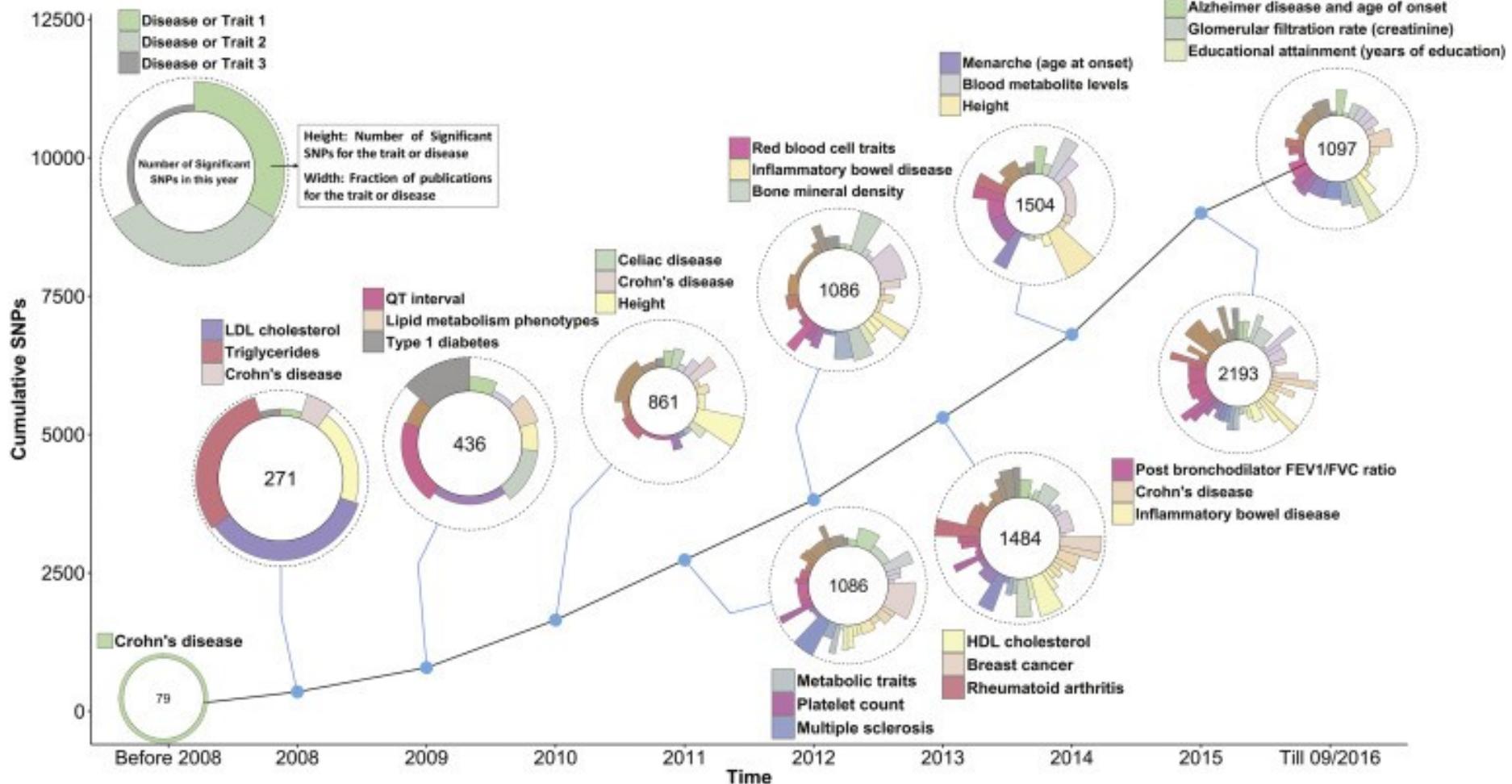
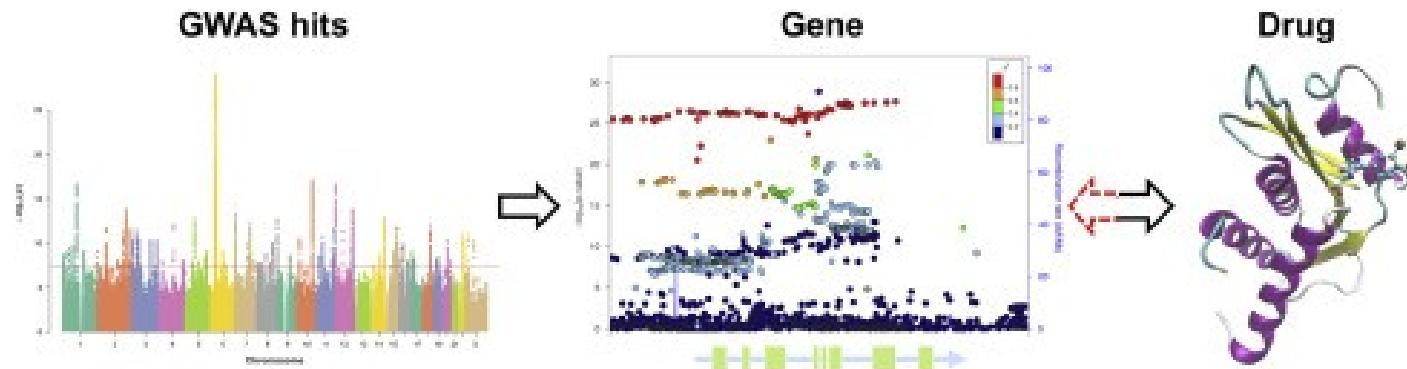


Genome-wide Association Studies (GWAS) and disease

GWAS SNP Discovery Timeline

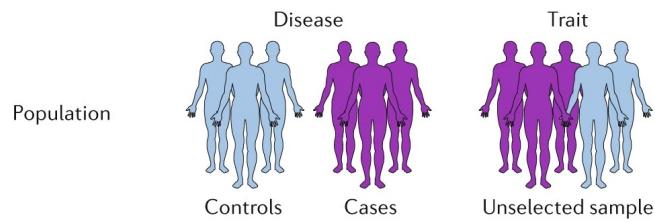


GWAS discoveries and drugs



Trait	Gene with GWAS hits	Known or candidate drug
Type 2 Diabetes	<i>SLC30A8/KCNJ11</i>	ZnT-8 antagonists/Glyburide
Rheumatoid Arthritis	<i>PADI4/IL6R</i>	BB-Cl-amidine/Tocilizumab
Ankylosing Spondylitis(AS)	<i>TNFR1/PTGER4/TYK2</i>	TNF-inhibitors/NSAIDs/fostamatinib
Psoriasis(Ps)	<i>IL23A</i>	Risankizumab
Osteoporosis	<i>RANKL/ESR1</i>	Denosumab/Raloxifene and HRT
Schizophrenia	<i>DRD2</i>	Anti-psychotics
LDL cholesterol	<i>HMGCR</i>	Pravastatin
AS, Ps, Psoriatic Arthritis	<i>IL12B</i>	Ustekinumab

a Genome-wide association



Genotyping method

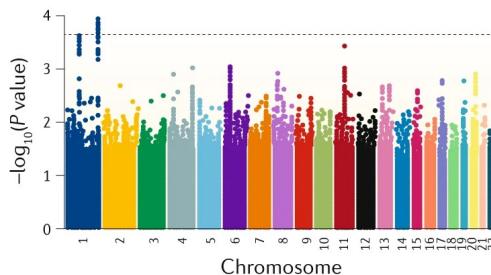


Meta-analysis

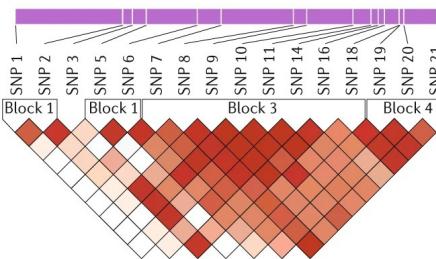
SNP array and
imputation

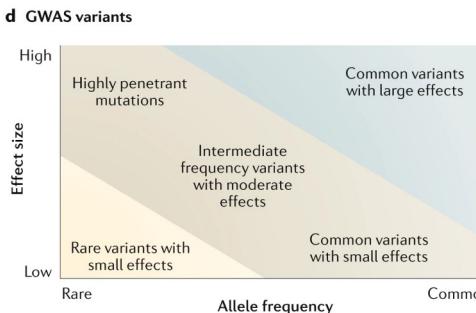
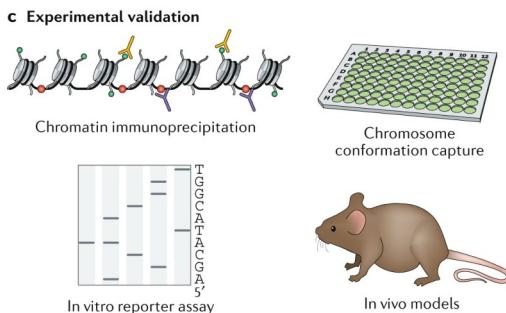
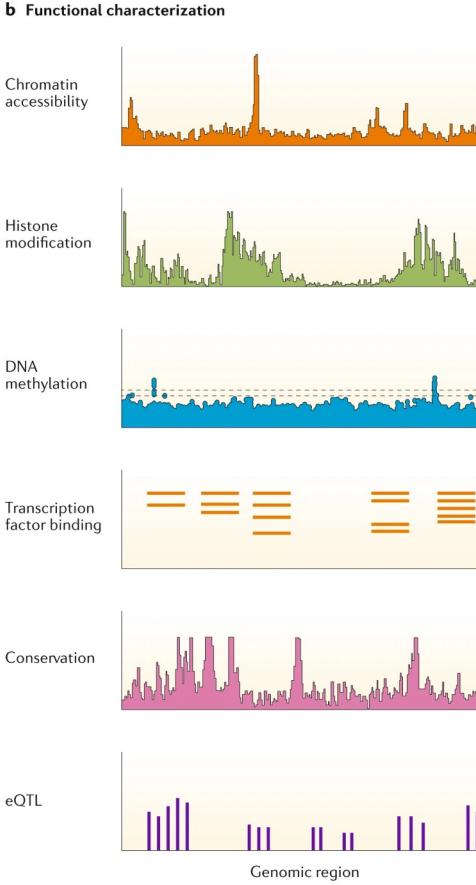
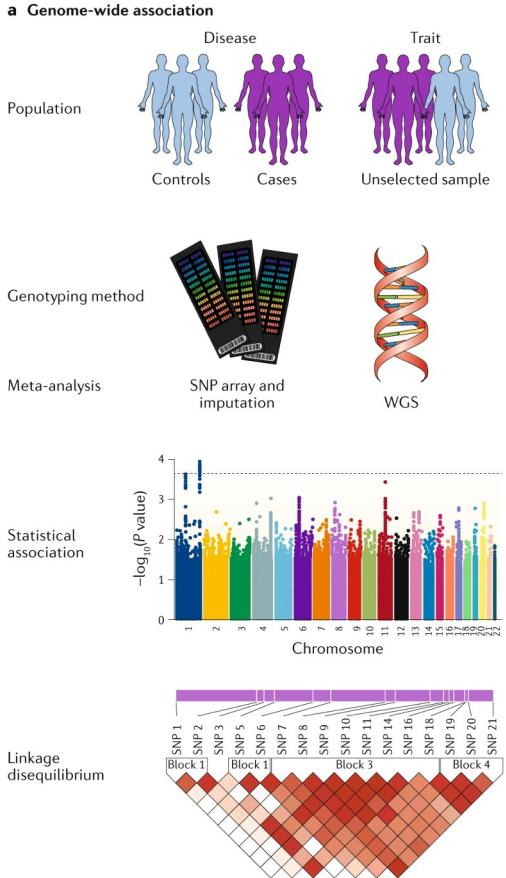
WGS

Statistical
association



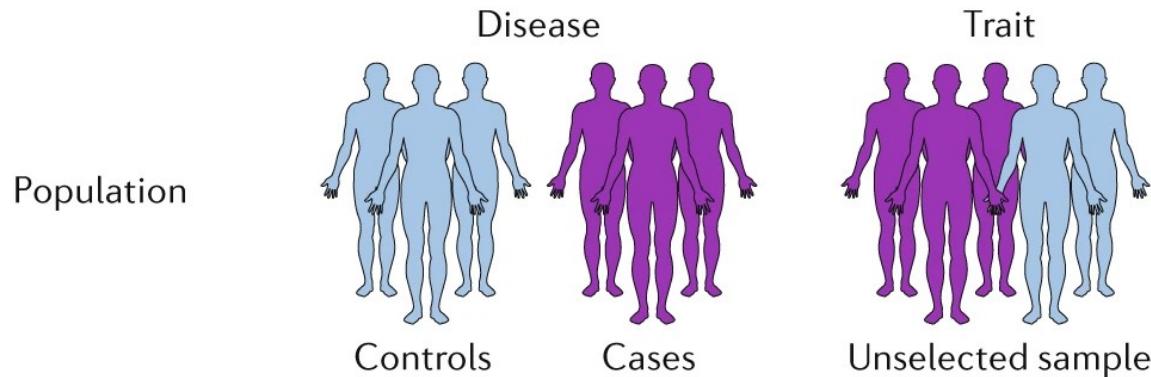
Linkage
disequilibrium





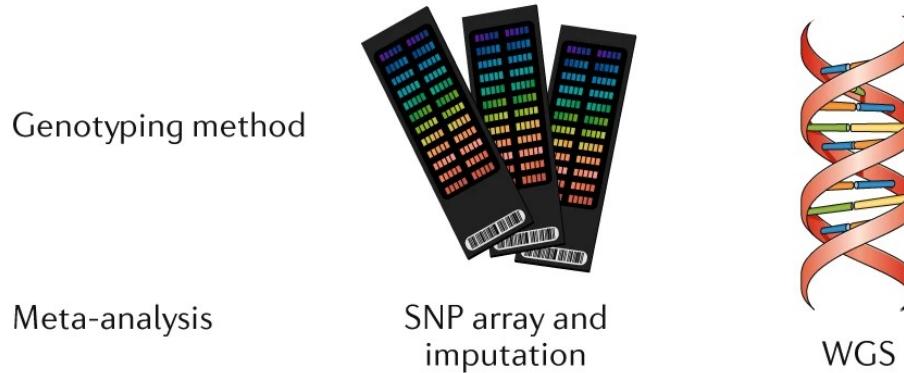
Study population

a Genome-wide association



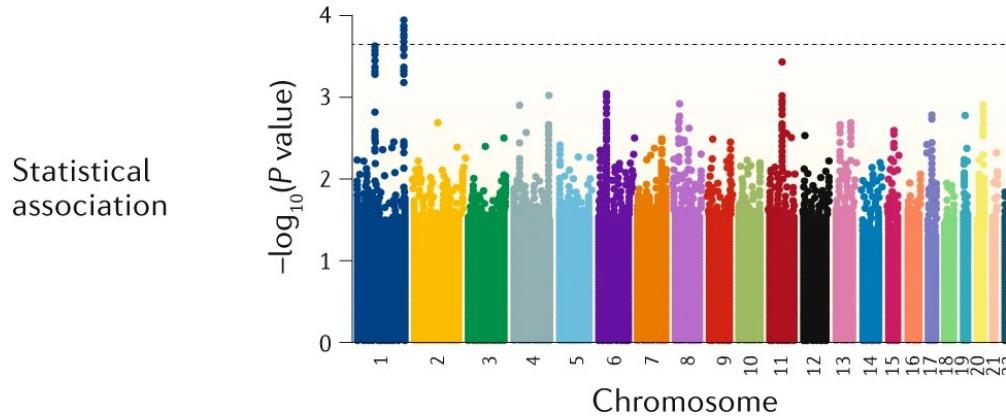
- could be cases and controls for a disease
- or a population sample of a trait

Genotyping method



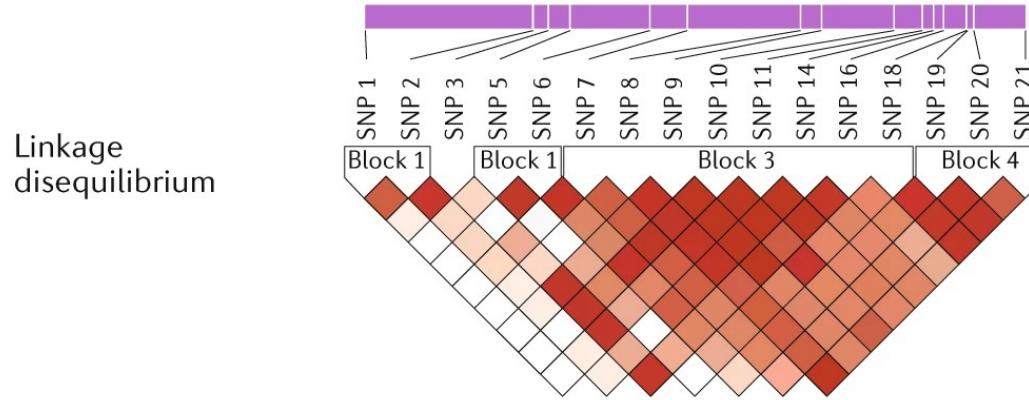
- SNP array (cheap)
- whole exome sequencing (all exons i.e. coding)
- whole genome sequencing (expensive)

Statistical association



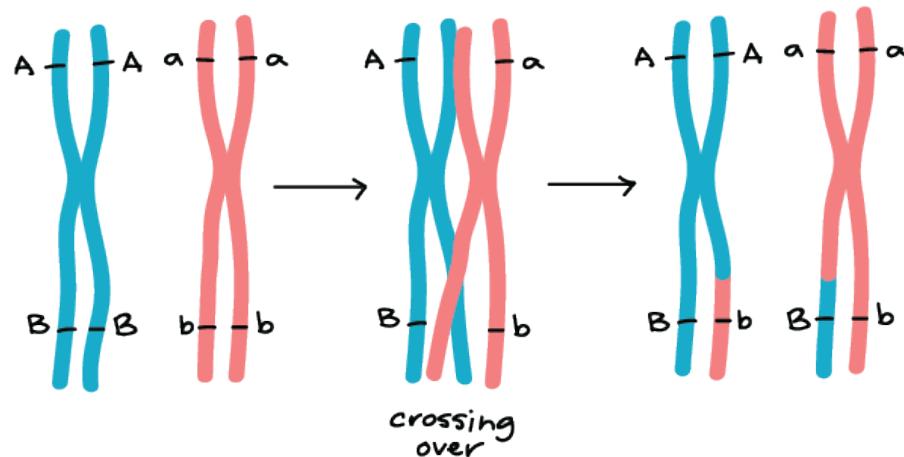
- e.g. logistic regression for binary (disease vs. healthy)
- e.g. linear regression for quantitative traits
- many other possible analyses

Linkage disequilibrium (LD)



- linkage equilibrium = random association of SNPs/alleles at different loci
- in reality many non-random associations, or linkage disequilibrium

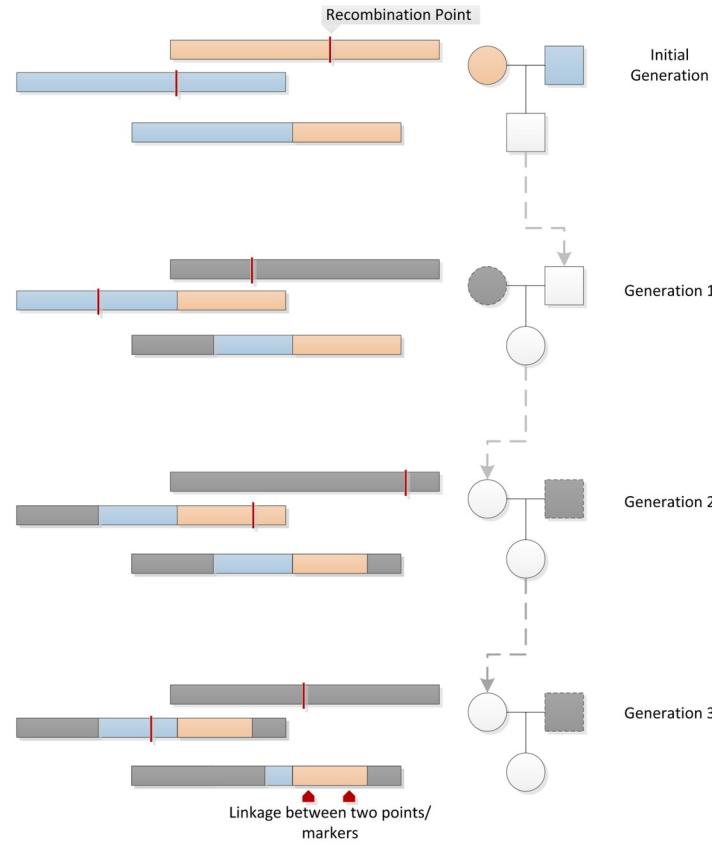
Crossing over



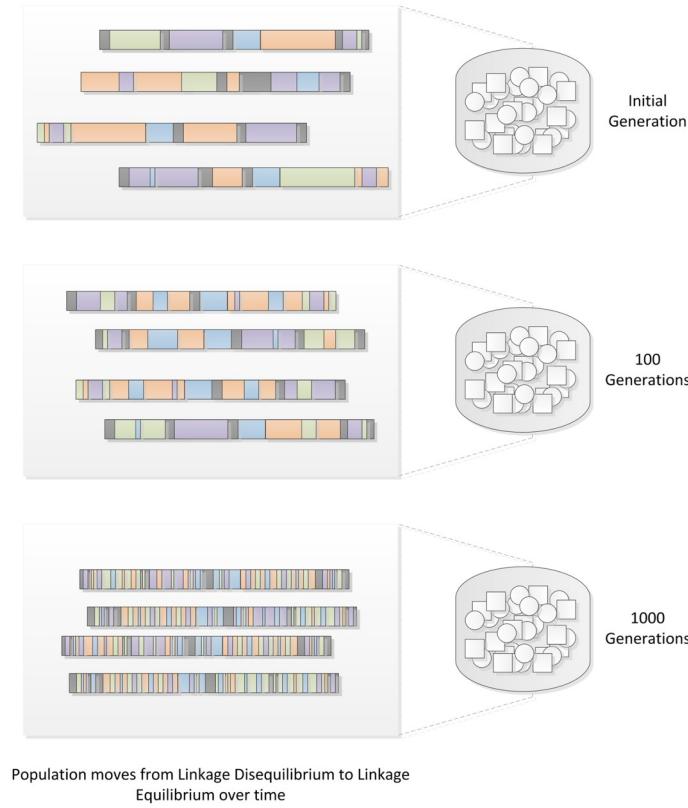
- Crossing over (homologous recombination) occurs during meiosis
- New allele combinations can occur in gametes

Linkage disequilibrium (LD)

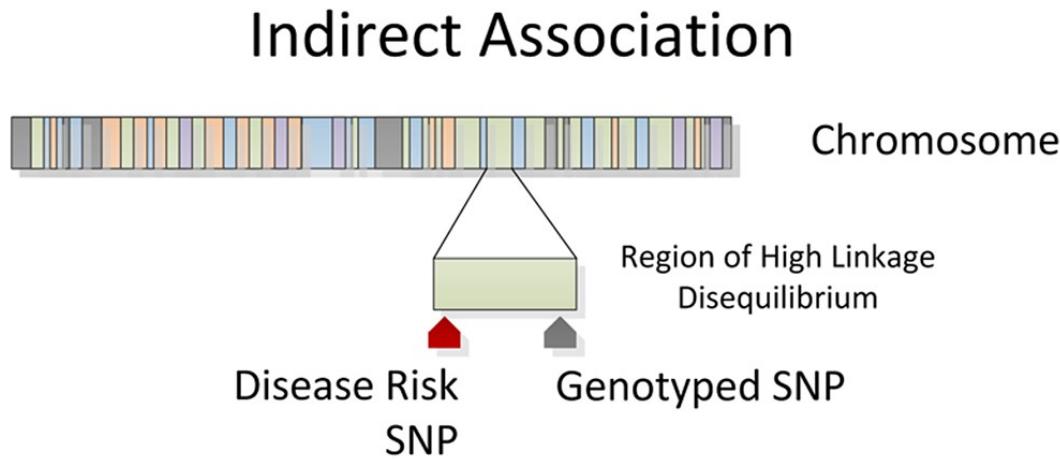
Linkage Within A Family



Linkage Disequilibrium Within A Population



Linkage disequilibrium (LD)



- Indirect association – genotyped SNP in high LD with (un-genotyped) disease SNP

Missing heritability

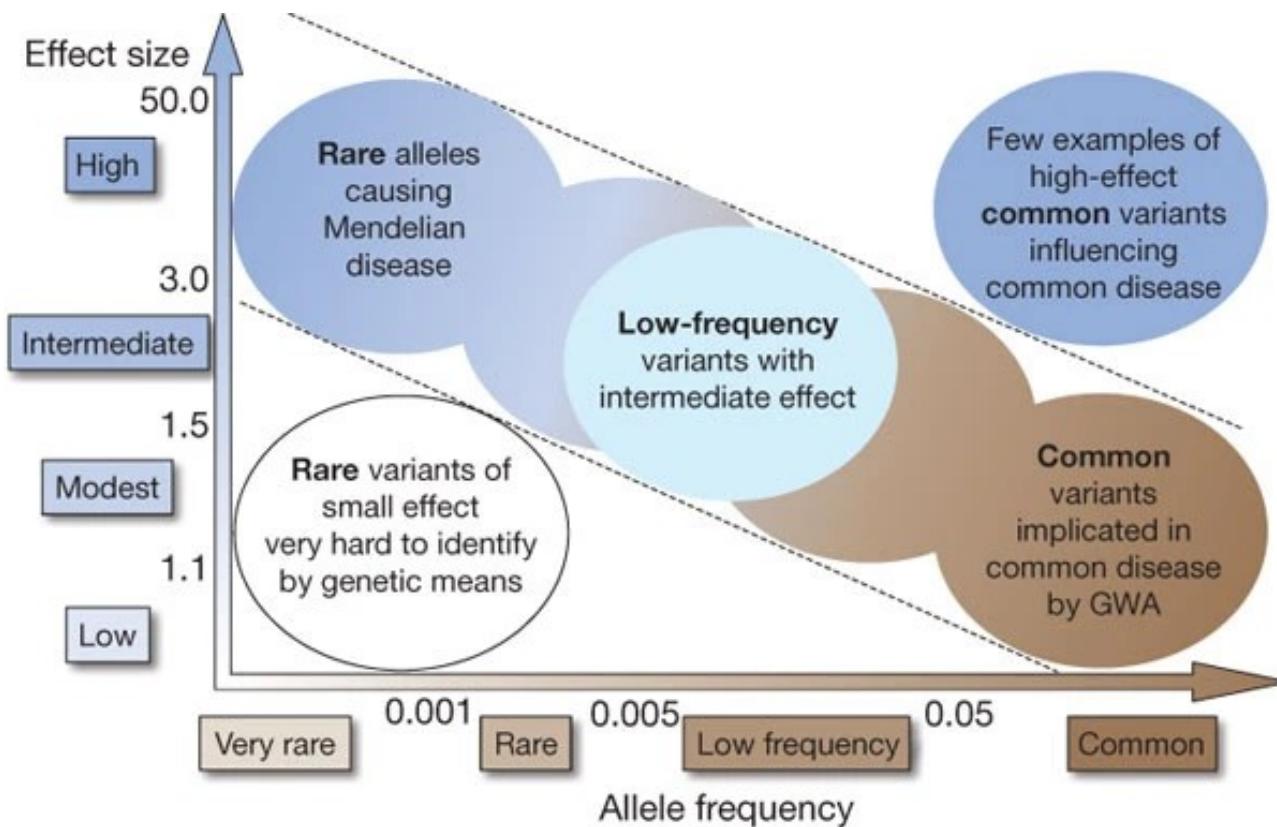
Table 1 | Estimates of heritability and number of loci for several complex traits

Disease	Number of loci	Proportion of heritability explained	Heritability measure
Age-related macular degeneration ⁷²	5	50%	Sibling recurrence risk
Crohn's disease ²¹	32	20%	Genetic risk (liability)
Systemic lupus erythematosus ⁷³	6	15%	Sibling recurrence risk
Type 2 diabetes ⁷⁴	18	6%	Sibling recurrence risk
HDL cholesterol ⁷⁵	7	5.2%	Residual* phenotypic variance
Height ¹⁵	40	5%	Phenotypic variance
Early onset myocardial infarction ⁷⁶	9	2.8%	Phenotypic variance
Fasting glucose ⁷⁷	4	1.5%	Phenotypic variance

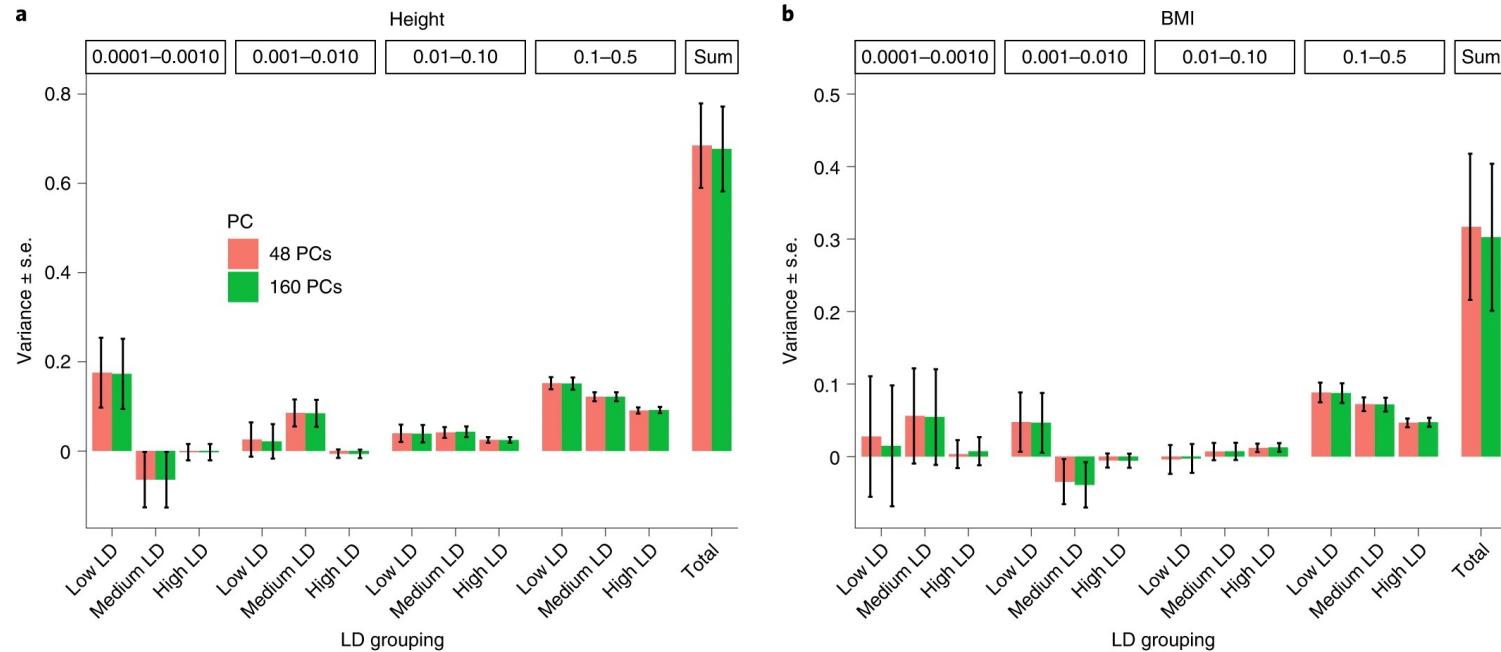
* Residual is after adjustment for age, gender, diabetes.

- GWAS variants often have small effect
- May explain small proportion of heritability

Missing heritability

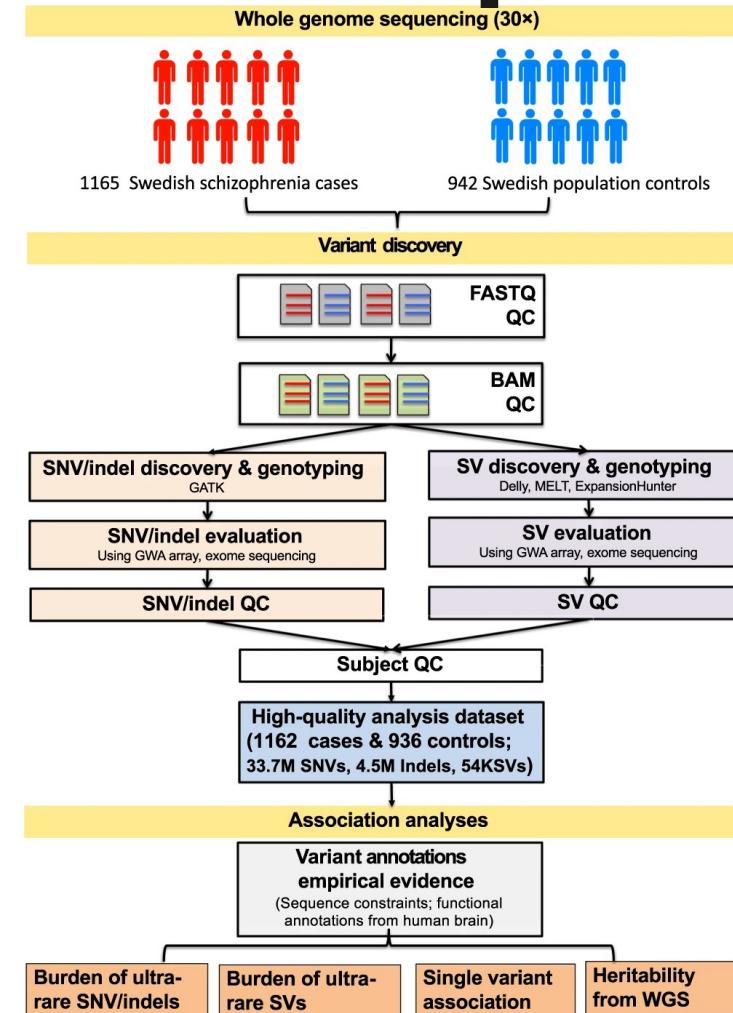


Missing heritability

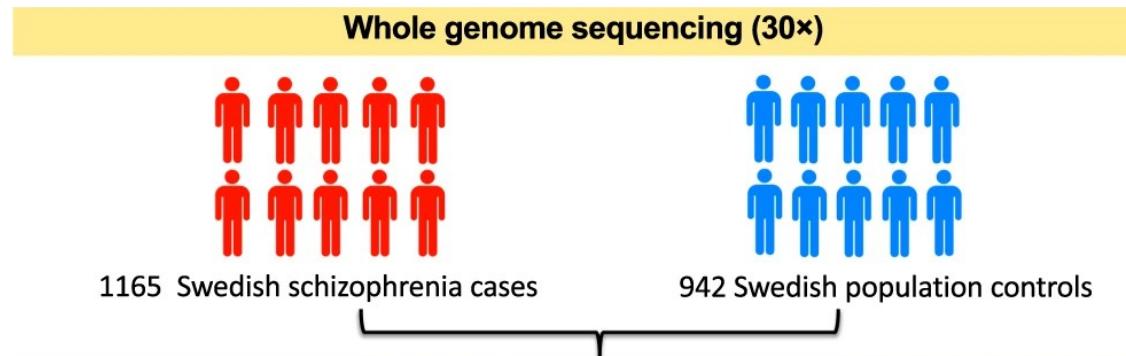


- WGS can help capture additional heritability (in some cases)

Swedish Schizophrenia Study

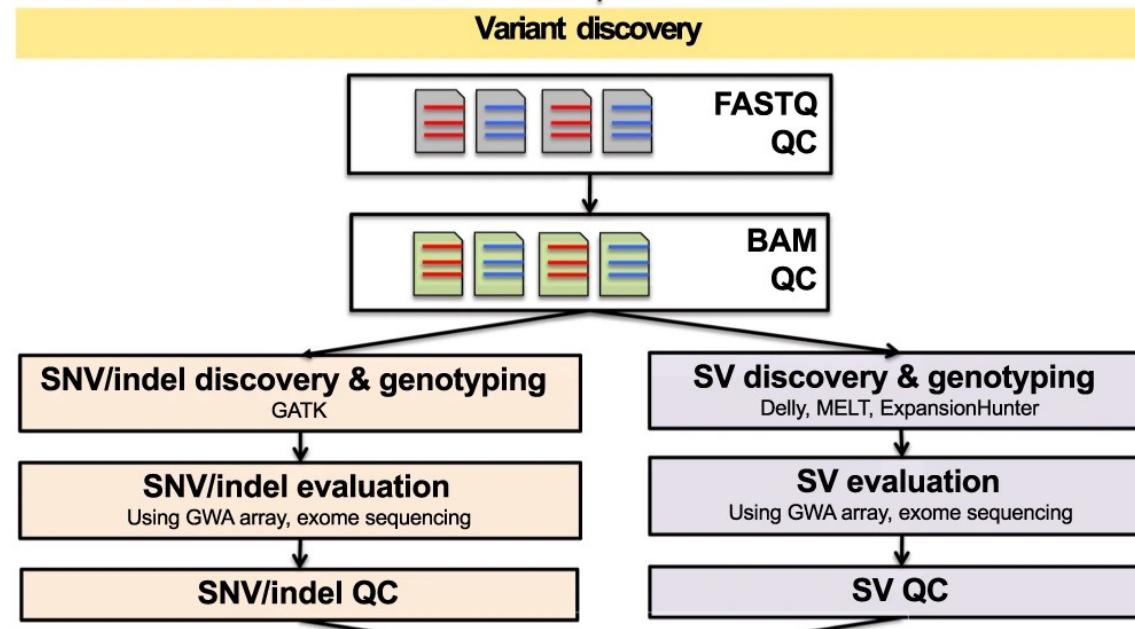


Swedish Schizophrenia Study



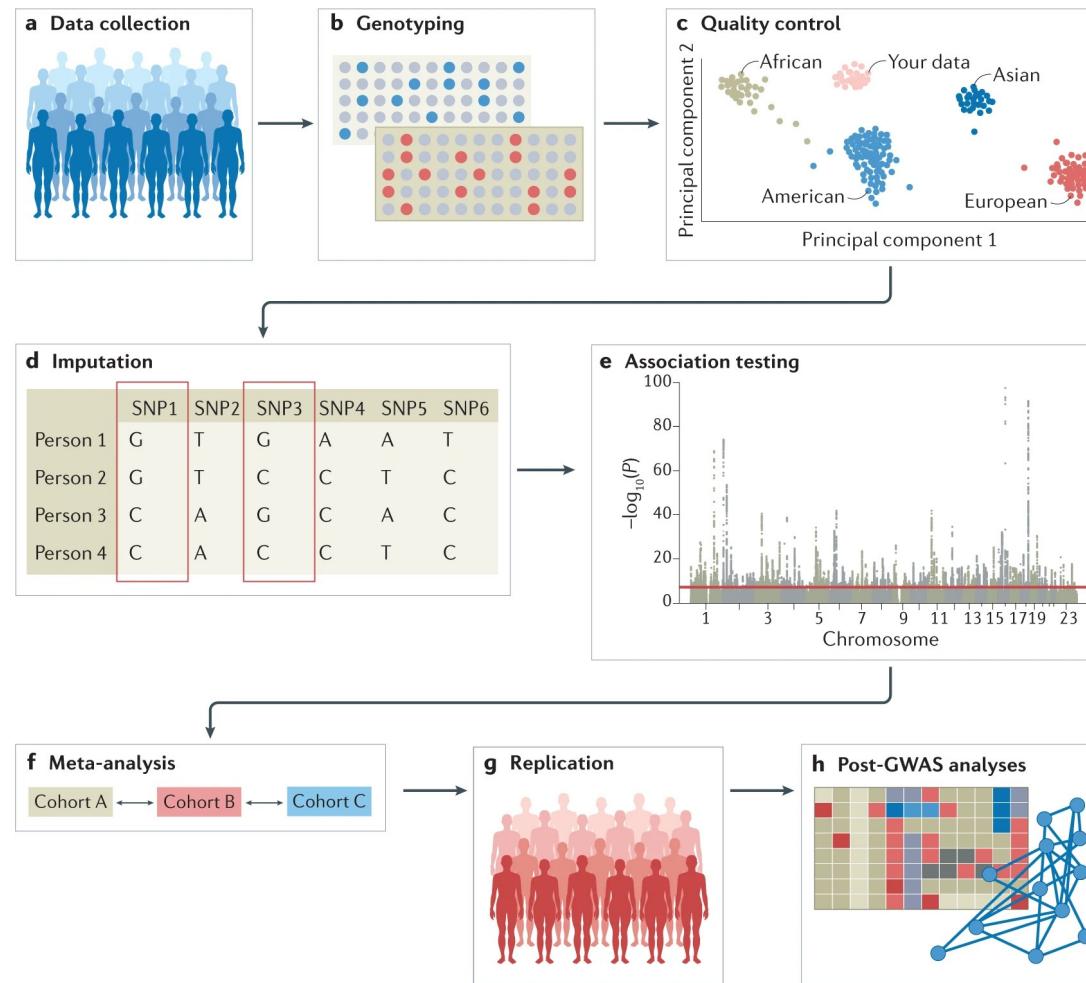
- Ancestry matched population controls
- Whole genome sequencing (WGS)

Swedish Schizophrenia Study

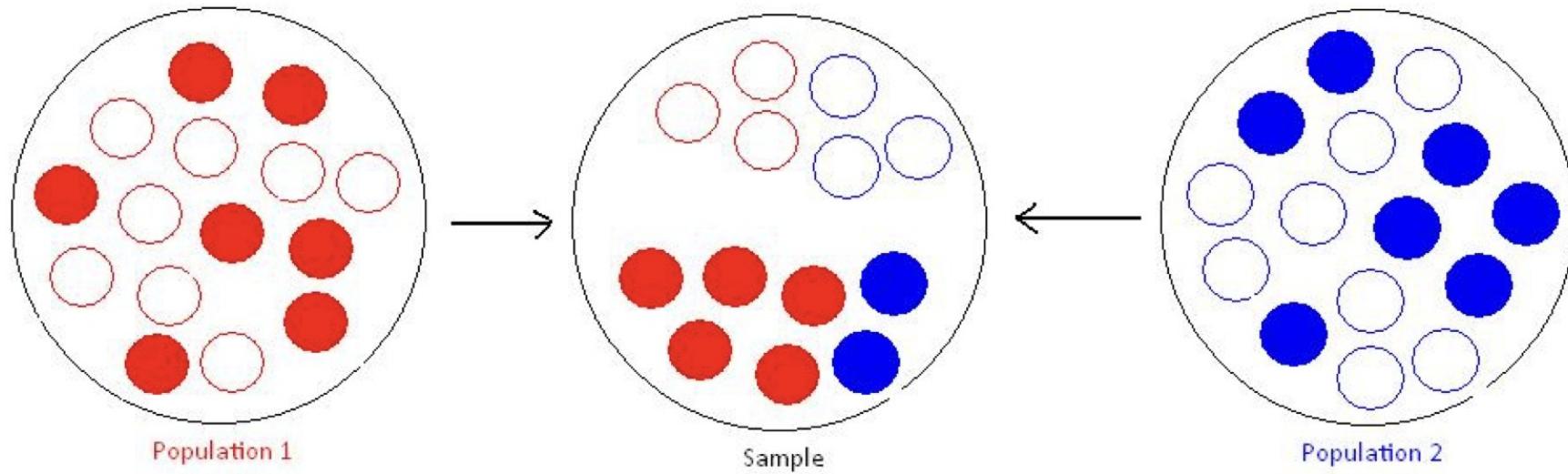


- WGS enables detection of structural variants (SV)
- Higher analytical burden

GWAS from biobanks

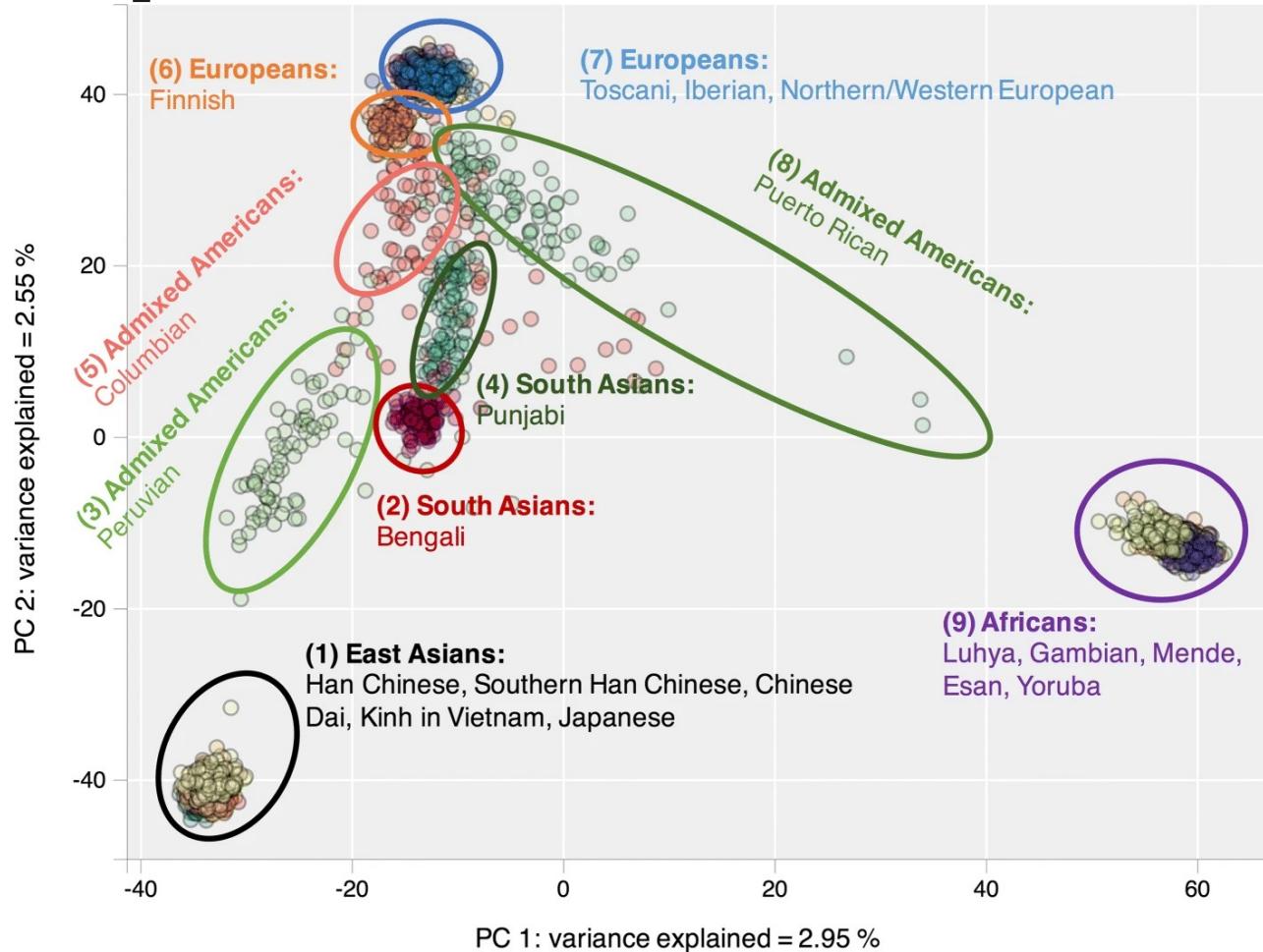


Population stratification



- Closed circles are cases
- Open circles are controls
- Red ancestry overrepresented in cases
- i.e. ancestry could drive association

Population stratification



Population stratification

PROGRESS

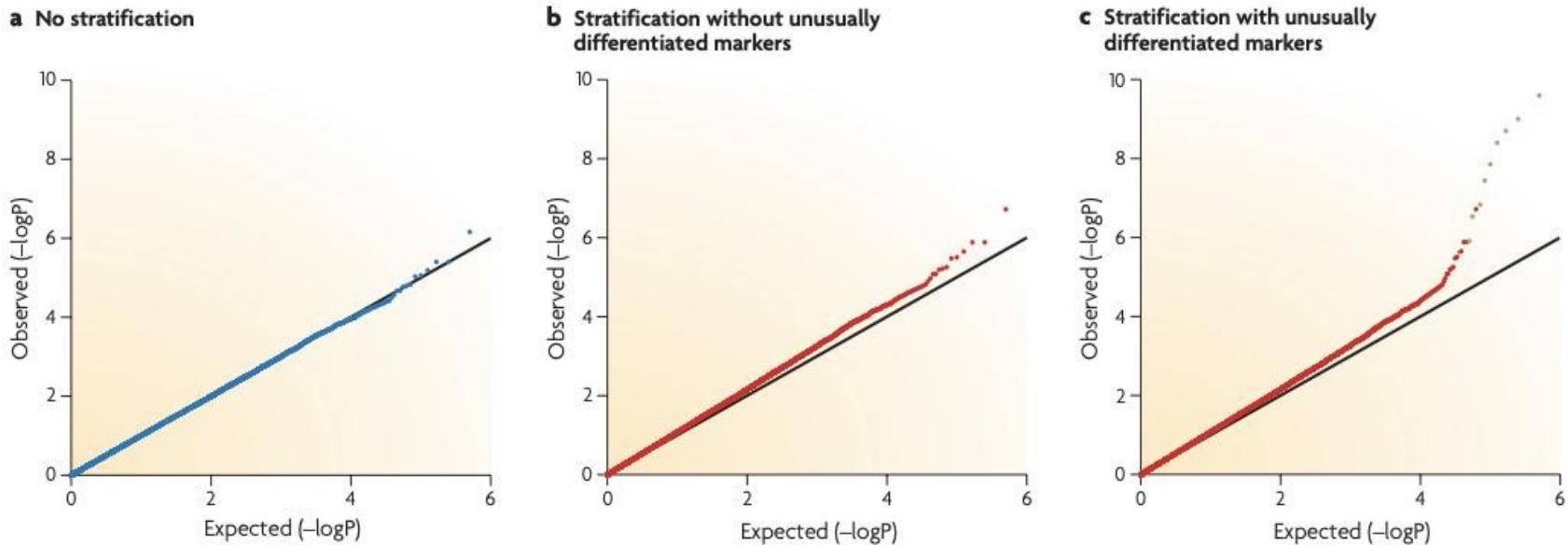


Figure 1 | P-P plots for the visualization of stratification or other confounders. The figure shows simulated P-P plots under three scenarios for genome-wide scans with no causal markers. **a |** No stratification: p -values fit the expected distribution. **b |** Stratification without

unusually differentiated markers: p -values exhibit modest genome-wide inflation. **c |** Stratification with unusually differentiated markers: p -values exhibit modest genome-wide inflation and severe inflation at a small number of markers.

