

# Mendelian Randomization

Daisy Crick

# 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.



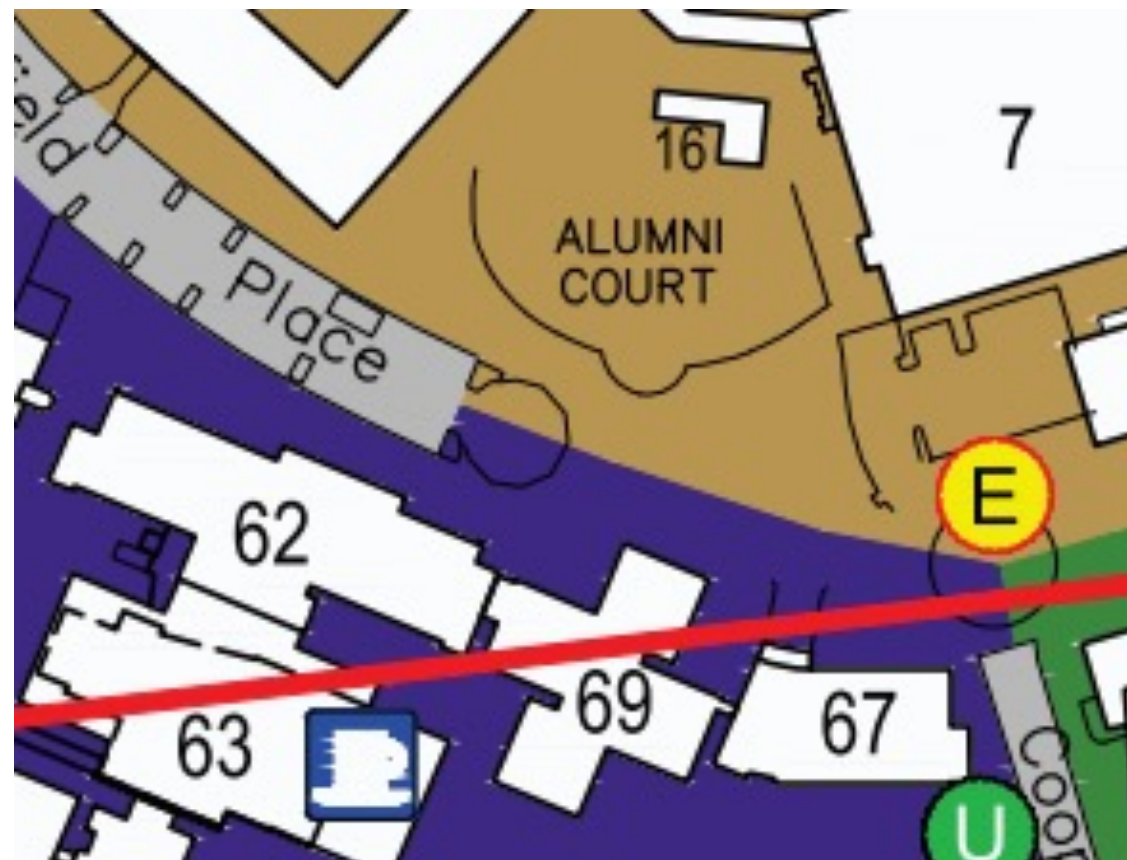
# General Information:

- 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

If you haven't done so, please email <ctr-pdg-admin@imb.uq.edu.au> 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.”

# Learning materials

Instructions to access WiFi/desktop/server:

<https://suave-pillow-de4.notion.site/Instruction-to-Computing-Resources-dcba658c9a584e6d80a443c5d64042d8?pvs=4>

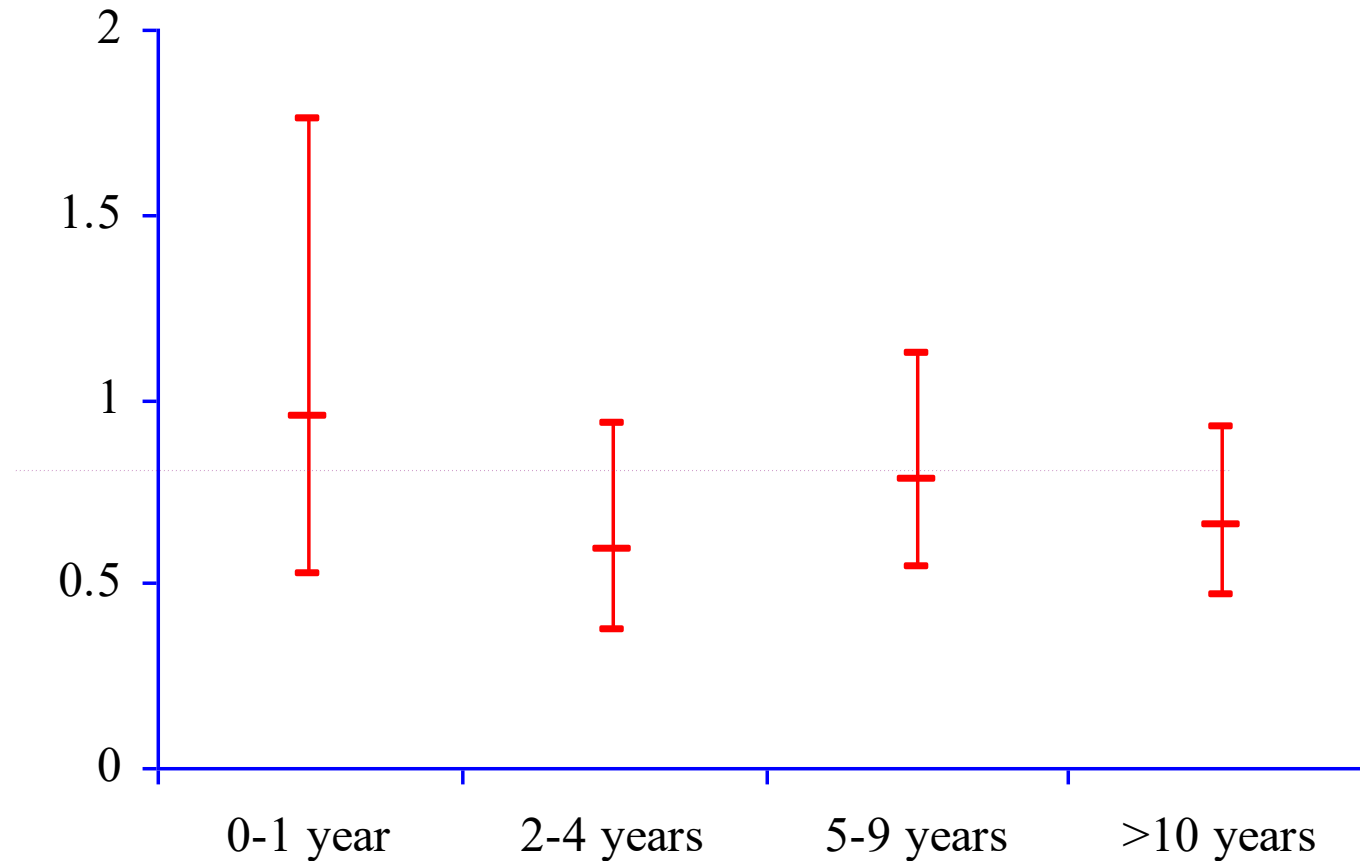
Slides and practical notes:

[https://cnsgenomics.com/data/teaching/GNGWS24/module\[1-6\]/](https://cnsgenomics.com/data/teaching/GNGWS24/module[1-6]/)

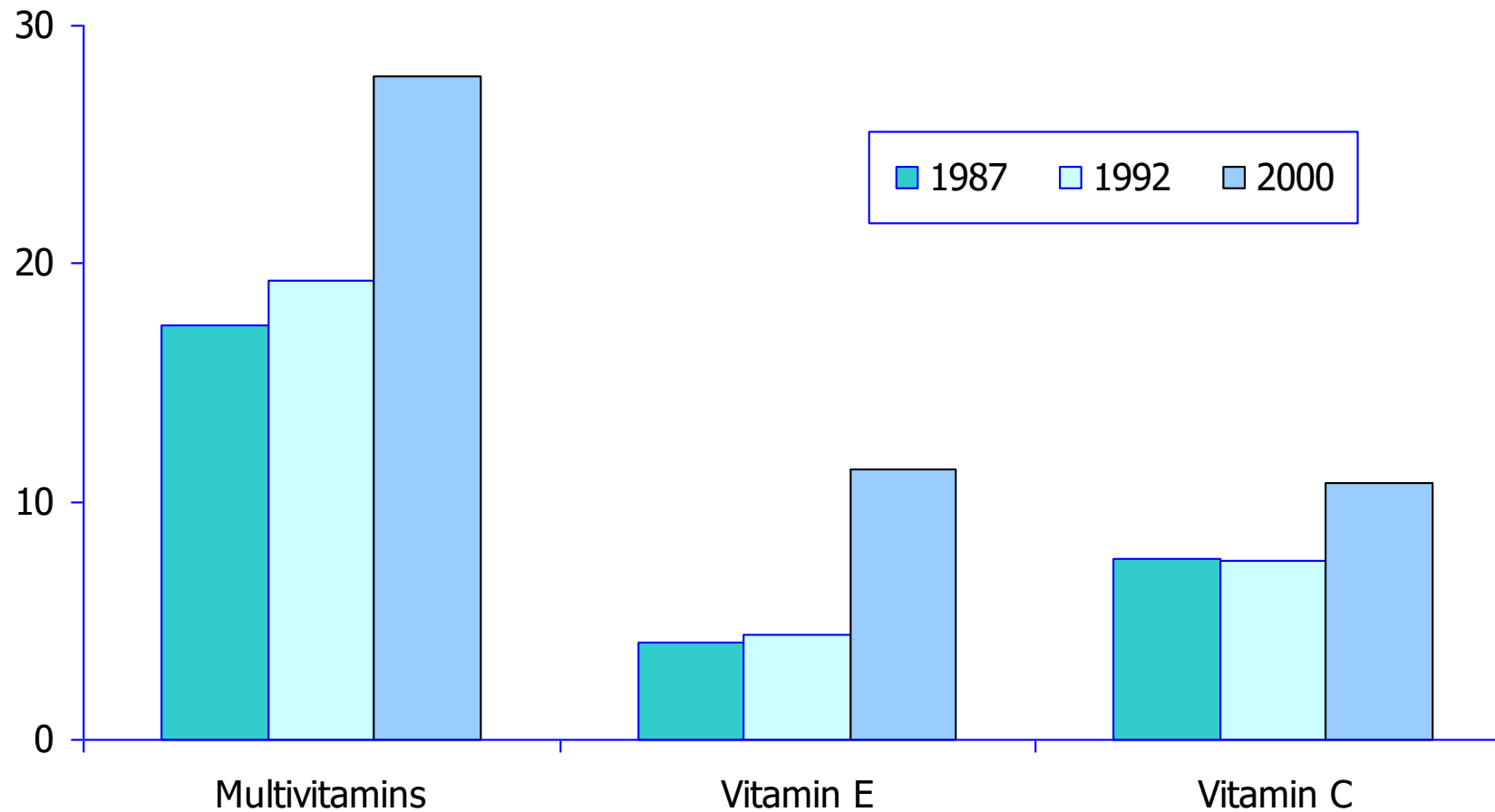
# Learning Objectives

- Understand the issues of observational epidemiology.
- Understand how Mendelian randomization (MR) works, what its core assumptions are and how to calculate causal effect estimates.
- Understand what directed acyclic graphs (DAGs) are and how they can be used to inform study design.
- Cover the basic limitations to Mendelian randomization.

# Vitamin E supplement use and risk of Coronary Heart Disease

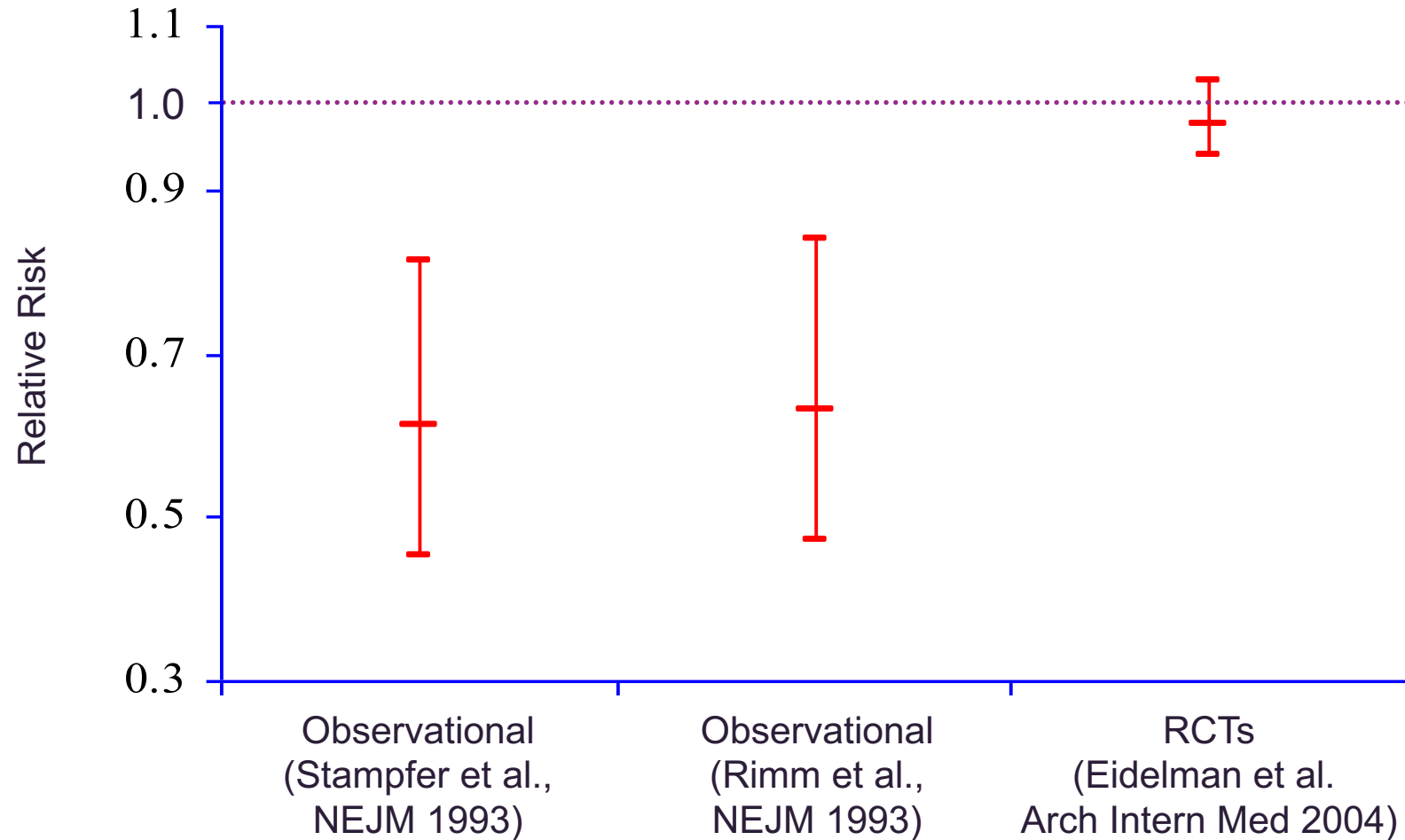


# Vitamin E supplement use and risk of Coronary Heart Disease





# Vitamin E supplement use and risk of Coronary Heart Disease

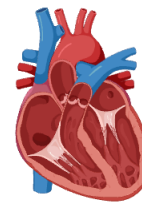


# Inferring causality using observational data

- Results from observational studies can give the wrong answer.



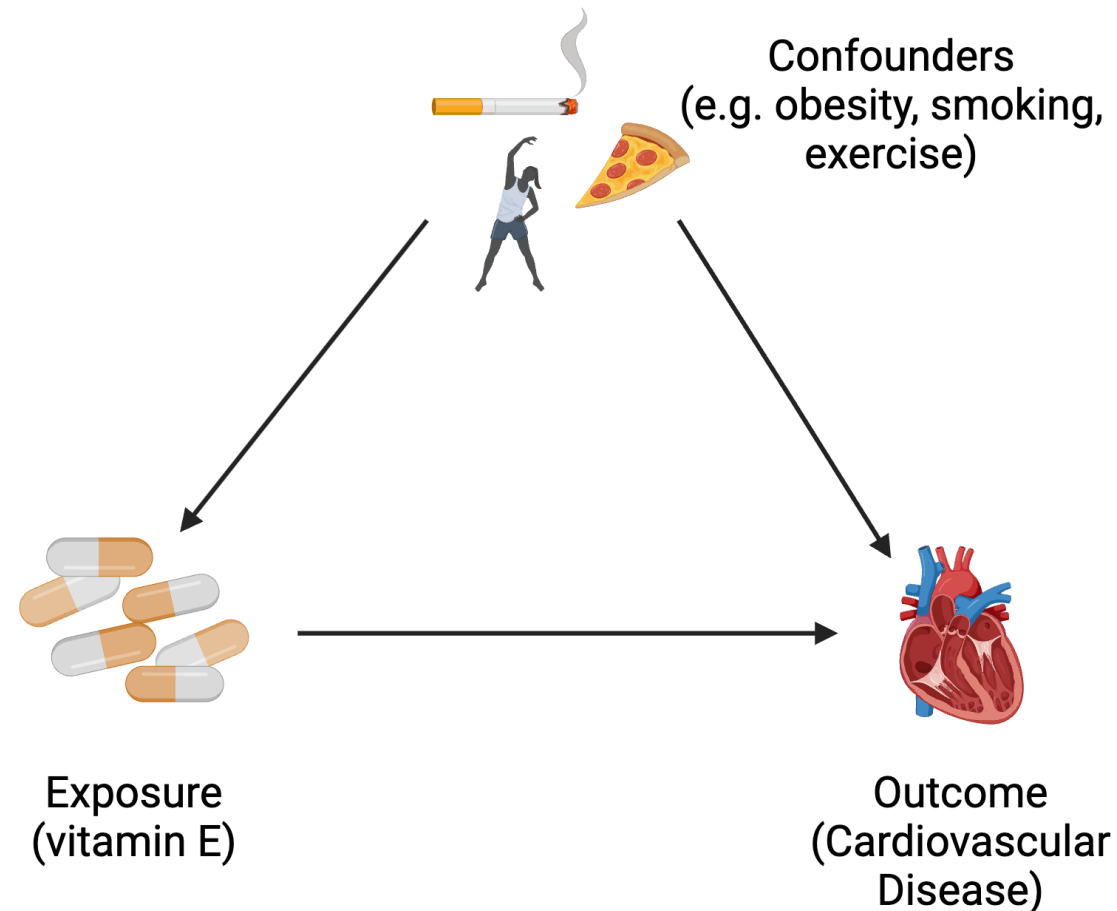
Exposure  
(vitamin E)



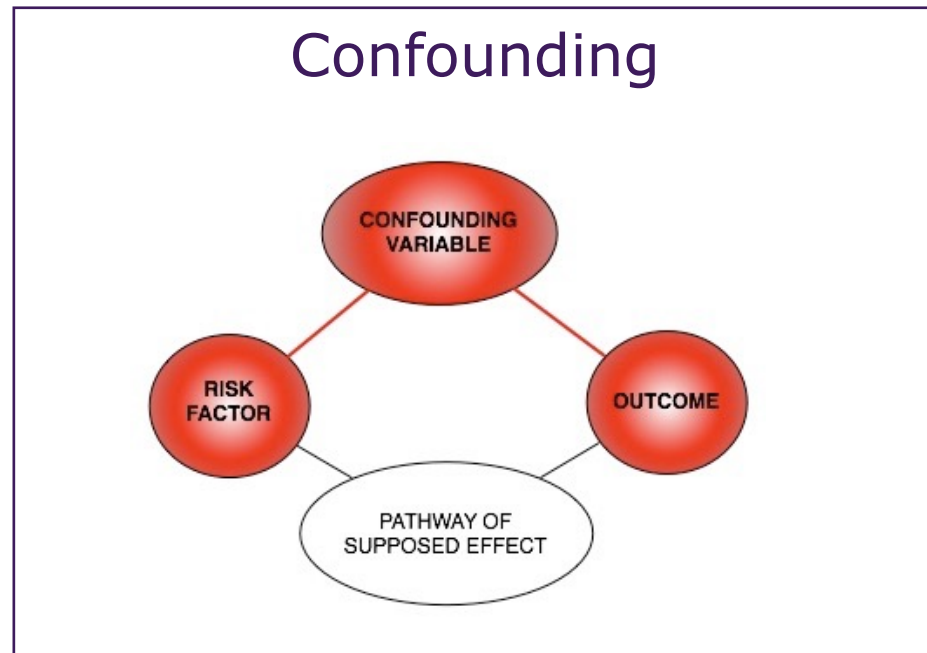
Outcome  
(Cardiovascular  
Disease)

# Inferring causality using observational data

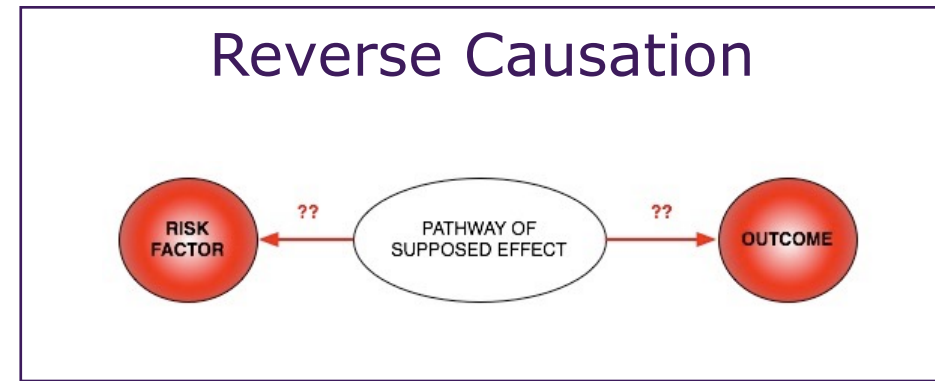
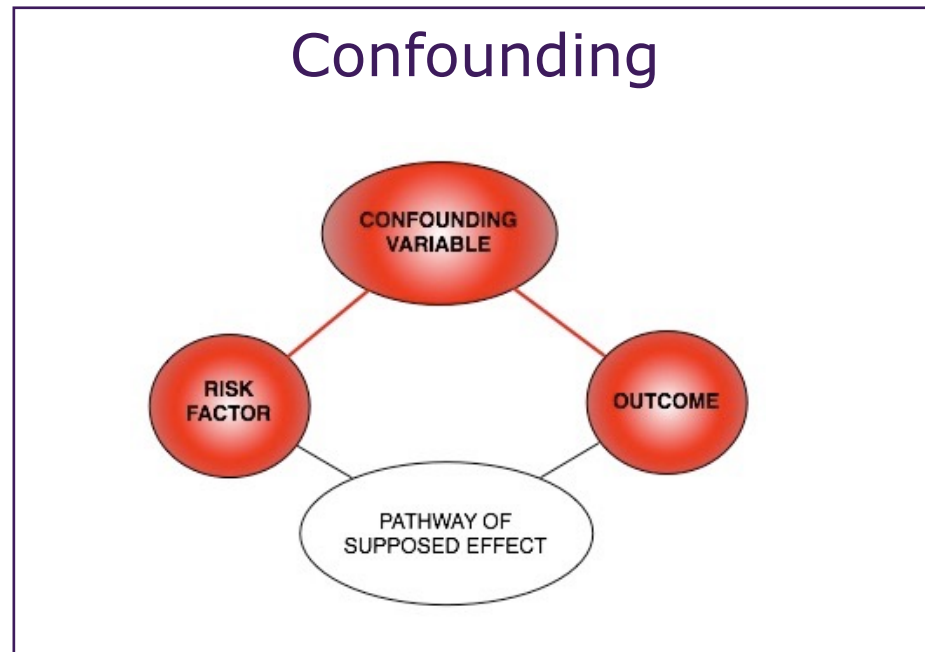
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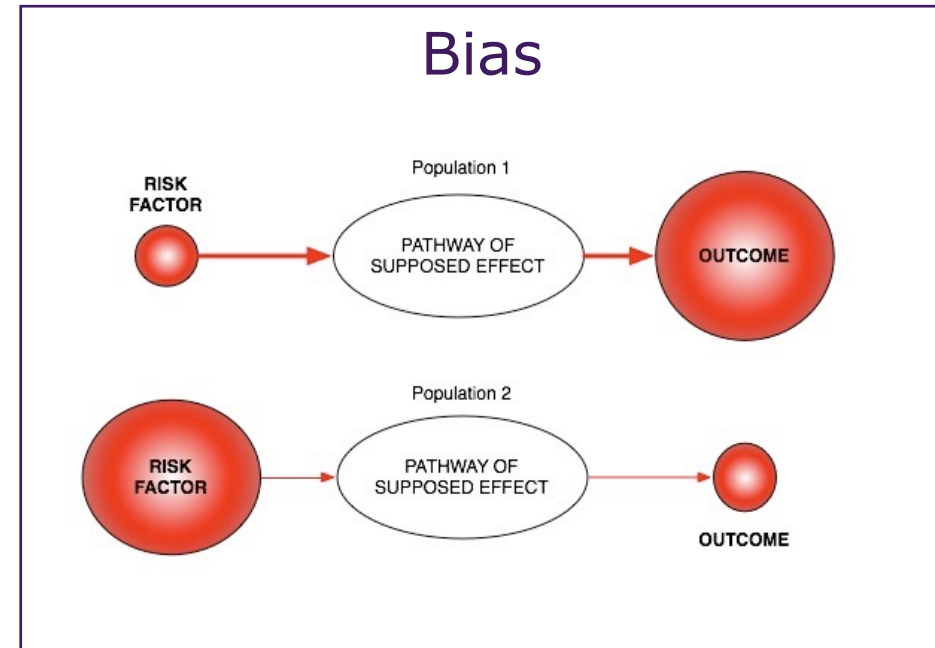
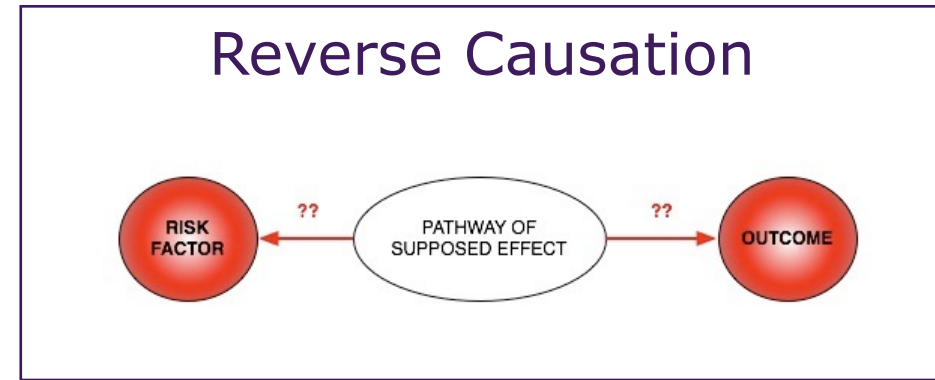
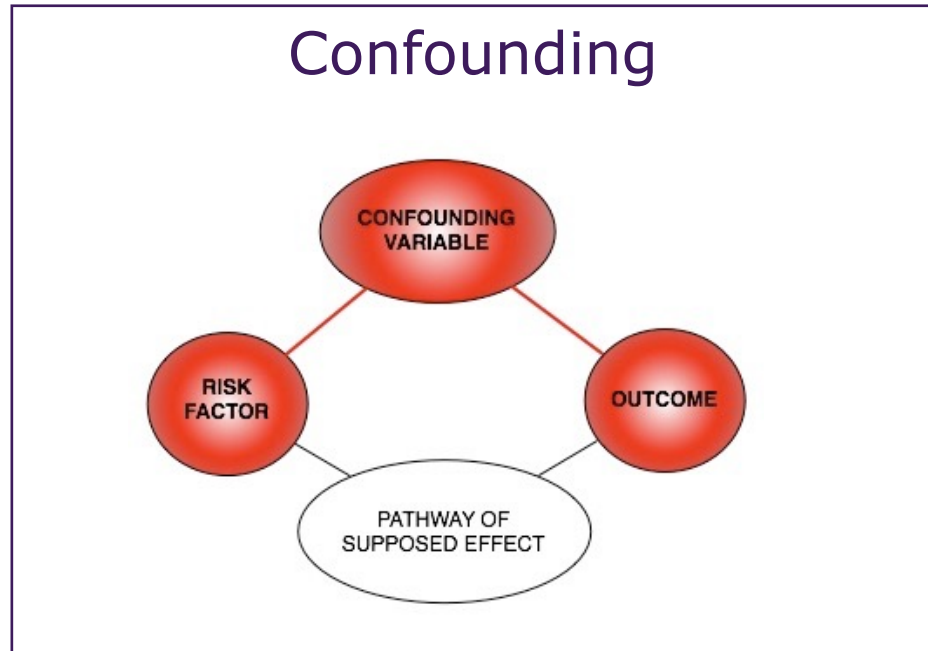
# Classic limitations to observational science



# Classic limitations to observational science

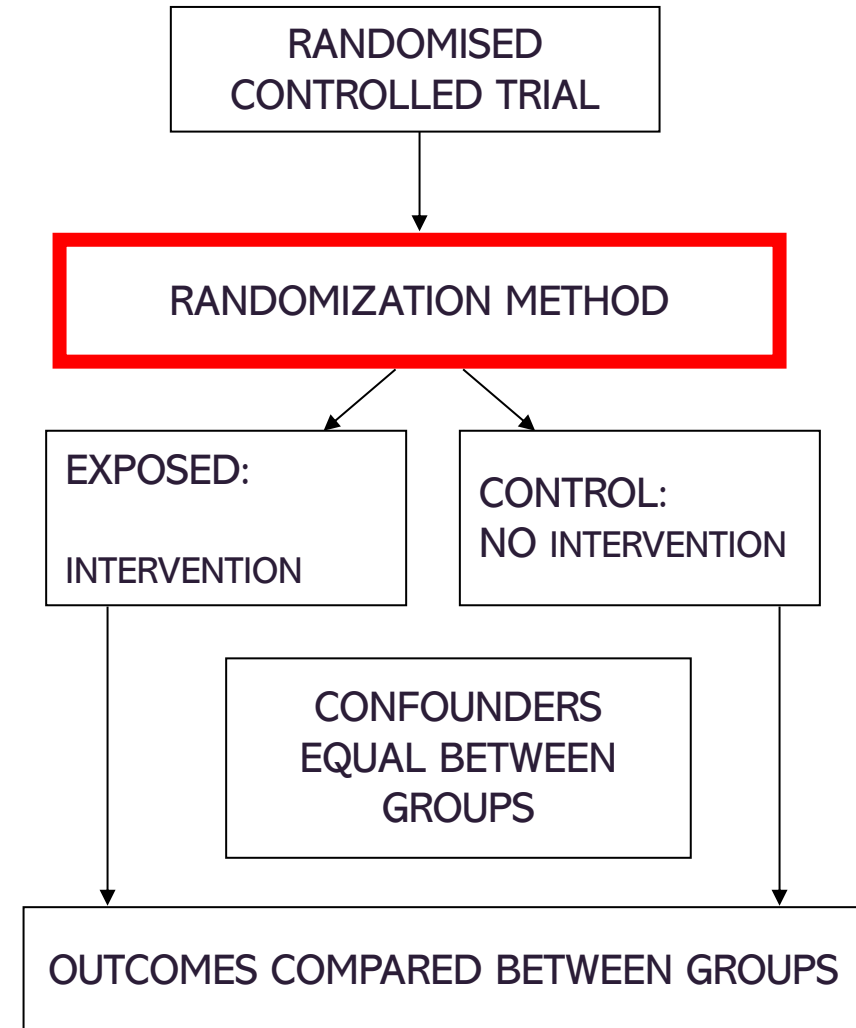


# Classic limitations to observational science



# Randomised Control Trials (RCTs)

- The gold standard in inferring causality!



# Mendelian randomization!

- A technique based on the idea that genetics can tell us about non-genetic factors and their effects on health and disease.
- MR uses genetic information as a proxy for non-genetic information.
- The modifiable exposure on the outcome will be the same whether the exposure is influenced by the environment or genetics.

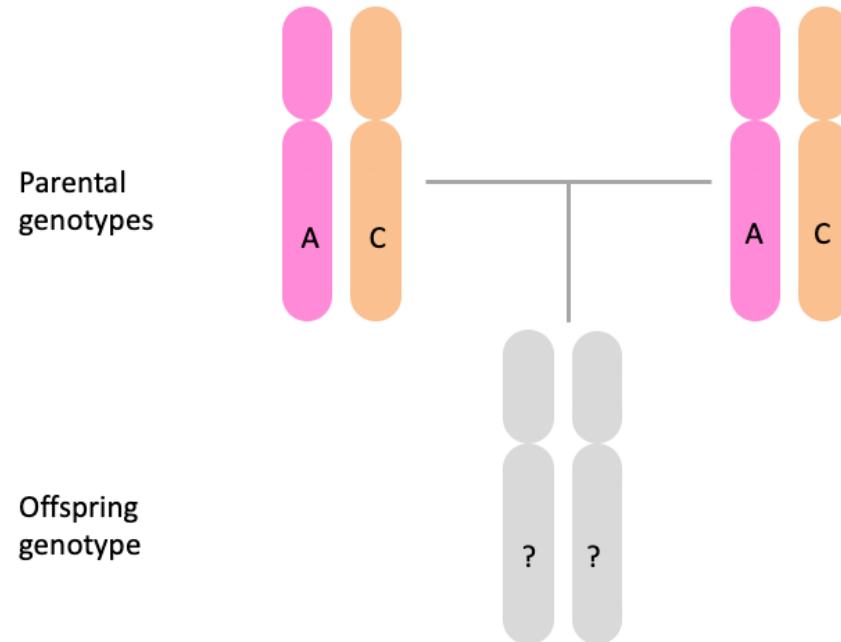


# Mendel's Laws of inheritance



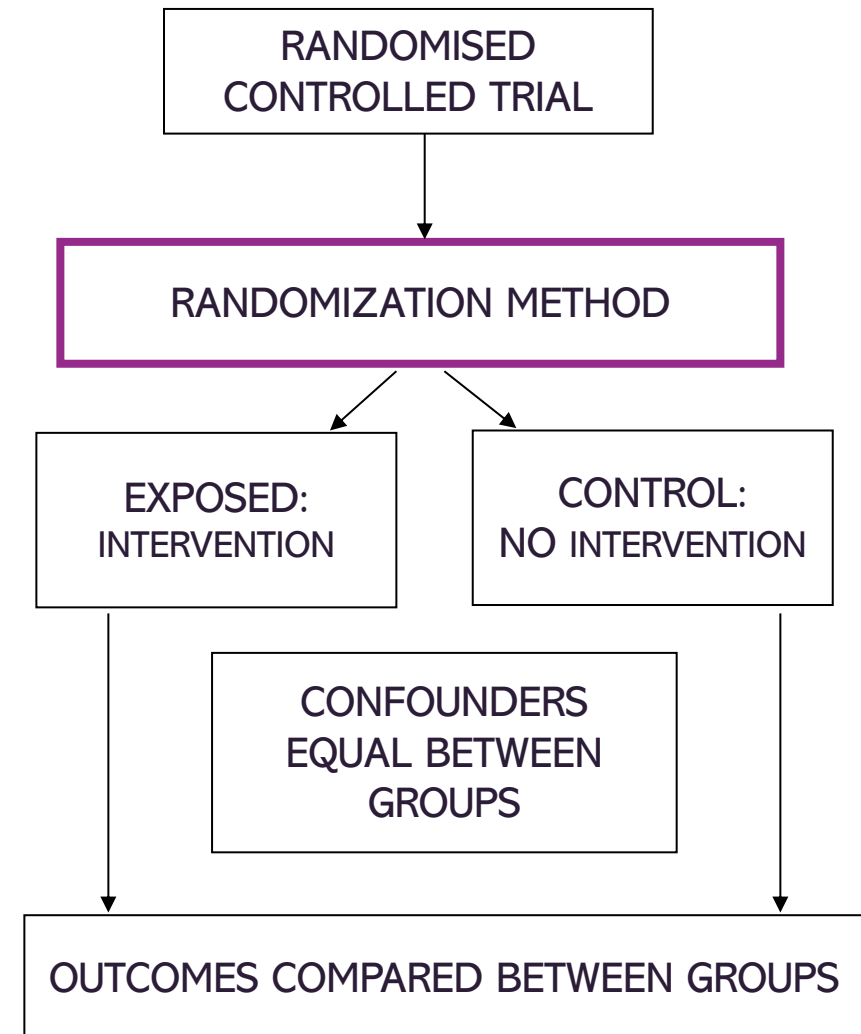
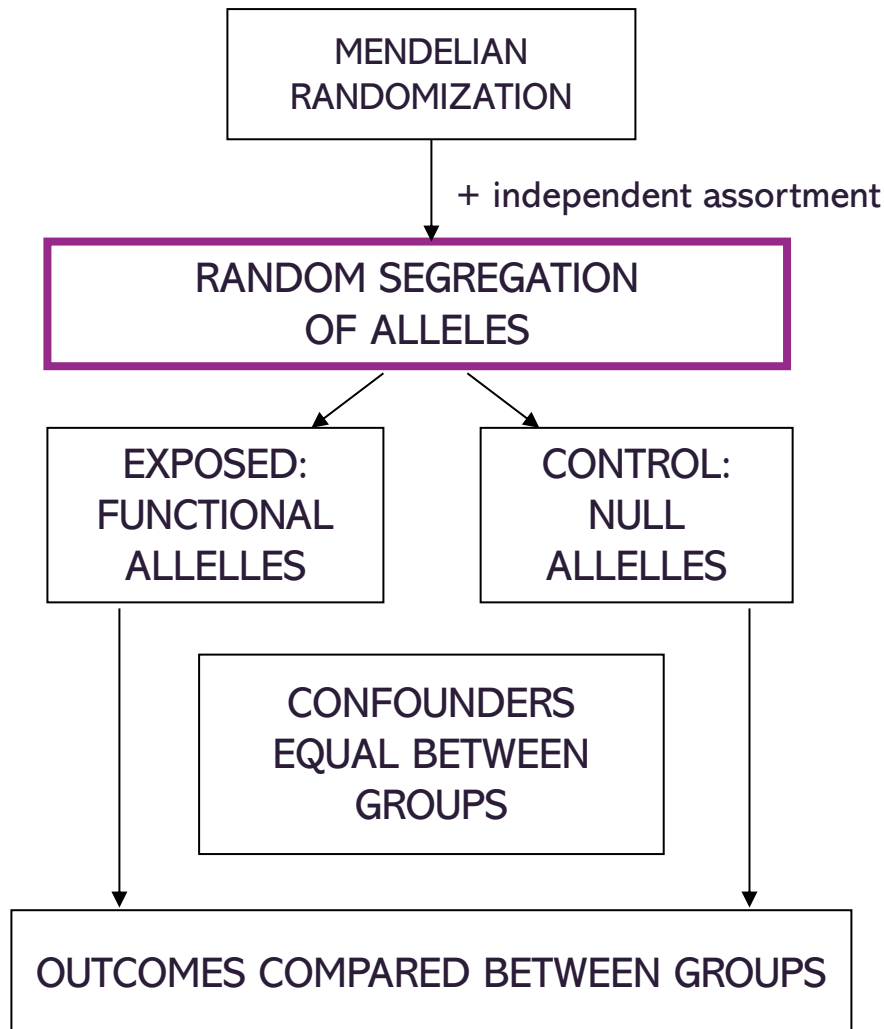
Gregor Mendel in 1862

1. **Segregation:** alleles separate at meiosis and a randomly selected allele is transmitted to offspring.

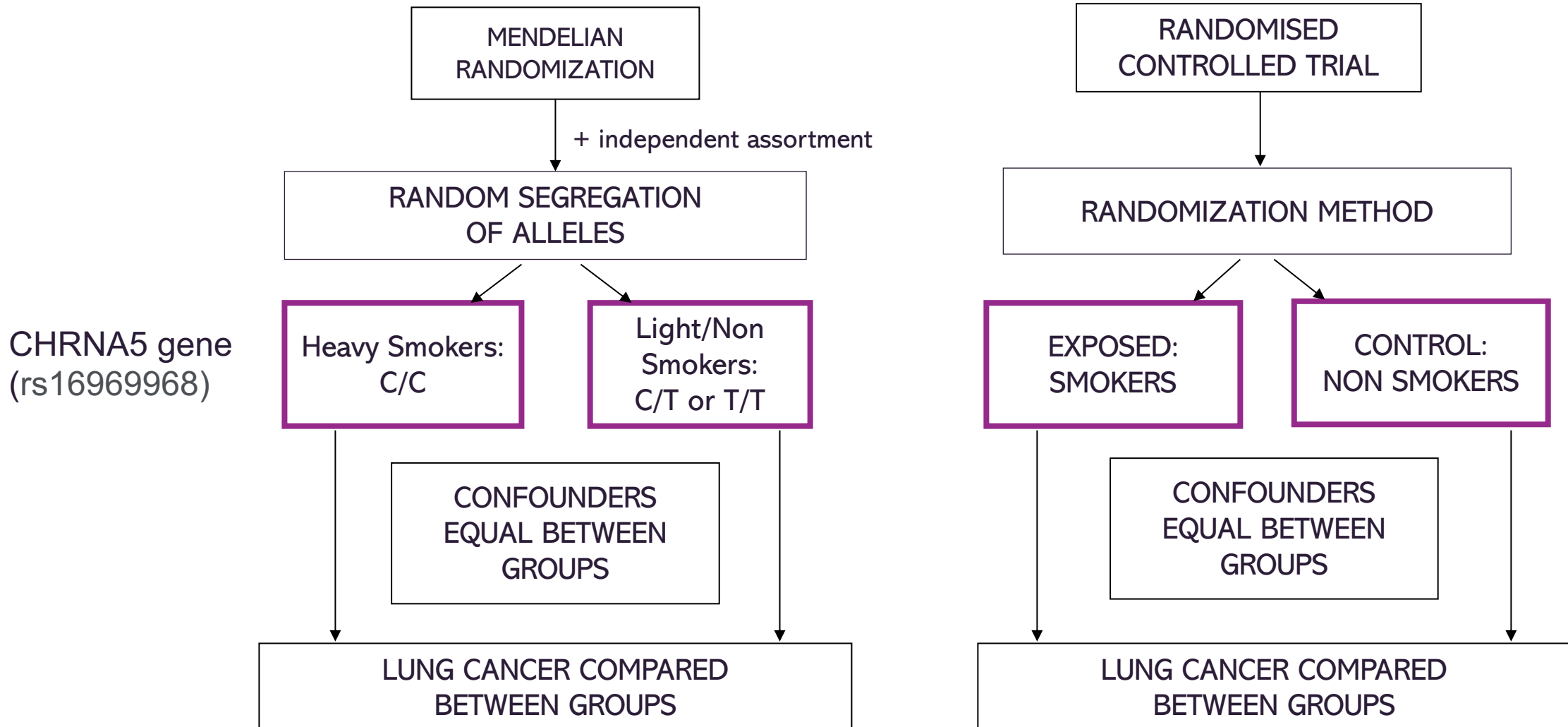


2. **Independent assortment:** alleles at different genetic loci (for different traits) are transmitted independently of one another.

# Mendel's Laws of inheritance



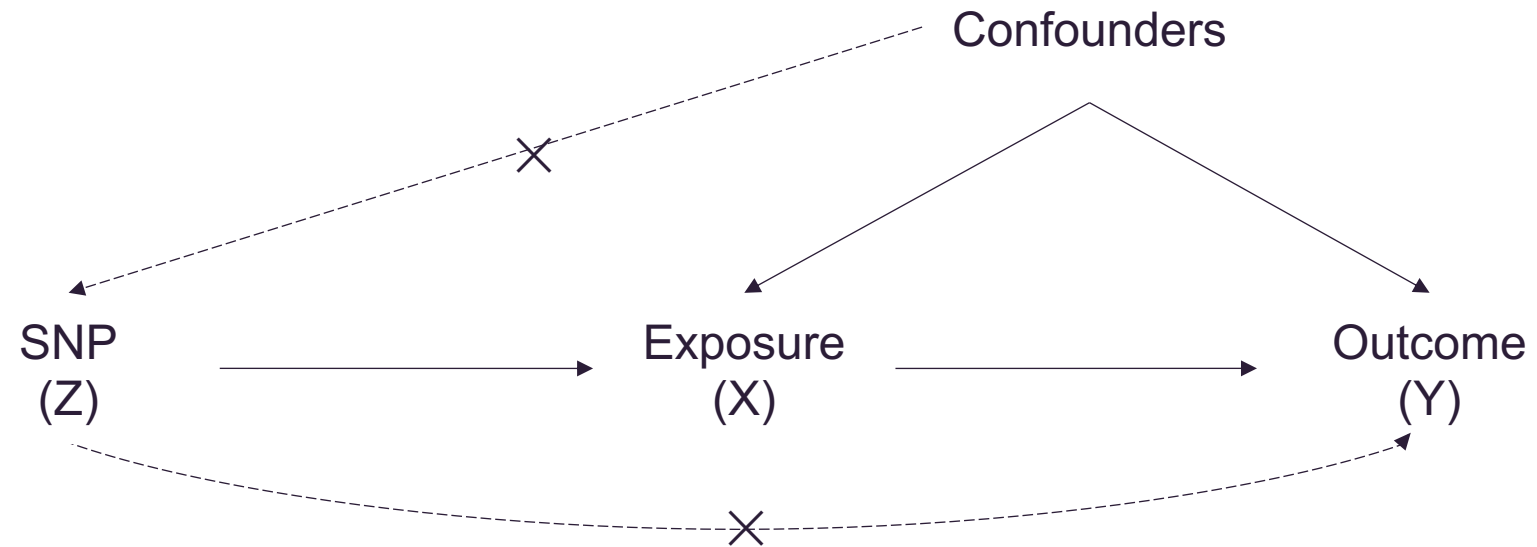
# Mendel's Laws of inheritance



# What is a DAG

- Directed Acyclic Graph.
- Systematic representation of causal relationships.
- Displays assumptions about the relationship between variables.
- Clarify study design.

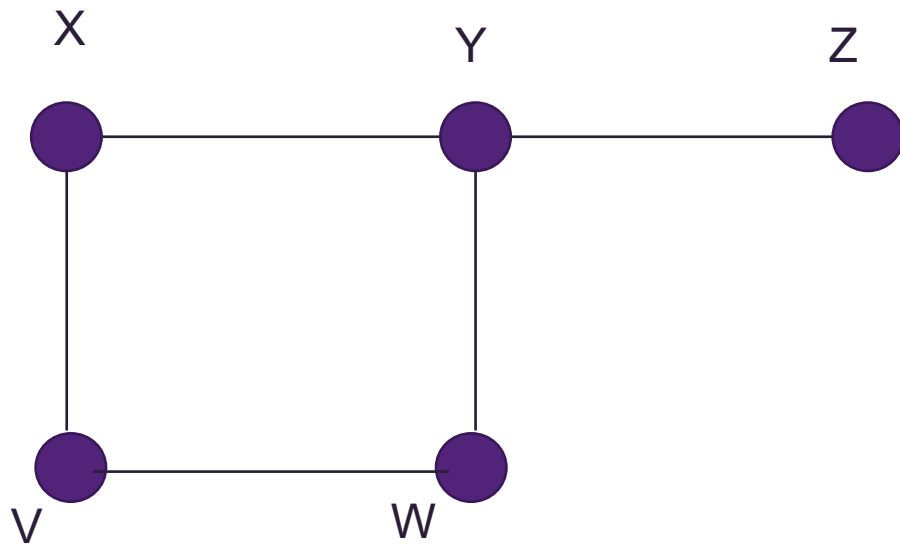
# What is a DAG



# DAG Rules

- They have to be directed.
- They have to be acyclic.
- All common causes must be represented.
- Time flows from left to right.

# DIRECTED RULE

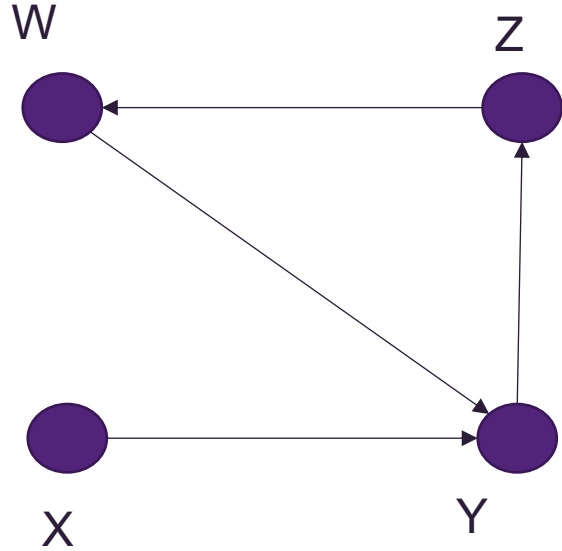


# DAG Rules

- They have to be directed.
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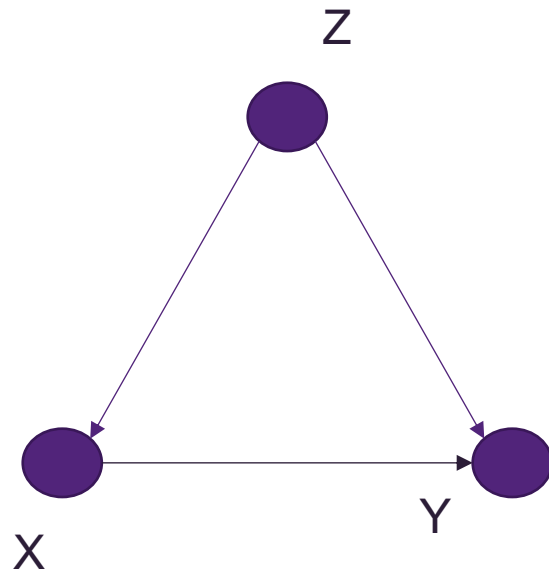
# ACYCLIC RULE



# DAG Rules

- They have to be directed.
- They have to be acyclic.
- **Common causes of two variables must be represented.**
- Time flows from left to right.

# COMMON CAUSE RULE

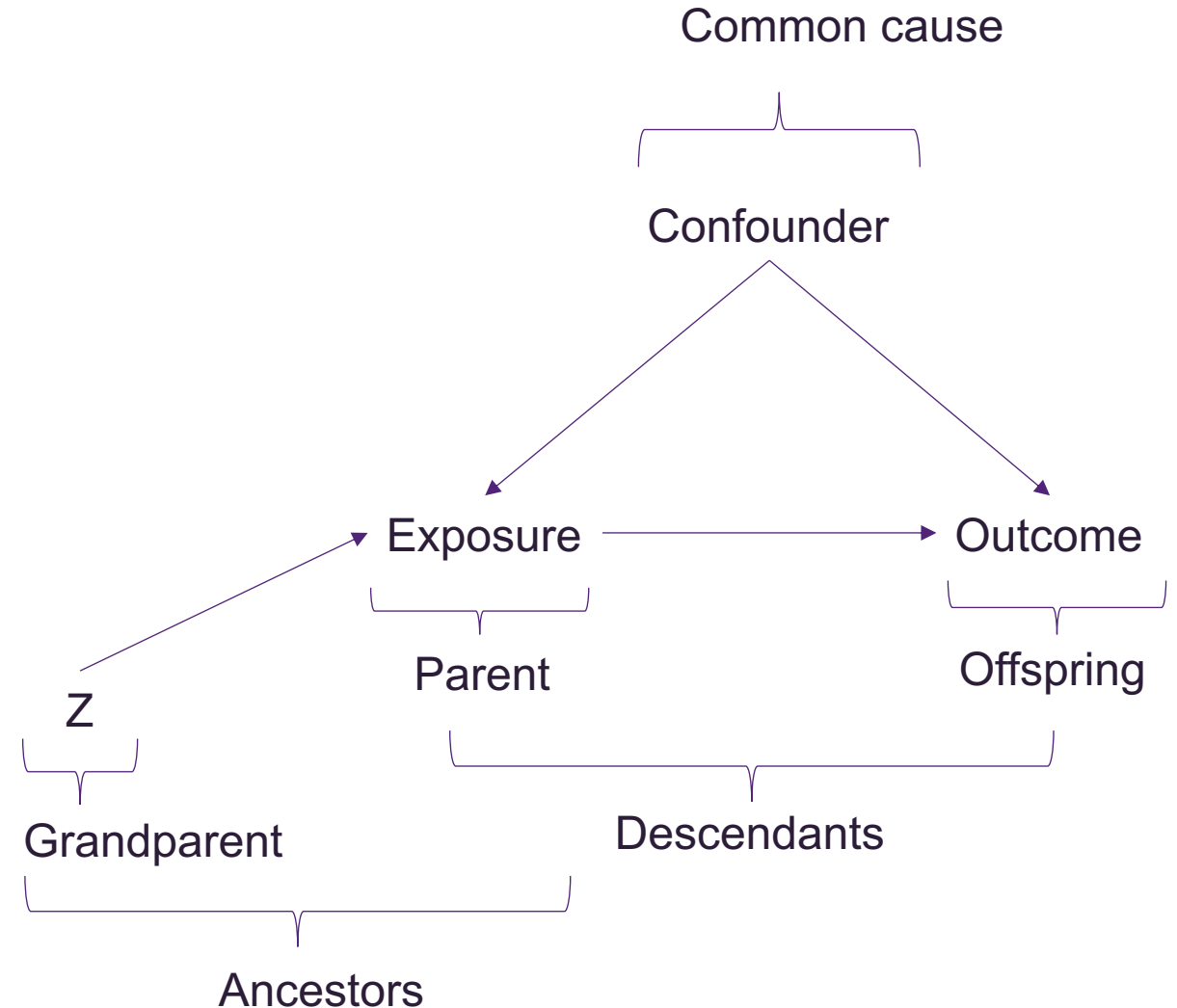


# DAG Rules

- They have to be directed.
- They have to be acyclic.
- All common causes must be represented
- Time flows from left to right.

# Glossary

- **Parent:** a direct cause of a particular variable.
- **Ancestor:** a direct cause or indirect cause of a particular variable.
- **Child:** The direct effect of a particular variable.
- **Descendant:** a direct effect or indirect effect of a particular variable.
- **Common cause:** A variable that is an ancestor of two other variables.



# How to construct a DAG

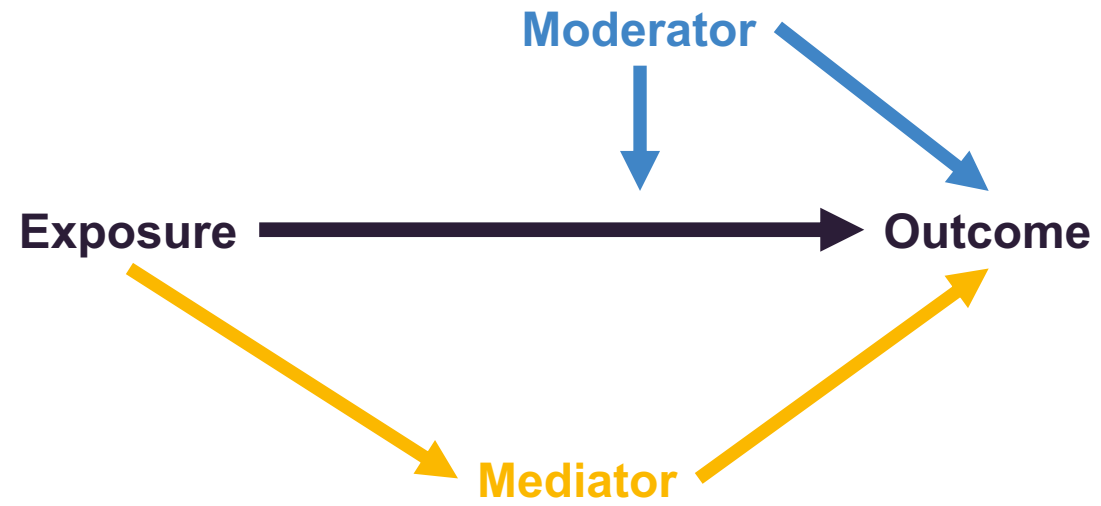
- Start with the exposure/treatment and the outcome/endpoint.

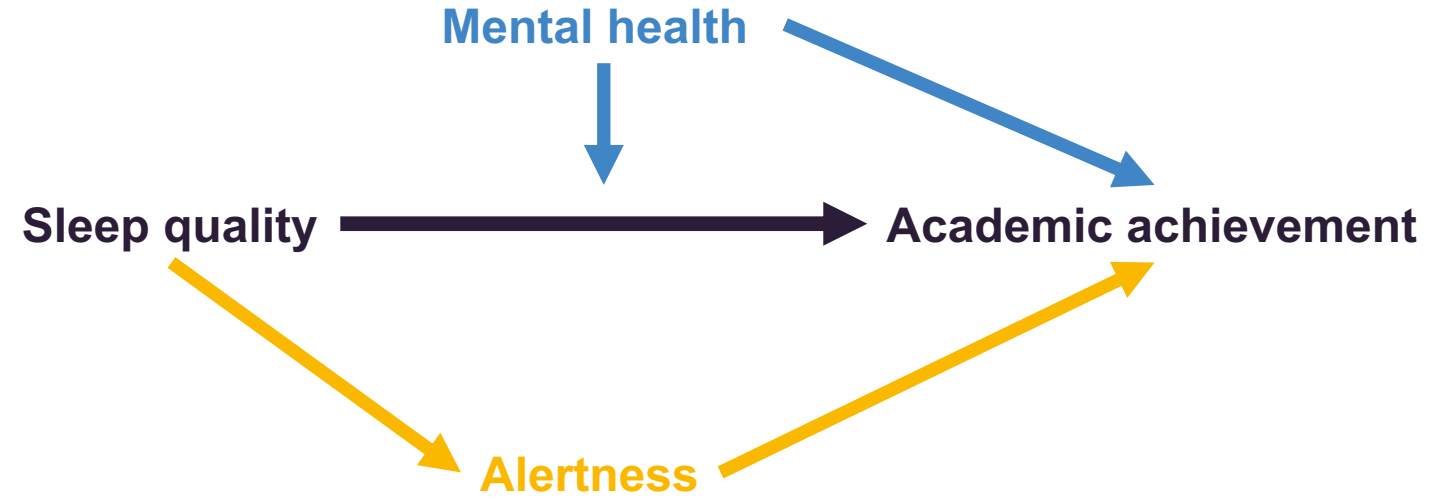
**Exposure**  **Outcome**

# How to construct a DAG

- Start with the exposure/treatment and the outcome/endpoint.
- Consider variables embedded in the question (e.g. mediators/moderators).

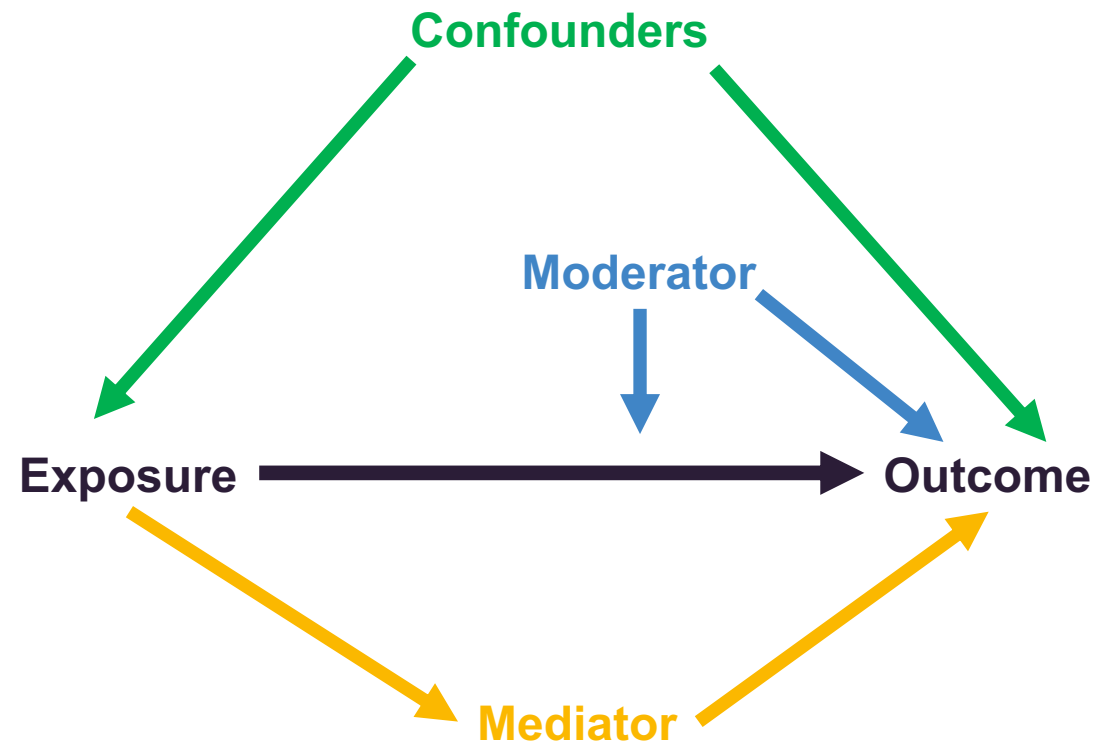


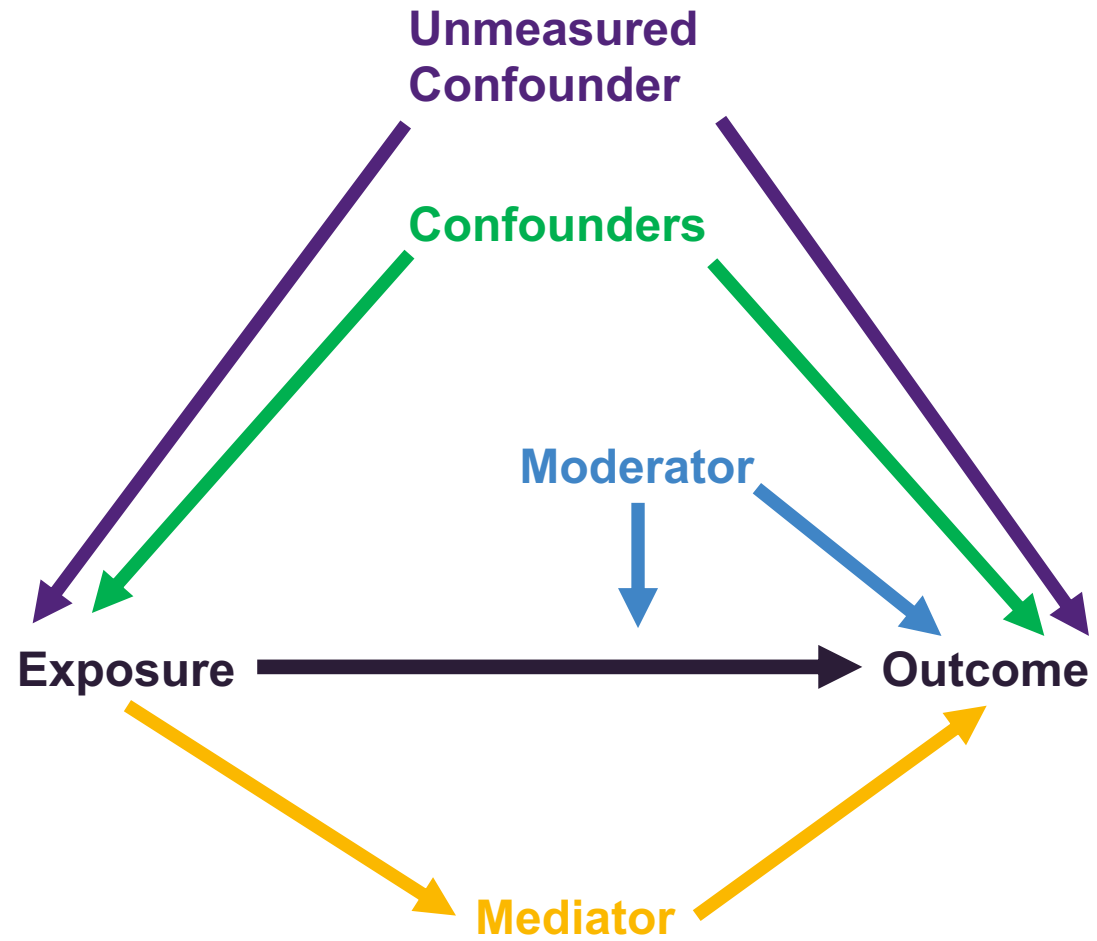




# How to construct a DAG

- Start with the exposure/treatment and the outcome/endpoint.
- Consider variables embedded in the question (e.g. mediators/moderators).
- Consider confounding variables and add to the DAG.





# How to construct a DAG

Must be included	Not required
All common causes of any 2 variables (confounders)	Variables that cause Y but not A (moderators)
Unmeasured and unmeasurable common causes (use U notation)	
Selection variables (i.e. inclusion criteria)	

Remember:

- Assumptions must be made.
- There are often more than 1 appropriate DAG
- Alternative DAGs can make excellent sensitivity analyses.

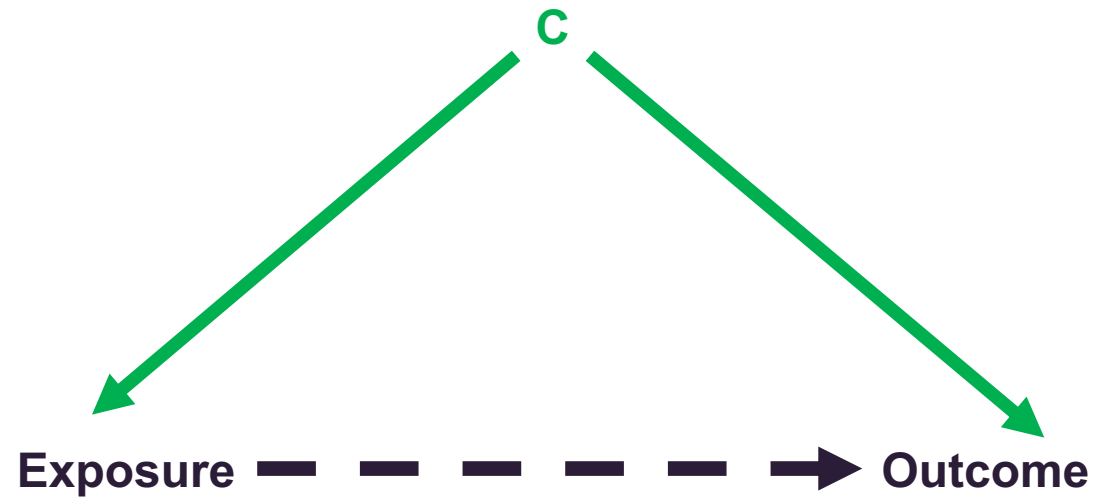
# How to Determine Covariates for Adjustment

# Glossary

- **Back door path:** A connection between  $X$  and  $Y$  that does not follow the path of the arrows.
- **Collider:** A variable that is a descendant of two other variable. The term **collider** is used because the arrows “collide” at the descendant node.
- **Conditioning:** Conditioning on a variable means using either sample restriction, stratification, adjustment to examine the association of  $X$  and  $Y$ .

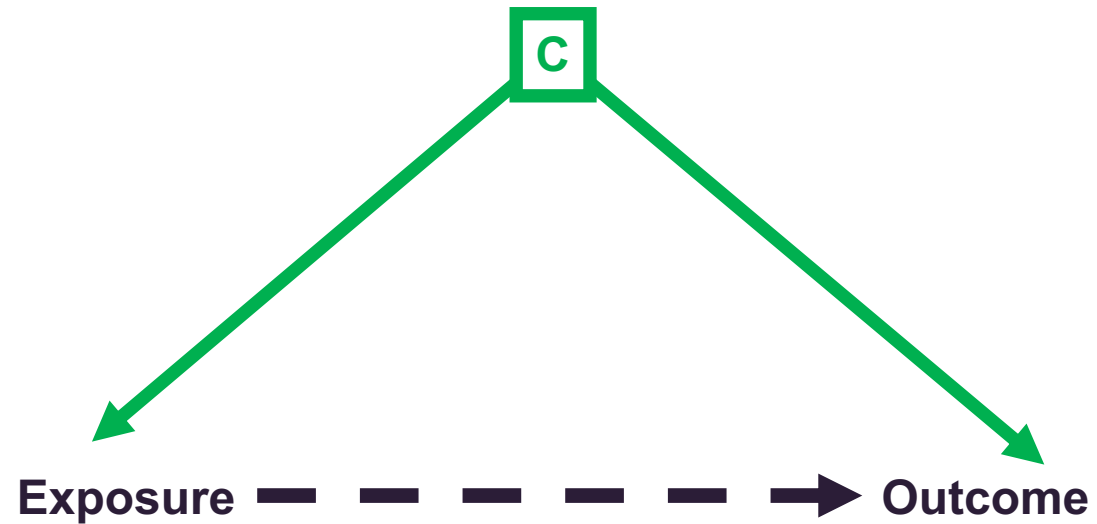


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# Collider

- **Collider:** A descendant of two other variables (where two arrows collide).
- **Collider Bias:** A phenomenon involving conditioning on common effects.



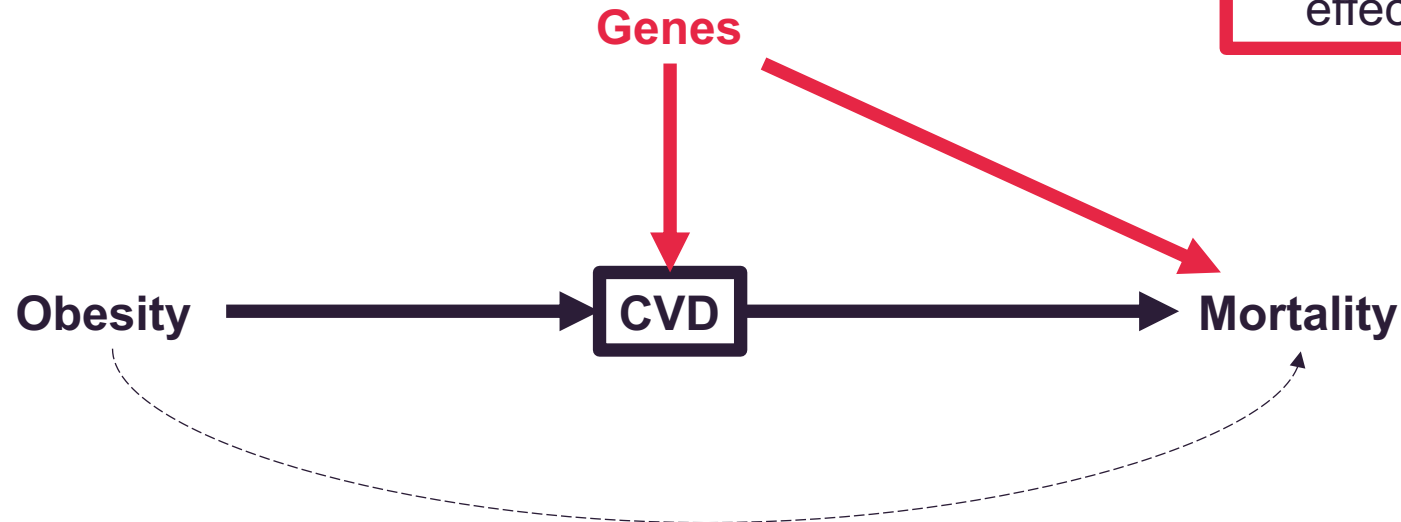
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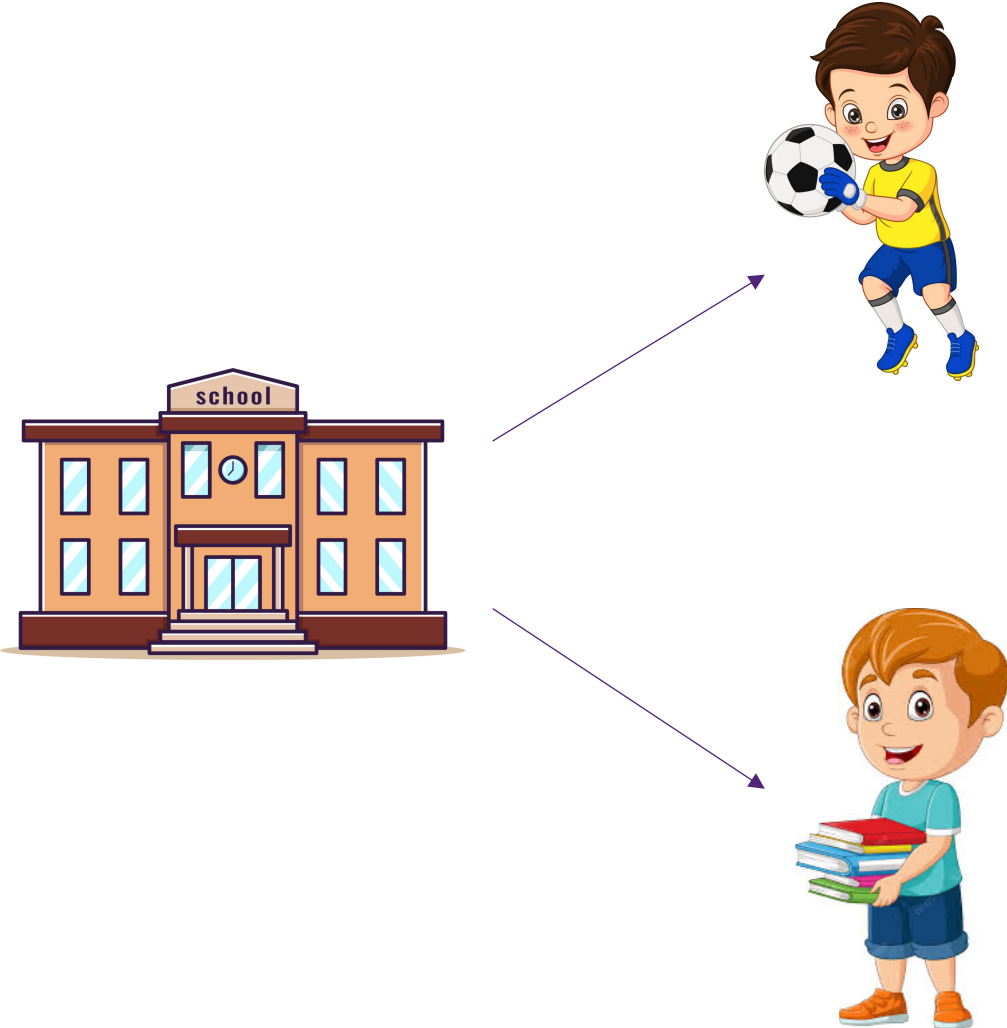


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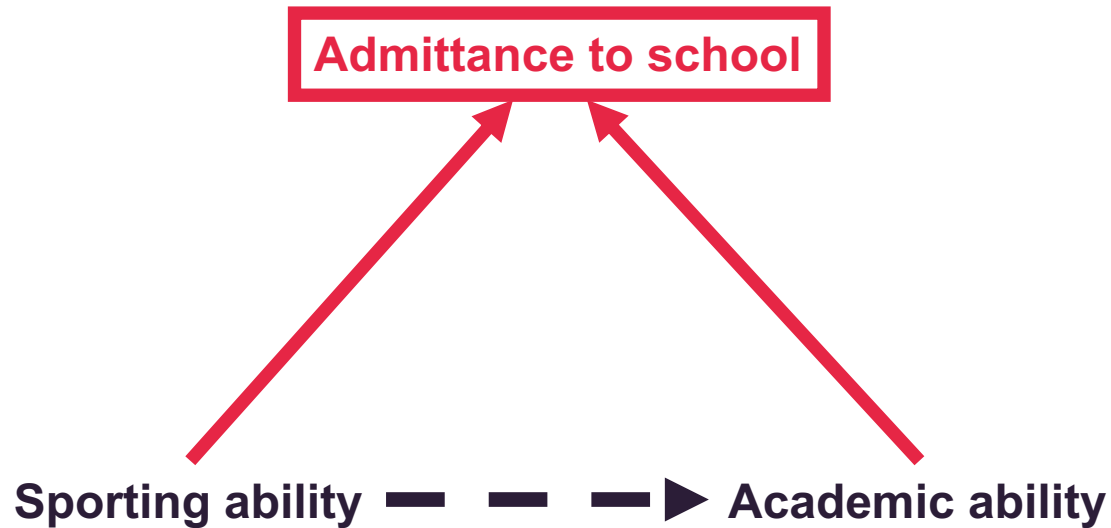
# Collider



# Collider



# Collider



Sporting ability and admittance to the school are dependent

Academic ability and admittance to the school are dependent

Sporting ability and academic ability are independent

BUT

Sporting ability and academic ability are dependent conditional on the school!

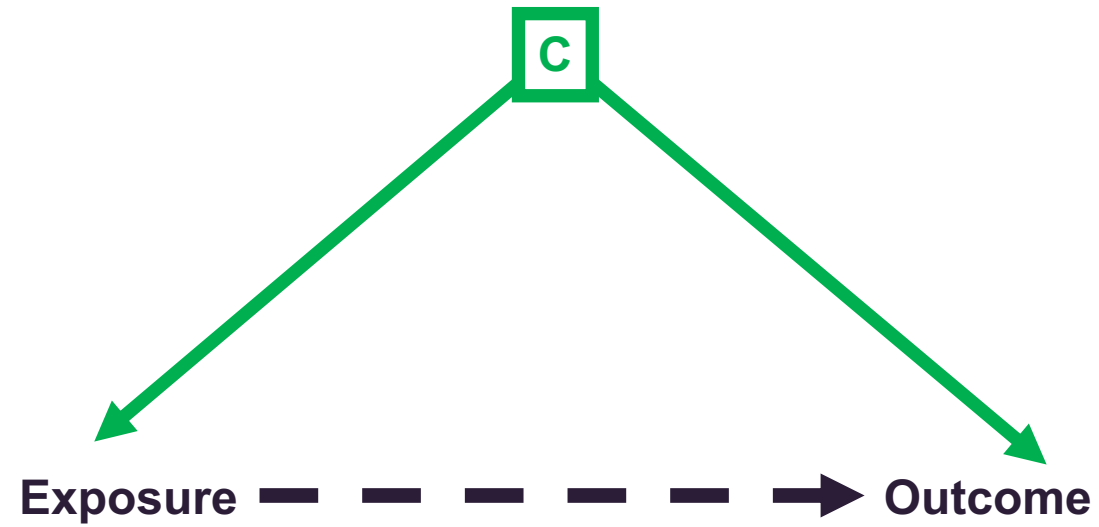


# Conditioning

Draw a box around the conditioned variables.

1. Conditioning on a variable in an open backdoor path removes the non-causal association (controls for confounding).
2. Conditioning on a collider opens the path that the collider was blocking.
3. Conditioning on a variable in the causal pathway (mediator) removes part of the causal effect.

# Conditioning

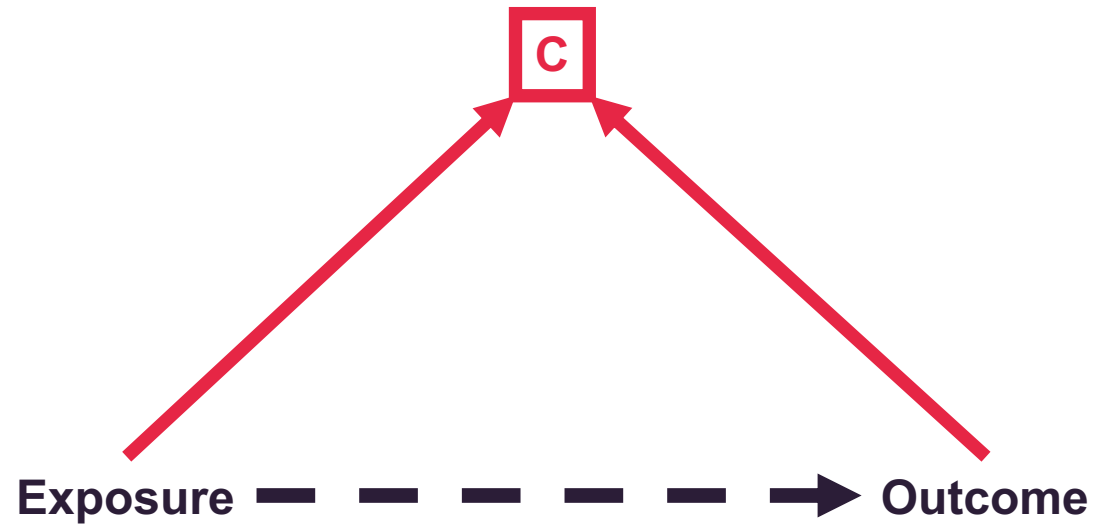


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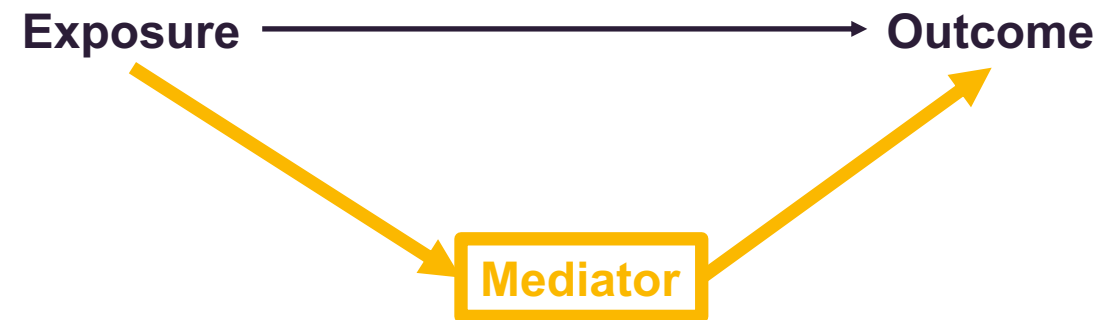


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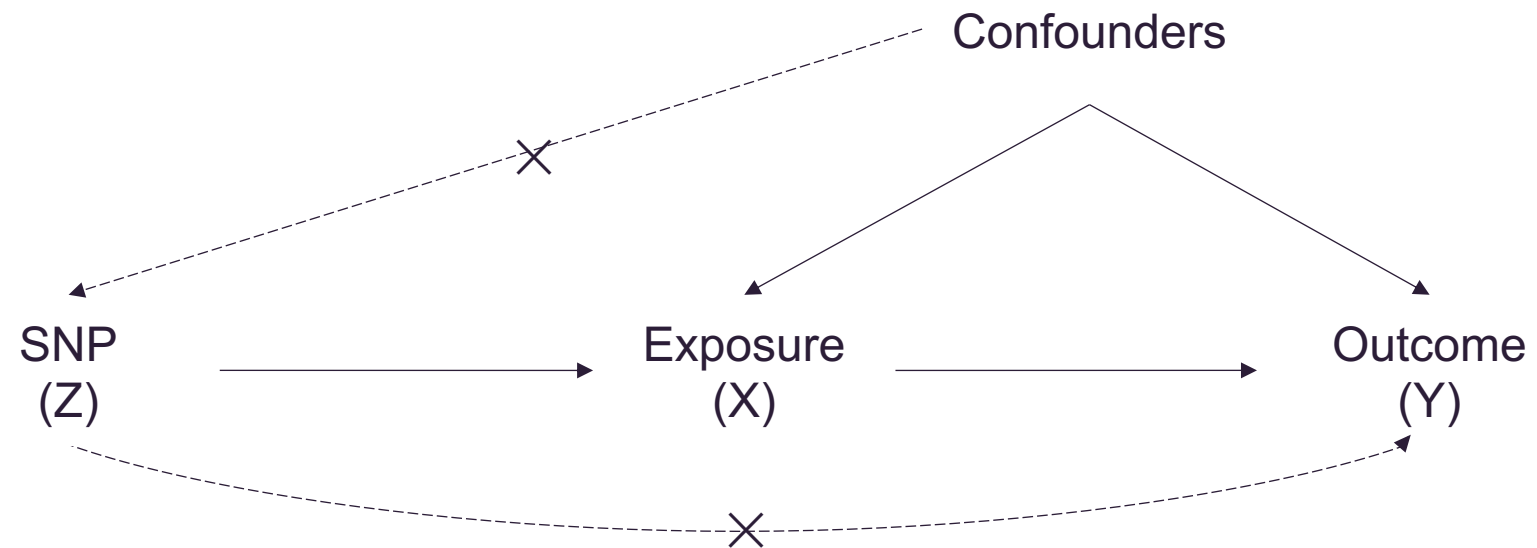
# Conditioning



# DAG elements

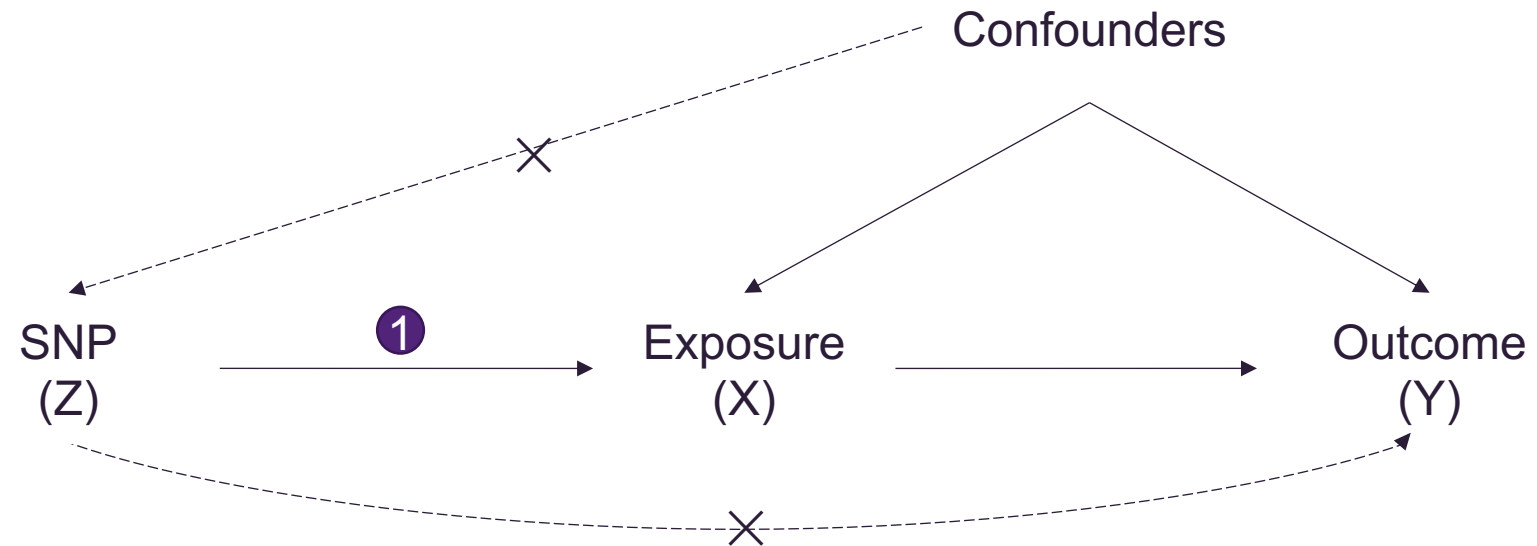
Element	Description
	Boxed elements indicate that the variable is conditioned on.
	An arrow with a solid line indicates direct association between two variables.
	An arrow with a dashed line indicates indirect association between two variables
C	Confounders.
U	Unmeasured confounders

# Assumptions underlying MR



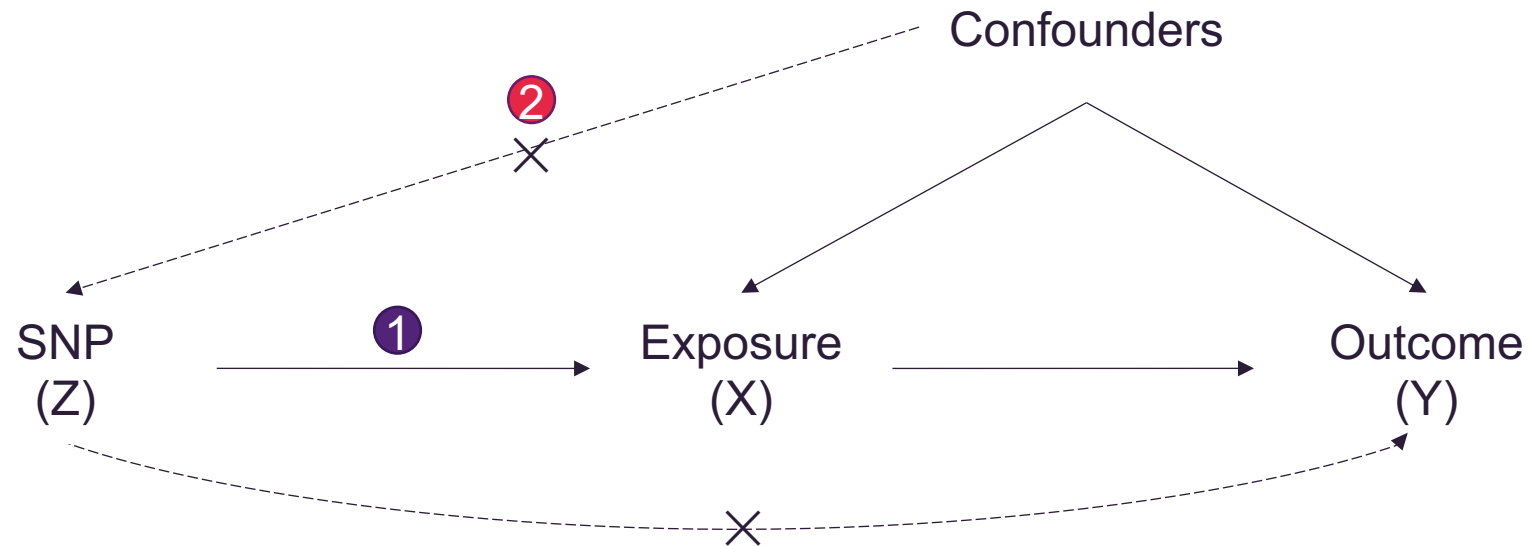


# Assumptions underlying MR



(1) Relevance assumption: SNP is associated with the exposure

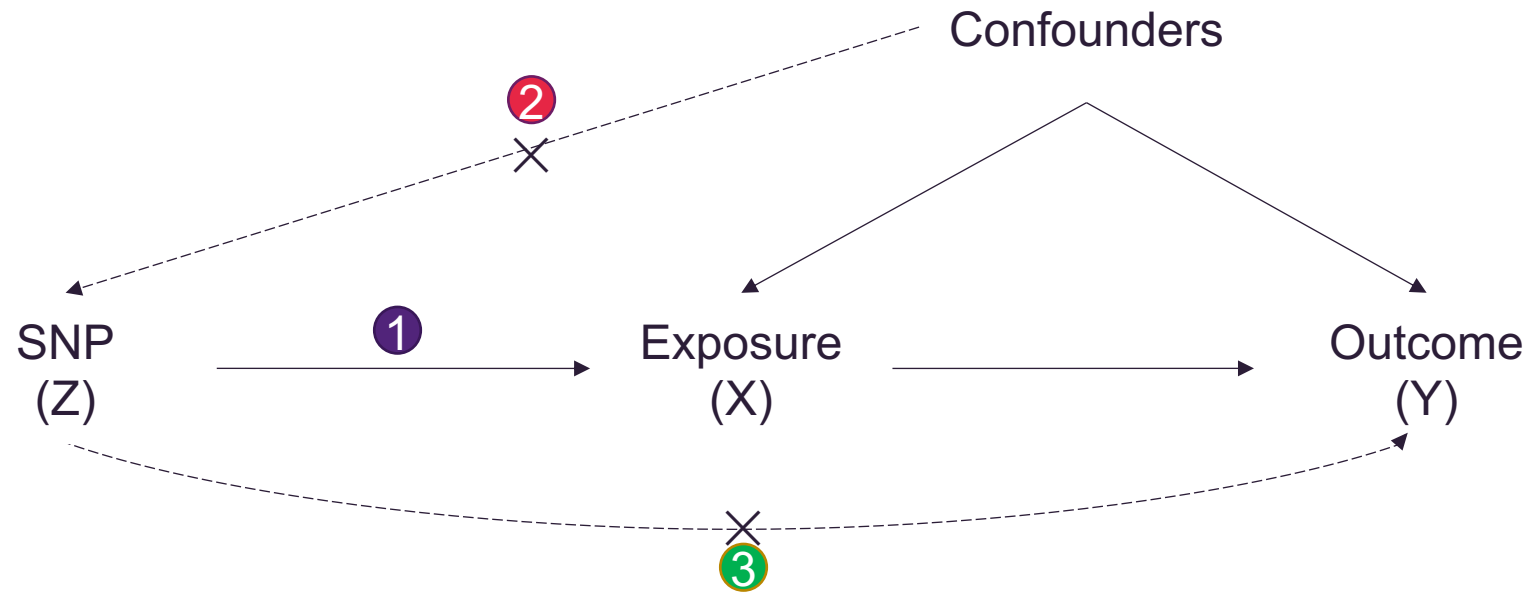
# Assumptions underlying MR



(1) Relevance assumption: SNP is associated with the exposure

(2) Independence assumption: SNP is NOT associated with confounding variables

# Assumptions underlying MR

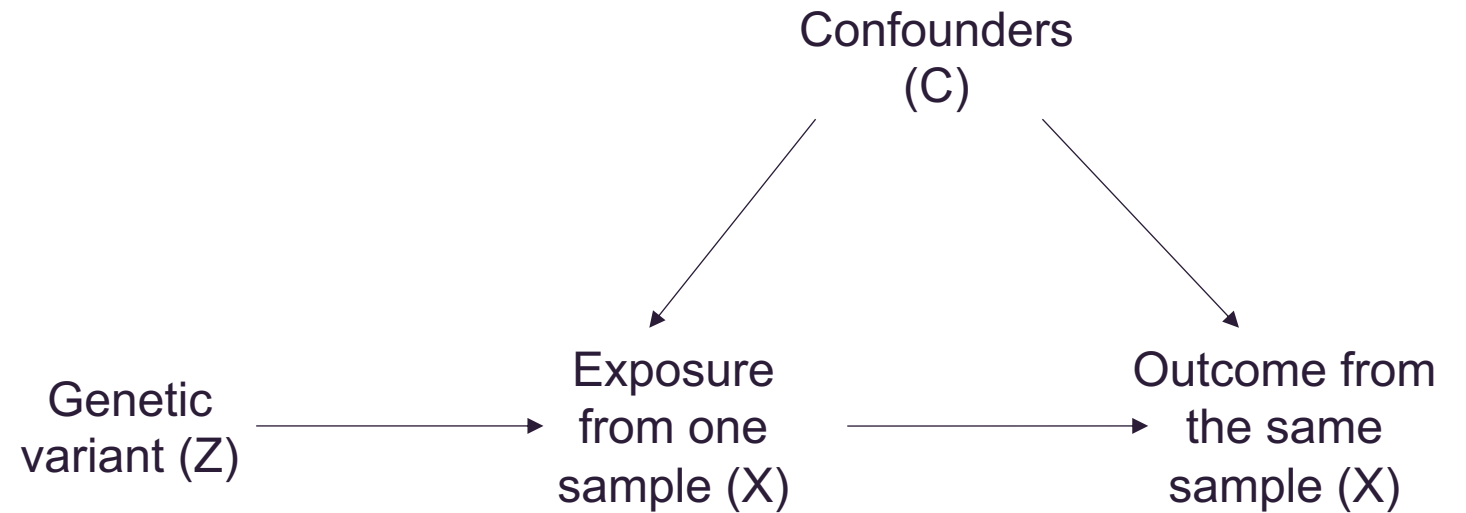


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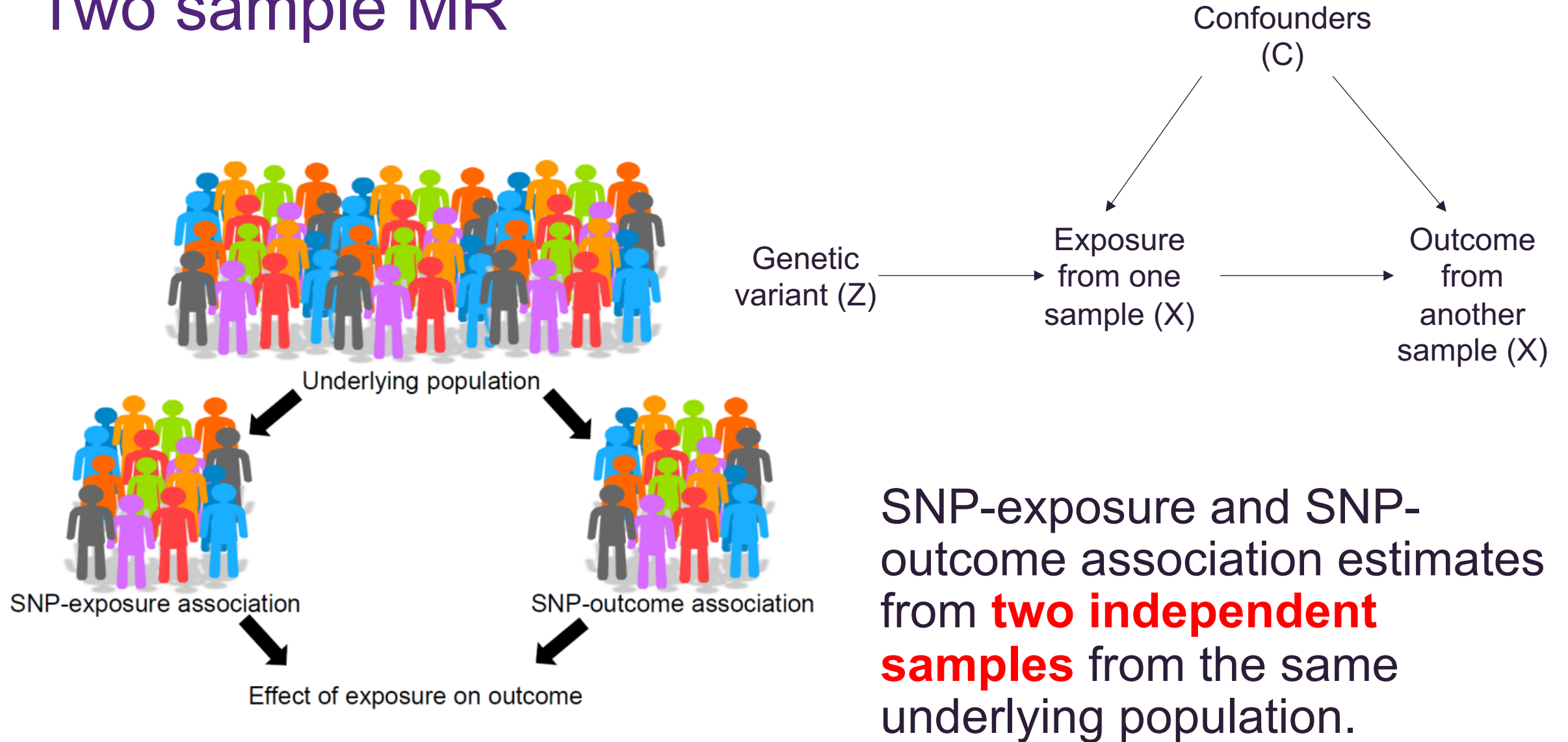
(3) Exclusion restriction: SNP ONLY associated outcome through the exposure

# One-Sample MR



Genotypes, exposure and outcome are available on individuals from the same sample.

# Two sample MR



# Generate causal estimate

1. The association of the SNP and the outcome



Test for existence of an effect

# Generate causal estimate

1. The association of the SNP and the outcome
2. Two-stage least squares
3. The Wald estimator

} Test for existence of an effect

} Estimate the size of the effect

# Calculating causal effect estimates

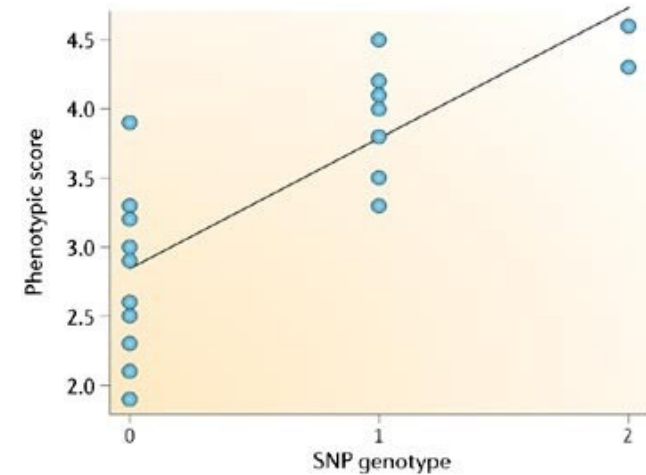
## Two-Stage Least Squares

A single sample of individuals with data on the SNP, the exposure and the outcome. Also known as “One sample MR”.

### Manual calculation:

1. Regress exposure on SNP to get predicted values.
2. Regress outcome on **predicted** exposure (from 1<sup>st</sup> stage regression).

The regression coefficient from the second stage is the estimate of the causal effect of the exposure on the outcome.



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# Calculating causal effect estimates

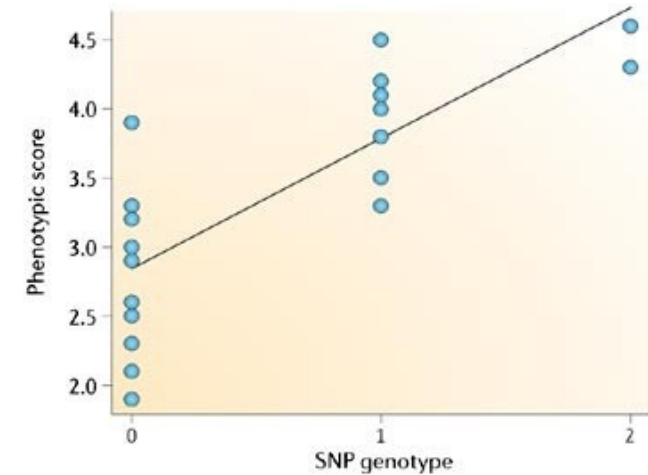
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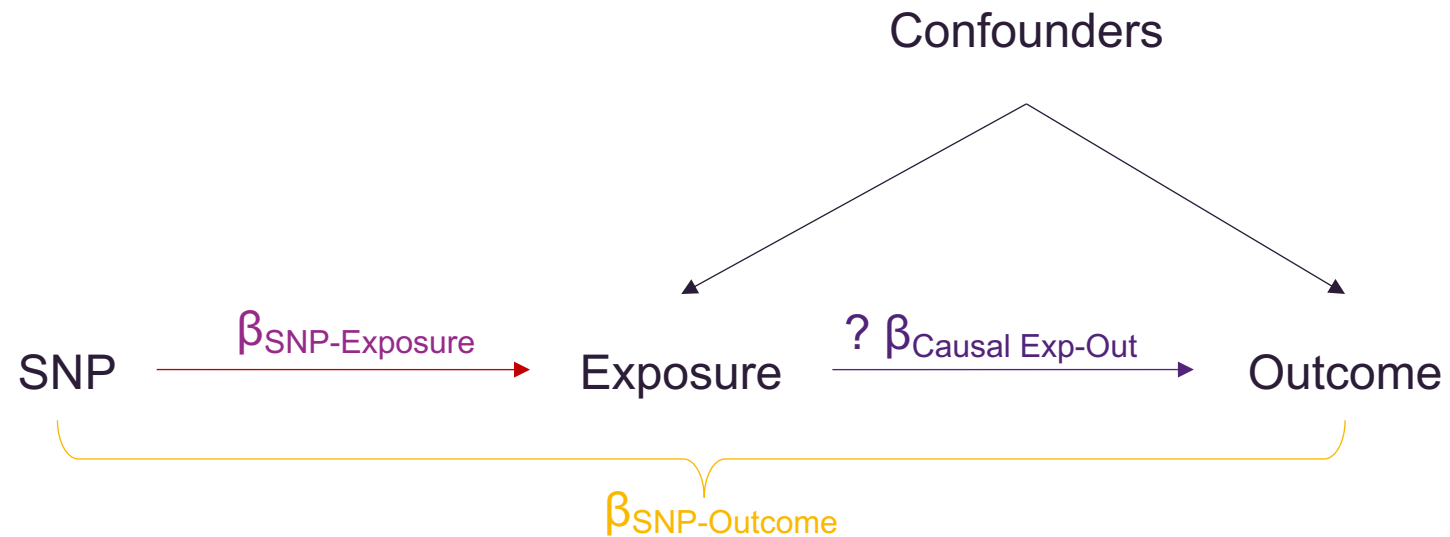


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This gives you: difference in outcome per unit change in (genetically-predicted) exposure

# Calculating Causal Effect Estimates

## Wald Estimator (Wald Ratio)



Where there is a linear relationship between SNP, exposure and outcome:

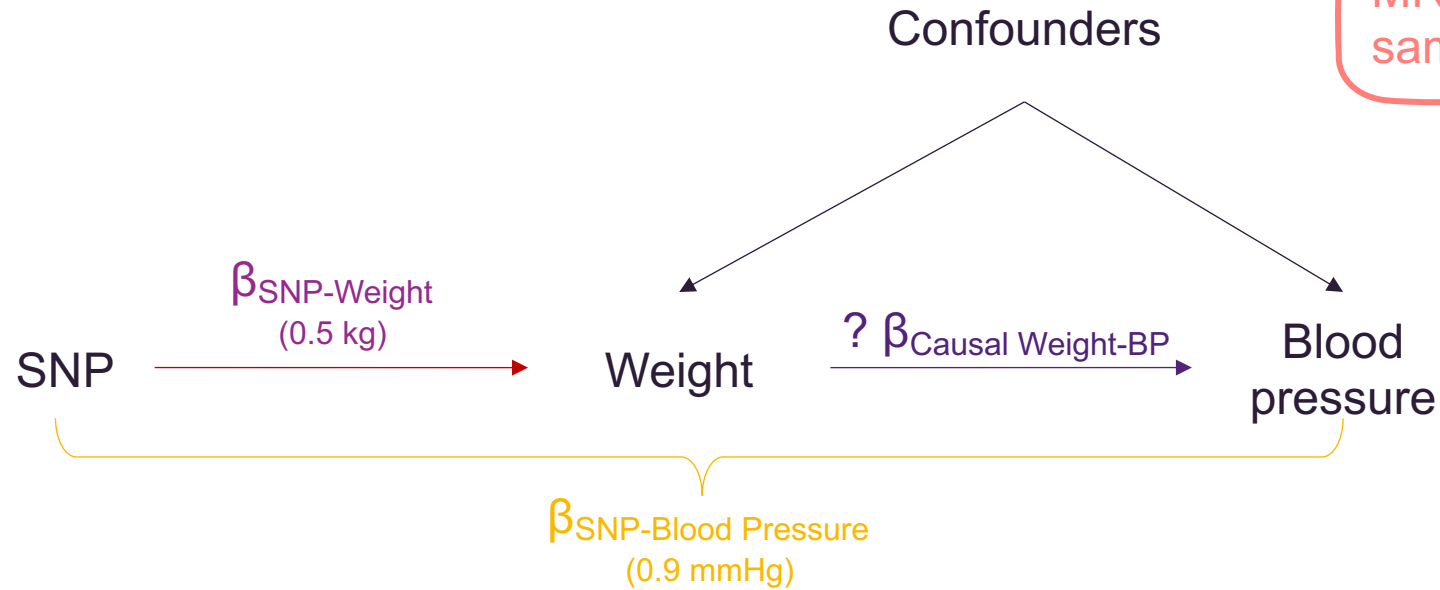
$$\beta_{\text{SNP-Outcome}} = \beta_{\text{Causal Exp-Out}} \times \beta_{\text{SNP-Exposure}}$$

$$\frac{\beta_{\text{SNP-Outcome}}}{\beta_{\text{SNP-Exposure}}}$$

# Calculating Causal Effect Estimates

## Wald Estimator (Wald Ratio)

Wald estimator can be used in one sample ("One sample MR") as well as different samples ("Two sample MR")



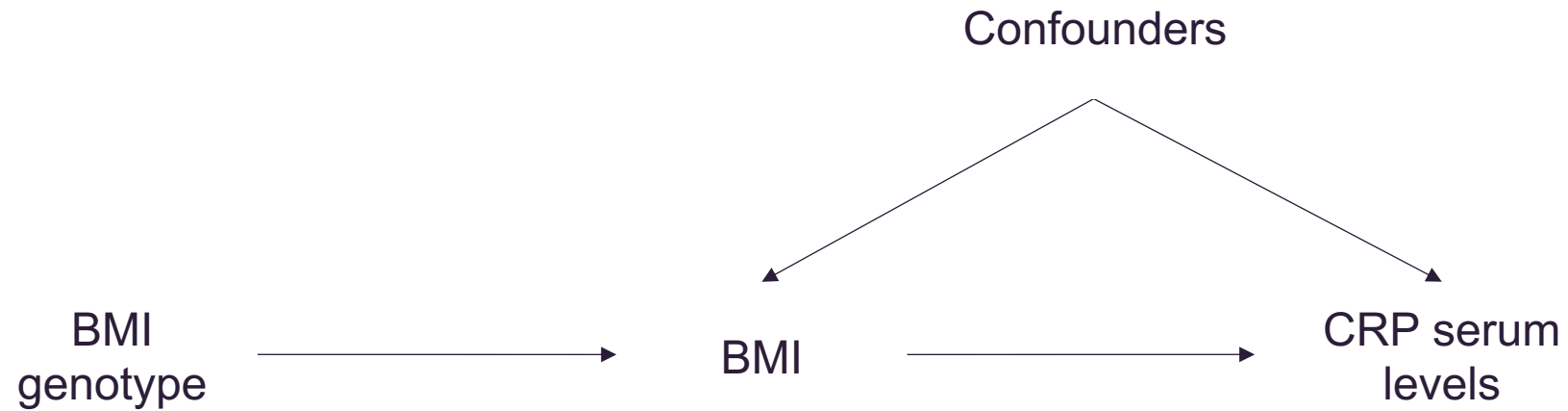
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$$\beta_{\text{SNP-Outcome}} = \beta_{\text{Causal Exp-Out}} \times \beta_{\text{SNP-Exposure}}$$

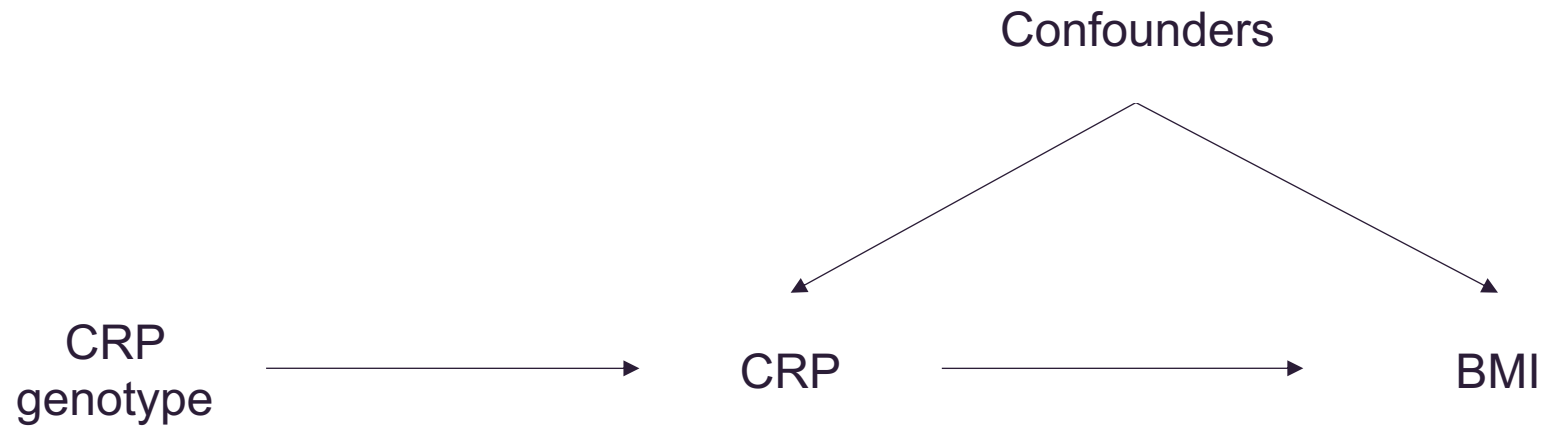
$$\beta_{\text{Causal effect (Wald estimator)}} = \frac{\beta_{\text{SNP-Outcome}}}{\beta_{\text{SNP-Exposure}}}$$

$$\beta_{\text{Causal effect Weight-BP}} = \frac{0.9 \text{ mmHg/allele}}{0.5 \text{ kg/allele}} = 1.8 \text{ mmHg/kg}$$

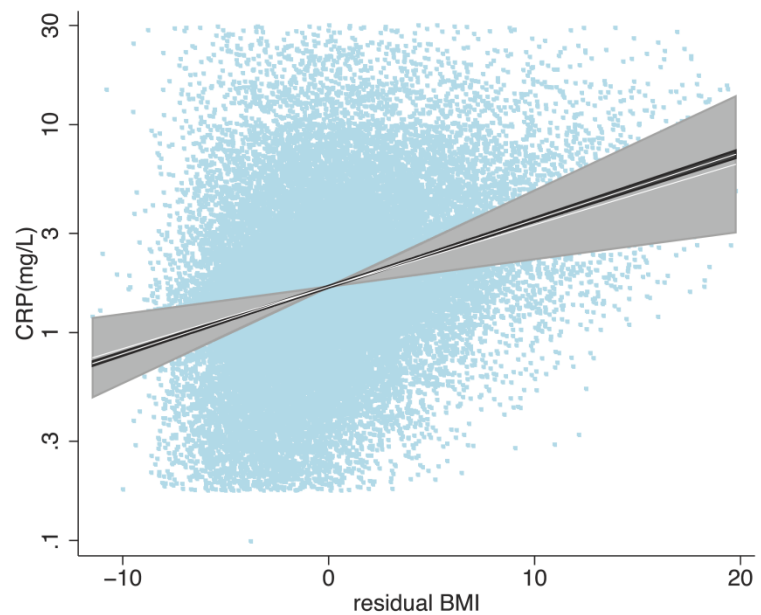
# MR example: THE GOOD



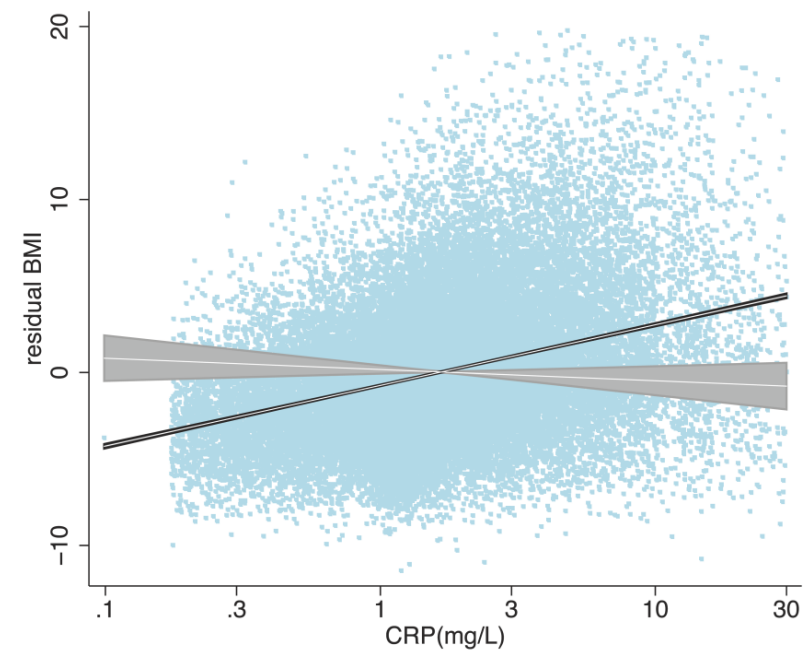
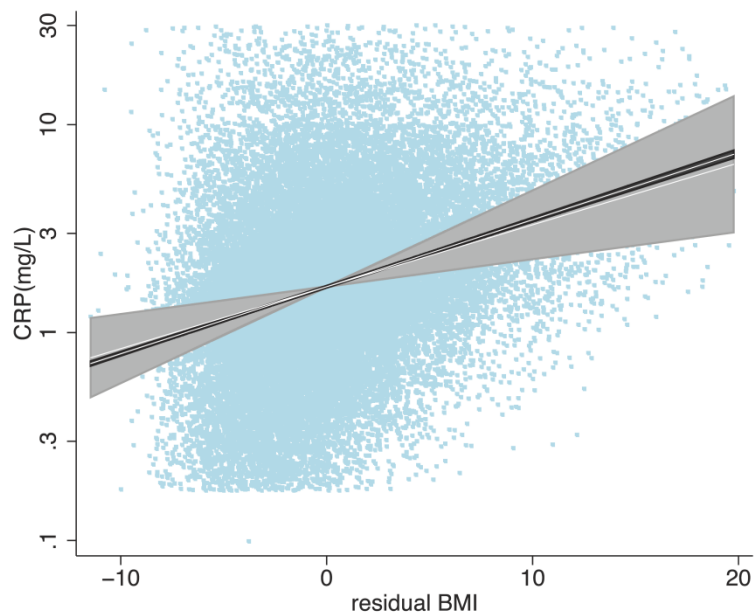
# MR example: THE GOOD



	Effect estimates				
Exposure → Outcome	Observational association	Instrumental variable (MR)	$P_{IV}$	$P_{diff}$	$F_{first}$
BMI → CRP	1.075 (1.073, 1.077)	1.06 (1.02, 1.11)	0.002	0.6	50.2



	Effect estimates				
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BMI → CRP	1.075 (1.073, 1.077)	1.06 (1.02, 1.11)	0.002	0.6	50.2
CRP → BMI	1.58 (1.53, 1.63)	-0.30 (-0.78, 0.18)	0.2	<0.00001	78.3



# MR Example: THE BAD



# MR Example: THE BAD

[Nutrients](#). 2023 May; 15(9): 2091.

Published online 2023 Apr 26. doi: [10.3390/nu15092091](https://doi.org/10.3390/nu15092091)

PMCID: PMC10181479

PMID: [37432232](https://pubmed.ncbi.nlm.nih.gov/37432232/)

A Positive Causal Relationship between Noodle Intake and Metabolic Syndrome: A Two-Sample Mendelian Randomization Study

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## Causal effects of COVID-19 on cancer risk: A Mendelian randomization study

Jia Li <sup>1</sup>, Haocheng Bai <sup>1</sup>, Hao Qiao <sup>2</sup>, Chong Du <sup>1</sup>, Peizhuo Yao <sup>1</sup>, Yu Zhang <sup>1</sup>, Yifan Cai <sup>1</sup>, Yiwei Jia <sup>1</sup>, Xinyu Wei <sup>1</sup>, Chaofan Li <sup>1</sup>, Xuanyu Liu <sup>1</sup>, Weiwei Wang <sup>1</sup>, Shiyu Sun <sup>1</sup>, Cong Feng <sup>1</sup>, Yijian Hu <sup>1</sup>, Zhangjian Zhou <sup>1</sup>, Shuqun Zhang <sup>1</sup>, Yinbin Zhang <sup>1</sup>

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A Positive Causal Relationship between Noodle Intake and Metabolic Syndrome: A Two-Sample Mendelian Randomization Study. [J Med Virol](#). 2023 Apr;95(4):e28722. doi: [10.1002/jmv.28722](https://doi.org/10.1002/jmv.28722).

## Causal effects of COVID-19 on cancer risk: A Mendelian randomization study

Jia Li <sup>1</sup>, Haocheng Bai <sup>1</sup>, Hao Qiao <sup>2</sup>, Chong Du <sup>1</sup>, Peizhuo Yao <sup>1</sup>, Yu Zhang <sup>1</sup>, Yifan Cai <sup>1</sup>, Yiwei Jia <sup>1</sup>, Xinyu Wei <sup>1</sup>, Chaofan Li <sup>1</sup>, Xuanyu Liu <sup>1</sup>, Weiwei Wang <sup>1</sup>, Shiyu Sun <sup>1</sup>, Cong Feng <sup>1</sup>, Yijian Hu <sup>1</sup>, Zhangjian Zhou <sup>1</sup>, Shuang Zhang <sup>1</sup>, Yinbin Zhang <sup>1</sup>

[Ann Transl Med](#). 2021 Feb; 9(3): 263.

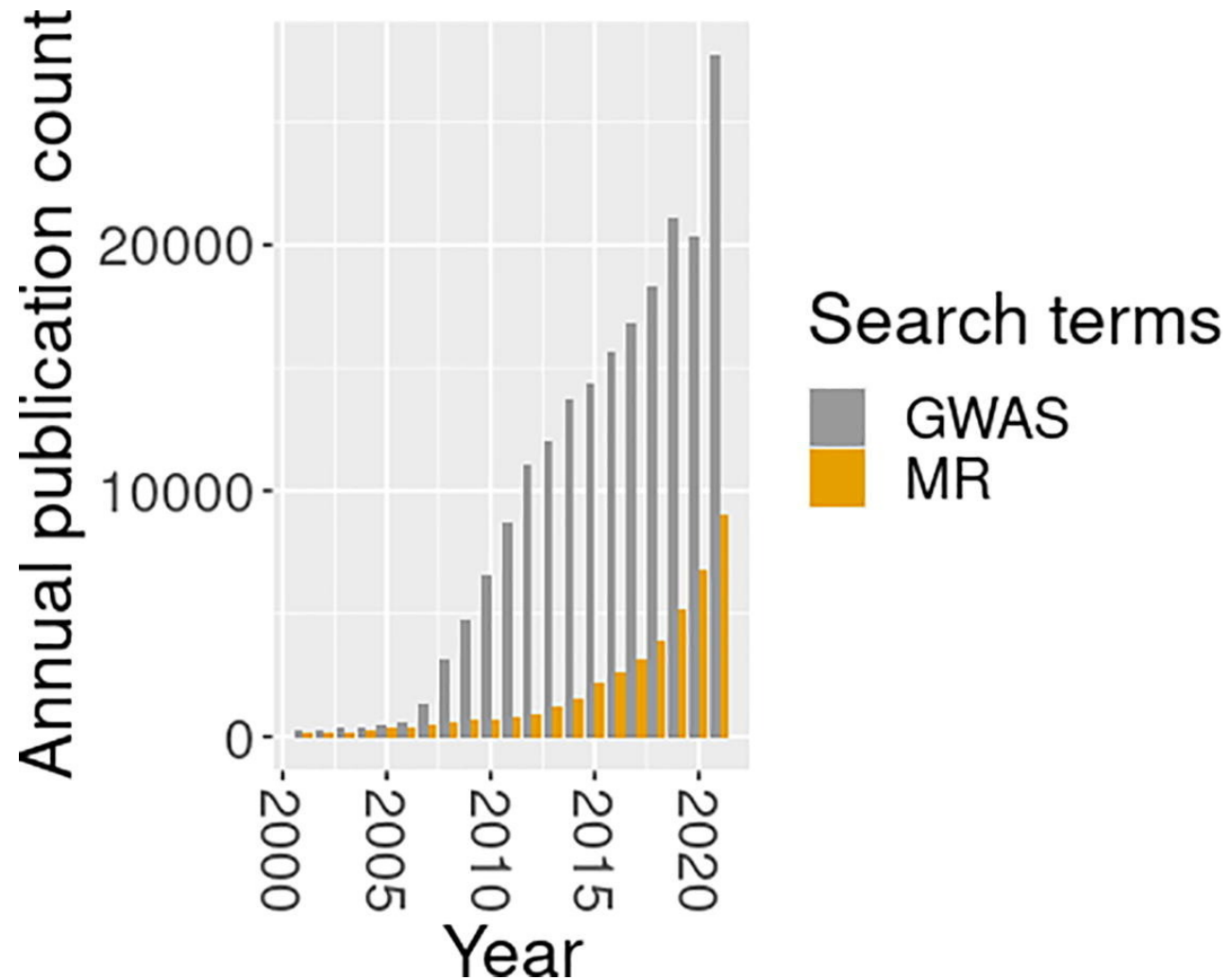
doi: [10.21037/atm-20-3063](https://doi.org/10.21037/atm-20-3063)

PMCID: PMC7940946

PMID: [33708890](https://pubmed.ncbi.nlm.nih.gov/33708890/)

Habitual consumption of alcohol with meals and lung cancer: a Mendelian randomization study

# MR Example: THE BAD



# Limitations of MR

# Reasons for failing to observe a SNP-outcome association despite a real causal association existing

## Power and weak instrument bias

### Power:

- Genetic variants explain very small amounts of phenotypic variance in a given trait.
- VERY large sample sizes are generally required.

### Weak instruments:

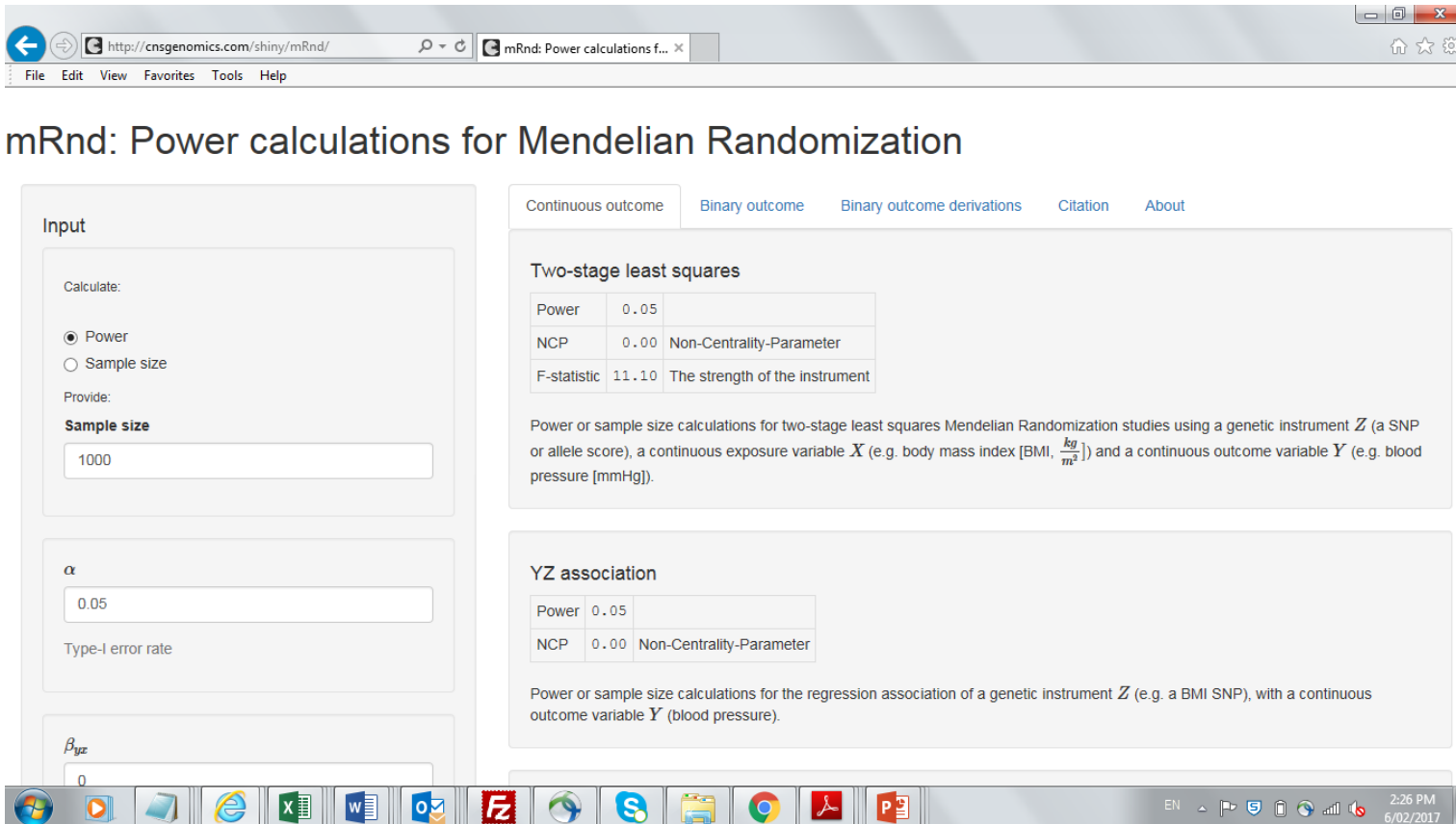
- Genetic variants that are weak proxies for the exposure.
- Results in biased causal estimates from MR.

### Different impact of the bias from weak instruments:

- **One-Sample MR:** to the confounded estimate.
- **Two-Sample MR:** to the null.

# Reasons for failing to observe a SNP-outcome association despite a real causal association existing

## Power



The screenshot shows a web browser window with the URL `http://cnsgenomics.com/shiny/mRnd/`. The page title is "mRnd: Power calculations for Mendelian Randomization". The interface includes a navigation menu with options: "Continuous outcome", "Binary outcome", "Binary outcome derivations", "Citation", and "About".

**Input section:**

- Calculate:  Power,  Sample size
- Provide: **Sample size** (input field: 1000)
- $\alpha$  (input field: 0.05, labeled "Type-I error rate")
- $\beta_{YZ}$  (input field: 0)

**Two-stage least squares section:**

Power	0.05	
NCP	0.00	Non-Centrality-Parameter
F-statistic	11.10	The strength of the instrument

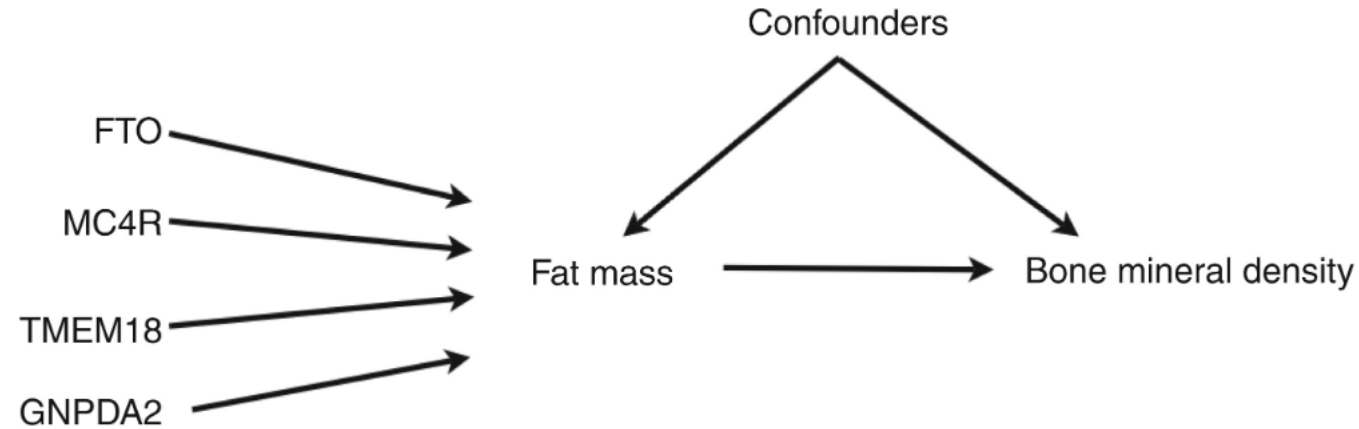
Power or sample size calculations for two-stage least squares Mendelian Randomization studies using a genetic instrument  $Z$  (a SNP or allele score), a continuous exposure variable  $X$  (e.g. body mass index [BMI,  $\frac{kg}{m^2}$ ]) and a continuous outcome variable  $Y$  (e.g. blood pressure [mmHg]).

**YZ association section:**

Power	0.05	
NCP	0.00	Non-Centrality-Parameter

Power or sample size calculations for the regression association of a genetic instrument  $Z$  (e.g. a BMI SNP), with a continuous outcome variable  $Y$  (blood pressure).

# 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.

Creating allelic scores using multiple genetic variants.

Testing multiple variants individually and then meta-analysing individual SNPs.



# Reasons for detecting a causal SNP-outcome when it does not exist

## Population Stratification:

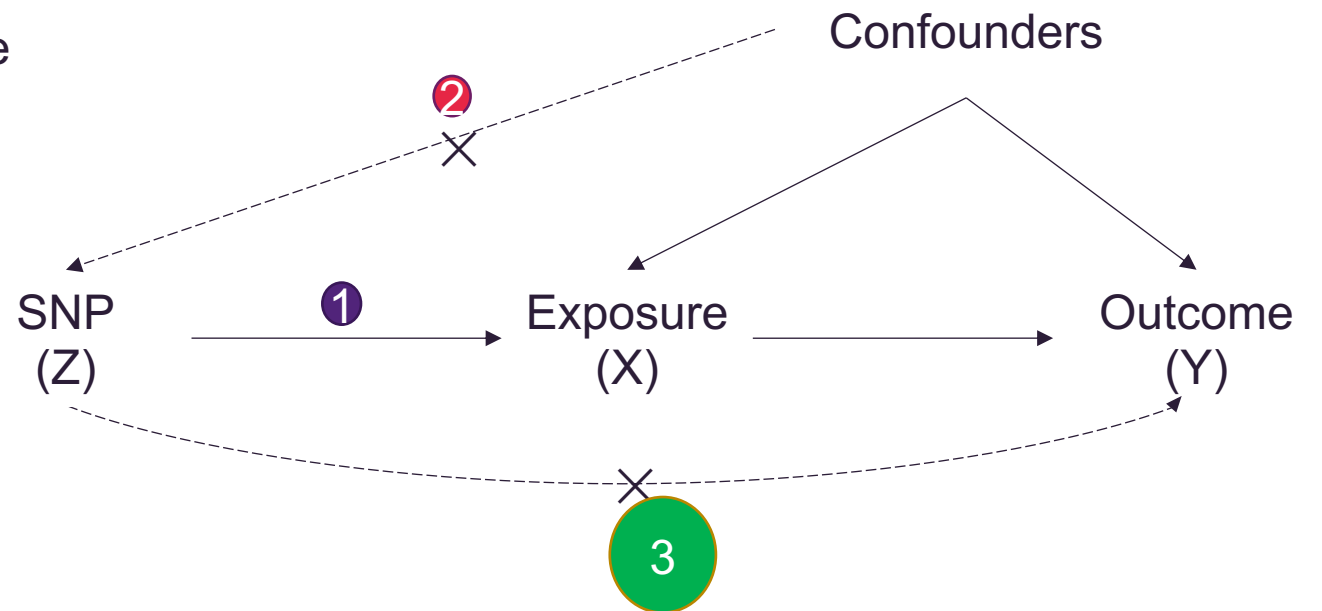
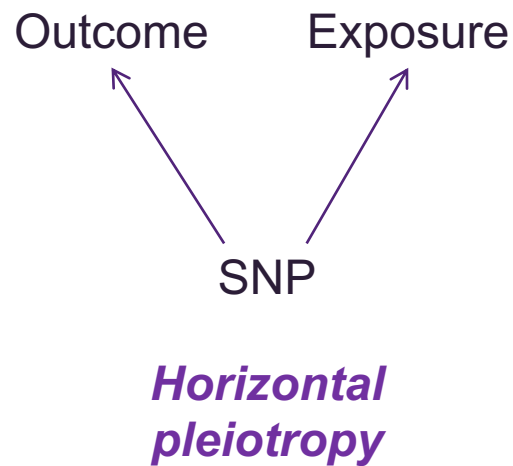
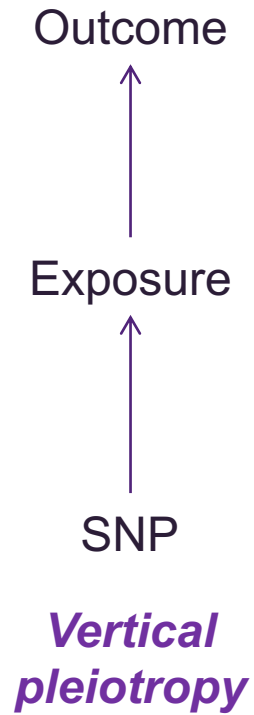
- Creates genetic confounding.
- Assumption 2 is violated.

Overlapping discovery GWAS and MR estimation samples.

## Pleiotropy

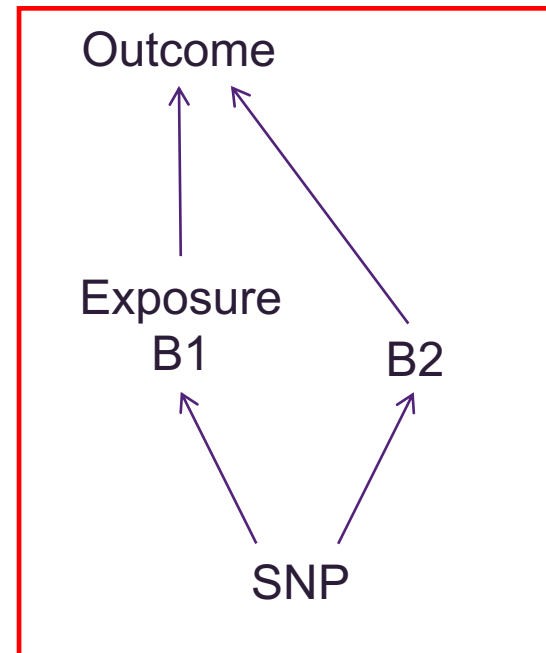
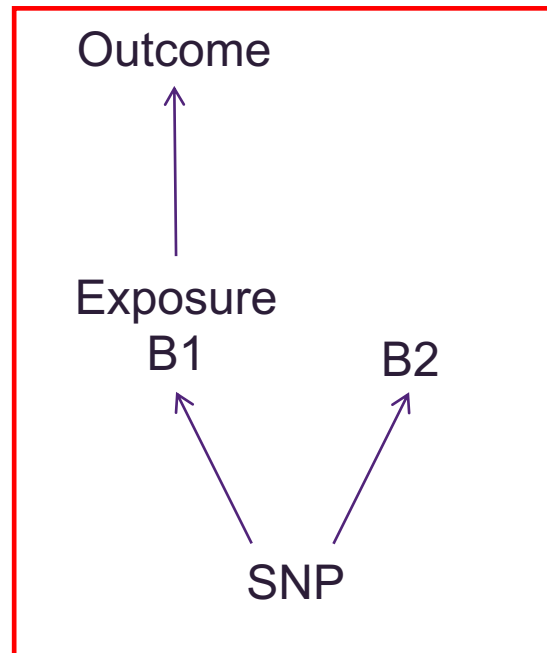
- Multiple phenotypic effects.
- Assumption 3 is violated.

# Pleiotropy: Genetic variant influences more than one trait



# Horizontal Pleiotropy

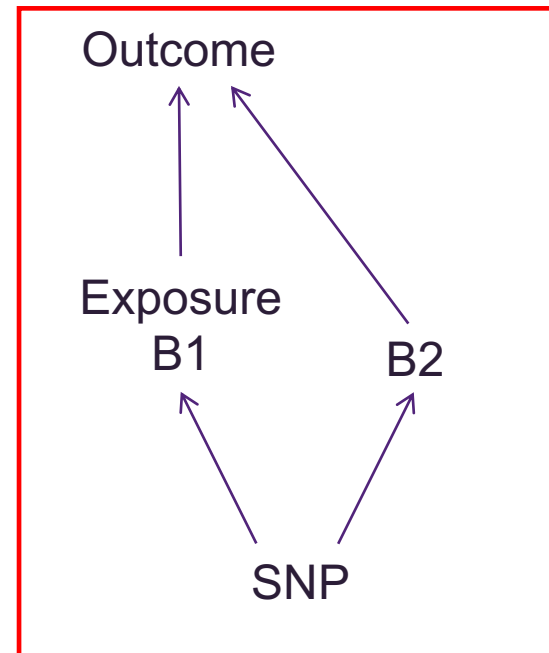
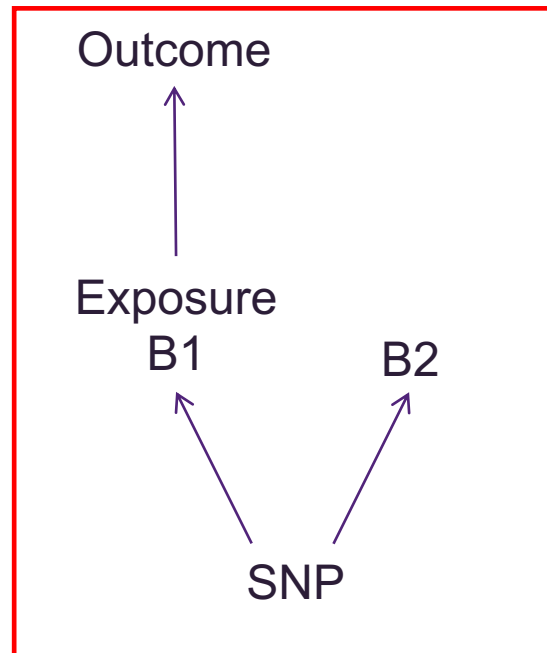
Pleiotropy only violates MR's assumptions if it involves a pathway outside that of the exposure and is a pathway that affects your outcome.



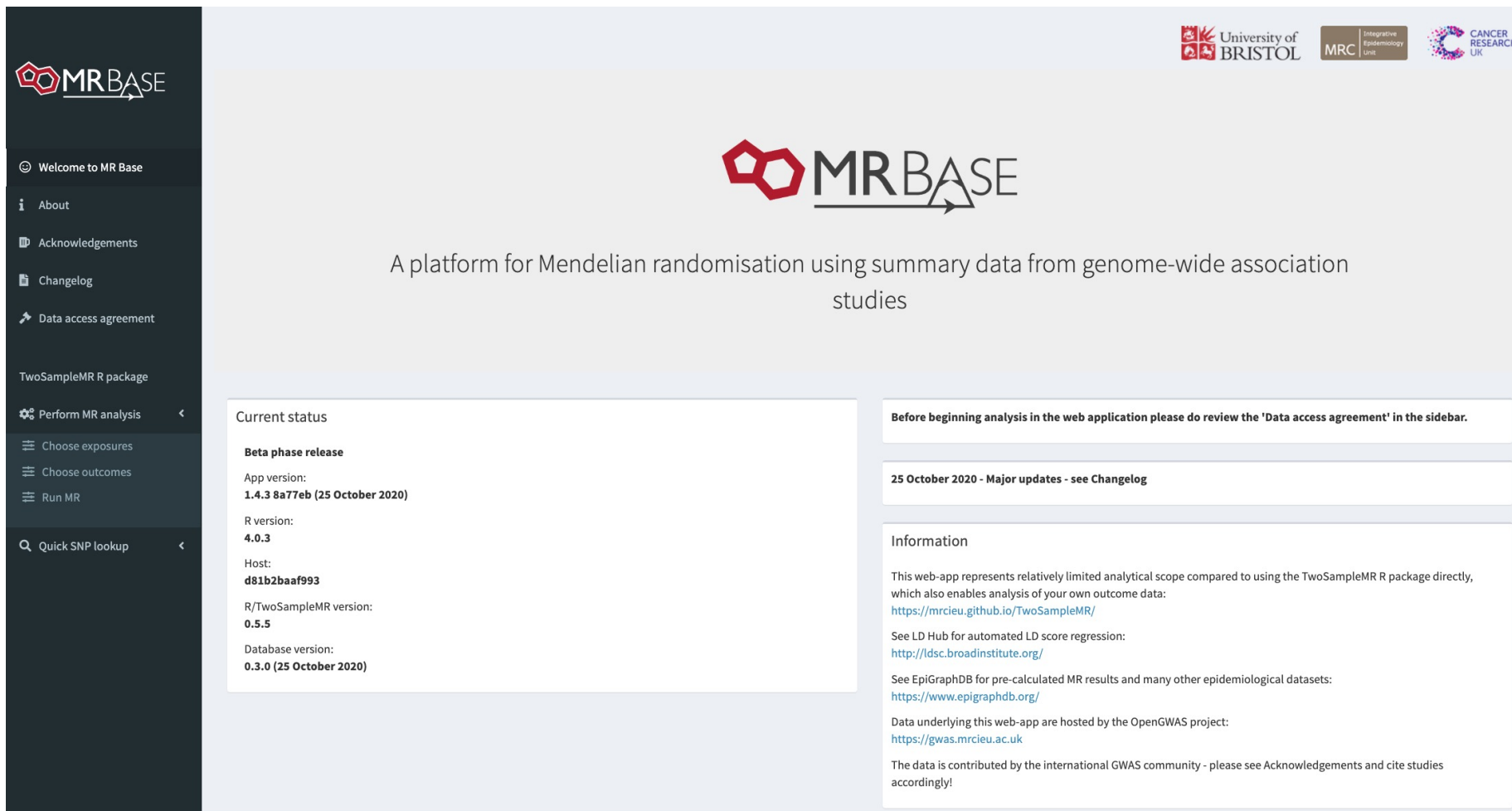
# Horizontal Pleiotropy

Pleiotropy only violates MR's assumptions if it involves a pathway outside that of the exposure and is a pathway that affects your outcome.

Violation



# MR Base



The screenshot shows the MR Base web application interface. On the left is a dark sidebar with navigation links: Welcome to MR Base, About, Acknowledgements, Changelog, Data access agreement, TwoSampleMR R package, Perform MR analysis (with a dropdown arrow), Choose exposures, Choose outcomes, Run MR, and Quick SNP lookup (with a dropdown arrow). The main content area features the MR Base logo at the top center, followed by the text "A platform for Mendelian randomisation using summary data from genome-wide association studies". Below this, there are three panels: "Current status" (listing app version 1.4.3 8a77eb, R version 4.0.3, host d81b2baaf993, R/TwoSampleMR version 0.5.5, and database version 0.3.0), a warning box about reviewing the "Data access agreement", and an "Information" panel with links to GitHub, LD Hub, EpiGraphDB, and the OpenGWAS project.

University of BRISTOL MRC Integrative Epidemiology Unit CANCER RESEARCH UK

## MR BASE

A platform for Mendelian randomisation using summary data from genome-wide association studies

### Current status

**Beta phase release**

App version:  
**1.4.3 8a77eb (25 October 2020)**

R version:  
**4.0.3**

Host:  
**d81b2baaf993**

R/TwoSampleMR version:  
**0.5.5**

Database version:  
**0.3.0 (25 October 2020)**

**Before beginning analysis in the web application please do review the 'Data access agreement' in the sidebar.**

### 25 October 2020 - Major updates - see Changelog

### Information

This web-app represents relatively limited analytical scope compared to using the TwoSampleMR R package directly, which also enables analysis of your own outcome data:  
<https://mrcieu.github.io/TwoSampleMR/>

See LD Hub for automated LD score regression:  
<http://ldsc.broadinstitute.org/>

See EpiGraphDB for pre-calculated MR results and many other epidemiological datasets:  
<https://www.epigraphdb.org/>

Data underlying this web-app are hosted by the OpenGWAS project:  
<https://gwas.mrcieu.ac.uk>

The data is contributed by the international GWAS community - please see Acknowledgements and cite studies accordingly!

# MR Dictionary



[Home](#) [About](#) [Contribute](#) [Contact](#)

## The definitive list of terms for Mendelian randomization research

[Learn more about the project](#)



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### Recently added/updated:

[OneSampleMR](#)

[Inverse variance weighted \(IVW\)](#)

[fixed effects estimate](#)

[debiased IVW](#)

[Cis- and trans-variants](#)

[MR for drug targets](#)

Browse All

View all terms in the Dictionary in an A-Z list

Genetic terms

Definition

Related approaches

Biases and limitations

One-sample methods

Weak instrument-robust one-sample methods

Pleiotropy-robust one-sample methods

Two-sample methods

Weak instrument-robust two-sample methods

# Conclusion

- MR uses genetic variants as proxies of modifiable exposures and can overcome some key limitations of observational studies.
- MR can reliably test for causal relationships, provided that three key assumptions are met.
- SNPs with known functional consequences increase the value of MR studies:
  - Less likely to violate the assumptions.
  - Increased biological understanding of the SNP -> exposure associations.
- Effect sizes are likely to be small, so sample sizes need to be very large.

# Useful references

George Davey Smith, Gibran Hemani, Mendelian randomization: genetic anchors for causal inference in epidemiological studies, *Human Molecular Genetics*, Volume 23, Issue R1, 15 September 2014, Pages R89–R98, <https://doi.org/10.1093/hmg/ddu328>

Brion, Marie-Jo A et al. “Calculating statistical power in Mendelian randomization studies.” *International journal of epidemiology* vol. 42,5 (2013): 1497-501. doi:10.1093/ije/dyt179

Davey-Smith & Ebrahim (2003). "Mendelian randomization": can genetic epidemiology contribute to understanding environmental determinants of disease? *IJE*, 32. 1-22

Davies et al (2018). Reading Mendelian randomization studies: a guide. glossary, and checklist for clinicians. *BMJ*. Jul 12, 362:601

Evans & Davey-Smith (2015). Mendelian randomization: New applications in the coming age of hypothesis free causality. *Annu Rev Genomics Hum Genet*, 16, 327-50

Sanderson, E., Glymour, M.M., Holmes, M.V. *et al*. Mendelian randomization. *Nat Rev Methods Primers* **2**, 6 (2022). <https://doi.org/10.1038/s43586-021-00092-5>



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