

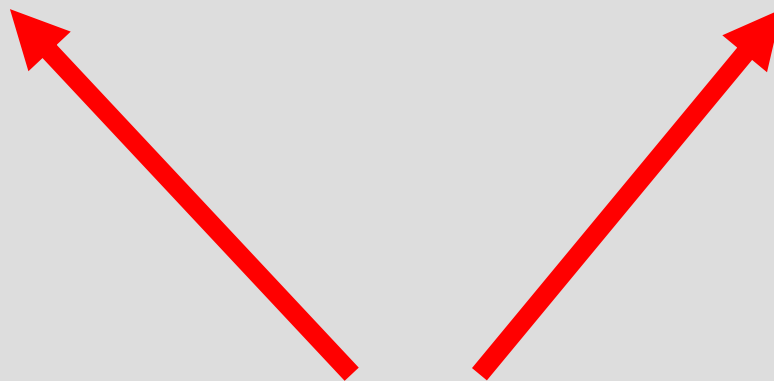
# GWAS 6

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# CONFOUNDER

We want to study X-Y relationship...

SNP (X)  Disease (Y)



Population (Z)

... but if there are associations between some 3rd variable Z and both X and Y, then Z may cause an observable X-Y association even if there is no **direct/causal** relationship between X and Y

Z is **confounder** of X-Y association

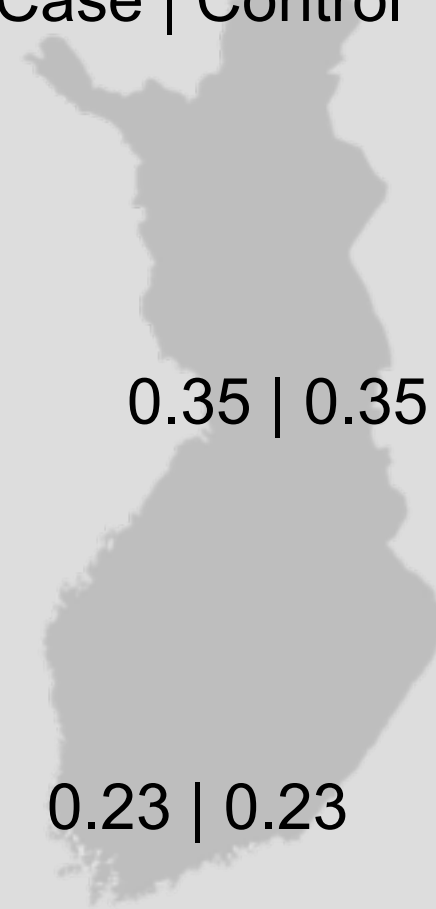
# CONFOUNDING BY ANCESTRY

- Consider a genetic variant that has no effect on heart disease but has different regional frequencies
  - Variant "A" frequency 0.23 in Helsinki region
  - Variant "A" frequency 0.35 in Oulu region
- Does not show association with disease in Helsinki or in Oulu (because there is none)
- What happens if we do not match well regions of origins for cases and controls ?

Frequencies  
Case | Control

0.35 | 0.35

0.23 | 0.23



# CONFOUNDING BY ANCESTRY

- SNP that has no effect on heart disease but has different regional frequencies
  - Variant "A" frequency 0.23 in Helsinki region
  - Variant "A" frequency 0.35 in Oulu region
- Consider sampling
  - 2000 cases (500 from H and 1500 from O).
    - "A" frequency in cases is 0.32
  - 2000 controls (1500 from H and 500 from O).
    - "A" frequency in cases is 0.26
- **False association** that variant "A" increases risk for heart disease !
- Different ancestries confounds the analysis

Frequencies

Case | Control

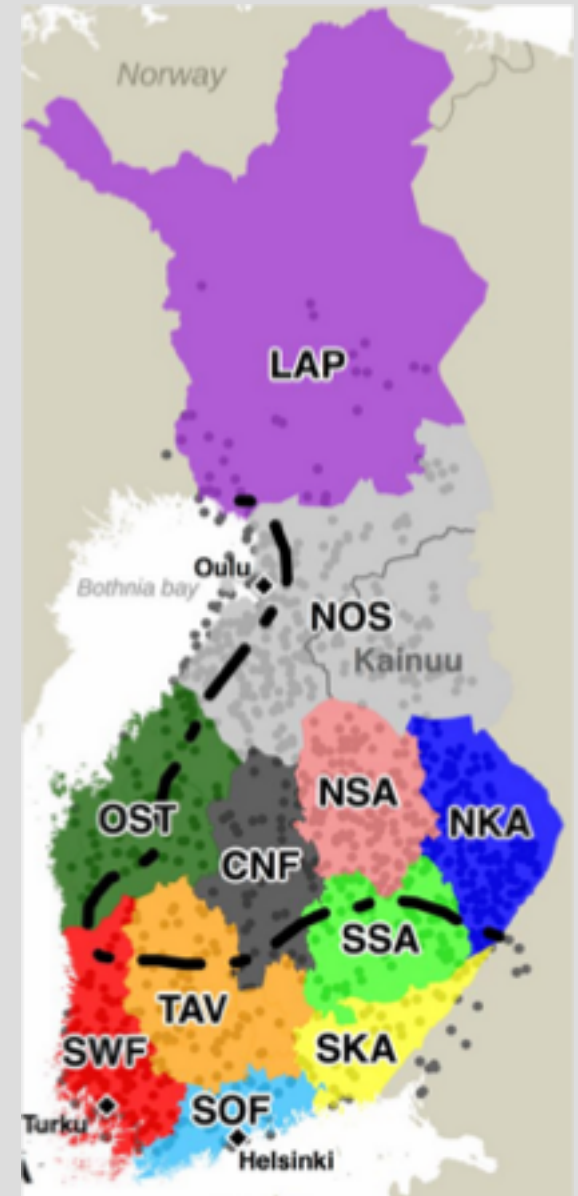
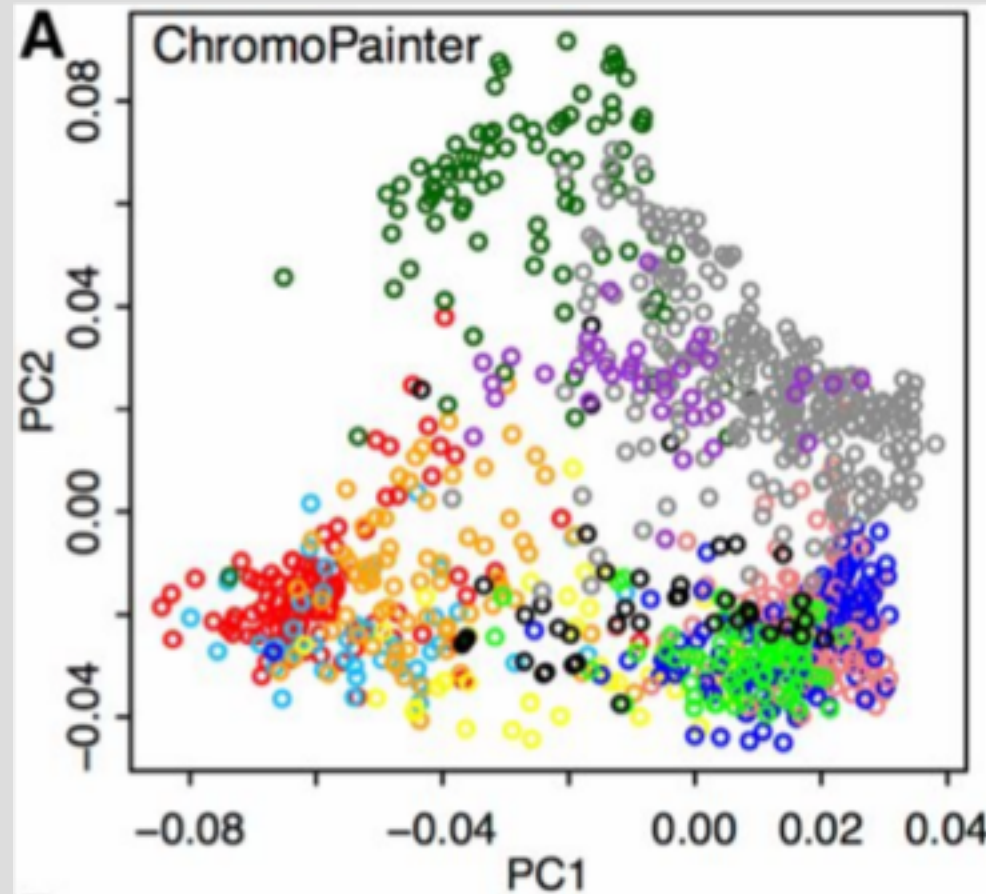
0.35 | 0.35

Sample frequencies:  
0.32 | 0.26

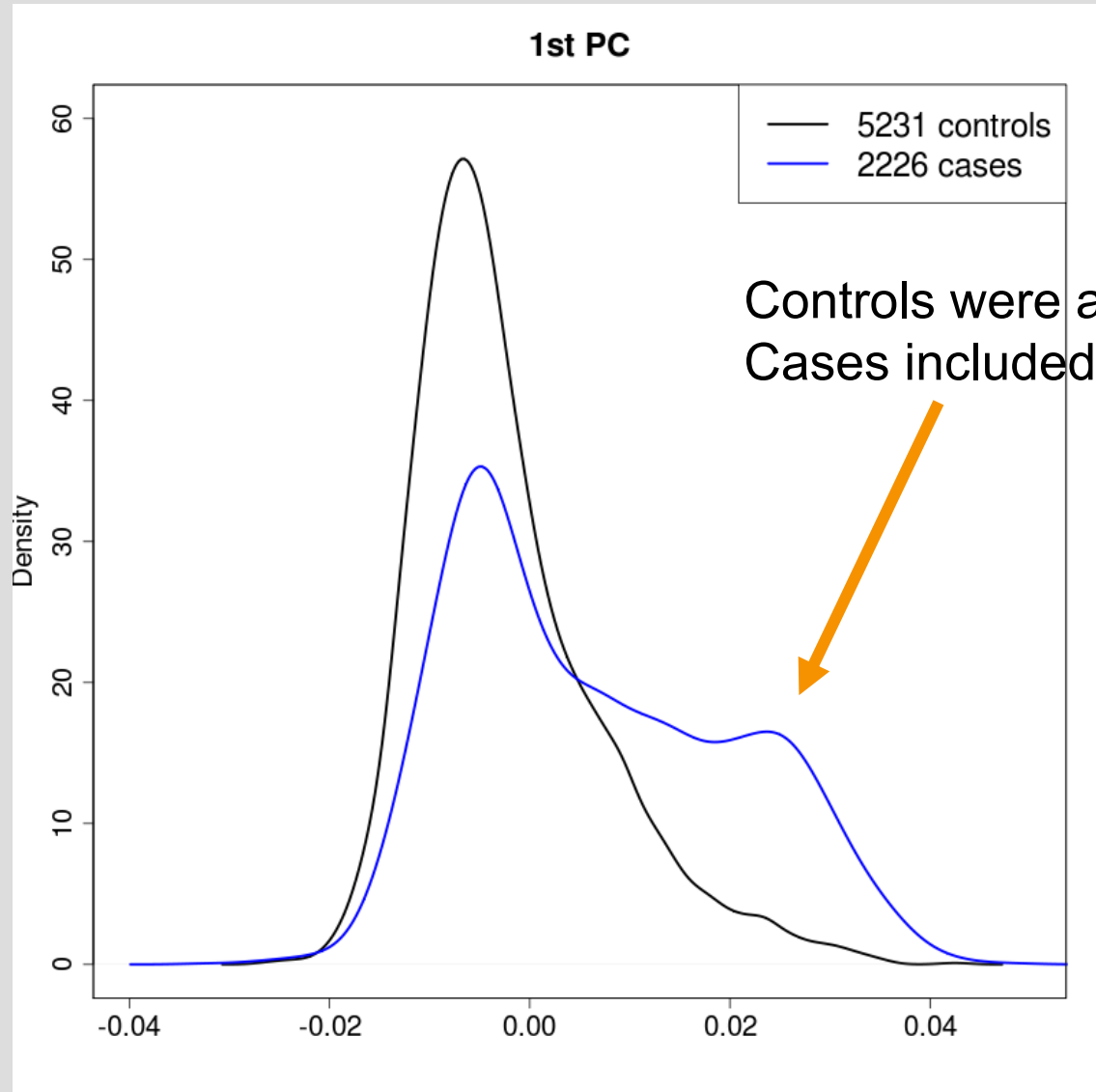
0.23 | 0.23

# USING LEADING PCS TO MATCH CASES & CONTROLS

- Often we do not know regional origins of samples or they may not be informative of genetic background
- But we can infer genetic similarity and adjust the analyses for that by taking leading PCs of the genetic correlation matrix and use them as covariates (= additional predictors) in the regression model to remove confounding

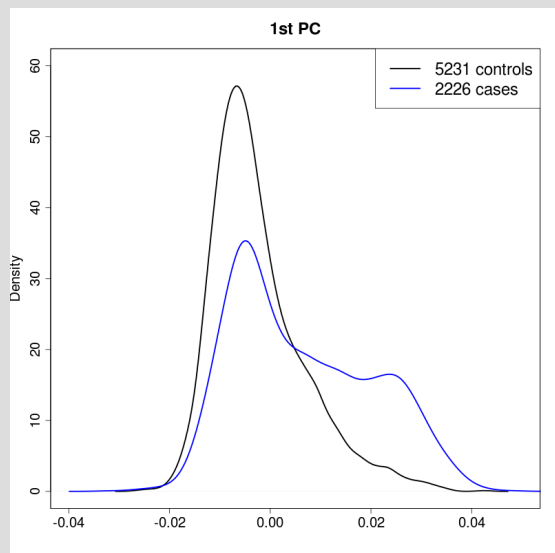


# EXAMPLE FROM A PSORIASIS STUDY IN UK

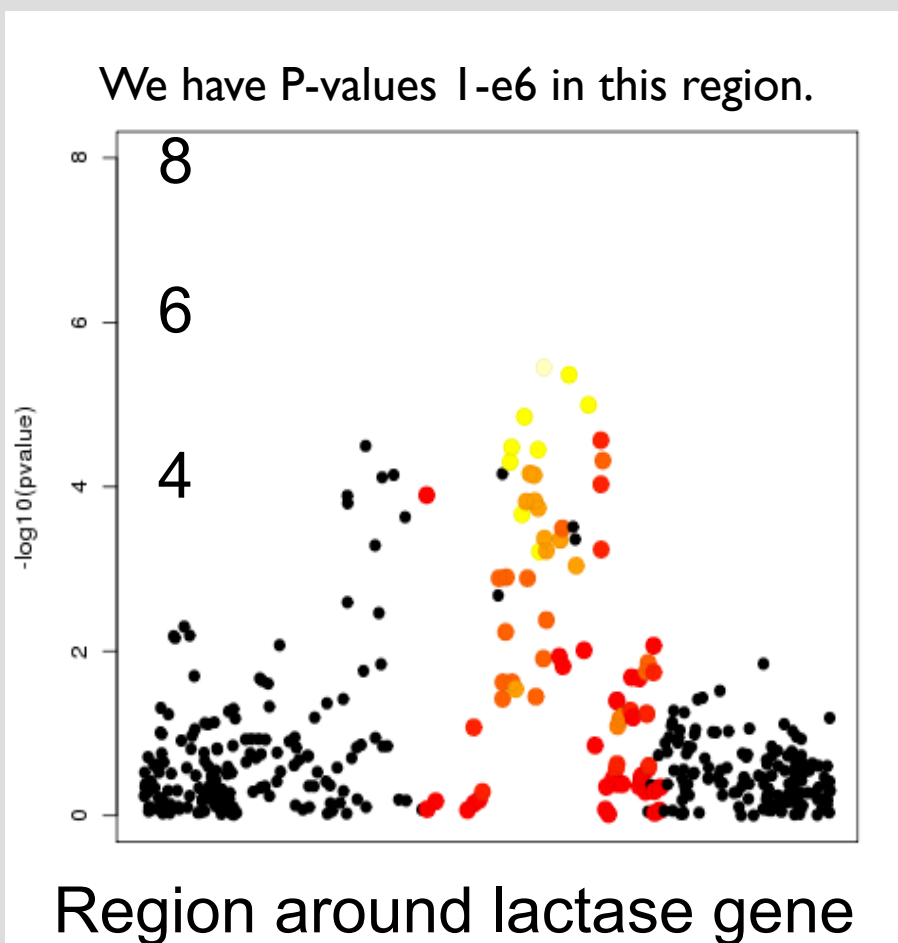


- Clear mismatch in ancestry profiles btw cases / controls!
- If we just analyze these data for association between genetic variants and psoriasis what comes up?

# EXAMPLE FROM A PSORIASIS STUDY IN UK



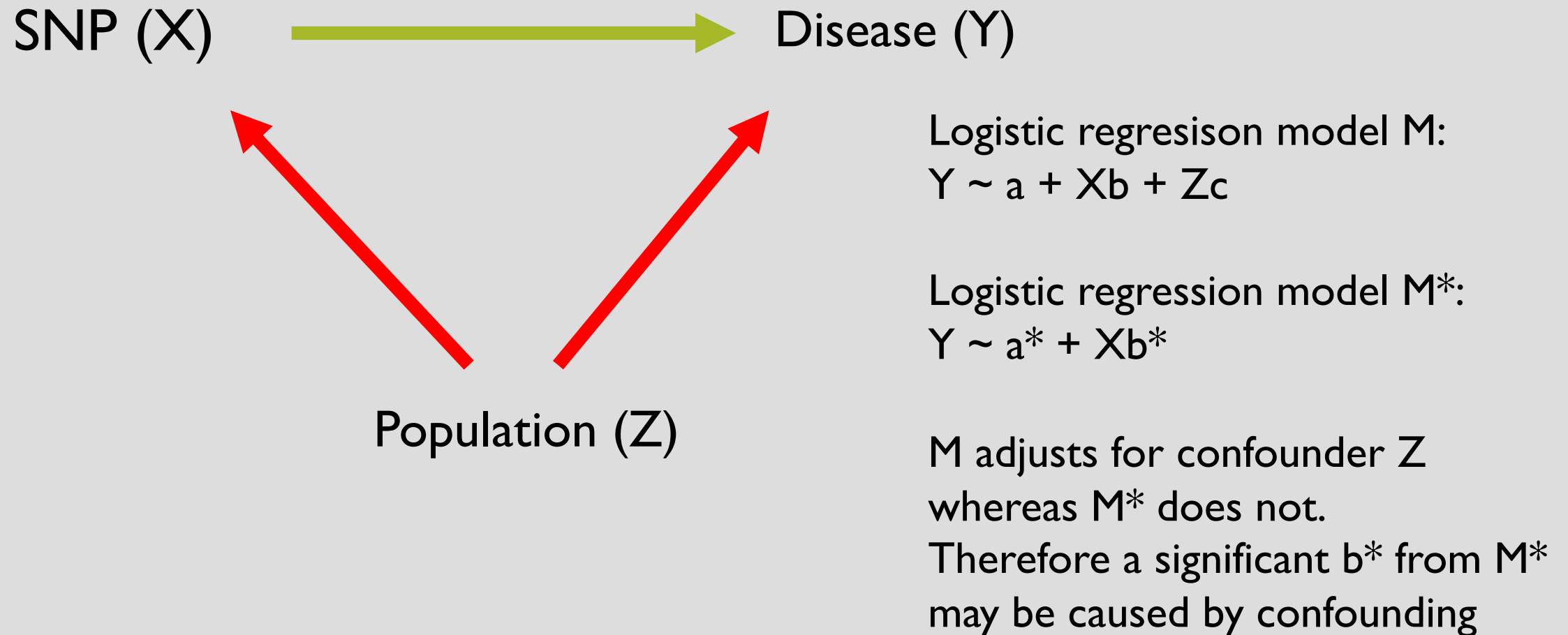
Controls were all from the UK.  
Cases included 500 Irish samples.



Does lactase persistence variant really affect psoriasis susceptibility ?

(Or is it just in different frequencies in the UK and Ireland, and we are seeing a spurious association with psoriasis in this unmatched sample?)

# CONFOUNDER AND REGRESSION





## EXAMPLE FROM A PSORIASIS STUDY IN UK

Does lactase gene really affect psoriasis susceptibility?

Probably not, since the signal can be completely explained by ancestry (1<sup>st</sup> PC) and goes away when PC1 is included in the logistic regression model

