IV International Symposium of the Belgian Society of Clinical Chemistry

Joint Meeting with the Societies of Austria, France, Germany, Luxemburg, The Netherlands and Switzerland

Birugge - May 26-28, 1988

ABSTRACT OF PRESENTATION

Please type your abstract within this space, do not use block capitals

(please give initials of first author after name)

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Title:

Evaluation of serum neuron specific enolase in neuroendocrine and non-endocrine tumors

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Text:

Neuron specific enolase (NSE) is a form of the glycolytic enzyme enolase, localized mainly in APUD cells and neurons. The clinical relevance of this marker has been assessed in healthy volunteers and in various clinical conditions: neuroendocrine tumors, nonendocrine cancers and benign diseases. In some cases of cancer, NSE levels were controlled after therapy.

Nº NSE° Study Group NSE >12,5ng/ml >25ng/ml 2 2 (100%) 2 Gastrinomas Gut carcinoids 3 3 3 Neuroblastomas (NB) 5 (83%) Small cell lung carcinomas (SCLC) 9 (75%) 6 12 Non small cell lung 25 6 (24%) 3 cancers 0 19 1 (5%) - without metastasis 3 5 (80%) - with metastasis 6 Other cancers 1 without metastasis 52 6 (11%) 8 32 14 (43%) with metastasis 4 (8%) 0 46 Benign diseases 0 38 Controls

O Upper limit of the normal range Among 66 cases controlled after therapy, a significant decrease of NSE levels was observed in 36% of patients within 4 days after surgery and seemed associated with a response to radio or chemotherapy. In patients with SCLC and NB, NSE levels tended to correlate with extent of disease. This correlation was not found as clearly in the other cancers despite the more frequent elevation of the values observed in cancers with metastatic diffusion. Moreover, no correlation was observed between NSE levels and locations of nonendocrine tumors. That results a low specificity of this marker in neuroendocrine tumors; regarding other metastatic tumors, whatever the descriminative threshold value which is considered.

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Public'doen: 6-7. Nucl. A.d. 1985, 10 pp. 75-76. J. Cl. chem. and. Cl. Biochuer, 1988, 26, 5 ph 284.