## HELMHOLTZ MUNICI<del>)</del>

# Genetic architecture of complex traits and Polygenicity

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## Agenda

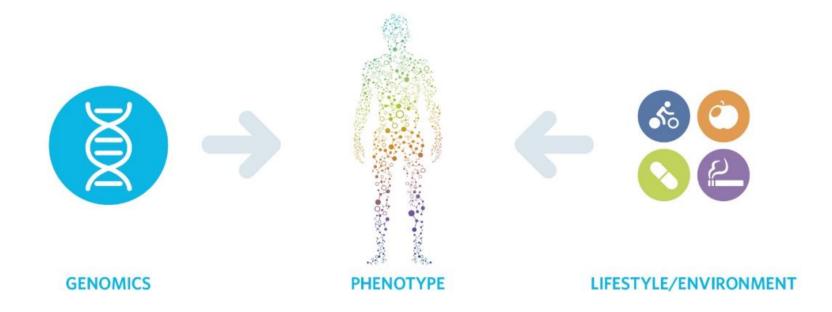
- 1. Genetics overview
- 2. Linkage disequilibrium
- 3. Polygenic Scores

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# Complex traits and genetic overview

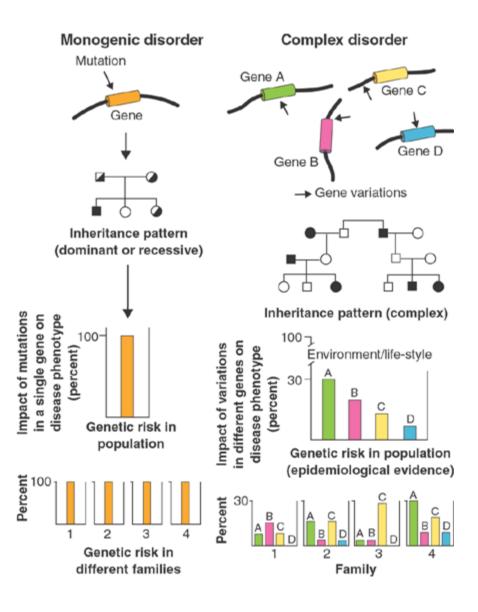
## Complex traits

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



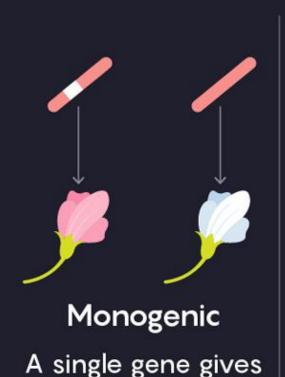
- Examples: body shape, type 2 diabetes, Alzheimer's disease...
- Complex diseases tend to be common
  - → Tool of choice = GWAS

## Complex traits

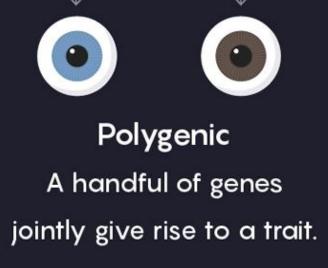


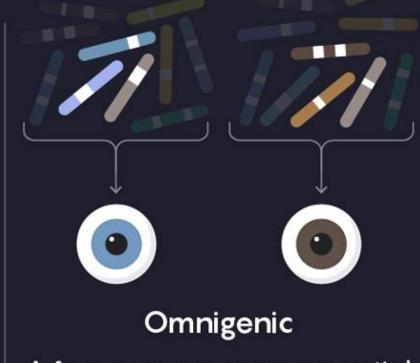
## **How Many Genes Are at Work?**

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.



rise to a trait.

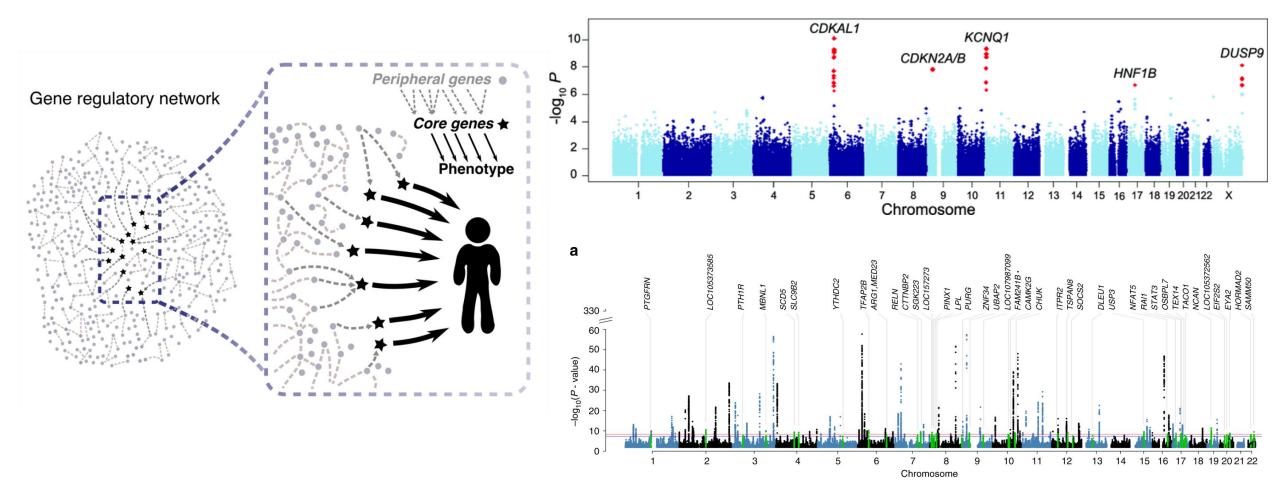




A few core genes are essential but all the genes are involved.

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## Omnigenic vs Polygenic model



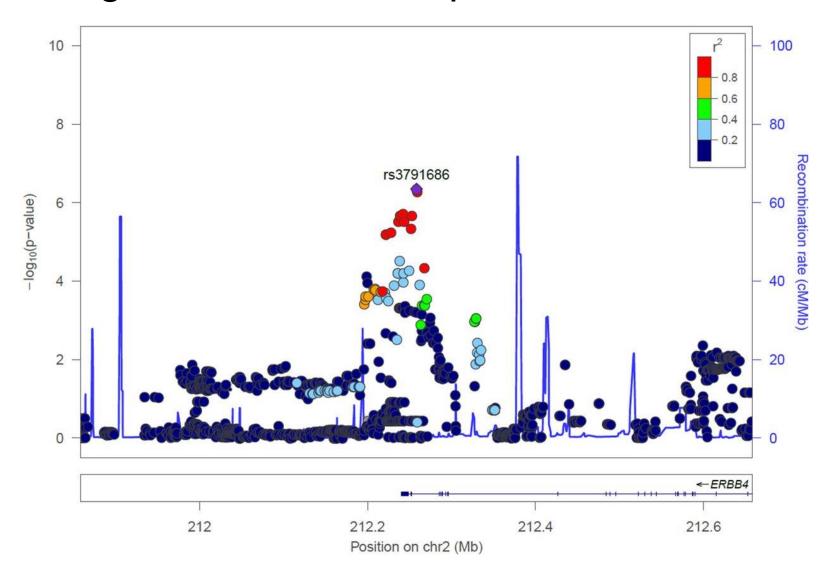
## Genome-Wide Association Studies (GWAS)

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

```
\begin{array}{c} phenotype \sim \beta \times genotype + \epsilon \\ \begin{bmatrix} pheno_0 \\ \vdots \\ pheno_n \end{bmatrix} & \begin{bmatrix} A/T \\ \vdots \\ T/T \end{bmatrix} = \{0,1,2\} \text{ (genotype, directly typed)} \\ \in [0,2] \text{ (dosage, imputed)} \\ \in \mathbb{R} \text{ (quantitative)} \sim \mathcal{N}(0,1) & \vdots \\ 1,816 \end{bmatrix}
```

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

## GWAS – regional association plot



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Linkage disequilibrium

## Linkage disequilibrium (LD)

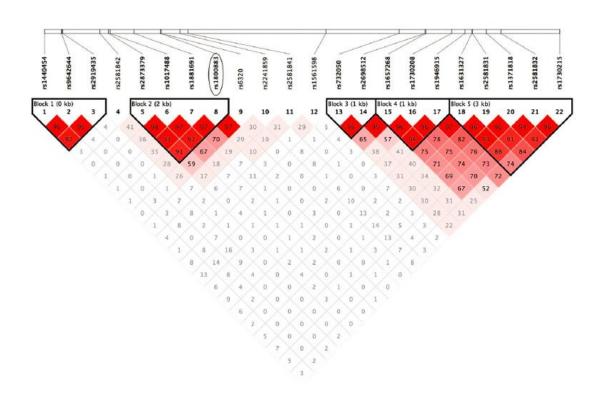
- Non-random association of alleles at different loci
  - → Correlation between the genetic variants
  - → Different between the populations
- Mechanisms include selection, genomic recombination, genetic drift...
- Co-occurrence of alleles:

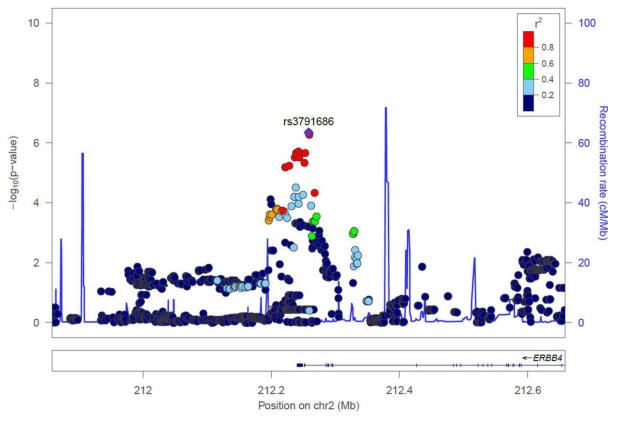
$$D_{AB} = p_{AB} - p_A p_B$$

- → D = coefficient of linkage disequilibrium
- $\rightarrow$  If D = 0: linkage equilibrium
- $r^2$ : squared coefficient of correlation

$$r^2 = \frac{D_{AB}}{p_A \cdot (1 - p_A) \cdot p_B \cdot (1 - p_B)}$$

## LD plots





- → Find the variants in high LD
- → Identify blocks of LD

## LD pruning

- Need to be taken into account in genetic studies
  - → Number of significant variants ≠ number of independent signals
  - → Particularly important in Polygenic Scores
  - → Different pattern between populations
- Solution = Pruning
  - $\rightarrow$  Select a SNP in a genomic window and remove the correlated SNPs according to  $r^2$
  - → Keep only the 'independent' SNPs
  - → Can be performed using Plink (example in practical)

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## Polygenic scores

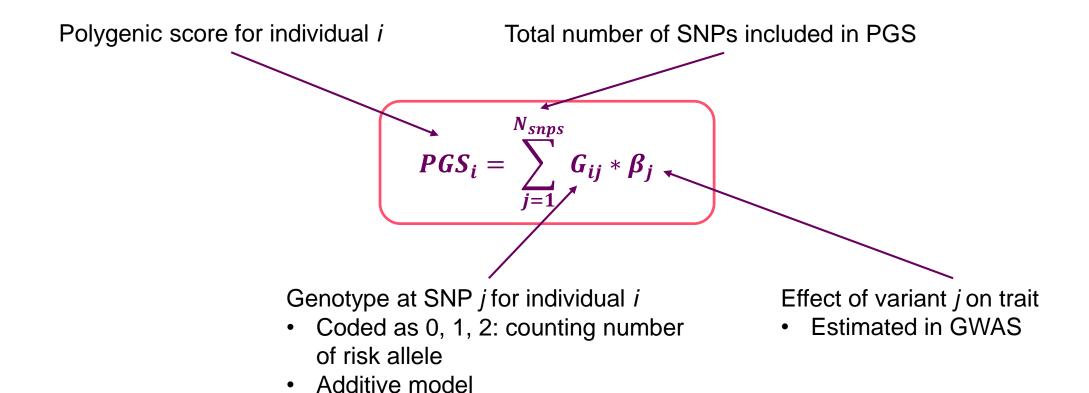
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Introduction

## Polygenic scores

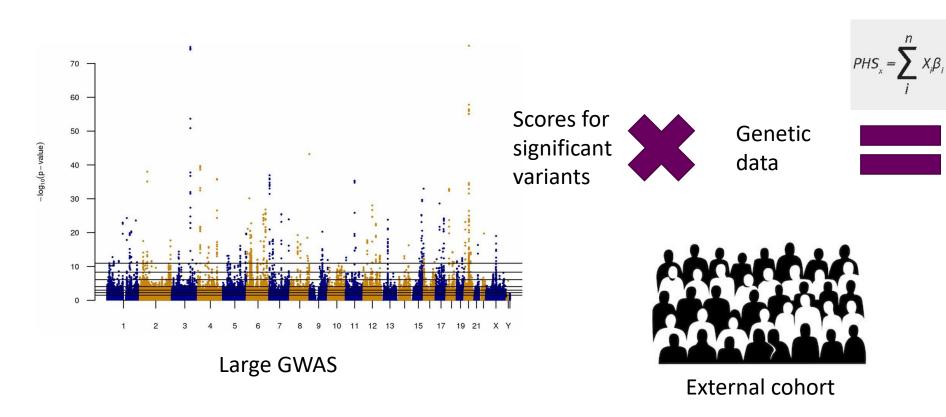
- Polygenic model: many genetics variants influence complex traits
  - → T2D: 338 association signals (*Mahajan et al. Nat Genet. 2022*)
  - → Height: >12,000 independent variants (Yengo et al. Nat. 2022)
- Try to predict quantitative traits (polygenic scores) and disease risk (polygenic risk scores) based on genetics
- Use estimates from GWAS
- With larger sample size for GWAS summary stats → increased predictive power of PGS
- PGS are constructed under an additive model: each copy of the effect allele increases the risk

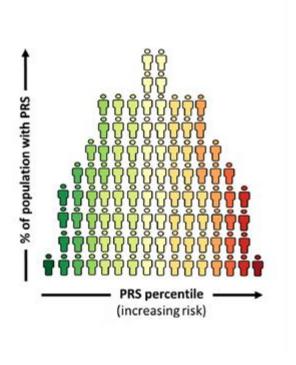
## Polygenic scores (PGS)



Scores = sum of effects of many variants → normally distributed in the populations

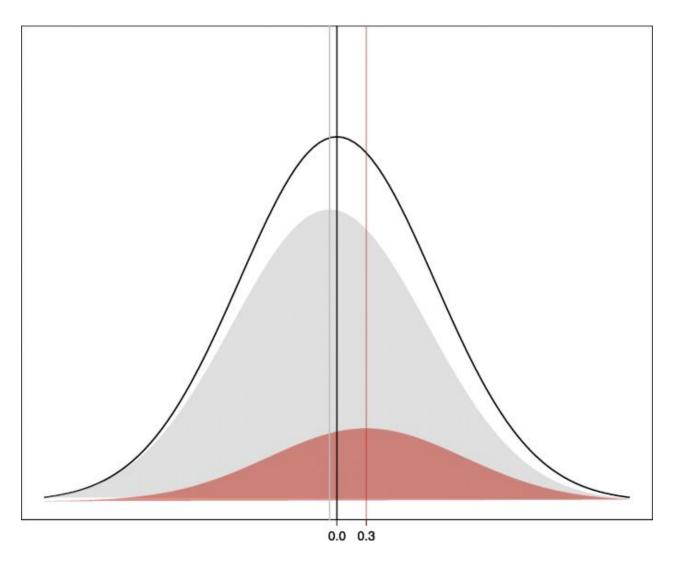
## Polygenic scores (PGS)





## Polygenic scores (PGS)

- Grey: score distribution of controls
- Red: score distribution of cases
- Overall mean = 0 (standardized score distribution)
- Amount of shift = discriminative power of PGS

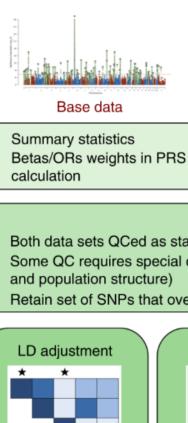


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## Polygenic scores

3.2

Construction





#### Target data

Individual-level genotype and phenotype data

• Often small sample size

QC

samples

- Both data sets QCed as standard in GWAS
- Some QC requires special care in PRS (e.g., sample overlap, relatedness and population structure)
- Retain set of SNPs that overlap between base and target data

Beta shrinkage P value thresholding PRS calculation e.g., clumping · e.g., LASSO/ridge PRS at multiple P ID BMI PRS Generate PRS 101 24.1 0.43 Test 102 28.3 1.61

103 31.2 0.83 104 19.4 3.54

Perform association testing



Validate

Data

Processing

Out-of-sample PRS testing

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

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## Input data

#### Base data



- Summary statistics
- Betas/ORs weights in PRS calculation

#### Target data

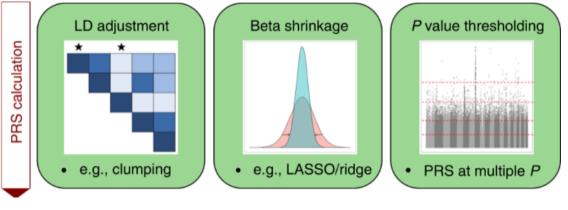
- Individual-level genotype and phenotype data
- Often small sample size

- Base data = sample used to estimate parameters for the PGS
  - $\rightarrow$  Effect sizes of the variants: OR or  $\beta$
  - → Standard errors
  - → P-values
  - → Obtained from summary statistics, often from large published GWAS (GWAS catalog)

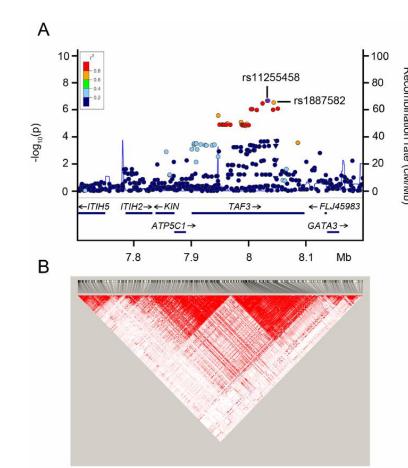
- Target data = sample where we will apply the PRS
  - → Individual genotype and phenotype data
  - → Often small sample sizes
- Goal: apply on real patients

- Both data sets QCed as standard in GWAS
- Some QC requires special care in PRS (e.g., sample overlap, relatedness and population structure)
- Retain set of SNPs that overlap between base and target data
- Apply the same quality control as standard GWAS
- Only SNPs in base AND target samples
- Sample overlap
  - → An overlap between base and target sample could lead to inflation: 'overfitting'
- Homogeneity between base and target samples
  - → Hypothesis = samples have the same underlying genetic architecture
  - → Also suppose homogeneity in environment
- Population structure
  - → Match the ancestry between base and target samples

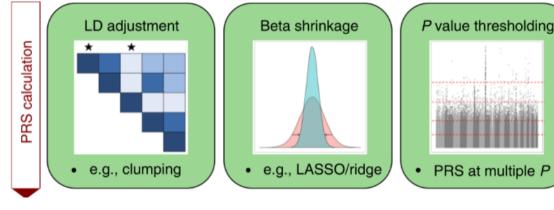
## Selection of variants



- Historically: genetic predictions based on independent variants providing more risk
  - → Challenging in omnigenic and polygenic models
  - → With more power, more peaks appear
- Take all variants into PGS?
  - → LD issue
- Selection of variants influencing complex traits
  - → Common practice: select **independent variants** 
    - → Clumping: pruning with a p-value thresholding
    - → No overweighting of high-LD blocks
  - → Beta shrinkage



## Clumping + Thresholding (C+T)



#### P-value aware pruning

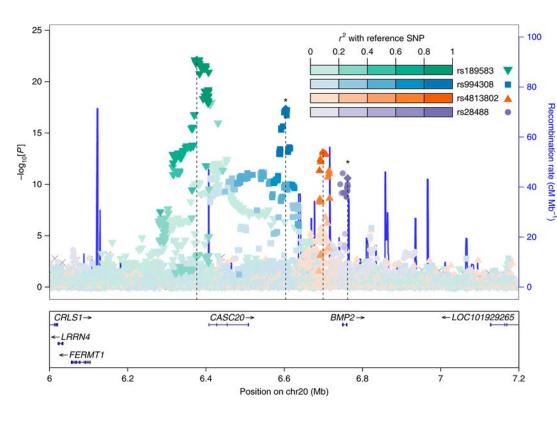
- 1. Select SNPs with a p-value<threshold
  - 2. Select top associated variant
- 3. Remove all variants in LD with this SNP

YES

Any other significant variant left in the block?

NO

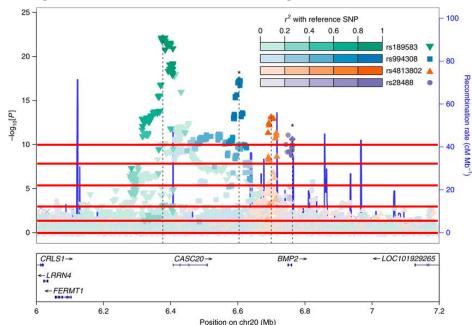
Set of pruned and significantly associated variants

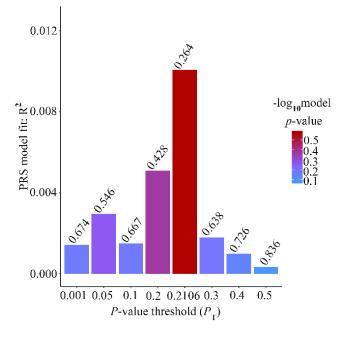


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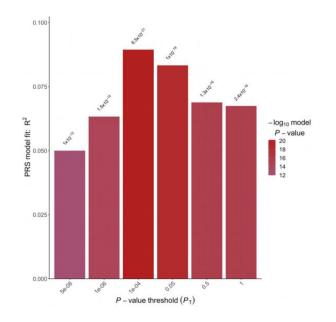
## Clumping + Thresholding (C+T)

- Which significance threshold to use?
  - → Optimal threshold depends on the trait
- Unknown beforehand
  - → Try multiple values with validation
  - → Integrated into software, e.g. PRSice





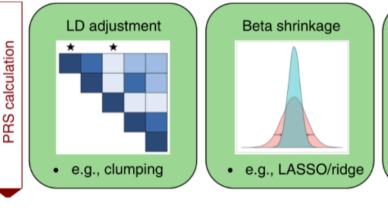
Wang et al. Frontiers in Genetics, July 2019

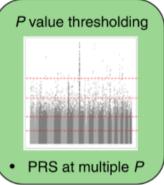


Maj et al. Frontiers in Cardiovascular Medicine, Feb 2022

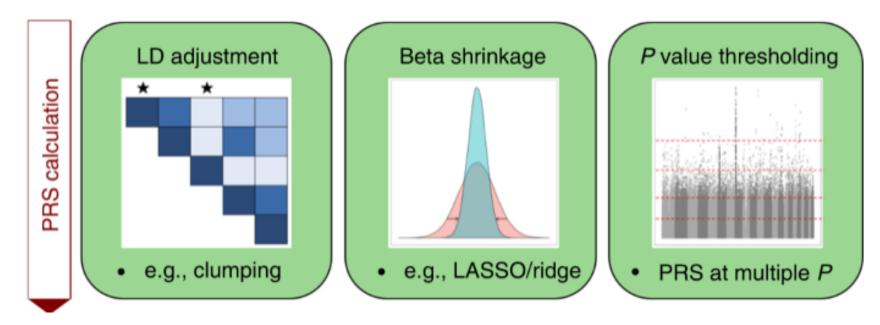
## Limitations of C+T

- 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
- Sample size = still a limiting factors for improved methods
- Example of software: Plink, PRSice
- Ideal model = 'whole-genome' model
  - → Account for LD
  - → Perform "shrinkage" estimation for association coefficients





## Bayesian methods



- C+T: find subset of variants that best describe the trait of interest
- Bayesian methods: 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 methods

- 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
- Examples of software:
  - Ldpred: Vilhjalmsson, 2015
  - SBayesR: Ge et al, 2019
  - PRS-CS: Zeng et al, 2017

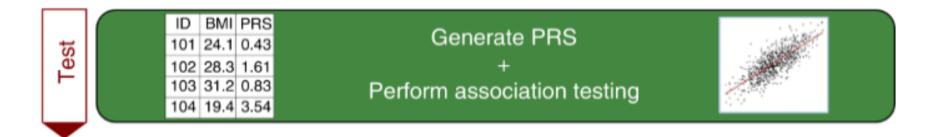
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## Polygenic scores

3.3

Application

## Applying PRS



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

- Alleles need to be matched between base and target samples
  - $\rightarrow$  An effect size (OR or  $\beta$ ) is always associated to an allele
- Currently, PGS applied in target (independent sample) mainly for validation
- Future = application in the general population
  - → Predict complex traits: prevention, monitoring, ...
  - → Patient stratification

## Validation of PGS – independent sample

Validate

Out-of-sample PRS testing

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

Values to assess the prediction of PGS:

→ R2: amount of phenotypic variance explained by PGS (continuous traits) and pseudo-R2 for

binary traits

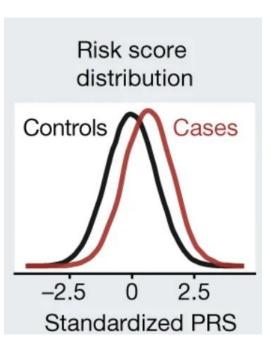
 $R^{2} = 1 \frac{\sum_{i=1}^{N} (y_{i} - \hat{y}_{i})^{2}}{\sum_{i=1}^{N} (y_{i} - \bar{y})^{2}}$ 

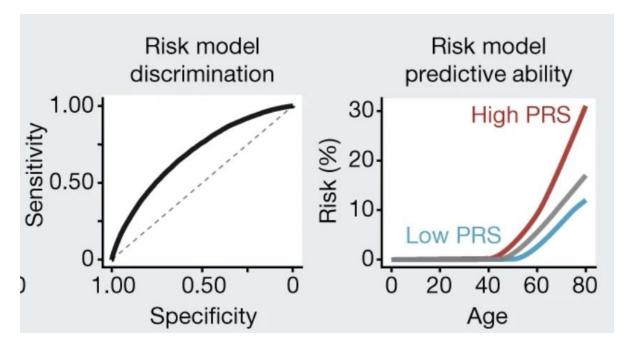
Variability in dependent variable not predicted by the model

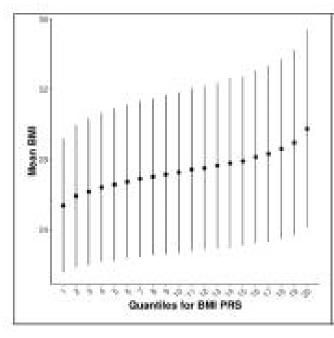
Variability in dependent variable

- → Odds ratio between strata
- → Area under the curve...

## 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

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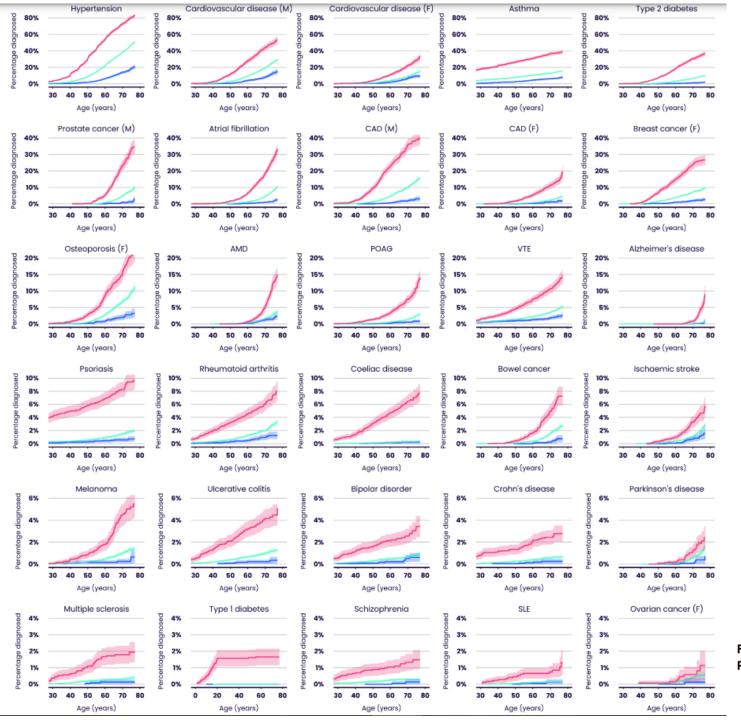
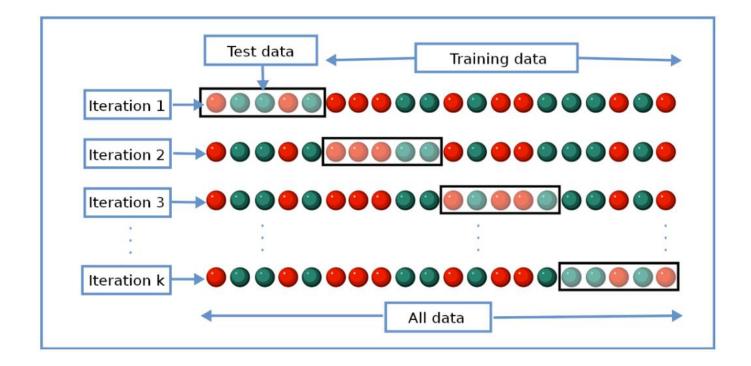


Figure 1. Cumulative incidence plots illustrating the predictive performance of the UK Biobank PRS Release for 28 diseases in European ancestry individuals (Enhanced Set). Each plot shows

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

## Validation of PGS

- 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

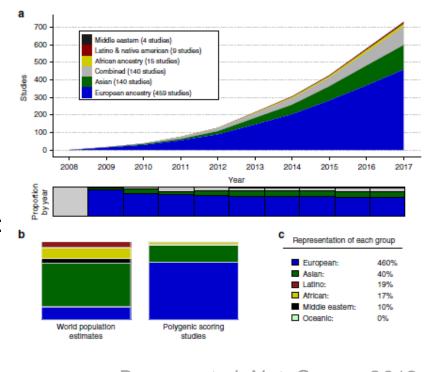
Limits

## Limitations of PGS

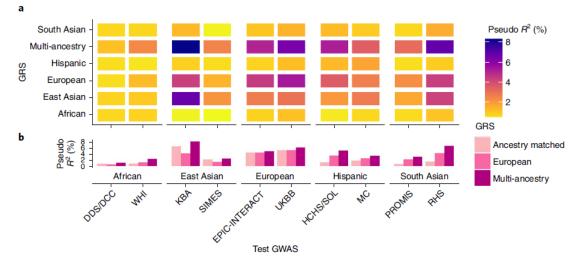
- Ultimate goal = prediction of complex traits based on genetics
  - → Patient stratification
  - → Preventive medicine
- PRS relies on assumptions:
  - → No environmental factors considered
  - → Genetic associations = genetic causation
  - → Homogeneity in discovery and testing samples
- Currently:
  - Limited clinical use: classical risk factors perform better
  - Only focus on common variants
  - Low transferability when deviation from original GWAS cohort: environment, ancestry ...

## Trans-ancestry PGS

- Currently, PGS mainly derived from European populations
- Poor transferability to non-European populations due to differences in:
  - → Allele frequencies
  - $\rightarrow$  LD
  - → Effect sizes
  - → Environmental factors
- Non-European PGS are limited due to small sample sizes
- Trans-ancestry PGS = active area of research
  - → New methods developed
  - → Decrease health disparities



Duncan et al. Nat. Comm. 2019



Mahajan et al. Nat. Genet. 2022

## Overview

- Complex diseases underlined by a polygenic architecture
- LD induces correlation between SNPs and needs to be accounted for
- PGS aim at predicting complex traits based on genetic variants identified in GWAS
  - → Choice of base and target samples
  - → Selection of SNPs in PGS
  - → Trans-ancestry PGS



## Any questions?

Thank you.