# SHORT REPORT

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# Potential association of INSIG2 rs7566605 polymorphism with body weight in a Chinese subpopulation

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Herbert et al reported association with obesity of a common DNA variant rs7566605 at 10kb upstream of the INSIG2 gene. We analyzed rs7566605 polymorphism in 3125 Chinese in a cross-sectional study. We found no significant association of rs7566605 polymorphism with body mass index (BMI) and waist circumference among all participants (P=0.52). However, if geographic location is considered, the C/C genotype of rs7566605 was marginally associated with increased levels of BMI and risk of obesity among individuals living in Shanghai (P = 0.06), indicating that the C/C genotype may contribute to obesity in certain subpopulation among Chinese under certain environmental settings.

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Keywords: INSIG2; cross-sectional study; obesity; body weight; Chinese population

## Introduction

Obesity is becoming a prevalent health problem in both western countries and developing countries such as China. The current prevalence of overweight and obesity in China is 14.7 and 2.6%, respectively, according to WHO criteria.<sup>1</sup> A large-scale genetic study by Herbert *et al*<sup>2</sup> has revealed a significant association of rs7566605 single-nucleotide polymorphism (SNP) with obesity in a study with a total of 9881 individuals. The rs7566605 locus is located at 10 kb upstream of INSIG2 gene, the product of which is implicated in the synthesis of fatty acids and cholesterol.<sup>3</sup> Since the original report by Herbert et al, five independent studies in the United Kingdom, France, Germany and China did not find significant association between

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rs7566605 polymorphism and obesity,4-8 although a subgroup analysis indicated association of this genotype with obesity in already overweight individuals.7 Lately, Lyon et al<sup>9</sup> reported a significant association of the rs7566605 genotype with body mass index (BMI) in five cohorts but saw no association in three other cohorts, suggesting that the effect of rs7566605 genotype on BMI may be heterogeneous across population samples.

#### Materials and methods

The rs7566605 polymorphism was determined in 3125 Chinese in a cross-sectional study with about half of the participants being recruited from Beijing and the other half from Shanghai, originally designed to analyze the geographic difference in nutrition, lifestyle, genetics and metabolic disorders among middle- to old-aged population (50-70 years old).<sup>10</sup> All participants are Chinese in origin and unrelated. The average BMI is  $24.5 \pm 3.6 \text{ kg/m}^2$ (Table 1), considerably lower than the BMI of the

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	Total (n = 3125)	Beijing (n=1574)	Shanghai (n=1551)	P-values (Beijing vs Shanghai)		
Age (year)	58.6 (6.0)	58.4 (5.9)	58.9 (6.1)	0.0242		
Female (%)	55.7 (17 <del>4</del> 2)	54.8 (863)	56.7 (879́)	0.2993		
Rural residents (%)	49.9 (1558)	49.8 (783)	50.0 (775)	0.9013		
BMI $(kq/m^2)$	24.5 (3.6)	25.3 (3.6)	23.7 (3.2)	< 0.0001		
Waist circumference (cm)	83.8 (10.5)	85.9 (10.3)	81.7 (10.3)	< 0.0001		
Overweight $(25 \le BMI < 30)$	36.1 (1128)	41.7 (657)	30.4 (471)	< 0.0001		
Obesity $(BMI \ge 30)$	6.7 (210)	9.7 (152)	3.7 (58)	< 0.0001		
Abdominal obesity <sup>b</sup>	48.3 (1510)	55.5 (873)	41.1 (637)	< 0.0001		
Diabetes mellitus <sup>ć</sup> (%)	13.7 (428)	17.8 (280)	9.5 (148)	< 0.0001		
Genotype frequency (%)						
GG <sup>''</sup> / / /	40.4 (1263)	39.8 (627)	41.0 (636)			
GC	47.3 (1478)	48.4 (761)	46.2 (̈́717)́	0.4539		
CC	12.3 (384)	11.8 (186)	12.8 (198)			
C allele	35.9	36.0	35.9	0.9271		
P-value for HWE	0.1285	0.0503	0.8535			

BMI, body mass index; HWE, Hardy-Weinberg equilibrium.

<sup>a</sup>Figures in parentheses are standard deviation for continuous variables and the number of participants for categorical variables.

<sup>b</sup>Abdominal obesity was defined according to the updated NCET/ATPIII criteria for Asian Americans, that is, waist circumference  $\geq$  90 cm for men and  $\geq$  80 cm for women.

 $^{\circ}$ Diabetes mellitus was defined as fasting glucose  $\geq$  7.0 mmol/l and/or current use of antidiabetic medications and/or diagnosed diabetes by a physician.

 Table 2
 Associations of rs7566605 genotype with body mass index and waist circumference among 3125 Chinese men and women aged 50–70 years<sup>a</sup>

		Body mass index			Waist circumference		Overweight or obesity <sup>b</sup>			Abdominal obesity <sup>c</sup>			
	n	Mean	SE	P-values	Mean	SE	P-values	Case/n	OR	95% CI	Case/n	OR	95% CI
Men													
GG	556	24.5	0.16		87.2	0.50		195/556	1.0	Reference	201/556	1.0	Reference
CG	656	24.4	0.15	0.5678	86.6	0.47	0.5612	224/656	0.89	0.70-1.14	222/656	0.82	0.64-1.05
CC	171	24.6	0.26		87.3	0.80		67/171	1.18	0.82-1.69	67/171	1.12	0.78–1.61
Women													
GG	707	24.8	0.17		83.2	0.46		254/707	1.0	Reference	404/707	1.0	Reference
CG	822	25.0	0.16	0.3972	83.4	0.45	0.6584	301/822	1.02	0.82-1.26	484/822	1.08	0.88-1.33
CC	213	25.2	0.27		83.9	0.74		87/213	1.24	0.90-1.70	132/213	1.26	0.92–1.74
All													
GG	1263	24.7	0.11		85.1	0.34		449/1263	1.0	Reference	605/1263	1.0	Reference
CG	1478	24.7	0.11	0.5156	85.1	0.33	0.6914	525/1478	0.97	0.83-1.14	706/1478	0.97	0.83-1.14
CC	384	24.9	0.19		85.6	0.55		154/384	1.22	0.96-1.55	199/384	1.20	0.95-1.53
Reiiina													
GG	627	25.4	0.16		87.2	0.46		263/627	1.0	Reference	358/627	1.0	Reference
ĊĞ	761	25.4	0.15	0.8121	86.7	0.43	0.6061	312/761	0.94	0.76-1.17	407/761	0.87	0.69-1.08
CC	186	25.2	0.27		86.7	0.77		82/186	1.08	0.78-1.51	108/186	1.05	0.74-1.48
Shanahai													
GG	636	24.0	0 1 8		83 1	0.52		186/636	10	Reference	247/636	10	Reference
CG	717	24.1	0.17	0.0600	83.6	0.50	0 1464	213/717	1 00	0 79-1 26	299/717	1 10	0 87-1 38
čč	198	24.6	0.26	0.0000	84.6	0.78	0.1101	72/198	1.39	0.99 - 1.95	98/198	1.41	1.00-1.97
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CI, confidence interval; SE, standard error; OR, odds ratio.

<sup>a</sup>Appropriately adjusted for age, sex, region (Beijing/Shanghai), residence (urban/rural) and diabetes mellitus.

<sup>b</sup>Overweight or obesity, body mass index  $\geq$  25.

<sup>c</sup>Abdominal obesity: waist circumference  $\geq$  90 cm for men and  $\geq$  80 cm for women.

population studies in the United Kingdom, France and Germany.<sup>4–7</sup> The rs7566605 polymorphism was analyzed by a restriction fragment-length polymorphism via diges-

tion with *MboI* restriction enzyme.<sup>4</sup> All participants have provided their written informed consents and the protocol was approved by the Institutional Review Board of the

Institute for Nutritional Sciences, Shanghai Institutes for Biological Sciences, Chinese Academy of Sciences.

### **Results and discussion**

We analyzed rs7566605 polymorphism in 3125 Chinese in a cross-sectional study.<sup>10</sup> The overall C allele frequency was 35.9% and the C/C genotype frequency was 12.3%, similar to the reported studies.<sup>2,4–7</sup> Participants from Beijing had significantly higher levels of BMI and waist circumference, and higher prevalence of overweight, obesity and abdominal obesity than their counterparts in Shanghai (Table 1). Among all participants, there was no significant association between rs7566605 polymorphism and BMI or waist circumference as analyzed by an additive model (Table 2). This observation appeared to be consistent with recent reports showing a lack of association of rs7566605 alleles with obesity in general population.<sup>4–8</sup>

However, when the geographic location is stratified, the C/C genotype of rs7566605 polymorphism was marginally associated with an increased level of BMI in Shanghai participants (P = 0.0600), but not in Beijing participants (P = 0.8121) as analyzed by an additive model (Table 2). Consistently, a marginally increased risk of overweight or obesity (OR 1.39; 95% CI: 0.99–1.95; P = 0.0412) and abdominal obesity (OR 1.41; 95% CI: 1.00-1.97; P = 0.0665) was observed for C/C genotype among Shanghai participants by analysis with an additive model (Table 2). Further analysis with a recessive model revealed that the C/C genotype of rs7566605 polymorphism was significantly associated with elevated BMI (24.6 vs 24.1 kg/m<sup>2</sup>; P = 0.0263) and increased risk of overweight and obesity (OR 1.39; 95% CI: 1.01–1.91; P=0.0411) among Shanghai participants. Taken together, these findings indicate that the C minor allele of rs7566605 is potentially associated with increased risk of obesity in Shanghai subpopulation in our study.

Assuming that the genetic background is not different among the individuals living at these two geographic locations as supported by our finding that the C allele frequency was equivalent between Beijing and Shanghai subpopulation (36.0% in Beijing, 35.9% in Shanghai, P=0.9271), the higher incidence of overweight/obesity in Beijing indicates that environmental factors may contribute more to overweight/obesity in Beijing than in Shanghai. Under this consideration, the increased contribution of environmental factors to obesity in Beijing may mask the relative weak contribution of genetic factors such as rs7566605 polymorphism. Therefore, we postulate that the rs7566605 SNP may be implicated in the risk of obesity when the contribution of environmental factors is relatively small in population studies. This hypothesis is partly supported by a recent report demonstrating that the effect of rs7566605 polymorphism on BMI may be heterogeneous among different populations.<sup>9</sup>

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