

# Association of CYBA (-930 A/G and 242 C/T) gene polymorphisms with Oxidative stress in Breast Cancer: a case-control study

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**Background:** Oxidative stress (OS) is a strong characteristic feature in cancer initiation and progression. NADPH oxidase (NOX) dependent free radical production is implicated in oxidative stress among multiple cancers. P22phox is a subunit of NADPH oxidase encoded by the CYBA gene that has functional polymorphisms associated with multiple diseases. The present study was aimed to examine the importance and association of the functional polymorphisms of CYBA (-930 A/G and 242 C/T) with the oxidative stress in breast cancer (BC) development and progression. **Materials and methods:** We have performed a case-control study on 300 breast cancer patients and 300 healthy individuals as controls to examine the role of CYBA gene -930 A/G and 242 C/T single nucleotide polymorphisms (SNPs) using As-PCR and PCR-RFLP assays and its association with OS as measured by plasma MDA levels. Linkage disequilibrium (LD) plots were generated using Haploviewtool and Multifactor dimensionality reduction (MDR) analysis was applied to assess high-order interactions between the SNPs. The Insilco analysis has been performed to predict the effect of single nucleotide polymorphism on the gene regulation using online tools. **Results:** We have found that genotype frequencies of CYBA gene -930 A/G and 242C/T polymorphism were significantly different between controls and BC patients ( $p < 0.05$ ). The haplotype combination -930G/242C and -930G/242T were associated with increased risk for breast cancer. Further, the MDA levels were higher in the patients carrying -930G/242C and -930G/242T haplotype ( $p < 0.001$ ). Our results have been substantiated by Insilco analysis. **Conclusion:** Results of the present study suggest that -930G/242C and -930G/242T haplotypes of CYBA gene polymorphisms have shown association with higher MDA levels in breast cancer patients, signify that elevated oxidative stress might aid in increased risk for breast cancer initiation and progression.

1                    **Association of CYBA (-930 A/G and 242 C/T) gene polymorphisms with**  
2                    **Oxidative stress in Breast Cancer: a case-control study**

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11  
12                    **ABSTRACT**

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27                    CYBA gene -930 A/G and 242C/T polymorphism were significantly different between controls  
28                    and BC patients (p<0.05). The haplotype combination -930G/242C and -930G/242T were  
29                    associated with increased risk for breast cancer. Further, the MDA levels were higher in the  
30                    patients carrying -930G/242C and -930G/242T haplotype (p<0.001). Our results have been  
31                    substantiated by Insilco analysis. Conclusion: Results of the present study suggest that -  
32                    930G/242C and -930G/242T haplotypes of CYBA gene polymorphisms have shown association

33 with higher MDA levels in breast cancer patients, signify that elevated oxidative stress might aid  
34 in increased risk for breast cancer initiation and progression.

## 35 INTRODUCTION

36 Breast cancer (BC) is one of the most frequent malignant tumors, and its morbidity and mortality  
37 rates have been increasing annually worldwide and in developing countries such as, India  
38 (Gupta, Shridhar & Dhillon, 2015). The breast cancer etiology is complex, involves dynamic  
39 interactions of genetic and environmental factors (Abdulkareem, 2013).

40 Oxidative stress (OS) is a key risk factor for cancer initiation and progression (Jeziarska-Drutel,  
41 Rosenzweig & Neumann, 2013). OS, resulting from an imbalance between Reactive Oxygen  
42 Species (ROS) production and antioxidant defenses, contributes to cell damage, apoptosis, lipid  
43 peroxidation and interferes with the body's normal metabolic activity, leading to the occurrence  
44 and development of diseases (Visconti & Grieco, 2009; Fiaschi & Chiarugi, 2012).  
45 Malondialdehyde (MDA) is one of the end products of lipid peroxidation and it is also formed as  
46 a product of the cyclooxygenase reaction in prostaglandin metabolism. Some of the studies have  
47 also provided evidence of the potential role of oxidative stress and lipid peroxidation in breast  
48 cancer aetiology (Ray et al., 2000; Gönenç et al., 2001).

49

50 Intracellular compartments such as mitochondria, is the major site of ROS production (Poyton et  
51 al., 2009). Enzymes involved in ROS-generating chemical reactions are peroxidases,  
52 Nicotinamide adenine dinucleotide phosphate (NADPH) oxidase, NADPH oxidase (NOX),  
53 xanthine oxidase (XO), lipoxygenases (LOXs), glucose oxidase, myeloperoxidase (MPO), nitric  
54 oxide synthase, and cyclooxygenases (COXs) (Kulkarni, Kuppusamy & Parinandi, 2007).

55 The oxidation of NADPH to NADP<sup>+</sup> generates superoxide radical from oxygen, which is  
56 catalyzed by NADPH oxidase, the enzyme present in cytoplasmic membrane of phagocytic cells  
57 and was described first as an enzyme involved in the generation of reactive oxygen species in the  
58 phagocytic cells (Rossi & Zatti, 1964). This enzyme comprises two membrane-bound proteins  
59 (p22phox and gp91phox), three cytosolic proteins (p67phox, p47phox, and p40phox), and a  
60 small G-protein Rac. Gp91phox and p22phox form a heterodimer that is bound to the plasma  
61 membrane. The p22phox subunit is coded by the CYBA (cytochrome b245 alpha) gene, which is

62 mapped to chromosome 16q24.3 (Powell et al., 2002). Genetic factors might regulate NADPH-  
63 oxidase-driven  $O_2^-$  production. Several polymorphisms in the NADPH oxidase encoding gene  
64 have been described, some of which have been associated with increased (San José et al., 2004)  
65 or diminished NOX activity (Guzik et al., 2000), as well as reduced ROS generation (Schirmer et  
66 al., 2008; Bedard et al., 2009).

67 The -930 A/G polymorphism (rs9932581) located in the promoter is associated with a higher  
68 promoter activity and an increased level of oxidative stress (Ochoa et al., 2008). While, the 242  
69 C/T polymorphism (rs4673) is located in the exon 4 of the CYBA gene, leading to a his72-to-tyr  
70 (H72Y) substitution results in altered NADPH oxidase activity (Castaldo et al., 2015). To date  
71 little is known about the polymorphisms and the relationship between CYBA genotypes and the  
72 level of oxidative stress in BC patients. Therefore, the present study was aimed to examine the  
73 importance and association of the functional polymorphisms of CYBA (-930 A/G and 242 C/T)  
74 with the oxidative stress in BC development and progression.

## 75 **Materials and Methods:**

### 76 **Study Population**

77 In our study, a total of 600 subjects were enrolled comprising of 300 histopathologically  
78 confirmed female patients with breast cancer and the control group included 300 unrelated  
79 healthy women with no self-reported history of any cancer. The study followed the Helsinki  
80 declaration and was approved by Institutional ethics committee. Patients were enrolled from the  
81 department of oncology from August 2013 to August 2017 and during the same time controls  
82 subjects were enrolled from the local population. Patients with breast cancer were consecutively  
83 recruited from MNJ Regional Cancer Centre, Hyderabad and women with any other cancer or  
84 other systemic inflammatory disease were excluded from the case and control group.

85 All subjects were explained about the purpose of the study and were ensured that the information  
86 collected from them would be confidential. Subsequently written informed consent to participate  
87 in the study was obtained from each individual. Each subject completed a questionnaire on their  
88 demographic characteristics, area of living, lifestyle habits such as tobacco use and alcohol  
89 consumption. Clinical characteristics such as tumor size, stage of the cancer, axillary lymph

90 node involvement and metastasis were collected via medical records with approval of patients  
91 with the help of medical oncologist.

92

93

#### 94 **Sample collection**

95 Following an overnight fast 4ml of blood sample was collected by antecubital venipuncture in  
96 EDTA vaccutainer from each individual in the morning. Plasma was separated by centrifuging  
97 the blood sample at 3000 rpm for 5 min. Blood samples were collected from the patients before  
98 any treatment modality such as chemotherapy and surgery.

#### 99 **Plasma MDA levels estimation**

100 Lipid peroxidation, as evidenced by the formation of malondialdehyde (MDA), was assayed by  
101 the method described previously (Gavino et al., 1981; Rajesh et al., 2011). Briefly, to 0.5ml of  
102 freshly obtained plasma an equal volume of 0.9% saline and trichloroacetic acid (TCA) was  
103 added and incubated at 37°C for 20 minutes, and centrifuged for 10 minutes at 3000 rpm. To 1ml  
104 of protein free supernatant (TCA extract) 0.25ml of thiobarbituric acid (TBA) was added and the  
105 reaction mixture was heated for 60 min at 95°C till a faint pink color develops. After cooling the  
106 color intensity was measured at 532 nm with eppendorf UV 240-Spectrophotometer. 1,1,3,3-  
107 Tetraethoxypropane(1-100 nmol/ml) was used as the standard. The lipid peroxidation activity  
108 was expressed in “nano moles” of MDA equivalents/ml of standard 1,1,3,3-Tetraethoxypropane.

#### 109 **Genomic DNA Extraction and Genotyping analysis**

110 Genomic DNA was isolated from whole blood sample using a non-enzymatic method (Miller,  
111 Dykes & Polesky, 1988). Polymorphic regions in the CYBA gene were identified by Allele-  
112 specific polymerase chain reaction (PCR) and PCR- Restriction fragment length polymorphism  
113 (RFLP) assays for -930 A/G and 242 C/T polymorphisms respectively. Cases and controls were  
114 randomized during genotyping and 10% of the samples were genotyped in duplicate to assess the  
115 genotyping error rate. Concordance of genotypes was 100%.

#### 116 **Statistical analysis**

117 Demographic, clinical, and biochemical variables are expressed as the mean±SD. All statistical  
118 tests were two-sided, a P-value lower than 0.05 was considered statistically significant. For  
119 comparison of continuous variables in demographic data between controls and breast cancer  
120 patients, Student's *t*-test was performed. Observed genotype frequencies were tested for  
121 deviation from Hardy-Weinberg equilibrium with the chi-square goodness-of-fit test ( $\chi^2$ ). Risk  
122 estimates were calculated for co-dominant, dominant and recessive genetic models using  
123 SNPStats. Odds ratios (OR) and their 95% confidence intervals (CI) were estimated using a  
124 univariate analysis. Linkage Disequilibrium (LD) plots were generated using Haploview (v.4.2)  
125 software. Multifactor dimensionality reduction (MDR) analysis was performed to identify high-  
126 order interaction models that were associated with BC risk using open-source MDR software  
127 (v.2.0 beta 8.4).

### 128 **Bioinformatics analysis**

129 Prediction of presumptive changes in transcription factor binding sites caused by nucleotide  
130 alterations in the promoter region was performed with AliBaba software2.1 ([http://gene-  
131 regulation.com/pub/programs/alibaba2/index.html](http://gene-regulation.com/pub/programs/alibaba2/index.html)) (Grabe, 2002). Pre-mRNA secondary  
132 structure prediction of 242 C/T polymorphic variants was carried out using Vienna RNAfold  
133 webserver ([http://rna.tbi.univie.ac.at/cgi-bin/RNAWebSuite/  
134 RNAfold.cgi](http://rna.tbi.univie.ac.at/cgi-bin/RNAWebSuite/RNAfold.cgi)) online tool (Zuker &  
135 Stiegler, 1981). The 3D models for CYBA wild type and variant protein with 242 C/T SNP were  
136 generated using homology modeling tool I-TASSER ([http://zhanglab.ccmb.med.umich.  
136 TASSER/](http://zhanglab.ccmb.med.umich.edu/I-TASSER/)) (Roy, Kucukural & Zhang, 2010).

### 137 **Results**

138 The baseline/clinical characteristics are summarised in Table 1. In the present study, lifestyle  
139 habits such as, mixed diet (Non-vegetarian), habit of smoking and alcohol consumption were  
140 found to be associated with breast cancer risk ( $p<0.05$ ).

141 The genotypic and allele frequency distribution of the CYBA -930 A/G polymorphism is  
142 represented in Table 2. In the present study the distribution of the genotypes between cases and  
143 controls has shown that GG genotype was significantly higher and was found to be associated  
144 with an increased risk of BC compared to homozygotes AA genotype carriers (OR 2.15, 95%CI  
145 1.16-3.98,  $p=0.034$ ). The allelic distribution has revealed that the prevalence of the G-allele was

146 significantly different between study groups and conferred increased risk for breast cancer  
147 compared to A-allele (OR 1.27, 95% CI 1.01-1.6,  $p=0.035$ )

148 Table 3, represents the genotype and allele frequency distribution of CYBA 242 C/T  
149 polymorphism among the controls and patients with breast cancer. Under the dominant model,  
150 carriers of at least one minor allele T (CT+TT) were found to be associated with a significantly  
151 increased risk of BC compared to major allele homozygotes (CC) carriers (OR 1.42, 95%CI  
152 1.02-1.98,  $p=0.036$ ). The allelic association revealed that the minor allele T of 242 C/T  
153 polymorphism was associated with an increased risk of BC (OR 1.36, 95% CI 1.04-1.78,  
154  $p=0.02$ ).

155 We further have analysed the haplotype frequencies with respect to CYBA gene polymorphisms  
156 in association with risk of breast cancer. Our analysis has revealed a total of 4 haplotypes as  
157 shown in Table 4. Comparison of haplotype frequencies between controls and BC patients  
158 revealed a significant difference in haplotype frequencies, where -930G/242C and -930G/242T  
159 combinations were found to be significantly associated with an increased risk of breast cancer by  
160 more than 1.40 fold (95 % CI 1.00–2.07;  $p<0.05$ ) and 1.56 (95 % CI 1.11 – 2.20;  $p<0.05$ )  
161 respectively compared with the common haplotype (-930A/242C).

162 Pairwise LD was computed for CYBA -930 A/G and 242 C/T polymorphism in cases and  
163 controls separately. LD plots revealed a moderate LD ( $D'=56$ ) between the markers in BC  
164 patients and a weak LD ( $D'=31$ ) between the markers in controls as shown in the Figure 1.  
165 Further, MDR analysis with respect to CYBA gene polymorphism has shown that 242C/T  
166 polymorphism was the best single locus model with a significant risk for breast cancer. The  
167 bivariate model showed strong interaction between -930 A/G and 242 C/T polymorphisms as  
168 seen in Figure 2.

169 Furthermore, the TFBS analysis with respect to -930 A/G promoter polymorphism has revealed  
170 that substitution of A nucleotide by G leads to a loss of C/EBPbeta site as depicted in Figure 3.  
171 The comparison of the wild type and variant pre-mRNA secondary structures with respect to 242  
172 C/T polymorphism is given in Figure 4, wherein, the stability, as depicted by minimum free  
173 energy (MFE) change has revealed that the T-allelic structure had an MFE of -37.61 Kcal/mol  
174 and the C-allelic structure had an MFE of -37.91 Kcal/mol respectively. In addition, an altered

175 3D structure was also observed corresponding to loss of cavities with respect to variant structure  
176 when compared to wild type structure as seen in Figure 5 (Table 5).

177 The plasma MDA levels were measured in all the subjects in the present study, our results  
178 revealed that patients with breast cancer had significantly higher MDA levels ( $6.84 \pm 2.42$   
179  $\text{nmoles}/\mu\text{l}$ ) compared to the control ( $2 \pm 0.69$   $\text{nmoles}/\mu\text{l}$ ) group. Further, MDA levels were  
180 stratified with respect to CYBA genotypes, where we found that individuals with GG genotype  
181 of -930 A/G polymorphism had higher MDA levels compared to those with AA genotype.  
182 Furthermore, the MDA levels with respect to CYBA gene haplotypes has shown that -  
183 930G/242C haplotype combination was associated with higher MDA levels in breast cancer  
184 patients compared to other haplotypes at  $p < 0.05$  as summarized in Figure 6.

## 185 Discussion

186 Breast cancer is a common disease worldwide and also one of the leading cause of cancer death  
187 in India (Ferlay et al., 2015; Malvia et al., 2017). Breast carcinogenesis involves a cascade of  
188 multiple intracellular mechanisms such as genetic alterations and signal transduction pathways  
189 (Kurose et al., 2001). However, it also depends on the oxidative stress (OS) and the  
190 predominance of endogenous antioxidant system for manifestation of disease. Oxidative stress  
191 induces uncontrolled lipid peroxidation, that produce aldehyde end-products, such as free fatty  
192 acids, malondialdehyde (MDA) and these products might cause cell injury and death. In addition,  
193 cancer initiation and progression have also been shown to be associated with oxidative stress by  
194 causing DNA mutations or inducing DNA damage, genome instability, and cell proliferation  
195 (Visconti & Grieco, 2009). It has been confirmed that oxidative stress is involved in multiple  
196 cancers (Srivastava et al., 2009; Wang et al., 2011; Wu et al., 2017).

197 In contrast several reports have been inconsistent, wherein no significant association was  
198 observed with respect to smoking and alcohol consumption in breast cancer patients (Byrne,  
199 Rockett & Holmes, 2002; Allen et al., 2009; Gathani et al., 2017).

200 In the present study, a higher frequency of breast cancer patients with habit of smoking and  
201 alcohol was observed. Multiple reports have also shown that habit of smoking and alcohol  
202 consumption were associated with increased risk for breast cancer (Lew et al., 2009; Reynolds et

203 al., 2009; Luo et al., 2011) as they are more exposed to free radicals leading to oxidative damage  
204 to lipids, proteins and DNA that may aid in cancer progression.

205 Alteration in expression of enzyme system that produces ROS such as NADPH oxidase has been  
206 shown to be an important susceptibility factor for cancer (Arcucci et al., 2016). The most  
207 significant sources of ROS are nicotinamide adenine dinucleotide phosphate (NADPH) oxidases,  
208 which include two membrane-bound subunits Nox2 and p22phox. The p22phox encoded by the  
209 CYBA gene has several functional polymorphisms. In view of the above, in this study we  
210 attempted to determine the -930 A/G and 242 C/T polymorphisms of CYBA gene that encodes  
211 p22phox subunit of NADPH oxidase among controls and patients with breast cancer & their  
212 association with oxidative stress.

213 The -930 A/G functional SNP located at the promoter region in a dual-luciferase reported assay  
214 system has revealed that the G allele was found to be associated with a 30% increase in promoter  
215 activity. Furthermore, the frequency of the G allele was higher than the A allele in hypertensive  
216 individuals (Moreno et al., 2003). Recent large population study on -930 A/G polymorphism has  
217 also reported that the GG genotype confers susceptibility for hypertension (Kokubo et al., 2005).  
218 Therefore, we have investigated the association between this SNP in association with breast  
219 cancer risk. In the present population the G-allele was found to be significantly higher in breast  
220 cancer patients compared to healthy controls conferring a 1.27-fold risk towards breast cancer.  
221 The promoter region SNPs affects gene expression by altering promoter activity, transcription-  
222 factor binding, DNA methylation and histone modifications (Deng et al., 2017). Interactions  
223 between transcription factors (TFs) and target sites are the main edges of regulatory networks as  
224 such interactions determine the expression levels of target genes. Since the -930 A/G  
225 polymorphism has a potential binding site for C/EBP (CCAAT/enhancer-binding protein)  
226 transcription factors it has been speculated that it might modulate CYBA transcriptional activity  
227 (San José et al., 2004). Our insilco analysis transcription-factor binding sites with respect to -930  
228 A/G polymorphic variants revealed that the substitution of A by G results in the loss of repressor  
229 C/EBPbeta transcription factor site that might increase transcriptional activity.

230 The C242T polymorphism has been demonstrated to be related to multiple diseases (Guzik et al.,  
231 2000; San José et al., 2008; Vibhuti et al., 2010; Schreiber et al., 2011; Zhou & Zhao, 2015).  
232 Results of the present study had showed that individuals with the CT/TT genotype of 242 C/T

233 polymorphism had a 1.42-fold higher risk for breast cancer compared to those with the CC  
234 genotype. Our finding was consistent with reports showing significant association with vascular  
235 disease (Ito et al., 2000). The C242T polymorphism located in exon 4 encodes a CAC→TAC  
236 codon change thus resulting in a non-conservative substitution of His72 for a tyrosine residue  
237 that may alter the haem-binding site of the p22phox protein (Tahara et al., 2008; Fu et al., 2016).  
238 Finding 3D structure of proteins is helpful in predicting the impact of SNPs on the structural  
239 level and in showing the degrees of alteration. Our insilco analysis with respect to C242T  
240 polymorphism has resulted in an altered 3D structure with a change of histidine residue, a key  
241 candidate for the coordinating ligand of the heme prosthetic group of cytochrome b that might  
242 cause functional impairment.

243 MDA is a naturally occurring endogenous product of lipid peroxidation and prostaglandin  
244 biosynthesis, but is mutagenic and carcinogenic. The MDA level in blood sample is a good  
245 measure of the body ability to handle the oxidative stress. Oxidative stress as measured by an  
246 increase in MDA levels was established in gastric, colorectal adenomas, prostate and oral cancer  
247 (Bakan et al., 2002; Leuratti et al., 2002; Zhang et al., 2008; Chole et al., 2010). In this study we  
248 have also demonstrated an increase in lipid peroxidation due to oxidative stress in breast cancer  
249 patients. Previous studies have also reported increased levels of MDA in breast cancer patients  
250 compared to healthy controls (Gönenç et al., 2001, 2006; Yeh et al., 2005) suggesting that  
251 elevated oxidative stress contributes to increased risk for breast cancer development and  
252 progression. Further, comparison of MDA levels with respect to CYBA gene haplotypes  
253 revealed that -930G/242C and -930G/242T haplotype carriers in the patients with breast cancer  
254 showed higher MDA levels than other haplotypes; this could be in line with observation that  
255 states presence of G-allele could increase the transcriptional activity, elevating ROS production  
256 resulting in oxidative stress in breast cancer patients.

257 There are several limitations in this study. The foremost limitation to our study concerns the use  
258 of limited sample size, which prevented us from drawing causal relationships. Owing to its  
259 importance as an oxidative stress indicator we have measured MDA levels in our study, however  
260 MDA alone is not a sole indicator of oxidative stress. Further we have not directly quantified the  
261 NADPH oxidase activity. Further more studies on CYBA gene polymorphisms/haplotypes along

262 with different oxidative stress markers should be done in a multicenter, multi-ethnic population  
263 and with a large number of patients in the future to strengthen our findings.

## 264 **Conclusion**

265 In conclusion, our results suggest that oxidative damage may play an important role in BC  
266 patients and the -930G/242C and -930G/242T haplotypes of CYBA gene may predispose to  
267 increased oxidative stress. Therefore, more attention should be paid to oxidative stress-related  
268 pathological manifestations in breast cancer patients with the risk haplotype.

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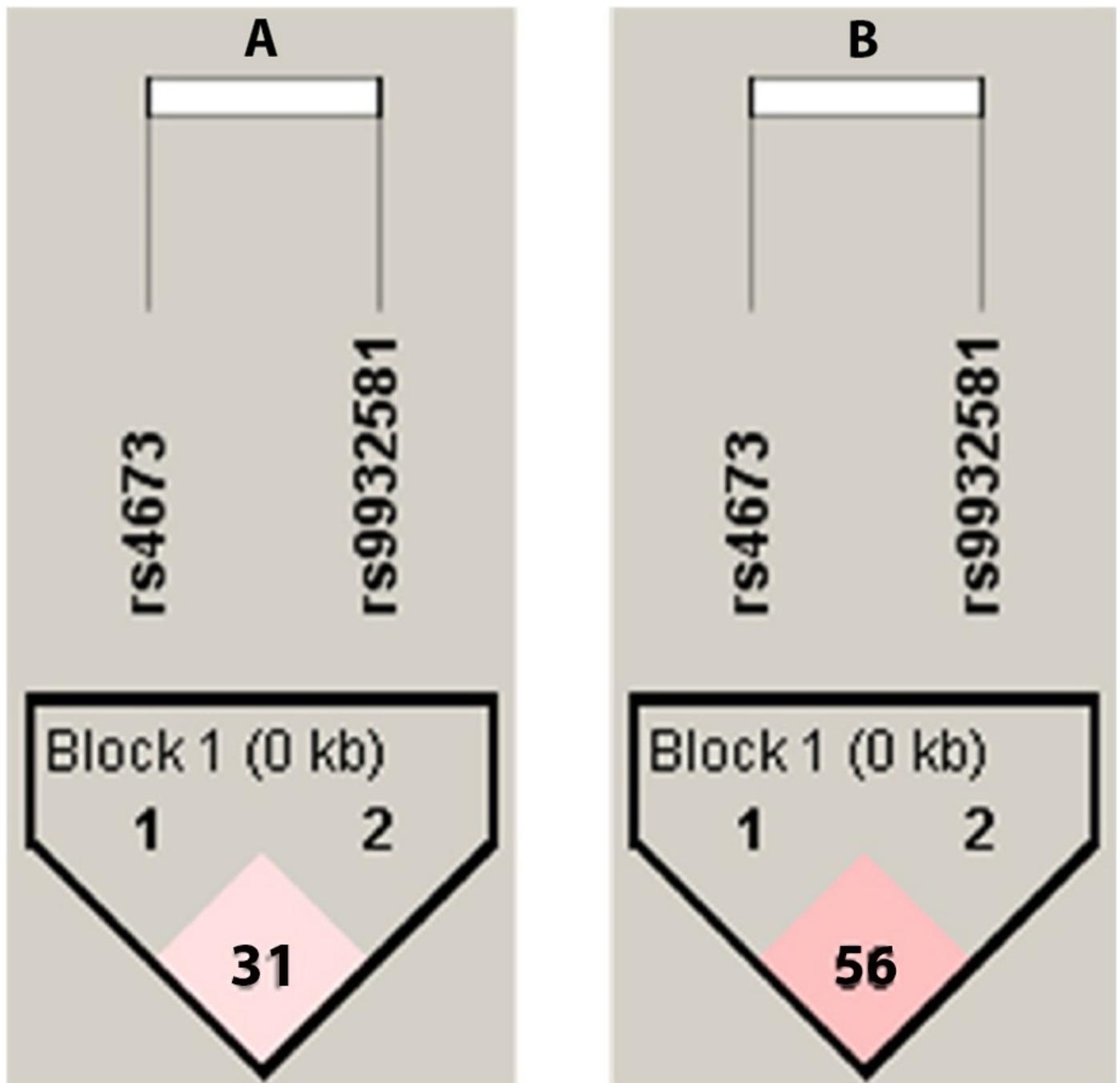
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447

## Figure 1

Plot of pair-wise linkage disequilibrium (LD) analysis of SNPs of CYBA genes in controls and BC patients

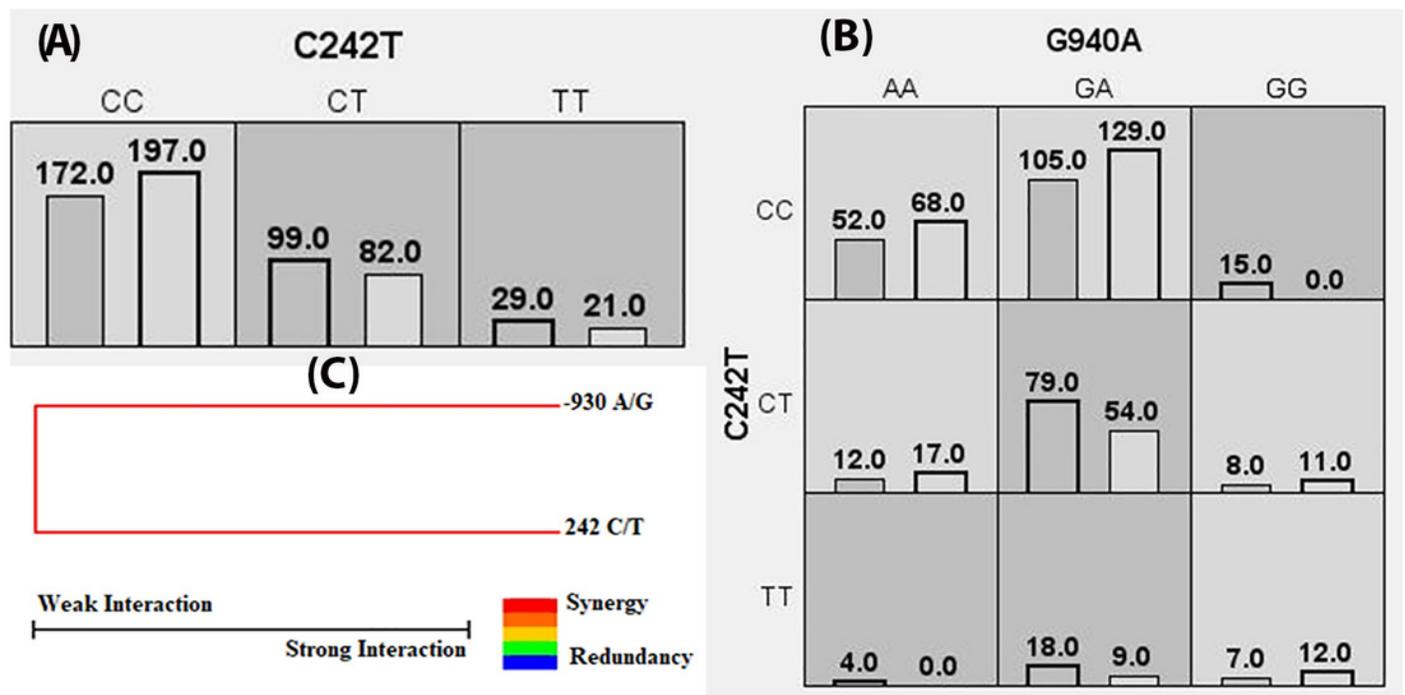
(A) LD plot of controls (B) LD plot of Cases.  $D'$  values are shown in the plot. A value of 100 represents maximum possible linkage disequilibrium.



## Figure 2

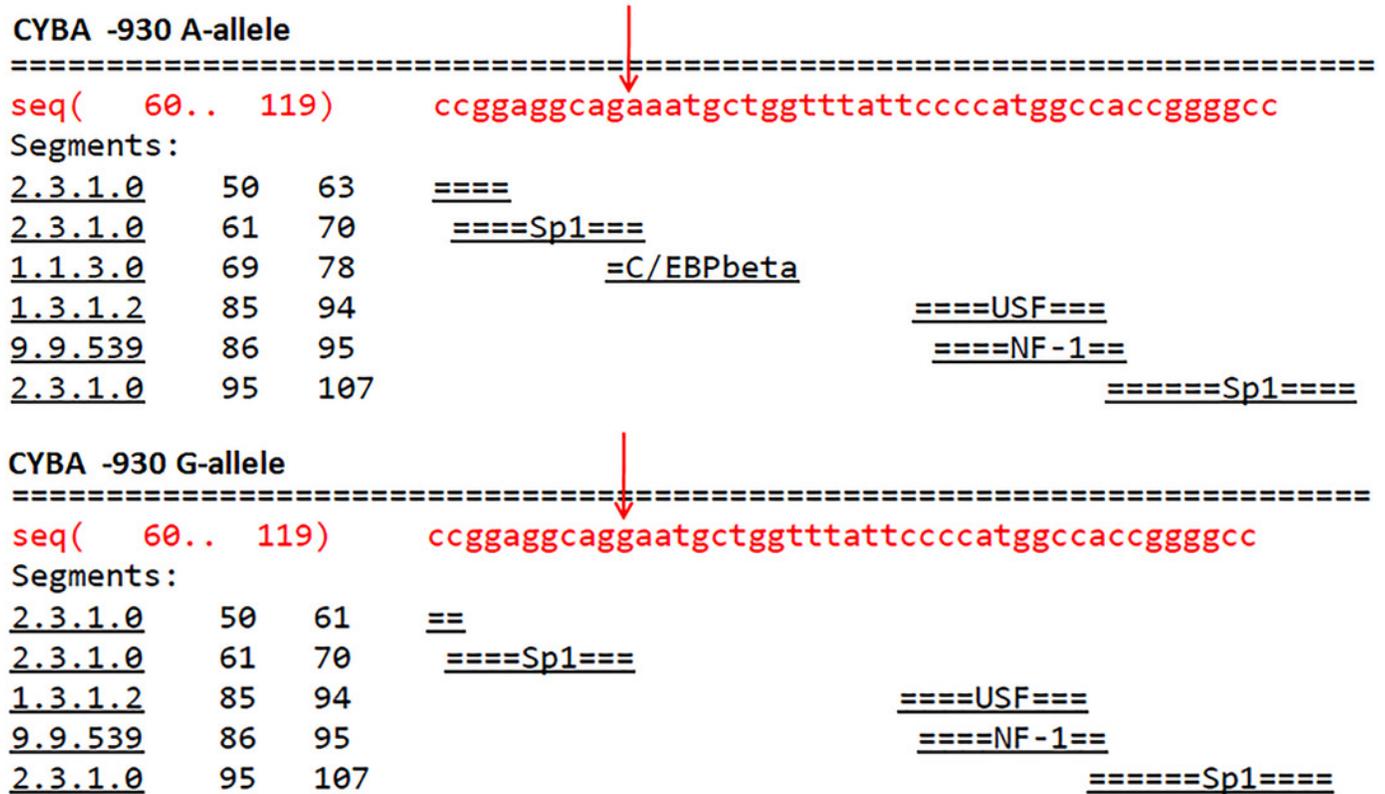
Multifactor dimensionality reduction (MDR) analysis of CYBA gene polymorphisms in association with breast cancer

(A) Univariate and (B) Bivariate analysis- In each block, the dark and light bars represent the number of cases and number of controls with that particular genotype, respectively. Dark and light backgrounds of the block represent a positive and negative association with breast cancer, respectively. (C) Interaction dendrogram- The interaction dendrogram was used to confirm, visualize, and interpret the interaction model. The colours used to depict the degree of synergy, ranging from red (highest information gain) to blue (highest information redundancy). Our analysis has revealed a synergistic interaction between SNPs (gain of information).



## Figure 3

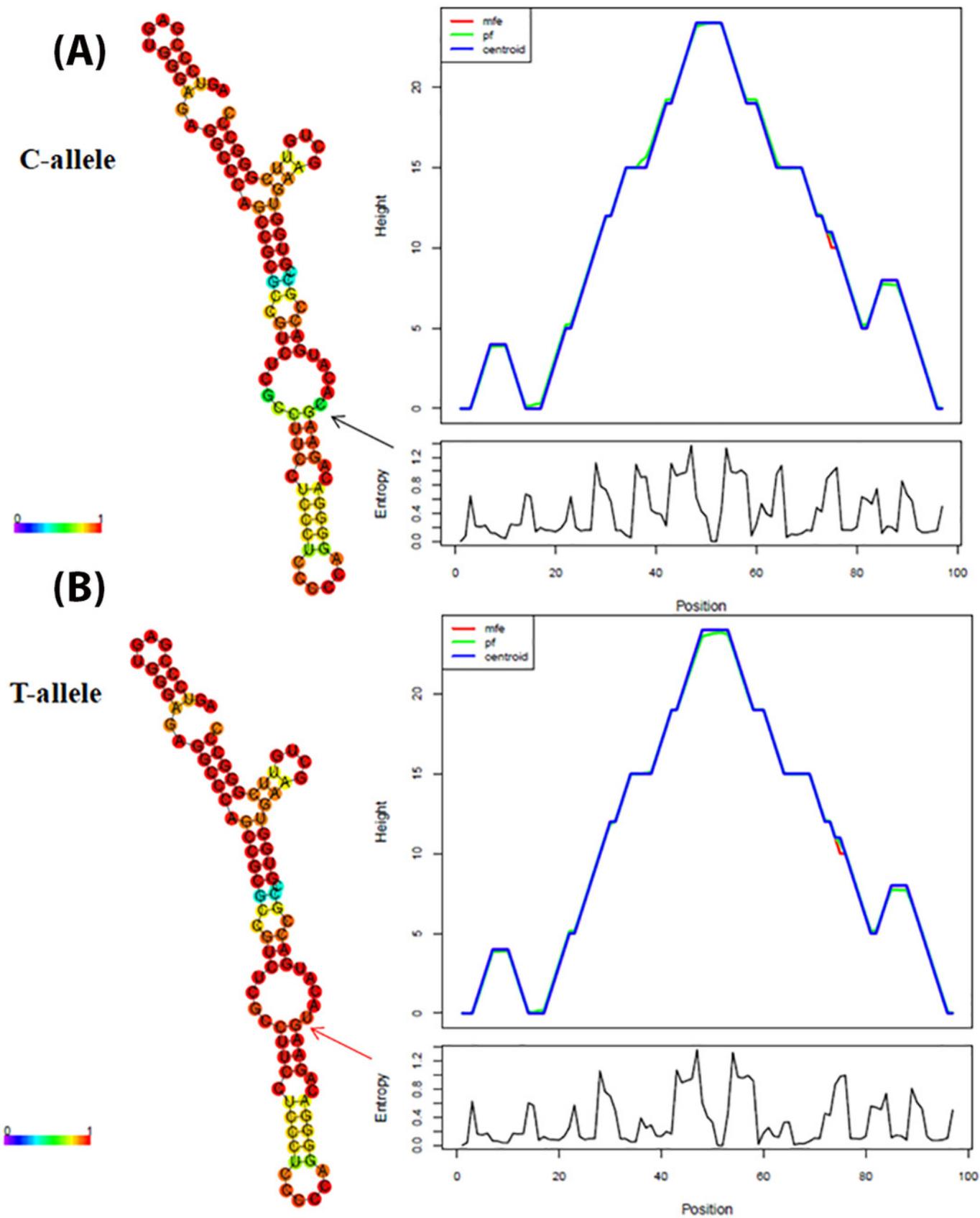
Effect of the CYBA -930 A/G polymorphism on transcription factor binding sites



## Figure 4

Computational analysis of CYBA 242 C/T polymorphism based pre-mRNA secondary structures

Predicted minimal free energy based RNA structure of (A) major (C-allele) and (B) minor (T-allele) alleles of 242C/T polymorphism using the RNA fold program in the Vienna RNA package (Zuker algorithm). Structure colours encode base-pair probabilities and arrow denotes the location of polymorphism. The mountain plot is a XY -graph that represents a secondary structure including MFE structure, the thermodynamic ensemble of RNA structures (pf), and the centroid structure in a plot of height versus position. “mfe” represents minimum free energy structure; “pf” indicates partition function; “centroid” represents the centroid structure



## Figure 5

3D structures of CYBA 242 C/T polymorphic variants as predicted by I-TASSER

The 3D structures of the CYBA 242 C/T polymorphic variants were modeled on I-TASSER server. The left box (A) displays the wildtype structures and the right box (B) exhibits the relevant variant structure.

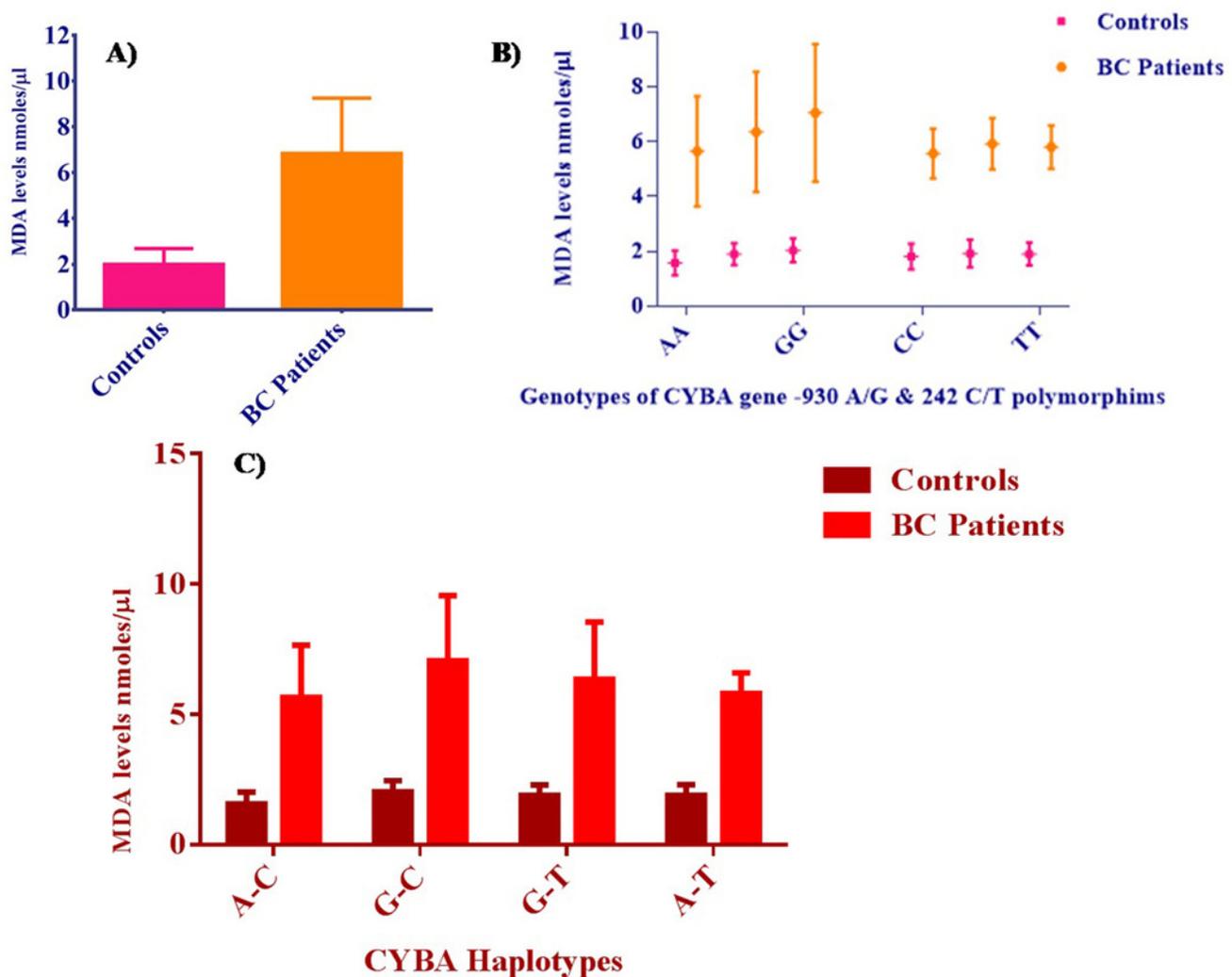
*\*Note: Auto Gamma Correction was used for the image. This only affects the reviewing manuscript. See original source image if needed for review.*



## Figure 6

MDA levels in controls and breast cancer patients

(A) Malondialdehyde (MDA) levels in the control group and breast cancer patients (B) MDA levels with respect to CYBA polymorphic genotypes and (C) MDA levels with respect to CYBA gene haplotypes in controls and breast cancer patients



**Table 1** (on next page)

Baseline characteristics of controls and breast cancer cases

***OR, odds ratio, CI, Class interval \* p-value by Student's ttest (continuous variables);  $\chi^2$ test (categorical variables).***

Characteristics	Controls N (%)	Cases N (%)	OR (95% CI)	<i>p</i> <sup>a</sup>
Age (years)	46.34±7.97	47.98±10.8	-	<b>0.034</b>
<b>Lifestyle habits</b>				
Vegetarian Diet	87 (29)	43 (14.34)		
Non-vegetarian Diet	213 (71)	257 (85.56)	2.44 (1.62- 3.67)	<b>&lt;0.005</b>
Non-smokers	273 (91)	245 (81.66)		
Smoker	27 (9)	55 (18.34)	2.27 (1.38-3.71)	<b>0.0004</b>
Non-alcoholics	243 (81)	179 (59.6)		
Alcoholics	57 (19)	121 (40.4)	2.88 (1.99- 4.16)	<b>&lt;0.001</b>

1

**Table 2** (on next page)

Distribution of genotype and allele frequencies of CYBA -930 A/G polymorphism in controls and breast cancer patients

$\chi^2$  *p*-value <0.05 is considered statistically significant

Model	Genotype	Controls N (%)	Cases N (%)	OR (95% CI)	$\chi^2$ p-value
<b>Co-dominant</b>	A/A	85 (28.3)	62 (20.7)	1.00	<b>0.034*</b>
	A/G	192 (64)	202 (67.3)	<b>1.44 (0.98-2.11)</b>	
	G/G	23 (7.7)	36 (12)	<b>2.15 (1.16-3.98)</b>	
<b>Dominant</b>	A/A	85 (28.3)	62 (20.7)	1.00	<b>0.029*</b>
	A/G-G/G	215 (71.7)	238 (79.3)	<b>1.52 (1.04-2.21)</b>	
<b>Recessive</b>	A/A-A/G	277 (92.3)	264 (88)	1.00	0.074
	G/G	23 (7.7)	36 (12)	1.64 (0.95-2.85)	
<b>Over dominant</b>	A/A-G/G	108 (36)	98 (32.7)	1.00	0.39
	A/G	192 (64)	202 (67.3)	1.16 (0.83-1.62)	
<b>Log-additive</b>	--	--	--	1.46 (1.09-1.94)	0.0094
<b>Allele</b>	A	362 (0.6)	326 (0.54)	1.00	<b>0.035*</b>
	G	238 (0.4)	274 (0.46)	<b>1.27 (1.01-1.6)</b>	
<b>HWE(p)</b>		<b>&lt;0.0001</b>	<b>&lt;0.0001</b>		

1

**Table 3** (on next page)

Distribution of genotype and allele frequencies of CYBA 242 C/T polymorphism in controls and breast cancer patients.

$\chi^2$  *p*-value <0.05 is considered statistically significant

Model	Genotype	Controls N (%)	Cases N (%)	OR (95% CI)	$\chi^2$ p-value
<b>Co-dominant</b>	C/C	197 (65.7)	172 (57.3)	1.00	0.1
	C/T	82 (27.3)	99 (33)	1.38 (0.97-1.98)	
	T/T	21 (7)	29 (9.7)	1.58 (0.87-2.88)	
<b>Dominant</b>	C/C	197 (65.7)	172 (57.3)	1.00	<b>0.036</b>
	C/T-T/T	103 (34.3)	128 (42.7)	<b>1.42 (1.02-1.98)</b>	
<b>Recessive</b>	C/C-C/T	279 (93)	271 (90.3)	1.00	0.24
	T/T	21 (7)	29 (9.7)	1.42 (0.79-2.55)	
<b>Over dominant</b>	C/C-T/T	218 (72.7)	201 (67)	1.00	0.13
	C/T	82 (27.3)	99 (33)	1.31 (0.92-1.86)	
<b>Log-additive</b>	--	--	--	<b>1.31 (1.02-1.68)</b>	<b>0.036</b>
<b>Allele</b>	C	476 (0.79)	443 (0.74)	1.00	<b>0.02</b>
	T	124 (0.21)	157 (0.26)	<b>1.36 (1.04-1.78)</b>	
<b>HWE(p)</b>		0.16	<b>0.027</b>		

1

**Table 4**(on next page)

Haplotype frequencies of CYBA -930 A/G and 242 C/T polymorphisms between Controls and BC patients

<sup>a</sup>Order of SNPs in CYBA gene haplotypes: -930 A/G, 242 C/T; OR-Odds ratio, CI-Class interval;

\* Interactive Chi-Square  $p$ -value $<0.05$  is statistically significant

Haplotype <sup>a</sup>	Overall (N=600)	Controls (N= 300)	Cases (N=300)	OR (95% CI)	p-value
A-C	0.5116	0.547	0.4752	1.00	---
<b>G-C</b>	<b>0.2542</b>	<b>0.2463</b>	<b>0.2632</b>	<b>1.44 (1.00 – 2.07)</b>	<b>0.05</b>
<b>G-T</b>	<b>0.1724</b>	<b>0.1503</b>	<b>0.1503</b>	<b>1.56 (1.11 – 2.20)</b>	<b>0.011</b>
A-T	0.0617	0.0563	0.0682	1.40 (0.75 - 2.59)	0.29

1

**Table 5** (on next page)

Cavity differences between the structures of CYBA 242C/T polymorphic variants

<b>Cavity</b>	<b>Volume</b>	
	<b>Wild Type</b>	<b>Variant Type</b>
1	53.248	132.09
2	51.2	28.67
3	22.01	17.92
4	19.96	13.312
5	18.94	--

1