

PCSK9 and Lp(a) levels of children born after Assisted Reproduction Technologies

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Introduction and objectives : Since the introduction of Assisted Reproduction Technologies (ART), including classic In Vitro Fertilization (IVF) and Intracytoplasmic Sperm Injection (ICSI), in clinical practice, several studies have addressed concerns regarding the long-term health of the offspring, revealing indications of an adverse cardiometabolic outcome. Proprotein convertase subtilisin/kexin type 9 (PCSK9) circulating level is significantly associated with an increased risk of cardiovascular events and may be used as a reliable biomarker. In this study, we aimed at investigating the PCSK9 levels and lipidemic profile of children born ART compared with naturally conceived (NC) controls.

Methods: In this cross-sectional, case-control study, 73 sex- and age-matched children (mean age 98 ± 35 months) of ART (ICSI: n=33, classic IVF: n=40) and 73 NC children were assessed. Blood was drawn for assessment of lipid biomarkers, including PCSK9 and Lp(a) levels, as well as glycemic and inflammatory biomarkers. For the purpose of this analysis, subjects were classified according to their age in 3 groups (group 1: <8 years, group 2: 8-10 years and group 3: ≥10 years).

Results and Conclusions:

❑ No significant differences were observed regarding lipid parameters between ART and NC children (Table 2)

❑ Univariate model of the overall population:

- **PCSK9 levels** were related to total cholesterol (r=0.186, P=0.025) LDL (r=0.180, P=0.029) and systolic blood pressure (SBP) (ρ=0.199, P=0.021)
- **Lp(a) levels** were related to age (r=0.269, P=0.001), apoB (r=0.214, P=0.01), birth weight (r=-0.183, P=0.037), height (r=0.263, P=0.001), waist to hip ratio (r=-0.350, P<0.001), HOMA-IR (r=0.319, P<0.001), insulin (r=0.316, P<0.001), and high-sensitivity C-reactive protein (ρ=0.241, P=0.018).

❑ **NC vs ART** (Two-way between groups ANCOVA)

- After adjusting for gender and LDL, a significant interaction was found between age groups and conception method regarding **PCSK9 levels** (p for interaction<0.001), **indicating that ART children increase their PCSK9 levels with age in contrary to NC children where levels of PCSK9 decrease with age** (Figure 1).

❑ **ICSI vs IVF** (Two-way between groups ANCOVA)

- After adjusting for age, gender and apoB, **ART children conceived with IVF showed significantly higher levels of Lp(a) compared to ART children conceived with ICSI** (6.5mg/dl vs. 12.0 mg/dl, p=0.022)

✓ PCSK9 levels increase with age in ART, but not in NC, children, forecasting a gradual deterioration of their lipidemic profile that could progressively further lead to increased cardiovascular risk in the future.

✓ The method of ART may be of importance

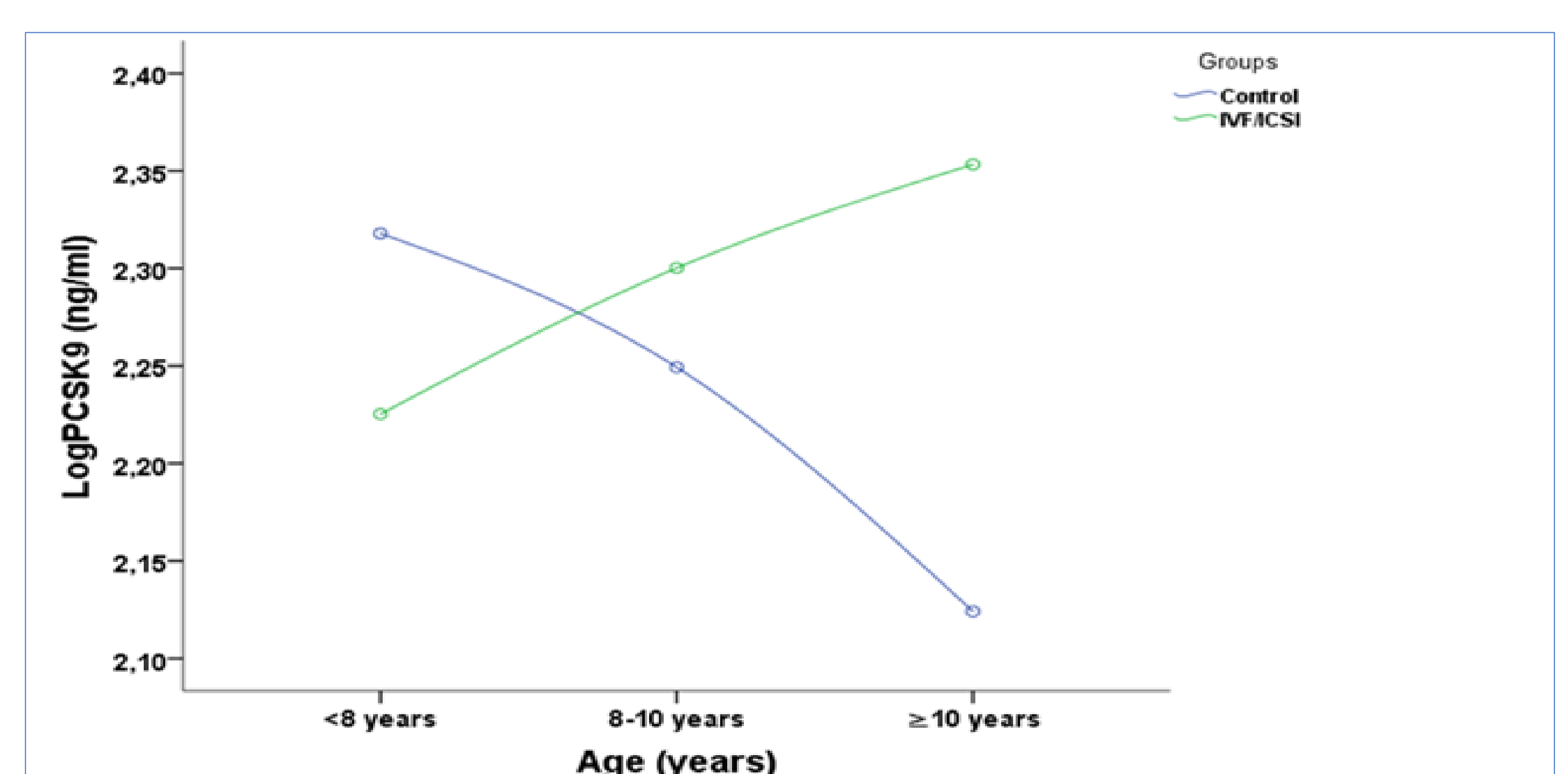
✓ Important role of novel lipid factors as early indices of latent cardiometabolic derangements according to the conception method.

Table 1. Characteristics of the study population

| Variable | Control (n=73) | IVF-ICSI (n=73) | p-value |
|--|---------------------|--------------------|---------|
| Age (months) | 98±35 | 97±35 | 0.867 |
| Boys, n (%) | 26 (36) | 28 (38) | 0.732 |
| Birth data | | | |
| Gestational age, (weeks n=64/60) | 38.0±2.1 | 36.0±2.8 | <0.001 |
| Preterm birth, n (%) | 14 (19) | 29 (40) | 0.006 |
| Birth weight, (gr, n=70/61) | 3013.7±609.8 | 2417.7±672.2 | <0.001 |
| SGA/LGA, n (%) | 16 (22) | 25 (34) | 0.097 |
| Birth length, (cm, n=68/47) | 49.8±3.4 | 47.7±3.7 | 0.003 |
| Primiparous, n (%) | 28 (38) | 50 (69) | <0.001 |
| Singleton birth, n (%) | 60 (82) | 43 (59) | 0.002 |
| Parental characteristics | | | |
| Maternal dyslipidemia, n (%) | 7 (10) | 8 (11) | 0.785 |
| Maternal age at birth, (years, n=73/58) | 31.7±5.0 | 36.4±5.3 | <0.001 |
| Paternal dyslipidemia, n (%) | 12 (16) | 12 (16) | 1.000 |
| Paternal age at birth, (years, n=72/55) | 35.5±5.1 | 39.1±5.8 | <0.001 |
| Children's characteristics | | | |
| Systolic blood pressure (mmHg, n=70/65) | 105.0 (100.0-110.0) | 100.0 (90.0-110.0) | 0.064 |
| Diastolic blood pressure (mmHg, n=70/65) | 60.0 (50.0-60.0) | 60.0 (50.0-70.0) | 0.067 |
| Height (cm) | 130.5±19.3 | 131.0±18.7 | 0.892 |
| BMI, kg/m ² (n=73/71) | 17.7 (15.7-21.0) | 17.6 (15.4-21.0) | 0.923 |
| Waist-to-hip ratio (n=71/72) | 0.93±0.08 | 0.91±0.09 | 0.163 |
| Prepubertal stage (Tanner I), n (%) | 13 (18) | 14 (19) | 0.831 |

| Variable | Control (n=73) | IVF-ICSI (n=73) | p-value |
|--------------------------------|---------------------|---------------------|---------|
| Lipid biomarkers | | | |
| Total cholesterol, (mg/dL) | 169.0±25.7 | 168.3±24.0 | 0.871 |
| LDL, (mg/dL) | 100.5±21.0 | 100.3±20.9 | 0.962 |
| HDL, (mg/dL) | 56.7±11.5 | 56.7±11.0 | 0.988 |
| Triglycerides, (mg/dL) | 52.0 (39.0-71.5) | 50.0 (41.0-62.5) | 0.754 |
| ApoA1, (mg/dL) | 154.0±19.2 | 150.2±21.7 | 0.259 |
| ApoB, (mg/dL, n=73/72) | 72.6±15.9 | 74.8±15.1 | 0.411 |
| Lp(a), (mg/dL) | 6.5 (3.5-17.3) | 9.2 (2.6-24.8) | 0.277 |
| PCSK9 (ng/ml) | 184.4 (133.8-235.5) | 189.2 (148.7-226.8) | 0.515 |
| Glycemic biomarkers | | | |
| Glucose, (mg/dL) | 83.0 (77.5-88.0) | 84.0 (77.5-88.0) | 0.854 |
| Insulin (mU/L, n=72/71) | 5.14 (4.32-8.55) | 6.20 (4.10-12.50) | 0.392 |
| HOMA (n=72/71) | 1.096 (0.856-1.839) | 1.274 (0.816-2.473) | 0.454 |
| Inflammatory biomarkers | | | |
| sCRP, (mg/L, n=32/64) | 0.39 (0.15-0.71) | 0.52 (0.21-1.40) | 0.086 |
| hsIL-6 (pg/mL, n=43/68) | 1.09 (0.60-1.93) | 1.25 (0.72-1.99) | 0.443 |

Figure 1.



References:

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3. Scherrer et al., EHJ 2015
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