UCLA

UCLA Previously Published Works

Title

The Role of Genetically Determined Glycemic Traits in Breast Cancer: A Mendelian Randomization Study

Permalink https://escholarship.org/uc/item/0fk090vh

Authors Jung, Su Yon Mancuso, Nicholas Han, Sihao <u>et al.</u>

Publication Date 2020

DOI

10.3389/fgene.2020.540724

Peer reviewed





The Role of Genetically Determined Glycemic Traits in Breast Cancer: A Mendelian Randomization Study

Su Yon Jung^{1*}, Nicholas Mancuso^{2,3,4}, Sihao Han⁵ and Zuo-Feng Zhang^{5,6}

¹ Translational Sciences Section, Jonsson Comprehensive Cancer Center, School of Nursing, University of California, Los Angeles, Los Angeles, CA, United States, ² Division of Biostatistics, Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA, United States, ³ Center for Genetic Epidemiology, Keck School of Medicine, University of Southern California, Los Angeles, CA, United States, ⁴ Norris Comprehensive Cancer Center, University of Southern California, Los Angeles, CA, United States, ⁵ Department of Epidemiology, Fielding School of Public Health, University of California, Los Angeles, Los Angeles, CA, United States, ⁶ Center for Human Nutrition, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA, United States

OPEN ACCESS

Edited by:

Cheryl Ann Winkler, Frederick National Laboratory for Cancer Research (NIH), United States

Reviewed by:

Jing Dong, Baylor College of Medicine, United States Sarah Buxbaum, Jackson State University, United States

*Correspondence:

Su Yon Jung sjung@sonnet.ucla.edu; suyonj@gmail.com

Specialty section:

This article was submitted to Applied Genetic Epidemiology, a section of the journal Frontiers in Genetics

Received: 05 March 2020 Accepted: 18 August 2020 Published: 16 September 2020

Citation:

Jung SY, Mancuso N, Han S and Zhang Z-F (2020) The Role of Genetically Determined Glycemic Traits in Breast Cancer: A Mendelian Randomization Study. Front. Genet. 11:540724. doi: 10.3389/fgene.2020.540724 **Background:** Circulating glycemic traits (GTs) have been considered a risk factor for breast cancer, but studies using GT-associated genetic variants as an instrumental variable are limited and inconclusive.

Methods: Our Mendelian Randomization analysis used the most recent genome-wide datasets focusing on European women.

Results: Of 44 single-nucleotide polymorphisms (SNPs) with GTs, 38 fasting-glucose and 6 fasting-insulin SNPs showed heterogeneous associations with breast cancer, without significant directional pleiotropy observed.

Conclusion: Our findings indicate a null association between genetically determined GTs and breast cancer risk among European women. Our findings may contribute to more complete characterizing of metabolic pathways in GTs and breast cancer.

Keywords: genetically determined glucose and insulin, breast cancer, Mendelian randomization, obesity, diabetes

INTRODUCTION

Previous studies for circulating glycemic traits (GTs), including fasting glucose (FG) and insulin (FI) concentrations, have shown inconsistent associations with breast cancer development (Gunter et al., 2009; Sieri et al., 2012; Boyle et al., 2013; Hernandez et al., 2014). This is partially due to selection bias, confounding, short time exposure to such metabolic biomarkers, measurement errors, and reverse causation. We tried to address those challenges by using a 2-sample Mendelian Randomization (MR) approach and examined whether genetically determined GTs are causally associated with breast cancer risk. The MR method may provide a relatively unbiased causal relationship between phenotype and cancer outcome because it reduces potential bias and confounding and prevents reverse causation by the random assortment of alleles at meiosis,

1

TABLE 1 | Top GWA SNPs associated with glucose-metabolism phenotypes and breast cancer risk.

Gene*	SNP	Chr	Position	Allele Alt freq Ref/Alt	Alt allele	Pheno	Phenotype [†]		Breast cancer¥		
					frequency	Effect size	р	OR	95% CI	р	
Fasting glucose Bre	ast cancer: Onco	Array									
PROX1	rs340874	1	214159256	T/C	0.562	0.020	1.69E-13	0.982	(0.969–0.994)	0.004	
G6PC2	rs560887	2	169763148	T/C	0.674	0.067	8.08E-92	0.994	(0.980-1.008)	0.389	
GCKR	rs780094	2	27741237	T/C	0.606	0.031	3.06E-26	1.012	(0.999-1.024)	0.070	
ADCY5	rs11708067	3	123065778	G/A	0.774	0.027	5.01E-16	1.004	(0.989–1.018)	0.644	
SLC2A2	rs11924648	3	170717996	G/A	0.863	0.029	1.74E-11	0.985	(0.968–1.003)	0.104	
PCSK1	rs7713317	5	95716722	G/A	0.695	0.023	6.50E-14	0.995	(0.981-1.009)	0.476	
AC006045.3	rs1558318	7	15065612	T/A	0.545	-0.028	2.93E-20	1.003	(0.991–1.016)	0.595	
GCK	rs4607517	7	44235668	G/A	0.195	0.058	2.66E-46	1.000	(0.982-1.017)	0.959	
SLC30A8	rs3802177	8	118185025	G/A	0.239	-0.034	1.12E-27	0.984	(0.971–0.997)	0.016	
PPP1R3B	rs983309	8	9177732	T/G	0.903	-0.032	4.85E-13	1.020	(1.000–1.040)	0.050	
GLIS3	rs10814916	9	4293150	C/A	0.434	-0.019	7.61E-10	1.006	(0.993–1.019)	0.372	
CDKN2B-AS1	rs2383208	9	22132076	G/A	0.792	0.026	1.19E-13	0.986	(0.970-1.001)	0.070	
ADRA2A	rs11195502	10	113039667	T/C	0.925	0.035	7.41E-12	1.020	(0.998-1.042)	0.080	
TMEM258	rs102275	11	61557803	T/C	0.351	-0.019	1.01E-09	0.993	(0.981-1.006)	0.292	
MTNR1B	rs10830963	11	92708710	G/C	0.700	-0.074	1.36E-98	0.992	(0.978-1.007)	0.284	
CTD-2210P24.6	rs6485644	11	45855998	T/C	0.531	0.019	1.39E-10	0.991	(0.979-1.003)	0.154	
MADD	rs7944584	11	47336320	T/A	0.712	0.024	2.20E-12	1.031	(1.016–1.045)	<0.001	
PDX1	rs11619319	13	28487599	G/A	0.788	-0.021	9.26E-10	1.003	(0.989-1.018)	0.662	
VPS13C/C2CD4A/B	rs4502156	15	62383155	T/C	0.420	-0.023	3.07E-15	1.016	(1.003–1.030)	0.014	
FG, Breast cancer: A	ATLAS-CGEMS										
PROX1	rs340874	1	214159255	T/C	0.562	0.020	1.69E-13	0.991	(0.819–1.198)	0.913	
G6PC2	rs560887	2	169763147	T/C	0.674	0.067	8.08E-92	1.006	(0.846–1.196)	0.745	
GCKR	rs780094	2	27741236	T/C	0.606	0.031	3.06E-26	0.994	(0.828–1.193)	0.983	
RNU1-70P	rs11709140	3	170694496	T/C	0.137	-0.026	1.90E-09	0.937	(0.769–1.140)	0.435	
ADCY5	rs2877716	3	123094450	T/C	0.752	0.023	7.27E-11	1.029	(0.865-1.225)	0.919	
PCSK1	rs4869272	5	95539447	T/C	0.323	-0.022	1.64E-13	1.070	(0.900-1.272)	0.721	
AC006045.3	rs2191348	7	15064254	T/G	0.482	-0.026	2.56E-18	1.000	(0.827-1.208)	1.000	
GCK	rs4607517	7	44235667	G/A	0.195	0.058	2.66E-46	0.918	(0.762-1.105)	0.207	
SLC30A8	rs13266634	8	118184782	T/C	0.761	0.030	6.72E-21	1.015	(0.852-1.208)	0.467	
PPP1R3B	rs983309	8	9177731	T/G	0.903	-0.032	4.85E-13	0.971	(0.783–1.203)	0.937	
GLIS3	rs10814916	9	4293149	C/A	0.434	-0.019	7.61E-10	0.999	(0.823–1.213)	0.999	
CDKN2B-AS1	rs2383208	9	22132075	G/A	0.792	0.026	1.19E-13	1.065	(0.886–1.278)	0.039	
BTBD7P2	rs4258313	10	113032397	T/G	0.914	0.037	1.82E-11	1.027	(0.827-1.275)	0.625	
TMEM258	rs102275	11	61557802	T/C	0.351	-0.019	1.01E-09	1.029	(0.865-1.225)	0.768	
CRY2	rs11607883	11	45839708	G/A	0.469	-0.018	1.86E-10	1.006	(0.829–1.219)	0.967	
ACP2	rs11988	11	47261259	G/A	0.372	-0.021	5.07E-12	0.916	(0.765–1.095)	0.412	
MTNR1B	rs1387153	11	92673827	T/C	0.728	-0.054	1.27E-58	0.954	(0.803-1.134)	0.619	
PDX1-AS1	rs2293941	13	28491197	G/A	0.212	0.021	1.42E-09	1.101	(0.923-1.312)	0.470	
NPM1P47	rs7172432	15	62396388	G/A	0.580	0.023	3.15E-11	0.888	(0.739–1.068)	0.448	
FG, Breast cancer: A	ATLAS-GEEA										
PROX1-AS1	rs1431985	1	214148245	G/A	0.327	-0.019	1.15E-09	0.989	(0.964–1.016)	0.427	
SNX17	rs1528533	2	27595755	G/C	0.458	0.018	5.29E-09	0.988	(0.962-1.016)	0.406	
ABCB11	rs494874	2	169789305	T/C	0.628	0.053	1.82E-68	1.004	(0.976-1.034)	0.771	
SLC2A2	rs10513686	3	170725541	G/A	0.142	-0.027	3.73E-10	1.003	(0.968-1.039)	0.878	
AC006045.3	rs10487796	7	15063429	T/A	0.525	-0.027	8.54E-20	0.980	(0.954-1.007)	0.140	
BTBD7P2	rs10509938	10	113028616	T/C	0.920	0.035	3.18E-11	1.016	(0.961-1.073)	0.580	
MADD	rs10501320	11	47293798	G/C	0.292	-0.022	3.47E-08	1.004	(0.975-1.034)	0.808	
MTNR1B	rs1387153	11	92673827	T/C	0.728	-0.054	1.27E-58	1.020	(0.987–1.054)	0.230	
FADS2	rs1535	11	61597971	G/A	0.659	0.019	2.75E-09	1.013	(0.983–1.044)	0.405	
FG, Breast cancer: A	ATLAS-GEEAB						. =		()		
PROX1-AS1	rs1431985	1	214148245	G/A	0.327	-0.019	1.15E-09	0.990	(0.964-1.016)	0.441	
SNX17	rs1528533	2	27595755	G/C	0.458	0.018	5.29E-09	0,988	(0.961–1.016)	0.399	
ABCB11	rs494874	2	169789305	T/C	0.628	0.053	1.82F-68	1 004	(0.975-1.033)	0.801	
SI C2A2	ro10E19E9E	2	170705544	G/A	0.020	0.000	2 72E 40	1 001	(0.066 1.000)	0.001	
JLUZAZ	1210313000	3	1/0/20041	G/A	0.142	-0.027	3./3E-10	1.001	(0.900-1.030)	0.941	

(Continued)

TABLE 1 | Continued

Gene*	SNP	Chr	Position	Allele Ref/Alt	Alt allele frequency	Phenotype [†] Effect size	Breast cancer¥			
							р	OR	95% CI	р
AC006045.3	rs10487796	7	15063429	T/A	0.525	-0.027	8.54E-20	0.980	(0.954–1.007)	0.146
BTBD7P2	rs10509938	10	113028616	T/C	0.920	0.035	3.18E-11	1.014	(0.959–1.072)	0.624
MADD	rs10501320	11	47293798	G/C	0.292	-0.022	3.47E-08	1.004	(0.975-1.034)	0.798
MTNR1B	rs1387153	11	92673827	T/C	0.728	-0.054	1.27E-58	1.020	(0.987-1.055)	0.233
FADS2	rs1535	11	61597971	G/A	0.659	0.019	2.75E-09	1.013	(0.982-1.044)	0.413
Fasting insulin Breast	cancer: OncoA	ray								
COBLL1	rs10179126	2	165511794	G/C	0.605	0.021	3.78E-08	1.008	(0.995-1.021)	0.208
GCKR	rs780093	2	27742603	T/C	0.606	0.021	8.48E-09	1.011	(0.999-1.024)	0.076
ZNF12/AC073343.13	rs7798471	7	6744957	T/C	0.243	0.026	1.55E-08	0.997	(0.984-1.011)	0.680
RP11-115J16.1	rs4240624	8	9184231	G/A	0.925	-0.038	1.10E-09	1.027	(1.005–1.050)	0.016
FI, Breast cancer: ATL	AS-CGEMS									
GCKR	rs780094	2	27741236	T/C	0.606	0.021	1.00E-08	0.994	(0.828–1.193)	0.983
ZNF12/AC073343.13	rs7798471	7	6744956	T/C	0.243	0.026	1.55E-08	1.063	(0.895–1.263)	0.708
PPP1R3B	rs983309	8	9177731	T/G	0.903	-0.032	2.03E-09	0.971	(0.783–1.203)	0.937

Alt, alternative allele; Chr, chromosome; Cl, confidence interval; CGEMS, Cancer Genetic Markers of Susceptibility Breast Cancer Genome-wide Association (GWA) Study; FG, fasting glucose; FI, fasting insulin; GEEA, generalized estimating equation regression adjusted for age; GEEAB, GEEA additionally adjusted for body mass index; OR, odds ratio; Ref, reference allele; SNP, single-nucleotide polymorphism. Numbers in bold face are statistically significant. *Genes were arranged by GWA data source for breast cancer: OncoArray, ATLAS-GEEMS, ATLAS-GEEA, and ATLAS-GEEAB. [†]Phenotype includes FG and FI; the relevant top SNPs (p < 5E-08) were identified by MAGIC. ¥The SNPs for association with breast cancer risk were pulled from 2 independent consortia (OncoArray and ATLAS (GGEMS; GEEA; and GEEAB)).

TABLE 2 | Mendelian randomization analysis for the effect of genetically determined glucose-metabolism phenotypes on risk for breast cancer.

A set of GM-SNPs arranged by breast-cancer data source	SNP	OR	95% CI	р	₽ _{hat} †
	n				
Fasting glucose					
OncoArray	19	1.002	(0.831-1.209)	0.984	< 0.001
OncoArray*	5	1.045	(0.354-3.081)	0.916	< 0.001
OncoArray – T2DM¥	16	0.981	(0.800-1.203)	0.843	< 0.001
OncoArray – T2DM¥*	4	0.808	(0.157-4.150)	0.706	< 0.001
ATLAS-CGEMS	19	1.146	(0.507-2.592)	0.729	0.993
ATLAS-CGEMS – T2DM¥	16	1.002	(0.400-2.513)	0.996	0.980
ATLAS-GEEA	9	1.034	(0.748-1.429)	0.817	0.640
ATLAS-GEEAB	9	1.029	(0.747-1.416)	0.843	0.664
FG: Pooled MR	38	1.014	(0.889-1.156)	0.830	0.0007
Fasting insulin					
OncoArray	4	1.002	(0.417-2.405)	0.995	0.014
OncoArray –WHR¥	3	0.895	(0.202-3.964)	0.779	0.013
ATLAS-CGEMS	3	3.335	(0.147-75.424)	0.238	0.889
FI: Pooled MR	6	1.003	(0.579–1.737)	0.988	0.056

Cl, confidence interval; CGEMS, Cancer Genetic Markers of Susceptibility Breast Cancer Genome-wide Association (GWA) Study; FG, fasting glucose; FI, fasting insulin; GEEA, generalized estimating equation regression adjusted for age; GEEAB, GEEA, additionally adjusted for body mass index; GM, glucose metabolism; MR, Mendelian randomization; OR, odds ratio; SNP, single–nucleotide polymorphism; T2DM, type 2 diabetes; WHR, waist-to-hip ratio. [†]P_{hat} was estimated via Cochran's Q; by correcting multiple comparisons, the MR results for the following sets of SNPs were statistically heterogeneous: FG-OncoArray; FG-OncoArray*; FG-OncoArray-T2DM¥; FG-OncoArray-T2DM¥; FG-PoncoArray-WHR¥. *A subset of the GM-SNPs that are statistically associated with breast cancer (p < 0.05) was included in the analysis. ¥GM-SNPs excluding top GWA-SNPs associated with T2DM or WHR were analyzed to reduce the pleiotropic effect from T2DM or WHR, respectively.

resulting in random assignment of exposure, which precedes the phenotype and clinical outcomes (Merino et al., 2017).

studies (GWASs) of the Meta-Analysis of Glucose and Insulinrelated traits Consortium (MAGIC) in non-diabetic European women¹. Detailed rationale and design of the studies have been described elsewhere (Scott et al., 2012). For breast cancer outcomes, we pulled 4 datasets from 2 independent consortia:

MATERIALS AND METHODS

For the GT instrumental variables, we used the recently updated publicly available data in 2019 from genome-wide association

¹https://www.magicinvestigators.org/

Breast Cancer Association Consortium (BCAC²): (i) *OncoArray*; the Atlas of GWAS Summary Statistics (ATLAS³): (ii) *CGEMS* Breast Cancer GWAS, (iii) *GEE* adjusted for age, and (iv) *GEE* for age and body mass index. Study participants from each dataset provided written informed consent. Genetic instruments for each dataset were single-nucleotide polymorphisms (SNPs) associated with the trait at the genome-wide level (p < 5E-08).

We performed MR analysis using the inverse-variance weighted method (Burgess et al., 2013) which quantifies the genetically determined association between GTs and breast cancer risk. We assume that summarized data are available for multiple genetic variants in relation to the risk factor of interest X and the outcome Y; genetic variant k, k = 1,..., K is associated

with an observed X_k mean change in the risk factor per additional variant allele with standard error σ_{Xk} and an observed Y_k changes in the log-odds or the log-probability of an outcome per allele with standard error σ_{Yk} . The inverse-variance weighted estimates combine the ratio estimates from each variant in a fixed-effect meta-analysis model:

$$\overset{\wedge}{\underset{IVW}{\beta}} = \frac{\sum_{K} X_k Y_k \sigma_{yk}^{-2}}{\sum_k X_k^2 \sigma_{Yk}^{-2}}$$

The approximate standard error of the estimate is:

³https://atlas.ctglab.nl

$$se(\stackrel{\wedge}{\underset{IVW}{\beta}}) = \sqrt{\frac{1}{\sum_{k} X_{k}^{2} \sigma_{Yk}^{-2}}}$$



FIGURE 1 | The effect of individual genetic instrumental variables for GTs on breast cancer risk. Each black dot represents a genome-wide GT-associated genetic variant. The blue lines indicate regression and 95% CIs of GTs on breast cancer risk (OR = 1.014, 95% CI: 0.895–1.147). CI, confidence interval; FG, fasting glucose; FI, fasting insulin; OR, odds ratio; GTs, glycemic traits.

The results were reported as risk ratios and 95% confidence intervals for the change in breast cancer risk per unit increase in FG (mmol/L) or natural log-transformed FI (pmol/L). To determine the extent of pleiotropic signal, we applied Cochran's Q test and the MR-Egger analysis. Given obesity and diabetes's established role for breast cancer, we excluded those relevant SNPs from the analysis. R3.6.1 was used. The Institutional Review Board of the University of California, Los Angeles, approved this study.

RESULTS AND DISCUSSION

Of 430 GWA-based SNPs related to GTs in MAGIC, 44 SNPs within linkage disequilibrium ($r^2 < 0.1$) were matched to either BCAC or ATLAS datasets (**Table 1**). The 38 FG-SNPs overall and stratified by cancer data source showed heterogeneous results but mostly showed a slightly increased effect on breast cancer risk without reaching statistical significance (**Table 2** and **Figure 1**). After excluding top GWA-SNPs associated with type 2 diabetes and visceral obesity, the directions of the associations between GTs and breast cancer were changed in *OncoArray* but not in *ATLAS-CGEMS*. The 6 FI-SNPs showed similar patterns for the associations

TABLE 3 Mendelian randomization–Egger test results [†] .							
A set of GM-SNPs arranged by breast-cancer data source	Intercept	95% CI	p				
Fasting glucose							
OncoArray	1.000	(0.993-1.007)	0.995				
OncoArray*	1.004	(0.967-1.043)	0.743				
OncoArray – T2DM¥	1.002	(0.994-1.009)	0.607				
OncoArray – T2DM¥*	1.010	(0.954-1.069)	0.533				
ATLAS-CGEMS	0.994	(0.966-1.023)	0.683				
<i>ATLAS-CGEMS –</i> T2DM¥	0.987	(0.956–1.020)	0.414				
ATLAS-GEEA	0.999	(0.988-1.011)	0.863				
ATLAS-GEEAB	0.999	(0.988-1.010)	0.830				
FG: Pooled MR–Egger	1.000	(0.995-1.004)	0.883				
Fasting insulin							
OncoArray	1.014	(0.995-1.034)	0.088				
<i>OncoArray</i> – WHR¥	1.014	(0.931-1.103)	0.291				
ATLAS-CGEMS	1.003	(0.698-1.442)	0.929				
FI: Pooled MR–Egger	1.014	(1.005-1.024)	0.015				

CI, confidence interval; CGEMS, Cancer Genetic Markers of Susceptibility Breast Cancer Genome-wide Association (GWA) Study; FG, fasting glucose; FI, fasting insulin; GEEA, generalized estimating equation regression adjusted for age; GEEAB, GEEA additionally adjusted for body mass index; GM, glucose metabolism; MR, Mendelian randomization; SNP, single-nucleotide polymorphism; T2DM, type 2 diabetes; WHR, waist-to-hip ratio. [†]MR-Egger test cannot estimate standard error with a single or 2 SNPs. *A subset of the GM-SNPs that are statistically associated with breast cancer (p < 0.05) was included in the analysis. ¥GM-SNPs excluding top GWA-SNPs associated with T2DM or WHR were analyzed to reduce the pleiotropic effect from T2DM or WHR, respectively.

with breast cancer. No significant directional pleiotropy was observed (Table 3).

We analyzed the relatively large and most-updated GWAdatasets for causality between GTs and breast cancer. Given that associations between metabolic markers and breast cancer risk can differ by menopausal status, our findings may be confounded. However, data was not available on the menopausal status, thus warranting future studies that account for this difference. In addition, whereas MR is considered a conservative approach, it may be confounded when modeled SNPs independently affect breast cancer risk through intermediate traits other than GTs.

Our study results should be interpreted with caution because of population structure bias (i.e., results biased due to tagged environmental factors) and unmeasured confounding factors that could have introduced bias. MR analysis might also be subject to non-linearity between exposure and outcome, but potential violation of the linearity assumption tends to bias MR estimates toward the null, rather than generating a spurious association (Smith and Ebrahim, 2003). Moreover, our study may not be generalized to other races or ethnicity, in which the association between genetic instruments, GTs, and breast cancer risk may be different.

Our findings indicate a null association between genetically determined GTs and breast cancer risk among European women. Our study may contribute to more complete characterizing of molecular pathways in GTs and breast cancer. It also highlights the need to conduct a more comprehensive and individual-level analysis using more detailed trait information, including risk causing confusion in this field of research.

DATA AVAILABILITY STATEMENT

The datasets generated for this study are available on request to the corresponding author.

AUTHOR CONTRIBUTIONS

SJ, NM, SH, and Z-FZ designed the study. SJ and SH performed the genomic data QC and statistical analysis and interpreted the data. NM and Z-FZ supervised the genomic data QC and analysis and participated in the study coordination and interpreted the data. SJ secured funding for this project. All authors participated in the manuscript writing and editing, read and approved the submission of the manuscript.

FUNDING

This study was supported by the National Institute of Nursing Research of the National Institutes of Health under Award Number K01NR017852 and a University of California Cancer Research Coordinating Committee grant (CRN-18-522722).

REFERENCES

- Boyle, P., Koechlin, A., Pizot, C., Boniol, M., Robertson, C., Mullie, P., et al. (2013). Blood glucose concentrations and breast cancer risk in women without diabetes: a meta-analysis. *Eur. J. Nutr.* 52, 1533–1540. doi: 10.1007/s00394-012-0460-z
- Burgess, S., Butterworth, A., and Thompson, S. G. (2013). Mendelian randomization analysis with multiple genetic variants using summarized data. *Genet Epidemiol.* 37, 658–665. doi: 10.1002/gepi.21758
- Gunter, M. J., Hoover, D. R., Yu, H., Wassertheil-Smoller, S., Rohan, T. E., Manson, J. E., et al. (2009). Insulin, insulin-like growth factor-I, and risk of breast cancer in postmenopausal women. J. Natl. Cancer Inst. 101, 48–60. doi: 10.1093/jnci/ djn415
- Hernandez, A. V., Guarnizo, M., Miranda, Y., Pasupuleti, V., Deshpande, A., Paico, S., et al. (2014). Association between insulin resistance and breast carcinoma: a systematic review and meta-analysis. *PLoS One* 9:e99317. doi: 10.1371/journal. pone.0099317
- Merino, J., Leong, A., Posner, D. C., Porneala, B., Masana, L., Dupuis, J., et al. (2017). Genetically driven hyperglycemia increases risk of coronary artery disease separately from type 2 diabetes. *Diabetes Care* 40, 687–693. doi: 10.2337/ dc16-2625

- Scott, R. A., Lagou, V., Welch, R. P., Wheeler, E., Montasser, M. E., Luan, J., et al. (2012). Large-scale association analyses identify new loci influencing glycemic traits and provide insight into the underlying biological pathways. *Nat. Genet.* 44, 991–1005. doi: 10.1038/ng.2385
- Sieri, S., Muti, P., Claudia, A., Berrino, F., Pala, V., Grioni, S., et al. (2012). Prospective study on the role of glucose metabolism in breast cancer occurrence. *Int. J. Cancer* 130, 921–929. doi: 10.1002/ijc.26071
- Smith, G. D., and Ebrahim, S. (2003). 'Mendelian randomization': can genetic epidemiology contribute to understanding environmental determinants of disease? *Int. J. Epidemiol.* 32, 1–22. doi: 10.1093/ije/dyg070

Conflict of Interest: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Copyright © 2020 Jung, Mancuso, Han and Zhang. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.