

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

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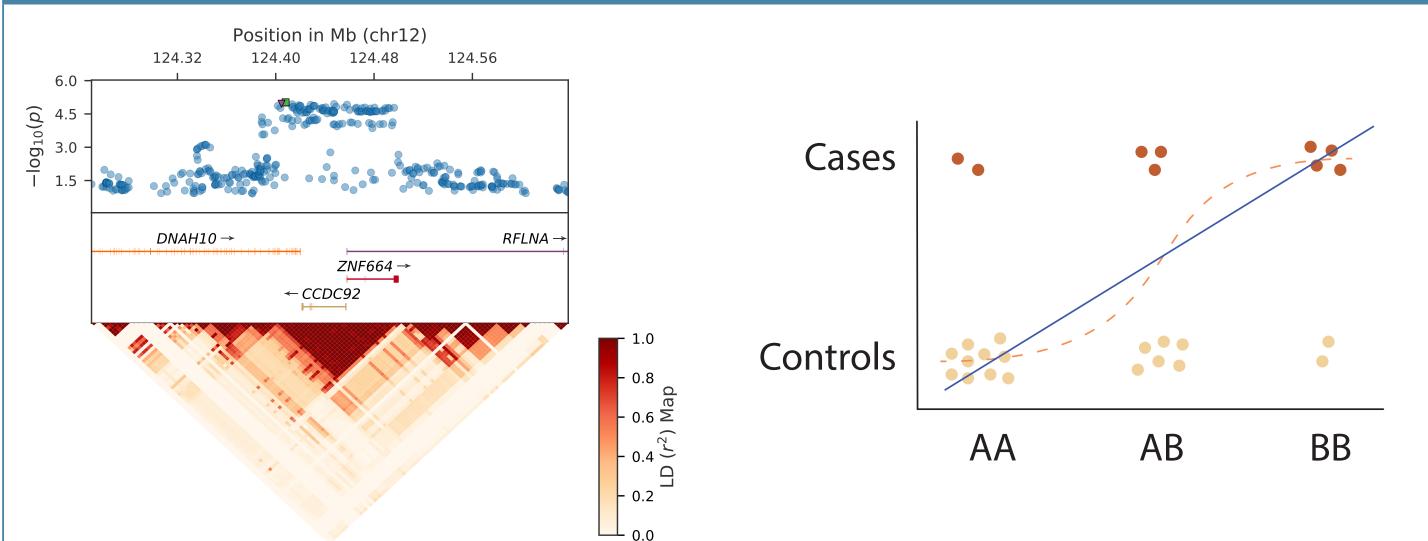
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#### 1. Post-GWAS analyses using multiple regression could not utilize the benefits of logistic model



Linear model (3)

Multiple logistic regression should work much better in the non-linear regimes. 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.
- Using multiple loci together for the analysis.

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

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

$$p(y_n = 1 \mid \mathbf{x}_n, \boldsymbol{\beta}) = \frac{\exp(\boldsymbol{\beta}^\mathsf{T} \mathbf{x}_n)}{1 + \exp(\boldsymbol{\beta}^\mathsf{T} \mathbf{x}_n)}$$

Linkage disequilibrium (3)

 $p(y_n = 1 | \mathbf{x}_n, \boldsymbol{\beta})$ Effect of all SNPs  $(\beta_0 + \sum_i \beta_i x_{ni})$ 

Prior probability

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

Effect size  $(\beta_i)$ 

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

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

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

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

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

 $z_i \in \{0, 1\} \Rightarrow$  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:** 

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

#### 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** 

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

schema

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

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

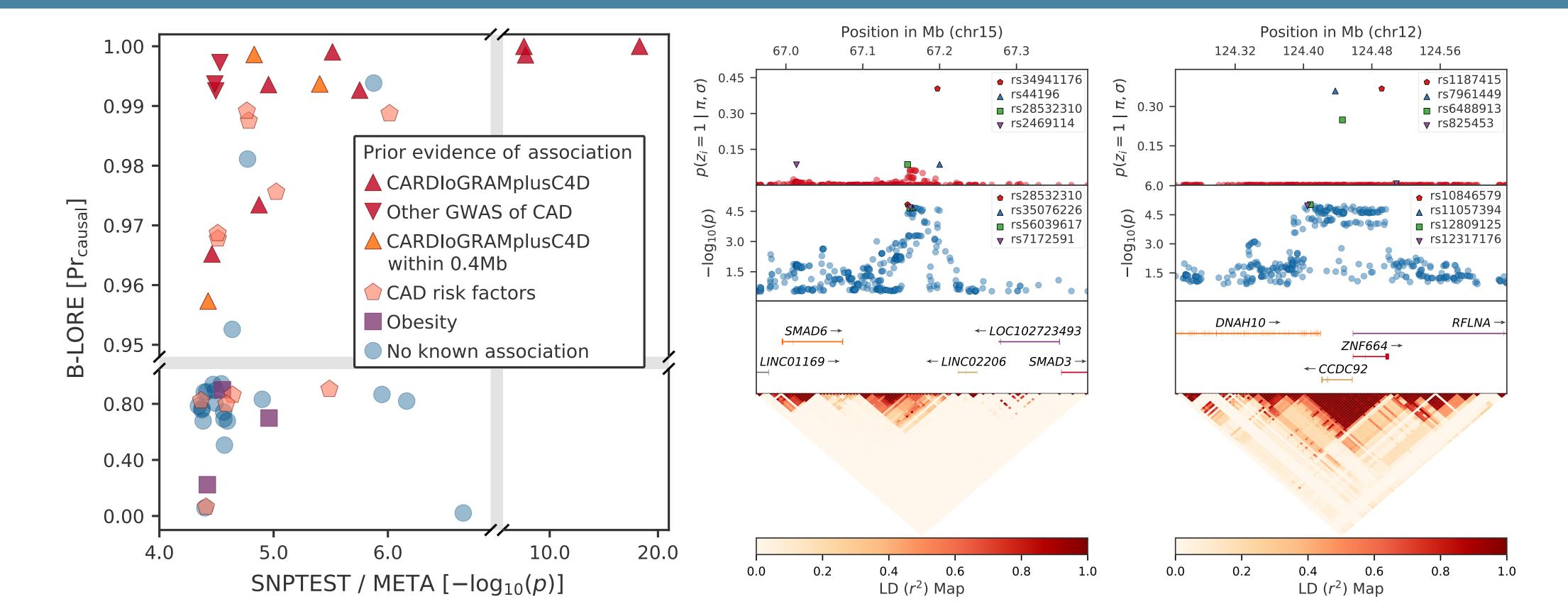
Prior probability

for causal SNPs

•  $z_i = 1$ 

•  $z_i = 0$ 

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



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

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

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

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- 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
- CARDIoGRAMplusC4D Nat Genet 2015, doi:10.1038/ng.3396

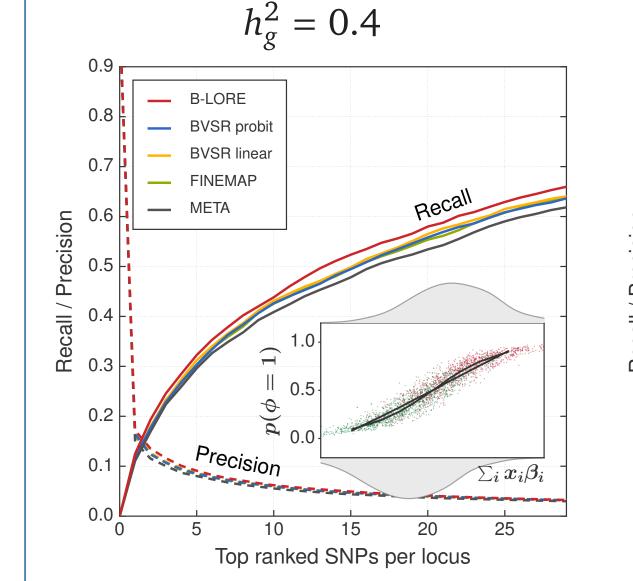
## 8. Acknowledgement

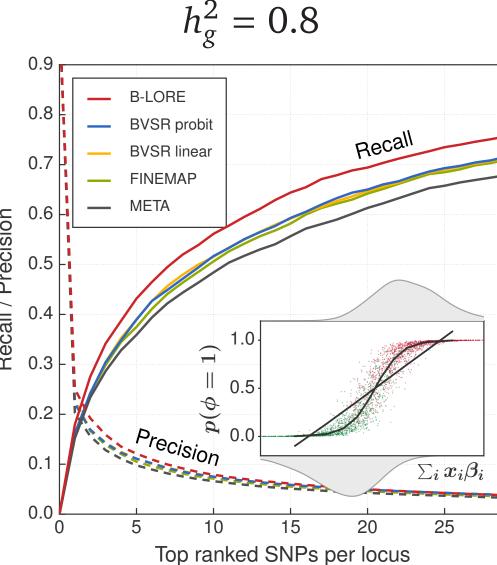
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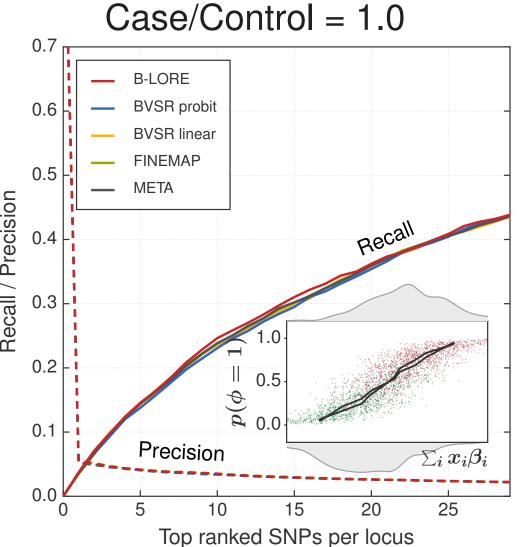


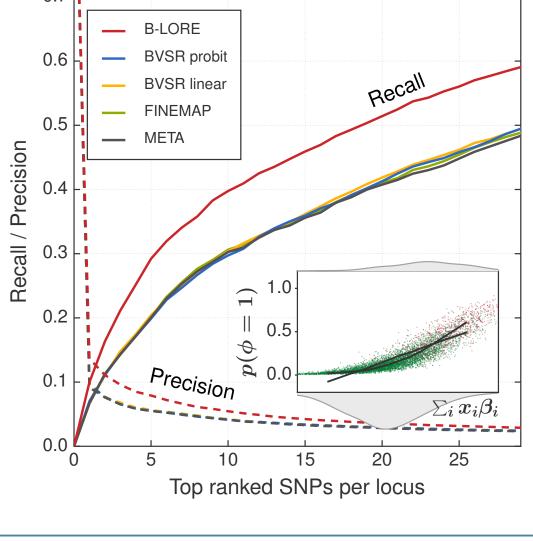


#### 6. Examples of non-linear regimes in case-control GWAS









Case/Control = 0.25