# **Associations between Antioxidants and High-risk HPV Infection in women**

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#### Background

HPV infection is a major risk factor for cervical cancer and precancerous lesions. Oxidative stress, (reflected by some antioxidant markers), may act as a co-factor. However, the association between antioxidants and oncogenic or high-risk HPV infection remains unclear.

### **Objectives**

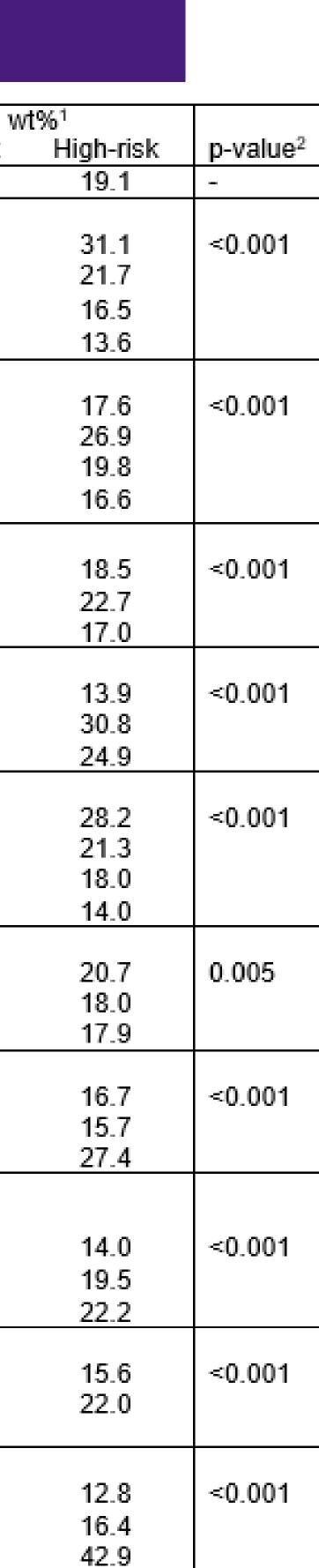
Identify antioxidants associated with vaginal HR-HPV infection in women.

### Table1. demographic data

			aginal HPV, v
Variable	Total (wt%) <sup>1</sup>	No	Low-risk
Total	11070 (100)	59.7	21.2
Age			
18-26	2510 (17.6)	50.6	18.4
27-35	2343 (20.8)	57.8	20.6
36-45	2845 (27.2)	60.3	23.2
46-59	3372 (34.5)	64.9	21.5
Race			
Non-Hispanic White	4180 (63.3)	63.2	19.2
Non-Hispanic Black	2589 (13.5)	41.1	32.0
Mexican American & other Hispanic	3241 (15.9)	57.6	22.6
Others	1060 ( 7.2)	67.2	16.3
Education			
<high school<="" td=""><td>791 ( 4.3)</td><td>59.1</td><td>22.4</td></high>	791 ( 4.3)	59.1	22.4
high school	3611 (31.3)	53.0	24.4
>high school	5793 (64.4)	63.2	19.8
Marital status			
Married/live with partner	6273 (64.0)	67.6	18.5
Never married	2593 (19.5)	48.4	20.8
Widowed/Divorced/Separated	1830 (16.5)	42.8	32.3
Poverty index ratio			
≤1	2689 (17.2)	47.0	24.9
1.1-2	2529 (19.5)	53.4	25.3
2.1-4	2550 (28.0)	62.6	19.4
>4	2530 (35.3)	67.8	18.2
Obesity status (Body Mass Index)			
Underweight or normal (<25)	4179 (41.6)	59.8	19.5
Overweight (25-29.9)	2774 (26.3)	60.3	21.7
Obese (≥30)	3671 (32.2)	59.3	22.9
Smoking			
Never	6703 (61.5)	65.0	18.2
Former	1487 (16.9)	61.7	22.6
Current	2147 (21.6)	43.5	29.1
Number of days use alcohol past			
year	2200 (20.2)	67 F	40.5
0	3366 (30.3)	67.5	18.5
1-25	3035 (35.8)	58.8	21.7
>25	2417 (33.9)	55.4	22.5
Lifetime illegal substance use	5007 (54 A)		40.0
No	5327 (51.4)	66.2	18.2
Yes	4034 (48.6)	53.3	24.7
Number of sex partners past year			
	1546 (15.9)	65.7	21.5
1	6422 (72.7)	63.5	20.1
≥2	1144 (11.5)	27.5	29.7
<sup>1</sup> wt%: weighted % based on the NHAN	1 (		20.1

'wt%: weighted % based on the NHANES sampling weights.

<sup>2</sup>Tested using the Rao-Scott chi-square test



## results, log transformed

- women aged 18-59 years.

83, 84, 89, IS39

**High risk:** 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59

**Statistical Analysis:** 

For demographic data - weighted descriptive statistics

For evaluation of demographic data and HPV types (adjusted covariates selection) -Rao-Scott Chi-square

For relationship between antioxidants and HPV types - univariate/multivariate multiple logistic regression model

Table2. Antioxidant VS. HPV status									
	<u>Unadjusted</u>			Adjusted <sup>1</sup>					
Biomarker (unit)	Low-risk HPV Vs. No HPV OR (95% CI)	High-risk HPV Vs. No HPV OR (95% CI)	Low-risk HPV Vs. No HPV OR (95% CI)	High-risk HPV Vs. No HPV OR (95% CI)	Sample Size				
Endogenous antioxidants									
Albumin (g/L)	0.25(0.13,0.49)***	0.16(0.07,0.34)***	0.68(0.29,1.63)	0.29(0.11,0.76)*	7405				
Nutritional antioxidants									
Vitamin A (mcg)	0.84(0.76,0.93)**	0.75(0.68,0.82)***	0.94(0.84,1.05)	0.89(0.8,0.98)*	7548				
Vitamin B2 (mg)	0.77(0.67,0.89)**	0.72(0.63,0.83)***	0.88(0.75,1.04)	0.84(0.72,0.98)*	7548				
Vitamin E (mg)	0.77(0.68,0.86)***	0.7(0.62,0.79)***	0.84(0.70,1.00)*	0.83(0.7,0.97)*	7548				
Folate (mcg)	0.73(0.64,0.84)***	0.72(0.63,0.82)***	0.81(0.69,0.95)**	0.79(0.69,0.92)**	7548				

\*: p<0.05, \*\*p<0.01; \*\*\*:p<0.001 based on multinomial logistic models, bold: adjusted p<0.05 for high-risk HPV <sup>1</sup> multinomial logistic model adjusted for 9 factors (age, race, education, income, marital status, smoking status, lifetime illegal substance use, past 12-month alcohol intake, number of sexual partners in past 12-month).

## Table3. Albumin and NAS VS. HPV status

Biomarker (unit)		Model 1 (n=10073) <sup>1</sup>		Model 2 (n=7253) <sup>2</sup>	
	Sample size	Low-risk HPV Vs. No HPV OR (95% CI)	High-risk HPV Vs. No HPV OR (95% CI)	Low-risk HPV Vs. No HPV OR (95% CI)	High-risk HPV Vs. No HPV OR (95% CI)
Albumin (g/L)					
≤39	2687	1	1	1	1
39.1-41	2349	0.91 (0.75-1.11)	0.78 (0.64-0.95)*	0.98 (0.76-1.25)	0.83 (0.65-1.06)
41.1-44	3506	0.78 (0.66-0.93)**	0.72 (0.61-0.86)***	0.92 (0.75-1.11)	0.76 (0.61-0.93)**
>44	1991	0.75 (0.62-0.92)**	0.62 (0.50-0.76)***	1.00 (0.78-1.30)	0.71 (0.54-0.93)*
Nutritional antioxidant sco	re (NAS)				
Low (≤25%)	2936	1	1	1	1
Median low (25.1-50%)	2720	0.80 (0.67-0.95)*	0.73 (0.61-0.87)***	0.85 (0.69-1.05)	0.87 (0.67-1.13)
Median high (50.1-75%)	2559	0.64 (0.52-0.78)***	0.62 (0.51-0.75)***	0.79 (0.63-1.00)	0.85 (0.67-1.08)
High (>75%)	2328	0.59 (0.49-0.71)***	0.57 (0.47-0.69)***	0.69 (0.55-0.88)**	0.76 (0.59-0.97)*

### Method

Nutritional antioxidant data: the average of the two 24-hour dietary intake

Study population: HPV infections evaluated by the 14-year (2003-2016) National Health and Nutrition Examination Survey (NHANES) for 11,070

**Classification of HPV infections:** Defined as High risk if any HR type tested positive; low risk if no high-risk type positive but any low-risk type positive Low risk: 6, 11, 26, 40, 42, 53, 54, 55, 61, 62, 64, 66, 67, 68, 69, 70, 71, 72, 73, 81, 82,

- (NAS).

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### Results

Identified serum albumin, vitamin-A, -B2, -E, and folate were inversely associated with HR-HPV infection.

Developed the nutritional antioxidant score

Women with a high albumin level (Odds ratio [OR]=0.76 and 0.71 for 41.1-44 and >44 vs. ≤39 g/L) and a high NAS in the top quartile (OR=0.76 vs. the low NAS quartile group) had a lower risk of HR-HPV.

### Conclusion

• Our findings demonstrated inverse associations between the five antioxidants. The higher serum albumin and higher intake of nutritional antioxidants included vitamins A, B2, and E, and folate were associated with lower risk of HR-HPV infection. Antioxidants may provide a protective effect on HR-HPV infection, which could decrease the risk of cervical cancer development.

#### Discussions

This study cannot identify or infer a causal relationship between antioxidants and HR-HPV infection due to the usage of crosssectional NHANES data.

This study cannot evaluate antioxidants associated with persistent HPV infection because only one-time HPV infection was measured. Further, large and prospective study research is needed to evaluate the effect of antioxidants and persistent HR-HPV infection.

There may be a recall bias for the selfreported health behaviors such as sex partners and alcohol intake during interview.