

# Cellular and Molecular Biology

# The association between paraoxonase 1 gene polymorphisms and polycystic ovarian syndrome

H. F. Gu, M. Mou, Z. G. Liang, C. Sun, X. Y. Ren, Y. B. Xiao\*

Gynaecology of Affiliate Hospital Maternal and Child Health Care of Zunyi Medical University, Zunyi, Guizhou, China

Abstract: Some studies investigated the association of paraoxonase 1 (PON1) polymorphisms with polycystic ovarian syndrome (PCOS) risk. However, the result was still inconsistent. The aim of this study was to investigate whether there is an association between the PON1 polymorphisms and PCOS risk. Electronic databases, such as PubMed, EMBASE, and China National Knowledge Infrastructure (CNKI) databases, were searched for identification of the studies. The associations between PON1 polymorphisms and PCOS risk was quantified using ORs with 95% CIs. A total of 8 eligible studies with 2272 cases and 1811 controls were included in this meta-analysis. PON1 Leu55Met polymorphism was associated with a significantly increased risk of PCOS (OR=1.31; 95%CI, 1.10-1.55). However, no association was found in Asians and Caucasians (Table 2). We also found that PON1 Q192R polymorphism was associated with a significantly increased risk of PCOS risk in Asians (OR=1.26; 95%CI, 1.13-1.41). Furthermore, PON1 C108T polymorphism showed increased PCOS risk (OR=1.46; 95%CI, 1.08-1.97). No association between this polymorphism and PCOS risk was found in Asians and Caucasians. In conclusion, this meta-analysis suggested that PON1 polymorphisms were associated with PCOS risk.

Key words: Polycystic ovarian syndrome, paraoxonase 1, risk.

# Introduction

Polycystic ovarian syndrome (PCOS) is one of the most common endocrine disorders affecting 5–10% of women of reproductive age (1). PCOS is defined when PCOS patients belong to two of the three criteria: oligo- or anovulation, hyperandrogenism, and polycystic ovaries (2). The pathogenesis and mechanism of PCOS remain unclear. Genetic factors are supposed to play an important role in the development of PCOS.

Paraoxonase 1 (PON1) has been most intensely studied in relation to the risk of cardiovascular disease, stroke, oxidative stress and inflammation. It was first studied for its organophosphatase activity which explained its ability to detoxify organophosphate through hydrolysis and thus provide neuroprotection against the effects of environmental neurotoxins and age-related neurodegeneration (3). Human serum PON1 levels and activity display an up to 40-fold interindividual variability and are genetically associated with a single nucleotide polymorphism (SNP) in the PON1 gene. Some studies investigated the association of PON1 polymorphisms with PCOS risk (4-11). However, the result was still inconsistent. The aim of this study was to investigate whether there is an association between the PON1 polymorphisms and PCOS risk.

# **Materials and Methods**

# **Search strategies**

Electronic databases, such as PubMed, EMBASE, and China National Knowledge Infrastructure (CNKI) databases, were searched for identification of the studies. The last search was up to July 10, 2016. Search terms included "Polycystic ovarian syndrome or PCOS" and "Paraoxonase 1 or PON1". All searched studies were retrieved and the bibliographies were checked for other relevant publications.

#### **Inclusion criteria**

The following criteria were used to select the eligible studies: (a) evaluation of the association between PON1 polymorphisms and PCOS risk; (b) an unrelated case– control study in which family members were excluded; (c) sufficient published data for estimating an odds ratio (OR) with 95% confidence interval (CI). When authors reported two or more publications on the same patient population, only the largest study was selected. Additionally, when a study reported the results on different subpopulations, we treated them as a separate study.

#### **Data extraction**

Data were extracted by two authors independently. The following information was extracted from each study: first author, year of publication, ethnicity, age, body mass index, sample size, and Hardy-Weinberg equilibrium (HWE) results.

#### Statistical analysis

The associations between PON1 polymorphisms and PCOS risk was quantified using ORs with 95% CIs. The pooled ORs and 95% CIs were estimated by allelic models. A statistical test for heterogeneity was performed based on the Q statistic. The P>0.10 of the Q-test indicated a lack of heterogeneity among studies. The summary OR estimate of each study was calculated by

Received July 31, 2016; Accepted December 25, 2016; Published December 30, 2016

\* **Corresponding author:** Yanbin XIAO, Gynaecology of Affiliate Hospital Maternal and Child Health Care of Zunyi Medical University, No. 287 Zhonghua Bei, Zunyi 563000, Guizhou, China. Email: xiaoybgz@163.com

Copyright: © 2016 by the C.M.B. Association. All rights reserved.

Table 1. Characteristics of the included studies.

First author	Year	Ethnicity	Age (y)	BMI (kg/m <sup>2</sup> )	Case (n)	Control (n)	Polymorphism	HWE
Lenarcik	2010	Caucasian	25	27	130	70	Leu55Met	Yes
Wang	2012	Asian	24	22	610	503	Leu55Met, Q192R	Yes
Paltoglou	2013	Caucasian	25	27	142	112	Leu55Met, Q192R, C108T	Yes
Ferk	2014	Caucasian	24	22	118	108	C108T	Yes
Woo	2014	Asian	25	21	196	166	C108T	Yes
Dadachanji	2015	Asian	24	NA	482	326	Leu55Met, Q192R	Yes
Zhang	2015	Asian	25	23	455	441	Leu55Met, Q192R, C108T	Yes
Millán	2016	Caucasian	25	NA	139	85	C108T	Yes

BMI, body mass index; HWE, Hardy-Weinberg equilibrium; NA, not available.

the random-effects model (the DerSimonian and Laird method). Stratified analysis was performed by race. All statistical tests were performed with the Revman 5.1 software (Nordic Cochrane Center, Copenhagen, Denmark). A P value <0.05 was considered statistically significant.

#### Results

#### **Study characteristics**

In this current study, a total of 8 eligible studies met the inclusion criteria. Finally, a total of 2272 cases and 1811 controls were included in this meta-analysis. There were 4 studies performed using Asians and 4 studies using Caucasians. Three polymorphisms, such as Leu55Met, Q192R, and C108T, were investigated in this meta-analysis. Characteristics of studies are presented in Table 1.

#### **Meta-analyses results**

The results of meta-analysis are presented in Table 2. PON1 Leu55Met polymorphism was associated with a significantly increased risk of PCOS (OR=1.31; 95%CI, 1.10-1.55; Figure 1). However, no association

Table 2	. Results	of meta-	analysis.
---------	-----------	----------	-----------

Polymorphism	OR (95% CI)	P Value	<i>I</i> <sup>2</sup> (%)
Leu55Met	1.31 (1.10-1.55)	0.002	33
Asian	1.21 (0.97-1.49)	0.09	0
Caucasian	1.46 (0.91-2.34)	0.12	66
Q192R	1.81 (1.17-2.82)	0.008	93
Asian	1.26 (1.13-1.41)	< 0.0001	0
C108T	1.46 (1.08-1.97)	0.01	71
Asian	1.34 (0.83-2.16)	0.23	65
Caucasian	1.58 (0.97-2.57)	0.06	77

was found in Asians and Caucasians (Table 2). We also found that PON1 Q192R polymorphism was associated with a significantly increased risk of PCOS (OR=1.81; 95%CI, 1.17-2.82; Figure 2). Additionally, this polymorphism increased PCOS risk in Asians (OR=1.26; 95%CI, 1.13-1.41). Furthermore, PON1 C108T polymorphism showed increased PCOS risk (OR=1.46; 95%CI, 1.08-1.97; Figure 3). No association between this polymorphism and PCOS risk was found in Asians and Caucasians (Table 2).

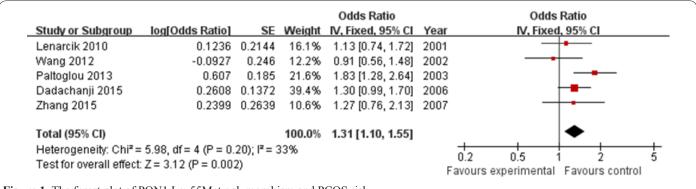
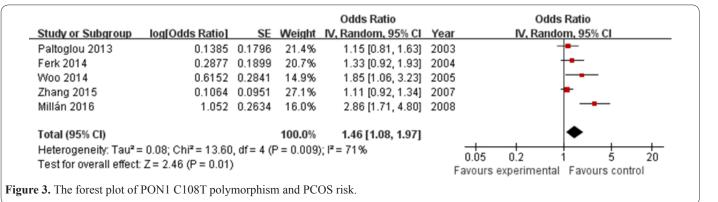


Figure 1. The forest plot of PON1 Leu55Met polymorphism and PCOS risk.

Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% Cl	Year	IV, Random, 95% Cl
Wang 2012		0.0889	26.7%	1.26 [1.06, 1.50]		
Paltoglou 2013	2.0138	0.2586	20.4%	7.49 [4.51, 12.44]	2003	
Dadachanji 2015	0.1906	0.1024	26.4%	1.21 [0.99, 1.48]	2006	-
Zhang 2015	0.2711	0.0984	26.5%	1.31 [1.08, 1.59]	2007	-
Total (95% CI)			100.0%	1.81 [1.17, 2.82]		◆
Heterogeneity: Tau <sup>2</sup> =	= 0.18; Chi <sup>2</sup> = 45.71	, df = 3 (F	e < 0.000	01); I <sup>2</sup> = 93%		
Test for overall effect:					F	0.01 0.1 1 10 100 avours experimental Favours control

Figure 2. The forest plot of PON1Q192R polymorphism and PCOS risk.



#### Discussion

To the best of our knowledge, this is the first metaanalysis of the association between PON1 polymorphisms and PCOS risk. PON1 Leu55Met, Q192R, and C108T polymorphisms were associated with a significantly increased risk of PCOS. However, no association between Leu55Met and C108T polymorphisms was found in Asians and Caucasians. Additionally, PON1 Q192R polymorphism increased PCOS risk in Asians.

Baskol et al. suggested that PON1 activity was lower in women with PCOS than in the control women (12). Soyman et al. also found that Serum PON1 activity was statistically significantly lower in women with PCOS compared with healthy controls matched for age and BMI (13). Dursun et al. indicated that deduced serum PON1 activity might contribute to the increased susceptibility for the development of atherosclerotic heart disease in women with PCOS (14).

Baig et al. suggested that PON1 Q192R polymorphism is likely to be a risk factor for cataract development in Pakistani population while PON1 L55M was not found to be associated with cataract (15). Chen et al. indicated that PON1-L55M allele increased the risk of cancer (16). Fekih et al. demonstrated that PON1 polymorphisms L55M and Q192R seem to be a genetic marker involved in the development of diabetic nephropathy in diabetes (17).

There are several limitations in this study. First, only 8 studies were included in this study. Consequently, this study maybe lack of power due to the small number of studies. Second, due to the lack of original information of the entire data, we did not evaluate interactions of gene and environmental factors in all pooled studies. Third, we only included published English articles available from online databases. Relevant articles published in other languages, in other databases and unpublished studies may have been missed, which might bias the results.

In conclusion, this meta-analysis suggested that PON1 polymorphisms were associated with PCOS risk.

### References

1. Goodarzi MO, Dumesic DA, Chazenbalk G, Azziz R. Polycystic ovary syndrome: etiology, pathogenesis and diagnosis. Nat Rev Endocrinol. 2011;7(4):219-31.

2. Escobar-Morreale HF, Luque-Ramírez M, San Millán JL. The molecular-genetic basis of functional hyperandrogenism and the polycystic ovary syndrome. Endocr Rev. 2005;26(2):251-82.

3. Kondo I, Yamamoto M. Genetic polymorphism of paraoxonase 1 (PON1) and susceptibility to Parkinson's disease. Brain Res. 1998;806(2):271-3.

4. Lenarcik A, Bidzińska-Speichert B, Tworowska-Bardzińska U. The role of chronic inflammation and Leu55Met PON1 polymorphism in the pathogenesis of polycystic ovary syndrome. Gynecol Endocrinol. 2010;26(9):673-83.

5. Wang Y, Liu H, Fan P, Bai H, Zhang J, Zhang F. Evidence for association between paraoxonase 1 gene polymorphisms and polycystic ovarian syndrome in southwest Chinese women. Eur J Endocrinol. 2012;166(5):877-85.

6. Paltoglou G, Tavernarakis G, Christopoulos P, Vlassi M, Gazouli M, Deligeoroglou E, Creatsas G, Mastorakos G. PON1-108 TT and PON1-192 RR genotypes are more frequently encountered in Greek PCOS than non-PCOS women, and are associated with hyperandrogenaemia. Clin Endocrinol (Oxf). 2013;79(2):259-66.

7. Ferk P, Gersak K. Association of -108 C>T PON1 polymorphism with polycystic ovary syndrome. Biomed Rep. 2014;2(2):255-259.

8. Woo HY, Kim KH, Lee ST, Kwon MJ, Park H. Associations of single nucleotide polymorphisms related to insulin resistance with polycystic ovary syndrome. Ann Clin Lab Sci. 2014;44(3):277-82.

9. Dadachanji R, Shaikh N, Khavale S, Patil A, Shah N, Mukherjee S. PON1 polymorphisms are associated with polycystic ovary syndrome susceptibility, related traits, and PON1 activity in Indian women with the syndrome. Fertil Steril. 2015;104(1):207-16.

10. Zhang Y, Liu H, He J, Xu K, Bai H, Wang Y, Zhang F, Zhang J, Cheng L, Fan P. Lactonase activity and status of paraoxonase 1 in Chinese women with polycystic ovarian syndrome. Eur J Endocrinol. 2015;172(4):391-402.

11. San Millán JL, Alvarez-Blasco F, Luque-Ramírez M, Botella-Carretero JI, Escobar-Morreale HF. The PON1-108C/T polymorphism, and not the polycystic ovary syndrome, is an important determinant of reduced serum paraoxonase activity in premenopausal women. Hum Reprod. 2006;21(12):3157-61.

12. Baskol G, Aygen E, Erdem F, Caniklioğlu A, Narin F, Sahin Y, Kaya T. Assessment of paraoxonase 1, xanthine oxidase and glutathione peroxidase activities, nitric oxide and thiol levels in women with polycystic ovary syndrome. Acta Obstet Gynecol Scand. 2012;91(3):326-30.

13. Soyman Z, Noyan V, Tulmac M, Yucel A, Sagsoz N, Bayrak T, Bayrak A, Cakir E. Serum paraoxonase 1 activity, asymmetric dimethylarginine levels, and brachial artery flow-mediated dilatation in women with polycystic ovary syndrome. Fertil Steril. 2011;95(3):1067-72.

14. Dursun P, Demirtaş E, Bayrak A, Yarali H. Decreased serum paraoxonase 1 (PON1) activity: an additional risk factor for atherosclerotic heart disease in patients with PCOS? Hum Reprod. 2006;21(1):104-8.

15. Baig A, Zohaib M, Rehman AU, Zarina S. Q192R paraoxonase1 polymorphism is a risk factor for cataract in Pakistani population. Pak J Pharm Sci. 2016;29(3):765-71.

17. Fekih O, Triki S, Rejeb J, Neffati F, Douki W, Ommezzine A,

Chouchane S, Guediche MN, Bouslama A, Najjar MF. Paraoxonase 1 polymorphisms (L55M and Q192R) as a genetic marker of diabetic nephropathy in youth with type 1 diabetes. Endokrynol Pol. 2016 Feb 17. doi: 10.5603/EP.a2016.0027. (Epub ahead of print)