# Meta-analysis of Mendelian randomization studies

Tom Palmer, John Thompson and Martin Tobin

Department of Health Sciences, University of Leicester

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Summary

## Introduction

- Mendelian randomization is an active area of research in genetic-epidemiology.
- ▶ Aim: To extend existing meta-analysis models

- ▶ Dates back to [Katan, 1986]
- ▶ Recent interest due to the increasing use of genetic data in epidemiology [Katan, 2004]
- Bi-allelic polymorphism receive one allele from each parent
- Mendel's 2<sup>nd</sup> law: genes segregate independently
- ▶ Therefore individuals randomized to a genotype at conception
- ► Randomization by genotype is independent of confounding factors



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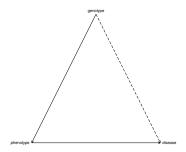
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- Estimate phenotype-disease effect
- Confounding
- Reverse causation
- ▶ [Davey Smith et al., 2005]; phenotype C-Reactive Protein, disease - hypertension, genetic polymorphism - in the human CRP gene
- ► Economics, IVs also applied to:
  - - causal inference literature [Didelez and Sheehan, 2005]



- Estimate phenotype-disease effect
- Confounding
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- ▶ [Davey Smith et al., 2005]; phenotype C-Reactive Protein, disease - hypertension, genetic polymorphism - in the human CRP gene
- ▶ Statistically the genotype used as an instrumental variable
- Economics, IVs also applied to:
  - clinical trials [Angrist et al., 1996].
  - causal inference literature [Didelez and Sheehan, 2005]



- ▶ Use gene-disease & gene-phenotype effect estimates to estimate the phenotype-disease relationship
- Standard IV technique if they were all linear TSLS
- > gene-disease log odds-ratio:  $\theta$ , difference in mean phenotypes:  $\delta$ , phenotype-disease log odds-ratio:  $\eta$
- Ratio of coefficients approach [Thomas and Conti, 2004], for a k-unit change in the mean phenotype difference,

$$\eta_{[k]} \approx \frac{\kappa \epsilon}{\delta}$$



Introduction to MR

# Information from a case-control study

- A biallellic polymorphism (g,G)
   g: common allele G: risk allele
- ▶ 3 genotypes: gg, Gg, GG; j = 1, 2, 3
- ▶ Observed cases and controls  $y_{dj}$ , d = 0.1; control/case
- cell probabilities p<sub>dj</sub>

	Genotype				
		Gg	GG		
Controls	y <sub>01</sub> , p <sub>01</sub>	y <sub>02</sub> , p <sub>02</sub>	y <sub>03</sub> , p <sub>03</sub>		
Cases	$y_{11}, p_{11}$	$y_{12}, p_{12}$	$y_{13}, p_{13}$		
Mean phenotype levels			$\mu_3$		

► Mean phenotype levels from controls

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	Genotype			
	gg		GG	
Controls	y <sub>01</sub> , p <sub>01</sub>	$y_{02}, p_{02}$	y <sub>03</sub> , p <sub>03</sub>	
Cases	$y_{11}, p_{11}$	$y_{12}, p_{12}$	<i>y</i> <sub>13</sub> , <i>p</i> <sub>13</sub>	
Mean phenotype levels	$\mu_1$	$\mu_2$	$\mu_3$	

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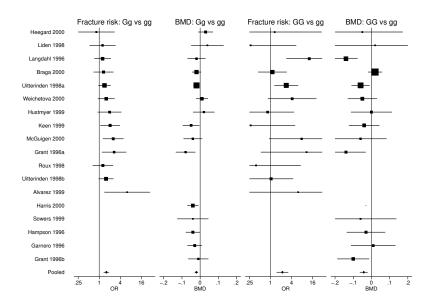
▶ Mean phenotype levels from controls



- Mann (2001): Bone mineral denisty (BMD) & risk of osteoporotic fracture
- COL1A1 gene: codes for collagen
- Average BMD lower for GG versus gg
- Risk of fracture increased for GG versus gg



#### Meta-analysis results in a four column forest plot



# Approach

- Existing meta-analysis models estimate  $\eta$  based on either the Gg versus gg genotype comparison or the GG versus gg comparison, [Thompson et al., 2005].
- ▶ Gg vs gg: Bigger sample size; smaller difference in disease risk
- ▶ GG vs gg: Smaller sample size; bigger difference in disease risk
- ightharpoonup Proposed approach: Estimate  $\eta$  across both genotype comparisons

#### Modelling assumptions

- phenotype-disease relationship common across studies
- phenotype-disease relationship common across genotype comparisons



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- ► Genotype comparison 2:(Gg,gg), 3:(GG,gg) for study i ( $\theta_{2i}$ ,  $\theta_{3i}$ ): gene-disease log odds-ratios ( $\delta_{2i}$ ,  $\delta_{3i}$ ): difference in mean phenotypes
- ▶ Inference at the population level
- Marginal distribution: combine within and between study distributions

## Multivariate meta-analysis models

- Genotype comparison 2:(Gg,gg), 3:(GG,gg) for study i  $(\theta_{2i}, \theta_{3i})$ : gene-disease log odds-ratios  $(\delta_{2i}, \delta_{3i})$ : difference in mean phenotypes
- Inference at the population level
- Marginal distribution: combine within and between study distributions

Meta-analysis models & results

$$\begin{bmatrix} \theta_{2i} \\ \delta_{2i} \\ \theta_{3i} \\ \delta_{3i} \end{bmatrix} \sim \mathsf{MVN} \left( \underline{\psi} = \begin{bmatrix} \eta \delta_2 \\ \delta_2 \\ \eta \delta_3 \\ \delta_3 \end{bmatrix}, \mathbf{V}_i + \mathbf{B} \right).$$

$$\mathbf{V}_{i} = \begin{bmatrix} v(\theta_{2i}) & 0 & v(\theta_{2i}, \theta_{3i}) & 0\\ 0 & v(\delta_{2i}) & 0 & v(\delta_{2i}, \delta_{3i})\\ v(\theta_{3i}, \theta_{2i}) & 0 & v(\theta_{3i}) & 0\\ 0 & v(\delta_{3i}, \delta_{2i}) & 0 & v(\delta_{3i}) & 0 \end{bmatrix}.$$

$$\mathbf{B} = \begin{bmatrix} \eta^{2}\tau_{2}^{2} & \eta\tau_{2}^{2} & \eta^{2}\tau_{2}\tau_{3}\rho & \eta\tau_{2}\tau_{3}\rho\\ \eta\tau_{2}^{2} & \tau_{2}^{2} & \eta\tau_{2}\tau_{3}\rho & \tau_{2}\tau_{3}\rho\\ \eta^{2}\tau_{2}\tau_{3}\rho & \eta\tau_{2}\tau_{3}\rho & \eta^{2}\tau_{3}^{2} & \eta\tau_{3}^{2}\\ \eta\tau_{2}\tau_{3}\rho & \tau_{2}\tau_{3}\rho & \eta\tau_{2}^{2} & \tau_{2}^{2} \end{bmatrix}.$$

 $au_2^2$  between-study variance of the  $\delta_{2i}$ 's  $au_3^2$  between-study variance of the  $\delta_{3i}$ 's

ho between-study correlation between the  $\delta_{2i}$ 's and the  $\delta_{3i}$ 's

## Maximum likelihood estimation

Log-likelihood of the multivariate Normal distribution,

$$\log L \propto \sum_{i=1}^{n} -\frac{1}{2} \log(\det(\mathbf{V}_{i} + \mathbf{\Sigma})) - \frac{1}{2} (\underline{x_{i}} - \underline{\psi})^{T} (\mathbf{V}_{i} + \mathbf{\Sigma})^{-1} (\underline{x_{i}} - \underline{\psi})$$

- Maximisation using the Newton-Raphson algorithm
- Argument for using REML form of the likelihood for marginal models

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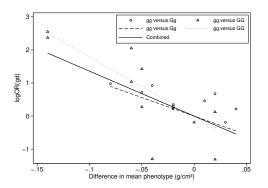
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Method of estimation	$OR_{pd,0.05}$	95% C	.l./Cr.l.
Gg vs gg	0.57	0.42	0.77
GG vs gg	0.40	0.28	0.57
Combined	0.50	0.39	0.62

- Gg vs gg expecting narrower CI but wider
- ▶ GG vs gg bigger difference in disease risk OR<sub>pd</sub> further from 1
- combined model weighted average of the separate estimates,
   with a narrower CI due to increased number of studies
- ► All results qualitatively the same
- ▶ 0.05 unit increase in BMD, implies typical patient at 40% risk of Osteoporotic fracture



# Assessment of a common phenotype-disease odds-ratio



- ▶ MR assumptions fit straight line through the origin
- $ightharpoonup \eta$  gradient of the line

$$\lambda = \frac{\theta_2}{\theta_3} = \frac{\delta_2}{\delta_3}$$

▶ Interpretation of  $\lambda$ 

λ	Genetic model
0	Recessive
0.5	Co-dominant
1	Dominant
> 1	Over-dominant, heteresis

▶ Meta-analysis models to estimate  $\lambda$ , [Minelli et al., 2005].

$$\begin{bmatrix} \theta_{2i} \\ \delta_{2i} \\ \theta_{3i} \\ \delta_{3i} \end{bmatrix} \sim \mathsf{MVN} \begin{pmatrix} \begin{bmatrix} \eta \lambda \delta \\ \lambda \delta \\ \eta \delta \\ \delta \end{bmatrix}, \mathbf{V}_i + \mathbf{\Sigma} \end{pmatrix},$$
$$\begin{bmatrix} n^2 \lambda^2 \tau^2 & n \lambda^2 \tau^2 & n^2 \lambda \tau^2 & n \lambda \tau^2 \end{bmatrix}$$

$$\mathbf{\Sigma} = \begin{bmatrix} \eta^2 \lambda^2 \tau^2 & \eta \lambda^2 \tau^2 & \eta^2 \lambda \tau^2 & \eta \lambda \tau^2 \\ \eta \lambda^2 \tau^2 & \lambda^2 \tau^2 & \lambda \eta \tau^2 & \lambda \tau^2 \\ \eta^2 \lambda \tau^2 & \lambda \eta \tau^2 & \eta^2 \tau^2 & \eta \tau^2 \\ \eta \lambda \tau^2 & \lambda \tau^2 & \eta \tau^2 & \tau^2 \end{bmatrix}$$

 $ightharpoonup au^2$  the between-study variance of the difference in mean phenotypes of the GG versus gg comparison

## Product Normal Formulation [Spiegelhalter, 1998]

4 outcomes - univariate Normal distributions

$$\theta_{2i} \sim N(\eta \lambda \delta_i, v(\theta_{1i})), \qquad \delta_{2i} \sim N(\lambda \delta_i, v(\delta_{1i}))$$
  
$$\theta_{3i} \sim N(\eta \delta_i, v(\theta_{2i})), \qquad \delta_{3i} \sim N(\delta_i, v(\delta_{2i}))$$

- The correct covariances are induced in the model due to the relationships between the means and the sequential parameter updating under Gibbs sampling
- Prior distributions vague

$$\delta_i \sim \mathsf{N}(0, 1 \times 10^6), \quad \eta \sim \mathsf{N}(0, 1 \times 10^6), \quad \lambda \sim \mathsf{Beta}(0.5, 0.5)$$



- Product Normal Formulation [Spiegelhalter, 1998]
- 4 outcomes univariate Normal distributions

$$\begin{array}{ll} \theta_{2i} \sim \mathsf{N}(\eta \lambda \delta_i, \mathsf{v}(\theta_{1i})), & \delta_{2i} \sim \mathsf{N}(\lambda \delta_i, \mathsf{v}(\delta_{1i})) \\ \theta_{3i} \sim \mathsf{N}(\eta \delta_i, \mathsf{v}(\theta_{2i})), & \delta_{3i} \sim \mathsf{N}(\delta_i, \mathsf{v}(\delta_{2i})) \end{array}$$

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$$\delta_i \sim N(0, 1 \times 10^6), \quad \eta \sim N(0, 1 \times 10^6), \quad \lambda \sim \text{Beta}(0.5, 0.5)$$



Method of estimation	$OR_{pd,0.05}$	95% C	.l./Cr.l.	λ	95% C	C.I./Cr.I.
ML	0.42	0.28	0.61	0.33	0.19	0.47
Bayesian	0.46	0.32	0.61	0.30	0.17	0.45

Genetic model between recessive and co-dominant



# Summary

- Mendelian randomization depends on random allocation of an individual's genotype
- Genotype used as an instrumental variable
- Meta-analysis model joint analysis of two genotype comparisons
- Meta-analysis model incorporating the genetic model-free approach



Identification of causal effects using instrumental variables.

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