

# Cross-sectional study to establish the relation between myocardial, skin and serum Advanced Glycation End-products (AGEs) levels

Published: 07-06-2010

Last updated: 04-05-2024

To establish the relation between myocardial, serum and skin AGE levels. To determine the quantitative AGE-levels in myocardial tissue

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Other condition
<b>Study type</b>	Observational invasive

## Summary

### ID

NL-OMON32513

### Source

ToetsingOnline

### Brief title

Myocardial AGEs: a validation study

### Condition

- Other condition
- Heart failures

### Synonym

etiology decompensatio cordis, etiology heart failure

### Health condition

patiënten die op de wachtlijst staan voor CABG en hartklep operaties

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Universitair Medisch Centrum Groningen

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** advanced glycation endproducts, mass-spectrometry, myocard, skin autofluorescence

## Outcome measures

### Primary outcome

The primary end-point of the study will be the relation between myocardial, skin and serum AGE levels.

### Secondary outcome

The secondary study parameter will be the quantitative measurement of myocardial AGE-levels.

## Study description

### Background summary

Advanced glycation end product (AGE) accumulation is found throughout the body. Through formation of collagen cross-links, AGEs play a role in the pathophysiology of several different diseases. AGE accumulation has been accurately measured in tissue biopsies of the skin with gas chromatography mass spectrometry (GC-MS) but in human myocardial tissue, AGE accumulation has only been roughly measured with immunostaining. In addition, AGE accumulation in both skin and serum has never been compared to AGE accumulation in myocardial tissue. Increased AGE accumulation in skin tissue and serum have shown a correlation with decreased left ventricular systolic and diastolic function, but it has never been established if the decreased heart function is the result of increased AGE accumulation in myocardial tissue.

### Study objective

To establish the relation between myocardial, serum and skin AGE levels.

To determine the quantitative AGE-levels in myocardial tissue

## **Study design**

In this cross-sectional study we will include patients admitted for CABG or heart valve surgery. Patients will be screened from the waitinglist for open heart surgery. Patients will be informed by telephone about the presence of this study. Patients will be written informed about the purpose, the study design, study duration, risks, and the consequences of preliminary ending of the study.

Patients will receive at least one week to think about the participation to the current research. If they are willing to participate, patients will be asked to sign written informed consent.

As usual, the patients will be admitted the day before surgery, followed by collection of blood, physical examination, non-invasive measurement of skin autofluorescence and an echocardiographic examination.

Myocardial and skin biopsies will be taken by the surgeon during the open heart surgery. The myocardial biopsies will be taken from the apex and the sternum of the left ventricle. The skin biopsy will be taken from the sternal skin alongside the surgical cutting line.

At any time during the study patients are allowed to stop their participation without any consequences. Medical care will resume normally.

## **Study burden and risks**

Patients will be examined during their admission at hospital, which does not require an extra hospital visit. The examination will take about 30 minutes.

Patients will be physically examined by the research physician and asked at the current condition, followed by collection of blood and measurement of the skin AGE-levels by skin autofluorescence. All these measurements, apart from the blood collection, are non-invasive and poses no additional risk.

During surgery, the surgeon will take two myocardial biopsies and one skin biopsy. This poses a limited additional risk. Myocardial biopsy is performed regularly and provides the risk of perforation and bleeding. The risks of skin biopsy include bleeding, infection and formation of scar tissue.

## **Contacts**

### **Public**

Universitair Medisch Centrum Groningen

Hanzeplein 1

9700 RB Groningen  
Nederland  
**Scientific**  
Universitair Medisch Centrum Groningen

Hanzeplein 1  
9700 RB Groningen  
Nederland

## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

- significant coronary artery disease requiring CABG and/or severe valvular disease requiring valve surgery.

### Exclusion criteria

- Fitzpatrick type V and VI skin colour
- Sustained/accepted atrial fibrillation
- Active pericarditis, endocarditis or myocarditis
- Severe myocardial fibrosis and/or hypertrophy
- history of heart transplantation

## Study design

## Design

**Study type:** Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Basic science

## Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 28-01-2010

Enrollment: 10

Type: Actual

## Ethics review

Approved WMO

Application type: First submission

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

**Register**

CCMO

**ID**

NL30674.042.09