

Health-Related Outcomes & PheWAS in the UKB

Tuesday 6th February 2024 Isabelle McGrath Institute for Molecular Bioscience @UQ



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UKB Manuals

UKB Showcase > Index > Essential Information

biobank Index Browse Search Catalogues Downloads Login Help Essential information This section provides information and guidance on using the UK Biobank Resource. We advise users to read these pages before applying to use the Resource. Introduction to the UK Biobank showcase Understanding the UK Biobank study Accessing UK Biobank data Returning your results to UK Biobank Information about past, present & future data availability timelines has been relocated to the main UK Biobank website here. Enabling scientific discoveries that improve human health

https://biobank.ndph.ox.ac.uk/showcase/exinfo.cgi

Introduction to the UK Biobank showcase

- User guide: getting started with Showcase
- Commonly-requested categories and fields
- Click here for details of UK biobank data is accessed, including data dictionaries for the resource.
- Click here to go to the researcher section of the main UK Biobank website.

Understanding UK Biobank

Baseline assessment

- Map of assessment centres
- Layout of assessment clinics
- Assessment clinics timelines
- Timeline of baseline data collection

Repeat assessment

- + How the data was collected
- Characteristics of responders and non-responders

Linked health data

Data access and processing

- Data providers and dates of data availability
- Integrating electronic health records into the UK Biobank Resource
- Matching algorithms for external data
- Validation and cleaning of externally collected data

Death and cancer registries reports

Death Summary Report Cancer Summary Report Cancer Numbers Report

Hospital inpatient admissions

- Mapping inpatient hospital data across England, Scotland and Wales
- + Hospital Episode Statistics (HES) data in Showcase

Updates of hospital inpatient data:

- ✤ Update of HES data March 2019
- Update of HES data September 2019
- Addition of Critical Care data September 2020



Health-Related Outcome Categories

Primary Care
Hospital Inpatient
Cancer Register
Death Register
Assessment centre interviews
First Occurrences
Algorithmically-defined outcomes
Coronavirus COVID-19



How to browse data

dex	ex Browse	Search
	Top Level 1 Level 2 Level 3 Level 4	

Summary generated 27 November 2023

See under Catalogues for other category groupings.

	Index	Browse	Search	Catalogues	Downloads	Login	Help			
Search										
Data & meta-data	cations & ap	plications	C	Genomic	s					
endometriosis					1					
Match on similar terms and synonyms				-	,					
Earliest year 2000 Latest year 2024 (applied to	o returns and	d publication	ns only)							
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Linked Health Data

- Linkage with electronic health record databases from England, Wales and Scotland
- · Files sent to UKB quarterly for death and cancer, annually for hospital activity data
- Primary care data
 - available for ~230,000 UKB Participants up to 2016 or 2017
 - GP system
 - Consultations, diagnoses, procedures & laboratory tests
 - Read v2 and Read CTV3 codes (since 1985)
- Hospital inpatient data
 - Available for full cohort
 - Hospital admission data: date, diagnosis & procedures
 - ICD9 & ICD10 codes
- Cancer data
 - ICD9 & ICD10 codes & cancer histology code
- Death data
 - Date & cause of death
 - ICD10 codes

	Type of data	External provider	Region	Period of data available
s	Deaths	HSCIC	E&W	April 2006 opwards
		ISD	Scotland	April 2006 onwards
	Cancer registrations	HSCIC	E&W	since inception - 1980s
		ISD	Scotland	since inception – 1950s
	Hospital inpatient episodes	HES (HSCIC)	England	since inception - 1997
		PEDW (SAIL)	Wales	since inception - 1999
		SMR	Scotland	since inception - 1981

HES: Hospital Episode Statistics; HSCIC: Heath & Social Care Information Centre; ISD: Information Services Department; PEDW: Patient Episode Data for Wales; SAIL: Secure Anonymised Information Linkage; SMR: Scottish Morbidity Records



use data coding

file to decrypt

Hospital inpatient data: ICD10 codes

- Diagnostic codes used for billing
- Grouped into 22 chapters
- Great for hypothesis-free approaches
- 4-digit codes

 Chapter III Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
 D50-D53 Nutritional anaemias

🗄 🔄 D50 Iron deficiency anaemia

D50.0 Iron deficiency anaemia secondary to blood loss (chronic)

- D50.1 Sideropenic dysphagia
- D50.8 Other iron deficiency anaemias
- D50.9 Iron deficiency anaemia, unspecified

		data
Data-Field 41270		data
Description: Diagnoses - ICD10		
Category: Health-related outcomes ► Hospital inpatient ► Summary Diagnoses		
Health outcomes	/	
Participants 446,996 Value Type Categorical (multiple) Sexed Both sexes	Debut Jan 2	2019
Item count 7,018,114 Item Type Data Instances Singular V	ersion Sep 2	2023
Stability Ongoing Strata Primary Array Yes (259) C	Cost Tier d1 o1	l s1
Data Notes 3 Related Data-Fields 0 Resources		
(,018,114 items of data are available, covering 446,996 participants, encoded using Data-Coding 19.		
anay indices full from 0 to 200.		
Category	Count	
b Chapter I Certain infectious and parasitic diseases	122540	
E Chapter II Neoplasms	358178	
Chapter III Diseases of the blood and blood-forming organs and certain disorders involving the	94733	Top level
immune mechanism		
Chapter IV Endocrine, nutritional and metabolic diseases	346723	Level 1
Chapter V Mental and behavioural disorders	151765	
Chapter VI Diseases of the eve and edneye	131247	Level 2
Chapter VII Diseases of the ear and masterid process	220015	
Chapter VIII Diseases of the circulatory system	726535	Level 3
Chapter X Diseases of the respiratory system	277655	
Chapter XI Diseases of the digestive system	853784	Level 4
Chapter XII Diseases of the skin and subcutaneous tissue	121330	
Chapter XIII Diseases of the musculoskeletal system and connective tissue	642000	
🗉 🗀 Chapter XIV Diseases of the genitourinary system	400363	
Chapter XV Pregnancy, childbirth and the puerperium	54837	
Chapter XVI Certain conditions originating in the perinatal period	51	
Chapter XVII Congenital malformations, deformations and chromosomal abnormalities	13331	
Image: Chapter AVIII Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	/208/0	
Chapter XIX Injury, poisoning and certain other consequences of external causes	230929	
Chapter XX External causes of morbidity and mortality	198208	
Chapter XXI Factors influencing health status and contact with health services	1285743	
Chapter XXII Codes for special purposes	22705	

Empty categories (6588) have not been shown. If you wish to display the tree with empty categories included then click HERE.

number of individuals with the code

0

1173

19534

15 7558



Hospital inpatient data: ICD10 codes





Hospital inpatient data: ICD10 codes

Example data structure

EID	ICD10.0	ICD10.1	ICD10.2	ICD10.3	ICD10.4	ICD10.5
1	D50.1 Sideropenic dysphagia	K36 Other appendicitis				
2	N60.4 Mammary duct ectasia	N99.0 Postproced ural renal failure	O04.9 Complete or unspecified, without complication	S70.7 Multiple superficial injuries of hip and thigh	K36 Other appendicitis	
3						
4	K51.0 Ulcerative (chronic) enterocolitis	H40.9 Glaucoma, unspecified	F20.5 Residual schizophrenia	F40.0 Agoraphobia	G72.4 Inflammatory myopathy, not elsewhere classified	V10.0 Driver injured in nontraffic accident



Self Report Conditions

Category 100074

Assessment centre ► Verbal interview ► Medical conditions

Description

This category contains data obtained through a verbal interview by a trained nurse on past and current medical conditions, including type of cancer and other illnesses, the number of medical conditions, and date of diagnosis.

The interviewer was made aware via a pop-up box on their computer screen if the participant had answered in the touchscreen that they had a history of one or more of the following illnesses: heart attack, angina, stroke, high blood pressure, blood clot in leg, blood clot in lung, emphysema/chronic bronchitis, asthma or diabetes, and was prompted to confirm these with the participant (these will already be selected in the illness screen if they had been selected during the touchscreen questionnaire). If during the interview it appeared these had been incorrectly selected, the interviewer could amend the responses. If the participant stated in the touchscreen they had no major illnesses or disability or were not sure, this question was asked again and confirmed by the interviewer. Medical conditions that could not be assigned a code at the time of the interview were entered as free text, and subsequently coded wherever possible.

13 Data-Fields 1 Parent Category 3 Resources 3 Applications

Field ID Description

- 20001 Cancer code, self-reported
- 84 Cancer year/age first occurred
- 20007 Interpolated Age of participant when cancer first diagnosed
- 20009 Interpolated Age of participant when non-cancer illness first diagnosed
- 20006 Interpolated Year when cancer first diagnosed
- 20008 Interpolated Year when non-cancer illness first diagnosed
- 20012 Method of recording time when cancer first diagnosed
- 20013 Method of recording time when non-cancer illness first diagnosed
- 20002 Non-cancer illness code, self-reported
- 87 Non-cancer illness year/age first occurred
- 134 Number of self-reported cancers
- 135 Number of self-reported non-cancer illnesses
- 3140 Pregnant

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First Occurrences

- Created by UKB available for a wide range of health outcomes across self-report, primary care, hospital inpatient data and death data, mapped to a 3-character ICD10 code.
- Great for single-disease approaches





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First Occurrences

 Table 1. Selected examples of 4-character ICD10 codes and relation to 3-character level code, code range, chapter and description at each hierarchical level. The green cells indicate the level at which the health outcomes for the first occurrence are defined.

ICD10	Grouped 3-character ICD10		3-character ICD10		4-character ICD10			
chapter	Code rangeDescriptionCodeDescriptionCode					Description		
					121	Acute myocardial infarction		
				Acute myocardial infarction			Acute transmural myocardial infarction of anterior wall	
					1211	Acute transmural myocardial infarction of inferior wall		
		0- 25 Ischaemic heart diseases	121		1212	Acute transmural myocardial infarction of other sites		
					1213	Acute transmural myocardial infarction of unspecified site		
Chapter IX	120-				1214	Acute subendocardial myocardial infarction		
Diseases of	125				1219	Acute myocardial infarction, unspecified		
the			122	Subsequent myocardial	122	Subsequent myocardial infarction		
circulatory					1220	Subsequent myocardial infarction of anterior wall		
system					1228	Subsequent myocardial infarction of other sites		
				infarction	1229	Subsequent myocardial infarction of unspecified site		
					1221	Subsequent myocardial infarction of inferior wall		
	126	Pulmonary heart disease	126	Dulmanam	126	Pulmonary embolism		
	126-	and diseases of		embolism	1260	Pulmonary embolism with mention of acute cor pulmonale		
120		pulmonary circulation		chibolishi	1269	Pulmonary embolism without mention of acute cor pulmonale		



First Occurrences





Same 3-character ICD10 code ≠ Same Disease

N	80 Endom	netriosis	
L→ N	80.0	Endometriosis of uterus	
L, N	80.1	Endometriosis of ovary	
L, N	80.2	Endometriosis of fallopian tube	
L, N	80.3	Endometriosis of pelvic peritoneum	
L, N	80.4	Endometriosis of rectovaginal septum and vagina	
L, N	80.5	Endometriosis of intestine	
L, N	80.6	Endometriosis in cutaneous scar	
L, N	80.8	Other endometriosis	
L N	80.9	Endometriosis, unspecified	



Phecode Mapping

Lots of specific ICD10 codes \rightarrow low power for discovery

Phecodes: a high-throughput strategy for defining phenotypes using ICD10 codes

Wu P, Gifford A, Meng X, Li X, Campbell H, Varley T, Zhao J, Carroll R, Bastarache L, Denny JC, Theodoratou E, Wei W Mapping ICD-10 and ICD-10-CM Codes to Phecodes: Workflow Development and Initial Evaluation

JMIR Med Inform 2019;7(4):e14325 doi: <u>10.2196/14325</u> PMID: <u>31553307</u> PMCID: <u>6911227</u>

- Maps can be downloaded from the PheWAS catalog
 - <u>https://phewascatalog.org/files/Phecode_map_v1_2_icd10_beta.csv.zip</u>
 - https://phewascatalog.org/files/phecode_definitions1.2.csv.zip.

ICD10 ①.x.	ICD10 String 🕕 🗸 🗸	PheCode .x.	Phenotype 🕕 🗸 🗸
icd10	description	code	phenotype
A00	Cholera	008	Intestinal infection
A00.0	Cholera due to Vibrio chole	008	Intestinal infection
A00.1	Cholera due to Vibrio chole	008	Intestinal infection
A00.9	Cholera, unspecified	008	Intestinal infection
A01	Typhoid and paratyphoid f	008	Intestinal infection
A01.0	Typhoid fever	008.5	Bacterial enteritis
A01.1	Paratyphoid fever A	008	Intestinal infection
A01.2	Paratyphoid fever B	008	Intestinal infection
A01.3	Paratyphoid fever C	008	Intestinal infection
A01.4	Paratyphoid fever, unspeci	008	Intestinal infection
A02	Other salmonella infections	008.5	Bacterial enteritis
A02.0	Salmonella enteritis	008.5	Bacterial enteritis
A02.1	Salmonella sepsis	038.1	Gram negative septicemia
A02.2	Localized salmonella infect	008.5	Bacterial enteritis
A02.8	Other specified salmonella	008.5	Bacterial enteritis
A02.9	Salmonella infection, unsp	008.5	Bacterial enteritis



Phenome-wide association study (PheWAS)



Why?

- Explore pleiotropic SNP effects
- Investigate the pleiotropic effects of genetic liability to a condition/trait in individuals with or without the condition
- Utilisation of a cohort that hasn't been phenotyped for the condition if interested in genetic liability

What do you need?

- Large cohort of individuals phenotyped for many traits with matched genotype data
- If running single SNP PheWAS, a SNP of interest
- If running PRS PheWAS, GWAS summary statistics derived from a different cohort



Readily Available PheWAS Results

OpenTargets Genetics

PheWASs performed in UKB, FinnGen and GWAS Catalog available

rs11031005 (T/C) PheWAS

Only traits with P-value < 0.005 are shown



https://genetics.opentargets.org/



Performing a PheWAS in the UKB





Running a PheWAS in UKB

EID	PRS	Age	PC1	 PC10	Phecode1	Phecode2	 Phecode600
1	0.61	65	0.345	-0.235	1	0	1
2	0.05	82	0.214	0.521	0	1	1
3	1.24	76	-0.531	0.951	0	0	0
4	-0.85	72	0.001	-0.315	0	0	0
5	-0.41	89	-0.817	0.128	1	0	0
6	0.29	91	0.412	-0.469	0	0	1

glm(Phecode1~PRS+Age+PC1+PC2+PC3+PC4+PC5+PC6+PC7+PC8+PC9+PC10, data=dataframe1, family="binomial")

- Repeat for all phecodes
- Correct for multiple testing



PRS-PheWAS for Endometriosis



Plotted: -log10(P) of logistic regression testing endometriosis PRS ~ Phenotype + age + 10 genetic PCs

> McGrath, I.M., International Endometriosis Genetics Consortium., Montgomery, G.W. *et al.* Polygenic risk score phenome-wide association study reveals an association between endometriosis and testosterone. *BMC Med* **21**, 482 (2023). https://doi.org/10.1186/s12916-023-03184-z



Tools available for PheWAS

<u>Int J Epidemiol.</u> 2018 Feb; 47(1): 29–35. Published online 2017 Oct 5. doi: <u>10.1093/ije/dyx204</u> PMCID: PMC5837456 PMID: <u>29040602</u>

Software Application Profile: PHESANT: a tool for performing automated phenome scans in UK Biobank

Reviewed by Louise AC Millard,^{1,2} Neil M Davies,¹ Tom R Gaunt,¹ George Davey Smith,¹ and Kate Tilling¹



JOURNAL ARTICLE

pyPheWAS Explorer: a visualization tool for exploratory analysis of phenome-disease associations 3

Cailey I Kerley ☎, Tin Q Nguyen, Karthik Ramadass, Laurie E Cutting, Bennett A Landman, Matthew Berger

JAMIA Open, Volume 6, Issue 1, April 2023, ooad018, https://doi.org/10.1093/jamiaopen/ooad018 Published: 03 April 2023 Article history •

JOURNAL ARTICLE

R PheWAS: data analysis and plotting tools for phenome-wide association studies in the R environment @

Robert J. Carroll 🖾, Lisa Bastarache, Joshua C. Denny 🔰 Author Notes

Bioinformatics, Volume 30, Issue 16, August 2014, Pages 2375–2376, https://doi.org/10.1093/bioinformatics/btu197 Published: 14 April 2014 Article history v



Summary

- Multiple sources of health data in UKB
- When interested in a particular phenotype, use search & browse functions to find relevant fields to maximise sample size
- ICD10 codes useful for high-throughput screens
- PheWAS approach requires a cohort with matched phenotype and genotype data, and can reveal novel pleiotropic effects
- PheWAS results should be considered exploratory and require validation

