



# **Power, Sample Size and Replication**

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#### **Outline**

#### 1. Aims

- 2. Statistical power
- 3. Estimate the power of association analysis Analytically Empirically
- 4. Multiple Testing
- 5. Replication

### 1. Aims

#### 1. Know what type-I error and power are

2. Know that you can/should estimate the power of your association analyses (analytically or empirically)

3. Know that there a number of tools that you can use to estimate power

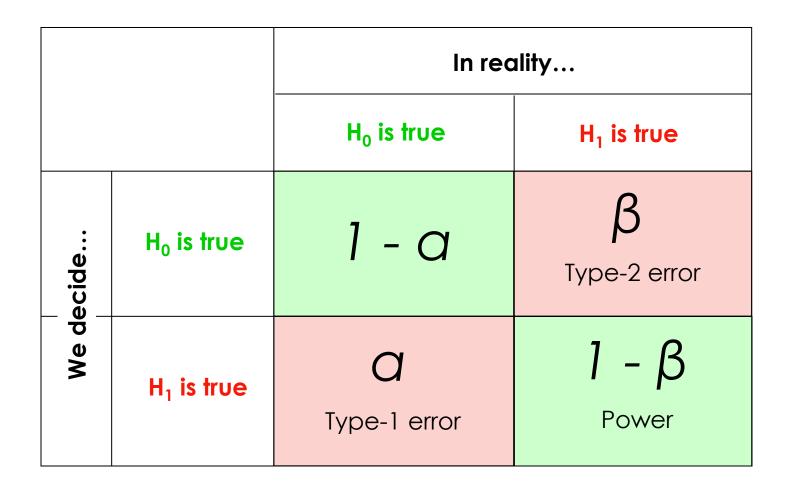
4. Be aware that there are many factors that increase type-l error and decrease power

5. Be able to understand strategy and criteria for replication

### 2. Statistical power

 $H_0$ : There is <u>NO</u> association between a marker and a trait

H<sub>1</sub>: There is association between a marker and a trait



**Power:** probability of detecting association when  $H_1$  is true.



#### ▶ <u>Power</u>

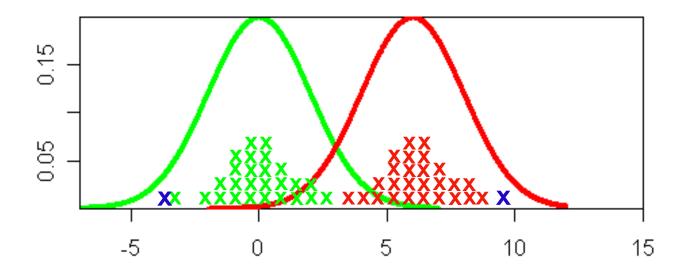
The probability of detecting a given size effect in a population from a sample size N, using significance criterion alpha

#### ▶ <u>Type I error</u>

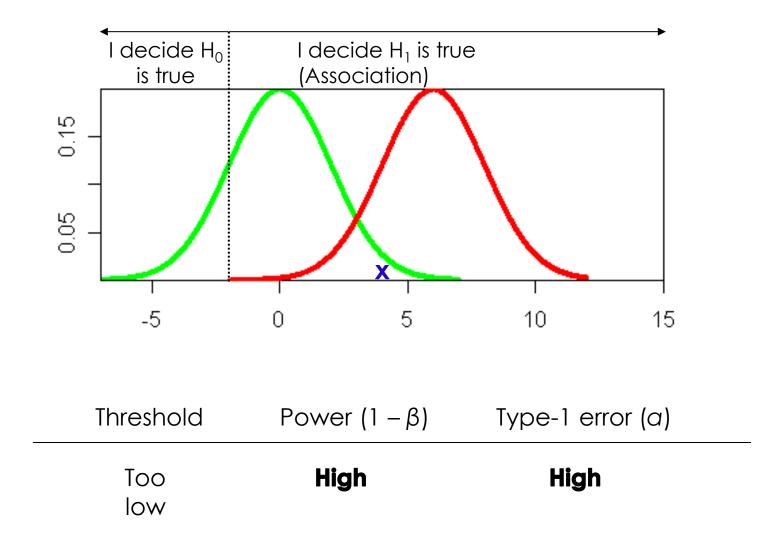
The probability of incorrectly rejecting the null hypothesis of no association

 $H_0$ : There is <u>NO</u> association between a marker and a trait  $H_1$ : There is association between a marker and a trait

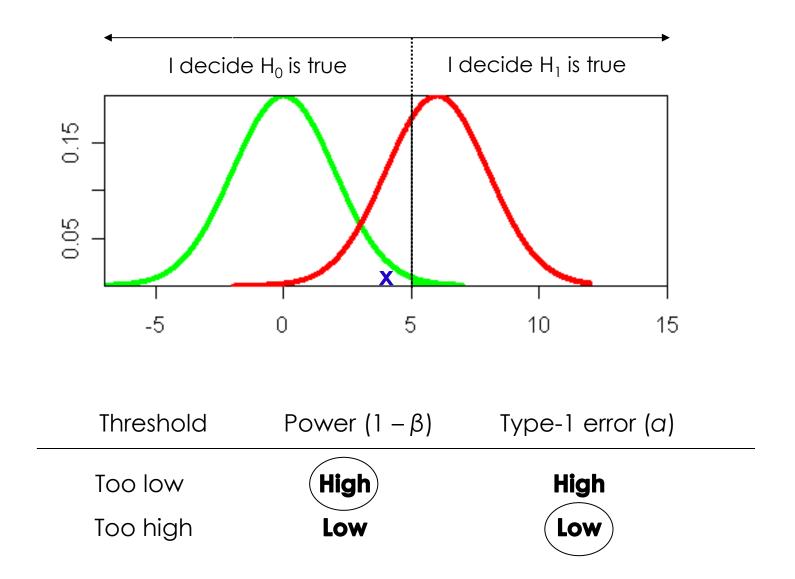
Association test statistic has different distributions under H<sub>0</sub> and H<sub>1</sub>



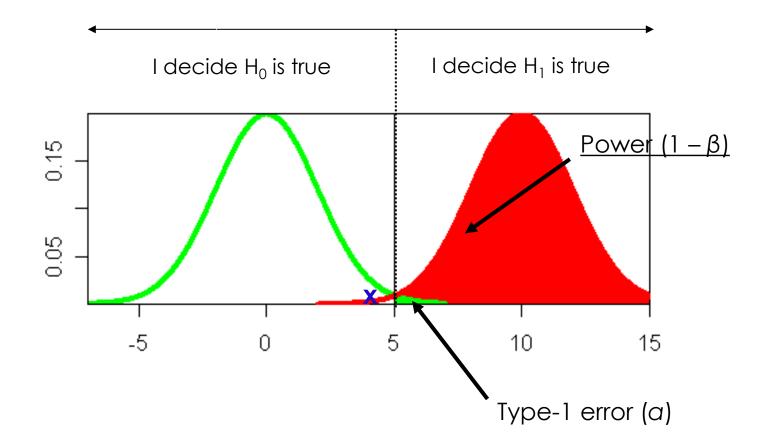
<u>Where should I set the threshold to determine significance?</u>



<u>Where should I set the threshold to determine significance?</u>

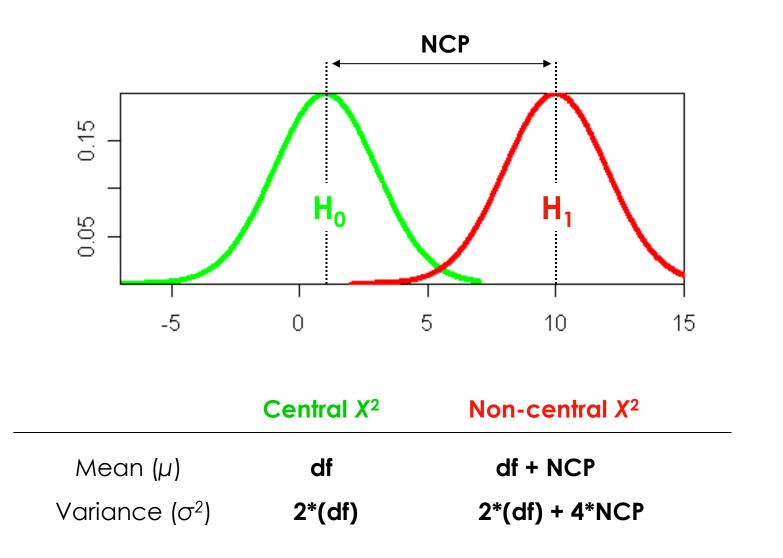


#### How do I maximise Power while minimising Type-1 error rate?

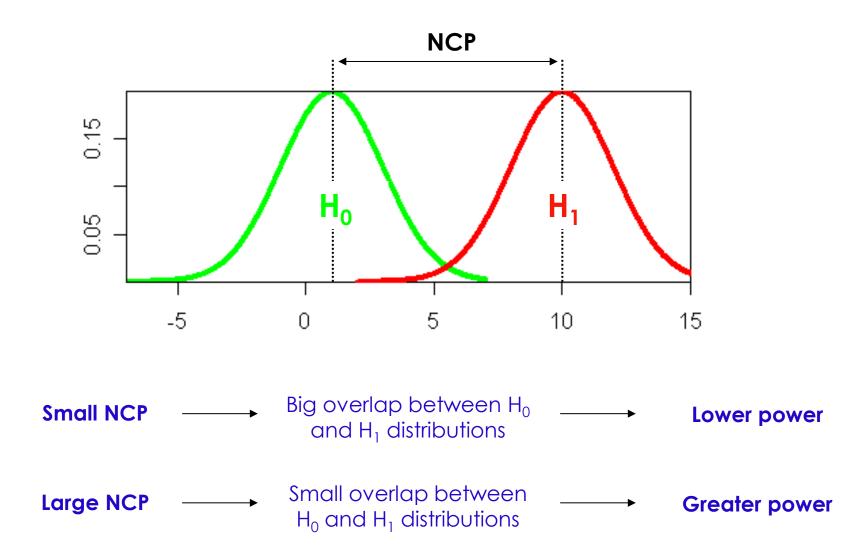


- 1. Set a high threshold for significance (i.e. results in low a [e.g. 0.05-0.0002])
- 2. Try to shift the distribution of the association test statistic when  $H_1$  is true as far as possible from the distribution when  $H_0$  is true.

#### Non-centrality parameter



These distributions ARE NOT chi-sq with 1df!! Just for illustration... (Question- why do we use chi-sq?)

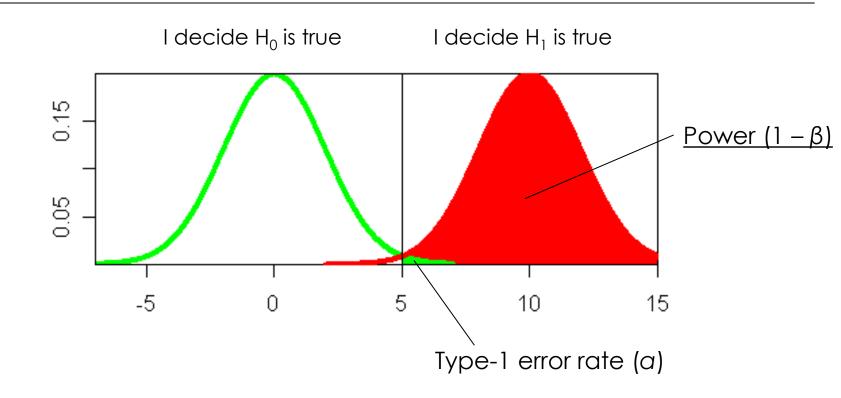


Sample size does NOT scale linearly with Power

▶ But, sample size scales linearly with NCP

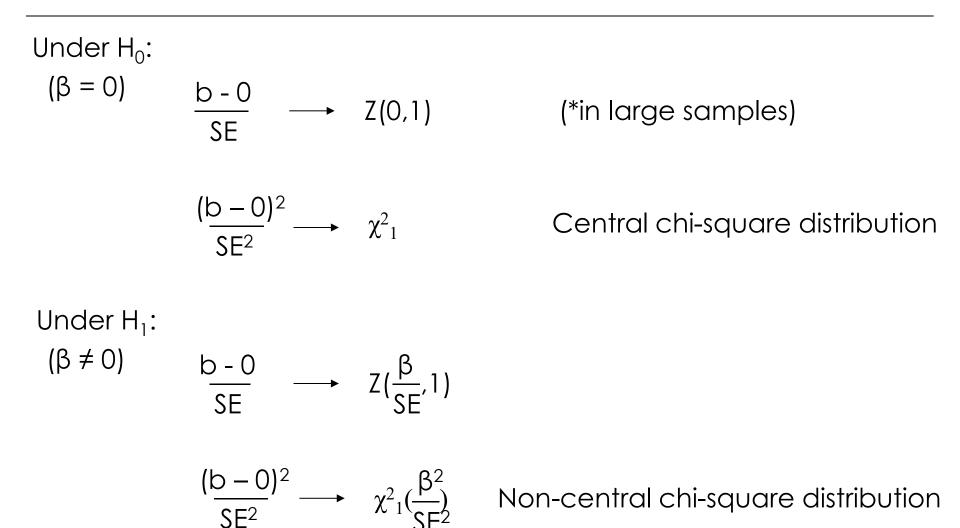
#### 3. Estimate power for association

### **Theoretical power estimation**



- 1. Set type 1 error rate (e.g.  $\alpha = 0.05$ )
- 2. Determine what critical value this corresponds to on the X axis
- 3. Work out the non-centrality parameter of the test (NCP =  $E(H_1) E(H_0)$ )
- 4. Calculate the area to the right of the threshold under  $H_1$

### **Trivial Example: OLS Linear Regression**



### **Trivial Example: OLS Linear Regression**

$$\frac{(b-0)^2}{SE^2} \longrightarrow \chi^2_1(\frac{\beta^2}{SE^2})$$

- 1. Set type 1 error rate (e.g.  $\alpha = 0.05$ )
- 2. Determine what critical value this corresponds to on the X axis qchisq(p = 0.05, df = 1, ncp = 0, lower.tail = FALSE, log.p = FALSE) [1] 3.841459

 $\frac{\beta^2}{\mathsf{SF}^2}$ 

3. Work out the non-centrality parameter of the test

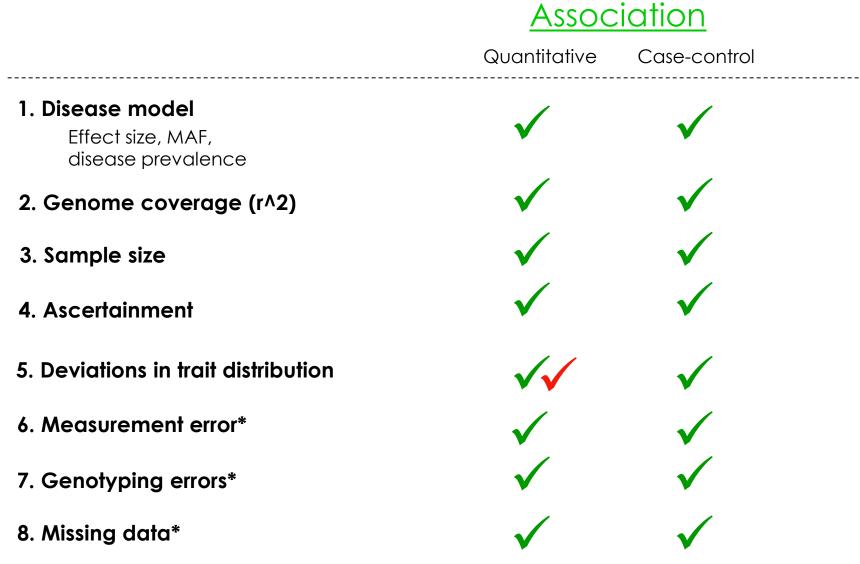
 $\beta = 0.1$ SE  $\approx 1/\sqrt{N}$  (Assume N = 1000)

4. Calculate the area to the right of the threshold under  $H_1$ 

```
pchisq(q=3.84, df=1, ncp = 0.1<sup>2</sup>/(1/1000), lower.tail = FALSE, log.p = FALSE)
```

[1] 0.8854512

## Factors that influence power and type-1 error



\*Assume random

### **Theoretical power estimation: Exercise**

What case control sample size do we need to achieve 80% power for genome-wide significance for an odds ratio of 1.2 in a multiplicative model and an allele frequency of 20% when we directly type the locus for a disease with 5% prevalence?

#### http://zzz.bwh.harvard.edu/gpc/ (Note new location!)

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Case-control for threshold-selected quantitative traits Notes	1		
QTL association for sibships and singletons Notes			
TDT for discrete traits Notes			
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TDT for threshold-selected quantitative traits Notes			
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QTL linkage for sibships Notes			
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<b>Genetic</b> Power Cal	culator	
Case - control for discrete traits	Allele freque	ency at the risk locus
High risk allele frequency (Å)	: 0.2 (0 - 1)	
Prevalence	: .05 (0.0001 - 0.9999)	
Genotype relative risk Aa	: 1.2 (>1)	
Genotype relative risk AA	: 1.44 (>1)	
D-prime	: 1 (0 - 1)	
Marker allele frequency (B)	: 0.2 (0 - 1)	
Number of cases	: 1000 (0 - 1000000)	
Control : case ratio	: 1 (>0)	
	( 1 = equal number of cases and controls)	)
	Unselected controls? (* see below)	
User-defined type I error rate	: 5e-8 (0.00000001 - 0.5)	
User-defined power: determine N	: 0.80 (0 - 1)	
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<b>Genetic Power Cal</b>	culator	2
Case - control for discrete traits	How commo	on disease is
High risk allele frequency (Å) Prevalence Genotype relative risk Åa Genotype relative risk ÅÅ D-prime Marker allele frequency (B) Number of cases Control : case ratio	<pre>: 0.2 (0 - 1) : 0.5 (0.0001 - 0.9999) : 1.2 ( &gt;1 ) : 1.44 ( &gt;1 ) : 1.44 ( &gt;1 ) : 0.2 (0 - 1) : 1000 (0 - 10000000) : 1 ( &gt;0 ) ( 1 = equal number of cases and controls) Unselected controls? (* see below)</pre>	)
User-defined type I error rate User-defined power: determine N (1 - type II error rate)	: 5e-8 (0.00000001 - 0.5) : 0.80 (0 - 1)	
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Genetic Power Cal	culator	
Case - control for discrete traits		This is the relative risk—not the
High risk allele frequency (Å) Prevalence	0.2 (0 - 1) 0.05 (0.0001 - 0.9999)	odds ratio. The OR is
Genotype relative risk Aa	: 1.2 (>1)	approximately equivalent to the PP
Genotype relative risk AA	: 1.44 (>1)	approximately equivalent to the RR
D-prime	: 1 (0 - 1)	for small values of RR.
Marker allele frequency (B)	: 0.2 (0 - 1)	
Number of cases	: 1000 (0 - 1000000	0
Control : case ratio	$\begin{array}{c c} \vdots & 1 \\ & (>0) \\ & (1 = equal number \end{array}$	of cases and controls)
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Genetic Power Cal	culator	
Case - control for discrete traits		Risk of the AA genotype. Note that
High risk allele frequency (A)	: 0.2 (0 - 1)	the model of risk is defined by the
Prevalence	: .05 (0.0001 - 0.9999)	J. J
Genotype relative risk Aa	: 1.2 (>1)	relationship between Aa and AA.
Genotype relative risk AA	: 1.44 (>1)	· ·
D-prime	: 1 (0 - 1)	We have a multiplicative model
Marker allele frequency (B)	: 0.2 (0 - 1)	
Number of cases	: 1000 (0 - 1000000)	because 1.44 = 1.2*1.2.
Control : case ratio	: 1 (>0)	
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Genetic Power Calcula	ator		~
Case - control for discrete traits		The LD statistic D' w	hich represents
High risk allele frequency (A) : $0$ .		recombination patter	ns historically.
Prevalence : .0 Genotype relative risk Aa : 1.		· · · ·	<b>,</b>
Genotype relative risk AA : 1.	.44 (>1)	D' + allele frequency	at the typed
D-prime : 1 Marker allele frequency (B) : 0.		locus information yie	lds r <sup>2</sup>
Number of cases : 10	000 (0 - 1000000)		
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Genetic Power Cal	culator	2
Case - control for discrete traits	Sample size	for cases
High risk allele frequency (A)	: 0.2 (0 - 1)	
Prevalence	: .05 (0.0001 - 0.9999)	
Genotype relative risk Aa	: 1.2 (>1)	
Genotype relative risk AA	: 1.44 (>1)	
D-prime Marker allele frequency (B)	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Number of cases Control : case ratio	: 1000 (0 - 10000000) : 1 (>0)	
	( 1 = equal number of cases and controls)	
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Genetic Power Cal	culator	
Case - control for discrete traits	Ratio of Con	trols to Cases
High risk allele frequency (Å)	: 0.2 (0 - 1)	
Prevalence	: .05 (0.0001 - 0.9999)	
Genotype relative risk Aa	: 1.2 (>1)	
Genotype relative risk AA	: 1.44 (>1)	
D-prime	: 1 (0 - 1)	
Marker allele frequency (B)	: 0.2 (0 - 1)	
Number of cases	: 1000 (0 - 10000000)	
Control : case ratio	: 1 (>0)	
	( 1 = equal number of cases and controls)	
	Unselected controls? (* see below)	
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User-defined power: determine N	(0.80) $(0 - 1)$	
(1 - type II error rate)		
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<b>Genetic Power Cal</b>	culator		^
Case - control for discrete traits		Genome-wide significance threshold	
High risk allele frequency (Å)	: 0.2 (0 - 1)	We'll learn about this later in the	
Prevalence	: .05 (0.0001 - 0.9999)		
Genotype relative risk Aa	: 1.2 (>1)	session	
Genotype relative risk AA	: 1.44 (>1)	oooolon	
D-prime	: 1 (0 - 1)		
Marker allele frequency (B)	: 0.2 (0 - 1)		
Number of cases	: 1000 (0 - 1000000)	)	
Control : case ratio	: 1 (>0)		
	( 1 = equal number o	of cases and controls)	
	Unselected controls? (*	* see below)	
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User-defined power: determine N (1 - type II error rate)	: 0.00 (0 - 1)		
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Genetic Power Calo	culator	<u>^</u>
Case - control for discrete traits	Power level-	-what we're interested
High risk allele frequency (A)	: 0.2 (0 - 1) in observing	
Prevalence	: .05 (0.0001 - 0.9999) III ODSCI VIIIY	
Genotype relative risk Aa	: 1.2 (>1)	
Genotype relative risk AA	: 1.44 (>1)	
D-prime	: 1 (0 - 1)	
Marker allele frequency (B)	: 0.2 (0 - 1)	
Number of cases	: 1000 (0 - 10000000)	
Control : case ratio	: 1 (>0)	
	( 1 = equal number of cases and controls)	
	Unselected controls? (* see below)	
User-defined type I error rate User-defined power: determine N (1 - type II error rate)	: 5e-8 (0.00000001 - 0.5) : 0.80 (0 - 1)	
Process		
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Genetic Power Calo	culator	
Case - control for discrete traits		
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Alpha	Power	N cases for 80% power
0.1	0.4374	2803
1.05	0.3177	3559
.01	0.1377	5296
.001	0.0355	7742
ie-08	3.674e-05	17958
-	Power	N cases for 80 % power
-	Power	N cases for 80% power
lpha	<b>Power</b> 0.716	N cases for 80% power 1240
lpha		
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ample NCP = 6.216 <b>Alpha</b> ).1 0.05 0.01 0.001 5e-08	0.716 0.6002 0.3609	1240 1550 2233
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01 001 e-08 se-control statistics: allelic 1 df test (B versus b) mple NCP = 6.224 <b>lpha</b> 1 05	0.3609 0.1451 0.0007464 Scroll to the bottom f Power 0.8024 0.7037	2233 3163 6920 Or answer 993 1260

6,362 case samples required: total sample size 12,724

What power do we have to detect a locus with an odds ratio of 1.5 at genome-wide significance assuming a multiplicative disease model, a disease allele frequency of 5%, a disease prevalence of 0.5% and 3000 cases and controls?

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Crea	tted by <u>Shaun Purcell</u> 24.	icates a true random population sample (e.g. for a 1% disease, 1% of controls would	also, by chance, have the disease); if this is u B 🗉 🧧 🏾 😪 📭 🔌 ᡝ 🎯 🚾 🖇 📁 🗘	1:3 × FNG	<i>the</i> 0 PM 6/2022	26

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0.01		0.2124	11085							
0.001		0.06518	16206							
5e-08		0.0001204	37587							

#### Case-control statistics: general 2 df test (BB versus Bb versus bb)

Sample NCP = 28.11

Alpha	Power	N cases for 80% power
0.1	0.9995	822
0.05	0.9986	1028
0.01	0.9916	1481
0.001	0.9553	2098
5e-08	0.3425	4590

#### Case-control statistics: allelic 1 df test (B versus b)

Sample NCP = 28.18

Power	N cases for 80% power
0.9999	658
0.9996	835
0.9969	1243
0.9782	1818
0.443	4216
	0.9999 0.9996 0.9969 0.9782

Controls are selected (i.e. screened for not being a case)

0

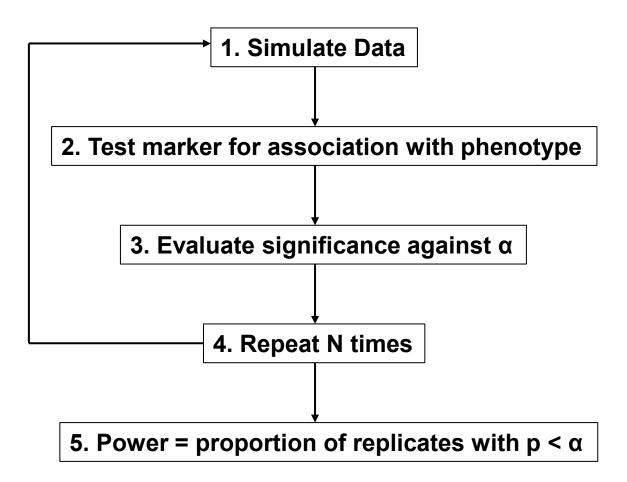
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#### **Empirical power estimation**



rm(list=ls())

}

set.seed(12345) #Set seed to enable repeatability

- p <- 0.5 #(Decreaser) Allele frequency
- q <- 1 p #Other allele
- Nsample <- 1000 #Set sample size
- Nrep <- 1000 #Set number of replications
- Nsig <- 0 #Count variable for number of significant replicates
- threshold <- 0.05 #Threshold for declaring significance
- beta <- 0.1 #Effect size
- a <- sqrt(1/(2\*p\*q)) #Additive value
- residvar <- 1 beta^2 #Residual variance
- for (i in seq(1,Nrep)) { #Loop over replicates
- #Simulate genotypes assuming HWE
  - x <- sample(x=c(-a,0,a) ,size=Nsample, replace=TRUE, prob=c(p^2,2\*p\*q,q^2))
  - y <- beta\*x + rnorm(n=Nsample, mean=0, sd=sqrt(residvar))

```
if(summary(lm(y~x))$coefficients[2,4] < threshold) {Nsig=Nsig+1}
```

```
power = Nsig/Nrep #Power is proportion of significant replicates
Power #0.885
```

# **Trivial Example: OLS Linear Regression**

$$\frac{(b-0)^2}{SE^2} \longrightarrow \chi^2_1(\frac{\beta^2}{SE^2})$$

- 1. Set type 1 error rate (e.g.  $\alpha = 0.05$ )
- 2. Determine what critical value this corresponds to on the X axis qchisq(p = 0.05, df = 1, ncp = 0, lower.tail = FALSE, log.p = FALSE) [1] 3.841459

 $\frac{\beta^2}{\mathsf{SF}^2}$ 

3. Work out the non-centrality parameter of the test

 $\beta = 0.1$ SE  $\approx 1/\sqrt{N}$  (Assume N = 1000)

4. Calculate the area to the right of the threshold under  $H_1$ 

```
pchisq(q=3.84, df=1, ncp = 0.1<sup>2</sup>/(1/1000), lower.tail = FALSE, log.p = FALSE)
```

[1] 0.8854512

## 4. Multiple Testing

#### **Genome-wide Association**



#### High throughput genotyping

# **Other Multiple Testing Considerations**

- Genome-wide association is really bad
  - At 1 test per SNP for 500,000 SNPs
  - 25,000 expected to be significant at p<0.05, by chance alone</li>

# **Other Multiple Testing Considerations**

- Genome-wide association is really bad
  - At 1 test per SNP for 500,000 SNPs
  - 25,000 expected to be significant at p<0.05, by chance alone</li>
- To make things worse
  - Dominance (additive/dominant/recessive)
  - Epistasis (multiple combinations of SNPs)
  - Multiple phenotype definitions
  - Subgroup analyses
  - Multiple analytic methods

# **Bonferroni Correction**

- For testing 500,000 SNPs
  - 5,000 expected to be significant at p<0.01
  - 500 expected to be significant at p<0.001

- .....

- 0.05 expected to be significant at p<0.0000001
- Suggests setting significance level to  $\alpha = 10^{-7*}$
- Bonferroni correction for m tests
  - $-\,$  set significance level for p-values to  $\alpha=0.05$  / m  $\,$
  - (or adjust the p-values to m  $\times$  p, before applying the usual  $\alpha$  = 0.05 significance level)

• \*See Risch and Merikangas 1999

### **Genome-wide Significance**

- Multiple testing theory requires an estimate of the number of 'independent tests'
- Risch and Merikangas 1996 estimated a threshold of  $10^{-6} = (0.05/(5*10,000))$
- HapMap 2005 estimate 10<sup>-8</sup> based on encode deep sequencing in ENCODE regions
- Dudbridge and Gusnato, and Pe'er et al. 2008 Genetic Epidemiology estimate based on 'infinite density' like Lander and Kruglyak 1995 generate 5x10<sup>-8</sup>

# 5. Replication

# Replication

- Replicating the genotype-phenotype association is the "gold standard" for "proving" an association is genuine
- Most loci underlying complex diseases will not be of large effect
- It is unlikely that a single study will unequivocally establish an association without the need for replication

### Winner's Curse

If the location of a variant and its phenotypic effect size are estimated from the same data sets, the effect size will be over-estimated, in many cases substantially. Statistical significance and the *estimated* magnitude of the parameter are highly correlated.

H Göring et al. Am J Hum Genetics 2001;69:1357-69

# **Guidelines for Replication**

Replication studies should be of sufficient size to demonstrate the effect

Replication studies should conducted in independent datasets

Replication should involve the same phenotype

Replication should be conducted in a similar population The same SNP should be tested

The replicated signal should be in the same direction

Joint analysis should lead to a lower p value than the original report

Well designed negative studies are valuable

# **Mendelian randomization Power**

#### http://cnsgenomics.com/shiny/mRnd/

$\rightarrow$ D $\widehat{\mathbf{m}}$ O cnsgenomics.com/shiny/mRnd/		
nd: Power calculations for Mendel	lian Randomization	
ut	Continuous outcome Binary outcome derivations Citation About	
	Two-stage least squares	
alculate:	Power 0.05	
Power	NCP 0.00 Non-Centrality-Parameter	
) Sample size	F-statistic 11.10 The strength of the instrument	
Provide:		
Sample size	Power or sample size calculations for two-stage least squares Mendelian Randomization studies using a genetic instrument Z (a SNP or allele score), a continuous exposure variable X (e.g. body mass index	
1000	$rac{kg}{m^3}]$ ) and a continuous outcome variable $Y$ (e.g. blood pressure [mmHg]).	
	YZ association	
x		
0.05	Power 0.05	
Type-I error rate	NCP 0.00 Non-Centrality-Parameter	
	Power or sample size calculations for the regression association of a genetic instrument $Z$ (e.g. a BMI SNP), with a continuous outcome variable $Y$ (blood pressure).	
Jyz	Working Example	
0	WORKING EXample If we are interested in calculating the minimum required sample size for performing a Mendelian Randomization (MR) study ascertaining the causal effects of body mass index (BMI) on systolic blood pressure	
The regression coefficient $\beta_{yx}$ for the true underlying causal association between the exposure (X) and outcome (Y) variables	in we are meeting on carculating the minimum required sample size for performing a wenderial realidomization (wrx) study ascentiating the causar effects of body mass more (bin) on system body pressure in children, the required parameters for this online calculator could be taken from, for example, results from a published observational epidemiology study reporting associations between BMI and SBP and a St instrument that is reliably associated with BMI.	
	In an observational study reporting the association of BMI and SBP in children <sup>[1]</sup> , the regression coefficients for the association between BMI and SBP (averaged coefficients for boys and girls) was observed to	
	1.41 mmBg (no confounder-adjustment) and 1.30 mmBg (*) (adjusted for confounders). The SD for SBP in this sample (from the paper's online supplementary data) was 10.8, with an SD (standard deviation)	
Bols	for BMI.	
0	Assume that the causal effect of BMI on SBP is 1.30 $\frac{mmHg}{SD}$ [*] and that the population regression coefficient of BMI on SBP, including the effects of confounders, is 1.41 $\frac{mmHg}{SD}$ . Also assume that for the MR structure is the struct	
0	we have a genetic instrument that explains $R_{xx}^2 = 0.01$ of variation in BMI (based on e.g. FTO SNP, which explains $\sim 1\%$ of the variation in BMI) <sup>[2]</sup> . Then we can calculate the power of an MR study using the following parameters:	
The regression coefficient $\beta_{OLS}$ for the observational association between the exposurand outcome $(Y)$ variables	$\beta_{OLS} = 1.41 \frac{mmHg}{SD}$	
	$eta_{yx} = 1.3 rac{mmHg}{SD}^{[n]}$	
	$\sigma^2(x) = 1$	
$R_{xz}^2$	$\sigma^2(y) = 10.8^2 = 116.6 \ mmHq^2$	
0.01	For an $\alpha$ of 0.05 and power of 0.8, the calculated minimum sample size for the Mendelian Randomization study is $N = 53, 218$ . The reason why this sample size is so large is because BMI explains a small amount of variation in SBP in this case and because the genetic instrument explains a small proportion of variance in BMI.	

# **Mendelian randomization Power**

#### http://cnsgenomics.com/shiny/mRnd/

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