

Running GWAS

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Johannesburg, 28 January 2026

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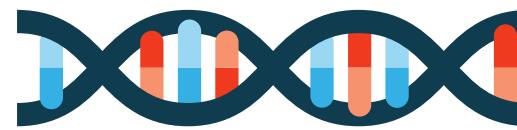
Andrew Morris
U Manchester



SINGLE NUCLEOTIDE POLYMORPHISMS (SNPs)

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

A



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

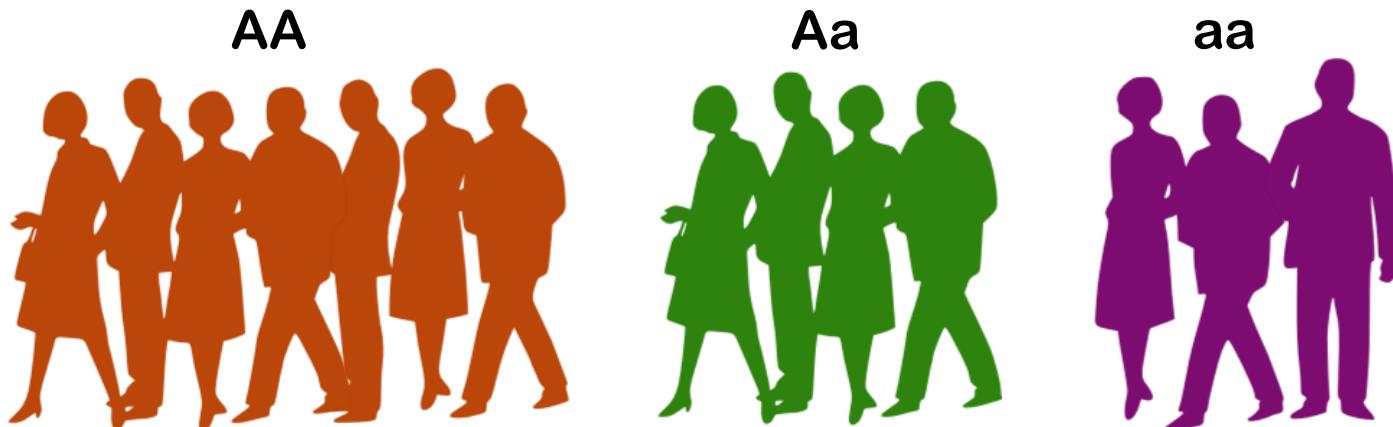
C



a

eg: 60% of circulating genomes

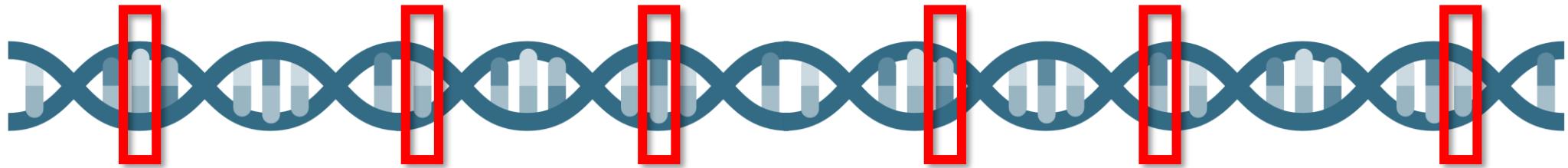
eg: 40% of circulating genomes



Consider a sample of N study participants

In each participant

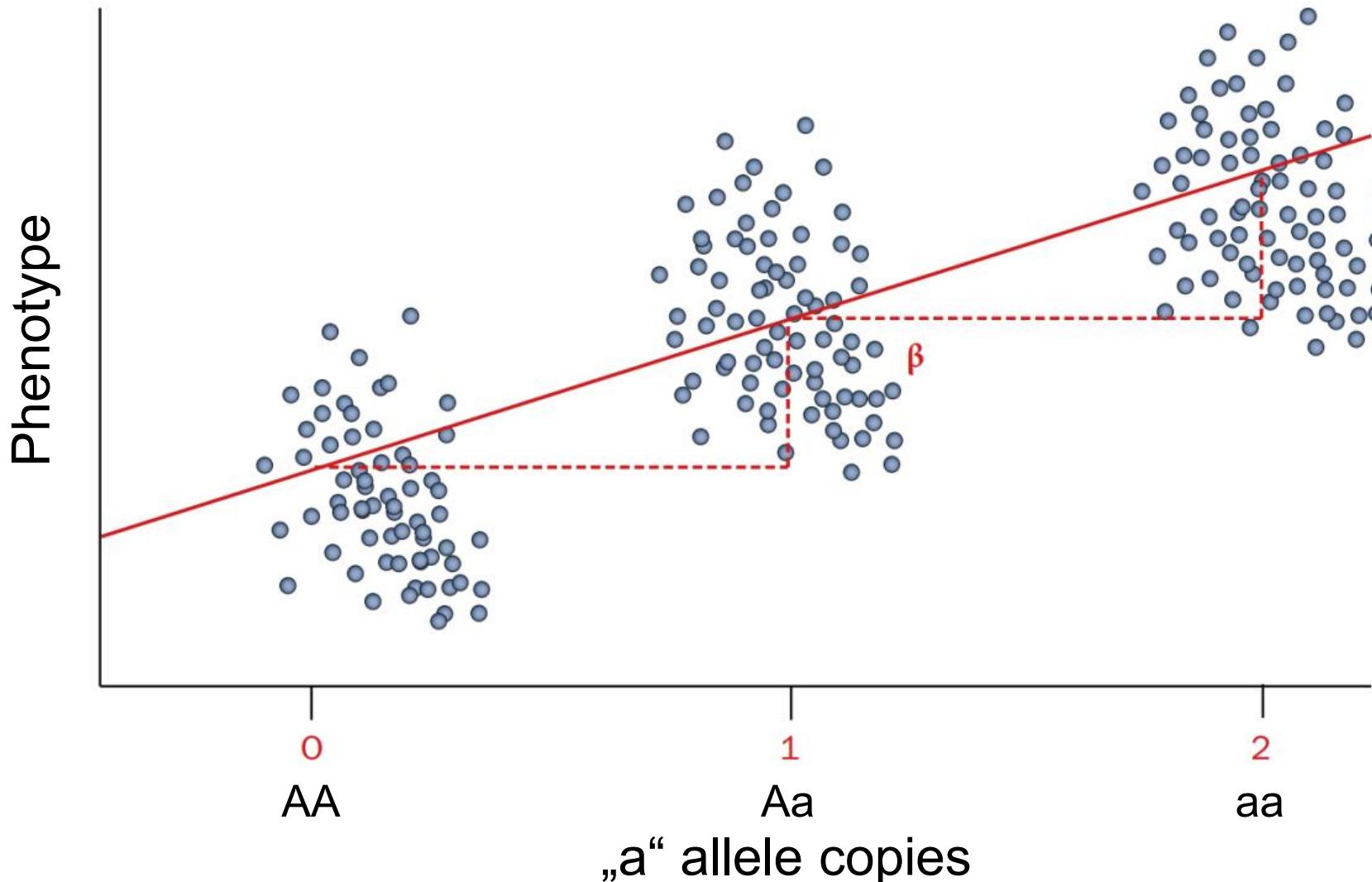
- we measured a **quantitative trait or diagnosed a disease of interest**
- we **genotyped a few million SNPs**



- 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:

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

$i = 1..some\ millions$

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

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

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

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

$$y = \beta_i SNP_i + \epsilon$$

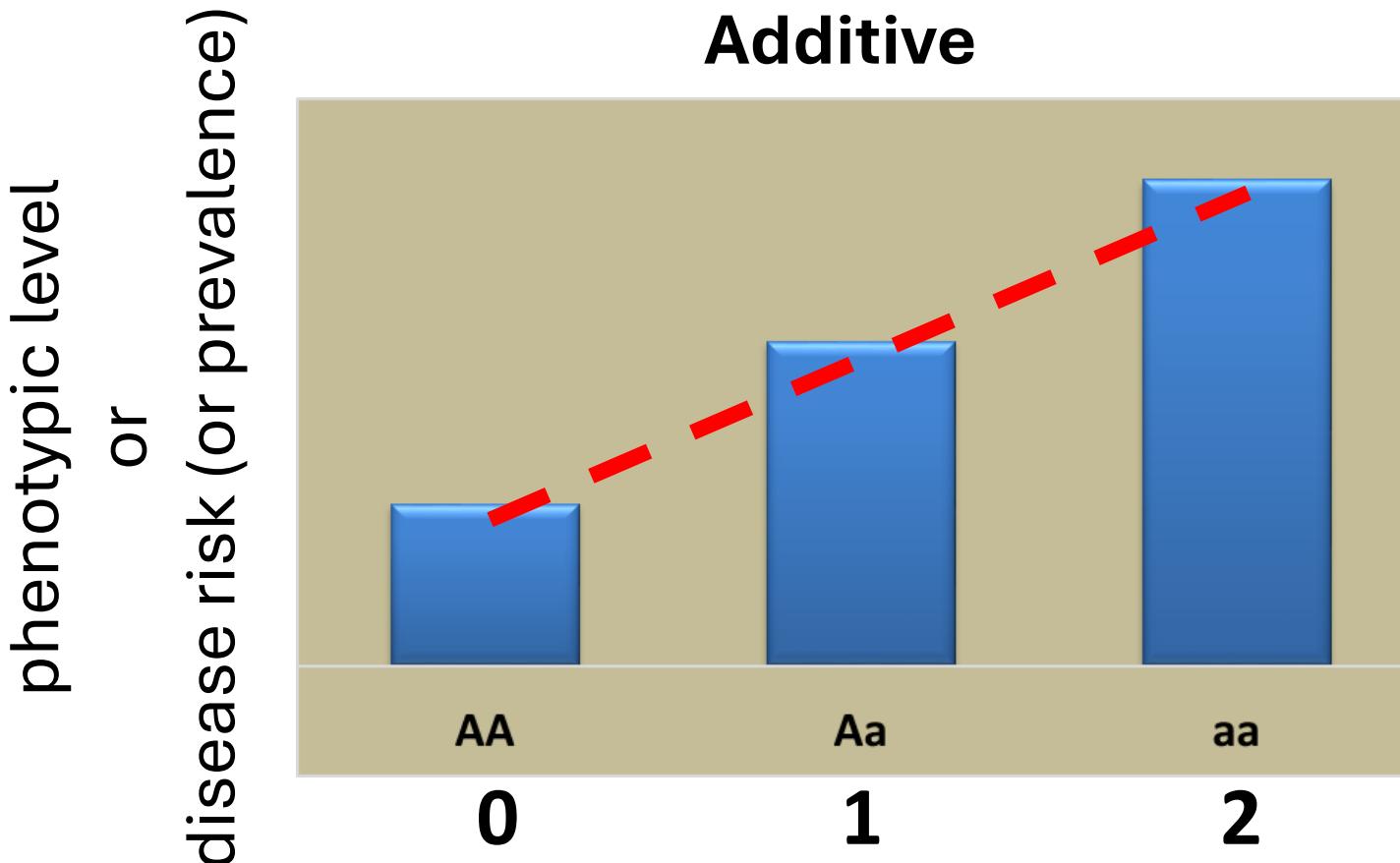
$i = 1..some\ millions$

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

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

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

Genetic models

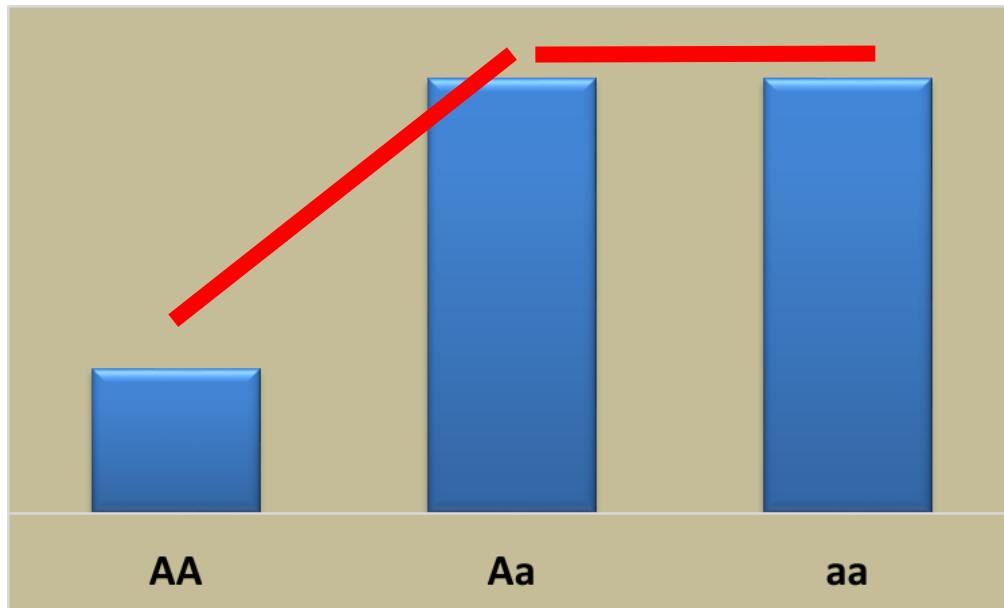


The phenotypic level* is increased proportionally
for each copy of the risk allele (dose effect)

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

Genetic models

Dominant



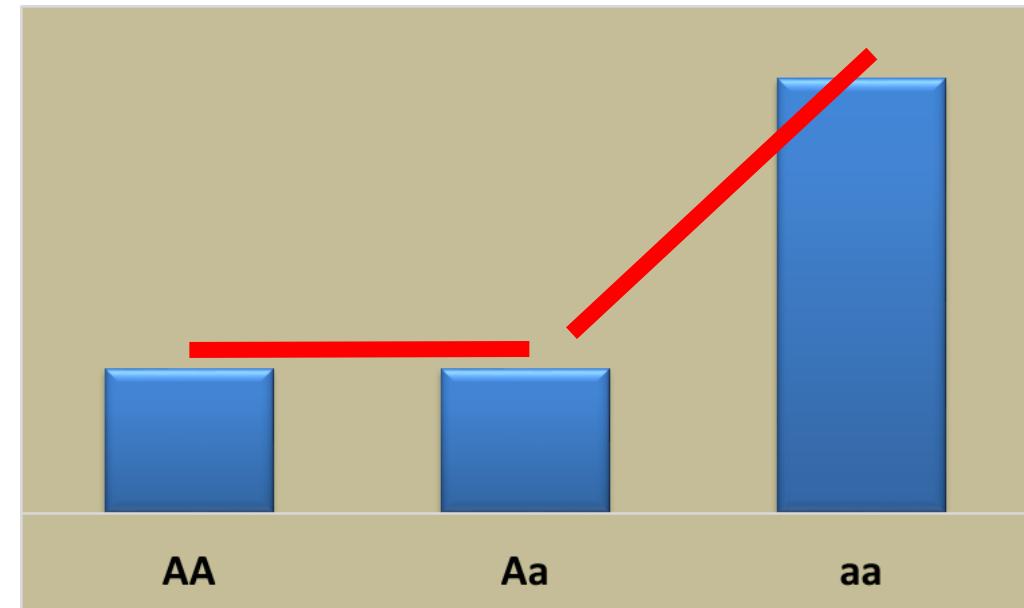
0

1

0

1

Recessive



0

1

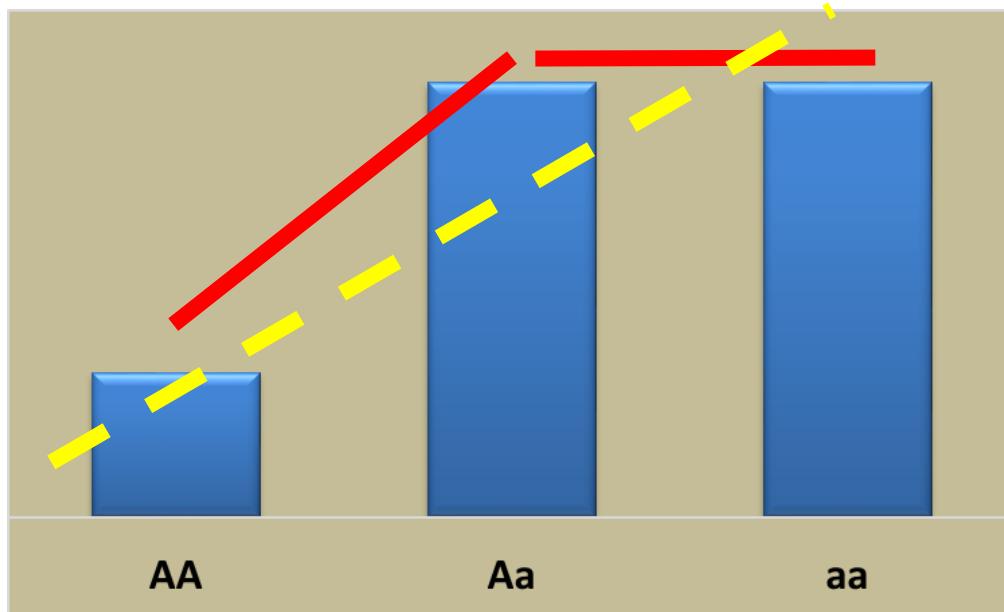


0

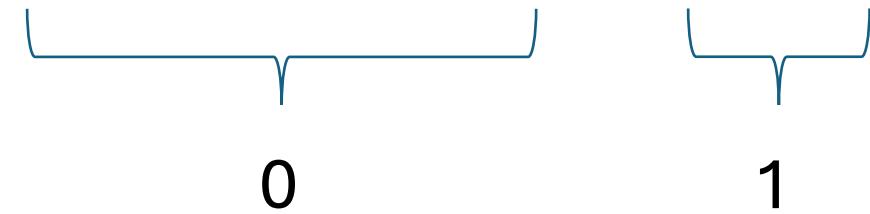
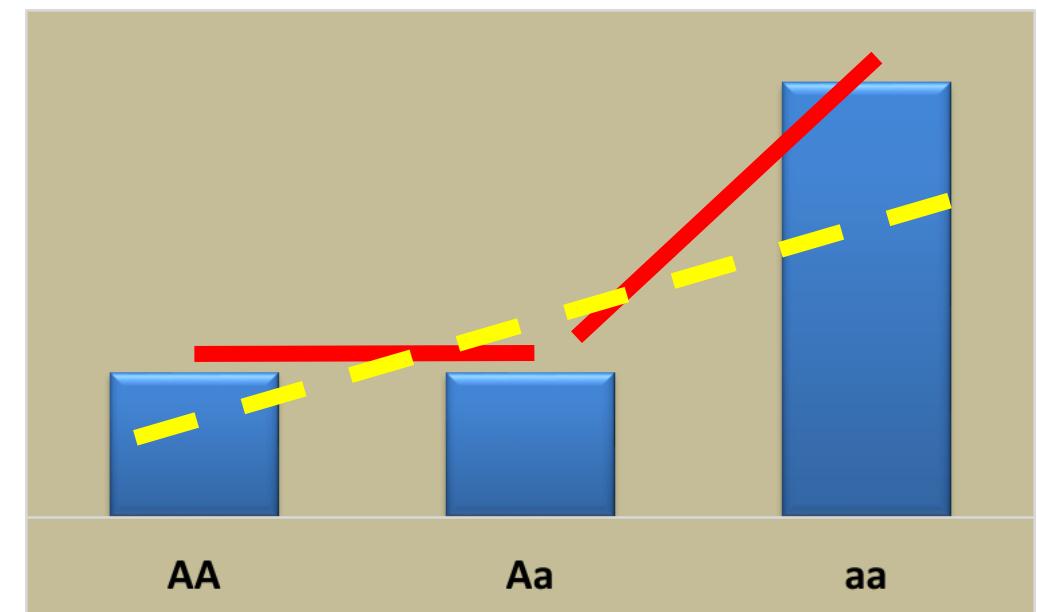
1

Genetic models

Dominant



Recessive



Binary traits → logistic regression model

$$\text{logit}(p) = \beta_0 + \beta_i SNP_i + \varepsilon$$

$i = 1.. \text{some millions}$

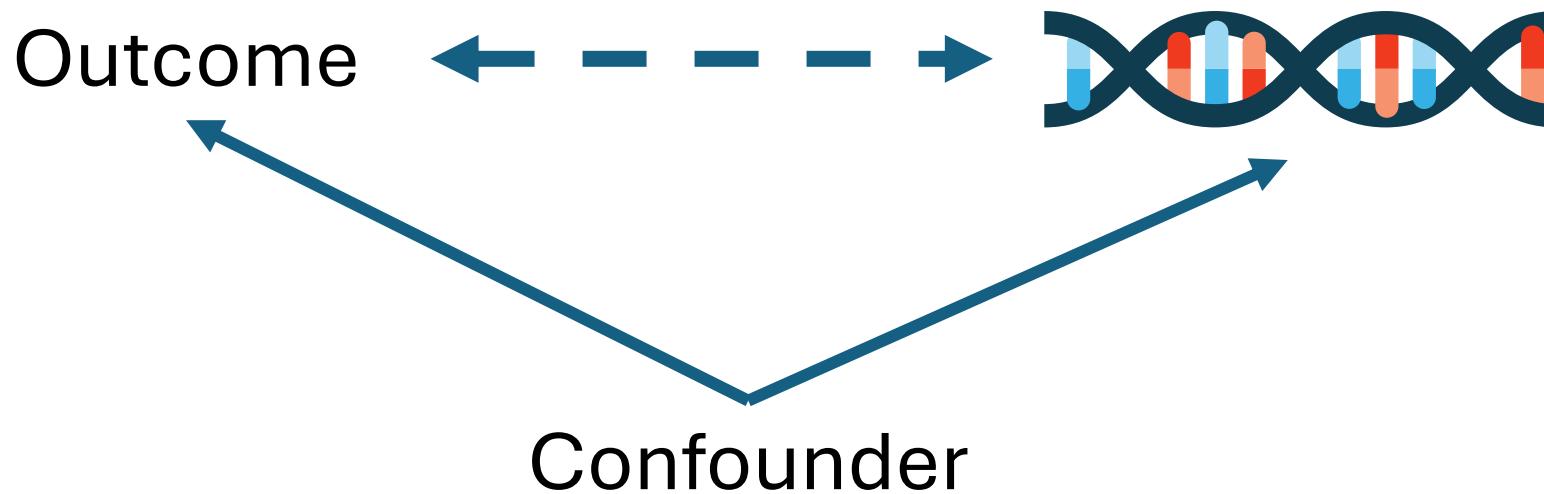
$p = \Pr(\text{disease})$

$\varepsilon \sim \text{binomial}$

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

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

Confounding



recruitment center

genotyping batch (batch effect)

between-individual relatedness

population stratification...

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

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

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

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

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

K = relatedness matrix,
estimated from genetic data
(pairwise coefficients of
„distance“ between
individuals), usually K_{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

PLINK/PLINK2 (ref. ²⁰)	Most widely known tool for conducting genetic associations
SNPTEST ²⁶⁰	Genetic association testing; works well with IMPUTE2
GEMMA ⁵⁵	Genetic association testing based on linear mixed models
SAIGE ³⁵	Genetic association for binary phenotypes; analyses very large samples ($N > 100,000$)
BOLT-LMM ²⁶¹	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)
REGENIE ⁵⁶	Genetic association testing; analyses very large samples ($N > 100,000$); can assess multiple phenotypes at once; fast and memory efficient
BGENIE ⁷⁶	Genetic association for continuous phenotypes; analyses very large samples ($N > 100,000$); custom-made for the UK Biobank BGENv1.2 file format
fastGWA ³⁷	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

#	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...

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

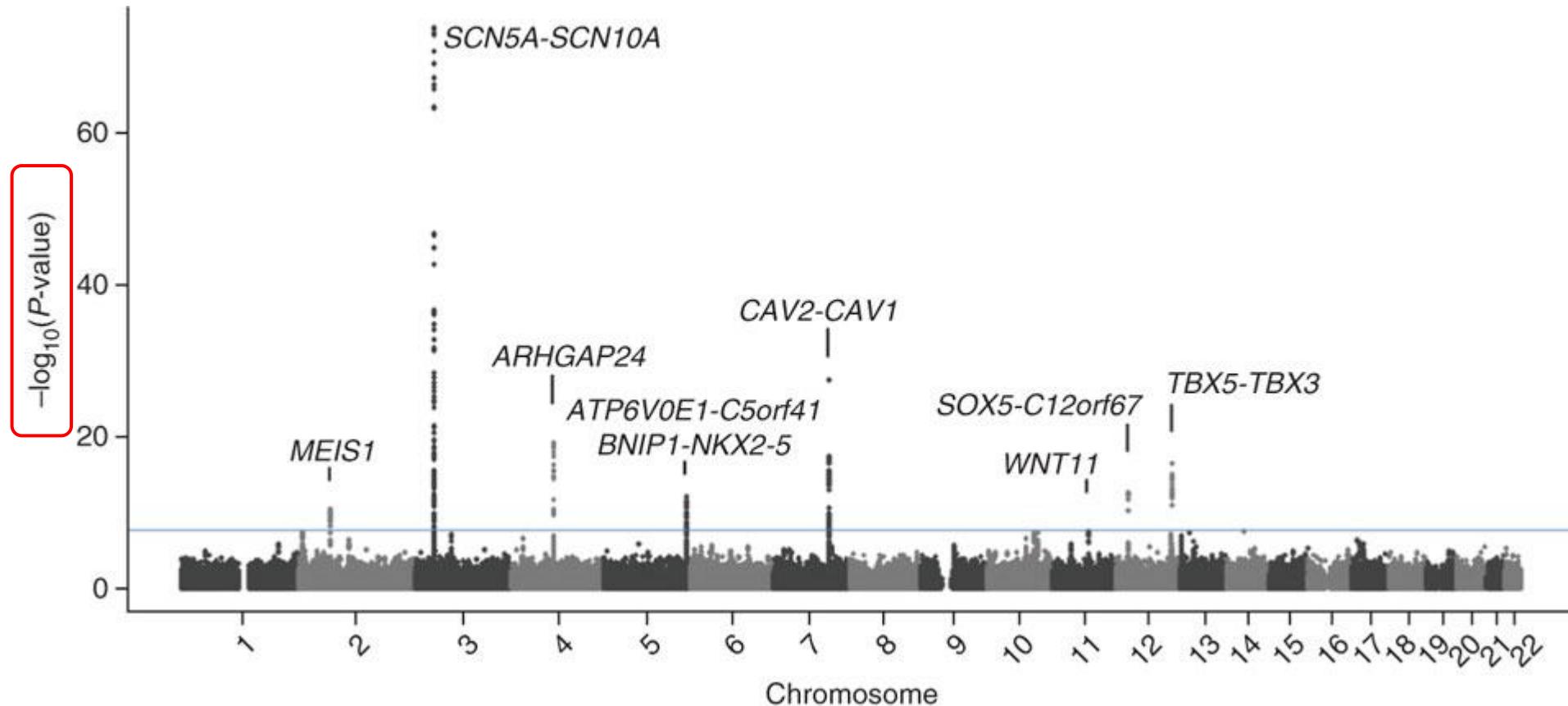
P-value:
evidence of association

Example: Genome-wide scan of total cholesterol levels

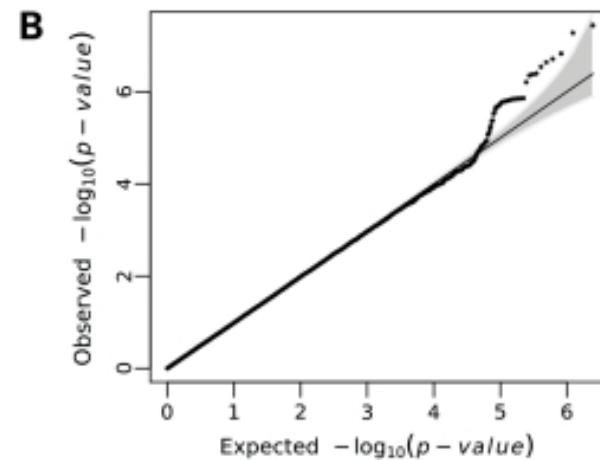
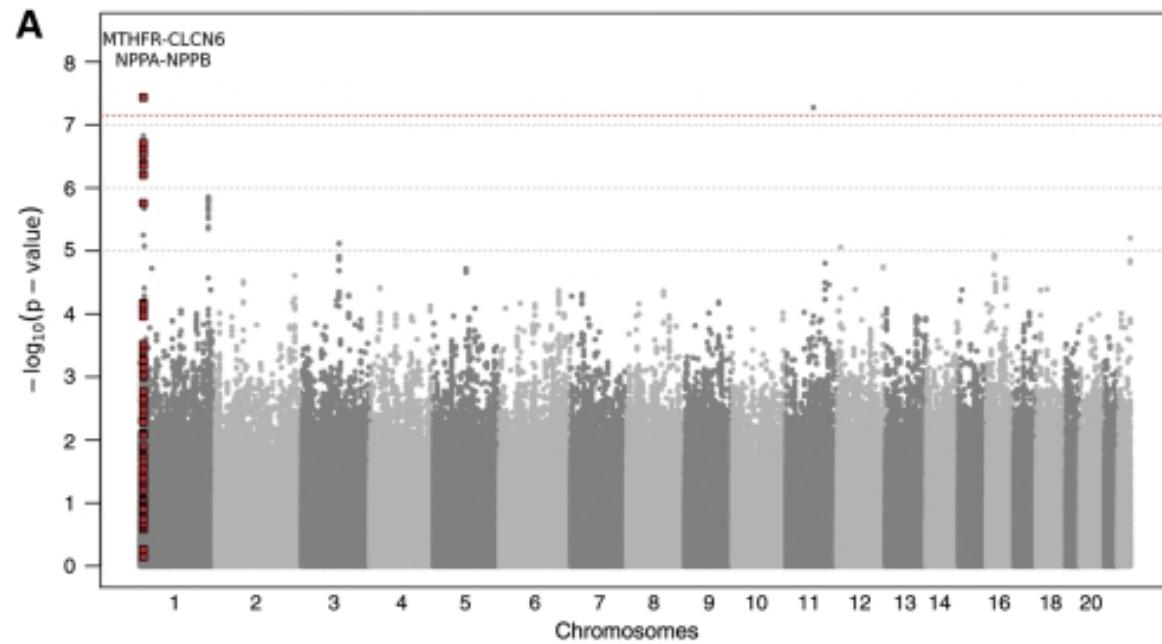
#	SNP ID	Chr	Pos	Eff. All.	Other All.	Eff. All. Freq.	b	SE(b)	P-value
1	rs1	1	56,023	T	A	0.40	0.101	0.600	0.8663211
2	rs2	1	70,231	G	C	0.23	-3.302	5.302	0.5334266
3	rs3	1	75,444	G	A	0.05	1.432	1.500	0.3397463

10,000,000	rs120137103	22	...	C	T	0.11	2.512	8.230	0.760195

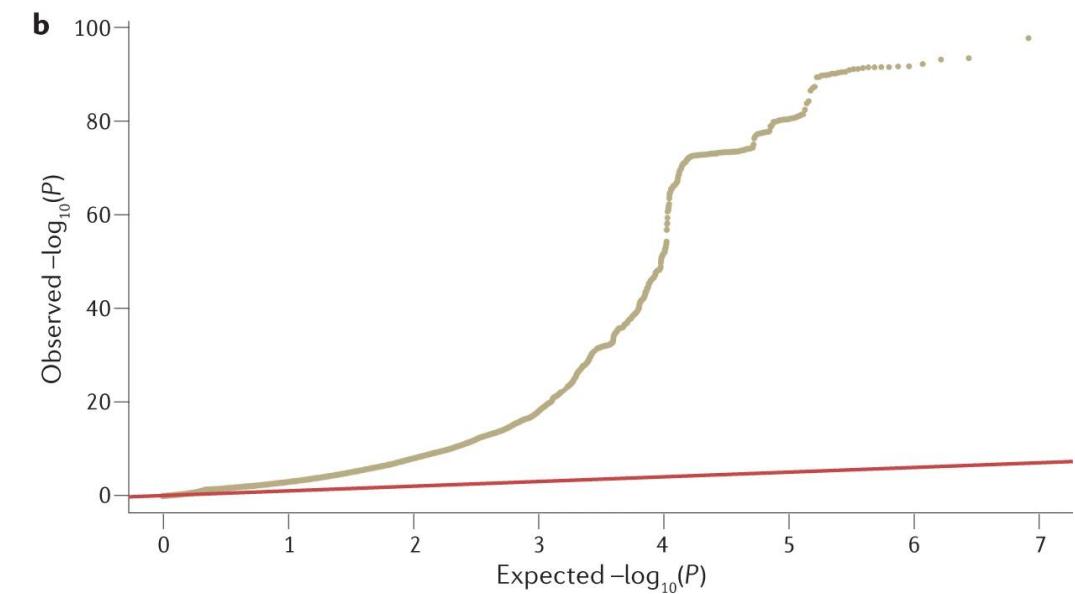
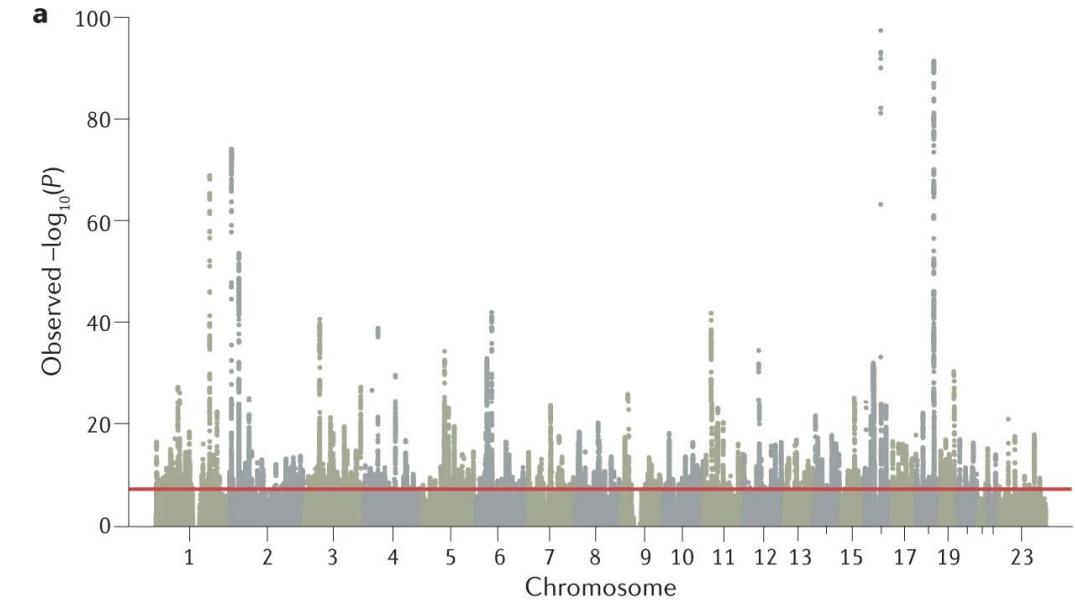
Manhattan Plot



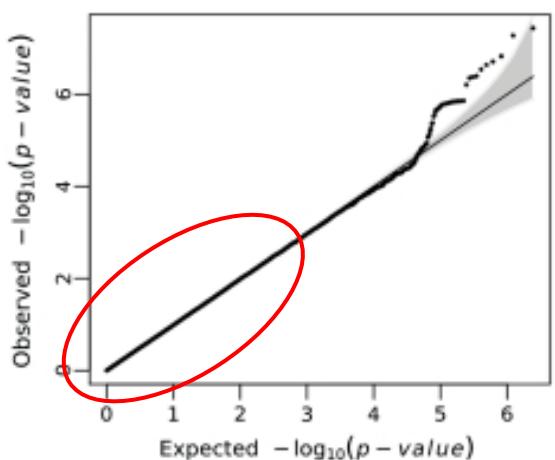
Small sample size



Large sample size



Estimating the genomic control inflation factor, λ_{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 χ^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 λ_{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 \sim Uniform?
- Is the distribution of $b/\text{SE}(b)$ \sim symmetric?

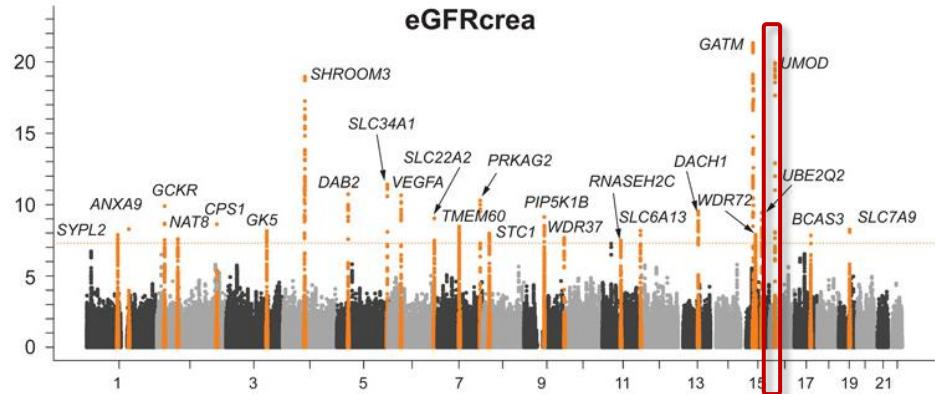
GWAtoolbox: an R package for fast quality control and handling of genome-wide association studies meta-analysis 

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

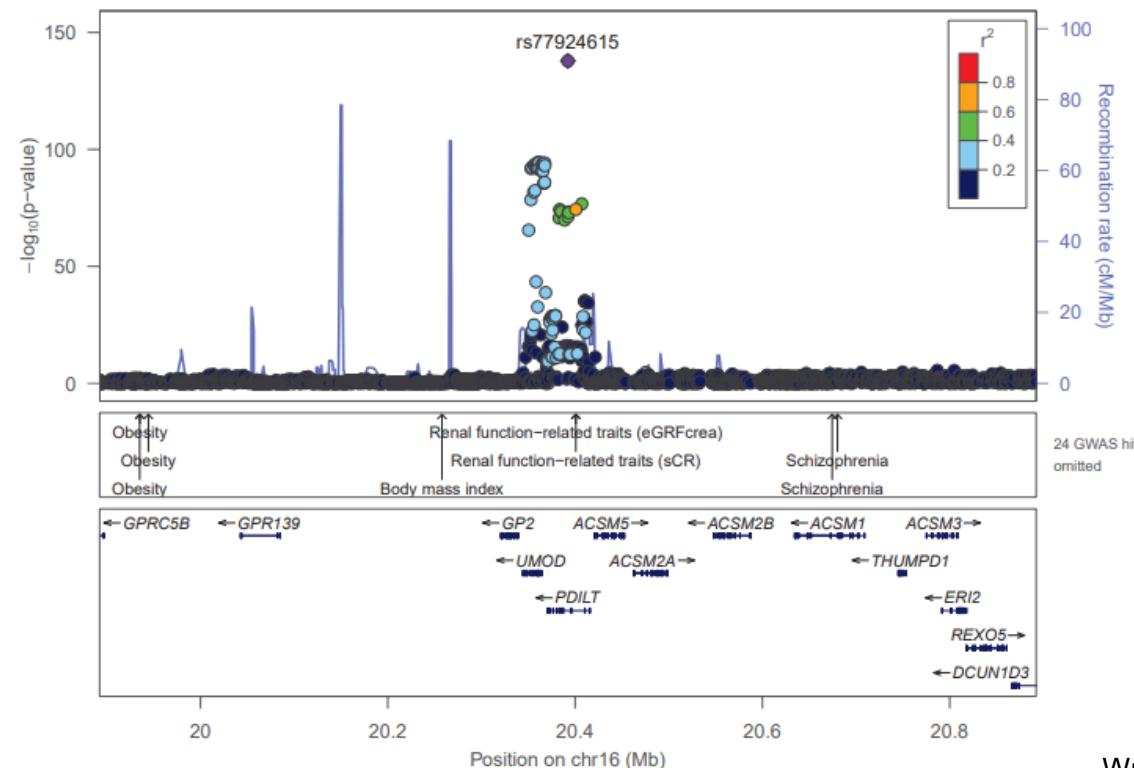
Bioinformatics, Volume 28, Issue 3, 1 February 2012, Pages 444–445,
<https://doi.org/10.1093/bioinformatics/btr679>

Published: 08 December 2011 Article history ▾

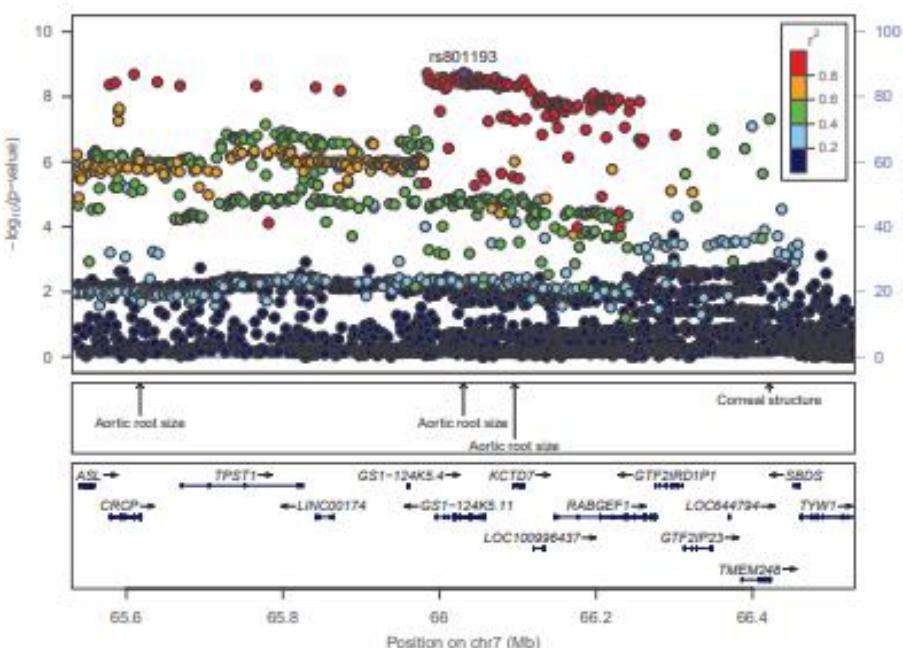
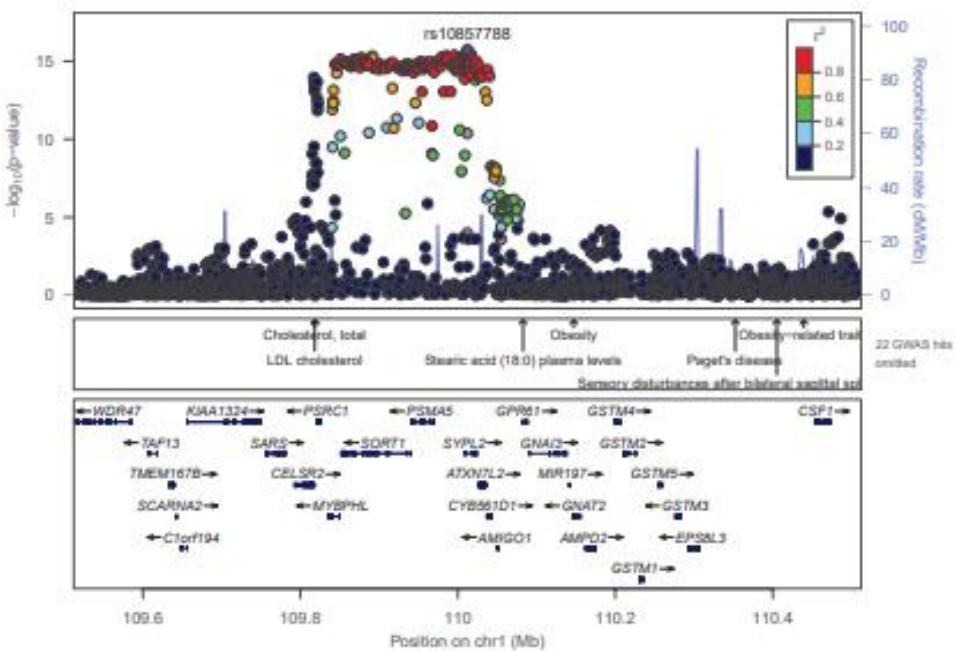
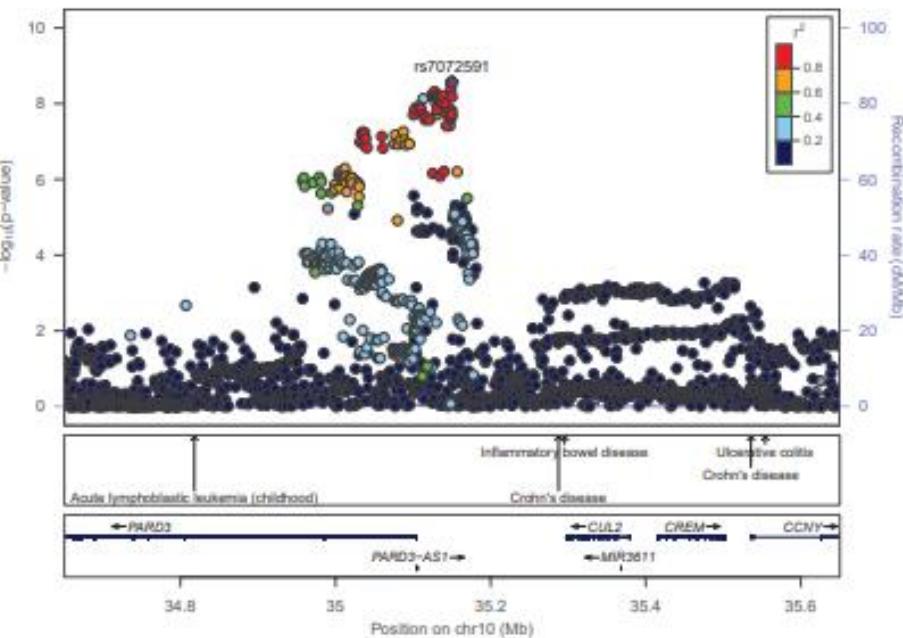
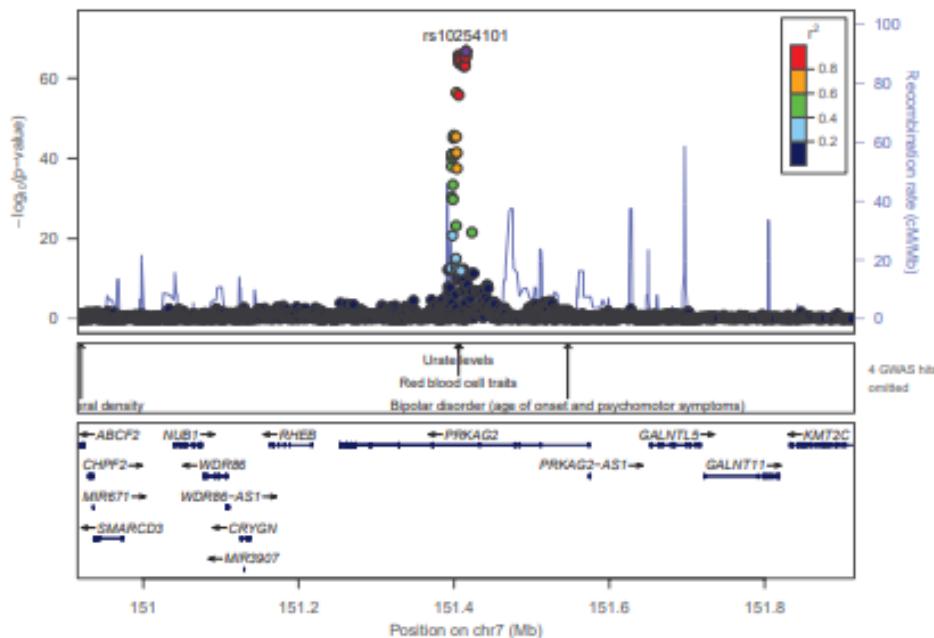
eGFRcrea



Köttgen et al. *Nat Genet* 2010



Wuttke et al. *Nat Genet* 2019



Meta-analysis and replication

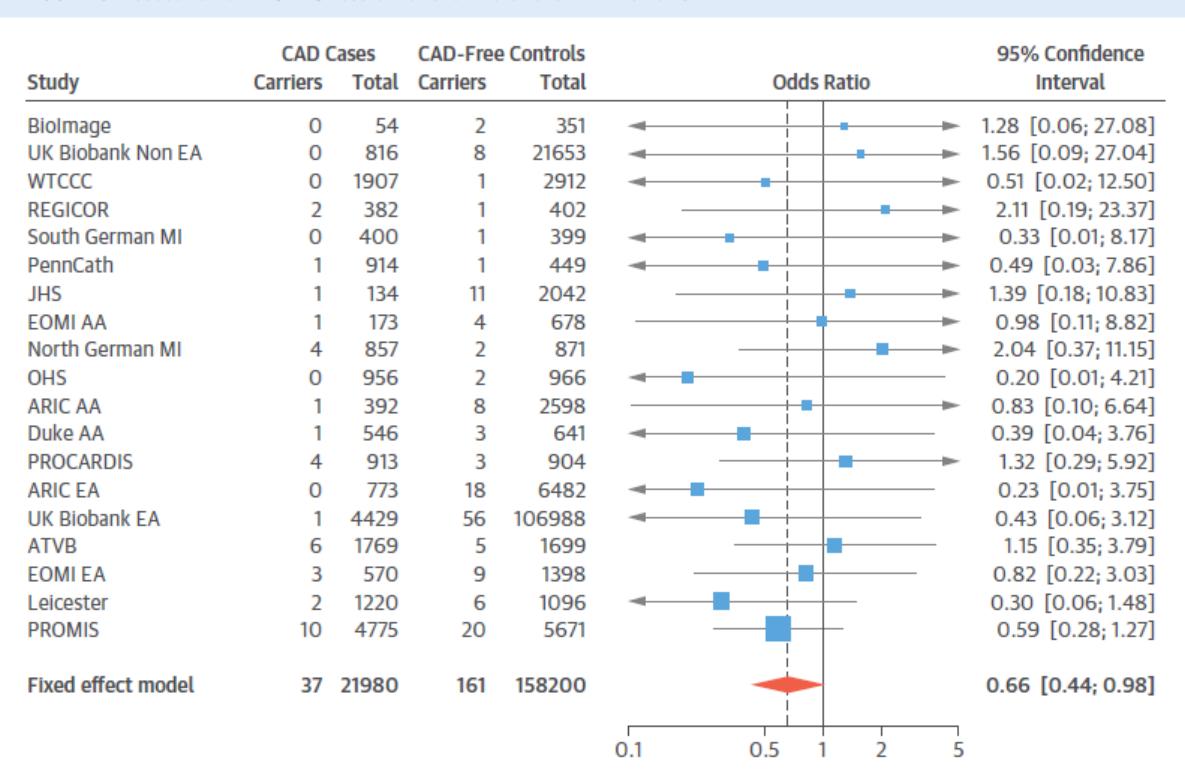
Genome-wide association studies have introduced a different way to look at meta-analysis

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

AJHG

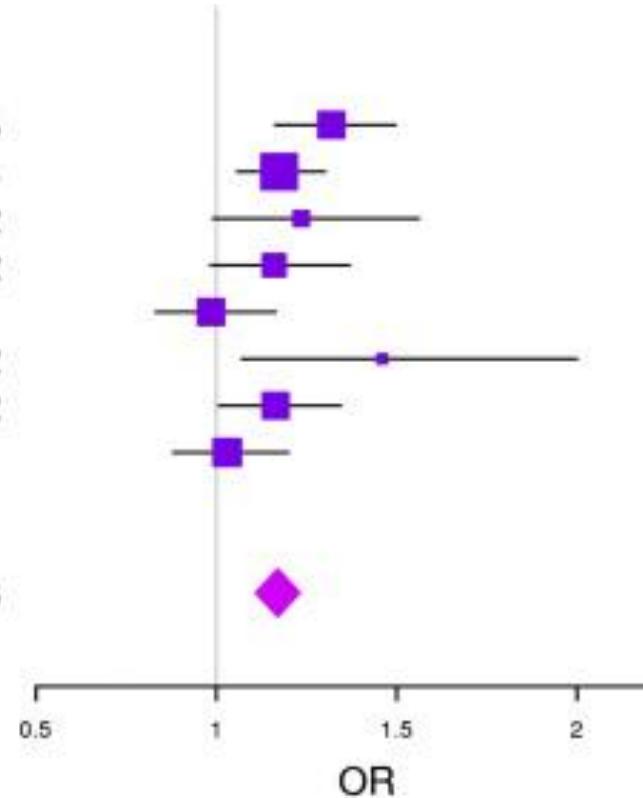
Volume 89, Issue 3, 9 September 2011, Pages 446–450

Report

A Variant in *MCF2L* Is Associated with Osteoarthritis

Association between a genetic variant in *MCF2L* and osteoarthritis

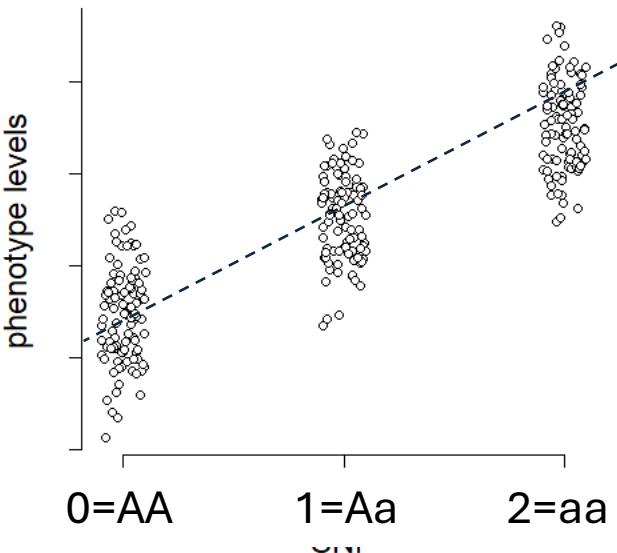
Study	OR (95%CI)	P-Value
arcOGEN Stage 1	1.32(1.16-1.50)	1.67e-05
arcOGEN Follow-up Set 1	1.17(1.06-1.30)	2.60e-03
GOAL	1.24(0.99-1.56)	7.20e-02
arcOGEN Follow-up Set 2	1.16(0.98-1.37)	7.86e-02
RSI	0.98(0.83-1.17)	8.61e-01
RSII	1.46(1.07-2.00)	1.68e-02
EGCUT	1.16(1.01-1.34)	4.01e-02
deCODE	1.03(0.88-1.20)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



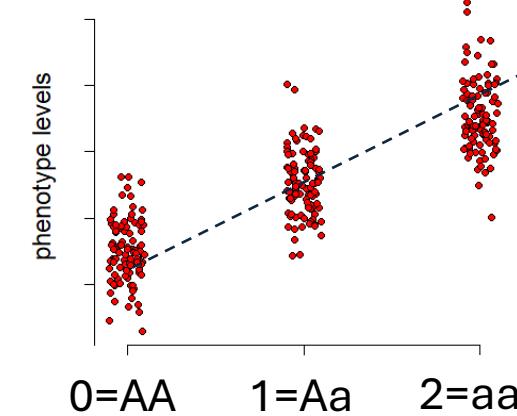
REPLICATION

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 / number of SNPs being tested)

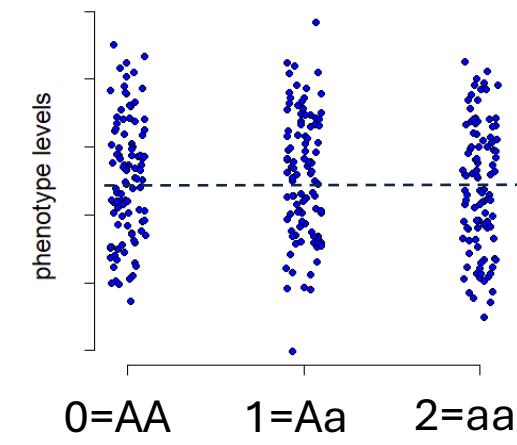
Discovery study



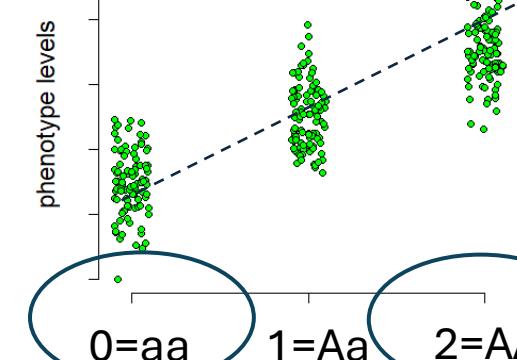
Replicatio n study



Replication!
effect in the same
direction



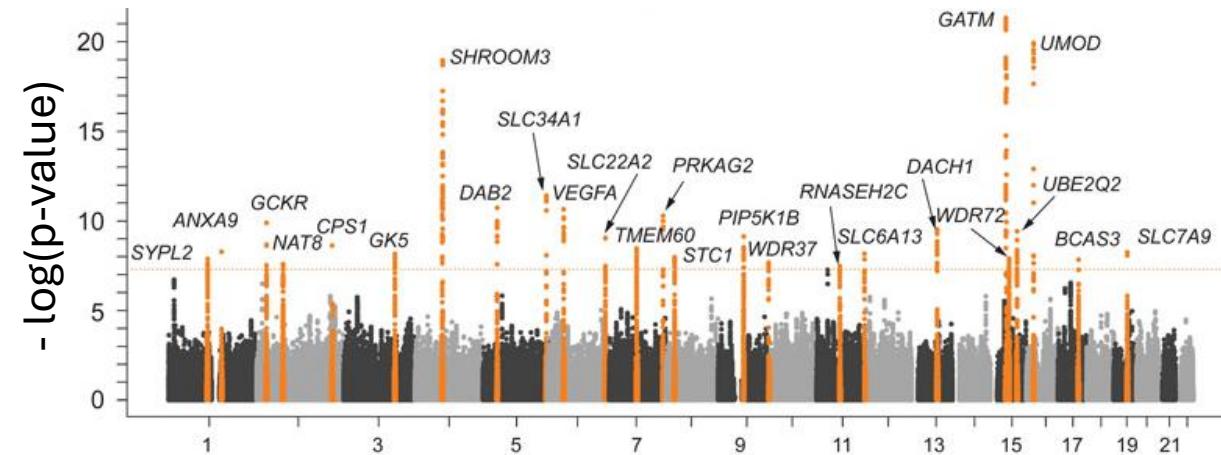
No replication:
no effect



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

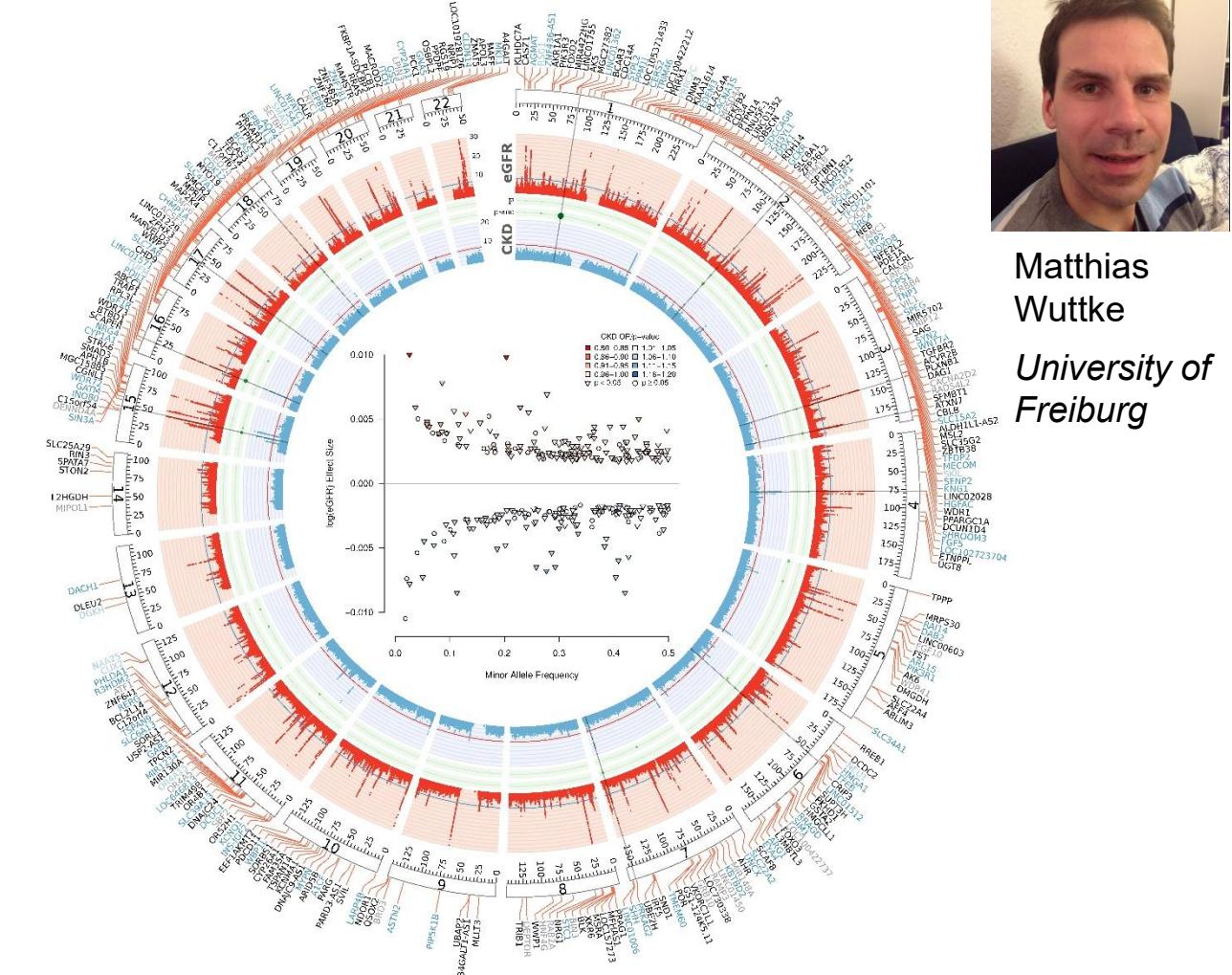
EXAMPLES

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

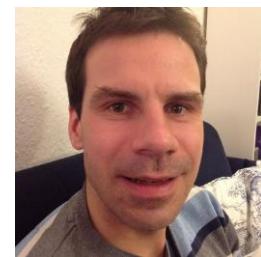


- N = **765,348** (discovery) + 280,722 (Replication)
- **8.2 Mio SNPs**
- 246 loci associated

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

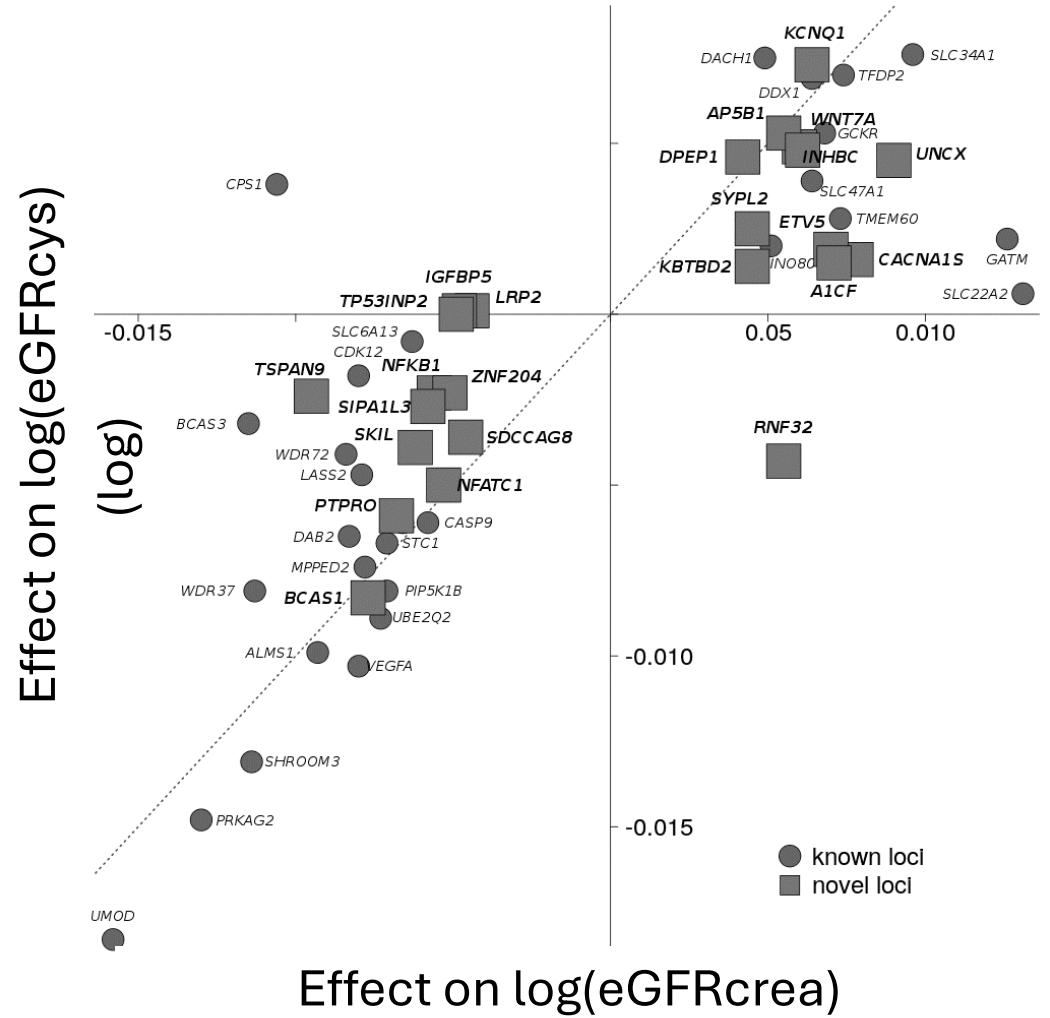
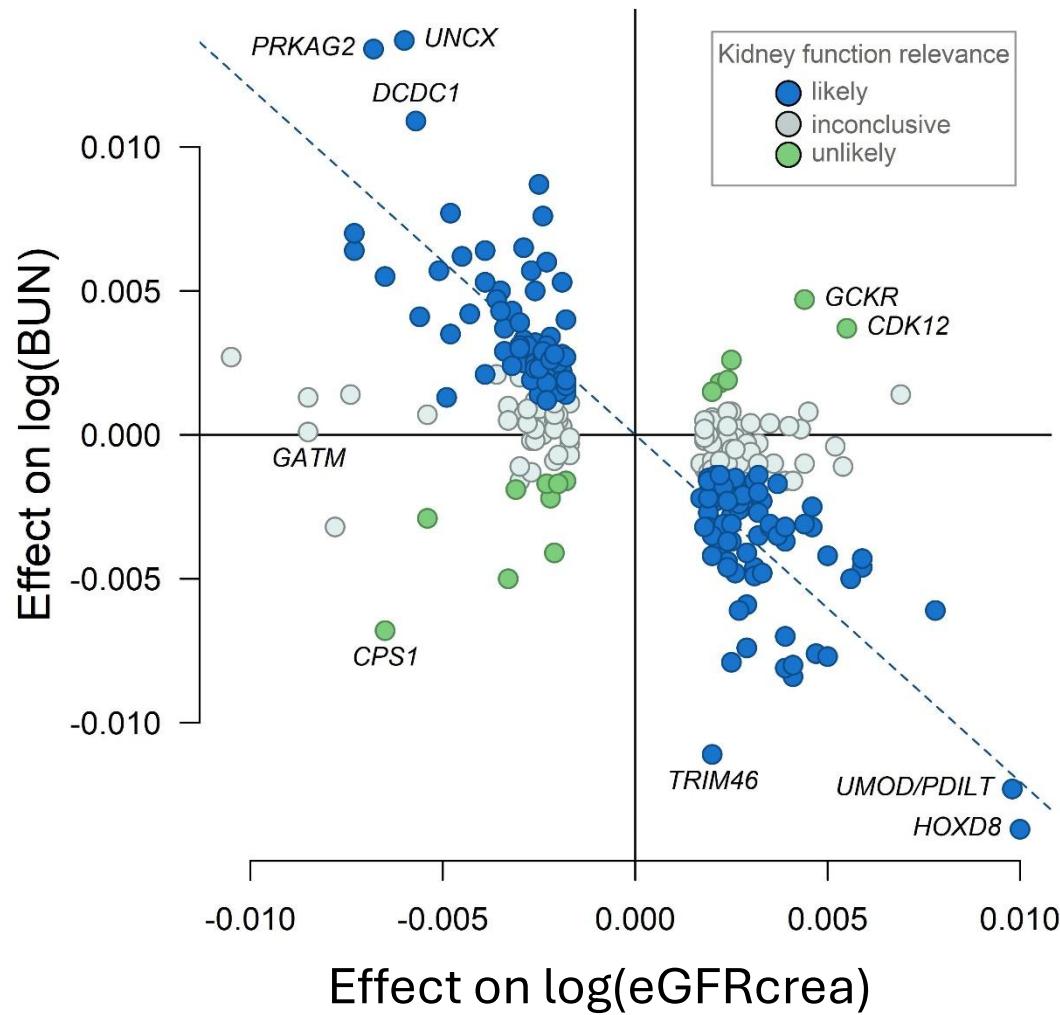
Matthias Wuttke, Yong Li, [...] Cristian Pattaro 

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

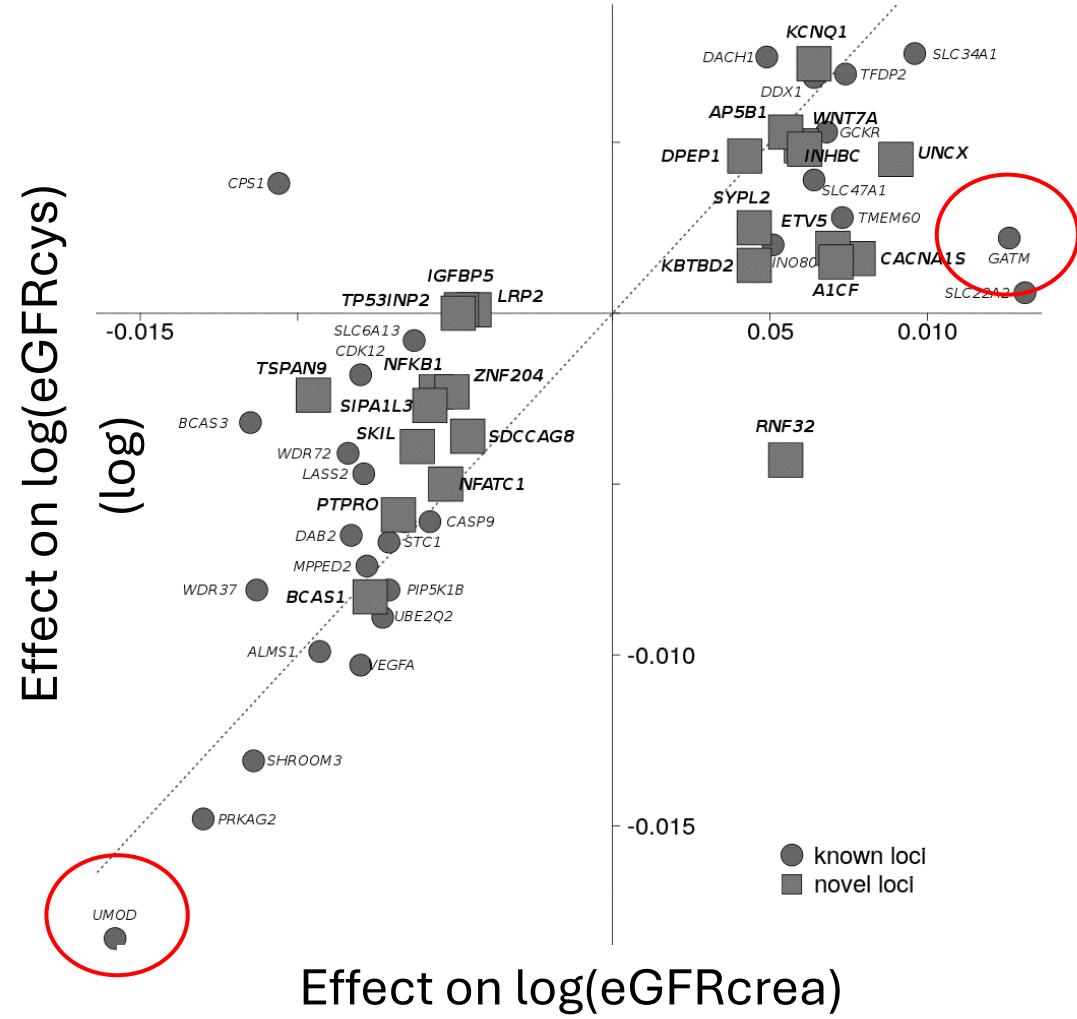
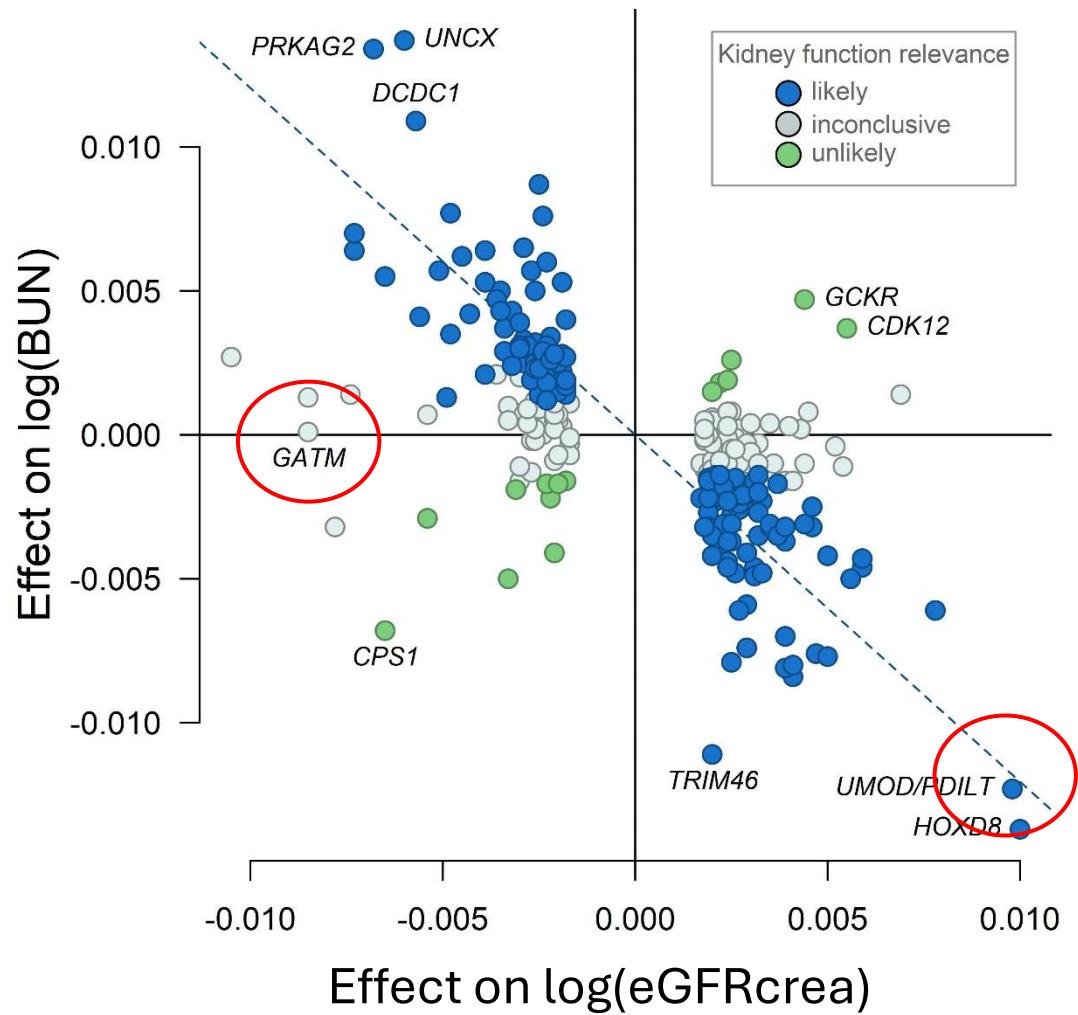


Matthias
Wuttke
*University of
Freiburg*

Agreement between alternative markers



Agreement between alternative markers

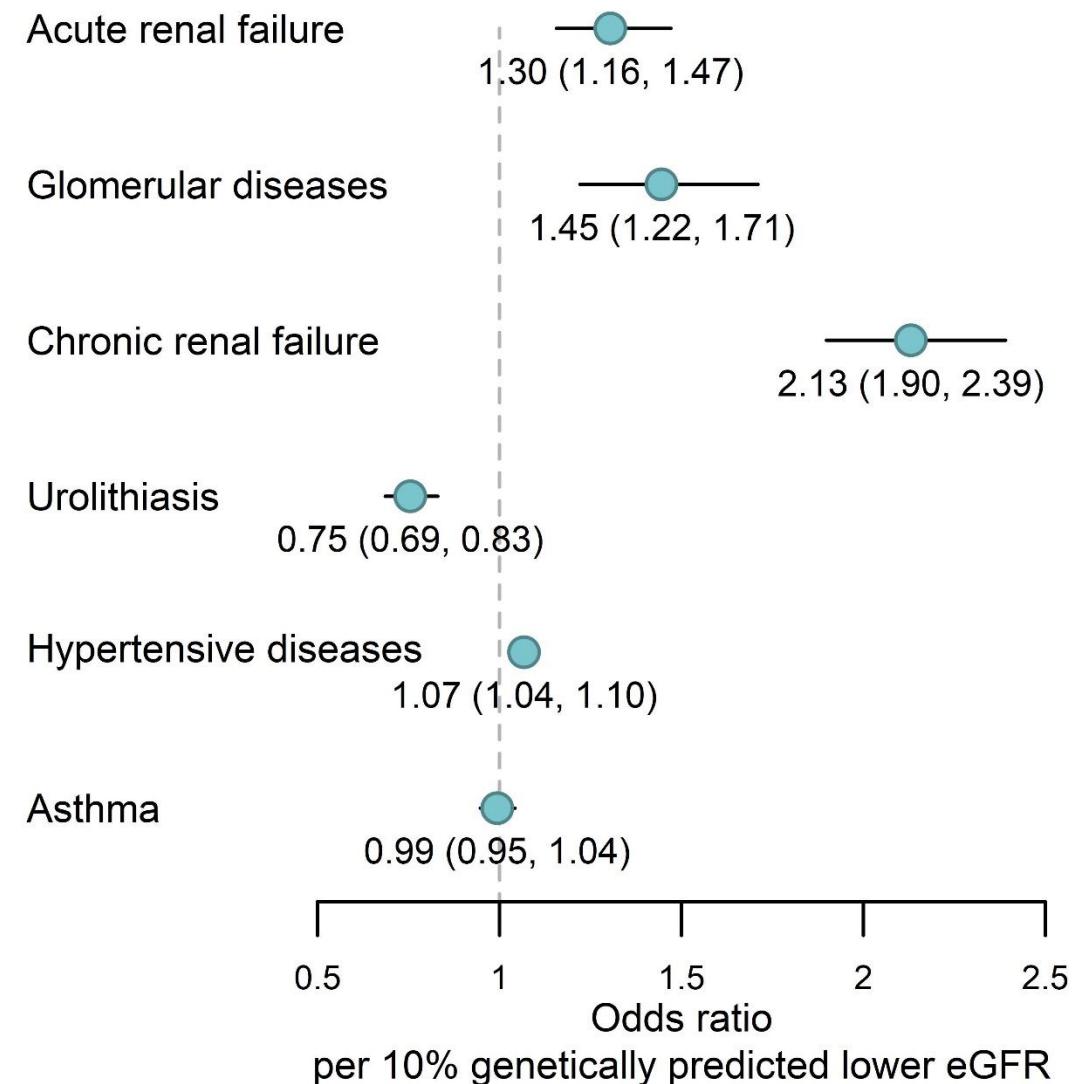


Polygenic score for eGFR & BUN

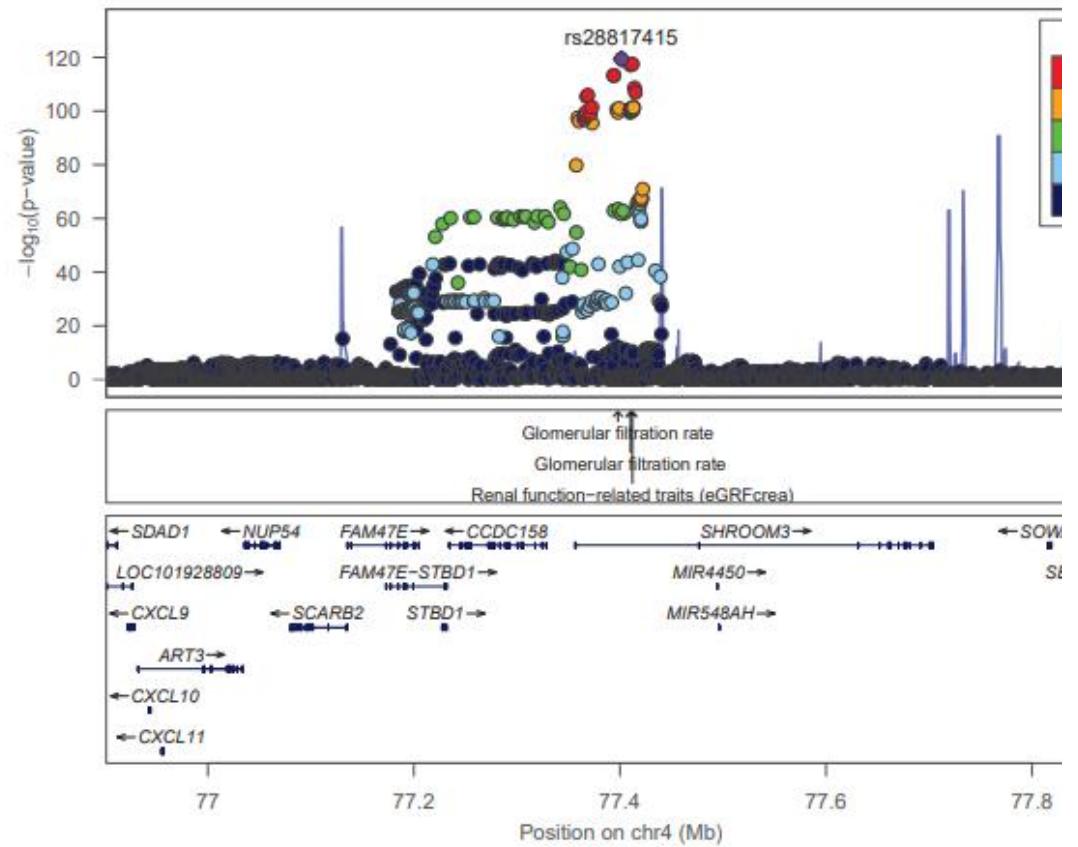
applied to ICD10 kidney-related outcomes from the UK Biobank (N=452,264)

PGS based on **147 SNPs associated with eGFRcrea and with BUN** in a direction-consistent manner

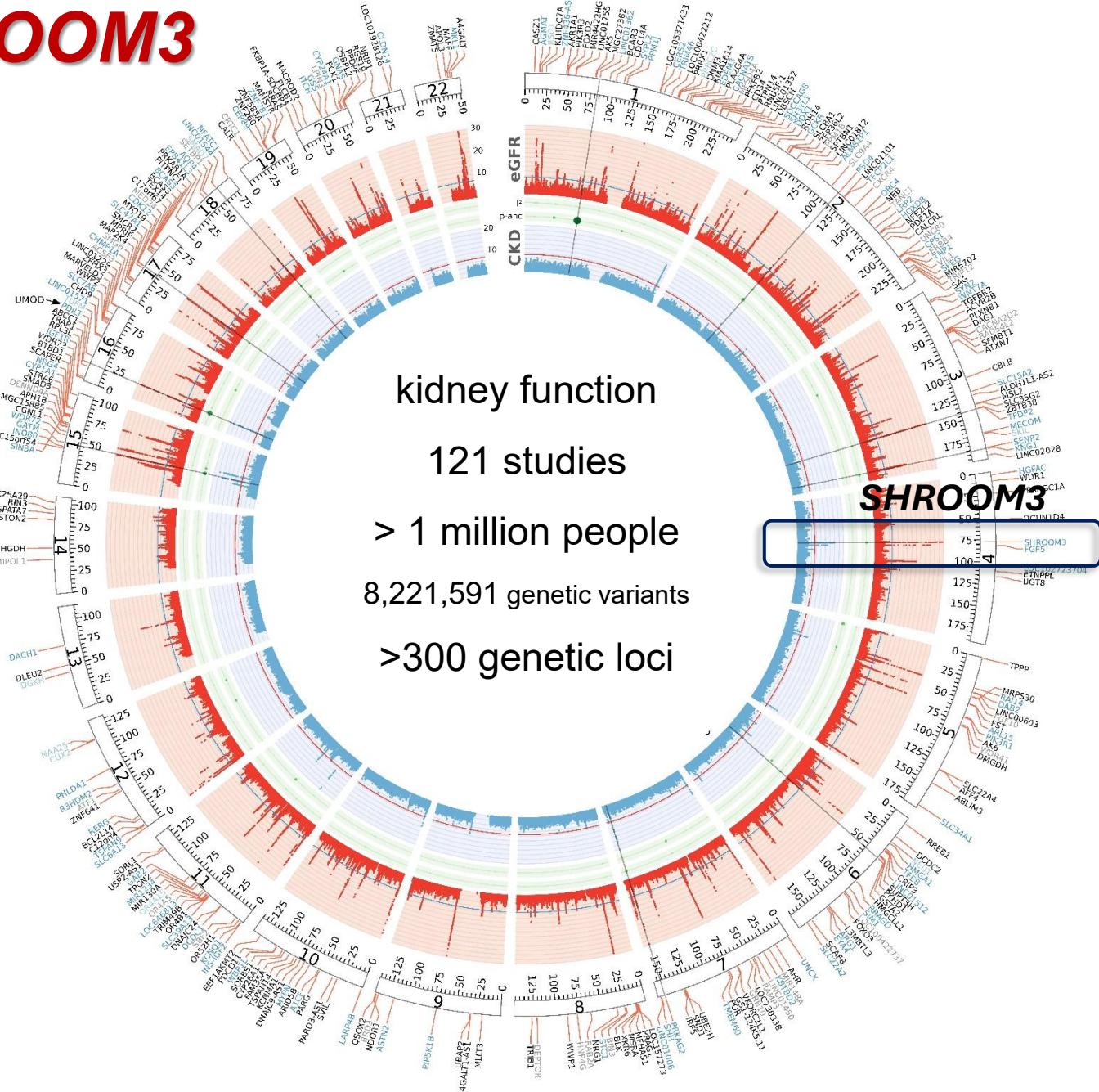
better than PGS based on 246 SNPs associated with eGFRcrea, unfiltered for BUN support



From GWAS to function: ***SHROOM3***



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

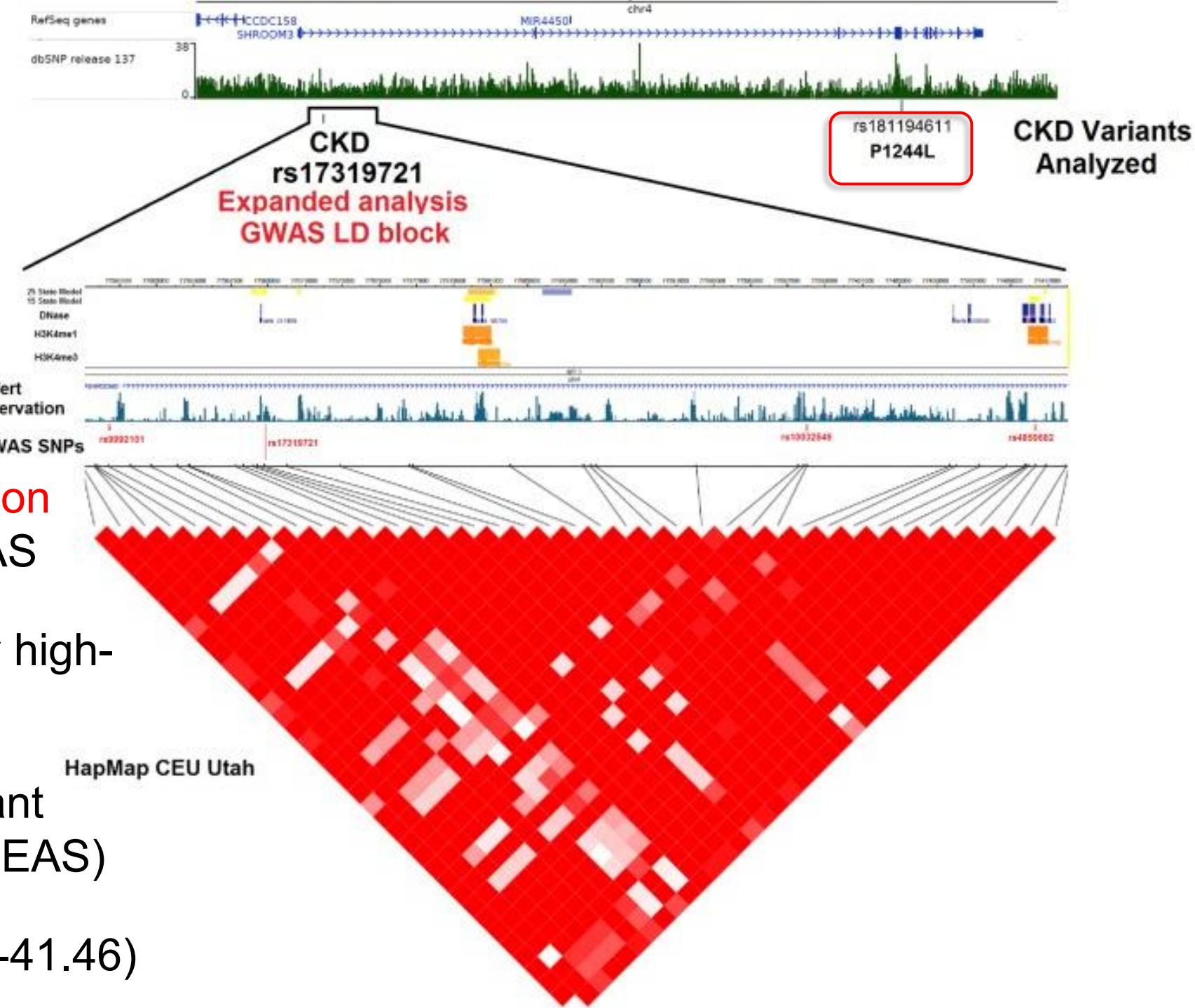


Characterization of Coding/Noncoding Variants for SHROOM3 in Patients with CKD.

Prokop JW¹✉, Yeo NC², Ottmann C³, Chhetri SB⁴, Florus KL⁴, Ross EJ⁴, Sosonkina N⁴, Link BA⁵, Freedman BI⁶, Coppola CJ⁷, McDermott-Roe C⁸, Leysen S³, Milroy LG³, Meijer FA³, Geurts AM⁸, Rauscher FJ 3rd⁹, Ramaker R⁴, Flister MJ⁸, Jacob HJ⁴, Mendenhall EM⁴ ... [Show all 21] ... Lazar J¹✉

Author information ▶

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



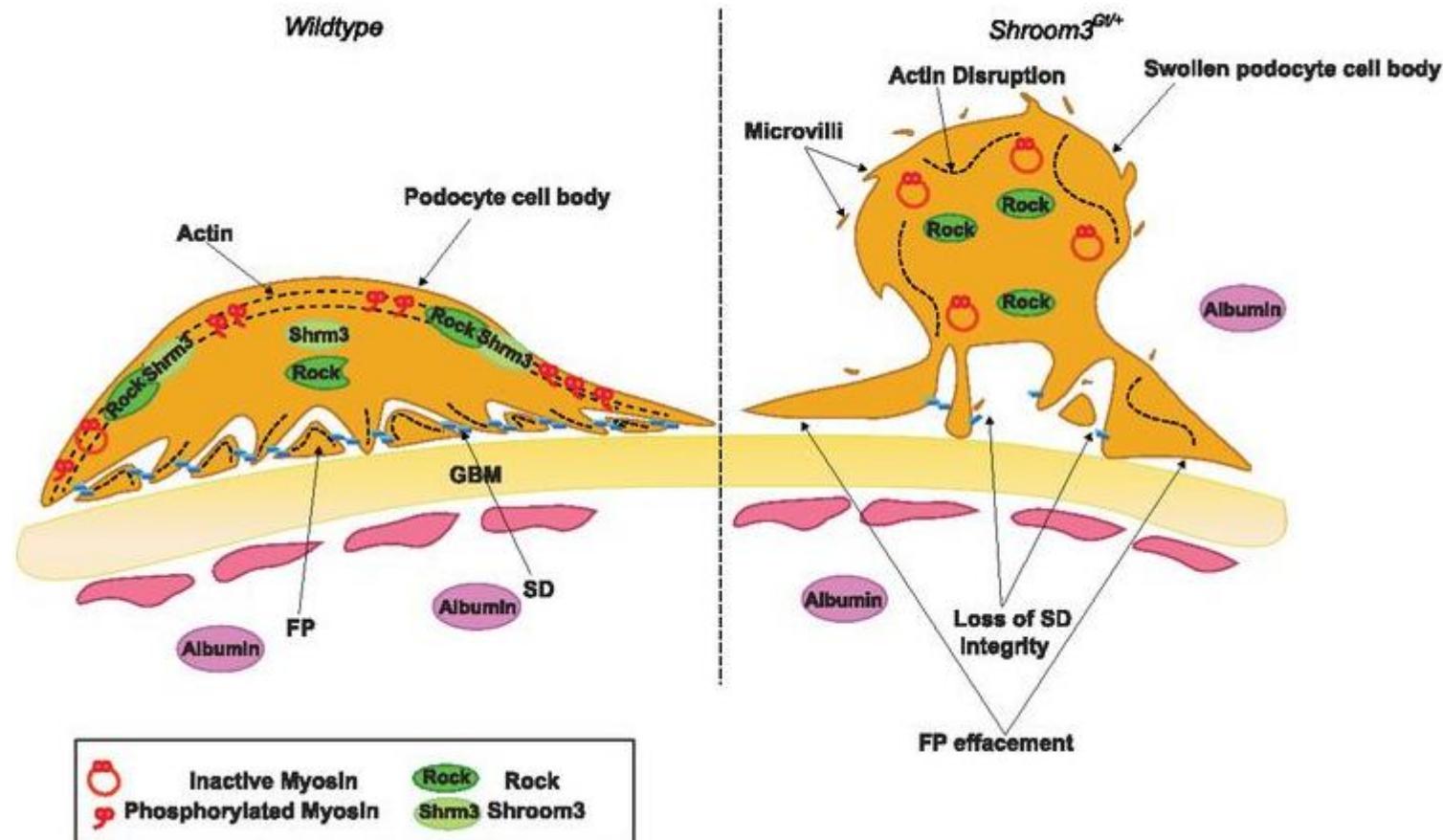
- In *SHROOM3*, the **common variant** identified by GWAS
- ...is in **LD** with 35 nearby high-effects variants
- ...and a rare coding variant **P1244L** (MAF=0.0027 in EAS)
- OR for CKD = 7.95 (1.53-41.46)

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

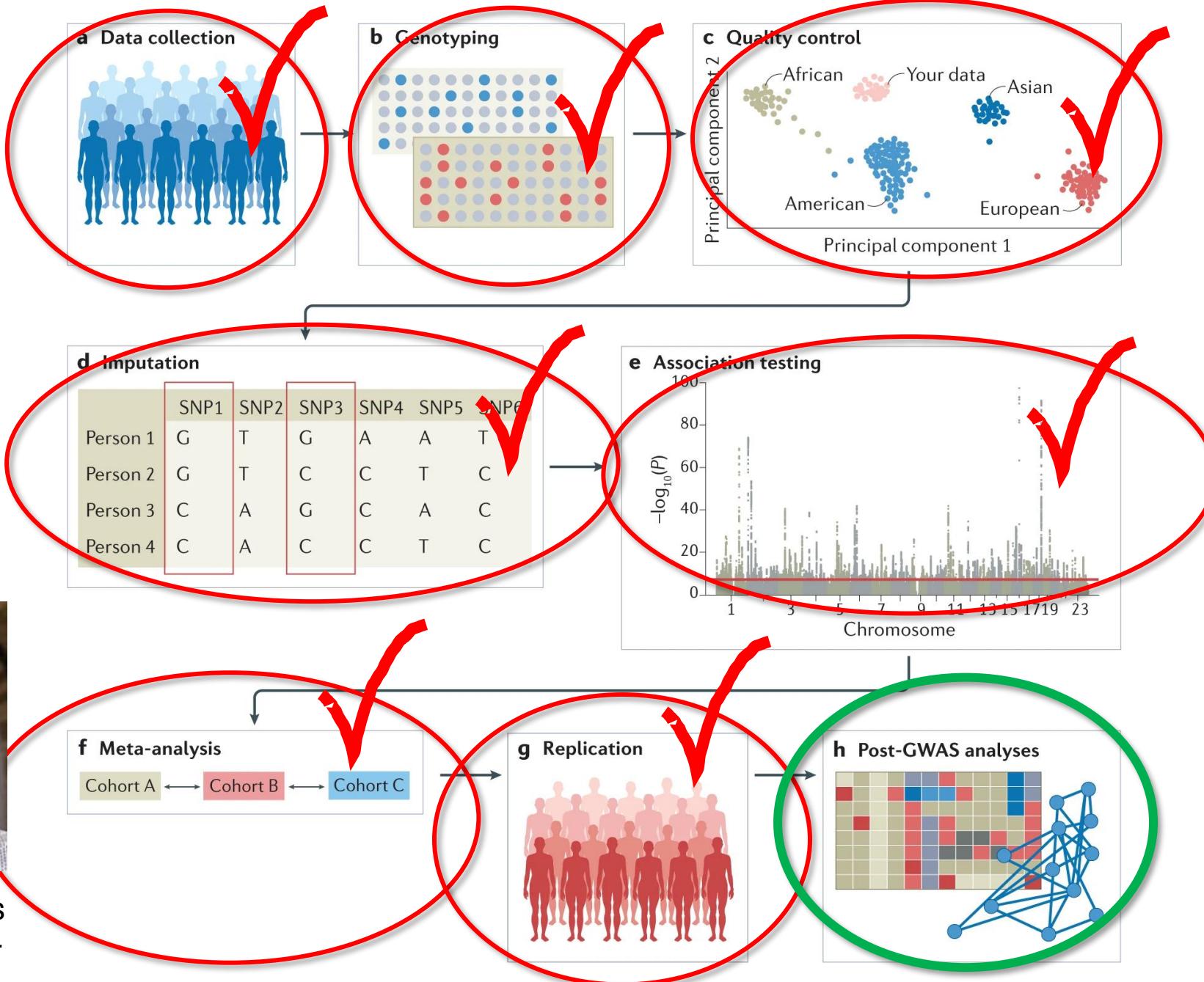


Take home messages

- 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

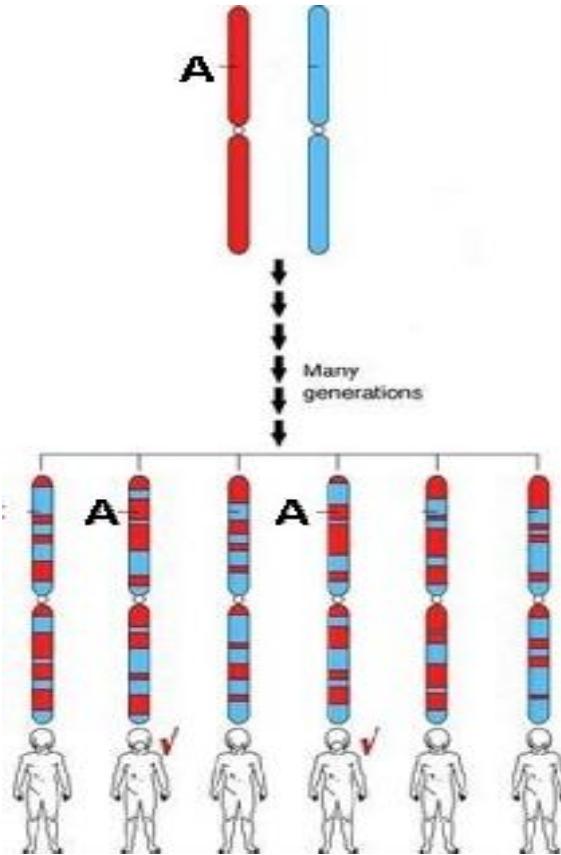


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U Manchester



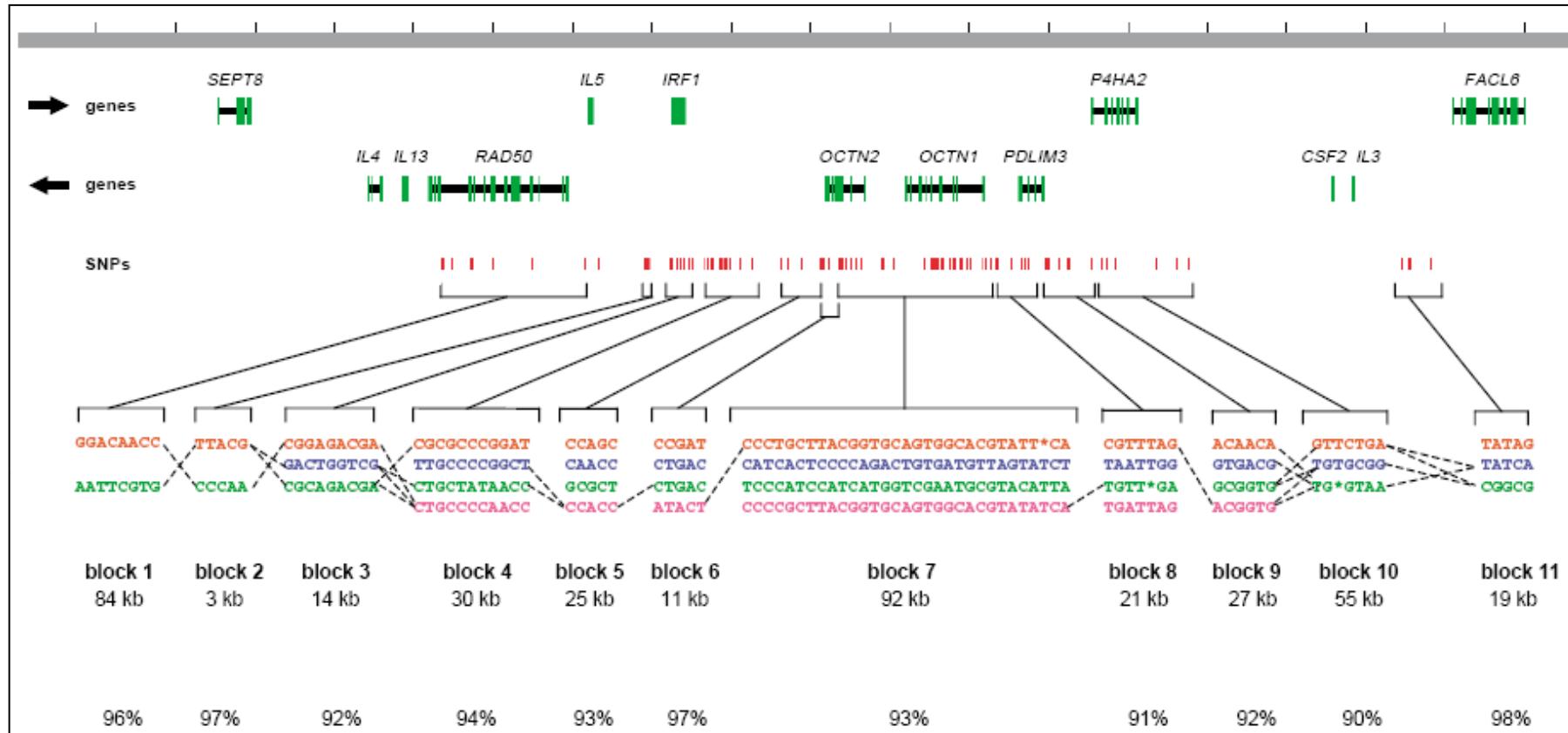
BACKUP

The Origins of Haplotypes



Taken from <https://hapmap.ncbi.nlm.nih.gov/originhaplotype.html.en> (not accessible anymore)

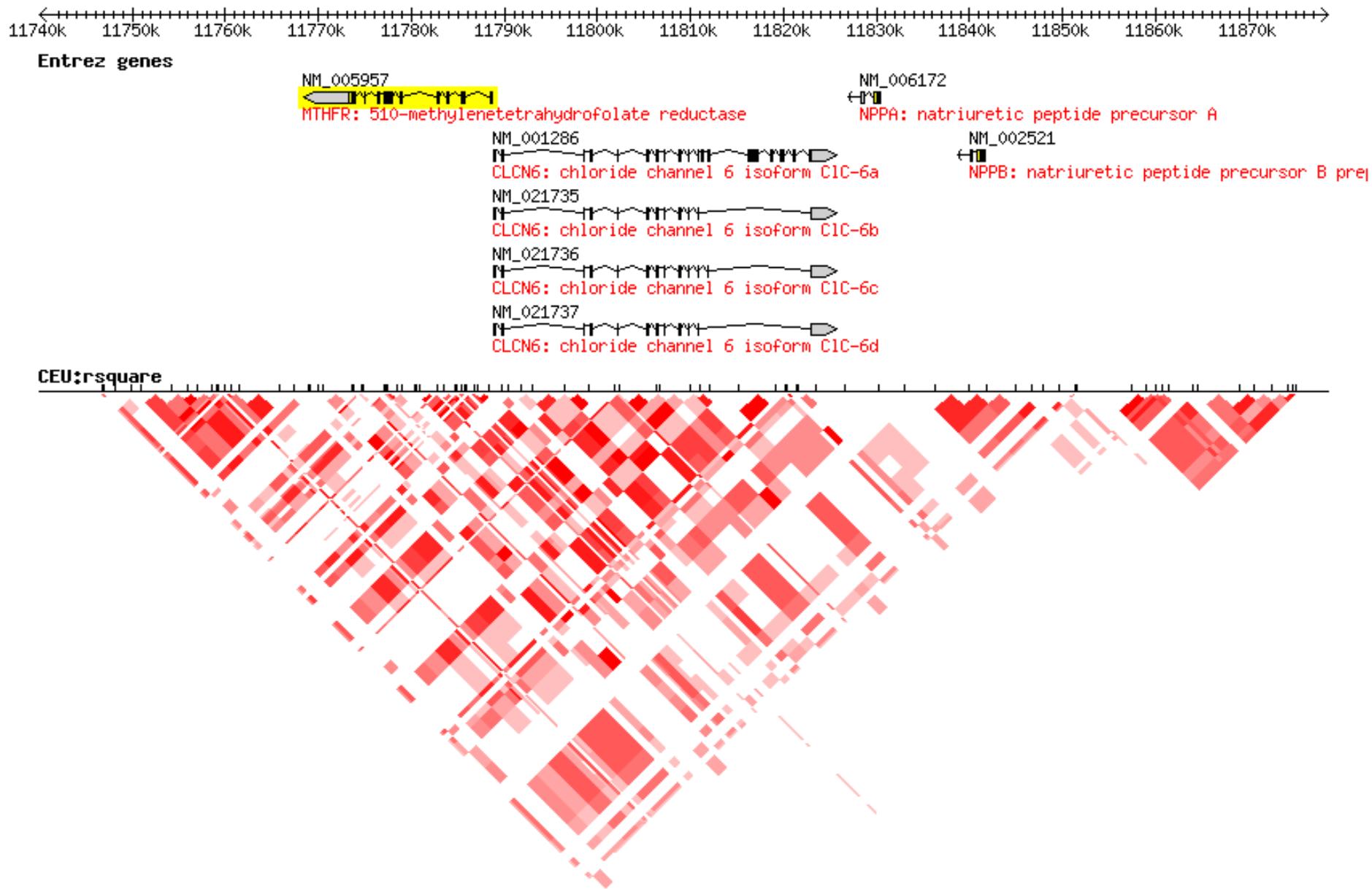
Haplotypes: block-like distribution on the genome



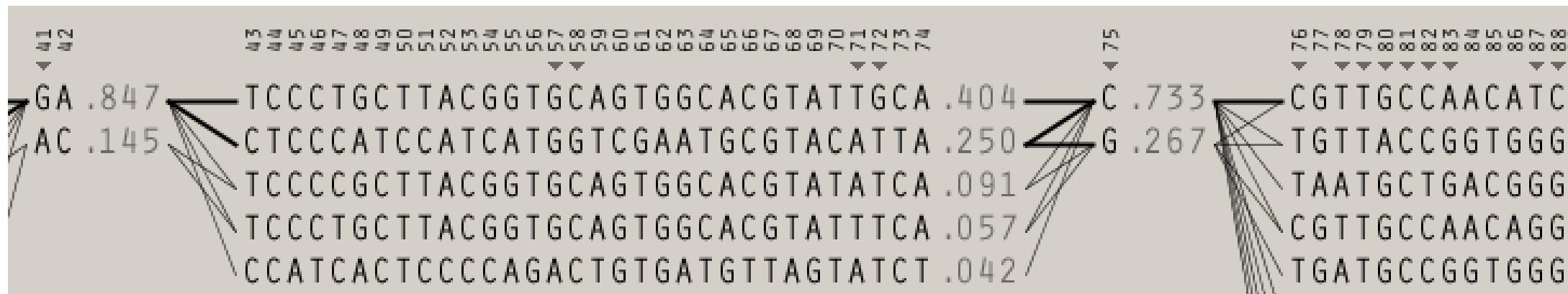
Daly et al., Nature Genetics 29, 2001

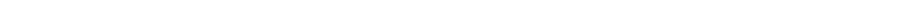
When typing large numbers of SNPs within small genomic regions, it is commonly found that there is rather **little haplotype diversity**.

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**

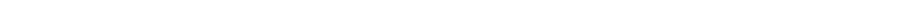


Genotype imputation



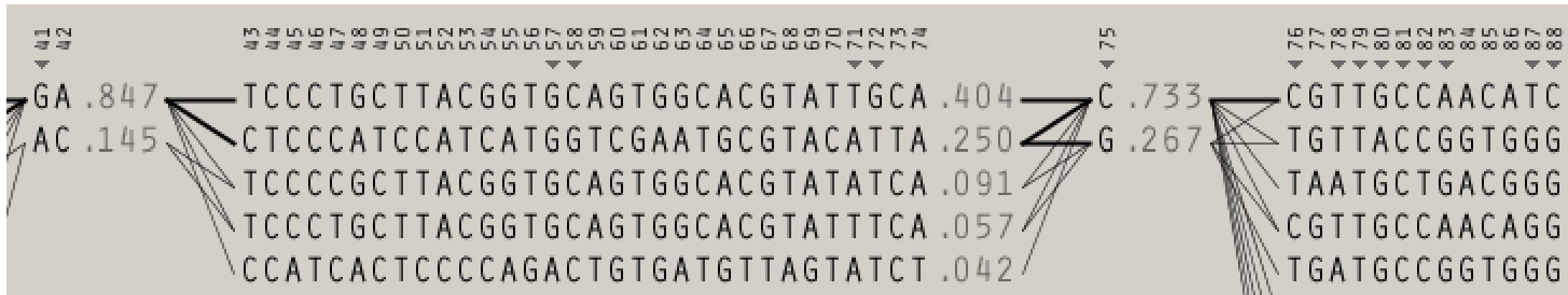
Study 1  Chip 1

A horizontal number line with eight tick marks. The first tick mark is labeled "Study 2" and the last tick mark is labeled "Chip 2".

Study 3  Chip 3

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

Genotype imputation



Study 1 ||| ||| ||| ||| ||| ||| ||| ||| ||| |||

Study 2 ||| ||| ||| ||| ||| ||| ||| ||| ||| |||

Study 3 ||| ||| ||| ||| ||| ||| ||| ||| ||| |||

By means of genotype imputation we can derived unobserved markers in a probabilistic way and so producing a perfect alignmet between SNP arrays at different studies

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

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

$$p = 0.7, q = 0.3$$

$$= 5.5\%$$

$$p(D+) = 330/6000$$

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

Population 1 + 2

$$p = 0.7, q = 0.3$$

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

	AA	Aa	aa	
D-	2856	2256	558	5670
D+	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



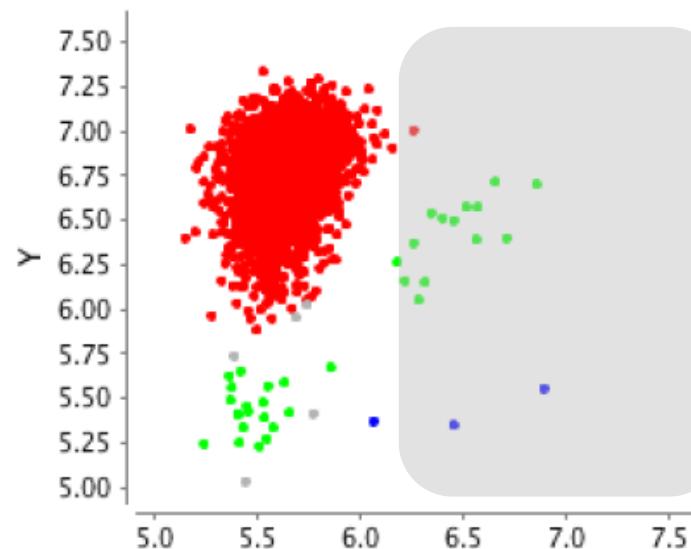
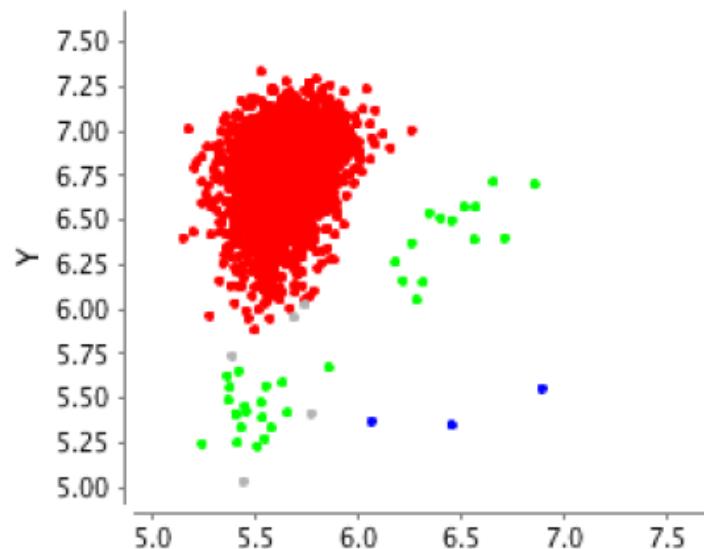
Plate 2



Lab conditions 1

\neq

Lab conditions 2



Batch effects

Plate 1



Lab conditions 1

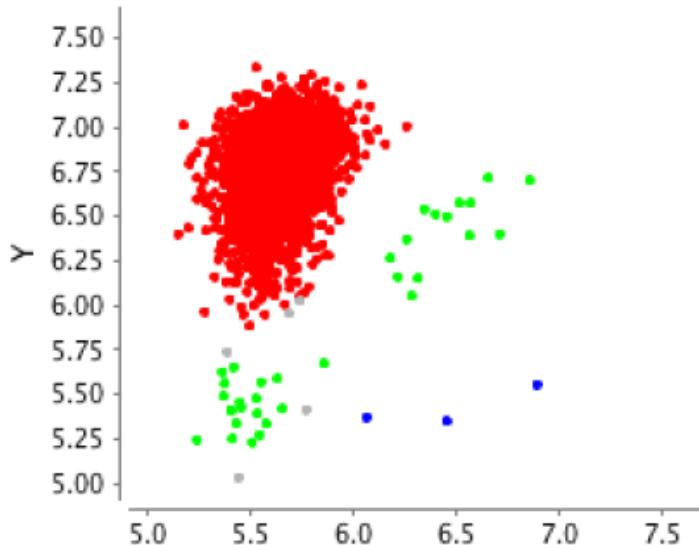
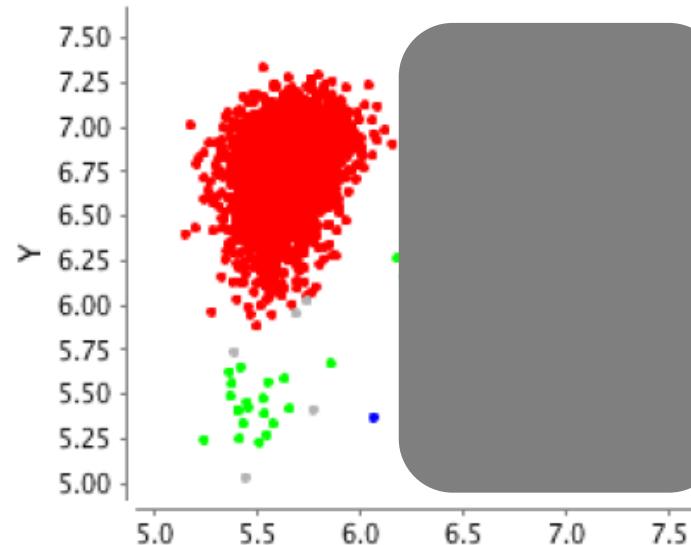


Plate 2



\neq

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

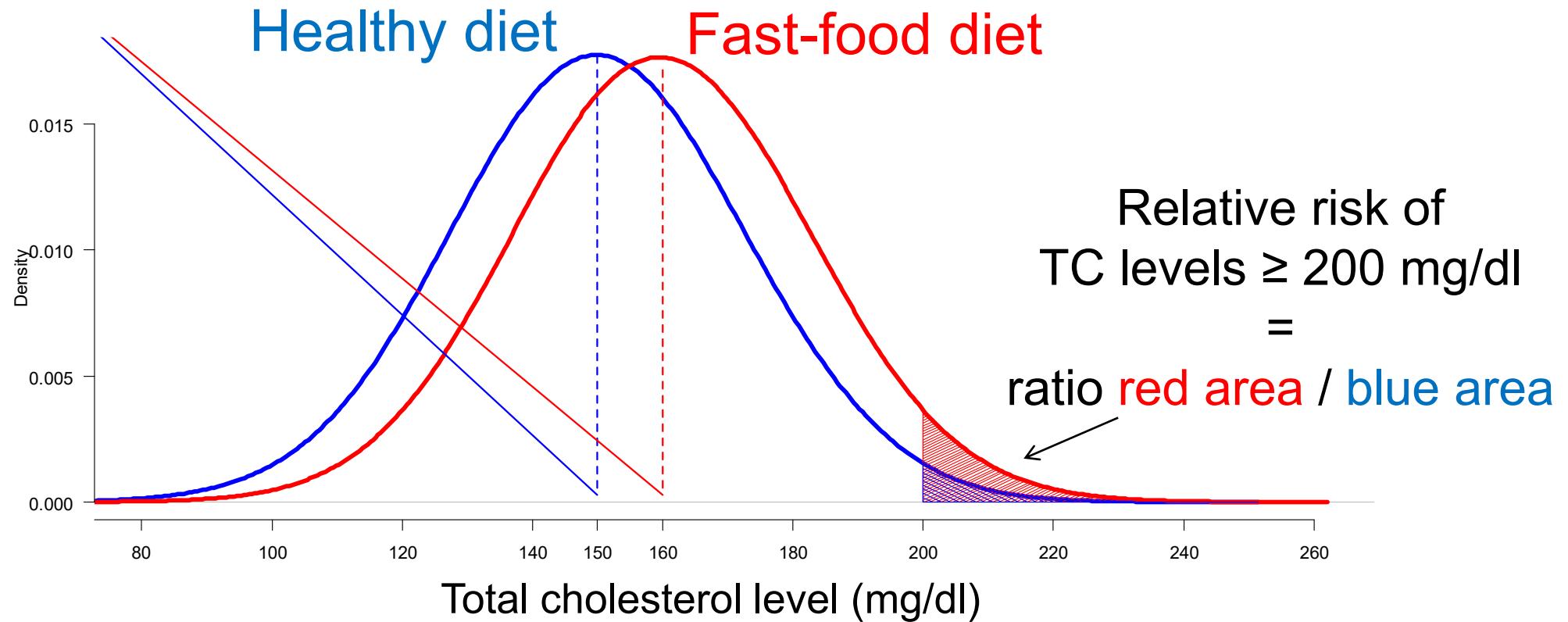


Array 2



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 sever for SNPs with very low MAF

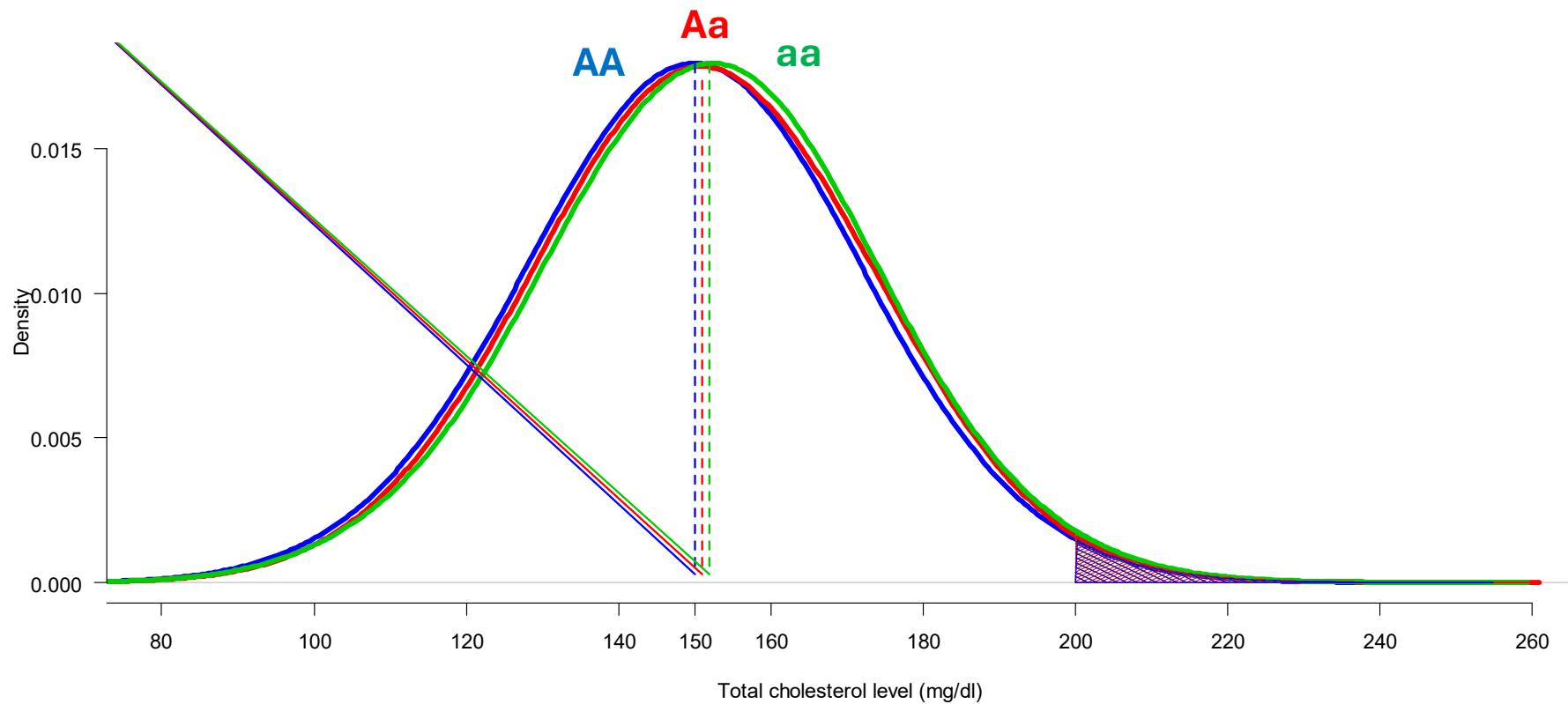
A non-genetic risk factor increases the risk of disease



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.

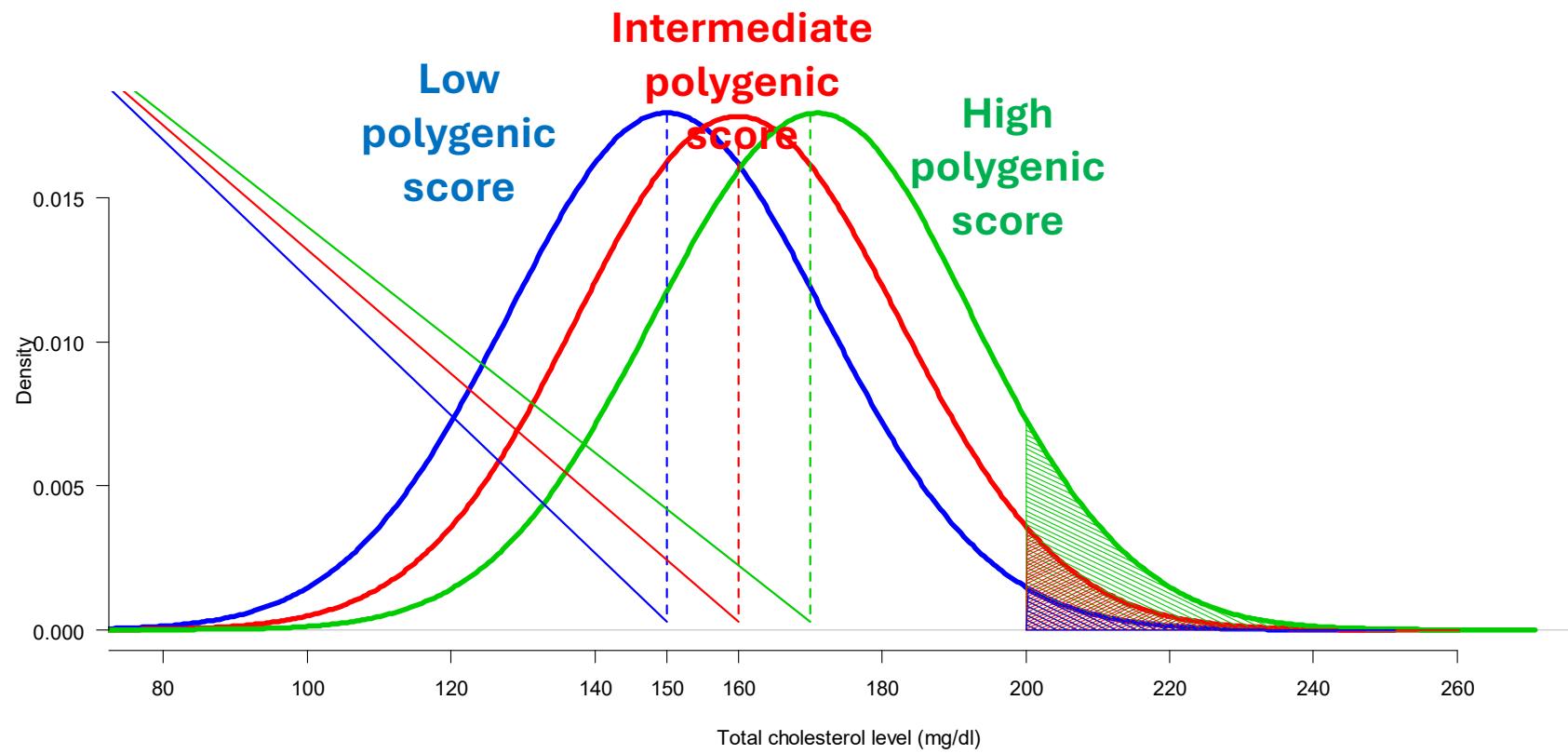
In the example, the mean cholesterol level would be 10 mg/dl larger in the „fast-food“ diet group compared to the other group.

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 predominantly 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

