# Statins as adjunctive host-directed therapy for TB

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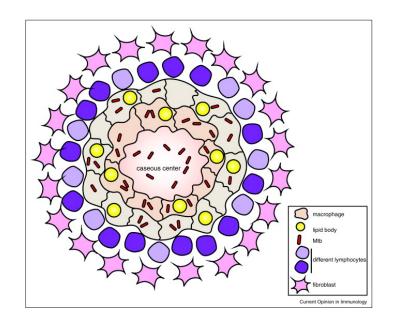
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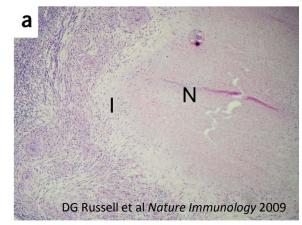
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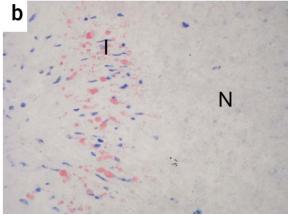
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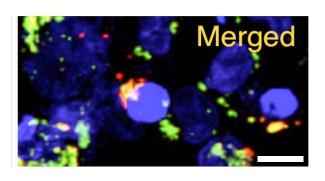
# Lipid-laden macrophages in tuberculosis







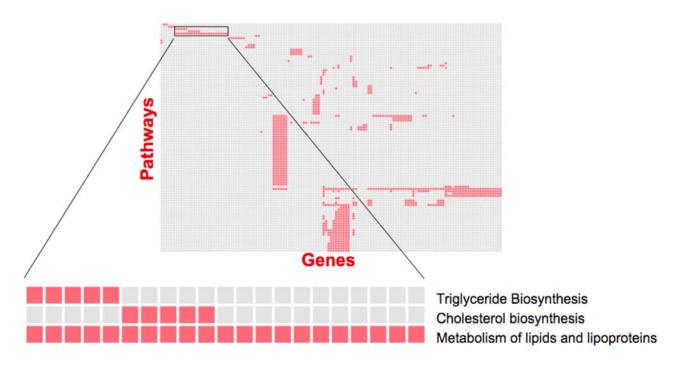
Lipid droplets in *M.*tuberculosis-infected
macrophages in vitro



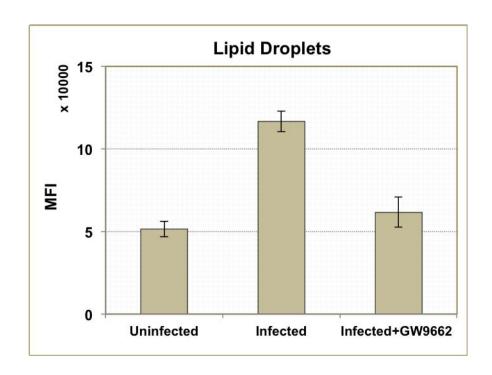
Lipid droplets
M. tuberculosis
Nuclei

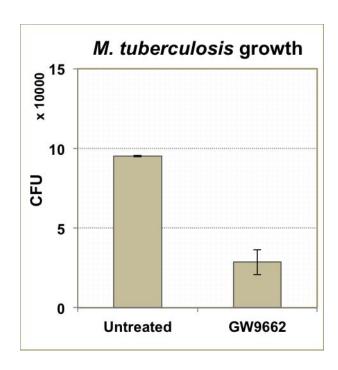
#### Lipid-laden macrophages in tuberculosis

**Metabolism of lipids and lipoproteins** in pathway analysis of gene expression in *M. tuberculosis-*infected THP1 cells

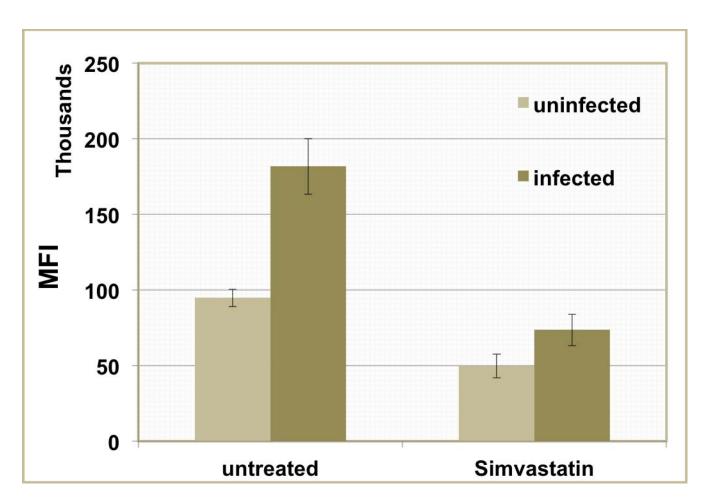


### Agents that block lipid droplet formation usually inhibit intracellular growth of *M. tuberculosis* – an example is a PPAR<sub>γ</sub> antagonist





# Simvastatin blocks lipid droplet formation in infected macrophages



#### Statins: Common clinical use

 Statins are among the best-selling drugs worldwide and used extensively to reduce morbidity and mortality in patients with coronary disorders and hypercholesterolemia.

### Statins: Host-modulating properties

- Statins have pleiotropic effects, including broad-range immunomodulatory and antiinflammatory properties.
- Statin use reduced mortality in patients with bacteremia<sup>1</sup> and multiple organ dysfunction syndrome.<sup>2</sup>

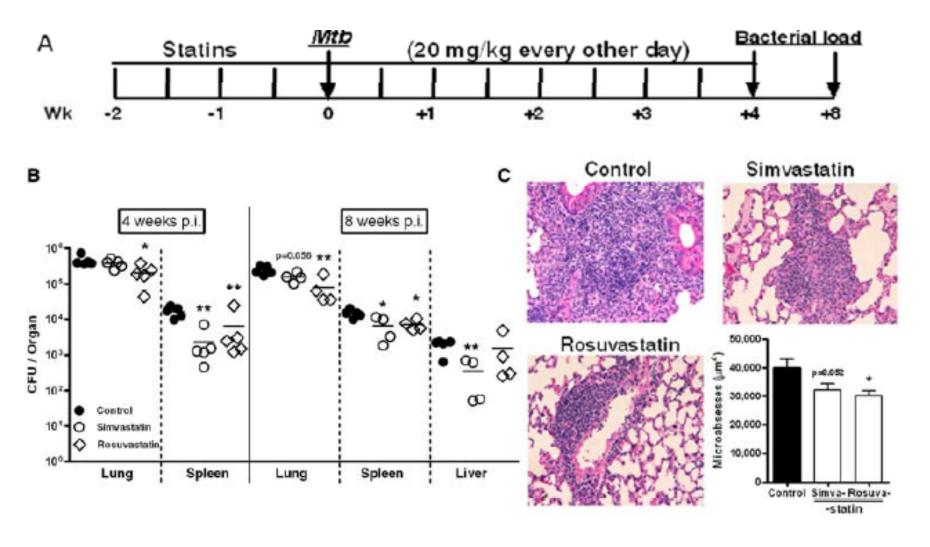
# Statins: Protective effect against intracellular pathogens

- Lovastatin and atorvastatin reduced Salmonella enterica growth in a murine macrophage cell line and in mouse spleens/livers, respectively.
- Mice treated with simvastatin had reduced growth of Chlamydia pneumoniae in the lungs.

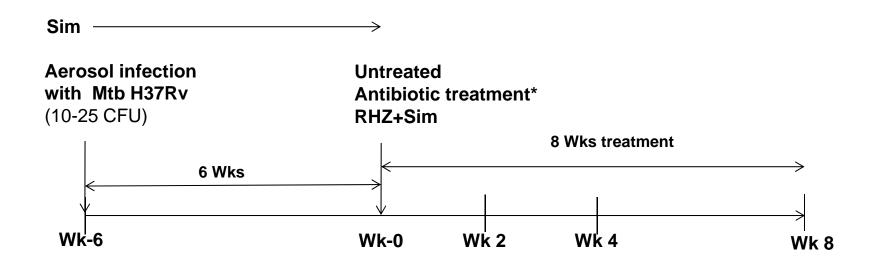
#### Anti-TB effect of statins

- PBMCs and MDMs from statin-treated FH patients were more resistant to Mtb infection compared to those of healthy donors.
- Statin treatment of Mtb-infected mice increased host protection with reduced lung burden and improved histopathology.
- The effect of statins appears to be mediated by reduction of membrane cholesterol, which promotes phagosomal maturation and autophagy.

## Statins mediate increased host protection against Mtb infection in mice



# Statins as adjunctive therapy in combination with the standard first-line regimen



\*Antibiotic treatment, H= isoniazid 10mg/kg

R= rifampin 10 mg/kg

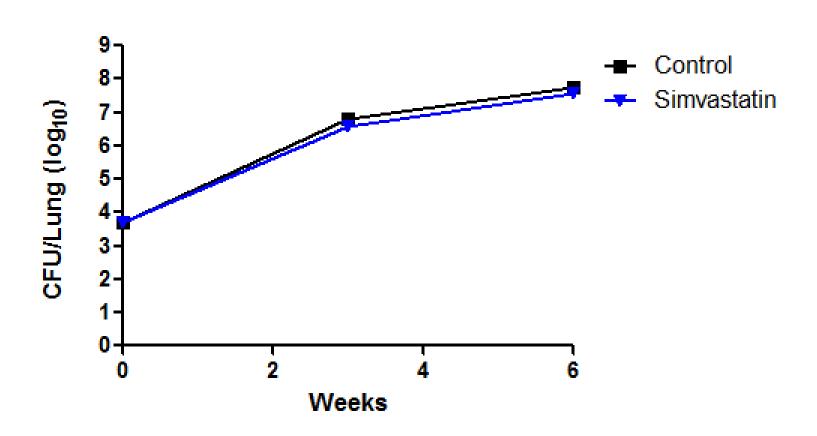
Z= pyrazinamide 150 mg/kg

Sim= simvastatin 25 mg/kg<sup>†</sup>

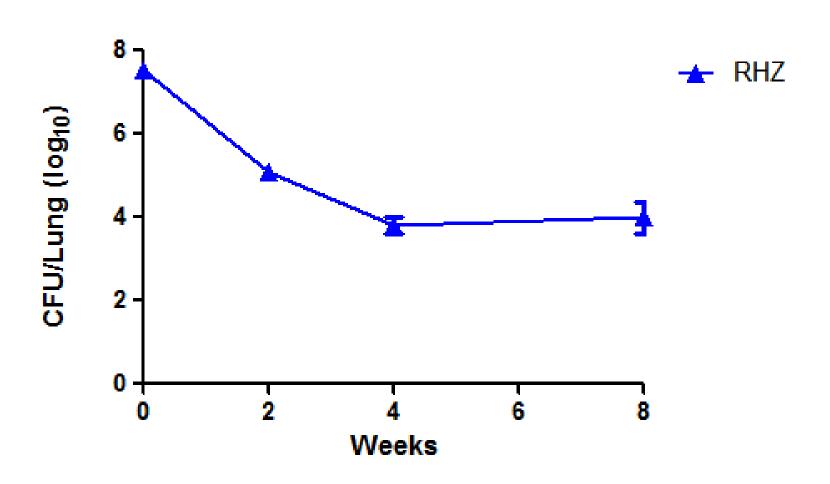
All antibiotics were given 5 times/week by oral gavage

<sup>†</sup> Wise LD et al. Yakuri to Chiryo 1990;39:143-58.

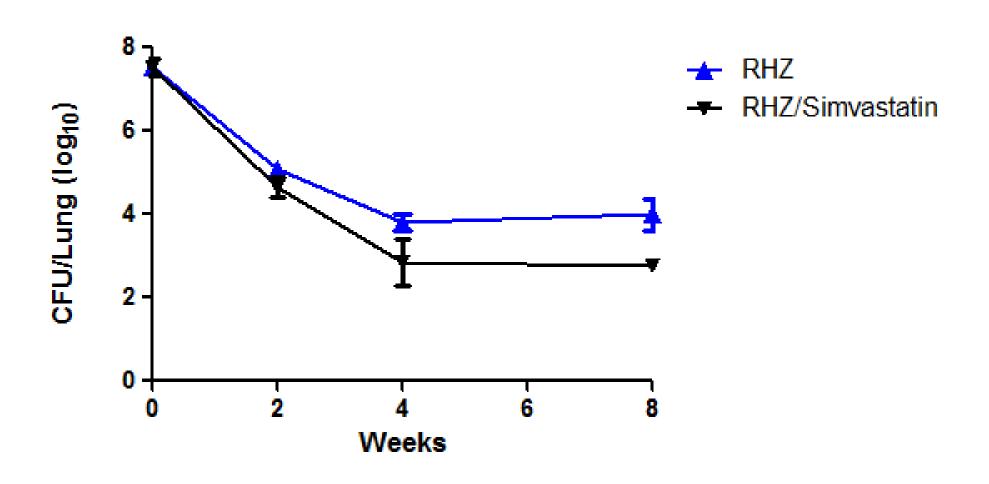
# Simvastatin does not enhance immune-based killing during acute TB infection in mice



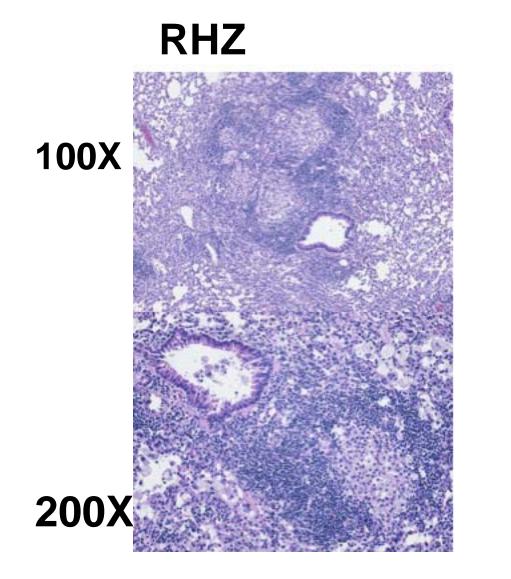
## Simvastatin accelerates bacterial clearance in combination with RHZ

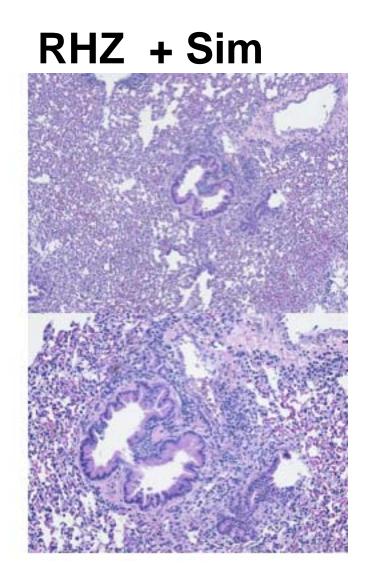


## Simvastatin accelerates bacterial clearance in combination with RHZ



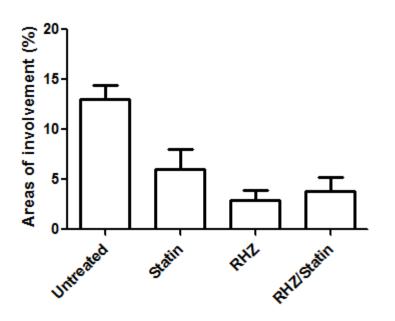
# Histopathology: 4 weeks after treatment

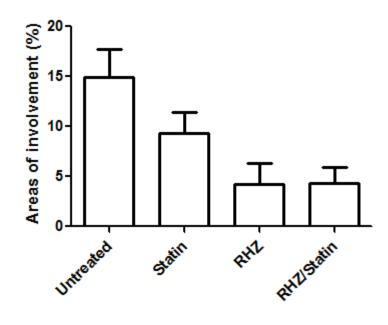




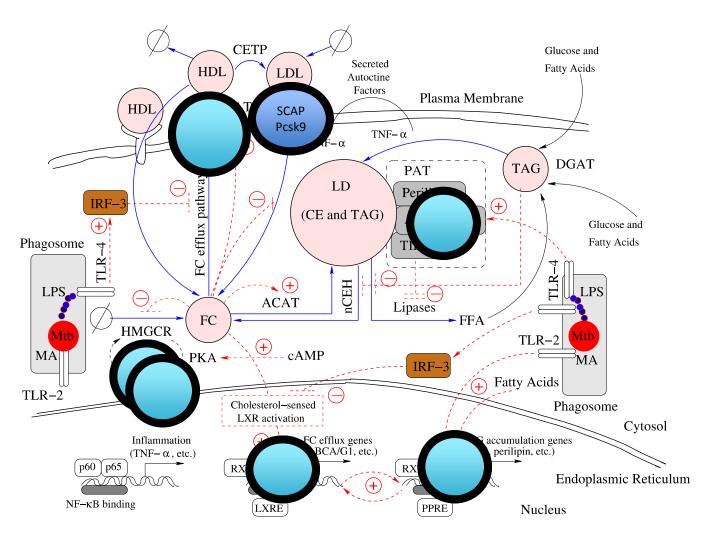
### Lung histology: Morphometry analysis

Week 4 Week 8





### A panoply of drugs



#### Conclusions

- Statins are among the most commonly prescribed drugs and have a very favorable toxicity profile.
- This class of drugs appears to have host-protective properties against various intracellular pathogens.
- Readouts such as lipid droplet formation, intracellular growth of *M. tuberculosis*, and macrophage cytotoxicity can be used to investigate the basis of the antibacterial mechanisms of statins.
- Simvastatin, when added to RHZ, increased M. tuberculosis killing in murine lungs.

### Unanswered questions

- Does adjunctive use of statins reduce the time required to achieve stable cure (relapse-free state) in mice?
- What is the optimal statin to use for adjunctive anti-TB therapy?
- What is the optimal dosing?
- Are statins as effective in the immunodeficient host?
- Are statins active against MDR-TB?
- Are there additional lipid-lowering drugs that can be evaluated as HDT for TB?