# Biomarker Discovery for Prediction of Healing vs. Non-Healing Chronic Diabetic Foot Ulcers

#### Matthew Diamond, BPhil Dr. William M. Scholl College of Podiatric Medicine July 13, 2019









## No Conflicts of Interest

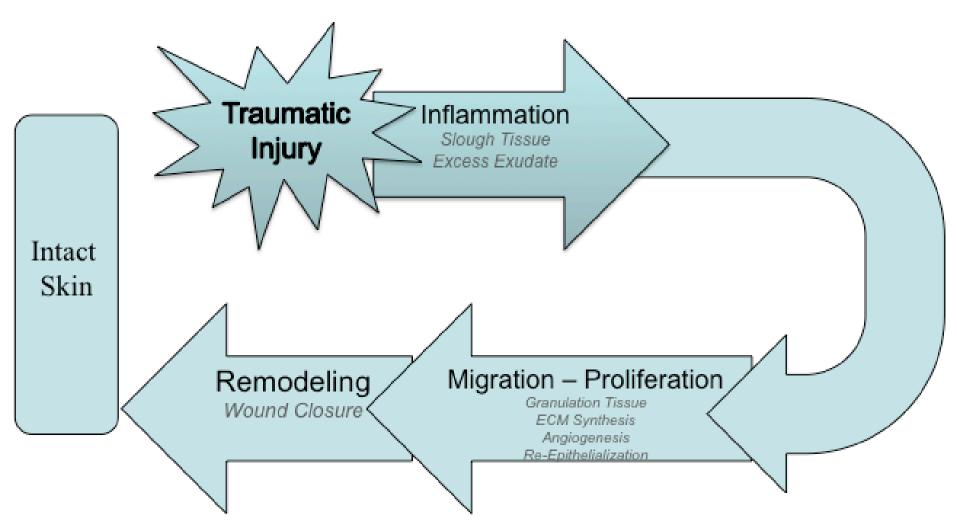


## Diabetic Foot Ulcers (DFU)

- More than 18 million people develop a DFU annually<sup>1</sup>
- DFUs often exhibit impaired healing, increasing chances of infection and/or LE amputation<sup>2,3</sup>
- Approximately 1 in 4 DFUs won't heal within 1 year<sup>4</sup>
- DFU patients have more than double the incremental healthcare costs associated with treatment compared to non-DFU diabetics (\$31,419 v. \$14,536)<sup>5</sup>
- Identification of biomarkers of wound healing in DFU will allow improved clinical diagnosis, prognoses, and targeted treatments



## Wound Healing



#### Recruitment

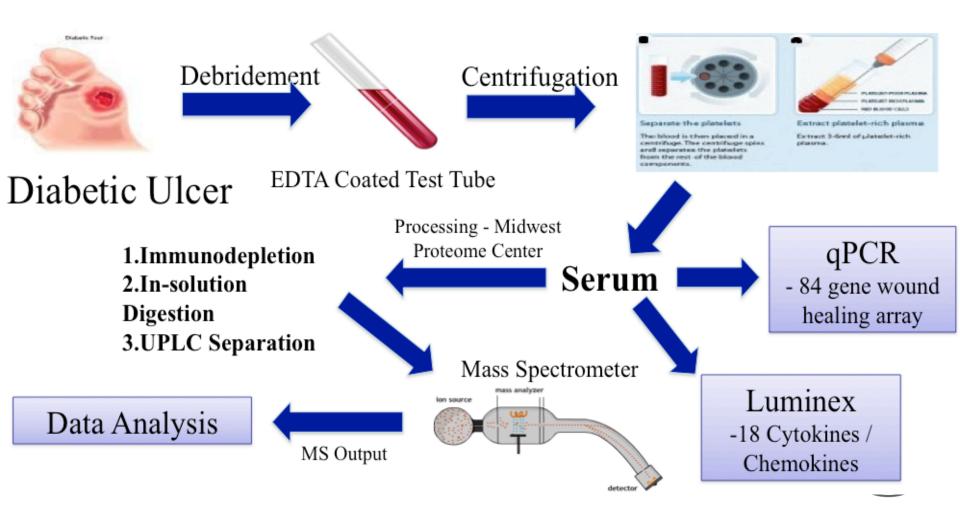
**32 consecutive patients** recruited through a single university health system

Inclusion Criteria: Diagnosed Diabetes Mellitus, peripheral neuropathy, and chronic foot ulcer (>1cm<sup>2</sup> for 4 weeks)

Exclusion Criteria: Infected foot ulcer, untreated osteomyelitis, active Charcot foot, inability to provide inform consent



## Methods



## **Cohort Characteristics**

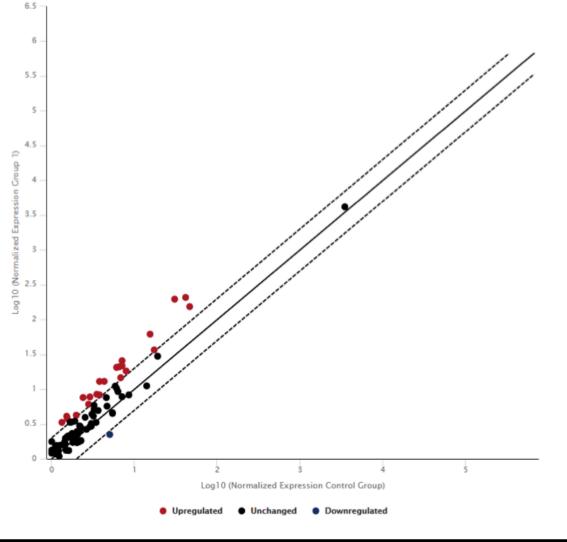
	DM Non-Healers (N = 19)	DM Healers (N = 13)
Males (%)	18 (94.7%)	10 (76.9%)
Age	$55.7 \pm 14.3$	$58.4 \pm 10.9$
BMI	$33.4 \pm 10.0$	36.7 ± 8.2
HbA1C	8.12 ± 2.2	$8.56 \pm 1.9$

Race, Insulin dependency, and tobacco use were also similar between the two groups (data not shown)

Healing status based on a 12-week follow-up period



### **DM Non-Healers v. DM Healer Genetics**



Upregulated:

Actin Cytoplasmic 1 (ACTB)

Beta-2-microglobulin (B2M)

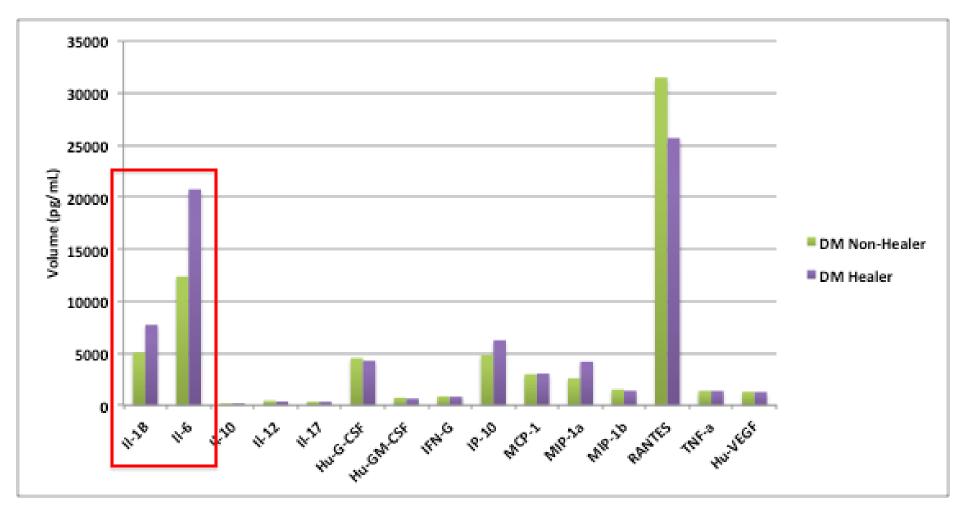
Collagen Alpha-1 (III) Chain (COL3A1)

**Downregulated:** 

Granulocyte-macrophage colonystimulating-factor (CSF2)



#### **DM Non-Healer v. DM Healer Cytokines**



## Mass Spec

Protein	Function	Non-Healer v. Healer
Annexin A1 (ANXA1)	Plays a role in glucocorticoid-mediated down-regulation of the early phase of the inflammatory response.	3.8-fold decrease
C4b-binding protein (C4BP)	Controls the classical pathway of complement activation.	5.1-fold decrease
Neutrophil gelatinase- associated lipocalin (NGAL)	Iron-trafficking protein involved in multiple processes such as apoptosis, innate immunity and renal development.	3.1-fold decrease
Transketolase	Catalyzes the transfer of a two-carbon ketol group from a ketose donor to an aldose acceptor.	12-fold increase

## Conclusions

 Quantitative differences in gene expression and protein levels exist between diabetic nonhealers and healers

 Largest differences were observed in proteins that have been minimally studied in the literature



## Moving Forward...

• Increase sample size to sufficiently power statistical analysis

Include non-diabetic healer and non-diabetic non-healer control analyses



## Acknowledgements

- Marc Glucksman, PhD
- Stephanie Wu, DPM, MSc
- Keith Philibert, MS
- Jacque Ortiz, MA
- Xiaomeng Shao, BS
- Charlie Yang, PhD



## Funding

The project was supported by NIH grants T35DK074390 from the National Institute of Diabetes and Digestive and Kidney Diseases and S10 OD010662 from the Office of the Director, National Institutes of Health.



### References

1.Armstrong, D.G., A.J.M. Boulton, S.A. Bus, et al. 2017.Diabetic foot ulcers and their recurrence.N. Engl. J. Med.376:2367–2375.

2.Prompers L, Huijberts M, Apelqvist J, et al. High prevalence of ischaemia, infec- tion and serious comorbidity in patients with diabetic foot disease in Europe: baseline results from the Eurodiale study. Diabetologia 2007;50:18-25.

3.Lipsky BA, Berendt AR, Cornia PB, et al. 2012 Infectious Diseases Society of Americaclinicalpracticeguidelineforthe diagnosis and treatment of diabetic foot infections. Clin Infect Dis 2012;54(12): e132-e173.

4.Prompers, L., N. Schaper, J. Apelqvist, et al. 2008. Pre-diction of outcome in individuals with diabetic foot ulcers: focus on the differences between individuals with and with-out peripheral arterial disease. The EURODIALE Study.Diabetologia51:747–755.

5.Rice JB, Desai U, Cummings AK, et al. Burden of diabetic foot ulcers for medicare and private insurers. Diabetes Care. 2014;37(3):651-8.

