

# ***Cornerstones of medicine***

***Prevention***



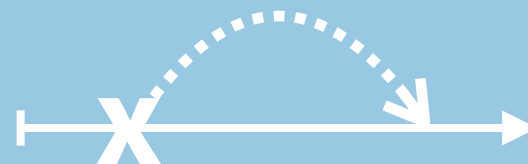
***Diagnosis***



***Therapy***



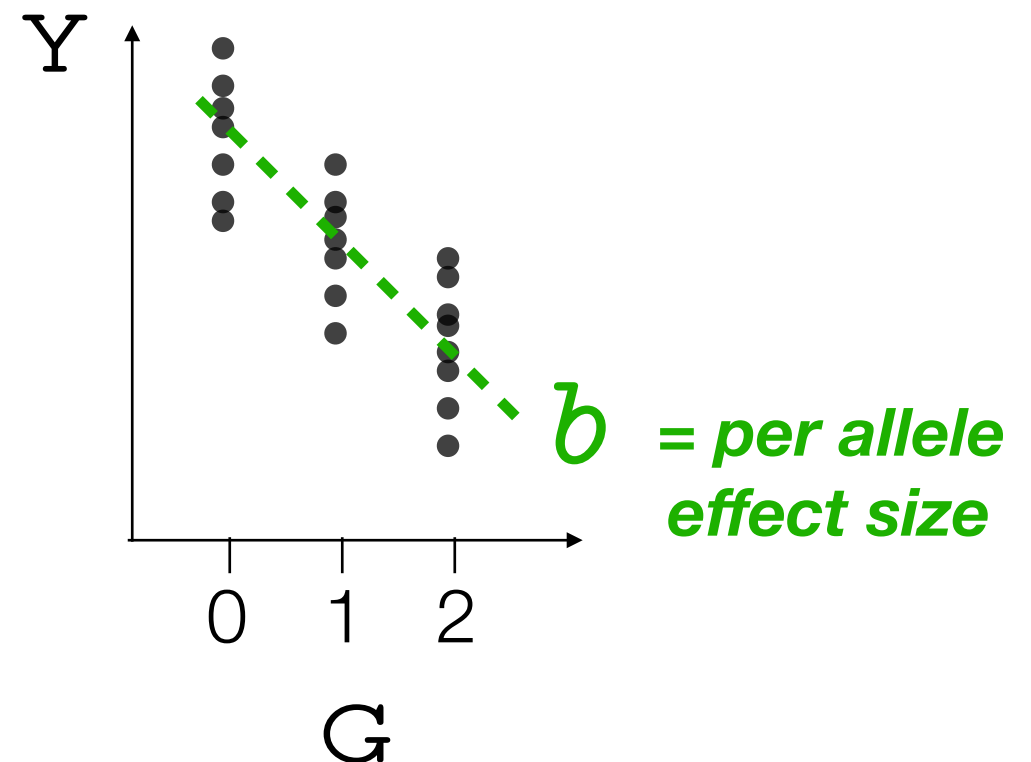
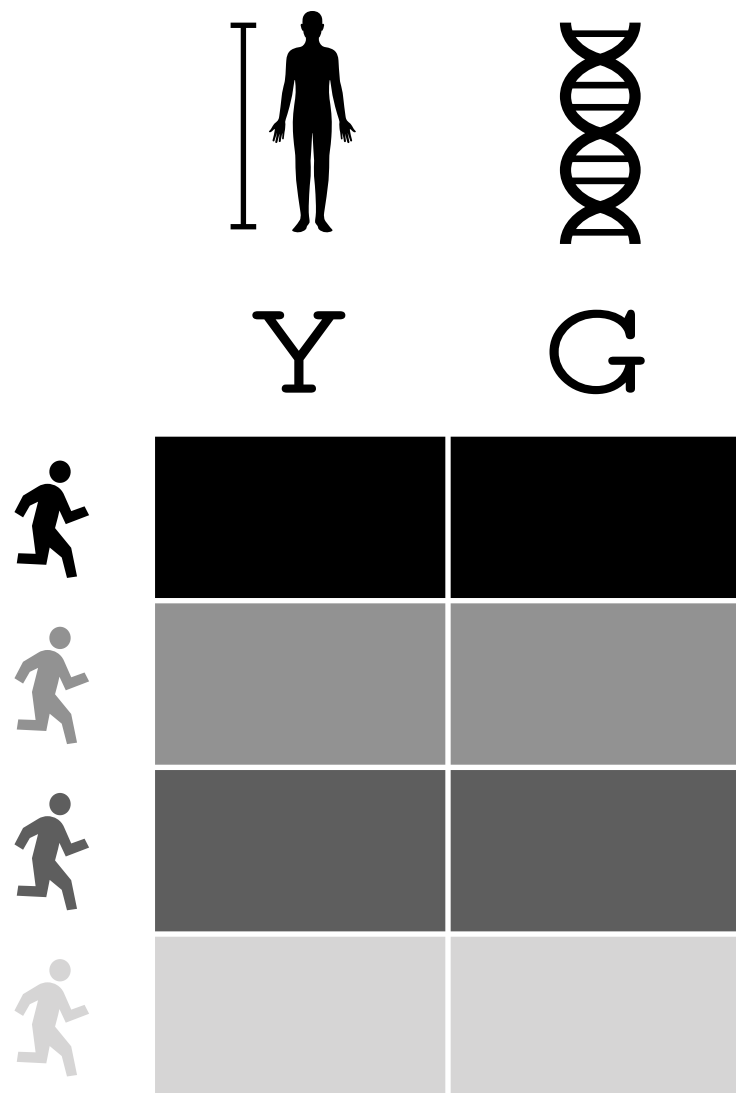
***Prognosis***



# GWASs

$$Y = Gb + E \quad E \sim N(0, s^2)$$

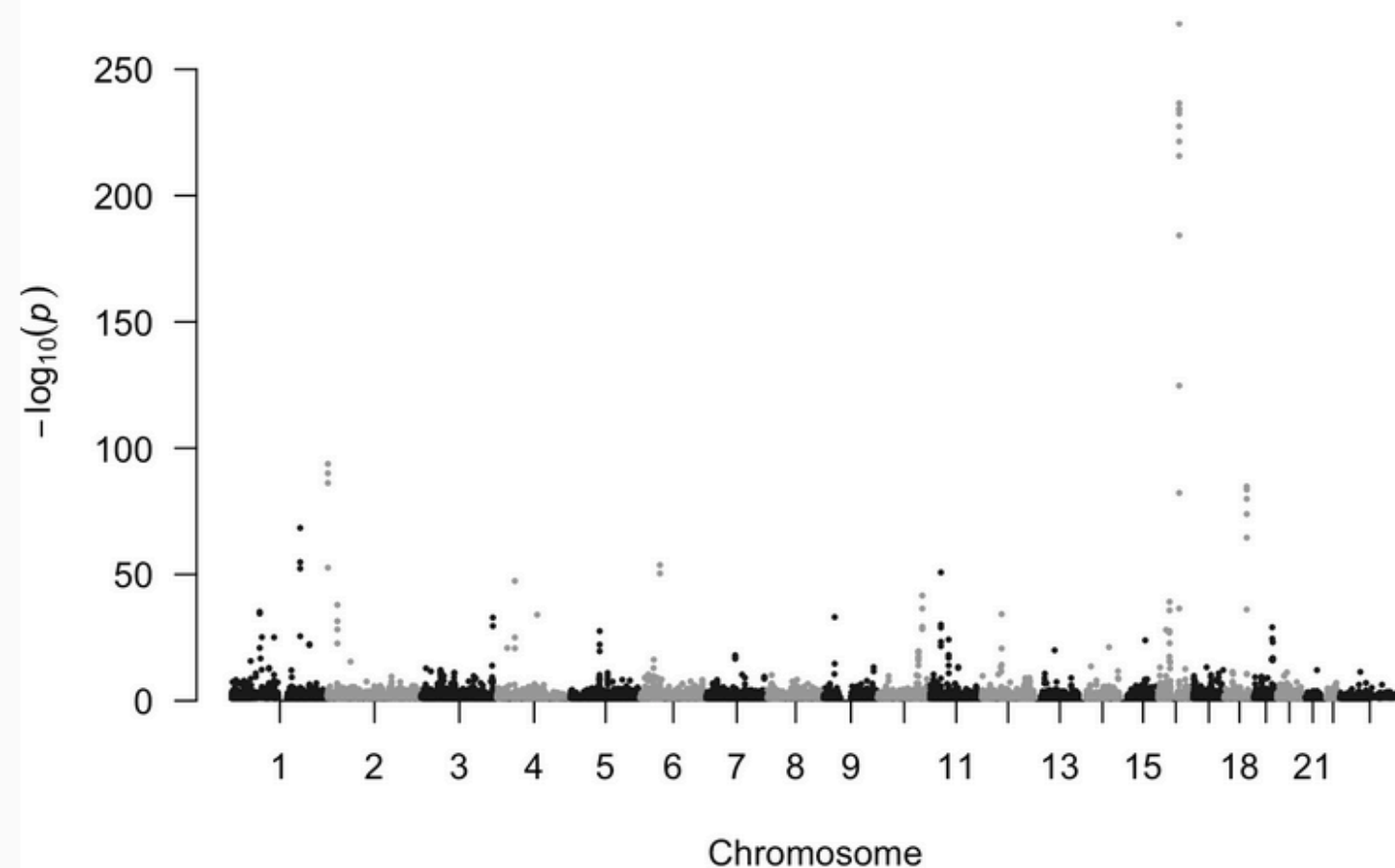
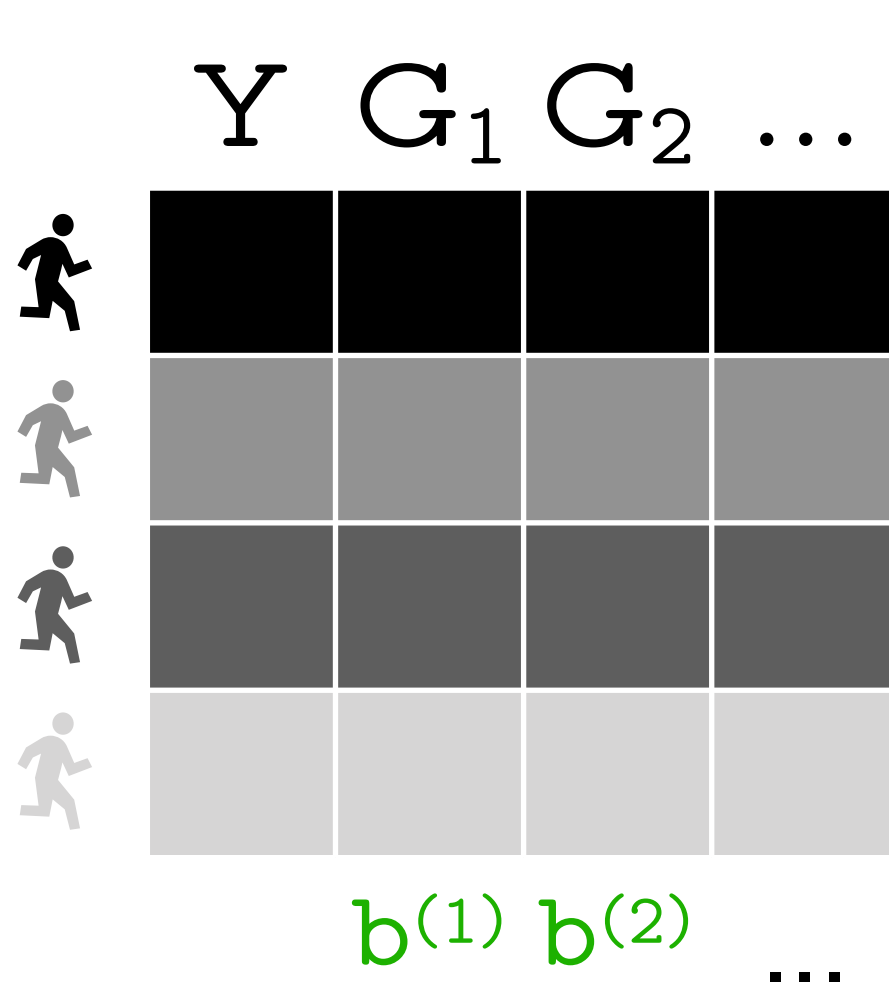
estimate  $b$  the effect of a risk allele of genotype  $G$  on



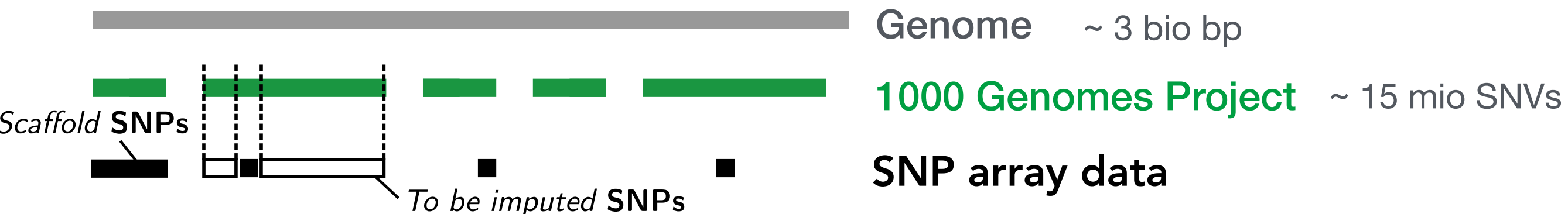
# GWASs

$$Y = G_i b^{(i)} + E \quad \begin{array}{l} E \sim N(0, s^2) \\ i = 1, \dots, \text{\#genotypes} \end{array}$$

estimate  $b^{(i)}$  the effect of a risk allele of genotype  $i$  on  $Y$ .



# Data

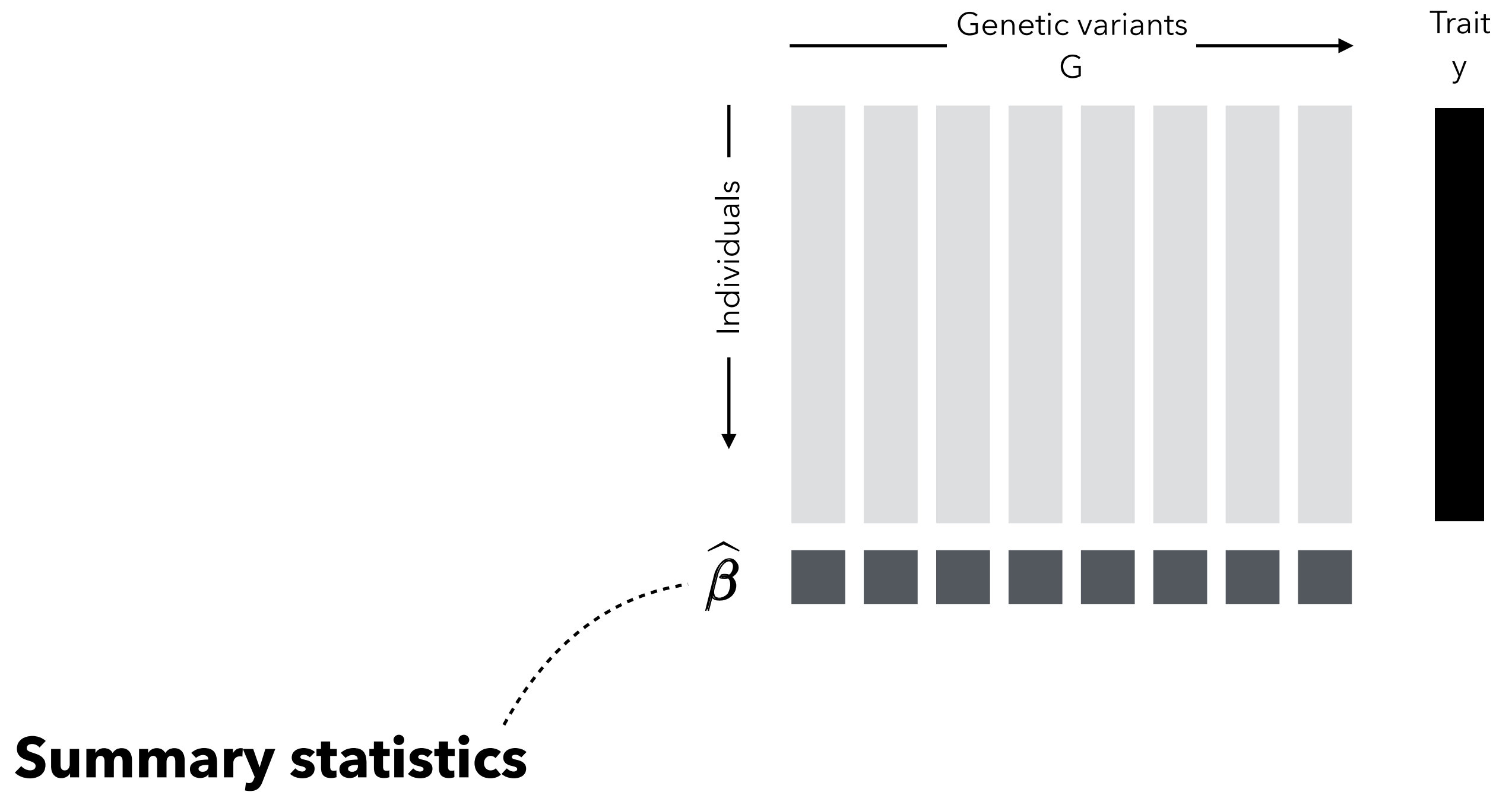


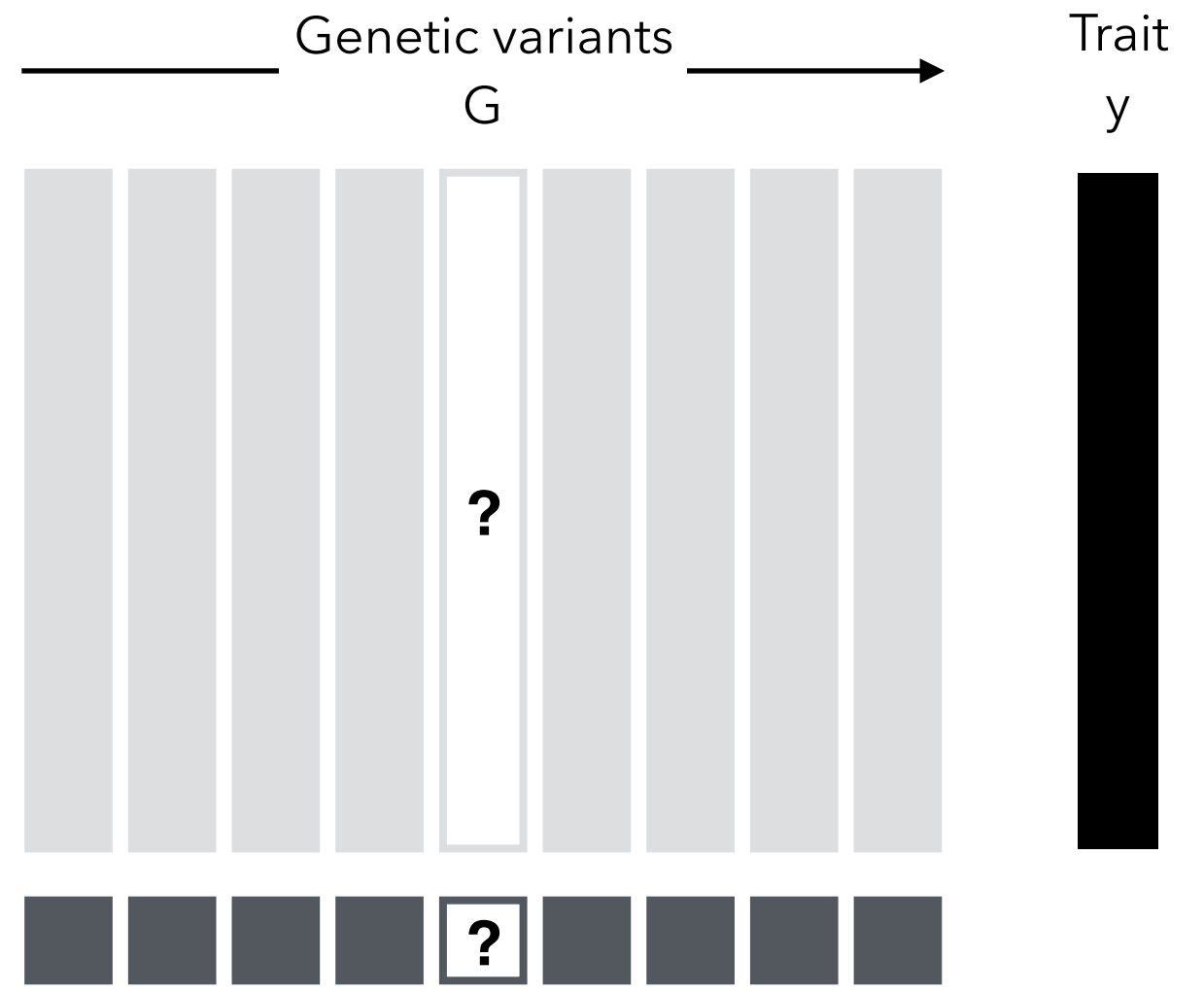


# ***GWAS***

## ***Summary statistic***

SNP	effect size	standard error	sample size	allele frequency
$G_1$	$b^{(1)}$			
$G_2$	$b^{(2)}$			
$G_3$	$b^{(3)}$			
...				







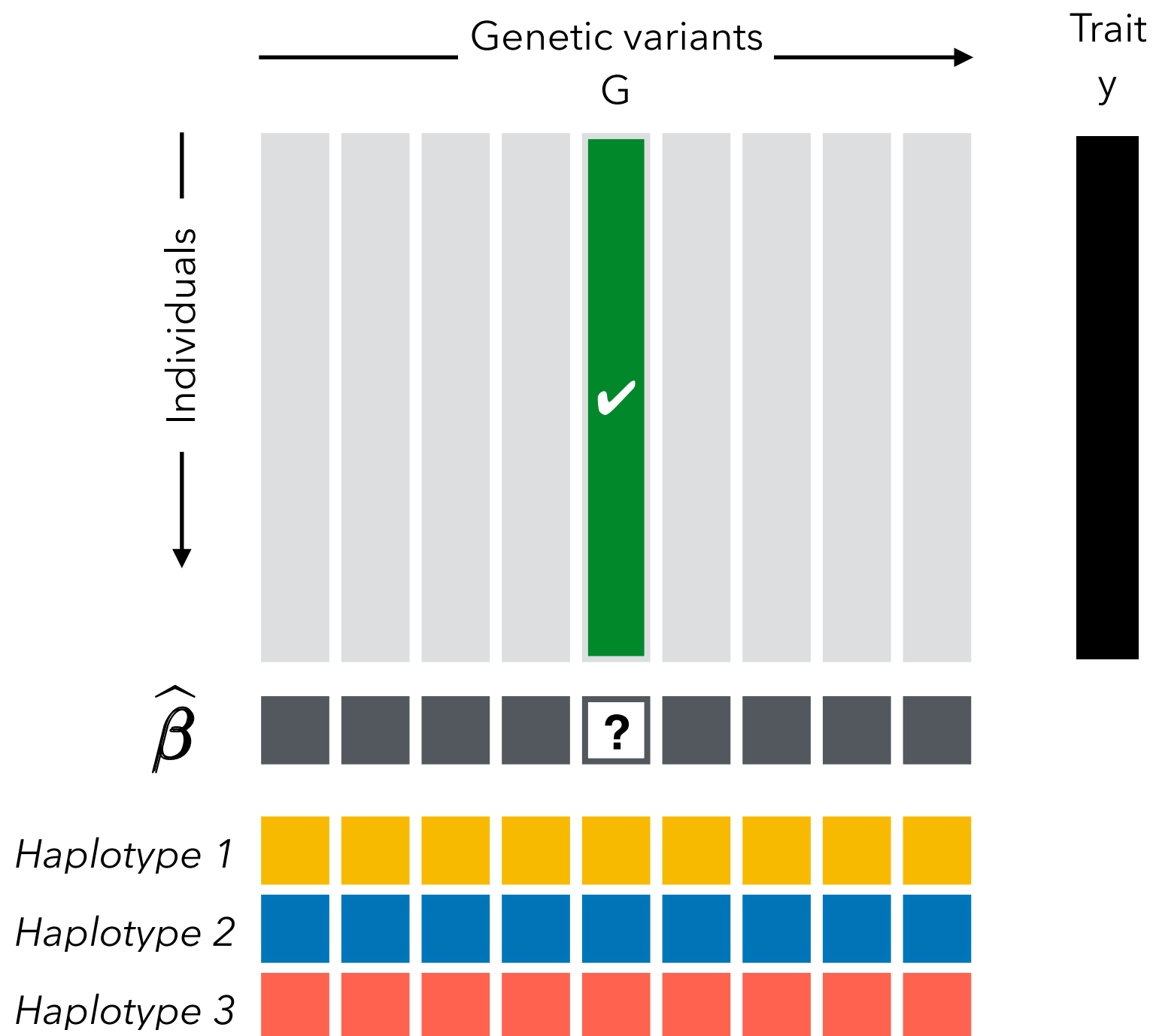
# Genotype imputation

## Step 1

1000 Genomes

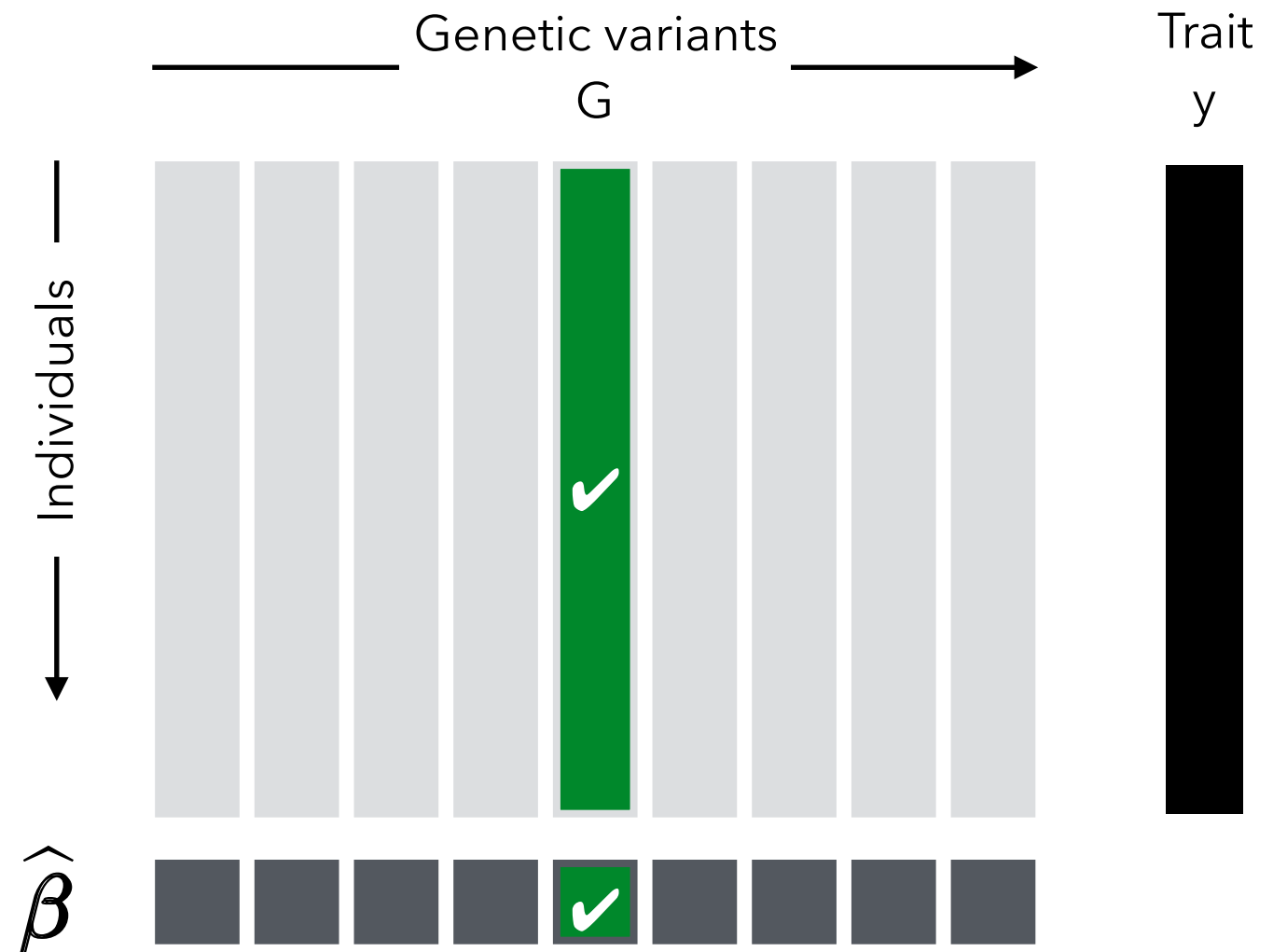


.....→

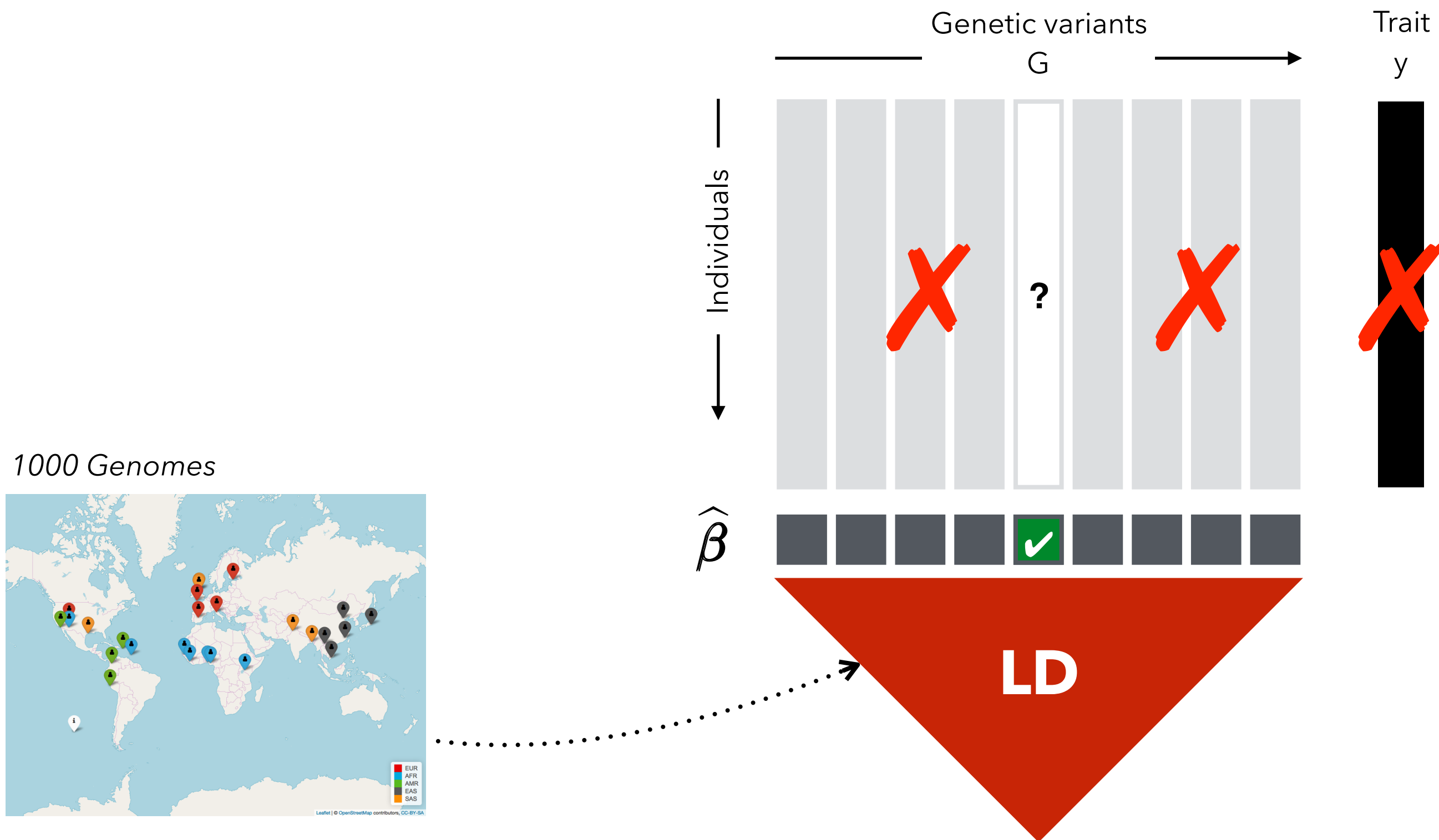


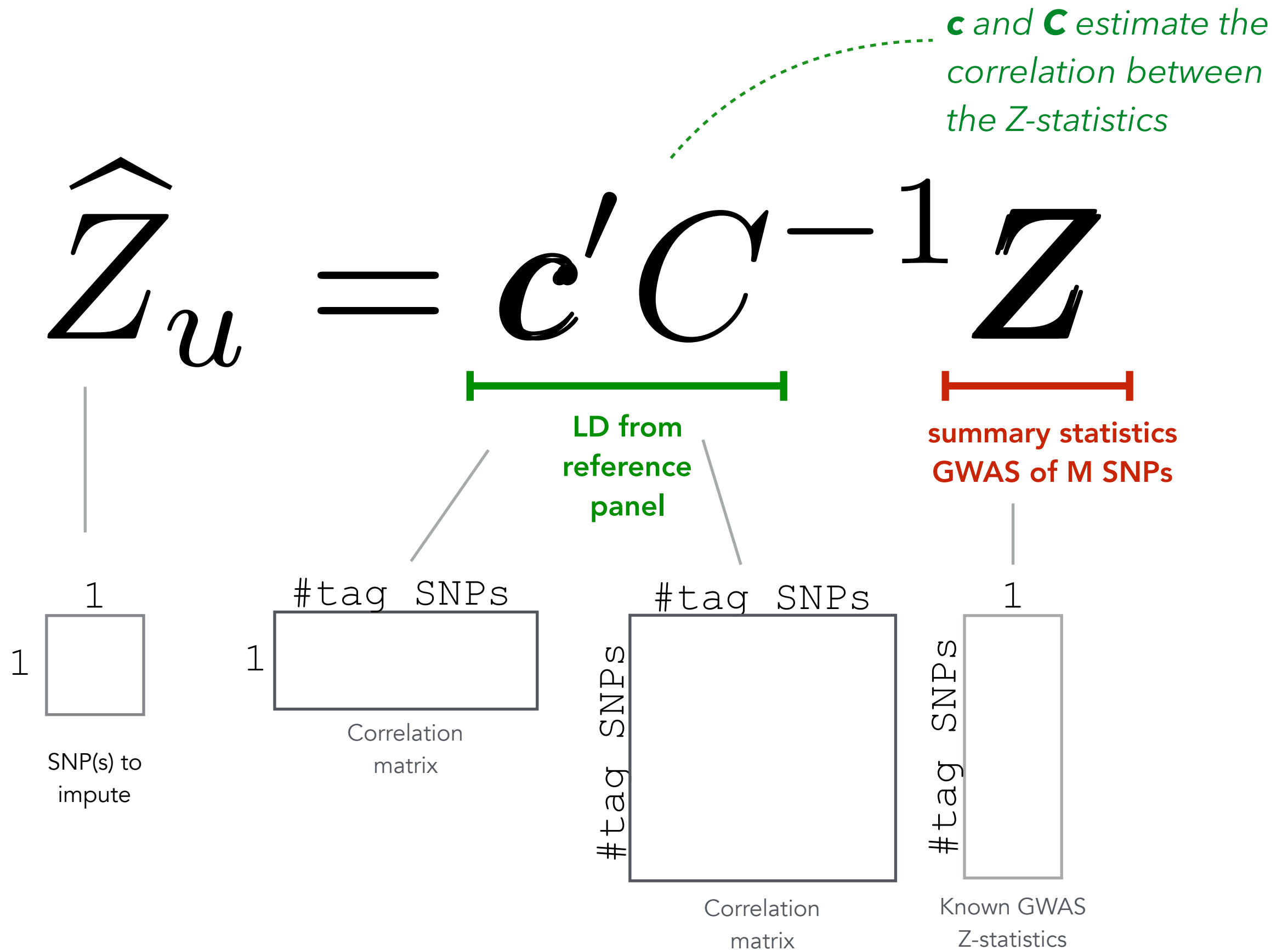
# Genotype imputation

## Step 2



# Summary statistic imputation





# ***SSIMP***

## ***Methodology***

- First described by Wen and Stephens (2010)
- Summary statistic imputation needs:
  1. Summary statistics for a set of genotyped markers
  2. LD structure
- Advantages compared to genotype imputation:
  - not bounded to privacy restrictions related to the use of individual-level data
  - lower computation time
  - less storage space
  - updating to newer reference panels easier

# ***SSIMP***

## ***My contribution***

- Improved the **imputation quality** towards a more accurate, yet fast to compute measure.
- Incorporated **population (ad)mixture** using the weighted LD structure of subpopulations in the reference panel.
- Investigated **shrinkage parameter  $\lambda$** .
- **Compared** summary statistic imputation to **genotype imputation**,
- Tested the utility of summary statistic imputation on a **real case study** on human height.

