## Genome-wide Analysis of Disease Progression in Age-related Macular Degeneration

Qi Yan¹, Ying Ding ${ }^{2}$, Yi Liu ${ }^{1,2}$, Tao Sun ${ }^{1,2}$, Lars G. Fritsche ${ }^{3}$, Traci Clemons ${ }^{4}$, Rinki Ratnapriya ${ }^{5}$, Michael L. Klein ${ }^{6}$, Richard J. Cook ${ }^{7}$, Yu Liu ${ }^{8}$
俍 Pediatrics, Children's Hospital of Pittsburgh of UPMC, University of Pittsburgh, Pittsburgh, PA; ²Department of Biostatistics, University of Pittsburgh, Pittsburgh, PA; ${ }^{3}$ Department of Public Health and Nurs 'Department of Pediatrics, Children's Hospital of Pittsburgh of UPMC, University of Pittsburgh, Pittsburgh, PA; ${ }^{2}$ Department of Biostatistics, University of Pittsburgh, Pittsburgh, PA; ${ }^{3}$ Department of Public Health and Nursing, Norwegian University of Science and Technology, Trondheim, Norway; ${ }^{\text {4 }}$ The Emmes Corporation, Rockvile, MD; ${ }^{\text {' Neurobiology }}$ Neurodegeneration and Repair Laboratory, National Eye Institue, National Institutes of Heath, Bethesda, MD; ${ }^{6}$ Casey Eye Institute, Oregon Health \& Science University, Portland, Oregon; ${ }^{\text {TD }}$ Department of Statistics and Actuarial Science, University of Waterloo, Canada; ${ }^{\text {B Z Zhongshan Ophthalmic Center, Sun Yat-sen University, Guangzhou, }}$


## Background

- Age-related Macular Degeneration (AMD) is a heritable neurodegenerative disease and a leading cause of blindness in the elderly population in the United States.
- Multiple large-scale genetic studies had remarkable successes in identifying disease-susceptibility genes for AMD. However, the genetic causes for AMD progression have not been well studied yet.
- We conducted GWAS for the association of time-to-late AMD (either CNV or GA) accounting for the correlation between two eyes within a subject.
- Study Population: Caucasian patients from AREDS (Age-Related Eye Disease study) ${ }^{[1]}$


## Method

- We use a Cox proportional hazards regression model.
- To account for the association in the progression times in the two eyes within a subject, robust variance estimates were used.

$$
\lambda_{i j}\left(t \mid G_{i}, X_{i j}, P C_{i}\right)=\lambda_{0}(t) \exp \left\{G_{i} \alpha+X_{i j} \beta+P C_{i} \gamma\right\}
$$

- Based on the uni-variable Cox models, baseline age, smoking status, and education level were selected as covariates. In addition, the first two principal components were also included.


## Results

Table 1. Baseline Characteristics of the AREDS cohort, as previously summarized in Ding et al. [2]

|  | AREDS |
| :---: | :---: |
| Subject-level variables | $\mathrm{N}=2,721$ subjects |
| Age, year (mean $\pm$ SD) | $68.7 \pm 4.9$ |
| Female ( $\mathrm{N}, \%$ ) | 1,527 (56) |
| Follow-up time, (mean $\pm$ SD) | $10.3 \pm 1.7$ |
| Mean (SD) |  |
| Median (range) |  |
| Education ( $\mathrm{N}, \%$ ) |  |
| <= high school | 906 (33) |
| $>$ high school | 1,814 (67) |
| Missing | 1 (0) |
| Smoking ( $\mathrm{N}, \%$ \% |  |
| Never smoked | 1,272 (47) |
| Former smoker | 1,288 (47) |
| Current smoker | 161 (6) |
| Eye-level Variables | $n=5,017$ eyes |
| Baseline AMD severity score at eye-level |  |
| Mean $\pm$ SD | $3.0 \pm 2.3$ |
| 1-3 (n, \%) | 3,125 (62) |
| 4-6 (n, \%) | 1,293 (26) |
| 7-8 (n, \%) | 599 (12) |

## Acknowledgement

This work is supported by the research grant R01EY024226 (PI: Chen W.) from NEI/NIH.

## References

1. Age-Related Eye Disease Study Research G. The Age-Related Eye Disease Study (AREDS): design implications. AREDS report no. 1. Controlled clinical trials. 1999;20(6):573 600. PubMed PMID: 10588299; PubMed Central PMCID: PMC1473211.
2. Ding Y, Liu Y, Yan Q, Fritsche LG, Cook RJ, Clemons T, et al. Bivariate Analysis of AgeRelated Macular Degeneration Progression Using Genetic Risk Scores. Genetics. 2017;206(1):119-33. doi: 10.1534/genetics.116.196998. PubMed PMID: 28341650; PubMed Central PMCID: PMCPMC5419464.
3. Fritsche LG, IgI W, Bailey JN, Grassmann F, Sengupta S, Bragg-Gresham JL, et al. A large genome-wide association study of age-related macular degeneration highlights contributions of rare and common variants. Nat Genet. 2016;48(2):134-43. doi: 10.1038/ng.3448. PubMed PMID: 26691988; PubMed Central PMCID: PMCPMC4745342

## Results (continued)

- Genome-wide association study of AMD progression (either CNV or GA)


Table 2. List of loci associated with AMD progression identified in AREDS.

| SNP | Chr | Position | Major/minor <br> allele | MAF | Gene | Without BL <br> severity | Fritsche et al. ${ }^{[3]}$ <br> case-control |  |
| :--- | :---: | :---: | :---: | :--- | :--- | :--- | :--- | :---: |
| Significant loci reported also in consortium case-control studies | HR | P-value | P-value |  |  |  |  |  |
| rs2284665 | 10 | $124,226,630$ | G/T | 0.30 | ARMS2-HTRA1 | 2.06 | $8.1 \times 10^{-43}$ | $4.0 \times 10^{-697}$ |
| rs10922109 | 1 | $196,704,632$ | C/A | 0.33 | CFH | 0.43 | $3.5 \times 10^{-37}$ | $9.6 \times 10^{-618}$ |
| rs116503776 | 6 | $31,930,462$ | G/A | 0.12 | C2-CFB-SKIV2L | 0.56 | $8.1 \times 10^{-10}$ | $1.2 \times 10^{-403}$ |
| rs2230199 | 19 | $6,718,387$ | C/G | 0.24 | C3 | 1.45 | $1.2 \times 10^{-9}$ | $3.8 \times 10^{-69}$ |
| Marginally significant novel loci |  |  |  |  |  |  |  |  |
| rs56072732 | 2 | $237,519,496$ | C/T | 0.06 | ACKR3 | 1.71 | $6.4 \times 10^{-8}$ | 0.497 |

- Genome-wide association study of specific CNV and GA progression


Table 3. Results for rs58978565 in TNR and rs28368872 in ATF7IP2.

| SNP | Chr | Position | Major/minor allele | Gene | AMD subtypes | MAF | Without BL severity |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  | HR | $P$-value |
| rs58978565 | 1 | 175,345,602 | C/CAGAGT | TNR | GA | 0.35 | 1.00 | 0.98 |
|  |  |  |  |  | CNV | 0.36 | 1.51 | $2.3 \times 10^{-8}$ |
| rs28368872 | 16 | 10,585,350 | G/A | ATF7IP2 | GA | 0.12 | 1.26 | 0.03 |
|  |  |  |  |  | CNV | 0.12 | 1.69 | $2.9 \times 10^{-8}$ |

## Conclusions

- We identified four previously-reported susceptibility loci showing genomewide significant association with AMD progression: ARMS2-HTRA1, CFH, C2-CFB-SKIV2L, and C3. Furthermore, we detected association of TNR and ATF7IP2 with progression to CNV but not GA.

