



DOI: 10.32768/abc.2024113276-283



## Mammographic Density and Expression of the Genes Involved in the *de novo* Cholesterol Biosynthesis

Danila Coradini

Laboratory of Medical Statistics and Biometry, Department of Clinical Sciences and Community Health, University of Milan, Milan, Italy

## ARTICLE INFO

**Received:**  
27 May 2024  
**Revised:**  
30 June 2024  
**Accepted:**  
7 July 2024

**Keywords:**  
Mammographic density,  
Cholesterol biosynthesis,  
Gene expression

## ABSTRACT

**Background:** This *in silico* study investigated the association between the local biosynthesis of cholesterol and mammographic density, the major risk of developing breast cancer, as a function of the three cellular components of breast tissue (epithelium, fatty, and non-fatty stroma).

**Methods:** The study compared the expression of 7 genes (*HMGCR*, *FDPS*, *FDFT1*, *GGPS1*, *SQLE*, *LSS*, and *SREBF2*) involved in the *de novo* cholesterol biosynthesis, first, according to the radiological density (dense vs. non-dense breast) and, then, according to the cellular components of breast tissue, regardless of the radiological classification.

**Results:** *HMGCR*, *SQLE*, and *SBREF2* were significantly more frequently expressed in radiologically dense than in non-dense breasts (-1.70 vs. -1.41,  $P=0.0028$ ; -1.20 vs. -1.11,  $P=0.0501$ ; -3.63 vs. -3.31  $P=0.0003$ ; -0.92 vs. -0.76,  $P=0.0271$ , respectively). When the samples were reclassified based on their cellular components as highly fatty and highly non-fatty, *HMGCR*, *SQLE*, and *SBREF2* were significantly more frequently expressed in highly non-fatty samples (-1.48 vs. -1.94,  $P<0.0001$ ; -3.39 vs. -4.18,  $P<0.0001$ ; -0.77 vs. -0.94,  $P=0.0103$ , respectively), whereas *LSS* was overexpressed in high fatty ones (0.28 vs. -0.60,  $P<0.0001$ ). Besides, while in the highly non-fatty subgroup, *SREBF2* was positively associated with both *HMGCR* ( $r=0.53$ ,  $P<0.0001$ ) and *SQLE* ( $r=0.73$ ,  $P<0.0001$ ), in the highly fatty subgroup, these positive correlations disappeared (*SREBF2*\**HMGCR*:  $r=-0.19$ ,  $P=0.3026$ ) or substantially decreased (*SREBF2*\**SQLE*:  $r=0.41$ ,  $P=0.0173$ ).

**Conclusion:** Findings provide a compelling biological explanation for the clinical evidence that women with radiologically dense breasts are at a higher risk of developing cancer compared to those with non-dense breasts because of the prevalence of non-fatty tissue, where the altered expression of genes leading to an increased cholesterol production can contribute to the transformation of epithelial cells, and support the use of mammographic density as a reliable surrogate marker to identify women who may benefit from a preventive treatment aimed at reducing cholesterol production.

Copyright © 2024. This is an open-access article distributed under the terms of the [Creative Commons Attribution-Non-Commercial 4.0](https://creativecommons.org/licenses/by-nc/4.0/) International License, which permits copy and redistribution of the material in any medium or format or adapt, remix, transform, and build upon the material for any purpose, except for commercial purposes.

## INTRODUCTION

Mammographic screening is the primary approach

to detecting neoplastic lesions in the breast. It is based on evaluating the mammographic density (MD), which quantifies the radiologically dense breast components (epithelial and non-fatty stromal tissue) compared to the transparent fatty tissue. Epidemiological evidence indicates that MD is a crucial risk factor for non-familial breast cancer.

## \*Address for correspondence:

Danila Coradini, MD  
Department of Clinical Sciences and Community Health,  
University of Milan, Via Vanzetti 5, 20133, Milan, Italy.  
Tel: +223902065  
Email: [danila.coradini@gmail.com](mailto:danila.coradini@gmail.com)



Women with a breast density greater than 75% are 4 to 6 times more likely to develop breast cancer than women with a breast density lower than 10%.<sup>1,2</sup>

Early models have been focused on the epithelial component of breast tissue, assuming that the increased breast density was due to the overproliferation of epithelial cells in response to the combined effect of genetic alterations and exposure to exogenous estrogens to explain the association between MD and breast cancer risk.<sup>3,4</sup> However, considerable evidence has demonstrated that the stroma, considered just as a “connective” tissue for a long time, plays an essential role in the regulation of the mammary gland morphogenesis through a complex and dynamic interaction with the epithelium that, when dysregulated, can induce and promote tumorigenesis.<sup>5,6</sup> Therefore, additional studies, aimed at understanding the biological relationship between MD and the risk of breast cancer, re-evaluated the role played by each breast tissue component in susceptibility to develop cancer instead of only the epithelium.<sup>7-10</sup>

Cholesterol is an essential structural component of cell membranes, where it cooperates in regulating intracellular trafficking and signaling. Besides, it serves as the precursor for important biomolecules such as steroid hormones and isoprenoids. Because most ingested cholesterol is esterified in the liver and poorly adsorbed, actively proliferating cells respond to the increased need for cholesterol by increasing its *de novo* biosynthesis.

Previous studies demonstrated that genes coding for the enzymes involved in the essential steps of the *de novo* cholesterol biosynthesis were overexpressed both in preneoplastic and neoplastic lesions,<sup>11,12</sup> and that, in postmenopausal women with estrogen receptor-positive breast cancer, the overexpression of these genes was associated with resistance to endocrine therapy.<sup>13</sup>

The present study aimed to investigate the expression of the genes involved in the *de novo* cholesterol biosynthesis in tissue samples from breasts radiologically classified as dense and non-dense, and according to their specific components (epithelium, fatty and non-fatty stroma), evaluated by digital image analysis of the histologic tissue sections. Then, the gene expression profile of the samples with a high non-fatty stroma component was compared with that of the samples from breasts radiologically classified as dense that are expected to be associated with a higher risk of cancer development.

## METHODS

### Samples

The study used a publicly accessible dataset from

the NCBI Gene Expression Omnibus (GEO) database ([www.ncbi.nlm.nih.gov/geo/](http://www.ncbi.nlm.nih.gov/geo/)), identified by the GEO accession number GSE49175, the only dataset responding to the specific requirement of available transcriptome data for histologically normal tissue samples with measured mammographic density.

As described in the original article,<sup>14</sup> the dataset consisted of 120 snap-frozen samples of normal breast tissue collected at the time of breast surgery from women of ages 20 to 74 years with newly diagnosed *in situ* or invasive breast carcinoma and associated with a mammographic density measurement of the unaffected breast taken previously. All the participants provided written informed consent under a protocol approved by the U.S. National Cancer Institute and local (Polish) Institutional Review Boards.

### Mammographic density measurement

The percentage mammographic density was calculated by dividing the absolute dense area by the total breast area multiplied by 100. If the percentage value was less than 25, the breast was classified as non-dense, and if it was 25 or more, as dense.

### Breast tissue composition measurement

The tissue composition of the samples, measured by digital image analysis, was expressed as the percentage of epithelium, fatty, and non-fatty stroma. The samples were then categorized in tertiles according to the following cutoff points: 7% and 16% for the epithelium, 11% and 34% for the non-fatty stroma, and 47% and 80% for the fatty stroma.<sup>15</sup>

### Microarray data

The complete transcriptome of snap-frozen samples was obtained using the Agilent-014850 Whole Human Genome Microarray 4 × 44K G4112F (Feature Number version) platform (GEO accession GPL4133) and the Stratagene Universal Human Reference. The expression estimates, filtered and lowess-normalized, were uploaded in GEO database.

### Gene Selection

Seven genes were selected for the study, six of which, i.e., *HMGCR* (3-hydroxy-3-methylglutaryl-coenzyme A [HMG-CoA] reductase), *FDPS* (farnesyl diphosphate synthase), *FDFT1* (farnesyl-diphosphate farnesyltransferase 1), *GGPS1* (geranylgeranyl diphosphate synthase 1), *SQLE* (squalene epoxidase), and *LSS* (lanosterol synthase), code for the enzymes that play an essential role in cholesterol biosynthesis, and one (*SREBF2*, sterol regulatory element binding transcription factor 2) codes for the transcription factor that regulates the expression of *HMGCR* and *SQLE* (Suppl. Figure 1).



*Statistical Analysis*

The Shapiro-Wilk test, used to check the normality of the distribution of the gene expression values, indicated that not all the genes were normally distributed, except for *SREBF2*. Therefore, the median value and the inter-quartile range (IQR) were used to describe the expression of the genes and non-parametric tests were applied. Accordingly, the differential expression of the genes between dense and non-dense subgroups was assessed using the unpaired two-sample Wilcoxon test, while the Kruskal-Wallis test was used to evaluate the differential expression of the genes as a function of the epithelium, fatty or non-fatty stroma content. Spearman's correlation coefficient was calculated to assess the association between the genes. The analyses were performed using the open-source software R Core Team version 4.1.2 (<http://www.R-project.org>), and the P-value <0.05 was considered statistically significant.

**RESULTS**

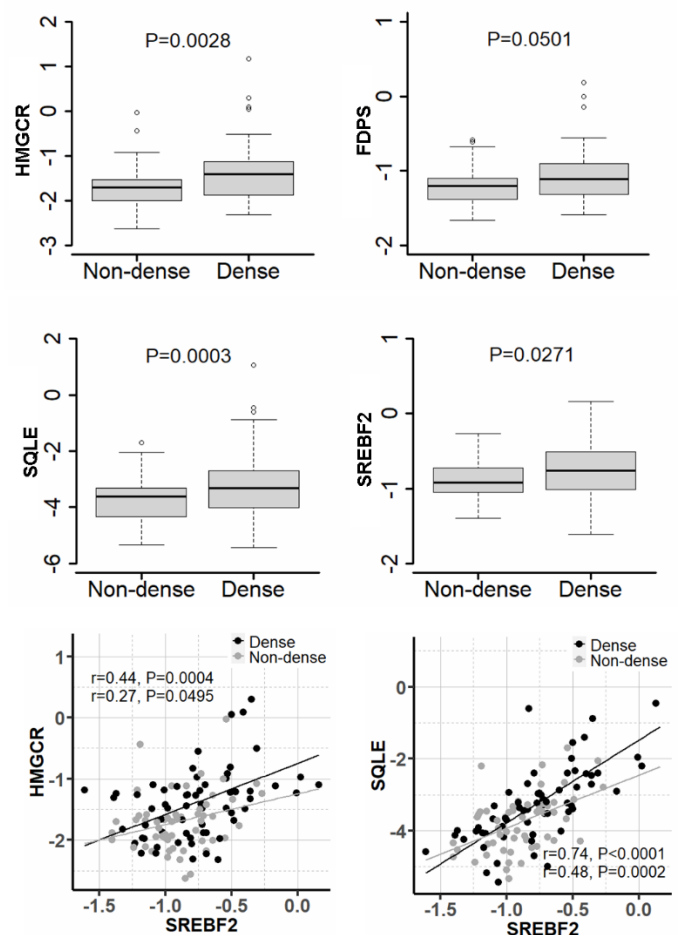
*Differential expression of the genes involved in cholesterol biosynthesis according to mammographic density*

According to the cutoff defined in the original study,<sup>14</sup> 56 (47%) breasts were classified as radiologically non-dense, and 64 (53%) as radiologically dense. However, since in a preliminary analysis, two samples (one in each subgroup) showed expression values considered as extreme outliers in most gene distribution, they were excluded from the subsequent statistical analyses.

The unpaired two-sample Wilcoxon test showed that the expression of *HMGCR*, *FDPS*, *SQLE* and *SREBF2* was significantly higher in the dense than non-dense subgroup (respectively, -1.70 vs. -1.41, P=0.0028; -1.20 vs. -1.11, P=0.0501; -3.63 vs. -3.31 P=0.0003; -0.92 vs. -0.76, P=0.0271), and the correlation analysis indicated that the positive correlation between *SREBF2* and *HMGCR* or *SQLE* found in non-dense breast subgroup (*SREBF2*\**HMGCR*: r=0.27, P=0.0495; *SREBF2*\**SQLE*: r=0.48, P=0.0002), substantially increased in the dense breast subgroup (*SREBF2*\**HMGCR*: r=0.44, P=0.0004; *SREBF2*\**SQLE*: r=0.74, P<0.0001) (Figure 1).

As shown in Table 1 and Figure 2, when the samples from non-dense and dense breasts were categorized based on their fatty component, a progressive decrease in the expression of *HMGCR*, *SQLE*, and *SREBF2* was found in both density subgroups following an increase in the fatty content. Specifically, with the increase in fatty content, the median value of *HMGCR* decreased from -1.31 (0.53) to -1.94 (0.41) (P= 0.0057) in the non-dense breast

and from -1.25 (0.47) to -1.93 (0.60) (P=0.0036), the median value of *SQLE* decreased from -3.33 (0.47) to -4.30 (0.76) (P=0.0001) in the non-dense breast and from -3.20 (0.97) to -4.02 (0.80) (P=0.0042), and the median value of *SREBF2* decreased from -0.68 (0.24) to -0.98 (0.26) (P=0.0059) in the non-dense breast and from -0.72 (0.31) to -0.87 (0.40) (P=0.0069) in the dense breast.



**Figure 1.** Differential expression of *HMGCR*, *FDPS*, *SQLE*, and *SREBF2* and correlation between *SREBF2* and *HMGCR* or *SQLE* gene in dense and non-dense breasts.

Conversely, the expression of *LSS* significantly increased in the samples with the highest fatty content, with the median value increasing from -0.47 (0.60) to 0.09 (0.85) (P=0.0002) in the non-dense breast and from -0.57 (0.32) to 0.17 (0.53) (P=0.0042).

An opposite trend was found when the samples were categorized based on the amount of the stroma component: the expression of *HMGCR*, *SQLE*, and *SREBF2* progressively increased with an increase in the stroma content, while the expression of *LSS* decreased (Figure 3). Specifically, with an increase in the stromal component, the median value of *HMGCR* increased from -1.95 (0.36) to -1.28 (0.46) (P=



0.0014) in the non-dense breast and from -1.89 (0.51) to -1.27 (0.45) (P=0.0114), the median value of *SQLE* increased from -4.29 (0.68) to -3.14 (0.97) (P=0.0001) in the non-dense breast and from -3.92 (0.90) to -3.20 (0.89) (P=0.0262), and the median value of *SREBF2* increased from -0.98 (0.29) to -0.56 (0.23) (P=0.0107) in the non-dense breast and from -0.84 (0.43) to -0.76 (0.34) (P=0.0595) in the dense breast. Conversely, the median value of *LSS*

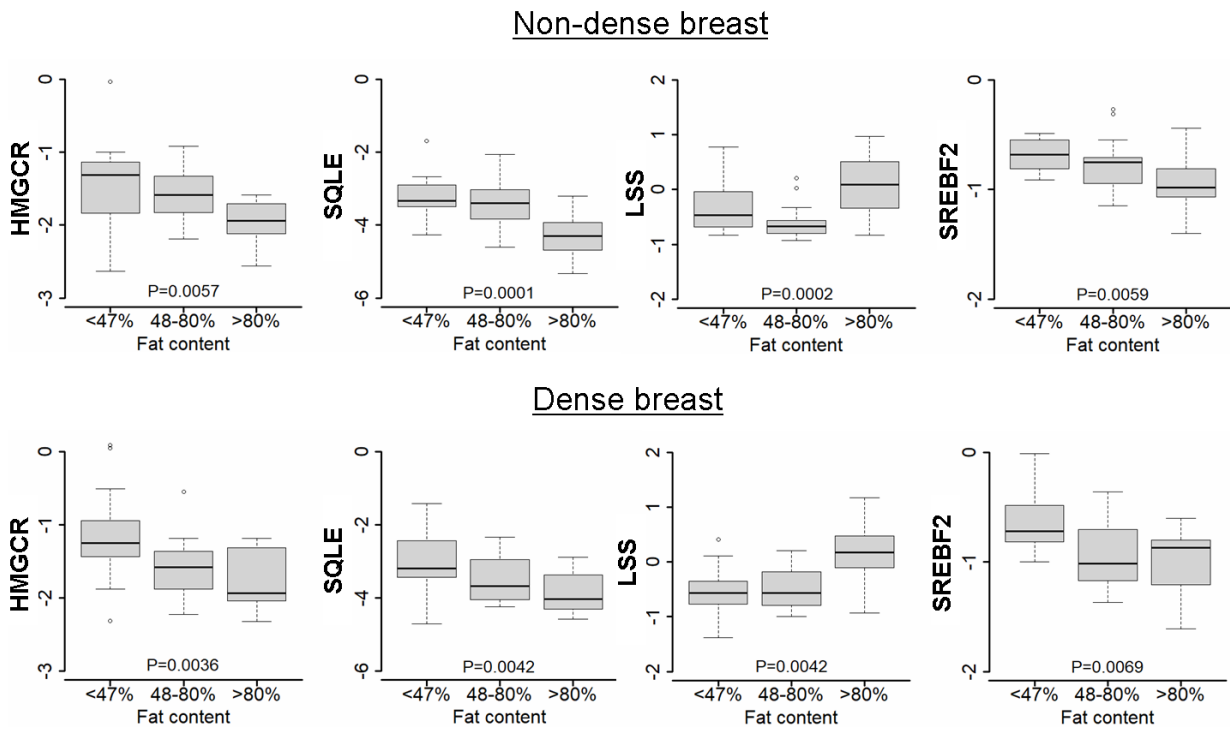
decreased from 0.31 (0.74) to -0.64 (0.41) (P=0.0002) in the non-dense breast and from 0.06 (0.72) to -0.53 (0.54) (P=0.0250) in the dense breast.

No significant change was observed when the samples were categorized as a function of their epithelium content except for the progressive decrease in the expression of *GGPS1* found in samples from dense breasts.

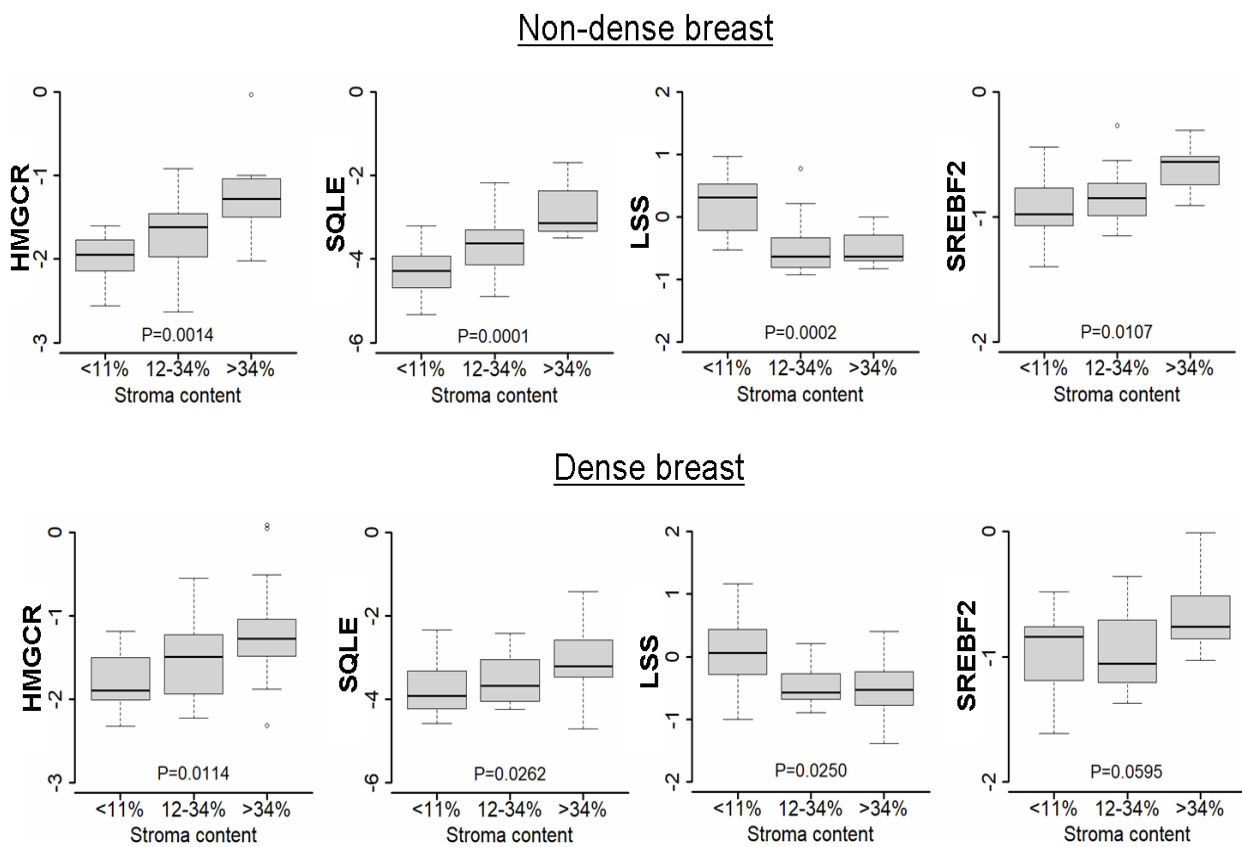
**Table 1.** Comparison by Kruskal-Wallis test of the median gene expression in samples from non-dense and dense breasts categorized in tertiles according to their tissue composition

Gene	Non-dense breast				Dense breast			
	Fat component			P-value	Fat component			P-value
	≤ 47% (N=8)	48-80% (N=15)	> 80% (N=25)		≤ 47% (N=8)	48-80% (N=15)	> 80% (N=25)	
<i>HMGCR</i>	-1.31(0.54)*	-1.59(0.50)	-1.94(0.41)	0.0057	-1.25(0.47)	-1.58(0.45)	-1.93(0.60)	0.0036
<i>FDPS</i>	-1.14(0.19)	-1.21(0.20)	-1.18(0.33)	0.7325	-1.14(0.33)	-1.25(0.36)	-1.00(0.32)	0.0313
<i>FDFT1</i>	-1.19(0.32)	-1.48(0.36)	-1.05(0.46)	0.0486	-1.27(0.48)	-1.44(0.27)	-1.14(0.79)	0.2355
<i>GGPS1</i>	0.23(0.35)	0.17(0.31)	0.27(0.22)	0.5308	0.31(0.26)	0.32(0.28)	0.34(0.26)	0.9575
<i>SQLE</i>	-3.33(0.47)	-3.39(0.82)	-4.30(0.76)	0.0001	-3.20(0.97)	-3.67(1.08)	-4.02(0.80)	0.0042
<i>LSS</i>	-0.47(0.60)	-0.67(0.25)	0.09(0.85)	0.0002	-0.57(0.32)	-0.57(0.56)	0.17(0.53)	0.0042
<i>SREBF2</i>	-0.68(0.24)	-0.75(0.24)	-0.98(0.26)	0.0059	-0.72(0.31)	-1.02(0.45)	-0.87(0.40)	0.0069
Gene	Stroma component				Stroma component			
	≤ 11% (N=22)	12-34% (N=19)	> 34% (N=7)	P-value	≤ 11% (N=22)	12-34% (N=19)	> 34% (N=7)	P-value
<i>HMGCR</i>	-1.95(0.36)	-1.62(0.51)	-1.28(0.46)	0.0014	-1.89(0.51)	-1.49(0.68)	-1.27(0.45)	0.0114
<i>FDPS</i>	-1.18(0.40)	-1.22(0.20)	-1.13(0.32)	0.3849	-1.03(0.28)	-1.25(0.24)	-1.17(0.38)	0.0262
<i>FDFT1</i>	-1.03(0.43)	-1.47(0.39)	-1.16(0.58)	0.0139	-1.30(0.81)	-1.33(0.28)	-1.30(0.50)	0.7798
<i>GGPS1</i>	0.24(0.26)	0.27(0.25)	0.21(0.41)	0.6778	0.33(0.28)	0.34(0.27)	0.30(0.30)	0.6581
<i>SQLE</i>	-4.29(0.68)	-3.62(0.85)	-3.14(0.97)	0.0001	-3.92(0.90)	-3.67(0.94)	-3.20(0.89)	0.0262
<i>LSS</i>	0.31(0.74)	-0.64(0.47)	-0.64(0.41)	0.0002	0.06(0.72)	-0.57(0.36)	-0.53(0.54)	0.0250
<i>SREBF2</i>	-0.98(0.29)	-0.85(0.26)	-0.56(0.23)	0.0107	-0.84(0.43)	-1.06(0.48)	-0.76(0.34)	0.0595
Gene	Epithelium component				Epithelium component			
	≤ 7% (N=15)	8-16% (N=17)	> 16% (N=16)	P-value	≤ 7% (N=20)	8-16% (N=17)	> 16% (N=9)	P-value
<i>HMGCR</i>	-1.84(0.47)	-1.77(0.41)	-1.69(0.57)	0.9081	-1.37(0.60)	-1.41(0.43)	-1.82(0.57)	0.2559
<i>FDPS</i>	-1.14(0.21)	-1.29(0.30)	-1.18(0.19)	0.2591	-1.09(0.19)	-1.01(0.49)	-1.31(0.09)	0.2675
<i>FDFT1</i>	-1.01(0.33)	-1.36(0.78)	-1.31(0.39)	0.1486	-1.28(0.59)	-1.32(0.48)	-1.30(0.52)	0.9925
<i>GGPS1</i>	0.29(0.22)	0.23(0.19)	0.17(0.31)	0.1764	0.37(0.22)	0.22(0.29)	0.13(0.27)	0.0374
<i>SQLE</i>	-4.35(1.41)	-3.72(0.78)	-3.48(0.98)	0.1803	-3.46(0.64)	-3.21(1.06)	-4.02(1.12)	0.4441
<i>LSS</i>	0.21(0.82)	-0.40(0.60)	-0.52(0.71)	0.0597	-0.45(0.64)	-0.52(0.48)	-0.70(0.72)	0.3096
<i>SREBF2</i>	-0.98(0.33)	-0.88(0.33)	-0.78(0.29)	0.1946	-0.83(0.30)	-0.77(0.57)	-0.79(0.46)	0.4357

\*Inter-quartile range



**Figure 2.** Expression of *HMGCRC*, *SQLE*, *LSS*, and *SREBF2* genes in samples from non-dense and dense breasts as a function of their fatty content.



**Figure 3.** Expression of *HMGCRC*, *SQLE*, *LSS*, and *SREBF2* genes in samples from non-dense and dense breasts as a function of their stroma content.

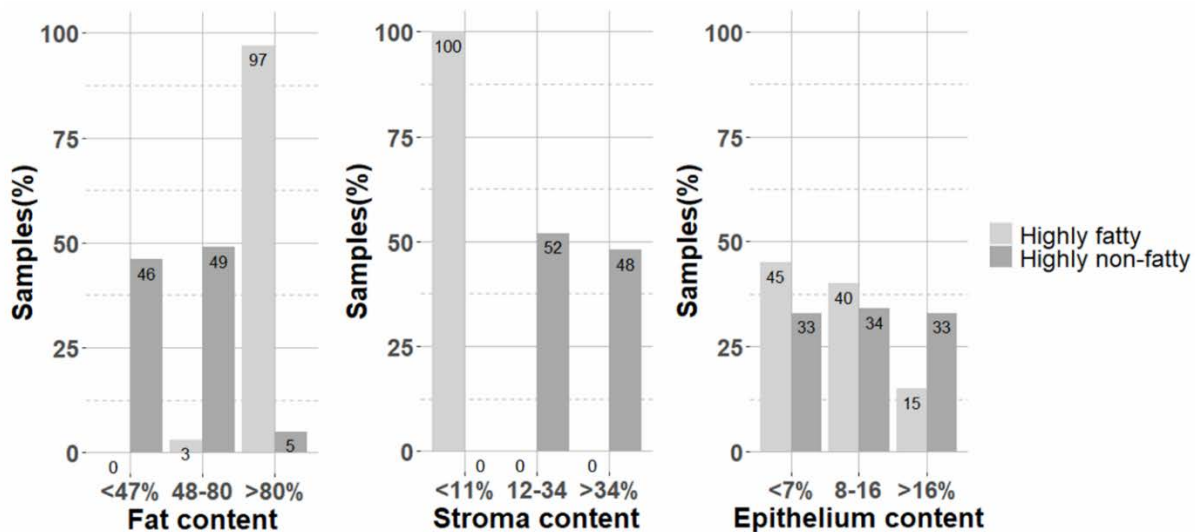


### Differential expression of the genes involved in cholesterol biosynthesis as a function of breast tissue composition, regardless of the radiological classification

According to the radiological criterion, a breast is classified as dense when the epithelial plus non-fatty stroma compartment is  $\geq 25\%$  of the total area. Otherwise, the sample is classified as non-dense. In line with this assumption, the samples were reclassified based on the percentage of the epithelial, fatty and non-fatty stroma components evaluated by digital image analysis. Consequently, samples with a non-fatty stroma content  $< 11\%$  (I tertiles) and an

epithelium content  $< 16\%$  (I and II tertiles) were reclassified as “highly fatty”, whereas samples with a non-fatty stroma content  $> 11\%$  (II and III tertiles) and an epithelial content  $> 7\%$  (II and III tertiles) were reclassified as “highly non-fatty”. According to this new criterion, 35% of the samples were highly fatty, and 65% were highly non-fatty.

All but one (97%) of the highly fatty samples had a fatty content  $> 80\%$ , but only 67% had been classified as radiologically non-dense. Similarly, only 57% of highly non-fatty samples had been classified as radiologically dense despite a fat content  $< 80\%$  in 95% of cases (Figure 4).



**Figure 4.** Frequency distribution of highly fatty and highly non-fatty samples according to their fat, stroma, and epithelium content.

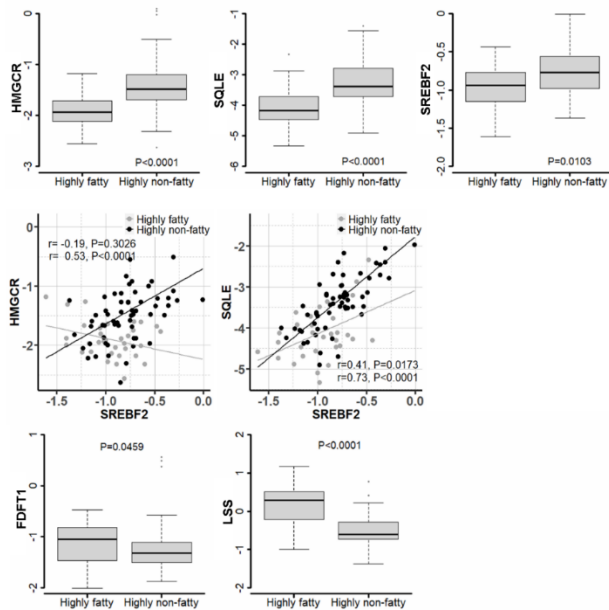
Statistical analysis showed that five genes were differentially expressed when highly non-fatty and highly fatty subgroups were compared. *HMGCR*, *SQLE*, and *SREBF2* were more expressed in the highly non-fatty subgroup (respectively,  $-1.48$  vs.  $-1.94$ ,  $P < 0.0001$ ;  $-3.39$  vs.  $-4.18$ ,  $P < 0.0001$ ;  $-0.77$  vs.  $-0.94$ ,  $P = 0.0103$ ), while *FDFT1* and *LSS* were more expressed in highly fatty one ( $0.28$  vs.  $-0.60$ ,  $P < 0.0001$  and  $-1.05$  vs.  $-1.32$ ,  $P = 0.0459$ , respectively). Furthermore, the correlation analysis indicated that while in the highly non-fatty subgroup, *SREBF2* was positively associated with both *HMGCR* ( $r = 0.53$ ,  $P < 0.0001$ ) and *SQLE* ( $r = 0.73$ ,  $P < 0.0001$ ), in the highly fatty subgroup, these positive correlations disappeared (*SREBF2*\**HMGCR*:  $r = -0.19$ ,  $P = 0.3026$ ) or substantially decreased (*SREBF2*\**SQLE*:  $r = 0.41$ ,  $P = 0.0173$ ) (Figure 5).

## DISCUSSION

The study showed that the genes *HMGCR*, *SQLE*, and *SBREF2* were more frequently expressed in the breasts radiologically classified as dense because of a

mammographic density  $> 25\%$  and that this differential expression was associated with the non-fatty stroma component and not as hypothesized by former studies by the overproliferation of epithelial cells. Indeed, dense and non-dense breasts showed no statistically significant distribution in the class at low ( $43\%$  vs.  $31\%$ , respectively), moderate ( $37\%$  vs.  $35\%$ , respectively), and high ( $20$  vs.  $33\%$ , respectively) epithelium content.

The evidence that in dense breasts, *HMGCR*, *SQLE*, and *SBREF2* were overexpressed is of great relevance considering the essential role played by these genes in the biosynthesis of cholesterol, where HMG-CoA reductase coded by *HMGCR* governs the first rate-limiting step, squalene epoxidase coded by *SQLE* regulates the second rate-limiting and irreversible commitment step toward cholesterol, and the SREBP transcription factor coded by *SREBF2* controls the expression of *HMGCR* and *SQLE*. Noteworthy, the overexpression of these genes is associated with a substantial increase in the positive correlation of *SREBF2* with both genes.



**Figure 5.** Differential expression of *HMGCRCR*, *SQLE*, *SREBF2* (upper panel), *FDFT1*, and *LSS* (lower panel), and correlation between *SREBF2* and *HMGCRCR* or *SQLE* (middle panel) in highly fatty and highly non-fatty subgroups.

To confirm that the increased expression of *HMGCRCR*, *SQLE*, and *SREBF2* in dense breasts was associated with a high presence of non-fatty stroma, the tissue samples were reclassified based on digital image analysis into highly fatty and highly non-fatty subgroups, regardless of their radiological classification. The results showed that highly non-fatty samples expressed significantly high levels of *HMGCRCR*, *SQLE*, and *SREBF2* despite the evidence that little more than half of them (56%) came from breasts radiologically classified as dense.

The incomplete correspondence between a high mammographic density and a highly non-fatty content can be explained by the fact that, as described in the original article,<sup>14</sup> the digital evaluation of tissue composition was performed on tissue sections collected at the time of breast surgery, whereas the mammographic density was measured pre-surgery on the unaffected breast. Nevertheless, the increased expression of *HMGCRCR*, *SQLE*, and *SREBF2* in highly non-fatty samples corroborates the hypothesis that the overexpression of these genes, found in dense breasts, is due to the high percentage of non-fatty stroma.

The results also showed a significant decrease in the expression level of the *LSS* gene in highly non-fatty samples. This finding is of interest because *LSS* codes for lanosterol synthase, which acts as negative feedback on the expression of the upstream *SQLE*. Considered jointly with the decline in the negative correlation between *LSS* and *SQLE* ( $r = -0.31$ ,  $P = 0.0127$ ) when compared with highly fatty samples

( $r = -0.42$ ,  $P = 0.0146$ ), the decrease in *LSS* expression suggests that, in highly non-fatty samples, the overexpression of *HMGCRCR* and *SQLE* could be the combined effect of inadequate negative feedback of *LSS* on *SQLE* expression and the increased expression of *SREBF2* which promotes *HMGCRCR* and *SQLE* transcription.

## CONCLUSION

Altogether, the present findings suggest that non-fatty stroma can contribute to the development of breast cancer by promoting the epithelial cells growth not only through the recognized paracrine production of growth factors, but also by increasing the local production of cholesterol and its derivatives, especially estrogens, which can stimulate the proliferation of estrogen receptor-positive epithelial cells. Furthermore, the findings explain why women with radiologically dense breasts have a higher risk of developing breast cancer and support the evaluation of mammographic density as an excellent surrogate marker to identify women who may benefit from preventive strategies to reduce cholesterol biosynthesis. One such strategy is the use of statins, which are already in use to reduce breast cancer recurrence and mortality,<sup>16,17</sup> while several inhibitors of cholesterol biosynthesis, such as allylamines, squalene analogs, natural compounds of selenium and tellurium, whose primary target is squalene synthase, and lapaquistat acetate, which acts on lanosterol synthase, are being studied as potential alternatives to statins.<sup>18</sup>

## ETHICAL CONSIDERATIONS

All patients consented to provide excess tissues for research purposes, and the study was approved by the U.S. National Cancer Institute and local (Polish) Institutional Review Boards.

## ACKNOWLEDGEMENTS

I thank Prof. Federico Ambrogi for the stimulating discussion and useful suggestions.

## CONFLICTS OF INTEREST

The author affirms the absence of any conflicts of interest, including both financial and personal relationships with individuals or organizations that could potentially exert undue influence on the study.

## FUNDING

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sector.



## DATA AVAILABILITY

The study used a publicly accessible dataset from the NCBI Gene Expression Omnibus (GEO) database

([www.ncbi.nlm.nih.gov/geo/](http://www.ncbi.nlm.nih.gov/geo/)), identified by the GEO accession number GSE49175.

## REFERENCES

1. Boyd NF, Guo H, Martin LJ, Sun L, Stone J, Fishell E, et al. Mammographic density and the risk and detection of breast cancer. *N Engl J Med*. 2007;356(3):227-36. doi: 10.1056/NEJMoa062790.
2. McCormack VA, dos Santos SI. Breast density and parenchymal patterns as markers of breast cancer risk: a meta-analysis. *Cancer Epidemiol Biomarkers Prev*. 2006;15:1159-69. doi: 10.1158/1055-9965.EPI-06-0034.
3. Chlebowski RT, Hendrix SL, Langer RD, Stefanick ML, Gass M, Lane D, et al. Influence of estrogen plus progestin on breast cancer and mammography in healthy postmenopausal women: the women's health initiative randomized trial. *JAMA*. 2003;289:3243-53. doi: 10.1001/jama.289.24.3243.
4. Martin LJ, Boyd NF. Mammographic density. Potential mechanisms of breast cancer risk associated with mammographic density: hypotheses based on epidemiological evidence. *Breast Cancer Res*. 2008;10(1):201. doi: 10.1186/bcr1831.
5. Maller O, Martinson H, Schedin P. Extracellular matrix composition reveals complex and dynamic stromal-epithelial interactions in the mammary gland. *J Mammary Gland Biol Neoplasia*. 2010;15(3):301-18. doi: 10.1007/s10911-010-9189-6.
6. Warren R, Lakhani SR. Can the stroma provide the clue to the cellular basis for mammographic density? *Breast Cancer Res*. 2003;5(5):225-7. doi: 10.1186/bcr642.
7. Boyd NF, Martin LJ, Bronskill M, Yaffe MJ, Duric N, Minkin S. Breast tissue composition and susceptibility to breast cancer. *J Natl Cancer Inst*. 2010;102:1224-37. doi: 10.1093/jnci/djq239.
8. Pettersson A, Hankinson SE, Willett WC, Lagiou P, Trichopoulos D, Tamimi RM. Nondense mammographic area and risk of breast cancer. *Breast Cancer Res*. 2011;13:R100. doi: 10.1186/bcr3041.
9. Lin SJ, Cawson J, Hill P, Haviv I, Jenkins M, Hopper JL, et al. Image-guided sampling reveals increased stroma and lower glandular complexity in mammographically dense breast tissue. *Breast Cancer Res Treat*. 2011;128(2):505-16. doi: 10.1007/s10549-011-1346-0.
10. Ghosh K, Brandt KR, Reynolds C, Scott CG, Pankratz VS, Riehle DL, et al. Tissue composition of mammographically dense and non-dense breast tissue. *Breast Cancer Res Treat*. 2012;131:267-75. doi: 10.1007/s10549-011-1727-4.
11. Coradini, D. Interaction of *de novo* cholesterol biosynthesis and Hippo signaling pathway in ductal carcinoma *in situ* (DCIS) — Comparison with the corresponding normal breast epithelium. *Transl Breast Cancer Res*. 2023;4:26. doi: 10.21037/tbcr-23-42.
12. Coradini D, Ambrogi F, Infante G. Cholesterol *de novo* biosynthesis in paired samples of breast cancer and adjacent histologically normal tissue: association with proliferation index, tumor grade, and recurrence-free survival. *Arch Breast Cancer*. 2023;10:187-99. doi: 10.32768/abc.2023102187-199.
13. Coradini D, Ambrogi F. Cholesterol *de novo* biosynthesis: a promising target to overcome the resistance to aromatase inhibitors in postmenopausal patients with ER-positive breast cancer. *Explor Med*. 2023;4:1079-93. doi: 10.37349/emed.2023.00196.
14. Sun X, Gierach GL, Sandhu R, Williams T, Midkiff BR, Lissowska J, et al. Relationship of mammographic density and gene expression: analysis of normal breast tissue surrounding breast cancer. *Clin Cancer Res*. 2013;19:4972-82. doi: 10.1158/1078-0432.CCR-13-0029.
15. Sun X, Sandhu R, Figueroa JD, Gierach GL, Sherman ME, Troester MA. Benign breast tissue composition in breast cancer patients: association with risk factors, clinical variables, and gene expression. *Cancer Epidemiol Biomarkers Prev*. 2014;23:2810-8. doi: 10.1158/1055-9965.EPI-14-0507.
16. Bjarnadottir O, Romero Q, Bendahl PO, Jirström K, Rydén L, Loman, N, et al. Targeting HMG-CoA reductase with statins in a window-of-opportunity breast cancer trial. *Breast Cancer Res Treat*. 2013;138:499-508. doi: 10.1007/s10549-013-2473-6.
17. Beckwitt CH, Brufsky A, Oltvai ZN, Wells A. Statin dugs to reduce breast cancer recurrence and mortality. *Breast Cancer Res*. 2018;20:144. doi: 10.1186/s13058-018-1066-z.
18. Stein EA, Bays H, O'Brien D, Pedicano J, Piper E, Spezzi A. Lapaquistat acetate: development of a squalene synthase inhibitor for the treatment of hypercholesterolemia. *Circulation*. 2011;123:1974-85. doi: 10.1161/CIRCULATIONAHA.110.975284.

## How to Cite This Article

Coradini D. Mammographic Density and Expression of the Genes Involved in the *de novo* Cholesterol Biosynthesis. *Arch Breast Cancer*. 2024; 11(3):276-83.

Available from: <https://www.archbreastcancer.com/index.php/abc/article/view/955>