

# Increased serum levels of the Wnt antagonist Dickkopf-1 (DKK1) and impaired trabecular bone mineral density using QCT scan in acromegalic patients

Elena Valassi<sup>1</sup>, Iris Crespo<sup>1</sup>, Anna Aulinas<sup>1</sup>, Eulalia Urgell<sup>2</sup>, Jorge Malouf,<sup>3</sup> Jaume Llauger<sup>4</sup>, Ana Maria Marin<sup>3</sup>, Betina Biagetti,<sup>5</sup> Susan M. Webb<sup>1</sup>

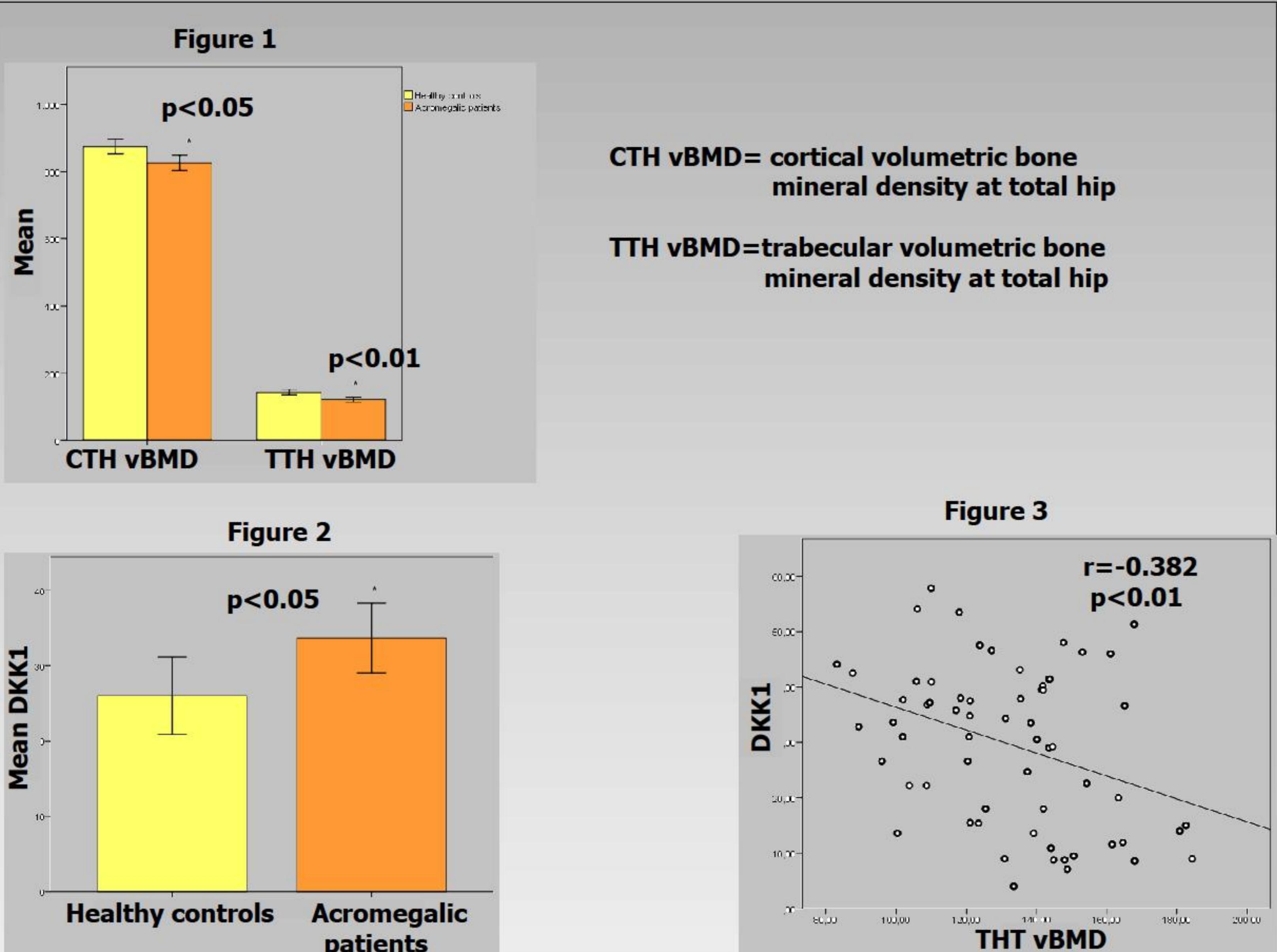
<sup>1</sup>IIB-Sant Pau and Department of Endocrinology/Medicine, Hospital Sant Pau, UAB and Centro de Investigación Biomédica en Red de Enfermedades Raras (CIBER-ER, Unidad 747), ISCIII; Pare Claret 167, 08025 Barcelona, Spain; <sup>2</sup>Department of Biochemistry, Hospital Sant Pau, Barcelona (Spain); <sup>3</sup>Department of Internal Medicine, Bone Mineral Metabolism Unit, Hospital Sant Pau, Barcelona (Spain); <sup>4</sup>Department of Radiology, Hospital Sant Pau, Barcelona (Spain); <sup>5</sup>Endocrinology Department, Hospital Vall d'Hebron

## OBJECTIVES

- To assess volumetric bone mineral density (vBMD) in patients with acromegaly.
- To compare vBMD in patients with acromegaly vs. age-, gender-, and BMI-matched controls.
- To correlate vBMD with the levels of Wnt antagonists, dickkopf-1(DKK1) and sclerostin (SOST).

## METHODS

- Thirty-one acromegalic patients [17 (55%) men; 18 (58%) with active disease; mean age  $48.2 \pm 7.5$  years (range 28-65 years)] and thirty-two age-, gender- and BMI-matched controls.
- Volumetric QCT acquisitions of the proximal hip were performed. (Philips Brilliance CT 16-slice). All the QCT data were processed using QCT-pro Bone Investigational Toolkit Version 2.0 (BIT, Mindways).
- Serum concentrations of DKK1, SOST,  $\beta$ -crosslaps, procollagen type-1 amino-terminal propeptide (P1NP) and osteocalcin were also measured.



## RESULTS

- Both cortical vBMD and trabecular vBMD at the level of total hip (CTH vBMD and TTH vBMD, respectively) were lower in acromegaly than controls (CTH vBMD,  $776 \pm 199.4$  vs.  $937 \pm 346.4$  mg/cm<sup>3</sup>;  $p < 0.05$  and TTH vBMD,  $121.4 \pm 20.6$  vs.  $142.8 \pm 22.8$  mg/cm<sup>3</sup>;  $p < 0.01$ ) (Figure 1).
- P1NP levels were lower ( $41.7 \pm 20.5$  vs.  $51 \pm 21.2$  ng/ml,  $p < 0.05$ ), while DKK1 levels were higher ( $33.7 \pm 12.9$  vs.  $26 \pm 14.8$  pmol/l,  $p < 0.05$ ) (Figure 2) in acromegaly patients compared to controls.
- A negative correlation between DKK1 and TTH vBMD ( $r = -0.382$ ,  $p < 0.01$ ) was observed (Figure 3). A positive correlation between P1NP,  $\beta$ -crosslaps, and SOST with CTH vBMD ( $r = 0.34$ ,  $r = 0.27$ ,  $r = 0.26$ , respectively,  $p < 0.05$ ) was also observed.
- After multiple regression analysis, DKK1 and disease duration were independent, negative predictors of TTH vBMD ( $R^2 = 0.335$ ,  $p < 0.05$ ), whereas female gender was an independent, positive predictor of CTH vBMD ( $R^2 = 0.156$ ,  $p < 0.05$ ).

## CONCLUSIONS

- Acromegaly patients exhibit low vBMD at the level of the total hip compared with healthy controls.
- The Wnt signaling antagonist DKK1 may contribute to the skeletal fragility described in acromegaly.

## REFERENCES:

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- Mazziotti G, Biagioli E, Maffezzoni F et al. Bone turnover, bone mineral density, and fracture risk in acromegaly: a meta-analysis. *J Clin Endocrinol Metab* 2015; 100:384-394

