

Meta-analysis of Mendelian randomization studies

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Outline

Introduction to MR

Case control study information

Example

Meta-analysis models & results

Summary

Introduction

- ▶ Mendelian randomization is an active area of research in genetic-epidemiology.
- ▶ Aim: To extend existing meta-analysis models

Mendelian Randomization

- ▶ Dates back to [Katan, 1986]
- ▶ Recent interest due to the increasing use of genetic data in epidemiology [Katan, 2004]
- ▶ Bi-allelic polymorphism - receive one allele from each parent
- ▶ Mendel's 2nd law: genes segregate independently
- ▶ Therefore individuals randomized to a genotype at conception
- ▶ Randomization by genotype is independent of confounding factors

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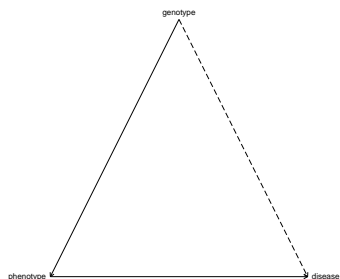
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- ▶ Estimate phenotype-disease effect
- ▶ Confounding
- ▶ Reverse causation
- ▶ [Davey Smith et al., 2005]; phenotype - C-Reactive Protein, disease - hypertension, genetic polymorphism - in the human CRP gene
- ▶ Statistically the genotype used as an instrumental variable
- ▶ Economics, IVs also applied to;
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- ▶ Use gene-disease & gene-phenotype effect estimates to estimate the phenotype-disease relationship
- ▶ Standard IV technique if they were all linear - TSLS
- ▶ gene-disease log odds-ratio: θ , difference in mean phenotypes: δ , phenotype-disease log odds-ratio: η
- ▶ Ratio of coefficients approach [Thomas and Conti, 2004], for a k -unit change in the mean phenotype difference,

$$\eta_{[k]} \approx \frac{k\theta}{\delta}$$

Information from a case-control study

- ▶ A biallelic polymorphism (g,G)
g: common allele G: risk allele
- ▶ 3 genotypes: gg, Gg, GG; $j = 1, 2, 3$
- ▶ Observed cases and controls y_{dj} , $d = 0,1$; control/case
- ▶ cell probabilities p_{dj}

	Genotype		
	gg	Gg	GG
Controls	y_{01}, p_{01}	y_{02}, p_{02}	y_{03}, p_{03}
Cases	y_{11}, p_{11}	y_{12}, p_{12}	y_{13}, p_{13}
Mean phenotype levels	μ_1	μ_2	μ_3

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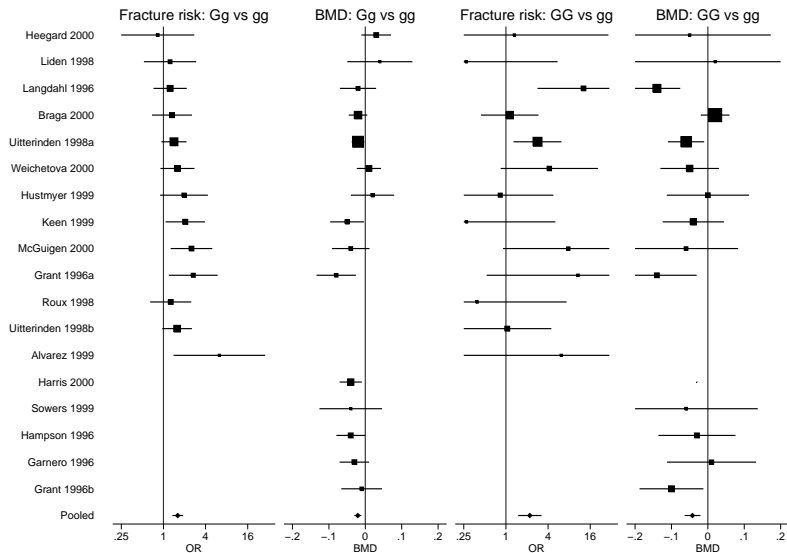
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Example meta-analysis

- ▶ Mann (2001): Bone mineral density (BMD) & risk of osteoporotic fracture
- ▶ *COL1A1* gene: codes for collagen
- ▶ Average BMD lower for GG versus gg
- ▶ Risk of fracture increased for GG versus gg

Meta-analysis results in a four column forest plot



Approach

- ▶ Existing meta-analysis models estimate η based on either the Gg versus gg genotype comparison or the GG versus gg comparison, [Thompson et al., 2005].
- ▶ Gg vs gg: Bigger sample size; smaller difference in disease risk
- ▶ GG vs gg: Smaller sample size; bigger difference in disease risk
- ▶ Proposed approach: Estimate η across both genotype comparisons

Modelling assumptions

- ▶ phenotype-disease relationship common across studies
- ▶ phenotype-disease relationship common across genotype comparisons

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Multivariate meta-analysis models

- ▶ Genotype comparison 2:(Gg,gg), 3:(GG,gg)
for study i
 $(\theta_{2i}, \theta_{3i})$: gene-disease log odds-ratios
 $(\delta_{2i}, \delta_{3i})$: difference in mean phenotypes
- ▶ Inference at the population level
- ▶ Marginal distribution: combine within and between study distributions

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$$\begin{bmatrix} \theta_{2i} \\ \delta_{2i} \\ \theta_{3i} \\ \delta_{3i} \end{bmatrix} \sim \text{MVN} \left(\underline{\psi} = \begin{bmatrix} \eta\delta_2 \\ \delta_2 \\ \eta\delta_3 \\ \delta_3 \end{bmatrix}, \mathbf{V}_i + \mathbf{B} \right).$$

$$\mathbf{V}_i = \begin{bmatrix} v(\theta_{2i}) & 0 & v(\theta_{2i}, \theta_{3i}) & 0 \\ 0 & v(\delta_{2i}) & 0 & v(\delta_{2i}, \delta_{3i}) \\ v(\theta_{3i}, \theta_{2i}) & 0 & v(\theta_{3i}) & 0 \\ 0 & v(\delta_{3i}, \delta_{2i}) & 0 & v(\delta_{3i}) \end{bmatrix}.$$

$$\mathbf{B} = \begin{bmatrix} \eta^2\tau_2^2 & \eta\tau_2^2 & \eta^2\tau_2\tau_3\rho & \eta\tau_2\tau_3\rho \\ \eta\tau_2^2 & \tau_2^2 & \eta\tau_2\tau_3\rho & \tau_2\tau_3\rho \\ \eta^2\tau_2\tau_3\rho & \eta\tau_2\tau_3\rho & \eta^2\tau_3^2 & \eta\tau_3^2 \\ \eta\tau_2\tau_3\rho & \tau_2\tau_3\rho & \eta\tau_3^2 & \tau_3^2 \end{bmatrix}.$$

τ_2^2 between-study variance of the δ_{2i} 's

τ_3^2 between-study variance of the δ_{3i} 's

ρ between-study correlation between the δ_{2i} 's and the δ_{3i} 's

Maximum likelihood estimation

- ▶ Log-likelihood of the multivariate Normal distribution,

$$\log L \propto \sum_{i=1}^n -\frac{1}{2} \log(\det(\mathbf{V}_i + \boldsymbol{\Sigma})) - \frac{1}{2} (\underline{x}_i - \underline{\psi})^T (\mathbf{V}_i + \boldsymbol{\Sigma})^{-1} (\underline{x}_i - \underline{\psi})$$

- ▶ Maximisation using the Newton-Raphson algorithm
- ▶ Argument for using REML form of the likelihood for marginal models

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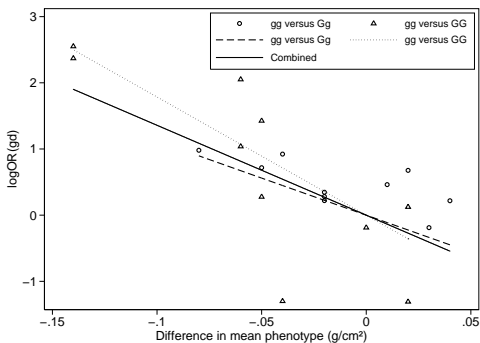
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Results

Method of estimation	$OR_{pd,0.05}$	95% C.I./Cr.I.	
Gg vs gg	0.57	0.42	0.77
GG vs gg	0.40	0.28	0.57
Combined	0.50	0.39	0.62

- ▶ Gg vs gg expecting narrower CI - but wider
- ▶ GG vs gg bigger difference in disease risk - OR_{pd} further from 1
- ▶ combined model - weighted average of the separate estimates, with a narrower CI due to increased number of studies
- ▶ All results qualitatively the same
- ▶ 0.05 unit increase in BMD, implies typical patient at 40% risk of Osteoporotic fracture

Assessment of a common phenotype-disease odds-ratio



- ▶ MR assumptions fit straight line through the origin
- ▶ η gradient of the line

Incorporating the genetic model-free approach

$$\lambda = \frac{\theta_2}{\theta_3} = \frac{\delta_2}{\delta_3}$$

► Interpretation of λ

λ	Genetic model
0	Recessive
0.5	Co-dominant
1	Dominant
> 1	Over-dominant, heteresis

► Meta-analysis models to estimate λ , [Minelli et al., 2005].

$$\begin{bmatrix} \theta_{2i} \\ \delta_{2i} \\ \theta_{3i} \\ \delta_{3i} \end{bmatrix} \sim \text{MVN} \left(\begin{bmatrix} \eta\lambda\delta \\ \lambda\delta \\ \eta\delta \\ \delta \end{bmatrix}, \mathbf{V}_i + \boldsymbol{\Sigma} \right),$$

$$\boldsymbol{\Sigma} = \begin{bmatrix} \eta^2\lambda^2\tau^2 & \eta\lambda^2\tau^2 & \eta^2\lambda\tau^2 & \eta\lambda\tau^2 \\ \eta\lambda^2\tau^2 & \lambda^2\tau^2 & \lambda\eta\tau^2 & \lambda\tau^2 \\ \eta^2\lambda\tau^2 & \lambda\eta\tau^2 & \eta^2\tau^2 & \eta\tau^2 \\ \eta\lambda\tau^2 & \lambda\tau^2 & \eta\tau^2 & \tau^2 \end{bmatrix}$$

- ▶ τ^2 the between-study variance of the difference in mean phenotypes of the GG versus gg comparison

Bayesian estimation

- ▶ Product Normal Formulation [Spiegelhalter, 1998]
- ▶ 4 outcomes - univariate Normal distributions

$$\theta_{2i} \sim N(\eta\lambda\delta_i, v(\theta_{1i})),$$

$$\delta_{2i} \sim N(\lambda\delta_i, v(\delta_{1i}))$$

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$$\delta_{3i} \sim N(\delta_i, v(\delta_{2i}))$$

- ▶ The correct covariances are induced in the model due to the relationships between the means and the sequential parameter updating under Gibbs sampling
- ▶ Prior distributions - vague

$$\delta_i \sim N(0, 1 \times 10^6), \quad \eta \sim N(0, 1 \times 10^6), \quad \lambda \sim \text{Beta}(0.5, 0.5)$$

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Results

Method of estimation	$OR_{pd,0.05}$	95% C.I./Cr.I.		λ	95% C.I./Cr.I.	
ML	0.42	0.28	0.61	0.33	0.19	0.47
Bayesian	0.46	0.32	0.61	0.30	0.17	0.45

- ▶ Genetic model between recessive and co-dominant

Summary

- ▶ Mendelian randomization - depends on random allocation of an individual's genotype
- ▶ Genotype used as an instrumental variable
- ▶ Meta-analysis model - joint analysis of two genotype comparisons
- ▶ Meta-analysis model - incorporating the genetic model-free approach



Angrist, J., Imbens, G., and Rubin, D. (1996).

Identification of causal effects using instrumental variables.

Journal of the American Statistical Association, 91(434):444–455.



Davey Smith, G., D.A.Lawlor, Harbord, R., Timpson, N., Rumley, A., Lowe, G., Day, I., and Ebrahim, S. (2005).

Association of C-Reactive Protein with Blood Pressure and Hypertension: Life Course Confounding and Mendelian Randomization Tests of Causality.

Arteriosclerosis, Thrombosis and Vascular Biology, 25:1051–1056.



Didelez, V. and Sheehan, N. (2005).

Mendelian randomisation and instrumental variables: What can and what can't be done.

University of Leicester, Department of Health Sciences Technical Report, 05-02.



Katan, M. (1986).

Apolipoprotein e isoforms, serum cholesterol, and cancer.

Lancet, 327:507–508.



Katan, M. (2004).

Commentary: Mendelian randomization, 18 years on.

International Journal of Epidemiology, 33(1):10–11.



Minelli, C., Thompson, J., Abrams, K., Thakkinstian, A., and Attia, J. (2005).

The choice of a genetic model in the meta-analysis of molecular association studies.

International Journal of Epidemiology, 34:1319–1328.



Spiegelhalter, D. (1998).

Bayesian graphical modelling: a case-study in monitoring health outcomes.

Applied Statistics, 47(1):115–133.



Thomas, D. and Conti, D. (2004).

Commentary: The concept of 'mendelian randomization'.

International Journal of Epidemiology, 33:21–25.



Thompson, J., Minelli, C., Abrams, K., Tobin, M., and Riley, R. (2005).

Meta-analysis of genetic studies using Mendelian randomization - a multivariate approach.

Statistics in Medicine, 24:2241–2254.