

# MRS Model Experimentation

## MRS model construction and parameter optimization

### Basic first models

Basic MRS modeling – each model is trained on a single cohort using elastic net regression on the top 50% most variable CpGs.

Table 1: Trained in WHI

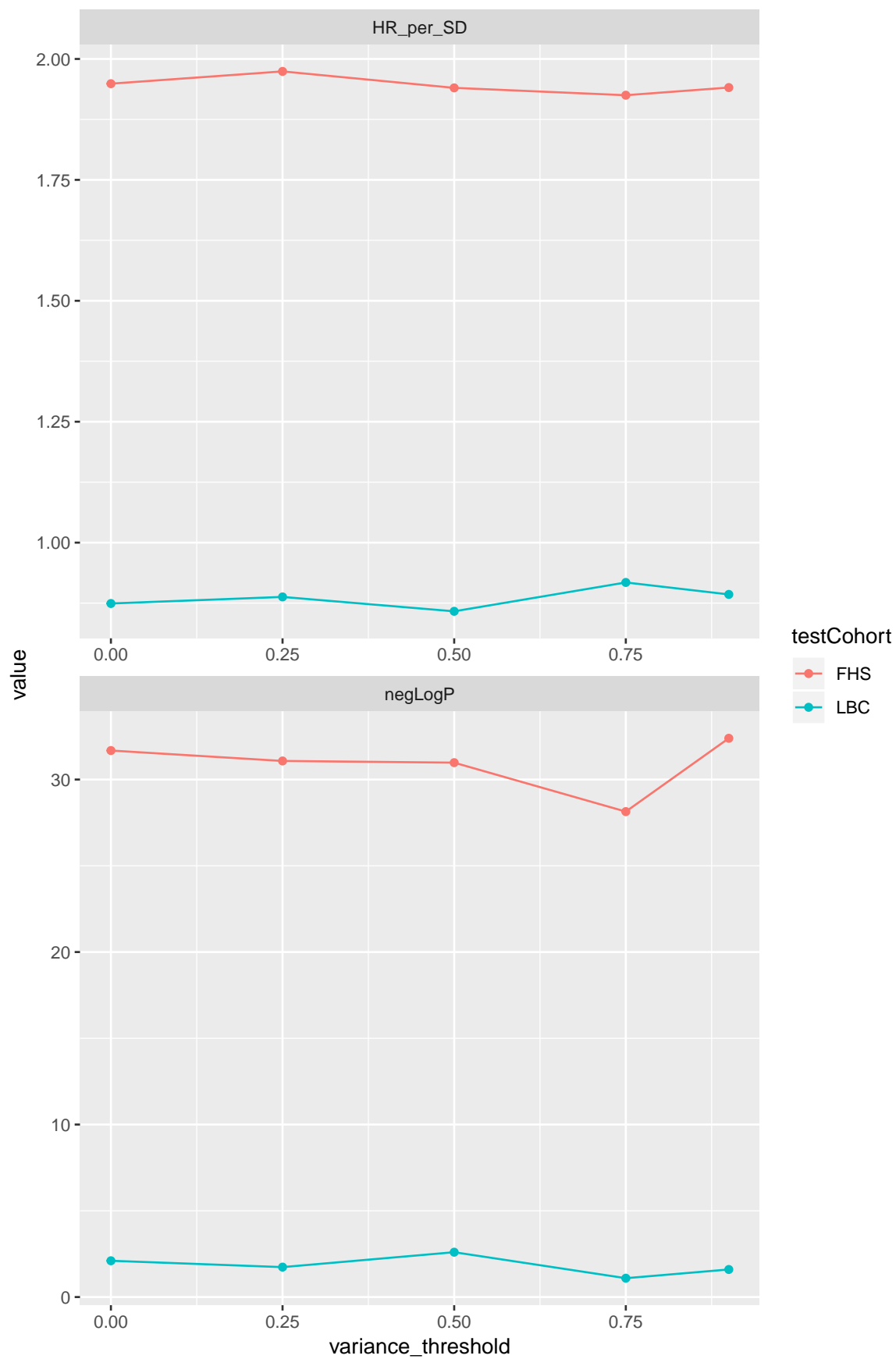
| testCohort | HR_per_SD | p |
|------------|-----------|---|
| FHS        | 1.86      | 0 |

Table 2: Trained in FHS

| testCohort | HR_per_SD | p |
|------------|-----------|---|
| WHI        | 1.2       | 0 |

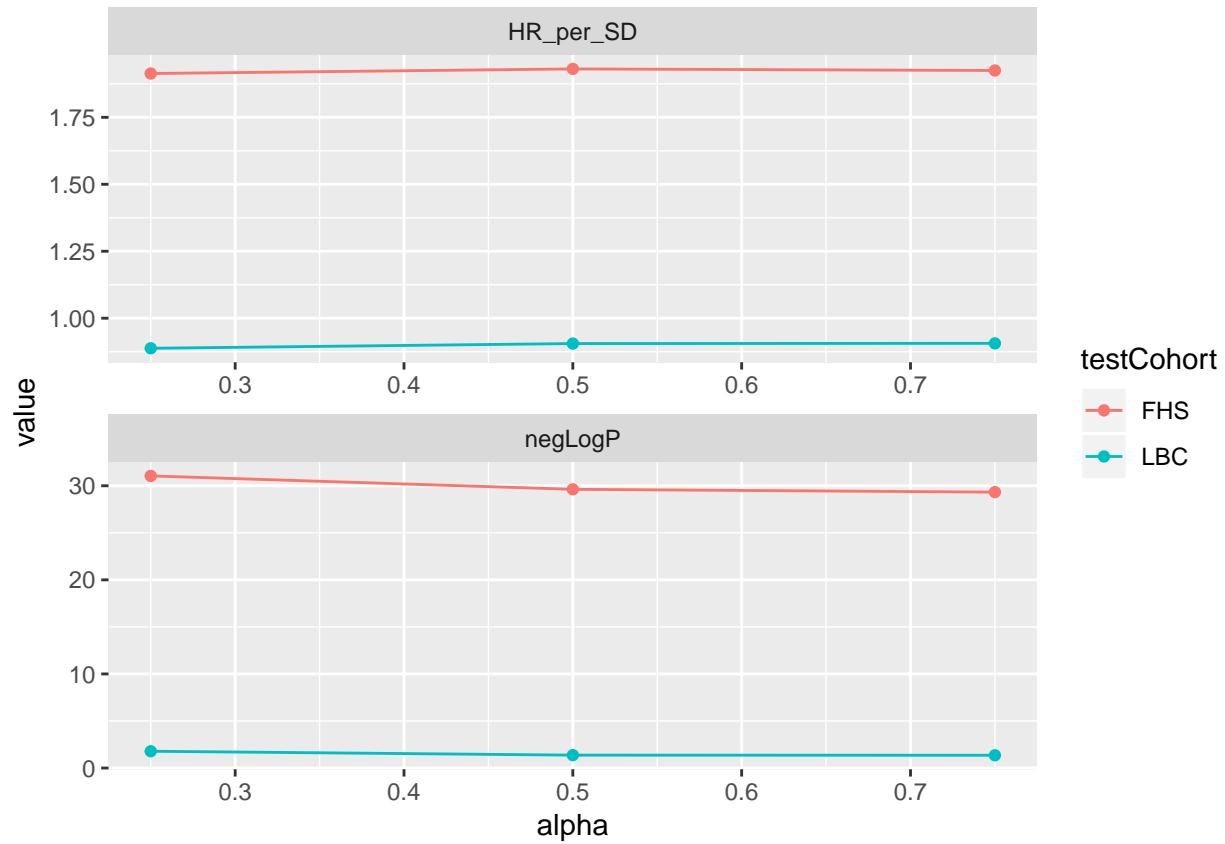
### Variance thresholds

Training in WHI, testing in FHS & LBC.



## Manipulation of alpha

Does the elastic net alpha parameter have any notable effect on the results? Try it out using 75th quantile variance threshold.



## Covariate exploration

When training in WHI, does adjustment for age or cell counts impact the eventual generalization to other cohorts?

Table 3: Trained in WHI with age adjustment

| testCohort | HR_per_SD | p     |
|------------|-----------|-------|
| FHS        | 1.447     | 0.000 |
| LBC        | 0.955     | 0.354 |

Table 4: Trained in WHI with cell count adjustment

| testCohort | HR_per_SD | p |
|------------|-----------|---|
| FHS        | 1.426     | 0 |
| LBC        | 0.827     | 0 |

## Final multi-cohort methylation model

Trained in WHI & FHS together.

Table 5: Performance in 30% held-out test set

| HR_per_SD | p |
|-----------|---|
| 1.31      | 0 |

Table 6: Testing full model in LBC

| Test cohort | HR_per_SD | p     |
|-------------|-----------|-------|
| LBC (full)  | 0.801     | 0.000 |
| LBC21       | 0.859     | 0.141 |
| LBC36       | 1.057     | 0.337 |

## Tentative conclusions

- A variance threshold of 50% reaches an approximate asymptote in performance while keeping the computational burden under control.
- There is not strong evidence to suggest that a change in alpha from 0.5 will provide notably better performance.
- The LBC datasets are complicated: they are somewhat older, and have non-intuitive relationships between traditional CVD risk factors and CVD prevalence/incidence. At the very least, the two cohorts (1921 and 1936) should be modeled separately.

## Genetic risk in the same cohorts

A genetic risk score (GRS) was calculated based on the model used by Khera et al. 2016 – currently, ~48 of the 50 constituent genotypes are available for entry into the model. This GRS was first tested to confirm its associations in these datasets (genotypes available for WHI and FHS). While all CVD cases are incident in WHI, past and incident events were merged into a single binary variable for FHS in order to test the GRS.

Table 7: GRS results

| cohort | OR_per_SD | p     |
|--------|-----------|-------|
| WHI    | 1.14      | 0.005 |
| FHS    | 1.19      | 0.001 |

## MRS performance across demographic and risk-based strata

Also worth checking this in REGICOR.

## Across sexes

Table 8: WHI -&gt; FHS sex-stratified

| Sex    | HR_per_SD | p |
|--------|-----------|---|
| Male   | 1.92      | 0 |
| Female | 1.78      | 0 |

Table 9: WHI + FHS -&gt; WHI + FHS sex-stratified (Note: doesn't use an external validation set)

| Sex    | HR_per_SD | p |
|--------|-----------|---|
| Male   | 2.15      | 0 |
| Female | 1.64      | 0 |

## Based on race

Table 10: FHS -&gt; WHI race-stratified

| Race     | HR_per_SD | p     |
|----------|-----------|-------|
| White    | 1.11      | 0.016 |
| Black    | 1.24      | 0.000 |
| Hispanic | 1.31      | 0.000 |

## Based on history of CVD

Table 11: WHI -&gt; FHS stratified by history of CVD

| Past event | HR_per_SD | p     |
|------------|-----------|-------|
| Yes        | 1.29      | 0.012 |
| No         | 1.77      | 0.000 |

## Across tertiles of genetic risk

Table 12: WHI -&gt; FHS stratified by genetic risk score

| Tertile | HR_per_SD | p |
|---------|-----------|---|
| 1       | 1.56      | 0 |
| 2       | 2.33      | 0 |
| 3       | 2.08      | 0 |
| 4       | 1.88      | 0 |

Table 13: FHS -&gt; WHI stratified by genetic risk score

| Tertile | HR_per_SD | p     |
|---------|-----------|-------|
| 1       | 1.10      | 0.064 |
| 2       | 1.25      | 0.000 |

| Tertile | HR_per_SD | p     |
|---------|-----------|-------|
| 3       | 1.31      | 0.000 |
| 4       | 1.08      | 0.484 |

## MRS stability

## [1] "ICC: 0.663188642850793"

## Validation of MRS with respect to prevalent CVD (MI) in REGI-COR

Quite predictive alone and with adjustment for cell counts/technical factors/smoking, marginally significant in the presence of traditional risk factors.

## GWIS with MRS

## EWIS with GRS

Table 14: EWIS results in WHI

| CpG        | coef   | z     | p | fdr |
|------------|--------|-------|---|-----|
| cg03307581 | 51.48  | 4.56  | 0 | 1   |
| cg06470943 | 11.21  | 4.54  | 0 | 1   |
| cg10759651 | 10.01  | 4.48  | 0 | 1   |
| cg07554357 | 7.99   | 4.34  | 0 | 1   |
| cg20374595 | 7.21   | 4.32  | 0 | 1   |
| cg05983061 | -7.03  | -4.27 | 0 | 1   |
| cg17258816 | 8.27   | 4.24  | 0 | 1   |
| cg20800956 | 27.34  | 4.21  | 0 | 1   |
| cg20230308 | 118.25 | 4.21  | 0 | 1   |
| cg24050474 | -6.92  | -4.20 | 0 | 1   |

Table 15: EWIS results in FHS

| CpG        | coef    | z     | p | fdr   |
|------------|---------|-------|---|-------|
| cg11895489 | 11.25   | 4.46  | 0 | 0.999 |
| cg04208750 | -92.53  | -4.41 | 0 | 0.999 |
| cg16930811 | -6.89   | -4.11 | 0 | 0.999 |
| cg20361001 | -119.23 | -4.02 | 0 | 0.999 |
| cg01974180 | 47.63   | 3.97  | 0 | 0.999 |
| cg07922411 | 5.20    | 3.97  | 0 | 0.999 |
| cg00481227 | -5.33   | -3.96 | 0 | 0.999 |
| cg12424468 | -9.16   | -3.96 | 0 | 0.999 |
| cg17699374 | -51.02  | -3.94 | 0 | 0.999 |
| cg00576886 | -12.71  | -3.85 | 0 | 0.999 |

## Full modeling of genetic plus epigenetic risk

Start with a standard ML model (random forest for example?) and try:

- Methylation only
- Genotypes only
- Risk factors only
- All three together
- Different groups of two depending on the results