## Acknowledgement of Country

The University of Queensland (UQ) acknowledges the Traditional Owners and their custodianship of the lands on which we meet.

We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.

We recognise their valuable contributions to Australian and global society.



Image: Digital reproduction of A guidance through time by Casey Coolwell and Kyra Mancktelow

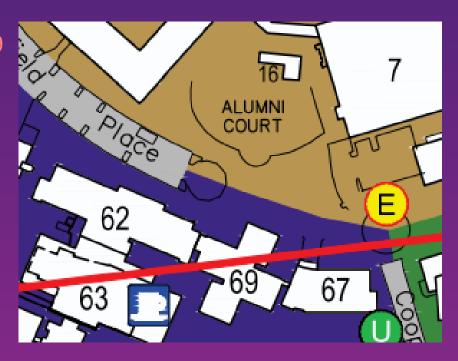
#### **General Information:**

We are currently located in Building 69



Emergency evacuation point

- Food court and bathrooms are located in Building 63
- If you are experiencing cold/flu symptoms or have had COVID in the last 7 days please ensure you are wearing a mask for the duration of the module



#### Data Agreement

To maximize your learning experience, we will be working with genuine human genetic data, during this module.

Access to this data requires agreement to the following in to comply with human genetic data ethics regulations

Please email <a href="mailto:pctgadmin@imb.com.au">pctgadmin@imb.com.au</a> with your name and the below statement to confirm that you agree with the following:

"I agree that access to data is provided for educational purposes only and that I will not make any copy of the data outside the provided computing accounts."

Day 1 (June 21 <sup>st</sup> Tuesday): Mendelian randomization						
9:00- 10:30am	Lecture 1: Introduction to Mendelian randomization. We will introduce the concept of Mendelian randomization, the assumptions underlying the approach, and empirical examples involving application of the method.	David Evans				
10:30- 11:00am	Break					
11:00- 12:30pm	Practical 1: Single sample Mendelian randomization. Software: R.	Daniel Hwang John Kemp Gunn-Helen Moen Nicole Warrington				
12:30- 1:30pm	Lunch break					
1:30pm- 3:00pm	Lecture 2: Sensitivity Analyses in Mendelian randomization. We will introduce methods for detecting and/or correcting for horizontal pleiotropy in Mendelian randomization analyses including heterogeneity testing, MR Egger, MR weighted median and MR modal approaches.	David Evans				
3:00-3:30pm	Break					
3:30-4:30pm	Practical 2: Two sample Mendelian randomization. Software: R, MR Base.	Daniel Hwang John Kemp Gunn-Helen Moen Nicole Warrington				
4:30-5pm	Questions and Discussion					

Day 2 (June 22 <sup>nd</sup> Wednesday): Structural Equation Modelling						
9-10:30am	Lecture 3: Introduction to Structural Equation Modelling. We will introduce the technique of structural equation modelling. Concepts that will be covered include full information maximum likelihood (FIML), optimization, path analysis and covariance algebra. We will discuss examples of structural equation modelling for genetically informative data.	David Evans				
10:30- 11:00am	Break					
11:00- 12:30pm	Practical 3: Path Tracing Rules, Covariance Algebra, Likelihood	Daniel Hwang John Kemp Gunn-Helen Moen Nicole Warrington				
12:30- 1:30pm	Lunch break					
1:30pm- 3:00pm	<b>Lecture 4: Structural Equation Modelling (continued) and Genomic SEM</b> . We introduce Genomic SEM, an exciting new method to analyse summary results statistics from GWAS.	David Evans				
3:00-3:30pm	Break					
3:30-4:30pm	Lecture 5: Directed Acyclic Graphs (DAGs). We will introduce Directed Acyclic Graphs and illustrate how they can be used to inform study design, analysis of data and understand the implications of confounding, bias and missing data.	now they ata and David Evans				
4:30-5:00pm	Questions and Discussion	All speakers				





## Introduction to Mendelian Randomization

David Evans<sup>1,2,3</sup>

1 Institute for Molecular Bioscience, University of Queensland2 University of Queensland Diamantina Institute3 MRC Integrative Epidemiology Unit, University of Bristol







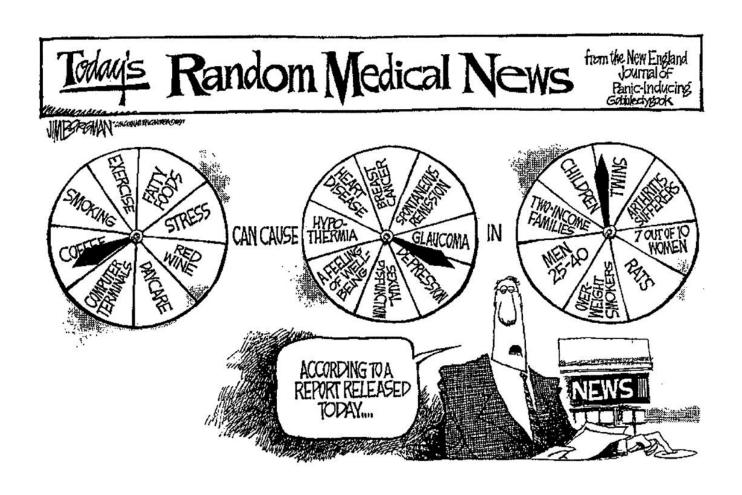




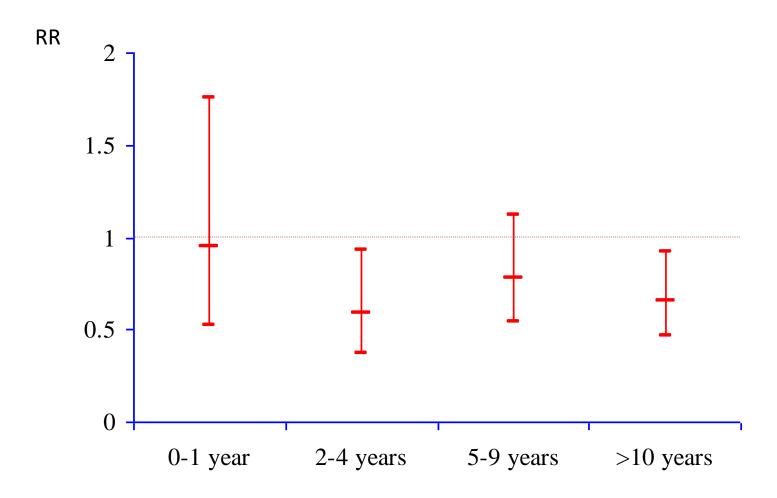
#### This Session

- Problems with observational data
- Randomized controlled trials
- Mendelian Randomization (MR):
  - How it works
  - Core assumptions
  - Calculating causal effect estimates
- MR example
- Limitations of MR

# The Problem with Inferring Causality in Observational Studies

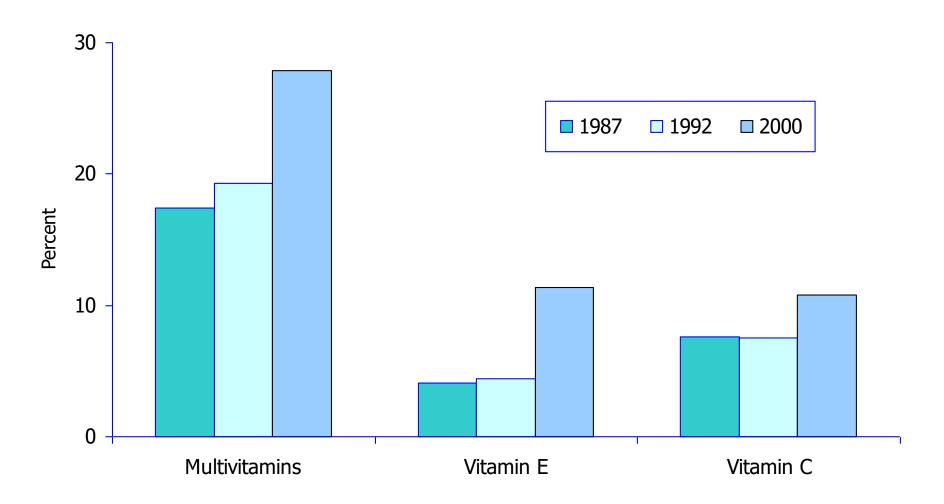


## CHD risk according to duration of current Vitamin E supplement use compared to no use



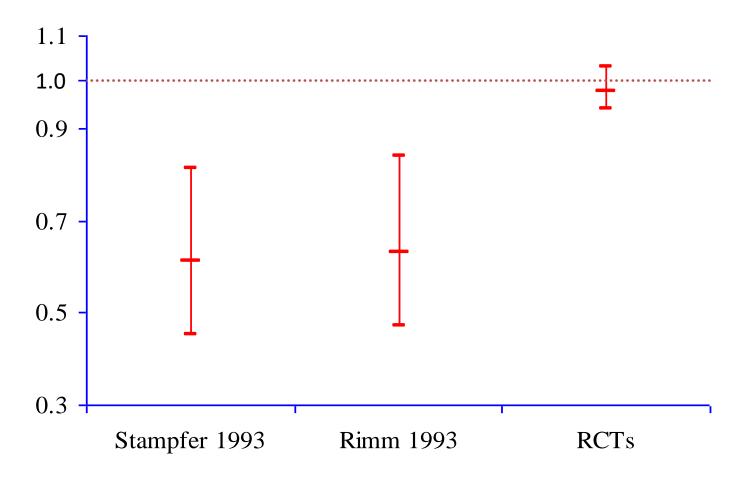
Rimm et al NEJM 1993; 328: 1450-6

## Use of vitamin supplements by US adults, 1987-2000



Source: Millen AE, Journal of American Dietetic Assoc 2004;104:942-950

#### Vitamin E supplement use and risk of Coronary Heart Disease



Stampfer et al NEJM 1993; 328: 144-9; Rimm et al NEJM 1993; 328: 1450-6; Eidelman et al Arch Intern Med 2004; 164:1552-6

#### **MANY OTHER EXAMPLES**

VITAMIN C, VITAMIN A, HRT, MANY DRUG TARGETS......

#### WHAT'S THE EXPLANATION?

#### Vitamin E levels and confounding risk factors:

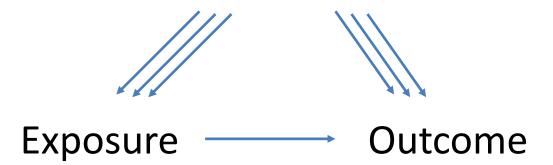


Women's Heart and Health Study Lawlor et al, Lancet 2004

## Confounding

Smoking, diet, alcohol, socioeconomic position....

#### Confounders



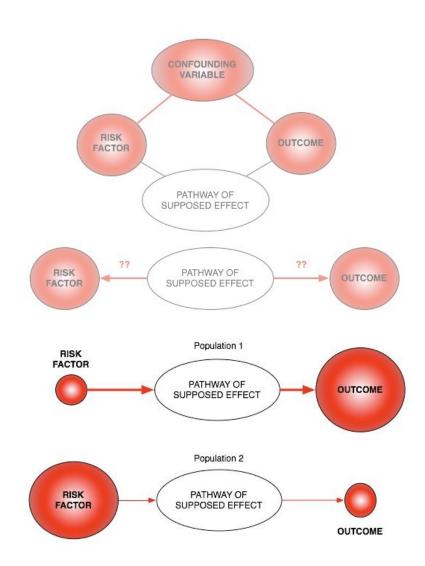
Vitamin E Heart disease

# Classic limitations to "observational" science

Confounding

Reverse Causation

Bias



#### RCTs: the Gold Standard in Inferring Causality

GROUPS

RANDOMISED CONTROLLED TRIAL Randomization RANDOMIZATION METHOD makes causal inference possible **EXPOSED**: CONTROL: NO INTERVENTION INTERVENTION CONFOUNDERS EQUAL BETWEEN **GROUPS** OUTCOMES COMPARED BETWEEN

#### The Need for Observational Studies

#### Randomized Controlled Trials (RCTs):

- Not always ethical or practically feasible eg anything toxic
- Expensive, requires experimentation in humans
- Impractical for long follow up times
- Should only be conducted on interventions that show very strong observational evidence in humans

#### Observational studies:

- Association between environmental exposures and disease measured in observational designs (non-experimental) eg case-control studies or cohort studies
- Reliably assigning causality in these types of studies is very limited

#### Mendelian randomization



How can it help observational epidemiology?

#### What does MR do?

Assess causal relationship between two variables

Estimate magnitude of causal effect

How does it do this?

By harnessing Mendel's laws of inheritance

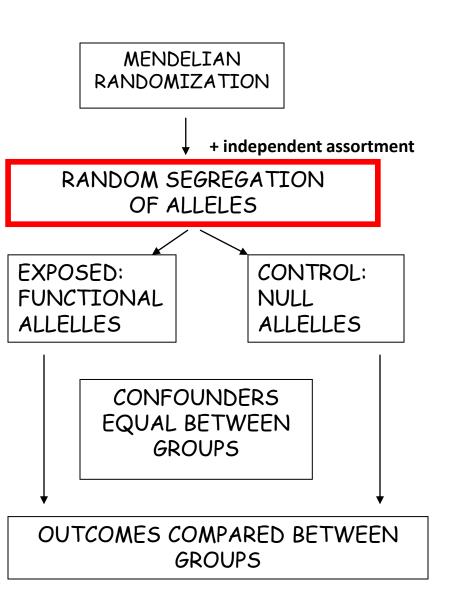
#### Mendel's Laws of Inheritance

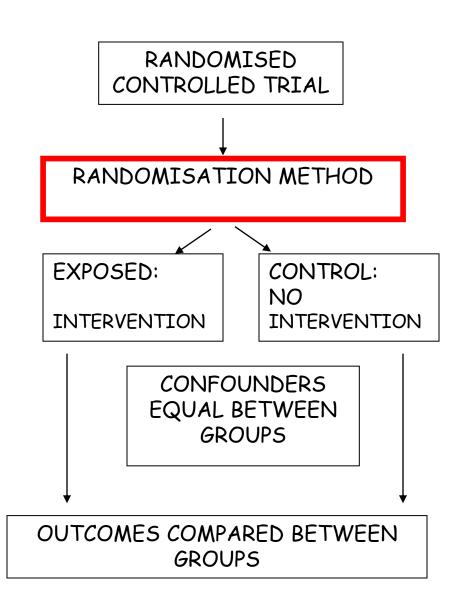


Mendel in 1862

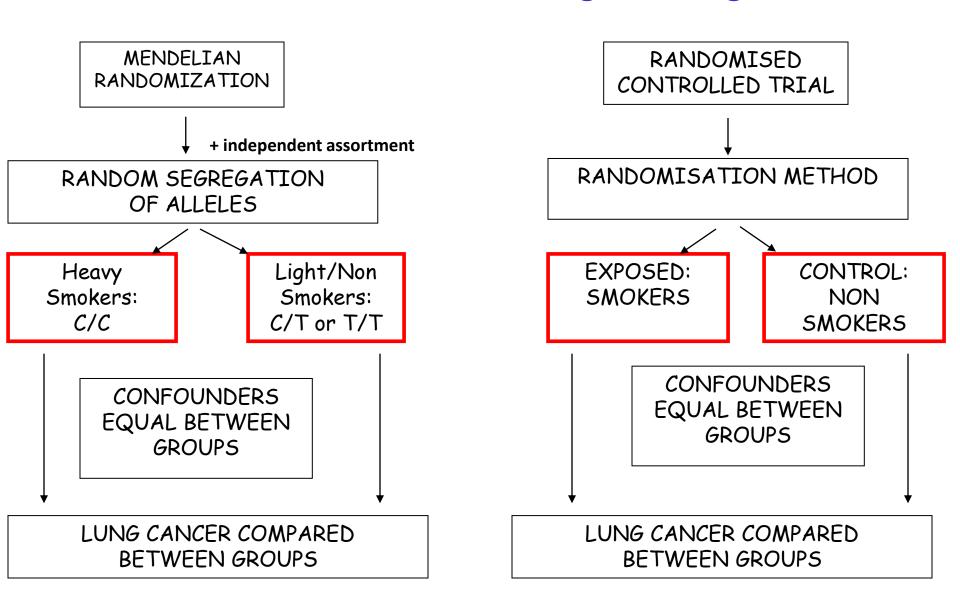
- **1. Segregation:** alleles separate at meiosis and a randomly selected allele is transmitted to offspring
- **2. Independent assortment:** alleles for separate traits are transmitted independently of one another

#### Mendelian randomization and RCTs

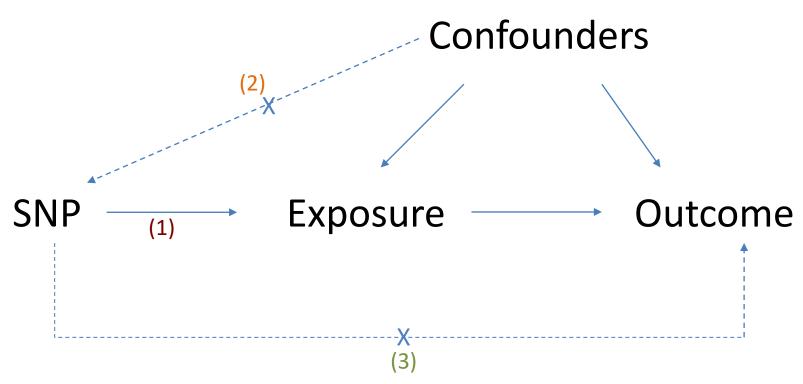




#### Mendelian randomization: Smoking and Lung Cancer



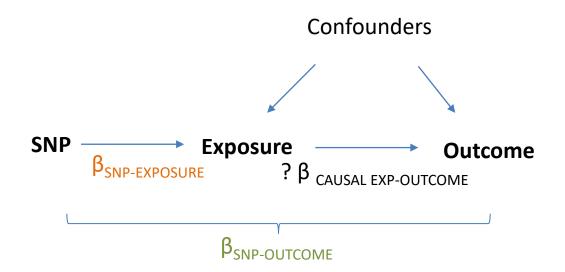
# Mendelian Randomization: 3 Core Assumptions



- (1) SNP is associated with the exposure
- (2) SNP is NOT associated with confounding variables
- (3) SNP ONLY associated with outcome through the exposure

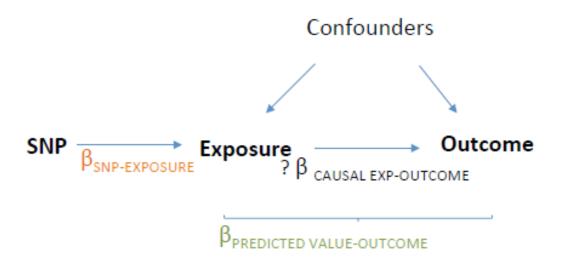
### Why are genetic associations special?

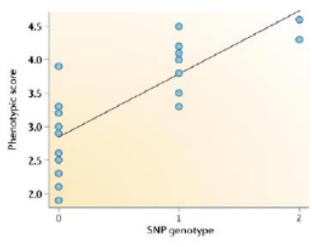
- Robustness to confounding due to Mendel's laws:
  - Law of segregation: inheritance of an allele is random and independent of environment etc
  - Law of independent assortment: genes for different traits segregate independently (assuming not in LD)
- The direction of causality is known always from SNP to trait
- Genetic variants are potentially very good instrumental variables
- Using genetic variants as IVs is a special case of IV analysis, known as Mendelian randomization



After SNP identified robustly associated with exposure of interest:

- Wald Estimator
- Two-stage least-squares (TSLS) regression



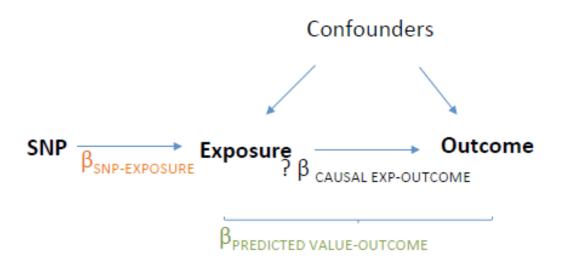


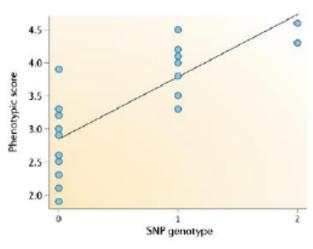
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Two-stage Least Squares (2SLS):

- (1) Regress exposure on SNP & obtain predicted values
- (2) Regress outcome on **predicted** exposure (from 1st stage regression)
  - (3) Adjust standard errors

<sup>\*</sup>Needs to be done in the one sample ("Single sample MR")





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Two-stage Least Squares (2SLS):

- (1) Regress exposure on SNP & obtain predicted values
- (2) Regress outcome on **predicted** exposure (from 1<sup>st</sup> stage regression)
  - (3) Adjust standard errors

This gives you: difference in outcome per unit change in (genetically-predicted) exposure

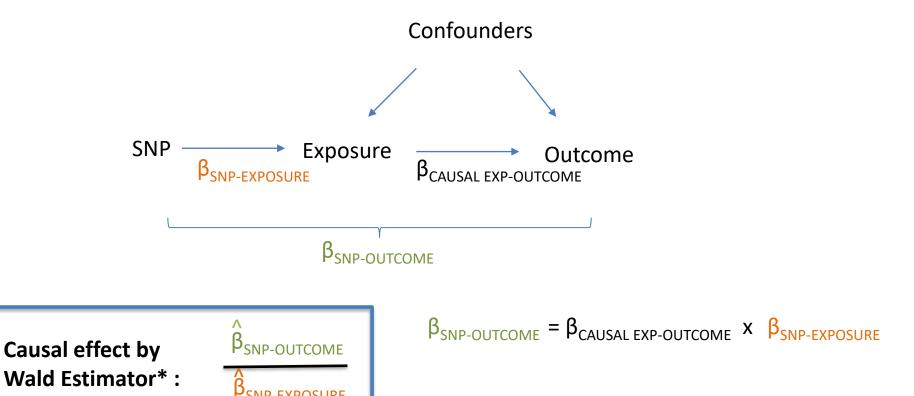
Genetically determined exposure → "randomized" → can ascribe causality

(if assumptions are met)

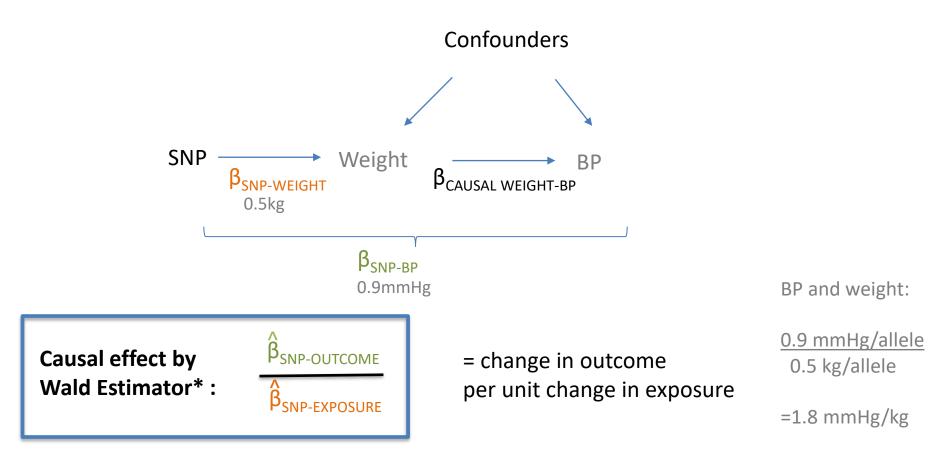
<sup>\*</sup>Needs to be done in the one sample ("Single sample MR")

# MR can also be performed using just the results from GWAS

- Also known as two-sample MR, SMR, or MR with summary data etc
- Advantages:
  - The data is readily available, non-disclosive, free, open source
  - The exposure and outcome might not be measured in the same sample
  - The sample size of the outcome variable, key to statistical power, is not limited by requiring overlapping measures of the exposure
- Disadvantages:
  - Some extensions of MR not possible, e.g. non-linear MR, use of GxE for negative controls, various sensitivity analyses



<sup>\*</sup>Can be used in different samples ("Two sample MR")



<sup>\*</sup>Can be used in different samples ("Two sample MR")

## Generate causal estimate Two-stage least squares

```
library(sem)

mod1 <- tsls(outcome ~ exposure, ~ allele.score, data=data)

# two-stage least squares with allele score

mod2 <- tsls(outcome ~ exposure, ~ rs123 + rs456 + rs789 + rs1011 + rs1213, data=data)

# two-stage least squares with individual SNPs

library(AER)

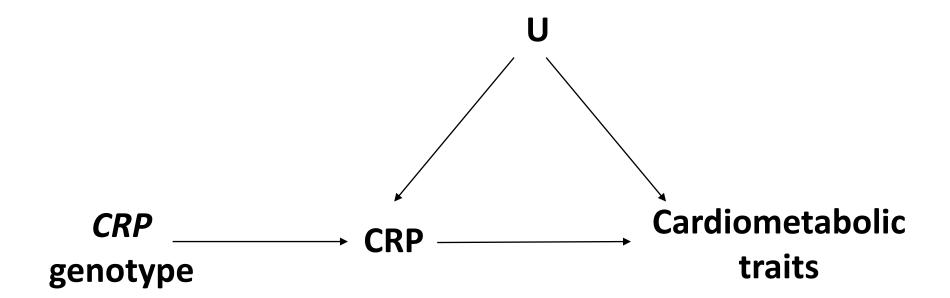
mod3 <- ivreg(outcome ~ exposure | allele.score, data=data)

mod4 <- ivreg(outcome ~ exposure | rs123 + rs456 + rs789 + rs1011 + rs1213, data=data)
```

## MR Example using CRP

- C-Reactive Protein (CRP) is a biomarker of inflammation
- It is associated with BMI, metabolic syndrome, CHD and a number of other diseases
- It is unclear whether these observational relationships are causal or due to confounding or reverse causality
- This question is important from the perspective of intervention and drug development

## Using a genetic instrument for proinflammatory CRP



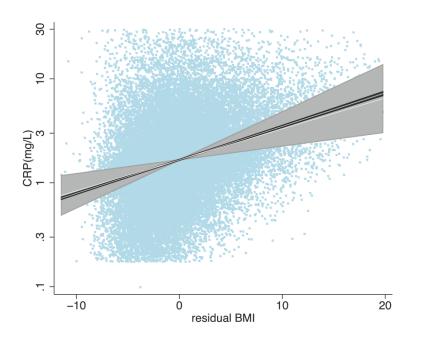
#### TWO ALTERNATIVES

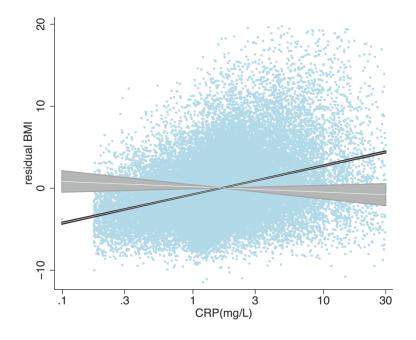
- 1. If CRP <u>DOES NOT</u> causally affect cardiometabolic traits: CRP gene variant should NOT be related to cardiometabolic traits
- 2. If CRP <u>CAUSALLY</u> affects metabolic traits: CRP gene variant should also be related to these metabolic traits

### "Bi-directional Mendelian Randomization": Testing causality and reverse causation



	Effect estimates				
Outcome / explanatory variable	Observational	Instrumental variable	P <sub>IV</sub>	P <sub>diff</sub>	<b>F</b> first
CRP/BMI	1.075 (1.073, 1.077)	1.06 (1.02, 1.11)	0.002	0.6	50.2





#### Limitations to Mendelian Randomization

- 1- Population stratification
- 2- Canalisation ("Developmental compensation")
- 3- The existence of instruments
- 4- Power and "weak instrument bias"
- 5- Pleiotropy

## Power and Weak Instruments

#### Power:

- Genetic variants explain very small amounts of phenotypic variance in a given trait
- VERY large sample sizes are generally required
- Weak instruments:
  - Genetic variants that are weak proxies for the exposure
  - Results in biased causal estimates from MR
- Different impact of the bias from weak instruments:
  - Single Sample MR: to the confounded estimate
  - Two-Sample MR: to the null

### Using Multiple Genetic Variants as Instruments

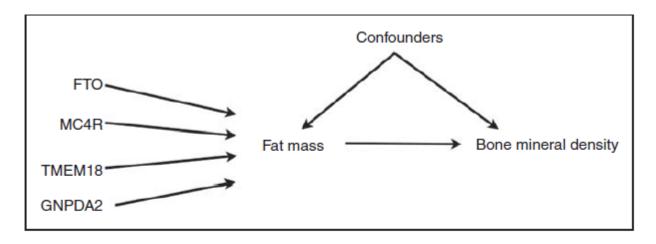
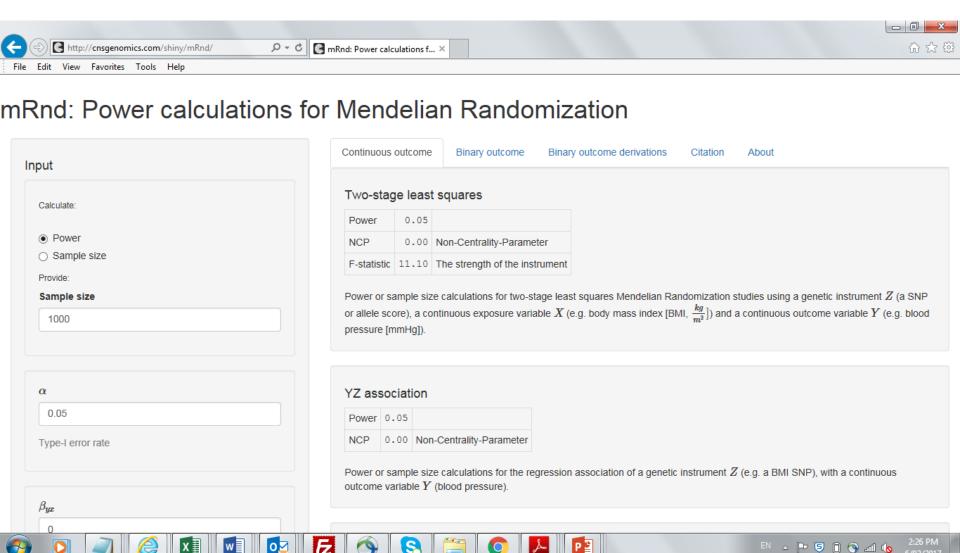


Figure 1. DAG for a Mendelian randomisation analysis using four genetic variants as instrumental variables for the effect of fat mass on bone mineral density.

Palmer et al (2011) Stat Method Res

- Allelic scores
- Testing multiple variants individually
- Meta-analyse individual SNPs

# Calculating Power in Mendelian Randomization Studies



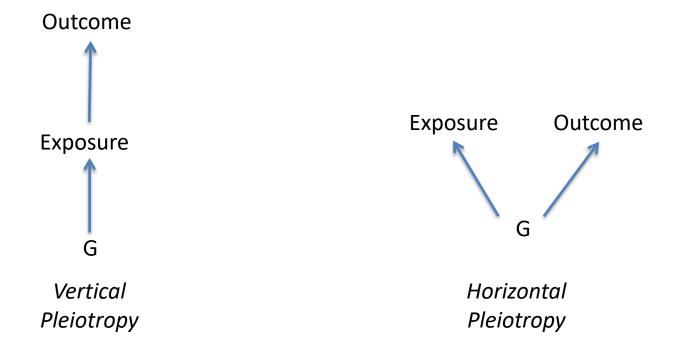
#### Limitations to Mendelian Randomization

- 1- Population stratification
- 2- Canalisation ("Developmental compensation")
- 3- The existence of instruments
- 4- Power (also "weak instrument bias")
- 5- Pleiotropy

## Pleiotropy

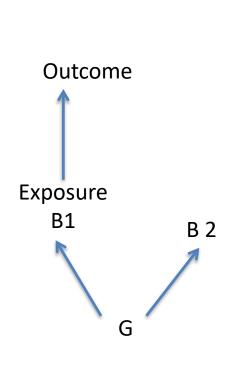
Genetic variant influences more than one trait

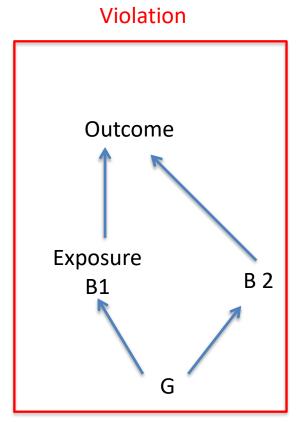
Horizontal vs Vertical pleiotropy



## Pleiotropy

- Genetic variant influences more than one trait
- Pleiotropy only violates MR's assumptions if it involves a pathway outside that of the exposure and is a pathway that affects your outcome





## 39

Jie "Chris" Zheng

## MR Base

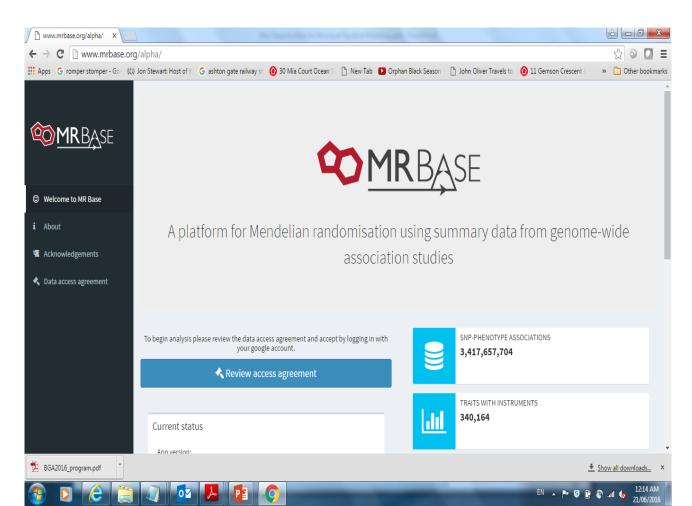
## http://www.mrbase.org/

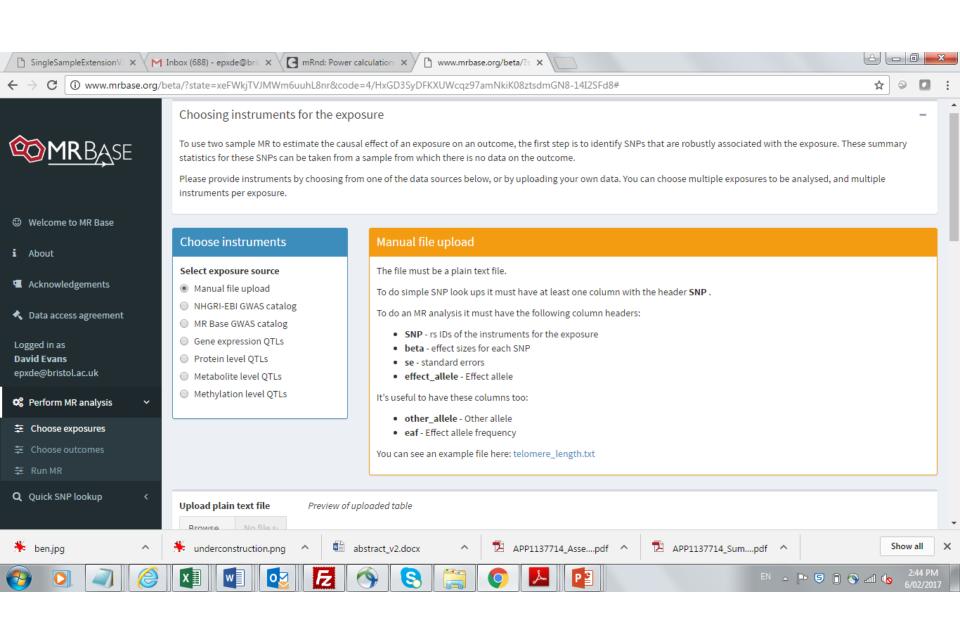


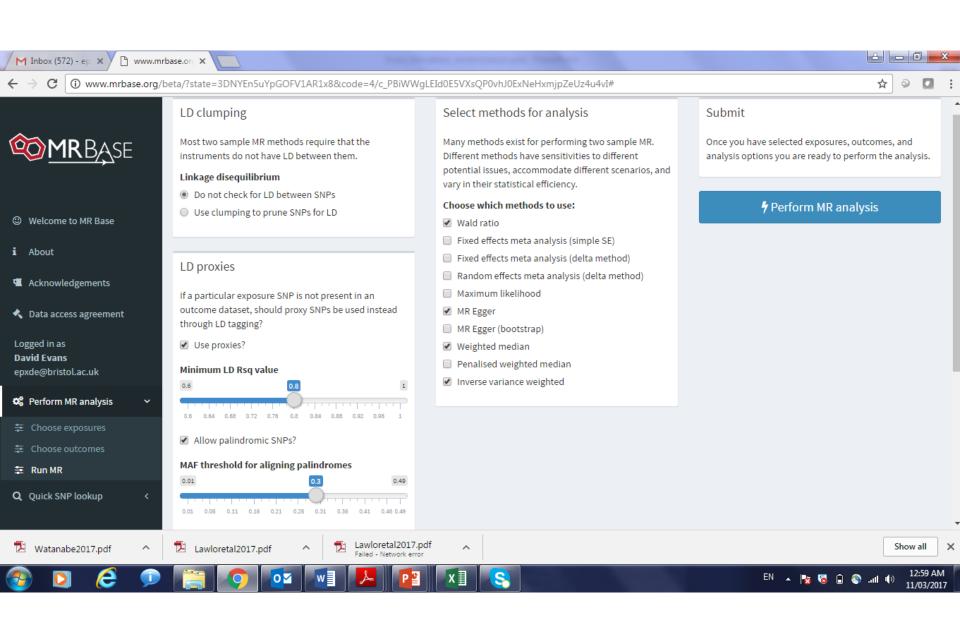
Gib Hemani

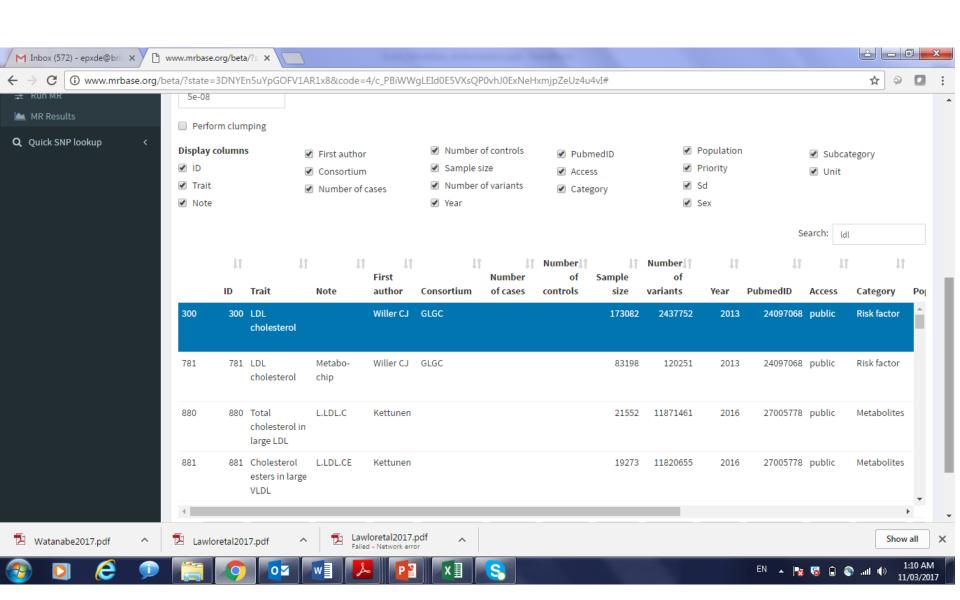


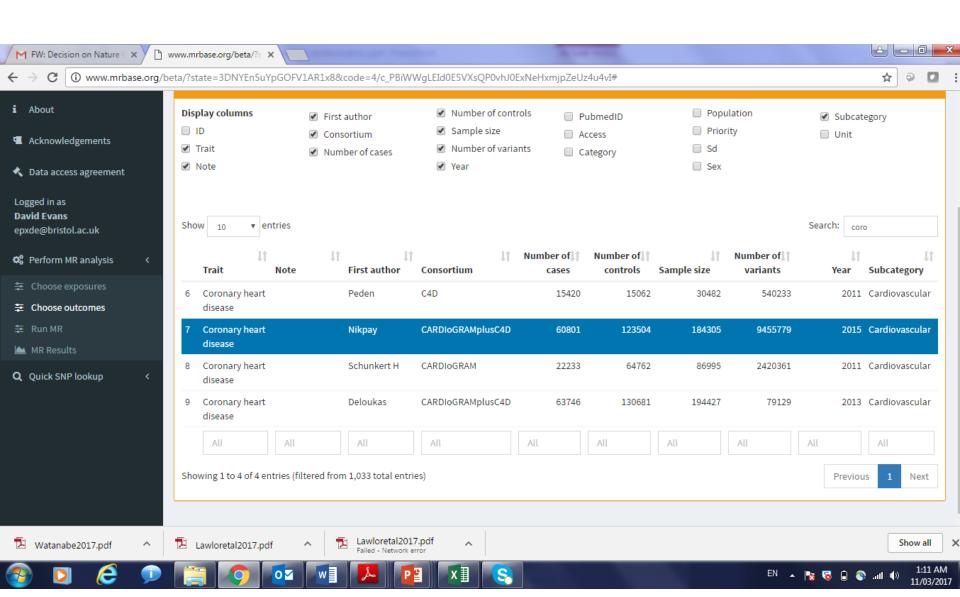
Phil Haycock

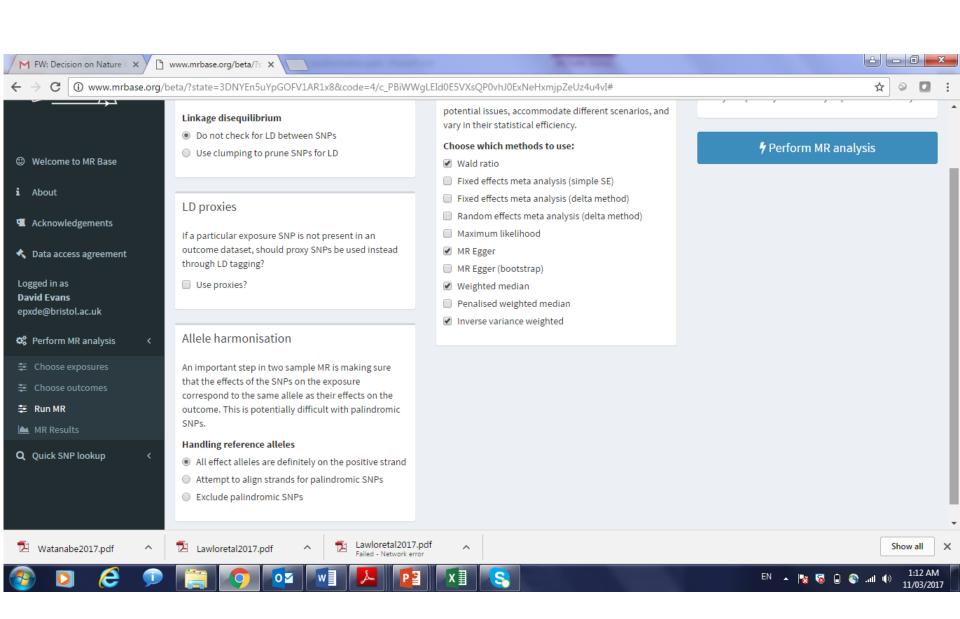












### **Useful References**

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- Davey-Smith & Hemani (2014). Mendelian randomization: genetic anchors for causal inference in epidemiological studies. Hum Mol Genet, 23(1), R89-98.
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- Lawlor et al. (2008). Mendelian randomization studies: using genes as instruments for making causal inferences in epidemiology. Stat Med, 27(8), 1133-63.
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