Genome Scanning by Composite Likelihood

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Ambitious programs have recently been advocated or launched to create genomewide databases for meta-analysis of association between DNA markers and phenotypes of medical and/or social concern. A necessary but not sufficient condition for success in association mapping is that the data give accurate estimates of both genomic location and its standard error, which are provided for multifactorial phenotypes by composite likelihood. That class includes the Malecot model, which we here apply with an illustrative example. This preliminary analysis leads to five inferences: permutation of cases and controls provides a test of association free of autocorrelation; two hypotheses give similar estimates, but one is consistently more accurate; estimation of the false-discovery rate is extended to causal genes in a small proportion of regions; the minimal data for successful meta-analysis are inferred; and power is robust for all genomic factors except minor-allele frequency. An extension to meta-analysis is proposed. Other approaches to genome scanning and metaanalysis should, if possible, be similarly extended so that their operating characteristics can be compared.

Like other sciences, genetic epidemiology is both limited and driven by the techniques at its command. For nearly a century, gene localization was dominated by linkage and cytogenetics, with little opportunity to map a gene through associated markers. Finally, short physical maps of regions identified by linkage provided a basis for localization of rare major genes in haplotypes.¹ The Malecot model was useful for this purpose, $2,3$ with subsequent extension to oligogenes and diplotypes.^{4,5} Maturity, if not completion, of the Human Genome Project accelerated this development by providing a physical map, which led, in turn, to genetic maps in linkage disequilibrium units (LDUs).4 Various efforts, including the HapMap Project, undertook to provide evidence on marker diversity, with the goal of using that information to localize disease genes and to investigate other aspects of the diversity revealed by genetic polymorphism.⁶⁻⁸

After 3 years of LDU development, map construction is now rapid and accurate. Theory and practice for allelic association in small regions appear stable, but further progress will come from experience with scans of much longer tracts. From their upper limit, they have been called "genome scans," a misnomer, since a large tract, chromosome, or set of chromosomes delimited without regard to association is analyzed in the same way: by division into contiguous, nonoverlapping regions. Whatever the terminology or method, such a scan is only stage 1 in a multistage design, since the later stages are concerned with regions selected for evidence of association. The number of markers in a dense scan is extremely large compared with the number of causal sites likely to be detected even in a large sample, whether or not supported by functional tests. This is a challenge to the false-discovery rate (FDR), originally introduced for localization of major loci by linkage.⁹ Unfortunately, it cannot be conventionally calculated when the probability of the null hypothesis approaches $1.^{10,11}$ In that situation, alternative corrections have been developed to determine the real significance corresponding to nominal significance in a large number of tests.

Like its predecessors in small regions, genome scans use composite likelihood that adds together individual component log likelihoods, each of which corresponds to a marginal or conditional event.¹² Each component is a function of location on a map in LDUs or, less efficiently, on a correlated linkage or physical map.13 This use of composite likelihood combines three different statistical problems. First, most statistical hypotheses in genetics are composite, in the sense that the hypothesis is "composed" of a group of simple hypotheses that may specify gene frequency, effect, or location, which results in a treble infinity of possible values. Composite likelihood can estimate location conditional on other variables or concurrently. Second, the number of markers varies even among regions of the same length, with corresponding variation in the estimate of composite likelihood. Third, markers in proximity are not independent but autocorrelated to an extent that is partially predictable from their LDU location but less accurately from their physical location. The effect of this autocorrelation is small (although perhaps not negligible) at low resolution but increases to an unknown extent with marker density. Until this limitation is removed, the genetic epidemiologist must choose between uncertain reliability at high density and loss of power by heavy selection of markers (commonly called "tag SNPs" because most of them are SNPs). We shall now show how these difficulties can be resolved, both in single studies and in meta-analyses of unbiased reports, recently advocated or launched without identification of the metrics that provide reliable combination of evidence.^{8,14}

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Table 1. Frequencies Observed and Expected in Random Samples of n Haplotypes (ad $-$ bc ≥ 0 , b $\leq c$)^a

	Allele		
Status and Sample	G	g	Total
Affected or normal:			
Count	a	b	$a + b$
Probability	$f[z + (1 - z)R]$	$f(1-z)(1-R)$	f
Normal or affected:			
Count		d	$c + d$
Probability		$(R - f)z + R(1 - f)(1 - z)$ $(1 - R)[z + (1 - f)(1 - z)]$ $1 - f$	
Total:			
Count	$a + c$	$b + d$	n
Probability	R	$1 - R$	

^a See the work of Maniatis et al.⁵

Methods

Maps in LDU under the Malecot Model

All $n/2$ pairs of codominant diallelic diplotypes under random mating can be reduced from a 3×3 table to a 2×2 count of haplotype frequencies

$$
\begin{vmatrix} a & b \\ c & d \end{vmatrix}
$$

that, by interchange of rows and/or columns, satisfy ad $-bc \ge$ 0 and $b \le c^4$. The optimal measure of allelic association is

$$
\hat{\rho} = \frac{ad - bc}{(a + b)(b + d)}
$$

with information

$$
K_{\rho} = \frac{n(a+b)(b+d)}{(a+c)(c+d)}
$$

under the null hypothesis that $\rho = 0$, which is tested by $\chi^2 =$ $\hat{\rho}^2 K_{\rho}^{\ 3}$ The Malecot model predicts ρ as $(1 - L)Me^{-\Sigma_{\epsilon_{\rm h}}d_{\rm h}} + L$, where d_h is the distance (in kilobases [kb]) between adjacent markers h and $h + 1$. This is an enhancement of the less reliable prediction from the physical map that approximates distance by $\epsilon \Sigma d_h$.² The composite likelihood over all markers in a region is $lk = e^{-\Lambda/2}$, where $\Lambda = \Sigma K_o (\hat{\rho} - \rho)^2$. Given a physical map, the parameters M, L, and ε are estimated from pairs of diallelic markers. The estimate of ε in the physical map is small and highly variable. The LDU map estimates M, L, and the ε _h that represent the block-and-step pattern of LD. Optionally, the exponent can be taken as $\epsilon \Sigma \epsilon_{\rm h} d_{\rm h}$, where ε is estimated for a candidate region, but ε is usually too close to 1 to warrant refinement. These calculations are performed by the LDMAP program,⁵ the current version of which exploits grid technology to accommodate the high SNP density in HapMap.

Association Mapping with the Malecot Model

Quantitative traits can be studied by regression, giving scope under some sampling schemes to valid covariance analysis and inference of gene-environment interaction. Quantitative traits are especially frequent for anthropometrics, behavior, and response to drugs or other pharmaceutical agents but can occur in any branch of human genetics. Commonly, however, phenotypes are

dichotomous; the two classes are "affected" and "normal" if sampled at random or "cases" and "controls" if sampled selectively. Controls may be random, matched with cases for age and other variables, or hypernormal. The last is more powerful but difficult to analyze by regression, because the sample-enrichment factor is poorly specified and environmental covariates may be distorted. For example, hypernormal controls selected to be older than cases do not imply that affection decreases with age.

In the simplest case, affection is determined by a rare dominant or recessive gene and is studied in families so that the diseaseassociated allele can be recognized.² Alternatively, inheritance may be more complex, and then alleles are assumed to be additive. This is not restrictive, because Maclauren's calculus theorem predicts that causal markers of small effect tend to approach additivity, which is enhanced for predictive but noncausal SNPs by recombination. This simplifying assumption reduces diplotype data to a 2×2 table of allele counts by affection status,⁴ deferring more elaborate analysis until causal SNPs are identified. In this way, n haplotypes are scored from $n/2$ diplotypes. The association parameter is $z = \gamma \rho$, where $\gamma = Qw/f$ is the attributable risk under additivity, Q is the frequency of an allele predisposing to affection, f is the frequency of affected diplotypes, w is the penetrance in GG homozygotes with corresponding penetrance $w/2$ in Gg heterozygotes, and ρ is the association probability when $\gamma = 1$ (table 1).^{2,5} The score for z is

$$
U_z = \frac{\partial \ln lk}{\partial z} = \frac{(ad - bc)n}{(a + c)(c + d)},
$$

with information

$$
K_z = \frac{n(a+b)(b+d)}{(a+c)(c+d)} ,
$$

which is formally the same as that for K_a in the previous section, but the counts are different. Then,

$$
\hat{z} = \frac{U_z}{K_z} = \frac{ad - bc}{(a + b)(b + d)}
$$

and $\chi_1^2 = \hat{z}^2 K_z$. Since SNPs with $(a + c)(c + d) = 0$ or $(a + b)(b + d)$

d) = 0 are omitted because their information K_z is 0 or indeterminate, K_z must satisfy

$$
0 < K_{z} = \frac{\chi_{1}^{2}}{\hat{z}^{2}} \leq n \enspace .
$$

At present, we do not consider an enrichment factor, which combines with affection status to create complications not met in construction of LD maps or mapping of rare genes with high penetrance.2 Omission of an enrichment factor does not violate constraints on observed counts or K, but it may not be optimal.

However the enrichment issue is resolved, association mapping accepts kb and LD maps and estimates parameters M and L appropriate to the relationship of affection status with diallelic markers and, in addition, the estimated location \hat{S} and SE of a causal marker, regardless of whether that marker was included in the data set. For this analysis, $\varepsilon \Sigma d_h$ in the physical map or $\epsilon \Sigma \epsilon_{\rm h} d_{\rm h}$ in the LDU map is replaced by $\epsilon \Delta (S_{\rm h} - S)$. Since lk is a composite likelihood, the parameters but not the error variance can be estimated by minimizing Λ as for true likelihood. Experience has shown that ε cannot be estimated reliably during association mapping of S, whereas the accuracy with which L can be estimated increases with the length of the LDU region.⁵ We therefore examined three analyses that do not attempt to modify ε or a standard LD map derived from pairs of markers (fig. 1). The simplest one compares A and C, where A assumes no causal marker in the region, with L predicted and $M = 0$; the alternative C takes the same value of L but estimates M and S. The second analysis compares A with D, which estimates L, M, and S. The third analysis takes B under the null hypothesis that $M = 0$ with L estimated and compares it with D. This has the least power, because B confounds H_1 with L and will not be considered here.

Control of Type I Error

Under the null hypothesis H_0 that there is no causal marker in a region j with m_i markers, composite likelihood analyses provide an estimate of $x_{ij} = \Lambda_{Ai} - \Lambda_{Ci}$ or $\Lambda_{Ai} - \Lambda_{Di}$ for the ith replicate in the jth region ($i = 1, ..., r_i$), designated as AC_{ij} or AD_{ij}, respectively. Each replicate is obtained by shuffling, so that each individual is assigned randomly and without replacement to an observed phenotype, whether case/control, affected/normal, or quantitative. If SNPs were independent, the error variance in a region would be estimated for each replicate by $V_c = \Lambda_c / (m - 2)$ and V_p by $\Lambda_{\rm p}/(\rm m$ – 3), and this would provide an estimate of χ^2 or χ^2 from which the significance level *P* would be derived. Since autocorrelation violates the independence assumption to an extent that increases with SNP resolution, we must use different estimates of these quantities to recover P_{ij} for replicates beginning with the fractional rank r_{ij} within the jth region, which equals the fractional rank of $1/x_{ii}$, reversing the x_{ii} order. If nearly every P_{ii} is unique within region j, the mean approaches 1/2, and the variance approaches 1/12 as $r_i \rightarrow \infty$, corresponding to the uniform distribution that is a special case of a beta distribution. Then, a conventional estimate¹⁵ of P_{ii} is

$$
\frac{r_{ij}-\frac{1}{3}}{r_j+\frac{1}{3}}\enspace,
$$

Figure 1. Subhypotheses under the Malecot model. A circumflex (^) indicates a parameter that is estimated in association mapping, and the subscript p indicates a parameter estimated from other data. L is the asymptote at large distance, M is the increment maximized at 0 distance, S is the location of the causal SNP (with the assumption that there is one in the region), and ε is the coefficient of distance near S in the physical or LDU map. The two most frequent tests are $AC = A$ versus C and $AD = A$ versus D.

from which χ_{i12}^2 or χ_{i13}^2 is calculated by g01fcc of the National Algorithm Group (NAG), and the variance V_{ij} is estimated as

$$
\frac{x_{ij}}{x_{ij}^2} ,
$$

which is not monotonic on x_{ij} , χ^2_{ij} , or P_{ij} . There is no loss under H_0 , which relies exclusively on P_{ii} .

The situation is different for a single sample in a region, j, where H_1 may be true, which gives only a single value x_i for each analysis in that region. We estimate its error variance from replicates under H_0 by fitting the regression model $\ln V_{ij} = b_1 + b_2 \ln x_{ij}$ in a subregion centered as far as possible on the H_1 value of x_j , with up to 20 values of x_{ij} on each side. V_i under H_1 is estimated as $\exp{(b_1 + b_2 \ln x_i)}$, which gives $\chi_i^2 = x_i/V_i$ for χ_2^2 or χ_3^2 , with corresponding P_i from the g01ecc NAG subroutine. By estimation of V_i from replicates under H_0 , any effect of autocorrelation is avoided.

As the first step toward genome scanning, a program called CHROMSCAN was constructed to perform the operations described above for tracts, chromosomes, or a whole genome (A.C., unpublished data). The region can be any length, with a 10 LDU default. The minimal number of SNPs is also specified, with a default of 30. Any number of replicates within a region can be chosen for evaluation of real data that contribute a single estimate to each region. Significance tests for association are based entirely on *P*, but the error variance V_i is used to compute an SE for S_i . Starting at converged values and with use of exact derivatives, simultaneous estimates of S_i and nuisance parameters that may include M_i and/or L_i provide an information matrix that is inverted to give the nominal variance K_{ss}^{-1} . Then, the information K_i about S_i is

$$
\frac{1/K_{ss}^{-1}}{V_j/df} ,
$$

where $df = 2$ or 3 according to the model, and the corresponding SE is²

$$
SE(S_j) = \sqrt{1/K_j} \; .
$$

Its reliability under autocorrelation may be confirmed when the true value of S is known simply by fitting the nuisance parameters M and/or L at that value. Then the difference in χ^2 evaluated at V_i is χ_{1i}^2 , and

$$
K_{j} \approx \frac{\chi_{1j}^{2}}{(\hat{S}_{j} - S_{j})^{2}}.
$$

Estimating the FDR

The concept of an FDR was introduced to map major genes by polymorphisms at single loci, which led to the conclusion that a LOD of at least 3 is required to assure an FDR $<$ 0.05. 9 Forty years later, an analogy with Brownian motion extended this argument to a genome scan by linkage, with the conclusion that only a modest increase of the critical LOD (to 3.3) gives the same FDR with a major locus, increasing for complex inheritance to 3.6 for affected sib pairs and to 3.8 for affected second cousins.16 Association mapping presents a different problem, since relatives of probands are usually excluded to generate large samples without requiring pedigree information. This sampling strategy is efficient for either a cohort or cases and controls and is especially useful for diseases of late onset, where DNA from one or both parents is often not available. Here we extend the FDR theory to association mapping and apply it to composite likelihood for unrelated individuals. In principle, our approach is applicable to any sampling strategy, even if standard FDR methods fail because the distribution of the nominal significance under the null hypothesis H_0 is not uniform and/or the prior probability of H_0 may approach 1. We assume that simulation as shown in the "Control of the Type I Error" section creates a uniform distribution under H_0 and that the prior probability of H_0 approaches 1. The material to be analyzed may be a tract, a chromosome, a set of chromosomes, or a genome. However defined, it is divided into nonoverlapping regions. When values of χ^2 are pooled under the assumption of a Poisson distribution of extreme significance levels, the critical significance level $P = \alpha$ satisfies $\alpha N = .05$, where N in the absence of compelling evidence of a causal locus in a defined subset of regions is the number of regions in a genome scan ($\alpha \rightarrow 0$, N $\rightarrow \infty$). The FDR corresponding to α is

$$
\frac{\alpha(1-\phi)}{\alpha(1-\phi)+\Omega\phi}=\frac{\alpha}{\alpha+\Omega\phi/(1-\phi)},
$$

where Ω is the power to reach significance under H₁ and ϕ is the probability that H_1 is true whether significant or not. In genome scans ϕ and $\Omega \phi$ are of order 1/N or less, which makes this estimate impractical. Fortunately, we have independent estimates of the numerator and denominator, as illustrated in the "Results" section. Their ratio is a good estimate of the FDR if a uniform distribution holds under H_0 and the number of H_1 regions is large enough to determine Q.

Presentation of Evidence

Stage 1 in association mapping is currently defined as "a scan of one or more nonoverlapping regions, including but not limited to regions suggested by linkage, function, or cytogenetics." The evidence presented for stage 1 sets a pattern and limit for subsequent meta-analysis, so its presentation is critical. Location would ideally be expressed in LDUs, which, in the few published trials, have been shown to be more efficient for association mapping than for physical units (kb).^{5,13} However, the latter have approached stability with revisions that are increasingly minor, infrequent, and generally accepted. LD maps, on the contrary, are more recent, with rapidly increasing density and potential changes in types and allele frequencies of markers. Although public (Genetic Epidemiology Group), these maps are not part of the Hap-Map database¹⁷ and are not exploited by all investigators. Therefore, until consensus is reached, it is necessary to convert evidence from LD maps into more stable but reportedly less efficient locations and SEs (in kb) that the CHROMSCAN program also provides.

In addition to extensive detail about reference maps (kb and LDU), number of regions studied, the basis for their choice, and the markers and methods of analysis, we assume a file with one record for each region within a given chromosome and the critical variables, where location is expressed as v.u for v kb and u additional bp (table 2). The primary and derived locations in both maps must be clearly indicated. The SE (expected to be consistently smaller than the estimate from a kb map) is the product of its estimate from the covariance matrix for composite likelihood and kb/LDU, where kb denotes the physical interval corresponding to an appropriate interval in LDU. Tentatively, we assume that the 95% confidence interval as \pm 1.96 SE is appropriate as a compromise between an interval so small that $LDU =$ 0 and one so large that blocks and steps outside the confidence interval are included. This structure allows regions to be sorted by any variable. For publication, only the smallest *P* values for composite likelihood would usually be given, together with larger values that relate to other claims. However, selective reporting of a region biases meta-analysis.

Given s independent and unbiased samples for a given region,

Table 2. Essential Data for Meta-Analysis of a Region

NOTE.—An asterisk (*) indicates that the data are often incomplete.

^a Linkage data should be expressed in this form, but SEs are less reliable and often cover multiple LDU regions; usually S, SE, and K are not estimated.

and with the assumption that the same kb map was used for all samples, the simplest meta-analysis gives

$$
\overline{S} = \frac{\sum\limits_{k=1}^s S_k K_k}{\sum K_k} \ ,
$$

with nominal variance $1/\Sigma K_{\nu}$. Variation in allele frequencies, ascertainment, or other factors may inflate

$$
\chi^2_{s-1} = \Sigma K_k S_k^2 - \frac{(\Sigma K_k S_k)^2}{\Sigma K_k} \ .
$$

Interpretation becomes difficult if s is small, unless the sources of variation are controlled. If s were very large, the SE would be

$$
SE = \sqrt{\left(\frac{1}{\sum K_k}\right)\left(\frac{\chi^2_{s-1}}{s-1}\right)}.
$$

In general,

$$
\sqrt{\frac{\chi^2_{s-1}}{s-1}}
$$

may be taken as 1 if nonsignificant and, otherwise, as t with $s - 1$ df in computing a confidence interval. For example, a nominal 95% confidence limit is

$$
\overline{S} \pm t \sqrt{\frac{1}{\Sigma\,K}}\;,
$$

where t is 12.706 for df = 1 and 1.960 for df = ∞ . However, the block-and-step structure of LD makes any interval in kb approximate. Inclusion of LD maps in the HapMap database would increase its use for association mapping.

To apply this logic to a genome scan of N regions, suppose that a subset with $P < \alpha$ is selected for further study in an independent sample of greater size and with denser markers. For each of the selected regions, pooling the information from the two samples with point estimates S_1 and S_2 and information K_1 and K_2 , respectively, and with the assumption of homogeneity, the FDR can be calculated as for a single stage 1 sample from N regions. Within stage 1, the principal uncertainties involve regional definition and number of replicates (r). We tentatively assume that $r = 1,000$ is adequate to estimate *P* for H₁. For greater precision with extreme H_1 probabilities, the corresponding regions may be simulated under H_0 with at least $10/P$ replicates.

Results

An Illustrative Example

The CHROMSCAN program is being extended and refined as it is applied to several association studies, the publication of which is necessarily delayed by consortium agreements. We have therefore taken as an illustrative example the U.K. case/control sample of the International Type 2 Diabetes (T2D) $1q$ Consortium,¹⁸ with affection status replaced by a random SNP for each region, deleting all information about the actual disease and reducing by 1 the

number of predictive SNPs in that region. Here, we analyze the 39 regions in chromosome 1q21-24 over a 21,347-kb interval on the National Center for Biotechnology Information build 35/University of California–Santa Cruz March 2004 sequence, which was used to create a genomewide LDU map from the northwestern European (CEU) sample in International HapMap phase 2, with the exclusion of SNPs with minor-allele frequencies (MAFs) < 0.05 or χ^2 for the Hardy-Weinberg test >10. The data consist of 447 controls and 443 cases. Whereas this CEU sample of 60 is smaller than the U.K. control sample, the number of SNPs is vastly greater and possibly gives a more accurate LDU map. The same exclusions were made from the U.K. sample, leaving 3,547 SNPs in the reference interval, of which 296 were not identified in the HapMap sample and were therefore interpolated from kb to LDU location.¹⁹ The average density was 1 SNP per 6 kb, and the map length was 458 LDU. One SNP was randomly drawn from each region, as defined by the CHROMSCAN default under $H₀$ (at least 30 SNPs and 10 LDU), which retained these regions even when replacement of affection status by a random SNP reduced the number of predictive SNPs to 29. To dichotomize affection status under H_1 , we pooled the rare homozygote with the heterozygote as "affected" and the other homozygote as controls. To simulate H_0 , the H_1 observations from a region were shuffled and assigned at random to generate 1,000 replicates with the same frequencies of cases and controls and the same number of SNPs remaining in the jth region. These samples are sufficient to test significance of association under H_0 and relative power of AC and AD metrics under $H₁$. Complexities of meta-analysis with heterogeneous data that may include single SNPs, haplotypes, probability products, linkage estimates, and coalescent assay raise problems that will take longer to solve.

Our first application of these simulated data was to examine their operating characteristic, which depends on the probability ϕ that H₁ is true for a random region in a genome scan. In the current HapMap build, there are ∼65,000 LDUs (Genetic Epidemiology Group). For a minimal region of 10 LDUs and a marker density sufficiently high to give at least 30 markers per region, $\phi = .001$ corresponds to 6.5 causal markers per genome, whether significant or not. When idiomorphs (i.e., diallelic markers with small MAF) that can be identified more efficiently in families^{20,21} are excluded, this ϕ is defensible for association mapping in unrelated individuals. Pooling a single $H₁$ sample with 1,000 shuffled replicates in each region, the value of $\phi/(1 - \phi)$ is conveniently 0.001. The corresponding FDR is $1/(1 + .001\Omega/\alpha)$. Therefore, if we take

$$
\alpha = \frac{.05}{\text{N}} = 7.7 \times 10^{-6} ,
$$

a power of Ω > .15 is sufficient to keep the FDR < 0.05. This is satisfied in these simulations, but real data require either a much larger sample or meta-analysis of multiple samples.

To compare performance of the two analyses under H_1 , we transformed χ^2 for AD to χ^2 with the same *P* value (NAG g0lfcc), comparable to AC with 2 df. Variables corresponding to $ln(AC/AD)$ were submitted to a t test with 38 df, with similar results (table 3). AC is significantly more powerful, largely but perhaps not entirely because of a greater numerator, since the denominator is suggestively but not significantly smaller than that for AD. Similar results were obtained with the skewed difference instead of the logarithm of the ratio. On the contrary, the absolute deviation of estimated S from its true location favors AD. These apparently discrepant results may reflect the conversion from 3 to 2 df, which gives equal weight to the weakly determined parameter L and the strongly determined estimate of S. Tentatively, we conclude that AD is the more reliable test.

Stepwise regression of the mean location error for $(AC + AD)/2$ or AC and AD separately on variables representing noncentrality of the causal SNP within a region, kb/LDU, SNP density, blocks, steps, and MAF revealed no predictor of location error at the 5% significance level, but MAF was suggestive ($P = .0524$). Other studies have supported decline of power with the MAF.^{22,18} On these simulated data, the CHROMSCAN logic performed well. Applications to real data and comparisons with other methods are being examined.

Discussion

Recent publications have described the high FDRs of current functional studies and weakly parametric linkage analysis, with little promise for meta-analysis.^{23,24} On the contrary, two developments favor association mapping in the post-HapMap era: chips for $\geq 500,000$ SNPs are becoming affordable and are being applied to large samples that give a low FDR with high power. The mountains of association data that are now inevitable create an urgent need to develop and test appropriate methods of analysis and the databases required for efficient and reliable metaanalysis. On present evidence, it seems that composite likelihood, including but perhaps not limited to the Malecot model, is unique in providing both a point estimate of location S and its SE without bias by autocorrelation and, therefore, is the only demonstrated basis for valid meta-analysis. The most significant single SNP in a region with m markers provides nominal significance $P =$ Prob(χ_1^2 >max χ_1^2) and regional Bonferroni correction P_c = $1 - (1 - P)^m$. This becomes prohibitively conservative when extended to N regions, given a strong likelihood that m SNPs in a region with a causal marker do not include that marker.²⁵ Maximal χ_1^2 for single SNPs provides no SE for location and, therefore, no foundation for inferring the distance between a predictive marker and a causal one. Haplotypes have uncontrolled variability in block definition and length, number of markers, and haplotype grouping. Most steps in an LD map interrupt only a minority of haplotypes, which makes their definition arbitrary.²⁶

Table 3. Comparison of AC and AD Models within Region under H₁

Variable Y	Mean	- SE	$F_{1,38}$		e^{y}
ln $\chi^2_{\texttt{AC}} - \ln \chi^2_{\texttt{AD}}$.0829			.0311 7.106 .0112 1.086	
$\ln V_{\rm{ac}} - \ln V_{\rm{an}}$	$-.0706$			932. 0567. 3.872 0569.	
	.0123			.0067 3.336 .0756 1.012	
ln Λ_{AC} — ln Λ_{AD} ln Ŝ — S _{AC} — ln Ŝ — S _{AD}				.3481 .1343 6.715 .0135 1.416	

NOTE.—In χ^2_{AC} – In χ^2_{AD} was transformed to 2 df for comparability with χ^2_{AC}

Admixture mapping is the most extreme outlier among methods for association mapping. Estimates of the frequency of a particular ancestral group, the cumulative probability of recombination with a causal marker, and the allele frequencies in the two ancestral groups are used to suggest a conserved region with a disease-related marker.²⁷ The Hardy-Weinberg model is assumed, although it is not appropriate if mating has been assortative by race. This approach has identified a region in 8q24 that accounts for a substantial part of the prostate cancer risk in men of European and African American origin, especially the latter.^{28,29} High significance was confirmed by whole-genome admixture analysis with only 1,266 SNPs, for a 95% credible region of 3.8 Mb that includes the earlier assignment. The regional evidence is therefore overwhelming, but the confidence interval is huge compared with association studies based on older populations, much higher marker density, and composite likelihood. The Bayesian logic that provides a 95% credible interval ignores autocorrelation and, like haplotypes, does not give a point estimate or an SE.30

It has been amply demonstrated that linkage and LD maps are more highly correlated than either is with the kb map,¹⁹ but they differ in several respects. Linkage maps are sex-specific and reflect interference but do so inaccurately, because only the Haldane mapping function that assumes no interference is multilocus feasible, and so a rough approximation is conventionally made to the better but still approximate Kosambi function. Population differences may exist but have not been systematically sought or found. Selective sweeps are too gradual to affect linkage maps. On the contrary, LD maps do not reflect interference, because multiple recombination in intervals small enough to retain LD takes place in different generations, are not sex-specific, and show substantial effects of selective sweeps and other differences between populations accumulated over different bottlenecks, outcrosses, and generations. A population-specific scaling factor to make a linkage map approximate an LD map must come from the latter, just as a map derived from coalescent theory is currently scaled to the linkage map.

Besides these familiar methods, many others have been suggested but seldom, if ever, used. Under H_0 , the fitted parameters of the beta distribution for products of nominal probabilities depart significantly from $\alpha = \beta = 1$,³¹ whereas, for our estimates of P_{ij} from composite likelihood, the fit is good. Browning³⁰ reanalyzed data on RFLPs. Because of extensive duplication in whole genomes, few of them have been assigned to maps created by the Human Genome Project, so neither kb nor LDU mapping was attempted. Verzelli et al.³² combined 100,000 SNPs simulated by unspecified criteria with 32 real markers, 5 of which were within the causal sequence and were therefore not used by other investigators in a proof-of-principle exercise.33 Not surprisingly, simulation of a known location worked well when limited to markers with an associated Bayes factor >200 . No attempt was made to relate this manipulation of the data to a confidence interval and information metric for meta-analysis. All methods based on an alternative to composite likelihood have high sensitivity to number and choice of markers, which leads to the prediction that their locations and SE (if provided) are less reliable.

However much current methods for composite likelihood are refined and regardless of whether these refinements are generally accepted, current designs for genetic information networks raise serious problems.^{8,14} Genome scans with 500,000 or more SNPs are envisaged from samples differing in objectives, ascertainment sources, and covariates, without anticipation of how these data would be analyzed or how the results might be incorporated into meta-analysis.17 Permissive definition and selection of a candidate region allow caveat emptor competition among composite likelihood and single SNPs, haplotypes, link-

age, functional considerations, and other alternatives in unrelated individuals or families, if they provide a point estimate of location but perhaps not an SE. Advocates of single SNPs are free to favor whatever appeals to them (e.g., tag SNPs, nonsynonymous substitutions, deletions, insertions, exons, introns, promoters, RNA polymorphisms, or common or uncommon minor alleles). However, this permissiveness does not extend to meta-analysis of independent samples, which is usually required to reach a significance level sufficient to control the FDR. Efficient meta-analysis demands reliable SEs, so methods defective in that regard cannot contribute objectively to localization of a causal polymorphism within a region. Genome scanning of LD will not realize its potential until information networks and biobanks overcome barriers to meta-analysis by adopting the best methods and eliminating inappropriate ones.

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Appendix A

Roman Symbols

- d_h Distance (in kb) between adjacent markers h and $h + 1$
- f Frequency of affected diplotypes in a random sample
- i Designates a replicate in the jth region $(i = 1, ..., r_i)$
- j Designates a region ($j = 1, ..., N$)
- K_{ψ} Information metric for parameter ψ under H₀
- K_i Estimate of information about S_i
- L Asymptote at large distance in the Malecot model with value between 0 and 1
- M Intercept at 0 distance in the Malecot model with value between 0 and 1
- mj Number of markers in jth region
- n Number of diallelic haplotypes for a specified diallelic pair
- N Number of regions tested
- p Subscript indicating predicted value
- *P* Nominal significance
- *P*_{ij} Significance of the ith replicate in the jth region
- *P_c* Significance after Bonferroni or similar correction
- r_i Number of replicates in jth region
- S_i Location of a presumptive causal marker in region j
- S_k Estimated location of a possible causal marker in sample k
- S_h Location of the hth marker
- s Number of independent samples for a given region in meta-analysis
- V_{ij} Estimate of variance x_{ij}/x_{ij}^2 for the ith replicate in region j
- V_i Mean of V_{ii} near X_i under H_0
- w Penetrance in specified homozygote
- x_i Value of x for a single sample from region j without permutation
- x_{ii} Difference for the ith replicate in the jth region between two quadratic forms, the first (A) a subhypothesis of the second (C or D)
- z Attributable risk defined on diplotypes for association mapping in complex inheritance
- H_o Null hypothesis of no causal association
- H_1 Alternative hypothesis of causal association

Greek Symbols

- α Conservative significance level = .05/N
- γ Attributable risk of a two-locus haplotype under additivity
- Δ Kronecker delta that gives correct sign to derivatives of the composite likelihood: $\Delta = 1$ if $S_h > S$ and -1 otherwise
- ϵ Scaling factor for association in a kb or LDU map
- ε_h LDU:kb ratio for distance between adjacent markers h and $h + 1$: the interval d_h on the kb map corresponds to $\varepsilon_h d_h$ on the LD map
- Λ Quadratic form in composite likelihood = $\sum K_{\psi} (\hat{\psi} \psi)^2$
- ρ Association probability defined on haplotypes for major loci ($\gamma = 1$) or construction of LD maps
- χ χ^2 _{ij} is the estimate of χ^2 with 2 or 3 df derived from P_{ij}
- ψ Metric (usually ρ or z) for association between a pair of diallelic markers
- Ω Power to reach significance under H₁
- ϕ Probability that H₁ is true whether significant or not

Most Useful Formulas

A circumflex (^) indicates a local estimate of a predicted value when both appear in the same formula. A bar above a symbol indicates a weighted mean of estimates.

For maps in LDU, with no allowance for autocorrelation and map error not directly evaluated,

$$
\hat{\rho} = \frac{ad - bc}{(a + b)(b + d)},
$$
\n
$$
\rho = (1 - L)Me^{-\Sigma_{\text{eh}}d_h} + L,
$$
\nand\n
$$
\Lambda = \Sigma K_{\rho}(\hat{\rho} - \rho)^2.
$$

For association mapping, with allowance for autocorrelation by permuting,

$$
\hat{z} = \frac{ad - bc}{(a + b)(b + d)}
$$
 for SNP × affection ,
\n
$$
z = (1 - L)Me^{-\varepsilon\Delta(S_h - S)} + L ,
$$

\nand
\n
$$
\Delta = \Sigma K_z(\hat{z} - z)^2 .
$$

For meta-analysis, unlike preceding applications, observed and expected values are not paired (as in $\hat{\rho}$ and ρ); instead, many estimates are associated with a single presumptive causal site:

$$
\overline{S} = \frac{\sum_{h=1}^{s} S_h K_h}{\sum_{h=1}^{s} K_h},
$$
\n
$$
SE \approx \sqrt{\left(\frac{1}{\sum K_h}\right)\left(\frac{\chi_{s-1}^2}{s-1}\right)},
$$
\nand

 $\sum K_{h}$ if $\chi_{s-1}^{2}/(s-1)$ is nonsignificant

For FDR,

$$
FDR = \frac{\alpha}{\alpha + \Omega \phi / (1 - \phi)}.
$$

For error variance (see the "Control of Type I Error" section),

replicates (H₀)
$$
P_{ij} \rightarrow \chi_{ij}^2 \rightarrow V_{ij}
$$

single sample (H₀ or H₁) $V_{ij} \rightarrow V_j \rightarrow P_j$.

Web Resources

The URLs for data presented herein are as follows:

Genetic Epidemiology Group, http://cedar.genetics.soton.ac.uk/ public_html/

International HapMap Project, http://www.hapmap.org/

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