

CHAPTER IV

CONCLUSION

The expression of survivin mRNA was examined in patients who had undergone surgical resection for cancer treatment at Maharaj Nakorn Chiang Mai hospital using semiquantitative RT-PCR. Survivin mRNA was significantly overexpressed in 34 out of total 54 tumor tissues (63%) in comparison to the corresponding normal tissues ($P < 0.001$, Mann-Whitney U test). Differential expression of survivin mRNA as semi-quantified by the band intensity between survivin and GAPDH was observed. However, survivin mRNA did not correlate with the pathological parameters. In addition, determination of survivin autoantibody by avidin capture ELISA and flow cytometry did not show any significant difference between sera from cancer patient and healthy individuals ($P = 0.538$, $P = 0.064$, respectively). To confirm the presence of survivin autoantibody, the alternative Western immunoblotting was employed. An immunoreactive band at the molecular weight about 30 kDa of survivin-BCCP was recognized by a commercial survivin mAb (D8) but not by any of the sera from cancer patients.

In summary, selective expression in tumor tissues make survivin a useful diagnostic marker. Larger sample size as well as other parameters i.e. clinical outcome, survival rate etc. may be required to establish it as a prognostic marker.