

Impact of APOE Genotype on Cardiorespiratory Fitness in Aging and AD

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Impact of APOE Genotype on Cardiorespiratory Fitness in Aging and AD

Guanlin Zhang

Department of Biostatsitics University of Kansas Medical Center

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Overview

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Research Goal

- Alzheimer's disease(AD) has a high prevelance in United States;
- No disease-modifying or preventive treatment currently;
- 3 Exercise effecitve therapeutic for AD or cognitive decline?
- Our goal: characterize the impact of cognitive impariment and genetic AD risk on maximal measures of cardiorespiratory fitness (VO₂).



Method: Participants and Inclusion

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Participants

- Participats were recruited from KU and UW as part of intervention and observation studies;
- 2 All measurements were collected at baseline;
- 3 Individuals from UW have normal cognition (no AD).

Inclusion Criteria

- 1 Individuals with a respiratory exchange ratio (RER) ≥ 1.1 were included;
- 2 Initial dataset has 510 participants;
- 3 304 were included in the analysis.



Method: Analysis

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Analysis

- Investigate dichotomous variables of interest (Gender, DX, and E4 carrier);
- Discussion linear regression model (VO₂ as response), discuss model selections;
- We aim to identify the most parsimonous model, while during model selection we try to find and interpret information about subgroups.



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Gender / DX	ND	AD	Row Total
Male	84	46	130
Female	135	39	174
Column Total	219	85	304

Pearson χ^2	df	p	Fisher's exact test		
	Pearso	on χ^2 test	estimate odds ratio:	0.529	
6.215	1	0.013	H_a : odds ratio < 1		
Pearson χ^2	with Yat	e's continuity correction	p	0.009	
5.588	1	0.018	95% CI	(0, 0.833)	

TABLE 1 Gender vs Diagnosis



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Gender / E4	Noncarrier	Carrier	Row Total
Male	82	48	130
Female	91	83	174
Column Total	173	131	304

Pearson χ^2	df	p	Fisher's exact test			
	Pears	son χ^2 test	estimate odds ratio:	1.556		
3.525	1	0.060	H_a : odds ratio > 1			
Pearson χ^2	with Ya	te's continuity correction	p	0.039		
3.100	1	0.078	95% CI	$(1.028, +\infty)$		

TABLE 2 Gender vs E4



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TABLE 2 Gender vs E4



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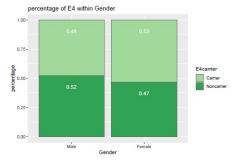


FIGURE 1 percentage of E4carrier from UW



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Diagnosis / E4	Noncarrier	Carrier	Row Total
ND	140	79	219
AD	33	52	85
Column Total	173	131	304

Pearson χ^2	Pearson χ^2 df p Fisher's exact test					
	Pears	son χ^2 test	estimate odds ratio:	2.783		
15.736	1	< 0.001	H_a : odds ratio > 1			
Pearson χ^2	with Ya	te's continuity correction	p	< 0.001		
14.729	1	< 0.001	95% CI	$(1.752, +\infty)$		

TABLE 3 Diagnosis vs E4



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Stratification

- 1 Among Gender, DX and E4 carrier, Breslow-Day test acommodating the hypothesis of common odds ratio between any of the two, stratifying on the third.
- 2 Cochran-Mantel-Haenszel test supports pairwise association between any of the two when stratifying on the third variable.

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Single Variables

- ① Age(p < 0.001), BMI(p < 0.001), Gender(p < 0.001), DX(p = 0.003), Site(p < 0.001) and E4carrier(p = 0.28);
- 2 All significant except for E4 carrier.

Regression Models

$$\begin{split} \mathsf{VO}_2 &= \beta_0 + \beta_1 \cdot \mathsf{Age} + \beta_2 \cdot \mathsf{BMI} + \beta_3 \cdot \mathsf{Gender} + \beta_4 \cdot \mathsf{DX} \\ &+ \beta_5 \cdot \mathsf{Site} + \beta_6 \cdot \mathsf{E4} (\ \mathsf{Reduced} \) \\ \mathsf{VO}_2 &= \beta_0 + \beta_1 \cdot \mathsf{Age} + \beta_2 \cdot \mathsf{BMI} + \beta_3 \cdot \mathsf{Gender} + \beta_4 \cdot \mathsf{DX} \\ &+ \beta_5 \cdot \mathsf{Site} + \beta_6 \cdot \mathsf{E4} + \beta_7 \cdot \mathsf{Gender} \cdot \mathsf{DX} \\ &+ \beta_8 \cdot \mathsf{Gender} \cdot \mathsf{E4} + \beta_9 \cdot \mathsf{DX} \cdot \mathsf{E4} (\ \mathsf{Complete} \) \end{split}$$



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Selection Results

- 1 a lack-of-fit F test suggests for the reduced model($F_{3,295} = 1.786, p = 0.150$);
- 2 for the reduced model, a stepwise/forward/backward selection suggests a more parsimonious model:

$$VO_2 = \beta_0 + \beta_1 \cdot \mathsf{Age} + \beta_2 \cdot \mathsf{BMI} + \beta_3 \cdot \mathsf{Gender} + \beta_4 \cdot \mathsf{DX}$$



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What can complete model still tell us?

AD vs ND		Female vs Male		E4 vs NonE4	
	p		p		p
(male, nonE4)	0.004	(ND, nonE4)	< 0.001	(male, ND)	0.34
(male, E4)	< 0.001	(ND, E4)	< 0.001	(male, AD)	0.1
(female, nonE4)	0.36	(AD, nonE4)	< 0.001	(female, ND)	0.5
(female, E4)	0.04	(AD, E4)	< 0.001	(female, AD)	0.7

TABLE 4 VO2 performance on subgroups



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Model with only KS data

$$VO_2 = \beta_0 + \beta_1 \cdot \mathsf{Age} + \beta_2 \cdot \mathsf{BMI} + \beta_3 \cdot \mathsf{Gender} + \beta_4 \cdot \mathsf{DX} + \beta_5 \cdot \mathsf{E4}(\mathsf{~Reduced~})$$

$$\begin{aligned} \mathsf{VO}_2 &= \beta_0 + \beta_1 \cdot \mathsf{Age} + \beta_2 \cdot \mathsf{BMI} + \beta_3 \cdot \mathsf{Gender} + \beta_4 \cdot \mathsf{DX} \\ &+ \beta_5 \cdot \mathsf{E4} + \beta_6 \cdot \mathsf{Gender} \cdot \mathsf{DX} + \beta_7 \cdot \mathsf{Gender} \cdot \mathsf{E4} \\ &+ \beta_8 \cdot \mathsf{DX} \cdot \mathsf{E4} (\ \mathsf{Complete} \) \end{aligned}$$



Results: Model Selection for KS data

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Selection Results for KS data

- ① a lack-of-fit F test suggests for the reduced model($F_{3,227} = 1.443$, p = 0.23);
- 2 for the reduced model, a stepwise/forward/backward selection suggests the same parsimonious model:

$$\mathsf{VO}_2 = \beta_0 + \beta_1 \cdot \mathsf{Age} + \beta_2 \cdot \mathsf{BMI} + \beta_3 \cdot \mathsf{Gender} + \beta_4 \cdot \mathsf{DX}$$



Results: Subgroup Aalysis for KS data

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We perform the same subgroup analysis on KS data only:

AD vs ND		Female vs Male		E4 vs NonE4	
	p		p		p
(male, nonE4)	0.008	(ND, nonE4)	< 0.001	(male, ND)	0.42
(male, E4)	0.003	(ND, E4)	< 0.001	(male, AD)	0.1
(female, nonE4)	0.39	(AD, nonE4)	< 0.001	(female, ND)	0.66
(female, E4)	0.05	(AD, E4)	< 0.001	(female, AD)	0.66

TABLE 5 VO2 performance on subgroups in KS

Conclusion: Using KS data only gives us similar p values and same significant results. To boost power we decide that both datasets should be included in our analysis.



Results: Model Selection with APOE information

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APOE	E2/E2	E2/E3	E2/E4	E3/E3	E3/E4	E4/E4
Count	5	28	8	140	106	17

TABLE 6 Count of APOE allele Combinations



Results: Model Selection with APOE information

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Consider E2, E3, and E4

- ① Assign scores to different alleles: E4 = -1, E3 = 0 and E2 = 1;
- 2 Propose the following regression model:

$$\begin{aligned} \mathsf{VO}_2 &= \beta_0 + \beta_1 \cdot \mathsf{Age} + \beta_2 \cdot \mathsf{BMI} + \beta_3 \cdot \mathsf{Gender} + \beta_4 \cdot \mathsf{DX} \\ &+ \beta_5 \cdot \mathsf{Site} + \beta_6 \cdot I(\mathsf{alleles} = -2) \\ &+ \beta_7 \cdot I(\mathsf{alleles} = -1) + \beta_8 \cdot I(\mathsf{alleles} = 1) \\ &+ \beta_9 \cdot I(\mathsf{allele} = 2) \end{aligned}$$



Results: Model Selection with APOE information

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- 1 A Cochran-Armitage test shows a decreasing trend between AD and allele scores (p < 0.001);
- 2 The p values for allele groups are (β_6 : 0.15, β_7 : 0.76, β_8 : 0.65 and β_9 : 0.48), which says the allele combinations are not significant in predicting VO₂ scores;
- 3 A lack-of-fit test suggests for the same reduced main effect model $(F_{4.294} = 0.75, p = 0.56)$.



Discussion

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What we have tried

- Explored the current Alzheimer's disease data and discussed relationships between categorical variables under interest;
- 2 Tried to look for parsimonious but informational regression models to profile the significant predictor variables for VO_2 performance.

Conclusion

- 1 No significant effet from E4 allele carrier;
- 2 No interaction between Gender, Diagnosis, and E4 carrier;
- 3 No significant effect from APOE genotypes;
- We suggest the reduced main effect model as the final model.



Thank You!

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