for markers m=1...M

$$- \Pr(\lambda_m \neq \mathbf{0}) = \pi$$

$$- \Pr(\lambda_m / \lambda_m \neq 0) = fN(\mu,\sigma^2)$$

- Estimate parameters $\Theta = (\pi, \mu, \sigma^2)$ given set of observed chi statistics $\mathcal{D} = \{\chi_m\}, \chi_m \sim fN(\lambda_m, 1)$
- Then estimate $\hat{p}_m = \Pr(\lambda_m \neq 0 \mid \chi_m, \Theta)$ and $\hat{e}_m = E(\lambda_m \mid \lambda_m \neq 0, \chi_m, \Theta)$
- Rank unconditional expectations $\hat{E}_m = \hat{p}_m \hat{e}_m$

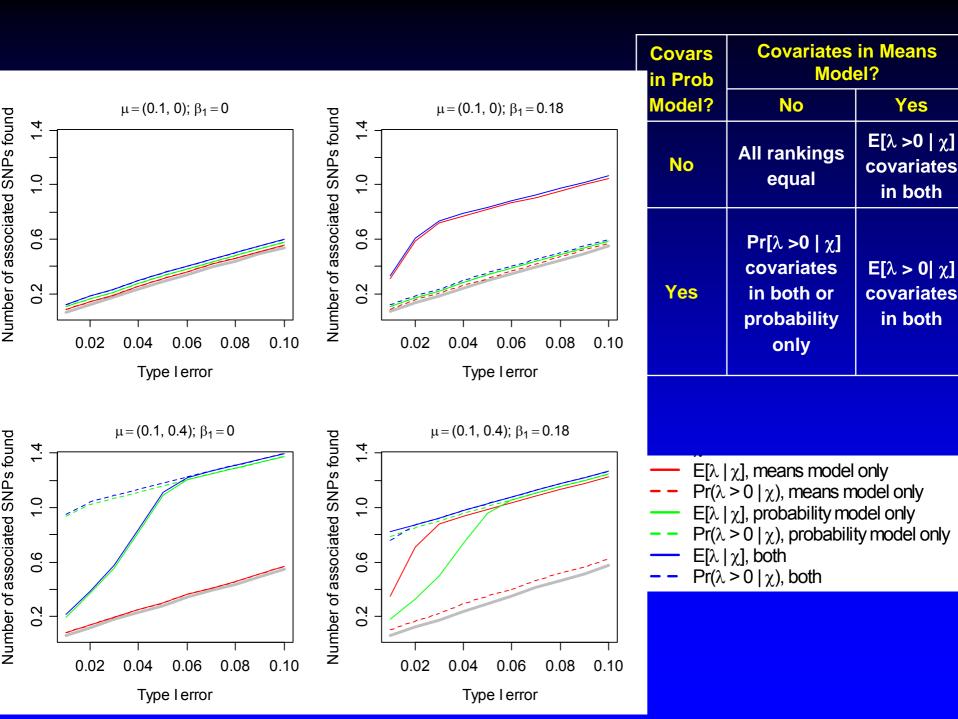
Incorporating Genomic Annotation

Extend the mixture prior to incorporate a vector of prior covariates Z

 $logit Pr(\lambda_m \neq 0) = \pi_0 + \pi_1' Z_m$

 $\mathsf{E}(\lambda_m | \lambda_m \neq \mathbf{0}) = \mu_0 + \mu_1' \mathsf{Z}_m$

- Examples of prior covariates:
 - Location relative to known or predicted genes
 - Predicted function or evolutionary conservation
 - Prior linkage or association results



Methodological Issues

- TagSNP selection and haplotype analysis
 - "Bake-off" of alternative methods
 - Unifying haplotype association & sharing
- Multistage sampling and multiple comparisons
 - Study designs using additional markers
 - Resampling methods for 2-stage designs
 - Hierarchical models for selecting SNPs for stage 2
- Family- vs. population-based studies
 - Hybrid design/analysis using both
 - Adjustments for population stratification
- GxE & GxG interactions

- Balancing main effects and interactions
- Stimidisteteroigeiaeotystage I
- · Rrios idiztationata Stel sto ica sty for / W data
- Multiplet ende gintstage II,
- Single SN Perstappolypes testeach criterion
- Rediditionab ShaRed list from weighted ranks,
- Family-based vs population-based designs number obtained
- Replication
- Etc.

- Balancing main effects and interactions
- Ethnic heterogeneity; genomic control
- Treated like interactions in building consolidated list
- Muitepine diago-attagic effects (race adjusted)
- Scriterion Prest of between-group heterogeneity Other projects adopted ethnic-specific tests)
 Additional SNPs
- Selection of top-ranked rather than fixed
 Family-based vs population-based designs significance level is implicitly a form of
- **Repligenemic control** ightarrow
- Eloint stage I/II analysis will use more powerful structured association methods

- Balancing main effects and interactions
- Ethnic heterogeneity: genomic control
- Prioritization to SNPs to carry forward
- Ilse hierarchical modeling strategy for main effects only
- for main effects only
 Single SNP vs haplotype tests
- Additional SNPs
- Family-based vs population-based designs
- Replication
- Etc.

- Balancing main effects and interactions
- Ethnic heterogeneity; genomic control
- Prioritization to SNPs to carry forward
- Multiple endpoints
- SAdget a singlesgenomelyide stgrificance level for each endpoint (and type of analysis)
- Form consolidated list of SNPs across endpoints
 Family-based vs population-based designs
- Replication
- Etc.

- Balancing main effects and interactions
- Ethnic heterogeneity; genomic control
- Prioritization to SNPs to carry forward
- Multiple endpoints
- Single SNP vs haplotype tests
- ATest all typed SNPs directly
- AndialLeommon untyped SNPs indirectly using s haplotypes that predict them in stage I
- Replication
 Prioritize SNPs separately and take top-ranked
 Etc. SNPs forward to stage II

- Balancing main effects and interactions
- Ethnic heterogeneity; genomic control
- Prioritization to SNPs to carry forward
- Multiple endpoints
- Single SNP vs haplotype tests
- Additional SNPs
- In stage II, genotype single best untyped SNP near
 Family selected SNP that is more strongly associated
- Replication will combine tested SNPs from stage II
- Etc. and expected SNP dosage from stage I using available typed SNPs

- Balancing main effects and interactions
- Ethnic heterogeneity; genomic control
- Prioritization to SNPs to carry forward
- Multiple endpoints
- Single SNP vs haplotype tests
- Additional SNPs
- Family-based vs population-based designs •

Stage 1 uses population-based unrelated cases & controls; stage II is family-based (some overlap)

- combine two samples in joint analysis

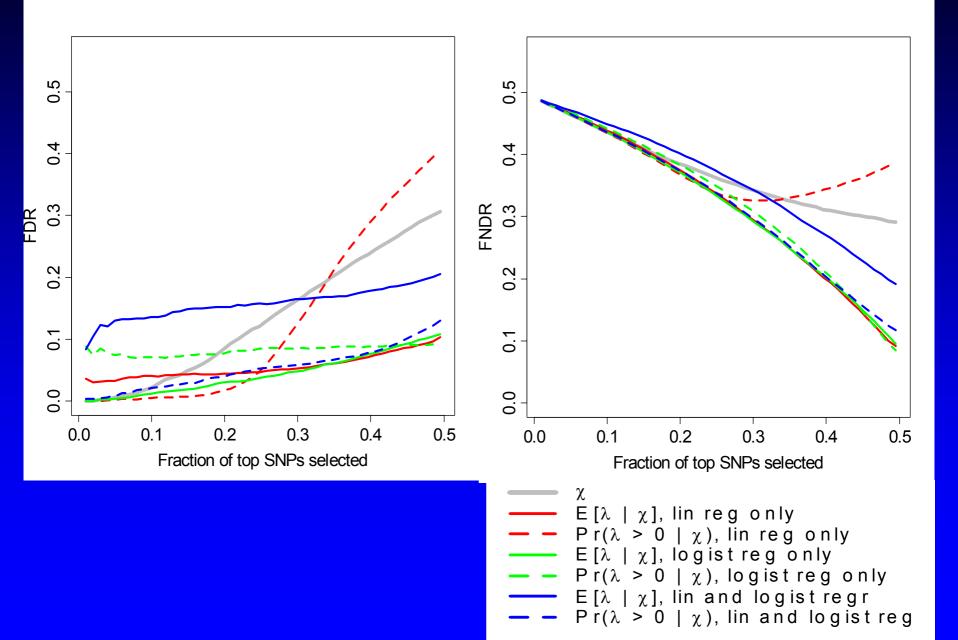
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Endependent samples, depending on specific study

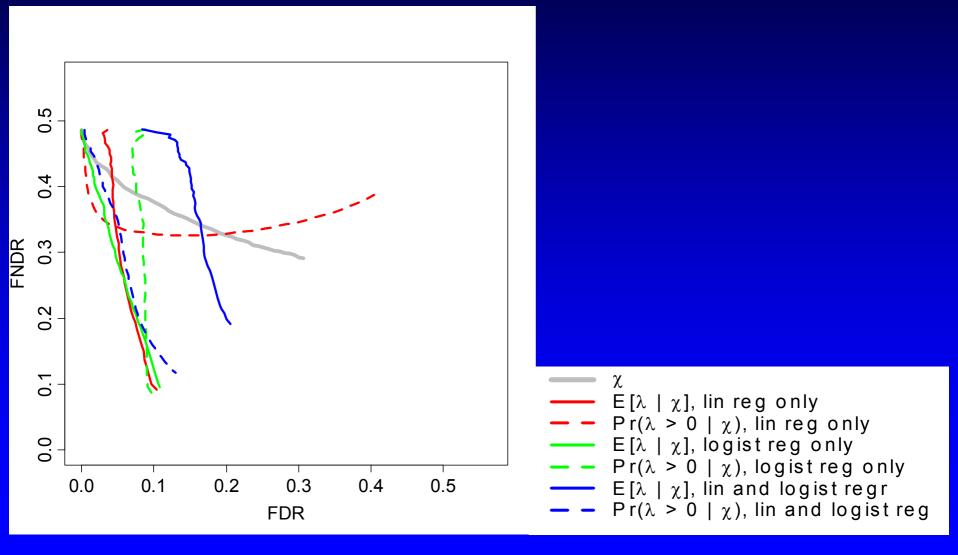
Conclusions

- Costs have now become feasible: many such studies now being undertaken
- Efficient design and analysis strategies essential
- Rich area for statistical research

FDR vs FNDR



ROC Curve



What and Why GWAS?

- What: a scan of the entire genome for SNP polymorphisms associated with disease
 - typically ~ 100K 1M markers used
 - most associations expected to due to LD with an unobserved causal locus, not directly causal

What and Why GWAS?

- *What:* a scan of the entire genome for SNP polymorphisms associated with disease
- <u>Why:</u> "common disease common variant" hypothesis – complex diseases involve multiple genes with common, low penetrance polymorphisms, interacting with each other and/or environmental factors
 - such associations are difficult to detect by linkage
 - contrary view: "multiple rare variants" hypothesis

Terwilliger, *Eur J Hum Genet* 2006;14:426-37 Pritchard & Cox, Hum Mol Genet 2002;11:2417-23 Pritchard, AJHG 2001;69:124-37

The "Unit" of Analysis

- We take the view that our ultimate aim is to test association with all ~5M common variants
- 500K SNPs on chip effectively tag most of these, but additional markers will be needed to fully explore regions flagged (multistage design required)
 - But cf. proviso in

Jorgenson & Witte, AJHG 2006:78:884-8

 These 5M tests are dependent, an "effective" number of ~1M independent tests

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Practicalities

- Balancing main effects and interactions
- Ethnic heterogeneity; genomic control
- Prioritization to SNPs to carry forward
- Multiple endpoints
- Single SNP vs haplotype tests
- Additional SNPs
- Family-based vs population-based designs
- Replication
- Etc.

Recent Developments in Genomewide Association Scans: A Workshop Summary and Review

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<u>Editorial</u>

Are We Ready for Genome-wide Association Studies?

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University of Southern California, Los Angeles, California Cancer Epidemiol Biomarkers Prev 2006;15(4). April 2006

Genetic Epidemiology 30: 356-368 (2006)

Optimal Two-Stage Genotyping Designs for Genome-Wide Association Scans

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Acknowledgments

This workshop was supported by the University of Southern California (USC) Center of Excellence in Genomic Sciences (grant 1P50 HG002790), the Southern California Environmental Health Sciences Center (grant 5P30 ES07048), and the USC Keck School of Medicine. Invited speakers included Ha-

> 'Columbia University), Fernando Arena (National itute, National Institutes of Health), Paul de Bakker etts General Hospital), Timothy Bishop (Leeds Jonathan Buckley (University of Southern Calitham Casey (Cleveland Clinic Foundation), David ambridge Institute of Medical Research), Mariza : (Mayo Clinic), David Duggan (TGen), Eleazar ersity of California at San Diego), Nelson Freimer of California at Los Angeles), Ellen Goode (Mayo ek Gordon (Rockefeller University), Robert Haile of Southern California), Brian Henderson (Uni-

reasity of southern California), John Hopper (University of Melbourne), Eric Jorgenson (University of California at San Francisco), Magnus Nordborg (University of Southern California), Lyle Palmer (University of Western Australia), Itsik Pe'er (Broad Institute), Chiara Sabatti (University of California at Los Angeles), Jaya Satagopan (Memorial Sloan Kettering Cancer Center), Nik Schork (University of California at San Diego), Daniela Seminara (National Cancer Institute, National Institutes of Health), Susan Service (University of California at Los Angeles), Dan Stram (University of Southern California), Simon Tavaré (University of Southern California), Nicole Tedeschi (University of Southern California), David Van Den Berg (University of Southern California), Alice Whittemore (Stanford University), and John Witte (University of California at San Francisco).

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