



DNA methylation associated with polycystic ovary syndrome: a systematic review

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Abstract

Purpose Polycystic ovary syndrome (PCOS) is an endocrine metabolic disease that affects women of reproductive age and is one of the main causes of anovulatory infertility. However, the cause of PCOS is yet fully understood, and genetic factors play an important role in its etiology. In this study, we reviewed the main genes involved in the etiology of PCOS and the influence of DNA methylation, aiming to answer the study's guiding question: 'What is the influence of DNA methylation on the main genes involved in PCOS?'.
Methods We used the MEDLINE database, and inclusion criteria (primary and original articles, written in English, found through our entry terms) and exclusion criteria (literature reviews and articles that used animals to perform the experiments and that focused in other epigenetics mechanism without being DNA methylation) were applied.
Results Twenty-three scientific articles, from a total of 43 articles read in full, were chosen for this study. Eighteen studies confirmed DNA methylation associated with PCOS.
Conclusion The most relevant genes related to PCOS were *INSR*, *LHCGR*, and *RAB5B*, which may be epigenetically altered in DNA, with the first two genes hypomethylated and the last hypermethylated. The epigenetic changes presented in the genes related to PCOS or their promoters were only at the CpG sites.

Keywords Infertility · Genes · DNA · Methylation

What does this study add to the clinical work

This systematic review on the main genes related to the PCOS physiopathology lead to a deeper understanding of the PCOS pathogenesis, and have the potential to orientate more precise diagnoses, and also help to establish more effective treatment protocols.

Introduction

Polycystic ovary syndrome (PCOS) is an endocrinological disease that affects 6–15% of women of reproductive age [1]. This syndrome has a combination of symptoms, such as hyperandrogenism, menstrual irregularities, metabolic syndrome, infertility, acne, and obesity [2]. According to the Rotterdam Consensus Workshop criteria for PCOS [3], it is necessary to identify at least two of the following characteristics: (i) clinical or biochemical signs of hyperandrogenism, (ii) oligo or anovulation, and (iii) presence of polycystic ovaries.

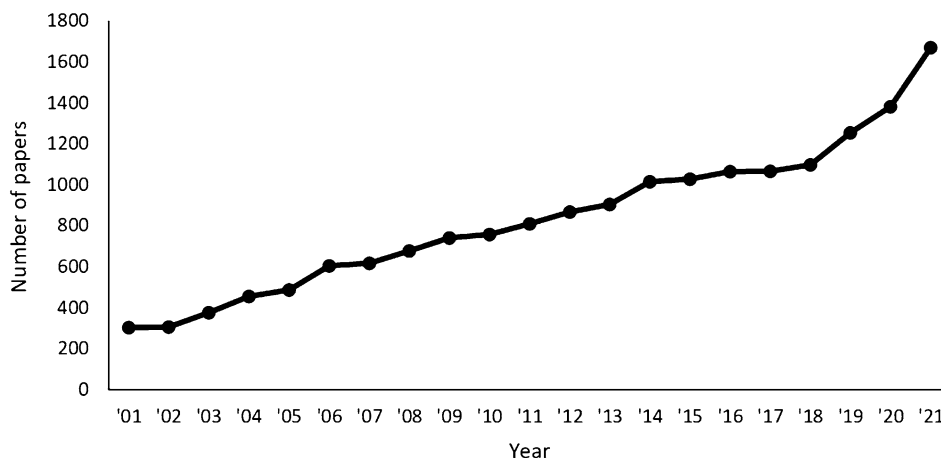
In addition to the heterogeneity of clinical signs and symptoms, PCOS has an etiology that is not fully understood. Thus, the study of this disease is quite challenging [1], being the object of an increasing number of studies over the years (Fig. 1). Among the possible causes of the development of PCOS, the excess production of androgens and insulin resistance have been identified as the main factors in the etiology of the disease [4].

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Fig. 1 Survey of the number of articles on polycystic ovary syndrome (PCOS), using the MEDLINE database. Over the years, it is possible to notice the increase in the number of articles on PCOS, pointing to a greater number of researches, knowledge and relevance of the subject. This chart is created in late June 2022



Genetic factors also play an important role in the etiology of the disease, as alterations in gene transcription or genetic polymorphisms can cause serious transcriptional alterations related to PCOS. According to Ajmal et al. [5], the genes that encode androgen receptors, luteinizing hormone (LH), follicle-stimulating hormone (FSH), and leptin receptors are the most likely to be involved in the pathophysiology of the disease.

Epigenetics, which deals with processes associated with changes in the expression pattern of genes without changing the DNA nucleotide sequence [6], is a branch of genetics that is increasingly associated with the pathogenesis of PCOS [7]. Epigenetic processes include DNA cytosine methylation, modifications of histone proteins present in the nucleosome, and mechanisms mediated by noncoding RNA [8]. DNA methylation involves the addition of a methyl group on carbon 5 of cytosine through the action of DNA methyltransferases [9, 10]. Much of this methylation occurs at CpG sites, which are groups of dinucleotides, resulting in chromatin condensation. Therefore, hypermethylated DNA regions hinder gene transcription and cause gene silencing [9]. In histones, several covalent modifications can occur, such as acetylation, methylation, phosphorylation, and ubiquitination [10, 11], which change the conformation and accessibility of chromatin in different ways [11]. Noncoding RNAs, in turn, are transcribed from RNAs that do not code for proteins but can, for example, interact with histone-modifying complexes or DNA methyltransferases to regulate gene expression [12].

In addition to being current, the relationship between epigenetics and PCOS is quite relevant, as changes in gene expression can generate important phenotypic changes, such as hyperandrogenism [7, 13–15]. Thus, the discovery and investigation of genes undergoing epigenetic alterations in tissues affected by the pathology may lead to more effective therapies for the treatment of women with PCOS [7, 13–15]. However, given the clinical heterogeneity of

PCOS associated with the complex gene expression pathways involved in this disease, there are still gaps to be filled regarding its etiology. Therefore, this study aimed to review the main genes involved in the pathophysiology of PCOS and DNA methylation associated with the expression of these genes.

Methods

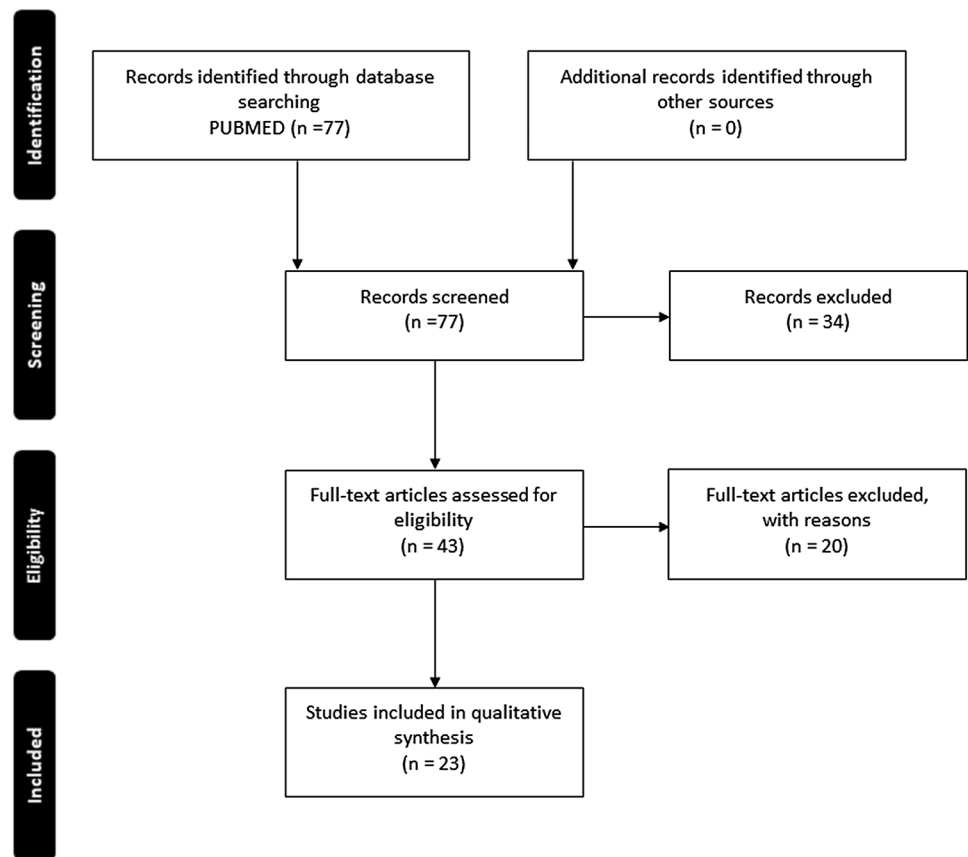
This study is a systematic review that used the updated Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) recommendation [16] (Fig. 2). The study's guiding question was: “What is the influence of DNA methylation on the main genes involved in PCOS?”.

The search was carried out until June 2022 in the Medical Literature Analysis and Retrieval System Online (MEDLINE) database. The descriptors used for the search were (polycystic ovary syndrome) AND (genes) AND (epigenetics) based on the MeSH descriptors.

We included papers that met our inclusion criteria: primary and original articles, written in English, found through our entry terms. All papers included must have been published until June 2022. Our exclusion criteria were papers written in other language than English, literature reviews, and articles that used animals to perform the experiments or that focused in other epigenetics mechanism instead of DNA methylation.

For data screening and extraction, a table was filled with the quantification of the following data: author, year of publication, cited genes, methods, objectives, main genes addressed in each study, and type of epigenetic alteration involved in the expression of these genes when epigenetically altered. To be included for data screening and extraction, the paper must have analyzed the DNA of women with and without PCOS. Our primary outcome measure was the genes differentially expressed in these two groups, and

Fig. 2 Flowchart of the systematic review of manuscripts related to epigenetic alterations of genes involved in polycystic ovary syndrome (PCOS), based on the PRISMA recommendation. The records are identified by searching the MEDLINE database of articles published until December 2021. After applying the exclusion criteria, 77 manuscripts are selected. After a complete reading of 43 articles, 23 articles are in accordance with the study proposal and, therefore, are included in this review



this difference had to be explained by the methylation levels. Then, articles were grouped based on the similarity of the genes and their metabolic role. The data selection and extraction were done and reviewed by two authors independently. Subsequently, a third author reviewed the results and pointed out suggestions. Only the papers that met the inclusion criteria were added to this systematic review, and any inter-researched disagreement was resolved among the authors. The risk of bias in included papers was assessed by the Newcastle–Ottawa Scale (NOS) [17], with modifications (Supplementary Table 1). The NOS measures the quality of nonrandomized studies based on the selection of the study groups, the comparability of the groups, and the ascertainment of either the exposure or outcome of interest for case–control or cohort studies, respectively, to be used in a systematic review [17]. This scale allowed us to evaluate all the articles with the same tool, as not all of them were case–control studies. The criteria adopted were: (1) adequate definition of cases; (2) selection of controls; (3) control for important factor; (4) explicit DNA tissue extracted reported; and (5) significant statistic difference between PCOS *vs* control for DNA methylation levels.

Results

In total, we identified 77 articles. After screening based on the title or abstract, 34 studies were excluded. Among these, 19 were reviews, five focused on miRNA modifications, and 10 did not focus on epigenetic modifications. Forty-three articles were read in full, and 20 papers were excluded because studied epigenetic alterations in a non-human population. Finally, 23 were eligible to answer the central question of this review. We summarized this process in a flow-diagram (Fig. 2). The studies appraisal was qualitatively done by stratifying methodological characteristics of each study, i.e., the type of study, the size of the included population, the presence of a control group, the genes involved, and their methylation and expression levels. Then, the quality of the assessment of the included studies was measured by NOS (Supplementary Table 1).

Among the included articles, the main genes affected by PCOS were identified and are detailed in Table 1. The genes for androgen receptors and those related to the regulation of ovulation and metabolism were the most recurrent.

Of the 23 selected articles, 18 confirmed the epigenetic influence on PCOS-related genes. Table 2 lists those with greater relevance to the epigenetic alterations described by the authors, with genes identified in more than one study.

Table 1 List of the main genes affected in polycystic ovary syndrome (PCOS), according to a literature review

Gene	Function	Authors
<i>AKR1C3</i>	Associated with hyperandrogenism as it converts A4 into testosterone. It is also related to premature rupture of the luteum and luteal insufficiency	Sagvekar et al. (2019) [28]
<i>ADIPOQ</i>	Involved in the functionality of adipocytes Responsible for the production of adiponectin in adipocytes. Related to androgen dysfunction in childhood children whose mothers have a PCOS	Leung et al. (2020) [22] Echiburú et al. (2020) [29]
<i>AFAP1</i>	NR	Wang et al. (2014) [32]
<i>AGPAT2</i>	Involved in the differentiation of adipocytes	Leung et al. (2020) [22]
<i>AIFM1</i>	NR	Wang et al. (2014) [32]
<i>AMH</i>	Plays a key role in folliculogenesis Regulates follicular recruitment and selects cyclically anti follicles	Echiburú et al. (2020) [29] Yu et al. (2015) [24]
<i>ANKRD11</i>	NR	Wang et al. (2014) [32]
<i>APP</i>	Detrimental to mitochondrial metabolism and possibly responsible for increased oxidative stress	Lambertini et al. (2017) [25]
<i>AR</i>	Androgens receiver	Dasgupta et al. (2010) [18] Laisk et al. (2010) [19] Echiburú et al. (2020) [29]
<i>ARHGEF26</i>	Endocrine function	Makrinou et al. (2020) [30]
<i>ATF1</i>	Ovarian function	Makrinou et al. (2020) [30]
<i>BDNF</i>	Encodes a protein found in the brain that promotes the survival of neurons. Related to the level of glucose, type 2 diabetes melitus, and insulin sensitivity	Jacobsen et al. (2019) [27]
<i>BMPRIA</i>	Ovarian function	Makrinou et al. (2020) [30]
<i>BNIP3</i>	Related to lipid metabolism	Pan et al. (2018) [33]
<i>BRCA1</i>	Associated with breast cancer and possibly ovarian	Jiao et al. (2019) [39]
<i>CARNMT1</i>	Metabolism of lipids, cholesterol, and adipogenesis	Makrinou et al. (2020) [30]
<i>CASP9</i>	Ovarian function	Makrinou et al. (2020) [30]
<i>CASR</i>	Its expression affect the signage pathways of CA2+, which impairs oocyte maturation or causes poor oocytes production	Sagvekar et al. (2019) [28]
<i>CCL2</i>	NR	Wang et al. (2014) [32]
<i>CEBPα</i>	Involved in the differentiation of adipocytes	Leung et al. (2020) [22]
<i>CHRNA4</i>	Related to neurotransmitters and mental disorders	Makrinou et al. (2020) [30]
<i>CNN1</i>	Ovarian function	Makrinou et al. (2020) [30]
<i>COX15</i>	Related to the cardiovascular system	Makrinou et al. (2020) [30]
<i>CREM</i>	NR	Wang et al. (2014) [32]
<i>CYP19A1</i>	Responsible for encoding aromatase, a key enzyme that catalyzes the final stage of estrogen biosynthesis	Yu et al. (2015) [24]
<i>CYP4X1</i>	NR	Wang et al. (2014) [32]
<i>DCAF12L1</i>	NR	Wang et al. (2014) [32]
<i>DDB2</i>	NR	Wang et al. (2014) [32]
<i>DHRS9</i>	NR	Xu et al. (2016) [13]
<i>DIP2C</i>	NR	Wang et al. (2014) [32]
<i>DIRAS3</i>	NR	Saenz-de-Juano et al. (2019) [21]
<i>DLG1</i>	Ovarian function. Related to neurotransmitters and mental disorders	Makrinou et al. (2020) [30]
<i>DNAJC5</i>	NR	Wang et al. (2014) [32]
<i>ESR1</i>	Related to metabolic dysfunction, such as dyslipidemia	Lambertini et al. (2017) [25]
<i>EXPH5</i>	Metabolism of insulin	Makrinou et al. (2020) [30]
<i>FABP4</i>	Involved in the functionality of adipocytes	Leung et al. (2020) [22]
<i>FAHD1</i>	NR	Wang et al. (2014) [32]
<i>FAM50B</i>	NR	Saenz-de-Juano et al. (2019) [21]
<i>FBLN5</i>	Ovarian function	Makrinou et al. (2020) [30]
<i>FBN1</i>	NR	Wang et al. (2014) [32]
<i>FERMT2</i>	Ovarian and endocrine function	Makrinou et al. (2020) [30]

Table 1 (continued)

Gene	Function	Authors
<i>FST</i>	Encodes the production of follistatin	Sang et al. (2013) [20]
<i>FZD1</i>	NR	Leung et al. (2020) [22]
<i>GADD45B</i>	Ovarian function	Makrinou et al. (2020) [30]
<i>GEMIN8</i>	NR	Wang et al. (2014) [32]
<i>GHRHR</i>	Regulates the release of GH and IGF1. IGF1 stimulates the production of LH and that of androgens	Sagvekar et al. (2019) [28]
<i>GM2A</i>	Metabolism of lipids, cholesterol, and adipogenesis	Makrinou et al. (2020) [30]
<i>GNA11</i>	Metabolism of insulin. Ovarian and endocrine function	Makrinou et al. (2020) [30]
<i>GNAS</i>	NR	Saenz-de-Juano et al. (2019) [21]
<i>GNG4</i>	NR	Wang et al. (2014) [32]
<i>HAPLN1</i>	Regulation of COC	Sagvekar et al. (2019) [28]
<i>HCG4</i>	NR	Wang et al. (2014) [32]
<i>HLA-B</i>	NR	Wang et al. (2014) [32]
<i>HLA-F</i>	NR	Wang et al. (2014) [32]
<i>HMGA2</i>	NR	Makrinou et al. (2020) [30]
<i>HOOK2</i>	Correlated with obesity and type 2 diabetes mellitus	Jacobsen et al. (2019) [27]
<i>HRH1</i>	NR	Wang et al. (2014) [32]
<i>HSD17B1</i>	NR	Wang et al. (2014) [32]
<i>HTR5A</i>	NR	Saenz-de-Juano et al. (2019) [21]
<i>IGF2BP2</i>	Type 2 diabetes and plays a role in oocyte competence	Yu et al. (2015) [24]
<i>INSR</i>	Indispensable in the life of insulin signaling Insulin receiver	Jones et al. (2015) [23]
<i>IRS1</i>	Related to insulin signaling and is also a candidate for type 2 diabetes mellitus	Kokosar et al. (2016) [15]
<i>ITGBL1</i>	NR	Wang et al. (2014) [32]
<i>KCNK1</i>	Ovarian function	Makrinou et al. (2020) [30]
<i>KCNMA1</i>	NR	Wang et al. (2014) [32]
<i>KLF10</i>	Related to the size of adipose tissue in women with PCOS	Nilsson et al. (2018) [26]
<i>LEP</i>	Present mainly in adipose tissue, related to BMI disorders and insulin regulation in women with PCOS	Echiburú et al. (2020) [29]
<i>LHCGR</i>	LH receiver	Wang et al. (2014) [32] Jones et al. (2015) [23]
<i>LIF</i>	Its decrease was associated with small deployment rates and low levels of success in in vitro fertilization	Sagvekar et al. (2019) [28]
<i>LINE1</i>	Found in large numbers in the human genome, it is related to diseases of the gynecological system: gestational trophoblastic neoplasm, endometriosis, among others	Pruksananonda et al. (2016) [34]
<i>LPCAT1</i>	Codifies the enzyme lisofosphyldicoline acyltransferase (LPCAT), which plays a role in glucose metabolism	Mao et al. (2021) [31]
<i>LPL</i>	Involved in the functionality of adipocytes	Leung et al. (2020) [22]
<i>LRP1</i>	Metabolism of lipids, cholesterol, and adipogenesis. Ovarian function	Makrinou et al. (2020) [30]
<i>MAD1L1</i>	NR	Wang et al. (2014) [32]
<i>MAFK</i>	NR	Wang et al. (2014) [32]
<i>MAMLD1</i>	Excess androgen	Sagvekar et al. (2019) [28]
<i>MAP2K6</i>	Related to insulin resistance	Nilsson et al. (2018) [26]
<i>MAPKAPK3</i>	Related to neurotransmitters and mental disorders	Makrinou et al. (2020) [30]
<i>MDK</i>	Endocrine and ovarian function	Makrinou et al. (2020) [30]
<i>MLH1</i>	Increased risk of developing ovarian cancer	Jiao et al. (2019) [39]
<i>MTSS1</i>	Related to the cardiovascular system	Makrinou et al. (2020) [30]
<i>MLXIPL</i>	Metabolism of insulin	Makrinou et al. (2020) [30]
<i>NAMPT</i>	Related to a possible compensation decreased insulin sensitivity, in addition to relating to the size of the adipocytes	Nilsson et al. (2018) [26]
<i>NAP1L5</i>	NR	Saenz-de-Juano et al. (2019) [21]

Table 1 (continued)

Gene	Function	Authors
<i>NAV2</i>	NR	Wang et al. (2014) [32]
<i>NBAS</i>	NR	Wang et al. (2014) [32]
<i>NCF2</i>	NR	Xu et al. (2016) [13]
<i>NR0B1</i>	NR	Wang et al. (2014) [32]
<i>NR4A1</i>	Biosynthesis of androgens and changes in the circadian cycle	Pan et al. (2018) [33]
<i>NRIP1</i>	Central paper in lipid and carbohydrate metabolism. Associated with infertility	Yu et al. (2015) [24]
<i>NRK</i>	NR	Wang et al. (2014) [32]
<i>PARK2</i>	Associated with oxidative stress and brain insulin strength	Lambertini et al. (2017) [25]
<i>PAX6</i>	Essential for the differentiation and survival of pancreatic beta cells (responsible for producing insulin)	Lambertini et al. (2017) [25]
<i>PCYT1A</i>	Codifies the enzyme hill-phosphate citidyltransferase, which is important in phosphatidyl synthesis	Mao et al. (2021) [31]
<i>PLAGL1</i>	NR	Saenz-de-Juano et al. (2019) [21]
<i>PLN1</i>	Involved in the functionality of adipocytes	Leung et al. (2020) [22]
<i>PLXNC1</i>	NR	Wang et al. (2014) [32]
<i>PPARG/PPARγ</i>	Related to type 2 diabetes mellitus	Kokosar et al. (2016) [15]
	Involved in the differentiation of adipocytes	Leung et al. (2020) [22]
<i>PPARGGC1</i>	Related to biogenesis, mitochondrial function and changes in methylation in children were related to increased cardiometabolic risk	Zhao et al. (2017) [35]
<i>PPFIA2</i>	Related to neurotransmitters and mental disorders	Makrinou et al. (2020) [30]
<i>PRDM1</i>	NR	Wang et al. (2014) [32]
<i>PRKCA</i>	Ovarian function	Makrinou et al. (2020) [30]
<i>PTGER1</i>	Decrease in the angiogenesis of ovarian endothelial cells. In addition, associated with premature luteolysis and soon recurring abortions	Sagvekar et al. (2019) [28]
<i>RAB5B</i>	Involved in the transport of intracellular vesicles	Kokosar et al. (2016) [15]
	Related to the formation of endosomal cells and is related to diabetes mellitus 1 and obesity	Jones et al. (2015) [23]
<i>RASSF5</i>	NR	Wang et al. (2014) [32]
<i>RDX</i>	Ovarian function	Makrinou et al. (2020) [30]
<i>RETN</i>	Modulates tolerance to glucose and insulin action. Related to insulin resistance and excess androgen	Sagvekar et al. (2019) [28]
<i>RGMB</i>	NR	Wang et al. (2014) [32]
<i>RLIM</i>	NR	Wang et al. (2014) [32]
<i>RNF213</i>	NR	Wang et al. (2014) [32]
<i>SCGB1D4</i>	Regulates the migration and invasion of chemotactic cells	Hiam et al. (2019) [35]
<i>SCNA</i>	NR	Xu et al. (2016) [13]
<i>SFRP1</i>	NR	Leung et al. (2020) [22]
<i>SHH</i>	Ovarian function	Makrinou et al. (2020) [30]
<i>SLC2A4</i>	Involved in the functionality of adipocytes	Leung et al. (2020) [22]
<i>SLC2A8</i>	Member of a family of intracellular glucose conveyors	Yu et al. (2015) [24]
<i>SNRPN</i>	NR	Saenz-de-Juano et al. (2019) [21]
<i>SSBP2</i>	NR	Wang et al. (2014) [32]
<i>SULT4A1</i>	Related to the cardiovascular system	Makrinou et al. (2020) [30]
<i>STXBP5L</i>	Metabolism of insulin	Makrinou et al. (2020) [30]
<i>SVEP1</i>	Related to type 2 diabetes mellitus	Kokosar et al. (2016) [15]
<i>TGFB1</i>	Related to chronic systemic inflammation	Lambertini et al. (2017) [25]
<i>TGFB1</i>	The primary regulator of genes expressed on days 3, 7, and 12 of adipogenesis	Leung et al. (2020) [22]
<i>TMEM132A</i>	NR	Wang et al. (2014) [32]
<i>TNF</i>	Related to hyperandrogenism, COC expansion, and ovulation commitment	Sagvekar et al. (2019) [28]
<i>TNIK</i>	NR	Wang et al. (2014) [32]
<i>TPRG1</i>	NR	Wang et al. (2014) [32]
<i>TRIM14</i>	NR	Wang et al. (2014) [32]

Table 1 (continued)

Gene	Function	Authors
<i>WDR44</i>	NR	Wang et al. (2014) [32]
<i>WNT10B</i>	NR	Leung et al. (2020) [22]
<i>YWHAQ</i>	NR	Xu et al. (2016) [13]
<i>ZFAND3</i>	NR	Wang et al. (2014) [32]
<i>ZNF503</i>	NR	Wang et al. (2014) [32]

A4 androstenedione, *COC* cumulus oophorus complex, *GH* growth hormone, *IGF1* insulin's similar growth factor, *BMI* body mass index, *LH* luteinizing hormone, *NR* not reported, *PCOS* polycystic ovary syndrome

The epigenetic alterations presented were only in DNA, specifically CpG sites (Fig. 3), which could be hypomethylated or hypermethylated depending on the gene. Therefore, no alterations in histones were observed. In the other articles ($n = 5$), although the direct influence of epigenetics on the genes involved in PCOS was not found, no work contradicted the existence of this influence [18–22]. Among the articles that confirmed the relationship between epigenetics and PCOS genes, ten articles identified epigenetic alterations in genes related to insulin resistance [15, 23–31]. In total, 14 genes were identified: growth hormone releasing hormone receptor (*GHRHR*), peroxisome proliferator activated receptor gamma (*PPARG*), resistin (*RETN*), nicotinamide phosphoribosyltransferase (*NAMPT*), brain derived neurotrophic factor (*BDNF*), insulin receptor substrate 1 (*IRS1*), paired box 6 (*PAX6*), insulin receptor (*INSR*), G protein subunit alpha 11 (*GNA11*), MLX interacting protein like (*MLXIPL*), syntaxin binding protein 5L (*STXBP5L*), leptin (*LEP*), estrogen receptor 1 (*ESR1*), and lysophosphatidylcholine acyltransferase 1 (*LPCAT1*). Other studies also identified genes related to hyperandrogenism: luteinizing hormone/choriogonadotropin receptor (*LHCGR*), CL2 interacting protein 3 (*BNIP3*), *GHRHR*, and tumor necrosis factor (*TNF*) [23, 28, 32, 33].

Discussion

Given the high number of genes cited in the articles, many authors have not discussed their relationship with PCOS in depth. Wang et al. [36], for example, analyzed an extensive number of genes, 54 in all, to test their correlation with PCOS. However, not all genes showed a direct relationship between methylation and regulation of gene expression or function, or their function had not been well elucidated by methylation [36].

One of the main genes reported was the *INSR* gene. The promoter regions of the *INSR* gene were reported by Yu et al. [24] as hypomethylated in the ovarian tissue of women with PCOS compared with women without PCOS, resulting in a greater expression of the *INSR* gene. Jones et al.

[23], in turn, verified that the *INSR* gene was expressed more in cumulus cells of ovarian follicles of obese women with PCOS than in non-obese women with PCOS. They presented another relevant finding that the *INSR* gene is hypermethylated, i.e., less expressed in metabolic tissues, such as skeletal muscle tissue, of obese women with PCOS [23]. This finding was used to confirm the existing theory of selective insulin sensitivity, since ovarian tissue is not resistant to insulin while skeletal muscle is [23].

Of the other genes that also underwent epigenetic alterations and were related to PCOS and insulin resistance, the *ESR1* gene, an androgen receptor, was found to be hypomethylated in women with PCOS compared to the control group (women without PCOS), which was overexpressed [25]. The authors associated overexpression of the *ESR1* gene with overexpression of lipid kinases related to the development of insulin resistance, which may be a possible explanation for the glucotoxic environment in women with PCOS [25]. Another important gene, *IRS1*, which is a gene that plays a central role in insulin signaling and a relationship with type 2 diabetes mellitus, was shown to be altered based on the body mass index of women [15]. The authors showed that overweight or obese women with PCOS had reduced *IRS1* expression compared to others in the cohort [15]. Similarly, another gene directly correlated with type 2 diabetes mellitus, *PPARG*, one of the targets of pharmacological drugs used to control plasma glucose levels, was found to be hypermethylated and, therefore, less expressed in women with PCOS [15]. When studying the *PPARG* coactivator 1 alpha (*PPARGC1A*), a *PPARG* coactivator [37], Zhao et al. observed that women with PCOS also had this hypermethylated gene compared to healthy control women [38], indicating an epigenetic orchestration of genes with integrated functions.

A review of the articles also pointed to epigenetic alterations in genes related to the regulation of ovulation, such as the *LHCGR* gene, which encodes the LH and chorionic gonadotropin (CG) receptor. In two studies, elevated expression of this gene was found in women diagnosed with PCOS compared to women without PCOS due to its hypomethylation [23, 32].

Table 2 Epigenetic alterations of genes were found in women with polycystic ovary syndrome (PCOS), according to a literature review

Gene	Epigenetic alteration	References
<i>AKR1C3</i>	Hypomethylated	Sagvekar et al. (2019) [28]
<i>AMH</i>	Hypomethylated	Echiburú et al. (2020) [29]
<i>APP</i>	Hypomethylated	Lambertini et al. (2017) [25]
<i>AR</i>	Hypomethylated	Echiburú et al. (2020) [29]
<i>BDNF</i>	Hypermethylated	Jacobsen et al. (2019) [27]
<i>BMPRIA</i>	Hypomethylated	Makrinou et al. (2020) [30]
<i>BNIP3</i>	Hypomethylated	Pan et al. (2018) [33]
<i>CASR</i>	Hypomethylated	Sagvekar et al. (2019) [28]
<i>CCDC48</i>	Hypermethylated	Makrinou et al. (2020) [30]
<i>CYP19A1</i>	Hypermethylated	Yu et al. (2015) [24]
<i>DHRS9</i>	Hypomethylated*	Xu et al. (2016) [13]
<i>ESR1</i>	Hypomethylated	Lambertini et al. (2017) [25]
<i>FERMT2</i>	Hypermethylated	Makrinou et al. (2020) [30]
<i>FL54034</i>	Hypomethylated	Makrinou et al. (2020) [30]
<i>GHRHR</i>	Hypomethylated	Sagvekar et al. (2019) [28]
<i>HAPLN1</i>	Hypermethylated	Sagvekar et al. (2019) [28]
<i>HOOK2</i>	Hypermethylated	Jacobsen et al. (2019) [27]
<i>IGF1BP2</i>	Hypermethylated	Yu et al. (2015) [24]
<i>INSR</i>	Hypomethylated	Yu et al. (2015) [24]
	Hypomethylated *	Jones et al. (2015) [23]
	Hypermethylated**	
<i>IRS1</i>	Hypermethylated	Kokosar et al. (2016) [15]
<i>KLF10</i>	Hypomethylated	Nilsson et al. (2018) [26]
<i>LHCGR</i>	Hypomethylated	Wang et al. (2014) [32] Jones et al. (2015) [23]
<i>LIF</i>	Hypermethylated	Sagvekar et al. (2019) [28]
<i>LINE1</i>	Hypermethylated	Pruksananonda et al. (2016) [34]
<i>LPCAT1</i>	Hypermethylated	Mao et al. (2021) [31]
<i>LPL</i>	Overexpressed	Leung et al. (2020) [22]
<i>MAMLD1</i>	Hypomethylated	Sagvekar et al. (2019) [28]
<i>NAMPT</i>	Hypomethylated	Nilsson et al. (2018) [26]
<i>NCF2</i>	Hypomethylated*	Xu et al. (2016) [13]
<i>NR4A1</i>	Hypomethylated	Pan et al. (2018) [33]
<i>NRIP1</i>	Hypermethylated	Yu et al. (2015) [24]
<i>PARK2</i>	Hypermethylated	Lambertini et al. (2017) [25]
<i>PAX6</i>	Hypermethylated	Lambertini et al. (2017) [25]
<i>PCYT1A</i>	Hypermethylated	Mao et al. (2021) [31]
<i>PPARG</i>	Hypermethylated	Kokosar et al. (2016) [15]
<i>PPARGC1</i>	Hypermethylated	Zhao et al. (2017) [35]
<i>PTGER1</i>	Hypermethylated	Sagvekar et al. (2019) [28]
<i>RAB5B</i>	Hypermethylated	Jones et al. (2015) [23] Kokosar et al. (2016) [15]
<i>RBPM5</i>	Hypomethylated	Makrinou et al. (2020) [30]
<i>RETN</i>	Hypomethylated	Sagvekar et al. (2019) [28]
<i>SCGB1D4</i>	Hypomethylated	Hiam et al. (2019) [35]
<i>SCNA</i>	Hypomethylated*	Xu et al. (2016) [13]
<i>SFRP1</i>	Underexpressed	Leung et al. (2020) [22]
<i>SHH</i>	Hypermethylated	Makrinou et al. (2020) [30]
<i>SLC2A4</i>	Overexpressed	Leung et al. (2020) [22]

Table 2 (continued)

Gene	Epigenetic alteration	References
<i>SLC2A8</i>	Hypermethylated	Yu et al. (2015) [24]
<i>SVEP1</i>	Hypermethylated	Kokosar et al. (2016) [15]
<i>TGFB1</i>	Hypomethylated	Lambertini et al. (2017) [25]
<i>TNF</i>	Hypermethylated	Sagvekar et al. (2019) [28]
<i>WNT10B</i>	Underexpressed	Leung et al. (2020) [22]
<i>YWHAQ</i>	Hypomethylated*	Xu et al. (2016) [13]

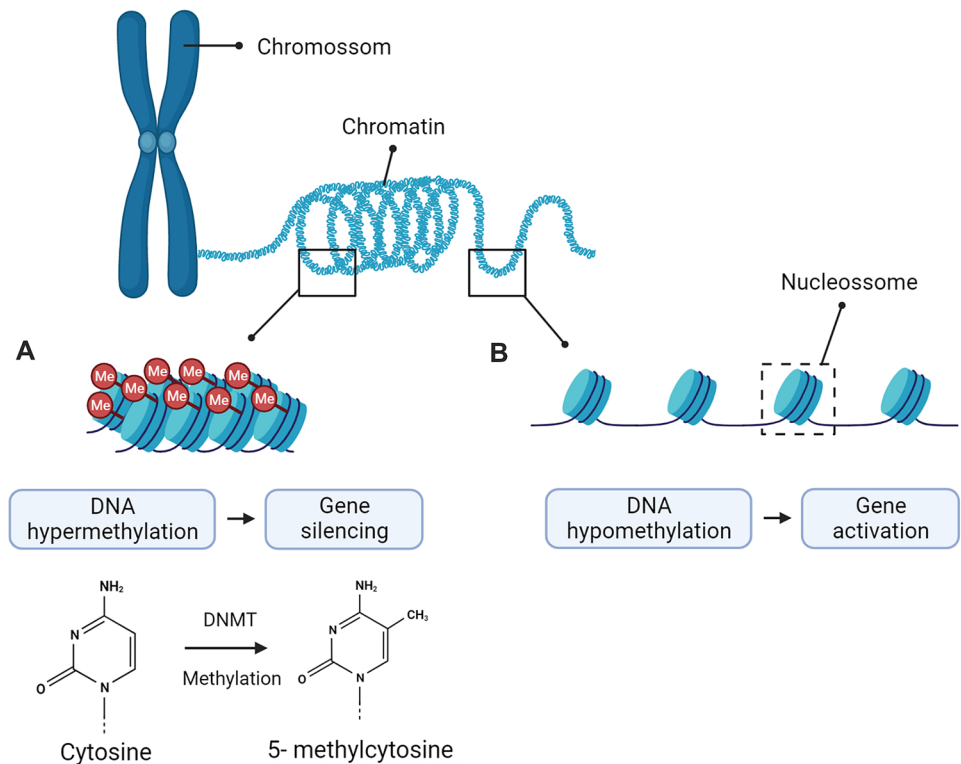
*Comparison between obese women with PCOS and non-obese women with PCOS, **Comparison of skeletal muscle tissue in obese women with PCOS and non-obese women with PCOS

Other studies have highlighted epigenetic alterations in the *RAB5B*, member RAS oncogene family (*RAB5B*), which encodes a member of the Ras-related GTPase superfamily responsible for the transport of intracellular vesicles and endosome formation related to diseases, such as obesity and type 1 diabetes mellitus [15, 23]. Jones et al. [23] reported that *RAB5B* was much less expressed in women with PCOS than in the control group of healthy women. Consistent with these results, Kokosar et al. [15] showed significantly lower mRNA expression of the *RAB5B* gene in the adipose tissue of women with PCOS compared to healthy women without PCOS.

Other genes that have undergone epigenetic alterations are *BNIP3*, *GHRHR*, and *TNF*, which have been correlated with the appearance of the clinical characteristics of hyperandrogenism [28, 33]. A study of *BNIP3* gene, responsible for participating in the metabolism of lipid precursors in the biosynthesis of androgens, showed that hypomethylation of this gene's promoter correlated with a higher expression of *BNIP3* in women with PCOS [33]. However, the discussion of the study contradicts the results presented. The authors state that a lower expression of *BNIP3*, related to gene hypermethylation instead of a higher expression, probably results in an excess of lipids, which contributes to hyperandrogenism [33]. Sagvekar et al. [28] observed hypomethylation and, therefore, an overexpression of *GHRHR*, responsible for regulating the release of somatotropin (GH) in the ovary, in granulosa cells of women with PCOS. According to the authors, this increased expression may be an indirect mediator of androgen excess in PCOS, as high levels of GH increase the sensitivity of developing ovarian follicles to gonadotropins [39]. Sagvekar et al. [28] also related the hypermethylation of the *TNF* gene, whose protein is responsible for suppressing the expression of *LHCGR* induced by FSH [40], with an indirect contribution of hyperandrogenism in PCOS [28].

In addition, Jiao et al. also reported the possibility that women with PCOS are more prone to developing cancer [41]. Patients with irregular menstruation and PCOS generally have hypomethylated global DNA in their ovarian

Fig. 3 DNA methylation. According to epigenetic modifications, regions of chromatin can be transcriptionally silenced (chromatin condensation) (A) or activated (chromatin decondensation) (B). The genes involved in PCOS present epigenetic modifications in DNA, leading to its hypermethylation (A) or hypomethylation (B), which are involved in gene silencing and activation, respectively. DNA methylation occurs through the conversion of cytosine to 5-methylcytosine through DNA methyltransferase (DNMT). Created by BioRender.com



tissues, a common feature in cancer tissues [41]. According to the authors, hormone levels in an irregular menstrual cycle are atypical, which may be a starting point for future studies that correlate cancer development in women with PCOS and hormonal changes. In the same study, the BRCA1 DNA repair associated (*BRCA1*) was altered in the ovarian tissues of women with PCOS at three local points (c154C, c1337G, and c2566T) [41]. It was not possible to relate these alterations to ovarian cancer, but possibly to the progression of breast cancer [41], which is an extremely relevant biomarker for future studies that have a relationship between the development of PCOS and breast cancer [41].

Upon reviewing the articles, it can be stated that epigenetic DNA methylation pathways affect the expression of the main genes involved in the etiology of PCOS. Among the various genes reported, *INSR*, *LHCGR*, and *RAB5B* were identified as fundamental to understanding the disease. The *INSR* and *LHCGR* genes were hypomethylated, while the *RAB5B* gene was hypermethylated in women with PCOS.

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of the manuscript. All authors read and approved the final manuscript. AGM: data collection, management, and analysis, manuscript writing. MMS: data management and analysis; manuscript editing. LRF: data collection, management, and analysis, manuscript writing/editing.

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Declarations

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