Characterizing the quality metric in genotype imputation

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Abstract

Large-scale imputation reference panels are now available and have contributed to

efficient genome-wide association studies through genotype imputation. However, it is

still under debate whether large-size multi-ancestry or small-size population-specific

reference panels are the optimal choices for under-represented populations. We

imputed genotypes of East Asian (EAS; 180k Japanese) subjects using the Trans-

Omics for Precision Medicine (TOPMed) reference panel and found that the standard

imputation quality metric (Rsq) substantially overestimated the dosage r^2 (squared

correlation between imputed dosage and true genotype). Variance component analysis

of Rsq revealed that the increased imputed-genotype certainty (dosages closer to 0, 1,

or 2) caused upward bias, indicating some systemic bias in the imputation. Through

simulations using different template switching rates (θ value) in the hidden Markov

model, we uncovered that the lower θ value increased the imputed-genotype certainty

and Rsq; however, dosage r^2 was insensitive to the θ value, thereby causing a

deviation. In simulated reference panels with different sizes and ancestral diversities,

the θ value estimates from Minimac decreased with the size of a single ancestry and

increased with the ancestral diversity. Thus, Rsq could overestimate or underestimate

dosage r^2 for a subpopulation in the multi-ancestry panel and the deviation represents

different imputed-dosage distributions. Finally, despite the impact of θ value, distant

ancestries in the reference panel contributed only a few additional variants passing a

predefined Rsq threshold. We conclude that the θ value has a substantial impact on

obtaining the accurate imputed dosage and unbiased Rsq.

Introduction

Genotype imputation is a cost-efficient technique to expand the number of markers in

genetic studies. Li and Stephen's hidden Markov model (HMM) and the pre-phasing-

imputation pipeline are employed by the popular tools Minimac, IMPUTE, and BEAGLE,

with slightly different implementations but similar accuracy.[1–5]

The imputation accuracy (*e.g.*, the squared correlation between imputed dosage and

true genotype; dosage r^2),[6] the scores generated by software without the true genotype

(Rsq and INFO),[3,7,8] and the number of variants passing a predetermined Rsq threshold

(high-Rsq variants) are widely used quality metrics to evaluate imputation performance.[9]

The performance primarily depends on the reference panel size and genetic similarity

between the reference panel and target sample.[10] In studies using the International

HapMap Project (HapMap) and the 1000 Genomes Project (1KGP),[11,12] pooling multiple

ancestries together to maximize the panel size typically improved the imputation

performance compared to using only the matched ancestry.[8,13,14] Deelen et al.

combined the population-specific whole genome sequencing (WGS) dataset of the

Genome of the Netherlands (GoNL) with the 1KGP and showed higher dosage r^2 than

when using either GoNL or 1KGP alone.[15] Huang et al. combined the UK10K with the

1KGP to generate more variants with high INFO.[9] Moreover, larger multi-ancestry

reference panels, such as the Haplotype Reference Consortium (HRC) and the Trans-

Omics for Precision Medicine (TOPMed),[16,17] greatly improved the imputation accuracy

and increased the number of high-Rsq variants in European (EUR), African (AFR), and

Admixed American (AMR).[10,18]

However, constructing large reference panels by combining diverse ancestries is not

always beneficial. Small-size population-specific panels, such as Norwegian and

Estonian panels,[19,20] achieve similar performance to the HRC panel in EUR. Moreover,

even though the HRC panel includes all 1KGP samples, the imputation accuracy in non-

EUR populations can be inferior to that of the 1KGP panel alone.[10,21] Bai et al. found

that adding 27 samples from a different ancestry to the Han Chinese (1KGP-CHB, size

= 103) resulted in better imputation accuracy than using the 1KGP-CHB or 1KGP

panel.[22] In studies of Asian, combining population-specific WGS datasets with the 1KGP

had improved the imputation accuracy in some instances,[23–25] but not in others.[26–28] So

far, the reason for these discrepancies is unclear.

Two sets of parameters are used in the HMM-based imputation algorithms. Transition

probability is governed by the template switching rate (θ) between adjacent markers,

which models the recombination and relatedness, and emission probability is

determined by the error rate (ϵ) for each marker, which models genotyping error, gene

conversion, and recurrent mutation.[3,7] These parameters are crucial to the HMM for

calculating matching probabilities between the template and target during the imputation

process, but dosage r^2 is robust to these parameters.[3,5] Many studies have suggested

different Rsq or INFO thresholds to achieve a similar dosage r^2,[29,30] making it difficult to

ascertain the relationship between the imputation process, Rsq, and dosage r^2.

In this study, we imputed the East Asian (EAS) using the TOPMed reference panel

(EAS comprised 1.22% of the total samples) and found that Rsq substantially

overestimated dosage r^2. We introduced novel variance component analysis for Rsq

and analytically investigated why Rsq was overestimated and characterized the

relationship between the template switching rate used in the HMM, quality metrics, and

imputed dosage. Further, we evaluated the θ value, Rsq, dosage r^2, the deviation

between them, and the number of high-Rsq variants from matched or distant ancestry in

cases where the target ancestry was the major or minor component of the multi-

ancestry panels.

Material and methods

Subjects, genotyping, and quality control (QC)

Cohort specifications of Biobank Japan (BBJ-180k), genotyping, and QC are provided in

Method S1. For imputation using the TOPMed panel, we lifted the coordinates of the

genotyping array from hg19 to hg38 using LiftOver.[31] Palindromic variants

(reference/alternative (ref/alt) alleles were G/C or A/T) and variants not in the TOPMed

freeze5b (https://bravo.sph.umich.edu/freeze5/hg38/) were excluded. The ref/alt alleles

were swapped and/or reverse-complemented according to the hg38 reference

sequence. A total of 515,587 autosomal variants remained.

Pre-phasing, reference panel construction, and imputation

EAGLE v2.4.1 was used for pre-phasing without an external reference.[32] The 1KGP

reference panel was downloaded from https://genome.sph.umich.edu/wiki/Minimac3.

Methods used to construct the population-specific panels (named the BBJ1k and

JEWEL3k) are provided in **Method S2**. We used an in-house server to perform

imputation using the 1KGP, BBJ1k, and JEWEL3k panels. Minimac3 v2.0.3 was used to

estimate the HMM parameters and prepare m3vcf files.[3] Minimac4 v1.0.2 was used for

imputation.[33] Imputation using the TOPMed and HRC panel were performed using the

TOPMed and Michigan imputation servers,[3,17] respectively.

Evaluation of the imputation performance using different reference panels

Rsq from the Minimac4's info file was extracted for the subsequent analyses. Variants

with Rsq < 0.3 were removed.[34] Imputation performance was empirically evaluated

using 993 samples with WGS (named WGS_{993}). QC and processing are elaborated in

Method S3. Coverage of a reference panel was the fraction of variants in WGS_{993} that

could be imputed with Rsq ≥ 0.3. Dosage r^2 was the squared Pearson correlation

coefficient between the imputed dosage and true genotype (encoded as 0, 1, or 2).

Minor allele frequency (MAF) and minor allele count (MAC) of WGS_{993} were used to

stratify variants into bins.

Quantification of the deviation between Rsq and dosage r²

We modeled the relationship between the imputed allelic dosage ($\mathbf{y} = (y_1, \ldots, y_n)$, $y_i \in$ [0,1]) and the true allele ($\mathbf{x} = (x_1, \ldots, x_n)$, $x_i \in \{0,1\}$) using the simple linear regression formula:

$$\mathbf{y} = \beta_0 + \mathbf{x}\beta_{imp} + \boldsymbol{\varepsilon}$$

(Equation 1)

where β_{imp} is a scalar of the regression coefficient with $\hat{\beta}_{imp} = Cov(\mathbf{x}, \mathbf{y})/Var(\mathbf{x})$, β_0 is the intercept, and $\boldsymbol{\varepsilon} = (\epsilon_1, \ldots, \epsilon_n)$ is an error term. The Minimac's EmpRsq metric, which is the squared Pearson correlation coefficient between $\mathbf{x}$ and $\mathbf{y}$ (https://genome.sph.umich.edu/wiki/Minimac3_Info_File), equals the ratio between the regression sum of squares (SS_{reg}) and the total sum of squares (SS_{tot}) in this simple linear regression. Then we have:

$$EmpRsq = \frac{Cov(\mathbf{x}, \mathbf{y})^2}{Var(\mathbf{x})Var(\mathbf{y})} = \frac{SS_{reg}}{SS_{tot}}$$

(Equation 2)

where Cov($\mathbf{x}$, $\mathbf{y}$), Var($\mathbf{x}$), and Var($\mathbf{y}$) are the covariance between $\mathbf{x}$ and $\mathbf{y}$, the variance of $\mathbf{x}$, and the variance of $\mathbf{y}$, respectively.

Rsq is the ratio between Var($\mathbf{y}$) and $p(1-p)$, where p is the alternative allele frequency (AAF) in the imputed dataset.[3,7] Then,

$$Rsq = \frac{Var(\mathbf{y})}{p(1-p)} = \frac{SS_{tot}/n}{p(1-p)} = \frac{SS_{reg}/n}{p(1-p)} + \frac{SS_{res}/n}{p(1-p)}$$

(Equation 3)

154   where SS_{res} is the residual sum of squares that follows $SS_{tot} = SS_{reg} + SS_{res}$, and n is

155   the number of imputed haplotypes. Hence, Rsq comprises two parts: regression-related

156   and residual-related. We define $\frac{SS_{res}/n}{p(1-p)}$ as <u>MA</u>F-<u>A</u>djusted-<u>R</u>esidual-<u>E</u>rror (MARE). Then:

157 $$Rsq = \frac{SS_{reg}/n}{p(1-p)} + MARE = \frac{EmpRsq \times SS_{tot}/n}{p(1-p)} + MARE = \frac{EmpRsq \times Var(\boldsymbol{y})}{p(1-p)} + MARE$$

158   (Equation 4)

159   By assuming the equal AAF in $\boldsymbol{x}$ and $\boldsymbol{y}$, *i.e.*, $Var(\boldsymbol{x}) = p(1-p)$, Rsq could be further

160   treated as:

161 $$Rsq = \frac{Var(\boldsymbol{y})Cov(\boldsymbol{x},\boldsymbol{y})^2}{Var(\boldsymbol{x})Var(\boldsymbol{x})Var(\boldsymbol{y})} + MARE = \frac{Cov(\boldsymbol{x},\boldsymbol{y})^2}{Var(\boldsymbol{x})^2} + MARE = \hat{\beta}_{imp}^2 + MARE$$

162   (Equation 5)

163   Finally, *MARE* and $\hat{\beta}_{imp}$ could be obtained from Rsq and EmpRsq:

164 $$MARE = Rsq - \frac{Var(\boldsymbol{y})EmpRsq}{p(1-p)} = Rsq - Rsq \times EmpRsq = (1 - EmpRsq)Rsq$$

165   (Equation 6)

166 $$\hat{\beta}_{imp} = \sqrt{Rsq - (1 - EmpRsq)Rsq} = \sqrt{EmpRsq \times Rsq}$$

167   (Equation 7)

In Equation 7, $\hat{\beta}_{imp}$ is negative if $\boldsymbol{x}$ and $\boldsymbol{y}$ are negatively correlated. We do not consider

that situation. Hence, each combination of Rsq and EmpRsq indicates specific values of

MARE and $\hat{\beta}_{imp}$. Hereafter, we refer to $\hat{\beta}_{imp}$ as the β_{imp} metric and *MARE* as the MARE

metric.

Because the WGS dataset is unphased diploid data, dosage r^2 calculated from that will

be slightly different from EmpRsq. **Note S1** provides the detailed methods to calculate

MARE and β_{imp} from haploid or diploid data, and the concordance between values

obtained using Equations 6–7 and calculated from the imputed dosage in both haploid

and diploid cases.

179   Imputation using the simulated 1KGP reference panels with different θ values

The 1KGP vcf files were downloaded from the Minimac3 website (see above).

Parameters were estimated using Minimac3. The θ value was extracted (denoted as

"Recom" in the m3vcf file),[3] scaled by 21 folds manually (0.01–100), and replaced in the

original file. A brief explanation of the θ value is provided in **Note S2**. The array data of

WGS$_{993}$, a subset of BBJ-180k, was used as the target sample. The imputation

procedure was the same as described above.

187   Evaluation of the imputation performance using the simulated reference panels

188   We obtained the imputed allelic dosage (LooDosage) from Minimac4's empiricalDose

189   file (by turning the "--meta" option on).[35] It was derived from the leave-one-out (LOO)

190   method by hiding the markers on the array during the imputation. Rsq, EmpRsq, MARE,

191   and β_{imp} were calculated from the LooDosage and array data. MAF was obtained from

192   the array data.

Simulation of reference panels and estimating the θ value

We sampled subsets from the 1KGP and JEWEL3k, shuffled the sample order 10 times,

and created new vcf files using bcftools v1.14 (https://samtools.github.io/bcftools/).[36] We

estimated the parameters using Minimac3. **Method S4** provides the detailed methods.

The total θ value along chr19 (by summing the θ values between adjacent markers) was

used to evaluate the reference panel size and ancestral diversity's impact. A discussion

of the θ value qualification is provided in **Note S3**.

EUR-EAS reference panel simulation and imputation

We randomly sampled 403 individuals (named 1KGP-EUR$_{403}$) from the 1KGP-EUR and

combined them with the 1KGP-EAS and 6 subsets (size = 500, 1,000, 1,500, 2,000,

2,500, and 3,256) of the 3,256 JPT WGS samples (named as JPT$_{3256}$) in JEWEL3k.

The remaining 100 individuals in the 1KGP-EUR were used as the target sample. We

extracted the 10,375 polymorphic variants (chr19) on the Illumina Global Screening

Array v3.0 (https://support.illumina.com/content/dam/illumina-

support/documents/downloads/productfiles/global-screening-array-24/v3-0/infinium-

global-screening-array-24-v3-0-a1-b151-rsids.zip) to simulate the genotyping array.

Parameter estimation and imputation were the same as above.

JPT-1KGP reference panel simulation and imputation

We sampled 7 subsets (size = 100, 500, 1,000, 1,500, 2,000, 2,500, and 3,256) from the JPT$_{3256}$ and then combined the JPT$_{3256}$ with 6 subsets (1KGP-JPT and 1–5 ancestries) of the 1KGP. WGS$_{993}$ was used as the target. The other processing methods were the same as above.

Number of confident alleles and high-Rsq variants

Haploid dosage (HDS) is the imputed alternative allele's allelic dosage at the haploid level, which could be obtained by the "--format HDS" option in Minimac4. Briefly, it is in a per-variant and per-individual manner and a higher value represents an imputed alternative allele is more certain. We quantified the θ value's impact on the imputed dosages by the number of confident alleles (HDS > 0.9). Rsq was used to judge how many high-Rsq (Rsq > 0.7) variants could be passed to the downstream analyses.

Furthermore, we determined how many confident alleles and high-Rsq variants could be obtained only from the additional distant ancestries in the multi-ancestry reference panel. We defined ancestry-specific variants as follows: EUR-only variants only existed in the 1KGP-EUR$_{403}$, and it has no non-EUR variants. JPT$_{3256}$-only and 1KGP-EAS-only variants only existed in the JPT$_{3256}$ and 1KGP-EAS, respectively. Non-EAS variants were not found in the JPT$_{3256}$ or 1KGP-EAS.

Replication of the TOPMed imputation pipeline

We followed the TOPMed imputation pipeline (Accessed on Oct. 15, 2022,

https://topmedimpute.readthedocs.io/) and used the 1KGP and JEWEL3k reference

panels. Specifically, the HapMap2 genetic map was used as a reference for the θ value

instead of estimating it using Minimac3. WGS_{993} was used as the target. As the θ value

was not outputted by default, we modified the Minimac4's source code to obtain the

transformed θ value (**Method S5**).

Results

BBJ imputation using the four reference panels

The BBJ-180k was imputed using the TOPMed, 1KGP, BBJ1k, and JEWEL3k reference

panels (**Figure 1A**). Characteristics of each panel and the target sample are listed in

Table 1. We categorized the imputed variants by MAF and Rsq in each imputed

dataset. With more EAS samples in the panel, more variants with low MAF passed each

Rsq threshold (**Figure 2A** and **Table S1**). In addition to the absolute number, unique

variants were imputed from each panel (**Figure 2B**). These results reproduced the

benefits of using large and different reference panels.[19]

We then used WGS_{993} to empirically evaluate the imputation performance. MAF and

MAC of WGS_{993} were used to categorize the variants into six bins: common (MAF ≥

5%), low-frequency (5% > MAF ≥ 1% and 1% > MAF ≥ 0.5%), rare (0.5% > MAF >

0.1%), doubleton (MAC = 2), and singleton (MAC = 1). For common single nucleotide

polymorphisms (SNVs), the TOPMed imputation result showed the highest coverage

(0.950), whereas BBJ1k (0.890) and JEWEL3k (0.907) were lower than 1KGP (0.948).

This loss of variants was possibly due to the additional QC steps in combining the

1KGP with Japanese WGS (**Method S2**). As MAF decreased, the coverage also

decreased; however, more EAS samples in the reference panel mitigated this decrease,

as expected (**Figure 2C**).

The 155,297 shared SNVs (on chr19) imputed by the four panels were used to compare

imputation accuracy. The mean dosage r^2 using the TOPMed panel was between those

of 1KGP and BBJ1k (**Figure 2D**). However, Rsq was substantially upward biased only

in the TOPMed imputation result (**Figure 2E**). Using all SNVs and short insertions and

deletions (indels) with Rsq ≥ 0.3, although with higher coverage, the TOPMed

imputation result showed an inferior dosage r^2 than 1KGP (**Figure S1**).

Quantifying the deviation between Rsq and dosage r^2

The deviation between Rsq and dosage r^2 was persistent in all MAF bins only when

using the TOPMed panel (**Figure S2**), which indicated a potential systematic bias from

the imputation pipeline or the reference panel. To justify our observation, we analytically

derived the relationship between Rsq and dosage r^2 (**Methods**). Two novel metrics,

MARE and β_{imp}, were introduced to quantify the deviation. MARE, a MAF-adjusted form

of residual error, takes a value between 0 and 1, and increases with SS_{res}. β_{imp}

describes the distinguishability between the mean imputed dosage of each true

genotype group. Rsq is the ratio between observed and expected variance and dosage

r^2 shows the correlation. Under the assumption of "well-calibration" (the posterior allele

probability from imputation equals the expected true allele dose), Rsq equals dosage

r^2.[10] Our analytical derivation of the relationship between Rsq and dosage r^2 did not

assume the "well-calibration" (**Figure S3–7** and **Note S1**). Any two of Rsq, dosage r^2,

MARE, and β_{imp} could entirely quantify the relationship between the imputed dosage

and true genotype and determine the other two metrics (Equations 6–7), whereas Rsq

or dosage r^2 alone could not.

To exhibit the relationships, we plotted the theoretical values of MARE and β_{imp} on the

coordinates of Rsq and dosage r^2 (**Figure 3A** and **3F**). It clearly showed that the

overestimated Rsq was accompanied by a higher MARE (**Figure 3A**). We used

rs142572000 as an example (**Figure 3B–E**). In the TOPMed imputation result, imputed

genotypes were more certain (defined as the imputed dosage closer to 0, 1, or 2)[37]

(**Figure 3B**), compared to the other three panels (**Figure 3C–E**). The high certainty

increased Var(y) and Rsq. In **Note S4**, the positive relationship between imputed-

genotype certainty and Rsq is demonstrated. As discussed further below, high certainty

or Rsq did not mean the imputation is more accurate. As shown in **Figure 3B**, many

heterozygotes were incorrectly imputed with a dosage of approximately 0 in the

TOPMed imputation, causing higher MARE and Rsq, and an even low dosage r^2.

Variants with dosage r^2 < Rsq showed a lower β_{imp} (**Figure 3F**). We used rs671 as

another example (**Figure 3G–J**). Except for the TOPMed imputation result, imputed

dosages were shrunk to the AAF in EAS (0.247) (**Figure 3H–J**), causing uncertainty in

the imputed genotype, and decreased β_{imp}, MARE, and Rsq. However, imputed

dosages were still highly correlated with the true genotypes (**Figure 3F**), causing

dosage r^2 > Rsq. Taking the two examples together, imputation results of a similar Rsq

or dosage r^2 may have a great difference in the imputed dosage, thus, more

comprehensive evaluations are necessary and the deviation between Rsq and dosage

r^2 should not be ignored.

We categorized MARE into Rsq bins and β_{imp} into dosage r^2 bins to compare them

between reference panels and to the expected values when assuming Rsq equals

dosage r^2. The mean MARE of the TOPMed result was above the expected for Rsq bins

0.35–0.9, and the mean β_{imp} of the 1KGP result was below those of the other panels

(**Figure S8**). These results suggested that the TOPMed result was more certain and

might contain more wrongly imputed genotypes (**Figure 3B** and **3G**), while the 1KGP

result might possess higher shrinkage in the imputed dosage, as shown above (**Figure**

3C and **3H**).

Template switching rate impacts the deviation between Rsq and dosage r^2

The high certainty suggested an overconfident matching between the reference panel

and target sample. We investigated how the template switching rate (θ) used in the

HMM affects the imputed-allele certainty using the 1KGP reference panel and 21

scalings of the θ value (0.01–100-fold of that estimated by Minimac3; **Methods**; **Figure**

1B). Low θ values caused Rsq > EmpRsq (EmpRsq is the alternate of dosage r^2;

Methods) (**Figure S9A–C**), while high θ values caused Rsq < EmpRsq (**Figure S9E–**

G). Using rs10410162 as an example, Rsq and MARE increased as the θ value

decreased (**Figure 4A**), with increasing certainty of the imputed alleles (**Figure S10A–**

C) and the deviation toward Rsq > EmpRsq (**Figure 4B**). As the θ value increased, the

imputed allelic dosages were shrunk to the AAF (0.351) (**Figure S10E–G)**, resulting in a

more drastic decrease in Rsq than EmpRsq (**Figure 4A**), thereby causing EmpRsq >

Rsq. Notably, EmpRsq and $β_{imp}$ were roughly maintained unless the θ value was scaled

up by 2-fold or higher (**Figure 4A** and **4C**), suggesting EmpRsq was insensitive to

altering the θ value, particularly the downscaling. In contrast, Rsq was sensitive to the θ

value and consistently increased with downscaling of the θ value, leading to the

deviation between Rsq and EmpRsq.

We also showed that low θ values increased the imputed-allele certainty using a

randomly selected target haplotype **(Figure 4D** and **Figure S11).** High certainty might

cause some variants to be wrongly imputed as the opposite allele (**Figure S12**). An

explanation is provided in **Note S5**. Such imputed-dosage properties were also revealed

by the mean MARE and β_{imp} across all variants on chr19 (**Figure S13**). Taken together,

the simulated imputation using an extremely low θ value mimics the high certainty and

Rsq overestimation in the TOPMed imputation result in EAS (**Figure 3**).

Template switching rate impacts the imputation performance

Using the modified 1KGP panels, although the mean EmpRsq was insensitive to the

scaling of the θ value (maximum difference of 0.034 for the θ value scaling between

0.01 and 2-fold; **Figure 5**), low θ value increased Rsq (**Figure 5**). We evaluated the

number of confident alleles (HDS > 0.9) and high-Rsq variants (Rsq > 0.7) (**Methods**).

Downscaling the θ value increased the number of confident alleles and high-Rsq

variants (**Table S2**). When the θ value was 0.5-fold, the number of confident alleles and

high-Rsq variants increased by 5.46% and 8.89%, respectively, and if the θ value was

2-fold, these numbers decreased by 11.8% and 13.8%, respectively. These results

indicated that the θ value shaped the imputed allelic dosage and changed Rsq and the

number of high-Rsq variants while leaving EmpRsq almost the same.

Reference panel and θ estimates

We evaluated how Minimac3's parameter estimation changed with the composition of

the reference panel (**Method S4**, **Figure S14**, and **Note S6**). The θ estimates

decreased with the sample size of a single ancestry and increased with ancestral

diversity when size was fixed (**Figure 6A** and **6B**). On pooling samples from different

ancestries together at a small panel size, the θ estimates still decreased as the panel

size increased (**Figure 6C**); however, at a larger panel size, it increased with

simultaneously increasing the panel size and ancestral diversity (**Figure 6D**),

suggesting that the θ estimates were in a trade-off between the panel size and ancestral

diversity (**Figure 6E**). **Note S6** explains these effects.

Fitness of the θ value, deviation, and imputation performance

To elucidate the multi-ancestry reference panel's impact on the imputation result, we

simulated two scenarios using the multi-ancestry reference panels: the target sample

was from the (1) minor and (2) major ancestry (**Figure 1C**).

Scenario 1: The target sample was from the minor ancestry

We simulated 8 EUR-EAS reference panels and used 100 EUR samples as the target

(**Methods**). As the panel size increased and θ value decreased (**Table 2**), Rsq and

MARE were upwardly biased, as expected (**Figure S15** and **S16**). The mean EmpRsq

decreased consistently with the addition of EAS samples to the reference panel (**Table**

2). However, only a marginal difference was observed (maximum difference of 0.020).

There were 114,606 EUR-only and 696,017 non-EUR variants (**Methods**). As the panel

size increased and θ value decreased, the number of confident alleles increased from

84,797 to 101,116 and from 0 to 458 for EUR-only and non-EUR variants, respectively

(**Table S3**). The number of high-Rsq variants increased from 163,468 to 200,161,

18,646 to 27,941, and 0 to 521 for all, EUR-only, and non-EUR variants, respectively

(**Table S3**). These results revealed that a lower θ value increases the number of

confident alleles and high-Rsq variants, without improving the EmpRsq (**Table S3**).

Meanwhile, even if the reference panel comprised 90.3% EAS samples, non-EUR

variants only comprised 0.26% of the total variants in the imputation result (when setting

a cutoff of Rsq > 0.7). The majority of variants gaining from the larger panel when

imputing the under-represented ancestry was because of the lower θ value.

Scenario 2: The target sample was from the major ancestry

We simulated 13 JPT-1KGP reference panels and used WGS_{993} as the target

(**Methods**). When only JPT samples were in the panel, the mean EmpRsq and Rsq

increased with the panel size, as expected (**Figure S17**). When combined with the

1KGP subsets, the mean EmpRsq was highest when using JPT_{3256}+1KGP-EAS for

variants with MAF $\geq$ 1% and JPT_{3256}+1KGP-JPT for variants with 1% > MAF $\geq$ 0.5%

(**Table 3**). Adding other ancestries decreased the mean EmpRsq marginally (maximum

difference < 0.01 for all MAF categories). The mean Rsq was the highest when using

JPT_{3256} and decreased with the addition of more ancestries, with maximum differences

of 0.007, 0.024, and 0.048 for variants with MAF ≥ 5%, 5% > MAF ≥ 1%, and 1% > MAF

≥ 0.5%, respectively (**Table 3**). None of the imputation results showed a noticeable

deviation in the MARE and β_{imp}. However, the MARE and β_{imp} of the JPT_{3256},

JPT_{3256}+1KGP-JPT, and JPT_{3256}+1KGP-EAS results were closer to the expected values

(**Figure S18**), while adding other ancestries made MARE and β_{imp} correspond to the

condition of using a higher θ value.

There were 74,490 JPT_{3256}-only, 7,627 1KGP-EAS-only, and 495,489 non-EAS variants

(**Methods**). From JPT_{3256} to JPT_{3256}+1KGP, the number of confident alleles decreased

from 24,599 to 23,666, increased from 0 to 131, and increased from 0 to 254 for these

three groups of variants (**Table S4**). The number of high-Rsq variants decreased from

274,343 to 264,221 (a decrease of 3.69%) when using JPT_{3256} or JPT_{3256}+1KGP (**Table**

S4). Only 265 non-EAS variants reached an Rsq > 0.7 when using JPT_{3256}+1KGP,

which was 0.10% of the total variants. Hence, combining with the 1KGP caused fewer

confident alleles and high-Rsq variants to remain in the imputation results, as expected

from using higher θ values. Both scenarios suggest that the distant ancestry in the

reference panel affects the θ estimates and the number of high-Rsq variants. However,

the expanded haplotypes and variant sets from distant ancestries provided only a few

additional variants.

EAS imputation using the public reference panels

We used the TOPMed imputation pipeline (**Methods**) and observed an upward

deviation of Rsq, particularly when using the 1KGP panel (**Figure S19**). The θ value

transformed from the genetic map was 0.15- and 0.27-fold of that estimated by

Minimac3 when using the 1KGP and JEWEL3k panels, respectively (**Table 4**).

As the θ estimates decreased with the size of the major ancestry (**Figure 6C**), it would

be underestimated for the minor ancestry in the multi-ancestry panel regardless of using

the genetic map or estimating it by the Mimimac3. One example was the HRC panel,

which did not use the genetic map but induced Rsq overestimation in the BBJ-180k

(**Figure S20**). Thus, caution may be required when imputing the under-represented

population using large ancestry-imbalanced panels under the current framework.

Discussion

The deviation between Rsq and dosage r^2 in the imputation result is raised from the

imputed dosage, and has been widely observed using different reference panels and

software.[9,15,38] One reason was that the θ value used in the HMM does not fit the panel

size, ancestral components in the reference panel, and the target population. When

using the multi-ancestry reference panel, distant ancestries affect the θ estimates (in

Minimac3/4), then the imputed dosage and Rsq. Our simulations indicated that the

lower θ value used by the larger panel could increase the imputed-genotype certainty

and the number of high-Rsq variants but not dosage r^2. It may cause confusing

benchmarking results and increase the chance of false positives in association tests.

Ferwerda et al. reported height and body mass index association signals in an ethnically

diverse cohort only when imputing against the TOPMed panel.[39] Bai et al. reported the

highest Rsq but lowest dosage r^2 when imputing the Han Chinese using the HRC panel,

compared to the 1KGP and a population-specific panel,[22] similar to what we had

observed in Japanese. In addition to simply comparing dosage r^2 or Rsq, we provided

the changes in those metrics, the θ estimates, imputed-dosage certainty, and the

number of high-Rsq variants passing to downstream analyses. We provided the script

(https://github.com/shimaomao26/impumetric) to allow users to check their results using

the leave-one-out imputation of Minimac4 (external WGS not required) or additional

WGS data.

The TOPMed imputation pipeline used the θ value transformed from the HapMap2

genetic map by assuming 0.01 centimorgan (cM) corresponds 1% switching rate. The

switching rate would thereby be fixed given the variant's base pair position and cM. Two

reasons may explain why it works well. First, the genetic map did not significantly

change the imputation accuracy, as verified in a Finnish study.[40] We had also shown

that dosage r^2 was insensitive to the θ value. Second, the θ value was only

underestimated for the EAS (size = 1,184), but the sizes of EUR, AFR, and AMR (size =

17,085–47,159) might fit this value. Previous studies reported that Rsq in the TOPMed

imputation result was sometimes misleadingly high in AFR [38] and even EUR.[41] A recent

paper reported that the TOPMed panel was more robust to the low-density genotyping

array than the HRC and 1KGP panels.[18] These results also suggested that a fixed low θ

value might be used by the TOPMed pipeline, as we have inferred. Further studies are

warranted to comprehensively elucidate the impacts on genetic studies.

Our results suggest that avoiding ancestral diversity is best when more than 3,000 WGS

samples are available to construct a JPT reference panel. Increased diversity would

then only have a marginal impact on dosage r^2 but would affect the individual's imputed

dosage and cause fewer variants to pass a predetermined Rsq filter. Zhang et al. and

Cong et al. similarly observed that adding the 1KGP to about 3,000 Chinese WGS

samples would neither benefit nor harm dosage r^2.[26,27] We focused on explaining the

reason in this work. Further studies are warranted to take advantage of combining

population-specific and public WGS datasets while avoiding our identified problems.

Our study has several limitations. First, our simulations of the reference panel were

study-specific. As discussed, the θ estimates decreased with the panel size and

increased with the ancestral diversity. However, a larger panel typically increases the

diversity simultaneously. Therefore, the θ value and imputation result need to be

discussed case by case. This limitation also implies that the general experience may not

work well for a new reference panel and target dataset. Second, in the simulations of

multi-ancestry reference panels (scenarios 1 and 2), WGS datasets were merged using

IMPUTE2.[9] We did not investigate the impact of IMPUTE2 but treated the merged

dataset similarly to the WGS dataset. It might underestimate the number of high-Rsq

variants from the distant ancestry (**Note S7)**. Our results using the 1KGP (not modified

by IMPUTE2) also revealed that only a limited number of confident alleles and high-Rsq

variants in the imputation result were from the distant ancestry (**Note S7** and **Table S2**).

Therefore, the conclusion that distant ancestry in the reference panel affects the θ

estimates rather than providing high-Rsq variants would be valid. However, further

studies should be conducted to determine the impact of the panel-merging method and

the net gain of variants from distant ancestries.

In summary, we explained that the HMM parameter could be a potential reason for

inaccurate Rsq and inferior dosage r^2 when using large multi-ancestry reference panels.

This is also the first study of the relationship between the template switching rate,

imputed-genotype certainty, Rsq, and dosage r^2. We envision that our methods and

conclusions could provide insights into benchmarking studies, construction of reference

panels, and development of imputation algorithms and pipelines in the future.

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super-computing resources.

Web resources

Impumetric, https://github.com/shimaomao26/impumetric

TOPMed imputation server, https://imputation.biodatacatalyst.nhlbi.nih.gov/#!

Michigan Imputation server, https://imputationserver.sph.umich.edu/index.html

Minimac3, https://genome.sph.umich.edu/wiki/Minimac3

Minimac4, https://genome.sph.umich.edu/wiki/Minimac4

EAGLE, https://alkesgroup.broadinstitute.org/Eagle/

Bcftools, https://samtools.github.io/bcftools/

LiftOver, https://genome.ucsc.edu/cgi-bin/hgLiftOver

Data and code availability

We provided the tool to replicate the metrics used in this work

(https://github.com/shimaomao26/impumetric). Other scripts were also deposited there.

Genotype data for BBJ and the TOPMed imputation results were deposited at NBDC

Human Database (research ID: hum0014 and hum0311, respectively).

Appendix

Imputation quality metrics

Rsq: The standard quality metric in Minimac. The ratio between observed variance and

expected variance of imputed allelic dosage.

INFO: The standard quality metric in IMPUTE. The ratio between observed information

and complete information of imputed genotype distribution.

Dosage r^2: The squared Pearson correlation between imputed dosage and true

genotype.

EmpRsq: The squared Pearson correlation between imputed allelic dosage and true

allele dose. Provided by Minimac and is only available for the genotyped markers on

array.

MARE: The minor allele frequency adjusted residual error in linear regression between

imputed dosage and true genotype.

β_{imp}: The regression coefficient between imputed dosage and true genotype.

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Figure 1. Overview of this study. (A) Imputation using the TOPMed, 1KGP, BBJ1k

(1,037 Japanese (JPT) WGS + 1KGP), and JEWEL3k (3,256 JPT WGS + 1KGP)

reference panels. The 180k East Asian (EAS) samples in the Biobank Japan (BBJ) first

cohort were imputed against the four panels. Samples with whole genome sequencing

(WGS_{993}) were used to empirically evaluate the imputation performance, including a

count of imputed variants and estimated (Rsq) and true (dosage r^2) imputation

accuracy. The deviation between Rsq and dosage r^2 was examined and quantified

analytically. Two novel metrics, MAF-adjusted-residual-error (MARE) and β_{imp}, were

introduced to indicate the different imputed-dosage distributions underlying the

deviation. (B) Simulations to evaluate the relationship between the hidden Markov

model (HMM) parameter, Rsq, dosage r^2, the deviation between Rsq and dosage r^2,

and imputed dosage. The reference panel and target sample were fixed to the 1KGP

and WGS_{993}, and 21 scaled template switching rates (the θ value) were used for

running imputations. Evaluations were the same as in (A). (C) Simulations to evaluate

the relationship between the reference panel, HMM parameter, imputation metrics, and

imputation result. Two scenarios were simulated to represent the imputations of the

major and minor ancestry in a multi-ancestry panel. The 3,256 JPT WGS and 1KGP

were used to simulate reference panels with different sizes and ancestral diversities.

European (EUR) and JPT samples were used as the target. Imputation results were

evaluated the same as in (B). In addition, we evaluated how the Minimac3's parameter

estimates change with the panel composition.

Figure 2. Imputation results using the TOPMed, 1KGP, BBJ1k, and JEWEL3k

reference panels. (A) Count of imputed variants using the four panels, stratified by

minor allele frequency (MAF) and Rsq in each imputation result. (B) Count of unique

and shared variants (with Rsq ≥ 0.3) using the TOPMed, 1KGP, and JEWEL3k panels.

(C) Fraction of SNV and indel in WGS_{993} that could be imputed with Rsq ≥ 0.3

(coverage) using each panel, stratified by MAF of WGS_{993}. (D) The mean dosage r^2 and

Rsq, stratified by MAF of WGS_{993}. (E) Comparison of dosage r^2 and Rsq in the

imputation results using the four panels. The scatter represents the variants, with the

blue lines showing the density. The red line shows that Rsq equals dosage r^2, and the

histograms on the side show the distribution. In (C), (D), and (E), variants on

chromosome 19 were used. In (D) and (E), overlapping variants imputed by the four

panels (Rsq ≥ 0.3 using all panels) were used.

Figure 3. MARE, β_{imp}, Rsq, dosage r^2, and imputed dosage of rs142572000 and

rs671. (A) The plot shows Rsq and dosage r^2 of rs142572000 and rs671, and the

theoretical value of MARE on the Rsq ~ dosage r^2 plot. (B–E) The plot shows the

imputed dosage of rs142572000 in the imputation result using the (B) TOPMed, (C)

1KGP, (D) BBJ1k, and (E) JEWEL3k reference panels. (F) The plot shows the

theoretical value of β_{imp} on the Rsq ~ dosage r^2 plot. (G–J) The plot shows the imputed

dosage of rs671 in the imputation result using the (G) TOPMed, (H) 1KGP, (I) BBJ1k,

and (J) JEWEL3k panels. In (A) and (F), the red line shows that Rsq equals dosage r^2,

and the color keys show the theoretical MARE or β_{imp} values. The dashed lines

represent the contours of MARE or β_{imp}, and adjacent contours have a value difference

of 0.05. The red dashed arrow highlights the difference in MARE and β_{imp} (crossing how

many contour lines) for variants showing a similar Rsq but different dosage r^2

(rs142572000), or similar dosage r^2 but different Rsq (rs671). In (B–E) and (G–J), the

strip plot shows the individual and the violin plot shows the distribution. The red line

shows the linear regression line between the imputed dosage and true genotype. In (B–

E), MARE is 0.473, 0.274, 0.328, and 0.187, and β_{imp} is 0.336, 0.097, 0.439, and 0.717.

In (G–J), MARE is 0.139, 0.072, 0.071, and 0.085, and β_{imp} is 0.843, 0.565, 0.694, and

0.675.

Figure 4. Changes in the metrics value and the imputed allelic dosage with different scalings of the θ value. (A) Rs10410162 is used as an example to visualize the changes in Rsq, EmpRsq, MARE, and β_{imp} (y-axis) with the 21 scalings of the θ value (x-axis). To have a better illustration, the x-axis is in the minus log scale. The scalings of 100, 10, 2, 1, 0.5, 0.1, and 0.01-fold are circled, marked with vertical dashed lines, and labeled. The other scaling folds are shown as the scatters, with the color key denoting the fold in a log scale. (B–C) Rs10410162 is used as an example to visualize the deviation between Rsq, EmpRsq, and MARE (B) or β_{imp} (C). The red line shows that Rsq equals dosage r^2, and the color keys show the theoretical MARE or β_{imp} values. The dashed lines represent the contours of MARE or β_{imp}, and adjacent contours have a value difference of 0.05. The 21 scatters are the same as (A). (D) The plot shows the imputed allelic dosage of a randomly selected target haplotype (chr19) with the 7 scalings of the θ value. The scatters show variants. The boxes show the median, upper (75%), and lower (25%) quartiles. The whiskers show the 1.5-fold of the interquartile range (IQR) extended from the upper or lower quartile if a value exceeds them; otherwise, they show the maximum or minimum value. Only variants with imputed allelic dosage < 0.5 and 0.3 < EmpRsq < 0.8 when using the 1-fold θ value are shown.

Figure 5. Rsq and EmpRsq using the 1KGP panel with different scalings of the θ

value. The plot shows the mean Rsq and EmpRsq of each imputation result, stratified

by the MAF of the array. The scalings of 100, 10, 2, 1, 0.5, 0.1, and 0.01-fold are

marked with vertical dashed lines and labeled.

Figure 6. Total θ value of the simulated reference panels. The figure shows the total

θ value of simulated reference panels, estimated by Minimac3. (A) JPT-only panels with

different sample sizes. (B) Fixed-size panels (504) with 1–5 levels of ancestral diversity,

as shown in the legend. (C) Adding large-size (504–3,760) EAS samples to a small-size

(403) EUR panel. (D) Adding 1KGP samples to a large-size (3,256) JPT panel. (E)

Simultaneously increasing the size and ancestral diversity using 1–5 ancestries in the

1KGP. In each plot, the scatters show the values of 10 runs. The boxes show the

median, upper (75%), and lower (25%) quartiles. The whiskers show the 1.5-fold

interquartile range (IQR) extended from the upper or lower quartile if a value exceeds

them; otherwise, they show the maximum or minimum value. In (C), EURn403

784   represents the 403 EUR. In (C) and (D), 500–3256JPT represents the number of JPT

785   samples in the panel.

786 **Tables**

788 **Table 1. Characteristics of the reference panels and target samples used in this**

789 **study, and the number of variants imputed.**

Reference panel	Reference panel size	Size of East Asian subjects	Percentage of EAS subjects	Sequencing depth	Target sample size	Target sample selection criteria	Number of imputed variants on autosomes
1KGP	2,504	504	20.13%	4–8 ×	180,882	All EAS in BBJ -180k passed QC	47,109,465
BBJ1k	3,541	1,541	43.52%	1KGP + 30 ×	179,947	Same as above. Exclude samples in the reference panel	59,387,070
JEWEL3k	5,760	3,760	65.28%	1KGP + 15–30 ×	177,930	Same as above. Exclude samples in the reference panel	69,076,783
TOPMed	97,256	1,184	1.22%	38 ×	180,882	All EAS in BBJ-180k passed QC	291,214,407

791 **Table 2. Reference panel description, the total θ value estimated by Minimac3, the**

792 **mean EmpRsq, and the mean Rsq using the simulated EUR-EAS reference panels**

793 **with different sizes and EUR proportions, and 100 EUR as the target sample.**

Reference panel	Reference panel size	EUR (%)	Total θ value	MAF ≥ 5%		5% ≥ MAF > 1%	
				EmpRsq	Rsq	EmpRsq	Rsq
1KGP-EURn403	403	100	740.0	0.849	0.797	0.75	0.679
1KGP-EURn403+1KGP-EAS	907	44.43	722.7	0.841	0.795	0.743	0.7
1KGP-EURn403+1KGP-EAS+500JPT	1,407	28.64	595.9	0.839	0.814	0.744	0.736
1KGP-EURn403+1KGP-EAS+1000JPT	1,907	21.13	534.9	0.836	0.822	0.74	0.752
1KGP-EURn403+1KGP-EAS+1500JPT	2,407	16.74	466.0	0.834	0.831	0.739	0.767
1KGP-EURn403+1KGP-EAS+2000JPT	2,907	13.86	437.5	0.833	0.835	0.737	0.774
1KGP-EURn403+1KGP-EAS+2500JPT	3,407	11.83	408.4	0.831	0.839	0.734	0.78
1KGP-EURn403+1KGP-EAS+3256JPT	4,163	9.68	364.1	0.829	0.844	0.732	0.788

794 EURn403 represents the 403 EUR; 1KGP-EAS represents the 504 EAS; 500–3256JPT

795 represents the number of JPT samples in the reference panel. Minor allele frequency

796 (MAF) is determined by the genotyping array.

 Table 3. Reference panel description, the total θ value estimated by Minimac3, the

mean EmpRsq, and the mean Rsq using the simulated JPT-1KGP reference

panels with different sizes and ancestral diversity, and WGS$_{993}$ as the target

sample.

Reference panel	Reference panel size	EAS (%)	Total θ value	MAF ≥ 5%		5% > MAF ≥ 1%		1% > MAF ≥ 0.5%	
				EmpRsq	Rsq	EmpRsq	Rsq	EmpRsq	Rsq
3256JPT	3,256	100	326.9	0.959	0.949	0.921	0.91	0.861	0.841
3256JPT+1KGP-JPT	3,360	100	336.2	0.959	0.949	0.921	0.909	0.861	0.839
3256JPT+1KGP-EAS	3,760	100	334.2	0.959	0.948	0.923	0.908	0.859	0.834
3256JPT+1KGP-EAS+EUR	4,263	88.2	377.4	0.959	0.945	0.921	0.899	0.855	0.816
3256JPT+1KGP-EAS+EUR+AFR	4,924	76.36	395.7	0.958	0.944	0.92	0.892	0.857	0.8
3256JPT+1KGP-EAS+EUR+AFR+AMR	5,217	72.07	426.4	0.958	0.942	0.919	0.887	0.857	0.793
3256JPT+1KGP-All	5,760	65.28	422.4	0.958	0.942	0.919	0.886	0.854	0.793

The 3,256 WGS samples of BBJ are included in all panels. 1KGP- followed by the

ancestry represents the 1KGP subset. Minor allele frequency (MAF) is determined by

the genotyping array.

804   **Table 4. The total θ value estimated by Minimac3 or transformed from the**

805   **HapMap2 genetic map using Minimac4 v1.0.2.**

Reference panel	Parameter source	Background template switching rate	Number of variants with a background template switching rate	Number of variants not with the background template switching rate	Total θ value	Ratio between the transformed and estimated total θ values
1KGP	Genetic map and Minimac4	1.00E-05	493,335	591,200	110.4	0.152
JEWEL3k	Genetic map and Minimac4	1.00E-05	792,501	741,234	112.6	0.267
1KGP	Minimac3	0.00065347	1,084,368	166	728.0	*
JEWEL3k	Minimac3	0.00027504	1,533,730	4	422.4	*

806   Background template switching rate is a minimum probability of switching Minimac sets

807   for all markers. (*) denotes not available.