Genome-wide polygenic risk for AD is associated with rate of atrophy in the hippocampus

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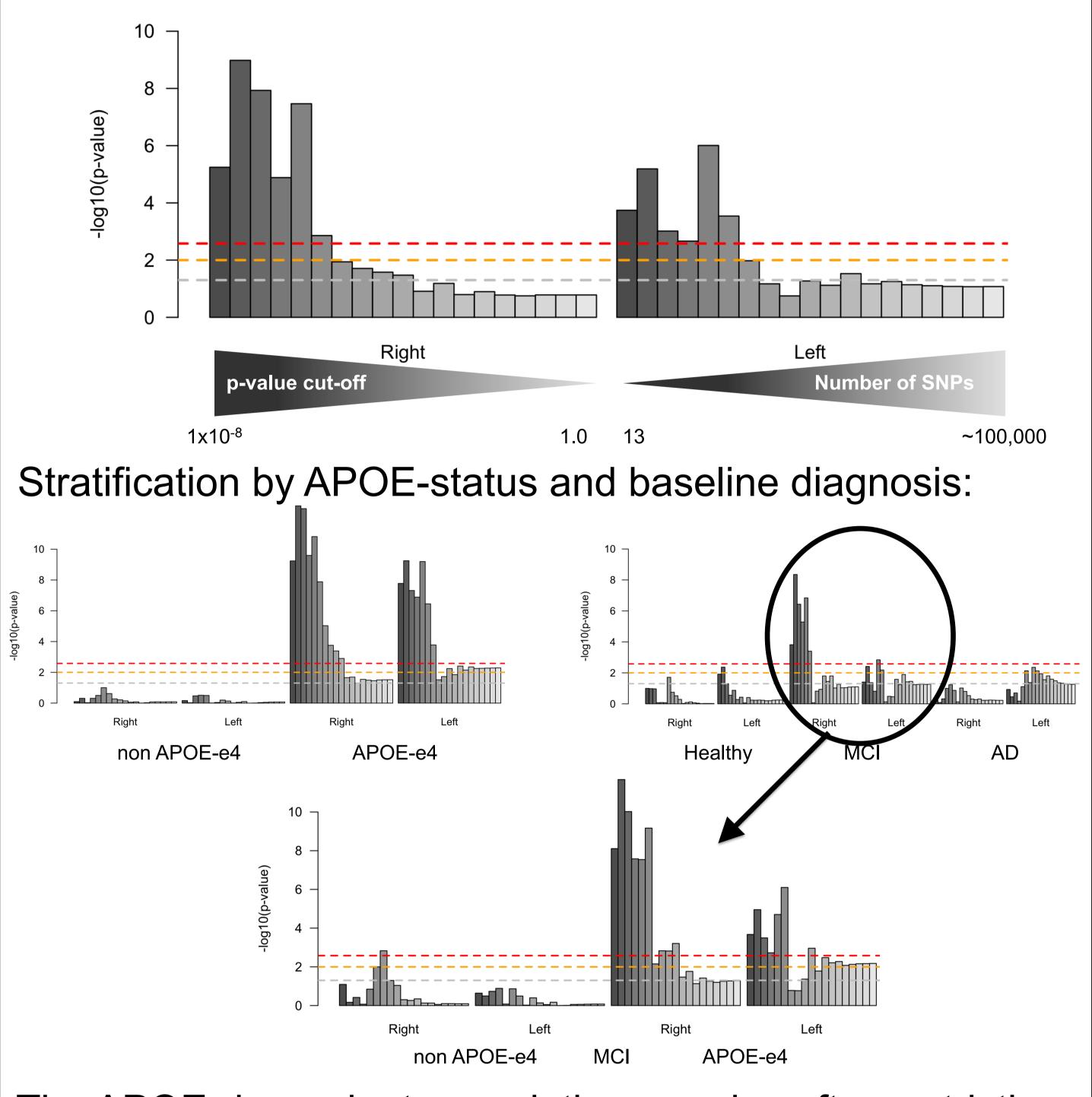
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Background

Genome-wide association studies (GWAS) have revealed numerous genetic loci that are consistently associated with the risk to develop late-onset Alzheimer's disease (AD). Genome-wide polygenic scores (**GPS**) for diseases and traits are a recent development in statistical genetics and allow **aggregating the genetic risk into one single score**. In previous studies, an AD-GPS showed consistent and strong association with the disease in independent subjects. Here we analyzed the association of an AD-GPS with the rate of hippocampal atrophy in a study sample from the Alzheimer's disease neuroimaging initiative

Results

GPS containing few significant SNP are significantly associated with rate of atrophy in both hippocampi.



(ADNI).

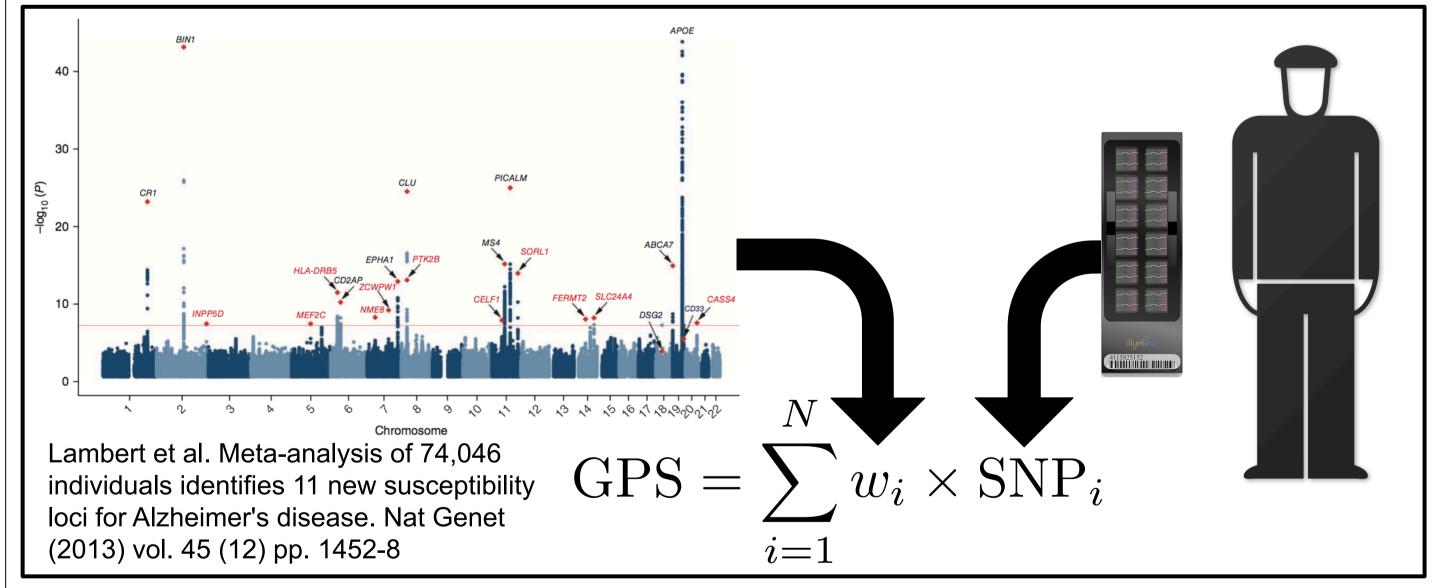
Methods

Study sample: We used <u>652 subjects</u> from the ADNI database with T1 weighted structural brain scans obtained using a 3T scanner and available genome-wide single nucleotide polymorphism (SNP) data. None of the subjects contributed to the large GWAS used for the GPS computation. The final set comprised <u>179 healthy controls</u>, <u>378 MCIs and 94 AD</u> subjects. The number of scans per subject ranged from 2 to 6 with a median of 4. Estimates of hippocampal volume for the left and right hippocampi were based on manual segmentations the volumes were normalized

using total intracranial volume (TIV).



GPS construction: The GPS is a weighted sum of the number of risk alleles present in a subject (SNP_{*i*}). The weights (w_i) are obtained from the summary statistics of a large GWAS.



The extended APOE locus was excluded from the GPS. We computed GPS for 19 p-value cutoffs in the range from 1×10^{-8} to 1.0.

Statistical analysis: The effect of the GPS on rate of hippocampal atrophy was estimated using a linear mixed effects model using following fixed effects: diagnosis and age at baseline scan, sex, years of education, population structure (3 PCs), APOE-e4 status, GPS, time since baseline scan (*t*) and interactions between APOE-e4 status and *t* and between GPS and *t*. We tested for a non-zero coefficient for the interaction between GPS and *t*.

The APOE-dependent association remains after restricting the analysis to MCI subjects.

Conclusions

There is a significant association between the AD-GPS and the rate of hippocampal atrophy. Notably, the significant effect of the GPS was driven by APOE-e4 carriers. This observation is consistent with findings of APOE-e4 leading to a more hippocampal focused disease. This potential interaction between polygenic AD risk and APOE clearly warrants further investigations.

Bonus Results



AD-GPS is associated with rate of metabolic

decline (measured with FDG-PET) – but mainly in non-APOE4 carriers.

 AD-GPS is not associated with rate of brain amyloid increase (measured with AV45-PET)

