

Replication and Collaboration

- Three models of collaboration
 - Put data out there (SHARe)
 - Organize consortium prospectively (CARE)
 - Encourage collaboration (STAMPEED), but need to provide infrastructure
- Facilitating rapid replication
 - Lab infrastructure, queuing
 - Availability and type of samples
 - Whom to type
 - Agreement to do very rapidly
 - Established resource

Challenges of Attempting Replication in Different Populations or Settings

- Beware of blaming lack of association on differences in exposures or populations
- Issues in replication can raise intriguing scientific questions
 - Note lack of association of FTO in DGI diabetes scan due to controlling for obesity
 - Differences in population genetics can influence ability to confirm finding, especially with alleles at very high frequency
 - SLC30A8 in African sample due to 97% allele frequency
 - 8q24 rs6983267 risk allele for prostate cancer is 96% in African-Americans

Cross-Study Analyses

- Imputation for cross-platform comparisons essentially solved problem but need to do actual genotyping in lab before reporting
- How to temper over-blown expectations of GWA studies?
- Importance of reliable, standardized phenotyping—can come out of this meeting?
 - Changes over time
 - Major issue 50 years from now
 - Addition of comorbidity data to clinical studies?
- Need to plan in advance for in silico comparisons, to ensure compatibility of formats, genotypes, phenotypes

Follow-Up Studies

- High-throughput sequencing available now, still have need for better methods of targeted sequencing
- When is the right time to develop animal models for effect on phenotype
- Animal models have limits– Huntington's CAG repeat doesn't reproduce phenotype in mouse
- Establishing causality for small effect size loci is challenging
- Methods for detecting non-SNP variation

Follow-Up Studies: Three Types of Sequencing

- Common allele driving your association, may be SNP in LD to those typed and MAF > 3-4%: sequence through area of LD in modest number ($n \sim 96$)
- May be other haplotypes not in LD affecting function: look in functional unit (gene) outside LD block, still for common SNPs ($n \sim 100$)
- What if multiple rare alleles affecting function: targeted sequencing in areas not tolerant of variation ($n \sim 1,000$), esp extreme phenotypes

Data Sharing

- Earlier you can start on formulating data for sharing the better
- dbGaP happy to help you, starting with those willing to share
- Technically easier to put data together from outset rather than trying to connect post facto
- Versioning of datasets will occur
- Culture shift regarding impact on careers—positive aspects in NIA Parkinsons study
- De-identifying tough especially with image data
- Challenges of linking samples in repositories to datasets – should we pursue

Consent/Approval

- Problems with proprietary consents
- Framingham experience with proposed privatization
- Why consents are limited to one condition: IRBs and community concerns
- Consents specifying that results not to be provided may not be “liberating”
- Value of intermediate step of Technical Advisory Group review in GAIN
- How to deal with time limited consent in sharing

Consent/Approval (2)

- Every individual in one and only one consent category for dbGaP– need meticulous records
- No tribal consultation policy estab by NIH
- Value of working with patient organizations
- Community involvement has to be ongoing process, not one-time thing
- Biggest problem is getting controls
- What if there are conflicting consents in one ppt?
- Cultural sensitivities in minorities and foreign settings, religious concerns?
- Acceptability of narrower consents?

Unanswered Questions that May Need Further Investigation

- Utility of convenient freezer controls?
- Exploring the role for weighting for functional or known SNPs
- Can we develop an “alpha spending function” similar to sequential analyses of clinical trials, for GWA?
- What is the value of heritability in justifying GWAS and complex diseases?
- How should public health importance of trait weigh in decisions on replication?

Unanswered Questions that May Need Further Investigation (2)

- Importance and weighting of joint analysis versus any single study?
- How many scans of a given well-studied complex disease do we need?
- Reverse direction of function to association—MDM2 related to TP53 and cancer but not associated?
- What do complex consent forms do to participation rates, especially for controls?

Things We at NIH Can Do

- Making association results available, esp negative ones
- Need repository of negative studies– importance of denominator of studies
- Provide infrastructure funding for collaborations and consortia– critical for young investigators
- Give priority to funding studies that collaborate or are part of consortia
- How do we deal with ‘hostile’ takeovers when academic collaborations are challenged by commercial interests?

Things We at NIH Can Do (2)

- Supplement for re-consent, set timetables
- Support strategic genotyping
- Make sure DNA and samples collected in large-scale studies and trials
- Pre-publication analysis in dbGaP such as imputation, phenotype harmonization
- Can set up for rapid response— set aside repository samples waiting for replication
- Need for standardization of phenotypes for cross-study analyses

Things We at NIH Can Do (3)

- Stimulate better methods of targeted sequencing
- Extensively sequence HapMap samples to identify common SNPs— avoid redundant sequencing attempts
- Prospectively set up data collection process to be suitable for dbGaP
- Need to capture experience of data sharing
- Provide straw person consent elements— general use, sharing, genetics, future use, not discarded

Things that Can Come Out of This Meeting: Action Items

- Catalog GWA studies going on or planned
- Better (or at least standardized) phenotyping...
- Shift playing field to protect young investigators

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