

# Exome Sequencing for Discovery of Genetic Modifiers of Susceptibility to Pseudomonas Infection in Cystic Fibrosis

Presented by Mary Emond

Exome Sequencing Project Meeting

March 28, 2012

# Outline

- Review of Phase I main result
- Validation study results for Phase I top candidate
- Additional Phase I results
- Phase I + Phase II results
- Future directions

# Phase I (1)

- Extreme phenotypes: early chronic Pa versus never Pa by age 15 or older
- N=43 and 48, respectively
- Chronic: two consecutive Pa+ quarters
- Early: less than 6 YO at onset (< 10<sup>th</sup> percentile)
- 472 and 2652 person-years of observation
- Overall Pa+ frequency: > 28% vs. 0.07%

# Phase I (2)

- QC: Standard GATK filters (except SB), HWE, Ti/Tv, Het/Hom, ns/ss, missingness, singletons, mean depth, % of sites with  $\geq 8x$  coverage
- Nothing remarkable (except large number of singletons in one exome)
- No differences between cases and controls.

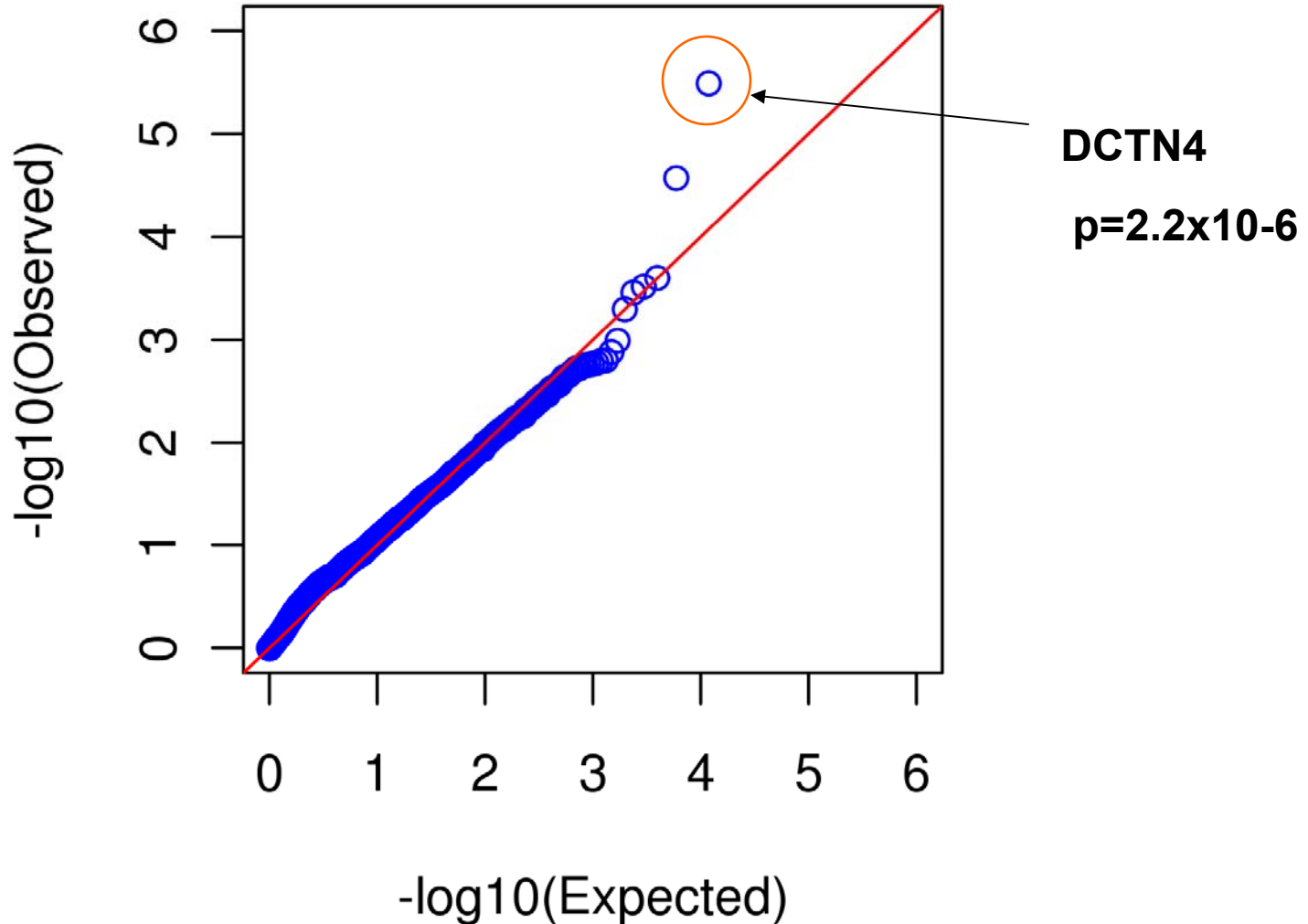
# Phase I (3)

- Top hit using MZ method for collapsing and regression: DCTN4 (reported previously)
- Improved adjustments/QQ-plot
- Resampling-based p-value
- Consistency of MZ result with other methods, different MAF threshold

# Chronic Pa (n=43) vs. Never Pa (n=48)

MZ logistic regression,  $T=0.125$

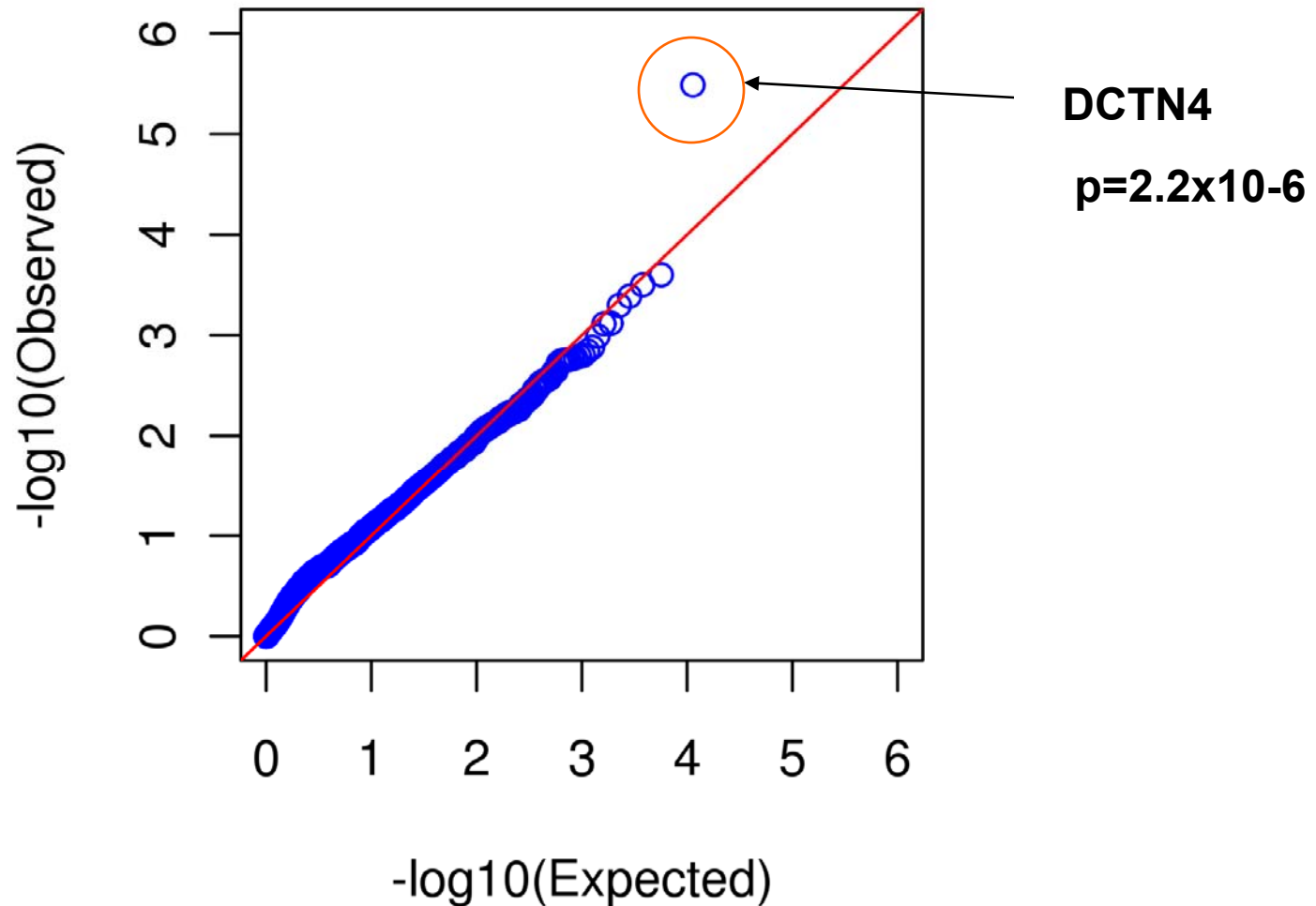
Covariates: PCs 1, 2, 18 and risk group



# Chronic Pa (n=43) vs. Never Pa (n=48)

MZ logistic regression,  $T=0.05$

Covariates: PCs 1, 2, 18 and risk group



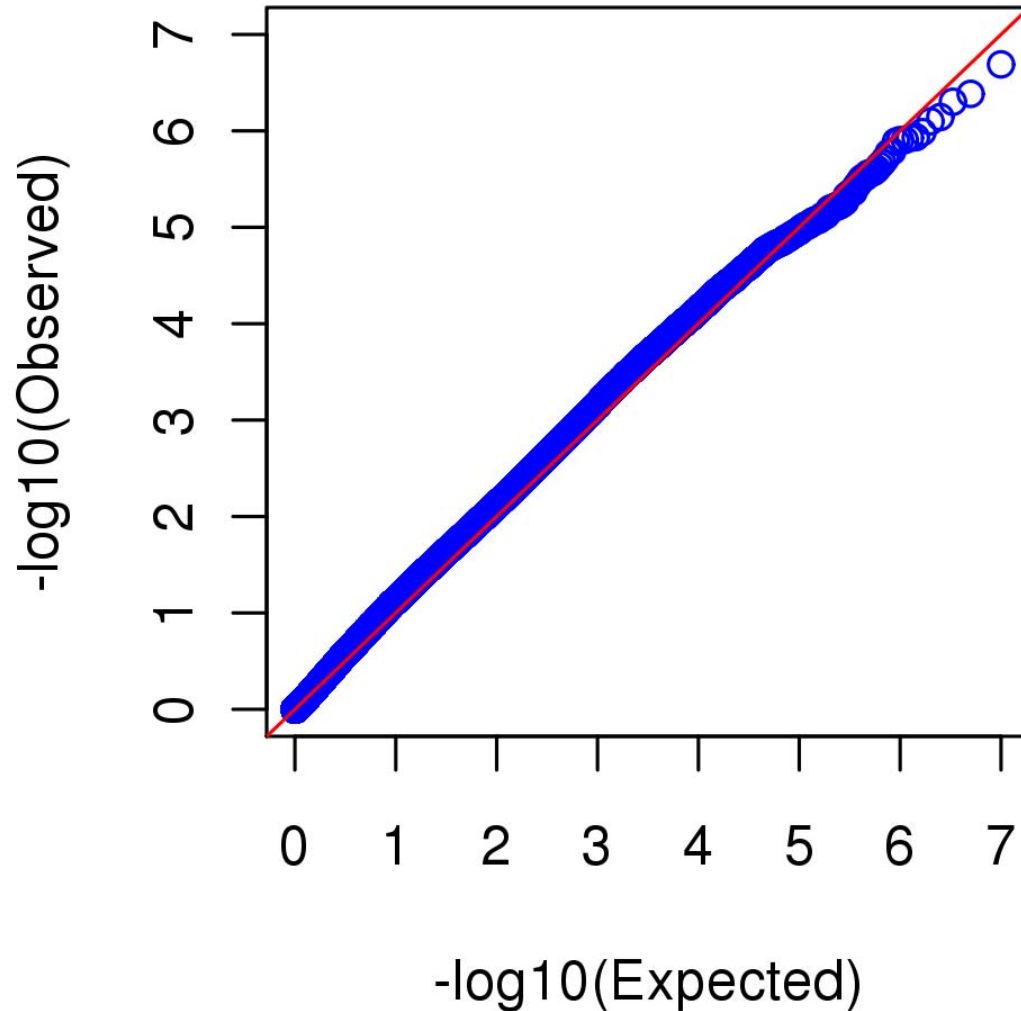
# *DCTN4 – sites creating “signal”*

Site	RS	MAF	GERP	type	N cases	N cont
1500090432	35772018	0.02	5.3	missense	3	0
150087076	11954652	0.04	4.1	missense	9	0
Total variant					12	0
Total Non-variant					31	48



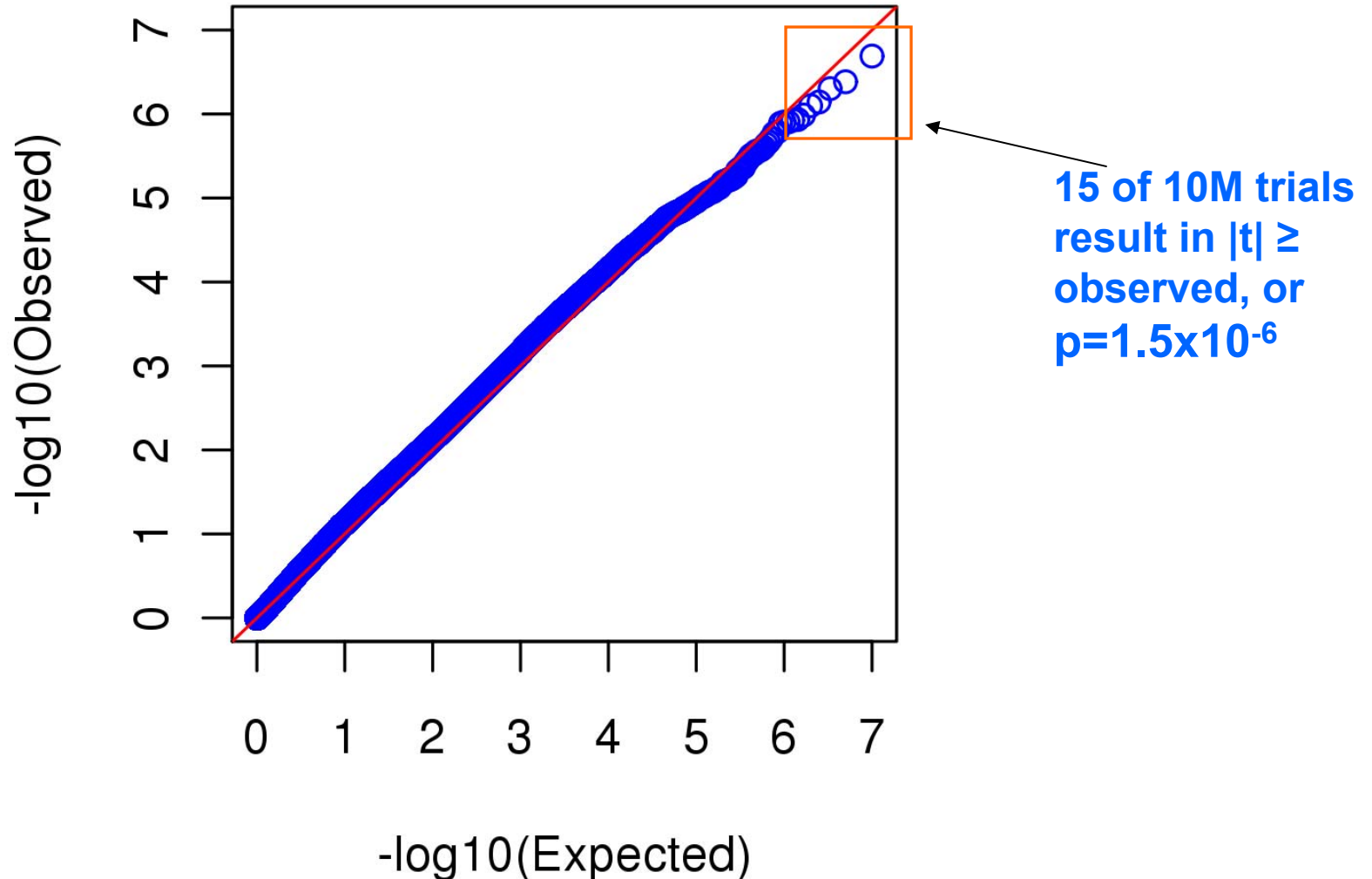
Distribution of MZ test statistic under the null hypothesis of no association of either SNP with outcome, sampling from the joint distribution of the two SNPs (10M trials)

**Covariates: PCs 1, 2, 18 and risk group**



Distribution of MZ test statistic under the null hypothesis of no association of either SNP with outcome, sampling from the joint distribution of the two SNPs (10M trials)

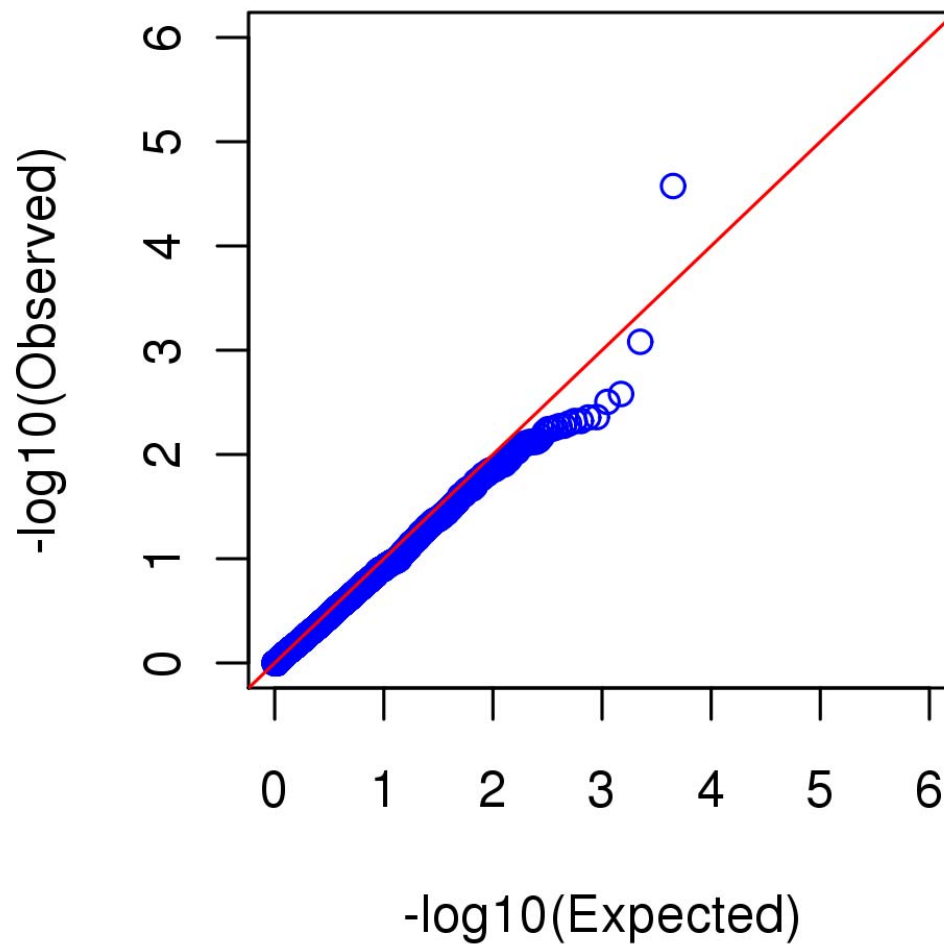
Covariates: PCs 1, 2, 18 and risk group



# Chronic Pa (n=43) vs. Never Pa (n=48)

SCORE-Seq, EREC test,  $MAF \leq 0.05$ ,  $MAC \geq 5$

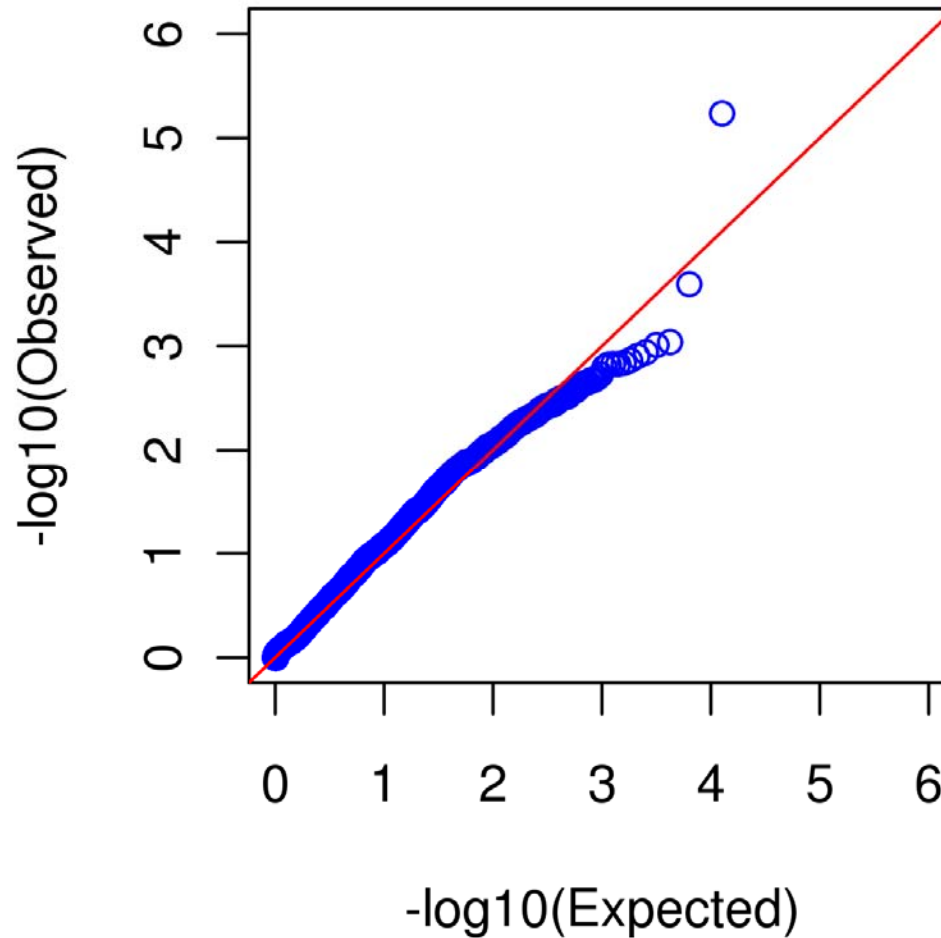
covariates: risk group 0/1, PC1, PC2, PC18



# Chronic Pa (n=43) vs. Never Pa (n=48)

SKAT-O with small sample adjustment

Covariates: PCs 1, 2, 18 and risk group



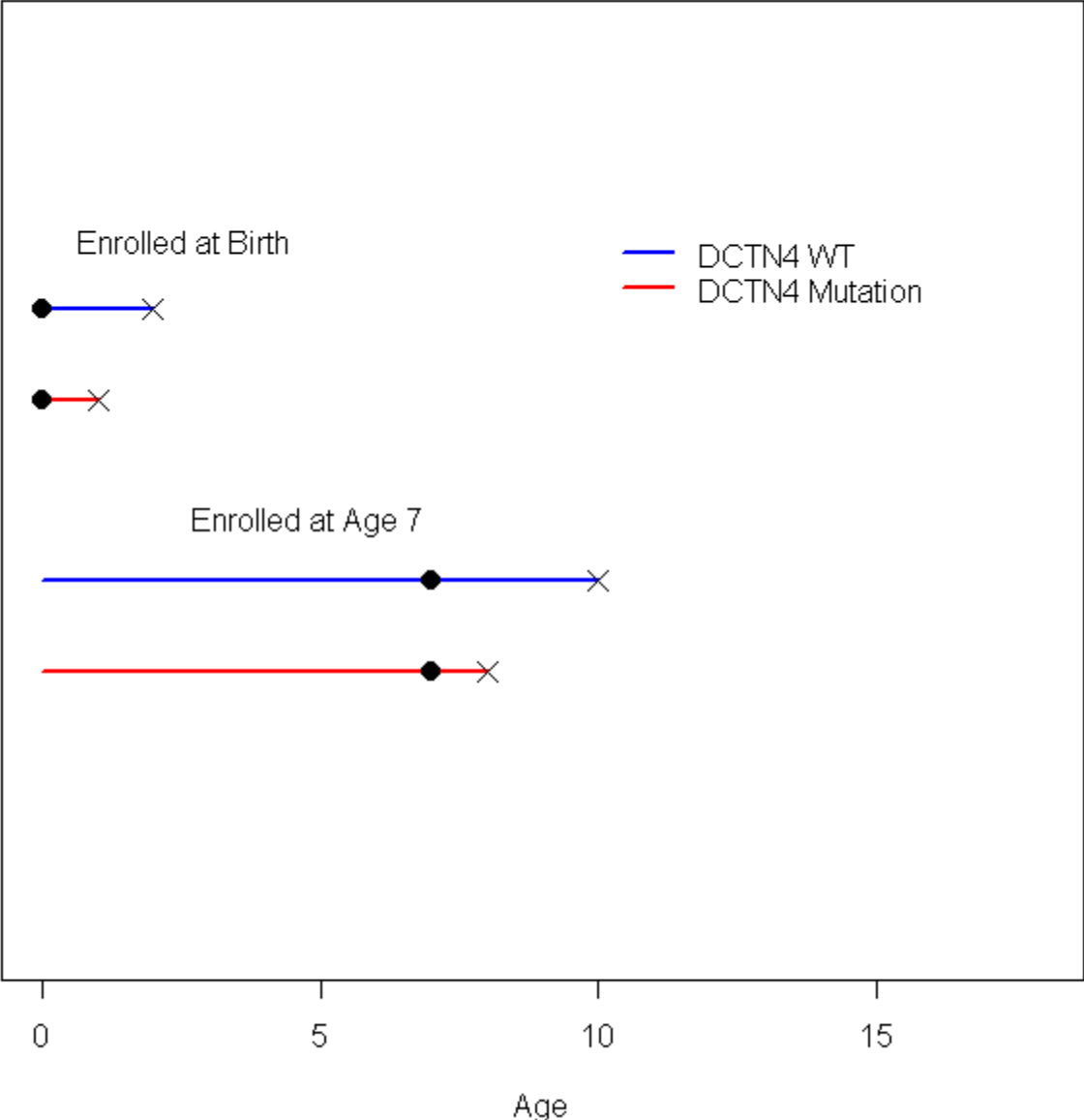
# Correction for multiple testing

- Bonferroni:  $2.2\text{E-}6 \times 11,542 = 0.02$
- Bonferroni seems conservative; test statistics are not distributed the same for all genes; p-values are not uniform
- There are only 3026 genes with a minor allele count of 8 or more. Should we only test genes that have a minor allele count  $>$  some cutoff?

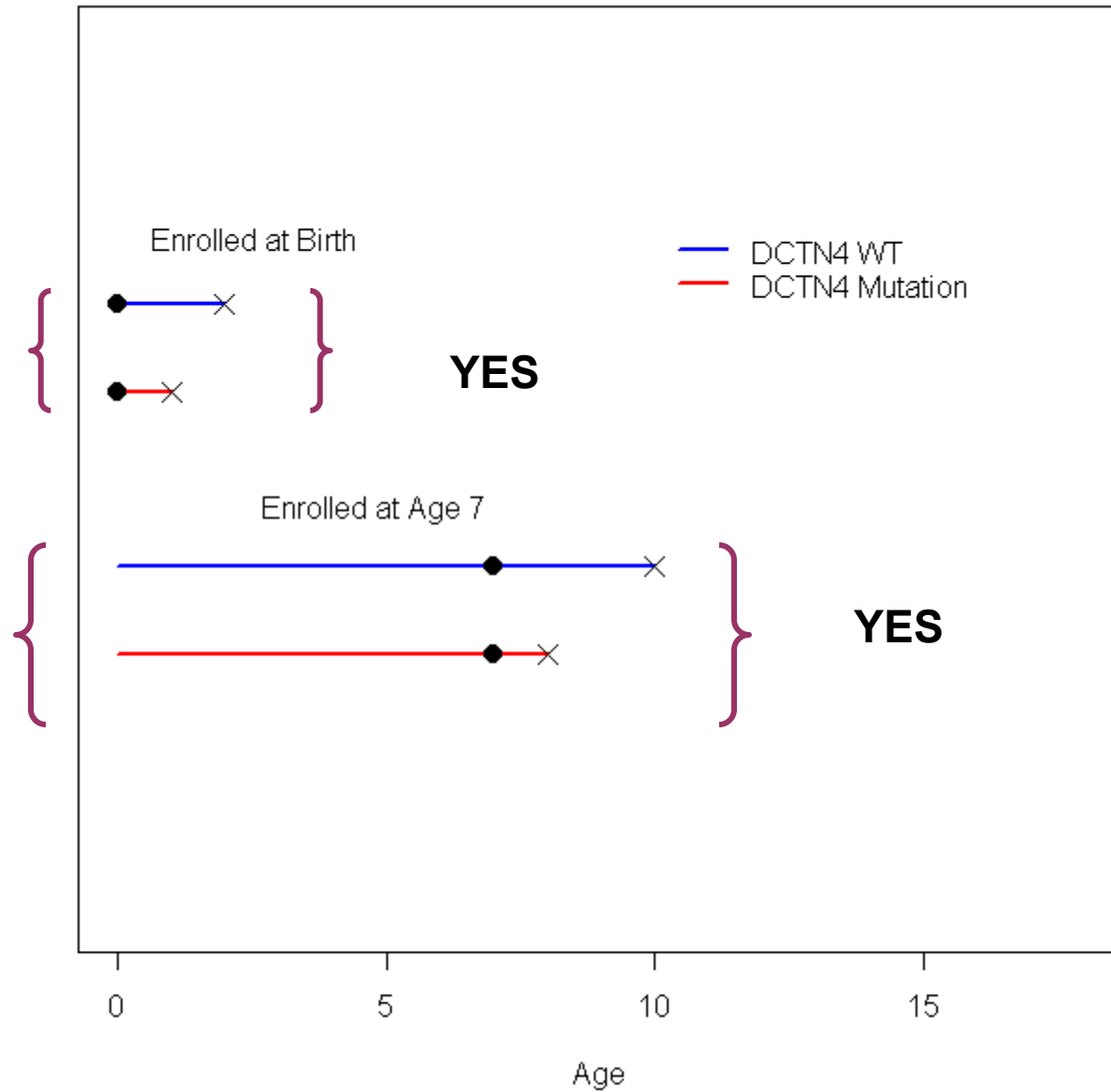
# Resequencing of DCTN4 in Validation Sample

- N=676 EPIC study individuals enrolled under the *criterion of no previous Pa+ cx*
- For whom DCTN4 was successfully seq'n at both positions found in exome study
- Analysis: Cox model with Age at Onset of Chronic Pa as primary outcome, stratified on enrollment age
- Genetic variables: (1) indicator of either or both variants; (2) genotype indicators

# Stratification on Enroll Age Provides the Appropriate Comparisons

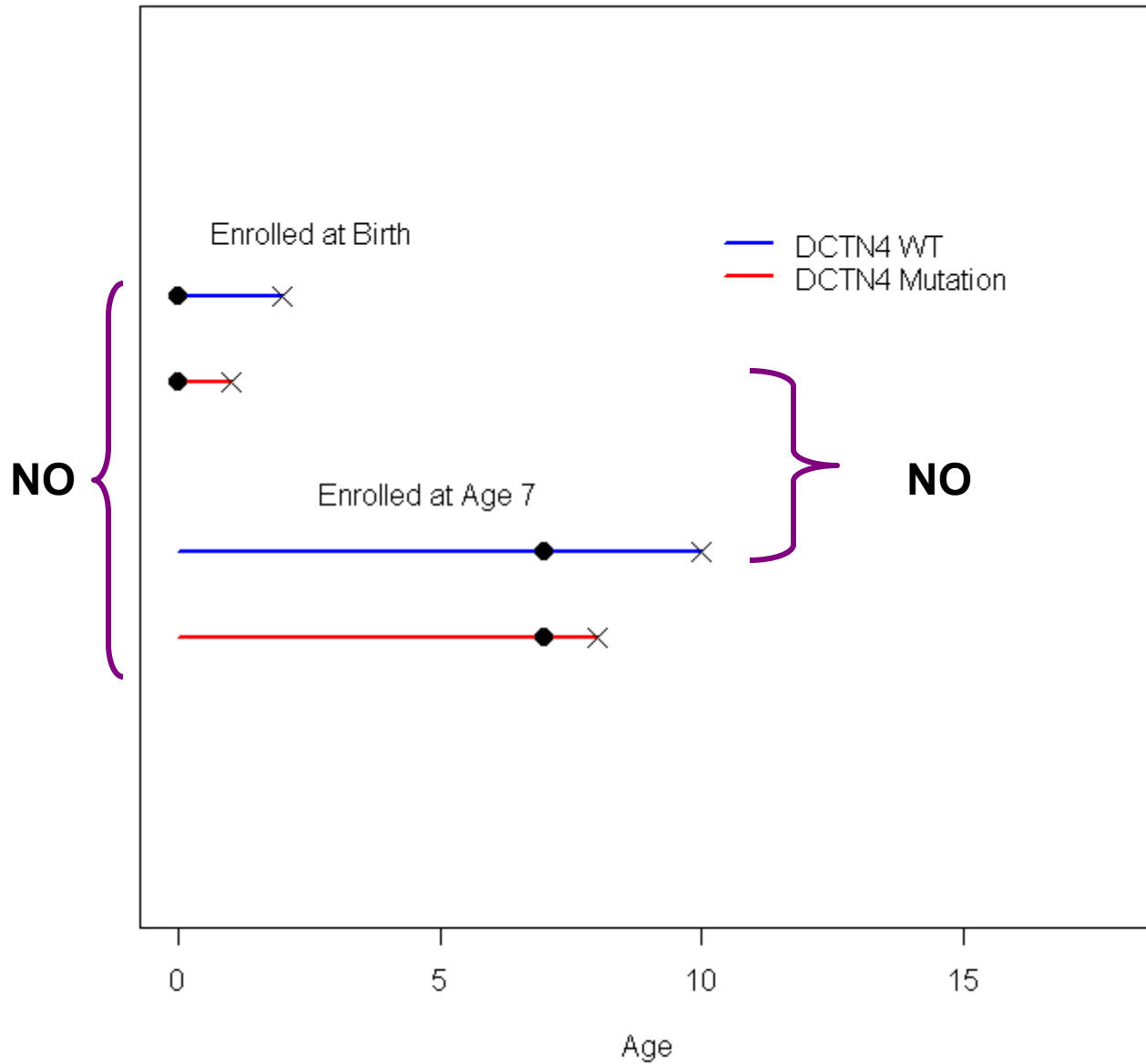


# Compare Age at Onset Within Strata



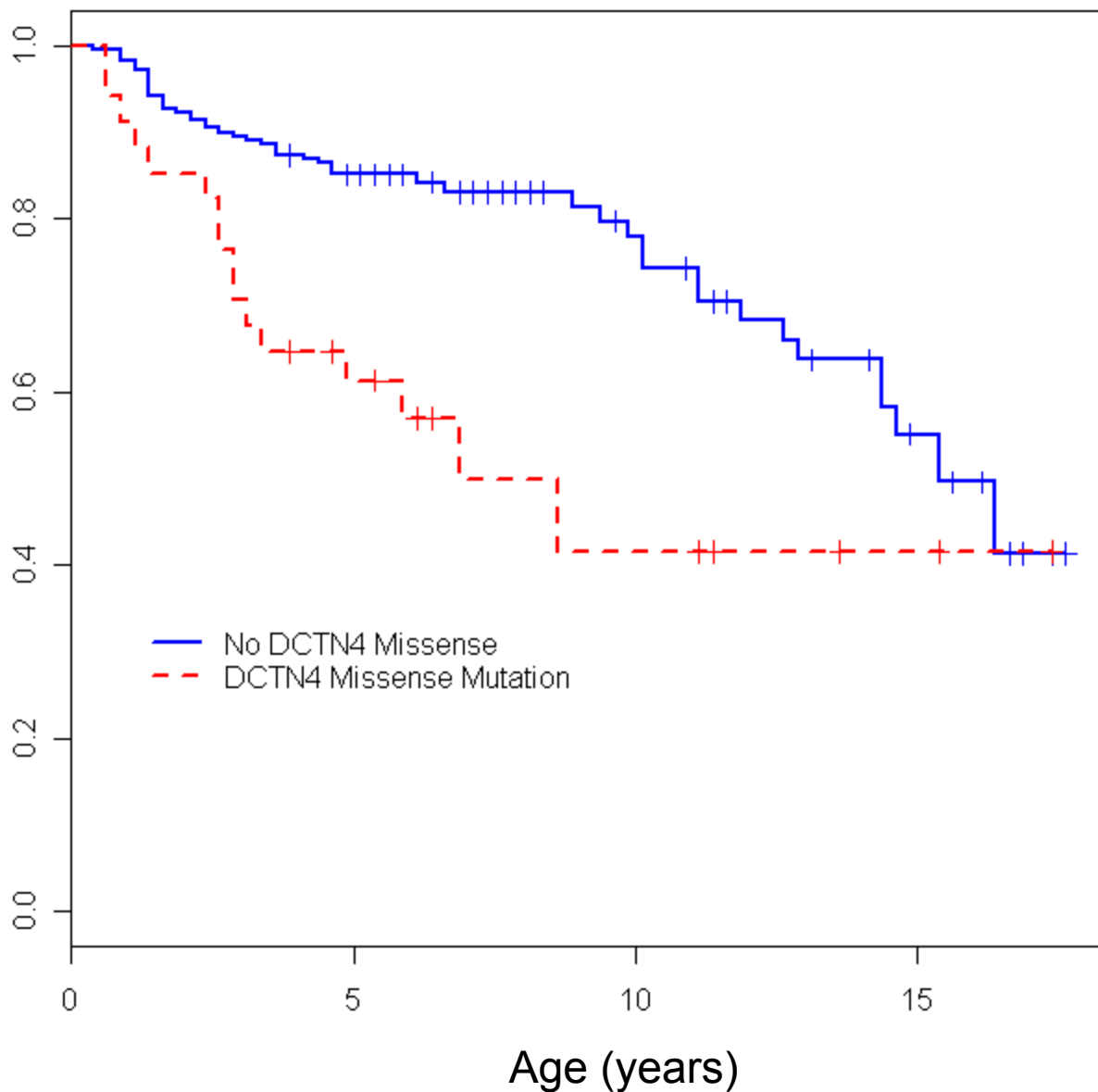


# *No comparisons across strata*

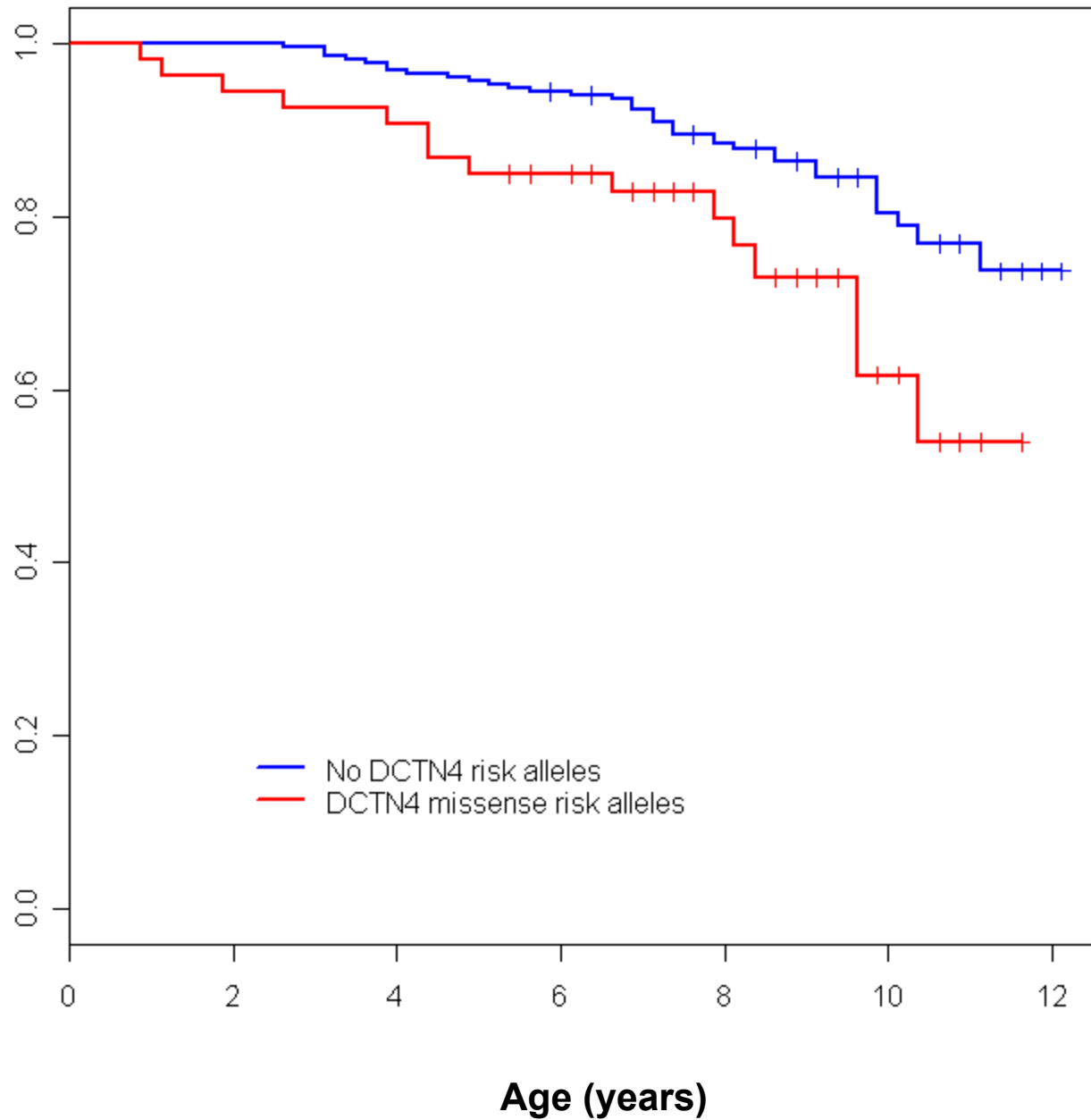


<b>Outcome</b>	<b>Comparison</b>	<b>N</b>	<b>N Fail</b>	<b>HR</b>	<b>P</b>	<b>LB</b>	<b>UB</b>
AOO chronic	no missense	565	93	1.0	--	--	--
	any missense	102	28	1.9	0.004	1.2	2.9
AOO chronic	no missense	565	93	1.0	--	--	--
	rs11954652 het	78	20	1.6	0.050	1.0	2.7
	rs11954652 hom	9	4	5.2	0.002	1.9	15
	rs35772018 het	13	4	15.9	0.002	2.8	91
AOO chronic	no missense	565	93	1.0	1.000	--	--
	rs11954652 het	78	20	1.7	0.050	1	2.7
	rs11954652 hom or rs35772018 het	22	8	3.3	0.002	1.5	6.9

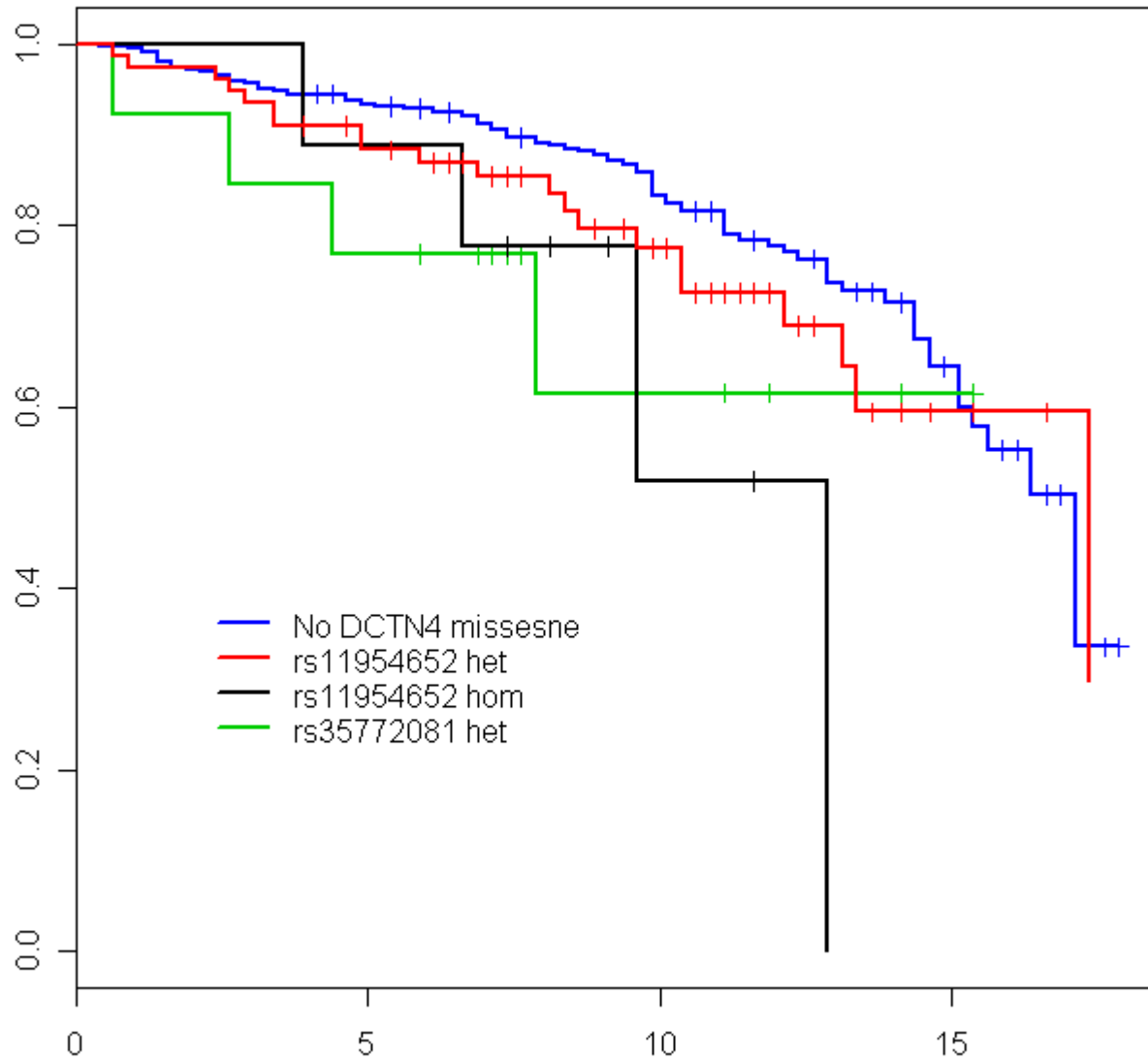
**Age of Onset of Chronic Pa by DCTN4 Status  
Among Persons Not Selected for Negative Pa History**



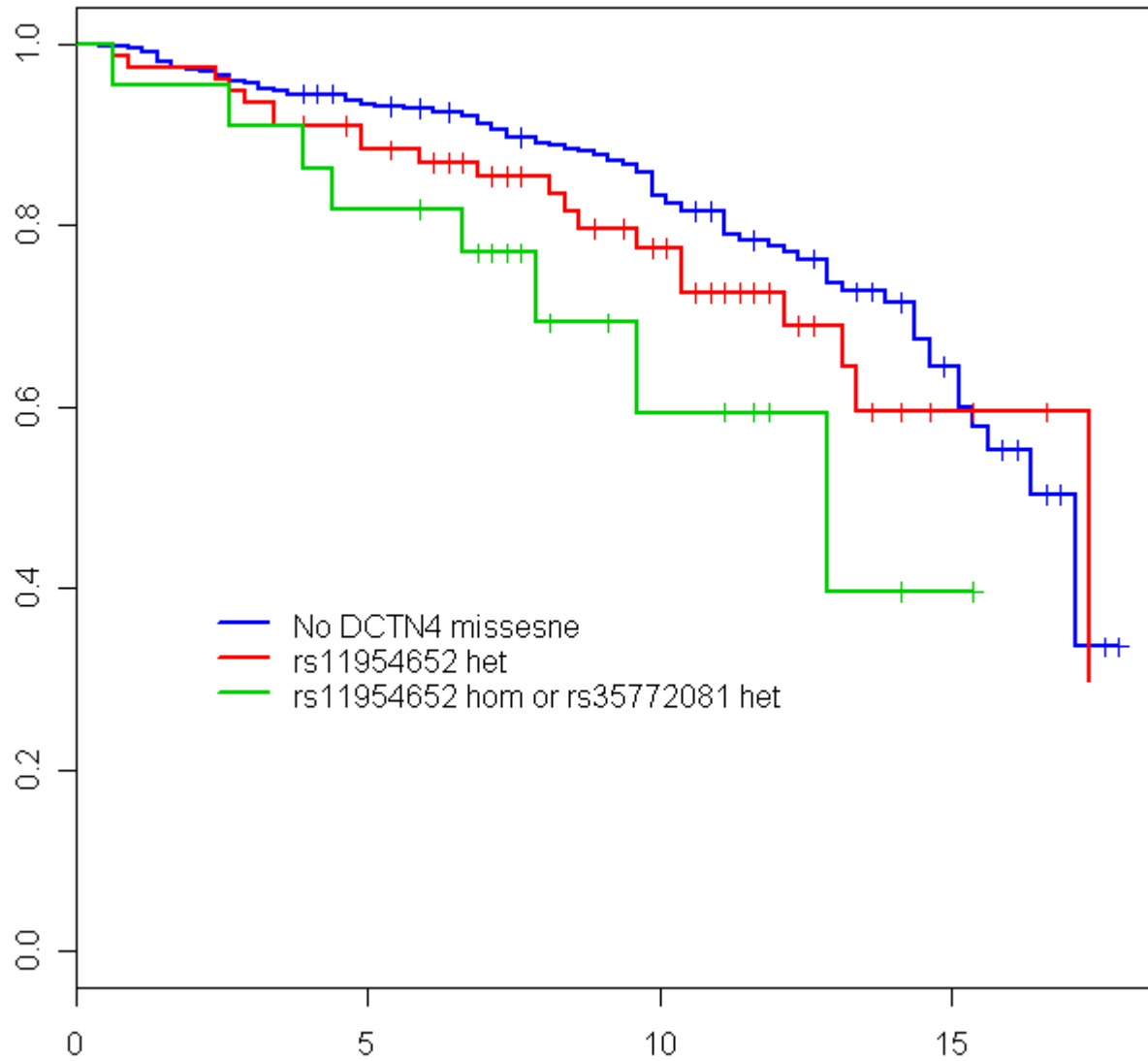
Time to chronic Pa for middle enroll age quintiles (enrolled 1.6 to 6.7 years)



**Age at onset of chronic Pa by DCTN4 status**



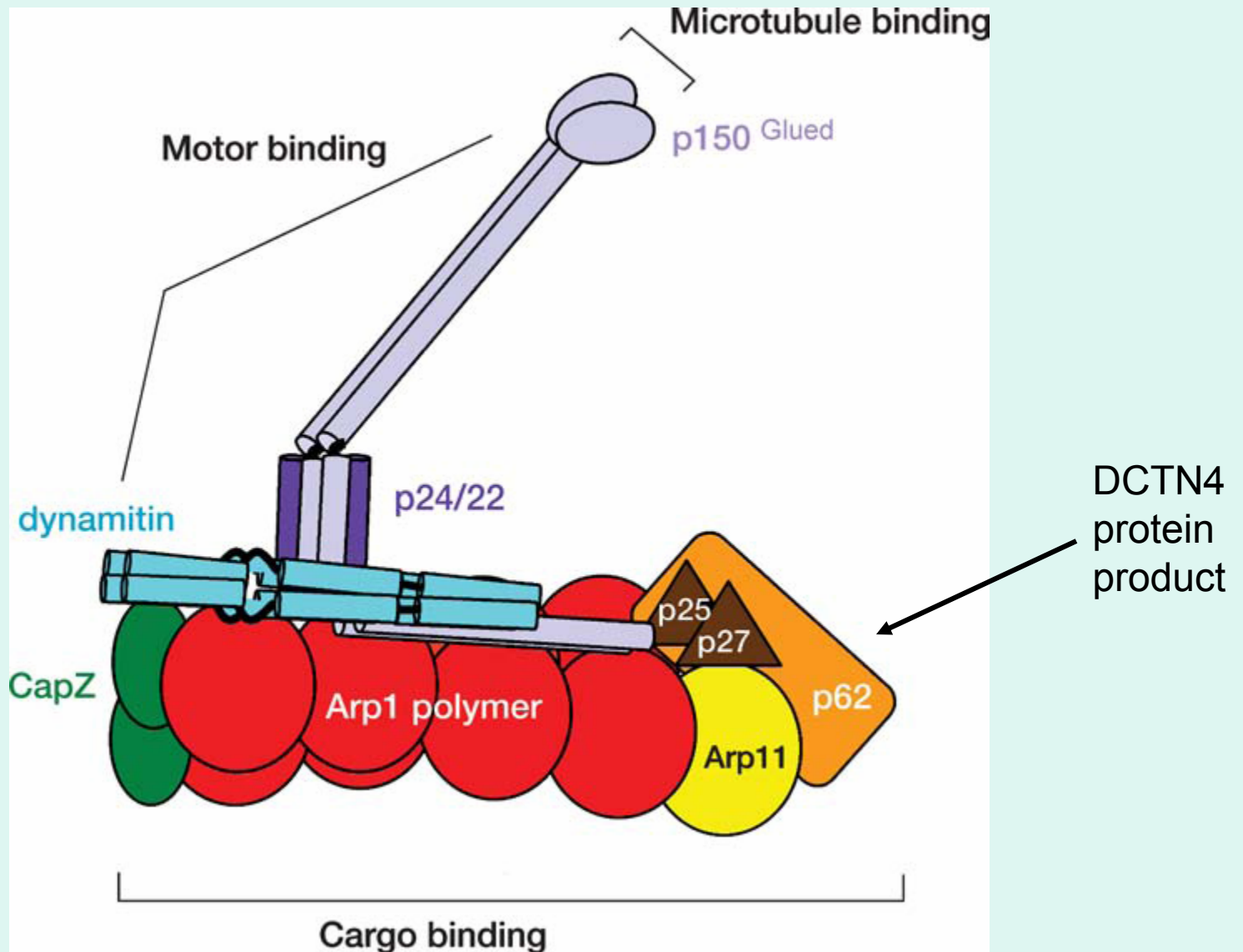
**Age at onset of chronic Pa by DCTN4 status**



# Association of DCTN4 variants with secondary outcomes

<b>Event</b>	<b>Group</b>	<b>N</b>	<b># events</b>	<b>HR</b>	<b>95% CI</b>	<b>p</b>
Age at first Pa+ culture	no missense	565	345	1.0	--	--
	any missense	102	70	1.4	(1.1, 1.8)	0.01
Age of onset of mucoid Pa	no missense	565	84	1.0	--	--
	any missense*	102	16	2.6	(1.1, 5.9)	0.026
Time from first Pa to mucoid Pa	no missense	410	55	1.0	--	--
	any missense*	89	17	3.8	(1.4, 10.5)	0.01

# Dynactin Complex





# NHLBI Exome Sequencing Project (ESP)



**National Heart Lung and Blood Institute**  
National Institutes of Health

Program Officer: Deborah Applebaum-Bowden

## Heart GO

PI: Stephen Rich  
University of Virginia

## Lung GO

PIs: Michael Bamshad  
U. of Washington  
Kathleen Barnes,  
Johns Hopkins  
University

## Women's Health Initiative Sequencing Program

PI: Rebecca Jackson  
Ohio State University



UNIVERSITY *of* WASHINGTON

PIs: Debbie Nickerson,  
Mark Rieder,  
Jay Shendure, & Phil  
Green



**BROAD**  
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PIs: Stacey Gabriel &  
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