

## MicroRNA related polymorphisms and breast cancer risk

Article (Published Version)

Khan, S, Greco, D, Michailidou, K, Milne, R L, Muranen, T A, Heikkinen, T, Aaltonen, K, Dennis, J, Bolla, M K, Liu, J, Hall, P, Irwanto, A, Humphreys, K, Li, J, Czene, K et al. (2014) MicroRNA related polymorphisms and breast cancer risk. PLoS ONE, 9 (11). ISSN 1932-6203

This version is available from Sussex Research Online: <http://sro.sussex.ac.uk/57941/>

This document is made available in accordance with publisher policies and may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher's version. Please see the URL above for details on accessing the published version.

### **Copyright and reuse:**

Sussex Research Online is a digital repository of the research output of the University.

Copyright and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners. To the extent reasonable and practicable, the material made available in SRO has been checked for eligibility before being made available.

Copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.



# MicroRNA Related Polymorphisms and Breast Cancer Risk

Sofia Khan<sup>1</sup>, Dario Greco<sup>1,2</sup>, Kyriaki Michailidou<sup>3</sup>, Roger L. Milne<sup>4,5</sup>, Taru A. Muranen<sup>1</sup>, Tuomas Heikkinen<sup>1</sup>, Kirsimari Aaltonen<sup>1,6,7</sup>, Joe Dennis<sup>3</sup>, Manjeet K. Bolla<sup>3</sup>, Jianjun Liu<sup>8</sup>, Per Hall<sup>9</sup>, Astrid Irwanto<sup>8</sup>, Keith Humphreys<sup>9</sup>, Jingmei Li<sup>8</sup>, Kamila Czene<sup>9</sup>, Jenny Chang-Claude<sup>10</sup>, Rebecca Hein<sup>10,11</sup>, Anja Rudolph<sup>10</sup>, Petra Seibold<sup>10</sup>, Dieter Flesch-Janys<sup>12</sup>, Olivia Fletcher<sup>13</sup>, Julian Peto<sup>14</sup>, Isabel dos Santos Silva<sup>14</sup>, Nichola Johnson<sup>13</sup>, Lorna Gibson<sup>14</sup>, Zoe Aitken<sup>14</sup>, John L. Hopper<sup>15</sup>, Helen Tsimiklis<sup>16</sup>, Minh Bui<sup>15</sup>, Enes Makalic<sup>15</sup>, Daniel F. Schmidt<sup>15</sup>, Melissa C. Southey<sup>16</sup>, Carmel Apicella<sup>15</sup>, Jennifer Stone<sup>15</sup>, Quinten Waisfisz<sup>17</sup>, Hanne Meijers-Heijboer<sup>17</sup>, Muriel A. Adank<sup>17</sup>, Rob B. van der Luijt<sup>18</sup>, Alfons Meindl<sup>19</sup>, Rita K. Schmutzler<sup>20,21,22,23</sup>, Bertram Müller-Myhsok<sup>24</sup>, Peter Lichtner<sup>25</sup>, Clare Turnbull<sup>26</sup>, Nazneen Rahman<sup>26</sup>, Stephen J. Chanock<sup>27</sup>, David J. Hunter<sup>28,29</sup>, Angela Cox<sup>30</sup>, Simon S. Cross<sup>31</sup>, Malcolm W. R. Reed<sup>30</sup>, Marjanka K. Schmidt<sup>32</sup>, Annegien Broeks<sup>32</sup>, Laura J. Van't Veer<sup>32</sup>, Frans B. Hogervorst<sup>32</sup>, Peter A. Fasching<sup>33,34</sup>, Michael G. Schrauder<sup>33</sup>, Arif B. Ekici<sup>35</sup>, Matthias W. Beckmann<sup>33</sup>, Stig E. Bojesen<sup>36,37</sup>, Børge G. Nordestgaard<sup>36,37</sup>, Sune F. Nielsen<sup>36,37</sup>, Henrik Flyger<sup>38</sup>, Javier Benitez<sup>39,40</sup>, Pilar M. Zamora<sup>41</sup>, Jose I. A. Perez<sup>42</sup>, Christopher A. Haiman<sup>43</sup>, Brian E. Henderson<sup>43</sup>, Fredrick Schumacher<sup>43</sup>, Loic Le Marchand<sup>44</sup>, Paul D. P. Pharoah<sup>3,45</sup>, Alison M. Dunning<sup>45</sup>, Mitul Shah<sup>45</sup>, Robert Luben<sup>46</sup>, Judith Brown<sup>3</sup>, Fergus J. Couch<sup>47</sup>, Xianshu Wang<sup>47</sup>, Celine Vachon<sup>48</sup>, Janet E. Olson<sup>48</sup>, Diether Lambrechts<sup>49,50</sup>, Matthieu Moisse<sup>49,50</sup>, Robert Paridaens<sup>51</sup>, Marie-Rose Christiaens<sup>51</sup>, Pascal Guénel<sup>52,53</sup>, Thérèse Truong<sup>52,53</sup>, Pierre Laurent-Puig<sup>54</sup>, Claire Mulot<sup>54</sup>, Frederick Marme<sup>55,56</sup>, Barbara Burwinkel<sup>55,57</sup>, Andreas Schneeweiss<sup>55,56</sup>, Christof Sohn<sup>55</sup>, Elinor J. Sawyer<sup>58</sup>, Ian Tomlinson<sup>59</sup>, Michael J. Kerin<sup>60</sup>, Nicola Miller<sup>60</sup>, Irene L. Andrulis<sup>61,62</sup>, Julia A. Knight<sup>63,64</sup>, Sandrine Tchatchou<sup>61</sup>, Anna Marie Mulligan<sup>65,66</sup>, Thilo Dörk<sup>67</sup>, Natalia V. Bogdanova<sup>68</sup>, Natalia N. Antonenkova<sup>69</sup>, Hoda Anton-Culver<sup>70</sup>, Hatf Darabi<sup>9</sup>, Mikael Eriksson<sup>9</sup>, Montserrat Garcia-Closas<sup>71,72</sup>, Jonine Figueroa<sup>27</sup>, Jolanta Lissowska<sup>73</sup>, Louise Brinton<sup>27</sup>, Peter Devilee<sup>74</sup>, Robert A. E. M. Tollenaar<sup>75</sup>, Caroline Seynaeve<sup>76</sup>, Christi J. van Asperen<sup>77</sup>, Vessela N. Kristensen<sup>78,79,80</sup>, kConFab Investigators<sup>81</sup>, Australian Ovarian Cancer Study Group<sup>81,82</sup>, Susan Slager<sup>48</sup>, Amanda E. Toland<sup>83</sup>, Christine B. Ambrosone<sup>84</sup>, Drakoulis Yannoukakos<sup>85</sup>, Annika Lindblom<sup>86</sup>, Sara Margolin<sup>87</sup>, Paolo Radice<sup>88</sup>, Paolo Peterlongo<sup>89</sup>, Monica Barile<sup>90</sup>, Paolo Mariani<sup>89,91</sup>, Maartje J. Hoening<sup>92</sup>, John W. M. Martens<sup>92</sup>, J. Margriet Collée<sup>93</sup>, Agnes Jager<sup>92</sup>, Anna Jakubowska<sup>94</sup>, Jan Lubinski<sup>94</sup>, Katarzyna Jaworska-Bieniek<sup>94,95</sup>, Katarzyna Durda<sup>94</sup>, Graham G. Giles<sup>4,5</sup>, Catriona McLean<sup>96</sup>, Hiltrud Brauch<sup>97,98</sup>, Thomas Brüning<sup>99</sup>, Yon-Dschun Ko<sup>100</sup>, The GENICA Network<sup>97,98,99,100,101,102,103</sup>, Hermann Brenner<sup>104,105</sup>, Aida Karina Dieffenbach<sup>104,105</sup>, Volker Arndt<sup>104</sup>, Christa Stegmaier<sup>106</sup>, Anthony Swerdlow<sup>107</sup>, Alan Ashworth<sup>13</sup>, Nick Orr<sup>13</sup>, Michael Jones<sup>71</sup>, Jacques Simard<sup>108</sup>, Mark S. Goldberg<sup>109,110</sup>, France Labrèche<sup>111</sup>, Martine Dumont<sup>108</sup>, Robert Winqvist<sup>112</sup>, Katri Pylkäs<sup>112</sup>, Arja Jukkola-Vuorinen<sup>113</sup>, Mervi Grip<sup>114</sup>, Vesa Kataja<sup>115,116</sup>, Veli-Matti Kosma<sup>117,118,119</sup>, Jaana M. Hartikainen<sup>117,118,119</sup>, Arto Mannermaa<sup>117,118,119</sup>, Ute Hamann<sup>101</sup>, Georgia Chenevix-Trench<sup>120</sup>, Carl Blomqvist<sup>7</sup>, Kristiina Aittomäki<sup>6</sup>, Douglas F. Easton<sup>3,4,5</sup>, Heli Nevanlinna<sup>1\*</sup>

**1** Department of Obstetrics and Gynecology, University of Helsinki and Helsinki University Central Hospital, Helsinki, Finland, **2** Finnish Institute of Occupational Health, Helsinki, Finland, **3** Centre for Cancer Genetic Epidemiology, Department of Public Health and Primary Care, University of Cambridge, Cambridge, United Kingdom, **4** Cancer Epidemiology Centre, Cancer Council Victoria, Melbourne, Australia, **5** Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Australia, **6** Department of Clinical Genetics, University of Helsinki and Helsinki University Central Hospital, Helsinki, Finland, **7** Department of Oncology, University of Helsinki and Helsinki University Central Hospital, Helsinki, Finland, **8** Human Genetics Division, Genome Institute of Singapore, Singapore, Singapore, **9** Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden, **10** Division of Cancer Epidemiology, German Cancer Research Center (DKFZ), Heidelberg, Germany, **11** PMV Research Group at the Department of Child and Adolescent Psychiatry and Psychotherapy, University of Cologne, Cologne, Germany, **12** Department of Cancer Epidemiology/Clinical Cancer Registry and Institute for Medical Biometrics and Epidemiology, University Clinic Hamburg-Eppendorf, Hamburg, Germany, **13** Breakthrough Breast Cancer Research Centre, The Institute of Cancer Research, London, United Kingdom, **14** Department of Non-Communicable Disease Epidemiology Department, London School of Hygiene and Tropical Medicine, London, United Kingdom, **15** Centre for

Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Australia, **16** Department of Pathology, The University of Melbourne, Melbourne, Australia, **17** Department of Clinical Genetics, VU University Medical Center, Amsterdam, The Netherlands, **18** Department of Medical Genetics, University Medical Center Utrecht, Utrecht, The Netherlands, **19** Division of Gynaecology and Obstetrics, Technische Universität München, Munich, Germany, **20** Division of Molecular Gyneco-Oncology, Department of Gynaecology and Obstetrics, University Hospital of Cologne, Cologne, Germany, **21** Center of Familial Breast and Ovarian Cancer, University Hospital of Cologne, Cologne, Germany, **22** Center for Integrated Oncology (CIO), University Hospital of Cologne, Cologne, Germany, **23** Center for Molecular Medicine Cologne (CMMC), University of Cologne, Cologne, Germany, **24** Max Planck Institute of Psychiatry, Munich, Germany, **25** Institute of Human Genetics, Helmholtz Zentrum München, German Research Center for Environmental Health, Neuherberg, Germany, **26** Section of Cancer Genetics, Institute of Cancer Research, Sutton, United Kingdom, **27** Division of Cancer Epidemiology and Genetics, National Cancer Institute, Rockville, Maryland, United States of America, **28** Program in Molecular and Genetic Epidemiology, Harvard School of Public Health, Boston, Massachusetts, United States of America, **29** Department of Epidemiology, Harvard School of Public Health, Boston, Massachusetts, United States of America, **30** CRUK/YCR Sheffield Cancer Research Centre, Department of Oncology, University of Sheffield, Sheffield, United Kingdom, **31** Academic Unit of Pathology, Department of Neuroscience, University of Sheffield, Sheffield, United Kingdom, **32** Netherlands Cancer Institute, Antoni van Leeuwenhoek hospital, Amsterdam, The Netherlands, **33** University Breast Center Franconia, Department of Gynecology and Obstetrics, University Hospital Erlangen, Friedrich-Alexander University Erlangen-Nuremberg, Comprehensive Cancer Center Erlangen-EMN, Erlangen, Germany, **34** David Geffen School of Medicine, Department of Medicine Division of Hematology and Oncology, University of California Los Angeles, California, United States of America, **35** Institute of Human Genetics, University Hospital Erlangen, Friedrich-Alexander University Erlangen-Nuremberg, Comprehensive Cancer Center Erlangen-EMN, Erlangen, Germany, **36** Copenhagen General Population Study, Herlev Hospital, Copenhagen University Hospital, Copenhagen, Denmark, **37** Department of Clinical Biochemistry, Herlev Hospital, Copenhagen University Hospital, Copenhagen, Denmark, **38** Department of Breast Surgery, Herlev Hospital, Copenhagen University Hospital, Copenhagen, Denmark, **39** Human Genetics Group, Human Cancer Genetics Program, Spanish National Cancer Research Centre (CNIO), Madrid, Spain, **40** Centro de Investigación en Red de Enfermedades Raras (CIBERER), Valencia, Spain, **41** Servicio de Oncología Médica, Hospital Universitario La Paz, Madrid, Spain, **42** Servicio de Cirugía General y Especialidades, Hospital Monte Naranco, Oviedo, Spain, **43** Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, California, United States of America, **44** Epidemiology Program, Cancer Research Center, University of Hawaii, Honolulu, Hawaii, United States of America, **45** Centre for Cancer Genetic Epidemiology, Department of Oncology, University of Cambridge, Cambridge, United Kingdom, **46** Clinical Gerontology, Department of Public Health and Primary Care, University of Cambridge, Cambridge, United Kingdom, **47** Department of Laboratory Medicine and Pathology, Mayo Clinic, Rochester, Minnesota, United States of America, **48** Department of Health Sciences Research, Mayo Clinic, Rochester, Minnesota, United States of America, **49** Vesalius Research Center (VRC), VIB, Leuven, Belgium, **50** Laboratory for Translational Genetics, Department of Oncology, University of Leuven, Leuven, Belgium, **51** Oncology Department, University Hospital Gasthuisberg, Leuven, Belgium, **52** Inserm (National Institute of Health and Medical Research), CESP (Center for Research in Epidemiology and Population Health), U1018, Environmental Epidemiology of Cancer, Villejuif, France, **53** University Paris-Sud, UMR5 1018, Villejuif, France, **54** Université Paris Sorbonne Cité, UMR-S775 Inserm, Paris, France, **55** Department of Obstetrics and Gynecology, University of Heidelberg, Heidelberg, Germany, **56** National Center for Tumor Diseases, University of Heidelberg, Heidelberg, Germany, **57** Molecular Epidemiology Group, German Cancer Research Center (DKFZ), Heidelberg, Germany, **58** Research Oncology, Division of Cancer Studies, King's College London, Guy's Hospital, London, United Kingdom, **59** Wellcome Trust Centre for Human Genetics and Oxford Biomedical Research Centre, University of Oxford, Oxford, United Kingdom, **60** Clinical Science Institute, University Hospital Galway, Galway, Ireland, **61** Lunenfeld-Tanenbaum Research Institute of Mount Sinai Hospital, Toronto, Ontario, Canada, **62** Department of Molecular Genetics, University of Toronto, Toronto, Ontario, Canada, **63** Prosserman Centre for Health Research, Lunenfeld-Tanenbaum Research Institute, Mount Sinai Hospital, Toronto, Ontario, Canada, **64** Division of Epidemiology, Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada, **65** Department of Laboratory Medicine and Pathobiology, University of Toronto, Toronto, Ontario, Canada, **66** Department of Laboratory Medicine, and the Keenan Research Centre of the Li Ka Shing Knowledge Institute, St Michael's Hospital, Toronto, Ontario, Canada, **67** Department of Obstetrics and Gynaecology, Hannover Medical School, Hannover, Germany, **68** Department of Radiation Oncology, Hannover Medical School, Hannover, Germany, **69** N.N. Alexandrov Research Institute of Oncology and Medical Radiology, Minsk, Belarus, **70** Department of Epidemiology, University of California Irvine, Irvine, California, United States of America, **71** Division of Genetics and Epidemiology, Institute of Cancer Research, Sutton, United Kingdom, **72** Breakthrough Breast Cancer Research Centre, Division of Breast Cancer Research, The Institute of Cancer Research, London, United Kingdom, **73** Department of Cancer Epidemiology and Prevention, M. Skłodowska-Curie Memorial Cancer Center and Institute of Oncology, Warsaw, Poland, **74** Department of Human Genetics & Department of Pathology, Leiden University Medical Center, Leiden, Netherlands, **75** Department of Surgical Oncology, Leiden University Medical Center, Leiden, Netherlands, **76** Family Cancer Clinic, Department of Medical Oncology, Erasmus MC-Daniel den Hoed Cancer Center, Rotterdam, Netherlands, **77** Department of Clinical Genetics, Leiden University Medical Center, Leiden, Netherlands, **78** Institute of Clinical Medicine, Faculty of Medicine, University of Oslo, Oslo, Norway, **79** Department of Clinical Molecular Biology (EpiGen), University of Oslo, Oslo, Norway, **80** Department of Genetics, Institute for Cancer Research, Oslo University Hospital, Radiumhospitalet, Oslo, Norway, **81** Peter MacCallum Cancer Center, Melbourne, Australia, **82** QIMR Berghofer Medical Research Institute, Brisbane, Australia, **83** Department of Molecular Virology, Immunology and Medical Genetics, Comprehensive Cancer Center, The Ohio State University, Columbus, Ohio, United States of America, **84** Roswell Park Cancer Institute, Buffalo, New York, United States of America, **85** Molecular Diagnostics Laboratory, IRRP, National Centre for Scientific Research "Demokritos", Aghia Paraskevi Attikis, Athens, Greece, **86** Department of Molecular Medicine and Surgery, Karolinska Institutet, Stockholm, Sweden, **87** Department of Oncology - Pathology, Karolinska Institutet, Stockholm, Sweden, **88** Unit of Molecular Bases of Genetic Risk and Genetic Testing, Department of Preventive and Predictive Medicine, Fondazione IRCCS Istituto Nazionale dei Tumori (INT), Milan, Italy, **89** IFOM, Fondazione Istituto FIRC di Oncologia Molecolare, Milan, Italy, **90** Division of Cancer Prevention and Genetics, Istituto Europeo di Oncologia (IEO), Milan, Italy, **91** Cogentech Cancer Genetic Test Laboratory, Milan, Italy, **92** Department of Medical Oncology, Erasmus University Medical Center, Rotterdam, The Netherlands, **93** Department of Clinical Genetics, Erasmus University Medical Center, Rotterdam, The Netherlands, **94** Department of Genetics and Pathology, Pomeranian Medical University, Szczecin, Poland, **95** Postgraduate School of Molecular Medicine, Warsaw Medical University, Warsaw, Poland, **96** Anatomical Pathology, The Alfred Hospital, Melbourne, Australia, **97** Dr. Margarete Fischer-Bosch-Institute of Clinical Pharmacology, Stuttgart, Germany, **98** University of Tübingen, Tübingen, Germany, **99** Institute for Prevention and Occupational Medicine of the German Social Accident Insurance, Institute of the Ruhr-University Bochum (IPA), Bochum, Germany, **100** Department of Internal Medicine, Evangelische Kliniken Bonn gGmbH, Johanniter Krankenhaus, Bonn, Germany, **101** Molecular Genetics of Breast Cancer, German Cancer Research Center (DKFZ), Heidelberg, Germany, **102** Institute for Occupational Medicine and Maritime Medicine, University Medical Center Hamburg-Eppendorf, Hamburg, Germany, **103** Institute of Pathology, Medical Faculty of the University of Bonn, Bonn, Germany, **104** Division of Clinical Epidemiology and Aging Research, German Cancer Research Center (DKFZ), Heidelberg, Germany, **105** German Cancer Consortium (DKTK), Heidelberg, Germany, **106** Saarland Cancer Registry, Saarbrücken, Germany, **107** Division of Genetics and Epidemiology and Division of Breast Cancer Research, The Institute of Cancer Research, Sutton, Surrey, United Kingdom, **108** Cancer Genomics Laboratory, Centre Hospitalier Universitaire de Québec Research Center and Laval University, Quebec, Canada, **109** Department of Medicine, McGill University, Montreal, Canada, **110** Division of Clinical Epidemiology, McGill University Health Centre, Royal Victoria Hospital, Montreal, Quebec, Canada, **111** Départements de Santé Environnementale et Santé au Travail et de Médecine Sociale et Préventive, Université de Montréal, Montreal, Quebec, Canada, **112** Laboratory of Cancer Genetics and Tumor Biology, Department of Clinical Chemistry and Biocenter Oulu, University of Oulu, NordLab Oulu/Oulu University Hospital, Oulu, Finland, **113** Department of Oncology, Oulu University Hospital, University of Oulu, Oulu, Finland, **114** Department of Surgery, Oulu University Hospital, University of Oulu, Oulu, Finland, **115** School of Medicine, Institute of Clinical Medicine, Oncology, University of Eastern Finland, Kuopio, Finland, **116** Cancer Center, Kuopio University Hospital, Kuopio, Finland, **117** School of Medicine, Institute of Clinical Medicine, Pathology and Forensic Medicine, University of Eastern Finland, Kuopio,

Finland, **118** Imaging Center, Department of Clinical Pathology, Kuopio University Hospital, Kuopio, Finland, **119** Cancer Center of Eastern Finland, University of Eastern Finland, Kuopio, Finland, **120** Department of Genetics, QIMR Berghofer Medical Research Institute, Brisbane, Australia

## Abstract

Genetic variations, such as single nucleotide polymorphisms (SNPs) in microRNAs (miRNA) or in the miRNA binding sites may affect the miRNA dependent gene expression regulation, which has been implicated in various cancers, including breast cancer, and may alter individual susceptibility to cancer. We investigated associations between miRNA related SNPs and breast cancer risk. First we evaluated 2,196 SNPs in a case-control study combining nine genome wide association studies (GWAS). Second, we further investigated 42 SNPs with suggestive evidence for association using 41,785 cases and 41,880 controls from 41 studies included in the Breast Cancer Association Consortium (BCAC). Combining the GWAS and BCAC data within a meta-analysis, we estimated main effects on breast cancer risk as well as risks for estrogen receptor (ER) and age defined subgroups. Five miRNA binding site SNPs associated significantly with breast cancer risk: rs1045494 (odds ratio (OR) 0.92; 95% confidence interval (CI): 0.88–0.96), rs1052532 (OR 0.97; 95% CI: 0.95–0.99), rs10719 (OR 0.97; 95% CI: 0.94–0.99), rs4687554 (OR 0.97; 95% CI: 0.95–0.99, and rs3134615 (OR 1.03; 95% CI: 1.01–1.05) located in the 3' UTR of *CASP8*, *HDDC3*, *DROSHA*, *MUSTN1*, and *MYCL1*, respectively. *DROSHA* belongs to miRNA machinery genes and has a central role in initial miRNA processing. The remaining genes are involved in different molecular functions, including apoptosis and gene expression regulation. Further studies are warranted to elucidate whether the miRNA binding site SNPs are the causative variants for the observed risk effects.

**Citation:** Khan S, Greco D, Michailidou K, Milne RL, Muranen TA, et al. (2014) MicroRNA Related Polymorphisms and Breast Cancer Risk. PLoS ONE 9(11): e109973. doi:10.1371/journal.pone.0109973

**Editor:** Zhongming Zhao, Vanderbilt University Medical Center, United States of America

**Received:** June 6, 2014; **Accepted:** September 8, 2014; **Published:** November 12, 2014

This is an open-access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.

**Data Availability:** The authors confirm that, for approved reasons, some access restrictions apply to the data underlying the findings. Data are available via the Breast Cancer Association Consortium (BCAC) Data Access Coordination Committee (DACC) (<http://ccge.medschl.cam.ac.uk/consortia/bcac/>). To request the data, readers may contact Manjeet Humphreys (mkh39@medschl.cam.ac.uk) or Douglas Easton (dfe20@medschl.cam.ac.uk).

**Funding:** Funding for the iCOGS infrastructure came from the European Community's Seventh Framework Programme under grant agreement number 223175 (HEALTH-F2-2009-223175) (COGS). iCOGS was also partly supported by the Canadian Institutes of Health Research for the "CIHR Team in Familial Risks of Breast Cancer" program (JS & DFE), and the Ministry of Economic Development, Innovation and Export Trade of Quebec – grant # PSR-SIIRI-701 (JS & DFE, P.Hall). HEBCS was financially supported by the Helsinki University Central Hospital Research Fund, Academy of Finland (266528), the Finnish Cancer Society, The Nordic Cancer Union and the Sigrid Juselius Foundation. The population allele and genotype frequencies were obtained from the data source funded by the Nordic Center of Excellence in Disease Genetics based on samples regionally selected from Finland, Sweden and Denmark. The UK2 GWAS was funded by Wellcome Trust and Cancer Research UK. It included samples collected through the FBCS study which is funded by Cancer Research UK [C8620/A8372]. The WTCCC was funded by the Wellcome Trust. The ABCFS and OFBCR studies were supported by the United States National Cancer Institute, National Institutes of Health (NIH) under RFA-CA-06-503 and through cooperative agreements with members of the Breast Cancer Family Registry (BCFR) and Principal Investigators, including Cancer Care Ontario (U01 CA69467), Northern California Cancer Center (U01 CA69417), University of Melbourne (U01 CA69638). Samples from the NC-BCFR were processed and distributed by the Coriell Institute for Medical Research. OFBCR was supported by the Canadian Institutes of Health Research for the "CIHR Team in Familial Risks of Breast Cancer" program and grant UM1 CA164920 from the National Cancer Institute. The content of this manuscript does not necessarily reflect the views or policies of the National Cancer Institute or any of the collaborating centers in the Breast Cancer Family Registry (BCFR), nor does mention of trade names, commercial products, or organizations imply endorsement by the US Government or the BCFR. The ABCFS was also supported by the National Health and Medical Research Council of Australia, the New South Wales Cancer Council, the Victorian Health Promotion Foundation (Australia) and the Victorian Breast Cancer Research Consortium. JLH is a National Health and Medical Research Council (NHMRC) Australia Fellow and a Victorian Breast Cancer Research Consortium Group Leader. MCS is a NHMRC Senior Research Fellow and a Victorian Breast Cancer Research Consortium Group Leader. JLH and MCS are both group leaders of the Victoria Breast Cancer Research Consortium. The ABCS study was supported by the Dutch Cancer Society [grants NKI 2007-3839; 2009 4363]; BBMRI-NL, which is a Research Infrastructure financed by the Dutch government (NWO 184.021.007); and the Dutch National Genomics Initiative. The BCCS was funded by Cancer Research UK and Breakthrough Breast Cancer and acknowledges NHS funding to the NIHR Biomedical Research Centre, and the National Cancer Research Network (NCRN). The BCCS GWAS received funding from The Institut National de Cancer. The work of the BBCC was partly funded by ELAN-Fond de la University Hospital of Erlangen. ES (BIGGS) is supported by NIHR Comprehensive Biomedical Research Centre, Guy's & St. Thomas' NHS Foundation Trust in partnership with King's College London, United Kingdom. IT is supported by the Oxford Biomedical Research Centre. The BSUCH study was supported by the Dietmar-Hopp Foundation, the Helmholtz Society and the German Cancer Research Center (DKFZ). The CECILE study was funded by Fondation de France [contract grant number 2004012618 and 2007005156], Institut National du Cancer (INCa) [2007-1/SPC2, 2008-1-CP-4 and 2009-1-SHS/SP-04], Ligue Nationale contre le Cancer, Association pour la Recherche contre le Cancer (ARC) [2008-1-CP-4]; Agence Française de Sécurité Sanitaire de l'Environnement et du Travail (AFSSET - ANSES) [ST-2005-003, EST2008/1/26, and VS-2009-21], Ligue contre le Cancer Grand Ouest. The CGPS was supported by the Chief Physician Johan Boserup and Lise Boserup Fund, the Danish Medical Research Council and Herlev Hospital. The CNIO-BCS was supported by the Genome Spain Foundation, the Red Temática de Investigación Cooperativa en Cáncer and grants from the Asociación Española Contra el Cáncer and the Fondo de Investigación Sanitaria (PI11/00923 and PI081120). We acknowledge the support of Álvarez Ivarez, Daniel Herrero, Primitiva Menendez and the Human Genotyping-CEGEN Unit (CNIO). The Human Genotyping-CEGEN Unit is supported by the Instituto de Salud Carlos III. The CTS was supported by the California Breast Cancer Act of 1993; National Institutes of Health (grants R01 CA77398 and the Lon V Smith Foundation [LVS39420]); and the California Breast Cancer Research Fund (contract 97-10500). Collection of cancer incidence data used in this study was supported by the California Department of Public Health as part of the statewide cancer reporting program mandated by California Health and Safety Code Section 103885. DEMOKRITOS is supported by a Hellenic Cooperative Oncology Group research grant (HR R\_BG/04) and the Greek General Secretary for Research and Technology (GSRT) Program, Research Excellence II, funded at 75% by the European Union. The DFBBCS GWAS was funded by The Netherlands Organisation for Scientific Research (NWO) as part of a ZonMw/VIDI grant number 91756341. The generation and management of GWAS genotype data for the Rotterdam Study is supported by the Netherlands Organisation of Scientific Research NWO Investments (nr. 175.010.2005.011, 911-03-012). This study is funded by the Research Institute for Diseases in the Elderly (014-93-015; RIDE2), the Netherlands Genomics Initiative (NGI)/Netherlands Organisation for Scientific Research (NWO) project nr. 050-060-810. The Rotterdam Study is funded by Erasmus Medical Center and Erasmus University, Rotterdam, Netherlands Organization for the Health Research and Development (ZonMw), the Research Institute for Diseases in the Elderly (RIDE), the Ministry of Education, Culture and Science, the Ministry for Health, Welfare and Sports, the European Commission (DG XII), and the Municipality of Rotterdam. The ESTHER study was supported by a grant from the Baden Württemberg Ministry of Science, Research and Arts. Additional cases were recruited in the context of the VERDI study, which was supported by a grant from the German Cancer Aid (Deutsche Krebshilfe). The HMBCS was supported by a grant from the Friends of Hannover Medical School and by the Rudolf Bartling Foundation. The Financial support for KARBAC was provided through the regional agreement on medical training and clinical research (ALF) between Stockholm County Council and Karolinska Institutet, The Swedish Cancer Society and Bert von Kantzow foundation. The GC-HBOC was supported by Deutsche Krebshilfe [107054], the Dietmar-Hopp Foundation, the Helmholtz society and the German Cancer Research Centre (DKFZ). The GC-HBOC GWAS was

supported by the German Cancer Aid (grant no. 107352). The GENICA was funded by the Federal Ministry of Education and Research (BMBF) Germany grants 01KW9975/5, 01KW9976/8, 01KW9977/0 and 01KW0114, the Robert Bosch Foundation, Stuttgart, Deutsches Krebsforschungszentrum (DKFZ), Heidelberg, German Social Accident Insurance, Institute of the Ruhr University Bochum (IPA), Germany, as well as the Department of Internal Medicine, Evangelische Kliniken Bonn gGmbH, Johanniter Krankenhaus, Bonn, Germany. The KBCP was financially supported by the special Government Funding (EVO) of Kuopio University Hospital grants, Cancer Fund of North Savo, the Finnish Cancer Organizations, and by the strategic funding of the University of Eastern Finland. kConFab is supported by a grant from the National Breast Cancer Foundation, and previously by the National Health and Medical Research Council (NHMRC), the Queensland Cancer Fund, the Cancer Councils of New South Wales, Victoria, Tasmania and South Australia, and the Cancer Foundation of Western Australia. The kConFab Clinical Follow Up Study was funded by the NHMRC [145684, 288704, 454508]. Financial support for the AOCs was provided by the United States Army Medical Research and Materiel Command [DAMD17-01-1-0729], the Cancer Council of Tasmania and Cancer Foundation of Western Australia and the NHMRC [199600]. GCT is supported by the NHMRC. LMBC is supported by the 'Stichting tegen Kanker' (232-2008 and 196-2010). Diether Lambrechts is supported by the FWO and the KULPFV/10/016-SymBioSysII. The MARIE study was supported by the Deutsche Krebshilfe e.V. [70-2892-BR I], the Hamburg Cancer Society, the German Cancer Research Center and the genotype work in part by the Federal Ministry of Education and Research (BMBF) Germany [01KH0402]. MBCSG is supported by grants from the Italian Association for Cancer Research (AIRC) and by funds from the Italian citizens who allocated the 5/1000 share of their tax payment in support of the Fondazione IRCCS Istituto Nazionale Tumori, according to Italian laws (INT-Institutional strategic projects "5 x 1000"). The MCBCS was supported by the NIH grants [CA122340, CA128978] and a Specialized Program of Research Excellence (SPORE) in Breast Cancer [CA116201], the Breast Cancer Research Foundation and a generous gift from the David F. and Margaret T. Grohne Family Foundation and the Ting Tsung and Wei Fong Chao Foundation. MCCS cohort recruitment was funded by VicHealth and Cancer Council Victoria. The MCCS was further supported by Australian NHMRC grants 209057, 251553 and 504711 and by infrastructure provided by Cancer Council Victoria. The MEC was supported by NIH grants CA63464, CA54281, CA098758 and CA132839. For the MTLGEBCS study, the initial case-control study was supported by the Canadian Breast Cancer Research Initiative. Work was also supported by the Quebec Breast Cancer Foundation, the Canadian Institutes of Health Research for the "CIHR Team in Familial Risks of Breast Cancer" program - grant # CRN-87521 and the Ministry of Economic Development, Innovation and Export Trade - grant # PSR-SIIRI-701. The NBCS was supported by grants from the Norwegian Research Council, 155218/V40, 175240/S10 to ALBD, FUGE-NFR 181600/V11 to VNK and a Swizz Bridge Award to ALBD. The OBCS was supported by research grants from the Finnish Cancer Foundation, the Academy of Finland, the University of Oulu, and the Oulu University Hospital. The ORIGO study was supported by the Dutch Cancer Society (RUL 1997-1505) and the Biobanking and Biomolecular Resources Research Infrastructure (BBMRI-NL CP16). The OSU study was funded by the Stefanie Spielman fund and the OSU Comprehensive Cancer Center. The PBCS was funded by Intramural Research Funds of the National Cancer Institute, Department of Health and Human Services, USA. The pKARMA study was supported by Märit and Hans Rausing's Initiative Against Breast Cancer and Cancer Risk Prediction Center, a Linneus Centre (contract 70867902) financed by the Swedish Research Council. The RBCS was funded by the Dutch Cancer Society (DDHK 2004-3124, DDHK 2009-4318). The RPCI study was supported by RPCI DataBank and BioRepository (DBBR), a Cancer Center Support Grant Shared Resource (P30 CA016056-32). The SASBAC study was supported by funding from the Agency for Science, Technology and Research of Singapore (A\*STAR), the US National Institute of Health (NIH) and the Susan G. Komen Breast Cancer Foundation. The SBSCS was supported by Yorkshire Cancer Research S295, S299, S305PA. SEARCH is funded by a programme grant from Cancer Research UK [C490/A10124] and supported by the the UK National Institute for Health Research Biomedical Research Centre at the University of Cambridge. AMD has been supported by Cancer Research UK grant [C8197/A10865] and by the Joseph Mitchell Fund. SKKDKFZS is supported by the DKFZ. The SZBCS was supported by Grant PBZ\_KBN\_122/P05/2004; Katarzyna Jaworska is a fellow of International PhD program, Postgraduate School of Molecular Medicine, Warsaw Medical University, supported by the Polish Foundation of Science. The TNBCC was supported by the NIH grant [CA128978], the Breast Cancer Research Foundation, Komen Foundation for the Cure, the Ohio State University Comprehensive Cancer Center, the Stefanie Spielman fund for Breast Cancer Research and a generous gift from the David F. and Margaret T. Grohne Family Foundation and the Ting Tsung and Wei Fong Chao Foundation. Part of the TNBCC (DEMOKRITOS) has been co-financed by the European Union (European Social Fund - ESF) and Greek national funds through the Operational Program "Education and Lifelong Learning" of the National Strategic Reference Framework (NSRF) - Research Funding Program of the General Secretariat for Research & Technology: ARISTEIA. The UKBGS is funded by Breakthrough Breast Cancer and the Institute of Cancer Research (ICR). ICR acknowledges NHS funding to the NIHR Biomedical Research Centre. CGEMS, The Nurses' Health Studies are supported by NIH grants CA 65725, CA87969, CA49449, CA67262, CA50385 and 5U01CA098233. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

**Competing Interests:** The authors have declared that no competing interests exist.

\* Email: heli.nevanlinna@hus.fi

† Membership of the GENICA Network, kConFab Investigators, and AOCs is provided in the Acknowledgments.

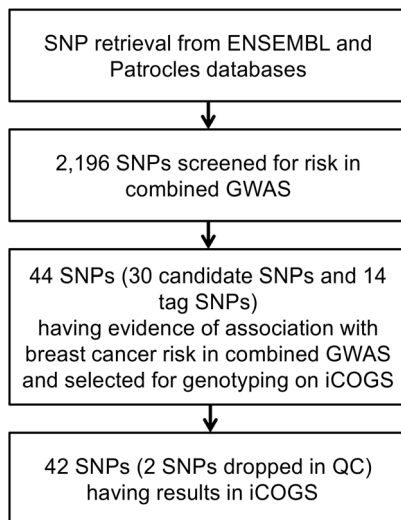
## Introduction

Breast cancer is the most common women's cancer and is a leading cause of cancer mortality [1]. Inherited genetic variation has been associated with the initiation, development and progression of breast cancer. Studies on twins have suggested that hereditary predisposing factors are involved in up to one third of all breast cancers [2]. Many genetic loci have been associated with breast cancer risk and collectively explain approximately 35% of the familial risk [3,4]. The largest genetic association study of breast cancer to date identified 41 novel low penetrance susceptibility loci [4] by selecting nearly 30,000 SNPs from a meta-analysis of nine genome-wide association (GWA) studies and genotyping them using 41,785 cases and 41,880 controls of European ancestry from studies in the Breast Cancer Association Consortium (BCAC). These 41 susceptibility loci probably represent the tip of the ice berg, and additional SNPs from the combined GWAS might explain a similar fraction of familial risk to that attributed to the already identified loci [4].

Mature miRNAs are 20–23 nucleotide, single-stranded RNA molecules that play a crucial role in gene expression regulation for many cellular processes including differentiation potential and development pattern. MiRNAs undergo a stepwise maturation process involving an array of miRNA machinery components. Drosha and DGCR8 mediate the cleavage of long primary miRNA transcripts (pri-miRNAs) into shorter pre-miRNAs in the nucleus [5,6]. The pre-miRNAs are then transported to the cytoplasm where they are further cleaved by Dicer to produce

mature miRNAs [7]. MiRNAs interact by pairing with the 3' untranslated region (UTR), and also within the coding region and 5' UTR of the corresponding mRNAs leading to mRNA destabilization, cleavage or translation repression. More effective mRNA destabilization is achieved when miRNA targets the 3'UTR rather than other mRNA regions [8–10]. An individual miRNA may regulate approximately 100 distinct mRNAs, and together more than 1000 human miRNAs are believed to modulate more than half of the mRNA species encoded in the genome [11,12]. Additionally, most mRNAs possess binding sites for miRNAs [13]. MiRNAs are involved in tumorigenesis in that they can be either oncogenic when tumor suppressor genes are targeted, or genomic guardians (tumour suppressor miRNAs) when oncogenes are targeted [14]. Additionally it has been suggested that they may modulate both metastasis [15] and chemotherapy resistance [16]. MiRNAs have also been shown to have altered expression levels in tumours compared to normal tissue and between tumor subtypes in breast cancer among other carcinoma types [17–19]. SNPs may affect miRNA machinery genes or miRNAs activity; however SNPs can also create, abolish or modify miRNA binding sites in their binding regions. Polymorphisms in miRNA binding sites have been studied in regard to the risk of several cancers [20], including breast cancer [21–23]. These studies have found evidence for association of miRNA related SNPs and cancer risk, but the study sample sizes have been relatively small.

In this study, we investigate associations between miRNA-related polymorphisms and breast cancer risk by using a meta-



**Figure 1. Workflow of miRNA SNP selection.**  
doi:10.1371/journal.pone.0109973.g001

analysis of nine GWAS and subsequent genotyping of top hits using 41,785 cases and 41,880 controls of European ancestry from the BCAC. To our knowledge, this is thus far the largest investigation of associations between miRNA-related polymorphisms and breast cancer susceptibility.

## Materials and Methods

### SNP selection and genotyping

SNPs in mature or pre-miRNAs, in genes of the miRNA machinery and in 3'UTR regions of protein coding genes with a potential effect on miRNA binding were systematically searched from Ensembl (hg18/build36) and Patrocles databases [24]. Additionally, tagging SNPs for such with  $r^2 \geq 0.8$  were also identified utilizing the public HapMap SNP database. By this *in silico* approach we identified altogether 147,801 candidate SNPs and 12,550 tagging SNPs. These SNPs were then overlaid with those from the combined GWAS from the BCAC [4] and altogether 2196 SNPs were present (either genotyped or imputed) in the combined GWAS. These SNPs were genotyped with Illumina or Affymetrix arrays, as described previously [25–32]. The combined GWAS data were imputed for all scans using HapMap version 2 CEU as a reference in similar fashion to that presented by Michailidou and colleagues [4] with the exception that the HapMap version 2 release 21 was used at the time the overlay was performed. Analysis using a 1-degree-of-freedom trend test of these 2196 SNPs in the combined GWAS indicated some evidence of association with breast cancer risk for 44 SNPs ( $p < 0.09$ ). Notably, the combined GWAS included imputed data generated using HapMap version 2 release 21 (based on NCBI build 35 (dbSNP b125)), whereas the results presented here for the combined GWAS are based on imputation using HapMap version 2 release 22 (based on NCBI build 36 (dbSNP b126)). In the release 22, a number of SNPs were excluded due to mapping inconsistencies in build 35 relative to build 36. Hence, the estimates from the combined GWAS may slightly differ from the initial association analysis. The 44 SNPs (including 30 candidate and 14 tagging SNP) were genotyped on additional samples in the BCAC using the custom Illumina Infinium array (iCOGS) which included a total of 211,155 SNPs as described previously. The

detailed description of quality control process for combined GWAS and iCOGS genotyping data was presented in [4].

Of the 42 SNPs that passed quality control [4], two were located in miRNA genes (one candidate SNP located in pre-miRNA hsa-miR-2110 and one tag SNP tagging a mature hsa-miR-548l variant), and four SNPs were located in miRNA machinery genes (*SMAD5*, *SND1*, *CNOT4* and *DROSHA*). The genotyped *DROSHA* SNP tags the 3' UTR miRNA binding site variant in the *DROSHA* gene. The remaining 38 candidate or tag SNPs were located in, or tagged to a predicted miRNA binding site in the 3' UTR of protein coding genes. All 42 SNPs are described in Table 1. The workflow of the SNP selection in different stages is illustrated in Figure 1.

### Study sample

The combined GWAS included nine breast cancer studies totalling 10,052 cases and 12,575 controls of European ethnic background. Details and study-specific subject numbers are presented in Table S1. Since the GWAS were limited to patients of European ethnic background we further utilized 41,785 cases ascertained for their first primary, invasive breast cancer and 41,880 controls of European ancestry from 41 BCAC studies genotyped using the iCOGS array (Table S2). For a subgroup analysis of ER negative and ER positive cases, as well as cases aged less than 50 years at diagnosis, we included all the cases for which the respective data were available. The ER subgroup analysis was based on 702 ER negative cases and 2,019 ER positive cases from five GWAS studies and 7,200 ER negative cases from 40 BCAC studies and 26,302 ER positive cases from 34 BCAC studies. The analysis of cases aged less than 50 years at diagnosis was based on 3,470 cases from three GWAS studies and 9,483 cases from 35 BCAC studies. All participating studies conform to the Declaration of Helsinki and were approved by the respective ethical review boards and ethics committees (Tables S1 and S2), and all participants in these studies had provided written consent for the research.

### Statistical methods

We used logistic regression to estimate per-allele log-odds ratios and standard errors including the study as a covariate. We also included principal components as covariates in order to correct for potential hidden population structure. In the GWAS, for two studies (UK2 and HEBCS) the estimates were adjusted for the first three principal components and in the iCOGS analysis we used the first six principal components and an additional component to reduce inflation for the LMBC study, as described previously [4]. Subgroup analyses were carried out for ER negative and positive subgroups and for the group aged less than 50 years at diagnosis. For meta-analysis, we combined the estimates from the combined GWAS and iCOGS with a fixed effects model using the inverse variance weighted method. In the meta-analysis, the subjects involved in both combined GWAS and iCOGS (1880) were only taken into account once. In order to adjust for *P*-values against multiple testing, we used Benjamini Hochberg correction. The adjusted *P*-values are shown in Table 2 along with the nominal *P*-values. In the text we report the nominal *P*-values. The statistical analyses were conducted using the R 2.14.0 statistical computing environment (<http://www.r-project.org/>).

## Results

For the 42 SNPs we successfully genotyped, estimates of association from the combined GWAS and from iCOGS analysis are shown in Table S3. Twenty-one SNPs showed consistent

**Table 1.** The 42 studied SNPs in miRNAs, miRNA machinery genes and miRNA target genes.

Functional SNP (Tag SNP, R-squared)	Chr	Position	Coding	Gene	miRNA	SNP effect <sup>a</sup>
Located within miRNA						
rs17091403	10	115923895	GA	hsa-miR-2110		
rs13447640 (rs1805360, $r^2 = 1$ )	11	93866677	GA	hsa-mir-548l		
Located in miRNA biogenesis machinery genes						
rs3764941	5	135497426	AC	SMAD5		
rs17151639	7	127425052	AG	SND1		
rs17480616	7	134773600	CG	CNOT4		
rs10719	5	31437204	GA	DROSHA	hsa-miR-1298	AC
Located in miRNA target genes						
rs2550303	16	54953111	AG	AMFR	hsa-miR-577	AC
rs7513934	1	52590776	GA	CC2D1B	hsa-miR-384/hsa-miR-577	CNC
rs1128226	7	21908194	AC	CDCA7L	hsa-miR-548g	AC
rs3796133	3	100000533	GA	DCBLD2	hsa-miR-624*	AC
rs7441	12	90063806	GA	DCN	hsa-miR-135b*	AC
rs1803439	21	37807312	AG	DYRK1A	hsa-miR-550	AC
rs3797	15	27199858	AG	FAM189A1	hsa-miR-570	AC
rs7130622	11	128186721	AC	FLI1	hsa-miR-138-2*	AC
rs1052532	15	89275240	AG	HDDC3	hsa-miR-1224-3p/hsa-miR-1260/hsa-miR-1280	AC
rs7040123	9	7160742	AG	KDM4C	hsa-miR-154*/hsa-miR-487a	AC
rs1062225	10	49313232	AG	MAPK8	hsa-miR-203	AC
rs41739	7	116224740	AG	MET	hsa-miR-576-5p	AC
rs702681	5	56253786	AG	MIER3	hsa-miR-196a*	AC
rs3134615	1	40134653	CA	MYCL1	hsa-miR-1827	ANC
rs2304669	2	238830402	AG	PER2	hsa-miR-885-3p	AC
rs13422	17	15074900	AC	PMP22	hsa-miR-29b-1*	AC
rs7562391	2	201444411	AC	PPIL3	hsa-miR-493*/hsa-miR-499-3p	AC
rs7520333	1	40862837	AG	RIMS3	hsa-let-7d/hsa-let-7e	CNC
rs739692	18	53178524	GA	ST8SIA3	hsa-miR-96/hsa-miR-1271/hsa-miR-182	AC
rs1058450	4	120200088	GA	SYNPO2	hsa-miR-183	AC
rs4351800	11	7446395	CA	SYT9	hsa-miR-544	AC
rs12438324	15	55366808	AG	TCF12	hsa-miR-591	AC
rs12869870	13	99415306	GA	ZIC5	hsa-miR-34a/hsa-miR-34c-5p/hsa-miR-449a/hsa-miR-449b	AC
rs9990 (rs1444418, $r^2 = 1$ )	10	64230476	AG	ADO	hsa-miR-512-5p/hsa-miR-510	AC
rs757537 (rs4705870, $r^2 = 1$ )	5	132187033	GA	ANKRD43	hsa-miR-320a/hsa-miR-320b/hsa-miR-320c/hsa-miR-320d	AC
rs3774729 (rs2037119, $r^2 = 0.943$ )	3	63969919	GA	ATXN7	hsa-miR-1206	AC

**Table 1. Cont.**

Functional SNP (Tag SNP, R-squared)	Chr	Position	Coding	Gene	miRNA	SNP effect <sup>a</sup>
rs1045487 (rs1045494, r <sup>2</sup> = 1)	2	201860026	AG	CASP8	hsa-miR-938	AC
rs7288826 (rs8140217, r <sup>2</sup> = 1)	22	37547947	GA	CBX6	hsa-miR-1207-5p	AC
rs17569034 (rs17512204, r <sup>2</sup> = 0.835)	2	118449301	GA	CCDC93	hsa-miR-1178	AC
rs3205281 (rs7674744, r <sup>2</sup> = 1)	4	78874296	GA	CNOT6L	hsa-miR-643/hsa-miR-297	AC
rs13005 (rs9473, r <sup>2</sup> = 0.964)	10	13727177	GA	FRMD4A	hsa-miR-548m	AC
rs3809831 (rs3809828, r <sup>2</sup> = 1)	17	7187575	GA	KCTD11	hsa-miR-892b	AC
rs6445538 (rs4687554, r <sup>2</sup> = 1)	3	52839175	AG	MUSTN1	hsa-miR-891b	AC
rs7818 (rs9371201, r <sup>2</sup> = 0.875)	6	150186694	GA	PCMT1	hsa-miR-595	AC
rs9844202 (rs7635553, r <sup>2</sup> = 1)	3	168646064	GA	SERPINI2	hsa-miR-1272	AC
rs2271565 (rs7086917, r <sup>2</sup> = 1)	10	49867441	AC	WDFY4	hsa-miR-657/hsa-miR-214/hsa-miR-15a/hsa-miR-16/hsa-miR-15b/hsa-miR-195/hsa-miR-424/hsa-miR-497	AC

Tag SNPs used in the analysis are presented in the parenthesis along with the R squared value relative to the functional SNP.  
<sup>a</sup>According to Patrocles prediction; AC = abolishes conserved binding site, ANC = abolishes non-conserved binding site, CNC = creates non-conserved binding site (Target sites are considered conserved if they are shared by at least one primate, one rodent and one nonprimate/nonrodent mammal [24]).  
 doi:10.1371/journal.pone.0109973.t001

associations with breast cancer risk in the combined GWAS and in iCOGS analysis; results from the meta-analysis are shown in Table 2. The most significantly associated SNP, rs702681 (OR 1.06 [95%CI 1.04–1.08];  $P = 3.9 \times 10^{-10}$ ), is located in the 3'UTR of MIER3, close to the known breast cancer susceptibility gene MAP3K1. The SNP rs702681 is located at the same 5q11.2 locus as the previously published risk SNP rs889312 [33] (correlation  $r^2 = 0.3$ ). When the two SNPs were analysed in the same logistic regression model, the association with rs889312, but not that with rs702681 remained nominally statistically significant, suggesting that rs702681 is unlikely to be the causal SNP at this locus. The five SNPs with the significant novel associations from the meta-analysis ( $P \leq 5.07 \times 10^{-3}$  and adjusted  $P \leq 3.55 \times 10^{-2}$  after correction for multiple testing) were rs1045494, (OR 0.92 [95%CI 0.88–0.96];  $P = 5.90 \times 10^{-5}$ ), rs1052532, (OR 0.97 [95%CI 0.95–0.99];  $P = 7.78 \times 10^{-4}$ ), rs10719, (OR 0.97 [95%CI 0.94–0.99];  $P = 1.35 \times 10^{-3}$ ), rs4687554 (OR 0.97 [95%CI 0.95–0.99];  $P = 1.71 \times 10^{-3}$ ) and rs3134615 (OR 1.03 [95%CI 1.01–1.05];  $P = 5.07 \times 10^{-3}$ ) located in 3' UTR of Caspase-8 (*CASP8*), HD Domain Containing 3 (*HDDC3*), *DROSHA*, Musculoskeletal, Embryonic Nuclear Protein 1 (*MUSTN1*) and V-Myc Myelocytomatosis Viral Oncogene Homolog 1 (*MYCL1*), respectively (Table 2). SNP rs1045494 is tagging the hsa-miR-938 binding site SNP rs1045487 ( $r^2 = 1.0$ ) of *CASP8* and the SNP rs1052532 in *HDDC3* is predicted to abolish the binding site for hsa-miR-1224-3p. The SNP rs10719 is predicted to abolish the hsa-miR-1298 binding site in the 3' UTR of *DROSHA*. SNP rs4687554 tags the hsa-miR-891b binding site SNP rs6445538 ( $r^2 = 1.0$ ) of *MUSTN1* and rs3134615 is located at the binding site of hsa-miR-1827 of *MYCL1*. There was no evidence for heterogeneity in the per-allele OR for any SNP. The per study per allele ORs for these five miRNA binding site SNPs from the combined GWAS along with per-SNP heterogeneity variance *P*-values are shown in Figure S1 and from the iCOGS in Figure S2. Next we analysed the SNPs by ER status-defined subtype, and for cases aged less than 50 years at diagnosis, for risk associations in the meta-analysis of combined GWAS and iCOGS (Tables S4, S5 and S6). These analyses did not reveal any additional significant results. For rs1045494 in *CASP8*, rs4687554 in *MUSTN1* and rs3134615 in *MYCL1* (OR 1.03 [95%CI 1.01–1.05];  $P = 7.75 \times 10^{-4}$ ) a more significant association with breast cancer risk was found for the ER positive subgroup than in the main analysis, but the result from the test for heterogeneity by ER status was not significant (data not shown). All associations were estimated using an additive inheritance model. Dominant and recessive models did not improve the estimates (data not shown).

**Discussion**

We investigated associations between genetic variation in miRNAs, in the genes of the miRNA machinery and in the miRNA binding sites and the risk of breast cancer. We identified several SNPs that are predicted to abolish an miRNA binding site and that are significantly associated with breast cancer risk. Previous studies investigating miRNA related SNPs, especially in miRNA binding sites have included predefined sets of genes. Nicoloso and colleagues investigated 38 previously identified breast cancer risk SNPs and found two to modify miRNA binding sites in TGFB1 and XRCC1 in vitro [23]. Neither of these were included in our data set. Liang and colleagues investigated 134 potential miRNA binding sites in cancer-related genes and found six miRNA binding site SNPs that were associated with ovarian cancer risk [34].



**Table 2.** Associations of SNPs in the GWAS and iCOGS separately and combined GWAS + iCOGS and breast cancer risk.

SNP	Chr	Position	coding <sup>1</sup>	GWAS OR (95%CI) <sup>2</sup>	GWAS P <sup>3</sup>	iCOGS OR (95% CI) <sup>2</sup>	iCOGS P <sup>3</sup>	Combined GWAS + iCOGS OR (95% CI) <sup>2</sup>	Combined GWAS + iCOGS P <sup>3</sup> (BH corrected) P <sup>4</sup>	Gene
rs702681	5	56253786	AG	1.07 (1.02–1.11)	3.92 × 10 <sup>-3</sup>	1.06 (1.04–1.09)	2.76 × 10 <sup>-8</sup>	1.06 (1.04–1.08)	3.88 × 10 <sup>-10</sup> (1.63 × 10 <sup>-8</sup> )	MIER3
rs1045494	2	201860026	AG	0.90 (0.81–1.00)	4.74 × 10 <sup>-2</sup>	0.92 (0.88–0.96)	4.47 × 10 <sup>-4</sup>	0.92 (0.88–0.96)	5.94 × 10 <sup>-5</sup> (1.25 × 10 <sup>-3</sup> )	CASP8
rs1052532	15	89275240	AG	0.94 (0.90–0.98)	7.94 × 10 <sup>-3</sup>	0.97 (0.95–0.99)	1.47 × 10 <sup>-2</sup>	0.97 (0.95–0.99)	7.78 × 10 <sup>-4</sup> (1.09 × 10 <sup>-2</sup> )	HDCC3
rs10719	5	31437204	GA	0.92 (0.88–0.97)	8.79 × 10 <sup>-4</sup>	0.98 (0.95–1.00)	5.32 × 10 <sup>-2</sup>	0.97 (0.94–0.99)	1.35 × 10 <sup>-3</sup> (1.42 × 10 <sup>-2</sup> )	DROSHA
rs4687554	3	52839175	AG	0.94 (0.90–0.99)	1.23 × 10 <sup>-2</sup>	0.97 (0.95–1.00)	2.39 × 10 <sup>-2</sup>	0.97 (0.95–0.99)	1.71 × 10 <sup>-3</sup> (1.44 × 10 <sup>-2</sup> )	MUSTN1
rs3134615	1	40134653	CA	1.04 (0.99–1.09)	9.97 × 10 <sup>-2</sup>	1.03 (1.00–1.05)	2.09 × 10 <sup>-2</sup>	1.03 (1.01–1.05)	5.07 × 10 <sup>-3</sup> (3.55 × 10 <sup>-2</sup> )	MYCL1
rs7635553	3	168646064	GA	0.89 (0.83–0.95)	9.73 × 10 <sup>-4</sup>	0.98 (0.95–1.01)	1.98 × 10 <sup>-1</sup>	1.00 (0.97–1.04)	9.24 × 10 <sup>-3</sup> (5.54 × 10 <sup>-2</sup> )	SERPINI2
rs3796133	3	100000533	GA	1.18 (1.08–1.29)	4.18 × 10 <sup>-4</sup>	1.01 (0.97–1.06)	5.74 × 10 <sup>-1</sup>	1.04 (1.00–1.09)	3.93 × 10 <sup>-2</sup> (1.45 × 10 <sup>-1</sup> )	DCBLD2
rs4351800	11	7446395	CA	1.04 (1.00–1.08)	4.48 × 10 <sup>-2</sup>	1.01 (0.99–1.03)	1.98 × 10 <sup>-1</sup>	1.02 (1.00–1.04)	4.15 × 10 <sup>-2</sup> (1.45 × 10 <sup>-1</sup> )	SYT9
rs17512204	2	118449301	GA	1.06 (0.98–1.14)	1.20 × 10 <sup>-1</sup>	1.03 (0.99–1.06)	1.63 × 10 <sup>-1</sup>	1.03 (1.00–1.07)	5.22 × 10 <sup>-2</sup> (1.57 × 10 <sup>-1</sup> )	CCDC93
rs3809828	17	7187575	GA	1.17 (1.06–1.28)	1.97 × 10 <sup>-3</sup>	1.01 (0.97–1.05)	5.22 × 10 <sup>-1</sup>	0.99 (0.95–1.03)	7.93 × 10 <sup>-2</sup> (2.22 × 10 <sup>-1</sup> )	KCTD11
rs7441	12	90063806	GA	1.11 (1.03–1.20)	8.70 × 10 <sup>-3</sup>	1.01 (0.97–1.05)	5.98 × 10 <sup>-1</sup>	1.03 (0.99–1.06)	1.04 × 10 <sup>-1</sup> (2.57 × 10 <sup>-1</sup> )	DCN
rs7086917	10	49867441	AC	0.96 (0.93–1.00)	6.35 × 10 <sup>-2</sup>	0.99 (0.97–1.01)	4.38 × 10 <sup>-1</sup>	0.99 (0.97–1.00)	1.29 × 10 <sup>-1</sup> (3.01 × 10 <sup>-1</sup> )	WDFY4
rs7040123	9	7160742	AG	1.11 (0.99–1.23)	7.59 × 10 <sup>-2</sup>	1.02 (0.97–1.07)	5.14 × 10 <sup>-1</sup>	1.00 (0.95–1.04)	1.79 × 10 <sup>-1</sup> (3.74 × 10 <sup>-1</sup> )	KDM4C
rs7674744	4	78874296	GA	0.94 (0.89–0.99)	2.83 × 10 <sup>-2</sup>	0.99 (0.97–1.02)	6.91 × 10 <sup>-1</sup>	1.01 (0.98–1.03)	1.81 × 10 <sup>-1</sup> (3.74 × 10 <sup>-1</sup> )	CNOT6L
rs12438324	15	55366808	AG	0.87 (0.79–0.97)	1.01 × 10 <sup>-2</sup>	1.00 (0.94–1.05)	8.69 × 10 <sup>-1</sup>	1.02 (0.98–1.07)	1.87 × 10 <sup>-1</sup> (3.74 × 10 <sup>-1</sup> )	TCF12
rs17151639	7	127425052	AG	0.96 (0.92–1.01)	1.09 × 10 <sup>-1</sup>	0.99 (0.97–1.02)	5.66 × 10 <sup>-1</sup>	1.00 (0.98–1.02)	2.19 × 10 <sup>-1</sup> (4.18 × 10 <sup>-1</sup> )	SND1
rs17480616	7	134773600	CG	0.87 (0.72–1.04)	1.27 × 10 <sup>-1</sup>	0.99 (0.93–1.04)	6.39 × 10 <sup>-1</sup>	0.98 (0.92–1.03)	3.70 × 10 <sup>-1</sup> (5.98 × 10 <sup>-1</sup> )	CNOT4
rs7513934	1	52590776	GA	1.04 (1.00–1.08)	7.98 × 10 <sup>-2</sup>	1.00 (0.98–1.02)	9.99 × 10 <sup>-1</sup>	1.01 (0.99–1.02)	4.37 × 10 <sup>-1</sup> (6.34 × 10 <sup>-1</sup> )	CC2D1B
rs2304669	2	238830402	AG	0.96 (0.91–1.02)	1.86 × 10 <sup>-1</sup>	1.00 (0.97–1.02)	8.17 × 10 <sup>-1</sup>	0.99 (0.97–1.02)	4.38 × 10 <sup>-1</sup> (6.34 × 10 <sup>-1</sup> )	PER2
rs1058450	4	120200088	GA	0.96 (0.91–1.01)	1.33 × 10 <sup>-1</sup>	1.00 (0.97–1.02)	9.28 × 10 <sup>-1</sup>	1.01 (0.98–1.03)	4.59 × 10 <sup>-1</sup> (6.43 × 10 <sup>-1</sup> )	SYNPO2

The SNPs with consistent odds ratios in combined GWAS and iCOGS analysis are shown. (Results for all 42 SNPs are presented in Table S3.)

<sup>1</sup>Build 36 position.

<sup>2</sup>Per allele odds ratio for the minor allele relative to the major allele.

<sup>3</sup>1df p-trend.

<sup>4</sup>1df p-trend adjusted against multiple testing by Benjamini–Hochberg correction method.

doi:10.1371/journal.pone.0109973.t002

In the meta-analysis of combined GWAS and iCOGS for main effects, for four of the five most significant miRNA binding site SNPs, the minor allele was associated with a decreased breast cancer risk. The minor allele of SNP rs3134615 in 3' UTR of *MYCL1* was associated with an increased breast cancer risk. All the five most significant miRNA binding site SNPs locate in 3' UTR and have been predicted to abolish the miRNA binding site. The defect in miRNA-mediated regulation would be expected to lead to an increase in the translation of the corresponding encoded protein. The five genes, whose regulation may be affected by the miRNA-associated SNPs, include the pre-apoptotic gene *CASP8*, *HDDC3*, miRNA biogenesis master regulator *DROSHA*, MYC-family member *MYCL1* and *MUSTN1*. *CASP8* is involved in apoptosis in breast cancer cells [35], and many studies have reported polymorphisms in this gene to be associated with risks for several cancers [36,37] including breast cancer [38,39], indicating the importance of *CASP8* in tumor development. SNP rs1045494 studied here is located close to the coding region SNP rs1045485 that has been previously shown to have a stronger protective effect [38,40,41]. Interestingly, Michalidou and colleagues reported this SNP as having only weak evidence for an association ( $P = 0.0013$  in combined GWAS and iCOGS) [4], but these two SNPs (rs1045485 and rs1045494) are not correlated ( $r^2 = 0.001$  in Caucasian population). Neither is rs1045494 correlated with the more strongly associated rs1830298 SNP, identified through fine-mapping of the region ( $r^2 = 0.02$ ) [42]. Rs1045494 tags SNP rs1045487 ( $r^2 = 1.0$ ) which is predicted to abolish the hsa-miR-938 binding site and thus may affect *CASP8* expression. There is very little reported evidence on the involvement of *HDDC3* or the hsa-miR-1224-3p in cancer, indicating a novel association with risk. *HDDC3* has been suggested to be involved in the starvation response [43]. The *HDDC3* gene is expressed at higher levels by several different tumor types, including breast tumors, than by normal tissue [44]. *DROSHA* is a miRNA master regulator. It is a member of the RNase III enzyme family, belongs to the miRNA biogenesis pathway and is the core nuclease that processes pri-miRNAs into pre-miRNAs in the nucleus [5,6]. The SNP rs10719 in the 3' UTR of *DROSHA* is predicted to abolish the hsa-miR-1298 binding site. Hsa-miR-1298 is predicted to target *DROSHA* by the Patrocles prediction as well as by TargetScan [45] and PITA [46] prediction algorithms. Recently a small Korean study reported another SNP rs644236, tagging the SNP rs10719 ( $r^2 = 0.955$  in CEU population and  $r^2 = 0.876$  in Asian population (combined CHB and JPT)) to be associated with elevated breast cancer risk [47]. When taking into account the opposite major and minor alleles in the Asian and European populations for SNPs rs644236 and rs10719, this result is in concordance with our results where both the combined GWAS as well as the iCOGS analysis consistently indicated an association of the minor allele of SNP rs10719 with reduced breast cancer risk. We also found the minor allele of SNP rs3134615 in the 3' UTR of *MYCL1* to be associated with an increased risk. *MYCL1* (L-MYC) belongs to the same family of transcription factors as the known proto-oncogene MYC (*C-MYC*) and they share a high degree of structural similarity [48]. The *MYCL1* gene has previously been reported to be amplified and overexpressed in ovarian cancer [49]. A case-control study by Xiong and colleagues reported SNP rs3134615 to be significantly associated with increased risk of small cell lung cancer [50]. SNP rs3134615 was predicted by Patrocles to abolish the hsa-miR-1827 binding site. This has also been suggested by functional studies where *MYCL1* was found as the target of hsa-miR-1827 and the SNP rs3134615 was also found to increase *MYCL1* expression [50]. The evidence from functional studies is consistent with our finding that SNP rs3134615 might increase

breast cancer risk. *MUSTN1* has been shown to be involved in the development and regeneration of the musculoskeletal system [51]. Thus far no evidence of association between *MUSTN1* and breast cancer has been reported, but the *MUSTN1* gene is expressed in the mammary glands [52].

Since only a small fraction of miRNA binding sites has been experimentally validated, we selected SNPs that had been computationally predicted to affect miRNA binding sites. For our original SNP selection we used the Patrocles database that contains predicted miRNA binding sites and also compiles perturbation prediction of SNP effects. There are a multitude of prediction programs and their performance has been evaluated [53]. Witkos and colleagues find target prediction algorithms that utilize orthologous sequence alignment, like Patrocles, to be the most reliable.

The followup of the 42 miRNA related SNPs identified five significant associations with breast cancer risk. Although the individual risk effects were subtle, considering that we could only investigate a small proportion of our initial *in silico* data set of miRNA related SNPs (over 140,000 SNPs) this may suggest that genetic polymorphisms affecting the miRNA regulation could have a considerable combined effect on breast cancer risk.

It should be noted that, until fine mapping studies are carried out for these loci, it is not clear whether these miRNA-related SNPs are the variants responsible for the observed associations.

This comprehensive analysis of miRNA related polymorphisms using a large two stage study of women with European ancestry provides evidence for miRNA related SNPs being potential modulators of breast cancer risk.

## Supporting Information

**Figure S1 Forest plots for the five most significant miRNA binding site SNPs from the combined GWAS.** Squares indicate the estimated per-allele OR for the minor allele in Europeans. The horizontal lines indicate 95% confidence limits. The vertical blue dashed lines indicate clipping of the confidence intervals for presentation purpose. The area of the square is inversely proportional to the variance of the estimate. The diamond indicates the estimated per-allele OR from the combined analysis.  
(PDF)

**Figure S2 Forest plots for the five most significant miRNA binding site SNPs from the iCOGS.** Squares indicate the estimated per-allele OR for the minor allele in Europeans. The horizontal lines indicate 95% confidence limits. The vertical blue dashed lines indicate clipping of the confidence intervals for presentation purpose. The area of the square is inversely proportional to the variance of the estimate. The diamond indicates the estimated per-allele OR from the combined analysis.  
(PDF)

**Table S1 A description of each GWAS study, number of subjects and genotyping platform used in combined GWAS.**  
(DOC)

**Table S2 A description of each BCAC study with subjects of European origin in iCOGS.**  
(DOC)

**Table S3 Frequencies and effect sizes of the 42 SNPs in the main analysis; combined GWAS and iCOGS.**  
(DOC)

**Table S4 Results for SNPs in the GWAS and iCOGS separately and combined GWAS+iCOGS analysis for ER negative subgroup.**

(DOC)

**Table S5 Results for SNPs in the GWAS and iCOGS separately and combined GWAS+iCOGS analysis for ER positive subgroup.**

(DOC)

**Table S6 Results for SNPs in the GWAS and iCOGS separately and combined GWAS+iCOGS analysis for cases less than 50 years at diagnosis.**

(DOC)

**Acknowledgments**

We thank all the individuals who took part in these studies and all the researchers, study staff, clinicians and other health care providers, technicians and administrative staff who have enabled this work to be carried out. The **HEBCS** thanks Dr. Karl von Smitten and RN Irja Erkkilä for their help with the HEBCS data and samples. The **ABCFS** thanks Maggie Angelakos, Judi Maskiell and Gillian Dite. The **OFBCR** thanks Teresa Selander, Nayana Weerasooriya and Gord Glendon. The **ABCS** would like to acknowledge Ellen van der Schoot for DNA of controls. The **BBCC** thanks Silke Landrith, Sonja Oeser, Matthias Rübner. The **BBCS** thanks Eileen Williams, Elaine Ryder-Mills and Kara Sargus. The **BIGGS** thanks Niall McNerney, Gabrielle Collieran, Andrew Rowan and Angela Jones. The **BSUCH** thanks Peter Bugert and the Medical Faculty, Mannheim. The **CGPS** thanks the staff and participants of the Copenhagen General Population Study, and Dorthe Uldall Andersen, Maria Birna Arnadóttir, Anne Bank, Dorthe Kjeldgård Hansen for excellent technical assistance. The **CNIO-BCS** acknowledge the support of Nuria Álvarez, Daniel Herrero, Primitiva Menendez and the Human Genotyping-CEGEN Unit (CNIO). The **DFBBCS** thanks Margreet Ausems, Christi van Asperen, Senno Verhoef, and Rogier van Oldenburg for providing samples from their Clinical Genetic centers. We also thank Pascal Arp, Mila Jhamai, Marijn Verkerk, Lizbeth Herrera and Marjolein Peters for their help in creating the GWAS database, and Karol Estrada and Maksim V. Struchalin for their support in creation and analysis of imputed data. The authors are grateful to the study participants, the staff from the Rotterdam Study and the participating general practitioners and pharmacists. The **ESTHER** thanks Hartwig Ziegler, Sonja Wolf and Volker Hermann, Katja Butterbach. The **GC-HBOC** would like to thank the following persons for providing additional information and samples: Prof. Dr. Norbert Arnold, Dr. Sabine Preissler-Adams, Dr. Monika Mareeva-Varon, Dr. Dieter Niederacher, Prof. Dr. Brigitte Schlegelberger, Dr. Clemens Müll, Heide Hellebrand, and Stefanie Engert. The **HMBCS** thanks Peter Hillemanns, Hans Christiansen and Johann H. Karstens. The **KBCP** thanks Eija Myöhänen and Helena Kemiläinen. **kConFab/AOCS** wish to thank Heather Thorne, Eveline Niedermayr, all the kConFab research nurses and staff, the heads and staff of the Family Cancer Clinics, and the Clinical Follow Up Study for their contributions to this resource, and the many families who contribute to kConFab. The **LMBC** thanks Gilian Peuteman, Dominiek Smeets, Thomas Van Brussel and Kathleen Corthouts. The **MARIE** would like to thank Alina Vrieling, Katharina Buck, Ursula Eilber, Muhabbet Celik, and Sabine Behrens. The **MBCSG** thanks Siranoush Manoukian, Bernard Peissel and Daniela Zaffaroni of the Fondazione IRCCS Istituto Nazionale dei Tumori (INT); Bernardo Bonanni, Irene Feroce and Angela Maniscalco of the Istituto Europeo di Oncologia (IEO) and the personnel of the Cogentech Cancer Genetic Test Laboratory. The **MTLGEBCS** gratefully acknowledge the assistance of Lesley Richardson and Marie-Claire Goulet in conducting the study. We would like to thank Martine Tranchant (Cancer Genomics Laboratory, CHU de Québec Research Center), Marie-France Valois, Annie Turgeon and Lea Heguy (McGill University Health Center, Royal Victoria Hospital; McGill University) for DNA extraction, sample management and skillful technical assistance. J.S. is Chairholder of the Canada Research Chair in Oncogenetics. The **OBCS** thanks Meeri Otsukka and Kari Mononen. The **ORIGO** thanks E. Krol-Warmerdam, and J. Blom for patient accrual, administering questionnaires, and managing clinical information. The LUMC survival

data were retrieved from the Leiden hospital-based cancer registry system (ONCDOC) with the help of Dr. J. Molenaar. The **OSU** thanks Robert Pilarki and Charles Shapiro, who were instrumental in the formation of the OSU Breast Cancer Tissue Bank. We thank the Human Genetics Sample Bank for processing of samples. OSU Columbus area control specimens were provided by the Ohio State University's Human Genetics Sample Bank. The **PBCS** thanks Mark Sherman, Neonila Szeszenia-Dabrowska, Beata Peplonska, Witold Zatonski, Pei Chao and Michael Stagner. The **RBCS** thanks Petra Bos, Jannet Blom, Ellen Crepin, Anja Nieuwlaat, Annette Heemskerk and the Erasmus MC Family Cancer Clinic. The **SBCS** thanks Sue Higham, Ian Brock, Sabapathy Balasubramanian, Helen Cramp and Dan Connley. The **SEARCH** thanks the SEARCH and EPIC-Norfolk teams. The iCOGS study would not have been possible without the contributions of the following: Qin Wang (BCAC), Andrew Berchuck (OCAC), Rosalind A. Eeles, Ali Amin Al Olama, Zsofia Kote-Jarai, Sara Benlloch (PRACTICAL), Antonis Antoniou, Lesley McGuffog and Ken Offit (CIMBA), Andrew Lee, and Ed Dicks, Craig Luccarini and the staff of the Centre for Genetic Epidemiology Laboratory, Anna Gonzalez-Neira and the staff of the CNIO genotyping unit, Daniel C. Tessier, Francois Bacot, Daniel Vincent, Sylvie LaBoissière and Frederic Robidoux and the staff of the McGill University and Génome Québec Innovation Centre, and the staff of the Copenhagen DNA laboratory, and Julie M. Cunningham, Sharon A. Windebank, Christopher A. Hilker, Jeffrey Meyer and the staff of Mayo Clinic Genotyping Core Facility.

**Consortia members**

**GENICA Network.** Hiltrud Brauch, Wing-Yee Lo, Christina Justenhoven: Dr. Margarete Fischer-Bosch-Institute of Clinical Pharmacology, Stuttgart, and University of Tübingen, Germany. Yon-Dschun Ko, Christian Baisch: Department of Internal Medicine, Evangelische Kliniken Bonn gGmbH, Johanniter Krankenhaus, Bonn, Germany. Hans-Peter Fischer: Institute of Pathology, University of Bonn, Bonn, Germany. Ute Hamann: Molecular Genetics of Breast Cancer, Deutsches Krebsforschungszentrum (DKFZ), Heidelberg, Germany. Thomas Brüning, Beate Pesch, Sylvia Rabstein, Anne Lotz: Institute of the Ruhr University Bochum (IPA), Bochum, Germany. Volker Harth: Institute for Occupational Medicine and Maritime Medicine, University Medical Center Hamburg-Eppendorf, Germany.

**kConFab Investigators.** See <http://www.kconfab.org/Organisation/Members.aspx>

**AOCS.** See [http://www.aocstudy.org/org\\_coll.asp](http://www.aocstudy.org/org_coll.asp)

**Author Contributions**

Conceived and designed the experiments: HN DG GCT AC RLM DFE SK KM JCC AD MS MGC PH. Performed the experiments: SK DG KM RLM DFE. Analyzed the data: SK DG KM RLM HN DFE. Contributed reagents/materials/analysis tools: SK HN DG KM GCT AC RLM PDPP UH MKS A. Meindl RW TH CB K. Aaltonen GGG DFE PAF MJH ILA H. Brauch QW EJS H. Brenner AKD MSG FL TAM K. Aittomäki J. Liu PH AI KH J. Li KC JCC RH AR PS DEF OF JP IdSS NJ LG ZA JLH HT M. Bui EM DFS MCS CA J. Stone HMH MAA RBvdL A. Mannermaa RKS BMM PL CT NR SJC DJH SSC MWRR AB LJV FBH MGS ABE MWB SEB BGN SFN HF PMZ JIAP J. Benitez CAH BEH FS LLM AMD MS RL J. Brown FJC XW CV JEO DL MM RP MRC PG TT PLP C. Mulot FM A. Schneeweiss C. Sohn BB IT MJK NM JAK ST AMM NVB NNA TD HAC HD ME MGC JF J. Lissowska LB PD RAEMT C. Seynaeve CJvA VNK SS AET CBA DY AL SM PR PP M. Barile PM JWM JM C. A. Jager A. Jakubowska J. Lubinski KJB KD C. McLean TB YDK VA C. Stegmaier A. Swerdlow AA NO MJ J. Simard MD KP AJV MG VK MKB JD VMK JMH kConFab Investigators Australian Ovarian Cancer Study Group The GENICA Network. Wrote the paper: SK HN RLM AC. Provided critical review of the manuscript: SK HN DG KM GCT AC RLM PDPP UH MKS A. Meindl RW TH CB K. Aaltonen GGG DFE PAF MJH ILA H. Brauch QW EJS H. Brenner AKD MSG FL TAM K. Aittomäki J. Liu PH AI KH J. Li KC JCC RH AR PS DEF OF JP IdSS NJ LG ZA JLH HT M. Bui EM DFS MCS CA J. Stone HMH MAA RBvdL A. Mannermaa RKS BMM PL CT NR SJC DJH SSC MWRR AB LJV FBH MGS ABE MWB SEB BGN SFN HF PMZ JIAP J. Benitez CAH BEH FS LLM AMD MS RL J. Brown FJC XW CV JEO DL MM RP MRC PG TT PLP C. Mulot FM A. Schneeweiss C. Sohn BB IT MJK NM JAK ST AMM NVB NNA TD HAC HD ME MGC JF J. Lissowska LB PD RAEMT C. Seynaeve CJvA VNK SS AET CBA DY AL

SM PR PP M. Barile PM JWMM JMC A. Jager A. Jakubowska J. Lubinski KJB KD C. McLean TB YDK VA C. Stegmaier A. Swerdlow AA NO MJ J. Simard MD KP AJV MG VK MKB JD VMK JMH kConFab Investigators Australian Ovarian Cancer Study Group The GENICA Network. Approved the final version of the manuscript: SK HN DG KM GGT AC RLM PDPP UH MKS A. Meindl RW TH CB K. Aaltonen GGG DFE PAF MJH ILA H. Brauch QW EJS H. Brenner AKD MGF FL TAM K. Aittomäki J. Liu PH AI KHJ. Li KC JCC RH AR PS DFJ OF JP IdSS NJ LG ZA JLH HT M. Bui EM DFS MCS CAJ. Stone HMH MAA RBvdL A. Mannermaa RKS BMM PL CT NR SJC DJH SSC MWRR

AB LJVJ FBH MGS ABE MWB SEB BGN SFN HF PMZ JIAP J. Benitez CAH BEH FS LLM AMD MS RLJ. Brown FJC XV CW JEO DL MM RP MRC PG TT PLP C. Mulot FM A. Schneeweiss C. Sohn BB IT MJK NM JAK ST AMM NVB NNA TD HAC HD ME MGC JF J. Lissowska LB PD RAEMT C. Seynaeve CJvA VNK SS AET CBA DY AL SM PR PP M. Barile PM JWMM JMC A. Jager A. Jakubowska J. Lubinski KJB KD C. McLean TB YDK VA C. Stegmaier A. Swerdlow AA NO MJ J. Simard MD KP AJV MG VK MKB JD VMK JMH kConFab Investigators Australian Ovarian Cancer Study Group The GENICA Network. Administrative technical or material support: MKB JD MS RL.

## References

- Jemal A, Bray F, Center MM, Ferlay J, Ward E, et al. (2011) Global cancer statistics. *CA Cancer J Clin* 61: 69–90.
- Lichtenstein P, Holm NV, Verkasalo PK, Iliadou A, Kaprio J, et al. (2000) Environmental and heritable factors in the causation of cancer—analyses of cohorts of twins from Sweden, Denmark, and Finland. *N Engl J Med* 343: 78–85.
- Ghoussaini M, Fletcher O, Michailidou K, Turnbull C, Schmidt MK, et al. (2012) Genome-wide association analysis identifies three new breast cancer susceptibility loci. *Nat Genet* 44: 312–318.
- Michailidou K, Hall P, Gonzalez-Neira A, Ghoussaini M, Dennis J, et al. (2013) Large-scale genotyping identifies 41 new loci associated with breast cancer risk. *Nat Genet* 45: 353–361, 361e351–352.
- Denli AM, Tops BB, Plasterk RH, Ketting RF, Hannon GJ (2004) Processing of primary microRNAs by the Microprocessor complex. *Nature* 432: 231–235.
- Lee Y, Ahn C, Han J, Choi H, Kim J, et al. (2003) The nuclear RNase III Drosha initiates microRNA processing. *Nature* 425: 415–419.
- Hutvagner G, McLachlan J, Pasquinelli AE, Balint E, Tuschl T, et al. (2001) A cellular function for the RNA-interference enzyme Dicer in the maturation of the let-7 small temporal RNA. *Science* 293: 834–838.
- Sosio M, Kloosterman H, Bianchi A, de Vreugd P, Dijkhuizen L, et al. (2004) Organization of the teicoplanin gene cluster in *Actinoplanes teichomyces*. *Microbiology* 150: 95–102.
- Filipowicz W, Bhattacharyya SN, Sonenberg N (2008) Mechanisms of post-transcriptional regulation by microRNAs: are the answers in sight? *Nat Rev Genet* 9: 102–114.
- Shukla GC, Singh J, Barik S (2011) MicroRNAs: Processing, Maturation, Target Recognition and Regulatory Functions. *Mol Cell Pharmacol* 3: 83–92.
- Krol J, Loedige I, Filipowicz W (2010) The widespread regulation of microRNA biogenesis, function and decay. *Nat Rev Genet* 11: 597–610.
- Zhong X, Coukos G, Zhang L (2012) miRNAs in human cancer. *Methods Mol Biol* 822: 295–306.
- Friedman RC, Farh KK, Burge CB, Bartel DP (2009) Most mammalian mRNAs are conserved targets of microRNAs. *Genome Res* 19: 92–105.
- Farazi TA, Hoell JL, Morozov P, Tuschl T (2013) MicroRNAs in Human Cancer. *Adv Exp Med Biol* 774: 1–20.
- Wang X, Chen X, Wang R, Xiao P, Xu Z, et al. (2013) microRNA-200c modulates the epithelial-to-mesenchymal transition in human renal cell carcinoma metastasis. *Oncol Rep* 30: 643–650.
- Liang Z, Wu H, Xia J, Li Y, Zhang Y, et al. (2010) Involvement of miR-326 in chemotherapy resistance of breast cancer through modulating expression of multidrug resistance-associated protein 1. *Biochem Pharmacol* 79: 817–824.
- Volinia S, Croce CM (2013) Prognostic microRNA/mRNA signature from the integrated analysis of patients with invasive breast cancer. *Proc Natl Acad Sci U S A* 110: 7413–7417.
- Guo L, Zhao Y, Yang S, Cai M, Wu Q, et al. (2012) Genome-wide screen for aberrantly expressed miRNAs reveals miRNA profile signature in breast cancer. *Mol Biol Rep*.
- (2012) Comprehensive molecular portraits of human breast tumours. *Nature* 490: 61–70.
- Landi D, Gemignani F, Naccarati A, Pardini B, Vodicka P, et al. (2008) Polymorphisms within micro-RNA-binding sites and risk of sporadic colorectal cancer. *Carcinogenesis* 29: 579–584.
- Song F, Zheng H, Liu B, Wei S, Dai H, et al. (2009) An miR-502-binding site single-nucleotide polymorphism in the 3'-untranslated region of the SET8 gene is associated with early age of breast cancer onset. *Clin Cancer Res* 15: 6292–6300.
- Kontorovich T, Levy A, Korostishevsky M, Nir U, Friedman E (2010) Single nucleotide polymorphisms in miRNA binding sites and miRNA genes as breast/ovarian cancer risk modifiers in Jewish high-risk women. *Int J Cancer* 127: 589–597.
- Nicoloso MS, Sun H, Spizzo R, Kim H, Wickramasinghe P, et al. (2010) Single-nucleotide polymorphisms inside microRNA target sites influence tumor susceptibility. *Cancer Res* 70: 2789–2798.
- Hiard S, Charlier C, Coppieters W, Georges M, Baurain D (2010) Patrocles: a database of polymorphic miRNA-mediated gene regulation in vertebrates. *Nucleic Acids Res* 38: D640–651.
- Dite GS, Jenkins MA, Southey MC, Hocking JS, Giles GG, et al. (2003) Familial risks, early-onset breast cancer, and BRCA1 and BRCA2 germline mutations. *J Natl Cancer Inst* 95: 448–457.
- Fletcher O, Johnson N, Palles C, dos Santos Silva I, McCormack V, et al. (2006) Inconsistent association between the STK15 F31I genetic polymorphism and breast cancer risk. *J Natl Cancer Inst* 98: 1014–1018.
- Hunter DJ, Kraft P, Jacobs KB, Cox DG, Yeager M, et al. (2007) A genome-wide association study identifies alleles in FGFR2 associated with risk of sporadic postmenopausal breast cancer. *Nat Genet* 39: 870–874.
- Frank B, Hemminki K, Wappenschmidt B, Meindl A, Klaes R, et al. (2006) Association of the CASP10 V410I variant with reduced familial breast cancer risk and interaction with the CASP8 D302H variant. *Carcinogenesis* 27: 606–609.
- Flesch-Janys D, Slinger T, Mutschelknauss E, Kropp S, Obi N, et al. (2008) Risk of different histological types of postmenopausal breast cancer by type and regimen of menopausal hormone therapy. *Int J Cancer* 123: 933–941.
- Li J, Humphreys K, Heikkinen T, Aittomäki K, Blomqvist C, et al. (2011) A combined analysis of genome-wide association studies in breast cancer. *Breast Cancer Res Treat* 126: 717–727.
- Leu M, Humphreys K, Surakka I, Rehnberg E, Muilu J, et al. (2010) NordicDB: a Nordic pool and portal for genome-wide control data. *Eur J Hum Genet* 18: 1322–1326.
- Turnbull C, Ahmed S, Morrison J, Pernet D, Renwick A, et al. (2010) Genome-wide association study identifies five new breast cancer susceptibility loci. *Nat Genet* 42: 504–507.
- Easton DF, Pooley KA, Dunning AM, Pharoah PD, Thompson D, et al. (2007) Genome-wide association study identifies novel breast cancer susceptibility loci. *Nature* 447: 1087–1093.
- Liang D, Meyer L, Chang DW, Lin J, Pu X, et al. (2010) Genetic variants in MicroRNA biosynthesis pathways and binding sites modify ovarian cancer risk, survival, and treatment response. *Cancer Res* 70: 9765–9776.
- Ruiz-Ruiz C, Munoz-Pinedo C, Lopez-Rivas A (2000) Interferon-gamma treatment elevates caspase-8 expression and sensitizes human breast tumor cells to a death receptor-induced mitochondria-operated apoptotic program. *Cancer Res* 60: 5673–5680.
- Barrett JH, Iles MM, Harland M, Taylor JC, Aitken JF, et al. (2011) Genome-wide association study identifies three new melanoma susceptibility loci. *Nat Genet* 43: 1108–1113.
- de Martino M, Haitel A, Schatzl G, Klingler HC, Klatter T (2013) The CASP8 -652 6N Insertion/Deletion Promoter Polymorphism Is Associated with Renal Cell Carcinoma Risk and Metastasis. *J Urol*.
- Cox A, Dunning AM, Garcia-Closas M, Balasubramanian S, Reed MW, et al. (2007) A common coding variant in CASP8 is associated with breast cancer risk. *Nat Genet* 39: 352–358.
- Peng S, Lu B, Ruan W, Zhu Y, Sheng H, et al. (2011) Genetic polymorphisms and breast cancer risk: evidence from meta-analyses, pooled analyses, and genome-wide association studies. *Breast Cancer Res Treat* 127: 309–324.
- MacPherson G, Healey CS, Teare MD, Balasubramanian SP, Reed MW, et al. (2004) Association of a common variant of the CASP8 gene with reduced risk of breast cancer. *J Natl Cancer Inst* 96: 1866–1869.
- Frank B, Bermejo JL, Hemminki K, Klaes R, Bugert P, et al. (2005) Re: Association of a common variant of the CASP8 gene with reduced risk of breast cancer. *J Natl Cancer Inst* 97: 1012; author reply 1012–1013.
- Lin WY, Camp NJ, Ghoussaini M, Beesley J, Michailidou K, et al. (2014) Identification and characterization of novel associations in the CASP8/ALS2CR12 region on chromosome 2 with breast cancer risk. *Hum Mol Genet*.
- Sun D, Lee G, Lee JH, Kim HY, Rhee HW, et al. (2010) A metazoan ortholog of SpoT hydrolyzes ppGpp and functions in starvation responses. *Nat Struct Mol Biol* 17: 1188–1194.
- Kilpinen S, Autio R, Ojala K, Iljin K, Bucher E, et al. (2008) Systematic bioinformatic analysis of expression levels of 17,330 human genes across 9,783 samples from 175 types of healthy and pathological tissues. *Genome Biol* 9: R139.
- Lewis BP, Burge CB, Bartel DP (2005) Conserved seed pairing, often flanked by adenosines, indicates that thousands of human genes are microRNA targets. *Cell* 120: 15–20.
- Kertesz M, Iovino N, Unnerstall U, Gaul U, Segal E (2007) The role of site accessibility in microRNA target recognition. *Nat Genet* 39: 1278–1284.
- Sung H, Lee KM, Choi JY, Han S, Lee JY, et al. (2011) Common genetic polymorphisms of microRNA biogenesis pathway genes and risk of breast cancer: a case-control study in Korea. *Breast Cancer Res Treat* 130: 939–951.

48. Birrer MJ, Segal S, DeGreve JS, Kaye F, Sausville EA, et al. (1988) L-myc cooperates with ras to transform primary rat embryo fibroblasts. *Mol Cell Biol* 8: 2668–2673.
49. Wu R, Lin L, Beer DG, Ellenson LH, Lamb BJ, et al. (2003) Amplification and overexpression of the L-MYC proto-oncogene in ovarian carcinomas. *Am J Pathol* 162: 1603–1610.
50. Xiong F, Wu C, Chang J, Yu D, Xu B, et al. (2011) Genetic variation in an miRNA-1827 binding site in MYCL1 alters susceptibility to small-cell lung cancer. *Cancer Res* 71: 5175–5181.
51. Lombardo F, Komatsu D, Hadjiargyrou M (2004) Molecular cloning and characterization of Mustang, a novel nuclear protein expressed during skeletal development and regeneration. *FASEB J* 18: 52–61.
52. Kapushesky M, Adamusiak T, Burdett T, Culhane A, Farne A, et al. (2012) Gene Expression Atlas update—a value-added database of microarray and sequencing-based functional genomics experiments. *Nucleic Acids Res* 40: D1077–1081.
53. Witkos TM, Koscianska E, Krzyzosiak WJ (2011) Practical Aspects of microRNA Target Prediction. *Curr Mol Med* 11: 93–109.