Identifying non-identical-by-descent rare variants in population-scale whole genome sequencing data

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1 <u>Abstract</u>

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3 The site frequency spectrum in human populations is not accurately modeled by an infinite sites model, 4 which assumes that all mutations are unique. Despite the pervasiveness of recurrent mutations, we lack 5 computational methods to identify these events at specific sites in population sequencing data. Rare 6 alleles that are identical-by-descent (IBD) are expected to segregate on a long, shared haplotype 7 background that descends from a common ancestor. However, alleles introduced by recurrent mutation or 8 by non-crossover gene conversions are identical-by-state and will have a shorter expected shared 9 haplotype background. We hypothesized that the expected difference in shared haplotype background length can distinguish IBD and non-IBD variants in population sequencing data without pedigree 10 information. We implemented a Bayesian hierarchical model and used Gibbs sampling to estimate the 11 posterior probability of IBD state for rare variants, using simulations to demonstrate that our approach 12 accurately distinguishes rare IBD and non-IBD variants. Applying our method to whole genome 13 14 sequencing data from 3,621 individuals in the UK10K consortium, we found that non-IBD variants correlated with higher local mutation rates and genomic features like replication timing. Using a heuristic 15 to categorize non-IBD variants as gene conversions or recurrent mutations, we found that potential gene 16 17 conversions had expected properties such as enriched local GC content. By identifying recurrent 18 mutations, we can better understand the spectrum of recent mutations in human populations, a source of 19 genetic variation driving evolution and a key factor in understanding recent demographic history.

20 Introduction

21

22 Recurrent mutations are repeated mutational events at the same nucleotide position in multiple individuals 23 in a population. The frequency of recurrent mutations and their relevance to evolutionary genetics studies 24 have been examined since the beginning of the field of population genetics (e.g. Wright 1931; Haldane 1933; Wright 1937). The frequency that a recurrent mutation is observed in a sample depends on many 25 26 factors, including the per-base-pair mutation rate, the number of chromosomes surveyed, the effective 27 population size, as well as the demographic history of the population surveyed. Distinguishing recurrent 28 mutations from variants whose alleles are all inherited identical-by-descent (IBD) is critical to a complete understanding of the human germline mutation rate, and to population genetic methods that make 29 30 inferences from the observed number and frequency of genetic variants in a population. 31 As the genetics community has surveyed large, rapidly growing populations with a finite genome 32 size, such as modern humans (Harpak et al. 2016), it has been observed that recurrent mutations occur at 33 appreciable frequency. For example, in the Exome Aggregation Consortium dataset of 60,706 human exomes, there is a marked absence of singleton CpG transitions relative to other mutation types (Lek et al. 34

2016). This observation could be explained by the presence of recurrent mutations saturating these highly
 mutable sites in this large sample, resulting in two or more sampled individuals segregating identical-by-

37 state alleles at CpG sites.

38 One implication of this observation is that the presence of recurrent mutations in a large sample 39 may result in a suboptimal calibration of summary data typically utilized in population genetic inference, 40 like the site frequency spectrum (SFS). The SFS is the distribution of the number of observed variants at 41 allele counts 1 to n-1 in a sample of n chromosomes. Many modern population genetics methods use the SFS to infer the demographic history of a sample (Gutenkunst et al. 2009; Lukic and Hey 2012; Excoffier 42 et al. 2013; Bhaskar et al. 2015; Jouganous et al. 2017). These approaches generally assume an infinite 43 44 sites model with no recurrent mutations, but the human site frequency spectrum is not well explained by an infinite sites model (Harpak et al. 2016). Previous work has described the SFS allowing for recurrent 45 46 mutations, relying on observed recurrent mutations in the form of triallelic sites (Jenkins and Song 2011; Jenkins et al. 2014: Ragsdale et al. 2016). If recurrent mutations are not accounted for, the SFS will be 47 shifted to higher allele frequencies relative to the SFS that incorporated recurrent mutations at lower 48 49 frequencies. This could impact the accuracy of demographic parameter inference. In particular, methods that infer the magnitude of recent population growth, which rely on rare variants, may incur bias if they 50 do not take recurrent mutations into account. Similarly, the magnitude of purifying selection may be 51 52 underestimated if the frequencies of rare variants are overestimated due to undetected recurrent mutation.

Finally, estimates of mutation rates from population genetic data that do not incorporate recurrent
mutations may be biased downwards.

55 Beyond population genetic applications, identifying specific recurrent mutations could be useful in the context of genotype-phenotype association through tests of rare variant burden. Rare variant burden 56 57 approaches are increasingly used to associate genomic regions with disease status or quantitative traits in large-scale sequencing datasets (Nicolae 2016). In general, these approaches test the null hypothesis that 58 59 the frequency of rare variants in a genomic region is independent of the phenotype of interest. If a gene is 60 causal for a trait, we may expect to observe a higher frequency of rare variants, but also more recurrent 61 variants especially at highly mutable nucleotide positions that have a substantial impact on the trait. If 62 recurrent mutations could be identified, they could potentially improve power to associate the gene with the trait. Recurrent mutations have been used in this context in family-based studies, where recurrent 63 64 mutations can be identified as *de novo* events in unrelated families (e.g. Kirby et al. 2013; O'Roak et al. 2014). We are not aware of any examples of recurrent mutations being used in large-scale population-65 66 based sequencing studies of rare disease associations.

67 In what follows, we propose a computational approach to infer the presence of a recurrent 68 mutation at a genomic site. The key idea underlying our approach is to use the genetic variation linked to 69 rare variants to distinguish alleles at a variant position as identical-by-descent (IBD) or non-IBD. Rare 70 IBD variants are usually surrounded by a long, shared haplotype on all chromosomes carrying the variant 71 (i.e., an IBD segment), because all segregating alleles derive from a recent ancestral mutation. If the 72 variant arose a small number of generations ago, there have been few opportunities for recombination 73 events to shorten the shared IBD segment. Thus, the length of the IBD segment shared across carriers is 74 inversely related to the age of the variant (Haldane 1919; Mathieson and McVean 2014). In contrast, 75 recurrent mutations or gene conversions can occur on any random haplotype background in a population, 76 and thus we expect that their local time to the most recent common ancestor (TMRCA) will be on average 77 older than an IBD variant of the same allele frequency.

78 Leveraging the relationship between local TMRCA and the length of a shared IBD segment, we can 79 identify rare variants that appear non-IBD. However, it is important to consider many potential reasons 80 why we might observe a short IBD segment around a rare variant. Beyond recurrent mutation, non-81 crossover gene conversion, proximity to a region of extremely high local recombination rate, or simply 82 chance might also explain specific events. In addition, if one or multiple copies of a rare variant are genotyping errors, this could result in the same signature of a shorter than expected shared IBD segment 83 between carriers. Thus, any approach that aims to identify recurrent mutations from data must work to 84 85 distinguish amongst these types of events.

We propose to identify rare variants that fall on the extreme short end of shared IBD segment lengths and attempt to categorize these likely non-IBD variants by the possibilities enumerated above. In addition to the IBD segment length, additional genomic annotations can help to distinguish between these causes, such as the mutation's sequence context (e.g. a CpG mutation), the local recombination rate, and local GC content.

While previous efforts have leveraged IBD tracts to infer mutation and gene conversion rates 91 92 (Palamara et al. 2015), as well as to estimate allele ages (Palamara et al. 2012; Mathieson and McVean 93 2014; Platt et al. 2019; Albers and McVean 2020), we are not aware of any previous method designed to 94 specifically identify recurrent mutations and gene conversion events at specific genomic positions at genome-wide scale. In today's era of whole genome sequencing of thousands of individuals from a 95 96 population, categorizing specific rare variants as likely recurrent mutations or gene conversions is now 97 uniquely possible. Here, we describe a Bayesian hierarchical model to identify non-IBD rare variants, using population genetic simulations to assess its precision and accuracy. We then apply our approach to 98 99 sequencing data of 3,621 individuals from the UK10K dataset, and partition high-confidence non-IBD 100 rare variants as those likely to be recurrent mutations or gene conversions.

101

102 <u>New Approaches</u>

103

104 Theory

Previous work to model the expected TMRCA between two IBD alleles or two random alleles in a population provides a framework through which these states can be distinguished in data. Measuring the accumulation of mutations on a haplotype, *i.e.*, the mutational clock, is useful for estimating the age of older, common variants; however, for our purpose here to distinguish rare recurrent and IBD variants, there will be few if any linked mutations more recent than the focal variant. Therefore, the mutational clock does not help us distinguish IBD and non-IBD rare alleles, and we rely solely on the recombination clock for inference.

The theoretical distributions of the pairwise TMRCAs for IBD or non-IBD alleles for a range of allele counts are plotted in **Supplementary Figure 1** (**Supplementary Methods**). As the IBD allele count increases, the mean TMRCA also increases, reflecting that higher frequency alleles tend to be older; meanwhile, the TMRCA distribution between non-IBD allele pairs is unchanging because it is not a function of the allele frequency. Thus, the difference between the expected TMRCA for IBD vs. non-IBD variants increases with decreasing allele frequency.
Though the TMRCA of a genetic variant is not directly observable, it can be estimated by the

119 length of the haplotype shared by carriers of the variant. The distance to the nearest recombination event

120 on either side of a genetic variant between a pair of alleles can be modeled as exponentially distributed 121 with rate proportional to the TMRCA (Palamara et al. 2012; Mathieson and McVean 2014). The expected difference in the TMRCA between a rare variant segregating with IBD alleles and a variant position with 122 recurrent mutations (Supplementary Figure 1) translates into IBD variants having, on average, longer 123 124 pairwise distances to obligate recombination events compared to recurrent sites of the same allele 125 frequency (Supplementary Figure 2). Recent methods have inferred the age of alleles in large-scale 126 population datasets by leveraging this relationship between haplotype background and the TMRCA 127 (Palamara et al. 2012; Platt et al. 2019; Albers and McVean 2020), and by constructing local genealogies 128 (Kelleher et al. 2019; Speidel et al. 2019). However, these tools assume an infinite sites model (*i.e.*, no 129 recurrent mutations), and do not explicitly attempt to identify recurrent mutations. Existing approaches to identify recurrent mutations rely on family relationships, or assume that variants present at very rare 130 131 frequencies in distantly related populations are recurrent without explicitly identifying variants as non-IBD (e.g. Pagnier et al. 1984; The 1000 Genomes Project Consortium 2012). Thus, our goal was to 132 133 develop an approach to identify non-IBD variants that scales to large, whole genome population 134 sequencing studies with thousands of individuals.

135 While recombination breakpoints cannot be directly observed in population sequencing data, 136 patterns of genetic variation can give us an estimate of the location of these events. Here, we are 137 interested in rare genetic variants that are difficult to accurately phase. Additionally, the signature of 138 recurrent mutation itself could introduce error into statistical phasing algorithms. Thus, our method 139 utilizes unphased diploid genotypes to estimate the recombination distances on either side of a pair of 140 alleles. With diploid genotypes for a pair of individuals each carrying a focal allele, one can measure the 141 obligate recombination distance as the physical span to the first opposite homozygote genotype between 142 the two individuals (Supplementary Figure 3). No genealogy without recombination is compatible with 143 the observed genotypes of these two sites (the focal allele and the site of the opposite homozygote 144 genotypes), and so we assume a recombination event has occurred between them (Mathieson and 145 McVean 2014). Thus, the obligate recombination distance gives an estimate of the true recombination 146 distance.

147

148 Statistical Model

149 We considered a Bayesian hierarchical model for the pairwise recombination distances from a sample of

variants of a given allele count, which allowed us to learn the model parameters directly from the data

151 (Figure 1). We modeled the sampled variants as a finite mixture of IBD (k=1) or non-IBD (k>1, with

- each possible partition of alleles for a non-IBD variant given a different value of k), with mixture
- 153 proportions π_k . For example, a non-IBD variant of allele count 4 has two possible partitions: a singleton

and an IBD tripleton (1:3), or two doubletons (2:2). Each variant of allele count A has $n = \binom{A}{2}$ allele

pairs. The TMRCA (*t*) for an allele pair was sampled from a gamma distribution with shape α and rate β ,

156 with one gamma distribution of t for IBD allele pairs and one for non-IBD allele pairs, For non-IBD allele

157 pairs, we estimated α and β from multiallelic sites, and for IBD allele pairs we fixed α and performed

158 sampling for β , over a range of possible values for α . For each variant, the possible permutations of allele

- pair assignments of IBD or non-IBD states are denoted by *j*. For IBD variants, all allele pairs are IBD; for
- 160 non-IBD variants, the possibilities depend on the partition k. We modeled the left and right recombination
- distances (d_L, d_R) for each allele pair following an exponential distribution with rate proportional to t. We
- used Gibbs sampling to sample from the marginal posterior density of each parameter, as we could
- estimate these densities from the full conditional distributions. Below we outline these expressions.

164 *Mixture proportions* (π): Using a multinomial likelihood for the probability of the assignments *k* based 165 on proportions π , we used the conjugate prior Dirichlet distribution to get a Dirichlet posterior for the

166 probabilities of π given the observed k assignments. Thus we have the likelihood function:

$$k|\pi \sim Multinomial(1,\pi)$$
 (1)

167 We used a Dirichlet prior for π :

$$\pi \sim Dirichlet(\delta)$$
 (2)

168

169 The resulting posterior probability followed a Dirichlet distribution:

$$\pi | k \propto Dirichlet\left(\delta + \sum_{i=1}^{n} (k = k_i)\right)$$
⁽³⁾

170

- 171 TMRCA (t): The likelihood of the pairwise recombination distance d to one side of a variant (in
- 172 centiMorgans), given TMRCA *t*, followed an exponential distribution (Palamara et al. 2012):

$$d|t \sim Exp\left(\frac{t}{50}\right) \tag{4}$$

173

174 We used a gamma prior for *t*:

$$t|\alpha,\beta\sim\Gamma(\alpha,\beta) \tag{5}$$

175

$$t|d \propto \Gamma\left(\alpha + n, \beta + \frac{\sum_{i=1}^{n} d_i}{50}\right)$$
(6)

178 Shape (α) and rate (β) of the TMRCA distribution: We modeled the distribution of t as a gamma

179 distribution with shape α and rate β :

$$t \mid \alpha, \beta \sim \Gamma(\alpha, \beta) \tag{7}$$

181 We used the conjugate priors for a gamma distribution rate parameter (β) with known shape (α), a second 182 gamma distribution:

$$\beta \sim \Gamma(\alpha_0, \beta_0) \tag{8}$$

184 The posterior for β then also follows a gamma distribution:

$$\beta|t, \alpha \sim \Gamma\left(\alpha_0 + n\alpha, \beta_0 + \sum_{i=1}^n t_i\right)$$
⁽⁹⁾

Full conditional distributions: To sample from the posterior for each unknown parameter, we derived the
 full conditional distributions below, ignoring conditionally independent terms. In each iteration of the
 Gibbs sampler, we sample each parameter from its full conditional distribution, conditioned on the current
 values of all other parameters. The sampling algorithm is described in the Supplementary Methods.

 π , mixture proportions of *k*:

$$f(\pi|d,k,j,t,\alpha,\beta,\alpha_0,\beta_0) = f(\pi|k) \propto f(k|\pi)f(\pi) = Dirichlet\left(\delta_k + \sum_{i=1}^n (k_i = k)\right)$$
(10)

 β , rate parameter of TMRCA distributions:

$$f(\beta|d,k,j,t,\pi,\alpha,\alpha_0,\beta_0) = f(\beta|t,\alpha,\alpha_0,\beta_0) \propto \Gamma\left(\alpha_0 + n\alpha,\beta_0 + \sum_{i=1}^n t_i\right)$$
(11)

t, TMRCA:

$$f(t|d,k,j,\pi,\alpha,\beta,\alpha_0,\beta_0) = f(t|d,\alpha,\beta) \propto f(d|t)f(t|\alpha,\beta) = Exp\left(d;\frac{t}{50}\right)\Gamma(t;\alpha,\beta)$$
(12)

k, variant label (IBD or non-IBD partition):

$$f(k|d,j,t,\pi,\alpha,\beta,\alpha_0,\beta_0) \propto f(d,j,t,\pi,\alpha,\beta,\alpha_0,\beta_0|k)f(k) = f(d|t,j,k)f(t|\alpha,\beta)f(k)$$
(13)
= $Exp\left(d;\frac{t}{50}\right)\Gamma(t;\alpha,\beta)\pi_k$

199 *j*, the partition of non-IBD variants:

$$f(j|d, k, t, \pi, \alpha, \beta, \alpha_0, \beta_0) \propto f(d, k, t, \pi, \alpha, \beta, \alpha_0, \beta_0|j) f(j) \propto f(d|t, j, k) f\left(t|\alpha_j, \beta_j\right)$$
(14)
= $Exp\left(d; \frac{t_j}{50}\right) \Gamma(t_j; \alpha_j, \beta_j)$

200

201 Results

202

203 Application to simulated genetic data

204 To evaluate our approach, we applied it to simulated genetic data including non-IBD (recurrent) 205 mutations. Using the forward genetic simulation engine SLiM (Haller and Messer 2017), we generated genomic segments of length 10Mb with uniform mutation and recombination rates ($\mu = 2.5 \times 10^{-8}$ 206 mutations per site per generation, $r = 1 \times 10^{-8}$ events per site per generation), and no selection, following a 207 208 European demographic model (Bhaskar et al. 2015). For each simulation, we measured the pairwise obligate recombination distances of recurrent and IBD variants with allele count ≤ 10 in the 2Mb at the 209 210 center of each genomic segment. The number of recurrent mutations in these simulations is plotted in 211 **Supplementary Figure 4**.

We applied our Bayesian hierarchical model to the obligate recombination distances from these simulations, and calculated the posterior probability of a variant being non-IBD as the fraction of posterior samples with k>1 (**Supplementary Figure 5**). We then evaluated the ability of this posterior estimate to distinguish the IBD and recurrent variants from their obligate recombination distances. The receiver operating characteristic (ROC) curves in **Figure 2** show the relationship between true and false positive rates for allele counts 2-10. The precision and recall of our approach depends on the fraction of variants that are non-IBD (**Figure 2**), with higher recurrent fractions having superior performance.

219 We next performed a battery of sensitivity studies, simulating population genomics features 220 known to influence patterns of genetic variation that may impact the robustness of our estimates. First, we 221 performed simulations of genomic segments including genes and deleterious mutations, and applied our 222 approach to these simulations to test the effect of selection on our approach to identify non-IBD variants 223 (Methods). We found that including background selection had little impact on the power of our approach to identify recurrent mutations (Supplementary Figure 6; Supplementary Table 1). We suspect that 224 225 this may be due to the fact that the rare variants we are interested in are largely quite new (Supplementary Figure 7); thus, the difference in recombination distance between IBD and recurrent 226 227 variants in these simulations is not strongly altered by the presence of weak negative selection. 228 Next, we evaluated the performance of our approach for simulated variants flanked by 10,000

base pair recombination hotspots, with hotspot recombination rates of 5×10^{-6} , 1×10^{-6} , or 5×10^{-7} events per

- base pair per generation (Methods). For variants close to a hotspot, we expected a smaller difference
- between recurrent and IBD allele pairs' recombination distances, due to a weaker relationship between
- recombination distance and TMRCA. When we applied our Bayesian hierarchical model to the
- simulations with hotspots, we found that our power to distinguish IBD and recurrent variants decreased
- with increased hotspot strength (Supplementary Figure 8; Supplementary Table 1).
- 235

236 Comparison to other approaches to identify non-IBD variants

- 237 To provide alternative approaches for comparison and benchmarking purposes, we developed a
- composite-likelihood approach to identify non-IBD allele pairs, based on coalescent theory of the
- 239 TMRCA for IBD or recurrent allele pairs in an exponentially growing population (Supplementary
- 240 Methods). While the likelihood-based approach had some power to classify events, this approach
- 241 performed less well than the Bayesian hierarchical model (Supplementary Figure 9, Supplementary
- **Table 2**). For allele counts <7, the likelihood-based approach had substantially worse power at the lowest
- false positive rates, the relevant range for identifying non-IBD variants.
- 244 While no genome-wide scalable approach to identify specific non-IBD variants exists to our 245 knowledge, there are recently developed methods that estimate the age of a variant in large scale genome-246 wide sequencing data (Platt et al. 2019; Albers and McVean 2020). Non-IBD mutations could potentially 247 be identified as outliers in the age estimates of each allele frequency class by these approaches. We 248 estimated simulated variants' ages using the estimator *runtc* (Platt et al. 2019) (Methods). We used these 249 age estimates to distinguish simulated IBD and recurrent variants, and plot the performance of this 250 approach in **Supplementary Figure 10**. We find that the age estimates have limited power to distinguish 251 non-IBD variants, and that *runtc*'s performance at this task – a task we note that it was not explicitly 252 designed for – performs poorly compared to our Bayesian hierarchical approach (Supplementary Table 253 2).
- 254

255 Application of Bayesian hierarchical model to UK10K sequencing data

256 We applied our method to identify non-IBD variants in whole-genome sequencing data in 3,621

individuals from the UK10K project (Walter et al. 2015). Individuals from the ALSPAC and TWINSUK

- studies used here were sequenced to average depth \sim 7x and passed the UK10K project quality control
- 259 filters. We measured the obligate recombination distance for biallelic and multiallelic single nucleotide
- variants that passed the UK10K quality filters. Based on the decreased performance of our method with
- increased allele count, we restricted our analysis to variants of allele count less than or equal to 5.
- We applied our approach to a mixture of 80% biallelic and 20% multiallelic sites, in order to use multiallelic sites as a positive control for non-IBD mutations. We compared the empirical cumulative

distribution of posterior probabilities for multiallelic and biallelic sites, and as expected we observed that

265 multiallelic sites had higher posterior probabilities of being non-IBD (Supplementary Figure 11). We

used these distributions to determine the threshold of posterior probabilities we called "likely non-IBD"

- for all biallelic variants at allele counts 2-5, which we then used in downstream analyses.
- 268

269 Non-IBD variants correlate with local sequence context

270 To assess the accuracy of our recurrent mutation calls, we took advantage of the relationship between 271 local sequence context and mutation rate (Aggarwala and Voight 2016). Under a Poisson model of 272 mutation, sequence contexts with a higher mutation rate should have a higher probability of recurrent 273 mutation relative to other contexts (i.e., "double hits"). If non-IBD variant calls reflect recurrent 274 mutations, we would expect to see a correlation between the fraction of non-IBD variants and the 275 mutability of sequence contexts. Conversely, if our approach randomly selects a subset of sites rather than 276 true recurrent mutations, we would not expect to see a relationship between sequence context and fraction 277 of sites called recurrent. Using sequence-context estimated polymorphism probabilities calculated from 278 the UK10K dataset, we calculated an expected fraction of recurrent variants for each 5 base-pair (5-mer)

- 279 sequence context and allele count (Methods).
- Across all 5-mer sequence contexts, we observed a significant correlation between expected and observed fractions (e.g. Pearson's correlation = 0.81, P < 10^{-100} for allele count 2; **Figure 3**;
- 282 Supplementary Table 3). The observed fraction of non-IBD called sites was higher than expected for
- 283 non-CpG->T contexts, and lower than expected for CpG->T contexts (Figure 3; Supplementary Table

4). Within CpG->T contexts, we also observed a significant correlation between expected and observed

- fractions, though for all contexts the observed fraction of non-IBD calls was less than expected
- 286 (Supplementary Figure 12; Supplementary Table 4). Within non-CpG->T contexts, the correlation

between expected and observed was significant for all allele counts except for variants of allele count 5,

which have the smallest sample size (Supplementary Figure 13; Supplementary Table 4). These

results suggest that at sequence contexts with relatively lower polymorphism probabilities, there was a

higher rate of non-IBD calls. Non-CpG->T contexts represent 82% of the polymorphic sites tested, but

291 68% of sites called non-IBD.

292

293 Additional genomic annotations correlated with non-IBD variants

Next, to understand which genomic features in addition to local mutation rate are associated with non-

IBD variants, we performed a linear regression with the posterior probability of each variant being non-

IBD as the response variable (6,763,324 sites; with 665,340 called non-IBD). In separate regressions for

each allele count, we included 7-mer polymorphism probabilities, background selection, GC content,

298 replication timing, local recombination rate, distance to a recombination hotspot, germline CpG 299 methylation levels, the variant calling quality measure VQSLOD, and read depth as predictor variables. 300 We transformed the values of each annotation to z-scores, and report the odds ratios and 95% confidence interval for each annotation in Figure 4 (Supplementary Table 5). All annotations were significantly 301 302 associated with the outcome ($P < 1 \times 10^{-10}$). In addition, we performed a logistic regression with IBD/non-IBD calls for each variant as the response variable (Supplementary Figure 14; Supplementary Table 303 304 5). We also performed regressions with CpG->T sites only (Supplementary Figure 15, Supplementary 305 **Table 5**). Below, we highlight the annotations included as predictors, our prior hypotheses about their

- relationships with recurrent mutations, and the results of the regression models.
- 307

Polymorphism probability: As shown in our analysis of expected vs. observed recurrent fraction for 5-

- 309 mer sequence contexts above, polymorphism probability was strongly positively correlated with non-IBD
- 310 status. As previous work has shown that a 7-mer model explains additional variation in genetic variation
- over a 5-mer model (Aggarwala and Voight 2016), we find that a 7-mer polymorphism probability
- 312 calculated in UK10K in the logistic regression model was associated with our non-IBD calls.
- 313 *GC content*: GC content varies across the human genome, and is correlated with gene content, repetitive
- elements, DNA methylation, recombination rates, and substitution probabilities (Arndt et al. 2005). In our
- regression model, increased local GC content (measured at a 1kb scale) was associated with increased
- 316 probability of a variant being called non-IBD.
- 317 *Replication timing*: Later replication timing has been linked to higher rates of de novo mutations in the
- human genome, specifically in the offspring of relatively younger fathers (Francioli et al. 2015). Our
- regression model with replication timing estimates (Koren et al. 2012) was consistent with these results,
- 320 with variants in late replicating regions significantly more likely to be called as recurrent (positive
- 321 replication timing values mean earlier replication).

322 Background selection: We included B-values (McVicker et al. 2009), a measure of background selection, 323 or purifying selection due to linkage with deleterious alleles. Lower B-values indicate a lower fraction of 324 neutral variation in a region, i.e., stronger background selection. We expected that increased background selection would be associated with increased recurrent mutation, as linkage to deleterious alleles would 325 326 result in variants being removed from the population and thus present at lower frequencies. Recurrent 327 mutations would then be more likely to be present as they effectively shift the site frequency spectrum 328 towards more rare alleles. Our results are consistent with this expectation, with an odds ratio less than one 329 for B-values.

330 *Local recombination rate and distance to recombination hotspots*: The results of our simulations

331 suggested that we have lower power to identify recurrent variants located near a recombination hotspot

(Supplementary Figures 8, 9). Indeed, we observed that both an increased local recombination rate and a
 shorter distance to a recombination hotspot were correlated with a lower probability of a site being called
 as recurrent.

335 Methylation levels at CpG sites: Spontaneous deamination of 5-methylcytosine at CpG sites results in a 336 substantial increase in C-to-T transition mutations. We included CpG methylation levels measured in testes and ovaries in our model, expecting that CpG sites with higher methylation levels are more likely to 337 338 spontaneously deaminate, increasing mutation rates generally and thus increase recurrent mutation 339 probabilities. Methylation levels in testes and ovaries were correlated (Pearson's correlation coefficient = 340 0.27, P<2x10⁻¹⁶), but we noted that increased methylation in both tissue types independently predicted an increased posterior probability of a variant being non-IBD. 341 342 **VOSLOD** and read depth: We observed a significant relationship between sequencing quality, measured

both by read depth and variant quality score, and the probability of a site being non-IBD. Under a simple model for genotyping error, where errors are distributed randomly (without respect to haplotype), this result suggests that our approach also identifies some number of genotyping errors in regions of low read depth or sequencing quality.

347

348 Non-IBD calls and gene conversion events

349 As non-crossover gene conversions are thought to be more frequent than de novo mutations in the human 350 genome (Halldorsson et al. 2016), we expect that a subset of our non-IBD variant calls reflect gene 351 conversion events. After a non-crossover gene conversion event encompassing a rare variant, the copied 352 allele resides on the existing haplotype background of the acceptor chromosome, which may reduce the 353 surrounding shared IBD segment. We devised a heuristic to identify likely gene conversions, based on the 354 intuition that two non-IBD variants in close physical proximity in the same individuals are more likely to 355 reflect variants copied along a gene conversion tract, rather than two independent recurrent point 356 mutations. If a gene conversion tract contains only a single rare variant, this signature would be 357 indistinguishable from a recurrent point mutation with our approach. Furthermore, if a gene conversion 358 contained no rare variants, it would not be identified in our analysis as a potential recurrent mutation or 359 gene conversion.

Limiting our results to tracts less than 1kb with 2 or more non-IBD variants present in the same individuals, we identified 42,203 variants within 18,971 putative gene conversion tracts, representing 6.3% of non-IBD variants (**Supplementary Figure 16**). We performed logistic regression with all non-IBD variants labeled as potential gene conversions or not as the outcome, and the genomic annotations listed above as predictor variables (**Figure 5, Supplementary Table 6**). We additionally included the posterior probability of a variant being non-IBD as a predictor variable. Compared to non-IBD variants

- 366 not in putative gene conversion tracts, these variants were associated with lower polymorphism
- 367 probability, higher variant quality score, increased posterior probability of being non-IBD, smaller
- distance to a recombination hotspot, and lower recombination rate. We also observed a GC bias in
- 369 putative gene conversion variants, as measured by the fraction of variants containing an A->C/T->G or A-
- >G/T->C mutation (37% in putative gene conversions vs. 27% in all other non-IBD variants; P < 10⁻¹⁰⁰;
- 371 Fisher's exact test).
- 372

373 Rescaling the site frequency spectrum with recurrent mutations

- With our set of high-confidence non-IBD variants, we rescaled the site frequency spectrum for very rare
- variants. Taking into account the power of our approach on simulated data, we plot the original and
- rescaled SFS for variants with allele count <5 in Figure 6A (Methods). Rescaling the site frequency
- spectrum resulted in a 3% increase in the fraction of singleton variants, from 46.6% to 49.6%. As
- expected, the majority of this shift is due to the relatively large fraction of CpG->T variants that were
- called as non-IBD (**Figure 6B**). For CpG->T variants alone, the fraction of singleton variants increased
- from 43.6% to 49.9%. We note that this rescaling is incomplete, as we identified non-IBD variants at only
- allele counts 2 to 5 (representing 38% of non-singleton variants in UK10K).
- 382

383 Discussion

We describe a novel approach designed to specifically identify non-IBD variants in whole genome sequencing data by leveraging the difference in the obligate recombination distance between rare IBD and non-IBD variants. Our approach uses a Bayesian hierarchical model and Gibbs sampling to jointly infer the TMRCA distributions of these two scenarios and identify variants with a high posterior probability of being non-IBD. In simulated data, we find that the posterior probabilities of a variant being non-IBD can discriminate between IBD and recurrent mutations for variants up to allele count 5 in a population sample of 3,621 individuals.

Our approach assumes that we do not have phase information for individuals, i.e. we do not assign each variant in an individual to a maternally or paternally inherited chromosome. If we had accurate phase information for rare variants, such as from long-read sequencing data, or 'hard-phase' calls from paired-end sequencing libraries, we could more accurately measure recombination breakpoints. This could potentially improve the accuracy of our method by eliminating the measurement error caused by using the obligate recombination distance.

We focused on identifying non-IBD variants for allele counts of 5 or less, as the performance of our method decreases with increasing allele count. Additionally, the computational burden of sampling from the marginal posterior distributions increases exponentially with increasing allele count. With a

larger sample size, the frequency of a variant at a given allele count will decrease, while the
computational complexity remains the same. Thus, we expect that applying our method to even larger
sequencing datasets will improve its performance.

The negative correlation we observed between local recombination rate and the probability of a 403 404 site being called non-IBD suggests that our method is confounded by local recombination rate. In 405 simulated data, we also observed that we had lower power to identify recurrent mutations in close 406 proximity to recombination hotspots. We also note that we found a significant relationship between 407 sequencing quality, measured by read depth and variant quality score, and the probability of a site being 408 called non-IBD. The signature of a non-IBD variant used here could also be that of a genotyping error, as 409 genotyping errors also may occur on any random haplotype background in a population. This could be a potential application of our method, as a way to identify genotyping errors in large scale sequencing 410 411 datasets. Our current recommendation to overcome this issue is to remove variants of low quality until this relationship is not significant. However, distinguishing genotyping errors from true non-IBD variants 412 413 remains an important problem.

414

415 Materials and Methods

416

417 Forward genetic simulations with SLiM

418 We used the software program SLiM version 2.5 (Haller and Messer 2017) for forward genetic 419 simulations. We used the following European demographic model (Bhaskar et al. 2015): an ancestral 420 population size of 10,000 with a burn-in period of 100,000 generations; a population bottleneck to 200 421 individuals at generation 200; population size rebounds to 10,000; a second bottleneck to 500 individuals at generation 4,280; population size rebounds to 5,800; exponential growth starting at generation 4,870 at 422 3.89% per generation; random sampling of 3,621 individuals at generation 5,000. SLiM simulations had a 423 uniform mutation rate of 2.5×10^{-8} mutations per base pair per generation. We identified recurrent 424 mutations as base positions with two or more unique mutations. We performed 1,000 simulations with 425 uniform recombination rate of 1×10^{-8} events per base pair per generation, and additional 100 simulations 426 each with recombination hotspots of $r = 5x10^{-6}$. $1x10^{-6}$, or $5x10^{-7}$. Each 10Mb simulated genomic segment 427 428 had two hospots of of length 10,000 bp flanking the central 2Mb of the segment.

For forward genetic simulations with selection, we generated 10Mb genomic segments using a recipe from the SLiM manual (Haller and Messer 2017) with the following procedure: 1) sample noncoding region; 2) sample exon; 3) sample intron and exon pairs in a loop with 20% probability of stopping after each pair; 4) repeat steps 1-3 while chromosome length < 10Mb; 5) sample final noncoding region. Exonic mutations were synonymous or non-synononymous at a ratio of 1:2.31, and 10% of

434 non-synonymous mutations were neutral. Deleterious non-synonymous mutations' selection coefficients

- 435 were sampled from a gamma distribution with mean -0.03 and shape 0.207. Exon lengths were sampled
- 436 from a lognormal distribution with mean log(50) and standard deviation log(2). Non-coding regions were
- 437 neutral and their lengths were sampled from a uniform distribution between 100 and 5000. Intronic
- 438 mutations were neutral and intron lengths were sampled from a lognormal distribution with mean
- 439 $\log(100)$ and standard deviation $\log(1.5)$.
- 440

441 UK10K dataset

- 442 We applied our method to identify recurrent mutations in whole-genome sequencing data in 3,621
- individuals from the UK10K project (Walter et al. 2015). These individuals were sequenced to average
- 444 depth 7x, passed the UK10K project quality control filters, and come from the ALSPAC and TWINSUK
- studies. We measured the recombination distance for biallelic and multiallelic single nucleotide variants
- that passed the UK10K quality filters that were present at allele count ≤ 10 in these individuals.
- 447

448 Measuring the obligate recombination distance

- 449 For simulated data, we generated diploid genotypes by randomly combining pairs of haploid genomes,
- and calculated the recombination distances for variants within the central 2Mb of each 10Mb genomic
- 451 segment. In both simulated and UK10K data, we measured the obligate recombination distances for
- 452 variants with allele count \leq 10. For each pair of carriers, we identified the nearest variant upstream and
- 453 downstream with opposite homozygote genotype, i.e. where one individual has genotype 0 and the other
- has genotype 2 (Supplementary Figure 3). We then converted the physical distance to a genetic distance
- using a genetic map. For UK10K, we used a 1000 Genomes Project CEU genetic map (The 1000
- 456 Genomes Project Consortium 2012), and for simulated data we used a uniform map with $r = 1 \times 10^{-8}$ events
- 457 per site per generation, or a variable map for simulations including recombination hotspots.
- 458

459 Applying the Bayesian hierarchical model

To apply our model to simulated or UK10K recombination distances, we first generated an estimate of the beta parameter for non-IBD variants from multiallelic sites. Using Gibbs sampling on non-IBD allele pairs from multiallelic variants, we used a simplified version of the hierarchical model where we sampled the TMRCA for each allele pair and the beta parameter in each Gibbs iteration. We repeated this procedure to estimate beta for a range of alpha values from multiallelic sites' recombination distances. To test if the choice of alpha affected our ability to discriminate IBD and non-IBD variants, we applied the model with different non-IBD alpha/beta values to UK10K variants on chromosome 22. The posterior

467 estimates of k were highly correlated across values of alpha (alpha=20 vs. alpha=40, Supplementary

Table 7). When applying the full model to data, we used alpha = 10 for IBD allele pairs, with alpha = 40

and the corresponding value of beta inferred from multi-allelic sites (beta = 0.0859) for non-IBD allele

470 pairs. We ran 10,000 iterations of the Gibbs sampler for each run of the model, thinned the chains until

471 autocorrelation was below 0.01, and assessed convergence of the chains by comparing the thinned

- 472 samples from the first and second half of the chain via a Wilcoxon rank-sum test. A chain was determined
- to have converged if the Wilcoxon test P-value was > 0.05.

474 We parallelized the application of our model by breaking down the genome into 10Mb segments,

rather than including all variants of a given allele count in a single run of the Gibbs sampler. To test the

effect of the number of variants included in a Gibbs sampling run, we applied the model to 10Mb

segments on chromosome 22 and to all variants on chromosome 22 together. For smaller allele counts

478 with thousands of variants in each segment, we observed no effect, but for larger allele counts we did see

an effect of applying the model to small numbers of variants. Thus, for allele counts >5, we grouped

segments together until at least 1000 variants were included in each run of the model.

481

482 Variant age estimation with runtc

The *runtc* software was downloaded from https://github.com/jaredgk/runtc (Platt et al. 2019). The output from 100 simulations from SLiM with uniform recombination and mutation rates was converted to VCF format, and then runtc was applied to the vcf files with the commands --k-range 2 10 --rec 1e-8 --mut 2.5e-8.

487

488 Area under the ROC curve (AUC)

489 For all ROC curves from simulated data, we calculated the area under the curve as:

$$AUC = \frac{\sum_{1}^{r} \sum_{1}^{i} \mathbf{1}_{q_{i} > q_{r}}}{r * i}$$

490 where r and i represent recurrent and IBD variants, and q_r and q_i the values of the statistic being

491 evaluated. For each AUC, we calculated a confidence interval by generating 10,000 bootstrap samples of

492 5,000 variants (with the same ratio of IBD:recurrent variants as the simulated sample). We then sorted the

493 10,000 AUC estimates and took the 2.5th and 97.5th percentiles to get a 95% confidence interval.

494

495 Calculating an expected fraction of recurrent mutations from polymorphism probabilities

496 As a proxy for the mutation rate, we estimated the polymorphism probability for 5-mer sequence contexts

497 (i.e., the focal base and two bases up and downstream) as the fraction of sites with that context that were

498 variable in the UK10K dataset. These polymorphism probabilities were highly correlated with those

499 calculated previously with the 1000 Genomes dataset (Aggarwala and Voight 2016) (Pearson's

500 correlation = 0.99, $P < 10^{-100}$), with a higher fraction of polymorphic sites in the UK10K for each context

- 501 due to the larger sample size (**Supplementary Figure 5**).
- 502 To predict the fraction of sites that should be called recurrent based on sequence context
- 503 polymorphism probabilities, we used a simple Poisson model of mutation. With the polymorphism
- probability for a context as the Poisson rate parameter λ and the number of mutations at a site *H*, the
- probability of a recurrent mutation is the probability of two or more mutations at a site:

$$P(recurrent) = P(H \ge 2) = 1 - e^{-\lambda} - \lambda e^{-\lambda}$$
(21)

507 As we are only considering sites where there has been at least one mutation event, i.e. polymorphic sites,

the probability of a recurrent mutation at a site is then:

$$P(H \ge 2|H \ge 1) = \frac{P(H \ge 2)}{P(H \ge 1)}$$
(22)

509

506

510 We calculated this probability for each 5-mer sequence context. We then calculated the expected fraction 511 by scaling the overall fraction of sites called non-IBD by each context's probability of a recurrent

- 512 mutation, relative to all the other contexts.
- 513 We used 5-mer sequence contexts for this analysis so that we would have a reasonable number of 514 variants classified as IBD or not for each sequence context. If we had used 7-mer sequence contexts,
- some contexts would have too few variants to calculate the proportion called non-IBD. For the regression
- 516 models to predict non-IBD variants using multiple genomic annotations, we used 7-mer sequence
- 517 contexts, as there is significant mutation rate variation even within 5-mer contexts (Aggarwala and Voight
- **518** 2016).

519

520 Identifying putative gene conversions

521 Within the set of variants called as non-IBD, we called putative gene conversion tracts that contained 2 or

522 more variants that were: 1) present in the same individuals, 2) at the same allele count, 3) within 1kb of

- 523 each other.
- 524

525 Genomic annotation datasets

- 526 We used the B statistic (McVicker et al. 2009) (downloaded from
- 527 http://www.phrap.org/othersoftware.html) to measure background selection, which estimates the
- 528 proportion of neutral variation in a region. VQSLOD and read depth were extracted from the UK10K
- 529 VCF files. We used a recombination rate map estimated for Europeans from the 1000 Genomes Project,
- 530 downloaded from
- 531 http://ftp.1000genomes.ebi.ac.uk/vol1/ftp/technical/working/20130507_omni_recombination_rates (The

532 1000 Genomes Project Consortium 2012). We used human recombination hotspots identified in the

- 533 HapMap project (The International Hapmap Consortium 2007), and downloaded from
- 534 https://github.com/auton1/Campbell_et_al. Replication timing data was obtained from (Koren et al.
- 535 2012). CpG methylation levels were downloaded from https://www.ncbi.nlm.nih.gov/geo/ using
- accession numbers GSM1010980 (ovary), and GSM1127119 (testis).
- 537

538 Rescaling the SFS with non-IBD mutations

- 539 Starting with the SFS calculated from all UK10K biallelic sites included in our study, for allele counts 2-5
- 540 for CpG->T and all other mutation types we calculated the fraction called as non-IBD. We then divided

this fraction by the power of our method, estimated by the percent of multiallelic sites identified as non-

IBD at the chosen posterior threshold. From this fraction of non-IBD sites for the two mutation types, we

- apportioned the non-IBD mutations into lower allele counts based on the relative frequency of allele
- counts 1-5. For example, to determine what fraction of non-IBD 4-ton variants would be assigned
- 545 partition 1:3 vs. 2:2, we used the relative frequencies:

$$f_{1:3} = \frac{f_1 f_3}{f_1 f_3 + f_2 f_2}; \ f_{2:2} = \frac{f_2 f_2}{f_1 f_3 + f_2 f_2}$$

546

547 Where $f_{1:3}$ is the relative frequency of the 1:3 partition, and f_1 is the frequency of singletons in the 548 original SFS. In the rescaled SFS, the number of singletons increased by the number of variants of allele 549 count 2-5 that were identified with partition 1:(n-1); the number of doubletons decreased by the number 550 of doubletons that were identified as recurrent, and increased by the number of variants of allele count 3-5 551 that had partition 2:(n-2); and so on through allele count 4. Allele count 5 was excluded from the rescaled 552 SFS plots because we did not identify recurrent variants at allele counts greater than 5.

- 553
- 554

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- 561

562 Statement of Work

- 563 K.E.J. and B.F.V. conceived of the experiments, designed the methodology, analyzed the data, and wrote
- the manuscript. B.F.V. supervised the work.
- 565

566 Statement of Competing Interest

- 567 The authors declare no competing interest.
- 568

569 Data availability

- 570 The Gibbs sampler for the Bayesian hierarchical model is available as an R package at
- 571 github.com/kelsj/ibdibsR. The hierarchical model input data (pairwise obligate recombination distances)
- and output (posterior probabilities) from simulations and UK10K are available at
- 573 http://coruscant.itmat.upenn.edu/data/Johnson_Voight_Sims_UK10K_PP_nonIBD.tar.gz.

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652

Figure 1. The generative model underlying our Bayesian hierarchical model to distinguish IBD and non-IBD variants. Each variant *i* has *n* allele pairs; *k*: variant assignment to IBD (k=1) or non-IBD (k>1); j_n : allele pair assignments (IBD: $j_n = 1$, non-IBD: $j_n = 2$); *q*: all possible permutations of j_n assignments for a given non-IBD variant partition; t_j : within a variant, IBD allele pairs or non-IBD allele pairs' TMRCAs; *d*: allele pairwise recombination distances to the right (d_R) and left (d_L).



659

Figure 2. (A) Precision-recall plots and **(B)** ROC plots for the Bayesian hierarchical model applied to

distinguish recurrent and IBD variants in simulated data. In A, each panel represents the application to

662 variants of a given allele count (AC). In **B**, the dashed line represents the identity line.



Figure 3. The expected and observed fraction of sites called non-IBD for UK10K variants. Each dot
 represents a 5-mer sequence context. The expected fraction was calculated from each sequence context's
 polymorphism probability. The solid black line is a linear regression line for all sequence contexts, and

the dotted line is the identity line.





Figure 4. Linear regression of genomic annotations (predictor variables) vs. posterior probability of being 669 non-IBD (outcome) for all variant sites, grouped by allele count. Dot colors represent allele count, and a 670 separate regression was run for variants of each allele count. Each dot's position denotes its beta 671 672 coefficient estimate, with error bars representing beta ± 1.96 *standard error. The vertical dashed line represents a beta estimate of zero. Hotspot distance: physical distance to nearest recombination hotspot z-673 score; Recombination rate: local recombination rate z-score; B score: McVicker's B statistic z-score; 674 Replication timing: replication timing z-score; GC content: local GC content z-score; Methylation 675 676 (ovary): ovary CpG methylation z-score; Methylation (testes): testes CpG methylation z-score; Read 677 depth: read depth z-score; VQSLOD: variant quality z-score. 678





Figure 5. Results of a logistic regression using genomic annotations to distinguish putative gene 680 681 conversions from other non-IBD variants. Separate regressions were performed for variants of each allele 682 count. The annotation of variants' probability of being non-IBD for allele count 5 was left off to improve 683 the visualization (Estimate: -7.0; 95% CI: -16.4 - 2.4). Dot colors represent allele count. Each dot's 684 position denotes its beta coefficient estimate, with error bars representing the 95% confidence interval (beta ± 1.96 *standard error). The vertical dashed line represents a beta estimate of zero. Hotspot distance: 685 physical distance to nearest recombination hotspot z-score; Recombination rate: local recombination rate 686 z-score; B score: McVicker's B statistic z-score; Replication timing: replication timing z-score; GC 687 content: local GC content z-score; Methylation (ovary): ovary CpG methylation z-score; Methylation 688 (testes): testes CpG methylation z-score; Read depth: read depth z-score; VQSLOD: variant quality z-689 690 score; Probability non-IBD: posterior probability of variant being non-IBD.



692

Figure 6. The site frequency spectrum for variants of allele count <5, before and after rescaling to

- 694 incorporate non-IBD variants. (A) The original and rescaled SFS for all variants. (B) The original and
- 695 rescaled SFS for CpG->T variants only.