# The St. Thomas' UK Adult Twin Registry

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he Registry consists of nearly 10,000 monozygous and dizygous adult caucasian twins aged 18-80 from all over the UK and was started in 1993. This is a volunteer sample recruited by successive media campaigns without selecting for particular diseases or traits. All twins receive a series of disease questionnaires. In addition over half the twins have been assessed in detail clinically for several hundred phenotypes related to common diseases or intermediate traits. The focus has been primarily on cardiovascular, metabolic, musculoskeletal, dermatological, and opthalmological diseases. Over 3000 DZ twins have had a genome wide scan performed as well as many candidate genes allowing both linkage and association studies. The registry has led to many successful innovative research projects, particularly in common diseases previously thought to be predominantly environmental and helped positionally clone some novel genes for common diseases.

## History

A twin database was started in 1992 with a grant from the Arthritis and Rheumatism Campaign (ARC) medical charity to perform a classical twin study on osteoarthritis in females involving 250 twin pairs. Subsequent grants from the Wellcome Trust in 1993 to examine bone density for osteoporosis and then genetics of asthma and atopy and from the MRC to study disc disease led to the idea of combining phenotypes at the same visit and studying as wide a range of phenotypes as possible. From 1996 to 2001 the Twin unit received additional funding from a Genetics company Gemini Genomics which in addition to continued funding from charities allowed us to increase the size and depth of the clinical collection. Unlike other twin resources, ours has focussed on obtaining detailed and standardized clinical and biochemical phenotypes rather than record linkage and questionnaire data.

#### The Collection

The twin database now includes over 8000 twins with an average age of around 45 and who are predominantly female and same sex, because the diseases we initially focussed on were more common in women. The ratio of identical to non-identical twins is approximately 50:50 and the volunteers come from throughout the UK and Ireland following multiple media campaigns for twins to help with research. The majority of twins have been seen clinically in the unit where as well as performing clinical tests, blood, urine and DNA is collected and stored at –45deg. Approximately one third of twins have had multiple visits to the unit. The subjects are unpaid but are compensated for their travel and accommodation expenses. Zygosity is ascertained using the standard peas in the pod questionnaire, and if there is uncer-

tainty checked by genotyping. The average clinic visit is between 3–6 hours. Full ethical approval has been given and consent forms are updated annually and re-signed on every visit.

### **Staff and Facilities**

The unit is grant funded and has around 20 staff dealing with the twin registry, of whom 7 deal with statistical analysis. There is a lab that processes and stores the 60,000 samples and a molecular biology lab for candidate gene work and mutation detection. The unit produces regular newsletters for the twins and maintains a website.

### **Aims**

The overall objectives of the unit are:

- To estimate heritabilities for common diseases and traits in adults.
- 2. Discover genes that influence these traits.
- 3. Provide a framework for epidemiologic studies using the twin design.
- 4. Develop statistical methodology to facilitate these aims.

## **Major Research Findings to Date**

The following groupings are examples of major research findings using the twin registry, but is not intended as an exhaustive list.

# Osteoporosis

- The following risk factors for osteoporotic fracture are strongly and independently genetic: bone density, bone quality (BUA), hip axis length, vitamin D levels, bone turnover markers, muscle strength.
- Vitamin D receptor genotypes are associated with bone density.
- TGF beta genotypes are linked and associated with bone density.
- Klotho genotypes are associated with bone density.
- Skeletal size is associated with birthweight.

#### Osteoarthritis

• OA of knee, hand and hip all strongly heritable.

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- Some overlapping shared genes with osteoporosis.
- Most genes are site specific and not generalized.
- Vitamin D receptor genotype associated with knee disease.
- Obesity and OA genes are not shared.

## **Metabolic Syndrome**

- Central fat deposition and body shape is genetic.
- HRT and cigarette use reduces central fat and total body fat.
- Leptin is correlated genetically with adiposity and body size.
- HbA1C levels reflect genetic susceptibility more than consequence of disease.
- Dietary fat levels not related to adiposity or fat distribution.

#### Cardiovascular disease

 Blood pressure shows low heritability compared to vascular resistance.

- QT and PR interval and pulse shows genetic influence.
- Blood pressure in adults related to birth weight.
- Major clotting factors strongly heritable.
- Activated coagulation and fibrinolytic (prethrombotic) factors under genetic control.

## **Skin Disease and Atopy**

- Freckles and naevi strongly heritable with little environmental influence.
- Acne strongly genetic.
- Polymorphic light eruption (PLE) heritable.
- Eczema and hayfever heritable with some shared genes.
- Skin thickness changes in smokers.

## **Eye Disease**

- Myopia and presbyopia heritable despite recent increases.
- Nuclear cataract shows major genetic component.

Table 1				
Twin Research Unit, St.Thomas' Hospit	al			
Name of register	St Thomas' UK Adult Twin Registry			
Country	United Kingdom			
Kind of ascertainment	Volunteers unselected			
Opposite sex twins (yes or no)	No			
Number of pairs				
(separated by birth range and sex)	1900–1920:	10 FF	3MM	
	1920–1930:	144 FF	20 MM	
	1930–1940:	670 FF	79 MM	
	1940–1950:	1074 FF	115 MM	
	1950–1960:	937 FF	193 MM	
	1960–1970:	743 FF	193 MM	
	1970–1980:	510 FF	157 MM	
	1980–2000:	23 FF	3 MM	
Totals		4104 FF	760 MM	
Grand total	4864 pairs			
Major interests	Common complex diseases and traits			
Traits measured	Full questionnaires and clinical exam and testing on majority of twins for wide range of over 200 clinical and biochemical traits. Including: CVD, obesity, metabolic syndrome, respiratory disease, dermatology, osteoarthritis, osteoporosis, eye disease, back disease, coagulation system, immune function, cognitive function, GI system, Pain thresholds, allergy, atopy, pitch perception, sense of humour.			
DNA samples	6649			
Various samples	6700 serum, 6500 urine			
Contact	Tim Spector			
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Web site	www.twin-research.ac.uk			
Main recent twin publications	Over 100 including: DeLange et al genetics of clotting. <i>Lancet 2001</i> , Drayna et al .  Genetics of pitch perception. <i>Science 2001</i> , Hammond et al Genetics of cataract. <i>NEJM 2000</i>			
Main Sources of funding	Wellcome Trust, ARC, MRC, British Heart Foundation, CDRF, Sequenom inc			
Comments	MZ: DZ ratio approximately 1:1, database majority female. 1500 pairs with full genome scan information.			

- Pupil dilation under genetic control.
- Early macular degeneration heritable.

### **Immune and Haemopoetic System**

- Levels of white and red cells and platelets heritable.
- Levels of circulating Haemoglobin F heritable and related to specific polymorphisms.
- CD4 and CD8 circulating T cells under genetic influence.
- X inactivation has genetic basis.

#### Miscellaneous

- Cognitive component of humour influenced by family environment.
- Pitch recognition is strongly genetic.
- Timing of menarche and menopause strongly genetic but not related.
- Back pain and disk disease measured by MRI strongly genetic.
- Raynauds syndrome and cold intolerance is genetic.
- Twins are comparable to singletons for most common traits measured.

## **Future Work**

We plan to use the genetic information we have available on the twins which includes a genome wide scan on 1500 DZ twin pairs as well as a number of candidate genes genotyped in around 500 pairs. We will perform a combination of linkage and association studies to narrow down the loci of interest and use disequilibrium mapping to pin down the key genes. We have worked with a large number of different collaborators in the past and we are keen to encourage further and future collaborations particularly in areas where we can gain from additional clinical or technical expertise or where groups can add phenotypic or genotypic information.

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