







## SYSTEMATIC REVIEW

# Association between nitric oxide and cancer and stroke risk: A meta-analysis [version 1; peer review: 2 not approved]

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## Abstract



**Background:** Numerous case-control studies have been carried out to test the mechanism by which nitric oxide, specifically the polymorphism 894G>T in the eNOS gene, or endothelial nitric oxide synthase, raises the possibility of stroke and cancer.


**Methods:** The aim of this meta-analysis was to describe the correlation between cancer and stroke risk with nitric oxide, by implementing a comprehensive search in various digital databases, including Science Direct, PubMed, and Google Scholar, in the period 2012-2023 to observe the published results of all related studies.

**Results:** The meta-analysis included a total of fifteen case-control studies. These studies involved 3,019 cases and 3,333 controls in total. This study found that the GG *versus* GT+TT genotype of eNOS 894G>T polymorphism was significantly positively correlated with cancer risk. Additionally, the significance of this association was further attributed to the specific type of polymorphism involved, as well as the risk of

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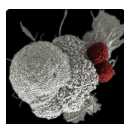
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stroke in the T *versus* G model, followed by TT *versus* GG+GT.

**Conclusions:** The results of the eNOS 894G>T polymorphisms have been correlated with cancer, and in particular, the GT+TT *versus* GG model yielded an odds ratio (OR of 1.96, a 95% CI of 1.22 to 3.15, and a *p*-value of 0.0005. Moreover, the mentioned polymorphisms were found to be associated with stroke risk in the T *versus* G model, which had an OR of 1.20; 95% CI of 1.01 to 1.43 with a *p*-value of 0.04; and TT *versus* GG+GT with an OR of 0.09; 95% CI of 0.03 to 0.30 with a *p*-value of 0.0001.

### Keywords

Nitric oxide, eNOS 894G>T, polymorphism, cancer, stroke, meta-analysis, safe work



This article is included in the **Oncology** gateway.

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Any reports and responses or comments on the article can be found at the end of the article.

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## Introduction

Nitric oxide, or NO, is a chemical compound found in organisms such as mammals. For example, in humans, NO acts as a signaling molecule in various physiological and pathological processes in the body and simultaneously, becomes a diatomic free radical, produced by the enzymatic activity of NOS itself on the L-Arginine compound, yielding the production of L-citrulline along with NO (Korde Choudhari *et al.*, 2013). The NOS family consists of three members, namely eNOS, nNOS, and finally iNOS (Sachdev, 1999). NO influences the coagulation process, neuronal activity, and cerebral blood flow (Korde Choudhari *et al.*, 2013). NO has the potential to induce cellular inflammation, which can delay the onset of stroke. Additionally, NO can act as a carcinogen, increasing cancer risk.

NO plays a substantial role in cancer's progression and development. NO promotes cancer progression and metastasis via polyamine synthesis or inhibition of NO-mediated tumor cytotoxicity (Gào and Schöttker, 2017; Gào *et al.*, 2019). The roles and functions of NO have been extensively investigated in numerous types of cancer. The response to hypoxia involves NO, which plays a crucial role in inducing angiogenesis and promoting cancer cell defense, and is attributed to the mutagenic behavior exhibited by NO. When cells are exposed to NO for a considerable duration, it is commonly a result of iNOS being produced during chronic inflammation, which gives it a role in carcinogenesis (Utispan and Koontongkaew, 2020). iNOS is considered to have an impact on the mechanism of carcinogenesis.

iNOS plays a multifaceted role in tumor building through its involvement in genetic changes, angiogenesis, proliferation, metastasis, and immunosuppression (Erlandsson *et al.*, 2018). Several studies have proven NO's influence on both illnesses. NO has been demonstrated to contribute to lung cancer's progression (Chen *et al.*, 2008). NO can potentially promote the progression of pulmonary carcinoma through a process called protein nitration. NO can also cause head-neck cancer in smokers and people with alcohol use disorders (Patel *et al.*, 2009). The subtype NO, which is iNOS/NOS2, is considered to be correlated with a raised risk of development of prostate cancer (Aaltoma, Lipponen and Kosma, 2001). NO can also result in the onset of breast cancer (Loibl *et al.*, 2002).

NO has a critical part in regulating cerebral circulation and modulating neuronal activity. Microvascular endothelial cells in the brain, also known as the endothelium, are capable of producing and releasing various vasoactive substances, among which NO. The continuous production of NO by the endothelium in basal situations and its reactions to vasoactive stimuli provide knowledge of the complex regulation of cerebral circulation and the maintenance of vascular health in the brain. This dysfunction in NO production and release could be a factor in the progression of stroke. Stroke refers to a clinical condition characterized by unexpected loss of cerebral responsibility as a result of vascular pathology in the brain (Demaerschalk *et al.*, 2016). NO is essential to stroke as an important signaling molecule. The harmful effects of NO derived from iNOS and nNOS primarily stem from the generation of nitrates and free radicals (Zhao *et al.*, 2000). nNOS and iNOS are involved in causing nerve injury during both the beginning and final stages of brain ischemia. Conversely, when eNOS is activated, it has a neuroprotective effect (Chen *et al.*, 2017).

The NOS isoform responsible for producing NO in the vascular endothelium is known as endothelial NOS (eNOS), which in its isoform is expressed through cells and actively contributes to normal vascular tone in physiological conditions. eNOS has also been extensively investigated in the context of carcinogenesis, particularly its involvement in mediating tumor maintenance (Lim *et al.*, 2008). Furthermore, limited levels of NO produced by eNOS can have a neuroprotective effect on stroke through increased vasodilation and cerebral circulation (Yang *et al.*, 2019). Recently, several single nucleotide polymorphisms have been found in eNOS, among which 894G>T in exon 7.

Several case-control studies aimed to check whether the NO correlation with cancer and stroke risk exists, especially its polymorphism eNOS, as well as how these factors may impact the development of cancer and stroke risk. Hence, we conducted a meta-analysis to provide a clearer understanding of the association between NO levels and both cancer risks.

## Methods

### Search strategy

The research method used was a meta-analysis. Our meta-analysis adhered to the criteria recommended in the Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines, or PRISMA. To discover relevant primary articles, we performed a comprehensive search of digital databases, including PubMed, Science Direct, and Google Scholar, to identify all relevant studies on the correlation of NO especially eNOS 894>GT, and risk to cancer and stroke. The search period was limited from December 2022 to January 2023. We applied the following keywords: NO or NOS or eNOS or "eNOS 894G>T" AND "polymorphism" AND "cancer risk" AND "stroke risk". To ensure a comprehensive review of the literature, we conducted a thorough examination of the reference lists included in the recognized literature.

### Inclusion and exclusion standard

Determination of inclusion and exclusion criteria followed PICOS (Problem, Intervention, Comparison, Outcome, and Study design). The included studies were carefully examined to ensure their relevance and quality for our study. No national restrictions were imposed, meaning studies from all countries were considered eligible for inclusion. The research that met the eligibility criteria was carefully selected for our analysis: 1) Articles published in the English language that investigated the correlation between NO, especially eNOS 894G>T, and the risk of cancer and stroke; 2) Designed as a case-control study; 3) Articles that provided detailed data on genotype and allele frequencies of eNOS gene polymorphisms, which has sufficient data for the calculation of the odds ratio (OR) and the confidence interval of 95%. Therefore, studies were excluded according to as the following criteria: 1) Qualitative research; 2) No available genotype frequency; 3) Studies without control; 4) Meta-analysis studies; and 5) Animal studies.

### Data extraction

The data in all studies were extracted when sufficient criteria were met. We then used Microsoft Excel to record the year of publication, the last name of the authors, control, and case sample sizes, and the country of the study. The results were then compared after being extracted, and an assessment was carried out along with the resolution of matters that were not appropriate through consensus. We extracted data from the nine articles meeting eligibility criteria for cancer risk and the seven articles for stroke risk association with NO.

### Statistical analysis

A statistical review was implemented using RevMan, Cochrane with version 5.4 to investigate the association between NO and the risk of stroke and cancer. Crude ORs and a CI of 95% were utilized. Pooled ORs were computed for various genetic models of the eNOS G894T gene polymorphism, including GT+TT *versus* GG, GT *versus* GG, TT *versus* GG, T *versus* G, and G *versus* T. The eNOS gene encodes for endothelial nitric oxide synthase and has a polymorphism at position 894G>T that can result in GG, GT, or TT variants (Buldreghini *et al.*, 2010). G represents the homozygous wild-type genotype, where the individual has two copies of the G allele. GT represents the heterozygous genotype, where the individual has one copy of the G allele and one copy of the T allele. TT represents the homozygous variant genotype, where the individual has two copies of the T allele (Hinz *et al.*, 2013). The calculation of pooled ORs allowed to perform a Z test with a significance level of  $p \leq 0.05$ .

The presence of heterogeneity among the studies included was assessed with a Q test score. If there was no significant heterogeneity, *i.e.*,  $p > 0.10$ , the effect model was applied consistently. Otherwise, when ( $p < 0.10$ ), the random-effects model was utilized. The diversity of the included research was assessed using the  $I^2$  test, which quantifies the degree of heterogeneity. If the  $I^2$  value was less than 25%, it indicated no heterogeneity. If the  $I^2$  value ranged from 25% to 50%, it showed moderate heterogeneity. If the  $I^2$  was greater than 50%, it indicated extreme heterogeneity. The 50%  $p$ -value indicating the existence of heterogeneity between the studies and a random effects model (Mantel-Haenszel technique) was implemented; conversely, if no significant heterogeneity was found, the fixed effect model is applied. Publication bias assessment was not conducted in this study based on the limited number of articles included in meta-analysis (less than 10).

## Results

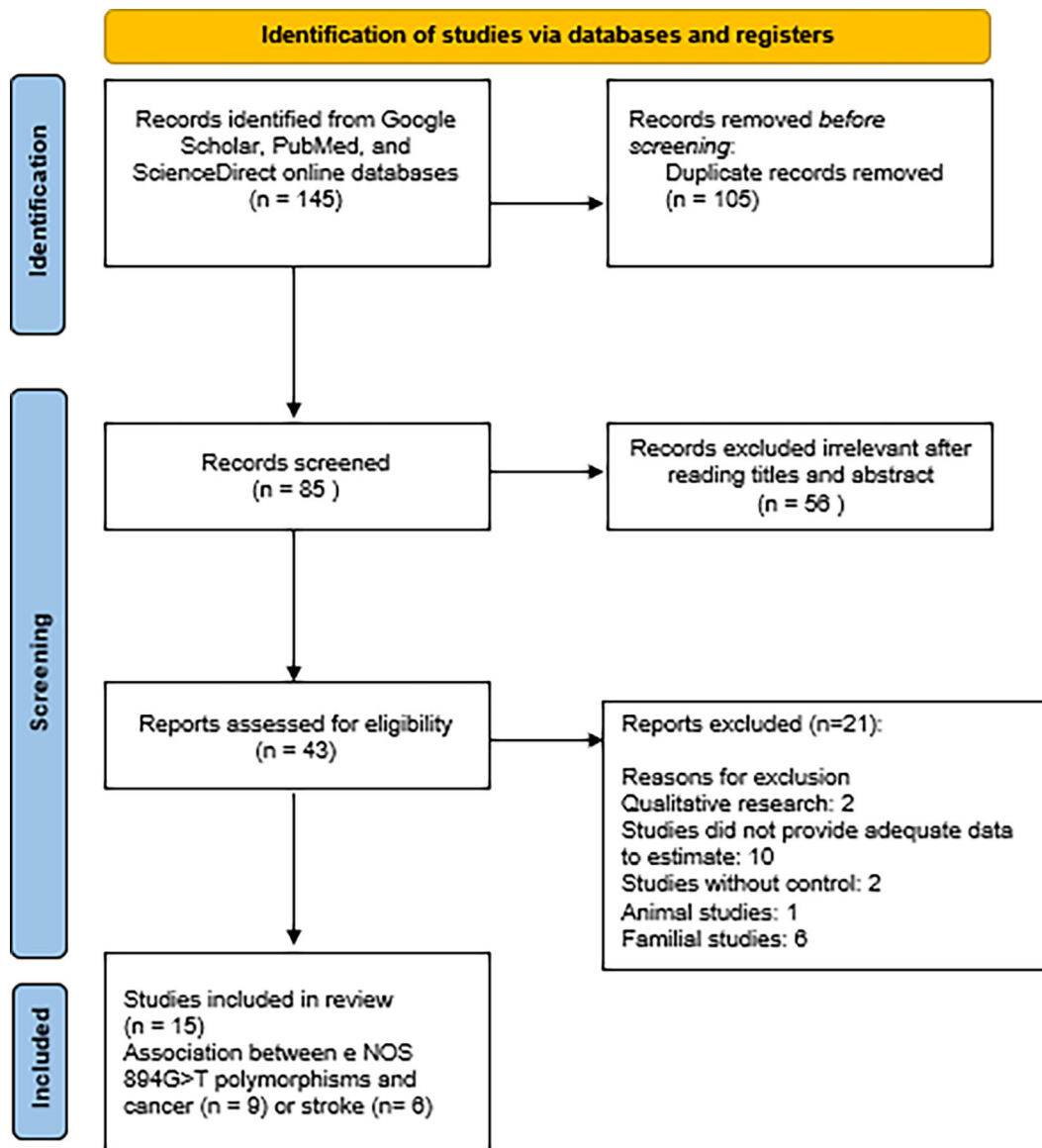
### Study processing

The flow diagram in [Figure 1](#) summarises the study workflow. A total of 145 articles were identified in the databases. After removing duplicates, a total of 105 studies remained. These studies were further screened by reviewing the titles and abstracts, leading to the exclusion of 56 articles that did not meet the predetermined exclusion and inclusion conditions. After carefully examining the full text of the remaining 43 records, an additional 21 articles were excluded based on both exclusion and inclusion conditions. Ten other studies (da Costa Escobar Piccoli *et al.*, 2012; Jang *et al.*, 2013; Rah *et al.*, 2013; Akhter *et al.*, 2014; Kang *et al.*, 2014; Özçelik *et al.*, 2014; Ben Chaaben *et al.*, 2015; Hung *et al.*, 2019; Lee, 2019; Tsay *et al.*, 2019) were also excluded because of unavailable genotype frequency. Six studies (Hao, Montiel and Huang, 2010; Yao *et al.*, 2013; Guo, 2014; Zhao *et al.*, 2014; Abedinzadeh *et al.*, 2020; Akbar *et al.*, 2022) were not included in the analysis because they were meta-analysis studies.

Finally, 15 qualified articles met the eligibility criteria. Nine case-control studies examined the association between NO and cancer risk, and six case-control studies analyzed the association between NO and stroke risk. [Table 1](#) shows the features of the 15 studies incorporated in our analysis.

### Meta-analysis

A total of 15 studies investigating an association between NO, cancer, and stroke risk, especially, the endothelial nitric oxide G894T polymorphism, were included. In our analysis, we identified a total of 2,013 cases and 2,187 control



**Figure 1.** Flow diagram depicting the inclusion process of the studies in the meta-analysis.

subjects for assessing cancer risk, as well as 1006 cases and 1146 control subjects for evaluating stroke risk. **Table 2** presents the aggregated outcome polymorphism through meta-analysis and its association with cancer risk. The results showed a substantial correlation of cancer risk and the eNOS polymorphism G894T, with comparisons of T *versus* G yielding an OR of 1.00 (95% CI 0.44 to 2.27, where  $p=1.00$ ), G *versus* T, where the OR was 1.00 (95% CI 0.44 to 2.27) with  $p=1.00$ , and TT *versus* GG+GT, where the OR was 0.51 (95% CI is 0.22 to 1.17 and  $p=0.11$ ), comparison of GT *versus* GG+TT with an OR of 1.21; 95% CI is 0.77 to 1.91, and  $p=0.41$ ).

**Table 3** presents the consolidated findings of the meta-analysis, demonstrating the significant association between the eNOS G894T gene and the risk of stroke where the comparison is T *versus* G, namely the OR of 1.20 (95% CI=1.01 to 1.43) with a  $p$  of 0.04 and the TT *versus* GG+ GT comparison with an OR of 0.08 (95% CI, namely 0.03 to 0.30), where  $p$  is 0.0001. However, a significant correlation was not found in G *versus* T, where the OR is 0.88 (95% CI, namely 0.74 to 1.05) with  $p=0.15$ , and in TT *versus* GG+GT, where the OR was 0.68 (95% CI was 0.24 to 1.93 and  $p=0.47$ ) compared with GT *versus* GG+TT, where the OR was 1.03 (95% CI was 0.40 to 2.64, and  $p=0.95$ ).

**Table 1.** Characteristics and genetic frequencies derived the studies included in the meta-analysis.

| First Author/Year                           | Country | Risk   | Case/Control | Case     |    |        | Control  |      |        |    |     |     |      |
|---|---------|--------|--------------|----------|----|--------|----------|------|--------|----|-----|-----|------|
|   |         |        |              | Genotype |    | Allele | Genotype |      | Allele |    |     |     |      |
|   |         |        |              | GG       | TT | GT     | T        | GG   | TT     | GT | T   | G   |      |
| (Adibmanesh <i>et al.</i> , 2020)           | Iran    | Cancer | 100/100      | 28       | 28 | 44     | 100      | 100  | 57     | 6  | 37  | 49  | 151  |
| (Aouf <i>et al.</i> , 2019)                 | Tunisia | Cancer | 259/169      | 149      | 20 | 90     | 130      | 388  | 73     | 18 | 78  | 114 | 224  |
| (Branković <i>et al.</i> , 2013)            | Serbia  | Cancer | 150/100      | 76       | 9  | 65     | 83       | 217  | 54     | 6  | 40  | 52  | 148  |
| (Čarkić <i>et al.</i> , 2020)               | Serbia  | Cancer | 50/110       | 21       | 5  | 24     | 34       | 66   | 61     | 7  | 42  | 56  | 164  |
| (Koçer <i>et al.</i> , 2020)                | Turkey  | Cancer | 107/100      | 74       | 1  | 32     | 34       | 180  | 65     | 1  | 34  | 36  | 164  |
| (Su <i>et al.</i> , 2018)                   | Taiwan  | Cancer | 1044/1200    | 825      | 10 | 209    | 229      | 1859 | 935    | 15 | 250 | 280 | 2120 |
| (Verim <i>et al.</i> , 2013)                | Turkey  | Cancer | 66/88        | 7        | 10 | 49     | 69       | 63   | 31     | 13 | 44  | 70  | 106  |
| (Yadav <i>et al.</i> , 2019)                | India   | Cancer | 179/173      | 88       | 20 | 64     | 104      | 240  | 96     | 8  | 59  | 75  | 251  |
| (Yanar <i>et al.</i> , 2016)                | Turkey  | Cancer | 58/147       | 18       | 11 | 29     | 51       | 65   | 31     | 35 | 81  | 151 | 143  |
| (Anliaçik <i>et al.</i> , 2019)             | Turkey  | Stroke | 112/160      | 21       | 14 | 77     | 44       | 40   | 38     | 19 | 103 | 57  | 61   |
| (Diakite <i>et al.</i> , 2014)              | Morocco | Stroke | 165/182      | 83       | 16 | 66     | 30       | 70   | 117    | 7  | 58  | 20  | 81   |
| (El Gohary, El Azab and Kamal El-Din, 2017) | Egypt   | Stroke | 30/10        | 18       | 6  | 6      | 45       | 15   | 5      | 3  | 3   | 12  | 8    |
| (Kaur, Uppal and Kaur, 2015)                | India   | Stroke | 120/101      | 84       | 6  | 30     | 18       | 83   | 83     | 1  | 17  | 9   | 91   |
| (Kumar <i>et al.</i> , 2016)                | India   | Stroke | 250/250      | 164      | 12 | 74     | 20       | 80   | 186    | 5  | 59  | 14  | 86   |
| (Shyu <i>et al.</i> , 2017)                 | Taiwan  | Stroke | 229/243      | 151      | 16 | 62     | 21       | 50   | 185    | 7  | 51  | 13  | 87   |



**Table 2. The relationship of cancer risk with eNOS G894T polymorphism in summary.**

| Genetic Models | NS | Pooled ORs (95% CI) | $p$ value <sup>a</sup> (Z test) | $I^2$ (%) | $pH$     | $pE$    | Method       |
|----------------|----|---------------------|---------------------------------|-----------|----------|---------|--------------|
| T vs G         | 9  | 1.00 (0.44,2.27)    | 1.00                            | 94        | <0.00001 | 0.17497 | Ramdom model |
| G vs T         | 9  | 1.00 (0.44,2.27)    | 1.00                            | 94        | <0.00001 | 0.34809 | Ramdom model |
| GT+TT vs GG    | 9  | 1.96 (1.22,3.15)    | 0.005                           | 85        | <0.00001 | 0.42245 | Ramdom model |
| TT vs GG+GT    | 9  | 0.51 (0.22-1.17)    | 0.11                            | 84        | <0.00001 | 0.03886 | Ramdom model |
| GT vs GG+TT    | 9  | 1.21 (0.77-1.91)    | 0.41                            | 84        | <0.00001 | 0.13326 | Ramdom model |

NS: Number of studies,  $pH$ :  $p$  heterogeneity,  $pE$ :  $p$  egger.

<sup>a</sup>The  $p$  value of the Z test was found to be less than 0.05.

**Table 3. The relationship of stroke risk with eNOS G894T polymorphism in summary.**

| Genetic models  | NS | Pooled ORs (95% CI) | $p$ value <sup>a</sup> (Z test) | $I^2$ (%) | $pH$     | $pE$    | Method       |
|-----------------|----|---------------------|---------------------------------|-----------|----------|---------|--------------|
| T versus G      | 6  | 1.20 (1.01,1.43)    | 0.04                            | 45        | 0.11     | 0.11583 | Fixed model  |
| G versus T      | 6  | 0.88 (0.74,1.05)    | 0.15                            | 0         | 0.86     | 0.17541 | Fixed model  |
| GT+TT versus GG | 6  | 0.68 (0.24-1.93)    | 0.47                            | 91        | <0.00001 | 0.17523 | Ramdom model |
| TT versus GG+GT | 6  | 0.09 (0.03-0.30)    | 0.0001                          | 94        | <0.00001 | 0.44879 | Ramdom model |
| GT versus GG+TT | 6  | 1.03 (0.40-2.64)    | 0.95                            | 92        | <0.00001 | 0.29785 | Ramdom model |

NS: Number of studies,  $pH$ :  $p$  heterogeneity,  $pE$ :  $p$  egger.

<sup>a</sup>The  $p$  value of the Z test was found to be less than 0.05, indicating statistical significance.

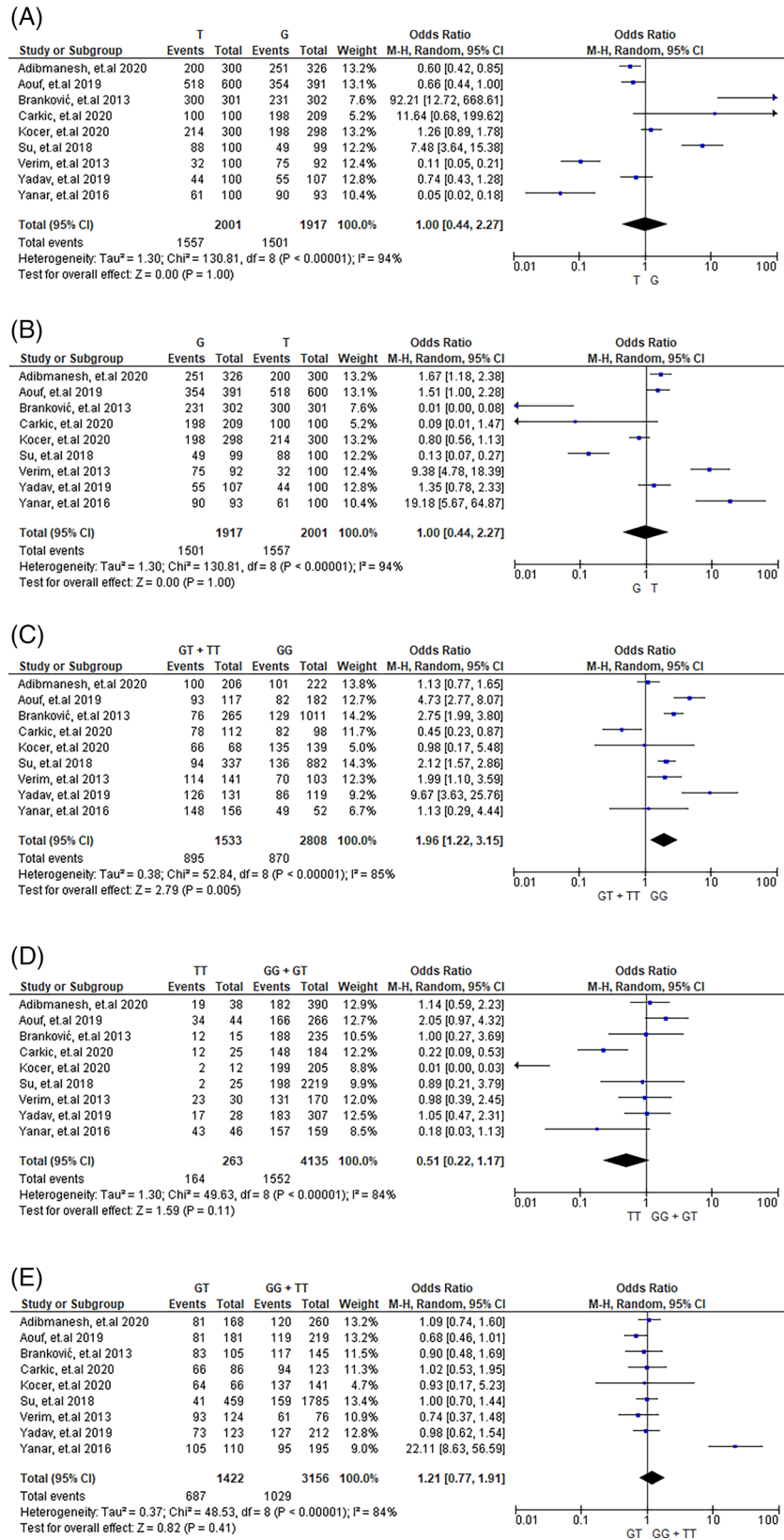
### Heterogeneity among studies

Heterogeneity was observed among the studies in every allele and gene, as depicted in [Figures 2 and 3](#) (T versus G, G versus T, GT+TT versus GG, TT versus GG + GT, and GT versus GG + TT). [Tables 2 and 3](#) provide information on the selected model (random or fixed effect) utilized in order to review universal genetic model correlations.

### Discussion

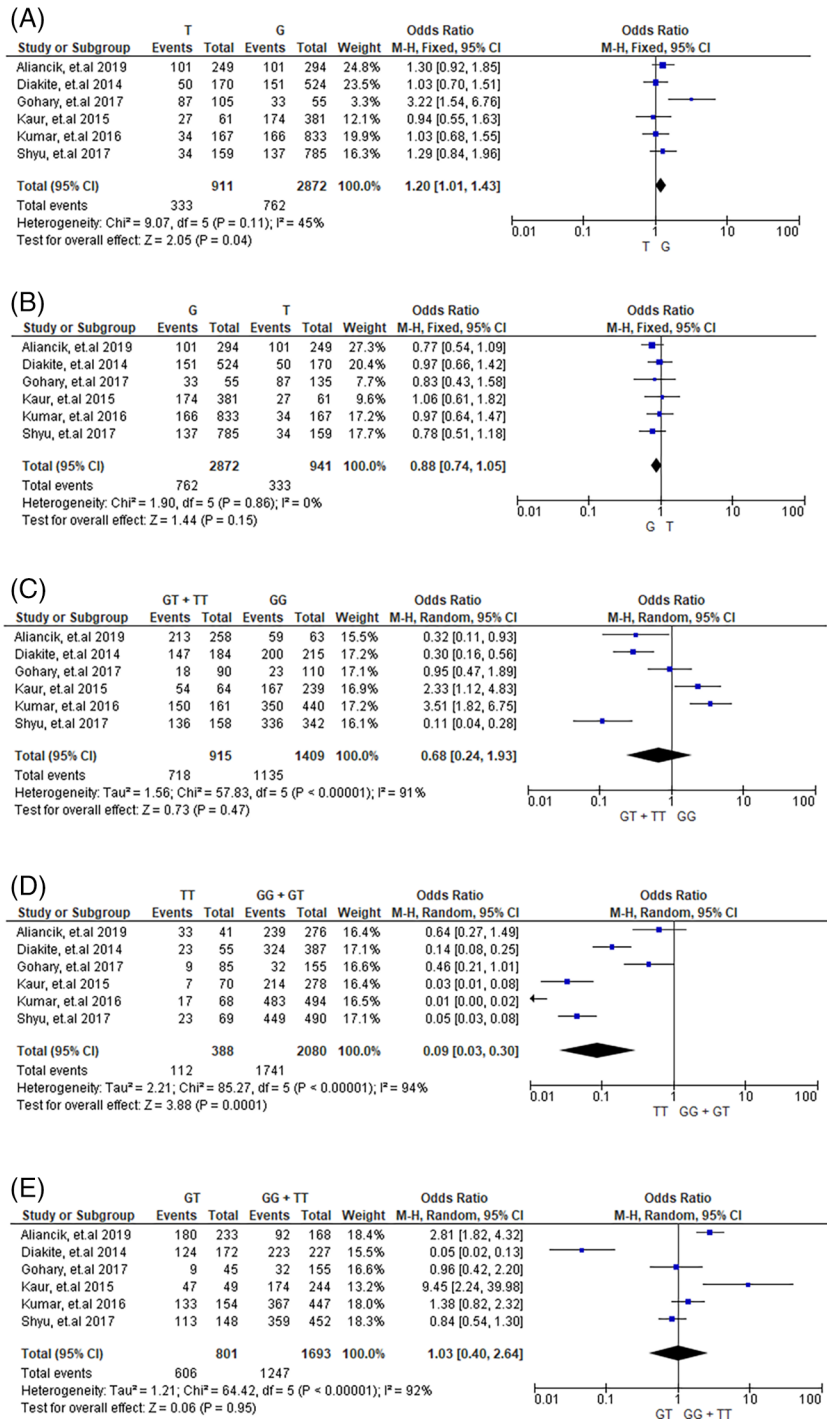
NO acts as a crucial part of numerous pathological and psychological processes. NO is extensively implicated in various events related to cancer, including angiogenesis, metastasis, invasion, and apoptosis, which various studies have investigated; results have provided evidence that increased concentrations of NO within cancer cells can effectively suppress tumor angiogenesis and metastasis ([Zhao et al., 2014](#)). Conversely, low levels of NO in tumor cells may facilitate tumor growth by reducing NO-induced apoptosis ([Heller, 2008](#)). These observations suggest that the effects of NO on cancer development may be strongly dependent on the local NO concentration. NO is the result of three types of NOS isoforms, namely nNOS, eNOS, and iNOS. These enzymes facilitate the conversion of L-arginine to L-citrulline through oxidation ([Vanini, Kashfi and Nath, 2015](#)). eNOS is one of the three isoforms of NOS responsible for synthesizing NO in humans. Moreover, this particular isoform is closely linked to angiogenesis, which is associated with NO synthesis in both normal and cancerous cells ([Song et al., 2013](#)). A polymorphism was found in the gene encoding eNOS that could alter the production of NO. The G894T variation, also known as the guanine polymorphism to thymine with position 894 and exon 7 (rs1799983), is of particular interest ([Akbar et al., 2022](#)).

From several studies that were selected for our meta-analysis, the polymorphism was correlated with increased cancer risk in both African, European, and Asian countries. [Adibmanesh et al. \(2020\)](#) stated that the eNOS polymorphism 894G>T showed a significant correlation with colorectal cancer existing in the T allele genotype. [Aouf et al. \(2019\)](#) stated that NOS3 G894T substantially increases the risk of nasopharyngeal carcinoma (NPC) in a population from Tunisia. Furthermore, research conducted by [Branković et al. \(2013\)](#) suggested that NOS3 894G>T genetic polymorphisms were not associated with the risk of prostate tumor in a community in Serbia but may be relevant as prognostic factors for the progression of prostate cancer and patients' outcome. In the study by [Carkic et al. \(2020\)](#), the results proved that eNOS had a significant impact on oral squamous cell cancer (OSCC) in the Serbian population. [Koçer et al. \(2020\)](#) stated that there was no significant association between the eNOS G894T gene and the risk of lung cancer, where  $p$  was greater than 0.05. Research by [Su et al. \(2018\)](#) found no relationship between OSCC and eNOS holotypes in Taiwan. Research by [Verim et al. \(2013\)](#) proved the existence of NOS3 is crucial in increasing the susceptibility to bladder cancer within the



**Figure 2.** Forest plots depicting the association of eNOS 894G>T polymorphisms with cancer risk in all genetic models, including T vs G, G vs T, GT + TT vs GG, TT vs GG + GT, and GT vs GG + TT, respectively.

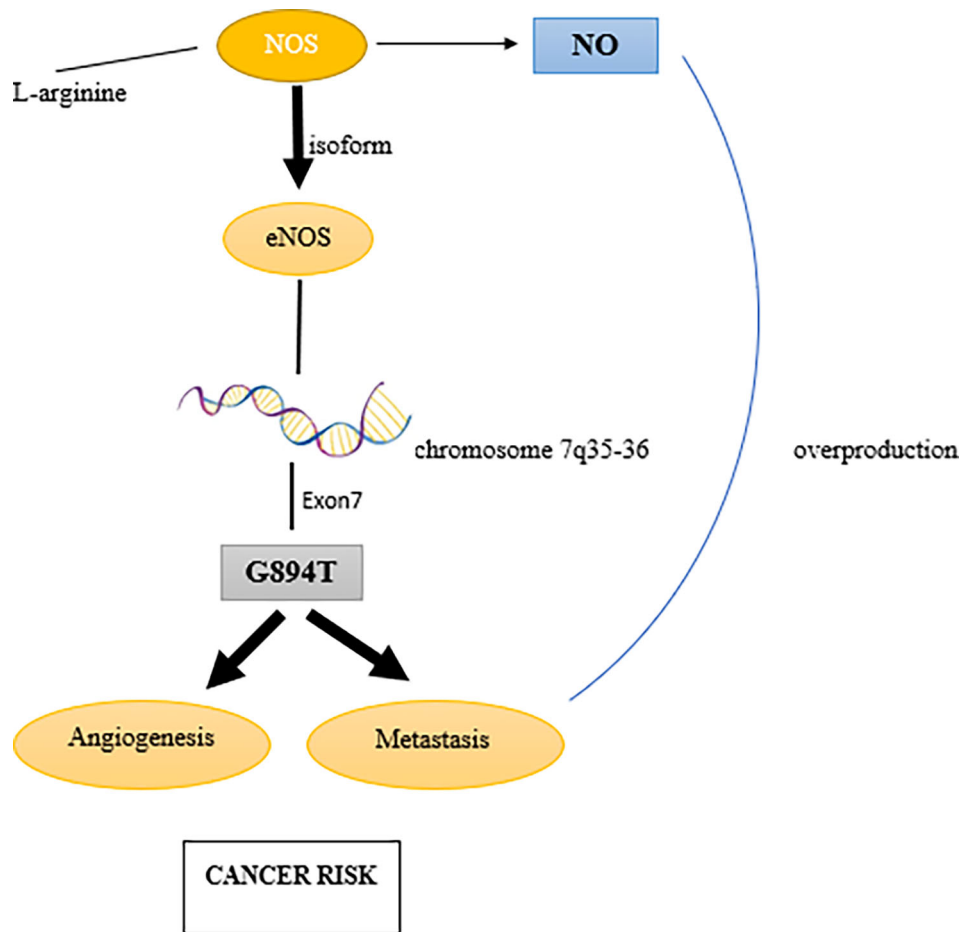




**Figure 3. Forest plots illustrating the association of eNOS 894G>T polymorphisms with stroke risk in all genetic models, including T vs G, G vs T, GT + TT vs GG, TT vs GG + GT, and GT vs GG + TT, respectively.**

Turkish population. Based on the research by *Yadav et al. (2019)*, it is suggested that eNOS 894G > T polymorphisms play a role in influencing the risk of epidermoid cell cancer of the head and neck in the population of North India. Additionally, a study conducted by *Yanar et al. (2016)* suggests a potential association between the G894T variation of NOS3 and the possibility of laryngeal cancer (LC), possibly due to the involvement of impaired redox homeostasis.

The role of nitric oxide in cancer can be seen in *Figure 4*. Based on *Figure 4*, overproduction of NO can facilitate tumor angiogenesis and metastasis. The NOS isoforms that produce NO in the vascular endothelium are defined as



**Figure 4.** The role of nitric oxide in cancer.

endothelial NOS (eNOS), which is found in the endothelium and carries out a crucial role in regulating vascular tone under normal conditions, which is involved in carcinogenesis and contributes to tumor protection (Lim *et al.*, 2008). One possible explanation for the role of this enzyme in cancer progression is that reduced eNOS enzyme activity may lead to a functional decrease in NO levels within the tumor microenvironment, thereby promoting tumor growth. Recently, single nucleotide polymorphisms (SNPs) have been discovered in the eNOS gene. One of these SNPs, located at exon 7 (894G>T). Regarding to the functional role of NO in regulating angiogenesis in cancer, it is possible that this SNP might be positively correlated with the cancer progress by affecting NO synthesis.

Stroke ranks as the second-leading major contributor to mortality and disability in adults, after coronary heart disease (WHO, 2020). Stroke is a multifactorial disease; Epidemiological studies and animal experiments have provided indications of a genetic impact on the development of ischemic stroke (IS) (Hassan and Markus, 2000). Family history also serves as a crucial factor in assessing the potential for stroke. Endothelial NO, synthesized by eNOS, acts as a significant part of regulating blood flow and exhibits anti-proliferation and anti-inflammatory substances. eNOS polymorphism has a significant impact on endothelial dysfunction. The G894T variant of eNOS has been implicated in the development of diverse conditions, consisting of cardiovascular diseases and erectile dysfunction. A compromised NO-dependent vasomotor response is believed to be involved in the pathophysiology of stroke (Kaur, Uppal and Kaur, 2015). Because of its significant role in vascular physiology, genetic mutations may contribute to stroke pathogenesis by altering the expression and enzymatic activity of eNOS.

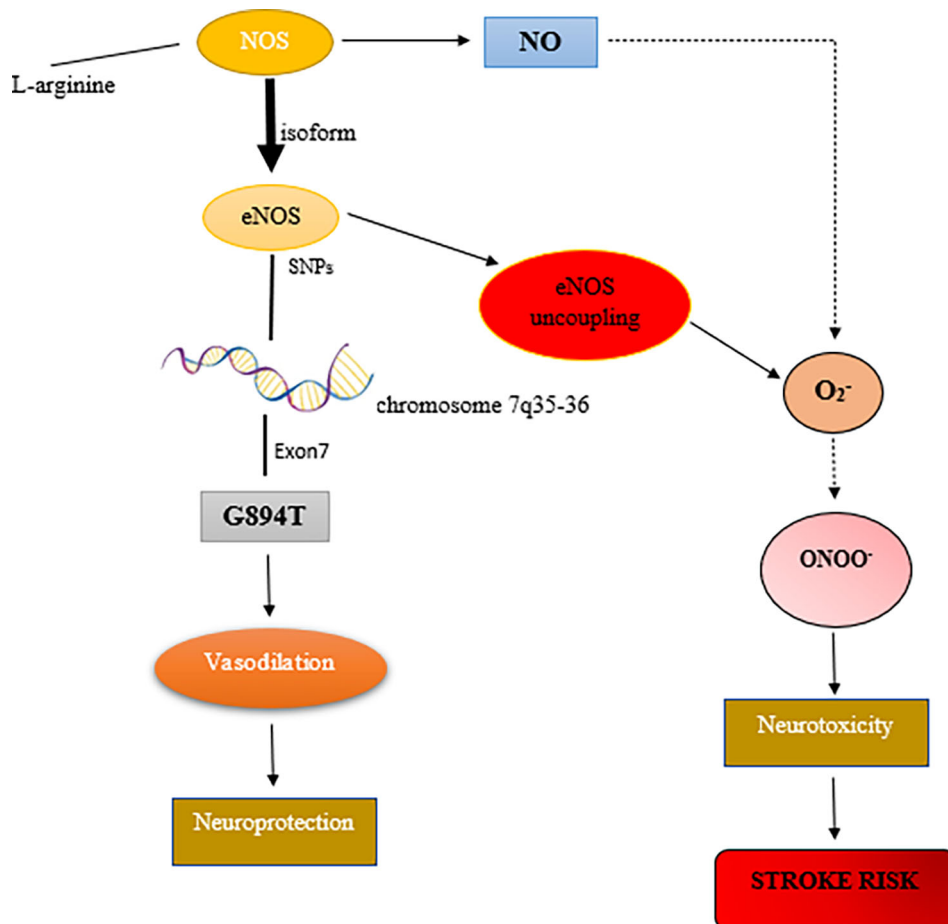
External influences that affect eNOS cause cancer and stroke through chronic stress. eNOS activity is regulated by adrenaline (Seya *et al.*, 2006; Kou and Michel, 2007; Figueroa *et al.*, 2009; Barbieri *et al.*, 2012). Prolonged stress can act as a contributing factor in the onset and advancement of cancer. Stress is also considered a relevant factor in cancer development (Antoni *et al.*, 1978; Chida *et al.*, 2008; Desai and Ronson, 2008). eNOS plays an essential role in

ensuring vascular homeostasis, which includes regulating vascular integrity, blood flow, cell adhesion, angiogenesis, vascular permeability, immune response, and metabolism. Additionally, chronic stress can elevate the production of specific growth factors that enhance blood supply (Heid, 2014). This can accelerate the progression of cancerous tumors. Furthermore, stress can lead to increased cardiac burden, elevated blood pressure, and raised levels of sugar and fat in the bloodstream (Heart and Stroke, 2023). These factors can elevate the risk of cerebral blood clot formation, resulting in increased susceptibility to stroke.

From for the studies examined for the present meta-analysis, the presence of the eNOS polymorphism 894G>T has been correlated with a raised susceptibility to stroke in individuals of African, Asian, and European ancestry. Research conducted by Anliaçik *et al.* (2019) indicates there is no significant relationship between eNOS G894T and ischemia stroke among the Anatolia population. Diakite *et al.* (2014) stated that a significant relationship has been observed between the eNOS polymorphism 894G>T and ischemia stroke found in dominant, recessive, and additive models in the Moroccan population. Furthermore, research conducted by El Gohary, El Azab, and Kamal El-Din (2017) stated that no significant association was found between the eNOS polymorphism G894T and immediate stroke in Egyptian patients.

Research conducted by Kaur, Uppal, and Kaur (2015) stated that the G894T variant has been found to be associated with ischemic stroke and may contribute to ischemic stroke susceptibility in the Northern Indian population Kumar *et al.* (2016) suggest that the G894T eNOS can be a determinant of ischemic stroke, mainly for the large vessel disease (LVD) subtype, in the Northern Indian population. Additionally, a study by Shyu *et al.* (2017) reported that genotypic polymorphisms of the eNOS G894T polymorphism were given or used as an optimization of the risk of atherosclerotic stroke in Taiwan.

The role of nitric oxide in stroke can be seen in Figure 5. Based on Figure 5, low levels of NO derived from eNOS may exert neuroprotection in stroke by promoting vasodilatation and increasing cerebral blood flow (Yang *et al.*, 2019). However, at the same time, there is an enhancement in superoxide production due to eNOS uncoupling. This leads to a



**Figure 5.** The role of nitric oxide in stroke.

significant increase in peroxynitrite formation, which damages lipids, proteins, and DNA and can trigger activation of poly adenosine diphosphate ribose (ADP-ribose) polymerase (PARP), which all contribute to neurotoxicity in stroke.

We conducted a meta-analysis considering the association or correlation of nitric oxide, especially NOS 894G>T polymorphism with stroke, and cancer risk. A total of 15 studies included 3,333 controls and 3,019 cases were selected for this meta-analysis. Overall, eNOS polymorphism 894G>T was found to be significantly correlated with increased cancer risk in the GG versus GT+TT genetic model. However, there were no substantial associations in the genetic model as examined in G versus T, T versus G, GT versus GG+TT, and TT versus GG+GT. The polymorphism has a relationship with a substantially higher risk of stroke in the genetic models of both TT versus GG+GT and T versus G.

## Conclusions

In conclusion, the recent meta-analysis found that nitric oxide-related polymorphisms with the eNOS 894G>T gene are associated with a substantial risk of cancer in the total population based on the GG vs. GT+TT genetic model and significantly correlated with the manifestation of stroke in the genetic models T vs. G, and TT vs. GG + GT. G vs. T, and GG + GT vs. TT. Considering the conclusion, these results should be reassessed in the coming days through studies with a larger sample population.

## Data availability

### Underlying data

All underlying data are available as part of the article and no additional source data are required.

## Reporting guidelines

Zenodo: PRISMA Checklist for “Association between nitric oxide and cancer and stroke risk: A meta-analysis”, <https://doi.org/10.5281/zenodo.8031323> (Tualeka *et al.*, 2023).

Data are available under the terms of the [Creative Commons Zero “No rights reserved” data waiver](#) (CC0 1.0 Public domain dedication).

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# Open Peer Review

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Version 1

Reviewer Report 16 February 2024

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**Katrina Miranda**

University of Arizona, Arizona, USA

The manuscript by Tualeka and colleagues provides a meta-analysis on the correlation of a polymorphism in the eNOS gene on cancer and stroke. The analysis itself is fine. However, presentation of the complex relationship of NO and cancer or stroke is cursory. References include randomly chosen reviews rather than the original literature. It would be beneficial to include an expert on NO in preparation of a revision. For example, the levels of NO produced by the isoforms is not well presented. The polymorphism is also not described sufficiently. Lately, in Figure 5, if eNOs is uncoupled, where does the NO come from to produce peroxyxynitrite? In sum, more details are needed in this manuscript.

**Are the rationale for, and objectives of, the Systematic Review clearly stated?**

Yes

**Are sufficient details of the methods and analysis provided to allow replication by others?**

Yes

**Is the statistical analysis and its interpretation appropriate?**

Yes

**Are the conclusions drawn adequately supported by the results presented in the review?**

Partly

**If this is a Living Systematic Review, is the 'living' method appropriate and is the search schedule clearly defined and justified? ('Living Systematic Review' or a variation of this term should be included in the title.)**

Partly

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** NO and cancer

**I confirm that I have read this submission and believe that I have an appropriate level of expertise to state that I do not consider it to be of an acceptable scientific standard, for reasons outlined above.**

Reviewer Report 12 February 2024

<https://doi.org/10.5256/f1000research.148090.r233428>

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**Eric Tzyy Jiann Chong** 

Biotechnology Research Institute, Universiti Malaysia Sabah, Sabah, Malaysia

The manuscript by Tualeka et al. aims to associate the eNOS rs1799983 SNP with the risk of cancer and stroke using a meta-analysis approach. The authors concluded that this SNP is associated with the risk of cancer and stroke in some genetic model comparisons. Overall, the manuscript is poorly written, with many unclear statements and grammatical errors, although it has been reviewed and edited by many authors. There are many concerns that should be addressed by the authors.

#### **Title**

- The current title is not specific enough to reflect the contents of the manuscript. Please include the specific gene and polymorphism in the title.

#### **Abstract**

- Why is the objective of the study is written in the Methods instead of the Background?
- The Results section is not clear. Among the 3019 cases and 3333 controls, how many are derived from cancer and stroke cases, respectively?
- What is meant by "significantly positively correlated with cancer risk"? Does it mean an increase or decrease in risk?
- The conclusion is more like describing the results of this study than a conclusion. Please rephrase.

#### **Introduction**

- The authors mentioned that several SNPs have been identified in the eNOS gene but failed to justify why they focused on the rs179983 SNP.
- What is meant by "...especially its polymorphism eNOS, as well as...."?
- What is meant by "...and both cancer risks" in the last sentence of this section?

#### **Methods**

- What is meant by "The search period was limited from December 2022 to January 2023"? Were only studies published within this period included in the meta-analysis?
- The authors did not include some essential keywords in the literature search, such as

“rs1799983”, “carcinoma”, and “cerebrovascular disease”, which are frequently used in scientific publications.

- Please remove the G vs. T allelic model in the statistical analysis, as it did not yield any meaningful results. The T. vs. G allelic model is sufficient to determine if the recessive T allele is a risk factor for cancer or stroke susceptibility.
- The authors mentioned that a publication bias test cannot be performed due to fewer than 10 studies. This is incorrect, as more than or equal to 3 studies are sufficient for a publication bias test.
- The quality scoring of the studies is not included in the meta-analysis.
- A sensitivity analysis is not included in the meta-analysis.

### Results

- It is very confusing to look at the Figure 1 alone. For example, the reports assessed for eligibility are 43, after excluding 21 reports, it should remain at 22. Why are studies included in the meta-analysis only 15?
- The caption for Figures 2 and 3 is not clear. What does A-E mean?
- Many studies published between the years 2012-2023 are not included in the meta-analysis. A few examples are listed below. This shows that the literature search is not comprehensive, probably due to the keywords used.
  - i) Fadi et al. 2018. World Journal of Neuroscience, 8(1): 98-107.
  - ii) Phneh et al. 2019. Medicine & Health, 14(1): 118-134.
  - iii) Jejel et al. 2020. Biological Research for Nursing, 23(3): 408-17.

### Discussion

- The second, sixth, and seventh paragraphs are restating the findings of previous studies; they are not comparing to the data of this meta-analysis.
- The last paragraph should be removed and replaced with a paragraph that states the limitations of this study.

### **Are the rationale for, and objectives of, the Systematic Review clearly stated?**

Partly

### **Are sufficient details of the methods and analysis provided to allow replication by others?**

Partly

### **Is the statistical analysis and its interpretation appropriate?**

Partly

### **Are the conclusions drawn adequately supported by the results presented in the review?**

Partly

### **If this is a Living Systematic Review, is the ‘living’ method appropriate and is the search schedule clearly defined and justified? (‘Living Systematic Review’ or a variation of this term should be included in the title.)**

Partly

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** Gene polymorphisms, meta-analysis, risk association, molecular epidemiology, medical biotechnology

**I confirm that I have read this submission and believe that I have an appropriate level of expertise to state that I do not consider it to be of an acceptable scientific standard, for reasons outlined above.**

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