

Genetics and Bioinformatics

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Individuals with common diseases but with a low polygenic risk score could be prioritized for rare variant screening

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Individuals with common diseases but with a low polygenic risk score could be prioritized for rare variant screening

Tianyuan Lu, BSc^{1,2}, Sirui Zhou, PhD¹, Haoyu Wu, MSc^{1,3}, Vincenzo Forgetta, PhD¹,
Celia M. T. Greenwood, PhD^{1,3,4,5} and J. Brent Richards, MD, MSc^{1,3,4,6}

Dissect the title to know what the paper is about ...

together with the abstract should give a fairly good idea about the aims and goals of the paper: **prioritization of individuals**

- **Common disease**
- **Polygenic risk score**
- **Rare variant screening of individuals**

What do you know about these dissected elements in general; Look for these terms in the paper to check whether definitions, contexts, explanations are given; When insufficient, browse the [www](#)!

A study is always carried out in a particular context ...

the introduction will give clues about this and refine the aims and goals of the study; what to expect from this work

- Sometimes common diseases can be due to rare variants and may impact clinical care
- Looking for these rare variants is not common place due to several reasons
- Cost-effective method? Polygenic risk scores? → hypothesis of the paper

“individuals with a low polygenic risk for common disease

are more likely to harbor rare genetic variants than individuals without a low polygenic risk”

Methods

- Data & motivation (use)
 - Samples / case individuals
 - White British ancestry: focus
 - Non-white British ancestry: why? Validation? → transferrability (new addition) /generalizability
 - Which case status? Why looking at multiple diseases? multiple?
 - Panels of variants
 - Common: why needed? → PRS scoring
 - Rare: why needed? → these you want to discover with the PRS

Methods

- Where to look for rare variants?
 - When affecting the clinically actionable or disease causing genes
 - What does “affect” mean? Strong? Weak? → extra QC is needed to reduce “false positives”
- How to construct PRS?
 - Several methods were used depending on the disease? Why?
→ what is common practice in the literature



Tutorial: a guide to performing polygenic risk score analyses

Shing Wan Choi^{1,2}, Timothy Shin-Heng Mak³ and Paul F. O'Reilly^{1,2}✉

How to use this info to test our hypothesis?

- Relation between prevalence rare variants and disease prevalence
- Relation between higher PRS and higher risk for disease
- Relation between the distribution (and its properties) of PRS in heterozygotes of rare pathogenic variants and non-heterozygotes
- Relation between rare/common variants to augment disease risk

- Relation between low/high PRS in cases and prevalence of rare pathogenic variants → clear link with the hypothesis. What about the other analyses (previous bullet points)? → needs to be checked in the discussion

Results - Discussion

- Follow the flow of the previous bullet points
- Brief report on results
- Understand the results
 - Dig up the relevant parts in the discussion section
 - Follow up one of the results in more depth by consulting extra references or www (indicate which parts you have been digging out)
- Check in the discussion section whether the multiple results (all bullet points) are related to each other
- and jointly contribute to the preset aims/goals (here: a single hypothesis) via discussion/conclusion

Questions?