Q. Xiong¹, N. Ancona⁵, Elizabeth R. Hauser², Sayan Mukherjee^{1,3,4}, Terrence S. Furey^{1,3}

¹Institute for Genome Sciences & Policy, ²Section of Medical Genetics, Department of Medicine, Center for Human Genetics, ³Department of Computer Science, ⁴Departments of Statistical Science and Mathematics, Duke University ⁵Institute of Intelligent Systems for Automation National Research Council Bari, IT.

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Integration of both approaches for complementary evidence.

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- (3) Genetic variations have been identified for a wide variety of common complex diseases (GWAS catalog).
- (4) Missing heritability: genetic variation explains 5% of hight variation.
- (5) Very weak predictive power.

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- (5) Can we find evidence that expression variation predictive of trait variation is genetic.

Given expression data and genetic variation data on a set of individuals:

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- (2) This association is robust across eQTL thresholds.
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- (4) Need expression data and SNP data from same individuals.
- (5) Missing heritability still a problem.

Pathway based analysis

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- (2) Capture joint effect of multiple loci and better capture small changes across many loci.
- (3) False positives can be reduced.
- (4) Facilitates interpretation of the results from association studies.

Gene Set Association Analysis

The joint analysis of gene expression and SNP genotype data using a pathway-based strategy for more robust and comprehensive inference of associations.

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Gene expression data $X_1, ..., X_n$ and corresponding (Categorical) phenotypic labels: $Y_1, ..., Y_n$, with $X_i \in \mathbb{R}^N$.

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Evidence of differential expression

For each gene, 1, ..., N, compute a differential expression score

$$r_i = \frac{\hat{\mu}_0 - \hat{\mu}_1}{\sqrt{\hat{\sigma}_1^2 / n_1 + \hat{\sigma}_2^2 / n_2}}$$

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Result: $\{r_1, ..., r_N\}$.
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$$B(p_j) = egin{cases} = rac{1}{-ep_j\log(p_j)} & ext{if} \ p_j \in (0,rac{1}{e}] \ 1 & ext{otherwise}. \end{cases}$$

Single SNP association score

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Simulations suggest genotype-based chi-square test (more power).

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Summary statistic: Default is maximum. Weighted average. Bayes factors.

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$$\begin{split} \tilde{r}_i &= \frac{r_i}{\sum_{j=1}^N |r_j| \times \mathbf{I}[\operatorname{sign}(r_i) = \operatorname{sign}(r_j)]} \\ \tilde{s}_i &= \frac{s_i}{\sum_{j=1}^N |r_j| \times \mathbf{I}[\operatorname{sign}(s_i) = \operatorname{sign}(s_j)]} \end{split}$$

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(3) combine evidence $c_i = \tilde{s}_i + \tilde{r}_i$.

eQTL setting (in progresss)

The previous gene association score can be thought of as

$$c_j = e(Y \mid S_j) + e(Y \mid X_j).$$

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This idea can be used for other genomic features.

Gene set association score

For a gene set S with h genes a the rank ordered association scores $\{c_{(1)}, ..., c_{(N)}\}$ compute running association score

$$\mathsf{RAS}_{S}(i) = \frac{1}{N_{s}} \sum_{j=1}^{i} |c_{j}| \times \mathbf{I}(j \in S) - \frac{1}{N-h} \mathbf{I}(j \notin S),$$

with $N_S = \sum_{j=1}^N |c_j| \times \mathbf{I}(j \in S).$

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The association score AS(S) is the maximum deviation of $\{RAS_S(i)\}$ from zero.

Gene set association score



Statistical significance and adjustment for multiple hypothesis testing

Use permutation procedure and FDR corrections. This automatically corrects for linkage structure and population.

Simulation studies

We compared four methods (1) GSAA – SNP and expression data

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- (1) GSAA SNP and expression data
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- (4) two step regression model two step regression model, filter genes with un/weakly associated SNPs, regression on remaining SNPs.

Simulated data

We generated simulated expression data and SNP data

(1) SNP data was generated using SIMLA. The parameters correspond to marker and disease placement, locus heterogeneity, disequilibrium between markers and between markers and disease loci.

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- (2) Expression data was simulated using normals.

Simulated data

- (1) 1000 genes, first 20 causal, 3 SNPs in each causal gene with the second marker is in LD with the disease variant with varying R^2 .
- (2) 100 gene sets, the first set is causal including 5-20% of causal genes.

Power calculations



Power calculations



Integrating	genetic	and g	ene e	expression	evidence	into	genome-wide	association	analysis of	gene sets	
Real dat	a										
└─тсби	4										

The Cancer Genome Atlas

An excellent source for integrated genomic data for various tumors, currently

glioblastoma multiforme, ovarian (serous cystadenocarcinoma) and lung (squamous carcinoma).

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lung (squamous carcinoma).

Collection of clinical, expression, SNP, copy number, and high-throughput sequencing data.

Integrating genetic and gene expression evidence into genome-wide association analysis of gene sets Real data TCGA

Glioblastoma data

Expression data: 258 tumor samples and 11 normal samples SNP data: 205 tumor samples and 89 normal samples
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Pathways associated

Table 2. Most significant canonical pathways associated with tumor samples with FDR≤0.25					
Gene Set Name	P-value	FDR			
** P53PATHWAY	0.011	0.0955			
^{a,b} RELAPATHWAY	0.0146	0.1482			
* ATRBRCAPATHWAY	0.0846	0.1574			
* HSA03030_DNA_POLYMERASE	0.1319	0.1764			
* GIPATHWAY	0.045	0.1853			
^b CASPASEPATHWAY	0.0184	0.1949			
^{a,b} HSA04115_P53_SIGNALING_PATHWAY	0.0034	0.1961			
*CELL_CYCLE_KEGG	0.0669	0.2034			
* DNA_REPLICATION_REACTOME	0.2094	0.2035			
* G2PATHWAY	0.0432	0.2151			
INTRINSICPATHWAY	0.0476	0.2311			
^{a,b} ATMPATHWAY	0.1239	0.2371			
STATIN_PATHWAY_PHARMGKB	0.0256	0.2403			

* Canonical pathways related to the cell cycle, proliferation, cell cycle transitions, or checkpoints.

^b Canonical pathways related to or contain genes involved in the induction of apoptosis.

For full results, see Table S15.

Integrating	genetic	and gene	e expression	evidence	into	genome-wide	association	analysis of g	gene sets
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For P53PATHWAY:

(1) 5 genes TP53, RB1, E2F1, ATM, and MDM2 show evidence in our single-SNP analysis.

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Top ranked genes with respect to combined expression and SNP association:

(1) ADAM12 – evidence of transcriptional regulation.

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Top ranked genes with respect to combined expression and SNP association:

- (1) ADAM12 evidence of transcriptional regulation.
- (2) CDKN2A locus associated in recent GWA study.

Integrating genetic and gene expression evidence into genome-wide association analysis of gene sets

Real data

Crohn's disease

WTCC data

Expression data: 7 cases 16 controls SNP data: 1748 cases samples and 2938 controls Integrating genetic and gene expression evidence into genome-wide association analysis of gene sets

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Crohn's disease

Pathways associated

Table 3. Most significant canonical pathways and GO gene sets associated with case samples with FDR:				
Gene Set Name	P-value	FDR		
Canonical Pathways				
PROTEASOME	0.0121	0.0539		
^b SA_MMP_CYTOKINE_CONNECTION	0.0059	0.0652		
CHOLESTEROL_BIOSYNTHESIS	0.1532	0.0823		
AMINOACYL_TRNA_BIOSYNTHESIS	0.0794	0.0882		
PROTEASOMEPATHWAY	0.0133	0.0925		
^b LAIRPATHWAY	0.017	0.1035		
^b STEMPATHWAY	0.0113	0.111		
HSA00970_AMINOACYL_TRNA_BIOSYNTHESIS	0.1063	0.1176		
^b HYPERTROPHY_MODEL	0.0171	0.1193		
^b IL6PATHWAY	0.0122	0.1196		
*ATMPATHWAY	0.0006	0.126		
th TNFR2PATHWAY	0.0075	0.139		
^b ERYTHPATHWAY	0.0551	0.1395		
HSA03050_PROTEASOME	0.0102	0.1464		
^{ab} NTHIPATHWAY	0.0147	0.2121		
^b NO2IL12PATHWAY	0.0541	0.216		
^{ab} TIDPATHWAY	0.0177	0.2235		
HSA00530_AMINOSUGARS_METABOLISM	0.0181	0.2269		
^{ab} RELAPATHWAY	0.0251	0.2429		
GO Gene Sets				
^b CHEMOKINE RECEPTOR BINDING	0.0022	0.0138		
^b G_PROTEIN_COUPLED_RECEPTOR_BINDING	0.003	0.0261		
^b CHEMOKINE_ACTIVITY	0.0022	0.0276		
PROTEIN_DOMAIN_SPECIFIC_BINDING	<10-15	0.0543		
INDUCTION_OF_APOPTOSIS_BY_INTRACELLULAR_SIGNALS	<10 ⁻¹⁵	0.1114		
^b VIRAL GENOME REPLICATION	0.002	0.1253		

Extensions

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- (4) Variation for cases where expression and SNP appears on same individuals
- (5) A proper model.

Software

GSAA software.

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Integrating genetic and gene expression evidence into genome-wide association analysis of gene sets \Box Acknowledgements

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- ► NIH