

Estimating Effect Sizes and Polygenic Risk Scores

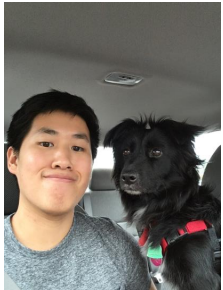
Biostat 666

3/29/21

Kevin Liao

About Me

- 4th year Biostatistics student working with Sebastian
 - Former Genome Science Training Program Trainee
- From Chapel Hill, NC
- Hobbies: Tennis, golf, painting
- Current Research
 - 1) Polygenic risk scores for admixed individuals
 - 2) Genetic architecture of complex traits across diverse human populations



Lecture Outline

- Review: GWAS
- Estimating Effect Sizes
 - Measures of association: Risk Ratio vs Odds Ratio
 - LD confounding, Winner's Curse, Replication Studies
- Polygenic Risk Scores
 - Popular Methods of Construction
 - Strengths and Pitfalls

Review: GWAS

Review: Complex Traits

- Early genetic studies focused on Mendelian diseases
 - Single gene diseases that follow mendelian inheritance patterns
- “One gene, one mutation, out outcome” Model
- Well known monogenic diseases:

Disease	Type of Inheritance	Gene Responsible
Huntington's Disease	Autosomal Dominant	Huntingtin (HTT)
Cystic Fibrosis	Autosomal Recessive	CFTR
Sickle Cell Anemia	Autosomal Recessive	Beta Hemoglobin (HBB)

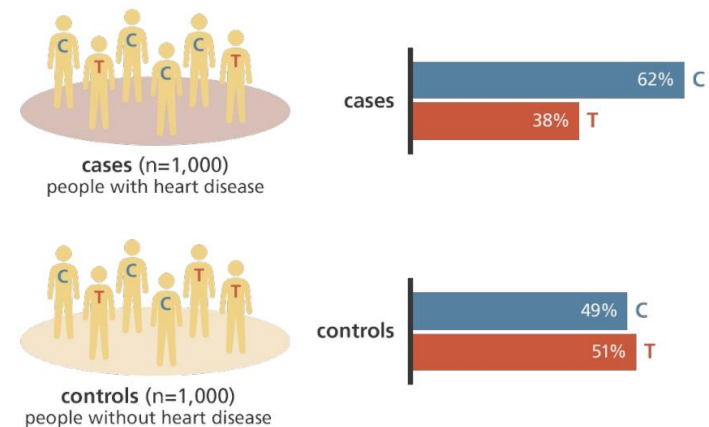
Review: Complex Traits

- Complex traits are traits influenced by many genes across the genome
 - Exp. Height, Type 2 Diabetes, Coronary Artery Disease, etc
- Studies of complex traits facilitated by sequencing technology
- Most commonly studied genetic variation are single nucleotide polymorphisms (SNPs)

Review: GWAS

- Genome wide association study (GWAS) used to study genetics of complex traits
- Basic idea of GWAS
 - 1) Collect sample of cases and controls for a trait
 - 2) Many loci across genome are genotyped/sequenced
 - 3) Associations tested by comparing frequency of alleles in cases and controls for each loci

Review: GWAS



Estimating Effect Sizes

Motivation

- GWAS allows framework to test SNPs for association with a phenotype
- Estimated effect sizes for each SNP provide insight into genetic architecture of disease
 - Which variants truly affect the disease?
 - Protective or Damaging?
 - How much of the phenotypic variance does genetics explain?

Study Designs

Prospective Study

- Cohorts followed over time to see who develops outcome
- Forward in time

Retrospective Study

- Outcome is established at start of study
- **GWAS are almost always retrospective case control studies**

Measure of association for GWAS

	Cases	Controls	Total
aA or AA	a	b	Unknown 1
aa	c	d	Unknown 2

Row totals unknown b/c of case ctrl sampling

- Would like to know the relative risk:

$$RR = \frac{\Pr(\text{Disease} \mid \text{genotype } aA \text{ or } AA)}{\Pr(\text{Disease} \mid \text{genotype } aa)} = \frac{a/\text{Unknown}_1}{c/\text{Unknown}_2}$$
 - Risks easily interpretable: P(Disease)
- **Can't get RR from retrospective case control study because you don't know denominator!**

Measure of association for GWAS

- Odds ratios used for GWAS instead
 - Odds: Probability of event / Probability of no event

	Cases	Controls	Total
aA or AA	a	b	Unknown
aa	c	d	Unknown

Discussion:
Why do the
unknown row
totals not matter?

$$OR = \frac{\Pr(\text{Disease} \mid \text{genotype } aA \text{ or } AA) / \Pr(\text{No disease} \mid \text{genotype } aA \text{ or } AA)}{\Pr(\text{Disease} \mid \text{genotype } aa) / \Pr(\text{No disease} \mid \text{genotype } aa)} = \frac{a/b}{c/d} = \frac{a * d}{b * c}$$

OR can approximate RR

- OR approximates RR when disease/health outcome is rare (i.e affecting < 10% in population)

	Cases	Controls	Total
Exposed	a	b	a+b
Unexposed	c	d	c+d
Total	a+c	b+d	a+b+c+d

Assume had
data on all
subjects

$$OR = \frac{a/b}{c/d} \approx \frac{\frac{a}{a+b}}{\frac{c}{c+d}} = RR$$

Approximation holds when a & c small

How to estimate effect sizes

- Logistic regression often used to estimate effect sizes instead
 - Chi square test can't adjust for covariates

- Model Setup: $\log\left(\frac{\pi}{1-\pi}\right) = \beta_0 + \beta_1 G + \beta_2 X$

where

π is the probability of being affected, $\Pr(Y = 1)$

$\log[\pi/(1-\pi)]$ - log odds of disease (logit)

G - genotype coded according to assumed model

X - other covariate (e.g., ancestry, age, gender, etc.)

How to estimate effect sizes

- Model:

$$\log\left(\frac{\pi}{1-\pi}\right) = \beta_0 + \beta_1 G + \beta_2 X$$

- Genotype Coding:

Model	aa	aA	AA
Dominant	0	1	1
Recessive	0	0	1
Additive/multiplicative	0	1	2
Co-dominant [*]	0	1	0
(genotypic)	0	0	1

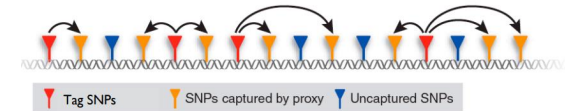
- Under additive model (most common):
 - β_1 : change in log odds of disease for each additional minor allele
 - OR = e^{β_1} : odds of disease are increase by factor of X per each additional minor allele

Additional Factors when Estimating Effect Sizes

- Confounding of effect sizes due to LD
- Proportion of variance explained
- Winner's Curse, Replication studies

Confounding of Effect Sizes due to LD

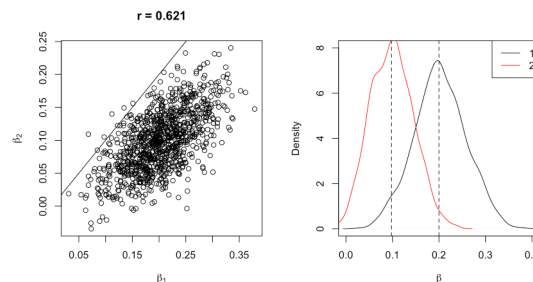
- Genotype arrays leverage LD to avoid genotyping all variants
 - Often tag variant genotyped rather than causal variant



- **Estimated marginal effect size for tag SNP j will depend on any causal SNPs in LD with**

Simulation Experiment

- Run GWAS simulation experiment with two SNPs for 1000 times
 - SNP1 causal with effect size $\lambda_1 = 0.2$ and MAF = 0.2
 - SNP2 not causal with effect size $\lambda_2 = 0$ and MAF = 0.4
 - LD between SNPs: $r_{12}^2 = 0.60$



Discussion: What do you see from simulation results?

Proportion of Variance Explained

Concepts, estimation and interpretation of SNP-based heritability

Jian Yang, Jian Zeng, Michael E Goddard, Naomi R Wray & Peter M Visscher

- Decompose variance of phenotype

$$Y = \sum_{SNPs} x_j \beta_j + \epsilon$$

- $\text{Var}(Y)$: Total phenotypic variance
- SNP-based heritability h^2 is proportion of variance explained (PVE) due to set of SNPs

$$h^2 = \frac{\text{var}(\sum_{SNPs} x_j \beta_j)}{\text{var}(y)}$$

Proportion of Variance Explained

- Phenotypic variance explained for single SNP j:

$$\text{Var}(x_j \beta_j) = 2f_j(1 - f_j)\beta_{j_{\text{true}}}^2$$

← Estimated using $\hat{\beta}_j$

- Impact of SNP j on PVE depends on:
 - Marginal effect size: β_j
 - Allele frequency: f_j**

Winner's Curse

- Significant associations likely stronger in GWAS sample than general population

SNP	Stage 1			Stage 2			P-value	Nearby Genes
	f_{cases}	f_{controls}	OR	f_{cases}	f_{controls}	OR		
rs12191877	.31	.14	2.79	.30	.15	2.64	$<10^{-100}$	HLA-C
rs2082412	.86	.79	1.56	.85	.80	1.44	2×10^{-28}	IL12B
rs17727338	.09	.06	1.72	.09	.05	1.59	1×10^{-20}	TNIP1
rs20541	.83	.78	1.37	.83	.79	1.27	5×10^{-15}	IL13
rs610604	.37	.32	1.28	.36	.32	1.19	9×10^{-12}	TNFAIP3
rs2066808	.96	.93	1.68	.95	.93	1.34	1×10^{-9}	IL23A
rs2201841	.35	.29	1.35	.32	.30	1.13	3×10^{-8}	IL23R

Winner's Curse

- Caused by thresholding on statistical significance.
 - Significant associations may have effects overestimated in a particular sample due to chance
- Winner's curse effect "stronger" when power of discovery GWAS low
- Solution: Larger sample sizes or Meta Analysis

Replication Studies

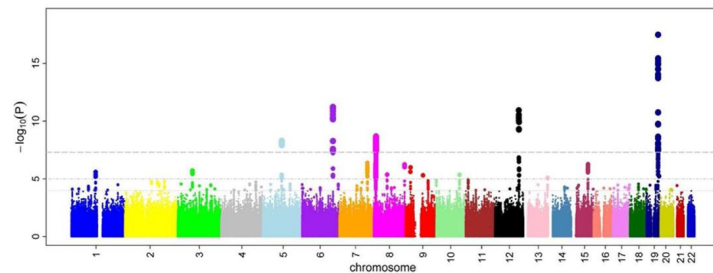
- Gold standard to validate genetic association is replication in another sample
- Replication sample should be independent and drawn from same population as original GWAS

Discussion: Will replication sample sizes ideally be smaller or larger than discovery GWAS sample size?

Break Time!

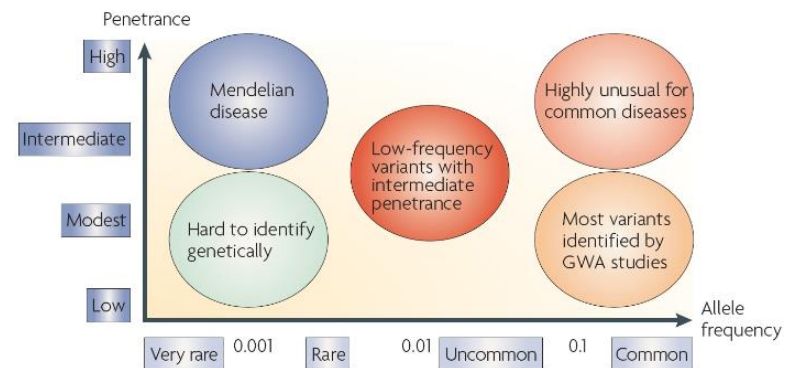
Polygenic Risk Scores

What to do after GWAS?



- GWAS has estimated effect sizes and identified risk variants
- Can we predict phenotypes using genetic information?

Reminder: Individual effect sizes small



Polygenic Risk Score

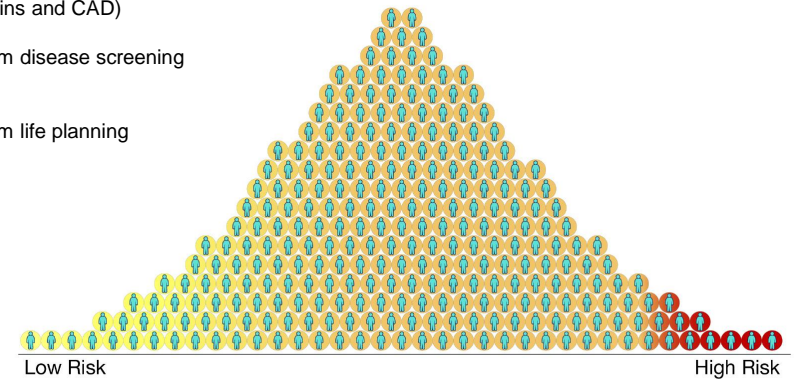
- Polygenic risk scores (PRS) aggregate information from multiple small effect variants genome wide into a single score
- Each individual has a unique genetic portfolio of risk variants

$$PRS = \sum_{i=1}^n \beta_i G_i$$

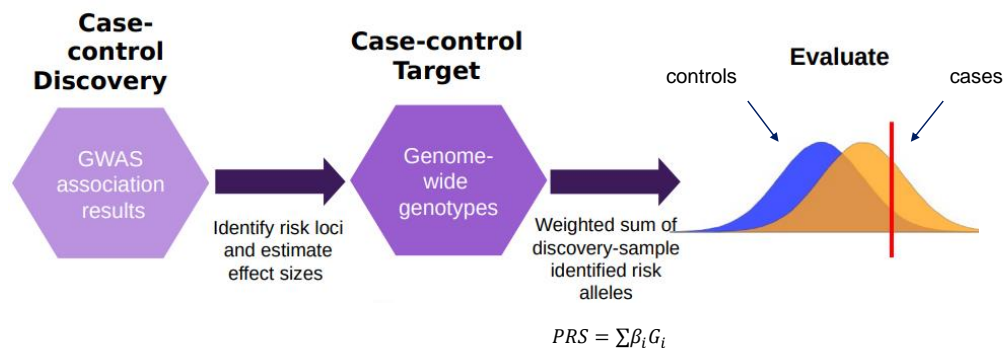
Typically use GWAS estimated effect size $\hat{\beta}$

Strengths of PRS

- Inform treatment use (Statins and CAD)
- Inform disease screening
- Inform life planning



Construction of Polygenic Risk Score



Discussion

Grad student Kevin has genetic data (~500,000 SNPs) for $n=10,000$ subjects and wants to make a PRS for disease X. He performs a GWAS for disease X to estimate effect sizes and makes a PRS using all 500,000 SNPs:

$$PRS = \sum \beta_i G_i$$

What's the problem?

How did Kevin mess up

1) Overfitting!

- Kevin estimated effect sizes and made PRS in same data
- Overfitting falsely improves PRS

2) Including non-risk variants!

- Only a handful of variants are true risk variants.
- Adding noise hurts PRS

Solutions:

1) Overfitting!

- Use external set of summary statistics for PRS
- Ensure no sample overlap

2) Including non-risk variants!

- Prune out variants in high LD
- Variable selection/Shrinkage

Two Main Computational Frameworks

1) Shrinkage of β 's

- Clumping and Thresholding
- Lassosum

2) Adjusting β 's for LD

- LDpred

1) Clumping and Thresholding

Step 1: Clumping

- Remove correlated SNPs
- Clumping – Looks at most significant variants and removes nearby variants above some specified r^2

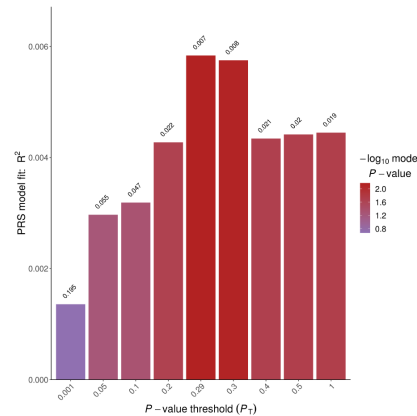
Step 2: Thresholding

- Try multiple p-value thresholds with SNPs under retained
- For each p-value threshold construct PRS and assess model fit
- **Note: Thresholding effectively shrinks β 's to 0 for SNPs failing threshold**

1) Clumping and Thresholding

- PRSice is popular software for Clumping and Thresholding
- Here, P_T : 0.29 gives best PRS

Discussion: What is a problem of clumping and thresholding?



2) Lassosum

- Lassosum computes PRS using penalized regression (LASSO) on all summary statistics
- LASSO Overview:
 - Normal linear regression: $y = XB + \epsilon$
 - $f(\beta) = (y - X\beta)^T(y - X\beta)$
 - LASSO minimizes objective function:
 - $f(\beta) = (y - X\beta)^T(y - X\beta) + 2\lambda\|\beta\|_1$
 - **LASSO penalty provides shrinkage of β 's (even to 0)**

2) Lassosum

- Lassosum objective function:

$$f(\beta) = (y - X\beta)^T(y - X\beta) + 2\lambda\|\beta\|_1$$

$$= y^T y + \beta^T X^T X \beta - 2\beta^T X^T y + 2\lambda\|\beta\|_1$$

$X^T X$ is LD matrix from external reference

$X^T y$ is correlations between SNP and phenotype from external data

Note: lassosum doesn't use genotypes of your data set

- β estimates from minimizing function used to compute PRS for target sample: $PRS = \sum \beta_{i,lasso} G_i$

3) LDpred

- LDpred is a Bayesian method that estimates posterior mean causal effect sizes given:
 - LD from an external reference panel
 - Prior on genetic architecture of trait
- Adjusts each variant's marginal effect β for nearby variants in LD with

3) LDpred

Step 1: Compute LD Matrix using external reference panel

Step 2: Define prior on genetic architecture

- Infinitesimal model:

$$\beta_i \sim_{iid} N\left(0, \frac{h_g^2}{M}\right)$$

h_g^2 is SNP-based heritability estimated from effect sizes

- Non-infinitesimal model:

$$\beta_i \sim_{iid} \begin{cases} N\left(0, \frac{h_g^2}{M_p}\right) \text{ with probability } p \\ 0 \text{ with probability } (1-p), \end{cases}$$

3) LDpred

Step 3: Estimate posterior effect sizes

- Infinitesimal model:

$$E\left(\beta^l | \tilde{\beta}^l, D\right) \approx \left(\frac{M}{Nh_g^2} I + D_l\right)^{-1} \tilde{\beta}^l.$$

LD matrix

- Non-infinitesimal model:

- Analytical expression for posterior mean hard. Uses MCMC Gibbs sampler instead

Step 4: Use posterior effect sizes to construct PRS

- $PRS = \sum \beta_{i,post} G_i$

Evaluating PRS performance

Regression Model:

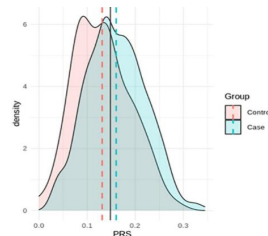
$$Phenotype = \beta_0 + \beta_1 PRS + \beta Covariates$$

1) P-value for β_1 corresponding to null of no association

- Sensitive to sample size

2) Case control Separation

- T-test for difference in means



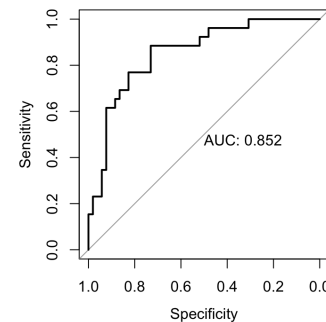
Evaluating PRS performance

3) R^2 metrics

- Quantitative: R^2 is proportion of variance explained
- Binary: Nagelkerke R^2
 - Sensitive to proportion of cases in testing data

4) AUC – Area under the curve

- Prob that the PRS of a random case is larger than PRS of random control
- Nice property that independent of proportion of cases



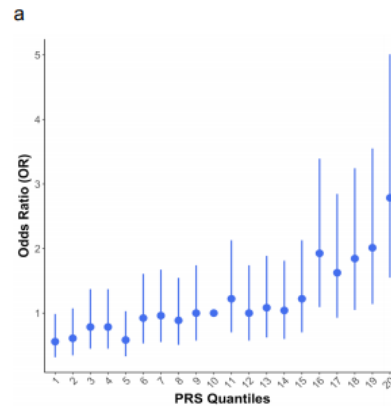
Evaluating PRS performance

5) Odds Ratio by PRS Quantiles

- Construct quantiles for PRS
- Fit logistic regression using quantiles as predictor

Phenotype

$$= \beta_0 + \beta_1 PRS_{quant2} + \dots + \beta_{19} PRS_{quant20}$$

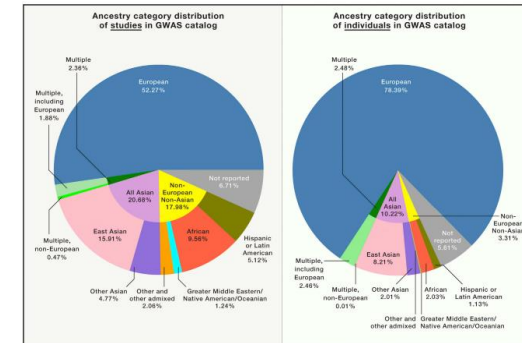


Pitfalls of PRS

- Most genetic studies done in Europeans
- Genotype-phenotype associates can differ across populations
 - LD differences
 - Allele frequency differences
 - Unique environments

The Missing Diversity in Human Genetic Studies

George Stroup, A. F. Scott M. Williams, A. F. Sarah A. Tishkoff, A. F. Show Evidence



Pitfalls of PRS

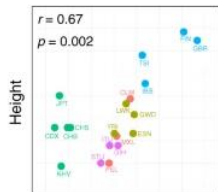
The Missing Diversity in Human Genetic Studies

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Analysis of polygenic risk score usage and performance in diverse human populations

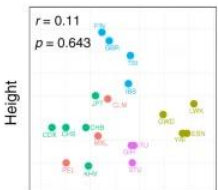
L. Grotzer, N. Chen, S. Grotzer, J. Helgen, K. Neale, M. Feilman, N. Peterson & S. Grotzer
Nature Communications 10, Article number: 3128 (2019) | View this article

Scoring with European GWAS Meta-analysis (GIANT 2015)



PRS_{height_GIANT_p < 0.00000005}

Scoring with East Asian GWAS (He et al, 2017)



PRS_{height_E.Asian_p < 0.00000005}

Discussion: What do you notice when making PRS with different population GWAS?

Future of PRS

- PRS methods development is active area of research
 - Construction of PRS
 - Transferring PRS across populations
- Increase clinical utility of PRS
 - Currently PRS only used for a handful of traits (CAD, prostate cancer, breast cancer, etc)
 - Informing physicians and public education regarding interpretation

Overview

- Measures of association for GWAS
- Factors to consider when estimating effect sizes
 - LD confounding
 - Going from β to proportion of variance explained
 - Winner's curse, replication studies
- Polygenic risk scores

Thanks!