체외수정시술시 난포자극호르몬 수용체 유전자 다형성이 과배란유도 및 임신 결과에 미치는 영향

마리아병원 산부인과¹, 서울대학교 의과대학 산부인과학교실², 의학연구원 인구의학연구소³

The Effect of Follicle-Stimulating Hormone Receptor (FSHR) Polymorphism on Outcomes of Controlled Ovarian Hyperstimulation (COH) and In-vitro Fertilization and Embryo Transfer (IVF-ET)

Ji Sung Yoon¹, Young Min Choi^{2,3}, Kyung Sil Lim¹, Chang Young Hur¹, Young Je Kang¹, Jae Hoon Jung¹, Won Don Lee¹, Jin Ho Lim¹, Kyu Ri Hwang², Byung Chul Jee², Seung Yup Ku^{2,3}, Chang Suk Suh^{2,3}, Seok Hyun Kim^{2,3}, Jung Gu Kim², Shin Yong Moon^{2,3},

¹Department of Obstetrics and Gynecology, Maria Infertility Hospital, ²Department of Obstetrics and Gynecology, ³Institute of Reproductive Medicine and Population, Medical Research Center, Seoul National University College of Medicine, Seoul, Korea

Objective: To investigate the association of FSH receptor (FSHR) polymorphism at position 680 with outcomes of controlled ovarian hyper-stimulation for IVF-ET in Korean women.

Design: Genetic polymorphism analysis.

Materials and Methods: The FSHR polymorphism was analyzed by PCR-RFLP in 172 ovulatory women below the age of 40 year. Patients with polycystic ovary syndrome, endometriosis, or previous history of ovarian surgery were excluded.

Results: Genotype distribution was 41.9% for the Asn/Asn, 47.7% for the Asn/Ser, and 10.5% for the Ser/Ser FSHR genotype group. There was no difference in age of subjects and infertility diagnosis between genotype groups. When the patients were grouped according to their FSHR genotype, the basal levels of FSH (day 3) were significantly different among the three groups $(6.0\pm0.3 \text{ IU/L})$ (mean \pm SEM), $5.8\pm0.3 \text{ IU/L}$, and $8.6\pm1.2 \text{ IU/L}$ for the Asn/Asn, Asn/Ser, and Ser/Ser groups, respectively, p=0.002). The Ser/Ser group showed a higher total doses of gonadotropins required to achieve ovulation induction, and a lower serum estradiol levels at the time of hCG administration compared with other two groups, but the differences were of no statistical significance. The numbers of oocytes retrieved were significantly different among the three groups $(8.6\pm0.8, 9.9\pm0.6, \text{ and } 6.3\pm0.9, \text{ for the Asn/Asn, Asn/Ser, and Ser/Ser groups, respectively, p=0.049})$. Clinical pregnancy rates were 42.4%, 25.9%, and

(01-PJ10-PG6-01GN13-0002).

^{: ,) 110-744 28} Tel: (02) 760-2385, Fax: (02) 762-3599, e-mail: ymchoi@snu.ac.kr

^{*}Support: supported by a grant of the Korea Health 21 R&D Project, Ministry of Health & Welfare, Republic of Korea (01-PJ10-PG6-01GN13-0002).

29.4% for the Asn/Asn, Asn/Ser, and Ser/Ser groups, respectively.

Conclusion: Homozygous Ser/Ser genotype of FSHR polymorphism at position 680 was associated with decreased ovarian response to gonadotropin stimulation for IVF-ET.

Key Words: FSH receptor, Polymorphism, IVF-ET, Controlled ovarian hyperstimulation (COH)

가 가	aromatase	5	iso inhibitor isoform	oform ,
•				6~8
, 2				
가		가		isoform
		9,1	0	
가 ,				chromosome
		2p21 to 16		
		receptor	cyclic AMP	G-protein-coupled
가	가		7 transı	nembrane domain
•			.11	
reserve	,		가	
		,	307	extracellular doma-
가	가	in	alanine (Ala)	threonine (Thr)
.3			,	680 intra-
		cellular domain serine (Ser)		asparagine (Asn) . 가
4			exon 10	· 가
			-	allelic variant,
		Thr307/Asn680	Ala307/Ser680	

- 134 -

.12,13		estr	radiol 가 300 pg/ml
680		hCG 10,000 IU	
.14		hC	CG 10,000 IU 36
		D-PBS	YS media
71	가	,	
가	•		
·		,	2~5
,		hCG	14 β- 3 mIU/ml , 1
가 .		, 5~6	β-hСС
1.			
2002 6 2003 9	172	3	
75 , 97		. 14	가
가 40		7~10 ·	GnRH agonist 14
2.		. hCG	
1)		. ned	
, (68.0%), 43 (25.0%), 12 (7.0%)	, 117	3	2
	3		GnRH agonist
			. hCG
14 mm nist	GnRH anta go-	2)	
18 mm	16 mm	(1)	(PCR)
가 3 ,	10 mm		Wizard DNA

extraction kit (Pro	omega) genomic DNA	. band	as-
. PCR	0.1 μg genomic DNA,	paragine homozygote (Asn/Asn), band	
primer 0.4 μM	A, Taq polymerase 1.25 unit, 1.5 mM	serine homozygote (Ser/Ser), ban	ıd
MgCl ₂ , 200 μM dl	NTP .	band7} het	ero-
PCR	primer upstream 5' TTT-	zygote (Asn/Ser)	
GTGGTCATCTG	STGGCTGC 3', downstream 5'		
CAAAGGCAAG	GGACTGAATTATCATT 3' .	3.	
PCR 94	5 denaturation ,		
94 40 ,	58 1 , 72 1 35	(ANOVA), chi-square test	
cycle	,72 10 extension .	, SPSS 10.0.7 package . p<	0.05
(2) RFLP			
PCR p	roducts BsrI (New England Biolabs,		
USA)			
10 μl	3% agarose gel 100 voltage		
	, 0.5 μg/ml ethidium bro-	680	
mide	UV illumination	Asn/Asn 41.9% (n=	=72),
		Asn/Ser 47.7% (n=82), Ser/Ser 10	.5%
(3)		(n=18) (Table 1).	
<i>Bsr</i> I	가 asparagine ,	가 , 가 ,	
BsrI 7	† serine	가 ,	

Table 1. Distribution of FSHR genotypes by the infertility factors

	Asn/Asn	Asn/Ser	Ser/Ser	Total
Tubal factors	26 (44.1%)	25 (42.4%)	8 (13.1%)	59
Male factors	20 (40.8%)	27 (55.1%)	2 (4.1%)	49
Tubal & Male factors	3 (33.3%)	5 (55.6%)	1 (11.1%)	9
Unexplained	23 (41.8%)	25 (45.5%)	7 (12.7%)	55
All patients	72 (41.9%)	82 (47.7%)	18 (10.5%)	172

Table 2. Age of the patients and applied controlled ovarian hyperstimulation (COH) protocols according to FSHR genotypes

	Asn/Asn	Asn/Ser	Ser/Ser	Total	P value
Age	$32.4 \pm 0.4^*$	33.1±0.4	33.6±0.7	32.9±0.3	0.167
COH Protocol					
Antagonist protocol	50 (42.7%)	55 (47.0%)	12 (10.3%)	117	
Long protocol	15 (34.9%)	24 (55.8%)	4 (9.3%)	43	
Short protocol	7 (58.3%)	3 (25.0%)	2 (16.7%)	12	
All patients	72 (41.9%)	82 (47.7%)	18 (10.5%)	172	

Values are mean ± SEM.

Ser 9.9±0.6 , Ser/Ser 6.3 ± 0.9 (p=0.049) (Table 4). Ser/Ser (Table 1). Asn/Asn 42.4%, Asn/Ser 25.9%, Ser/Ser 29.4% , Ser/Ser Asn/Ser , Ser/Ser Asn/Ser 26.5% Asn/Asn (Table 2). (p=0.034) (Table 4). 3 6.0 ± 0.3 (± SEM) IU/L, Asn/Ser Asn/Asn 5.8±0.3 IU/L, Ser/Ser 8.6 ± 1.2 IU/L Ser/ ,15 Ser (p=0.002).가 Asn/Asn $2,203 \pm 88$ (± SEM) IU, Asn/Ser $2,255 \pm$ 80 IU, Ser/Ser $2,554 \pm 264 \text{ IU}$, Ser/Ser (p=0.237) (Table 4). 가 hCG Asn/Asn single nucleotide polymorphism estradiol 가 $1,640 \pm 140$ (± SEM) pg/ml, Asn/Ser (SNPs) 1,767 ± 124 pg/ml, Ser/Ser $1,185 \pm 189 \text{ pg/ml}$, Ser/Ser 가 가 (p=0.167) (Table 4). Asn/Asn 8.6 ± 0.8 , Asn/

Table 3. Basal FSH levels according to FSHR genotypes

	Asn/Asn	Asn/Ser	Ser/Ser	P value
$Mean \pm SEM (IU/L)^{a}$	6.0±0.3	5.8±0.3	8.6±1.2	0.002
Median (IU/L)	5.6	5.4	7.6	
Range	0.6~16.4	0.3~14.5	2.7~20.6	

Values are mean \pm SEM.

Table 4. Outcomes of controlled ovarian hyperstimulation according to FSHR genotypes

	Asn/Asn	Asn/Ser	Ser/Ser	P value
Dosage of gonadotropin used (IU)	$2,203 \pm 88$	$2,255 \pm 80$	$2,554 \pm 264$	0.237
Peak estradiol (pg/ml)	$1,640 \pm 140$	$1,767 \pm 124$	$1,185 \pm 189$	0.167
No. of oocytes retrieved	8.6 ± 0.8	9.9 ± 0.6	6.3 ± 0.9	0.049
CI : 1 *	12.40/	25.9%	29.4%	0.101
Clinical pregnancy rate	42.4%	26.	.5%	0.034

Values are mean ± SEM. *; per transfer

	. 680
161	
101	Asn/
A 2007 (c. 4	
	6), Asn/Ser 45% (n=72),
	√₀ (n=43) .
hCG	estradiol
	31.8±2.4 ,
40.7±2.3 ,	46.8±5.0
,	(p<0.01).
	6.4 ± 0.4
IU/L, 7.9±0.3 IU/L	., 8.3±0.6 IU/L
(p<0.01).	
	가
가	
71	•
680	
Mayor	rga (2000)
	,
	가
	·
	·
	•
,	가
down regulation	on
do wii Tegulau	
	16
	.16
680	asparagine glycosyla-
tion	
	, serine
phosphory	
phosphory	가 . ¹⁷
	·

가

가

Faucer BC, van Heusden AM. Manipulation of human ovarian function: physiological concepts and

clinical consequences. Endocr Rev 1997; 18: 71-106.

- Kligman I, Rosenwaks Z. Differentiating clinical profiles: prediction good responders, poor responders, and hyperresponders. Fertil Steril 2001; 76: 1185-90.
- Balasch J, Creus M, Fabregues F, Carmona F, Casamitjana R, Ascaso C, et al. Inhibin, folliclestimulating hormone, and age as predictors of ovarian response in in vitro fertilization cycles stimulated with gonadotropin-releasing hormone agonist-gonadotropin treatment. Am J Obstet Gynecol 1996; 175: 1226-30.
- Tinkanen H, Blauer M, Laippala P, Tuohimaa P, Kujansuu E. Prognostic factors on controlled ovarian hyperstimulation. Fertil Steril 1999; 72: 932-6.
- Spearow JL, Barkley M. Genetic control of hormoneinduced ovulation in mice. Biol Reprod 1999; 61:

- 851-6.
- Uloa-Aguirre A, Rees-Midgley A, Beitins IZ, Padmanabhan V. Follicle-stimulation isohormones: characterization and physiological relevance. Endocr Rev. 1997; 16: 765-87.
- Fauser BCJM. Interference of follicle-stimulation hormone regulation of human ovarian function. Mol Hum Reprod 1996; 2: 327-34.
- Fauser BCJM, Van Heusden AM. Manipulation of human ovarian function: physiological concepts and clinical consequences. Endocr Rev 1997; 18: 71-106.
- Conway GS, Conway E, Walker C, Hoppner W, Gromoll J, Simoni M. Mutation screening and isoform prevalence of the follicle stimulation hormone receptor gene in women with premature ovarian failure, resistant ovary syndrome and polycystic ovary syndrome. Clin Endocrinol (Oxf) 1999; 57: 97-9.
- Sudo S, Kudo M, Wada SI, Sato O, Hsueh AJ, Fujimoto S. Genetic and functional analyses of polymorphism in the human FSH receptor gene, Mol Hum Reprod 2002; 8: 893-9.
- Simoni M, Gromoll J, Nieschalg E. The folliclestimulating hormone receptor: biochemistry, molecular biology, physiology, and pathophysiology. Endocr Rev 1997; 18: 739-73.
- 12. Simoni M, Gromoll J, Hoppner W, Kamischke A, Krafft T, Stahle D, et al. Mutational analysis of the follicle-stimulating hormone receptor in normal and infertile men: identification and characterization of

- two discrete FSH receptor isoforms. J Clin Endocrinol Metab 1999; 84: 751-5.
- Liu JY, Gromoll J, Cedars MI. Identification of allelic variants in the follicle-stimulating hormone receptor genes of females with or without hypergonadotropic amenorrhea. Fertil Steril 1998; 70: 326 -31.
- Mayorga MP, Gromoll J, Behre HM, Gassner C, Nieschlag E, Simoni M. Ovarian response to folliclestimulating hormone stimulation depends on the FSH receptor genotype. J Clin Endocrinol Metab 2000; 85: 3365-9.
- Aittomaki K, Lucena JL, Pakarinen P, Sistonen P, Tapanainen J, Gromoll J, et al. Mutation in the folliclestimulating hormone receptor gene causes hereditary hypergonadotropic ovarian failure. Cell 1995; 82: 959-68.
- 16. Zambrano E, Zarinan T, Olivares A, Barrios-de-Tomasi J, Ulloa-Aguirre A. Receptor binding activity and in vitro biological activity of the human FSH charge isoforms as disclosed by heterologous and homologous assay systems: implication for the structure-function relationship of the FSH variants. Endocrine 1999; 10: 113-21.
- 17. Davis D, Liu X, Segaloff DL. Identification of the sites of N-linked glycosylation on the follicle-stimulating hormone receptor and assessment of their role in FSH receptor function. Mol Endocrinol 1995; 9: 159-70.