# **PGRNseq Analysis**

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## 1 Overview

Notes on the on going analysis of genetic data in patients undergoing treament with Irinotecan. The current iteration of the study contains data from samples collected across three different sites. In all, there are currently 253 individuals with targeted sequence and Illumina exome chip data. Samples were collected from patients undergoing a chemotherapeutic regimen with Irinotecan.

#### 2 DATA

#### 2.1 GENOTYPES

We currently have access to two different sets of genotypes for this population:

- 1. PGRNseq sequence data on VIP pharmacogenes.
- 2. Illumina Exome Chip data. Run as an internal QC measure at the UW.

We have the alignment files for the sequence data. These were run through the consensus calling pipeline on Amazon.

#### 2.2 PHENOTYPES

The primary phenotype for this dataset is pharmacokinetic and pharmacodynamic data on patients. These PK/PD models are being generated at the University of North Carolina Chapel Hill.

In addition to PK/PD phenotypes, we are interested in looking at Neutropenia in patients. This is currently coded as the Neutrophil Count Nadir (NCN). This is defined as the lowest Neutrophil count observed in a patient during their course of therapy.

There are several relevant covariates available:

- · site of collection
- sex
- · drug dose
- self-reported ancestry

### 2.3 QUALITY CONTROL

Consensus calling in the sequence data. The results look very nice for the metrics that we have available (reference separate report, or put figures here).

- Exclude rare SNPs in single marker analyses
- Exclude SNPs out of HWE (has not yet been done)
- Exclude SNPs with high rates of genotype missingness
- Exclude SNPs with low QUAL

## 2.4 Proposed Analyses

- Linear regression. Using the estimated effect and its eror as a t-statistic. (GenABEL package in R)
- SKAT burden test. (SKAT package in R)

I'll have to think some more about which SKAT test is appropriate for this data. There is an excellent article by Lee et. al (2012) that proposes the optimal rare variant test SKAT-O. This statistic is a linear combination of

ENTREZ ID	burden.asymp.p	burden.resample.p	Symbol
3177	8.183411e-08	0.0000099999	SLC29A2
6799	2.130900e-05	0.0000299997	SULT1A2
8824	3.287893e-04	0.0003099969	CES2
6817	5.014952e-02	0.0498695013	SULT1A1
4881	6.311036e-04	0.0004699953	NPR1

Table 3.1: Top five results for the burden test. P-values were generated with an theoretical distribution of the test, as well as with  $10^5$  bootstrap iterations in a resampling procedure. The expensive nature of bootstrap means that the smallest possible observable pvalue is  $10^{-5}$ .

## 3 RESULTS

#### 3.1 POPULATION STRUCTURE

Sequence data provides too few variants to adequately identify ancestry through PCA.

The Exome chip data *does* provide enough markers to differentiate samples. The spatial axes are well defined (see Fig 3.1). These PC's were used to identify a set of genetically homogenous samples (see Fig 3.2 and Fig 3.3).

#### 3.2 SINGLE MARKER

#### 3.2.1 GENABEL LINEAR REGRESSION

No results in sequence data for common variants. One significant results in Exome chip data

#### 3.3 GENE-BASED

#### 3.3.1 Notes and Issues

The variants need to be cleaned. Right now, a lot of genes are dropped due to high rates of missingness. Additionally, many genotypes are being imputed through the SKAT package based on HWE.

I am not using the small sample correction that the author's suggest for n < 2000. P-values are computed with a parametric bootstrap with n = 10000 iterations.

#### 3.3.2 SKAT BURDEN

Currently running for the model: ANC sex + site + dose. Eleven samples are excluded for having missing covariate information. Many sites contain high rates of missingess, and imputation is performed by the SKAT package. Fig 3.4 shows the QQ-plot that contains a number of significant associations in the tail. These top hits are summarized in the Table 3.1.

## 3.3.3 SKAT RARE + COMMON

Many of the variants are rare in this dataset. Our top hits are nearly identical to the burden top hits since the common test is being down weighted.

## 4 REFERENCES

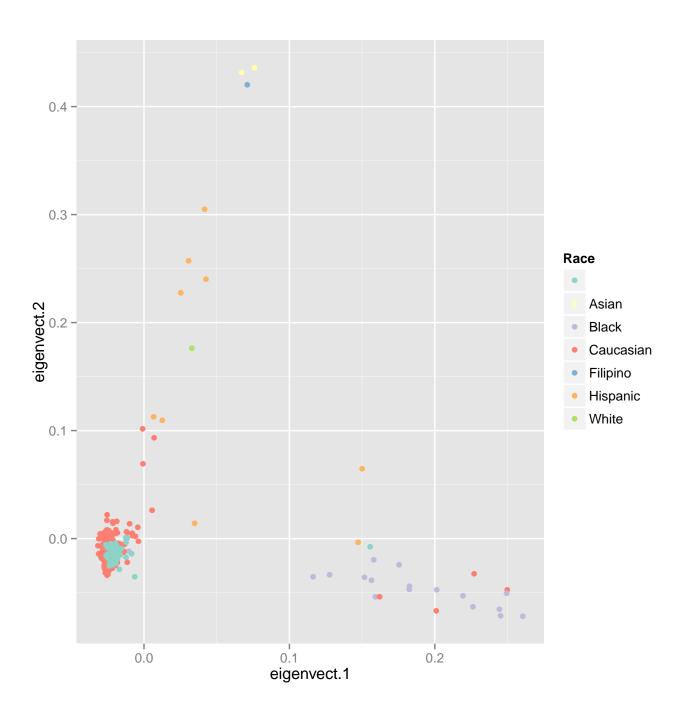


Figure 3.1: First two principal components of exome chip genotype data. The samples segregate fairly well into their self-reported ancestries.

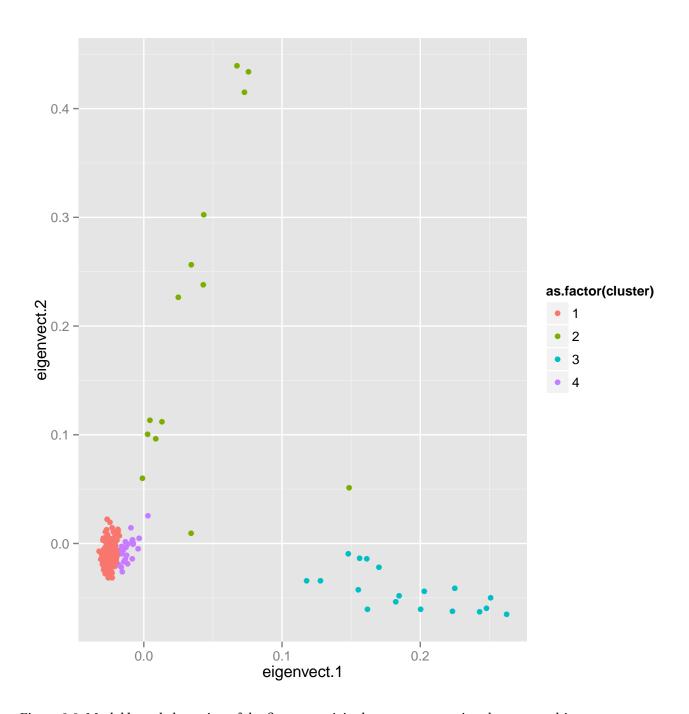


Figure 3.2: Model based clustering of the first two pricipal components using the exome chip genotypes. These clusters were used to select a homogenous set of samples. In this case, we subset our data to the 161 samples contained in cluster 1.

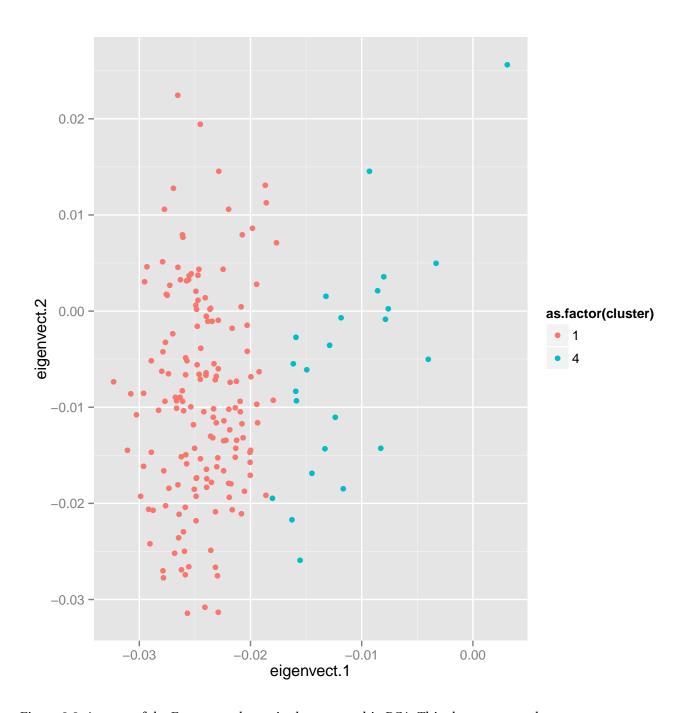


Figure 3.3: A zoom of the European cluster in the exome chip PCA. This shows some substructure, and we ultimately subset the samples contained in cluster 1.

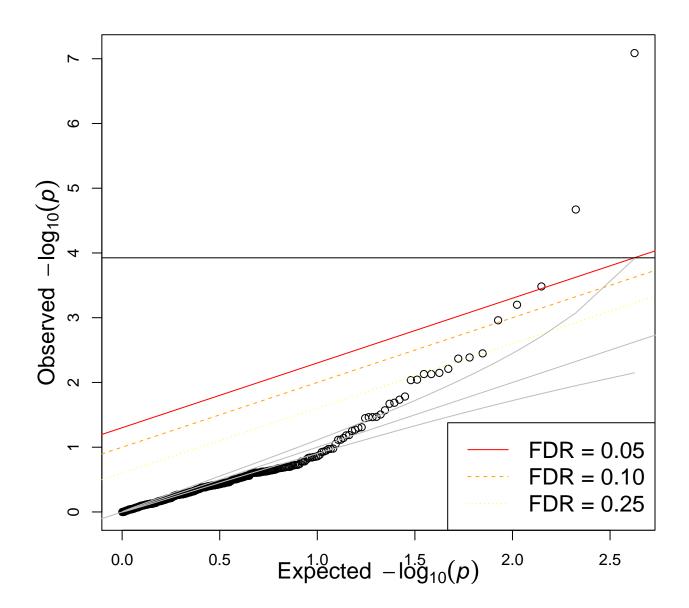


Figure 3.4: QQ plot from a set of 421 gene-based units tested with SKAT's burden test in 150 individuals. P-values were generated with a theoretical distribution (though the top hit is maintained with a resampling based p-value). The top hit is ANXA11. It is a gene with published variants associated with Neutropenia. It consists of 8 "rare" variants in a linear weighted kernel.