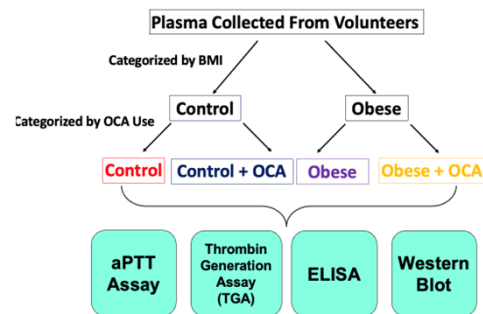


Introduction

Protein S (PS) is an essential natural anticoagulant whose deficiency is a major contributor to acquired hypercoagulability [1]. Acquired hypercoagulability causes myocardial infarction, stroke, and deep vein thrombosis in millions of individuals [2]. Many factors affect plasma PS level; most prominently, the female hormone estrogen alters PS level by suppressing PS gene transcription via the estrogen receptor α (ER α) [3]. Thus, women who use estrogen-based oral contraceptive agents (OCA) experience a decrease in PS level. This contraceptive-induced PS decrease enhances the risk of thrombosis by 3-fold [4]. Decreased plasma PS is also associated with obesity; obesity elevates the risk of thrombosis by 2.5-fold [5]. Dramatically, the risk of thrombosis increases as much as 24-fold in obese subjects who use OCA [6]. This study is aimed to determine whether there is a downregulation of PS in premenopausal obese women on estrogen-based contraceptives compared to the controls.

Methods



Results

aPTT, TGA, and ELISA Assays

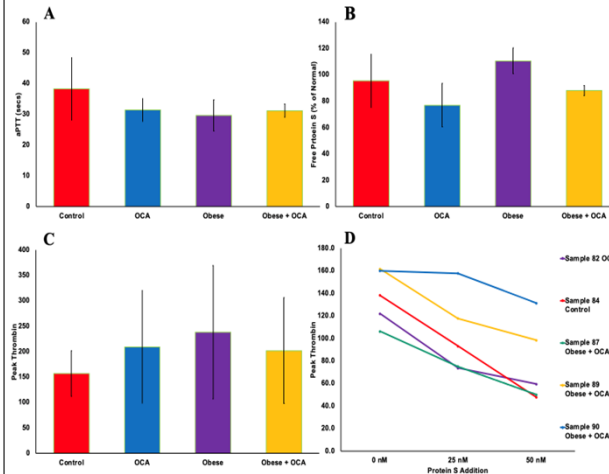


Figure 1: Clotting function tests results; (A) aPTT, (B) ELISA, (C) TGA, (D) TGA modified with added PS.

Western Blot Assay

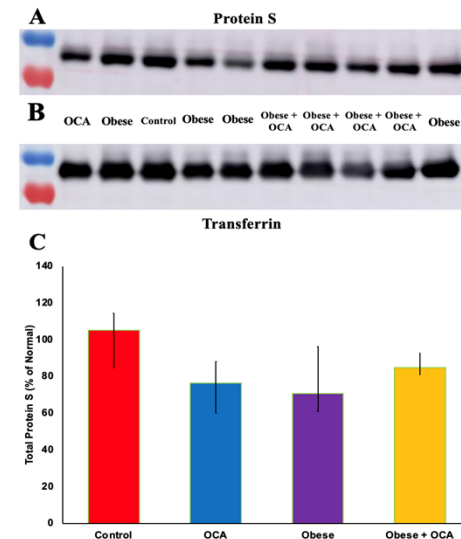


Figure 2: Immunoblot results; (A) Protein S bands, (B) Transferrin Control bands, (C) graphic results of band intensities based on volunteer group.

Conclusion

- Individuals who were considered obese, had OCA use, or both had a shorter aPTT clotting times and higher thrombin generations compared to controls.
- Free PS levels were measured by ELISA and observed that free PS levels of the subjects on OCA are significantly lower than controls
- Total PS levels in OCA, obese, and obese + OCA samples are significantly lower compared to the controls.
- Overall, the use of OCA and obesity contribute to hypercoagulability due to shorter clotting times, low free and total PS levels, and high thrombin generation.

Future Perspectives

- More participants are needed to provide a more representative sample.
- Determine if the binding protein of protein S, C4b, contributes to differences in Free and Total PS.

References

- Schwarz, H.P., et al., Plasma protein S deficiency in familial thrombotic disease. *Blood*, 1984, 64(6): p.1297-300.
- Spencer, F.A., et al., The Worcester Venous Thromboembolism study: a population-based study of the clinical epidemiology of venous thromboembolism. *J Gen Intern Med*, 2006, 21(7): p. 722-7.
- Suzuki, A., et al., Down-regulation of PROS1 gene expression by 17 β estradiol via estrogen receptor α (ER α)-Sp1 interaction recruiting receptor-interacting protein 140 and the corepressor-HDAC3 complex. *J Biol Chem*, 2010, 285(18): p. 13444-53.
- Piparva, Kiran S., and Jatin G. Buch. "Deep Vein Thrombosis in a Woman Taking Oral Combined Contraceptive Pills." *Journal of Pharmacology and Therapeutics*, vol. 2, no. 3, 2011, pp. 185-186. <https://doi.org/10.4103/0976-500x.83284>.
- Abdollahi, M., M. Cushman, and F.R. Rosendaal. Obesity, risk of venous thrombosis and the interaction with coagulation factor levels and oral contraceptive use. *Thromb Haemostasis*, 2003, 89(3): p. 483-8.
- Pomp, E.R., et al., Risk of venous thrombosis: obesity and its joint effect with oral contraceptive use and prothrombotic mutation.