| 30 | urnal or Pa | OR | IGINAL RESEARCH PAPER | Rheumatology | | |
|-----------------------|---|-------------|---|--|--|--|
| Indian | PARIPE' | SERI OST | JM MMP-7 LEVELS AS A PREDICTOR OF KNEE EOARTHRITIS SEVERITY | KEY WORDS: Osteoarthritis, MMP-7, Kellgren-Lawrence Grading Scale | | |
| Blondina Marpaung* | | | Division of Rheumatology, Department of Internal Medicine, Faculty of Medicine, Universitas Sumatera Utara, Medan, Indonesia*Corresponding Author | | | |
| OK Moehad Sjah | | ah | Division of Rheumatology, Department of Internal Medicine, Faculty of Medicine, Universitas Sumatera Utara, Medan, Indonesia | | | |
| STRACT | This objective of this study was to evaluate the accuracy of MMP-7 in predicting severe degree of osteoarthritis (OA). A cross- sectional study was done on 55 consecutive knee OA patients that were admitted to Rheumatology division at Adam Malik General Hospital Medan, Indonesia. Disease severity in the knee OA patients was assessed using the Kellgren–Lawrence (K–L) grading scale. Serum MMP-7 levels were examined in serum using the Quantikine Human MMP-7-ELISA. Serum MMP-7 levels | | | | | |

were significantly higher in moderate + severe knee OA than mild knee OA patients. MMP-7 was able to predict the severity of

OA. Levels of MMP-7 > 12.65 pg/mL were able to predict moderate + severe OA with 66.7% sensitivity and 68.2% specificity.

Introduction

BSI

4

Osteoarthritis (OA) is a debilitating disease in the joints especially load-bearing areas such as knees. 1 It is a degenerative disease characterized by changes in chondrocytes and degradation of cartilage extracellular matrix (ECM).2 Progression of OA due to ECM composition and structure changes. Synovium inflammation during OA affects chondrocytes that are responsible for ECM turnover. Persistent inflammation in OA will directly induce catabolic activities of chondrocytes.^{3,4}

In the OA occurs ECM destruction by inflammatory cytokines secreted by cartilage cells that cause joint inflammation and cartilage cell destruction. If ECM production such as type 2 collagen, proteoglycan, and aggrecan decreases, and ECM decomposition is activated by matrix metalloproteinases (MMPs) due to cartilage cell destruction, then the cartilage structure will be damaged, thus the patient may experience OA.⁵

Matrix metalloproteinases are a family of zinc-dependent endopeptidases collectively capable of degrading all components of the extracellular matrix. The MMPs consists of 28 members, and all amino acid sequences of MMPs have 2 domains, catalytic and prodomain domains, which are important as substrates, including gelatinases, collagenases, matrilysins, stromelysins, membranetype MMP, and metalloelastases.6 MMP-7, also known as matrilysin, pump-1 protease, or uterine metalloproteinase is a member of the MMPs family consisting of structural related zincdependent endopeptidases. MMP-7 is the smallest member that only consists of the common catalytic domain and zinc-binding region.7 The role of MMP7 is to break down extracellular matrix by degrading macromolecules including casein, type I, II, IV, and V gelatins, fibronectin, and proteoglycan.⁸

MMP-7 is a potential biomarker involved in the pathogenesis of OA. The role of MMP-7 in OA had been widely studied.9-11 Studies that investigated the ability of MMP-7 in predicting the severity of OA were still limited. The objective of this study was to evaluate the accuracy of MMP-7 in predicting severe degree of OA.

Methods

Patient Selection

A cross-sectional study was done on 55 consecutive knee OA patients that were admitted to Rheumatology division at Adam Malik General Hospital Medan, Indonesia from October 2017 and March 2018. Subjects with other etiologies of knee joint diseases (such as rheumatoid arthritis, gouty arthritis, septic arthritis, post traumatic or dysplasias), evidence of malignancy, metabolic disorders, and systemic diseases were excluded. All patients gave informed consent and the study was approved by the Institutional Review Board of Universitas Sumatera Utara.

Diagnosis of knee OA

The diagnosis of knee patient with OA was confirmed by clinical

www.worldwidejournals.com

examination and radiographic, which also fulfilled the criteria of the American College of Rheumatology (1987). Radiographic severity was assessed according to the Kellgren-Lawrence (K-L) grading system: grade 1, doubtful narrowing of joint space and possible osteophytic lipping; grade 2, definite osteophytes and possible narrowing of joint space; grade 3, moderate multiple osteophytes, definite narrowing of joints space, some sclerosis and possible deformity of bone contour; grade 4, large osteophytes, marked narrowing of joint space, severe sclerosis and definite deformity of bone contour. 12 OA were classified into mild (K-L grade 2), moderate (K-L grade 3), severe (K-L grade 4). Only patients with radiographic OA, defined as KL score of \geq 2, were included in the study.

Serum levels of MMP-7

Venous blood was drawn using a serum separator tube and allowed to clot for 30-45 minutes at room temperature before centrifugation for 15 minutes at approximately 1,000g. Serum was immediately stored frozen in aliquots at -20oC until assays for MMP-7 were performed. Circulating MMP-7 levels were examined in serum using the Quantikine Human MMP-7-ELISA (Quantikine, R&D System, Inc., Minneapolis). Serum levels were expressed as pg/mL.

Statistical analysis

The data were analysed using independent t-test and ROC curve with 95% confidence intervals. A p-value < 0.05 was considered statistically significant. SPSS version 22 (SPSS Inc., Chicago) was used for analysis.

Results

A total of 24 patients with mild knee OA, and 31 patients with moderate + severe knee OA. There were no significant differences in age, sex, and BMI between patients with mild knee OA and moderate + severe OA (p>0.05).

| Table 1. Baseline | characteristics in | knee OA patients |
|-------------------|--------------------|------------------|
|-------------------|--------------------|------------------|

| Variable | Mild knee OA n=24 | Moderate+severe OA n=31 | р |
|--------------------------|-------------------------|-------------------------------|-------|
| Age (years) | 56 + 3.76 | 59 + 4.98 | 0.628 |
| Gender Female Male | 12 (40%) 12 (48%) | 18 (60%) 13 (52%) | 0.551 |
| Body mass index | 26.5 + 3.7 | 27 + 4.1 | 0.384 |

There were significant differences in serum MMP-7 levels between mild knee OA and moderate + severe knee OA (p=0.006). Serum MMP-7 levels were significantly higher in moderate + severe knee OA than mild knee OA patients (Table 2 and Figure 1).

PARIPEX - INDIAN JOURNAL OF RESEARCH

Volume-7 | Issue-5 | May-2018 | PRINT ISSN No 2250-1991



| | Mild | Moderate+Se | р | |
|---------------|--------------|--------------|--------|--|
| | Knee OA | vere Knee OA | | |
| MMP-7 (pg/mL) | 12.61 + 2.62 | 15.17 + 4.57 | 0.006* | |

*p<0.05



Figure 1. Serum levels of MMP-7 in mild and moderate + severe knee OA

MMP-7 was able to predict the severity of OA with p = 0.010 as shown in Figure 2. Levels of MMP-7 > 12.65 pg/mL were able to predict moderate + severe OA with 66.7% sensitivity, 68.2% specificity, 61.1% positive predictive value (PPV), 73.2% negative predictive value (NPV), 2.1 positive likelihood ratio (PLR), 0.49 negative likelihood ratio (NLR), and 67.5% accuracy (Table 3).



Figure 2. ROC curve of MMP-7 levels to predict the degree of OA (p = 0.010; area under curve = 0.673)

Table 3. Accuracy of MMP-7 levels to predict moderate + severe OA

| Cut off | Sensitivity | Specificity | PPV | NPV | PLR | NLR | Accuracy |
|-----------------|-------------|-------------|-----------|-----------|-----|------|----------|
| >12.65 pg/mL | 66.7% | 68.2% | 61.1 % | 73.2 % | 2.1 | 0.49 | 67.5% |

Discussion

Imaging is a modality to determine the severity and/ or progression of structural changes in OA patients. Currently, many biomarkers were examined from blood and synovium to predict the severity of OA. 13-18 One of the interesting markers to investigate was the MMP.

The biological roles of the MMPs have been traditionally associated with the degradation and turnover of most of the components of

the ECM. The MMPs play an important role in tissue remodeling associated with various physiological or pathological processes such as morphogenesis, angiogenesis, tissue repair, cirrhosis, arthritis, and metastasis.

MMPs are a family of zinc endopeptidases that cleave nearly all components of the extracellular matrix including collagens, elastin, matrix glycoproteins and proteoglycans and are thought to be responsible for the degeneration of articular cartilage.21 Previous studies had reported that there were an increased of MMP-7 levels in OA patients. 9,22 High levels of MMP-7 enhanced plasmin activation to render extracellular matrix vulnerable to degeneration and injury.²

This study found that serum MMP-7 levels were significantly higher in moderate + severe knee OA than mild knee OA patients. MMPs were believed to be involved in the progression of OA. 24,25 High protein levels of MMPs in OA might accelerate the pathogenesis of the disease. 11 Our results indicated that MMP-7 can be a potential biomarker to predict the severity of knee OA. Levels of MMP-7 > 12.65 pg/mL were able to predict moderate + severe OA with 66.7% sensitivity and 68.2% specificity. It is necessary to examine the accuracy of MMP-7 expressions of synovium to predict the degree of OA and the role of other MMPs.

Conclusion

Serum MMP-7 levels were significantly higher in moderate + severe knee OA than mild knee OA patients. MMP-7 was able to predict the severity of OA. Levels of MMP-7 > 12.65 pg/mL were able to predict moderate + severe OA with 66.7% sensitivity and 68.2% specificity.

References

- Nam J, Perera P, Liu J, Rath B, Deschner J, Gassner R, et al. Sequential alterations in catabolic and anabolic gene expression parallel pathological changes during progression of monoiodoacetate-induced arthritis. PLoS ONE. 2011;6(9): e24320 Bijlsma JW, Berenbaum F, Lafeber FP. Osteoarthritis: an update with relevance for
- clinical practice. Lancet. 2011;377: 2115–26 3
- Benito MJ, Veale DJ, FitzGerald O, van den Berg WB, Bresnihan B. Synovial tissue inflammation in early and late osteoarthritis. Ann Rheum Dis. 2005;64(9): 1263–7. Maldonado M, Nam J. The Role of Changes in Extracellular Matrix of Cartilage in 4
- the Presence of Inflammation on the Pathology of Osteoarthritis. Biomed Res Int. 2013; 2013: 284873. 5
- Legendre F, Dudhla J, Pujol JP. JAK/STAT but not ERK1/ERK2 pathway mediates interleukin (IL)-6/soluble IL-6R down-regulation of type II collagen, aggrecan core, and link protein transcription in articular chondrocytes: association with a downregulation of SOX9 expression. J Biol Chem. 2003;278: 2903–12
- Hemmann S, Graf J, Roderfeld M, Roeb E. Expression of MMPs and TIMPs in liver 6 fibrosis: a systematic review with special emphasis on anti-fibrotic strategies. J. Hepatol. 2007;46: 955-75
- Yokoyama Y, Grunebach F, Schmidt SM, Heine A, Hantschel M, Stevanovic S, et al. Matrilysin (MMP-7) is a novel broadly expressed tumor antigen recognized by antigen-specific T cells. Clin Cancer Res. 2008;14: 5503-11. 7.
- 8. Wilson CL, Matrisian LM. Matrilysin: an epithelial matrix metalloproteinase with potentially novel functions. Int J Biochem Cell Biol. 1996;28: 123-36. Ohta S, Imai K, Yamashita K, Matsumoto T, Azumano I, Okada Y. Expression of
- 9 matrix metalloproteinase 7 (matrilysin) in human osteoarthritic cartilage. Lab Invest. 1998:78: 79-87.
- Mabey T, Honsawek S. Cytokines as biochemical markers for knee osteoarthritis. 10. World J Orthop. 2015;6: 95-105.
- Zheng GQ, Chen AB, Li W, Song JH, Gao CY. High MMP-1, MMP-2, and MMP-9 11. protein levels in osteoarthritis. Genet Mol Res. 2015;14(4): 14811-22.
- Kohn MD, Sassoon AA, Fernando ND. Classifications in brief: Kellgren-Lawrence 12 classification of osteoarthritis. Clin Orthop Relat Res. 2016;474(8): 1886-93.
- 13. Abramson S, Krasnokutsky S. Biomarkers in osteoarthritis. Bull NYU Hosp Jt Dis. 2006;64: 77–81
- 14. Bauer DC, Hunter DJ, Abramson SB, Attur M, Corr M, Felson D, et al. Classification of osteoarthritis biomarkers: a proposed approach. Osteoarthr Cartil. 2006;14: 723-7
- Garnero P. Use of biochemical markers to study and follow patients with osteoarthritis. Curr Rheumatol Rep. 2006;8: 37–44. Charni-Ben Tabassi N, Garnero P. Monitoring cartilage turnover. Curr Rheumatol 15
- 16. Rep. 2007;9: 16-24.
- Davis CR. Karl J, Granell R, Kirwan JR, Fasham J, Johansen J, et al. Can biochemical 17. markers serve as surrogates for imaging in knee osteoarthritis? Arthritis Rheum. 2007; 56: 4038-47.
- Rousseau JC, Delmas PD. Biological markers in osteoarthritis. Nat Clin Pract 18. Rheumatol. 2007;3: 346-56. Rodríguez D
- Morrison CJ, Overall CM. Matrix metalloproteinases: what do they not do? New 19. substrates and biological roles identified by murine models and proteomics. Biochim Biophys Acta. 2010;1803(1): 39-54. Jabłońska-Trypuć A
- Matejczyk M, Rosochacki S. Matrix metalloproteinases (MMPs), the main 20 Hategory M, Noschitzer M, S. Math. McGalogen degradation, as a target for anticancer drugs. J Enzyme Inhib Med Chem. 2016;31(sup1): 177-83.
 Martel-Pelletier J, Welsch DJ, Pelletier JP. Metalloproteases and inhibitors in arthritic diseases. Best Pract Res Clin Rheumatol. 2001;15: 805-29.
 Tao Y, Qiu X, Xu C, Sun B, Shi C. Expression and correlation of matrix instelline and interface and interface
- 21.
- 22. metalloproteinase-7 and interleukin-15 in human osteoarthritis. Int J Clin Exp Pathol. 2015;8(8): 9112-8.

PARIPEX - INDIAN JOURNAL OF RESEARCH

_

- Ling SM, Patel DD, Garnero P, Zhan M, Vaduganathan M, Muller D, et al. Serum protein signatures detect early radiographic osteoarthritis. Osteoarthritis Cartilage. 2009;17: 43-8.
- 2009;17:43-8.
 Jackson MT, Moradi B, Smith MM, Jackson CJ, Little CB. Activation of matrix metalloproteinases 2, 9, and 13 by activated protein C in human osteoarthritic cartilage chondrocytes. Arthritis Rheumatol. 2014;66: 1525-36.
 Tio L, Martel-Pelletier J, Pelletier JP, Bishop PN, Roughley P, Farran A, et al. Characterization of opticin digestion by proteases involved in osteoarthritis development. Joint Bone Spine. 2014;81: 137-41.