



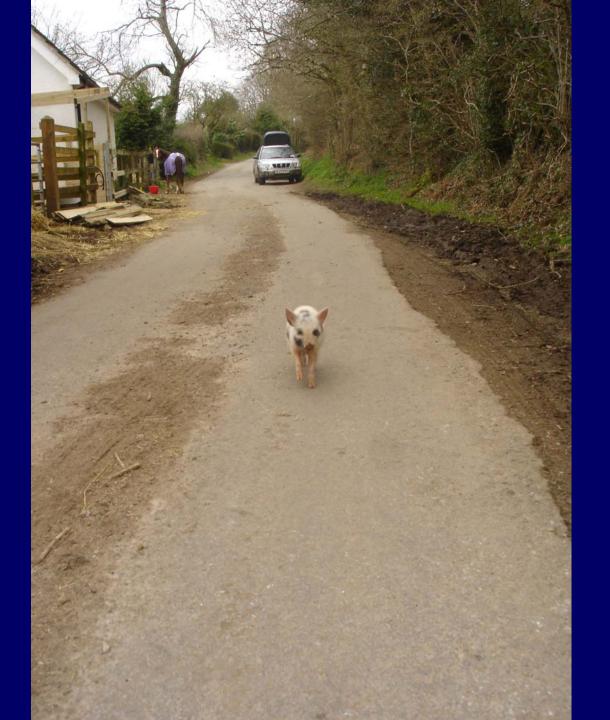
# Wellcome Trust Case Control Consortium Genome-wide Association Study of Bipolar Disorder

Nick Craddock

Department of Psychological Medicine

Cardiff University







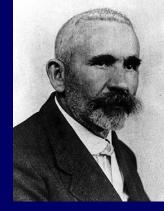
#### ARTICLES

# Genome-wide association study of 14,000 cases of seven common diseases and 3,000 shared controls

The Wellcome Trust Case Control Consortium\*

There is increasing evidence that genome-wide association (GWA) studies represent a powerful approach to the identification of genes involved in common human diseases. We describe a joint GWA study (using the Affymetrix GeneChip 500K Mapping Array Set) undertaken in the British population, which has examined  $\sim$ 2,000 individuals for each of 7 major diseases and a shared set of  $\sim$ 3,000 controls. Case-control comparisons identified 24 independent association signals at  $P < 5 \times 10^{-7}$ : 1 in bipolar disorder, 1 in coronary artery disease, 9 in Crohn's disease, 3 in rheumatoid arthritis, 7 in type 1 diabetes and 3 in type 2 diabetes. On the basis of prior findings and replication studies thus-far completed, almost all of these signals reflect genuine susceptibility effects. We observed association at many previously identified loci, and found compelling evidence that some loci confer risk for more than one of the diseases studied. Across all diseases, we identified a large number of further signals (including 58 loci with single-point P values between  $10^{-5}$  and  $5 \times 10^{-7}$ ) likely to yield additional susceptibility loci. The importance of appropriately large samples was confirmed by the modest effect sizes

# Bipolar Disorder: Some Terminology



- Psychosis delusions & hallucinations
- Depression low mood
- Mania energized mood

Disorder	Psychosis	Mania	Depression
Schizophrenia	+	+/-	+/-
Bipolar disorder	+/-	+	+/-
Unipolar depression	+/-	-	+

#### History of WTCCC

UK disease PIs: Common

familial diseases

Statisticians: Population

genetics

African disease PIs: TB &

malaria

#### History of WTCCC

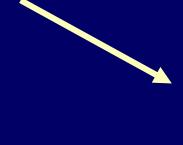
UK disease PIs: Common

familial diseases

Statisticians: Population

genetics

African disease PIs: TB & malaria



Single proposal Ring-fenced funds



### Bipolar phenotype

- White UK over age 18 years
- Interview & case notes
- RDC
  - BPI/ Manic disorder (76%)
  - SABP (15%)
  - BPII (9%)

Cardiff (33%)



Birmingham (35%)



Newcastle (9%) UNIVERSITY OF NEWCASTLE UPON TYNE

London (15%) Institute of Psychiatry at the Maudsley



Aberdeen (8%)



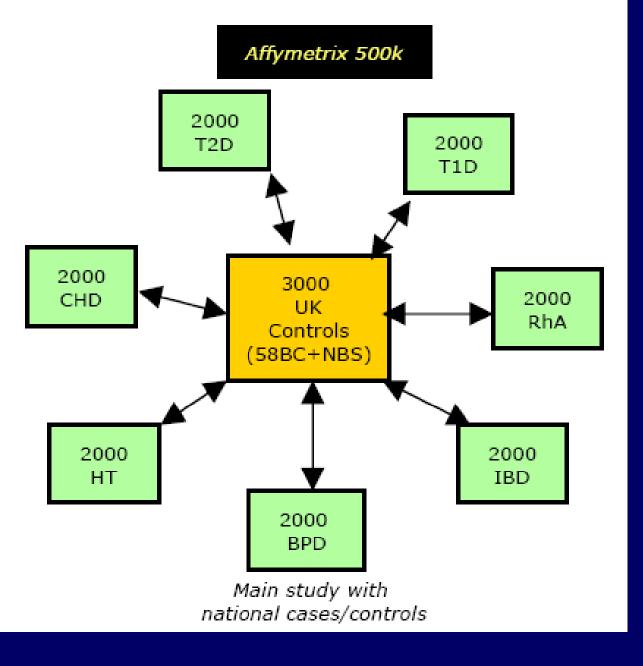


#### WTCCC sample QC procedures

- Picogreen
  - concentration
- DNA run on gel
  - degredation score
- Sequenom panel
  - genotyping success
  - Gender check



Select best 2000 samples for each phenotype



WTCCC main
Experiment design

GeneChip 500k array typed at Affymetrix South San Francisco Laboratories

#### Genotype calling

 Chiamo algorithm developed by Marchini & Donnelly for WTCCC

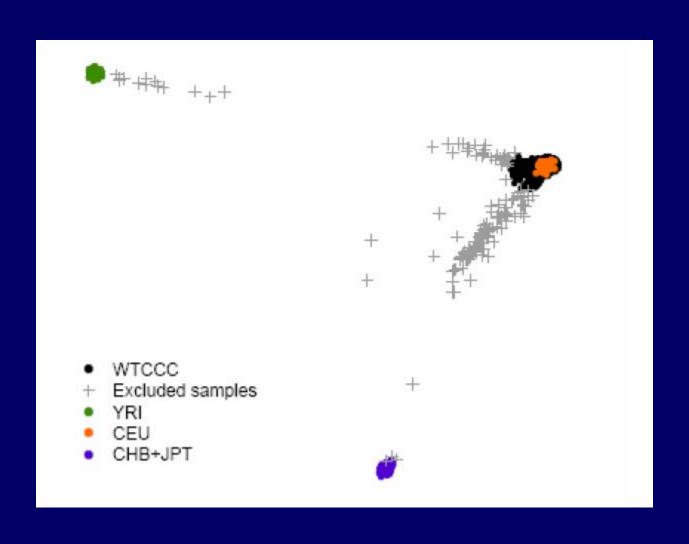
 Bayesian approach using HapMap knowledge about SNP and calling all 17,000 samples simultaneously

• Performs better than Affy algorithms

### QC of genotype data

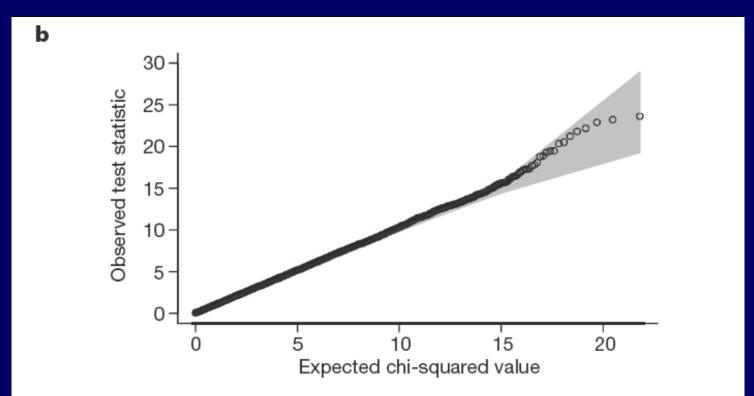
- SNPs
  - Poor call rate (<0.95; <0.99)
  - Hardy-Weinberg equilibrium deviation (<6e-7)</li>
  - Substantial differences between controls (<6e-7)</li>
  - → 469,557SNPs
- Individual samples
  - Poor call rates (<0.97)
  - Duplicates/ close relatives
  - Substantial non-European ancestry
  - → 1868 BD, 2938 controls

### Supplementary Figure 5 Multidimensional Scaling (MDS)

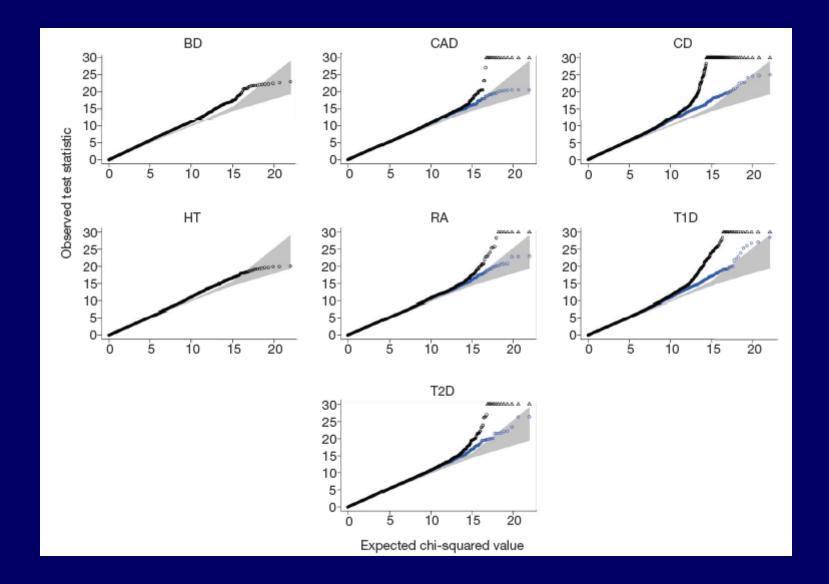


# Supplementary Table 4: Exclusion summary by collection

Collection	o Missingness	□ Heterozygosity	External discordance	Non-European ancestry	Duplicate	- Relative	Total
58C	9	0	4	6	4	1	24
UKBS	8	0	5	14	0	15	42
BD	30	0	0	9	77	13	129
CAD	41	1	0	13	2	5	62
CD	43	4	6	54	131	18	256
HT	29	0	0	2	6	11	48
RA	47	1	0	26	53	9	136
T1D	7	2	1	18	6	3	37
T2D	36	1	0	11	16	11	75
Total	250	9	16	153	295	86	809



**Figure 1** | **Genome-wide scan for allele frequency differences between controls. a**, *P* values from the trend test for differences between SNP allele



#### Basic statistical tests

- Armitage trend test for co-dominant allele effects (1df)
- General genotype test (2df)

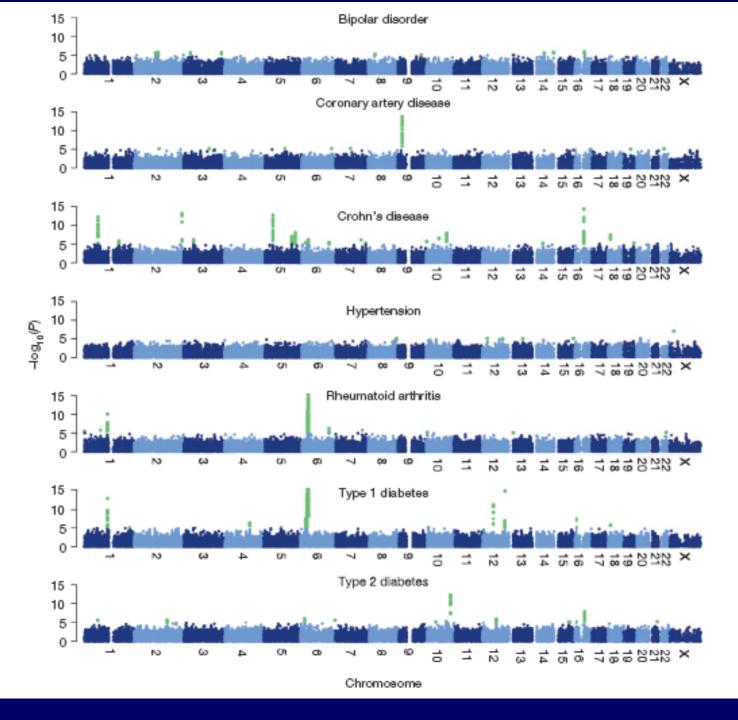
Imputation of un-typed SNPs

### Robustly known associations are detected

Table 2 | Evidence for signal of association at previously robustly replicated loci

Collection	Gene	Chromosome	Reported SNP	WTCCC SNP	HapMap r <sup>2</sup>	Trend P value	Genotypic Pvalue
CAD	APOE	19q13	*	rs4420638	-	$1.7 \times 10^{-01}$	$1.7 \times 10^{-01}$
CD	NOD2	16q12	rs2066844	rs17221417	0.23	$9.4 \times 10^{-12}$	$4.0 \times 10^{-11}$
CD	IL23R	1p31	rs11209026	rs11805303	0.01	$6.5 \times 10^{-13}$	$5.9 \times 10^{-12}$
RA	HLA-DRB1	6p21	*	rs615672	-	$2.6 \times 10^{-27}$	$7.5 \times 10^{-27}$
RA	PTPN22	1p13	rs2476601	rs6679677	0.75	$4.9 \times 10^{-26}$	$5.6 \times 10^{-25}$
T1D	HLA-DRB1	6p21	*	rs9270986	-	$4.0 \times 10^{-116}$	$2.3 \times 10^{-122}$
T1D	INS	11p15	rs689	†	-	-	-
T1D	CTLA4	2q33	rs3087243	rs3087243	1	$2.5 \times 10^{-05}$	$1.8 \times 10^{-05}$
T1D	PTPN22	1p13	rs2476601	rs6679677	0.75	$1.2 \times 10^{-26}$	$5.4 \times 10^{-26}$
T1D	IL2RA	10p15	rs706778	rs2104286	0.25	$8.0 \times 10^{-06}$	$4.3 \times 10^{-05}$
T1D	IFIH1	2q24	rs1990760	rs3788964	0.26	$1.9 \times 10^{-03}$	$7.6 \times 10^{-03}$
T2D	PPARG	3p25	rs1801282	rs1801282	1	$1.3 \times 10^{-03}$	$5.4 \times 10^{-03}$
T2D	KCNJ11	11p15	rs5219	rs5215	0.9	$1.3 \times 10^{-03}$	$5.6 \times 10^{-03}$
T2D	TCF7L2	10q25	rs7903146	rs4506565	0.92	$5.7 \times 10^{-13}$	$5.1 \times 10^{-12}$

Where information on the strength of association at a particular SNP had been previously published and replicated we tabulated the P value of both the trend and genotype test at the same SNP (if in our study), or the best tag SNP (defined to be the SNP with highest r<sup>2</sup> with the reported SNP, calculated in the CEU sample of the HapMap project). Positions are in NCBI build-35 coordinates. \*Previous reports relate to haplotypes rather than single SNPs. †Not well tagged by SNPs that pass the quality control, see main text.

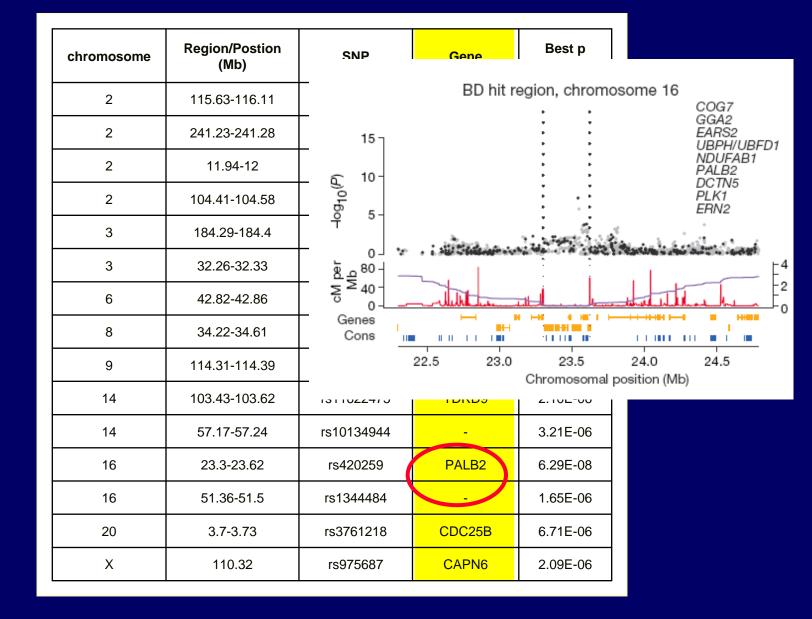


P values

	10 <sup>-4</sup> − 10 <sup>-5</sup>	$10^{-5} - 5 \times 10^{-7}$	$< 5 \times 10^{-7}$
BD	76	14	1
CAD	57	9	1
CD	85	9	9
HT	56	6	0
RA	49	9	2
TlD	55	8	5
T2D	47	10	3
Total	425	65	21

Table 5 | Second tier hits -- For each collection, regions which show association signal. In each case, regions range as far as there are markers with a pvalue of less than 10<sup>-4</sup> separated by no more than 200KB. In other words, starting at the signal SNP and walking in either direction extend the region until a stretch of 200KB is reached with no SNPs with 10<sup>-4</sup> or lower.

chromosome	Region/Postion (Mb)	SNP	Gene	Best p value
2	115.63-116.11	rs1375144	DPP10	2.43E-06
2	241.23-241.28	rs2953145	RNPEPL1	6.57E-06
2	11.94-12	rs4027132	-	9.69E-06
2	104.41-104.58	rs7570682	-	3.11E-06
3	184.29-184.4	rs683395	LAMP3	2.30E-06
3	32.26-32.33	rs4276227	CMTM8	4.57E-06
6	42.82-42.86	rs6458307	-	4.35E-06
8	34.22-34.61	rs2609653	-	6.86E-06
9	114.31-114.39	rs10982256	DFNB31	8.80E-06
14	103.43-103.62	rs11622475	TDRD9	2.10E-06
14	57.17-57.24	rs10134944	-	3.21E-06
16	23.3-23.62	rs420259	PALB2	6.29E-08
16	51.36-51.5	rs1344484	-	1.65E-06
20	3.7-3.73	rs3761218	CDC25B	6.71E-06
Х	110.32	rs975687	CAPN6	2.09E-06



chromosome	Region/Postion (Mb)	SNP	Gene	Best p value
2	115.63-116.11	rs1375144	DPP10	2.43E-06
2	241.23-241.28	rs2953145	RNPEPL1	6.57E-06
2	11.94-12	rs4027132		9.69E-06
2	104.41-104.58	rs7570682	-	3.11E-06
3	184.29-184.4	rs683395	LAMP3	2.30E-06
3	32.26-32.33	rs4276227	CMTM8	4.57E-06
6	42.82-42.86	rs6458307	-	4.35E-06
8	34.22-34.61	rs2609653		6.86E-06
9	114.31-114.39	rs10982256	DFNB31	8.80E-06
14	103.43-103.62	rs11622475	TDRD9	2.10E-06
14	57.17-57.24	rs10134944	-	3.21E-06
16	23.3-23.62	rs420259	PALB2	6.29E-08
16	51.36-51.5	rs1344484	-	1.65E-06
20	3.7-3.73	rs3761218	CDC25B	6.71E-06
Х	110.32	rs975687	CAPN6	2.09E-06

doi: 10.1038/nature05911 nature

#### SUPPLEMENTARY INFORMATION

#### Genomewide association study of 14,000 cases of seven common diseases and 3,000 shared controls

#### **Supplementary Information**

The Wellcome Trust Case Control Consortium\*

June 5, 2007

a) B	a) Bipolar Disorder											
_		Strong or	moderate	e associati	ion (autos	omes	)		_			
Chromosome	Region / Position (Mb)	SNP	Type	Trend p-value	Genotypic p-value	log <sub>10</sub> BF additive	log <sub>10</sub> BF general	Sex-diffe	g Genotypic p-value			
-1	60.77	rs2989476	imputed		7.47E-06	3.09	3.42	6.74E-05	5.71E			
2	11.94 - 12.00	rs4027132	chip	1.31E-05	9.69E-06	3.07	3.27	5.15E-05	9.50E			
2	104.41 - 104.58	rs7570682	chip	3.11E-06	1.64E-05			3.35E-05				
2	115.63 - 116.11	rs1375144	chip	2.43E-06	1.31E-05			1.17E-05				
2	181.18 - 181.34	rs11888446	imputed					2.14E-06				
2	200.99	rs4673905	imputed	9.72E-06	5.44E-05	2.86	2.37	2.98E-05	3.07E			
2	241.23 - 241.28	rs2953145	chip	1.11E-05				7.32E-05				
3	32.26 - 32.33	rs4276227	chip	4.57E-06				3.39E-05				
3	36.83	rs9834970	imputed					6.39E-06				
3	184.29 - 184.40	rs683395	chip	2.30E-06				4.26E-06				
6	42.82 - 42.86	rs6458307	chip	3.43E-01				5.14E-01				
6	123.82	rs6901299	imputed					1.72E-05				
- 7	11.48	rs1405318			2.72E-05			1.11E-05				
8	34.22 - 34.61	rs2609653	chip	6.86E-06				2.97E-05				
9	114.31 - 114.39	rs10982256	chip	8.80E-06				6.76E-06				
14	57.17 - 57.24	rs10134944	chip		6.89E-06							
14	103.43 - 103.62	rs11622475	chip	2.10E-06	8.14E-06			9.15E-06				
16	23.3 - 23.62	rs420259	chip	2.19E-04				1.16E-03				
16	51.36 - 51.50	rs1344484	chip		1.03E-05							
20	3.70 - 3.73	rs3761218	chip	4.43E-05				1.51E-04	3.44E			
		Strong or n				nsom	e)		_			
X	110.32	Rs975687	chip		9.99E-06				_			
_				p-value <					_			
1	54.96	rs10888879	chip		1.00E-00							
1	60.74	rs10889189	chip		2.09E-04							
1	65.39	rs4916031	chip	3.40E-02	9.80E-05							
1	70.01	rs6691577	chip		2.37E-04							
1	101.66	rs1776905	chip	5.70E-05	3.03E-04							
1	213.31 224.13	rs10779279 rs12070036	chip	3.98E-05 9.89E-05	2.15E-04 2.85E-04							
2	62.70	rs2049674		7.48E-05								
2	104.44	rs17029753	chip	8.10E-05	1.00E-00 4.17E-04							
2	115.74	rs13386690		5.14E-05	2.43E-04							
2	181.18	rs4407218	chip	8.35E-05	3.73E-04							
2	200.99	rs4673905	chip	2.35E-05	1.30E-04							
3	7.63	rs1485171	chip		9.73E-05							
٥	1.03	131403111	Cilip	1.31E-01	o.73E-03							

3	21.67	rs6762678	chip	7.59E-05 2.31E-04
3	22.99	rs711715	chip	1.99E-02 5.25E-05
3	24.25	rs4858594	chip	4.02E-05 2.16E-04
3	42.38	rs33460	chip	9.56E-05 1.00E-00
3	61.56	rs13074575	chip	3.49E-05 5.43E-05
4	45.99	rs7680321	chip	6.23E-05 1.55E-04
4	54.65	rs1996795	chip	9.28E-05 3.01E-04
5	23.40	rs5009031	chip	5.17E-05 2.76E-04
5	116.21	rs1428006	chip	4.02E-05 2.17E-04
5	135.30	rs17701996	chip	7.15E-05 9.91E-05
5	162.73	rs999580	chip	9.70E-05 4.78E-04
6	18.29	rs365237	chip	1.73E-04 8.59E-05
6	33.96	rs6926699	chip	7.45E-05 1.00E-00
6	123.86	rs17739964	chip	4.28E-05 2.22E-04
6	132.77	rs6906574	chip	1.75E-04 8.76E-05
6	152.62	rs2763025	chip	5.10E-05 1.92E-05
7	22.76	rs2286492	chip	5.06E-01 2.04E-05
8	58.48	rs2875734	chip	1.20E-03 3.13E-05
8	83.20	rs16919670	chip	6.02E-05 1.58E-04
8	83.83	rs9643449	chip	9.75E-05 1.76E-04
8	102.35	rs10097578	chip	3.72E-05 1.46E-04
8	118.68	rs1993980	chip	9.12E-05 2.13E-04
9	11.21	rs7030123	chip	6.04E-05 3.11E-04
9	35.89	rs1573257	chip	3.62E-04 7.45E-05
9	90.66	rs10993698	chip	7.71E-05 3.56E-04
9	110.28	rs4978927	chip	9.92E-05 5.12E-04
9	114.33	rs10982246	chip	2.58E-05 1.27E-04
10	42.76	rs788261	chip	4.93E-05 9.13E-05
10	60.39	rs10826258	chip	7.26E-05 2.70E-04
10	79.20	rs1866437	chip	4.72E-02 4.94E-05
10	94.54	rs7896131	chip	1.56E-04 4.65E-05
10	129.77	rs2096285	chip	4.64E-05 2.47E-04
11	81.99	(no rsiD)	chip	6.50E-05 1.00E-00
11	129.67	rs858719	chip	1.11E-03 2.87E-05
12	23.95	rs7136898	chip	1.32E-05 2.97E-05
12	93.57	rs17309820	chip	8.71E-05 1.00E-00
13	22.59	rs4770394	chip	1.20E-05 1.00E-00
13	45.42	rs2806922	chip	7.90E-03 9.45E-05
13	67.96	rs12584910	chip	5.94E-05 3.14E-04
14	23.20	rs221703	chip	4.49E-05 1.00E-00
14	38.38	rs17108400	chip	3.02E-05 2.39E-05
14	42.67	rs17113911	chip	5.89E-05 1.00E-00
14	49.23	rs10146912	chip	6.80E-05 3.29E-04
14	75.15	rs3784005	chip	3.57E-05 1.00E-00
14	103.42	rs10438244	chip	7.94E-05 1.71E-04
15	71.95	rs7163502	chip	8.72E-05 3.40E-04
16	51.43	rs1420239	chip	4.47E-05 2.28E-04
16	53.86	rs4567706	chip	1.55E-05 6.62E-05

16	72.66	rs12149894	chip	8.99E-05 2.60E-04
16	81.17	rs7184080	chip	6.73E-01 3.67E-05
16	85.85	rs10220973	chip	9.18E-05 1.00E-00
17	19.75	rs203466	chip	4.02E-05 9.23E-05
18	8.45	rs7243929	chip	2.86E-05 1.00E-00
18	8.98	rs1893146	chip	8.13E-05 4.14E-04
19	12.5B	rs12979795	chip	4.12E-05 2.03E-04
19	48.49	rs7408169	chip	6.09E-05 3.13E-04
19	49.31	rs2061332	chip	8.72E-05 4.44E-04
19	63.40	rs7248493	chip	3.07E-05 1.48E-04
20	3.72	rs4815603	chip	7.50E-05 1.77E-05
20	43.16	rs6031991	chip	6.18E-05 2.66E-04
21	31.31	rs2833193	chip	5.74E-05 1.00E-00
22	31.69	rs11089599	chip	7.16E-05 1.67E-04
22	35.66	rs16997510	chip	3.70E-05 1.00E-00

98 regions at p<10<sup>-4</sup>

#### Interesting higher ranked hits

- *GABRB1* (GABA A receptor β1)
  - $rs76803321; p=6.2x10^{-5}$

- *GRM7* (glutamate receptor, metabatropic 7)
  - $rs148517; p=9.7x10^{-5}$
- SYN3 (synapsin III)
  - $rs11089599; p=7.2x10^{-5}$

# The replication challenge

#### Replication of Genome-Wide Association Signals in UK Samples Reveals Risk Loci for Type 2 Diabetes

Eleftheria Zeggini, <sup>1,2</sup>\* Michael N. Weedon, <sup>3,4</sup>\* Cecilia M. Lindgren, <sup>1,2</sup>\* Timothy M. Frayling, <sup>3,4</sup>\* Katherine S. Elliott, <sup>2</sup> Hana Lango, <sup>3,4</sup> Nicholas J. Timpson, <sup>2,5</sup> John R. B. Perry, <sup>3,4</sup>\* Nigel W. Rayner, <sup>1,5</sup> Rachel M. Freathy, <sup>3,4</sup> Jeffrey C. Barrett, <sup>2</sup> Eeverley Shields, <sup>4</sup> Andrew P. Morris, <sup>2</sup> Sian Ellard, <sup>4,6</sup> Christopher J. Groves, <sup>1</sup> Lorna W. Harries, <sup>4</sup> Jonathan L. Marchini, <sup>7</sup> Katharine R. Owen, <sup>1</sup> Beatrice Knight, <sup>4</sup> Lon R. Cardon, <sup>2</sup> Mark Walker, <sup>8</sup> Graham A. Hitman, <sup>8</sup> Andrew D. Morris, <sup>1,0</sup> Alex S. F. Doney, <sup>1,0</sup> The Wellcome Trust Case Control Consortium (WTCCC), <sup>†</sup> Mark I. McCarthy, <sup>1,2</sup>‡\$ Andrew T. Hattersley<sup>3,4</sup>‡

The molecular mechanisms involved in the development of type 2 diabetes are poorly understood. Starting from genome-wide genotype data for 1924 diabetic cases and 2938 population controls generated by the Welkome Trust Case Control Consortium, we set out to detect replicated diabetes association signals through analysis of 3757 additional cases and 5346 controls and by integration of our findings with equivalent data from other international consortia. We detected diabetes susceptibility loci in and around the genes CDKALI, CDKNAZA/CDKNAZB, and IGF2BP2 and confirmed the recently described associations at HHEXIDE and SLC30AB. Our findings

### Type 2 diabetes follow-up

Region	WTCCC 1924 cases 2938 controls OR (95% CI)		Replication meta-analysis 3757 cases 5346 controls OR (95% CI)	P	All UK sample meta-analysis 5681 cases 8284 controls OR (95% CI)	P	DGI 6529 cases 7252 controls OR (95% CI)	P <sub>add</sub>	FUSION 2376 cases 2432 controls OR (95% CI)	5 P <sub>add</sub>	All combined 14,586 cases 17,968 controls OR (95% CI)	$P_{\mathrm{add}}$
FTO	1.27 (1.16–1.37)	2.0×10 <sup>-8</sup>	1.22 (1.12–1.32)	5.4×10 <sup>-7</sup>	1.23 (1.18–1.32)	7.3×10 <sup>-14</sup>	1.03 (0.91–1.17)	0.25	1.11 (1.02–1.20)	0.017	1.17 (1.12–1.22)	1.3×10 <sup>-12</sup>
CDKAL1	1.20 (1.10–1.31)	2.5×10 <sup>-5</sup>	1.14 (1.07–1.22)	8.3×10 <sup>-5</sup>	1.16 (1.10–1.22)	1.3×10 <sup>-8</sup>	1.08 (1.03–1.14)	2.4×10 <sup>-3</sup>	1.12 (1.03–1.22)	9.5×10 <sup>-3</sup>	1.12 (1.08–1.16)	4.1×10 <sup>-11</sup>

Zeggini et al. Science 2007 316: 1336-13341.



www.nature.com/mp

#### ORIGINAL ARTICLE

### A genome-wide association study implicates diacylglycerol kinase eta (DGKH) and several other genes in the etiology of bipolar disorder

AE Baum<sup>1</sup>, N Akula<sup>1</sup>, M Cabanero<sup>1</sup>, I Cardona<sup>1</sup>, W Corona<sup>1</sup>, B Klemens<sup>1,2</sup>, T<u>G Schulze<sup>3</sup></u>, <u>S Cichon<sup>4,5</sup></u>, M Rietschel<sup>3</sup>, MM Nöthen<sup>4,5</sup>, A Georgi<sup>3</sup>, J Schumacher<sup>4</sup>, M Schwarz<sup>6</sup>, R Abou Jamra<sup>4</sup>, S Höfels<sup>7</sup>, P Propping<sup>4</sup>, J Satagopan<sup>8</sup>, NIMH Genetics Initiative Bipolar Disorder Consortium<sup>1,9,10,11,12,13,14,15,16,17,18</sup>, SD Detera-Wadleigh<sup>1</sup>, J Hardy<sup>19</sup> and FJ McMahon<sup>1</sup>

The genetic basis of bipolar disorder has long been thought to be complex, with the potential involvement of multiple genes, but methods to analyze populations with respect to this complexity have only recently become available. We have carried out a genome-wide association study of bipolar disorder by genotyping over 550 000 single-nucleotide polymorphisms (SNPs) in two independent case-control samples of European origin. The initial association screen was performed using pooled DNA, and selected SNPs were confirmed by individual genotyping. While DNA pooling reduces power to detect genetic associations, there is a substantial cost saving and gain in efficiency. A total of 88 SNPs. representing 80 different genes, met the prior criteria for replication in both samples. Effect sizes were modest; no single SNP of large effect was detected. Of 37 SNPs selected for individual genotyping, the strongest association signal was detected at a marker within the first intron of diacylglycerol kinase eta (DGKH;  $P = 1.5 \times 10^{-8}$ , experiment-wide P < 0.01, OR = 1.59). This gene encodes DGKH, a key protein in the lithium-sensitive phosphatidyl inositol pathway. This first genome-wide association study of bipolar disorder shows that several genes, each of modest effect, reproducibly influence disease risk. Bipolar disorder may be a polygenic disease.

Molecular Psychiatry advance online publication, 8 May 2007: doi:10.1038/si.mp.4002012

### Consistency in top genes?

- No compelling support at *DGKH*
- Signals at several genes eg.
  - RNPEPL1
    - rs2953174 p=6.42E-06
  - *DFNB31* 
    - rs10982256 p=8.80E-06
  - -PTPRG
    - rs13074575 p=3.49E-05
  - *JAM3* 
    - rs11223704 p=1.49E-04

### Is there supportive evidence in WTCCC sample for the set of SNPs?

- Imputation dataset
  - Only SNPs on platform used by Baum et al
  - Only SNPs with MAF>0.05
  - Only SNPs with <50% "missing data" in imputation dataset</li>

Observed p values at set of 76 independent SNPs

cf.

p values in set of 76 SNPs in random sample 1

p values in set of 76 SNPs in random sample 2

p values in set of 76 SNPs in random sample 1,000,000

## SNPs significant by pooling in NIMH & Bonn sample

- 5 SNPs significant in same direction
  - *JAM3*: p=0.00013
  - *SLC39A3* p=0.00037
  - *STAB1* p= 0.016
  - RBMS3 p= 0.029
  - BRE p = 0.046
- These 5 p values
  - Significance: p=0.00007 (10<sup>6</sup> simulations)

### Whole Genome Association Scan in Bipolar Disorder

Systematic Treatment Enhancement Program-Bipolar Disorder (STEP-BD) and University College London (UCL) Samples

Pamela Sklar, MD, PhD

Associate Professor of Psychiatry

Harvard Medical School and Center for Human Genetic Research, MGH

Director of Genetics, Stanley Center Senior Associate Member, Broad Institute





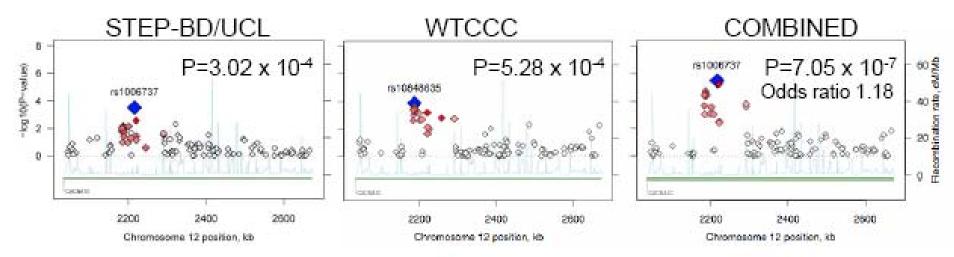




#### Pamela Sklar, Shaun Purcell, Hugh Gurling and colleagues

- 1461 BPI cases
- 2008 controls

#### Meta-analysis with WTCCC



CACNA1C: L-type, voltage-gated calcium channel, alpha1c subunit

#### CACNA1C best overall SNP = rs1006737

Sample	Cases (n)	Controls (n)	Case freq	Cont freq	P value	OR
STEP-BD/UCL	1461	2003	0.357	0.315	3.02E-04	1.21
WTCCC	1868	2943	0.359	0.324	5.28E-04	1.17
EXTENSION SAMPLES	960	473	0.346	0.293	4.00E-03	1.28
ALL	4289	5419	0.354	0.318	1.88E-08	1.19

Yan Meng, Manuel Ferreira









#### Acknowledgements

STEP genetics
collaborators
Bernie Devlin
Steve Faraone
Nan Laird
Matt McQueen
Vishwajit Nimgaonkar

STEP clinical collaborators Gary Sachs Roy Perlis Michael Thase

Jordan Smoller

WTCCC
Nick Craddock
Peter Holmans
Valenina Moskovina
Mick O'Donovan
Mike Owen

UCL

Hugh Gurling
Andrew McQuillin
Nick Bass
Jacob Lawrence
David Curtis

U. Edinburgh Broad

Douglas Blackwood Genetic Analysis

Walter Muir Platform

Kevin McGhee Stacey Gabriel

DM MacIntyre David Altshuler

NIMH Genetics
Initiative
Control
Collection
Pablo Gejman
and colleagues

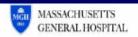
Stanley
Foundation of
the Broad
Ed Scolnick
Li-Huei Tsai
Stephen
Haggarty
Broad

Genetic Analysis
Platform
Stacey Gabriel
David Altshuler
Paul deBakker
Biological
Sample Platform

Daly lab
Julian Maller
Josh Korn

Sklar and Purcell lab members Kimberly Chambert Jes Fagerness Jinbo Fan Manuel Ferreira **Brian Galloway** Andrew Kirby Matthew Ogdie Yan Meng Douglas Ruderfer Jennifer Stone Kathe Todd-Brown Lauren Weiss









### What about the phenotype?

# Psychiatric diagnoses: the weak component of modern research

#### JULES ANGST

Zurich University Psychiatric Hospital, Lenggstrasse 31, Mail Box 1931, 8032 Zurich, Switzerland

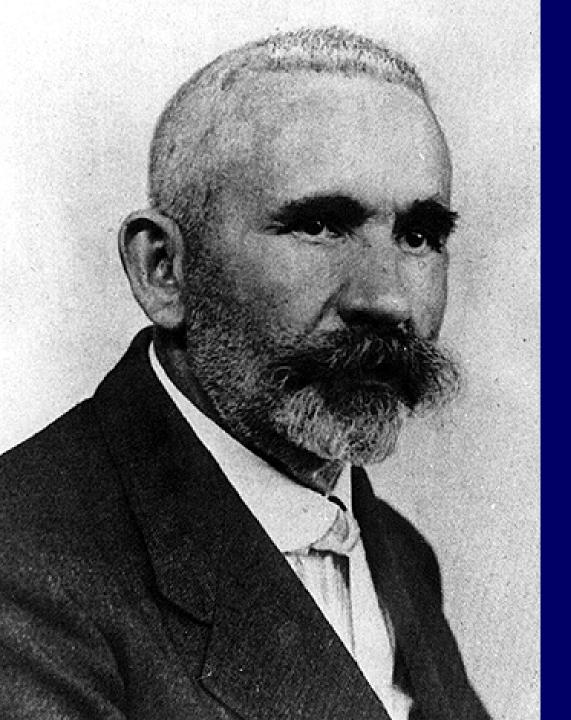
Kraepelin's dichotomy is built on Kahlbaum's large monograph (1) on the pelin's cases, which documented a continuum at the symptom level between the two groups (5).

Multiple studies subsequently confirmed the existence of a group of conditions between schizophrenia and affec-

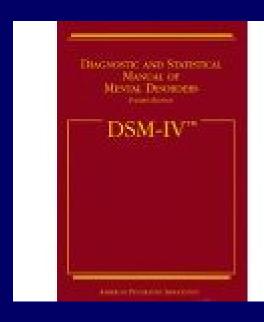
Angst. World Psychiatry 6: 30-21.

#### Phenotypic and genetic complexity of psychosis

	Factors affecting			
Issue	Clinical phenotype	Genotype		
Population studied	Environment	Genetic differences		
	Sociocultural factors Service provision	Population stratification/'structure'		
Subject ascertainment	Severity	Genetic loading		
	Symptom pattern	Selection for simple inheritance patterns		
	Course of illness Impairment Treatment response			
Underlying model	Unknown phenotype (disease) model requires analytical strategies that do not rely on knowing model precisely	Unknown genetic model requires analytical strategies that do not rely on knowing model precisely		
Measurement	Consistency of assessment methods Variable use of standard terminology Phenotype measurement error	Consistency of genotyping methods Genotyping error		



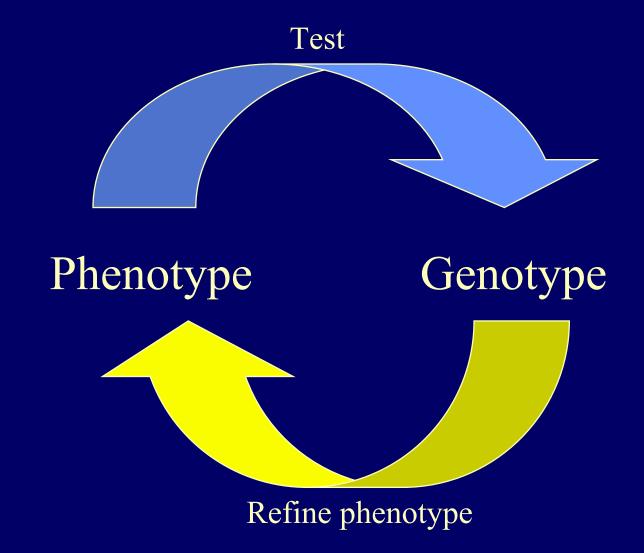
#### Emil Kraepelin



# Reliability

# Validity

### An iterative approach to the phenotype



Craddock et al. Mol Psychiatry. 2006; 11:446-58

#### ARTICLES

# Genome-wide association study of 14,000 cases of seven common diseases and 3,000 shared controls

The Wellcome Trust Case Control Consortium\*

There is increasing evidence that genome-wide association (GWA) studies represent a powerful approach to the identification of genes involved in common human diseases. We describe a joint GWA study (using the Affymetrix GeneChip 500K Mapping Array Set) undertaken in the British population, which has examined  $\sim$ 2,000 individuals for each of 7 major diseases and a shared set of  $\sim$ 3,000 controls. Case-control comparisons identified 24 independent association signals at  $P < 5 \times 10^{-7}$ : 1 in bipolar disorder, 1 in coronary artery disease, 9 in Crohn's disease, 3 in rheumatoid arthritis, 7 in type 1 diabetes and 3 in type 2 diabetes. On the basis of prior findings and replication studies thus-far completed, almost all of these signals reflect genuine susceptibility effects. We observed association at many previously identified loci, and found compelling evidence that some loci confer risk for more than one of the diseases studied. Across all diseases, we identified a large number of further signals (including 58 loci with single-point P values between  $10^{-5}$  and  $5 \times 10^{-7}$ ) likely to yield additional susceptibility loci. The importance of appropriately large samples was confirmed by the modest effect sizes

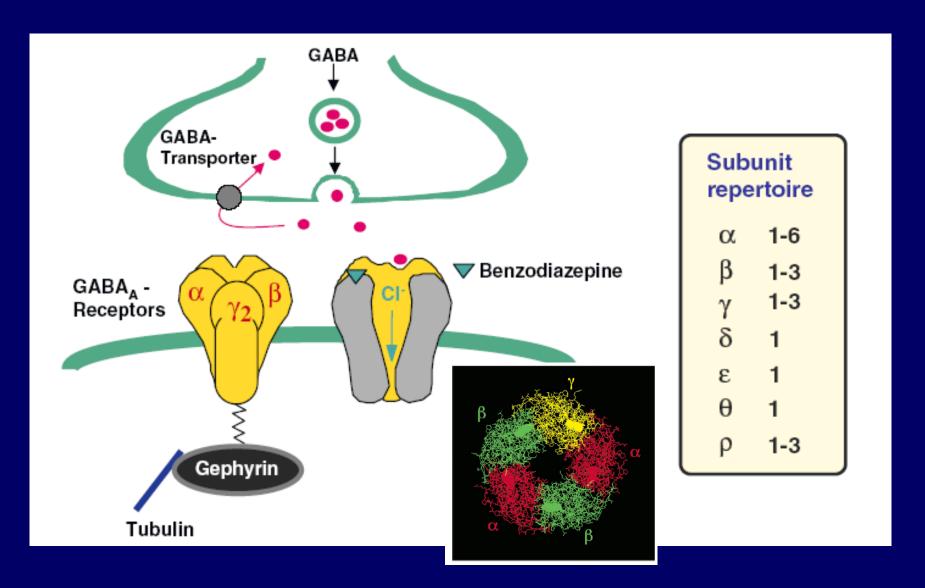
#### Phenotype refinement: $p=6.2 \times 10^{-5}$ index variant in GABRB1 0.16 0.14 0.12 Allele frequency 0.1 N=80.0 1868 0.06 N=0.04 2938 0.02 0 Control Bipolar

Phenotype refinement:  $p=3.8 \times 10^{-6}$ index variant in GABRB1 0.16 0.14 0.12 N=Allele frequency 0.1 279 N=80.0 1868 0.06 N=0.04 2938 0.02 0 Control **RDC SABP Bipolar** 

Phenotype refinement:  $p=3.8 \times 10^{-6}$ p=0.003index variant in GABRB1 0.16 0.14 0.12 N=Allele frequency 0.1 279 N=N=80.0 1868 1589 0.06 N=0.04 2938 0.02 0 Control Bipolar **RDC SABP** non-SABP

# Hypothesis test of specific biological system using refined phenotype

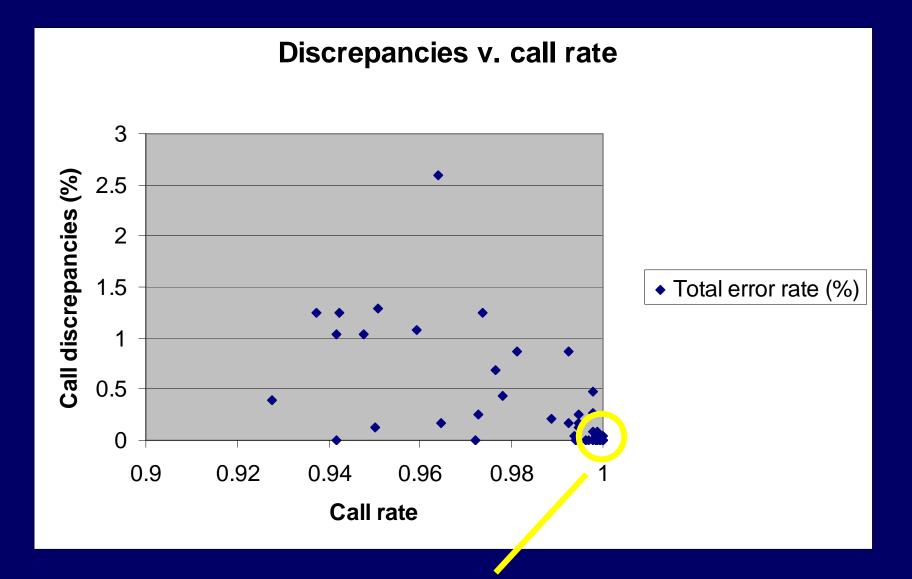
• Test variants in GABA<sub>A</sub> receptor genes in RDC SABP subset of cases



Mohler. Cell Tissue Res (2006) 326:505–516

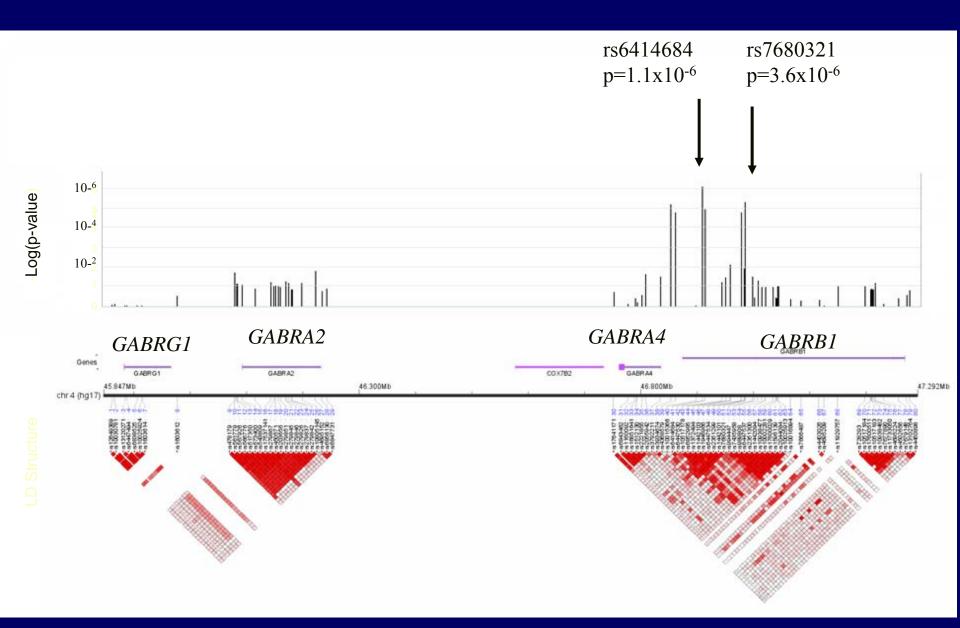
# Set of SNPs at GABA<sub>A</sub> receptor genes

- 63 SNPs across the 4p12-13 cluster
  - GABRB1, GABRA4, GABRA2, GABRG1
- 64 SNPs across the 5q31-q25 cluster
  - GABRB22, GABRA6, GABRA1, GABRG2
- 70 SNPs across the 15q11-q13 cluster
  - GABRB3, GABRA5, GABRG3
- 22 SNPs across the Xq28 cluster
  - GABRQ, GABR3, GABRE
- 21 SNPs across the pair of genes at 6q15
  - GABRR1, GABRR2
- 16 SNPs across the gene at 5q35.1
  - GABRP
- 12 SNPs across the at 3q11.2
  - GABRR3.

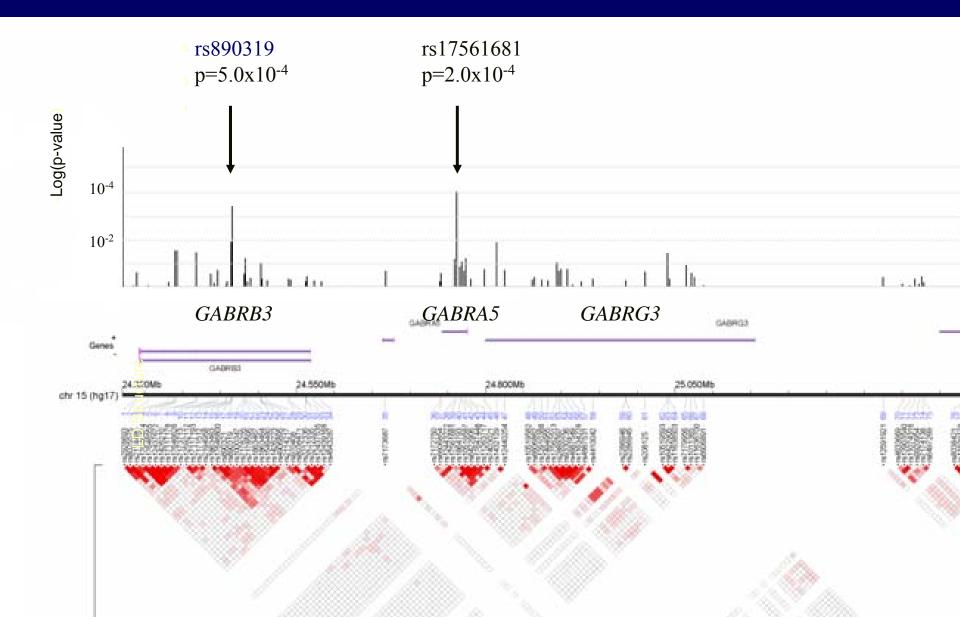


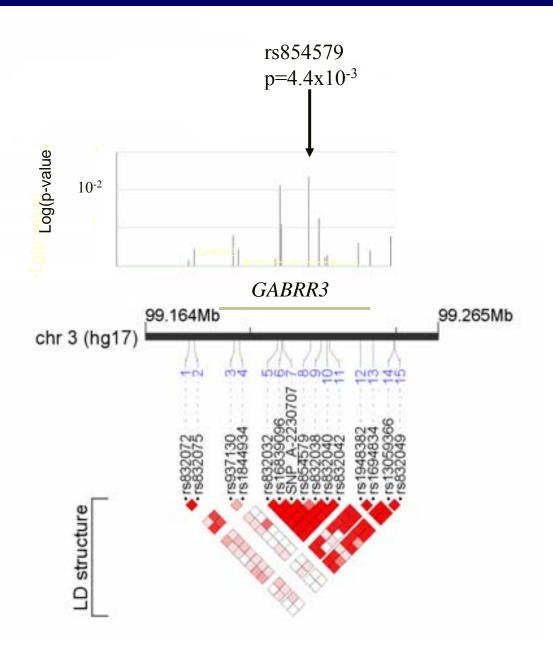
Call rate >99.5%, MAF>0.05: genotyping agreement 99.95%

#### 4p12-13 cluster



#### 15q11-q13 cluster





# Association at GABA<sub>A</sub> $\beta$ receptor genes in SABP cases compared with controls and with non-SABP bipolar cases

Gene	Most significant SNP	Controls frequency of risk allele	SABP v. controls OR (95% CI)	SABP v. controls allelic p value	SABP v. Non-SABP BD allelic p value
GABRB1	rs6414684	0.4910	1.56 (1.27-1.91)	1.1 x10 <sup>-6</sup>	0.001
GABRB2	-	-	-	NS	NS
GABRB3	rs890319	0.3231	1.38 (1.11-1.71)	5.0 x10 <sup>-4</sup>	0.0059

Independent evidence at β receptor genes : p=0.00024

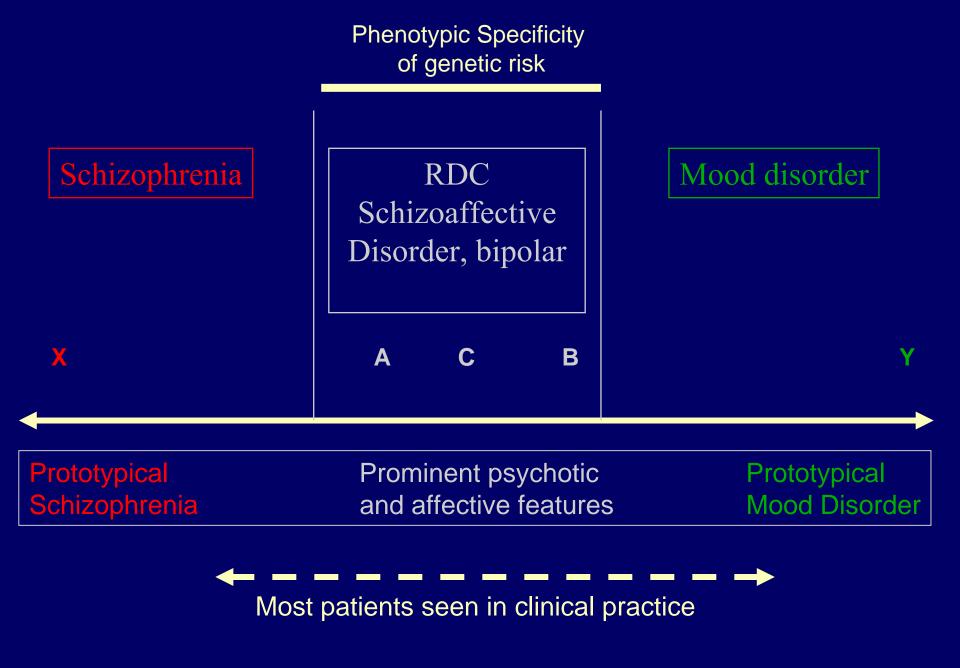
# Hypothesis test of specific biological system using refined phenotype

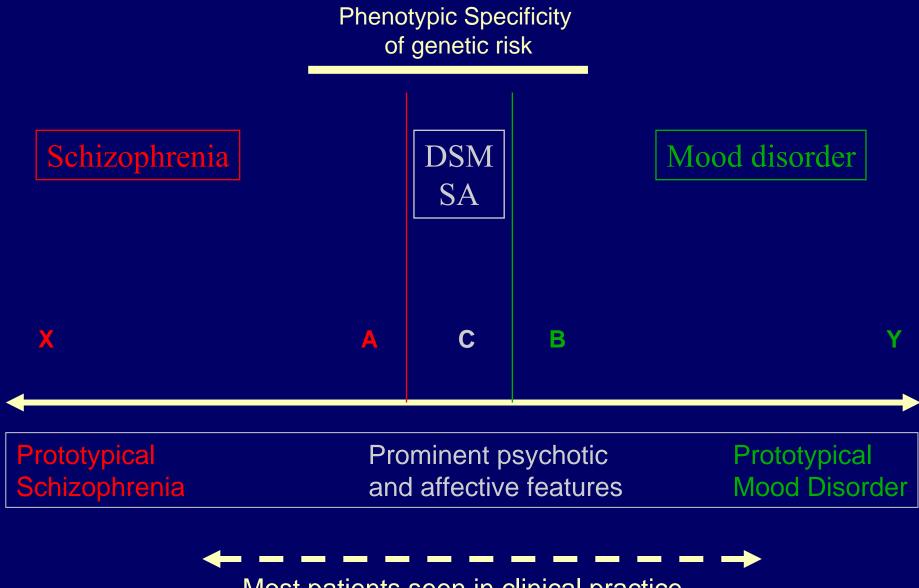
- Independent of index signal there is strong support for system involvement
  - $-p=4.8x10^{-5}$
- Several genes implicated
  - GABRB1, GABRB3, GABRA4, GABRA5 GABRR1

### What are implications?

- More biologically homogeneous sub-set of bipolar cases
- Can provide a theoretical base to guide treatment choice
- Can help to explain commonly observed "co-morbidities" with bipolar disorder
  - Anxiety/ panic
  - Alcohol abuse

# What does this mean for diagnosis?





Most patients seen in clinical practice



#### Available online at www.sciencedirect.com

**EUROPEAN** 

http://france.elsevier.com/direct/EURPSY/

European Psychiatry 20 (2005) 315-320

Original article

Is the psychopathology of acute and transient psychotic disorder different from schizophrenic and schizoaffective disorders?

Andreas Marneros \*, Frank Pillmann, Annette Haring, Sabine Balzuweit, Raffaela Blöink

Department of Psychiatry and Psychotherapy, Martin Luther University of Halle-Wittenberg, 06097 Halle, Germany

Received 30 September 2002; received in revised form 30 August 2004; accepted 7 February 2005

Available online 13 April 2005

Marneros et al. European Psychiatry 2005; 20: 315–320

#### Acute and transient psychotic disorders (ICD10)

- •Cycloid psychoses (Germany)
- Psychogenic psychoses (Scandinavia)
- •Bouffée délirante (France)
- •Good prognosis schizophrenia (USA)

#### The beginning of the end for the Kraepelinian dichotomy

NICK CRADDOCK and MICHAEL J. OWEN

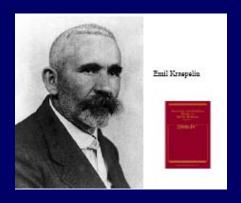
For the past hundred years most clinical work and research in psychiatry has proceeded under the assumption that schizophrenia and bipolar affective disorder (or the corresponding earlier terms, such as dementia praecox and manic-depressive illness) are distinct entities with separate underlying disease processes and treatments. This so-called 'Kraepelinian dichotomy' has pervaded Western psychiatry since Emil Kraepelin (1919) 'crystallised dementia

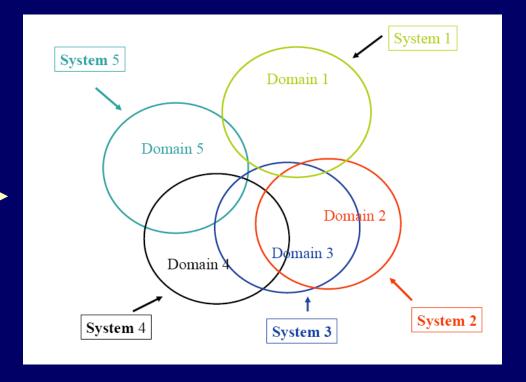
increased risk of schizophrenia but not bipolar disorder in the relatives of probands with schizophrenia, and vice versa in corresponding studies of bipolar disorder. It is also true that groups of individuals classified as having typical schizophrenia can be discriminated from sets of individuals classified as having typical bipolar disorder on the basis of clinical features and outcome.

As well as having apparent empirical

- and bipolar illness and between schizoaffective disorders and both bipolar disorder and schizophrenia (reviewed by Craddock et al. 2005).
- (b) A recent twin study the only one that has used an analysis unconstrained by the diagnostic hierarchy inherent in current classification systems – demonstrated an overlap in the genetic susceptibility to mania and schizophrenia (Cardno et al, 2002) and provided evidence that there are genes that confer susceptibility across the Kraepelinian divide, to schizoaffective disorder and to some cases of schizophrenia and bipolar disorder. This study also confirmed the traditional notion that there are genes specific to the two prototypical disorders.
- (c) Systematic, whole-genome linkage studies of schizophrenia and bipolar disorder have implicated some chromosomal regions in common; this is

#### Br J Psychiatry 2005; 186: 364-366





## World Psychiatry

#### OFFICIAL JOURNAL OF THE WORLD PSYCHIATRIC ASSOCIATION (WPA)

Volume 6, Number 2



11

15

28

29

30

31

32

33

on Personality Disorders

A. TASMAN

June 2007

#### EDITORIAL

Psychiatry for the Person: articulating medicine's 1 science and humanism J.E. Mizzacia

#### SPECIAL ARTICLES

The vision of recovery soday, what it is and what it means for services

M. Earkes

Other faces in the mirror: a perspective on schizophronia

M.A. Areas

Dimensional models of personality disorder

#### FORUM – DO THE DISADVANTAGES OF THE KRAEPELINIAN DICHOTOMY NOW OUTWEIGH THE ADVANTAGES?

Rethinking psychosis: the disadvamages of a dicheromous classification now ourweigh the advantages N. Crandock, M.J. Own

#### Commensaries

Deconstructing and reconstructing illness spade ones associated with psychosis W.T. Castructe [n. The right answer for the wrong reasons? R.M. Mossax, R. Dutta

Psychiatric diagnoses: the weak component of modern research

J. ANOST

Rethinking psychosis

I. BROCKPOOTON

Physis does not take leaps, noither does Psyche

A. MARNEROS
When the world

When the paradigms languish R.D. ALAROON

Classifying psychosis: when is the time ripe for changes?

O. Guren



•	
A dimensional and rategorical architecture for the classification of psychotic disorders V. Peralza, M.J. Cuesta	36
RESEARCH REPORTS	
Validity of the bereavement exclusion criterion for the diagnosis of major depressive episode	38
S. ZBOOK, K. SHEAR, K.S. KENDLER	
A prospective study of delayed sleep phase syndrome in patients with	44
severe resistant obsessive-compulsive disorder	
J. TURNER, L.M. DRUMMOND, S. MURHOPADHYAY, H. GHODSE, S. W	
Psychogenic substance as a song modical seudons in a Nice an university	48
A.B. Maria, Loca, T.O. Daranola, A.O. Onenri	
MENTAL HEALTH POLICY PAPER	
Reform of mental health care in Serbia: ten steps plus one D. Lecte Tostvisa, M. Pigovie Millovanervic,	51
S. Porovic Dausic	
WPA SECTION REPORT	
Doping in sports and its spread to at-risk populations: an international review	54
D.A. BARON, D.M. MARTIN, S.A. MAGD	
LETTER TO THE EDITOR	60
WPA NEWS	
The WPA International Congress "Treatments in Psychiatry: A New Update" (Florence, Italy, April 1-4, 2009)	61
M. Maj WPA Scientific Moorings as a volticle for	62
psychiatry leadership growth and development P. Rusz	62
The new WPA Educational Program	63

DOM: 1702-0017

# FORUM – DO THE DISADVANTAGES OF THE KRAEPELINIAN DICHOTOMY NOW OUTWEIGH THE ADVANTAGES? Rethinking psychosis: the disadvantages of a dichotomous classification now outweigh the advantages N. CRADDOCK, M.J. OWEN

Commontarios

I. Brockington

O. GUREJE

20

32

28
29
30
31

does Psyche
A. Marneros
When the paradigms languish
R.D. Alarcón
Classifying psychosis: when is the time
ripe for changes?

#### World Psychiatry June 2007

Physis does not take leaps, neither

### Take Home Messages

- The beginning ...
  - Some of genes/ systems being implicated relate to known hypotheses
  - Close attention to QC essential
  - Multiple large samples needed collaboration
  - Think beyond traditional diagnostic categories













### Acknowledgements

The Wellcome Trust Case Control Consortium

Management Committee Paul R. Burton<sup>1</sup>, David G. Clayton<sup>2</sup>, Lon R. Cardon<sup>3</sup>, Nick Craddock<sup>6</sup>, Panos Deloukas<sup>5</sup>, Audrey Duncanson<sup>6</sup>, Dominic P. Kwiatkowski<sup>8,5</sup>, Mark I. McCarthy<sup>8,7</sup>, Willem H. Ouwehand<sup>8,9</sup>, Nilesh J. Samani<sup>10</sup>, John A. Todd<sup>2</sup> & Peter Donnelly (Chair)<sup>11</sup>

Data and Analysis Committee Jeffrey C. Barrett. Paul R. Burton., Dan Davison. Peter Donnelly. Doug Easton. David Evan. Hin-Tak Leung. Jonathan L. Marchini. Andrew P. Morris, Chris C. A. Spencer. Martin D. Tobin. Lon R. Cardon (Co-chair). & David G. Clayton (Co-chair).

UK Blood Services and University of Cambridge Controls Antony P. Attwood<sup>5,8</sup>, James P. Boorman<sup>6,9</sup>, Barbara Cant<sup>8</sup>, Ursula Everson<sup>13</sup>, Judith M. Hussey<sup>1,4</sup>, Jennifer D. Jolley<sup>8</sup>, Alexandra S. Knight<sup>8</sup>, Kerstin Koch<sup>8</sup>, Elizabeth Meech<sup>15</sup>, Sarah Nutland<sup>2</sup>, Christopher V. Prowse<sup>16</sup>, Helen E. Stevens<sup>2</sup>, Niall C. Taylor<sup>8</sup>, Graham R. Walters<sup>17</sup>, Neil M. Walker<sup>2</sup>, Nicholas A. Watkins<sup>8,9</sup>, Thilo Winzer<sup>8</sup>, John A. Todd<sup>2</sup> & Willem H. Ouwehand<sup>8,9</sup>

1958 Birth Cohort Controls Richard W. Jones 18, Wendy L. McArdle 18, Susan M. Ring 18, David P. Strachan 19 & Marcus Pembrey 18, 20

Bipolar Disorder Gerome Breen<sup>21</sup>, David St Clair<sup>21</sup> (Aberdeen); Sian Caesar<sup>22</sup>, Katherine Gordon-Smith<sup>22,22</sup>, Lisa Jones<sup>22</sup> (Birmingham); Christine Fraser<sup>23</sup>, Elaine K. Green<sup>23</sup>, Detellina Grozeva<sup>23</sup>, Marian L. Hamshere<sup>23</sup>, Peter A. Holmans<sup>23</sup>, Ian R. Jones<sup>23</sup>, George Kirov<sup>23</sup>, Valentina Moskvina<sup>23</sup>, Ivan Nikolov<sup>23</sup>, Michael C. O'Donovan<sup>23</sup>, Michael J. Owen<sup>23</sup>, Nick Craddock<sup>23</sup> (Cardiff); David A. Collier<sup>24</sup>, Amanda Elkin<sup>24</sup>, Anne Farmer<sup>24</sup>, Richard Williamson<sup>24</sup>, Peter McGuffin<sup>24</sup> (London); Allan H. Young<sup>23</sup> & I. Nicol Ferrier<sup>25</sup> (Newcastle)

Coronary Artery Disease Stephen G. Ball<sup>26</sup>, Anthony J. Balmforth<sup>26</sup>, Jennifer H. Barrett<sup>26</sup>, D. Timothy Bishop<sup>26</sup>, Mark M. Iles<sup>26</sup>, Azhar Maqbool<sup>26</sup>, Nadira Yuldasheva<sup>26</sup>, Alistair S. Hall<sup>26</sup> (Leeds); Peter S. Braund<sup>10</sup>, Paul R. Burton<sup>1</sup>, Richard J. Dixon<sup>10</sup>, Massimo Mangino<sup>10</sup>, Suzanne Stevens<sup>10</sup>, Martin D. Tobin<sup>1</sup>, John R. Thompson<sup>1</sup> & Nilesh J. Samani<sup>10</sup> (Leicester)

Crohn's Disease Francesca Bredin<sup>27</sup>, Mark Tremelling<sup>27</sup>, Miles Parkes<sup>27</sup> (Cambridge); Hazel Drummond<sup>28</sup>, Charles W. Lees<sup>28</sup>, Elaine R. Nimmo<sup>28</sup>, Jack Satsangi<sup>28</sup> (Edinburgh); Sheila A. Fisher<sup>29</sup>, Alastair Forbes<sup>30</sup>, Cathryn M. Lewis<sup>29</sup>, Clive M. Onnie<sup>29</sup>, Natalie J. Prescott<sup>29</sup>, Jeremy Sanderson<sup>31</sup>, Christopher G. Mathew<sup>29</sup> (London); Jamie Barbour<sup>32</sup>, M. Khalid Mohiuddin<sup>32</sup>, Catherine E. Todhunter<sup>32</sup>, John C. Mansfield<sup>32</sup> (Newcastle); Tariq Ahmad<sup>33</sup>, Fraser R. Cummings<sup>33</sup> & Derek P. Jewell<sup>33</sup> (Oxford)

Hypertension John Webster <sup>34</sup> (Aberdeen); Morris J. Brown<sup>35</sup>, David G. Clayton<sup>2</sup> (Cambridge); G. Mark Lathrop<sup>36</sup> (Evry); John Connell <sup>37</sup>, Anna Dominiczak <sup>37</sup> (Glasgow); Nilesh J. Samani <sup>10</sup> (Leicester); Carolina A. Braga Marcano <sup>36</sup>, Beverley Burke <sup>38</sup>, Richard Dobson <sup>36</sup>, Johannie Gungadoo <sup>38</sup>, Kate L. Lee <sup>38</sup>, Patricia B. Munroe <sup>38</sup>, Stephen J. Newhouse <sup>36</sup>, Abiodun Onipinla <sup>36</sup>, Chris Wallace <sup>36</sup>, Mingzhan Xue <sup>38</sup>, Mark Caulfield <sup>36</sup> (London); Martin Farrall <sup>36</sup> (Oxford)

Rheumatoid Arthritis Anne Barton<sup>40</sup>, The Biologics in RA Genetics and Genomics Study Syndicate (BRAGGS) Steering Committee\*, Ian N. Bruce<sup>40</sup>, Hannah Donovan<sup>40</sup>, Steve Eyre<sup>40</sup>, Paul D. Gilbert<sup>40</sup>, Samantha L. Hider<sup>40</sup>, Anne M. Hinks<sup>40</sup>, Sally L. John<sup>40</sup>, Catherine Potter 40, Alan J. Silman 40, Deborah P. M. Symmons 40, Wendy Thomson 40 & Jane Worthington 40

Type 1 Diabetes David G. Clayton<sup>2</sup>, David B. Dunger<sup>2,41</sup>, Sarah Nutland<sup>2</sup>, Helen E. Stevens<sup>2</sup>, Neil M. Walker<sup>2</sup>, Barry Widmer<sup>2,41</sup> & John A. Todd<sup>2</sup>

Type 2 Diabetes Timothy M. Frayling<sup>42,43</sup>, Rachel M. Freathy<sup>42,43</sup>, Hana Lango<sup>42,43</sup>, John R. B. Perry<sup>42,43</sup>, Beverley M. Shields<sup>43</sup>, Michael N. Weedon<sup>42,43</sup>, Andrew T. Hattersley<sup>42,43</sup> (Exeter); Graham A. Hitman<sup>44</sup> (London); Mark Walker<sup>45</sup> (Newcastle); Kate S. Elliott<sup>3,7</sup>, Christopher J. Groves<sup>7</sup>, Cecilia M. Lindgren<sup>3,7</sup>, Nigel W. Rayner<sup>3,7</sup>, Nicholas J. Timpson<sup>3,45</sup>, Eleftheria Zeggini<sup>3,7</sup> & Mark I. McCarthy<sup>3,7</sup> (Oxford)

Tuberculosis Melanie Newport<sup>47</sup>, Giorgio Sirugo<sup>47</sup> (Gambia); Emily Lyons<sup>3</sup>, Fredrik Vannberg<sup>3</sup> & Adrian V. S. Hill<sup>3</sup> (Oxford)

Ankylosing Spo ndylitis Linda A. Bradbury<sup>48</sup>, Claire Farrar<sup>49</sup>, Jennifer J. Pointon<sup>48</sup>, Paul Wordsworth<sup>49</sup> & Matthew A. Brown<sup>48,49</sup>

Autoimmune Thyroid Disease Jayne A. Franklyn<sup>50</sup>, Joanne M. Heward<sup>90</sup>, Matthew J. Simmonds<sup>50</sup> & Stephen C. L. Gough<sup>50</sup>

Breast Cancer Shella Seal<sup>51</sup>, Breast Cancer Susceptibility Collaboration (UK)\*, Michael R. Stratton<sup>51,52</sup> & Nazneen Rahman<sup>51</sup>

Multiple Sclerosis Maria Ban<sup>53</sup>, An Goris<sup>53</sup>, Stephen J. Sawcer<sup>53</sup> & Alastair Compston<sup>53</sup>

Gambian Controls David Conway<sup>47</sup>, Muminatou Jallow<sup>47</sup>, Melanie Newport<sup>47</sup>, Giorgio Sirugo<sup>47</sup> (Gambia); Kirk A. Rockett<sup>3</sup> & Dominic P. Kwiatkowski<sup>3,5</sup> (Oxford)

DNA, Genotyping, Data QC and Informatics Suzannah J. Bumpstead<sup>5</sup>, Amy Chaney<sup>5</sup>, Kate Downes<sup>6,5</sup>, Mohammed J. R. Ghori<sup>5</sup>, Rhian Gwilliam<sup>5</sup>, Sarah E. Hunt<sup>5</sup>, Michael Inouye<sup>5</sup>, Andrew Keniry<sup>5</sup>, Emma King<sup>5</sup>, Ralph McGinnis<sup>5</sup>, Simon Potter<sup>5</sup>, Rathi Ravindrarajah<sup>5</sup>, Pamela Whittaker<sup>5</sup>, Claire Widden<sup>5</sup>, David Withers<sup>5</sup>, Panos Deloukas<sup>5</sup> (Wellcome Trust Sanger Institute, Hirxton); Hin-Tak Leung<sup>2</sup>, Sarah Nutland<sup>2</sup>, Helen E. Stevens<sup>2</sup>, Neil M. Walker<sup>2</sup> & John A. Todd<sup>2</sup> (Cambridge)

Statistics Doug Easton<sup>12</sup>, David G. Clayton<sup>2</sup> (Cambridge); Paul R. Burton<sup>1</sup>, Martin D. Tobin<sup>1</sup> (Leicester); Jeffrey C. Barrett<sup>3</sup>, David Evans<sup>3</sup>, Andrew P. Morris<sup>3</sup>, Lon R. Cardon<sup>3</sup> (Oxford) Niali J. Cardin<sup>11</sup>, Dan Davison<sup>11</sup>, Teresa Ferreira<sup>11</sup>, Joanne Pereira-Gale<sup>11</sup>, Ingileif B. Hallgrimsdóttir<sup>11</sup>, Bryan N. Howie<sup>11</sup>, Jonathan L. Marchini<sup>11</sup>, Chris C. A. Spencer<sup>11</sup>, Zhan Su<sup>11</sup>, Yik Ying Teo<sup>3,11</sup>, Damjan Vukcevic<sup>11</sup> & Peter Donnelly<sup>11</sup> (Oxford)

Primary Investigators David Bentley<sup>5</sup>†, Matthew A. Brown<sup>48,49</sup>, Lon R. Cardon<sup>3</sup>, Mark Caulfield<sup>38</sup>, David G. Clayton<sup>2</sup>, Alistair Compston<sup>53</sup>, Nick Craddock<sup>23</sup>, Panos Deloukas<sup>5</sup>, Peter Donnelly<sup>1</sup>, Martin Farrall<sup>59</sup>, Stephen C. L. Gough<sup>50</sup>, Alistair S. Hall<sup>26</sup>, Andrew T. Hattersley<sup>42,43</sup>, Adrian V. S. Hill<sup>3</sup>, Dominic P. Kwiatkowski<sup>35</sup>, Christopher G. Mathew<sup>39</sup>, Mark I. McCarthy<sup>3,7</sup>, Willem H. Ouwehand<sup>8,9</sup>, Miles Parkes<sup>27</sup>, Marcus Pembrey<sup>18,20</sup>, Naz neen Rahman<sup>51</sup>, Nilesh J. Samani<sup>10</sup>, Michael R. Stratton<sup>51,52</sup>, John A. Todd<sup>2</sup> & Jane Worthington<sup>40</sup>

#### Statistical analyses of main WTCCC dataset

**Data and Analysis Committee** Jeffrey C. Barrett<sup>3</sup>, Paul R. Burton<sup>1</sup>, Dan Davison<sup>11</sup>, Peter Donnelly<sup>11</sup>, Doug Easton<sup>12</sup>, David Evans<sup>3</sup>, Hin-Tak Leung<sup>2</sup>, Jonathan L. Marchini<sup>11</sup>, Andrew P. Morris<sup>3</sup>, Chris C. A. Spencer<sup>11</sup>, Martin D. Tobin<sup>1</sup>, Lon R. Cardon (Co-chair)<sup>3</sup> & David G. Clayton (Co-chair)<sup>2</sup>

#### Management committee

The Wellcome Trust Case Control Consortium

Management Committee Paul R. Burton<sup>1</sup>, David G. Clayton<sup>2</sup>, Lon R. Cardon<sup>3</sup>, Nick Craddock<sup>4</sup>, Panos Deloukas<sup>5</sup>, Audrey Duncanson<sup>6</sup>, Dominic P. Kwiatkowski<sup>3,5</sup>, Mark I. McCarthy<sup>3,7</sup>, Willem H. Ouwehand<sup>8,9</sup>, Nilesh J. Samani<sup>10</sup>, John A. Todd<sup>2</sup> & Peter Donnelly (Chair)<sup>11</sup>

#### Manuscript

Writing Committee: David G. Clayton, Nick Craddock, Panos Deloukas, Mark I. McCarthy, Peter Donnelly (Chair);

### Bipolar disorder group

**Bipolar Disorder** Gerome Breen<sup>21</sup>, David St Clair<sup>21</sup> (Aberdeen); Sian Caesar<sup>22</sup>, Katherine Gordon-Smith<sup>22,23</sup>, Lisa Jones<sup>22</sup> (Birmingham); Christine Fraser<sup>23</sup>, Elaine K. Green<sup>23</sup>, Detelina Grozeva<sup>23</sup>, Marian L. Hamshere<sup>23</sup>, Peter A. Holmans<sup>23</sup>, Ian R. Jones<sup>23</sup>, George Kirov<sup>23</sup>, Valentina Moskvina<sup>23</sup>, Ivan Nikolov<sup>23</sup>, Michael C. O'Donovan<sup>23</sup>, Michael J. Owen<sup>23</sup>, Nick Craddock<sup>23</sup> (Cardiff); David A. Collier<sup>24</sup>, Amanda Elkin<sup>24</sup>, Anne Farmer<sup>24</sup>, Richard Williamson<sup>24</sup>, Peter McGuffin<sup>24</sup> (London); Allan H. Young<sup>25</sup> & I. Nicol Ferrier<sup>25</sup> (Newcastle)

#### Some comments about controls

Non-screened controls

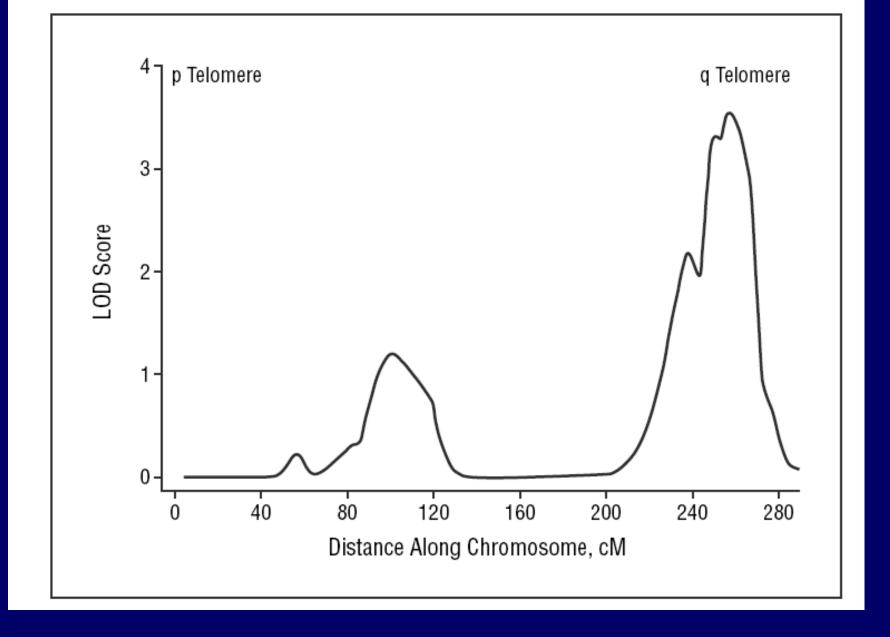
• Common controls within an experiment

Common controls across experiments

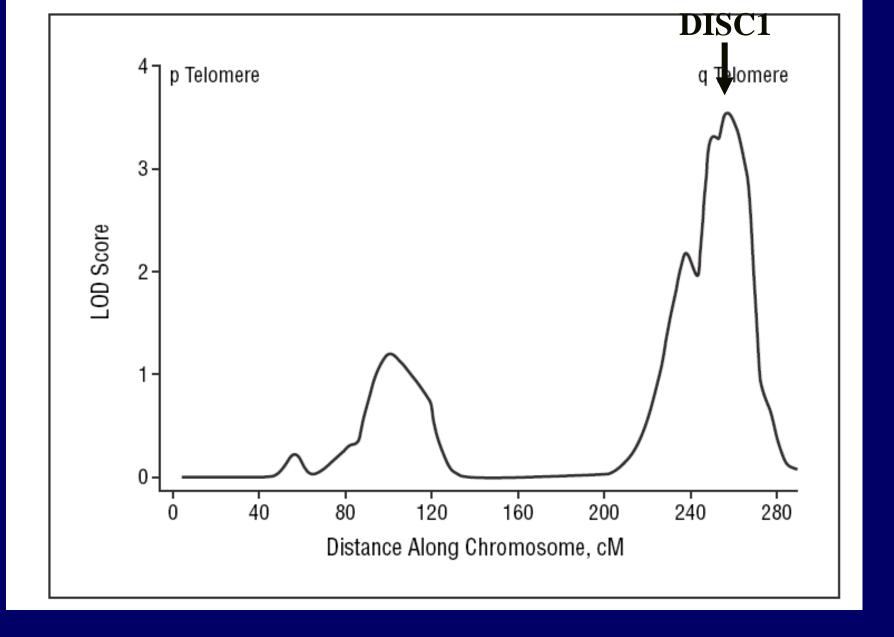
#### Genomewide Linkage Scan in Schizoaffective Disorder

Significant Evidence for Linkage at 1q42 Close to DISC1, and Suggestive Evidence at 22q11 and 19p13

Marian L. Hamshere, PhD; Phil Bennett, PhD; Nigel Williams, PhD; Ricardo Segurado, PhD; Alastair Cardno, PhD, MRCPsych; Nadine Norton, PhD; David Lambert, PhD; Hywel Williams, PhD; George Kirov, MD, MRCPsych; Aiden Corvin, MD, MRCPsych; Peter Holmans, PhD; Lisa Jones, PhD; Ian Jones, PhD, MRCPsych; Michael Gill, MD, MRCPsych; Michael C. O'Donovan, PhD, FRCPsych; Michael J. Owen, PhD, FRCPsych; Nick Craddock, PhD, FRCPsych



Green et al, Arch Gen Psychiatry. 2005;62:1081-1088



Green et al, Arch Gen Psychiatry. 2005;62:1081-1088

## **ASSOCIATION OF A BALANCED AUTOSOMAL TRANSLOCATION t(1;11)** WITH MAJOR MENTAL ILLNESS П 23 VI Anxiety, Alcoholism, Recurrent **Adolescent** Translation

St Clair et al. Lancet 1990; 336:13-6; Blackwood et al. Am J Hum Genet. 2001; 69:428-33

Conduct

**Disorder** 

**Minor Depression** 

t(1;11) Carrier

Major

**Depression** 

Disorder

### Disrupted in Schizophrenia 1 (DISC1): Association with Schizophrenia, Schizoaffective Disorder, and Bipolar Disorder

Colin A. Hodgkinson,<sup>1,3</sup> David Goldman,<sup>1,3</sup> Judith Jaeger,<sup>4</sup> Shalini Persaud,<sup>1,3</sup> John M. Kane,<sup>4</sup> Robert H. Lipsky,<sup>2,3</sup> and Anil K. Malhotra<sup>4</sup>

Sections of <sup>1</sup>Human Neurogenetics and <sup>2</sup>Molecular Genetics and <sup>3</sup>Laboratory of Neurogenetics, National Institute on Alcohol Abuse and Alcoholism, Rockville, MD; and <sup>4</sup>The Zucker Hillside Hospital, Psychiatry Research, Glen Oaks, NY

Table 1

Allele-Based and Genotype-Based Association with Schizophrenia, Schizoaffective Disorder, and Bipolar Disorder, Showing the Celera SNP and dbSNP Identifiers for Each Genotyping Marker

	dbSNP	Association P Value <sup>a</sup>			ALLELE FREQUENCY		
Celera SNP		Allelic	Genotypic	Coding Change	Controls	Cases	RISK RATIO
bCV27474272	rs3738400			Gly5Met			
hCV12001977	rs1895225						
bCV12001946	rs1572899		.048°		.298	.397	1.185
hCV12001945	rs1538975						
hCV25641899	rs3738401			Gln264Arg			
hCV12001940	rs1954175						
hCV9626784	rs1340982						
bCV16113533	rs2812379						
hCV16114160	rs2793094						
hCV12001932	rs1538977						
hCV16114126	rs2793101						
hCV16113570	rs2812393	.048 <sup>b</sup>			.336	.404	1.203
bCV12001930	rs1322784	.013b	.008b		.680	.759	1.117
hCV12001929	rs1322783	.047 <sup>b</sup>			.849	.899	1.059
hCV1650649	rs2255340	.006 <sup>b</sup>	.016b		.702	.787	1.121
bCV1650650	rs2738864	.005b	.012b		.700	.787	1.125
hCV1650657	rs1407598		.046 <sup>d</sup>		.198	.227	1.150
hCV1650667	rs6675281	.0000023°	.000056°	Leu607Phe	.132	.319	2.417
bCV1650669	rs1407598		.039a		.195	.221	1.133
hCV9627536	rs1535529		.035 <sup>d</sup>		.200	.221	1.106
hCV1650688	rs1000731						