

Genomic Approaches to the Study of Complex Genetic Diseases

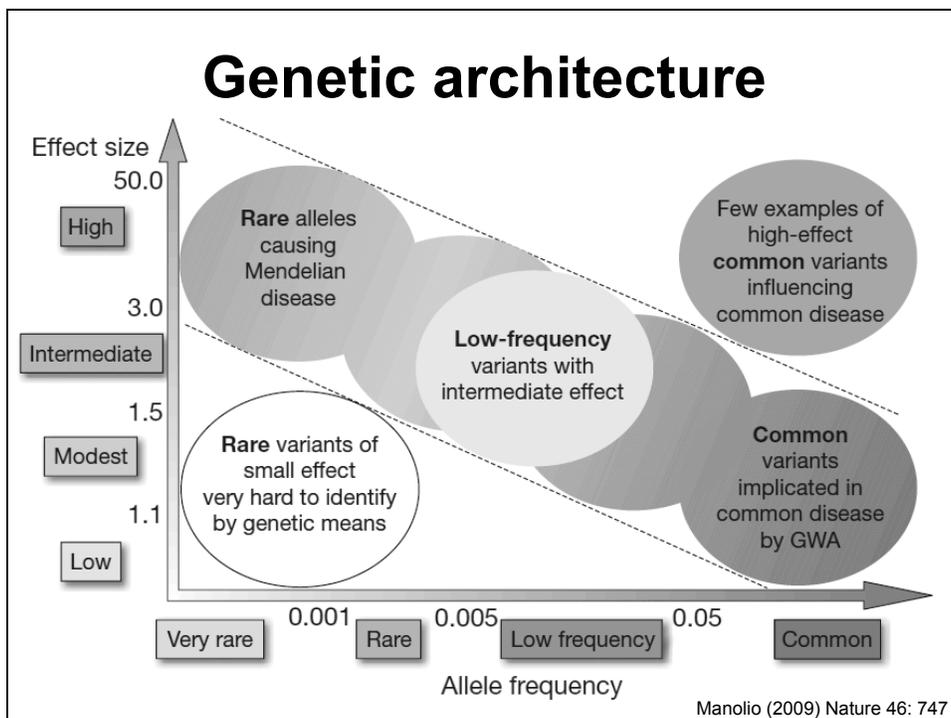
Karen Mohlke, PhD
Department of Genetics
University of North Carolina
April 23, 2014



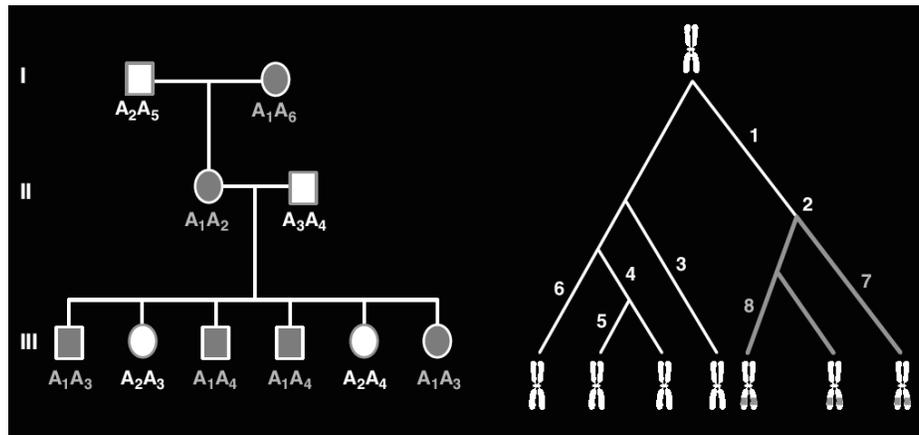
Current Topics in Genome Analysis 2014

Karen Mohlke

*No Relevant Financial Relationships with
Commercial Interests*



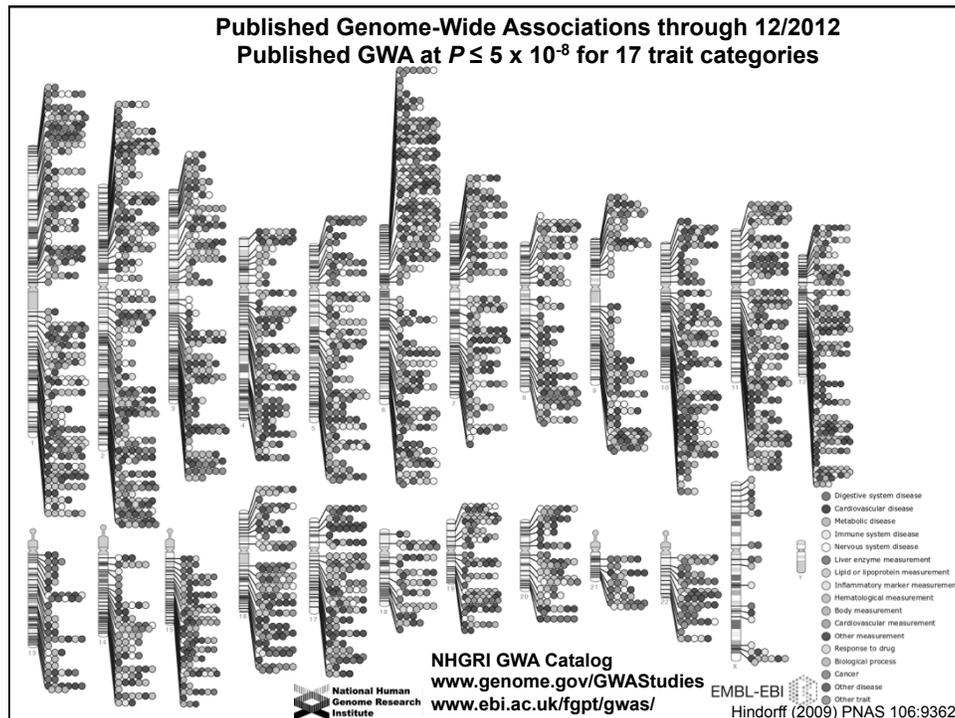
Gene mapping in populations



Altshuler and Clark (2005) Science 307:1052

Genome-wide association study goals

- Test a large portion of the common single nucleotide genetic variation in the genome for association with a disease or variation in a quantitative trait
- Find disease/quantitative trait-related variants without a prior hypothesis of gene function



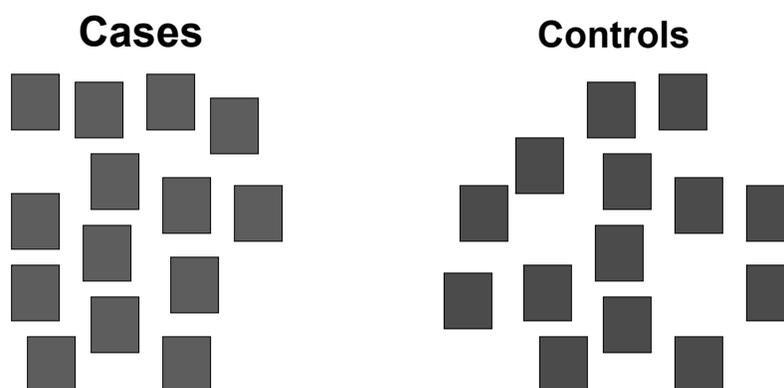
Outline

- **Genome-wide association study design**
 - Samples/study participants
 - Genotyping
 - Tests of association
 - Imputation and meta-analysis
- **Interpretation of results**
 - Effect size and significance
 - Example locus characteristics
- **Sequencing/rare variant studies**

Study design depends on disease or trait

- **Disease (case/control)**
 - Rare
 - Common
- **Quantitative traits**
 - Easy to measure: Weight, height
 - Requires testing: Coronary artery thickness
 - Requires experiment: Gene expression

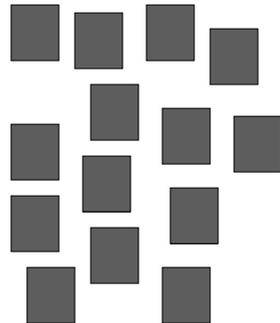
Selection of cases and controls



Cases and controls should be comparable in other respects except disease status.

Selection of cases

Cases

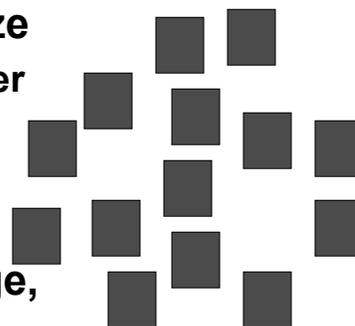


- **Potential criteria to enrich genetic effect size**
 - More severely affected individuals
 - Require other family member to have disease
 - Younger age-of-disease onset

Selection of controls

- **Potential criteria to enrich genetic effect size**
 - Low risk of disease rather than population-based samples
- **Matched to cases on age, sex, demographics**

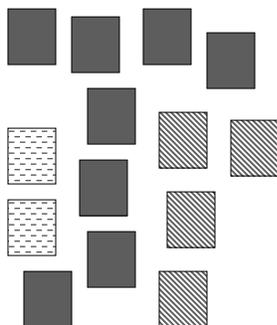
Controls



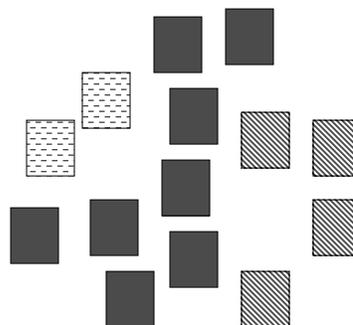
See McCarthy (2008) for the effect of selection of controls on power and sample size.

Comparable ancestry

Cases

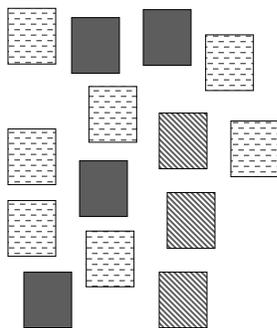


Controls

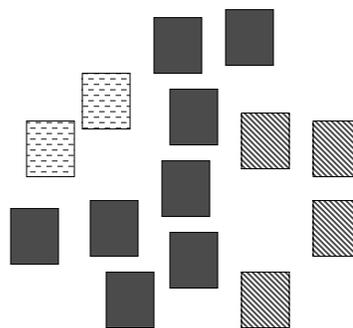


Ancestry differences

Cases



Controls



May have inadequate ancestry information prior to genotyping

Population stratification

- Systematic differences in allele frequencies between subpopulations that may be due to different ancestry
- Can produce spurious associations in case-control studies

Population stratification

Example: IgG haplotype 'Gm' association with type 2 diabetes in Gila River Indian Community

Presence of Gm marker associated with lower prevalence of diabetes

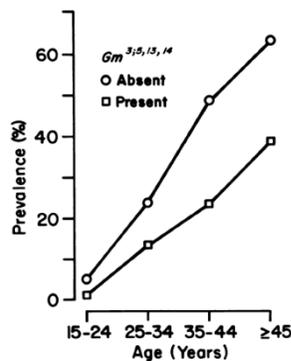


Figure 1 Prevalence of diabetes by age and the presence of the haplotype $Gm^{3,5,13,14}$ among residents of the Gila River Indian Community.

Apparent association with diabetes is due to an association between Gm marker and amount of Indian heritage

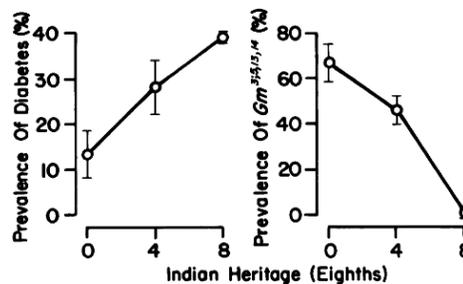


Figure 3 Age-adjusted prevalence (± 1 standard error) of diabetes (left) and of $Gm^{3,5,13,14}$ (right), according to Indian heritage, among residents of the Gila River Indian Community.

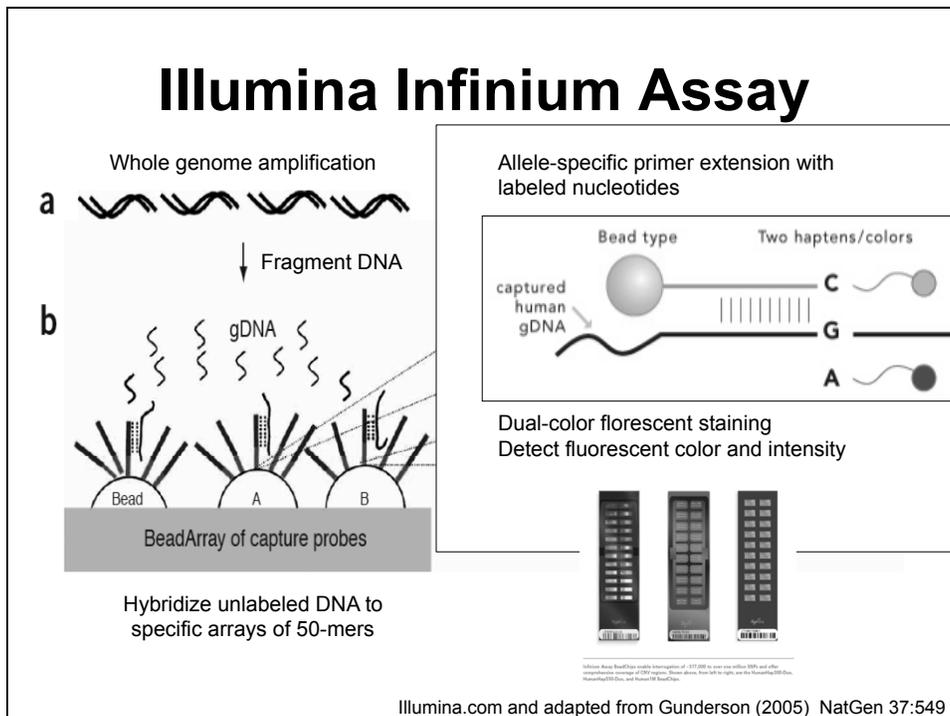
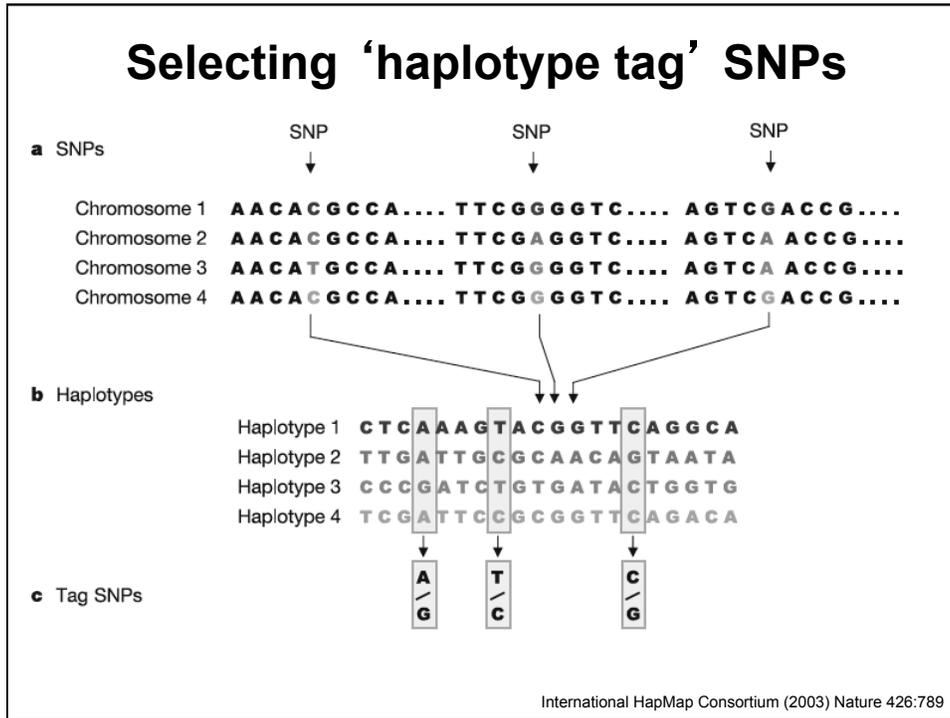
Knowler (1998) AJHG 43:520

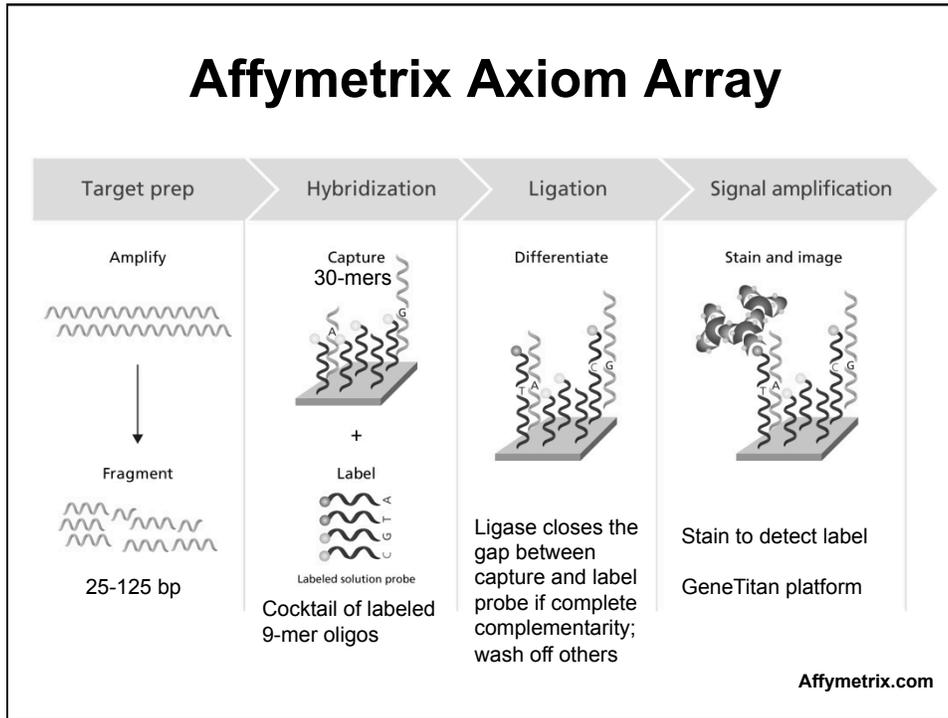
Account for or avoid population stratification

- **Match cases with controls**
- **Restrict to one subgroup**
- **Adjust for genetic background**
 - Use principle components (PCs) to infer ancestry from genotype data and adjust for PCs in association analysis
- **Family-based study design – genotype relatives and analyze transmission of alleles from heterozygous parents to offspring**
 - Transmission disequilibrium test (TDT), family-based association test (FBAT)

Genome-wide SNP panels

- **10,000 - 5 million SNPs**
- **Affymetrix, Illumina**
 - **Random SNPs**
 - **Selected haplotype tag SNPs**
 - **Copy number probes**
 - **More lower frequency variants**
 - **Exome variants**
 - **Some arrays allow SNPs to be added**





Global genomic coverage

Global coverage (%) by SNP chips

SNP chip	CEU	CHB+JPT	YRI
SNP Array 5.0	64	66	41
SNP Array 6.0	83	84	62
HumanHap300	77	66	29
HumanHap550	87	83	50
HumanHap650Y	87	84	60
Human1M	93	92	68

Percent of SNPs present on the chip or tagged at $r^2 > 0.8$ by at least one SNP in the chip within 250 kb

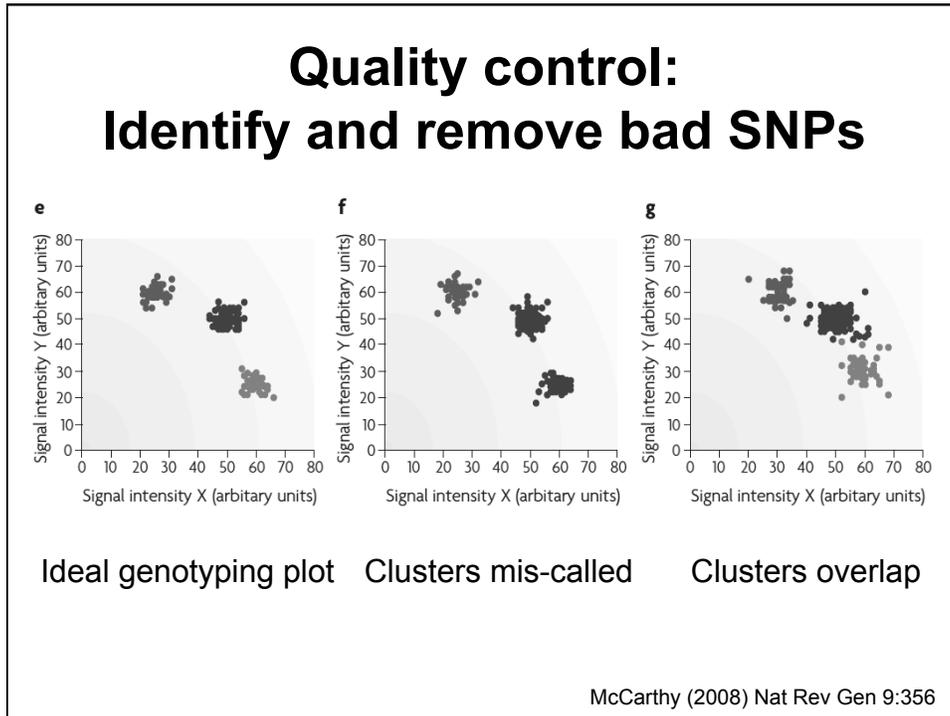
Li (2008) EJHG 16:625

Quality control: Identify and remove bad samples

- **Poor quality samples**
 - Sample success rate < 95 %
 - Excess heterozygous genotypes
- **Sample switches**
 - Wrong sex
- **Unexpected related individuals**
 - Pair-wise comparisons of genotype similarity
 - Duplicates
- **Ancestry different from the rest of sample**

Quality control: Identify and remove bad SNPs

- **Genotyping success rate < 95%**
- **Different genotypes in duplicate samples**
- **Expected proportions of genotypes are not consistent with observed allele frequencies**
- **Non-Mendelian inheritance in trios**
- **Differential missingness in cases and controls**



Test for association

- Differences between cases & controls

	AA	AC	CC
Case			
Control			

- Ex. Cochran-Armitage test for trend
- Covariates (age, sex, ...)
- Other genetic models

Odds ratio

- Surrogate measure of effect of allele on risk of developing disease

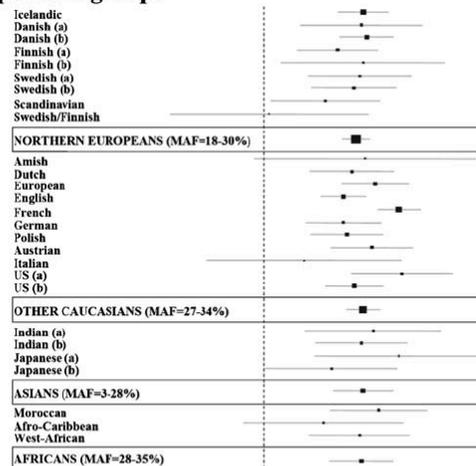
Allele	A	C	Total
Case	860	1140	2000
Control	1000	1000	2000
Total	1860	2140	4000

Odds of C allele given case status = $\frac{\text{Case C}}{\text{Case A}}$
 Odds of C allele given control status = $\frac{\text{Control C}}{\text{Control A}}$

$$\text{Odds Ratio} = \frac{\text{Case C} / \text{Case A}}{\text{Control C} / \text{Control A}} = \frac{1140 / 860}{1000 / 1000} = 1.33$$

Association study odds ratio plot

Population groups



References

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Cauchi, *current study*, 2007
 Humphries, *J. Mol. Med.*, 2006
 Helgason, *Nat. Genet.*, 2007

SUMMARY

1.46 [1.42-1.51] ($P=5.4 \times 10^{-140}$)

Odds Ratio (T2D)

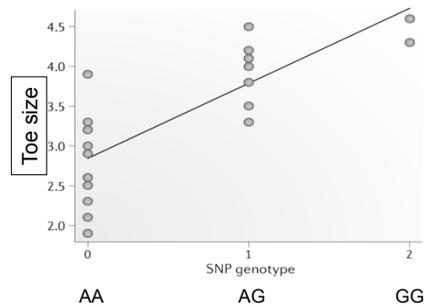
J Mol Med (2007) 85:777-782

Linear regression

$$y = \beta_0 + \beta_1 x$$

$$\text{Trait} = \beta_0 + \beta_1 \text{SNP}_1$$

$$\text{Toe size} = \beta_0 + \beta_1 \text{rs123456}$$



Linear regression

$$y = \beta_0 + \beta_1 x$$

$$\text{Trait} = \beta_0 + \beta_1 \text{SNP}_1$$

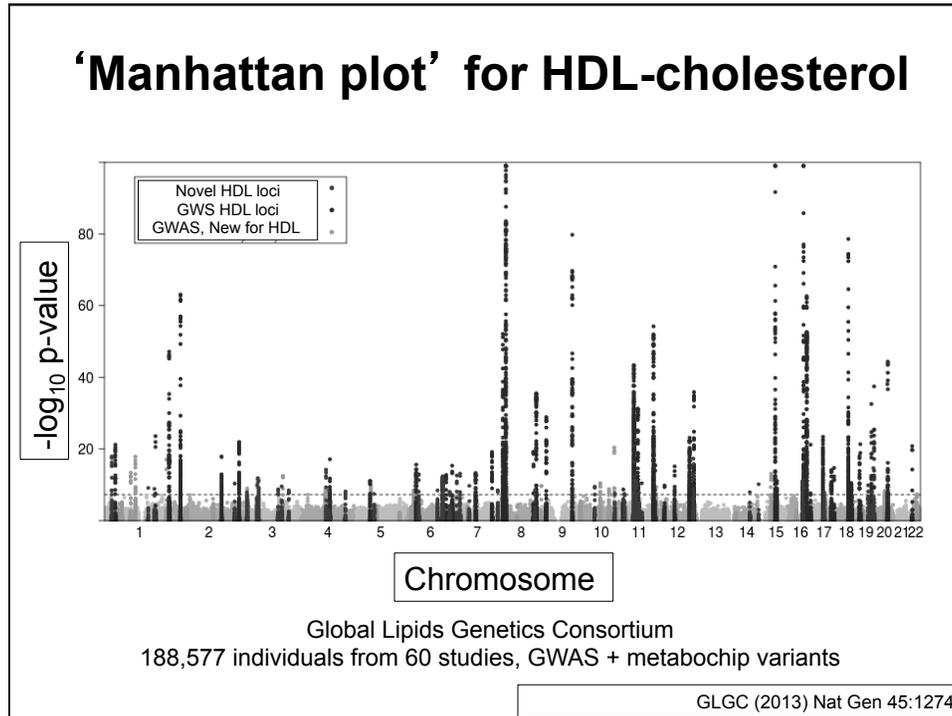
$$\text{Toe size} = \beta_0 + \beta_1 \text{rs123456}$$

$$\text{Toe size} = \beta_0 + \beta_1 \text{rs123456} + \beta_2 \text{sex} + \beta_3 \text{age} + \beta_4 \text{age}^2 + \beta_5 \text{BMI}$$

↑ covariates ↑

- **Assumptions**

- Trait is normally distributed for each genotype, with a common variance
- Subjects independent (e.g. unrelated)



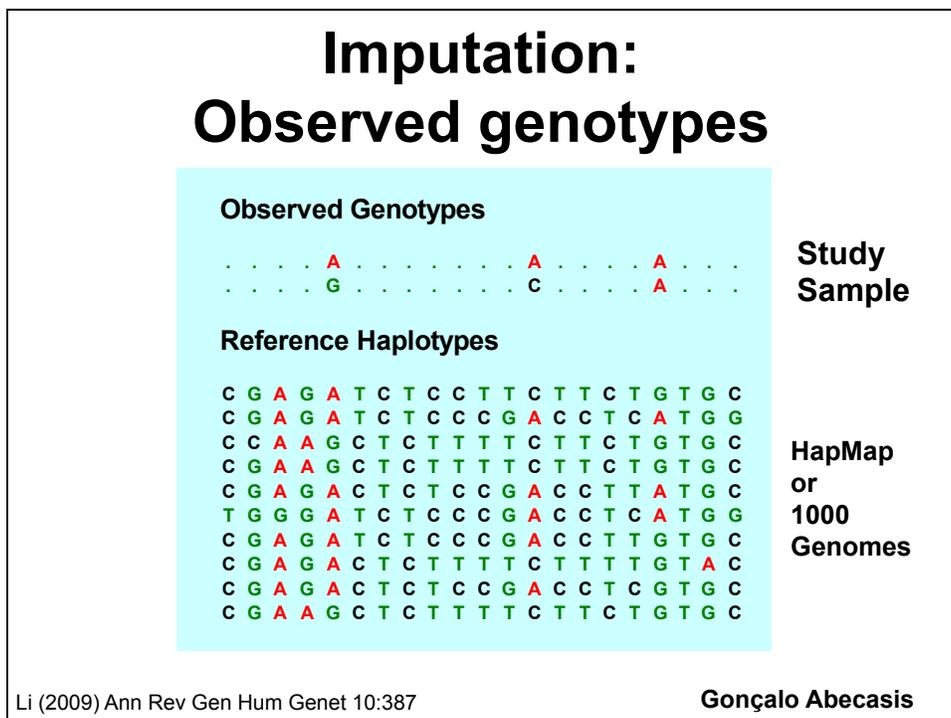
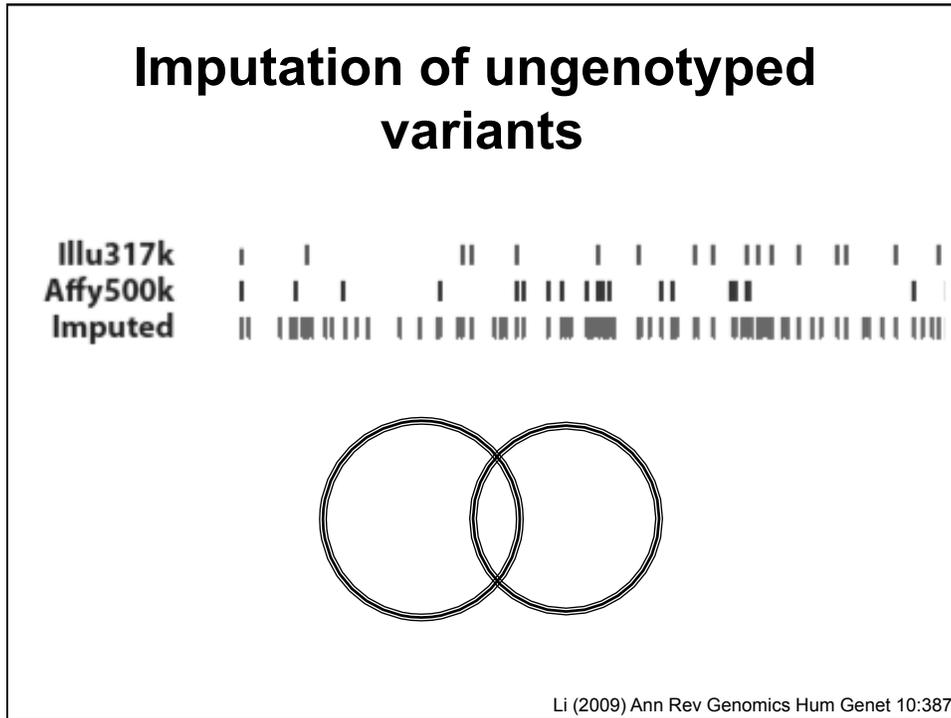
Multiple testing

- Genotype and test > 300K – 5M SNPs
- Correct for the multiple tests

$$\underline{\text{.05 } P\text{-value}} = 5 \times 10^{-8}$$

~1 million common SNPs

- Need large effect or large sample size



Identify match among reference

Observed Genotypes

. A A A
 G C A

Reference Haplotypes

C G A G A T C T C C T T C T T C T G T G C
C G A G A T C T C C C G A C C T C A T G G
 C C A A G C T C T T T T C T T C T G T G C
 C G A A G C T C T T T T C T T C T G T G C
 C G A G A C T C T C C G A C C T T A T G C
 T G G G A T C T C C C G A C C **T C A T G G**
 C G A G A T C T C C C G A C C T T G T G C
 C G A G A C T C T T T T C T T T T G T A C
 C G A G A C T C T C C G A C C T C G T G C
C G A A G C T C T T T T C T T C T G T G C

Li (2009) Ann Rev Gen Hum Genet 10:387

Gonçalo Abecasis

Phase chromosomes, impute missing genotypes

Observed Genotypes

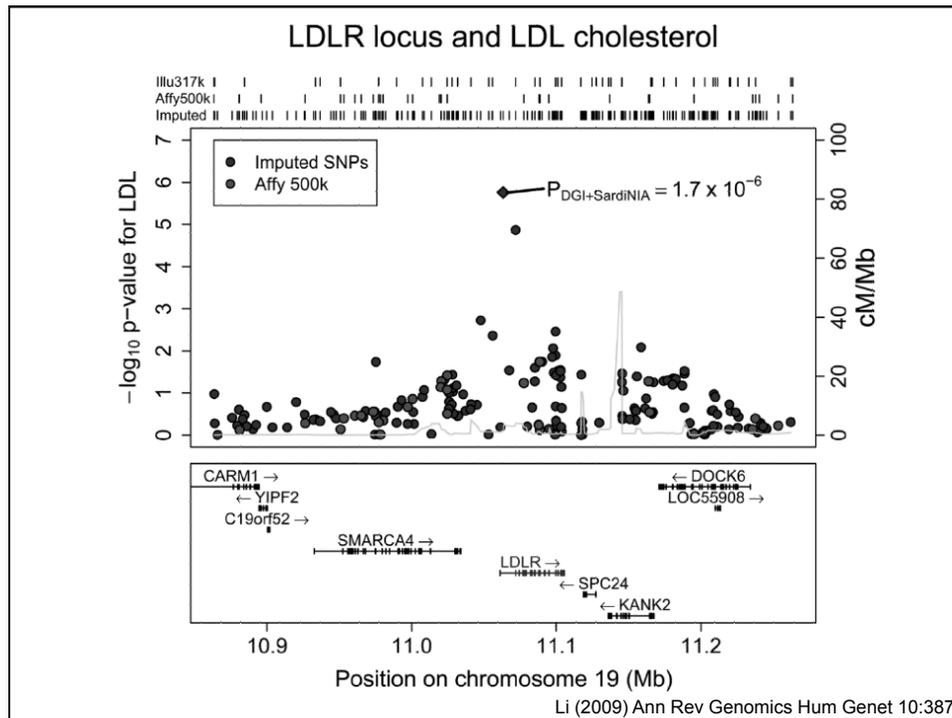
c g a g A t c t c c c g A c c t c A t g g
c g a a G c t c t t t t C t t t c A t g g

Reference Haplotypes

C G A G A T C T C C T T C T T C T G T G C
C G A G A T C T C C C G A C C T C A T G G
 C C A A G C T C T T T T C T T C T G T G C
 C G A A G C T C T T T T C T T C T G T G C
 C G A G A C T C T C C G A C C T T A T G C
 T G G G A T C T C C C G A C C **T C A T G G**
 C G A G A T C T C C C G A C C T T G T G C
 C G A G A C T C T T T T C T T T T G T A C
 C G A G A C T C T C C G A C C T C G T G C
C G A A G C T C T T T T C T T C T G T G C

Li (2009) Ann Rev Gen Hum Genet 10:387

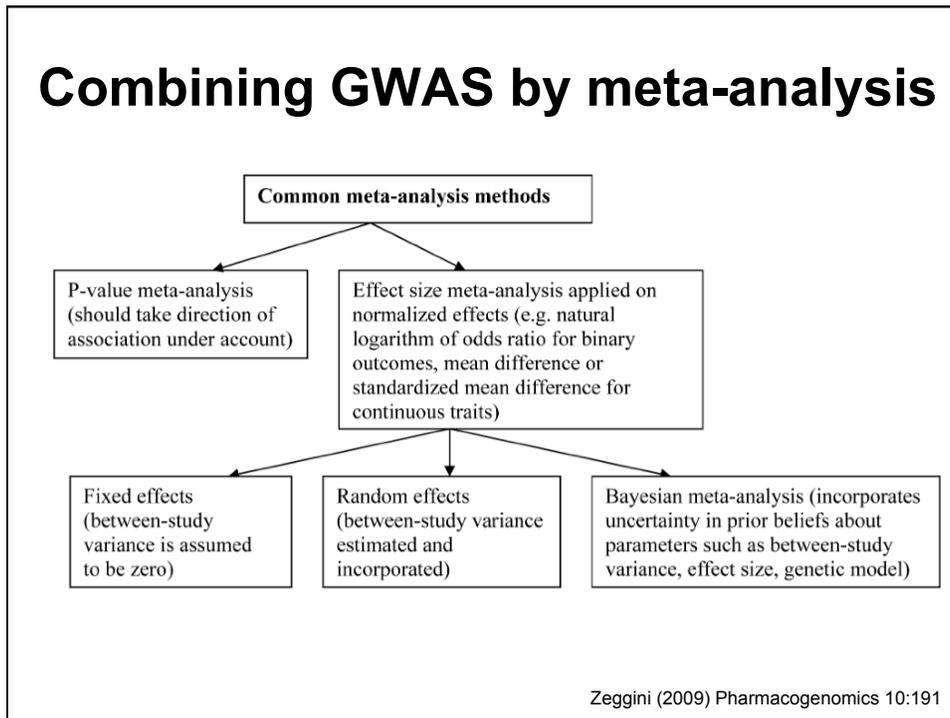
Gonçalo Abecasis



Combining GWAS by meta-analysis

- **Combine studies giving more weight to studies with greater precision**
- **Increase power vs individual studies**
- **Can investigate consistency of effects across studies**
- **Potential sources of heterogeneity:**
 - **Phenotype definitions are different**
 - **Different genotyping and analysis strategies**
 - **Environmental effects may differ**

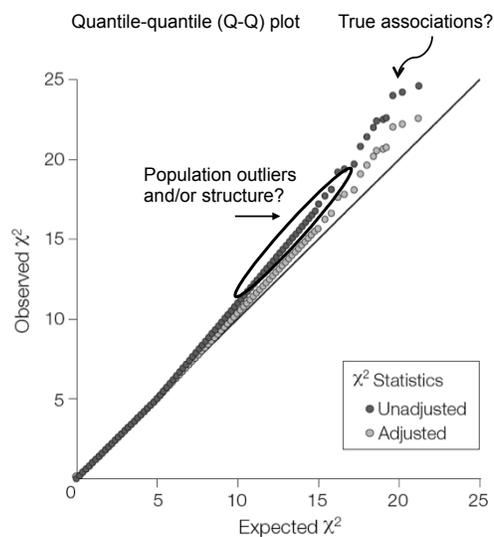
Combining GWAS by meta-analysis



Another chance to adjust for population stratification: genomic control

- Devlin and Roeder (1999) proposed that with population structure, the distribution of Cochran-Armitage trend tests, genome-wide, is inflated by a constant multiplicative factor λ .
- That factor can be estimated from the association results $\lambda = \text{median}(\chi_i^2)/0.456$.
- Inflation factor $\lambda > 1$ indicates population structure, unknown relatives or other errors.
- The tests of association can be adjusted by this factor.

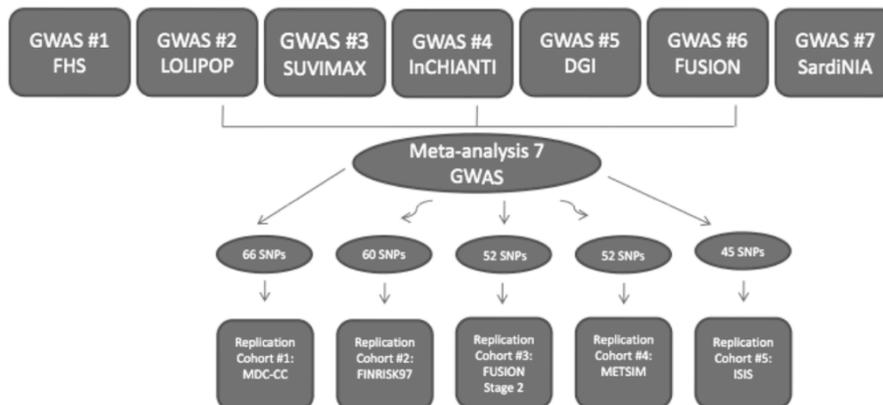
$$\chi_{i \text{ adjusted}}^2 = \chi_i^2 / \lambda$$



Devlin & Roeder (1999) Biometrics 55:997; Pearson (2008) JAMA 299:1335

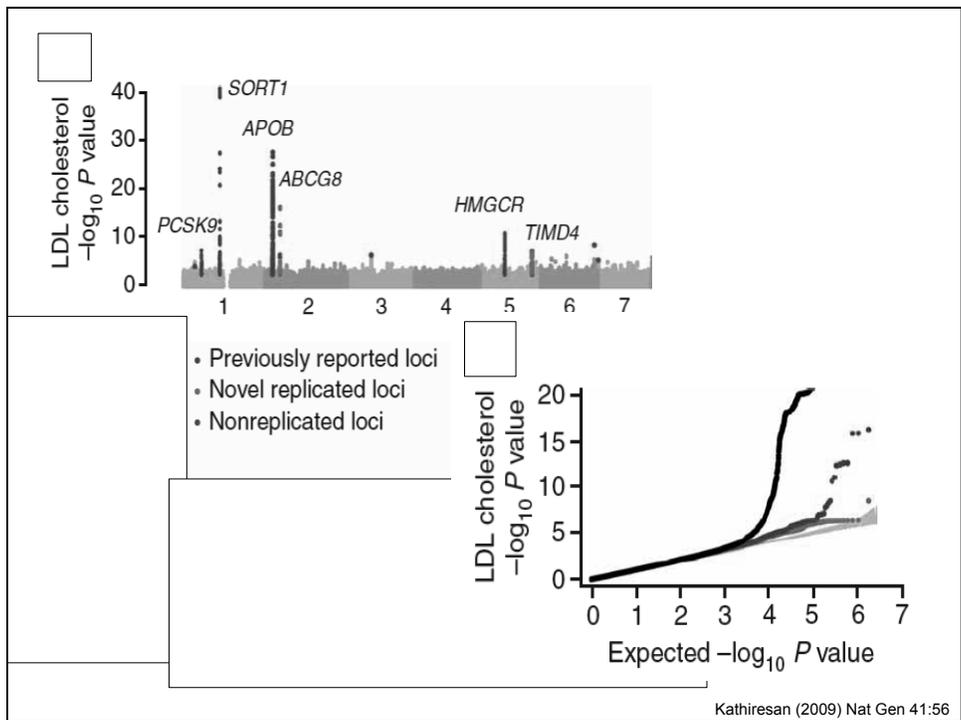
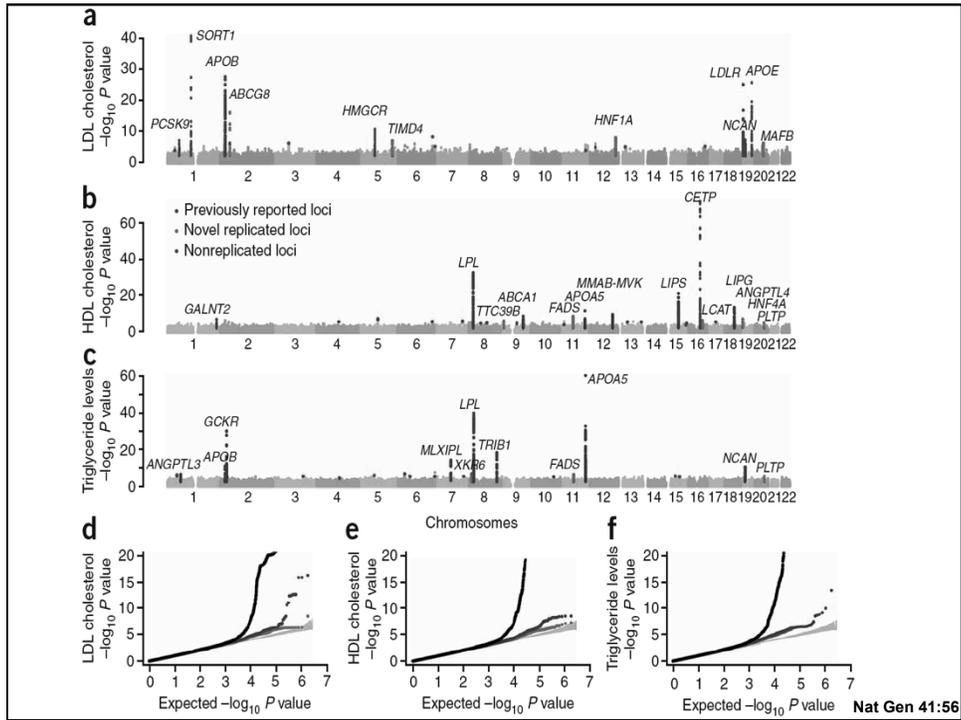
Outline

- **Genome-wide association study design**
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- **Interpretation of results**
 - Effect size and significance
 - Example locus characteristics
- **Sequencing/rare variant studies**



GWA in ~19,840 individuals
Follow-up in ~20,623 individuals

Kathiresan (2009) Nat Gen 41:56



Effect size and significance

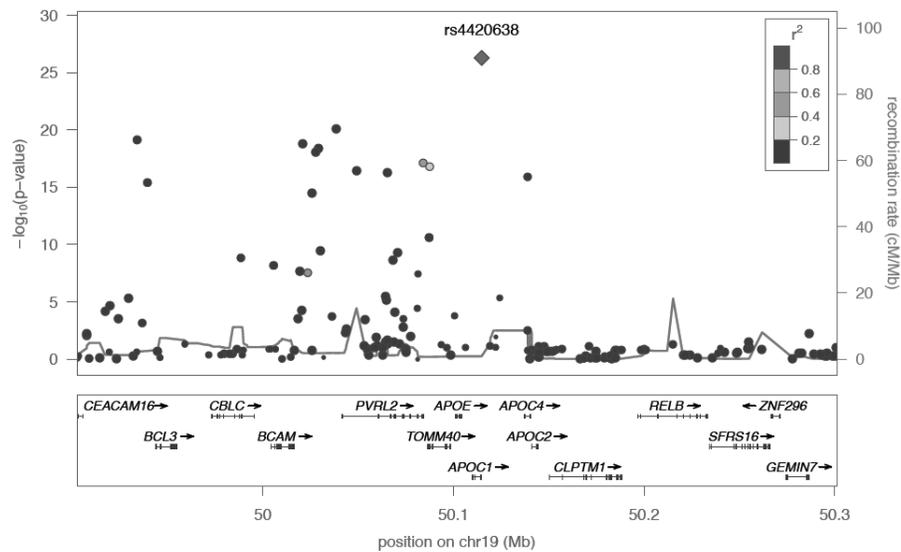
Trait	Chr.	SNP	P for combined stage 1 + 2 association	Combined stage 1 + 2 sample size	Associated interval size, kb (no. of genes within interval)	Gene(s) of interest within or near associated interval	FHS effect size estimates ^a	
							Major allele, minor allele (MAF)	Effect size for minor allele (s.e.m.) ^b
Newly identified common SNPs ^d								
LDL	2p21	rs6544713	2×10^{-20}	23,456	52 (2)	<i>ABCG8</i>	C, T (0.32) ^c	0.15 (0.02)
LDL	5q23	rs1501908	1×10^{-11}	27,280	153 (2)	<i>TIMD4-HAVCR1</i>	C, G (0.37)	-0.07 (0.02)
LDL	20q12	rs6102059	4×10^{-9}	28,895	104 (0)	<i>MAFB</i>	C, T (0.32) ^c	-0.06 (0.02)
LDL	12q24	rs2650000	2×10^{-8}	39,340	112 (3)	<i>HNFI1A</i>	C, A (0.36)	0.07 (0.02)
Loci with definitive prior association evidence								
LDL	1p13	rs12740374	2×10^{-42}	19,648	85 (4)	<i>CELSR2, PSRC1, SORT1</i>	G, T (0.21) ^c	-0.23 (0.02)
LDL	2p24	rs515135	5×10^{-29}	19,648	214 (1)	<i>APOB</i>	C, T (0.20) ^c	-0.16 (0.02)
LDL	19q13	rs4420638	4×10^{-27}	11,881	79 (4)	<i>APOE-APOC1-APOC4-APOC2</i>	A, G (0.16) ^c	0.29 (0.06)
LDL	19p13	rs6511720	2×10^{-26}	19,648	30 (1)	<i>LDLR</i>	G, T (0.10) ^c	-0.26 (0.04)
LDL	5q13	rs3846663	8×10^{-12}	19,648	476 (4)	<i>HMGCR</i>	C, T (0.38)	0.07 (0.02)
LDL	19p13	rs10401969	2×10^{-8}	19,648	503 (18)	<i>NCAN, CILP2, PBX4</i>	T, C (0.06) ^c	-0.05 (0.04)
LDL	1p32	rs11206510	4×10^{-8}	19,629	16 (1)	<i>PCSK9</i>	T, C (0.19)	-0.09 (0.02)

Chr., chromosome; MAF, minor allele frequency.

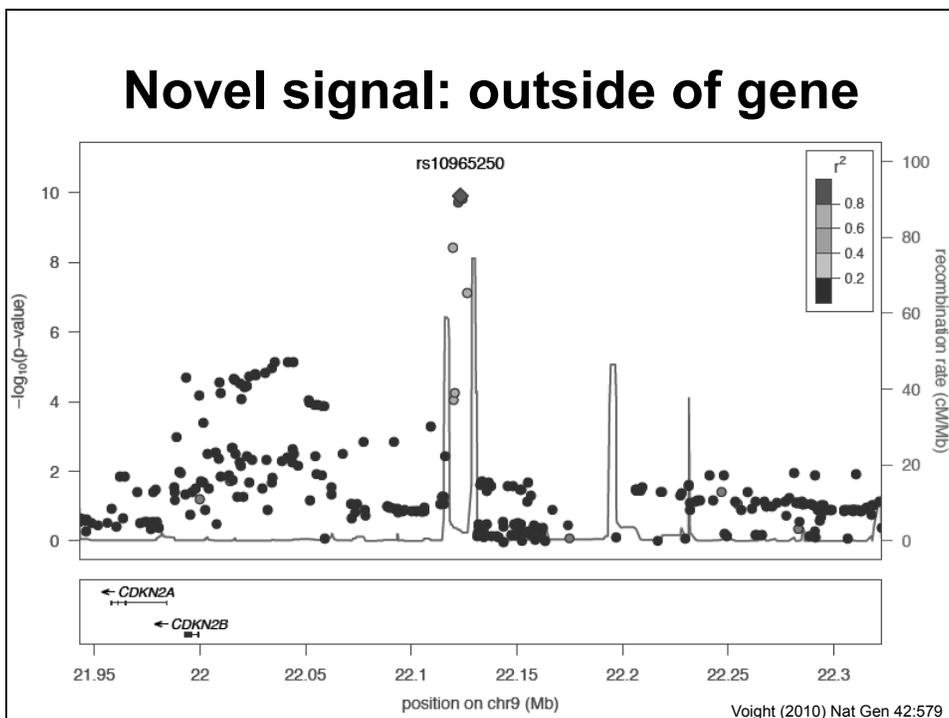
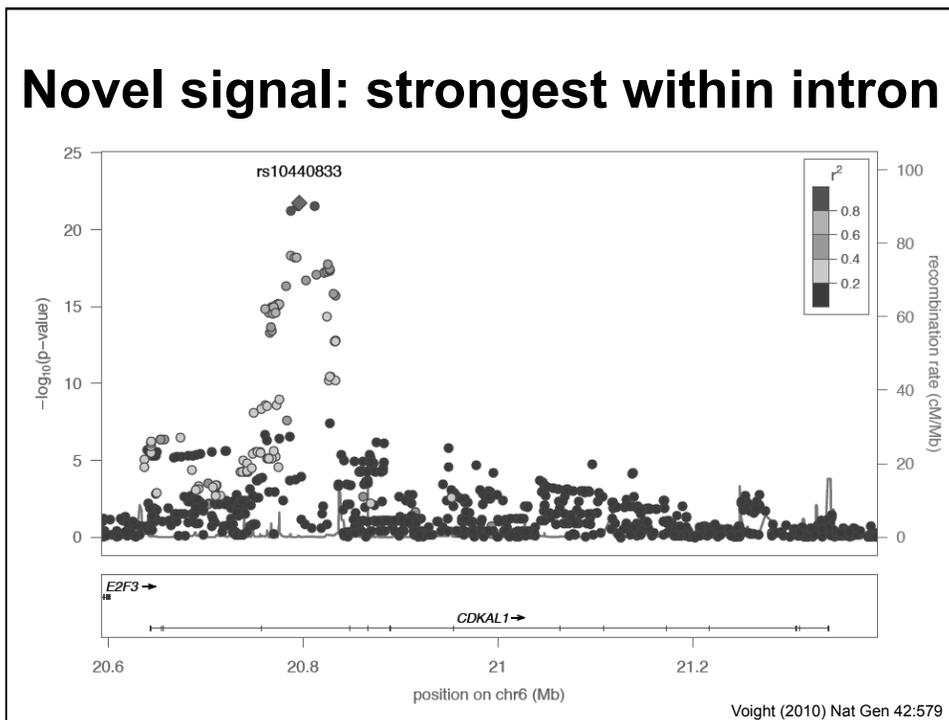
^aEffect size and direction from the FHS, the largest of the stage 1 studies, are presented for illustrative purposes. Alleles for the SNP on the forward strand of the human genome reference sequence (NCBI build 36.2) are shown, and the minor allele at each SNP was modeled. ^bEffect size shown is β -coefficient, which represents change in lipid levels measured in s.d. units (in a sex-stratified analysis after adjustment for age, age² and ten ancestry-informative principal components) per copy of the allele modeled. ^cResults for these SNPs are derived from imputed SNP data. ^dFor five of these loci (*TIMD4-HAVCR1*, *MAFB*, *FADS1-FADS2-FADS3*, *TTC39B* and *XKR6-AMAC1L2*), there is no prior statistical evidence for association with blood lipoprotein concentrations. For the remaining six, there is at least some modest statistical evidence for common SNPs. For these six loci, we provide definitive evidence for common SNPs.

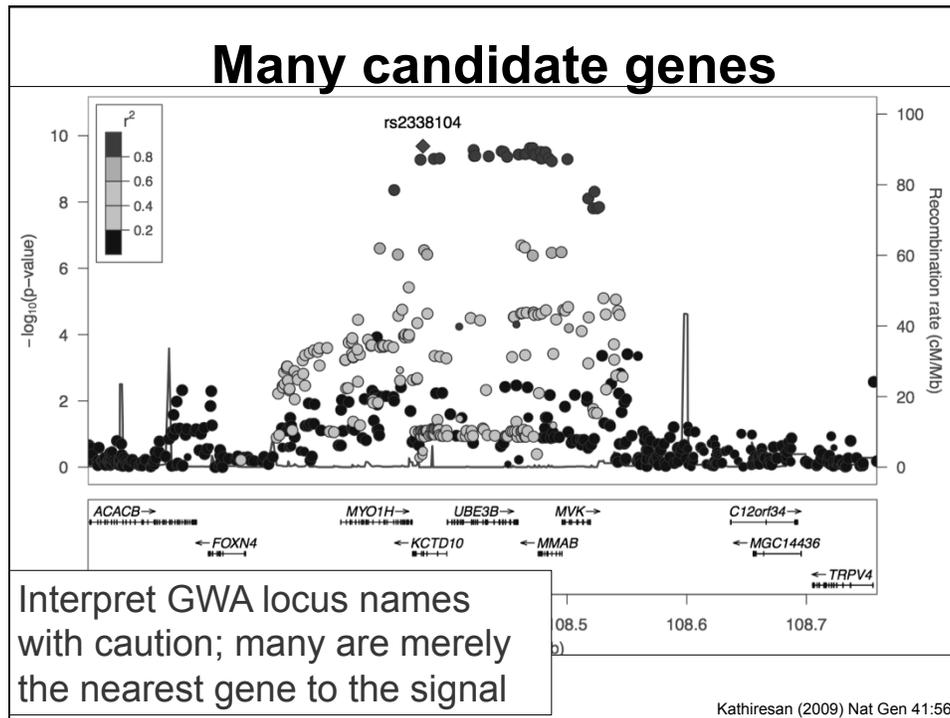
Kathiresan (2009) Nat Gen 41:56

Replicate known association signal APOE and LDL-cholesterol



Kathiresan (2009) Nat Gen 41:56

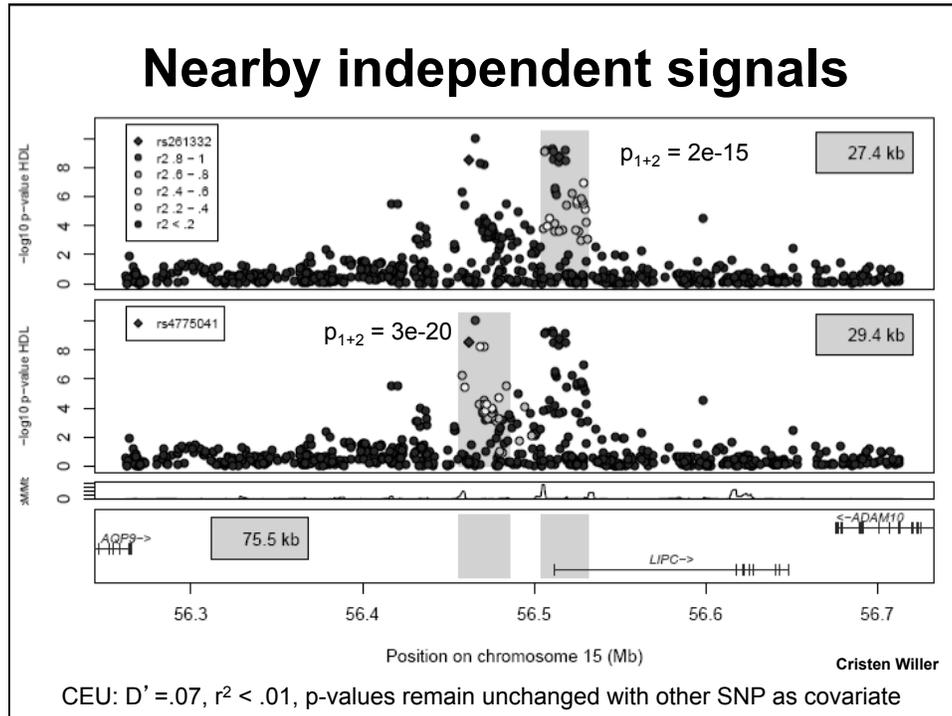




Interpret plausible candidate genes

Locus	Nearest Gene	Nearest Gene (kb)	No. of Genes within 100kb	Literature Candidate	Gene with Nonsynonymous SNP ($r^2 > 0.8$)	eQTL Gene ($P < 5 \times 10^{-4}$)	Pathway Analysis
Loci Primarily Associated with HDL Cholesterol							
<i>PIGV-NROB2</i>	<i>PIGV</i>	13.5	7	<i>PIGV, NROB2</i>	<i>NUDC*, C1orf172*, NROB2</i>		<i>NROB2</i>
<i>HDGF-PMVK*</i>	<i>RRNAD1</i>	0	10	<i>HDGF, CRABP2</i>	<i>HDGF</i>		
<i>ANGPTL1*</i>	<i>C1orf220</i>	0	3				
<i>CPS1</i>	<i>CPS1</i>	0	2		<i>CPS1</i>		<i>CPS1</i>
<i>ATG7</i>	<i>ATG7</i>	0	2				
<i>SETD2</i>	<i>SETD2</i>	0	4		<i>NBEAL2</i>		
<i>RBMS</i>	<i>RBMS</i>	0	4		<i>MST1R*</i>	<i>RBMS</i>	
<i>STAB1</i>	<i>STAB1</i>	0	10	<i>STAB1, NISCH</i>	<i>NISCH</i>		
<i>GSK3B</i>	<i>GSK3B</i>	0	3	<i>GSK3B, NR12</i>			<i>GSK3B</i>
<i>C4orf52*</i>	<i>C4orf52*</i>	131.5	0				
<i>FAM13A</i>	<i>FAM13A</i>	0	2				
<i>ADH5</i>	<i>ADH5</i>	4.9	4			<i>ADH5</i>	
<i>RSPO3</i>	<i>RSPO3</i>	4	1				
<i>DAGLB</i>	<i>DAGLB</i>	0	5	<i>DAGLB</i>		<i>DAGLB</i>	<i>DAGLB</i>
<i>SNX13</i>	<i>SNX13</i>	0	1	<i>SNX13</i>			
<i>IKZF1</i>	<i>IKZF1</i>	0	1	<i>IKZF1</i>			
<i>TMEM176A</i>	<i>ABP1</i>	20.1	5				<i>TMEM176A</i>
<i>MARCH8-ALOX5</i>	<i>MARCH8</i>	0	3	<i>ALOX5</i>	<i>MARCH8</i>		
<i>OR4C46</i>	<i>OR4C46</i>	3.2	2		<i>OR5W2*, OR5D13*, OR5A1*</i>		

GLGC (2013) Nat Gen 45:1274



Conditional analysis

$$y = \beta_0 + \beta_1 x$$

$$\text{Trait} = \beta_0 + \beta_1 \text{SNP}_1 + \beta_2 \text{SNP}_2$$

$$[\text{HDL}] = \beta_0 + \beta_1 \text{rs261332} + \beta_2 \text{rs4775041}$$

$$[\text{HDL}] = \beta_0 + \beta_1 \text{rs261332} + \beta_2 \text{rs4775041} + \beta_3 \text{sex} + \beta_4 \text{age} + \beta_5 \text{age}^2$$

Tests independence of SNP effects

If β_1 changes when β_2 is included in the model,
 then SNP_1 is sometimes inherited with SNP_2

If neither β changes in reciprocal tests, then the
 two SNPs independently affect the trait

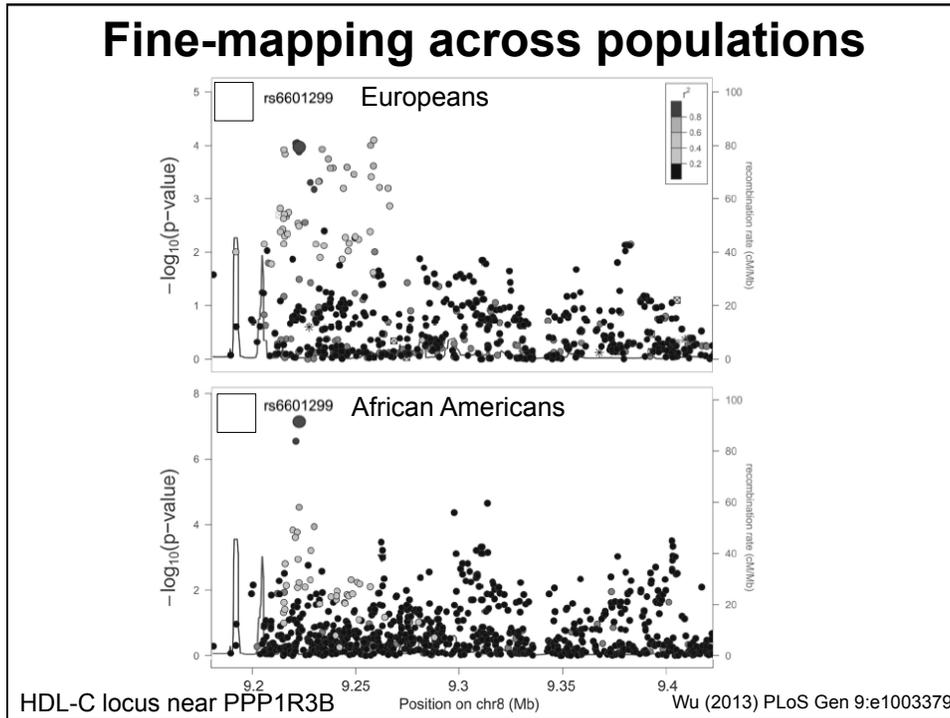


Table 1. Population Variation Explained by GWAS for a Selected Number of Complex Traits

Trait or Disease	h^2 Pedigree Studies	h^2 GWAS Hits ^a	h^2 All GWAS SNPs ^b
Type 1 diabetes	0.9 ⁹⁸	0.6 ^{99, c}	0.3 ¹²
Type 2 diabetes	0.3–0.6 ¹⁰⁰	0.05–0.10 ³⁴	
Obesity (BMI)	0.4–0.6 ^{101, 102}	0.01–0.02 ³⁶	0.2 ¹⁴
Crohn's disease	0.6–0.8 ¹⁰³	0.1 ¹¹	0.4 ¹²
Ulcerative colitis	0.5 ¹⁰³	0.05 ¹²	
Multiple sclerosis	0.3–0.8 ¹⁰⁴	0.1 ⁴⁵	

Use of the current information in clinical practice will be disease dependent

Partial table from Visscher (2012) AJHG 90:12

Outline

- **Genome-wide association study design**
 - Samples/study participants
 - Genotyping
 - Tests of association
 - Imputation and meta-analysis
- **Interpretation of results**
 - Effect size and significance
 - Example locus characteristics
- **Sequencing/rare variant studies**

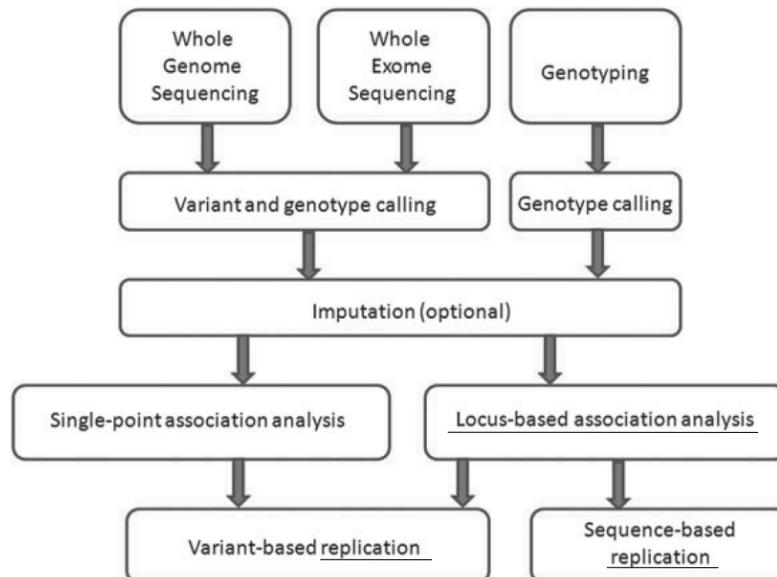


Figure 1. An overview of steps taken in the search for low-frequency and rare variants affecting complex traits.

Panoutsopoulou (2013) Hum Mol Gen 22:R16

Some sequencing study designs for complex traits

- Sequence selected individuals
 - extreme trait values (>95% vs <5% level)
 - cases and controls
- Increase the number of individuals
 - by decreasing sequencing coverage (\$)
 - by collecting rare variants onto a less expensive genotyping array
- Sequence population isolates, where rare variants may have drifted to higher frequencies and LD may be longer

REPORT

Medical Sequencing at the Extremes of Human Body Mass

Nadav Ahituv, Nihan Kavaslar, Wendy Schackwitz, Anna Ustaszewska, Joel Martin, Sybil Hébert, Heather Doelle, Baran Ersoy, Gregory Kryukov, Steffen Schmidt, Nir Yosef, Eytan Ruppin, Roded Sharan, Christian Vaisse, Shamil Sunyaev, Robert Dent, Jonathan Cohen, Ruth McPherson, and Len A. Pennacchio

Sequenced coding regions and splice junctions of 58 genes in 379 obese individuals with mean BMI 49 and 378 lean individuals with mean BMI 19

Found >1000 variants, including 8 in *MC4R* that were subsequently tested for function

Table 4. Functional Characterization of *MC4R* Nonsynonymous Variants in the Obese Cohort

Variant	Sequence	n	Known or Novel	Results of Functional Studies		Summary
				alpha-MSH Activation (EC50)	Basal Activity	
S30F	tgagt[c/t]ccttg	1	Known ¹⁸⁵	Not tested alone ¹⁸²	Not tested alone ¹⁸²	...
G32E	ccttg[g/a]aaaag	1	Novel	.3 nM	70%	Minor
E61K	tgttg[g/a]agaat	1	Novel	Low	≤10%	Severe
S127L	tgact[c/t]ggtga	1	Known ¹⁸²	29 nM	80%	Intermediate
L211Del ^a	ttct[ctct/-]atgt	2	Known ¹⁷⁵	Truncated receptor	Truncated receptor	Severe
P299H ^a	cgatc[c/a]tctga	2	Known ¹⁸²	Negative	≤10%	Severe
A303T	tttat[g/a]cactc	1	Novel	Low	≤10%	Severe
C326R	gcctt[t/c]gtgac	1	Novel	.4 nM	150%	Minor
Wild type3 nM	100%	...

^a Individuals who had the L211Del also had the P299H variant.

Am. J. Hum. Genet. 2007;80:779–791.

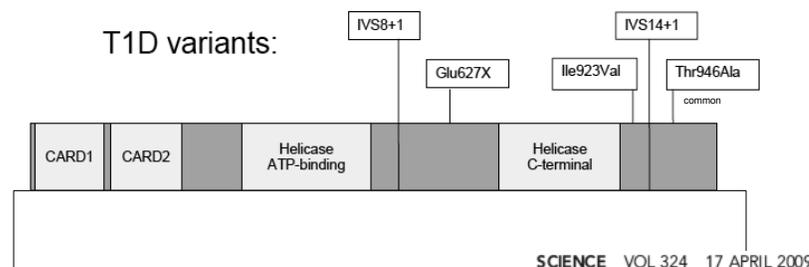
Sequencing at a GWAS locus

- Sequence 'positional candidate' genes in cases & controls or individuals with extreme trait values
- Identify variants in cases (one extreme) that are absent from controls (other extreme)
- Hypothesize that occasional 'smoking gun' variants with strong effect will be identified
- Use evidence that variants affect gene function and lead to the same disease/trait to implicate that gene at the association signal
- Does not require finding the variant(s) responsible for association signal that may have a weaker effect

Rare Variants of *IFIH1*, a Gene Implicated in Antiviral Responses, Protect Against Type 1 Diabetes

Sergey Nejentsev,^{1,2*} Neil Walker,¹ David Riches,³ Michael Egholm,³ John A. Todd¹

Resequenced exons and splice sites of 10 candidate genes
in pools of DNA from 480 pts & 480 controls
Tested variants for association in >30,000 subjects



Rare variants confirmed to be associated with T1D in more samples

Table 2. Association analysis of the four rare *IFIH1* polymorphisms in T1D patients and controls and in families that have one or more offspring with T1D and their parents. Results for additional *IFIH1* SNPs are shown in table S5. CI, confidence interval; T/NT, number of alleles transmitted and nontransmitted to the affected offspring.

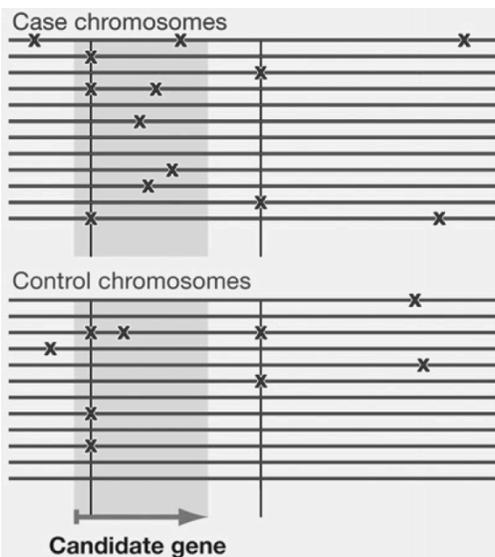
Allele* 1 > 2	Case-control study							Family study		
	11 (%)	12 (%)	22 (%)	MAF (%)	OR (95% CI)†	P value‡	T/NT	RR (95% CI)†	P value§	Combined P value
rs35667974/1923V Exon 14 A > G	T1D	7853 (97.8)	172 (2.1)	3 (0.04)	1.1 (0.43 - 0.61)	1.3 × 10 ⁻¹⁴	67/111	0.60 (0.45 - 0.82)	5.9 × 10 ⁻⁴	2.1 × 10 ⁻¹⁶
	controls	9166 (95.7)	404 (4.2)	4 (0.04)	2.2					
rs35337543/IVS8+1 Intron 8, splice site G > C	T1D	7945 (98.0)	163 (2.0)	0 (0.0)	1.0 (0.56 - 0.83)	1.1 × 10 ⁻⁴	51/60	0.85 (0.59 - 1.23)	0.20	1.4 × 10 ⁻⁴
	controls	9330 (97.1)	280 (2.9)	0 (0.0)	1.5					
rs35744605/E627X Exon10 G > T	T1D	8109 (99.1)	76 (0.9)	0 (0.0)	0.46 (0.52 - 0.91)	9.0 × 10 ⁻³	17/31	0.55 (0.30 - 0.99)	2.8 × 10 ⁻²	1.3 × 10 ⁻³
	controls	9621 (98.7)	131 (1.3)	0 (0.0)	0.67					
rs35732034/IVS14+1 Intron 14, splice site G > A	T1D	8047 (98.6)	109 (1.3)	2 (0.03)	0.69 (0.59 - 0.94)	1.2 × 10 ⁻²	35/56	0.63 (0.41 - 0.95)	2.1 × 10 ⁻²	1.1 × 10 ⁻³
	controls	9552 (98.1)	180 (1.9)	1 (0.01)	0.93					

*Major allele is coded 1; minor allele is coded 2. †OR and relative risks (RR) for minor (rarer) alleles are shown. ‡Two-tailed P values were calculated with logistic regression. §One-tailed P values were calculated with transmission disequilibrium test with robust variance estimates. ||Combined P values for the case-control and family data were calculated with a score test as described previously (26).

Establishes the role of *IFIH1* in T1D and demonstrates that resequencing studies can pinpoint disease-causing genes in regions initially identified by GWASs.

SCIENCE VOL 324 17 APRIL 2009

Identify an increased 'burden' of variants in a single gene or locus



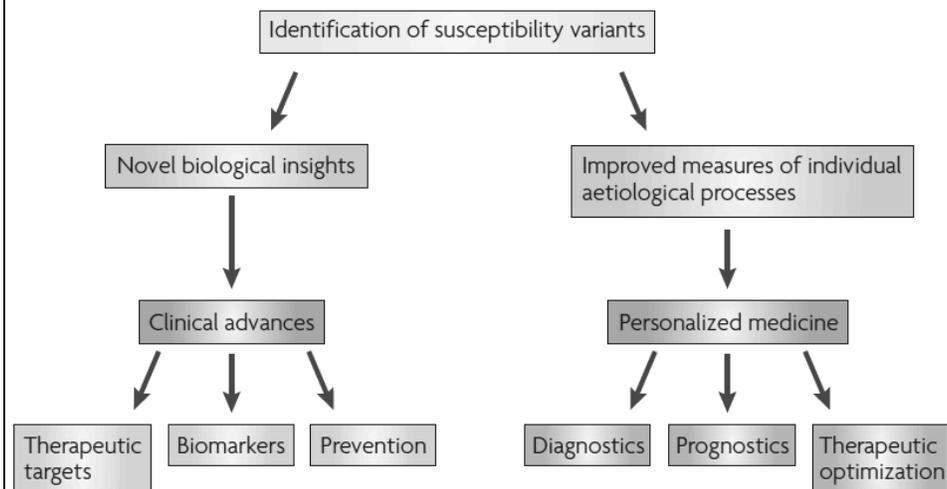
- Many individually important variants will be too rare to detect the association with the trait; however, there will often be more than one important variant in a gene
- Gene-based tests combine information from multiple variants into a single test statistic to be used as predictor in genetic association tests
- What information about the variants should we use?

Raychaudhuri (2011) Cell 147:57

Rare variant burden tests

- Many alternative forms – an active area of research
- Collapse information from multiple variants into single test
- Some tests allow the direction of effect of each variant to be different
- The choice of variants included in tests has a large impact on the test
- Including too many null variants can kill statistical power but so can not including the right ones
- Filter missense variants on minor allele frequency and predictive function?
- Restrict tests to obvious functional variants?

Clinical translation



McCarthy (2008) Nat Rev Gen 9:356

Future of Complex Trait Analyses

- **More and more loci identified**
- **Larger meta-analyses**
- **Deeper follow-up of signals**
- **More diverse populations**
- **Gene-based results from rare variants**
- **Gene-gene and -environment interactions**
- **Molecular and biological mechanisms**