

# TISSUE FACTOR and GULF WAR-ASSOCIATED CHRONIC COAGULOPATHIES

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Project Update  
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on Gulf War Veterans' Illnesses  
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## VA FUNDING

- **“Tissue Factor and Gulf War-Associated Chronic Coagulopathies”**  
VHA ORD Request for Proposals:  
Research Directed to Understanding Illnesses Affecting Gulf War Veterans  
(04/01/2006 to 03/31/2008)
  
- **“Gulf War-Associated Chronic Coagulopathies: Tissue Factor, Coagulation, and Immune System Activation”**  
Service-Directed Gulf War Supplemental Project  
(04/01/2008 to 9/30/2009)

## **STUDY GOAL**

Identify biomarkers  
specific for  
Gulf War Illness (GWI)

## **BACKGROUND: BLOOD COAGULATION & GWI**

- **Previous work has suggested the possibility of a hyperactive coagulation system in veterans with GWI.**

(Blood Coagulation & Fibrinolysis, 2000, 11:673-678)

- **What could cause such a coagulopathy?**

## **BACKGROUND:**

### **WHAT INITIATES BLOOD CLOTTING?**

- **Tissue factor (TF) is the biological initiator of blood coagulation.**
- **Expression of TF procoagulant activity (PCA) is essential for normal hemostasis.**
- **Abnormal expression of TF PCA is a trigger for thrombosis: heart attacks, strokes, and disseminated intravascular coagulation.**

## **STUDY PARTICIPANTS:**

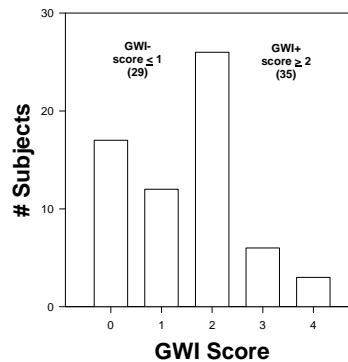
### **MN Veterans of the Gulf War**

(Operations Desert Shield and Desert Storm: August 2, 1990-July 31, 1991)

- **Recruitment:** Randomly selected from the Persian Gulf War Registry
- **Enrollment rate:** 15%
- **# Subjects :** 64
- **Sex:** 89% Male (57)  
11% Female (7)
- **Age:** 47.8±9.5 years
- **Age Range:** 36-72 years

## **GWV SCORING (chronic symptoms)**

- Fatigue
- Pain
- Inflammation
- Cognitive Problems



## **BLOOD ANALYSIS I: Intravascular TF PCA**

- Purify monocytes and platelets from EDTA-anticoagulated blood.
- Quantify the TF PCA associated with isolated monocytes and platelets in a clot-based functional assay.

## BLOOD ANALYSIS II:

### Coagulation End-Products

(Plasma Levels Determined by ELISA)

- Thrombin-Antithrombin Complex
- D-dimer (a degradation product of cross-linked fibrin)

## CONCLUSIONS

- The increase in platelet<sup>TF PCA</sup> coupled with the decrease in monocyte<sup>TF PCA</sup> is **indirect evidence** of coagulation system activation in the GWI+ group.
- The higher level of thrombin-antithrombin complex is **direct evidence** of coagulation system activation in the GWI+ group.
- Both results support the hypothesis that GWI is a hypercoagulable state.

## BLOOD ANALYSIS III: Proteomics Screen for Additional Plasma Proteins Abnormalities

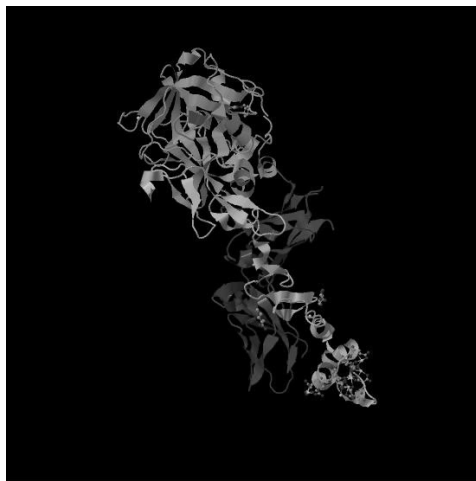
- Quantify plasma levels of 89 antigens with a focus on inflammation-related proteins.
- Analyses were performed by:  
Rules Based Medicine, Austin TX.

### RBM HumanMAP® Antigens, version 1.6

- |                              |                       |                                |
|------------------------------|-----------------------|--------------------------------|
| ■ Adiponectin                | ■ Growth Hormone      | ■ MIP-1 beta                   |
| ■ Alpha-1 Antitrypsin        | ■ Haptoglobin         | ■ MMP-2                        |
| ■ Alpha-Fetoprotein          | ■ Immunoglobulin A    | ■ MMP-3                        |
| ■ Alpha-2 Macroglobulin      | ■ Immunoglobulin E    | ■ MMP-9                        |
| ■ Apolipoprotein A-1         | ■ Immunoglobulin M    | ■ MCP-1                        |
| ■ Apolipoprotein C-III       | ■ Insulin             | ■ Myeloperoxidase              |
| ■ Apolipoprotein H           | ■ IGF-1               | ■ Myoglobin                    |
| ■ Beta-2 Microglobulin       | ■ ICAM-1              | ■ PAI-1                        |
| ■ BDNF                       | ■ Interferon-gamma    | ■ PAPP-A                       |
| ■ C-Reactive Protein         | ■ Interleukin-1 alpha | ■ PSA, Free                    |
| ■ Calcitonin                 | ■ Interleukin-1 beta  | ■ Prostatic Acid Phosphatase   |
| ■ Cancer Antigen 19-9        | ■ Interleukin-1 ra    | ■ RANTES                       |
| ■ Cancer Antigen 125         | ■ Interleukin-2       | ■ Serum Amyloid P              |
| ■ Carcinoembryonic Antigen   | ■ Interleukin-3       | ■ SGOT                         |
| ■ CD40                       | ■ Interleukin-4       | ■ Sex Hormone Binding Globulin |
| ■ CD40 Ligand                | ■ Interleukin-5       | ■ Stem Cell Factor             |
| ■ Complement 3               | ■ Interleukin-6       | ■ Thrombopoietin               |
| ■ CK-MB                      | ■ Interleukin-7       | ■ Thyroid Binding Globulin     |
| ■ Endothelin-1               | ■ Interleukin-8       | ■ Thyroid Stimulating Hormone  |
| ■ Eotaxin                    | ■ Interleukin-10      | ■ Tissue Factor                |
| ■ Epidermal Growth Factor    | ■ Interleukin-12 p40  | ■ TIMP-1                       |
| ■ ENA-78                     | ■ Interleukin-12 p70  | ■ Tumor Necrosis Factor-alpha  |
| ■ Erythropoietin             | ■ Interleukin-13      | ■ Tumor Necrosis Factor-beta   |
| ■ ENRAGE                     | ■ Interleukin-15      | ■ Tumor Necrosis Factor RII    |
| ■ Factor VII                 | ■ Interleukin-16      | ■ VCAM-1                       |
| ■ Fatty Acid Binding Protein | ■ Leptin              | ■ VEGF                         |
| ■ Ferritin                   | ■ Lipoprotein (a)     | ■ von Willebrand Factor        |
| ■ Fibrinogen                 | ■ Lymphotactin        |                                |
| ■ FGF-basic                  | ■ MDC                 |                                |
| ■ GST                        | ■ MIP-1 alpha         |                                |
| ■ G-CSF                      |                       |                                |
| ■ GM-CSF                     |                       |                                |

# COAGULATION FACTOR VII

## TF-FVIIa COMPLEX (INITIATOR OF BLOOD COAGULATION)



## CONCLUSIONS

- Most subjects enrolled in this study had abnormally high levels of thrombin-antithrombin complex, D-dimer, and factor VII antigen.
- These unusual coagulation system parameters may represent a heretofore unknown state of

**Compensated Chronic  
Disseminated Intravascular Coagulation.**

## QUESTIONS

- Is GWI a cause or an effect of the observed hypercoagulability?
- Why is the frequency of coagulation parameter abnormalities so high in this study population?



## **FUTURE GOAL**

Translating GWI-Specific Biomarkers  
into Clinical Practice:

1. Diagnose GWI with blood tests.
2. Evaluate the efficacy of potential therapies.