

# Association between the thrombin generation potential and thrombin generation markers in PE patients

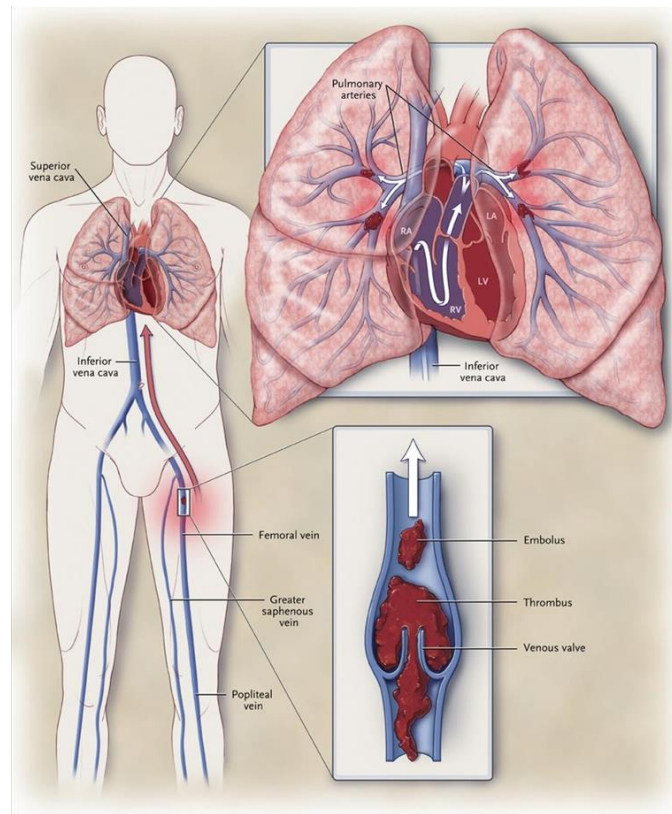
Priya Ray  
Loyola University Chicago  
GTF Fellow (2022)



# Background

Pulmonary embolism is when an embolus travels to the lungs and causes a blockage in the pulmonary arteries

- Symptoms:
  - Shortness of breath
  - Chest pain
  - Coughing up blood
- Risk factors:
  - Active cancer
  - Post-surgical patients
  - Post-surgical immobility
  - Smoking
  - Obesity
  - Pregnancy
- Comorbidities:
  - Chronic heart disease
  - Chronic lung disease
  - Diabetes



# Hypothesis

The hypothesis of this study is that despite the increase in thrombin generation biomarkers, the thrombin generation potential in PE may be reduced

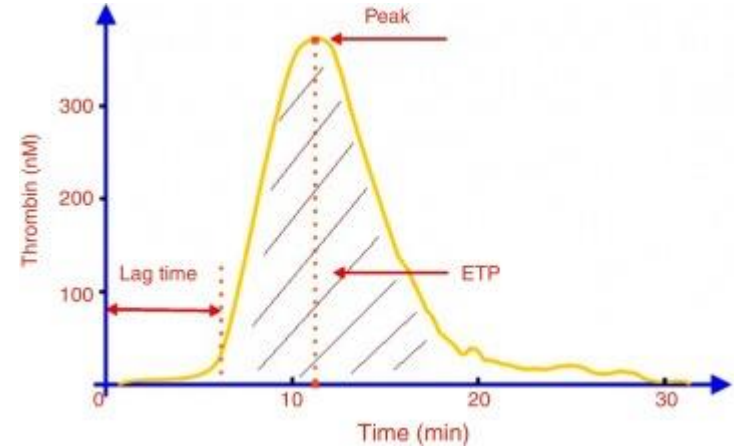
# Aim

The purpose of this study is to determine the thrombin generation potential in PE patients and its relevance to the thrombin generation markers, such as prothrombin fragment 1+2 (F1+2), thrombin antithrombin (TAT) and d-Dimer

# Thrombin Generation Potential

Thrombin generation tests can be used to identify coagulation and potential thrombosis

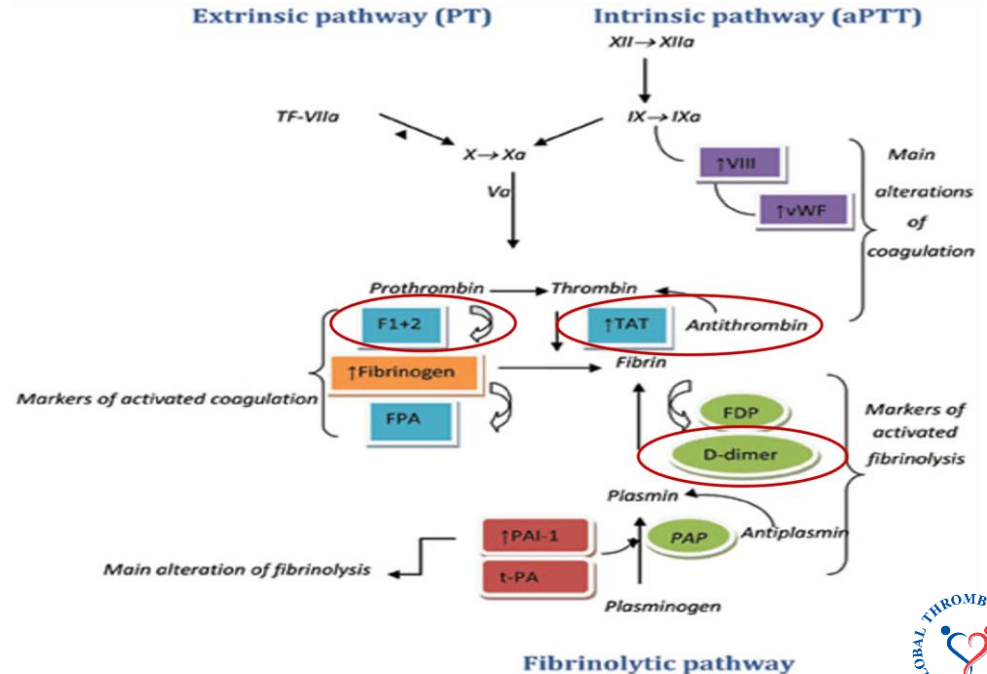
- Peak thrombin generation: highest amount of thrombin generated at a given time
- Endogenous thrombin potential (ETP): amount of thrombin that can be generated by the plasma after coagulation starts
- Lag time: amount of time it takes for the thrombin to be generated



# Thrombin Generation Biomarkers

- Prothrombin fragment F1+2:
  - Prothrombin → thrombin
  - Diagnoses thrombosis
  - Marker of thrombin generation & coagulation activation
- Thrombin antithrombin (TAT) complex:
  - Formed by binding AT to thrombin in a ratio of 1:1
  - Activation of coagulation
  - Associated with thrombosis
- D-dimer:
  - Fibrin degradation product, generates after a blood clot is degraded by fibrinolysis
  - Increased levels = coagulation problems

## Protease Regulation of Coagulation Process The Central Role of Thrombin



# Material and Method

## Sample Collection:

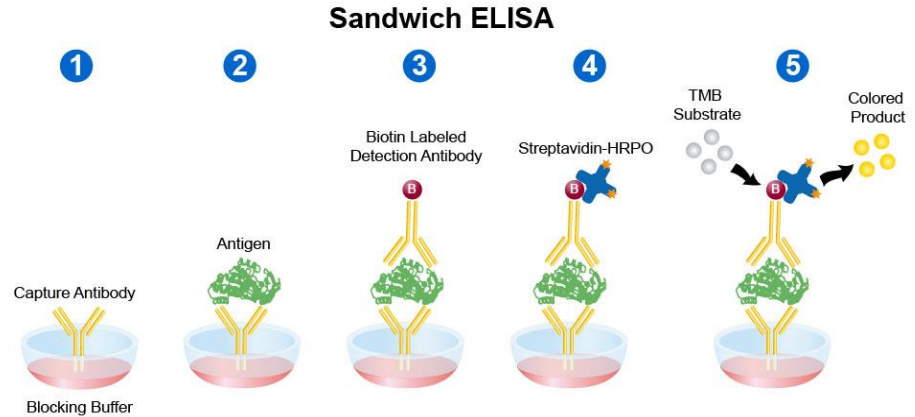
1. PE patient samples (n=150) within 24-72 hours (Loyola University Medical Center)
2. NHP (n=50) control from commercial vendor

## Biomarker Profiling:

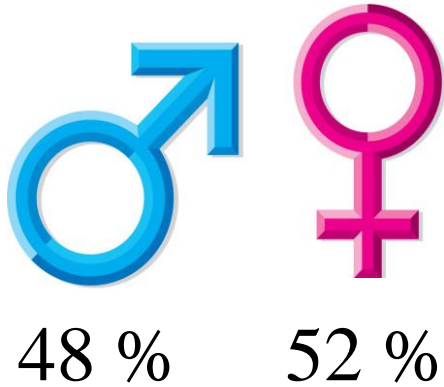
1. ELISA
  - a. F1+2
  - b. TAT
  - c. D-Dimer
2. Fluorogenic Assay
  - a. Thrombin Generation

## Statistical Analysis:

1. Mann-Whitney U Test
2. Spearman Correlation



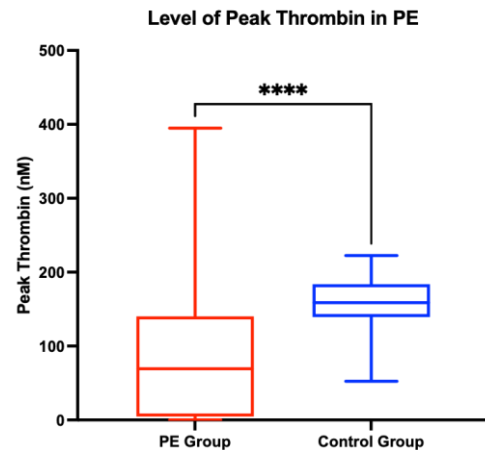
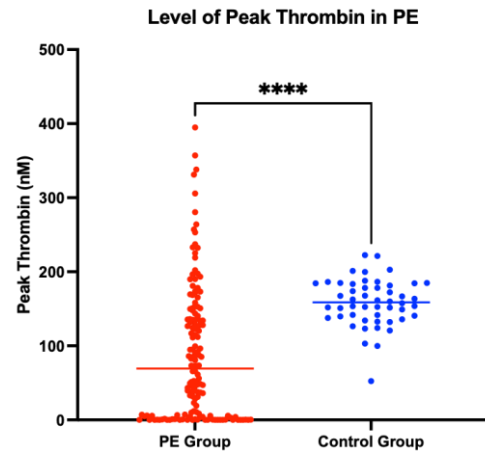
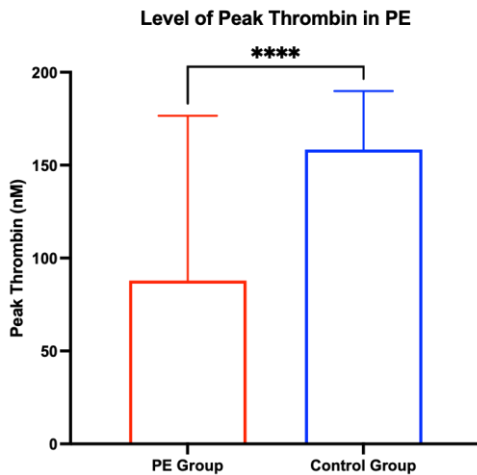
# Demographics





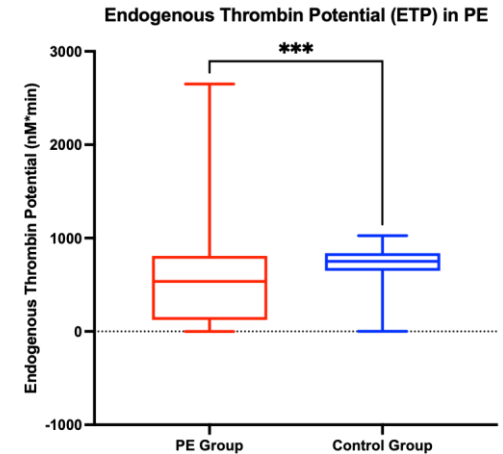
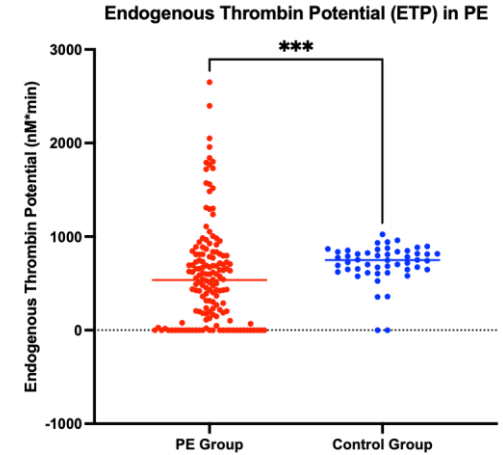
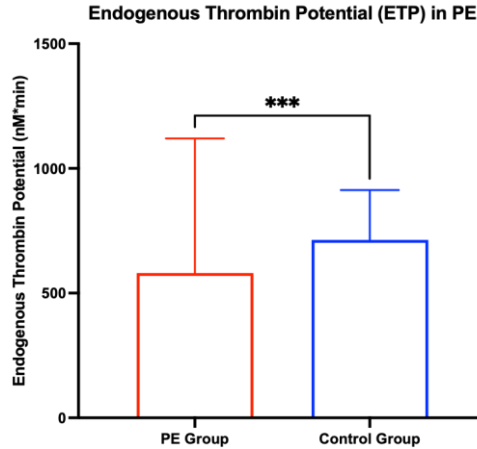
# Levels of Peak Thrombin

C- Statistics	PE (n=150)	NHP (n=50)
Mean±SD	87.94 ± 88.61	158.46 ± 31.46
SEM	7.24	4.45
Median	69.26	158.73
Minimum	0.00	52.35
Maximum	394.95	222.58
Range	394.95	170.23



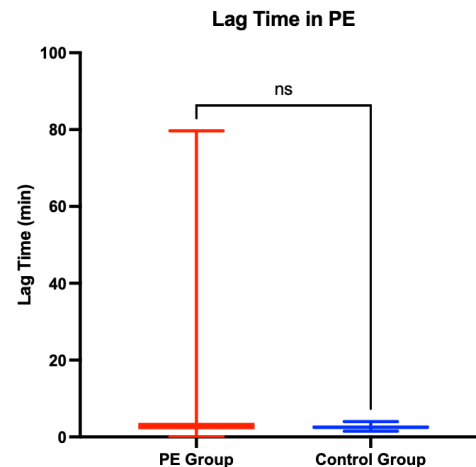
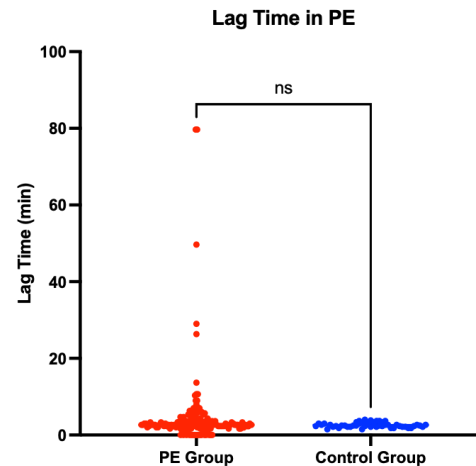
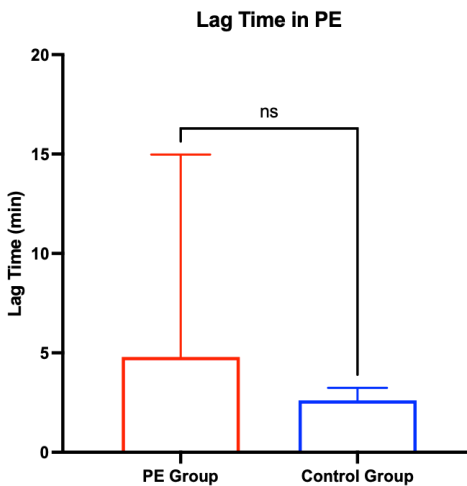
# Levels of Endogenous Thrombin Potential

C- Statistics	PE (n=150)	NHP (n=50)
Mean±SD	580.43 ± 539.54	713.37 ± 199.97
SEM	44.05	28.28
Median	535.51	748.88
Minimum	-1.00	-1.00
Maximum	2651.04	1023.32
Range	2652.04	1024.32



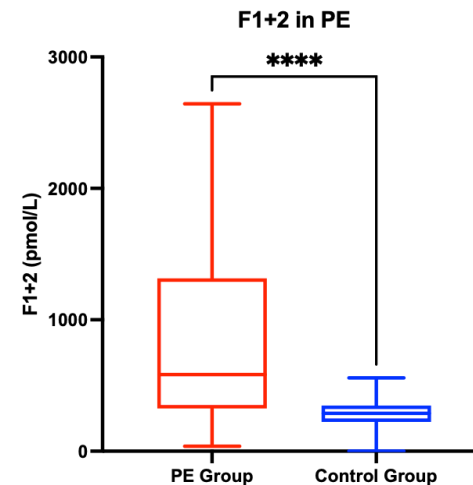
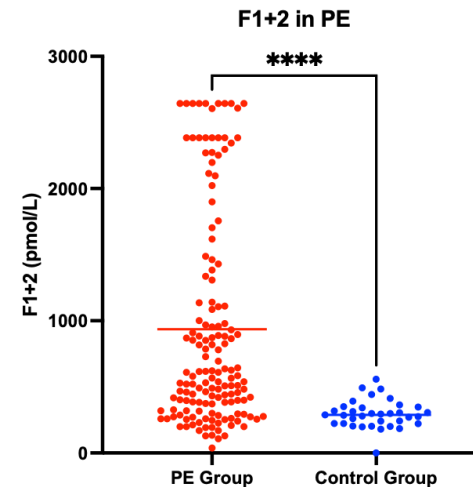
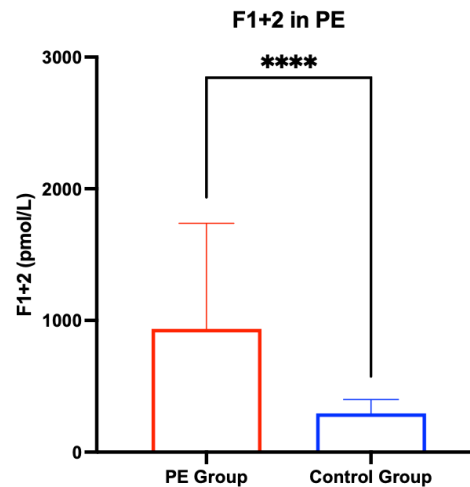
# Levels of Lag Time

C- Statistics	PE (n=150)	NHP (n=50)
Mean±SD	4.79 ± 10.18	2.61 ± 0.62
SEM	0.83	0.09
Median	2.67	2.48
Minimum	0.00	1.48
Maximum	79.67	4.00
Range	79.67	2.52



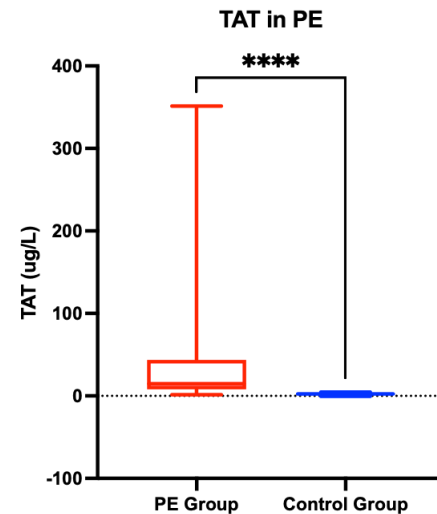
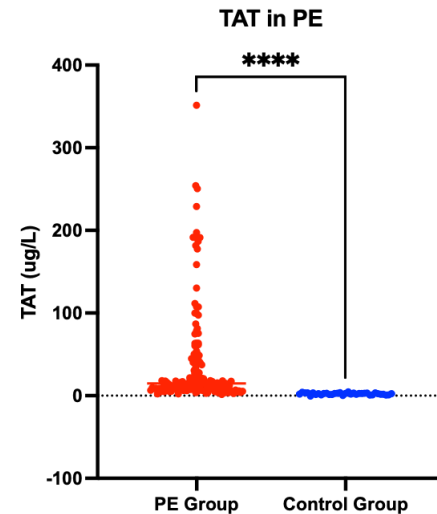
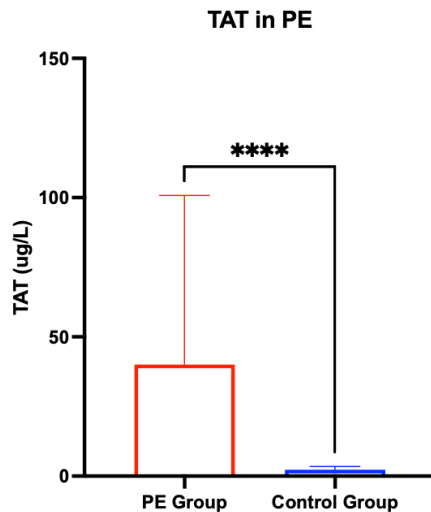
# Levels of F1+2

C- Statistics	PE (n=150)	NHP (n=35)
Mean±SD	936.36 ± 802.11	294.19 ± 104.99
SEM	65.49	17.75
Median	582.80	288
Minimum	37.88	0
Maximum	2642.80	558.27
Range	2604.92	558.27



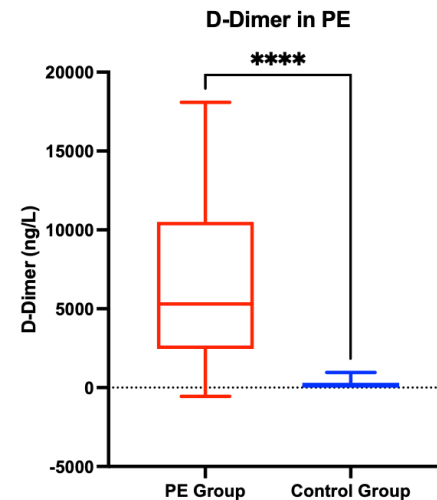
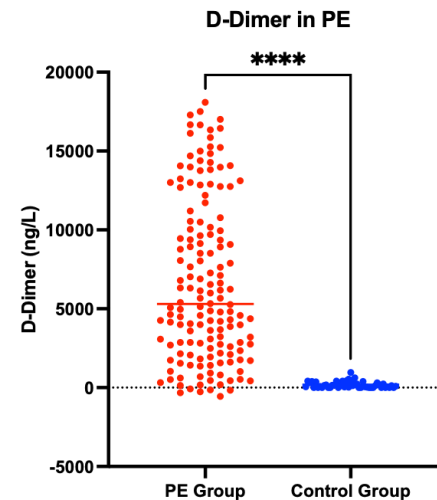
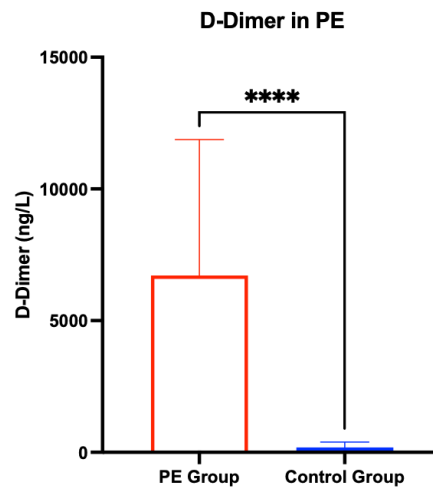
# Levels of TAT

C- Statistics	PE (n=150)	NHP (n=35)
Mean±SD	40.04 ± 60.76	2.29 ± 1.13
SEM	4.96	0.19
Median	14.71	2.40
Minimum	1.46	-0.46
Maximum	351.35	4.67
Range	349.89	5.13



# Levels of D-Dimer

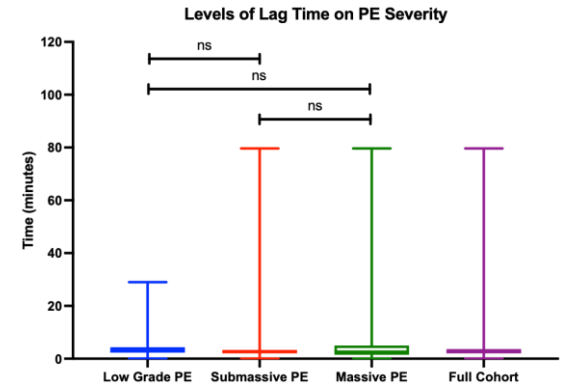
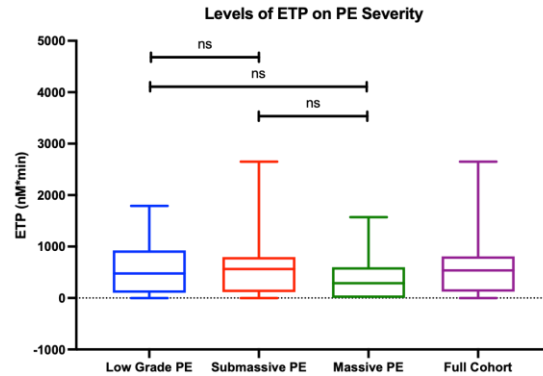
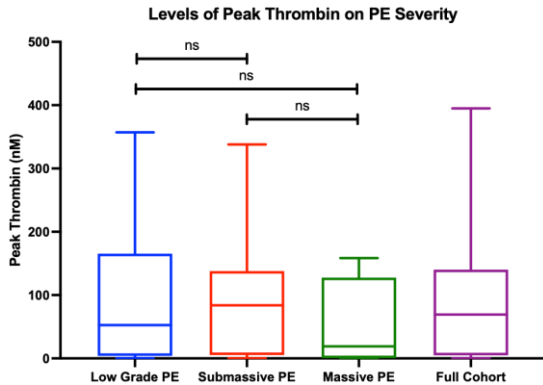
C- Statistics	PE (n=150)	NHP (n=51)
Mean±SD	6715.63 ± 5160.73	182.55 ± 205.77
SEM	421.37	28.81
Median	5302.33	121.71
Minimum	-556.25	0
Maximum	18092.72	960.85
Range	18648.97	960.85



# Levels of Thrombin Generation Parameters and Biomarkers in PE Cohort on the Basis of PE Severity

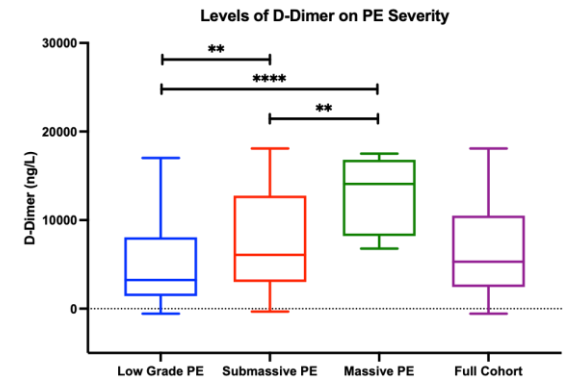
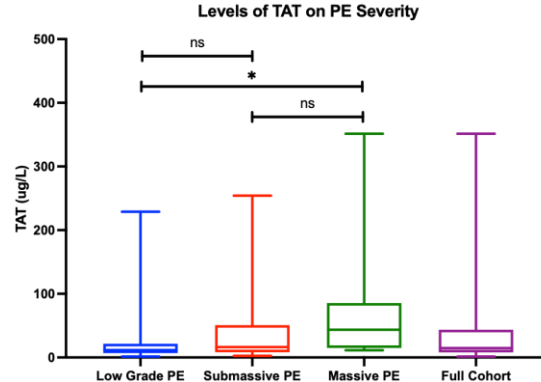
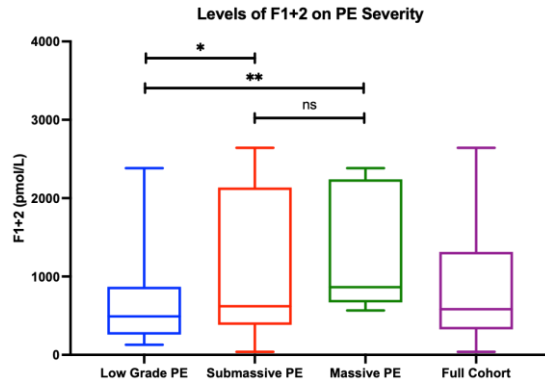
Biomarker		PE Cohort (n=150)	Low Grade PE (n=47)	Sub-Massive PE (n=82)	Massive PE (n=9)
Thrombin Generation Potential	Peak Thrombin (nM)	87.94 ± 88.61	84.32 ± 90.60	90.76 ± 87.25	54.17 ± 65.19
	ETP (nM*min)	580.43 ± 539.54	591.87 ± 541.03	588.83 ± 549.24	399.68 ± 504.84
	Lag Time (min)	4.79 ± 10.18	4.22 ± 5.46	4.62 ± 10.13	11.26 ± 25.71
Thrombin Generation Markers	F 1+2 (pmol/L)	936.36 ± 802.11	676.05 ± 565.38	1091.46 ± 896.15	1280.51 ± 775.51
	TAT (ug/L)	40.04 ± 60.76	28.07 ± 45.22	43.45 ± 59.45	75.12 ± 108.31
	D-Dimer (ng/L)	6715.63 ± 5160.73	4858.40 ± 4459.09	7290.82 ± 5262.51	14079.61 ± 4191.49

# Levels of Thrombin Generation Parameters in PE Cohort on the Basis of PE Severity

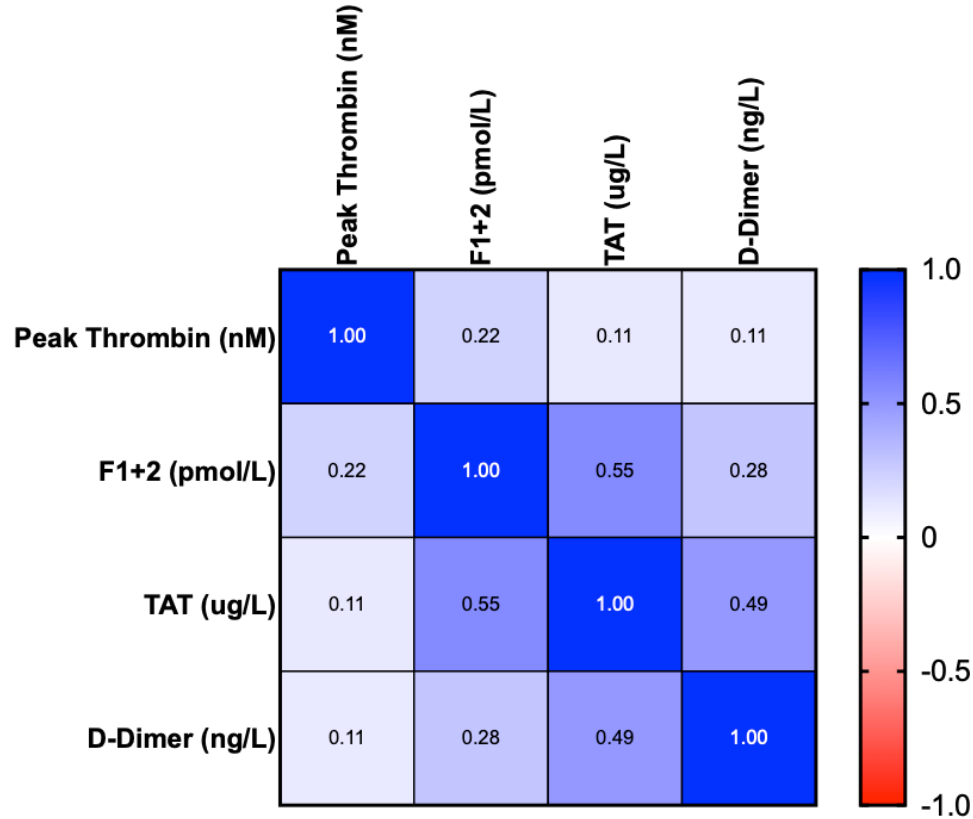




# Levels of Thrombin Generation Biomarkers in PE Cohort on the Basis of PE Severity



# Correlation Analysis



# Summary

Variables		PE Group		Control Group		P value
		Mean ± SD	Range	Mean ± SD	Range	
Thrombin Generation Potential	Peak Thrombin (nM)	87.94 ± 88.61	394.95	158.46 ± 31.46	170.23	<0.0001
	Endogenous Thrombin Potential, ETP (nM*min)	580.43 ± 539.54	2652.04	713.37 ± 199.97	1024.32	0.0004
	Lag Time (min)	4.79 ± 10.18	79.67	2.61 ± 0.62	2.52	0.1649 (ns)
Thrombin Generation Markers	F1+2 (pmol/L)	936.36 ± 802.11	2604.92	294.19 ± 104.99	558.27	<0.0001
	TAT (µg/L)	40.04 ± 60.76	349.89	2.29 ± 1.13	5.13	<0.0001
	D-Dimer (ng/L)	6715.63 ± 5160.73	18648.97	182.55 ± 205.77	960.85	<0.0001

# Conclusion

1. Thrombin generation potential:
  - a. ↓Peak thrombin and ETP = consumption of the coagulation factors
  - b. ↑Lag time is due to the delay in the formation of thrombin
2. Thrombin generation biomarkers (F1+2, TAT and D-dimer):
  - a. Continuous activation of the coagulation process in the PE patients
3. Correlation analysis:
  - a. Peak thrombin is +ve correlated with F1+2
  - b. F1+2 is +ve correlated with TAT and D-dimer
  - c. TAT is +ve correlated with D-dimer as well
4. PE Severity:
  - a. Biomarker levels increase as severity increases
  - b. No difference between Low Grade PE and Submassive PE in parameters, but levels change in Massive PE

# Future Plans

1. Submit an abstract for the 2023 Experimental Biology Meeting
2. Possibly travel to Loyola for St. Alberts Day in October

# Acknowledgments

I would like to thank my mentor Dr. Siddiqui, as well as Dr. Laddu, Dr. Fareed, and the rest of the GTF and Hemostasis & Thrombosis Research Laboratory for their support and this opportunity.

# References

- Bio-Rad. Types of Elisa. Bio. [https://www.bio-rad-antibodies.com/elisa-types-direct-indirect-sandwich-competition-elisa-formats.html?JSESSIONID\\_STERLING=592C4A43A7779E00A673107CC885D005.ecommerce1&&evCntryLang=US-entthirdPartyCookieEnabled](https://www.bio-rad-antibodies.com/elisa-types-direct-indirect-sandwich-competition-elisa-formats.html?JSESSIONID_STERLING=592C4A43A7779E00A673107CC885D005.ecommerce1&&evCntryLang=US-entthirdPartyCookieEnabled).
- D-dimer test: Medlineplus medical test. MedlinePlus. <https://medlineplus.gov/lab-tests/d-dimer-test/#:~:text=D%2Ddimer%20is%20a%20protein,once%20your%20injury%20has%20healed>.
- Duarte RCF, Ferreira CN, Rios DRA, Reis HJD, Carvalho Mdas G. Thrombin generation assays for global evaluation of the hemostatic system: Perspectives and Limitations. *Revista brasileira de hematologia e hemoterapia*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5568585/>. Published 2017.
- Lluís M. Martínez SEP MAGCSO. Sandwich Elisa. Sepmag. <https://www.sepmag.eu/blog/sandwich-elisa>.
- Ota S;Wada H;Abe Y;Yamada E;Sakaguchi A;Nishioka J;Hatada T;Ishikura K;Yamada N;Sudo A;Uchida A;Nobori T; Elevated levels of prothrombin fragment 1 + 2 indicate high risk of thrombosis. *Clinical and applied thrombosis/hemostasis : official journal of the International Academy of Clinical and Applied Thrombosis/Hemostasis*. <https://pubmed.ncbi.nlm.nih.gov/18160575/>.
- Pulmonary embolism. Mayo Clinic. [https://www.mayoclinic.org/diseases-conditions/pulmonary-embolism/symptoms-causes/syc-20354647#:~:text=Pulmonary%20embolism%20is%20a%20blockage,body%20\(deep%20vein%20thrombosis\)](https://www.mayoclinic.org/diseases-conditions/pulmonary-embolism/symptoms-causes/syc-20354647#:~:text=Pulmonary%20embolism%20is%20a%20blockage,body%20(deep%20vein%20thrombosis)). Published June 13, 2020.
- Rimpo K, Tanaka A, Ukai M, Ishikawa Y, Hirabayashi M, Shoyama T. Thrombin-antithrombin complex measurement using a point-of-care testing device for diagnosis of disseminated intravascular coagulation in dogs. *PloS one*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6179255/>. Published October 10, 2018.
- Young G, Sørensen B, Dargaud Y, Negrier C, Brummel-Ziedins K, Key NS. Thrombin generation and whole blood viscoelastic assays in the management of hemophilia: Current state of art and future perspectives. *American Society of Hematology*. <https://ashpublications.org/blood/article/121/11/1944/31067/Thrombin-generation-and-whole-blood-viscoelastic>. Published March 14, 2013.