

Adult Collagen X Fracture Biomarker Levels Demonstrate Early Peak After Fracture to Match Preclinical Model

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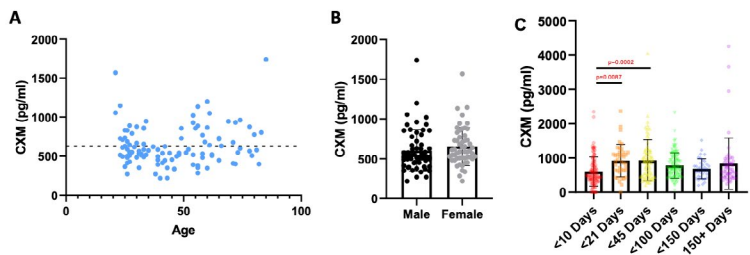
Purpose: There exists no validated method to quantify biologic fracture healing. Many fractures heal via callus and a cartilage intermediate. Collagen X (ColX) is expressed during cartilage-to-bone transformation, providing a diagnostic opportunity. A published preclinical murine fracture model (novel validated sandwich ELISA [enzyme-linked immunosorbent assay]-based assay: "CXM") demonstrates early gene expression (day 7) after fracture, a delayed serum CXM peak (day 14), and supportive immunohistochemistry staining (ColX). Here we present preliminary CXM data from an adult fracture observational cohort.

Methods: After IRB approval, patients presenting within 14 days (isolated fracture) were approached. Dried blood spots (DBS) were collected from lancet / fingerprick via protein cards (injury / 2 / 6 / 12 weeks, all other visits). DBS sampling involved 3.1-mm punch in duplicate, +250 mL of sample diluent, and overnight extraction (4C) before assay. Fracture patients required 3 samples for analysis. We expected a sharp early peak followed by resolution to match our preclinical model. Healthy volunteers were also assayed.

Results: Healthy controls: 113 patients; no difference between baseline CXM in men and women (603.3 pg/mL, n = 59 vs 653.5 pg/mL, n = 54; $P = 0.29$) nor by age ($P = 0.24$, $r = 0.11$). Adult fracture cohort: 110 of 160 produced 3 sequential samples for analysis (424 samples, median days from fracture = 43, maximum 597, median age 48.5 years [range, 19.7-83.2]; 60 of 110 [54.5%] male). Samples were binned by days from fracture: 0-9, 10-20, 21-44, 45-99, 100-149, and 150+. There was a significant difference between samples at 10 to 20 days ($P = 0.0087$) and samples at 21 to 44 days ($P = 0.0002$) compared to 0 to 9 days, signifying an early CXM spike post-fracture.

Conclusion: CXM levels in humans demonstrate an early peak post-fracture, matching published preclinical findings, providing an opportunity to develop a biomarker for adult fracture care. Future efforts remain focused on cohort expansion to account for broad heterogeneity in an adult fracture population.

FIGURE 1: CXM LEVELS IN ADULTS



CXM in healthy adults: (A) No correlation between age and CXM levels ($r=0.112$, $p=0.241$). (B) No statistically significant difference between CXM levels between males and females ($p=0.287$).

CXM in adult fracture patients: (C) Significant differences found in CXM magnitude between samples from 0-9 days after fracture to both 10-20 day samples and 21-44 day samples, illustrating expected spike in CXM response.

The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical device he or she wishes to use in clinical practice.