

**INTERLEUKIN-6, ITS SUBUNIT gp 130 AND THE POTENTIAL RISK OF PROSTATE
CANCER IN A POPULATION OF MEN FROM TOBAGO**

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Prostate cancer is a public health concern, particularly to the African-American community. African-American men are disproportionately affected and experience prostate cancer rates about 60% more often than white Americans. It is the second leading cancer in men and it is second only to lung cancer in cancer related deaths. This is a significant public health problem. This paper will focus on the gene Interleukin 6 signal transducer isoform 1 (IL6ST), on chromosome 5q11.2, with polymorphisms relating to gp130 [rs 3730293 and rs 3729960]; both single nucleotide polymorphisms result in an amino acid change. The change is Glycine to Arginine for rs 3729960 which is located in exon 14 and Isoleucine to Threonine for rs 3730293 which is located in exon 10. Human IL-6 signaling requires the 80kDa IL-6R receptor, which is responsible for IL-6 specificity and the 130kDa glycoprotein, gp130, the signal transduction subunit for signal transduction to occur. IL-6 acts through its receptors which are polymorphic, and subsequently may cause it to have different functionality. A population based case/control study was conducted to evaluate the influence of gp130 snps on prostate cancer risk in an Afro-Caribbean male population of Tobago. This population was chosen because of the high prevalence of prostate cancer. A subset of 1000 samples taken from a study done by Bunker et al, was genotyped by PCR and fluorescence polarization methods. Statistical analysis yielded all

estimated allele frequencies to be in Hardy Weinberg Equilibrium. Chi square analysis of the cases and controls yielded no significant association of the gp130 snps and prostate cancer risk.

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1.0 INTRODUCTION

Prostate cancer is a disease where by cancer develops in the prostate, a gland in the human male reproductive system. The prostate is a male reproductive organ that both creates and stores seminal fluid. The prostate is a walnut sized gland located in front of the rectum and underneath the urinary bladder of men.

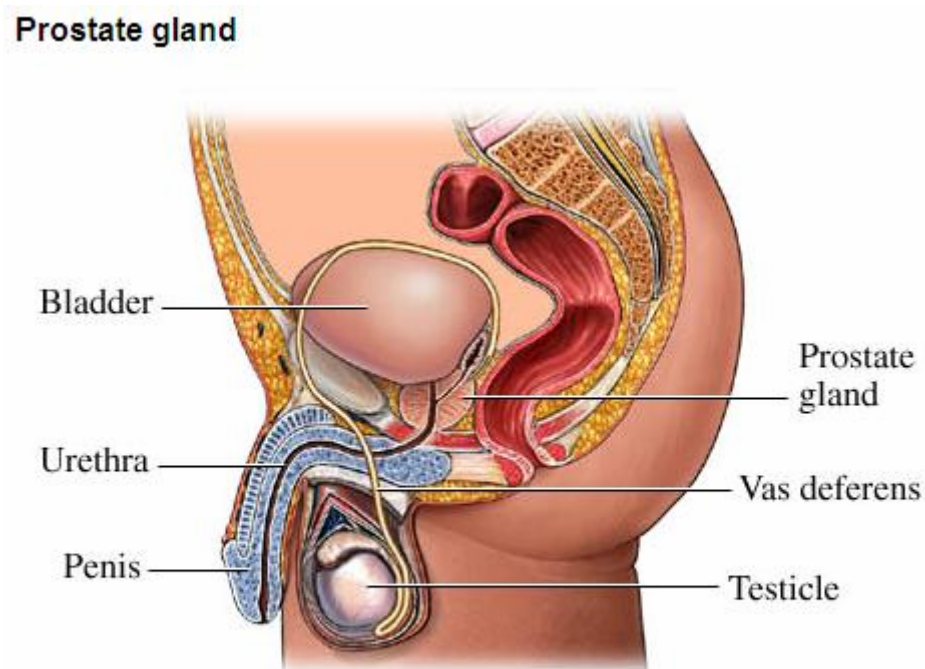


Figure 1: Diagram showing the position of the prostate gland

Figure 1 taken from www.liv.ac.uk/researchintelligence/issue21/prostatecancer.html

Clinically evident prostate cancer can be established by tissue diagnosis following clinical suspicion based on an abnormal TRUS (transrectal ultrasound), an elevation in serum PSA (prostate specific antigen) levels, an abnormal DRE (digital rectal exam) and a histological examination of a prostate tumor from a biopsy. (<http://www.cancer.org>) Prostate cancer typically develops in men over age 50. It is the second leading cancer in men and it is second only to lung cancer in cancer-related deaths (<http://cancer.gov>). The American Cancer society suggests that annual medical examinations for men include a DRE and a PSA determination. These examinations should begin at age 50 for men with life expectancies of at least 10 years or age 45 for African-American men and men with a family history of the disease (Bunker et al, 2004). In 2005, according to the National Cancer Society, prostate cancer was responsible for 232,090 new cases with an estimated 30,350 deaths (<http://www.seer.cancer.gov>). African-Americans are disproportionately affected, experiencing prostate cancer about 60% more often than white Americans. African-American men also present with the highest chance of being diagnosed at an advanced stage of prostate cancer and they are more likely to die from prostate cancer than any other race/ethnicity of people residing the United States (Freedland et al, 2004). Both the Afro-Caribbean population and African-American population have West African ancestry due to the enslavement process that took place throughout the 18th and 19th centuries on both the island of Tobago and in the United States. In fact, African ancestry has been linked to prostate cancer among males living throughout the Western Hemisphere (Shea et al, 2002).

In addition to ethnicity, a positive family history can be a significant risk factor for the development of prostate cancer (Nieder et al, 2003). Some families may present a Mendelian

pattern of inheritance, Carter et al provided evidence for a familial clustering of prostate cancer that they attributed to an autosomal dominant mode of inheritance (Carter et al, 1992), still other families will present with an inheritance pattern termed “Familial Prostate Cancer”, whereby having as few as one affected relative will contribute to prostate cancer risk (Steinberg et al, 1990). Heritable genetic effects have been found in twin studies which were conducted in Finland that also support the idea of prostate cancer as a genetically linked disease (Verkasalo et al, 1999). There have been many genes linked with prostate cancer. These include but are not limited to mutations in p53 and retinoblastoma (Skar et al, 1999), MXI 1 gene (Eagle et al, 1995), CAPB, HPC1/rnaSEL, HOC2/ELAC2, HPCX, MSR1, PCAP, and HPC 20 (Nieder et al, 2003). The list of potential candidate genes and their polymorphisms is extensive, but to date none reliably explain the ethnic differences in prostate cancer risk. Many chromosomes have been investigated as candidate regions of prostate cancer. These include but are not limited to 5q, 7q and 19q, which were located in a genome wide linkage analysis to determine prostate cancer aggressiveness (Witte et al, 2000). African-American men experience the highest death rates in prostate cancer, the National Cancer Institute lists the rate as 68.1¹ compared to white males who have a rate of 27.7 (www.cancer.gov/cancertopics). Nieder et al, suggested that African-American ethnicity is a risk factor for developing prostate cancer (Nieder et al, 2003).

High serum levels of the cytokine interleukin 6 [IL-6] have also been correlated with prostate cancer risk (Nakashima et al, 2000). Both prostate cancer explants and human prostate cancer cell lines secrete IL-6 *in vitro* (Nakashima et al, 2000).

This paper will focus on the gene Interleukin 6 Signal Transducer Isoform 1 [IL-6ST], on chromosome 5q11.2, with polymorphisms relating to gp130 [figure 2] in exon 10 [rs 3730293]

¹ Statistics are for 1998-2002 and are adjusted to the 2000 U.S standard million population, and represent the number of deaths per year per 100,000 males.

and exon 14 [rs 3729960]; both single nucleotide polymorphisms [snp] result in an amino acid change.

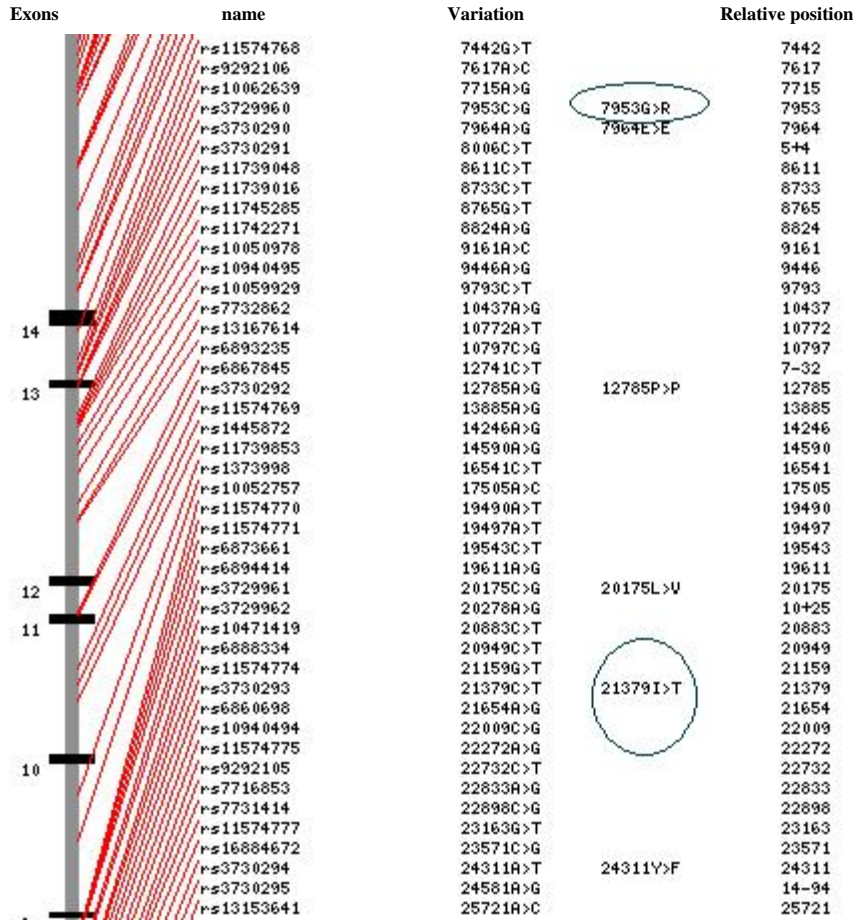


Figure 2: IL6ST gene map and polymorphisms

Figure taken from <http://snpper.chip.org/bio/show-gene/15725>

These snps were chosen because IL-6 acts through its receptors which are polymorphic, and subsequently may cause it to have different functionality. A complete gene map of the polymorphisms of IL6ST can be found in the appendix. A population based case/control study was conducted to evaluate the influence of gp130 snps on prostate cancer risk in an Afro-Caribbean male population of Tobago.

1.1 INTERLEUKIN 6

Interleukins are cytokines [regulatory proteins secreted by cells] that regulate the interactions between lymphocytes and other leukocytes. They are different from conventional hormones, in that they can have effects on numerous different cells (Tizard). Interleukin 6 [IL-6] can activate target genes involved in survival, differentiation, apoptosis and proliferation (Heinrich et al, 2003). Various types of malignant tumors have implicated IL-6 as being important to their regulation of growth and differentiation; these include renal-cell carcinoma, leukemia and prostate tumors (Lou et al, 2000). Both multiple myeloma and prostate cancer have been attributed to the dysregulation of IL-6 cytokine signaling (Heinrich et al, 2003). In fact, the function of IL-6 as it relates to human malignancy is noticeably established in multiple myeloma, where tumor growth is aided by autocrine stimulation of IL-6 (Giri et al, 2001). Chung and colleagues, suggest IL-6 can be characterized as a paracrine or autocrine growth factor that is implicated in the oncogenic processes of the following tumors: mammary carcinoma, lymphoma, plasmacytoma/myeloma and Kaposi's sarcoma (Chung et al, 1999). IL-6 may induce growth of prostate cancer cells and assist the escape of apoptosis, which would result in an increase in disease development through the augmented production of IL-6. IL-6 is a pleiotropic 21-30kDa glycoprotein consisting of 212 amino acids with varying glycosylation (Chung et al, 1999). It is important to note the single presence of IL-6 is not enough for cell mediation. Human IL-6 signaling requires the 80kDa IL-6R receptor, which is responsible for IL-6 specificity and the 130kDa glycoprotein, gp130, the signal transduction subunit for several cytokines, for signal transduction to occur (Kishimoto et al, 1992). Signal transduction is a process that results in the delivery of an active transcription factor to the cell's nucleus in response to cell surface receptor binding by an extracellular protein ligand.

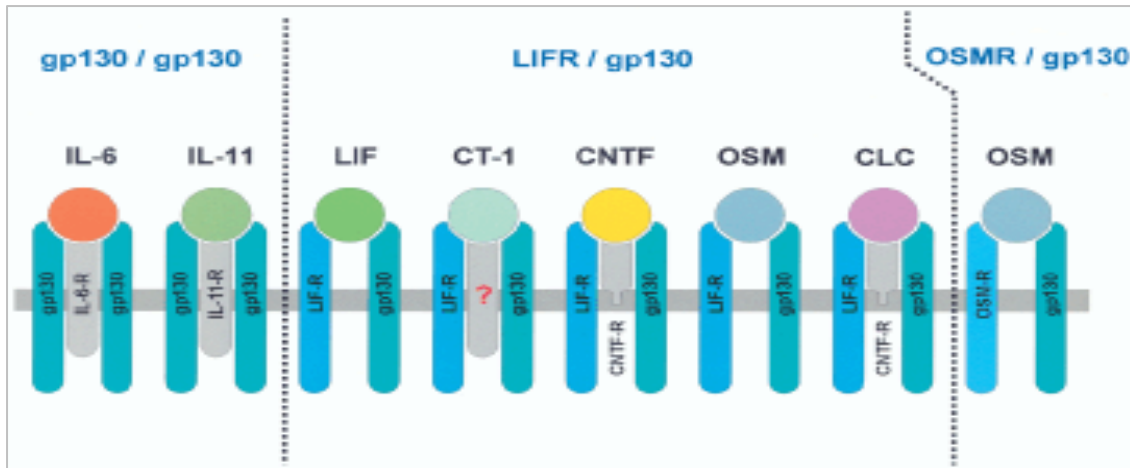


Figure 3: Receptor complexes of IL-6 type cytokines
(Heinrich, 2003)

When IL-6 binds to its receptor IL6-R, it leads to activation of members of the Janus [JAK] kinase family, which in turn phosphorylate tyrosine residues in the cytoplasmic domains of the gp130 subunit. Glycoprotein 130 combines with activators of transcription [STAT factors] to undergo tyrosine phosphorylation, dimerization and translocation to the nucleus (Culig et al, 2002). In the human body gp130 is expressed ubiquitously and all of the IL-6 type cytokine receptor complexes use gp130 as the receptor signaling subunits. These complexes have diverse functions and are involved in immune and inflammation responses, liver and neuronal regeneration, haematopoiesis, fertility and embryonal development (Heinrich et al, 2003). It is interesting to note that gp130 can also transduce signals from many different ligands. For instance, the following all use gp130 as a signal transducer: oncostatin M, leukemia inhibitory factor, cardiotrophin-1, IL-11, ciliary neurotrophic factor, and cardiotrophin-like cytokine (Müller-Newen).

Gp130 is a signal transducer and while it is ubiquitous in the normal human cell, the ability of gp130 to begin signal transduction appears to be regulated by the restricted expression of the ligand binding component. The ligand binding component for IL-6 is IL-6R. For this reason, recent research examining the potential effects of IL-6 on prostate cancer also looks for the presence of IL6R and gp130. The expression of IL-6 and IL-6R has been found in both benign prostate hyperplasia and prostate carcinoma (Lou et al, 2000). In fact both IL-6R and gp130 have been found in four cancer cell lines: hormone dependent LNCaP, and the hormone refractory lines of PC3, DU145 and TSU.

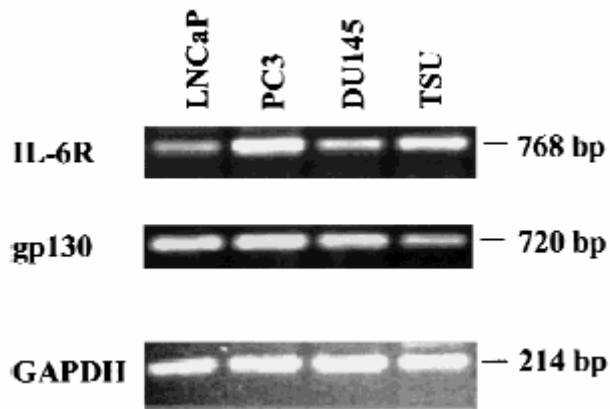


Figure 4: Detection of mRNA expression for both gp 130 and IL-6R by RT-PCR in cell lines (Lou et al, 2000)

The presence of the IL-6 in the LNCaP cancer cell line is controversial. Giri et al, report being unable to detect the secretion of IL-6 from LNCaP (Giri et al, 2001). Chung et al, did not find evidence of IL-6 in the LNCaP cancer cell line and attributed it to “different test conditions” (Chung et al, 1999). However they were able to detect soluble forms of both IL-6R and gp130 by RT-PCR and immunoprecipitation with anti-gp-130 (Chung et al, 1999).

1.2 ANDROGEN INDEPENDENCE

In a normal human prostate epithelial cell, the hormone androgen is responsible for the growth and maintenance of the functional and structural integrity of the cell. The absence of androgen will usually result in apoptosis. Most prostate epithelial cell growth is initially dependent on hormonal stimulation and is therefore androgen-dependent. At this stage, the cells are receptive to androgen-ablative therapies. Androgen-independent prostate cancer cells often escape apoptosis and thrive in the new hormone refractory environment (Chung et al, 1999). In these prostate cancer cells, IL-6 may undergo a functional transition from a paracrine growth inhibitor to an autocrine growth stimulator (Culig et al, 2002).

1.3 HHV-8 AND IL-6

According to Koroidi and colleagues, sexually transmitted infections and sexual history have been discovered to be significant risk factors in the etiology of prostate cancer (Korodi et al, 2005). Among the sexually transmitted viruses is human HHV-8, responsible for the formation of Kaposi sarcoma. HHV-8 is a sexually transmitted, gamma-2 herpesvirus and its presence has been reported in both normal and cancerous prostate tissue (Hoffman et al, 2004). In fact, Hoffman et al, reported an association between prostate cancer and HHV-8 (Hoffman et al, 2004).

The HHV-8 virus includes a functional homologue of interleukin-6 named vIL-6, but unlike IL-6 it does not need the IL-6R subunit to begin signal transduction (Wan et al, 1999). This is important because as previously stated gp130 is ubiquitously expressed in the human

body. In a paper by Wan and colleagues, the activation of STAT1 and STAT3 cells in human HepG2 hepatoma cells by vIL-6 sans its IL-6R was demonstrated (Wan et al, 1999). They also reported that IL-6 is an important autocrine growth factor for Primary Effusion Lymphoma or PEL (Wan et al, 1999). Chung et al characterized IL-6 as either a paracrine or autocrine growth factor that was implicated in the progression of Kaposi sarcoma, it is therefore reasonable to take a closer look at HHV-8 (Chung et al, 1999).

Another paper examined sexually transmitted diseases and prostate cancer risks (Hayes et al, 2000). While they did not look specifically at HHV-8 and prostate cancer risks, the authors did suggest that an infectious agent may act as a co-factor in the development of prostate cancer. HHV-8 could be that co-factor and may act through vIL-6 to increase prostate cancer risk.

MATERIAL AND METHODS

1.4 STUDY POPULATION

Male inhabitants of the island of Tobago were examined for the presence of both prostate cancer and gp130 mutations. Two main islands compose the Republic of Trinidad and Tobago. Tobago is smaller than Trinidad and is located near the southern Caribbean Sea, south of Grenada and northwest of the island of Trinidad (<http://en.wikipedia.org/wiki/Tobago>). Ninety-two percent of the people who inhabit the Caribbean island of Tobago are self-identified as Afro-Caribbean (Bunker). According to the 1990 Census the population was 46,435 of that 5,121 were males ages 40-79.

1000 DNA samples were genotyped for two single nucleotide polymorphisms. The samples were obtained from the Bunker et al. Tobago study (Bunker 2002). In this study, the male population aged 40-79 of Tobago and Trinidad was solicited for participation in a population based prostate cancer screening survey. The samples were blinded to the researcher and the cancer status of the person was unknown until the time of analysis. In the analysis the samples were broken up into two groups, cases and controls.

1.4.1 CANCER DIAGNOSIS- DISTINCTION BETWEEN CASE AND CONTROL

The clinical diagnosis of subjects with prostate cancer was determined by abnormal DRE's, elevated PSA's and prostate biopsies (Bunker 2002). Initially peripheral blood draws were done and PSA (prostate specific antigen) measurements were taken. The PSA measurements were analyzed at the University of Pittsburgh's Central Pathology Laboratory using the automated Microparticle Enzyme Immunoassay, Abbot AxSYM PSA assay. To avoid artifactual increase in serum PSA, the subjects underwent a DRE (digital rectal exam) at a later date. A physician trained according to the Bunker study protocol performed the digital rectal exam. Subjects with an abnormal DRE or whose serum PSA level was found to be elevated (≥ 4.0 ng/ml) were then selected for biopsy. Pathological evaluation of the prostate tissue was performed by either urologists or surgeons trained by urologists from the University of Pittsburgh's Medical Center. Using an 18 gauge, 21cm spring-loaded biopsy needle, transrectal ultrasound guided biopsies were executed. Sextant biopsies were acquired in accordance with a standard protocol (Bunker 2002). After the evaluations, the men were then labeled as either having prostate cancer or not having prostate cancer. All protocols were both approved and reviewed by the Institutional Review Board of the Tobago Ministry of Health and the University of Pittsburgh. Each participant provided written informed consent. The Bunker et al study found, "The screening detected prevalence of prostate cancer in this Afro-Caribbean population, ages 50-79 years was about three to four times higher than rates reported from screening studies in predominately Caucasian populations." The total screened population presented a prostate cancer prevalence rate of 10.7% among men aged 40-79 (Bunker et al, 2002). The samples used in this paper are a subset of samples from the Bunker study.

1.5 GENOTYPE ANALYSIS

To analyze the PSA levels peripheral blood draws were done. High molecular weight DNA was isolated from the residual clots drawn for PSA tests. Genotype analysis was done by polymerase chain reaction and fluorescence polarization. DNA Engine Dyad and Tetrad 2 machines by Peltier Thermal Cycler were used for the PCR [amplification], SAP [incubation] and TDI [template directed primer extension] steps. Fluorescence polarization analysis was done with a Criterion Host, Analyst HT machine designed by LJI Biosystems.

1.6 POLYMERASE CHAIN REACTION (PCR)

The two single nucleotide polymorphisms chosen were rs 3730293 and rs 3729960. In rs 3730293 the base pair change is **A** to **G** with an amino acid change of Isoleucine to Threonine. In rs 3729960 the base pair change is **C** to **G** with an amino acid change of Leucine to Valine. A total volume of 10 μ L per reaction composed of water plus the following reagents from Invitrogen: 50 mM MgCl₂, 10X PCR Buffer, 5U/ μ l Taq DNA polymerase, 1.25 mM dNTP and 20 μ M of forward and reverse primers was used. The primers and conditions are listed in table 1.

Table 1: Primers and Conditions for SNPs

	Primers		Conditions		
	<i>rs 3730293</i>				
Forward	5' CTA GCC AGG TAT ACC TCT 3'	step 1	Initial Denaturation	95 °C	5 minutes
Reverse	5' GCT ACT CAC CCT GTA ATG GAT 3'	step 2	Denaturation	95 °C	30 sec
Detection	5' GAT AAC ACA CAC CAC TCA AGT 3'	step 3	Annealing	47.4 °C	15 sec
		step 4	Extension	72 °C	30 sec
		step 5	Repeat step 2	34 cycles	
		step 6	Final Extension	72 °C	10 minutes
	<i>rs 3729960</i>				
Forward	5' CCA GCA AAA ATG ACT AAC 3'	step 1	Initial Denaturation	95 °C	5 minutes
Reverse	5' GTT GCA TTG TGA ACG AGG 3'	step 2	Denaturation	95 °C	30 sec
Detection	5' CAA GTG TGT TTC CCT TCC AC 3'	step 3	Annealing	55 °C	15 sec
		step 4	Extension	72 °C	30 sec
		step 5	Repeat step 2	34 cycles	
		step 6	Final Extension	72 °C	10 minutes

1.7 FLUORESCENCE POLARIZATION (FP)

The basis for fluorescence polarization is based on the concept of molecular movement and rotation. By using a fluorescent dye to label a small molecule, its subsequent binding to another molecule of equal or greater size can be monitored through its speed of rotation. This process

can determine which allele is present (Chen et al, 1999). There are two steps in FP, the primer/dNTP degradation step with Shrimp Alkaline Phosphatase incubation and the TDI assay where the fluorescent dyes are attached. After dye attachment, the sample was ready for fluorescence polarization measurement (Chen et al, 1999). A total volume of 10 μ L per reaction composed of water plus the following reagents from Invitrogen: 10x SAP buffer, 1 U/ μ L SAP and 10 U/ μ L exonuclease was used.

Table 2: Protocol for SAP step

SAP	conditions	
Incubation	37° C	90 minutes
Denaturation	95° C	15 minutes
Hold	10° C	

After the SAP step gets completed, the TDI assay begins. A total volume of 10 μ L per reaction composed of water plus the following reagents from Invitrogen: 10x thermosequenase buffer, 10 μ M internal detection primer, 25 μ M dye labeled ddNTP mix, and 4U/ μ L thermosequenase was used.

Table 3: Protocol for TDI step

TDI	conditions	
Denaturation	94° C	1 minute
Denaturation	94° C	10 sec
Extension	55° C	30 sec
Repeat	Go to step 2	39 cycles
Final Extension	72° C	10 minutes
Hold	10° C	

RESULTS

In a population of men from Tobago who were characterized as having high rates of prostate cancer, two snps in gp 130 were examined and no evidence of association with prostate cancer risk between genotypes or haplotypes was identified. There were 284 cases and 716 controls of which reliable genotypes were obtained for 284 cases and 594 controls in rs 3730293. In rs 3729960, genotypes were obtained for 257 cases and 618 controls.

Failure to genotype was either the result of PCR failure, FP failure or from lack of sufficient DNA. Table 4 shows a summary of observed and expected genotypes for the Tobago male population. A complete list can be found in the appendix section of this paper.

Table 4: Summary of Observed and Expected Genotypes

		284				716	
		cases				controls	
<i>rs</i>		n=				n=594	
3730293		238					
		<i>observed</i>	<i>expected</i>			<i>observed</i>	<i>expected</i>
	AA	122	123.58		AA	275	283
	AG	99	95.84		AG	270	254.01
	GG	17	18.58		GG	49	57
<i>wild</i>							
<i>type</i>	<i>p</i>	0.7206			<i>p</i>	0.6902	
	<i>q</i>	0.2794			<i>q</i>	0.3098	
	χ^2	0.26			χ^2	2.35	
	<i>p</i> - <i>value</i>	0.61			<i>p</i> - <i>value</i>	0.12	
		284				716	
		cases				controls	
<i>rs</i>		n=257				n=618	
3729960							
		<i>observed</i>	<i>expected</i>			<i>observed</i>	<i>expected</i>
	CC	66	65.76		CC	183	177.28
	CG	128	128.48		CG	296	307.43
	GG	63	62.76		GG	139	133.28
<i>wild</i>							
<i>type</i>	<i>p</i>	0.5058			<i>p</i>	0.5356	
	<i>q</i>	0.4942			<i>q</i>	0.4644	
	χ^2	0			χ^2	0.85	
	<i>p</i> - <i>value</i>	0.95			<i>p</i> - <i>value</i>	0.36	

Key to Base Pairs:

A= Wild Type
G= Polymorphism

C=Wild Type
G= Polymorphism

1.8 STATISTICAL ANALYSIS

Hardy Weinberg Equilibrium describes the relationship between allele frequencies and the resulting genotypic frequencies. HWE principles were used to determine the expected number of individuals with each genotype. Allele frequencies were estimated by gene counting. The expected frequencies were then compared to the observed frequencies. The Chi-square test was used to compare the expected allele frequencies to the observed allele frequencies to determine if the loci were in Hardy Weinberg Equilibrium [HWE]. These results can be found in table 4.

The Chi-square test was also used to calculate the homogeneity of the allele or genotype frequencies between the cases and controls. It is used to determine if a significant relationship existed between genotypes of the cases versus genotypes of the controls.

Haploview 3.2 (<http://www.broad.mit.edu/mpg/haploview/>) was used to calculate if pair wise linkage disequilibrium existed between rs 3729960 and rs 3730293. It can be expressed as D' where D' is a measure of the strength of association between the alleles at the two loci. D' equaling 1 is representative of complete linkage disequilibrium. D' equaling 0 is representative of complete linkage equilibrium. The results can be found in table 6.

1.9 ALLELE FREQUENCIES

In rs 3730293 cases, the wild type allele was represented by “A” coding for the amino acid Isoleucine. Its frequency was 0.7206. The polymorphism was represented by “G” coding for the amino acid Threonine. Its frequency was 0.2794. Both alleles were found to be within HWE with a p-value of 0.61.

In rs 3730293 controls, the wild type allele was represented by “A” coding for the amino acid Isoleucine. Its frequency was 0.6902. The polymorphism was represented by “G” coding for the amino acid Threonine. Its frequency was 0.3098. Both alleles were found to be within HWE with a p-value of 0.12.

In rs 3729960 cases, the wild type allele was represented by “C” coding for the amino acid Glycine. Its frequency was 0.5058. The polymorphism was represented by “G” coding for the amino acid Arginine. Its frequency was 0.4942. Both alleles were found to be within HWE with a p-value of 0.95.

In rs 3729960 controls, the wild type allele was represented by “C” coding for the amino acid Glycine. Its frequency was 0.5356. The polymorphism was represented by “G” coding for the amino acid Arginine. Its frequency was 0.4644. Both alleles were found to be within HWE with a p-value of 0.36.

Table 5: Chi-Square Table for Cases and Controls

rs 3730293

	AA	AG	GG	Total
Cases	122	99	17	238
Controls	275	270	49	594
Total	397	369	66	832

rs3729960

	CC	CG	GG	Total
Cases	66	128	63	257
Controls	183	296	139	618
Total	249	424	202	875

AA & CC represent the wild type alleles

In rs 3730293 no significant relationship was found for the genotypes of the cases compared to those of the controls. The Chi-square value was 1.71 with an insignificant p-value.

In rs 3729960 no significant relationship was found for the genotypes of the cases compared to those of the controls. The Chi-square value was 1.44 with an insignificant p-value.

Table 6: Linkage Disequilibrium Values

Haploview Data	
D'	0.9
LOD	83.19
r- squared	0.357

Linkage Disequilibrium describes a situation in which some combination of AA, AG, GG and CC, CG, GG alleles occur more frequently in the Tobago population than would be expected from this random formation. The Haploview program yielded $D' = 0.9$ indicating that strong linkage disequilibrium was present for rs 3730293 and rs 3729960 in the Tobago population.

DISCUSSION

Genotype analysis of two polymorphisms in gp130 (rs 3730293 and rs 3729960) in the prostate cancer susceptibility gene IL6ST suggests that the polymorphisms do not significantly contribute to the increased risk of prostate cancer as observed in the case/control population of Tobago. No significant increased or decreased risk for prostate cancer was detected among men carrying the variant genotype. It is worthy to state that the International HapMap Project reports monomorphic allele frequencies for rs3730293² in Japanese, Chinese and Utah, U.S populations. Only the Nigerian population presented polymorphic allele frequencies. The Japanese samples were taken from a population in Tokyo, the Chinese samples were taken from a population in Beijing, and the Utah population was composed of residents with ancestry from northern and western Europe. The Ibadan population of Nigeria has allele frequencies very similar to those obtained in this paper. HapMap lists them as the wild type allele **A**=0.617 and the mutated allele **G**= 0.383. The polymorphic nature of these alleles may act in conjunction with other genes or may have different functionality that may have contribute toward prostate cancer risk. The discrepancy in the incidence of prostate cancer according to geographic region and ethnicity is very interesting. Prostate cancer rates in Asian countries are low. In comparison to the United States, countries like Japan and China have prostate cancer rates that are 50-60 times lower (Hsing et al, 2000). Further more the rate of prostate cancer for Caucasians in the United States

² No allele frequency information was given for the rs 3729960 polymorphism in either the HapMap database or in the National Center for Biotechnology Information [NCBI] database

is sixty percent less than the rate of African-Americans; although it has been postulated that prostate cancer rates will increase in countries that previously held low rates due to aging populations and increased PSA screening (Hsing et al, 2000).

To find a link to prostate cancer risk it will be necessary to look at more than just the snp's listed in this paper. While it is believed that IL-6 is a good gene to examine for prostate cancer risk, a paper by Sun et al, found some sequence variants of IL-6 that were not associated with prostate cancer risk (Sun et al, 2004). However, those authors did not examine snps relating to glycoprotein 130.

Conflicting research was also found for HHV-8. In a nested case/control study done in Finland by Korodi et al, it was suggested that selection bias may have been present in the Hoffman et al paper. They reported evidence against involvement of both HHV-8 and HSV-2 in prostate carcinogenesis (Korodi et al, 2005).

1.10 FUTURE STUDIES

Prostate Cancer and cancers in general continue to be responsible for illness and death in populations all over the world. Populations with West African ancestry are particularly susceptible to prostate cancer. While the polymorphisms examined in this paper yielded no significant association to prostate cancer, it is important to keep looking. IL-6 has been implicated in a number of studies and more polymorphisms should be identified and researched as potential risks to prostate cancer. It would have been useful to redo this study in another population of men with West African ancestry. The future study should include HHV-8

seroprevalence data and examine more snps in IL6ST particularly looking at functionality with a more detailed haplotype analysis.

CONCLUSION

Research of the two polymorphisms in Interleukin-6 Signal Transducer Isoform 1 did not yield any significant association to prostate cancer risk. While the genotypes were in HWE for all alleles of both the case and control groups, no strong conclusions could be drawn. Further research is needed.

Appendix A

GENOTYPES OF TOBAGO STUDY POPULATION

ID Number	PC status	rs 3729960	rs3730293	ID Number	PC status	rs 3729960	rs3730293
TP970002CJ	control	CG	AA	TP991123VP	control		AG
TP970008DP	control	GG	AG	TP991125DM	case	CG	AA
TP970009HP	control	CG	AG	TP991127AM	control	GG	AA
TP970013LM	case	GG	AG	TP991137WF	case	GG	GG
TP970014PB	control	CC	AA	TP991139EC	control	CC	AA
TP970017CG	control	GG	GG	TP991140JB	case	GG	AG
TP970022DH	case	CC		TP991143SR	case	GG	AG
TP970024JM	control	CC	AA	TP991146AT	control		AA
TP970025WR	control	CG	AG	TP991148AR	control	CC	
TP970028VR	control	CC	AA	TP991149JW	control	CG	AG
TP970029HA	control	CC		TP991150CB	control		AA
TP970030ME	control	CG	AG	TP991152AT	control	CC	AA
TP970033FG	control	CG	AG	TP991155RS	control	CC	
TP970035AM	case	CC	AA	TP991159AA	control	CG	AA
TP970037FC	control	GG	AG	TP991163EA	control	GG	AG
TP970040AP	control	CG	AG	TP991166CN	case	CG	AA
TP970042WR	control	CG	AG	TP991170GK	control	CG	AG
TP970043NH	control	CC	AA	TP991181MC	control	CG	AG
TP970045FD	control	GG	AG	TP991182GD	control	GG	AG
TP970046RH	case	CG	AA	TP991186CB	control	CC	
TP970048PR	case	GG	AG	TP991188CS	case	GG	AG
TP970049PP	case	CC	AA	TP991191LJ	case	CG	AG
TP970052OD	case	GG		TP991195GS	control	CG	AA
TP970053SD	control	CG		TP991196VR	control	GG	AG
TP970054LR	control		AA	TP991197MD	case	GG	AG
TP970056WT	control	CG	AG	TP991198WB	case	GG	AA
TP970058HE	control	CC	AA	TP991199BC	control	CG	AG
TP970059GW	control	CG	AG	TP991200OB	case	CC	AA

TP970060LC	control	CC	AA		TP991204JA	control	CG	AA
TP970061JL	control	GG	AG		TP991205ST	control	CG	AG
TP970063HP	control	CG	AG		TP991207HR	control	CG	AA
TP970064AD	control		GG		TP991208EB	control	GG	AA
TP970065GR	control	CC	AA		TP991209EA	control	CG	AA
TP970066LC	control	CG	AA		TP991210WG	case	CG	AA
TP970067CL	control	CG	AA		TP991211LT	control	GG	AG
TP970068CN	case	CG	AA		TP991215CB	control	CG	AG
TP970069GA	control	GG	AG		TP991217OB	control	CG	AG
TP970071EA	control	CG	AG		TP991219RJ	control	CC	AA
TP970077AR	case	CG	AA		TP991221KG	control	CC	AA
TP970078JR	control	CG	AG		TP991224JR	case	CC	AA
TP970079RM	control	CC	AA		TP991225RS	case	CG	AG
TP970080AS	control	CG	AG		TP991227EC	control	CC	AA
TP970082RJ	case	CG	AA		TP991230HS	control	CG	AG
TP970083RA	control	CC	AA		TP991233WW	control	CG	AA
TP970084HG	case	CG	AG		TP991234RL	case	GG	AG
TP970085SS	control	CG	AA		TP991235UG	case	CC	AA
TP970086GT	case	CC	AA		TP991237SG	control	CG	AG
TP970087HL	control	GG	GG		TP991242RD	control	CG	AA
TP970088ED	control	CC	AA		TP991243RM	control	CC	AA
TP970089ED	control	CG			TP991244GP	control	CG	AA
TP970090JR	case	CC	AA		TP991245AB	control	GG	AA
TP970091AM	case	CG	AG		TP991246MJ	control	CG	AG
TP970094SB	control	GG	AA		TP991249JT	control		AA
TP970095ND	control	CC	AA		TP991250AB	control	CC	AA
TP970097CT	control	CC	AG		TP991255RQ	control	CG	AG
TP970098AT	case	GG	GG		TP991259NS	control	CG	AG
TP970099RS	control	CG	AG		TP991260CJ	case	CG	AA
TP970103DM	case	GG	AG		TP991263DD	control		AA
TP970106WC	control	GG	AG		TP991267FS	case		AA
TP970107CD	control	CG	AG		TP991269AB	control	GG	AG
TP970108JR	control	CC	AA		TP991273AF	control	CG	AA
TP970109TP	case	CG	AG		TP991274EJ	case	CG	AG
TP970112OS	case	CC	AA		TP991276NR	control	CG	AA
TP970113HT	control	CC			TP991278SB	control	GG	AG
TP970115EM	control	CG	AG		TP991283HE	control	CC	AA
TP970119CA	case	CG	AG		TP991284PJ	control	CC	AA
TP970123VW	control	CG	AA		TP991286CP	control	CG	AG
TP970126RC	control	CG	AG		TP991289DB	control	CG	AA
TP970127EP	control		AA		TP991290LK	case	CG	AG
TP970130FK	control	CC	AA		TP991291LT	case	GG	AA
TP970132KM	control	CG			TP991292CP	control	GG	AG
TP970134JG	control	GG	AA		TP991293UL	control		AG

TP970135HC	control	CG	AG		TP991296LT	case	GG	AA
TP970137HO	control	CG	AG		TP991301SR	control	CG	AG
TP970138FP	control	CG	AG		TP991303CC	control	CG	
TP970139GP	control	CG	AA		TP991305BC	control	CG	AG
TP970140DS	case	GG	GG		TP991306SP	control	CC	AA
TP970141AR	control	GG	AG		TP991307LS	control	CG	AA
TP970145VD	control	CG			TP991308PJ	control	CG	AG
TP970146SD	control	GG	GG		TP991309KW	control	CC	AA
TP970151AC	control	GG	AG		TP991312WD	control	CG	
TP970152AT	control	CG	AG		TP991318CS	control	CG	AG
TP970153NB	control	CG	AG		TP991319LA	control	CC	AA
TP970155CW	control	CG	AG		TP991325CP	control	CC	AA
TP970158CC	control	GG			TP991326DL	control	CG	AG
TP970160GG	case	CG	AA		TP991330AD	control	GG	GG
TP970161JD	control	CG	AG		TP991331RC	case	CG	AA
TP970162IL	control	GG	GG		TP991339SG	case	CG	AG
TP970163JQ	control	CG	AG		TP991340DW	case	GG	
TP970165CO	case	CC	AG		TP991346HB	control	GG	AA
TP970167CB	case	CG	AA		TP991348GB	control	CC	AA
TP970169LG	case	CG	AG		TP991352HM	control	GG	AG
TP970170FR	control	CG	AG		TP991356RM	control	CG	AG
TP970171JW	control	GG	AG		TP991357CH	control	CG	AG
TP980173CI	control	CG	AG		TP991359SC	case	GG	GG
TP980180WJ	control	CG	AA		TP991362HB	control	CG	AA
TP980182WW	case	CC	AA		TP991366JM	case	CG	AG
TP980184JM	case	GG	AA		TP991367CM	case	GG	GG
TP980185PJ	control	CG	AG		TP991370KC	control	GG	GG
TP980187AC	control	CG	AA		TP991372MJ	case	GG	AG
TP980188AJ	control	CC	AA		TP991377DP	control	CG	AA
TP980189MG	control	GG	AA		TP991378DS	control	CC	AA
TP980193CP	control	CC	AA		TP991379SA	control	CC	AA
TP980194CR	case	CG	AA		TP991384AF	case	CG	
TP980195FD	control	CC	AA		TP991385HB	control		AG
TP980198JQ	control	CG	AG		TP991389CG	case	GG	AA
TP980199HW	control	GG	GG		TP991392TB	case		AG
TP980200HJ	control	CC	AA		TP991397SB	control	GG	
TP980201LC	case	CC	AA		TP991398LH	control	CC	
TP980202WP	control	CC	AA		TP991402MT	control	GG	GG
TP980206CC	control	CG	AG		TP991405AT	case	CG	AG
TP980207NF	control	CG	AG		TP991406RS	case	CC	AA
TP980210CT	control	CC	AA		TP991408MC	case	CG	AG
TP980212SD	control	CC	AA		TP991411DL	control	GG	AG
TP980214HL	control	CG	AG		TP991412EC	case	CG	AA
TP980217HP	control	CC	AA		TP991419PG	control	GG	

TP980218AD	case	CC	AA		TP991423CJ	case	GG	AG
TP980221WR	control	CC	AA		TP991424IA	control	GG	GG
TP980222HC	control	GG	AG		TP991427BP	control	CG	AG
TP980224NM	control	CC	AA		TP991439JP	case		AA
TP980225VS	control	GG	AG		TP991440NT	case	CC	
TP980226AJ	control	CC	AG		TP991441VB	control	GG	AG
TP980227IA	control	CC	AA		TP991442WC	case	CG	AG
TP980228WA	control	CC	AA		TP991447KT	control	CG	AG
TP980230SC	case	CC	AA		TP991449DL	control	GG	AG
TP980233KC	control	CC	AA		TP991455EW	case	GG	AA
TP980234AB	control	CC	AG		TP991456TM	control	CG	AG
TP980235MW	case	CC	AA		TP991463RW	control	GG	GG
TP980241ET	control	CC	AA		TP991466MT	control		AA
TP980250NB	control	GG	AG		TP991467GR	control		AA
TP980252KS	control	CC	AA		TP991475DQ	control	CG	AG
TP980254HA	case	CG	AG		TP991490FJ	control	CC	AA
TP980258RE	control	CC	AA		TP991495HP	control	GG	
TP980262RH	control	GG	AG		TP991496EG	control	CG	AG
TP980263AW	case	CC	AA		TP991497AB	case	CG	
TP980264AT	control	CC			TP991500RO	control	GG	
TP980265DP	control		AG		TP991506HA	control	GG	
TP980266CT	control	CG	AG		TP991510ES	control	GG	AG
TP980269SC	control	CC	AG		TP991514KK	case	CG	
TP980271JM	control	CG	AG		TP991515CF	control	CG	AG
TP980272TR	case	GG	AG		TP991518TB	control		
TP980276JJ	control	CG			TP991521MK	case		
TP980280FC	control	CG	AA		TP991522JW	control		
TP980281FS	case	GG	AG		TP991525AB	control		
TP980282TJ	case	CG	AA		TP991526IH	case		
TP980283JG	control	CC	AA		TP991534KN	control		
TP980287GJ	control	CC	AA		TP991539ES	control		
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TP980292NG	control	CG	AA		TP991545LN	control		
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TP980298DA	control	CG	AA		TP991559HL	control		
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TP980310AT	case	CC	AA		TP991584FC	control		
TP980313JG	control	CG	AG		TP991587DW	control		
TP980322JM	control	CC	AA		TP991588AJ	case		
TP980323SB	case	CC	AA		TP991592AT	control		
TP980324TL	control	CC	AA		TP991594LG	control		
TP980329TS	control	CC	AA		TP991599HB	control		

TP980331AP	control	CG	AG		TP991601EN	control		
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TP980334WA	case	CG	AA		TP991605IP	control		
TP980336ET	control	CG			TP991607DH	control		
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TP980341PP	case	CG	AG		TP991618JL	case		
TP980342RG	control	CG	AG		TP991619EP	control		
TP980346JJ	control	CC	AG		TP991621RJ	control		
TP980348JA	control	GG	AG		TP991628VT	case		
TP980350SP	control	CC	AA		TP991631CC	control		
TP980351FJ	control	CC	AA		TP991632CP	control		
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TP980357HH	control	GG	AG		TP991634HJ	control		
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TP980360SW	case	GG	AG		TP991644CM	control		
TP980361CC	control	CG	AA		TP991645EM	case		
TP980367JR	control	GG	AG		TP991649FM	control		
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TP980372NA	control	CG	AA		TP991655GD	control		
TP980377JT	control	GG			TP991656RC	case		
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TP980381GB	case	CG	AA		TP991664NM	control		
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TP980383AM	case	CC	AA		TP991673WM	control		
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TP980388HP	control	CC	AA		TP991699ST	control		
TP980391DJ	control	GG	AA		TP991719TS	control		
TP980393LA	control	CG	AG		TP991720PC	control		
TP980395HJ	control	CC	AA		TP991721GM	control		
TP980396JS	control	CG	AA		TP991722RD	control		
TP980398PW	control	CG	AA		TP991725SH	control		
TP980401HS	case	CG	AA		TP991729CM	control		
TP980405VC	control	CC	AA		TP991737IA	control		
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TP980408JW	control	CG	AG		TP991743CR	control		
TP980410DP	control	CG	AG		TP991751PJ	control		
TP980412JJ	control	CC	AA		TP991756EA	control		
TP980413LW	case	GG	GG		TP991761TH	control		
TP980416CH	control	GG	AG		TP991762SB	control		
TP980422MM	control	CG	AA		TP991795AJ	control		
TP980423SW	control	CG	AG		TP991807AL	control		

TP980424LJ	control	CC	AA		TP991809BA	control	CG	
TP980425SF	control	CG	AG		TP991869MQ	case	CC	AA
TP980427JD	case	CC	AA		TP991897JL	control	GG	AG
TP980429JH	control	CG	AG		TP991901ML	control	CG	AA
TP980431JR	control	CG	AG		TP991902VG	case	CC	
TP980433RD	control	GG	AG		TP991912RE	control	CC	AG
TP980434GP	control	CG	AA		TP991916JL	control	CC	AA
TP980435CJ	control	CG	AG		TP991917TM	case	CG	
TP980436SS	control	GG	GG		TP991918JM	case	CG	AA
TP980437TJ	control	CG	AG		TP991939WK	case	CG	
TP980438JP	control		AA		TP991947GC	control	CC	AA
TP980440GB	case	CG	AA		TP991952CM	control	GG	AG
TP980442ET	control	CG	AG		TP991959GH	control	CC	AA
TP980444HA	case	CG	AA		TP991963HS	control	CG	AA
TP980446DB	case	CC	AA		TP991974LQ	control	CG	AA
TP980447HM	case	CG	A		TP991979JP	control	CG	AA
TP980448LD	control	CC	AA		TP991980TC	control	GG	AA
TP980449MJ	case	CC	AA		TP991990TR	case		AA
TP980450CR	control	CG	AA		TP991997ED	case	CG	AG
TP980453HD	control	GG	GG		TP992002VK	case	CG	AG
TP980454HW	case	CG	AG		TP992007CK	case	CG	
TP980458CM	control	GG	AG		TP992009WM	case	GG	
TP980460UC	control	CG	AA		TP992012RB	control	GG	AG
TP980461JE	control		GG		TP992022MB	case	CC	
TP980467CP	control	CC	AA		TP992023SC	control	CG	AG
TP980468PJ	case	CG	AG		TP992036CS	case	CG	AA
TP980476AG	case	GG	AG		TP992041RJ	control	CG	AG
TP980485BA	case	CG	AG		TP992043LT	control	CC	AG
TP980486IL	control	GG	GG		TP992045TG	control	GG	GG
TP980488KA	control	CG	AA		TP992047GK	control	CG	AG
TP980490AJ	control	CG	AG		TP992048AL	control	CG	AG
TP980492CE	control	GG	AG		TP992050CS	control	CG	
TP980497RB	case	CC	AA		TP992051CJ	control	GG	AG
TP980498ST	control	CC	AA		TP992056MP	case	CG	AA
TP980499LQ	case	CC	AA		TP992058GA	case	CG	AG
TP980500IT	case	CG	AG		TP992060SM	control	GG	AG
TP980501LJ	control	CG	AG		TP992061ED	control	CC	AA
TP980502WP	control	CC	AA		TP992062CG	case	CG	AA
TP980503CG	control	CG			TP992063ED	case	CG	AG
TP980506WJ	case	CG	AG		TP992064AT	control	CC	AA
TP990508OC	control	CC	AA		TP992071NB	case	GG	AG
TP990509DG	case	CC	AA		TP992072LB	case	GG	AA
TP990510PA	control	CG	AG		TP992073VC	control	CG	AA
TP990512HK	case	CC	AA		TP992075AM	control	CG	AG

TP990517GH	case	CG	AG		TP992078BP	control		AA
TP990518FC	case	GG	GG		TP992084GF	case	CG	
TP990522HM	control	CG	AG		TP992087DW	case	CG	
TP990523GS	case	CC	AA		TP992095GB	case	CG	
TP990524SR	control	CG	AA		TP992097DR	control	CC	AA
TP990526JO	control	CG	AG		TP992101LS	case	CG	AG
TP990528JG	control	CC	AA		TP992147DT	case	GG	AG
TP990530OD	case	GG	AG		TP992158TP	control	GG	AG
TP990532LV	control	CC	AA		TP992165EW	case	GG	
TP990537CA	case	CG	AG		TP992167CW	case	GG	
TP990538RJ	control	CG	AG		TP992191AR	control	CG	AG
TP990540OM	control	CG			TP992195EP	control	CG	AG
TP990541IJ	control	CG	AG		TP992204SC	case	CG	
TP990542OA	control	CG	AG		TP992207WA	control	CG	AA
TP990549CB	control	CG	AA		TP992208WC	case	CG	
TP990551IC	control	GG	AG		TP992209RS	control	CG	AA
TP990552SP	control	CC	AA		TP992212MN	control	CG	
TP990553ER	control	GG	AG		TP992214HC	case	GG	
TP990555LA	control				TP992228MC	control	CG	AA
TP990561CC	control	CG	AA		TP992233CR	case	CC	
TP990562GW	case	CC	AA		TP992241CH	control	GG	AA
TP990563VS	control	CC	AA		TP992242FS	case	CC	AA
TP990564DB	control	CG	AG		TP992246RC	case	CG	AG
TP990565CM	control	CG	AG		TP992260DK	control	CG	AG
TP990566PS	control	CC	AA		TP992267EB	control	CC	AG
TP990568VJ	control				TP992275DT	case	CG	AA
TP990572AC	control	CG	AG		TP992281RD	case	GG	AA
TP990573CG	case	CG	AG		TP992295JB	control	CG	AA
TP990574BL	control	CG	AA		TP992297SB	case	CC	
TP990575FM	control	GG	GG		TP992303ET	control	CC	AA
TP990576VJ	control	CG	AA		TP992306EG	case	CC	AA
TP990577NL	control	CG			TP992308KG	control	GG	GG
TP990578AM	control	GG	GG		TP992309GB	control	GG	AA
TP990579NM	control	CG	AA		TP992313ED	control	CC	AG
TP990581LK	case	GG	GG		TP992316HL	control	CC	AG
TP990582EA	control	CG	AA		TP992317EA	control	CC	AA
TP990584CB	case	CG			TP992323HC	case		AA
TP990585SD	control	CG	AA		TP992341CJ	case	GG	
TP990586JJ	case	CG	AG		TP992346ES	control	CG	AA
TP990589JP	case		GG		TP992359NS	case	CG	AA
TP990591CT	control	CG	AG		TP992360HW	control	CG	
TP990595AM	control	CG	AG		TP992366SS	control	GG	AA
TP990598AJ	control		AA		TP992377JJ	control	CG	AG
TP990602AD	control	GG			TP992379KJ	case	CG	AA

TP990603RM	control	CG	AG		TP992381ET	control	GG	AG
TP990604KR	control	GG	GG		TP992387JA	control	CC	AA
TP990605SD	control	CG	AA		TP992389CW	control	GG	AA
TP990607JS	control	CG	AG		TP992392AC	control	CC	AG
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TP990617ES	case	CG	AG		TP992407EG	control	CG	AA
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Appendix B

GENE MAP OF IL-6ST

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