Pentosidine and soluble receptor for advanced glycation end-product (RAGE) are important prognostic factors independent of renal function in heart failure

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Citation
Journal of Cardiac Failure. 14(7): 627-628

Issue Date
2008-09

URL
http://ir.fmu.ac.jp/dspace/handle/123456789/123

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DOI
10.1016/j.cardfail.2008.06.007

Text Version
author
Reply: Letter to the editor

Pentosidine and soluble receptor for advanced glycation end-product (RAGE) are important prognostic factors independent of renal function in heart failure.

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We appreciate receiving a letter to the editor regarding our articles recently published in the Journal of Cardiac Failure (1, 2). In these articles, we have demonstrated that serum levels of pentosidine, one of well defined advanced glycation end-product (AGE), and soluble form of receptor for AGE (sRAGE) are novel markers to predict adverse clinical outcomes in patients with heart failure. Dr. Hartog et al. have pointed out the possibility that serum levels of AGE and sRAGE are affected by renal function. They have suggested to correct our data by estimated GFR calculated from the MDRD formula. It has been previously reported that accumulation of AGE including pentosidine increases with aging, in diabetes mellitus, and chronic renal failure with and without diabetes (3-6). Therefore, we excluded patients with renal insufficiency (creatinine > 2 mg/dl) in our studies. As Dr. Hartog et al. noted, eGFR from the MDRD formula is a prognostic factor in patients with chronic heart failure and systolic dysfunction. We have also reported the importance of renal function in heart failure (7). In our study subjects, serum levels of sRAGE, but not pentosidine, were negatively correlated with eGFR from the MDRD formula (R = 0.42, P < 0.0001), suggesting that sRAGE levels are affected by renal function (supplement data). Then, we re-analyzed our data adjusted for eGFR. As shown in Table, the multivariate Cox proportional hazard analysis revealed that sRAGE (hazard ratio 1.85, 95% confidence interval 1.13 – 3.04, P = 0.014) and pentosidine (hazard ratio 1.53, 95% confidence interval 1.07 – 2.17, P = 0.018) were independent prognostic factors when adjusted for eGFR. These data suggest that pentosidine and sRAGE are independent markers for risk stratification of patients with heart failure.
References


7. Arimoto T, Takeishi Y, Niizeki T, Takabatake N, Okuyama H, Fukui A, Tachibana H,
Table. Results of the multivariate Cox proportional hazard analysis.

<table>
<thead>
<tr>
<th>Variables</th>
<th>chi-square</th>
<th>HR</th>
<th>95% CI of HR</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Log (sRAGE) (per one SD increase)</td>
<td>5.99</td>
<td>1.85</td>
<td>1.13 – 3.04</td>
<td>0.014</td>
</tr>
<tr>
<td>Log (pentosidine) (per one SD increase)</td>
<td>5.58</td>
<td>1.53</td>
<td>1.07 – 2.17</td>
<td>0.018</td>
</tr>
<tr>
<td>Log (BNP) (per one SD increase)</td>
<td>2.39</td>
<td>1.63</td>
<td>0.88 – 3.03</td>
<td>0.122</td>
</tr>
<tr>
<td>eGFR (per one SD increase)</td>
<td>0.74</td>
<td>1.18</td>
<td>0.82 – 1.71</td>
<td>0.391</td>
</tr>
<tr>
<td>NYHA (class III / IV vs. class I / II)</td>
<td>0.28</td>
<td>1.31</td>
<td>0.49 – 3.52</td>
<td>0.598</td>
</tr>
<tr>
<td>EDV (per one SD increase)</td>
<td>0.25</td>
<td>1.11</td>
<td>0.75 – 1.66</td>
<td>0.619</td>
</tr>
</tbody>
</table>

BNP, B-type natriuretic peptide; eGFR, estimated glomerular filtration rate; NYHA, New York Heart Association; EDV, left ventricular end-diastolic volume.

HR, hazard ratio; CI, confidence interval
Log (sRAGE) [log (pg/ml)] vs. eGFR (ml/min/1.73m²)

R = 0.42, P <0.0001
Log (pentosidine) vs. eGFR (ml/min/1.73m²)

R = 0.18, P = 0.054