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The importance of selected adipokines in the diagnosis of neuroendocrine neoplasms of various locations

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# The importance of selected adipokines in the diagnosis of neuroendocrine neoplasms of various locations





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#### Abstract:

Adipose tissue performs important endocrine functions. In the case of obesity, which is associated with chronic inflammation, the balance in the release of adipokines is disturbed. Metabolic disorders of adipose tissue may contribute to the development and progression of cancer, including neuro-endocrine neoplasms (NENs).

The aim of this study was to determine the concentration of leptin, omentin-1, visfatin and resistin in healthy people and in patients with NENs of the gastrointestinal tract, pancreas and lung.

The study included 68 patients of the Prof. F. Łukaszczyk Oncology Center in Bydgoszcz with NENs of the gastrointestinal tract (GT, n=34), NENs of pancreas (PA, n=22), NENs of lungs (L, n=12) and in the control group (CTRL, n=35). The concentration of the adipokines was measured by the enzyme immunoassay method using ready-made ELISA kits and Bio-Plex Pro Human Diabetes. A statistical analysis was performed and P<0.05 was considered as statistically significant.

The results were presented as the mean value and the standard error of the mean. There were statistically significant changes in the levels of visfatin and resistin in patients with NENs compared to CTRL, but no statistically significant difference was found in the concentration of leptin, an adipokine responsible for regulating the body's energy storage. The concentrations of the measured adipokines were similar in the analyzed subgroups of NENs. However, a statistically significant increase in omentin-1 concentration was observed in patients with NENs, the only tested adipokine with anti-inflammatory activity, which may have a prognostic significance.

Keywords: adipokines, adipose tissue, neuroendocrine neoplasms



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# Introduction

- Neuroendocrine tumors are rare tumors that can release biogenic amines and hormones (hormonally active tumors).
- Currently, the incidence rate of NENs is 3-5/100,000/year with an increasing tendency over the past years.
- The most common are gastroenteropancreatic NENs: GEP-NENs (64-70%) and lung: L-NENs (20-30%).
- General markers used for screening diagnosis of NENs without characteristic symptoms of hormone overproduction are chromogranin A (CgA), neuron-specific enolase (NSE), pancreatic polypeptyde (PP) and subunits glycoprotein hormones.
- Functional NENs, which constitute a minority, are characterized by the release of hormones and biologically active substances that are responsible for a specific clinical manifestation of the tumor (for example insulin, glucagon, somatostatin or gastrin).
- White adipose tissue (WAT) is metabolically dynamic and releases many bioactive peptides that regulate metabolic homeostasis.
- Adipokines perform pleiotropic functions in the body, eg. they influence energy balance and immune response, cause insulin resistance but also participate in the process of carcinogenesis. However, their impact on the development of NENs is not fully known.





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# **Material and methods**

- The study group consisted of 68 patients with NENs (gastrointestinal: GT, n=34; pancreatic: PA, n=22; lung: L, n=12) and control group (CTRL, n=35).
- Blood serum samples were obtained after collecting venous blood specimens.
- The concentration of the inflammatory markers was measured with the use of the readymade Multi-Plex Immunoassay System.
- The results were presented as means and the standard error of the mean (SEM).
- p < 0.05 was considered as statistically significant.



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## **Results and discussion**

	CTRL	GT-NENs	PA-NENs	L-NENs	р		
N	35	34	22	12	CTRL vs GT-NENs	CTRL vs PA-NENs	CTRL vs L-NENs
Age [years]	52.60±1.83	58.78±1.96	60.38±1.43	60.55±2.19	0.004	0.002	0.025
Body mass [kg]	61.11±1.29	74.38±2.59	82.82±2.24	86.92±2.88	<0.001	<0.001	<0.001
Height [cm]	165.63±1.23	169.62±1.41	169.50±1.48	168.83±1.63	0.038	0.092	0.309
BMI [kg/m²]	22.23±0.31	25.69±0.69	28.75±0.59	30.50±0.89	<0.001	<0.001	<0.001

The results are presented as the mean value ± SEM BMI - body mass index; GT-NENs – gastrointestinal tract neuroendocrine neoplasms; L-NENs – lung neuroendocrine neoplasms; PA-NENs: pancreatic neuroendocrine neoplasms; p - statistical significance.



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## **Results and discussion**

	CTRL	GT-NENs	PA-NENs	L-NENs	p		
N	35	34	22	12	CTRL vs GT-NENs	CTRL vs PA-NENs	CTRL vs L-NENs
Leptin [ng/ml]	2907±	2582.11±	4351.68±	10254.49±	0.249	0.531	0.428
	341.64	429.42	731.51	2566.41			
Resistin [ng/ml]	10530.31±	3486.96±	3946.51±	5277.22±	<0.001	<0.001	0.001
	923.29	149.05	508.68	725.14			
Visfatin [ng/ml]	88.11±	280.44±	437.22±	500.07±	<0.001	<0.001	<0.001
	44.01	16.57	82.13	81.49			<0.001
Omentin-1 [ng/ml]	563.93±	781.28±	769.31±	755.66±	0.001	0 000	0 022
	32.75	48.22	48.22	40.43		0.001	0.008

The results are presented as the mean value ± SEM GT-NENs – gastrointestinal tract neuroendocrine neoplasms; L-NENs – lung neuroendocrine neoplasms; PA-NENs: pancreatic neuroendocrine neoplasms; p - statistical significance.



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#### **Results and discussion**





A type of neuroendocrine tumors (NENs) and control group (CTRL)

The results are presented as the mean value  $\pm$  SEM Not statistically significant difference



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#### **Results and discussion**





A type of neuroendocrine tumors (NENs) and control group (CTRL)

The results are presented as the mean value  $\pm$  SEM \* Statistically significant difference p<0.05 vs. CTRL



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### **Results and discussion**



A type of neuroendocrine tumors (NENs) and control group (CTRL)

The results are presented as the mean value ± SEM \* Statistically significant difference p<0.05 vs. CTRL



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#### **Results and discussion**



A type of neuroendocrine tumors (NENs) and control group (CTRL)

The results are presented as the mean value  $\pm$  SEM \* Statistically significant difference p<0.05 vs. CTRL



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## **Results and discussion**

• The ANOVA analysis did not show statistically significant differences between the concentrations of resistin and visfatin in the patients with NENs of different locations.





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## **Results and discussion**

• The ANOVA analysis did not show statistically significant differences between the concentrations of leptin in the patients with NENs of different locations.



• The ANOVA analysis did not show statistically significant differences between the concentrations of omentin-1 in the patients with NENs of different locations.



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# Conclusions

- In the course of neuroendocrine tumors, there is a significant disruption of carbohydrate metabolism, as evidenced by a change in the profile of released adipokines, which was confirmed for patients with NENs in all tested locations.
- There was a statistically significant increase in visfatin, which has pro-inflammatory and procancerogenic effects (increased proliferation, angiogenesis, metastases, drug resistance). Due to the increase in the concentration of this adipokine in NENs compared to the control group, it may be a potential marker for predicting the risk of NENs.
- In this study, patients with NENs showed a statistically significant decrease in the concentration of resistin (a pro-inflammatory adipokine) in all patient groups compared to the control group, which does not coincide with its procarcinogenic function.
- A statistically significant increase in omentin-1 concentration was observed in patients with NENs compared to the control group, which may have prognostic significance.



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