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CD26: A prognostic marker of other systemic malignancies besides colo-rectal carcinomas

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Abstract

I read with great interest the recent article by Cordero *et al* in a recent issue of your esteemed journal. Interestingly, the past few years have seen the emergence of CD26 as an important diagnostic and prognostic marker for a number of systemic malignancies besides colo-rectal carcinomas. For instance, serum CD26 levels are an important emerging marker of B-cell chronic lymphocytic leukemia (B-CLL). In fact, Molica *et al* have recently reported shorter time to first treatment in B-CLL which exhibit higher serum CD26 levels and simultaneously demonstrate absence of mutation in *IgV* (*H*). Similarly, CD26 serves as a marker of poor prognosis in T cell lymphomas. Simultaneously, a poor response to 2′-deoxycoformycin is seen T cell lymphomas expressing CD26. Similarly, breast carcinomas exhibit decreased CD26 mean fluorescence intensity and a decreased percentage of CD26 positive lymphocytes in comparison to benign breast tumors and healthy individuals.

Key words: CD26; Cancer; Carcinogenesis; Colon cancer; Marker

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TO THE EDITOR

I read with great interest the recent article by Cordero *et al*[1] in a recent issue of your esteemed journal. Interestingly, the past few years have seen the emergence of CD26 as an important diagnostic and prognostic marker for a number of systemic malignancies besides colo-rectal carcinomas.

For instance, serum CD26 levels are an important emerging marker of B-cell chronic lymphocytic leukemia (B-CLL)[2]. In fact, Molica *et al*[3] have recently reported a shorter time to first treatment in B-CLL which exhibit higher serum CD26 levels and simultaneously demonstrate absence of mutation in *IgV* (*H*). Similarly, CD26 serves as a marker of poor prognosis in T cell lymphomas. Simultaneously, a poor response to 2-deoxycoformycin is seen T cell lymphomas expressing CD26[4]. Similarly, breast carcinomas exhibit decreased CD26 mean fluorescence intensity and a decreased percentage of CD26 positive lymphocytes in comparison to benign breast tumors and healthy individuals[5].

CD26 is also associated with treatment outcomes. For instance, enhanced sensitivity to paclitaxel is seen in ovarian carcinomas with higher Dipeptidyl peptidase IV (DPPIV/CD26) levels[6]. Similarly, increased chance of progression to follicular carcinoma is seen in thyroid fol-

licular adenomas with exhibit concurrent PTEN negativity and CD26 positivity[7]. Similarly, increased expression of CD26 is seen in wound induced skin tumors and this serves as a marker of malignancy[8]. The anti-diabetic drug stialipin blocks CD26 and thereby reduces proliferation in these skin tumors.

Clearly CD26 is a significant marker of different malignancies. Hopefully, the coming few years will see increased use of CD26 for diagnostic and prognostic purposes in oncology.

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