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This is the author's manuscript

Original Citation:

Availability:

This version is available <http://hdl.handle.net/2318/1640636> since 2018-05-08T14:44:01Z

Published version:

DOI:10.1002/hep.29164

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UNIVERSITÀ DEGLI STUDI DI TORINO

This is an author version of the contribution published on:

Questa è la versione dell'autore dell'opera:

Hepatology, 67, (5), 2018. DOI 10.1002/hep.29164

The definitive version is available at:

La versione definitiva è disponibile alla URL:

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Targeting mitochondrial pyruvate carrier (MPC) in NASH: growing evidence and future challenges

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KEY WORDS: pioglitazone, advanced fibrosis, fibrosis, NAFLD

To the Editor

we read with interest the article by McCommis et al, reporting on the anti-fibrotic properties of the Mitochondrial Pyruvate Carrier(MPC) inhibitor MSDC-0602 in a mouse model of NASH(1). MSDC-0602 belongs to a class of next-generation thiazolidinedione(TZD) insulin sensitizers, that potently bind and inhibit the MPC protein but have negligible Peroxisome Proliferator-Activated Receptor(PPAR)- γ binding activity, the latter retained responsible for the undesired TZD-related effects of weight gain, oedema and bone fractures. Growing human evidence indirectly supports the effectiveness of this approach in NASH: when we compared the effect between pioglitazone and rosiglitazone on liver histology in patients with NASH, we found pioglitazone, which possesses both PPAR- γ agonist activity and MPC inhibiting activity, reversed NASH and advanced fibrosis also in nondiabetic patients, while rosiglitazone, a more potent PPAR- γ agonist devoid of MPC-binding activity, did not(2). Furthermore, in nondiabetic insulin resistant patients with prior acute cerebrovascular disease enrolled in the Insulin Resistance Intervention after Stroke(IRIS) trial, pioglitazone reduced the risk of new-onset diabetes and new cardiovascular events(3). Although the presence of NAFLD was not reported in this trial, the benefits were largely driven by the effect of pioglitazone in patients with metabolic syndrome, which is commonly encountered in NAFLD. Although collectively encouraging, some questions remain: compared with PPAR- γ agonists, MPC-modulators are weaker stimulators of the secretion of adiponectin, a key anti-inflammatory antifibrotic adipokine(1,4). Although in strictly controlled experimental conditions the weight loss associated with adipocyte browning may partially make up for the lack of PPAR- γ -stimulated adiponectin secretion, the difficulty in maintaining a durable weight loss in the real life may blunt the benefits of this approach. Furthermore, recent metabolomics analysis identified compensatory changes in hepatic amino acid and lipid metabolism that may offset long term effects of MPC inhibition(5). These factors need to be taken into account in the design and monitoring of the effects of MPC-modulators in human trials.

Acknowledgements

Conflict of interest: no author has any present or past conflict of interest to disclose

Financial support: this work received no financial support

Author's contributions:

Giovanni Musso: conducted research, analyzed data, wrote paper, has primary responsibility for final content;

Roberto Gambino: conducted research, analyzed and discussed data, approved final version of the paper

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