

WG1-WG3-WG5

SMRP and fibulin-3 as biomarkers in malignant mesothelioma

DiMoPEX



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Introduction

Malignant mesothelioma (MM) is an aggressive malignant disease that has been associated with occupational and environmental exposure to asbestos (1,2). Since MM remains a fatal disease that is hard to treat, potential new biomarkers for earlier diagnosis and following the response to treatment have been intensively investigated. Among them are soluble mesothelin-related peptides (SMRP) and fibulin-3 (3,4,5).

This study aimed to determine SMRP and fibulin-3 levels in patients with MM before treatment and in various responses to treatment to investigate if SMRP and fibulin-3 levels could be useful in evaluating tumour response to treatment.

Methods

A panel study included 78 patients with MM treated and followed-up at the Institute of Oncology Ljubljana in the period between March 2007 and June 2011.

For all the patients, data on smoking were obtained using a standardized questionnaire. To determine occupational and/or environmental asbestos exposure, a semi-quantitative method was used. According to the cumulative asbestos exposure, the subjects were categorized into four groups: no exposure, low exposure, medium exposure and high exposure.

Serum samples were collected in all subjects before the treatment and/or at different responses to treatment (complete response, partial response, stable disease, progressive disease). Serum SMRP levels as well as fibulin-3 levels were determined using commercial ELISA assays.

Standard descriptive statistics were used to describe each variable. Mann-Whitney test was performed to determine the differences in SMRP and fibulin-3 levels before treatment and in various responses to treatment. The correlations between fibulin-3 and SMRP levels were calculated using Pearson's correlation coefficient.

Results – patients characteristics

The study included 78 patients with MM, 57 (73%) male and 21 (27%) female. The overall mean (min–max range) age was 64.48 (23.37–83.70) years. Among them, 35 (44.9%) were ever smokers and 43 (55.1%) of them never smoked.

Asbestos exposure was confirmed in 67 (85.9%) of the patients with MM. The assessed exposure was low in 24 (30.8%) patients, median in 21 (26.9%) patients, and high in 22 (28.2%) patients, while in 11 patients (14.1%) asbestos exposure could not be proved with certainty. In the exposed group, the mean duration of exposure was 141.32 (0.1–528) months.

Results – biomarker analysis

Pre-treatment SMRP levels were significantly higher than in stable disease, partial response and complete response ($U = 799.50$, $p = 0.008$) as were the SMRP levels in progressive disease compared to stable disease, partial response and complete response to treatment or after surgery ($U = 507.00$, $p = 0.000$) (Table 1). Regarding fibulin-3, the levels were significantly higher in progressive disease as compared to the levels in stable disease, partial response and complete response to treatment or after surgery ($U = 813.00$, $p = 0.001$) (Table 2). No significant difference was observed between the fibulin-3 levels before treatment as compared to the levels in stable disease, partial response and complete response to treatment ($U = 877.00$, $p = 0.299$). No significant correlation was detected between SMRP and fibulin-3 levels

Table 1. SMRP levels (nmol/l) before treatment and in different responses to treatment in 78 patients with malignant mesothelioma

Disease phase	Mean	SD	Median	Range	Inter-quartile	Mann-Whitney (U) test	P value
All phases (N=135)	5.74	7.23	2.97	0.00–34.80	0.89–7.98		
Before treatment (N=33)	5.75	7.77	2.80	0.00–34.80	0.71–8.76	799.50 ^a	0.008
Complete response or after surgery (N=5)	0.32	0.78	0.00	0.00–1.91	0.00–0.48		
Partial response (N=13)	1.71	2.06	1.00	0.00–6.66	0.00–3.31		
Stable disease (N=39)	2.87	3.85	1.79	0.00–20.71	0.51–3.33		
Progressive disease (N=45)	9.56	8.20	7.05	0.28–31.56	3.38–12.67	507.00 ^b	0.000

N = number of serum samples; Mann-Whitney (U) test calculated for:

^aSMRP before treatment vs. stable disease + partial response + complete response or after surgery;

^bSMRP in progressive disease vs. stable disease + partial response + complete response or after surgery

Table 2. Fibulin-3 levels (ng/ml) before treatment and in different responses to treatment in 78 patients with MM

Disease phase	Mean	SD	Median	Range	Inter-quartile	Mann-Whitney (U) test	P value
All phases (N=135)	44.57	21.31	40.78	0.00–105.00	29.18–56.27		
Before treatment (N=33)	40.57	22.26	35.09	1.65–92.32	24.23–56.21	877.00 ^a	0.299
Complete response or after surgery (N=5)	32.43	9.98	34.25	18.16–45.50	23.55–40.40		
Partial response (N=13)	45.13	26.48	41.18	0.00–105.00	27.90–56.42		
Stable disease (N=39)	40.00	16.11	37.10	6.52–73.44	29.40–47.56		
Progressive disease (N=45)	53.56	21.67	47.19	16.26–105.0	37.78–67.93	813.00 ^b	0.001

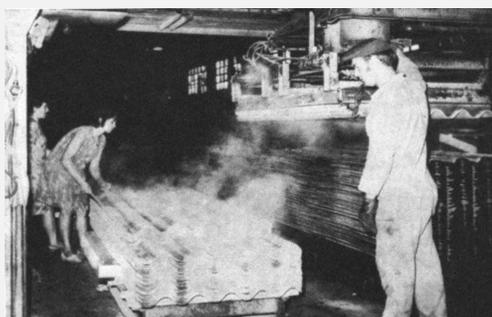
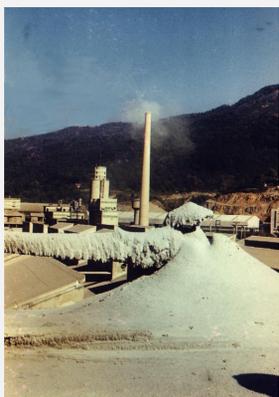
N = number of serum samples; Mann-Whitney (U) test calculated for:

^afibulin-3 before treatment vs. stable disease + partial response + complete response or after surgery;

^bfibulin-3 in progressive disease vs. stable disease + partial response + complete response or after surgery

Discussion/Conclusions

Our findings suggest that SMRP may be a useful tumour biomarker for evaluating tumour response to treatment and detecting the progression of MM. The analysis also showed that fibulin-3 could be helpful in identifying the progression of the disease. However, to confirm these results more cases are needed to give power to the study and to conduct a thorough analytical follow-up study which will also include possible confounders and modifiers of exposure and disease.



Asbestos cement manufacturing plant
of Salonit Anhovo, Slovenia.

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