

# **Biomarkers in VTE**

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# Definition of Biological Markers

❖ **Measurable** and **quantifiable** biological parameters

▶ specific enzyme concentration, specific hormone

concentration, specific gene phenotype distribution in a

population, presence of biological substances

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**Biomarkers in the **diagnosis of VTE****

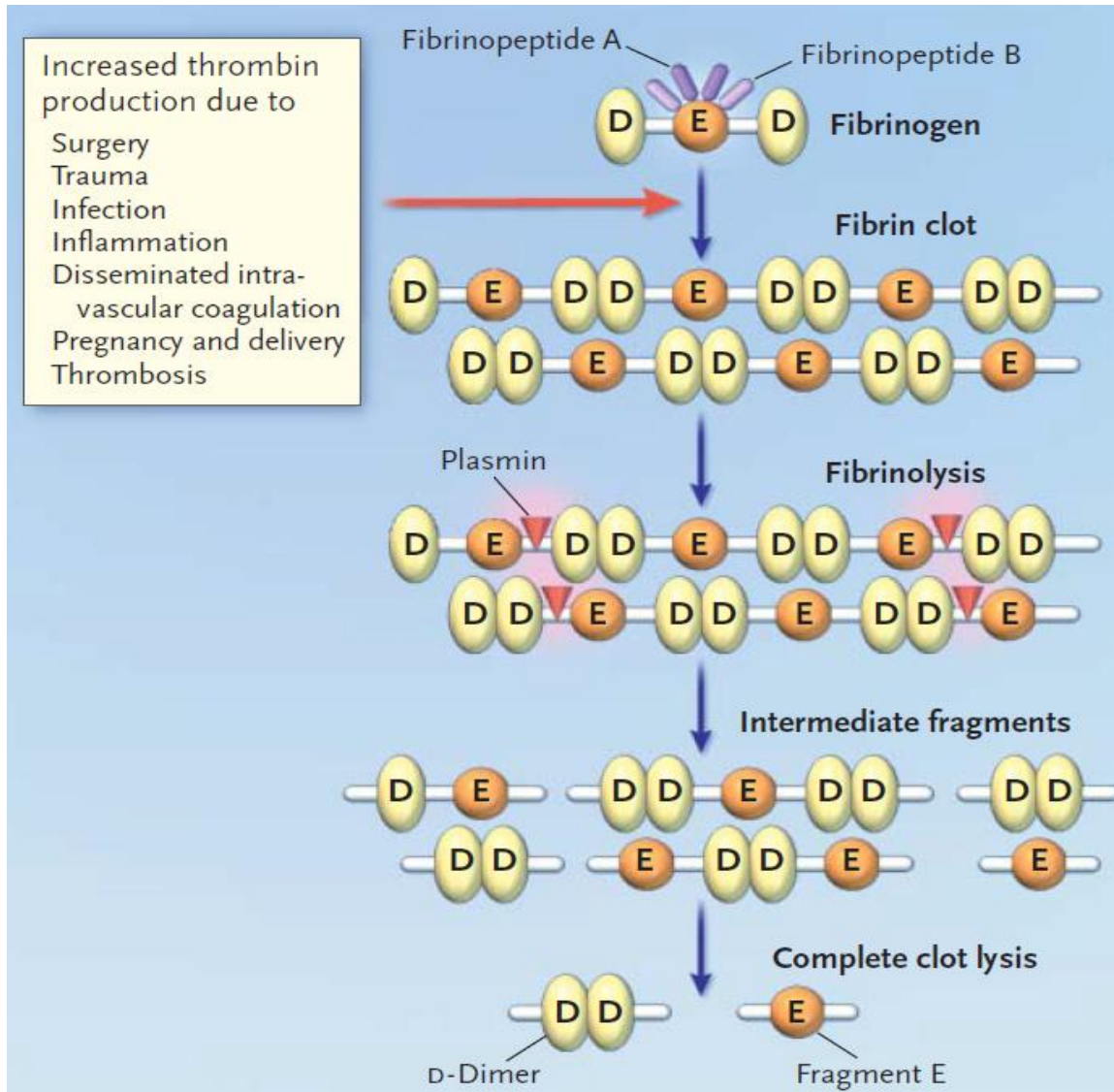
**Biomarkers in predicting clinical outcomes of acute PE**

**Biomarkers in predicting recurrence of VTE**

**Biomarkers in indicating thrombotic potentials**

# D-dimer

## Plasmin degradation of a fibrin clot



► The presence of D-dimer is a telltale clue that **blood clotting** has been initiated.

# D-dimer

## Detection Methods

### 1. Enzyme-linked immunosorbent assay (VIDAS)

: highly sensitive but not specific for DVT,  
quantitative results, technically time-consuming

### 2. Latex-agglutination assay (IL-Test)

: inexpensive, rapid, quantitative, but 80% sensitivity

### 3. Whole-blood agglutination (SimpliRED)

: qualitative, red-cell agglutination assays,  
monoclonal antibody specific for d-dimer  
operator-dependent



# 폐색전증 진단을 위한 진료실에서의 예비검사

High clinical likelihood of PE  
PE likely > 4

임상적 특징	점수
심부정맥혈전증의 임상적 증상 및 징후	3.0
폐색전증을 우선적 진단으로 고려하는 경우	3.0
심박수가 분당 100회를 초과	1.5
지난 4주 동안에 수술이나 3일 이상 거동이 안된 경우	1.5
심부정맥혈전증이나 폐색전증의 과거력	1.5
객혈	1.0
활동중인 암 (6개월 이내에 치료를 받았거나 보존적 치료)	1.0

# Incidence rate of PE using D-dimer and Wells score

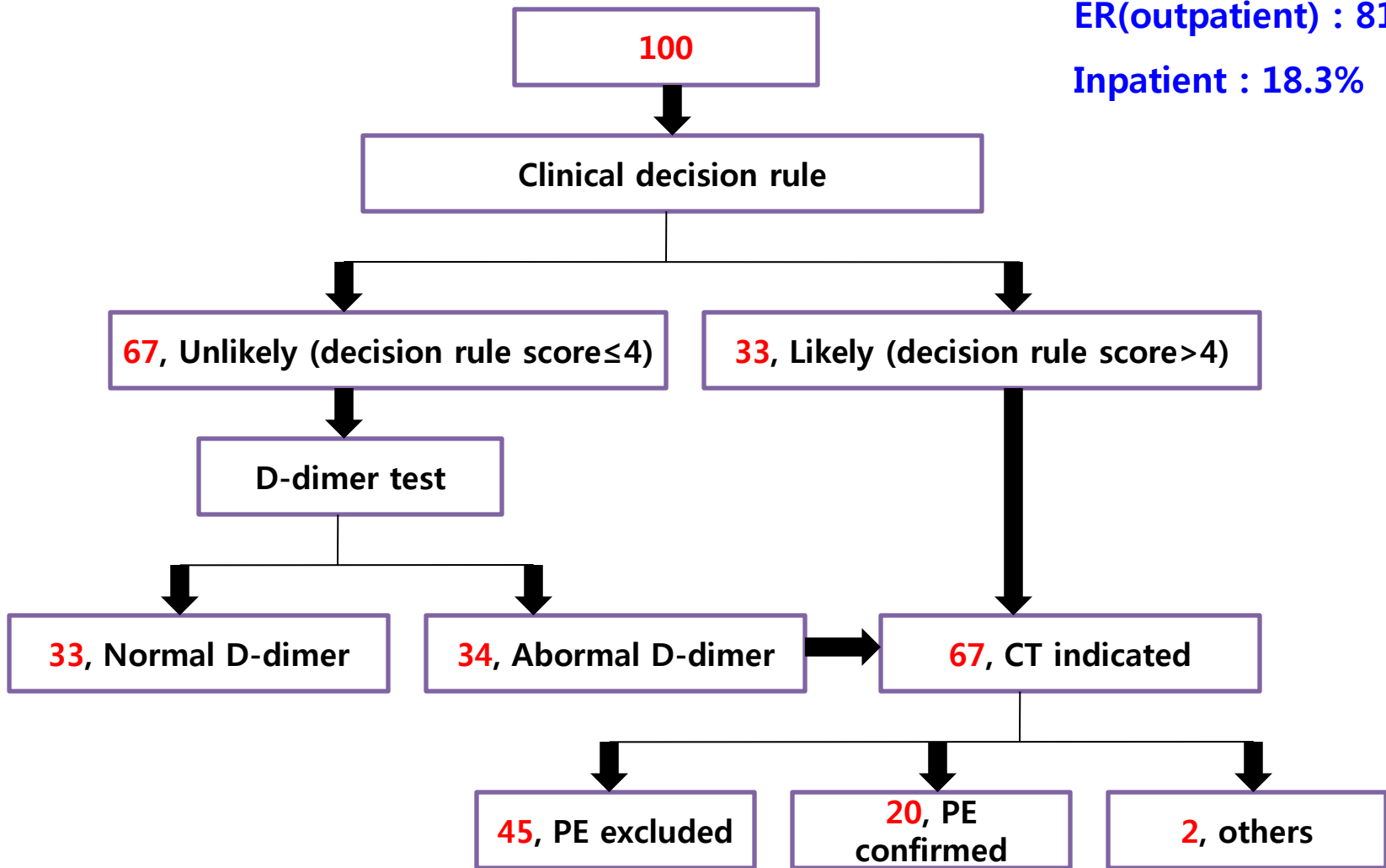
Score by model	PE rate with -DD	PE rate with +DD	PE rate overall
$\leq 4$	<b>1.7%</b> [2/118] (0.2%-6.0%)	11.7% [7/60] (4.8%-22.6%)	<b>5.1%</b> [9/17] (2.3%-9.4%)
$>4$	10.3 [3.29] (2.2%-27.4%)	<b>60%</b> [24/40] (43.3%-75.1%)	<b>39.1%</b> [27/69] 27.6%-51.6%)

( ) = 95% confidence interval: DD = D-dimer

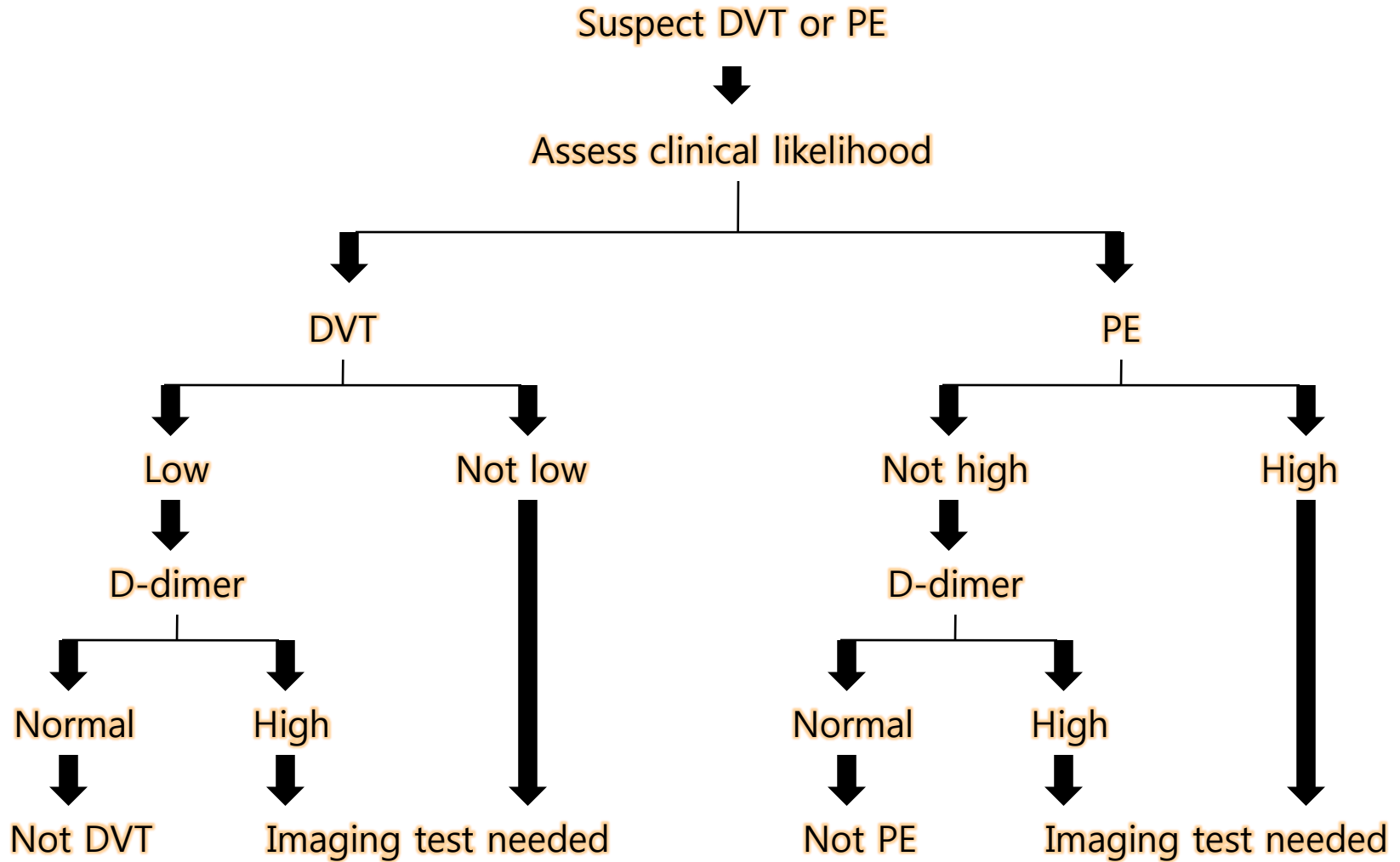
# Diagnostic algorithm of PE using D-dimer

ER(outpatient) : 81.7%

Inpatient : 18.3%



# Algorithm for Diagnostic Imaging



# Summary of D-dimer

- ❖ D-dimer 는 체내에 혈전생성이 시작되었음을 의미
- ❖ D-dimer 는 VTE에서 증가하지만 기타 수술, 출혈, 외상, 악성종양, 패혈증, 고령, 임신(2기, 3기) 등과 관련해서도 증가할 수 있다.
- ❖ VTE를 진단에서 배제하는데 유용한 검사법
  - ▶ 민감도가 높지만 VTE가 없는 환자의 90% 이상에서 정상으로 높은 NPV
- ❖ D-dimer 검사는 임상적 가능성(clinical probability)에 대한 평가와 함께 임상적으로 이용된다.
  - ▶ 임상적 평가는 Wells score, Geneva score를 사용

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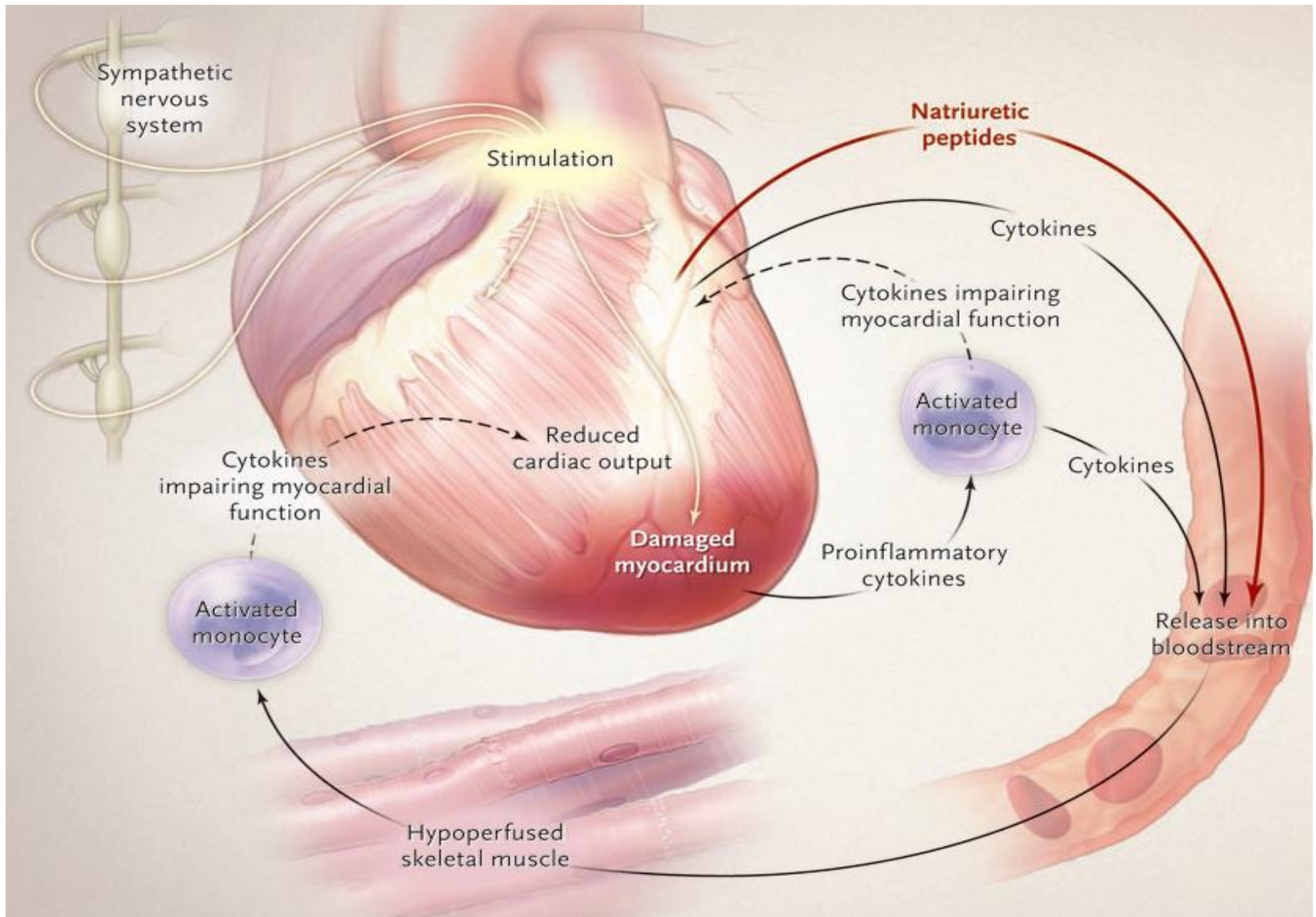
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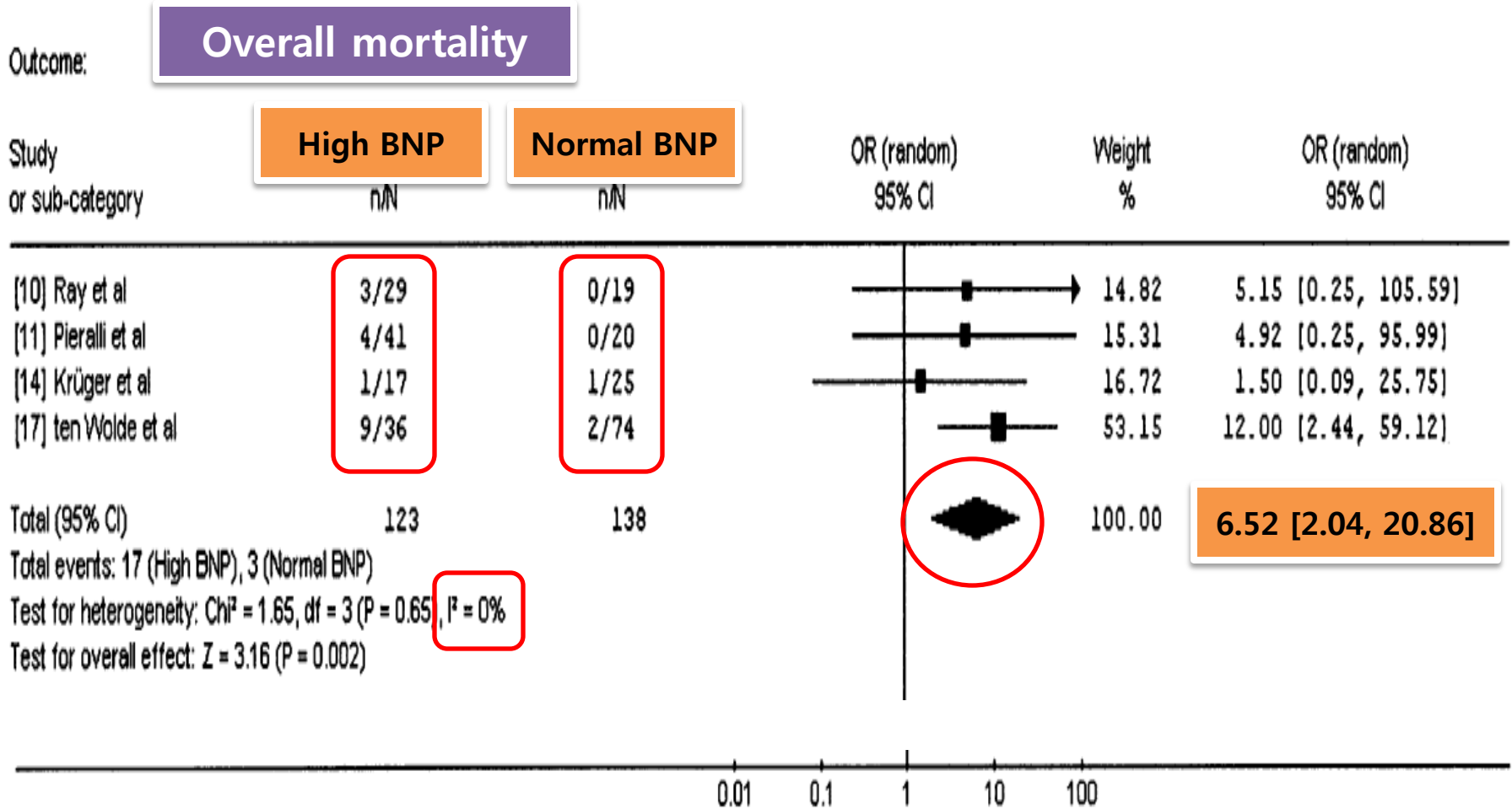
# BNP(Brain Natriuretic peptide)



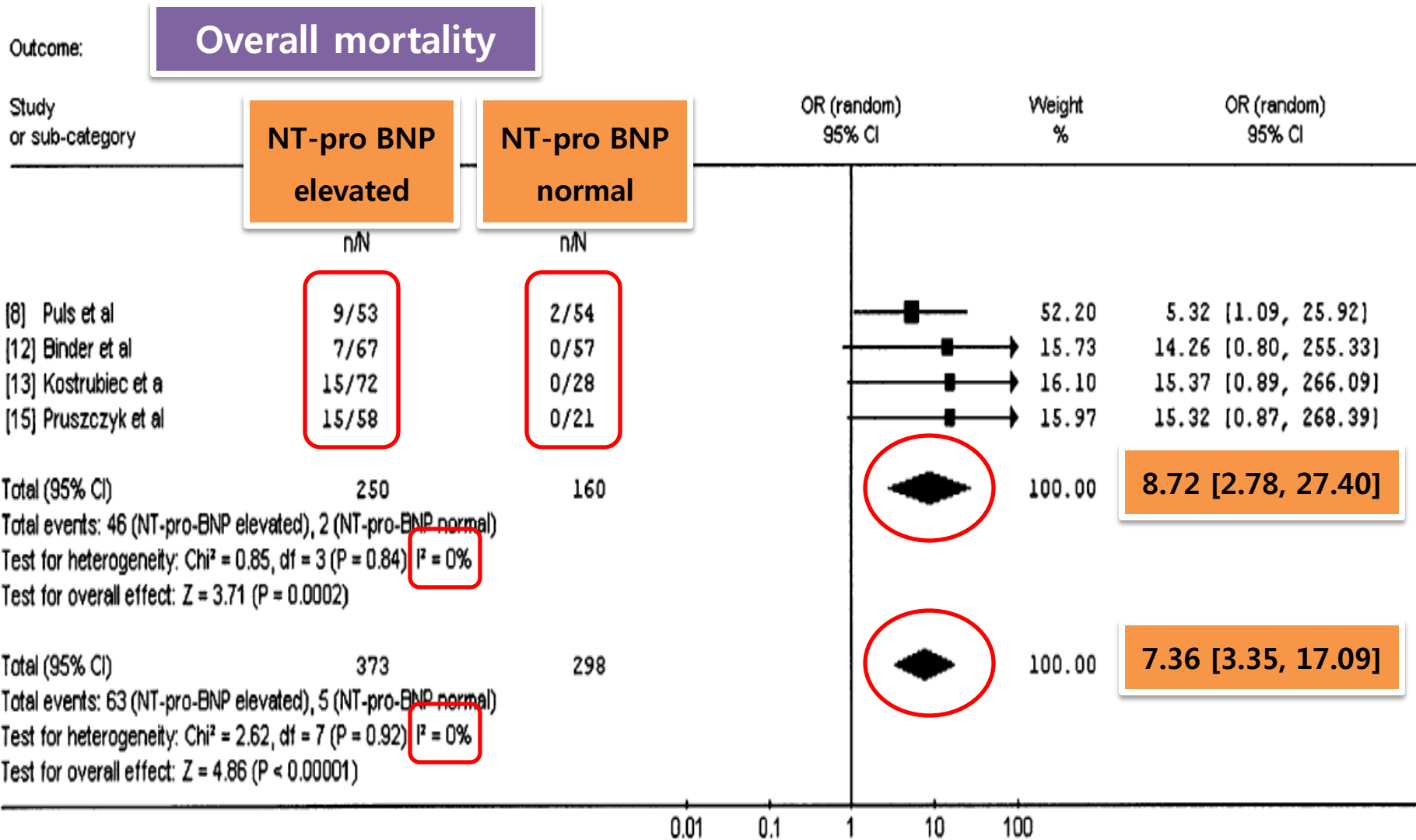
# BNP(Brain Natriuretic peptide)

- ❖ BNP(Brain natriuretic peptide)는 **심근세포**에서 합성되는 호르몬
- ❖ 전구물질인 pro-BNP는 **심장의 용적확대(volume expansion)**와 **압력과부하(pressure overload)**로 인한 심근자극 후에 active BNP와 inactive NT-pro-BNP(N-terminal-proBNP)로 분해
- ❖ 급성 폐색전증에서 **우심실의 전단응력(shear stress)**이 **높아지면** BNP 혹은 NT-pro-BNP가 상승하고 이는 **우심실 기능이상(right ventricular dysfunction)**을 나타내는 표시자로 사용된다.
- ❖ 결과에 영향을 미치는 인자로는 환자의 나이, 체질량지수(body mass index, BMI), 신장기능이 있다.

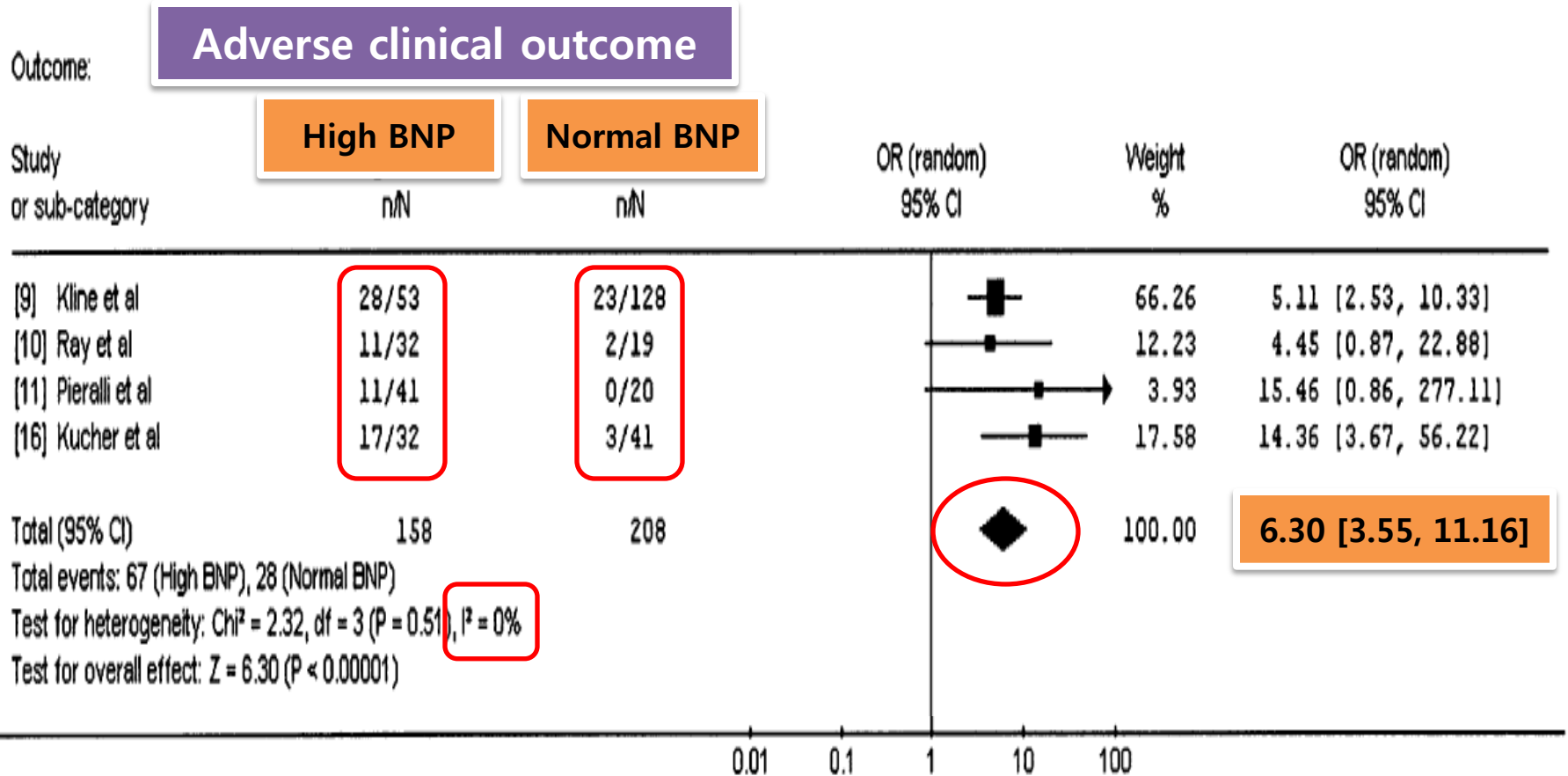
# BNP(Brain Natriuretic peptide)



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**Adverse clinical outcome** defined as the occurrence of any of the following: **death, CPR, mechanical ventilation, use of vasopressors, thrombolysis, thrombosuction, open surgical embolectomy, or admission to the ICU.**

# BNP(Brain Natriuretic peptide)

Outcome:

**Adverse clinical outcome**

Study or sub-category

**NT-pro BNP elevated**

**NT-pro BNP normal**

OR (random)  
95% CI

Weight  
%

OR (random)  
95% CI

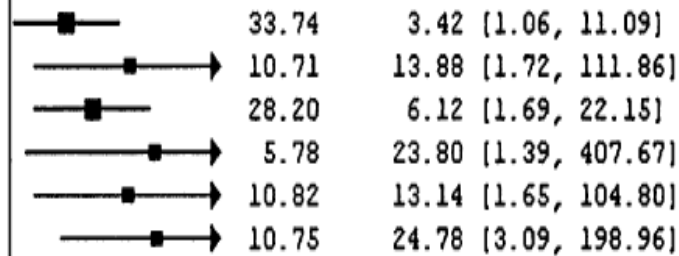
n/N

n/N

[6] Maziere et al  
[8] Puls et al  
[12] Binder et al  
[13] Kostrubiec et al  
[15] Pruszczyk et al  
[18] Kucher et al

11/26  
11/53  
17/67  
21/72  
23/58  
19/42

6/34  
1/54  
3/57  
0/28  
1/21  
1/31



Total (95% CI) 318 225

Total events: 102 (Elevatad NT-pro-BNP), 12 (Normal NT-pro-BNP)

Test for heterogeneity:  $\text{Chi}^2 = 4.65$ ,  $\text{df} = 5$  ( $P = 0.46$ ),  $I^2 = 0\%$

Test for overall effect:  $Z = 5.78$  ( $P < 0.00001$ )

Total (95% CI) 476 433

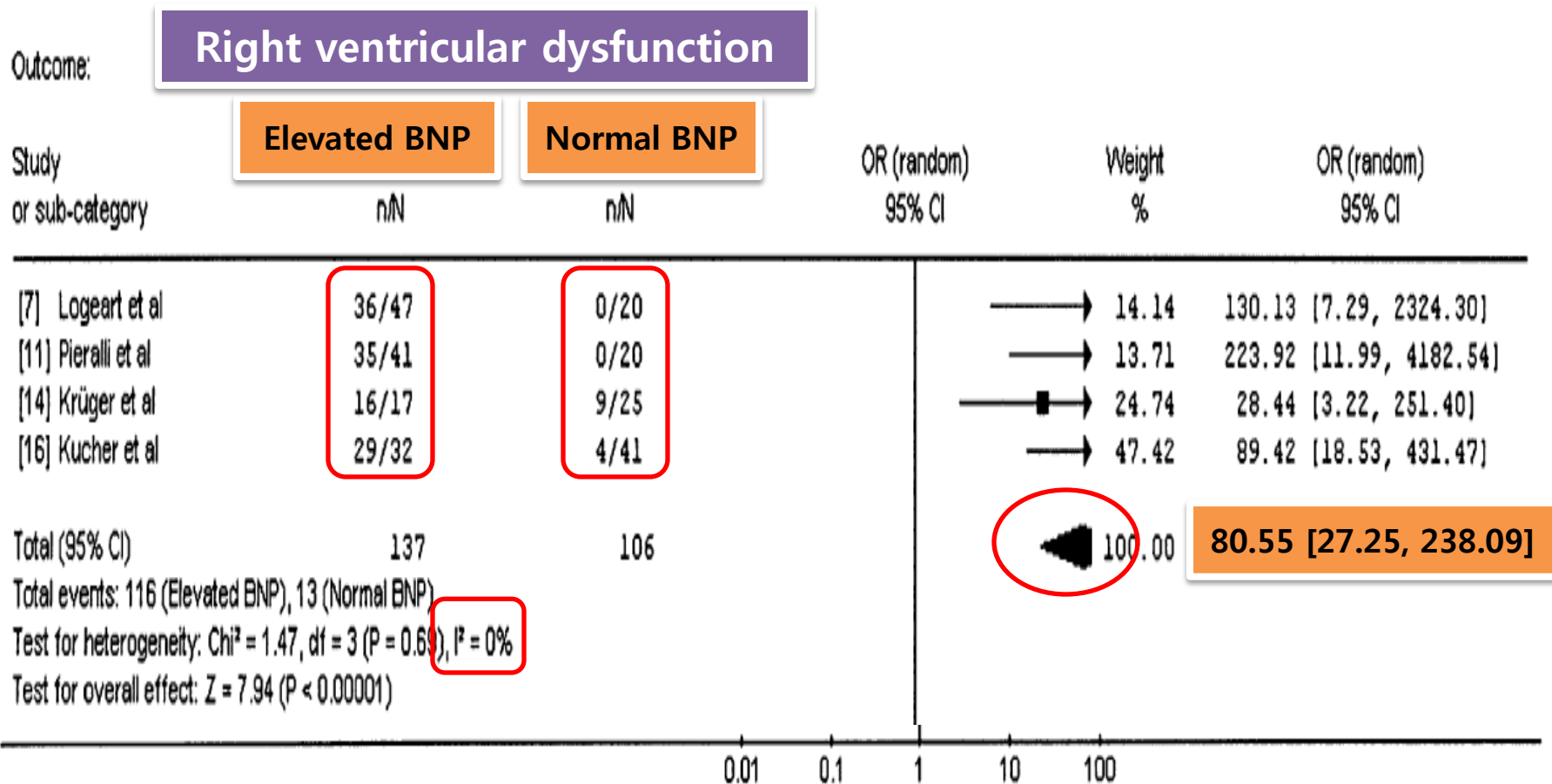
Total events: 169 (Elevatad NT-pro-BNP), 40 (Normal NT-pro-BNP)

Test for heterogeneity:  $\text{Chi}^2 = 7.16$ ,  $\text{df} = 9$  ( $P = 0.62$ ),  $I^2 = 0\%$

Test for overall effect:  $Z = 8.54$  ( $P < 0.00001$ )

0.01 0.1 1 10 100

# BNP(Brain Natriuretic peptide)



# BNP(Brain Natriuretic peptide)

Outcome:

**Right ventricular dysfunction**

Study  
or sub-category

**NT-pro BNP  
elevated**

**NT-pro BNP  
normal**

OR (random)  
95% CI

Weight  
%

OR (random)  
95% CI

n/N

n/N

[12] Binder et al  
[18] Kucher et al

30/67

3/57

19/42

1/31

Total (95% CI)

109

88

Total events: 49 (Elevated NT-pro-BNP), 4 (Normal NT-pro-BNP)

Test for heterogeneity:  $\text{Chi}^2 = 0.18$ ,  $\text{df} = 1$  ( $P = 0.67$ ),  $I^2 = 0\%$

Test for overall effect:  $Z = 5.14$  ( $P < 0.00001$ )

Total (95% CI)

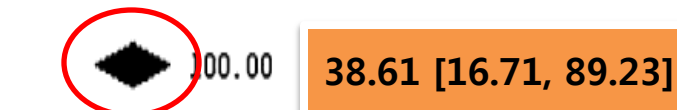
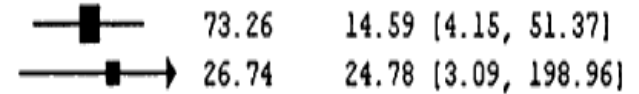
246

194

Total events: 165 (Elevated NT-pro-BNP), 17 (Normal NT-pro-BNP)

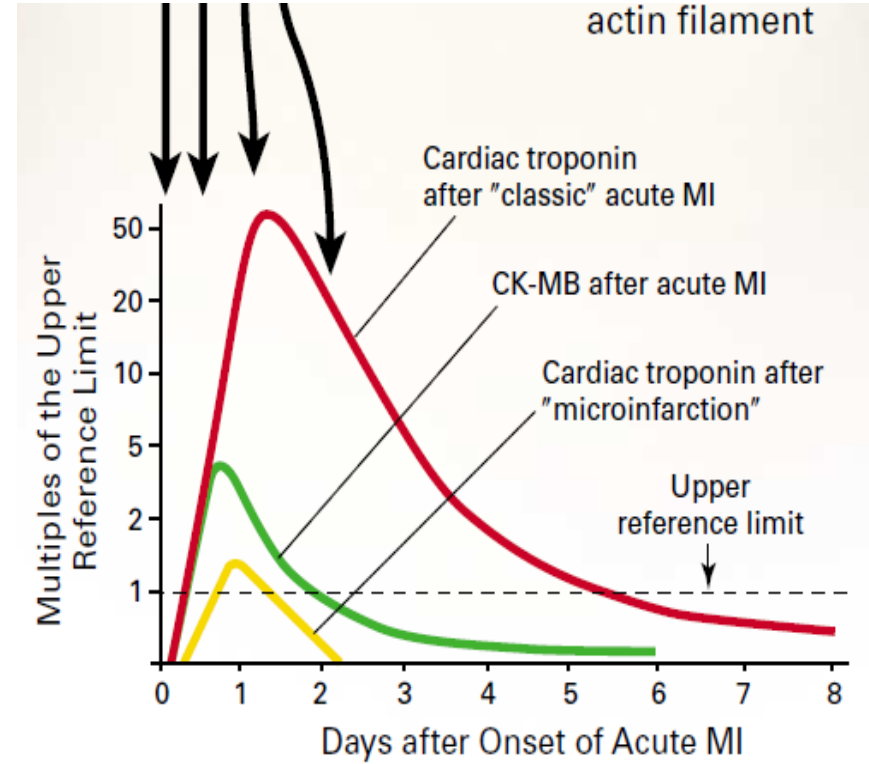
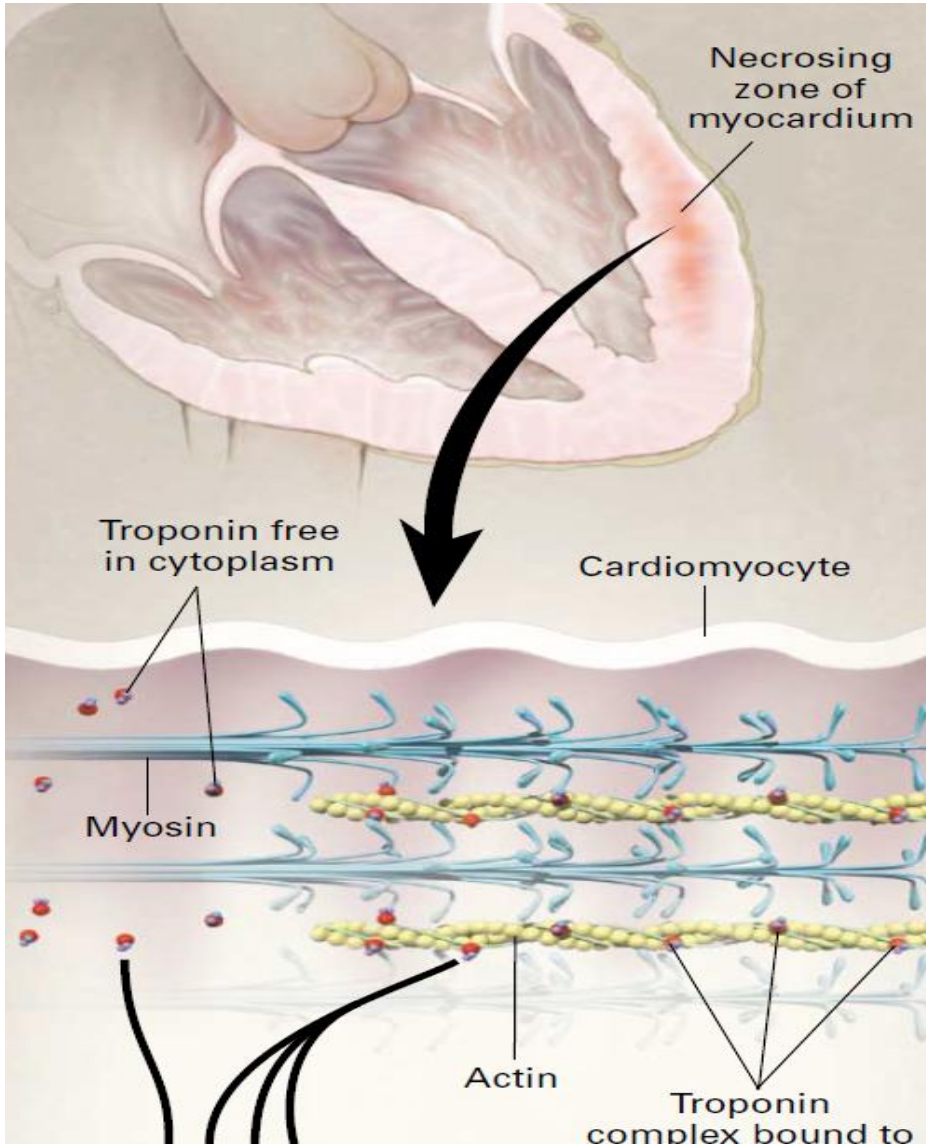
Test for heterogeneity:  $\text{Chi}^2 = 5.69$ ,  $\text{df} = 5$  ( $P = 0.34$ ),  $I^2 = 12.1\%$

Test for overall effect:  $Z = 8.55$  ( $P < 0.00001$ )



0.01 0.1 1 10 100

# Troponin

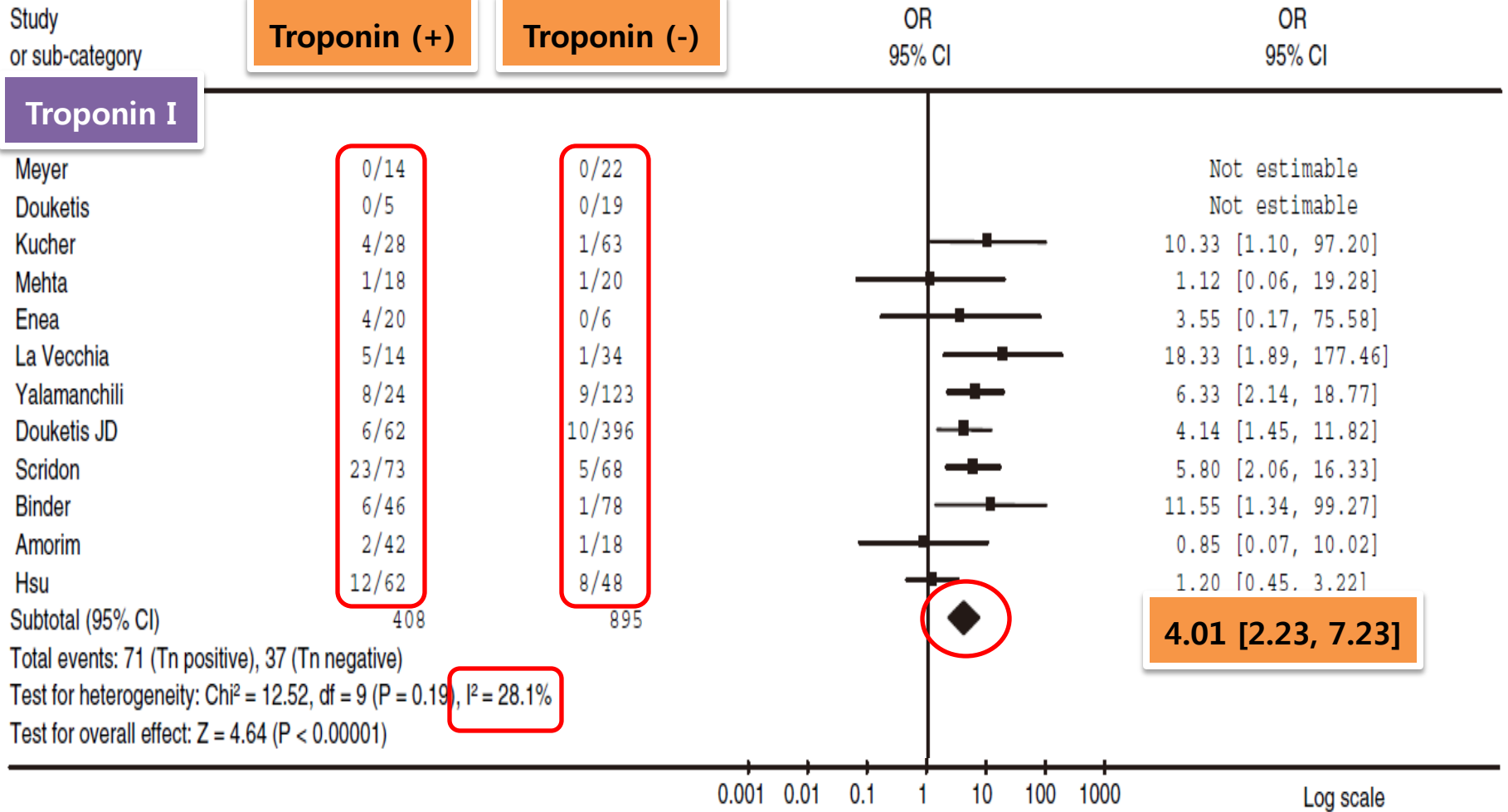


# Troponin

- ❖ 심장 Troponin I(cTnT) 와 troponin T(cTnI)는 **횡문근(striated muscle)**에 있는 근육 단백질
- ❖ **심근괴사(myocardial necrosis)**가 있는 경우 혈류로 유리
- ❖ 주로 심근경색증과 협심증에서 심근허혈로 인하여 증가되지만 폐색전증에서도 **중증의 우심실 압력 과부하(pressure overload)** 혹은 **우심실의 장기간의 압력 과부하 후에 발생하는 경미한 심근손상**에도 증가
- ❖ 폐색전증에서 troponin 의 상승은 **우심실의 기능이상이나 확장**과 관련

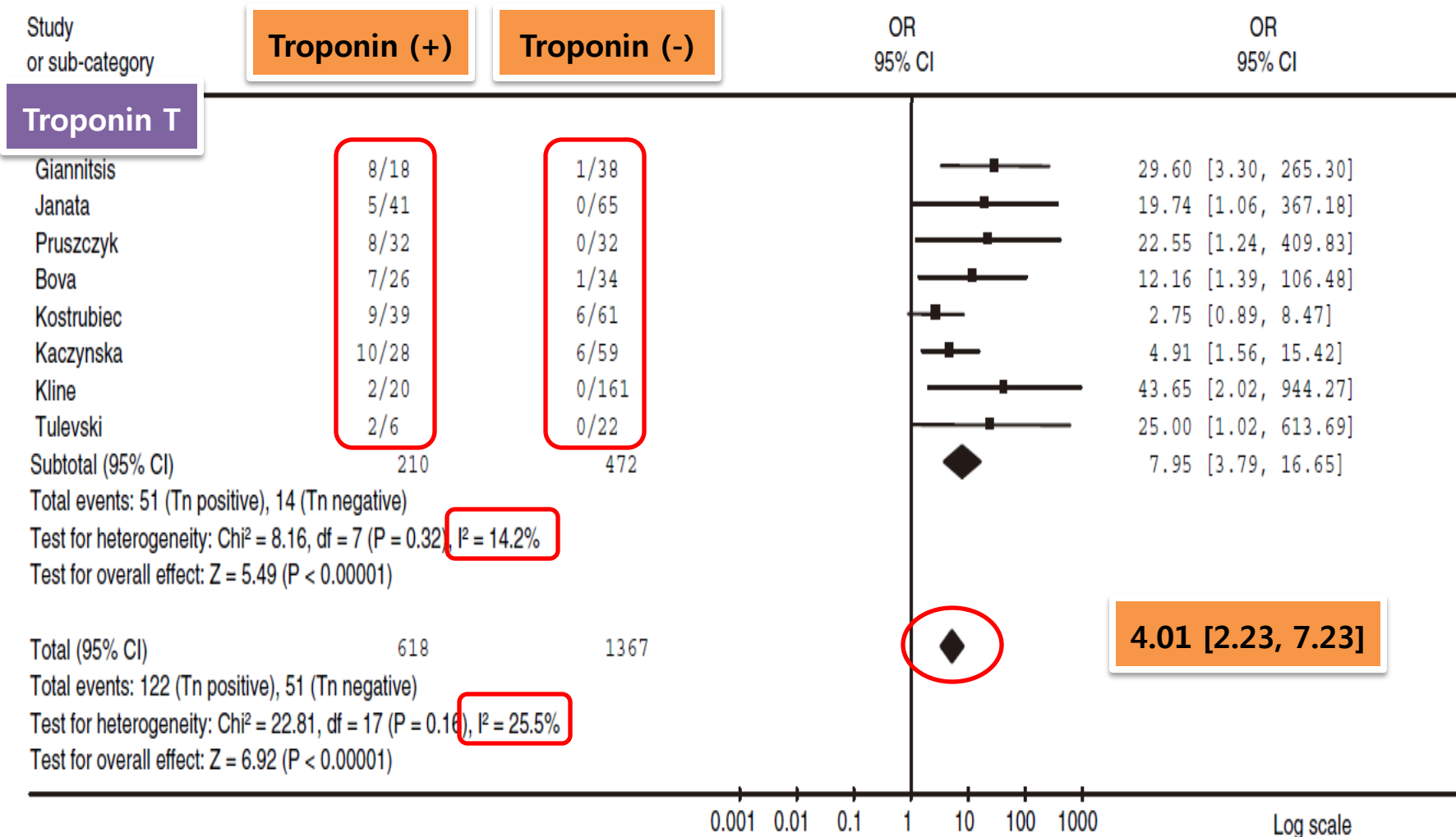
# Troponin

## Death based on serum Troponin I and T



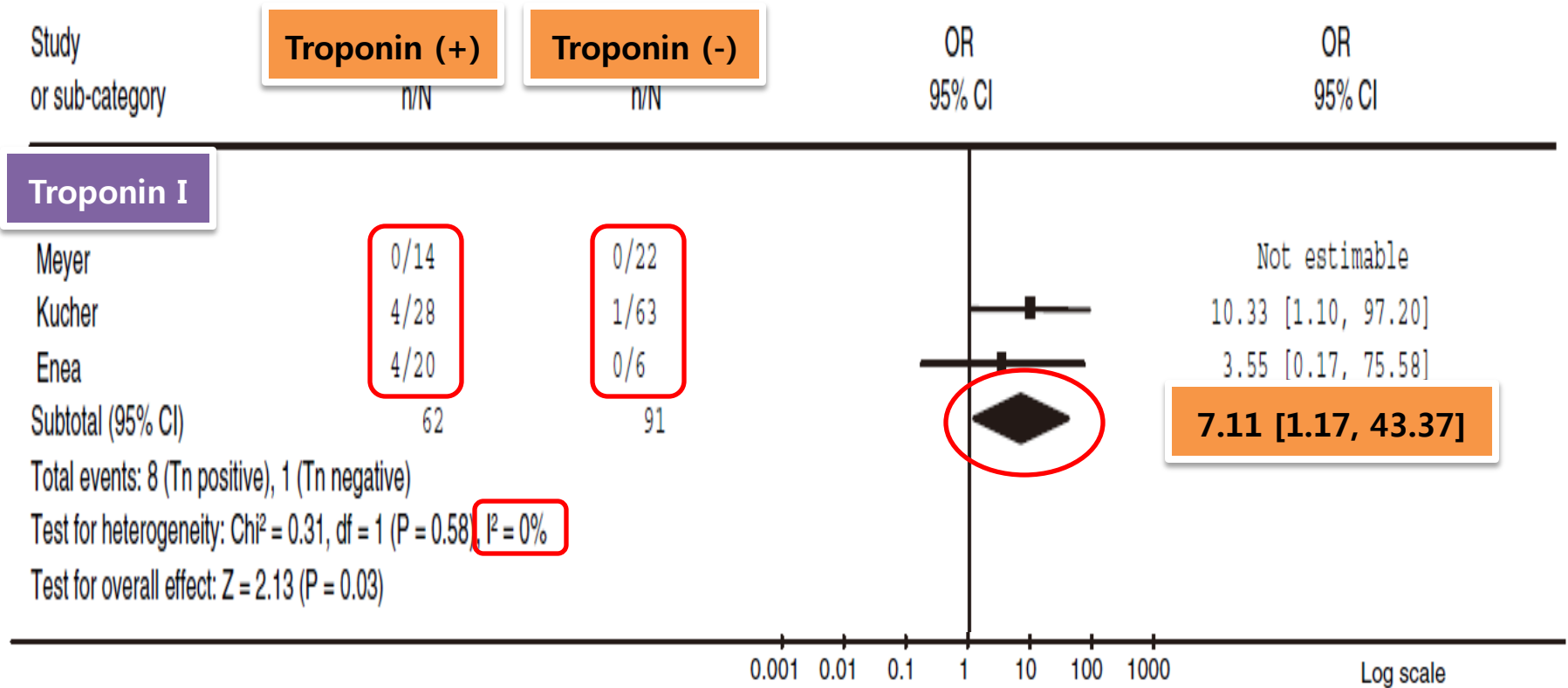
# Troponin

## Death based on serum Troponin I and T



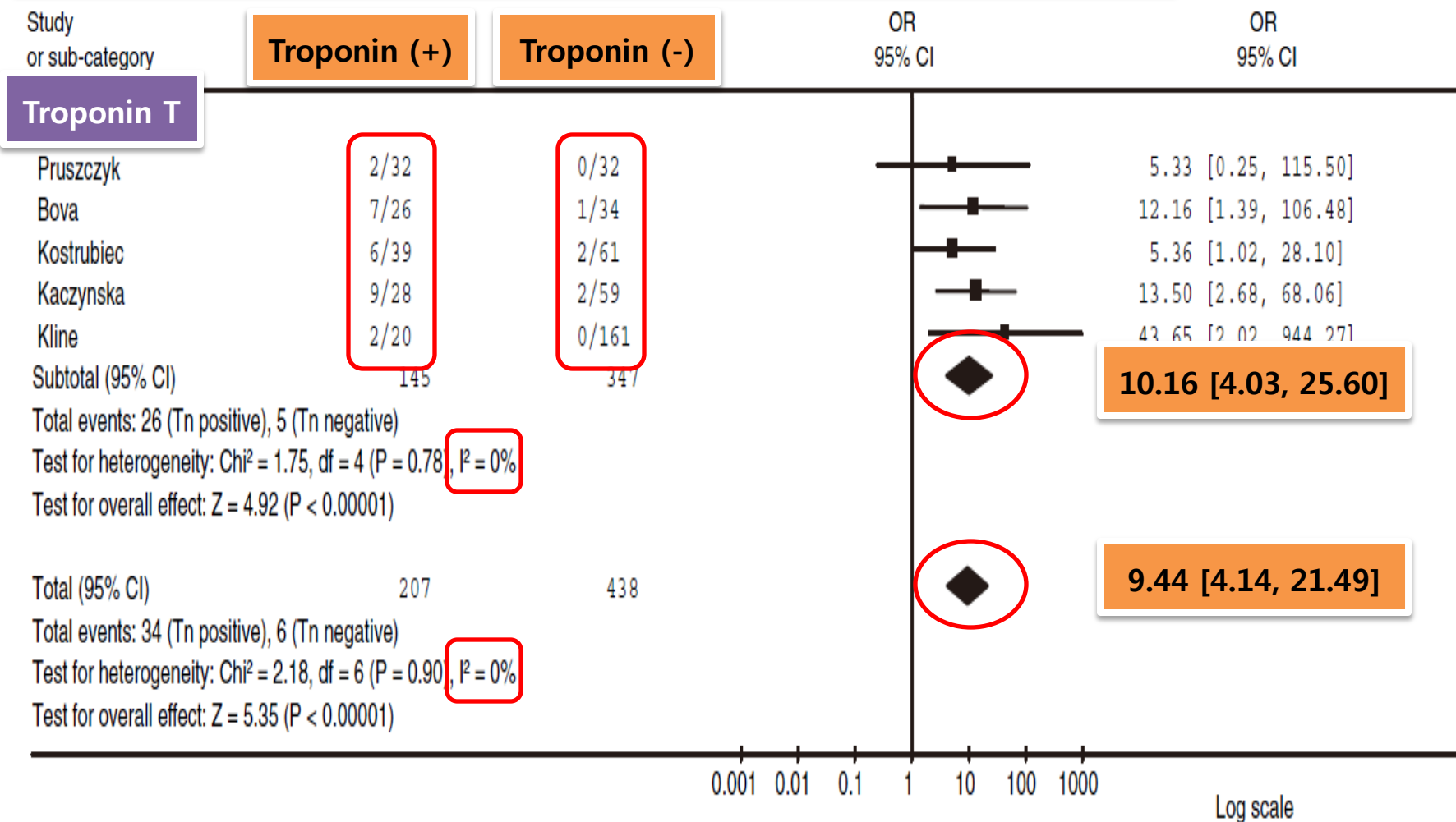
# Troponin

## Death resulting from PE based on serum Troponin I and T



# Troponin

## Death resulting from PE based on serum Troponin I and T



# Pooled diagnostic indexes for various tests

- RV dysfunction predicting death in PE showing stable haemodynamics

	Echocardiography	CT	BNP	Pro-BNP	Cardiac troponin
<b>Sensitivity</b> (%) (95% CI)	<b>70</b> (46–86)	<b>65</b> (35–85)	<b>88</b> (65–96)	<b>93</b> (14–100)	<b>81</b> (23–100)
<b>Specificity</b> (%) (95% CI)	<b>57</b> (47–66)	<b>56</b> (39–71)	<b>70</b> (64–75)	<b>58</b> (14–92)	<b>84</b> (77–90)
<b>NPV</b> (%) (95% CI)	<b>60</b> (55–65)	<b>58</b> (51–65)	<b>76</b> (73–79)	<b>81</b> (65–97)	<b>73</b> (68–78)
<b>PPV</b> (%) (95% CI)	<b>58</b> (53–63)	<b>57</b> (49–64)	<b>67</b> (64–70)	<b>63</b> (50–76)	<b>75</b> (69–80)

NPV : negative predictive value, PPV : positive predictive value

# Simplified PESI(Pulmonary Embolism Severity Index)

Variable	Points
Age > 80 years	1
History of cancer	1
History of chronic cardiopulmonary disease	1
Pulse $\geq$ 110 beats/min	1
Systolic blood pressure <100 mmHg	1
Arterial oxyhemoglobin saturation (SaO <sub>2</sub> ) <90%	1

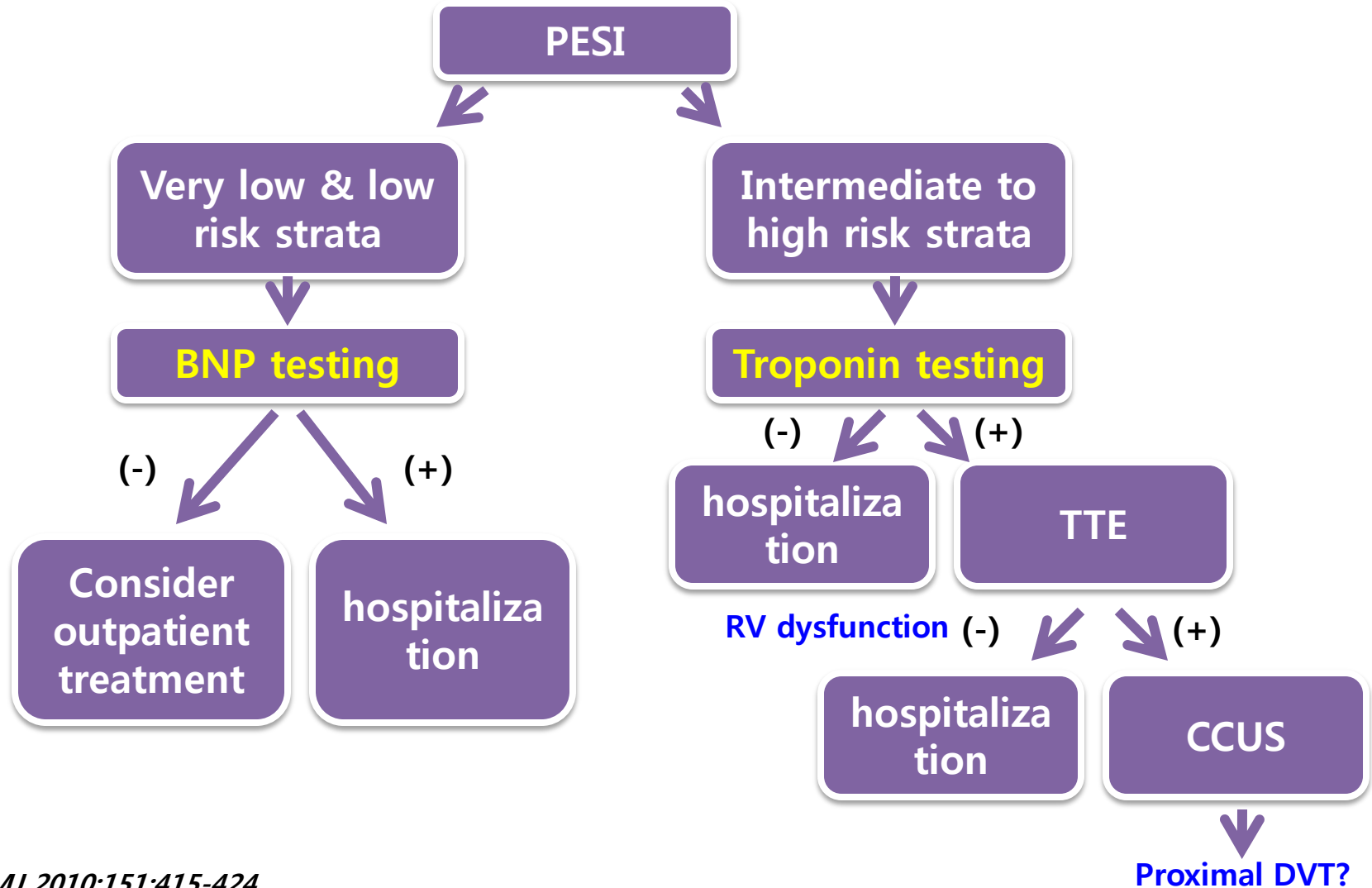
A total point score for a given patient is obtained by summing the points. The score corresponds with the following risk classes: 0, low risk;  $\geq$  1, high risk.

*Am J Respir Crit Care Med 2005;172(8):1041-6*

*Arch Intern Med 2010;170(15):1383-9*

# Testing and treatment algorithm for hemodynamically stable PE

- acute symptomatic PE diagnosed in the ER or OPD setting



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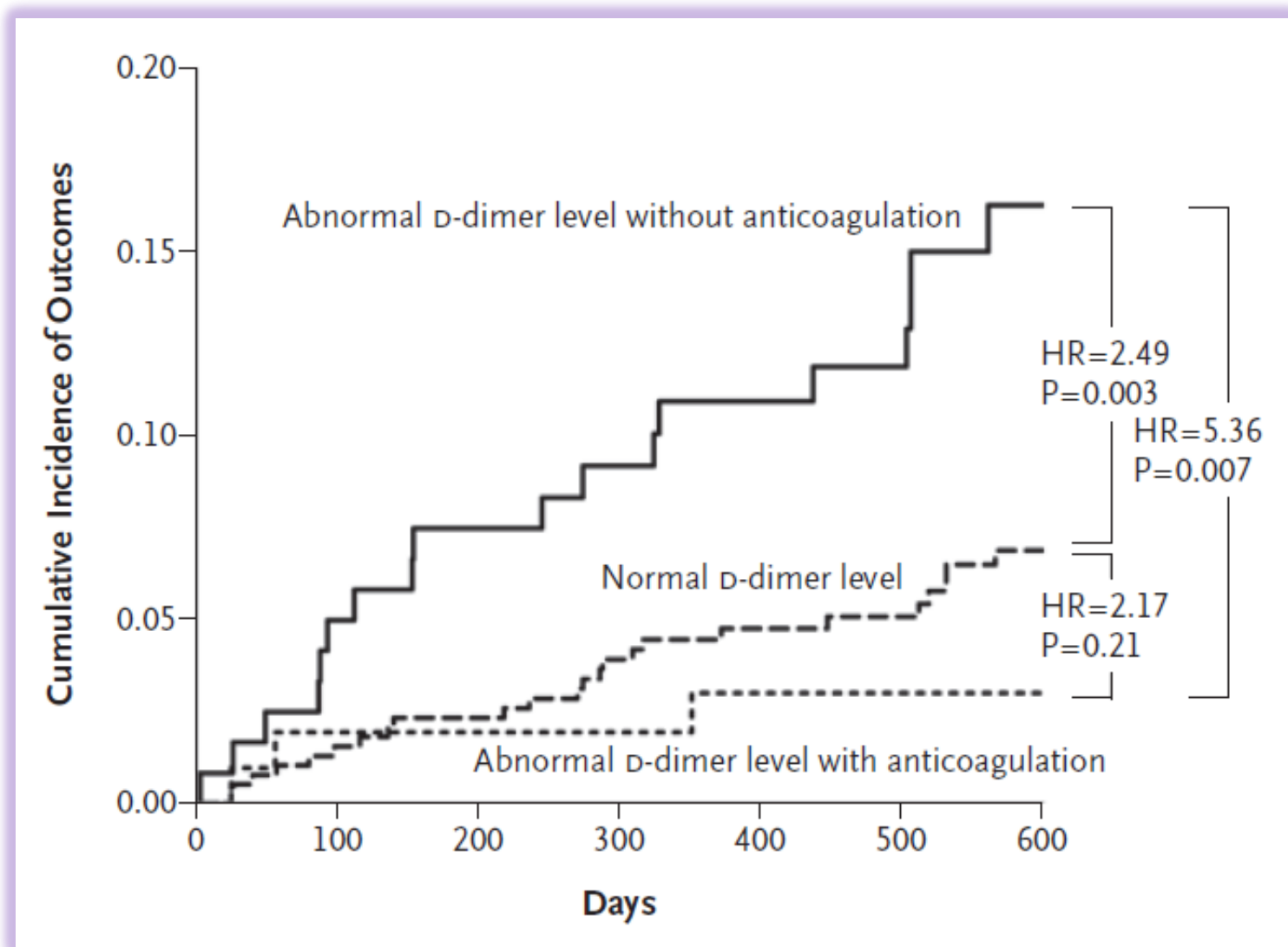
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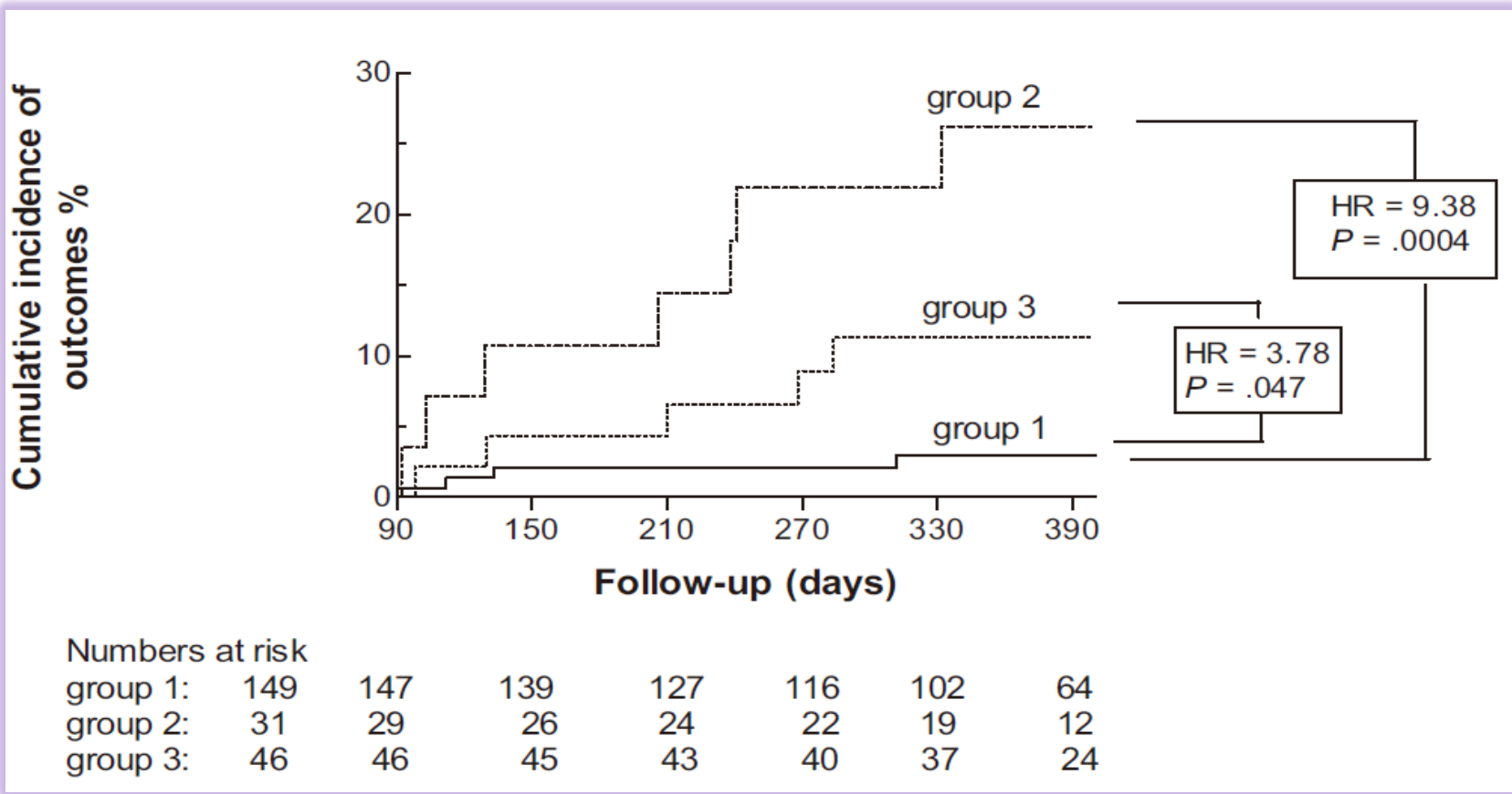
# D-dimer

❖ D-dimer가 **항응고치료 종료 후 증가**한다는 것은 **비정상적인 혈액응고 과정을 교정하기 위한 섬유소용해 과정이 활성화**되었다는 것을 의미

# D-Dimer Testing to determine the duration of anticoagulation therapy (PROLONG study)



# Usefulness of repeated D-dimer testing after stopping anticoagulation (PROLONG II)



**Group 1:** Patients in whom D-d was normal at T90 and afterward (with D-d becoming abnormal only once).

**Group 2:** Patients in whom D-d became abnormal at T90 and afterward remained altered persistently or at least twice.

**Group 3:** Patients in whom D-d became abnormal after T90 and afterward remained abnormal persistently or at least twice.

# Annualized Risk for Recurrent VTE, by Timing of D-Dimer Testing After Anticoagulation

Variable	(-) D-Dimer Result	(+) D-Dimer Result
Timing of D-dimer testing after anticoagulation	Annualized Risk for Recurrent VTE Per 100 Patient-Years (95% CI)	
< 3 weeks	<b>2.0</b> (1.1–2.0)	<b>8.2</b> (2.1-13.9)
3-5 weeks	<b>4.2</b> (3.8-4.5)	<b>10.2</b> (7.3-13.5)
> 5 weeks	<b>3.0</b> (2.3-4.1)	<b>7.4</b> (3.9-12.0)

**D-Dimer result (positive vs. negative)**

**HR 2.59 (1.90–3.52)**

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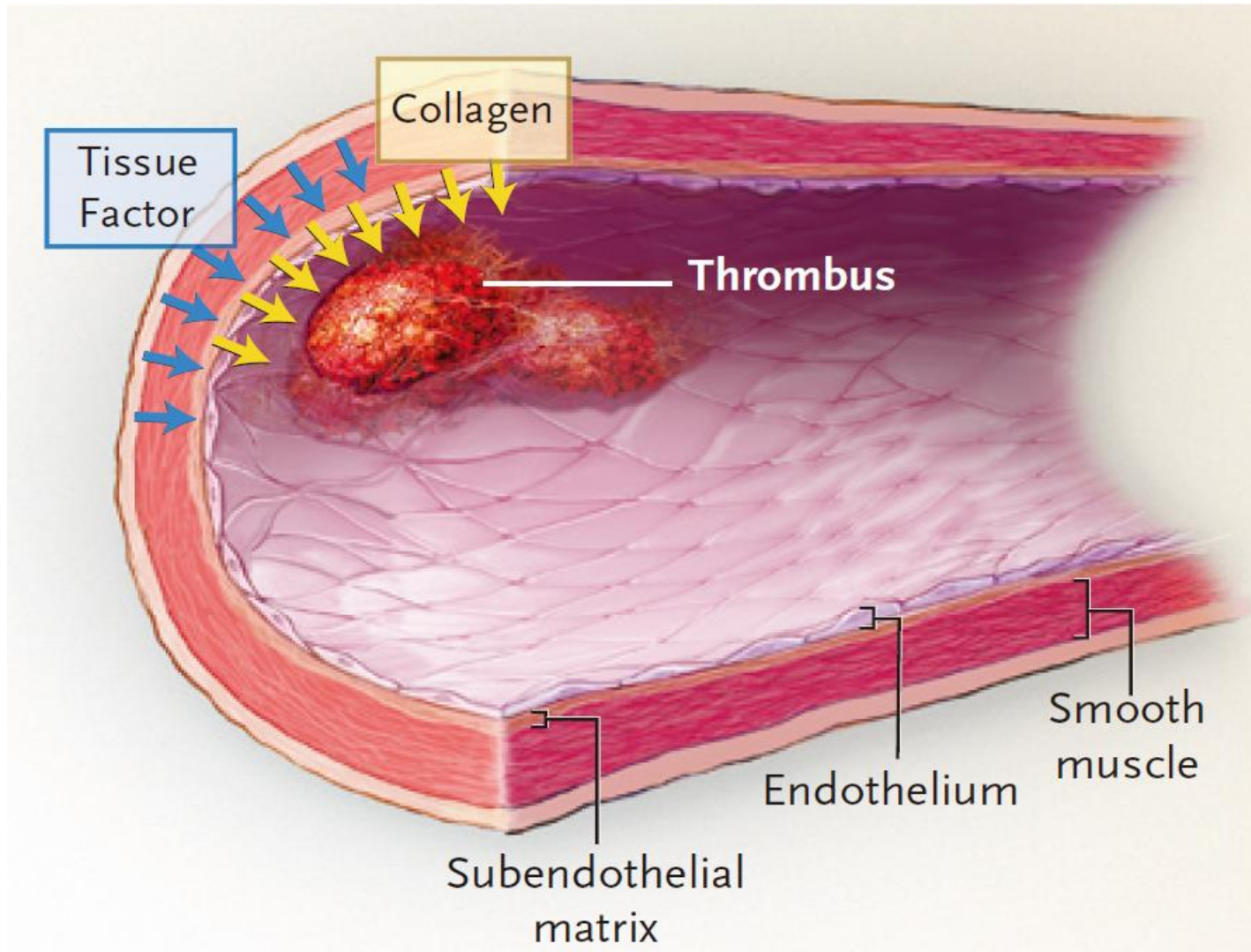
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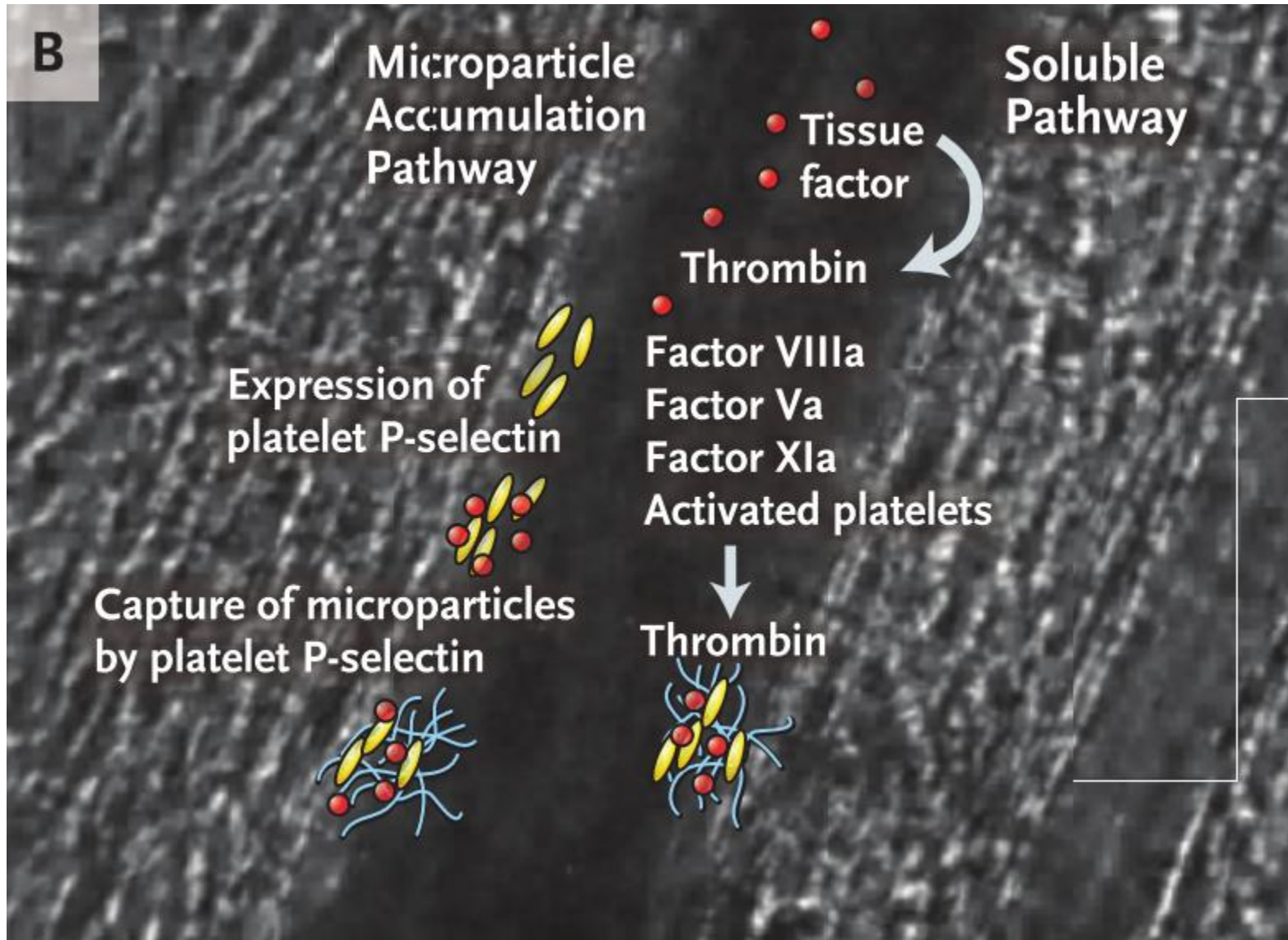
# Microparticles

- ❖ Microparticles은 **0.1~1.0 $\mu$ m** 크기의 작은 **막소포(membranous vesicle)**들
- ❖ **세포자멸(apoptosis)** 혹은 **세포활성(cellular activation)**에 대한 반응으로 혈소판, 백혈구, 적혈구 및 내피세포의 원형질막(plasma membrane)으로부터 유리
- ❖ Microparticles은 **염증(inflammation)**, **응고(coagulation)** 및 **혈관기능(vascular function)**에 역할을 할 것으로 추정
- ❖ **circulating tissue factor(TF)**의 주된 운반자(carrier)이자 **혈관내 혈전증(intravascular thrombosis)**의 중요한 개시자(initiator)의 역할

# Response to vascular injury



# Microparticles



# Other biomarkers for thrombogenic potentials

- ❖ **P-selectin**
- ❖ **Factor VIII**
- ❖ **Thrombin Generation**
- ❖ **Fibrin monomer**

**경청해 주셔서 감사합니다**