

# The PReclampsia Early Determination for Intervention, Cure, and Therapeutics by Vasopressin (PREDICTV) Study

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# What is Preeclampsia?

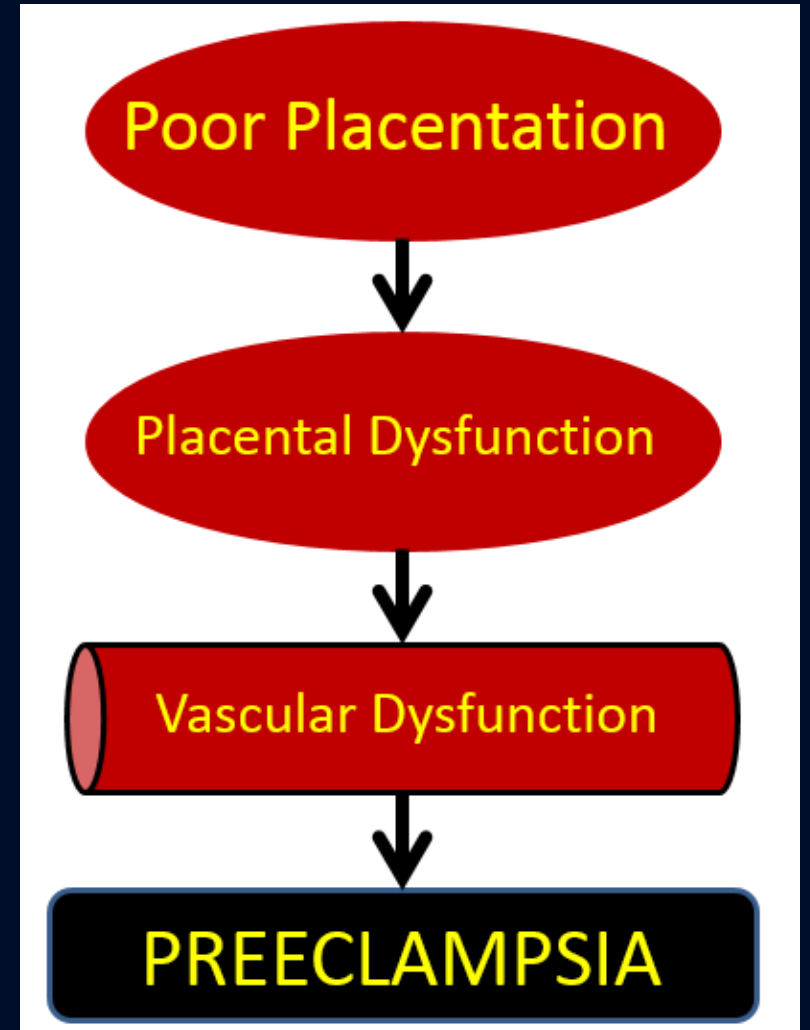
- Pregnancy Complication
- Symptoms
  - Headaches/Blurred Vision
  - High Blood Pressure
  - Kidney Damage
- Health Issues
  - For Child and Mother
  - Eclampsia
  - HELLP
- 20 weeks into gestation – 6 weeks postpartum



26 Weeks  
0.5 Pounds  
Delivered due to  
Severe Preeclampsia

# What is PreE? Cont'd

- Diagnosis
- No Known Treatment
- No Known Direct Cause
- Biomarkers Aid in Detection

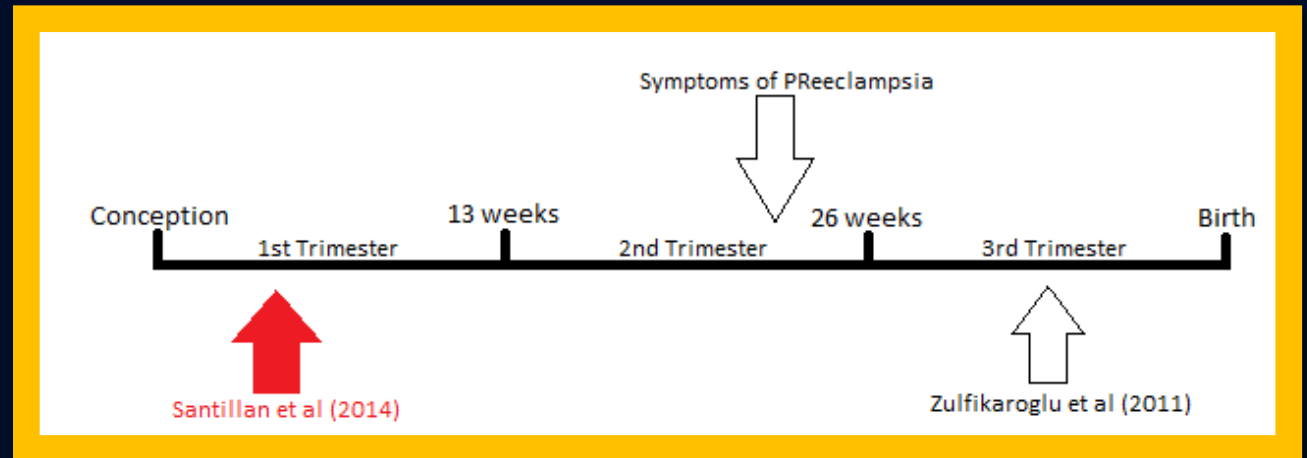


# What are Vasopressin & Copeptin?

- Previous Research (Morgenthaler et al, 2006)
  - Vasopressin
    - Hormone
    - Not stable
  - Copeptin
    - Protein
    - Surrogate biomarker of Vasopressin
- High levels Vasopressin/Copeptin in Preeclamptic Women (Zulfikaroglu et al, 2011)

# Why Copeptin?

- Statistically Significant in the First Trimester (Santillan et al, 2014)
  - Sensitivity
  - Specificity
  - Positive Predictive Value
  - Negative Predictive Value
- Additional Benefits
  - Easy to Measure
  - Early Detection
  - Cheap
  - Simple Blood Test



# Why Study Preeclampsia?

- One of the Leading Causes of Death in Pregnancy
  - Mother and Child
  - 100,000 and 500,000 deaths respectively each year
  - 5-10% pregnancies affected
- **Delay in diagnosis caused 92% of deaths (Snydal, 2014)**
- If early detection is possible...
  - Helps decrease mortality and complications

# Objectives

- What factors play a role in Preeclampsia?
  - Race
  - Diabetes
  - Multiple Gestation
  - Age
  - BMI
  - History of Preeclampsia
- What level of plasma copeptin is a good classifier of Preeclampsia?
- Can urine samples be a good measure early Preeclampsia detection?
  - More Efficient
  - Cheaper → Home Tests



# What is Logistic Regression?

- The response variable is dichotomous (success; failure)
  - Preeclamptic or Non Preeclamptic
- Estimates the probability of success ( $\pi$ )
  - 1 = success; 0 = failure
- Logit:
  - Log of the Odds of success =  $\log\left(\frac{\pi}{1-\pi}\right) = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_n X_n = \text{logit}(\pi)$
  - Logit linearizes the problem

# Logistic Regression Cont'd

- How is the logit used in fitting a logistic regression model?

- $\text{logit}(\pi) = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_k X_k \rightarrow \frac{e^{\text{logit}(\pi)}}{1 + e^{\text{logit}(\pi)}} = \pi$

- $\pi = \frac{e^{\beta'X}}{1 + e^{\beta'X}}$

- Three Components for a Logistic Regression Model:

1. Data:

- Number of successes in total number of observations
- Has predictors

2. Randomness:

- Trials are independent
- Depends on the Bernoulli distribution

3. Fixed:  $\frac{e^{\text{logit}(\pi)}}{1 + e^{\text{logit}(\pi)}}$

# Coefficients

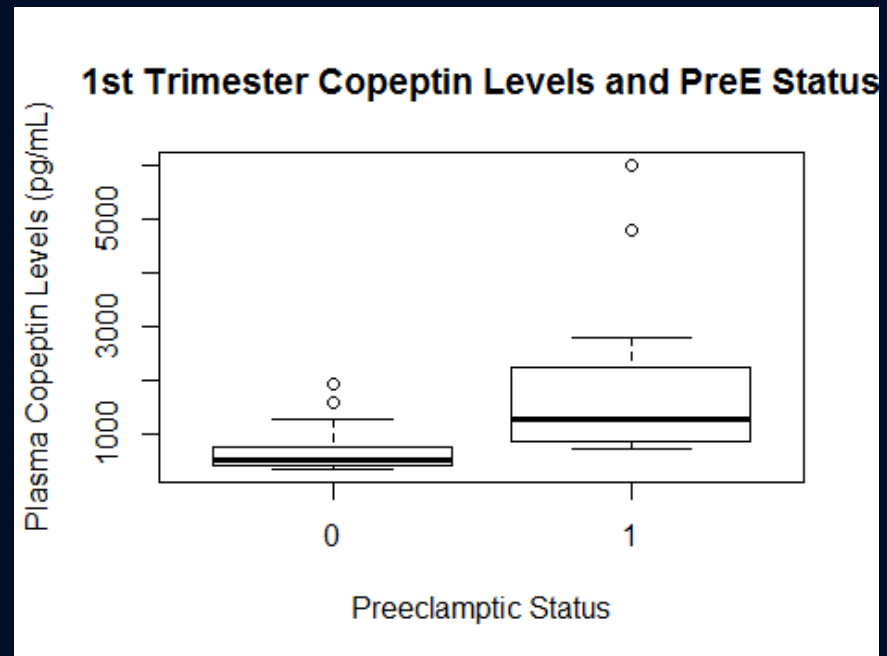
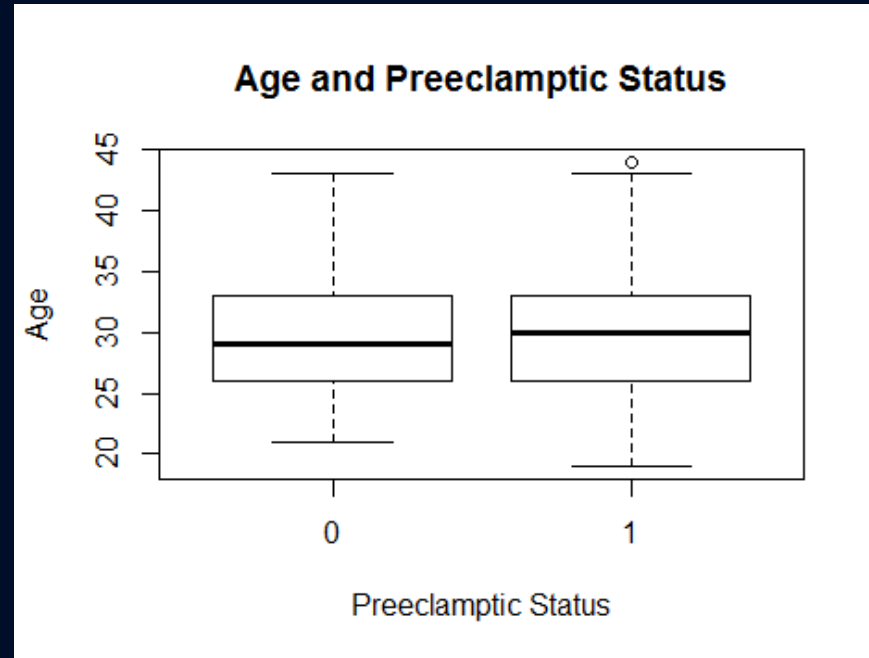
- $\text{Log}(\text{odds of success}) = \text{logit} = \beta_0 + \beta_1 X_1$ , where  $X_1 = 0$  or  $1$ 
  - If  $X_1 = 0$ ,  $e^{\beta_0} = \text{odds of success}$
  - If  $X_1 = 1$ ,  $e^{\beta_0 + \beta_1} = \text{odds of success}$
- $\text{Log}(\text{odds of success}) = \text{logit} = \beta_0 + \beta_1 X_1$ , where  $X_1$  is continuous
  - If  $X_1$  increases by 1,  $(e^{\beta_0 + \beta_1 X_1})(e^{\beta_1}) = \text{odds of success}$

# Data

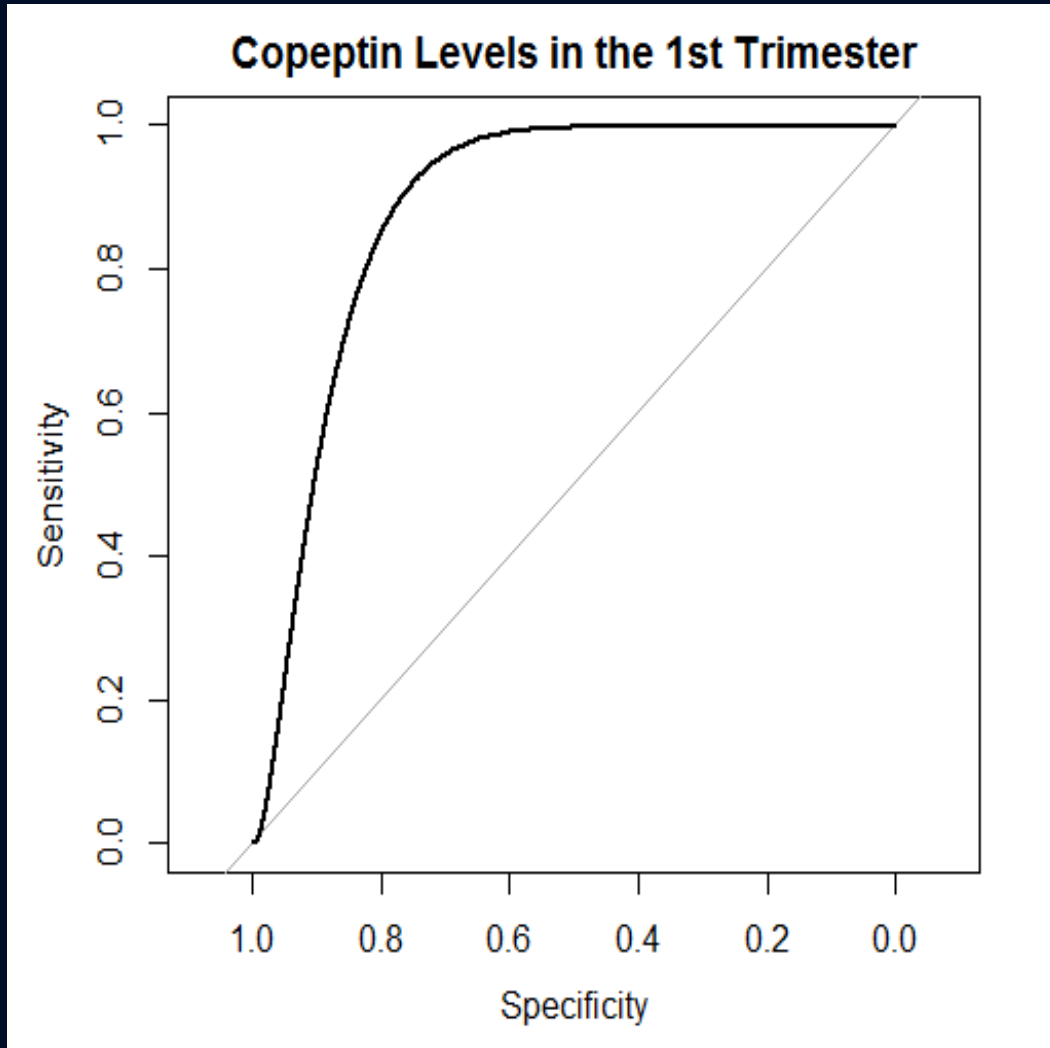
- Cohort of 104 women (Preeclamptic and nonpreeclamptic)
  - 68 Prognostic Variables
    - Univariate analysis
  - Success = Having Preeclampsia

# Results

- Variables not Significant:
  - BMI
  - Age
  - Multiple Gestation
  - Race
  - Diabetes
- Significant Variables:
  - Copeptin
  - History of Preeclampsia



# Results



$$\text{Logit}(\pi) = -3.19 + 0.003 * \text{Copeptin}$$

- As copeptin level increases by 100, then the probability of getting preeclampsia increases by ~2%

Copeptin Level: 811 pg/mL

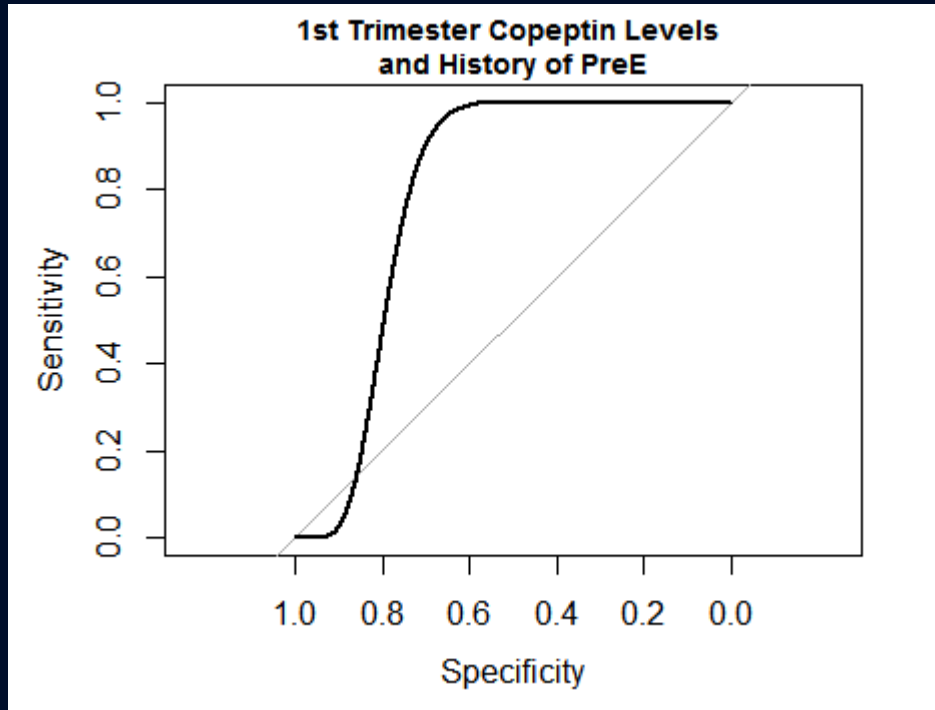
Specificity: 0.81

Sensitivity: 0.94

AUC: 0.90

# Results

$$\text{Logit}(\pi) = -4.21 + 0.005 * \text{Copeptin} - 3.23 * \text{History}$$

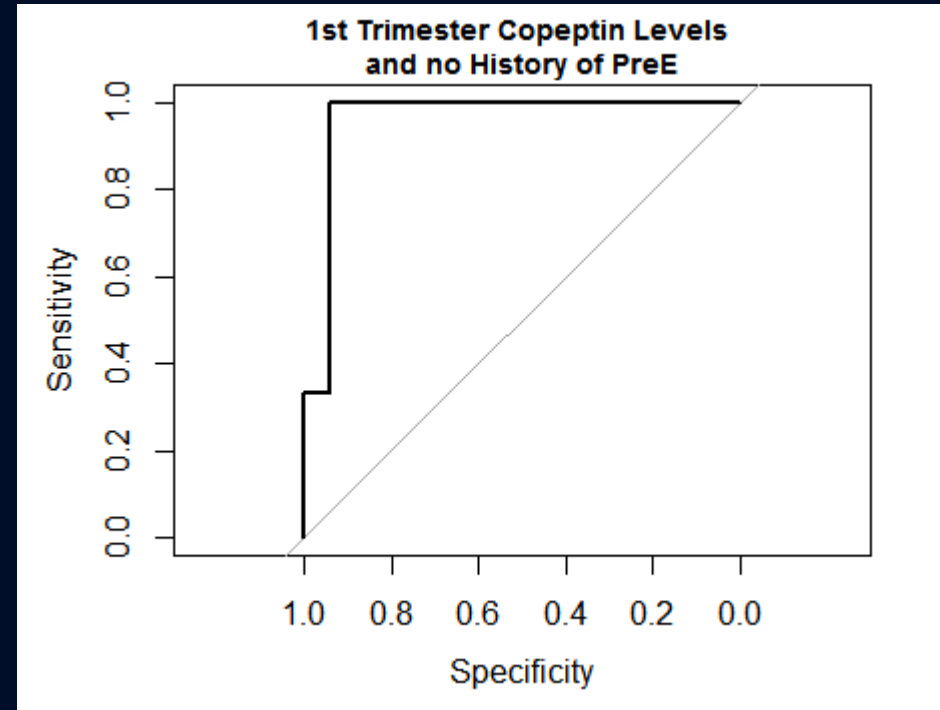


**With History of Preeclampsia:**

As copeptin level increases by 100, then the probability of preeclampsia increases by 0.06%

AUC: 0.85

Copeptin Level with History: 1138 pg/mL



**Without History of Preeclampsia:**

As copeptin level increases by 100, then the probability of preeclampsia increases by 3%

AUC: 0.963

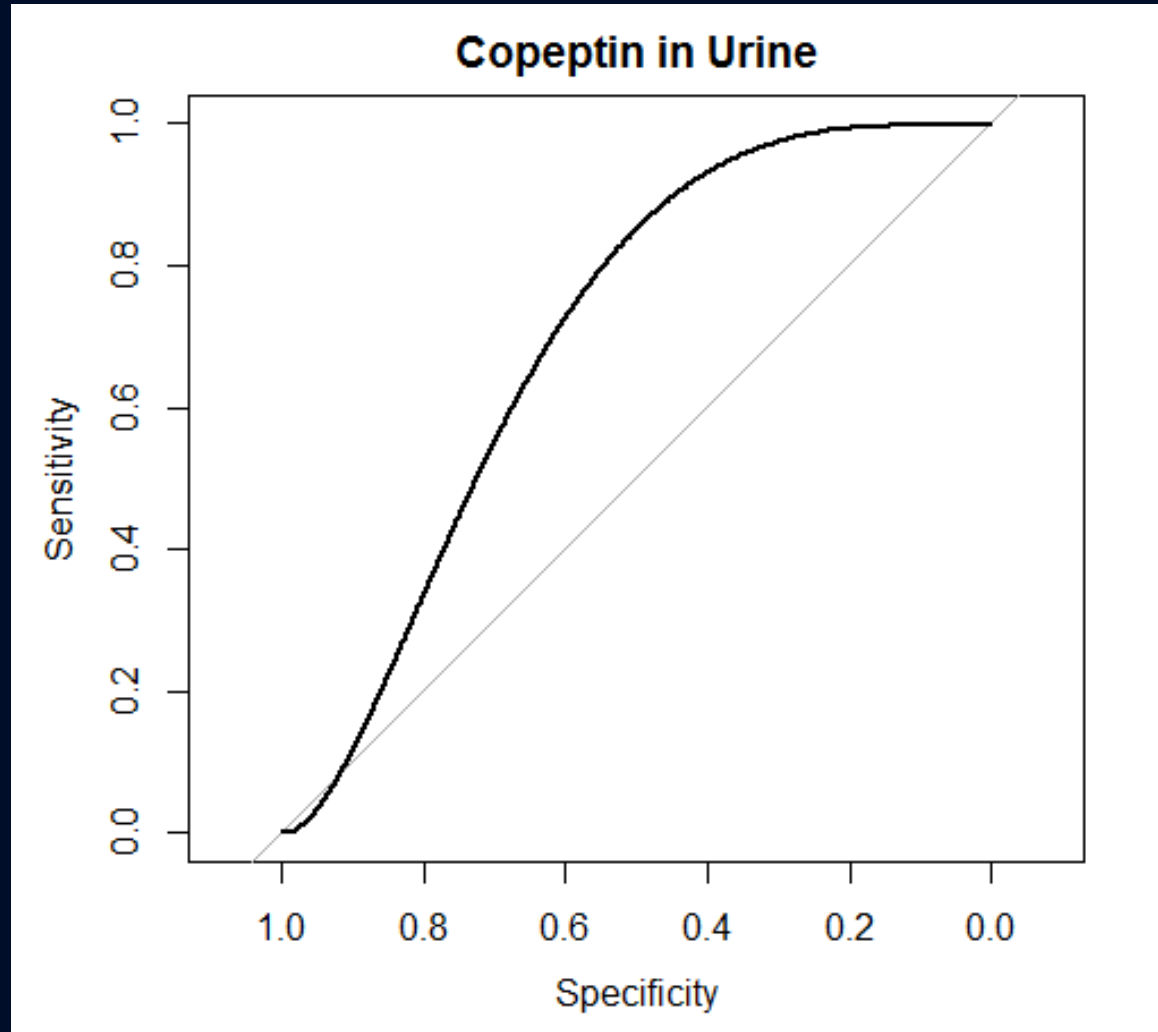
Copeptin Level without History: 684 pg/mL

# Data

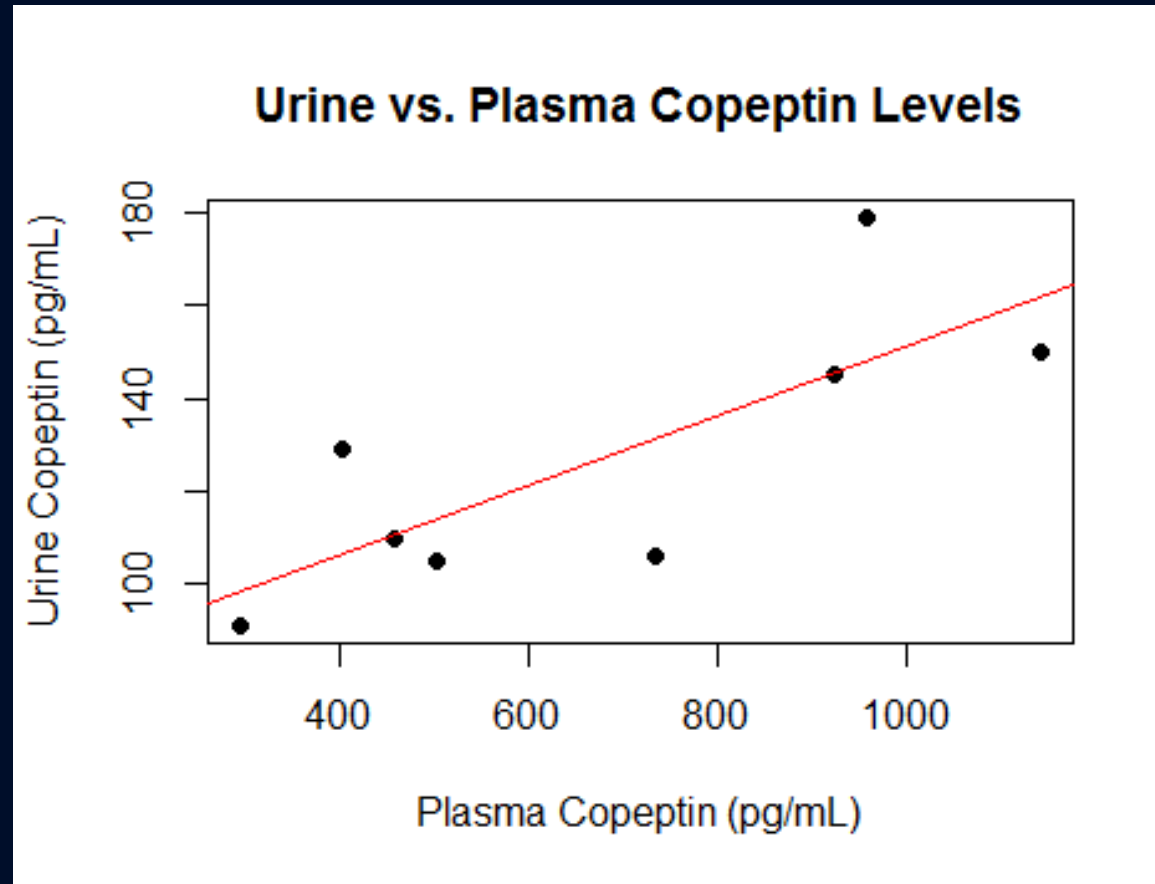
- Cohort of 8 women (Preeclamptic and nonpreeclamptic)
  - Urine and plasma copeptin levels
  - Interested in finding relationship between Plasma and Urine Copeptin



# Results



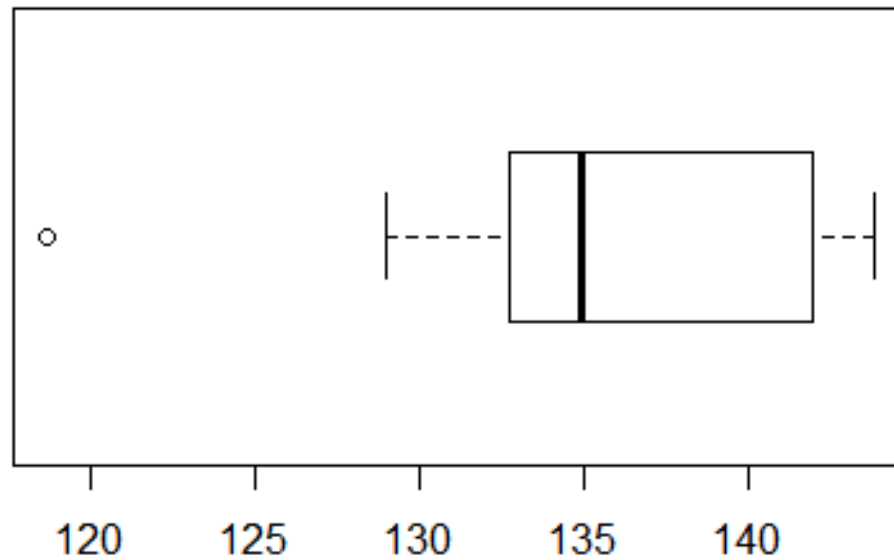
# Results



Urine Copeptin= 76.2 + 0.07\*Plasma Copeptin  
 $t_7=3.041$ ;  $p=0.0228$ ;  $R\text{-sq}=0.6065$

# Results

Predicted Urine Copeptin Levels (pg/mL)



Predicted Urine Copeptin Levels (pg/mL)

Monte Carlo simulation

Median = 134.9 pg/mL

Mean = 134.8 pg/mL

# Discussion/Conclusion

- **Conclusions**

- History of PreE and 1<sup>st</sup> Trimester Copeptin levels
  - ~800 pg/mL
- Urine Copeptin
  - ~130 pg/mL
  - Could be used as an at-home diagnostic test

- **Limitations**

- Small sample size
- Lack of diversity
- Lack of studies involving plasma and urine copeptin



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