

# Genetic architecture of complex traits and polygenicity

Ana Aruda and Ozvan Bocher  
6<sup>th</sup> of December 2022

# Agenda

1. Human genetics recap
2. GWAS recap
3. Complex traits
4. Polygenic scores

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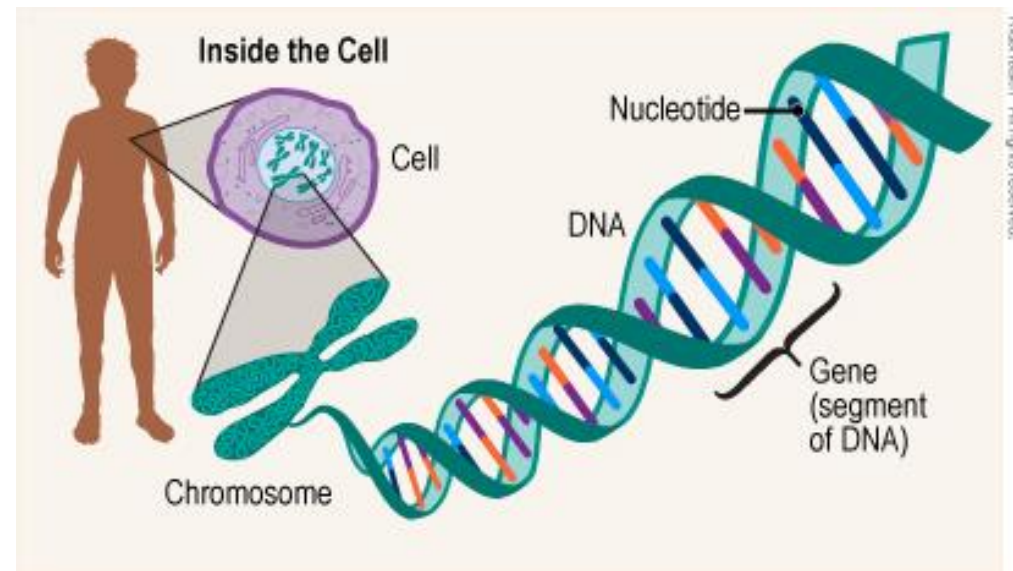
# Human genetics recap



# ➔ What is a gene?

A gene is a **sequence of nucleotides** in DNA or RNA that **encodes the synthesis of a gene product**, either RNA or protein.

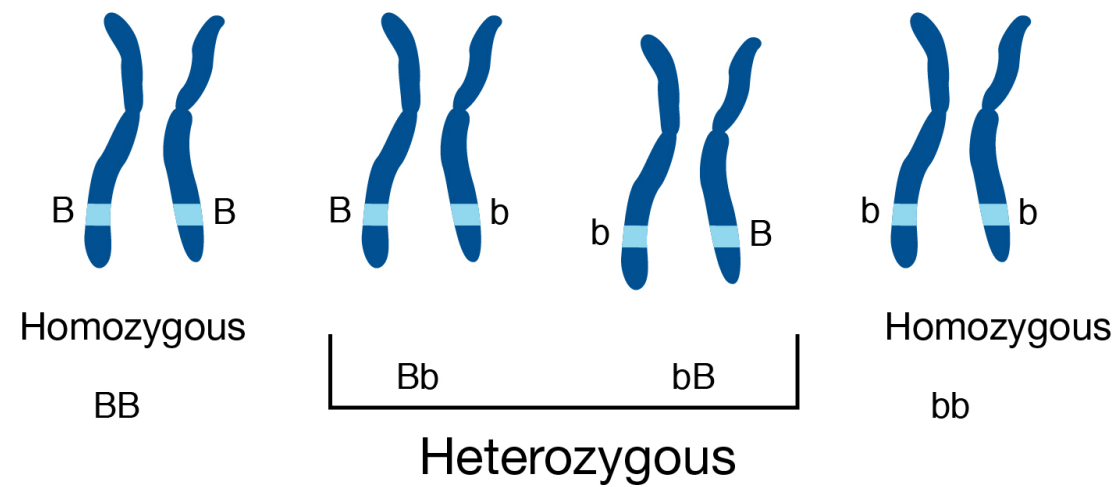
A genome region that includes all of the sequence elements necessary to **encode a functional transcript** and specifies a trait.



**H** → What is an **allele**?

**Allele:** different forms of the same gene that determines an organism’s phenotype. It is represented by letters.

Humans are **diploid organisms**, which means that they have **two alleles at each genetic position**, or locus, with one allele inherited from each parent.



Allele b count			
BB	bB	Bb	bb
0	1	1	2

➔ What is a **genotype**?  
What is a **phenotype**?



# Genotype vs Phenotype

## GENOTYPE

The genotype is an organism's genetic information.

**BB**

homozygous dominant

**Bb**

heterozygous

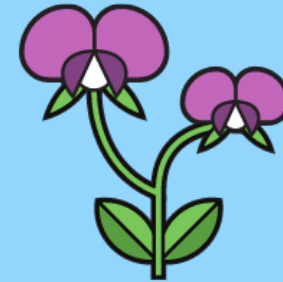
**bb**

homozygous recessive

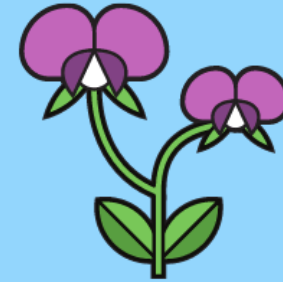
## PHENOTYPE

The phenotype is the set of observable physical traits.

purple



purple

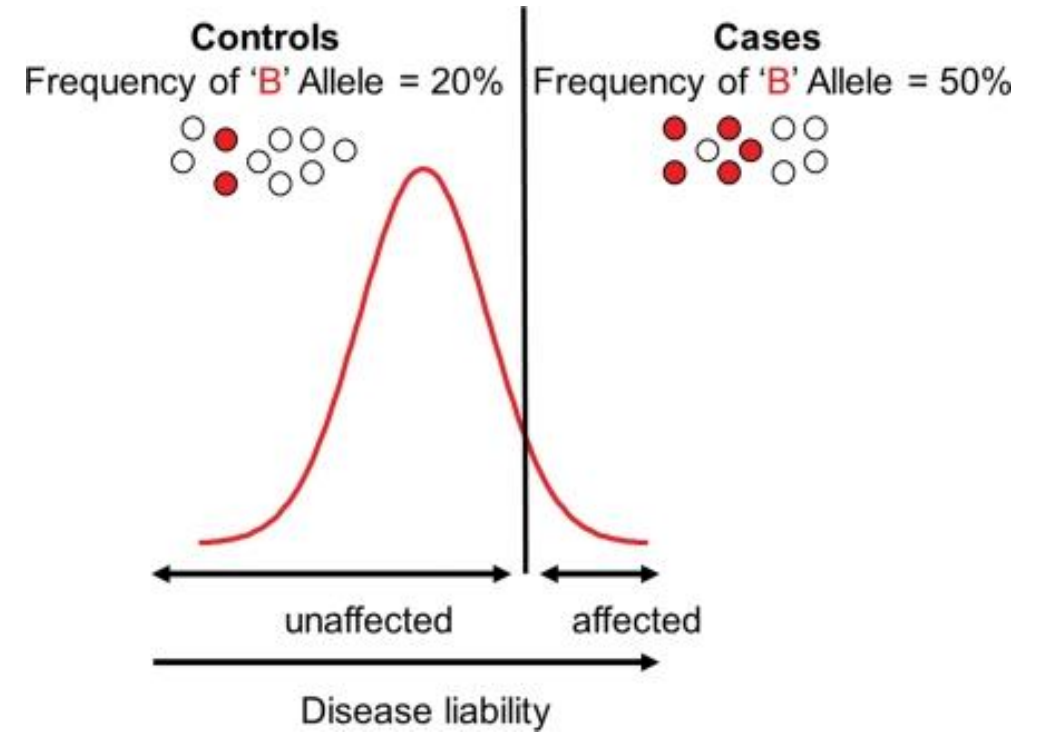
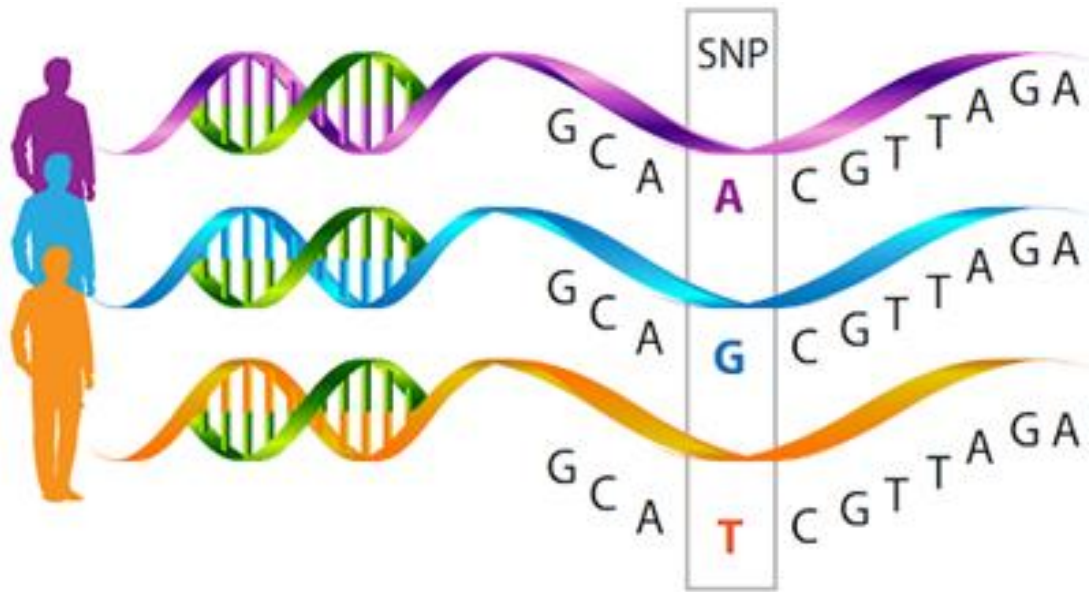


white



➔ What is a **SNP**?  
What is a **risk/effect allele**?

# Single-nucleotide polymorphism



2

## Genetic association studies



# Modelling

- Is there an association between the **phenotype** (disease, continuous trait) and the **genotype** ?

$$\textit{phenotype} \sim \beta \times \textit{genotype} + \epsilon$$

$$\begin{bmatrix} \textit{pheno}_0 \\ \vdots \\ \textit{pheno}_n \end{bmatrix} \quad \begin{bmatrix} A/T \\ \vdots \\ T/T \end{bmatrix} = \begin{bmatrix} 1 \\ \vdots \\ 2 \end{bmatrix}$$

$= \{0,1\}$  (case-control)  
 $\in \mathbb{R}$  (quantitative)  $\sim \mathcal{N}(0,1)$

$= \{0,1,2\}$  (genotype, directly typed)  
 $\in [0,2]$  (dosage, imputed)

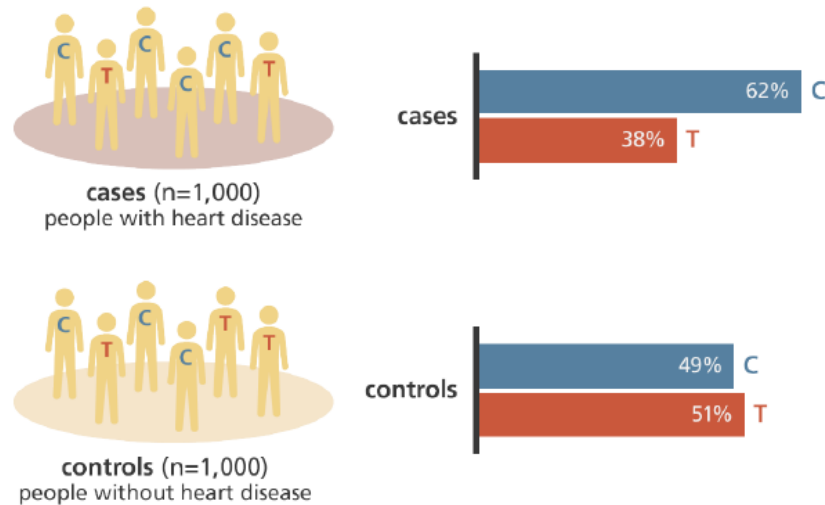
$$\begin{bmatrix} 0.965 \\ \vdots \\ 1.816 \end{bmatrix}$$

- For each variant, association test  $\rightarrow$  if  $p \leq 5 \cdot 10^{-8}$ : variant significantly associated
- Estimation of the effect of the variants:  $\beta$  or Odds Ratio (OR)

# Case/control studies

Odds ratio (OR): *how much more likely are you to be a case if you carry the risk allele ?*

➤ Per genotype  $g$  and disease  $Y$ , we compute the odds  $O = \frac{p}{1-p} = \frac{p_{Y=1|g}}{1-p_{Y=1|g}} = \frac{p_{Y=1|g}}{p_{Y=0|g}}$



	Cases	Controls
T	380	510
C	620	490

$$O_T = \frac{380/n_T}{510/n_T} \quad O_C = \frac{620/n_C}{490/n_C}$$

$$OR = \frac{n_{\text{affected carriers}} \times n_{\text{healthy non-carriers}}}{n_{\text{healthy carriers}} \times n_{\text{affected non-carriers}}}$$

$$OR_{C/T} = \frac{620 \times 510}{490 \times 380} = 1.7$$

# Case/control studies

OR = ratio of the odds of the two alleles

- $OR > 1$ : the allele is 'deleterious'
- $OR < 1$ : the allele is 'protective'

Statistical test: is the OR significantly different from 1?

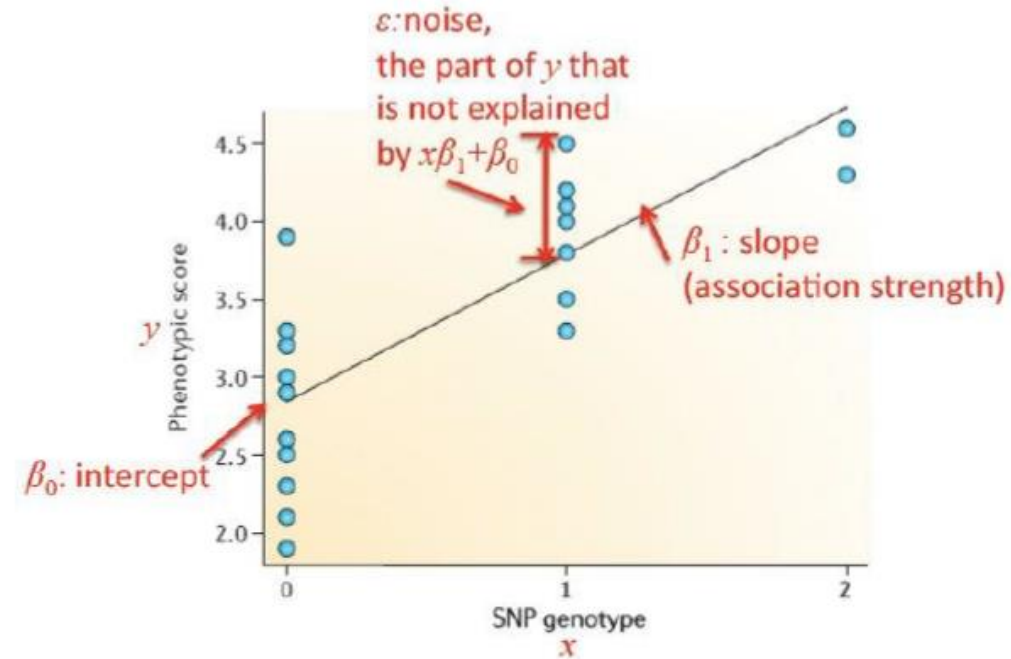
- Earlier: Fisher's exact test or Chi-squared test
- Nowadays + for imputed data: linear regression or GLM

# Continuous traits

- A linear regression model is defined as:

$$y = x\beta_1 + \beta_0 + \varepsilon$$

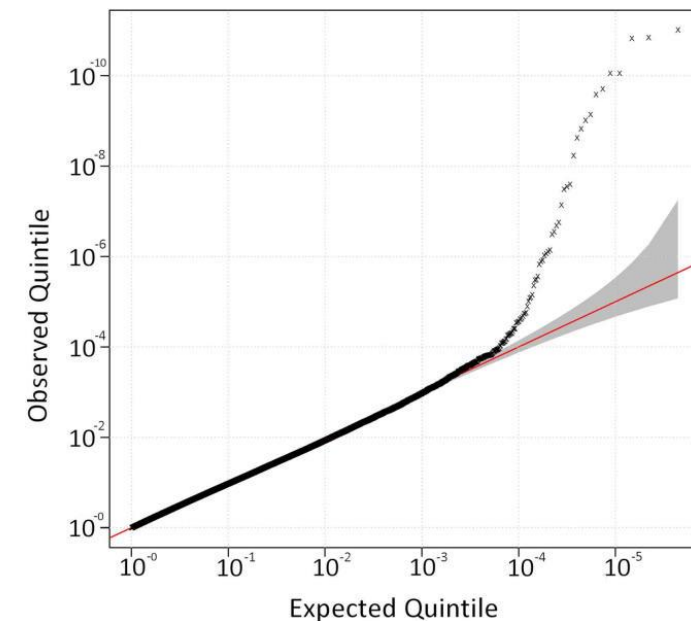
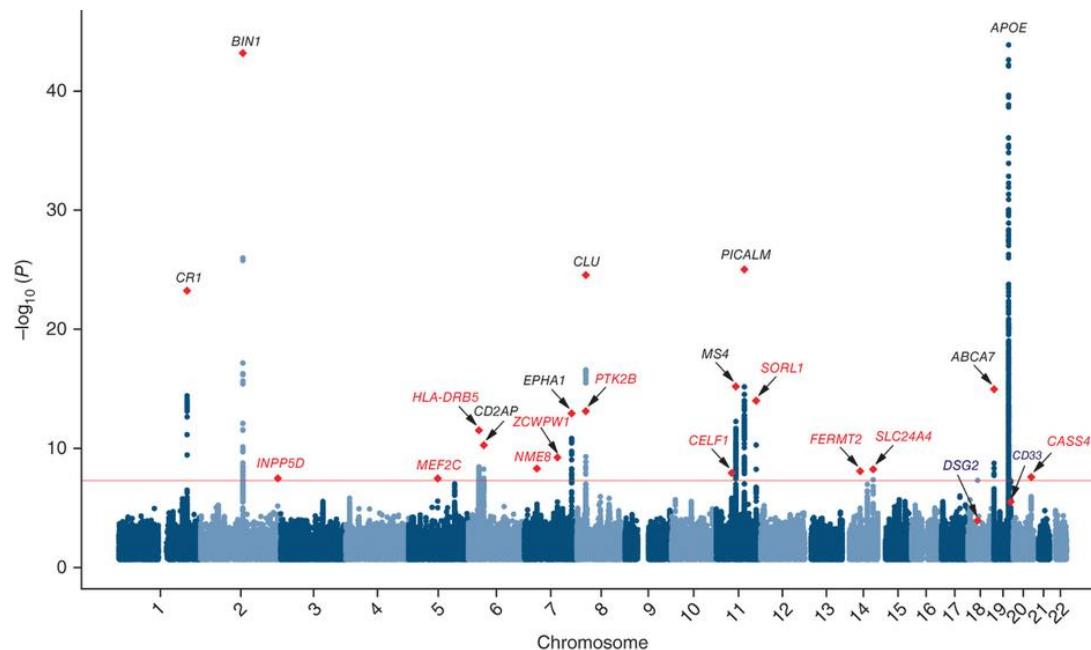
- Data:
  - $y$  is a continuous trait
  - $x$  is the SNP genotype at a given locus
- Parameters:
  - $\beta_1$  is the regression coefficient, represents the strength of association between  $y$  and  $x$ 
    - $\beta > 1$ : for every one supplementary allele, the phenotype will increase by the beta coefficient value
    - $\beta < 1$ : for every one supplementary allele, the phenotype will decrease by the beta coefficient value
  - $\beta_0$ : intercept term (is often ignored)
- Assumptions:
  - The individuals in the study are not related
  - The phenotype  $y$  has a normal distribution





# GWAS results

1. Quality control (QC) of the data
2. Run model
3. Correct p-value for multiple testing (significance threshold for genomics =  $5 \times 10^{-8}$ )
4. Visualize results (Manhattan plot)
5. Run sensitivity analysis



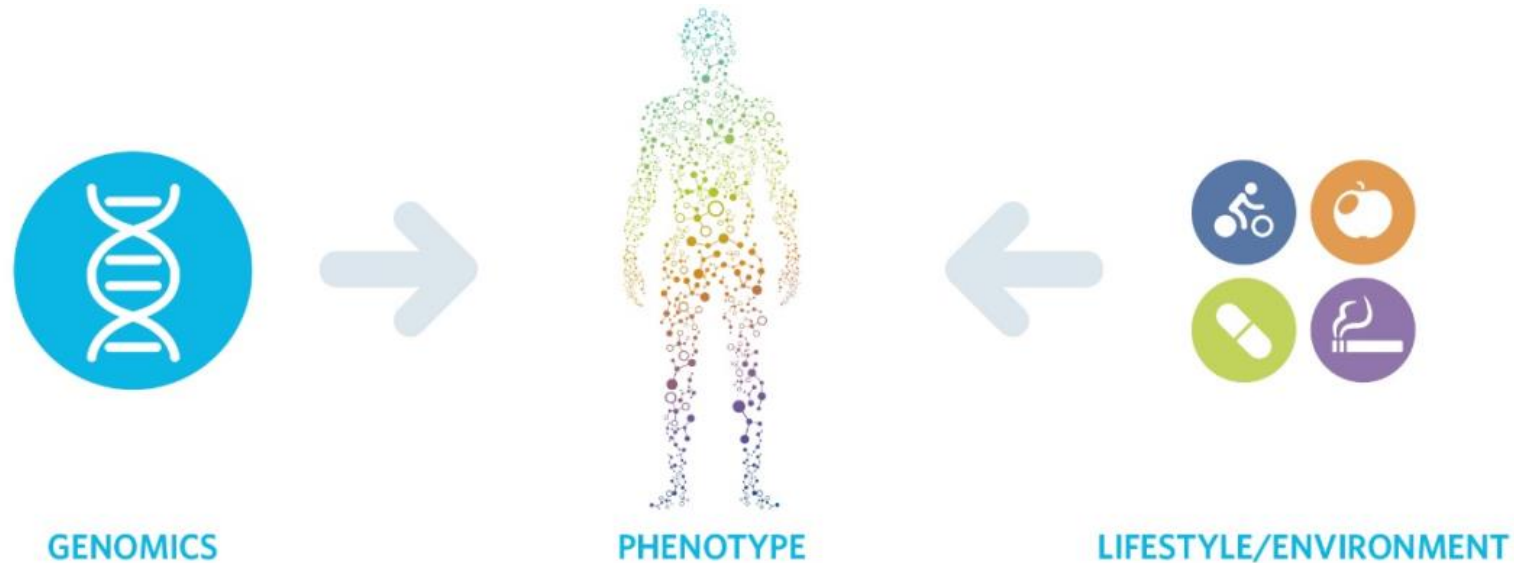
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## Complex traits



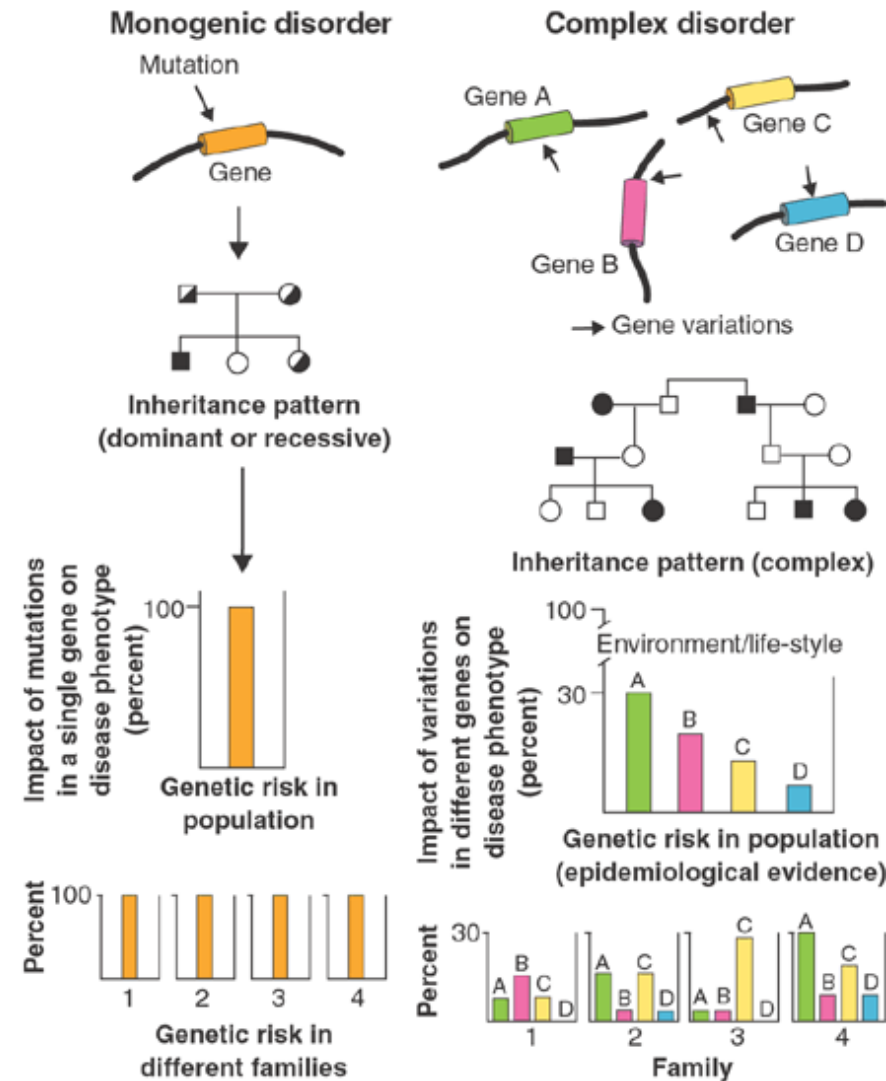
# Complex traits

- Complex traits = interaction between (often many) **genetic** and **environmental** factors

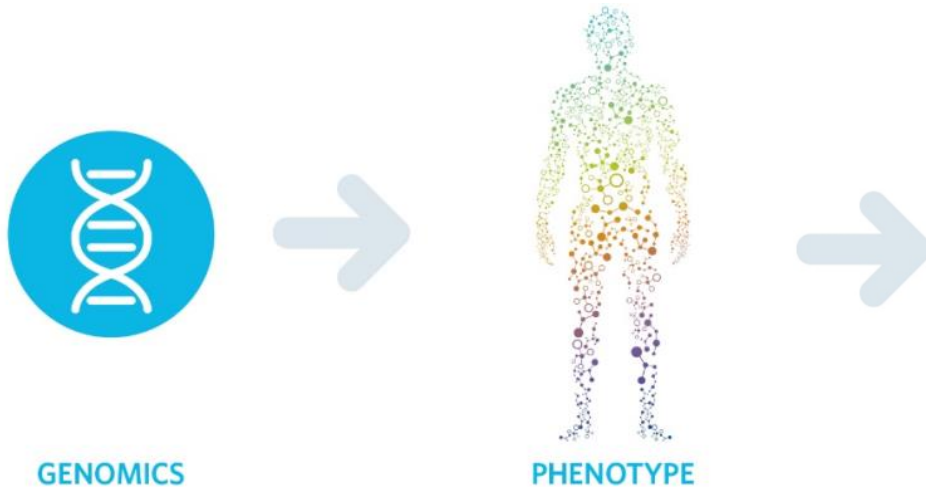


- Examples: body shape, type 2 diabetes, Alzheimer's disease...
- Complex diseases tend to be common  
→ Tool of choice = GWAS

# Monogenic disorder vs complex traits



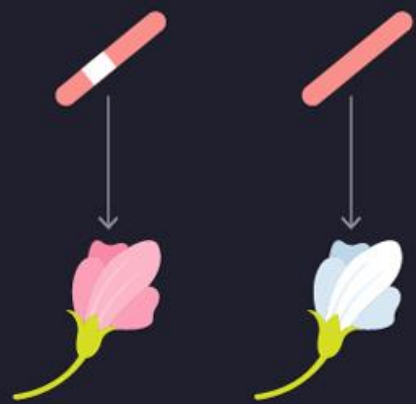
# Heritability



- Phenotype = Genetic Effect + environmental effect
  - Heritability:  $h^2 = \frac{Var[Genetic\ effect]}{Var[Phenotype]}$ 
    - Proportion of variance in the phenotype that comes from genetics
    - Variance explained by all genetics variations
  - SNP heritability:  $h_g^2$ 
    - How much variance/heritability is explained by a set of SNPs
    - $h_g^2 < h^2$
- Estimate heritabilities with mixed models
- If  $h_g^2$  or  $h^2$  are large, then genetics plays large role on phenotype

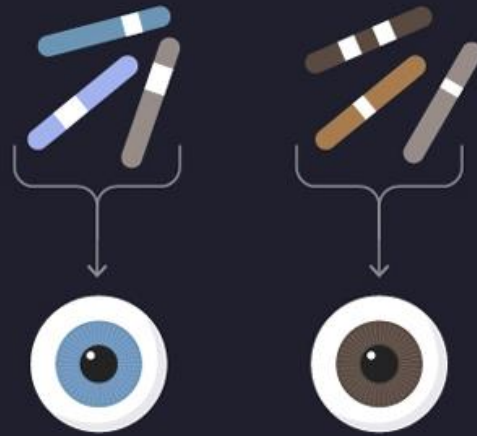
# How Many Genes Are at Work?

Simple traits may be controlled by just one gene (monogenic). More complex traits are usually considered polygenic, but a new theory suggests that a better description might be omnigenic because all of the genes are involved.



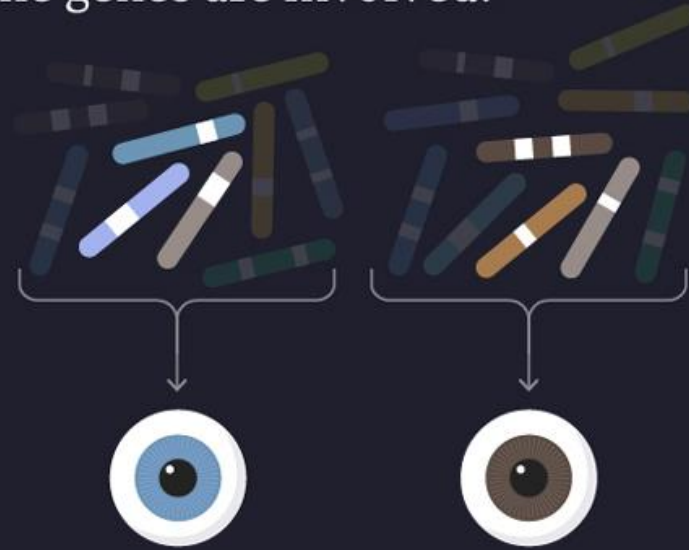
## Monogenic

A single gene gives rise to a trait.



## Polygenic

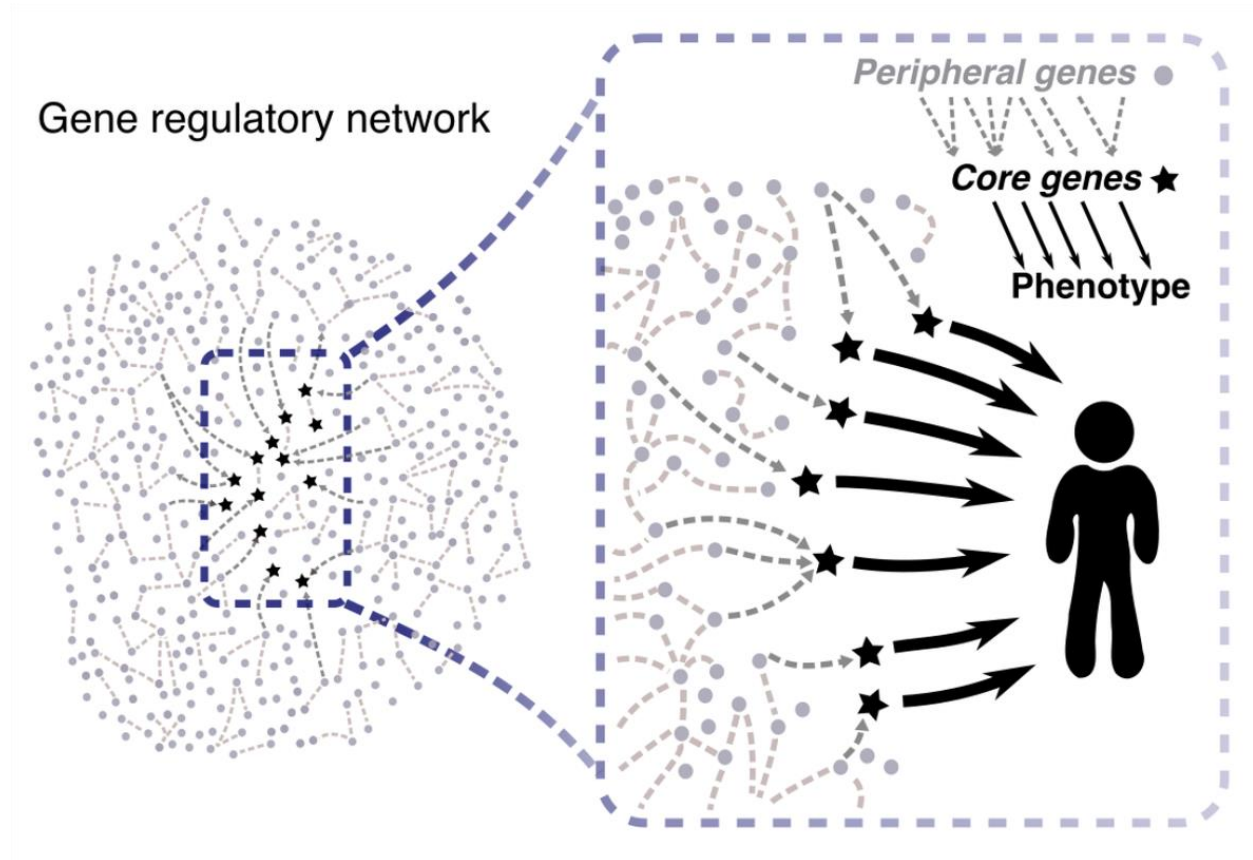
A handful of genes jointly give rise to a trait.



## Omnigenic

A few core genes are essential but all the genes are involved.

# Omnigenic vs Polygenic model





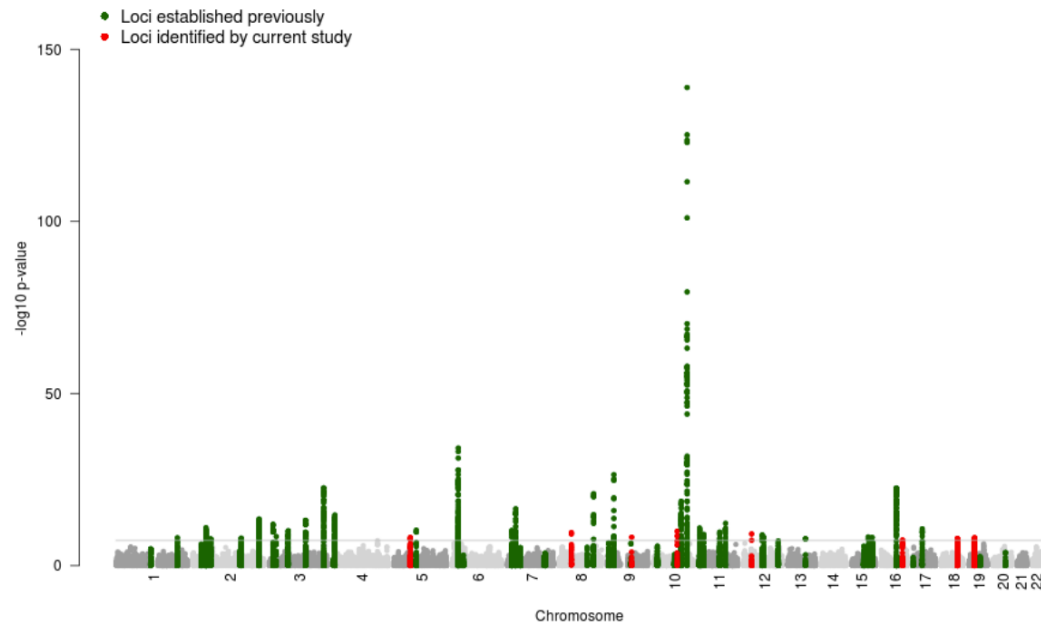
# GWAS

Current tool of choice to study complex traits

## Type 2 diabetes GWAS *Morris et al. Nat. Genet. 2012*

Number of cases = 34,840

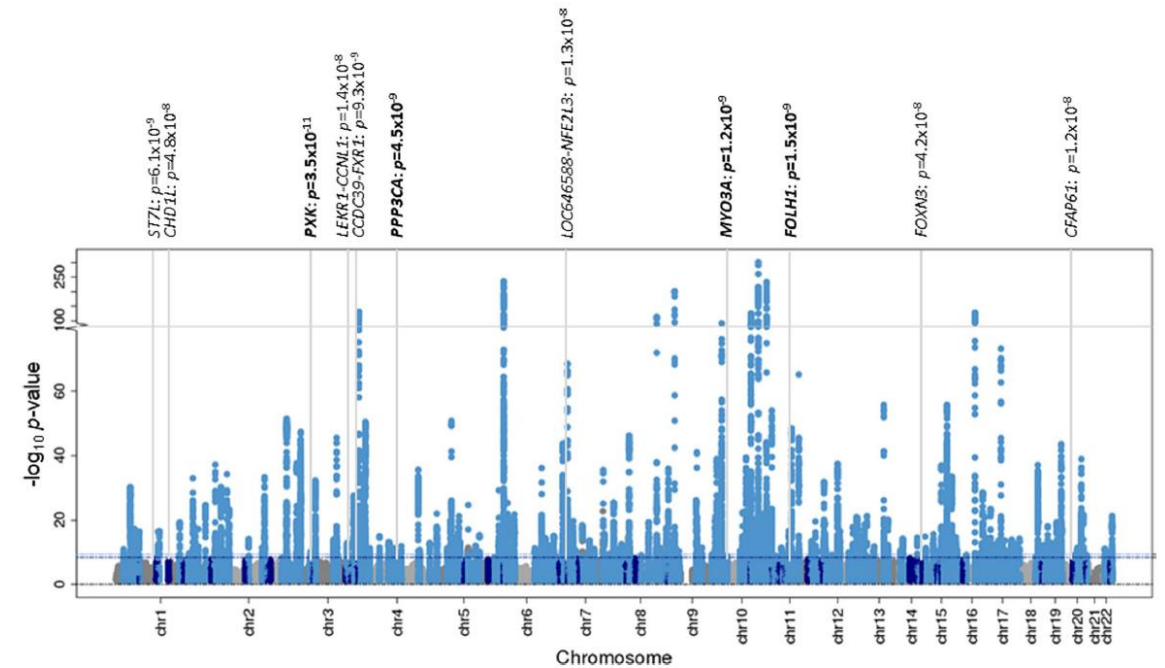
Number of controls = 114,981



## Type 2 diabetes GWAS *Mahajan et al. Nat. Genet. 2022*

Number of cases = 180,834

Number of controls = 1,159,055





3

## Polygenic scores

3.1

Introduction



# Polygenic scores

- Natural follow up: combine SNPs effects into a score
  - Many genetic variants influence a complex trait
  - GWAS gives an effect for each variant → use those estimates!
  - Additive model → each copy of the effect allele increases risk
- Used to : predict quantitative traits or disease risk (= polygenic risk score)
- Larger sample size for GWAS → increased predictive power of PGS
- All SNPs have in principle non-zero weights (very small contribution)

# Polygenic scores

- Natural follow up for complex traits:
    - Influenced by many genetic variants
    - GWAS → effect for each variant
    - Additive model → risk increases with each copy of the effect allele
- combine SNPs effects into a score
- Used to : predict quantitative traits or disease risk (= polygenic risk score)
  - Larger sample size for GWAS → increased predictive power of PGS
  - All SNPs have in principle non-zero weights (very small contribution)

# Polygenic scores (PGS)

Polygenic score for individual  $i$

Total number of SNPs included in PGS

$$PGS_i = \sum_{j=1}^{N_{snps}} G_{ij} * \beta_j$$

Effect of variant  $j$  on trait  
• Estimated in GWAS

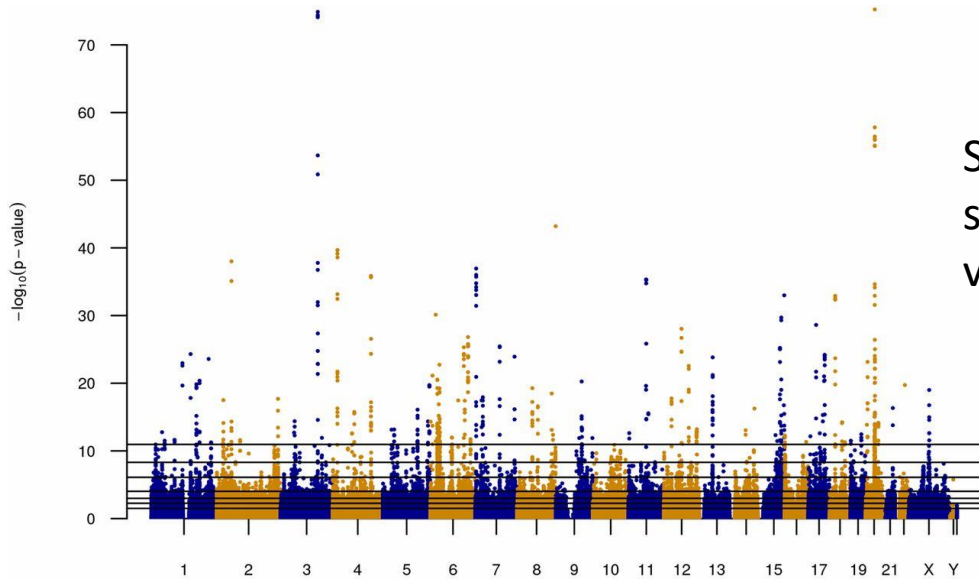
Genotype at SNP  $j$  for individual  $i$   
• Coded as 0, 1, 2 depending on the number of risk allele  
• Additive model

$$PRS = \beta_1 SNP_1 + \beta_2 SNP_2 + \dots + \beta_n SNP_n$$

Effect size      Number of risk alleles      Number of SNPs

→ Sum of the number of risk alleles **weighted** by its effects

# Polygenic scores



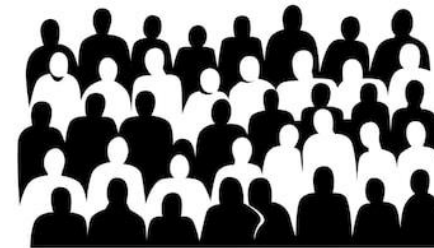
Large GWAS

Scores for  
significant  
variants

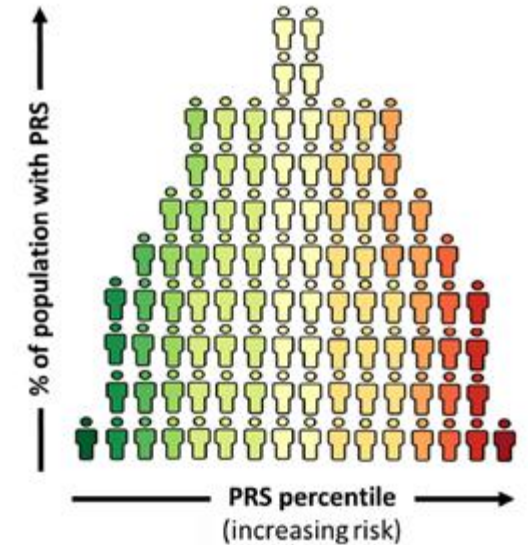


Genetic  
data

$$PHS_x = \sum_i^n x_i \beta_i$$



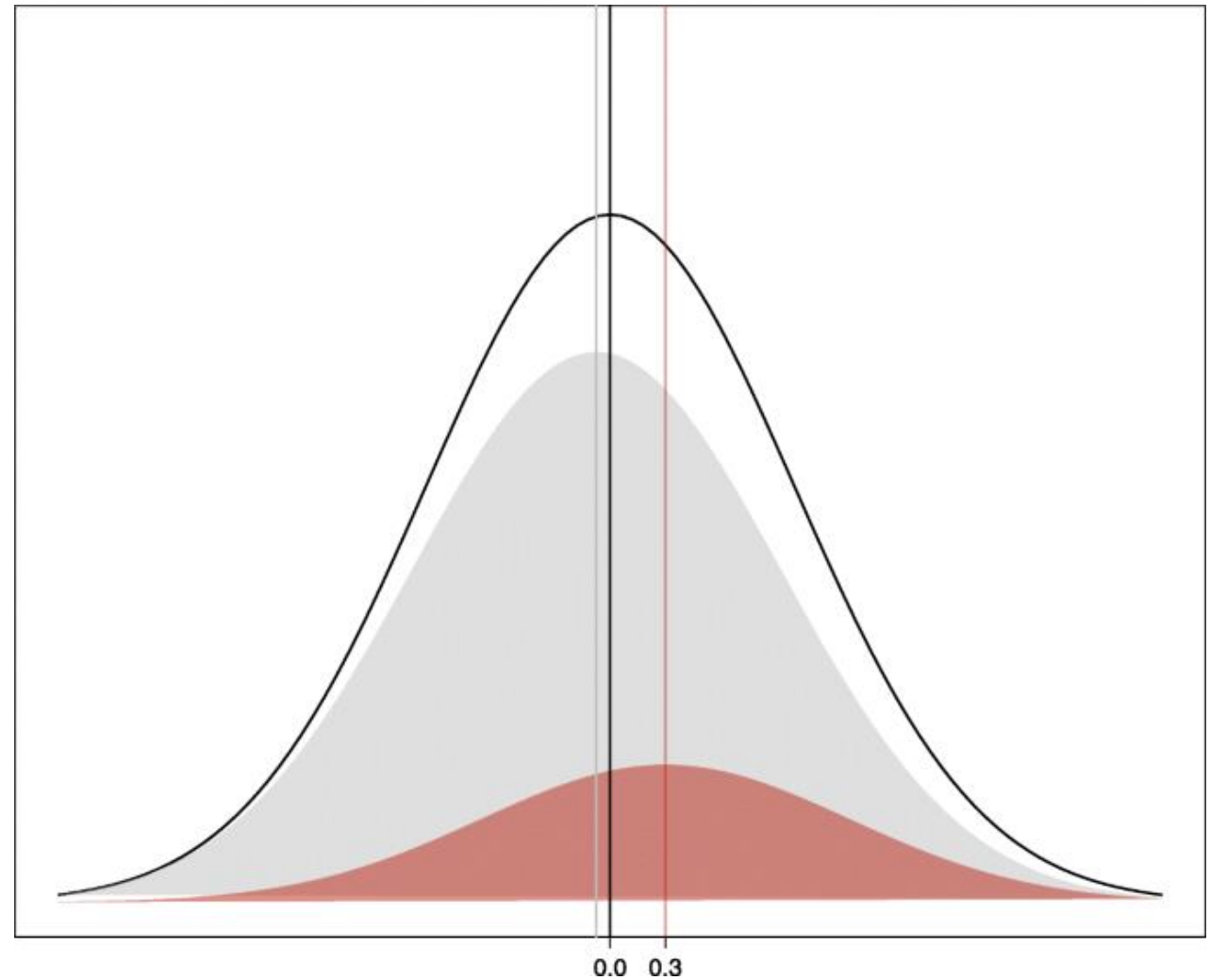
External cohort



# Polygenic risk score

Case/control study

- Grey = controls
- Red = cases
- Overall mean = 0 (standardized)
- Amount of shift = population variance of PGS under log-linear model



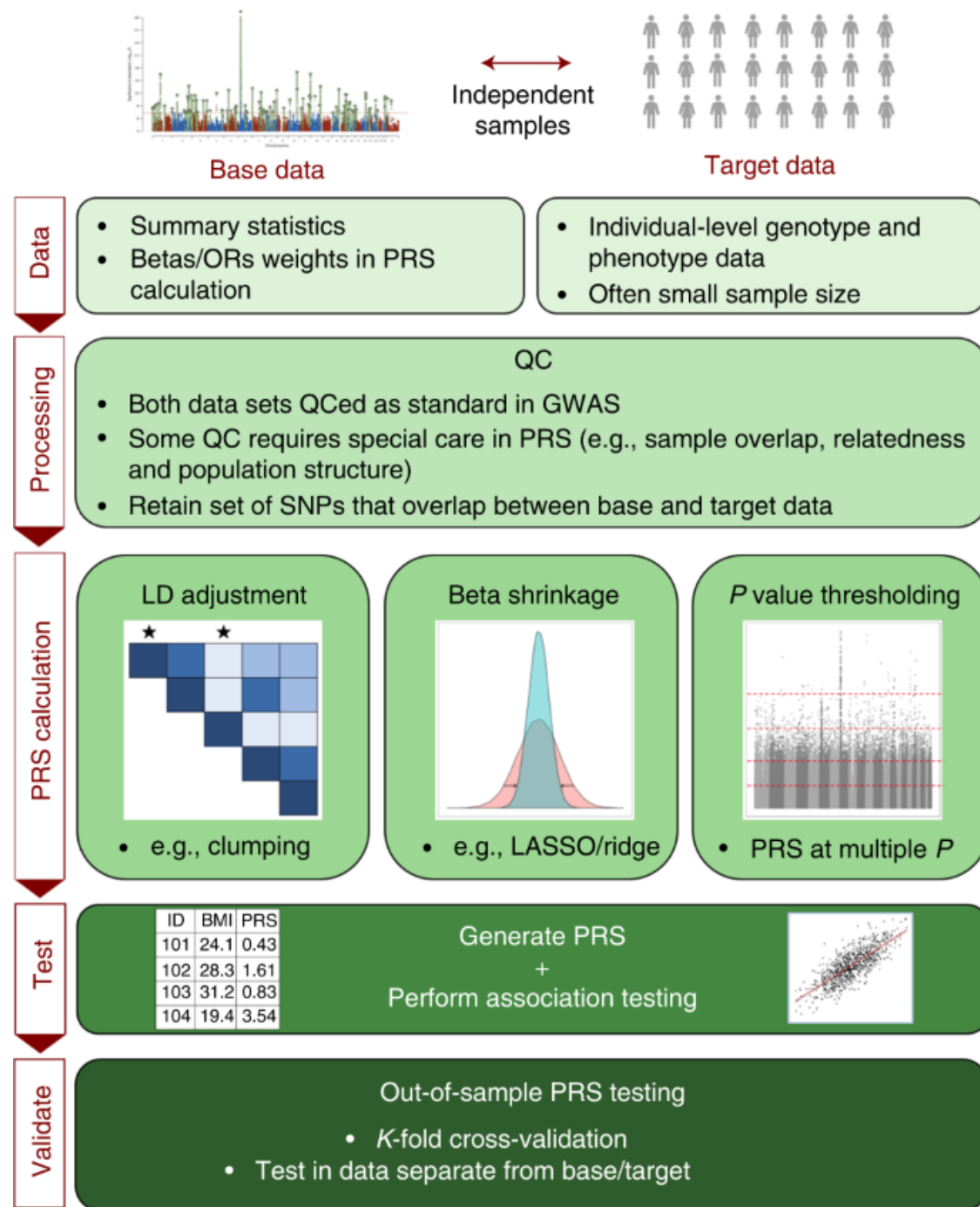
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## Polygenic scores

3.2

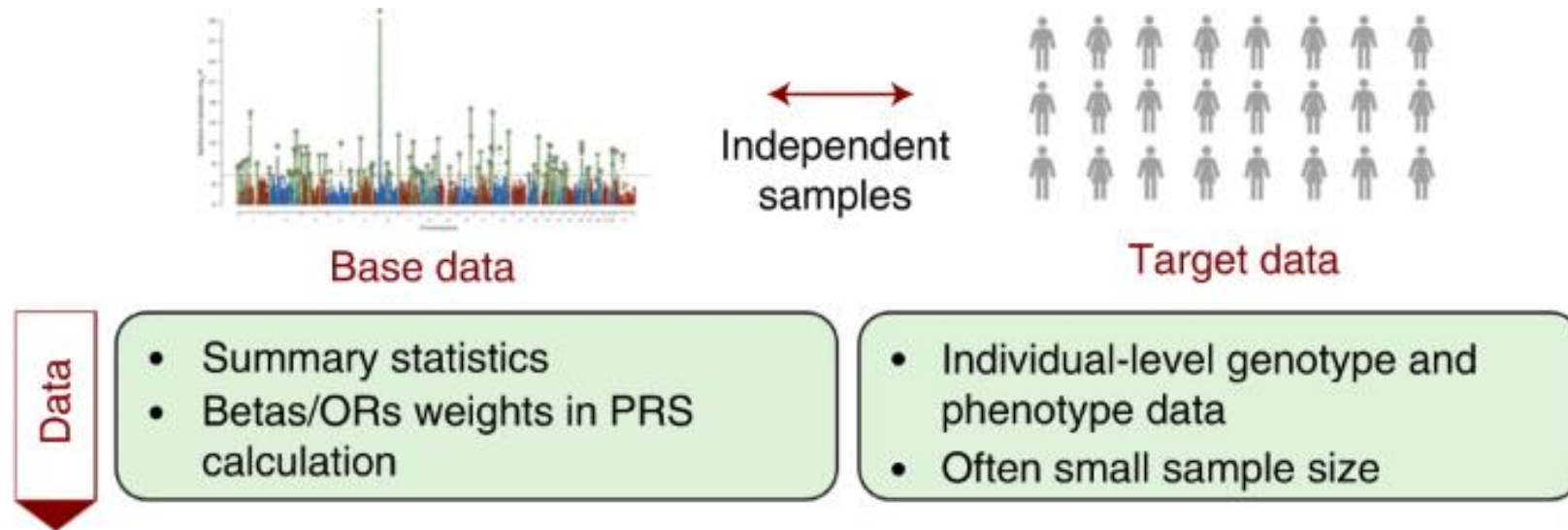
Construction







# Input data



Sample used to estimate parameters for the PGS

→ Largest GWAS summary statistics

→ We need:

- Effect sizes of the variants: betas/OR
- standard errors
- p-values

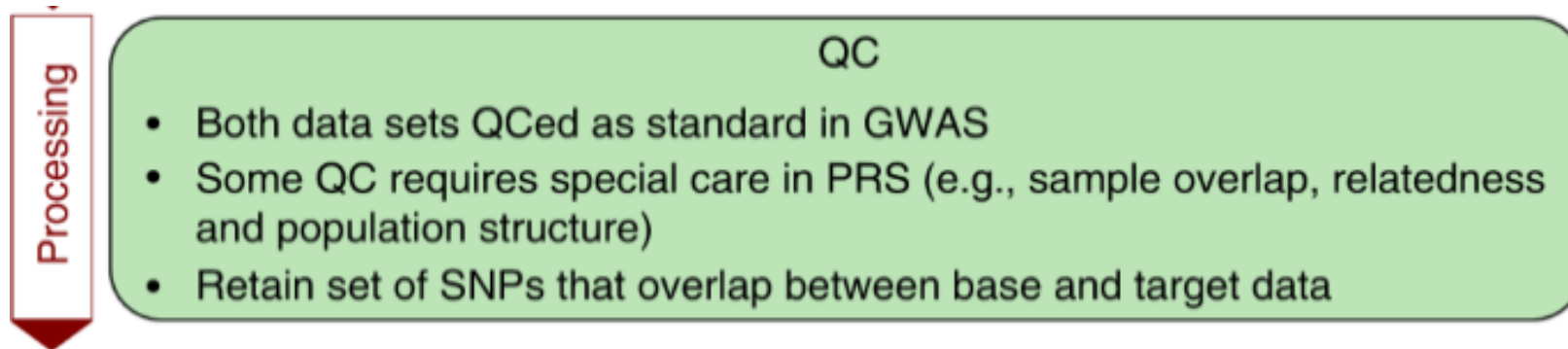
Sample where we will apply the PGS

→ Individual level data (genotype data)

→ Often a small sample size

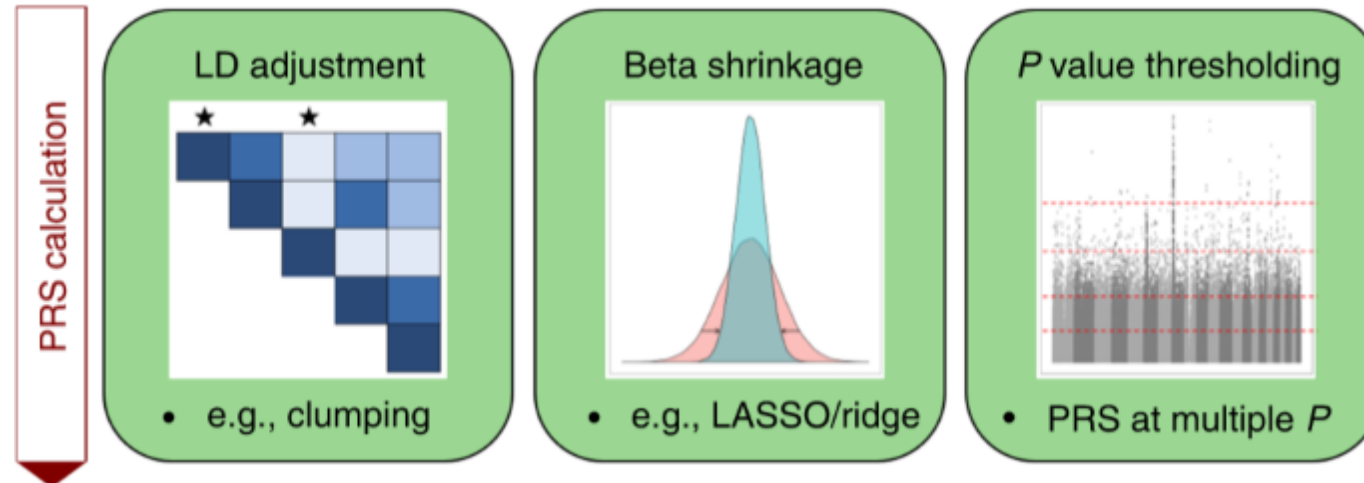
Goal: apply on real patients

# Data processing



- No sample overlap between base and target data
  - Could lead to inflation of effects: 'overfitting'
- Need homogeneity between base and target samples
  - Hypothesis = sample underlying genetic architecture
  - Also suppose homogeneity in environment
- Population structure
  - Match the ancestry between base and target samples
  - Heterogeneity between population = overall poor transferability from one ancestry to another
  - Move to trans-ancestry PGS

# PGS calculation



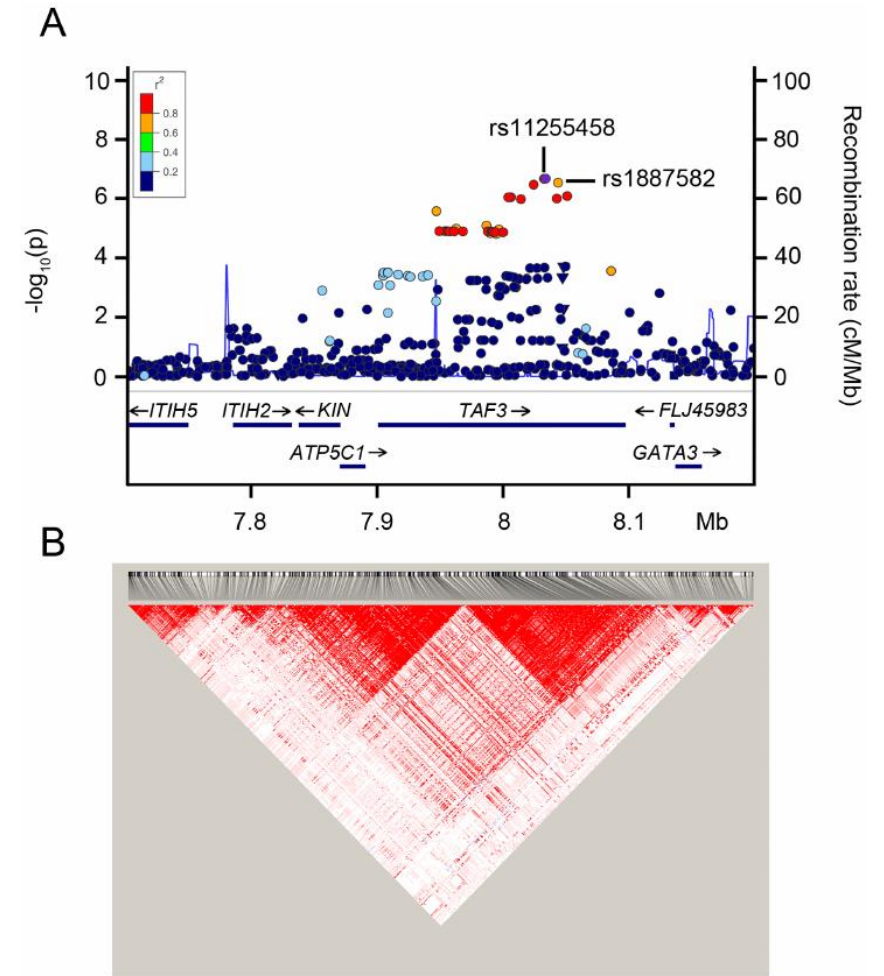
How to select variants influencing complex traits?

# Selection of variants for PGS calculation

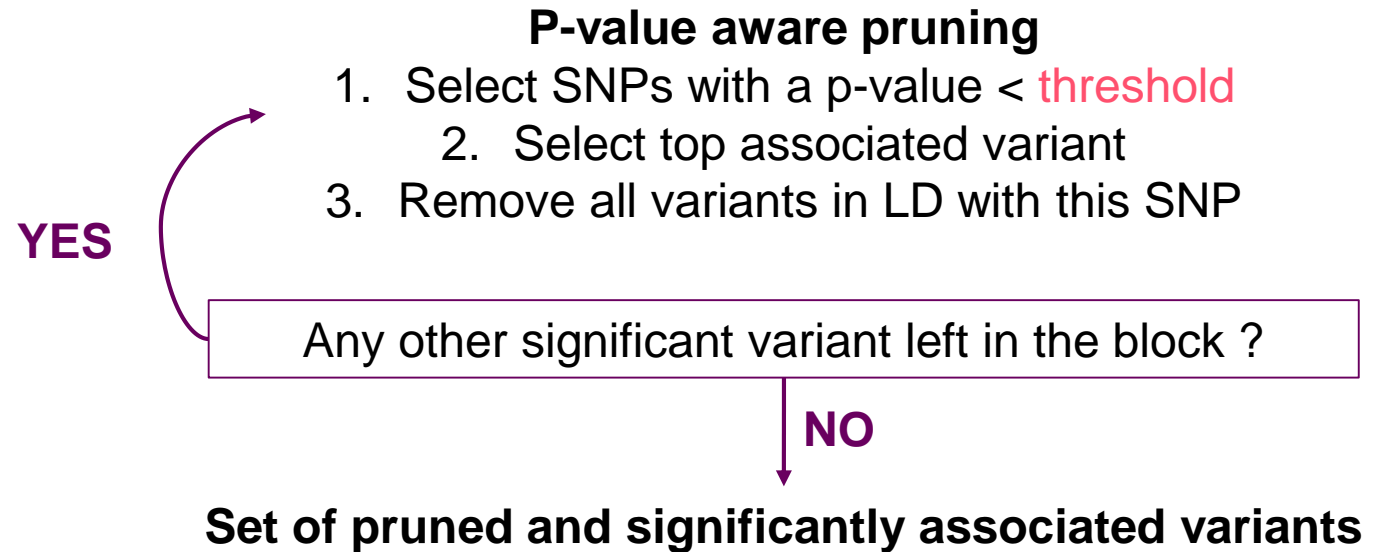
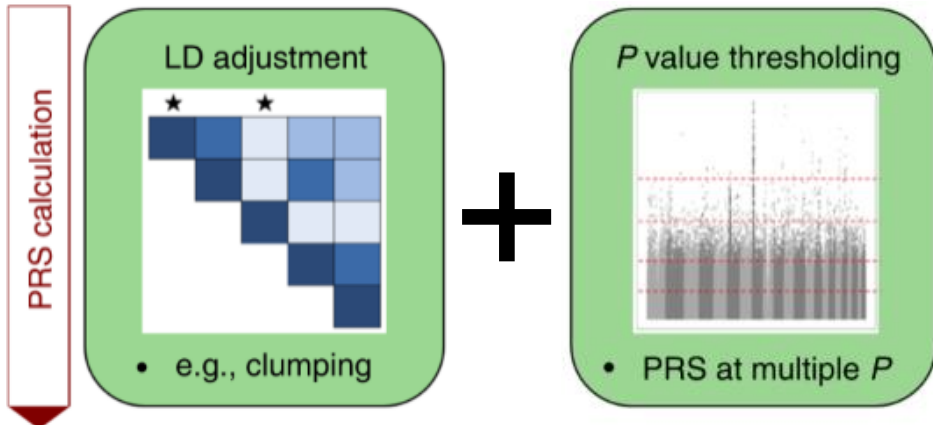
- Historically: independent top variants
  - Challenging in omnigenic and polygenic models
  - With more power, more peaks appear
- Solution: use all variants (omnigenic model)
  - Linkage disequilibrium (LD) issue

What is LD?

- Now: select **independent variants** (clumping, pruning)
  - No overweighting of high-LD blocks
  - One representative for each LD block

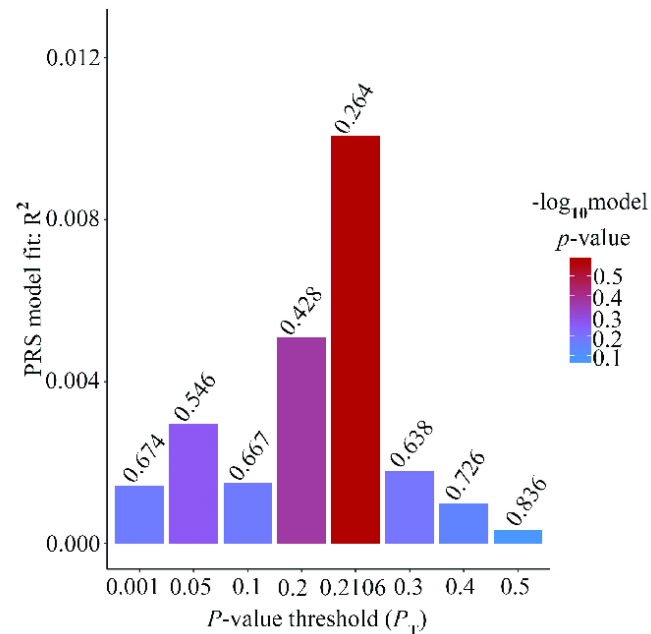


# Clumping + Thresholding (C+T)

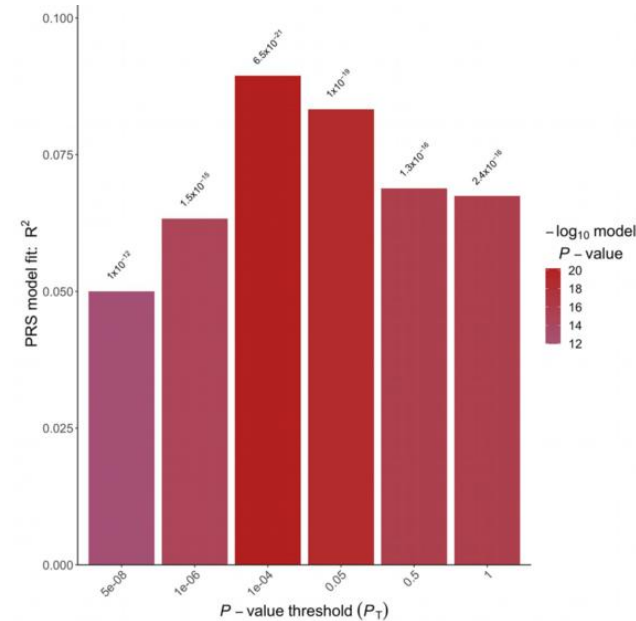


# Clumping + Thresholding (C+T)

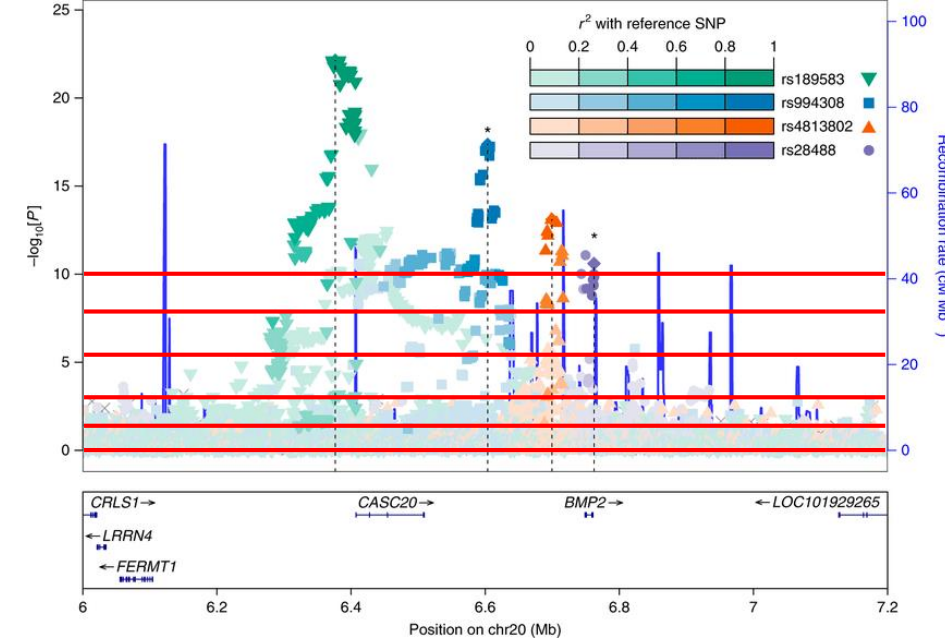
- Which significance threshold to use ?
  - Optimal threshold depends on the trait
  - More polygenicity = more variants → increase threshold
- Unknown beforehand
  - Try multiple values with validation
  - Integrated into PGS calculation software, e.g. *PRSice*



Wang et al. *Frontiers in Genetics*, July 2019



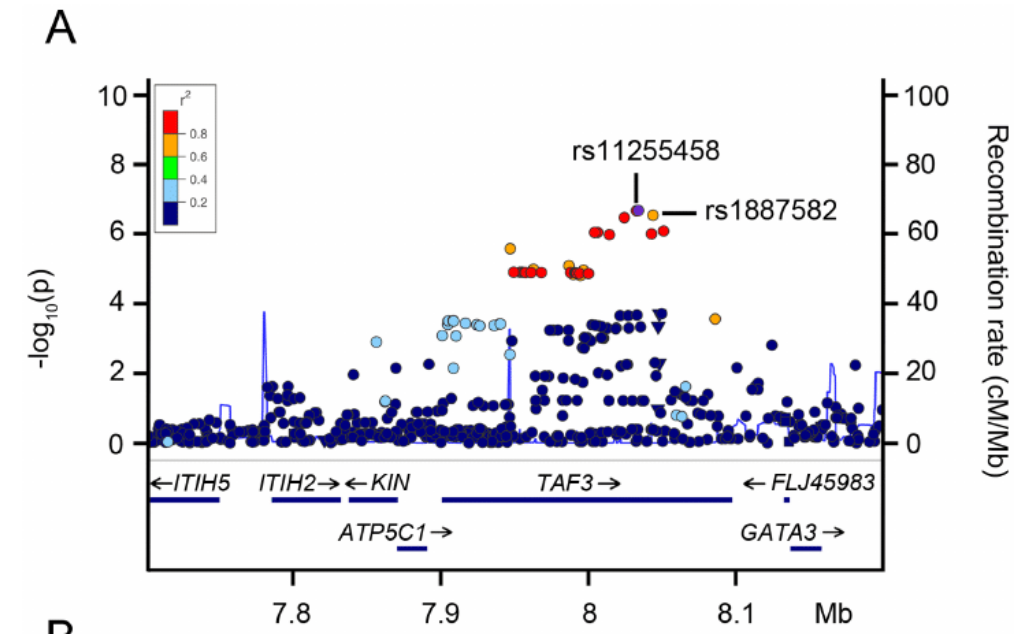
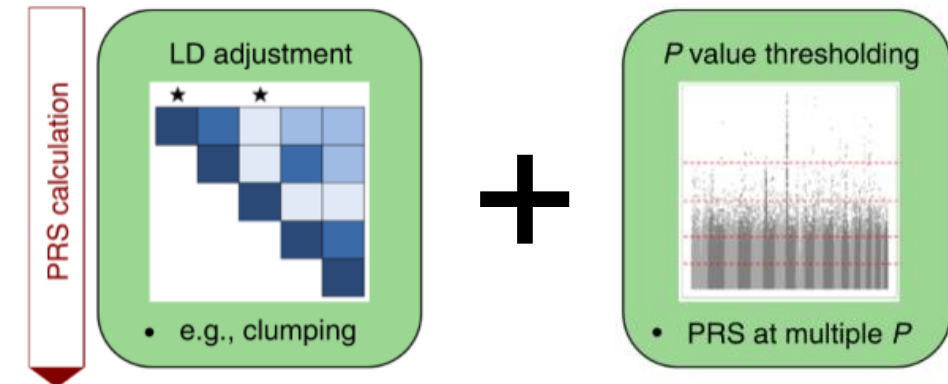
Maj et al. *Frontiers in Cardiovascular Medicine*, Feb 2022



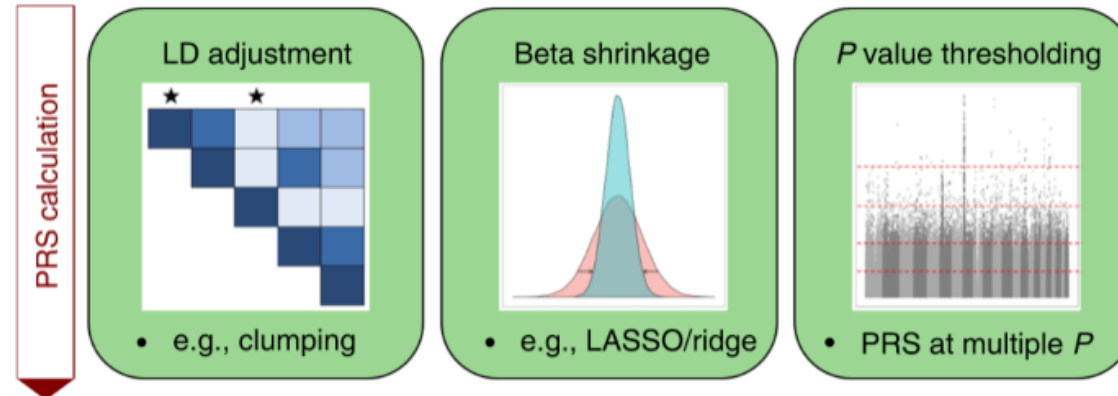
HELMHOLTZ MUNICH

# Limitations of C+T

- Potential removal of secondary signals
- Based on the p-values but not the effect sizes
  - The p-value is related to the power of the study
  - Can miss low-effect variants in small sample sizes
- Ideal model = 'whole-genome' model
  - Account for LD
  - Perform “shrinkage” estimation for association coefficients
- Sample size is still a limiting factor for improved methods



# Bayesian sparse regression methods (beta shrinkage)



- C+T: find subset of variants that best describe the trait of interest
- Now: find optimal transformation of the vector of effect sizes to best represent the trait

$$PRS = \sum_{m=1}^M E\{\beta_m | Data\} G_m = \sum_{m=1}^M \widehat{\beta}_m$$



# Bayesian sparse regression methods (beta shrinkage)

$$PRS = \sum_{m=1}^M E\{\beta_m | Data\} G_m = \sum_{m=1}^M \widehat{\beta}_m$$

- Models the distribution of shrunk/re-weighted effect sizes
- Uses:
  - prior that reflects the genetic architecture (e.g. all SNPs have non-zero weight)
  - genome-wide LD matrix to weigh variants

→ Shrinkage method that produces scaled weights genome-wide

- Downsides: too many hyperparameters → harder to interpret

# List of software to calculate PGS

## Clumping + thresholding

- PRSice

## Bayesian sparse regression method

- Ldpred: Vilhjalmsen, 2015
- SBayesR: Ge et al, 2019
- PRS-CS: Zeng et al, 2017

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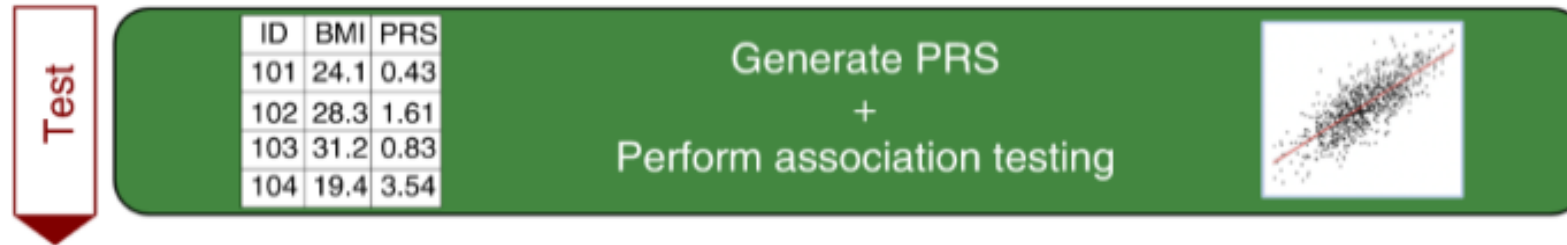
## Polygenic scores

3.3

Application



# Applying PGS



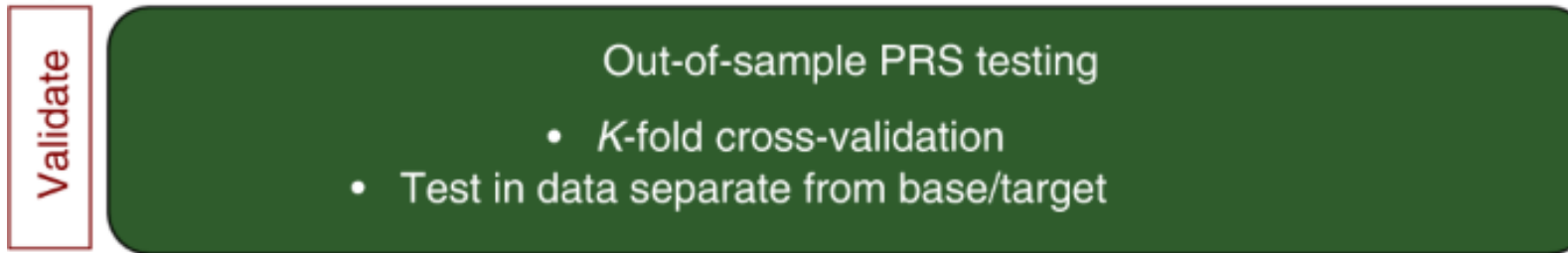
$$PGS_i = \sum_{j=1}^{N_{snps}} G_{ij} * \beta_j$$

- Alleles need to be matched between base and target data → beta inversion

$$\begin{aligned}\beta_{rs1234,A} &= 1.56 \\ alleles_{rs1234} &= \{A, T\} \\ \Rightarrow \beta_{rs1234,T} &= -1.56\end{aligned}$$

- Currently: PGS applied mainly for validation (test predictive power)
- Future: application in the general population
  - Predict complex traits: prevention, monitoring, ...
  - Patient stratification

# Validation of PGS – independent sample



- Values to assess the prediction of PGS:

→ R<sup>2</sup>: amount of phenotypic variance explained by PGS (continuous traits)

$$R^2 = 1 - \frac{\sum_{i=1}^N (y_i - \hat{y}_i)^2}{\sum_{i=1}^N (y_i - \bar{y})^2}$$

Variability in dependent variable  
not predicted by the model

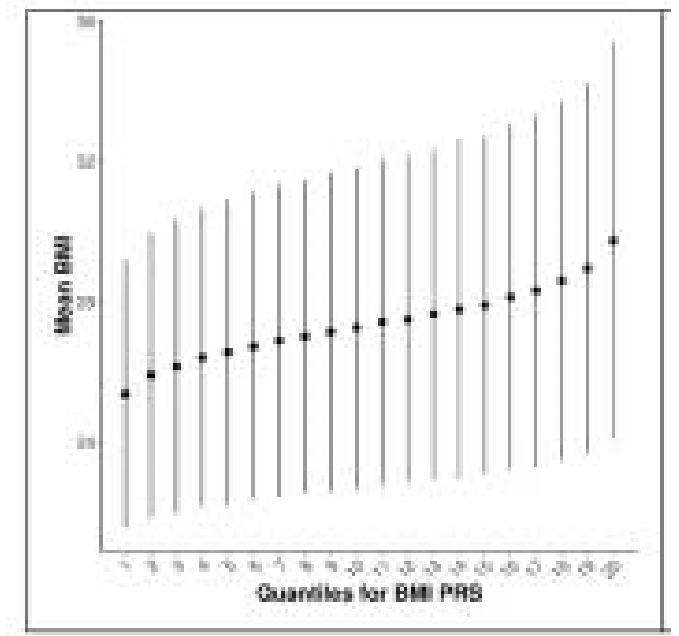
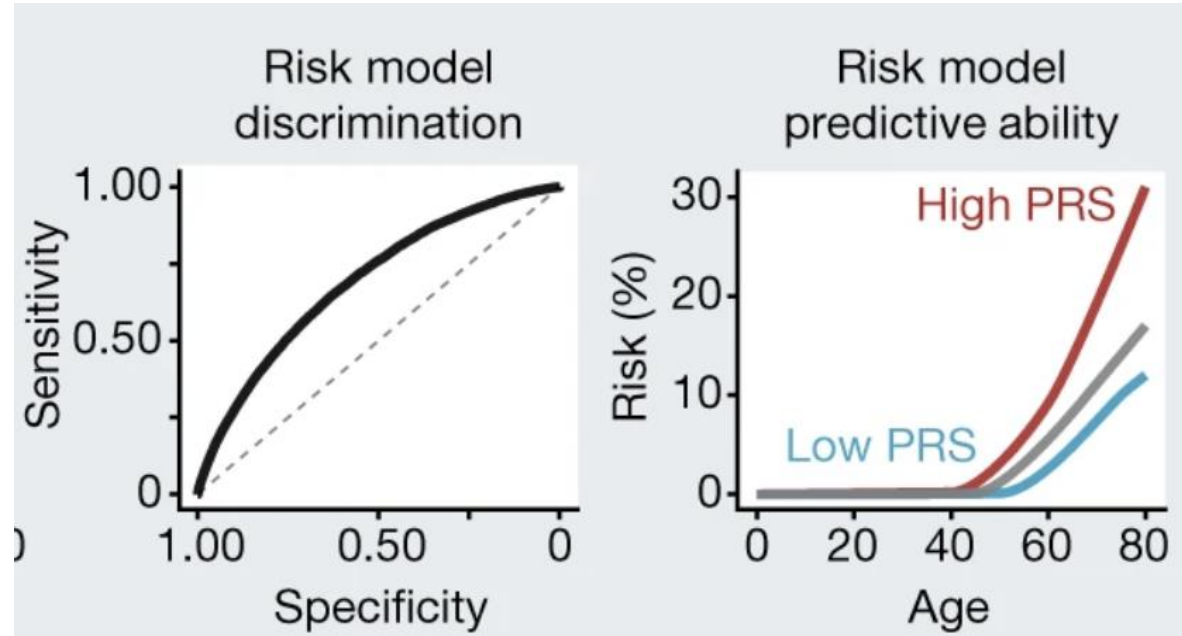
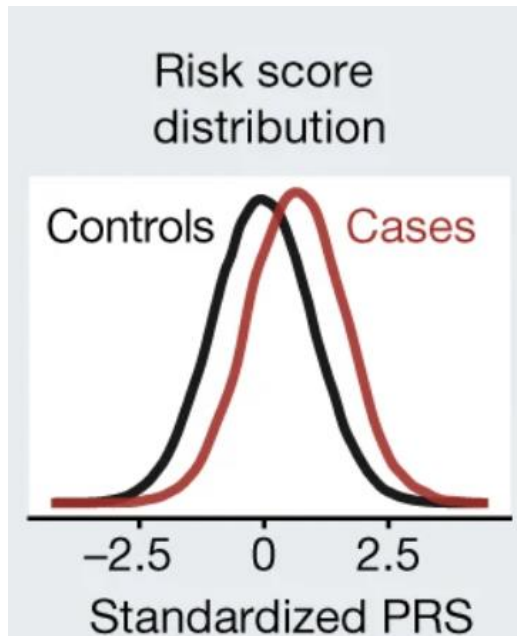
→ Pseudo-R<sup>2</sup>: R<sup>2</sup> for binary traits

→ Odds ratio between different groups

→ Area under the curve...

Variability in dependent variable

# Validation of PGS - visualization



- **ROC curves:** Measure of discrimination in disease prediction
- **Incidence plots:** changes in OR in each quantile compared to the reference
- **Quantile plots:** changes in OR in each quantile compared to the reference

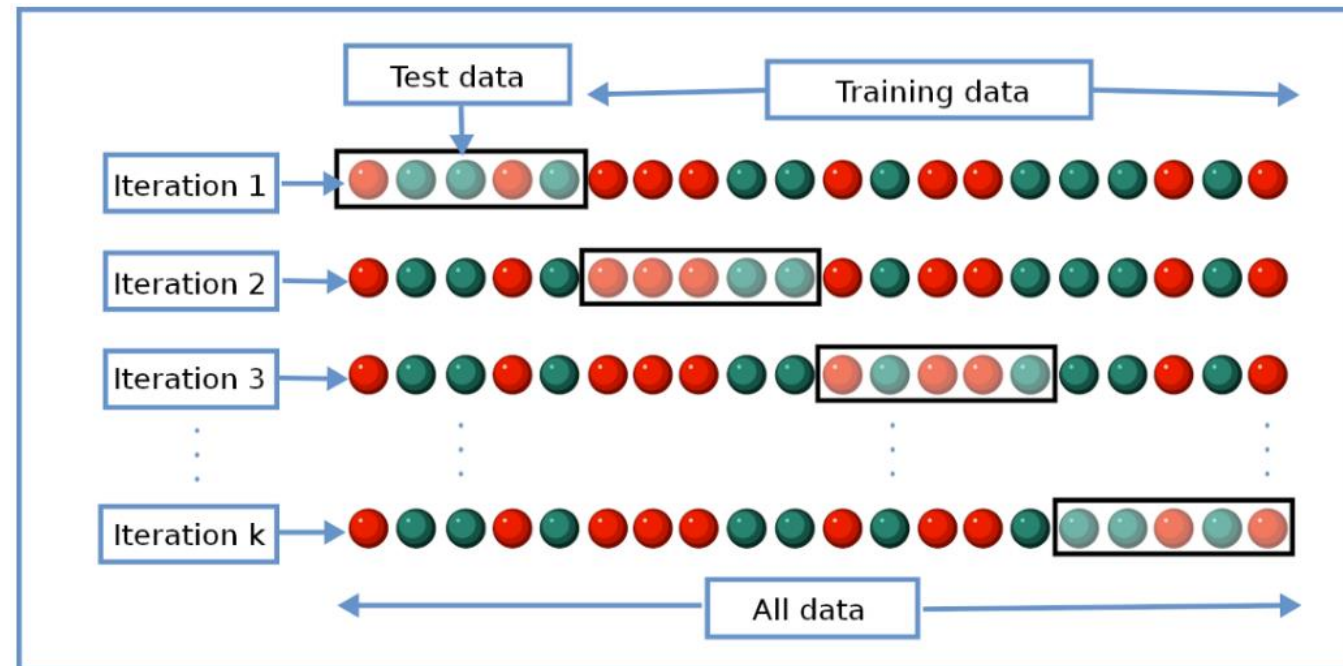
# Validation of PGS

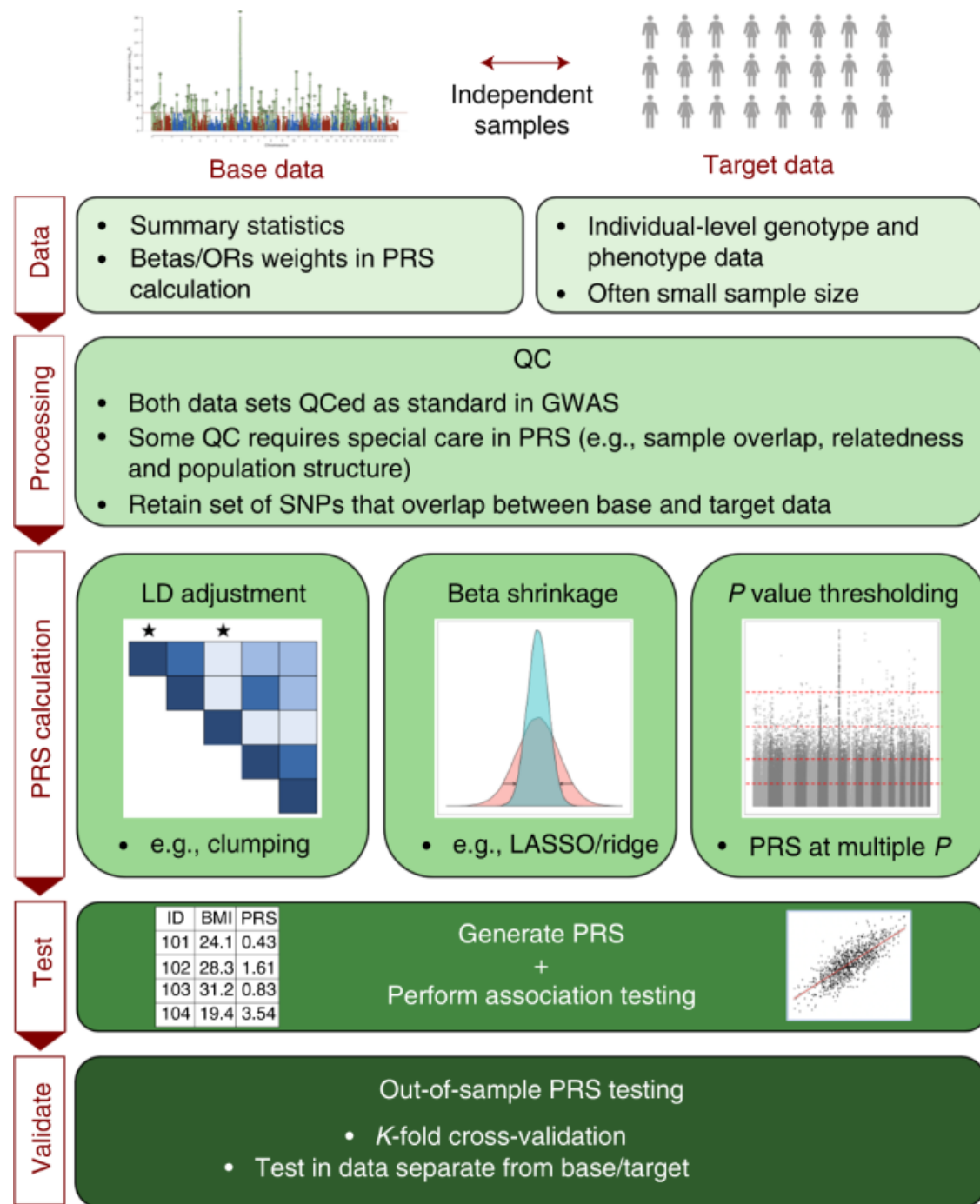
Validate

Out-of-sample PRS testing

- *K*-fold cross-validation
- Test in data separate from base/target

- K-fold cross-validation
  - When no independent dataset available
  - Divide the sample in training and validation data
  - Repeat multiple times







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## Polygenic scores

3.4

Limitations



# Limitations of PGS

- PGS relies on assumptions:
  - No environmental factors considered
  - Genetic associations = genetic causation
  - Homogeneity in discovery and testing samples
- Depends on:

Heritability

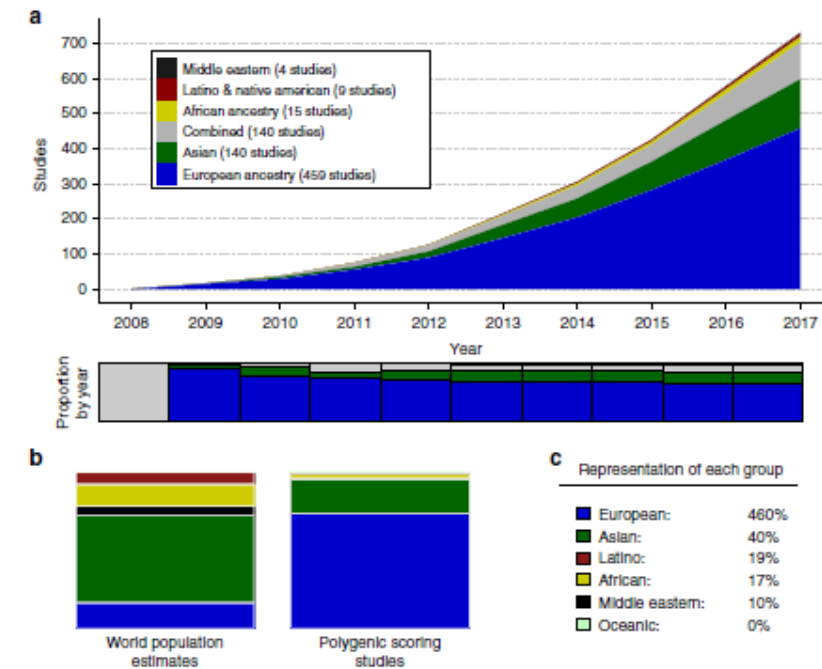
Effect-size  
distribution

Sample size

- Low predictive power → limited clinical use
- Focus on common variants only
- Low transferability when deviation from original GWAS cohort (e.g. ancestry)

# Trans-ancestry PGS

- Currently, PGS mainly derived from European populations
- Poor transferability to non-European populations due to differences in:
  - Allele frequencies
  - LD
  - Effect sizes
  - Environmental factors
- Non-European PGS are limited due to small sample sizes
- Trans-ancestry PGS = active area of research
  - meta-regression, ...
  - Decrease health disparities



*Duncan et al. Nat. Comm. 2019*



*Mahajan et al. Nat. Genet. 2022*

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# Polygenic scores

3.5

Workshop



# Timeline

- Introduction (Exercise 1): 10 minutes
- Manual score in R: 30 minutes (Exercises 2-5)
- Score in Plink: 20 minutes (Exercises 6-7)
- PGS and Polygenicity: 20 minutes (Exercises 8-9)



Thank you.