Analysis of expression differences between endometria of women with PCOS and normal cycling women, collection of normal endometrial tissue

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1. Evaluation of gene-expression profiles of endometria of PCOS women compared to normal ovulatory women2. Identify genes and pathways which contribute to a high rate of miscarriages of PCOS women3. Identify genes and pathways related to the high...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Ovarian and fallopian tube disorders
Study type	Observational invasive

Summary

ID

NL-OMON39161

Source ToetsingOnline

Brief title Genexpression profiles of endometria of PCOS women

Condition

• Ovarian and fallopian tube disorders

Synonym polycystic ovary syndrom

Research involving Human

Sponsors and support

Primary sponsor: Erasmus MC, Universitair Medisch Centrum Rotterdam

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Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: endometrium, Gene-expression profile, polycystic ovary syndrom (PCOS)

Outcome measures

Primary outcome

- Determine endometrial gene-expression profiles from women with a normal

regular cycle and from PCOS women

- Determine basal levels for E2, LH, FSH, AMH, prolactin, free testosterone,

SHBG, DHEA-S, and 17-hydroxyprogesterone (17-OHP) of control patients and PCOS

patients

- Identify endometrial genes and pathways contributing to PCOS related

infertility.

Secondary outcome

Not applicable

Study description

Background summary

PCOS (Polycystic Ovary Syndrome) is a common endocrine and metabolic disorder in women in the reproductive age. It is the most common cause of anovulatory infertility, and its prevalence is estimated to be 5-10%.

The currently accepted definition of PCOS involves the combination of at least two of the following features: chronic anovulation, clinical or

endocrinological signs of hyperandrogonism and polycystic ovaries (PCO) assessed by ultrasound.

Women with PCOS have a lower fecundity rate. Infertility associated with PCOS derives from chronic anovulation, but there are increasing data suggesting that poor oöcyt quality, implantation failure, and higher rates of miscarriage further complicate achieving and maintaining a pregnancy in women with PCOS. Miscarriage rates have been reported to be between 30 and 50%, and 30% of women

with recurrent miscarriages are reported to have PCOS. Moreover, PCOS women have a significantly higher risk of endometrial hyperplasia and endometrial cancer. If these women develop endometrial cancer it is at an earlier age as compared to non PCOS women (mean age 40 compared to 64 years of age). The endometrium is the inner layer of the uterus, and undergoes a rapid cycling process of proliferation, differentiation and cell death due to do the production of the ovarian hormones, estrogen and progesterone. In women with PCOS who are anovulatory, the regulatory roles of progesterone and progesterone withdrawal in the endometrium is absent or suboptimal. As a result, the tissue is continuously exposed to estrogens, and does not undergo the sequential changes in gene expression and associated biochemical processes resulting in normal endometrial cellular proliferation, differentiation, and tissue desguamation. There is increasing evidence of dysregulated expression of biomarkers in the epithelium of the endometrium of women with PCOS, for example $\alpha\nu\beta3$ integrin, ER α and a dysregulation in the IGF (insulin-like growth factor) system.

The aim of this study is to understand dysregulated signalling pathways in the endometrium of PCOS women by analyzing expression profiles using a pathway-oriented method.

Study objective

1. Evaluation of gene-expression profiles of endometria of PCOS women compared to normal ovulatory women

2. Identify genes and pathways which contribute to a high rate of miscarriages of PCOS women

3. Identify genes and pathways related to the high incidence of endometrial cancer in PCOS women

Study design

The study is an analysis of endometrial gene-expression profiles of PCOS patients and normal ovulatory control women.

Study burden and risks

Risk and burden are linked to protocol procedures, such as blood withdrawal, ultrasound and biopsy sampling. Although these are routine procedures, carried out by medical qualified personnel, they may cause side effects or discomfort to the subject. However, it is expected that these procedures will generally be well tolerated.

The patient is asked to come once to the hospital and a questionnaire is send to her. At the study visit the blood and endometrium samples are collected, and the ultrasound is performed.

Contacts

Public Erasmus MC, Universitair Medisch Centrum Rotterdam

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

- Regular menstrual cycle (between 25 and 35 days)
- BMI >18 and <27
- Age 18 and above
- normal serum FSH levels (1-10 IE/I)
- normal serum prolactin levels (<1 U/l)
- normal TSH levels (0.2-4.2 mU/l)
- normal internal genitals as observed by ultrasound

Exclusion criteria

Women which are diagnosed with endometriosis (based on clinical findings, questionair,

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gynaecological examination, transvaginal ultrasound or laparoscopy).

Study design

Design

Study type:	Observational invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Diagnostic

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-10-2010
Enrollment:	10
Туре:	Actual

Ethics review

Approved WMO Date:	15-04-2010
Application type:	First submission
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)
Approved WMO Date:	18-11-2013
Application type:	Amendment
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register CCMO ID NL28923.078.09