

Genetic Association Studies and Population Structure in Nephrotic Syndrome

Alejandro Ochoa

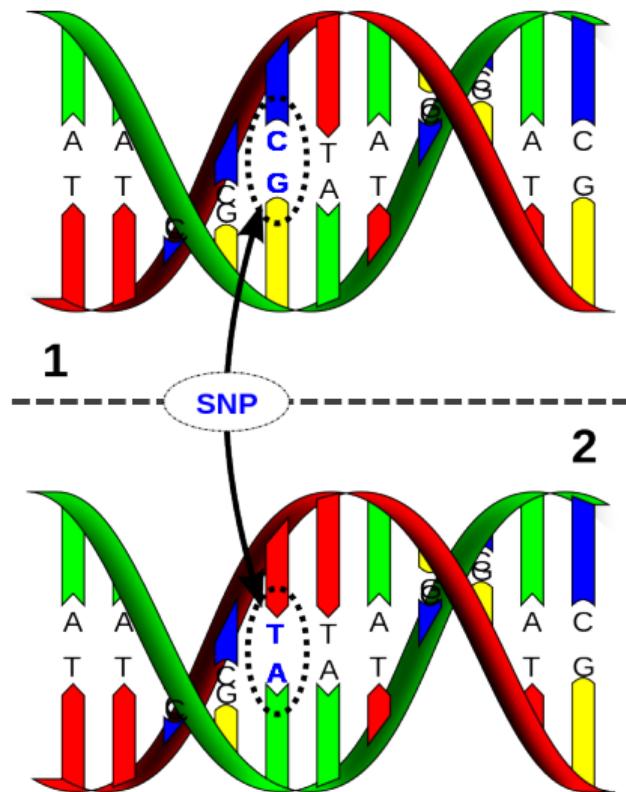
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2023-10-09

A little about me



Genetic variation: we're all mutants!



Each newborn has ≈ 70 new mutations:

- ▶ Average mutation rate
 $\approx 1.1 \times 10^{-8}$ /base/generation
 - ▶ Higher in male lineage, with age
- ▶ Number of bases in genome
 $\approx 3.2 \times 10^9$, $\times 2$ for both copies

Types of mutations

Single nucleotide variant

ATTGGCCTTAACCC**CCC**GATTATCAGGAT
ATTGGCCTTAAC**C**TCCGATTATCAGGAT

Insertion–deletion variant

ATTGGCCTTAACCC**GAT**CCGATTATCAGGAT
ATTGGCCTTAAC**CC**--CCGATTATCAGGAT

Block substitution

ATTGGCCTTAAC**CCCC**GATTATCAGGAT
ATTGGCCTTAAC**AGTG**GATTATCAGGAT

Inversion variant

ATTGGCCTT**AACCCCCG**GATTATCAGGAT
ATTGGCCTT**CGGGGGTT**TATTATCAGGAT

Copy number variant

ATT**GGCCTTAGGCCTTA**ACCCCCGATTATCAGGAT
ATT**GGCCTTA-----**ACCTCCGATTATCAGGAT

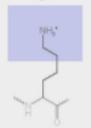
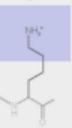
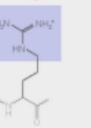
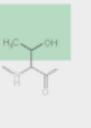
Frazer et al. (2009)

Structural variants

- ▶ SNP = single nucleotide polymorphism
- ▶ Indel = insertion or deletion
- ▶ Structural variant = also large edits (gene or chr level)

Functional consequences of genetic variation

► Protein-coding mutation types

		Point mutations		
		Silent	Nonsense	Missense
				conservative non-conservative
DNA level	TTC	TTT	ATC	TCC TGC
mRNA level	AAG	AAA	UAG	AGG ACG
protein level	Lys	Lys	STOP	Arg Thr
				 basic

Jonsta247, CC BY-SA 4.0, via Wikimedia Commons

- Most are **neutral**:
 - Reveal relatedness and population history
- A small proportion cause disease
- Smallest proportion are beneficial:
 - New adaptation!

► Non-coding mutations can affect gene expression

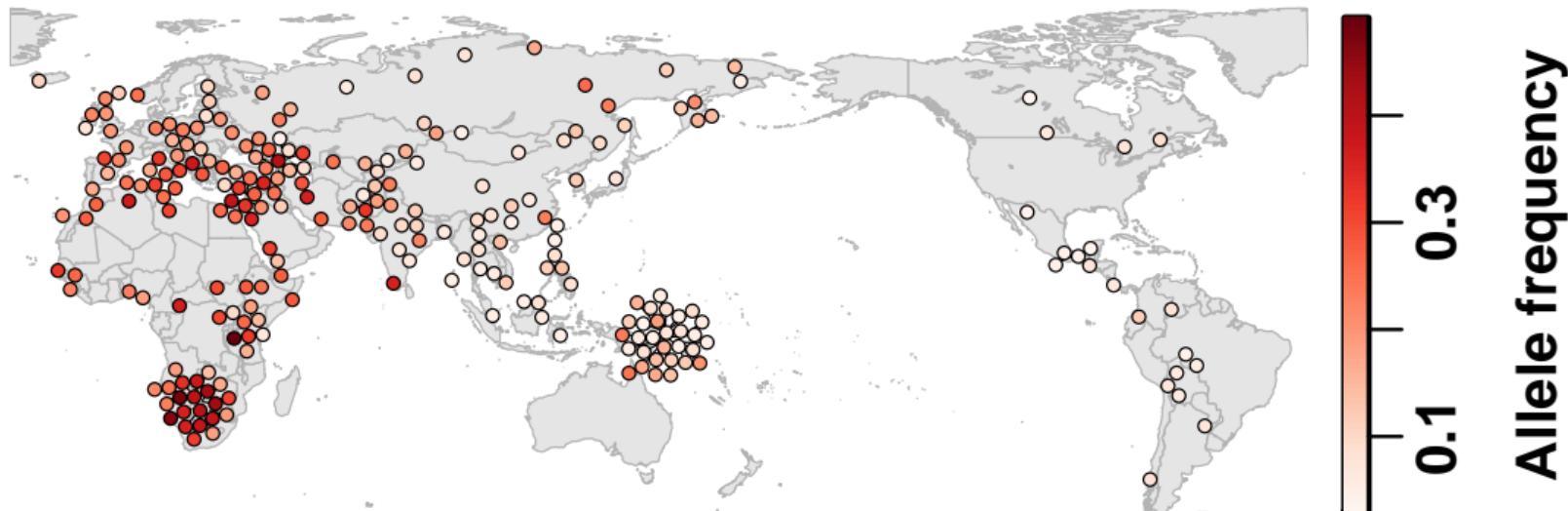
Dynamics of genetic variation



By Gabi Slizewska

- ▶ Most new mutations are lost
- ▶ Some become common in population
 - ▶ Outcomes are random
 - ▶ Variation greatest in small populations
 - ▶ Even disease alleles can become common

Human genetic structure: a typical SNP



Ochoa and Storey (2019a) doi:10.1101/653279

rs17110306; median differentiation given MAF $\geq 10\%$

Why? Migration and isolation, admixture, family structure

Every ancestry has genetic disease

- ▶ Disease variants are always arising spontaneously

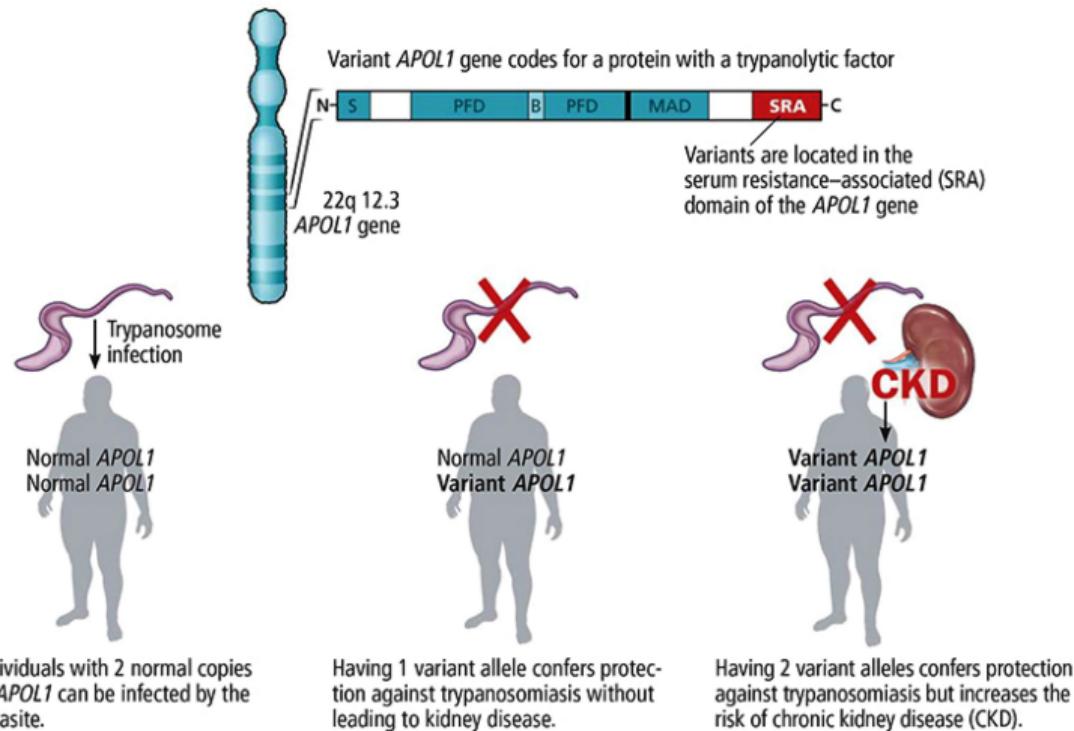
Every ancestry has genetic disease

- ▶ Disease variants are always arising spontaneously
- ▶ Selection gets rid of disease variants too slowly
 - ▶ Particularly for recessive and complex diseases

Every ancestry has genetic disease

- ▶ Disease variants are always arising spontaneously
- ▶ Selection gets rid of disease variants too slowly
 - ▶ Particularly for recessive and complex diseases
- ▶ Non-genetic causes of disease frequently also exist
 - ▶ “Environment”
 - ▶ Diet
 - ▶ Physical activity
 - ▶ Pollution
 - ▶ Racism
 - ▶ ...

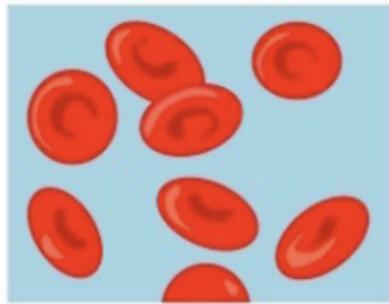
APOL1 variants: beneficial heterozygotes, disease homozygotes



Variants in the *APOL1* gene that are common in sub-Saharan Africa protect against African sleeping sickness, but homozygosity for these variants increases the risk of CKD. Image taken with permission from J Nally Cleveland Clinic J of Medicine 2017⁴⁷

Smith and Brahman (2022)

Sickle cell disease: beneficial heterozygote, disease homozygote



AA

Susceptible to malaria
but no sickle cell disease



Aa

Resistant to malaria
and only mild sickle cell disease

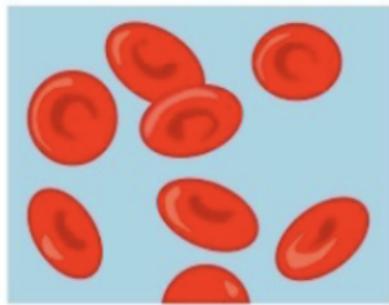


aa

Resistant to malaria
but has fatal sickle cell disease

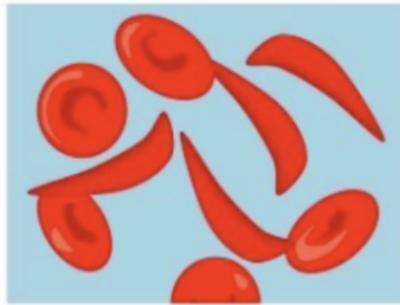
chegg.com

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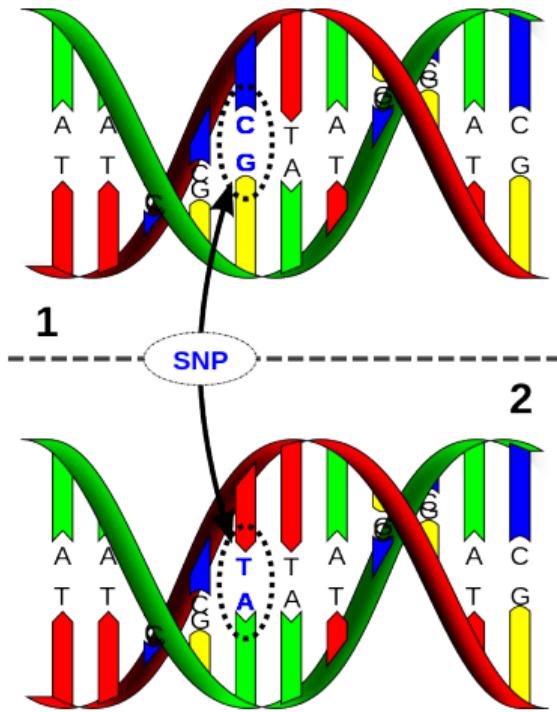
aa

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chegg.com

Additional variants in BCL11A and elsewhere can ameliorate SCD!

Single Nucleotide Polymorphism (SNP) data



⇒

Genotype	x_{ij}
CC	0
CT	1
TT	2

⇒

Loci	Individuals
	0 2 2 1 1 0 1
	0 2 1 0 1
	2 ...

X

Hardy-Weinberg Equilibrium (HWE): Binomial draws

x_{ij} = genotype at locus i for individual j .

p_i = frequency of reference allele at locus i .

Under HWE:

$$\Pr(x_{ij} = 2) = p_i^2,$$

$$\Pr(x_{ij} = 1) = 2p_i(1 - p_i),$$

$$\Pr(x_{ij} = 0) = (1 - p_i)^2.$$

HWE not valid under genetic structure!

Dependence structure of genotype matrix

Individuals	
Loci	
0	2 2 1 1 0 1
0	2 1 0 1
2	...

X

High-dimensional binomial data

- ▶ No general likelihood function
- ▶ My work: method of moments

Relatedness / Population structure

- ▶ Dependence between individuals (columns)

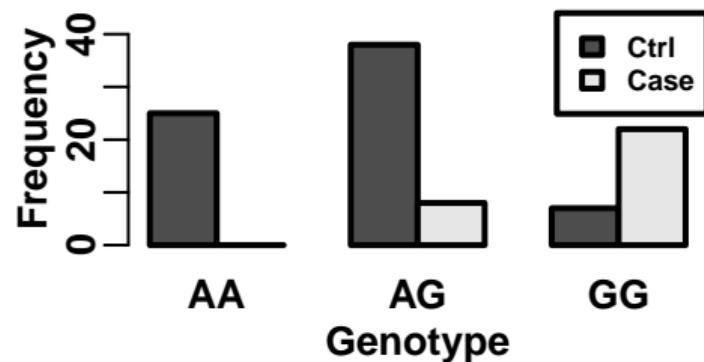
Linkage disequilibrium

- ▶ Dependence between loci (rows)

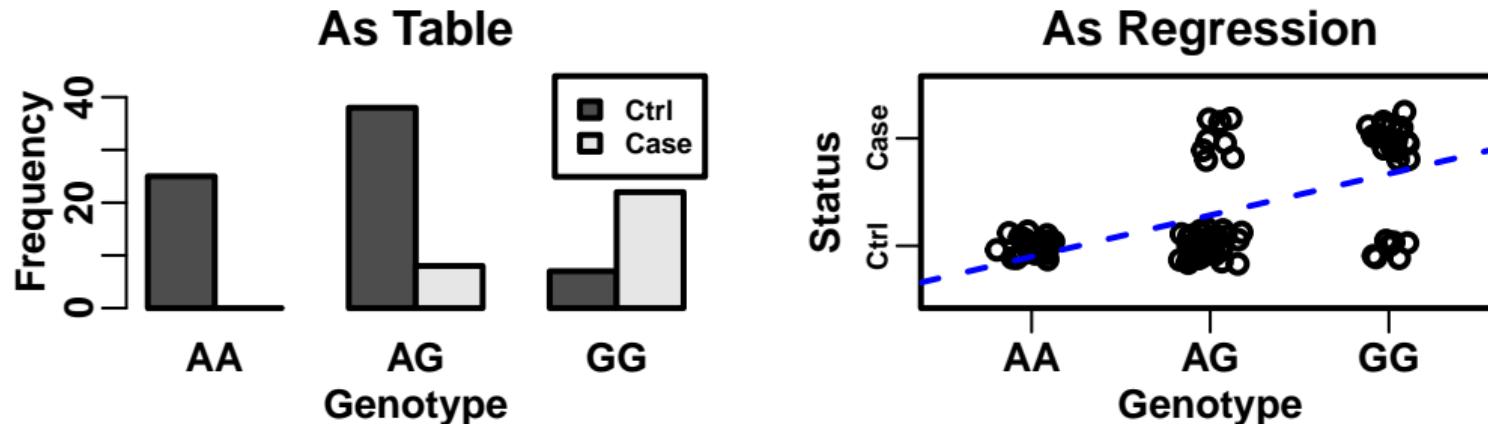
Genetic association study: genotype-phenotype correlation

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As Table

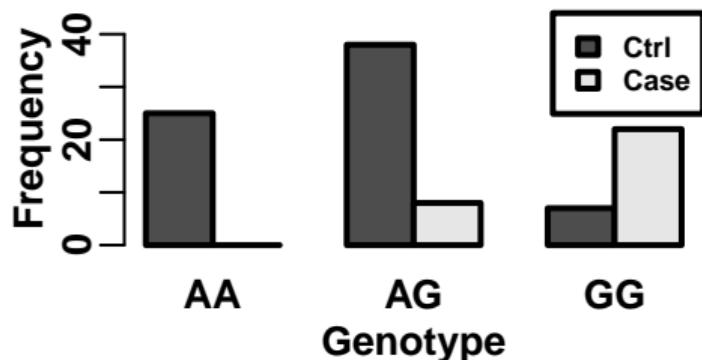


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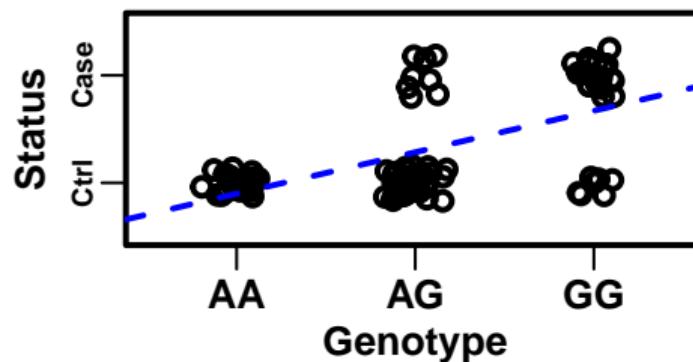


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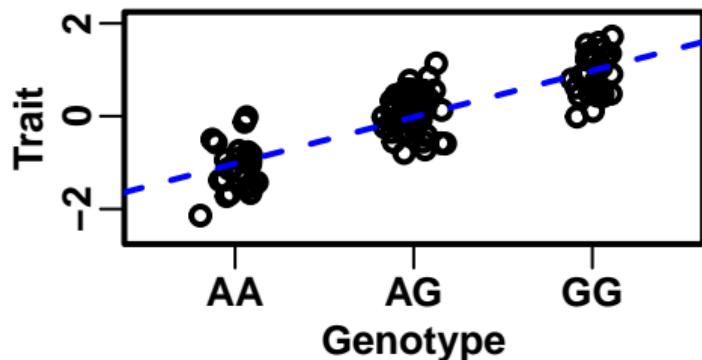
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As Regression

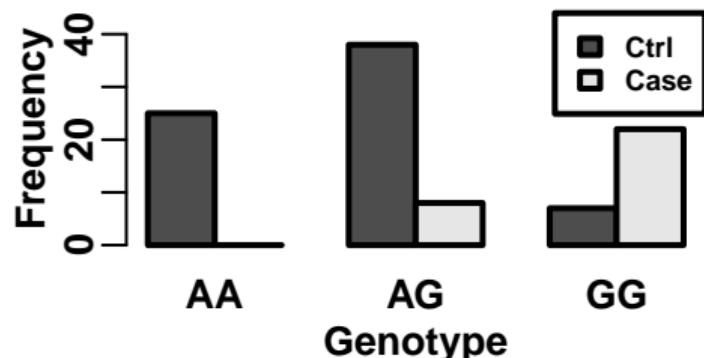


Continuous trait

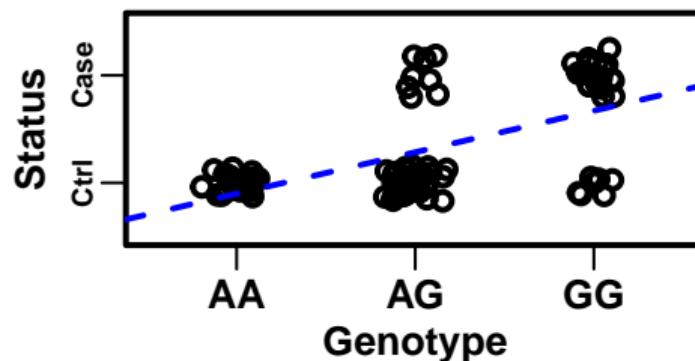


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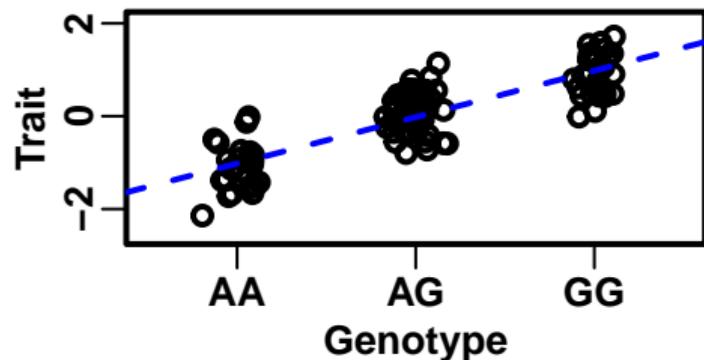
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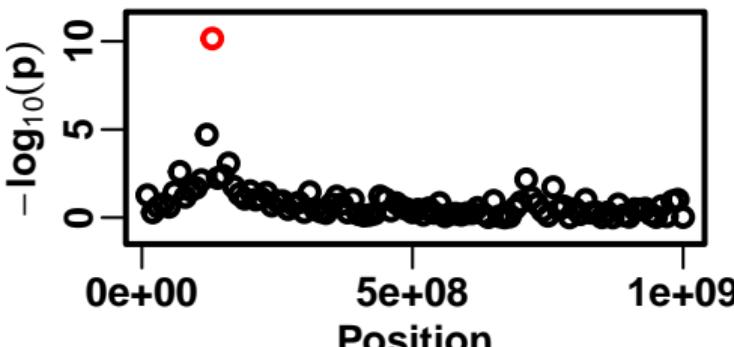
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Continuous trait

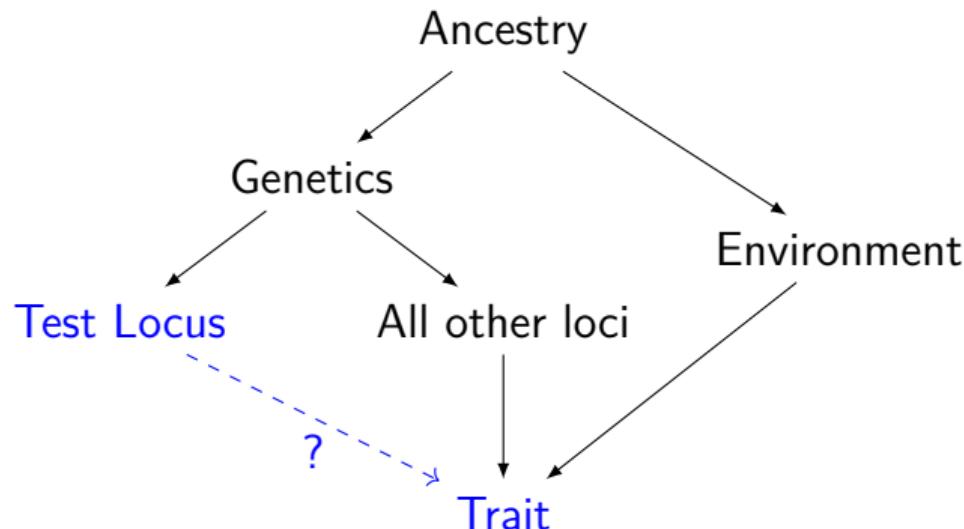


Genome Scan

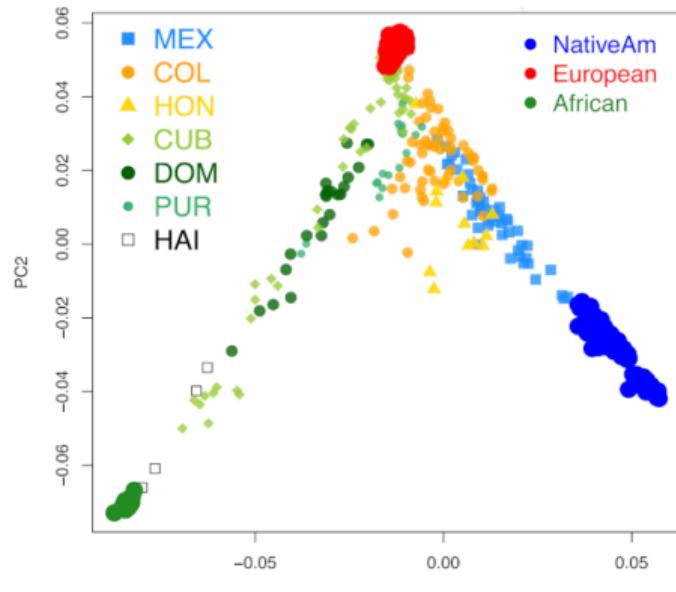


Why is this problem so hard?

- ▶ Millions of tests
- ▶ Polygenicity (many causal variants)
- ▶ Confounders
- ▶ Incorrect assumptions: independence / additivity



PCA: Principal Component Analysis



Use top eigenvectors of covariance matrix in any regression approach!

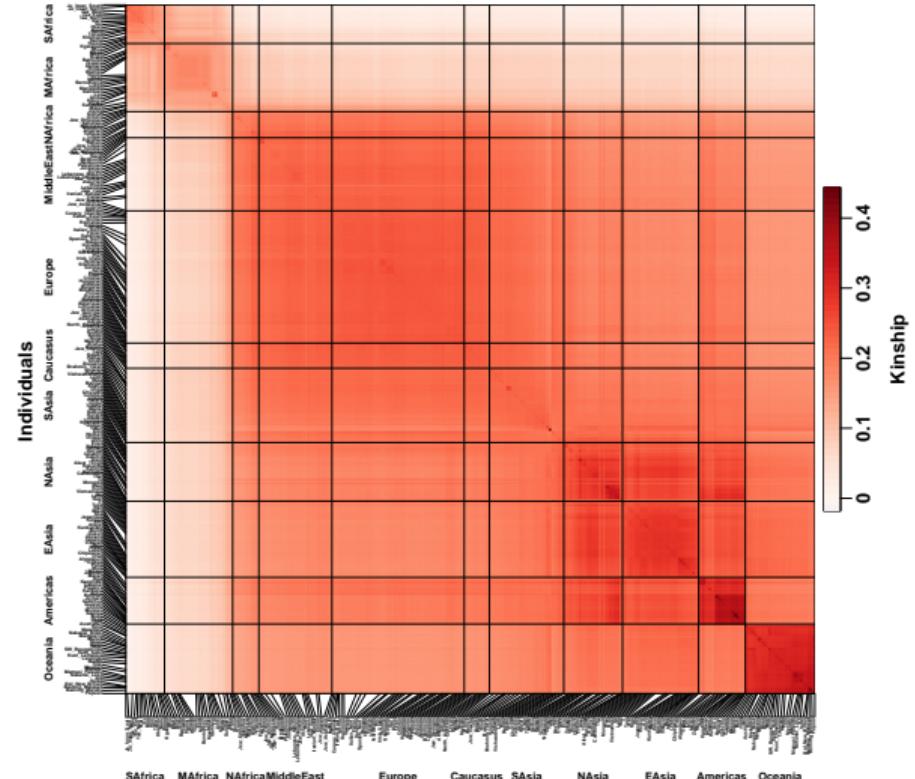
PCs map to ancestry.

"PCs" are top eigenvectors of kinship matrix.

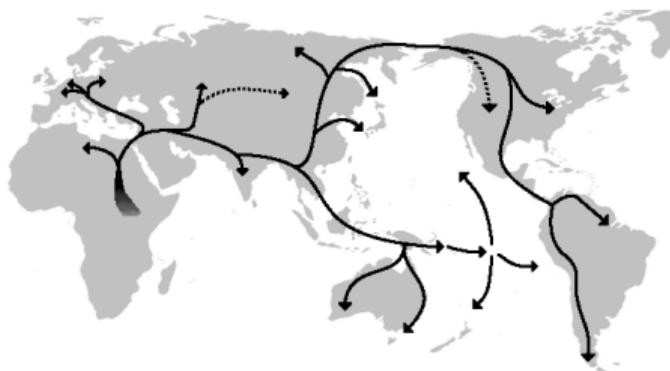
Pros: Fast!

Cons: Fails on family data.

Kinship (covariance) matrix of world-wide human population



Ochoa and Storey (2019) doi:10.1101/653279



Association with PCA vs LMM

Principal Components Analysis (PCA)
and Linear Mixed-effects Model (LMM):

$$\text{PCA : } \mathbf{y} = \mathbf{1}\alpha + \mathbf{x}_i\beta + \mathbf{U}_d\gamma_d + \epsilon,$$

$$\text{LMM : } \mathbf{y} = \mathbf{1}\alpha + \mathbf{x}_i\beta + \mathbf{s} + \epsilon.$$

\mathbf{U}_d are top d eigenvectors of kinship matrix Φ .

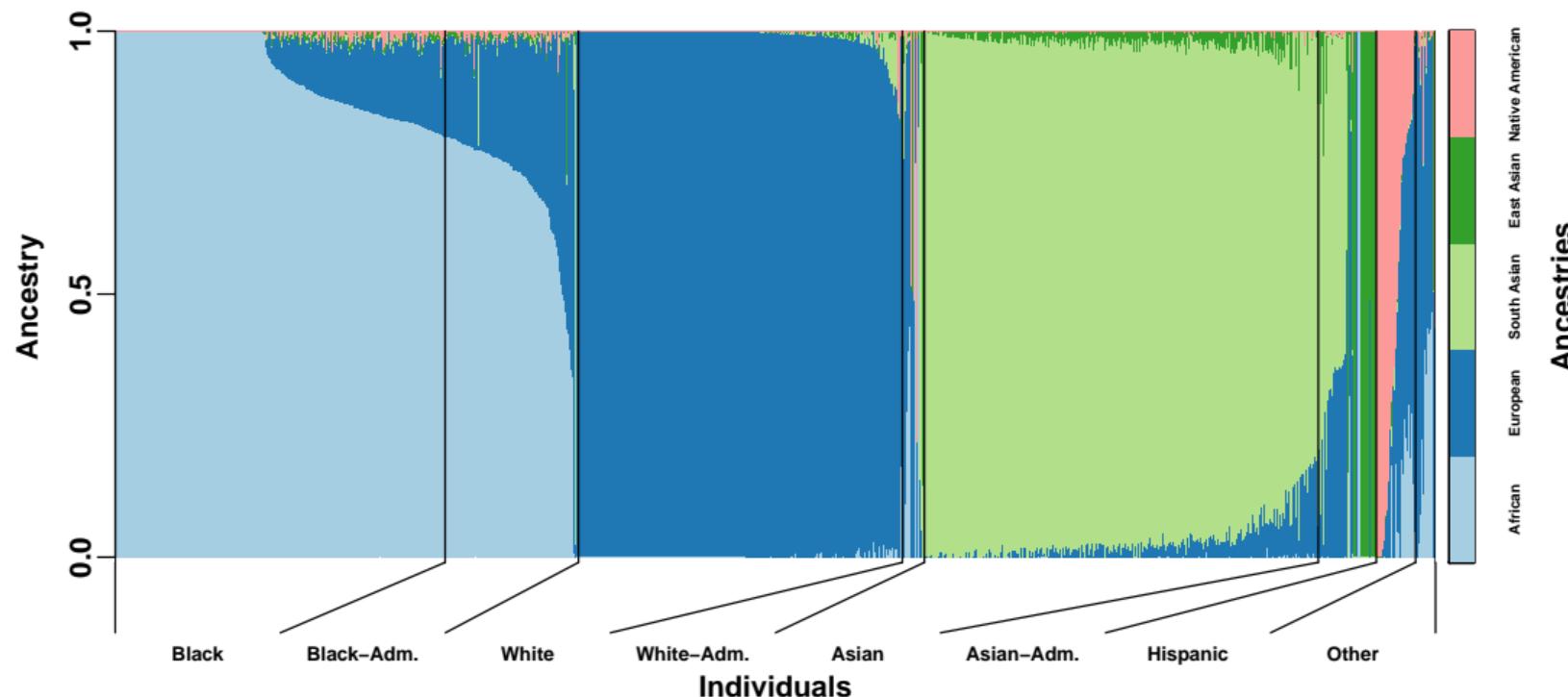
$$\mathbf{s} \sim \text{Normal}(\mathbf{0}, \sigma^2 \Phi).$$

- ▶ PCA is faster but low-dimensional
- ▶ LMM is slower but can model families

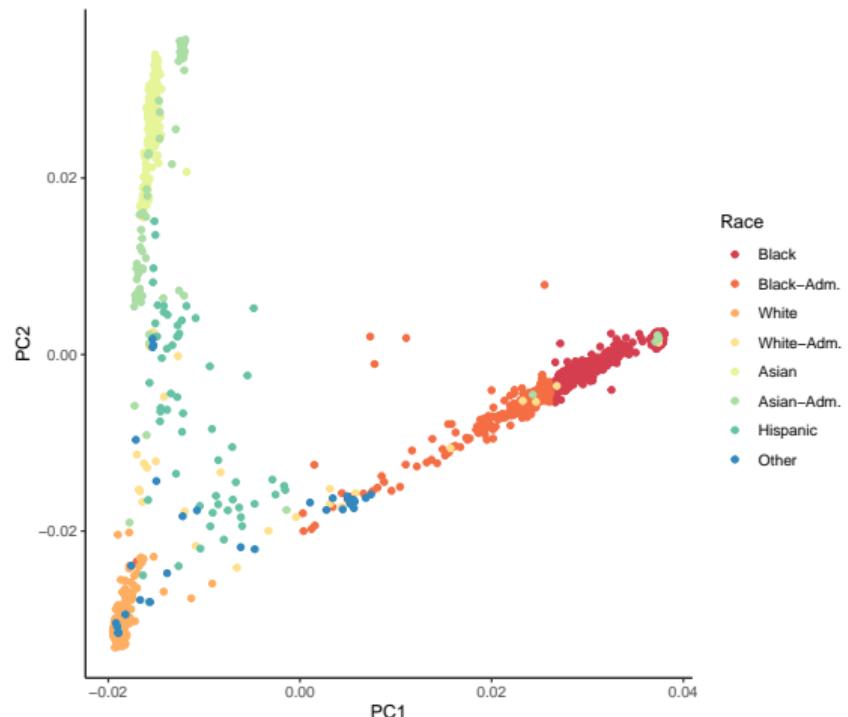
Nephrotic Syndrome association study

- ▶ Severe pediatric kidney disease.
- ▶ 1,000 cases/1,000 controls
- ▶ Multiethnic
 - ▶ Diverse Duke patients
 - ▶ Nigeria
 - ▶ Sri Lanka
- ▶ Included all 2,504 samples from 1000 Genomes as additional controls

Nephrotic Syndrome association study: Admixture plot



Nephrotic Syndrome association study: PCA plot



Nephrotic Syndrome association study: Manhattan plot

