



Summer Institute
In Statistical Genetics 2018

Genetics and Genomics

1. Genes and Inheritance



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Course Outline

1. Mon AM Genes and Inheritance (GG)
2. Mon PM Molecular Biology of the Genome (CQ)
3. Tue AM Association Studies and Gene Expression (GG)
4. Tue PM Epigenetics and Genome Biology (CQ)
5. Wed AM Evolutionary Genetics (GG) / Functional Genomics (CQ)

Genotype and Phenotype

The **genotype** of an organism is the sequence of it's genes.

The **phenotype** of an organism the way it appears.

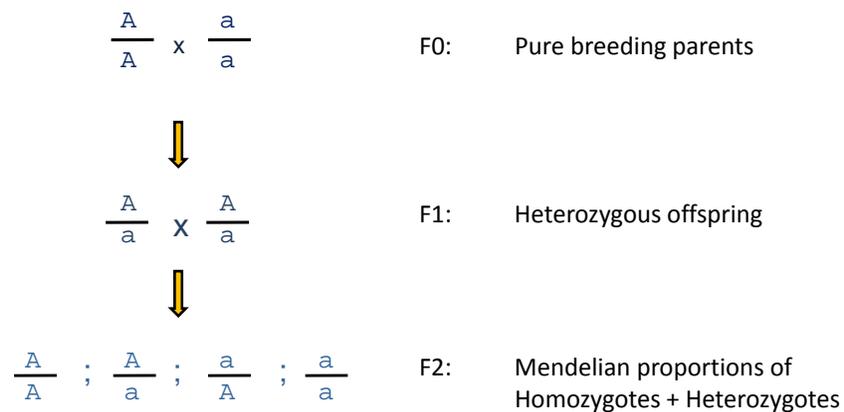
In general, genes are not deterministic. Genotypic variation among organisms specifies the information that, in combination with the environment, influences the phenotype.

Pleiotropy refers to the ability of single genes to influence multiple phenotypes.

Penetrance is the proportion of individuals with a genotype who have the phenotype / disease.

Expressivity is the degree / severity of the phenotype in affected individuals.

Mendelian Genetics



3 Models of Complex Disease

CDCV: Common Disease / Common Variant

The proposition that most disease susceptibility can be attributed to 10 to 20 loci, each of which explain around 5% of disease risk.

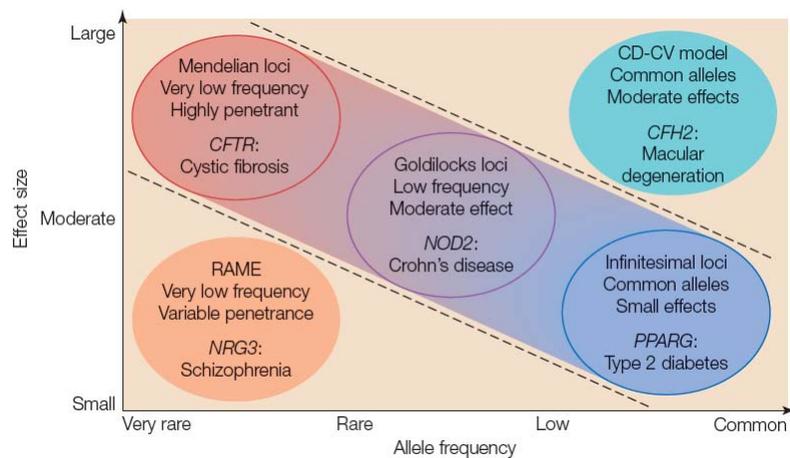
RAME: Rare alleles of Major Effect

The proposition that diseases are highly heterogeneous, with hundreds or thousands of rare mutations causing individual cases of disease.

Infinitesimal:

The proposition that we all carry thousands of very weak susceptibility alleles, and those unlucky enough to have too many are at highest risk, where rare variants or environmental triggers push us over the edge.

Models of the Genetics of Complex Traits



Manolio et al (2009) *Nature* 461: 747-753

Heritability

Heritability is the proportion of variance in a population that can be attributed to genotypic differences

$$h^2 = V_G/V_P \text{ where } V_P = V_G + V_E$$

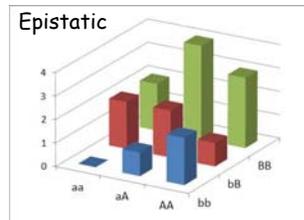
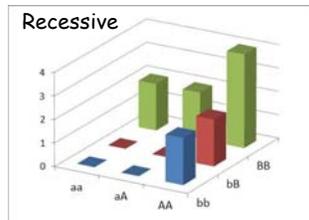
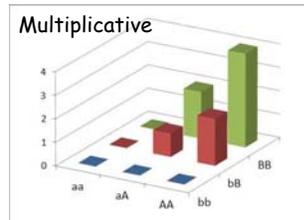
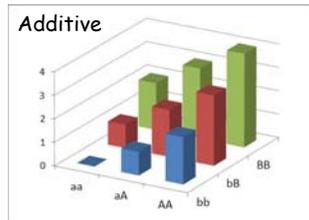
The phenotypes may be **discrete**, such as disease status; **categorical**, such as number of digits; or **continuous**, such as height or a biochemical measure.

1. Heritability is not a statement about individuals.
A heritability of 50% for diabetes does not imply that half the reason why someone is diabetic is genetic, the other half environmental. Rather, it suggests that there would be half as much diabetes in the population if everyone was genetically identical.
2. Heritability is only a statement about a single population.
A heritability of 80% for height does not imply that most of the average difference in height between populations is due to genetic differences. Heritability estimates alone should not be used to draw inferences about genetic divergence between groups.
3. Heritability is not the same as inheritance.
Inheritance is the correspondence between children and their biological parents. It can be due to environmental, including cultural, factors that are shared by family members, or to effects. The only way to confidently interpret heritability is to actually measure the genotypic contribution.
4. Very low heritability does not imply very little genetic contribution.
It may either be due to relatively high environmental variance (hence, a large denominator V_P), or to an absence of variance in the genes that contribute. Many important genes, including drug targets, are not polymorphic and will only be discovered through other types of approach including model organism research.

Broad Sense Heritability

$$V_G = V_A + V_D + V_I + V_{G \times E}$$

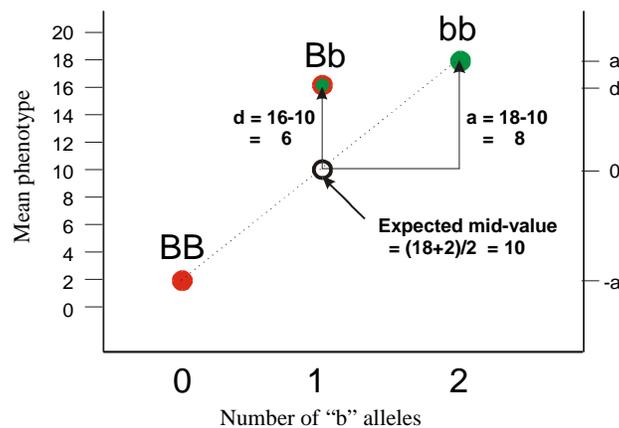
Narrow sense heritability is only the additive component whereas **Broad sense** heritability includes dominance, interaction and genotype-by-environment effects.

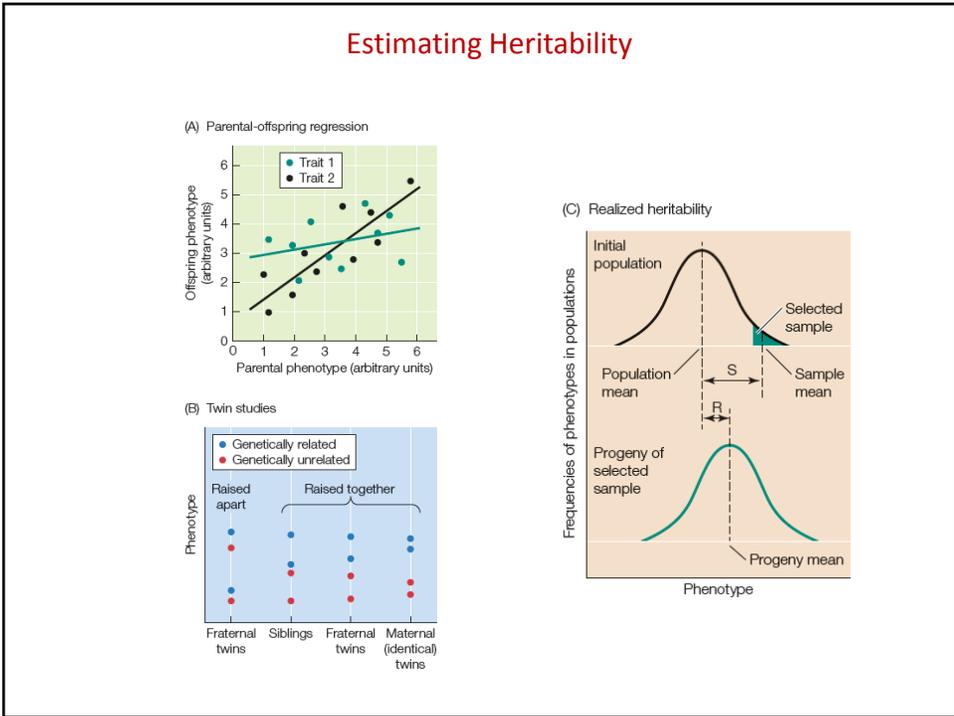
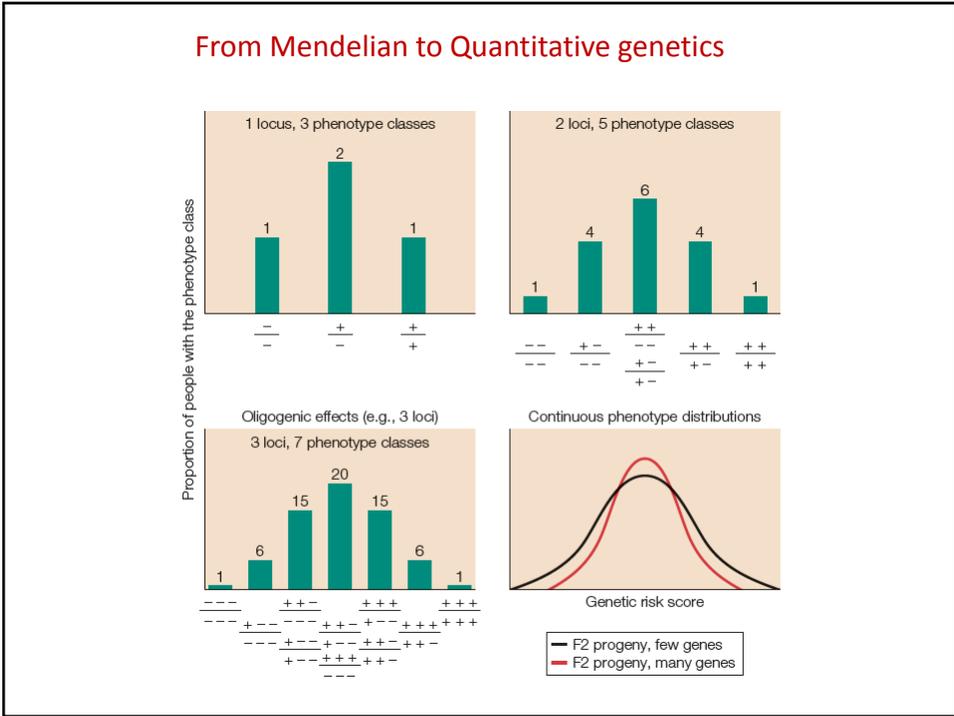


$$V_P = V_A + V_D + V_I + V_{G \times E} + V_E$$

- Loci are said to have *Additive* effects if the contributions of each individual allele can simply be added algebraically to arrive at a prediction of a phenotype given a genotype.
- *Dominance* refers to the observation that heterozygotes resemble one class of homozygotes more than the other.
- *Epistasis* refers to a locus-by-locus interaction, such as when alleles at two loci antagonize or synergize with one another.
- V_E is the *environmental* variance

Dominance ratio





Twin Studies

Identical / Maternal



Tiki and Ronde Barber

$r_{mz} = A + C$

Dizygotic / Fraternal



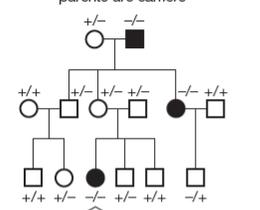
Jenna and Barbara Bush

$r_{dz} = \frac{1}{2}A + C$

A = Additive Genetic component; C = Common Environment (smaller if reared apart)
 E = unique environment = $1 - r_{mz}$
 r_{dz} should be greater than r_{sib} since C is larger where the womb/upbringing is shared

Mendelian Pedigree Studies

Recessive
1 in 4 affected if both parents are carriers



or

Compound heterozygous

Mother: AUG TCC CAA CGA / AUG TCC TAA CGA

Father: AUG TCC CAA TGA / AUG TCC CAA CGA

Child: AUG TCC CAA TGA / AUG TCC TAA CGA

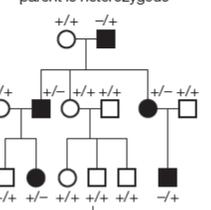
Recessive

Mother: AUG TCC CAA CGA / AUG TCC CAA TGA

Father: AUG TCC CAA CGA / AUG TCC CAA TGA

Child: AUG TCC CAA TGA / AUG TCC CAA TGA

Dominant
1 in 2 affected if one parent is heterozygous

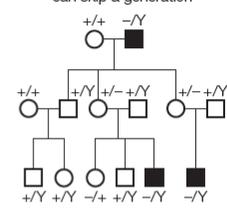


Mother: AUG TCC CAA CGA / AUG TGC TAA CGA

Father: AUG TCC CAA CGA / AUG TGC CAA CGA

Child: AUG TGC TAA TGA / AUG TCC CAA CGA

Sex-linked
Usually only males affected, can skip a generation



Mother: +/+ / -/Y

Father: +/+ / -/Y

Child: +/Y / -/Y

Unaffected	Affected
Female ○	Female ●
Male □	Male ■

Monogenic Disorders

Approximately 1 in 3,700 Americans have Cystic Fibrosis

Assuming $p^2 = 0.00027$, then $p = 0.016$, the mutant allele frequency

That is, 1 in 30 people are carriers (which is 120 times as many people as have CF), that is, **3% of Caucasians are carriers**, and less than 0.03% sufferers.

It is very likely that someone in this class is a carrier of a CF mutation

A CF carrier has a 1 in 30 chance of marrying another carrier by chance, and 1 in 4 of their children will be expected to have CF, and only half of all 2-child families will have an affected child

There are hundreds of similar conditions (rare recessives with $p \sim 0.01$), so we are all carriers for multiple Mendelian disease genes. Collectively, as many as 1 in 25 couples should expect to be dual carriers for a recessive Mendelian disorder, corresponding to an approximate 1% affected rate in all children

Around 1 in 400 children have an inherited Inborn Error of Metabolism, namely an enzyme deficiency affecting amino acid, lipid or other organic molecule biosynthesis. For example:

- Phenylketonuria 1/15,000 mental retardation syndrome
- Galactosemia 1/40,000 liver dysfunction and cataracts
- Gaucher's Disease 1/60,000 facial dysmorphism, liver disease
- Zellweger Syndrome 1/50,000 seizures, low muscle tone
- Lesch-Nyhan Syndrome 1/380,000 self-inflicted injury, gout / kidney disease

Online Mendelian Inheritance in Man (OMIM)



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FRAGILE X TREMOR/ATAXIA SYNDROME; FXTAS

Phenotype-Gene Relationships

Location	Phenotype	Inheritance	Phenotype	Come From	Gene/Contig
q11.2	FRAGILE X TREMOR/ATAXIA SYNDROME	AD	FXTAS	FMR1	309550

FXTR
A number sign (#) is used with this entry because fragile X tremor/ataxia syndrome (FXTAS) is caused by an expanded trinucleotide repeat in the FMR1 gene (309550.0004).

In FXTAS, the expanded repeats range in size from 55 to 200 repeats and are referred to as 'premutational'. Full repeat expansions with greater than 200 repeats results in fragile X mental retardation syndrome (309243) (Gugusmond et al., 2010).¹

Description
Gugusmond et al. (2007) provided a review of fragile X syndromes, which they characterized as a neurodevelopmental disorder, and FXTAS, which they characterized as a neurodegenerative disorder. Anxi et al. (2009) provided a review of FXTAS and noted that the pathogenesis of the disorder is distinct from that of fragile X syndrome. FXTAS results from a toxic gain of function of FMR1 RNA, whereas fragile X syndrome results from a loss of FMR1 function.²

The penetrance of FXTAS in male carriers aged 50 years and over, ascertained through families with a fragile X syndrome proband, is at least 33% (Hagerman and Hagerman, 2004); its penetrance in female carriers is approximately 5-10% (Gusella et al., 2008).³

Clinical Features
Hagerman et al. (2001) reported 3 cases with a fragile X premutation, ranging from 78 to 98 repeats, who presented in the sixth decade with

