Reprint from

RECENT ADVANCES IN DOPING ANALYSIS (12)

W. Schänzer H. Geyer A. Gotzmann U. Mareck (Editors)

Sport und Buch Strauß, Köln, 2004

R. ABELLAN, R. VENTURA, S. PICHINI, J.A. PASCUAL, M. BELLVER, R. DI GIOVANNANDREA, R. OLIVE, R. PACIFICI, P. ZUCCARO, J. SEGURA: Serum Concentrations of P-III-P and IGF-I in Selected Populations of Athletes

In: W. Schänzer, H. Geyer, A. Gotzmann, U. Mareck (eds.) Recent advances in doping analysis (12). Sport und Buch Strauß, Köln (2004) 465-469

R. Abellan^{1,2}, R. Ventura^{1,2}, S. Pichini³, J.A. Pascual^{1,2}, M. Bellver⁴, R. Di Giovannandrea³, R. Olive⁴, R. Pacifici³, P. Zuccaro³, J. Segura^{1,2}.

Serum concentrations of P-III-P and IGF-I in selected populations of athletes

Introduction

Insulin-like growth factor-I (IGF-I) and procollagen type III peptide (P-III-P) have been proposed as indirect biomarkers of the rhGH misuse [1-2]. To investigate if physiological conditions or training event (intensity of training, competition stress and stress injuries) could affect levels of these two biomarkers, P-III-P and IGF-I were measured in elite athletes, in non-competitive adult athletes in pre and post-race conditions (10 and 20 km races), in young non-competitive athletes, and in non-athletic population, free from rhGH consumption.

Populations and Methodology

Nine different groups of subjects were studied and their characteristics are described in Table I. Serum IGF-I was measured by the ELISA technique Quantikine Human IGF-I Immunoassay from R&D Systems (Minneapolis, USA), and serum P-III-P was measured by the RIA Intact PIIINP RIA kit from Orion Diagnostica (Espoo, Finland). These immunoassays were selected after an extensive validation aimed to application in doping control [3].

Values are represented as mean \pm SD. Variance analysis (Student post hoc test and ANOVA) was calculated for within and between groups comparison on each variable studied using the statistical package SPSS 2001 for Windows, version 11.0.1 (SPSS Inc., Chicago, IL, USA).

¹Unitat de Recerca en Farmacologia, Institut Municipal d'Investigació Mèdica, Barcelona, Spain.

²Departament de Ciències Experimentals i de la Salut, Universitat Pompeu Fabra, Barcelona, Spain.

³Drug Research and Control Department, Istituto Superiore di Sanitá, Rome, Italy.

⁴Centre d'Alt Rendiment, Sant Cugat del Vallès, Barcelona, Spain.

Table I. Population groups participating in the study.

Population	Non-athletic population (NAP)	Young non- competitive athletes (YNCA)	Non- competitive athletes (NCA10)	Non- competitive athletes (NCA20)	Taekwondo elite athletes (TEA)	Swimming elite athletes (SEA)	Synchronized Swimming elite athletes (SSEA)	Triathlon elite athletes (TrEA)	Weightlifting elite athletes (WEA)
(₹/&)N	17 (607/114)	17 (62/114) 20 (103/104)	300	3307	16(103/62) 12(33/92)	12 (307/94)	14 수	16 ک	13 (128/19)
Age range (mean ± SD)	24-52 years old (33±8)	24-52 years old 19-30 years old 20-32 years old (23±8) (21±2) (23±3)	20-32 years old (23±3)	17-27 years old (21±4)	17-27 years old (21±4)	16-21 years old (18±2)	17-27 years old 17-27 years old 16-21 years old 16-24 years old 16-37 years old 15-26 years old (19±3) (27±6) (19±2)	19-37 years old (27±6)	15-26 years old (19±2)
Training (h/week)	0-5	2 - 8	10 - 40	ı	20	35	25	7 - 25	11
Samples collection	9 and 17 h in the same day	9 and 17 h in the same day	• Basal • Post-10 km race	• Basal • Post-20 km race	Basal Training Competition	Basal Training Competition	• Basal • Training	• Basal	• Basal • Training • Competition

 Table II. IGF-I and P-III-P levels in basal conditions (Difference vs Non-Athletic Population (NAP): p<0.05: *; p<0.001: **.</th>

	NAP	YNCA	NCA10	NCA20	TEA	SEA	SSEA	TrEA	WEA
IGF-I (ng/ml) Mean ± SD	111.1 ± 30.0	180.3 ± 37.0 **	148.8 ± 31.9 **		197.2 ± 78.3 **	130.2 ± 35.0 * 197.2 ± 78.3 ** 203.5 ± 76.7 ** 157.2 ± 44.4 *	157.2 ± 44.4 *	135.9 ± 41.3	179.8 ± 56.8 **
IGF-I (ng/ml) Range	63.1 - 163.2	124.4 - 258.8	91.3 - 202.4	68.0 - 226.6	48.4 - 346.3	133.6 - 380.4	85.8 - 246.6	75.4 - 200.8	131.1 - 308.2
P-III-P (ng/ml) Mean ± SD	3.2 ± 0.8	3.9 ± 0.9 *	3.8 ± 1.0	3.8 ± 1.0	4.9±2.0 **	5.9±1.8 **	4.8 ± 1.4 **	•	5.5 ± 3.2**
P-III-P (ng/ml) Range	1.7 - 5.0	2.3 - 5.2	2.2 - 6.0	2.2 - 6.4	2.8 - 8.8	2.7 - 9.7	2.8 - 7.4	1	2.7 - 11.6

Results and discussion

IGF-I population levels

Levels found in all groups subject of this investigation (Table II) were roughly consistent with those described in previous studies (100-400 ng/ml IGF-I) regarding different population groups (age, sex, physical activity) [1, 4-8]. No differences were observed between sample collection times (studied in NAP and YNCA) or gender (studied in YNCA).

Significant differences were found between the NAP and the athletic populations studied (Table II). Although differences in age among the groups may be responsible for some of the differences found, training conditions appear to be relevant (NAP vs NCA20) [8].

Although a significant increase was found between pre and post-race in IGF-I values in the NCA20 group (Figure 1, A), the results obtained for other elite athletes did not show the same trend (Figure 2).

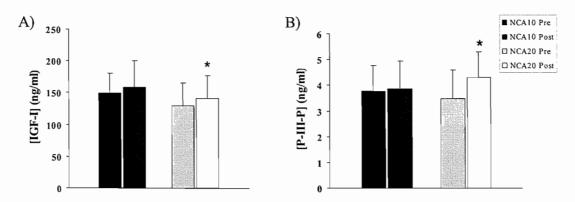


Figure 1. Levels of the indirect biomarkers in pre and post-race conditions (A: IGF-I; B: P-III-P).

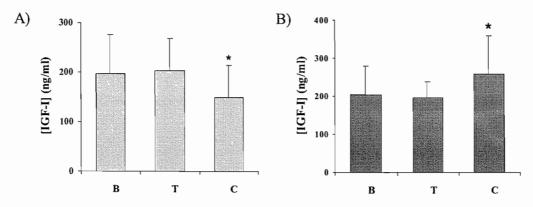


Figure 2. IGF-I levels in basal (B), training (T) and competition (C) conditions in elite athletes (A: TEA group; B: SEA group).

P-III-P population levels

Levels obtained in NAP and YNCA (Table II) were consistent with those described for normal adult population (1,5-4,5 ng/ml P-III-P) and, as in previous studies, neither were gender differences observed [9] nor between sample collection times.

P-III-P basal levels in serum of elite athletes were significantly higher than those found in NAP and YNCA groups (Table II). Although a significant increase was found between pre and post-race in P-III-P values in the NCA20 group (Figure 1, B), the results obtained for other elite athletes in the other studied groups did not show the same trend (Figure 3).

However, nine elite athletes in different conditions presented higher levels of P-III-P (7.4-18.6 ng/ml). These high values seemed to be related with the age of the athletes (between 14 and 18 years old).

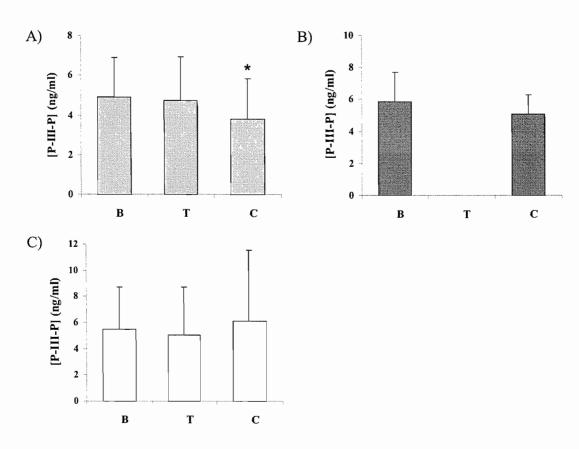


Figure 3. P-III-P levels in basal (B), training (T) and competition (C) conditions in elite athletes (A: TEA group; B: SEA group; C: WEA group).

Acknowledgements

The present work has been supported by Fondo de Investigación Sanitaria del Ministerio de Sanidad y Consumo de España (Research project n.01/1328) and Progetto N.1039/1 "Tossicodipendenze e Doping" dell'Istituto Superiore di Sanitá, Roma, Italia.

References

- [1] Wallace J, Cuneo R, et al. Responses of the growth hormone (GH) and insulin-like growth factor axis to exercise, GH administration, and GH withdrawal in trained adult males: a potential test for GH abuse in sport. J Clin Endocrinol Metab 84: 3591-601, 1999.
- [2] Wallace J, Cuneo R, et al. Responses of markers of bone and collagen turnover to exercise, growth hormone (GH) administration, and GH withdrawal in trained adult males. J Clin Endocrinol Metab 85: 124-33, 2000.
- [3] Abellan R, Ventura R, et al. Evaluation of immunoassays for the measurement of IGF-I and P-III-P. Clin Chem Lab Med. (Accepted)
- [4] Cappon J, Brasel J, Mohan S, and Cooper D. Effect of brief exercise on circulating insulin-like growth factor I. Am J Physiol 76: 2490-6, 1994.
- [5] Nguyen U, Mougin F, et al. Influence of exercise duration on serum insulin-like growth factor and its binding proteins in athletes. Eur J Appl Physiol Occup Physiol 78: 533-7, 1998.
- [6] Borst S, de Hoyos D, et al. Effects of resistance training on insulin-like growth factor-I and IGF binding proteins. Med Sci Sports Exerc 33: 648-53, 2001.
- [7] Ehrnborg C, lange KHW, et al. The growth hormone/insulin-like growth factor-I axis hormones and bone markers in elite athletes in response to a maximum exercise test. J Clin Endocrinol Metab 88: 394-401, 2003.
- [8] Manetta J, Brun JF, et al. Serum levels of insulin-like growth factor-I (IGF-I), and IGF-binding proteins-1 and -3 in middle-aged and young athletes versus sedentary men: relationship with glucose disposal. Metabolism 52: 821-6, 2003.
- [9] Risteli J, Niemi S, et al. Rapid equilibrium radioimmunoassay for the amino-terminal propeptide of human type III procollagen. Clin Chem 34: 715-718, 1988.