

# Running GWAS

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Andrew Morris  
U Manchester

# SINGLE NUCLEOTIDE POLYMORPHISMS (SNPs)

ACGATCG**A**ATTCT...  
TGCTAGC**T**TAAGA...



eg: 60% of circulating genomes

ACGATCG**C**ATTCT...  
TGCTAGC**G**TAAGA...



eg: 40% of circulating genomes

**a**

**AA**



**Aa**



**aa**



Consider a **sample of N study participants**

In each participant

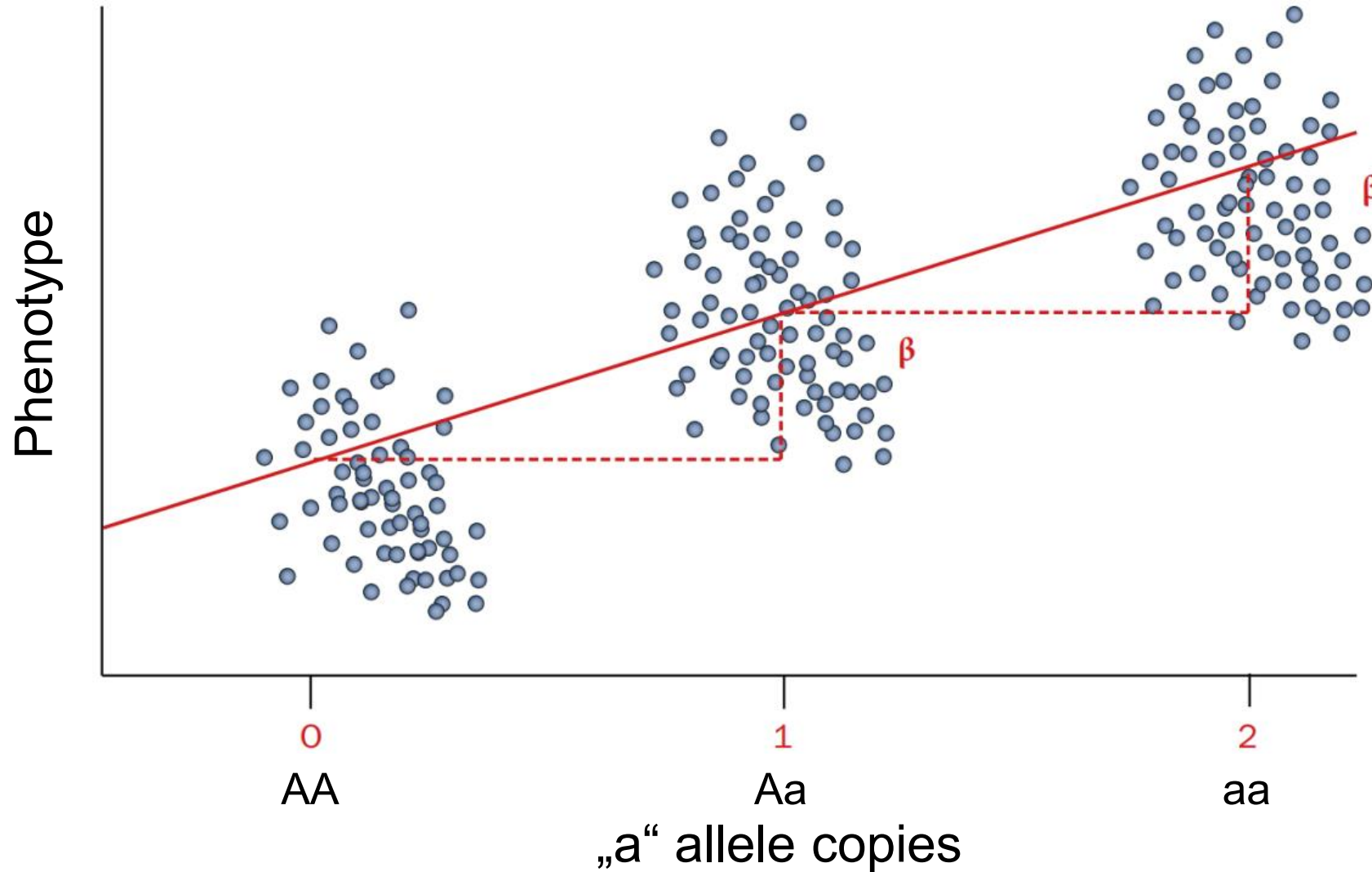
- we measured a **quantitative trait or diagnosed a disease of interest**
- we **genotyped a few million SNPs**



- is any SNP associated with the trait of interest?

# Association between SNP and quantitative trait

linear model, assuming an additive genetic model



$P \gg N$  problem

→ fit one linear regression model per SNP:

$$y = \beta_0 + \beta_i SNP_i + \varepsilon$$

$$i = 1..some\ millions$$

$$\varepsilon \sim N(\mathbf{0}, I)$$

$$H_0: \{\beta_i = 0\} \text{ vs } H_1: \{\beta_i \neq 0\}$$

$$\alpha = 5 \times 10^{-8}$$

Often, the phenotype is **standardized** to mean = 0 & SD = 1 ➔

$$y = \beta_i SNP_i + \varepsilon$$

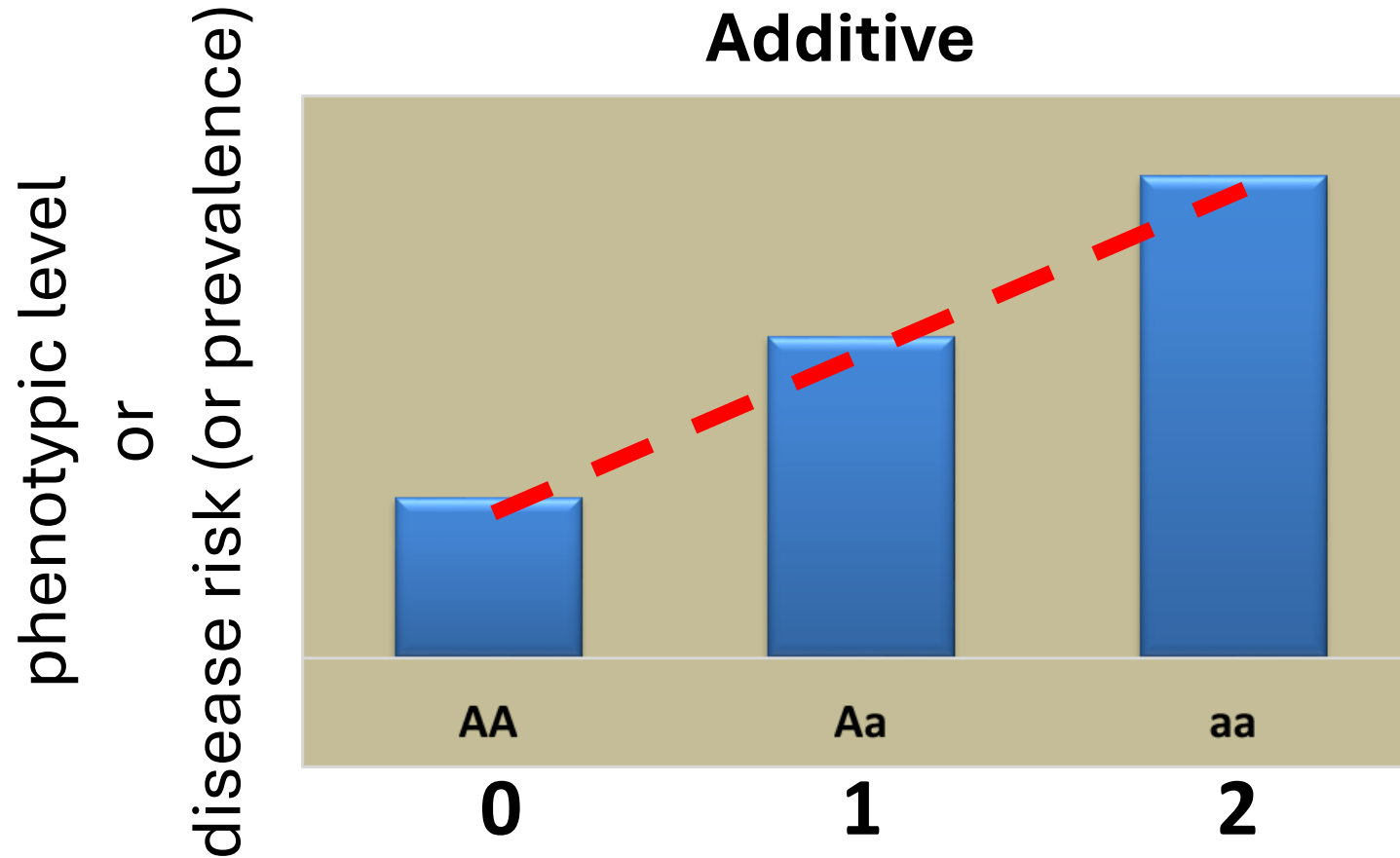
$i = 1..some\ millions$

$$\varepsilon \sim N(\mathbf{0}, I)$$

$$H_0: \{\beta_i = 0\} \text{ vs } H_1: \{\beta_i \neq 0\}$$

$$\alpha = 5 \times 10^{-8}$$

# Genetic models



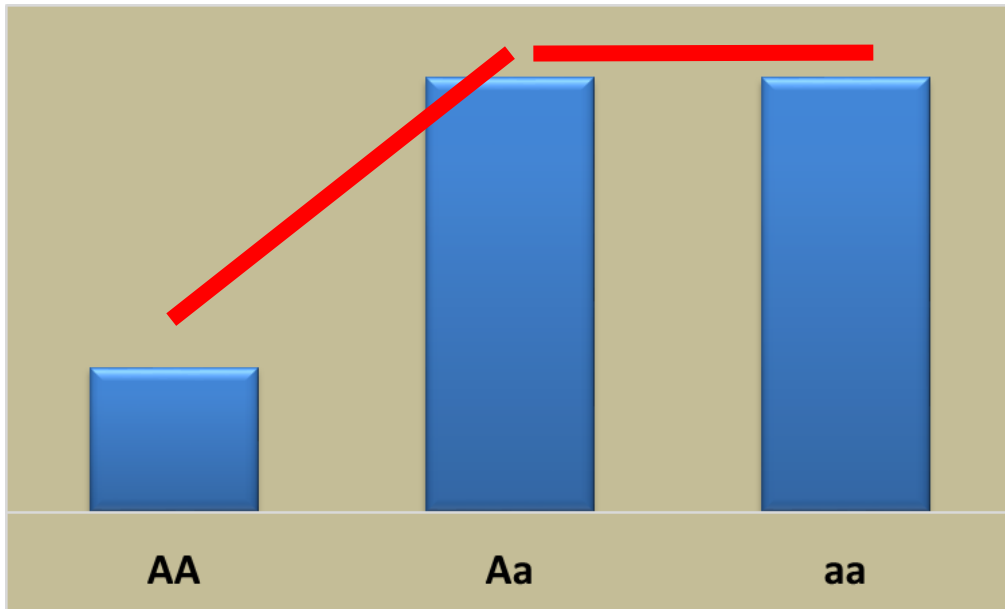
The phenotypic level\* is increased proportionally  
for each copy of the risk allele (dose effect)

\*Either levels of a quantitative phenotype (biomarker) or risk of a disease

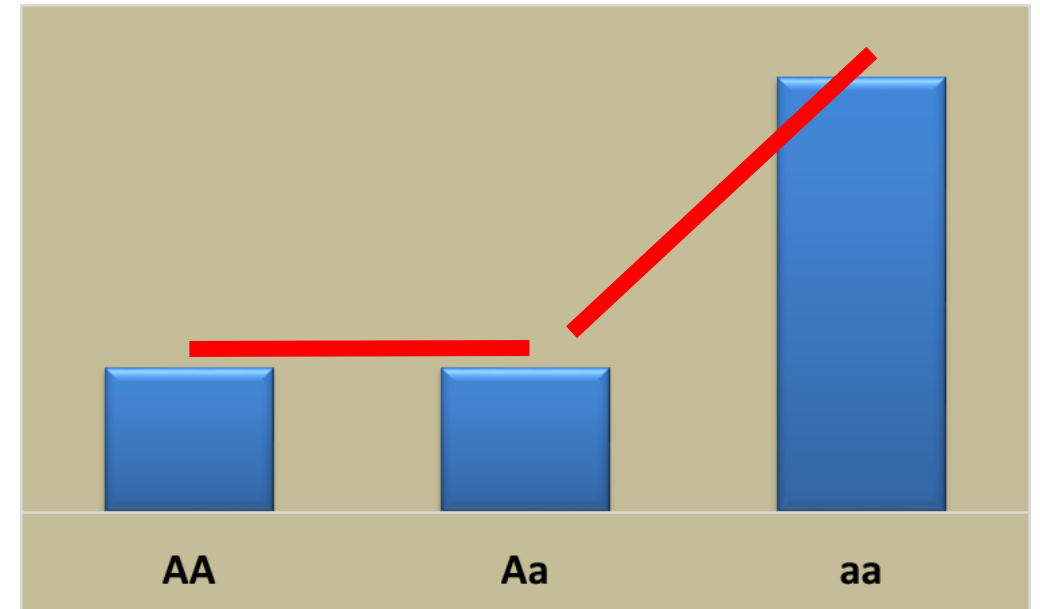


# Genetic models

## Dominant

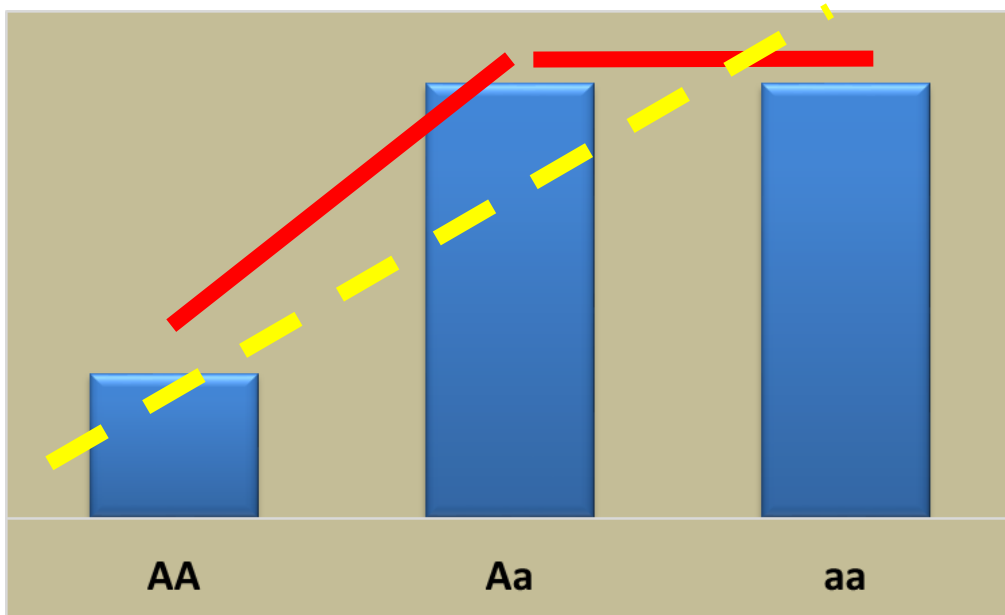


## Recessive



# Genetic models

## Dominant

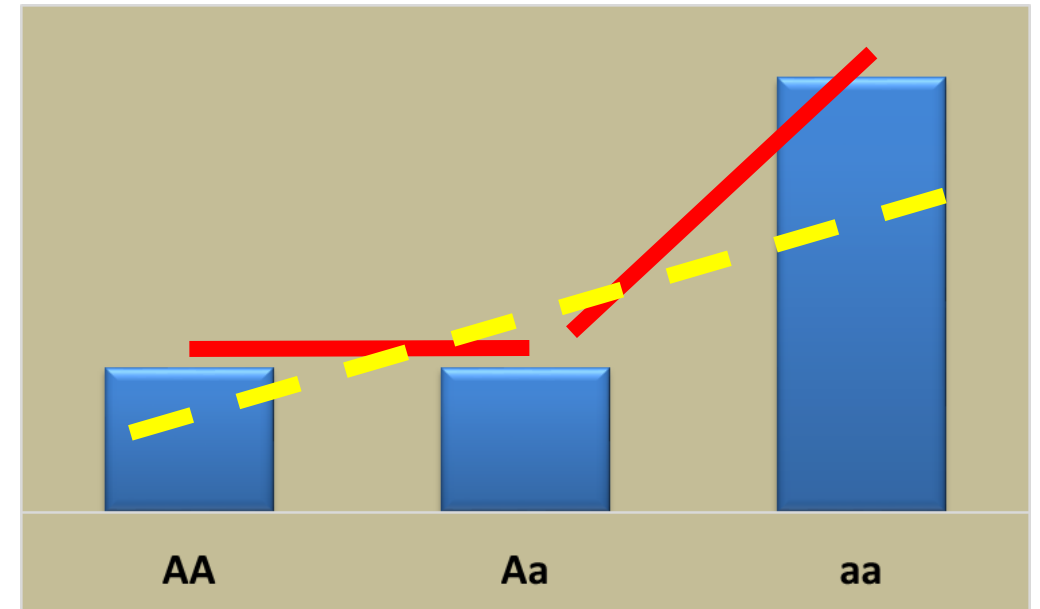


0



1

## Recessive



0



1

Binary traits → logistic regression model

$$\textit{logit}(\boldsymbol{p}) = \beta_0 + \beta_i \textit{SNP}_i + \boldsymbol{\varepsilon}$$

$$i = 1..some\ millions$$

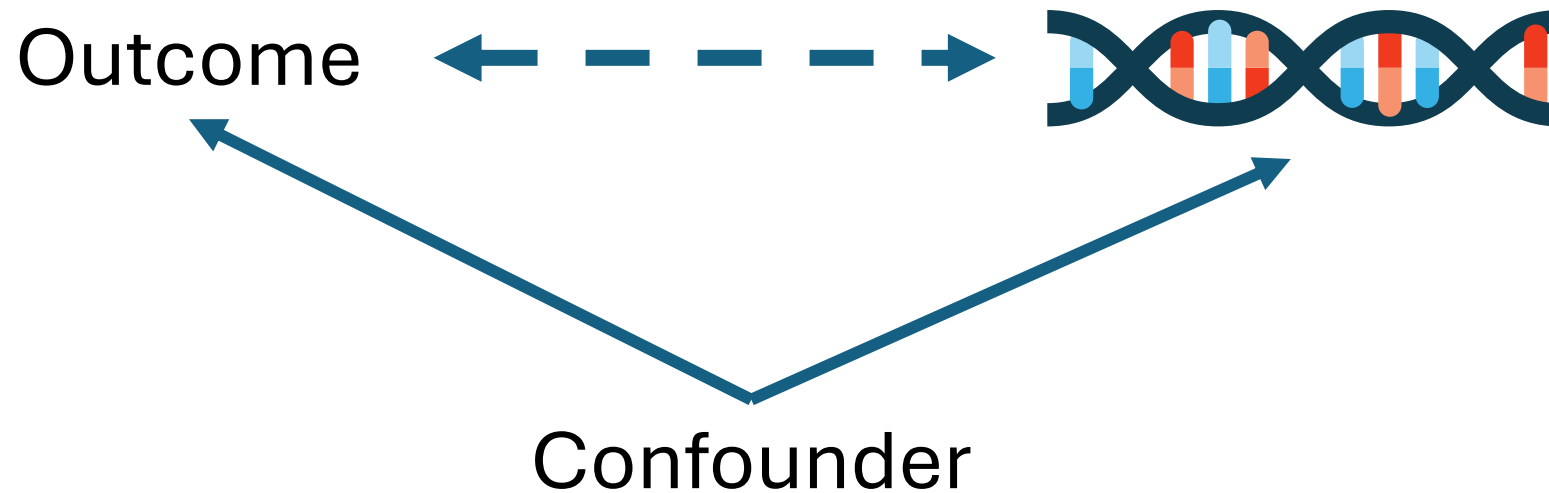
$$p = \text{Pr}(\textit{disease})$$

$$\boldsymbol{\varepsilon} \sim \textit{binomial}$$

$$H_0: \{\beta_i = 0\} \text{ vs } H_1: \{\beta_i \neq 0\}$$

$$\alpha = 5 \times 10^{-8}$$

# Confounding



**Population stratification** = presence of more than one genotypic group hidden within the study sample.

Population stratification happens if both the two following conditions are realized:

1. Subgroups have different genotype frequency
2. Subgroups have different disease prevalence (*when studying quantitative phenotypes there will always be a difference!*)

When paired up with different disease prevalence, population stratification can cause spurious associations = false findings = false positive results.

**[see appendix]**

# Linear mixed regression model

$$\mathbf{y} = \beta \mathbf{SNP} + \sum_{j=1}^K \gamma_j \mathbf{x}_j + \mathbf{g} + \mathbf{e}$$

$$\mathbf{V} = \text{Cov}(\mathbf{y}) = \text{Cov}(\mathbf{g}) + \text{Cov}(\mathbf{e}) = \sigma_1^2 \mathbf{K} + \sigma_2^2 \mathbf{I}$$

$$H_0: \beta = 0 \text{ vs } H_1: \beta \neq 0$$

$$\chi_{LMM}^2 = \frac{(\mathbf{SNP}' \mathbf{V}^{-1} \mathbf{y})^2}{(\mathbf{SNP}' \mathbf{V}^{-1} \mathbf{SNP})}$$

K = relatedness matrix,  
estimated from genetic data  
(pairwise coefficients of  
„distance“ between  
individuals), usually  $\mathbf{K}_{\text{Loco}}$

# Adjustments

**Relatedness** is always there → correct for it, even when individuals are apparently unrelated

**Covariates:** only technical covariates; do not adjust for variables that could be in the causal pathway unless there is a special reason

# SOFTWARE

<a href="#">PLINK/PLINK2</a> (ref. <sup>20</sup> )	Most widely known tool for conducting genetic associations
<a href="#">SNPTEST</a> <sup>260</sup>	Genetic association testing; works well with IMPUTE2
<a href="#">GEMMA</a> <sup>55</sup>	Genetic association testing based on linear mixed models
<a href="#">SAIGE</a> <sup>35</sup>	Genetic association for binary phenotypes; analyses very large samples ( $N > 100,000$ )
<a href="#">BOLT-LMM</a> <sup>461</sup>	Genetic association testing based on the BOLT-LMM algorithm for mixed model association testing and the BOLT-REML algorithm for variance components analysis (partitioning of SNP-based heritability and estimation of genetic correlations)
<a href="#">REGENIE</a> <sup>56</sup>	Genetic association testing; analyses very large samples ( $N > 100,000$ ); can assess multiple phenotypes at once; fast and memory efficient
<a href="#">BGENIE</a> <sup>76</sup>	Genetic association for continuous phenotypes; analyses very large samples ( $N > 100,000$ ); custom-made for the UK Biobank BGENv1.2 file format
<a href="#">fastGWA</a> <sup>37</sup>	Mixed-model genetic association analysis



# References

Loh et al. **Efficient Bayesian mixed model analysis increases association power in large cohorts.** Nat Genet. 2015 Feb 2;47(3):284–290.  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC4342297/>

Mbatchou et al, **Computationally efficient whole-genome regression for quantitative and binary traits.** Nat Genet . 2021 Jul;53(7):1097-1103. doi: 10.1038/s41588-021-00870-7.  
<https://pubmed.ncbi.nlm.nih.gov/34017140/> , <https://rgcgithub.github.io/regenie/>

# Results

Allele on which the effect is calculated

Effect estimate: change of the phenotype level for each copy of the „effect allele“

Standard error of  $b$

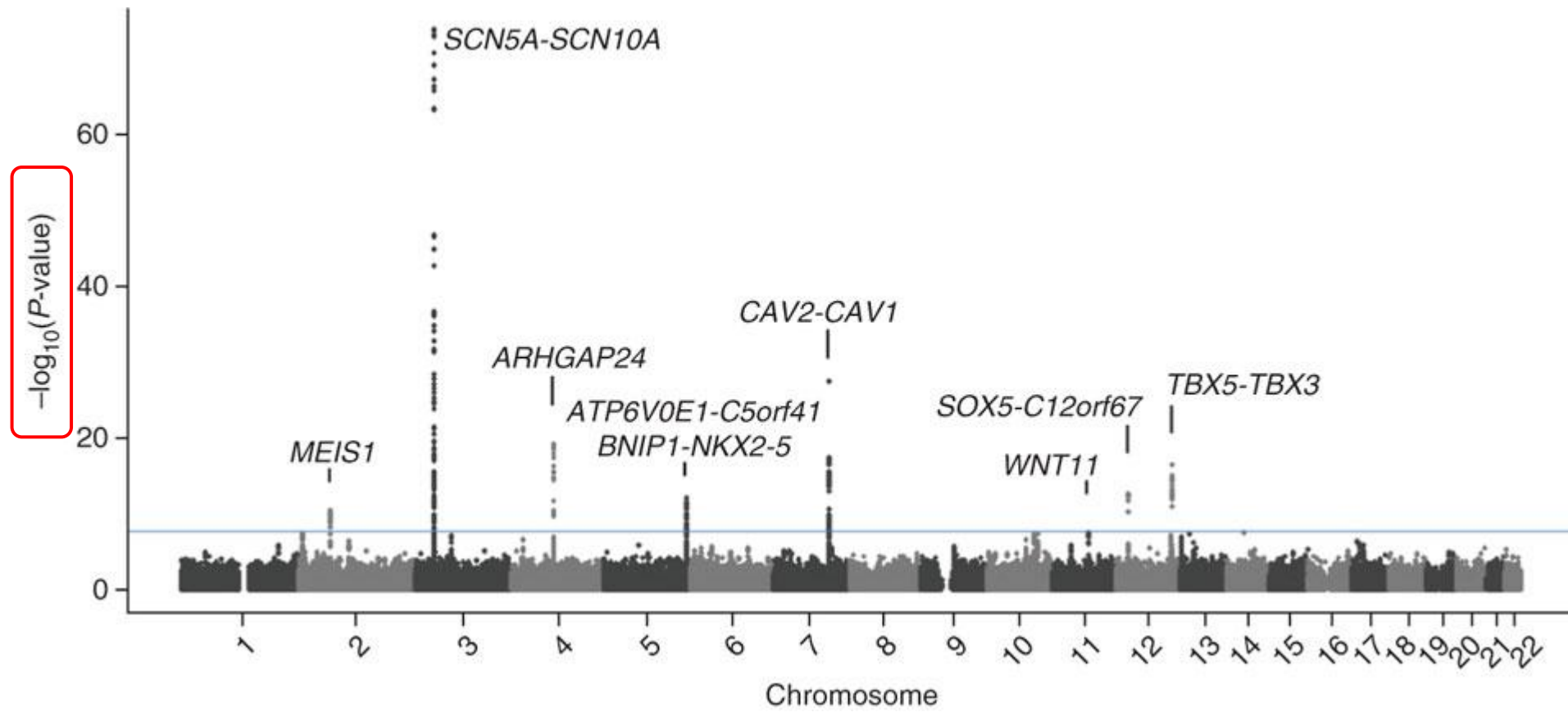
P-value: evidence of association

#	SNP ID	Chr	Pos	Effect Allele	Other Allele	Effect Allele Frequency	b	SE(b)	P-value
							OR	SE(OR)	
1	rs...	...	...	...	...		...	...	...
2	rs...	...	...	...	...		...	...	...
3	rs...	...	...	...	...		...	...	...
		...	...	...	...		...	...	...
		...	...	...	...		...	...	...
M	rs...	...	...	...	...		...	...	...

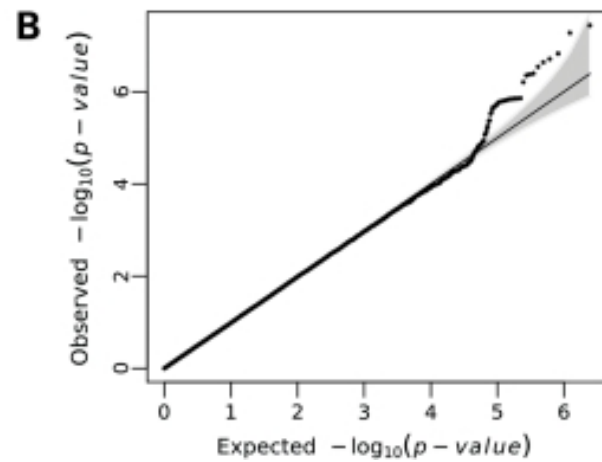
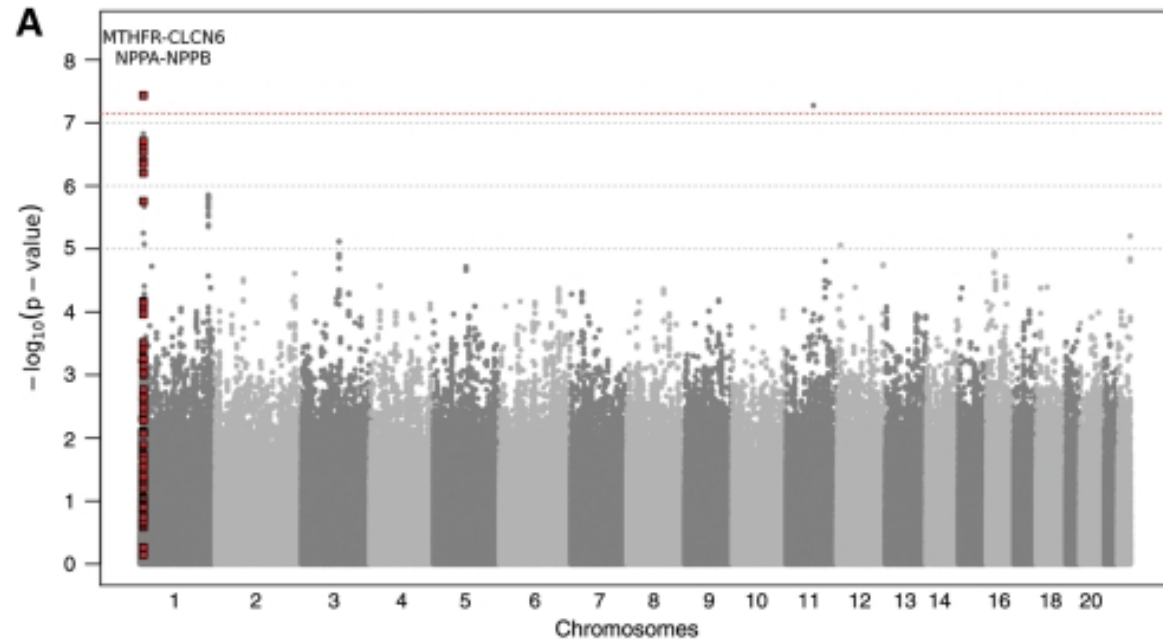
Example: Genome-wide scan of total cholesterol levels

#	SNP ID	Chr	Pos	Eff. All.	Other All.	Eff. All. Freq.	b	SE(b)	P-value
1	rs1	1	56,023	T	A	0.40	0.101	0.600	0.8663211
2	rs2	1	70,231	G	C	0.23	-3.302	5.302	0.5334266
3	rs3	1	75,444	G	A	0.05	1.432	1.500	0.3397463
	...	...	...	...	...		...	...	...
		...	...	...	...		...	...	...
10,000,000	rs120137103	22	...	C	T	0.11	2.512	8.230	0.760195

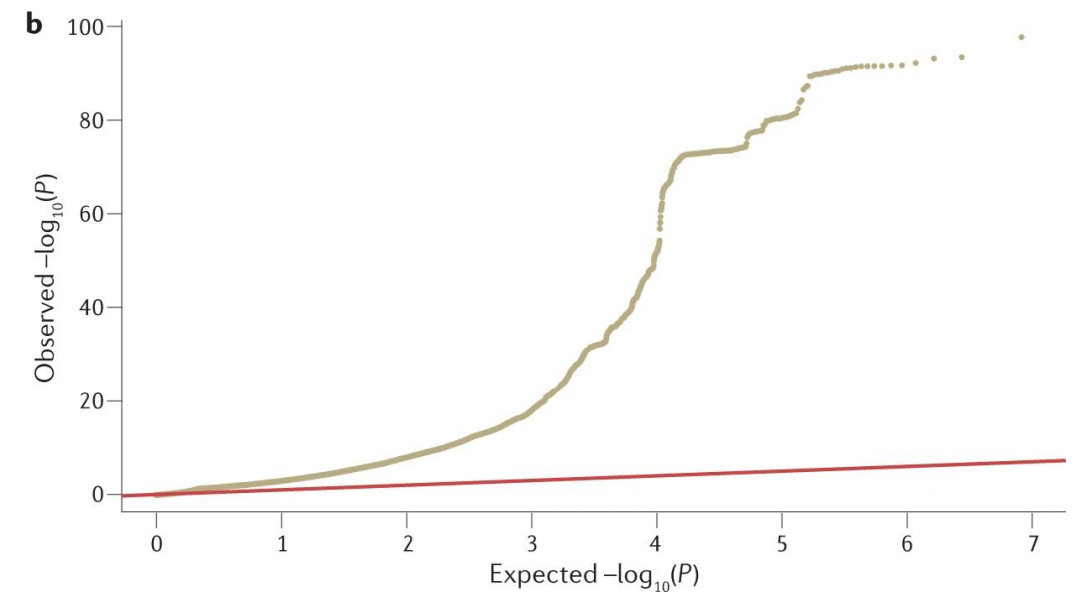
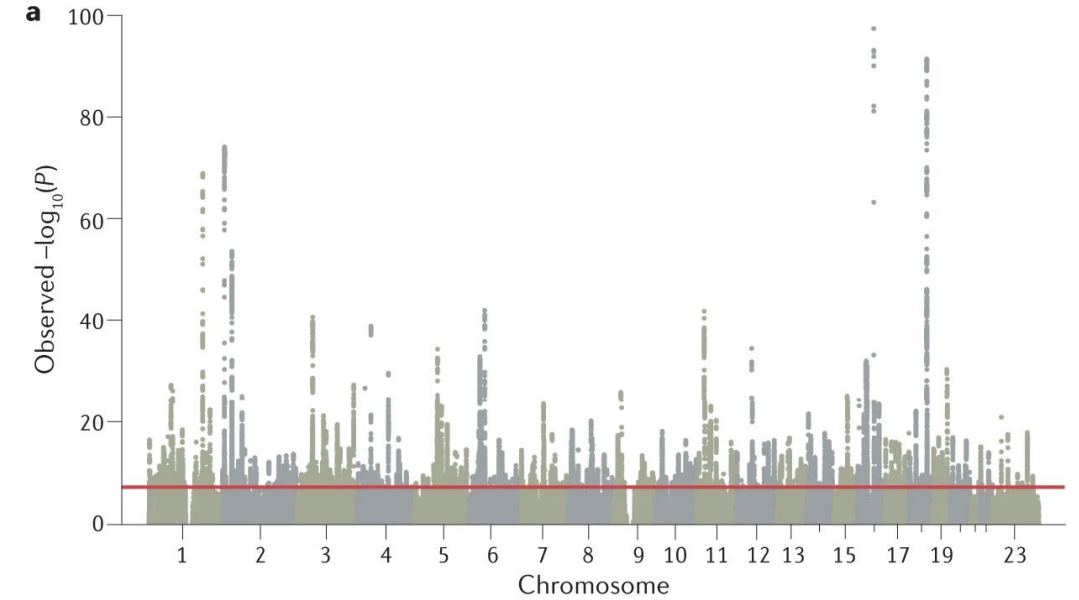
# Manhattan Plot



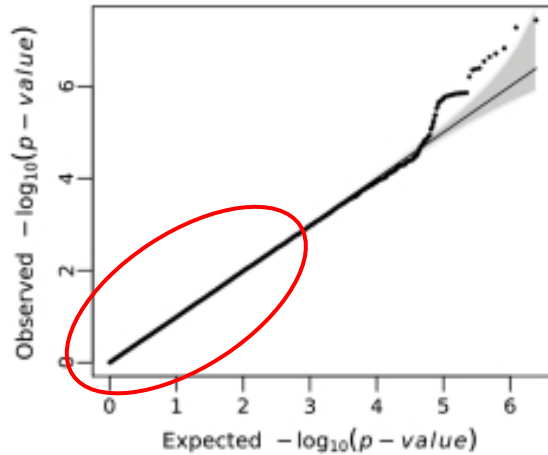
## Small sample size



## Large sample size



# Estimating the genomic control inflation factor, $\lambda_{GC}$



Under the null hypothesis of no association,  
if  $N$  is large,

$$t_i = \frac{\beta_i}{SE(\beta_i)} \sim N(0,1)$$

$$t_i^2 \sim \chi_1^2$$

$$\lambda_{GC} = \frac{\text{median}(t_1^2, \dots, t_S^2)}{\chi_1^2(0.5)} = \begin{cases} > 1, \text{inflation} \\ 1, \text{no inflation} \\ < 1, \text{deflation} \end{cases}$$

$S = \text{no. of SNPs}$

# LD-score regression

Alternative (better) way to assess inflation


If a trait is truly polygenic, SNPs with more neighbours (higher LD scores) should, on average, show stronger associations than SNPs with fewer neighbors.

By regressing the  $\chi^2$  test statistics from GWAS vs LD Scores (LD Score regression), the **intercept** minus one estimates the mean contribution of confounding bias to the inflation in the test statistics.

Bulik-Sullivan et al, Nat Genet 2015

## Other checks

- Does  $\lambda_{GC}$  depends on imputation quality (IQ) or minor allele frequency (MAF)? → re-calculate after filtering for IQ and/or MAF
- Is the distribution of p-values ~ Uniform?
- Is the distribution of  $b/SE(b)$  ~ symmetric?

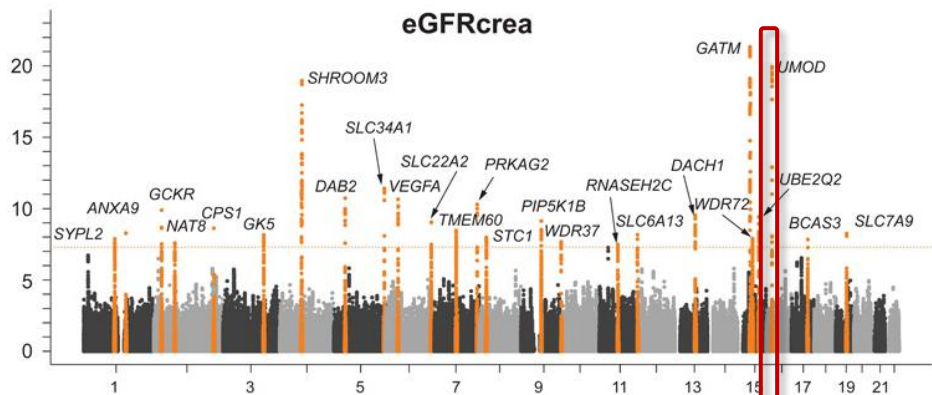
**GWAtoolbox: an R package for fast quality control and handling of genome-wide association studies meta-analysis data** 

[Christian Fuchsberger](#) ✉, [Daniel Taliun](#) ✉, [Peter P. Pramstaller](#),  
[Cristian Pattaro](#) on behalf of the CKDGen consortium [Author Notes](#)

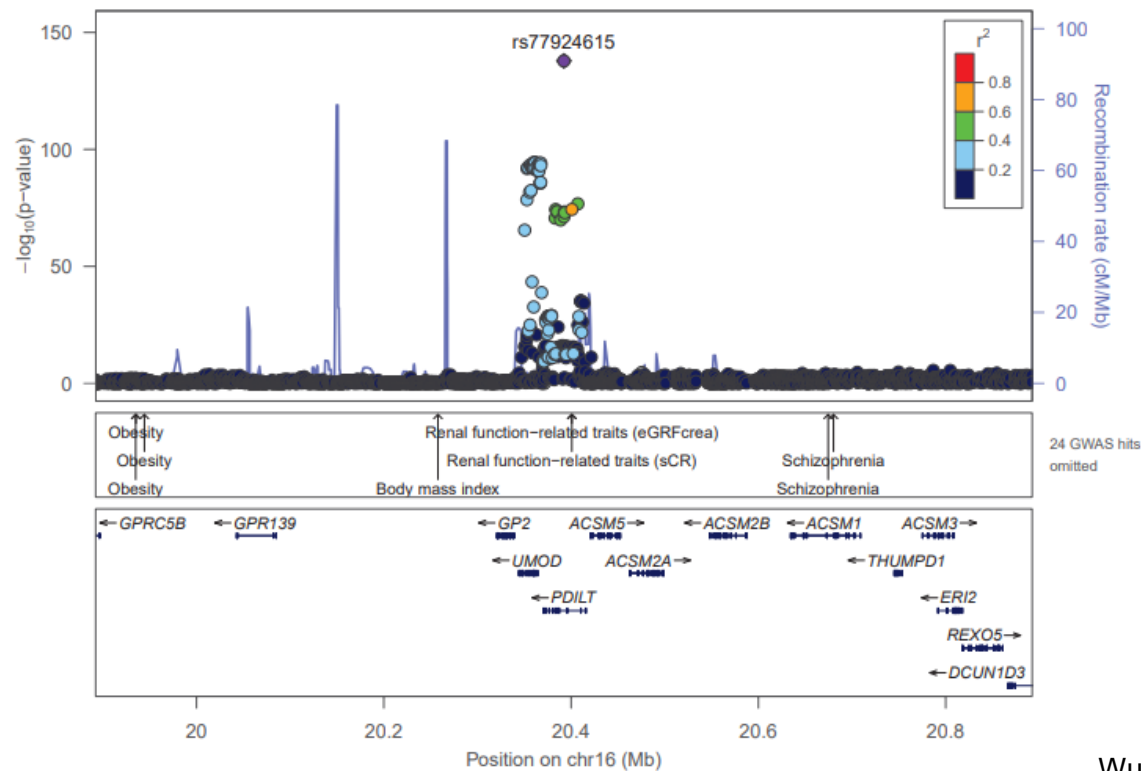
*Bioinformatics*, Volume 28, Issue 3, 1 February 2012, Pages 444–445,  
<https://doi.org/10.1093/bioinformatics/btr679>

**Published:** 08 December 2011 **Article history** ▼

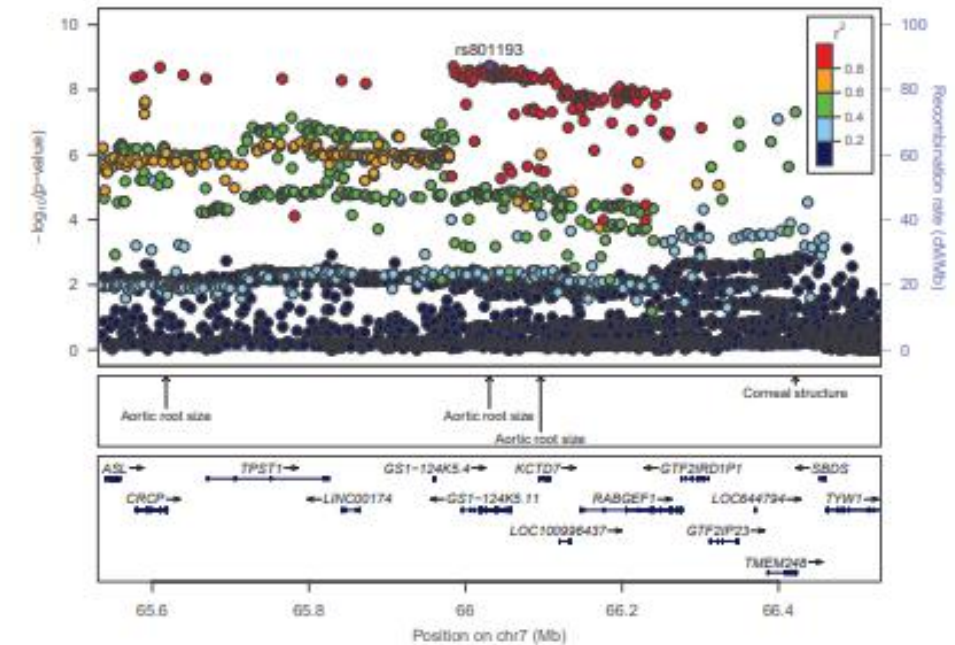
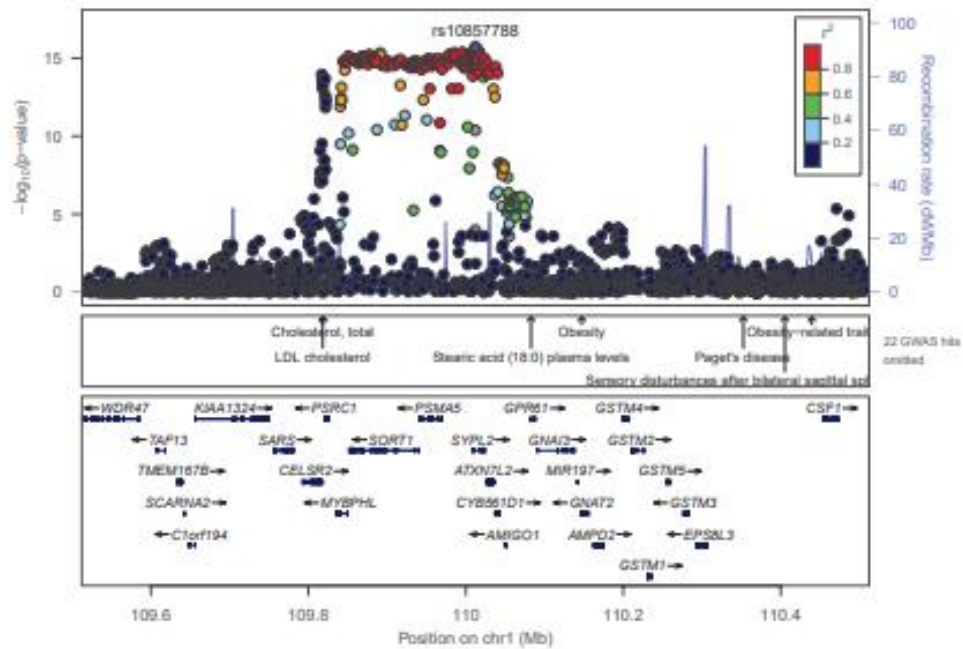
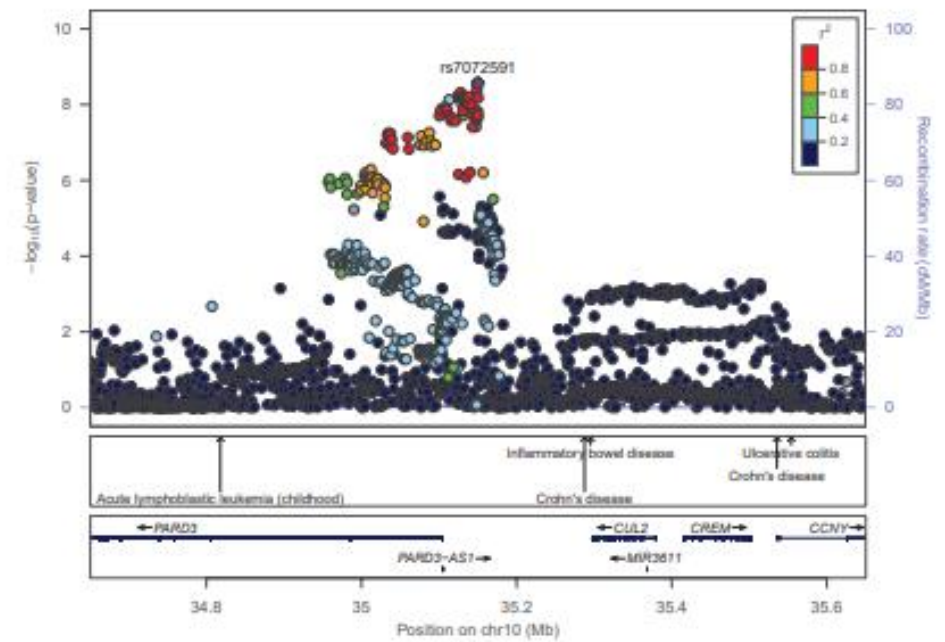
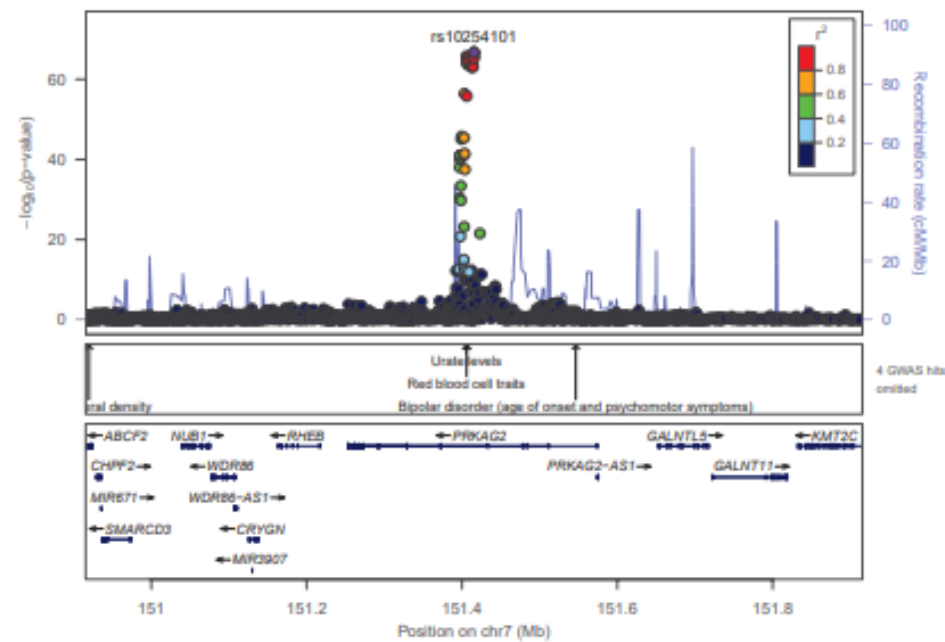




Köttgen et al. *Nat Genet* 2010



Wuttke et al. *Nat Genet* 2019



# **Meta-analysis and replication**

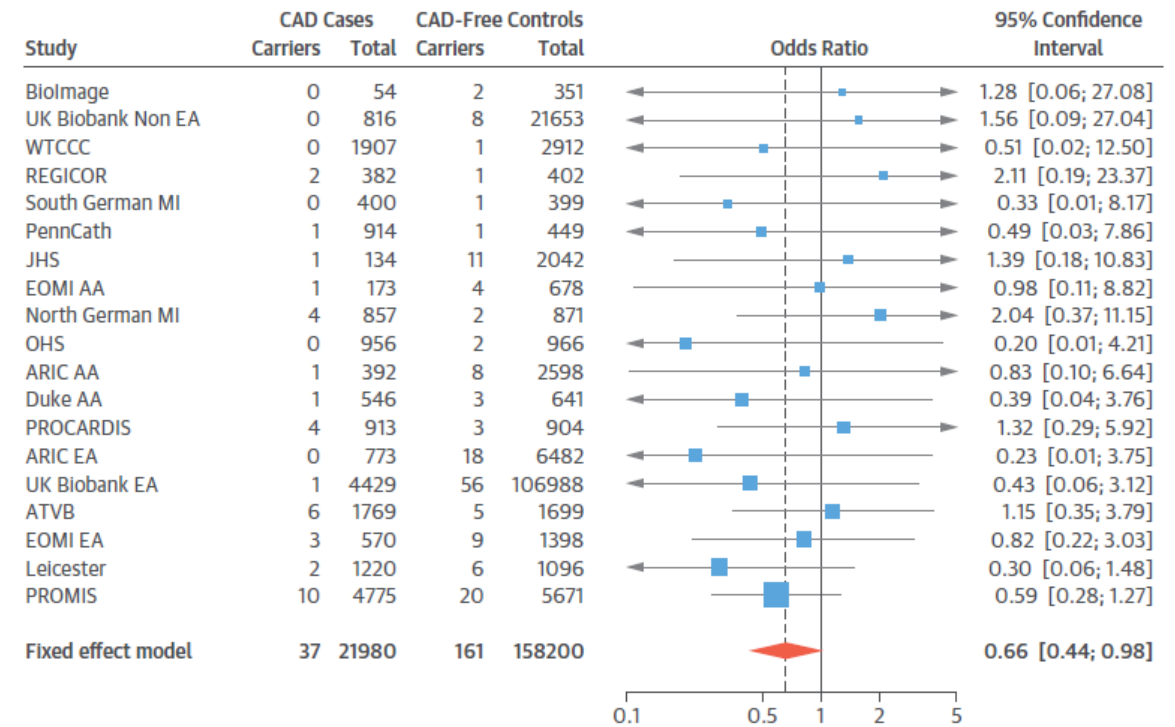
Genome-wide association studies have introduced a different way to look at meta-analysis

Because of privacy issues, studies do not share genetic data (typically)

Thus, meta-analysis is used as a tool to increase the sample size and the power of a study

Rather than a method to assess the average effect

**FIGURE 3** Association of *ANGPTL3* Loss-of-Function Mutations With Risk of CAD



Stitzel et al, J Am Coll Cardiol 2017

GWAS are typically conducted out in the context of a **consortium**

No. of studies: 2-3... 120-150...

No. of pooled samples: 1000 ... >5 M

### **Crucial steps for GWAS meta-analyses:**

- Centralized analysis plan, distributed to all partners
- Analysis plan must be tested before
- Post-phenotype preparation and post-GWAS QC should be centralized

FIXED-EFFECTS META-ANALYSIS BASED ON INVERSE-VARIANCE WEIGHTING

<i>STUDY-1</i>	<i>STUDY-2</i>	<i>STUDY-K</i>
$b_{1,1}, SE(b_{1,1})$	$b_{1,2}, SE(b_{1,2})$	$b_{1,K}, SE(b_{1,K})$
$b_{2,1}, SE(b_{2,1})$	$b_{2,2}, SE(b_{2,2})$	$b_{2,K}, SE(b_{2,K})$
...	...	...
...	...	...
$b_{2500000,1}, SE(b_{2500000,1})$	$b_{2500000,2}, SE(b_{2500000,2})$	$b_{2500000,K}, SE(b_{2500000,K})$

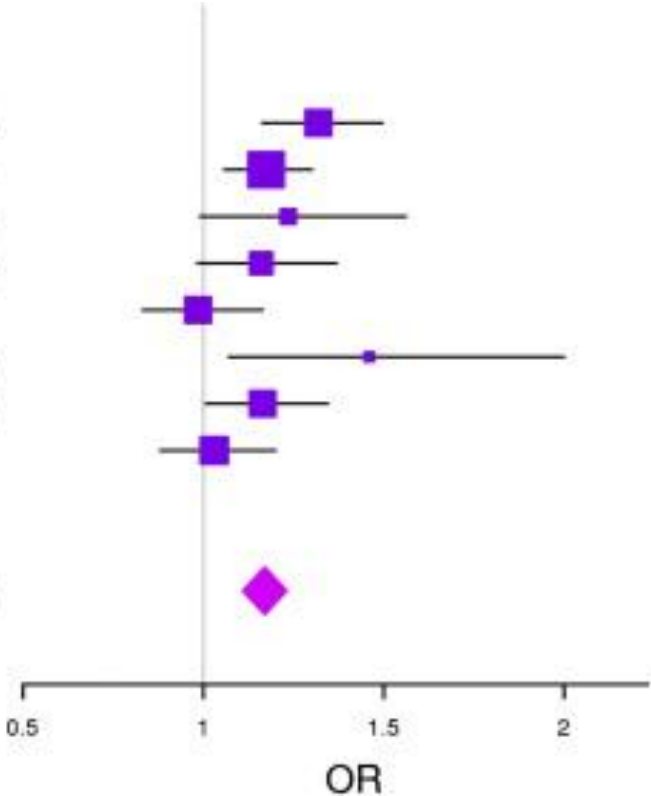
$$b = \frac{\frac{b_1}{SE(b_1)^2} + \frac{b_2}{SE(b_2)^2} + \dots + \frac{b_K}{SE(b_K)^2}}{\frac{1}{SE(b_1)^2} + \frac{1}{SE(b_2)^2} + \dots + \frac{1}{SE(b_K)^2}}$$

# FOREST PLOT: the best way to visualize a meta-analysis

A tool to assess homogeneity of the SNP-trait association between different studies

Association between a genetic variant in MCF2L and osteoarthritis

Study	OR (95%CI)	P-Value
arcOGEN Stage 1	1.32(1.16-1.50)	1.67e-05
arcOGEN Follow-up Set 1	1.17(1.06-1.30)	2.60e-03
GOAL	1.24(0.99-1.56)	7.20e-02
arcOGEN Follow-up Set 2	1.16(0.98-1.37)	7.86e-02
RSI	0.98(0.83-1.17)	8.61e-01
RSII	1.46(1.07-2.00)	1.68e-02
EGCUT	1.16(1.01-1.34)	4.01e-02
deCODE	1.03(0.88-1.20)	7.31e-01
Meta Analysis	1.17(1.11-1.23)	2.07e-08

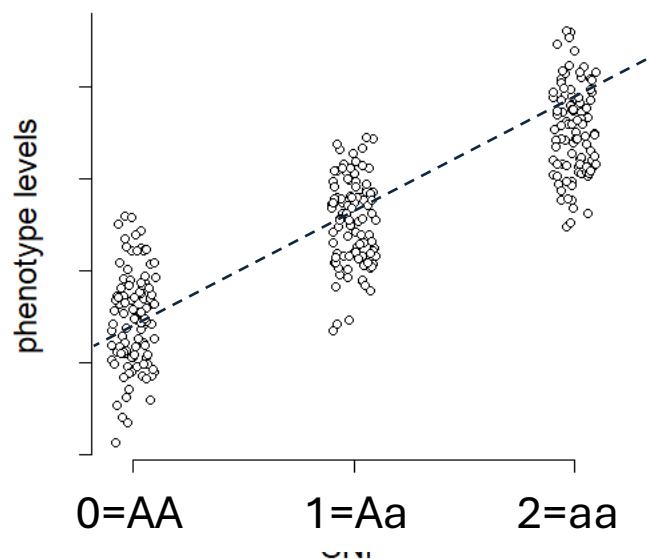


# REPLICATION

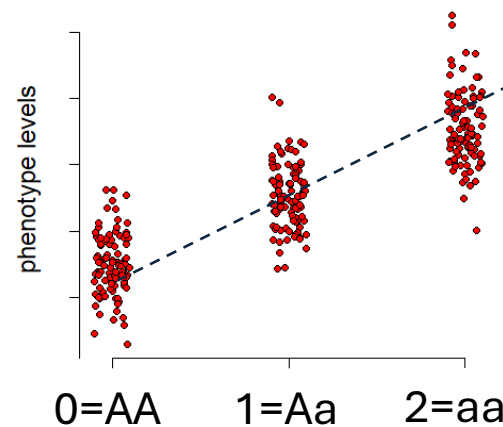
1. From the discovery GWAS, identify the significant hits (take the most associated SNP for each locus)
2. Find a **similar** study, which **must have the same phenotype (!!!)**, with **adequate sample size** **[power calculation given the minor allele frequency is recommended]**, and ask if they can analyze your SNPs in their sample.
3. Verify if the **same allele** at each SNP is associated with the trait in the same direction (you can use a 1-sided test, with significance level of  $0.05 / \text{number of SNPs being tested}$ )



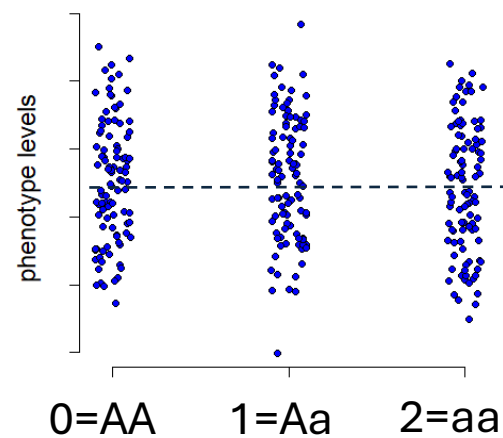
## Discovery study



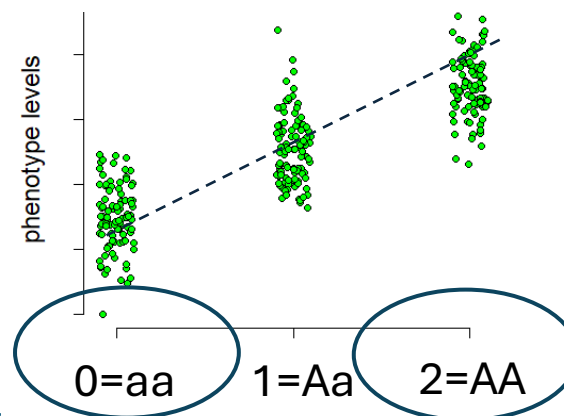
## Replication study



Replication!  
effect in the same  
direction



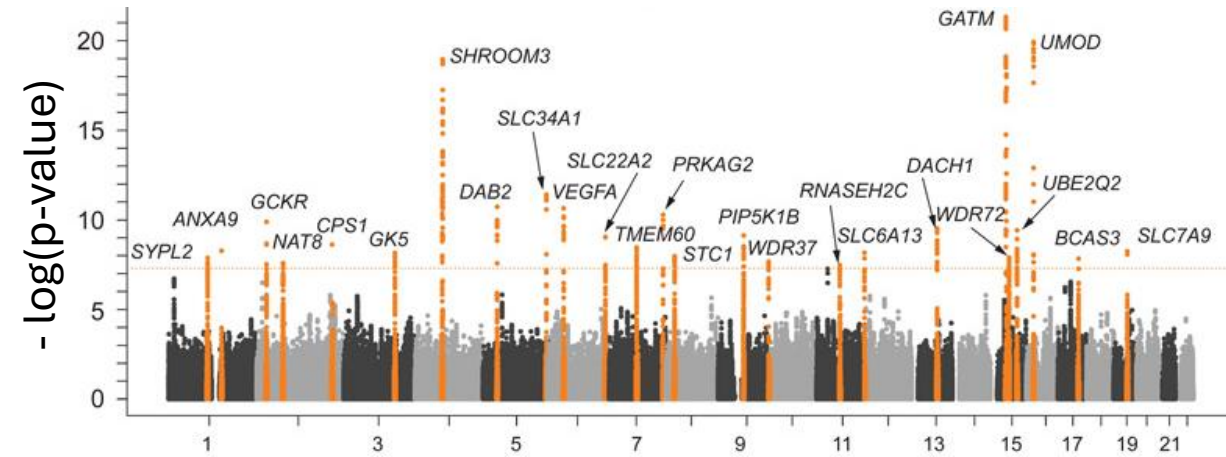
No replication:  
no effect



No replication:  
effect in the  
opposite  
direction (allele  
swapping)

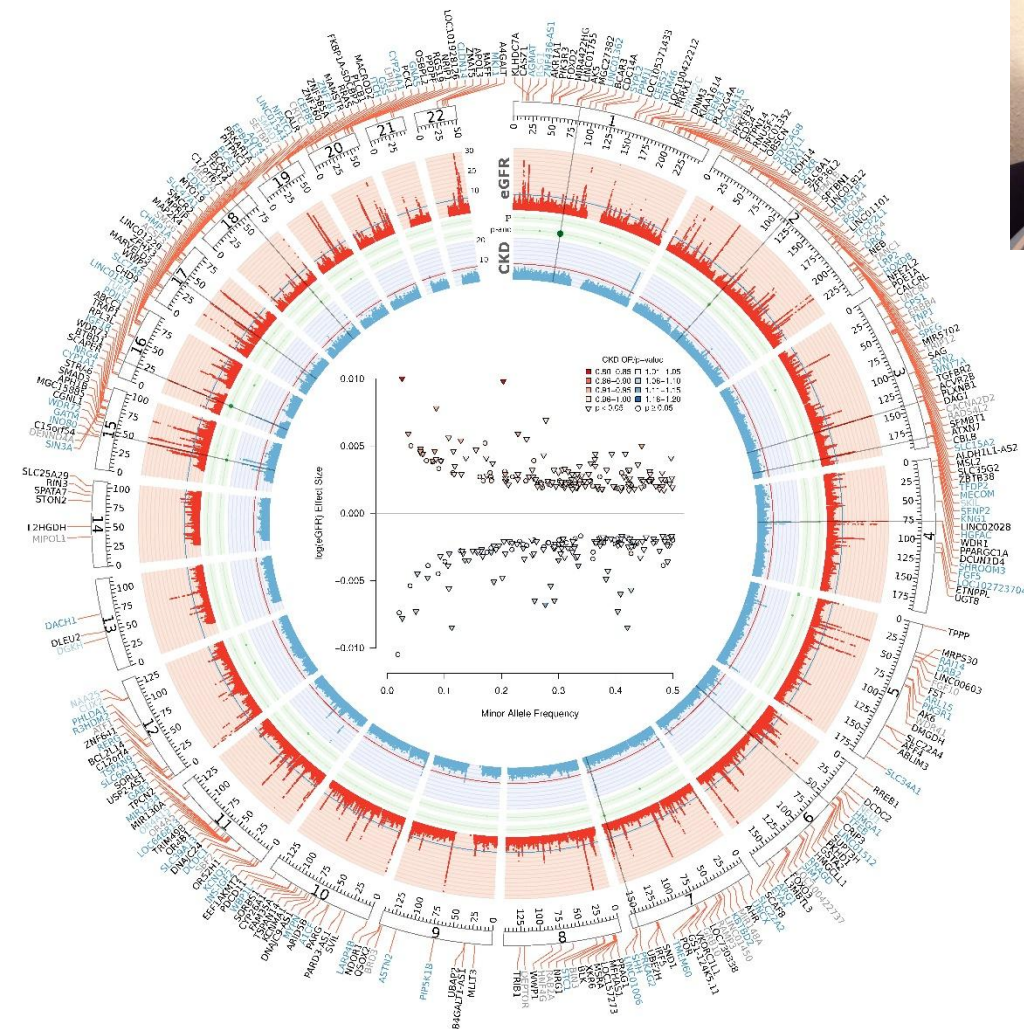
# EXAMPLES

# Genetic loci for eGFRcrea



- Outcome: estimated glomerular filtration rate
- N = **67,093** (discovery) + 22,982 (Replication)
- **2.5 Mio** SNPs
- 24 loci associated with kidney function

Köttgen et al. Nat Genet 2010



- N = **765,348** (discovery) + 280,722 (Replication)
- **8.2 Mio** SNPs
- 246 loci associated

A catalog of genetic loci associated with kidney function from analyses of a million individuals

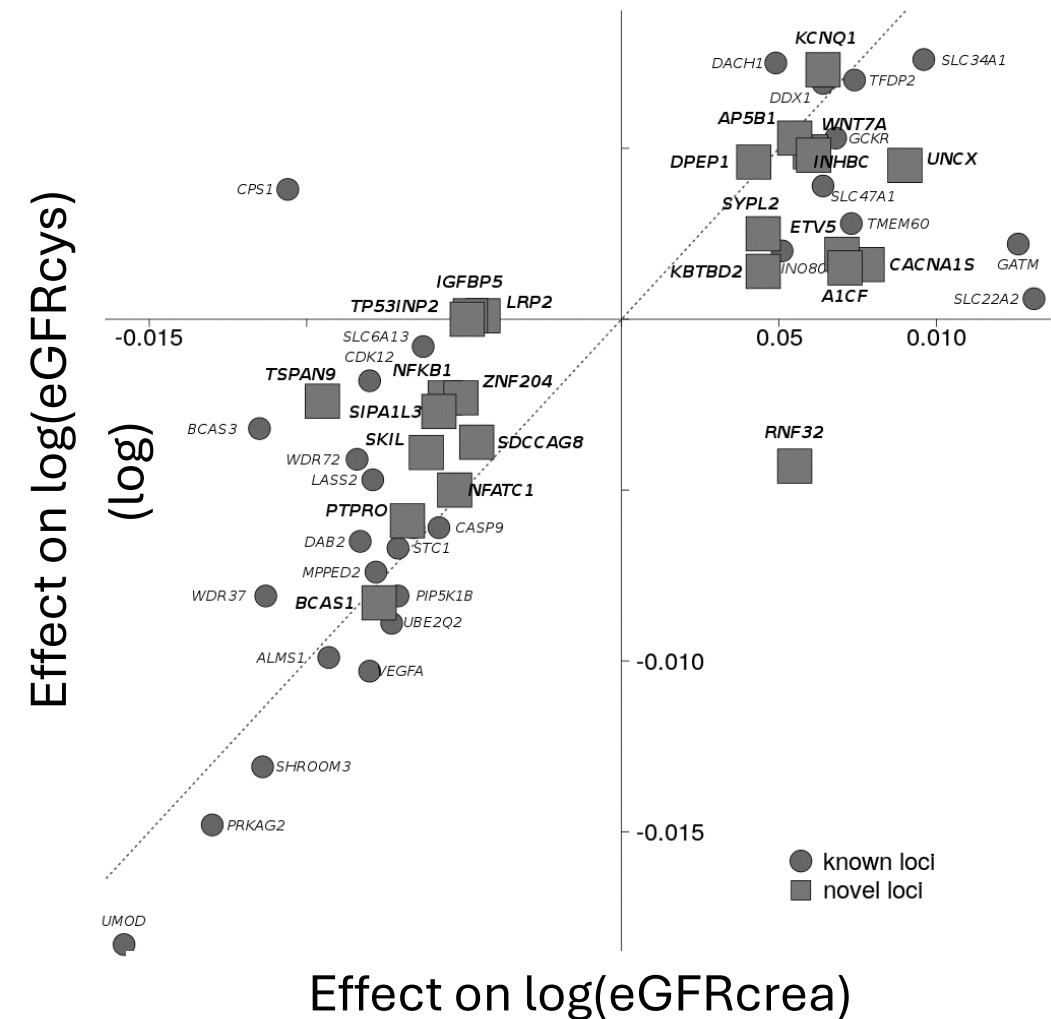
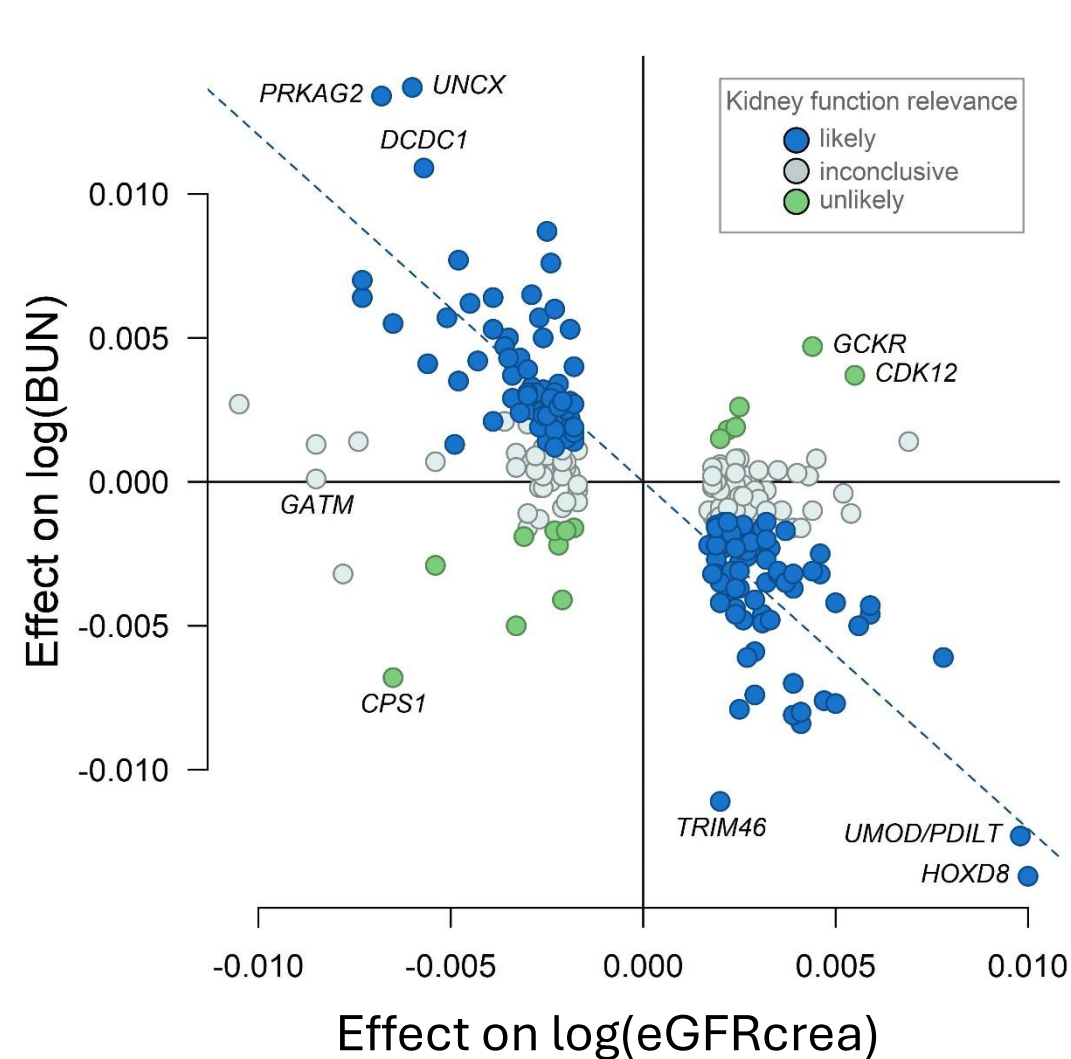
Matthias Wuttke, Yong Li, [...] Cristian Pattaro

Nature Genetics 51, 957–972(2019) | Cite this article

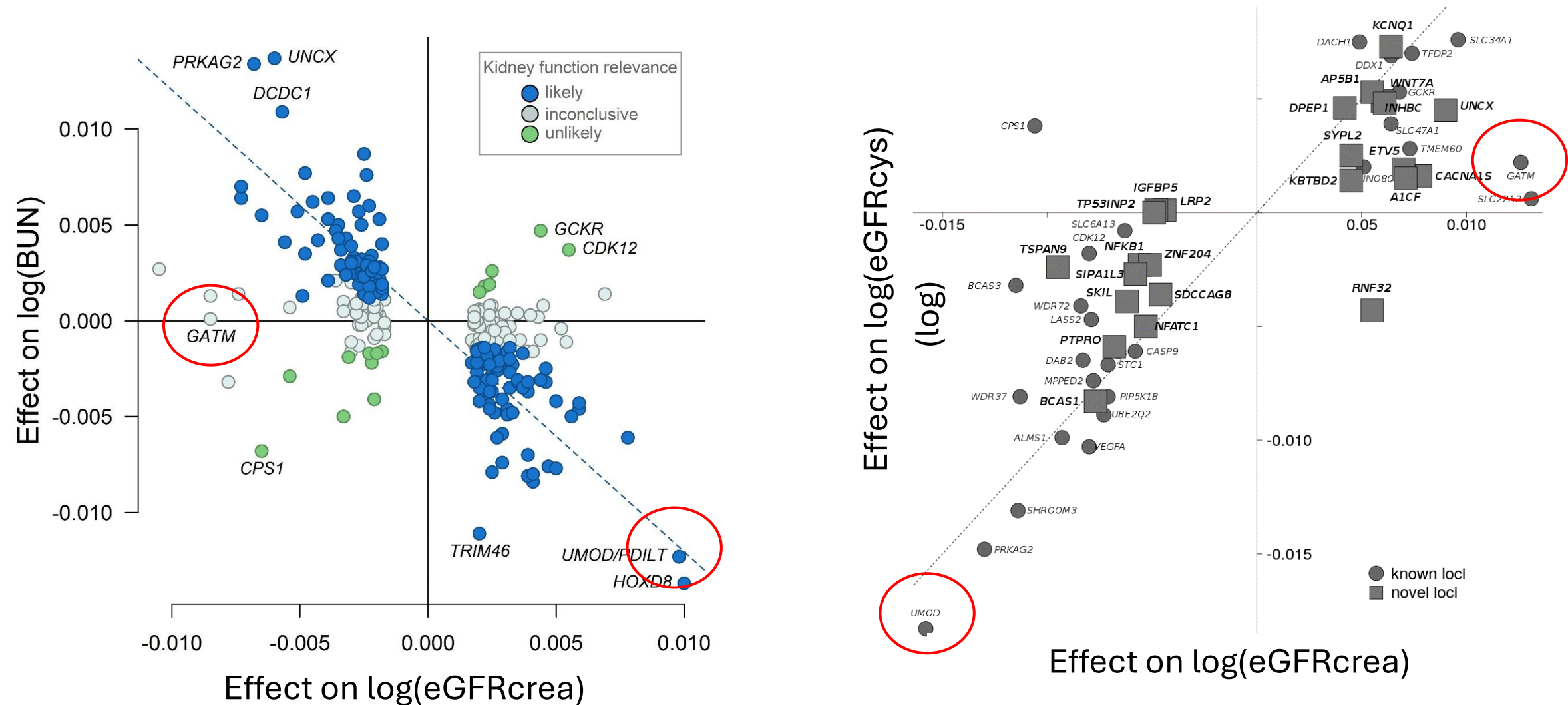


Matthias Wuttke  
University of Freiburg

# Agreement between alternative markers



# Agreement between alternative markers



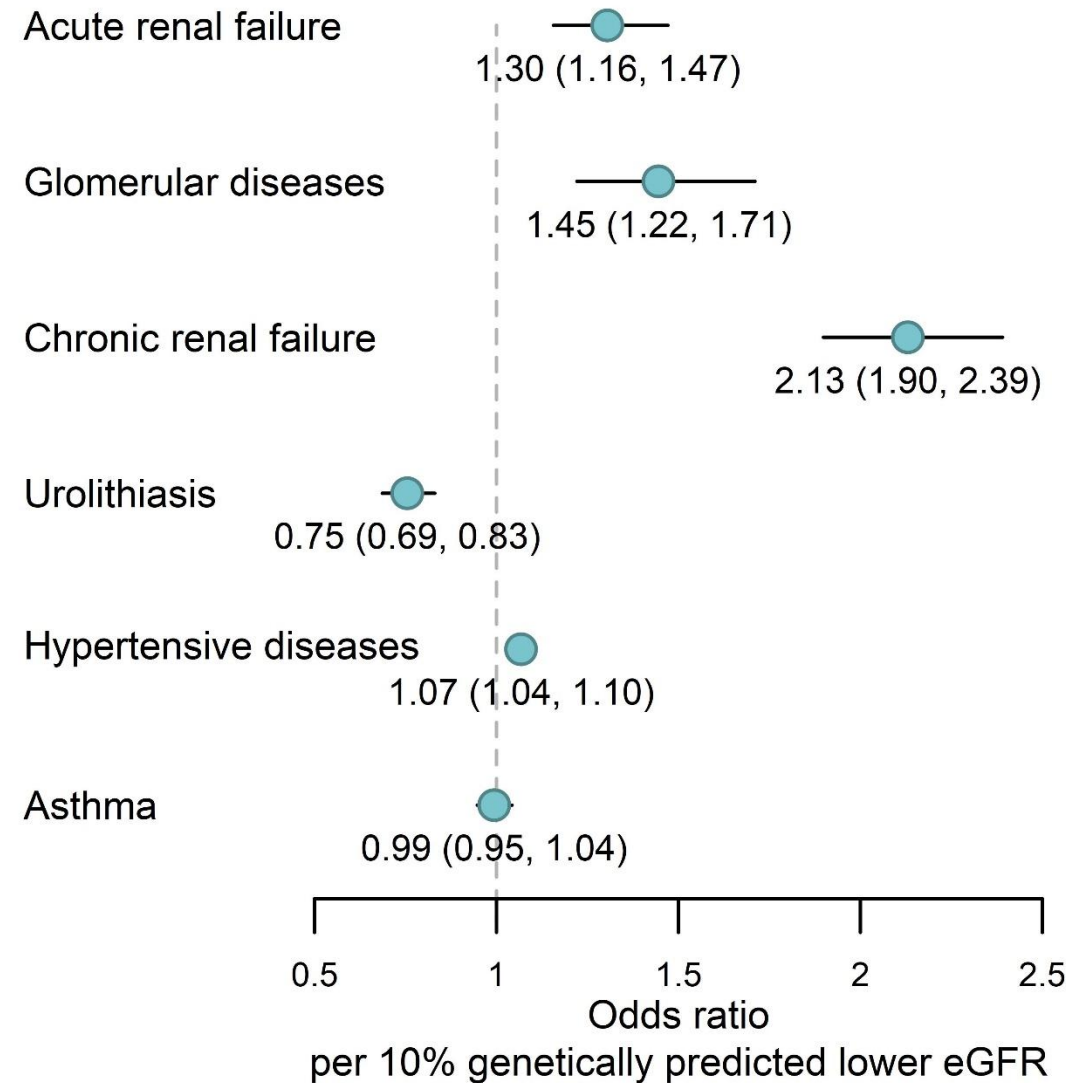


# Polygenic score for eGFR & BUN

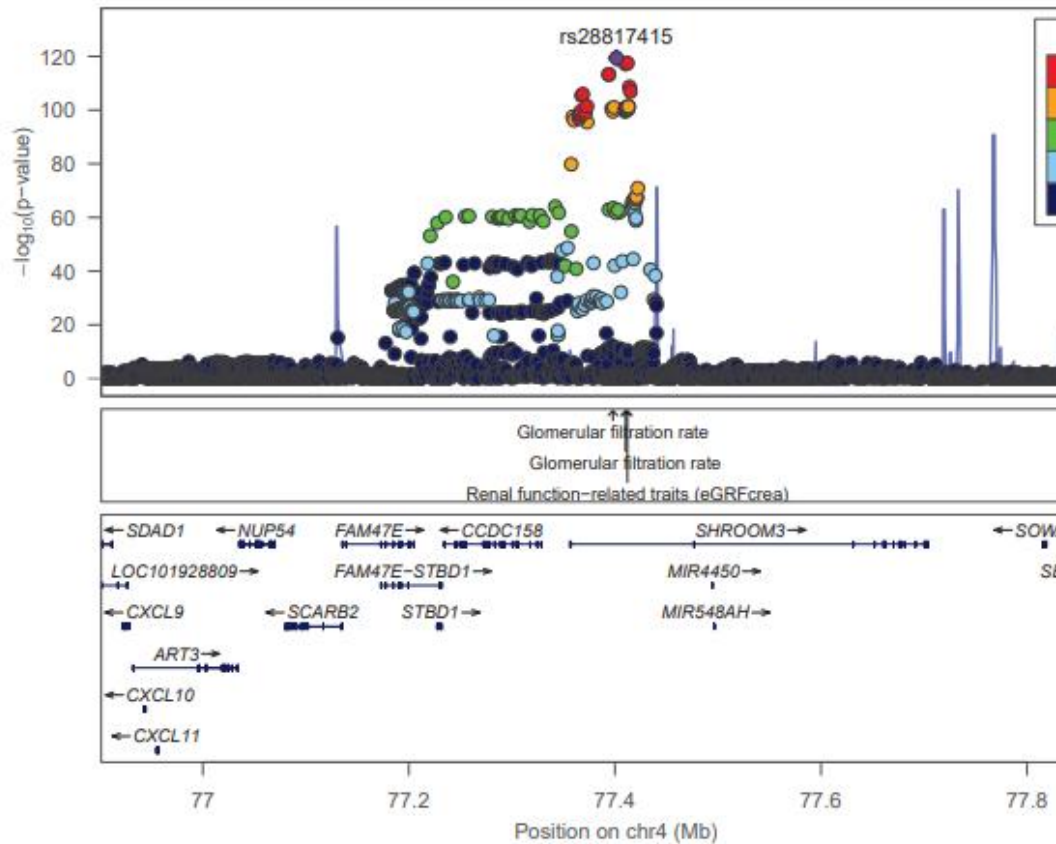
applied to ICD10 kidney-related outcomes from the UK Biobank (N=452,264)

PGS based on **147 SNPs associated with eGFR<sub>crea</sub> and with BUN** in a direction-consistent manner

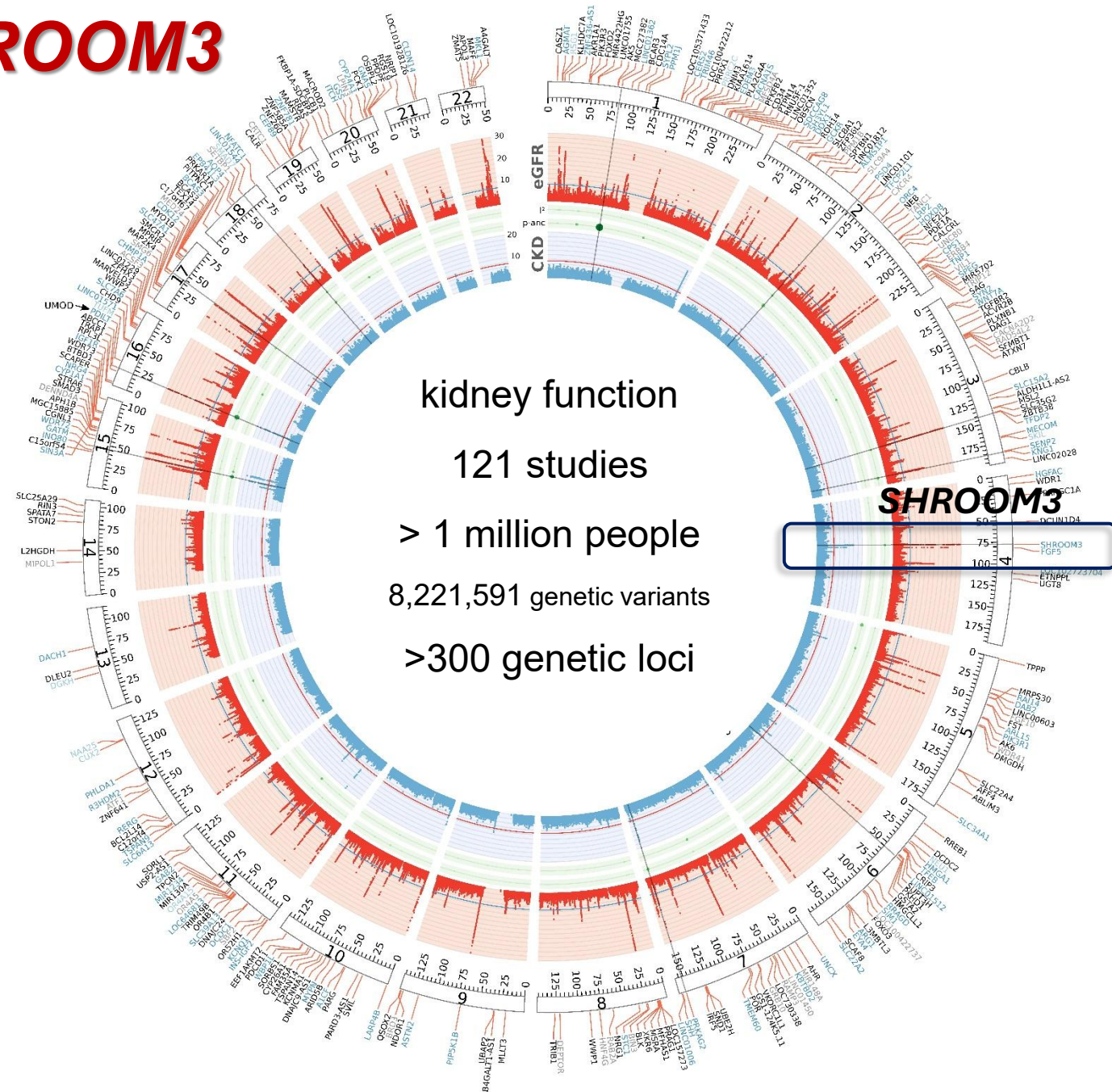
better than PGS based on 246 SNPs associated with eGFR<sub>crea</sub>, unfiltered for BUN support



# From GWAS to function: **SHROOM3**



actin-binding protein involved in cell  
shape, neural tube formation,  
and epithelial morphogenesis





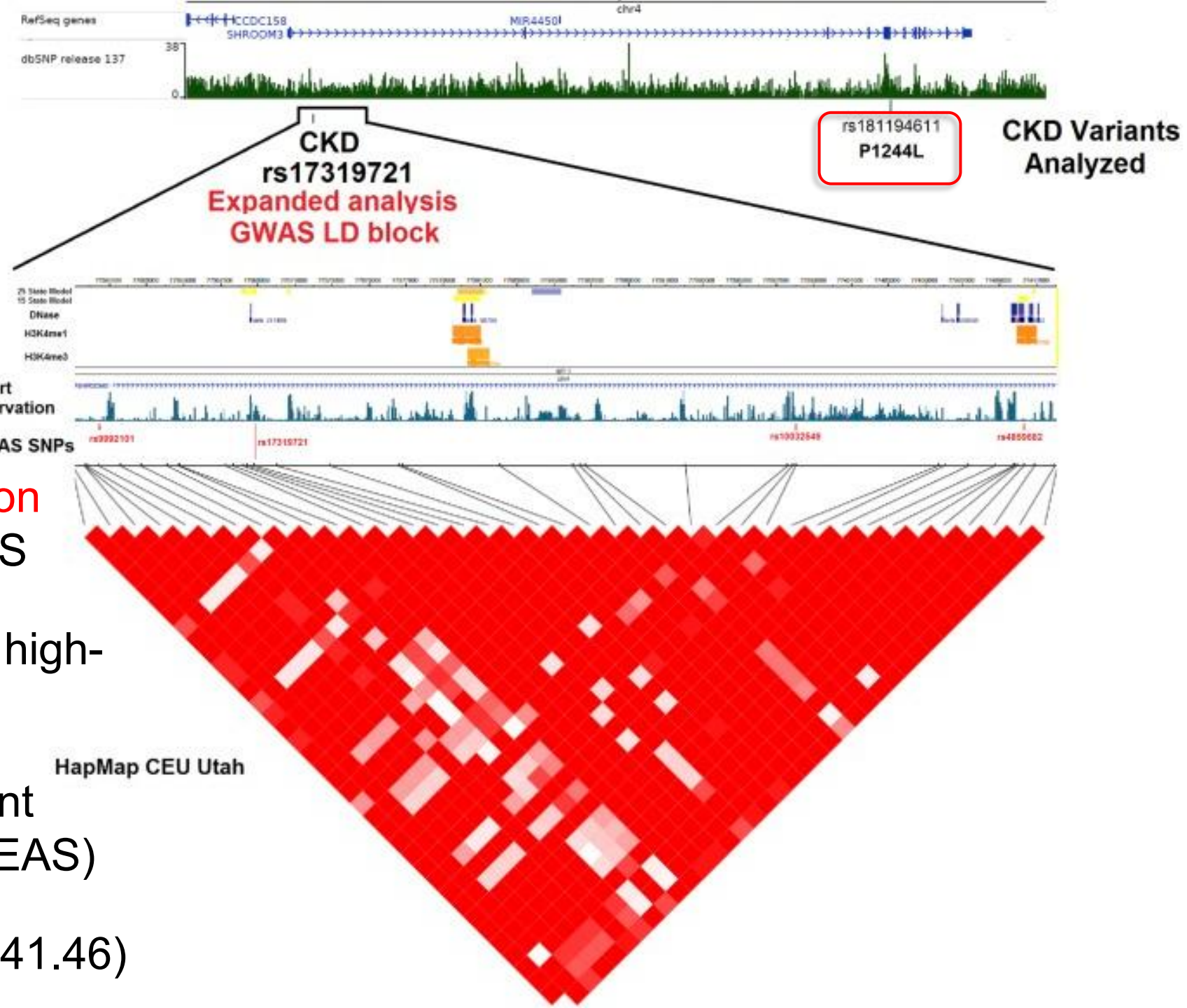
# Characterization of Coding/Noncoding Variants for SHROOM3 in Patients with CKD.

Prokop JW<sup>1</sup>, Yeo NC<sup>2</sup>, Ottmann C<sup>3</sup>, Chhetri SB<sup>4</sup>, Florus KL<sup>4</sup>, Ross EJ<sup>4</sup>, Sosonkina N<sup>4</sup>, Link BA<sup>5</sup>, Freedman BI<sup>6</sup>, Coppola CJ<sup>7</sup>, McDermott-Roe C<sup>8</sup>, Leysen S<sup>3</sup>, Milroy LG<sup>3</sup>, Meijer FA<sup>3</sup>, Geurts AM<sup>8</sup>, Rauscher FJ 3rd<sup>9</sup>, Ramaker R<sup>4</sup>, Flister MJ<sup>8</sup>, Jacob HJ<sup>4</sup>, Mendenhall EM<sup>4</sup> ... [Show all 21] ... Lazar J<sup>1</sup>

[Author information](#)

Journal of the American Society of Nephrology : JASN, 23 Feb 2018, 29(5):1525-1535

- In *SHROOM3*, the **common variant** identified by GWAS
- ...is in **LD** with 35 nearby high-effects variants
- ...and a rare coding variant **P1244L** (MAF=0.0027 in EAS)
- OR for CKD = 7.95 (1.53-41.46)



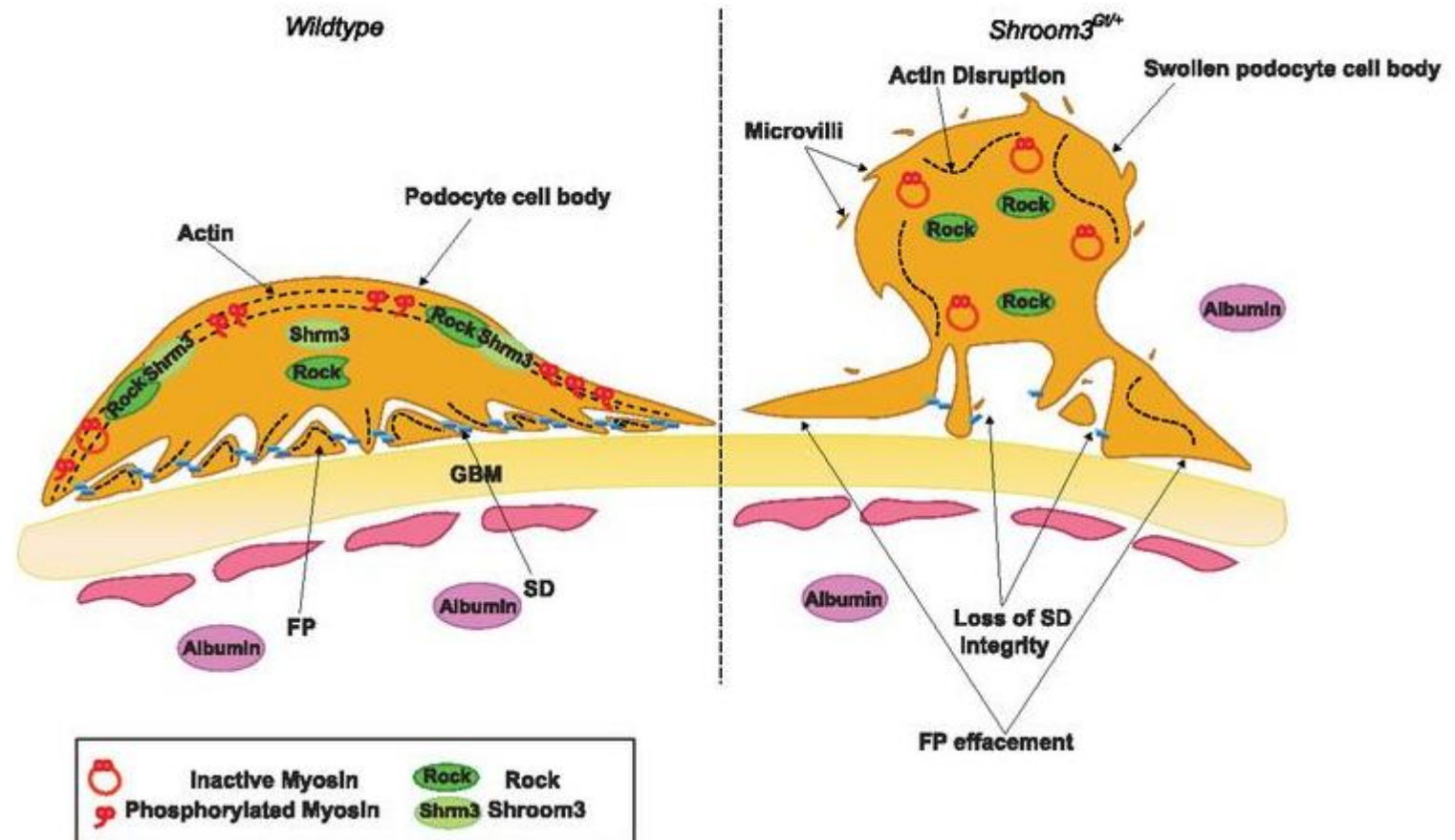


# In Fawn Hooded Hypertensive rats, missense variants within Shroom3 **affects normal maintenance of kidney glomerular filtration**

Yeo NC et al (2015). *Genome Res* **25**: 57–65

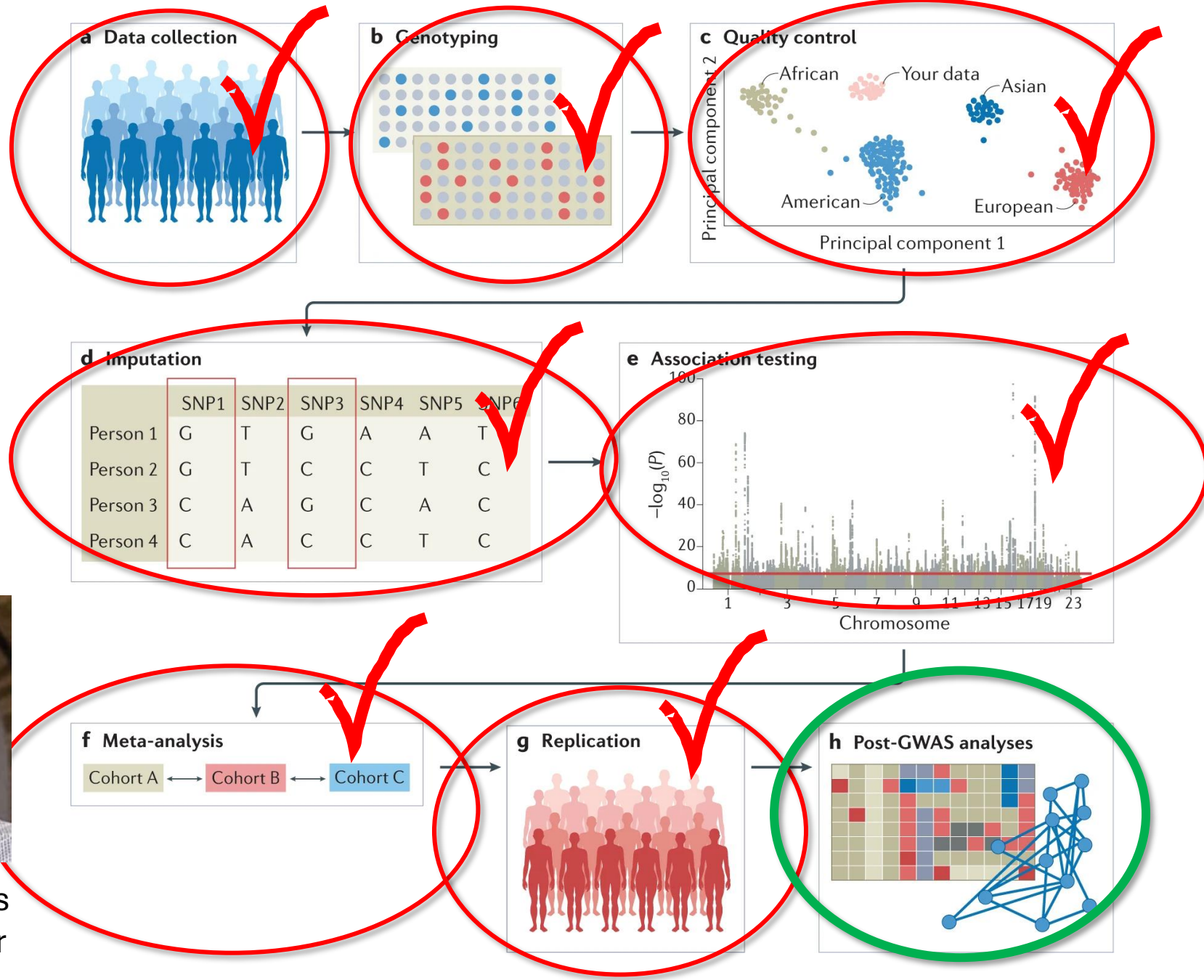
In mice, genetic deletion of Shroom3 affects **glomerular function and maintenance of proper podocyte morphology**, with alterations of apically distributed actin.

Khalili H, et al (2016) *JASN* **27**: 2965–73



## Take home messages

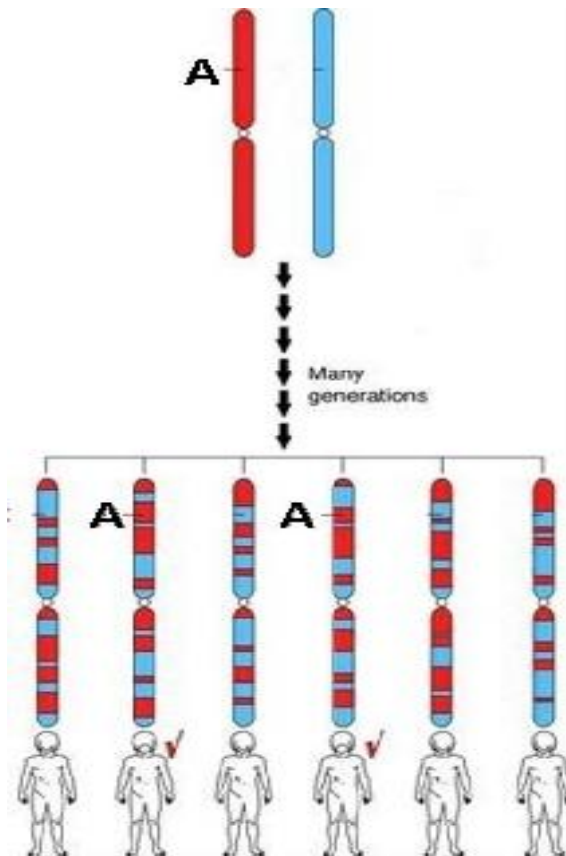
1. GWAS assess association with any trait over imputed SNPs
2. GWAS is the first step of genomic characterization
3. Quality controls are essential
4. While GWAS bring interesting results, digging into causal mechanisms requires further downstream analyses



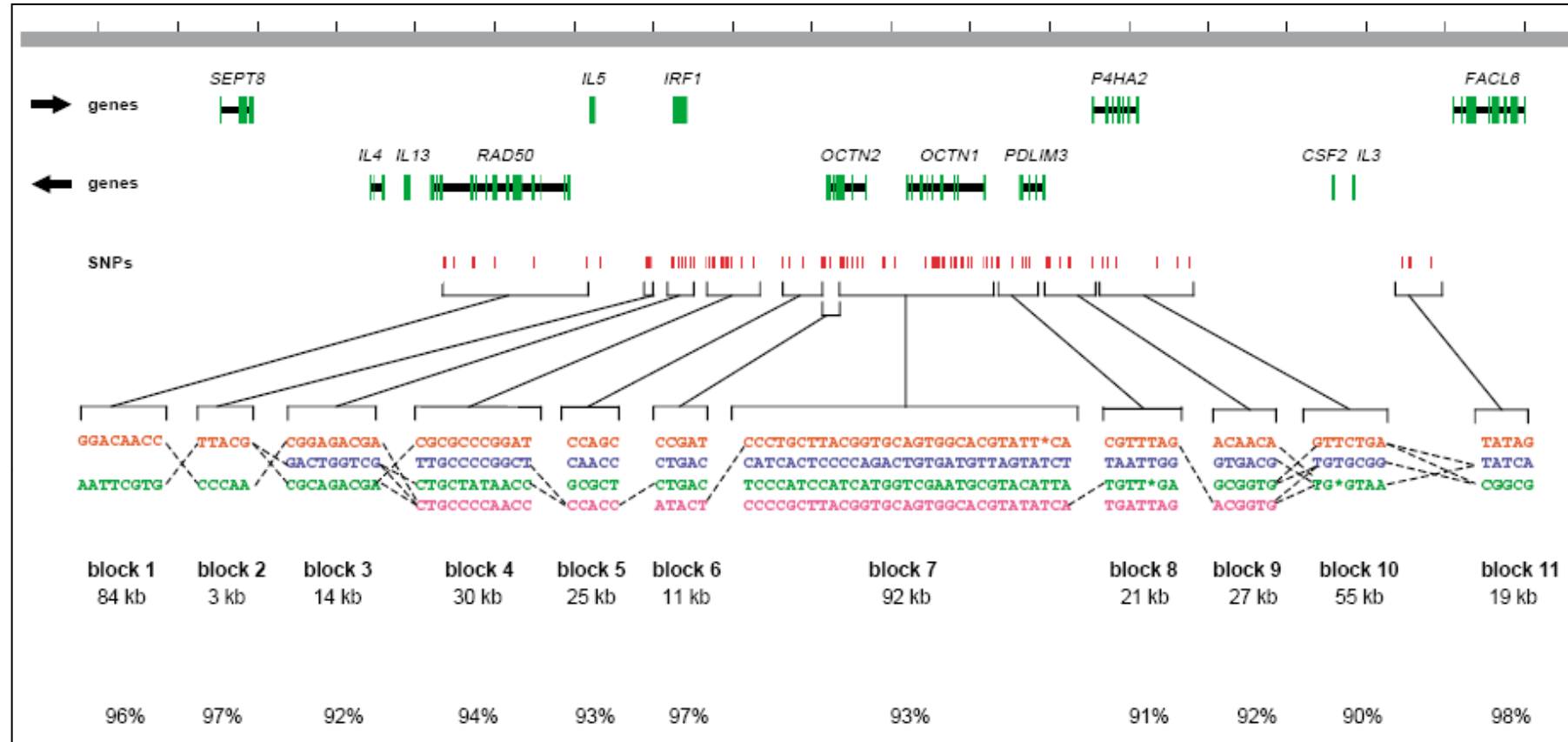
Andrew Morris  
U Manchester

**BACKUP**

## The Origins of Haplotypes



# Haplotypes: block-like distribution on the genome



Daly et al., Nature Genetics 29, 2001

When typing large numbers of SNPs within small genomic regions, it is commonly found that there is rather **little haplotype diversity**.

The observed haplotypes fall into rather few major groups with only minor differences between haplotypes within groups. Haplotype diversity within the region can be captured by a much smaller subset of variants

11740k 11750k 11760k 11770k 11780k 11790k 11800k 11810k 11820k 11830k 11840k 11850k 11860k 11870k

Entrez genes

NM\_005957

MTHFR: 5,10-methylenetetrahydrofolate reductase

NM\_006172

NPPA: natriuretic peptide precursor A

NM\_001286

CLCN6: chloride channel 6 isoform C1C-6a

NM\_002521

NPPB: natriuretic peptide precursor B prepropeptide

NM\_021735

CLCN6: chloride channel 6 isoform C1C-6b

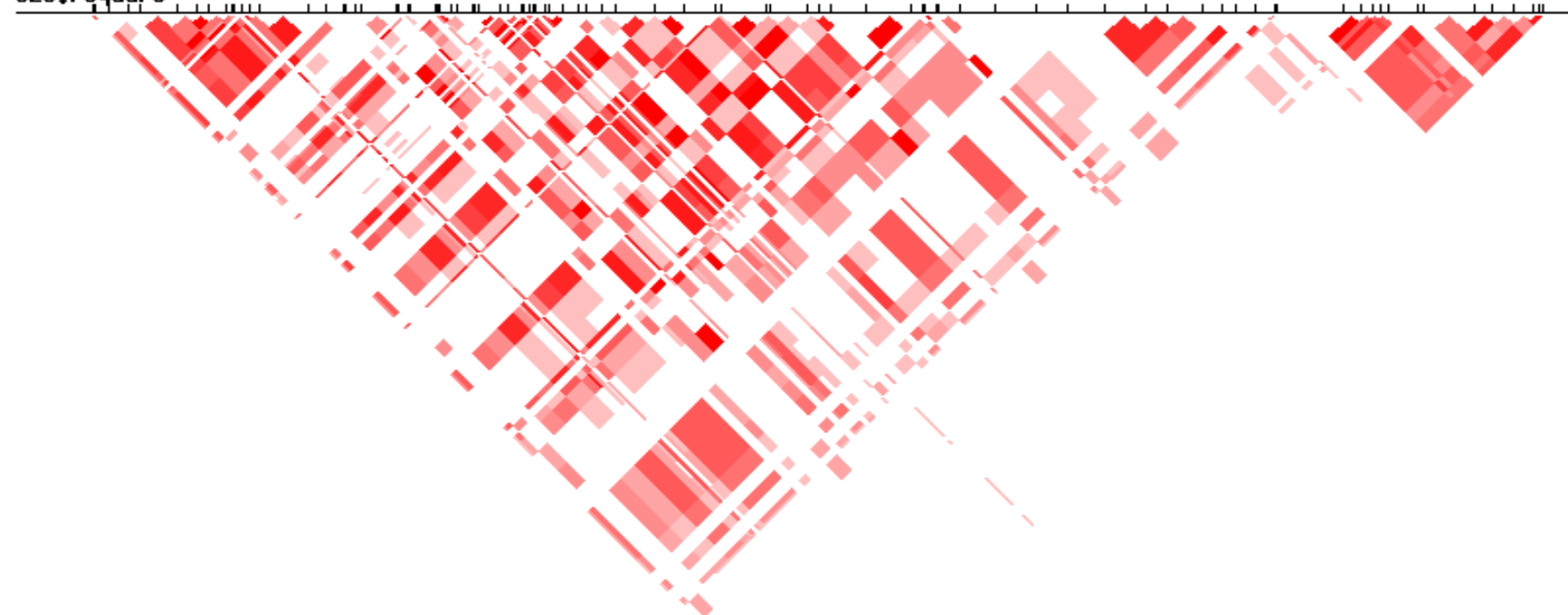
NM\_021736

CLCN6: chloride channel 6 isoform C1C-6c

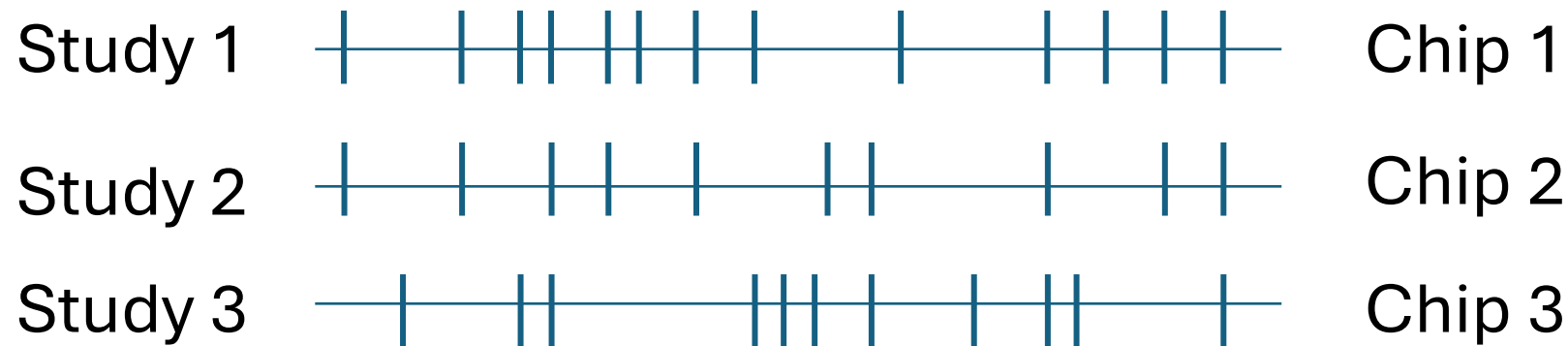
NM\_021737

CLCN6: chloride channel 6 isoform C1C-6d

CEU:rsquare



# Genotype imputation



Suppose to have 3 studies using 3 different genotyping arrays: different no. of markers, different locations





# Genotype imputation

- Based on complex probabilistic methods
- Produces very reliable estimates of the true genotypes for most of the common SNPs (MAF > 0.5%)
- Has enable to expand SNP-chips with only ~300,000-1 Million SNPs to 10 Million imputed SNPs, when using the 1000 Genomes as reference panel
- Limited value for rare variants (MAF < 0.5%)

# **RISK OF POPULATION STRATIFICATION**

## Population no. 1

$$p = 0.8, q = 0.2$$

$$p(D+) = 0.03$$

genotypes are distributed  
according to HWE

	AA	Aa	aa	
D-	1862	931	116	2910
D+	58	29	4	90
	1920	960	120	3000

Chi-square test (2 df) → p-value = 1  
no association

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## Population no. 2

$$p = 0.6, q = 0.4$$

$$p(D+) = 0.08$$

genotypes are distributed  
according to HWE

	AA	Aa	aa	
D-	994	1325	442	2760
D+	86	115	38	240
	1080	1440	480	3000

Chi-square test (2 df) → p-value = 1  
no association

The two populations differ by

- SNP minor allele frequency
- Disease prevalence

If we mix such two groups, we create  
population stratification and the risk of  
spurious results

# Population 1 + 2

$p = 0.7$ ,  $q = 0.3$   
 $= 5.5\%$

$p(D+) = 330/6000$

	<b>AA</b>	<b>Aa</b>	<b>aa</b>	
<b>D-</b>	2856	2256	558	5670
<b>D+</b>	144	144	42	330
	3000	2400	600	6000

# Population 1 + 2

$$p = 0.7, q = 0.3$$

$$p(D+) = 300/6000 = 5.5\%$$

	<b>AA</b>	<b>Aa</b>	<b>aa</b>	
<b>D-</b>	2856	2256	558	5670
<b>D+</b>	144	144	42	330
	3000	2400	600	6000

**4.8%**

**6%**

**7%**

Chi-squared = 6.58 (2 df), P-value = 0.037

significant association

# Causes of population stratification:

1. Admixture of different ethnic groups or families
2. Batch effects → different genotype quality
3. Different genotyping platforms → different genotype quality



# Batch effects

*Differential genotype allocation by plate*

Plate 1



Lab conditions 1

Plate 2



Lab conditions 2

≠

# Batch effects

Plate 1



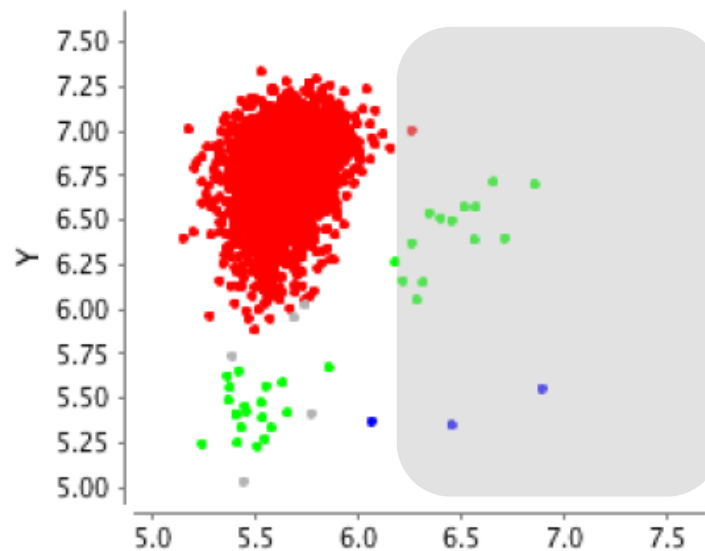
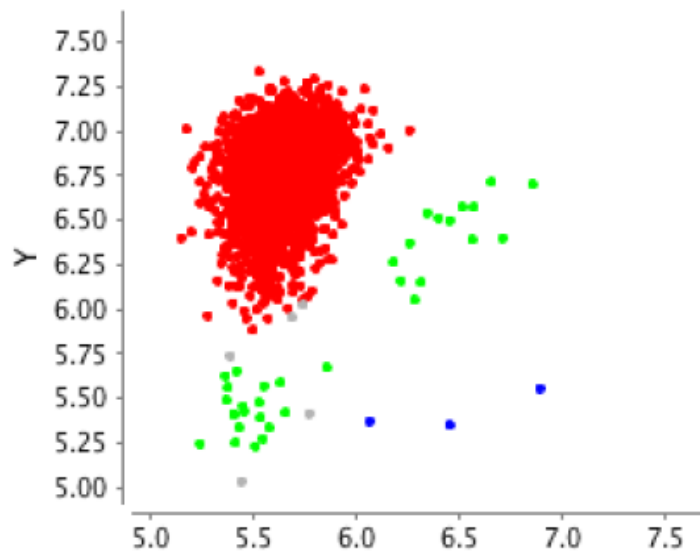
Plate 2



Lab conditions 1

≠

Lab conditions 2



# Batch effects

Plate 1



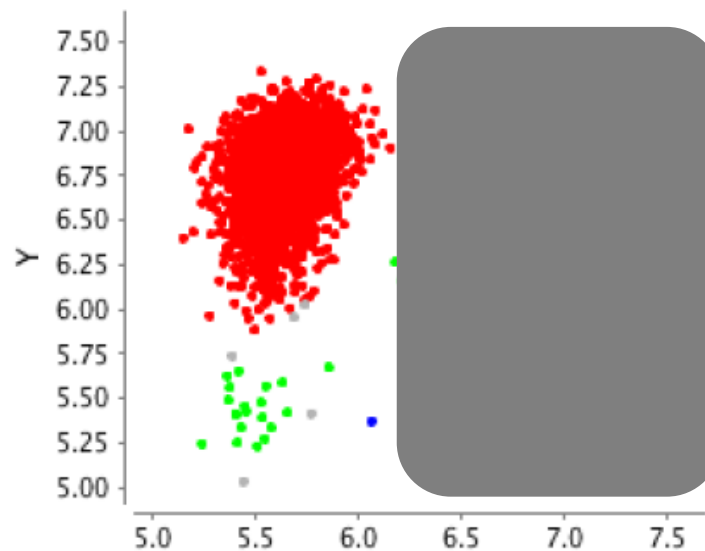
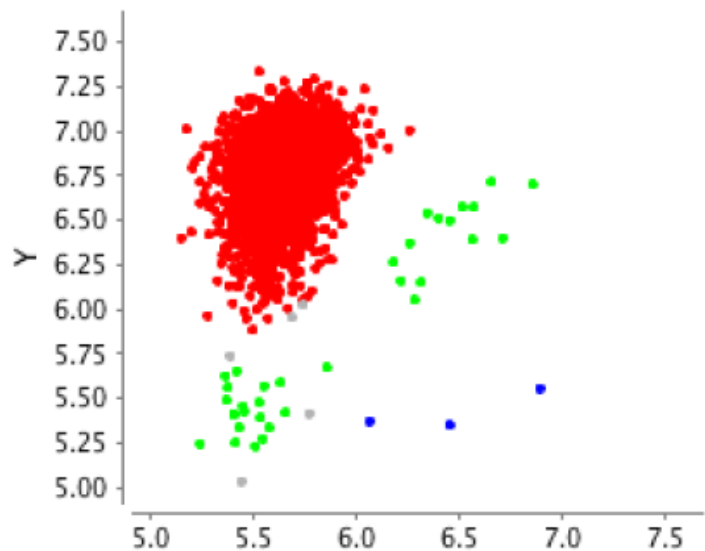
Plate 2



Lab conditions 1

≠

Lab conditions 2



Consequence: the same SNPs has different genotype frequency in the two plates

# Batch effects

*Differential case-control (phenotype)  
allocation by plate*

Plate 1



Proportion of affected  
and non affected  
individuals 1

Plate 2



$\neq$

Proportion of affected  
and non affected  
individuals 2

If

- Genotype allocation differs by plate
- Phenotype allocation differs by plate

high risk of false results

# Batch effects due to different genotyping platforms

Array 1

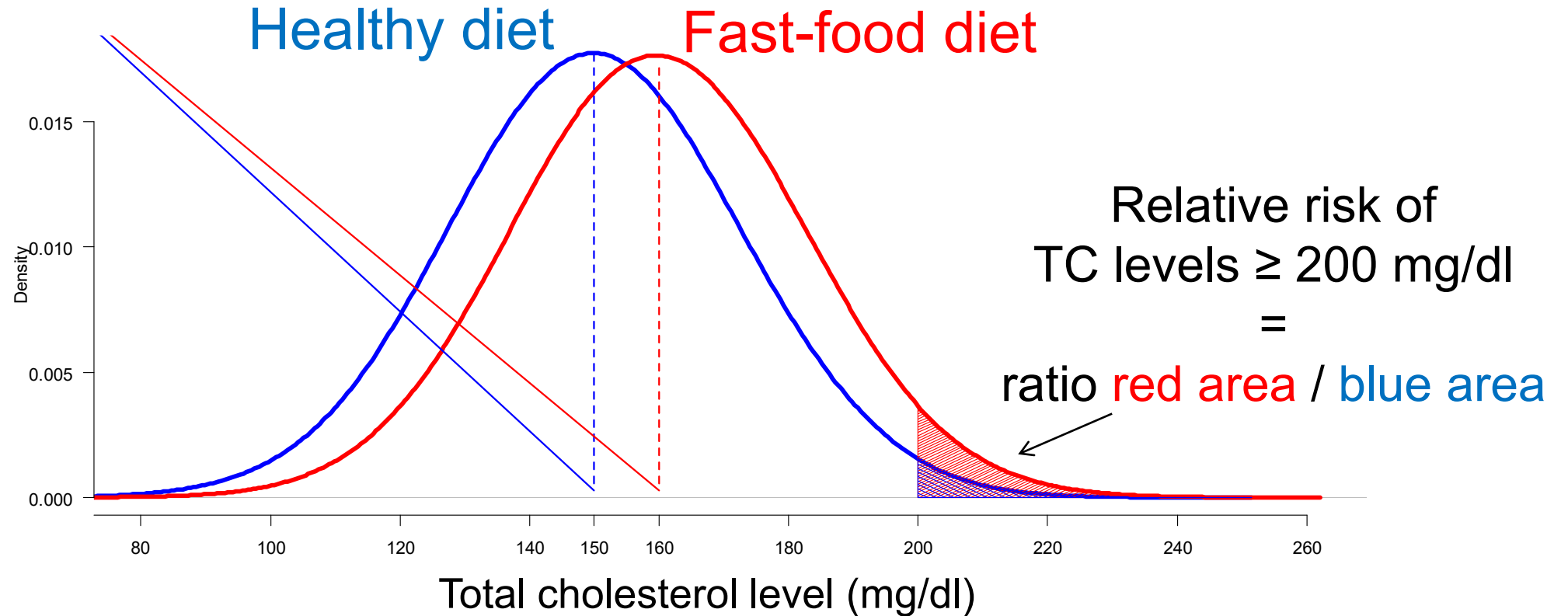


Array 2



Genotype frequency between the two chips might be different due to differential genotyping quality/error, implying different call rate or HWE results. Issues are more severe for SNPs with very low MAF

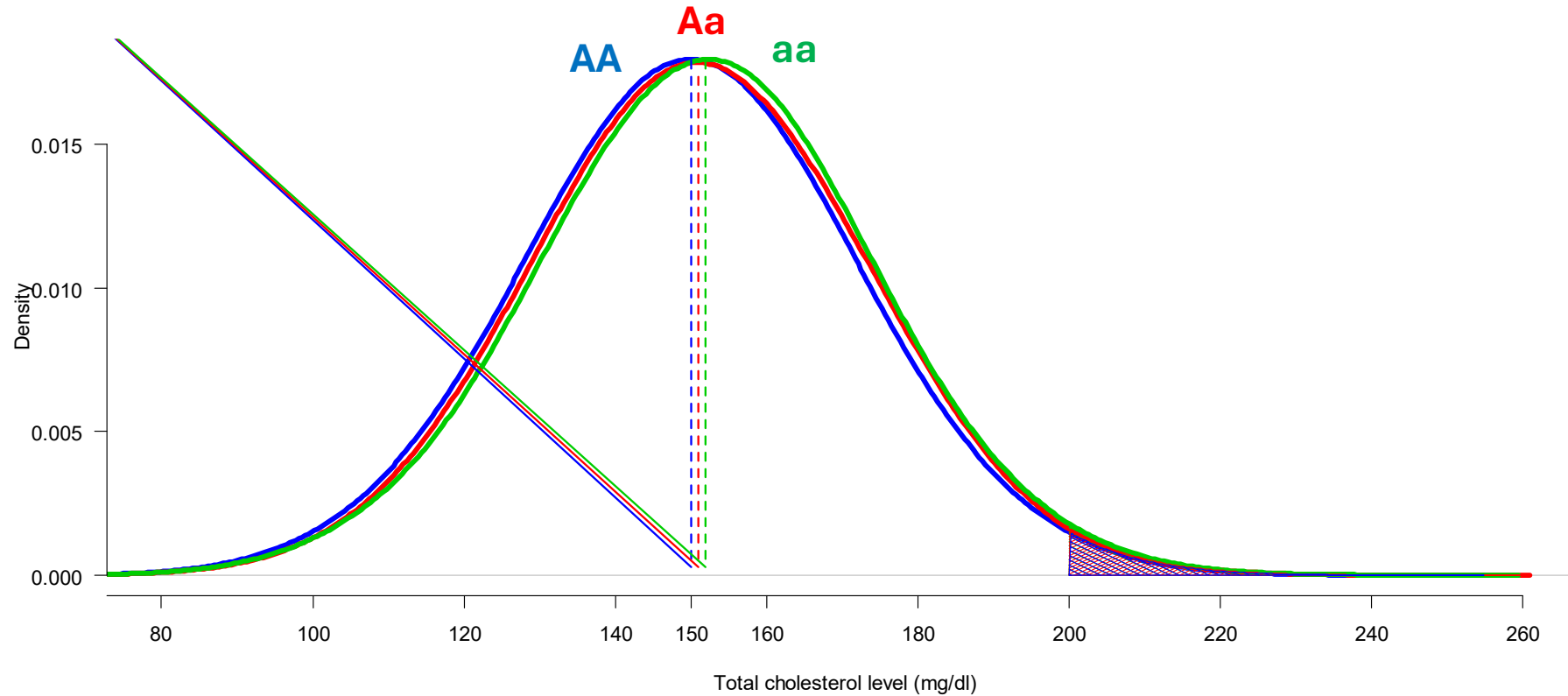
# A non-genetic risk factor increases the risk of disease



In clinical epidemiology, we are used to think that the presence of a risk factor corresponds to a substantially large difference of the mean phenotypic levels.

In the example, the mean cholesterol level would be 10 mg/dl larger in the „fast-food“ diet group compared to the other group.

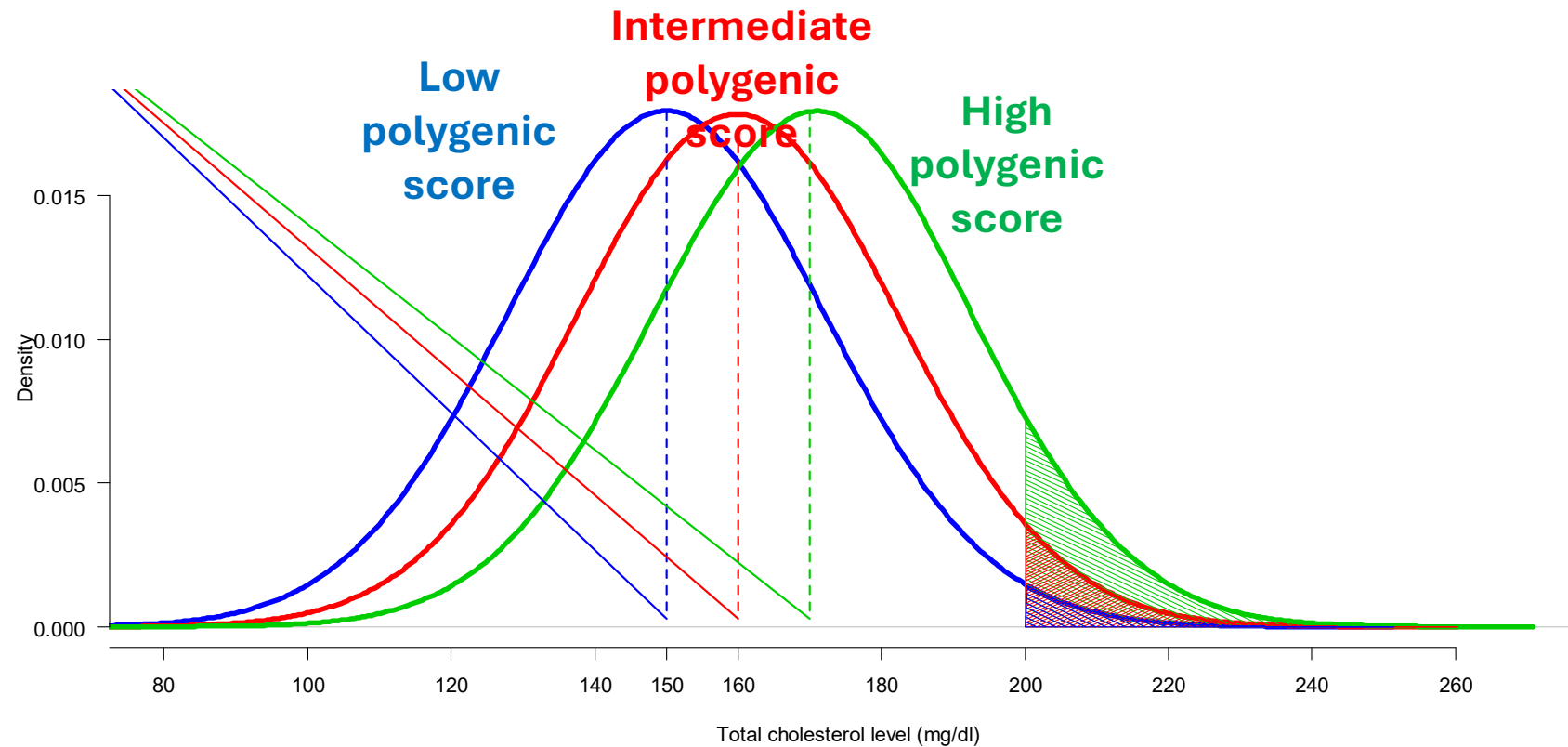
# A genetic risk factor increases the risk of disease



Association between a SNP and TC levels [***common variant effect on a complex trait***], assuming an additive genetic model



# Sum of genetic risk factors increases the risk of disease



Polygenic effect on a complex disease or trait (TC levels)

## On the genetic basis of predominately environmental diseases

- ✓ **Primary prevention**, aimed at removing environmental exposures, is certainly the most effective way to tackle complex diseases (public health)
- ✓ Measuring the **genetic background** helps
  - identify more precise biomarkers
  - identify molecular targets → developing new or more effective treatments
  - stratification of individual susceptibility (risk)
  - identify cases of direct genetic origin

