



Review article

Biomarkers of migraine: Part 1 – Genetic markers



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ABSTRACT

Background: Migraine is a multifactorial socially significant disease affecting the peripheral and central nervous system. The diagnosis of “migraine” is still the only clinical, and additional methods of inspection are only required to avoid secondary headaches if certain “signs of danger”. Accordingly, the search for biomarkers of migraine, confirming the diagnosis, rather than refuting others, is the leading vector in this scientific field.

Aim: In this paper we have analyzed the literature data on the genetic markers associated with migraine.

Methods: List of genes was compiled using Pathway Studio 10® software and abstract database ResNet12® made by Elsevier. Addition search (last time on 15 March 2016) was performed by using PubMed or TargetInsights. Information about 185 polymorphic loci in 98 genes associated with migraine was extracted and described.

Results: The genes associated with migraine could be classified into 8 major groups: homeostasis of blood vessels - 26.5%, metabolism of neurotransmitters - 11.2%, transport and reception of neurotransmitters - 24.5%, neurogenesis - 5.1%, inflammation - 8.2%, sex hormones - 5.1%, ion channels and membrane potential - 11.2%, other - 8.2%.

Conclusion: These findings parallel the range of mechanisms implicated in migraine pathogenesis.

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1. Introduction

Reliable biomarkers of migraine, especially genetic markers, will allow predicting predisposition to the disease and its severity. This study provides the information about genetic markers associated with migraine.

The original list of genes was compiled using Pathway Studio 10® software and abstract database ResNet12® made by Elsevier. ResNet12® database contains information from literature sources freely available on the Internet, as of December, 2015. All genes found by the program to have “GeneticChange” relationship with migraine were selected, to the total of 148 genes. The amount of referenced articles was 497; 3 or less articles referenced 115 relations (80 relations – 1 reference). Addition search (last time on 15 March 2016) was performed by using PubMed (<http://www.ncbi.nlm.nih.gov/pubmed/>) or TargetInsights (<https://demo.elseviertextmining.com/>).

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Table 1
Genes associated with migraine. Description is in the text.

Official symbol	Probable reasons for association with migraine	Markers	Sample parameters	Comments/reference
ACE (angiotensin I converting enzyme)	Regulates arterial pressure level by indirect activation of strong vasoconstrictors and vasodilators.	rs1799752	MWOA = 1951, MWA = 1275, nC = 20423. USA. nP = 502, nC = 323. Italy. nP = 240, nC = 200. Taiwan. nP = 53, nC = 22. Turkey. nP = 302, nC = 201. Italy. ACE: nP = 6120 (MWA = 1761; MWOA = 2853), nC = 22,310. nP = 254 (MWA = 54, MWOA = 122, TH = 78), nC = 248. Japan. nP = 91 (MWA = 24, MWOA = 67), nC = 119. Japan. Interaction with MTHFR nP = 103 (MWOA = 81, MWA = 9, MAO = 13), nC = 336 (CC3). Italy. rs1799752, interaction with MTHFR (rs1801133) and vWF rs4646994, interaction with MTHFR (rs1801133) nP = 150, nC = 220 patients with non-migraine headache headache (disease control), nC = 150 normotensive. India. nP = 270 (MWA = 63%, MWOA = 37%), nC = 270. Australia. rs4646994, interaction with MMP3 (-1171 5 A > 6 A) nP = 180 (MWOA = 109, MWA = 59, basilar type = 10, complicated = 2), nC = 210. Turkey.	Increased risk of CVD (cardiovascular disease) among patients with MWA having DD, DI genotypes. [1] Genotype II affects the clinical pattern of the disease that is associated with a reduction in the use of prophylactic agents in patients with MWA and chronic migraine. [2] DD genotype is protective in males. [3] DD genotype is more common in patients with MWA. [4] The frequency of DD genotype is higher in MWOA ($P < 0.05$). The incidence of migraine (average number of attacks per week) is greater in patients with DD, than in patients with ID ($P < 0.05$). ACE activity in plasma is increased in patients with DD. [5] II is a protective genotype. [6] D allele and DD genotype ($P < 0.01$) are more common in patients with MWA. [7] The distribution of genotypes II + ID vs DD differed in the group of patients with migraine ($P = 0.082$) and MWA ($P = 0.025$) as compared to the control group. [8] MTHFR and ACE polymorphism is associated with migraine. [9] Patients with DD (ACE) genotype had a high level of vWF activity (152%) as compared with ID and II genotypes. The level was higher (179%) in the combined ACE DD and MTHFR TT genotype. ACE DD genotype was associated with a high incidence of headaches. [10] ACE DD genotype is associated with MWA, but insignificantly in women with MWA as compared to the control group. DD * CT (MTHFR, rs1801133) positive association in patients with common MWA, women with MWA as compared with the control. [11] DD/ID genotype (rs4646994) is more common in the group with migraine as compared to the control group ($P = 0.048$). The combination of TT (MTHFR, rs1801133) and ID/DD genotypes (ACE) increases the risk of migraine ($P = 0.018$), especially MWA ($P = 0.002$). [12] Interaction between ACE (287 bp ID) and MMP3 (-1171 5A > 6A) is associated with migraine. Combined DD/5A5A and ID/5A5A genotypes increase the risk of migraine. Genotypes II and/or 6A6A are protective. [13]
ADH1B (alcohol dehydrogenase 1B (class I), beta polypeptide)	Takes part in metabolism of dopamine	rs1229984	nP = 197 (MWA = 98, MWOA = 99), nC = 255. Spain.	The frequency of Arg/His genotype and His allele is significantly lower in patients than in controls. The frequency of His allele is significantly higher among patients whose migraine trigger is alcohol. [14]
ANKK1 (ankyrin repeat and kinase domain containing 1)	Is involved in signal transduction	rs1800497, interaction with rs7239728 (DBH)	nP1 = 208, nP = 127, nC = 200.	rs1800497 results in reduced aggregation of ANKK1 protein. Interaction with rs7239728 (DBH) increases the risk of migraine. [15]
AOC1 (amine oxidase, copper containing 1)	Is involved in histamine metabolism	rs2052129, rs10156191, rs1049742, rs1049793	nP = 197, nC = 245. Spain.	Genotype CC of rs10156191 (related to decreased DAO enzyme activity) is associated with the risk of developing migraine (OR = 1.61), particularly in women (OR = 2.08). [16]
APEX1 (APEX nuclease (multifunctional DNA repair enzyme) 1)	Participates in DNA reparation	rs3136820	nP = 135 (MWOA = 88, MWA = 47), nC = 101. Turkey.	The frequency of genotypes differed significantly in patients with migraine as compared to the control group ($P = 0.048$). T + genotype increases the risk of migraine ($P = 0.026$). [17]
APOE (apolipoprotein E)	The expression of molecules involved in headache pathogenesis (nitric oxide and interleukin) occurs under influence of apolipoprotein E (ApoE) and is gene-specific	E2-E4 HhaI polymorphism	nP = 241 (MWA = 18, MWOA = 135, mixed headaches (migraine associated with TH) = 88), nC = 587. Italy. nP = 50, nP = 50 (TH), nC = 50. India. nP = 217, nP = 179 TH. nC = 217. India.	E2-E4 genotype is significantly increased only in patients with mixed headaches. [18] E2 increases the risk of migraine in comparison to the control group ($P < 0.001$) and TH ($P = 0.01$). E4 is protective. [19] E3E4 and E2E3 genotypes are associated with common migraines and MWA. [20]
ASTN2 (astrotactin 2)	Takes part in glia-controlled migration and alterations in architecture of brain cortex regions	rs6478241	1) nP = 2326 with MWOA, nC = 4580. Germany and Netherlands. 2) nP = 2508 with MWOA, nC = 2652. Europe.	Association with MWOA ($P < 0.05$). [21]

Table 1 (continued)

Official symbol	Probable reasons for association with migraine	Markers	Sample parameters	Comments/reference
BDNF (brain-derived neurotrophic factor)	BDNF protein interacts with CALCA. It takes part in generation and modulation of pain	rs2049046, interaction with CGRP (rs1553005) rs2049046	nP = 188 (MWA = 77, MWOA = 111), nC = 287. Portugal. nP = 855 (MWOA = 210, MWA = 645), nC = 857. Australia. 1) nP = 841 MWA, nC = 884. Finland. 2) nP = 2835, nC = 2740. Netherlands, Germany, Australia. nP = 14, nC = 46. USA.	Combined presence of AT (BDNF) and GC (CGRP) genotypes increases the risk of migraine. [22] An increased frequency of TT genotype and allele T in migraine patients (P = 0.013), in particular with MWA (P = 0.015), as compared to controls. [23] Interaction between rs1431656 (KCNB2) and rs7076100 (CACNB2) increases the risk of migraine. [24,25] A silent substitution of D29D was found in 2 patients, and was not found in any control sample. [26]
CACNB2 (calcium channel, voltage-dependent, beta 2 subunit)	Involved in ion homeostasis, plays important role in neuronal excitability	rs7076100, interaction with KCNB2 (rs1431656)		
CACNB4 (calcium channel, voltage-dependent, beta 4 subunit)		D29D		
CALCA (= CGRP) (calcitonin-related polypeptide alpha = calcitonin gene-related peptide)	Has a vasodilatory effect, is responsible for neurogenic inflammation and vasodilation of cranial blood vessels in the pathophysiology of migraine. Is associated with the activation of the trigeminal vascular system	rs1553005, interaction with BDNF (rs2049046)	nP = 188 (MWA = 77, MWOA = 111), nC = 287. Portugal.	The combined presence of AT (rs2049046, BDNF) and GC (rs1553005, CGRP) genotypes increases the risk of migraine. [22]
CCKAR (cholecystokinin A receptor)	Regulates the release of beta-endorphin and dopamine	rs1800857	nP = 144, nC = 197. Russia.	Association of C allele with migraine ($p < 10^{-10}$). [27]
CNR1 (cannabinoid receptor 1 (brain))	Has an inhibitory effect on the trigeminal vascular activation	rs806369, rs1049353, rs4707436, rs12720071, rs806368, rs806366, rs7766029, rs806379, rs1535255, rs2023239, rs4680	nP = 195, nC = 684. USA.	10 SNP haplotype are associated with migraine (P = 0.008). rs7766029 T allele (P = 0.063) and rs806368 C/C genotype (P = 0.008) were in association with migraine. [28]
COMT (catechol-O-methyltransferase)	Inactivates catecholamines and catecholamine-containing drugs		2 nP samples: 1) 75 patients with MWOA were treated with frovatriptan. 2) 123 patients were treated with other triptans. Italy. nP = 62 (MWA = 33, MWOA = 29), nC = 64. Turkey. nP = 97 MWOA, nC = 94. Korea.	rs4680 affects the clinical response to drugs. Met/Met increases the risk of a weak response to triptans. [29] L/H (Met/Val) and L/L (Met/Met) genotypes are more common in migraine patients (P = 0.013). L/L (Met/Met) genotype was more common in patients with family history of migraine (P = 0.003). [30] L allele is associated with headache intensity (P = 0.001) and the incidence of accompanying nausea/vomiting (P = 0.026). [31]
CSNK1D (casein kinase 1, delta)	Association with CSD (cortical spreading depression)	p.Thr44Ala, p.His46Arg	USA.	2 families with migraine and an early onset of sleep phase, carrying missense mutations T44 A and H46R, were found. As a result of mutations, a decrease in enzyme activity is observed. [32]
CYP1A2 (cytochrome P450, family 1, subfamily A, polypeptide 2)	Metabolizes triptans	rs762551	nP = 104. Italy.	Association with chronic migraine. [33]
CYP19A1 (cytochrome P450, family 19, subfamily A, polypeptide 1)	Catalyzes the final step of estrogen biosynthesis	rs10046, rs4646, interaction with ESR1 (rs2234693, rs9340799)	nP1 = 207, nP2 = 127, nC = 200. India.	rs10046 - T allele and TT genotype are associated with migraine; rs4646 - protective effect of T allele in patients with MWA. The combination of heterozygous ESR1 variants (rs2234693 and rs9340799) - CYP19A1 (rs10046) is associated with migraine, while genotype CYP19A1 (rs4646) - ESR1 (rs9340799) has a protective effect. [34]
DBH (dopamine beta-hydroxylase (dopamine beta-monoxygenase))	Dopamine plays an important role in the pathophysiology of migraine, antimigraine agents (neuroleptics) affect the dopamine system The dopamine hypothesis of migraine development	interaction with ESR2 (rs1271572) STR (AC)n rs141116007	nP1 = 207, nP2 = 127, nC = 200. India. nP = 177 (MWA = 98, MWOA = 79), nC = 182. Australia. nP = 275, nC = 275. Australia. nP = 301 (MWOA = 202, MWA = 99), nC = 202. India.	CYP19A1 rs10046 - ESR2 rs1271572 interaction increases the risk of susceptibility to migraine. [34] The distribution of (AC)n alleles is associated with migraine (P = 0.019). [35] Association with migraine (P = 0.011), in particular with MWA (P = 0.003). Risk of migraine is 3-fold higher in men with DD genotype than in women. [36] DD genotype has a significant association with migraine (P = 0.027), especially in women (P = 0.016). [37]

(continued on next page)

Table 1 (continued)

Official symbol	Probable reasons for association with migraine	Markers	Sample parameters	Comments/reference
	is based on the signs of central dopamine hypersensitivity in patients with migraine and the presence of effects of dopamine on the nociceptive system, vascular tone and autonomic responses.	rs2097629	nP = 270 + 380 (MWA), nC = 272 + 378. Germany.	Association with MWA (P = 0.0116). [38]
rs7239728, interaction with ANKK1 (rs1800497)		nP1 = 208 nP2 = 127, nC = 200.	rs7239728 has a significant association with migraine, the interaction between rs7239728 and rs1800497 (ANKK1) increases the risk of migraine. [15]	
rs1611115		1) nP = 200 (MWA = 115, MWOA = 85), nC = 200; 2) nP = 300. nC = 300. Australia.	A significant association with migraine. [39]	
DRD2 (dopamine receptor D2)		rs7131056	nP = 270 + 380 (MWA), nC = 272 + 378. Germany.	Association with MWA (P = 0.0058). [38]
		NcoI polymorphism	nP = 129 (MWA = 52, MWOA = 77), nC = 121. USA.	The frequency of C allele is increased in patients with MWA (P < 0.005) as compared to the control group. [28]
		rs6275	nP1 = 208 nP2 = 127, nC = 200.	T allele reduces the risk of migraine. [15]
DRD3 (dopamine receptor D3)		rs6280	nP = 197, nC = 282. Spain.	The frequency of Gly9Gly9 genotype was significantly higher in patients with MWA as compared with MWOA patients. [40]
DRD4 (dopamine receptor D4)		exon 3 VNTR	190 families with migraine (MWOA = 145, MWA = 45). Great Britain.	Seven-repeat allele is a protective factor against migraine without aura. [41]
		48-base-pair tandem repeat in exon 3	nP = 194 (MWA = 93, MWOA = 101), nC = 117. Italy. nP = 101 c MWOA, nC = 117. Italy.	The distribution of alleles in the MWOA group is significantly different from that in MWA groups (P = 0.002) and controls (P = 0.053). [42] A significant association with MWOA. [43]
EDN1 (endothelin 1)	Potent vasoactive mediator	rs2070699, rs1626492	Women. nP = 312 (MWA = 243, MWOA = 69), nC = 407. USA.	Substitutions of rs2070699 and rs1626492 are associated with MWA (P = 0.03, P = 0.02). [44]
EDNRA (endothelin receptor type A)	Potent vasoconstrictor	-231G > A	nP = 440, nP = 222 (TH). nC = 1323. nP = 217, nP = 179 (TH). nC = 217. India.	Association of AA genotype with migraine. [45] AA genotype and A allele are associated with common migraines and MWOA. [20]
EDNRB (endothelin receptor type B)	Regulation of vascular tone and cerebral circulation	rs9544636	Women. nP = 312 (MWA = 243, MWOA = 69), nC = 407. USA.	Association with migraine (P = 0.02). [44]
ESR1 (estrogen receptor 1)	Expressed in trigeminal neurons; receptors are associated with the hormonal system	rs2234693	nP = 217 (MWA = 84, MWOA = 133), nP = 179 (TH), nC = 217. India. nP = 898 MWA, nC = 900. Finland.	Association of TT genotype (P = 0.0003) and T allele (P = 0.0001) with migraine, especially in women (P = 0.002) and in patients with MWA (P = 0.002, P = 0.001). [46] Association of 5 SNP of ESR1 gene (rs6557170, Rs2347867, rs6557171, rs4870062 and rs1801132) with MWA (P = 0.007–0.034). [47]
		rs6557170, rs2347867, rs6557171, rs4870062, rs1801132	nP1 = 207; nP2 = 127. nC = 200. India.	rs2234693 – association with MWA. The combination of heterozygous variants of ESR1 (rs2234693 and rs9340799) – CYP19A1 (rs10046) is associated with migraine, while CYP19A1 (rs4646) – ESR1 (rs9340799) has a protective effect. [34]
		rs2234693, rs9340799, interaction with CYP19A1 (rs10046, rs4646)	nP = 356 (MWA = 198, MWOA = 158), nC = 374. Spain.	ESR2-ESR1-FSHR interaction is associated with MWA. [48]
		interaction with ESR2, FSHR	1) nP = 224, nC = 224. 2) nP = 260, nC = 260. Australia.	Associated with susceptibility to migraine. [49]
		p.Gly594Ala	nP = 91 (MWA = 24, MWOA = 67), nC = 119. Japan.	The distribution of G594A genotypes (P = 0.001) differed in patients with migraine and controls. The distribution of G594A genotypes (P = 0.001) differed in the group with MWOA and controls. [8]
		p.Gly325Cys	Spain. nP = 356 (MWA = 198, MWOA = 158), nC = 374. Spain.	In women, increases the risk of migraine 3-fold. [50] ESR2-ESR1-FSHR interaction is associated with MWA. [48]
ESR2 (estrogen receptor 2)		rs1271572, interaction with CYP19A1 (rs10046)	nP1 = 207; nP2 = 127. nC = 200. India.	CYP19A1 rs10046- ESR2 rs1271572 interaction increases the risk of susceptibility to migraine. [34]

Table 1 (continued)

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F2 (coagulation factor II (thrombin))	During migraine attacks, the activation of platelets and plasma coagulation increases	rs1799963	nP = 294 (MWA = 71, MWOA = 223), nC = 1162. France.	Association with MWA (P = 0.04). [51]
F5 (coagulation factor V (proaccelerin, labile factor))		rs6025	nP = 35 (children), nC = 50. Italy.	Increases the risk of migraine. [52]
FHL5 (four and a half LIM domains 5)	Spermatid's specific transcription factor, involved in spermatogenesis	rs11759769, rs2983896	nP = 294 (MWA = 71, MWOA = 223), nC = 1162. France.	Association with MWA (P = 0.04). [51]
FSHR (follicle stimulating hormone receptor)	Associated with the hormonal system	interaction with ESR2, ESR1	nP = 2328, nC = 95,425. Europe. IHGC GWA meta-analysis.	Association of allele A of rs2983896 with MWOA. [53]
GABRA3 (gamma-aminobutyric acid (GABA) A receptor, alpha 3)	GABA is the major inhibitory neurotransmitter in the brain; disorders of this system may cause increased neuronal excitability	rs3902802, rs2131190	nP = 356 (MWA = 198, MWOA = 158), nC = 374. Spain.	Association with MWA as part of haplotypes ESR1-ESR2 (P = 0.009), ESR2-FSHR (P = 0.011), and ESR2-ESR1-FSHR (P = 0.037). [48]
GABRQ (gamma-aminobutyric acid (GABA) A receptor, theta)		rs3810651	nP = 188 (MWA = 77, MWOA = 111), nC = 286. Portugal.	CT (rs3902802) and GA (rs2131190) genotypes are protective (P = 0.006, P = 0.013). [54]
GRIA1 (glutamate receptor, ionotropic, AMPA1)	Involved in excitability needed for CSD and activation of the trigeminal vascular system	rs2195450, rs548294	nP = 188 (MWA = 77, MWOA = 111), nC = 286. Portugal.	AT genotype is associated with an increased risk of migraine (P = 0.002). [54]
GRIA3 (glutamate receptor, ionotropic, AMPA3)		rs2195450, rs2195450	nP = 244 (MWA = 135, MWOA = 109), nC = 260. Italy.	rs2195450 is associated with MWA (P = 0.00002). rs548294 is associated with MWOA (P = 0.0003). [55]
GRIA3 (glutamate receptor, ionotropic, AMPA3)		rs2195450	nP = 331 (female), nC = 330 (female). Han-Chinese.	rs2195450 allele C is associated with migraine (P = 0.001), also allele C associated with MWA (P = 0.012, compared with control) and MWOA (P = 0.002, compared with control). [56]
GRIA3 (glutamate receptor, ionotropic, AMPA3)		rs3761555	nP = 472, nC = 472. Australia.	Associated with MWOA (P = 0.008). [57]
HCRTR1 (hypocretin (orexin) receptor 1)	Acts via PKC to phosphorylate voltage-activated calcium channels	rs2271933	nP = 244 (MWA = 135, MWOA = 109), nC = 260. Italy.	Associated with MWA (P = 0.0001). [55]
HFE (hemosiderosis)	Involved in the regulation of iron	p.His63Asp	nP = 384 (MWA = 54, MWOA = 330), nC = 259. Italy.	The presence of A allele was associated with an increased risk of migraine, including MWOA. [58]
HLA-DRB1 (major histocompatibility complex, class II, DR beta 1)	Association of migraine with certain diseases related to the HLA system, such as asthma and narcolepsy	HLA-DRB1 alleles	nP = 256, nC = 237. Italy.	Patients carrying the Asp/Asp genotype showed a later age of onset and an increased number of migraine attacks. [59]
HRH3 (histamine receptor H3)	Histamine H3 receptor activation blocks the release of peptides responsible for headache	p.Ala280Val	nP = 255 (MWA = 41, MWOA = 214), nC = 325. Italy.	The frequency of DRB1*12 allele is significantly decreased (P = 0.02) in patients with migraine, while that of DRB1*16 allele is significantly increased (P = 0.04) as compared to the control group. The frequency of HLA-DRB1** 16 allele is significantly increased (P < 0.05) in MWOA. [60,61]
HTR1A (5-hydroxytryptamine (serotonin) receptor 1A, G protein-coupled)	Involved in 5-HT-induced vasoconstriction	1019C>G	nP = 147, nC = 186. Mexico.	Frequencies of VV and VA genotypes is higher in patients with migraine, as compared to the control group (P = 0.001). VV and VA are risk genotypes. [62]
HTR1B (5-hydroxytryptamine (serotonin) receptor 1B, G protein-coupled)		861G>C	nP = 197 (MWA = 98, MWOA = 99), nC = 117. Germany.	GG genotype is associated with avoidance of physical activity during a migraine attack (P = 0.008). [63]
HTR2A (5-hydroxytryptamine (serotonin) receptor 2A, G protein-coupled)		rs2070040	nP = 197 (MWA = 98, MWOA = 99), nC = 117. Germany.	CC genotype is associated with the intensity of headache attacks (P < 0.05). [63]
		102 T > C	nP = 91 (MWA = 24, MWOA = 67), nC = 119. Japan.	Genotypic distribution of G861C (P = 0.040) differed in the MWA group and controls. [8]
ICAM1 (intercellular adhesion molecule 1)	Association of cytokines with neurogenic inflammation in the pathogenesis of migraine; a central role in enhancing the inflammatory cascade	rs5498	nP = 82 (MWA = 20, MWOA = 62), nC = 115. Japan.	Genotype AA is more common in MWA, than in MWOA. [64]
IL1A (interleukin 1, alpha)		889C > T	nP = 61, nC = 44. Turkey.	It may be involved in the formation of aura –C/C genotype prevailed in MWA (P = 0.02), while C/T and T/T genotypes prevailed in MWOA (P < 0.01). [65]
IL1B (interleukin 1, beta)		rs1143634	nP = 114 (MWOA = 80, MWA = 34), nC = 125. China.	The frequencies of EE genotype and E alleles are higher in patients with migraine, in particular with MWOA, as compared to the control group (P < 0.01). Serum ICAM1 level is significantly increased in patients with migraine as compared to the control group (P < 0.01). [66]
			nP = 269. Italy.	In patients with TT genotype, migraine attacks begin about 10 years earlier. [67]
			nP = 67 c MWOA, nC = 96. Turkey.	+3953T allele is more common in patients with MWOA, than in controls (P = 0.004). [68]

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Table 1 (continued)

Official symbol	Probable reasons for association with migraine	Markers	Sample parameters	Comments/reference
INSR (insulin receptor)	It affects the brain metabolism and cerebral blood flow	rs2860172, rs2860174, rs1799817, rs2860183, SNP265	Populations of North America: nP = 827, nC = 765. Australian populations: nP = 275, nC = 275. Great Britain. nP = 110, nC = 250. Canada.	A significant association of 5 substitutions with migraine. Minor alleles rs2860172 (= SNP84), rs2860174 (= SNP90), rs1799817 (= SNP274), rs2860183 (= SNP81) are associated with migraine. Minor allele SNP265 is protective. [69]
KCNAB3 (potassium voltage-gated channel, shaker-related subfamily, beta member 3)	Involved in ion homeostasis, plays an important role in neuronal excitability	p.Arg187Cys		Found only in migraine patients. [70]
KCNB2 (potassium voltage-gated channel, Shab-related subfamily, member 2)		rs13276133, interaction of rs1431656 and rs7076100 (CACNB2)	1) nP = 841 MWA, nC = 884. Finland. 2) nP = 2835, nC = 2740. Netherlands, Germany, Australia.	rs13276133 – association with MWA (P = 0.00041). Interaction between rs1431656 (KCNB2) and rs7076100 (CACNB2) increases the risk of migraine development. [24]
KCNK4 (potassium voltage-gated channel, subfamily G, member 4)		p.Leu360Pro	nP = 110, nC = 250. Canada.	Found only in migraine patients. [70]
KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10)		rs1130183	nP = 243 (MWA = 85%, MWOA = 15%), nC = 243 Australia.	Association with migraine (P = 0.02). [71]
KCNK18 (potassium channel, subfamily K, member 18) TRESK		p.F139WfsX24	nP = 110	Frameshift mutation (F139WfsX24) is associated with familial MWA. [72]
KCNN3 (potassium intermediate/small conductance calcium-activated channel, subfamily N, member 3)	Regulates neuronal hyperpolarization after an action potential; calcium-activated	p.Phe139TrpfsX24	nP = 110, nC = 250. Canada.	Found only in migraine patients. [70]
LDLR (low density lipoprotein receptor)	Is involved in the binding and internalization of cholesterol	rs4845663, rs7532286, rs6426929, rs1218551 polyglutamine site	285 subjects, of them 76 with migraine. Norfolk Island. nP = 190 (MWA = 93, MWOA = 97), nC = 232. Germany	rs4845663, rs7532286, rs6426929 and rs1218551 substitutions are associated with migraine (P < 0.05). [73]
LRP1 (low density lipoprotein receptor-related protein 1)	Is involved in the proliferation of vascular smooth muscle cells, modulates synaptic transmission	G142A in exon 10, (TA) _n in the 3' UTR in exon 18 rs11172113	nP = 360, nC = 200. Italy. nP = 340, nC = 200. India.	Significant differences in the distribution of the LDLR (TA) _n alleles (allele 4), in MO patients versus both controls and the MA subgroup. [75]
LTA (lymphotoxin alpha)	Cytokines play an important role in the modulation of pain threshold	TNFB*2 rs2844482, rs2071590, rs2239704, rs909253, rs3889157	nP = 2326 c MWOA, nC = 4580. Germany and Netherlands. 2) nP = 2508 c MWOA, nC = 2652. Europe. nP = 5122, nC = 18,108. USA. nP = 2328, nC = 95,425. Europe. IHGC GWA meta-analysis.	Allele 15 of polyglutamine site increases the risk 12-fold (P = 0.025). [74]
MAOA (monoamine oxidase A)	Metabolizes triptans	VNTR (30 bp in promoter region) 941T>G, VNTR (30 bp)	nP = 340, nC = 200. India. 1) nP = 2326 c MWOA, nC = 4580. Germany and Netherlands. 2) nP = 2508 c MWOA, nC = 2652. Europe. nP = 5122, nC = 18,108. USA. nP = 2328, nC = 95,425. Europe. IHGC GWA meta-analysis. nP = 79 (MWA = 32, MWOA = 47), nC = 101. Italy. nP = 439, nC = 382. Korea.	Allele C is protective (P = 0.009). [76]
MEF2D (myocyte enhancer factor 2D)	Regulates neuronal differentiation while maintaining the survival of newly formed neurons; neural MEF2D activation limits the number of	rs1050316, rs3790455	nP = 2326 c MWOA, nC = 4580. Germany and Netherlands. 2) nP = 2508 with MWOA, nC = 2652. Europe.	Association with MWOA (P < 0.05). [21]
				Associated with MWOA (P < 0.05). [21]
				Association with MWOA (P < 0.05). [21]
				Associated with migraine. [77,78]
				Association of allele T with MWA and MWOA. [53]
				TNFB * 2 allele produces a high risk of MWOA development. [79]
				CC genotype (rs2844482) is associated with migraine (P = 0.005). TGAAC haplotype (rs2844482, rs2071590, rs2239704, rs909253, rs3889157) is protective (P = 0.0005). [80]
				Weak association of short allele with MWOA in men (P = 0.0423). [81]
				Long allele is associated with chronic migraine. [33]
				Distribution of T941G genotypes (P = 0.048) differed in patients with migraine and controls.
				Genotypic distribution of MAOA-VNTR (P = 0.077) differed in the MWA group and controls.
				The distribution of genotypes T941G (P = 0.068) differed in the group with MWOA and controls.
				Multivariate analysis showed that MAOA T941G (P = 0.010), MTHFR C677T (P = 0.034), TNF-b G252 A (P = 0.027), the neurotism (P = 0.001) and conscientiousness scale (P = 0.004) were identified as important factors in the pathogenesis of migraine. [8]
				Association with MWOA (P < 0.05). [21]

Table 1 (continued)

Official symbol	Probable reasons for association with migraine	Markers	Sample parameters	Comments/reference
MEP1A (meprin A, alpha (PABA peptide hydrolase))	excitatory synapses Hydrolyzes substance P involved in pain signal transduction	Ex4-20A>T	nP = 178, nC = 224. Sweden.	Polymorphism Ex4-20A>T is discovered, possibly associated with migraine. [82]
MMP2 (matrix metalloproteinase 2 (gelatinase A, 72 kDa gelatinase, 72 kDa type IV collagenase))	Alter the permeability of cerebral blood vessels and disrupt the blood-brain barrier (BBB)	-735C>T	nP = 204 (MWA = 51, MWOA = 153), nC = 148. Brazil.	CC genotype (C (-735) T) is associated with high MMP-2 concentrations in plasma of patients with MWA (P < 0.05). [83]
MMP3 (matrix metalloproteinase 3 (stromelysin 1, progelatinase))		interaction between MMP3 (-1171 5A>6A) and ACE (rs1799752)	nP = 180 (MWOA = 109, MWA = 59, basilar type = 10, complicated = 2), nC = 210. Turkey.	Interaction between ACE (287bp ID) and MMP3 (-1171 5A>6A) is associated with migraine. Combined DD/5A5A and ID/5A5A genotypes increase the risk of migraine. Protector genotypes - II and/or 6A6A. [13]
MMP9 (matrix metalloproteinase 9 (gelatinase B, 92 kDa gelatinase, 92 kDa type IV collagenase))		rs3918242, rs2234681, rs17576	Women. nP = 187 (46 MWA n 141 MWOA), nC = 102. Brazil.	CLQ haplotype was associated with high MMP9 concentrations in plasma of patients with migraine. [84]
MTDH (metadherin)	Involved in the glutamate homeostasis	rs1835740	nP = 5950 (MWA = 25,6%, MWOA = 41%, MAO = 33,8%), nC = 50,809. Denmark, Iceland, Netherlands and Germany.	Allele A is associated with migraine (P < 0.05) and a high level of MTDH expression. [85]
MTHFD1 (methylenetetrahydrofolate dehydrogenase (NADP+ dependent) 1, methylenetetrahydrofolate cyclohydrolase, formyltetrahydrofolate synthetase)	Correlation with the level of homocysteine that acts on the trigeminal vascular system	rs2236225, interaction with MTHFR (rs1801133)	nP = 329 (MWA = 138, MWOA = 191), nC = 237. Spain.	QQ and TT genotypes (MTHFR, C677T) together increase the risk of migraine in general (P = 0.01). [86]
MTHFR (methylenetetrahydrofolate reductase (NAD(P)H))		rs1801133	17 studies: nP = 8903, nC = 27637. nP = 74 with migraine (MWA = 22, MWOA = 52). nP = 47 with TH, nC = 261. Japan. 1) MWA = 100. MWOA = 106. nC = 105. 2) nP = 106 with spontaneous cervical artery dissection (no migraine = 49, MWOA = 44, MWA = 13), nP = 227 with ischemic stroke, without cervical artery dissection (no migraine = 169, MWOA = 31, MWA = 24), and, nC = 187 (no migraine = 153, MWOA = 25, MWA = 9). Italy. nP = 267. Australia. nP = 413 (MWA = 187, MWOA = 226), nC = 1212. USA. nP = 2961 (MWA = 2170, MWOA = 791), nC = 2319. Italy. nP = 270, nC = 270. Australia. nP = 151 (MWOA = 130, MWA = 21), nC = 137. China. nP = 35, nC = 50. Italy nP = 83 (MWA = 19, MWOA = 64), nC = 50. Russia. 15 studies. Canada.	T allele is associated with a significantly increased risk of common migraine, particularly with MWA in Asians. [87] T allele and TT genotype are associated with migraine, particularly with MWA. [88] 1) Association of TT genotype with MWA as compared to the control group and patients with MWOA. 2) Migraine and TT genotype are associated with spontaneous cervical artery dissection. [89] TT genotype is significantly associated with MWA (P < 0.0001) and unilateral headache (P = 0.002). CT genotype is associated with the discomfort of physical activity (P < 0.001) and stress as a trigger of migraine (P = 0.002). [90] TT genotype is associated with an increased risk of MWA (P < 0.006). [91] TT genotype is associated with an increased risk of MWA. [92] TT genotype is associated with an increased risk of MWA. [93] High frequency of T allele in patients with migraine (P = 0.004), in particular MWOA (P = 0.003 compared to the control group). [94] 677T allele increases the risk of migraine. [52] TT genotype is associated with accompanying symptoms (photophobia), but is also more sensitive to triggers of migraine attacks. [95] Associated with MWA. [96]

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Table 1 (continued)

Official symbol	Probable reasons for association with migraine	Markers	Sample parameters	Comments/reference
			nP = 230 (MWOA = 152, MWA = 78), nC = 204. Spain.	Association of T allele with MWA (P = 0.006). [97]
			nP = 6446 (MWA = 3645, MWOA = 2899), nC = 24,578.	TT genotype is associated with MWA. [6]
			nP = 91 (MWA = 24, MWOA = 67), nC = 119. Japan.	The distribution of C677T genotypes (P = 0.026) differed in patients with migraine and controls. The distribution of C677T genotypes (P = 0.008) differed in the group with MWOA and controls. Multivariate analysis showed that MAOA T941G (P = 0.010), MTHFR C677T (P = 0.034), TNF- β G252A (P = 0.027), the neurotism (P = 0.001) and conscientiousness scale (P = 0.004) were identified as important factors in the pathogenesis of migraine. [8]
		rs1801133, rs1801131	nP = 74 (MWA = 22, MWOA = 52), nP = 47 c TH, nC = 261. Turkey.	T677 and 1298C alleles are associated with migraine. C1298C, C677C / C1298C, T677T genotypes have a greater susceptibility to migraine with aura and without aura. [98]
		interaction with ACE	nP = 103 (MWOA = 81, MWA = 9, MAO = 13), nC = 336 (cardiovascular diseases). Italy.	MTHFR and ACE polymorphisms are associated with migraine. [9]
		rs1801133, interaction with ACE (rs4646994)	nP = 150, nC1 = 220 patients with non-migraine headache (disease control), nC2 = 150 normotensive patients. India.	DD (ACE, rs4646994)/CT (MTHFR, rs1801133) positive association in patients with common MWA, women with MWA, as compared to the control. [11]
			nP = 270 (MWA = 63%, MWOA = 37%), nC = 270. Australia.	The combination of TT (rs1801133) and ID/DD (ACE, rs4646994) genotypes increases the risk of migraine (P = 0.018), in particular MWA (P = 0.002). [12]
		rs1801133, interaction with ACE and vWF	MWA = 61, MWOA = 64. USA.	Patients with combined ACE DD and MTHFR TT genotypes had a high level of vWF activity (179%). TT genotype is associated with MWA. [10]
		rs1801133, interaction with TS (2R/3R) and MTHFD1 (rs2236225)	nP = 329 (MWA = 138, MWOA = 191), nC = 237. Spain.	The interaction between 3R3R (TS) and TT (MTHFR) genotypes increases the risk of MWA. QQ (MTHFD1) and TT (MTHFR) genotypes together increase the risk of migraine in general (P = 0.01). [86]
NGFR (nerve growth factor receptor)	neurons grow and proliferation	rs9908234	nP = 2446, nC = 8534. Six population-based European.	GWAS results. The SNP rs9908234 had a P-value of 8.00×10^{-8} . [99]
NOS2 (nitric oxide synthase 2, inducible)	synthesis of nitric oxide - a powerful vasodilator	rs3833912	nP = 504, nC = 512. China.	Association with migraine. Carrier status of 9- and 10-repeat alleles is significantly more common in the control group, while 11-repeat alleles are more common in patients. [100]
		rs2297518, rs2779249	Women. nP = 200 (MWA = 52, MWOA = 148), nC = 142. Brazil.	Allele A (rs2297518) and AA haplotype (rs2297518, rs2779249) are associated with MWA (P < 0.05). [101]
		rs2297518, interaction with eNOS (rs743506)	Women. nP = 150 (MWA = 43, MWOA = 107), nC = 99. Brazil.	The combination of rs2297518 and rs743506 (NOS3) affects migraine susceptibility (P = 0.0120). [102]
NOS3 (nitric oxide synthase 3 (endothelial cell))		rs3918166	nP = 312 (MWA = 243, MWOA = 69), nC = 407. USA.	The minor allele A is more common in patients with MWA, than those with MWOA (P = 0.03). [44]
		rs743506, interaction with NOS2 (rs2297518)	Women. nP = 150 (MWA = 43, MWOA = 107), nC = 99. Brazil.	The combination of rs743506 (NOS3) and rs2297518 (NOS2) affects the migraine susceptibility (P = 0.0120). [102]
		rs743506; rs2070744, rs1799983, VNTR (27 bp) in intron 4, rs3918226 and rs743506.	Women. nP = 178 (MWA = 44, MWOA = 134), nC = 117. Brazil.	GA genotype (rs743506) is more common in controls than in migraine patients (P < 0.01). "CC a Glu G" and "CC b Glu G" haplotypes were reported in patients with MWA more often than in those with MWOA (P < 0.0015625). [103]
		rs1799983	nP = 156, nC = 125. Italy.	AspAsp genotype is 3-fold more common in patients with MWA than in those with MWOA, and 2-fold more common than in the control group. [104]
NOTCH3 (notch 3)	Involved in vascular endothelial damage	rs1043994	1) nP = 275, nC = 275. 2) nP = 300, nC = 300. Australia.	G684A substitution is associated with migraine, in particular with MWA. [105]
NOTCH4 (notch 4)		rs422951, rs9267835, rs8192573	nP = 239 (MWA = 49, MWOA = 190), nC = 264. Italy.	Allele T (rs9267835) is associated with vomiting (P = 0.034), allele C (rs8192573) is associated with an increased duration of attacks (P = 0.02), allele A (rs422951) is associated with the severity of menstrual migraine symptoms (P = 0.016). [106]

Table 1 (continued)

Official symbol	Probable reasons for association with migraine	Markers	Sample parameters	Comments/reference
NPFF (neuropeptide FF-amide peptide precursor)	Regulation of heart rate and blood pressure and the modulation of morphine-induced antinociception	rs11170566	nP = 2328, nC = 95,425. Europe. IHGC GWA meta-analysis.	Association of allele T with MWA and MWOA. [53]
OPRM1 (opioid receptor, mu 1)	Involved in analgesia, response to drug therapy, and pain relief	118A>G	nP = 153 women with MWA. Australia.	G118 allele carriers had more severe pain compared with homozygous carriers of allele A118 (P = 0.0037). A118G substitution is related to migraine severity. [107]
PGR (progesterone receptor)	Associated with the hormonal system	rs1042838	nP = 217 (MWA = 84, MWOA = 133), nP = 179 TH. nC = 217. India.	A1A2 genotype and allele A2 are protective. [46]
PHACTR1 (phosphatase and actin regulator 1)	Controls synaptic activity and synapse morphology	rs9349379	1) nP = 2326 c MWOA, nC = 4580. Germany and Netherlands. 2) nP = 2508 c MWOA, nC = 2652. Europe.	Association with MWOA (P < 0.05). [21]
PLAUR (plasminogen activator, urokinase receptor)	Involved in inflammatory processes by facilitating the migration of inflammatory cells into different tissues	rs344781	nP = 103. nC = 100. Iran.	Association with MWOA (P = 0.001). [108]
PON1 (paraoxonase 1)	Involved in oxidative stress	p.Gln192Arg	nP = 197, nC = 220. Spain.	192QQ genotype and 192Q allele are significantly more common in patients with early onset of migraine. [109,110]
PRDM16 (PR domain containing 16)	Its functional role is not yet clear	rs2651899	nP = 5122, nC = 18,108. USA.	Associated with migraine. [77,78]
PTGS2 (prostaglandin-endoperoxide synthase 2 (prostaglandin G/H synthase and cyclooxygenase))	Inhibition of COX-1 and COX-2 inhibits neurogenic inflammation in migraine	765G>C,	nP = 340, nC = 200. India.	The protective effect of T allele against migraine and MWOA (P < 0.05). [76]
		1195A>G	nP = 749, nC = 4018. Sweden.	Minor C allele was more common in patients with migraine than in controls (P = 0.0019). [111]
RAMP1 (receptor (G protein-coupled) activity modifying protein 1)	Association with CGRP; cause photophobia and mechanical allodynia	rs3754701	nP = 144, nC = 123. Turkey.	The frequency of GG and GC (765G>C) genotypes is higher in patients than in controls (P < 0.0001). The AG genotype (1195A>G) frequency also significantly differed in patients (P < 0.05). [112]
RHAG (Rh-associated glycoprotein)	Association with ion channels	507G>T	nP = 284, nC = 284. Australia.	Insignificantly associated with migraine in men (P = 0.031). [113]
PTX3 (pentraxin 3, long)	May be involved in inflammation by activation of cytokines production.	rs3816527	nP = 178, nC = 177. Sweden.	RHAG (507G>T) polymorphism discovered, possibly related to migraine. [82]
SLC1A2 (solute carrier family 1 (glial high affinity glutamate transporter), member 2), EAAT2	Regulation of glutamate levels in CNS	SNP (A>C)	nP = 103, nC = 148. Iran.	C allele was significantly associated with susceptibility to migraine only in men (P = 0.003). [114]
SLC6A3 (solute carrier family 6 (neurotransmitter transporter, dopamine), member 3)	Mediates reuptake of dopamine from the synapses and is the major regulator of dopaminergic neurotransmission	rs40184	74 patients with episodic migraine attacks (M-E); 59 migraine patients with chronic daily headaches (M-CDH). Caucasian Spanish.	The frequency of use of analgesics is significantly higher in patients with migraine with the A allele (P = 0.019). EAAT2 polymorphism promotes the tendency to frequent use of analgesics in patients with migraine. [115]
SLC6A4 (solute carrier family 6 (neurotransmitter transporter), member 4) HTT; 5HTT; OCD1; SERT; 5-HTT; SERT1; hSERT; 5-HTTLPR	Responsible for the reuptake of serotonin from the synaptic cleft, thereby regulating the serotonin transmission	VNTR STin2	nP = 270 + 380 (MWA), nC = 272 + 378. Germany.	Association with MWA (P = 0.032). [38]
			Children. nP = 87 (MWA = 38, MWOA = 49). nC = 464. Hungary. nP = 52, nC = 80. Turkey.	STin2 – association with MWA (genotype 12.12 – risk of MWA is increased 2-fold) with excessive vomiting and abdominal pain during attacks. [116]
			5 samples: nP = 557 (MWA = 257, MWOA = 289). nC = 849. Denmark, Australia, Turkey, Italy, Hungary.	Allele 10 prevailed in the group with migraine (P = 0.01), allele 12 was more common in controls (P = 0.02). [117]
			15 studies: nP = 2368 with migraine. nC = 2661.	Genotype 10/12 reduces the risk of migraine by 25%. [118]
			nP = 285 (MWA = 94, MWOA = 173, MAO = 18). nC = 133. Great Britain.	Allele 12 and genotype 12/12 increase the risk of migraine (P = 0.006; P = 0.002). [119]
			nP = 251 (MWA = 32, MWOA = 178, MAO = 41). nC = 192. Germany.	Genotype 12/12 increases the risk of MWA and MWOA, genotype 9/9 only increases the risk of MWA. Allele 10 is protective. [120]
		rs1979572, rs2066713	nP = 251 (MWA = 32, MWOA = 178, MAO = 41). nC = 192. Germany.	Association of rs1979572 A allele with MWA in women, low prevalence of rs2066713 A allele in women with MWA. [121]

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Table 1 (continued)

Official symbol	Probable reasons for association with migraine	Markers	Sample parameters	Comments/reference	
		5-HTTLPR	nP = 197 with migraine (MWA = 96, MWOA = 101), nC = 115. Germany. nP = 144 with migraine (MWA = 52, MWOA = 92), nC = 105. Italy.	S allele frequency is increased in patients with MWA ($P < 0.001$). [122] SS genotype is associated with MWA ($P < 0.05$). [123]	
SLC20A2 (solute carrier family 20 (phosphate transporter), member 2)	Plays an important role in phosphate homeostasis	p.Val507Glufs*2	5-HTTLPR, 5-HTTVNTR	nP = 91 (MWA = 24, MWOA = 67), nC = 119. Japan. 48 y. o. woman with episodic migraine.	Genotypic distribution of 5-HTTLPR ($P = 0.004$), 5-HTTVNTR ($P = 0.029$) differed between the group with MWA and controls. [8] A frameshift mutation P.Val507Glufs*2 was found. [124]
STX1A (syntaxin 1A (brain))	Interacts with different presynaptic K ⁺ channels, modulating their ability to determine the presynaptic action potentials	rs941298, rs6951030 rs4363087, rs941298, rs6951030, rs2293489 rs941298, rs6951030, rs941298, rs4363087	nP = 188 (MWOA = 111, MWA = 77), nC = 287. Portugal. nP = 567, nC = 720. Great Britain. nP = 210 with migraine (MWA = 86, MWOA = 102, HM = 22), nC = 210. Spain.	TT genotype (rs941298) is associated with an increased risk of migraine and MWOA. The GG and GT (rs6951030) genotypes are associated with migraine. [125] rs4363087, rs941298 substitutions are associated with migraine and MWOA. A-G (rs6951030-rs4363087) and A-C (rs4363087-rs2293489) haplotypes are associated with migraine and MWOA. [126] A-T-G (rs6951030-rs941298-rs4363087) is the risk haplotype for migraine. T allele (rs941298) is associated with migraine. [127]	
SYNE1 (spectrin repeat containing, nuclear envelope 1)	Expressed in smooth muscle, and localized on the nuclear membrane	rs9371601	nP = 282 (MM, PMM = 68, MRM = 214), nC = 155. UK.	Allele T is associated with MM ($P = 0.009$), particularly MRM ($P = 0.002$). [128]	
TARBP2 (TAR (HIV-1) RNA binding protein 2)	Involved in processing of RNA or pre-miRNA and RNA gene silencing	rs11170566	nP = 2328, nC = 95,425. Europe. IHGC GWA meta-analysis.	Association of allele T with MWA and MWOA. [53]	
TDO2 (tryptophan 2,3-dioxygenase) TPH2	Brain serotonin biosynthesis	rs1487275, rs1386486, rs4448731, rs17110477, rs12229394, s4760820, rs1352250	nP = 503 (MWA = 214, MWOA = 289), nC = 515. Germany.	TTGGG (rs4448731-rs17110477-rs12229394-rs4760820-rs1352250) haplotype is associated with MWOA ($P = 0.006$). CC genotype (rs1487275) and AA genotype (rs1386486) reduce the risk of migraine. [129]	
TGFB1 (transforming growth factor beta 1)	Regulate proliferation, differentiation, adhesion, migration, and other functions in many cell types	-800G/A, -509C/T, 869 T/C, 915G/C	nP = 100, nC = 88 (children and adolescents). Turkey.	509C/T was significantly different between control and migraine without aura patients ($P = 0.04$). For SNP 869 T/C genotypic (CC) and C allelic frequency were significantly higher in migraine patients versus healthy controls ($P = 0.00$). [130]	
TGFB2 (transforming growth factor, beta receptor II (70/80 kDa))	Involved in the regulation of cell proliferation and differentiation, as well as production of extracellular matrix	rs7640543	1) nP = 2326 c MWOA, nC = 4580. Germany and Netherlands. 2) nP = 2508 with MWOA, nC = 2652. Europe.	Association with MWOA ($P < 0.05$). [21]	
TLR4 (toll-like receptor 4)	Signaling receptor of innate immunity	896 A > G	nP = 170, nC = 170. Iran.	The frequency of G allele ($P < 0.0001$) and AG genotype ($P = 0.00002$) is higher in patients with migraine as compared with the control group. [131]	
TNF (tumor necrosis factor)	A central role in enhancing the inflammatory cascade	rs1800629	nP = 203, nC = 202. Turkey. nP = 985, nC = 958. China. nP = 376 (M = 216, TH = 160), nC = 216. India. nP = 221 with MWOA. nC = 183. Iran. nP = 299, nC = 306. Italy. nP = 67 with MWOA, nC = 96. Turkey. nP = 91 (MWA = 24, MWOA = 67), nC = 119. Japan.	Association with migraine ($P < 0.0001$). [132] A meta-analysis of 5 studies. Association with the risk of migraine in Asians. [133] Allele A is associated with MWA, particularly in women ($P < 0.05$). [134] The allele A frequency was higher in the MWOA group than in the controls ($P < 0.0001$). [135] GG genotype (-308G>A) is associated with migraine, particularly MWOA ($P < 0.001$). [136] Allele A is more common in patients with MWOA, than in controls ($P = 0.012$). [68] The distribution of G252A genotypes ($P = 0.074$) differed in patients with migraine and controls. Genotypic distribution of G252A ($P = 0.007$) differed in the group with MWA and controls. Multivariate analysis showed that MAOA T941G ($P = 0.010$), MTHFR C677T ($P = 0.034$), TNF-b G252A ($P = 0.027$), the neurotism ($P = 0.001$) and conscientiousness scale ($P = 0.004$) were identified as important factors in the pathogenesis of migraine. [8]	
		rs3093664	nP = 282 (MM, PMM = 68, MRM = 214), nC = 155. UK.	Allele G is associated with MM ($P = 0.008$), particularly MRM ($P = 0.006$). [128]	
TNFRSF1B (tumor necrosis factor)	Neutralizes	rs5745946	nP = 416, nC = 415.	15 bp insertion allele is associated with an increased risk of	

Table 1 (continued)

Official symbol	Probable reasons for association with migraine	Markers	Sample parameters	Comments/reference
receptor superfamily, member 1B)	TNF- α -induced hyperalgesia during migraine attacks		China.	migraine (P = 0.04). [137]
TPH1 (tryptophan hydroxylase 1)	Involved in the synthesis of serotonin and melatonin	218C > A	nP = 59, nC = 62. Turkey	AA genotype was more common in controls than in patients with migraine (P = 0.02). [138]
TRPM8 (transient receptor potential cation channel, subfamily M, member 8)	May be involved in the mechanism of development of cutaneous allodynia (pain in response to non-painful stimuli) that is present in most patients with migraine	rs17862920, rs10166942	1) nP = 2326 with MWOA, nC = 4580. Germany and Netherlands. 2) nP = 2508 with MWOA, nC = 2652. Europe.	Association with MWOA (P < 0.05). [21]
		rs17863838, rs10187654	nP = 2328, nC = 95,425. Europe. IHGC GWA meta-analysis.	Association of allele G of rs17863838 with MWOA. Association of allele C of rs10187654 with MWA. [53]
		rs10166942	nP = 5122, nC = 18,108. USA.	Associated with migraine. [77]
TYMS (thymidylate synthetase)	Correlation with the level of homocysteine that acts on the trigeminal vascular system	Polymorphism 2R/3R, interaction with MTHFR (rs1801133)	nP = 329 (MWA = 138, MWOA = 191), nC = 237. Spain.	Interaction between 3R3R and TT (MTHFR) genotypes increases the risk of MWA. [86]
UFL1 (UFM1 specific ligase 1)	Neuroglia specific, involved in cell proliferation	rs4598081, rs1153058	nP = 2328, nC = 95,425. Europe. IHGC GWA meta-analysis.	Association of allele A of rs1153058 with MWOA. Association of allele T of rs4598081 with MWA. [53]
VDR (vitamin D (1,25-dihydroxyvitamin D3) receptor)	Vitamin D plays a role in the release of serotonin and dopamine	rs2228570, rs731236	nP = 103 with MWOA, nC = 100. Iran.	Ff (rs2228570) and Tt (rs731236) genotypes were more common in patients with migraine than in the control group (P = 0.001; P = 0.018). An increase in the frequency of f and t alleles was observed in patients with migraine. An overall HIT-6 (headache imPact test-6) score was significantly different between patients with Ff and FF (P = 0.004). [139]
VEGFA (vascular endothelial growth factor A)	Regulates growth factors and cytokines	rs699947, rs1570360, rs2010963	Women. nP = 175 (MWA = 46, MWOA = 129), nC = 114. Brazil.	CAC (rs699947, rs1570360, rs2010963) haplotype prevailed in the control group; AGC haplotype prevailed in patients with MWA (P < 0.05). [140]

Next, we analyzed referenced articles in detail. Original research papers with statistically significant results were taken into consideration (positive association of certain gene modification or one of its variants with the disease, symptom, or group of symptoms; interaction with another gene; association of genotypes or alleles of different genes; presence of mutation in families with high occurrence of the disease; cosegregation of genetic alteration with manifestations of the disease). The reviews were excluded from analysis. In case of insufficient information about a gene (three references or less), less reliable results might be considered (for instance, probable association). The results are provided in Table 1.

The familial hemiplegic migraine genes of types I, II, and III were excluded from the analysis (*CACNA1A*, *ATP1A2*, and *SCN1A* genes, respectively).

2. Table description

Official symbol – the name of gene considered official according to NCBI database. A symbol, which is used more often in the literature, is placed after comma.

Probable reasons for association with migraine – participation in cellular and physiologic processes involved in migraine pathogenesis.

Markers – one or more conditions may be met: 1) an association with the mutation was found (in this case, the type of mutation is mentioned: SNP, deletion, insertion, STR, or VNT); 2) an association with another gene proved to have an association with migraine; 3) result of polygenomic study.

Sample parameters – 1) number of patients (nP) along with the information about migraine type or inclusion of patients with other headache disorders: migraine without aura (MWOA), migraine with aura (MWA), tension headache (TH); 2) control sample volume (nC) along with information about concomitant diseases, if any; 3) sample

ethnicity (if not indicated, then country where the original research had been held).

Comments/references – detailed description indicating which genetic alteration is associated with the disease or its clinical characteristics and reference.

For each article, the type of association with migraine, sample volume, and reference are put on the same row. The exclusion is *MTHFR* gene: in order not to overload the table, probable types of association and comments for them are listed without article binding.

As the result of the analysis, 98 genes were left out of the original gene list. Total 175 SNP (including insertion/deletion), 10 repeats (STR or VNT), and 26 cases of gene-gene interactions (associated with migraine complex genotypes). The genes associated with migraine could be classified into 8 major groups: homeostasis of blood vessels - 26.5%, metabolism of neurotransmitters - 11.2%, transport and reception of neurotransmitters - 24.5%, neurogenesis - 5.1%, inflammation - 8.2%, sex hormones - 5.1%, ion channels and membrane potential - 11.2%, other - 8.2%.

3. Conclusion

These findings parallel the range of mechanisms implicated in migraine pathogenesis.

Conflicts of interest

The authors declare that they have no conflict of interest.

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References

- [1] M. Schurks, R.Y. Zee, J.E. Buring, T. Kurth, ACE D/I polymorphism, migraine, and cardiovascular disease in women, *Neurology* 72 (7) (2009) 650–656 Epub 2009/02/18.
- [2] R. Palmirotta, P. Barbanti, G. Ludovici, M.L. De Marchis, C. Ialongo, G. Egeo, et al., Association between migraine and ACE gene (insertion/deletion) polymorphism: the BioBIM study, *Pharmacogenomics* 15 (2) (2014) 147–155 Epub 2014/01/22.
- [3] J.J. Lin, P.J. Wang, C.H. Chen, K.C. Yueh, S.Z. Lin, H.J. Harn, Homozygous deletion genotype of angiotensin converting enzyme confers protection against migraine in man, *Acta Neurol. Taiwanica* 14 (3) (2005) 120–125 Epub 2005/10/29.
- [4] B. Horasanli, F.B. Atac, I. Coven, B. Karakurum Goksel, S. Benli, Angiotensin I-converting enzyme gene (I/D) polymorphism in patients with migraine, *Headache* 53 (1) (2013) 161–164 Epub 2013/01/03.
- [5] S. Paterna, P. Di Pasquale, A. D'Angelo, G. Seidita, A. Tuttolomondo, A. Cardinale, et al., Angiotensin-converting enzyme gene deletion polymorphism determines an increase in frequency of migraine attacks in patients suffering from migraine without aura, *Eur. Neurol.* 43 (3) (2000) 133–136 Epub 2000/04/15.
- [6] M. Schurks, P.M. Rist, T. Kurth, MTHFR 677C>T and ACE D/I polymorphisms in migraine: a systematic review and meta-analysis, *Headache* 50 (4) (2010) 588–599 (Epub 2009/11/21).
- [7] H. Kowa, E. Fusayasu, T. Ijiri, K. Ishizaki, K. Yasui, K. Nakaso, et al., Association of the insertion/deletion polymorphism of the angiotensin I-converting enzyme gene in patients of migraine with aura, *Neurosci. Lett.* 374 (2) (2005) 129–131 Epub 2005/01/13.
- [8] M. Ishii, S. Shimizu, Y. Sakairi, A. Nagamine, Y. Naito, Y. Hosaka, et al., MTHFR, and TNF-beta genes polymorphisms and personality traits in the pathogenesis of migraine, *Mol. Cell. Biochem.* 363 (1–2) (2012) 357–366 Epub 2011/12/24.
- [9] V. Pizza, A. Bisogno, E. Lamaida, A. Agresta, G. Bandieramonte, A. Volpe, et al., Migraine and coronary artery disease: an open study on the genetic polymorphism of the 5, 10 methylenetetrahydrofolate (MTHFR) and angiotensin I-converting enzyme (ACE) genes, *Cent. Nerv. Syst. Agents Med. Chem.* 10 (2) (2010) 91–96 (Epub 2010/06/04).
- [10] G.E. Tietjen, N.A. Herial, C. Utley, L. White, S. Yerga-Woolwine, B. Joe, Association of von Willebrand factor activity with ACE I/D and MTHFR C677 T polymorphisms in migraine, *Cephalalgia* 29 (9) (2009) 960–968 (Epub 2009/03/21).
- [11] G. Joshi, S. Pradhan, B. Mittal, Role of the ACE ID and MTHFR C677T polymorphisms in genetic susceptibility of migraine in a north Indian population, *J. Neurol. Sci.* 277 (1–2) (2009) 133–137 Epub 2008/12/17.
- [12] R.A. Lea, M. Ovcarić, J. Sundholm, L. Solyom, J. Macmillan, L.R. Griffiths, Genetic variants of angiotensin converting enzyme and methylenetetrahydrofolate reductase may act in combination to increase migraine susceptibility, *Brain Res. Mol. Brain Res.* 136 (1–2) (2005) 112–117 (Epub 2005/05/17).
- [13] I. Kara, E. Ozkok, M. Aydin, N. Orhan, Y. Cetinkaya, M. Gencer, et al., Combined effects of ACE and MMP-3 polymorphisms on migraine development, *Cephalalgia* 27 (3) (2007) 235–243 Epub 2007/03/27.
- [14] E. Garcia-Martin, C. Martinez, M. Serrador, H. Alonso-Navarro, F. Navacerrada, J.A. Agundez, et al., Alcohol dehydrogenase 2 genotype and risk for migraine, *Headache* 50 (1) (2010) 85–91 Epub 2009/06/03.
- [15] J. Ghosh, S. Pradhan, B. Mittal, Identification of a novel ANKK1 and other dopaminergic (DRD2 and DBH) gene variants in migraine susceptibility, *Neuromol. Med.* 15 (1) (2013) 61–73 Epub 2012/08/10.
- [16] E. Garcia-Martin, C. Martinez, M. Serrador, H. Alonso-Navarro, P. Ayuso, F. Navacerrada, et al., Diamine oxidase rs10156191 and rs2052129 variants are associated with the risk for migraine, *Headache* 55 (2) (2015) 276–286 Epub 2015/01/23.
- [17] Y. Cetinkaya, S. Dasedemir, M. Gencer, E.S. Bireller, E. Ozkok, M. Aydin, et al., DNA repair gene variants in migraine, *Genet. Test. Mol. Biomarkers.* 18 (8) (2014) 568–573 Epub 2014/06/04.
- [18] I. Rainero, L.M. Grimaldi, G. Salani, W. Valfre, L. Savi, C. Rivoiro, et al., Apolipoprotein E gene polymorphisms in patients with migraine, *Neurosci. Lett.* 317 (2) (2002) 111–113 Epub 2002/01/05.
- [19] R. Gupta, V. Kumar, K. Luthra, B. Banerjee, M.S. Bhatia, Polymorphism in apolipoprotein E among migraineurs and tension-type headache subjects, *J. Headache Pain.* 10 (2) (2009) 115–120 Epub 2009/02/03.
- [20] G. Joshi, S. Pradhan, B. Mittal, Vascular gene polymorphisms (EDNRA-231 G>A and APOE Hhal) and risk for migraine, *DNA Cell Biol.* 30 (8) (2011) 577–584 Epub 2011/04/02.
- [21] T. Freilinger, V. Anttila, B. de Vries, R. Malik, M. Kallela, G.M. Terwindt, et al., Genome-wide association analysis identifies susceptibility loci for migraine without aura, *Nat. Genet.* 44 (7) (2012) 777–782 Epub 2012/06/12.
- [22] C. Lemos, D. Mendonca, J. Pereira-Monteiro, J. Barros, J. Sequeiros, I. Alonso, et al., BDNF and CGRP interaction: implications in migraine susceptibility, *Cephalalgia* 30 (11) (2010) 1375–1382 Epub 2010/10/21.
- [23] H.G. Sutherland, B.H. Maher, A.J. Rodriguez-Acevedo, L.M. Haupt, L.R. Griffiths, Investigation of brain-derived neurotrophic factor (BDNF) gene variants in migraine, *Headache* 54 (7) (2014) 1184–1193 Epub 2014/04/09.
- [24] D.R. Nyholt, K.S. LaForge, M. Kallela, K. Alakurtti, V. Anttila, M. Farkkila, et al., A high-density association screen of 155 ion transport genes for involvement with common migraine, *Hum. Mol. Genet.* 17 (21) (2008) 3318–3331 Epub 2008/08/05.
- [25] A. Heck, C. Vogler, L. Gschwind, S. Ackermann, B. Auschra, K. Spalek, et al., Statistical epistasis and functional brain imaging support a role of voltage-gated potassium channels in human memory, *PLoS One* 6 (12) (2011), e29337 Epub 2012/01/05.
- [26] M. von Brevern, N. Ta, A. Shankar, A. Wiste, A. Siegel, A. Radtke, et al., Migrainous vertigo: mutation analysis of the candidate genes CACNA1A, ATP1A2, SCN1A, and CACNB4, *Headache* 46 (7) (2006) 1136–1141 Epub 2006/07/27.
- [27] N.A.J.E. Kondratyeva, E. Klimov, A. Sergeev, N. Fokina, Z. Kokaeva, O. Rudko, G. Tabeeva, Association of cholecystokinin receptor 1 gene polymorphism and migraine, *J. Neurol. Sci.* 333 (Suppl.1) (2013), e481.
- [28] G. Juhasz, J. Lazary, D. Chase, E. Pegg, D. Downey, Z.G. Toth, et al., Variations in the cannabinoid receptor 1 gene predispose to migraine, *Neurosci. Lett.* 461 (2) (2009) 116–120 Epub 2009/06/23.
- [29] S. Cargnin, F. Magnani, M. Viana, C. Tassorelli, D. Mittino, R. Cantello, et al., An opposite-direction modulation of the COMT Val158Met polymorphism on the clinical response to intrathecal morphine and triptans, *J. Pain* 14 (10) (2013) 1097–1106 Epub 2013/06/19.
- [30] M. Emin Erdal, H. Herken, M. Yilmaz, Y.A. Bayazit, Significance of the catechol-O-methyltransferase gene polymorphism in migraine, *Brain Res. Mol. Brain Res.* 94 (1–2) (2001) 193–196 Epub 2001/10/13.
- [31] J.W. Park, K.S. Lee, J.S. Kim, Y.I. Kim, H.E. Shin, Genetic contribution of catechol-O-methyltransferase polymorphism in patients with migraine without Aura, *J. Clin. Neurol.* 3 (1) (2007) 24–30 Epub 2007/03/01.
- [32] K.C. Brennan, E.A. Bates, R.E. Shapiro, J. Zyuzin, W.C. Hallows, Y. Huang, et al., Casein kinase idelta mutations in familial migraine and advanced sleep phase, *Sci. Transl. Med.* 5 (183) (2013) 1–11, 183ra56 Epub 2013/05/03.
- [33] G. Gentile, S. Missori, M. Borro, A. Sebastianelli, M. Simmaco, P. Martelletti, Frequencies of genetic polymorphisms related to triptans metabolism in chronic migraine, *J. Headache Pain.* 11 (2) (2010) 151–156 Epub 2010/03/10.
- [34] J. Ghosh, G. Joshi, S. Pradhan, B. Mittal, Potential role of aromatase over estrogen receptor gene polymorphisms in migraine susceptibility: a case control study from North India, *PLoS One* 7 (4) (2012), e34828 Epub 2012/04/19.
- [35] R.A. Lea, A. Dohy, K. Jordan, S. Quinlan, P.J. Brimage, L.R. Griffiths, Evidence for allelic association of the dopamine beta-hydroxylase gene (DBH) with susceptibility to typical migraine, *Neurogenetics* 3 (1) (2000) 35–40 Epub 2000/11/21.
- [36] F. Fernandez, R.A. Lea, N.J. Colson, C. Bellis, S. Quinlan, L.R. Griffiths, Association between a 19 bp deletion polymorphism at the dopamine beta-hydroxylase (DBH) locus and migraine with aura, *J. Neurol. Sci.* 251 (1–2) (2006) 118–123 Epub 2006/11/11.
- [37] J. Ghosh, S. Pradhan, B. Mittal, Role of dopaminergic gene polymorphisms (DBH 19 bp indel and DRD2 Nco I) in genetic susceptibility to migraine in North Indian population, *Pain Med.* 12 (7) (2011) 1109–1111 Epub 2011/06/15.
- [38] U. Todt, C. Netzer, M. Toliat, A. Heinze, I. Goebel, P. Nurnberg, et al., New genetic evidence for involvement of the dopamine system in migraine with aura, *Hum. Genet.* 125 (3) (2009) 265–279 Epub 2009/01/20.
- [39] F. Fernandez, N. Colson, S. Quinlan, J. MacMillan, R.A. Lea, L.R. Griffiths, Association between migraine and a functional polymorphism at the dopamine beta-hydroxylase locus, *Neurogenetics* 10 (3) (2009) 199–208 Epub 2009/02/17.
- [40] E. Garcia-Martin, C. Martinez, M. Serrador, H. Alonso-Navarro, F. Navacerrada, J.A. Agundez, et al., Dopamine receptor 3 (DRD3) polymorphism and risk for migraine, *Eur. J. Neurol.* 17 (9) (2010) 1220–1223 Epub 2010/03/20.
- [41] S.C. de Sousa, A. Karwautz, C. Wober, G. Wagner, G. Breen, H.E. Zesch, et al., A dopamine D4 receptor exon 3 VNTR allele protecting against migraine without aura, *Ann. Neurol.* 61 (6) (2007) 574–578 Epub 2007/05/03.
- [42] M. Mochi, S. Cevoli, P. Cortelli, G. Pierangeli, S. Soriani, C. Scapoli, et al., A genetic association study of migraine with dopamine receptor 4, dopamine transporter and dopamine-beta-hydroxylase genes, *Neurol. Sci.* 23 (6) (2003) 301–305 Epub 2003/03/08.
- [43] S. Cevoli, M. Mochi, C. Scapoli, M. Marzocchi, G. Pierangeli, L.A. Pini, et al., A genetic association study of dopamine metabolism-related genes and chronic headache with drug abuse, *Eur. J. Neurol.* 13 (9) (2006) 1009–1013 Epub 2006/08/26.
- [44] L.R. MacClellan, T.D. Howard, J.W. Cole, O.C. Stine, W.H. Giles, J.R. O'Connell, et al., Relation of candidate genes that encode for endothelial function to migraine and stroke: the Stroke Prevention in Young Women study, *Stroke* 40 (10) (2009) e550–e557 Epub 2009/08/08.
- [45] J. Miao, F. Wang, Y. Fang, Association of 231G>A polymorphism of endothelin type A receptor gene with migraine: a meta-analysis, *J. Neurol. Sci.* 323 (1–2) (2012) 232–235 Epub 2012/10/13.
- [46] G. Joshi, S. Pradhan, B. Mittal, Role of the estrogen receptor (ESR1 PvuII and ESR1 325C->G) and progesterone receptor (PROGINS) polymorphisms in genetic susceptibility to migraine in a North Indian population, *Cephalalgia* 30 (3) (2010) 311–320 Epub 2009/08/14.
- [47] M.A. Kaunisto, M. Kallela, E. Hamalainen, R. Kilpikari, H. Havanka, H. Harno, et al., Testing of variants of the MTHFR and ESR1 genes in 1798 Finnish individuals fails to confirm the association with migraine with aura, *Cephalalgia* 26 (12) (2006) 1462–1472 Epub 2006/11/23.

- [48] A. Oterino, M. Toriello, A. Cayon, J. Castillo, R. Colas, A. Alonson-Arranz, et al., Multilocus analyses reveal involvement of the ESRI, ESR2, and FSHR genes in migraine, *Headache* 48 (10) (2008) 1438–1450 Epub 2008/12/19.
- [49] N.J. Colson, R.A. Lea, S. Quinlan, J. MacMillan, L.R. Griffiths, The estrogen receptor 1 G594A polymorphism is associated with migraine susceptibility in two independent case/control groups, *Neurogenetics* 5 (2) (2004) 129–133 Epub 2004/05/11.
- [50] A. Oterino, J. Pascual, C. Ruiz de Alegria, N. Valle, J. Castillo, Y. Bravo, et al., Association of migraine and ESRI G325C polymorphism, *Neuroreport* 17 (1) (2006) 61–64 Epub 2005/12/20.
- [51] L. Maitrot-Mantelet, M.H. Horellou, H. Massiou, J. Conard, A. Gompel, G. Plu-Bureau, Should women suffering from migraine with aura be screened for biological thrombophilia?: results from a cross-sectional French study, *Thromb. Res.* 133 (5) (2014) 714–718 Epub 2014/02/18.
- [52] M. Ferrara, L. Capozzi, F. Bertocco, D. Ferrara, R. Russo, Thrombophilic gene mutations in children with migraine, *Hematology* 17 (2) (2012) 115–117 Epub 2012/06/06.
- [53] H. Zhao, E. Eising, B. de Vries, L.S. Vijfhuizen, International Headache Genetics C, V. Anttila, et al., Gene-based pleiotropy across migraine with aura and migraine without aura patient groups, *Cephalalgia* (2015) Epub 2015/12/15.
- [54] M. Quintas, J.L. Neto, J. Pereira-Monteiro, J. Barros, J. Sequeiros, A. Sousa, et al., Interaction between gamma-aminobutyric acid A receptor genes: new evidence in migraine susceptibility, *PLoS One* 8 (9) (2013), e74087 Epub 2013/09/17.
- [55] D. Formicola, A. Aloia, S. Sampaolo, O. Farina, D. Diiodato, L.R. Griffiths, et al., Common variants in the regulative regions of GRIA1 and GRIA3 receptor genes are associated with migraine susceptibility, *BMC Med. Genet.* 11 (2010) 103 Epub 2010/06/29.
- [56] J. Fang, X. An, S. Chen, Z. Yu, Q. Ma, H. Qu, Case-control study of GRIA1 and GRIA3 gene variants in migraine, *J. Headache Pain.* 17 (1) (2015) 2 Epub 2016/01/24.
- [57] B.H. Maher, R.A. Lea, J. Follett, H.C. Cox, F. Fernandez, T. Esposito, et al., Association of a GRIA3 gene polymorphism with migraine in an Australian case-control cohort, *Headache* 53 (8) (2013) 1245–1249 Epub 2013/06/19.
- [58] I. Rainero, E. Rubino, S. Gallone, P. Fenoglio, L.R. Picci, L. Giobbe, et al., Evidence for an association between migraine and the hypocretin receptor 1 gene, *J. Headache Pain.* 12 (2) (2011) 193–199 Epub 2011/02/24.
- [59] I. Rainero, E. Rubino, C. Rivoiro, W. Valfre, E. Binello, E. Zampella, et al., Haemochromatosis gene (HFE) polymorphisms and migraine: an association study, *Cephalalgia* 27 (1) (2007) 9–13 Epub 2007/01/11.
- [60] I. Rainero, E. Fasano, E. Rubino, C. Rivoiro, W. Valfre, S. Gallone, et al., Association between migraine and HLA-DRB1 gene polymorphisms, *J. Headache Pain* 6 (4) (2005) 185–187 Epub 2005/12/20.
- [61] I. Rainero, A.M. Dall'omo, E. Rubino, W. Valfre, M.E. Fasano, C. Rivoiro, et al., HLA-DRB1 genotyping in Italian migraine patients, *Neurosci. Lett.* 393 (2–3) (2006) 90–93 Epub 2005/12/17.
- [62] R.O. Millan-Guerrero, L.M. Baltazar-Rodriguez, M.I. Cardenas-Rojas, M. Ramirez-Flores, S. Isais-Millan, I. Delgado-Enciso, et al., A280V polymorphism in the histamine H3 receptor as a risk factor for migraine, *Arch. Med. Res.* 42 (1) (2011) 44–47 Epub 2011/03/08.
- [63] M. Marziniak, R. Mossner, C. Kienzler, P. Riederer, K.P. Lesch, C. Sommer, Functional polymorphisms of the 5-HT1A and 5-HT1B receptor are associated with clinical symptoms in migraineurs, *J. Neural Transm.* 114 (9) (2007) 1227–1232 Epub 2007/04/10.
- [64] Y. Naito, M. Ishii, A. Nagamine, A. Imagawa, K. Shida, J. Takahashi, et al., Association of the A-1438G polymorphism in serotonin 2A receptor in migraine with aura among Japanese patients, *Biol. Pharm. Bull.* 33 (10) (2010) 1751–1753 Epub 2010/10/12.
- [65] M.E. Erdal, H. Herken, M. Yilmaz, Y.A. Bayazit, Association of the T102C polymorphism of 5-HT2A receptor gene with aura in migraine, *J. Neurol. Sci.* 188 (1–2) (2001) 99–101 Epub 2001/08/08.
- [66] Q. He, X. Lin, F. Wang, J. Xu, Z. Ren, W. Chen, et al., Associations of a polymorphism in the intercellular adhesion molecule-1 (ICAM1) gene and ICAM1 serum levels with migraine in a Chinese Han population, *J. Neurol. Sci.* 345 (1–2) (2014) 148–153 Epub 2014/08/26.
- [67] I. Rainero, L. Pinessi, G. Salani, W. Valfre, C. Rivoiro, L. Savi, et al., A polymorphism in the interleukin-1alpha gene influences the clinical features of migraine, *Headache* 42 (5) (2002) 337–340 Epub 2002/06/06.
- [68] I.A. Yilmaz, A. Ozge, M.E. Erdal, T.G. Edgunlu, S.E. Cakmak, O.O. Yalin, Cytokine polymorphism in patients with migraine: some suggestive clues of migraine and inflammation, *Pain Med.* 11 (4) (2010) 492–497 Epub 2010/02/02.
- [69] L.C. McCarthy, D.A. Hosford, J.H. Riley, M.I. Bird, N.J. White, D.R. Hewett, et al., Single-nucleotide polymorphism alleles in the insulin receptor gene are associated with typical migraine, *Genomics* 78 (3) (2001) 135–149 Epub 2001/12/12.
- [70] R.G. Lafreniere, G.A. Rouleau, Identification of novel genes involved in migraine, *Headache* 52 (Suppl. 2) (2012) 107–110 Epub 2012/10/17.
- [71] F. Fernandez, R.P. Curtain, N.J. Colson, M. Ovcaric, J. MacMillan, L.R. Griffiths, Association analysis of chromosome 1 migraine candidate genes, *BMC Med. Genet.* 8 (2007) 57 Epub 2007/08/31.
- [72] R.G. Lafreniere, M.Z. Cader, J.F. Poulin, I. Andres-Enguix, M. Simoneau, N. Gupta, et al., A dominant-negative mutation in the TRESK potassium channel is linked to familial migraine with aura, *Nat. Med.* 16 (10) (2010) 1157–1160 Epub 2010/09/28.
- [73] H.C. Cox, R.A. Lea, C. Bellis, M. Carless, T. Dyer, J. Blangero, et al., Variants in the human potassium channel gene (KCNB3) are associated with migraine in a high risk genetic isolate, *J. Headache Pain* 12 (6) (2011) 603–608 Epub 2011/10/28.
- [74] R. Mossner, A. Weichselbaum, M. Marziniak, C.M. Freitag, K.P. Lesch, C. Sommer, et al., A highly polymorphic poly-glutamine stretch in the potassium channel KCNB3 in migraine, *Headache* 45 (2) (2005) 132–136 Epub 2005/02/12.
- [75] M. Mochi, S. Cevoli, P. Cortelli, G. Pierangeli, C. Scapoli, S. Soriani, et al., Investigation of an LDLR gene polymorphism (19p13.2) in susceptibility to migraine without aura, *J. Neurol. Sci.* 213 (1–2) (2003) 7–10 Epub 2003/07/23.
- [76] J. Ghosh, S. Pradhan, B. Mittal, Genome-wide-associated variants in migraine susceptibility: a replication study from North India, *Headache* 53 (10) (2013) 1583–1594 Epub 2013/11/26.
- [77] D.I. Chasman, M. Schurks, V. Anttila, B. de Vries, U. Schminke, L.J. Launer, et al., Genome-wide association study reveals three susceptibility loci for common migraine in the general population, *Nat. Genet.* 43 (7) (2011) 695–698 Epub 2011/06/15.
- [78] E. Garcia-Martin, C. Martinez, M. Serrador, H. Alonso-Navarro, F. Navacerrada, J.A. Agundez, et al., SLC1A2 rs3794087 variant and risk for migraine, *J. Neurol. Sci.* 338 (1–2) (2014) 92–95 Epub 2014/01/15.
- [79] S. Trabace, G. Brioli, P. Lulli, M. Morellini, M. Giacovazzo, G. Ciacciarelli, et al., Tumor necrosis factor gene polymorphism in migraine, *Headache* 42 (5) (2002) 341–345 Epub 2002/06/06.
- [80] K.A. Lee, S.Y. Jang, K.M. Sohn, H.H. Won, M.J. Kim, J.W. Kim, et al., Association between a polymorphism in the lymphotoxin-a promoter region and migraine, *Headache* 47 (7) (2007) 1056–1062 Epub 2007/07/20.
- [81] V. Filic, A. Vladic, J. Stefulj, L. Cicin-Sain, M. Balija, Z. Susic, et al., Monoamine oxidases A and B gene polymorphisms in migraine patients, *J. Neurol. Sci.* 228 (2) (2005) 149–153 Epub 2005/02/08.
- [82] A. Norberg, L. Forsgren, D. Holmberg, M. Holmberg, Exclusion of the juvenile myoclonic epilepsy gene EFHC1 as the cause of migraine on chromosome 6, but association to two rare polymorphisms in MEPIA and RHAG, *Neurosci. Lett.* 396 (2) (2006) 137–142 Epub 2005/12/28.
- [83] F.M. Goncalves, A. Martins-Oliveira, R. Lacchini, V.A. Belo, J.G. Speciali, F. Dach, et al., Matrix metalloproteinase (MMP)-2 gene polymorphisms affect circulating MMP-2 levels in patients with migraine with aura, *Gene* 512 (1) (2013) 35–40 Epub 2012/10/10.
- [84] A. Martins-Oliveira, F.M. Goncalves, J.G. Speciali, V. Fontana, T.C. Izidoro-Toledo, V.A. Belo, et al., Specific matrix metalloproteinase 9 (MMP-9) haplotype affect the circulating MMP-9 levels in women with migraine, *J. Neuroimmunol.* 252 (1–2) (2012) 89–94 Epub 2012/08/22.
- [85] V. Anttila, H. Stefansson, M. Kallela, U. Todt, G.M. Terwindt, M.S. Calafato, et al., Genome-wide association study of migraine implicates a common susceptibility variant on 8q22.1, *Nat. Genet.* 42 (10) (2010) 869–873 Epub 2010/08/31.
- [86] A. Oterino, N. Valle, J. Pascual, Y. Bravo, P. Munoz, J. Castillo, et al., Thymidylate synthase promoter tandem repeat and MTHFD1 R653Q polymorphisms modulate the risk for migraine conferred by the MTHFR T677 allele, *Brain Res. Mol. Brain Res.* 139 (1) (2005) 163–168 Epub 2005/06/15.
- [87] R. Liu, P. Geng, M. Ma, S. Yu, M. Yang, M. He, et al., MTHFR C677T polymorphism and migraine risk: a meta-analysis, *J. Neurol. Sci.* 336 (1–2) (2014) 68–73 Epub 2013/11/05.
- [88] H. Kowa, K. Yasui, T. Takeshima, K. Urakami, F. Sakai, K. Nakashima, The homozygous C677T mutation in the methylenetetrahydrofolate reductase gene is a genetic risk factor for migraine, *Am. J. Med. Genet.* 96 (6) (2000) 762–764 Epub 2000/12/20.
- [89] A. Pezzini, M. Grassi, E. Del Zotto, A. Giossi, R. Monastero, G. Dalla Volta, et al., Migraine mediates the influence of C677T MTHFR genotypes on ischemic stroke risk with a stroke-subtype effect, *Stroke* 38 (12) (2007) 3145–3151 Epub 2007/10/27.
- [90] A. Liu, S. Menon, N.J. Colson, S. Quinlan, H. Cox, M. Peterson, et al., Analysis of the MTHFR C677T variant with migraine phenotypes, *BMC Res. Notes* 3 (2010) 213 Epub 2010/07/29.
- [91] A.I. Scher, G.M. Terwindt, W.M. Verschuren, M.C. Kruit, H.J. Blom, H. Kowa, et al., Migraine and MTHFR C677T genotype in a population-based sample, *Ann. Neurol.* 59 (2) (2006) 372–375 Epub 2005/12/21.
- [92] E. Rubino, M. Ferrero, I. Rainero, E. Binello, G. Vaula, L. Pinessi, Association of the C677T polymorphism in the MTHFR gene with migraine: a meta-analysis, *Cephalalgia* 29 (8) (2009) 818–825 Epub 2007/08/24.
- [93] R.A. Lea, M. Ovcaric, J. Sundholm, J. MacMillan, L.R. Griffiths, The methylenetetrahydrofolate reductase gene variant C677T influences susceptibility to migraine with aura, *BMC Med.* 2 (2004) 3 Epub 2004/04/01.
- [94] X.K. An, C.X. Lu, Q.L. Ma, X.R. Zhang, J.M. Burgunder, Q. Lin, et al., Association of MTHFR C677T polymorphism with susceptibility to migraine in the Chinese population, *Neurosci. Lett.* 549 (2013) 78–81 Epub 2013/07/03.
- [95] J.E. Azimova, A.V. Sergeev, L.A. Korobeynikova, N.S. Kondratieva, Z.G. Kokaeva, G.O. Shaikhaev, et al., Effects of MTHFR gene polymorphism on the clinical and electrophysiological characteristics of migraine, *BMC Neurol.* 13 (2013) 103 Epub 2013/08/07.
- [96] Z. Samaan, D. Gaysina, S. Cohen-Woods, N. Craddock, L. Jones, A. Korszun, et al., Methylenetetrahydrofolate reductase gene variant (MTHFR C677T) and migraine: a case control study and meta-analysis, *BMC Neurol.* 11 (2011) 66 Epub 2011/06/04.
- [97] A. Oterino, N. Valle, Y. Bravo, P. Munoz, P. Sanchez-Velasco, C. Ruiz-Alegria, et al., MTHFR T677 homozygosity influences the presence of aura in migraineurs, *Cephalalgia* 24 (6) (2004) 491–494 Epub 2004/05/25.
- [98] I. Kara, A. Sazci, E. Ergul, G. Kaya, G. Kilic, Association of the C677T and A1298C polymorphisms in the 5,10 methylenetetrahydrofolate reductase gene in patients with migraine risk, *Brain Res. Mol. Brain Res.* 111 (1–2) (2003) 84–90 Epub 2003/03/26.
- [99] L. Ligthart, B. de Vries, A.V. Smith, M.A. Ikram, N. Amin, J.J. Hottenga, et al., Meta-analysis of genome-wide association for migraine in six population-based European cohorts, *Eur. J. Hum. Genet.* 19 (8) (2011) 901–907 Epub 2011/03/31.
- [100] S. Jia, J. Ni, S. Chen, Y. Jiang, W. Dong, Y. Gao, Association of the pentanucleotide repeat polymorphism in NOS2 promoter region with susceptibility to migraine in a Chinese population, *DNA Cell Biol.* 30 (2) (2011) 117–122 Epub 2010/09/30.
- [101] M.T. de OS, F.M. Goncalves, A. Martins-Oliveira, J.G. Speciali, F. Dach, R. Lacchini, et al., Inducible nitric oxide synthase haplotype associated with migraine and aura, *Mol. Cell. Biochem.* 364 (1–2) (2012) 303–308 Epub 2012/01/12.
- [102] F.M. Goncalves, M.R. Luizon, J.G. Speciali, A. Martins-Oliveira, F. Dach, J.E. Tanus-Santos, Interaction among nitric oxide (NO)-related genes in migraine susceptibility, *Mol. Cell. Biochem.* 370 (1–2) (2012) 183–189 Epub 2012/08/07.

- [103] F.M. Goncalves, A. Martins-Oliveira, J.G. Speciali, M.R. Luizon, T.C. Izidoro-Toledo, P.S. Silva, et al., Endothelial nitric oxide synthase haplotypes associated with aura in patients with migraine, *DNA Cell Biol.* 30 (6) (2011) 363–369 Epub 2011/02/22.
- [104] B. Borroni, R. Rao, P. Liberini, E. Venturelli, M. Cossandi, S. Archetti, et al., Endothelial nitric oxide synthase (Glu298Asp) polymorphism is an independent risk factor for migraine with aura, *Headache* 46 (10) (2006) 1575–1579 Epub 2006/11/23.
- [105] S. Menon, H.C. Cox, M. Kuwahata, S. Quinlan, J.C. MacMillan, L.M. Haupt, et al., Association of a Notch 3 gene polymorphism with migraine susceptibility, *Cephalalgia* 31 (3) (2011) 264–270 Epub 2010/09/04.
- [106] E. Rubino, P. Fenoglio, S. Gallone, F. Govone, A. Vacca, P. De Martino, et al., Genetic variants in the NOTCH4 gene influence the clinical features of migraine, *J. Headache Pain* 14 (2013) 28 Epub 2013/04/10.
- [107] S. Menon, R.A. Lea, B. Roy, M. Hanna, S. Wee, L.M. Haupt, et al., The human mu-opioid receptor gene polymorphism (A118G) is associated with head pain severity in a clinical cohort of female migraine with aura patients, *J. Headache Pain* 13 (7) (2012) 513–519 Epub 2012/07/04.
- [108] A. Zandifar, S. Soleimani, N. Iraj, F. Haghdoost, M. Tajaddini, S.H. Javanmard, Association between promoter region of the uPAR (rs344781) gene polymorphism in genetic susceptibility to migraine without aura in three Iranian hospitals, *Clin. Neurol. Neurosurg.* 120 (2014) 45–48 Epub 2014/04/16.
- [109] E. Garcia-Martin, C. Martinez, M. Serrador, H. Alonso-Navarro, F. Navacerrada, J.A. Agundez, et al., Paraoxonase 1 (PON1) polymorphisms and risk for migraine, *J. Neurol.* 257 (9) (2010) 1482–1485 Epub 2010/04/22.
- [110] N. Yilmaz, O. Aydin, A. Yegin, A. Tiltak, E. Eren, Increased levels of total oxidant status and decreased activity of arylesterase in migraineurs, *Clin. Biochem.* 44 (10–11) (2011) 832–837 Epub 2011/05/05.
- [111] C. Ran, L. Graae, P.K. Magnusson, N.L. Pedersen, L. Olson, A.C. Belin, A replication study of GWAS findings in migraine identifies association in a Swedish case-control sample, *BMC Med. Genet.* 15 (2014) 38 Epub 2014/03/29.
- [112] S. Dasdemir, Y. Cetinkaya, M. Gencer, E. Ozkok, M. Aydin, B. Cakmakoglu, Cox-2 gene variants in migraine, *Gene* 518 (2) (2013) 292–295 Epub 2013/01/30.
- [113] H.G. Sutherland, J. Buteri, S. Menon, L.M. Haupt, E.A. Macgregor, R.A. Lea, et al., Association study of the calcitonin gene-related polypeptide-alpha (CALCA) and the receptor activity modifying 1 (RAMP1) genes with migraine, *Gene* 515 (1) (2013) 187–192 Epub 2012/12/15.
- [114] A. Zandifar, N. Iraj, M. Taheriun, M. Tajaddini, S.H. Javanmard, Association of the long pentraxin PTX3 gene polymorphism (rs3816527) with migraine in an Iranian population, *J. Neurol. Sci.* 349 (1–2) (2015) 185–189 Epub 2015/01/22.
- [115] H.E. Shin, S.J. Han, K.S. Lee, J.W. Park, Polymorphism of the glutamate transporter protein EAAT2 and migraine transformation into chronic daily headache, *J. Clin. Neurol.* 7 (3) (2011) 143–147 Epub 2011/11/17.
- [116] A. Szilagy, K. Boor, I. Orosz, E. Szantai, A. Szekely, H. Kalasz, et al., Contribution of serotonin transporter gene polymorphisms to pediatric migraine, *Headache* 46 (3) (2006) 478–485 Epub 2006/04/19.
- [117] M. Yilmaz, M.E. Erdal, H. Herken, O. Cataloluk, O. Barlas, Y.A. Bayazit, Significance of serotonin transporter gene polymorphism in migraine, *J. Neurol. Sci.* 186 (1–2) (2001) 27–30 Epub 2001/06/20.
- [118] M. Schurks, P.M. Rist, T. Kurth, S.Tin2 VNTR polymorphism in the serotonin transporter gene and migraine: pooled and meta-analyses, *J. Headache Pain* 11 (4) (2010) 317–326 Epub 2010/06/30.
- [119] H. Liu, M. Liu, Y. Wang, X.M. Wang, Y. Qiu, J.F. Long, et al., Association of 5-HTT gene polymorphisms with migraine: a systematic review and meta-analysis, *J. Neurol. Sci.* 305 (1–2) (2011) 57–66 Epub 2011/04/01.
- [120] A.D. Ogilvie, M.B. Russell, P. Dhall, S. Battersby, V. Ulrich, C.A. Smith, et al., Altered allelic distributions of the serotonin transporter gene in migraine without aura and migraine with aura, *Cephalalgia* 18 (1) (1998) 23–26 Epub 1998/05/28.
- [121] B. Bayerer, J. Engelbergs, I. Savidou, T. Boes, M. Kuper, C.F. Schorn, et al., Single nucleotide polymorphisms of the serotonin transporter gene in migraine—an association study, *Headache* 50 (2) (2010) 319–322 Epub 2009/10/23.
- [122] M. Marziniak, R. Mossner, A. Schmitt, K.P. Lesch, C. Sommer, A functional serotonin transporter gene polymorphism is associated with migraine with aura, *Neurology* 64 (1) (2005) 157–159 Epub 2005/01/12.
- [123] B. Borroni, C. Brambilla, P. Liberini, R. Rao, S. Archetti, S. Gipponi, et al., Functional serotonin 5-HTTLPR polymorphism is a risk factor for migraine with aura, *J. Headache Pain* 6 (4) (2005) 182–184 Epub 2005/12/20.
- [124] E. Rubino, E. Giorgio, S. Gallone, L. Pinessi, L. Orsi, S. Gentile, et al., Novel mutation of SLC20A2 in an Italian patient presenting with migraine, *J. Neurol.* 261 (10) (2014) 2019–2021 Epub 2014/09/03.
- [125] C. Lemos, J. Pereira-Monteiro, D. Mendonca, E.M. Ramos, J. Barros, J. Sequeiros, et al., Evidence of syntaxin 1A involvement in migraine susceptibility: a Portuguese study, *Arch. Neurol.* 67 (4) (2010) 422–427 Epub 2010/04/14.
- [126] M. Tropeano, C. Wober-Bingol, A. Karwautz, G. Wagner, E. Vassos, S. Campos-de-Sousa, et al., Association analysis of STX1A gene variants in common forms of migraine, *Cephalalgia* 32 (3) (2012) 203–212 Epub 2012/01/18.
- [127] R. Corominas, M. Ribases, E. Cuenca-Leon, B. Narberhaus, S.A. Serra, M. del Toro, et al., Contribution of syntaxin 1A to the genetic susceptibility to migraine: a case-control association study in the Spanish population, *Neurosci. Lett.* 455 (2) (2009) 105–109 Epub 2009/04/17.
- [128] A.J. Rodriguez-Acevedo, R.A. Smith, B. Roy, H. Sutherland, R.A. Lea, A. Frith, et al., Genetic association and gene expression studies suggest that genetic variants in the SYNE1 and TNF genes are related to menstrual migraine, *J. Headache Pain.* 15 (2014) 62 Epub 2014/10/16.
- [129] A. Jung, A. Hüge, G. Kühlenbaumer, S. Kempt, T. Seehafer, S. Evers, et al., Genetic TPH2 variants and the susceptibility for migraine: association of a TPH2 haplotype with migraine without aura, *J. Neural Transm.* 117 (11) (2010) 1253–1260 Epub 2010/08/27.
- [130] S. Saygi, F. Alehan, I. Erol, Y.Y. Yalcin, F.B. Atac, G. Kubat, TGF-beta1 genotype in pediatric migraine patients, *J. Child Neurol.* 30 (1) (2015) 27–31 Epub 2014/03/13.
- [131] A. Rafei, M. Abedini, S.H. Hosseini, Z. Hosseini-Khah, B. Bazrafshan, M. Tehrani, Toll like receptor-4 896 A/G gene variation, a risk factor for migraine headaches, *Iran. J. Immunol.* 9 (3) (2012) 159–167 Epub 2012/10/02.
- [132] O. Ates, S. Kurt, J. Altinisik, H. Karaer, S. Sezer, Genetic variations in tumor necrosis factor alpha, interleukin-10 genes, and migraine susceptibility, *Pain Med.* 12 (10) (2011) 1464–1469 Epub 2011/08/05.
- [133] L. Gu, Y. Yan, J. Long, L. Su, Y. Hu, Q. Chen, et al., The TNF-alpha-308G/A polymorphism is associated with migraine risk: a meta-analysis, *Exp. Ther. Med.* 3 (6) (2012) 1082–1086 Epub 2012/09/13.
- [134] J. Ghosh, G. Joshi, S. Pradhan, B. Mittal, Investigation of TNFA 308G>A and TNFB 252G>A polymorphisms in genetic susceptibility to migraine, *J. Neurol.* 257 (6) (2010) 898–904 Epub 2009/12/26.
- [135] S. Mazaheri, M. Hajilooi, A. Rafei, The G-308A promoter variant of the tumor necrosis factor-alpha gene is associated with migraine without aura, *J. Neurol.* 253 (12) (2006) 1589–1593 Epub 2006/10/26.
- [136] I. Rainero, L.M. Grimaldi, G. Salani, W. Valfre, C. Rivoiro, L. Savi, et al., Association between the tumor necrosis factor-alpha -308G/A gene polymorphism and migraine, *Neurology* 62 (1) (2004) 141–143 Epub 2004/01/14.
- [137] W. Dong, S. Jia, X. Ye, J. Ni, Association analysis of TNFRSF1B polymorphism with susceptibility for migraine in the Chinese Han population, *J. Clin. Neuroscience* 19 (5) (2012) 750–752 Epub 2012/02/22.
- [138] N. Erdal, H. Herken, M. Yilmaz, E. Erdal, Y.A. Bayazit, The A218C polymorphism of tryptophan hydroxylase gene and migraine, *J. Clin. Neurosci.* 14 (3) (2007) 249–251 Epub 2006/12/30.
- [139] M. Motaghi, S. Haghjooy Javanmard, F. Haghdoost, M. Tajadini, M. Saadatnia, L. Rafiee, et al., Relationship between vitamin D receptor gene polymorphisms and migraine without aura in an Iranian population, *BioMed Res. Int.* 2013 (2013) 351942 Epub 2013/08/29.
- [140] F.M. Goncalves, A. Martins-Oliveira, J.G. Speciali, T.C. Izidoro-Toledo, M.R. Luizon, F. Dach, et al., Vascular endothelial growth factor genetic polymorphisms and haplotypes in women with migraine, *DNA Cell Biol.* 29 (7) (2010) 357–362 Epub 2010/05/21.