

# Bayesian Statistics for Genetics Lecture 9: Meta-analysis

Ken Rice

UW Dept of Biostatistics

July, 2016

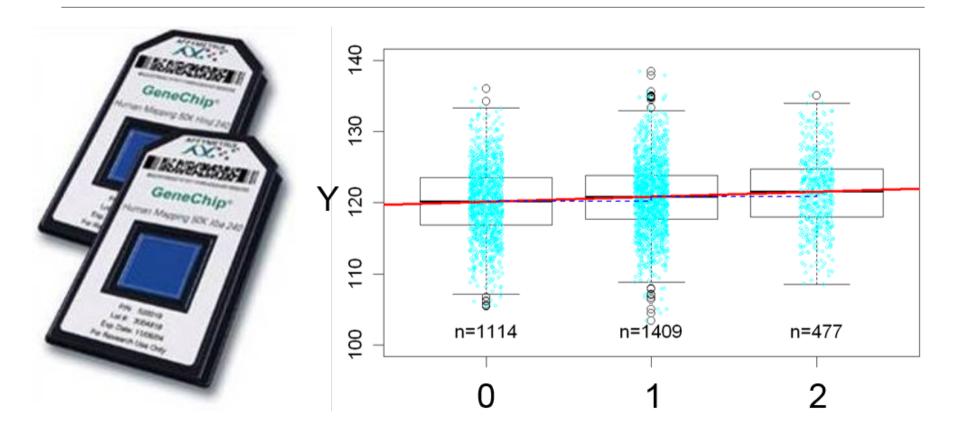
#### **Overview**

The ability to combine information from multiple sources is a strength of Bayesian statistics;

- Use of prior information + study data
- Combining multiple studies' data, in a meta-analysis

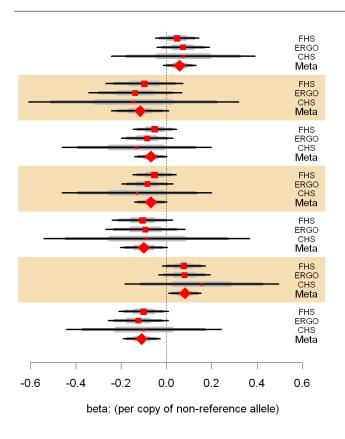
Meta-analysis was briefly introduced in Lecture 8 (GLMs) – here we give a more general approach, and a first look at *mixed models*, which are also natural in Bayesian approaches.

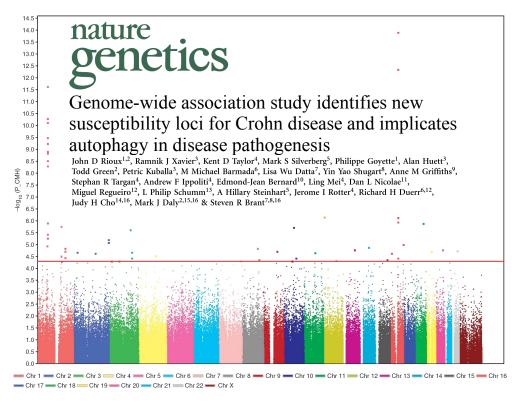
#### **Overview**



- Test association of disease (Y) with genotype (X = 0/1/2) is there a signal? (If so, learn new biology)
- Tiny effects, so combine multiple studies meta-analysis

#### **Overview**





- Test association of disease (Y) with genotype (X = 0/1/2)
  - is there a signal? (If so, learn new biology)
- Tiny effects, so combine multiple studies meta-analysis

### Meta-analysis: default approaches

Approximate the data from study i as

$$\widehat{\beta}_i \sim N(\beta_i, \sigma_i^2),$$

where each study is big enough that uncertainty about  $\sigma_i$  is negligible.

One very simple model assumes homogeneity, i.e.

$$\beta_i = \beta_0$$

and, with a flat prior on common parameter  $\beta_0$  provides

$$\widehat{\beta}_F = \mathbb{E}[\beta_0|\text{data}] = \sum_{i=1}^k \frac{\frac{1}{\sigma_i^2}}{\sum_{i=1}^k \frac{1}{\sigma_i^2}} \widehat{\beta}_i,$$
 
$$\text{Var}[\widehat{\beta}_F] = \text{Var}[\beta_0|\text{data}] = \frac{1}{\sum_{i=1}^k \frac{1}{\sigma_i^2}}.$$

#### Meta-analysis: default approaches

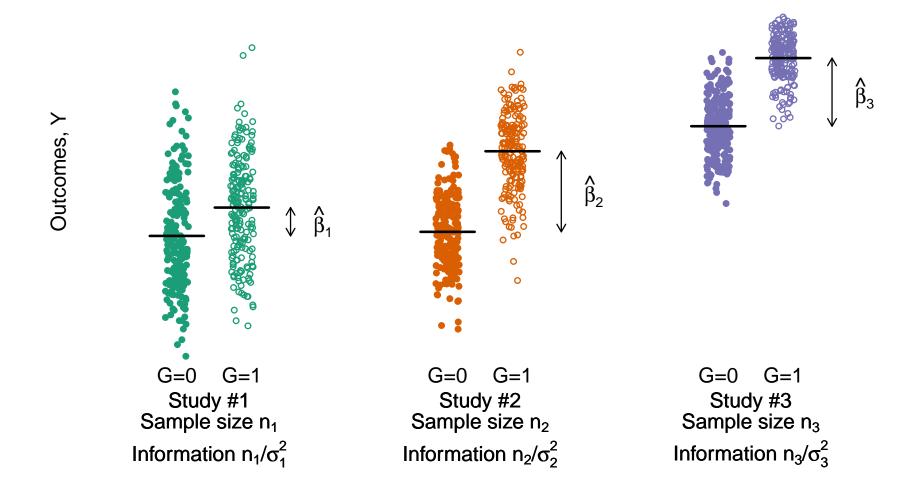
This is known as the fixed-effect or common-effect approach, and  $\widehat{\beta}_F$  is the inverse-variance weighted or precision-weighted estimate

- Under true homogeneity, just as efficient as pooling all the data and adjusting for study (Lin & Zeng, 2010)
- Under true homogeneity, Uniformly Most Powerful Unbiased (i.e. best) estimate of  $\beta_0$

#### But

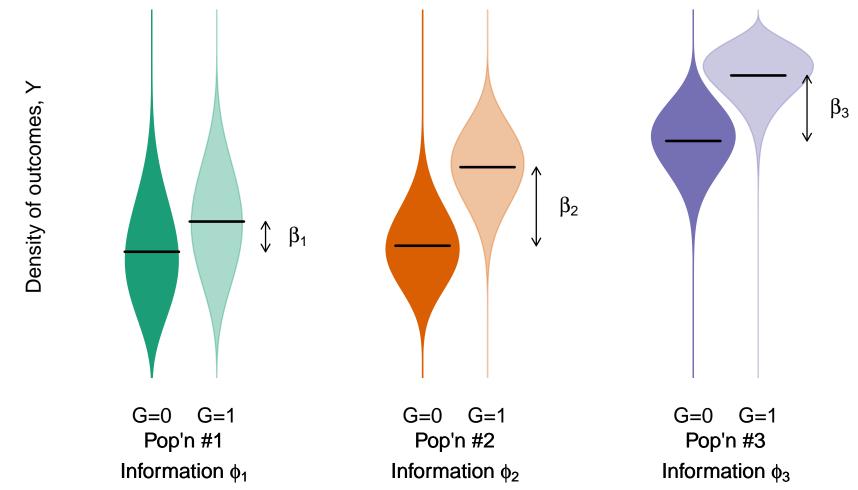
- True homogeneity is not generally plausible perhaps in lab replicates, perhaps if all  $\beta_i = 0$
- Not learning about heterogeneity which may be important in practice

To help think about  $\beta_i \neq \beta_0$ , consider data from three studies;



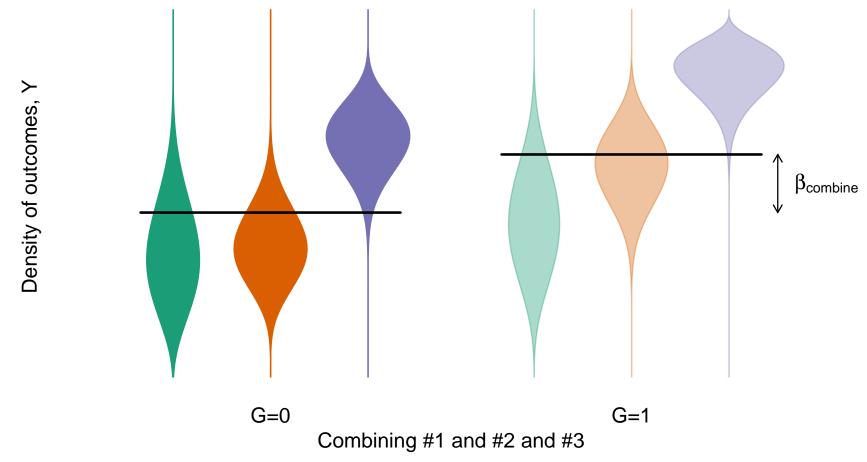
Each  $n_i = 200$  here. We assume all  $\sigma_i^2$  known ...can relax this.

Parameters those 3 studies are estimating;



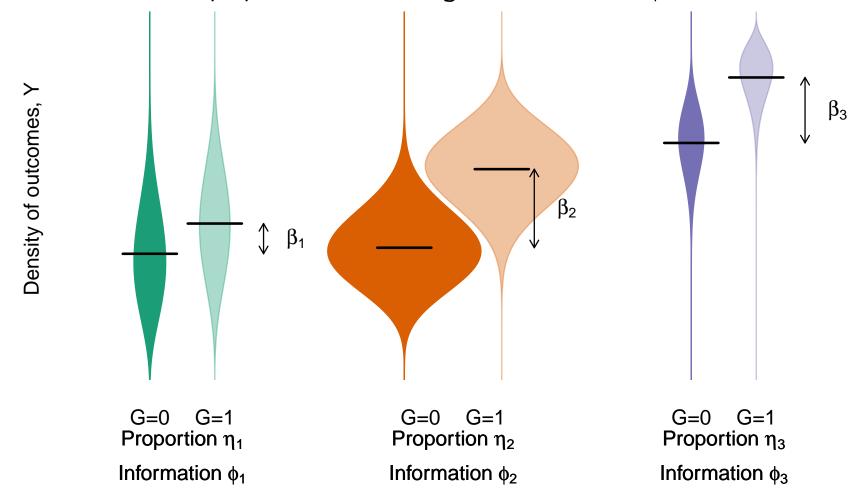
Differences in means  $(\beta_i)$  and information per observation  $(\phi_i)$ 

One overall population we might learn about;



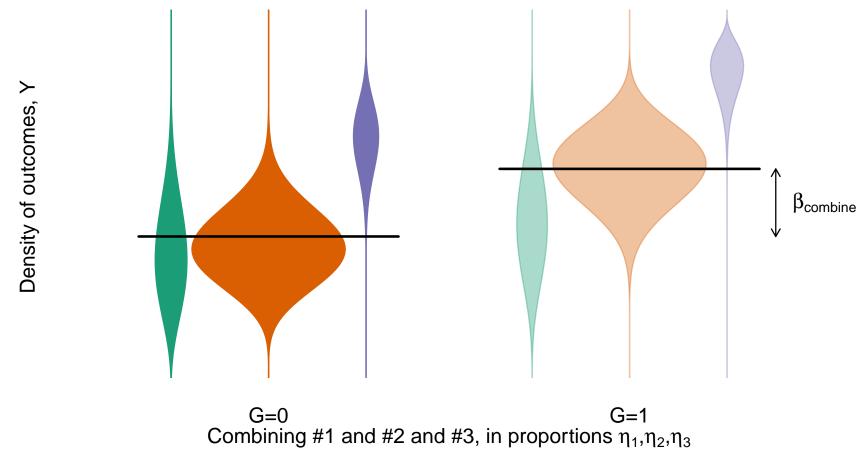
Mean difference, with each sub-population represented equally.

Another overall population we might learn about;



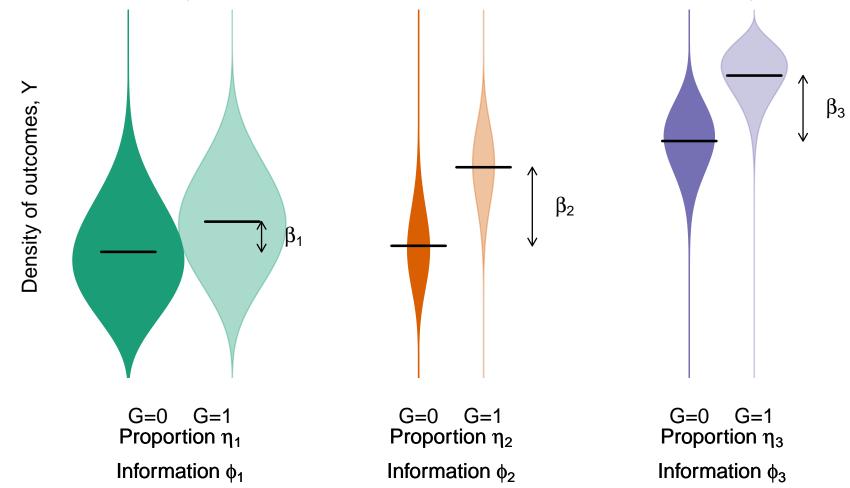
Weights here are 2/7/1, not 1/1/1 as before.

Another overall population we might learn about;



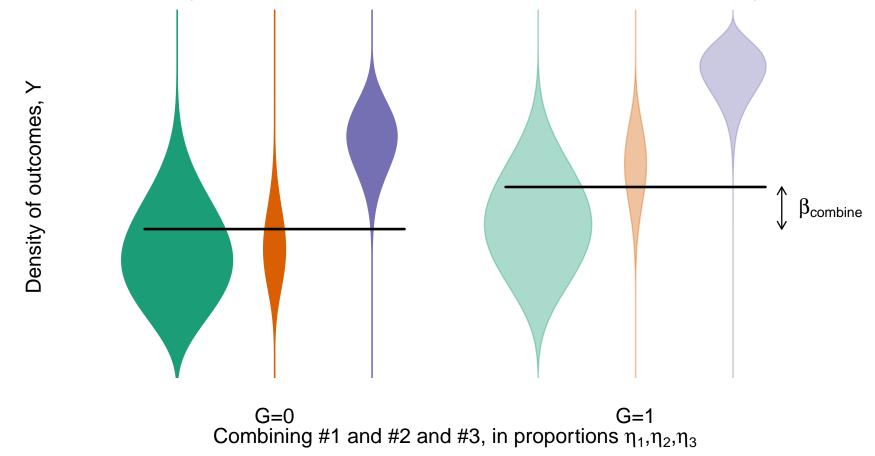
Still an average effect, but closer to  $\beta_2$  than before.

And another; (obviously, there are unlimited possibilities)



Weights here are 7/1/2.

And another; (obviously, there are unlimited possibilities)



Weights here are 7/1/2 – smaller average effect, closer to  $\beta_1$ 

With a flat prior, among all the weighted averages which has smallest variance? The answer may look familiar;

$$\beta_F = \sum_{i=1}^{k} \frac{\frac{1}{\sigma_i^2}}{\sum_{i=1}^{k} \frac{1}{\sigma_i^2}} \beta_i$$

... for which the posterior mean is  $\widehat{\beta}_F$ , as before – with the same variance estimate.

- Known as the fixed-effectS approach (note the plural) –
  it assumes one fixed effect for each study, we estimate an
  average
- ... the average the data tells us most about

A single estimator can have more than one valid justification. If this applies to your estimator, state why *you* are using it.

Those justifications again;

Name:	Common effect	Fixed effect <b>S</b>
Assumptions:		
	Effect size	Effect size
	All $\beta_i = \beta_0$	$eta_i$ unrestricted
Plausible?	Seldom	Often
$\widehat{eta}_F$ estimates:	Single $\beta_0$	An average, $eta_F$
Valid estimate?	Yes	Yes
Var $[\widehat{eta}_F]$ valid?	≈Yes*	≈Yes*

- ullet When testing, only care if **all**  $eta_i=0$ , when commoneffect=fixed-effects
- This area is surprisingly controversial...

<sup>\*</sup> negligible error in  $\sigma_i$  matters

Q. Can I use  $\widehat{\beta}_F$  under heterogeneity? A. It depends who you ask (!)

... it is no longer an estimate of any parameter, nor can its standard error or associated confidence interval be found

Whitehead & Whitehead, SiM

The assumption should thus be viewed as a potentially useful approximation

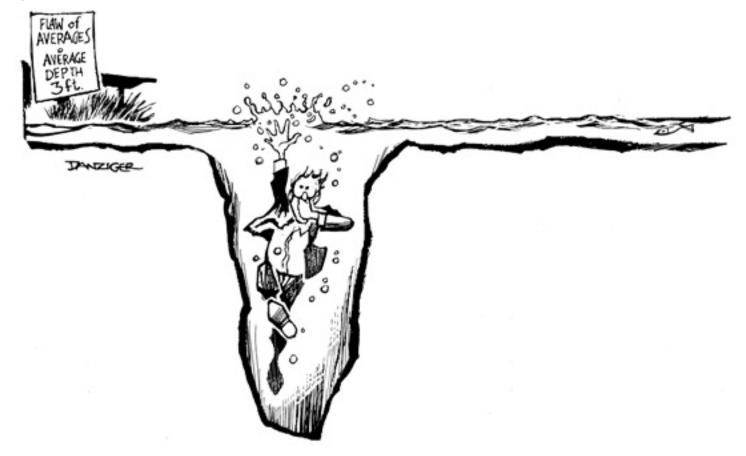
Greenland & Rothman, Modern Epi, pg 270

... it does **not**, however, implicitly assume that the true effect of treatment is the same in each trial

Peto et al, e.g. Lancet, 1998

Following common advice, many users are reluctant to report  $\widehat{\beta}_F$  alone under heterogeneity.

Letting an average (e.g.  $\beta_F$ ) tell the whole story is the 'flaw of averages';



- ullet Average effect  $eta_F$  answers one question
- This does not mean other questions aren't interesting!

An obvious measure of 'dispersion', i.e. spread;

$$\frac{1}{k} \sum_{i=1}^{k} (\beta_i - \beta_F)^2$$

But as with  $\beta_F$ , we can learn more about a weighted average of the deviations around  $\beta_F$ , e.g.

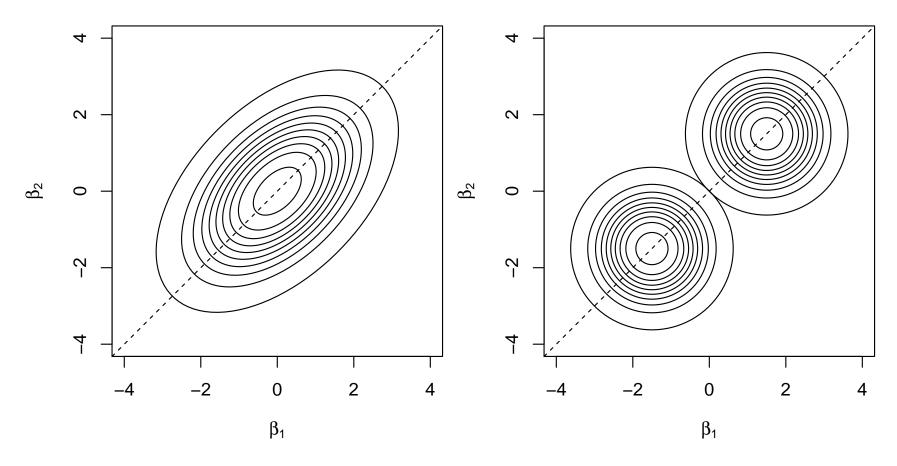
$$\zeta^{2} = \frac{1}{\sum_{i=1}^{k} \eta_{i} \phi_{i}} \sum_{i=1}^{k} \eta_{i} \phi_{i} (\beta_{i} - \beta_{F})^{2}.$$

An empirical estimate of this quantity can be written

$$\hat{\zeta}^2 \frac{\sum_{i=1}^k \sigma_i^{-2} (\beta_i - \hat{\beta}_F)^2 - (k-1)}{\sum_{i=1}^k \sigma_i^{-2}} = \frac{Q - (k-1)}{\sum_{i=1}^k \sigma_i^{-2}}$$

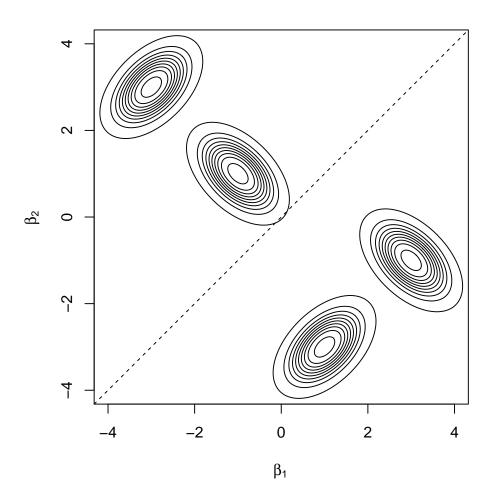
where Q is a.k.a. Cochran's Q, and  $I^2 = 1 - (k-1)/Q$  (trunacted at zero) are standard non-Bayesian statistics for testing homogeneity.

As we've seen, no prior really says we 'don't know' about a parameter  $\beta$ . But for multiple parameters, we can (easily) state that knowledge about them is symmetric;



The property  $p(\beta_1, \beta_2) = p(\beta_2, \beta_1)$  is called *exchangeability*.

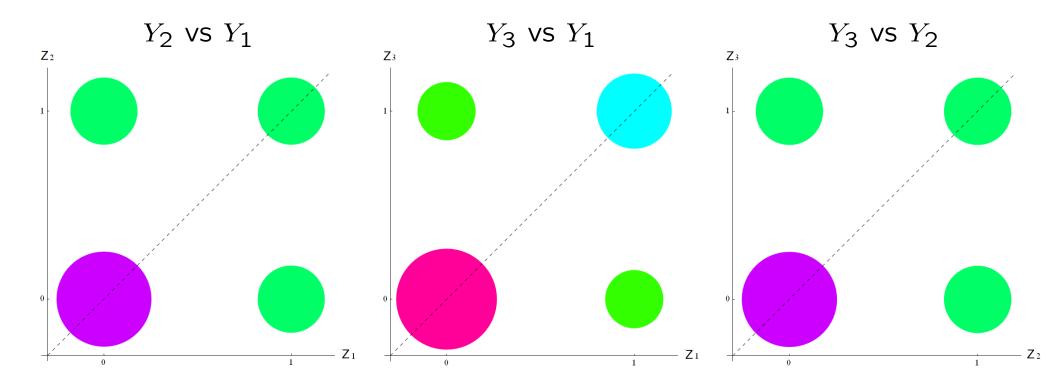
Exchangeability is a weaker statement than  $p(\beta_1, \beta_2) = p(\beta_1)p(\beta_2)$ , a.k.a. *independence*(see previous slide) and a stronger statement than having identical distributions (see below).



An example with binary  $\{z_1, z_2, z_3\}$ ; (colors indicate probabilities) Are  $z_1, z_2, z_3$  identically distributed? Exchangeble? I.i.d?

$z_1$	$z_2$	<i>z</i> 3	$\mathbb{P}[ oldsymbol{z} ]$	
$\frac{\sim 1}{0}$	0	0	6/20	
0	0	1	2/20	
0	1	0	3/20	
0	1	1	1/20	
1	0	0	2/20	Z <sub>3</sub>
1	0	1	2/20	
1	1	0	1/20	
1	1	1	3/20	
			·	O Z2
				<b>Z</b> <sub>1</sub>
				1

Full exchangeability does not hold, but any two variables are exchangeable; (colors indicate probabilities again)



The variables  $\{Y_1, Y_2, Y_3\}$  are 2-exchangeable; the concept can be generalized to n-exchangeability.

In an exchangeable prior, there's no distinction between what we know about one  $\beta_i$  versus another. For example in meta-analysis;

$$\widehat{\beta}_i \sim N(\beta_i, \sigma_i^2)$$
 $\beta_i \stackrel{i.i.d.}{\sim} N(\mu, \tau^2)$ 

...for some  $\mu$ ,  $\tau^2$  – which may in turn have *hyperpriors*, describing uncertainty about the prior for the  $\beta_i$ .

- This is a form of hierarchical model
- Remarkably, it turns out that Bayesian hierarchical models and exchangeability are equivalent – this is de Finetti's theorem

In this hierarchical model, the default not-so-Bayesian estimate for  $\mu$  is *Der Simonian-Laird* (DSL);

$$\hat{\mu} = \frac{\sum_{i=1}^{k} \frac{1}{\sigma_i^2 + \hat{\tau}^2} \hat{\beta}_i}{\sum_{i=1}^{k} \frac{1}{\sigma_i^2 + \hat{\tau}^2}}, \quad \text{with } \text{Var}[\hat{\beta}_F] = \frac{1}{\sum_{i=1}^{k} \frac{1}{\sigma_i^2 + \hat{\tau}^2}},$$

and 
$$\hat{\tau}^2 = \max\left(\frac{Q - (k-1)}{\sum \sigma_i^{-2} - \sum \sigma_i^{-4} / \sum \sigma_i^{-2}}, 0\right)$$

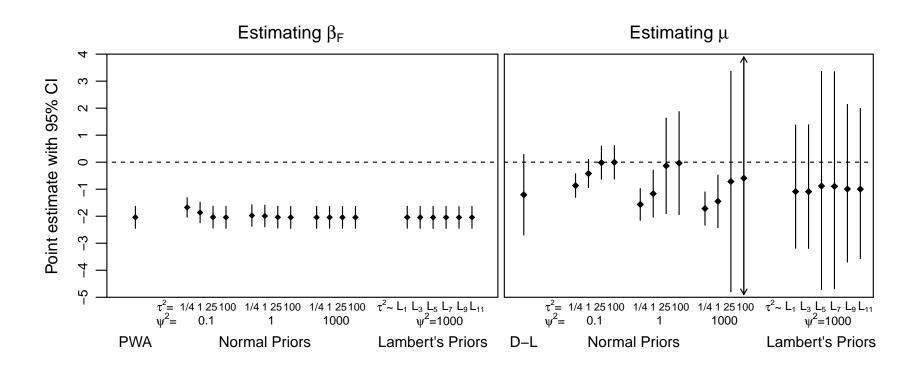
- ullet DSL uses a method of moments plug-in for  $au^2$ , then fairly natural
- ullet Gives  $\widehat{eta}_F$  when Q (heterogeneity) is below-average compared to homogeneity
- $\bullet$  Estimates a weighted average of the  $\beta_i$  but where inverse-variance weights are 'moderated' by  $au^2$

Typical meta-analysis of 5 association studies;

	G=1			G=0					
N	Mean	SD	N	Mean	SD			N	Mean Difference, 95% CI
33	12.1	9.8	30	7.7	9.8	ļ <u>.</u>			4.40 [ -0.45 , 9.25 ]
52	4.4	1.4	49	5.1	2.8	<b>⊢</b>			-0.70 [ -1.57 , 0.17 ]
25	4.5	1.6	23	8.1	1.8	<b>⊢≣</b> →			-3.60 [ -4.57 , -2.63 ]
25	4	1.04	25	7.12	1.26	<b>⊦</b> ■+			-3.12 [ -3.76 , -2.48 ]
68	6.89	3.35	71	7.55	3.96	<b>⊢</b> ■:			-0.66 [ -1.88 , 0.56 ]
72	7.9	4.25	71	7.55	3.96	<b>-</b>			0.35 [ -1.00 , 1.70 ]
Fixed effects (not hierarchical)		•			-2.04 [ -2.45 , -1.64 ]				
Hierarchical (DerSimonian–Laird)			•			-1.21 [ -2.69 , 0.28 ]			
						-5.00 0.00	5.00	10.00	
			Mean Dif	ference					

Using full Bayes, we can introduce priors on the hyperparameters;

$$\widehat{\beta}_i \sim N(\beta_i, \sigma_i^2)$$
 $\beta_i \stackrel{i.i.d.}{\sim} N(\mu, \tau^2)$ 
 $\mu \sim N(0, \psi^2)$ 
 $\tau^2 \sim p(\tau^2)$ 

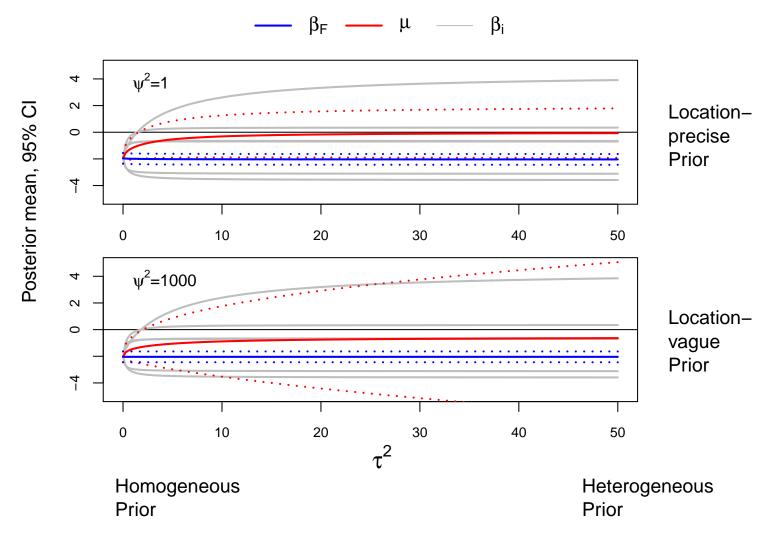


- Try  $\psi^2$  at 0.1, 1, 1000
- Try  $\tau^2$  fixed at 1/4, 1, 25, 100 and a selection from Lambert (2005);

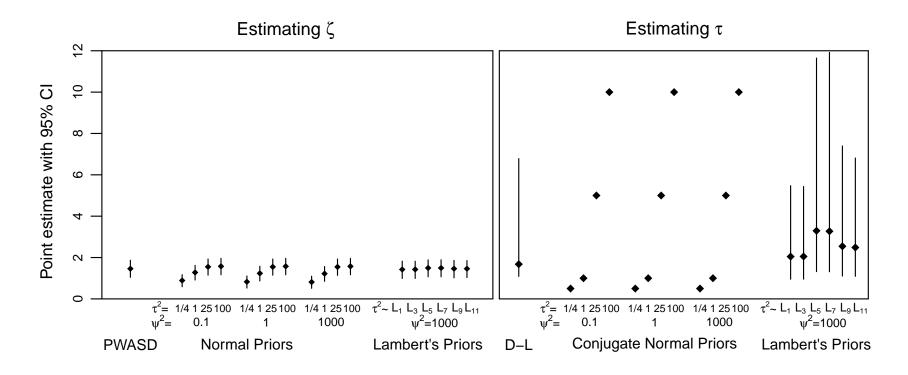
 $L_1$ :  $\tau^{-2} \sim \Gamma(0.001, 0.001)$ ;  $L_3$ :  $\log(\tau^2) \sim U(-10, 10)$ ;  $L_5$ :  $\tau^{-2} \sim U(1/1000, 1000)$ ;  $L_7$ :  $\tau^{-2} \sim \text{Par}(1, 0.001)$ ;  $L_9$ :  $\tau \sim U(0, 100)$ ;  $L_{11}$ :  $\tau \sim N(0, 100)$ ,  $\tau > 0$ 

ullet Priors matter for  $\mu$ , not  $\beta_F$ 

For the priors with fixed  $\psi, \tau^2$ ;

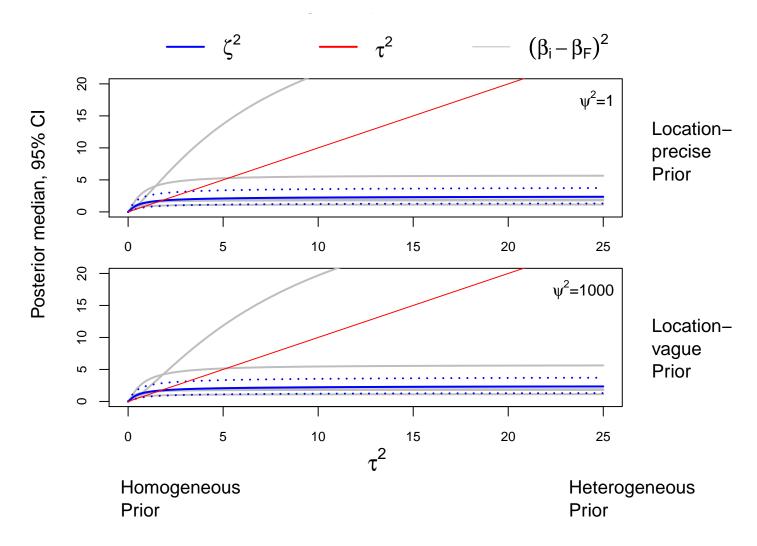


Similarly, precision-weighted 'spread'  $\zeta^2$  is more stable than  $\tau^2$ 



- ullet Not as stable as for  $eta_F$  because data tells us less about  $\zeta^2$  than overall location
- Just reporting the original-data forest plot is a sane summary

And for priors with fixed  $\psi^2$ ,  $\tau^2$  – the same story;

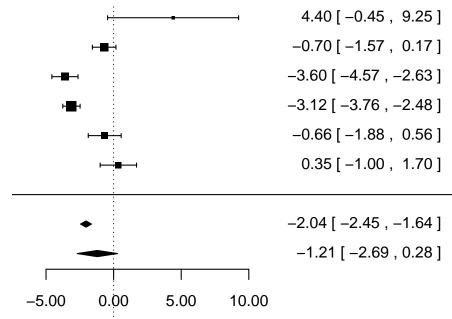


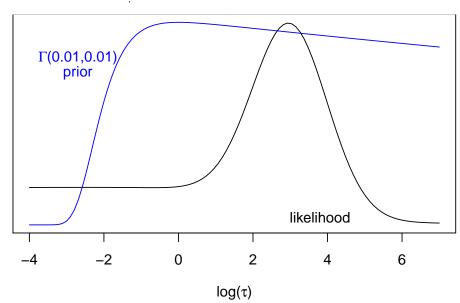
### More on sensitivity

Why, in these models, does the prior on  $\tau^2$  matter so much?

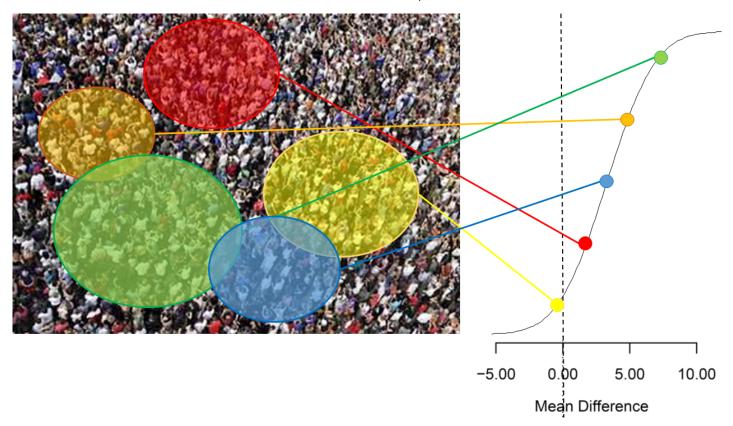
Recall our example; what values of  $\tau$  are plausible?

Homogeneity (i.e.  $\tau = 0$ ) isn't ruled out by data — but low  $\tau$  values **are**, under  $\Gamma$  priors. This can't be entirely avoided, expect to think carefully about the prior.





Exchangeability is a strong justification for using hierarchical models (see e.g. Higgins & Spiegelhalter 2009). But the 'classical' motivation looks like this;



Randomly-sampled effect-sizes have mean  $\mu$ , variance  $\tau^2$  – parameters of the *random effects* distribution.

The same calculations can have >1 interpretation;

Model term	Random effects	Fixed effect <b>S</b>
		+ exchangeability
$eta_i^{\widehat{eta}_i} \sim N(eta_i, \sigma_i^2) \ eta_i^{\widehat{eta}_i} \sim N(\mu,  au^2)$	Pandom outcomes	Random outcomes
		Prior on
$\mu \sim N(0, \psi^2)$		fixed
$\tau^2 \sim p(\tau^2)$	& var of possible $eta_i$	$eta_1,,eta_k$

- ullet In RE model,  $\psi$  is the standard deviation of the prior on average study effect  $\mu$ ; au is the standard deviation of the study effects
- An assumption of i.i.d. effects is often hard to justify; typically, later studies' designs depend on earlier studies' results – e.g. replication studies
- **But** random effects models are needed for prediction what  $\beta_i$  might we see in the next study?

Q. So can I use this without upsetting people?

A. Again (!) it depends who you ask

Random-effects models are unpopular with some...

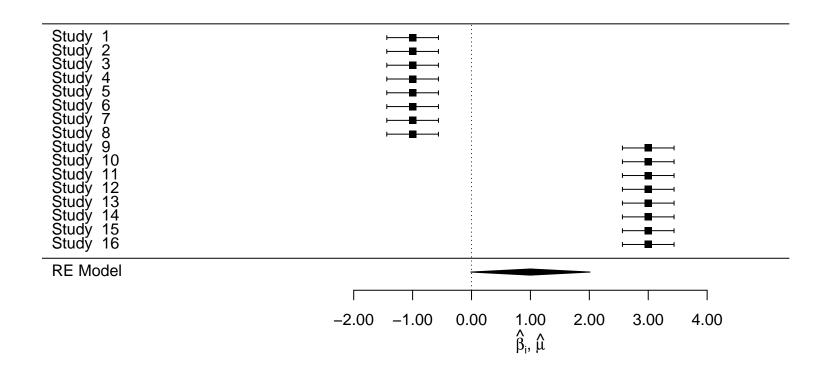


I'll not let the random differences between different trials contribute to my final p-value or contribute to my final estimate of the magnitude of the effect or to the confidence intervals that I'll put about it.

The random effects analysis says, look, we've got a lot of different trial results, here. What's the mean and what's the scatter of the different trials results? I don't think that this is actually wholly wrong [...] I think it does answer a question. But it's a very abstruse and uninteresting question

Richard Peto, Stats in Med, 1987

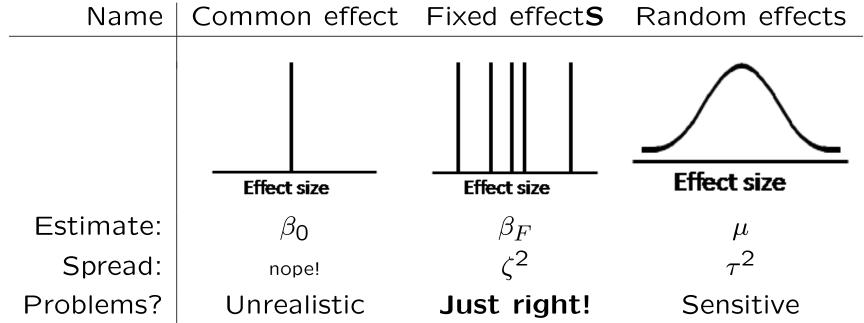
It's worth noting that random-effects models do not provide intervals that 'reflect heterogeneity';



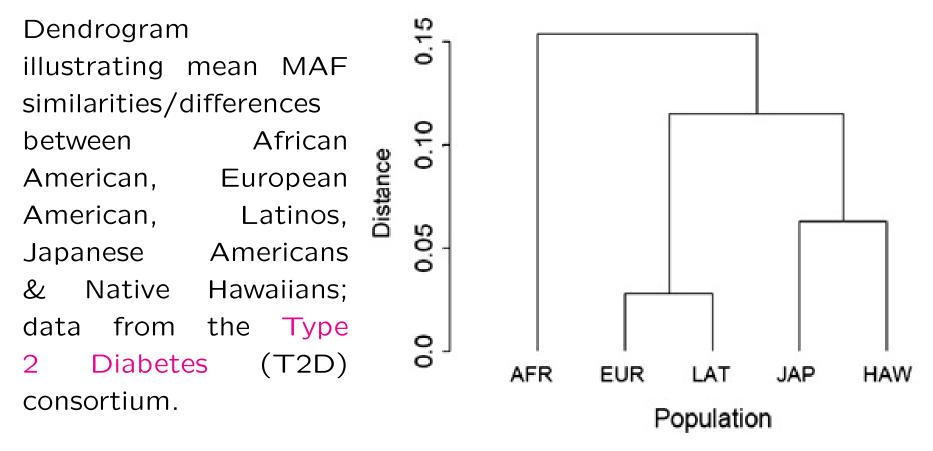
Recall that  $\mu$  and its posterior describe the mean of the population of study effects *you might ever see*, not necessarily the set of effects in the observed studies.

# **Summary** – for inference

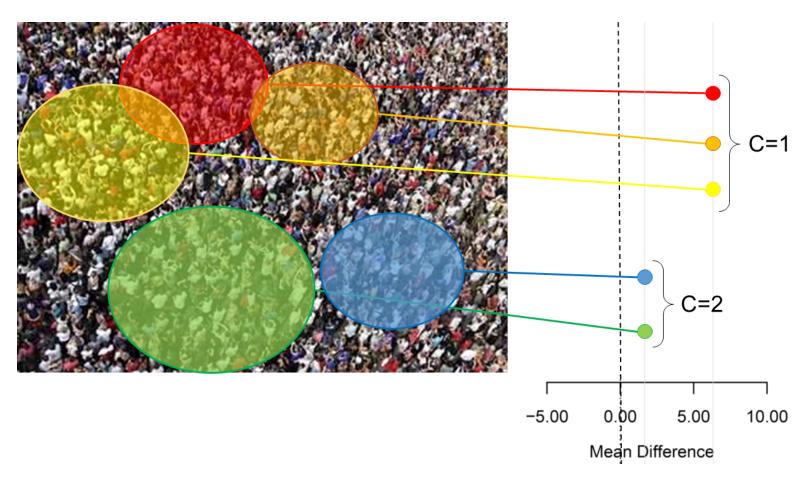




Assumptions of exchangeability provide attractive shrinkage and 'borrowing strength', when there's no reason to distinguish  $\beta_i$ . But, at least in genetic association work, ancestry may suggest which  $\beta_i$  may be similar;



The Meta-ANalysis of Transethnic Association studies (MANTRA) method (Morris, 2011) exploits the MAF information (or  $F_{ST}$ ) to cluster effects in sub-populations. Conceptually;



Within each cluster, there is a single 'center' effect selected from the study effects  $\beta_1, \beta_2, \ldots, \beta_k$  — each study is equally likely to be such a center, a priori, and each non-center study gets assigned to its 'nearest' center.

Within-cluster, the center effect size has prior

$$eta_c \sim N(\mu, \tau^2)$$
 $au^2 \sim Exp(1)$ 
 $\mu \sim \text{flat.}$ 

The number of clusters C has prior

$$\mathbb{P}[C=c] = \begin{cases} \frac{1}{2}, & c=1\\ \frac{1}{2^{c}} \frac{2^{k-1}}{2^{k-1}-1}, & c=2,...,k, \end{cases}$$

i.e. homogeneity has 50% prior support, then it 'tails off'.

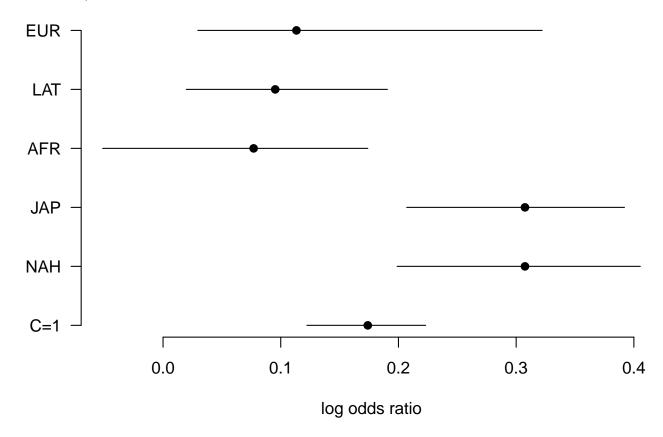
MANTRA is implemented with reversible jump MCMC – somewhat like Gibbs Sampling, but allowing center effects  $\beta_c$  to enter/leave the model. It is run twice, with all  $\beta_i = 0$  (i.e. the null) and the model above (alternative).

#### Its output;

- ullet Bayes Factor comparing the null with the clustered, non-zero  $eta_i$
- ullet Posterior probability of C>1 under the alternative
- Posterior probabilities of cluster-membership, for each study, under the alternative

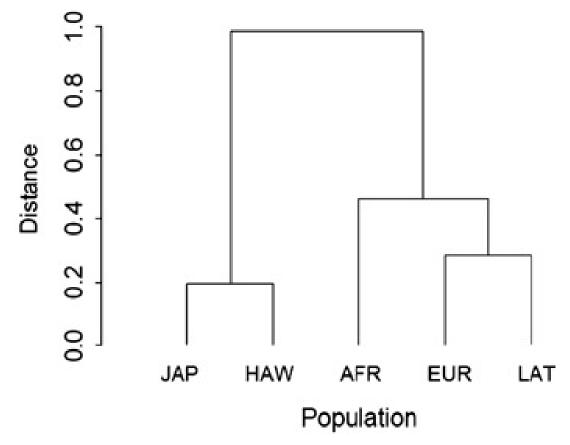
The computational effort required is non-trivial (e.g. 10 mins per SNP) but can be parallelized; 32 processors for 1 week enables GWAS with 2.5M SNPs.

Output for T2D association, at rs7754840 in the (known) CDKAL1 locus;



Compared to the null, get BF=8.9 for C=1, but BF=11.0 for unconstrained model — and 99.2% posterior probability that C>1.

Showing the posterior probability of cluster memberships;



The large Bayes Factor occurs because the data suggest differences between group as well as a non-zero average effect. **Both** violate the null – that **all**  $\beta_i = 0$ .

Heterogeneity and average effect in the fixed-effects analysis; writing

$$Z_i^2 = \widehat{\beta}_i^2/\sigma_i^2$$

$$Z_F^2 = \widehat{\beta}_F/\text{Var}[\widehat{\beta}_F],$$
then  $Z^2 = \sum_{i=1}^k Z_i^2$ 

$$= Z_F^2 + \sum_{i=1} \sigma_i^{-2} (\widehat{\beta}_i - \widehat{\beta}_F)^2$$

$$= Z_F^2 + Q,$$

i.e. the signal-to-noise over all studies is the signal-to-noise for the average effect  $\beta_F$  plus the heterogeneity — Cochran's Q.

GWAS usually only examines  $\beta_F$  – but there's no need to restrict like this. See also the ASSET method, looking at differences by disease subtype.

#### **Summary**

- Meta-analysis is natural in a Bayesian framework
- Summarizing what You know is still a challenge
- Questions of heterogeneity are of interest, but often more sensitive to modeling assumptions; prior information matters

### **Obligatory XKCD cartoon**

#### And finally;

MANY META-ANALYSIS STUDIES INCLUDE THE PHRASE "WE SEARCHED MEDLINE, EMBASE, AND COCHRANE FOR STUDIES..."

THIS HAS LED TO META-META-ANALYSES COMPARING META-ANALYSIS METHODS.

9 M SAMPSON (2003), PL ROYLE (2005)
E LEE (2011), AR LEMESHOW (2005)

WE PERFORMED A META-META-META-ANALYSIS OF THESE META-META-ANALYSES.

METHODS: WE SEARCHED MEDLINE, EMBASE, AND COCHRANE FOR THE PHRASE "WE SEARCHED MEDLINE, EMBASE, AND COCHRANE FOR THE PHRASE "LIE SEARCHED MEDILINE EMBASE AND

LIFE GOAL #28: GET A PAPER REJECTED
WITH THE COMMENT "TOO META"

The meta-meta analyses are real!