

Vitiligo age-of-onset and PRS Association

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Introduction

In this study, we aim to investigate the association between a vitiligo Polygenic Risk Score (PRS) excluding MHC Class II region SNPs and the age-of-onset. Our hypothesis posits a correlation wherein a higher PRS (excluding MHC Class II) is linked to an earlier age-of-onset, indicating a potential association with elevated genetic risk.

Moreover, we extend our hypothesis to carriers of the extreme risk/early age of onset MHC Class II haplotype. In this subgroup, we anticipate that the impact of a high PRS without MHC Class II may be diminished due to the substantial genetic risk conferred by the haplotype (haplotype OR=8.1). We believe there may be an interaction effect, suggesting that the slope of the regression line for age-of-onset \sim PRS is smaller in individuals carrying the high-risk haplotype compared to non-carriers.

Results

Categorizing age-of-onset into Early- and Late- Onset Groups

I no longer have the AOO classifications that we created previously, so I have re-fit the finite mixture model to categorize GWAS123 cases as either early onset or late onset. I have used the same methods here.

In the eAOO paper it says, “After subgroup assignment and control matching, the combined early-onset subgroup contained 704 cases and 9,031 controls and the combined late-onset subgroup contained 1,467 cases and 19,156 controls.”

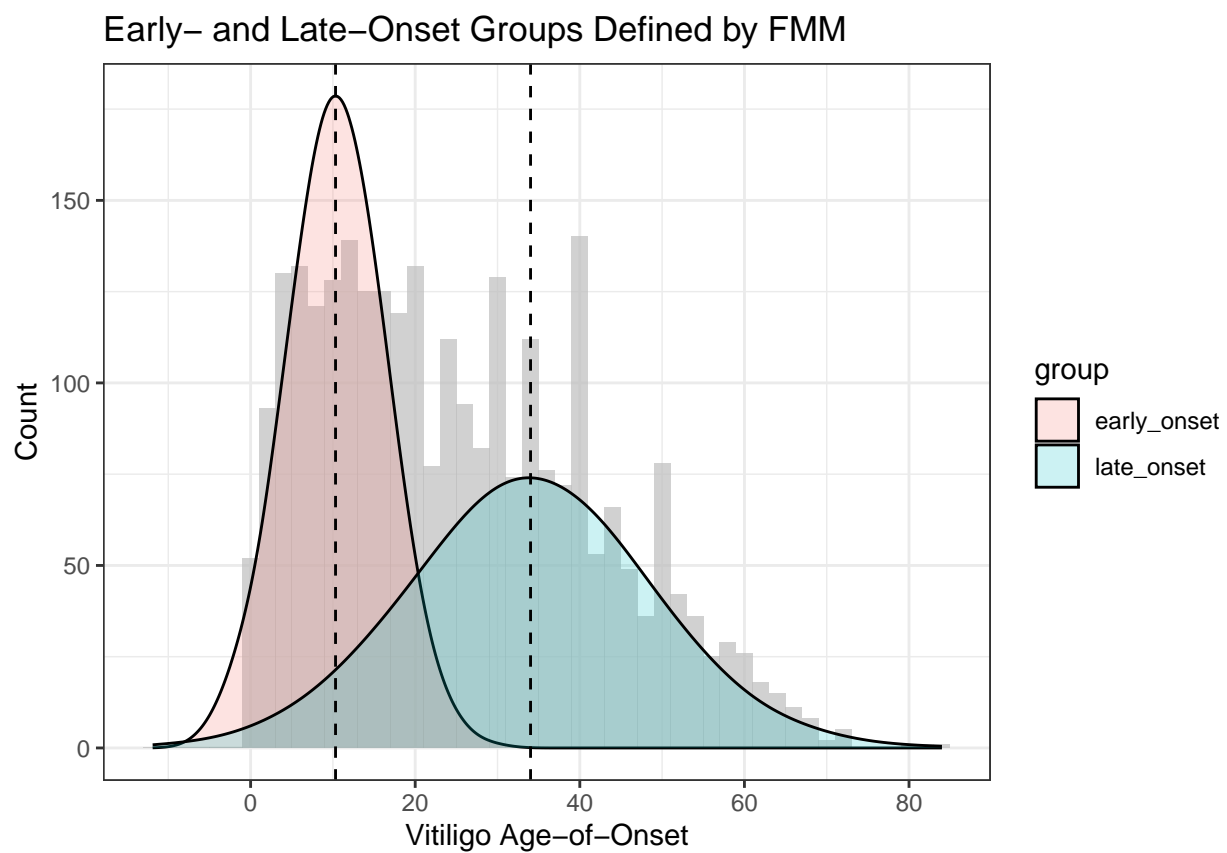
number of iterations= 100

Table 1: Early and Late Onset Subgroup Descriptive Statistics
(continued below)

Age of Onset Category	n	FMM Mean	Actual Mean	FMM SD	Actual SD
early_onset	719	10.32	6.68	5.86	3.39
late_onset	1430	34.02	39.07	14.4	11.4
NA	617	NA	17.19	NA	2.82

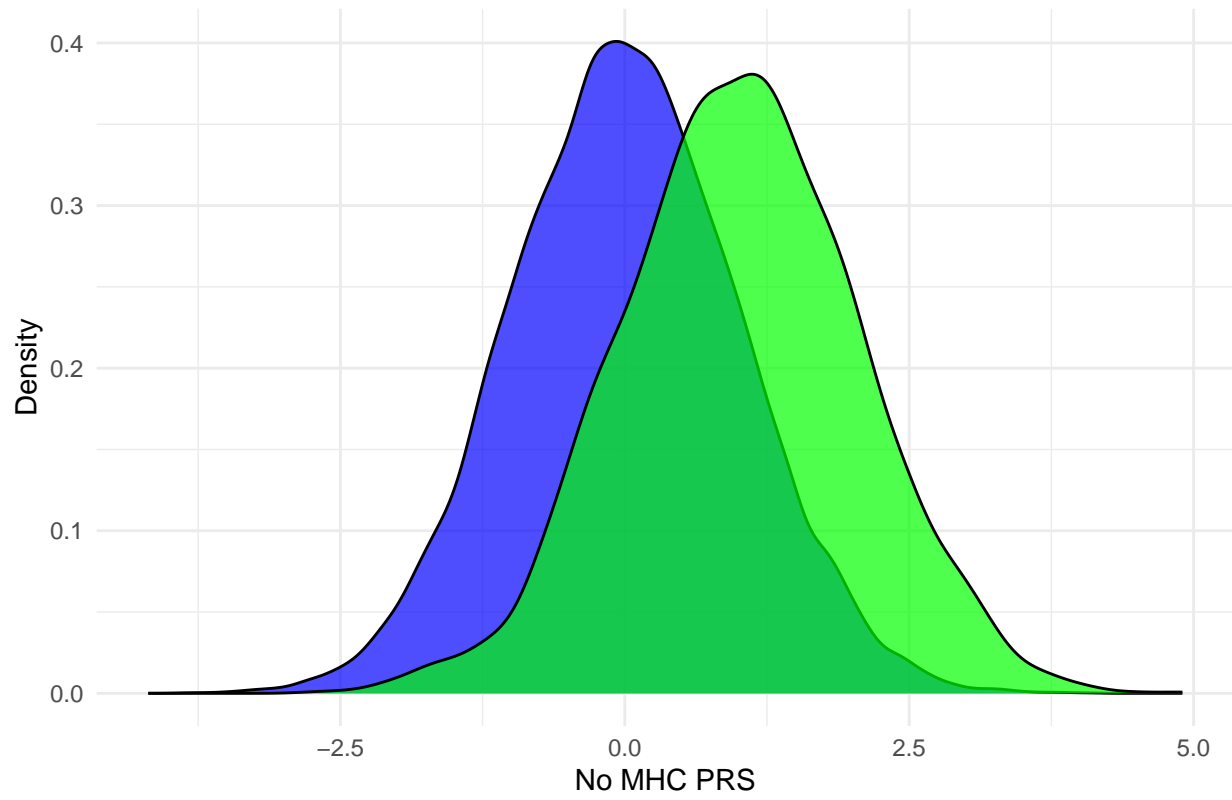
Actual Minimum	Actual Maximum
0	12
23	84
12.5	22

As shown in the table above, you can see that we achieve similar sample sizes for early and late onset (719 early here vs. 704 in our earlier analysis and 1,431 late here vs. 1,467 in our earlier analysis). The FMM-estimated distribution means are also identical, at 10.3 here versus 10.3 for GWAS123 + Rep in our earlier analysis and 34.0 here versus 34.0 for GWAS123 + Rep in our earlier analysis.



PRS distributions

Density of No MHC PRS in Vitiligo Cases and Controls



Associations with Vitiligo Risk (Case-Control)

To verify that the associations look in line with previous estimates, we check the association of the PRS and the MHC Class II high-risk SNPs with overall vitiligo risk (i.e. in all cases and controls in GWAS123):

Phenotype	PRS or SNP	pval	OR	lower_ci	upper_ci
vitiligo	CONFIRMED	0.00e+00	2.71	2.6	2.82
vitiligo	eA00_rs145954018	1.59e-49	2.36	2.1	2.64
vitiligo	eA00_hap_carrier	2.12e-49	2.43	2.16	2.74
vitiligo	generic_rs9271597	1.10e-97	1.84	1.74	1.95
vitiligo	mhc_class2_only	3.75e-110	1.46	1.42	1.51
vitiligo	no_mhc_classII	0.00e+00	2.59	2.48	2.7
late_onset_vitiligo	CONFIRMED	3.61e-230	2.46	2.33	2.6
late_onset_vitiligo	eA00_rs145954018	8.65e-08	1.61	1.35	1.92
late_onset_vitiligo	eA00_hap_carrier	2.13e-07	1.62	1.35	1.94
late_onset_vitiligo	generic_rs9271597	8.27e-32	1.59	1.47	1.72
late_onset_vitiligo	mhc_class2_only	7.66e-28	1.3	1.24	1.37
late_onset_vitiligo	no_mhc_classII	2.25e-222	2.51	2.37	2.66
early_onset_vitiligo	CONFIRMED	4.93e-192	3.06	2.84	3.3
early_onset_vitiligo	eA00_rs145954018	2.38e-75	4.7	3.99	5.55
early_onset_vitiligo	eA00_hap_carrier	4.30e-75	5.14	4.32	6.13
early_onset_vitiligo	generic_rs9271597	4.00e-51	2.31	2.08	2.58
early_onset_vitiligo	mhc_class2_only	4.99e-92	1.82	1.72	1.93
early_onset_vitiligo	no_mhc_classII	1.61e-127	2.55	2.36	2.75

These results look generally as I would expect, with the CONFIRMED risk score having the highest performance with respect to OR per standard deviation of PRS. The P-values = 0 mean that the P-value is lower than the numerical precision in R, which I believe is something like $P < 1e-300$.

Note that the scaling is different for SNPs and for PRS, so the estimates are not directly comparable (for PRS, the OR is per standard deviation of PRS, whereas for SNPs, it is per SNP risk allele).

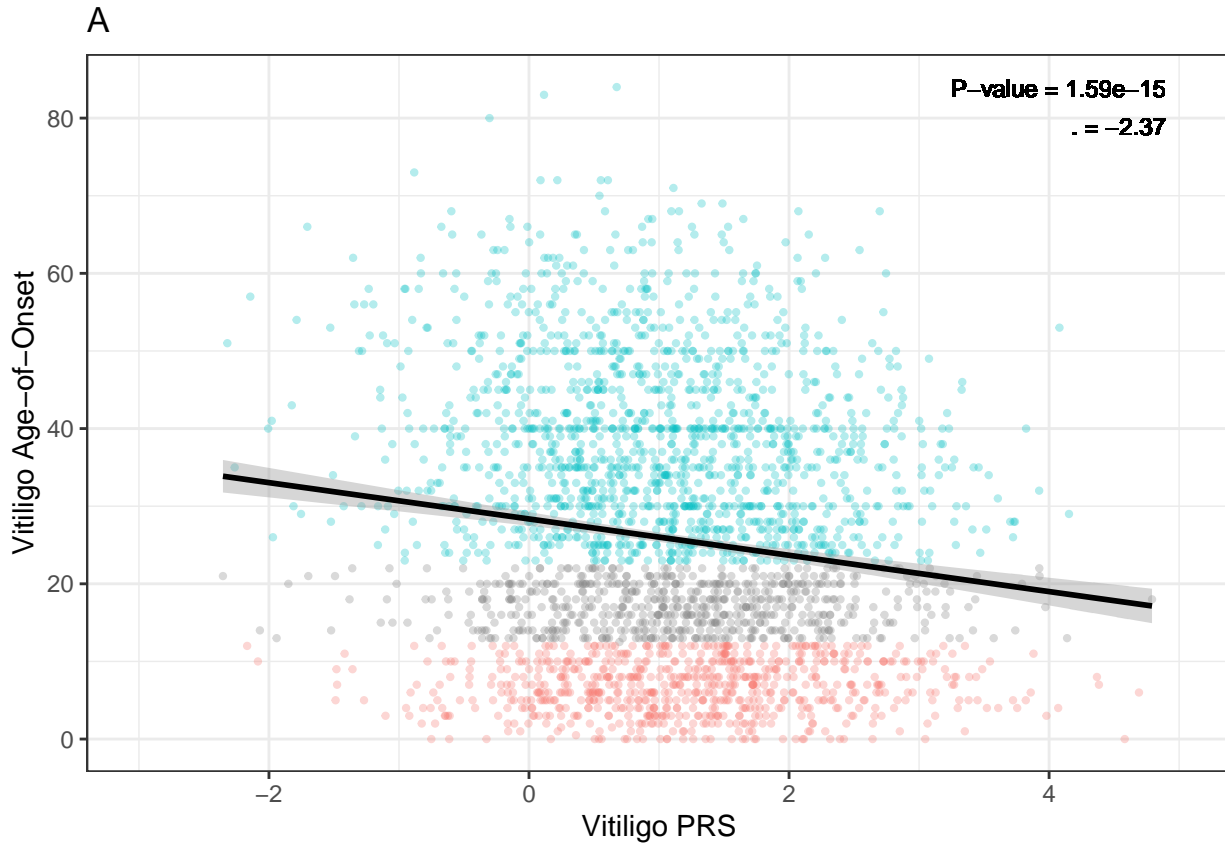
Associations with Vitiligo Age-of-Onset (Case Only)

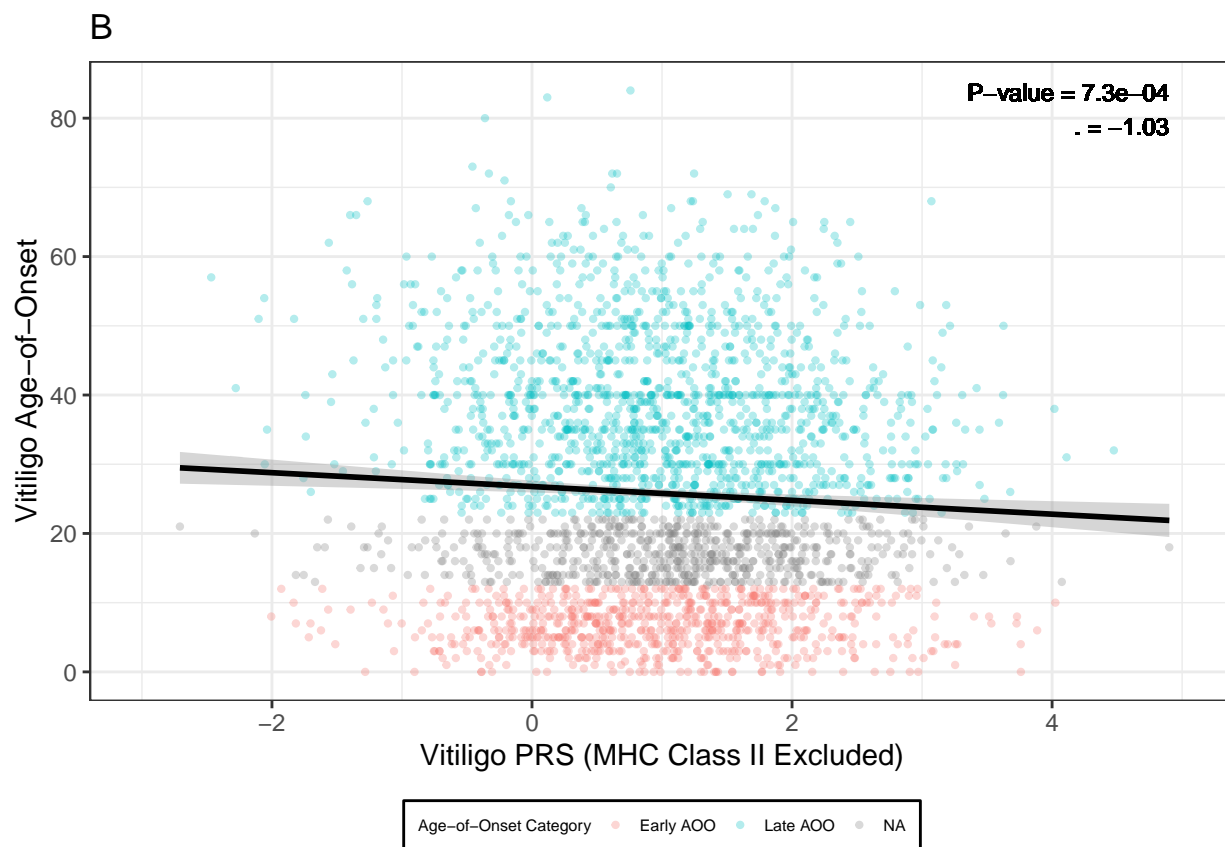
I also checked the association with vitiligo age-of-onset risk (i.e. cases with non-missing age-of-onset in GWAS123):

PRS or SNP	pval	estimate	lower_ci	upper_ci	n_obs	adj_r_sq
no_mhc_classII_prs	7.30e-04	-1.03	-1.63	-0.43	2766	0.00701
mhc_class2_only_prs	4.01e-22	-2.58	-3.1	-2.07	2766	0.0362
CONFIRMED_prs	1.59e-15	-2.37	-2.96	-1.79	2766	0.0257
eA00_rs145954018	1.05e-17	-7.28	-8.94	-5.63	2766	0.0292
generic_rs9271597	8.37e-11	-2.89	-3.76	-2.02	2766	0.0181
eA00_hap_carrier	3.36e-18	-7.71	-9.43	-5.98	2765	0.03

The MHC Class II only PRS ($P=4.01e-22$) is more strongly associated with age-of-onset than the confirmed PRS ($P=1.59e-15$). Nevertheless, there is modest association between the non-MHC Class II PRS and lower vitiligo age-of-onset, as we hypothesized ($P=7.30e-04$).

Note that the scaling is different for SNPs and for PRS, so the estimates are not directly comparable (for PRS, the estimate is interpreted as years per standard deviation of PRS, whereas for SNPs, it is interpreted as years per copy of SNP risk allele).



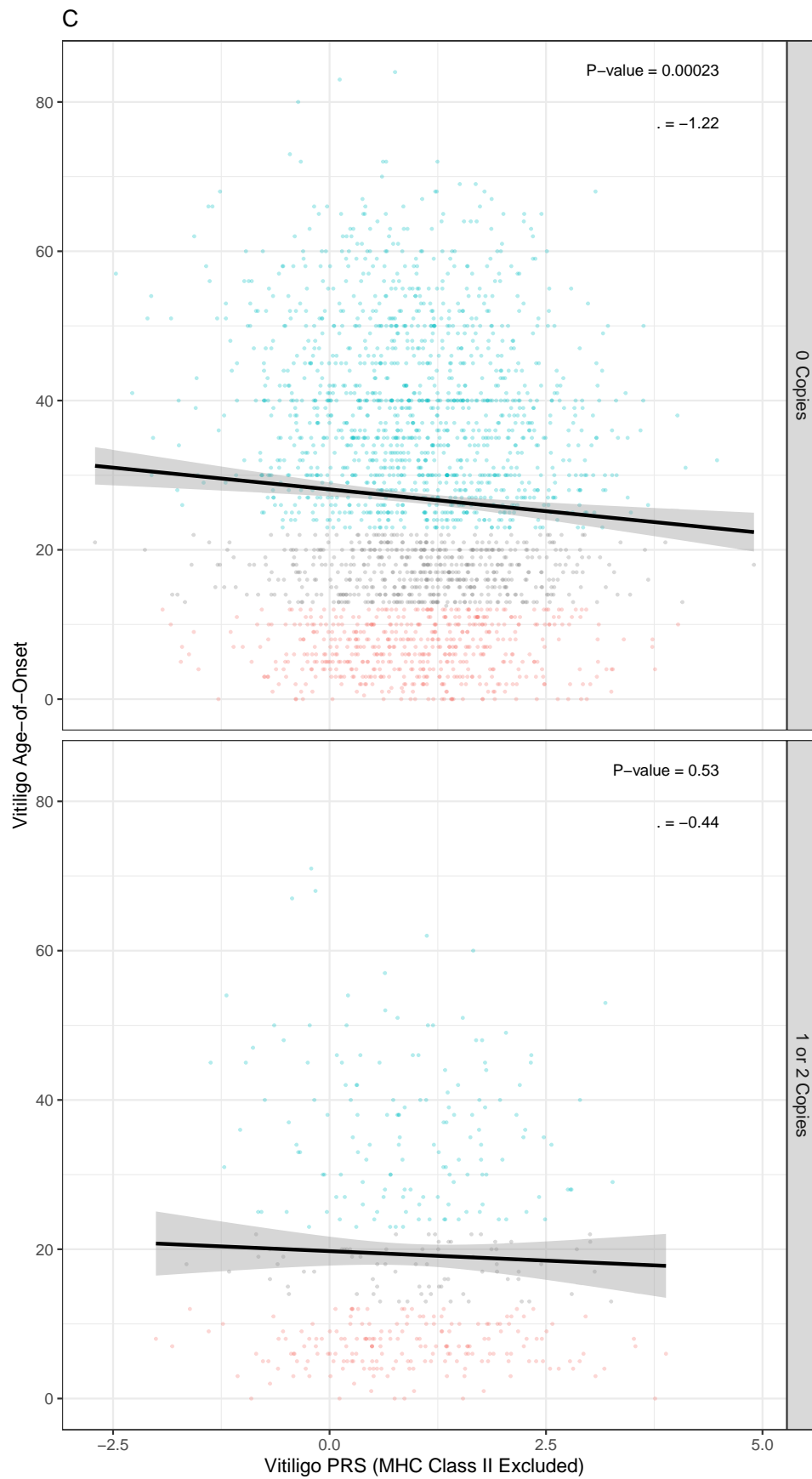


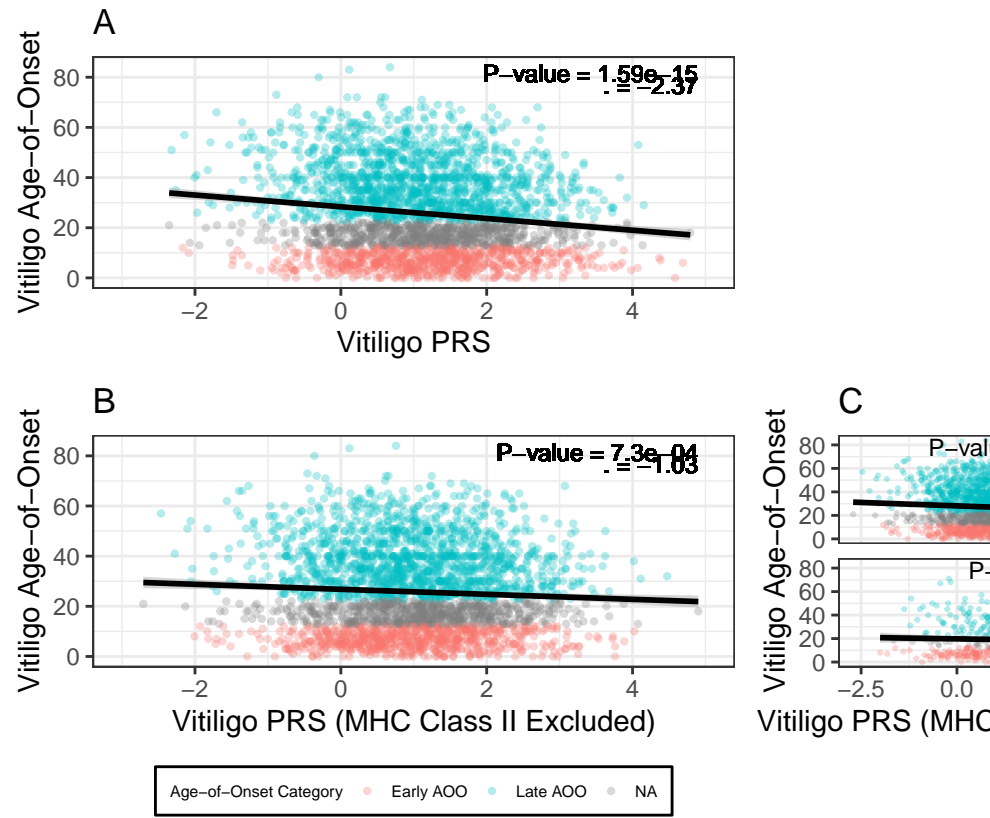
Stratified Association by High-Risk MHC Haplotype Carrier Status

Table 5: Stratified Association between PRS and Age-of-Onset in High Risk Haplotype Carrier Groups (continued below)

high_risk_MHC_haplotype_carrier	Phenotype	PRS	pval
1 or 2 Copies	VITageonset	no_mhc_classII	0.53
0 Copies	VITageonset	no_mhc_classII	0.00023

estimate	lower_ci	upper_ci	n_obs	adj_r_sq
-0.44	-1.82	0.94	408	0.0243
-1.22	-1.87	-0.57	2357	0.00827





Put all of the Figure 1 panels together. . .

AOO_category	high_risk_MHC_haplotype_carrier	n	sum	percent
early_onset	0 Copies	528	718	73.54
early_onset	1 or 2 Copies	190	718	26.46
late_onset	0 Copies	1285	1430	89.86
late_onset	1 or 2 Copies	145	1430	10.14

Stratified Association in Early and Late Onset Groups

Table 8: Stratified Association between PRS and Age-of-Onset in Early- and Late-Onset Groups (continued below)

AOO_category	Phenotype	PRS	pval	estimate	lower_ci
early_onset	VITageonset	no_mhc_classII	0.61	0.08	-0.22
late_onset	VITageonset	no_mhc_classII	0.2	-1.2	-3.04

upper_ci	n_obs	adj_r_sq
0.38	528	0.00867
0.64	145	0.044

Look at assocaiton of PRS in MHC High Risk Haplotype Carriers

Table 10: Table continues below

Phenotype	PRS	term	pval
vitaligo	no_mhc_classII_prs_scaled	no_mhc_classII_prs_scaled	2.2e-42

estimate	std_error	OR	lower_ci	upper_ci
0.84	0.06	2.32	2.06	2.62

Compare non-MHC SNP effect estimates in early- and late-onset

Randomly downsample cases so that there are exactly 700 cases with early-onset and 700 cases with late-onset. Also randomly sample two sets of 700 cases each. Then, compute the association between each of the non-MHC lead GWAS variants and disease risk.

Table 12: Table continues below

estimate	estimate1	estimate2	statistic	p.value	parameter
0.06503	0.9677	0.9027	8.497	6.752e-15	182.3

conf.low	conf.high	method	alternative
0.04993	0.08012	Welch Two Sample t-test	two.sided

Table 14: Table continues below

estimate	statistic	p.value	parameter	conf.low	conf.high
0.9027	-15.81	7.742e-29	99	0.8905	0.9149

method	alternative
One Sample t-test	two.sided

A tibble: 48 x 8

SNP mean_early_onset_vit~1 sd_early_onset_vitil~2 mean_late_onset_viti~3 1 RS10087~ 0.0581 0.0534 0.182 2 RS10200~ 0.350 0.100 0.422 3 RS10310~ 0.160 0.0620 0.127 4 RS10431~ 0.0985 0.0563 0.210 5 RS10774~ 0.213 0.0528 0.231 6 RS10986~ 0.202 0.0575 0.0954 7 RS11021~ 0.326 0.0608 0.239 8 RS11079~ 0.132 0.0685 0.104 9 RS11268~ 0.387 0.0637 0.342 10 RS11444~ 0.834 0.0517 0.468 # i 38 more rows # i abbreviated names: 1: mean_early_onset_vitiligo, # 2: sd_early_onset_vitiligo, 3: mean_late_onset_vitiligo # i 4 more variables: sd_late_onset_vitiligo, # mean_early_v_late_estimate, sd_early_v_late_estimate, # predicted_early_onset

Below, I have plotted the effect estimates in the early-onset and late-onset group together. If the other loci have generally equivalent effects in both groups, we expect that the points should generally fall around the $y=x$ line (denoted in red). If, on the other hand, there is effect size dilution in the early-onset group, we expect that the slope will be <1 .

