

# *GGSB 2015 Prelim*

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## **Required**

1-8: General Genetic Principles

9-12: Mapping

39-50: Study Design and Statistical Data Analysis

## **Choice between**

13-17: Genetic Architecture of Human Phenotypes

**or**

18-28: Population and Evolutionary Genetics

29-32: Molecular Mechanisms and Model Organisms in Human Genetics

**or**

33-38: Gene Regulation and Human Phenotypes

A good answer would show in escalating order:

- Basic understanding via descriptions and definition of basic terms and concepts
- Knowledge of biology/literature via empirical examples of concepts in action,
- Engagement of critical thinking by highlighting well-known limitations or novel critiques of a concept or its common application
- Recognition of open problems and novel research opportunities.

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## General Genetic Principles

**1. Explain the distinction between allelic heterogeneity, genetic (locus) heterogeneity, and clinical heterogeneity. Give examples of each.**

Great review of this topic:

[Genetic Heterogeneity in Human Diseases](#)

### Overview

Each of the following topics have implications in the type of studies which can or cannot be used. Overall, heterogeneity ensures that large-scale association tests or case-control studies will be poorly powered to detect causal variants or genes. See the review linked above for more detail.

**Definition Allelic Heterogeneity** - *In a given population, different mutations in the same gene result in a similar phenotype.*

### Example

Cystic Fibrosis is caused by defective cystic fibrosis transmembrane conductance regulator proteins (CFTR). Many mutations in the CFTR gene can give rise to non-functioning proteins, which all lead to the same CF phenotype.

Two-thirds of all CF mutations are a 3bp deletion at position 508, resulting in a loss of phenylalanine. 1,500 other mutations also exist which lead to CF. However, this disease is haplosufficient..

Unknown allelic heterogeneity can affect GWA results<sup>1</sup> when LD methods are used.

<sup>1</sup> <http://hmg.oxfordjournals.org/content/11/20/2417.short>

### Sources

<http://hmg.oxfordjournals.org/content/20/20/4082.short>

**Definition Genetic (locus) heterogeneity** - *Mutations in different genes result in a similar phenotype.*

**Example** - *The BRCA1 and BRCA2 genes are a good example of how mutations in different genes lead to the same phenotype.*

**Definition Clinical Heterogeneity** - *Variability in clinical manifestations, or phenotypes, with the same underlying mutation/genetic disorder.*

Mutations in several genes can lead to familial hypercholesterolemia, high level of LDL cholesterol. Mutations in LDLR (LDL receptor), Apolipoprotein B, proprotein convertase subtilisin/kexin type 9 (PCSK9), and the ARH/LDLRAP1 genes can all lead to familial hypercholesterolemia.

2. What is the relationship between the inbreeding coefficient, kinship coefficient, and coefficient of relatedness? How are they calculated in pedigrees? Can they be estimated in the absence of pedigree information?

**Definition Identity by descent** - Two alleles at the same locus that are descended from the same ancestral allele within the recent past. Can be 0, 1, or 2 depending on how many ancestral alleles shared between individuals.

**Definition Coefficient of Kinship** -  $f_{xy}$ : The probability that two alleles, one from X and the other from Y, are IBD.

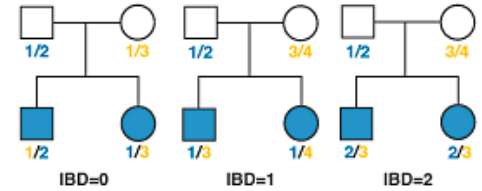
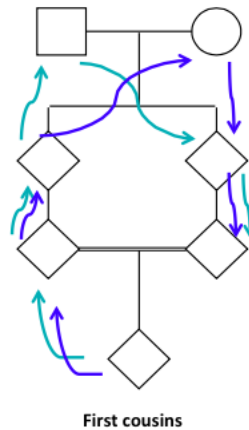


Figure 1: IBD Pedigree Example

## Calculating F

◆  $F = \sum (\frac{1}{2})^n$

- n = number of connections between inbred offspring and each common ancestor
- Summed over all “loops” (or common ancestors)



First cousins

$$F = (\frac{1}{2})^5 + (\frac{1}{2})^5 = \frac{1}{16}$$

**Definition Coefficient of Relatedness** -  $R_n$ , the probability of sharing  $n \in \{0, 1, 2\}$  IBD alleles. Mean relatedness,  $\bar{r} = 0 \times r_0 + 1 \times r_1 + 2 \times r_2$ .

### Relationship between Coefficients

$$f_{xy} = \frac{1}{2} \bar{r}$$

Relationship	Kinship coefficient	Coefficient of relatedness
Self	0.5000	1.000
Monozygotic twins	0.5000	1.000
Parent-child	0.2500	0.500
Full siblings	0.2500	0.500
Half siblings	0.1250	0.250
First cousins	0.0625	0.1250
Unrelated	0.0000	0.0000

Figure 2: Relationship between Kinship and Relatedness coefficients

**3. What are the key distinguishing characteristics of pedigrees segregating autosomal dominant, autosomal recessive, X-linked, Y-linked, and mitochondrial diseases?**

**Autosomal Dominant**

On average, half of offspring of affected-nonaffected parents will be affected.

**Autosomal Recessive**

If both parents are carriers, then  $\frac{1}{4}$ th of offspring will show a disease phenotype.

**X-linked Dominant**

Affected men always pass disease to daughters. Affected women have  $\frac{3}{4}$ ths chance of passing disease to daughters and same chance to sons.

**X-linked Recessive**

Women can be either affected or carriers. Men always affected.

**4. Explain the "non-Mendelian" concepts of uniparental disomy and imprinting. How would these be manifested in pedigrees and how are they demonstrated at the cellular or molecular levels?**

**Definition Mendelian Genetics** - *Involves the "Laws" of random segregation, independent assortment, and dominance. Non-Mendelian genetics violate at least one of these assumptions.*

**Definition Uniparental Disomy** - *Offspring inherits a chromosome, or part of one chromosome, from one parent only. These offspring are euploid, but with an unequal contribution of genetic material from the parents.*

Uniparental disomy can manifest in two ways: inheriting both homologs from one parent (heterodisomy), or duplication of a single inherited chromosome (isodisomy).

**Heterodisomy**

Offspring inherits homologs from one parent only. Can occur during a nondisjunction error in Meiosis I, where one daughter cell inherits both sister chromatids while the other inherits none. This will lead to trisomy after fertilization, and heterodisomy if trisomy rescue occurs and results in the loss of the allele from the other parent.

Heterodisomy can also result from crossover events. In the parental generation, a cross between a balanced translocation carrier and a normal carrier can result in partial heterodisomy if the offspring inherits a crossover product and non-crossover product. However, this is an unbalanced gene load and is less prone to survival (10-15% incidence versus theoretical 50%).

In a Robertsonian translocation, acrocentric chromosomes fuse to create a single fusion chromosome. If this translocation occurs between homologs and is passed down to offspring, trisomy occurs (eg Trisomy 21). If, however, the non-fusion chromosome is lost by trisomy rescue, then heterodisomy occurs.

In a pedigree analysis, heterodisomies result in a parent passing their recessive condition to an offspring. Additionally, the parents of the affected parent are carriers.

**Isodisomy**

Isodisomy occurs when a single parental homolog is inherited and duplicated. This can occur after nondisjunction events in both Meiosis I and II. While the Meiosis I error gives 2 gametes which can result in heterodisomy, the other two gametes result in isodisomy if chromosomal duplication occurs. In this case, the other parental chromosome is duplicated.

During a meiosis II error, the sister chromatids fail to separate, leaving one product with two copies of the same chromosome in one gamete and none in the other. For the former gamete, trisomy rescue and loss of the other parent's chromosome leads to isodisomy. For the latter gamete, duplication of the other parental chromosome leads to isodisomy.

In a pedigree analysis, isodisomy should be suspected when an offspring shows a recessive disease when only one parent is a carrier.

This suggests that the recessive allele was inherited and duplicated.

### **Discovering Uniparental Disomy**

Discrepancies between karyotypes of placenta and fetus.

Mosaicism of normal and trisomic cells (rescue occurs after first cell division).

Abnormal chromosome structure giving evidence of inheritance of Robertsonian product or unbalanced products. Usually seen by FISH.

Other DNA tests:

Test for STR (short tandem repeats) of known high heterozygosity, genotyping parents and offspring.

**Definition Imprinting** - *Imprinting results from the inheritance of epigenetic marks silencing an allele in a parent-of-origin specific manner.*

With imprinting, only one allele is expressed, and which allele depends on its parent-of-origin. When uniparental disomy of an imprinted allele occurs, the resulting expression can either go to 0x or 2x depending on if the silenced allele is the one doubled or not.

### **Sources**

<http://www.nature.com/gim/journal/v3/n3/full/gim200144a.html>

5. What evidence is there for the presence of modifier loci? How is this related to the concept of epistasis and how is it distinct (or not) from polygenic and other models of inheritance?



**6. What are distinctions among the concepts linkage, linkage disequilibrium, and association? Under what circumstances would each be preferable for genetic mapping? Consider both sample composition and types of diseases.**

**Definition Linkage** - *Two loci tend to be inherited together due to lack of recombination.*

### **Linkage Mapping**

Useful when samples are from large and informative pedigrees.  
Informative indicates that each allele can be assigned to

**7. Define epistasis. Describe approaches that allow epistasis to be detected or quantified. Describe some biological mechanisms that can produce epistasis. Discuss the implications of epistasis for efforts to map the genetic causes of phenotypes. Discuss the potential implications of epistasis for the evolutionary process.**

**8. Define heritability. Describe methods used to quantify the heritability of a phenotype. Discuss the value and limitations of heritability as a descriptor of the extent to which a phenotype has genetic causes. Describe the "missing heritability problem" and its potential explanations.**

A measurable phenotypic trait varies within a population. Beak length in finches is a good example: there exists a mean length, but the values can be higher or lower. This variance is denoted by  $\sigma_P^2$ .

For most traits, the phenotype is made up of contributions from genes and environment, and similarly for the variance.

$$\sigma_P^2 = \sigma_G^2 + \sigma_E^2$$

The relationship between genetic variability and phenotypic variability is deemed heritability.

$$h^2 = \frac{\sigma_a^2}{\sigma_P^2}$$

Where  $\sigma_a^2$  is the additive genetic variance (as opposed to dominance effects).

An estimate of  $h^2$  can be found by plotting the phenotypic value of offspring versus the midparent value and fitting a linear regression. The slope of this regression estimates  $h^2$ , how well the parent phenotype determines the offspring phenotype.

#### **Twin Method**

Twin studies allow the inflation of heritability by common environment to be minimized. Since twins are presumed to have experienced the same environment growing up, the environmental variance is the same. Comparing monozygotic twins to dizygotic twins will allow a better estimation of heritability.

#### **Considerations**

Calculations of heritability can be influenced by shared environment. Thus, heritability is usually specific to a single population or region.

#### **GCTA**

#### **Missing heritability**

A heritability of 1 indicates that a genetic variant or variants can explain all of the phenotypic variance. As association studies and GWA studies have increased sample size and tagged variants, the heritability measures of measured traits has not increased as quickly.

## Mapping

### 9. What is the difference between an odds ratio and relative risk?

When would you use each and how might these relate to the concept of heritability in a genetic study?

**Definition Relative Risk** -  $\lambda_R$  is the risk that an affected person acquires a trait divided by the risk for the general population.

Consider a 2x2 contingency table testing a response (yes or no) based on group (placebo versus medicine).  $\pi_1$  is defined as the probability of a "yes" response for the placebo group.  $\pi_2$  is the probability of a "yes" response for the medicine group.

Group	Diseased	Not Diseased	Total
Placebo	$\pi_1$	$1 - \pi_1$	1
Medicine	$\pi_2$	$1 - \pi_2$	1

The relative risk for this table is given by

$$\text{relative risk} = \frac{\pi_1}{\pi_2}$$

Example Data:

Group	Diseased	Not Diseased	Total
Placebo	189	10,845	11,034
Medicine	104	10,933	11,037

Table 1: Adapted from Table 2.3 from *Introduction to Categorical Data Analysis* by Alan Agresti

In this example,  $\hat{\pi}_1 = \frac{189}{11,034}$  and  $\hat{\pi}_2 = \frac{104}{11,037}$ . A small difference, but a relative risk of 1.83, meaning the placebo group is 83% more at risk than the medicine group.

**Definition Odds** - Expected ratio of successes. Define  $p$  as probability of success,  $\text{odds}_1 = \frac{p}{1-p}$ . Thus, an odds of 3 indicates a probability of success of 0.75 and of failure 0.25.

For the previous table, we can define the odds ratios for each group, giving  $\text{odds}_1 = \frac{\pi_1}{1-\pi_1}$  and  $\text{odds}_2 = \frac{\pi_2}{1-\pi_2}$ , respectively.

**Definition Odds Ratio** - A ratio of odds. For a 2x2 contingency table,  $OR = \theta = \frac{\text{odds}_1}{\text{odds}_2}$ .

Odds ratios of 1 describe the null hypothesis that the group and response are independent. When  $\theta > 1$ , the odds of success for group 1 are  $\theta$  times higher than for group 2. When  $\theta < 1$ , the odds of success for group 2 are  $\frac{1}{\theta}$  times higher than for group 1.

**Definition Log Odds** - As a fraction of positive values, the odds ratio is only lower-bounded by 0. Thus, the distribution is very skewed. Taking the log odds removes this skewedness since it is symmetric around its null value of 0.

### Relative Risk versus Odds Ratio

Recall that

$$RR = \frac{\pi_1}{\pi_2}$$

and

$$OR = \frac{\pi_1 / (1 - \pi_1)}{\pi_2 / (1 - \pi_2)}$$

Thus,

$$OR = RR \times \frac{1 - \pi_2}{1 - \pi_1}$$

and when the probabilities of success are both small, the RR and the OR are very similar.

**Sources**

Lander and Schork. "Genetic Dissection of Complex Traits" 1994.  
*Science*

**10. What are the differences between quantitative and qualitative trait mapping, correlated phenotypes, multi-trait mapping?**

*Genetic Architecture of Human Phenotypes*

*Population and Evolutionary Genetics*

**27. Genome structure: Describe major features of the structure of mammalian genomes (e.g. genome size, nucleotide composition, gene families, repetitive elements, small noncoding RNAs, centromeres and telomeres) and hypothesized mechanisms affecting their evolution.**

**Definition Telomeres** - *In humans, a 6bp (TTAGGG) repeated region at the ends of chromosomes. This repeat allows the chromosome ends to form a T-loop to prevent recognition as a break.*

Telomeres are shortened after each DNA replication event due to inability for DNA Pol to start at the ends. Telomerase allows the lengthening of telomeres in the 3' direction by use of an RNA template. After one strand is lengthened enough, DNA Pol can fill in the opposite direction.

In humans, telomerase is suppressed in somatic tissues. The prevailing hypothesis is that as organisms grew larger, telomere shortening was used as a way to prevent cell proliferation. There is a negative correlation between body mass and telomerase activity.

**Genome Structure**

As humans, chimps, and other apes evolved from their common ancestor, the structure of their chromosomes also changed. Due to duplications, deletions, and fusions, modern apes can have very different chromosome structure. In humans, chromosome 2 is the result of a fusion of two ancestral chromosomes still present in other apes.

**Centromeres**

**Definition Point Centromeres** - *Point centromeres are a small, specific sequence to which mitotic machinery bind with high affinity. Observed in yeast.*

**Definition Regional Centromeres** - *Human centromeres are regional, defined by large, repetitive sequences.*

**Definition Holocentromeres** - *In C. elegans, the spindle fibers can attach anywhere along the chromosome.*

**Genome Size**

In general, the size of the genome does not track with measures of "complexity". Important to consider is the proportion and possible function of non-coding DNA.

**GC Content**

The percentage of bases which are G or C. Varies across different species, and could be the result of evolving to conserve nitrogen or

change genome stability. There's a slight negative correlation between body mass and percent GC content.

### **Gene Families**

Genes which share common ancestors, one example being the globin family of genes.

*Molecular Mechanisms and Model Organisms in Human Genetics*

*Gene Regulation and Human Phenotypes*

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