

# Genetic Effects on Disease Progression Speed: Why It's Identifiable

# Motivation: What the Current Model Misses

**Key idea:** Signatures are **fixed** (population archetypes). The **patient's loading**  $\theta(t)$  on those signatures evolves over time. **Two mechanisms, same outcome:**

- **High baseline, slow progression:** Starts with high  $\theta$  on CV signature; stays there. Early MI because already “in” the high-risk state.
- **Low baseline, fast progression:** Starts with low  $\theta$ ;  $\theta$  grows rapidly toward CV signature. Early MI because of *rate* of accumulation.

**How the current model misses this:**

- Genetics enters only the **constant** part of the mean (baseline level).
- All change over time is  $E_i(t)$  (GP noise), **independent of genetics**.
- Slope differences between people are treated as **random variation**, not predictable from genetics.
- Cannot separate “start high” vs “accumulate fast”—both get absorbed into noise.

# The Question

Can we distinguish between:

❶ **Heavy baseline loading**

*Person has high cardiovascular signature from age 30 onwards*

❷ **Fast progression**

*Person starts normal but accumulates cardiovascular risk quickly*

**Both lead to early-onset MI!**

**Can we identify which mechanism is operating?**

# Current Model: Only Baseline Effects

## Individual signature trajectories:

$$\lambda_{ik}(t) \mid g_i = \underbrace{r_k + g_i^\top \Gamma_k}_{\text{mean (constant over time)}} + \underbrace{E_i(t)}_{\text{GP noise}}$$

where  $E_i(t) \sim \mathcal{GP}(0, \Omega_\lambda)$  and  $E_i$  is independent of  $g_i$  **What this captures:**

- Genetics  $\rightarrow$  shifts baseline level ( $g_i^\top \Gamma_k$ )
- High CVD PRS  $\rightarrow$  higher  $\lambda_{\text{CVD}}$  at all ages

## What this CANNOT capture:

- Genetics  $\rightarrow$  affects progression speed
- All temporal variation is random GP noise ( $E_i(t)$ )
- Steep trajectories are treated as random individual variation

# Key Principle: Mean and Variance are Independent

## General Gaussian Process formulation:

$$X \mid \mu = \mu + E, \quad E \sim \mathcal{N}(0, \Sigma)$$

**Critical property:**  $E$  is independent of  $\mu$  **For**  $\phi$ :

$$\phi_{kd} \mid (\mu_d, \psi_{kd}) = \mu_d + \psi_{kd} + E, \quad E \sim \mathcal{N}(0, \Omega_\phi)$$

- Variance  $\Omega_\phi$  does NOT depend on mean  $(\mu_d + \psi_{kd})$

**For**  $\lambda$  (current):

$$\lambda_{ik} \mid g_i = r_k + g_i^\top \Gamma_k + E_i(t), \quad E_i(t) \sim \mathcal{GP}(0, \Omega_\lambda)$$

- Variance  $\Omega_\lambda$  does NOT depend on genetics ( $g_i$ )
- Therefore: No systematic genetic effects on steepness!

# Extended Model: Add Genetic Slope to Mean

## Individual signature trajectories:

$$\lambda_{ik}(t) \mid (g_i, t) = \underbrace{r_k + g_i^\top \Gamma_k^{\text{level}} + t \cdot g_i^\top \Gamma_k^{\text{slope}}}_{\text{mean (NOW time-varying)}} + \underbrace{E_i(t)}_{\text{GP noise}}$$

where  $E_i(t) \sim \mathcal{GP}(0, \Omega_\lambda)$  and  $E_i$  is **still independent of  $g_i$  and  $t$**  What this captures:

- $\Gamma_k^{\text{level}}$ : Genetics  $\rightarrow$  baseline level (as before)
- $\Gamma_k^{\text{slope}}$ : Genetics  $\rightarrow$  **progression speed** (NEW!)
- High CVD PRS  $\rightarrow$  higher baseline AND steeper trajectory

**Key insight:** Progression speed is now in the **mean function**, not in the variance!

# Why Genetic Slope IS Identifiable

## Separation of systematic vs. random variation:

Systematic (Mean)	Random (Variance)
$r_k$ (population baseline)	$\Omega_\lambda$ (GP covariance)
$\mathbf{g}_i^\top \Gamma_k^{\text{level}}$ (genetic level)	Same for all individuals
$\mathbf{g}_i^\top \Gamma_k^{\text{slope}}$ (genetic speed) <b>NEW!</b>	Independent of genetics

## Why identifiable:

- 1 Mean and variance are **independent parameters**
- 2 If high-PRS individuals systematically progress faster: shows up in mean slope ( $\Gamma_k^{\text{slope}}$ )
- 3 If progression speed is random: shows up in GP covariance ( $\Omega_\lambda$ ), same for everyone
- 4 These are **separate effects** → identifiable!

# Concrete Example

Data pattern from 1000 individuals:

Group	Age 40	Age 60	Slope
High CVD PRS (n=500)	$\lambda = 0.4$	$\lambda = 0.8$	0.02/year
Low CVD PRS (n=500)	$\lambda = 0.3$	$\lambda = 0.5$	0.01/year

**Current model:** Explains level via  $\Gamma_k$ ; treats slope difference as random GP noise **Extended model:**

Explains level via  $\Gamma_k^{\text{level}}$ , slope via  $\Gamma_k^{\text{slope}}$



# Why NOT Warping $\phi$ ?

**Warping idea:** Each person experiences population template at different speed

$$\pi_{idt} = \kappa \sum_k \theta_{ikt} \cdot \text{sigmoid}(\phi_{kd}(t^{\rho_i}))$$

where  $\rho_i = f(g_i)$  **Problem: Not identifiable!**

- **Scenario A:** Person has  $\rho_i = 1.5$  (fast), moderate  $\theta_{ikt}$
- **Scenario B:** Person has  $\rho_i = 1$  (normal), steep  $\theta_{ikt}$

These produce **identical**  $\pi_{idt}$ :  $\phi_{kd}(t)$  and  $\theta_{ikt}$  are flexible  $\rightarrow$  can't separate warping from steep trajectory. **Genetic slope avoids this:**  $\phi_{kd}(t)$  stays fixed; genetics affects trajectories via parametric slope  $\rightarrow$  clearer separation.

# What We Gain: Distinguishing Two Mechanisms

## Person A: High baseline, slow progression

$$\mathbb{E}[\lambda_{i,\text{CVD}}(t)] = \underbrace{0.6}_{\text{high level}} + \underbrace{0.005 \cdot t}_{\text{slow slope}}$$

- High CVD signature from age 30; moderate increase; early MI due to consistently high risk

## Person B: Normal baseline, fast progression

$$\mathbb{E}[\lambda_{i,\text{CVD}}(t)] = \underbrace{0.3}_{\text{normal level}} + \underbrace{0.025 \cdot t}_{\text{fast slope}}$$

- Normal at 30; rapid increase (5× faster); early MI due to rapid accumulation

**Different biology → different interventions!**

# Implementation: Simple Code Change

## Current code:

```
# Compute lambda mean
lambda_mean = r_k + G @ Gamma_k # (N, K)
```

## Extended code:

```
# Compute lambda mean with time-varying genetic effect
t_centered = ages - 30 # (T,)
lambda_mean = (r_k +
               G @ Gamma_k_level +
               (G @ Gamma_k_slope)[: , :, None] *
               t_centered[None, None, :])
```

**That's it!** 5 lines of code.

# So We Can Identify Genetic Slopes—But a Catch

The extended model identifies genetic effects on progression speed **However:**  $\theta = \text{softmax}(\lambda)$  sums to

1.

⇒ Only **relative** slopes are identifiable (which signature grows faster than others). **Can we get**

***absolute* slopes?**

Yes—if we use the health signature as a calibration anchor.

# Standard Model: Only RELATIVE Slopes Identifiable

- $\theta = \text{softmax}(\lambda)$ , so  $\sum_k \theta_k = 1$ .
- $\lambda_{ik}(t) = r_k + \mathbf{g}_i^\top \gamma_{\text{level},k} + t \cdot \mathbf{g}_i^\top \gamma_{\text{slope},k} + \epsilon_{ik}(t)$
- **Scale invariance:** for any constant  $c$ ,

$$\theta = \text{softmax}(\lambda) = \text{softmax}(\lambda + c\mathbf{1}_K).$$

- Adding the same slope  $c$  to all  $\gamma_{\text{slope}}$  leaves  $\theta$  unchanged.
- $\Rightarrow$  Only **relative** slopes are identifiable.

# Health Signature as Calibration Anchor

**Idea:** Use the health signature (e.g., Sig 20) with **person-specific initialization**. **Model with health:**

$$\lambda_{i,k}(t) = \begin{cases} \alpha_i + \beta_0 t + \epsilon_{i0}(t) & k = 0 \text{ (health)} \\ r_k + \mathbf{g}_i^\top \gamma_{\text{level},k} + t \cdot \mathbf{g}_i^\top \gamma_{\text{slope},k} + \epsilon_{ik}(t) & k = 1, \dots, K-1 \end{cases}$$

- $\alpha_i$ : **person-specific** health baseline (from genetics, baseline phenotype, etc.).
- Health has its own slope  $\beta_0$  (can grow or shrink).
- $\theta = \text{softmax}(\lambda)$  still sums to 1.

# Why This Breaks Scale Invariance

- If we add a constant  $c$  to all **disease**  $\lambda$ 's:

$$\lambda'_{ik} = \lambda_{ik} + c \cdot 1_{k \neq 0}$$

- Health  $\lambda_{i0}$  is **unchanged**.
- So  $\theta$  **changes**—the health vs. disease balance shifts.
- The person-specific  $\alpha_i$  anchor the health baseline; we can no longer freely shift all  $\lambda$ 's.
- $\Rightarrow$  **Scale is pinned**. Absolute slopes become identifiable (relative to the health anchor).

**Bottom line:** Person-specific health initialization breaks the softmax scale invariance and allows identification of **absolute** progression speeds.

## Extension: Genetic Slopes on Health

Health can also have genetic effects:

$$\lambda_{i0}(t) = \alpha_i + \mathbf{g}_i^\top \gamma_{\text{level},0} + t \cdot \mathbf{g}_i^\top \gamma_{\text{slope},0} + \epsilon_{i0}(t)$$

- $\alpha_i$  still person-specific (fixed or strongly informed).
- $\gamma_{\text{slope},0}$ : genetic effect on *health* progression speed.
- Disease slopes  $\gamma_{\text{slope},k}$  for  $k \geq 1$  are identifiable on an absolute scale because  $\alpha_i$  breaks the invariance.



## Part 1—Genetic slopes are identifiable:

- Add  $\Gamma_k^{\text{slope}}$  to the mean of  $\lambda$  (separate from GP noise)
- Distinguishes baseline vs. progression-speed mechanisms
- 5 lines of code

## Part 2—From relative to absolute slopes:

- Softmax  $\Rightarrow$  only relative slopes identifiable
- Health signature with person-specific  $\alpha_i \Rightarrow$  breaks scale invariance
- $\Rightarrow$  Absolute progression speeds identifiable