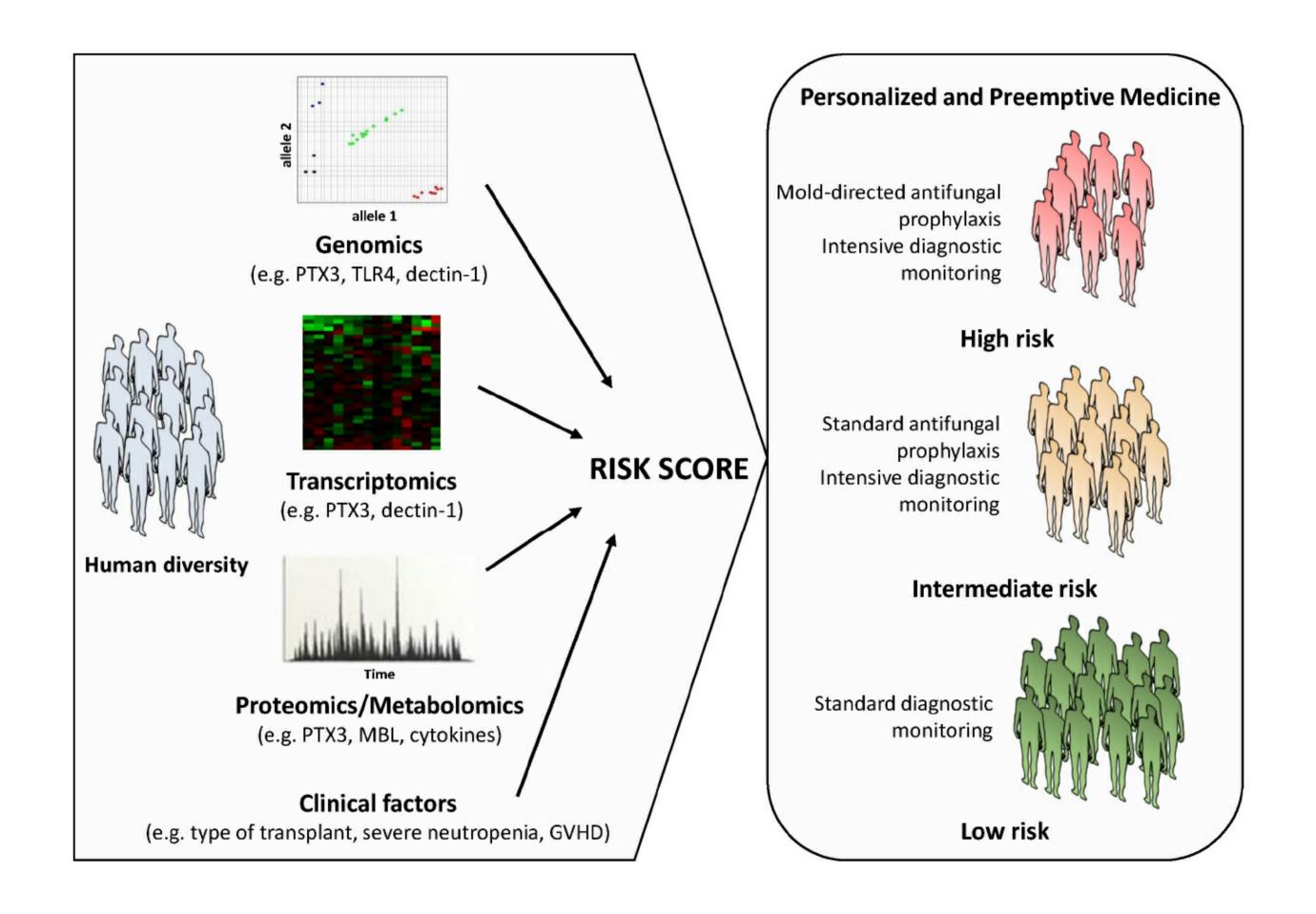
Predicting complex diseases: performance and robustness

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supervised by M. Blum (UGA) & H. Aschard (Institut Pasteur)

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Personalized genetic medicine:



Source: Oliveira-Coelho, Ana, et al. "Paving the way for predictive diagnostics and personalized treatment of invasive aspergillosis." Frontiers in microbiology 6 (2015).

Data

0, 1 or 2 mutations per individual and per locus (position on the genome):

	[,1]	[,2]	[,3]	[,4]	[,5]	[, 6]	[,7]	[,8]	[,9]	[,10]	[,11]
[1,]	2	2	0	2	1	1	2	0	1	0	0
[2,]	1	2	1	2	2	1	2	0	0	1	2
[3,]	2	1	1	2	0	1	2	0	0	2	0
[4,]	2	2	0	2	0	1	2	0	2	1	1
[5 ,]	1	2	2	2	0	0	1	2	1	1	2
[6 ,]	2	1	2	2	0	1	2	2	2	1	1
[7 ,]	2	1	1	2	0	0	1	1	1	0	2
[8,]	1	2	1	1	1	1	2	1	0	1	1
[9 ,]	1	2	1	2	0	1	1	2	0	1	1
[10,]	2	2	0	2	1	1	1	0	2	1	0
[11,]	2	2	1	2	0	0	2	1	2	0	0
[12,]	1	0	2	2	2	1	2	2	1	0	2

Size of current datasets (UK Biobank): 500,000 individuals and (at least) 800,000 loci.

Goal

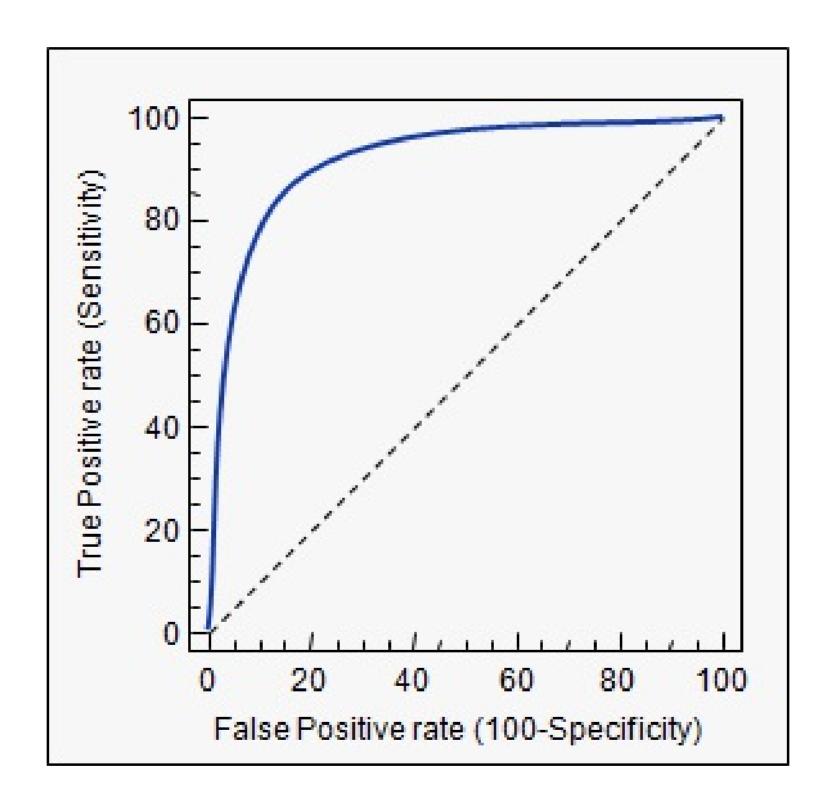
Disease \sim DNA mutations $+\cdots$

Methods

- statistical learning methods
- clever implementations for handling large datasets
- two R packages (Privé et al., 2017)

Assessing predictive performance

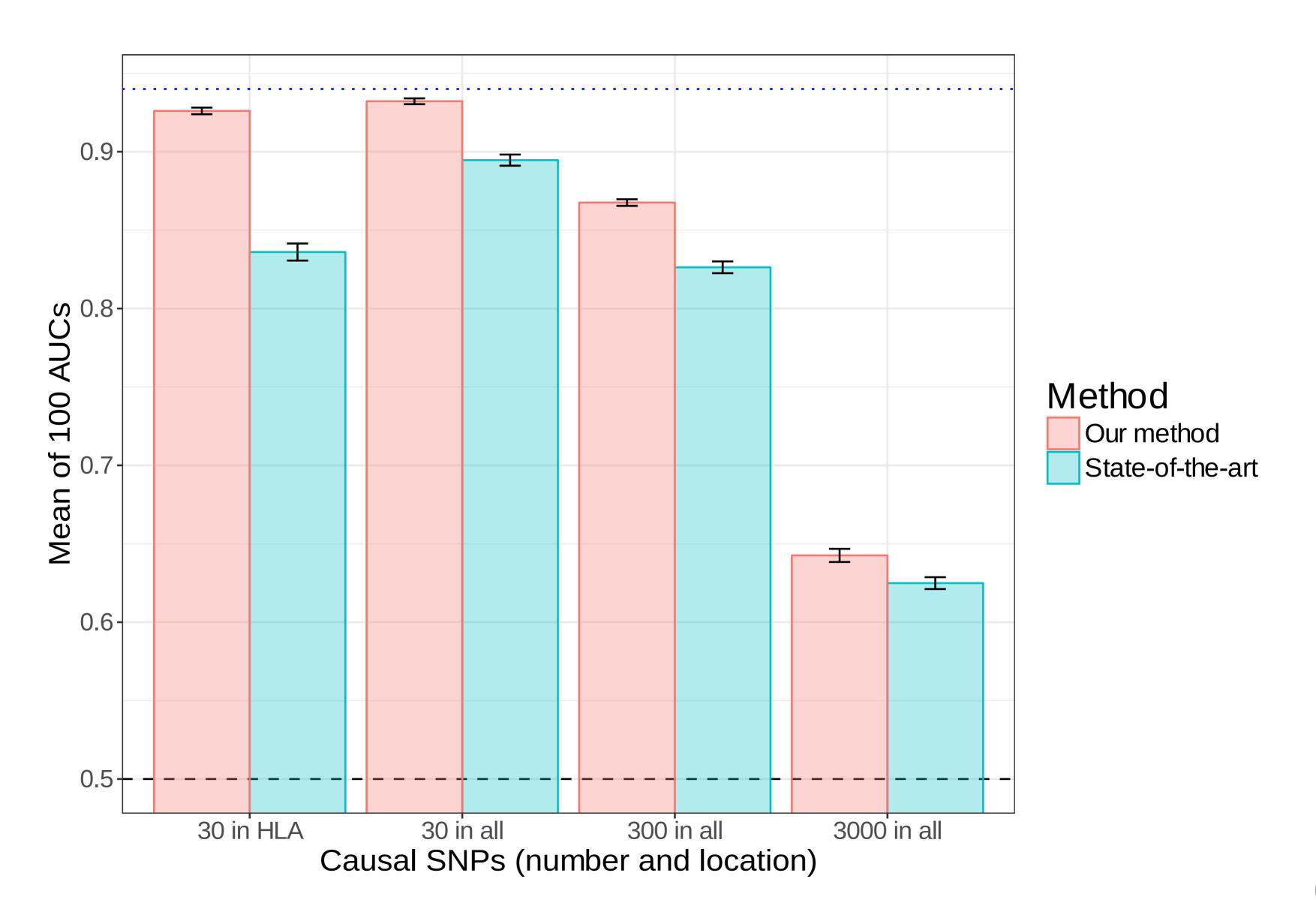
AUC (Area Under the ROC Curve) is often used.



Example of ROC curve.

$$\mathrm{AUC} = P(S_{\mathrm{case}} > S_{\mathrm{control}})$$

Results (simulating different disease architectures)



Thanks!

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