

Meta-Analysis of Genome-Wide and Replication Association Studies on Prostate Cancer

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BACKGROUND. Genome-wide and replication association studies (GWAs) have identified multiple loci at which common variants modestly influence the risk of developing prostate cancer (PCa). To enhance the power to identify loci associated with PCa, we constructed a meta-analysis of GWAs on PCa.

METHODS. Articles evaluating the effects of genome-wide SNPs on PCa were identified by searching the PubMed database. After extraction of relevant data, main and subgroup meta-analyses were performed to assess the effects of relevant SNPs on PCa.

RESULTS. 21 eligible articles containing 71 subgroups were included in this meta-analysis. Significant associations were found between 31 SNPs and PCa. They were rs445114, rs620861, rs983085, rs1016343, rs1447295, rs1859962, rs2660753, rs2710646, rs2735839, rs3760511, rs4242382, rs4430796, rs4962416, rs5945572, rs5945619, rs6470494, rs6501455, rs6983267, rs6983561, rs7000448, rs7214479, rs7501939, rs7920517, rs7931342, rs9364554, rs9623117, rs10090154, rs10486567, rs10896449, rs10993994, and rs16901979. The weighted odds ratios for above SNPs ranged between 0.64 and 1.88 (all $P < 0.05$). Subgroup analysis further indicated that the significant associations of some SNPs existed only in specific ancestry population ($P < 10^{-5}$).

CONCLUSIONS. The current meta-analysis demonstrated the moderate effects of above 31 SNPs on PCa and 14 independent PCa risk loci were identified. *Prostate* 71: 209–224, 2011. © 2010 Wiley-Liss, Inc.

KEY WORDS: genome-wide association; prostate cancer; meta-analysis

INTRODUCTION

In developed countries, prostate cancer (PCa) is the most common noncutaneous malignancy in men [1]. Age, African ancestry, and a positive family history of disease are the only established risk factors [1]. Twin studies and epidemiologic observations have suggested a substantial genetic contribution to disease development [2]. Linkage, admixture mapping, and genome-wide studies have identified variants with moderate effects on PCa risk at multiple loci in the 8q24 region [3–7]. These loci account for a proportion of the increased risk for relatives of individuals with PCa which suggest that additional loci exist [8].

Genome-wide association studies (GWAs) are not inspecting on prior information relating to candidate genes or pathways, and thus are able to identify important variants in genes not reported so far. On

the other hand, the effect sizes of individual variants, the need for strict thresholds for statistical significance, and financial constraints on numbers of variants that can be followed up limit study power unavoidably. To enhance the power to detect PCa risk loci, we conducted a meta-analysis of genome-wide and replication case–control association studies on PCa.

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METHODS

Criteria of Considering Studies for This Review

Studies were selected for analysis according to the following criteria:

Types of studies. We included genome-wide association studies. We excluded genome-wide linkage studies.

Types of participants. Participants involved any population in which PCa were epidemic. We defined "PCa case" referring to American Cancer Society guidelines, that is a digital rectal exam (DRE) and a serum prostate-specific antigen (PSA) >4 ng/ml [9,10]. We defined "control" as those who were free of PCa.

Types of effect measures. We included studies that used odds ratio (OR) as the measure of effects. Also, the included studies should provide genotype or allele frequency and sample size in case and control groups so that the allele-based OR value for each study could be calculated.

Search Strategy for Identification of Studies

We searched the medical literature for genome-wide association studies on PCa. We searched PubMed database (National Library of Medicine, Bethesda, MD). Only published articles reported in English were considered. We did not specify any limitation on country, race, or publication year.

Methods of the Review

First, we searched genome-wide association studies through title or abstract if needed. Then, based on the inclusion and exclusion criteria, eligible studies were screened out through abstract or full text when necessary.

The summary results and characteristics of included studies were tabled for analysis. The estimate of the principal effect was defined as OR of minor allele over major allele. In order to compute the pooled effects, each study was assigned a weight defined as the reciprocal of its variance.

Estimates of the ORs and 95% CIs (confidence intervals) were calculated using fixed-effect models or random-effect models according to the results of the heterogeneity tests. We presented the results of random-effect models if the tests for heterogeneity were significant. Otherwise, the results of fixed-effect models were presented.

The assumption of heterogeneity may suggest that the association of a SNP with PCa could be resulted from the diversity in ethnic origin, age, and family disease history. To validate this hypothesis, we further

administered a subgroup analyses based on ethnic background. Finally, we checked publication bias by applying the funnel plots of the SE (standard error) against their relevant effect size. We employed RevMan 4.2 software (Cochrane Collaboration, Oxford, UK) to undertake heterogeneity tests and meta-analysis.

RESULTS

Characteristics of Included Studies

Though comprehensive searching we found 80 original articles. 59 articles that did not meet the inclusion criteria were excluded. We therefore performed a meta-analysis consisted of 21 eligible articles [5,7,11–29]. Table I shows the selected characteristics of the 21 studies that met the inclusion criteria. These articles included 71 subgroups according to participant cohort. Of all subgroups, 2 were executed in Asian descent populations (Chinese and Japanese American), 4 in African origin populations, and 65 in European descents. Eligible subgroups included 24 genome-wide association studies and 47 replication case–control studies. The ages of participants of included studies ranged from 8 to 105 years.

Main Meta-Analysis

There were 37 SNPs in all reported in more than one included studies and were analyzed in this review (Table II). Using data from all PCa cases and controls of included studies, we obtained weighted OR and 95% CI, and associated *P*-value for each SNP. 31 SNPs, rs445114, rs620861, rs983085, rs1016343, rs1447295, rs1859962, rs2660753, rs2710646, rs2735839, rs3760511, rs4242382, rs4430796, rs4962416, rs5945572, rs5945619, rs6470494, rs6501455, rs6983267, rs6983561, rs7000448, rs7214479, rs7501939, rs7920517, rs7931342, rs9364554, rs9623117, rs10090154, rs10486567, rs10896449, rs10993994, and rs16901979, had statistical significance. The weighted ORs for above SNPs were ranged from 0.64 to 1.88 (all *P* < 0.05).

Figure 1 presented the weighted ORs (95% CIs) across the subgroups and the weights assigned to each subgroup for the 31 SNPs which showed significant associations with PCa in Table II. From the pooled samples, the weighted ORs for 9 SNPs of rs10486567, rs10486469, rs2735839, rs4430796, rs445114, rs620861, rs6983267, rs7931342, and rs983085 were ranged from 0.64 to 0.88 (all *P* < 0.05), therefore, these SNPs were significantly associated with PCa. And individuals carried minor allele of these SNPs may have a less risk to develop PCa compared with those major allele carriers. For the remaining 22 SNPs, the weighted ORs were ranged from 1.11 to 1.88 (all *P* < 0.05). So the

TABLE I. Characteristics of Included Studies

Refs.	Cohort	Study name	General setting	Number of subjects		Median age (range)		Genotyping platform
				Case	Control	Case	Control	
Gudmundsson et al. [5]	Iceland	Prostate, Lung, Colon and Ovarian Cancer Screening (PLCO)	Population-based case and control; GWA study	1,453	3,064	71 (40-96)	62 (22-97)	Illumina HumanHap300 SNP chip
Gudmundsson et al. [5]	The Netherlands	Nijmegen Biomedical Study	Population-based controls; Replication study	367	1302	63 (49-83)	Match ^a	Centaurus (Nanogen)
Gudmundsson et al. [5]	Spain	Zaragoza Hospital Study	Hospital-based cases and controls; Replication study	385	892	71 (45-83)	— ^b	Centaurus (Nanogen)
Gudmundsson et al. [5]	Chicago	Prostate Cancer Specialized Program of Research Excellence (SPORE)	Population-based controls; Replication study	458	251	59 (39-77)	—	Centaurus (Nanogen)
Gudmundsson et al. [5]	Baltimore	The African American study	Hospital-based cases and controls; Replication study	373	372	56 (36-74)	—	Centaurus (Nanogen)
Thomas et al. [11]	U.S. White	American Cancer Society Cancer Prevention Study II Nutrition Cohort (ACS)	Population-based controls; GWA study	1,760	1,775	63 (40-92)	Match	iSelect Infinium assay (Illumina)
Thomas et al. [11]	Finland	Alpha-Tocopherol Beta-Carotene Cancer Prevention Study (ATBC)	Population-based cases and controls; GWA study	929	921	50-69	Match	iSelect Infinium assay (Illumina)
Thomas et al. [11]	French Paris, Brest, Nancy	French Prostate Cancer Case-Control Study (FPCC)	Population-based controls; GWA study	656	657	—	—	iSelect Infinium assay (Illumina)
Thomas et al. [11]	United States	Health Professional Follow-up Study (HPFS)	Population-based cases and controls; GWA study	596	611	40-75	Match	iSelect Infinium assay (Illumina)
Yeager et al. [7]	White, non-Hispanics European population	Prostate, Lung, Colon and Ovarian Cancer Screening (PLCO)	Population-based case and control; GWA study	1,172	1,157	55-74	Match	HumanHap 300; HumanHap 240; (Illumina)
Yeager et al. [7]	White U.S.	American Cancer Society Cancer Prevention Study II Nutrition Cohort (ACS)	Population-based cases and controls; Replication study	1,150	1,151	63 (40-92)	Match	TaqMan
Yeager et al. [7]	Southwestern Finland	Alpha-Tocopherol Beta-Carotene Cancer Prevention Study (ATBC)	Population-based cases and controls; Replication study	896	894	50-69	Match	TaqMan

(Continued)

TABLE 1. (Continued)

Refs.	Cohort	Study name	General setting	Number of subjects		Median age (range)		Genotyping platform
				Case	Control	Case	Control	
Yeager et al. [7]	French Paris, Brest, Nancy	French Prostate Cancer Case-Control Study (FPCC)	Population-based controls; Replication study	455	459	—	Match	TaqMan
Yeager et al. [7]	United States	Health Professional Follow-up Study (HPFS)	Population-based cases and controls; Replication study	625	636	40–75	Match	TaqMan
Gudmundsson et al. [12]	Iceland	Prostate, Lung, Colon and Ovarian Cancer Screening (PLCO)	population-based case and control; GWA study	1,501	11,289	71 (40–96)	67 (22–102)	Illumina Infinium HumanHap300
Gudmundsson et al. [12]	Nijmegen, The Netherlands	Nijmegen Biomedical Study	Population-based controls; Replication study	997	1,464	63 (43–83); 66 (43–75)	Match	SNP Chip Centaurus (Nanogen)
Gudmundsson et al. [12]	Zaragoza, Spain	Zaragoza Hospital Study	Hospital-based cases and controls; Replication study	456	1,078	70 (44–83)	—	Centaurus (Nanogen)
Gudmundsson et al. [12]	Chicago	Prostate Cancer Specialized Program of Research Excellence (SPORE)	Population-based controls; Replication study	536	514	59 (39–87)	—	Centaurus (Nanogen)
Duggan et al. [13]	Sweden	Cancer of the prostate in Sweden (CAPS)	Population-based cases and control; GWA study	498	494	—	Match	HumanHap500 Array set (Affymetrix)
Duggan et al. [13]	Iceland	Prostate, Lung, Colon and Ovarian Cancer Screening (PLCO)	Population-based case and control; GWA study	737	1,105	—	Match	HumanHap300 Bead Chip (Illumina)
Duggan et al. [13]	European American (JHH-EA)	Johns Hopkins Hospital Study (JHH)	Hospital-based cases and controls; Replication study	1,558	1,142	—	Match	MassyArray (Sequenom)
Duggan et al. [13]	African American (JHH-AA)	Johns Hopkins Hospital Study (JHH)	Hospital-based cases and controls; Replication study	363	692	—	Match	MassyArray (Sequenom)
Eeles et al. [14]	UK	UK Genetic Prostate Cancer Study (UK GPCS); ProtecT study;	Population-based cases and controls; GWA study	1,854	1,894	36–88	50–71	Illumina Infinium HumanHap550 array
Eeles et al. [14]	UK; Australia	Melbourne Collaborative Cohort Study (MCCS); Risk Factor for Prostate Cancer Study (RFPCS); Early Onset Prostate Cancer Study (EOPCS)	Population-based cases and controls; GWA study	3,650	3,940	36–89	Match	Illumina iSELECT

Eeles et al. [14]	Multiethnic studies	21	Prostate cancer Association Group To Investigate Cancer Associated alterations in the genome (PRACTICAL Consortium)	Population- and Hospital-based; Replication study	16,229	14,821	—	—	TaqMan
Kote-Jarai et al. [15]	Multiethnic studies	21	Prostate cancer Association Group To Investigate Cancer Associated alterations in the genome (PRACTICAL Consortium)	Population- and Hospital-based; Replication study	5,742	7,370	—	—	TaqMan; Iplex Sequenom MassArray; SNPlex Genotyping System; HumanHap500 Array set (Affymetrix)
Hsu et al. [16]	Sweden		The Cancer of the Prostate in Sweden (CAPS)	Population-based cases and control; GWA study	2,899	1,722	—	Match	HumanHap500 Array set (Affymetrix)
Hsu et al. [16]	European descent		Johns Hopkins Hospital Study (JHH)	Hospital-based case and control; Replication study	1,527	482	—	—	iPLEX (Sequenom)
Hsu et al. [16]	Finland Caucasian		Alpha-Tocopherol Beta-Carotene Cancer Prevention Study (ATBC)	Population-based cases and controls; Replication study	924	917	50–69	Match	TaqMan
Hsu et al. [16]	French Paris, Brest, Nancy		French Prostate Cancer Case-Control Study (FPCC)	Population-based controls; Replication study	656	656	—	Match	TaqMan
Hsu et al. [16]	United States		Health Professional Follow-up Study (HPFS)	Population-based cases and controls; Replication study	594	610	40–75	Match	TaqMan
Hsu et al. [16]	Iceland		Prostate, Lung, Colon and Ovarian Cancer Screening (PLCO)	Population-based case and control; GWA study	1,175	1,100	71 (40–96)	62 (22–97)	Illumina HumanHap300 SNP chip
Hsu et al. [16]	White U.S.		American Cancer Society Cancer Prevention Study II Nutrition Cohort (ACS)	Population-based cases and controls; Replication study	1,759	1,774	63 (40–92)	Match	TaqMan
Yeager et al. [17]	European ancestry		Cancer Genetic Markers of Susceptibility Project (CGEMS)	Population-based cases and controls; GWA study	10,286	9,135	71 (40–96)	62 (22–97)	Illumina HumanHap300 SNP chip
Eeles et al. [18]	UK		UK Genetic Prostate Cancer Study (UKGPCS);	Population-based cases and controls; GWA study	1,854	1,894	36–88	50–71	Illumina Infinium HumanHap550 array
Eeles et al. [18]	UK		UK Genetic Prostate Cancer Study (UK GPCS); ProtecT study;	Population-based cases and controls; GWA study	1,960	2,104	36–89	Match	TaqMan

(Continued)

TABLE 1. (Continued)

Refs.	Cohort	Study name	General setting	Number of subjects		Median age (range)		Genotyping platform
				Case	Control	Case	Control	
Eeles et al. [18]	Australia	Melbourne Collaborative Cohort Study (MCCS); Risk Factor for Prostate Cancer Study (RFPCS); Early Onset Prostate Cancer Study (EOPCS)	Population-based cases and controls; GWA study	1,308	1,262	38–80	Match	TaqMan
Gudmundsson et al. [19]	Iceland	Icelandic Cancer Registry (ICR)	Population-based cases and controls; GWA study	1,968	35,227	40–96	8–105	Infinium II assay; Sentrix HumanHap 300BeadChip; Centaurus
Gudmundsson et al. [19]	Chicago	Prostate Cancer Specialized Program of Research Excellence (SPORE)	Population-based controls; Replication study	1,077	1,003	59(39–87)	—	—
Gudmundsson et al. [19]	Finland	Tampere University Hospital	Population-based controls; Replication study	2,638	1,716	43.1–94.9	—	—
Gudmundsson et al. [19]	The Netherlands	The Nijmegen Biomedical Study	Population-based control; Replication study	1,084	1,827	43–83	Match	—
Gudmundsson et al. [19]	Nashville	Vanderbilt University Medical Center; VA Tennessee Valley Healthcare System	Family-based cases and controls; Replication study	596	687	60.3	63.0	—
Gudmundsson et al. [19]	Spain	Zaragoza University Hospital	Hospital-based cases and controls; Replication study	811	1,605	70 (44–83)	—	—
Gudmundsson et al. [19]	White U.S.	American Cancer Society Cancer Prevention Study II Nutrition Cohort (ACS)	Population-based cases and controls; Replication study	1,758	1,775	63 (40–92)	Match	TaqMan
Gudmundsson et al. [19]	Finland	Alpha-Tocopherol Beta-Carotene Cancer Prevention Study (ATBC)	Population-based cases and controls; Replication study	928	921	50–69	Match	TaqMan
Gudmundsson et al. [19]	French Paris, Brest, Nancy	French Prostate Cancer Case-Control Study (FPCC)	Population-based controls; Replication study	654	657	—	Match	TaqMan
Gudmundsson et al. [19]	United States	Health Professional Follow-up Study (HPFS)	Population-based cases and controls; Replication study	595	609	40–75	Match	TaqMan

Gudmundsson et al. [19]	Iceland	Prostate, Lung, Colon and Ovarian Cancer Screening (PLCO)	Population-based case and control; GWA study	1,167	1,093	71 (40–96)	62 (22–97)	Illumina HumanHap300 SNP chip
Gudmundsson et al. [19]	Sweden	The Cancer of the Prostate in Sweden (CAPS)	Population-based cases and control; GWA study	498	494	—	Match	HumanHap500 Array set (Affymetrix)
Nam et al. [20]	Caucasian descent	Prostate Centers at the University of Toronto	Population-based cases and control; Replication study	1,088	1,072	—	Match	Sequenom MassArray System
Sun et al. [21]	Sweden	The Cancer of the Prostate in Sweden (CAPS)	Population-based case and control; GWA study; Replication study	2,836	1,678	—	Match	Human Mapping 500K Array; Sequenom Iplex
Sun et al. [21]	European Americans	Johns Hopkins Hospital Study (JHH)	Hospital-based case and control; Replication study	1,449	462	—	Match	Sequenom Iplex
Sun et al. [21]	Finland	Alpha-Tocopherol Beta-Carotene Cancer Prevention Study (ATBC)	Population-based cases and controls; Replication study	747	920	50–69	Match	TaqMan
Sun et al. [21]	French Paris, Brest, Nancy	French Prostate Cancer Case-Control Study (FPCC)	Population-based controls; Replication study	656	655	—	Match	TaqMan
Sun et al. [21]	United States	Health Professional Follow-up Study (HPFS)	Population-based cases and controls; Replication study	507	610	40–75	Match	TaqMan
Sun et al. [21]	European descent	Prostate, Lung, Colon and Ovarian Cancer Screening (PLCO)	Population-based case and control; GWA study	1,175	1,100	71 (40–96)	62 (22–97)	HumanHap300; HumanHap240 assays (Illumina)
Sun et al. [21]	White U.S.	American Cancer Society Cancer Prevention Study II Nutrition Cohort (ACS)	Population-based cases and controls; Replication study	1,595	1,775	63 (40–92)	Match	TaqMan
Olama et al. [22]	UK	UK Genetic Prostate Cancer Study (UK GPCS); ProtecT study;	Population-based cases and controls; GWA study	1,854	1,894	36–88	50–71	Illumina Infinium 550K array
Olama et al. [22]	UK; Australia	Melbourne Collaborative Cohort Study (MCCS); Risk Factor for Prostate Cancer Study (RFPCS); Early Onset Prostate Cancer Study (EOPCS)	Population-based cases and controls; GWA study	3,650	3,940	36–89	Match	Illumina Infinium array
Waters et al. [23]	African Americans	The Multiethnic Cohort Study	Population-based cases and controls; Replication study	860	575	44–78	45–77	Genomic DNA sample
Waters et al. [23]	European Americans	The Multiethnic Cohort Study	Population-based cases and controls; Replication study	468	419	44–78	45–77	Genomic DNA sample (Continued)

TABLE 1. (Continued)

Refs.	Cohort	Study name	General setting	Number of subjects		Median age (range)		Genotyping platform
				Case	Control	Case	Control	
Waters et al. [23]	Latinos	The Multiethnic Cohort Study	Population-based cases and controls; Replication study	603	572	44-78	45-77	Genomic DNA sample
Waters et al. [23]	Japanese Americans	The Multiethnic Cohort Study	Population-based cases and controls; Replication study	725	684	44-78	45-77	Genomic DNA sample
Waters et al. [23]	Native Hawaiians	The Multiethnic Cohort Study	Population-based cases and controls; Replication study	112	109	44-78	45-77	Genomic DNA sample
Pal et al. [24]	European ancestry	Washington University School of Medicine	Population-based control; Replication study	596	567	40-91	Match	Applied Biosystem SNPlex; TaqMan
Ghousaini et al. [25]	United Kingdom (UK)	UK Genetic Prostate Cancer Study (UK GPCS)	Population-based cases and control; Replication study	1,854	1,894	36-88	50-71	TaqMan
Hooker et al. [26]	African American	Howard University Hospital in Washington	Hospital-based cases and controls; Replication study	454	301	40-85	Match	Sequenom Iplex; Illumina
Zheng et al. [27]	Shanghai, China	Shanghai Cancer Institute	Population-based case and control; Replication study	288	155	>18	Match	GoldenGate MassARRAY iPLEX (Sequenom)
Sun et al. [28]	European Americans	Johns Hopkins Hospital	Hospital-based cases and controls; Replication study	1,563	576	—	>55	Sequenom Iplex
Sun et al. [28]	African Americans	Johns Hopkins Hospital	Hospital-based cases and controls; Replication study	364	353	—	>55	Sequenom Iplex
Meyer et al. [29]	German	Hannover Medical School	Hospital-based cases and controls; Replication study	488	462	42-82	20-71	TaqMan

^aMatch with control.^bNo related information obtained from the original article.

TABLE II. Summary of Results for 37 SNPs in Included GWA Studies on PCa

ID	SNP name	Region ^a	Chr.	No. (study)	Location (bp)	Allele	GWA meta			Replication meta			All meta		
							Maj/Min	MAF ^b	OR (95% CI)	P	OR (95% CI)	P	OR (95% CI)	P	P _{het} ^c
1	rs10090154	8q24	8	3	128,081,119	C/T	0.088	1.72 (1.58,1.87)	<0.001	1.73 (1.19,2.51)	0.004	1.72 (1.58,1.86)	<0.001	0.380	
2	rs1016343	8q24	8	4	128,162,479	C/T	0.196	1.30 (1.09,1.56)	0.004	1.47 (1.19,1.83)	<0.001	1.36 (1.19,1.56)	<0.001	0.010	
3	rs10486567	JAZF1	7	12	27,749,803	G/A	0.254	0.72 (0.63,0.83)	<0.001	0.65 (0.53,0.81)	<0.001	0.68 (0.60,0.77)	<0.001	<0.001	
4	rs10896469	11q13	11	6	68,751,243	G/A	0.475	0.64 (0.60,0.68)	<0.001	0.71 (0.57,0.87)	0.001	0.64 (0.60,0.68)	<0.001	0.490	
5	rs10993994	MSMB	10	16	51,219,502	C/T	0.391	1.54 (1.09,1.27)	0.010	1.28 (1.17,1.40)	<0.001	1.37 (1.19,1.58)	<0.001	<0.001	
6	rs11649743	17q12	17	7	—	G/A	0.202	0.92 (0.84,1.00)	0.060	1.08 (0.95,1.24)	0.230	1.04(0.92,1.18)	0.540	0.010	
7	rs13254738	8q24	8	2	128,173,525	A/C	0.330	—	—	1.20 (0.60,2.42)	0.610	1.20 (0.60,2.42)	0.610	<0.001	
8	rs1447295	8q24	8	15	128,554,220	C/A	0.110	1.60 (1.49,1.71)	<0.001	1.46 (1.28,1.67)	<0.001	1.50 (1.36,1.64)	<0.001	<0.001	
9	rs16901979	8q24	8	9	41,343,095	C/A	0.045	1.80 (1.61,2.00)	<0.001	1.68 (1.50,1.89)	<0.001	1.74 (1.60,1.88)	<0.001	0.160	
10	rs1859962	17q24.3	17	13	3,035,025	T/G	0.452	1.16 (1.10,1.22)	<0.001	1.17 (1.11,1.23)	<0.001	1.16 (1.12,1.21)	<0.001	0.340	
11	rs2659056	KLK15/3	19	4	56,027,755	A/G	0.231	1.33 (1.20,1.48)	<0.001	0.97 (0.90,1.05)	0.410	1.07 (0.88,1.31)	0.490	<0.001	
12	rs2660753	3P12.1	3	12	87,193,364	C/T	0.112	1.29 (0.96,1.75)	0.100	1.12(1.04,1.21)	0.003	1.15 (1.07,1.25)	<0.001	0.001	
13	rs2710646	EHBP1	2	2	63,046,530	C/A	0.202	1.13 (1.05,1.23)	0.002	0.99 (0.59,1.68)	0.980	1.13 (1.04,1.22)	0.002	0.630	
14	rs2735839	KLK2/3	19	12	56,056,435	G/A	0.151	0.70 (0.44,1.11)	0.130	0.88(0.78,0.99)	0.040	0.85 (0.74,0.96)	0.009	<0.001	
15	rs3760511	17q12	17	6	1,380,465	T/C	0.334	1.17 (1.08,1.26)	<0.001	1.17 (1.09,1.26)	<0.001	1.17 (1.11,1.23)	<0.001	0.340	
16	rs4242382	8q24	8	6	128,586,755	G/A	0.138	2.18 (1.57,3.02)	<0.001	1.33 (1.02,1.72)	0.030	1.88 (1.43,2.49)	<0.001	<0.001	
17	rs4430796	HNF1B	17	18	33,172,153	A/G	0.485	0.67(0.57,0.80)	<0.001	0.79 (0.72,0.88)	<0.001	0.75 (0.68,0.82)	<0.001	<0.001	
18	rs445114	8q24	8	9	128,392,363	T/C	0.341	0.86 (0.83,0.89)	<0.001	0.89 (0.85,0.94)	<0.001	0.87 (0.85,0.90)	<0.001	0.220	
19	rs4962416	CTBP2	10	7	126,686,862	T/C	0.225	1.28 (1.09,1.52)	0.004	1.02 (0.77,1.35)	0.880	1.25 (1.07,1.46)	0.004	<0.001	
20	rs5945572	NUDT10/11	X	7	51,062,719	G/A	0.357	1.22 (1.14,1.3)	<0.001	1.46 (1.33,1.59)	<0.001	1.38 (1.25,1.52)	<0.001	0.080	
21	rs5945619	NUDT11	X	6	15,258,412	T/C	0.349	1.45 (1.32,1.59)	<0.001	1.32 (1.13,1.54)	<0.001	1.35 (1.20,1.52)	<0.001	<0.001	
22	rs620861	—	—	3	128,404,855	C/T	0.374	0.85 (0.79,0.92)	<0.001	—	—	0.85 (0.79,0.92)	<0.001	0.010	
23	rs6465657	LMTK2	7	12	97,654,263	T/C	0.451	1.16 (0.94,1.44)	0.160	1.05 (0.92,1.21)	0.440	1.08 (0.97,1.20)	0.160	<0.001	
24	rs6470494	8q24	8	2	128,157,086	C/T	0.280	1.14 (1.10,1.20)	<0.001	1.00 (0.83,1.20)	0.990	1.14 (1.09,1.19)	<0.001	0.170	
25	rs6501455	17q24.3	17	6	3,128,083	T/A	0.512	1.16 (1.07,1.25)	<0.001	1.09 (0.96,1.23)	0.190	1.11 (1.01,1.21)	0.030	0.020	
26	rs6983267	8q24	8	15	128,482,487	G/T	0.463	0.68(0.59,0.77)	<0.001	0.76 (0.65,0.89)	<0.001	0.71 (0.65,0.78)	<0.001	<0.001	
27	rs6983561	8q24	8	4	128,176,062	A/C	0.034	1.71 (1.49,1.96)	<0.001	2.04 (1.70,2.45)	<0.001	1.82 (1.63,2.03)	<0.001	<0.001	
28	rs7000448	8q24	8	2	128,510,352	G/A	0.356	—	—	1.40 (1.28,1.53)	<0.001	1.40 (1.28,1.53)	<0.001	0.500	
29	rs721048	EHBP1	2	7	63,043,382	G/A	0.086	—	—	0.99 (0.74,1.33)	0.960	0.99 (0.74,1.33)	0.960	<0.001	
30	rs7214479	17q24.3	17	6	3,117,221	C/T	0.413	1.16 (1.07,1.25)	<0.001	1.17 (1.09,1.25)	<0.001	1.16 (1.11,1.23)	<0.001	0.960	
31	rs7501939	HNF1B	17	7	33,175,269	T/C	0.575	1.17 (1.08,1.26)	<0.001	1.21 (1.13,1.29)	<0.001	1.19 (1.13,1.25)	<0.001	0.350	
32	rs7920517	MSMB	10	4	3,117,221	A/G	0.475	1.40(1.28,1.54)	<0.001	1.18(1.06,1.31)	0.003	1.23 (1.10,1.38)	<0.001	0.009	
33	rs7931342	11q13.2	11	10	68,751,073	G/T	0.497	0.79 (0.72,0.86)	<0.001	0.85(0.71,1.01)	0.070	0.84 (0.72,0.97)	0.020	<0.001	
34	rs902774	CpG	12	4	51,560,171	G/A	0.140	1.39 (1.23,1.57)	<0.001	1.02 (0.89,1.16)	0.810	1.09 (0.89,1.33)	0.400	<0.001	
35	rs9364554	SLC22A3	6	12	160,804,075	C/T	0.297	1.14 (1.07,1.20)	<0.001	1.18 (1.13,1.23)	<0.001	1.17 (1.13,1.20)	<0.001	0.240	
36	rs9623117	22q13	22	8	—	T/C	0.208	1.12 (0.98,1.27)	0.090	1.13 (1.03,1.24)	0.010	1.12 (1.05,1.21)	0.001	0.040	
37	rs983085	17q24.3	17	3	66,723,656	A/C	0.497	0.87 (0.81,0.94)	<0.001	0.90 (0.80,1.01)	0.060	0.88 (0.83,0.94)	<0.001	0.680	

^aSNPs are included in the region of a gene if they are located within 20 kb of its transcription start site or within 10 kb from its last exon.

^bMAF, minor allele frequency in controls (minor allele are defined based on European populations).

^cP-value for heterogeneity test.

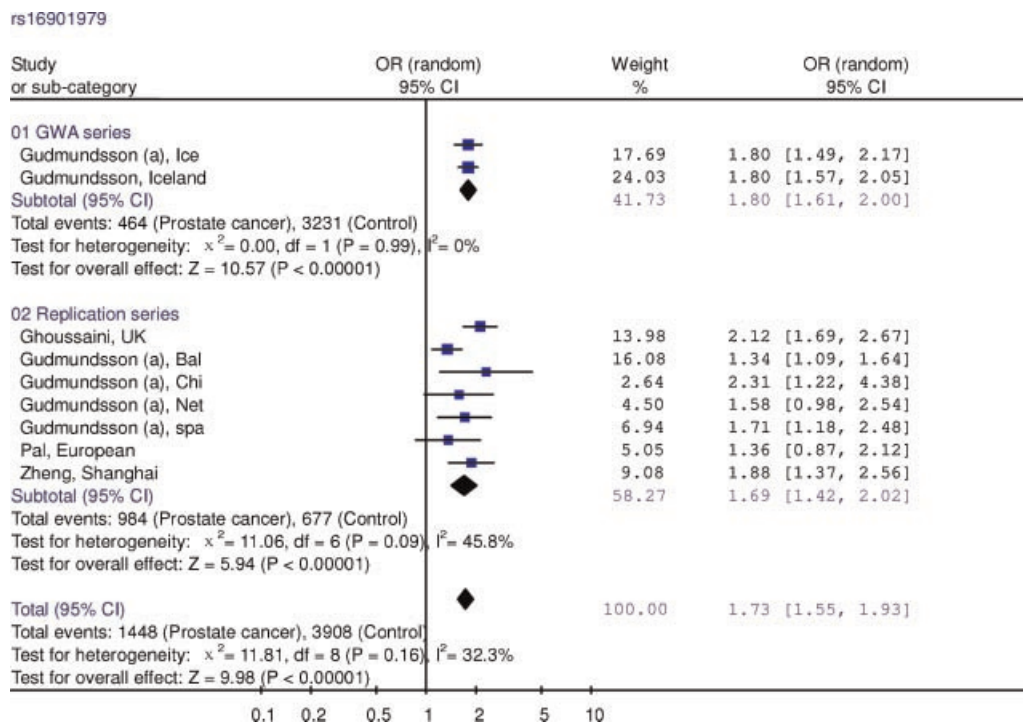


Fig. 1. Forest plots of effect size and direction for SNPs associated with prostate cancer. Boxes denote allelic OR point estimate, their areas being proportional to the inverse variance weight of the estimate. Horizontal lines represent 95% CIs. The diamond represents the summary OR computed under a random-effect model or fixed-effect model, with the 95% CI given by its width. The unbroken vertical line is at the null value (OR = 1.0).

minor alleles of these SNPs may be a risk factor for PCa development.

Subgroup Analysis

Since the associations between some SNPs examined in this review and PCa risk showed evidence of between-study heterogeneity (heterogeneity tests, all $P < 0.10$), subgroup analysis were executed. Table III summarized the pooled estimates of weighted ORs in subgroups according to included participants' ethnicity origin. The associations of rs5945572, rs5945619, and rs6983267 with PCa were not found to be significant in Asian decent group (all $P > 0.05$). The associations of rs10993994, rs1447295, rs2735839, and rs4242382 were not significant in African descent populations (all $P > 0.05$), and the associations of rs2660753, rs4430796, rs4962416, and rs7920517 were only significant in European origin participants (all $P < 0.05$). The association between rs6501455 and PCa development disappeared in ethnicity subgroup analysis ($P > 0.05$).

Publication Bias

The funnel plots (data not shown) showed that the ORs for SNPs examined here seemed to be symmetry

which suggested that the effects of publication bias were perhaps negligible in the current meta-analysis.

DISCUSSION

By combining data from published GWAs and replication case-control studies, we have confirmed 31 SNPs (namely rs10090154, rs1016343, rs10486567, rs10896449, rs10993994, rs1447295, rs16901979, rs1859962, rs2660753, rs2710646, rs2735839, rs3760511, rs4242382, rs4430796, rs5945572, rs5945619, rs620861, rs6470494, rs6501455, rs6983267, rs6983561, rs7000448, rs7214479, rs7501939, rs7920517, rs7931342, rs9364554, rs9623117, and rs983085) impacting PCa susceptibility which have significance to public health. When we combined all of the original data according to participants' ethnic origin, the associations of some SNPs with PCa were evident in different ethnic groups. This suggested more that the variation may play a role in PCa development whereas it would be restricted to some ethnic group, rather than having a wide effect, as was also supported by the evidence that ethnicity is a confirmed impact factor of PCa [1]. The funnel plots analysis suggested that the effects of publication bias were probably minimal in current meta-analysis. Hence, the effects of these variations on PCa were

TABLE III. The Pooled Estimates of OR Based on Subgroup of Ethnicity

Variables	Asian descent			African descent			European descent					
	Study	OR (95% CI)	P-value	P_{het}^a	Study	OR (95% CI)	P-value	P_{het}^a	Study	OR (95% CI)	P-value	P_{het}^a
rs1016343	1	1.69 (1.27,2.25)	<0.001	—	—	—	—	—	3	1.31 (1.15,1.50)	<0.001	0.020
rs10486567	2	0.50 (0.29,0.85)	0.010	0.020	2	0.83 (0.72,0.95)	0.007	0.390	8	0.70 (0.63,0.79)	<0.001	<0.001
rs10993994	2	1.50 (1.26,1.80)	<0.001	0.220	2	1.10 (0.97,1.25)	0.130	0.560	11	1.40 (1.14,1.73)	0.001	<0.001
rs13254738	1	1.74 (1.27,2.39)	0.006	—	—	—	—	—	1	0.85 (0.77,0.94)	0.002	—
rs1447295	1	1.56 (1.08,2.25)	0.020	—	1	1.01 (0.81,1.26)	0.940	—	13	1.45 (1.33,1.58)	<0.001	0.010
rs2660753	2	1.22 (0.85,1.75)	0.290	0.030	2	0.99 (0.87,1.13)	0.910	0.290	7	1.20 (1.08,1.32)	<0.001	0.050
rs2735839	2	0.78 (0.65,0.92)	0.004	0.240	2	1.05 (0.60,1.84)	0.870	<0.001	7	0.80 (0.68,0.94)	0.008	<0.001
rs4242382	1	1.58 (1.11,2.25)	0.010	—	1	1.20 (0.96,1.50)	0.110	—	4	2.18 (1.57,3.02)	<0.001	<0.001
rs4430796	2	0.93 (0.81,1.07)	0.340	0.800	3	0.87 (0.72,1.05)	0.160	0.050	13	0.70 (0.64,0.78)	<0.001	<0.001
rs4962416	1	1.89 (0.39,9.18)	0.430	—	1	1.00 (0.76,1.33)	0.990	—	5	1.28 (1.09,1.52)	0.004	<0.001
rs5945572	1	1.28 (0.99,1.66)	0.060	—	2	1.52 (1.32,1.74)	<0.001	0.950	4	1.26 (1.19,1.34)	<0.001	0.170
rs5945619	1	1.54 (0.88,2.69)	0.130	—	1	1.34 (1.08,1.65)	0.007	—	3	1.28 (1.11,1.47)	<0.001	0.002
rs6501455	—	—	—	—	1	1.10 (0.88,1.38)	0.400	—	5	1.10 (1.00,1.22)	0.060	0.009
rs6983267	1	0.89 (0.68,1.18)	0.430	—	—	—	—	—	13	0.72 (0.65,0.79)	<0.001	<0.001
rs7920517	—	—	—	—	1	0.94 (0.74,1.20)	0.630	—	3	1.21 (1.03,1.43)	0.020	0.003
rs7931342	1	2.30 (1.87,2.82)	<0.001	—	2	0.85 (0.73,0.98)	0.030	0.670	6	0.74 (0.66,0.83)	<0.001	<0.001

^aP-value for heterogeneity test.

ethnically heterogeneous indeed. However, it was possible that the data obtained may have been inadequate to detect an association due to the small number of included studies as only 4 subgroups were executed in African descent population and 2 in Asian origins. For example, in subgroup analysis, the association of SNP rs6501455 with PCa did not reach the statistical significance ($P > 0.05$), while it was significant in pooled analysis [weighted OR = 1.11 (1.01, 1.21), $P = 0.03$].

Table II indicated that there were 14 independent risk loci for PCa risk. The locus and the corresponding SNPs are as follows.

Locus	SNP
8q24	rs10090154, rs1016343, rs1447295, rs16901979, rs4242382, rs445114, rs6470494, rs6983267, rs6983561, rs7000448
17q24.3	rs1859962, rs6501455, rs7214479, rs983085
11q13	rs10896469, rs7931342
MSMB	rs10993994, rs7920517
HNF1B	rs4430796, rs7501939
NUDT10/11	rs5945572, rs5945619
17q12	rs3760511
KLK2/3	rs2735839
JAZF1	rs10486567
3p12.1	rs2660753
EHBP1	rs2710646
CTBP2	rs4962416
SLC22A3	rs9364554
22q13	rs9623117

8q24 is the most frequently gained chromosomal region in prostate tumors [30]. rs1447295 is the most reported SNP on 8q24. rs6983267 is 70 kb centromeric to rs1447295, but they are not linkage disequilibrium (LD) [7]. rs16901979 and rs1447295 are separated by about 300 kb in the genome and are located in distinct LD blocks [5]. rs16901979 and rs6983561 are highly correlated, rs7000448 is weakly correlated with rs6983267 and rs1447295, rs10090154 is perfectly correlated with rs1447295 [25]. rs4242382 is in strong LD with rs1447295 [3–7]. rs1016343 and rs6983561 are weakly correlated [22]. rs4242382 and rs6983267 are LD [11]. rs6470494 and rs1016342 are of the 14 SNP HapC, while HapC is located in a different LD block about 300 kb upstream from rs1447295, rs16901979 is strongly correlated with HapC [5].

The known genes that are closest to 8q24 are *FAM84B* and *c-MYC*. rs1447295 is 263 kb telomeric to the oncogene *c-MYC*. Overexpression of *c-MYC* occurs in both breast and PCa [31–33], and reduction of *c-MYC* expression inhibits tumor growth both in vivo and in vitro [34]. *FAM84B* is a breast cancer

membrane-associated protein, little is known about its function [32]. Although SNPs located in the *c-MYC* and *FAM84B* genes were not found to be associated with PCa [3–5,35], it is possible that the risk variant modifies *c-MYC* regulation by predisposing to genomic instability or altering long-range regulation of expression. Several other genes were predicted to exist in 8q24 [3,36], although there is no evidence for any protein-coding transcripts. One is a pseudogene of transcription factor POU5F1P1. Study has confirmed the expression of this transcript in cancer tissues, including colon cancer, although its physiological role is unknown [37]. rs445114 is correlated with the breast cancer variant rs13281615 [35]. rs445114 show very little correlation with any of the previously published prostate [3,5–7], colon [36–39] or bladder cancer [39] risk variants on 8q24 [19]. Tuupanen et al. [40] showed that rs6983267 affects a binding site for TCF4 and may enhance Wnt signaling, suggesting that other mechanisms may be important.

Gain in 8q24 region has been associated with aggressive tumors, hormone independence, and poor prognosis [41]. Although this region is frequently amplified in prostate tumors, it covered few known or predicted genes [33,42]. Hence, either there are multiple functional variants in the region, or these alleles are in strong LD with a presently unknown risk variant. Further work are needed to identify common and uncommon variants to determine the optimal candidates for functional studies designed to confirm the causal variants in the 8q24 region.

The SNP rs10486567 located on chromosome 7 is in the second intron of the JAZF zinc finger 1 gene (*JAZF1*). *JAZF1* encodes a three C2-H2-type zinc finger protein that is a transcriptional repressor of *NR2C2* (a nuclear orphan receptor that is highly expressed in prostate tissue) and interacts with the androgen receptor. *JAZF1* is a component of a fusion gene with *SUZ12* (also known as *JJAZ1*) which was found in endometrial stromal tumors [43].

rs10993994 and rs7920517 lie in a ~100-kb LD block on chromosome 10 which contains the microseminoprotein beta gene (*MSMB*). rs10993994 resides 2bp upstream of the transcription start site of *MSMB* and functionally alters gene expression in vitro [44]. *MSMB* encodes PSP94, a 10.7-kDa nonglycosylated cysteine-rich protein that is a member of the immunoglobulin binding factor family synthesized by epithelial cells in the prostate and secreted into seminal plasma. Loss of expression of PSP94 is associated with recurrence after radical prostatectomy [45]. PSP94 and PSPBP (its binding protein in serum) are potential serum markers for early detection of high-grade PCa [45,46]. *MSMB* can be silenced by *EZH2* (transcriptional repressor) in advanced, androgen-insensitive PCa [47]. So variants

in *MSMB* may predispose to PCa by altered gene expression.

SNP rs2735839 lies between the *KLK2* (encoding hK2) and *KLK3* (encoding PSA protein [18,48]) genes which have been reported to influence PCa risk [49,50]. PSA is a serine protease that liquefies semen and is used as a serum marker in screening and disease monitoring. There are also evidence that hK2 may also be useful for screening and prognosis [51,52]. Multiple SNPs in the promoter region of *KLK3* have been associated with PSA concentrations [49,53], and some have been suggested to be associated with risk of PCa [49,50].

rs4430796 and rs7501939 on 17q12 are located in the first and second intron of the *HNF1B* (a transcription factor, *TCF2*) gene, respectively. A third SNP rs3760511 lays ~1.2kb upstream of the first exon of *TCF2*. rs7501939 and rs3760511 are in weak LD. Although sequence variants in *TCF2* have not been implicated in the risk of PCa, more than 50 different exonic *TCF2* mutations have been reported in individuals with renal cysts, maturity-onset diabetes of the young type 5 (MODY5), pancreatic atrophy, and genital tract abnormalities [54,55].

rs4962416 is in the fifth intron of *CTBP2* which encodes a member of the C-terminal binding protein (CTBP) family that known to be transcriptional co repressors activated under metabolic stress. *CTBP2* is highly expressed in prostate tissue, and its expression is associated with decreased *PTEN* expression and activation of the phosphatidylinositol 3-kinase pathway [56].

rs5945619 and rs5945572 are highly correlated [19]. rs5945619 is in a ~2-Mb LD block on Xp between *NUDT10* and *NUDT11* (nucleoside diphosphate linked moiety X-type motif 11) that is about 2 kb upstream of the latter. Eeles et al. [18] observed a weaker association with PSA concentrations, again in the same direction of PCa. rs5945572 located downstream of the *NUDT11* gene which was associated with increased PCa risk. These genes encode isoforms of diphosphoinositol polyphosphate phosphohydrolase that determine the rate of phosphorylation in DNA repair, stress responses, and apoptosis [57].

rs9364554 is in intron 5 of *SLC22A3*, one of the solute carrier family 22 (organic cation transporter, OCT) genes, and OCTs are critical for elimination of some drugs and environmental toxins.

rs9623117 is less than 2kb from rs7291619 on 22q13 and is in strong LD with it. The two SNPs are within the *TNRC6B* gene. *TNRC6B* (trinucleotide repeat-containing gene 6b), a RNA recognition motif (RRM)-containing protein, were localized to the mRNA-degrading cytoplasmic P bodies, is functionally required to mediate miRNA-guided mRNA cleavage [58]. *TNRC6B* is expressed in many normal

tissues, including the prostate. *TNRC6B* expression was suppressed in hormone-refractory metastatic PCa compared to prostate carcinoma. Alteration in *TNRC6B* gene expression due to genetic variations might perturb the levels of mRNA species normally under its control and therefore contribute to carcinogenesis.

rs10896469 and rs7931342 lie in an LD block of 70 kb on chromosome 11 that is a gene desert [11,18]. The closest gene from rs10896449 is *MYEOV*, located ~67 kb away, and its expression has been shown to be unfavorable in multiple myeloma [59].

rs1859962, rs6501455, rs7214479, and rs983085 fall within a strong LD block on 17q24.3. rs3760511 is in weak LD with rs7501939. The two loci on 17q12 and 17q24.3 are separated by approximately 33 Mb and no LD were observed between them [12]. rs2660753 is in a gene-poor region on chromosome 3. SNP rs2710647 is within the *EHBP1* gene on 2p15 [14]. The next work should be to confirm the true causal variants or find other more SNPs related with PCa on these loci.

There are three limitations deserving consideration in our systematic review. First, the results of meta-analysis in this review came from heterogeneous data obtained from GWAs. Discrepancy in study characteristics, such as age group, ethnicity, and family disease history, might have contributed to heterogeneity among included studies. But, we believed that it was feasible and proper to integrate data from heterogeneous studies in random-effect meta-analyses because each study answered the same question of genome-wide SNPs' effects on PCa. We also undertook subgroup analyses to explore whether ethnicity factor contributed to heterogeneity or not. Second, because included studies did not examine uniform set of SNPs, we could only combine data from the studies which reported results for the same SNP to assess the effect of each SNP on PCa. Third, most of all included studies were implemented in developed countries, and only a few studies were executed in Asian and African descent populations. Much more studies are required to confirm the associations of the SNPs examined in this review with PCa in other groups other than in European descent only.

From Table II, we can see that a high proportion of the population carried at-risk alleles, whereas individual alleles afford only small effects, much larger risks are seen in carriers of multiple risk alleles [8]. Therefore, the SNPs validated here potentially have public health purport when more susceptibility loci are identified. Additional researches are required to characterize genetic variations at these loci and ascertain their relationships with the functional consequences that leading to PCa. Further efforts to broaden the scale of GWAs meta-analyses, involved both sample size and SNP coverage, and to increase the number of SNP

applied to large-scale replication, may identify additional variants for PCa.

CONCLUSION

The current meta-analysis, using GWAs and replication studies, displayed significant associations of 31 SNPs (rs445114, rs620861, rs983085, rs1016343, rs1447295, rs1859962, rs2660753, rs2710646, rs2735839, rs3760511, rs4242382, rs4430796, rs4962416, rs5945572, rs5945619, rs6470494, rs6501455, rs6983267, rs6983561, rs7000448, rs7214479, rs7501939, rs7920517, rs7931342, rs9364554, rs9623117, rs10090154, rs10486567, rs10896449, rs10993994, rs16901979) with PCa. However, the associations of some SNPs with PCa were significant only in specific descent population. Thus, the pooled results supported the hypothesis that the effect of genetic factor on PCa may be heterogeneous among different ethnic populations. We also confirmed 14 independent PCa risk loci which are *8q24*, *MSMB*, *HNF1B*, *NUDT10/11*, *KLK2/3*, *JAZF1*, *CTBP2*, *SLC22A*, *EHBP1*, *33p12.1*, *11q13*, *17q24.3*, *17q12*, and *22q13*.

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