

# Bayesian multiple logistic regression improves loci prioritization and finemapping in case-control GWAS

Saikat Banerjee<sup>1</sup>, Lingyao Zeng<sup>2</sup>, Heribert Schunkert<sup>2</sup> and Johannes Söding<sup>\*,1</sup>

<sup>1</sup>Max Planck Institute for Biophysical Chemistry, 37077 Göttingen, Germany

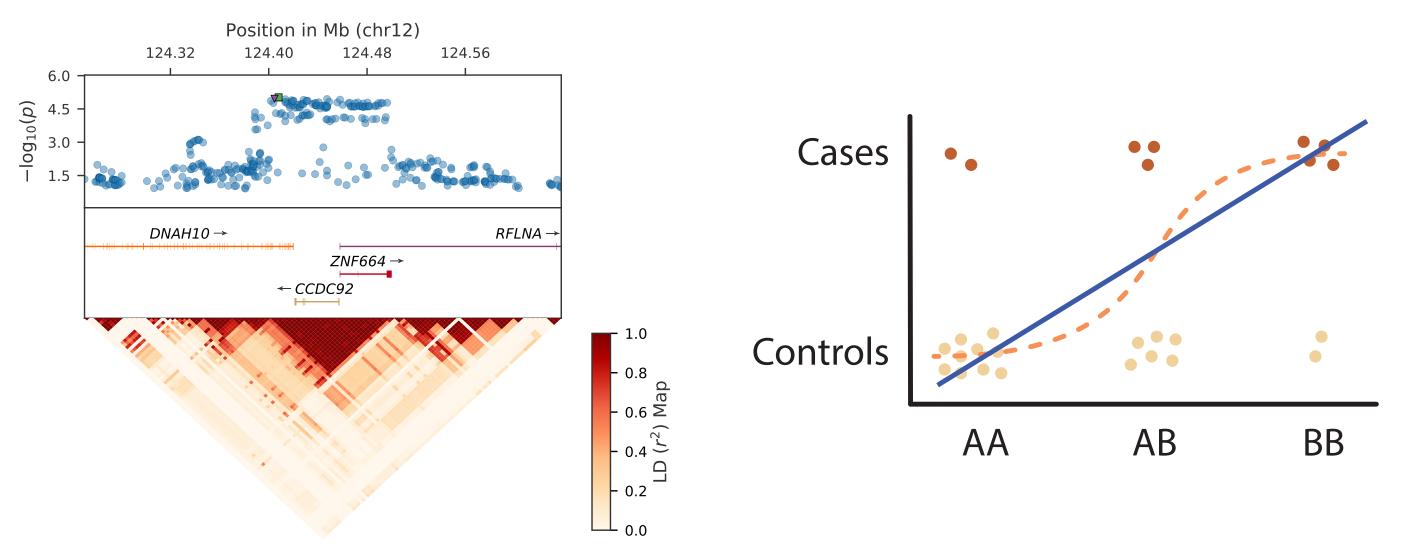
<sup>2</sup>German Heart Centre, 80636 Munich, Germany







#### 1. Post-GWAS analyses using multiple regression could not utilize the benefits of logistic model



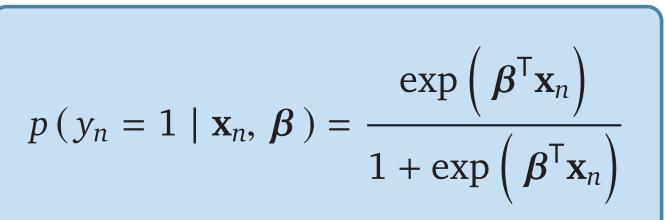
Linear model 🕲

#### Challenges for using multiple logistic regression:

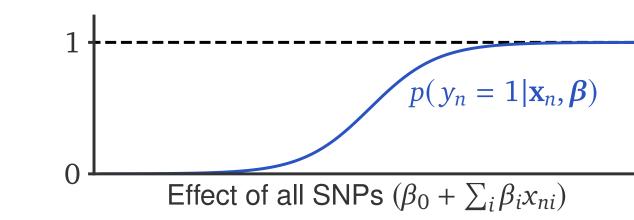
- The integration for the maximum likelihood cannot be solved analytically.
- MCMC sampling is computationally intractable.
- Solutions using Laplace and linear approximations essentially makes it a linear model.
- Metaanalysis requires knowledge of LD structure of the population.
- Limited to application on each individual genome-wide significant locus

#### 2. B-LORE uses logistic model and sparsity-inducing priors

Probability of  $n^{th}$  individual with genotype  $\mathbf{x}_n$  to be diseased:



Linkage disequilibrium (3)



Effect size  $(\beta_i)$ 

Prior probability

 $\mathcal{N}\left(\beta_i|0,\sigma_{\mathrm{bg}}^2\right)$ 

SNP i is causal

SNP *i* is non-causal

for non-causal SNPs

Likelihood

 $\mathcal{L}(\beta_0,\beta_i)$ 

Prior on effect sizes given hyperparameters  $\pi$  and  $\sigma$ ,

 $p(\beta_i \mid \pi, \sigma)$ 

Non-causal
$$= \pi \mathcal{N} \left(\beta_i \mid 0, \sigma^2\right) + (1 - \pi) \delta_0$$

 $= \sum_{z_i=0,1} \pi^{z_i} (1-\pi)^{(1-z_i)} \mathcal{N}\left(\beta_i \mid \mathbf{0}, \operatorname{diag}(\sigma_{\mathbf{z},i}^2)\right)$ 

$$= \sum_{z_i=0,1} p(\mathbf{z} \mid \boldsymbol{\pi}) \mathcal{N} \left( \beta_i \mid \mathbf{0}, \operatorname{diag}(\boldsymbol{\sigma_{\mathbf{z},i}^2}) \right)$$

where,  $\sigma_{\mathbf{z},i}^2 = z_i \sigma^2$ 

 $z_i \in \{0, 1\} \Rightarrow \text{Indicator variable of causality}$ 

#### 3. We introduce the quasi-Laplace approximation

Evidence approximation: maximizing the marginal likelihood

$$m\mathcal{L}(\pi, \sigma) := p(\mathbf{y} \mid \mathbf{x}, \pi, \sigma) = \sum_{\mathbf{z}} p(\mathbf{z} \mid \pi) \int p(\mathbf{y} \mid \mathbf{x}, \boldsymbol{\beta}) \mathcal{N}(\boldsymbol{\beta} \mid \mathbf{0}, \operatorname{diag}(\sigma_{\mathbf{z}}^{2})) d\boldsymbol{\beta} \to \max$$

**Quasi-Laplace approximation:** 

$$p(\mathbf{y} \mid \mathbf{x}, \boldsymbol{\beta}) \mathcal{N} \left( \boldsymbol{\beta} \mid \mathbf{0}, \operatorname{diag} \left( \boldsymbol{\sigma}_{\mathbf{z}}^{2} \right) \right) = \underbrace{p(\mathbf{y} \mid \mathbf{x}, \boldsymbol{\beta}) \mathcal{N} \left( \boldsymbol{\beta} \mid \mathbf{0}, \ \tilde{\sigma}^{2} \mathbb{I} \right)}_{\mathcal{N} \left( \boldsymbol{\beta} \mid \boldsymbol{0}, \ \tilde{\sigma}^{2} \mathbb{I} \right)} \underbrace{\frac{\mathcal{N} \left( \boldsymbol{\beta} \mid \mathbf{0}, \ \operatorname{diag} \left( \boldsymbol{\sigma}_{\mathbf{z}}^{2} \right) \right)}{\mathcal{N} \left( \boldsymbol{\beta} \mid \boldsymbol{0}, \ \tilde{\sigma}^{2} \mathbb{I} \right)}}_{\mathcal{N} \left( \boldsymbol{\beta} \mid \tilde{\boldsymbol{\beta}}, \ \tilde{\boldsymbol{\Lambda}}^{-1} \right)}$$

#### Benefits:

- The regularizer pulls the maximum of the regularized likelihood near to the mode of the integral, making it more accurate than Laplace approximation.
- Can be extended to multiple studies.
- Fast gradient-descent optimization.

**B-LORE** schema

1. Two-step optimization at each cohort to estimate  $\tilde{\sigma}$  and  $(\tilde{\boldsymbol{\beta}}, \tilde{\boldsymbol{\Lambda}})$ .

2. Estimation of hyperparameters  $(\pi, \sigma)$ .

## 5. Meta-analysis example: B-LORE discovers novel loci associated with coronary artery disease

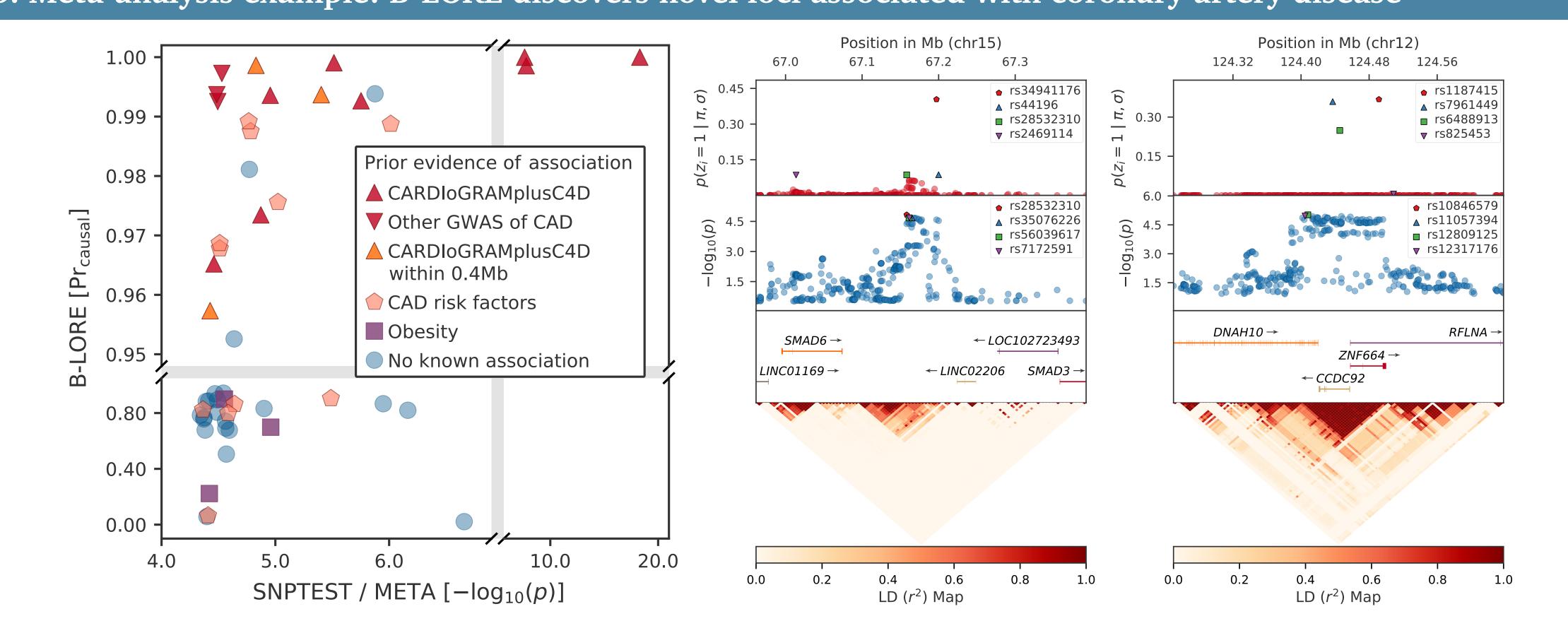
Prior probability

for causal SNPs

 $\bullet z_i = 1$ 

•  $z_i = 0$ 

 $\mathcal{N}\left(\beta_i|0,\sigma_i^2\right)$ 



Meta-analysis of 5 cohorts, Germal Myocardial Infarction Family Studies (GerMIFS I-V) – 6234 cases and 6848 controls.

# 4. Inference

Prediction of causality of each locus.

The probability for a locus to be causally associated with the disease is

 $Pr_{causal} = p (locus is causal | \boldsymbol{\phi}, \mathbf{X}, \hat{\pi}, \hat{\sigma})$  $= 1 - p (\mathbf{z} = 0 | \boldsymbol{\phi}, \mathbf{X}, \hat{\pi}, \hat{\sigma})$ 

Statistical finemapping of causal variants.

The posterior probability for SNP i to be causal is

$$p(z_i = 1 \mid \boldsymbol{\phi}, \mathbf{X}, \hat{\pi}, \hat{\sigma})$$

# 7. References

- 1. Banerjee *et al.* PLOS Genet 2018, doi:10.1371/journal.pgen.1007856
- 2. Servin *et al.* PLOS Genet 2007, doi:10.1371/journal.pgen.0030114
- 3. Guan *et al.* Ann Appl Stat 2011, doi:10.1214/11-AOAS455
- 4. CARDIoGRAMplusC4D Nat Genet 2015, doi:10.1038/ng.3396

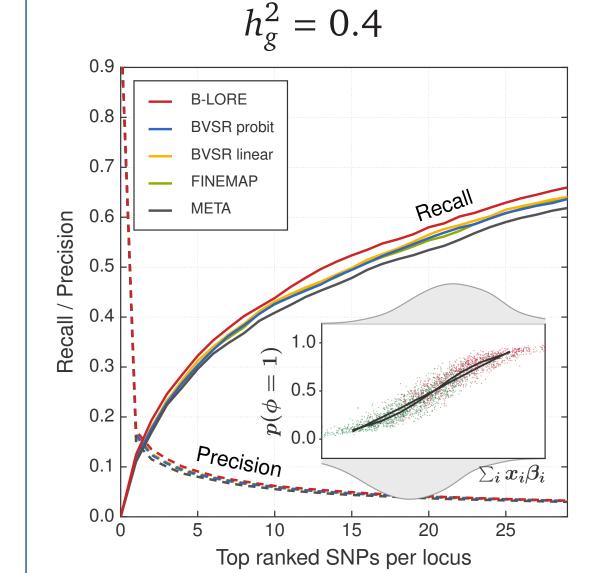
#### 8. Acknowledgement

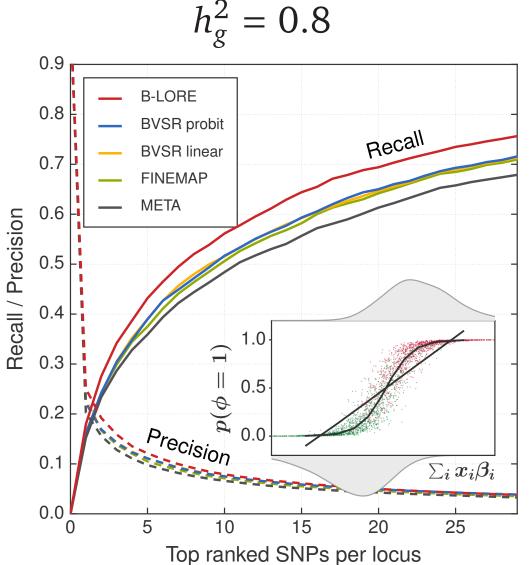
We thank Prof. Dr. Jeanette Erdmann for helpful discussions. This work was supported by the German Federal Ministry of Education and Research (BMBF) within the framework of the e:Med research and funding concept (grant 01ZX1313A-2014).

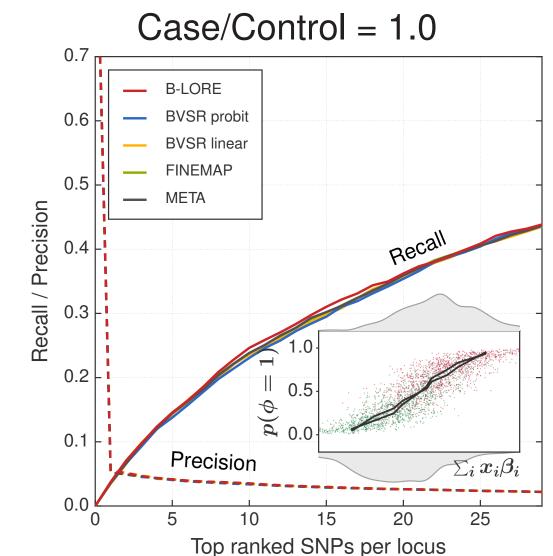


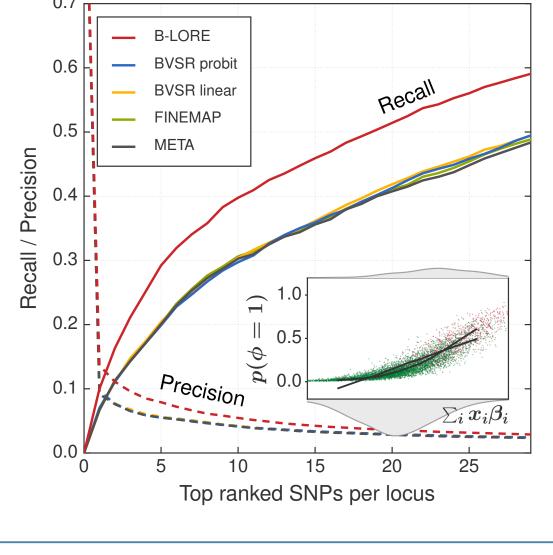


### 6. Examples of non-linear regimes in case-control GWAS









Case/Control = 0.25