



umcg

Lude Franke >

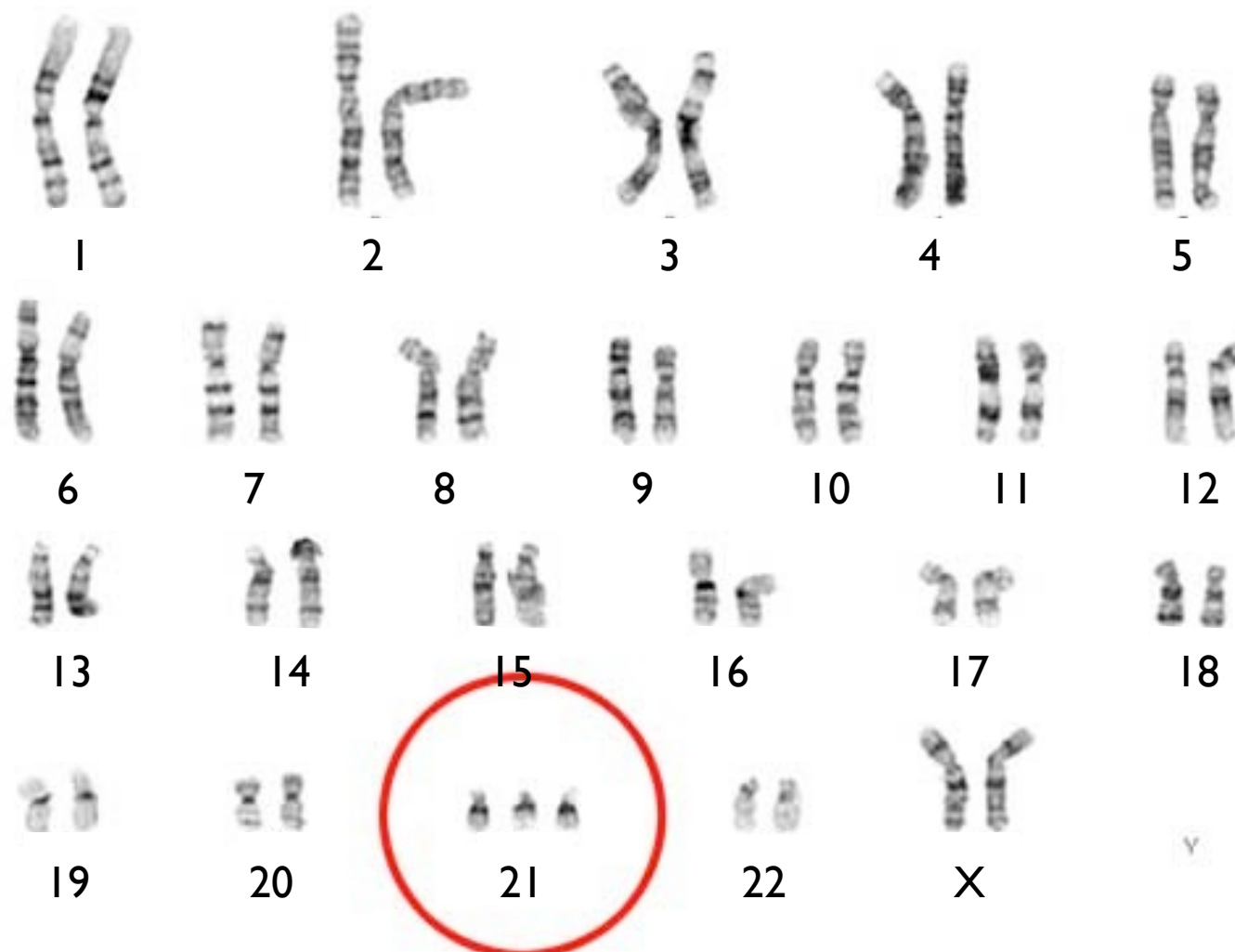
DNA microarrays:

Genome-wide association studies

Department of Genetics, UMC Groningen, the Netherlands

Down's syndrome:

- First described in 1866 by John Langdon Down
 - Prevalence: 1 / 700
 - Impairment in cognition & physical growth
 - Particular set of (facial) characteristics
- Cause found in 1959: trisomy chromosome 21



Down's syndrome:

Why do Down's syndrome children get sick?

They do not miss any genetic material!

Can it be that an extra chromosome 21 results in increased gene expression of chromosome 21 genes?

Could that cause Down's syndrome?

But what about chromosome X?

- Males: one copy chromosome X
- Females: two copies chromosome X, chromosome X inactivation



Still poorly understood!

Other diseases due to chromosomal aberrations:

Klinefelter syndrome	Normal chr. 1 - 22, but XXY
Turner syndrome	Chromosome X missing (X0)
Patau syndrome	Trisomy chromosome 13
Edwards syndrome	Trisomy chromosome 18

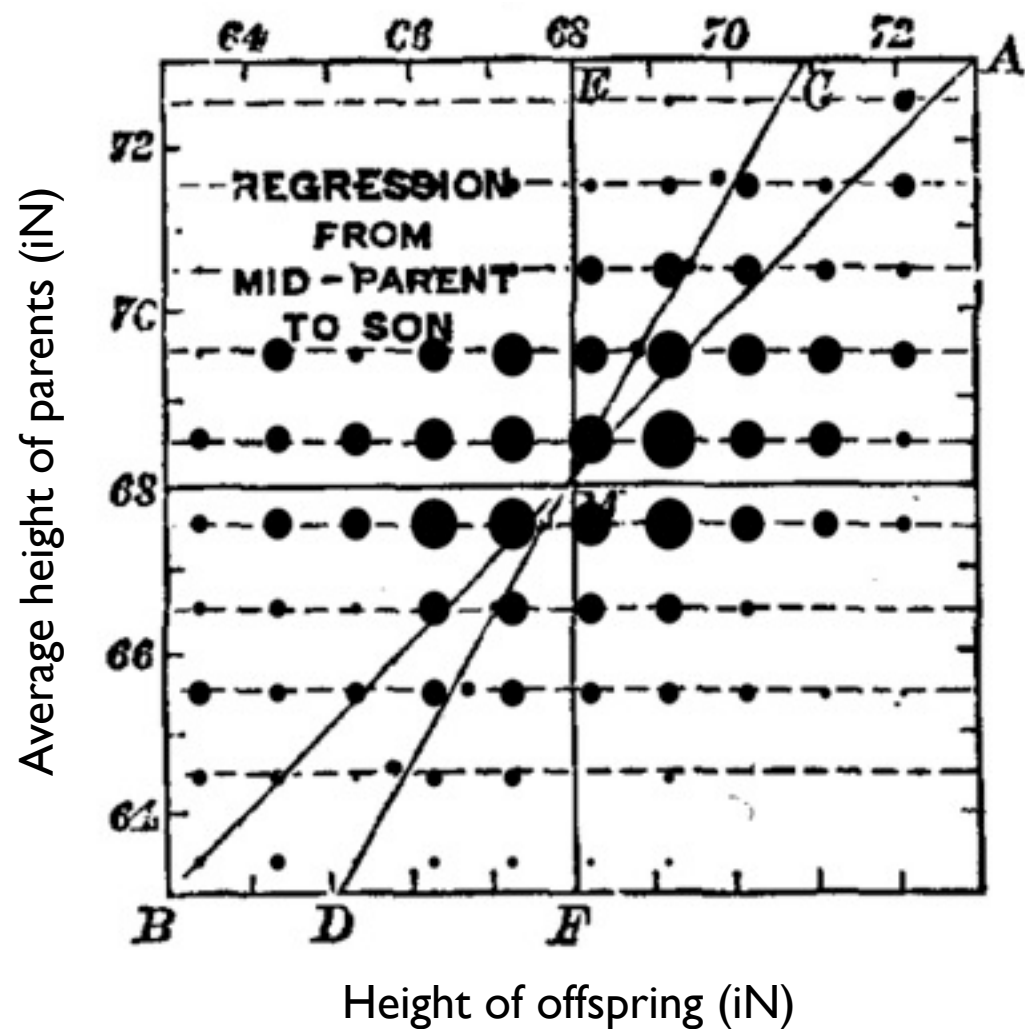
As such severe genetic mutations (here duplications or deletions of entire chromosomes) can cause disease

But what about all those other disease? Is every disease genetic? How can we determine that?

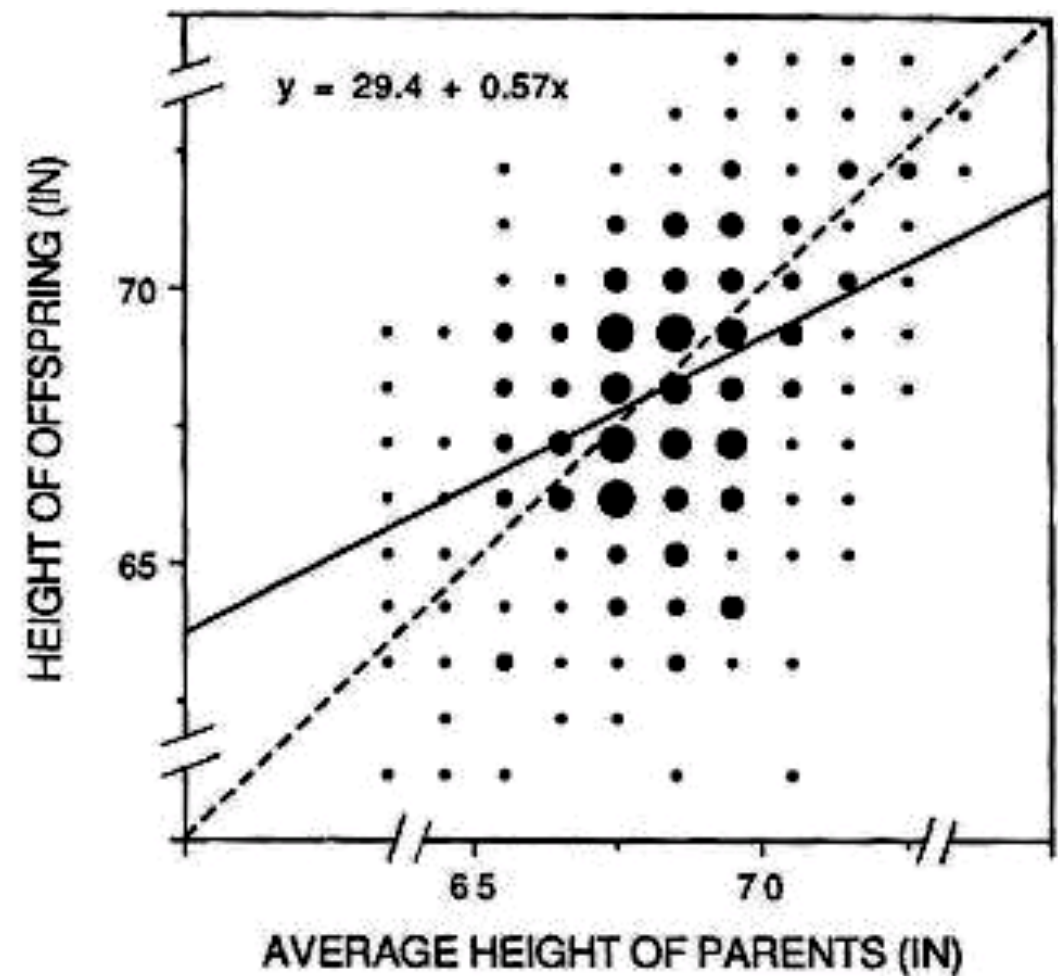
Human adult height:

Sir Francis Galton showed in 1889 a clear relationship between average height of parents and the height of offspring:

Original 1889 figure



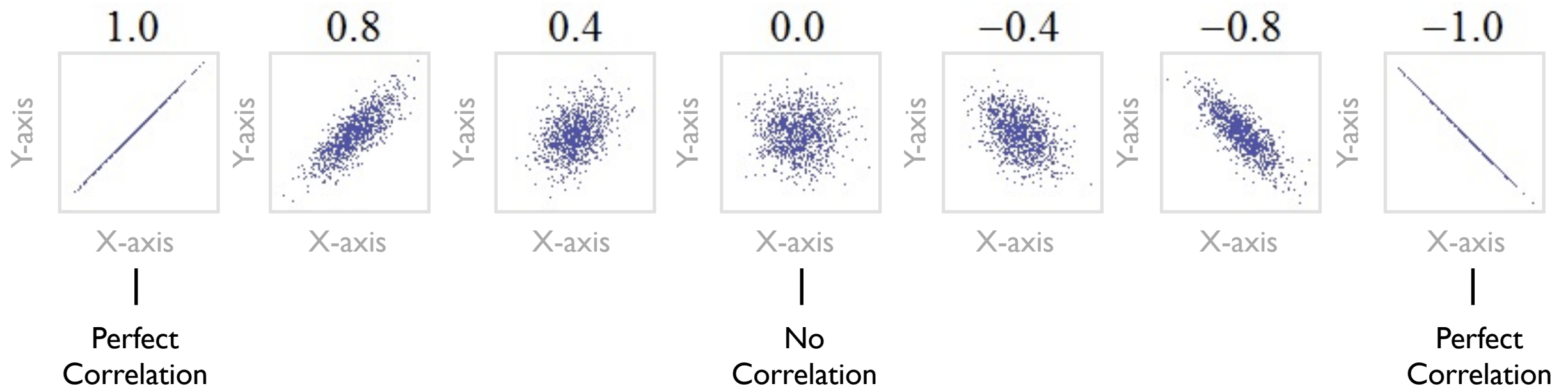
Cleaned-up figure



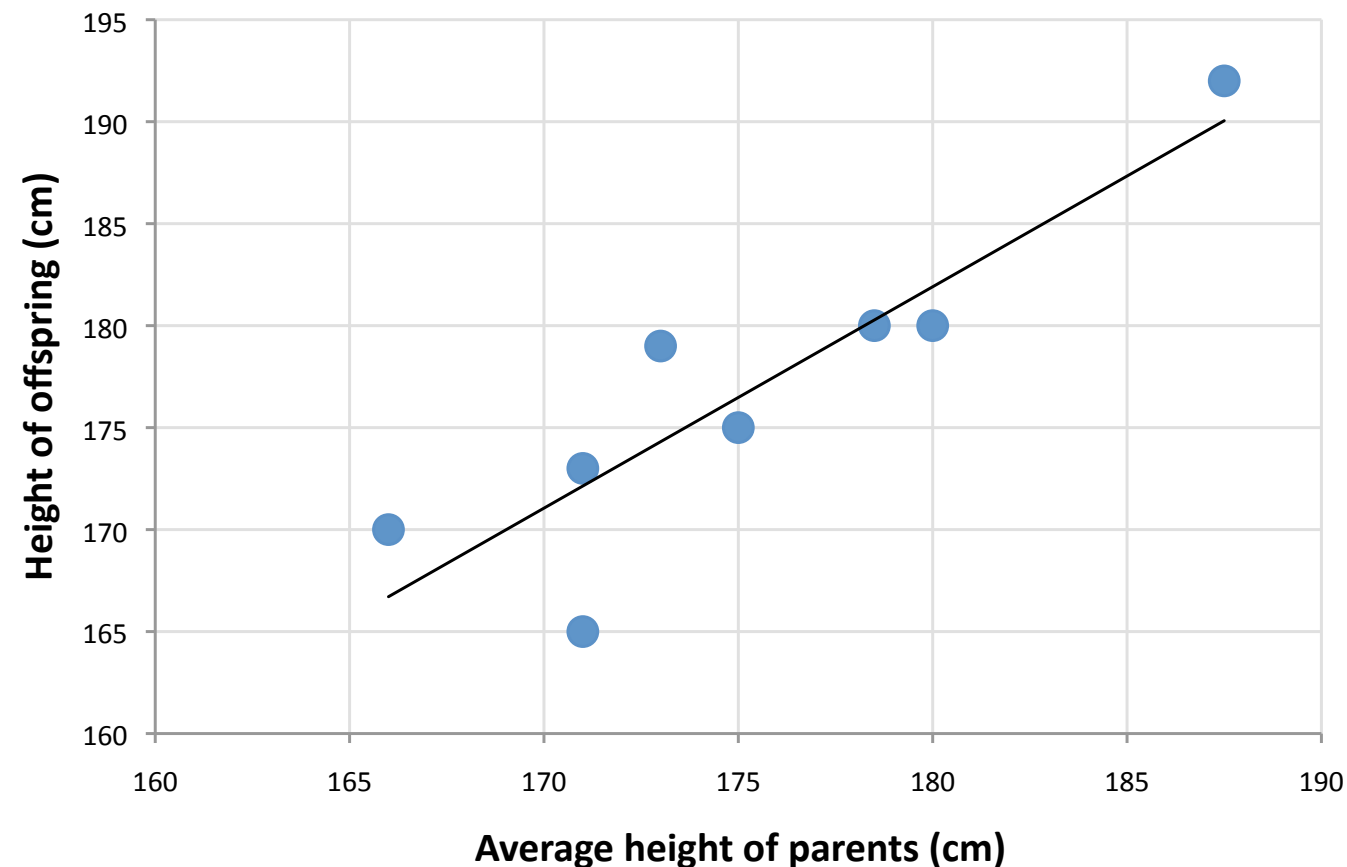
Human adult height:

- Strongly genetically determined, but to what extent?
- Can be calculated by a Pearson correlation coefficient
(invented by Francis Galton and his student Karl Pearson)

Pearson correlation coefficient



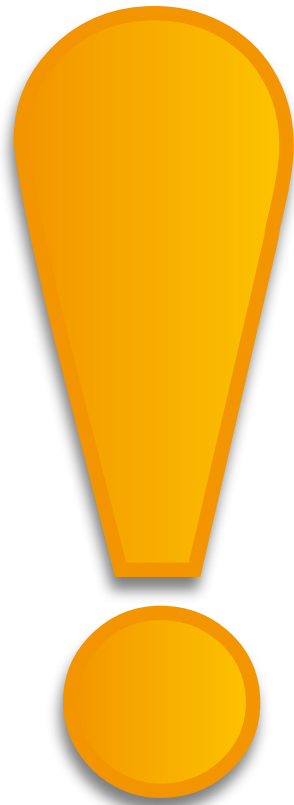
Height father	Height mother	Average height parents	Height offspring
180	170	175	175
175	167	171	165
192	165	179	180
202	173	188	192
169	163	166	170
173	169	171	173
182	164	173	179
174	186	180	180



Pearson correlation coefficient: $r = 0.89$
 Proportion explained variance: $r^2 = 0.79$

Based on this data
 for 79% genetically determined

Real estimates:
 78-80% in white men
 75-80% in white women



Adult height is strongly heritable, so genetic variation must play an important role.

Can we find the genetic variants that influence adult height?

Mendelian: one single mutation causes the disease.

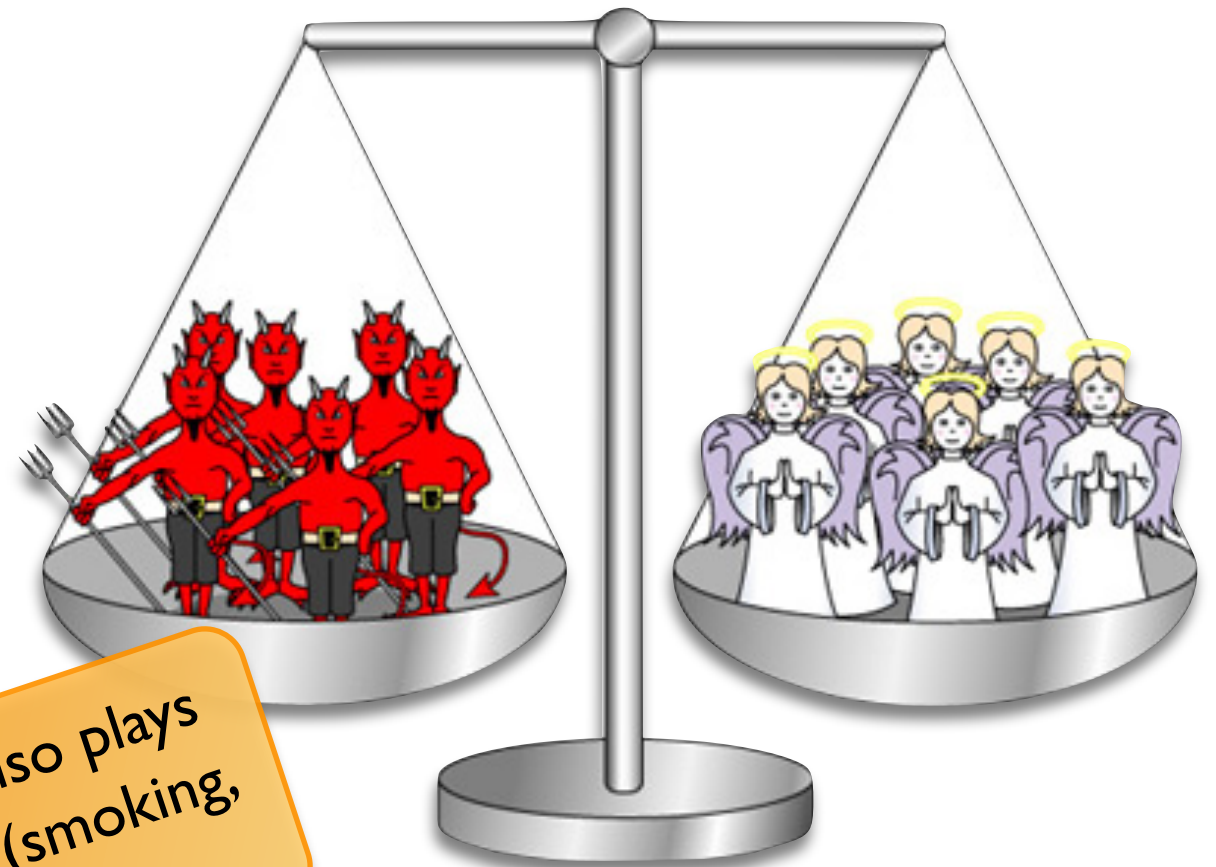
The inheritance can be e.g. recessive or dominant



On / Off Switch

Complex: multiple genetic variants can each increase or decrease disease risk

So you will have a few unfortunate variants and a few fortunate variants. If you have many unfortunate variants, you will get ill.



! The environment also plays an important role (smoking, exercise, diet, etcetera)

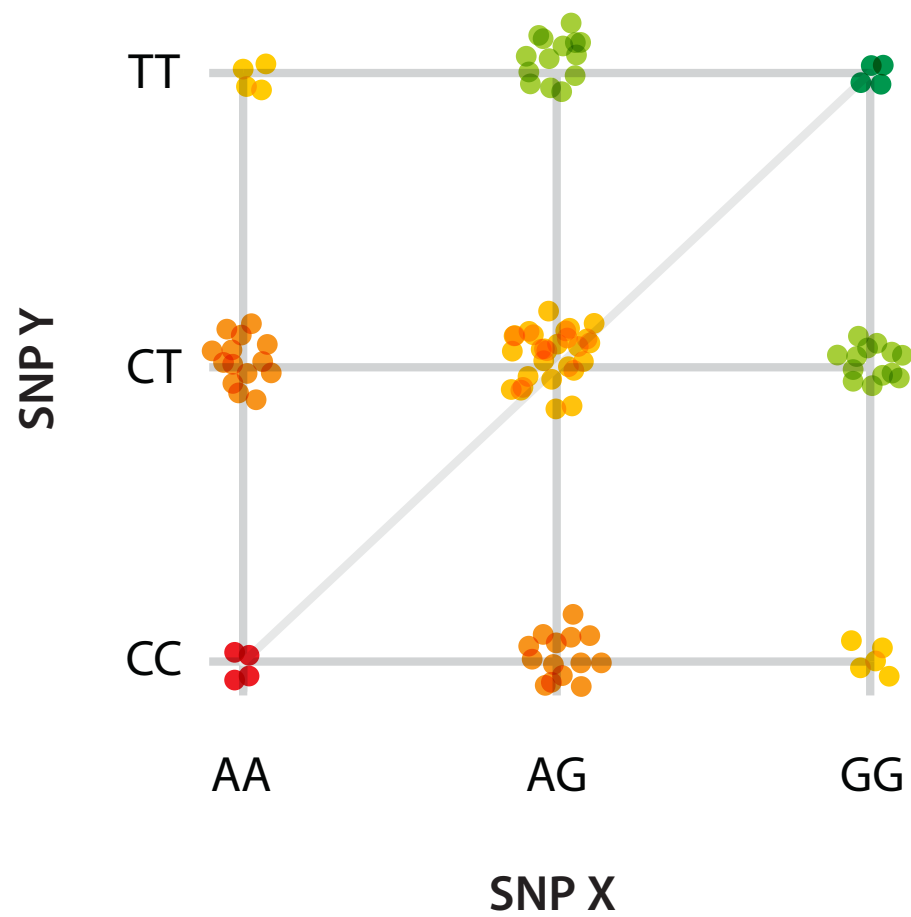
Classes of genetic variants:

		Number known in dbSNP / DGV
Single nucleotide variant	<pre>ATTGGCCTTAACCCCCGATTATCAGGAT ATTGGCCTTAACCTCCGATTATCAGGAT</pre>	>6,000,000
Insertion–deletion variant	<pre>ATTGGCCTTAACCCGATCCGATTATCAGGAT ATTGGCCTTAACCC---CCGATTATCAGGAT</pre>	>100,000
Block substitution	<pre>ATTGGCCTTAACCCCCGATTATCAGGAT ATTGGCCTTAACAGTGGATTATCAGGAT</pre>	?
Inversion variant	<pre>ATTGGCCTTAACCCCGATTATCAGGAT ATTGGCCTTCGGGGGTTATTATCAGGAT</pre>	?
Copy number variant	<pre>ATTGGCCTTAGGCCTTAACCCCGATTATCAGGAT ATTGGCCTTA-----ACCTCCGATTATCAGGAT</pre>	>50,000

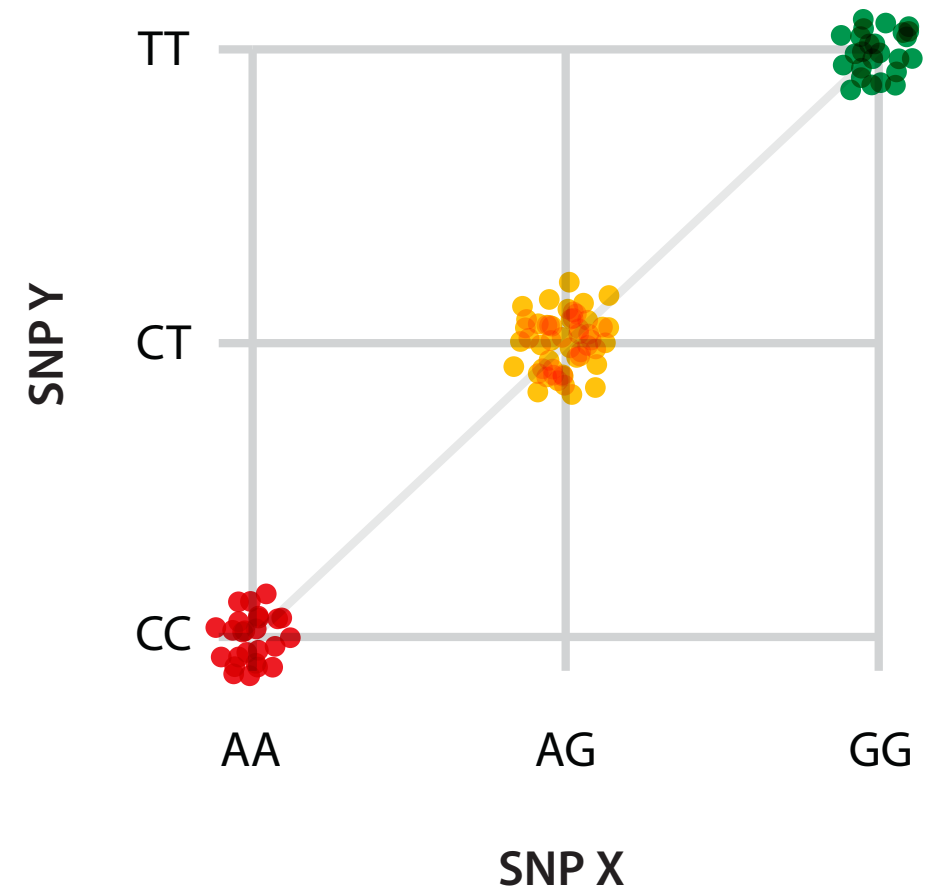
Structural variants

Do we need to investigate all these variants?

SNP X and Y uncorrelated:
linkage equilibrium



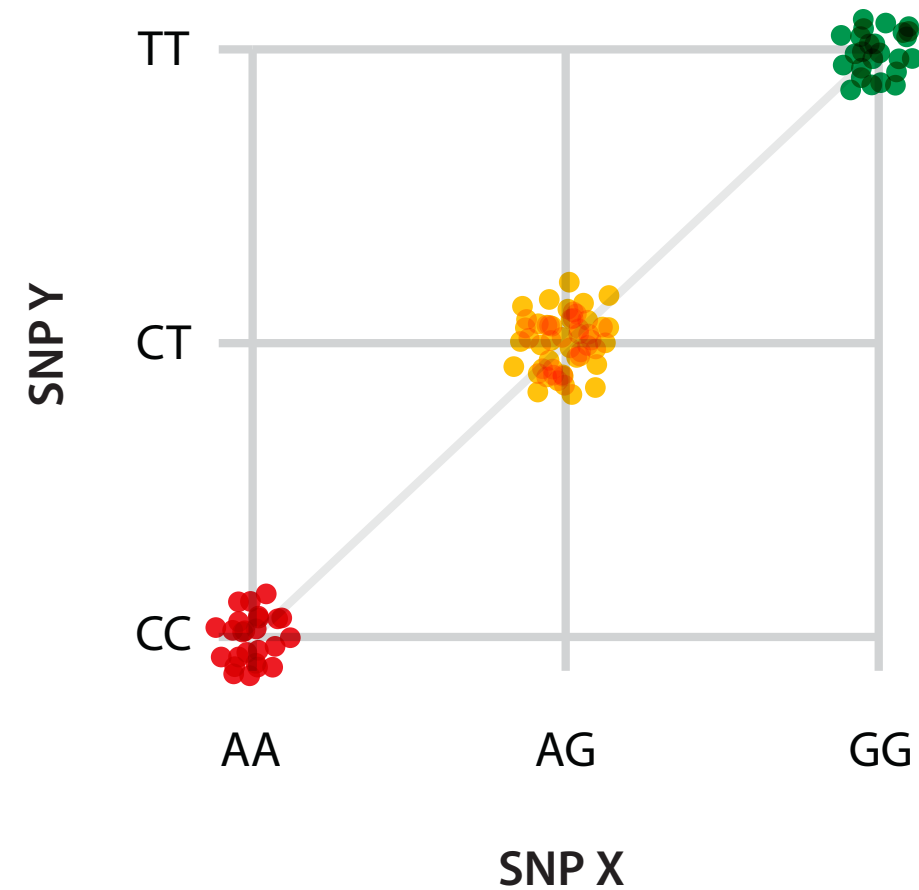
SNP X and Y correlated:
linkage disequilibrium



By genotyping SNP X,
genotypes of SNP Y
can be predicted

Not necessary to
investigate all SNPs!

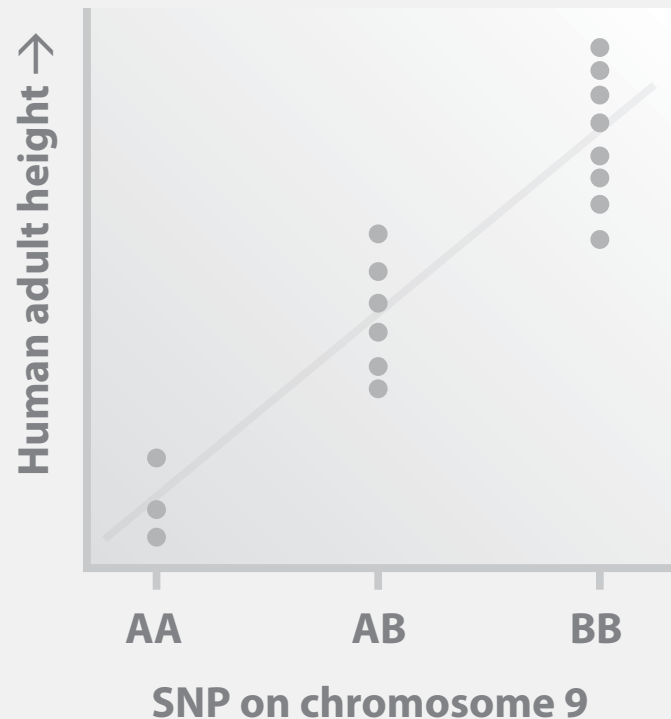
SNP X and Y correlated:
linkage disequilibrium



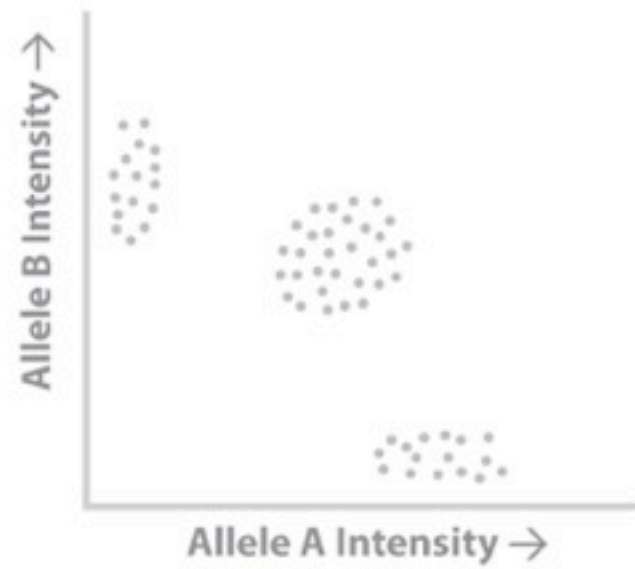
Available technique:

Oligonucleotide arrays ('DNA-chip')
(e.g. Illumina or Affymetrix)

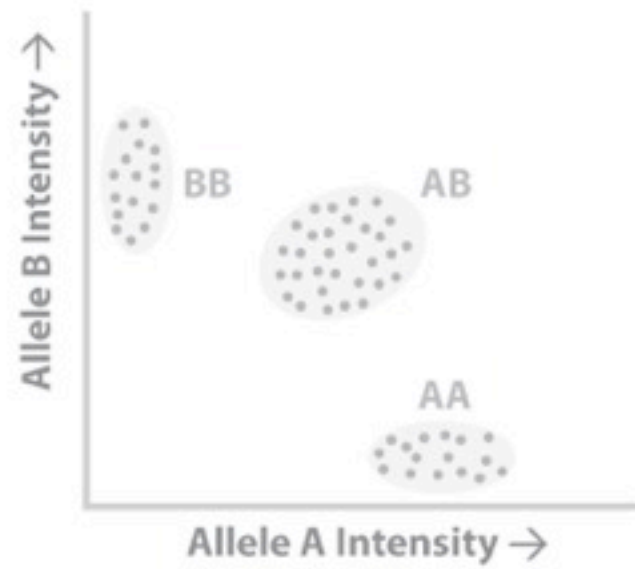
Contain > 300,000 SNPs that have been designed to capture most of the known genetic variation well.



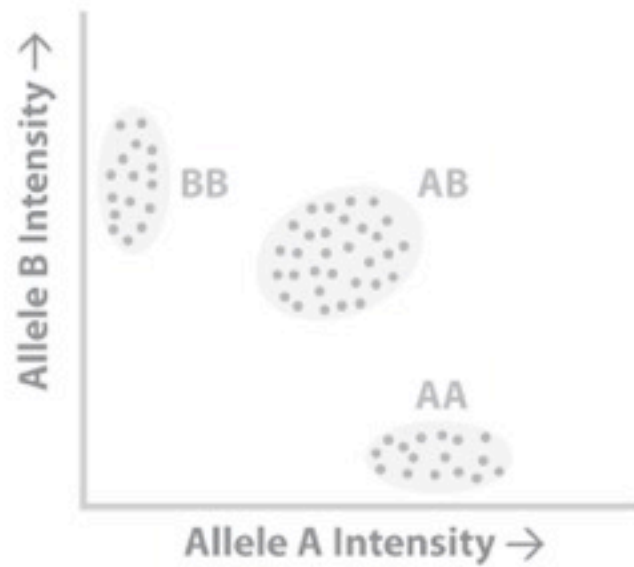
Autosomal biallelic SNP



Autosomal biallelic SNP



Autosomal biallelic SNP



Genotype	AA	AB	BB
Frequency	25%	50%	25%
Allele Frequency	$(2AA + AB) / 2 = 50\%$ A		$(AB + 2BB) / 2 = 50\%$ B
Genotype Expected	$A^2 = 25\%$	$2AB = 50\%$	$B^2 = 25\%$

nature

October 2010

doi:10.1038/nature09410

Hundreds of variants clustered in genomic loci and biological pathways affect human height

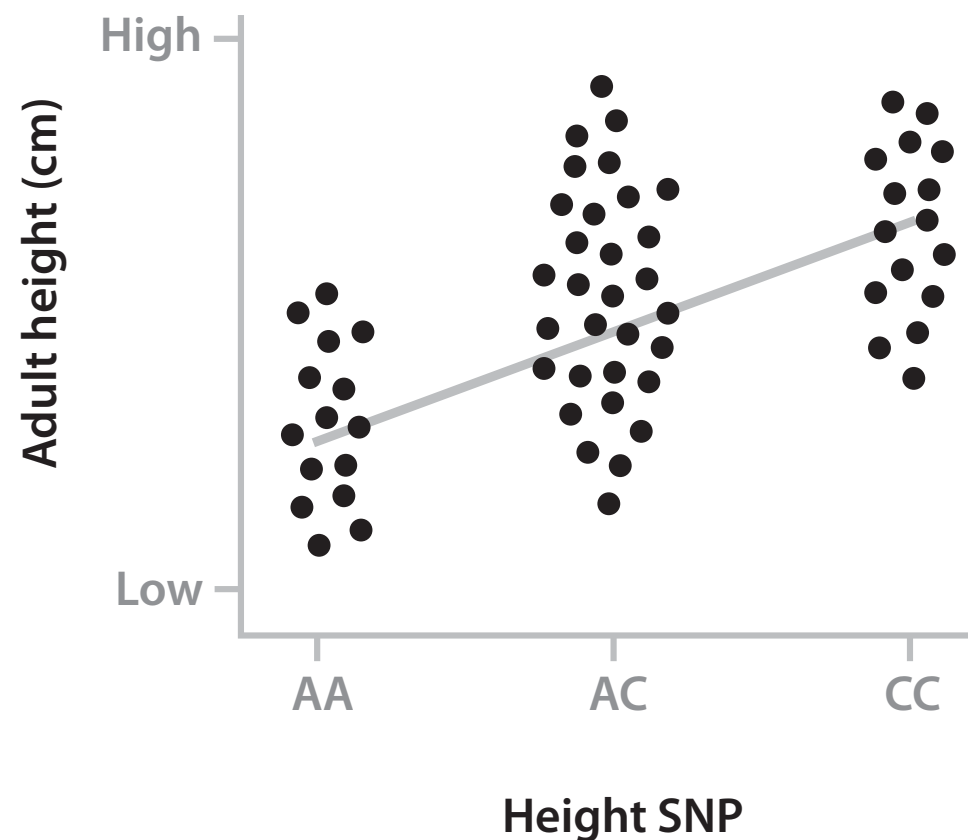
A full list of authors and their affiliations appears at the end of the paper.



180 SNPs affect
adult human height!

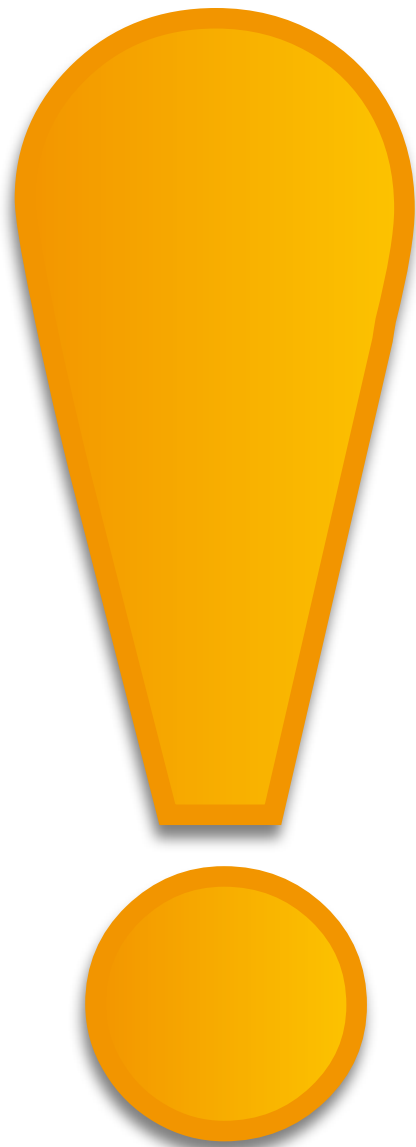
However, each of the 180 SNPs have a very small effect on height:

Each of the SNPs explain only between ~0.3% and ~0.5% of height variation



But severe mutations in the genes where these SNPs are located sometimes give dramatic effects:

SNP variant	Gene where SNP is located	Mutations in this gene cause
rs1042725	HMGA2	Pygmy mice
rs6060373	GDF5	Chondrodysplasia (abnormally short and deformed limbs); brachydactyly (short digits) DuPan syndrome; multiple synostoses syndrome.



Adult height is strongly heritable, SNP variants in 180 SNP variants have been found.

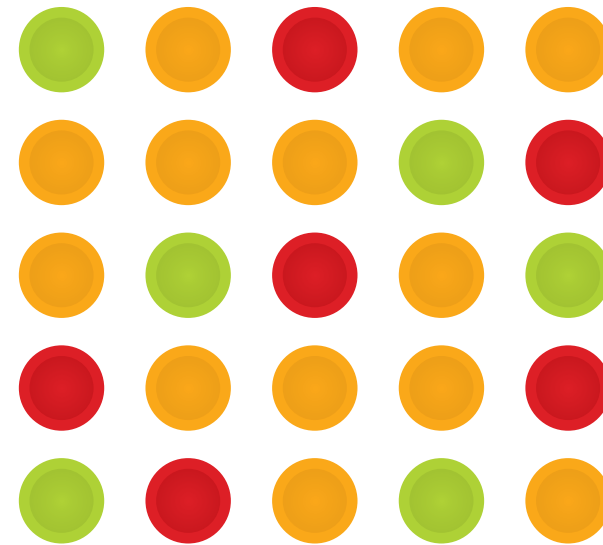
But together they explain only 10.5% of the variation in height!

What is going on? We do not understand yet!

SNP Genotype



Healthy people

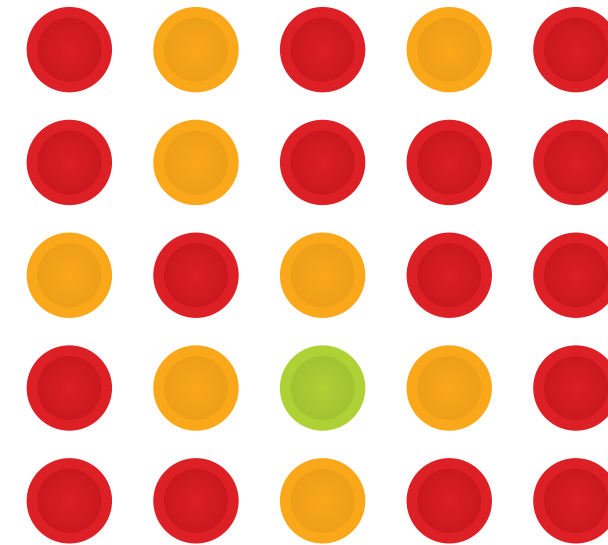


AA: 6 people (24%)
AC: 13 people (52%)
CC: 6 people (24%)



A allele freq: 50%
C allele freq: 50%

Sick people



AA: 1 person (4%)
AC: 8 people (32%)
CC: 16 people (64%)

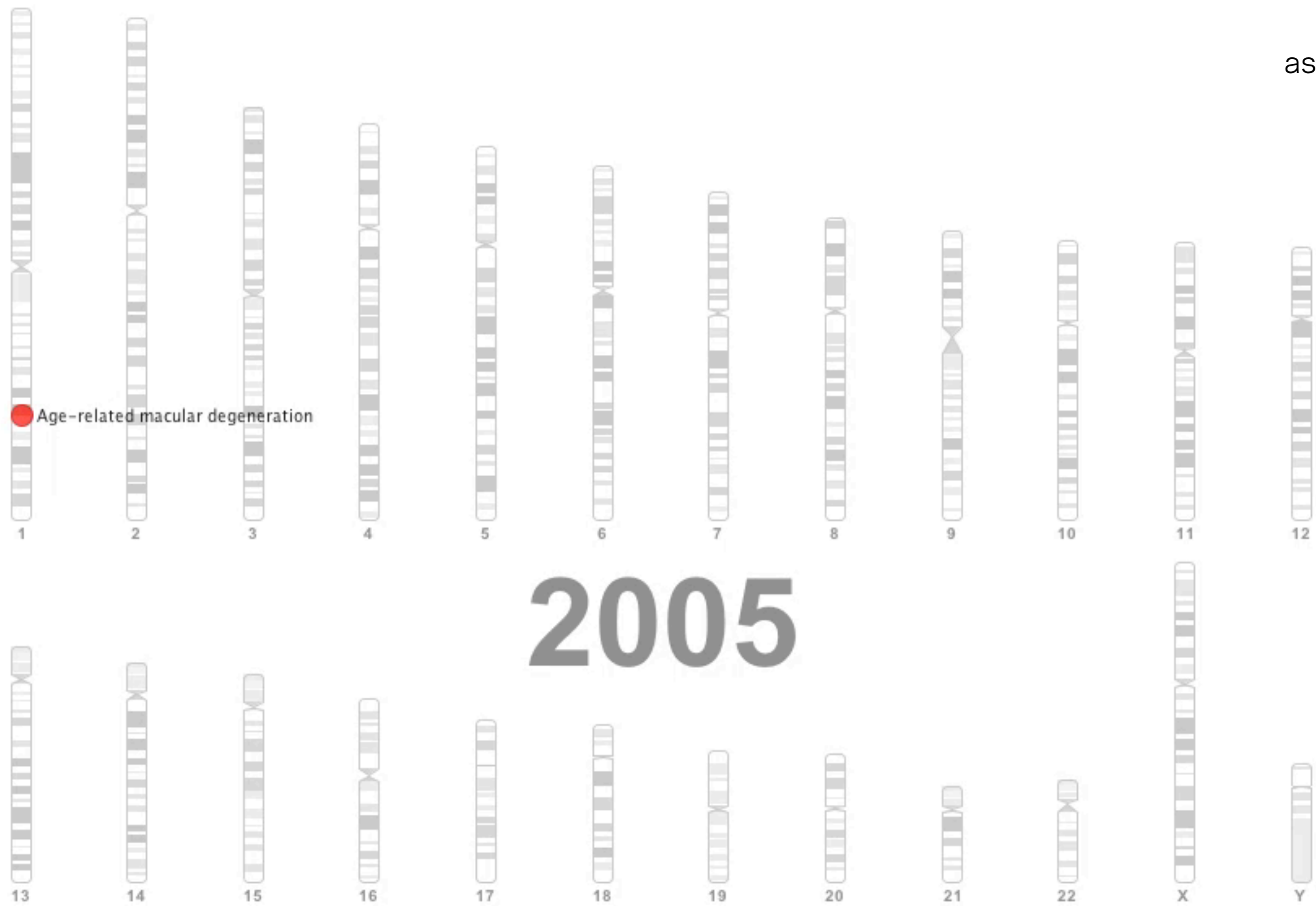


A allele freq: 20%
C allele freq: 80%

Seven years of GWAS studies

Gene atlas

6,054
disease
associations



Celiac disease: common (1% prevalence) small intestinal inflammatory condition induced by dietary wheat, rye and barley.

June 2007

nature
genetics

A genome-wide association study for celiac disease identifies risk variants in the region harboring *IL2* and *IL21*

David A van Heel¹, Lude Franke^{2,17}, Karen A Hunt^{1,17}, Rhian Gwilliam^{3,17}, Alexandra Zhernakova², Mike Inouye³, Martin C Wapenaar⁴, Martin C N M Barnardo⁵, Graeme Bethel³, Geoffrey K T Holmes⁶, Con Feighery⁷, Derek Jewell⁸, Dermot Kelleher⁷, Parveen Kumar¹, Simon Travis⁹, Julian RF Walters¹⁰, David S Sanders¹¹, Peter Howdle¹², Jill Swift¹³, Raymond J Playford¹, William M McLaren³, M Luisa Mearin^{14,15}, Chris J Mulder¹⁶, Ross McManus⁷, Ralph McGinnis³, Lon R Cardon⁸, Panos Deloukas³ & Cisca Wijmenga^{2,4}



March 2008

nature
genetics

Newly identified genetic risk variants for celiac disease related to the immune response

Karen A Hunt¹, Alexandra Zhernakova², Graham Turner³, Graham A R Heap¹, Lude Franke², Marcel Bruinenberg⁴, Jihane Romanos⁴, Lotte C Dinesen⁵, Anthony W Ryan³, Davinder Panesar¹, Rhian Gwilliam⁶, Fumihiko Takeuchi⁶, William M McLaren⁶, Geoffrey K T Holmes⁷, Peter D Howdle⁸, Julian R F Walters⁹, David S Sanders¹⁰, Raymond J Playford¹, Gosia Trynka⁴, Chris J J Mulder¹¹, M Luisa Mearin^{12,13}, Wieke H M Verbeek¹¹, Valerie Trimble³, Fiona M Stevens¹⁴, Colm O'Morain³, Nicholas P Kennedy³, Dermot Kelleher³, Daniel J Pennington¹, David P Strachan¹⁵, Wendy L McArdle¹⁶, Charles A Mein¹⁷, Martin C Wapenaar⁴, Panos Deloukas⁶, Ralph McGinnis⁶, Ross McManus^{3,18}, Cisca Wijmenga^{2,4,18} & David A van Heel^{1,18}



2010

nature
genetics



2011

nature
genetics

The start:

778 unrelated UK celiac patients
1,422 unrelated UK controls

Genotyping: Illumina Hap300
Infinium oligonucleotide array

Calling of genotypes:

In-house developed calling
algorithm (IllumiTyper)

Chip and SNP quality control:

- Individual and SNP call rate > 95%
- HWE Exact P-Value > 0.001
- MAF > 0.05

Related samples:

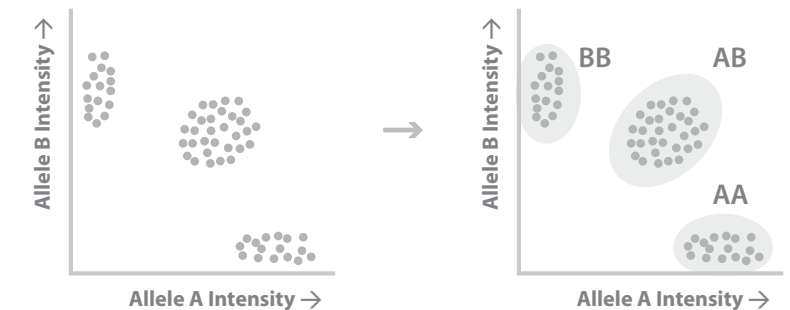
- Duplicates removed
- Stratification assessed using Eigenstrat

Association analysis: Allele frequency
P-Value test (chi² test, 1 df)

Collect many unrelated cases and controls

Isolate DNA, hybridize to oligonucleotide array

Call genotypes:



Chip and SNP quality control:

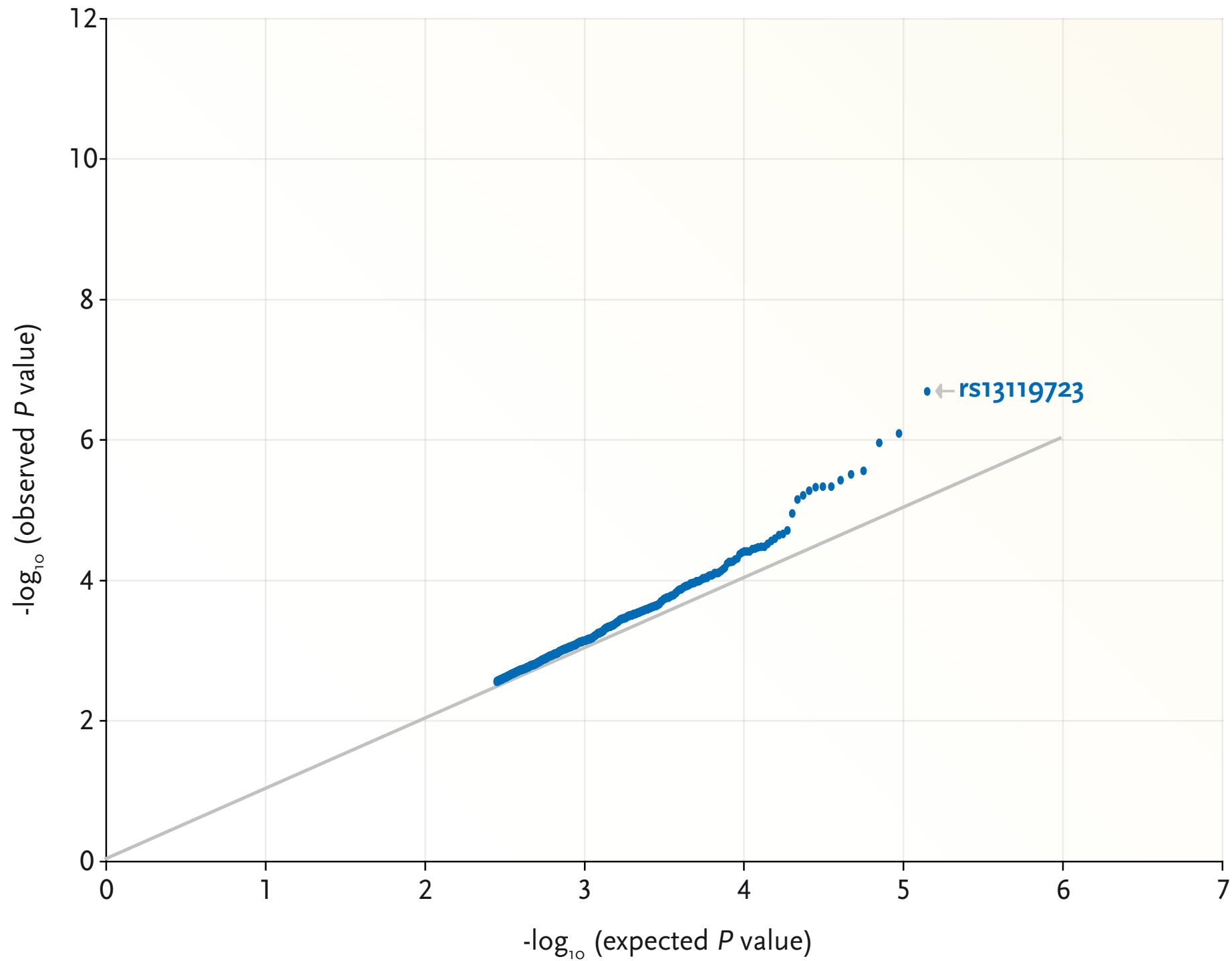
- Individual and SNP call rate
- Hardy-Weinberg Equilibrium
- Minimal required allele frequency in controls

Related samples and population stratification:

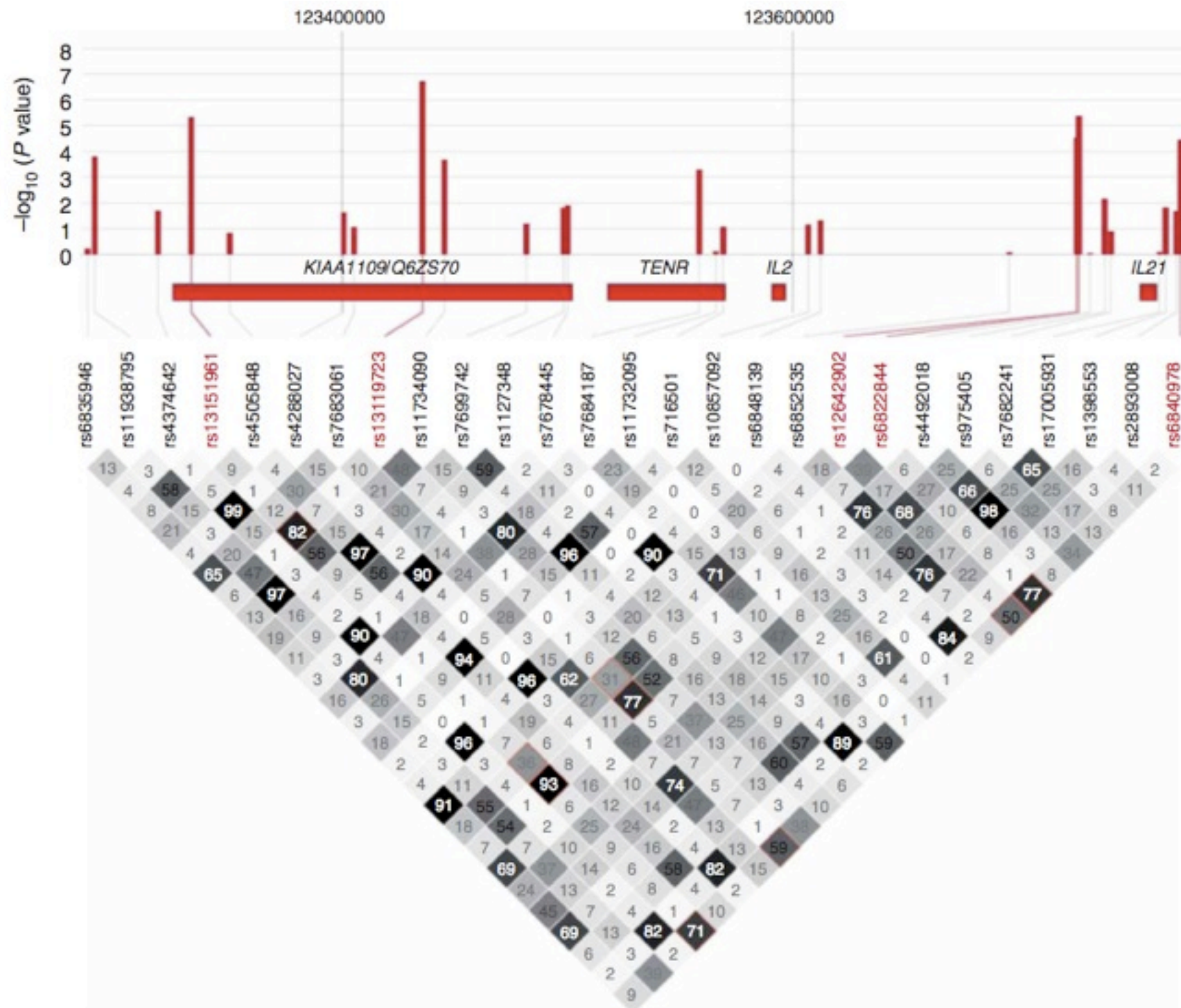
- Identification of duplicates
- Ethnic outliers
- Subgroups that might be present in data

Conduct association analysis

Quantile-quantile plot:

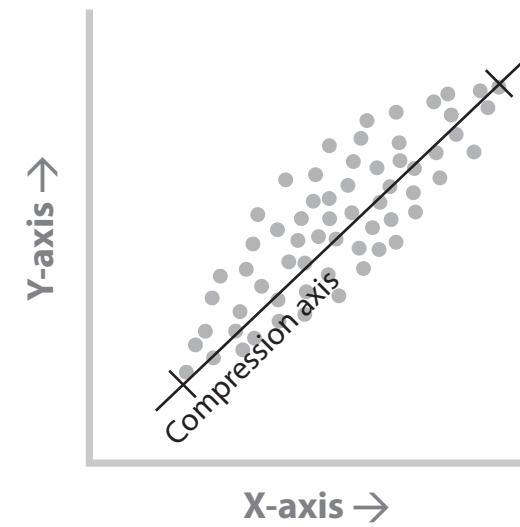
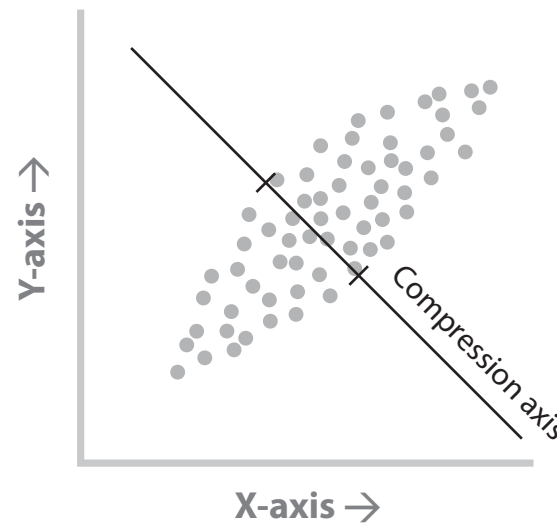
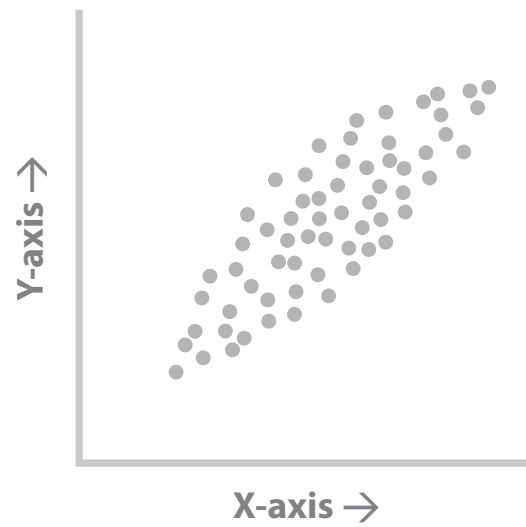


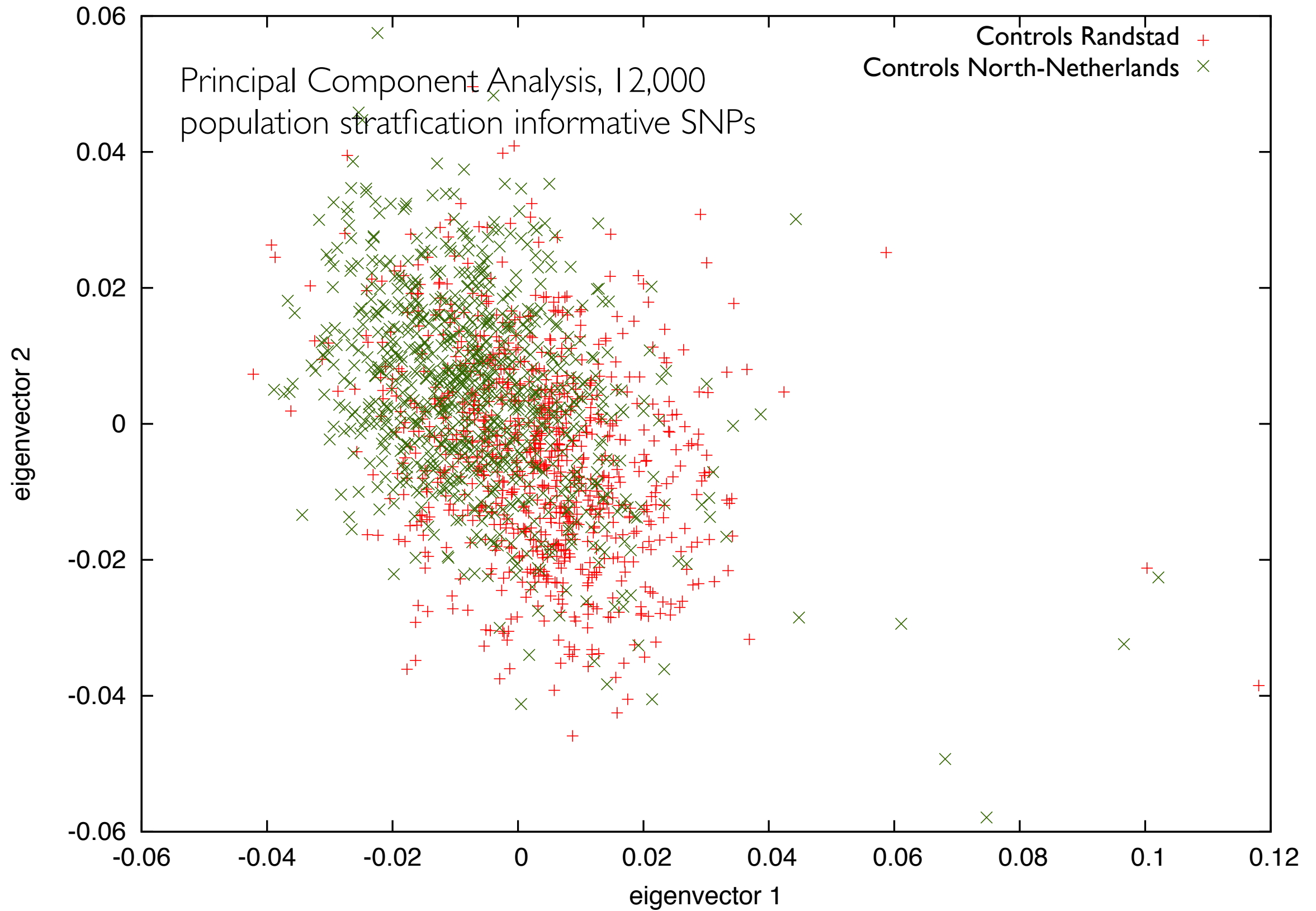
4q27 locus:



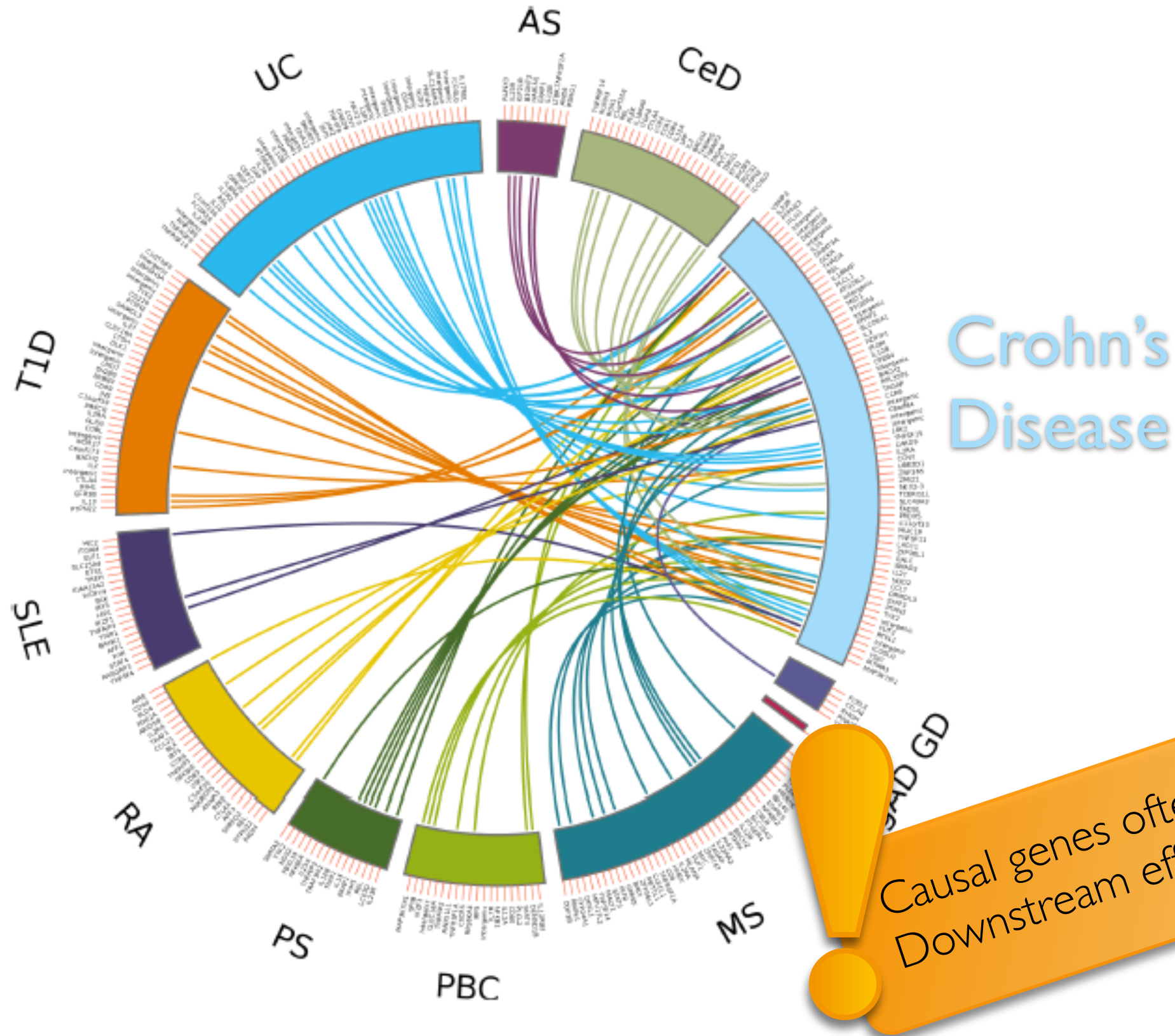
- St. Pietersberg
- Groningen, Amsterdam, Utrecht, Rotterdam
- Schiphol

- Groningen
- Zwolle
- Utrecht
- Eindhoven
- Maastricht



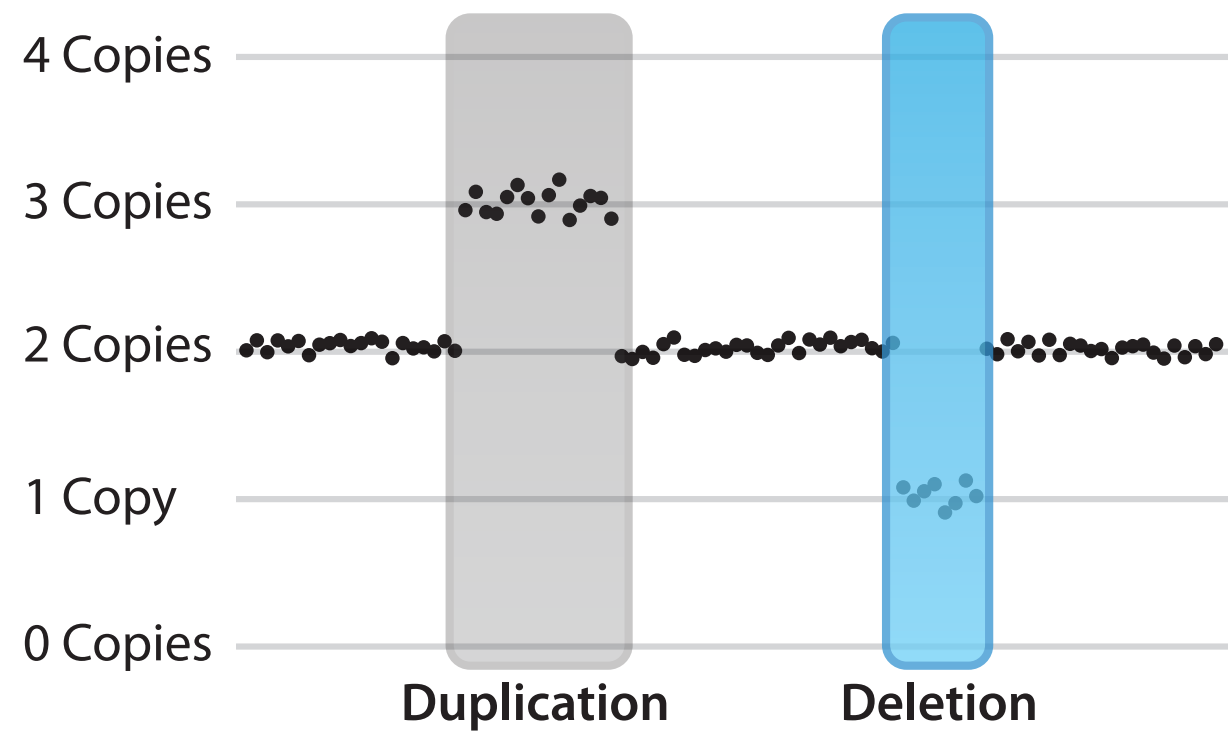


Large overlap between immune related diseases



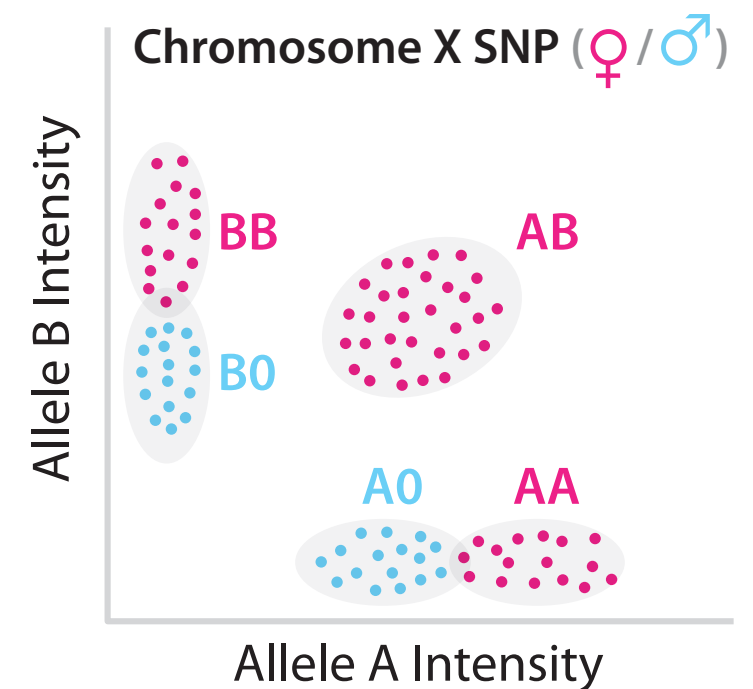
CGH / Oligonucleotide Arrays

Investigate intensity of probes

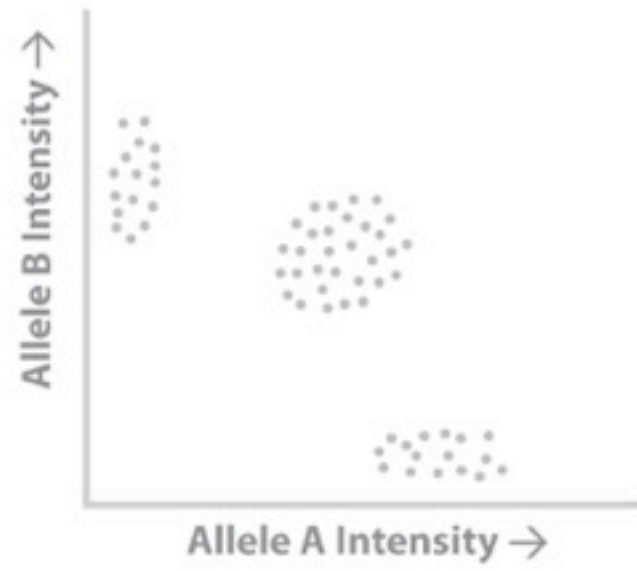


Oligonucleotide Arrays:

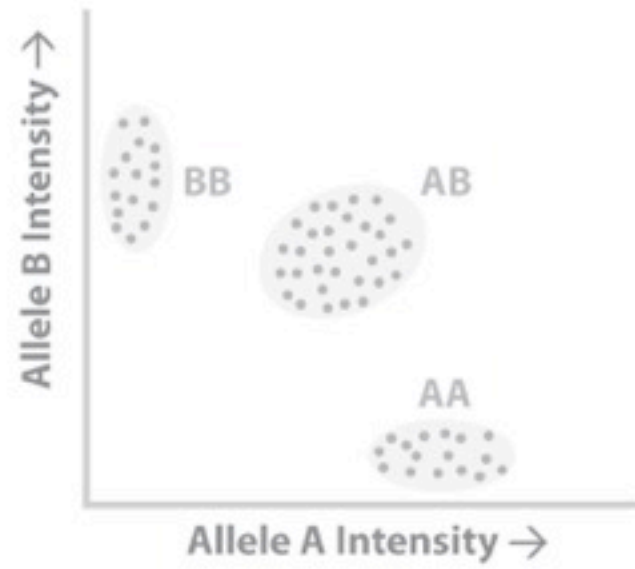
Take advantage of genotypes



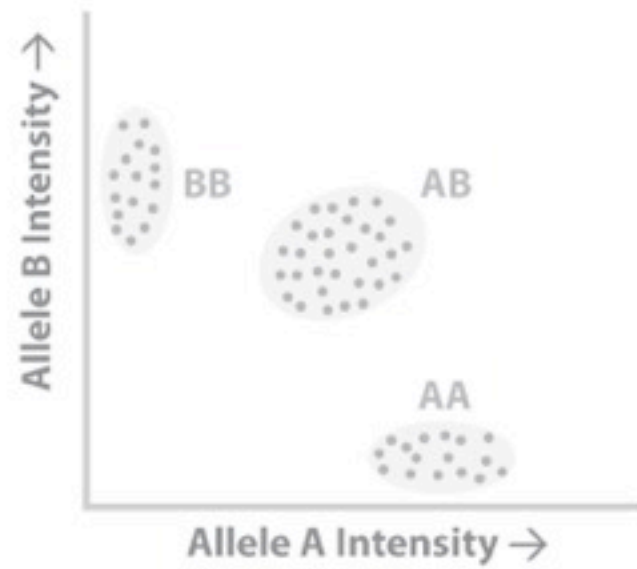
Autosomal biallelic SNP



Autosomal biallelic SNP

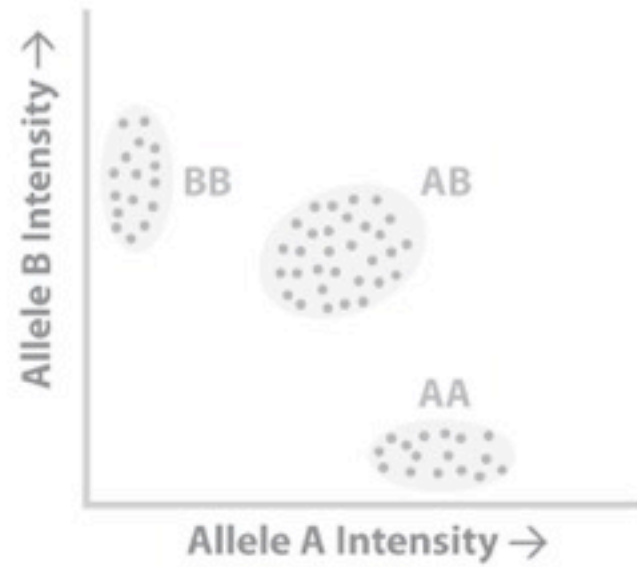


Autosomal biallelic SNP



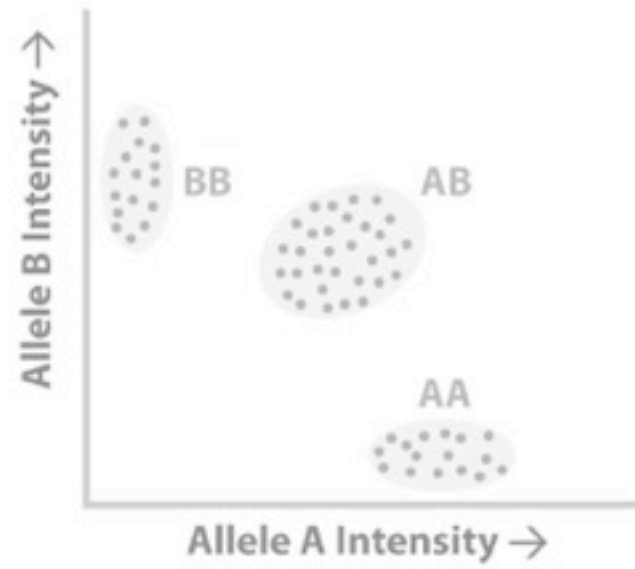
Genotype Frequency	AA 25%	AB 50%	BB 25%
Allele Frequency	A $(2AA + AB) / 2 = 50\%$		B $(AB + 2BB) / 2 = 50\%$
Genotype Expected	AA $A^2 = 25\%$	AB $2AB = 50\%$	BB $B^2 = 25\%$

Autosomal biallelic SNP



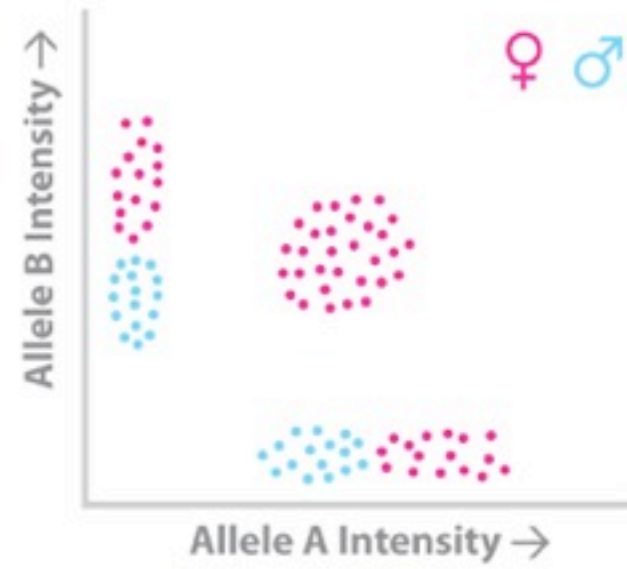
Hardy-Weinberg: **Equilibrium**

Autosomal biallelic SNP

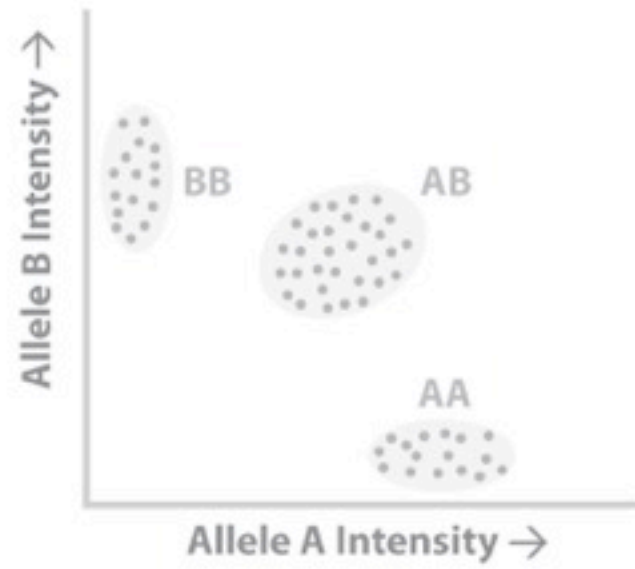


Hardy-Weinberg: Equilibrium

Chromosome X biallelic SNP

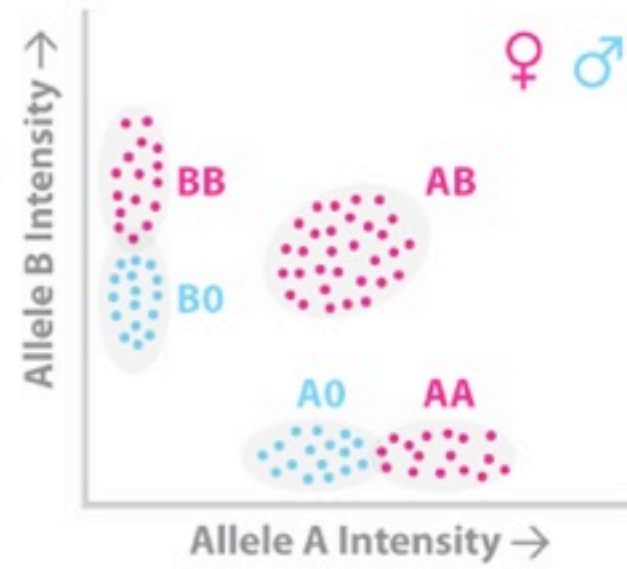


Autosomal biallelic SNP

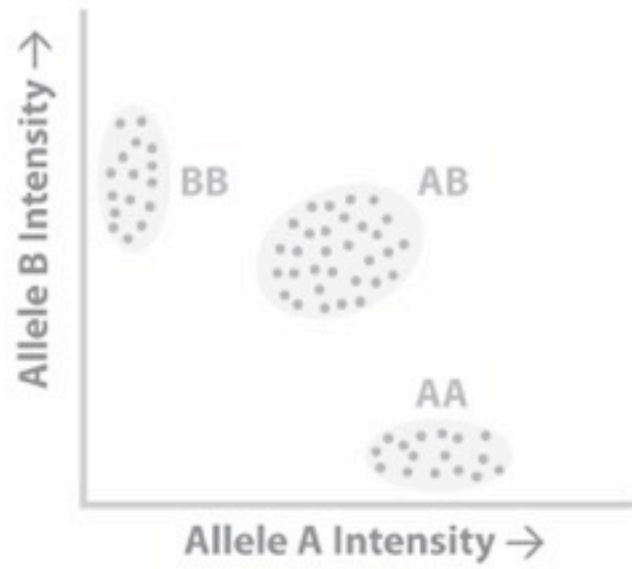


Hardy-Weinberg: **Equilibrium**

Chromosome X biallelic SNP

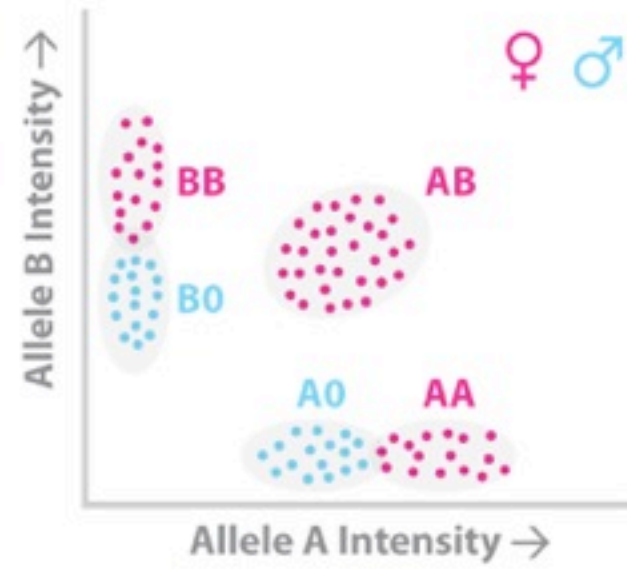


Autosomal biallelic SNP

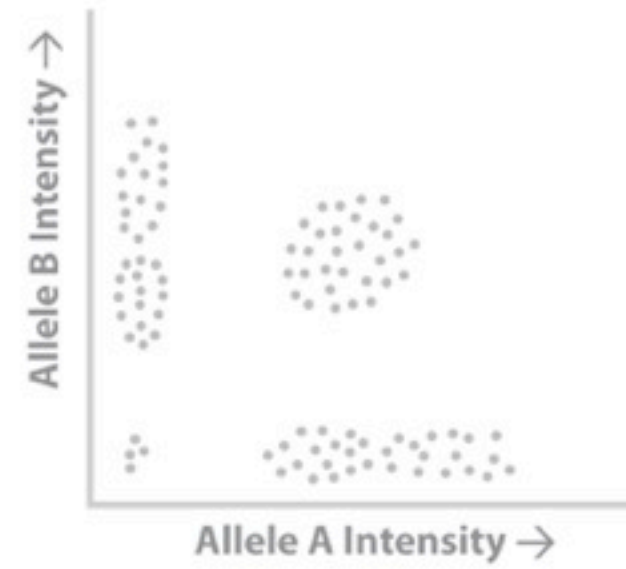


Hardy-Weinberg: **Equilibrium**

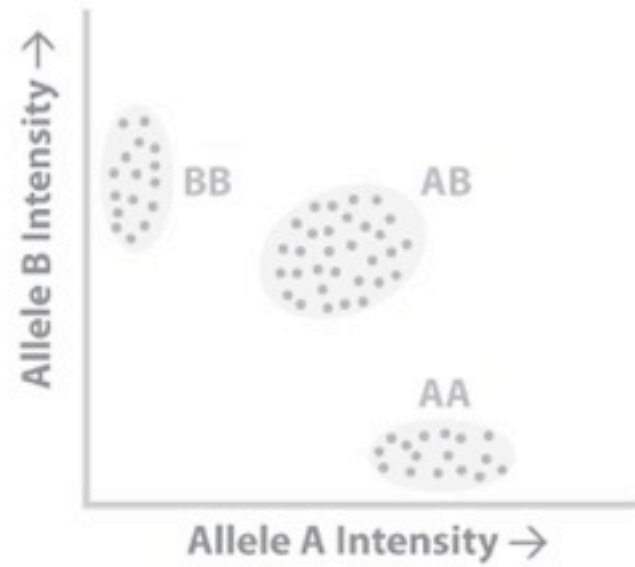
Chromosome X biallelic SNP



Autosomal triallelic SNP

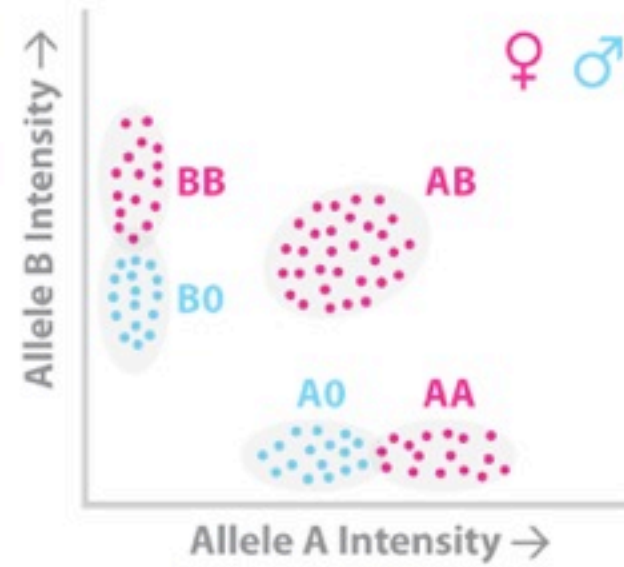


Autosomal biallelic SNP

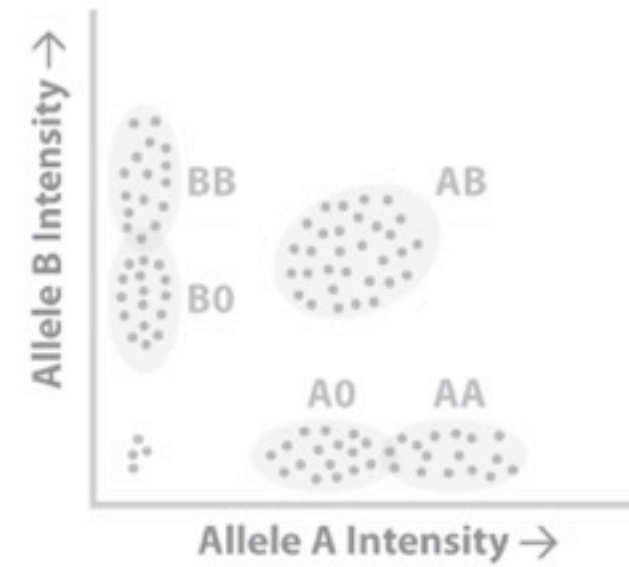


Hardy-Weinberg: **Equilibrium**

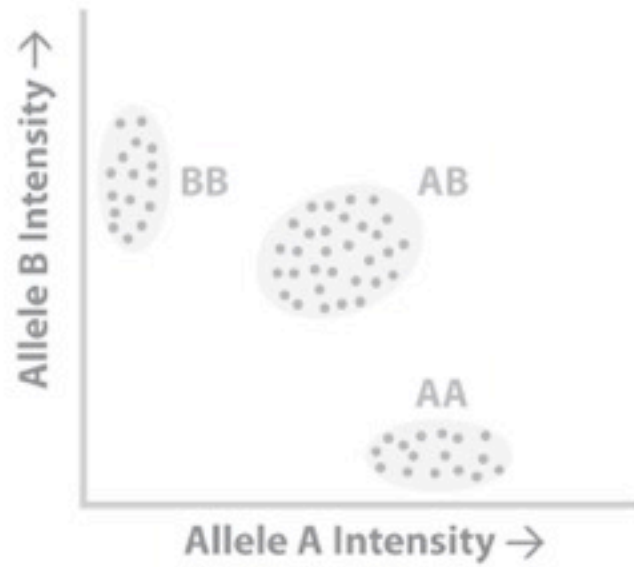
Chromosome X biallelic SNP



Autosomal triallelic SNP

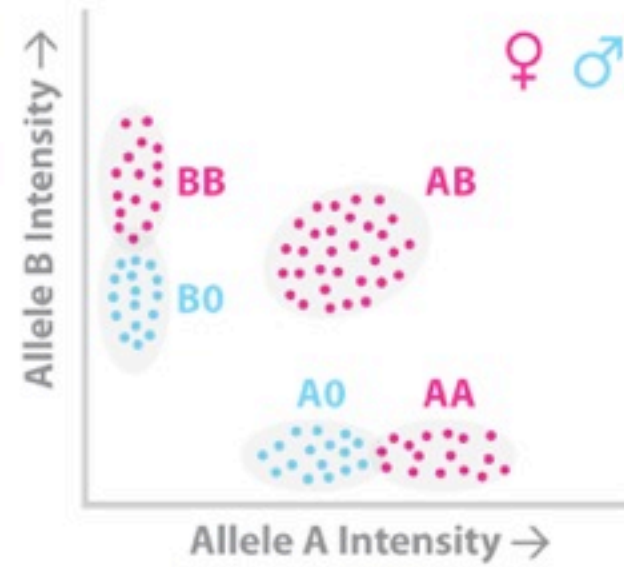


Autosomal biallelic SNP

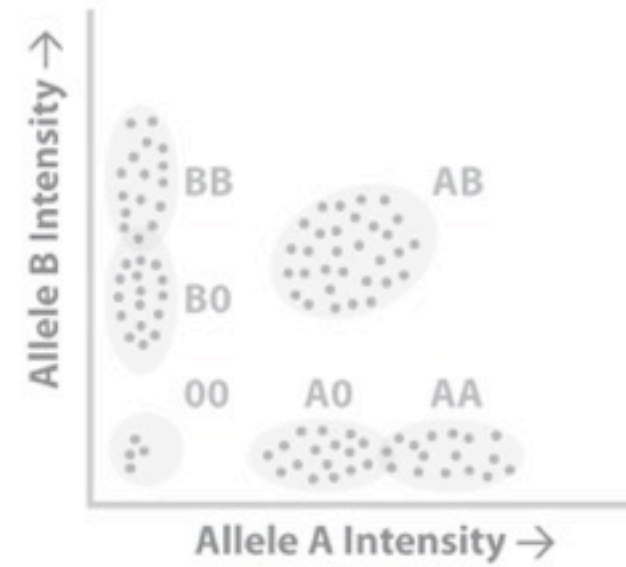


Hardy-Weinberg: **Equilibrium**

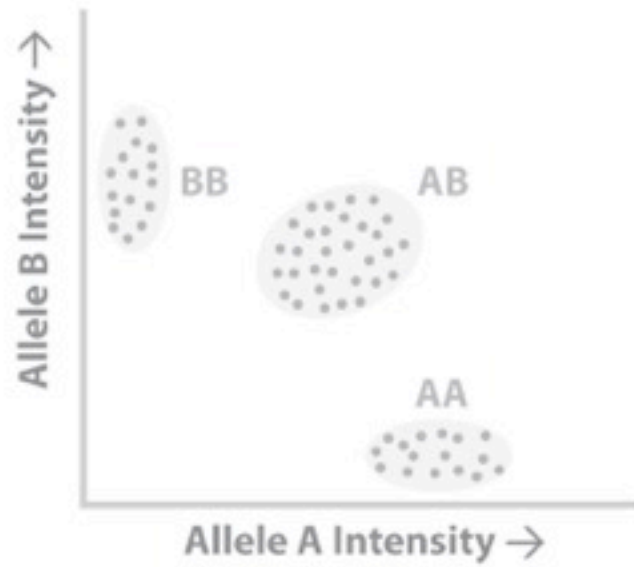
Chromosome X biallelic SNP



Autosomal triallelic SNP

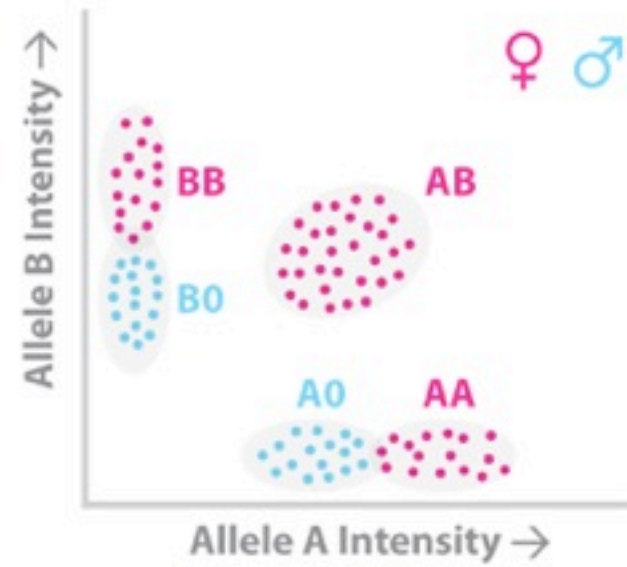


Autosomal biallelic SNP

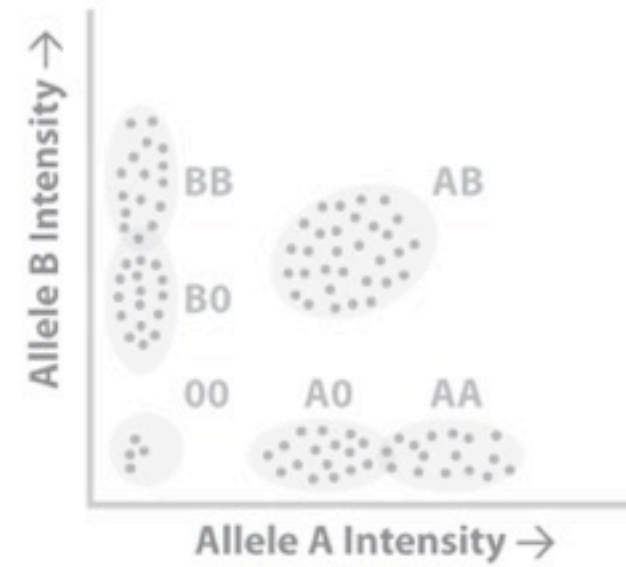


Hardy-Weinberg: Equilibrium

Chromosome X biallelic SNP



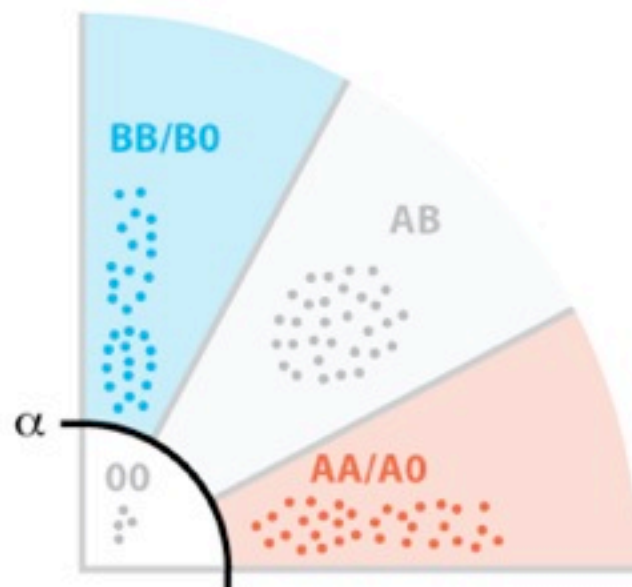
Autosomal triallelic SNP



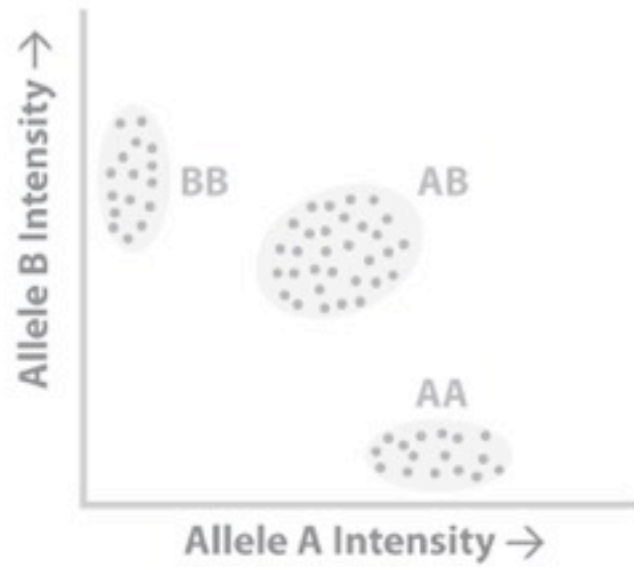
Genotype Assignment, Step 1:

00 Assignment (parameter α).

AA/A0, BB/B0 and AB Identification

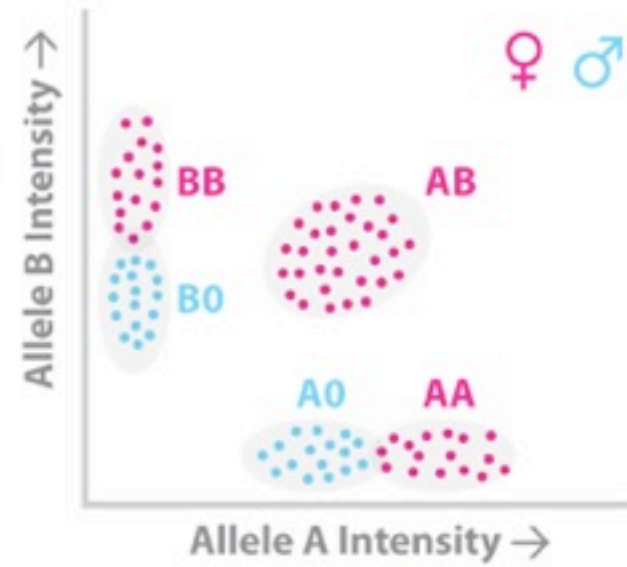


Autosomal biallelic SNP

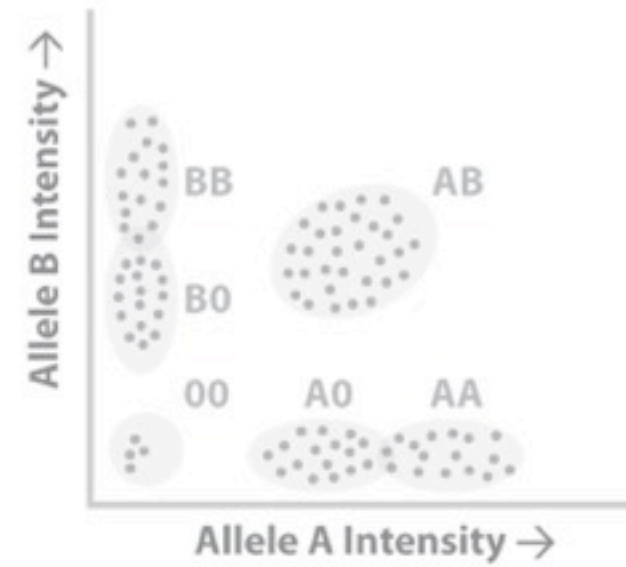


Hardy-Weinberg: Equilibrium

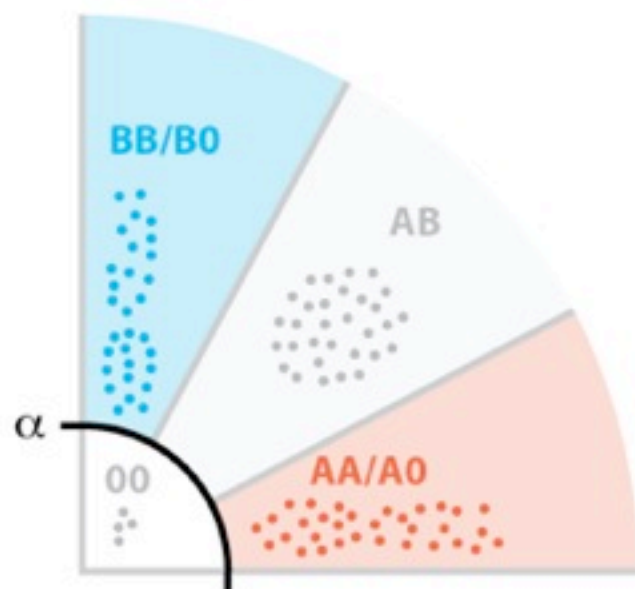
Chromosome X biallelic SNP



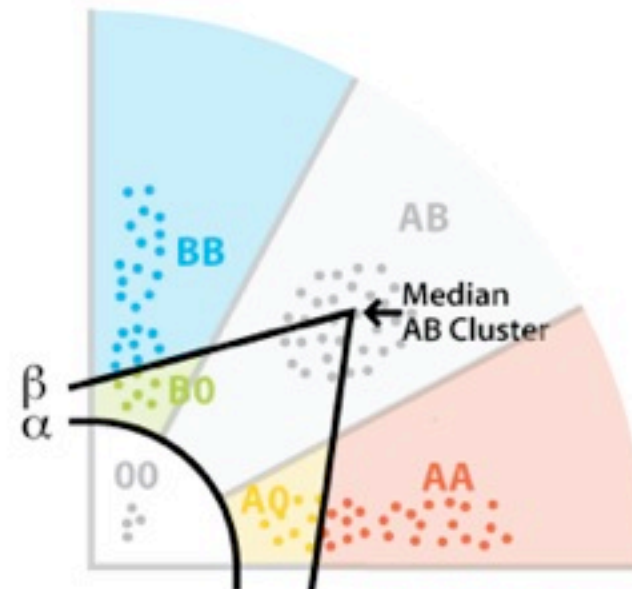
Autosomal triallelic SNP



Genotype Assignment, Step 1:
00 Assignment (parameter α).
AA/A0, BB/B0 and AB Identification

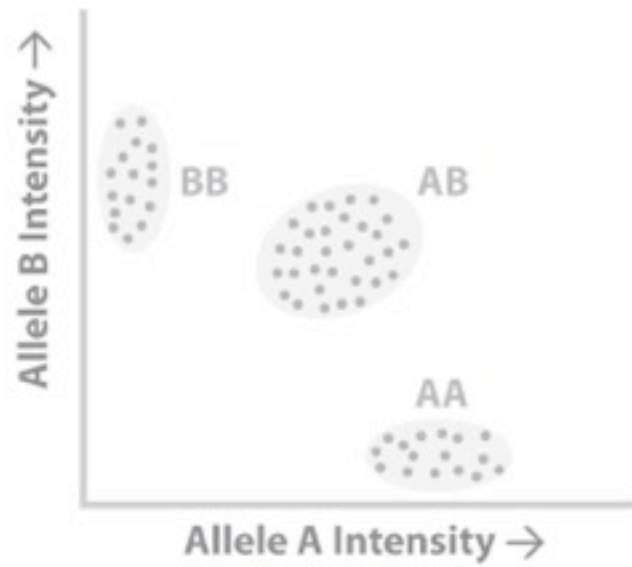


Genotype Assignment, Step 2:
Discrimination between AA and A0
and between BB and B0 (parameter β)



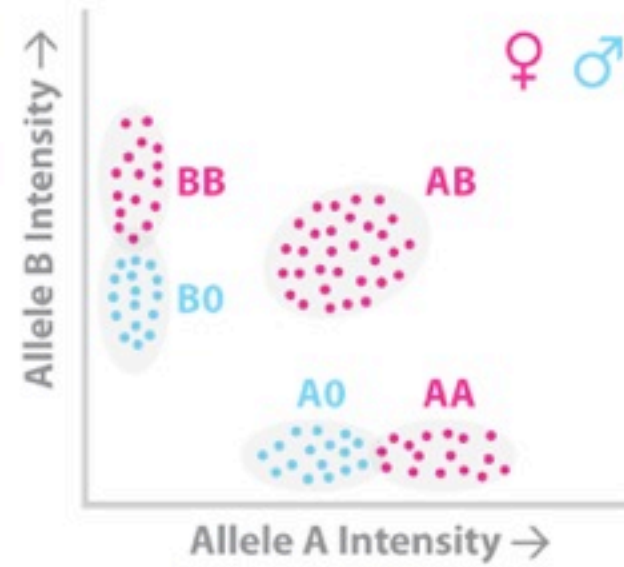
Hardy-Weinberg: Disequilibrium

Autosomal biallelic SNP

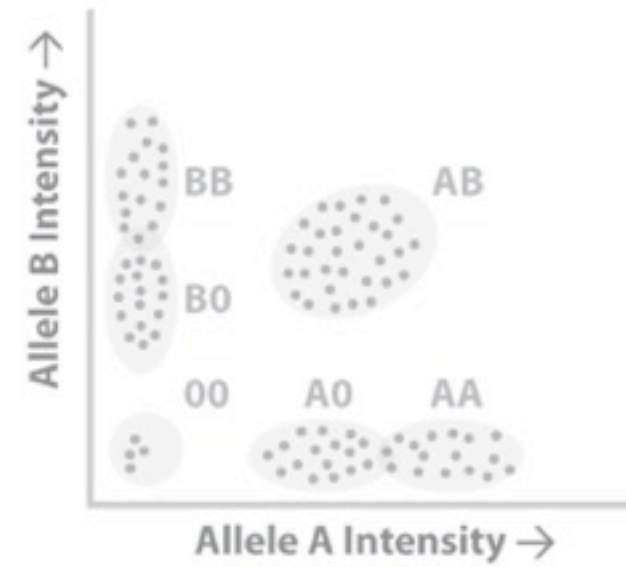


Hardy-Weinberg: **Equilibrium**

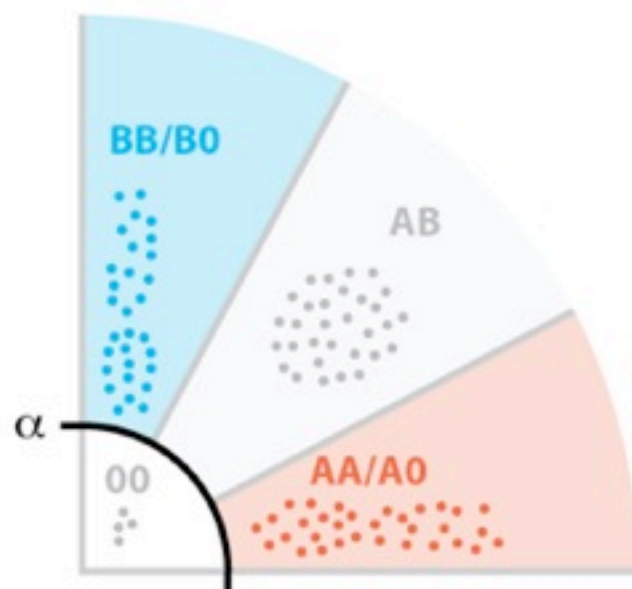
Chromosome X biallelic SNP



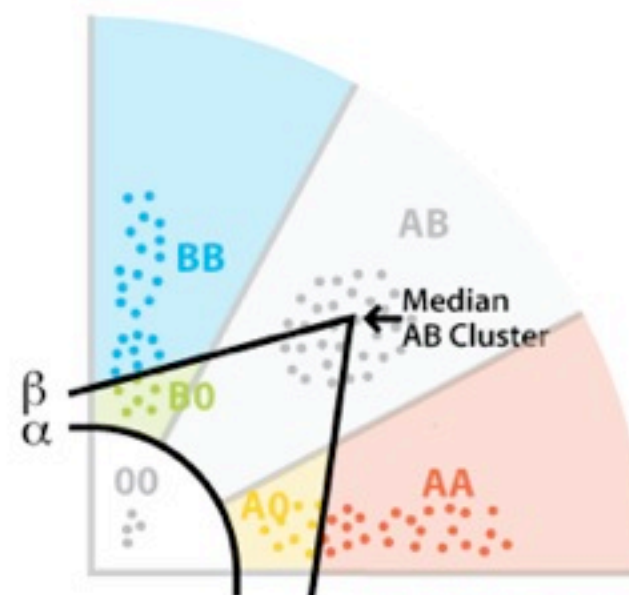
Autosomal triallelic SNP



Genotype Assignment, Step 1:
OO Assignment (parameter α).
AA/AO, BB/BO and AB Identification

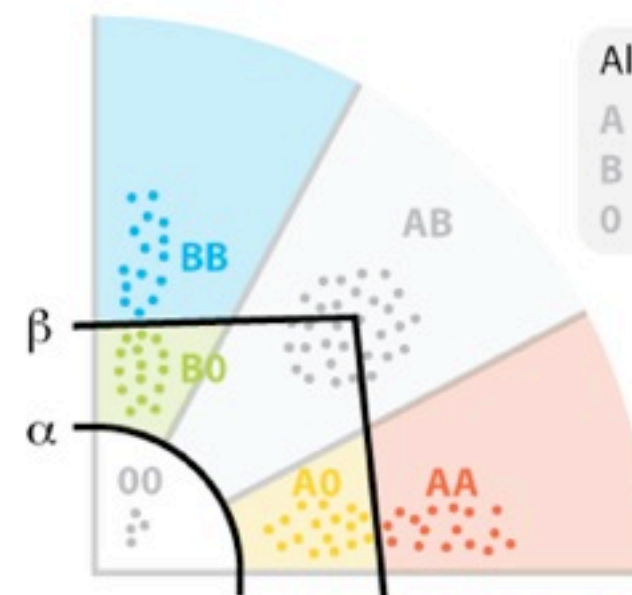


Genotype Assignment, Step 2:
Discrimination between AA and AO
and between BB and BO (parameter β)



Hardy-Weinberg: **Disequilibrium**

Genotype Assignment, Step 3:
Maximum likelihood optimization of
HWE by adjusting α and β parameters



Hardy-Weinberg: **Equilibrium**

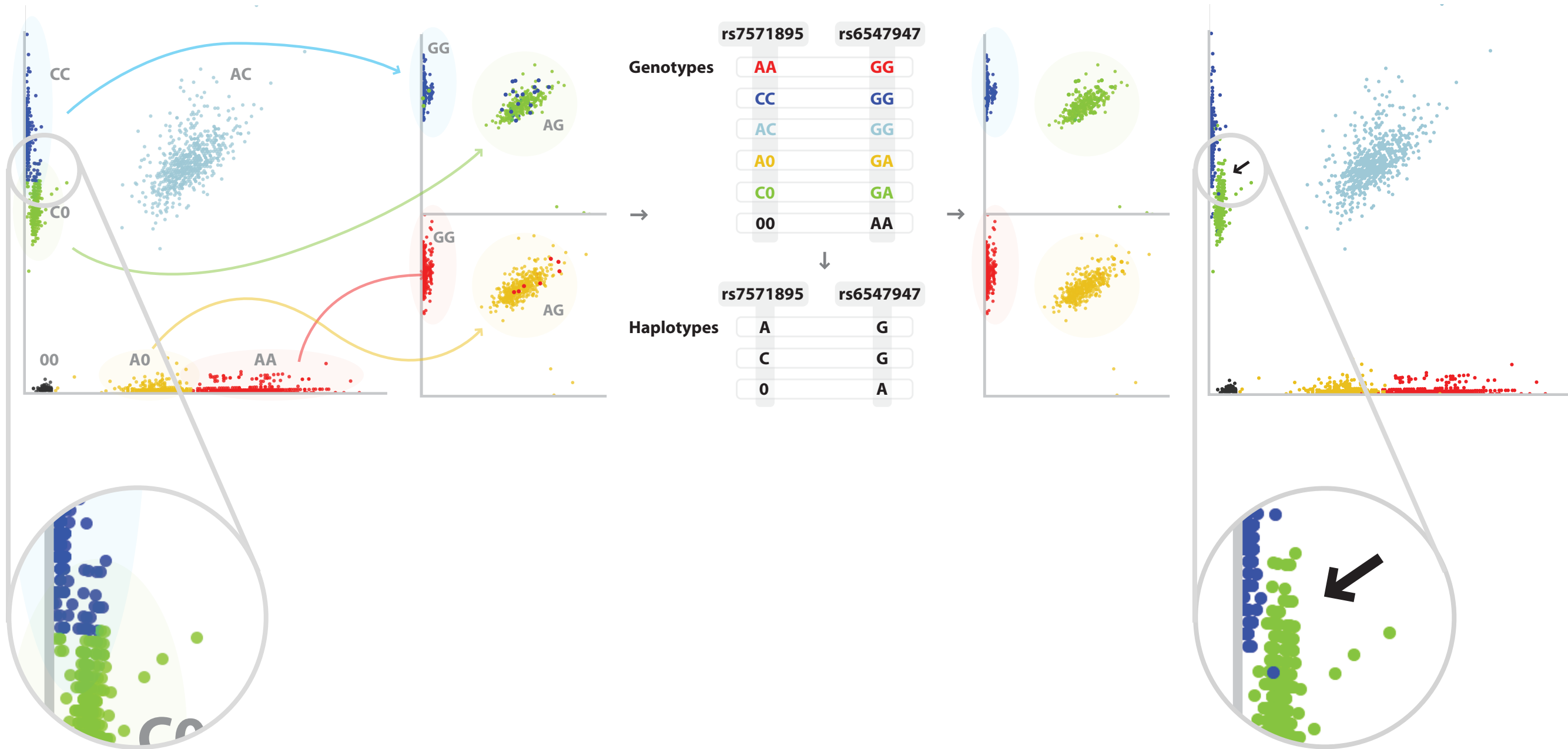
Allele	Frequency
A	40%
B	40%
O	20%

a) Initial genotype fit (rs7571895)

b) Haplotype analysis nearby SNP (rs6547947)

c) Genotype fit adjustments

d) Final genotype fit



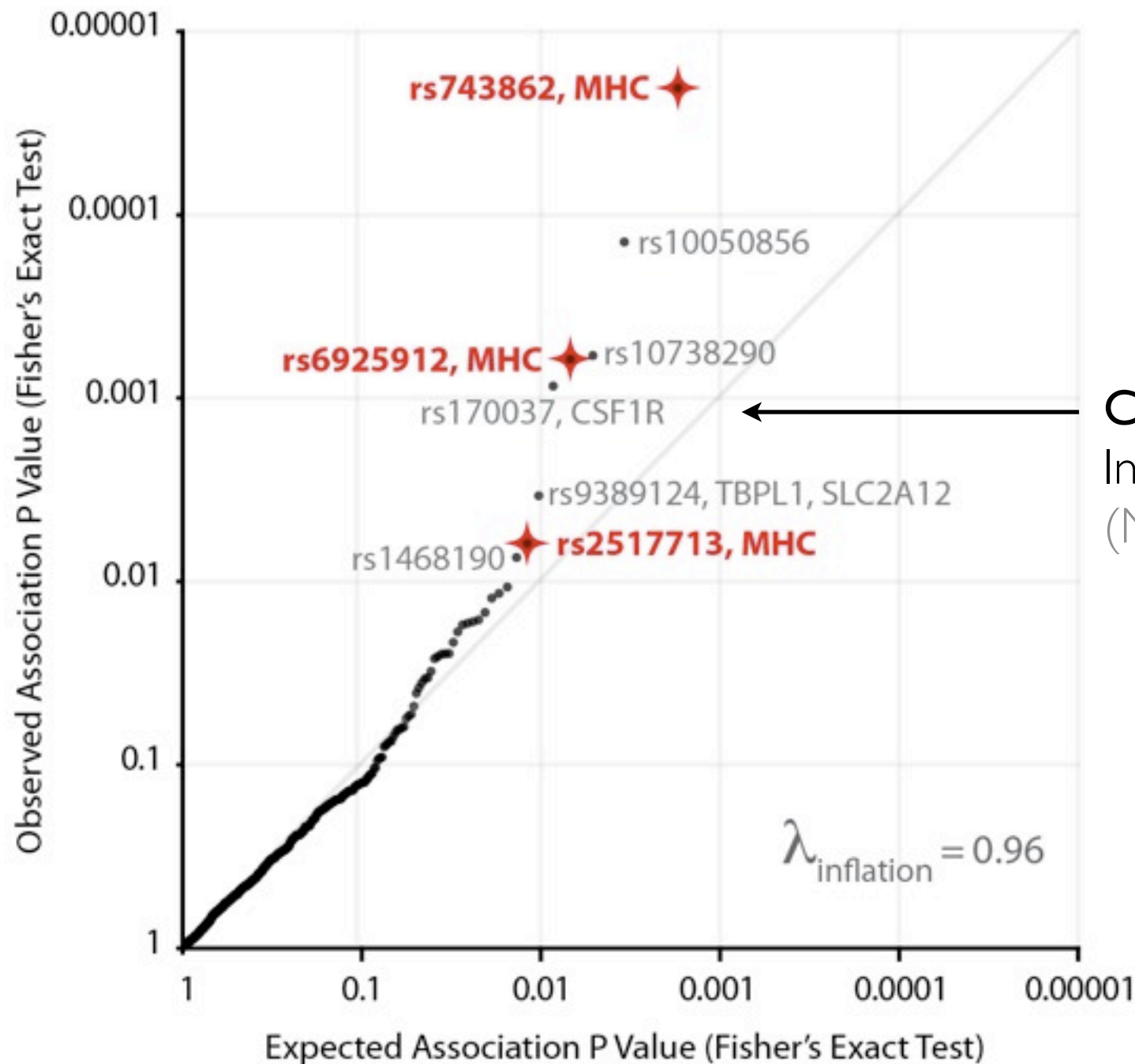
1,880 identified common human deletions



CNVs: Map to genes that have often paralogs. Genes are also less important

Association analysis in coeliac disease

Van Heel, Franke *et al*, A genome-wide association study for celiac disease identifies risk variants in the region harboring IL2 and IL21, Nature Genetics 2007



Colony Stimulating Factor Receptor 1:
Involved in macrophage differentiation
(Mapping in significantly linked locus at 5q)