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FREQUENCY
OF GENETIC
POLYMORPHISM
IN GSTM1, GSTT1
AND GSTP1 GENES
ASSOCIATED WITH
BREAST CANCER IN
WOMEN: A REVIEW

Ernestina Aguiar

Master, Biomedical, Hospital de Clínicas de Porto Alegre, Porto Alegre-RS http://lattes.cnpq.br/1394150134574991

Laís Oliveira Garcia

Master, Biomedical, Hospital de Clínicas de Porto Alegre, Porto Alegre-RS http://lattes.cnpq.br/3199032291337453

Luciana do Nascimento Vargas

Master, Biomedical, Hospital de Clínicas de Porto Alegre, Porto Alegre-RS http://lattes.cnpq.br/8053586994104835

Cláudia Abreu Garcia

Master, Biologist, Hospital de Clínicas de Porto Alegre, Porto Alegre-RS http://lattes.cnpq.br/4147119530293269

Laura Vicedo Jacociunas

PhD, Professor at Centro Universitário Metodista – IPA, Porto Alegre-RS http://lattes.cnpq.br/021955871034395



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Abstract: Genetic polymorphisms in genes related to the metabolism of xenobiotics, how the genes of the glutathione S-transferases superfamily (GSTM1, GSTT1 and GSTP1) have been associated with an increased risk for breast cancer (BC). A literature review was performed using the database PubMed, verifying the frequency of GSTM1, GSTT1 and GSTP1 polymorphisms in studies associated with breast cancer in the last decade, including 27 studies, 14 verified the frequency of GSTM1 and GSTT1 null polymorphisms in women without cancer and 22 in women with cancer; and for the GSTP1 gene, 12 studies verified the genotypic frequency of GSTP1 A/G in women without breast cancer and 18 in women with breast cancer. The mean frequency of the GSTT1 and GSTM1 null genes found in studies with women without breast cancer was 28% and 45% and the mean allele frequencies of the GSTP1 gene for women without breast cancer was 57.7% for the Ile allele and 34% for the Val allele, and the mean frequency of the GSTT1 and GSTM1 null genes found in studies with women with breast cancer was 34.7% and 41.4% and the mean allele frequencies of the GSTP1 gene for women with breast cancer was 59.8% for the Ile allele and 40.2% for the Val allele. Therefore, considering the importance of these genes in carcinogen metabolism, together with the allelic and genotypic frequencies of the polymorphisms studied in this review that differ from one study to another, we suggest that other factors may influence this distribution.

Keywords: Genetic polymorphisms, GSTM1, GSTT1, GSTP1, Breast Cancer.

INTRODUCTION

Breast cancer (BC) is the second most common type of cancer in the world, second only to lung cancer, and the first type of cancer in women, affecting all age groups. With life expectancy increasing worldwide, the increased incidence of non-communicable diseases, including breast cancer, has gained a prominent place in world epidemiology¹.

The causes of CM can be hereditary, a consequence of mutations in genes related to the germline (high penetrance genes), or they can be associated with polymorphisms in low penetrance genes²

Genes involved in carcinogen metabolism can be used as markers of individual susceptibility to cancer and their products, detoxifying enzymes, can exacerbate or suppress xenobiotic activity³. Thus, changes in the balance between activation and detoxification of carcinogens may explain individual variations in response to exposure to these agents4. Among the genes that are distinguished by their possible role in detoxification are those of the glutathione S-transferases (GST) family of enzymes involved in phase II of biotransformation, carcinogens, acting on environmental pollutants, drugs and other xenobiotics⁵.

The three main genes of the glutathione S-transferase family are GSTM1, GSTT1 and GSTP1. The GSTM1 gene is located on chromosome 1p13.3, and 20% to 50% of the population has a homozygous deletion, not expressing the enzyme^{6,7}. The GSTT1 gene is located on chromosome 22q11.2, and it is also polymorphic in the population, with null allele frequencies ranging between 20 and 60% in different human populations⁸. The GSTP1 gene is located on chromosome 11q13, and the presence of a polymorphism at codon 105 (substitution of isoleucine to valine, rs1695) appears to result in reduced activity of the GSTP1 enzyme⁹.

The GSTM1 and GSTT1 null and GSTP1 II and 105Val polymorphisms have been associated with increased susceptibility to various forms of cancer. The characterization of populations regarding the frequency of

genetic polymorphisms related to CM and are fundamental tools to establish strategies for the prevention and treatment of the disease.

GOAL

To verify the frequency of GSTM1, GSTT1 and GSTP1 polymorphisms in studies associated with breast cancer, also verifying if they were in Hardy-Weinberg Equilibrium (HW).

MATERIALS AND METHODS

The present study is a literature review, using the PubMed database (National Library of Medicine, using the following descriptors: Breast Cancer, Glutathione-S-transferase, Polymorphisms, GSTM1, GSTT1 and GSTP1, as well as the combination between them. Articles that reported an association between GSTM1, GSTT1 and GSTP1 with breast cancer in the period from 2005 to 2015 were included in the study.

RESULTS

25 studies were included, 13 of which verified the frequency of GSTM1 and GSTT1 null polymorphisms in women without cancer and 21 in women with cancer; and for the GSTP1 gene, 12 studies verified the genotypic frequency of GSTP1 A/G in women without breast cancer and 17 in women with breast cancer. Results represented in tables (1, 2, 3 and 4).

The minimum, average and maximum frequencies of GSTT1 and GSTM1 null genes found in studies with women without breast cancer were (10%, 28%, 48%) and (30%, 45%, 45%) and allele frequencies minimum, mean and maximum of the GSTP1 gene for women without breast cancer was (20%, 57.7%, 80%) for the Ile allele and (20%, 34%, 80%) for the Val allele, and the minimum, average and maximum frequency of null GSTT1 and GSTM1 genes found in studies with women

with breast cancer was (13%, 34.7%, 79.6%) and (19.7%, 41.4%, 63.5%) and the minimum, average and maximum allele frequencies of the GSTP1 gene for women with breast cancer were (5%, 59.8%, 74%) for the Ile allele and (26%, 40.2%, 95%) for the Val allele.

DISCUSSION

The average frequency of null GSTT1 and GSTM1 genes found in studies with women without breast cancer was 28% and 45%, respectively, among the studies by Chirilã et al¹⁴. found a frequency of 10% for the GSTT1 gene, and that of Kaushal et al. ³⁰. had a frequency of 29.9% for the GSTM1 gene, these being the lowest frequencies found. Unlike Pongtheerat et al²⁰. who observed a frequency of 48.2% for the GSTT1 gene and Torresan et al¹¹. who observed a frequency of 55% for the GSTM1 gene, these being the highest frequencies found in studies with women without breast cancer.

The mean allele frequencies of the GSTP1 gene for women without breast cancer were 57.7% for the Ile allele and 34% for the Val allele, and among the studies, Sohail et al²⁵. observed a frequency of 20% for the Ile allele and 80% for the Val allele. The study by Kaushal et al³⁰. observed a frequency of 80% for the Ile allele and 20% for the Val allele.

In parallel, the average frequency of null GSTT1 and GSTM1 genes found in studies with women with breast cancer was 34.7% and 41.4%, respectively, among studies, the one by Jaramillo-Rangel et al¹². found the frequency of 13.2% for the GSTT1 gene, and that of Romero et al¹⁷. had a frequency of 18.9% for the GSTM1 gene, these being the lowest frequencies found. Unlike Duggan et al²⁴. who observed a frequency of 79.6% for the GSTT1 gene and Ramalhinho et al²⁸. who observed a frequency of 63.5% for the GSTM1 gene, these being the highest frequencies in women with breast cancer.

The mean allele frequencies of the GSTP1 gene for women with breast cancer were 59.8% for the Ile allele and 40.2% for the Val allele, and among the studies, Sohail et al²⁵. observed a frequency of 5% for the Ile allele and 95% for the Val allele and the studies by Kaushal et al³⁰. and Syamala et al³⁹. observed frequencies of 74% for the Ile allele and 26% for the Val allele.

CONCLUSION

In this review, the allelic and genotypic frequencies of the studied polymorphisms differ from one study to another, showing that other factors can influence this distribution, as well as epigenetic mechanisms. Hence the importance of epidemiological and genetic studies that assess environmental carcinogens contributing to this increase and that genetic differences in their metabolism may be those associated with individual variations in susceptibility to breast cancer.

REFERENCES

- 1) Ferreira e Silva P, Amorim MHC, Zandonade E, et al. Associação entre Variáveis Sociodemográficas e Estadiamento Clínico Avançado das Neoplasias da Mama em Hospital de Referência no Estado do Espírito Santo. Revista Brasileira de Cancerologia 2013; 59(3): 361-367.
- 2) Deng CX. BRCA1: cell cycle checkpoint, genetic instability, DNA damage response and cancer evolution. *Nucleic Acids Res.* 2006; 34:1416-26.
- 3) Norppa H. Genetic susceptibility, biomarkers response, and cancer. Mutat. Res 2003; 544, 339-348.
- 4) Hirvonen A. Genetic factors in individual responses to environmental exposures. *Journal of Occupational and Environmental Medicine* 1995; 37: 37-41.
- 5) Zheng W, Wen WQ, Gustafson DR, et al. *GSTM1* and *GSTT1* polymorfisms and postmenopausal breast cancer risk. *Breast Cancer Res Treat* 2002; 74:9-16.
- 6) Rossit ARB, Cabral IR, Conforti-Froes NDT. Avaliação das freqüências alélicas de genes do biometabolismo em uma população brasileira. *Genetics and Molecular Biology* 1999; v.22 (Suppl).
- 7) Seidgard J, Vorachek WR, Pero RW, et al. Hereditary differences in the expression of the human glutathione S-transferase activity on trans-stilbene oxide are due to a gene deletion. *Proc. Natl. Acad. Sci. USA* 1988; 85: 7293-7297.
- 8) Watson MA, Stewart RK, Smith GBJ, et al. Human glutathione S-transferase P1 polymorphism: relationship to lung tissue enzyme activity and population frequency distribution. *Carcinogenesis* 1998; 19: 275-280.
- 9) Kvitko K, Gaspar PA, Torres MR, et al. CYP1A1, GSTM1, GSTT1 and GSTP1 polymorphisms in an Afro-Brazilian group. *Genetics and Molecular Biology* 2006; 29, 4, 613-616.
- 10) Morais LMTS, Filho CC, Lourenço GJ, et al. Características Mamográficas Do Câncer De Mama Associadas aos Polimorfismos GSTM1 E GSTT1. Revista Assoc Méd Bras 2008; 54 (1): 61-6.
- 11) Torresan C, Oliveira MMC, Torrezan GT, et al. Genetic polymorphisms in oestrogen metabolic pathway and breast cancer: a positive association with combined CYP/GST genotypes. Clinical and Experimental Medicine 2008; 8: 65-71.
- 12) Jaramillo-Rangel G, Ortega-Martínez M, R. Cerda-Flores RM et al. Polymorphisms in GSTM1, GSTT1, GSTP1, and GSTM3 genes and breast cancer risk in northeastern Mexico, brGenetics and Molecular Research 2015;14 (2): 6465-6471.

- 13) Siddiqul Islam MD, Safiqul Islam M, Parvin S, et al. Effect of GSTP1 and ABCC4 gene polymorphisms on response and toxicity of cyclophosphamide-epirubicin-5-fluorouracil-based chemotherapy in Bangladeshi breast cancer patients, Tumor Biol 2015; 36:5451–5457.
- 14) Chirilā DN, Bālācescu O, Popp R, et al. GSTM1, GSTT1 and GSTP1 in Patients with Multiple Breast Cancers and Breast Cancer in Association with another Type of Cancer, Chirurgia 2014; 109: 626-633.
- 15) Yun-Lu B, Bing Z, Xiao-Yue J, et al. Predictive Role of GSTs on the Prognosis of Breast Cancer Patients with Neoadjuvant Chemotherapy, Asian Pacific J Cancer Prev 2012, 13 (10): 5019-5022.
- 16) Saxena A, Varinderpal SD, Mohammad S, et al. GSTP1 methylation and polymorphism increase the risk of breast cancer and the effects of diet and lifestyle in breast cancer patients, Experimental And Therapeutic Medicine 2012; 4: 1097-1103.
- 17) Romero A, Martín M, Oliva B, et al. Glutathione S-transferase P1 c.313A>G polymorphism could be useful in the prediction of doxorubicin response in breast cancer patients, Annals of Oncology 2012; 23: 1750–1756.
- 18) Gustavo JL, André AS, Cassio CF, et al. The GSTT1 polymorphism of the glutathione S-transferase system in the intratumoral microvessel density of breast cancer patients, Tumor Biol 2010; 31:489–493.
- 19) Gor PP, Su HI, Robert JG, et al. Cyclophosphamide- metabolizing enzyme polymorphisms and survival outcomes after adjuvant chemotherapy for node-positive breast cancer: a retrospective cohort study, Breast Cancer Research 2010; 12: R26.
- 20) Pongtheerat T, Maneerut T, Wichai P. Glutathione S-Transferase Polymorphisms in Breast Cancers of Thai Patients, Asian Pacific Journal of Cancer Prevention 2009; 10: 127-132.
- 21) Liang Z, Anzhong H, Dawei Z, et al. Genetic variability of glutathione S-transferases influences treatment outcome of breast câncer, Tumor Biol 2015; onlaine, DOI 10.1007/s13277-015-3266-9.
- 22) Jianbo L, Jianchao L, Yuewei W, et al. Predictive potential role of glutathione S-transferases polymorphisms on prognosis of breast câncer, Int J Clin Exp Pathol 2014;7(12):8935-8940.
- 23) Aistė S, Rasa U, Roberta J, et al. Investigation of prognostic value of polymorphisms within estrogen metabolizing genes in Lithuanian breast cancer patients wise stated, BMC Medical Genetics 2015; 16:2, DOI 10.1186/s12881-015-0147-4.
- 24) Duggan C, Ballard-Barbash R, Baumgartner RN, et al. Associations between null mutations in GSTT1 and GSTM1, the GSTP1 Ile105Val polymorphism, and mortality in breast cancer survivors, SpringerPlus 2013; 2:450.
- 25) Sohail A, Kanwal N, Ali M, et al. Effects of glutathione-S-transferase polymorphisms on the risk of breast câncer: A population-based case-control study in Pakistan, Environmental Toxicology and Pharmacology 2013; 35: 143-153.
- 26) Martinez-Ramires OC, Perez-Morales R, Castro C, et al. Polymorphisms of catechol estrogens metabolismo genes and breast câncer risk in Mexican women, The Breast 2013; 22: 335e343.
- 27) Aguiar ES, Giacomazzi J, Schmidt AV, et al. GSTM1, GSTT1, and GSTP1 polymorphisms, breast cancer risk factors and mammographic density in women submitted to breast cancer screening, Rev Bras Epidemiol 2012; 15(2): 246-55.
- 28) Ramalhinho AC, Fonseca-Moutinho JA, Breitenfeld L. Glutathione S-transferase M1, T1, and P1 genotypes and breast cancer risk: a study in a Portuguese population, Mol Cell Biochem 2011; 355:265–271.
- 29) Henningson MCK, Hietala M, Bageman E, et al. Interactions between oral contraceptive status and GSTM1 and GSTT1 d. eletions on insulin-like growth fator-1 (IGF-1) plasma level in Young healty women, Growth Hormone & IGF Research 2010; 20: 432-437.
- 30) Kaushal M, Mishra AK, Raju BS, et al. Betel quid chewing as an environmental risk fator for breast câncer, Mutation Research 2010; 703: 143-148.

- 31) Gonçalves LP, Peraça CF, Fraga ME, et al. Polymorphisms of GSTM1 and GSTT1 genes in breast cancer susceptibility: a case-control study. Rev Bras Ginecol Obstet 2013; 35(12):569-74.
- 32) Anton EM, Renner JDP, Valim ARM, et al. Epidemiological evaluation of the influence of GSTM1 and GSTT1 genes in susceptibility to breast cancer in women cared for at a hospital in South Brazil: a pilot study. Revista da AMRIGS, Porto Alegre 2010; 54 (4): 411-415.
- 33) Chirila DN, Balacescu O, Popp R, et al. GSTM1, GSTT1 and GSTP1 in Patients with Multiple Breast Cancers and Breast Cancer in Association with another Type of Cancer. Chirurgia 2014; 109: 626-633.
- 34) Strange RC, Fryer AA. The glutathione S-tranferases: influence of polymorphism on cancer susceptibility. In: Metabolic Polymorphisms and Susceptibility to Cancer (Vineis, P., Malats, N., Lang, M., d'Errico, A., Caporaso, N., Cuzick, J. and Boffetta, P. *IARC Scientific Publications* 1999; Lyon, IARC, N° 148, pp. 231-249.
- 35) Park SK, Kang D, Noh DY, et al. Reproductive factors, glutathione S-transferase M1 and T1 genetic polymorphism and breast cancer risk. *Breast Cancer Res Treat* 2003; 78:89-96.
- 36) Raunio Husgafvel-Pursiainen K, Anttila S, Hietanen E, et al. Diagnosis of polymorphisms in carcinogen-activating and inactivating enzymes and cancer susceptibility a review. *Gene* 1995; 159:113-121.
- 37) Dunning AM, Healey CS, Pharoah PDP, et al. A systematic review of genetic polymorphisms and breast cancer risk. *Cancer Epidemiol Biomar Prev* 1999; 8:843-54.
- 38) Ambrosone CB, Hong CC, Goodwin PJ. Host Factors and Risk of Breast Cancer Recurrence: Genetic, Epigenetic and Biologic Factors and Breast CancerOutcomes. Adv Exp Med Biol 2015; 862:143-53.
- 39) Syamala VS, Sreeja L, Syamala V, et al. Influence of germline polymorphisms of GSTT1, GSTM1, and GSTP1 in familial versus sporadic breast cancer susceptibility and survival. Familial Cancer 2008; 7: 213-220.

			Genotypic frequencies			
References	Country	number	GSTT1 (-) n (%)	GSTM1 (-) n (%)		
Jaramillo-Rangel et al. 2015	Mexico	113	22(19,5%)	34(30,1%)		
Chirilã et al. 2014	Romania	40	4(10,0%)	17(42,5%)		
Sohail et al. 2013	Pakistan	102	16(32,0%)	22(45,0%)		
Gonçalves et al. 2013	Brazil	49	19(38,3%)	21(43,3%)		
Aguiar et al.2012	Brazil	750	158(21,0%)	339(45,2%)		
Martínez-Ramirez et al. 2012	Mexico	150	42(28,0%)	61(41,3%)		
Ramalhinho et al. 2011	Portugal	102	18(17,6%)	41(40,2)		
Kaushal et al. 2010	India	174	69(39,7%)	52(29,9%)		
Anton et al. 2010	Brazil	30	11(36,7%)	13(43,3%)		
Pongtheerat et al. 2009	Thailand	56	27(48,2%)	24(42,9%)		
Morais et al. 2008	Brazil	169	33(19,5%)	75(44,4%)		
Torresan et al. 2008	Brazil	102	33(30,0%)	56(55,0%)		
Kvitko et al. 2006	Brazil	190	49(25,7%)	84(44,2%)		

Table 1. GSTT1 (-) and GSTM1 (-) polymorphisms in breast cancer-unaffected in women

			Freqüências genotípicas		
References	Country	n	GSTT1 (-) n (%)	GSTM1 (-) n (%)	
Jaramillo-Rangel et al. 2015	Mexico	243	32(13,2%)	118(48,6)	
Zhou et al. 2015	China	420	194(46,2%)	209(49,8%)	
Aiste et al. 2015	Lithuania	80	14(17,5%)	39(48,8%)	
Chirilã et al. 2014	Romania	60	14(23,7%)	35(59,3%)	
Liu <i>et al.</i> 2014	China	382	215(56,3%)	154(40,3%)	
Duggan et al. 2013	USA	533	424(79,6%)	280(52,5%)	
Sohail <i>et al.</i> 2013	Pakistão	49	13(27,0%)	21(43,0%)	
Gonçalves et al.2013	Brazil	49	30(61,7%)	28(58,8%)	
Yun-Lu Bai et al. 2012	China	159	74(46,5%)	35(22,0%)	
Romero et al. 2012	Spain	159	74(46,5%)	30(18,9%)	
Martínez-Ramirez et al. 2012	Mexico	150	47(31,3%)	65(43,3%)	
Ramalhinho et al. 2011	Portugal	102	37(43,5%)	54(63,5%)	
Lourenço et al. 2010	Brazil	87	16(18,4%)	33(37,9%)	
Gor et al. 2010	USA	350	61(17,4%)	184(52,6%)	
Henningsom et al. 2010	Sweden	253	43(17,0%)	140(55,3%)	
Kaushal et al. 2010	India	117	33(28,2%)	23(19,7%)	
Pongtheerat et al. 2009	Thailand	40	18(45,0%)	14(35,0%)	
Morais LMTS et al. 2008	Brazil	91	20(15,0%)	40(35,0%)	
Syamala et al. 2007	India	347	56(16,0%)	119(34,3%)	
Samson et al. 2007	India	250		65(26,0%)	

(-) null

Table 2. GSTT1 (-), GSTM1 (-) polymorphisms in women with breast cancer

		genotypic frequencies					Allelic Frequencies		
References	Country	n	II - number (%)	IV - number (%)	VV - number (%)	I(%)	V (%)	*HW	
Jaramillo-Rangel et al. 2015	Mexico	118	35(29,7%)	53(44,9%)	30(25,4%)	0.52	0.48	1,18	
Chirilã et al. 2014	Romania	40	21(53,8%)	17(43,5%)	1(2,5%)	0.76	0.24	1,19	
Sohail et al. 2013	Pakistan	43	3(7,0%)	14(28,0%)	33(67,0%)	0.20	0.80	2,05	
Aguiar et al.2012	Brazil	750	330(44,0%)	329(43,9%)	91(12,1%)	0.66	0.34	0,42	
Saxena et al. 2012	India	215	101(47,0%)	75(34,9%)	39(18,1%)	0.64	0.36	12,2	
Martínez-Ramirez et al. 2012	Mexico	150	43(32,0%)	66(48,6%)	41(19,3%)	0.51	0.49	2,17	
Ramalhinho et al. 2011	Portugal	102	48(47,1%)	54(5					
Kaushal et al. 2010	India	174	108(62,1%)	62(35,6%)	4(2,3%)	0.80	0.20	2,08	
Torresan et al. 2008	Brazil	102	61(59,0%)	38(37,0%)	3(4,0%)	0.78	0.22	1,03	
Syamala et al. 2007	India	250	125(50,0%)	109(43,6%)	16(6,4%)	0.72	0.28	1,49	
Samson et al. 2007	India	500	230(46,0%)	219(43,8%)	51(10,2%)	0.68	0.32	0,02	
Kvitiko et al. 2006	Brazil	190	76(40,0%)	94(49,5%)	20(10,5%)	0.65	0.35	1,35	

*HW – Equilibrio de Hardy-Weinber < 3,84 para p < 0,05

Table 3. GSTP1 polymorphism (Ile105Val) in women without breast câncer Table 3. GSTP1 (Ile105Val) polymorphism in breast cancer-unaffected in women

			Frequências genotípicas			Frequência	s Alélicas	
Referências	País	n	II - n (%)	IV - n (%)	VV - n (%)	I (%)	V (%)	*HW
Jaramillo-Rangel et al. 2015	Mexico	242	58(24,0%)	105(43,4%)	79(32,6%)	0.46	0.54	3,84
Siddiqul Islam et al. 2015	Bangladesh	256	131(51,2%)	98(38,3%)	27(10,5%)	0.7	0.30	1,77
Zhou et al. 2015	China	420	178(42,4%)	174(41,4%)	68(16,2%)	0.63	0.37	5,11
Aiste et al. 2015	Lithuania	80	42(52,5%)	28(35%)	10(12,5%)	0.70	0.30	2,22
Liu et al. 2014	China	382	150(39,3%)	154(40,3%)	78(20,4%)	0.59	0.41	10,28
Chirilã et al. 2014	Romania	58	29(49,1%)	26(44,0%)	3(5,0%)	0.72	0.28	0,86
Duggan et al. 2013	USA	533	223(41,8%)	250(46,9%)	60(11,3%)	0.65	0.35	0,68
Sohail et al. 2013	Pakistan	50	0	5(10,0%)	45(90,0%)	0.05	0.95	0,14
Yun-Lu Bai et al. 2012	China	159	81(50,9%)	35(22,0%)	43(27,0%)	0.62	0.38	45,23
Saxena et al. 2012	India	215	81(37,7%)	89(41,4%)	45(20,9%)	0.58	0.42	4,73
Romero et al. 2012	Spain	159	65(40,9%)	75(47,2%)	19(11,9%)	0.64	0.36	0,17
Martínez-Ramirez et al. 2012	Mexico	150	40(27,3%)	39(34,6%)	71(38,0%)	0.40	0.60	31,14
Ramalhinho et al. 2011	Portugal	102	39(45,9%)	46(54	4,1%)			
Henningsom et al. 2010	Sweden	253	114(45,1%)	117(46,2)	22(8,7%)	0.68	0.32	1,11
Kaushal et al. 2010	India	117	62(53,0%)	48(41,0%)	7(6,0%)	0.74	0.26	0,37
Syamala et al. 2007	India	125	72(57,6%)	42(33,6%)	11(8,8%)	0.74	0.26	1,73
Samson et al. 2007	India	250	116(46,6)	105(41,9)	29(11,5%)	0.67	0.33	0,52

HW – Equilibrio de Hardy-Weinber < 3,84 para p < 0,05

Tabela 4. Polimorfismo GSTP1 (Ile105Val) em mulheres com câncer de mama Table 4. GSTP1 (Ile105Val) polymorphism in women with breast cancer