

# Causes of death, 2001:

Population:	6,122,210,000
Deaths:	56,554,000

## USA

6. 1. **Infectious and parasitic diseases: 14.9 million**



1. 2. **Heart diseases: 11.1 million**



2. 3. **Cancers: 7.3 million**



3. 4. **Stroke: 5.5 million**



4. 5. **Respiratory diseases: 3.6 million**



5. 6. **Accidents, fires, drowning, etc.: 3.5 million**



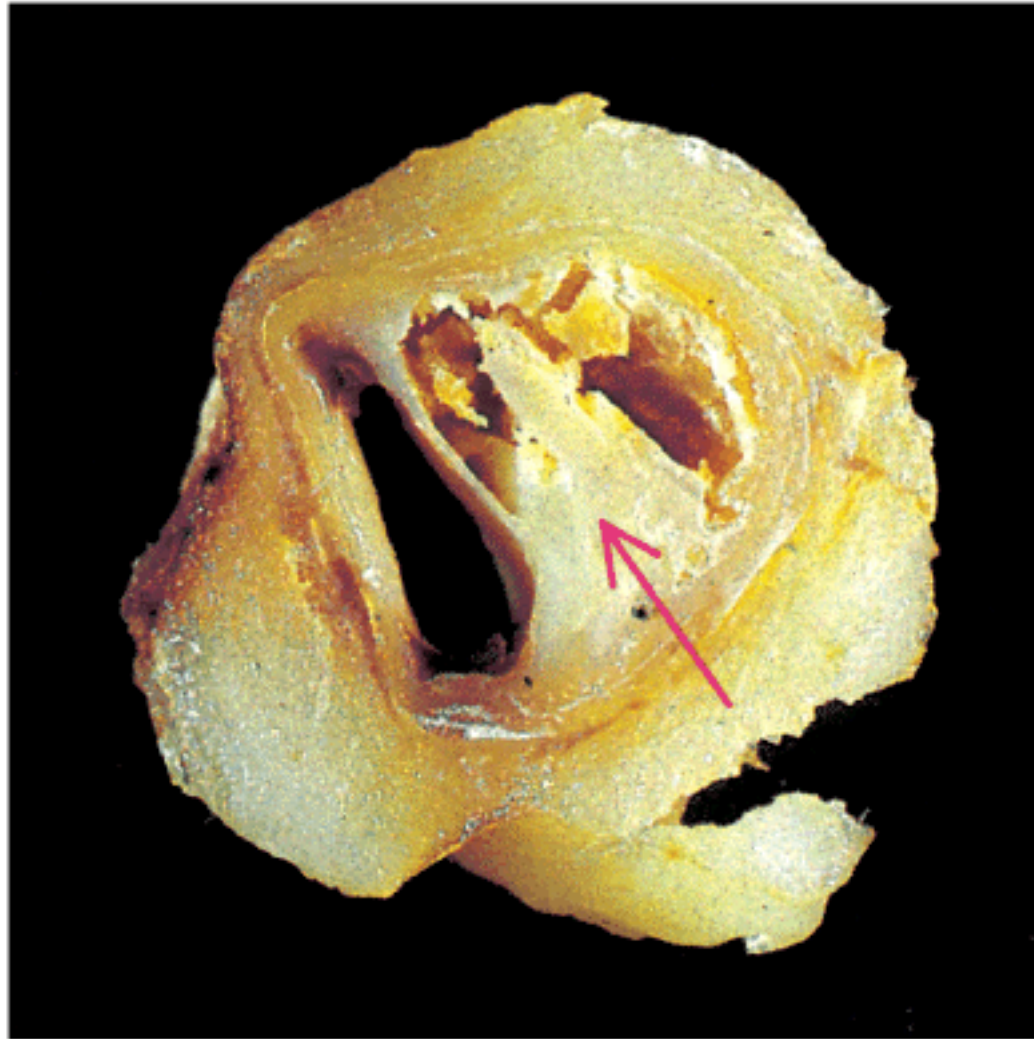
7. **Maternal and perinatal: 3.0 million**



8. **Violence (war, homicide, suicide): 1.6 million**



# Atherosclerosis



5 mm

# Familial Hypercholesterolemia (FH)



Xanthoma

Heterozygotes (1:500)

300-500 mg/dl plasma cholesterol

Xanthomas in third decade

Coronary heart disease in fourth decade

Treat w/ statins and bile acid binding resins

Homozygotes (1:10<sup>6</sup>)

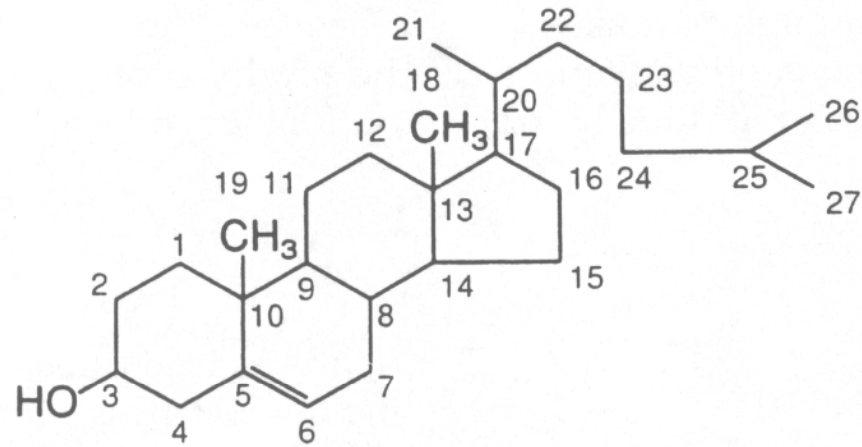
500-1200 mg/dl plasma cholesterol

Xanthomas at birth

Death by MI before age 30

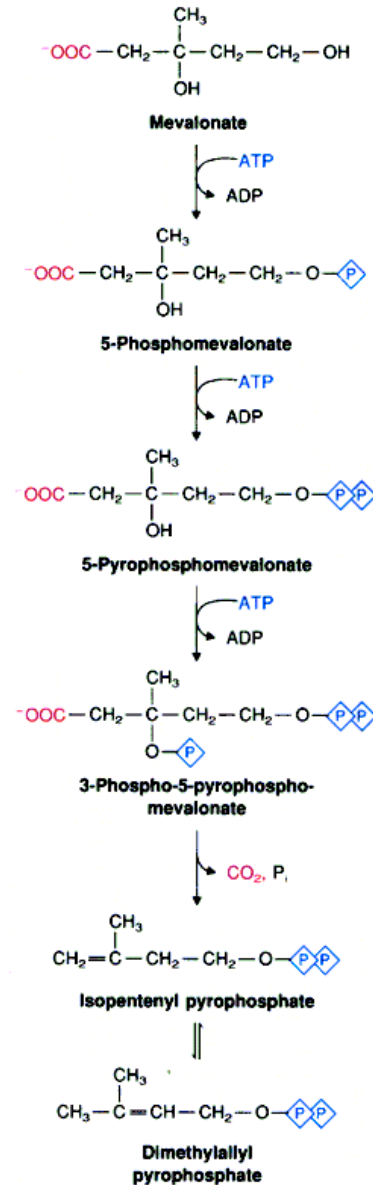
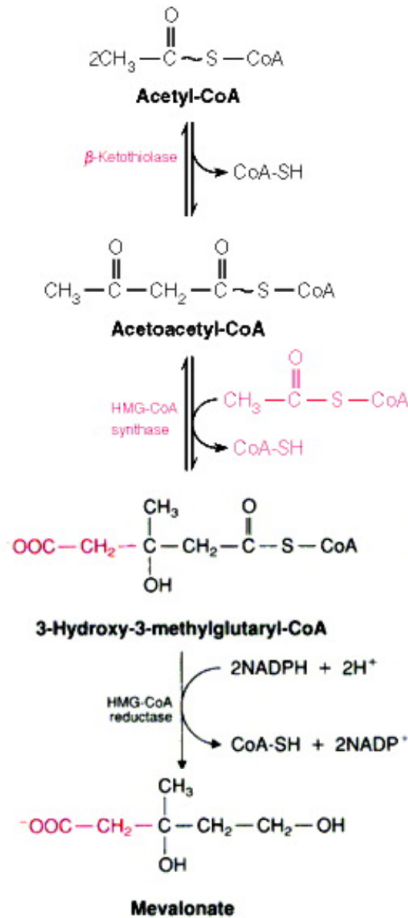
Treat w/ plasma LDL apheresis

# Cholesterol

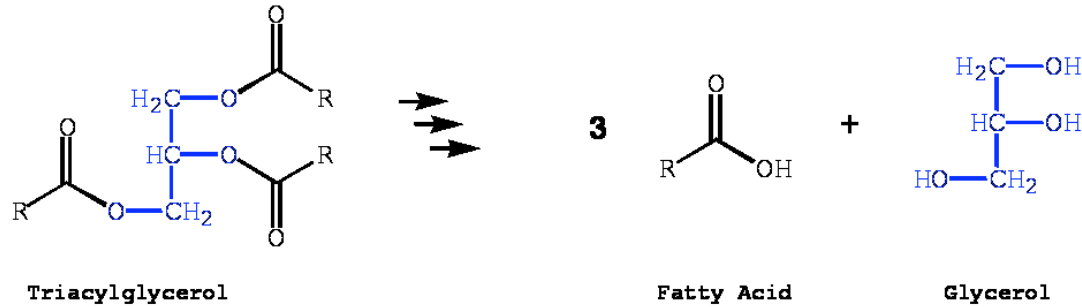


- 1) Acetyl-CoA → HMG-CoA → Mevalonate
- 2) Mevalonate (C<sub>6</sub>) + 3ATP → Isopentenyl-PP<sub>i</sub> (C<sub>5</sub> "isoprene") + CO<sub>2</sub> + 3ADP + P<sub>i</sub>
- 3) 6 Isoprene units (C<sub>5</sub>) → Squalene (C<sub>30</sub>)
- 4) Squalene (C<sub>30</sub>) → Cholesterol (C<sub>27</sub>)

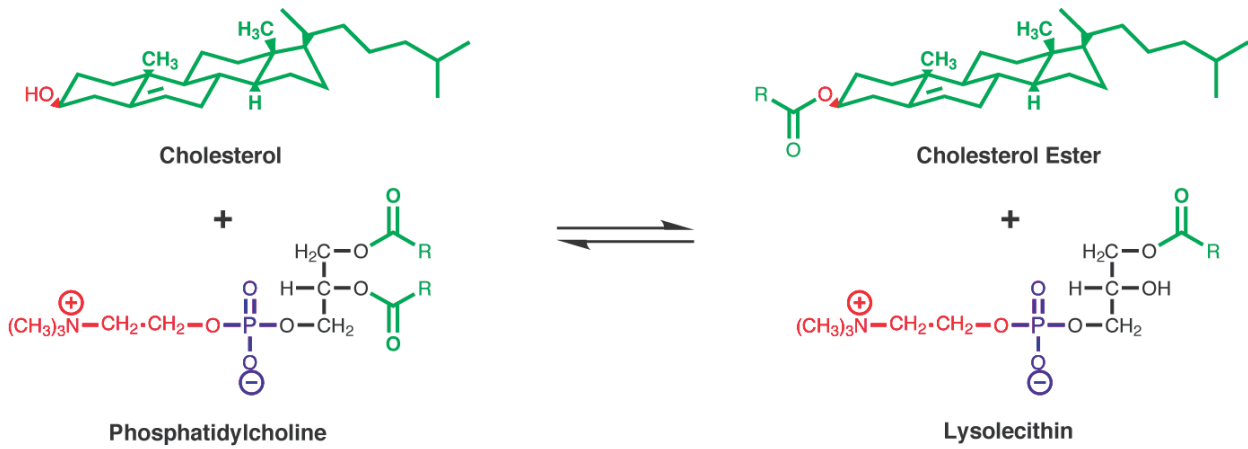
# Isopentylpyrophosphate (MEV Pathway)



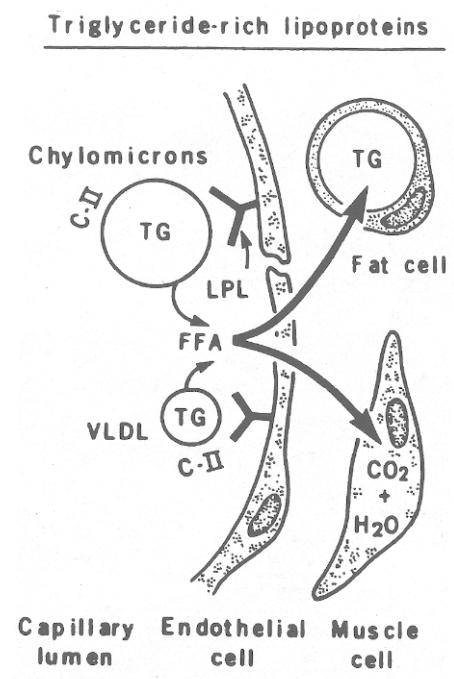
# Lipid Trafficking Enzymes



**Lipoprotein Lipase, LPL**  
(located on endothelium of muscle, adipose tissue)



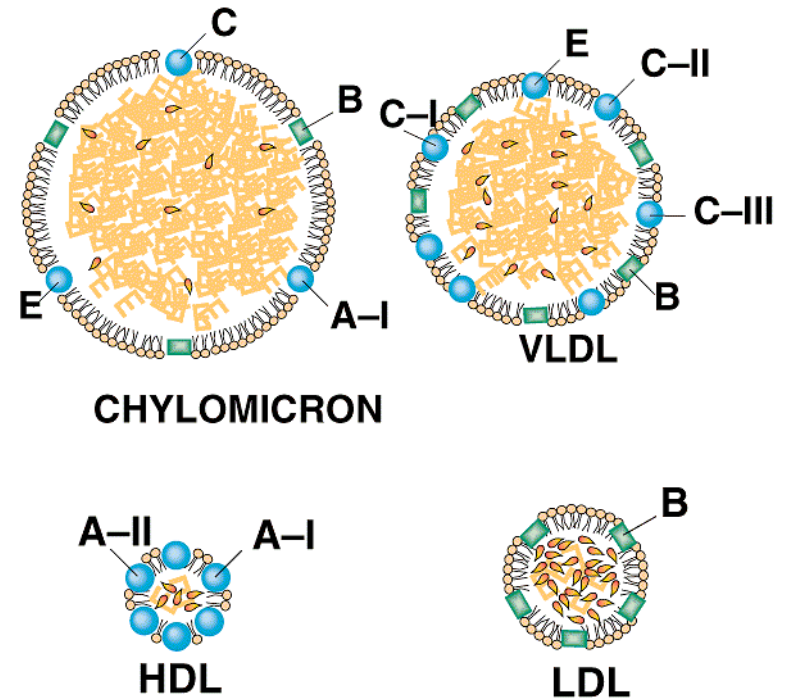
**Lecithin:Cholesterol Acyltransferase (LCAT)**  
(located on HDL)



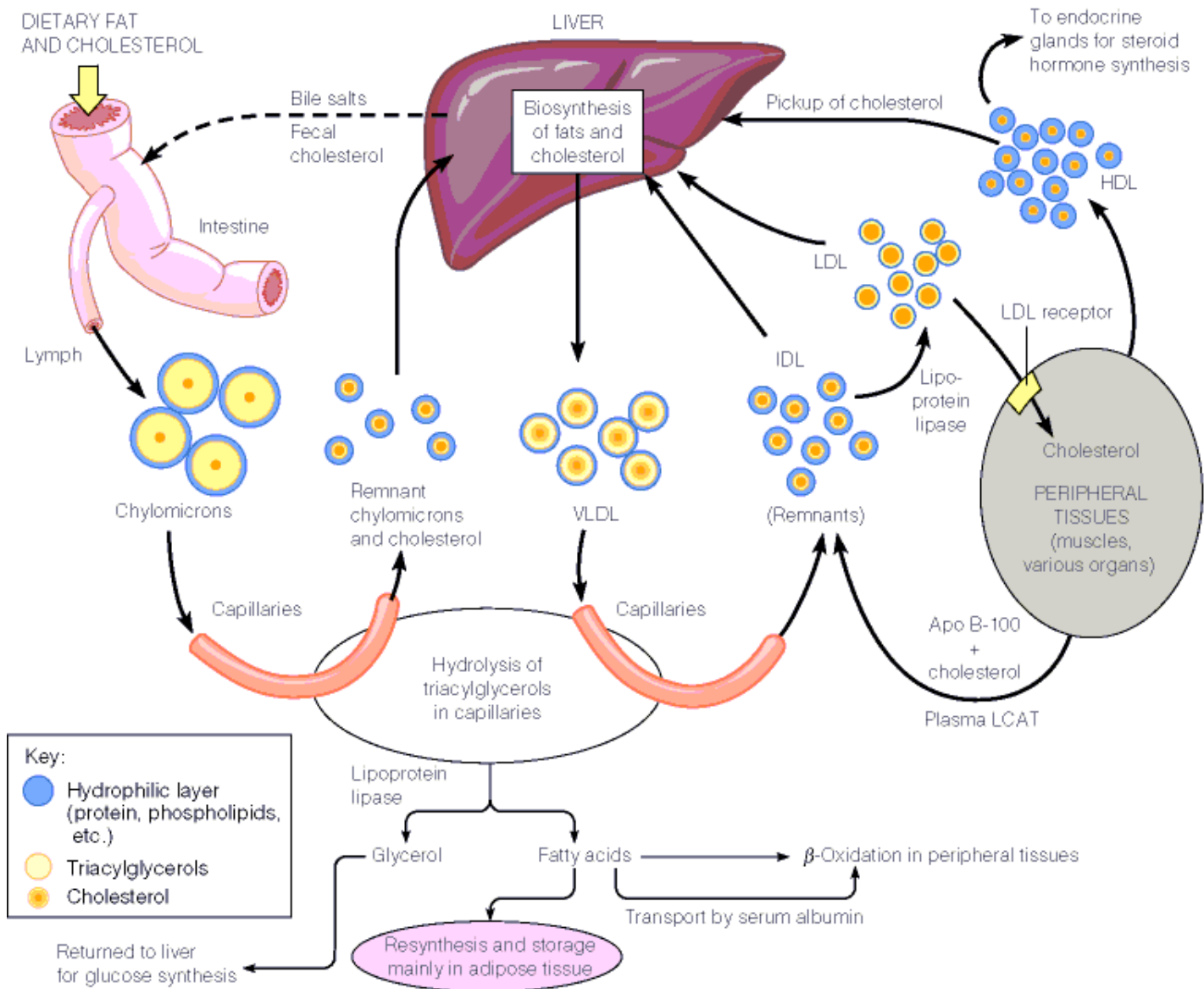
**Also CETP**

# Lipoprotein Particles

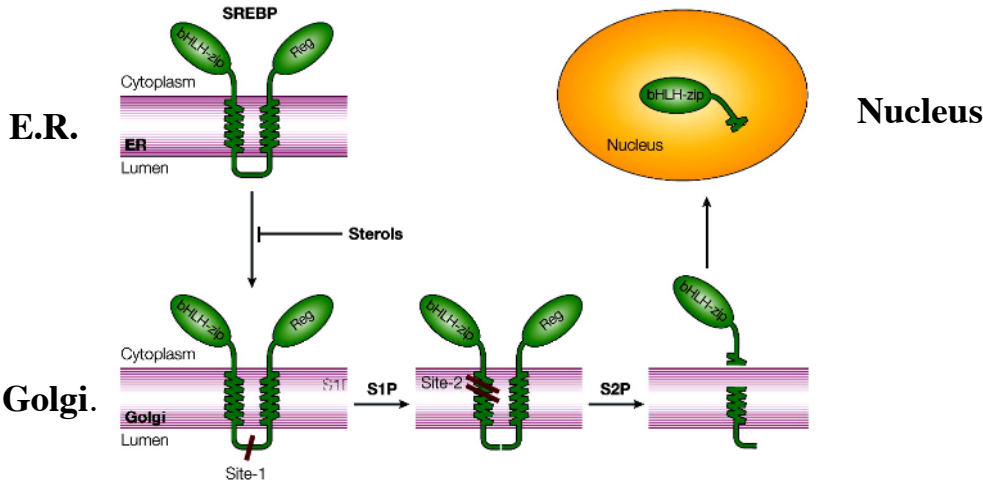
Apolipoprotein	M.W.	gL <sup>-1</sup>	Comments
ApoA-I	28 kD	1.0-1.2	CMC, HDL
ApoA-II	17 kD	0.3-0.5	CMC, HDL
ApoA-IV	46 kD	0.15-0.16	CMC, HDL
ApoB-48	264 kD	0.03-0.05	CMC
ApoB-100	512 kD	0.7-1.0	VLDL, IDL, LDL; <u>binds receptor</u>
ApoC-I	7 kD	0.04-0.06	CMC, VLDL, HDL
ApoC-II	9 kD	0.03-0.05	CMC, VLDL, HDL; <u>binds LPL</u>
ApoC-III	9 kD	0.12-0.14	CMC, VLDL, HDL
ApoD	33 kD	0.06-0.07	HDL
ApoE	38 kD	0.03-0.05	CMC, VLDL, IDL, HDL; <u>binds receptor</u>



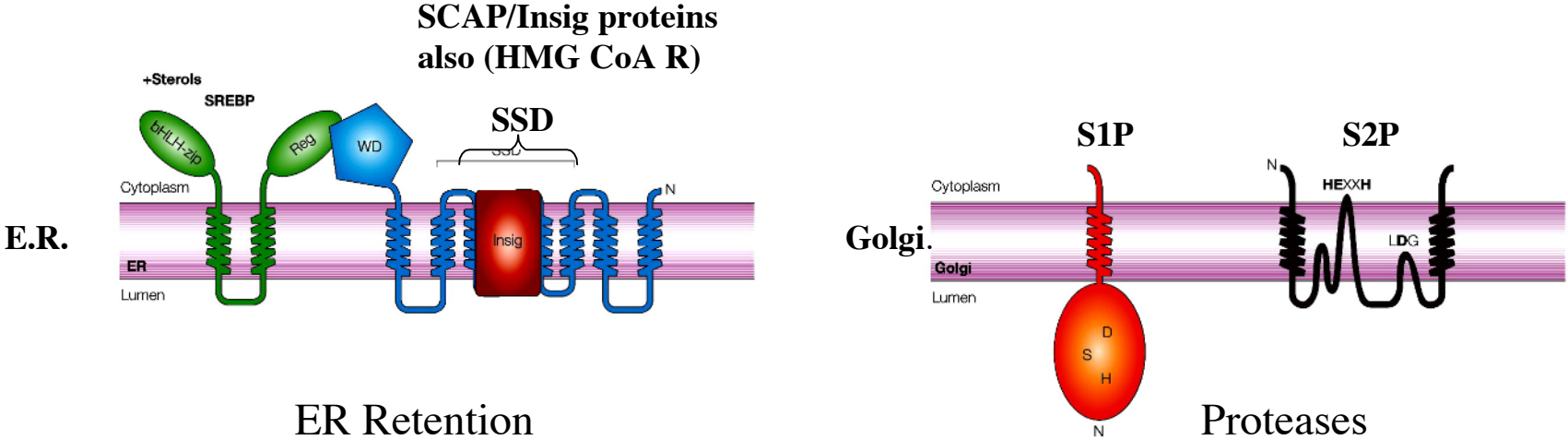
# Lipoprotein Transport



# Sterol Regulation of Transcription by SREBP

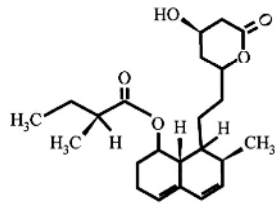


SREBP Transcription Factor Localization

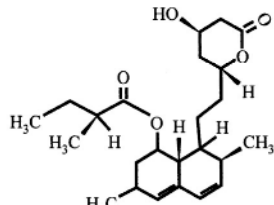


# The Statins

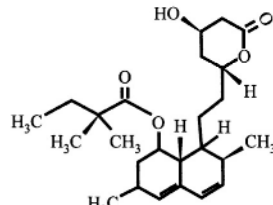
## Fermentation-Derived Statins



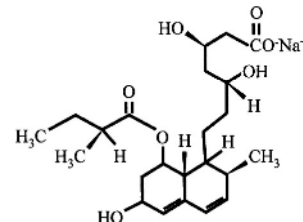
**Mevastatin**



**Lovastatin**

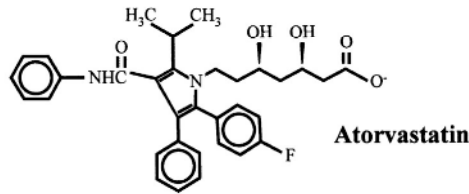


**Simvastatin**

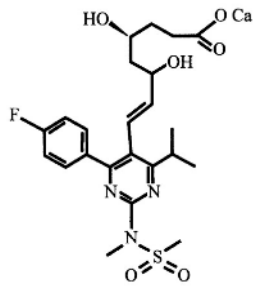


**Pravastatin**

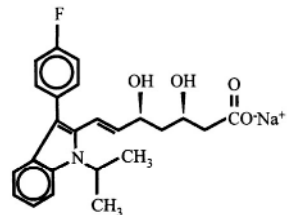
## Synthetic Statins



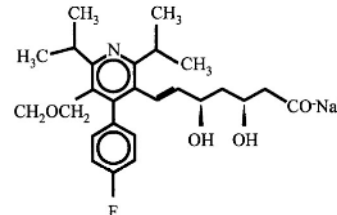
**Atorvastatin**



**Rosuvastatin**



**Fluvastatin**



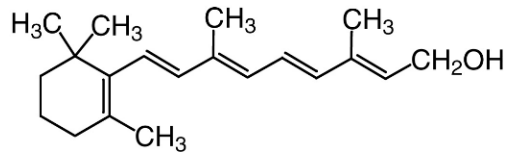
**Cerivastatin\***

## SHORT HISTORY

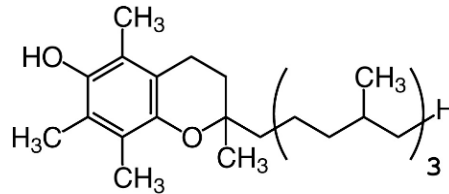
- 1976 Mevastatin from *Penicillium citrinum*
- 1980 Mevinolin from *Aspergillus terreus*
- 1987 FDA approves Lovastatin
- 1988 Lovastatin not effective in FH homozygotes
- 1995 Pravastatin decreases heart transplant rejection and mortality independently of lowering cholesterol levels

# Isoprenoids in Humans

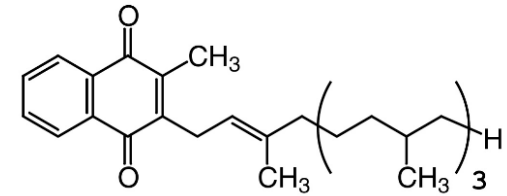
1. Steroids Hormones
2. Metabolites (Vit. A, E, K; co-Q; 25,000 terpenoids)



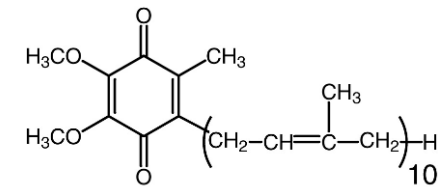
Vitamin A (*trans*-retinol)



Vitamin E ( $\alpha$ -tocopherol)

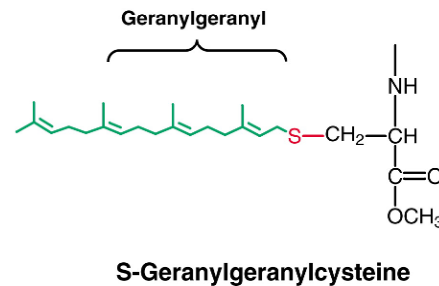
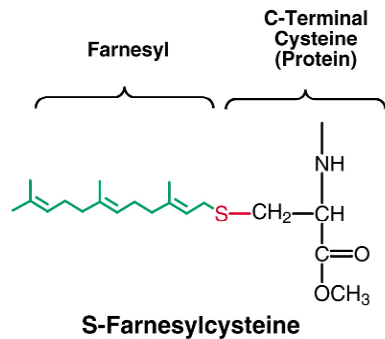


Vitamin K<sub>1</sub> (phytylmenaquinone)

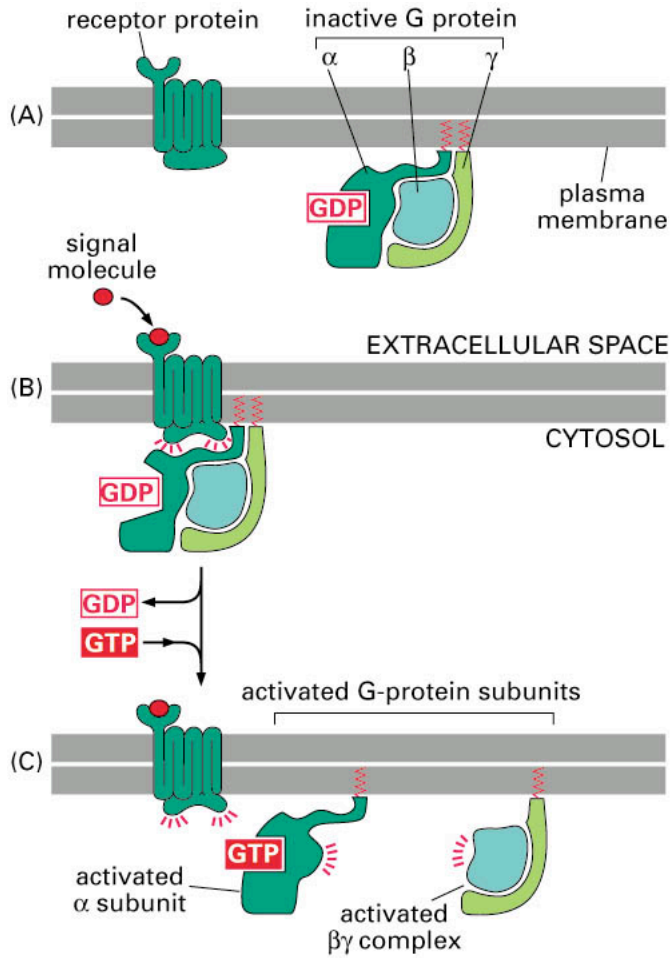


**Q, Ubiquinone**

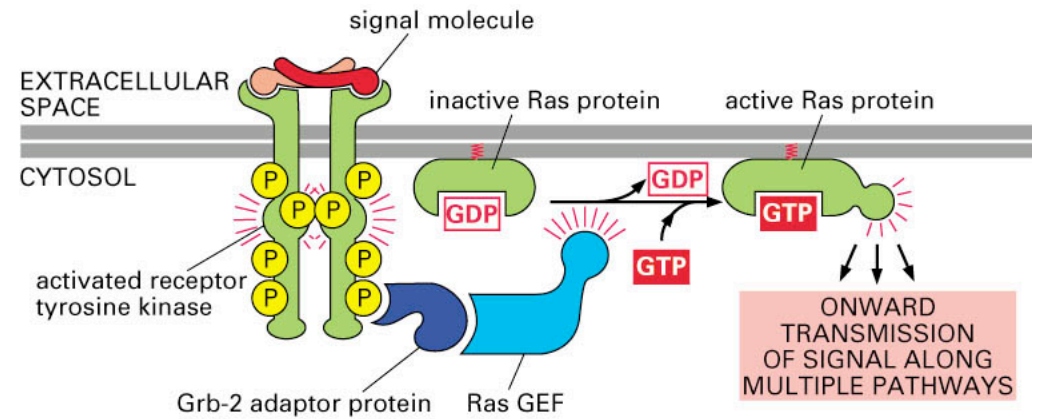
3. Isopentyl adenosine (tRNA)
4. Dolichol (N-linked glycosylation)
5. Protein Prenylation



# Isoprenoids in G Protein Signaling



Heterotrimeric (GPCR's)



“Small” (RTK's)

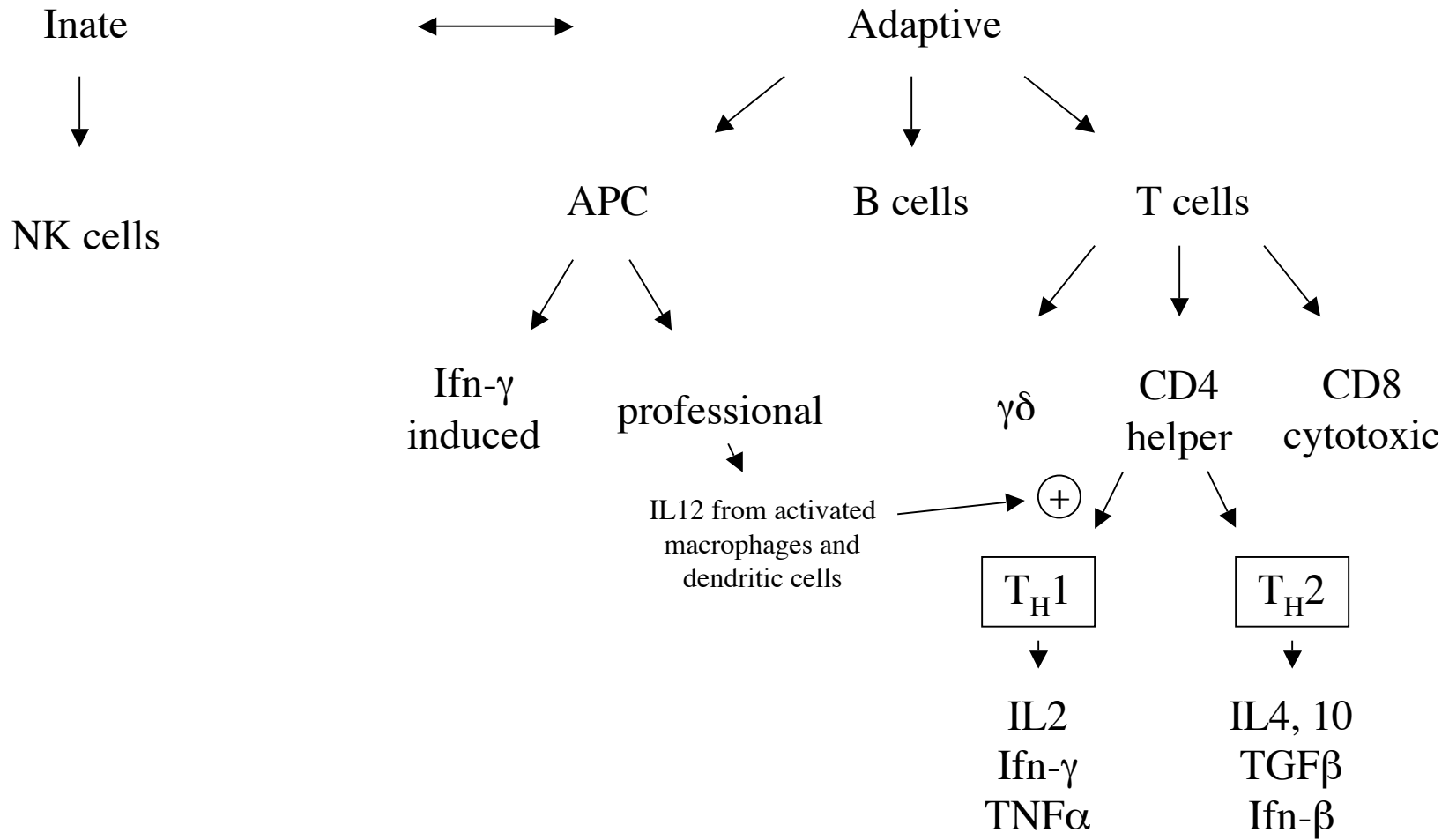
# Multiple Sclerosis

- Effects up to one million worldwide
- 16,000 deaths in 2002 (0.03 %)
- Autoimmune attack of myelin in brain and spinal cord
- Progressive physical disability
- Current therapies include injected Ifn- $\beta$  and copaxone (basic peptides)

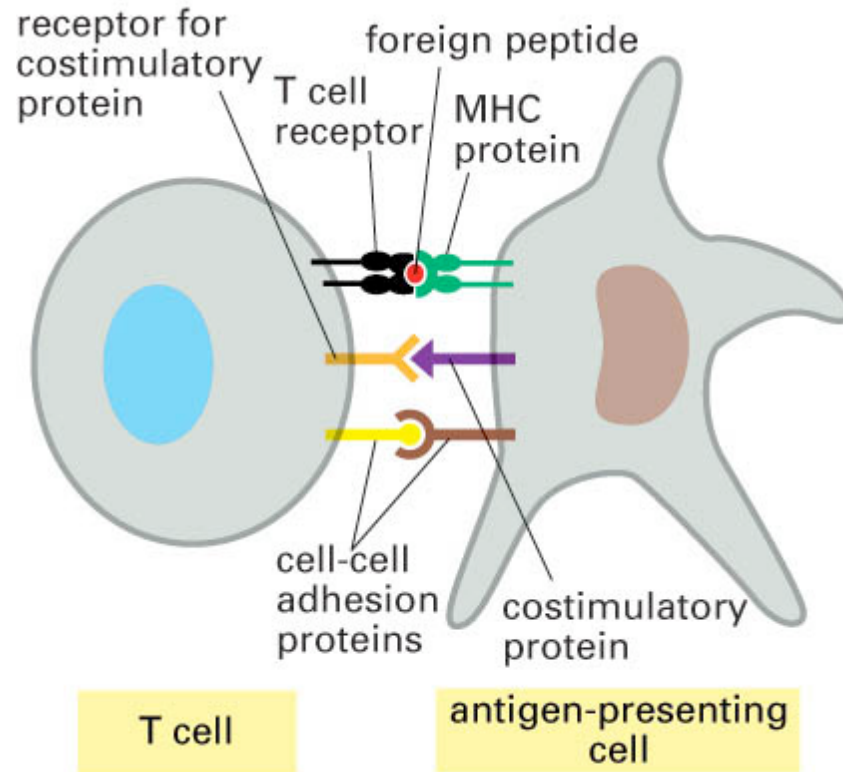


Lesions on cerebellum and spinal cord of an MS patient; Jean Cruvelhier circa 1860

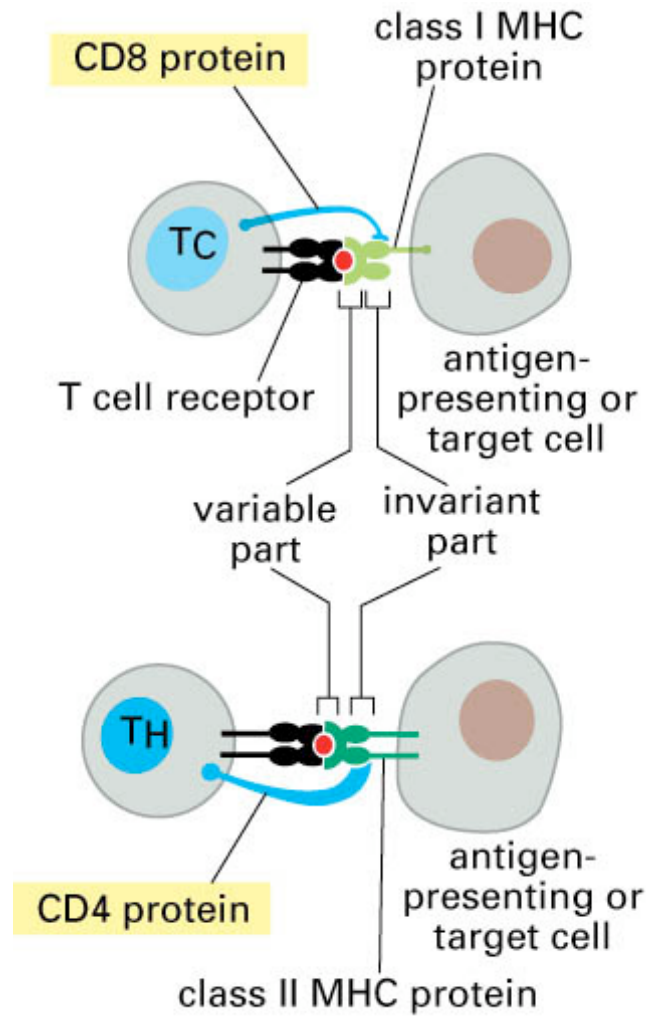
# Immune System Overview



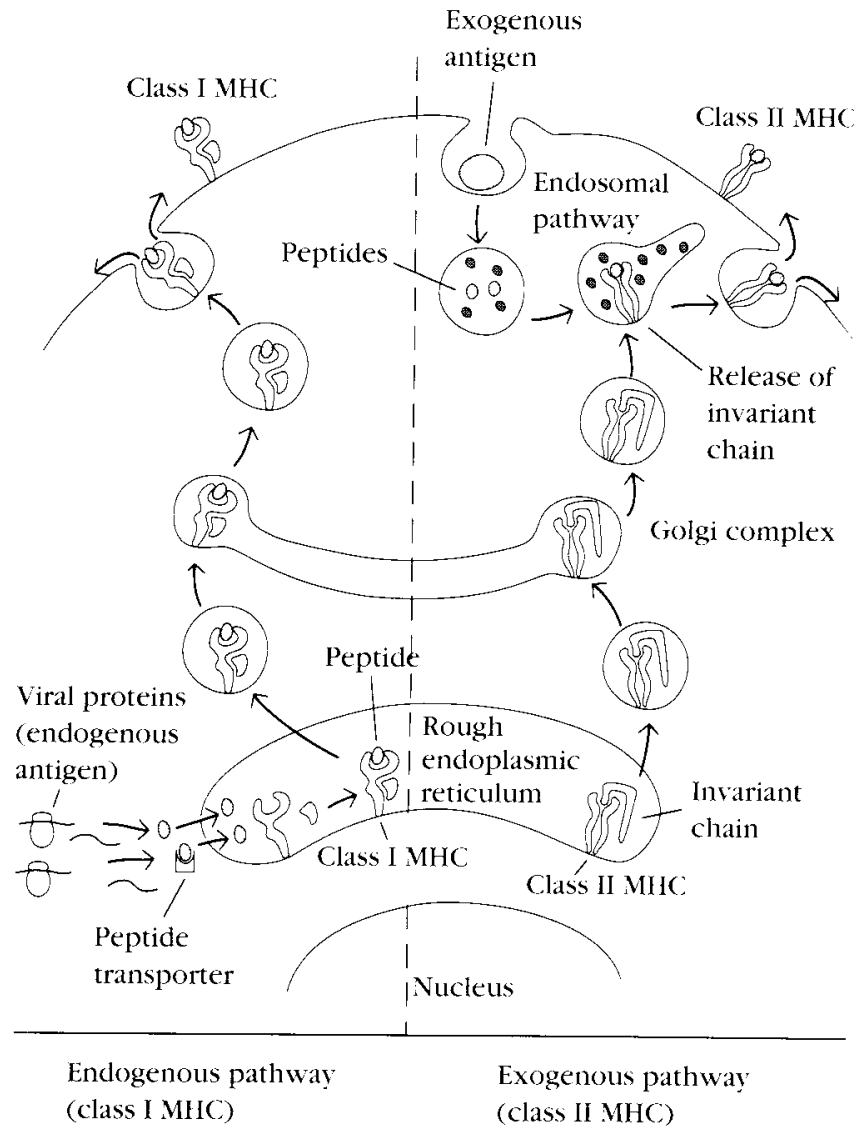
# Cell Mediated Adaptive Immune Response



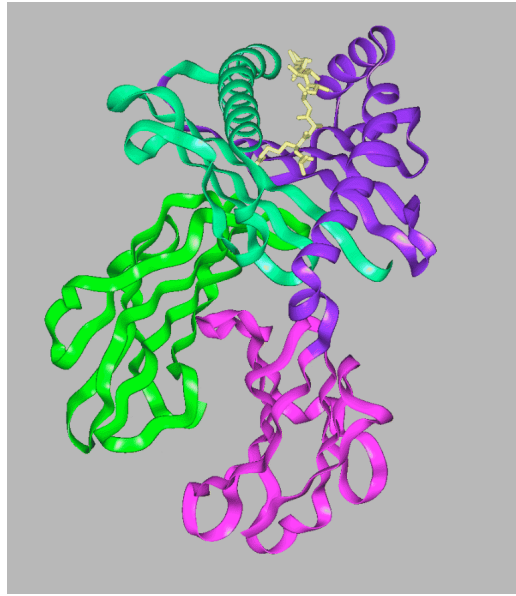
# Tc/MHC1/CD8 versus Th/MHC2/CD4



# MHC Antigen Presentation



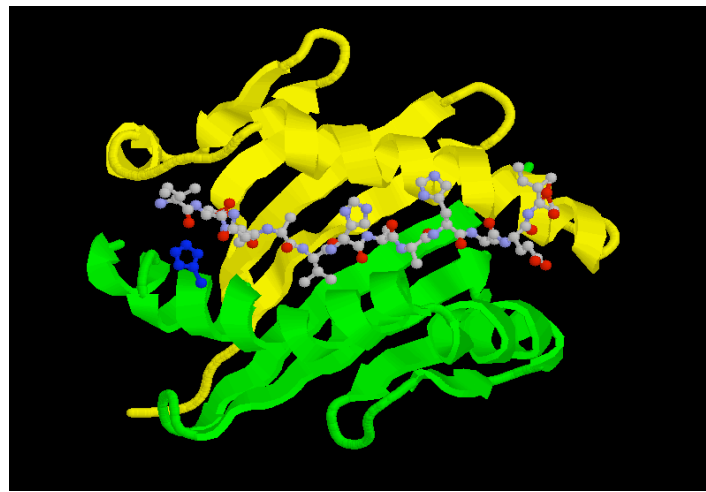
# The MHC Molecules



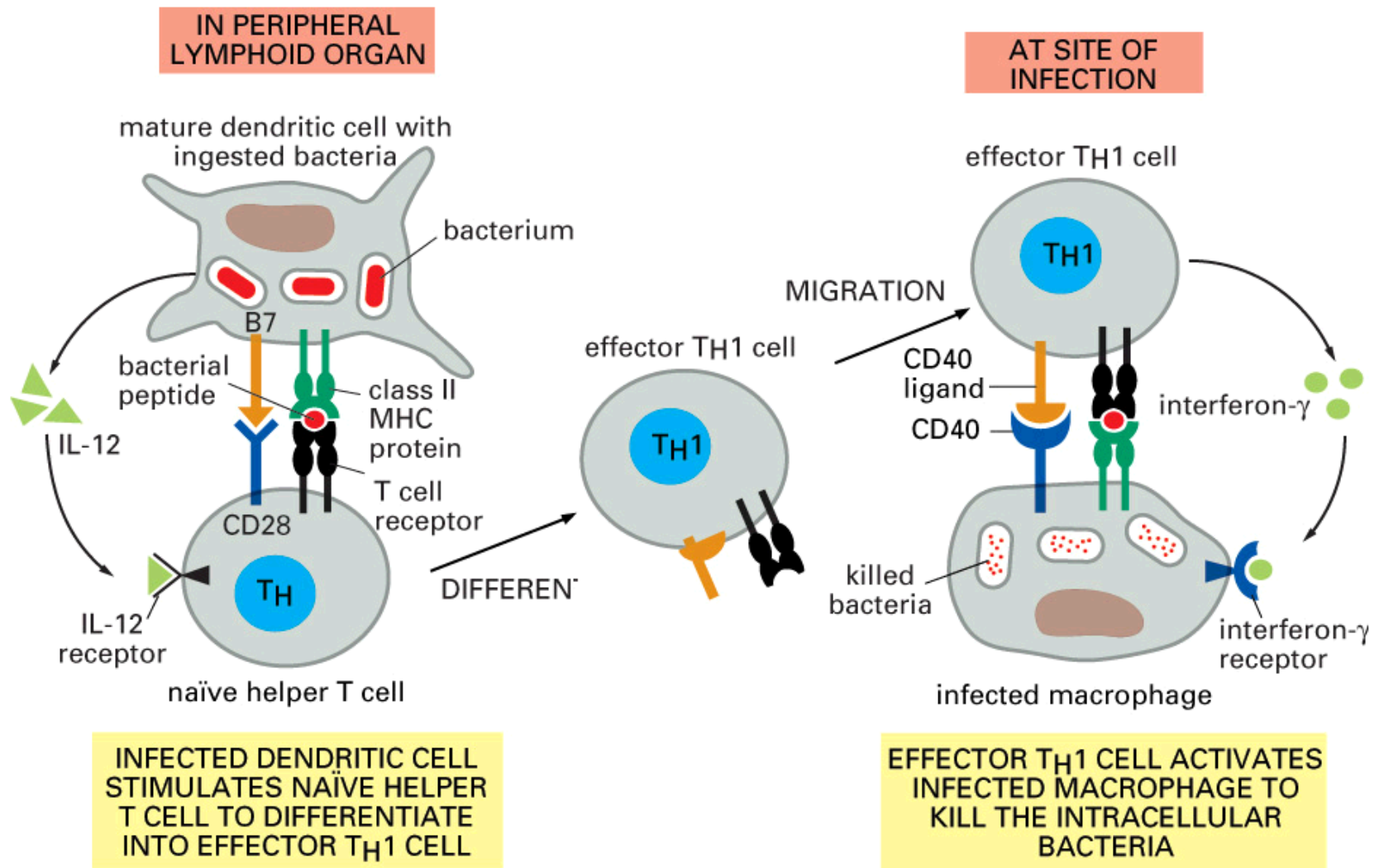
Class I



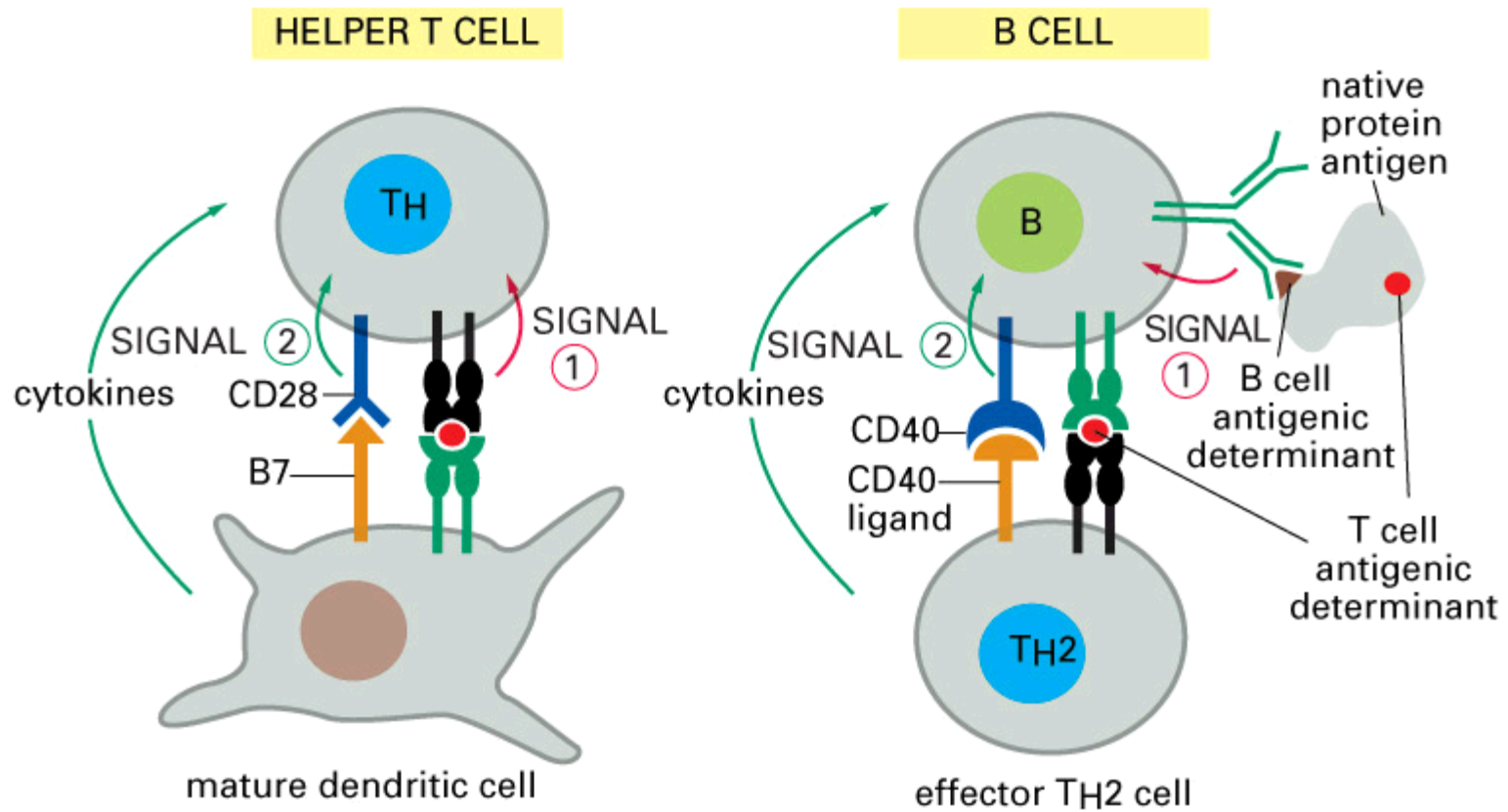
Class II



# Th1 Helper Cells (macrophage/inflammatory)

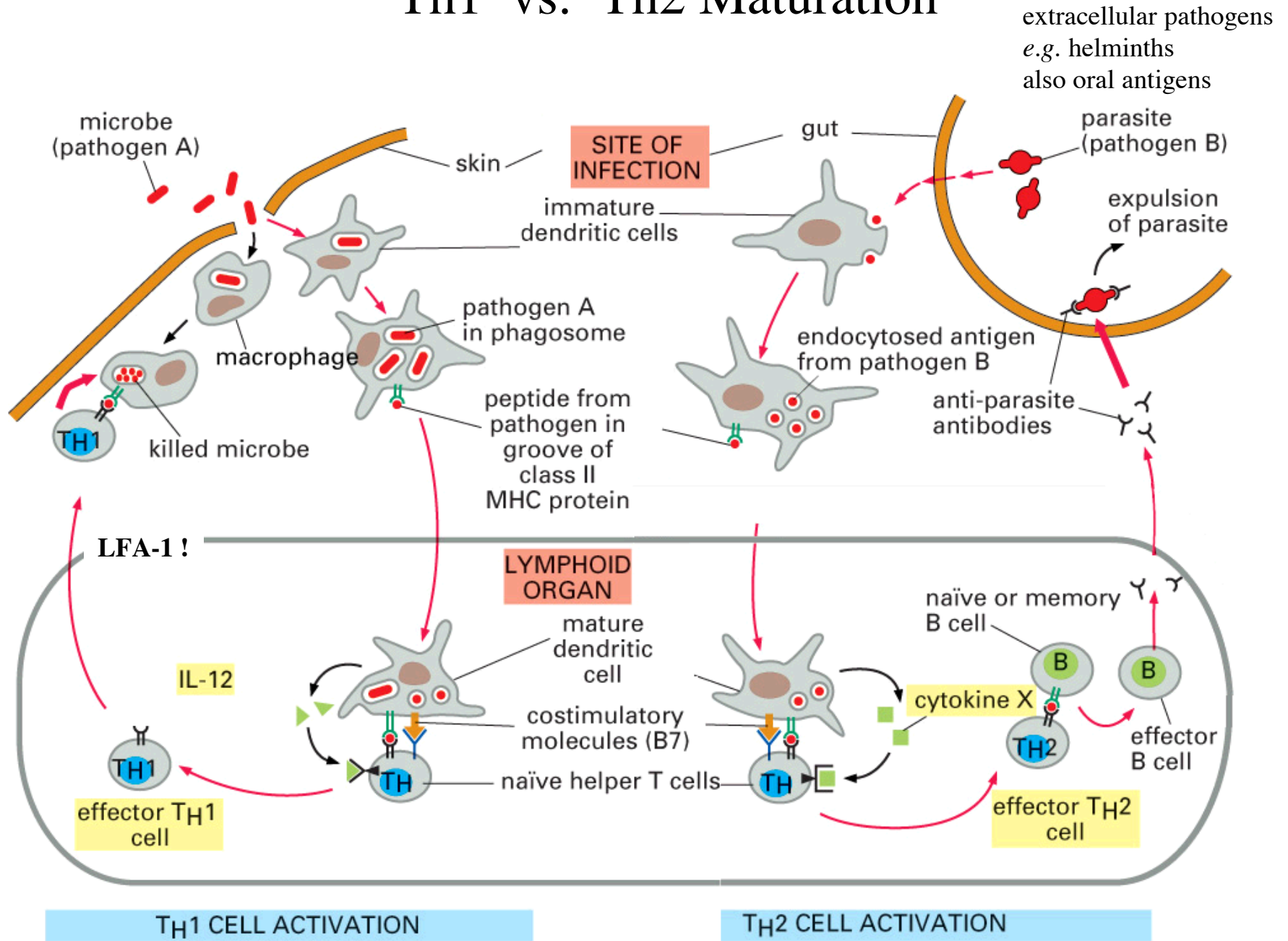


# Th2 Helper Cells (B cell response)

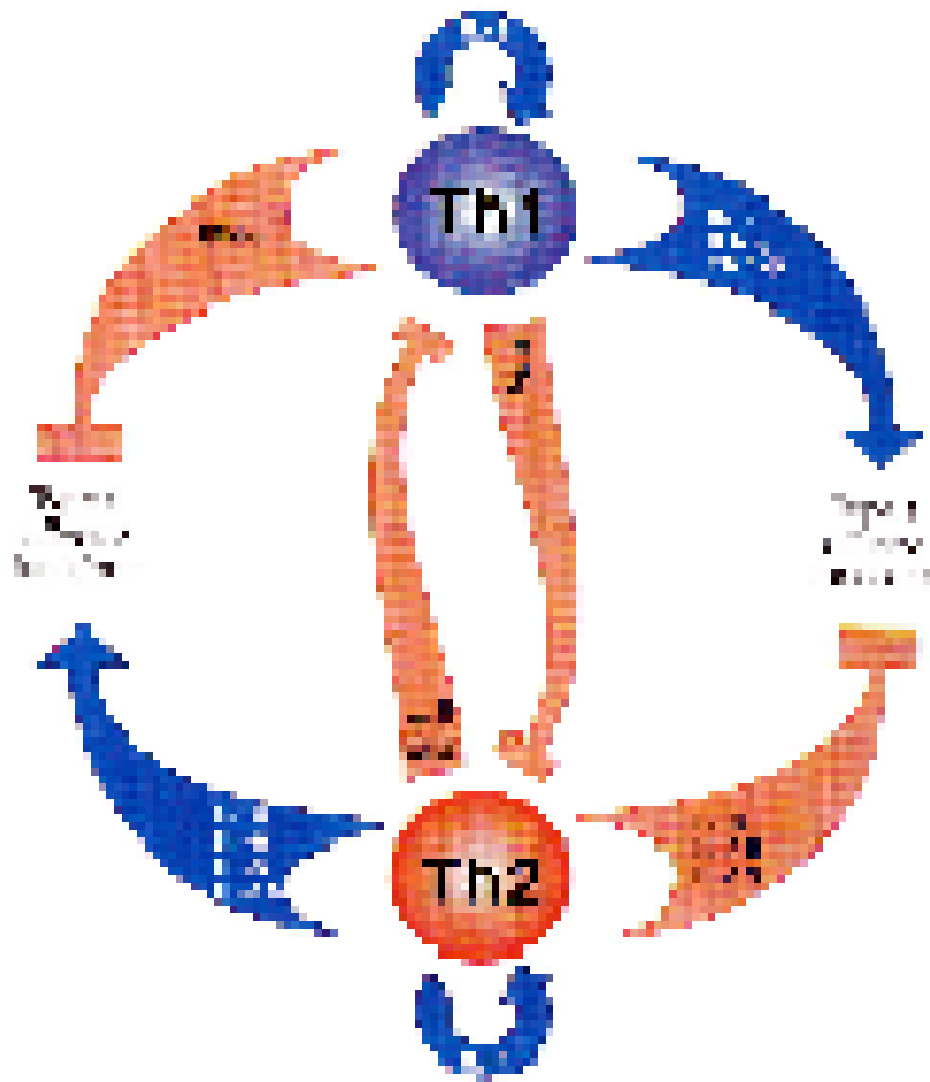


also mast cell degranulation and eosinophil activation  
high [antigen], nonprofessional

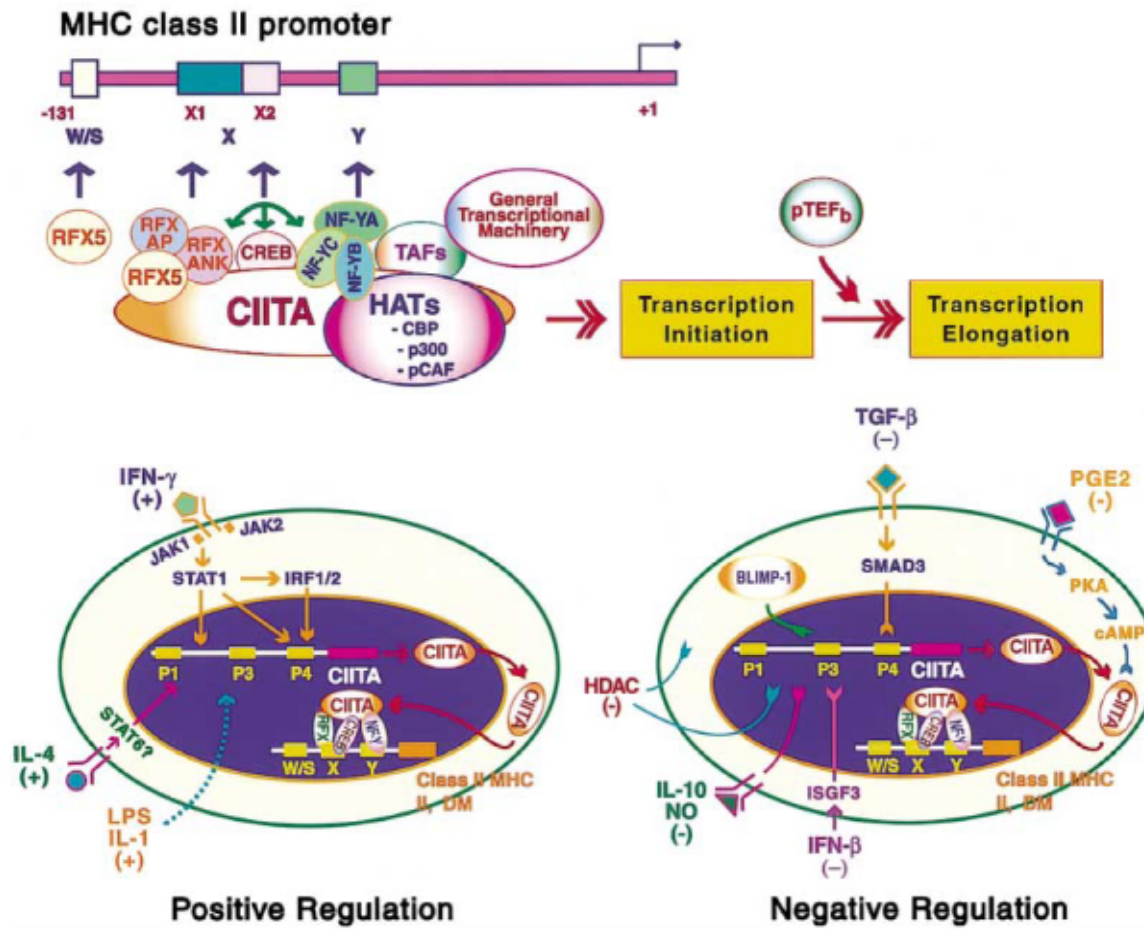
# Th1 vs. Th2 Maturation



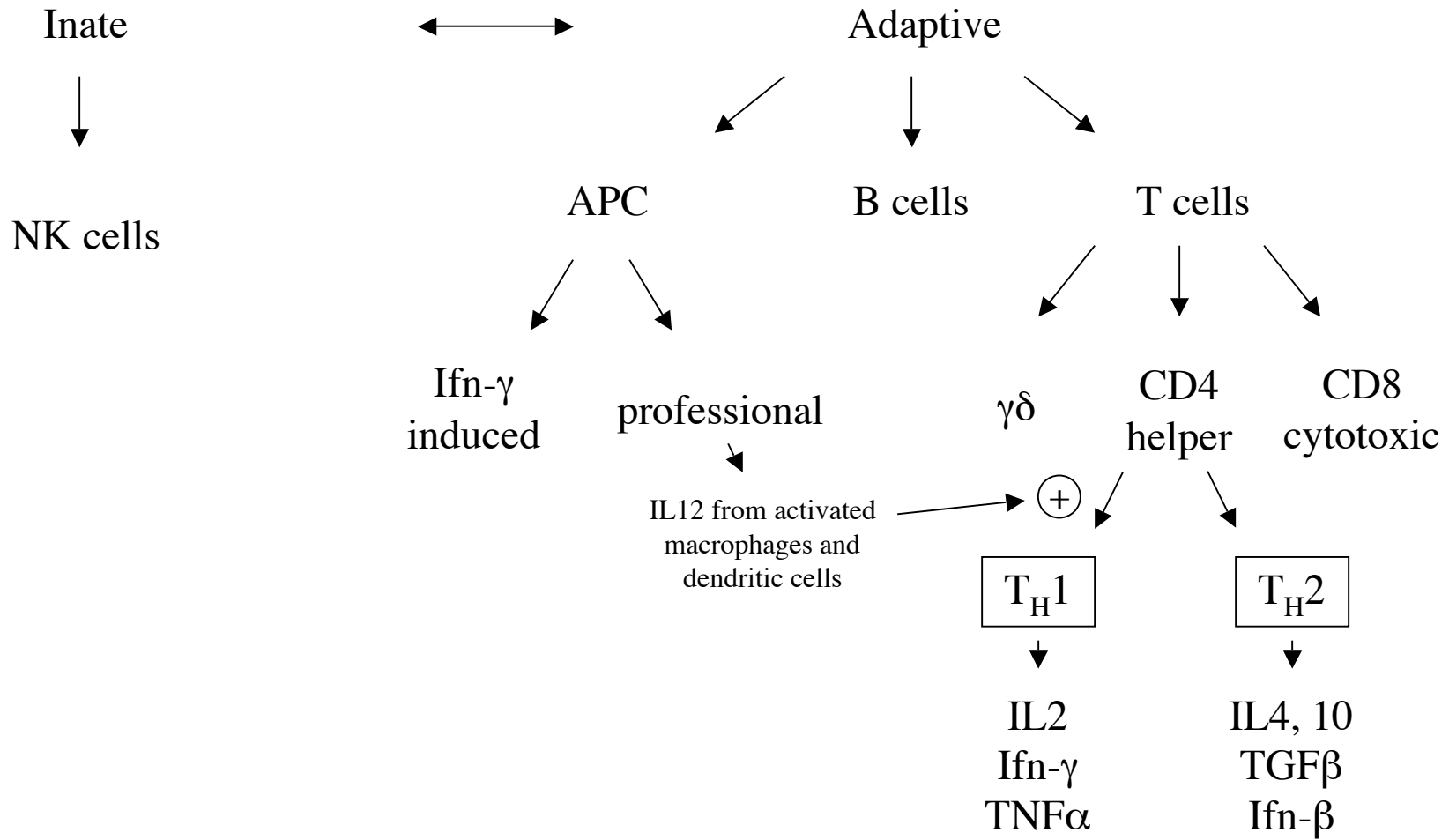
# Th1 vs. Th2 Antagonism



# MHC II Transcription by CIITA



# Immune System Overview



# How Do Statins Work?

Reported to:

- Decrease occurrence of AD by 70% in retrospective study
- Suppress MS (clinical trials)
- Block SMC proliferation/migration *in vitro*
- Modulate NF- $\kappa$ B Function *in vitro*
- Block IFN- $\gamma$  induced MHCII expression *in vitro*
- Suppress expression/secretion of immunoinflammatory molecules *in vitro*
- Direct inhibition of LFA-1

Most *in vitro* effects reversed by mevalonate, *trans*F, *trans*GG, but not *cis*F, *cis*GG, squalene, isopentyl adenosine or ubiquinone

Youssef, S. *et al.* "The HMG-CoA reductase inhibitor, atorvastatin, promotes a Th2 bias and reverses paralysis in central nervous system autoimmune disease." *Nature* **420**: 78-84 (2002).

Soutschek J *et al.* "Therapeutic silencing of an endogenous gene by systemic administration of modified siRNAs." *Nature*. **432**(7014):173-8 (2004).

Uauy, R., Vega, G.L., Grundy, S.M. & Bilheimer, D.M. "Lovastatin therapy in receptor-negative homozygous familial hypercholesterolemia: lack of effect on low-density lipoprotein concentrations or turnover." *J Pediatr* **113**: 387-392 (1988).