

# Sensitivity analyses in Mendelian randomization studies

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### Acknowledgment 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.





### Recap

- Mendelian randomization is a technique that uses genetically informative observational data to inform causality.
- Three core assumptions:
	- (1) Relevance assumption: SNP is associated with the exposure
	- (2) Independence assumption: SNP is NOT associated with confounding variables
		- **There are no confounders of the association between the instrumental variables (IVs) and the outcome.**
	- (3) Exclusion restriction: SNP ONLY associated outcome through the exposure
- Pleiotropy: Genetic variant influences more than one trait
- One-sample MR is where the SNP, exposure and outcome are all available in the same study.
- Two-sample MR is where the SNP-exposure association is measured in one study and the SNP outcome association is measured in a second study.



# Independence assumption (Second MR assumption)

There are no confounders of the association between the instrumental variables (IVs) and the outcome. As genetic variants are determined at conception it is not possible for them to be affected by confounders of exposureoutcome associations. When referring to the second MR assumption, factors that could influence the genetic variants and outcome include population stratification or structure, intergenerational (dynastic) effects and assortative mating. (MR Dictionary)



Carter & Anderson (2024) *International Journal of Epidemiology*



### Delta method to estimate SE of Wald ratio

 $BETA_{SNP-exposure} = X$ 

BETA<sub>SNP-outcome</sub>= Y

 $Var(BETA_{Wald ratio}) = Var(Y/X)$  $\approx$ Var(Y)/X^2 + (Y^2/X^4)\*Var(X) - 2\*(Y/X^3)\*Cov(X,Y) <= This is based on the Delta method  $\approx$ Var(Y)/X^2

 $\mathsf{SE}(\mathsf{BETA}_{\mathsf{Wald}\;ratio}) \approx \sqrt{Var(Y)/X^2}$  $=$  SE(Y)/X =  $SE<sub>SNP-outcome</sub>/BETA<sub>SNP-exposure</sub>$ 



### **Outline**

Set up a two-sample MR analysis using multiple genetic variants

Problems with pleiotropy and heterogeneity

15 minutes Break

Methods for handling pleiotropy



#### PubMed search for Mendelian randomi[z/s]ation (title only)



Up to 2024-04-13



#### MR studies today have become yesterday's observational studies













$$
\hat{\beta}_{XY_k} = \frac{\hat{\beta}_{SNP_k-outcome}}{\hat{\beta}_{SNP_k-Exposure}}
$$

Causal effect by Wald estimator: Inverse variance weighted (IVW) average causal effect:

$$
\hat{\beta}_{IVW} = \frac{\sum_{k=1}^{K} \hat{\beta}_{XY_k} w_k}{\sum_{k=1}^{K} w_k}
$$

Where  $w_k = \frac{1}{\sqrt{m}}$  $\frac{1}{var(\widehat{\beta}_{XY_k})} = \frac{1}{\widehat{\sigma}_{X1}}$  $\widehat{\sigma}_{XY\vec{k}}^{\;\prime}$  $_{\overline{2}}$  is the inverse variance of the causal effect estimated from the k<sup>th</sup> genetic variant



#### Fixed effects IVW-MR and weighted linear regression



- IVW is equivalent to a weighted regression of SNP-outcome effects on SNP-exposure effects passing through the origin
- The weights are the inverse of the variance of the individual causal effect estimates, i.e.,  $\frac{1}{\sqrt{2\pi}}$  $\pmb{var}(\widehat{\pmb{\beta}}_{\pmb{X}\pmb{Y}_k})$
- The slope is the estimate of the causal effect





# Assumptions for two-sample MR

If:

- The K genetic variants are perfectly uncorrelated (SNPs not in LD) and do not interact
- The two samples are homogenous (same underlying populations)
- No sample overlap (this could be relaxed if all IVs are "valid")
- Constant causal effect at each level of the exposure

Then two-sample MR can consistently estimate the true causal effect.

Two-sample MR is still vulnerable to weak instrument bias

- Bias towards the null effect, not the observational estimate
- If approximate F-statistic ( $\hat\beta^2_{Z_kX}/\sigma^2_{Z_kX})$  is greater than 10, then the expected dilution  $\hat\beta_{XY_k}$ of towards zero is less than 10%



#### Performing two-sample MR with summary statistics

A convenient approach when sharing individual level data is impractical



#### **Harmonise exposure and** outcome effects



### Harmonise exposure and outcome effects





# The issue of strand (palindromic variant)



Palindromic





Exposure GWAS and outcome GWAS may be based on the genotypes of different strands. When there are palindromic SNPs, simply merging datasets based on effect alleles may result in the effect being the opposite.



### Harmonise exposure and outcome effects





# Strand issue exercise (5 mins)





# WHAT IS THE PROBLEM WITH MR?

- MR uses genetic variants to test for causal relationships between phenotypic exposures and disease-related outcomes
- Due to the proliferation of GWAS, it is increasingly common for MR analyses to use large numbers of genetic variants
- Increased power but greater potential for **horizontal pleiotropy**
- Pleiotropic variants affect biological pathways other than the exposure under investigation and therefore can lead to biased causal estimates and false positives under the null



#### Three core MR assumptions



- (1) Relevance assumption: SNP is associated with the exposure
- (2) Independence assumption: SNP is NOT associated with confounding variables (population stratification, assortative mating, dynastic effects).
- (3) Exclusion restriction: SNP ONLY associated outcome through the exposure



# MR methods for handling horizontal pleiotropy



Table 1 | List of MR estimation methods

Sanderson et al. *Nat Rev Methods Primers* 2022



### Two-sample MR

#### **No direct pleiotropy**



Causal effect by Wald estimator:

$$
\hat{\beta}_{XY_k} = \frac{\hat{\beta}_{SNP_k-Outcome}}{\hat{\beta}_{SNP_k-Exposure}}
$$

Inverse variance weighted (IVW) average causal effect:

$$
\hat{\beta}_{IVW} = \frac{\sum_{k=1}^{K} \hat{\beta}_{XY_k} w_k}{\sum_{k=1}^{K} w_k}
$$



### Two-sample MR

#### **With direct pleiotropy**  $(\alpha_k)$



 $\hat{\beta}_{SNP-Outcome} = \hat{\beta}_{SNP-Exposure} \times \hat{\beta}_{Exposure-Outcome} + \alpha_k$ 

Causal effect by Wald estimator:

Inverse variance weighted (IVW) average causal effect:

 $\widehat{\beta}_{SNP_k-Outer}$  $\widehat{\beta}_{SNPk}$ –Exposure  $=\hat{\beta}_{Exposure-Outcome}+\frac{\alpha_k}{\hat{\beta}_{GMD}}$  $\widehat{\beta}_{SNPk}$ –Exposure

$$
\frac{\sum_{k=1}^K \widehat{\beta}_{XY_k} w_k}{\sum_{k=1}^K w_k} = \widehat{\beta}_{Exposure-outcome} + \text{Bias} \left( \alpha, \, \widehat{\beta}_{SNP_k-Exposure} \right)
$$



# **Heterogeneity**

We expect that each SNP represents an independent study, and each should give an unbiased (if imprecise) estimate of the causal effect of x on y.

Heterogeneity, where effect estimates are more different than expected due to standard errors, arises because at least some of the instruments are invalid.

Cochran's Q statistic (heterogeneity test):

$$
Q = \sum\nolimits_{k=1}^K w_k \left( \hat{\beta}_{XY_k} - \hat{\beta}_{IVW} \right)^2
$$

Where  $w_k$  is the weight (i.e. inversed variance) of the causal estimate at SNP *k.*

If MR model is correct, *Q* follows a χ2 distribution with expected value *K*-1.

If *Q* is larger than *K*-1, then the estimates exhibit over-dispersion.

- SNPs are valid instruments
- SNPs associated with outcome via an independent pathway.







#### **Option 1: Remove outliers**

- Some SNPs might contribute to the majority of the heterogeneity.
- If we assume these are the invalid instruments, then the IVW estimate excluding them should be less biased.

However – beware of:

- Cherry picking remove outliers will artificially provide a more precise estimate
- What if the outlier is the only valid instrument, and all the others are invalid?
- E.g. cis-variants for gene expression, DNA methylation, and protein levels. CRP levels are best instrumented by variants within the *CRP* gene region. Most other variants that come up in CRP GWAS are upstream effects related to inflammation.





#### **Option 2: Multivariable MR**  $\frac{1}{2}$  could be violated if  $\frac{$

- We are testing for whether  $X_1$  has an influence on Y
- We know that some instruments for  $X_1$  also have influences on  $X_2$
- This opens up the possibility of horizontal pleiotropy biasing our estimate
- What is the  $X_1$ -Y association adjusting for  $X_2$ ?





#### **Option 3: Fit a model that is robust to some model of horizontal pleiotropy**

IVW fixed effects estimator assumes all SNPs are valid instruments and averages across them all.

- Clear trend in estimates increasing with  $\widehat{\beta}_{Z_kX}$  from origin
- Cochran's *Q* ≈ K 1 (no heterogeneity)





#### **Option 3: Fit a model that is robust to some model of horizontal pleiotropy**

IVW random effects estimator allows all SNPs to be invalid due to pleiotropy as long as the pleiotropy is balanced.

- The standard error of the causal estimate increases with the degree of heterogeneity.



We could therefore regress the SNPoutcome associations on the SNPexposure associations, but allow for a **non-zero intercept** in the regression This is the principal behind **MR-Egger regression**.

- SNPs are valid instruments
- SNP associated with outcome via confounder.
- SNP associated with outcome via an independent pathway.

Trend away from origin + heterogeneity

• Zero-intercept condition unreasonable

• IVW does not appear to be a good fit

Pleiotropy potentially causes heterogeneity and bias

#### Break time by Canva AI image generator





# MR-Egger regression: Central concept





# MR-Egger regression

MR-Egger regression replies on the InSIDE (INstrument Strength Independent of Direct Effect) assumption, which states that the pleiotropic effects of SNPs must be independent of their strength as instruments.



SNP not associated with outcome via an independent pathway SNP associated with outcome via an independent pathway

IVW model:

MR-Egger model:

 $S_{Yk} = \beta_{IVW} \hat{\beta}_{Xk} + \varepsilon_{Yk}$  $S_{Yk} = \beta_0 + \beta_{Egger} \hat{\beta}_{Xk} + \varepsilon_{Yk}$ Slope

- $\beta_0$  is the intercept term.  $\beta_0$  can be interpreted as the Slope
- average pleiotropic effect across all genetic variants. A non-zero  $\beta_{0E}$  indicates directional pleiotropy.
- $\beta_{Egger}$  is the causal estimate adjusted for directional pleiotropy





# MR-Egger regression

#### **Example: height and lung function**



IVW = 0.59 (95% CI: 0.50, 0.67 )

MR-Egger = 0.58 (95% CI: 0.50, 0.67);  $intercept = -0.001 (p = 0.5)$ 



# MR-Egger regression

#### **Example: BP and Coronary Heart Disease**





#### Median based methods (Median Estimator)

Order causal estimates (Wald ratio) and take the median.



**Assumption: >50% of the instrumental variables are valid.**

No restrictions need to be placed on the invalid IVs:

- InSIDE assumption not required
- Violations of #2 and #3 MR assumptions are allowed

**Figure 2.** Fictional example of a Mendelian randomization analysis with 10 genetic variants—six valid instrumental variables (hollow circles) and four invalid instrumental variables (solid circles) for finite sample size (left) and infinite sample size (right) showing IVW (solid line) and simple median (dashed line) estimates compared with the true causal effect (dotted line). The ratio estimate for each genetic variant is the gradient of the line connecting the relevant datapoint for that variant to the origin; the simple median estimate is the median of these ratio estimates.

<sup>33</sup> Bowden et al. Genet Epidemiol. (2016) 40(4):304-314



### Median based methods

#### **Simple median estimator**

- Odd number of IVs: middle ratio estimate
- Even number of IVs: median is the average of the two middle estimates  $\left(\frac{1}{2}(\hat{\beta}_k+\hat{\beta}_{k+1})\right)$ 
	- Inefficient when the precision of individual variants varies considerably





### Median based methods

#### **Weighted median estimator**

- Weighted median estimator takes into account the differing precisions
- Weighted median:  $\hat{\beta}_{WM} = \hat{\beta}_3 + (\hat{\beta}_4 \hat{\beta}_3) \times \frac{50 27.78}{52.78 27.78}$  $52.78 - 27.78$
- Suggested weights: inversed variance of the ratio estimate:  $w'_k = \frac{1}{var(\hat{\ell})}$  $\pmb{var}(\widehat{\pmb{\beta}}_{\pmb{X}\pmb{Y}_k})$





#### Summary of robust estimators





Hemani et al. eLife (2018)



#### Reverse causal instruments

#### **Problem: MR of type 2 diabetes on BMI**





#### Can we avoid including reverse-causal SNPs as instruments?

Steiger filtering test

- If SNP causes A and A causes B
- The effect of SNP on A should be larger than the effect of SNP on B



- Steiger test used to evaluate if  $r^2(SNP,A) > r^2(SNP,B)$
- If this is not satisfied, infer that this instrument is not influencing the exposure primarily.



#### Ideal instruments are genetic variants with a known biological function related to the exposure





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#### TwoSampleMR R Package

#### TwoSampleMR 0.6.4 Guide \* Functions Changelog Search for Source Links Mendelian randomization with GWAS summary data **Browse source code** Report a bug License A package for performing Mendelian randomization using GWAS summary data. It uses the IEU GWAS database to obtain data automatically, and a wide range of methods to run the analysis. You can use the MR-Base web app to try **Full license** out a limited range of the functionality in this package, but for any serious work we strongly recommend using this R MIT + file LICENSE package. Citation January 2020 major update **Citing TwoSampleMR** We have made substantial changes to the package, database and reference panels. For full details of the changes, Developers please visit https://mrcieu.github.io/TwoSampleMR/articles/gwas2020.html Gibran Hemani Installation Author, maintainer <sup>1</sup> Users running Windows and macOS, to install the latest version of TwoSampleMR please install from our MRC IEU r-Philip Haycock universe Author<sup><sup>®</sup></sup> Jie Zheng install.packages("TwoSampleMR", repos = c("https://mrcieu.r-universe.dev", "https://cloud.r-project.o Author<sup>®</sup> **Tom Gaunt** Users running Linux or WebR please see the **following instructions**. Author<sup>D</sup> Ben Elsworth To update the package run the same command again. Author<sup>D</sup> Installing from source Tom Palmer Author<sup>D</sup> install.packages("remotes") remotes::install\_github("MRCIEU/TwoSampleMR") Dev status R-CMD-check passi To update the package just run the remotes::install\_github("MRCIEU/TwoSampleMR") command again.

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DOI 10.5281/zenodo.10684540

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Docker

A docker image containing R with the TwoSampleMR package pre-installed is available here: https://hub.docker.com/r/mrcieu/twosamplemr



# STROBE-MR



#### Welcome to the STROBE-MR website!

About: STROBE-MR stands for "Strengthening the Reporting of Observational Studies in Epidemiology using Mendelian Randomization". Inspired by the original STROBE checklist, the STROBE-MR guidelines were developed to assist researchers in reporting their Mendelian randomization studies clearly and transparently. Adopting STROBE-MR should help readers, reviewers, and journal editors evaluate the quality of published MR studies.

The STROBE-MR checklist contains 20 items recommended to address in reports of Mendelian randomization studies.

The Statement document describes the process of developing the checklist and the complementary Explanation and Elaborations document.

The Explanation and Elaboration document explains the items of the STROBE-MR checklist, along with their rationale and examples of transparent reporting.

All documents and publications produced by the STROBE-MR Initiative are open-access and available for download on this website.

# **MR Dictionary**





MRC Integrative<br>Epidemiology



### **Summary**

- MR uses natural randomization to mimic an RCT
- It is useful, data is abundant, but it is not a panacea for causal inference
- Often valuable for proving that a hypothesized association is not causal
- Horizontal pleiotropy is one of the main threats to the validity of MR studies
	- Multiple methods developed to detect and adjust for horizontal pleiotropy
- Crucial to perform sensitivity analyses and obtain metrics regarding the likely reliability of the MR estimates
- Consistency of results across methods is key to reliable causal inference



#### Additional References

Bowden et al. **Detecting individual and global horizontal pleiotropy in Mendelian randomization: a job for the humble heterogeneity statistic?** *American Journal of Epidemiology 2018*, kwy185

Bowden et al. **Consistent estimation in Mendelian randomization with some invalid instruments using a weighted median estimator** Genet Epideml 40(4), 304-14

Bowden et al. **Robust inference in summary data Mendelian randomization via the zero modal pleiotropy assumption** Int J Epidemiol 46(6), 1985-1998

Bowden et al. **Mendelian randomization with invalid instruments: effect estimation and bias through Egger regression.** Int J Epidemiol, 44(2), 512-25

Burgess et al. **Multivariable Mendelian randomization: the use of pleiotropic genetic variants to estimate causal effects.** Am J Epidemiol, 181(4), 251-60

Hemani et al. **Evaluating the potential role of pleiotropy in Mendelian randomization studies** Human Molecular Genetics, Volume 27, Issue R2, 1 August 2018, Pages R195–R208

Hemani et al. **Orienting the causal relationship between imprecisely measured traits using GWAS summary data** PLoS Genet 2017 13(11): e1007081

Burgess S, et al. **Bias due to participant overlap in two-sample Mendelian randomization**. Genet Epidemiol. 2016; 40(7): 597-608.

VanderWeele TJ et al. **Methodological challenges in Mendelian randomization**. Epidemiology. 2014; 25(3): 427-35.

Hartwig FP, et al. Two-sample Mendelian randomization: avoiding the downsides of a powerful, widely applicable but potentially fallible technique. Int J Epidemiol. 2016; 45(6): 1717-1726.

Greco M FD, et al. **Detecting pleiotropy in Mendelian randomisation studies with summary data and a continuous outcome**. Stat Med. 2015; 34(21): 2926-40.

Burgess S, et al. **Sensitivity Analyses for Robust Causal Inference from Mendelian Randomization Analyses with Multiple Genetic Variants. Epidemiology.** 2017; 28(1): 30-42.

Burgess S, Thompson SG. **Interpreting findings from Mendelian randomization using the MR-Egger method.** Eur J Epidemiol. 2017; 32(5): 377-389.

Bowden J, et al. **Assessing the suitability of summary data for two-sample Mendelian randomization analyses using MR-Egger regression: the role of the I2 statistic.** Int J Epidemiol. 2016; 45(6): 1961-1974.

Hartwig FP, et al. **Robust inference in summary data Mendelian randomization via the zero modal pleiotropy assumption.** Int J Epidemiol. 2017; 46(6): 1985-1998.