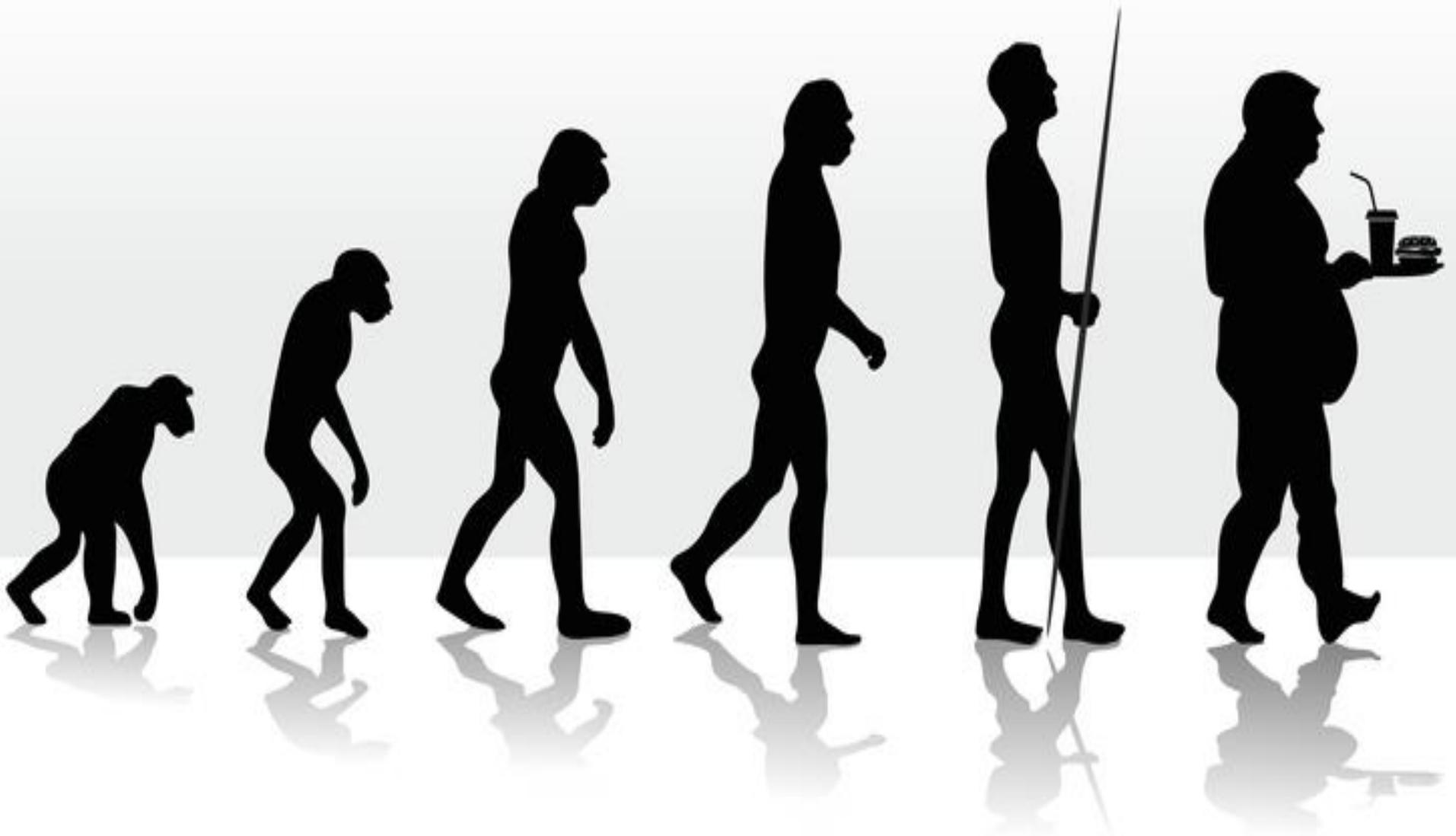
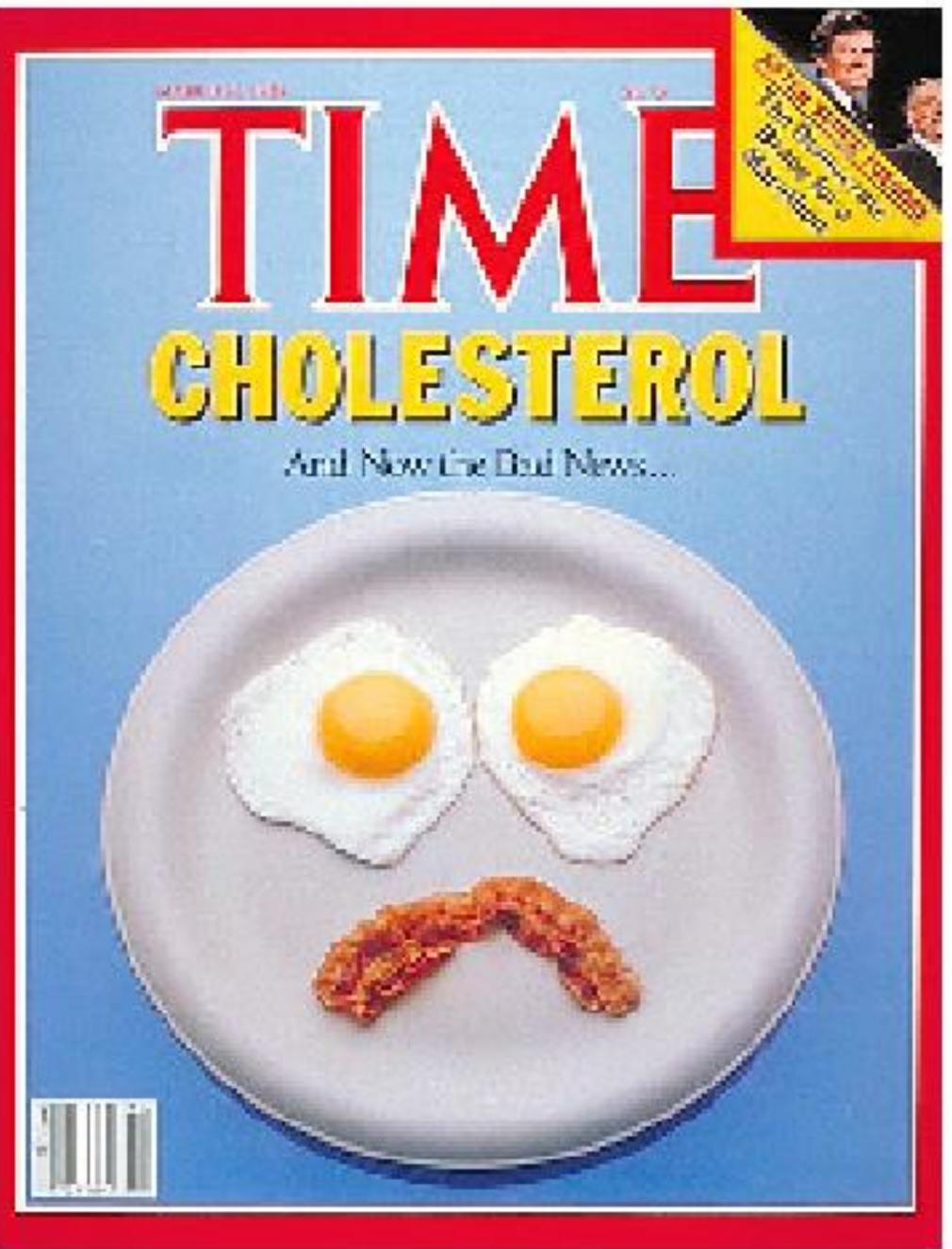
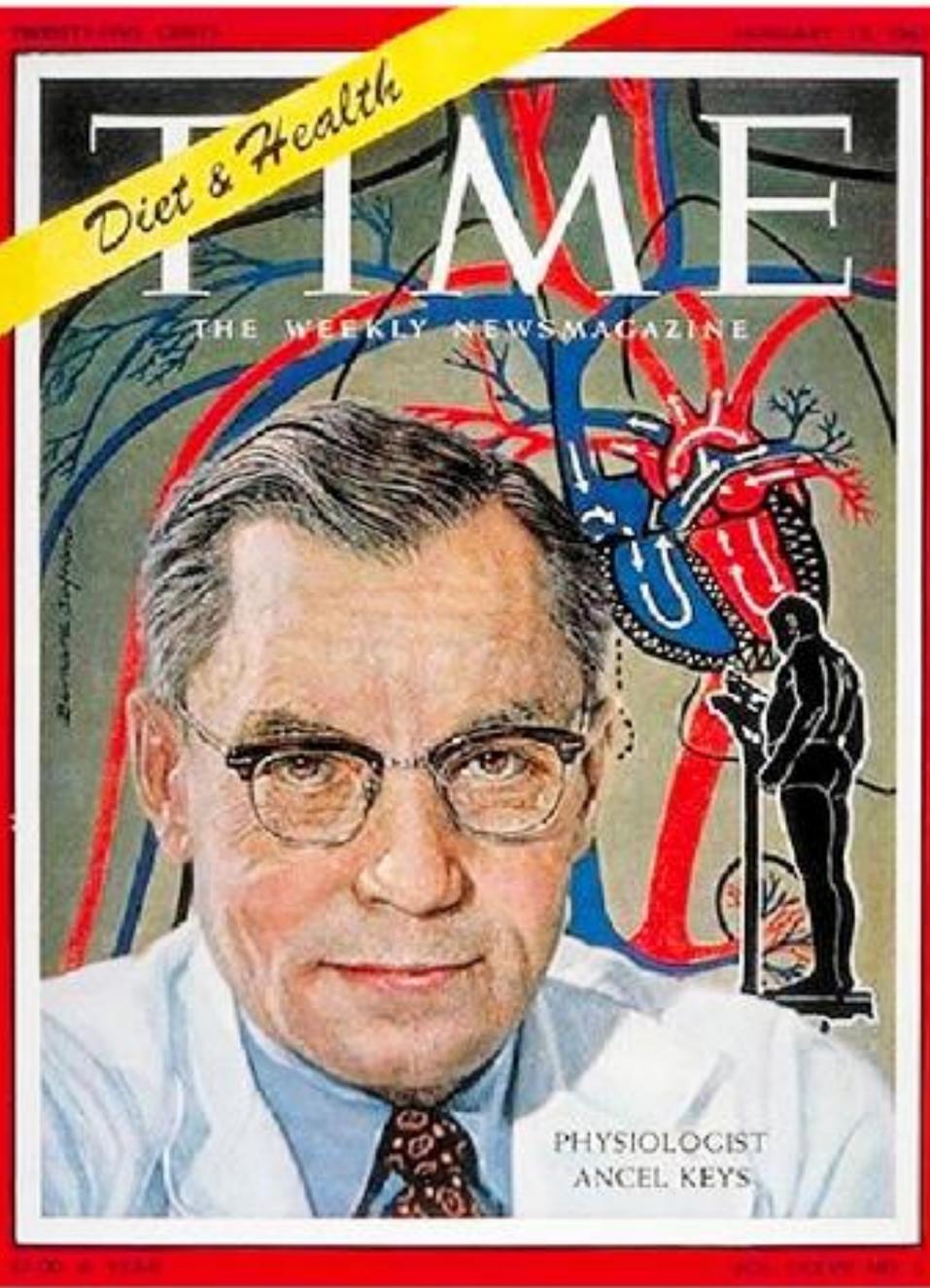


HMG-CoA Reductase Inhibitors in Lipid Metabolism. Discovery and Development

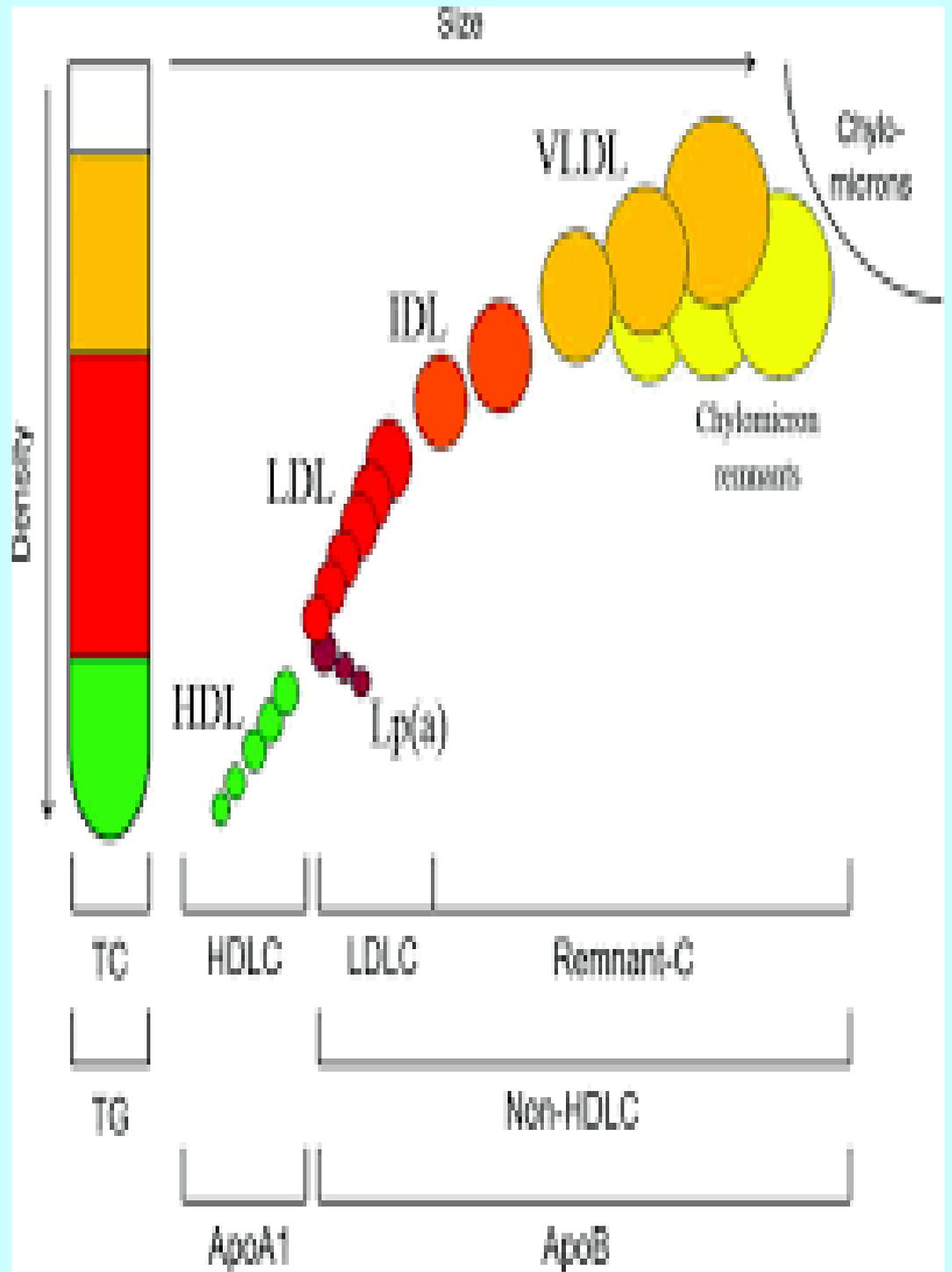
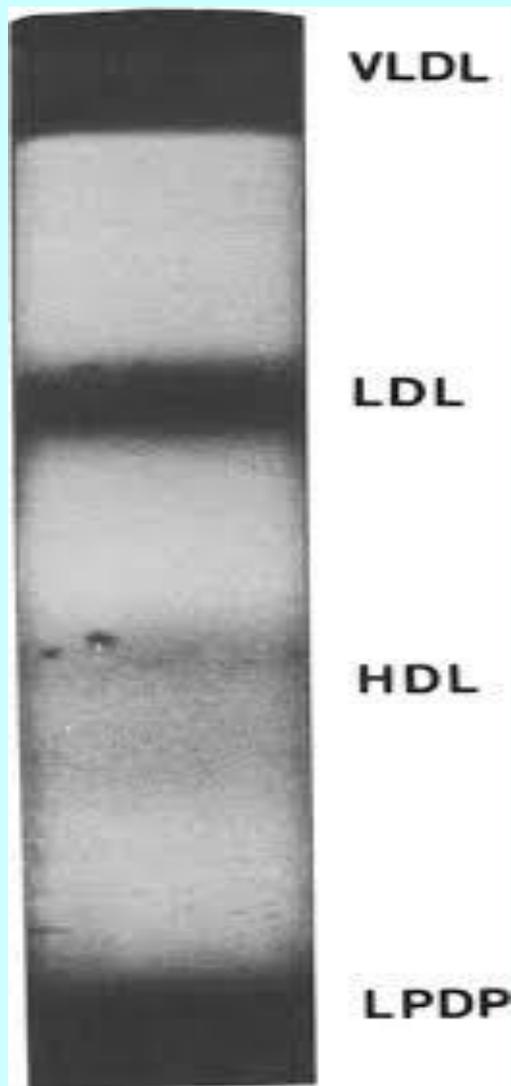
Nicholas Papageorgakis
Clinical Chemist PhD

Economic Growth and Atherosclerosis

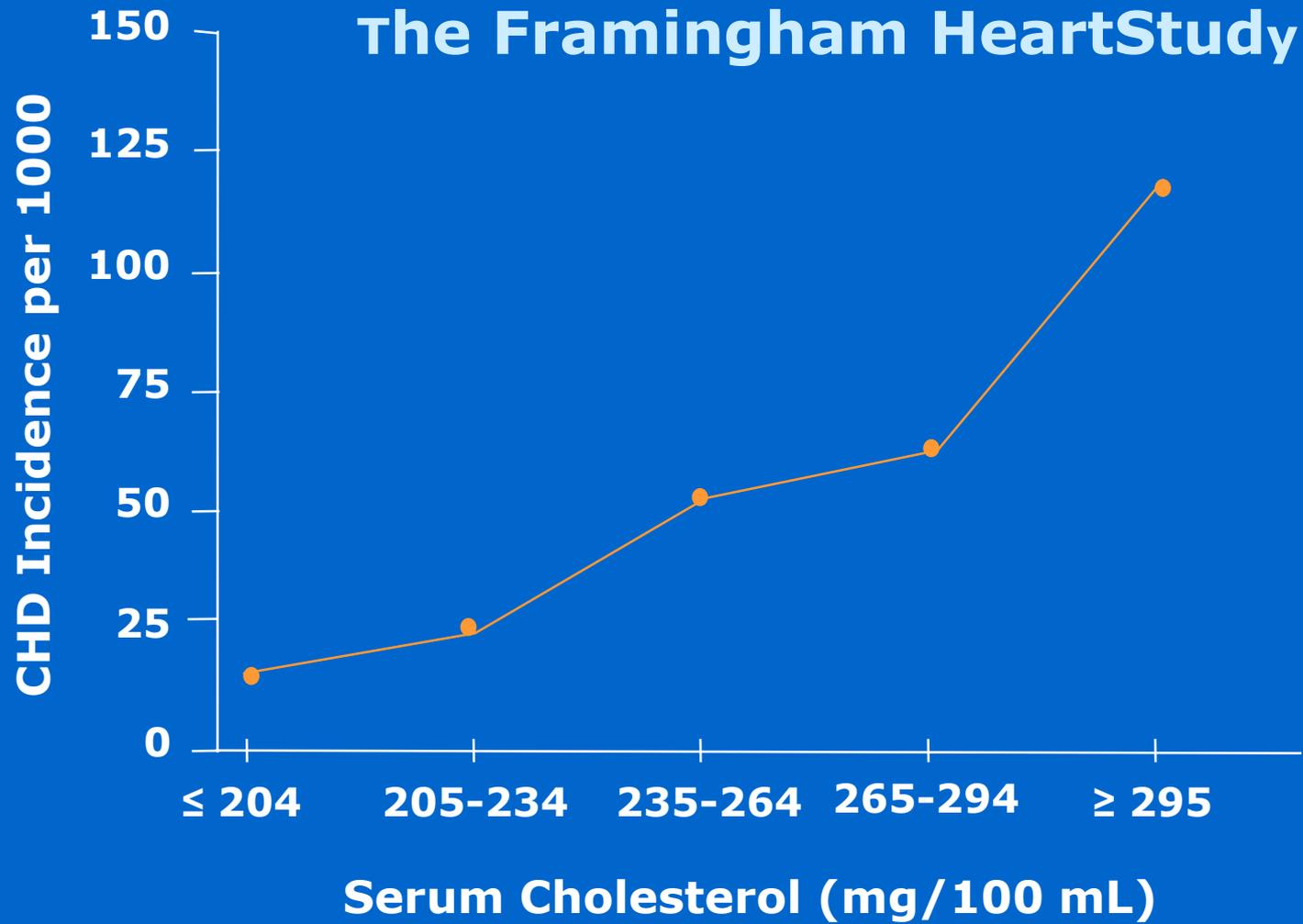




Two of many Time magazine covers since the 1950s that promoted physiologist Ansel Keys's alleged link between fat, cholesterol and heart disease.



Lower Cholesterol Levels Associated with Lower CHD Risk

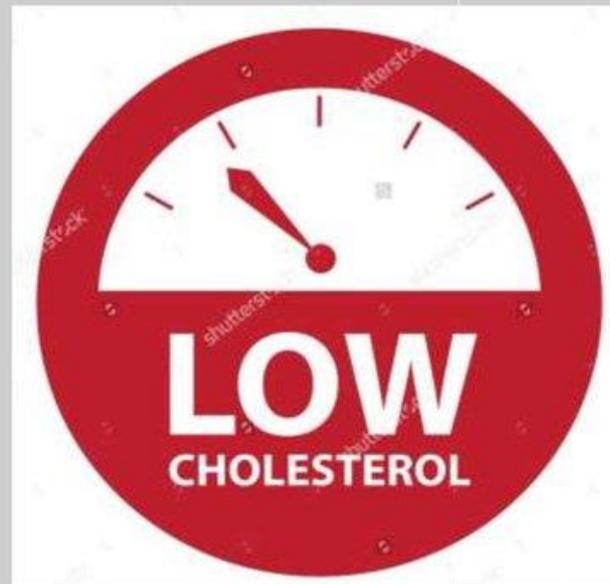


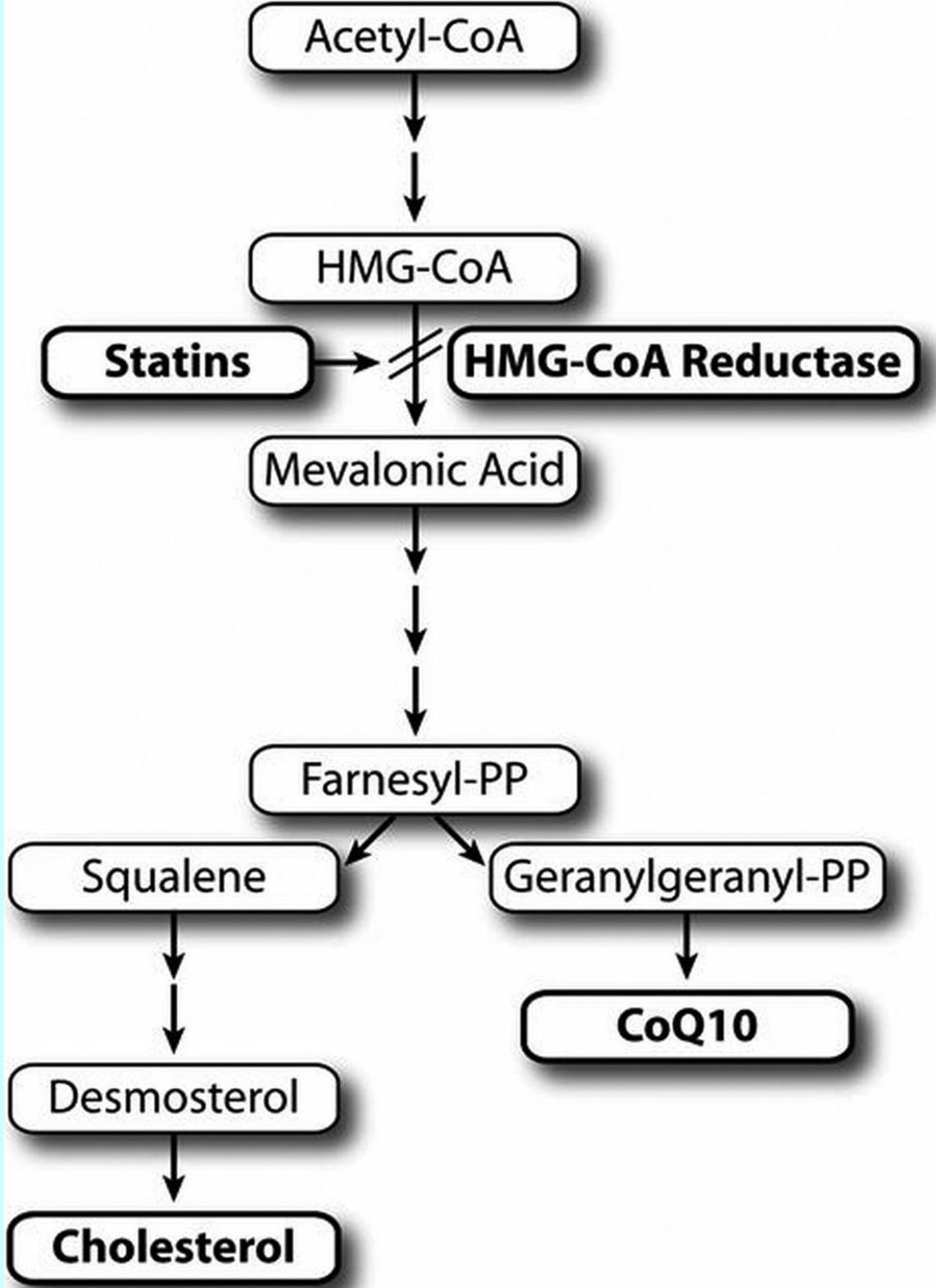
Castelli WP. *Am J Med.* 1984;76:4-12.

Controversy for Cholesterol

III. The Insanity of Lowering Cholesterol

- o Conventional medicine misses the boat entirely when they dangerously recommend that lowering cholesterol with drugs is the way to reduce your risk of heart attacks, because what is actually needed is to address whatever is causing your body damage – and leading to increased inflammation and then increased cholesterol.





**3-hydroxy-3-methylglutaryl-CoA
(HMG-CoA)**

HMG-CoA reductase

← **STATINS**

Mevalonate

isopentenyl-5-pyrophosphate

Geranyl PP

Farnesyl-PP

→ **COENZYME Q10**

→ **HEME A**

Squalene

Lanosterol

Lanosterol 14 α -demethylase

← **AZOLES**

ERGOSTEROL





Endo's successful hypothesis

Fungi defence from parasitic organisms, stopped ergosterol synthesis.

(1971) 6192 compounds studied in 2 yrs

-Compactin inhibited the HMG-CoA reductase

Misfortunes in Compactin Project

- Compactin not effective in rats (1976)
- “*Toxic*” microcrystalline structures in rats hepatocytes
- Lymphoma noticed in dogs with 100x regular dose
- Sankyo Co. stopped Compactin's project
(Merck took over)

- 1978** an 18-yr old girl with FH first to be treated
- 1979** Merck isolated lovastatin from *Aspergillus terreus*
- Sept **1980** Merck stopped (cancer in dogs)
- Impressive results, support from Clinicians
- Continuation
- 1987 FDA approval**

BLOOD

LDL

3 Increased number of LDL receptors promotes uptake of LDL from blood.

VLDL

LDL receptor

PLASMA MEMBRANE

2 Low intracellular cholesterol stimulates the synthesis of LDL receptors.

VLDL

DNA

mRNA

Cholesterol

Mevalonic acid

4 Low intracellular cholesterol decreases the secretion of VLDL.

Receptor

Ribosome

CoA

$2 \text{ NADPH} + 2\text{H}^+$

HMG CoA reductase inhibitors

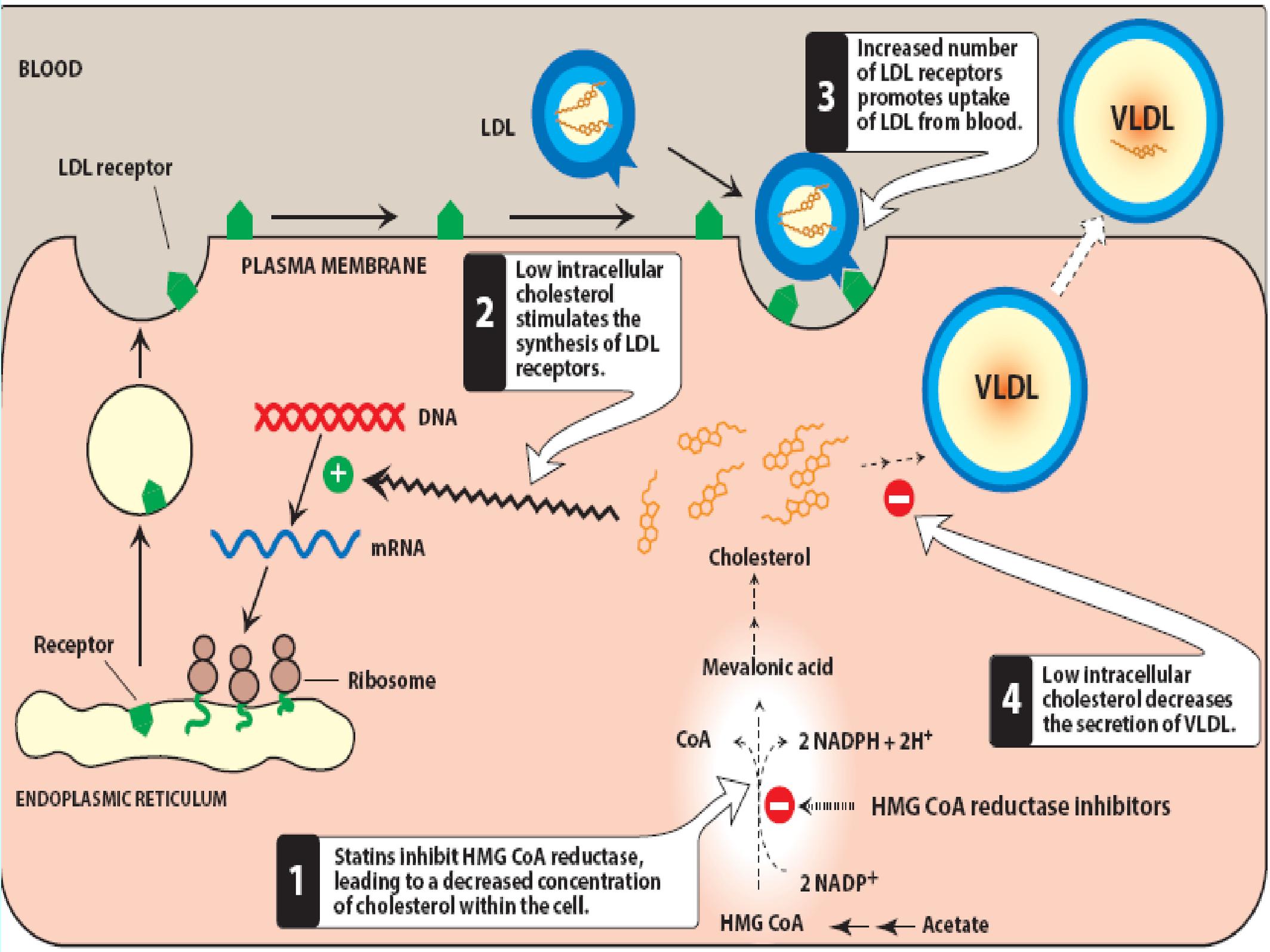
2 NADP^+

HMG CoA

Acetate

ENDOPLASMIC RETICULUM

1 Statins inhibit HMG CoA reductase, leading to a decreased concentration of cholesterol within the cell.



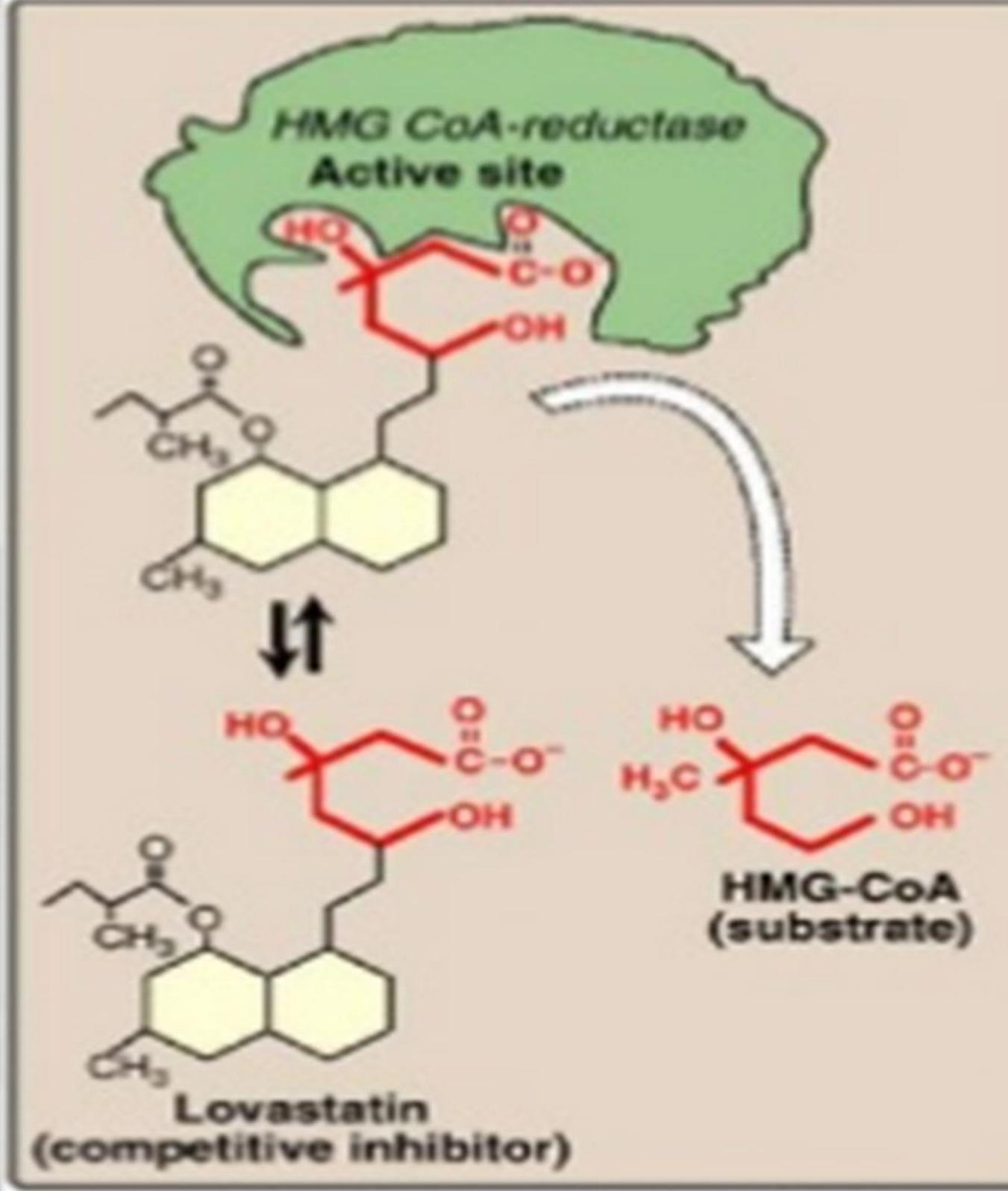
Statins

- Atorvastatin
- Fluvastatin
- Lovastatin
- Pravastatin
- Rosuvastatin
- Simvastatin
- Pitavastatin

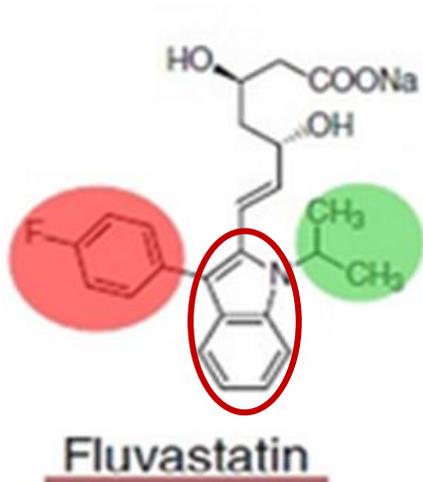
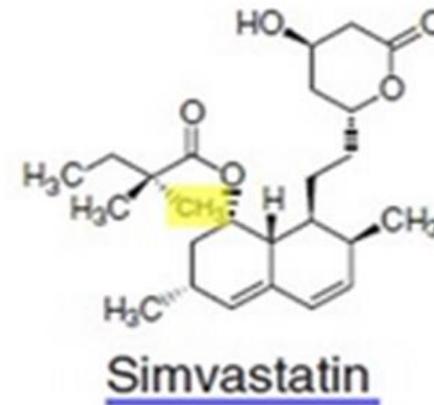
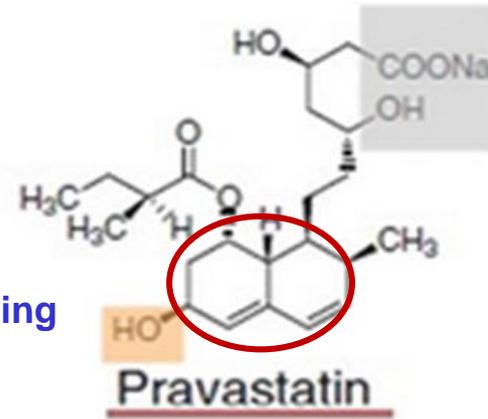
Statins tested in at least 27 major studies, with more than 170,000 adults followed for 5 years.

The results remarkably consistent:

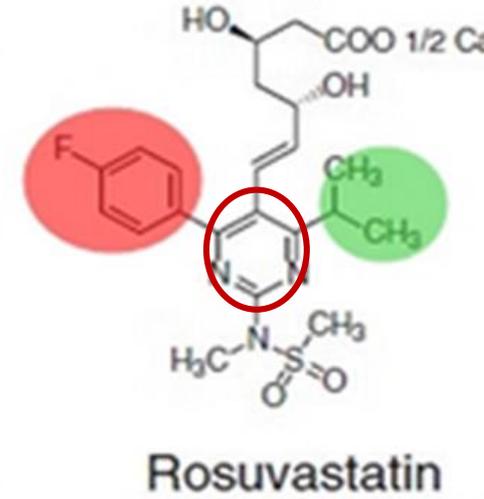
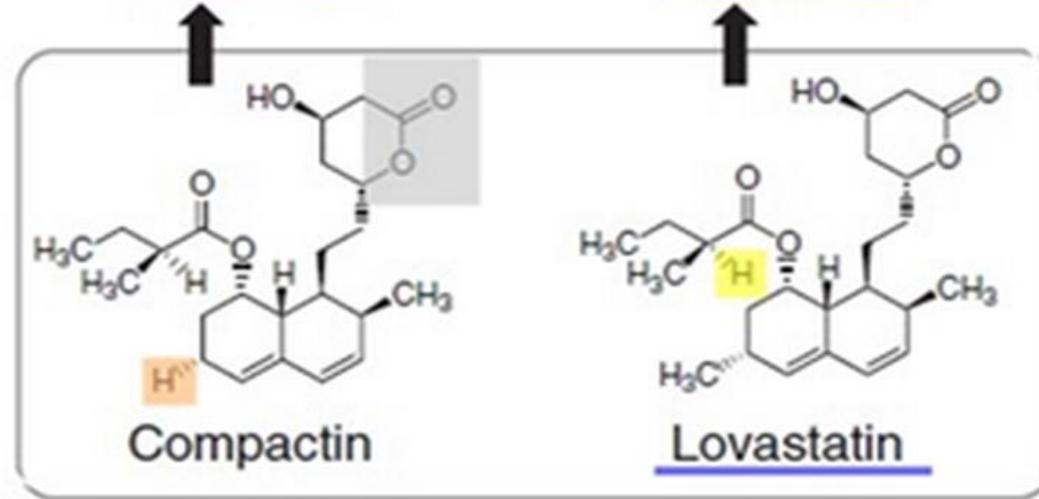
- Statins lower LDL 30%.
- Reduce heart attacks by 30%, and extend life.
- 30 million people worldwide take statins every day.



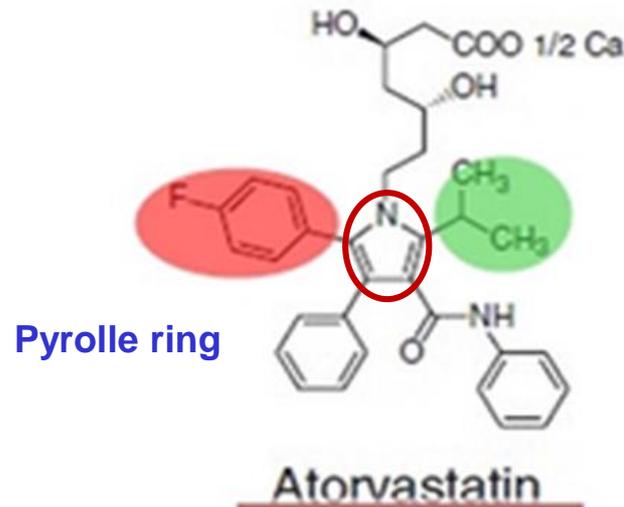
Partially reduced naphthylene ring



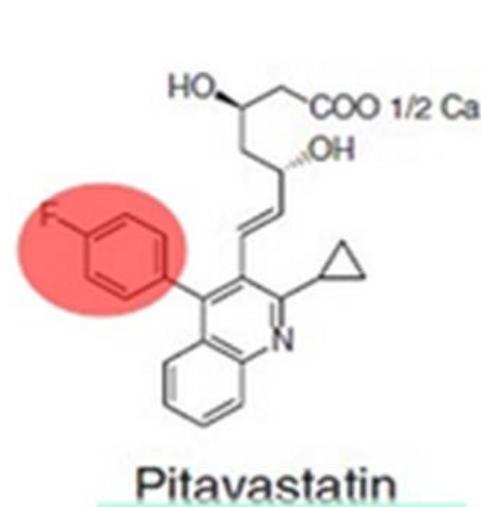
Indole ring



Pyrimidine ring



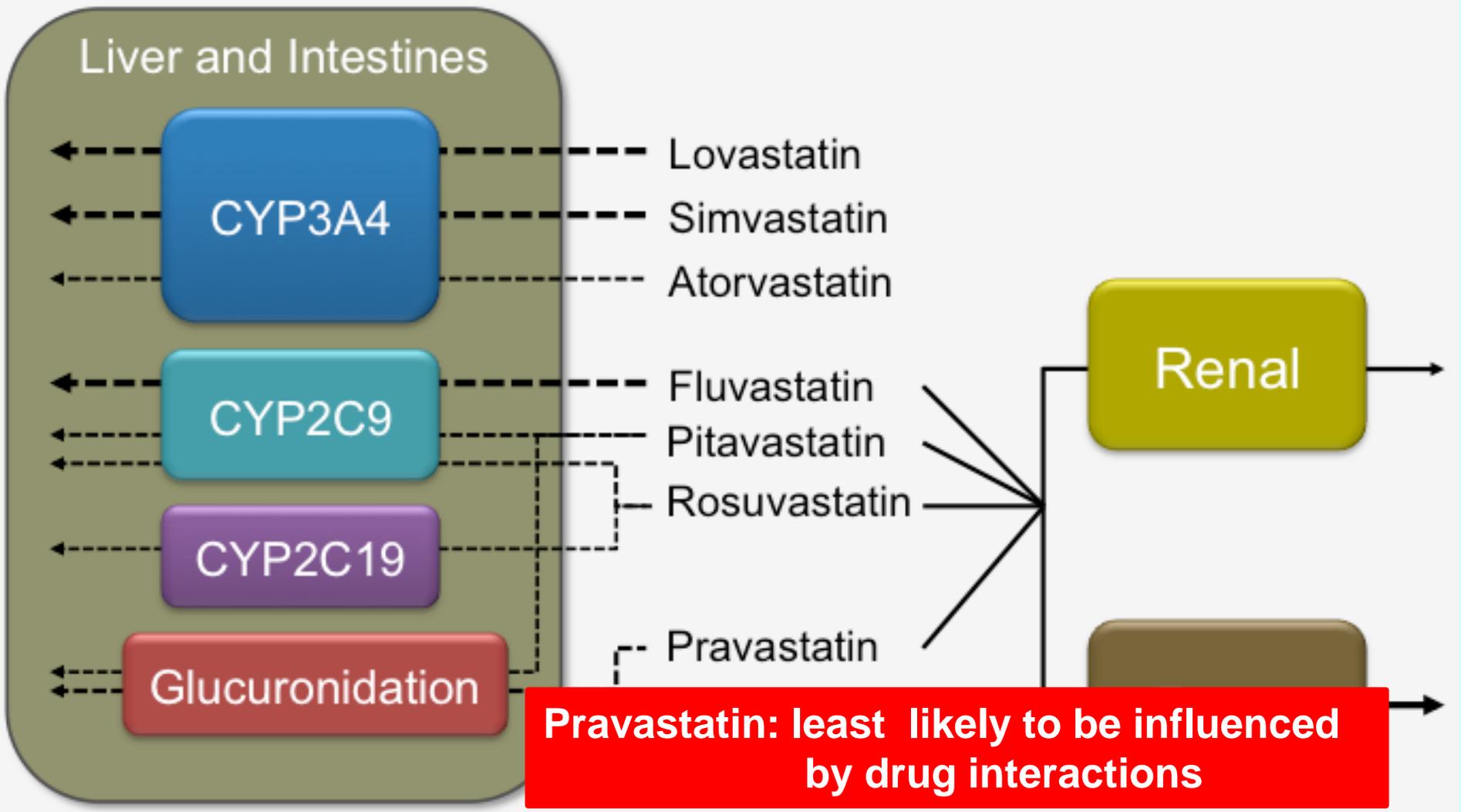
Pyrrole ring



Pitavastatin

Classification of statins

- 1) How they are obtained
- 2) **Liver metabolism**
- 3) Physico-chemical properties
- 4) Specific activity

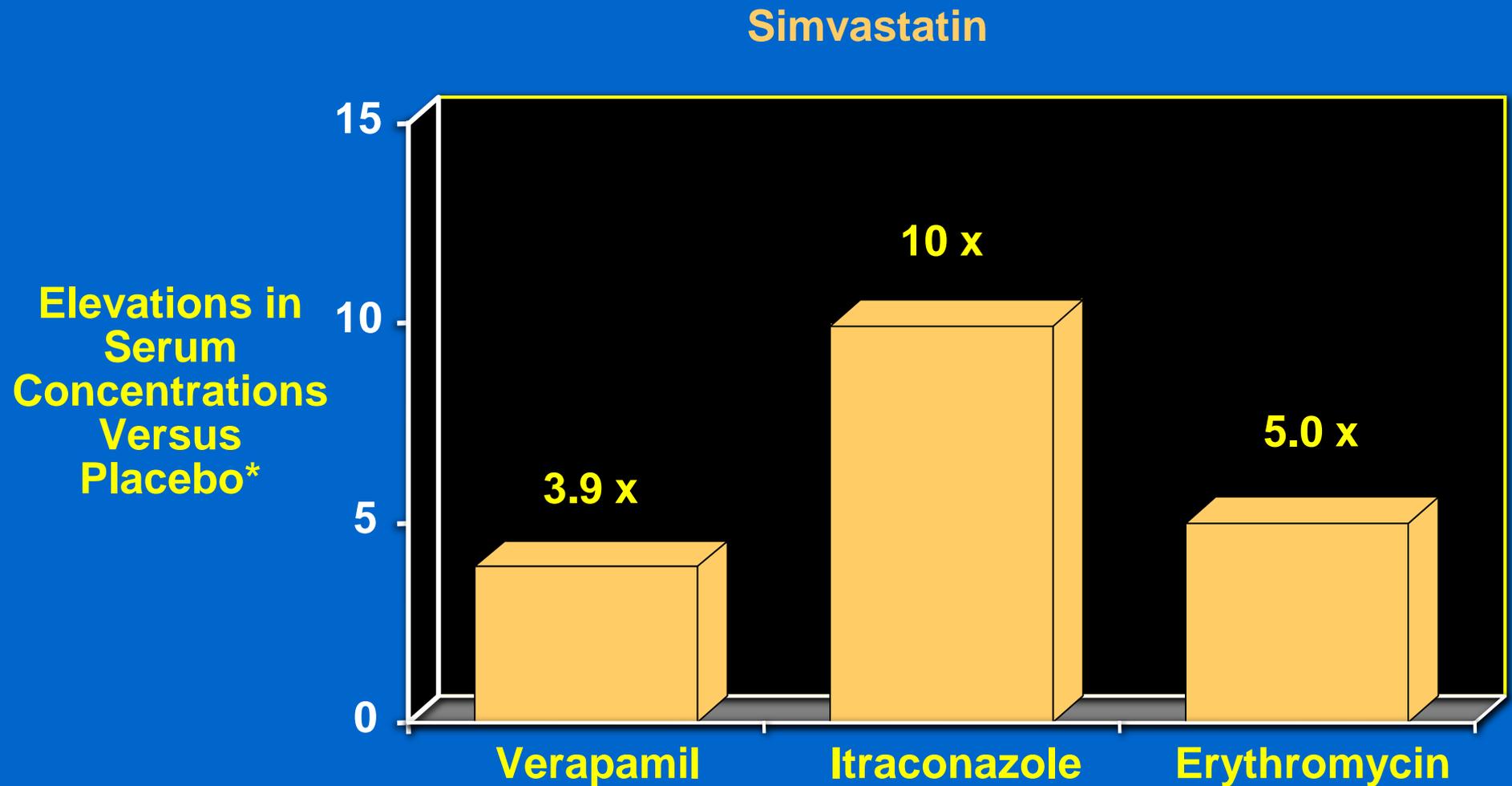


Significant Inhibitors of CYP3A4:

Potential for interaction with statins

| | | | |
|--|-------------------------------|-----------------------------|---------------|
| Antibiotics | clarithromycin* | erythromycin* | metronidazole |
| Antifungals | ketoconazole * | itraconazole* * | miconazole |
| Protease Inhibitors CCB's | indinivir mibefradil** | ritonavir | nelfinivir |
| Immunosuppressant | cyclosporin A* | | |
| H2 Blockers | cimetidine | | |
| Antidepressants | fluoxetine | fluvoxamine | |
| Food | grapefruit | grapefruit juice | |

Effects of CYP 3A4 Inhibitors on Statin Serum Concentrations



* Area under the concentration-time curve (AUC) of active simvastatin acid

Classification of statins

- 1) How they are obtained
- 2) Liver metabolism
- 3) **Physico-chemical properties**
 - Hydrophilic** –pravastatin, rosuvastatin,
 - Lipophilic**- Atorvastatin, lovastatin, pitavastatin, fluvastatin and simvastatin
- 4) Specific activity

- ❖ **OATP1 (organic anion-transporting polypeptide)**
transports the statin from the plasma into the
hepatocyte (Hydrophilic statins)
- ❖ **Lipophilic statins diffuse passively and non-**
selectively into both hepatocytes and non-
hepatocytes
- ❖ **Hepatosselectivity is related with reduced risk of**
adverse effects
- ❖ **Several drugs inhibit OATP1 (eg, clarithromycin,**
cyclosporine, erythromycin, several protease
inhibitors, rifampin)

Statin Effects

- **STATINS – Lipid-mediated effects**
- **STATINS -- Pleiotropic effects**

Pleiotropic effects of statins

(Cholesterol-independent effects)

- ❖ Improve endothelial function ↑ **NO**
- ❖ Modulate inflammatory response ↓ **protein prenylation**
- ❖ *Anti-oxidant function* -**lipid peroxidation** ↓
- ❖ *Antithrombotic effects* **PAI-1** ↑
- ❖ Maintain plaque stability

Epigenetics

genes can be turned on (expressed) or turned off (silenced)

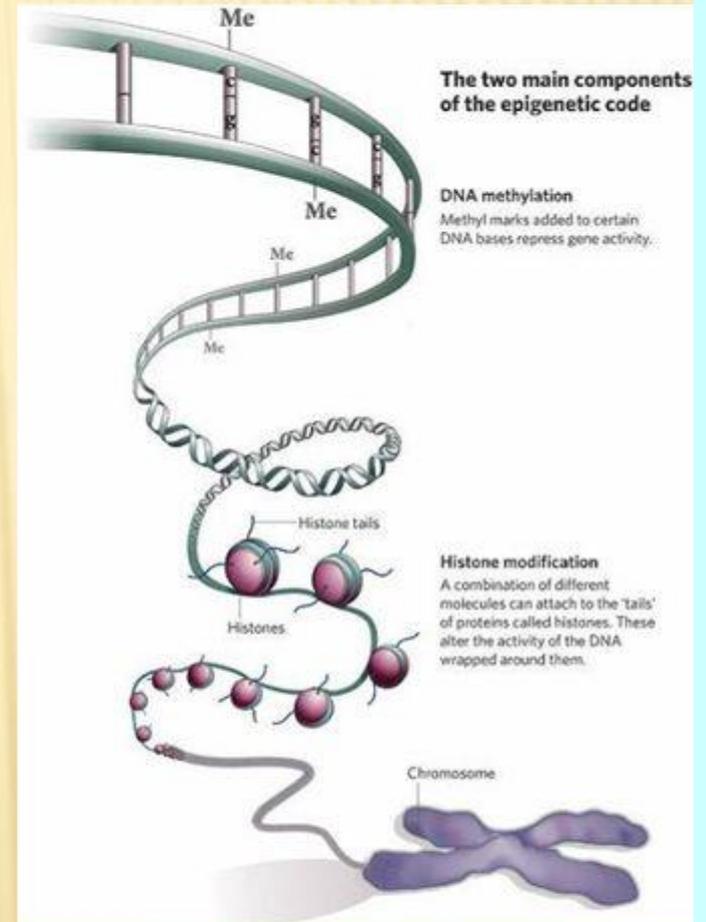
Drugs that are known to cause epigenetic changes include :

- **statin cholesterol-lowering drugs,**
- **antidepressants,**
- **beta blockers**
- **Diuretics**
- **tamoxifen**
- **methotrexate,**
- **anti-inflammatories**
- **even anesthetics,**
- **oral contraceptives**
- **antibiotics.**

Permanent changes in the epigenome

Researchers are most concerned that drugs may produce defects in subsequent generations. They speculate that the current diabetes epidemic may be hastened by drugs.

[*Metabolism Clinical and Experimental* 57: (2008) S16–S23]



Statins and Epigenetic Modifications

Pleiotropic and adverse effects

-In vitro and animal studies statins can increase histone acetylation and demethylate histone residues and DNA.

-Changes alter expression of various genes including tumor suppressor genes and genes with anti-atherosclerotic actions.

-Statins influence the expression of numerous microRNAs that suppress the translation of proteins involved in tumorigenesis and vascular function.

Meta-analyses of controlled clinical trials have failed to find any effect on cancer rates

**STATINS KEY TO
A LONGER LIFE**

**HOW STATINS
BEAT CANCER**

**STATINS
CAN BE
RISK TO
HEALTH**

Statins 'have no side effects'

But drug is still a life saver

**STATINS
IN NEW
HEALTH
ALERT**

**DOCTORS
BAN ON
STATINS**

Medics at war over drug advice

**STATIN IS NEW
WONDER DRUG**

**BEWARE
OF
THE
WONDER
DRUG!**



Statin Pharmacogenetics

❖ Variants of *HMGCR*, *CETP*, *ApoE* studied for their role in statin response

Polymorphisms in *HMGCR* can result in significantly diminished response to statin pharmacotherapy

❖ Genomic markers, *KIF6* and *SLCO1B1* affect statin response

• Carriers of the *KIF6* 2155T>C allele display reduced response to simv, ator, rosu → increase dose

❖ Altered transport of statins - *SLCO1B1* 521C homozygous carriers were approximately three times more likely to be statin intolerant 60% of those required by wild type

❖ Statin-associated muscle symptoms occur in ~10% of patients (clinical trials↓)

Genetic association studies with statins are difficult

Pharmacokinetic properties of Statins

| Parameter | Rosuva | Atorva | Fluva | Lova | Prava | Simva |
|--|--------------------|--------|---------|--------|---------------------|--------|
| Absolute bioavailability, % | 20 | 12 | 10-35 | <5 | 18 | >5 |
| Food effect on bioavailability | None | ↓13% | ↓15-25% | ↑50% | ↓30% | None |
| Protein binding, % | 90 | >98 | >99 | 95 | 48 | 95 |
| Hepatic extraction, % dose | 90 | >70 | 68 | >70 | 50 | 78-87 |
| Metabolic enzyme (S, substrate; I, inhibitor) | (none) 2C9,2C19 | 3A4(S) | 2C9(I) | 3A4(S) | Sulfation (none) | 3A4(S) |
| Half-life, h | 20 | 14 | <1 | 3-4 | 1.8 | 3 |
| Elimination, % | | | | | | |
| Urine | 10 | 2 | 5 | 10 | 20 | 13 |
| Feces | 90 | 96 | 95 | 70 | 70 | 80 |

Critical Issues

- ❖ Awareness of the possible interactions
- ❖ Underlying reasons for therapeutic failure
- ❖ Statin intolerance – side effects

(Co-medication, polymorphic expression of CYP450s, transporters, HMGCR, CETP)



Address to a TDM-Pharmacogenomic Lab

Gratitude for Akira Endo

Apart from the recognition, Endo never derived financial benefit from his discovery, despite the fact that statins are amongst the most widely prescribed medications.

“The millions of people whose lives will be extended through statin therapy owe it all to Akira Endo”

*Michael Brown and Joseph Goldstein
Nobel Prize for LDL Receptors.*

THANK YOU



Andros Island