

# **Original Research Paper**

**Biochemistry** 

A COMPARATIVE STUDY OF FREE AND TOTAL PROSTATE SPECIFIC ANTIGEN WITH CARCINO EMBRYONIC ANTIGEN AND ALPHA FETOPROTEIN IN PATIENTS WITH BREAST CARCINOMA, BENIGN BREAST DISEASE WITH HEALTHY INDIVIDUALS IN NORTH BENGAL MEDICAL COLLEGE

Suparna Datta*	MD(BIOCHEMISTRY) Rmo Cum Clinical Tutor, CNMC & H, Kolkata, West Bengal *Corresponding Author
Swati Bhttacharyya	H.O.D BIOCHEMISTRY.NBMC&H, West Bengal
Arup Kumar Banerjee	Assistant Professor, Biochemistry, NBMC&H, West Bengal

ABSTRACT Introduction: Breast cancer is the commonest cancer among women in urban India. The identification of blood biomarkers for early detection of breast cancer is an important target of research. Mammography, the current routine method for early detection, has a limited sensitivity for the detection of tumors in dense breast tissue. Mammography is available in only few tertiary care hospital in India, so it is not accessible for all patients. Moreover North East India is mostly Hilly region, so women with breast disease can not reach to those hospitals easily, but blood samples can be collected easily through local Health Care Delivery System. A panel of potential cancer biomarkers for breast cancer was composed in order to study their combined predictive value for early breast cancer. Serum markers such as CEA, AFP, free and Total PSA were selected for the present study.

**Objective:** In the present Study, an attempt was made to compare efficacy of free & total P.S.A as a tumour marker in breast carcinoma in comparison with C.E.A & A.F.P.

Materials & methods: Institution based Observational Case control Study conducted in North Bengal Medical College & Hospital.

**Study Population**: Female patients aged 20-70 yrs has been divided into groups 1. Diagnosed breast carcinoma (by biopsy/FNAC), 2. Patients with benign breast diseases (biopsy/FNAC) and 3. Healthy control (diagnosed clinically) attending North Bengal Medical College & hospital.

 $\textbf{Sample Size}: -90 \ individuals \ (30 \ in each group). \ ELISA performed for all four tumour markers by using standard kit.$ 

**Result: Serum CEA & tPSA** markers are significant in differentiating between benign and carcinoma group. **Serum CEA** is the only significant marker in differentiating between **Normal and Carcinoma** group.

**Conclusion:** Serum tPSA & fPSA values are markers of diseased breast only. Serum CEA is the only relevant marker in differentiating normal and breast carcinoma group

**KEYWORDS**: Case control Study, Breast cancers, Benign Breast Disease, Tumour Marker, CEA(carcino embryonic antigen), AFP(alpha feto protein), tPSA(total Prostate Specific Antigen), fPSA(free Prostate Specific antigen).

Breast cancer is the commonest cancer among women in urban India<sup>1-7</sup>. The identification of blood biomarkers for early detection of breast cancer is an important target of research<sup>7-9</sup>. Mammography<sup>9</sup>, the current routine method for early detection, has a limited sensitivity for the detection of tumors in dense breast tissue . Mammography is available in only few tertiary care hospital in India, so it is not accessible for all patients. Moreover North East India is mostly Hilly region ,so women with breast disease can not reach to those hospitals easily

Tumor Markers comprise a wide spectrum of biomacromolecules synthesized in excess concentration by a wide variety of neoplastic cells. The markers could be endogenous products of highly active metabolic malignant cells or the products of newly switched on genes, which remained unexpressed in early life or newly acquired antigens at cellular and sub-cellular levels. The appearance of tumor marker and their concentration are related to the genesis and growth of malignant tumors in patients, . blood samples can be collected and transported easily through local Health Care Delivery system. A panel of potential cancer biomarkers for breast cancer was proposed in order to study their combined predictive diagnostic value for early breast cancer. Serum markers such as CEA, AFP, free and Total PSA were selected for the present study. Serum CEA in relation with breast cancer has been found in previous studies, but by itself not discriminative enough. Several other cancer antigens are also included that are known biomarkers for multiple cancer types, and that were recently shown to be differentially expressed in serum of breast cancer and control subjects . These markers are , αfetoprotein (AFP), also known as a marker for ovary, testis and liver cancer, Numerous studies have demonstrated the production of PSA.

The association of PSA with the disease process of breast tumour

may be explained by its versatile biological role such as: (i) PSA acts as mitogen to breast tissue through of TGF-b (transforming growth factor b), a known mitogen of breast tissue (ii) PSA degrades fibronectin and laminin, the cellular matrix proteins, thereby facilitating local invasion (iii) It increases IGF-1, a proven mitogen of breast tissue (iv) It degrades IGFBP-3, which normally induces apoptosis in breast tissue and its degradation by PSA stimulates tumour progression . PSA present in female tissues such as the breast, low levels of PSA are present in female sera. Few studies have demonstrated PSA as an important biomarker that increased the inquisitiveness of the present investigator because it will in the long run be cheap and easy to do parameter. The objective of this study was to measure and compare the relative proportions of free PSA and PSA complexed to the serine protease inhibitor a1antichymotrypsin in the serum of women with breast cancer or benign breast disease or women with no known malignancies. 10,11

**OBJECTIVES** - In the present Study ,an attempt was made to compare efficacy of free & total PSA as a tumour marker in breast carcinoma in comparison with CEA & AFP.

### **MATERIALS & METHODS**

Study area:- North Bengal Medical College & Hospital

**Study Population**:-Female patients aged 20-70 yrs groups has been divided into Group 1. Diagnosed breast carcinoma (biopsy/FNAC), 2. patients with benign breast diseases (biopsy/FNAC) and 3. Healthy control (diagnosed clinically) attending North Bengal Medical College & hospital.

**Sample Size**:-90 individuals (30 in each group). Total 114 patients were taken, number of cases are chosen after excluding outliers. Institution based Case control Study.Distribution of ages among

the present study group –Normal 22.7 years(±1.68),BBD-21.4 years(±5.05),Carcinoma-43.2 years(±10).

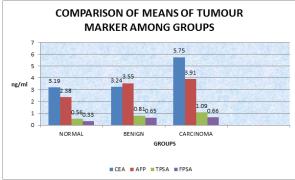
3.Demography Pattern of this study group is mixture of rural & urban population as well as local tribal &Rajbanshis also mixed population of adjoining Bihar, Assam & local Bengalees

5-6 ml of blood sample collected from each patient. ELISA performed for all four tumour markers by using standard kit.

#### **RESULTS & ANALYSIS:** BY SPSS VERSION 20

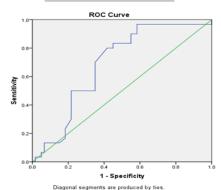
MEAN±SD values of tumour markers.TABLE-A

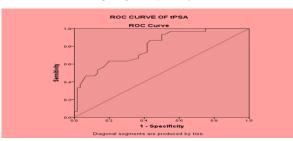
TUMOUR MARKER	NORMAL	BENIGN BREAST	BREAST				
		DISEASE	CARCINOMA				
CEA(ng/ml)	3.l9±2.26	3.24±2.12	5.75±2.56				
AFP(ng/ml)	2.38±1.16	3.55±2.87	3.91±2.92				
TPSA(ng/ml)	0.56±0.31	0.81±0.29	1.09±0.32				
fPSA(ng/ml)	0.33±0.21	0.65±0.34	0.66±0.28				



**ROC** Curve of **fPSA** shows that cut off values of fPSA among normal diseased group **is 0.58ng/ml.** Area under the curve(AUC) is **0.695.**AUC > 0.5 is significant.







## Diagram-2 ROC Curve tPSA

**ROC Curve of tPSA** shows that cut off value of tPSA is 0.9 ng/ml among normal and diseased group. Area under the curve is **0.79**. AUC>0.5 is highly significant.

All the 4Tumor Markers(TM) values are compared by Mann whitney UTest among the study groups by SPSS version 20.

Non Parametric Mann Whitney U test shows significant difference of tPSA values in between benign and carcinoma group (p<0.01). In case of Serum fPSA mean of ranks values in between above groups do not show any significant difference in between groups (p=0.8). For Serum CEA difference in mean of rank values shows highly significant values (p<0.01) among the above groups (Table-1). In case of Serum AFP, values do not show any significant difference (p>0.05) among the above groups.

So from the above results it can assumed that **Serum CEA & tPSA** markers are significant in differentiating benign and carcinoma groups.

**Discussion**-The present study was conducted in a mixed population. Both rural & urban population are included in this study, also tribal, local Rajbanshis and local mixed population of surrounding Bihar, Assam, Nepal are part of this study population. From the present study it can be concluded that significant alteration of Serum tPSA & fPSA values occur in both carcinoma and benign breast disease group in comparison to normal healthy individuals, so they can be regarded as markers of diseased breast only, however **Serum CEA** is the only significant marker in between **Normal and Carcinoma** group. **(p<0.01)**, also between benign carcinoma group from tables below.

Carci	arcinoma group nom tables below.					
	CATEGORY	N	Mean Rank	Sum of Ranks	Asymp. Sig. (2- tailed)	
CEA	NORMAL	30	20.10	603.00		
	CARCINOMA	30	40.90	1227.00	p<0.01	
	Total	60				
	CATEGORY	N	Mean Rank	Sum of Ranks	Asymp. Sig. (2- tailed)	
CEA	CARCINOMA	30	39.93	1198.00	,	
	BENIGN	30	21.07	632.00	P<0.01	
	Total	60				

.Serum fPSA and tPSA are significant (p<0.01) markers in between normal and benign groups also. Correlation study shows very significant correlation among fPSA&tPSA among normal & diseased group by Pearson's Correlation ratio in between normal and breast disease group.

		tPSA	fPSA	Filter Disease group
	Pearson Correlation	1	.540	0.273**
tPSA	Sig. (2-tailed)		<0.01	0.009
	Ν	90	90	90
	Pearson Correlation	.540**	1	0.415**
fPSA	Sig. (2-tailed)	<0.01		<0.01
	N	90	90	90

Though a tertiary care hospital and situated in urban set up, NBMC caters a group of mixture population which may not be found in many of our Medical Colleges. Tea garden laborers are unique population in our study. Most of them come in advanced stage of their disease. Breast self examination (BSE) is also impossible to perform by themselves due to lack of awareness .FNAC& Core biopsy are both invasive and painful, both of which require skilled technician and sterile O.T Set up .Here comes the utility of measuring tumor marker in our study population.5-6 ml blood can be collected by health workers or at PHC level, which can be transported in bulk with other serum samples for testing to our tertiary care/SD hospitals.

So from our study we can conclude that significant alteration of Serum t PSA &f PSA values occur in both carcinoma and benign breast disease group in comparison to normal healthy individuals, so they can be regarded as markers of diseased breast only, however Serum CEA is the only relevant marker in differentiating normal and breast carcinoma group.

### VOLUME-7, ISSUE-1, JANUARY-2018 • PRINT ISSN No 2277 - 8160

However large retrospective study involving larger sample population & other molecular cancer markers, histological grading and alteration of level of markers after surgery/chemotherapy could only depict the whole picture. But such a large scale study is beyond the scope of the present study because time & funding constraint.

Elevation of Serum tPSA & fPSA values occur in both carcinoma and benign breast disease group in comparison to normal healthy individuals, so they can be regarded as markers of diseased breast only, however Serum CEA is the only relevant marker in differentiating normal and breast carcinoma group.

#### REFERENCES:

- Ferlay J, Shin HR, Bray F, Forman D, Mathers CD, Parkin D. Lyon, France: International Agency for Research on Cancer; 2010. [Last accessed on 2015 Jul 19]. GLOBOCAN 2008, Cancer Incidence and Mortality Worldwide: IARC Cancer Base No. 10. Available from: http://www.globocan.iarc.fr
- Hussain MA, Pati S, Swain S, Prusty M, Kadam S, Nayak S. Pattern and trends of cancer in odisha, India: A retrospective study. Asian Pac J Cancer Prev. 2012;13:6333–6. IPubMedl
- Sharma MK, Gour N, Pandey A, Wallia D, Kislay D. Epidemiological trends of cancer morbidity at a government medical college hospital, Chandigarh, India. Asian Pac J Cancer Prev. 2012;13:3061–4. [PubMed]
- New Delhi: Indian Council of Medical Research; 2008. National Cancer Registry Program.Consolidated Report of Population-Based Cancer Registries, 2004-2006.
  Maiti PK, Jana U, Ray A, Karmakar R, Mitra TN, Ganguly S. Patterns of cancer
- Maiti PK, Jana U, Ray A, Karmakar R, Mitra TN, Ganguly S. Patterns of cancer occurrence in different regions of West Bengal – A hospital based study. J Indian Med Assoc. 2012;110:445–8. [PubMed]
- Marimuthu P, Chakraborty S, Agarwal S, Manoharan N, Chatterjee M. Trends of Cancer Prevalence in Some Districts of West Bengal. Asian Pac J Cancer Prev. 2002;3:239–42. [PubMed]
- Anderson BO, Yip CH, Smith RA, et al. Guideline implementation for breast healthcare in low-income and middle-income countries: overview of the Breast Health Global Initiative Global Summit 2007. Cancer 2008;113:2221–43.
- Sturgeon, C.M.; Duffy, M.J.; Stenman, U.H.; Lilja, H.; Brunner, N.; Chan, D.W.; Babaian, R.; Bast, R.C., Jr.; Dowell, B.; Esteva, F.J. National Academy of Clinical Biochemistry laboratory medicine practice guidelines for use of tumor markers in testicular, prostate, colorectal, breast, and ovarian cancers. Clin. Chem. 2008; 54:e11–e79.
- T. MalatiTUMOUR MARKERS: AN OVERVIEW: Indian Journal of Clinical Biochemistry.2007;22(2):17-31
- Margot H. Black, Maurizia Giai, Riccardo Ponzone, Piero Sismondi, He Yu, and Eleftherios P, Diamandis 2. Serum Total and Free Prostate-specific Antigen for Breast Cancer Diagnosis in Women. Clinical Cancer Research. February 2000; 6: 467–473,