

Genetic Association Studies and Population Structure in Nephrotic Syndrome

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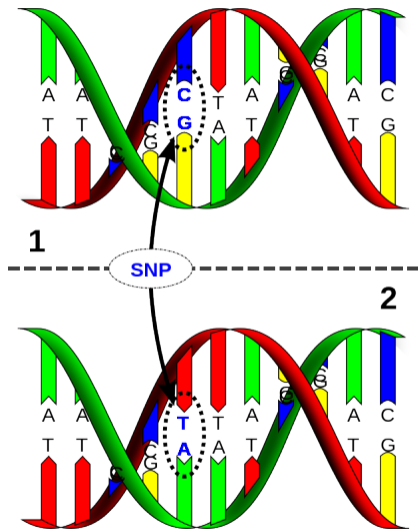
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2023-10-09

A little about me



Genetic variation: we're all mutants!



Each newborn has ≈ 70 new mutations:

- ▶ Average mutation rate
 $\approx 1.1 \times 10^{-8}$ /base/generation
 - ▶ Higher in male lineage, with age
- ▶ Number of bases in genome
 $\approx 3.2 \times 10^9$, $\times 2$ for both copies

Types of mutations

Single nucleotide variant

```
ATTGGCCTTAACCCCCGATTATCAGGAT  
ATTGGCCTTAACCTCCGATTATCAGGAT
```

Insertion–deletion variant

```
ATTGGCCTTAACCCGATCCGATTATCAGGAT  
ATTGGCCTTAACCC---CCGATTATCAGGAT
```

Block substitution

```
ATTGGCCTTAACCCCCGATTATCAGGAT  
ATTGGCCTTAACAGTGGATTATCAGGAT
```

Inversion variant

```
ATTGGCCTTAACCCCGATTATCAGGAT  
ATTGGCCTTCGGGGGTTATTATCAGGAT
```

Copy number variant

```
ATTGGCCTTAGGCCTTAACCCCGATTATCAGGAT  
ATTGGCCTTA-----ACCTCCGATTATCAGGAT
```





Structural variants

Frazer *et al.* (2009)

- ▶ SNP = single nucleotide polymorphism
- ▶ Indel = insertion or deletion
- ▶ Structural variant = also large edits (gene or chr level)

Functional consequences of genetic variation

▶ Protein-coding mutation types

	Point mutations				
	No mutation	Silent	Nonsense	Missense	
				conservative	non-conservative
DNA level	TTC	TTT	ATC	TCC	TGC
mRNA level	AAG	AAA	UAG	AGG	ACG
protein level	Lys	Lys	STOP	Arg	Thr
					

Jonsta247, CC BY-SA 4.0, via Wikimedia Commons

- ▶ Most are **neutral**:
 - ▶ Reveal relatedness and population history
- ▶ A small proportion cause disease
- ▶ Smallest proportion are beneficial:
 - ▶ New adaptation!

▶ Non-coding mutations can affect gene expression

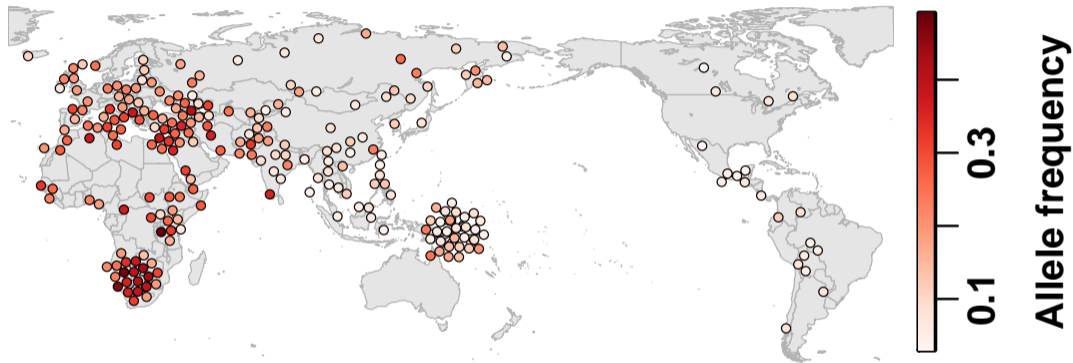
Dynamics of genetic variation



By Gabi Slizewska

- ▶ Most new mutations are lost
- ▶ Some become common in population
 - ▶ Outcomes are random
 - ▶ Variation greatest in small populations
 - ▶ Even disease alleles can become common

Human genetic structure: a typical SNP



Ochoa and Storey (2019a) doi:10.1101/653279

rs17110306; median differentiation given $MAF \geq 10\%$

Why? Migration and isolation, admixture, family structure

Every ancestry has genetic disease

- ▶ Disease variants are always arising spontaneously

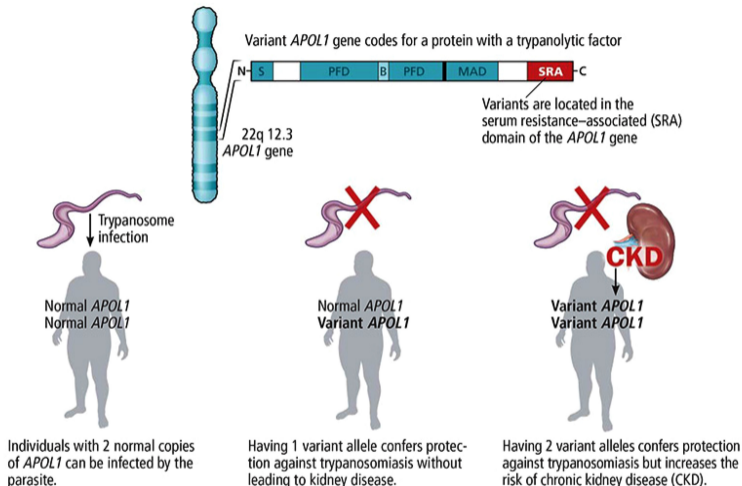
Every ancestry has genetic disease

- ▶ Disease variants are always arising spontaneously
- ▶ Selection gets rid of disease variants too slowly
 - ▶ Particularly for recessive and complex diseases

Every ancestry has genetic disease

- ▶ Disease variants are always arising spontaneously
- ▶ Selection gets rid of disease variants too slowly
 - ▶ Particularly for recessive and complex diseases
- ▶ Non-genetic causes of disease frequently also exist
 - ▶ “Environment”
 - ▶ Diet
 - ▶ Physical activity
 - ▶ Pollution
 - ▶ Racism
 - ▶ ...

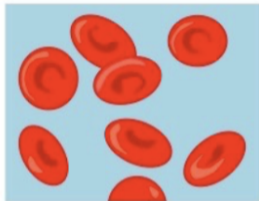
APOL1 variants: beneficial heterozygotes, disease homozygotes



Variants in the APOL1 gene that are common in sub-Saharan Africa protect against African sleeping sickness, but homozygosity for these variants increases the risk of CKD. Image taken with permission from J Nally Cleveland Clinic J of Medicine 2017⁴⁷

Smith and Brahman (2022)

Sickle cell disease: beneficial heterozygote, disease homozygote



AA

Susceptible to malaria
but no sickle cell disease



Aa

Resistant to malaria
and only mild sickle cell disease

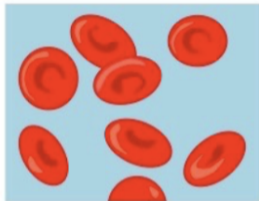


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Resistant to malaria
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chegg.com

Sickle cell disease: beneficial heterozygote, disease homozygote



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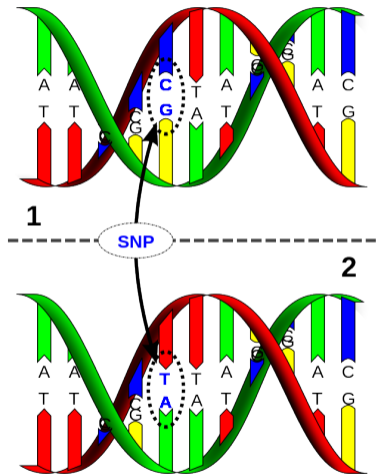
aa

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chegg.com

Additional variants in BCL11A and elsewhere can ameliorate SCD!

Single Nucleotide Polymorphism (SNP) data



⇒

Genotype	x_{ij}
CC	0
CT	1
TT	2

⇒

	Individuals						
Loci	0	2	2	1	1	0	1
	0	2	1	0	1		
	2	...					
							X

Hardy-Weinberg Equilibrium (HWE): Binomial draws

x_{ij} = genotype at locus i for individual j .

p_i = frequency of reference allele at locus i .

Under HWE:

$$\Pr(x_{ij} = 2) = p_i^2,$$

$$\Pr(x_{ij} = 1) = 2p_i(1 - p_i),$$

$$\Pr(x_{ij} = 0) = (1 - p_i)^2.$$

HWE not valid under genetic structure!

Dependence structure of genotype matrix

	Individuals						
Loci	0	2	2	1	1	0	1
	0	2	1	0	1		
	2	...					

X

High-dimensional binomial data

- ▶ No general likelihood function
- ▶ My work: method of moments

Relatedness / Population structure

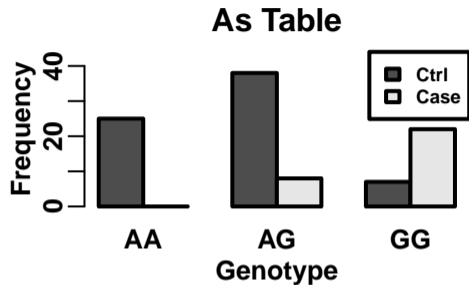
- ▶ Dependence between individuals (columns)

Linkage disequilibrium

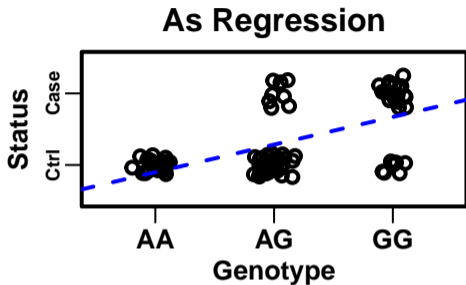
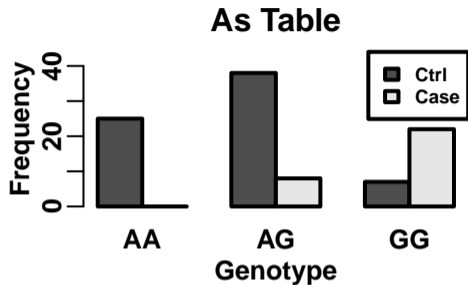
- ▶ Dependence between loci (rows)

Genetic association study: genotype-phenotype correlation

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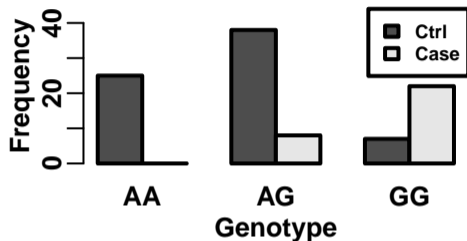


Genetic association study: genotype-phenotype correlation

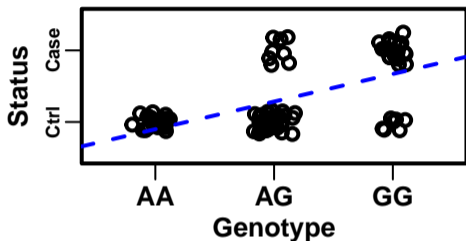


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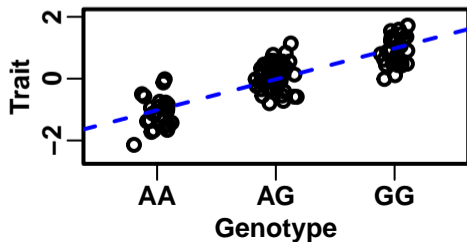
As Table



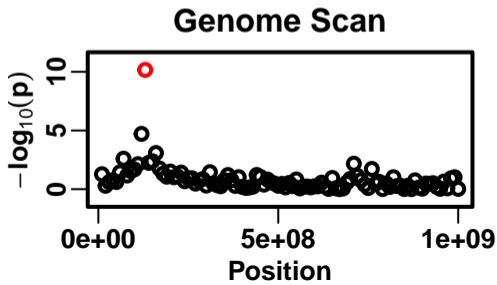
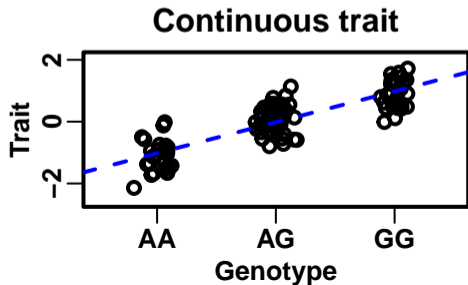
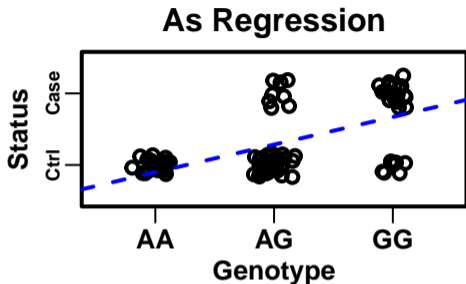
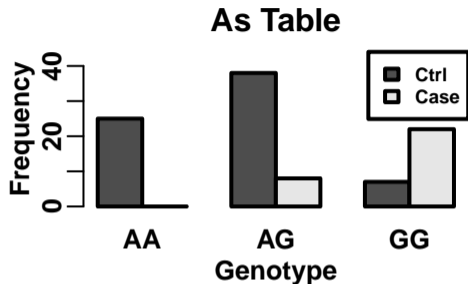
As Regression



Continuous trait

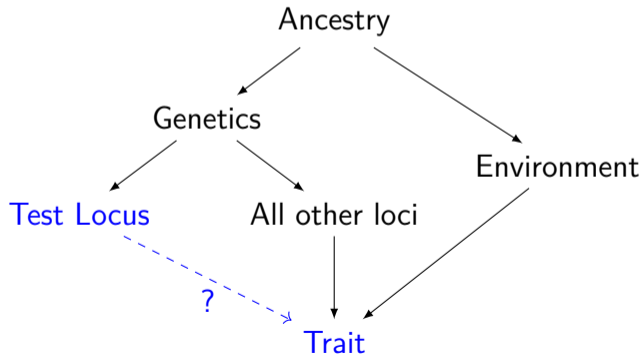


Genetic association study: genotype-phenotype correlation

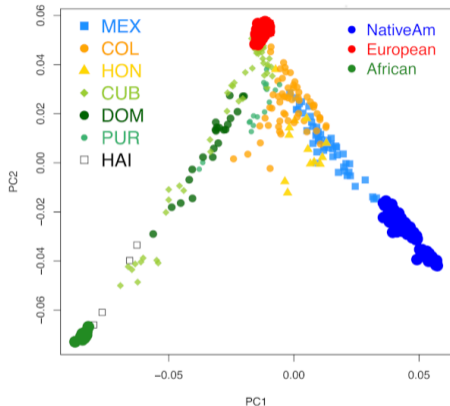


Why is this problem so hard?

- ▶ Millions of tests
- ▶ Polygenicity (many causal variants)
- ▶ Confounders
- ▶ Incorrect assumptions: independence / additivity



PCA: Principal Component Analysis



Moreno-Estrada *et al.* (2013)

Use top eigenvectors of covariance matrix in any regression approach!

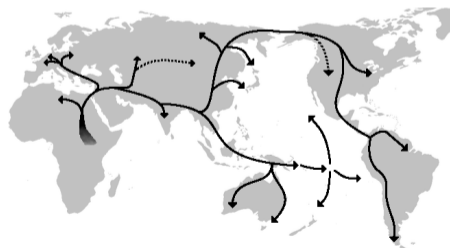
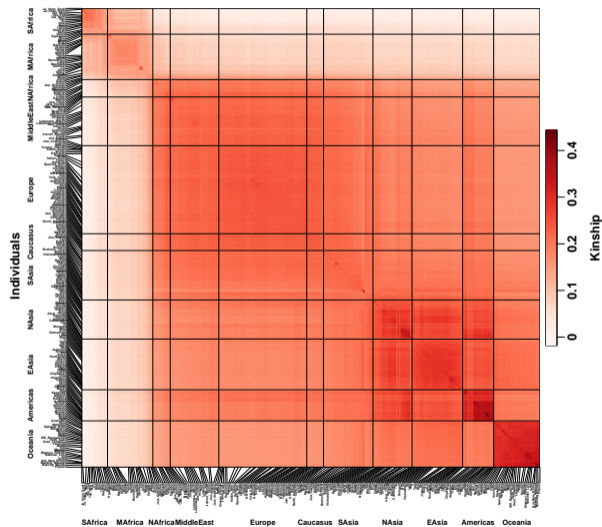
PCs map to ancestry.

"PCs" are top eigenvectors of kinship matrix.

Pros: Fast!

Cons: Fails on family data.

Kinship (covariance) matrix of world-wide human population



Ochoa and Storey (2019) doi:10.1101/653279

Association with PCA vs LMM

Principal Components Analysis (PCA)
and Linear Mixed-effects Model (LMM):

$$\text{PCA :} \quad \mathbf{y} = \mathbf{1}\alpha + \mathbf{x}_i\beta + \mathbf{U}_d\gamma_d + \epsilon,$$

$$\text{LMM :} \quad \mathbf{y} = \mathbf{1}\alpha + \mathbf{x}_i\beta + \mathbf{s} + \epsilon.$$

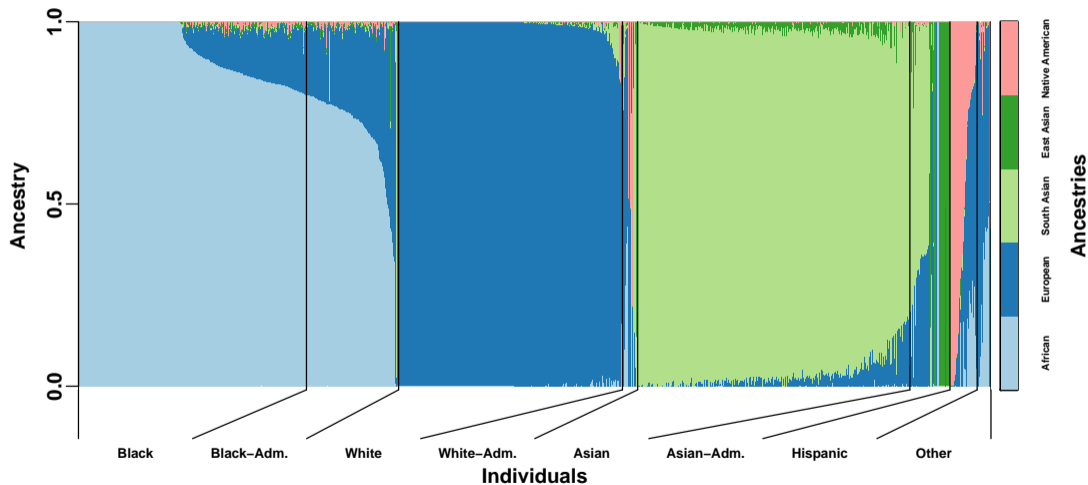
\mathbf{U}_d are top d eigenvectors of kinship matrix Φ .
 $\mathbf{s} \sim \text{Normal}(\mathbf{0}, \sigma^2\Phi)$.

- ▶ PCA is faster but low-dimensional
- ▶ LMM is slower but can model families

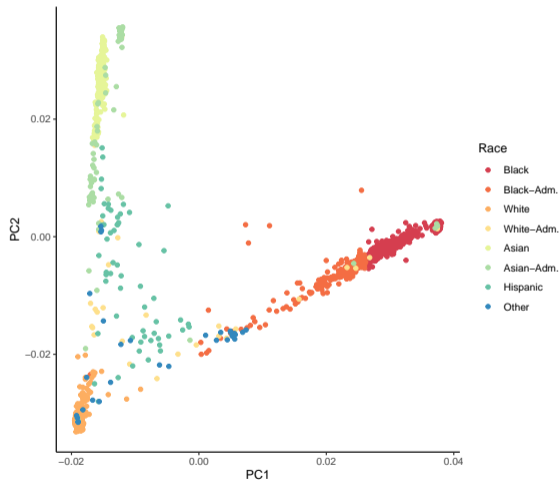
Nephrotic Syndrome association study

- ▶ Severe pediatric kidney disease.
- ▶ 1,000 cases/1,000 controls
- ▶ Multiethnic
 - ▶ Diverse Duke patients
 - ▶ Nigeria
 - ▶ Sri Lanka
- ▶ Included all 2,504 samples from 1000 Genomes as additional controls

Nephrotic Syndrome association study: Admixture plot



Nephrotic Syndrome association study: PCA plot



Nephrotic Syndrome association study: Manhattan plot

