

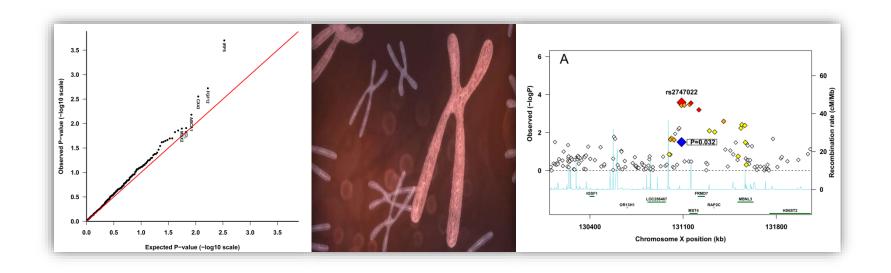


GENERAL INTRO TO GENETIC EPIDEMIOLOGY

- LECTURE 1, PARTS I & 2 -

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LECTURE OUTLINE

General introduction to genetic epidemiology (lecture I)

- Part I
 - What's a complex trait?
 - Genetic basis of complex traits
- Part II
 - Genetic approaches to studying complex traits
 - Candidate-gene analysis, GWAS, and GWAMA



LECTURE OUTLINE

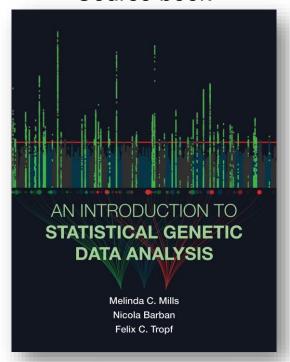
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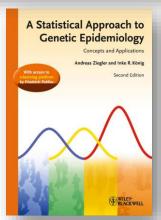
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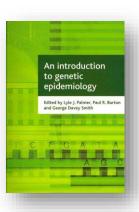


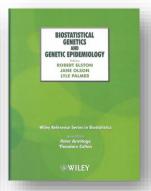
Course Book

Course book



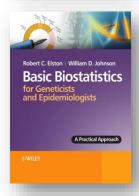


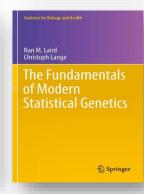


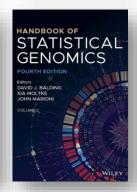


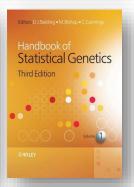












WHAT IS GENETIC EPIDEMIOLOGY?

In broad terms:

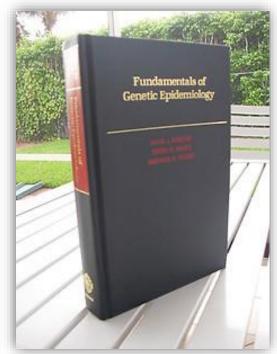
«The application of genetic principles and techniques to answering epidemiological questions»



Lots Of Definitions Out There...

Table 1-1. Some definitions of genetic epidemiology

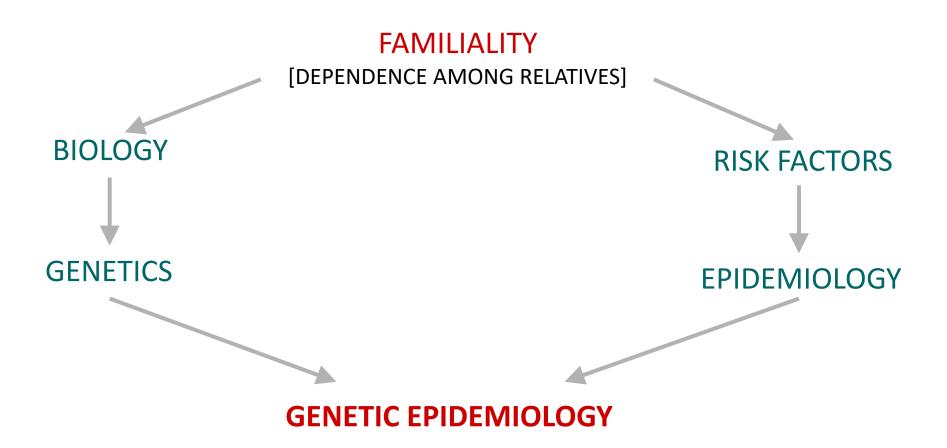
- N. E. Morton and C. S. Chung (1978): "A science that deals with the etiology, distribution, and control of disease in groups of relatives, and with inherited causes of disease in populations."
- R. Ward (1979): "The primary objective of the genetic epidemiologist will be to identify the genetic contribution to the etiological pathway."
- B. H. Cohen (1980): Genetic epidemiology is defined "as examining the role of genetic factors, along with the environmental contributors to disease, and at the same time, giving equal attention to the differential impact of environmental agents, nonfamilial as well as familial, on different genetic backgrounds."
- P. Phillippe (1982): "Genetic epidemiology studies the interaction between genetic and environmental factors at the origin of disease."
- M.C. King et al. (1984): "Genetic epidemiology is the study of how and why diseases cluster in families and ethnic groups."
- D.C. Rao (1984): "Genetic epidemiology is an emerging field with diverse interests, one that represents an important interaction between the two parent disciplines: genetics and epidemiology. Genetic epidemiology differs from epidemiology by its explicit consideration of genetic factors and family resemblance; it differs from population genetics by its focus on disease; it also differs from medical genetics by its emphasis on population aspects."
- D.F. Roberts (1985): argues the distinction of genetic epidemiology from epidemiology in general. Genetic epidemiology "is not merely the application of the central concept of epidemiology, the study of the distribution of disease in space and time, to genetic disease. Instead, in genetic epidemiology, the concept is extended to include the additional variables of the genetic structure of the population, with the object of elucidating the etiology of disease in which there may be a genetic component."
- E.A. Thompson (1986a): "Genetic epidemiology is the analysis of the familial distributions of traits, with a view to understanding any possible genetic basis."





Prof of biostats @ WASH-U.

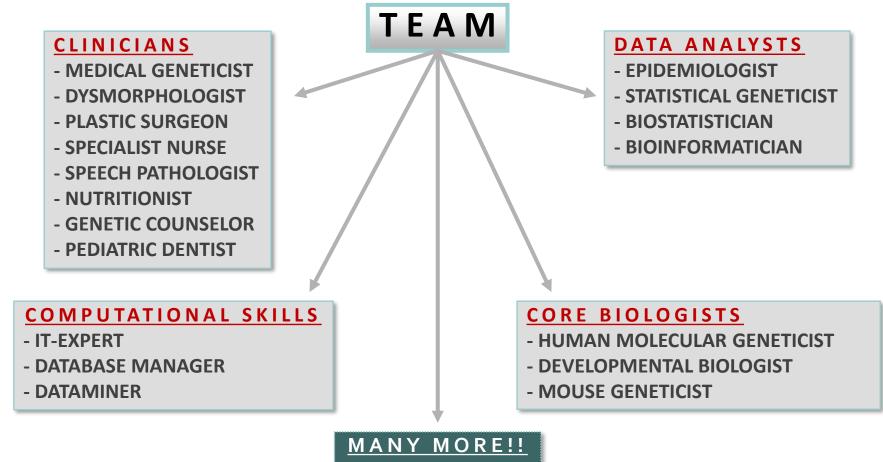
GROWING CONVERGENCE OF DIFFERENT FIELDS



"Less divergence in terminology and methodology, but an increased conversation, collaboration and convergence across the fields."

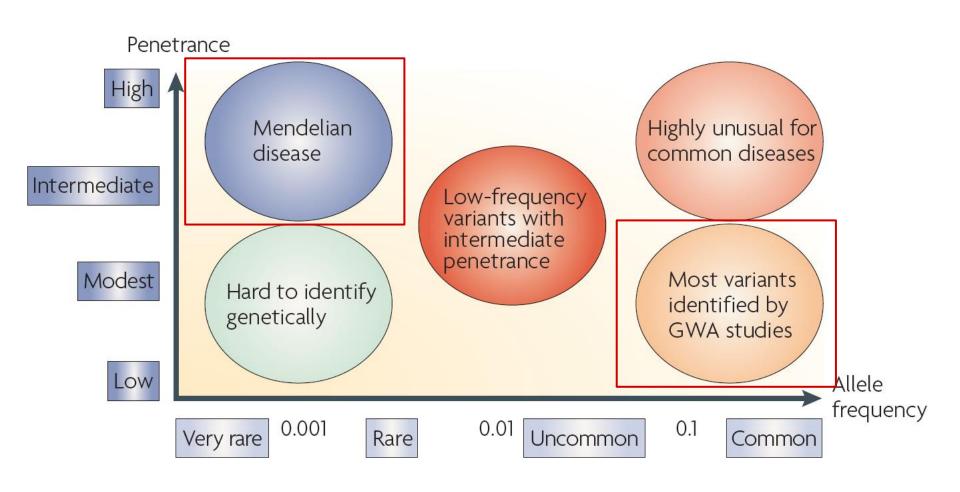
BUILDING A TEAM

- E.G. FOR A STUDY OF BIRTH DEFECTS -

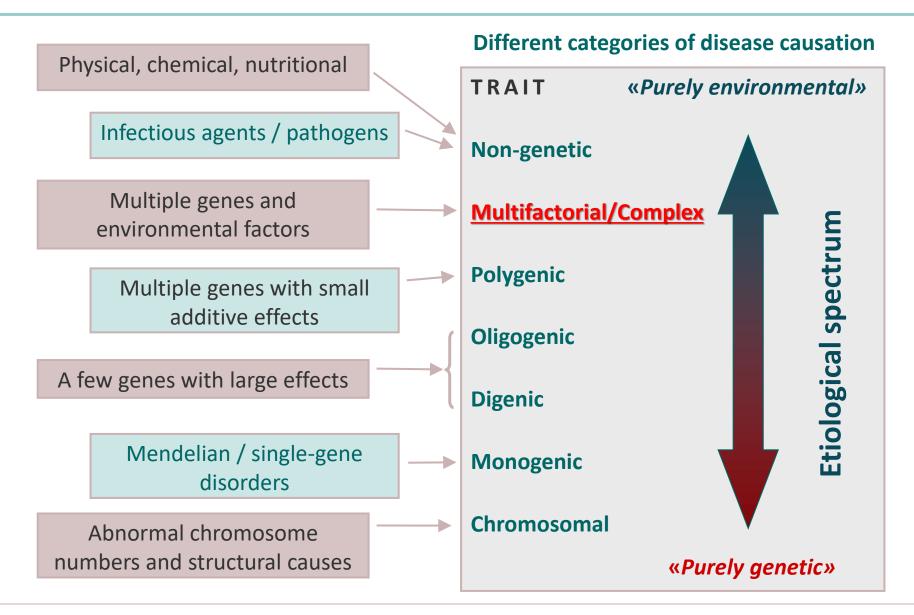


- FIELD WORKERS
- VOLUNTEERS
- NGOs





WHAT'S A COMPLEX TRAIT?



COMMON FEATURES OF COMPLEX TRAITS

- Unlike Mendelian diseases, complex traits are relatively common
- Heterogeneity at several levels:
 - Genetic heterogeneity:
 - «locus» and «allelic» heterogeneity
- **Incomplete penetrance** ⇒ not all individuals with the mutant genotype express the phenotype
- Effect of a gene can be masked by:
 - \circ **Phenocopies** \Rightarrow an environmentally-caused phenotype mirrors a genetically-caused trait
 - **Pleiotropy** ⇒ the mutant genotype affects different traits or organs
- Complex interactions:
 - «gene-gene» and «gene-environment» interactions
- Stochastic effects ⇒ random or chance events; biological processes are error-prone!

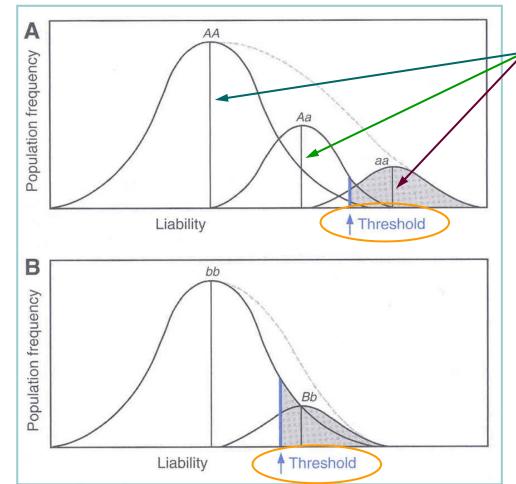
THE CONCEPT OF «LIABILITY»

Liability is an underlying continuous variable comprising both genetic and non-genetic effects.

FIGURE: An idealized distribution of liability in individuals with various genotypes.

Recessive allele 'a' ↑ses liability

Dominant allele 'B' ↑ses liability



Mean liability for each genotype

Threshold = value in the liability that determines whether a disease will be expressed or not.

Anyone with liability greater than the threshold manifests the disease.

THE CONCEPT OF «HERITABILITY» - CH. 1

- Heritability (H^2) is the proportion of phenotypic variance (Vp) attributable to genetic differences.
- Broad-sense vs. narrow-sense heritability
 - o Broad-sense heritability is the proportion of variance in a phenotype (Vp) attributable to the <u>total genetic variance</u> (Vg). $H^2=Vg/Vp$, where Vp=Vg+Ve
 - Narrow-sense heritability is the proportion of *Vp* attributable to <u>additive</u> genetic variance (*Va*); i.e., *H*²=Va/Vp
- Additive vs. non-additive genetic effects
 - Additive effects: 2 or more genes contribute to a phenotype, or when alleles in a single gene combine so that their combined effects on the phenotype are equal to the sum of their individual effects.
 - Non-additive effects can be dominance (Vd) or epistasis (Vi)
 - Dominance: The effect of one allele masks the effect of a second allele at the **same locus**; e.g., allele A dominates allele a.
 - Epistasis: An allele at one locus affects the expression of another allele at a <u>different</u> locus.

IS THERE A GENETIC BASIS TO COMPLEX DISEASES?

- Study whether the disease clusters in families:
 - Familial aggregation studies:
 - Relatives share a greater proportion of their alleles
 - Affected individuals will tend to cluster in families.
 - \circ Reccurence risk measured as relative risk ratio (λ_r)
 - λ_r = [risk to relatives of type r] ÷ [Population risk]
 - Cannot establish that the disease is hereditary
 - Environmental factors could also cause this clustering!

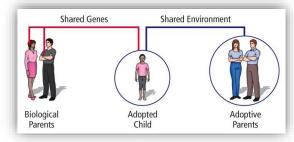


Adoption studies:

 If a trait has a genetic influence, the risk of disease should be higher in biological relatives than in adopted relatives living in the same household.

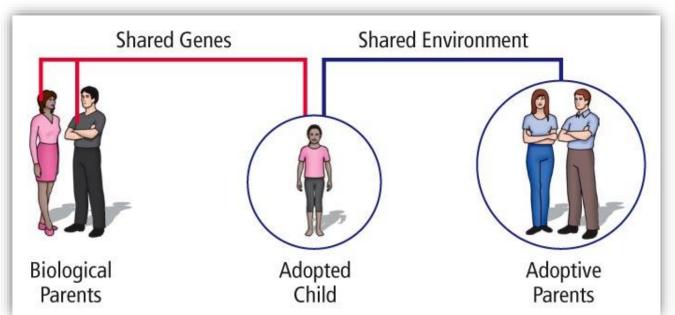
Twin studies:

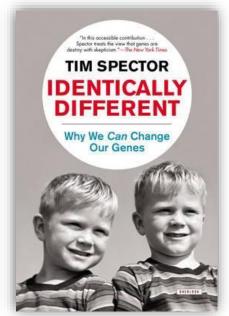
- Compare concordance i MZ vs. DZ twins
 - If MZ twins show close to 100% concordance but DZ twins show significantly less: ⇒ the trait has a strong genetic basis.
 - If MZ twins shows moderate concordance (40-60%) but still significantly higher than DZ twins ⇒ both environmental and genetic components are likely involved in the disease.





IMPORTANCE OF SHARED ENVIRONMENT!







ASSESSING EVIDENCE OF FAMILIAL AGGREGATION

Usual to look at two types of correlations between relative pairs:

- «INTER»class correlation
 - Involves two <u>different classes</u> of relatives:
 - E.g. husband-wife, parent-offspring, brothersister, grandparent-grandchild, etc.
- «INTRA»class correlation
 - Involves only a <u>single class</u> of relatives:
 - E.g. brother-brother, sister-sister, etc.





AN EXAMPLE

Fingerprint data: count the number of ridges to explore degree of familiality.

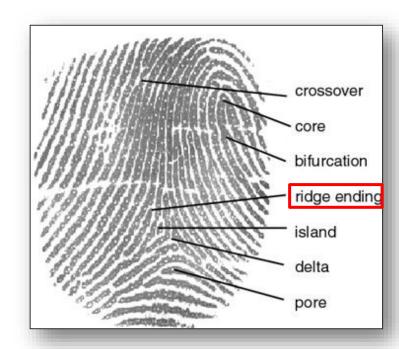
2 scenarios:

O Dataset I:

Parent-offspring correlation: 0.48 ± 0.04

• Sibling correlation: 0.50 ± 0.04

Spouse correlation: 0.05 ± 0.07



O Dataset II:

Parent-offspring correlation
 0.22 ± 0.01

Sibling correlation: 0.39 ± 0.01

Spouse correlation: 0.15 ± 0.02

AN EXAMPLE - CONTD...

O Dataset I:

Parent-offspring correlation: 0.48 ± 0.04

• Sibling correlation: 0.50 ± 0.04

• Spouse correlation: 0.05 ± 0.07

O Dataset II:

Parent-offspring correlation 0.22 ± 0.01

• Sibling correlation: 0.39 ± 0.01

Spouse correlation: 0.15 ± 0.02

- Positive correlation coefficients suggest familial aggregation for this trait
- Strong degree of familiality in Dataset I.
 - Sibling correlation is slightly higher than parent-offspring correlation
 - Consistent with siblings sharing more of their <u>environment</u> than parents & offspring
 - Don't see same degree of correlation in the spouse group
 - Consistent with a less genetic sharing between spouses.
- In Dataset II, higher spouse correlation may be due to shared spousal environment (perhaps some assortative mating..?)
- Overall, there seems to be stronger environmental influences in Dataset II.

LECTURE OUTLINE

General introduction to genetic epidemiology (lecture I)

Part

What's a complex trait?

Genetic basis of complex traits

Part II

- Genetic approaches to studying complex traits
- Candidate-gene analysis, GWAS, and GWAMA



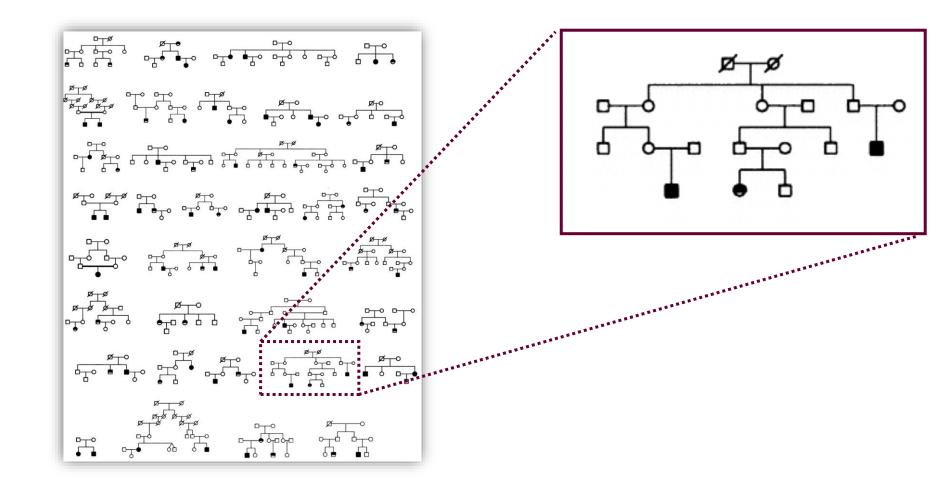
GENETIC APPROACHES TO INVESTIGATING A COMPLEX TRAIT

Once we have found evidence for a genetic component:

- Linkage studies in families with multiple affected members ('multiplex')
 - Test for cosegregation of a marker with the disease to see if the genetic marker and disease gene are physically linked
 - Problematic for complex diseases because of a lack of multiplex families
- Allele-sharing studies in affected relative pairs
 - Apply model-free methods on smaller subunits within multiplex families
 - «Identity by descent» (IBD) methods
 - Knowledge of transmission not required (non-parametric, or model-free)
 - Reasonable power to detect genes of fairly modest effects
- Linkage disequilibrium approaches
 - Exploit how genetic markers are correlated on chromosomes.

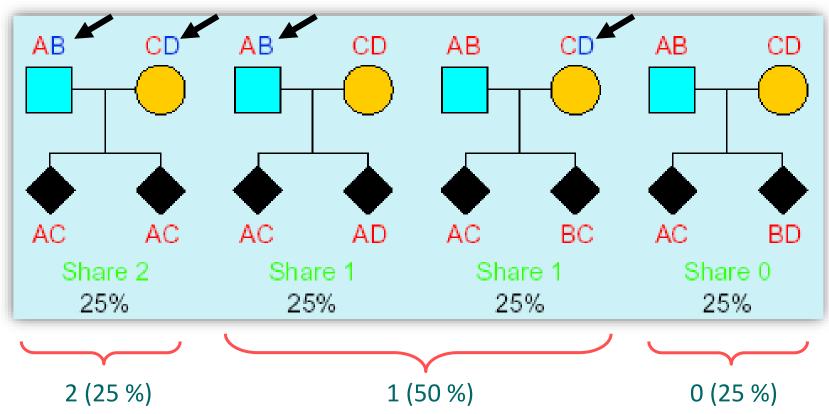
LINKAGE STUDIES IN MULTIPLEX FAMILIES

Genomewide linkage analyses can be performed using around 400 microsatellite markers distributed with an average spacing of 10 cM for genomewide coverage.



ALLELE-SHARING STUDIES

Main idea: If affected pairs inherit a particular chromosomal fragment more often than would be expected by chance alone – this shows linkage!

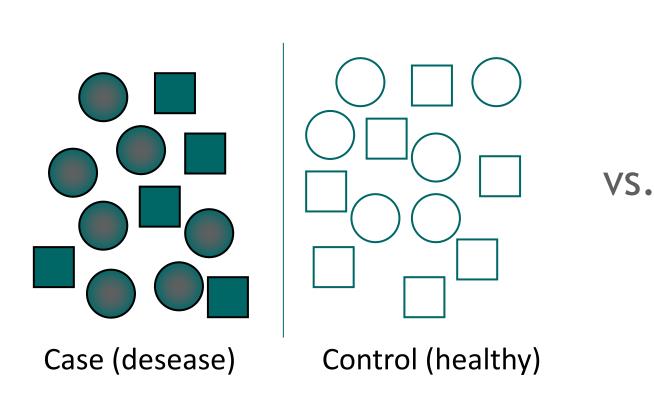


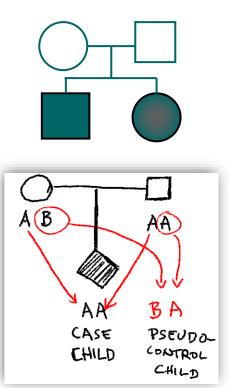
No. of parental alleles shared (% of Mendelian proportion)

Deviations from these expected proportions ⇒ evidence of linkage

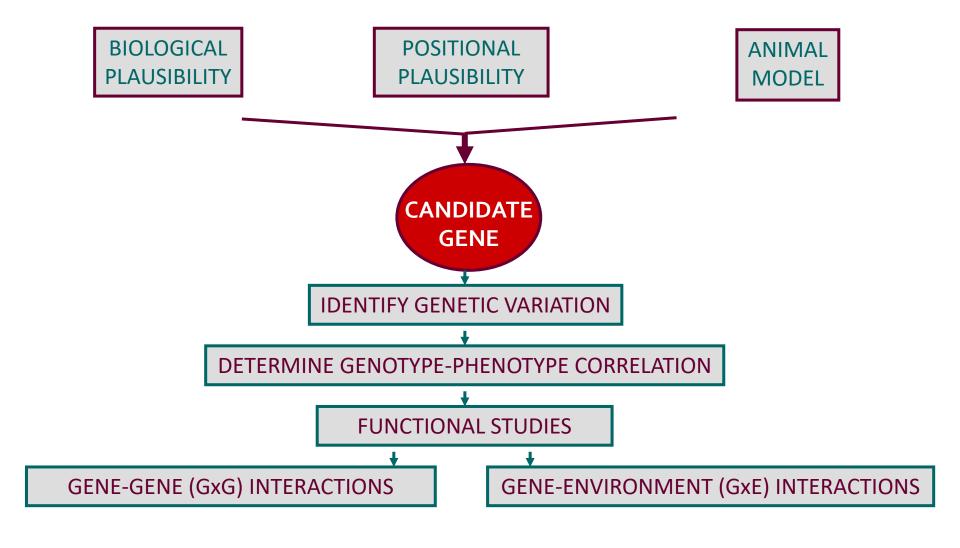
LINKAGE DISEQUILIBRIUM (LD) APPROACHES

- Either case-control or family-based
 - Compare marker allele frequencies between a case and a control population
 - With family data, non-transmitted parental alleles are used as control alleles.
 - Test for deviations from the expected 50% transmission of an allele from parents to offspring.





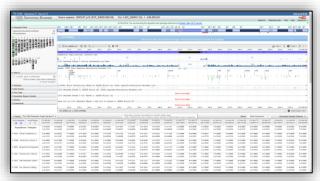
THE CANDIDATE-GENE APPROACH



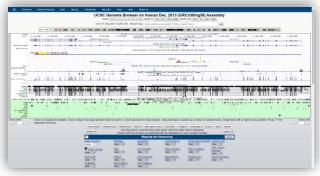
Selecting SNPs for candidate-gene analysis

Databases for selection/evaluation of SNPs:

□ 1000 Genomes, e!Ensembl, UCSC's genome browser, and dbSNP, etc...









Criteria for prioritizing SNP selection:

- Prior association with the trait being studied
- ☐ Minor allele frequency (MAF) of at least 5% to capture common variants
- □ Preference for coding SNPs and SNPs in regulatory regions functional!
- □ SNPS with «haplotype-tagging» properties

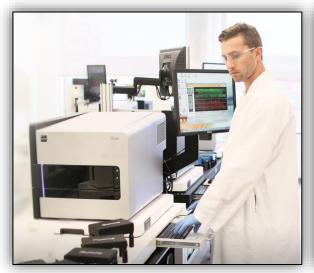


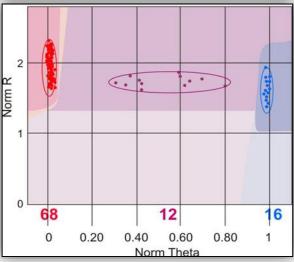
- SNP assays can be designed by ILLUMINA™
 - ☐ A customized full panel of X number of SNPs in Y number of candidate genes.
- Outsource the genotyping (and QC) to a core facility: e.g Microarray facility (Oslo), Sanger Institute (UK), DeCode genetics (Iceland), etc..

Illumina iScan system

E.g. of genotype calling

Genomics Core facility Oslo







Data Quality Control (Prelude to Marc's lecture on Tuesday)

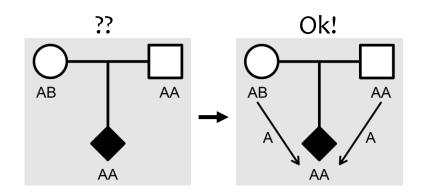
- Assess within/between plate genotype reproducibility
 - \Rightarrow SNP is deemed to have failed if <95% of samples generate a genotype at the locus

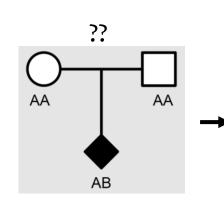


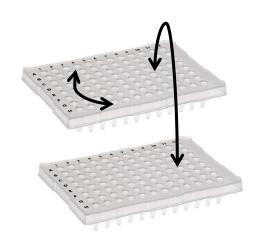
⇒ Low statistical power in association analysis



- ⇒ Systematic genotyping errors, sample mix-ups, latent population substructure, or a biological effect (e.g., natural selection).
- Screen for Mendelian inconsistencies within families.
 - ⇒ Sample switches or misidentified paternity/maternity









GENOME-WIDE ASSSOCIATION STUDIES - CH.4

- Hypothesis-free (agnostic) compared to candidate-gene approach
 - □ Looks for association across the entire genome using high-resolution SNP arrays (0.5-2.5 mill).
- What have we learnt?
 - Many association signals are not in genes previously thought to be associated with the disease.
 - Some associations are in areas that weren't even known before.
 - ⇒ Provide new insights into biology and disease mechanism ©

Signals in «gene deserts»:

Prostate cancer; CL/P 8q24

Crohn's disease 5p13.1; 1q31.2; 10p21

Signals in common (pleiotropy):

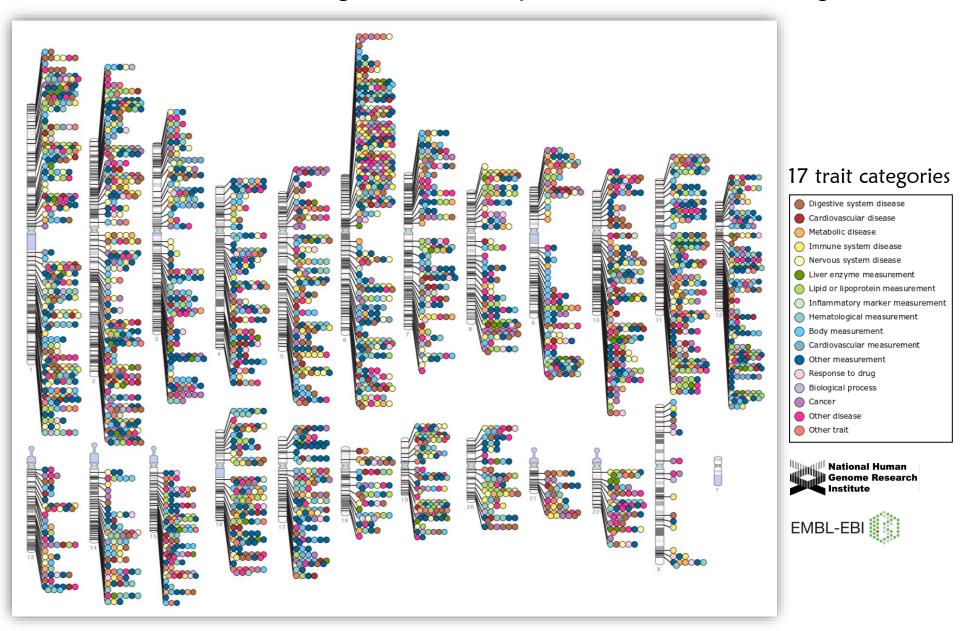
Diabetes/CHD/Melanoma CDKN2A/2B

Prostate/breast/colon cancers; CL/P 8q24

Crohn's disease/Psoriasis IL23R

Crohn's disease/T1DM PTPN2

Published GWAS through Dec 2012 at p≤5X10⁻⁸ for 17 trait categories

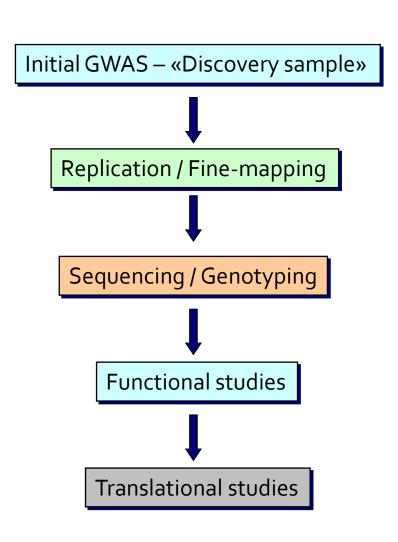


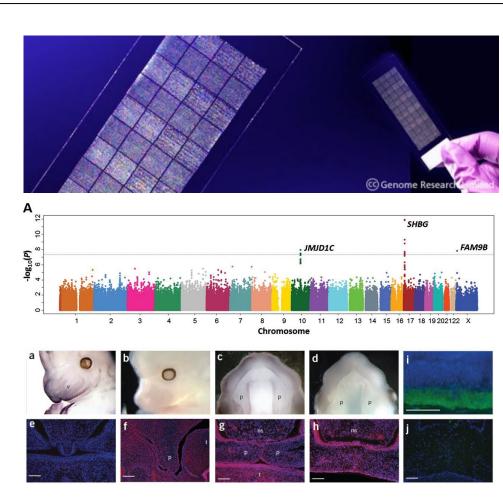
Interactive GWAS catalog at EBI

Interactive diagram shows all SNP-trait associations with genome-wide significant p-value ≤ 5.0 × 10⁻⁸



TYPICAL GWAS WORKFLOW (CH. 4, P 79)





- Most of the GWAS findings so far have not led to any major clinical applications.
- HOPE -- New therapies, improved diagnostics, better prevention, better public health, & precision medicine.

v

GWAS – WHAT ARE THE CRITERIA FOR SUCCESS?

- Costs and availability of large samples are major limitations
 Useful to meta-analyze summary statistics from multiple cohorts (GWAMA)
- Strict quality control throughout the process (Marc Vaudel's Tuesday lecture) + Stringent significance thresholds + Importance of replication
- Data sharing between several research groups is an effective way of increasing power to find new genes and loci.
 - But control for confounders is even more important when using data from different cohorts participating in a large consortium
- Disease heterogeneity is a problem.
 - □ The more narrowly/precisely the phenotype is defined, the better the odds for identifying a causal variant (but not always!)
- Current methods are not well developed to identify rare variants (MAF
 1%) that are perhaps associated with higher disease penetrance.

WHAT CAN WE DO?

Improving the resolution of current GWAS studies

Larger sample sizes Endo- and sub-phenotypes Non-European Disease pleiotropy

Clinical translation

Prospective studies Aggregate risk scores

GWAS

Exploring the full spectrum of genetic variation

Rare variants (HapMap3, 1000G and direct sequencing) Structural variants (CNVs & indels) Epigenetic variation Parent-of-origin effects etc

Understanding function

Functional genome annotation eQTLs Model organisms

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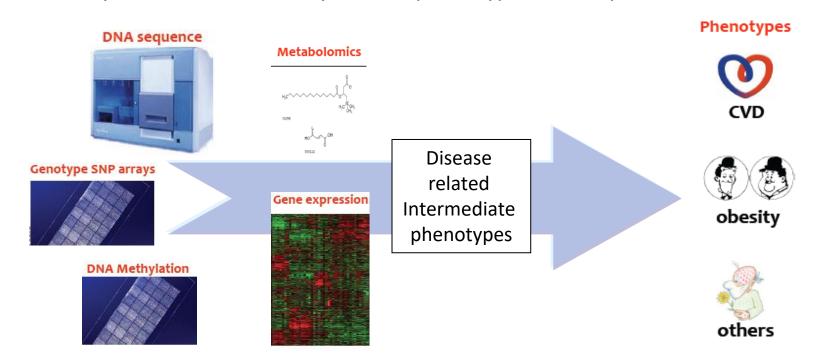
WHOLE GENOME/EXOME SEQUENCING

Two main objectives:

- ☐ Build a comprehensive catalog of genetic variation containing both common and rare genetic variants
- Test these variants for association with disease.

Potential applications:

- Sequence based imputations in GWAS data (Marc Vaudel's Tuesday lecture)
- Analyze cohorts with clearly defined phenotypes and map Mendelian diseases



META-GWAS ANALYSES - A SHORT PRIMER

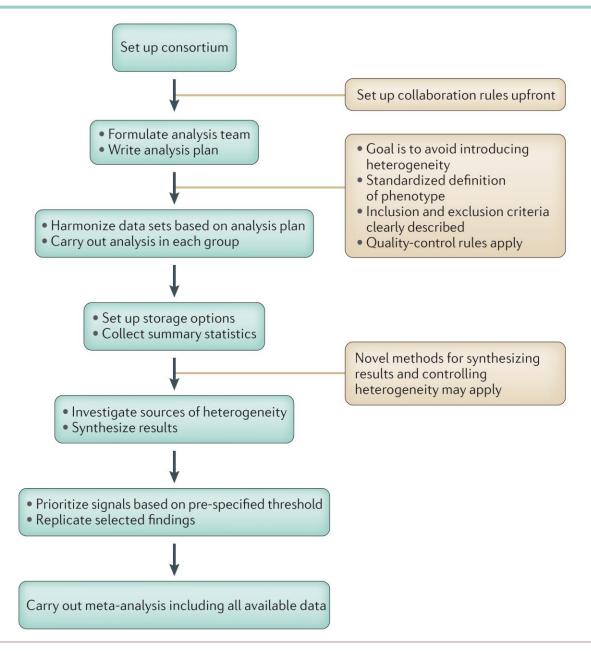
1) DISCOVERY PHASE

- Analyze GWAS results from different cohorts (Consortia)
 - Increase statistical power through increasing sample size
 - Beware of heterogeneity (PCA, stratified analyses, inflation, QQ plot)
- Analysis of data at an aggregated level, i.e. not individual-level data.
 - Many Ethic Committees have an issue with sharing individual-level data.
 - Meta-GWAS analysis offers a good compromise
- Different cohorts perform genome-wide imputation using the same imputation panel to harmonize genotype data across cohorts
 - Harmonizes genotyping platforms (standardization)
 - Lots more SNPs to analyze ⇒ More statistical power

2) REPLICATION PHASE

- Invite more cohorts for replication
 - Confirmation of original findings in discovery phase

STAGES IN A META-GWAS ANALYSIS



EXAMPLES OF CONSORTIA





Objectives Work Packages Events Training Press & Publications Resources

The project duration is five years, starting from January 1st, 2008

ENGAGE (European Network for Genetic and Genomic Epidemiology) is a research project funded with 12 million euros by the European Commission under the 7th Framework Programme-Health Theme.

The ENGAGE Consortium has brought together 24 leading research organizations and two biotechnology and pharmaceutical companies across Europe and in Canada and Australia.

ENGAGE aims to translate the wealth of data emerging from large-scale research in genetic and genomic epidemiology from European (and other) population cohorts into information relevant to future clinical applications. The concept of ENGAGE is to enable European researchers to identify large numbers of novel susceptibility genes that influence metabolic, behavioural and cardiovascular traits, and to study the interactions between genes and life style factors.

The ENGAGE consortium will integrate and analyse one of the largest ever human genetics dataset (more than 80,000 genome-wide association scans and DNAs and serum/plasma samples from over 600,000 individuals)

One goal is to demonstrate that the findings from ENGAGE can be used as diagnostic indicators for common diseases that will help us to understand better risk factors, disease progression and why people differ in responses to treatment.

ENGAGE Flagship Paper: 'The Role of Adiposity in Cardiometabolic Traits: A Mendelian Randomization Analysis' (Fall T et al, Pedersen NL, McCarthy MI, Ingelsson E, Prokopenko I for ENGAGE, 25 June

ENGAGE Paper: 'Data sharing in large research consortia: experiences and recommendations from ENGAGE' (Budin-Ljøsne I et al. , June 2013)

ENGAGE ESHG Satellite Meeting 'Beyond GWAS: Biological and Clinical Insights from Research in European Biobanks', June 10th,

ENGAGE Paper: 'GWAS of 126,559



COHORTS FOR HEART AND AGING RESEARCH IN GENOMIC EPIDEMIOLOGY

CHARGE Consortium

The Cohorts for Heart and Aging Research in Genomic Epidemiology (CHARGE) Consortium was form phenotyped longitudinal cohort studies.

Its founding member cohorts include:

- · Age, Gene, Environment, Susceptibility Study -- Reykjavik
- · Atherosclerosis Risk in Communities Study
- · Cardiovascular Health Study
- · Framingham Heart Study
- · Rotterdam Study

Additional core cohorts include:

- · Coronary Artery Risk Development in Young Adults
- · Family Heart Study
- · Health, Aging, and Body Composition Study
- · Jackson Heart Study
- · Multi-Ethnic Study of Atherosclerosis



EAGLE Consortium

The EArly Genetics and Lifecourse Epidemiology (EAGLE) Consortium is a consortium of pregnancy and birth cohorts that aims to collaborate to investigate the genetic basis of phenotypes in antenatal and early life and childhood.

EAGLE covers a broad range of pathways and phenotypes, and will integrate closely with the DOHaD (developmental origins of health and disease) community.

All participating cohorts (1958 British Birth Cohort; ALSPAC; CHOP; COPSAC; DBC; Exeter Family Study; Generation R; HBCS; LISA+; MoBa; NTR; NFBC 66; Project Viva; Raine) have GWAS data available by July 1st 2009.

EAGLE working groups and leaders are listed below:

> - Antenatal Growth (Vincent Jaddoe and Craig Pennell)



EArly Genetics & Lifecourse Epidemiology Consortium

Social Science Genetic **Association Consortium**

Home

About Us

Research PGI Repository News

Events

Contact

Welcome to the Social Science Genetic Association Consortium (SSGAC).

The SSGAC is a cooperative enterprise among medical researchers and social scientists that coordinates genetic association studies for social science outcomes and provides a platform for interdisciplinary collaboration and cross-fertilization of ideas. The SSGAC also tries to promote the collection of harmonized and well-measured phenotypes.



Recent Events: Russell Sage Foundation Summer Institute in Social-Science Genomics, 2021 Click here to learn about the 2018 Polygenic Prediction and its Application in Social Science Conference

Current Initiatives



The SSGAC is currently conducting:

- Within-family GWAS of multiple phenotypes Ongoing updates of the Polygenic Index Repository
- Developing methods for multi-ancestry genetic analysis

Please contact us if you are interested in joining these initiatives.



Data



To locate and download summary data from past studies of the SSGAC, click the link below.

SSGAC in the News



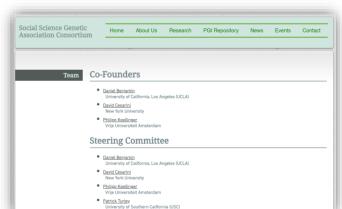
"Many Genes Play a Role in Educational

"Why Study the Genetics of Staying in The Atlantic. July 23, 2018.



Check us out on Twitter: @thessgac





STANDARD OPERATION PROTOCOL (SOP)

1) STANDARD OPERATING PROTOCOL (SOP) in «Discovery Phase»

- Background of the proposed Meta-GWAS analysis (GWAMA)
 - Goals of the initiative
- Trait definition and instructions for phenotype harmonization
 - A detailed definition of the trait (not all cohorts have same measures)
 - Eligibility and sample inclusion/exclusion criteria
- Genotypes and imputation
 - Imputation with chosen panel (HapMap Phase II CEU Panel, 1000 Genomes, HRC)
 - Filters to be applied <u>before</u> imputation (SNP call >95%, HWE p >10e-6, MAF >5%)
- Analysis details
 - Specification of models to be used in the analysis
 - Linear regression/Logistic regression, Include PCA for correcting for stratification
- Results file formats
 - Format to report GWAS results from individual cohorts

REPORTING OF RESULTS

Variable name	Description							
(case sensitive!!)								
SNPID	SNP ID as rs number							
Chr	Chromosome number (1-22).							
position	physical position for the reference sequence (indicate build 35/36 in readme file)							
coded_all	Coded allele, also called modelled allele (in example of A/G SNP in which AA=0, AG=1 and GG=2, the coded allele is G)							
noncoded all	The other allele							
strand_genome	+ or -, representing either the positive/forward strand or the negative/reverse strand of the human genome reference sequence; to clarify which strand the coded_all and noncoded_all are on							
Beta	Beta estimate from genotype-phenotype association, at least 5 decimal places – 'NA' if not available							
SE	Standard error of beta estimate, to at least 5 decimal places – 'NA' if not available							
Pval	<i>p</i> -value of test statistic, here just as a double check – 'NA' if not available							
AF_coded_all	Allele frequency for the coded allele – 'NA' if not available							
HWE_pval	Exact test Hardy-Weinberg equilibrium <i>p</i> -value only directly typed SNPs, NA for imputed							
callrate	Genotyping call rate after exclusions							
n total	Total sample with phenotype and genotype for SNP							
imputed	1/0 coding; 1=imputed SNP, 0=if directly typed							
used for imp	1/0 coding; 1=used for imputation, 0=not used for imputation							
oevar_imp*	Observed divided by expected variance for imputed allele dosage NA otherwise							
avpostprob**	Average posterior probability for imputed SNP allele dosage (applies to best-guess genotype imputation)							

PDB 289 (Study of prematurity – PI Bo Jacobsson)

						_						
4	A	В	С	D	E	F	G	Н		J	K	L
	SAMPLE INFORMATION											
2												
	,					Norway		ad aliminally and asterd	(-1	- if l 4.		> -4-
	Sampling scheme SNP chip					Population-based, nested case-co	ontrole.g., ramily-bas	sed, clinically-selected	(please spe	ecity selecte	a pnenoty	pe), etc.
	Pre-imputation QC					iliumina 660vv quad						
6 7	Pre-imputation QC	Marker filters:										
8		MAF >				0.5	5% recommend	ded				
9		Call rate >				95%	95% recommen					
10		HWE exact test at p >				0.001	10E-06 recomn					
11		Removed subjects with:					102 00 10001111	Honaca				
12			Overall call rates	<		98%						
	Imputation & association proced	dure	2 . 5 aii 5 aii 14 to 5									
14		Imputation software				PLINK 1.07	please specify	version number				
15		Reference sample			HAPMAP II CEU		II CEU recommende	d				
16		NCBI build				NCBI 36.2	e.g. NCBI 36.					
17		Association software				PLINK 1.07	please specify					
	Study contacts (name, email):						p					
19	Data analyst:				Ronny Myhre, Astanand Jugessur	and Håkon Gjessing	1					
20		Primary contact:						Astanand Jugessur (as	tanand.juge	ssur@fhi.n	0)	
21	Other contact(s):				Per Magnus					_		
22	Additional notes					х	e.g., non-standa	ard covariates include	d in analyse	es (please s	pecify)	
23												
24	SAMPLE DEMOGRAPHICS											
25						Females	Controls	sPTD cases				
26						1338	678	660				
	ge at reporting											
28		Mean				28.7	28.9	28.4				
29		St. Dev.				3.5	3.6	3.6				
30	D: II V	Range				14 (20-34)	14 (20-34)	14 (20-34)				
	Birth Year	N4				4074.7	4074.4	4075				
32		Mean				1974.7	1974.4	1975				
33		St. Dev.				3.8	3.4	4.0				
34	Page (Ni per actogory)	Range ace (N per category)				20 (1966-1986)		<mark>) 20 (1966-1986)</mark> ndividuals of Europea	n horitaga s	hould be in	oludod is t	o analysis
36	Nace (in per category)	American Indian or	Alacka Native			na	Note that only if	nuividuais oi Europea	n nemage s	nould be in	ciudea in tr	ic alialysis
37		American Indian or Alaska Native Asian				na na						
38		Native Hawaiian or Other Pacific Islander				na						
39		Black				na						
40	White					na						
	Ethnicity (N per category)	***************************************				1150						
42	(it poi datagoly)	Hispanic or Latino				na						
43		Not Hispanic or Lat	ino			na						

EXAMPLE OF A GWAMA

1) Trait proposed for a GWAMA: «Aggressive behavior»

- SOP describes the goal of the proposed GWAMA
 - Goal: large-scale meta-GWAS on Aggressive behavior
 - Merit: Findings will help identify to what extent the effect of the SNP(s) changes with age, instrument, or the rater of the behavior.
- Trait definition and instructions for phenotype harmonization
 - Phenotype data at different ages (3 to 18 yrs) and as rated by different raters (parental, self and/or teacher ratings) to be included in a single analysis
 - Instruments: A variety of psychometric instruments (e.g. CBCL, SDQ, ASR, YSR)
 - Sample size threshold for inclusion: at least 1000 subjects.
 - Limit analyses to subjects of European ancestry.
- Genotypes and imputation
 - Imputation with chosen panel (1000 Genomes)
 - **Software for imputation:** IMPUTE, MACH, MINIMAC or BEAGLE.
 - Filters to be applied <u>before</u> imputation (SNP call >95%, HWE p >10e-6, MAF >5%)
- Analysis
 - For cohorts providing a single phenotype measure: Run the GWA using linear Reg.
 - <u>Covariates:</u> sex, Z-score of age at time of assessment, Age² (Z-transformed, then squared), the first 5 PCs, Study-specific covariates (study site, batch effects etc.)

EXAMPLE OF A META-GWAS - CONTD...

1) Instructions for genotype handling (pre-imputation QC):

- Exclude SNPs with:
 - MAF < 1%
 </p>
 - SNP call rate <95%</p>
 - Failure of HWE exact test at p<1e-6</p>
 - Poor clustering on visual inspection of intensity plots.
 - Wrong sex, aberrant genotype (XXY), known 1st or 2nd degree relatives in sample

2) Imputation:

- Use 1000 genomes Phase I release and coordinates as used in GRCh37
- Imputation software: IMPUTE or MACH
- Use servers for imputation: Michigan imputation server or Sanger Institute in UK
- Provide per-SNP quality indicators (proper_info in IMPUTE, r².hat in MACH)

3) Analysis:

Perform association test using MACH2QTL or SNPTEST

EXAMPLE OF A META-GWAS - CONTD...

Uploading data

- To a secure server using secure transfer protocol (sftp)
 - Download and Install an sftp software; e.g. Filezilla or WinScp
 - Upload a «README.txt» file with a brief description of data uploaded, the date, the human genome reference sequence used for strand reference, and scale of Beta estimates.
 - Prepare a file named «STUDY.PHEN.DATE.txt»
 - Study=Cohort, PHEN=phenotype, Date=DDMMYYYY (date file was prepared)

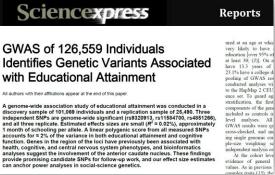
Meta-analysis:

- Usually done by the lead analysts from the cohort(s) initiating this GWAMA
- Software: METAL or GWAMA

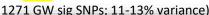
A FEW EXAMPLES...

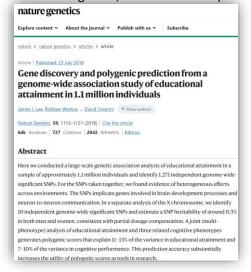
Papers on EA based including the MoBa dataset (PDB 289)

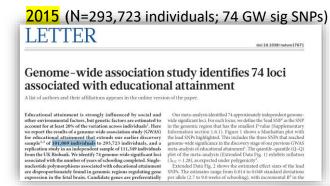
2013 (N=101,069 individuals; 3 GW sig SNPs; 2% variance)



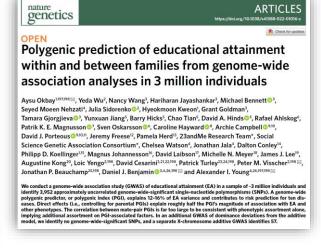
2018 (N=1.1 mill individuals;

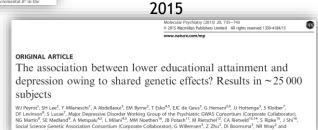






2022 (N= ~3 mill individuals; 3952 GW sig SNPs; 12-16% of variance)







Genetic variants linked to education predict longevity Riccardo E. Marjoni^{th,0,1,2}, Stuart J. Ritchie^{n,4}, Peter K. Joshinⁿ, Saskia P. Hagennars^{n,4}, Aysu Okbay^{a,h}, Krista Fischerⁱ.

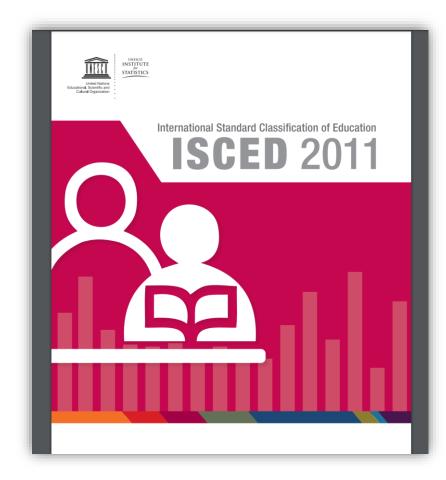
2016

Riccardo E. Marioni^{®, Ac, L.3}, Stuart J. Ritchie^{®, G.1}, Peter K. Joshi^{®, 3}, Saskia P. Hagenaars^{®, G.6}, Aysu Okbay^{®, b.}, Krista Fischer¹, Mark J. Adams¹, W. David Hill^{®, G}, Gail Davies^{®, d}, Social Science Genetic Association Consortium³, Reka Nagy³, Carmen Amador, Kristi Lalll³, Andres Metspalu¹, David C. Liewadi⁴, Archie Campblel⁹, James F, Wilson^{®, 3}, Caroline Hayward⁸, Tōnu Esko^{1,m, a}, David J. Porteous^{®, b}, Catharine R. Gale^{Ad, A.4}, and lan J. Deary^{a, d.4}

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http://uis.unesco.org/en/topic/international-standard-classification-education-isced







ARTICLES

https://doi.org/10.1038/s41588-022-01016-z



OPEN

Polygenic prediction of educational attainment within and between families from genome-wide association analyses in 3 million individuals

Aysu Okbay^{1,197,198} , Yeda Wu², Nancy Wang³, Hariharan Jayashankar³, Michael Bennett ³, Seyed Moeen Nehzati⁴, Julia Sidorenko ³², Hyeokmoon Kweon¹, Grant Goldman³, Tamara Gjorgjieva ³³, Yunxuan Jiang⁵, Barry Hicks⁵, Chao Tian⁵, David A. Hinds ⁵⁵, Rafael Ahlskog⁶, Patrik K. E. Magnusson ⁵⊓, Sven Oskarsson ⁵⁶, Caroline Hayward ⁵⊓, Archie Campbell ⁵⊓, David J. Porteous ⁵¬, Sven Oskarsson ⁵¬, Pamela Herd¹³, 23andMe Research Team⁺, Social Science Genetic Association Consortium⁺, Chelsea Watson⁴, Jonathan Jala⁴, Dalton Conley¹⁴, Philipp D. Koellinger¹, Magnus Johannesson¹⁶, David Laibson¹¬, Michelle N. Meyer¹¬, James J. Lee¹¬, Augustine Kong²⁰, Loic Yengo², David Cesarini³,²¹,²²,²²,¹¬, Patrick Turley²³,²²,¹¬, Peter M. Visscher²,¹¬, Jonathan P. Beauchamp²⁵,¹¬¬, Daniel J. Benjamin ⁵¬,³,²,²₀,¬, and Alexander I. Young⁴,²₀,¬¬,°,¬¬, see and Alexander I. Young⁴,²₀,¬¬, see and Alexander I. Young⁴,²₀, patrick ¬, see and Alexander I. Young⁴,²₀, see and Alex

We conduct a genome-wide association study (GWAS) of educational attainment (EA) in a sample of ~3 million individuals and identify 3,952 approximately uncorrelated genome-wide-significant single-nucleotide polymorphisms (SNPs). A genome-wide polygenic predictor, or polygenic index (PGI), explains 12-16% of EA variance and contributes to risk prediction for ten diseases. Direct effects (i.e., controlling for parental PGIs) explain roughly half the PGI's magnitude of association with EA and other phenotypes. The correlation between mate-pair PGIs is far too large to be consistent with phenotypic assortment alone, implying additional assortment on PGI-associated factors. In an additional GWAS of dominance deviations from the additive model, we identify no genome-wide-significant SNPs, and a separate X-chromosome additive GWAS identifies 57.

Main findings of 2022 paper

○ N=~3 mill individuals

3952 GW significant SNPs identified

GW polygenic predictor (PGI) explains
 12-16% of EA variance

 The PGI contributes to risk prediction for 10 diseases

LECTURE OUTLINE

General introduction to genetic epidemiology (lecture I)

- Part I
 - What's a complex trait?
 - Genetic basis of complex traits
- Part II
 - Genetic approaches to studying complex traits
 - Candidate-gene analysis, GWAS, and GWAMA

