RECURRENT IMPLANTATION FAILURE IS ASSOCIATED WITH INCREASED LEVELS OF FETUIN-A/ALPHA2-HEREMANS-SCHMID-GLYCOPROTEIN

Ayşe Seval ÖZGÜ-ERDİNÇ¹, Yaprak ENGİN- ÜSTÜN², Emel KIYAK-ÇAĞLAYAN², Saynur YILMAZ¹, Nafiye YILMAZ¹, Ayşe Yeşim GÖÇMEN², Salim ERKAYA¹, Namık DELİBAŞ²

¹Zekai Tahir Burak Women Health Care, Education and Research Hospital, Ankara ²Bozok University, Yozgat

Recurrent implantation failure (RIF)



 Recurrent implantation failure (RIF) is defined as the absence of implantation, after two or three consecutive cycles of IVF, ICSI or frozen embryo replacement.









specific expression of molecules and their potential functions necessary for uterine

- Pederson first isolated fetuin from bovine fetal serum in 1944
- The biological role of fetuin-A has not been fully elucidated.
- Recently, fetuin-A is considered as a negative acute phase reactant.
- Also its concentration increases in states of insulin resistance

- Fetuin-A/α-2-Heremans-Schmid glycoprotein is the human homologue of fetuins found in all – so far investigated – mammalian species.
- It is mainly a fetal protein, since the highest concentrations are found in the serum and body fluids of fetuses.
- During fetal development, it is expressed in many organs such as the liver, kidney, gastrointestinal tract, skin and brain.
- Fetuin-A is mostly synthesised in the liver and accumulates in mineralised bone and teeth, as a major component of the non-collagenous bone matrix.



- Human fetuin-A/alpha2-Heremans-Schmidglycoprotein (fet-A) is a plasma protein secreted by the liver that modulates insulin action in adipocytes.
- Increased fetuin-A promotes adipocyte disfunction which results with decreased adiponectin and increased fatty acids and inflammatory cytokines.
- Elevated serum fetuin- A levels are associated with insulin resistance and metabolic syndrome.

IMPLANTATION FAILURE

- Fatty acids and inflammatory cytokines were previously reported in implantation failure.
- Several growth factors that promote trophoblast invasion (insulin-like growth factor 1 [IGF-1], epidermal growth factor [EGF], and placental growth factor [PIGF]) bind to receptors that activate tyrosine kinase.
- Analogous to its action on the insulin receptor, fetuin-A inhibits the receptor tyrosine kinase activity of trophoblast growth factors and, as a consequence affects trophoblast growth and viability, results in impaired invasion into the uterine compartment.



 This study was based on the hypothesis that circulating levels of fetuin-A might differ between patients with and without recurrent implantation failure.

Material and Methods:

- A total of 78 women were included in this case control study between January 2013 and February 2014.
- Serum fetuin-A concentrations were measured in 42 women with recurrent IVF failure and 36 healthy women without implantation problem.
- During the study period blood samples from all participants were collected with a fasting state of 8-14 hours and were stored at -80°C until subsequent assay.
- The serum levels of fetuin-A were assessed by commercial ELISA kits (BioVendor Laboratory Medicine Inc., Brno, Czech Republic).
- Serum fetuin-A concentration values were expressed as µg/ml.

Basal characteristics of the RIF and Control patients

Mean±SD (Min- Max)	Control	RIF	P value*
Age	30,1±4,8 (21-40)	31±4,2 (24-38)	0,373
BMI	26,2±4,5 (19,1 -37,8)	25,5±3,6 (19,9-32,1)	0,548
Hb	12,7±1,4 (10,3-15,3)	13,3±1,3 (9,9-15,4)	0,083
PRL	14,4±9,0(5,0-30,9)	13,4±6,3 (5,6-31,1)	0,773
FSH	7,1±1,7(5,4-9,7)	6,2±1,9 (2,8-12,1)	0,194
TSH	1,6±0,9(0,2-2,8)	2,2±0,9 (0,7-5,0)	0,095

*independent samples t test

Mean±SD	Control	RIF	P value*
(Min-Max)			
FPG	90,5±8,2 (70,4-102,9)	88,8±8,2 (70,8-105)	0,370
WBC	7,1±1,2 (5,1-9,7)	7,3±1,4 (5,1-10,6)	0,420
Serum fetuin-	219.59 ± 48.86 (155,5-	257.77 ± 32.18 (187,3-	<0,0001
А	329,6)	339)	

*independent samples t test

Results:

- The mean serum fetuin-A levels of implantation failure and control women were 257.77 ± 32.18 and 219.59 ± 48.86 respectively with a p value <0.001 (independent samples t test).
- Our results showed statistically significant difference between serum fetuin-A levels of implantation failure women and controls.



Research

OBSTETRICS

Effects of increased fetuin-A in human trophoblast cells and associated pregnancy outcomes

Luis M. Gomez, MD; Lauren Anton, PhD; Sindhu K. Srinivas, MD, MSCE; Michal A. Elovitz, MD; Samuel Parry, MD

- A previous study searched the question whether treating trophoblast cells with fetuin-A reduces cell viability and invasion and whether elevated fetuin-A levels in maternal serum are associated with adverse obstetric outcomes as the result of failed trophoblast invasion.
- They concluded that Fetuin-A may decrease trophoblast viability and invasion caused by the inhibition of receptor tyrosine kinase activity and elevated maternal fetuin-A may lead to failed placental migration and play a role in preeclampsia.
- Future research may be directed toward attempting potential therapeutic strategies that would revert the action of fetuin-A in the placenta.

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Fetuin-A: A Multifunctional Protein

Katsuhito Mori*, Masanori Emoto and Masaaki Inaba

The Department of Metabolism, Endocrinology and Molecular Medicine, Osaka City University Graduate School of Medicine, Osaka, Japan

- Several factors regulate fetuin-A levels, however, little is known about regulating fetuin-A levels at the clinical levels.
- Lifestyle intervention involving weight loss is known to decrease fetuin-A levels.
- Endurance training and/or lifestyle intervention can modulate fetuin-A levels.
- However, the effect of exercise depends on various factors, such as duration, intensity, length of training, and accompanying body weight change.
- Pioglitazone and niacin, both can decrease fetuin-A levels.

Conclusion:

- So far reasons of implantation failure are only partially understood.
- Current study reveals the association between implantation failure and fetuin-A.
- Further studies with large population size are needed to investigate whether fetuin-A can be used a marker before controlled ovarian stimulation begun or regulation of fetuin-A levels with treatment or life style interventions can improve implantation success.

THANKYOU