

UP-REGULATION OF REVERSE CHOLESTEROL TRANSPORT REQUIRES REDUCTION OF APOLIPOPROTEIN-E RICH HDL LEVELS IN HYPERLIPIDEMIC HAMSTERS TREATED WITH CETP INHIBITOR TORCETRAPIB

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INTRODUCTION

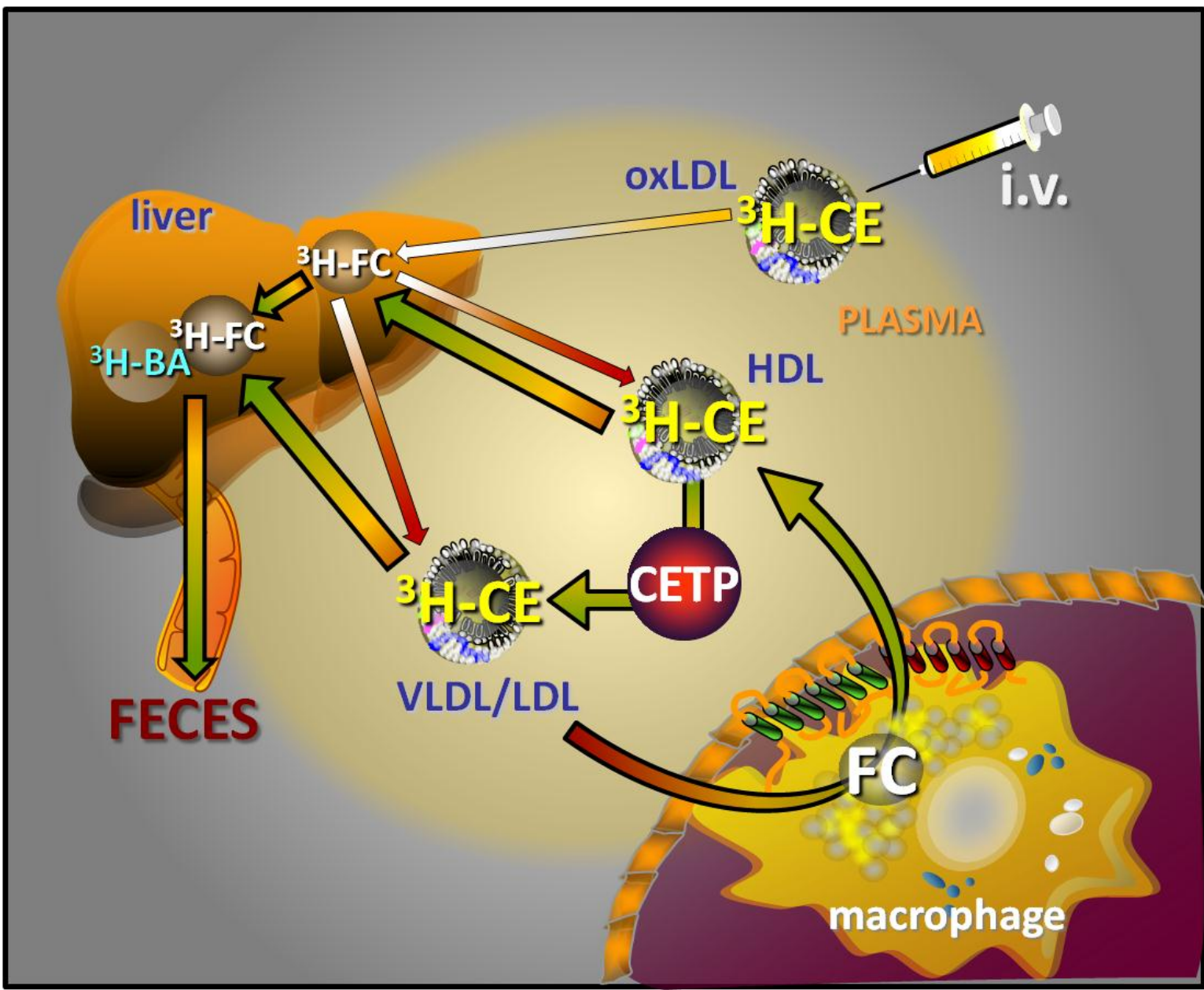
Cholesteryl ester transfer protein (CETP) inhibition increases the levels of enlarged/apolipoprotein E rich HDL particles (apoE-HDL). Whether these particles are functional to promote reverse cholesterol transport (RCT) remains unclear. Here we investigated this issue in hyperlipidemic hamsters, using an alternative method to measure *in vivo* reverse cholesterol transport (oxLDL-RCT method).

METHODS

- Golden Syrian hamsters were made hyperlipidemic with a 4-week high fat diet, which increased non-HDL-cholesterol levels, CETP activity, liver lipid levels and induced a 35% reduction in LDL-receptor protein expression (all $p < 0.05$ vs. chow fed hamsters).
- Hyperlipidemic hamsters were treated with vehicle, CETP inhibitor torcetrapib 30mg/kg/day alone, berberine 150mg/kg/day alone or the combination of torcetrapib 30mg/kg/day and berberine 150mg/kg/day over 14 days. Biochemical parameters were measured after 10 days of treatment.
- After 11 days of treatment, hamsters were injected i.v. with ^3H -cholesteryl oleate labeled/oxidized LDL (^3H -oxLDL) to measure *in vivo* reverse cholesterol transport or with ^3H -cholesteryl oleate labeled/unmodified LDL (^3H -LDL) to measure *in vivo* LDL kinetics.
- In both radiotracer experiments, blood was collected continuously to measure plasma ^3H -tracer over 72 hours. Hamsters were then sacrificed and liver was harvested to measure hepatic ^3H -tracer recovery. Feces were collected over 72 hours to measure ^3H -radioactivity and mass in fecal cholesterol and bile acids fractions.

RESULTS

1. Measurement of *in vivo* reverse cholesterol transport



Measurement of *in vivo* reverse cholesterol transport using ^3H -cholesteryl oleate labeled oxidized LDL (BA, bile acids; CE, cholesteryl esters; CETP, cholesteryl ester transfer protein; FC, free cholesterol).

3. Berberine lowers LDL-cholesterol and improves liver steatosis

	vehicle	berberine
Total cholesterol (g/L)	3.96 ± 0.10	$3.04 \pm 0.15^{***}$
LDL-cholesterol (g/L)	0.93 ± 0.02	$0.61 \pm 0.06^{***}$
HDL-cholesterol (g/L)	2.16 ± 0.15	1.87 ± 0.08
Triglycerides (g/L)	2.95 ± 0.32	$1.56 \pm 0.23^{**}$
CETP activity (pmol/ $\mu\text{L}/\text{h}$)	56 ± 3	50 ± 3
Liver mass (g)	5.9 ± 0.2	$5.2 \pm 0.2^{**}$
Hepatic cholesterol (mg/g)	40.3 ± 1.2	$34.0 \pm 1.9^*$
Hepatic triglycerides (mg/g)	38.1 ± 1.6	$26.8 \pm 3.2^{**}$
Fecal cholesterol ($\mu\text{g}/\text{day}$)	404 ± 24	$589 \pm 66^{**}$
Fecal bile acids ($\mu\text{mol}/\text{day}$)	27 ± 2	23 ± 2

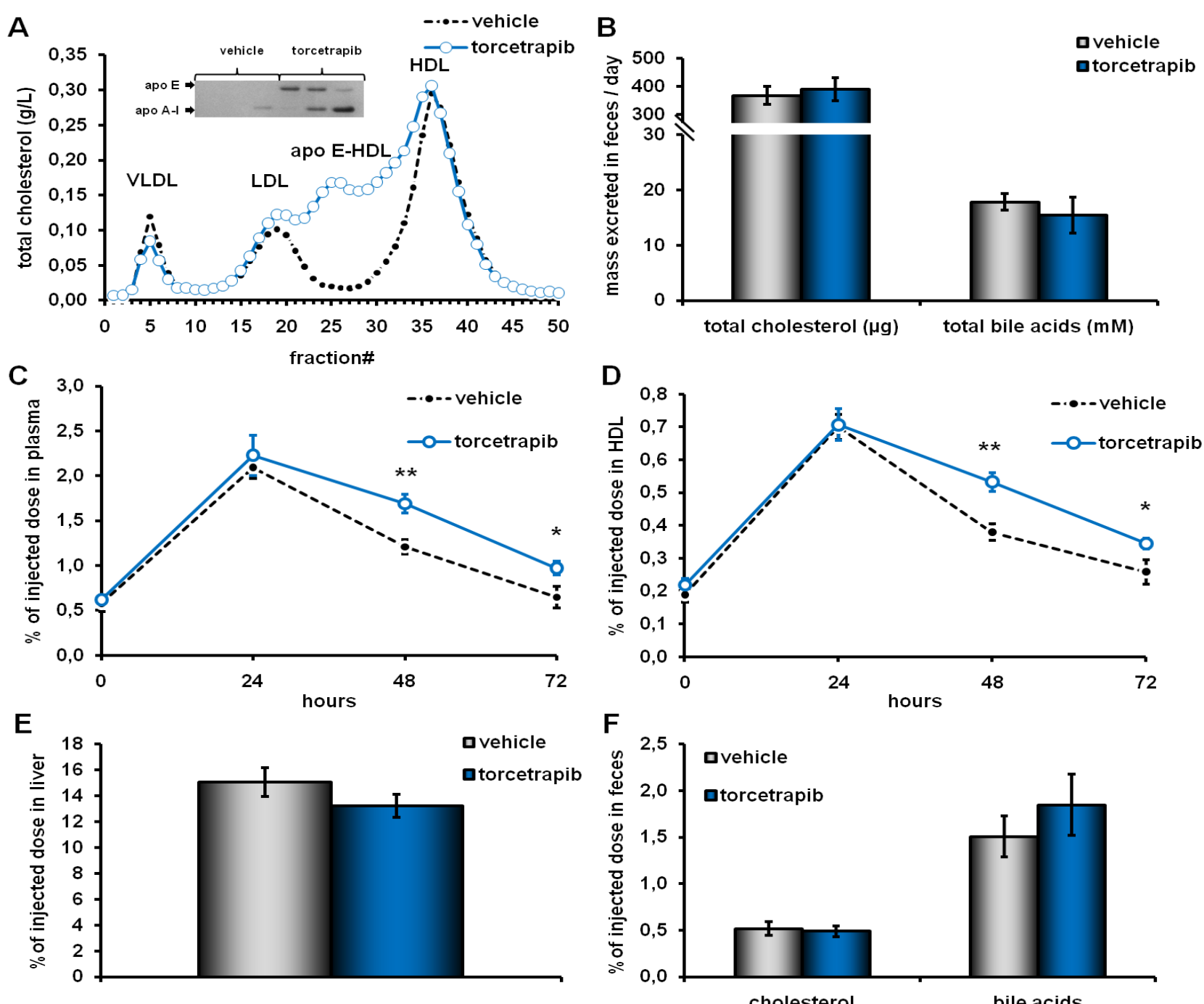
Plasma and liver parameters in hyperlipidemic hamsters treated with vehicle or berberine 150mg/kg/day ($^*p < 0.05$, $^{**}p < 0.01$, $^{***}p < 0.001$ vs. vehicle).

5. Effects of torcetrapib and torcetrapib+berberine on biochemical parameters

	vehicle	torcetrapib	torcetrapib + berberine
Total cholesterol (g/L)	3.80 ± 0.12	$5.15 \pm 0.27^{***}$	4.43 ± 0.20
HDL-cholesterol (g/L)	2.04 ± 0.13	$2.63 \pm 0.13^{**}$	2.28 ± 0.10
Triglycerides (g/L)	3.02 ± 0.24	$1.20 \pm 0.09^{***}$	$1.20 \pm 0.13^{\dagger\dagger}$
CETP activity (pmol/ $\mu\text{L}/\text{h}$)	58 ± 7	$40 \pm 2^{***}$	$43 \pm 3^{\dagger\dagger}$
Liver mass (g)	5.4 ± 0.3	5.8 ± 0.1	4.9 ± 0.2
Liver cholesterol (mg/g)	46.0 ± 2.6	47.2 ± 4.2	$34.8 \pm 2.5^{\dagger}$
Liver triglycerides (mg/g)	33.1 ± 3.0	30.1 ± 1.1	32.8 ± 2.1

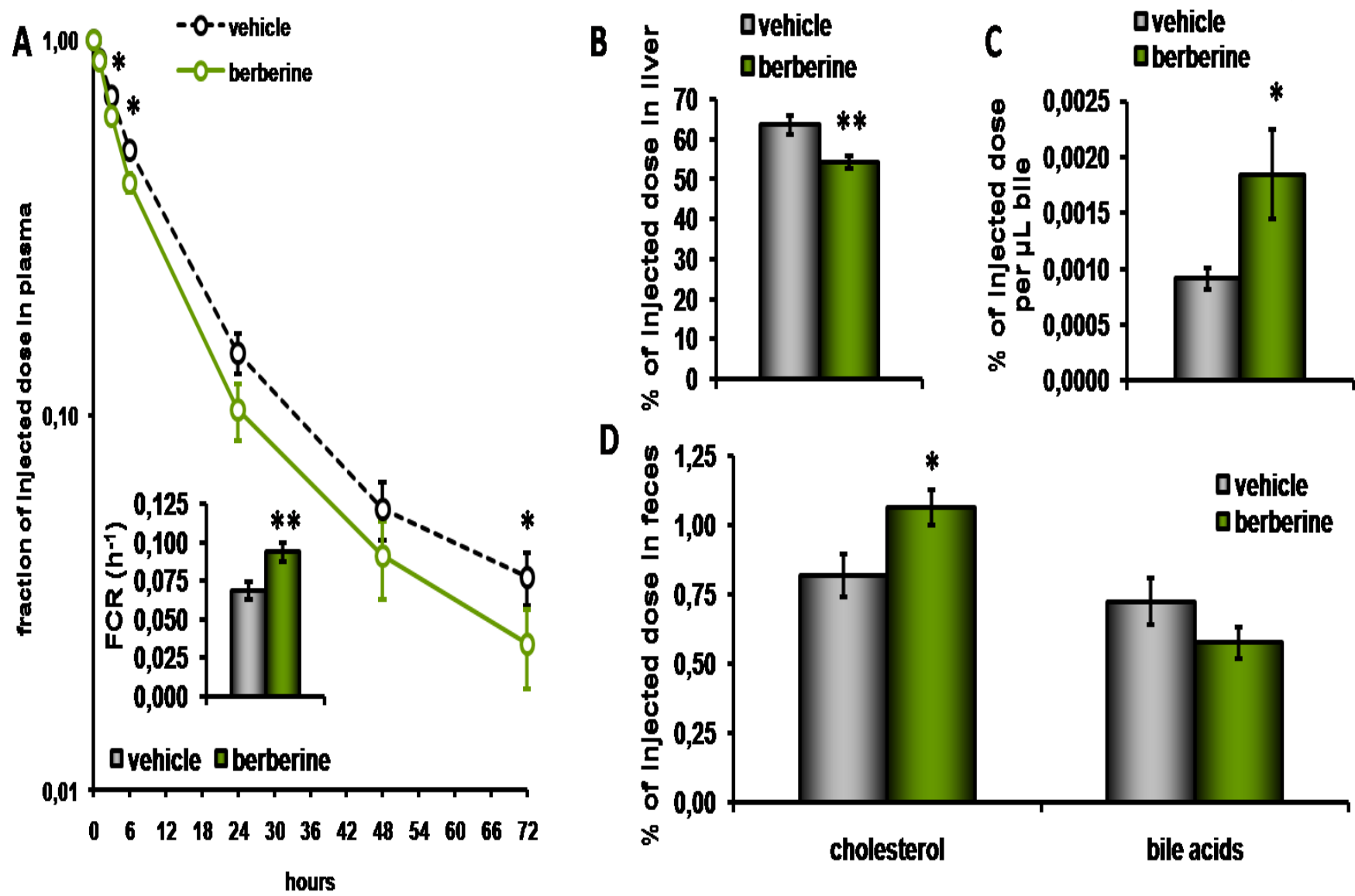
Plasma and liver parameters in hyperlipidemic hamsters treated with vehicle, torcetrapib 30mg/kg/day or torcetrapib 30mg/kg/day + berberine 150mg/kg/day ($^{**}p < 0.01$, $^{***}p < 0.001$ vs. vehicle; $^{\dagger}p < 0.05$, $^{\dagger\dagger}p < 0.001$ vs. vehicle).

2. Torcetrapib does not promote reverse cholesterol transport



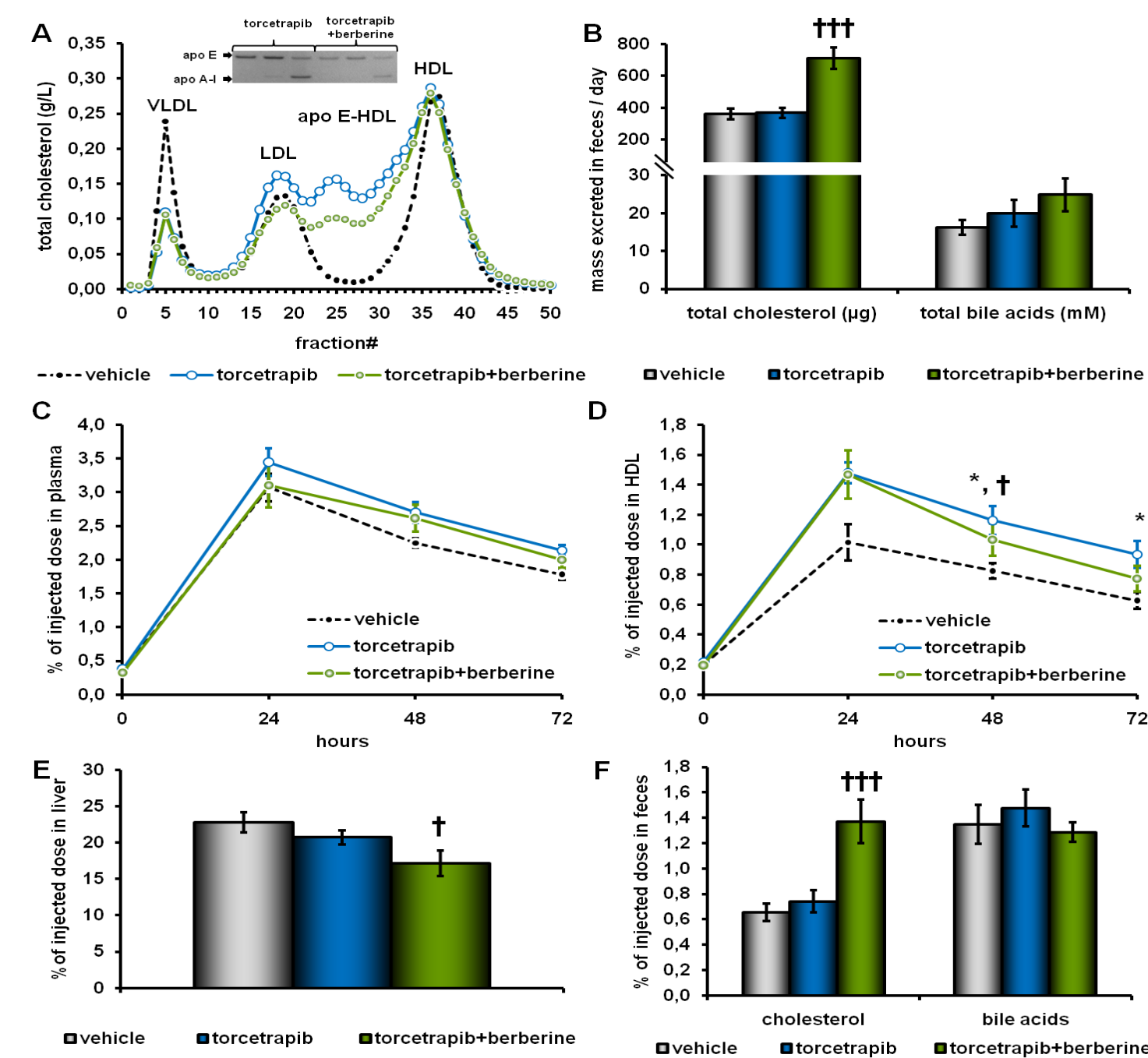
Fast Protein Liquid Chromatography profiles (A), fecal cholesterol/bile acids mass excretion (B), ^3H -tracer recovery in plasma (C), HDL (D), liver (E) and feces (F) after injection of ^3H -cholesteryl oleate labeled oxidized LDL in hyperlipidemic hamsters treated with vehicle or torcetrapib 30mg/kg/day ($^*p < 0.05$, $^{**}p < 0.01$ vs. vehicle).

4. Berberine increases LDL-CE catabolism and LDL-derived cholesterol fecal excretion



Plasma ^3H -tracer decay curve (A) and ^3H -tracer recoveries in liver (B), bile (C) and feces (D) after ^3H -cholesteryl oleate-labeled/unmodified LDL injection in hyperlipidemic hamsters treated with vehicle or berberine 150mg/kg/day ($^*p < 0.05$, $^{**}p < 0.01$ vs. vehicle).

6. Torcetrapib + berberine combination promotes reverse cholesterol transport



Fast Protein Liquid Chromatography profiles (A), fecal cholesterol/bile acids mass excretion (B), ^3H -tracer recovery in plasma (C), HDL (D), liver (E) and feces (F) after injection of ^3H -cholesteryl oleate labeled oxidized LDL in hyperlipidemic hamsters treated with vehicle, torcetrapib 30mg/kg/day or torcetrapib 30mg/kg/day + berberine 150mg/kg/day ($^{**}p < 0.01$, $^{***}p < 0.001$ vs. vehicle; $^{\dagger}p < 0.05$, $^{\dagger\dagger}p < 0.001$ vs. vehicle).

CONCLUSION AND PERSPECTIVES

- CETP inhibition with torcetrapib significantly increases HDL-C and apoE-HDL levels but does not promote reverse cholesterol transport in hyperlipidemic hamsters.
- Combination of torcetrapib with berberine, a compound known to up-regulate LDL-receptor expression, reduces apoE-HDL levels and promotes reverse cholesterol transport in hyperlipidemic hamsters.
- Stimulating reverse cholesterol transport under CETP inhibition requires reduction of apoE-HDL levels. These findings should be investigated in humans to evaluate the benefits of CETP inhibitors.