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# Increased serum mitochondrial creatine kinase activity as a risk for hepatocarcinogenesis in chronic hepatitis C patients

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Serum mitochondrial creatine kinase (MtCK) activity was reportedly increased in cirrhotic patients although less prominent than that in hepatocellular carcinoma (HCC) patients. To elucidate the clinical significance of serum MtCK activity in chronic liver disease, 171 chronic hepatitis C patients were enrolled. Serum MtCK activity in study subjects was correlated with serum albumin, platelet counts, liver stiffness values and serum aspartate and alanine aminotransferase. In mouse fibrotic liver induced by bile duct ligation, ubiquitous MtCK mRNA and protein expressions were significantly enhanced and its immunoreactivity was increased, predominantly in hepatocytes. During the mean follow-up period of 2.7 years, HCC developed in 21 patients, in whom serum MtCK activity was significantly higher than that in patients without HCC development. Multivariate Cox regression analysis revealed that higher serum MtCK activity was a risk for HCC development. A cutoff value of MtCK for the prediction of HCC development was determined as 9.0 U/L on receiver operating characteristics analysis, where area under receiver operating characteristics curve was 0.754, with a sensitivity of 61.9%, a specificity of 92.8% and a high negative predictive value of 94.2%. Cumulative incidence of HCC was significantly higher in patients with serum MtCK activity of >9.0 U/L compared to those with serum MtCK activity of ≤9.0 U/L even in patients with elevated liver stiffness value, >15 kPa. In conclusion, serum MtCK activity may be increased correlatively with the stage of liver fibrosis and hepatocellular damage. Increased serum MtCK activity is an independent risk for hepatocarcinogenesis in chronic hepatitis C patients.

Hepatocellular carcinoma (HCC) is one of the common malignancies worldwide,<sup>1</sup> and the number of patients suffering from HCC is currently increasing in many countries.<sup>2,3</sup> As HCC has a specific feature that it usually develops in the setting of chronic liver injury,<sup>2</sup> especially liver cirrhosis,<sup>4</sup> cancer surveillance, when performed intensively in patients with

chronic liver injury, could lead to HCC detection in its early stage, where biomarkers for HCC may play an important role. Although novel therapies have been developed to prolong survival in patients with advanced HCC, their effects are rather limited,<sup>5</sup> suggesting that the effective way for early detection of HCC is urgently needed. To this end, many attempts have been made to explore a novel biomarker for HCC,<sup>6,7</sup> among which we have recently found that serum mitochondrial creatine kinase (MtCK) activity was increased in patients with HCC. Among two tissue-specific isozymes of MtCK, that is, ubiquitous MtCK (uMtCK) and sarcomeric MtCK (sMtCK), we have found that the increase in serum MtCK activity in HCC patients was mostly owing to uMtCK, not sMtCK.<sup>8</sup> We have further found high expression of uMtCK mRNA in human HCC cell lines compared to normal human liver tissue.<sup>8</sup> Recently, we have reported that high uMtCK expression in HCC denotes a poor prognosis with highly malignant potential.<sup>9</sup> It is worth noting the increased uMtCK expression occurred not only upon malignant changes in the liver, but also in several other malignant tumors such as gastric cancer, breast cancer and lung cancer.<sup>10-13</sup>

In our previous report, we have observed that serum MtCK activity was also increased in patients with liver cirrhosis compared to healthy control although less prominent than in HCC patients.<sup>8</sup> In fact, an elevated serum MtCK

**Key words:** ubiquitous mitochondrial creatine kinase, hepatocellular carcinoma, liver fibrosis

**Abbreviations:** AFP: alpha-fetoprotein; ALT: alanine aminotransferase; AST: aspartate aminotransferase; CT: computed tomography; DCP: des-gamma-carboxy prothrombin; GGT:  $\gamma$ -glutamyltransferase; HCC: hepatocellular carcinoma; HCV: hepatitis C virus; MtCK: mitochondrial isoenzyme of creatine kinase; sMtCK: sarcomeric mitochondrial creatine kinase; uMtCK: ubiquitous mitochondrial creatine kinase

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**What's new?**

Chronic liver injury such as viral hepatitis increases the risk to develop hepatocellular carcinoma (HCC). Here, the authors show that serum mitochondrial creatine kinase activity, a potential new biomarker for progressive liver damage, was increased in patients with chronic hepatitis C virus infection and correlated with the stage of liver fibrosis and hepatocellular damage. Similar results were reproduced in mice after liver damage via bile duct ligation. Notably, high serum mitochondrial creatine kinase activity was an independent risk factor for hepatocarcinogenesis in viral hepatitis patients, underscoring the promise of this new marker in the prediction and possibly pathogenesis of HCC.

activity was previously reported in patients with liver cirrhosis,<sup>14</sup> where MtCK was described as “Macro CK type 2.”<sup>14,15</sup> However, the clinical significance of increased serum MtCK activity in cirrhotic patients has not been clarified yet. In our study, we wondered whether serum MtCK activity might be increased in patients with not only liver cirrhosis but also chronic liver disease, in general, with less fibrosis, and if so, what would be the clinical significance of increased serum MtCK activity in patients with chronic liver disease. To address these questions, we sought to analyze serum MtCK activity in patients with chronic hepatitis C without the presence and the history of HCC.

**Material and Methods****Subjects**

One-hundred seventy-one patients with chronic hepatitis C, who visited the Department of Gastroenterology, The University of Tokyo Hospital, Tokyo, Japan, between January 2010 and April 2011, were enrolled. Chronic hepatitis C was defined as serum anti-hepatitis C virus antibody positivity and a detectable HCV RNA level, having persistent liver damage for more than 6 months, where other causes of liver disease such as hepatitis B and alcohol abuse had been excluded. Patients with HCC at the time of enrollment or with past history of HCC were excluded from this analysis, where HCC was ruled out by ultrasonography, dynamic computed tomography (CT) and/or magnetic resonance imaging. To assess a potential relationship between serum MtCK activity and liver fibrosis, all the enrolled patients undertook liver stiffness measurement.

Our study was carried out in accordance with the ethical guidelines of the 1975 Declaration of Helsinki and was approved by the Institutional Research Ethics Committees of the authors' institutions. In our study, informed consent was obtained for the use of the samples.

**Measurement of MtCK activity**

MtCK activity was measured with an immune-inhibition method using two types of anti-MtCK monoclonal antibodies, that is, an anti-uMtCK monoclonal antibody and an anti-sMtCK monoclonal antibody in addition to an anticreatine kinase-M antibody<sup>16</sup> as described previously.<sup>8</sup> JCA-BM8040 (JEOL, Tokyo, Japan) was used as an automatic analyzer. The regression line of this assay was linear up to at least 1,800 U/L. The minimum detection limit was 1.9 U/L. The

within-run coefficient variations were 3.1 and 0.8% at the mean MtCK activities of 25.7 and 64.4 U/L, respectively. The between-run coefficient variations were 2.3% for both the mean MtCK activities of 24.0 and 59.5 U/L.

**Measurements of other parameters**

Ordinary serum chemistry parameters, albumin, aspartate aminotransferase (AST), alanine aminotransferase (ALT),  $\gamma$ -glutamyl transpeptidase (GGT) and total bilirubin, were analyzed using JCA-BM8040 (JEOL, Tokyo, Japan). Complete blood count examination was performed using XE-5000 (Sysmex, Kobe, Japan). Prothrombin time was measured using ACL TOP (Mitsubishi Chemical Medience, Tokyo, Japan). Alpha-fetoprotein (AFP) and des-gamma-carboxy prothrombin (DCP) were analyzed by a two-site immunoenzymetric assay using ST AIA-PACK AFP (TOSOH, Tokyo, Japan) and Lumipulse Presto PIVKAI (EIDIA, Tokyo, Japan), in automatic analyzers, AIA 2000 (TOSOH) and Lumipulse® PrestoII (FUJIREBIO, Tokyo, Japan), respectively. Liver stiffness was measured using transient elastography (FibroScan 502; EchoSens, Paris, France) as described previously.<sup>17</sup>

**Animals and induction of liver fibrosis**

Liver fibrosis was induced in C57BL/6N mice (CLEA Japan, Japan) by bile duct ligation at 4 weeks after the operation as described previously.<sup>18</sup>

All animals received humane care and the experimental protocol was approved by Animal Research Committee of the University of Tokyo.

**Quantitative real-time polymerase chain reaction**

Total RNA of mouse livers was extracted using TRIZOL reagent (Invitrogen, Carlsbad, CA). One microgram of purified total RNA was transcribed using a Transcriptor First Strand cDNA Synthesis Kit (Roche Diagnostics, Mannheim, Germany). Quantitative real-time polymerase chain reaction (PCR) was performed with a TaqMan Universal Master Mix No AmpErase UNG (Applied Biosystems, Foster City, CA). Mouse uMtCK primers and probe were obtained from Applied Biosystems, TaqMan Gene Expression Assays (Mm00438221\_m1). The samples were incubated for 10 min at 95°C, followed by 40 cycles at 95°C for 15 sec and 60°C for 60 sec. The target gene mRNA expression level was relatively quantified to 18S