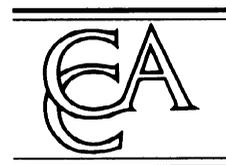




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Oxidation of LDL enhances the cholesteryl ester transfer protein (CETP)-mediated cholesteryl ester transfer rate to HDL, bringing on a diminished net transfer of cholesteryl ester from HDL to oxidized LDL

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Abstract

Cholesteryl ester transfer protein (CETP) plays a controversial role in atherogenesis by contributing to the net transfer of high density lipoprotein (HDL) cholesteryl ester (CE) to the liver via apolipoprotein-B-containing lipoproteins (apoB-LP). We evaluated in vitro the CETP-mediated bidirectional transfer of CE from HDL to the chemically modified pro-atherogenic low density lipoprotein (LDL) particles. Acetylated or oxidized (ox) LDL, either unlabeled or [³H]-CE labeled, were incubated with [¹⁴C]-CE-HDL in the presence of the lipoprotein-deficient plasma fraction ($d > 1.21$ g/ml) as the source of CETP. The amount of radioactive CE transferred was determined after dextran sulfate/MgCl₂ precipitation of LDL. The results showed a 1.4–2.8-fold lower HDL-CE transfer to acetylated LDL while no effect was observed on the CE transfer to oxidized LDL. However, the reverse transfer rate of [³H]CE-LDL to HDL was 1.4–3.6 times greater when LDL was oxidized than when it was intact. Overall, HDL₂ was better than HDL₃ as donor of CE to native LDL, probably reflecting the relatively greater CE content of HDL₂. Oxidation of LDL enhanced the CETP-mediated cholesteryl ester transfer rate to HDL, bringing on a reduced net transfer rate of cholesteryl ester from HDL to ox LDL. This may diminish the oxLDL particle's atherogenic effect. © 2001 Elsevier Science B.V. All rights reserved.

Keywords: Oxidized LDL; Acetylated LDL; Cholesteryl ester transfer protein; HDL; Reverse cholesterol transport

1. Introduction

Plasma cholesteryl ester transfer protein (CETP)

mediates the net transfer of cholesteryl ester (CE) from HDL to apolipoprotein-B-containing lipoproteins (apoB-LP) [1]. This process could lead to an overall increased rate of plasma CE removal since the apoB-LP are rapidly taken up by specific hepatic receptors [2], bringing about a lower risk

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of atherosclerosis [3]. However, the role of CETP in the development of atherosclerosis has not as yet been completely elucidated [4]. For instance, as compared to control nontransgenic animals, transgenic mice overexpressing CETP [5] develop diet-induced atherosclerosis more severely. Also, the expression of CETP in LDL receptor knockout and apoE knockout mice worsens the atherosclerosis in these animals [6]. On the other hand, there are conflicting data in human population studies, where an increased coronary heart disease incidence was associated with a genetic CETP deficiency [7–9], as well as with increased CETP plasma levels [10].

CETP is a plasma glycoprotein secreted mainly by the liver but with a widespread pattern of tissue expression [11–13], suggesting that the protein may have a local role in the redistribution of cholesterol. Apart from liver, adipose tissue is considered an important source of CETP in several species [14,15].

In vivo, chemically modified LDL is able to trigger a whole cascade of events leading to the development of atherosclerosis [16]. Modified LDL, especially oxidized LDL, is found in atherosclerotic lesions [17,18]. It is also present at low concentrations in the plasma of primates and humans [19,20], including patients with diabetes mellitus [21], chronic renal failure [22], and in smokers [23]. Furthermore, plasma LDL particles from dyslipidemic [24,25] or CETP-deficient patients [1] are more susceptible to oxidation than those of controls.

Previous studies had indicated that CETP-mediated transfer between lipoproteins is altered when lipoproteins are chemically modified [3,26–30]. In this regard, several factors, such as lipoprotein electrical charges, quantity of fatty acids as well as chemical modifications, may interfere with the amount of cholesteryl ester transferred to LDL from HDL particles.

In this study, we investigated the effects of LDL acetylation or oxidation on the in vitro CETP-mediated bidirectional flow of CE between HDL and LDL particles. This process probably occurs in the plasma compartment as well as in the microenvironment of the arterial intima.

2. Material and methods

2.1. Isolation, chemical modification and labeling of lipoproteins

LDL ($d=1.006$ – 1.063 g/ml), HDL₂ ($d=1.063$ – 1.125 g/ml) and HDL₃ ($d=1.125$ – 1.21 g/ml) fractions were isolated from fresh plasma of healthy normolipidemic human donors (total cholesterol= 177 ± 24 mg/dl; triglycerides= 126 ± 51.4 mg/dl and HDL= 42 ± 8 mg/dl) by sequential ultracentrifugation [31] in an L8 Beckman ultracentrifuge at 4°C in a 50 Ti rotor at $100,000$ g. Preservatives were added to the plasma pools: aprotinin (0.1 trypsin inhibitor unit/ml), 2 mmol/l benzamidine (5 $\mu\text{l/ml}$), gentamicin plus 0.25% chloramphenicol (20 $\mu\text{l/ml}$) and 0.5 mmol/l phenylmethyl-sulfonylfluoride (0.5 $\mu\text{l/ml}$). The lipoproteins were dialyzed against phosphate-buffered saline (PBS) with EDTA, at pH 7.4. The LDL used in the oxidation experiments was dialyzed in PBS without EDTA.

[1,2,(*N*)- ^3H -cholesteryl-oleoyl-ether] (50 μCi), which was previously dissolved in ethanol, was incubated with human LDL and lipoprotein-deficient plasma ($d>1.21$ g/ml) for 24 h at 37°C in a rotary shaker at 20 rpm [32]. The density was then adjusted to 1.063 g/ml and the LDL- [^3H]-CE was separated by ultracentrifugation.

LDL was acetylated as previously described [33] using 1.5 μl of acetic anhydride per mg of LDL protein. The LDL was oxidized as previously described [34]. Briefly, LDL (100 μg protein) was incubated with CuSO_4 (final concentration of 10 $\mu\text{mol/l}$) over 8 h at 37°C in an opened tube in a shaking water bath. After oxidation, LDL was dialyzed against PBS with EDTA, to prevent further oxidation. The oxidation level was determined by TBARS [35]. The efficiency of the LDL chemical modification was determined by 1% agarose gel electrophoresis in barbital buffer, pH 8.6, for 30 min. LDL was visualized by Fat Red 7B staining.

Whole HDL fraction was incubated with 25 μCi of [cholesteryl-4- ^{14}C]-oleate (^{14}C -CE) in lipoprotein-deficient plasma ($d>1.21$ g/ml) for 24 h at 37°C in a rotary shaker [36]. After the incubation, the solution density was adjusted to 1.125 g/ml with solid KBr, and the HDL₂ [^{14}C]-CE was obtained by

ultracentrifugation for 40 h at 100,000 g at 4°C. The density of the infranatant was adjusted to 1.21 g/ml and the HDL₃ [¹⁴C]-CE was again obtained by ultracentrifugation. HDL₂ and HDL₃ were then dialyzed against PBS/EDTA.

The chemical composition of the HDL was (mean values of three preparations, % by weight): 3.2% free cholesterol (FC); 5.3% triglycerides (TG); 15% CE; 33.1% phospholipids (PL) and 43.3% proteins (PR) for HDL₂ and 1.7% FC; 2.5% TGs; 5% CE; 36.7% PL; 54.1% PR for HDL₃ and 2.6% FC; 7.2% TG; 30.8% CE; 33.4% PL and 25.4% PR for LDL. The contents of cholesterol, triglycerides, phospholipids and proteins were not altered in the chemically modified LDL.

2.2. Cholesteryl ester transfer assay

LDL protein (100 µg of native, acetylated or oxidized), either unlabeled or [³H-CE] labeled, was incubated with 10,000 dpm of HDL₂ or HDL₃ [¹⁴C]-CE in the presence of 50 µl of plasma infranatant ($d > 1.21$ g/ml) as the source of CETP. All incubations contained 0.25 mmol/l of DTNB (5,5-dithio-bis-2-nitrobenzoic acid), which was needed to inhibit the lecithin cholesterol acyl transferase activity. The final volume was adjusted to 250 µl with Tris-buffered saline, pH 7.4. Incubations were carried out simultaneously at 37 and 4°C (blank reaction) for 2, 4 and 6 h. ApoB-containing lipoproteins were then precipitated with 1.6% dextran-sulfate–1 mol/l MgCl₂ solution (1:1, v/v) and the radioactivity, [¹⁴C]-CE and [³H]-CE, was measured in the supernatant using an LS 6000 Beckman Beta Counter.

The [¹⁴C]-CE transfer from HDL to modified LDL was calculated as: $1 - (\text{dpm remaining in HDL at } 37^\circ\text{C} / \text{dpm remaining in HDL at } 4^\circ\text{C}) \times 100$.

The [³H]-CE transfer rate from modified LDL to HDL was calculated as: $[(\text{dpm remaining in HDL at } 37^\circ\text{C} - \text{dpm remaining in HDL at } 4^\circ\text{C}) / \text{total initial radioactivity (dpm) in LDL}] \times 100$.

2.3. Other analyses

Total cholesterol (Chod-Pap, Merck S/A, São

Paulo, Brazil), unesterified cholesterol (Boehringer, Mannheim, Germany) and triglycerides (Enz-Color, Biodiagnostica, Pinhais, PR, Brazil) were determined by enzymatic methods; protein was measured according to the Lowry procedure [37] and phospholipids by the Bartlett method [38].

The size of LDL was measured by electron microscopy using the cryofracture method [39]. All LDL samples were frozen in the liquid phase of nitrogen slush (−210°C). Freeze-fracture was carried out at −100°C at 2×10^{-6} Torr, in a Blazers 301 freeze-etch apparatus. The replicas were examined in a Joel 1010 model at 80 kV. The mean diameter was estimated in approximately 100 particles of each LDL type in four electron micrographs.

The Mann–Whitney *U* test was used for statistical comparison of the medians of the CE transfer rates (%) between lipoproteins.

3. Results

The modified LDL particles used in this study presented, as expected, a differential migration pattern on 1% agarose gel electrophoresis. The migration distances to the cathode were, in decreasing order: acetylated > oxidized > native LDL. The average degree of oxidation produced was 22.9 nmol/l of TBARS/mg of LDL protein, while no oxidation was detected in acetylated and native LDL preparations. The contents of cholesterol, triglycerides, phospholipids and proteins were not altered in the chemically modified LDL. The mean ± S.D. diameters of the LDL particles showed statistically significant differences when acetylated (144 ± 8 Å) and oxidized (253 ± 47 Å) LDL were compared to native LDL (231 ± 36 Å), $P < 0.05$.

The CETP-mediated transfer of [¹⁴C]-CE from HDL₂ to native or acetylated LDL during the 6-h incubation period was 40.1 and 28.1%, respectively ($P < 0.0001$; Fig. 1, panel A). When HDL₃ was used as the donor particle, the transfer rates of [¹⁴C]-CE to native or acetylated LDL were 23.8 and 8.5%, respectively ($P < 0.0001$; Fig. 1, panel B). Therefore, acetylated LDL takes up much less cholesteryl ester from both HDL particles than native LDL does.

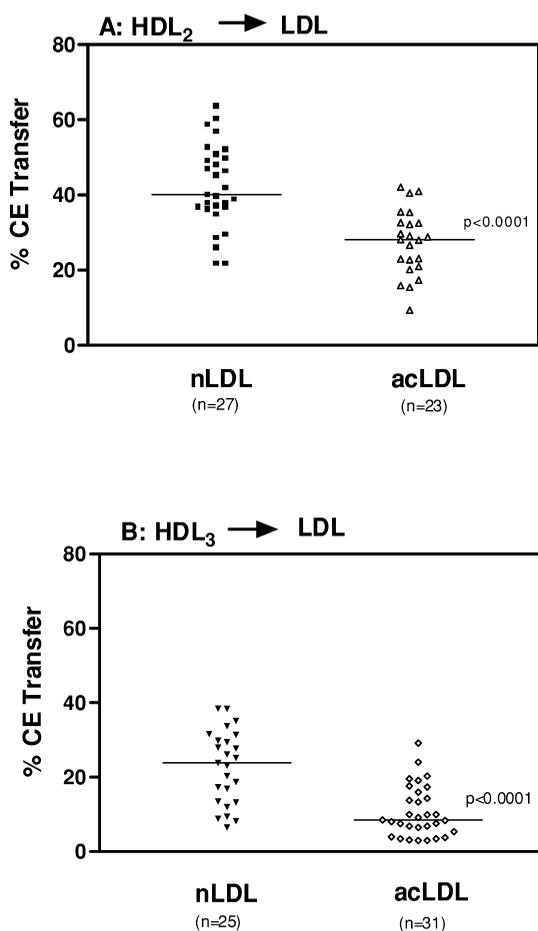


Fig. 1. CETP-mediated transfer from ^{14}C -CE-labeled HDL₂ (panel A) or HDL₃ (panel B) to native (n) or acetylated (ac) LDL. ^{14}C -CE-labeled HDL (10,000 dpm) was incubated with LDL (100 μg protein) and plasma fraction of $d > 1.21$ g/ml (50 μl), at 4 and 37°C for 2, 4 and 6 h. Horizontal lines represent the median of individual data. Radioactivity was measured in the supernatant after LDL precipitation with dextran sulfate/MgCl₂. Mann-Whitney test, nLDL versus acLDL, $P < 0.0001$ (panels A and B); HDL₂ versus HDL₃ for nLDL and acLDL, $P < 0.0001$.

Furthermore, HDL₂ is a better CE donor particle than HDL₃ ($P < 0.0001$), regardless of whether native LDL or acetylated LDL is utilized as acceptor particles, as shown statistically in regard to native or acetylated LDL.

The CETP-mediated transfer from [^{14}C]-CE-HDL₂ to oxidized LDL during 6 h of incubation (Fig. 2, panel A) was not different from the transfer to native LDL. Similarly, when [^{14}C]-CE-HDL₃ was used, no

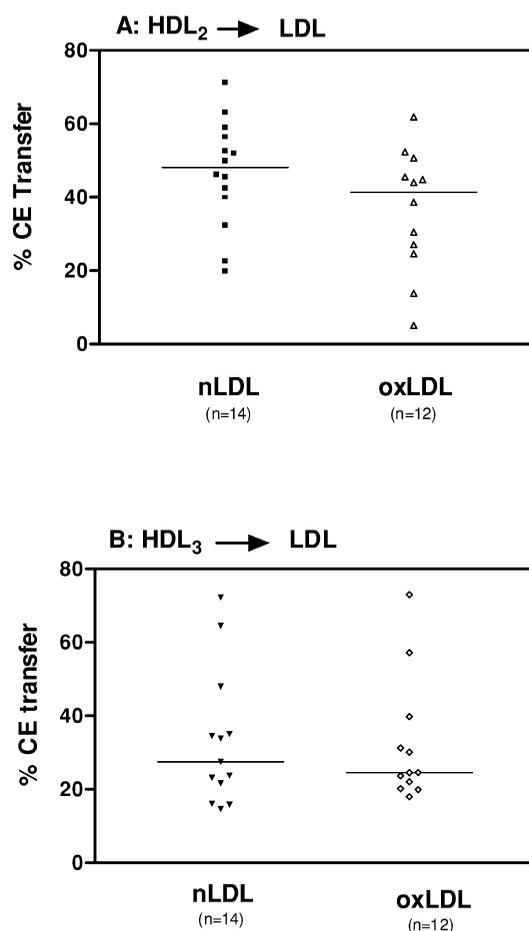


Fig. 2. CETP-mediated transfer from ^{14}C -CE-labeled HDL₂ (panel A) or HDL₃ (panel B) to native (n) or oxidized (ox) LDL. ^{14}C -CE-labeled HDL (10,000 dpm) was incubated with LDL (100 μg protein) and plasma fraction of $d > 1.21$ g/ml (50 μl), at 4 and 37°C for 2, 4 and 6 h. Radioactivity was measured in the supernatant after LDL precipitation with dextran sulfate/MgCl₂. Horizontal lines represent the median of individual data. Mann-Whitney test, HDL₂ versus HDL₃ for nLDL, $P < 0.05$.

difference in the CE transfer rates to oxidized or native LDL was observed (Fig. 2, panel B). Statistical comparison of the CE donor ability of the two HDL subfractions (Fig. 2, panel A vs. panel B) showed that HDL₂ was better than HDL₃ as CE donor when native LDL was the acceptor particle ($P < 0.05$), but when oxidized LDL was utilized, no difference was detected between these HDL subfractions.

However, the CETP-mediated reciprocal CE trans-

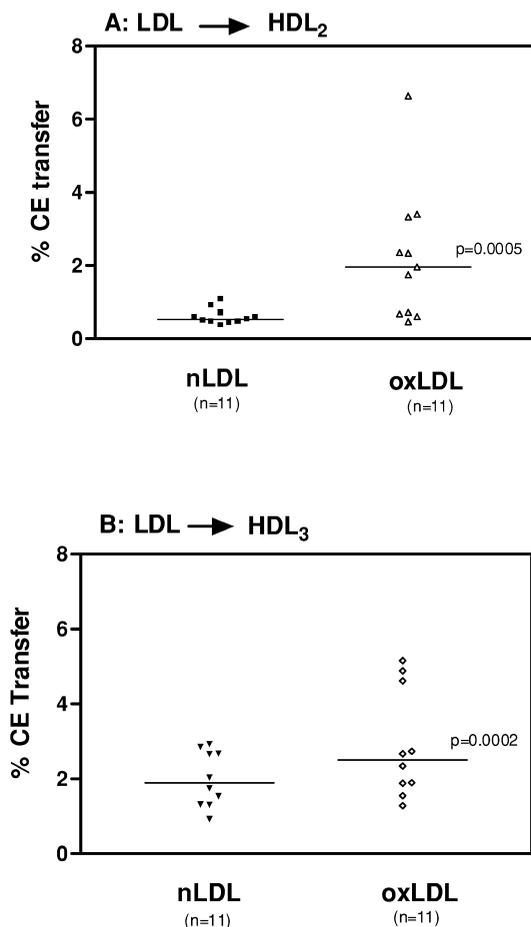


Fig. 3. CETP-mediated transfer from ^3H -CE-labeled native (n) or oxidized LDL to HDL₂ (panel A) or HDL₃ (panel B). Experiments were performed as described in Fig. 2. Horizontal lines represent the median of individual data. Mann–Whitney test, LDL to HDL (panel A, $P=0.0005$; panel B, $P=0.0002$); HDL₂ versus HDL₃ for nLDL, $P=0.0002$.

Table 1

Bidirectional transfer of cholesteryl ester mass between HDL₂ or HDL₃ and native or oxidized LDL

	CE transfer			
	HDL ₂		HDL ₃	
	(CE) mass (μg) ^a		(CE) mass (μg) ^a	
	nLDL	oxLDL	nLDL	oxLDL
HDL→ LDL	5.3	4.6	7.8	6.9
LDL→ HDL	0.4	1.2	1.2	1.7
Net transfer (HDL→ LDL)	4.9	3.4	6.6	5.2

^a Data calculated from medians of data in Figs. 2 and 3, and the CE masses of HDL and LDL used in the same experiments: HDL₂=11.1 μg , HDL₃=28.2 μg and LDL=67 μg .

fer rate, i.e., from LDL to HDL (Fig. 3, panels A and B), showed that, when compared to native LDL, CE from the oxidized LDL more effectively shifted to HDL₂ and to HDL₃, respectively, 2.18 vs. 0.46% ($P<0.0005$, panel A), and 2.52 vs. 1.75% ($P<0.035$, panel B). The net effect of the CETP-mediated CE transfer process involving HDL and LDL, shown in Table 1, is an oxLDL-CE content that is smaller than that of nLDL, which helps to explain the antiatherogenic effect of the HDL particles, as mediated by CETP action.

There was a 30% variation of the degree of oxidation of LDL produced in all preparations (22.9 ± 7.7 nmol/l TBARS/mg protein). This could explain the dispersion of the data corresponding to CE transfer from oxidized LDL to HDL (Fig. 3). However, the possibility of a correlation between degree of oxidation and CE transfer was examined and no correlation was found in this range.

Comparing the CE acceptor capacity of the HDL subfractions, HDL₃ was a better CE acceptor than HDL₂ when native LDL was the donor particle (Fig. 3, panel A vs. B, $P=0.0002$). However, when the CE donor particle was the oxidized form of LDL, both HDL subfractions accepted CE equally well.

4. Discussion

In this study, we demonstrated that chemical modifications of LDL significantly alter the CETP-mediated redistribution of CE between HDL and LDL. The CETP-mediated HDL-CE transfer to acetylated LDL was decreased whereas to oxidized

LDL, the result was similar to that for intact LDL. On the other hand, the reverse flow of CE to HDL from oxidized LDL was about 1.4- to 3.6-fold greater than from native LDL. Christison et al. [26] also showed that CETP mediates the bidirectional transfer of oxidized lipids between LDL and HDL. A more effective removal of esterified cholesterol from the oxidized than from native LDL, verified in the present work, is in accordance with the finding that, in human plasma, HDL is the major carrier of lipid hydroperoxides [40]. The role of CETP in the removal of oxidized lipids from LDL and their subsequent transfer to HDL is further strengthened by the fact that CETP-deficient patients have significantly higher plasma levels of oxidized LDL [1,41].

In incubations with native LDL, as expected, HDL₂ was a better CE donor than HDL₃ (Fig. 2). Conversely, HDL₃ was a better CE acceptor than HDL₂ (Fig. 3). These findings suggest that the ability of HDL subfractions as CE donor or acceptor depends on the CE content of the HDL. Interestingly, when oxidized LDL was the donor particle, both HDL subfractions efficiently took up esterified cholesterol (Fig. 3).

Several studies have investigated the effect of LDL modification on the CETP reaction [26,29,42,43]. Harada et al. [42] showed that CETP increases the transfer of CE-HDL to the less negatively charged desialylated LDL. Passarelli et al. [43] showed that CETP-mediated CE transfer from control HDL to LDL from diabetic patients is increased. Nishida et al. [29] examined the effect of succinylation and acetylation of LDL on the CETP-mediated CE transfer. They showed that when a low degree of modification was produced, the modified LDL accepted CE more efficiently. Only when >10% of lysine residues of LDL were modified did LDL become a less efficient CE acceptor. Taking into account the final degree of oxidation and acetylation attained, we estimate that >10% of our LDL's amino groups must have been modified. However, neither Nishida et al. [29] nor we have analyzed a dose-response curve that would have been obtained with oxidized LDL. Besides the increase in the negative charge of LDL, the oxidation process elicited other chemical alterations. The degree of LDL oxidation in our study was about four-

tenfold higher than that observed in plasma or aortic lesions from humans and apoE knockout mice [17,44]. However, the values reported by Aviran et al. [17] and Shimano et al. [44] fell within the normal range of TBARS in LDL reported by Parthasarathy et al. [45] and Steinbrecher [46], i.e., 4 to 6 nmol/l TBARS/mg protein. Thus, the actual *in vivo* level of oxidized LDL has not yet been clearly defined.

The physicochemical mechanism whereby modified LDL interferes with CETP activity was not specifically addressed here. However, some possibilities can be excluded. Considering that the CE transfer rate to HDL from oxidized LDL was greater than from native LDL, it is possible to conclude that oxidation of LDL seemingly did not inhibit or degrade the CETP moiety, a fact that, nonetheless, had been reported when CETP was incubated with oxidized lipid emulsions [47]. Rather than modifying the CE transfer efficiency of the CETP moiety, LDL oxidation might have altered some properties of the LDL particle as CE donor since it was previously reported that the negative electrical charges elicited by these chemical modifications do increase the affinity of CETP for lipoproteins [27–29]. However, this is an unlikely explanation because desialylation of LDL, i.e., reduction of its negative charges actually increases the CETP activity [42]. It is unlikely that altered size of the modified LDL particles could play a role in the CE transfer rate because CE transfer was not significantly altered when oxidized LDL was used as acceptor but was increased when oxidized LDL was used as a donor.

Our *in vitro* results suggest that, *in vivo*, CETP displaces CE from the atherogenic oxidized LDL towards HDL more efficiently than from native LDL, thus raising the possibility that CETP may have an additional antiatherogenic effect in the microenvironment of the arterial intima.

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References

- [1] Tall AR. Plasma lipid transfer proteins, high density lipoproteins and reverse cholesterol transport. *Annu Rev Nutr* 1998;18:297–330.
- [2] Brown MS, Goldstein JL. A receptor mediated pathway for cholesterol homeostasis. *Science* 1986;232:34–47.
- [3] Tall AR. Plasma lipid transfer protein. *J Lipid Res* 1986;27:361–7.
- [4] Quintão ER. Is reverse cholesterol transport a misnomer for suggesting its role in the prevention of atheroma formation? *Atherosclerosis* 1995;116:1–14.
- [5] Marotti KR, Castle CK, Boyle TP et al. Severe atherosclerosis in transgenic mice expressing simian cholesteryl ester transfer protein. *Nature* 1993;364:73–5.
- [6] Plump AS, Masucci-Magoulas L, Bruce C et al. Increased atherosclerosis in apoE and LDL receptor gene knock-out mice as a result of human cholesteryl ester transfer protein transgene expression. *Arterioscler Thromb Vasc Biol* 1999;19:1105–10.
- [7] Zhong S, Sharp DS, Grove JS et al. Increased coronary heart disease in Japanese-American men with mutation in the cholesteryl ester transfer protein gene. *J Clin Invest* 1996;15:2917–23.
- [8] Hirano K, Yamashita S, Nakajima N et al. Genetic cholesteryl ester transfer protein deficiency is extremely frequent in the Omagari area of Japan. Marked hyperalphalipoproteinemia caused by CETP gene mutation is not associated with longevity. *Arterioscler Thromb Vasc Biol* 1997;17:1053–9.
- [9] Moriyama Y, Okamura T, Inazu A et al. A low prevalence of coronary heart disease among subjects with increased high density lipoprotein cholesterol levels, including those with plasma cholesteryl ester transfer protein deficiency. *Prev Med* 1998;27:659–67.
- [10] Kuivenhovem JA, Jukema JW, Zwinderman AH et al. The role of a common variant of the cholesteryl ester transfer protein gene in the progression of coronary atherosclerosis. The Regression Growth Evaluation Statin Study Group. *New Engl J Med* 1998;338:86–93.
- [11] Drayna D, Jarnagin AS, Lean J et al. Cloning and sequencing of human cholesteryl ester transfer protein c-DNA. *Nature* 1987;327:632–4.
- [12] Jiang XC, Agellon LB, Walsh A et al. Dietary cholesterol increases transcription of human cholesteryl ester transfer protein gene in transgenic mice: dependence of natural flanking sequences. *J Clin Invest* 1992;90:1290–5.
- [13] Oliveira HCF, Chouinard RA, Agellon LB et al. Human cholesteryl ester transfer protein gene proximal promoter contains dietary cholesterol positive response elements and mediates expression in small intestine and periphery while predominant liver and spleen expression is controlled by 5'-distal sequences. Cis-acting sequences mapped in transgenic mice. *J Biol Chem* 1996;271:31831–8.
- [14] Radeau T, Robb M, Lau P et al. Relation of adipose tissue cholesteryl ester transfer protein (CETP) mRNA to plasma concentrations of CETP in man. *Atherosclerosis* 1998;139(2):369–76.
- [15] Jiang XC, Moulin P, Quinet E et al. Mammalian adipose tissue and muscle are major sources of lipid transfer protein mRNA. *J Biol Chem* 1991;266(7):4631–9.
- [16] Steinberg D, Parthasarathy S, Carew TE et al. Beyond cholesterol modifications of low density lipoprotein that increase atherogenicity. *N Engl J Med* 1989;320:915–24.
- [17] Aviran M, Maor I, Shlomo K et al. Lesioned low density lipoprotein in atherosclerotic apolipoprotein E-deficient transgenic mice and in humans is oxidized and aggregated. *Biochem Biophys Res Comm* 1995;216:501–13.
- [18] Salonen JT, Nyssönen K, Salonen R et al. Lipoprotein oxidation and progression of carotid atherosclerosis. *Circulation* 1997;95:840–5.
- [19] Avogaro P, Bom GB, Cazzolato G. Presence of a modified low density lipoprotein in humans. *Arteriosclerosis* 1988;8:79–87.
- [20] Hodis HN, Kramsch DM, Avogaro P et al. Biochemical and cytotoxic characteristics of an in vivo circulating oxidized low density lipoprotein (LDL^{ox}). *J Lipid Res* 1994;35:669–77.
- [21] Gallou G, Ruelland A, Campion L et al. Increase in thiobarbituric acid-reactive substances and vascular complications in type 2 diabetes mellitus. *Diabetes Metab* 1994;20:258–64.
- [22] Kaysen GA. Hyperlipidemia of chronic renal failure. *Blood Purif* 1994;12:60–7.
- [23] Sanderson KJ, van Rij AM, Wade CR et al. Lipid peroxidation of circulating low density lipoproteins with age, smoking and in peripheral vascular disease. *Atherosclerosis* 1995;118:45–51.
- [24] DeJager S, Bruckert E, Chapman MJ. Dense low lipoprotein subspecies with diminished oxidative resistance predominate in combined hyperlipidemia. *J Lipid Res* 1993;34:295–308.
- [25] Hokanson JE, Krauss RM, Albers JJ et al. LDL physical and chemical properties in familial combined hyperlipidemia. *Arterioscler Thromb Vasc Biol* 1995;15:452–9.
- [26] Christison JK, Rye KA, Stocker R. Exchange of oxidized cholesteryl linoleate between LDL and HDL mediated by cholesteryl ester transfer protein. *J Lipid Res* 1995;36:2017–26.
- [27] Zawadzky Z, Milne RW, Marcel YL. Cu²⁺-mediated oxidation of dialyzed plasma: effects on low and high density lipoproteins and cholesteryl ester transfer protein. *J Lipid Res* 1991;32:243–50.
- [28] Masson D, Athias A, Lagrost L. Evidence for electronegativity of plasma high density lipoprotein 3 as one major determinant of human cholesteryl ester transfer protein activity. *J Lipid Res* 1996;37:1579–90.
- [29] Nishida HI, Arai H, Nishida T. Cholesterol ester transfer mediated by lipid transfer protein as influenced by changes in the charge characteristics of plasma lipoproteins. *J Biol Chem* 1993;268:16352–60.
- [30] Kato H, Nakanishi T, Arai H et al. Purification, microheterogeneity, and stability of human lipid transfer protein. *J Biol Chem* 1989;264:4082–7.
- [31] Havel RJ, Eder HA, Bragdon JH. The distribution and chemical composition of ultracentrifugally separated lipoprotein in human serum. *J Clin Invest* 1995;34:1345–53.

- [32] Terpstra AHM, Nicolosi RJ, Herbert PN. In vitro incorporation of radiolabeled cholesteryl esters into high and low density lipoproteins. *J Lipid Res* 1989;30:1663–71.
- [33] Basu SK, Goldstein JL, Anderson RGW et al. Degradation of cationized low density lipoprotein and regulation of cholesterol metabolism in homozygous hypercholesterolemia fibroblasts. *Proc Natl Acad Sci USA* 1976;73:178–82.
- [34] Heinecke JW, Rose H, Chait A. Iron and copper promote modification of low density lipoprotein by human arterial smooth muscle cells in culture. *J Clin Invest* 1984;74:1890–4.
- [35] Puhl H, Waeg G, Esterbauer H. Methods to determine oxidation of low density lipoprotein. *Methods Enzymol* 1986;233:433–41.
- [36] Gavish D, Oschry Y, Eisenberg G. In vivo conversion of human HDL₃ to HDL₂ and apo E-rich HDL₁ in the rat: effects of lipid transfer protein. *J Lipid Res* 1987;28:257–67.
- [37] Lowry OH, Rosenbrough NJ, Farr AL et al. Protein measurement with Folin phenol reagent. *J Biol Chem* 1951;193:265–74.
- [38] Bartlett GR. Phosphorus assay in column chromatography. *J Biol Chem* 1959;234:466–8.
- [39] Forte T, Nichols A. Application of electron microscopy to the study of plasma lipoproteins structure. *Adv Lipid Res* 1972;10:1–41.
- [40] Bowry VW, Stanley KK, Stocker R. High density lipoprotein is the major carrier of lipid hydroperoxides in human blood plasma from fasting donors. *Proc Natl Acad Sci USA* 1992;89:10316.
- [41] Chiba H, Akita H, Kotani K et al. Complete cholesteryl ester transfer protein deficiency increases oxidized-LDL in plasma. *Rinsho Byori* 1997;45:55–7.
- [42] Harada LM, Carvalho MDT, Passarelli M et al. Lipoprotein desialylation simultaneously enhances the cell cholesterol uptake and impairs the reverse cholesterol transport system: in vitro evidences utilizing neuraminidase-treated lipoproteins and mouse peritoneal macrophages. *Atherosclerosis* 1998;139:65–75.
- [43] Passarelli M, Catanozi S, Nakandakare ER et al. Plasma lipoproteins from patients with poorly controlled diabetes mellitus and “in vitro” glycation of lipoproteins enhance the transfer rate of cholesteryl ester from HDL to apo-B-containing lipoproteins. *Diabetologia* 1997;40:1085–93.
- [44] Shimano H, Yamada N, Ishibashi S et al. Oxidation-labile subfraction of human plasma low density lipoprotein isolated by ion-exchange chromatography. *J Lipid Res* 1991;32:763–73.
- [45] Parthasarathy S, Steinbrecher UP, Barnett J et al. Essential role of phospholipase A₂ activity in endothelial cell-induced modification of low density lipoprotein. *Proc Natl Acad Sci USA* 1985;81:3000–4.
- [46] Steinbrecher UP. Role of superoxide in endothelial-cell modification of low density lipoproteins. *Biochim Biophys Acta* 1987;959:20–30.
- [47] Hesler CB, Swenson TL, Tall AR. Purification and characterization of a human plasma cholesteryl ester transfer protein. *J Biol Chem* 1987;262:2275–82.