Supplementary Data

Bioinformatic Exploration Methods

Gene Sets

A total of 923 PCOS related genes (PRG) were collected from the databases DisGeNET https://www.disgenet.org/ (1), Ensembl http://www.ensembl.org (2) PCOSKB http://pcoskb.bicnirrh.res.in/gene.php (3) DISEASES https://diseases.jensenlab.org/Search (4) and literature review (5-13). Open Targets Platform (https://www.targetvalidation.org/) was used to obtain a list of the strongly related PCOS genes based on the overall association score that ranges from 0 to 1 (the stronger evidence of an association the higher the value) (14). Further analysis was carried out with a list of 264 genes (score ≥ 0.05).

PCOS non-related genes (PNRG) were retrieved from a list of 4.957 non-diseases genes (15). After excluding genes associated with PCOS, reproductive diseases, endometrial/ovarian/breast cancer in Open Targets Platform, 1728 genes were left. Randomly 300 genes were selected from the previous list for the following analysis.

The driver gene set per cancer type were taken from the recent study conducted by (16).

Enrichment map of associated PCOS genes

For functional enrichment analysis with the 264 PRG, g:Profiler database (https://biit.cs.ut.ee/gprofiler/gost) was accessed to acquire significant features (FDR < 0.001) linked to gene ontology (Biological Process), biological pathways (Reactome, WikiPathways) and human phenotype ontology (17)**.**

Cancer Hallmarks

The Catalogue of Somatic Mutations in Cancer (COSMIC) contains gene functional annotations that trigger cancer, condensed in 10 cancer hallmarks. To discover if the 264 PRG can be catalogued as having a role in cancer, COSMIC resource was examined (18)

Genomic Alteration in TCGA PanCancerAtlas (PCA)

Genomic alterations (amplification, deep deletion, mRNA upregulation, mRNA downregulation, missense mutation, truncating mutation, inframe mutation and fusion gene) in PRG, PNRG and driver genes were interrogated in Uterine Corpus Endometrial

Carcinoma (n=507 complete samples), Ovarian Serous Cystadenocarcinoma (n=201), Breast Invasive Carcinoma (n=994) through the cBioPortal (http://www.cbioportal.org/) (19,20). mRNA expression profiles z-score (± 2) were calculated relative to all samples. Mutations codified with unknown significance were not considered. For PRG and PNRG gene set statistics normalization considered numbers of genes examined.

The clinical annotations selected were diagnosis age and race. For clinical data comparison within each cancer type normalization contemplated the number of patients in each category (ratio). The ratio and percentage of genetic alterations per age and race group were calculated, with this data the ranking of genes and categories with the greatest number of all genetic alterations were determined. Regarding age: 45, 47, 299 women aged less or 50 years and 459, 143, 695 age more than 50 years old in endometrial, ovarian and breast cancer respectively. In the race group: 4, 2, 1 individuals were American Indian or Alaska Native; 20, 7, 59 were Asian; 101, 19, 162 were Black or African American; 342, 157, 687 were White in endometrial, ovarian and breast cancer respectively. Only in endometrial cancer the 9 individuals were Native Hawaiian or Other Pacific Islander.

Kruskal Wallis-test with Bonferroni correction was performed in python to detect significant differences of frequency in all genetic alterations among gene set and race categories, while Mann–Whitney U test for age groups statistics.

KEGG Pathways enrichment analysis of associated PCOS genes: David Bioinformatics Resources website (https://david.ncifcrf.gov/summary.jsp) was used to obtain unified data from KEGG (21,22). The enrichment analysis of signaling pathways was carried out in the 264 PRG genes, considering terms with a significant FDR < 0.01. Then, to identify the most perturbated signaling pathways in each cancer type. The number genetic alterations of the genes in each signaling pathway were added and normalization took into account the number of genes in the pathways and the individuals in each cancer type.

Gene expression analysis

The website Gene Expression Profiling Interactive Analysis (GEPIA, http://gepia2.cancer-pku.cn/#degenes) provides tumor vs. normal differential gene expression analysis among other functions based on TCGA and GTEx RNA-seq data

(23). The search contents and thresholds in Breast invasive carcinoma (BRCA), Ovarian serous cystadenocarcinoma (OV) and Uterine Corpus Endometrial Carcinoma (UCEC) dataset were set as follows: |Log2FC| Cutoff: 1.0, q-value Cutoff: 0.01, LIMMA for differential method.

Protein expression analysis

Protein profiling in normal and human tumor tissue based on immunohistochemisty using tissue microarrays is available in Human Protein Atlas (HPA, https://www.proteinatlas.org/) portal (24,25). Therefore comparisons among protein expression levels (high, medium, low and non-detected) of the 264 PRG between normal and cancer tissues were performed. Protein expression level of normal tissue were taken from endometrium glandular cells, ovarian stroma cell and breast glandular cells.

Characterization of overlapped genes

To investigate if the genes commonly altered in at least 2 of the cancer types are cataloged as oncogenes and/or tumor suppressor genes, the Network of Cancer Genes (NCG6.0) database was examined. It has a list of 711 known cancer genes with their respective annotations (26). General functions of the 31 genes obtained in this study were investigated using g:profiler with the settings previously mentioned.

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