

Multiple Testing

GWAS

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simple **testing**

- **inference** → is there a **difference** between groups?
 - e.g. AA vs AB vs BB
- **significance** is related to the **size** and **variance** of this difference
- **p-value**: likelihood of the data under H_0 (no difference)
 - small p-value → small likelihood of the data under H_0 → significant difference
 - large p-value → there is a high chance of observing these data if there is no difference between groups
- $\alpha = 0.05$ → threshold: 5% of rejecting H_0 when it is true (Type I error).
 - **false positive**: significant result when there is no difference (H_0 is true)

multiple **testing**

- many tests → many false positives
 - e.g. 2000 (independent) tests, $\alpha=0.05$ → How many expected false positives?
100 false positives by chance alone
- multiple testing problem
- GWAS:
 - many SNPs, many statistical tests, many p-values



How to cope with the problem

- Increase the sample size
(e.g. Bio Banks)
- Reduce the number of tests
 - Based on LD
 - Choose relevant regions (functional analysis)
- Decrease the significance threshold
 - **Bonferroni correction**
 - **False discovery rate**
 - **q values**
 - **Go Bayesian...**

Bonferroni correction

- Bonferroni, mathematician (1892 - 1960)
- **adjust** the significance threshold:
 - **New significance threshold $\leq \alpha/m$**
[m: number of tests (markers)]
- Bonferroni correction tends to be too conservative
 - few false positives
 - many false negatives

False discovery rate (FDR)

- Decrease the significance threshold

0.010
0.025
0.026
0.031
0.042
0.049
0.050
0.065
0.078
0.101
0.125
0.128
...

List of ordered
p-values

- 1) If I apply a threshold α to decide on significance, how much can I trust the results?
- 2) Where should I draw a line (threshold) of significance so that at most e.g. 10% of results are false positives?



False discovery rate (FDR)

- **FDR:** how many of the positive results are false positives?
- Benjamini & Hochberg (1995), Storey (2002), Storey & Tibshirani (2003)
- **Significance level = 0.05** → 5% of **all** tests on average will be false positives (assuming independency)
- **FDR = 0.05** → 5% of **significant** tests will on average be false positives



fewer false positives!



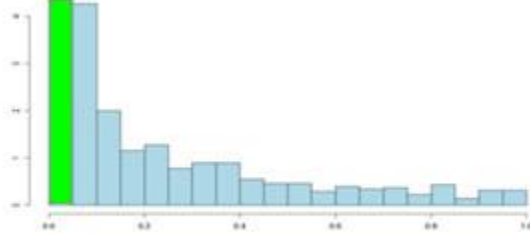
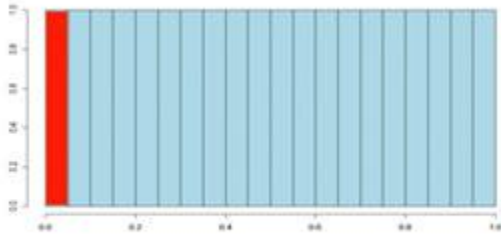
False discovery rate (FDR)

FDR

		True condition			
		Total population	Condition positive	Condition negative	
Predicted condition	Predicted condition positive	True positive	False positive, Type I error	Positive predictive value (PPV), Precision = $\frac{\Sigma \text{ True positive}}{\Sigma \text{ Predicted condition positive}}$	Accuracy (ACC) = $\frac{\Sigma \text{ True positive} + \Sigma \text{ True negative}}{\Sigma \text{ Total population}}$
	Predicted condition negative	False negative, Type II error	True negative	False omission rate (FOR) = $\frac{\Sigma \text{ False negative}}{\Sigma \text{ Predicted condition negative}}$	False discovery rate (FDR) = $\frac{\Sigma \text{ False positive}}{\Sigma \text{ Predicted condition positive}}$
					Negative predictive value (NPV) = $\frac{\Sigma \text{ True negative}}{\Sigma \text{ Predicted condition negative}}$
		True positive rate (TPR), Recall, Sensitivity, probability of detection, Power = $\frac{\Sigma \text{ True positive}}{\Sigma \text{ Condition positive}}$	False positive rate (FPR), Fall-out, probability of false alarm = $\frac{\Sigma \text{ False positive}}{\Sigma \text{ Condition negative}}$	Positive likelihood ratio (LR+) = $\frac{\text{TPR}}{\text{FPR}}$	Diagnostic odds ratio (DOR) = $\frac{\text{LR+}}{\text{LR-}}$
		False negative rate (FNR), Miss rate = $\frac{\Sigma \text{ False negative}}{\Sigma \text{ Condition positive}}$	Specificity (SPC), Selectivity, True negative rate (TNR) = $\frac{\Sigma \text{ True negative}}{\Sigma \text{ Condition negative}}$	Negative likelihood ratio (LR-) = $\frac{\text{FNR}}{\text{TNR}}$	
				F ₁ score = $2 \cdot \frac{\text{Precision} \cdot \text{Recall}}{\text{Precision} + \text{Recall}}$	

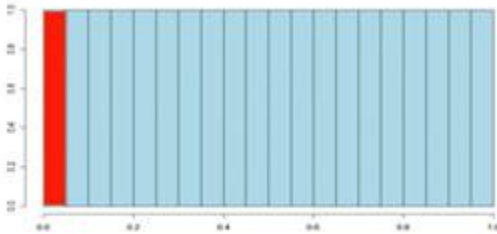
q-values

- q-values: proxies for FDR based on the **distribution of p-values**

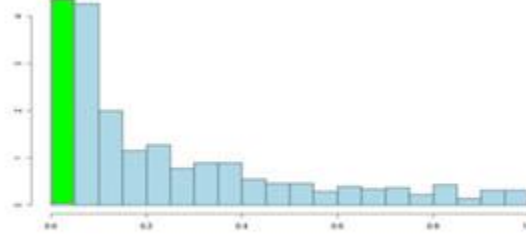


q-values

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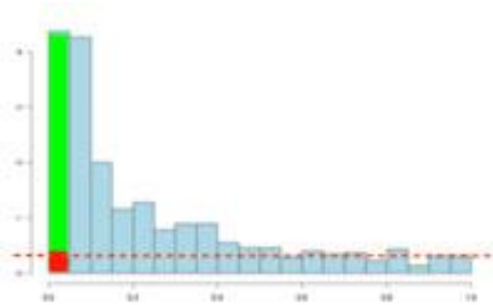
no significant
differences



significant
differences

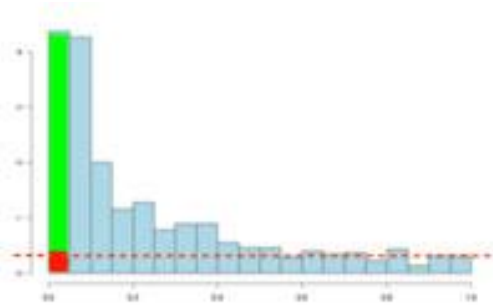
q-values

- the q-value approach tries to find the proportion of significant results which are likely to be false positives
- intuitively, it finds the height (density) at which the distribution of p-values flattens out

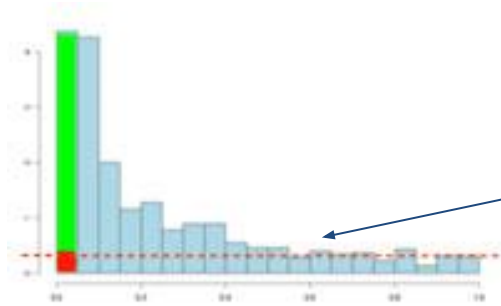


q-values

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q-values



here the distribution is similar to the case where there is no actual difference

- this proportion of false positives is then incorporated in the calculation of adjusted p-values (**q-values**)



interpretation of q-values

- *Significance level* = 0.01 → probability of the p-value under H_0
- q-value = 0.02 → probability of the SNP being a false positive
- *Significance level* = 0.01 → 1% chance of false positives (e.g. 7900 SNPs → 79 false positives expected)
- q-value = 0.02 → 2% of positive results may be false positives (e.g. 800 SNPs with q-value ≤ 0.02 → 16 false positives expected)

interpretation of the
single SNP

interpretation of the
distribution of SNPs



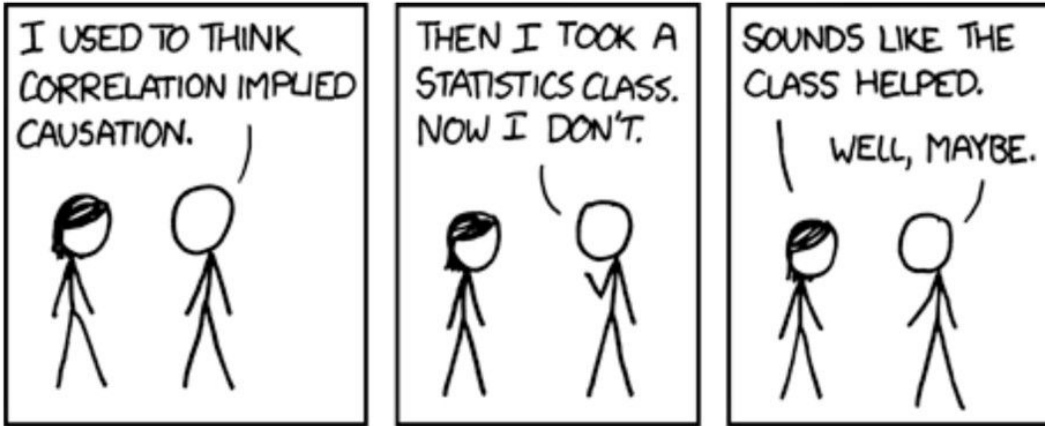
q-values

- What's **wrong** with **q-values**?
 - They assume p-value is the probability of rejecting the null hypothesis when it is true
 - They do not consider that p-values are drawn from a probability distribution, and assume an infinite repetition of the experiment (obtaining different p-values for each experiment).



REMEMBER

- Correlation does not imply causation



<https://xkcd.com/552/>

Make your rationale choice

NEXT LECTURE

Power of GWAS experiments

