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TGF-B ENHANCERS TARGETING CANONICAL SIGNALLING ARE A NOVEL CLASS OF ANTI-INFLAMMATORY AGENTS FOR PREVENTING AND TREATING ASCVD

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dietary cholesterol intake has been recommended to reduce the risk of the disease. However, several recent epidemiological studies do not support a relationship between dietary cholesterol and/or blood cholesterol and ASCVD. The role of cholesterol in ASCVD is now uncertain. Accumulating evidence indicates that TGF-ß, an anti-inflammatory cytokine in the circulation, protects against ASCVD and that suppression of canonical TGF-ß signaling (Smad2-dependent) is involved in the development of ASCVD. Recently, we demonstrated that 7-dehydrocholesterol (7-DHC; an immediate biosynthetic precursor of cholesterol), but not cholesterol, suppresses canonical TGF-ß signalling in target cells/tissues and causes ASCVD in vivo. We have identified TGF-ß enhancers which are therapeutic agents for ASCVD in human patients and animal models. They counteract the 7-DHC mediated suppression of TGF-ß canonical signalling in aortic endothelium. TGF-ß enhancers can be classified into 4 types: Type I TGF-ß enhancers: cholesterol biosynthesis inhibitors (e.g. statins); Type II TGF-ß enhancers: 7-DHC extruding compounds which include triterpenoids (e.g. betulinic acid), polyphenols (e.g. cyanidin), antioxidants (e.g. vitamin E) and ethanol; Type III TGF-ß enhancers: endocytosis inhibitors (e.g. dynasore). These agents enhance TGF-ß signalling by sustaining TGF-ß receptor signalling at the plasma membrane and Type IV TGF-ß enhancers: fusogenic compounds such as DMSO, ethanol and resveratrol. Since, these four types of TGF-ß enhancers utilize different mechanisms to enhance such signalling, combinations of these types of TGF-ß enhancers with additive and/or synergistic effects may lead to strategies to treat and/or prevent ASCVD.

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