# Letter to the Editor

## D-Chiro-Inositol's action as aromatase inhibitor: rationale and potential clinical targets

#### Dear Editor,

D-Chiro-Inositol (DCI) is one of nine stereoisomers of inositol, a six-carbon polyalcohol<sup>1</sup>. Inositol phosphoglycans play a key role in signal transduction of insulin and orchestrate hormonal regulation and oocyte developmental competence at ovarian level<sup>2</sup>. In this scenario, a recent in vitro study found that DCI acts directly on steroidogenic enzymes gene regulation of human granulosa cells, reducing mRNA expression of both aromatase CYP19A1 and cytochrome P450 side-chain cleavage (P450scc) genes in a dose-response manner in mature granulosa-lutein cells<sup>3</sup>. This action of DCI as aromatase inhibitor (AI) can be considered in line with the observation of a detrimental effects on blastocyst quality in case of high levels of DCI in the follicular fluid (FF)<sup>4</sup>: in particular, the best oocyte quality correlated with a MI:DCI ratio 70-100:1 in FF, whereas the 40:1 ratio administered by oral route has been found to reverse histological and functional features of PCOS in a mouse model<sup>5</sup>, and has been later confirmed as the best strategy for PCOS therapy in humans<sup>6</sup>. Considering its action as AI, we take the opportunity to speculate that DCI at high levels may be considered as a potential therapeutic/adjuvant strategy in clinical conditions in which the reduction of estrogens is the key target, such as endometriosis<sup>7</sup> and estrogen-dependent breast and endometrial cancers<sup>8</sup>. In addition, high levels of DCI may be used alone or in combination with other Als, such as letrozole, for ovulation induction, especially in the PCOS population<sup>9</sup>. Finally, since aromatase converts testosterone to estradiol, the inhibition of this enzyme by high levels of DCI can lead to increased (non-converted) levels of circulating androgens, which may play a beneficial role in several conditions, such as sexual dysfunction<sup>10</sup> and for prevention of osteoporosis in both men and women.

#### **Conflict of interest**

Vittorio Unfer is an employee at Lo.Li. Pharma s.r.l., Rome, Italy. Antonio Simone Laganà has no proprietary, financial, professional or other personal interest of any nature in any product, service or company.

### References

- NESTLER JE, JAKUBOWICZ DJ, REAMER P, GUNN RD, ALLAN G. Ovulatory and metabolic effects of D-chiro-inositol in the polycystic ovary syndrome. N Engl J Med 1999; 340: 1314–1320.
- LAGANÀ AS, GARZON S, CASARIN J, FRANCHI M, GHEZZI F. Inositol in Polycystic Ovary Syndrome: Restoring Fertility through a Pathophysiology-Based Approach. Trends Endocrinol Metab 2018; 29: 768-780.
- SACCHI S, MARINARO F, TONDELLI D, LUI J, XELLA S, MARSELLA T, TAGLIASACCHI D, ARGENTO C, TIRELLI A, GIULINI S, LA MARCA A. Modulation of gonadotrophin induced steroidogenic enzymes in granulosa cells by d-chiroinositol. Reprod Biol Endocrinol 2016; 14: 52.
- 4) RAVANOS K, MONASTRA G, PAVLIDOU T, GOUDAKOU M, PRAPAS N. Can high levels of D-chiro-inositol in follicular fluid exert detrimental effects on blastocyst quality? Eur Rev Med Pharmacol Sci 2017; 21: 5491-5498.
- 5) BEVILACQUA A, DRAGOTTO J, GIULIANI A, BIZZARRI M. Myo-inositol and D-chiro-inositol (40:1) reverse histological and functional features of polycystic ovary syndrome in a mouse model. J Cell Physiol 2019; 234: 9387–9398.
- 6) NORDIO M, BASCIANI S, CAMAJANI E. The 40:1 myo-inositol/D-chiro-inositol plasma ratio is able to restore ovulation in PCOS patients: Comparison with other ratios. Eur Rev Med Pharmacol Sci 2019; 23: 5512-5521.

Corresponding Author: Vittorio Unfer, MD; e-mail: vunfer@gmail.com

- 7) VERCELLINI P, VIGANÒ P, SOMIGLIANA E, FEDELE L. Endometriosis: pathogenesis and treatment. Nat Rev Endocrinol 2014; 10: 261-275.
- GRONER AC, BROWN M. Role of steroid receptor and coregulator mutations in hormone-dependent cancers. J Clin Invest 2017; 127: 1126-1135.
- KLEMENT AH, CASPER RF. The use of aromatase inhibitors for ovulation induction. Curr Opin Obstet Gynecol 2015; 27: 206-209.
- 10) CORONA G, ISIDORI AM, BUVAT J, AVERSA A, RASTRELLI G, HACKETT G, ROCHIRA V, SFORZA A, LENZI A, MANNUCCI E, MAGGI M. Testosterone supplementation and sexual function: a meta-analysis study. J Sex Med 2014; 11: 1577-1592.

A.S. Laganà<sup>1</sup>, V. Unfer<sup>2</sup>

<sup>1</sup>Department of Obstetrics and Gynecology, "Filippo Del Ponte" Hospital, University of Insubria, Varese, Italy <sup>2</sup>Department of Experimental Medicine, Sapienza University, Rome, Italy