Development of algorithms for the test of association between haplotypes and phenotypes using SNP data

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# Difference in approaches between mathematical statistics and statistical genetics

 Galton and Pearson's approach Regression, Correlation Truth only in mathematics but not in the real world Model selection is the main approach

### 2. Fisher's approach

Variance-based, Maximum-likelihood Truth not only in mathematics but also in the real world Laws of inheritance that are expressed by probability functions are true. Based on the data (familial relationship, genotypes, phenotypes), we can write the exact probability (or probability density) of the observed data only using laws of inheritance which are a set of probability functions.

We can estimate by the maximum-likelihood method the parameters and test the hypothesis of the association between a phenotype and a locus  $\rightarrow$  Linkage analysis.



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However, when all the information is not available, we have to cope with the missing data problem

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Hardy-Weinberg's law is useful when information about the familial relationship is not available.





All SNP information is obtained from haplotype information while reverse is not true (Complete and incomplete information)

# Algorithms for haplotype analysis we constructed

- 1. Ldsupport (Kitamura et al. Ann Hum Genet 66: 183-193, 2002) Inference of individual diplotype configurations
- 2. Ldpooled (Ito et al. Am J Hum Genet 72: 384-398, 2003) Inference of haplotype frequencies using pooled DNA

### 3. Penhaplo (Ito et al. Genetics 168: 2339-2348, 2004)

Test of association between qualitative phenotype and diplotype configurations and inference of penetrances using the data from cohort, clinical trial and case-control studies.

4. QTLhaplo (Shibata et al. Genetics 168: 525-539, 2004) Test of association between quantitative phenotypes and diplotype configurations and inference of parameters using the data from cohort, clinical trial and case-control studies. In order to make targets of genetic information more flexible, we introduced a new

Sample space based on haplotypes

Ω: A set of all complete haplotypes *H<sub>i</sub>*: *i*th complete haplotype
X: minor allele of a SNP (a set of complete haplotypes
with the minor allele at the SNP)

1. A complete haplotype  $H_i$ , an incomplete haplotype  $A_i$ , and a minor allele of a SNP *X* can be defined as events on the same sample space  $\Omega$ .

2. They can be targets to be associated with phenotypes.

**3**. Probability model can be applied to examine the relationship between those events.



Algorithms

# **PENHAPLO** (Ito et al. Genetics, 2004)

Algorithm: Infers haplotype frequencies, diplotype configurations, and penetrances based on haplotypes, and tests the association between a qualitative phenotype and diplotype configurations. SNPs, incomplete haplotypes and complete haplotypes can be used as targets. Dominant, recessive and genotype modes can be used. Ambiguous diplotype configurations are allowed.

**Input data: Qualitative** phenotypes and genotype data for linked loci from many subjects

**Output data:** Maximum likelihood estimated **penetrances** for different diplotype configurations and **P-values** for the test of association between diplotype configurations and phenotypes.

### Sample space for PenHaplo (for alternative hypothesis)



### Sample space for PenHaplo (for null hypothesis)



Probability that *i*th subject gets a diplotype configuration under haplotype frequencies  $\Theta$  $L(\Theta, q_+, q_-) \propto \prod^n \sum P(d_i = a_k \mid \Theta, q_+, q_-) P(\psi_i = w_i \mid d_i = a_k, \Theta, q_+, q_-)$ 

 $A_i$ : A set of possible diplotype configurations for *i*th subject consistent with the observed genotypes.

 $d_i$ : diplotype configuration of *i*th subject

 $i=1 a_k \in A_i$ 

 $a_k$ : kth diplotype configuration

 $q_+,q_-\colon$  Penetrances for a subset of diplotype configurations and the complement of the subset, respectively.

 $\psi_i$ : Qualitative phenotype of *i*th subject

 $w_i$ : Observed phenotype of *i*th subject

Ito et al. Genetics 2004



 $q_0$ : Penetrance common to all diplotype configurations

$$L_{max} = L(\hat{\Theta}, \hat{q_{+}}, \hat{q_{-}}) \checkmark$$
$$L_{0max} = L(\hat{\Theta}, \hat{q_{0}}) \checkmark$$

Parameters that maximize the likelihood functions in alternative and null hypotheses, respectively, are determined using EM algorithm.

Under null hypothesis

$$-2\log(L_{0max}/L_{max}) \sim \chi^2$$

Statistic -2 log  $L_{0max}/L_{max}$  is expected to follow, asymptotically  $\chi^2$  distribution with 1 df.



Test statistic  $-2 \log L_{0max}/L_{max}$  is expected to follow, under the null hypothesis,  $\chi^2$  distribution with 1 degree of freedom.

# Empirical power at various values of $q_+/q_-$ and the sample size



Estimated probability that a subject with certain genotypes develops a phenotype

$$P(\psi_{N+1} = \psi_{+} | g_{N+1}, \hat{\Theta})$$

$$= \hat{q_{+}} \sum_{r=0}^{\infty} P(d_{N+1} = a_{k} | g_{N+1}, \hat{\Theta}) + \hat{q_{-}} \sum_{r=0}^{\infty} P(d_{N+1} = a_{k} | g_{N+1}, \hat{\Theta})$$
The probability that a subject with known genotypes develops a phenotype is estimated using maximum likelihood estimated penetrances  $(\hat{q}_{+}, \hat{q}_{-})$  and haplotype frequencies  $(\hat{\Theta})$ .

 $D_+$ : A set of certain diplotype configurations

 $d_{N+1}$ : Diplotype configuration of N + 1th subject

Conditions necessary for personalized medicine (Translating genomic evidence to the clinical practice)

- 1st step Hypothesis testing Is a phenotype (adverse events or efficacy) associated with genotypes?
- 2nd step Replication (validation) Is the association replicated in the test using independent samples?
- 3rd step Algorithm for the intervention
   Can the algorithm for the medical intervention be constructed, and is the outcome expected to be beneficial to the patients?

Personalized drug delivery in Institute of Rheumatology, Tokyo Women's Medical University

- 1. Prediction of the adverse events of sulfasalazine
- 2. Prediction of the adverse events of methotrexate
- 3. Prediction of the efficacy of methotrexate
- 4. Prediction of the complication of amyloidosis

Institute of Rheumatology, Tokyo Women's Medical University Largest rheumatology institution in the world 6,000 RA (rheumatoid arthritis) outpatients 44 permanent rheumatologists (quality controlled) 5-year cohort study enrolling 4,800 RA patients are on-going Association between adverse events by sulfasalazine and haplotypes of N-acetyltransferase 2 (NAT2) gene

# Why is haplotype analysis necessary for NAT2 gene?



#### Association between haplotypes and adverse events by sulfasalazine



Association between haplotypes (C677T-A1298C in MTHFR gene) and efficacy and adverse events by methotrexate (analysis by PENHAPLO)

Incomplete	inheritance	P-value	q+	q-	RR		
haplotype							
*A	Recessive	0.007	0.476	0.259	1.836		
CC	Dominant	0.007	0.259	0.476	0.545		
Haplotype analysis is not necessary for MTHFR gene							
141		0.000	0.010	0.000	1.175		

### Association between haplotype and risk of high dosage

### Association between haplotype and risk of adverse events

Incomplete	inheritance	P-value q+	q-	RR
haplotype				
C*	Recessive	0.005 0.167	0.367	0.455
ТА	Dominant	0.005 0.367	0.167	2.200
*A	Dominant	0.019 0.297	0.000	
CC	Recessive	0.019 0.000	0.297	

Since TC is not present, CC is the complement of \*A, and TA is the complement of  $C^*$ .

## Association between diplotype configurations of NAT2 gene and adverse events by sulfasalazine (Cohort study, 144 subjects)



Absence of W haplotype is associated with adverse events

RR=7.73, P < 0.001

Tanaka et al J Rheumatol, 2002

Association between diplotype configurations of NAT2 gene and adverse events (Replication study: 186 subjects)



RR=3.3 (1.8-6.2), P < 0.001

Taniguchi et al

# Association between diplotype configurations of NAT2 gene and severe adverse events (Cohort 330subjects)



If we exclude 21 subjects (6.4%) from the treatment with sulfasalazine, the proportion of the severe adverse events would be reduced by 54%.

# After 10-20 years people would say..

以前の医師は患者さんの最も基本的な情報である、 ゲノム配列も調べず治療をしていたのですか? 何と勇敢な、そして何と危険な。

Had you been treating a patient without the fundamental information of the genome sequence? How brave, and how risky!