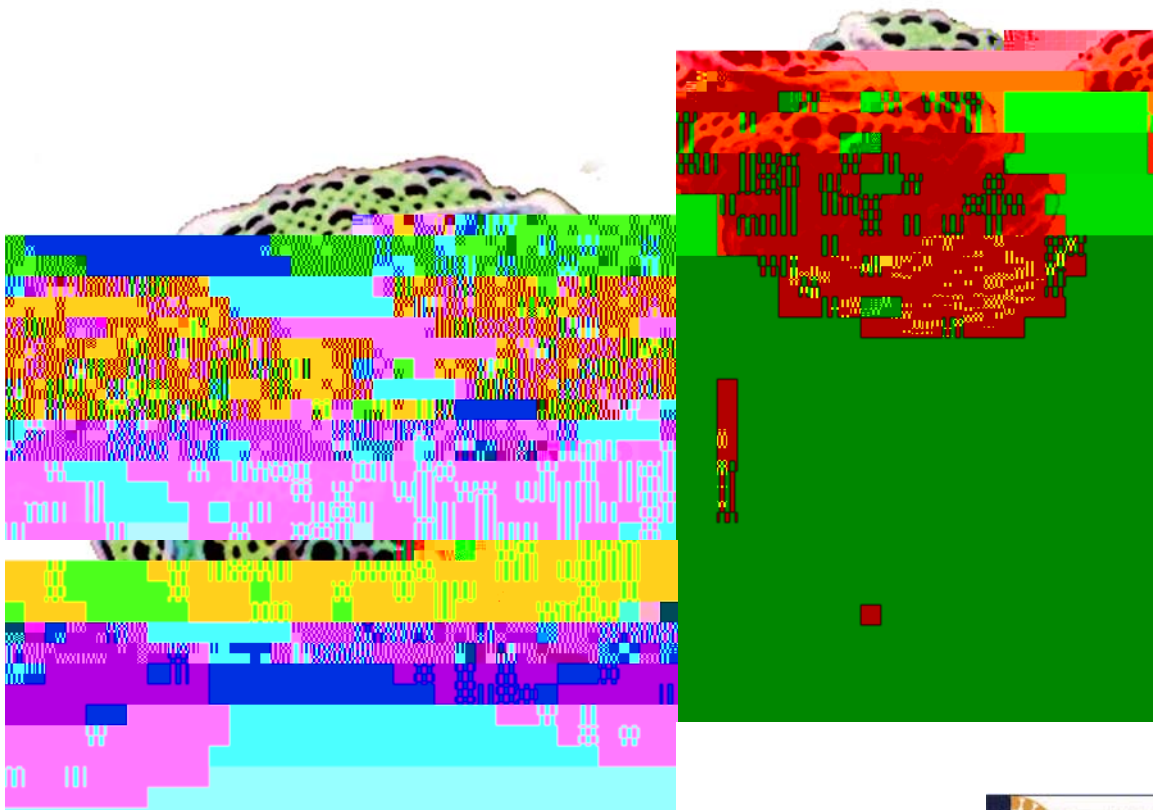


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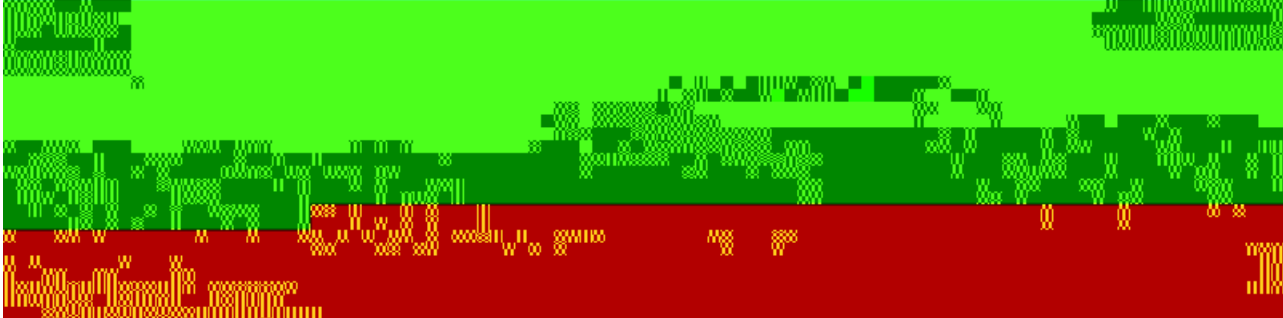
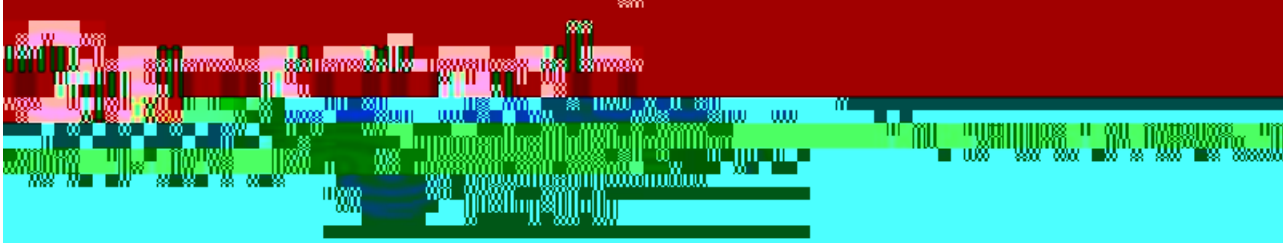
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2011 D C L , M 1-4, 2011
Silverado Resort, Napa Valley, California

Wednesday, March 2

Wednesday, March 2, 8:30 AM - 12:00 PM

Session Chair: Jay Horton

- 1 O , M I R**
- 8:30-9:15 "Surviving Starvation: Essential Role of the Ghrelin-Growth Hormone Axis"
J L.G , *University of Texas at Dallas*, Dallas, TX
- 9:15-10:00 "Surviving Starvation: Essential Role of the Ghrelin-Growth Hormone Axis"
M .B , *University of Texas at Dallas*, Dallas, TX
- 10:00-10:20 Coffee Break
- 10:20-11:00 "Regulation and Function of Adipose Lipolysis"
H , *University of California*, Berkeley, CA
- 11:00-11:40 "New Insights Regarding the Structure and Function of GPIHBP1, an Endothelial Cell Protein Required for Lipolysis"
A B , *University of California*, Los Angeles, CA
- 11:40-12:00 "Ubx8, a Sensor for Unsaturated Fatty Acids, Regulates Cellular Responses to Fatty Acids"
J , *University of Texas at Dallas Medical Center*, Dallas, TX

Wednesday, March 2, 7:30 - 8:30 PM

Session Chair: Jay Heinecke

- H L**
- "Oxysterol Regulation of Macrophage Gene Expression",
C G , *University of California*, San Diego, CA
- R P**

Thursday, March 3

Thursday, March 3, 8:30 AM - 12:00 PM

Session Chair: Jay Horton

- 2 B**
- 8:30-9:10 "Exploring inflammatory links between obesity and type 2 diabetes"
A , *University of Michigan*, Ann Arbor, MI
- 9:10-9:50 "Evolutionary Conservation and Adaptation in the Mechanisms that Regulate SREBP Action"
O , *Sanford-Burnham Medical Research Institute*, Orlando, FL
- 9:50-10:20 Coffee Break
- 10:20-11:00 "PNPLA3 to Pâté"
H H , *University of Texas at Dallas*, Dallas, TX
- 11:00-11:40
- J L R L**
- Introduction to the lecture - Steve Young, University of California, Los Angeles, CA
- "A Mouse Resource for Systems Genetics: Application to Atherosclerosis"
J L , *University of California*, Los Angeles, CA

1

Ubx8, a Sensor for Unsaturated Fatty Acids, Regulates Cellular Responses to Fatty Acids

Jin Ye, Joon No Lee, Hyeonwoo Kim, and Hongbing Yao

Department of Molecular Genetics, University of Texas Southwestern Medical Center, Dallas, TX

Abstract:

In mammalian cells, fatty acids (FAs) are required for the synthesis of the phospholipid components of membranes and generation of energy. However, overaccumulation of FAs is toxic. When FAs accumulate in cells, they inhibit their own synthesis and enhance the incorporation of excess FAs into triglycerides (TGs) that are stored in lipid droplets. These regulatory functions are carried out by unsaturated but not saturated FAs. Here, we report that Ubx8 is a sensor for unsaturated FAs that regulate cellular responses to FAs. In cells depleted of FAs, Ubx8 binds to Insig-1, a reaction leads to proteasomal degradation of Insig-1. Inasmuch as Insig-1 inhibits proteolytic activation of sterol-regulatory element-binding protein (SREBP)-1, a transcription factor that activates all genes involved in FA synthesis, this reaction stimulates FA synthesis by promoting cleavage of SREBP-1. Ubx8 also blocks TG synthesis by limiting the conversion of diacylglycerols (DAGs) to TGs in these cells as well. Thus, in cells deprived of FAs, the concerted regulatory actions of Ubx8 make FAs available for incorporation into phospholipids by limiting their diversion into TGs. When long chain unsaturated FAs are supplied externally, these FAs change the structure of Ubx8, promoting its polymerization, and inhibiting its activity. Consequently, Insig-1 is dissociated from Ubx8 and stabilized so that FA synthesis is inhibited. Inhibition in TG synthesis is also relieved in these cells so that excess exogenous FAs are incorporated into TGs and stored in lipid droplets. Unlike unsaturated FAs, saturated FAs do not alter the structure of Ubx8. As a result, saturated FAs are unable to inactivate Ubx8 so that these FAs are channeled primarily into DAGs instead of TGs. Inasmuch as accumulation of DAGs is responsible for the development of insulin resistance, our studies suggest that Ubx8 could be a novel drug target to relieve insulin resistance caused by excessive saturated FAs.

2

miR-33a/b contributes to the regulation of fatty acid metabolism and insulin signaling

Leigh Goedeke¹, Alberto Davalos¹, Cristina Ramirez-Hidalgo¹, Peter Smibert², Nikhil Warriar¹, Ursula Andreo¹, Daniel Cirera-Salinas^{1, 3}, Katey Rayner¹, Enric Esplugues^{3, 4}, Edward Fisher¹, Kathryn Moore¹, Yajaira Suarez¹, Eric Lai², and Carlos Fernandez-Hernando¹

¹Department of Medicine and Cell Biology, New York University School of Medicine, New York, NY; ²Department of Developmental Biology, Sloan-Kettering Institute, New York, NY; ³German Rheumatism Research Center (DRFZ), a Leibniz Institute, Berlin, Germany; ⁴Department of Immunobiology, Yale University School of Medicine, New Haven, CT

Abstract:

Cellular imbalances of cholesterol and fatty acid metabolism result in pathological processes, including atherosclerosis and metabolic syndrome. Recent work from our group and others has shown that the intronic microRNAs (miRNAs), hsa-miR-33a and hsa-miR-33b, are located within the sterol-regulatory element-binding protein (SREBP) 2 and 1 genes, respectively, and regulate cholesterol homeostasis in concert with their host genes. Here, we show that miR-33a/b also regulate genes involved in fatty acid metabolism and insulin signaling. miR-33a/b target key enzymes involved in the regulation of fatty acid oxidation, including CROT, CPT1a, HADHB, SIRT6 and AMPK. Moreover, miR-33a/b also target the insulin receptor substrate 2 (IRS2), an essential component of the insulin-signaling pathway in the liver. Overexpression of miR-33a/b reduces both fatty acid oxidation and insulin signaling in hepatic cell lines, whereas inhibition of endogenous miR-33a/b increases these two metabolic pathways. Together, these data establish that miR-33a/b regulate pathways controlling three of the risk factors of metabolic syndrome, namely, levels of HDL, triglycerides, and insulin signaling, and suggest that inhibitors of miR-33a/b may be useful in the treatment of this growing health concern.

3

miR-758 Regulates Cholesterol Efflux through Posttranscriptional Repression of ABCA1

Cristina Ramírez-Hidalgo, Leigh Goedeke, Alberto Dávalos, Yajaira Suárez, and Carlos Fernández-Hernando

Departments of Medicine and Cell Biology, New York University School of Medicine, New York, NY

Abstract:

The ATP-binding cassette transporter A1 (ABCA1) is a major regulator of macrophage cholesterol efflux and protects cells from excess of intracellular cholesterol accumulation. The mechanism involved in posttranscriptional regulation of ABCA1 is poorly understood. Thus, here we investigate the potential contribution of microRNAs to regulate ABCA1 and macrophage cholesterol efflux posttranscriptionally. Based on an unbiased genome-wide screen of microRNA modulated by excess of cholesterol and quantitative real-time reverse transcription PCR (qRT-PCR), we identified miR-758 as a novel regulator of ABCA1. miR-758 overexpression in macrophages significantly reduced ABCA1 mRNA levels and cholesterol efflux capacity. Conversely, miR-758 inhibition increased ABCA1 mRNA levels and cholesterol efflux capacity. miR-758 targets ABCA1 3' UTR, leading to its posttranscriptional repression. These findings suggest that miR-758 is a novel regulator of ABCA1 and cholesterol efflux in macrophages.

4

Angptl4 Protects against Severe Proinflammatory E

5

Identification of Compounds Reducing the Expression of Proprotein Convertase Subtilisin-like/Kexin Type 9 (PCSK9) as Therapy in the Treatment of Hypercholesterolemia

Dong-Kook Min^{1, 2}, Hyun-Sook Lee^{1, 3}, Chan-Ju Lee^{1, 2}, and Sahng Wook Park^{1, 2}

¹Department of Biochemistry and Molecular Biology, ²Center for Chronic Metabolic Diseases, Brain Korea 21 Project, ³Bio-Medical Science Institute, Yonsei University College of Medicine, Seoul, Korea

Abstract:

Protein convertase subtilisin/kexin type 9 (PCSK9), the ninth member of subtilisin serine protease, promotes the degradation of the LDL receptor, thereby increasing the plasma concentration of LDL-cholesterol. Several gain-of-function mutations of PCSK9 have been reported to cause a form of autosomal dominant hypercholesterolemia, whereas loss-of-function mutations cause hypocholesterolemia associated with a low incidence of coronary heart disease. These recent studies strongly suggest that inhibition of PCSK9 action is a potent therapeutic target of treatment of hypercholesterolemia. To inhibit PCSK9 action, we focused on screening the chemical library for identification of compounds that reduce the amount of PCSK9 with a reciprocal increase in that of the LDL receptor. We selected a set of chemicals that have the core scaffold structure. The decrease in the amount of PCSK9 protein by these chemicals is supposed to be achieved at the transcriptional level of the PCSK9 gene. They increased uptake of fluorescence-labeled LDL particles in HepG2 cells. These beneficial effects of increasing the uptake of LDL particles suggest that these chemicals could be implicated as a therapeutic modality to treat hypercholesterolemia. Evaluation of functionality *in vivo* is required for further study.

* This work was supported by National Research Foundation of Korea (NRF) Grants 2010-0028363 and 2010-0026376 funded by the Korean government (MEST).

6

Patterns and Associations of LDL during and after Pregnancy

Donald Tanyanyiwa¹, David Marais², Sheena Jones², and Pam Byrnes²

¹Chris Hani Baragwanath Hospital, Division of Chemical Pathology, Johannesburg, South Africa; ²University of Cape Town, Faculty of Health Sciences, Cape Town, South Africa

Abstract:

The aim of this study was to report the prevalence of various species of LDL in pregnancy and the association of LDL species with triglyceride concentration and apolipoprotein E (apoE) genotype. 595 women were studied at antenatal clinics, after obtaining informed consent and excluding women with diabetes. Blood for lipids and lipoproteins was taken during and at least 6 weeks after pregnancy. Nondenaturing gradient gel electrophoresis was employed to classify LDL species into five categories named A, AI, I, IB, and B in decreasing sizes. Genotyping of apoE was done by polymerase chain reaction. Statistical analyses were done by nonparametric t tests and contingency tables; significance was taken as $p < 0.0001$. The total cholesterol was significantly higher during pregnancy, 4.1 median (4.1-4.3 95% confidence interval) and 3.6 (3.5-3.6) (5 mmol/liter) and severe (>15 mmol/liter) hypertriglyceridemia occurred in 0.7 and 0.6% during pregnancy but was observed in the GGE of the 15 subjects with apoE 2/2 status. A relationship between hypertriglyceridemia and LDL species was observed.

7

Impact of Diabetes-associated LDL on Mitochondrial Respiration in Vascular Endothelial Cells

Garry Shen, Ganesh Sangle, Xueping Xie, and Subir Roy Chowdhury

University of Manitoba, Winnipeg, MB, Canada

Abstract:

Cardiovascular disease is the predominant cause of death in diabetic patients. Oxidative stress and endothelial dysfunction have been detected in vasculature of diabetic patients or animal models. Hyperglycemia and dyslipoproteinemia are biochemical markers for diabetes. Elevated levels of glycated LDL (gLDL) and oxidized LDL (oLDL) were frequently detected in diabetic patients. Our group reported that gLDL and oLDL increased the generation of reactive oxygen species (ROS) from vascular endothelial cells (EC). The present study demonstrated that gLDL and oLDL reduced oxygen consumption in mitochondrial electron transfer chain (mETC) Complex I and IV in porcine aortic EC. Treatment with gLDL or oLDL reduced mitochondrial membrane potential in EC, and inhibited the activities of NADH dehydrogenase (ND, Complex I), succinate cytochrome c reductase (Complex II), ubiquinol cytochrome c reductase (Complex III), and cytochrome c oxidase (Complex IV) in EC. Abundance of ND1 and cytochrome b (a subunit of Complex III enzyme) in EC were reduced following incubation with gLDL or oLDL. Treatment with gLDL or oLDL increased the abundance of ROS-associated with mitochondria in EC detected using immunohistochemistry and confocal microscopy. The results suggest that diabetes-associated LDL may inhibit activities of mETC enzymes through reducing abundances of multiple subunits in mETC enzymes, which was associated with increase of ROS in mitochondria of EC. Impairment in mitochondrial respiration in EC induced by diabetes-associated LDL may contribute to oxidative stress and endothelial dysfunction in vasculature of diabetes.

8

Adnectin Proprotein Convertase Subtilisin-like/Kexin Type 9 (PCSK9) Antagonists Inhibit PCSK9 Function and Rapidly Reduce LDL-C in hPCSK9 Transgenic Mice and Cynomolgus Monkeys

Rex Parker¹ and Tracy Mitchell²

¹Bristol-Myers Squibb R & D, Princeton, NJ; ²Adnexus, a Bristol-Myers Squibb R & D Company, Waltham, MA

Abstract:

Adnectins are 12-kDa proteins derived from the 10th type 3 domain of human fibronectin. We use mRNA display to engineer Adnectins to bind pharmaceutical targets with high affinity and specificity and express and purify the Adnectin proteins from *Escherichia coli*. Using these techniques, we identified potent Adnectins that bind PCSK9 and antagonize PCSK9/EGFA (LDLR) interactions. These Adnectins were optimized for high affinity, biophysical properties, and low *in silico* immunogenicity. Adnectin 1 (ADN1) bound PCSK9 with $K_D < 1$ nM (human) and ~ 10 nM (cynomolgus) by SPR and did not bind mouse PCSK9 appreciably. ADN1 competitively displaced EGFA in FRET-based assays and inhibited PCSK9 activity in cell-based LDLR functional assays, with EC_{50} values consistent with the law of mass action for human and cyno PCSK9 (i.e., EC_{50} related to K_D and target concentration in the assays). In a hypercholesterolemic, hyperexpressing transgenic hPCSK9 mouse model (from UT-SW), PEGylated ADN1 (ADN1-PEG given i.p.) reduced TC and LDL-C by $\sim 35\%$ within 3 h as free PCSK9 levels fell to near-zero and liver LDLR increased ~ 2 -fold. In a genomic transgenic hPCSK9 mouse (BMS) expressing normal hPCSK9 levels, ADN1-PEG (i.p.) reduced free circulating hPCSK9 to near-zero within 30 min with $EC_{50} \sim 0.01$ mg/kg (i.p.), whereas total plasma hPCSK9 levels rose ~ 2 -fold by 48 h. In normal cynomolgus monkeys, ADN1-PEG (5 mg/kg, i.v. or s.c.) rapidly reduced LDL-C and free PCSK9 in a dose-dependent manner, whereas other lipids were unaffected. LDL-C decreased $\sim 50\%$ within 48 h and returned to base line by 3 weeks, mirroring the free PCSK9 profile. Plasma total PCSK9 levels rose 3-5-fold and returned to base line by 3 weeks, suggesting that liver LDLR binding and endocytosis is a key physiological route of clearance for circulating PCSK9. These studies indicate that PCSK9 Adnectins are potent and effective PCSK9 antagonists *in vitro* and *in vivo* and demonstrate the dynamic role of circulating PCSK9 in LDL metabolism.

10

Apolipoprotein E Mediates Enhanced Plasma Cholesterol Clearance by Low Dose Streptococcal Serum Opacity Factor via Hepatic LDL Receptors in Vivo

Corina Rosales¹, Daming Tang¹, Baiba Gillard¹, Harry Courtney², and Henry Pownall

¹Department of Medicine, Baylor College of Medicine, Houston, TX; ²Veterans Affairs Medical Center and Department of Medicine, University of Tennessee Health Science Center, Memphis, TN

Abstract:

Serum opacity factor (SOF), a virulence determinant produced by the group A streptococcus, *Streptococcus pyogenes*, opacifies human serum and is expressed by approximately half of the clinical isolates of *S. pyogenes*, an important human pathogen that causes pharyngitis, tonsillitis, impetigo, necrotizing fasciitis, and toxic shock syndrome. SOF opacifies serum by disrupting HDL, its exclusive target, and forming a large cholesteryl ester-rich microemulsion (CERM; $r \sim 100\text{-}200\text{ nm}$), lipid-free (LF) apolipoprotein (apo)A-I and small neo-HDL that are cholesterol-poor and phospholipid-rich. The CERM contains apoE and its heterodimer with apoA-II as its sole proteins and the neutral lipids of $\sim 400,000$ HDL particles. Given the occurrence of apoE on the CERM, we tested the hypothesis that rSOF injection into mice would reduce total plasma cholesterol clearance via apoE-dependent hepatic LDL receptors (LDLR). rSOF (4 μg) injection into wild-type C57BL mice forms neo-HDL, CERM, and LF apoA-I, as observed in vitro, and reduced plasma total cholesterol (-43% , $t_{1/2} = 44 \pm 18\text{ min}$) whereas control saline injections had a negligible effect. Similar experiments with apoE $^{-/-}$ and LDLR $^{-/-}$ mice, respectively, reduced plasma total cholesterol ~ 0 and 9% . rSOF is potent; injection of $0.18\text{ }\mu\text{g}$ of rSOF produces 50% of maximum reduction of plasma cholesterol 3 h after injection, corresponding to a $\sim 0.5\text{-mg}$ human dose. Most cholesterol is cleared hepatically ($>99\%$), with rSOF treatment increasing clearance by 65%. We conclude that intravenous injection of rSOF into mice forms a CERM that is readily cleared via hepatic LDLR that recognize apoE. Therapies based on the rSOF reaction have the potential to atheroprotect via enhanced reverse cholesterol transport.

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Reactive Oxygen Species Are Implicated in the Mitogenic Effect of Ceramide 1-Phosphate

Antonio Gomez-Munoz, Lide Arana, Alberto Ouro, and Patricia Gangotti

University of the Basque Country, Bilbao, Spain

Abstract:

We reported previously that ceramide 1-phosphate (C1P) is mitogenic and antiapoptotic in macrophages. Major pathways involved in the stimulation of cell proliferation by C1P include mitogen-activated protein kinase kinase (MEK)/extracellular signal-regulated kinases (ERK1/2), phosphatidylinositol 3-kinase (PI3K)/protein kinase B (PKB, or Akt), c-Jun N-terminal kinase (JNK), and protein kinase C. Here, we demonstrate that C1P induces reactive oxygen species (ROS) production through a mechanism involving NADPH oxidase activation. C1P-stimulated ROS generation was inhibited by apocynin, a potent NADPH oxidase inhibitor, and by the cell-permeable ROS scavenger N-acetylcysteine (NAC). In addition, C1P-stimulated ROS production was blocked by the protein kinase C (PKC) inhibitor Go6976, the PKC inhibitor rottlerin, and by long term treatment with phorbol esters. Interestingly, a specific cytosolic phospholipase A2 inhibitor also blocked C1P-stimulated ROS production, and all of the ROS inhibitors blocked C1P-stimulated macrophage proliferation, suggesting that ROS are implicated in the mitogenic effect of C1P in macrophages.

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Targeted Disruption of the Idol Gene Alters Cellular Regulation of the LDL Receptor by Sterols and LXR Agonists

Elena Scotti^{1, 2, 6}, Cynthia Hong^{1, 2}, Yuko Yoshinaga⁵, Yiping Tu⁴, Yan Hu⁴, Noam Zelcer^{1, 2}, Rima Boyadjian^{1, 2}, Pieter J. de Jong⁵, Stephen G. Young^{3, 4}, Loren Fong⁴, and Peter Tontonoz^{1, 2}

¹Howard Hughes Medical Institute, ²Department of Pathology and Laboratory Medicine, ³Department of Human Genetics, ⁴Department of Medicine, UCLA, Los Angeles, CA; ⁵Children's Hospital Oakland Research Institute, Oakland, CA; ⁶Dipartimento di Scienze Farmacologiche, Università degli Studi di Milano, Milan, Italy

Abstract:

Previously, we identified the E3 ubiquitin ligase Idol (inducible degrader of the LDL receptor) as a post-transcriptional regulator of the LDLR pathway. Idol stimulates LDLR degradation through ubiquitination of its C-terminal domain, thereby limiting cholesterol uptake. Here, we report the generation and characterization of mouse embryonic stem cells homozygous for a null mutation in the Idol gene. Cells lacking Idol exhibit markedly elevated levels of LDLR protein and increased rates of LDL degradation. Furthermore, despite an intact SREBP pathway, Idol-null cells exhibit an altered response to multiple regulators of sterol metabolism, including serum, oxysterols, and synthetic LXR agonists. The ability of oxysterols and lipoprotein-containing serum to suppress LDLR protein levels is reduced, and the time course of suppression is delayed, in cells lacking Idol. LXR ligands have no effect on LDLR levels in Idol-null cells, indicating that Idol is required for LXR-dependent inhibition of the identi

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Improved Sensitivity to Ezetimibe and Rosuvastatin following siRNA-mediated Knockdown of Proprotein Convertase Subtilisin-like/Kexin Type 9 (PCSK9) in Mice

Brandon Ason¹, Samnang Tep¹, Harry Davis Jr.², Yiming Xu², Glen Tetzlo ², Beverly Galinski¹, Ferdie Soriano¹, Natalya Dubinina¹, Lei Zhu³, Alice Stefanni², Kenny Wong², Marija Tadin-Strapps¹, Steven Bartz¹, Brian Hubbard², Mollie Ranalletta², Alan Sachs¹, Mike Flanagan¹, Alison Strack², and Nelly Kuklin¹

¹Sirna Therapeutics/Merck & Co. Inc., San Francisco, CA; ²Department of Cardiovascular and Metabolic Disease Research, ³Department of Genetically Engineered Models, Merck Research Laboratories, Rahway, NJ

Abstract:

Elevated LDL cholesterol (LDL-c) is a risk factor for cardiovascular disease. Current treatments that reduce circulating LDL-c elevate serum PCSK9 (proprotein convertase subtilisin/kexin type 9a) in patients, which may attenuate their efficacy by reducing the amount of LDL-c cleared from circulation. Using mice engineered to exhibit a human-like lipid pro

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HDL Is an Important Source for Hepatic Phosphatidylcholine and Triacylglycerol

Jelske van der Veen and Dennis Vance

Department of Biochemistry, University of Alberta, Edmonton, AB, Canada

Abstract:

Hepatic phosphatidylcholine (PC) is synthesized via the CDP-choline pathway, controlled by the activity of CTP:phosphocholine cytidyltransferase (CT), and via sequential methylation of phosphatidylethanolamine through the action of phosphatidylethanolamine N-methyltransferase (PEMT). The liver can also obtain PC by uptake of circulating lipoproteins. In mice, the majority of circulating PC is associated with HDL. The current study has quantitated the importance of hepatic uptake of HDL-PC in vivo as well as its subsequent metabolism. We intravenously injected PEMT^{-/-}, liver-specific CT^{-/-}, and their wild-type control mice with [³H]PC-labeled HDL. Hepatic uptake of HDL-PC was about 10 μmol/day in all mouse models, which is of the same order as hepatic de novo PC synthesis. In agreement, specific activities of PC in plasma and liver indicated that 50% of hepatic PC is derived from the circulation. Surprisingly, neither the absolute uptake of HDL-PC nor its relative contribution to total hepatic PC is affected by PEMT or CT deficiency. Analysis of ³H radiolabel in the different lipid fractions of the liver showed that 33% of HDL-derived PC was converted into triacylglycerols. This process was unaffected in liver-specific Ct^{-/-} mice but increased to 49% in mice lacking PEMT. Importantly, approximately 65% of the total hepatic pool of triacylglycerol appears to be derived from PC. These data clearly show the quantitative importance of HDL-PC to the hepatic pool of PC as well as its significance as a precursor for hepatic triacylglycerol.

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X-ray Crystal Structure of Proprotein Convertase Subtilisin-like/Kexin Type 9 (PCSK9) in Complex with the LDL Receptor

Andrew Schumacher¹, Jun Li¹, Eric Hampton¹, Julie-Ann Gavigan¹, Waan-Jeng Huang², David Yowe², Sabine Geisse³, Jennifer Harris¹, Scott Lesley¹, and Glen Spraggon¹

¹Genomics Institute, Novartis Research Foundation, San Diego, CA; ²Novartis Institutes for Biomedical Research, Cambridge, MA; ³Novartis Institutes for Biomedical Research, Basel, Switzerland

Abstract:

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Cardiac Dysfunction and Aberrant Phosphatidate Metabolism in the Lipin-1-deficient Mouse

Bernard Kok¹, Petra Kienesberger², Jason Dyck², and David Brindley¹

¹Signal Transduction Research Group, Department of Biochemistry, ²Cardiovascular Research Centre, Department of Pediatrics, University of Alberta, Edmonton, AB, Canada

Abstract:

The heart uses diverse substrates to produce energy, but when substrate utilization becomes inflexible, heart function inevitably deteriorates. For example, there are increased fatty acid (FA) oxidation and triglyceride (TG) levels in diabetes, which are associated with cardiac dysfunction. We are studying how the heart might coordinate the control of TG synthesis and FA oxidation through lipin-1. This protein provides the major cardiac phosphatidate phosphatase (PAP) activity, which is essential for synthesizing TG. Lipin-1 also acts with PGC-1 α and PPAR α to increase expression of FA oxidation genes. Despite the importance of lipin-1, little is known about its role in the heart. We hypothesize that lipin-1 deficiency in fatty liver dystrophy (fd) mouse hearts would cause dysfunction due to decreased capabilities to esterify or oxidize FAs. Echocardiographic studies revealed cardiac dysfunction, specifically decreased ejection fraction and fractional shortening. We then measured FA esterification and oxidation in ex vivo working perfused fd hearts. Surprisingly, fd hearts perfused with radiolabeled oleate have TG accumulation rates similar to those of controls. Decreased TG lipolysis due to decreased HSL activation and ATGL levels, in combination with decreased TG synthesis due to reduced PAP activities (20% of controls), explain this result. Rates of FA and glucose oxidation were not significantly di

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Control of One-carbon Cycle Genes by SREBP-1 Links S-Adenosylmethionine Production, Phosphatidylcholine Biosynthesis, and Hepatic Lipogenesis

Amy Walker¹, Rene Jacobs², Jennifer Watts³, Veerle Rottiers¹, Karen Jiang¹, Deirdre Finnegan¹, Toshi Shioda¹, Malene Hansen⁴, Lorissa Niebergall², Dennis Vance², Anne Hart¹, and Anders Naar¹

¹Massachusetts General Hospital Cancer Center, Boston, MA; ²Department of Agricultural, Food, and Nutritional Science, University of Alberta, Edmonton, AB, Canada; ³School of Molecular Biosciences, Washington State University, Pullman, WA; ⁴Sanford-Burnham Medical Research Institute, La Jolla, CA

Abstract:

Altered methionine/1-carbon cycle (1CC) metabolism has been linked to elevated hepatic lipogenesis and the development of liver steatosis; however, the mechanisms are unclear. We have found that the sterol regulatory element-binding protein-1 (SREBP-1), a transcriptional activator of fatty acid and phospholipid biosynthesis, also controls the expression of 1CC genes in *Caenorhabditis elegans* and mammals and influences the levels of the key 1CC product S-adenosylmethionine (SAME), the major cellular methyl donor. SAME is important for production of the membrane phospholipid phosphatidylcholine (PC), and we found that blocking SAME production or PC biogenesis in *C. elegans*, mouse liver, and human cells causes depletion of PC and induces SREBP-1-dependent lipogenic transcription and accumulation of lipid droplets. In addition, we found that in HepG2 cells, blocking SAME or PC production promotes loss of Golgi-specific localization of the SREBP-activating Site-1 and Site-2 proteases. This suggests that similar to brefeldin A-induced SREBP activation, reduction of PC lev

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Cholesteryl Ester Transfer Protein Inhibition by Anacetrapib Results in Increased HDL and Bulk Cholesterol Excretion in Syrian Golden Hamsters

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Myeloid-specific Estrogen Receptor- Deficiency Impairs Metabolic Homeostasis and Accelerates Atherosclerotic Lesion Development

Brian Drew¹, Vicent Ribas¹, Jamie Le¹, Teo Soleymani¹, Pedram Daraei¹, Daniel Sitz¹, Darren Henstridge², Mark Febbraio², Sylvia Hewitt³, Kenneth Korach³, and Andrea Hevener¹

¹UCLA, Los Angeles, CA; ²Baker IDI Heart & Diabetes Institute, Melbourne, Australia; ³NIEHS, National Institutes of Health, Research Triangle Park, NC

Abstract:

Estrogen receptor- (ER-) is readily expressed in macrophages and other immune cells, which are shown to exert dramatic effects on whole body glucose homeostasis and atherosclerosis development. Here, we investigated the impact of ER- expression on macrophage function to determine whether hematopoietic or myeloid cell-specific ER-deletion promotes obesity-induced insulin resistance. Mice harboring a hematopoietic or myeloid cell-specific deletion of *Esr1* exhibit altered circulating adipokine levels, glucose intolerance, muscle insulin resistance, and increased adipose tissue mass. A similar obese phenotype and increased atherosclerotic lesion area were observed in LDL receptor (LDLR) knock-out mice transplanted with *Esr1*^{-/-} bone marrow. In isolated macrophages, we found that ER- is necessary for the maintenance of oxidative metabolism, IL-4-mediated induction of alternative activation, and phagocytic capacity in response to oxidized LDL and lipopolysaccharide. In addition, we found that ER- is an important and direct regulator of macrophage transglutaminase 2 expression, a potent atheroprotective multifunctional enzyme. Taken together, our findings suggest that diminished ER- expression in hematopoietic/myeloid cells is causal for aspects of the metabolic syndrome and accelerates the development of atherosclerosis.

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Structural and Functional Characterization of Spot 14

Chai-Wan Kim¹, Christopher Colbert², Young-Ah Moon¹, William Mckean¹, Hyock Kwon², Johann Deisenhofer², and Jay Horton

¹Department of Molecular Genetics, ²Department of Biochemistry, University of Texas Southwestern Medical Center, Dallas, TX

Abstract:

Spot14 (S14) is highly expressed in liver and is regulated by SREBP-1c, a transcription factor that activates all genes involved in fatty acid synthesis. S14 knock-out mice manifest decreased rates of fatty acid synthesis in mammary glands and increased rates of fatty acid synthesis in liver. The mechanism for the ability of S14 to modulate lipogenesis has not been elucidated. In a first step in further defining the function and mechanism of S14 action, we have determined the crystal structure of S14 to 2.65 Å. Additional biochemical studies reveal that S14 forms a heterodimer with MIG12, the only protein in the genome that shares significant homology with S14. MIG12 can bind acetyl-CoA carbox-

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Evaluating Hepatic Steatosis as a Risk Factor for 70% Partial Hepatectomy

Ji Ling¹, Rene Jacobs³, Lin-Fu Zhu², Todd Chaba⁴, Dennis Vance¹

¹Department of Biochemistry, ²Department of Surgery, ³Department of Agriculture, Food, and Nutritional Science, ⁴Department of Laboratory Medicine and Pathology, University of Alberta, Edmonton, AB, Canada

Abstract:

The process of liver regeneration is important for increasing the success rate of small-for-size liver transplants, grafts, and resections. A major risk factor for liver surgery is hepatic steatosis, which has been shown to increase the occurrence of postoperative morbidity and mortality. Hepatic steatosis is related to wide spectrum of diseases including obesity and diabetes. With the increasing prevalence of these diseases in the Western population today, it becomes important to perfect the current evaluation methods of livers slated for surgery and to develop therapies to improve the postoperative outcome in patients with hepatic steatosis. We used mice models of hepatic steatosis to answer these questions. Mice deficient in phosphatidylethanolamine N-methyl transferase (PEMT) and mice deficient specifically in hepatic phosphocholine cytidyltransferase (LCT) were fed a high fat diet for various lengths of time to stimulate varying grades of steatosis. 70% partial hepatectomy (PH) was then performed in these mice, and postoperative survival was monitored. Interestingly, we found the ratio of hepatic phosphatidylcholine (PC) to phosphatidylethanolamine (PE) to have a much higher correlation to the rate of survival after surgery than hepatic triacylglycerol (TG) levels. Histopathological evaluation further suggests that inflammation more than steatosis may increase the risk of post-PH mortality. Finally, supplementation of additional choline to the diet in already steatotic PEMT-deficient mice improved survival rate, decreased inflammation, and increased hepatic PC:PE ratio but did not affect hepatic TG levels. In conclusion, other factors in addition to hepatic steatosis need to be considered in determining the risk of post-surgery complications. Furthermore, choline supplementation may be a viable therapy to improve liver regeneration in instances of elevated inflammation or PEMT and choline deficiency.

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Syndecan-1 Shedding Reduces Clearance of Triglyceride-rich Lipoproteins by Human Hepatocytes and Causes Hypertriglyceridemia

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Abstract:

The heparan sulfate proteoglycan syndecan-1 mediates hepatic clearance of triglyceride-rich lipoproteins in mice based on systemic deletion of Sdc1 and hepatocyte-specific inactivation of heparan sulfate biosynthesis (MacArthur et al. (2007) *J. Clin. Invest.* 117, 153-164; Stanford et al. (2009) *J. Clin. Invest.* 119, 3236-3245; Stanford et al. (2010) *J. Biol. Chem.* 285, 286-294). Here, we show that syndecan-1 is expressed on primary human hepatocytes and Hep3B human hepatoma cells and can mediate binding and uptake of VLDL, based on heparin lyase inhibition and small interfering RNA (siRNA) directed against SDC1. We also show that syndecan-1 is spontaneously shed from primary human and murine hepatocytes and Hep3B cells. In human cells, syndecan-1 shedding was induced with phorbol myristic acid (PMA), resulting in 70-75% reduction of syndecan-1 expression on the cell surface and accumulation of syndecan-1 ectodomains in the medium. Shedding occurred through a protein kinase C-dependent activation of ADAM-17 (a disintegrin and metalloproteinase-17) based on pharmacological inhibition studies and siRNA-mediated silencing. PMA stimulation significantly decreased diD-VLDL binding. Furthermore, the shed syndecan-1 ectodomains bound to VLDL based on an assay in which association of VLDL with 35S-labeled ectodomains caused a decrease in the buoyant density of the proteoglycan. Induction of Sdc1 shedding in mice by injection of lipopolysaccharide resulted in loss of hepatic Sdc1, accumulation of ectodomains in the plasma, and hypertriglyceridemia. Thus, shedding of syndecan-1 provides a mechanism that might explain hypertriglyceridemia in patients with sepsis or in patients undergoing therapeutic regimens that result in idiopathic hyperlipidemia.

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CD36 and SR-A Contribute Similarly and Independently to Nonalcoholic Steatohepatitis in Hyperlipidemic Mice

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Abstract:

The major feature of nonalcoholic steatohepatitis (NASH) is hepatic lipid accumulation in combination with inflammation, which can further progress into fibrosis and cirrhosis. Recently, we demonstrated that combined deletion of the two main scavenger receptors, CD36 and macrophage scavenger receptor 1 (MSR1), which are important for the uptake of modified cholesterol-rich lipoproteins, reduced the initiation and progression of NASH. So far, the individual contributions of these receptors to NASH and the intracellular mechanisms by which they contribute to inflammation have not been established. We hypothesize that CD36 and MSR1 contribute similarly and independently to the progression of diet-induced NASH. *Ldlr*^{-/-} mice were lethally irradiated and transplanted with wild-type (WT), *Cd36*^{-/-}, or *Msr1*^{-/-} bone marrow and fed a Western diet for 3 months. Results showed that *Cd36*^{-/-} and *Msr1*^{-/-} transplanted (tp) mice show the same extent of liver damage as WT mice. These findings indicate that CD36 and MSR1 contribute similarly and independently to the progression of diet-induced NASH.

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Ezetimibe Exacerbates the Hypertriglyceridemia in *Gpihbp1*^{-/-} Mice

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Abstract:

Adult GPIHBP1-deficient mice (*Gpihbp1*^{-/-}) have severe hypertriglyceridemia; however, the plasma triglyceride

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Identification of Ubxd8 Protein as a Sensor for Unsaturated Fatty Acids and Regulator of Triglyceride Synthesis

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Abstract:

Fatty acids (FAs) are essential for cell survival, yet their overaccumulation causes lipotoxicity. To prevent lipotoxicity, cells store excess FAs as triglycerides (TGs). In cultured cells, TG synthesis is activated by excess unsaturated but not saturated FAs. Here, we identify Ubxd8 as a sensor for unsaturated FAs and regulator of TG synthesis. In cultured cells depleted of FAs, Ubxd8 inhibits TG synthesis by blocking conversion of diacylglycerols (DAGs) to TGs. Excess unsaturated but not saturated FAs relieve this inhibition. As a result, unsaturated FAs are incorporated into TGs, whereas saturated FAs are incorporated into DAGs. In vitro, unsaturated but not saturated FAs alter the structure of purified

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Loss of ABCG1 Elicits a Natural Immune Response That May Protect from Atherosclerosis

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Abstract:

The oxidation of LDL, a key event in the pathogenesis of atherosclerosis, generates multiple oxidation-specific neoepitopes, including malondialdehyde-modified (MDA-modified) LDL (MDA-LDL), and the phosphorylcholine (PC) head group of oxidized phospholipids (oxPL). These epitopes are recognized by natural germ line IgM antibodies that are secreted by B cells. We previously showed that mice lacking the ABC transporter, ABCG1, display signs of severe inflammation in the lungs, associated with the accumulation of lipid-laden foam cells and cholesterol crystals, which are also characteristic of atherosclerotic lesions. We

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Functional and Dysfunctional Structures of Apolipoprotein A-I in HDL

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Abstract:

Apolipoprotein A-I (apoA-I) is the major protein component of HDLs and a critical element in vascular health. The three-dimensional organization of this exchangeable lipoprotein is highly flexible and includes several structural sub-species that vary in oligomeric state and lipidation profile. We have previously used electron paramagnetic resonance (EPR) spectroscopy to describe the structural organization of the N-terminal domain of apoA-I in the lipid-free state (Lagerstedt et al. (2007) *J. Biol. Chem.* 282, 9143-9149). Here, we report on the structure of residues 6-98 on 9.6-nm rHDL and, at select sites, on 7.8- and 8.4-nm rHDL. Our analyses of 9.6-nm rHDL reveal a secondary structure composed of random coil and β -strand positioned between two α -helices. Further, we have identified N-terminal residues important in apoA-I structural rearrangement that occur in response to changes in HDL lipid cargo and particle size. The structural conversion of this region in initial lipid loading will be discussed. In addition to functional apoA-I, several variants of apoA-I have been shown to form tissue-specific amyloid deposits in vivo. We previously characterized the N-terminal G26R variant, which possesses decreased stability and increased β -structure typical of amyloid proteins (Lagerstedt et al. (2007) *Biochemistry* 46, 9693-9699). Currently, we are analyzing the structural properties of the C-terminal amyloid variant L178H (associated with cardiac and larynx amyloidosis) which, in similarity to G26R, exhibits decreased stability and an altered conformation. However, in contrast to G26R, the L178H variant acquires helical structure upon fibril formation and may thus represent a novel aggregation pathway.

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Anacetrapib Stimulates Macrophage-to-feces Reverse Cholesterol Transport in the Dyslipidemic Syrian Golden Hamster

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Abstract:

Cholesteryl ester transfer protein (CETP) mediates transfer of cholesteryl ester and triglyceride between HDL and

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Characterization of Proprotein Convertase Subtilisin-like/Kexin Type 9 (PCSK9) Secretion Mutant S462P: Fate of the Protein

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Abstract:

Protein convertase subtilisin-like/kexin type 9 (PCSK9) is an attractive target for treatment of dyslipidemia. It secretes and binds to LDL receptors (LDLRs) and subsequently directs the LDLR to lysosomes for degradation in the liver, therefore controlling the level of LDL in plasma. Various naturally occurring PCSK9 gain-of-function (GOF) or loss-of-function (LOF) mutants have been identified. Among them, S462P, a LOF mutant, is defective on PCSK9 secretion. In the current study, we investigated the possible mechanism of action of the S462P mutant utilizing biochemistry and imaging approaches as well as protein modeling tools. Stable cell lines expressing wild-type PCSK9, S462P, or S462A mutant were established in HEK293 cells. S462 is located in the loop of the C-terminal domain that interfaces with the catalytic domain. The side chain OH of Ser-462 appears to stabilize the local region via hydrogen bonds to the backbone NH of Ala-522 and backbone C=O of Ala-423. Mutation of Ser to Pro would eliminate those two strong hydrogen bonds and introduce a bulky Pro ring that may cause misfolding; mutation of Ser to Ala also causes elimination of hydrogen bonds; however, sterically it may be possible to maintain the folding structure. Quantitative Western blotting revealed that the S462P mutant is cleaved to the same extent as the wild-type and S462A mutant; however, most S462P protein stayed in the cytosol; only a small amount is secreted. Imaging analysis indicated that the S462P protein is mostly trapped in the endoplasmic reticulum during protein trafficking. Protein purified from the medium showed in vitro functional activity similar to that of the wild-type PCSK9. Difficulty in purifying the active form of protein from the cell lysate suggests improper folding. Further characterization is ongoing to investigate markers of endoplasmic reticulum stress in association with S462P-containing HEK293 cells.

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Measuring the Effect of the Membrane Environment on Choles-

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Evidence for Nondetectable Cholesteryl Ester Transfer Protein Expression in Parenchymal Cells of Human Liver and Adipose Tissues using Immunohistochemistry

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Abstract:

Cholesteryl ester transfer protein (CETP) mediates transfer of cholesteryl ester and triglyceride between HDLs and LDLs and currently is a target for dyslipidemia and coronary artery disease. Although CETP is known to circulate in plasma, historically the study of tissue distribution of CETP expression is limited to studies examining mRNA measurement in in vitro systems. Such studies suggested that nonhuman primate CETP mRNA expression in the liver occurs in nonparenchymal (nonhepatocyte) cells. In the current study, we sought to determine the cell type responsible for CETP expression in human liver and adipose tissue, using immunohistochemical methods. Immunohistochemistry was performed using three specific mouse anti-human CETP monoclonal antibodies, TP1, TP2, and TP20, which recognize different segments of human CETP. In normal human liver, CETP was expressed in nonparenchymal cells of the liver sinusoid, whereas no CETP was found in parenchymal cells and biliary epithelial cells. Double immunofluorescence staining demonstrated that CETP-expressing cells were co-localized with CD68, a macrophage/Kupfer cell marker, in the liver. In human adipose tissue, CETP expression was not detected in adipocytes but rather in stromal cells, although additional studies are required to identify the type of stromal cell. These studies describe the in situ expression pattern for CETP in human liver and adipose tissue. Once the location of CETP tissue expression is determined, future studies may focus on the role of resident tissue CETP activity and its contribution to cholesterol homeostasis both under normal and diseased states.

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Proprotein Convertase Subtilisin-like/Kexin Type 9 (PCSK9)-mediated Regulation of LDL Receptor in the Mouse Enterocyte

Alison Strack, Jing Xiao, Sheng-Ping Wang, Paul Fischer, Anka Ehrhardt, Yan Cui, Yonghua Zhu, Denise Milot, Liwen Zhang, and Brian Hubbard

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Abstract:

Protein convertase subtilisin-like/kexin type 9 (PCSK9) has been demonstrated by others to be present in the gut as well as in the liver. We examined the role of PCSK9 on LDL receptor regulation in the mouse small intestine. First, we studied immunohistochemical examination of the ileum in the wild-type C57BL/6 mouse and the PCSK9^{-/-} mice. In the normal, wild-type mouse, the LDLR is localized predominantly on the basolateral membrane. In the PCSK9^{-/-} mouse, a signi

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Effect of Anacetrapib Treatment on HDL Function: Anti-inflammatory Response on Endothelial Cells and Promoting β -Cell Function

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Abstract:

LDL cholesterol levels are inversely related to the development of coronary heart disease. Cholesteryl ester transfer protein (CETP) is a plasma protein that facilitates the transport of cholesteryl esters from HDL to apoB-containing lipoproteins. Thus, CETP inhibition has been identified as a potential strategy of raising HDL cholesterol levels for the treatment of atherosclerotic vascular disease. Recent studies suggest a number of potential atheroprotective functions of HDL. The objective of this study was to evaluate two potential aspects of HDL: anti-inflammatory effects on endothelial cells and improving pancreatic β -cell function. Specifically, we wanted to determine whether CETP inhibitor-treated HDL maintains proper function. Human, hamster, and anacetrapib-treated hamster HDL samples were isolated by ultracentrifugation, and their ability to suppress endothelial inflammation and promote β -cell function was determined. HDL demonstrated anti-inflammatory effects of reducing expression of cell adhesion molecules in human artery endothelial cells (HAEC). Both human and hamster HDL inhibited TNF α -induced expression of vascular cell adhesion molecule-1 (VCAM-1), intercellular adhesion molecule-1 (ICAM-1), and E-selectin. Moreover, HDL from anacetrapib-treated hamsters maintained the ability to suppress inflammatory responses in HAEC. The effect of HDL to promote insulin secretion was tested using primary β -cells. HDL increased glucose-stimulated insulin secretion by both hamster and human islets. These studies demonstrate that anacetrapib treatment maintains the potent ability of HDL to suppress an endothelial cell inflammatory response. In addition, both human and hamster HDL promoted β -cell function. Additional studies to determine the effect of anacetrapib treatment on the ability of HDL to promote β -cell function are currently ongoing. The present studies indicate that anacetrapib treatment maintains proper HDL function.

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Coordinately Regulated Alternative Splicing of Genes Involved in Cholesterol Biosynthesis and Uptake

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Abstract:

Genes involved in cholesterol biosynthesis and uptake are transcriptionally regulated in response to cellular sterol content in a coordinated manner. A number of these genes, including 3-hydroxy-3-methylglutaryl coenzyme A reductase (HMGCR) and LDL receptor (LDLR), have been reported to undergo alternative splicing in a manner that results in reductions of enzyme or protein activity. Here, we demonstrate that cellular sterol depletion suppresses, and sterol loading induces, alternative splicing of multiple genes involved in the maintenance of cholesterol homeostasis including HMGCR and LDLR, the key regulators of cellular cholesterol biosynthesis and uptake, respectively. These changes were observed in both in vitro studies of the HepG2 human hepatoma-derived cell line, as well as in vivo studies of St. Kitts vervets. These effects are mediated in part by sterol regulation of polypyrimidine tract-binding protein 1 (PTBP1) because knockdown of PTBP1 eliminates sterol-induced changes in alternative splicing of several of these genes. Single-nucleotide polymorphisms (SNPs) that influence HMGCR and LDLR alternative splicing (rs3846662 and rs688, respectively), have been associated with variation in plasma LDL-cholesterol levels. Sterol-induced changes in alternative splicing are blunted in carriers of the minor alleles for each of these SNPs, indicating an interaction between genetic and nongenetic regulation of this process. Our results implicate alternative splicing as a novel mechanism of enhancing the robust transcriptional response to conditions of cellular cholesterol depletion or accumulation. Thus, coordinated regulation of alternative splicing may contribute to cellular cholesterol homeostasis as well as plasma LDL levels.

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Does VLDL or Chylomicron Secretion Contribute to Lowered Plasma Lipids in Apolipoprotein A-IV Knock-out Animals?

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Abstract:

Many functions have been attributed to intestinal apolipoprotein A-IV (apoA-IV), an intestinally derived apolipoprotein secreted in response to fat in the diet, including its role as an antioxidant, an anti-inflammatory factor, and a mediator of reverse-cholesterol transport. Although these are important functions of apoA-IV, these are also ascribed to other apolipoproteins. We have demonstrated that apoA-IV plays a role in mediating triglyceride (TG) and cholesterol homeostasis in plasma. Loss of apoA-IV causes a significant decrease in plasma lipid levels in mice maintained on a chow diet, confirming the findings of Breslow et al. (1997). Further, apoA-IV knock-out mice are resistant to high fat diet-induced increases in plasma TG and cholesterol. The lowered plasma lipids in apoA-IV knock-out mice are not due to differences in body weight, because apoA-IV knock-out and wild-type animals have comparable body weights. Additionally, apoA-IV knock-out mice have a total fat mass to body weight ratio that is comparable to that of wild-type mice on the same diet. Loss of apoA-IV does not cause mice to develop fatty liver on chow, low fat, or high fat diets. Finally, apoA-IV knock-out mice do not have altered TG-rich lipoprotein secretion from the liver. This function for intestinally derived apoA-IV strongly suggests that apoA-IV plays a previously unknown role in the regulation of plasma lipid levels. We have recently determined that the loss of apoA-IV does not affect absorption of TG or cholesterol from the intestine into lymph. Whether apoA-IV affects chylomicron metabolism is the focus of ongoing experiments.

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Effects of Small Interfering RNA-mediated Hepatic Glucagon Receptor Inhibition on Glucose and Lipid Metabolism in db/db Mice

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Abstract:

Hepatic glucose overproduction is one of the major characteristics of type 2 diabetes. Glucagon is a key regulator for glucose homeostasis. Inhibition of glucagon activity by inhibition of glucagon receptor (GCGR) has been considered as one of the therapeutic strategies for the treatment of diabetes mellitus. To study the effects of hepatic GCGR inhibition on glucose metabolism in a diabetic mouse model, small interfering RNA (siRNA) targeting GCGR was introduced to db/db mice by tail vein injection. Knocking down of GCGR reduced plasma glucose levels but also increased plasma cholesterol levels. Hepatic lipid contents in si-GCGR-treated animals were also increased. Detailed lipid analysis showed that increased plasma cholesterol was due to an increase of LDL, but VLDL or HDL fractions were not changed. Taqman analysis of liver samples indicated that the mRNA expression levels of gluconeogenic genes were reduced, whereas the mRNA levels of the genes associated with fatty acid and cholesterol biosynthesis were increased in si-GCGR-treated mice. Because alterations in glucagon levels have been associated with changes in serum lipid levels, these findings provided additional insight on the role of GCGR in hepatic glucose output. Additional studies around lipid synthesis and clearance in these siRNA-treated mice are currently ongoing. Further understanding of glucagon/GCGR effects in glucose and lipid metabolism could lead to the identification of novel therapeutic strategies to treat hyperglycemia without causing lipid abnormalities.

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Insights into Triglyceride-rich Lipoprotein Assembly from Drop Tensiometry

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Abstract:

Apolipoprotein B-100 (apoB) is the principal protein component of LDL, commonly known as “bad cholesterol.” The N-terminal ~1,000 amino acids of apoB, called the α 1 superdomain, co-translationally recruit neutral lipids for the assembly of triglyceride-rich lipoproteins. The α 1 superdomain contains four subdomains and is predicted to interact directly with lipids while retaining its tertiary structure. Using drop tensiometry, we examined the interfacial properties of the second and third domains, called the β -helical (amino acids 316-636) and C-sheet (amino acids 636-787) domains, and their subdomains to establish their structure-function relationship at a hydrophobic interface. We studied the adsorption, stress response, viscoelasticity, exchangeability, and pressure-area relationship at both a TO/W and TO/POPC/W interface. The β -helical domain spontaneously adsorbs to a TO/W interface and forms a viscoelastic surface. It is anchored to the surface by helix 6 and remodels on the surface as a function of surface pressure. The C-sheet forms an elastic $\sim 1\text{ }\mu\text{m}$ on a TO/W interface and is irreversibly anchored to a lipid surface, which is consistent with the behavior of an amphipathic β -sheet. The exclusion pressure at a TO/POPC/W interface of the β -helical domain is $22 \pm 1.5\text{ mN/m}$, whereas the C-sheet is $\sim 17 \pm 1\text{ mN/m}$. When both domains are adsorbed together to the surface, the C-sheet shields a portion of the β -helical domain from the surface, which may retain its globular structure. We used these as well as other insights to develop a molecular level model of co-translational triglyceride recruitment by apoB.

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Birth of Lipid Droplets: A Mammalian System for Induced Lipid Droplet Formation

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Abstract:

The lipid droplet (LD) is a dynamic and ubiquitous organelle that is central to cellular energy homeostasis. Despite their importance, almost nothing is known about how LDs form. The working model suggests that neutral lipids (sterol esters and triacylglycerols) coalesce locally in subdomains of the endoplasmic reticulum (ER) bilayer. These collections of neutral lipids then separate from the ER and localize to the cytosol where they are coated by a phospholipid monolayer and a number of specific proteins. This model raises two key questions: (1) What cellular components organize sites of LD formation? (2) How is the LD monolayer separated from a bilayer while maintaining its integrity?

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CYP27: A Novel Player in Diet-induced Nonalcoholic Steatohepatitis

Veerle Bieghs¹, Patrick van Gorp¹, Tim Hendrikx¹, Fons Verheyen¹, Marion Gijbels¹, Eran Leitersdorf², Marten Hofker³, Dieter Lütjohann⁴, and Ronit Shiri-Sverdlov¹

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Apolipoprotein E Reduces Atherosclerosis Independently of Lowering Plasma Cholesterol by Suppressing Inflammation in Circulating Leukocytes and Vascular Endothelium

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Abstract:

We sought to investigate mechanisms by which apolipoprotein (apoE) E can suppress atherosclerosis beyond reducing plasma cholesterol. To this end, we bred hypomorphic apoE (Apoeh/h) mice to Ldlr^{-/-} mice to derive Apoeh/hLdlr^{-/-} mice. When fed a chow diet, Apoeh/hLdlr^{-/-} mice displayed plasma cholesterol levels that were similar to those of chow-fed Apoeh/hLdlr^{-/-} mice (597.5 ± 24.3 mg/dl vs. 662.4 ± 26.4 mg/dl, respectively), despite accumulating 4-fold more plasma apoE than wild-type mice. By 20 weeks of age, Apoeh/hLdlr^{-/-} mice developed ~4-fold less Oil Red O- and ~3-fold less macrophage-positive surface area in the aortic root than Apoeh/hLdlr^{-/-} mice. Apoeh/hLdlr^{-/-} mice displayed reduced endothelial activation, with reduced expression of ICAM-1 (1.28-fold less), PECAM-1 (4.5-fold less), and JAM-A (11-fold less) as assessed by confocal microscopy of en face preparations of the aortic arch derived from 14-week-old mice of both groups. By 20 weeks of age, Apoeh/hLdlr^{-/-} mice displayed 30% fewer circulating blood leukocytes and 10% fewer proinflammatory Ly6C^{hi} monocytes. They also displayed .2(yt)25er proin.8352 0 T0yt

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Lipoprotein Sizing Comparison among Different Analytical Platforms: Is There a Technique That Fits All?

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Abstract:

Recently, there has been much discussion as to which analytical platform is the most appropriate for lipoprotein sizing/measurement. Because the outputs from these measurements are routinely used for the diagnosis and management of hypercholesterolemia and coronary cardiovascular events, this has been a very hot topic in the cardiovascular disease arena. Different methods have been utilized for the measurement of lipoproteins such as ultracentrifugation (UC), vertical autopro

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Systems Genetics-based Approach to Study Obesity in Mice

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Abstract:

Obesity is a polygenic disease with a complex etiology involving multiple genetic and environmental factors. In addition to these factors, recent studies have highlighted important roles for both the immune system and the microbiome in contributing to obesity in humans and mice. To understand the complex molecular interactions contributing to obesity we are using a powerful systems genetics resource, the Hybrid Mouse Diversity Panel (HMDP), which enables high resolution genetic mapping and integration of multiple high-throughput “-omics” data sets, such as transcriptomics and metabolomics. The HMDP is composed of commercially available, classical, and recombinant inbred strains of mice (~100 strains total), which takes advantage of common genetic variations that exist among inbred mouse strains. Obesity will be assessed in mice fed a high fat or normal chow diet for 8 weeks (starting at 8 weeks of age), followed by extensive phenotyping (body weight, lean/fat mass, plasma lipids, etc.). To address immune system and microbiota contributions to obesity we are performing high throughput flow cytometry analysis of lymphoid and myeloid cell types in the periphery and within visceral adipose tissue. Gut microbial diversity is being measured using 454 pyrosequencing, which enables precise determination of the microbial community. Data collected thus far show robust weight gain with a high fat diet and significant strain variation for all traits measured. Collectively, these data will provide the first comprehensive analysis of gene by environmental interactions contributing to obesity across multiple scales of biology (DNA, RNA, protein, metabolites, microbiota) and will allow the dissection of complex interactions in obese and lean settings.

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Effects of Postprandial Triglyceride-rich Lipoprotein Lipolysis Products on Kidney Injury

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LDL-c Lowering in Rhesus Monkeys by Subcutaneous Administration of a Monoclonal Anti-protein Convertase Subtilisin-like/Kexin Type 9 (PCSK9) Antibody

Daniël Blom¹, Ayesha Sitlani³, Marina Ichetovkin¹, Neil Geoghagen¹, Doug Johns¹, Sheng-ping Wang¹, Ray Rosa¹, Vivienne Mendoza¹, Yan Ni¹, Shilpa Pandit¹, Liwen Zhang¹, Weirong Wang⁴, Jeanette Roman⁵, Wolfgang Seghezzi³, Melinda Marian³, Brittany Paporello³, Harry Davis², Joe Hedrick, Jon Condra, Diane Hollenbaugh, Andy Plump¹, and Brian Hubbard¹

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Abstract:

Protein convertase subtilisin-like/kexin type 9 (PCSK9) has recently emerged as a major regulator of plasma LDL cholesterol (LDL-c) and consequently as a promising therapeutic target for treating coronary heart disease (CHD) (1-4). Inhibitors of the cell surface PCSK9-LDLR interaction are expected to enhance LDL-c clearance and lower circulating levels of LDL-c. Several lines of preclinical and clinical data validate the development of an anti-PCSK9 monoclonal antibody (mAb) as an effective therapeutic agent for LDL-c lowering in the clinic (5-8). We identified a human monoclonal antibody (mAb8) that binds to human, murine, and Rhesus PCSK9 with low nanomolar affinity (6.8, 2.8, and 2.2 nM, respectively) and that potently inhibits the PCSK9 functional effects in a HepG2 cell-based LDL-c uptake assay (EC50: 9 nM). mAb8 efficiently lowered LDL-c in CETP/LDLR+/- mice upon administration of a single, 3 mpk dose (>20% for 5 days). Efficient lowering of plasma LDL-c (>25%) was also obtained by subcutaneous administration of 1 mpk mAb8 in Rhesus monkeys, which lasted for 45 days. A subsequent study in normal Rhesus monkeys showed a shorter duration of action for this mAb, in the same dosing paradigm. Analysis of LDL-c levels showed differences in base-line levels in these Rhesus monkeys that correlated with the duration of LDL-c lowering caused by mAb8. Our results show efficacy of the monoclonal antibody mAb8 in Rhesus monkeys and suggest that base-line LDL-c levels may be of importance for the duration of efficacy.

(1) Abifadel, M., et al. (2003) *Nature*. 34, 154-156. (2) Horton, J. D., et al. (2007) *Trends Biotechnol. Sci.* 32, 71-77. (3) Cohen, J., et al. (2005) *Nature*. 37, 161-165. (4) Kotowski, I. K., et al. (2006) *Am. J. Hypertens. Geol.* 78, 410-422. (5) Fisher, T. S., et al. (2007) *J. Biol. Chem.* 282, 20502-20512. (6) Lagace, T. A., et al. (2006) *J. Clin. Invest.* 116, 2995-3005. (7) Chan, J. C., et al. (2009) *Proc. Natl. Acad. Sci. U.S.A.* 106, 9820-9825. (8) Regeneron investors day.

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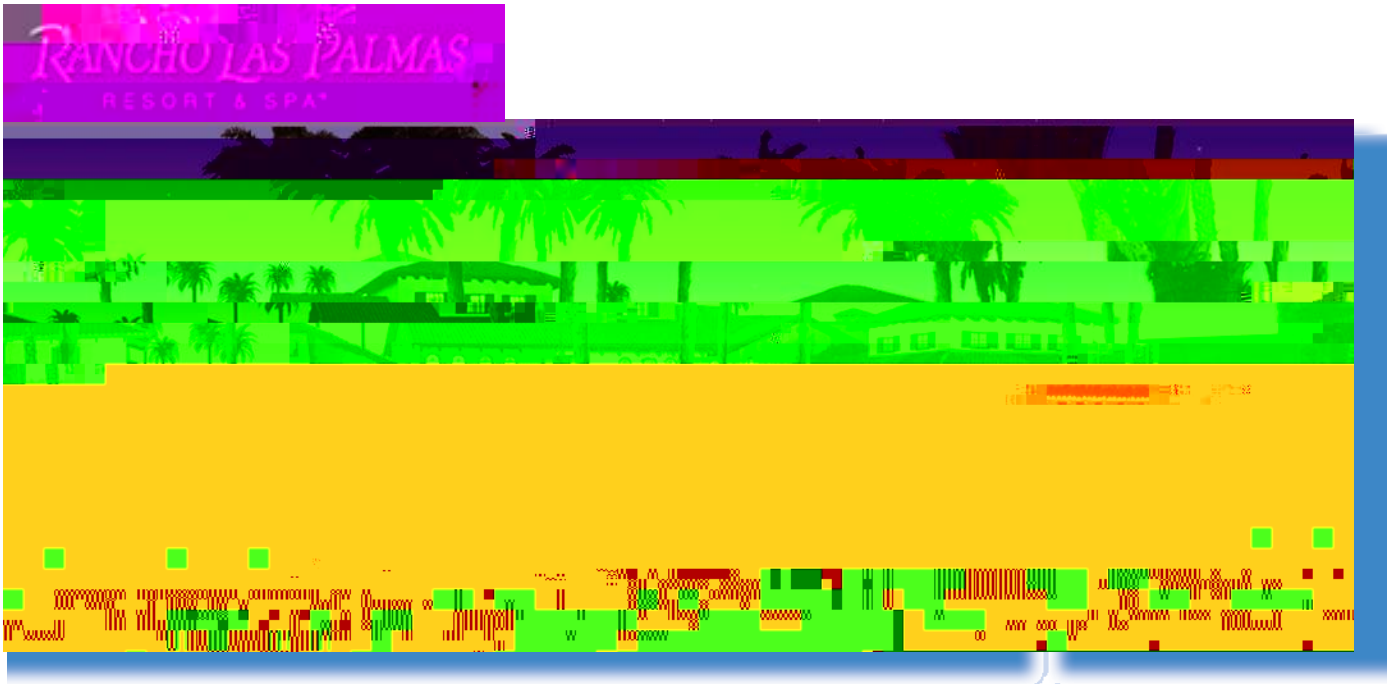
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