

Using an Uncertainty-Coding Matrix in Bayesian Regression Models for Haplotype-Specific Risk Detection in Family Association Studies

Yung-Hsiang Huang¹, Mei-Hsien Lee², Wei J. Chen^{1,3,4}, Chuhsing Kate Hsiao^{1,3,4,5}*

1 Institute of Epidemiology and Preventive Medicine, National Taiwan University, Taipei, Taiwan, 2 Department of Mathematics and Computer Science Education, Taipei Municipal University of Education, Taipei, Taiwan, 3 Department of Public Health, College of Public Health, National Taiwan University, Taipei, Taiwan, 4 Research Center for Genes, Environment, and Human Health, College of Public Health, National Taiwan University, Taipei, Taiwan, 5 Bioinformatics and Biostatistics Core, NTU Center for Genomic Medicine, National Taiwan University, Taipei, Taiwan

Abstract

Haplotype association studies based on family genotype data can provide more biological information than single marker association studies. Difficulties arise, however, in the inference of haplotype phase determination and in haplotype transmission/non-transmission status. Incorporation of the uncertainty associated with haplotype inference into regression models requires special care. This task can get even more complicated when the genetic region contains a large number of haplotypes. To avoid the curse of dimensionality, we employ a clustering algorithm based on the evolutionary relationship among haplotypes and retain for regression analysis only the ancestral core haplotypes identified by it. To integrate the three sources of variation, phase ambiguity, transmission status and ancestral uncertainty, we propose an uncertainty-coding matrix which combines these three types of variability simultaneously. Next we evaluate haplotype risk with the use of such a matrix in a Bayesian conditional logistic regression model. Simulation studies and one application, a schizophrenia multiplex family study, are presented and the results are compared with those from other family based analysis tools such as FBAT. Our proposed method (Bayesian regression using uncertainty-coding matrix, BRUCM) is shown to perform better and the implementation in R is freely available.

Citation: Huang Y-H, Lee M-H, Chen WJ, Hsiao CK (2011) Using an Uncertainty-Coding Matrix in Bayesian Regression Models for Haplotype-Specific Risk Detection in Family Association Studies. PLoS ONE 6(7): e21890. doi:10.1371/journal.pone.0021890

Editor: Thomas Mailund, Aarhus University, Denmark

Received March 11, 2011; Accepted June 8, 2011; Published July 15, 2011

Copyright: © 2011 Huang et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Funding: Part of this study was supported by a grant (number: NSC97-2314-B-002-040-MY3) from the National Science Council. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript. No additional external funding received for this study.

Competing Interests: The authors have declared that no competing interests exist.

* E-mail: ckhsiao@ntu.edu.tw

Introduction

Many genetic studies of complex diseases are interested in detecting associations between genetic markers and disease status. To evaluate the strength of such association, a regression approach may be adopted and applied to family haplotype data. Advantages of this regression framework include the ability to estimate and test the association, and its flexibility in accommodating not only individual information, but also gene-gene and gene-environment interactions. In addition, as compared with single-point SNP analysis, consideration of haplotypes as markers may provide better biological interpretation, and the selection of a family study design may lead to identification of susceptibility alleles inherited among family members.

Difficulties arise, however, with family haplotype data in regression models. One difficulty concerns the determination of haplotype phase, which involves uncertainty in inferring haplotypes from genotype data, and in differentiating between transmitted and non-transmitted haplotypes inherited from parents. Two groups of remedies have been suggested in previous research. The first, originally used in case-control studies [1–3], replaced the unknown phase with a maximum likelihood estimate or an expectation from an EM algorithm. For family data, Horvath and colleagues [4] considered weighted genotype scoring

in tests with FBAT, and Purcell et al. [5] used the EM estimate in the free software WHAP. The second group of remedies, in contrast, included the set of all possible haplotype configurations compatible with the observed genotype, constructed the corresponding likelihood for each haplotype explanation, and then put weights on these likelihoods or log-likelihoods to establish a full likelihood function for case-control studies [6,7]. Cordell et al. [8] gave a detailed comparison and review of these methods in two-stage analysis, under the assumption of a multiplicative model for case-control studies. For the family data here, we preserve the uncertainty in haplotype configurations with a rationale similar to that of the second group of remedies.

The second complexity encountered in association analysis is the large number of haplotypes available in the candidate region. This can result in a large number of degrees of freedom in statistical analysis and a phenomenon of sparsity in haplotype distribution. Many statistical methods have been proposed for dimension reduction, including dropping/grouping rare haplotypes, and clustering haplotypes based on their spatial relation or similarity in terms of an evolutionary relationship or length measure. Igo et al. [9] have provided an excellent review with many more references.

Because the analysis considered in this article is for family data, a preferred clustering algorithm should be able to track and manage the unknown haplotype phase, frequency, and transmission status simultaneously. Tzeng's [10] procedure accounted for the first two types of uncertainty. It defined the "age" of haplotype in terms of frequency, categorized the "generation" with the number of different components between two haplotypes, and weighted the clustering probability based on haplotype frequencies. Lee et al. [11] extended this procedure to family data by incorporating the transmission uncertainty in core haplotype assignment, and then combined it with a likelihood ratio test. We adopt this evolutionary-guided clustering idea and utilize a matrix containing all three types of uncertainty, in terms of probability, for haplotype compositions for each individual.

Another issue regarding the use of regression models for haplotype data is the specification of the design matrix when haplotype composition is considered as the covariate. Because each individual has two haplotypes, the sum of possibilities in haplotype assignment is a fixed constant, say 2. In other words, there exists collinearity among columns of the regression design matrix. Several researchers have suggested taking the most common haplotype as the reference to combat collinearity, and then focusing the inference on relative risks. Lin et al. [12] described a flexible coding when there exists a target haplotype for investigation, and demonstrated identifiability for regression parameters. In Bayesian analysis, prior specification on correlated covariates has attracted considerable attention, especially in the setting of Bayesian variable selection. Moreover, Soofi [13] showed that, when the prior variance is small relative to the variability in response, the difference in information for posterior inference is slight. Therefore, we employ only independent priors in the analysis. Alternatively, one could use the powered correlation prior or Zellner's g-prior to handle problematic collinearity [14].

In this study, under the regression framework with family data, we first match the affected child carrying the transmitted haplotypes to a pseudo-control child carrying the non-transmitted haplotypes. Next we formulate a regression setting under a Bayesian conditional logistic regression model with dichotomous disease status as the response variable. We propose in this model a design matrix whose entries represent the uncertainty in haplotype phase configuration, transmission, and clustering. Based on this Bayesian model, the haplotype specific risk can be evaluated as a posterior probability which takes haplotype uncertainty into account when only family genotype data are available.

Methods

Haplotype Coding with no Uncertainty

Consider N families, each with n_i $(n_i \ge 3, i = 1, 2, ..., N)$ members, including an affected offspring, his/her parents, and any siblings. All of these participants are genotyped in the region of interest, where the number of available compositions of haplotypes $\{H_1, H_2, ..., H_K\}$ in this region is K. Among the four haplotypes from parents, two haplotypes are transmitted to the affected child and the remaining two non-transmitted haplotypes are included via a matched pseudo-control child. Let y_{ij} represent the dichotomous disease status, $y_{ij} = 1$ for case and 0 for normal. In such a matched case-control study, we consider for convenience the index j = 1 for the affected child, and j = 0 for the corresponding pseudo-control. In addition, let π_{ij} be the conditional probability that y_{ij} equals 1, $\pi_{ij} = P(y_{ij} = 1 | h_{ij,1},...,h_{ij,K})$, where $h_{ij,k}$ is the number of k-th haplotypes H_k the child inherited from his or her parents. For instance, $h_{ij,k} = 2$ if this child inherited H_k from both parents, $h_{ij,k} = 1$ if H_k was inherited from either the paternal or maternal

side, and $h_{ij,k} = 0$ if the k-th haplotype does not provide any information regarding the transmission route; thus, $\sum_{i=1}^{n} h_{ij,k} = 2$. For this matched case and pseudo-control design, a conditional logistic regression model can be considered, and L_i , the likelihood for the *i*th family, can be directly written as

$$L_{i} = \frac{\exp\left[\sum_{k=1}^{K} \beta_{k} h_{i1,k}\right]}{\exp\left[\sum_{k=1}^{K} \beta_{k} h_{i1,k}\right] + \exp\left[\sum_{k=1}^{K} \beta_{k} h_{i0,k}\right]}$$

$$= \frac{\exp\left[\sum_{k=1}^{K} \beta_{k} (h_{i1,k} - h_{i0,k})\right]}{1 + \exp\left[\sum_{k=1}^{K} \beta_{k} (h_{i1,k} - h_{i0,k})\right]}$$
(1)

where $(h_{i1,k}-h_{i0,k})$ is, for the k-th haplotype, the difference in haplotype number between the affected child and the corresponding pseudo-control.

When there is no haplotype ambiguity, these $h_{ii,k}$ can be placed directly in a design matrix X, and then the inference of the corresponding coefficients β_{k} can be used to evaluate the strength of association, in terms of the logarithm of the odds ratio. To assess haplotype-specific risk when only genotype data are available, we propose another design matrix with coding for phase, transmission, and ancestry uncertainty.

Haplotype Coding with Haplotype Phase Uncertainty

Uncertainty in Haplotype Explanation. When haplotype phase cannot be uniquely determined based on genotypes, particularly when parents' genotypes are missing, all possible configurations compatible with genotypes of parents and siblings can be inferred. In that case, $h_{ij,k}$ indicates the haplotype likelihood and can take any value between 0 and 2 with the same constraint that the summation of $h_{ij,k}$ over k = 1,...,K is 2.

Based on the observed genotypes of family members, a set Tcontaining all possible combinations of transmitted and nontransmitted haplotypes can be derived. For instance, the set for the *i*-th family, consisting of three members in this example, is

$$T_{i} = \{ (T^{F}, NT^{F}, T^{M}, NT^{M}) : (T^{F}, NT^{F}) | G_{i}^{F},$$

$$(T^{M}, NT^{M}) | G_{i}^{M}, (T^{F}, T^{M}) | G_{i}^{C} \},$$

where $(T^F, NT^F)|G_i^F|$ indicates the set of paternal haplotypes compatible with the observed paternal genotype G_i^F , and $(T^M,NT^M)|G_i^M$ and $(T^F,T^M)|G_i^C$ indicate the analogous explanations for the mother and the affected child, respectively; $T^{\hat{F}}$ and T^M are the haplotypes transmitted from the father and mother, respectively; and NT^F and NT^M are the nontransmitted ones. When there are M_i possible explanations for the *i*-th family, the *m*-th $(m=1,...,M_i)$ explanation component in T_i is denoted as a quadruple unit $T_{im} = (T_{im}^F, NT_{im}^F, T_{im}^M, NT_{im}^M)$. Its corresponding likelihood w_{im} is proportional to the product of frequencies $P(T_{im}^F)$, $P(NT_{im}^F)$, $P(T_{im}^M)$ and $P(NT_{im}^M)$, under the constraint that all likelihoods in T_i sum to 1. Therefore, if there are w_{i1} , w_{i2} , ..., and w_{iM_i} such likelihoods in T_i , then for

 $m = 1, ..., M_i$

$$\sum_{m=1}^{M_i} w_{im} = 1 \text{ and } w_{im} = \frac{P(T_{im}^F) \times P(NT_{im}^F) \times P(T_{im}^M) \times P(NT_{im}^M)}{\sum_{l=1}^{M_i} P(T_{il}^F) \times P(NT_{il}^F) \times P(T_{il}^M) \times P(NT_{il}^M)},$$

assuming independent sampling of haplotypes from the population.

For example, if the genotypes on two given loci are (1/2, 1/2)for the father, (-/-, 1/2) for the mother with the first genotype missing, and (1/1, 1/1) for the affected child, then the transmitted haplotypes from the father and mother along with the nontransmitted haplotypes (T^F, NT^F, T^M, NT^M) can be either (11, 22, 11, 12) or (11, 22, 11, 22). The uncertainty comes from the missing maternal genotype (-/-) of the first locus whose genotype can be either 1/1 or 1/2. Therefore, the haplotype phase of the pseudocontrol can be either (22, 12) or (22, 22). Let p_1 be the haplotype frequency for (12), and p_2 for (22), then the conditional probability for phase (22, 12) is $w_{i1} = (-p_1p_2/(p_1p_2+p_2p_2)-p_1/(p_1+p_2))$ and $w_{i2} = (p_2p_2/(p_1p_2 + p_2p_2) = p_2/(p_1 + p_2))$ for (22, 22).

Uncertainty in Haplotype Transmission. haplotype explanation set is defined and the associated with each explanation is established, the next step is to determine the uncertainty regarding each transmitted haplotype. Under the assumption of additive haplotype effects, we construct for the case individual (j = 1) the haplotype weight $h_{ij,k}$ associated with H_k . This weight includes both haplotype explanation uncertainty and haplotype transmission uncertainty:

$$h_{i1,k} = \sum_{m=1}^{M_i} w_{im} \cdot \left[I_{T_{im}^F}(H_k) + I_{T_{im}^M}(H_k) \right]$$

for k = 1,...,K. The above $I_B(A)$ is an indicator function taking the value 1 if A equals B and 0 otherwise. This calculation is based on transmitted haplotypes only, and is evaluated across all haplotype explanations w_{im} . For the pseudo-control, the haplotype weight is derived similarly, based on non-transmitted haplotypes:

$$h_{i0,k} = \sum_{m=1}^{M_i} w_{im} \cdot \left[I_{NT_{im}^F}(H_k) + I_{NT_{im}^M}(H_k) \right].$$

At this stage, the row vector $(h_{ij,1},h_{ij,2},...,h_{ij,K})$ can serve as the individual's haplotype coding if all K haplotypes are included for analysis.

For the example in the previous section, the haplotype coding for the pseudo-control is w_{i1} for (12), $w_{i1} + w_{i2} + w_{i2}$ for (22), and zero for the remaining haplotypes. While for the affected child, there is no uncertainty in phase and thus the coding is 2 (= 1+1)for haplotype (11) and zero for the rest. Again, it can be seen that $\sum_{k=1}^{N} h_{ij,k} = 2$, as in the case when phase is known.

Haplotype Coding with Ancestry Uncertainty -**Dimension Reduction**

In the likelihood function under the conditional logistic regression model in equation (1), the design matrix **X** containing haplotype likelihoods $h_{ij,k}$ can be sparse due to the large number Kof haplotypes available, and some $h_{ij,k}$ may be extremely small or zero. Instead of trimming those rare haplotypes, we adopt an evolutionary-guided procedure to merge "young" haplotypes with their "ancestors". This clustering concept has been considered for case-control studies [10], for TDT-type tests [15,16], and for

likelihood ratio tests conducted in family studies [11]. Because rare haplotypes have a lower expected age, common haplotypes are therefore considered more ancient, and ancestral haplotypes will be defined as core haplotypes.

Suppose the number of core haplotypes $H_1^*, H_2^*, ..., H_C^*$ is C, and the $K \times C$ matrix V with entries v_{ij} representing the probability that haplotype H_i is clustered to the core H_i^* . For instance, the (i,j)-th entry is 1 if the original haplotype H_i is clustered to the core haplotype H_i^* , and zero otherwise. If H_i is grouped to H_i^* with probability p, then $v_{ij} = p$. Note that every row in \mathbf{V} sums to 1, i.e. $\sum_{j=1}^{C} v_{ij} = 1.$ Then, the original design matrix **X** of haplotype likelihoods $h_{ij,k}$ can be represented as \mathbf{X}^* ($\mathbf{X}^* = \mathbf{X} \times \mathbf{V}$) with $h_{ij,c}^*$ denoting the corresponding entries. This new matrix is now equipped with the uncertainty in haplotype phase, in haplotype transmission, and in ancestry clustering, and it can be shown with

simple algebra that $\sum_{i=0}^{\infty} h_{ij,c}^* = 2$. We will use this uncertainty-coding matrix in conditional logistic regression analysis later.

Following the formulation, the model becomes

 $y_{ii}|\pi_{ii} \sim \text{Bernoulli}(\pi_{ii})$

$$logit(\pi_{ij}) = (\beta_1, \beta_2, ..., \beta_C) \times (h_{ij,1}^*, h_{ij,2}^*, ..., h_{ij,c}^*)^t = \sum_{c=1}^C \beta_c h_{ij,c}^*$$

where the likelihood for the i-th family can be written as

$$\begin{split} L_{i}^{*} &= \frac{\exp\left[\sum_{c=1}^{C} \beta_{c} h_{i1,c}^{*}\right]}{\exp\left[\sum_{c=1}^{C} \beta_{k} h_{i1,c}^{*}\right] + \exp\left[\sum_{c=1}^{C} \beta_{c} h_{i0,c}^{*}\right]} \\ &= \frac{\exp\left[\sum_{c=1}^{C} \beta_{c} \left(h_{i1,c}^{*} - h_{i0,c}^{*}\right)\right]}{1 + \exp\left[\sum_{c=1}^{C} \beta_{c} \left(h_{i1,c}^{*} - h_{i0,c}^{*}\right)\right]}. \end{split}$$

The prior distribution for the C-dimensional random vector $(\beta_1,\beta_2,...,\beta_C)^t$ is a multivariate normal distribution with the mean vector $\mathbf{\mu}^{\beta}$ and variance covariance matrix $\sigma^2 \mathbf{R}$,

$$(\beta_1,\beta_2,...,\beta_C)^t \sim N(\mathbf{\mu}^\beta,\sigma^2\mathbf{R}).$$

Note that the covariance matrix can be non-diagonal to account for the fact that summation of $(h_{ii,1}^*, h_{ii,2}^*, ..., h_{ii,C}^*)$ is constrained. Each component in the $C \times 1$ vector $\mathbf{\mu}^{\beta}$ ($\mathbf{\mu}^{\beta} = (\mu,...,\mu)^{t}$) is the logit transform of prevalence of the disease under investigation. For σ^2 . a hyper-prior inverse gamma distribution (IG) is assumed and **R** is the identity matrix if the β_i 's are independent. The statistical inference will be made based on posterior samples generated from Markov chain Monte Carlo (MCMC) methods via the package BRugs in R.

Computational Notes

The whole procedure discussed above involves (1) estimation of the haplotype frequency, (2) development of the clustering matrix \mathbf{V} , (3) evaluation of the likelihoods for haplotype explanation w_{im} , (4) construction of the matrix \mathbf{X} , (5) computation of the final

Table 1. Frequencies (in percentages) of the simulated haplotypes and the distribution of SNPs.

	SNP composition of the haplotype								
Haplotype	S 1	S2	S3	S4	S 5	S6	S7	S8	Freq.(%)
11111111	1	1	1	1	1	1	1	1	49.44
12111111	1	2	1	1	1	1	1	1	27.78
11111211	1	1	1	1	1	2	1	1	10.00
21212121	2	1	2	1	2	1	2	1	7.22
21212122	2	1	2	1	2	1	2	2	3.89
12111211	1	2	1	1	1	2	1	1	1.11
11222122	1	1	2	2	2	1	2	2	0.56
MAF ^a (%)	11.11	28.89	11.67	0.56	11.67	11.11	11.67	4.45	

^a MAF for minor allele frequency. doi:10.1371/journal.pone.0021890.t001

uncertainty-coding matrix \mathbf{X}^* , and (6) computation of the posterior sample for statistical inference. Steps (1) and (3) can be conducted in FAMHAP [17,18], steps (2), (4) and (5) are carried out with R codes, and the final step (6) can be performed in BRugs. To complete these steps, we integrate BRugs and FAMHAP, along with our codes written in R. The whole package (called BRUCM for Bayesian Regression with Uncertainty-Coding Matrix) has been tested in the R environment and is

freely available at the webpage http://homepage.ntu.edu.tw/~ckhsiao/download(en).html. In the Bayesian model specification, the prior distribution can be either user-defined or selected from the reference priors provided in the code.

Results

Sampling Scheme and Computation for Simulations

Simulation studies were conducted to evaluate the performance of the proposed approach and to compare it with FBAT, a procedure commonly applied in family association studies. We selected from the HapMap homepage (http://www.hapmap.org) a haplotype region containing 8 SNPs (rs2301756, rs12423190, rs11066322, rs7975439, rs7313360, rs7958372, rs3741983, and rs7953150) on 12q24 linked to metabolic syndrome. The frequencies of each SNP and phased haplotype are listed in Table 1. Note that the haplotype 11111211 with frequency 0.10 was taken as the risk haplotype. Family data were generated based on different modes of inheritance (additive, dominant, or recessive), relative risk (r = 1.2, 1.5, or 2.0), and prevalence (0.01). The haplotypes of the affected child were first generated, then the two other haplotypes were generated to set up the parents' four haplotypes. Based on these, we could construct the haplotypes of other siblings. Each family had at least one affected child. The number of families was fixed at 200, where the number of family members in each family was 3 plus a Poisson distribution with mean at 2. Therefore, each family was guaranteed to have at least three members. About 81% of the 200 families, the number

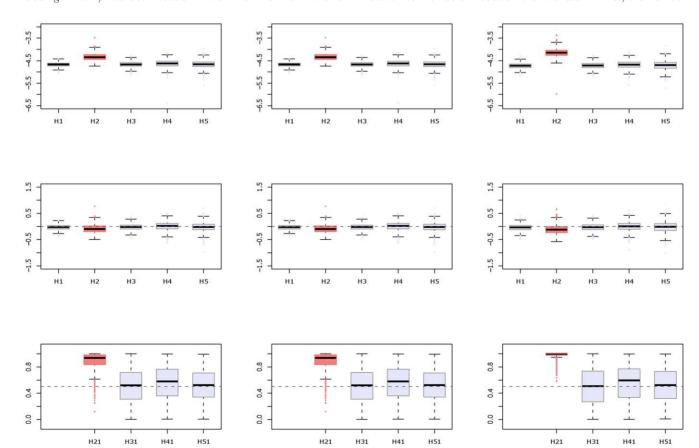


Figure 1. Boxplots of haplotype effects under additive models. Boxplots of 1000 replications for additive model under r = 1.2 (1st column), 1.5 (2nd column) and 2.0 (3rd column). The first row contains posterior mean effects of β_i , the second is for its bias, and the last is for the posterior probability of susceptibility $\Pr(\beta_i - \beta_1 > 0|y)$. Red plots correspond to the risk haplotypes. doi:10.1371/journal.pone.0021890.q001

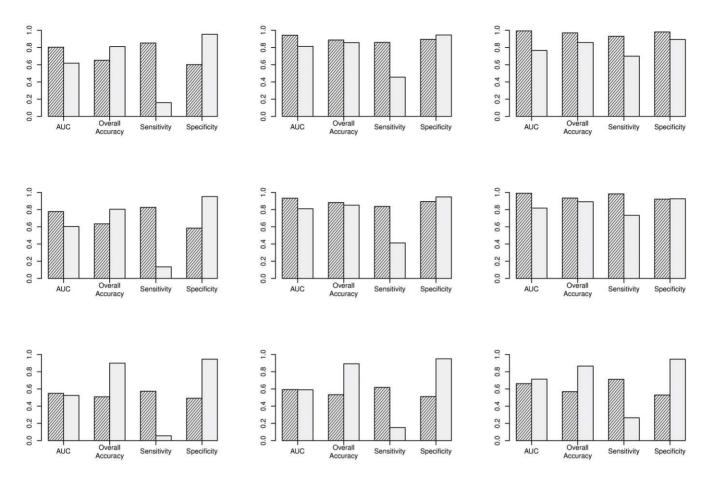


Figure 2. Performance evaluation under different genetic models and relative risk ratios. The performance evaluation based on AUC, overall accuracy, sensitivity, and specificity. The three columns are results under r = 1.2, 1.5, and 2.0, respectively. The three rows are simulations from additive (top), dominance (middle), and recessive models (bottom), respectively. The shaded bars in the left are under the hierarchical model with independent priors on regression coefficients, and the right bars contain results from FBAT. doi:10.1371/journal.pone.0021890.g002

of family members was greater than 3. In total, there were nine simulation settings, and under each setting the number of replications was 1000.

In each replication, family genotypes were first constructed based on simulated haplotypes, then the frequencies of haplotypes were estimated and the clustering step was conducted. Following Shannon's information criterion, the original seven haplotypes were clustered to five core haplotypes. Four of the five cores were recovered in every replication, while one was recovered in 92% of the simulations. In less than 7% of all replications, this procedure identified more than seven haplotypes from the genotype data. Those were, however, rare haplotypes and did not affect the set of core haplotypes. Next, the uncertainty-coding matrix X^* was derived based on both the clustering matrix V and the original design matrix X. Finally, the BRugs package was called in R to generate posterior samples for Bayesian inference under the same model specified in previous sections with $\mu = logit(0.01)$ and σ^2 from IG(1,1). For each parameter, we disregarded the initial 5,000 iterations for burn-in, and we collected every tenth value in the following 10,000 runs to reduce the correlation between samples in each of three chains. This led to 3,000 posterior samples.

Performance Evaluation

To evaluate the performance of this procedure, we examined the posterior mean effect β_i , the risk relative to the most common haplotype $\beta_i - \beta_1$, and the posterior probability of susceptibility $\Pr(\beta_i - \beta_1 > 0|y)$. Figure 1 displays the boxplots of 1000 replications for the additive model under r = 1.2, 1.5 and 2.0. The first row shows that the haplotype H_2 is predominantly identified as the higher risk haplotype. The second row shows the bias of the estimated effects, and the bottom row shows that the posterior probability of susceptibility can be as high as 0.71 for r = 1.2, and 0.96 for r = 2.0. Plots for other modes of inheritance are provided in Figures S1 and S2.

As a comparison with FBAT, we calculated sensitivity, specificity, overall accuracy, and area under the ROC curve (AUC) for each simulation setting with the Bayesian procedure and FBAT, respectively. In each replication, the haplotype was identified as a risk factor if its posterior probability of positive relative risk $Pr(\beta_i - \beta_1 > 0|y)$ was greater than 50%. In addition, the sensitivity and specificity for determination of risk and non-risk haplotypes were computed. The overall accuracy was calculated as the percentage of correct classification of the haplotypes as risk or non-risk, while the AUC was derived by varying the threshold value T in the posterior probability $Pr(\beta_i > T|y)$. Figure 2 shows the sensitivity, specificity and the corresponding overall accuracy on the ROC curve under the Bayesian model, along with the significance tests from FBAT. FBAT tended to have high specificity, leading to high overall accuracy. However, when looking at the AUC and sensitivity, Bayesian analysis provided

Table 2. Performance comparison between BRUCM and FBAT.

	BRUCM			FBAT			
	r=1.2	r=1.5	r=2.0	r=1.2	r=1.5	r=2.0	
AUC							
Additive	0.804	0.943	0.992	0.618	0.813	0.766	
Dominant	0.778	0.933	0.990	0.604	0.810	0.818	
Recessive	0.549	0.593	0.662	0.525	0.591	0.713	
Overall Accuracy							
Additive	0.652	0.887	0.970	0.811	0.857	0.858	
Dominant	0.635	0.881	0.934	0.804	0.851	0.891	
Recessive	0.510	0.534	0.568	0.900	0.892	0.866	
Sensitivity							
Additive	0.852	0.859	0.931	0.160	0.455	0.700	
Dominant	0.826	0.837	0.982	0.135	0.412	0.734	
Recessive	0.573	0.618	0.712	0.055	0.152	0.266	
Specificity							
Additive	0.601	0.895	0.980	0.954	0.945	0.893	
Dominant	0.585	0.894	0.922	0.952	0.947	0.925	
Recessive	0.492	0.511	0.529	0.945	0.950	0.946	

Performance comparison between Bayesian regression with uncertainty-coding matrix (BRUCM) and FBAT under independent prior distributions on β 's, genotype relative risks r, and modes of inheritance. doi:10.1371/journal.pone.0021890.t002

better and more stable results, except under the recessive model where all procedures failed to perform satisfactorily. Detailed results and numbers are listed in Table 2.

Application: Taiwan Schizophrenia Linkage Study

Schizophrenia is a disabling mental disorder with a lifetime risk of 0.72% worldwide [19], and many studies have identified the association between schizophrenia and genetic/environmental factors [20,21]. Two studies, the Taiwan Schizophrenia Linkage Study [22] and the Multidimensional Psychopathological Study on

Schizophrenia [23], have collected multiplex family data for analysis. The first study recruited schizophrenic patients and their first-degree relatives, whereas the second study recruited sib-pairs who were both affected and their first-degree relatives [22-24]. This data set contains the genotyping information on chromosome 6p of 1016 individuals from 218 multiplex families. Among them, ninety-three families had two offspring, 108 families had three, and 17 families had four or five offspring. Twenty-eight SNPs were genotyped, which cover 4 genes: MRDS1, DTNBP1, TNFα, and NOTCH4. After performing haplotype block construction with linkage disequilibrium (LD), the largest block, the third one, was selected for analysis (Figure 3). This block belongs to DTNBP1 gene, and contains, in order, the 8 SNPs rs909706 (P1583), rs1018381 (P1578), rs2619522 (P1763), rs2005976 (P1757), rs2619528 (P1765), rs1011313 (P1325), rs2619539 (P1655), and rs3829893 with corresponding common/minor alleles T/C, C/T, A/C, G/A, G/A, C/T, C/G, and G/A. There were 12 haplotypes in total, 8 of which were rare with frequency less than 5% (Table S1). The number of resulting core haplotypes was 5 based on Shannon's criterion (see cladogram in Figure S3), and the corresponding revised frequencies are listed in Table S1, along with the original haplotype composition and estimated frequencies derived by FAMHAP. The summation of frequencies of these 5 core haplotypes is 98.95%. Next, the matrices V and X were constructed to form the design matrix X^* for further Bayesian analysis.

The complete model specification is

$$y_{ij}|\pi_{ij} \sim \text{Bernoulli}(\pi_{ij}), i = 1,...,218, j = 1,...,n_i$$

where logit(
$$\pi_{ij}$$
) = $(\beta_1, \beta_2, ..., \beta_5) \times (h_{ij,1}^*, h_{ij,2}^*, ..., h_{ij,5}^*)^t = \sum_{c=1}^5 \beta_c \times h_{ij,c}^*$

$$(\beta_1,\beta_2,...,\beta_5)^t \sim N(\mathbf{\mu}^\beta,\sigma^2\mathbf{R})$$

where
$$\mathbf{\mu}^{\beta} = (\mu, ..., \mu)^t$$

$$\sigma^2 \sim IG(1.1)$$

Note that each component μ in the 5×1 mean vector $\mathbf{\mu}^{\beta}$ was fixed at logit(0.72%) and IG stands for the inverse Gamma distribution. The MCMC computational method in BRugs was applied, and

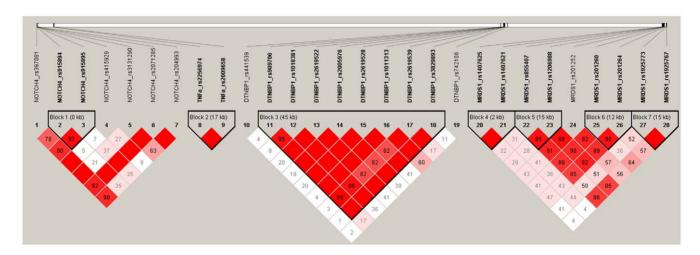
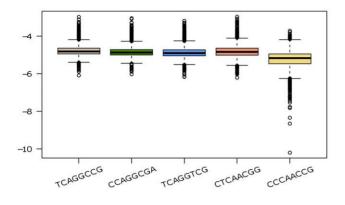
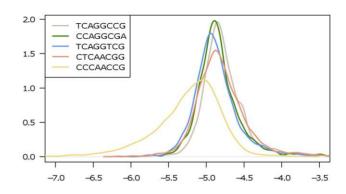
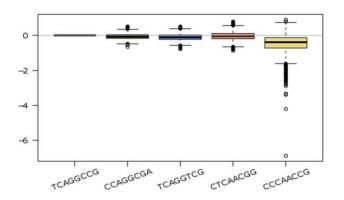


Figure 3. LD information for the schizophrenia study. LD blocks of the 28 SNPs on chromosome 6p for the schizophrenia multiplex family study. The genotype data from the largest block (3rd block) were selected for analysis. doi:10.1371/journal.pone.0021890.g003







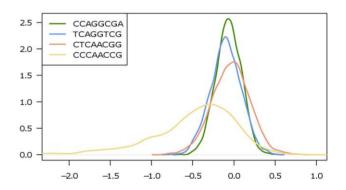


Figure 4. Boxplots and posterior density plots for the schizophrenia study. Boxplots and density plots of the posterior distributions of β 's (top two plots) and $\beta_i - \beta_1$ (bottom two plots) for schizophrenia study. doi:10.1371/journal.pone.0021890.q004

the trace plot was inspected. The sampler mixed well and the resulting Gelman-Rubin convergence diagnosis measure was 1. The initial 30000 iterations were burn-in and every 60th value was kept as a sample. A total of 1500 samples were used for posterior analysis and the effective sample size for key parameters ranged from 982 to 1500.

Figure 4 shows the boxplots and posterior density plots of the haplotype-specific effects β_i , i=1,...,5, and the relative effects β_i , β_i , β_i , β_i , β_i , β_i , β_i , and the relative effects β_i , β

Discussion

In family studies with collected genotype data, the inference of haplotype risk requires the determination of haplotype phase and corresponding transmission and non-transmission status. This task becomes even more complicated when the number of haplotypes is large and when some of them are of small frequencies. In this paper, we first constructed clusters of haplotypes based on their evolutionary relationship to reduce dimension of parameters, and then combined this cluster structure with the haplotype phase and transmission uncertainty to derive an uncertainty-coding matrix. This matrix was next used in a Bayesian conditional logistic regression model to examine the existence of haplotype risk. This proposed approach not only provides a probabilistic risk evaluation for haplotypes under study, it also integrates into the analysis the variability from various sources and reduces successfully the number of haplotypes involved in the genomic region.

The proposed approach has several strengths. First, this clustering design is good for the case where several evolutionaryrelated variants contribute similarly to the disease association. For instance, when one core haplotype is estimated with a high posterior probability of risk, it may imply that the rare haplotypes being clustered with it share similar and possibly minor risk as well. In other words, this "core cluster" may represent a homogeneous group worthy of further investigation in association studies. The proposed methodology may be applied under the assumption of common disease rare variants (CDRV), especially when these rare variants are related in the evolutionary sense. That is, the core set of such clustered haplotypes may explain better the association between disease and markers. It should be kept in mind, however, that this current approach cannot identify the risk of each rare haplotype in the same group, unless more subjects with such haplotypes can be collected.

Table 3. Summary statistics for the schizophrenia study.

Core haplotype		Posterior		FBAT		
No.	Configuration	Mean(sd)	Postr. RR	Score	P-value	
1	TCAGGCCG	-4.77(0.31)	-	-2.08	0.80	
2	CCAGGCGA	-4.83(0.31)	0.34	-2.12	0.78	
3	TCAGGTCG	-4.87(0.31)	0.30	5.39	0.39	
4	CTCAACGG	-4.81(0.34)	0.44	1.81	0.69	
5	CCCAACCG	-5.25(0.47)	0.15	-	-	

Posterior means (Mean) and standard deviations (sd) are for the core haplotype effects, while posterior probability $P(\beta_i - \beta_1 > 0|\nu)$ is relative to the most common haplotype β_1 (under Postr. RR). The last two columns contain results (Score and P-value) from FBAT. doi:10.1371/journal.pone.0021890.t003

A second strength is that such a regression model can be easily extended to include other clinical information or environmental covariates for examination of genetic and environmental interaction. Taking the schizophrenia study for example, other research has reported the importance of negative symptoms [25]. The inclusion of scores from questionnaires about negative symptoms or other clinical features of schizophrenia may clarify the role DTNBP1 plays in brain function in schizophrenic patients. A third strength is the ability to incorporate haplotypes from other genomic regions so that the joint effect and interactions of haplotypes locating in different genes can be assessed simultaneously. Suppose K_1 and K_2 are numbers of haplotypes in two different regions, then the number of parameters can be reduced from $(K_1-1)\times (K_2-1)$ to $(C_1-1)\times(C_2-1)$ for the evaluation of joint effects, where C_1 and C_2 are numbers of corresponding core haplotypes in each region, respectively.

The debate of association between *DTNBP1* and schizophrenia has not been settled and as of yet no global significance has been identified [26,27]. Although the last haplotype (CCCAACCG) shows effects different from the remaining core haplotypes, their effect sizes are all too similar to reach a definitive conclusion. In addition to the possible explanations listed in previous studies, here we suggest focusing on the fourth and fifth haplotypes, because their descendant haplotypes overlap. Our current approach assumes all haplotypes in the same core set contribute equally to the disease association. This assumption, however, may fail in the case where disease susceptibility exhibits etiological heterogeneity. In other words, the original haplotype construction based on "haplotype blocks" may need further examination. This methodological issue and development will be incorporated in future studies.

The schizophrenia multiplex family study originally considered 12 haplotypes, which were then clustered into 5 core haplotypes. This reduction (from 12 to 5) may not be impressive in terms of number of parameters and computational burden. Therefore we have included another study about Crohn's disease in Supporting Information Text S1 where 27 haplotypes are clustered to 6 core haplotypes. The reduction in this case is much more substantial, and our proposed methodology also offers an evolutionary interpretation and provides a solution to collinearity. Without this reduction, the large number of parameters could lead to failure of convergence in estimation procedures in regression models.

One issue with regard to the Bayesian approach concerns the choice of prior distributions. Analysis of the sensitivity of the posterior inference to the prior specification can help evaluate the influence of this choice. We have considered both independent and correlated priors, and both conjugate beta and non-informative truncated normal distributions in the analysis. Their AUC, overall accuracy, sensitivity, and specificity are similar and the general conclusions do not differ (data not shown). These findings indicate that the posterior inference is not sensitive to the prior considered. Special care needs to be taken, however, in the choice of prior mean for the regression coefficient β for the haplotypes. The mean should reflect properly current knowledge of the disease and we recommend using the logit transform of disease prevalence for the prior mean μ to expedite convergence in computations. The proposed approach may look complicated at first. Fortunately, several steps can be done with help from currently available algorithms. In addition to the code we have developed, our proposal integrates the clustering algorithms in Tzeng [10] and Lee et al. [11], the likelihoods of haplotype configurations from FAMHAP [17,18], and Bayesian analysis with the BRugs function in R. The proposed procedure, as well as the computation of the uncertainty-coding matrix, has been implemented, and the codes are freely available for download.

Alternatively, after the uncertainty-coding matrix is constructed, one may pursue non-Bayesian analysis, such as LASSO and ridge regularized regression to handle the collinearity problem in the design matrix \mathbf{X}^* [28]. Such regularized regression models

impose a penalty λ on regression coefficients β_k ($\sum_{k=1}^{K} |\beta_k|^r < \lambda$, where r=1 or 2) and obtain biased estimates with reduced variance. This regularized technique has been applied to high-throughput microarray data for quantitative disease phenotypes, and the inclusion of the uncertainty-coding matrix should not

throughput microarray data for quantitative disease phenotypes, and the inclusion of the uncertainty-coding matrix should not give rise to any further difficulty. When binary disease status is of interest, however, extra care needs to be taken and this warrants further study.

Web Resources

The URL for the program (called BRUCM) written in R is http://homepage.ntu.edu.tw/~ckhsiao/download(en).html

Supporting Information

Figure S1 Boxplots of haplotype effects under dominance models. Boxplots of 1000 replications for dominance model under r = 1.2 (first column), 1.5 (second column) and 2.0 (third column). The first row contains posterior mean effects of β_i , the second row is for its bias, and the last row is for the posterior probability of susceptibility $\Pr(\beta_i - \beta_1 > 0 | y)$. Red plots correspond to the risk haplotypes. (TIF)

Figure S2 Boxplots of haplotype effects under recessive models. Boxplots of 1000 replications for recessive model under r = 1.2 (first column), 1.5 (second column) and 2.0 (third column). The first row contains posterior mean effects of β_i , the second row is for its bias, and the last row is for the posterior probability of susceptibility $\Pr(\beta_i - \beta_1 > 0 | y)$. Red plots correspond to the risk haplotypes. (TIF)

Figure S3 The cladogram of 12 haplotypes in the third block for the schizophrenia study.

(TIF



Table S1 Summary statistics for the schizophrenia **study.** Frequencies are for the original haplotypes (Before) and haplotypes after grouping (After). (DOC)

Text S1 Analysis of Crohn's Disease data based on 6 core haplotypes.

(PDF)

References

- 1. Schaid D, Rowland C, Tines D, Jacobson R, Poland G (2002) Score tests for association between traits and haplotypes when linkage phase is ambiguous. American Journal of Human Genetics 70: 425-434.
- 2. Zaykin D, Westfall P, Young S, Karnoub M, Wagner M, et al. (2002) Testing association of statistically inferred haplotypes with discrete and continuous traits in samples of unrelated individuals. Human Heredity 53: 79-91.
- Mensah FK, Gilthorpe MS, Davies CF, Keen LJ, Adamson PJ, et al. (2007) Haplotype uncertainty in association studies. Genetic Epidemiology 31:
- 4. Horvath S, Xu X, Lake SL, Silverman EK, Weiss ST, et al. (2004) Family-based tests for associating haplotypes with general phenotype data: Application to asthma genetics. Genetic Epidemiology 26: 61-69.
- Purcell S, Daly MJ, Sham PC (2007) WHAP: haplotype-based association analysis. Bioinformatics 23: 255-256
- Sham P, Rijsdijk F, Knight J, Makoff A, North B, et al. (2004) Haplotype association analysis of discrete and continuous traits using mixture of regression models. Behavior Genetics 34: 207-214.
- Morris AP (2005) Direct analysis of unphased SNP genotype data in populationbased association studies via Bayesian partition modelling of haplotypes. Genetic Epidemiology 29: 91-107.
- Cordell HJ (2006) Estimation and testing of genotype and haplotype effects in case-control studies: comparison of weighted regression and multiple imputation procedures. Genetic Epidemiology 30: 259-275.
- 9. Igo RP, Li J, Goddard KAB (2009) Association mapping by generalized linear regression with density-based haplotype clustering. Genetic Epidemiology 33: 16 - 26.
- 10. Tzeng JY (2005) Evolutionary-based grouping of haplotypes in association analysis. Genetic Epidemiology 28: 220-231.
- 11. Lee MH, Tzeng JŶ, Huang ŚY, Hsiao CK (2011) Combining an Evolutionguided Clustering Algorithm and Haplotype-based LRT in Family Association Studies. BMC Genetics 12: 48.
- 12. Lin DY (2006) Likelihood-based inference on haplotype effects in genetic association studies. Journal of the American Statistical Association 101: 89.
- Soofi ES (1990) Effects of collinearity on information about regression coefficients. Journal of Econometrics 43: 255-274.
- Krishna A, Bondell HD, Ghosh SK (2009) Bayesian variable selection using an adaptive powered correlation prior. Journal of Statistical Planning and Inference 139: 2665-2674

Author Contributions

Conceived and designed the experiments: CKH. Performed the experiments: Y-HH. Analyzed the data: Y-HH M-HL. Contributed reagents/ materials/analysis tools: Y-HH M-HL WJC. Wrote the paper: Y-HH M-HL WJC CKH. Designed the software used in analysis: Y-HH. Advised analysis of the Taiwan schizophrenia linkage study: M-HL WJC.

- 15. Seltman H, Roeder K, Devlin B (2001) Transmission/disequilibrium test meets measured haplotype analysis: family-based association analysis guided by evolution of haplotypes. American Journal of Human Genetics 68: 1250-1263.
- 16. Seltman H. Roeder K. Devlin B (2003) Evolutionary-based association analysis using haplotype data. Genetic Epidemiology 25: 48-58.
- Becker T, Knapp M (2004) Maximum-likelihood estimation of haplotype frequencies in nuclear families. Genetic Epidemiology 27: 21-32.
- 18. Herold C, Becker T (2009) Genetic association analysis with FAMHAP: a major program update. Bioinformatics 25: 134-136.
- 19. Saha S, Chant D, Welham J, McGrath J (2005) A systematic review of the prevalence of schizophrenia. PLoS Medicine 2: 413-433.
- Tsuang M (2000) Schizophrenia: genes and environment. Biological Psychiatry 47: 210-220
- 21. Walker E, Kestler L, Bollini A, Hochman KM (2004) Schizophrenia: etiology and course. Annual Review of Psychology 55: 401-430
- 22. Hwu HG, Faraone SV, Liu CM, Chen WJ, Liu SK, et al. (2005) Taiwan schizophrenia linkage study: The field study. American Journal of Medical Genetics Part B: Neuropsychiatric Genetics 134B: 30-36.
- Tsuang HC, Lin SH, Liu SK, Hsieh MH, Hwang TJ, et al. (2006) More severe sustained attention deficits in nonpsychotic siblings of multiplex schizophrenia families than in those of simplex ones. Schizophrenia Research 87: 172-180.
- Lin SH, Liu CM, Liu YL, Fann CSJ, Hsiao PC, et al. (2009) Clustering by neurocognition for fine mapping of the schizophrenia susceptibility loci on chromosome 6p. Genes, Brain and Behavior 8: 785-794
- Ross CA, Margolis RL, Reading SAJ, Pletnikov M, Coyle JT (2006) Neurobiology of schizophrenia. Neuron 52: 139-153.
- Holliday EG, Handoko HY, James MR, McGrath JJ, Nertney DA, et al. (2006) Association study of the dystrobrevin-binding gene with schizophrenia in Australian and Indian samples. Twin Research and Human Genetics 9: 531-539.
- 27. Liu CM, Liu YL, Fann CSJ, Yang WC, Wu JY, et al. (2007) No association evidence between schizophrenia and dystrobrevin-binding protein 1 (DTNBP1) in Taiwanese families. Schizophrenia Research 93: 391-398.
- 28. Guo W, Lin S (2009) Generalized linear modeling with regularization for detecting common disease rare haplotype association. Genetic Epidemiology 33: 308-316