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Diferential Genotypes in Age-Related Macular Degeneration and Polypoidal Choroidal Vasculopathy: A Updated Meta-Analysis

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Abstract

Neovascular age-related macular degeneration (nAMD) and polypoidal choroidal vasculopathy (PCV) have some shared risk factors and clinical manifestation, but there are also some different features. Genetic variants are an important risk factor for both conditions. In this chapter, we reported an updated metaanalysis comparing the genetic variants between PCV and nAMD. Totally 57 SNPs in 20 genes were investigated. Among them, 11 SNPs in AR*MS2-HTRA1* and rs77466370 in

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FGD6 showed signifcant differences between PCV and nAMD, but the other SNPs had similar distribution between PCV and nAMD, including variants in *CFH, VEGF, C2, CFB*. These results suggest that PCV and nAMD shares the majority of genetic components, but the variants that distribute differently between these two conditions may explain the pathogenic and clinical difference of PCV and nAMD.

Keywords

Age-related macular degeneration Polypoidal choroidal vasculopathy · Metaanalysis · Single nucleotide polymorphism Genetic association

8.1 Introduction

Age-related macular degeneration (AMD) is a leading cause of blindness and central vision impairment and blindness in elderly patients [[1\]](#page-19-0). There are two types of AMD, dry and wet (exudative or neovascular) AMD (nAMD), which is characterized by atrophy of retinal pigment epithelium (RPE) and choroidal neovascularization respectively. The clinical manifestations of nAMD include choroidal neovasculariza-

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tion, subretinal fuid, hemorrhage, exudation, and fbrosis. Polypoidal choroidal vasculopathy (PCV) is characterized by the branching vascular network of the choroid and polyp-like aneurysmal dilations of its terminals [\[2](#page-19-1)]. Clinically, PCV is manifested as serosanguineous detachments of the pigmented epithelium and exudative changes that can recur in several episodes.

It is still controversy whether PCV presents a subtype of nAMD or a distinct disease. PCV and nAMD have some shared characters but there are also some different features, including risk factors, clinical manifestations, natural course, and response to treatment.

Both PCV and nAMD are commonly seen in elderly patients. However, PCV presents a younger age than nAMD [[3,](#page-19-2) [4](#page-19-3)]. Although both PCV and nAMD occur in any race, PCV is known to be more prevalent in pigmented ethnicity while nAMD has a high prevalence in European than in Asian [[5\]](#page-20-0). Smoking is a proven risk factors for both PCV and nAMD, while female gender is a protective factor for both conditions [\[3](#page-19-2), [6](#page-20-1)]. Diabetes was found to be more prevalent in nAMD than in PCV patients [[4\]](#page-19-3).

Clinically, Both PCV and nAMD present as exudation or hemorrhage at the macular region. But there are also different characters between them. nAMD is predominantly located at the fovea or parafoveal region, while PCV may involve perifoveal, peripapillary, or even peripheral retina. The histological feature of PCV is majorly polypoidal enlargement of the terminal of the choroidal vessel. nAMD is characterized by choroidal neovascularization above or underneath the RPE. The choroidal thickness of nAMD is usually thin but that of PCV is usually thick. The natural history of PCV is multiple, recurrent episodes while nAMD is a progressive disease. Although both disorders can be treated using photodynamic therapy or anti-vascular endothelial growth factor (VEGF) antibody, nAMD responses better to anti-VEGF therapy and PCV responses better to photodynamic therapy [\[7](#page-20-2)].

Genetic studies of AMD have identifed susceptibility single-nucleotide polymorphisms (SNPs) in multiple genes, including rs1061170 in *complement factor H (CFH)*, rs10490924 in *age-*

related maculopathy susceptibility 2 (*ARMS2*), and rs11200638 in *high-temperature requirement factor H* (*HTRA1*) [[8,](#page-20-3) [9\]](#page-20-4). In 2016, the International AMD Genomics Consortium reported 34 loci associated with AMD [\[10](#page-20-5)]. Due to the similarities between nAMD and PCV, major gene SNPs for nAMD have also been evaluated in PCV. The *CFH* SNP rs1061170 was not found to be associated with PCV [\[11](#page-20-6)], while an adjacent SNP rs800292 was signifcantly associated [\[11–](#page-20-6)[13\]](#page-20-7). Both rs10490924 and rs11200638 at the *ARMS2*- *HTRA1* locus were associated with PCV [[11,](#page-20-6) [12](#page-20-8), [14,](#page-20-9) [15](#page-20-10)]. In 2012, we published a meta-analysis investigating genetic associations of PCV with SNPs in the *ARMS2*, *HTRA1*, *CFH*, and *complement component 2* (*C2*) genes. The results also showed that one SNP, rs10490924, in *ARMS2* showed a signifcant difference between PCV and AMD [\[16](#page-20-11)]. In 2015, we reported the updated meta-analysis of the association of genetic variants with PCV, which found 31 polymorphisms in 10 genes/loci (including ARMS2, HTRA1, CFH, C2, CFB, RDBP, SKIV2L, CETP, 8p21, and 4q12) were signifcantly associated with PCV. Twelve polymorphisms at the ARMS2-HTRA1 locus showed signifcant differences between PCV and nAMD. There are many new articles investigating these topics since the publication of the latest meta-analysis. In this chapter, we further updated our meta-analysis comparing the genetic association profles between PCV and nAMD.

8.2 Methods of Meta-Analysis

A systematic literature search was performed using EMBASE, PubMed, Web of Science, and Chinese Biomedical Literature Database. The search used the terms (polypoidal choroidal vasculopathy or PCV) and (gene or genetic or polymorphism or variant or SNP or DNA). We retrieved all related records published from February 1, 2015, and September 27, 2018, and then added the articles published before Feb 2015 that were included in our previous meta-analysis. The reference lists of all eligible studies, reviews, and meta-analyses were also screened to prevent that any relevant studies were omitted.

The retried records were reviewed by two independent reviewers (L.M. and X. L.) and any inconsistency was resolved by discussion with another reviewer (H.C.). The following criteria were used when assessing the records [\[1](#page-19-0)]. casecontrol studies, cohort studies, or populationbased studies that evaluated the difference of gene variants between PCV and nAMD; and [\[2](#page-19-1)] allele or genotype counts and/or frequencies being presented or able to be calculated from the data in the study. For those reports published by the same study group on the same gene markers, only the latest study was included. Case reports, animal studies, reviews, conference abstracts, comments, articles without sufficient data, or published in language other than English were excluded.

The data from included studies were extracted by the two independent reviewers (L.M. and Z.L.) and any inconsistency was resolved by discussion with another reviewer (H.C.). If there were several cohorts in the same article, they were treated as independent study. The following information from each record was extracted: frst author, year of publication, the ethnicity of study subjects, study design, genotyping method, and sample size, demographics, allele, and genotype distribution in PCV and nAMD.

The distribution of genetic variants between PCV and nAMD from all included studies were pooled. Three genetic models were used, including allelic, dominant, and recessive models. The effect size was assessed using a summary odds ratio (OR) and its 95% confdence intervals (CIs) of each SNP. The software, Review Manager software (RevMan, version 5.3.5, The Cochrane Collaboration, Copenhagen, Denmark) was used for statistical analysis. The I^2 statistic was adopted to assess the heterogeneity among the studies. The I^2 values correspond with no (<25%), low (25%–50%), moderate (50%–75%), and high heterogeneity (\geq 75%). If the *I*² value was $\geq 50\%$, the fixed effects model was used in the meta-analysis, otherwise, the random effects model was used. A summary *P* value <0.05 was considered statistically signifcant. We performed a sensitivity analysis by omitting one study at a time and calculating the pooled ORs for the

remaining studies. Funnel plots were constructed to assess potential publication bias.

8.3 Results of Updated Meta-Analysis

Our literature search yielded a total of 1315 reports published between February 1, 2015, and September 27, 2018, from EMBASE, PubMed, Web of Science and Chinese Biomedical Literature Database. Out of these, 502 articles were excluded due to duplicates. After assessing the titles and abstracts, a further 606 reports with unrelated topics were omitted. For the remaining 107 studies, the full-texts were retrieved and reviewed. Another 89 reports were excluded, among which 62 studies were on AMD but not PCV, 2 were reviews, 23 were non-genetic studies, and 1 was a case report. Finally, 18 articles were eligible for the meta-analysis. A further 66 studies published before 2015 that were used in our previous meta-analysis were added. However, 19 of these studies were excluded because they only studied in PCV patients. Thus, a total of 65 studies were included in the meta-analysis. Figure [8.1](#page-3-0) shows the flowchart of literature inclusion and exclusion with the specifcation of rea-sons and Table [8.1](#page-4-0) shows the characters of the included studies.

In these 65 studies, both PCV and nAMD were assessed for associations with a total of 57 SNPs in 20 genes or loci (i.e., *ARMS2*, *HTRA1*, *CFH*, *VEGF-A*, *C2*, *CFB*, *SKIV2L*, *CETP*, 8p21, 4q12, *ELN*, *LIPC*, *LPL*, *FGD6*, *ABCA1*, *ABCG1*, *PGF*, *TLR3*, *LOXL1*, and *PEDF*; Table [8.1](#page-4-0)). In total, 11 SNPs at the *ARMS2-HTRA1* locus and 1 in *FGD6* showed signifcant differences between PCV and nAMD (Tables [8.2](#page-8-0) and [8.3\)](#page-9-0). There was no signifcant difference between PCV and nAMD in the remaining 45 SNPs (Table [8.4](#page-10-0)).

There are 12 studies tested the mostinvestigated SNP, *ARMS2* rs10490924, involving 2361 PCV and 2138 nAMD patients (Table [8.2](#page-8-0)) [\[3](#page-19-2), [12,](#page-20-8) [15](#page-20-10), [22,](#page-20-12) [26](#page-20-13), [27,](#page-20-14) [35](#page-21-0), [36,](#page-21-1) [38](#page-21-2), [43,](#page-21-3) [44](#page-21-4), [78\]](#page-22-0). The frequency of the T allele was signifcantly lower in PCV than in nAMD (summary OR 0.69; 95% CI 0.63–0.75; *P* = 5.50 × 10−16;

Table [8.2](#page-8-0) and Fig. [8.2\)](#page-16-0). The association was also statistically signifcant in both dominant and recessive models (OR = 0.64 , $P = 8.80 \times 10^{-8}$ and OR = 0.62 , $P = 1.47 \times 10^{-13}$ respectively; Table [8.3](#page-9-0) and Fig. [8.2](#page-16-0)). The results of the sensitivity analysis found that the association remains signifcant after omitting any single included cohorts (data not shown). And there was no asymmetry on the funnel plots (Fig. [8.5](#page-19-4)). There are 8 other SNPs in *ARMS2*, namely rs3750848, rs36212731, rs36212732, rs36212733, rs3750846, rs10664316, c.372_815del443ins54 and rs2672587, were evaluated in 2 to 3 cohorts, and also showed signifcant differences between PCV and nAMD (ORs values between 0.48 and 0.71, P values between 7.19×10^{-9} and 0.05; Table [8.2\)](#page-8-0).

There are seven studies tested the *HTRA1* SNP rs11200638 in 1362 PCV and 1364 nAMD patients [[3,](#page-19-2) [14](#page-20-9), [18,](#page-20-15) [43,](#page-21-3) [44](#page-21-4), [57,](#page-22-1) [73\]](#page-22-2). The A allele frequency was lower in PCV compared to nAMD, with a summary OR of 0.75 (95% CI, 0.67–0.84; $P = 2.14 \times 10^{-5}$; Table [8.2](#page-8-0) and Fig. [8.3](#page-17-0)). The association was also statistically signifcant in both dominant and recessive models $(OR = 0.67)$, $P = 0.006$ and OR = 0.70, $P = 9.87 \times 10^{-6}$ respectively, Table [8.3](#page-9-0) and Fig. [8.3](#page-17-0)). The results of the sensitivity analysis found that the association remain signifcant after omitting any single included cohorts (data not shown). And there was no asymmetry on the funnel plots (Fig. [8.5\)](#page-19-4). Another *HTRA1* SNP, rs2672587, was also evaluated in two cohorts, and showed signifcant differences between PCV and nAMD (G allele; OR, 1.41; 95% CI, 1.07–1.85; *P* = 0.01; Table [8.2](#page-8-0)).

The SNP rs77466370 in *FGD6* was studied in 3318 PCV and 2457 nAMD patients from fve cohorts. The summary OR for the T allele was 1.86 (95% CI, 1.48–2.35; *P* = 1.29 × 10−⁷ ; Table [8.2](#page-8-0) and Fig. [8.4\)](#page-18-0). The association was statistically signifcant in the dominant model but no in the recessive model (OR = 1.89, $P = 1.52 \times 10^{-7}$ and OR = 2.19, $P = 0.27$ respectively; Table [8.3](#page-9-0) and Fig. [8.4\)](#page-18-0). The results of the sensitivity analysis found that the association remain signifcant after omitting any single included cohorts (data not shown). And there was no asymmetry on the funnel plots (Fig. [8.5](#page-19-4)).

8.4 Discussion

Genetic variants are important risk factors for both nAMD and PCV. This updated systematic review and meta-analysis compared the distribution of genetic variants between nAMD and PCV. The results showed that 57 SNPs in 20 genes had been investigated in both PCV and nAMD in the same cohorts. The pooled outcomes showed 11 SNPs at the *ARMS2-HTRA1* locus and 1 SNP in *FGD6* had signifcant differences between PCV and nAMD. The results are robust because the sensitivity test found consistency when omitting any included studies. There was no publication bias found on the funnel plots. There was no signifcant difference between PCV and nAMD in

Table 8.1 Characteristics of the included studies in the meta-analysis **Table 8.1** Characteristics of the included studies in the meta-analysis $(continued)$ (continued)

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Table 8.1 (continued) **Table 8.1** (continued)

Study design: $1 = \text{cross-sectional study}$; $2 = \text{case-control study}$; $3 = \text{cohort study}$

Study design: 1 = cross-sectional study; 2 = case-control study; 3 = cohort study
"Indicates the study included both PCV and nAMD; "-" indicates there was no data for the ascertainment of controls; NA not mentioned in ori aIndicates the study included both PCV and nAMD; "-" indicates there was no data for the ascertainment of controls; *NA* not mentioned in original studies nAMD neovascular age-related macular degeneration; PCR polymerase chain reaction; PCV polypoidal choroidal vasculopathy *nAMD* neovascular age-related macular degeneration; *PCR* polymerase chain reaction; *PCV* polypoidal choroidal vasculopathy

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Table 8.2 Polymorphisms with significant differences between PCV and neovascular AMD **Table 8.2** Polymorphisms with signifcant differences between PCV and neovascular AMD

Gene symbols: $ARMS2 = age-related$ maculopadny su
sceptiliity 2; HITRA1 = HtrA serine peptidase 1Gene symbols: *ARMS2* = *age-related maculopathy susceptibility 2*; *HTRA1* = *HtrA serine peptidase 1*

"insAT vs. wide type; † del443ins54 vs. wide type
AMD age-related macular degeneration; CI confidence interval; OR odds ratio; PCV polypoidal choroidal vasculopathy; Ref reference *AMD* age-related macular degeneration; *CI* confdence interval; *OR* odds ratio; *PCV* polypoidal choroidal vasculopathy; *Ref* reference ainsAT vs. wide type; † del443ins54 vs. wide type

Table 8.3 Gene SNPs with significant differences between PCV and nAMD in dominant, recessive, homozygous and heterozygous models **Table 8.3** Gene SNPs with signifcant differences between PCV and nAMD in dominant, recessive, homozygous and heterozygous models

 $M =$ insAT vs. wide type; \dagger D vs. N = del443ins54 vs. wide type

CI confdence interval; *nAMD* neovascular AMD; *OR* odds ratio; *PCV* polypoidal choroidal vasculopathy

CI confidence interval; nAMD neovascular AMD; OR odds ratio; PCV polypoidal choroidal vasculopathy

(continued)

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Gene symbols: *ABCA1* ATP-binding cassette-sub-family A (ABC1)-member 1; *ARMS2* age-related maculopathy susceptibility 2; C2 complement component 2; *C4orf14* nitric oxide associated 1; *CETP* cholesteryl ester transfer protein-plasma; *CFB* complement factor B; *CFH* complement factor H; *ELN* elastin; *HTRA1* HtrA serine peptidase 1; *IGFBP7* insulin-like growth factor binding protein 7; *LIPC* lipase-hepatic; *LOC389641* uncharacterized LOC389641; *LOXL1* lysyl oxidase-like 1; *PEDF* pigment epithelium derived factor; *POLR2B* polymerase (RNA) II (DNA directed) polypeptide B; *REST* RE1 silencing transcription factor; *SKIV2L* superkiller viralicidic activity 2-like; *TLR3* toll-like receptor 3; *TNFRSF10A* tumor necrosis factor receptor superfamily-member 10a

CI confdence interval; *nAMD* neovascular age-related macular degeneration; *OR* odds ratio; *PCV* polypoidal choroidal vasculopathy

the remaining 45 SNPs in CFH, VEGF, *C2*, *CFB*, *SKIV2L*, *CETP,* 8p21, 4q12, *ELN*, *LIPC*, *LPL*, *FGD6*, *ABCA1*, *ABCG1*, *PGF*, *TLR3*, *LOXL1,* and *PEDF.*

The similarity and difference of PCV and nAMD attracted the interest in investigating the genetic susceptibility between them. There was a large sample size study investigated the genetic variants of 34 AMD loci for PCV and nAMD in East Asians [\[75\]](#page-22-22). The results showed that PCV and tAMD were highly correlated ($r_g = 0.69$, $P = 4.68 \times 10^{-3}$) in genetic variants. Weaker association for PCV compared to nAMD was found at *ARMS2-HTRA1* and *KMT2E-SRPK2*. The different association

b

Fig. 8.2 Forest plots of meta-analysis comparing the SNP rs10490924 at *ARMS2* between PCV and nAMD. (**a**) allele frequencies; (**b**) dominant model; (**c**) recessive model

c	PCV		nAMD			Odds Ratio	Odds Ratio
Study or Subgroup					Events Total Events Total Weight	M-H. Fixed, 95% CI	M-H, Fixed, 95% CI
Kondo 2009 b JPN	32	76	29	73	4.7%	1.10 [0.57, 2.12]	
Gotoh 2010 JPN	67	181	35	84	8.3%	0.82 [0.49, 1.40]	
Cheng 2013 Chinese	37	92	52	93	8.5%	0.53 [0.30, 0.95]	
Zhang 2013 Chinese	94	250	88	157	18.6%	0.47 [0.31, 0.71]	
Liu 2014 Chinese	81	233	92	200	17.8%	0.63 [0.42, 0.92]	
Woo 2015 Japanese	45	111	62	154	8.5%	1.01 [0.62, 1.66]	
Ye 2016 Chinese	138	419	196	490	33.4%	0.74 [0.56, 0.97]	
Total (95% CI)		1362		1251	100.0%	0.70 [0.60, 0.82]	
Total events	494		554				
Heterogeneity: Chi ² = 9.26, df = 6 (P = 0.16); $I^2 = 35\%$							0.2 5 0.5 10 0.1
Test for overall effect: $Z = 4.42$ (P < 0.00001)							Favours PCV Favours nAMD

Fig. 8.3 Forest plots of meta-analysis comparing the SNP rs11200638 at *HTRA1* between PCV and nAMD. (**a**) allele frequencies; (**b**) dominant model; (**c**) recessive model

of *ARMS2-HTRA1* variants between PCV and nAMD was confrmed in this meta-analysis. But *KMT2E-SRPK2* was investigated in only one study and therefore no meta-analysis was performed. In 2016, an article using exome sequencing identifed a rare variant, rs77466370, in *FGD6* was significantly associated with PCV ($OR = 2.12$) but not with CNV (OR = 1.13) [\[70\]](#page-22-18). Our meta-analysis confrmed that most genetic polymorphisms were distributed similarly between nAMD and PCV, But also some polymorphisms had a statistically significant difference between PCV and nAMD. These results suggest that PCV and nAMD have shared the majority of genetic background, while the differences of *ARMS2-HTRA1* locus and *FGD6* variants may be correlated with the differences in the pathologic and clinical manifestations of PCV and nAMD. The molecular mechanisms underlying their differences in pathogenesis remain to be further investigated.

a

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a
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a							
		PCV		nAMD		Odds Ratio	Odds Ratio
Study or Subgroup					Events Total Events Total Weight	M-H. Fixed, 95% CI	M-H. Fixed, 95% CI
Huang 2016 Chengdu Chinese	27	388	9	310	8.4%	2.50 [1.16, 5.40]	
Huang 2016 Hong Kong and Guangzhou Chinese	76	1412	46	1698	35.8%	2.04 [1.41, 2.97]	
Huang 2016 Japanese	45	3482	11	1334	14.2%	1.57 [0.81, 3.05]	
Huang 2016 Shantou Chinese	25	478	13	598	9.9%	2.48 [1.26, 4.91]	
Huang 2016 Singaporean	49	876	39	974	31.6%	1.42 [0.92, 2.19]	
Total (95% CI)		6636		4914	100.0%	1.86 [1.48, 2.35]	
Total events	222		118				
Heterogeneity: Chi ² = 3.25, df = 4 (P = 0.52); $I^2 = 0\%$							0.5 10 0.1 \overline{c} 5
Test for overall effect: $Z = 5.28$ (P < 0.00001)							0.2 Favours PCV Favours nAMD
b							
	PCV		nAMD			Odds Ratio	Odds Ratio
Study or Subgroup					Events Total Events Total Weight	M-H. Fixed, 95% CI	M-H. Fixed, 95% CI
Huang 2016 Chengdu Chinese	26	194	9	155	8.4%	2.51 [1.14, 5.53]	
Huang 2016 Hong Kong and Guangzhou Chinese	74	706	45	849	35.5%	2.09 [1.42, 3.07]	
Huang 2016 Japanese	45	1741	11	667	15.0%	1.58 [0.81, 3.08]	
Huang 2016 Shantou Chinese	24	239	13	299	10.1%	2.46 [1.22, 4.93]	
Huang 2016 Singaporean	48	438	38	487	31.1%	1.45 [0.93, 2.27]	
Total (95% CI)		3318		2457	100.0%	1.89 [1.49, 2.40]	
Total events	217		116				
Heterogeneity: Chi ² = 2.90, df = 4 (P = 0.57); $I^2 = 0\%$							0.2 0.5 0.1 $\overline{2}$ 10 5
Test for overall effect: $Z = 5.25$ (P < 0.00001)							Favours PCV Favours nAMD
C							
Experimental			Control			Odds Ratio	Odds Ratio
Study or Subgroup	Events		Total Events Total Weight			M-H, Fixed, 95% CI	M-H. Fixed, 95% CI
Huang 2016 Chengdu Chinese	1	194	$\mathbf{0}$	155	19.4%	2.41 [0.10, 59.59]	
Huang 2016 Hong Kong and Guangzhou Chinese	$\overline{\mathbf{2}}$	706	1	849	31.8%	2.41 [0.22, 26.62]	
Huang 2016 Japanese	$\bf{0}$	1741	Ω	667		Not estimable	
Huang 2016 Shantou Chinese	1	239	$\mathbf{0}$	299	15.5%	3.77 [0.15, 92.90]	
Huang 2016 Singaporean		438	1	487	33.2%	1.11 [0.07, 17.83]	
Total (95% CI)		3318		2457	100.0%	2.19 [0.55, 8.79]	
Total events	5		$\overline{2}$				
Heterogeneity: Chi ² = 0.35, df = 3 (P = 0.95); 1^2 = 0%							0.01 0.1 10 100
Test for overall effect: $Z = 1.10$ (P = 0.27)							Equajre fevnerimental) Equajre foontroll

Fig. 8.4 Forest plots of meta-analysis comparing the SNP rs77466370 at *FGD6* between PCV and nAMD. (**a**) allele frequencies; (**b**) dominant model; (**c**) recessive model

ARMS2-HTRA1 locus located at chromosome 10q26. It was one of the most strong associated locus with AMD [[79,](#page-22-25) [80\]](#page-23-0). There are many SNPs in this locus and they are in strong linkage disequilibrium. ARMS2 was expressed in the mitochondria of the outer segment of photoreceptors [\[81](#page-23-1)]. The function of *ARMS2* was suggested to be associated with loss of function of RPE [[81\]](#page-23-1). HTRA1 can inhibit transforming growth factorβin chronic infammation [\[82](#page-23-2)]. In the *HTRA1* transgenic mice model, retinal pigment epithelium atrophy, photoreceptor degeneration, and grape-cluster structure in choroidal vasculature were reported, which is similar to the PCV phenotype [\[83](#page-23-3)]. However, our meta-analysis found that the effect size of *ARMS2-HTRA1* locus was weaker in PCV compared to nAMD. Further

functional studies are needed to elucidate the role of *ARMS2-HTRA1* locus in PCV/nAMD.

FGD6 located at chromosome 12q22. FGD6 expresses in all human tissue but has a higher level of expression in retina and choroid, especially in retinal microvascular endothelial cells. $Rs77466370$, c.986A > G (p.Lys329Arg), is a rare variant with the minor allele frequency of 0.02–0.03 in normal subjects. FGD6-Arg329 has a different pattern of intracellular localization from FGD6-Lys329. In vitro, FGD6 could promote endothelial cells tube formation, furthermore, FGD6-Arg329 promoted more abnormal vessel development in the mouse retina than FGD6-Lys329 [[70](#page-22-18)]. These functional studies support the role of FGD6 in the pathogenesis of PCV.

Fig. 8.5 Funnel plots of the meta-analysis comparing rs10490924 ($a-c$), rs11200638 (d –**f**) and rs77466370 (g –**i**) between PCV and nAMD. (**a**, **d**, **g**) Allele frequencies; (**b**, **e**, **h**) dominant model; C, F, I. recessive model

8.5 Summary

In summary, we pooled the results 57 SNPs in 20 genes that had been investigated in both PCV and nAMD in the same studies. Among them, 11 SNPs at the *ARMS2-HTRA1* locus and rs77466370 in *FGD6* showed signifcant differences between PCV and nAMD, but the other SNPs had similar distribution between PCV and nAMD. Our results suggest that PCV and nAMD have shared the majority of genetic components, but the variants distributed differently between these two conditions may explain the pathogenic and clinical differences of PCV and nAMD.

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