Pregnancy-associated plasma protein-A (PAPP-A) as a mortality predictor of long-term hemodialysis patients

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PAPP-A

pregnancy-associated plasma protein A

- metalloproteinase, cleaves IGFBP-4→IGF-1 increase
- screening of Down syndrome in the 1st trimester
- present in ruptured atherosclerotic plaques
- biomarker of acute coronary syndrome
- increased in HD patients, related to renal function

PAPP-A and survival of HD patients – a pilot study 40 patients, 20 months follow-up, 22 patients+ dead vs. living patients 26.8 (21.6-36.8) vs. 20 (14.9-26.6), p=0.034



Kalousová et al., Blood Purif 2004

Aim of the study

PAPP-A and related parameters

- other pregnancy protein placental growth factor PIGF
- matrix metalloproteinases MMP-2 and MMP-9
- molecules linked to PAPP-A action IGFBP-4 and IGF-1
- established cardiac markers cTnI, BNP
- inflammatory markers CRP; retinol

→ relationship of their serum levels
 to prognosis of long term hemodialysis patients
 in 5-years follow-up

Prospective observational study

261 long-term hemodialysis patients

- follow-up for 5 years (11/2003-11/2008)
- patients from 6 HD centres in the Czech Republic
- 141 men and 120 women, mean age 64±13 years
- clinical and laboratory characteristics collected at the beginning of the study

66 healthy controls

• 25 men and 41 women, mean age 59±9 years

Clinical characteristics of hemodialysis patients

- duration of HD treatment median 2 years
- diabetes mellitus 33%
- dyslipidemia 41%
- hypertension 84%
- cardiovascular disease 61%
- cerebrovascular disease 24%
- peripheral vascular disease 25%

Basic laboratory parameters

Parameter	HD patients	Controls	p HD vs. controls
Hemoglobin (g/L)	106±13.2	141±10.1	<0.001
Creatinine (µmol/L)	753±198	88±13	<0.001
Albumin (g/L)	37.8±3.8	44.4±2.6	<0.001
CRP (mg/L)	10.0±16.5	3.3±2.4	0.002
Leukocytes (x10 ⁹ /L)	6.92±1.95	6.41±1.70	0.1
BMI (kg/m ²)	25.4±4.52	25.5±3.42	0.9

Follow up of HD patients - 5 years

- + 146 patients (56%)
 - \succ 71 cardiovascular cause
 - \succ 42 infection
 - \geq 14 tumour
 - \succ 15 other cause
- 52 patients transplantation, 8 of them +
- 2 patients censored to due other reason

Laboratory methods

- **PAPP-A** TRACE (KRYPTOR, Brahms)
- PIGF, IGFBP-4, MMP-2 and MMP-9 ELISA (RD Systems)
- **IGF-1 IRMA**
- **BNP and cTnI CLIA**
- **Retinol** HPLC
- Basic nutritional and inflammatory parameters standard methods, automated analyzers

Statistical analysis

- software SPSS v.16.0
- Survival analysis
 - Kaplan-Meier analysis
 - Cox regression univariate and multivariate analysis (forward and backward methods)
- overall mortality, cardiovascular mortality, mortality due to infection
- transplantation taken as time dependent covariate
- BCH parameters treated as continuous variables
- HR (95%CI) expressed per SD, for age per year

PAPP-A

- 27.6±15.5 mIU/L in HD vs. 9.4±2.5 mIU/L in controls, p<0.001
- Significant independent predictor
 - for overall mortality
 - HR/SD (95%CI) 1.237 (1.060-1.444), p=0.007

- for mortality due to infection

HR/SD (95%CI) 1.416 (1.115-1.798), p=0.004

not for cardiovascular mortality

Overall mortality

PAPP-A below and over 30.8 mIU/L (upper quartile), p=0.03



Other markers and mortality all increased in HD except for MMP-9

- **PIGF** n.s. (p=0.08-0.1)
- **MMP-2 and MMP-9** n.s.
- **IGFBP-4** n.s.
- **IGF-1** significant in uni-variate analysis
- **cTnI** significant in both uni-variate and multi-variate analysis for overall and cardiovascular mortality
- **BNP** significant only in uni-variate analysis for overall and cardiovascular mortality
- **Retinol** significant in both uni-variate and multi-variate analysis for overall and cardiovascular mortality (*Kalousová et al. Am J Kidney Dis 2010*)

Significant independent mortality predictors

Overall **PAPP-A** cTnI cTnI Albumin Creatinine Retinol in the personal history Age Transplantation Diabetes mellitus Cardiovascular disease in the personal history

Cardiovascular Albumin Retinol Cardiovascular disease

Due to infection PAPP-A Creatinine **Diabetes mellitus**

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