

**ARIC Manuscript Proposal #2553**

**PC Reviewed:** 5/12/15  
**SC Reviewed:** \_\_\_\_\_

**Status:** A  
**Status:** \_\_\_\_\_

**Priority:** 2  
**Priority:** \_\_\_\_\_

**1.a. Full Title:** Significance analysis of rare variant sets

**b. Abbreviated Title (Length 26 characters):**

**2. Writing Group:**

Writing group members:

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I, the first author, confirm that all the coauthors have given their approval for this manuscript proposal. BW [**please confirm with your initials electronically or in writing**]

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### 3. Timeline:

We anticipate around three manuscripts ready to submit for Publications Committee review in Fall, 2015.

### 4. Rationale:

Many methods have been developed to explore the influence of rare variants on the complex diseases (Lee *et al.*, 2014). A single rare variant association test often lacks power. Rare variant set based tests that aggregate information across rare variants within a gene have become attractive to enrich the rare variant association signal. Existing methods are broadly based on the burden test (Li and Leal, 2008; Madsen and Browning, 2009) and the sequence kernel association test (SKAT; Wu *et al.*, 2010, 2011). The burden test aggregates the variant scores within a set and performs well under strong assumptions of similar variant risks. The SKAT assumes unequal variant risks, and performs well for a mix of both protective and deleterious variants. To further improve the power, SKAT has proposed to weight rare variants inversely proportional to their minor allele frequencies (MAFs). Lee *et al.* (2012) proposed SKAT-O to adaptively weight the burden test and SKAT. SKAT-O numerically chooses an optimal weight to maximize the power, and is computationally very involved. SKAT based approaches have commonly used the score statistics, and there have not been any systematic studies of the impact of choice of score test statistics and the associated rare variant weights.

We propose to develop efficient algorithms to compute significance of adaptively weighted burden and SKAT statistics. We also propose and empirically evaluate alternative forms of score statistics and rare variant weights for SKAT. We further propose an adaptive burden test and study the power of adaptively combining SKAT and the proposed adaptive burden test.

### 5. Main Hypothesis/Study Questions:

We will develop statistical methods for an association test of rare variant sets. We will apply the proposed methods to the ARIC data to identify rare variant sets associated with type 2 diabetes and related phenotypes.

### 6. Design and analysis (study design, inclusion/exclusion, outcome and other variables of interest with specific reference to the time of their collection, summary of data analysis, and any anticipated methodologic limitations or challenges if present).

Consider a binary trait denoted as  $D$ . Denote  $X$  as the covariates to be adjusted for. For a given set of  $m$  rare variants, denote  $(G_1, \dots, G_m)$  as their copy of minor alleles. We model the binary trait with a logistic regression model,  $\text{logit}[\text{Pr}(D=1|X, G_1, \dots, G_m)] = \alpha_0 + X\alpha_1 + G_1\beta_1 + \dots + G_m\beta_m$ . The rare variant set association is testing the null hypothesis  $H_0: \beta_1 = \dots = \beta_m = 0$ . Note that individual  $\beta_k$  can be estimated and tested using the score statistics  $U_k$ , which can be very efficiently computed under the null model. To reduce the number of degrees of freedom in the test, the burden test approach typically assumes  $\beta_1 = \dots = \beta_m$ , and thus consider a test statistic based on the sum,  $U_1 + \dots + U_m$ . To allow the

effect  $\beta_k$  vary across SNPs with different directions, SKAT considers sum of squared score statistics,  $U_1^2 + \dots + U_m^2$ . For both tests, we can incorporate a weight  $w_k$  for the  $k$ -th rare variant, which is typically computed based on the rare variant MAF.

We will evaluate several variations of the burden test and SKAT. First note that  $U_k$  is typically not standardized, and it is not intuitive to directly compare them across rare variants. We propose to use the standardized score statistics  $V_k$  in the burden test and SKAT, and comparatively study different forms of rare variant weights  $\{w_k\}$ . Secondly note that the burden test typically works well if all variants have similar effects, and has reduced performance with a mix of protective and deleterious variants. We propose the following adaptive burden test,  $B = \max(\max(w_1 V_1, 0) + \dots + \max(w_m V_m, 0), \max(-w_1 V_1, 0) + \dots + \max(-w_m V_m, 0))$ , which tries to adaptively choose the sum of positive or negative signals. Following Lin (2005), we can use Monte Carlo simulation to efficiently evaluate the significance of  $B$  since it is based on the score statistics. We further propose to use the minimum p-value of  $B$  and SKAT to adaptively test the significance of the rare variant set. For other type of traits, we will assume the exponential family distribution and generalized linear model. We will demonstrate the power of proposed methods using extensive simulations.

We will illustrate the developed methods using the genetic data in the Atherosclerosis Risk in Communities (ARIC) study. Specifically, we will apply our methods to re-examine the association of exome chip SNPs with type 2 diabetes and related traits, including fasting glucose, fasting insulin, 2-hour glucose after an oral glucose tolerance test in non-diabetic white samples in ARIC. In addition, we will compare results from the proposed methods to existing alternative methods. We will adjust for standard covariates (age, sex, center, and if necessary, principal components of ancestry).

**7.a. Will the data be used for non-CVD analysis in this manuscript?**     Yes  
 No

**b. If Yes, is the author aware that the file ICTDER03 must be used to exclude persons with a value RES\_OTH = "CVD Research" for non-DNA analysis, and for DNA analysis RES\_DNA = "CVD Research" would be used?**     Yes  
 No

(This file ICTDER has been distributed to ARIC PIs, and contains the responses to consent updates related to stored sample use for research.)

**8.a. Will the DNA data be used in this manuscript?**  
 Yes     No

**8.b. If yes, is the author aware that either DNA data distributed by the Coordinating Center must be used, or the file ICTDER03 must be used to exclude those with value RES\_DNA = "No use/storage DNA"?**  
 Yes     No

**9. The lead author of this manuscript proposal has reviewed the list of existing ARIC Study manuscript proposals and has found no overlap between this proposal and previously approved manuscript proposals either published or still in active status.** ARIC Investigators have access to the publications lists under the Study Members Area of the web site at: <http://www.csc.unc.edu/ARIC/search.php>

\_\_\_\_\_ Yes     No

**10. What are the most related manuscript proposals in ARIC (authors are encouraged to contact lead authors of these proposals for comments on the new proposal or collaboration)?**

ARIC GWAS results for each of the glycemia traits have already been published as part of international meta-analyses conducted by the DIAGRAM Consortium (diabetes status in European populations) and MAGIC Consortium (diabetes-related continuous phenotypes in European populations). ARIC exome chip results for fasting glucose have been published recently.

Rasmussen-Torvik LJ, Alonso A, Li M, Kao W, Kottgen A, Yan Y, Couper D, Boerwinkle E, Bielinski SJ, Pankow JS. Impact of repeated measures and sample selection on genome-wide association studies of fasting glucose. *Genet Epidemiol* 2010; 34: 665-673.

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**11.a. Is this manuscript proposal associated with any ARIC ancillary studies or use any ancillary study data?** \_\_\_ Yes \_\_\_X\_\_\_ No

**11.b. If yes, is the proposal**

- \_\_\_ **A. primarily the result of an ancillary study (list number\* \_\_\_\_\_)**  
\_\_\_ **B. primarily based on ARIC data with ancillary data playing a minor role (usually control variables; list number(s)\* \_\_\_\_\_)**

\*ancillary studies are listed by number at <http://www.csc.unc.edu/aric/forms/>

**12a. Manuscript preparation is expected to be completed in one to three years. If a manuscript is not submitted for ARIC review at the end of the 3-years from the date of the approval, the manuscript proposal will expire.**

**12b. The NIH instituted a Public Access Policy in April, 2008** which ensures that the public has access to the published results of NIH funded research. It is **your responsibility to upload manuscripts to PUBMED Central** whenever the journal does

not and be in compliance with this policy. Four files about the public access policy from <http://publicaccess.nih.gov/> are posted in <http://www.csc.unc.edu/aric/index.php>, under Publications, Policies & Forms. [http://publicaccess.nih.gov/submit\\_process\\_journals.htm](http://publicaccess.nih.gov/submit_process_journals.htm) shows you which journals automatically upload articles to Pubmed central.

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