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Analysis of Genetic Association Studies

References:

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Zintzaras E, Santos M. Estimating the mode of inheritance in genetic association studies of qualitative traits based on the degree of dominance index. *BMC Med Res Methodol.* 2011 Dec 21;11(1):171. [Epub ahead of print] PubMed PMID: 22188898.

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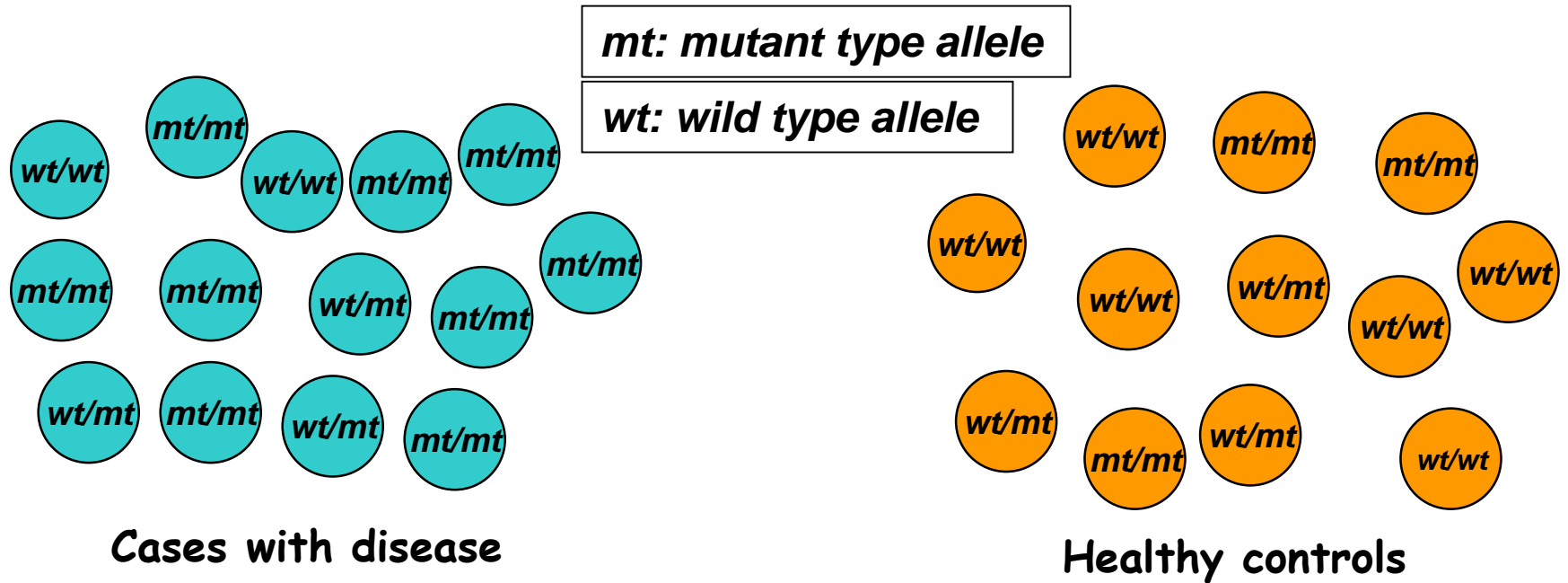
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Genetics background

- Genetics is the science that studies the heredity of traits
- Genetic information is contained in DNA which consists of nucleotides
- Gene is a sequence of nucleotides that translates a protein
- Genes (through proteins) determine traits (phenotypes)
- A gene may have different forms called alleles
- An allele can be mutant type-*mt* (*change in nucleotides*) or wild type-*wt*
- For each gene there are two alleles due to diploidy of humans (homologous chromosome pairs)
- In an individual the genotype distribution of gene can be homozygous (*wtwt* or *mtmt*) or heterozygous (*wtmt*)
- The multiple alleles of a gene is called polymorphism or variant (preserved mutations), they usually expressing different phenotypes

Genetic association studies (GAS)

The evaluation of possible associations between phenotypic traits (diseases) and genetic variants (gene polymorphisms) is carried out using GAS



In the case of a genetic variant with two alleles (mutant type-*mt* and wild type-*wt*), where *mt* is thought to be associated with a disease, GAS will collect information on the numbers of diseased subjects and control subjects with each of the three genotypes (*wt/wt*, *wt/mt*, *mt/mt*)

Study quality assessment

- Prior to testing the association, the quality of a study should be assessed
- A study quality surrogate point is whether the **controls** conform with the **HWE** rule in the controls
- Lack of HWE implies: **genotyping errors** and/or **structure** in the population (i.e. non-unselected controls)

Departure for HWE is tested using a χ^2 -test.

Genotype	Cases with CAD	Controls
<i>mt/mt</i>	1788	874
<i>mt/wt</i>	4145	2165
<i>wt/wt</i>	2328	1335

In HWE, the genotype distribution should follow the following rule:

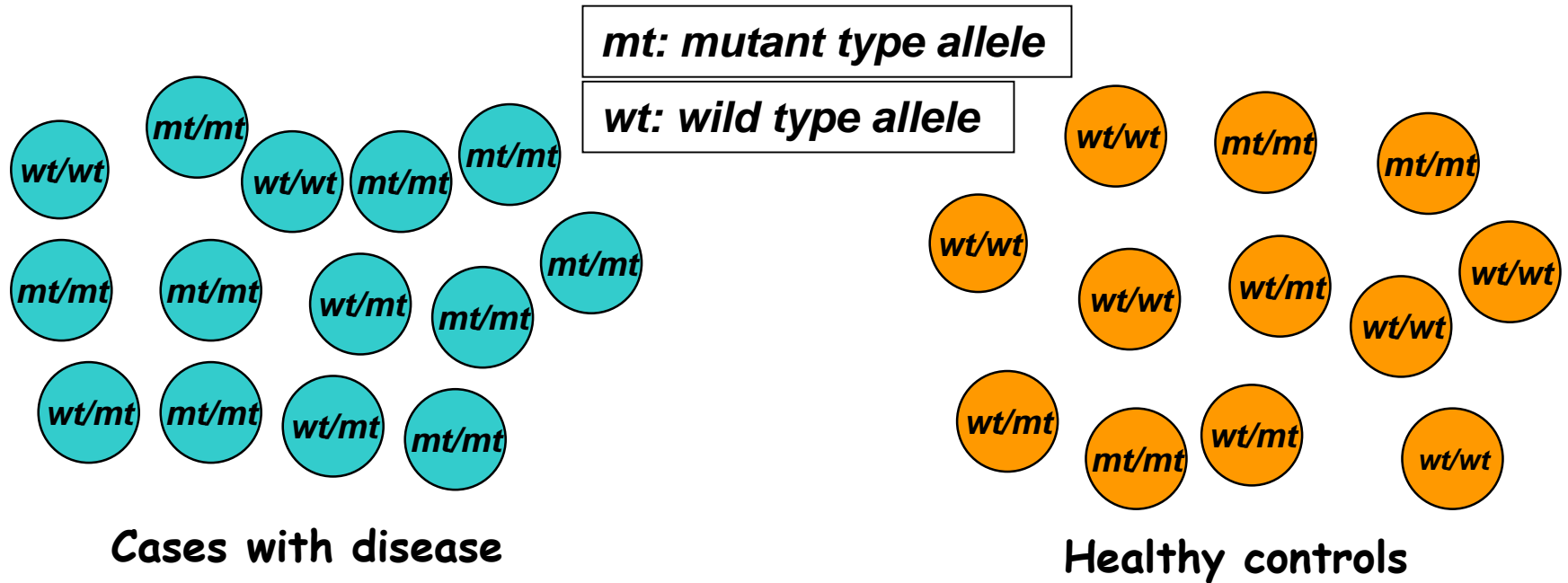
$$wt/wt: mt/wt: mt/mt = p^2:2pq:q^2$$

where **p** is the **frequency** of the **wt alleles** and
q=1-p is the **frequency** of the **mt alleles**.

P=0.944

P>0.05, thus the controls are in HWE.

The URL <http://www.had2know.com/academics/hardy-weinberg-equilibrium-calculator-2-alleles.html> provides a calculator for testing HWE



- Association is tested using a **χ^2 -test** and the magnitude of association is expressed in terms of odds ratio (**OR**)

- **Example:** In a GAS with 8261/4374 cases/controls, the association between *ACE D/I (wt/mt)* and CAD investigated. The genotype distribution was as follows:

Genotype	Cases with CAD	Controls
<i>mt/mt</i>	1788	874
<i>mt/wt</i>	4145	2165
<i>wt/wt</i>	2328	1335

The association between disease status and the genetic variant is tested using a chi-squared (χ^2) test with $(3-1) \times (2-1) = 2$ df

- **Example:** In a GAS with 8261/4374 cases/controls, the association between *ACE D/I (wt/mt)* and CAD investigated. The genotype distribution was as follows:

Genotype	Cases with CAD	Controls
<i>mt/mt</i>	1788	874
<i>mt/wt</i>	4145	2165
<i>wt/wt</i>	2328	1335

To perform a chi-squared test, access the URL:

<http://www.quantpsy.org/chisq/chisq.htm>, enter the data of the GAS in the cells, and type “Calculate”

P-value=0.010

There is significant association between *ACE D/I* gene variant and development of CAD

When the association is significant, various genetic models of genotypes are tested by omitting or merging genotypes

These models include:

- **additive model:**
homozygous for mt vs. homozygous for wt
- **co-dominant model:**
heterozygous vs. all homozygotes

The significance of the genetic model is assessed using the respective odds ratio (**OR**) and its **95%** confidence interval (**CI**).

Additive model:

The *OR* for the additive model is

$$OR = \frac{\text{"probability" a subject of being diseased when } mtmt}{\text{"probability" a subject of being diseased when } wtwt}$$

For $OR > 1$: an *mtmt* subject has greater chance of being diseased than a *wtw* subject

If the 95% CI does not include 1, then, the *OR* is significant ($P < 0.05$) (i.e. the variant is associated with the disease).

Additive model:

Genotype	Cases with CAD	Controls
<i>mt/mt</i>	1788	874
<i>wt/wt</i>	2328	1335

$$OR = \frac{\text{"probability" a subject of being with CAD when } mtmt}{\text{"probability" a subject of being with CAD when } wtwt} = \frac{1788/1335}{874/2328} = 1.17$$

$$95\%CI = (e^{\ln(OR) - 1.96 * \sqrt{\frac{1}{1788} + \frac{1}{2328} + \frac{1}{874} + \frac{1}{1335}}}, e^{\ln(OR) + 1.96 * \sqrt{\frac{1}{1788} + \frac{1}{2328} + \frac{1}{874} + \frac{1}{1335}}}) = (1.06, 1.30)$$

- **Since “1” is not included in the 95% CI, we conclude that the OR is significant ($P < 0.05$).**
- **Since $OR > 1$, we conclude that homozygous for the *mt* allele have 17% greater risk for CAD than homozygous for the *wt* allele**

Co-dominant model:

The *OR* for the co-dominant model is

$$OR = \frac{\text{"probability" a subject of being diseased when } wtmt}{\text{"probability" a subject of being diseased when else}}$$

For $OR > 1$: an *wtmt* subject has greater chance of being diseased than an homozygous subject

If the 95% CI does not include 1, then, the *OR* is significant ($P < 0.05$) (i.e. the variant is associated with the disease).

Co-dominant model:

Genotype	Cases with CAD	Controls
<i>mt/wt</i>	4145	2165
<i>mt/mt+wt/wt</i>	1788+2328=4116	874+1335=2209

$$OR = \frac{\text{"probability" a subject of being with CAD when } mtwt}{\text{"probability" a subject of being with CAD when } wtwt + mtmt} = \frac{4145/2165}{4116/2209} = 1.03$$

$$95\%CI = (e^{\ln(OR)-1.96*\sqrt{\frac{1}{4145}+\frac{1}{4116}+\frac{1}{2165}+\frac{1}{2209}}}, e^{\ln(OR)+1.96*\sqrt{\frac{1}{4145}+\frac{1}{4116}+\frac{1}{2165}+\frac{1}{2209}}}) = (0.96, 1.11)$$

➤ **Since “1” is included in the 95% CI, we conclude that the OR is not significant ($P \geq 0.05$).**

Pharmacogenetic Studies

In the PG studies, we investigate the association of

i) a gene expression as a binary variable or

ii) a gene expression as a continuous variable or

iii) a gene polymorphism

**and clinical outcome in patients after treatment with
approved therapy**

i) Example: MDR1 gene overexpression is considered to be a major cause of multidrug resistance and it is implicated in the response to chemotherapy in AML patients. In a PG study, the association of MDR1 gene expression and response to chemotherapy in patients with AML has been investigated. The results were as follows:

mRNA expression levels

mean±SD

Responders (N=37): 1.4±2.7

Non-responders (N=15): 0.3±0.5

Is the response to treatment associated with MDR1 mRNA expression levels?

We may use the online t-test at the URL

<http://www.quantitativeskills.com/sisa/statistics/t-test.htm>

for testing the equality of the two means.

P=0.057, indicating that MDR1 expression levels are different between Responders and Non-responders.

ii) Example: In a PG study, the association of MDR1 gene expression and response to chemotherapy in patients with AML has been investigated. The results were as follows:

	<i>mRNA expression levels</i>	
	+ve	-ve
Responders	27	22
Non-responders	21	5

Is the response to treatment associated with MDR1 mRNA expression levels?

The association between response to treatment and MDR1 mRNA expression levels is tested using a chi-squared test.

To perform the chi-squared test, access the URL: <http://www.quantpsy.org/chisq/chisq.htm>, enter the data of the PG study in the cells, and type “Calculate”

P=0.027

There is significant association between response to treatment and MDR1 mRNA expression levels

**OR= Prob. of being Responders when -ve mRNA expression/
Prob. of being Responders when +ve mRNA expression**

$$\text{OR} = (22/5) / (27/21) = 3.42$$

The 95% CI is $(e^{\ln(\text{OR}) - 1.96 \cdot \text{SE}}, e^{\ln(\text{OR}) + 1.96 \cdot \text{SE}})$

where $\text{SE} = \sqrt{(1/22 + 1/5 + 1/27 + 1/21)} = 0.575$

Thus, the 95% CI is (1.11, 10.56)

iii) Example: In a PG study, the association of MDR1 C3435T gene polymorphism and response to chemotherapy in patients with AML has been investigated. The results were as follows:

	<i>MDR1 C3435T genotype</i>		
	<i>CC</i>	<i>CT</i>	<i>TT</i>
Responders	158	65	39
Non-responders	13	18	9

Is the response to treatment associated with the MDR1 C3435T gene polymorphism?

The association between response to treatment and MDR1 C3435T gene polymorphism is tested using a chi-squared test.

To perform the chi-squared test, access the URL: <http://www.quantpsy.org/chisq/chisq.htm>, enter the data of the PG study in the cells, and type “Calculate”

P=0.004

**There is significant association between
response to treatment and MDR1 C3435T
gene polymorphism**