# A Genetic Association Study Comparing Kernel-based Methods, with Application to Crohn's Disease

BSc Peter Tea, Msc Zhe Gao and Dr. Kelly Burkett

Department of Mathematics and Statistics, University of Ottawa

#### Introduction

- Association studies test for correlation between genetic variation and phenotype variation (Ex: Kernel-based methods). These studies can locate candidate genes that contribute to the onset of a disease
- Kernel methods require: 1) A kernel function and; 2) A kernel association statistic. BUT, there exists MANY different kernel functions and association statistics to choose from!
- Research goal: Compare performances of different combinations of kernel functions and kernel statistics, under 2 distinct phenotype models

#### **Background Information**

#### **Results: Phenotype 2**

Kernel Statistic	IBS	AM	H1	Skat
SimReg	0.259	0.259	0.172	0.864
MDMR	0.375	0.371	0.306	0.806
SKAT	0.349	0.349	0.286	0.909

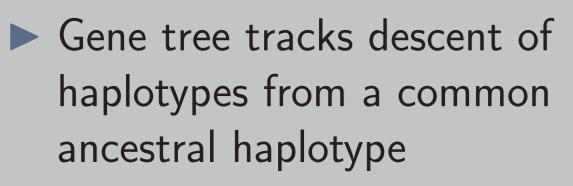
Kernel Statistic	Tree1	Tree2	Tree3	Tree4	Tree <sup>5</sup>
SimReg	0.152	0.152	0.440	0.438	0.438
MDMR	0.199	0.196	0.477	0.465	0.470



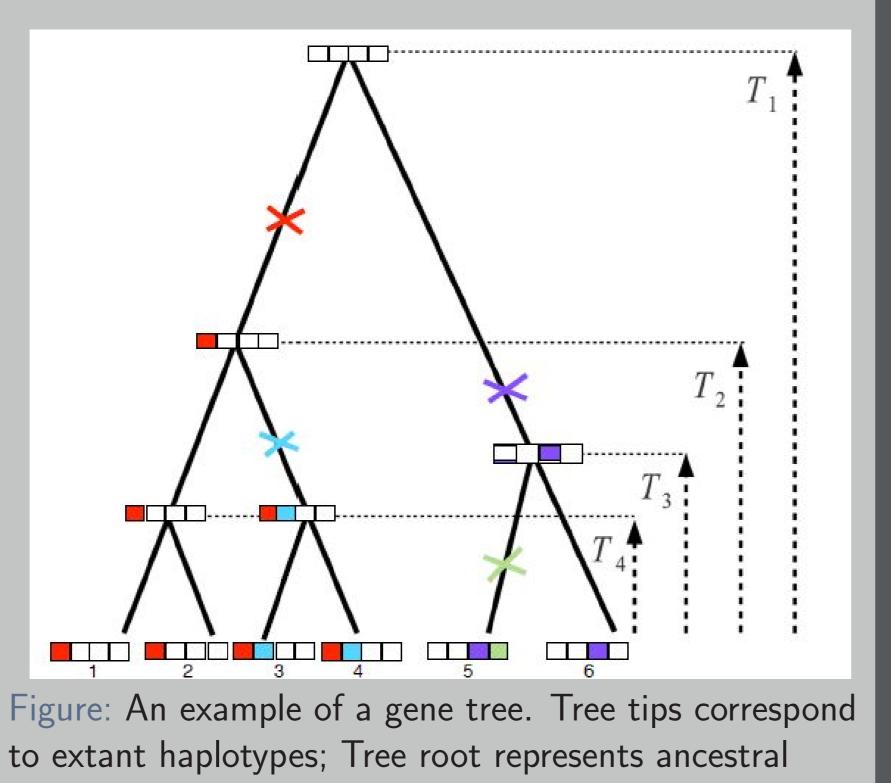


## **Kernel functions**

- Maps the degree of genetic similarity between pairs of individuals
- ► Two domains of kernel functions:
  - I) Scoring genotype kernels: Count the number of shared alleles across all SNP sites
- II) Tree-based kernels: Use branch lengths of Gene tree



Haplotypes that are genetically similar tend to cluster next to each other on the tree

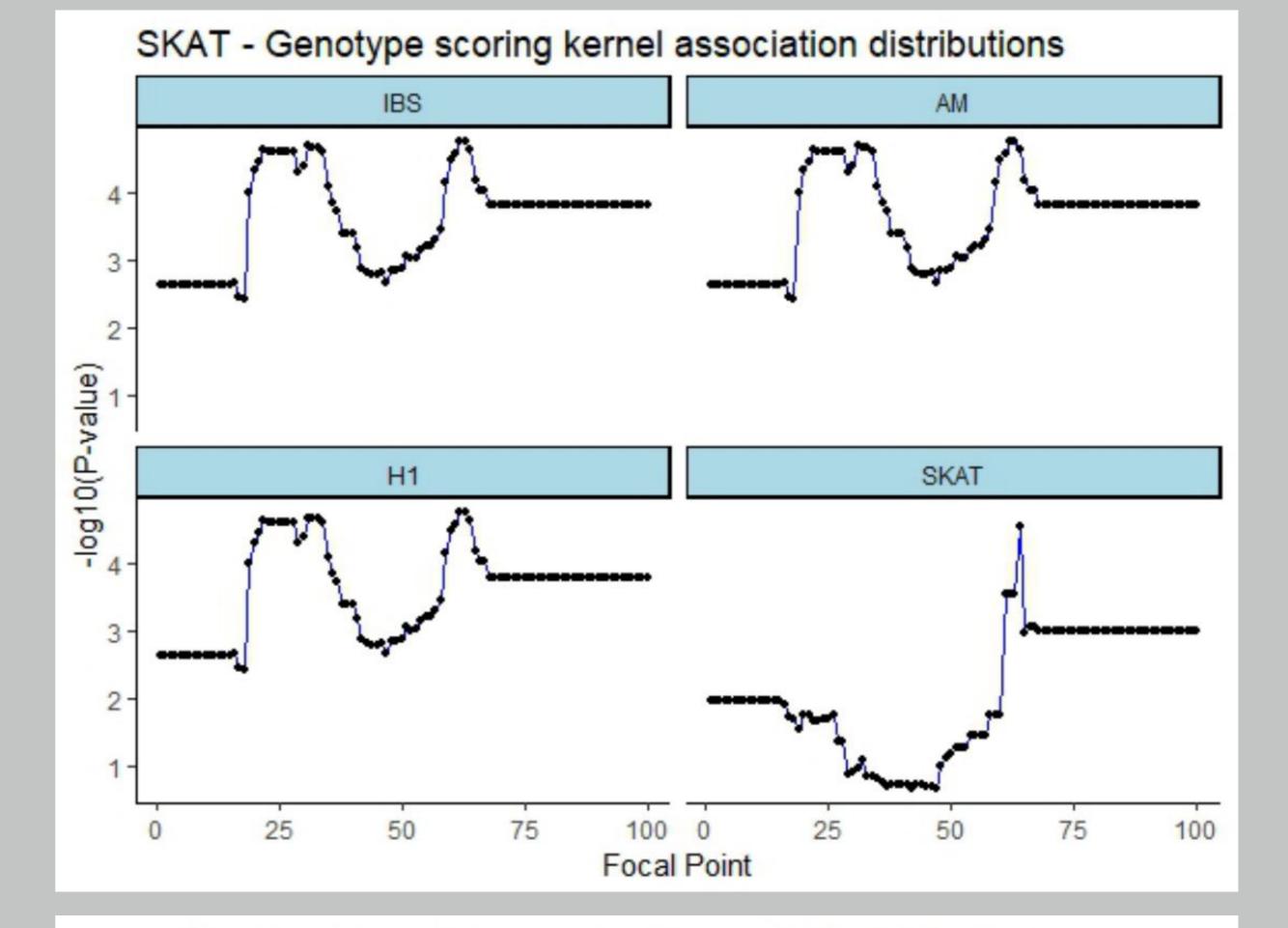


SKAT	0.188	0.188	0.242	0.246	0.246
------	-------	-------	-------	-------	-------

Figure: Power of kernel methods applied on simulated phenotype 2 model.

## **Crohn's Disease Analysis**

- Real dataset composed of 258 trios (father, mother and child ) affected with Crohn's disease
- 103 SNP markers across 500 kb of the 5q31 region of chromosome 5; region divided into 100 focal points



## **Kernel Statistics**

Many statistic approaches assume a regression model. For example, SimReg's approach is:

haplotype.

$$Z_{ij} = \beta \cdot S_{ij} + \epsilon_{ij}$$

#### where:

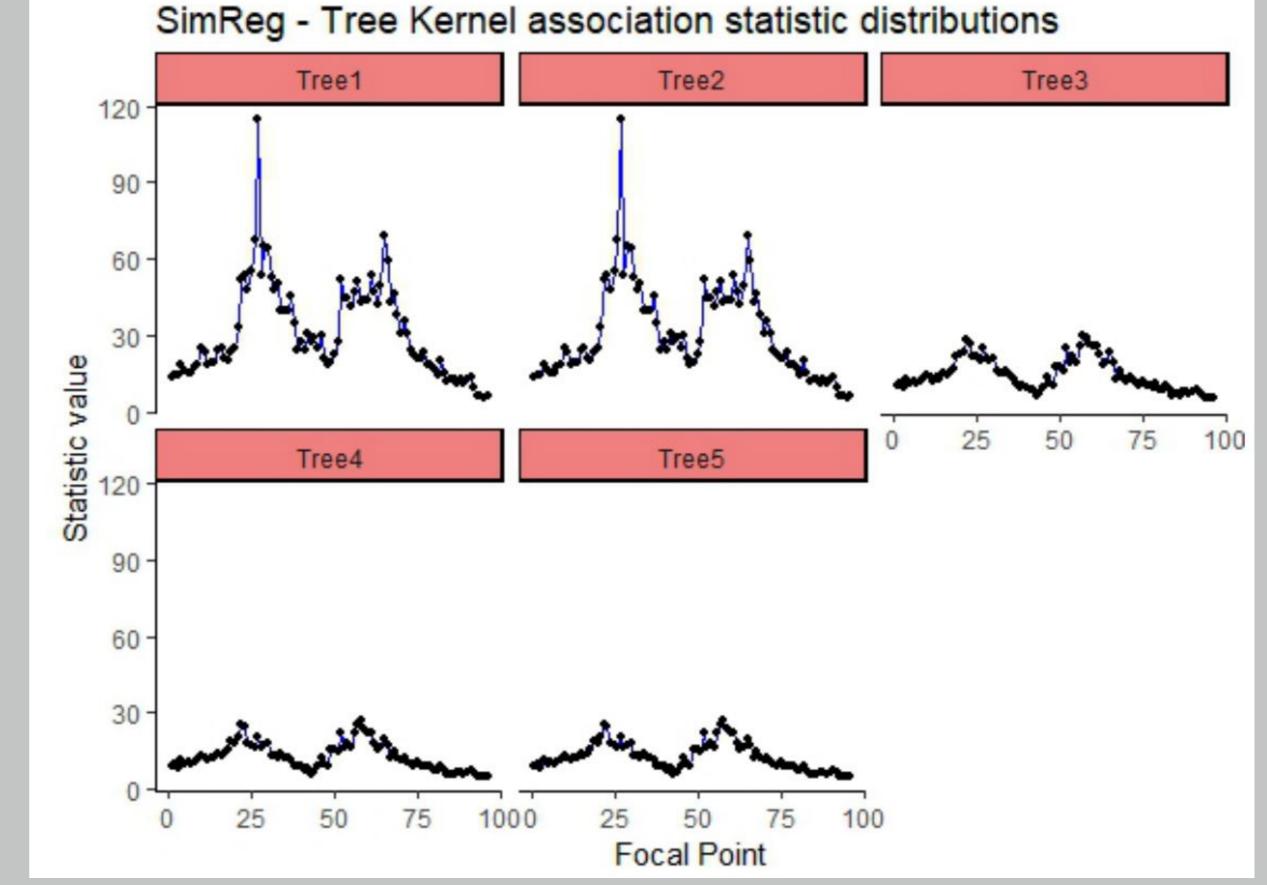
 $Z_{ij}$  is the cross product of the phenotype residuals between subjects i and j $(i \neq j)$ ;  $S_{ij}$  is a kernel function measuring genetic similarity;  $\epsilon_{ij}$  are error terms Hypothesis tests are all similar:

$$H_0: \beta = 0$$
 vs.  $H_1: \beta \neq 0$ 

#### Simulation

Continuous phenotypes simulated from a normal distribution, where the mean depends on the number of causal variants Phenotype 1: Single common causal variant. (**0.2** < *MAF* < **0.35**) Phenotype 2: Multiple rare causal variants (*MAF* < **0.05**)

#### **Results: Phenotype 1**



Kernel Statistic	IBS	AM	H1	Skat
SimReg	0.761	0.761	0.743	0.126
MDMR	0.839	0.836	0.873	0.065
SKAT	0.830	0.830	0.871	0.114

Kernel Statistic	Tree1	Tree2	Tree3	Tree4	Tree5
SimReg	0.684	0.684	0.531	0.538	0.538
MDMR	0.716	0.721	0.361	0.364	0.365
SKAT	0.733	0.733	0.335	0.349	0.349

Figure: Power of kernel methods applied on simulated phenotype 1 model.

Figure: Upper Plot: P-value distribution plots of the SKAT statistic across the 100 focal points. The four different panels represent the 4 different genotype scoring approaches. Lower Plot: Distribution plots of the SimReg statistic across the 100 focal points. The different panels represent the 5 different tree kernel approaches.

# Conclusion

- Under a common causal genetic variant model, power is best when using kernels that score genotype similarity.
- Under a multiple rare causal variant model, power is best when using the tree or SKAT kernels.
- For the Crohn's disease analysis, results depend on the choice of kernel and kernel-based statistic.