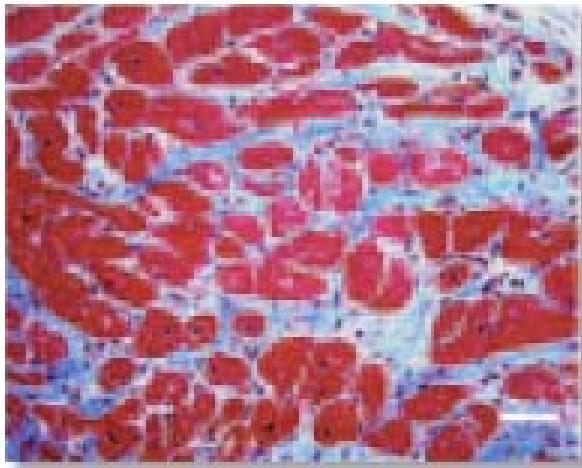




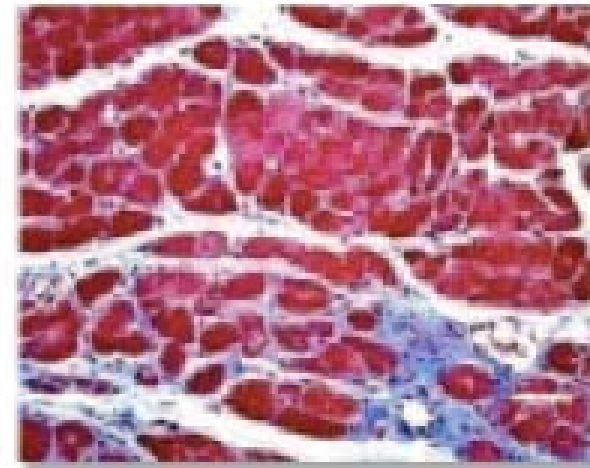
Long-term Predictive Value of Soluble ST2 Level and Left Ventricular Function: The EGAT Study.

Wisuit Katekao MD, Poh Chanyavanich MD,
Somluck Ninwaranon MD,
Prin Vathesatogkit MD, Oraporn See MD,
Sukit Yamwong MD and Piyamitr Sritara MD

Novel IL-33 treatment

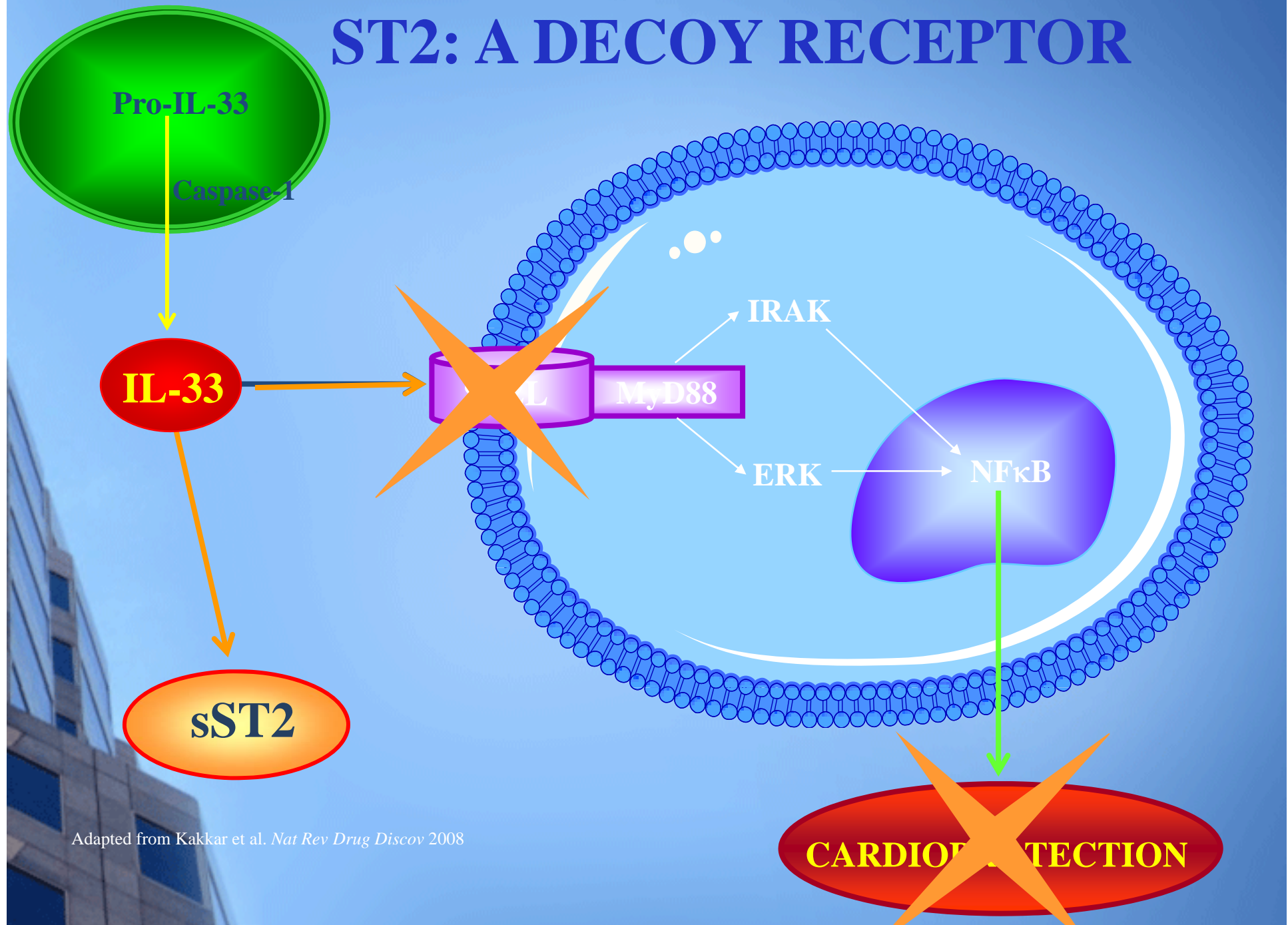


Control



IL-33 treated³

ST2: A DECOY RECEPTOR



Adapted from Kakkar et al. *Nat Rev Drug Discov* 2008

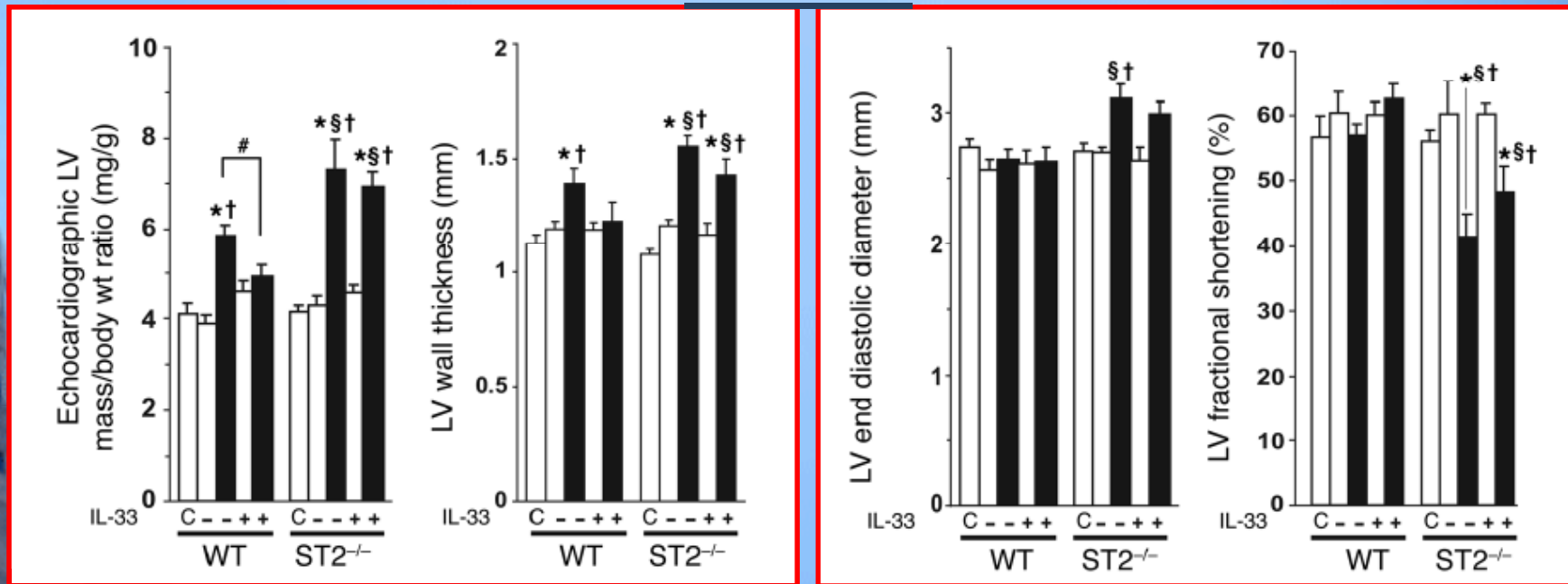
sST2 = Decoy Receptor

- “ It has been subsequently demonstrated that high levels of soluble ST2 can block IL-33's activity, thus preventing the cardioprotective effect. ”

- High sST2 = More Fibrosis in myocardium
= More Cardiovascular event
(including new-onset heart failure and mortality)

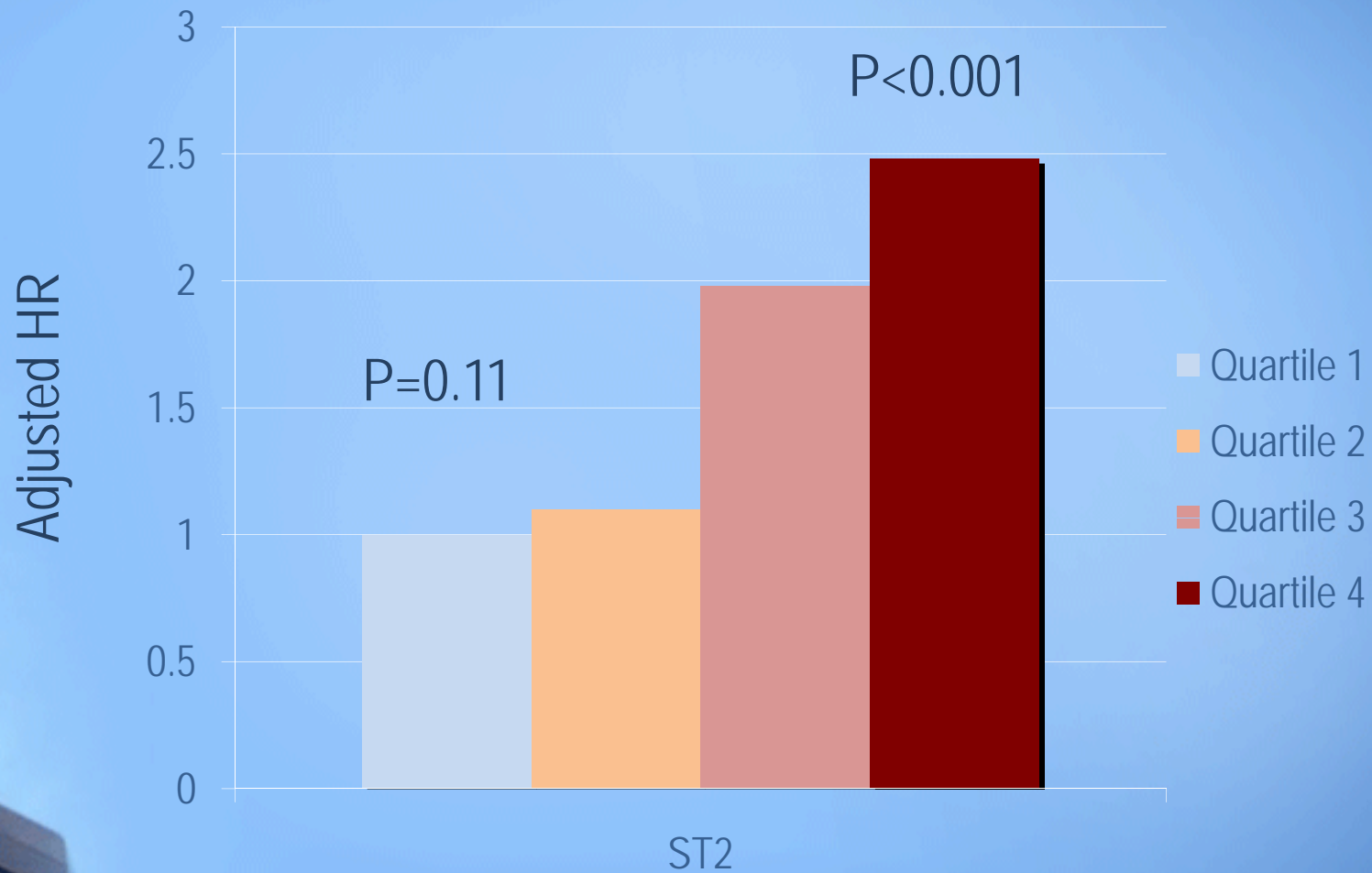
Abnormalities in ST2 lead to a phenotype of cardiac remodeling

Interruption of ST2 results in increased LV mass, LVH, more dilated LV chambers, and worse LV function



sST2 predicts new-onset HF in the community

The Framingham Heart Study





Background

- Hypertension is a well-known cause of diastolic dysfunction and cardiac remodeling.
- Soluble ST2 has proven to have a strong predictor for cardiovascular events, including mortality and new-onset heart failure.



Method

- We hypothesized that high level of sST2, similar to hypertension, have a power to predict cardiac remodeling, such as changes in size and function of the left ventricle before symptoms arise.

EGAT study in 2002

- Baseline data
- Serum sST2 level
 - Hypertension
 - Other underlying diseases
 - Physical examination
 - Other laboratory values

10 years

EGAT study in 2012

- Echocardiographic indices
- Systolic function
 - Diastolic function
 - Chamber quantification

Soluble ST2

- We assess sST2 level by the Presage(®) ST2 Assay (Critical Diagnostics, CA, USA).



Reproducibility

- Case selection / Method of contouring / Practice
- Intraobserver
 - 20+ patients
 - 2 different time points (2-4 wks in random)
- Interobserver
 - 20+ patients

Soluble ST2 (ng/ml)



	This Study (Subset of EGAT study)	EGAT Study	Framingham Study
Mean \pm SD	18.99 \pm 8.65	19.8 \pm 9.2	n/a
Percentile 25	13.95 (M: 14.30) (F: 12.35)	14.7	16.9 (M: 19.20) (F: 15.27)
Percentile 50	17.40 (M: 18.10) (F: 15.10)	18.3	21.0 (M: 23.58) (F: 18.77)
Percentile 75	21.80 (M: 22.50) (F: 19.60)	22.9	26.1 (M: 29.07) (F: 23.15)

Baseline Characteristics



Age, year		
Male, %		
sST2 level, ng/ml		
Hypertension, %		
DM, %		
SystolicBP		
MeanABP		
Weight, Kgs		
Creatinine, mg/dl		

Head-to-Head (4th quartile and HT)

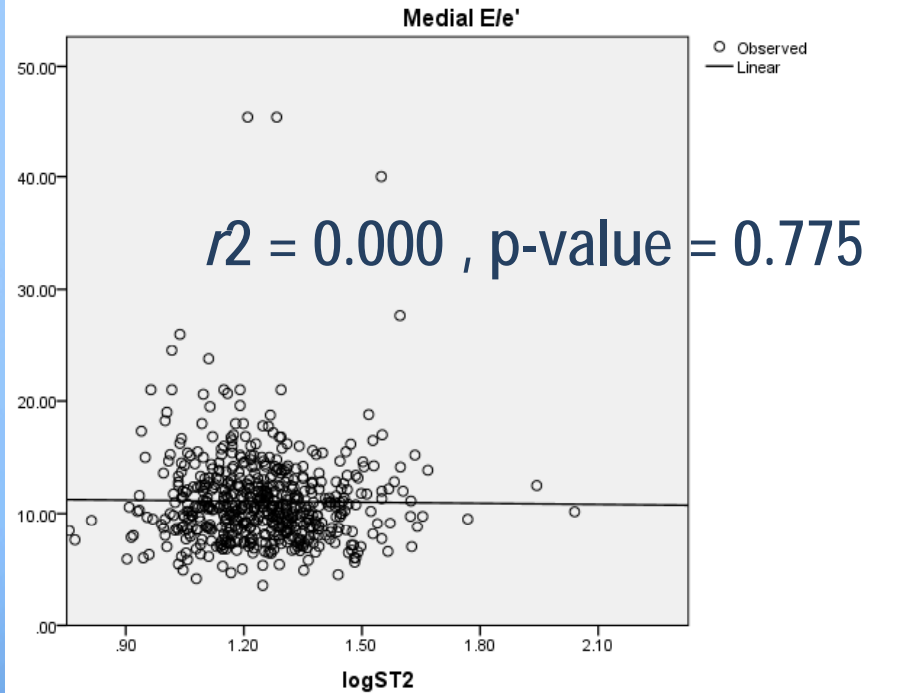
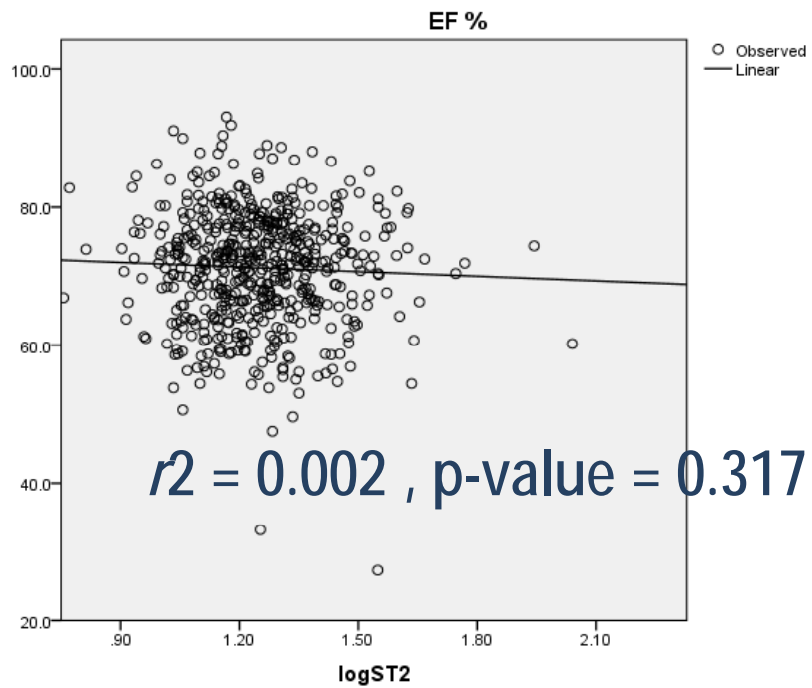
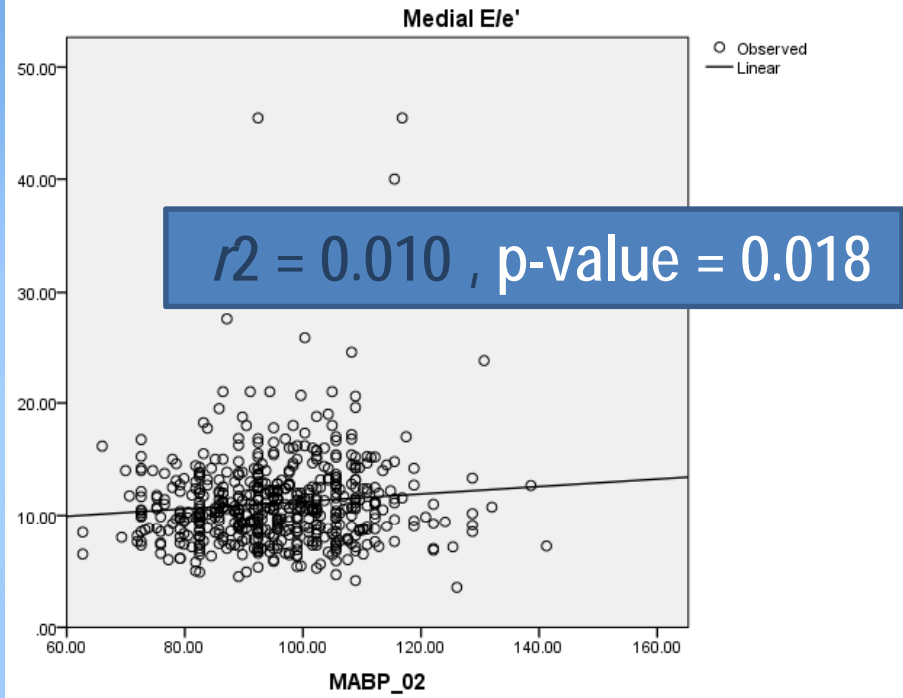
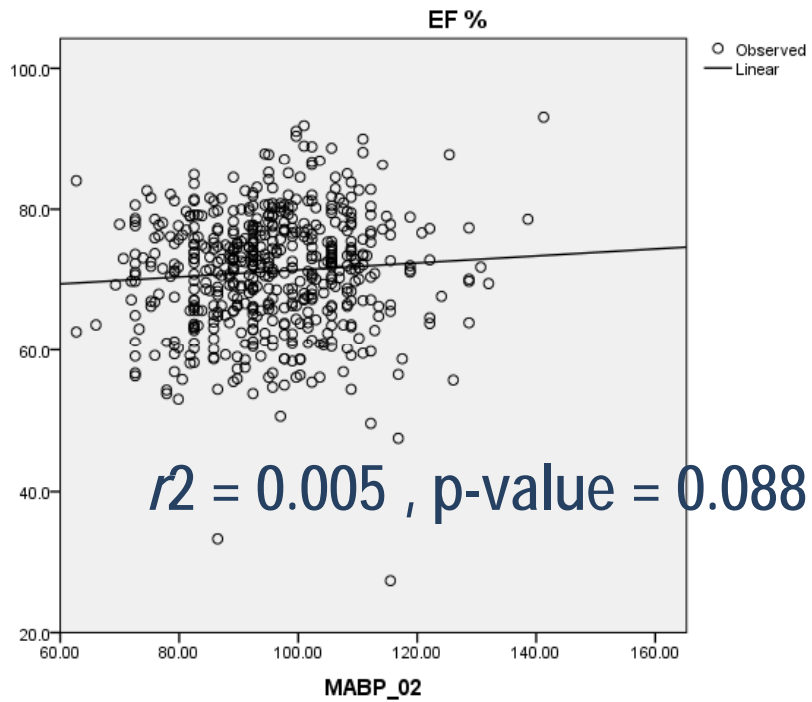


	4 th Quartiles sST2 (n = 143)	HT (n = 144)	p-value
Age, year	58.0 ± 4.4	58.9 ± 4.4	n/a
Male, %	81.1	79.8	n/a
<u>sST2 level, ng/ml</u>	27.0 (23.6-30.9)	17.3 (14.4-23.0)	n/a
<u>Hypertension, %</u>	26.9	100.0	n/a
DM, %	13.9	18.7	n/a
SystolicBP	124.2 ± 16.6	139.6 ± 17.6	n/a
MeanABP	94.3 ± 11.3	104.9 ± 11.6	n/a
Weight, Kgs	66.2 ± 13.0	67.6 ± 13.3	n/a
Creatinine, mg/dl	1.21 ± 0.28	1.20 ± 0.28	n/a

Result



Mitral E, m/s		
Mitral E/A		
Lateral E', m/s		
Lateral E/E'		
IVSd, mm		
PWd, mm		
LVEF, %		
LV mass index, g/m ²		
RWT, mm		

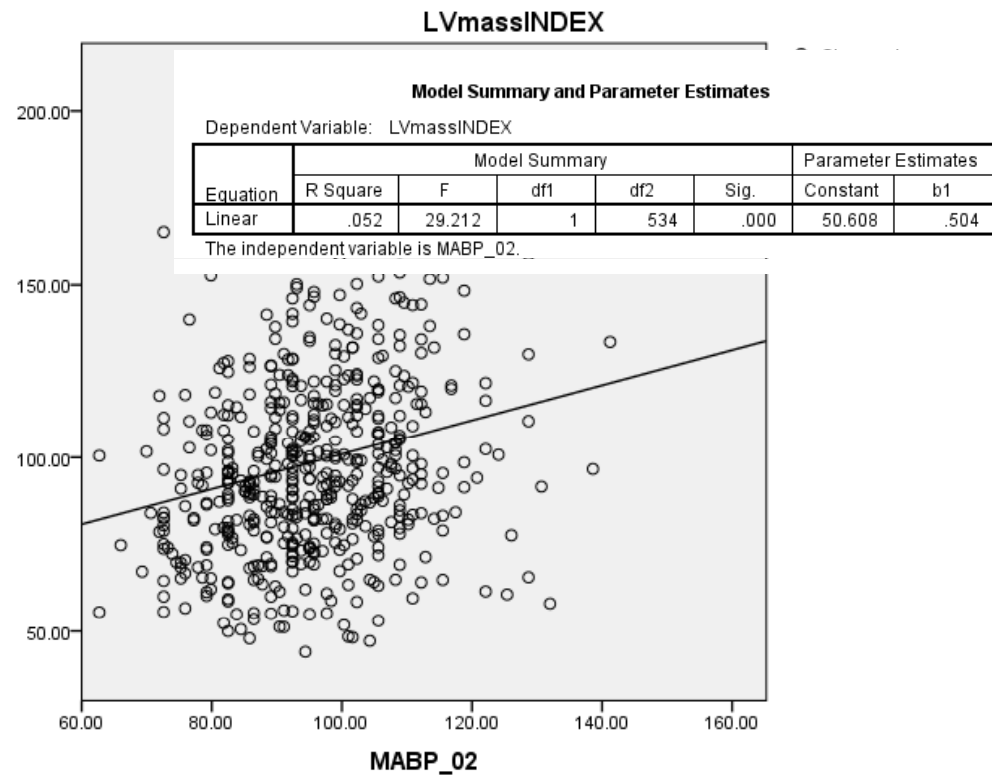
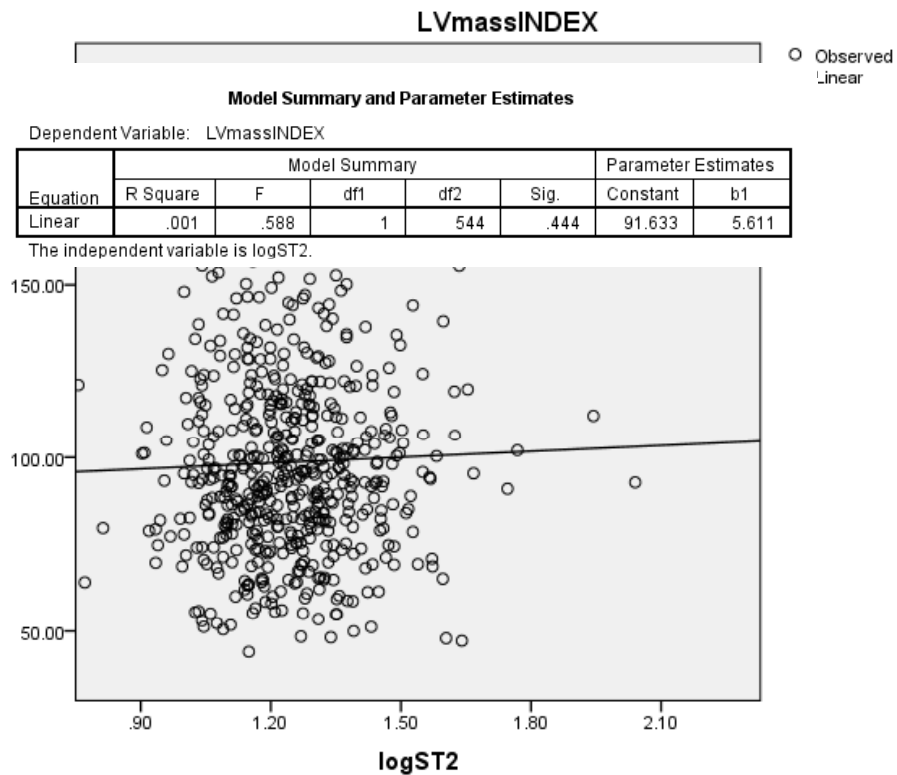




- Mean arterial blood pressure is a good predictor for left ventricular mass index, during 10 years follow-ups.

$r^2 = 0.001$, p-value = 0.444

$r^2 = 0.052$, p-value = 0.000



RWT

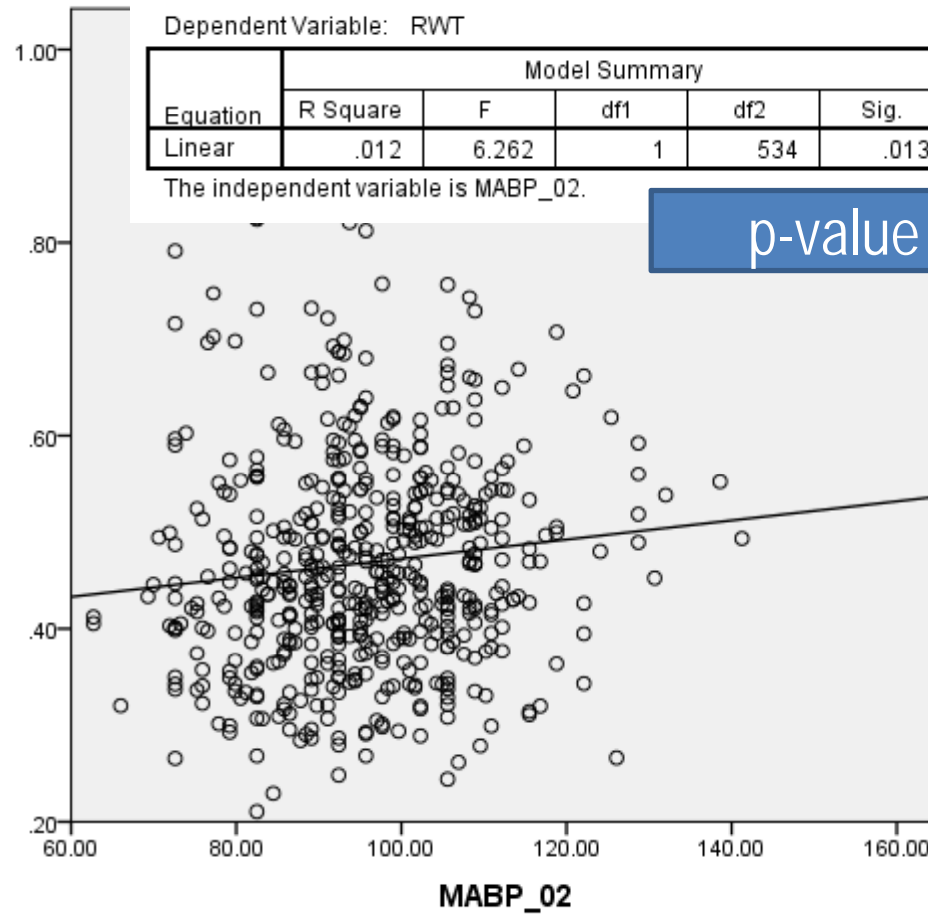
Model Summary and Parameter Estimates

Dependent Variable: RWT

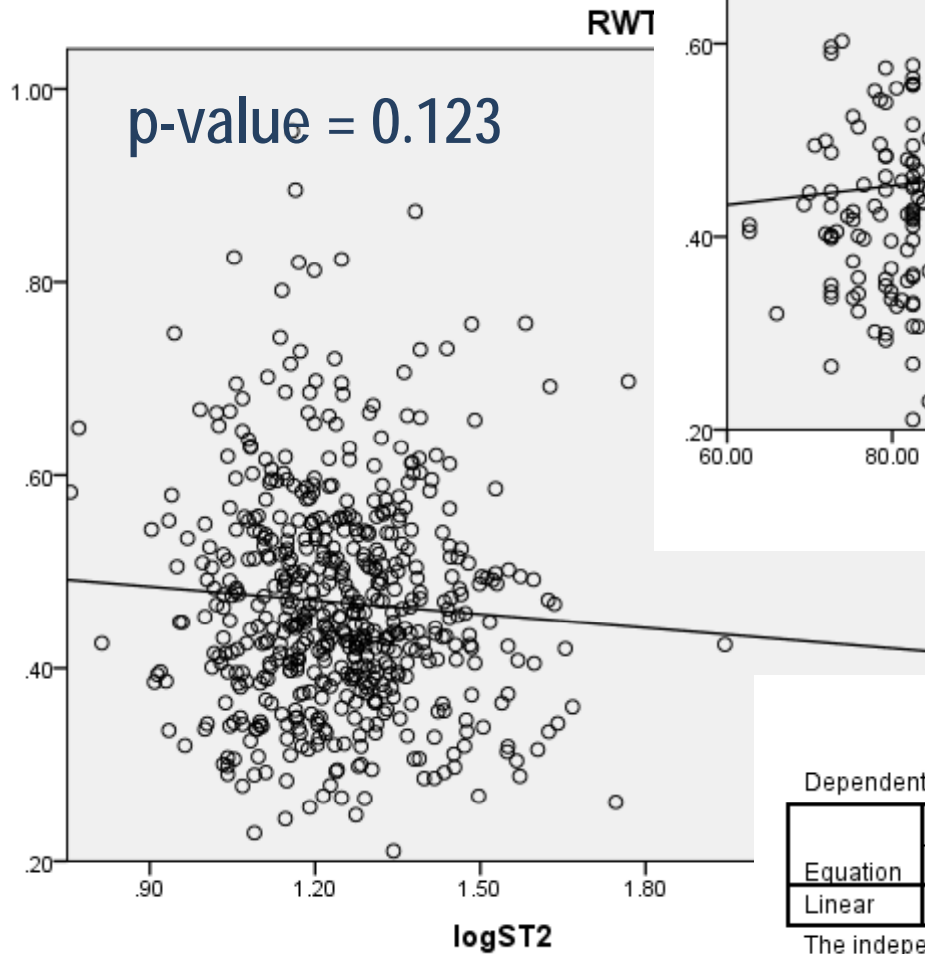
Equation	Model Summary					Parameter Estimates	
	R Square	F	df1	df2	Sig.	Constant	b1
Linear	.012	6.262	1	534	.013	.374	.001

The independent variable is MABP_02.

p-value 0.013



p-value = 0.123



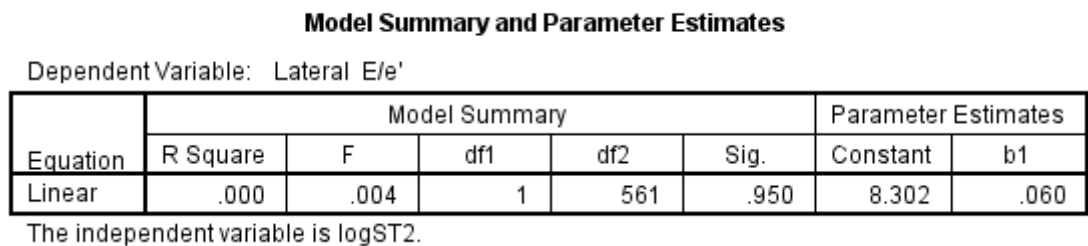
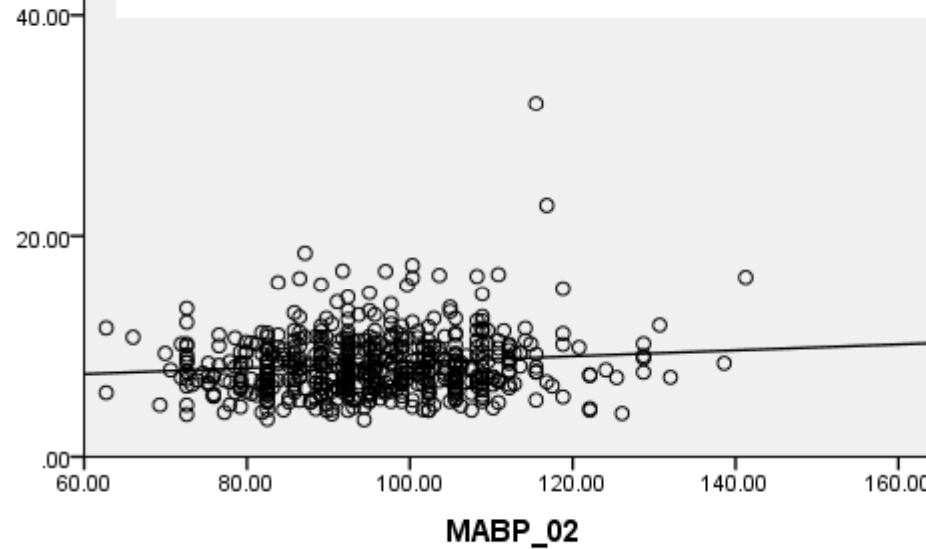
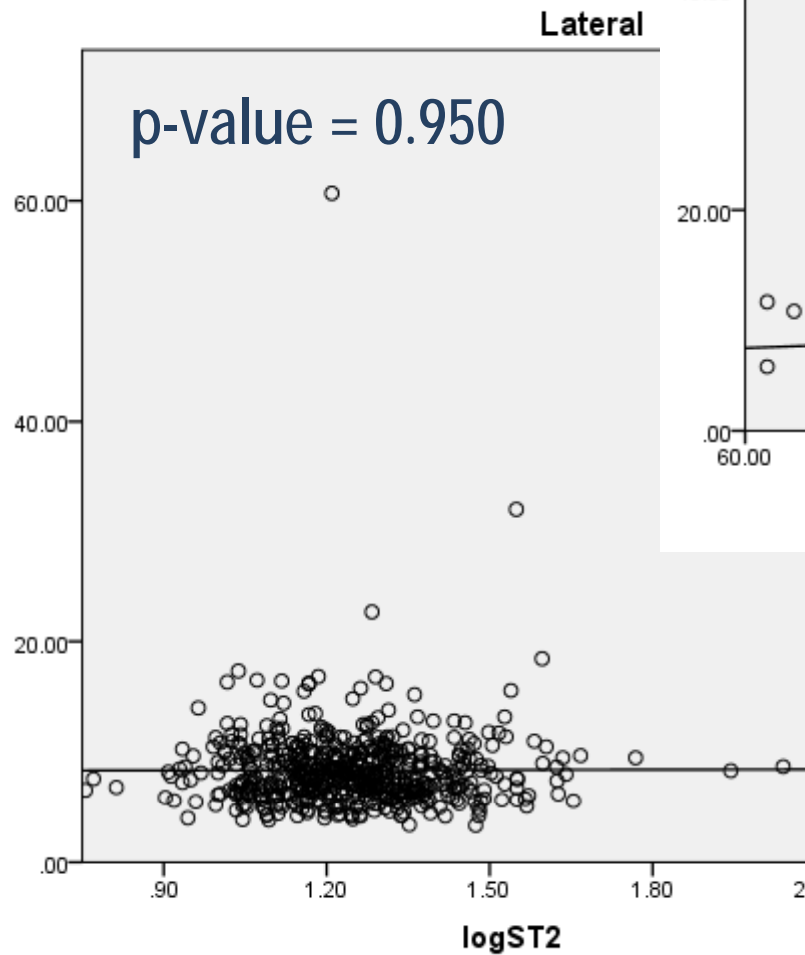
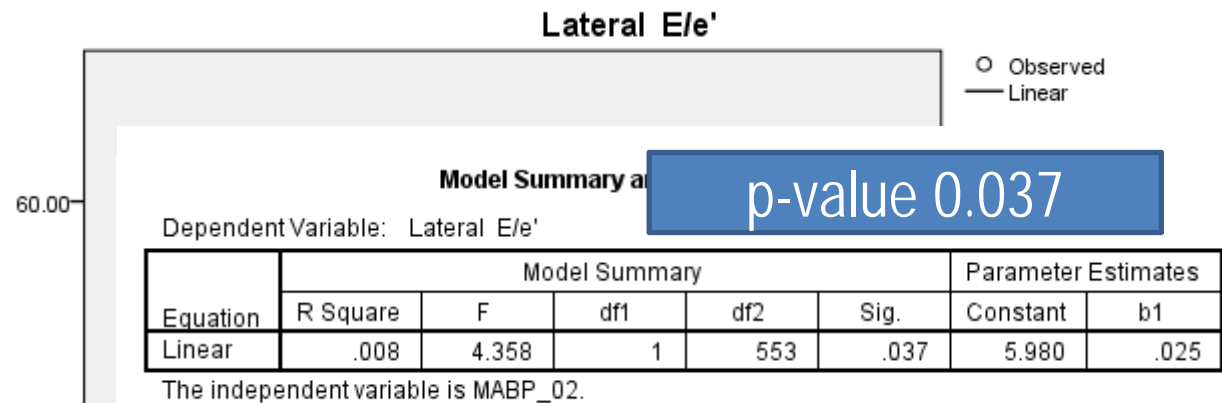
Model Summary and Parameter Estimates

Dependent Variable: RWT

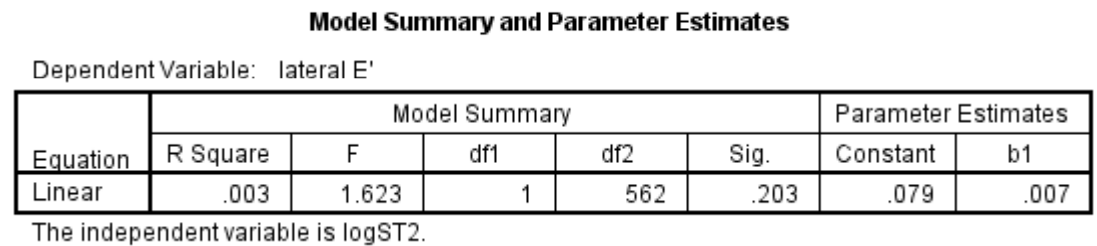
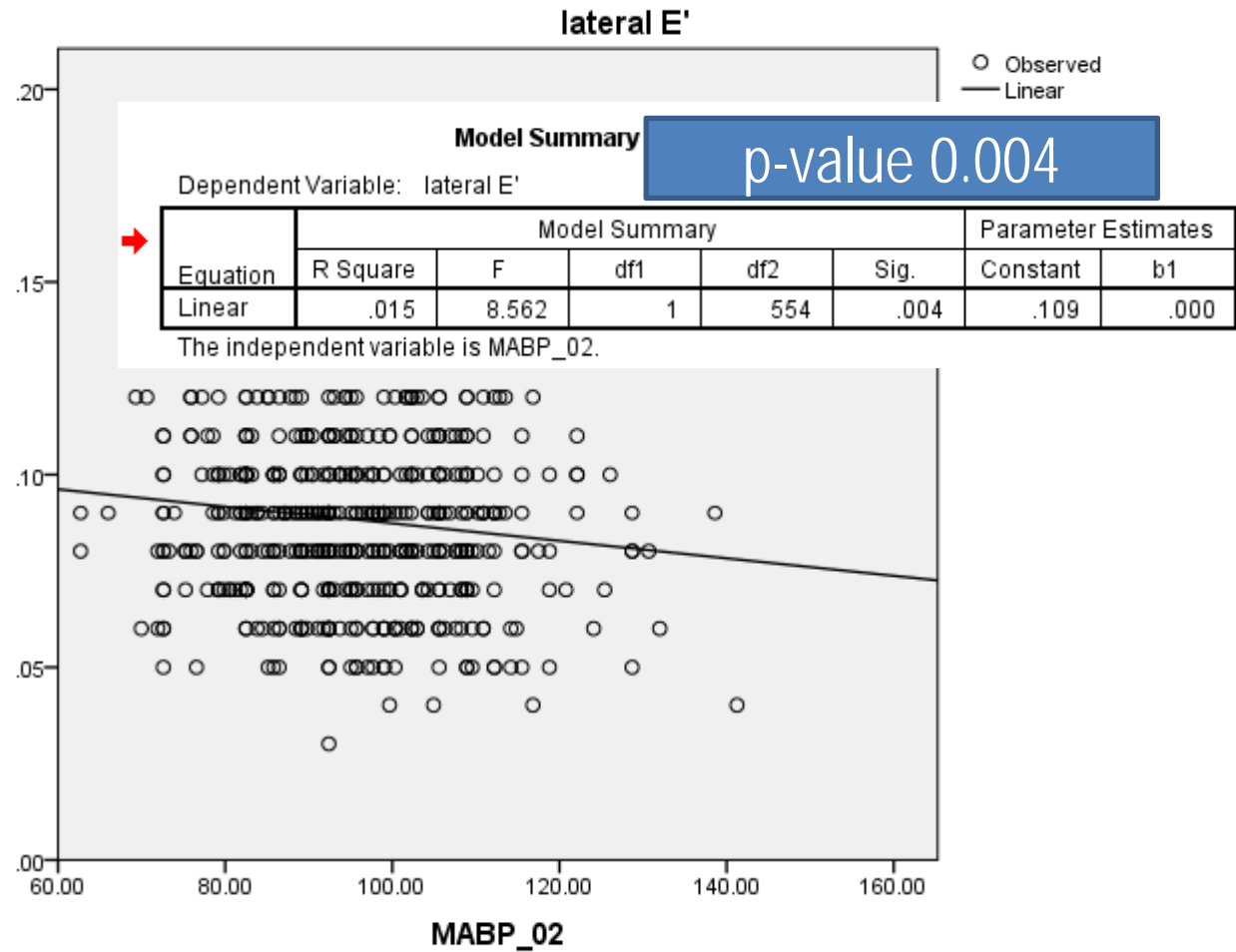
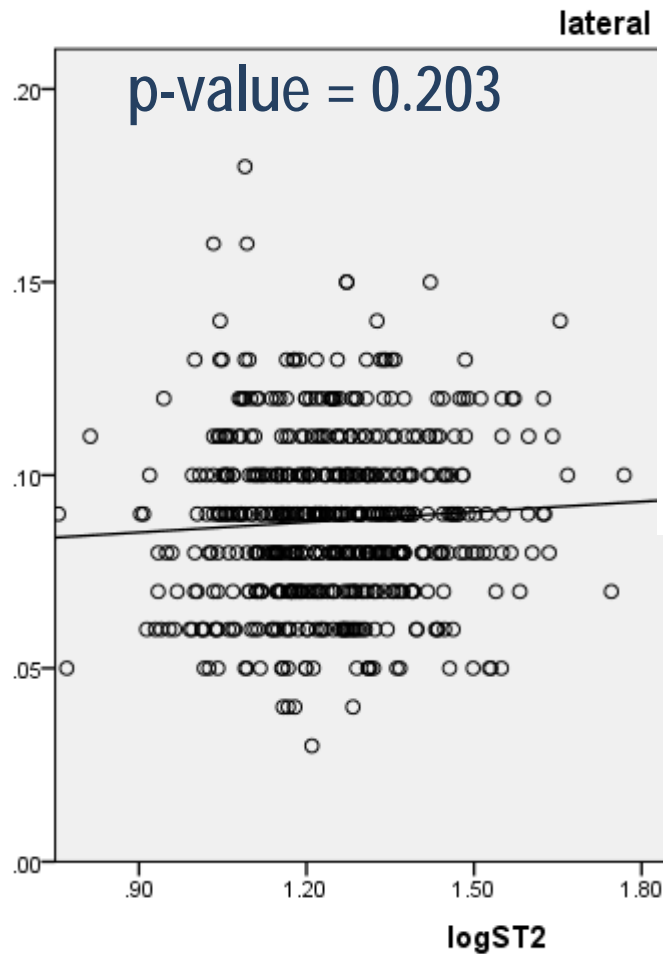
Equation	Model Summary					Parameter Estimates	
	R Square	F	df1	df2	Sig.	Constant	b1
Linear	.004	2.384	1	542	.123	.528	-.048

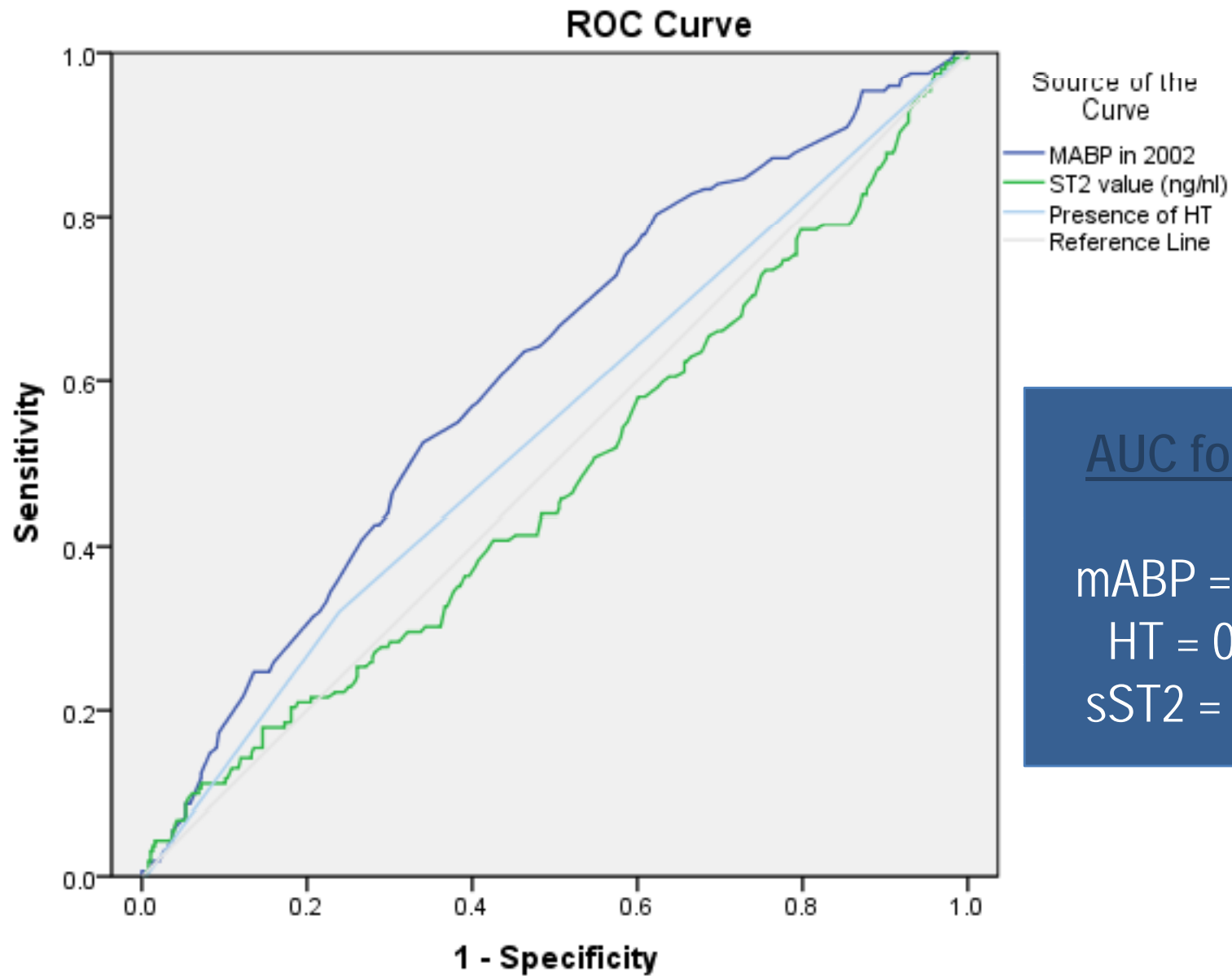
The independent variable is logST2.

Lateral E/e'



Lateral e'





AUC for LVH

mABP = 0.612

HT = 0.540

sST2 = 0.479

Diagonal segments are produced by ties.



Conclusion

- Unlike hypertension, sST2 did not demonstrate its predictive value for left ventricular remodeling in 10 years period of follow-up.