# [S1419] A COMPARISON AMONG FOUR NEUTROPHIL-DERIVED PROTEINS IN FECES AS INDICATOR OF DISEASEACTIVITY IN ULCERATIVE COLITISDDW 2004 New Orleans, LA

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### BACKGROUND

Neutrophil-derived proteins in feces as an indicator of intestinal inflammation have been suggested as possible biomarkers for assessing disease activity in inflammatory bowel disease (IBD). Lactoferrin (Lf), Calprotectin (Cal), PMN-Elastase (PMN-e) and Lysozyme (Lys) are proteins found in activated neutrophils and have been shown to increase in feces during active IBD.

#### AIM

To evaluate the diagnostic utility of measuring fecal concentrations of Lf, Cal, PMN-e and Lys as indicators of disease activity in patients with active and inactive ulcerative colitis (UC).

### **METHODS**

A total of 65 fecal specimens were collected over a 5-month period from 30 UC patients during times of active and inactive status of disease. The patient population had an age range of 25 to 62 yr with a male to female ratio of 1:2.

Disease activity was determined using the Colitis Activity Index (CAI - Rachmilewitz-Index) that includes a combination of lab parameters and symptoms with a score of >5 indicating active disease.

There were 22 active and 35 inactive time-points for the analysis. There were a total of 8 discrepant specimens that had elevated levels for all 4 proteins and a CAI range of 1 to 5, one specimen had normal levels for all 4 proteins and a CAI of 7.

Fecal Lf, Cal, PMN-e and Lys were measured by ELISA and reported as  $\mu g/g$  feces. Levels of  $\geq 7.25$ ,  $\geq 6.00$ ,  $\geq 0.062$  and  $\geq 0.60$  for Lf, Cal, PMN-e and Lys, respectively were considered elevated.

# **RESULTS**

Table. 1:										
Patient characteristics										
Male : Female ratio	10:20									
Age (in years; mean, SEM)	42.7+/-10									
Age of first manifestation (in years; mean)	29.40									
Age of diagnosis (in years; mean)	32.4									
Disease spread: pancolitis (%, N)	23.3 (7)									
Extraintestinal manifestations during exacerbation (lifetime) (%, N)										
- Arthritis	20.0 (6)									
- Osteoporosis	10.0 (3)									
- PSC	3.3 (1)									
Actual Medications (%, N)										
- Corticosteroids	0.0 (0)									
- 5-ASA tablets	50.0 (15)									
- Probiotics	13.3 (4)									
- Iron sulfate	3.3 (1)									

Table. 2:		
Rachmilewitz-Index	Clinical activity index	Score
Bowel frequency	< 18; 18 to 35; 36 to 60; > 60	0-1-2-3
Blood in stool	no - little - severe	0-2-4
well being		0-1-2-3
Abdominell pain	no - little - moderate - severe	0-1-2-3
Fever	< 38°C - >38°C	0-3
extraintestinal signs	iritis - erythema nodosa - athritis	0-3-3-3
Erythrocyte sedimentation rate	> 50mm/h - > 100mm/h	0-1-2
Haemoglobin	hb < 100g/l	4

## CAI range of 1 to 5 indicates no disease activity, range > 5 indicates active disease.

CAI		22 active	21 active *		43 inactive	35 inactive **		all pts	pts without
	sensitivity		raiooropant	specificity		o dicci opunt	correlation		alooropant
Lactoferrin		86.4%	90.5%		69.8%	85.7%		0.75	0.86
patients		19/22	19/21		30/43	30/35			
>= 7.25 µg/ml									
mean		253.00	264.99		4,72	22.66			
standard error		83.38	86.39		8.11	2.08			

CAI		22 active	21 active *		43 inactive	35 inactive **		all pts	pts without
	sensitivity		Tuiscrepant	specificity		ouscrepant	correlation		uiscreparit
PNM-Elastase		81.8%	85.7%		48.8%	60.0%		0.60	0.68
patients		18/22	18/21		21/43	21/35			
>= 0.062 µg/ml									
mean		0.92	0.96		0.13	0.25			
standard error		0.19	0.20		0.07	0.03			

CAI		22 active	21 active *		43 inactive	35 inactive **		all pts	pts without
	sensitivity		rusciepant	specificity		o discrepant	correlation		uiscrepant
Calprotectin		72.7%	76.2%		60.5%	74.3%		0.65	0.74
patients		16/22	16/21		26/43	26/35			
>= 6.0 µg/ml									
mean		58.43	61.20		8.53	18.52			
standard error		16.90	17.45		18.18	3.08			

CAI		22 active	21 active * 1 discrepant		43 inactive	35 inactive ** 8 discrepant		all pts	pts without discrepant
	sensitivity			specificity			correlation		
Lysozyme		54.5%	57.1%		48.8%	60.0%		0.55	0.63
patients		13/22	13/22		21/43	21/35			
>= 0.6 µg/ml									
mean		2.79	2.92		0.88	1.69			
standard error		0.98	1.02		0.43	0.18			

\* 1 discrepant specimen that had normal levels for all 4 proteins and a CAI >5 \*\* 8 discrepant specimens that had elevated levels for all 4 proteins and a CAI range of 1 to 5





### CONCLUSIONS

Even though fecal ELISA tests do not replace the traditional methods for assessing IBD patients, these noninvasive and rapid assays can serve as a useful tool in combination as determined by the Gastroenterologist.

Among the neutrophil derived proteins, Lactoferrin had the highest sensitivity, specificity and correlation with disease activity for UC patients. Fecal lactoferrin is useful for assessing disease activity in inflammatory bowel disease.

# LITERATURE

1. Kayazawa M, Saitoh O, Kojima K et al. Lactoferrin in whole gut lavage fluid as a marker for disease activity in inflammatory bowel disease: comparison with other neutrophil-derived proteins. Am J Gastroenterol 2002; 97: 360-369

2. Tibble J, Teahon K, Thjodleifsson et al. A simple method for assessing intestinal inflammation in Crohn's disease. Gut 2000; 47: 506-513

3. van der Sluys Veer A, Brouwer J, Biemond I et al. Fecal lysozyme in assessment of disease activity in inflammatory bowel disease. Dig Dis Sci 1998; 43: 590-595

4. Saitoh O, Sugi K, Matsuse R et al. The forms and the levels of fecal PMN-elastase in patients with colorectal diseases. Am J Gastroenterol 1995; 90: 388-393

5. Rachmilewitz D and International Study Group. Coated mesalazine versus sulfasalazine in the treatment of active ulcerative colitis: a randomized trial. Br Med J 1989; 298: 82-86

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