



Statistical tests for Rare Variants Data Rare Variants in Human Genetic Diseases: Comparison of Association Statistical Tests

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► To cite this version:

Lise Bellanger, Elodie Persyn, Floriane Simonet, Richard Redon, Jean-Jacques Schott, et al.. Statistical tests for Rare Variants Data Rare Variants in Human Genetic Diseases: Comparison of Association Statistical Tests. International Biometric Conference, Jul 2014, Florence, Italy. hal-01160576

HAL Id: hal-01160576

<https://hal.science/hal-01160576>

Submitted on 5 Jun 2015

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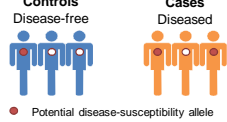
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Background and Objectives

Genome-wide association studies (GWAS) aim to identify genetic loci of susceptibility of complex diseases. These studies require:

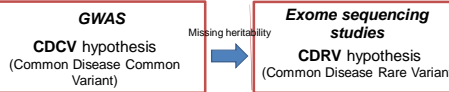
- sampling of individuals from 2 types of individuals:

cases and controls



- genotyping of individuals for a dense set of genetics variants (Single Nucleotide Variants (SNVs)) across the whole genome.

GWASs allow to identify common genetic variants (CVs) associated with many common diseases. But these variants do not fully explain the heritability (i.e. proportion of phenotypic variance attributable to genetic variance).



Exome sequencing studies: Exons of genes are sequenced for cases and controls.

Minor Allele Frequency (MAF): frequency at which the least common allele occurs in a given population.

Rare variant (RV): mutation present in less than 1-5% of the population. (SNV with $MAF \leq 1-5\%$).

Problems:

- Most popular statistical tests for GWAS based on testing single SNP are powerless due to **rare + low effects**
- Development of many statistical tests specifically targeting RVs to detect association between a set of variants (e.g. located on a gene) and a disease.

Our Objectives:

- Which?** Comparative evaluation of the existing tests for the identification of disease-associated RVs in order to identify the most suitable ones in the context of associated RVs.
- Why?** There exists a lot of tests but none is uniformly most powerful. Adaptive tests are needed!
- How?** With simulated data and real data.

Material and Methods

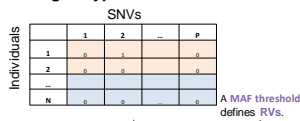
Statistical tests for Rare Variants

(*) Also named burden tests.

Notations

$i \in \{1, \dots, N\}$ individuals
 $j \in \{1, \dots, P\}$ SNVs
 $X =$ genotype matrix ($N \times P$) for one gene
 $X_{ij} \in \{0, 1, 2\}$: genotype of individual i for the SNV j
 $Y_i \in \{0, 1\}$: phenotype of subject i

genotype matrix

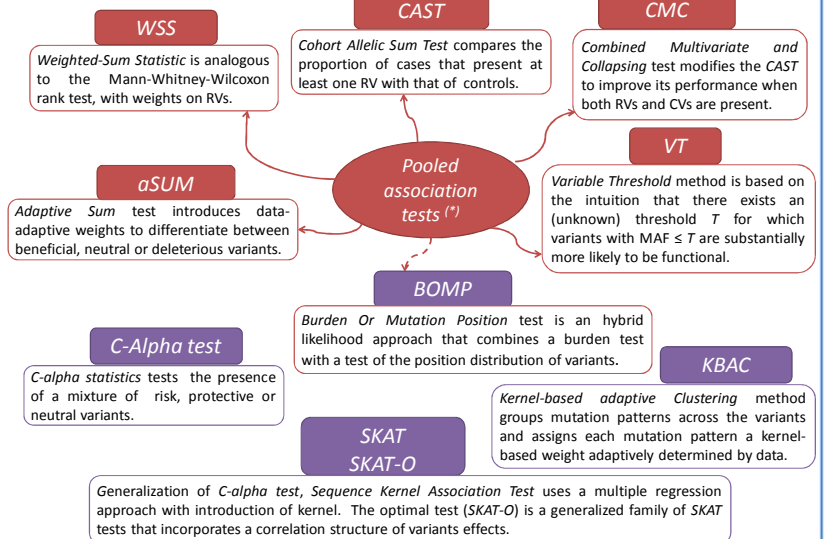


Test	Pool	MAF threshold	Sensitive to +/-	weights	Permut	Refs
CAST	yes	fixed	no	no	no	1
CMC	yes	fixed	no	no	poss. (*)	2
WSS	yes	no	no	yes	yes	3
aSUM	yes	no	yes	poss.	yes	4
VT	yes	variable	no	no	yes	5
KBAC	no	fixed	no	yes	yes	6
C-Alpha	no	fixed	yes	poss.	yes	7
SKAT	no	no	yes	poss.	poss.	8
SKAT-O	no	no	yes	poss.	poss.	9
BOMP	hybrid	no	yes	poss.	yes	10

(*) poss.: possible, but not necessarily by default.

Summary of properties of the tests for RVs to be compared:

Whether pooling over variants, using a MAF threshold to define RVs, sensitive to association directions (+/-), whether possible use of weights, requiring permutations for p-value calculations and references for more details.



Data

Simulated data

Genotypes and phenotypes generated as in (11), 6 main scenarios, sub-divided into several scenarios, 500 independent replicates, test significant level $\alpha = 5\%$, 500 permutations for permutation-based methods:

- sample size 500 cases and 500 controls;
- 8 causal RVs, $p \in \{0.4, 0.8, 16, 32\}$ non causal RVs;
- $\rho = 0$ independent or $\rho = 0.9$ in Linkage Disequilibrium (LD).

Variant category	RV	LFV (Low Frequency Variant)	CV (Common Variant)
MAF	[0,001; 0,01]	[0,01; 0,05]	[0,05; 0,1]

Scenario 1: Independent RVs: no LD between RVs.

Scenario 2: RVs in LD: all RVs (both causal and non-causal) correlated.

Scenario 3: No LD between causal RVs and non-causal RVs: causal RVs correlated, non-causal RVs correlated.

Scenario 4: Independent RVs and LFVs (non-causal): independent RVs and 4 non-causal LFVs.

Scenario 5: Independent RVs and LFVs: independent RVs and 4 LFVs (3 non-causal and 1 causal).

Scenario 6: Independent RVs, LFVs and CVs: independent RVs, 4 non-causal LFVs and 2 non-causal CVs.

Evaluation:

- Type I error rate analysis (OR=1 in the logistic regression model generating phenotypes: null case);
- Empirical power analysis (OR≠1: non-null cases).

Real sequencing data

Cardiac arrhythmias

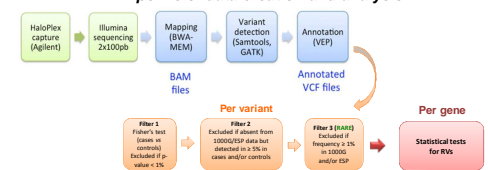
Population sampling design

167 Controls
Calcific Aortic Valve
Stenosis patients (CAVS)

Targeted sequencing design

167 Cases
Brugada syndrome patients (BrS)
163 targeted genes
Brugada syndrome: a rare heritable arrhythmia syndrome associated with an increased risk of sudden cardiac death (12).

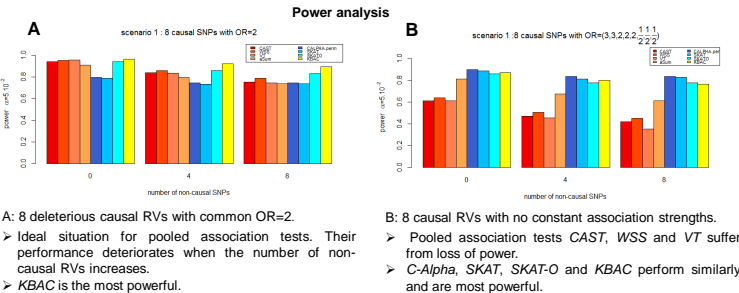
Pipeline of data creation and analysis



After preprocessing, 135 matrices (one per studied gene) 1 to 280 variants in column and the 334 patients in line.

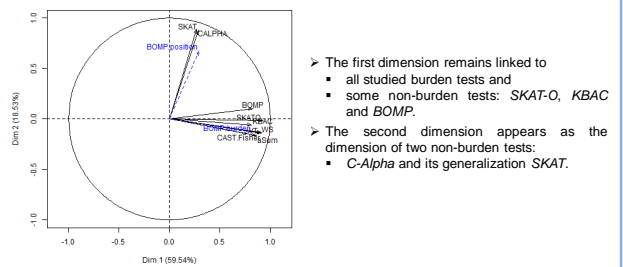
Results

Scenario 1: Satisfactory Type I error rates for all tests.



Correlation PCA on $-\log_{10}(p\text{-values})$ matrix

135 genes x tests for RVs - MAF threshold defining RVs = 0,01



- The first dimension remains linked to
 - all studied burden tests and
 - some non-burden tests: SKAT-O, KBAC and BOMP.
- The second dimension appears as the dimension of two non-burden tests:
 - C-Alpha and its generalization SKAT.

Conclusion and Perspectives

- Simulated data:** simulations are time-consuming even with the use of parallel computing! Perspectives: tests comparison for all scenarios and also for a population genetics model.
- Real sequencing data:** detection of differences between tests in a practical set-up. It reveals difficulties linked to preprocessing steps and also to the experimental design (choice of controls). Perspectives: recommendations on the use of RVs tests and strategy to detect RVs on real data.
- The definition of a more powerful test depends on the unknown truth (of the association pattern): improvements to existing tests like adaptive tests are needed!

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