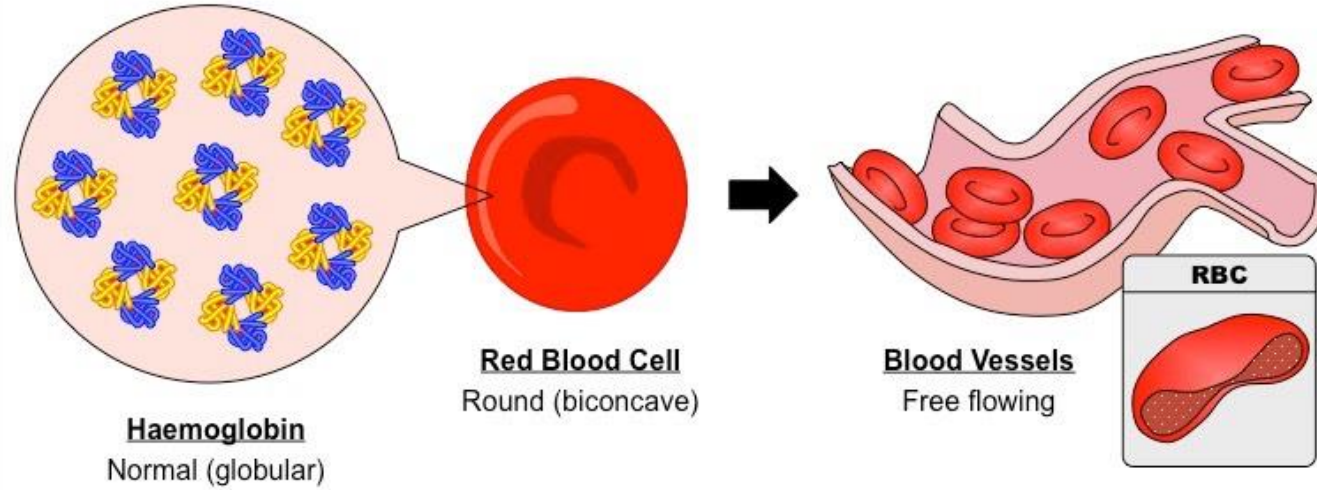
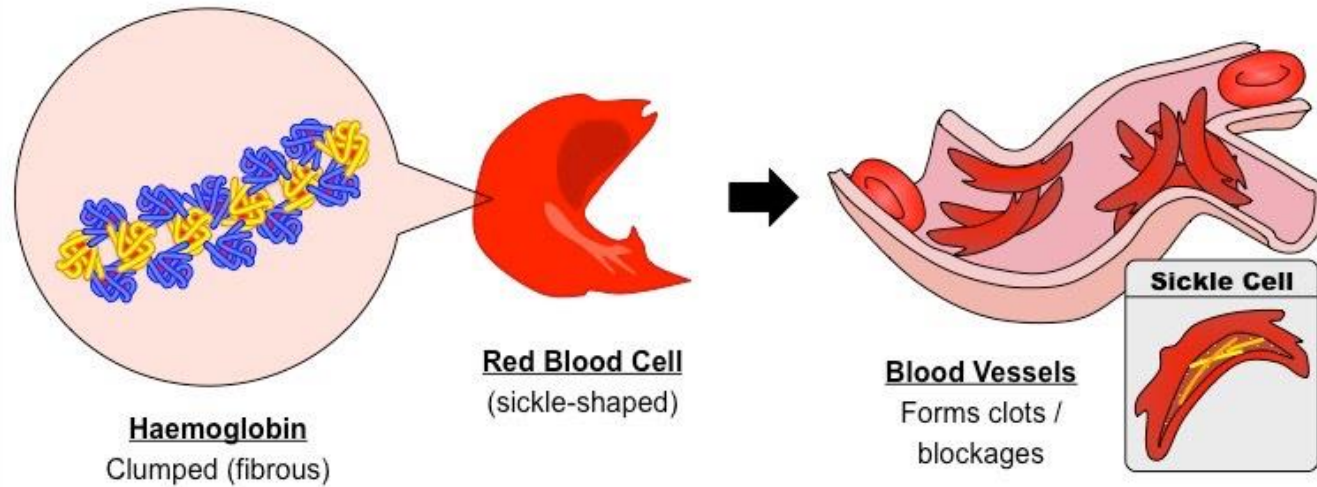


Association Studies

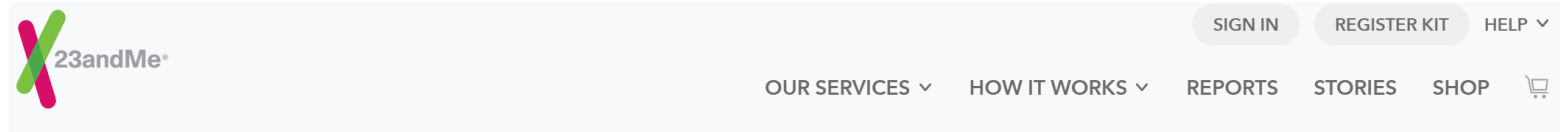
Normal (Wild-Type) Haemoglobin



'Sickle Cell' Haemoglobin



<https://www.23andme.com/ancestry-composition-guide/>



Ancestry Composition:

23andMe's State-of-the-Art Geographic Ancestry Analysis

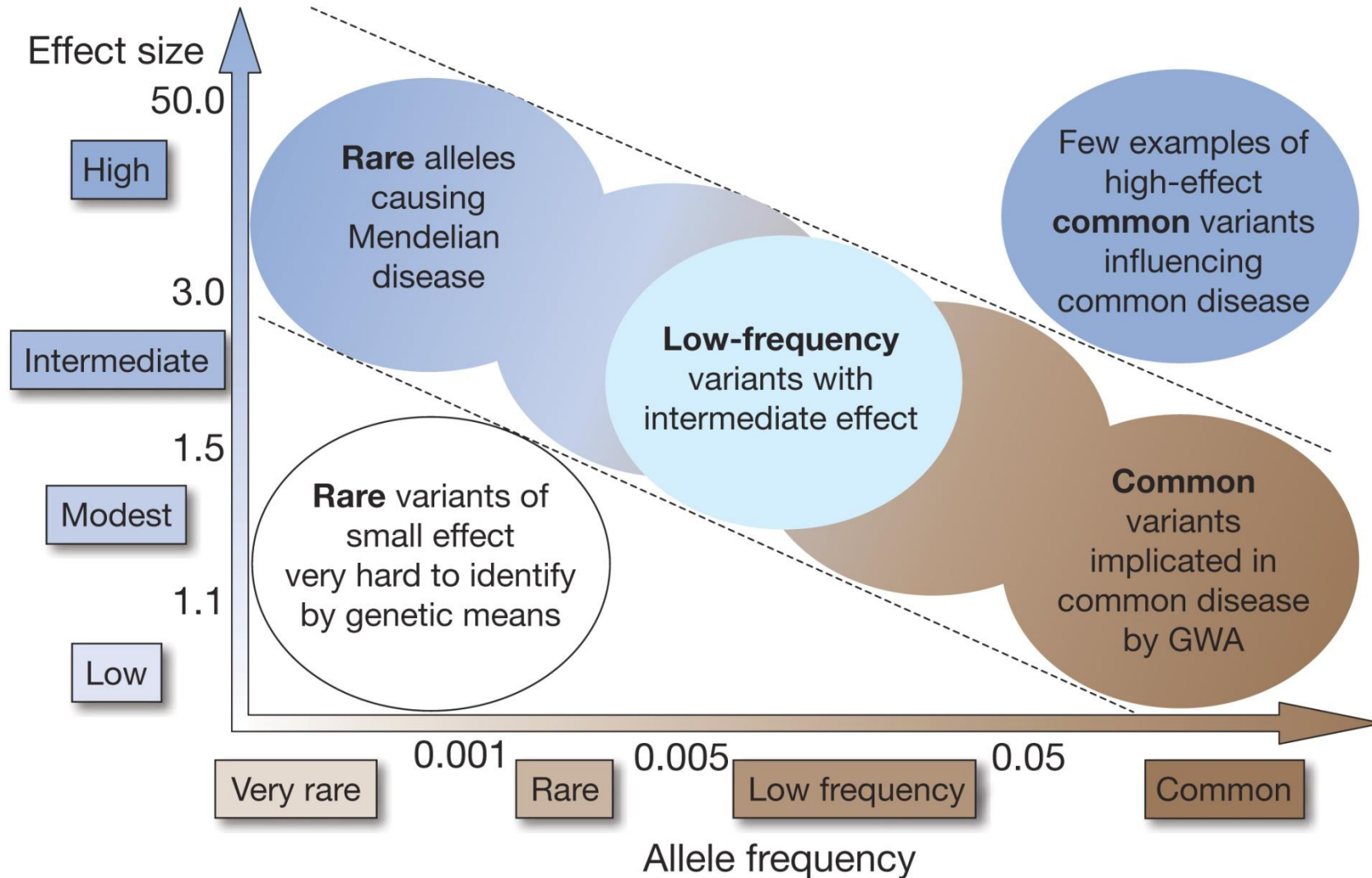
23andMe's Ancestry Composition report is a powerful and well-tested system for analyzing ancestry based on DNA, and we believe it sets a standard for rigor in the genetic ancestry industry. We wrote this document to explain how our analysis works and to present some quality-control test results. Note: This document goes into specifics for the current version of Ancestry Composition, offered to customers on the V5 platform. For customers on previous platforms, [click here](#).

Your Ancestry Composition report shows the percentage of your DNA that comes from 45 populations. We calculate your Ancestry Composition by comparing your genome to those of over 10,000 people with known ancestry. When a segment of your DNA closely matches the DNA from one of the 45 populations, we assign that ancestry to the corresponding segment of your DNA. We calculate the ancestry for individual segments of your genome separately, then add them together to compute your overall ancestry composition.

Learning objectives

- Describe the differences and the pros and cons of sequencing vs genotyping.
- Calculate and interpret odds ratios in case/control genetic association studies.
- Interpret quantitative trait association studies.
- Understand role for imputation.

Genetic Variation and Disease



Genetic data collection

- TaqMan Polymerase chain reaction (PCR)
 - Targeted, low throughput.
 - Detect deletions and structural variations.
- Genotyping chip
 - Targeted locations, high throughput.
 - Detects single, *a priori* locations.
- Sequencing
 - Collects all bases, increasingly high throughput.
 - Identify novel variants.
 - Analyzing data more intensive

TaqMan PCR to identify variants



Genotyping technologies (low-throughput)

Illumina



1500 - 300 SNPs

SNPlex



400 - 40 SNPs

Sequenom



40 - 5 SNPs

TaqMan

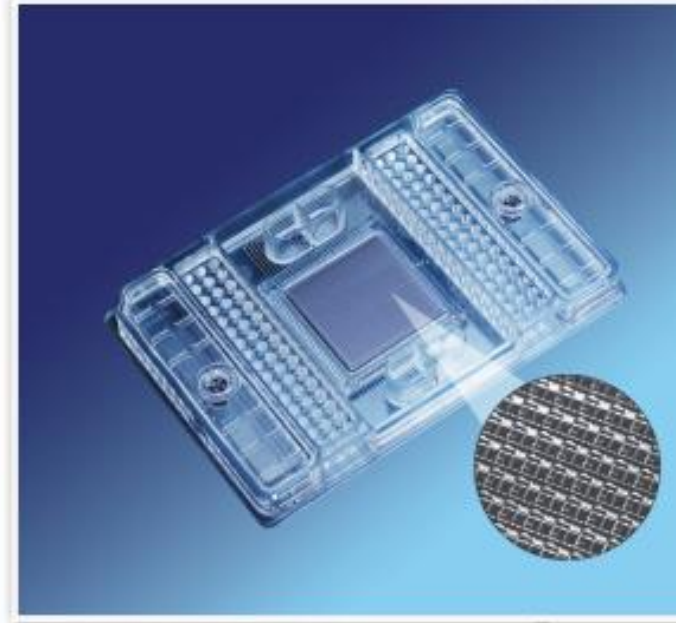


10 - 1 SNPs

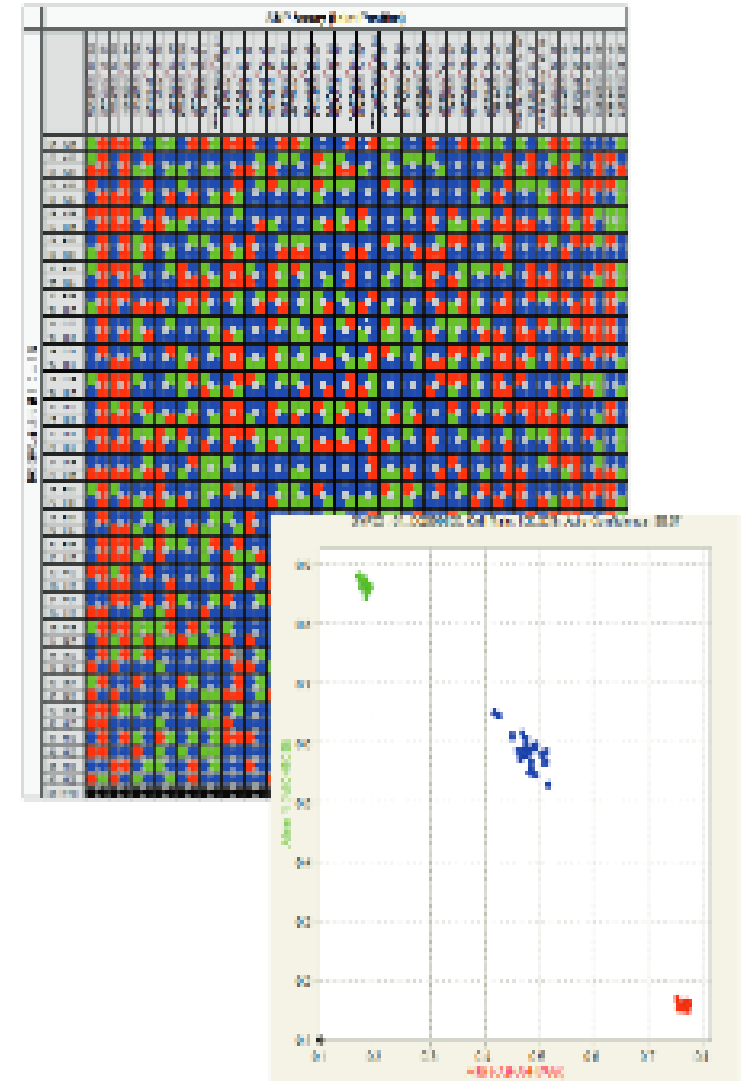
Chip Genotyping

Why we like SNPs:

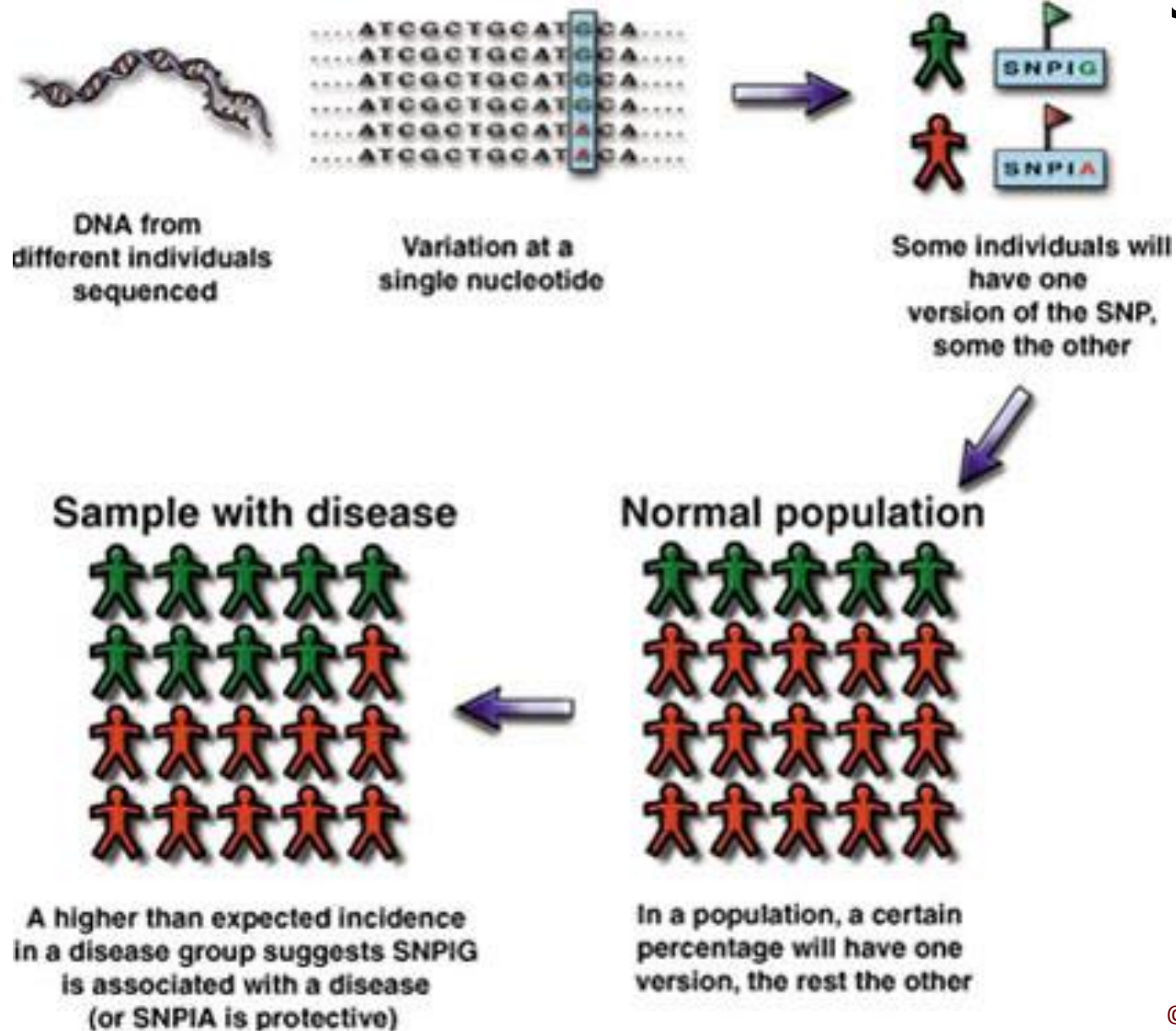
- Abundant in the genome
- Easy to measure



Microfluidics, 96 samples x 96 assays, DNA probes with fluorescent markers.

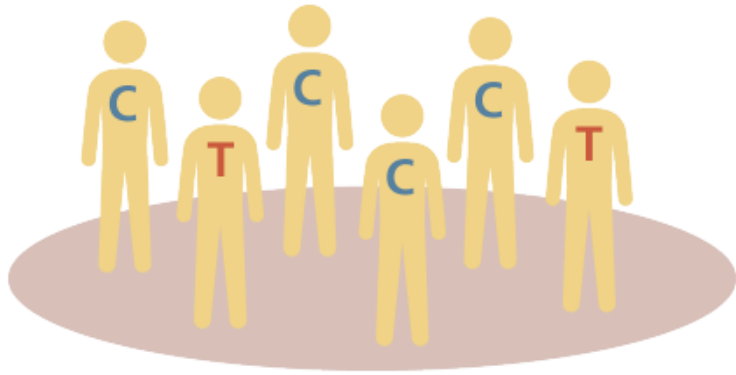


Genetic association studies using SNPs

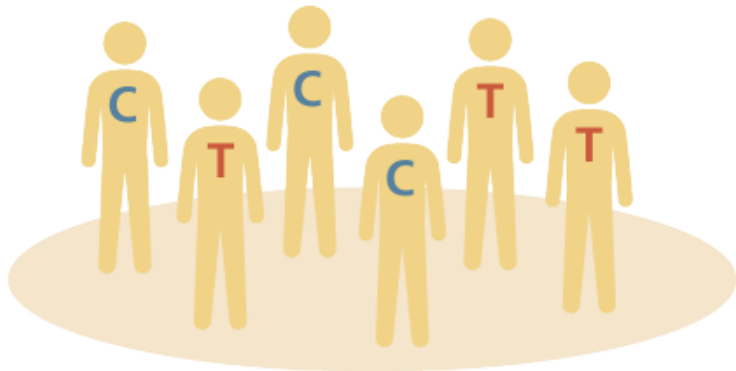
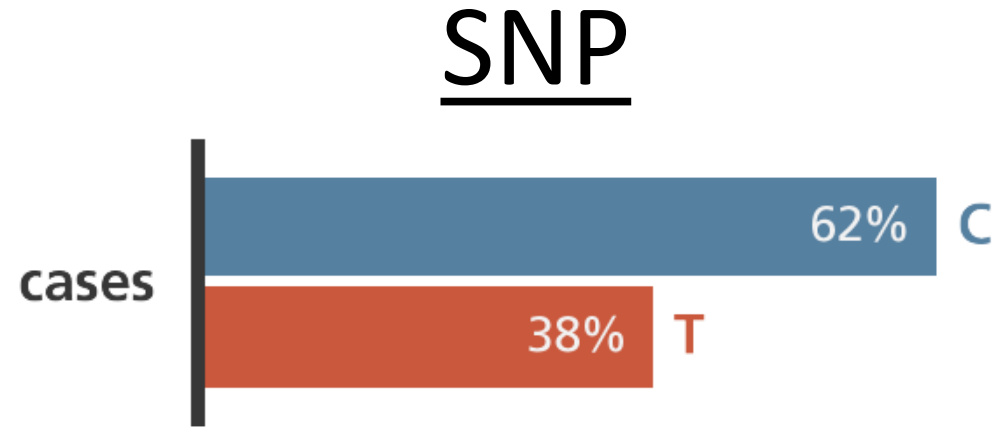


Association studies

- Determine if a particular genetic feature (exposure) co-occurs with a trait (disease) more often than would be expected by chance.
- Binary: Calculate 'odds' of an outcome occurring.
 - Framed as an 'odds ratio', the odds of an outcome after an exposure (genotype) in relation to the odds of an outcome without the exposure (reference genotype).
- Continuous: calculate change in an outcome for every unit increase of an exposure.



cases (n=1,000)
people with heart disease



controls (n=1,000)
people without heart disease



Odds ratio

The odds ratio is our measure of association for a case-control study. It tells us whether and how much an exposure increases the likelihood of our outcome of interest. We need to look at two things:

The estimate -- the odds ratio itself. How big is the connection between an exposure and an outcome? Are those with an exposure more likely to have the outcome?

The p-value -- how certain are we that the odds ratio didn't just happen by chance?

Association testing in case-control studies

		Disease status		
		Cases	Controls	Total
Genotype	M	a	b	a+b
	m	c	d	c+d
Total		a+c	b+d	

measure of events out of all possible events
(Ratio) vs ratio of events to non-events (Odds)

$$RR = \frac{\text{Risk of event in the Treatment group}}{\text{Risk of event in the Control group}} = \frac{a/(a + b)}{c/(c + d)}$$

$$OR = \frac{\text{Odds of event in Treatment group}}{\text{Odds of event in Control group}} = \frac{a/b}{c/d} :$$

If an outcome occurs 10 out of 100 times, the risk is 10%
But the odds is 10/90 = 11.1%

Association testing in case-control studies

		Disease status		
		Cases	Controls	Total
Genotype	M	a	b	a+b
	m	c	d	c+d
Total		a+c	b+d	

1) Calculate the odds of the disease with the genotype and without the genotype

Odds that the M genotype occurs in a case: $= \frac{a}{b}$

Odds that the m genotype occurs in a case: $= \frac{c}{d}$

Association testing in case-control studies

		Disease status		
		Cases	Controls	Total
Genotype	M	a	b	a+b
	m	c	d	c+d
Total		a+c	b+d	

2) Calculate Odds Ratio (OR) as the odds that genotype M occurs in a case divided by the odds that genotype m occurs in a case.

$$\frac{a/b}{c/d} = \frac{ad}{bc}$$

$$OR = \frac{ad}{bc}$$

Association testing in case-control studies

		Disease status		
		Cases	Controls	Total
Genotype	M	a	b	a+b
	m	c	d	c+d
Total		a+c	b+d	

Odds that the M allele occurs in a case = $\frac{a}{b}$
Odds that the m allele occurs in a case = $\frac{c}{d}$

H_0 : OR = 1 (no association)

OR > 1 indicates increased odds

**OR < 1 indicates decreased odds
(protective)**

The Odds Ratio (OR) is the odds that M occurs
in a case divided by the odds that m occurs in a case:

$$OR = \frac{ad}{bc}$$

Confidence intervals for odds ratios

		Disease status	
		Cases	Controls
Genotype	M	a	b
	m	c	d

$$OR = \frac{a/b}{c/d} = \frac{ad}{bc}$$
$$s.e(\log(OR)) = \sqrt{\frac{1}{a} + \frac{1}{b} + \frac{1}{c} + \frac{1}{d}}$$

Confidence interval: $e^{\log(OR) \pm z_{\alpha/2} \times s.e(\log(OR))}$

Lower limit of 95% confidence interval: $e^{\log(OR) - 1.96 \times s.e}$

Upper limit of 95% confidence interval: $e^{\log(OR) + 1.96 \times s.e}$

Calculate– odds ratio and 95% confidence interval

	Cases	Controls	Total
TT+TC	158	392	550
CC	20	86	106
Total	178	478	1656

$$OR = \frac{ad}{bc}$$

$$s.e(\log(OR)) = \sqrt{\frac{1}{a} + \frac{1}{b} + \frac{1}{c} + \frac{1}{d}}$$

Odds ratio calculations – odds ratio itself

	Cases	Controls	Total
TT+TC	158	392	550
CC	20	86	106
Total	178	478	1656

$$OR = \frac{158 \times 86}{392 \times 20} = 1.7332$$

$$s.e.(log(OR)) = \sqrt{\frac{1}{158} + \frac{1}{392} + \frac{1}{20} + \frac{1}{86}}$$

Odds ratio calculations – confidence intervals

	Cases	Controls	Total
TT+TC	158	392	550
CC	20	86	106
Total	178	478	1656

$$OR = \frac{158 \times 86}{392 \times 20} = 1.7332$$

$$s.e.(log(OR)) = \sqrt{\frac{1}{158} + \frac{1}{392} + \frac{1}{20} + \frac{1}{86}}$$

lower limit 95% confidence interval:

$$= \exp(\log(OR) - 1.96 \times s.e.(log(OR)))$$

$$= \exp(\log(1.7332) - 1.96 \times 0.2665) = 1.03$$

Upper limit 95% confidence interval: 2.92

Odds ratio calculations – odds ratio itself

	Cases	Controls	Total
TT+TC	158	392	550
CC	20	86	106
Total	178	478	1656

$$\text{OR} = 1.7$$

Turn this result into a sentence about effect of T allele in thyroid cancer.

Odds ratio calculations – odds ratio itself

	Cases	Controls	Total
TT+TC	158	392	550
CC	20	86	106
Total	178	478	1656

$$\text{OR} = 1.7$$

Turn this result into a sentence about effect of T allele in thyroid cancer.

The odds of developing thyroid cancer are 1.7x times greater with an T allele compared to without an T allele.

Why do we even use odds and odds ratios???

The odds ratio allows us to calculate the associations between an exposure and an outcome without needing the frequency of the exposure in the general population

(very useful to rare exposures, such as rare diseases).

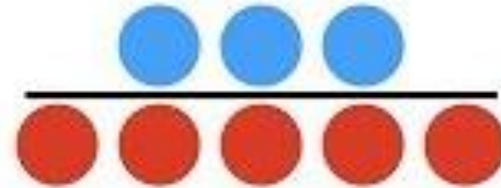
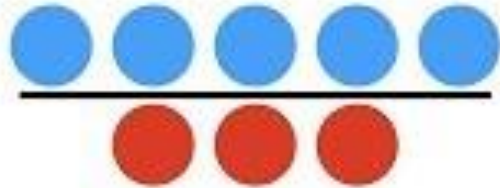
(we'd have to sample A LOT of people to get a true population picture and even pick up one or two cases of the disease)

The $\log(\text{odds})$ allows us to transform this weird variable into a linear form, which is easier for us to fit to models and interpret the output.

Why do we use Log odds 5:26 - 8:42



Odds and Log(Odds)...



...Clearly Explained!!!



Often use logistic regression for case-control analyses

Allows you to adjust for relevant factors

- Population stratification, age, sex, matching variables etc

$$\ln\left(\frac{p}{1-p}\right) = \alpha + \beta_1 \mathbf{g} + \beta_2 x_1 + \dots + \beta_{k+1} x_k \quad (\mathbf{g} \text{ is genotype, } x_1, \dots, x_k \text{ are covariates})$$

Coefficients are estimated using maximum likelihood estimation (MLE)

- $\ln\left(\frac{p}{1-p}\right) = \log \text{ odds of an outcome}$
- Test $H_0: \beta_1 = 0$ (likelihood ratio test, wald test, score test)
- The odds ratio is $OR = e^{\beta_1}$
- $\beta_1 = \text{SNP effect (log(OR))} \rightarrow e^{\beta_1} = OR$

Logistic regression output

```
> Association<- glm(binaryPhenotype~HLA.B5701,family=binomial(link="logit"),data=AbacavirData)
> summary(Association)
```

```
Call:
glm(formula = binaryPhenotype ~ HLA.B5701, family = binomial(link = "logit"),
     data = AbacavirData)
```

Deviance Residuals:

Min	1Q	Median	3Q	Max
-1.3770	-1.3770	0.3349	0.9902	2.4478

c=log(odds of allergy)

Coefficients:

	Estimate	Std. Error	z value	Pr(> z)	
(Intercept)	-2.944	1.026	-2.870	0.00410	**
HLA.B5701P	3.402	1.051	3.236	0.00121	**

x

a

b

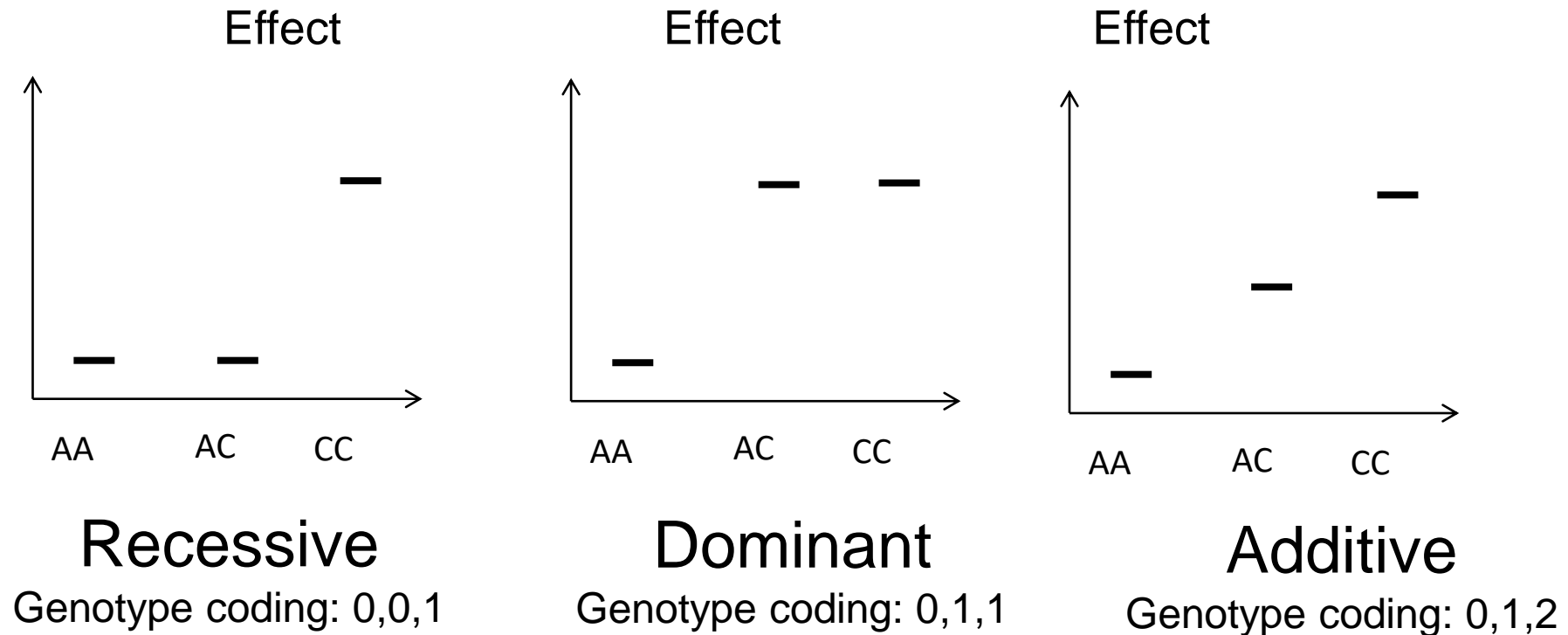
Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

(Dispersion parameter for binomial family taken to be 1)

Null deviance: 138.63 on 99 degrees of freedom
Residual deviance: 114.76 on 98 degrees of freedom
AIC: 118.76

Number of Fisher Scoring iterations: 5

Common models of penetrance



Effect = mean of continuous trait or log(OR) of binary trait

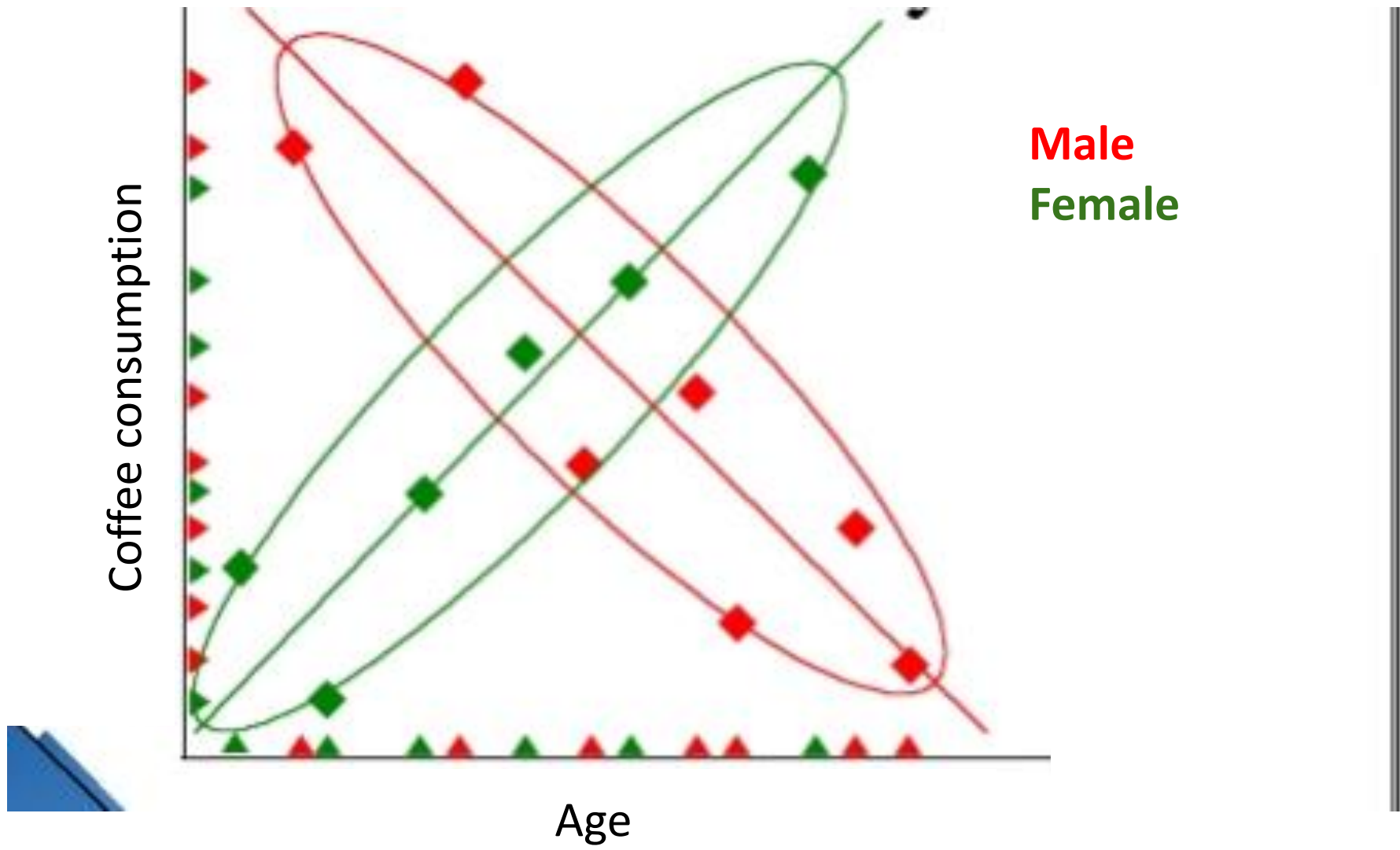
Continuous outcome genetic association

- Linear regression (instead of logistic)
- Additive coding of SNP (0,1,2) most common

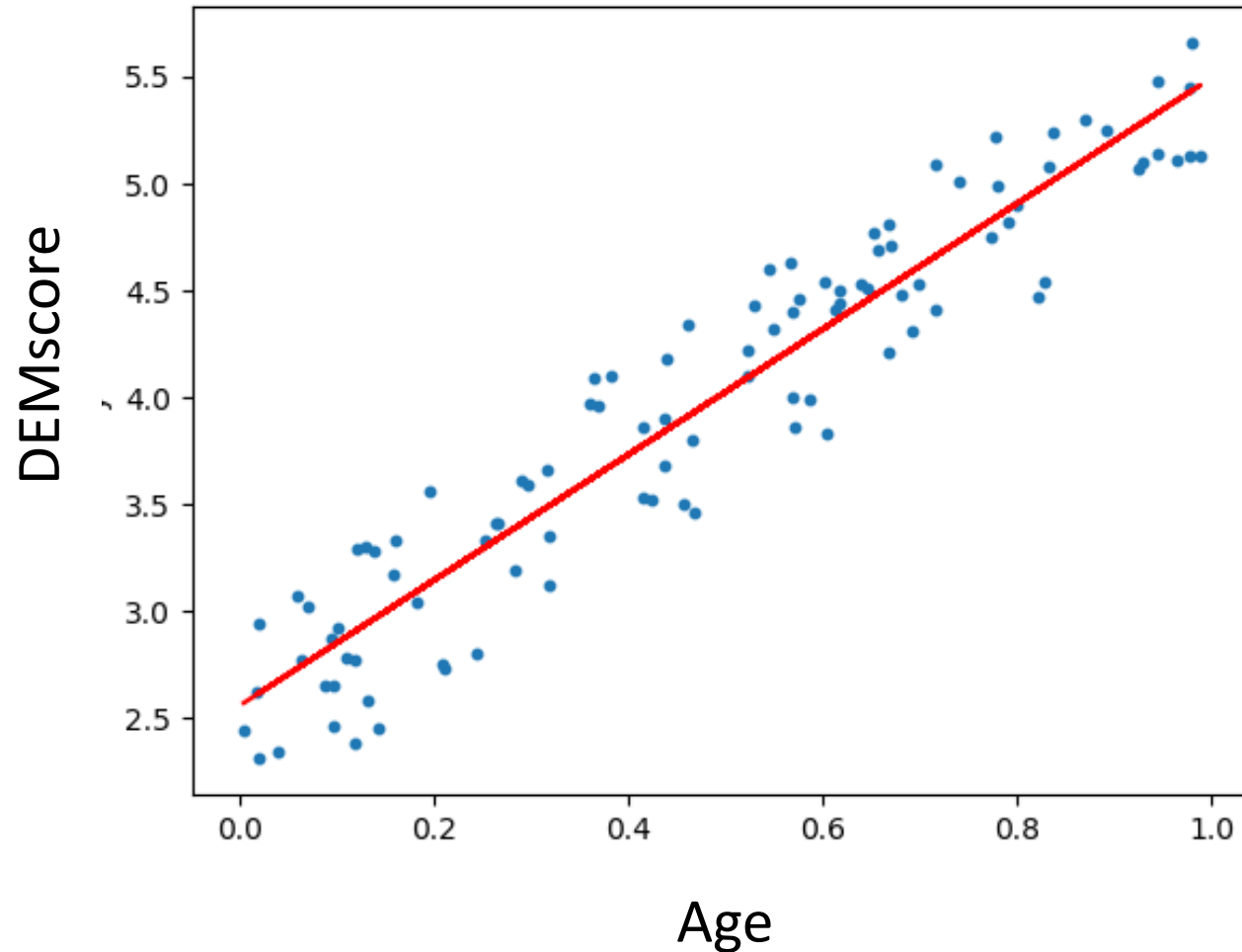
$$Y = \alpha + \beta * SNP + X$$

- β = SNP effect (for every SNP, unit increase in outcome)
- SNP = covariate coded (0,1,2)
- X = additional covariates (e.g. sex, study, age, PCs from population stratification)

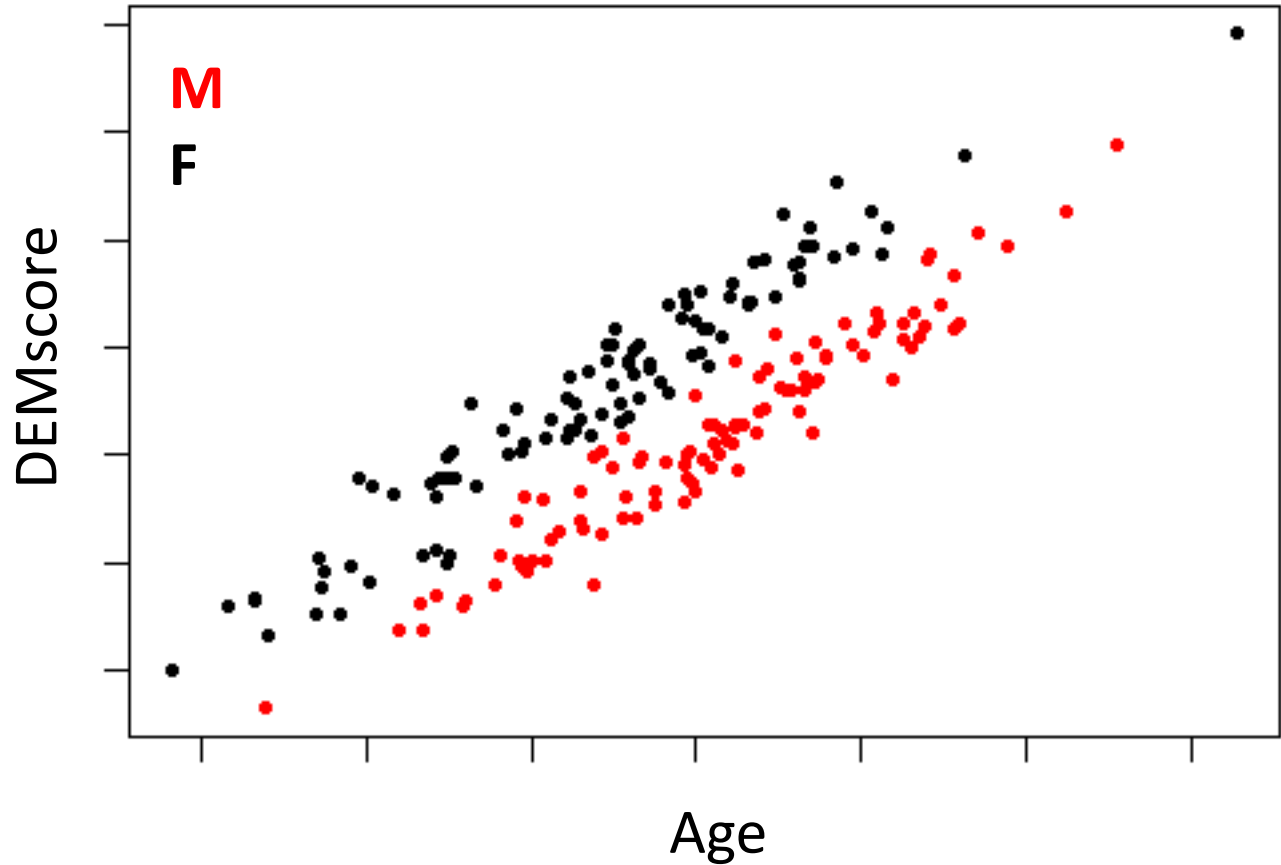
Multivariate analyses



One predictor, one outcome



Multivariate analysis



Importance of setting your reference allele

Odds ratio when AA is reference: $\frac{2}{3} / \frac{1}{3} = \frac{2}{3} * 3 = 2$

The odds of the outcome are 2x more likely among those with CC genotype compared to among those with the AA genotype.

Odds ratio when CC is reference. $\frac{1}{3} / \frac{2}{3} = \frac{1}{3} * \frac{3}{2} = 0.5$

The odds of the outcome are $\frac{1}{2}$ as likely among those with AA genotype compared to among those with the CC genotype.

These are the saying the same thing! But the language matters.

Always know and be purposeful on your reference

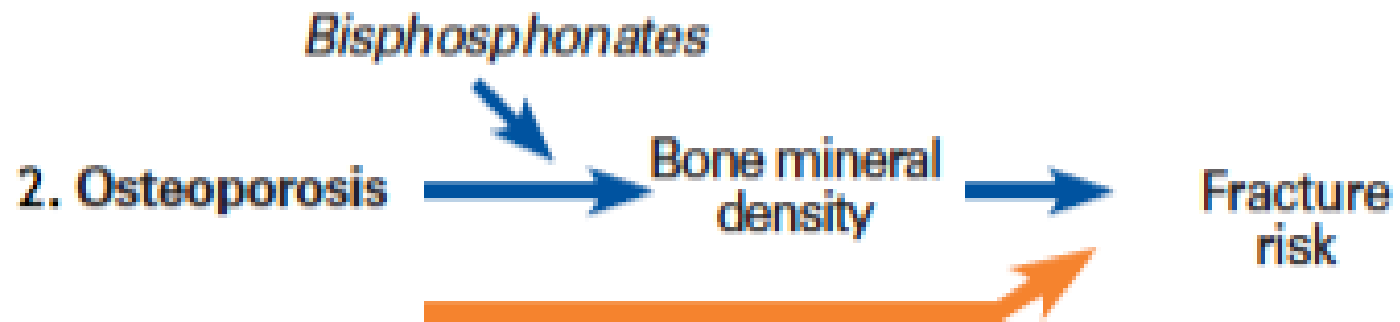
In epidemiology, the reference group always matters.

Exposure (gene allele reference)

Outcome (some outcomes have no “direction”) brown vs black hair

Population (other factors are always involved, i.e. age, diet, access to care).

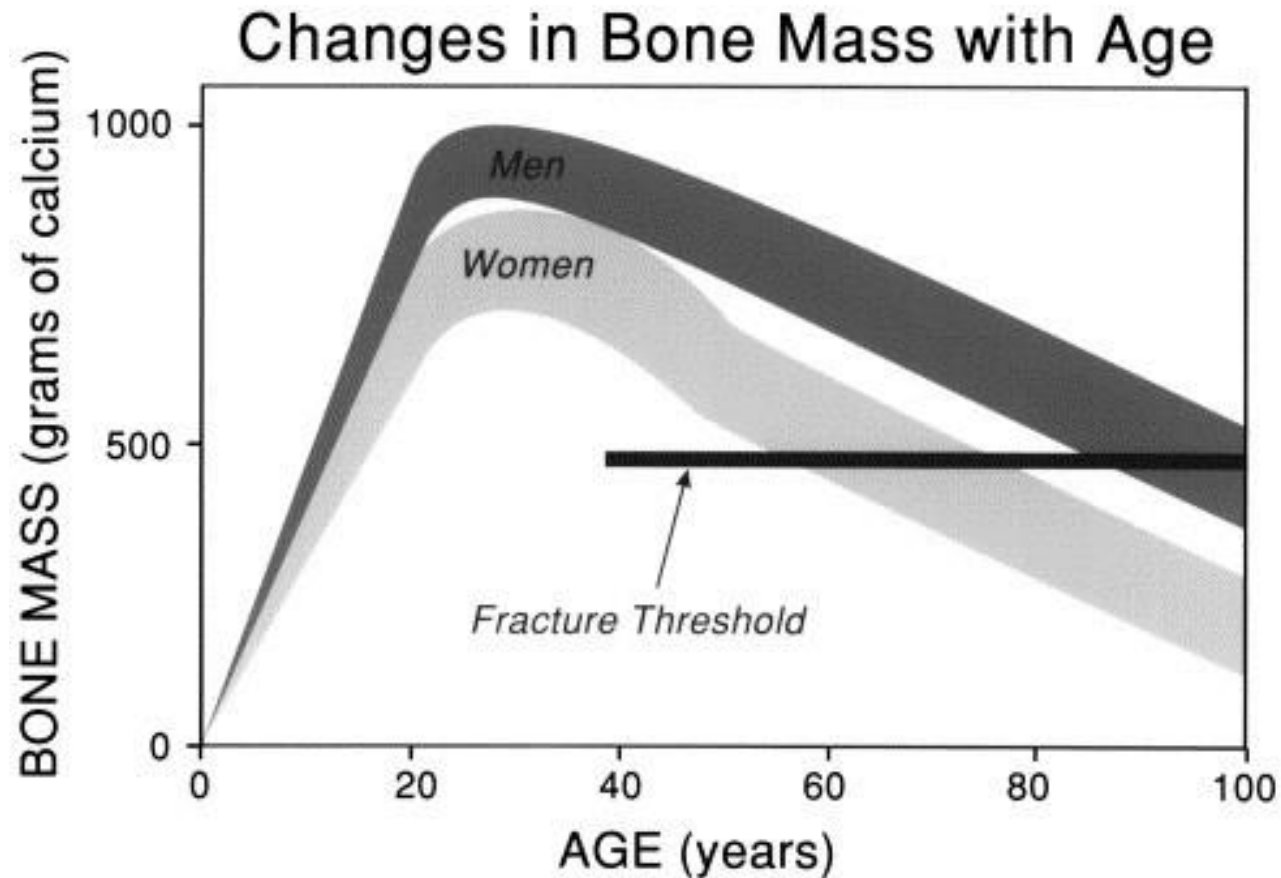
Surrogate endpoints



Picking an endpoint

- Surrogate endpoints: an endpoint that in itself means nothing, but gives information about an important endpoint.
 - More proximal in the biological pathway.
 - Time to detect and/or intervene.
 - Can detect earlier and collect more people.
 - Easier to measure, especially if an outcome often results in death.
 - Monitor progress and change in risk.
 - Cheaper to measure and conduct study.
- Problems with surrogate endpoints
 - Misclassification -- loss of precision

We could also have turned Bone mineral density into a binary outcome based on whether the measure was below the threshold for high fracture risk:



Is the BMD more or less than 500g/cm?

Quantitative vs categorical outcomes

Quantitative

- Does not rely on subjective labels.
- Often more likely to detect differences.
- Interpretation: increase in unit change of phenotype per unit change in risk factor.

Binary

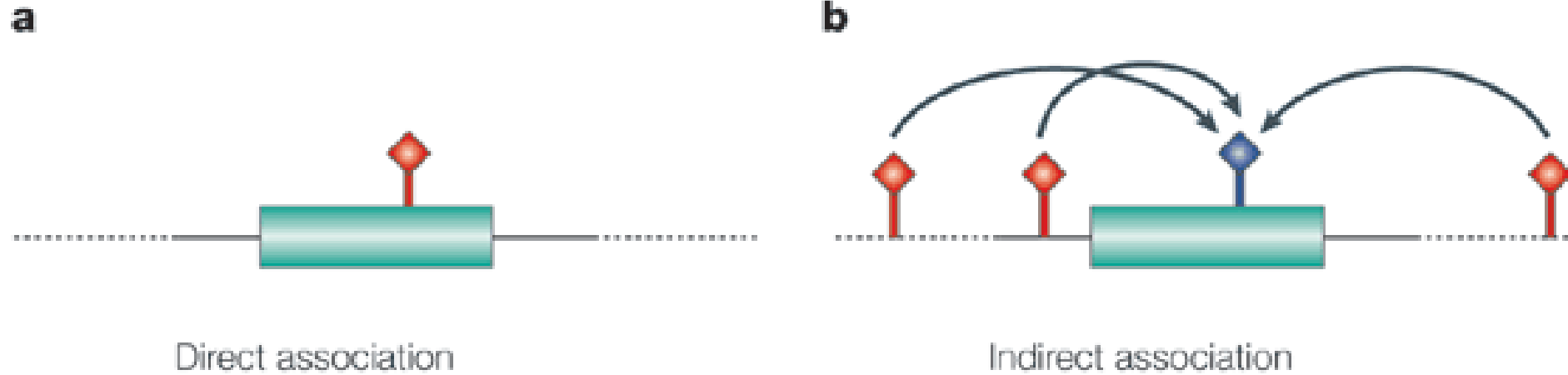
- Must decide cutpoint.
- More straightforward message for action.
- Interpretation: increase in odds of phenotype per unit change in risk factor.

Interpretable cutpoints -> aids policy development



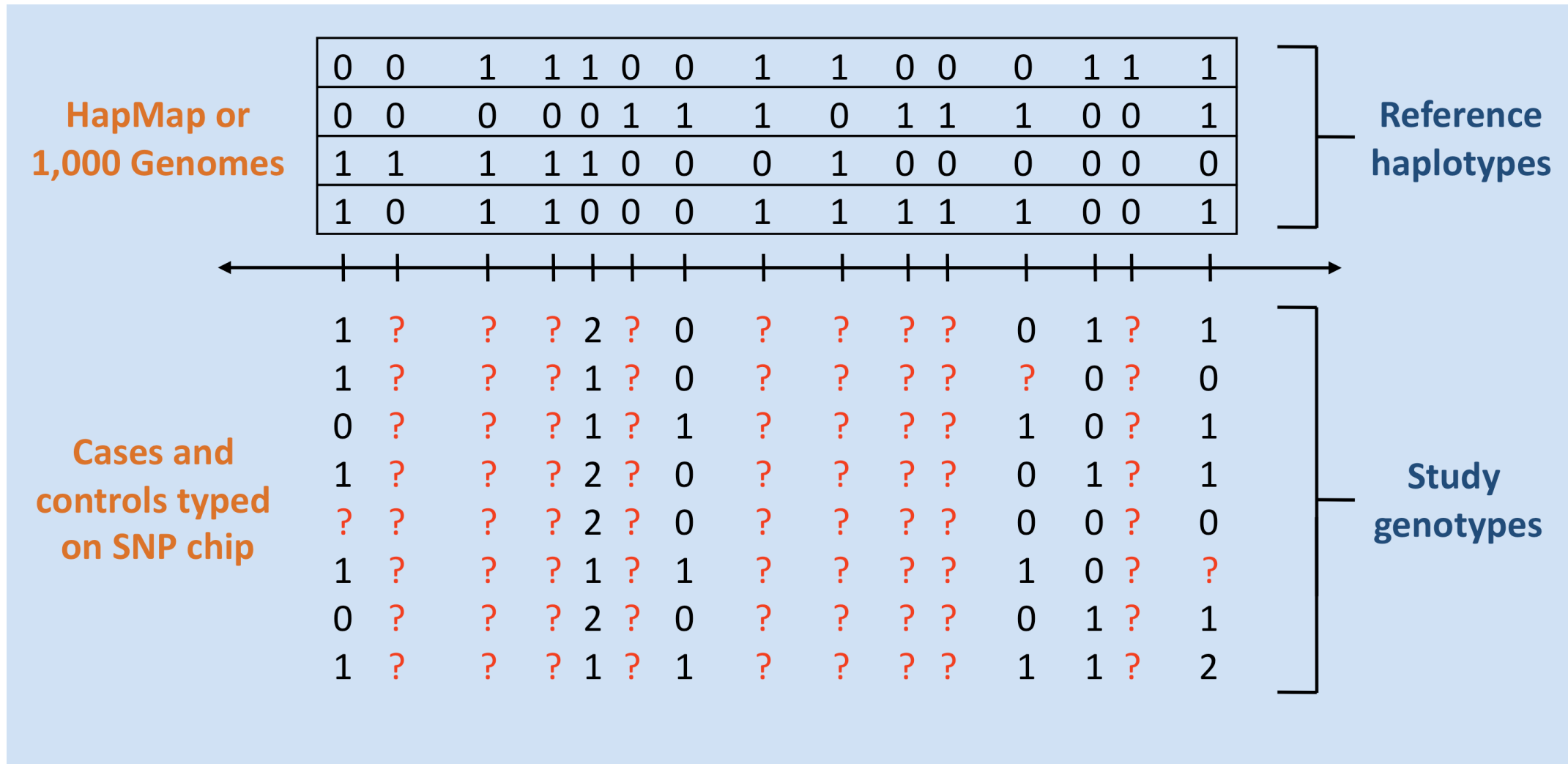
Genotyping platforms can vary by studies, how can we combine data or get more genotyping data than we start with?

We can use LD in our studies: tagSNPs



Nature Reviews | **Genetics**

We can use LD in our studies: Imputation



Imputation

Due to LD, we can compare haplotypes between a “reference” panel and our study and thereby guess genotypes

Study Individual:

T A G G T ? T G C C T A ? C G T

Reference Panel Individual: T A G G T A T G C C T A G C G T

Genotyping

Person 1 ---T-----G---A
Person 2 ---T-----G---A
Person 3 ---T-----C---A
Person 4 ---A-----G---T
Person 5 ---T-----C---A
Person 6 ---A-----G---T

↓ Match genotypes
to a reference

GGCTATTTTGGGAA
CGCTATATACCCAT
GGCAATTTAGCGAT
GCCATATACGGAA

Can you impute the
missing bases?

Genotyping

Person 1 ---T-----G---A
Person 2 ---T-----G---A
Person 3 ---T-----C---A
Person 4 ---A-----G---T
Person 5 ---T-----C---A
Person 6 ---A-----G---T

↓ Match genotypes
to a reference

GGCTATTTTGGGAA
CGCTATATACCCAT
GGCAATTTAGCGAT
GCCATATACGGAA

Imputation

GGCTATTTTGGGAA
GGCTATTTTGGGAA
GCCATATACGGAA
GGCAATTTAGCGAT
GCCATATACGGAA
GGCAATTTAGCGAT

↗ Fill in the blanks

Imputation

- Cost efficient
 - Can assess more SNPs than we genotyped (tagSNPs)
- Allows us to keep our sample size
 - Fill in missings for already genotyped SNPs
- Allows us to combine data from existing platforms and different studies that genotype different SNPs

Imputation

- We can infer genotypes for SNPs we didn't genotype (or failed in the lab)
 - **Input:** 550,000 SNPs in 10,000 individuals
 - **Reference panel:** 2,504 individuals from the 1000 Genomes project (>80M markers)
 - **Output:** Imputed data for >80M markers for your 10,000 individuals
 - In practice, we exclude markers that were only seen once in 1000Genomes so we end up with ~47M markers)

Assessing SNPs across genotyping platforms

	HumanHap	Affy 6.0	OmniExpress
HumanHap	459,999	126,959	260,661
Affy 6.0		668,283	168,223
OmniExpress			565,810

* 75,285 markers are on all 3 platforms

Imputation for studying SNPs across platforms

ILLUMINA SNPs



AFFYMETRIX SNPs



OVERLAP SNPs



Imputation for studying SNPs across platforms

1000G SNPs



Illumina SNPs

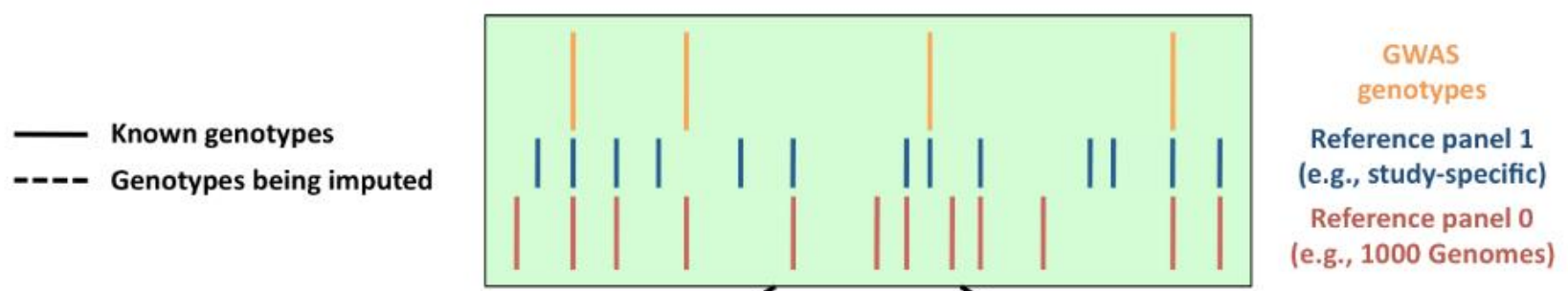


Affymetrix SNPs

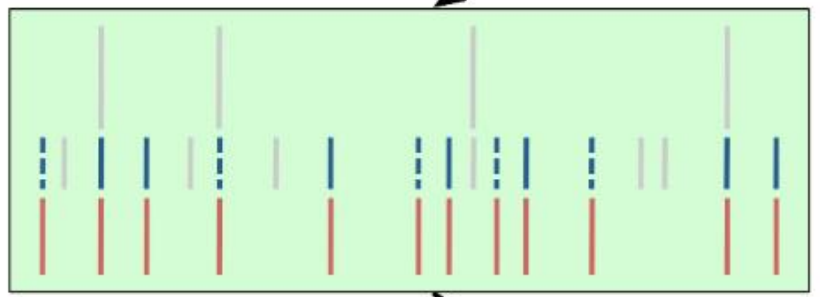


Overlap SNPs

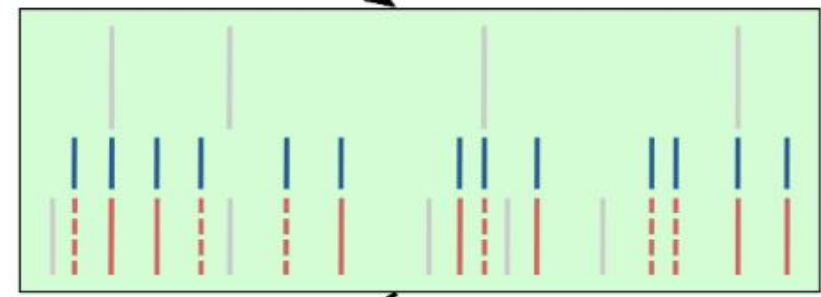




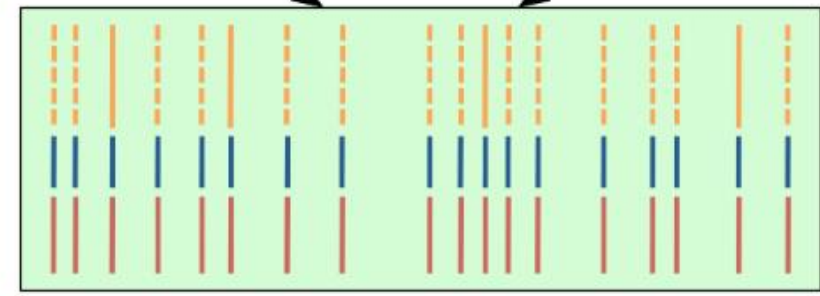
1 Impute panel 0-specific variants into panel 1.



2 Impute panel 1-specific variants into panel 0.



3 Use merged reference panel to impute untyped variants in GWAS dataset.



Imputation

- The imputation quality score r^2 measures how well a SNP was imputed.
 - Ranges between 0 and 1.
 - A quality score of r^2 on a sample of N individuals indicates that the amount of data at the imputed SNP is approximately equivalent to a set of perfectly observed genotype data in a sample size of r^2N .
 - Typically, a cut-off of 0.30 or so will flag most of the poorly imputed SNPs, but only a small number (<1%) of well imputed SNPs. Caveat: This is not true for rare SNPs

Imputation

- Factors that affect imputation quality:
 - Number of genotyped SNPs in your data
 - Size of reference panel
 - Similarity in genetic ancestry between reference and study samples
 - Allele frequency

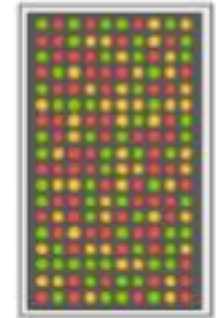
What if we don't know what variants to test or they are too rare to impute?

Sequencing vs Genotyping: Discovery

Genotyping:

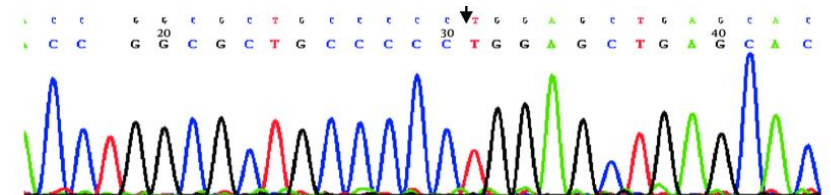
- Common variants (>5% allele frequency)
- large cohorts (cheaper)
- to identify regions of the genome associated with an outcome
- less computationally demanding to get a person's alleles.

Array imaged to analyze signal at all beads

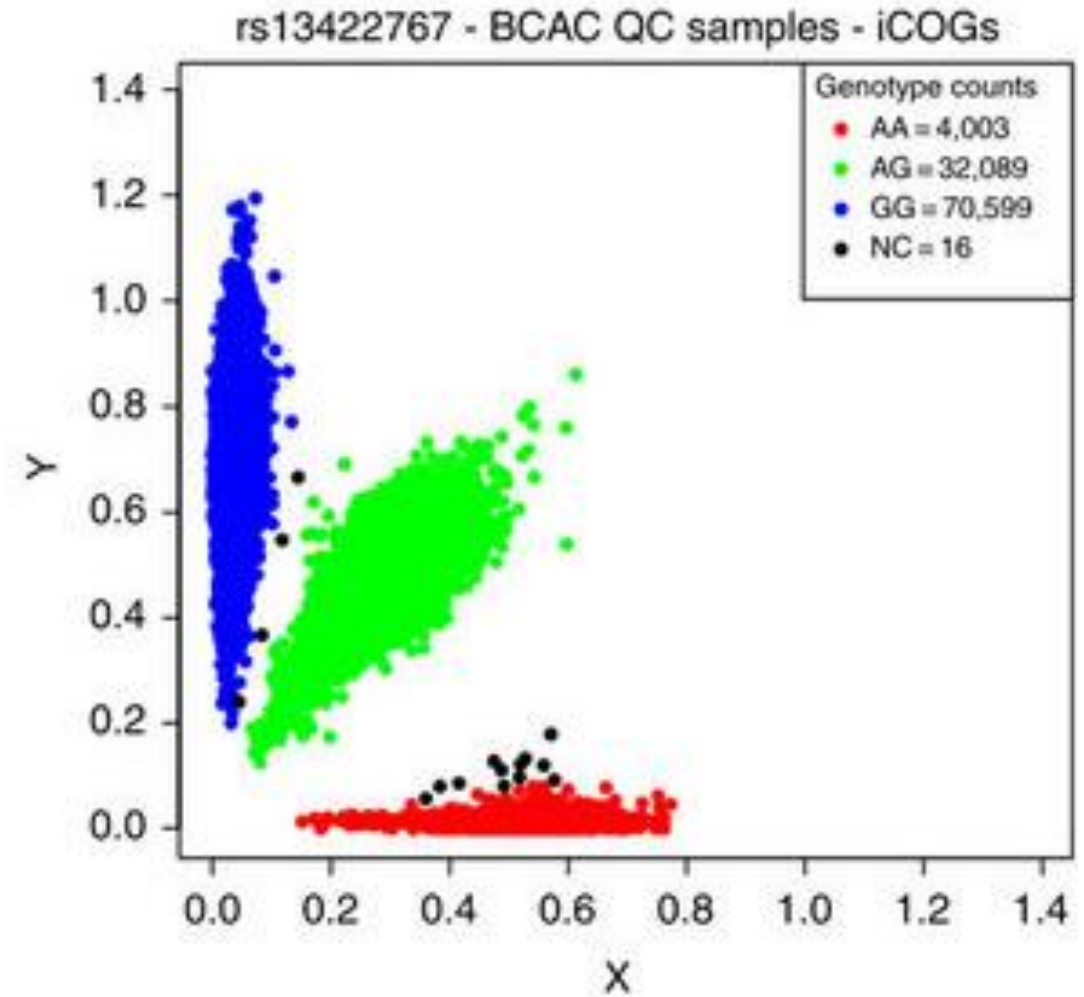
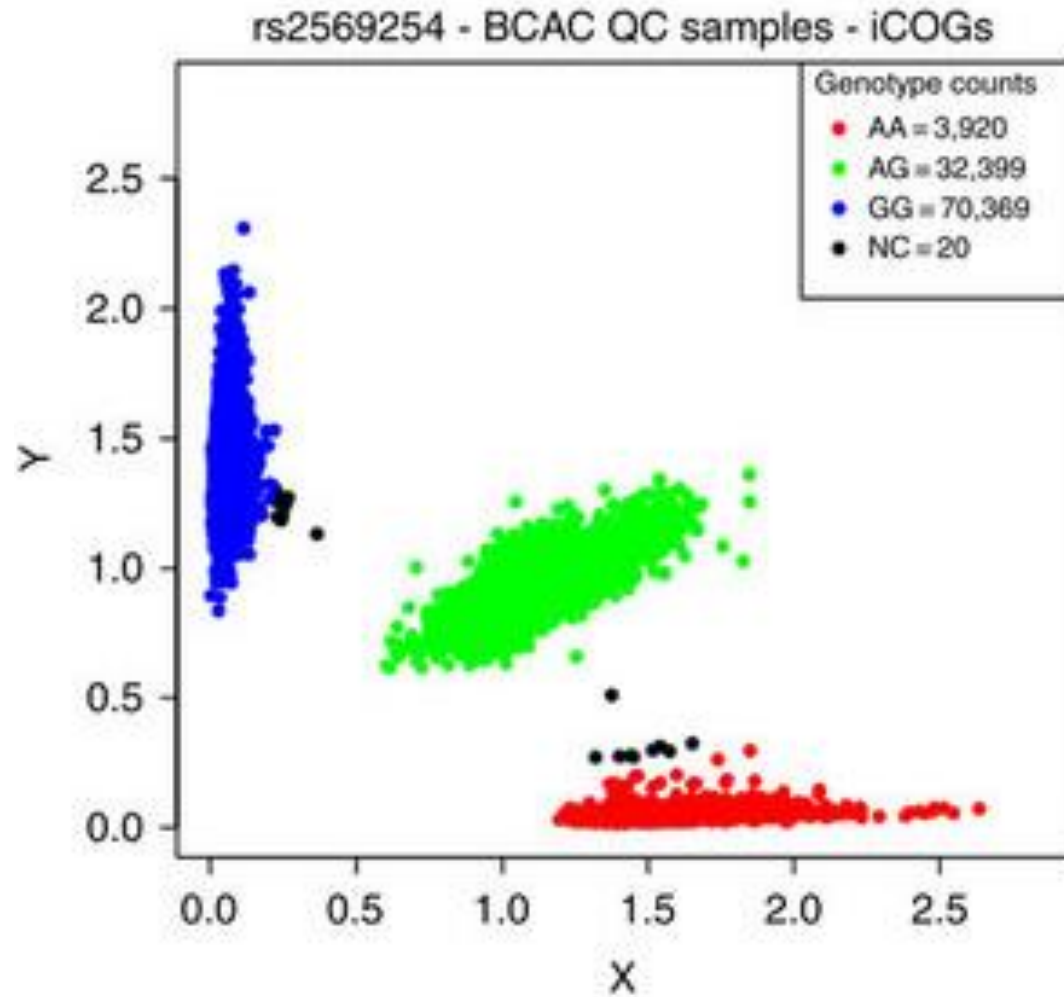


Sequencing:

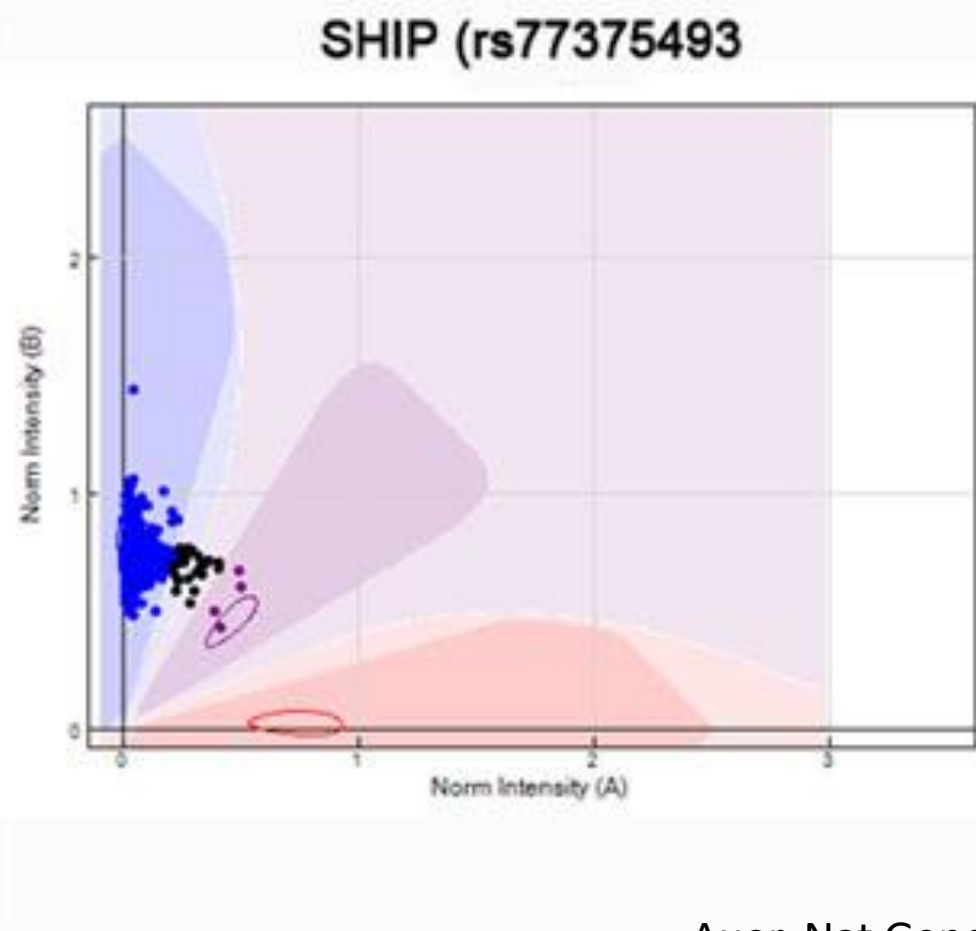
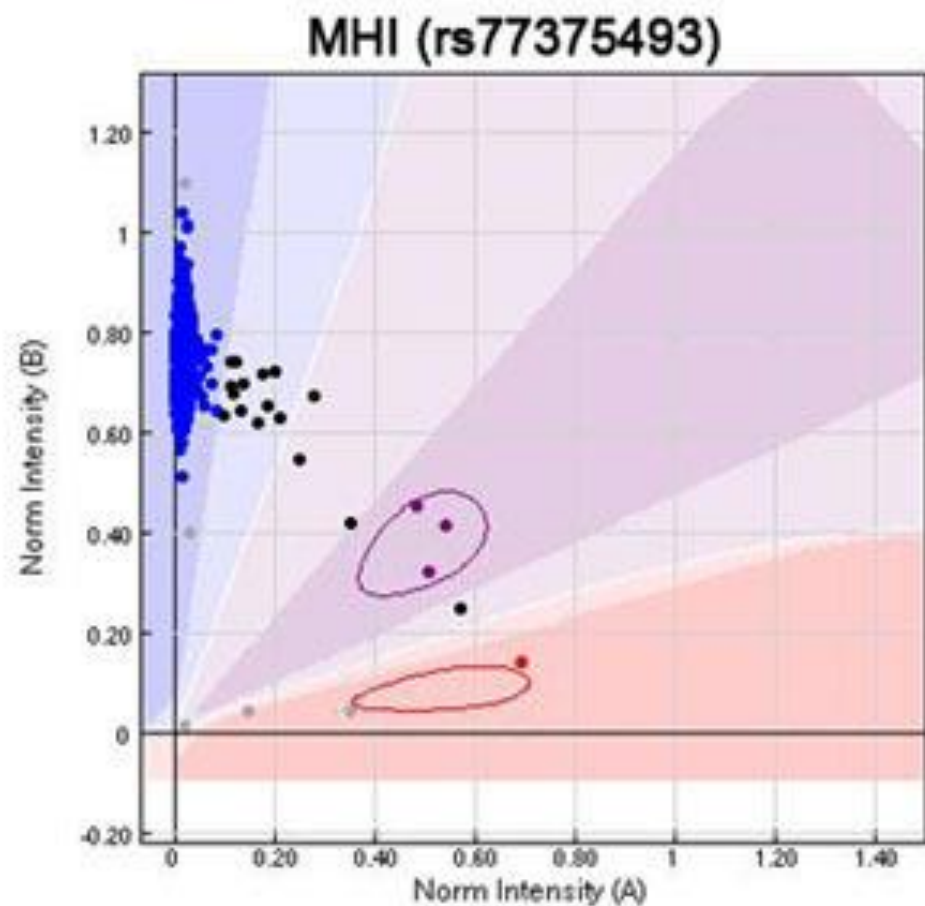
- Rare variants
- Discover new variants in individuals or small samples (compare children and parents)
- very detailed data
- to add variants across the same gene in studying an effect.



Genotyping Output



Genotype cluster plot for rare variants



Sequencing to identify rare variants.

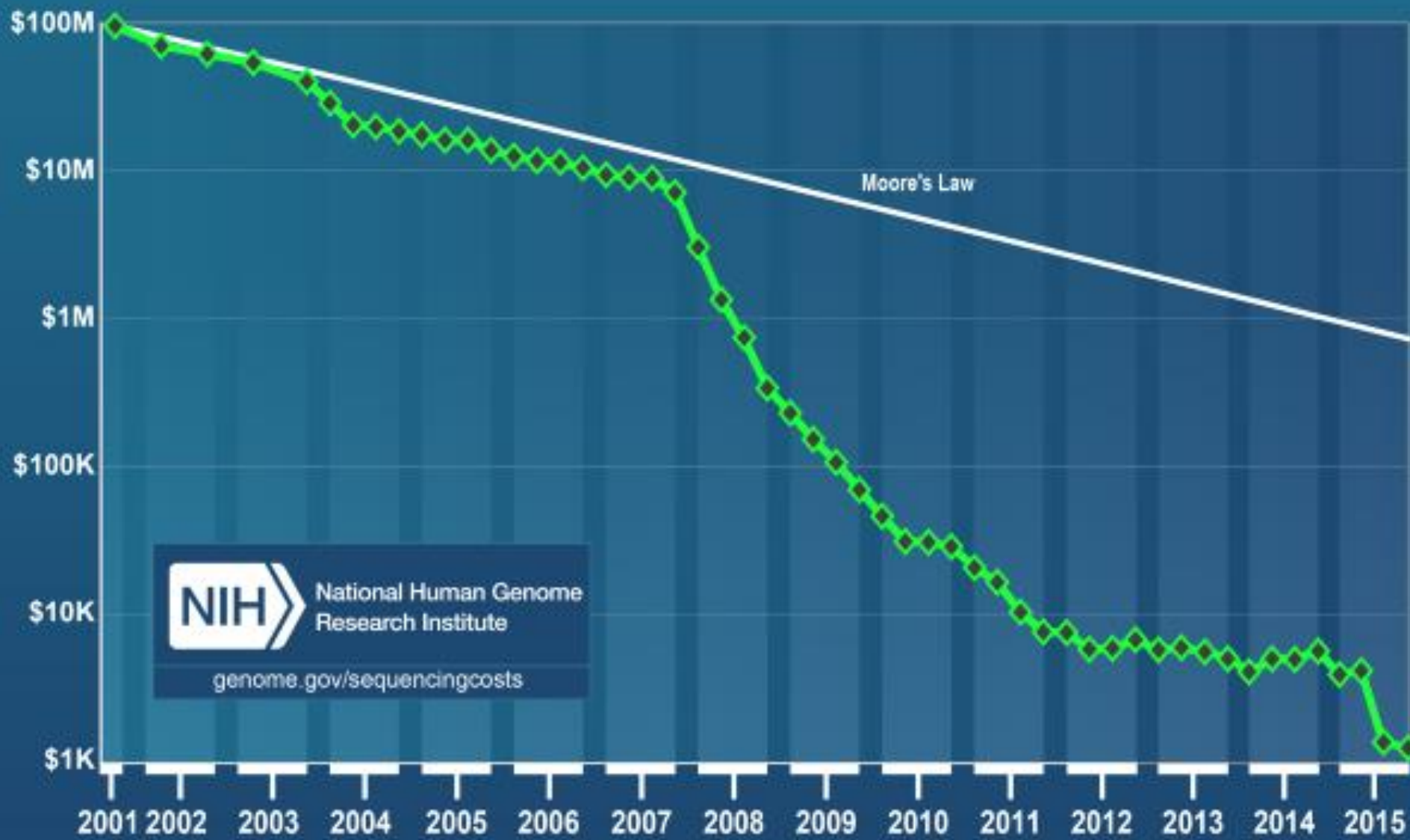
Same variant shared by individuals in a small group.

Multiple variants in the same gene in individuals with the same condition.

Variants unique to an individual in an important gene.



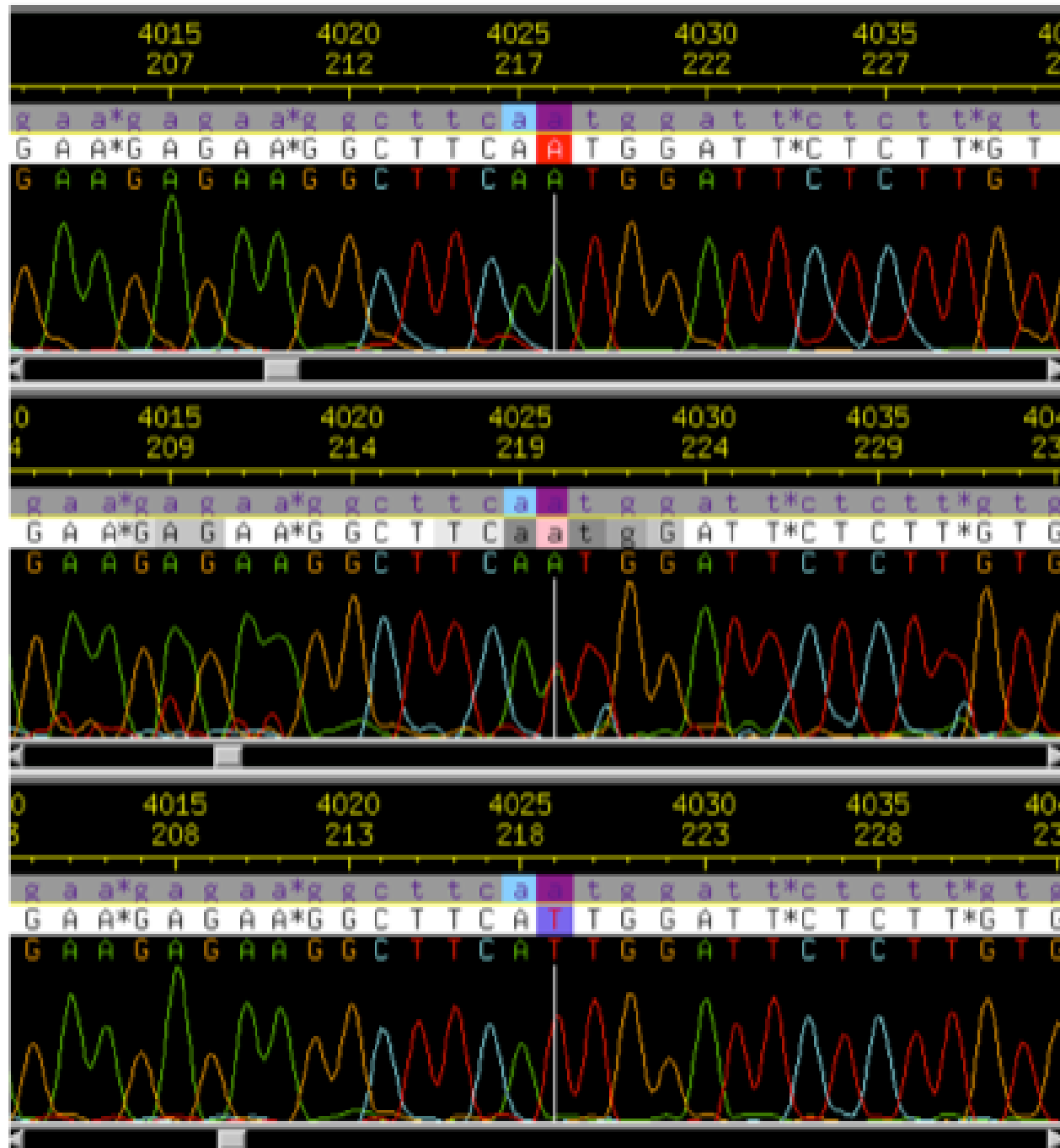
Cost per Genome



Sequencing Technologies

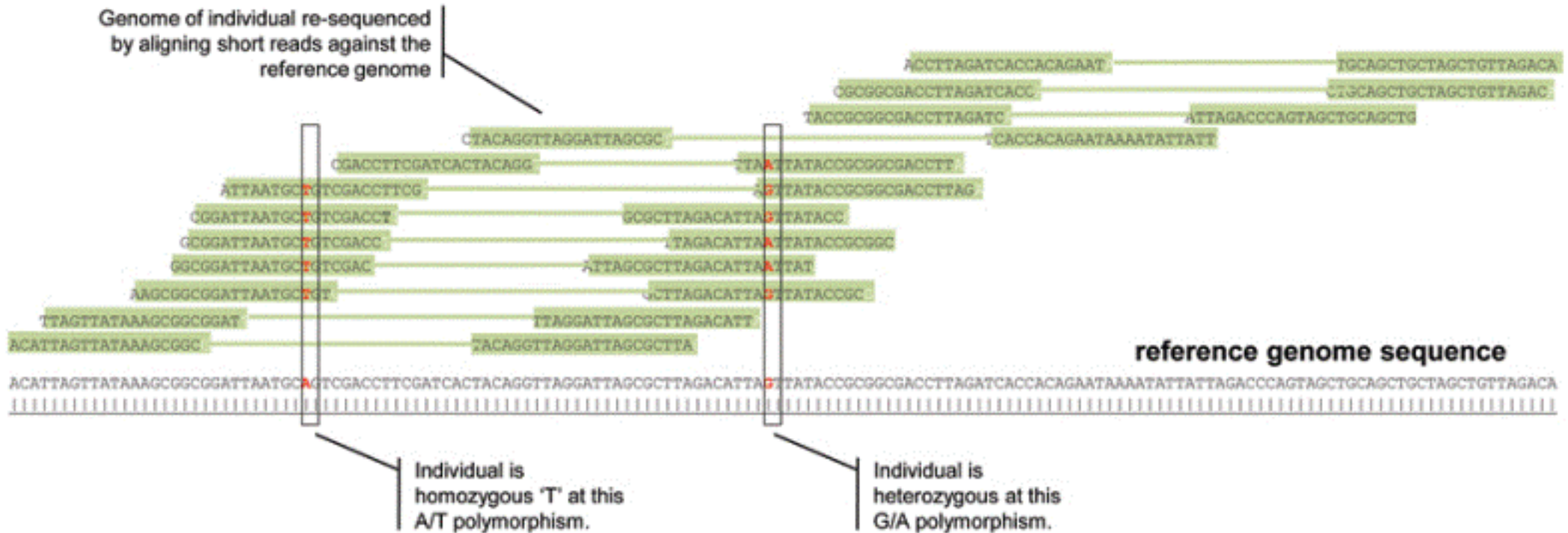
- Sanger sequencing uses real time PCR
 - 99.99% accuracy
 - Used for high-accuracy reads of smaller regions
- Next Gen sequencing sequences many segments at once
 - Also called: massively parallel sequencing
 - High throughput
 - Used for multi-gene reads and larger samples

Sequencing output



Sequencing alignment and depth

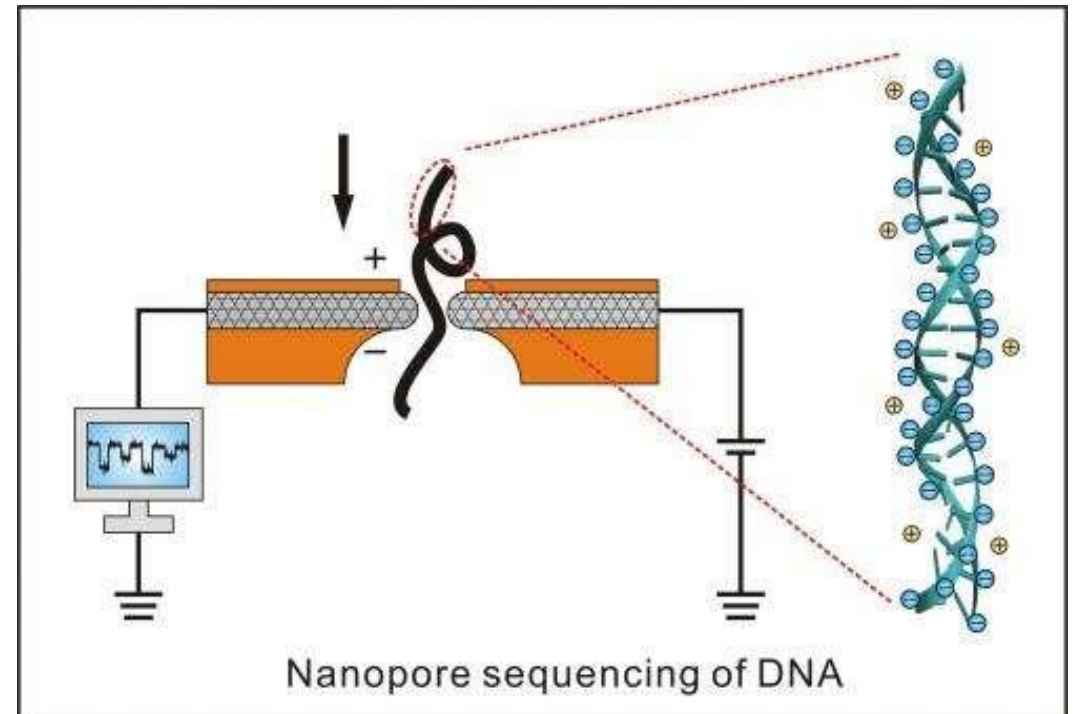
Depth: The number of times one basepair is sequenced



Nanopore sequencing

Works on a single DNA strand. No PCR amplification; No chemical labeling.

Feeds DNA through a *very* tiny hole, sends an electric current, and determines the DNA base based on how the current flows.



Sequence Assembly

CTCGCGCGAT

ACCCTCG

GCGATAG

ACTTAATAC

ACCCTCGCGC

GCGATAGACTTA

Sequence Assembly

ACCCTCGCGCGATAGACTTAATAC

CTCGCGCGAT

ACCCTCG

GCGATAG

ACTTAATAC

ACCCTCGCGC

GCGATAGACTTA

Sequence Assembly: Other Considerations

- Assembly type: De novo or mapping sequence assembly
- Read length: usually 100-700bp
- Read depth: 30 is gold standard

Sequence Assembly: Why Read Depth Matters

ACCCTCGCGCGATAGACTTAATAC

ACCCTCG

ACCCGCGCGC

CTCGCGCGAT

GCGATAGACTTA

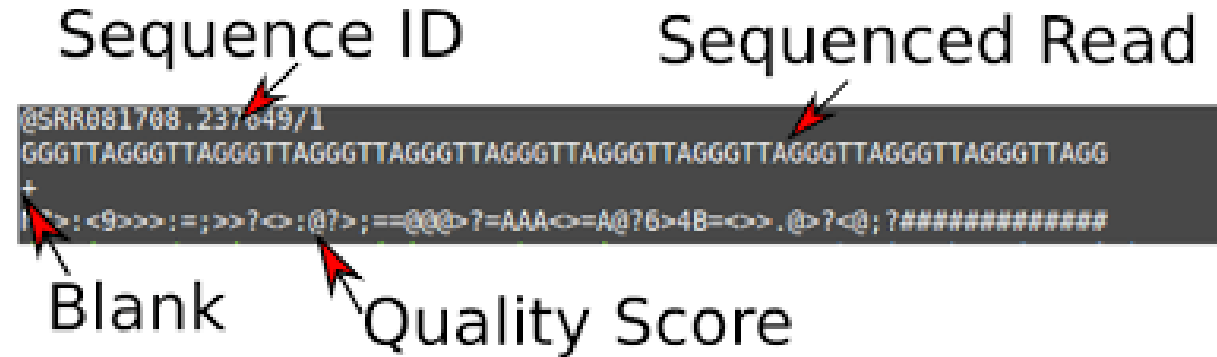
GATAG

ACTTAATAC

Name	Length	Average quality	Quality graph	Bases
SRR000702.26	36	39		CACATAGGAGTCCAGAACACTGCTGCTGAGGTATAA
SRR000702.26	36	34		TGCCTGCCTGAGGACTCTGGTGCTGGAGGCTGTCTT
SRR000702.26	36	39		CCTTGGCCTCTCAAACGCTGAGATTACAGGCGTGA
SRR000702.26	36	29		CACATATACACACCTCCACATACACACACAGATCGG
SRR000702.26	36	37		CATGGGCCTGTAGGATTAGATAAGCATACTTGCTAT
SRR000702.26	36	34		CACTGGGGCTTTCATCGGACGCTGTGTCTCACCGCG
SRR000702.26	36	33		CAGCACTGAGTTTCTGAGAGAGTGGCCAGCTGGGCT
SRR000702.26	36	30		TTGTATTTGGCAAGGGGTGCTTGTTATAGCTTGTT
SRR000702.26	36	38		CAGGAGAAGGGAAATGTGGGTTGGAAGCTTTAATTG
SRR000702.26	36	27		CATATAAAACCCCTCTTCCCCTTCAACACACTTAAT
SRR000702.26	36	39		CTCGGCTCACTGCAAACCTCTGCTTCCCAGGTTTCATG
SRR000702.26	36	1		TNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN
SRR000702.26	36	31		CAGTGTTGCTTGCTTCTGTTTTACATGTA TAGTAG
SRR000702.26	36	40		CAATACACATCTACCGACACACACACTCATAACACAC
SRR000702.26	36	37		CAAGAGGCATGGGGGATGTGCTCTATCCTGTTTTGT
SRR000702.26	36	36		CATTCCATTCTATTGCATTCCATTCTATTCTGTTTA
SRR000702.26	36	40		CCATTCCATTCCATTCCATTCCATTCCATTCCATTCC
SRR000702.26	36	29		ATCCATTTACATAGCAAATGGCTGGATGTGCCCTTC
SRR000702.26	36	6		GGCAGGAGCTCCCCATGTGCTGCAACAGCTTCCTAA
SRR000702.26	36	38		CCCACGGTGTCCATAAGTGGAGTCAATGCCTCTGAA
SRR000702.26	36	28		TATATCACACACACATTTTATACTCAAACCTGTTT
SRR000702.26	36	38		CACTTGATTTTTGAGCCTTATAATAAGGCTAGAGAG
SRR000702.26	36	34		TCTCCCACAGATGAGCAGCAGCTGCTCAGGGCTGA
SRR000702.26	36	39		CATGCACCGCAACATTCAGCTAGTATTTTTATTTT
SRR000702.26	36	38		CAAACCTATTACACACAAACTCTACACACATATAAA
SRR000702.26	36	37		TGCATAATCTTGGCTCACTGCAACCTCCACTTCCAG

Phred Q scores: probability of incorrect call

$$p = 10^{(-Q/10)}$$

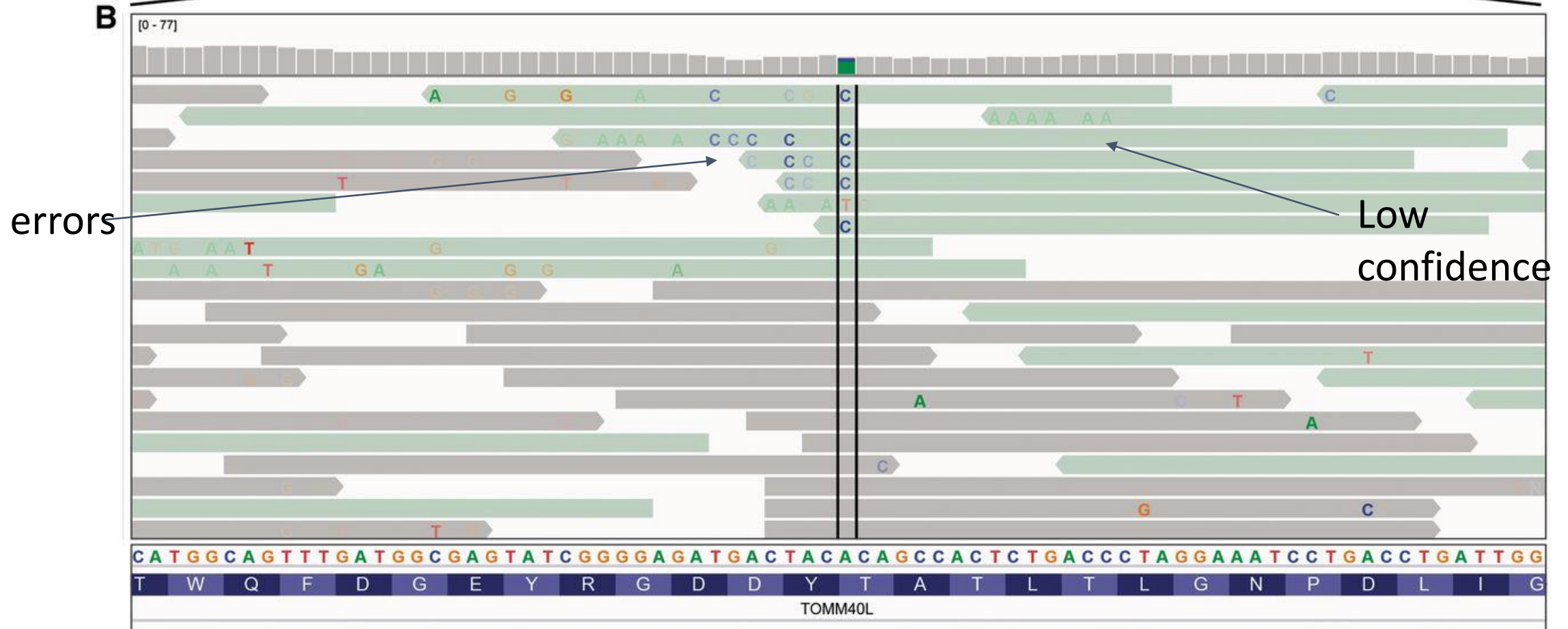
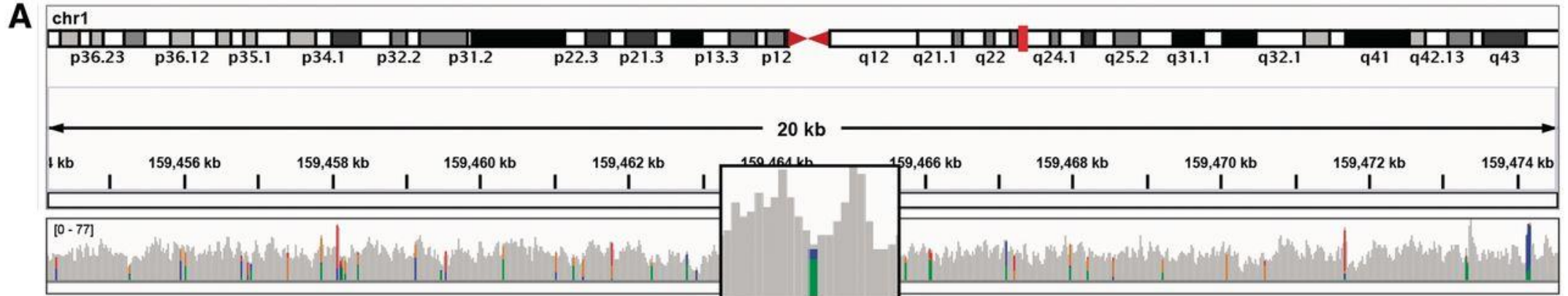


Phred quality scores are logarithmically linked to error probabilities

Phred Quality Score	Probability of incorrect base call	Base call accuracy
10	1 in 10	90%
20	1 in 100	99%
30	1 in 1000	99.9%
40	1 in 10,000	99.99%
50	1 in 100,000	99.999%
60	1 in 1,000,000	99.9999%

Higher the number, the better





You have a new variant. Now what??

If they change the amino acid structure, algorithms to predict pathogenicity:

SIFT: Sorting Intolerant From Tolerant. Based on sequence homology across species and chemical properties of amino acids. If it is the same, it must be important. Closer to zero = worse.

Polyphen-2: Based on protein structure and function predictions. Such as where in the protein the change occurs. Closer to 1 = worse.

Can have very different answers! Prediction is hard.

Multiple sequence alignment

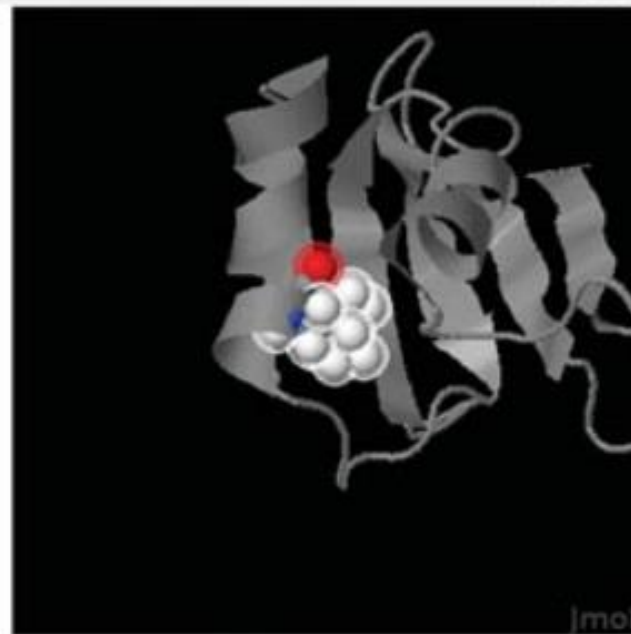
UniProtKB/UniRef100 Release 2011_12 (14-Dec-2011)

QUERY	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp C1C511#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp UPI0000605EA9#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp G5C1G7#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp G1S855#1	YVYRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp D3Y0K8#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp F1NIG7#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp UPI000194BCE3#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp C1C3L1#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp Q2HYN5#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp F6S233#1	CIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp UPI0000F2DE0C#1	CIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp Q7ZUI8#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp G3IE16#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	LV	K	AFKKK	FA	NGTVIEHP
sp UPI0000606E9A#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	PV	K	AFKKK	FA	NGTVIEHP
sp UPI00000244DB#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	PV	K	AFKKK	FA	NGTVIEHP
sp O60739#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	PV	K	AFKKK	FA	NGTVIEHP
sp G3I8N9#1	YIHIRIQOR	NGRKT	TL	ITV	QG	IADDYD	KKK	PV	K	AFKKK	FA	NGTVIEHP

Shown are 75 amino acids surrounding the mutation position (marked with a black box). An interactive version of the complete alignment is [also available](#).

3D Visualization

PDB/DSSP Snapshot 03-Jan-2012 (78304 Structures)





EntryID: [2IF1](#)
 ChainID: A
 Residue: Leu72
 Identity: 100.0%
 Overlap: 100.0% (113 aa)

Zoom into mutation Reset view View size: + -

Variant Effect Predictor

New job

Species:

 Human (Homo sapiens) 

Assembly: GRCh37.p13 (If you are looking for VEP for Human GRCh38, please go to [GRCh38 website](#).)

Name for this job (optional):

Input data:

Either paste data:

Examples: [Ensembl default](#), [VCF](#), [Variant identifiers](#), [HGVS notations](#), [SPDI](#)

Or upload file:

Choose File

No file chosen

Or provide file URL:

Transcript database to use:

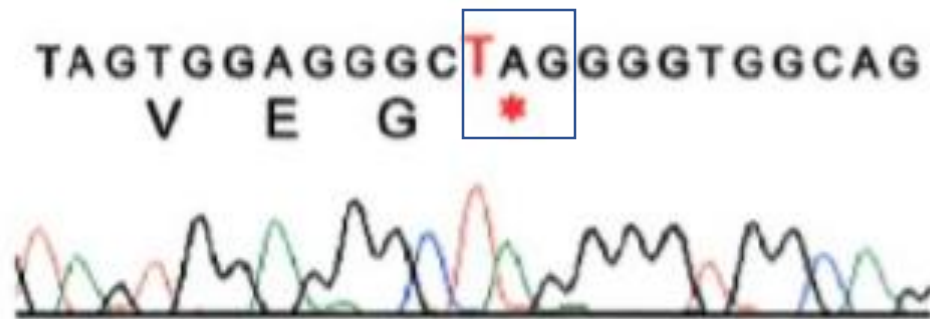
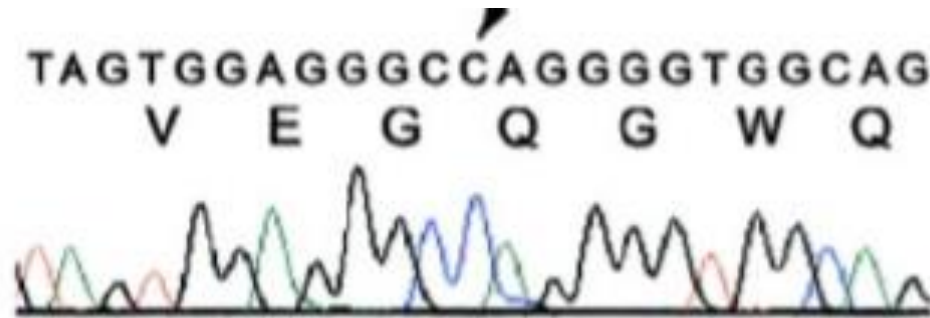
- Ensembl/GENCODE transcripts
- Ensembl/GENCODE basic transcripts
- RefSeq transcripts

Sequencing in Founder Populations

- Osteoporosis is a disease in elderly people, resulting in decreased bone density
 - Many treatments may be carcinogenic
- A treatment for osteoporosis discovered by identifying SOST gene implicated in sclerosteosis in Dutch Afrikaner population
 - Autosomal recessive disorder



All but one patient with sclerosteosis in the 22-family sample shared the same SNP

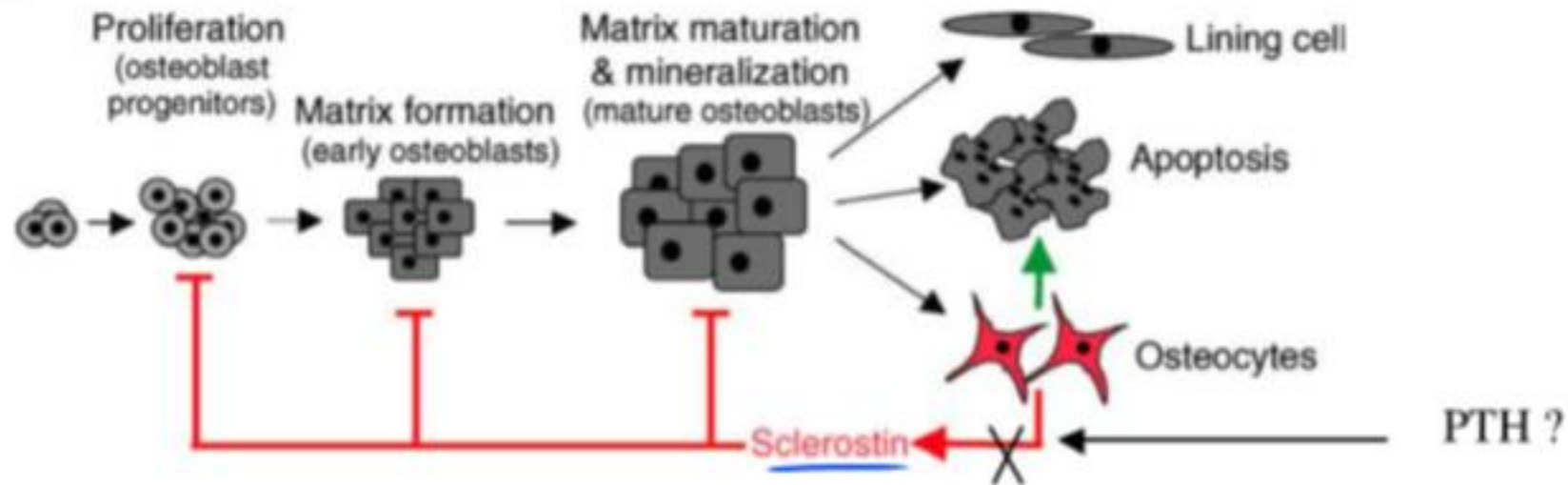


(C69T)

Results in a
premature stop
codon

-> Drug Development

- A drug was developed to deplete or inhibit sclerostin in people with osteoporosis



Summary

- Genetic data can be collected through genotyping or sequencing.
- Odds ratios give the odds of an outcome in relation to a reference.
- Linear and logistic regression allow adjustment for other factors.
- Imputation leverages linkage disequilibrium to estimate data not collected.