



Louis and Artur Lucian Award  
Lecture-IV

Montreal Cholesterol Summit  
May 30, 2019



MONTREAL, CANADA  
Laboratory of Biochemical  
Neuroendocrinology

**“PCSK9: from Discovery to Therapeutic Applications”**

NABIL G. SEIDAH

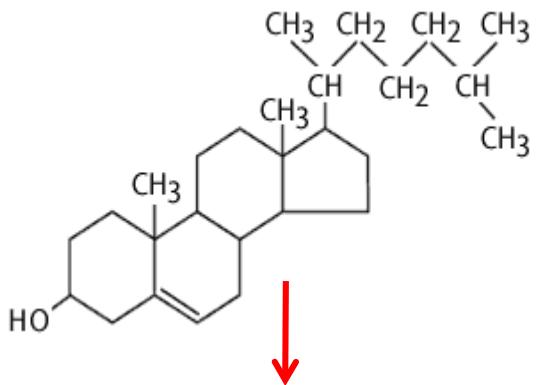
I have no  
disclosures  
or  
conflicts of interest  
to report

# Learning Objectives:

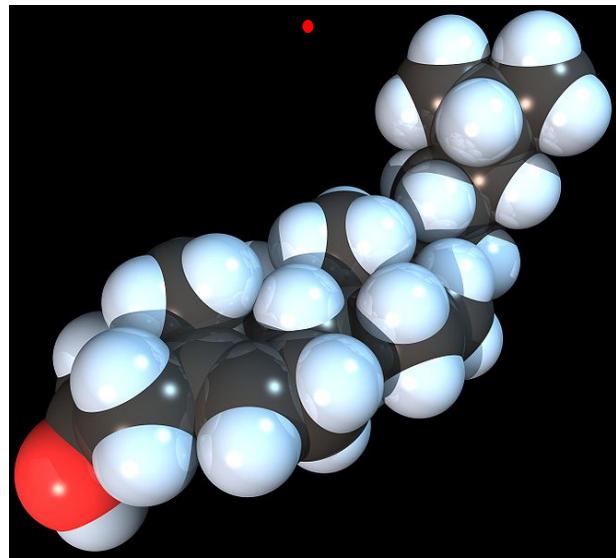
At the end of this presentation, participants will be able to:

- understand if the major function of PCSK9 requires protease activity
- understand how PCSK9 lead to LDLR degradation
- understand the current strategy for PCSK9 inhibition and what the CVD outcomes are

# 100 g cholesterol / 70 kg body weight



- discovered in 1812
- present in all animal tissues
- absent in plants & vegetables



Cellular membranes:

control substances that enter or leave cells

Hormones:

testosterone & estradiol

Vitamines:

vitamin D

Biliary acids:

cholic acid

Cholesterol : 75% synthesized by the human body  
25% obtained from ingested food

# Xanthoma/Xanthelasma are associated with hyperlipidemia



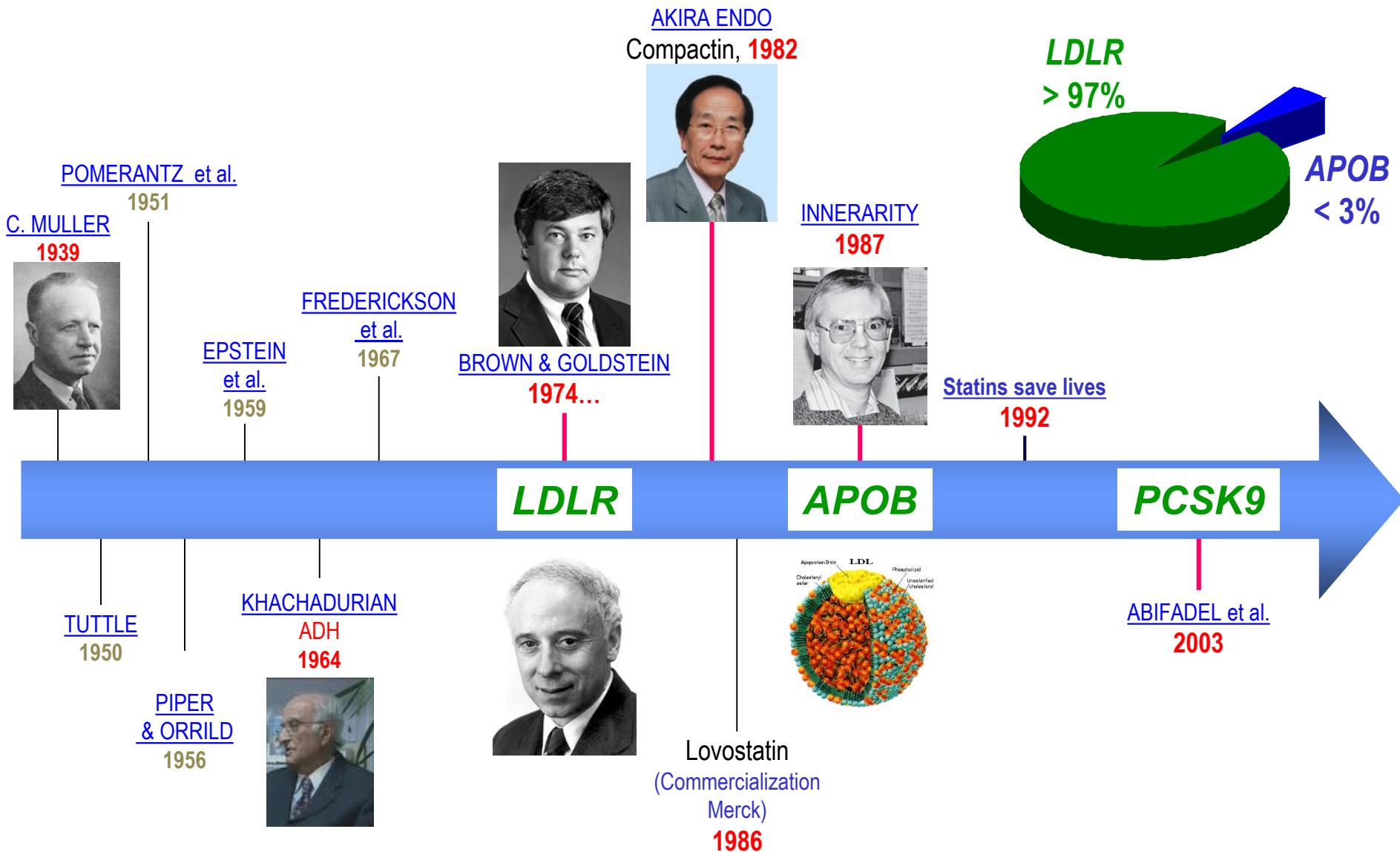
Franz Hals (1583-1666)  
Noble Haarlem woman



Leonardo da Vinci (1452-1519)  
Mona Lisa (died at 37 years)



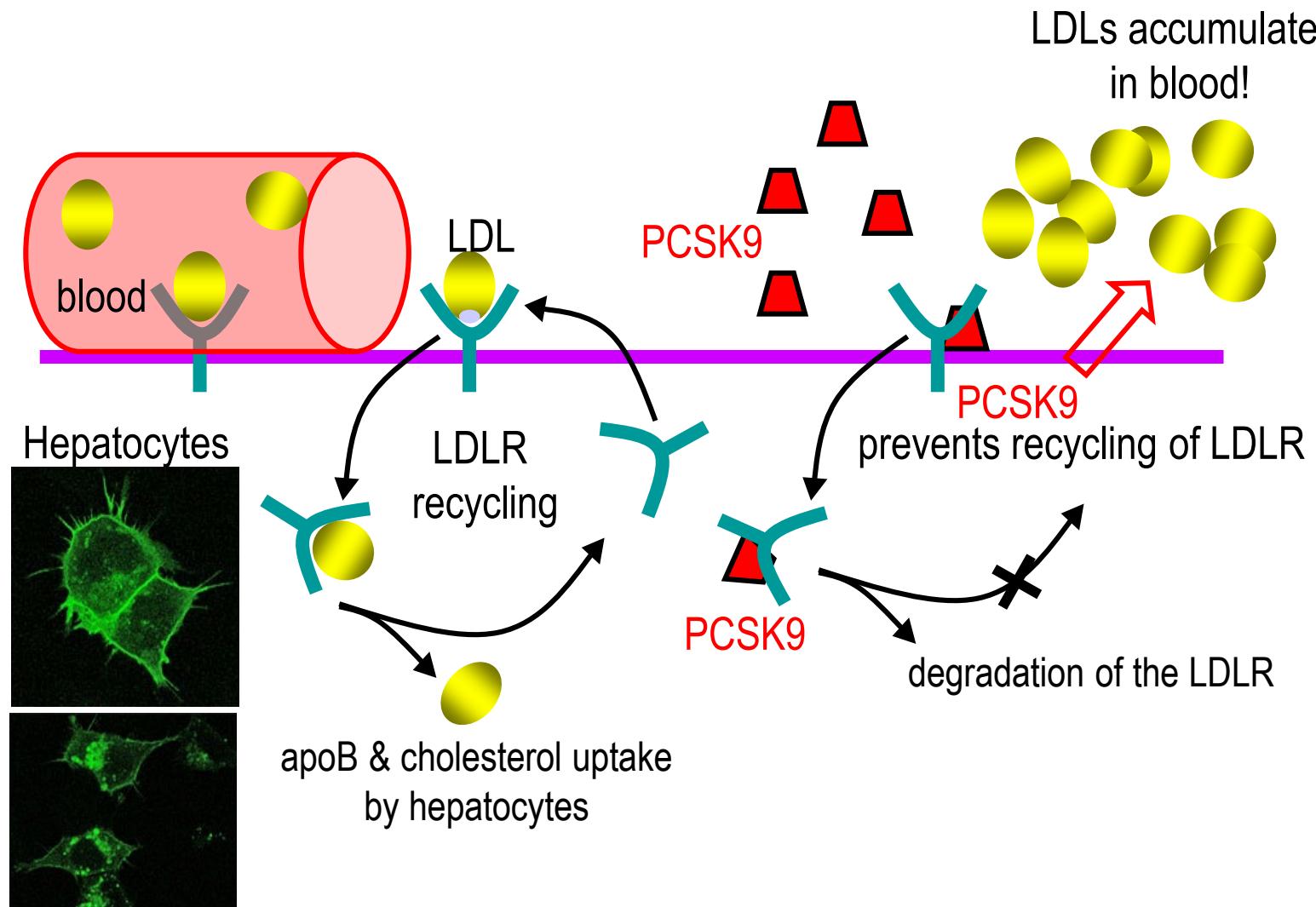
# Familial Hypercholesterolemia



FH is essentially due to mutations in the *LDLR* gene

2003

# LDL-cholesterol clearance



January

PCSK9 (NARC-1) is the 9th and last member of the PC family

Seidah NG et al. PNAS (2003) 100, 928

May

PCSK9 is the third locus linked to ADH

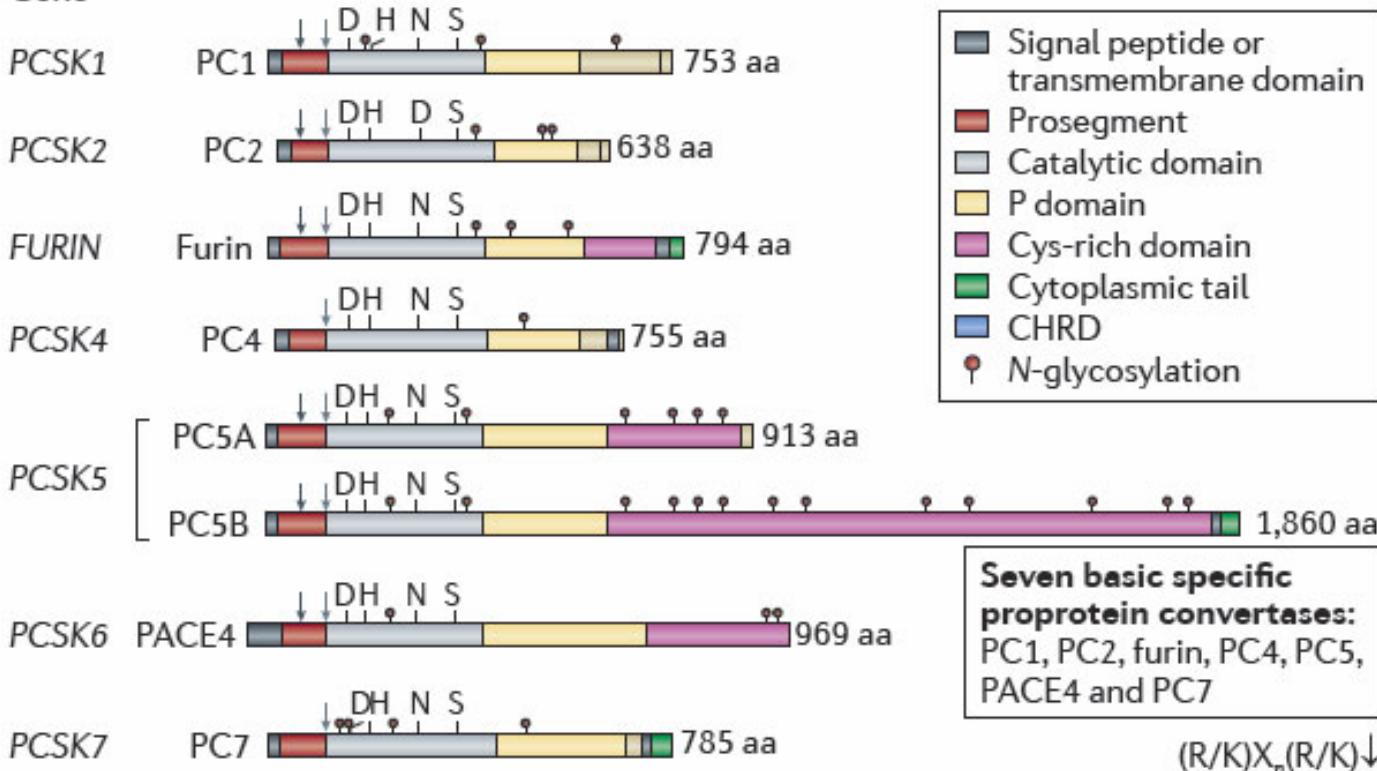
Abifadel M et al. Nature Gen (2003) 34, 154

# The LDL-cholesterol regulating PC: PCSK9

# Proprotein Convertases of the Subtilisin/Kexin type (PCSK)

## Kexin-like

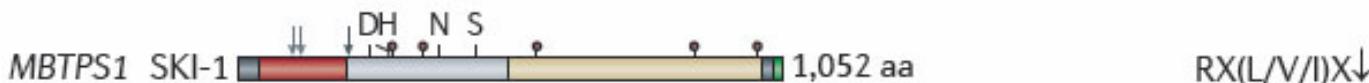
### Gene



**Seven basic specific proprotein convertases:**  
PC1, PC2, furin, PC4, PC5,  
PACE4 and PC7

(R/K) $X_n$ (R/K)↓

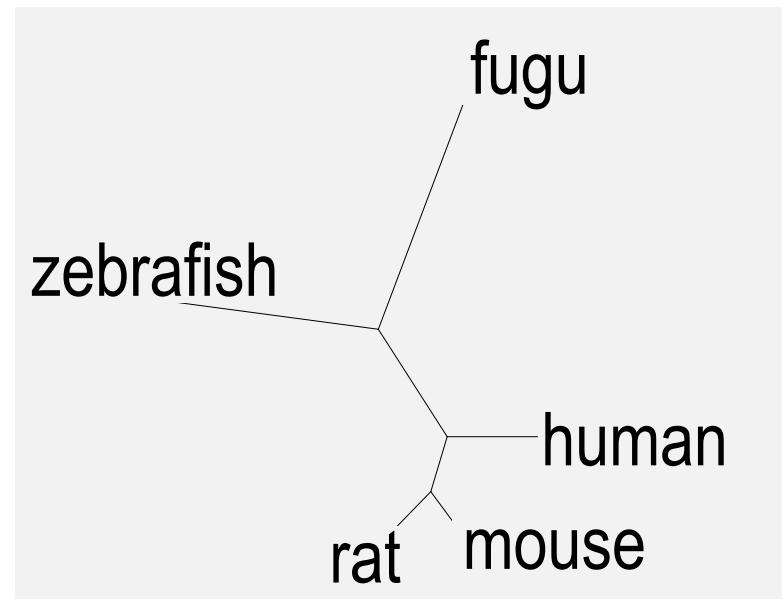
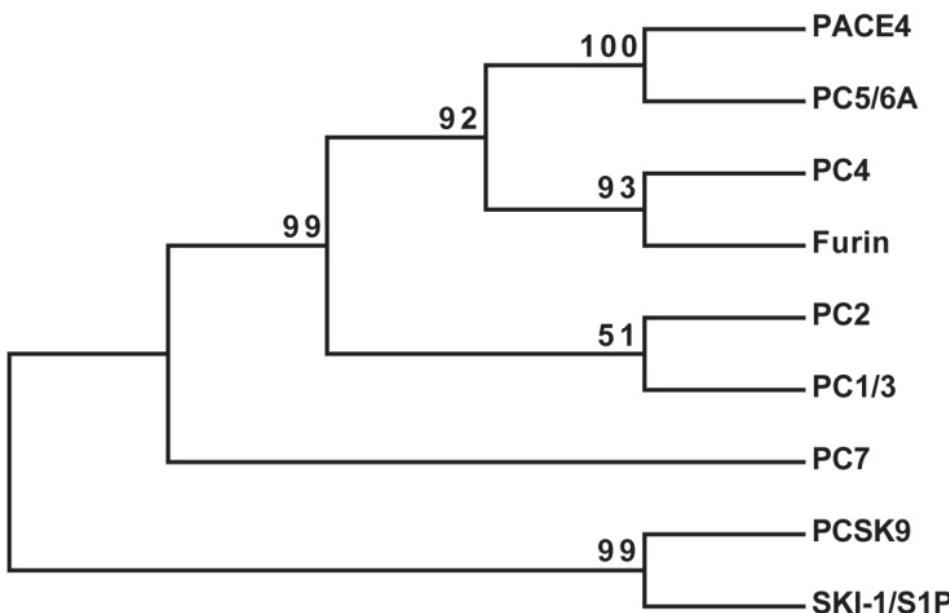
## Pyrolysin-like



## Proteinase K-like



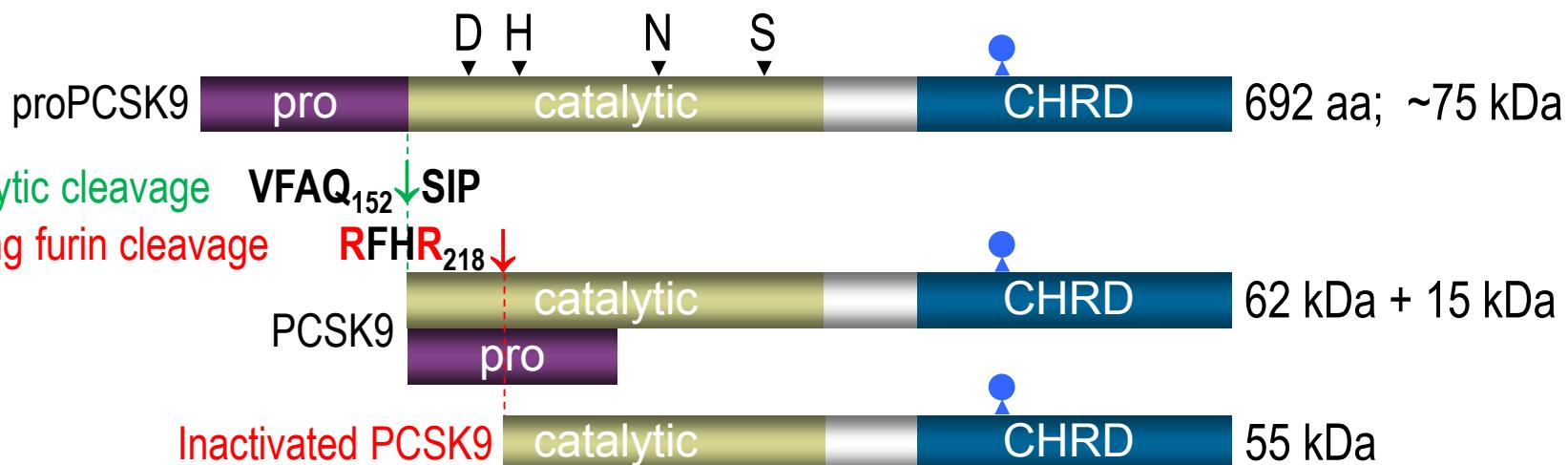
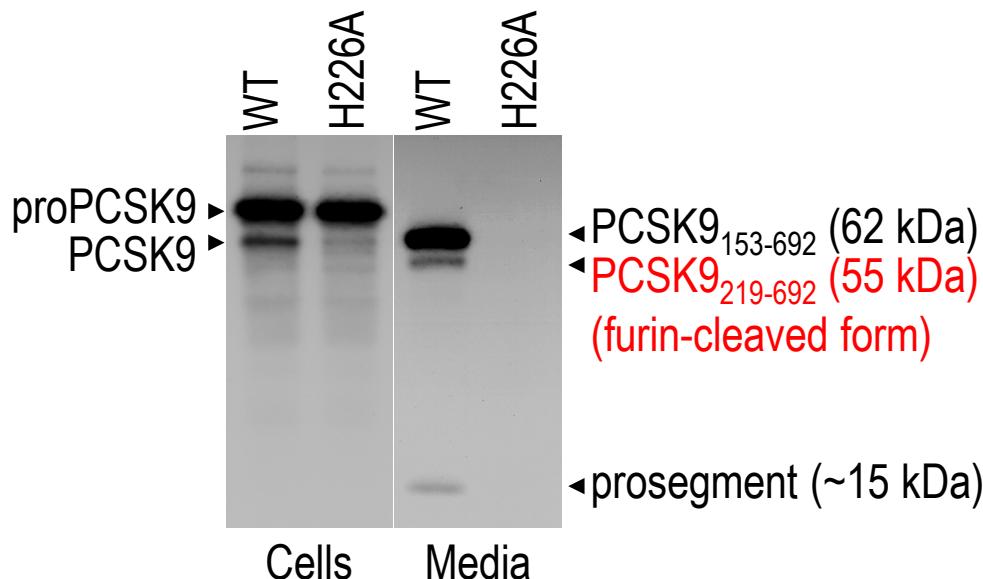
# Phylogenetic analysis of the nine PCs including PCSK9



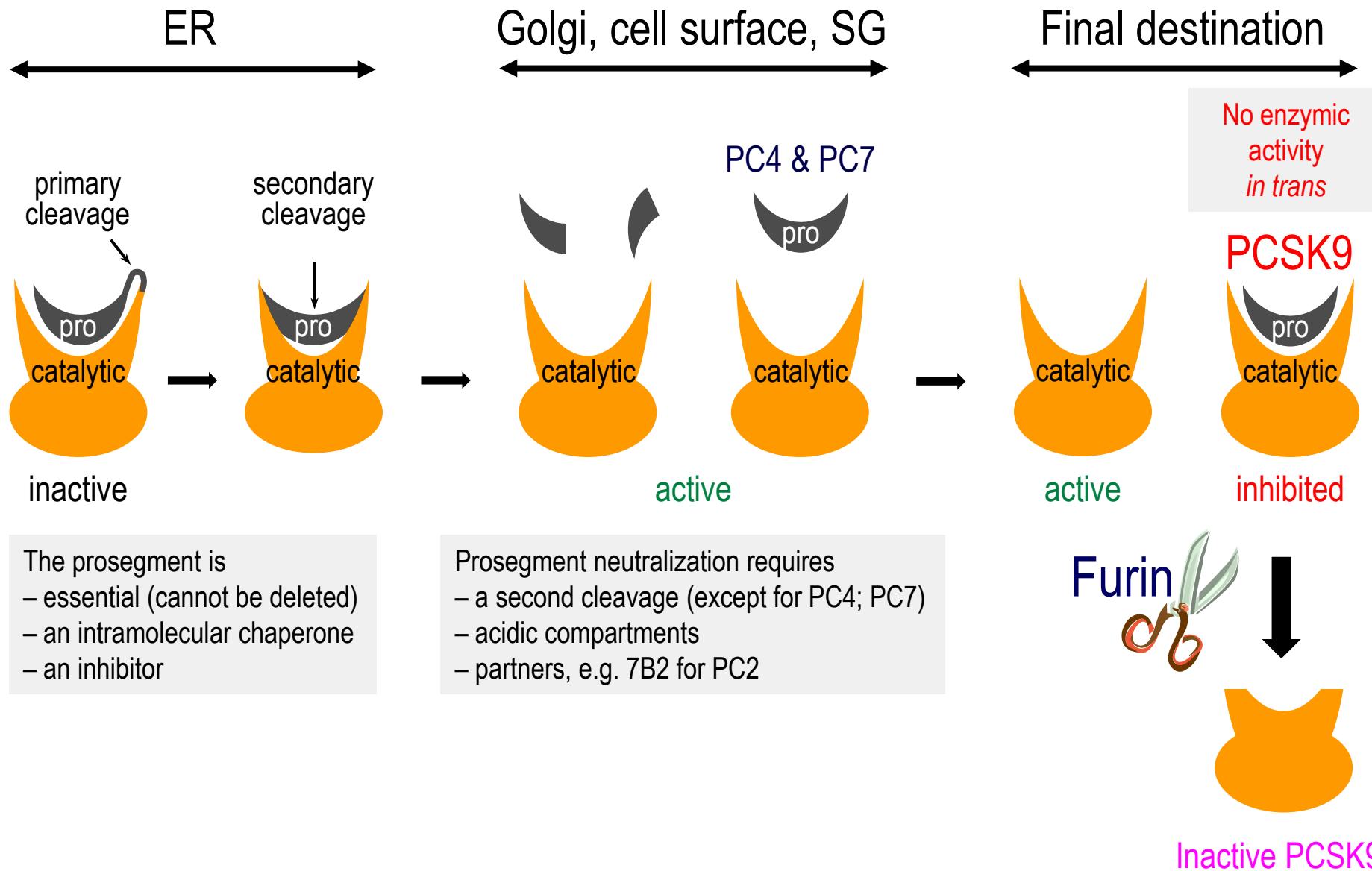
**PCSK9**

# Autocatalytic processing of proPCSK9 and secretion of PCSK9-prosegment complex

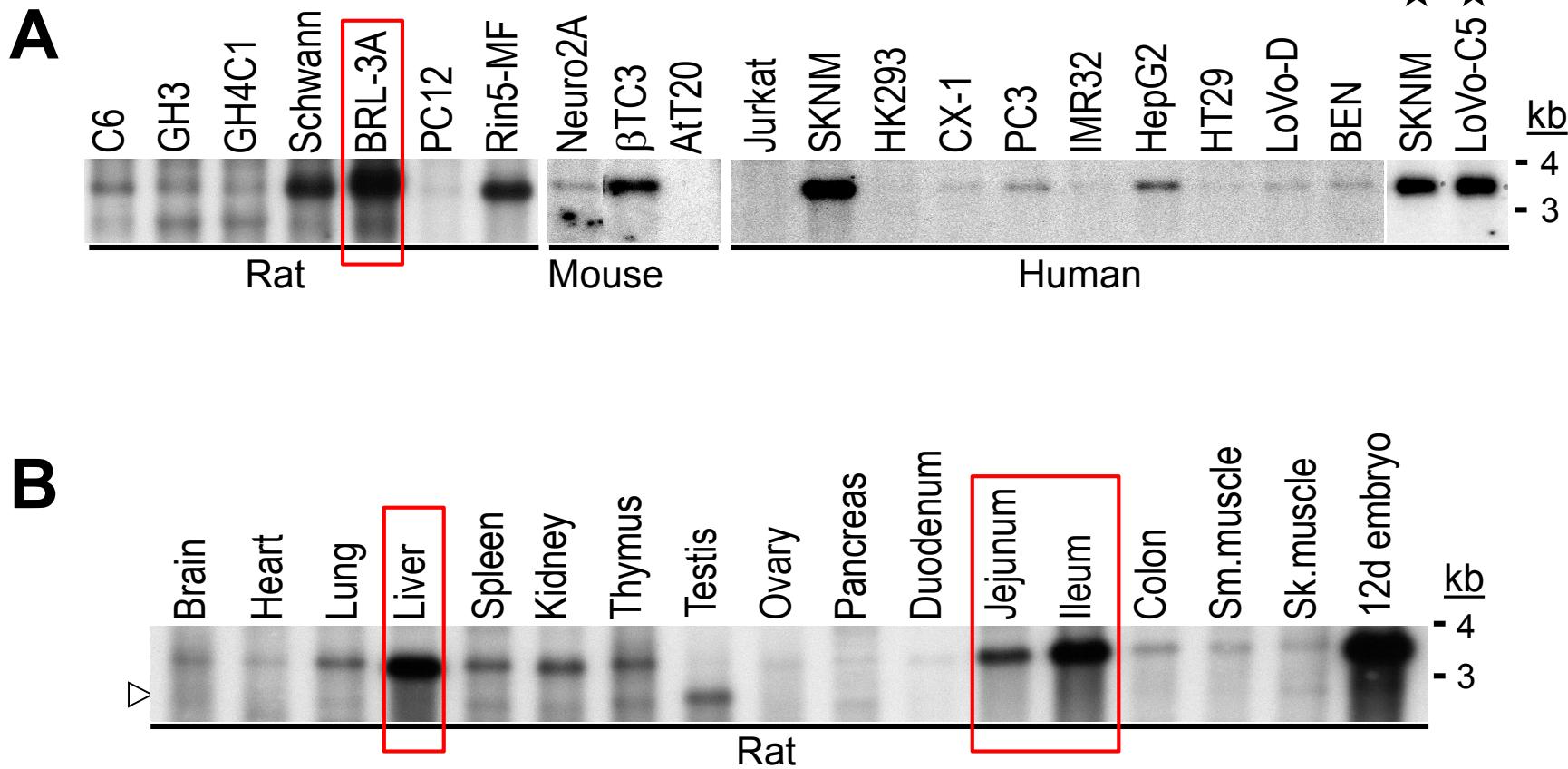
HEK293 cells  
4h pulse  
 $^{35}\text{S}$ -Met/Cys  
C-terminal V5 tag



# PCSK9 is a class of its own



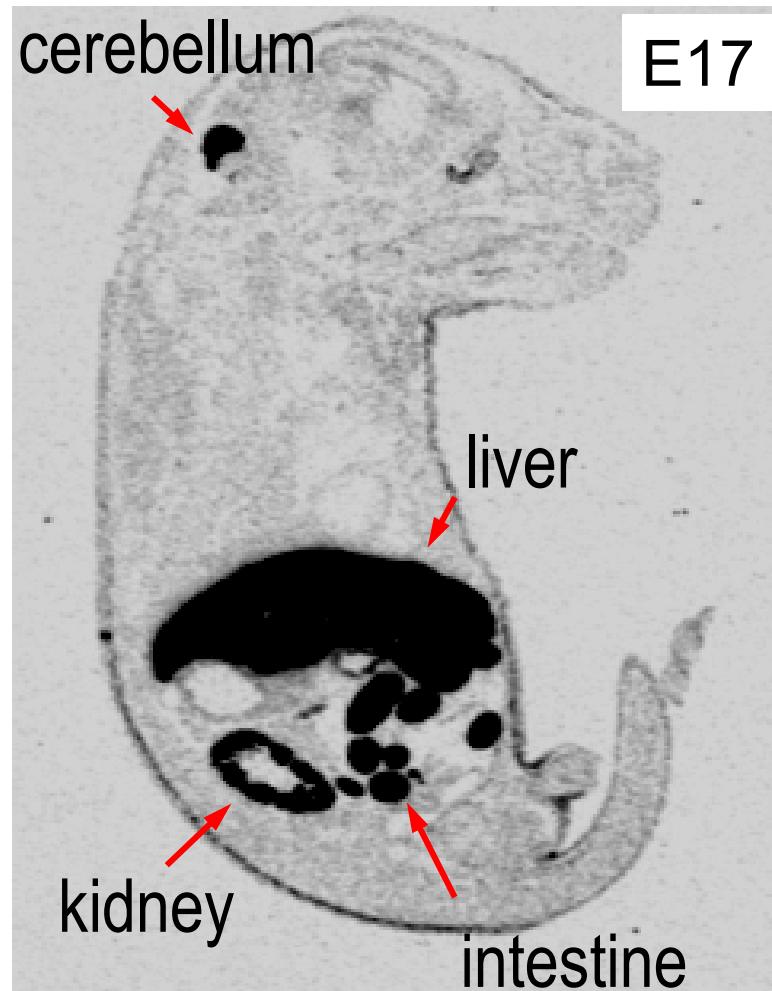
# Cellular and tissue expression of PCSK9



# PCSK9 biological functions ?

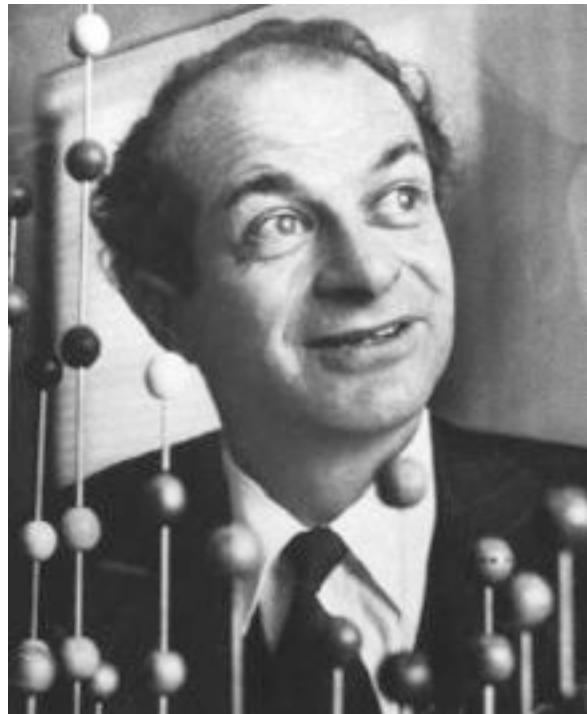
## Clues

1. Rich in liver & intestine
2. Chrom. 1p32



“The best way to have a really good idea is to  
have lots of ideas”

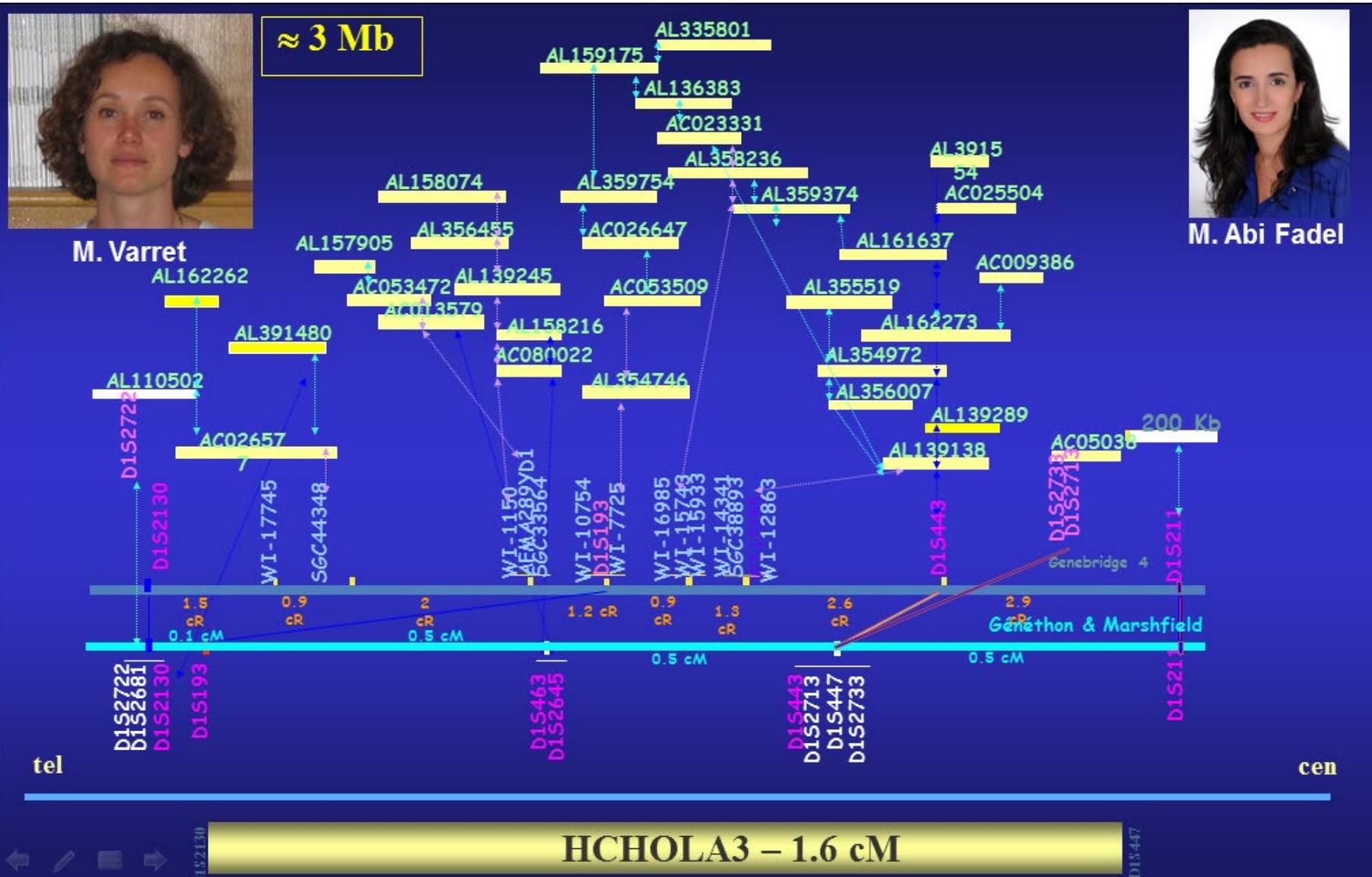
*Linus Pauling*



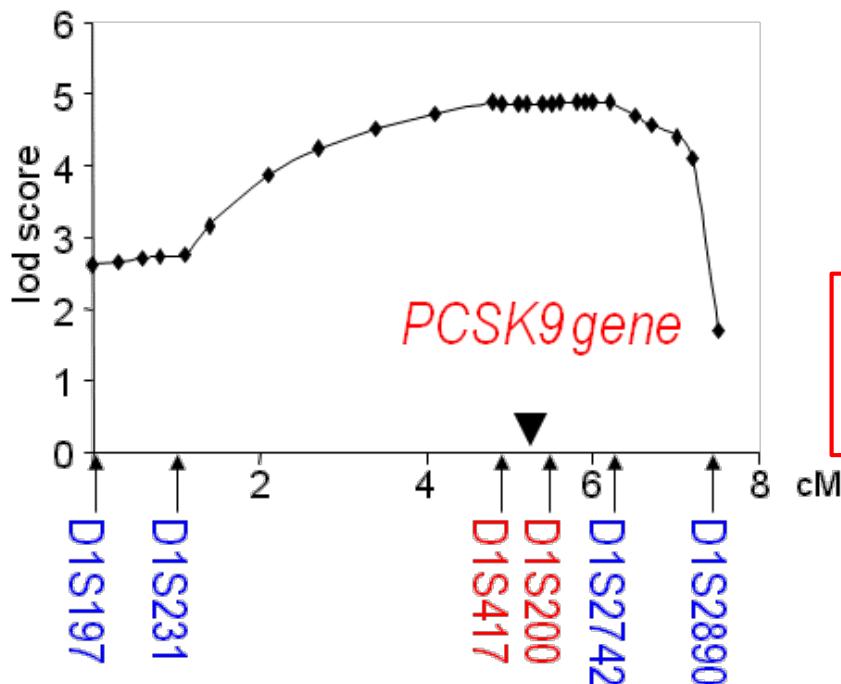


# Familial Hypercholesterolemia

## Physical map at 1p32 in 2002



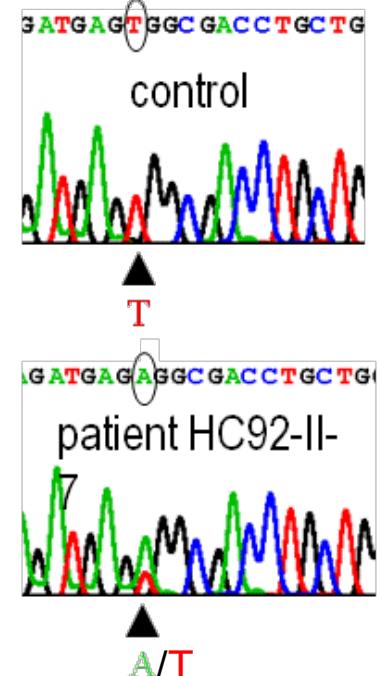
## In families HC92 and HC2, PCSK9 exhibits a S127R mutation in exon 2



Homozygote  
(T/T)

$T \rightarrow A$  at position 625:  
Ser127Arg

Heterozygote  
(A/T)



Human wt sequence

cct	ggc	ttc	ctg	gtg	aag	atg	ag $\textcolor{red}{T}$	ggc	gac	ctg	ctg	gag	ctg
P	G	F	L	V	K	M	S	G	D	L	L	E	L

Mus musculus

P	G	F	L	V	K	M	S	S	D	L	L	G	L
---	---	---	---	---	---	---	---	---	---	---	---	---	---

Rattus norvegicus

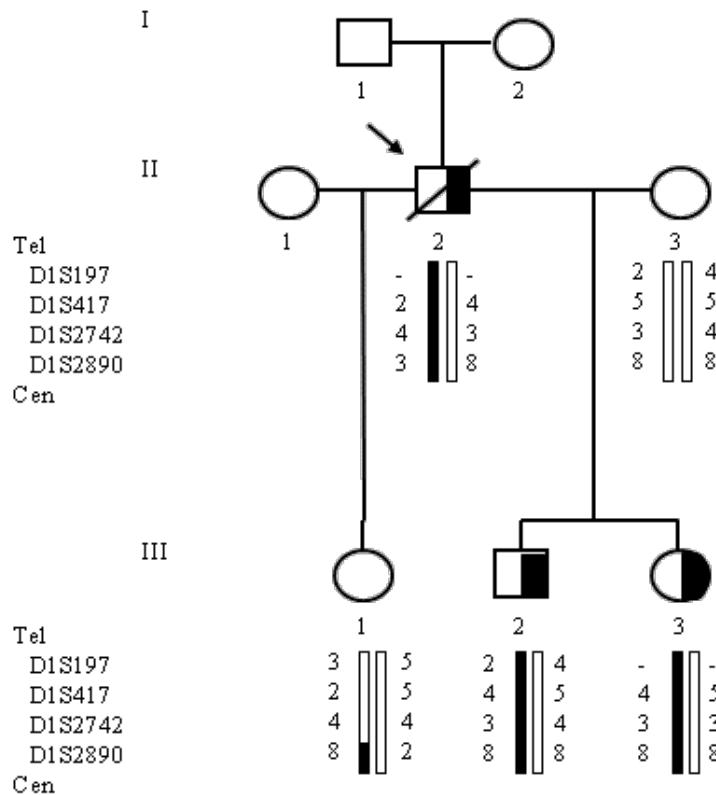
P	G	F	L	V	K	M	S	S	D	L	L	G	L
---	---	---	---	---	---	---	---	---	---	---	---	---	---

Patient T625A-S127R

cct	ggc	ttc	ctg	gtg	aag	atg	ag $\textcolor{green}{A}$	ggc	gac	ctg	ctg	gag	ctg
-----	-----	-----	-----	-----	-----	-----	---------------------------	-----	-----	-----	-----	-----	-----



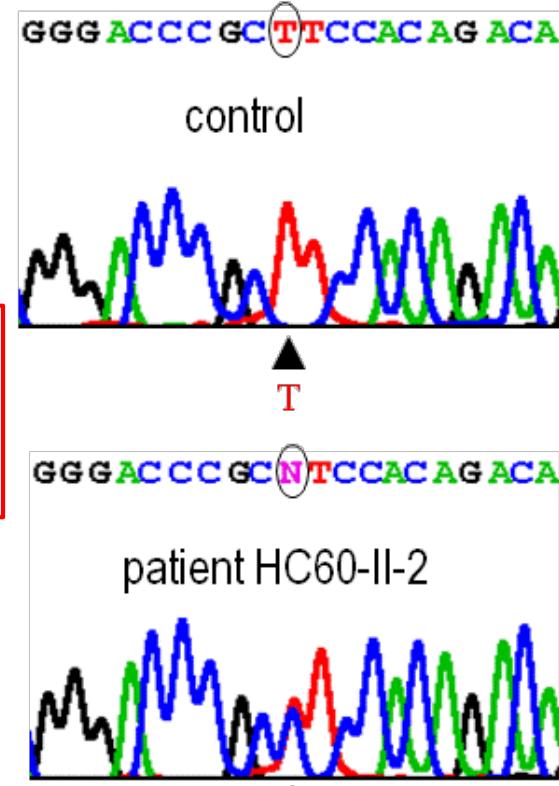
# In family HC60, PCSK9 exhibits a F216L mutation in exon 4



Homozygote  
(T/T)

**T → C at position 890:  
Phe216Leu**

Heterozygote  
(C/T)



Human wt sequence      ccc gag gag gac ggg acc cgc Ttc cac aga cag gcc agc aag tgt  
                           P E E D G T R F H R Q A S K C

Mus musculus            P E E D G T R F H R Q A S K C

Rattus norvegicus      P E E D G T R F H R Q A S K C

Patient T890C-F216L    ccc gag gag gac ggg acc cgc Ctc cac aga cag gcc agc aag tgt



# Human PCSK9 mutations

Cause Autosomal Dominant Hypercholesterolemia (ADH)  
or Hypocholesterolemia

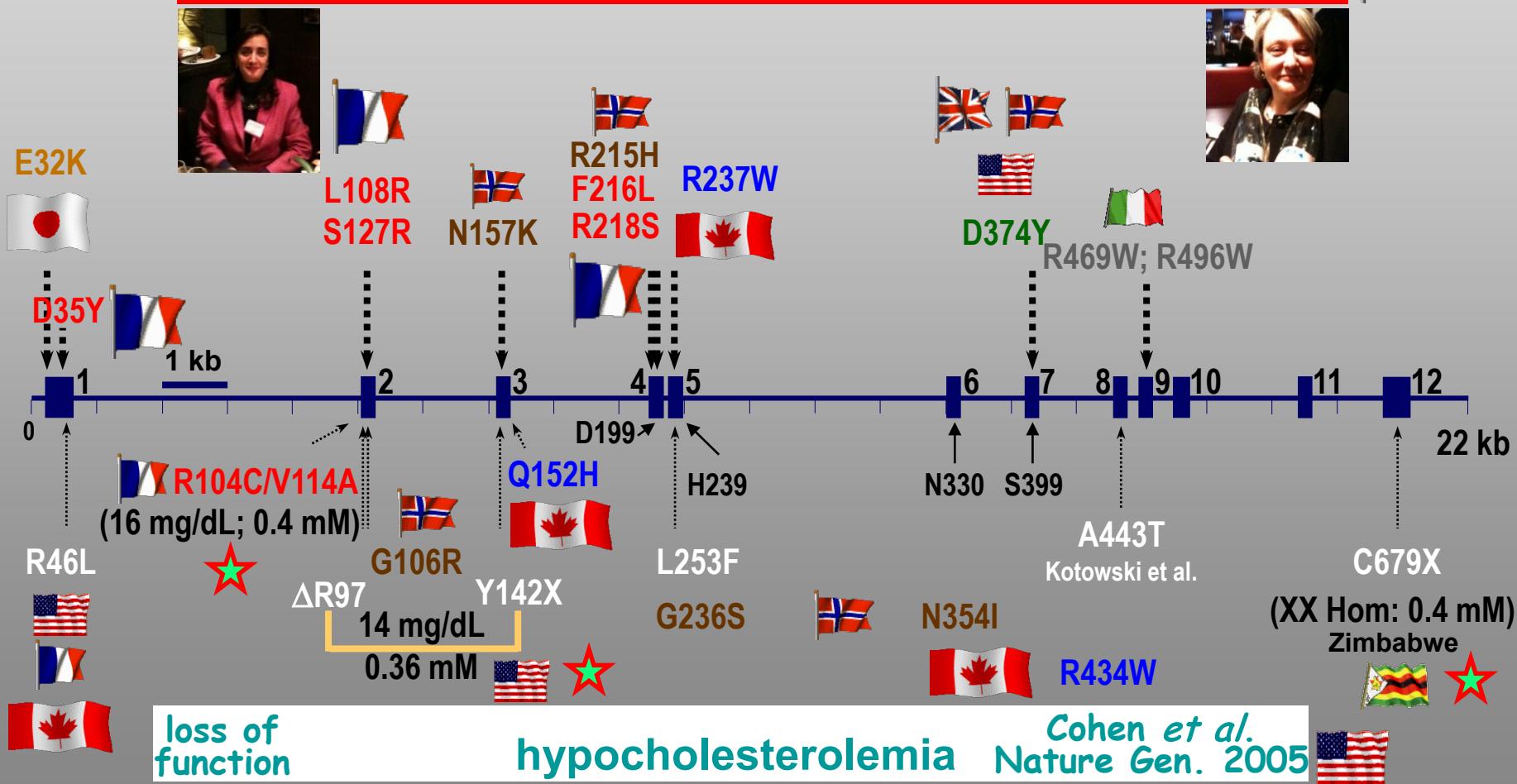


M. Abifadel

gain of  
function

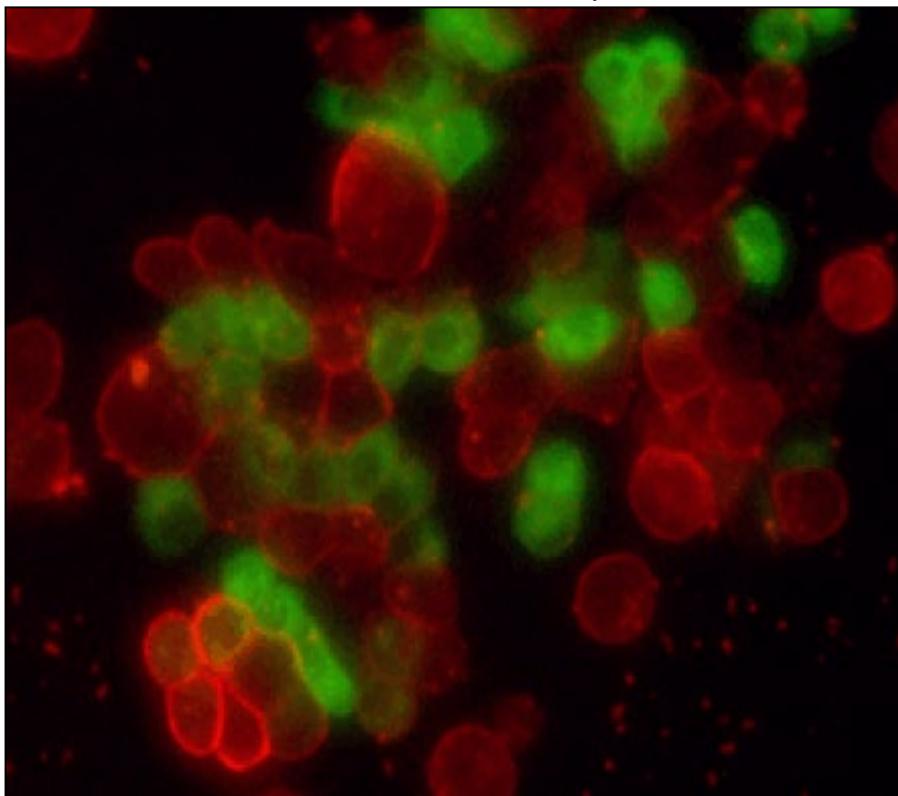
hypercholesterolemia

Abifadel *et al.*  
Nat. Genet. 2003

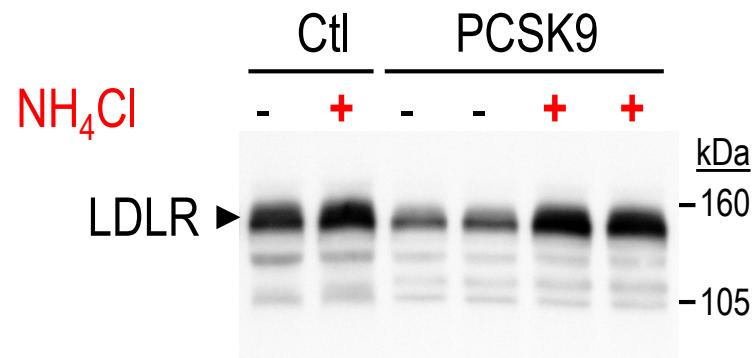


# In a non-enzymatic fashion, PCSK9 leads to LDLR degradation in lysosomes

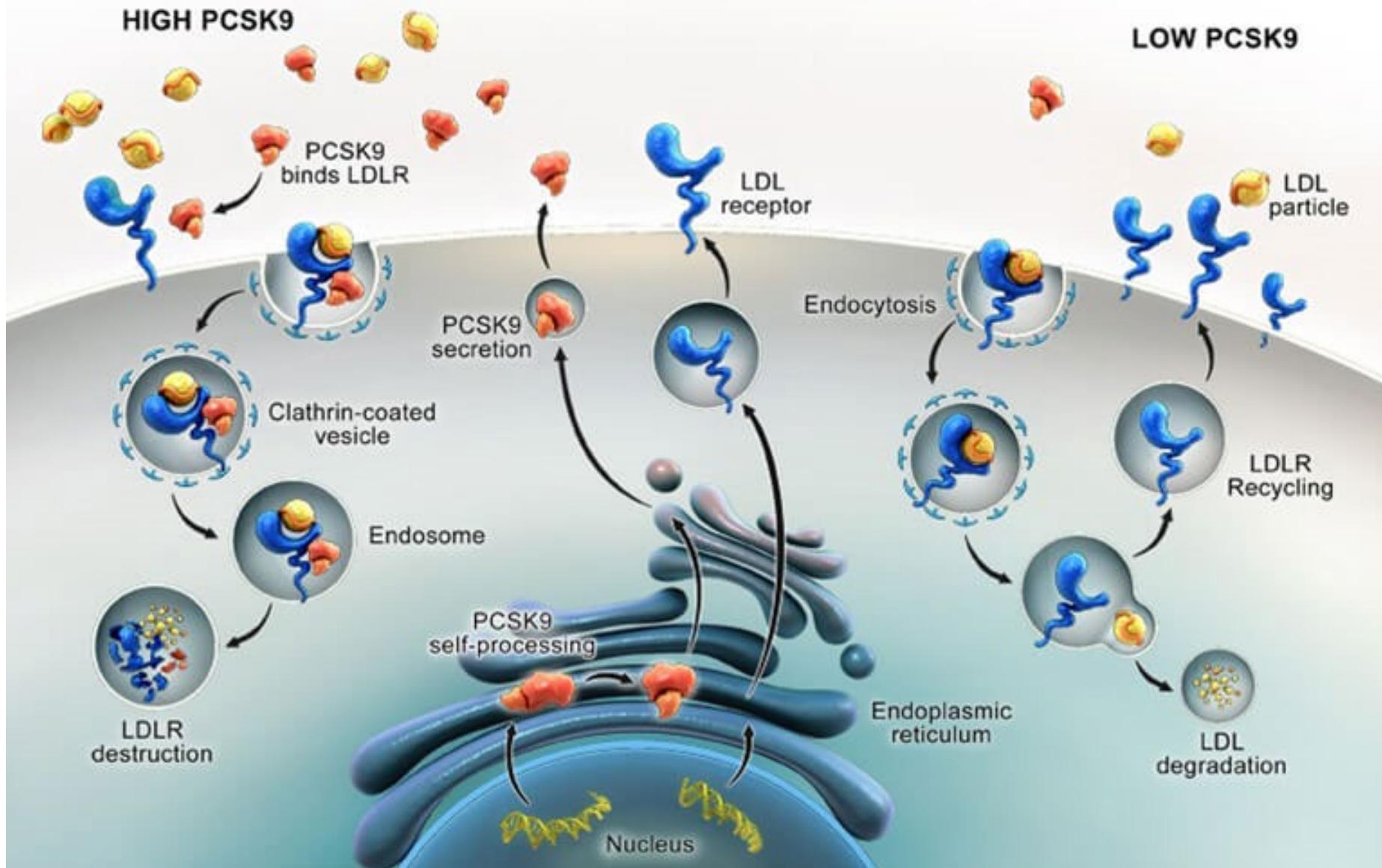
DiI-LDL labeling of the cell surface  
PCSK9 and EGFP coexpression



PCSK9 target proteins:  
LDLR, VLDLR, LRP1, LRP8 (apoER2) & CD36



# PCSK9 binds the LDLR and triggers its degradation in endosomes/lysosomes



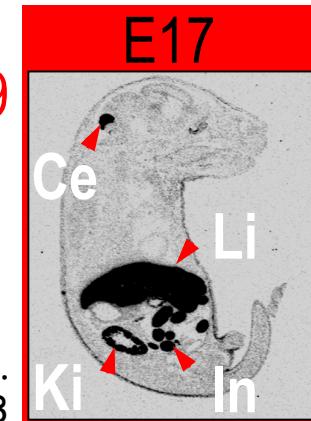


# PCSK9 is the third gene implicated in hypercholesterolemia



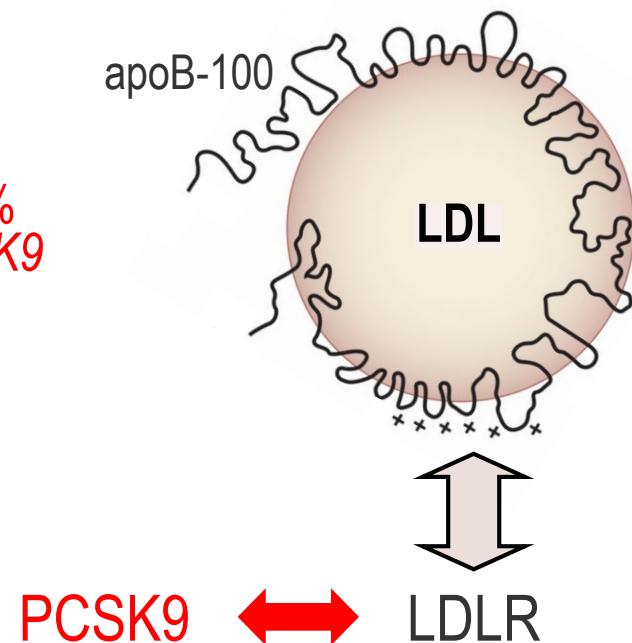
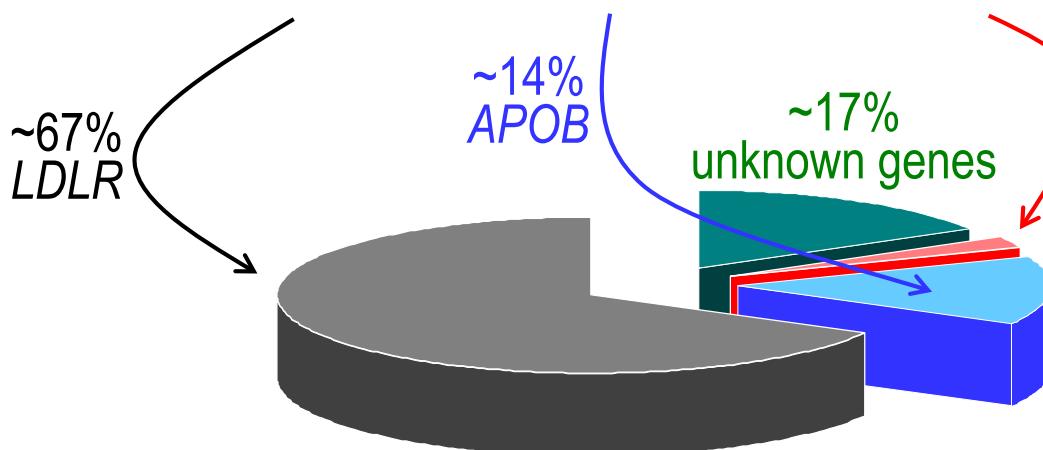
- 1/500
- high LDL levels
- xanthomas
- early cardiovascular disease

PCSK9

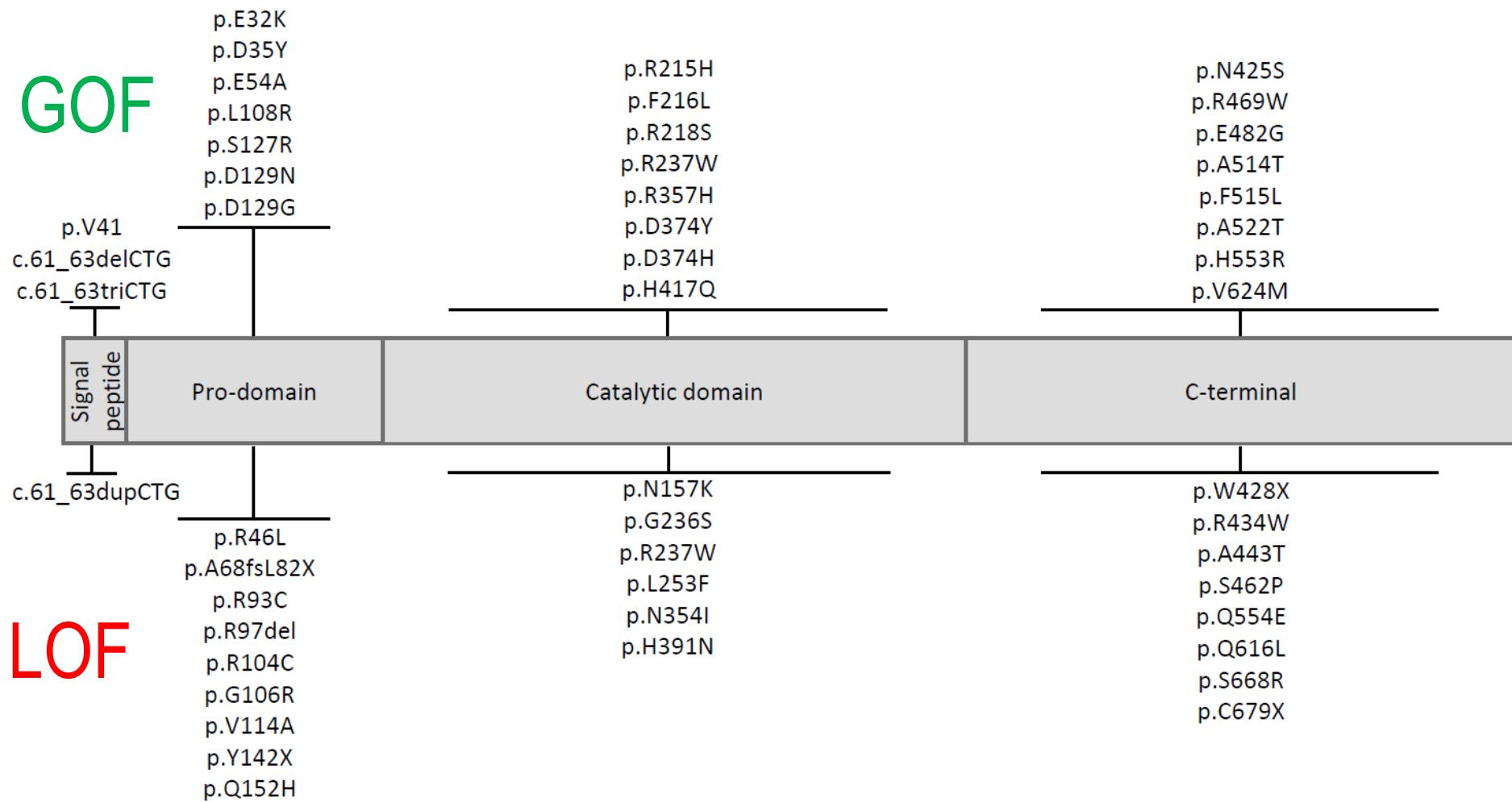


Seidah et al.  
*PNAS* 2003

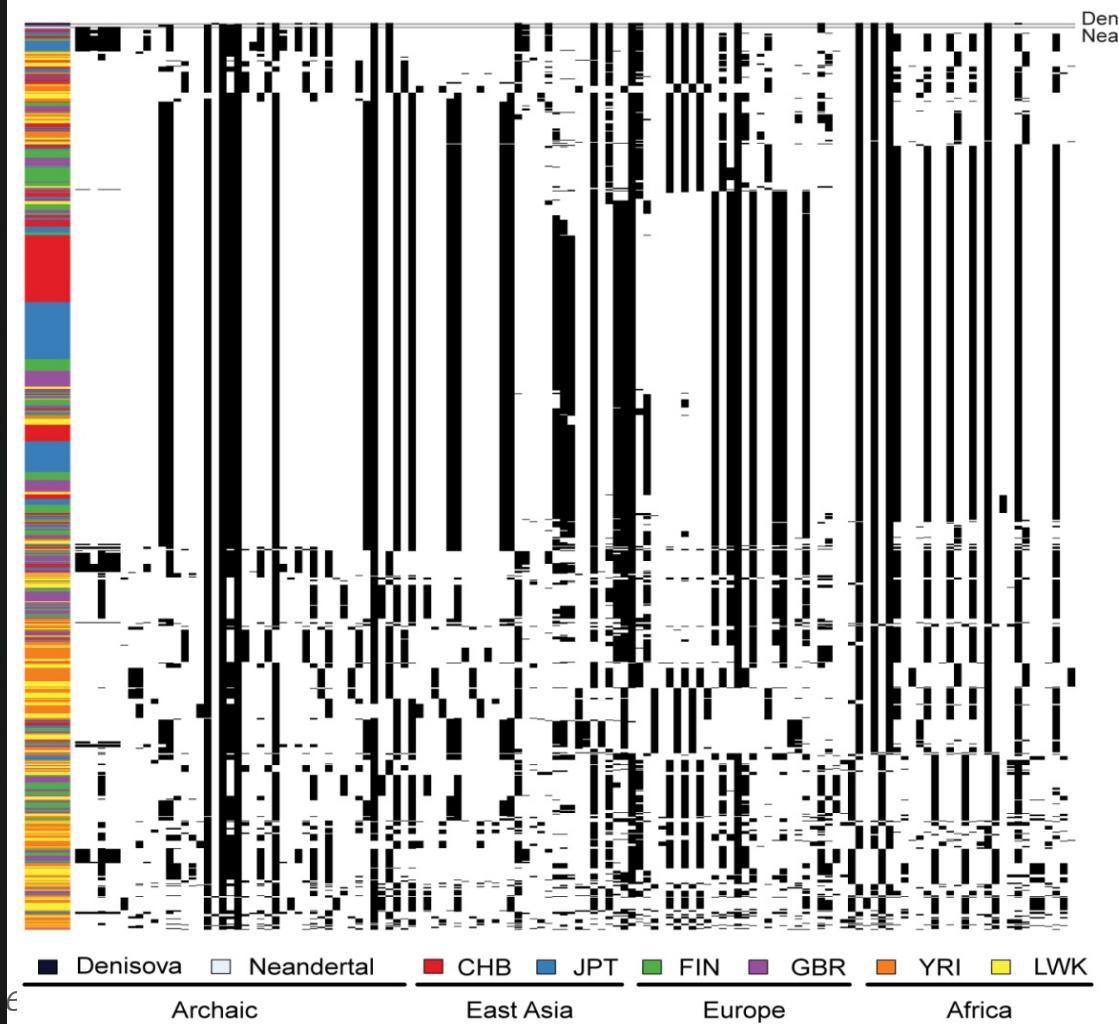
	<u>FH1</u>	<u>FH2</u>	<u>FH3...</u>
chromosome	19p13	2p23-24	1p32
gene	<i>LDLR</i>	<i>APOB</i>	<i>PCSK9</i>

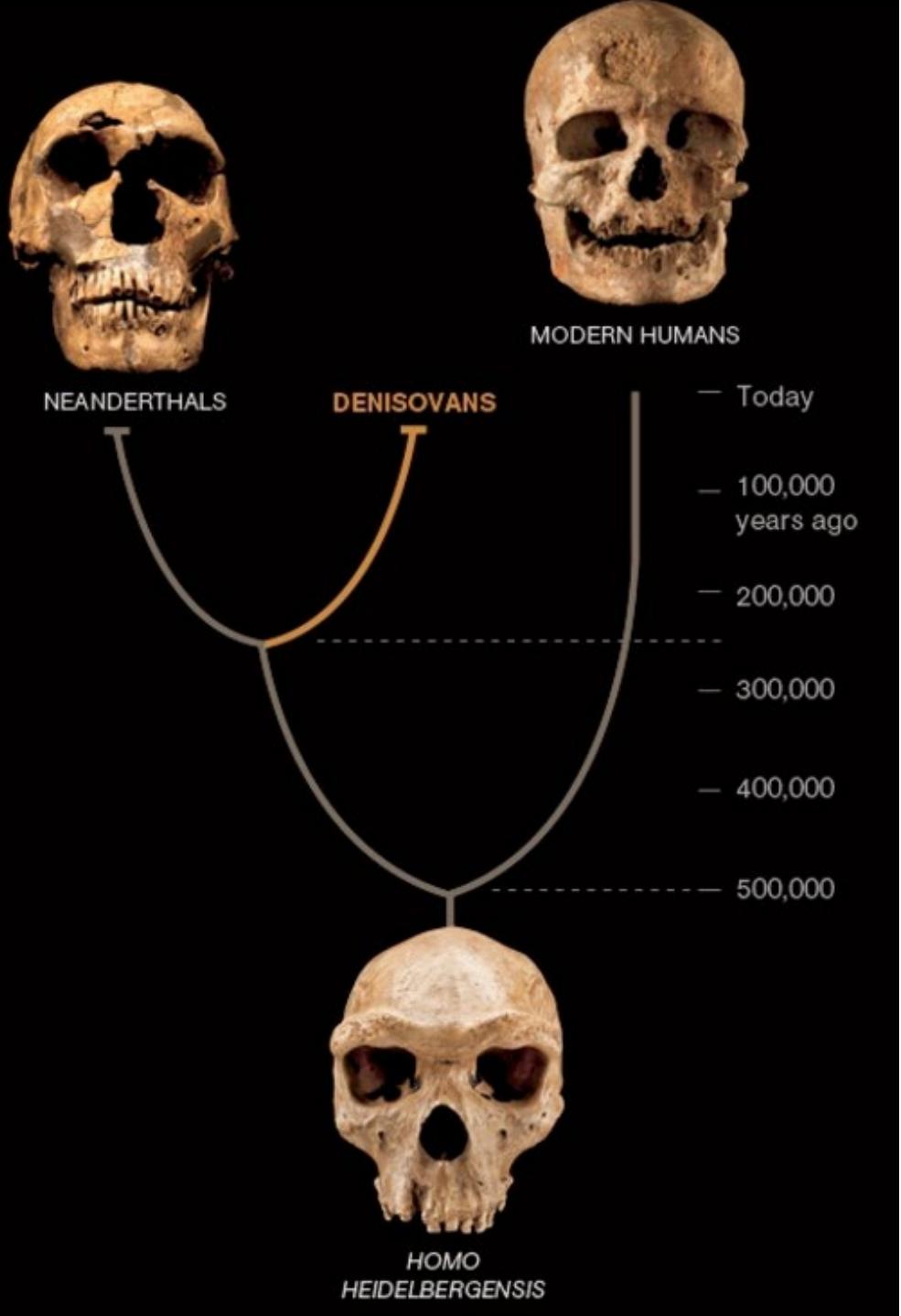


# *Natural PCSK9 mutations*



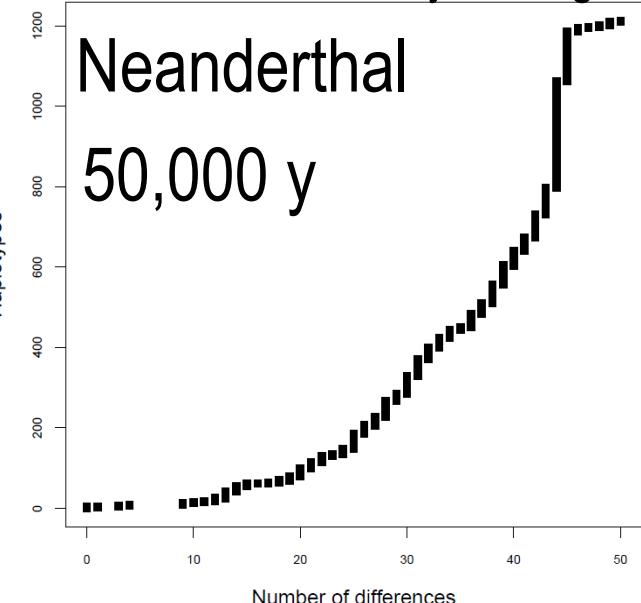
# Haplotype structure of PCSK9 in modern and extinct human species





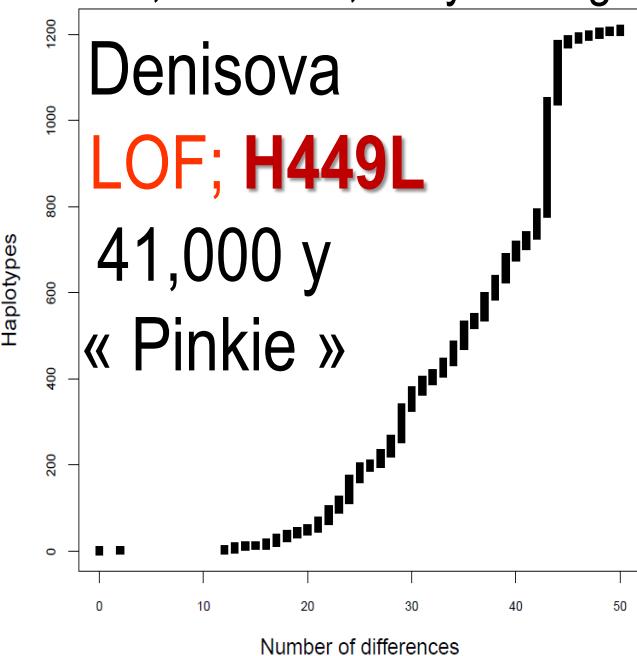
550,000 - 765,000 years ago

Neanderthal  
50,000 y



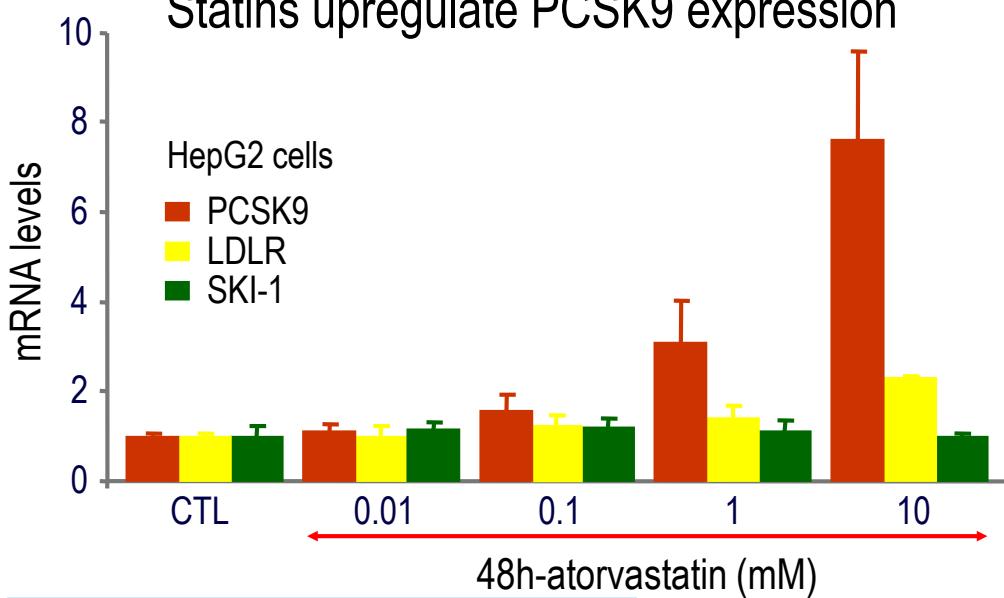
380,000 - 473,000 years ago

Denisova  
**LOF; H449L**  
41,000 y  
« Pinkie »

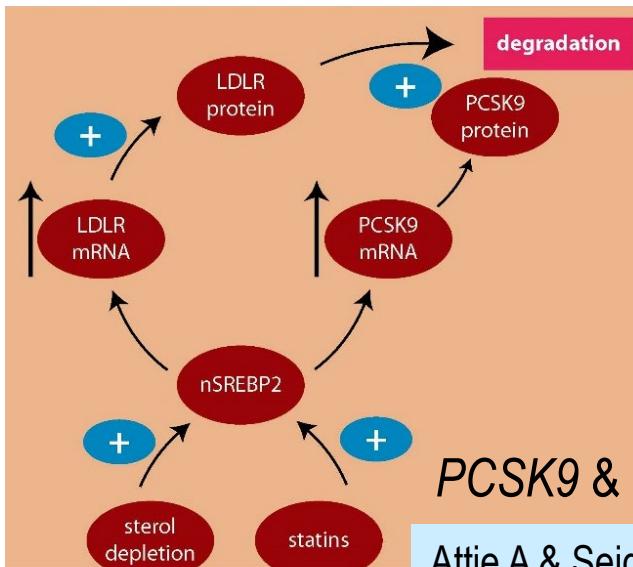


# The PCSK9/LDLR paradox

Statins upregulate PCSK9 expression



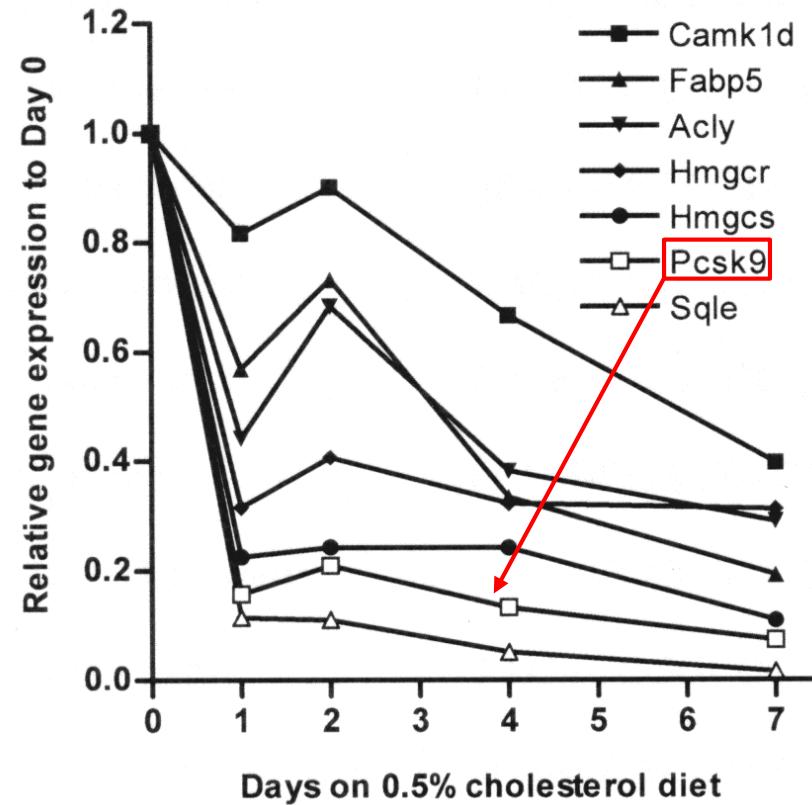
Dubuc G. et al. ATVB (2004) 24, 1454



PCSK9 & LDLR are co-regulated by cholesterol

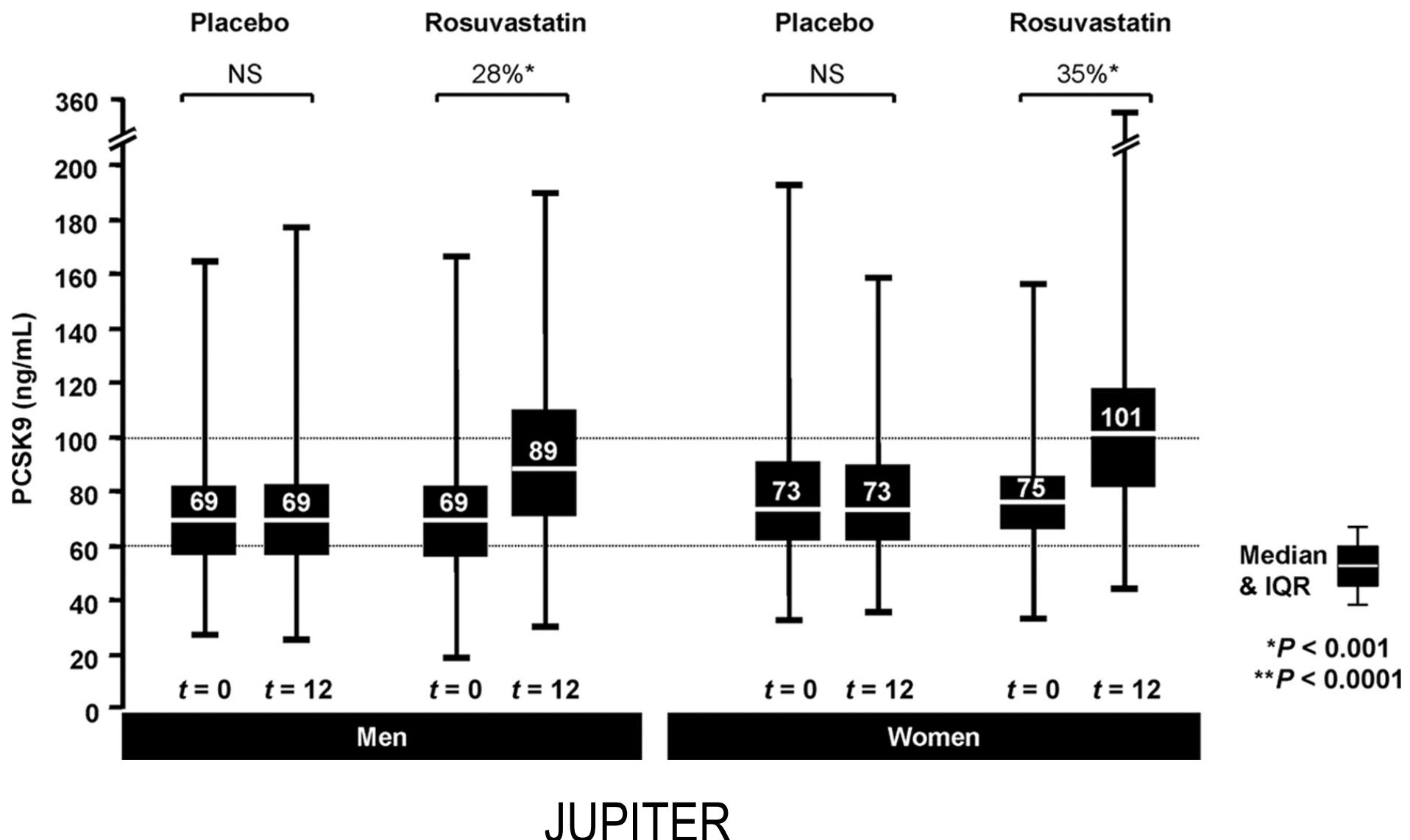
Attie A & Seidah NG. Cell Metab (2005) 1, 290

Cholesterol downregulates PCSK9



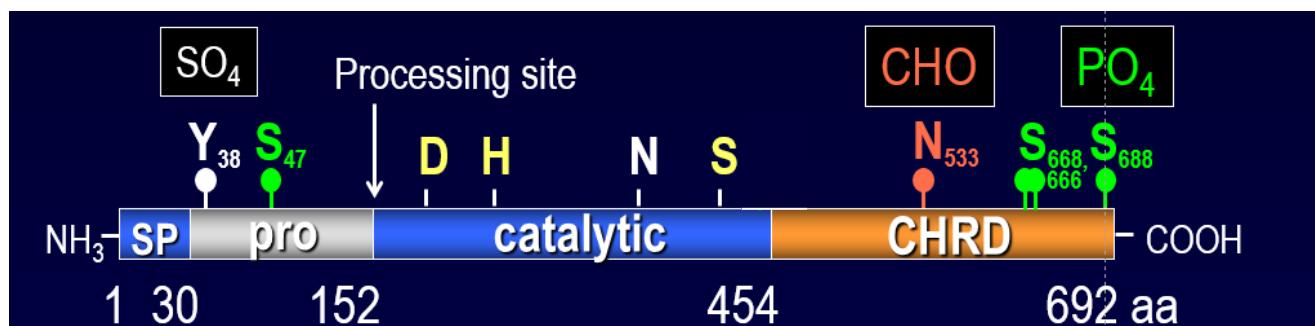
Maxwell KN et al., JLR (2003) 44, 2109

# Rosuvastatin increased plasma concentration of PCSK9 in proportion to the magnitude of LDLc reduction

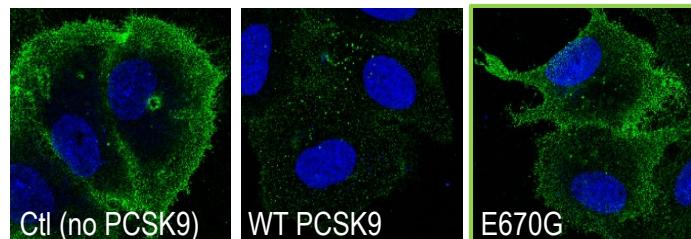


# Ser-phosphorylation of PCSK9 enhances its function on LDLR

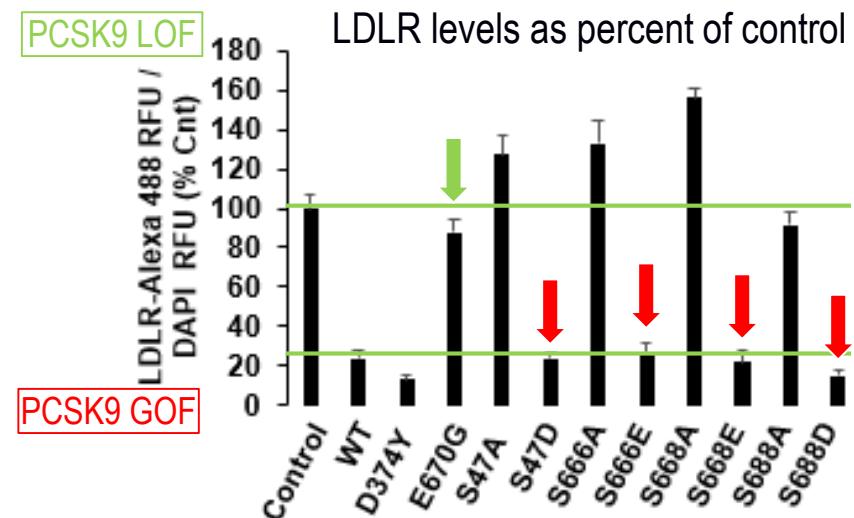
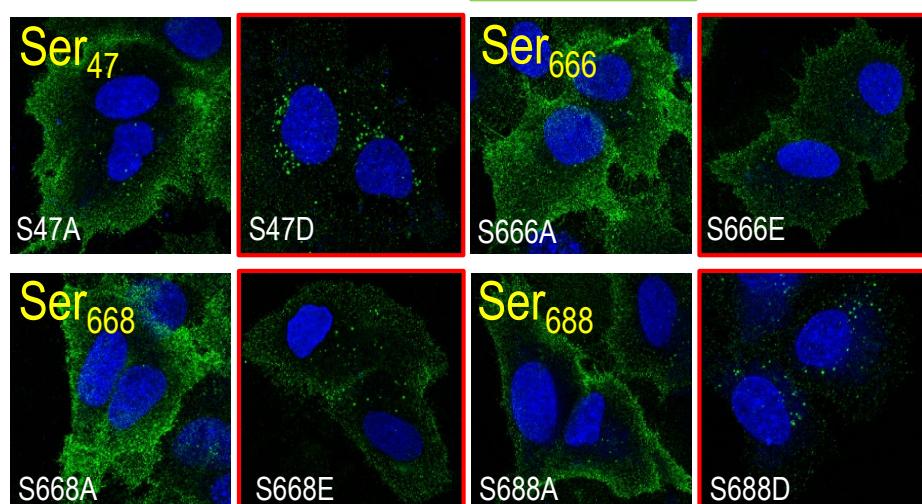
PCSK9 post-translational modifications



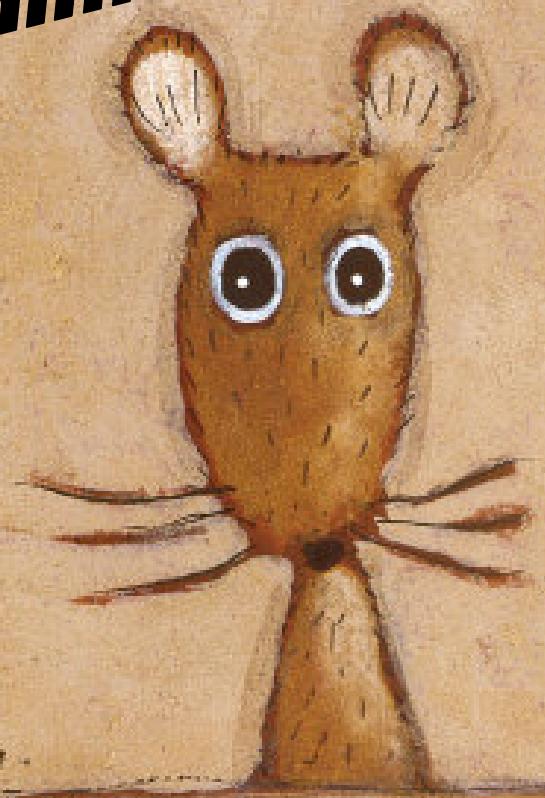
LDLR labeling



Loss-of-function R46L & E670G reduce pSer<sub>46</sub> & pSer<sub>668</sub>

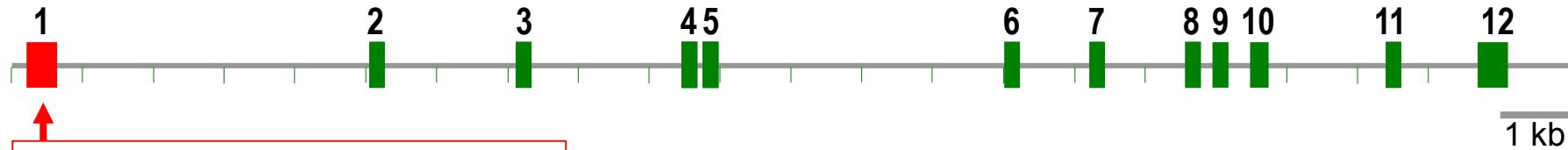


**PCSK9**  
*animal models*

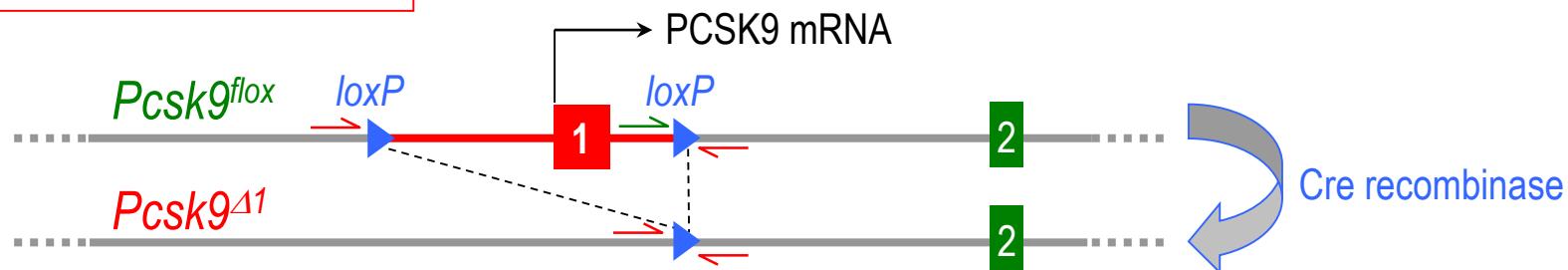


Hans Thomsen

# PCSK9 conditional inactivation (Cre/lox)



Exon 1 flanked with *loxP* sites:



Exon 1 deleted in a Cre-dependent manner → no mRNA, no protein



PCSK9 KO mice :

breeding with CMV-cre mice  
expressing Cre ubiquitously

no PCSK9

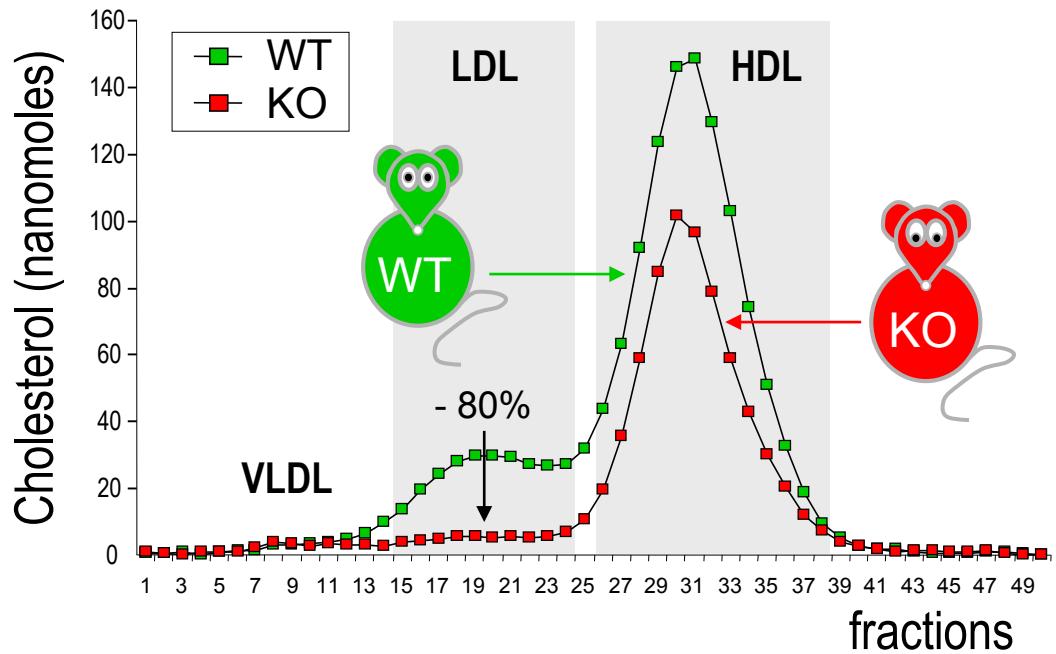


Hepatocyte-specific KO mice :

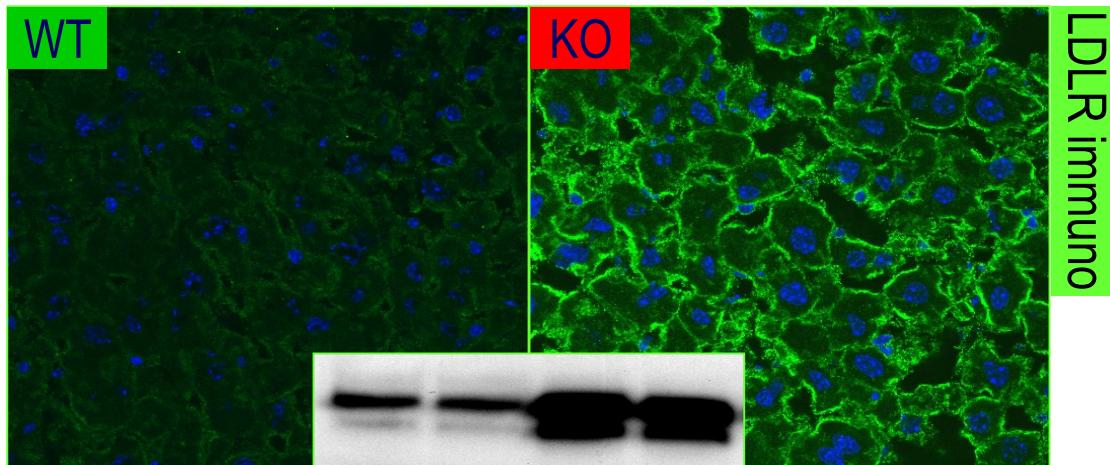
breeding with Tg(Albumin-cre) mice  
expressing Cre only in hepatocytes

no liver PCSK9

# PCSK9 inactivation leads to severe hypocholesterolemia

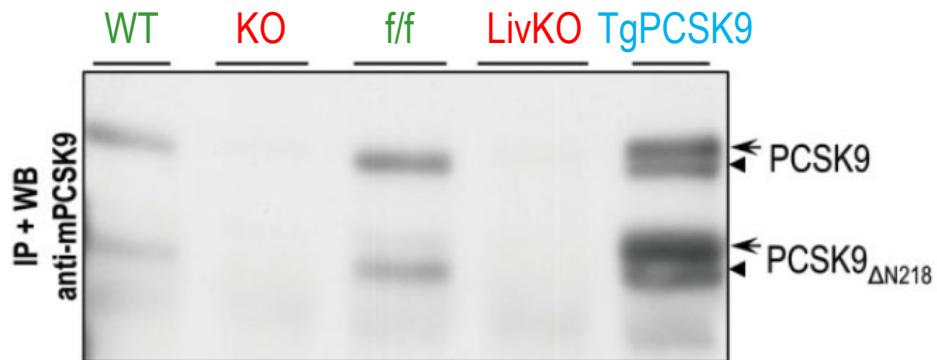


- ~40% drop in TC
- ~80% drop in LDL-C

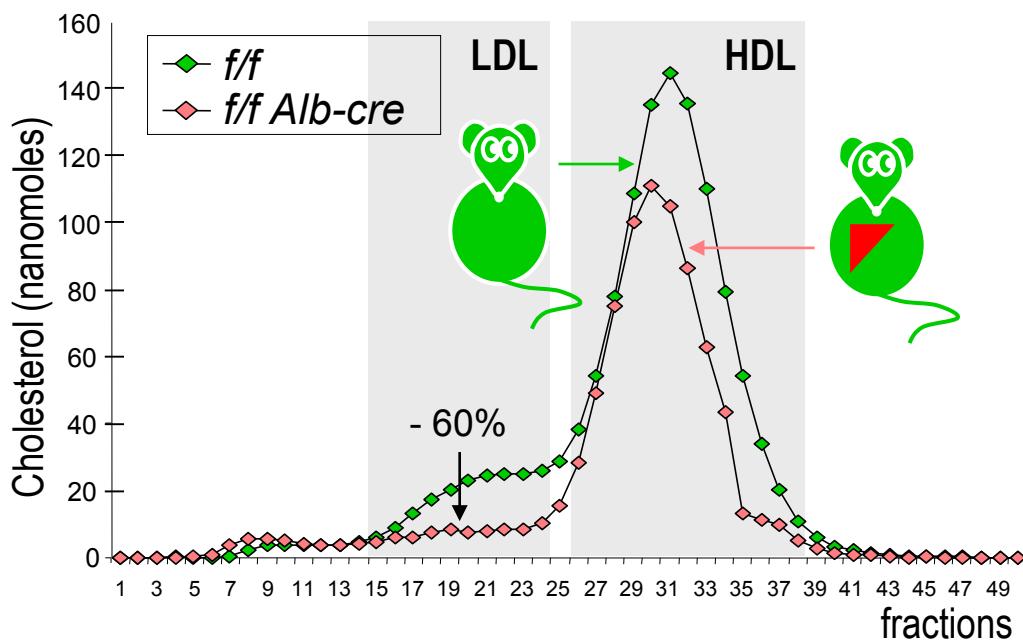


- LDLR accumulation in the liver
- LDLR accumulation at the hepatocyte cell surface

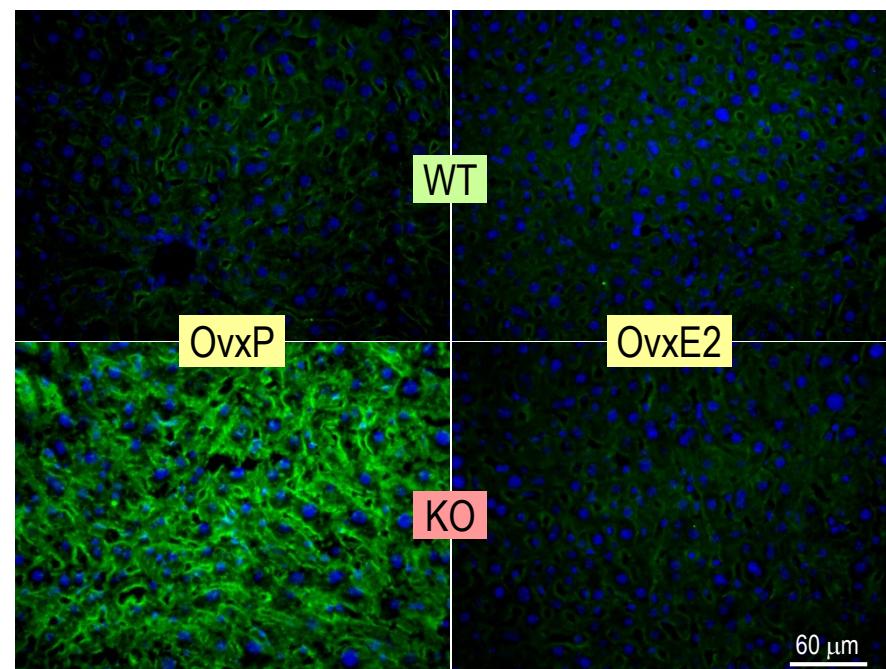
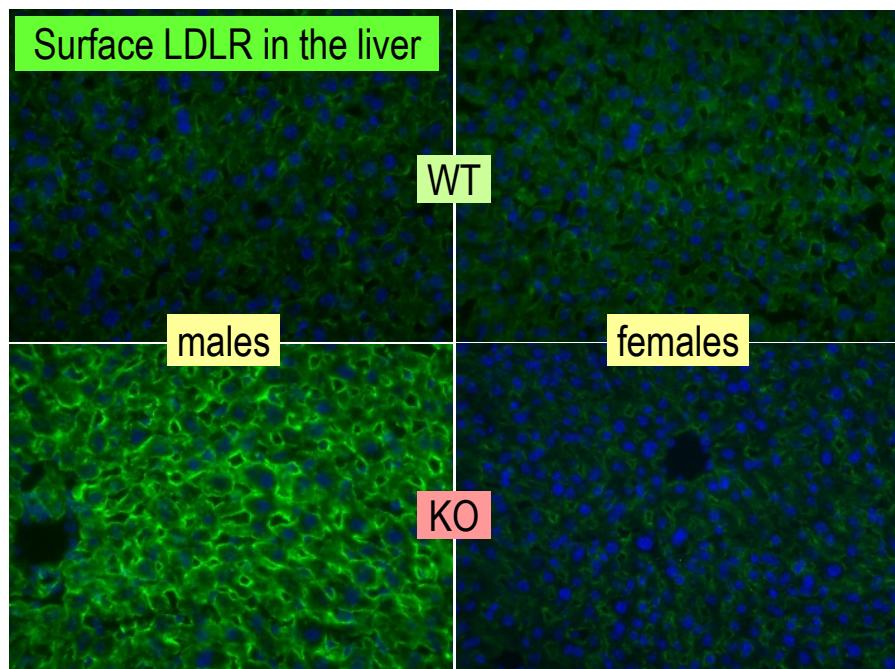
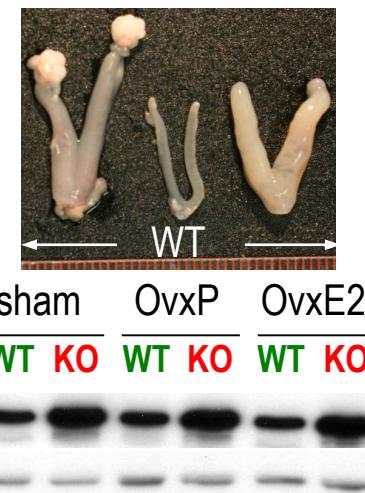
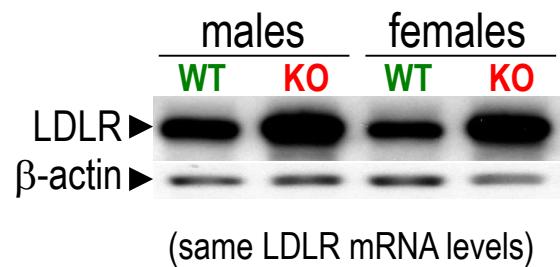
# Hepatocyte-specific *Pcsk9* inactivation (hepKO)



Liver-specific PCSK9 KO :  
no circulating PCSK9 (also by ELISA)  
→ exclusively secreted by hepatocytes

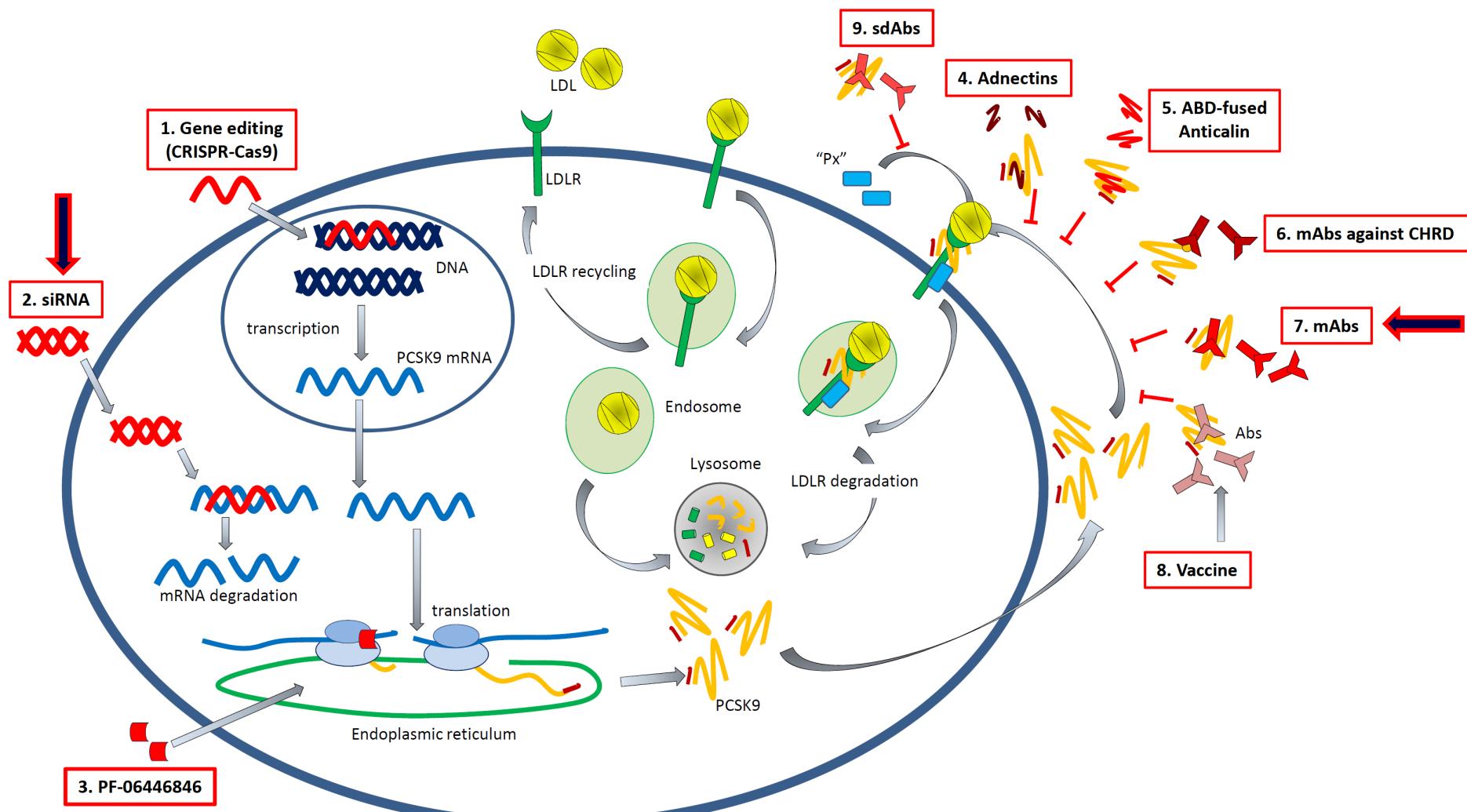


# The absence of PCSK9 unmasks an estrogen-dependent subcellular distribution of the LDLR in mouse liver



# Clinical applications of PCSK9 inhibition

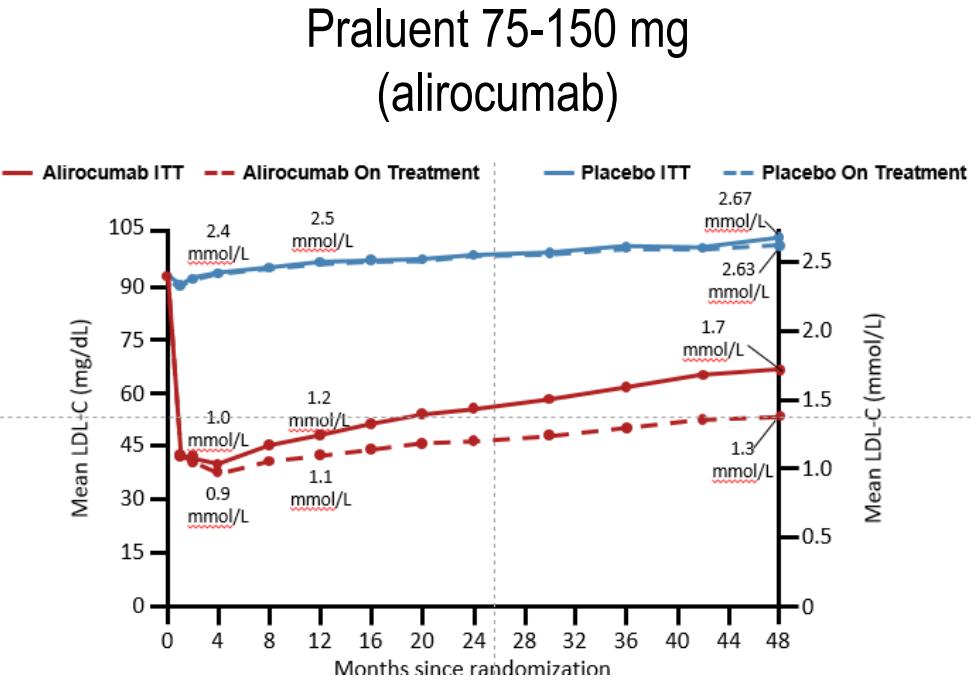
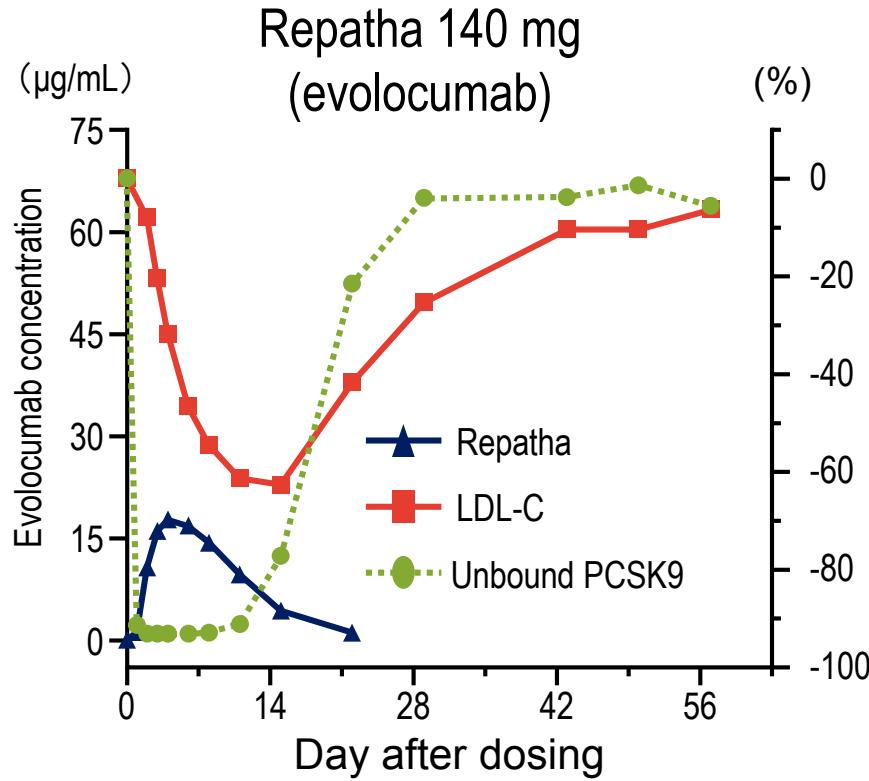
# Strategies to target PCSK9





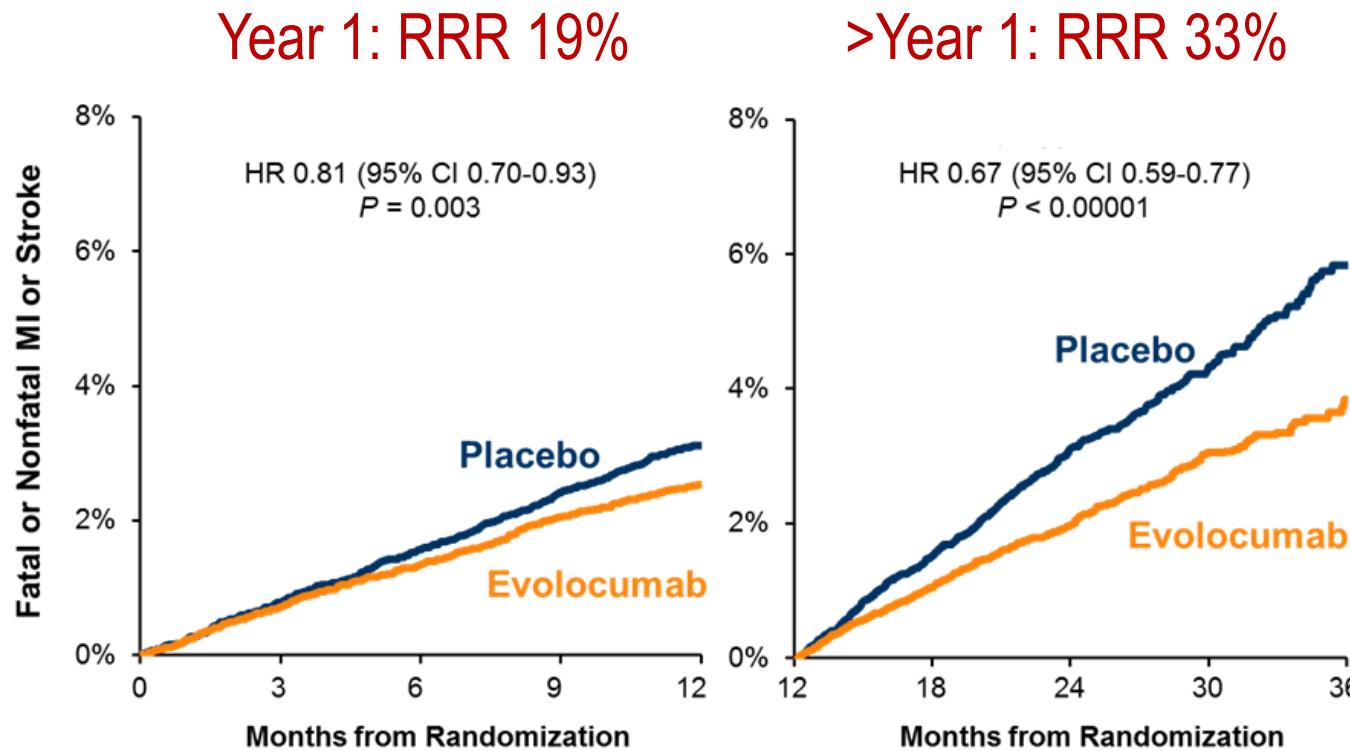
# Humanized PCSK9 monoclonal antibodies: Repatha (140 mg SC) versus Praluent (75 mg SC)

mAb of the human IgG2 subclass can form covalent dimers *in vivo* (ideal), whereas IgG1 are monomers



# Benefit of continuing aggressive lipid-lowering therapy to prevent recurrent cardiovascular events

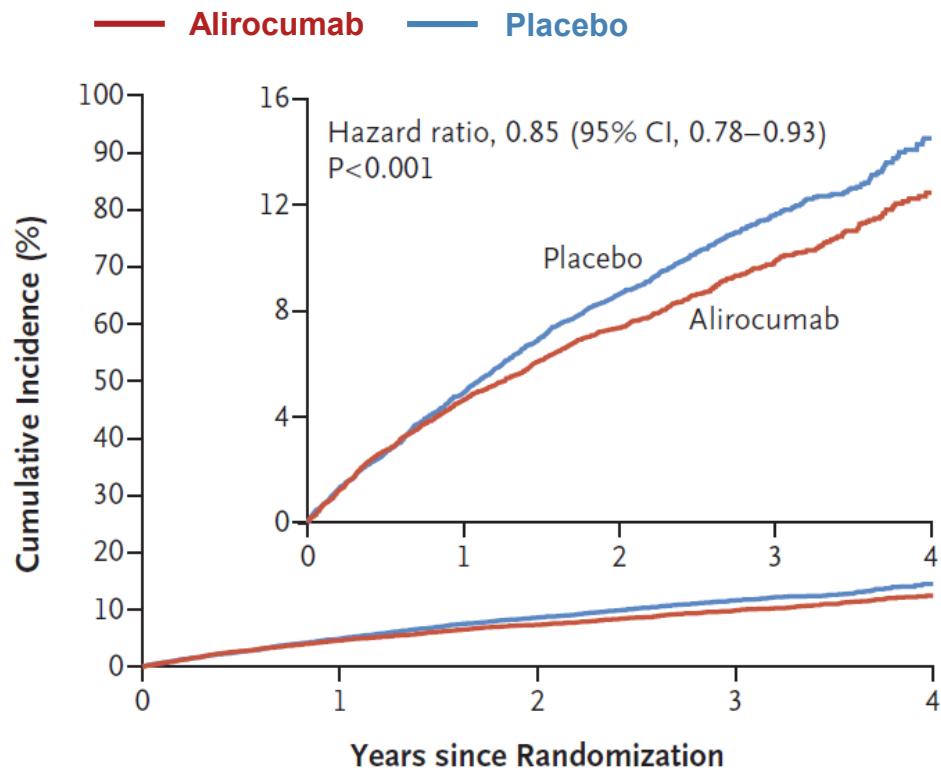
FOURIER: Landmark analysis of fatal or nonfatal MI or stroke



Longer duration of treatment and follow-up suggests larger risk reduction

# Main Secondary Endpoints: Any Cardiovascular Event and Death, Nonfatal MI, or Nonfatal Ischemic Stroke

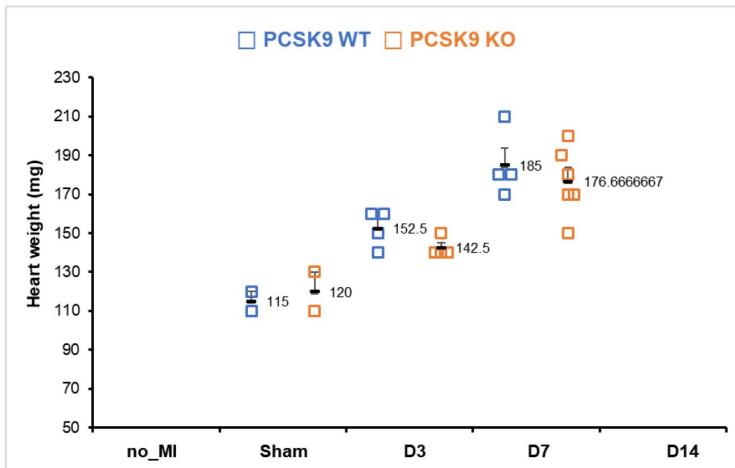
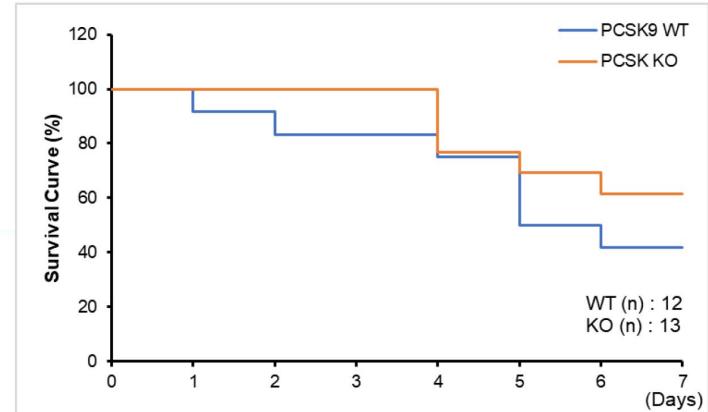
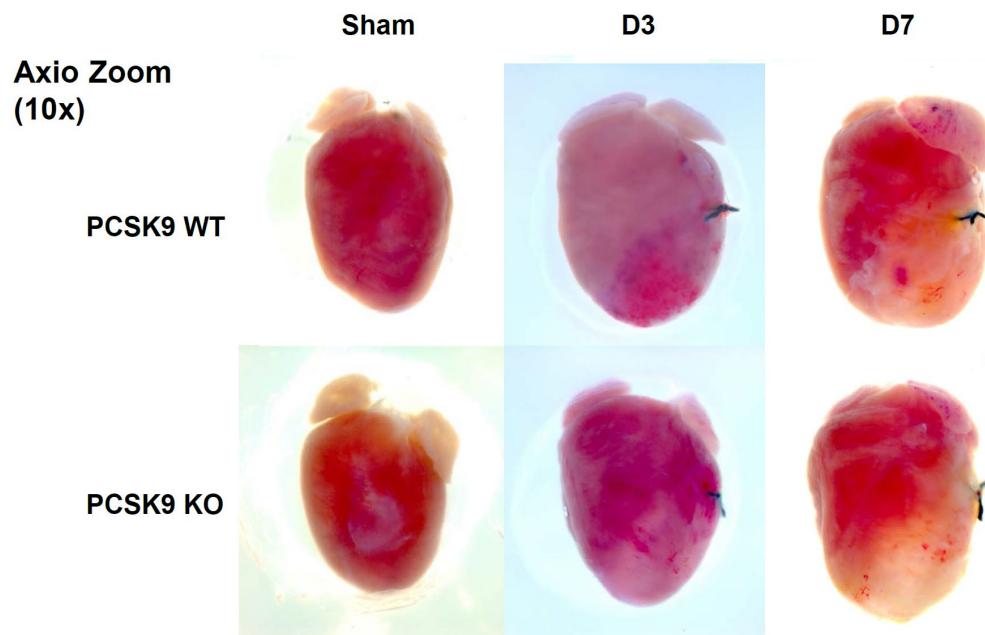
Composite death from:  
- CAD,  
- non fatal MI,  
- non fatal ischemic stroke,  
- or unstable angina



## No. at Risk

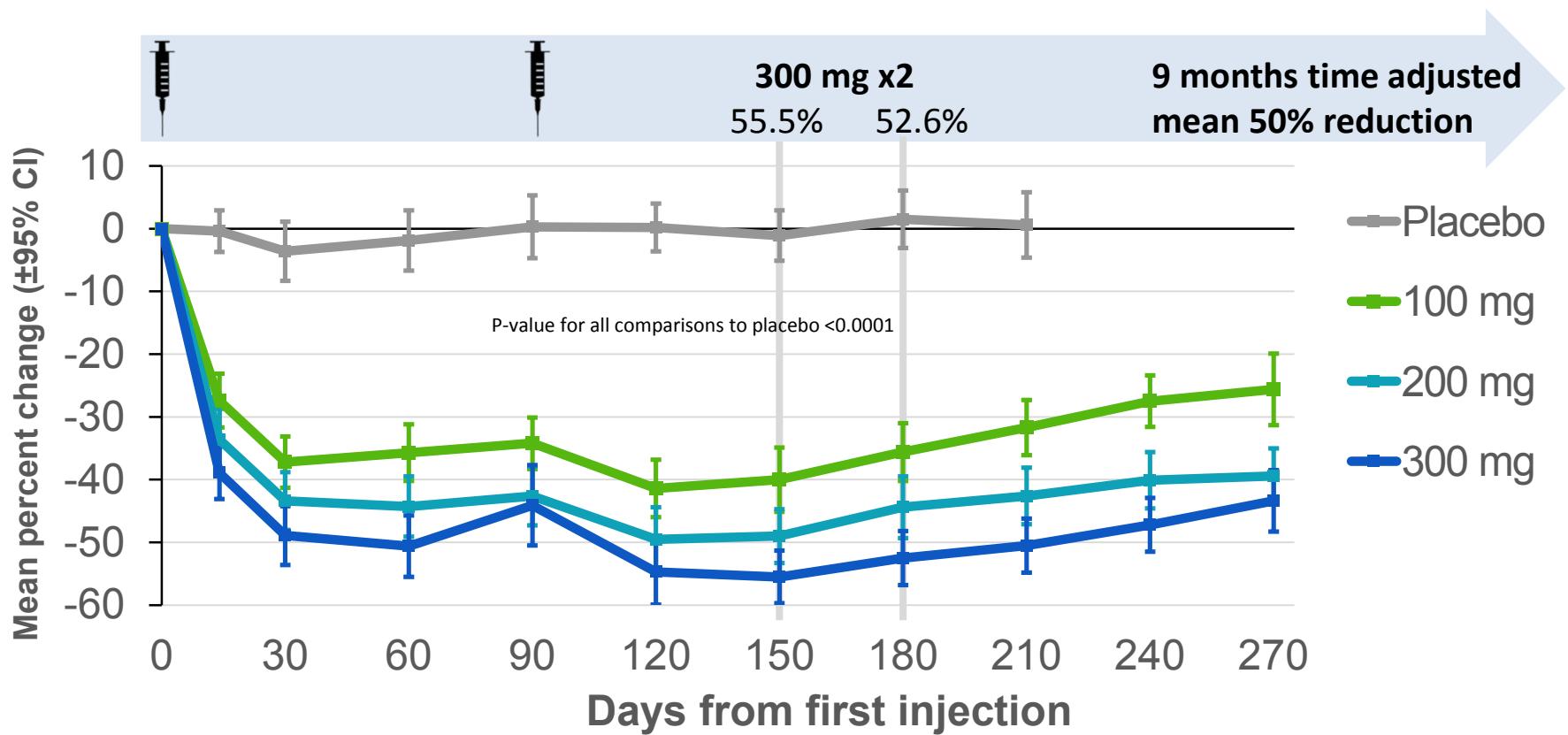
Placebo	9462	8805	8201	3471	629
Alirocumab	9462	8846	8345	3574	653

# After acute myocardial infarction (MI), survival is higher in PCSK9 KO mice than PCSK9 WT ones



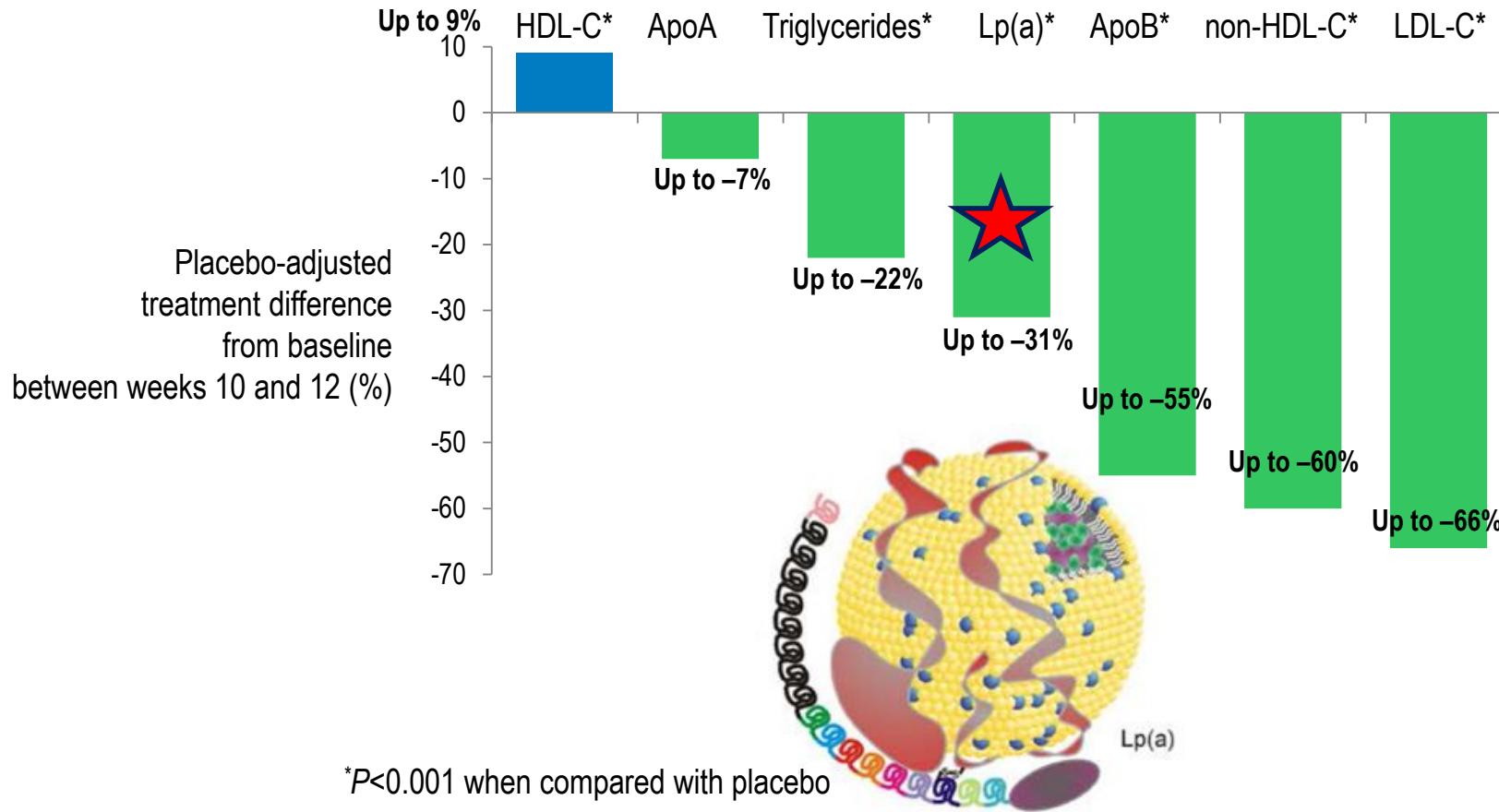
MI is induced by  
ligation of the left coronary artery

# Inclisiran (siRNA) efficacy (two dose-starting regimen) : robust, sustained LDL-C reductions

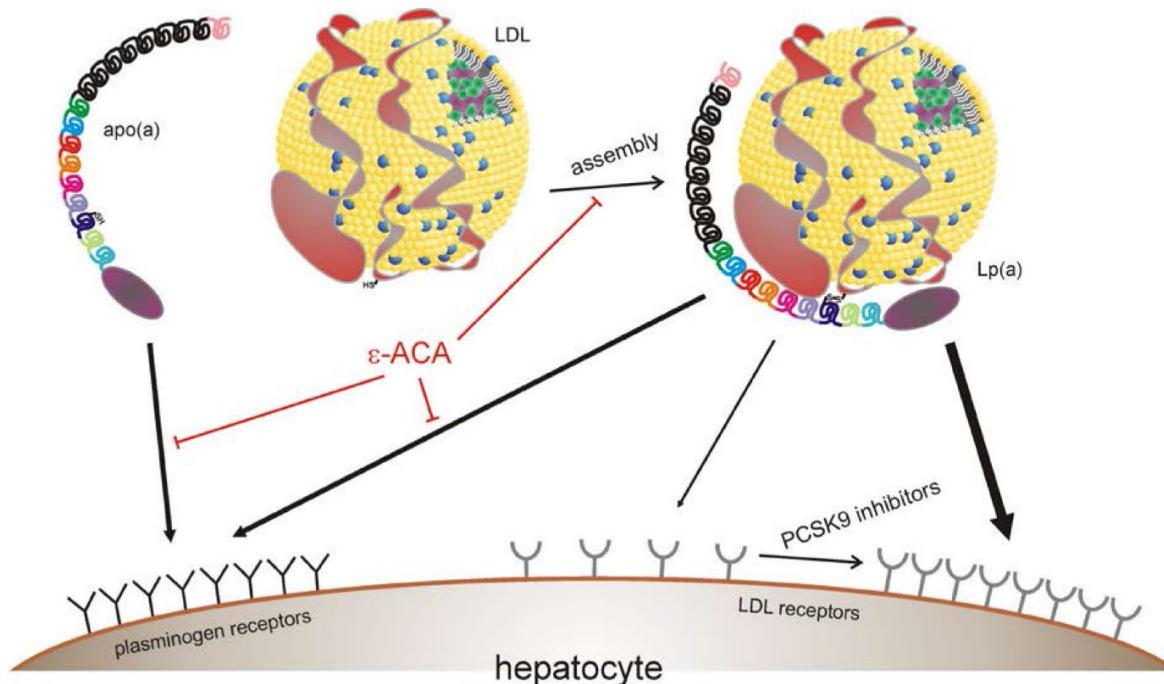




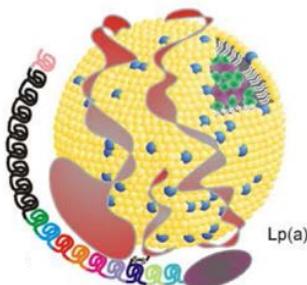
In addition to lowering LDL-C, evolocumab reduced other atherogenic lipids and modestly increased HDL-C in patients with HeFH



Under supra-physiological levels of the LDLR, as with PCSK9 mAbs,  
the LDLR is the receptor of Lp(a)

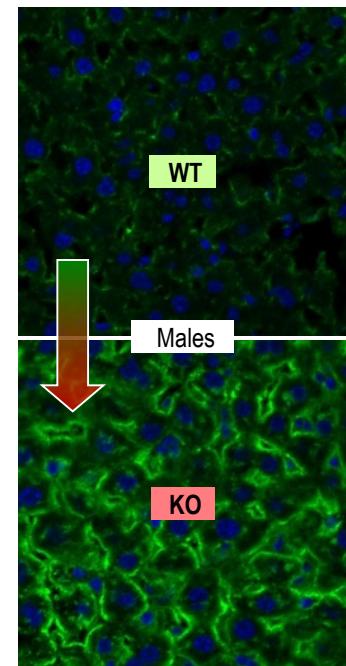
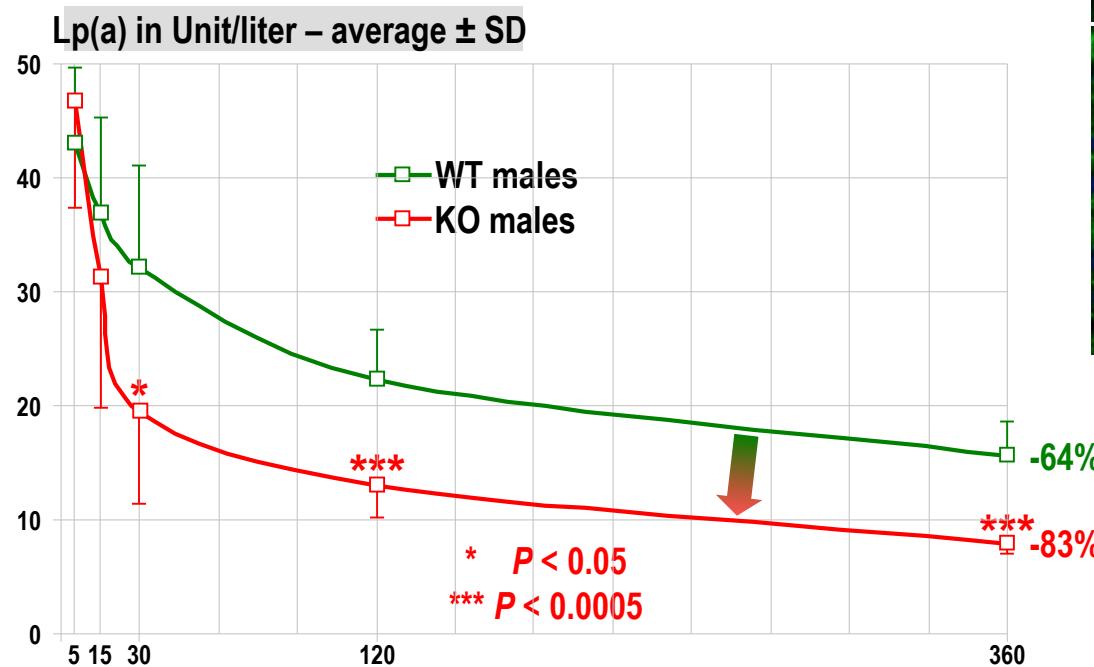


# Lp(a) half life is shorter in PCSK9 KO mice compared to WT mice



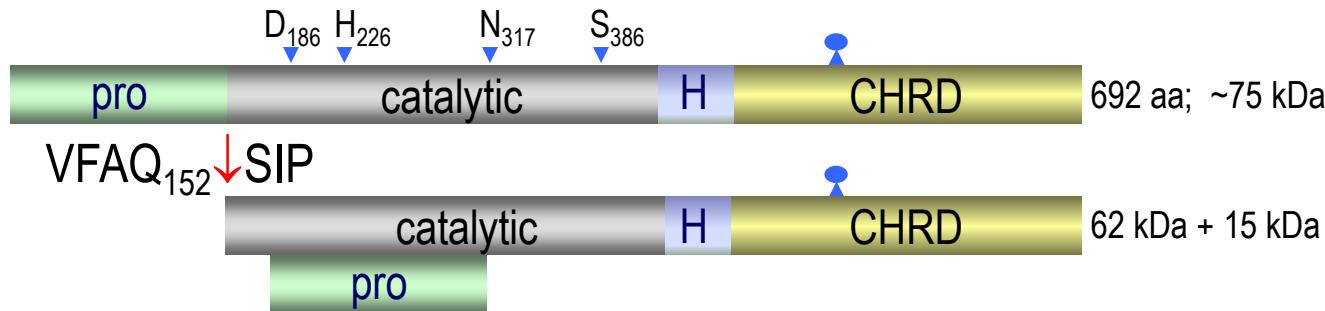
KO versus WT male mice (n=9) – 25 µg/mouse

- 3 to 4 months of age
- 3hrs fasting
- Injection 100 uL at 0.25 mg/mL (25 µg/mouse)
- Bleeds at t = 5, 15, 30, 120 and 360 min (re-feeding after the t = 2 h bleeding)
- Lp(a) ELISA (Mercodia)

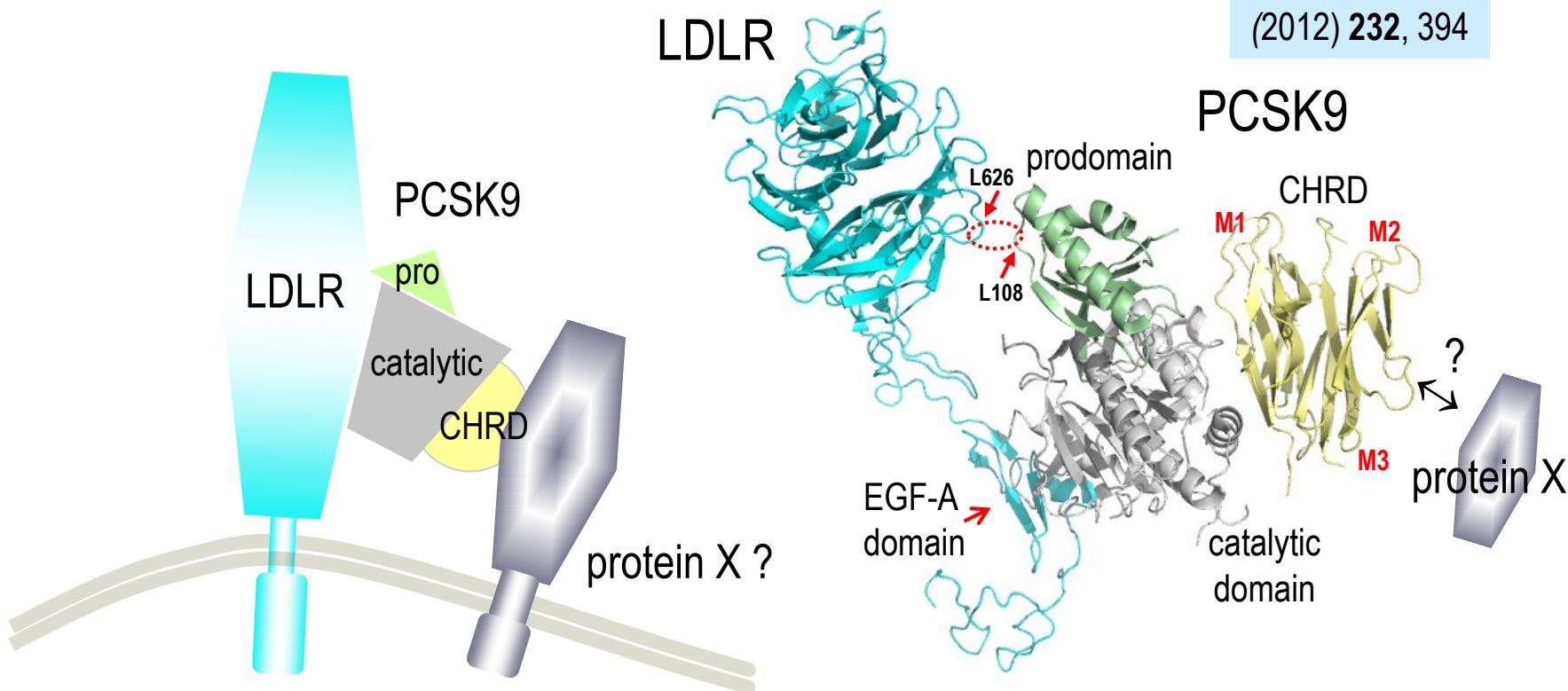


Initial velocity of clearance is 2.5-fold faster in KO males  
(slope between the points 5 and 15 min: 1.56 versus 0.64 U/min)

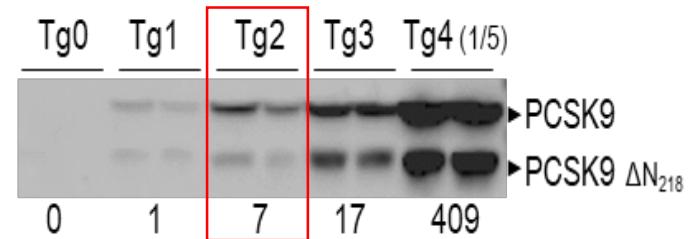
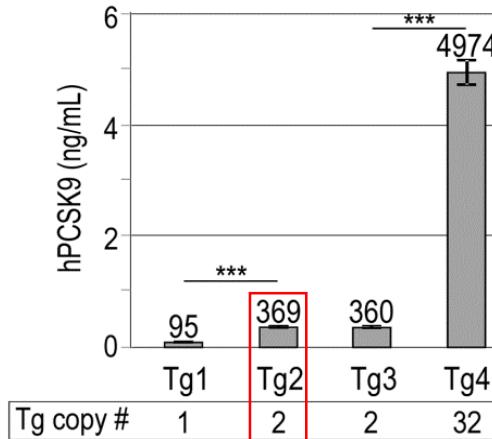
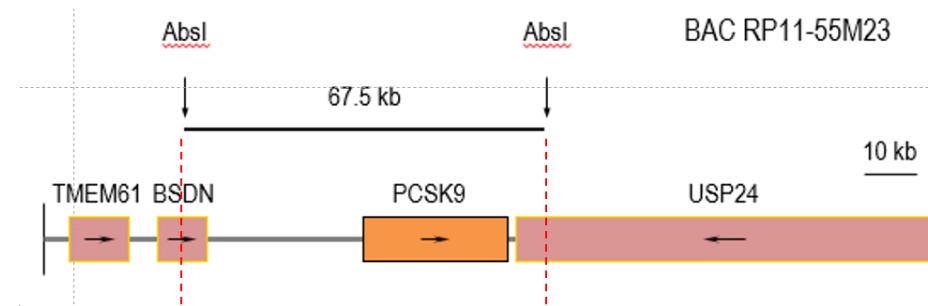
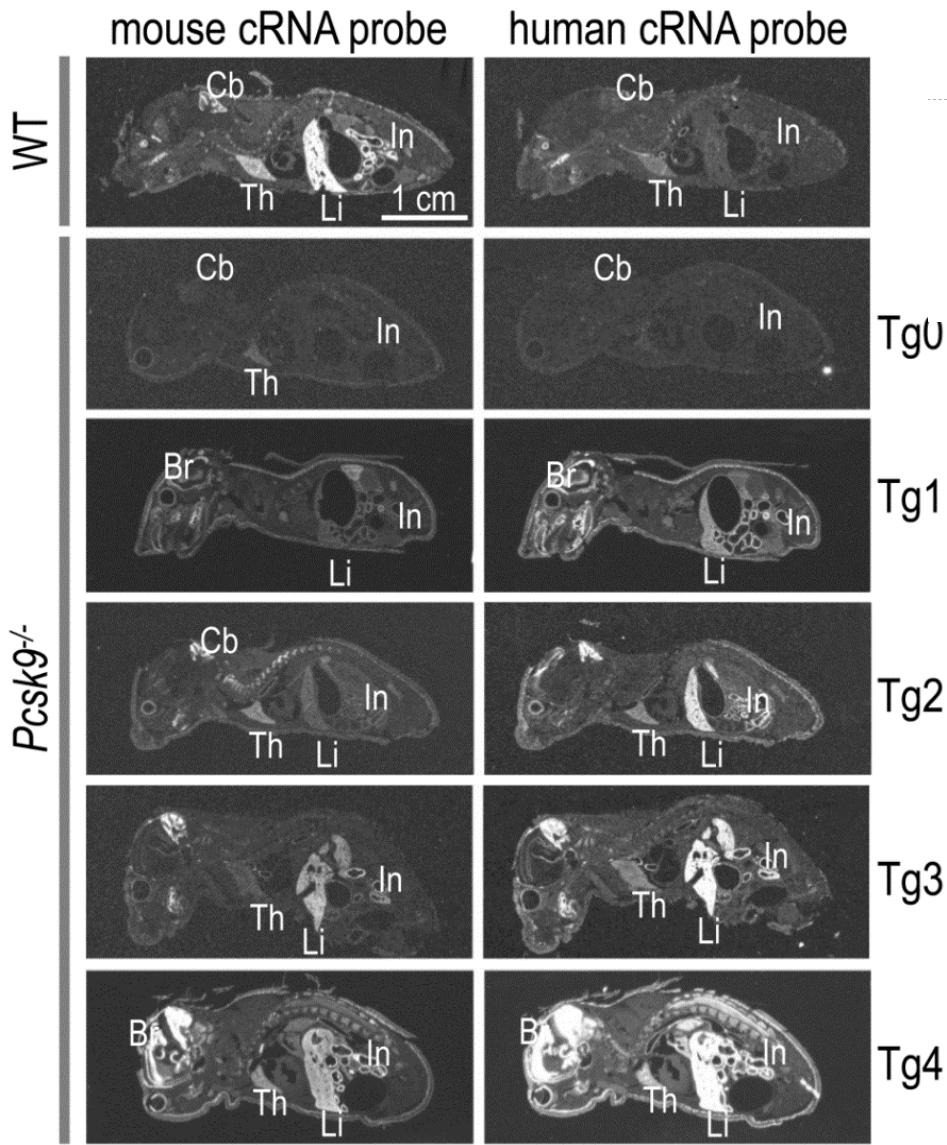
# PCSK9 binds the LDLR and triggers its degradation



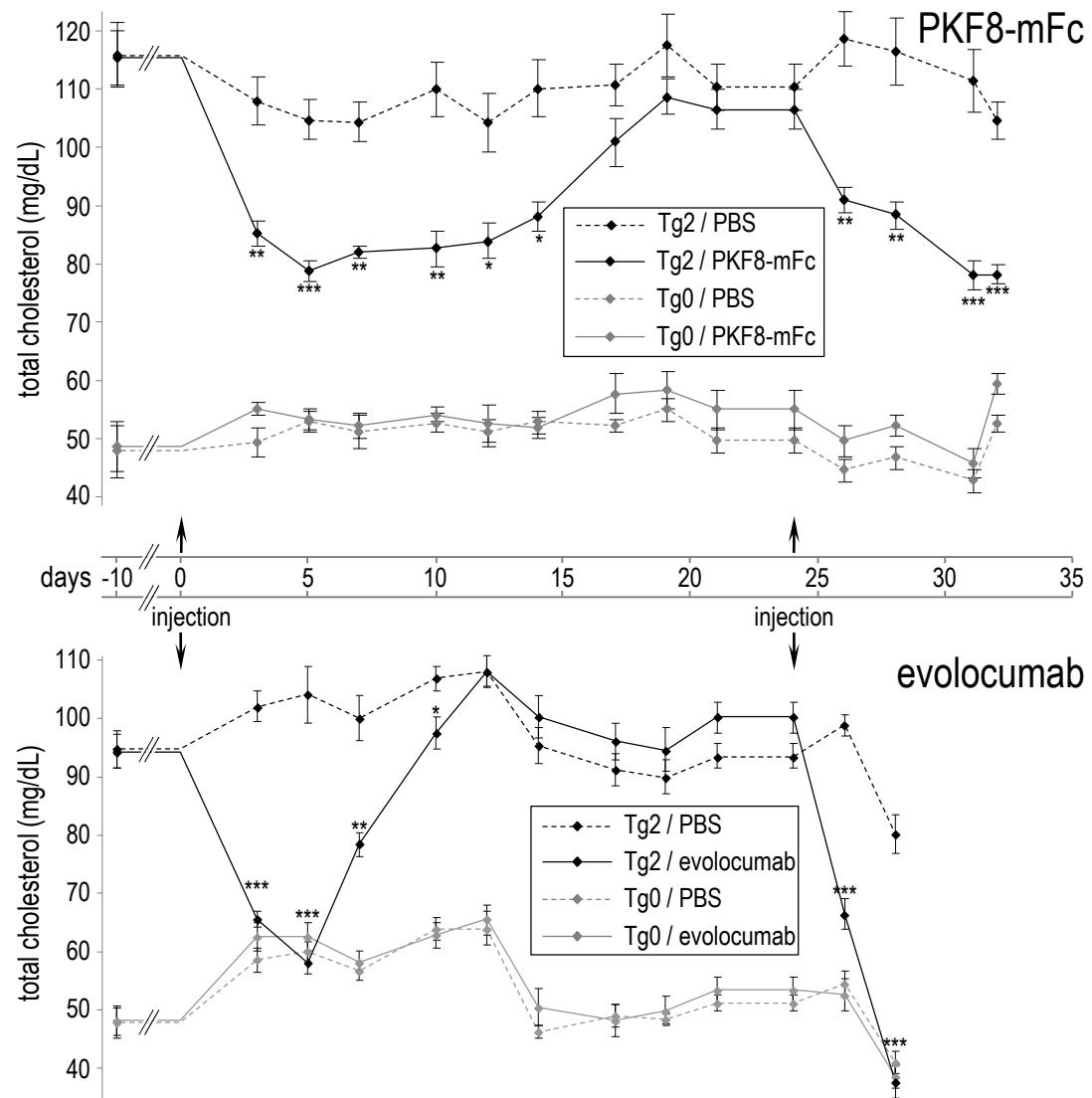
Abifadel M et al.  
*Atherosclerosis*  
(2012) **232**, 394



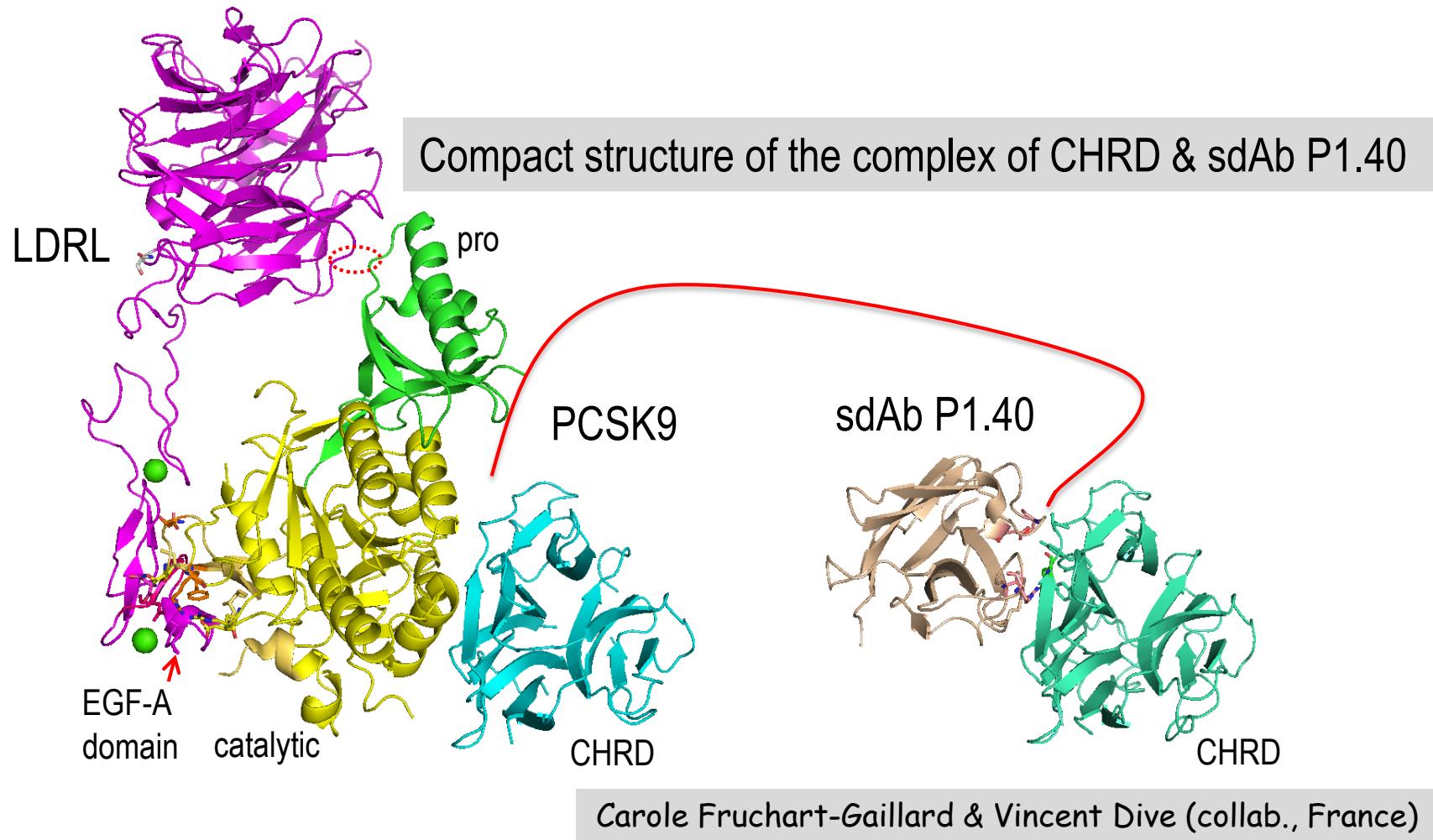
# Mice solely expressing human PCSK9



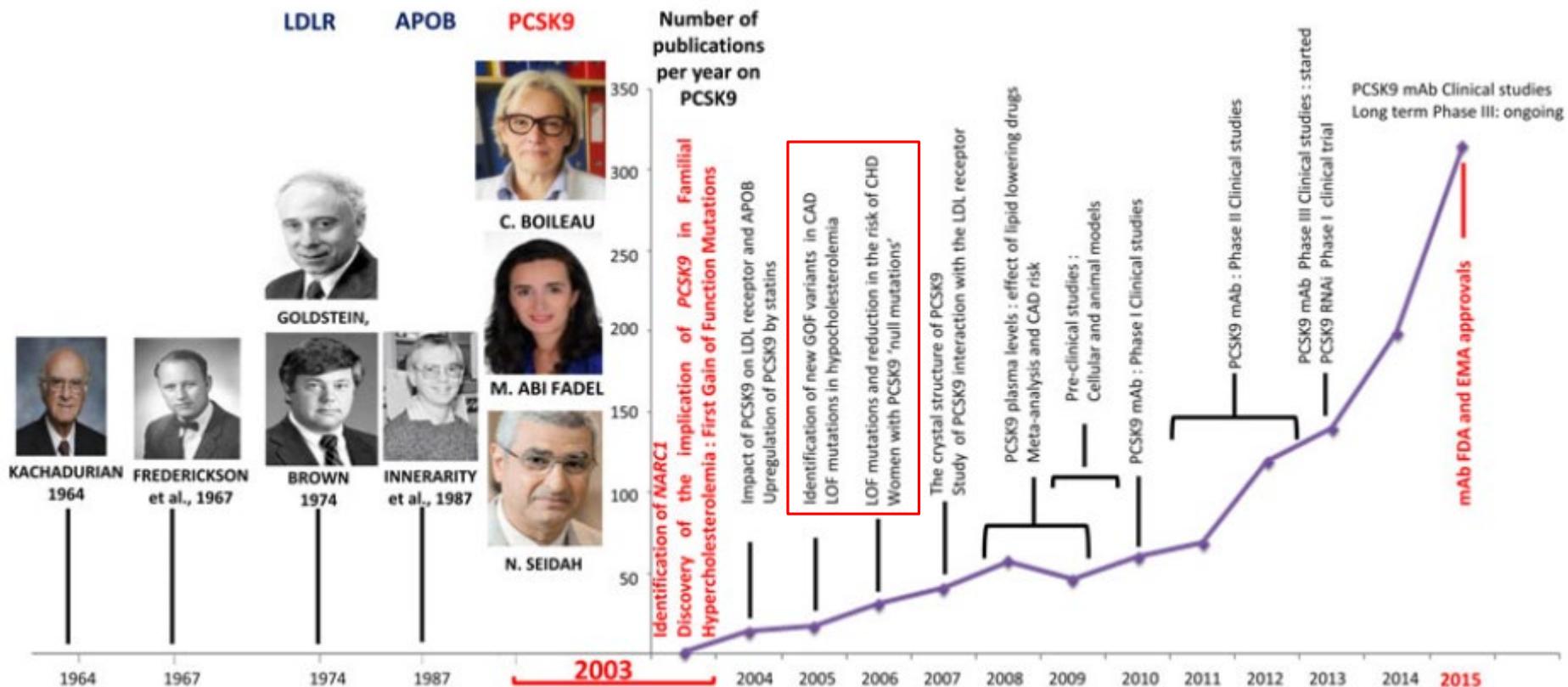
# sdAbs against human the CHRD domain of PCSK9 inhibits its activity



# Could the sdAb P1.40 compete with « protein X » ?



# Autosomal dominant hypercholesterolaemia and the PCSK9 adventure





# Martin Waldseemüller incomplete world map 1508



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# Learning objectives

## Objective 1

- Is PCSK9 acting as a protease and why ?

## Objective 2

- How does PCSK9 lead to LDLR degradation ?

## Objective 3

- What is the current strategy for PCSK9 inhibition and what are the CVD outcomes ?



merci / thank you!

