Journal of the International AIDS Society



Poster presentation

Open Access

Clinical concentrations of efavirenz (EFV) reduce cellular proliferation and viability in several human cell lines

N Apostolova*¹, A Blas-García², D Ballesteros³, Y González², A Morán², LJ Gómez-Sucerquia³ and JV Esplugues¹

Address: ¹CIBERehd-University of Valencia, Valencia, Spain, ²University of Valencia, Valencia, Spain and ³Fundacion Juan Esplugues, Valencia, Spain

* Corresponding author

from Ninth International Congress on Drug Therapy in HIV Infection Glasgow, UK. 9–13 November 2008

Published: 10 November 2008

Journal of the International AIDS Society 2008, 11(Suppl 1):P161 doi:10.1186/1758-2652-11-S1-P161

This abstract is available from: http://www.jiasociety.org/content/11/S1/P161 © 2008 Apostolova et al; licensee BioMed Central Ltd.

Background

Efavirenz (EFV)-containing therapies have been related to several side-effects including hepatotoxic events and chronic disorders in the lipid metabolism but the possible cellular mechanisms underlying these effects have received little study.

Methods

In this work, we evaluated the cytotoxic effects of clinical ($10-25~\mu M$) and supraclinical ($50~\mu M$) concentrations of EFV in various human cellular models.

Results

MTT assays upon 24 h of culture in the presence of the drug revealed reduced viability in the human hepatoma cell line Hep3B (significant for all three concentrations and calculated as $84.59 \pm 8.82\%$ decrease for $50 \mu M EFV$), human cervix carcinoma cell line HeLa (71.92 ± 5.49% reduction for 50 µM EFV) and primary Human Umbilical Vein Endothelial cells (HUVEC), (96.76 ± 0.27% reduction for 50 μ M EFV). This result was corroborated with 3day-proliferation experiments in which Hep3B were exposed to different concentrations of EFV; a significant reduction (60.1 \pm 6.54% after 3 days) was detected with 25 μ M EFV whereas cytotoxicity (97.01 \pm 1.13% reduction) was observed with 50 µM, however no changes were detected with 10 µM EFV. With the aim of analyzing the mechanisms responsible for this diminished cellular viability, we performed bivariate Annexin V/Propidium Iodide analysis of HeLa cells using static cytometry, and found that EFV-treated cells (4 and 8 h), presented features of late or advanced apoptosis. We also observed a dose-dependent translocation of two mitochondrial proapoptotic proteins, cytochrome c and AIF, in Hep3B cells after EFV-treatment (4 h), which was accompanied by a significant reduction in the mitochondrial membrane potential ($\Delta\psi$ m), as measured by TMRM fluorescence. Confocal fluorescence microscopy experiments revealed a dose-dependent activation of caspase-3 and -9 and an absence of activation of caspase-8, pointing to EFV induction of the intrinsic (mitochondrial) apoptotic pathway.

Conclusion

In conclusion, clinical concentrations of EFV can be cytotoxic and lead to activation of apoptotic programmes in common cellular models. This suggests that the therapeutic range of EFV is rather narrow and also that prolonged administration of this drug may result in HAART-related mitochondrial dysfunction.

References

- Landriscina M, Fabiano A, Altamura S, Bagalà C, Piscazzi A, Cassano A, Spadafora C, Giorgino F, Barone C, Cignarelli M: Reverse transcriptase inhibitors down-regulate cell proliferation in vitro and in vivo and restore thyrotropin signaling and iodine uptake in human thyroid anaplastic carcinoma. J Clin Endocrinol Metab 2005, 90(10):5663-71.
- El Hadri K, Glorian M, Monsempes C, Dieudonné MN, Pecquery R, Giudicelli Y, Andreani M, Dugail I, Fève B: In vitro supression of the Lipogenic pathway by the nonnucleoside reverse tran-

scriptase inhibitor efavirenz in 3T3 and human preadipocytes and adipocytes. *J Biol Chem* 2004, 279(15):15130-15141.

Publish with **Bio Med Central** and every scientist can read your work free of charge

"BioMed Central will be the most significant development for disseminating the results of biomedical research in our lifetime."

Sir Paul Nurse, Cancer Research UK

Your research papers will be:

- available free of charge to the entire biomedical community
- \bullet peer reviewed and published immediately upon acceptance
- cited in PubMed and archived on PubMed Central
- \bullet yours you keep the copyright

Submit your manuscript here: http://www.biomedcentral.com/info/publishing_adv.asp

