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## APPLICATION OF POLYGENIC RISK SCORE IN IDENTIFICATION OF AMYLOID POSITIVE INDIVIDUALS

## Conflicts of Interest



## The need

- Identify Amyloid positive patients early on for use in clinical trials
- The ultimate promise of a measure that could identify those at higher risk of AD in mid life


Identify genetic biomarkers


Cohort can not be contaminated with poorly characterized samples

## The cohort



## The cohort

$\mathrm{n}=361$
$n=810$


## The variaTECT™ array: ~130k SNPs



## Two approaches to modelling

## Model 1- Hypothesis Driven



## Model Performance on Amyloid +ve subjects with or without cognitive impairment

Stratification of Amyloid +ve subjects with or without cognitive impairment - Significant improvement over current ApoE



| name | Sensitivity | Specificity | AUC | L95 | U95 | PPV_33 | NPV_33 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Model1 | 54.902 | 55.051 | 59.546 | 52.556 | 66.003 | 70.071 |  |
| APOE baseline | 63.730 | 66.716 | $(66.716$ | 60.535 | 72.897 | 74.602 | 59.430 |
| Model1 + APOEgenotyped | 72.549 | 72.222 | 76.198 | 70.265 | 82.132 | 79.929 | 63.310 |
| Model1 +APOEgenotyped+age+sex | 72.549 | 72.727 | $\mathbf{7 8 . 9 3 1}$ | 73.503 | 84.360 | 80.116 | 63.625 |

Model could be used irrespective of APOE status

## Model 2-Unbiased variable selection

- Train on the QC'ed samples
- Elastic net regression
- 10 fold cross validation
- Tested for selection stability
- Alpha $=0.5$


| name | Effect | NSNPs | Sensitivity | Specificity | AUC | L95 | U95 | PPV | NPV |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| glmmodel | 2.829 | 159 | $85.71 \%$ | $85.76 \%$ | $93.56 \%$ | $92.06 \%$ | $95.06 \%$ | $88.73 \%$ | $82.10 \%$ |
| glmmodel_age\&sex | 2.986 | 159 | $86.29 \%$ | $86.22 \%$ | $94.35 \%$ | $93.02 \%$ | $95.68 \%$ | $89.07 \%$ | $82.85 \%$ |

## Validation

## Sample Characteristics

- AD cases:
- Primary diagnosis of AD, secondary pathology can not be ALS, FTLD-TDP, DLB, PD
- No familial cases with PSN mutation.
- Controls:
- Unremarkable Adult brain with Braak and CERAD less than 1.
- Clinical schizophrenia or non-normal cognition excluded.
- All age matched, over 65 and Caucasian.


## Predict phenotype

- Sample's phenotype unknown to UCL
- Fit each person ( $\mathrm{n}=270$ ) - age, gender and weighted polygenic score
- Derive the probability of Amyloid deposits being present


## Predicting ability of the models

- All models run blind

|  | False positive <br> rate | False negative <br> Rate | True Positive rate | True Negative Rate |
| :---: | :---: | :---: | :---: | :---: |
| model1 | 52 | 17.788 | 82.212 | 48 |
| model1+APOE | 36 | 25.481 | 74.519 | 64 |
| model1_on_IGAP | 52 | 4.808 | 95.192 | 48 |
| model1_on_IGAP+APOE | 28 | 17.308 | 82.692 | 72 |
| glmmodel | 24 | 33.173 | 66.827 | 76 |

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## Post unblinding

| name | NSNPs | PPV_33 | NPV_33 | PPV_50 | NPV_50 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| model1 | 20 | $75.81 \%$ | $34.14 \%$ | $60.69 \%$ | $51.28 \%$ |
| model1+APOE | 22 | $88.66 \%$ | $36.86 \%$ | $79.38 \%$ | $54.23 \%$ |
| model1_on_IGAP | 18 | $91.06 \%$ | $37.70 \%$ | $83.38 \%$ | $55.13 \%$ |
| model1_on_IGAP+APOE | 20 | $95.78 \%$ | $41.22 \%$ | $91.79 \%$ | $58.74 \%$ |
| glmmodel | 141 | $91.51 \%$ | $37.98 \%$ | $84.15 \%$ | $55.43 \%$ |
| Combined_glmmodel_model1 | 158 | $88.66 \%$ | $36.86 \%$ | $79.38 \%$ | $54.23 \%$ |
| age+sex | none | $89.02 \%$ | $37.01 \%$ | - | - |
| APOE | 2 | $94.58 \%$ | $37.55 \%$ | - | - |
| age+sex+APOE | 2 | $91.51 \%$ | $37.98 \%$ | - | - |

## In summary...

- Two basic models: Hypothesis and Hypothesis-free variant selection.
- Blind validation of models:
- True Positive Rate around 90\% or greater
- True Negative Rate around 70\% is possible
- Models yield results better than what is currently available in both APOE4 negative cohorts and a mixed cohort
- Level of performance consistent with potential utility in population stratification in clinical trials


## Thank you

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## Thank you



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