

# HDL / LDL cholesterol turnover

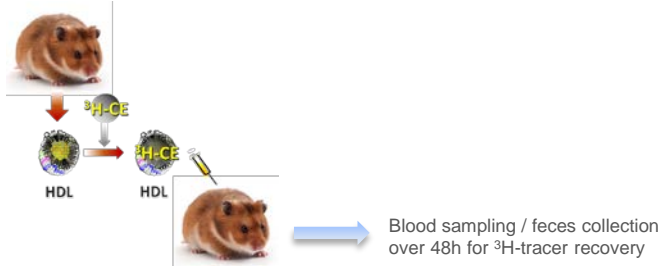
State-of-the-art technique to investigate and quantify the effects of your compound on HDL-c metabolism as well as HDL-derived cholesterol fecal excretion. HDL-CE kinetics using radioactive labeled tracers is a direct approach to evaluate drugs affecting HDL metabolism and reverse cholesterol transport

## Key benefits :

- ✓ Directly detect a beneficial effects of your compound on HDL-c metabolism and HDL-derived cholesterol fecal excretion
- ✓ Direct mechanisms targeted by your compound: how your compound modulates HDL-c levels
- ✓ Essential and robust data to demonstrate that your compound promotes HDL-derived cholesterol fecal excretion and has therefore the potential to prevent atherosclerosis

## DESCRIPTION AND PARAMETERS EVALUATED

- Species: mouse, hamster

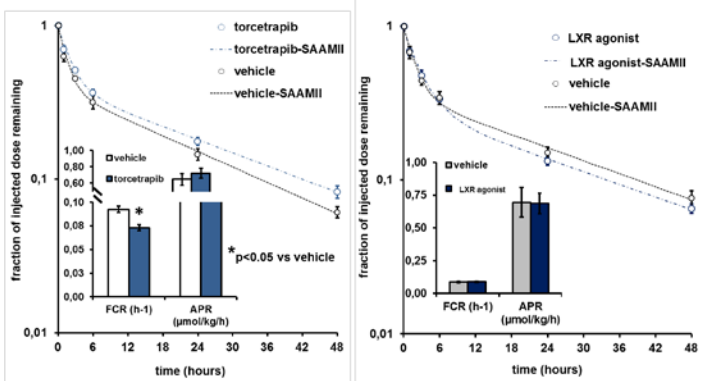


- Plasma total cholesterol, HDL-c and HDL-c/TC ratio
- HDL-CE kinetic parameters: catabolism (fractional catabolic rate (FCR)) and production (absolute production rate (APR))
- HDL-derived cholesterol fecal excretion: <sup>3</sup>H-tracer recovered in fecal free sterols and bile acids

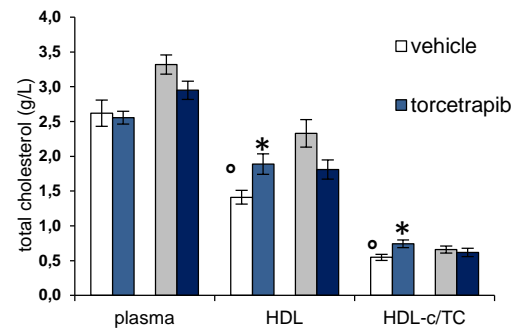
## SCIENTIFIC AND PHARMACEUTICAL RELEVANCE

Method: 10-day treatment with torcetrapib 3mg/kg/day or LXR agonist GW3965 30mg/kg twice daily.

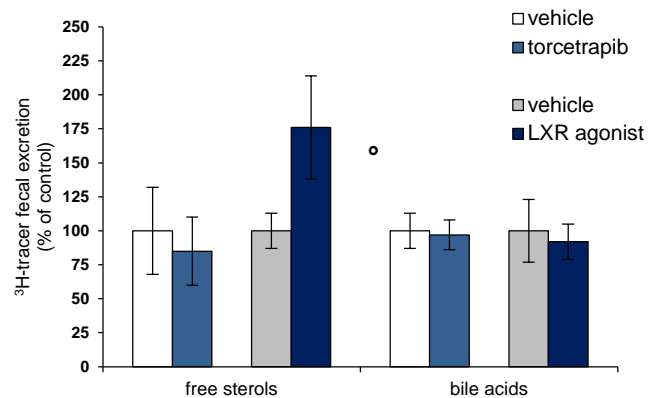
- Torcetrapib increases HDL-c and HDL-c/TC ratio through a lower HDL-CE catabolism
- Torcetrapib does not compromise HDL-derived cholesterol fecal excretion
- Despite no effect on HDL-CE catabolism, LXR activation increases HDL-derived cholesterol fecal excretion (as free sterols)



## Plasma total cholesterol HDL-c & HDL-c to total cholesterol ratio (HDL-c/TC)



## <sup>3</sup>H-tracer recovery in fecal free sterols and bile acids 48h after <sup>3</sup>H-cholesteryl oleate labeled HDL injection



\*p<0.05 torcetrapib vs. vehicle ; \*p<0.05 LXR agonist vs. vehicle

## ADD-ON STUDIES

- Macrophage-to-feces reverse cholesterol transport
- Biochemical analysis: plasma lipids, HDL-c, lipoprotein profiles, transfer protein activity assays (CETP, PLTP), etc.

## REFERENCES

- Briand F. et al, Atherosclerosis, 233:359-362, 2014  
 Briand F. et al, Arterioscler Thromb Vasc Biol. 33(1):13-23, 2013.  
 Castro-Perez J. et al, J Lipid Res, 52(11):1965-73, 2011.  
 Briand F. et al, J Lipid Res. 51(4):763-70, 2010.