

## The Effect of Rosiglitazone on PPAR $\gamma$ Expression in Human Adipose Tissue Is Limited by Continued Exposure to Thymidine NRTI

Patrick Mallon<sup>\*1,2</sup>, R Sedwell<sup>1</sup>, G Rogers<sup>3</sup>, D Nolan<sup>4</sup>, P Unemori<sup>1</sup>, H Wand<sup>1</sup>, K Samaras<sup>5</sup>, A Kelleher<sup>1,2</sup>, S Emery<sup>1</sup>, D Cooper<sup>1,2</sup>, A Carr<sup>2</sup>, and The Rosey Investigators

<sup>1</sup>Natl Ctr in HIV Epidemiology and Clin Res, Univ of New South Wales, Sydney, Australia;

<sup>2</sup>St Vincent's Hosp, Sydney, Australia; <sup>3</sup>Univ of Adelaide, Australia; <sup>4</sup>Royal Perth Hosp, Australia; and <sup>5</sup>Garvan Inst of Med Res, Sydney, Australia

**Background:** Decreases in peroxisome proliferators-activated receptor gamma (PPAR- $\gamma$ ) expression in subcutaneous adipose tissue may be important in the pathogenesis of lipoatrophy. Despite this, rosiglitazone (RSG), a PPAR- $\gamma$  agonist, has not been shown to increase limb fat in lipoatrophic HIV-infected patients.

**Methods:** We completed a sub-study of a randomized, placebo-controlled, 48-week trial examining the effect of RSG 4 mg twice daily on limb fat in 100 HIV-infected adults with lipoatrophy. We examined changes in mRNA expression in subcutaneous fat biopsies, performed at weeks 0, 2, and 48. RNA was extracted and real-time RT-PCR performed for mitochondrial and lipid metabolism genes, with results presented relative to  $\beta$ -actin expression, which did not change. Non-parametric analyses were applied.

**Results:** We recruited 44 men (RSG n = 21, placebo n = 23) to this sub-study of which 21 were receiving the thymidine analogues (tNRTI) zidovudine (AZT) (n = 3) or stavudine (d4T) (n = 18) at baseline. Although groups were matched for baseline PPAR- $\gamma$  expression ( $p = 0.8$ ), limb fat was lower in the RSG group (1.9 kg vs 2.3kg). Mitochondrial-encoded cytochrome-b expression was significantly lower in those treated with tNRTI (median 2.53 [IQR 4.45] vs 6.04 [4.54] for the no-tNRTI group,  $p = 0.001$ ). At week 2, only those randomized to RSG in the no-tNRTI group experienced a significant rise in PPAR- $\gamma$  expression ( $p = 0.046$ ). Similar significant increases in PPAR- $\gamma$  co-activator 1 (PGC-1) expression were also observed in the RSG no-tNRTI group. At week 48, PPAR- $\gamma$  expression was significantly higher only in the no-tNRTI group, regardless of randomized treatment allocation ( $p = 0.04$ ), with RSG having no effect in the tNRTI group (see the table). No significant correlations were observed between changes in PPAR- $\gamma$  or PGC-1 expression and change in limb fat.

	PPAR $\gamma$				
	Week 2		Week 48		
	tNRTI	no tNRTI	tNRTI	no tNRTI	
RSG	12 [99]	68 [56]	-22 [154]	87 [166]	
Placebo	2 [97]	7 [173]	-32 [131]	74 [181]	
	PGC-1				
	RSG	13 [69]	149 [341]	29 [63]	672 [976]
	Placebo	35 [131]	107 [181]	119 [118]	313 [220]

**Keywords:** Lipodystrophy; Rosiglitazone; Mitochondrial toxicity