Drugs Affecting Lipid Metabolism X

DRUGS AFFECTING LIPID METABOLISM X

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CONTENTS

INTRODUCTORY LECTURE

Status of control of atherosclerosis and lipids $A.M.$ Gotto Jr	3
PLENARY LECTURES	
Genetic dissection of complex phenotypes: Conceptual issues in the design of genetic experiments J.M. Lalouel Metabolism of triglyceride-rich lipoproteins and high density lipoproteins J.R. Patsch, G. Miesenböck, H. Drexel, A.M. Gotto Jr and W. Patsch Type III hyperlipoproteinemia: Dominant versus recessive expression of this lipoprotein disorder R.W. Mahley Drugs affecting hypertriglyceridemia and lipoprotein metabolism S. Eisenberg and E. Sehayek	23 29 35
HMG-Coa reductase inhibitors: a five year basic perspective	
Role of HMG-CoA reductase inhibitors in preservation of vascular function	
A.M. Lefer	45
Metabolic effects of HMG CoA reductase inhibitors in patients with hypercholesterolemia	
D.R. Illingworth	49
LIPID ABSORPTION, SYNTHESIS AND SECRETION	
Synthesis and secretion of hydroxylated linoleic acid derivatives by human endothelial cells	
A.A. Spector, T.L. Kaduce, P.H. Figard and R.L. Leifur	55
Is the oral fat tolerance a marker of lipid risk for atherosclerosis? S. Martini, G. Baggio, L. Previato, C. Gabelli, S. Pigozzo, C. Corti,	
C. Bilato and G. Crepaldi	59

Regulation of eicosanoid synthesis and metabolism by the macrophage-derived foam cell	
F.J. Field and S.N. Mathur Mechanisms of atheroma macrophage foam cell formation: The role of	67
intracellular lipoprotein-cholesterol metabolism I. Tabas	93
RECEPTORS AND INTRACELLULAR HOMEOSTASIS	
Characterization of some mutations of LDL-receptor gene in Italian patients with familial hypercholesterolemia	
N. Lelli, M.G. Ghisellini, S. Calandra and S. Bertolini Structure and function of the LDL receptor related protein (LRP)	127
K.K. Stanley Two different apolipoprotein-B specific receptors mediate oocyte growth and somatic cholesterol homeostasis in the laying hen	133
W.J. Schneider Mutations of apolipoprotein B that affect plasma cholesterol levels	137
T.L. Innerarity	141
MOLECULAR BIOLOGY OF LIPOPROTEINS	
Modulation of apolipoproteins AI, AII and E expression by different cytokines	
M. Lucero, A. Sidoli, J. Wietzerbin and F.E. Baralle Transcription factor AF-1 interacts with the apo CIII, B and AI promoters	147
T. Leff, A. Melian, B. Ohlsson and P. Gruber Intracellular sterol and apo E biosynthesis	153
G.S. Getz, T. Mazzone, J. Schreiber, K.L. Wyne and L.M. Olson Regulation of hepatic lipoprotein biosynthesis	157
W. Patsch, YC. Lin-Lee, W. Strobl, N. Gorder, A.M. Gotto Jr and J.R. Patsch	161
Regulatory elements of the apolipoprotein E gene and its expression in transgenic mice	
J.M. Taylor, YK. Paik, D.J. Chang, W.S. Simonet, N. Bucay, T. Leren, D. Walker and S.J. Lauer	165
HDL RECEPTORS AND REVERSE TRANSPORT OF CHOLESTEROL	
In vivo evidence for reverse cholesterol transport from liver endothelial cells to parenchymal cells and bile by high density lipoprotein	
H.F. Bakkeren, F. Kuipers, R.J. Vonk and T.J.C. van Berkel The genetic basis of familial lecithin: cholesterol acyltransferase	171
deficiency I.W. McLean	175

Reassembly of human apo A-I CNBr fragments with DMPC. Formation of discoidal particles	
M. Rosseneu, B. Vanloo, J. Morrison, N. Fidge, G. Lorent, R. Brasseur and J.M. Ruysschaert	179
The role of HDL-subclasses in the regulation of cholesterol and phospholipid metabolism in macrophages and its disturbances in Tangier disease and HDL-deficiency with xanthomas	
G. Schmitz, M. Beuck and T. Brüning	183
NATIONAL AND INTERNATIONAL CHOLESTEROL CAMPAIGNS	
The U.S.A. National Cholesterol Campaign D.S. Goodman	191
A Canadian policy on reducing risk of coronary heart disease L. Horlick	197
L. Hornex	197
FRONTIERS IN CHOLESTEROL METABOLISM AND INTERVENTION	
A finger protein that binds to the sterol regulatory element: A hypothesis and preliminary cDNA expression studies A.J. Lusis, T.B. Rajavashisth, BH. Shieh, A.K. Taylor,	
A. Andalibi, K.L. Svenson and C.H. Warden Molecular cloning of mevalonate kinase and its novel role in regulation of cholesterol biosynthesis	201
R.D. Tanaka, L.Y. Lee, B.L. Schafer, J.S. Freudenberger, V.J. Kratunis and S.T. Mosley Design and biological activity of a new class of non-lactone HMG-CoA	205
reductase inhibitors D.S. Karanewsky, M.C. Badia, S.A. Biller, C.P. Ciosek, V.C. Dehmel, B. Delange, L. Duncan, E.M. Gordon,	
T.W. Harrity, L.N. Lisansky, J. Marretta, L.C. Rich, J.A. Robl, L.M. Simpkins, M.J. Sofia and D.A. Slusarchyk	209
Squalene synthetase inhibition: Progress towards a new approach for the regulation of cholesterol biosynthesis	
S.A. Biller, C. Forster, E.M. Gordon, T. Harrity, L.C. Rich, J. Marretta, W.A. Scott and C.P. Ciosek Jr	213
FIBRATES	
Rationale for fibric acid use in treating familial combined hyperlipidemia (FCHL)	
R.H. Knopp	219

Ciprofibrate treatment in hyperlipidemic patients. Italian multicenter study	
E. Manzato, G. Descovich, F.S. Feruglio, A. Ventura and G. Crepaldi	225
Fibrates and triglyceride metabolism	
P. Schwandt	229
CYCLOOXYGENASE/LIPOXYGENASE	
Platelet reactivity and thromboxane formation in type IIa hyper- cholesterolemia and its modification by cholesterol-lowering agents K. Schrör	239
A. Scinor	207
DIETS	
DALLE O	
Apoprotein E phenotype and metabolic lipid responses to dietary fat modification	
T.A. Miettinen, H. Vanhanen, H. Gylling and A. Ollus	245
Monounsaturated fatty acids in the diet and plasma lipoproteins	
R. Carmena, M. de Oya, J.F. Ascaso, P. Mata, S. Serrano,	
L. Alvarez-Sala, F.J. Martinez-Valls and M.J. Rubio	249
Nutritional strategies for preventing atherosclerosis and its complications P.J. Nestel	253
MODIFIED LIPOPROTEINS AND THEIR RECEPTORS	
Monocyte-macrophage receptor pathway for abnormal triglyceride-rich	
lipoproteins S.H. Gianturco, A.HY. Lin, M.P. Ramprasad, R. Song and	
W.A. Bradley	261
Binding of oxidized low density lipoprotein (Ox-LDL) to reduced	
hepatic receptors for acetyl-LDL and maleylated albumin (Mal-BSA)	
H.A. Dresel, E. Ottnad, R. Ziegler, E. Friedrich and H. Sinn	265
Effect of simvastatin in subjects with binding-defective low density	
lipoprotein	
A. Corsini, L. Romano, A. Granata, C. Romano, R. Fumagalli and A.L. Catapano	269
A.L. Cutupuno	209
ANTIOXIDANT DRUGS	
Probusel, A shelesterel learning days (1) - 10-1 - 1 - 10-1 - 10-1 - 10-1	
Probucol: A cholesterol lowering drug with multiple pharmacological effects for reducing atherosclerosis	
R.L. Jackson, L.R. McLean, A.L. Akeson, G. Ku, J.W. Barnhart	
and S.J.T. Mao	279
	,

Probucol reduces lipid deposition in vivo in atherosclerotic lesions of rabbits with hypercholesterolemia of either genetic or dietary origin	202
A. Daugherty	283
Effects of antioxidants on oxidative modification of LDL M. Dieber-Rotheneder, G. Striegl and H. Esterbauer	287
NONINVASIVE AND NONSURGICAL TECHNIQUES	
Metabolic imaging of arterial lesions with lipoprotein-based synthetic oligonucleotides R.S. Lees and A.M. Lees	295
Maximal therapy of severe hypercholesterolemia in CHD-patients: Long term experience with the HELP LDL-apheresis in combination with HMG-CoA-reductase inhibitors	i sa mag v
D. Seidel, J. Thiery, HG. Fieseler, P. Schuff-Werner, T. Eisenhauer and V.W. Armstrong	299
Carotid atherosclerosis B-mode ultrasonography endpoints in	
interventional trials M.F. Mercuri, M.G. Bond, H.L. Strickland and S.K. Wilmoth	307
CLINICAL TRIALS METHODOLOGY AND ENDPOINTS OF MEASUREMENT	
Selection of a primary endpoint - A diagnostic, practical and financial dilemma	
G. Walldius	313
Quantitative imaging of human liver LDL-receptor in vivo H. Sinzinger, I. Virgolini, G. Lupattelli and F. Rauscha	319
ω-3 AND ω-6 FATTY ACIDS	
Dietary polyunsaturated fatty acids, plasma lipids and cell function C. Galli and E. Tremoli	331
Effect of eicosapentaenoic acid on triglyceride transport in CaCo-2 cells S. Murthy, E. Albright, S. Mathur and F.J. Field	337
INTRACELLULAR REGULATORY EFFECTS OF CHOLESTEROL	
Two promotors in the rat farnesyl pyrophosphate (FPP) synthetase gene generate somatic and testis specific transcripts C.F. Clarke, J.H. Teruya, S.Y. Kutsunai, D.H. Spear and	
P.A. Edwards Hypobetalipoproteinemia associated with two truncated forms of apoB	359
in a U.S.A. kindred G. Schonfeld, E.S. Krul, P. Talmud, A. Daugherty and S.E. Humphries	363

WHAT IS THE FUTURE O	F CHD	PREVENTION	AND	THE	ROLE
OF LIPID REGULATION					

Availability of lipid lowering drugs in Canada O.J. Lucis	369
ATHEROGENESIS: PREVENTION AND CONTROL	
Therapeutic reduction of cholesterol accumulation G.R. Thompson and I. Michishita Compliance measures and new lesion counts in trials of atherosclerosis regression	377
CR. Liu, D.H. Blankenhorn and R.H. Selzer	381
REGRESSION: ANIMAL AND HUMAN STUDIES	
Nonhuman primate studies on plasma cholesterol lowering and regression of atherosclerosis	
T.B. Clarkson Ultrastructural morphometric signs of platelet activation and their reversal after plasma exchange and LDL-apheresis in	395
hypercholesterolemic type IIa patients G. Weber, G. Bianciardi, P. Tanganelli, N. Scarpato, A. Gnasso, A. Postiglione and M. Mancini Lowering cholesterol by intensive drug and apheresis treatment results in	399
the regression of atherosclerosis A. Yamamoto and BI. Kishino	407
Radiological imaging of atherosclerosis in human regression studies U. Erikson, S. Nilsson and G. Ruhn	411
ANTIDIABETIC DRUGS AND LIPIDS	
Effect of insulin treatment on serum lipoprotein composition in diabetic patients	
M. Mancini, G. Romano, L. Patti, A. Rivellese and G. Riccardi Diabetes, hypertriglyceridemia and atherosclerosis	417
G. Steiner	421
non-insulin-dependent diabetes mellitus	427
A. Gurg una 5.14. Grunay	421
THROMBOSIS AND FIBRINOLYSIS	
Control of blood cell and vessel reactivity in vascular diseases A.J. Marcus, L.B. Safier, K.A. Hajjar, H.L. Ullman, N. Islam, M.J. Broekman, J. Valles, M.T. Santos, A.M. Firog and D.P. Hajjar	433
G. Steiner Hypolipidemic therapy for dyslipidemia in patients with non-insulin-dependent diabetes mellitus A. Garg and S.M. Grundy THROMBOSIS AND FIBRINOLYSIS Control of blood cell and vessel reactivity in vascular diseases	421 427 433

C. Ehnholm, M. Jauhiainen, J. Metso, EM. Salonen and A. Vaheri	435
ACAT INHIBITORS, RESINS, AND INTESTINAL LIPID ABSORPTION	
Cholesteryl ester metabolism in the hamster liver K.E. Suckling, S. Black, B. Jackson, A. Gee, B. Ochoa and M. Martinez-Cayuela Trisubstituted ureas (TSU) are potent inhibitors of ACAT and dietary cholesterol absorption	443
E.E. Largis and A.S. Katocs Jr The water soluble chitosan derivative CP-88488 shows a different activity profile vs cholestyramine C.R. Sirtori, H.J. Harwood Jr., C.E. Chandler, L.D. Pellarin and F.W. Bangerter	447
AN HDL WORKSHOP: AN UPDATE ON THE INTERRELATION- SHIP OF HDL AND ATHEROSCLEROSIS	
An historical overview of the HDL hypothesis A.M. Gotto Jr Drugs that affect HDL metabolism J. Johansson, J. Mölgaard, G. Wahlberg, G. Walldius and A.G. Olsson HDL levels and their significance in the Helsinki heart study J.K. Huttunen, M. Mänttäri, P. Koskinen, V. Manninen, O.P. Heinonen and M.H. Frick	459 465 471
ANIMAL MODELS	
New horizons and new compromises: A perspective on small animal models of lipoprotein metabolism J.R. Paterniti Jr., J.B. Eskesen, D.S. France, T.E. Hughes,	•
J. Babiak, M. Swanson, J.A. Spirito, R. Miserendino, M.A. Islam, K. Burki and D.B. Weinstein Atherosclerosis induced in rabbits by semipurified diets	477
D. Kritchevsky Old world monkeys and atherosclerosis research	481
M.L. Armstrong, D.D. Heistad, D.G. Harrison and J.A. Lopez Jr Dietary polyunsaturated fat and cholesterol effects on plasma lipoprotein metabolism during atherosclerosis development	485
L.L. Rudel, F.L. Johnson, M. Sorci-Thomas and D.L. Williams	489

INTRAVASCULAR DYNAMICS OF LIPIDS AND DRUGS

Modified lipoproteins during regression of atherosclerosis in pigs fed with fish oil-derived fatty acids	
A. van Tol, T. van Gent, L.M.A. Sassen, J.M.J. Lamers and P.D. Verdouw	495
Drugs and lipoprotein heterogeneity J. Shepherd, B. Griffin, M.J. Caslake, C.J. Packard, B. Yip and A. Gaw	503
Long-term treatment of primary hypercholesterolemia with Simvastatin or Pravastatin: Australian experience	
L.A. Simons	507
CELL BIOLOGY, ATHEROSCLEROSIS AND Ca ⁺⁺ ANTAGONISTS	
Calcium antagonists and cellular lipid metabolism F. Bernini, S. Bellosta, S.M. Bertulli and R. Fumagalli	513
TRIGLYCERIDE METABOLISM AND FATTY ACID UTILIZATION	
Lipoprotein lipase: Evolution and structure-function realationships C.F. Semenkovich, CC. Luo, WH. Li, L.C. Smith and L. Chan	521
Hepatic lipase and lipoprotein lipase: Molecular insights M.C. Schotz, T.G. Kirchgessner, D. Ameis, JC. Chaut, G. Stahnke, J. Kobayashi, H. Will and A.J. Lusis	525
Mechanisms for regulation of lipoprotein lipase	
T. Olivecrona, G. Bengtsson-Olivecrona and S. Vilaró Human lipoprotein lipase: From gene to protein	529
M.R. Hayden and J.D. Brunzell Inactivation of pancreatic and gastric lipases: A selective suicide by interfacial enzyme adsorption	535
R. Verger, Y. Gargouri, H. Moreau, S. Ransac, A. Moulin and C. Riviere	539
CONTROL OF LIPID DISORDERS IN LATIN AMERICA	
Primary hypoalphalipoproteinemia in Mexico City: Genetic and biochemical profiles of 40 cases with premature atherosclerosis <i>M. Ahumada, I. Lerman and C. Posadas</i> Hypercholesterolemia and coronary heart disease in Mexico: A preliminary report	545
G. Lerman, A.J. Sepúlveda, C.R. Tapia, L.C. Magos and H.R. Fernández	553

573

OXYSTEROLS AND CHOLESTEROL METABOLISM

Index of authors

Rapid s	uppression	of bile	acid syn	thesis	by drugs	which	inhibit	
choleste	erol synthes	is						
Z.R.	Vlahcevic,	W.M.	Pandak,	D.M.	Heuman	and P.	B. Hylemon	563

INTRODUCTORY LECTURE

THE BLOKET AMOUNT DECEMBE

STATUS OF CONTROL OF ATHEROSCLEROSIS AND LIPIDS

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The cholesterol connection to coronary heart disease (CHD), known as the lipid hypothesis, is at the forefront of medical interest. This interest is due in part to recent studies which have shown that cholesterol modification, through diet or pharmacologic therapy, can reduce CHD risk. The interest is also due to the 1987 launch of the National Cholesterol Education Program (NCEP), a joint effort by the National Institutes of Health and 37 public and private health organizations to inform the public about the need for cholesterol management. In 1988, the NCEP recommended that all adults over age 20 know their cholesterol level. It also recommended three specific treatment algorithms based on a patient's total— and LDL—cholesterol measurements.

The efforts of the NCEP, however, have come under recent criticism by popular magazine writers and by a small group of physicians. They claim that the connection between cholesterol and CHD is not well defined, that lowering cholesterol does not extend life, that low-cholesterol diets do little to reduce the risk of CHD, and that the NCEP recommendations are not applicable to women or the elderly. Unfortunately, the critics' well-publicized claims have led many patients to disregard the NCEP's recommendations. Some patients have even discontinued their cholesterol-lowering treatment because of the critics' claims.

Physicians must now separate the critics' cholesterol myths from the cholesterol facts. To help them do this, the American Heart Association and the National Heart, Lung, and Blood Institute commissioned a special report called 'The Cholesterol Facts.' It counters the critics' assertions with documented evidence of the lipid hypothesis. A brief synopsis of the report follows:

Is high serum cholesterol a risk factor for CHD, and will lowering it help prevent CHD?

Epidemiologic, clinical, genetic, and laboratory animal studies all demonstrate that high serum cholesterol levels predispose a patient to premature CHD.

The strongest support for the lipid hypothesis comes from the Lipid Research Clinics Coronary Primary Prevention Trial (CPPT). More than 3,800 asymptomatic, hypercholesterolemic middle-aged men were placed on low-fat diets and then randomized and treated with either a placebo or cholestyramine. Over the seven-year trial, the cholestyramine group reduced its total and LDL cholesterol levels by averages of 9% and 12% respectively, when compared to the placebo group. In turn, the cholestyramine group had 19% fewer CHD events than the placebo group. These findings indicated a 1:2 ratio between the degree of total cholesterol lowering and CHD reduction.

The more than 4,000 subjects in the five-year Helsinki Heart Study, a double-blinded, randomized trial, were also asymptomatic, middle-aged men with hypercholesterolemia. Men treated with gemfibrozil lowered their total cholesterol by 10%, their LDL by 11%, their triglycerides by 35%, and increased their HDL by 11%, when compared to the placebo group.

Based on the 1:2 ratio of the CPPT, the Helsinki gemfibrozil group was expected to have 20% fewer CHD events than the placebo group since their total cholesterol fell by 20% more than that of the placebo group. Instead, they experienced 34% fewer cardiac deaths and nonfatal myocardial infarctions. The results suggested that a combination therapy of lowering total and LDL cholesterol, while raising HDL cholesterol, exerts a stronger effect on CHD incidence than lowering LDL cholesterol alone.

Will low-cholesterol diets reduce CHD risk?