Prolonged disturbance of proteostasis induces cellular senescence via temporal mitochondrial

dysfunction and enhanced mitochondrial biogenesis in human fibroblasts

Authors: Yasuhiro Takenaka[1,2], Ikuo Inoue[2], Takanari Nakano[3], Masaaki Ikeda[4], Yoshihiko

Kakinuma[1]

Affiliations: [1]Department of Physiology, Graduate School of Medicine, Nippon Medical School,

Tokyo, Japan

[2]Department of Diabetes and Endocrinology, Saitama Medical University, Saitama, Japan

[3]Department of Biochemistry, Saitama Medical University, Saitama, Japan

[4]Department of Physiology, Saitama Medical University, Saitama, Japan

Correspondence

Yasuhiro Takenaka, PhD, Department of Physiology, Graduate School of Medicine, Nippon Medical

School, Sendagi, Bunkyo-ku, Tokyo 113-8602, Japan, E-mail: yasuhiro-takenaka@nms.ac.jp

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Abstract

Proteolytic activities decline with age, resulting in the accumulation of aggregated proteins in aged organisms. To investigate how disturbance of proteostasis causes cellular senescence in proliferating cells, we developed a stress-induced premature senescence (SIPS) model, in which normal human fibroblast MRC-5 cells were treated with either the proteasome inhibitor MG132 or V-ATPase inhibitor bafilomycin A1 (BAFA1). After 5 days of drug treatment, cells showed morphological and functional changes associated with aging along with DNA damage response. Time-course studies revealed significant increase in intracellular and mitochondrial reactive oxygen species (ROS) during and after drug treatment. We also found temporal downregulation of mitochondrial membrane potential during drug treatment, followed by an increase in mitochondrial mass, especially after drug treatment. Notable upregulation of PGC-1α and TFAM proteins confirmed enhanced mitochondrial biogenesis. Furthermore, the protein levels of SOD2 and GPx4, mitochondrial antioxidant enzymes, in the mitochondrial fraction were specifically reduced on day 1 of the treatment. Co-treatment with rapamycin along with MG132 or BAFA1 partially attenuated induction of SIPS by suppressing generation of excess ROS and mitochondrial biogenesis. In conclusion, the present study

revealed that disturbance of proteostasis by the inhibitors changes the distribution of

nuclear-encoded mitochondrial antioxidant enzymes at an early period of the treatment, which

induces mitochondrial ROS and temporal mitochondrial dysfunction. ROS in turn activates

stress responses pathways, followed by PGC-1α-mediated mitochondrial biogenesis. Hence, the

excessive ROS continuously generated by increased mitochondria can cause deleterious

damage to nuclear DNA, cell cycle arrest, and eventual cellular senescence.

Introduction

Proteolytic activities and the rate of protein turnover decline in aged animals [1, 2] and humans [3].

The decline of proteostasis causes intracellular accumulation of crosslinked protein aggregates [4] and/or autofluorescent materials called lipofuscin [5] that are prominent markers for cellular senescence. Cellular senescence is characterized by permanent cell cycle arrest, morphological changes such as flattened cellular shape, increased levels of lysosome, upregulation of cyclin-dependent kinase (CDK) inhibitors p16 and p21 [6], enhanced activity of mTOR pathway [7], occurrence of medium levels of p53 [8], and expression of senescence associated β-galactosidase (SA-β-gal) [9]. Normal human fibroblasts, cultured *in vitro*, have limited proliferative capacity, which is known as the "Hayflick limit". Limited replicative potential and occurrence of replicative senescence are considered to be caused by a shortened telomere that triggers a DNA damage response (DDR) and eventual irreversible cell cycle arrest. On the other hand, stress-induced premature senescence (SIPS) can be induced via several stressors in young proliferative cells that have long and functional telomeres. Several factors have been reported to serve as inducers of SIPS, including DNA damaging reagents [10], producers of reactive oxygen species (ROS), expression of oncogenic genes [11], and several proteasome inhibitors.

MG132, a tripeptide aldehyde, is a reversible inhibitor of β1 caspase-like, β2 trypsin-like,

and β5 chymotrypsin-like activities of 20S proteasome. At a high dose, MG132 increases ROS

levels and GSH depletion in human pulmonary fibroblasts [12], Chinese hamster ovary cells [13],

and human leukemic cells [14], which results in cell death. When human fibroblasts, including

MRC-5 cells, are treated with a low dose of MG132 for a long period, irreversible growth arrest and

premature senescence can be observed [15-17]. This indicates that prolonged disturbance of

proteostasis could cause premature senescence by a stress. However, the exact mechanisms

underlying SIPS caused by proteasome inhibitors are unknown.

Mitochondria are the central organelles responsible for ATP generation as a source of

energy supply in eukaryotic cells. During oxidative phosphorylation (OXPHOS) in mitochondria,

electron transfer via an electron transport chain in complexes I and III can cause leakage of electrons

[18], which is considered to be the major source of intracellular superoxide, hydrogen peroxide, and

other downstream ROS such as hydroxyl radicals. The role of mitochondria in aging is more

complicated. According to the mitochondrial free radical theory of aging, cumulative damages to

mitochondrial DNA and proteins by ROS generated via OXPHOS hamper mitochondrial function

and result in more ROS production [19]. This is a vicious cycle in which ROS causes successive

mitochondrial damage, and mitochondrial dysfunction in turn produces more ROS, eventually

leading to cellular senescence. Thus, accumulation of dysfunctional mitochondria seems to be one of

the hallmarks in senescent cells. Moreover, increase in mitochondrial mass occurs in fibroblasts that

undergo replicative senescence [20], SIPS [20, 21], and oncogene-induced senescence [11]. In many

cases, accumulated mitochondria in senescent cells also show decreased mitochondrial membrane

potential, which indicates mitochondrial dysfunction and increased ROS production, although the

levels of mitochondrial superoxide and hydrogen peroxide increase or decrease is dependent on the

cause of the dysfunction [18].

In this study, we investigated the mechanisms underlying the induction of premature

senescence in young human fibroblast MRC-5 cells that show Hayflick limit at around 60 population

doubling level (PDL), by prolonged treatment with MG132 or bafilomycin A1 (BAFA1). BAFA1, a

plecomacrolide, is a specific and potent inhibitor of vacuolar-type ATPases (V-ATPases), a proton

pump that acidifies lysosomes, which subsequently inhibit lysosomal degradation of biomolecules

from several clearance pathways, including macroautophagy and mitophagy [22]. In the current

study, both MG132 and BAFA1 impaired cellular proteostasis and induced premature senescence in

MRC-5 cells in a similar manner, although the target molecules of the two drugs are different. To

elucidate the exact mechanisms of SIPS by these drugs, we performed time-course studies on

senescence-associated markers, ROS, DDR, and mitochondrial function and biogenesis during and

after treatment with MG132 and BAFA1. We demonstrated that the initial loss of mitochondrial

functions is possibly caused by temporal depletion of mitochondrial antioxidant proteins and

sequential increase in mitochondrial ROS, which in turn could induce mitochondrial biogenesis,

excess production of intracellular ROS, DDR, and eventual cellular senescence.

Results

Prolonged disturbance of proteostasis by MG132 or BAFA1 induces cell cycle arrest, DNA

damage response, and SIPS in early passage human fibroblasts

To elucidate how prolonged inhibition of proteostasis induces premature senescence in fibroblasts,

we first established a MG132- or BAFA1-induced cellular senescence model. We exposed normal

human fibroblast MRC-5 cells (36-39 PDL) to low concentration of MG132 (0.1 μM) or BAFA1 (4

nM) for 3 or 5 days (Fig. 1A). During MG132 or BAFA1 treatment for 5 consecutive days, the cells

almost stopped proliferation and acquired thin needle-like morphology (Fig. S1A, day 3). When the

culture medium was returned to the regular medium without the inhibitor (Fig. 1A), sustained

growth arrest was observed (Fig. 1B). After drug removal, the cells gradually changed in

morphology, that is, to enlarged flat shape at around 3-4 post-treatment days (PD)(Fig. S1A, PD5),

which generally occurs during senescence. However, when cells were treated with the same

concentration of MG132 or BAFA1 for 3 consecutive days, proliferation was resumed after drug

removal (Fig. 1B). Induction of SIPS was also evaluated by conventional SA-β-gal staining and

cell-based microplate assay using SPiDER-βGal, a fluorogenic substrate for β-galactosidase. In cells

treated with either of the drugs for 5 consecutive days, SA-β-gal-positive cells were clearly observed

at PD7; whereas no such cells were observed when treated for 3 days (Fig. 1C). Therefore, we

performed a 5-day treatment with either of the drugs for all the experiments discussed further in this

report. Cell-based assay for SA-β-gal activity confirmed significant increase in the activity in cells at

PD3 and PD6 after treatment with MG132 (Fig. 1D, left) and BAFA1 (Fig. 1D, right) for 5 days. We

also observed remarkable increase in aggresome-like inclusion bodies that were morphologically

similar to those in cells undergoing replicative senescence (58 PDL) as early as day 1 of treatment

with MG132 or BAFA1 (Fig. 1E). The aggregates were detectable even at PD6.

119   Further, we investigated the induction of DDR by monitoring the expression of activated

H2AX (γH2A.X) during and after treatment of MG132 or BAFA1. DNA damage foci were

observed in nuclei of cells at PD5 (Fig. 1F). In immunoblot analyses, protein levels of γH2A.X were

relatively repressed during treatment but increased after the drug removal in both drug-treated cells

(Fig. 1G). We also performed time-course analyses of senescence-associated marker proteins. CDK

inhibitor p21 levels were increased as early as day 1 and remained predominantly the same thereafter,

indicating prompt and sustained cell cycle arrest (Fig. 1G). Prolonged and low-level expression of

p53, which is one of the hallmarks of cellular senescence [8], was also detected during and after drug

treatments. The p21 and p53 levels were comparable to control MRC-5 cells that underwent

replicative senescence (Fig. S1B, 55 and 60 PDL). Sustained activation of mTOR has been reported

to be required for cellular senescence [23, 24]. Phosphorylated ribosomal protein S6 (p-S6), a target

of mTORC1, depleted once during drug treatment, but recovered to the initial level (control) after

the treatment (Fig. 1G), indicating restoration of the growth signal in cells that ceased to proliferate

(Fig. 1B). Both NRF1 and NRF2, NF-E2-related factor 1 and 2 respectively, were transiently

upregulated at a very early period of MG132 treatment (Fig. 1H), but depleted thereafter (Fig. S2A).

In BAFA1-treated cells, very weak induction of NRF1 and NRF2 at 48 hrs was observed (Fig. 1I).

We also investigated metabolic remodeling as seen in some senescent cells, which showed

upregulation of both OXPHOS and glycolysis [25]. The protein levels of glucose transporter GLUT1

and HIF-1α that induces several glycolytic proteins did not increase in MG132- and BAFA1-treated

cells (Fig. S2B), implying that there was no shift toward glycolysis in our SIPS model.

We have also tested for SIPS induction in rat H9c2 myoblasts by MG132 or BAFA1 with

the same treatment regimen as adopted in MRC-5 cells, which demonstrated that SIPS induction by

these inhibitors is not a specific feature of human fibroblasts (data not shown).

Prolonged treatment of MG132 or BAFA1 increases intracellular ROS, H_2O_2, and

mitochondrial ROS, but not NO

Treatment of cells with various doses (1-30 μM) of MG132 increases intracellular ROS [12, 26] and

NO production [14], but the kinetics of ROS/NO production in fibroblasts during and after longer

treatment with MG132 or BAFA1 is unknown. During MG132 or BAFA1 treatment, intracellular

H_2O_2 and hydroxyl radical ($\cdot$OH) levels detected by HYDROP and OxiORANGE, respectively, did

not increase on day 1 but gradually increased from day 3. From PD1 to PD5, hydroxyl radical (Fig.

2A and 2B) and H_2O_2 (Fig. 2C and 2D) levels were still higher than that of control cells.

Contrastingly, NO levels detected by DAF-FM DA fluorescent dye remained largely unchanged or

slightly reduced during and after treatments with either drug (Fig. S3). There was no increase in

mRNA and protein levels of inducible NOS (data not shown), which confirmed that NO was not the

cause of senescence induction in MG132- and BAFA1-treated cells.

To reveal the involvement of mitochondria in an increased production of intracellular

ROS in MG132- or BAFA1-treated cells, we assessed mitochondrial ROS levels using MitoSOX

superoxide indicator. Mitochondrial ROS levels significantly increased in both MG132- and

BAFA1-treated cells as early as day 1 of the treatment and peaked at PD3 (Fig. 2E and 2F).

Prolonged treatment of MG132 or BAFA1 enhances mitochondrial biogenesis

We next investigated changes in mitochondrial mass and mitochondrial membrane potential ($\Delta\psi$m)

using MitoTracker Green FM and MitoTracker Red CM-H2Xros, respectively. In either drug-treated

cells, mitochondrial mass gradually increased during treatment and remained at high levels even

after treatment (Fig. 3A and 3C, mitochondrial mass (Mt mass)). Contrarily, the mitochondrial

membrane potential increased once on day 1, compared with untreated control cells, but slightly

decreased on days 3 and 5, and markedly increased thereafter (Fig. 3B and 3C, $\Delta\psi$m).

Mitochondrial proliferation was also confirmed by qPCR analyses of mitochondrial DNA (mtDNA)

copy number (Fig. 3D). Intracellular ATP were almost at basal levels during treatment, but increased

thereafter (Fig. 3E), which may reflect the restoration of mitochondrial membrane potential after

drug treatment. These results suggest temporal mitochondrial dysfunction during drug treatment but

accumulation of functional mitochondria, probably by mitochondrial biogenesis, thereafter.

We further explored how mitochondrial mass increased in MG132- or BAFA1-treated

cells by assessing protein expression of key factors in mitochondrial biogenesis and clearance.

PGC-1α, the master regulator of mitochondrial biogenesis, was upregulated temporarily from day 3

to PD1 with different kinetics between MG132 and BAFA1, but downregulated thereafter (Fig. 3F).

In contrast, TFAM, the key mitochondrial transcription activator, was consistently elevated during

and after treatment. Upregulation of these factors indicated enhanced mitochondrial biogenesis in

MG132- and BAFA1-treated cells. Furthermore, Parkin, the ubiquitin ligase that is responsible for

mitophagy, was largely downregulated below basal levels, indicating suppression of mitophagic flux

during and after treatment. We also found that AMP-activated protein kinase alpha (AMPKα) was

remarkably activated, especially on days 3 and 5 (Fig. 3F), which is consistent with increase in

intracellular ATP levels in post-treatment periods (Fig. 3E). Increase in cytochrome c oxidase

subunit 4 (COX4) levels also confirmed an increase in mitochondrial mass in MG132- and

BAFA1-treated cells.

MG132- or BAFA1-treatment causes reduction in mitochondrial antioxidant proteins in

mitochondrial fraction during the early period of treatment

Recently, mass spectrometry analysis revealed aggregation of nuclear-encoded mitochondrial

proteins such as respiratory chain complex subunits as an early event in MG132-treated cells [27]. In

our experiments, mitochondrial ROS was significantly increased in MG132- or BAFA1-treated cells

as early as day 1 compared with untreated control cells (Fig. 2E), implying that enhanced ROS

generation and/or failure to scavenge ROS occur in the mitochondria immediately after initiation of

drug treatment. Thus, we investigated protein levels of two mitochondrial antioxidant enzymes,

superoxide dismutase (SOD2) and glutathione peroxidase (GPx4), in biochemically isolated

mitochondrial fraction (detailed method in Fig. S4A) of MG132- or BAFA1-treated cells. On day 1,

SOD2 was depleted specifically in mitochondrial fraction (Fig. 4A, Mt) in either drug-treated cells

although the overall SOD2 level was almost constant or slightly increased compared with control

cells (Fig. 4A, whole). From day 3, whole and mitochondrial SOD2 levels notably increased.

Similarly, GPx4 in mitochondrial fraction was also depleted on day 1 and induced thereafter. We

also observed reduction in NDUFS3, NADH dehydrogenase ubiquinone iron-sulfur protein 3 of

respiratory complex 1, in mitochondrial fraction on day 1, which was in accordance with results

from mass spectrometry analysis and observation of Ndufs3-EGFP localization in MG132-treated

cells, reported in a previous study [27]. In contrast, the protein levels of Tom40 and GAPDH in

mitochondrial fraction remained largely unchanged in either drug-treated cells. We also observed

accumulation of aggregate-like particles of SOD2 in the cytoplasm of either MG132- or

BAFA1-treated cells on day 1 (Fig. 4B). These results suggest that antioxidant enzymes could form

aggregates before translocation into mitochondria, as an early event of disturbance of proteostasis,

which eventually reduces mitochondrial ROS-scavenging efficiency.

Rapamycin treatment partially attenuates cellular senescence induced by MG132 or BAFA1

Mitochondrial function and biogenesis are controlled by mTOR [28]. Inhibition of mTOR by

rapamycin, a mTORC1 inhibitor, resulted in a decrease in mitochondrial oxidative function [29],

mitochondrial ROS [30], and senescence induction [31-33]. To further investigate the involvement

of mitochondrial biogenesis in our SIPS model, we co-treated cells with rapamycin and either

MG132 or BAFA1. In the case of 5 days co-treatment with rapamycin and MG132 or BAFA1 from

day 0 (Fig. 5A, Rapa1), cells recovered proliferation potential after PD5 (Fig. 5B). In contrast, poor

growth was observed in cells co-treated for 2 days from day 3 and additionally treated with only

rapamycin for 3 days from PD1 (Fig. 5A and 5B, Rapa2). The effects of rapamycin on SIPS were

also confirmed by SA-β-gal activity (Fig. 5C and S5) and intracellular H_2O_2 levels (Fig. 5D and 5E)

in both MG132- and BAFA1-treated cells. Furthermore, an increase in mitochondrial mass, assessed

by MitoTracker Green, was significantly repressed by co-treatment with rapamycin and either

MG132 (Rapa1) or BAFA1 (Rapa1 and Rapa2) (Fig. 5F). Different profiles of proliferative potential,

H_2O_2 levels, and mitochondrial mass between Rapa1 and Rapa2 suggested that cellular events during

the early period (days 0-3) of drug treatment intensively affect the following SIPS progression. Thus,

we further analyzed rapamycin effect on ROS production during early period (days 1-2) of the

treatment. Mitochondrial ROS significantly decreased by co-treatment with rapamycin on day 1

(MG132) or day 2 (BAFA1) compared with cells only treated with either MG132 or BAFA1 (Fig.

5G). Furthermore, protein contents of SOD2 in both whole and mitochondrial fractions increased in

cells co-treated with rapamycin and BAFA1, whereas those of GPx4 increased in cells co-treated

with rapamycin and MG132 (Fig. 5H), showing an accelerated upregulation and proper translocation

of mitochondrial anti-oxidant enzymes by rapamycin co-treatment.

Further, we evaluated significance of ROS produced during the early period of treatment

in mitochondrial biogenesis. Cells were co-treated with *N*-acetyl-L-cysteine (NAC), a ROS

scavenger, and either MG132 or BAFA1 for 2 days with 3 different starting dates (Fig. 6A,

NAC1-3). In both MG132- and BAFA1-treated cells, co-treatment of NAC during the initial 2 days

(NAC1) showed the highest suppression in the increase in mitochondrial mass at PD2 (Fig. 6B),

implying that ROS produced during the early period (days 1-2) greatly triggered mitochondrial

biogenesis.

Discussion

Previous studies have shown that SIPS is induced in human fibroblasts by treatment of proteasome

inhibitors such as MG132 [15-17]. However, the exact mechanisms of SIPS induction by

proteasome inhibition have not been clarified. In this study, we found that the prolonged disturbance

of proteostasis by not only MG132 but also by BAFA1, an inhibitor of lysosome function, induces

SIPS through early temporal mitochondrial dysfunction, sequential mitochondrial biogenesis that

possibly enhances excess ROS production, and eventual DDR. Notably, SIPS by MG132 and

BAFA1 showed similar phenotypes and kinetics of senescence-associated markers, mitochondrial

dysfunction and biogenesis, ROS levels, and DDR, although these reagents inhibit different

molecules, chymotrypsin-like protease in 20S proteasome and proton pump V-ATPase on lysosome

membrane, respectively. This implies the presence of shared mechanisms in SIPS induced by

disturbance of proteostasis regardless of initial causes. Contrastingly, there are several differences

between the profiles of SIPS by MG132 and BAFA1. For instance, the levels of SA-β-gal activity,

NRF1 and NRF2 induction, and mitochondrial biogenesis are relatively low in BAFA1-treated cells.

In addition, the overall SIPS progression in BAFA1-treated cells seems to be slower than that

observed in MG132-treated cells. Therefore, we could not exclude the occurrence of drug-specific

induction mechanisms in our SIPS model.

Mitochondria are considered to be the main source of ROS generated in cells.

Dysfunctional mitochondria that show decreased membrane potential and excess mitochondrial ROS

accumulate in senescent cells [21, 34]. It has also been established that the mitochondrial mass [20,

35] and OXPHOS activity [25] increase during cellular senescence. Thus, mitochondrial function

and metabolism are the major determinants of cellular aging [19]. Based on our results, it is likely

that there are two phases of mitochondrial status in which mitochondrial membrane potential only

temporarily decreased during MG132 or BAFA1 treatment, but significantly increased thereafter

(Fig. 3B) along with a significant increase in mitochondrial mass (Fig. 3A and 3D) and ATP levels

(Fig. 3E), suggesting an increase in functional mitochondria during the latter period of SIPS

progression. Enhanced mitochondrial biogenesis was confirmed by notable increase in PGC-1α and

TFAM proteins (Fig. 3F) that were critically involved in mitochondrial biogenesis, whereas Parkin

(Fig. 3F) and LC3-II (Fig. 1G) were greatly downregulated, implying that mitophagic flux was

suppressed during enhanced mitochondrial biogenesis (day 5 to PD2). Furthermore, we observed

depletion of antioxidant enzymes in mitochondrial fraction (Fig. 4A) and aggresome-like inclusions

of SOD2 in the cytoplasm (Fig. 4B) as early as day 1, implying that nuclear-encoded antioxidant

proteins were insufficiently translocated into the mitochondria.

Rapamycin treatment partially attenuates cellular senescence induced by MG132 or

BAFA1 (Fig. 5B and 5C). Rapamycin treatment with MG132 or BAFA1 during days 0-5 (Rapa1)

significantly suppressed intracellular H_2O_2 (Fig. 5D and 5E), mitochondrial ROS production (Fig.

5G), and mitochondrial biogenesis (Fig. 5F) compared with cells treated with only MG132 or

BAFA1. The suppression of ROS by rapamycin could be partly because of enhanced upregulation of

overall and mitochondrial levels of SOD2 (Fig. 5H, BAFA1) and GPx4 (Fig. 5H, MG132). We also

found that co-treatment with NAC during days 1 and 2 (NAC1) significantly inhibited mitochondrial

biogenesis (Fig. 6B). Taken together, it is likely that rapamycin attenuates MG132- or

BAFA1-induced SIPS by repressing an initial increase in intracellular and mitochondrial ROS levels

and the following mitochondrial biogenesis. On the contrary, immunoblot analyses revealed that an

induction level of PGC-1α was not altered by co-treatment with rapamycin compared to cells

without rapamycin (Fig. S6). Notably, an active form of LC3, LC3-II, was not upregulated by

rapamycin co-treatment (Fig. S6), implying that autophagic flux for damaged mitochondrial

clearance does not contribute to rapamycin effect on SIPS. Thus, further investigation is required to

clarify the detailed molecular link between suppression of ROS and mitochondrial biogenesis by

rapamycin co-treatment.

Proteolytic activities and rate of protein turnover decline in aged organisms, which result

in intracellular accumulation of insoluble protein aggregates. Whether age-related accumulation of

protein aggregates is the determinant of cellular senescence or a characteristic product in aged cells

still remains controversial. What is the link between protein aggregates observed in our SIPS model

and cellular senescence? We found that aggregated proteins accumulated from day 1 by treatment

with MG132 or BAFA1 (Fig. 1E). Overloading of increased aggregates may impair another

proteolytic system that is not inhibited by the drug, which changes the cytosolic environment to

accelerate widespread protein aggregation. Although we did not completely demonstrated that

mitochondrial antioxidant enzymes, SOD2 and PGx4, form aggregations and are unable to

translocate to the mitochondria, temporal reduction of these proteins in mitochondrial fraction (Fig.

4A) may reflect the proteostasis stresses caused by protein aggregates. At the final stage of SIPS

induction, protein aggregates were still detectable even at PD6 (Fig. 1E); nevertheless, proteasome

activity and lysosome acidity have recovered at PD5 (data not shown), suggesting impaired protein

clearance in senescent cells. Thus, it is likely that aggregated proteins accumulated at the late stage

of senescence induction could be resistant to proteolysis by proteasome or lysosome. For the reason

that we did not find autofluorescent pigments in any stage of SIPS cells, the aggresome-like particles

that we observed might have different properties from those of lipofuscin. Artificial

lipofuscin-loaded human fibroblast showed aged morphology [36]. To conclude whether these

aggregated inclusion bodies could be a causal factor in SIPS by prolonged disturbance of

proteostasis or not, we are, at present, analyzing the nature of the aggregates such as protein

modification like carbonylation and ubiquitination, and phenotypes of these aggresome-induced

cells.

In conclusion, disturbance of proteostasis changes distribution of nuclear-encoded

mitochondrial antioxidant proteins at an early period of treatment, which enhances mitochondrial

ROS production and temporal mitochondrial dysfunction. ROS in turn activates stress responses

including NRF1/2 and AMPK pathways, followed by PGC-1α-mediated mitochondrial biogenesis.

During the mid-stage of SIPS progression, excessive ROS is continuously generated from increased

mitochondria, which can cause further cumulative damage to nuclear DNA and cell cycle arrest, and

eventually lead to cellular senescence (Fig. 7).

Materials and methods

Reagents

MG132 and BAFA1 were purchased from ChemScene (Monmouth Junction, NJ) and Sigma-Aldrich

(St. Louis, MO), respectively. Diaminofluorescein-FM diacetate (DAF-FM), OxiORANGE, and

HYDROP were from Goryo Chemical (Sapporo, Japan). *N*-Acetyl-L-cysteine was from Fujifilm

Wako Pure Chemical Corp (Osaka, Japan). Rapamycin was from LC Laboratories (Woburn, MA).

Cell culture

MRC-5 cells (30 PDL) were obtained from JCRB Cell Bank. Cells were maintained in EMEM

(Fujifilm Wako Pure Chemical Corp, Osaka, Japan) supplemented with 10% fetal bovine serum

(Biological Industries, Cromwell, CT) and penicillin-streptomycin (Nacalai tesque, Kyoto, Japan) at

37°C in a humidified atmosphere of 5% CO_2. Cells were passaged every 2 days.

Cell growth assay

For MG132 or BAFA1 treatment, we plated 1×10^4 cells a well in a 96-well clear bottom black plate,

allowed them to grow for 16-24 h, and then changed the culture medium to EMEM that contained

MG132 or BAFA1. As a pilot experiment, we assessed the viability of cells treated with MG132

(0.1-1 μM) or BAFA1 (2-15 nM) at several different concentrations to determine the appropriate

concentration of each drug. On day 5 of drug treatment, the culture medium was replaced with

regular EMEM that contained no drug.

Immunoblotting and antibodies

Cells cultured in 6-cm dishes were trypsinized and harvested. Cell pellets were lysed in modified

RIPA buffer (20 mM Tris-HCl, pH7.4, 50 mM NaCl, 0.5% Nonidet P-40, 0.05% sodium dodecyl

sulfate (SDS), 1 mM EDTA). Protein concentration was determined using Quick Start Bradford dye

(Bio-Rad, Hercules, CA). Whole cell extracts (10-15 μg) were mixed with 5×SDS sample buffer

containing 2-mercaptoethanol, heated at 95°C for 3 min, and then loaded onto a

SDS-polyacrylamide gel. Proteins were transferred to a PVDF membrane and incubated in 1%

Western blocking reagent (Sigma-aldrich, St. Louis, MO) at 25°C for 1 hr. The membrane was then

incubated overnight with antibodies diluted in 0.5% Western blocking reagent. Antibodies used in

this study are summarized in a supplemental file. HRP-conjugated goat anti-mouse IgG

(Sigma-Aldrich) or anti-rabbit IgG (GE healthcare, Piscataway, NJ) antibodies were used as the

secondary antibodies and detected with ECL prime reagent (GE Healthcare). The

chemiluminescence signal was imaged by LAS4000 (GE Healthcare).

SA-β-gal staining and senescence assays

SA-β-gal staining was performed as described previously [9]. Quantitation of SA-β-gal activity was

assessed using a Cellular Senescence Plate Assay Kit - SPiDER-βGal (Dojindo, Kumamoto, Japan),

following the manufacturer's instructions.

Immunofluorescence

For immunofluorescence analyses of γH2A.X and SOD2, cells were fixed in 4%

paraformaldehyde/PBS, treated with 0.5% Triton X-100/PBS for 10 min, incubated in Blocking One

Histo (Nacalai tesque) for 1 h, and incubated with diluted primary antibody overnight. After several

PBS washes, cells were incubated with a secondary antibody conjugated to DyLight 488 (Cosmo

Bio Co., Ltd., Tokyo, Japan) and Hoechst 33342, and observed under a fluorescence microscope

IX83 (Olympus, Tokyo, Japan) using appropriate filter sets.

Measurement of ROS and NO

Production of hydroxyl radical ($\cdot$OH) and hypochlorous acid (HClO) was measured using

OxiORANGE reagent (Goryo Chemical). H_2O_2 and NO were detected by HYDROP and

diaminofluorescein-FM diacetate (DAF-FM DA, Goryo Chemical), respectively. Cells plated in a

96-well Black IsoPlate (PerkinElmer, Waltham, MA) were incubated with 0.5 μM OxiORANGE, 1

μM HYDROP or 1 μM DAF-FM DA diluted in EMEM containing FBS for 30 min at 37°C, and

then washed with 100 μl HBSS once. Fluorescence (Ex/Em = 535/595 nm for OxiORANGE,

485/535 nm for HYDROP and DAF-FM DA) was measured by FilterMax F5 (Molecular Devices,

San Jose, CA). Normalized values were obtained by dividing fluorescent intensities of HYDROP

and DAF-FM DA by protein concentration or dividing the fluorescent intensities of of OxiORANGE

by nuclear fluorescent signal stained with Hoechst 33342 (Dojindo).

Staining of protein aggregation

Protein aggregation was visualized by Proteostat Aggresome Detection Reagent (Enzo Life Science,

Farmingdale, NY), according to the manufacturer's protocol. For the quantitative analysis, cells

plated in 96-well black plates were fixed with 2% PFA, permeabilized with 0.5% Triton X-100, and

stained with Proteostat Aggresome Detection Reagent diluted in EMEM containing FBS at 1:2,000

for 30 min at 25°C, then fluorescence was measured (Ex/Em = 485/595 nm) using FilterMax F5

(Molecular Devices).

Intracellular ATP assay

Intracellular ATP levels were measured using "Cell" ATP Assay reagent (Toyo B-Net, Tokyo,

Japan). The ATP level was normalized by the DNA content in cell lysates, which was quantified by

SYBR Gold stain (Thermo Fisher Scientific, Waltham, MA).

Preparation of mitochondrial fraction

The procedure for isolation of mitochondrial fraction from cultured cells is as described by Clayton *et al*

[37] with slight modifications. The buffer volume, number of strokes, homogenizer, and pestle used were

optimized for 0.5-1.0 $\times$ 10^6 cells. Frozen cell pellets were resuspended in hypotonic buffer and

homogenized using a disposable plastic pestle (As One Corp., Osaka, Japan) with matched Safe-Lock

tubes (Eppendorf, Hamburg, Germany). The detailed procedure is summarized in Fig. S4A-C.

Live cell microscopy for mitochondrial analyses

For the detection of mitochondrial mass and $\Delta\Psi$m, live cells were incubated with 0.5 μM

MitoTracker Green FM (Thermo Fisher Scientific) and 0.5 μM MitoTracker Red CM-H2Xros

(Thermo Fisher Scientific) with 2 μg/mL Hoechst 33342 diluted in EMEM containing FBS for 30

min at 37°C, and then washed with 100 μl HBSS once. For the detection of mitochondrial ROS,

cells were incubated with 5 μM MitoSOX Red mitochondrial superoxide indicator (Thermo Fisher

Scientific) in HBSS for 10 min at 37°C, washed with HBSS 3 times, and cultured in regular medium

for 24 h. On the next day, cells were stained with Hoechst 33342, washed with 100 μl HBSS once,

and observed under an all-in-one fluorescence microscope BZ-9000 (Keyence, Osaka, Japan) using

appropriate filter sets. Fluorescence images were analyzed and quantified using ImageJ software ver.

2.0.0.

Statistical analyses

We conducted one-way ANOVA followed by Tukey's multiple comparison test. Two groups were

compared using a non-parametric Mann-Whitney U test. Differences between groups with a p value

of <0.05 were considered significant. All data were analyzed using GraphPad Prism 5.0 software

and presented as mean $\pm$ SD of the obtained values.

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AUTHOR CONTRIBUTIONS

Y. T. and Y. K. designed the research and drafted the paper; Y. T. carried out experiments and

analyzed data; and I. I., T. N., and M. I. supported analysis of oxidative stress.

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CONFLICT OF INTEREST

The authors have no conflicts of interest to declare in association with this study.

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Figure legends

Fig. 1

Prolonged disturbance of proteostasis by MG132 or BAFA1 induces premature senescence in

normal human fibroblasts. (A) The experimental design to induce SIPS in MRC-5 by MG132 or

BAFA1. MRC-5 cells (37-40 PDL) were treated with 0.1-1 μM MG132 or 2-15 nM BAFA1

consecutively for 3 or 5 days without medium refreshment. On day 3 or 5, the drugs were removed

and cells were kept in regular culture medium for additional 5 days. Day, days during the drug

treatment; PD, post-treatment days. (B) Cell proliferation was monitored by measuring Hoechst

33342 fluorescence from PD1 to PD6. Cells were treated with MG132 or BAFA1 for 3 or 5 days,

and then cultured in medium without the drug for 6 days (PD1-6). Values are shown as mean ± SD

from 4 wells of a 96-well plate. The asterisk (*) indicates $p < 0.05$ by one-way ANOVA, followed

by Tukey's multiple comparison test for PD1 vs. others. (C) Representative pictures of

SA-β-gal-positive MRC-5 cells. Cells were treated with MG132 or BAFA1 for 3 or 5 days,

respectively, and stained at PD7 (cytoplasmic blue precipitate). Control, untreated young (39 PDL)

and old (59 PDL) MRC-5 cells undergoing replicative senescence. (D) SA-β-gal activity was

measured using a SPiDER-βGal Cellular Senescence Plate Assay Kit. Fluorescence signal derived

from SA-β-gal was normalized by Hoechst 33342-stained nuclear signal. C, untreated control cells.

Values are shown as mean ± SD from 4 wells of a 96-well plate. The asterisk (*) indicates $p < 0.05$

by one-way ANOVA, followed by Tukey's multiple comparison test for control vs. treated cells. (E)

Representative images of accumulation of aggresome-like inclusion bodies in senescence-induced

MRC-5 cells. Cells were treated with MG132 or BAFA1 for 5 days, respectively, and stained with

Proteostat Aggresome detection reagent (red) and Hoechst 33342 (blue). Scale bar = 50 μm. (F)

Representative images of control and MG132- or BAFA1-treated MRC-5 cells immunostained for

γH2A.X (green) and Hoechst 33342 (blue). Scale bar = 50 μm. (G) Immunoblot analyses for CDK

inhibitor p21, p53, DNA damage response marker γH2A.X, downstream target of mTORC1 S6 and

phosphorylated S6$^{Thr235/236}$, autophagy marker LC3, and GAPDH from control and MG132- or

BAFA1-treated MRC-5 cells. (H) Immunoblot analyses for NRF1 and NRF2 from control and

MG132- or BAFA1-treated MRC-5 cells.

Fig. 2

Prolonged disturbance of proteostasis by MG132 or BAFA1 enhances ROS production. (A)

Quantitation of relative intracellular ROS levels using OxiORANGE reagent that selectively detects

hydroxyl radical ($\cdot$OH) and hypochlorous acid (HClO). The fluorescence intensity for OxiORANGE

(Ex/Em = 535/595) was normalized by Hoechst 33342 intensity (Ex/Em = 340/465). Values are

shown as mean ± SD from 4 wells of a 96-well plate. The asterisk (*) indicates $p < 0.05$ by one-way

ANOVA, followed by Tukey's multiple comparison test for control vs. treated cells. (B)

Representative images of control and MG132- or BAFA1-treated (PD1) MRC-5 cells stained for the

OxiORANGE (red) and Hoechst 33342 (blue). Scale bar = 50 μm. (C) Quantitation of relative

intracellular H_2O_2 levels using HYDROP reagent that selectively detects H_2O_2. The fluorescence

intensity for HYDROP was normalized by total protein concentration. Values are shown as mean ±

SD from 4 wells of a 96-well plate. (D) Representative images of control and MG132- or

BAFA1-treated (PD1) MRC-5 cells stained for the HYDROP (green) and Hoechst 33342 (blue).

Scale bar = 50 μm. (E) Relative mitochondrial ROS levels were monitored using a MitoSOX Red

mitochondrial superoxide indicator. The fluorescence intensities for MitoSOX and Hoechst 33342

were quantified by image analysis. MitoSOX intensity was normalized by the number of nuclei.

Values are shown as mean ± SD from the measurements of 4 different images. The asterisk (*)

indicates $p < 0.05$ by one-way ANOVA, followed by Tukey's multiple comparison test for control

vs. treated cells. Values obtained from cells treated with MG132 or BAFA1 on day 1 were compared

with those from untreated control cells using a non-parametric Mann-Whitney U test. The sharp (#)

indicates significant difference ($p < 0.05$). (F) Representative images of control and MG132- or

BAFA1-treated (PD3) MRC-5 cells stained for MitoSOX (red) and Hoechst 33342 (blue).

Fig. 3

Prolonged disturbance of proteostasis by MG132 or BAFA1 induces temporal mitochondrial

dysfunction and sequential mitochondrial biogenesis. (A) Relative mitochondrial mass was

monitored using MitoTracker Green FM. The fluorescence intensities for MitoTracker Green and

Hoechst 33342 were quantified by image analysis. MitoTracker Green intensity was normalized by

the number of nuclei. Values are shown as mean ± SD from the measurements of 5 different images.

The asterisk (*) indicates $p < 0.05$ by one-way ANOVA, followed by Tukey's multiple comparison

test for control vs. treated cells. (B) Relative mitochondrial membrane potential ($\Delta\Psi$m) was

monitored using MitoTracker Red CM-H$_2$XRos. The fluorescence intensities for MitoTracker Red

CM-H$_2$XRos and Hoechst 33342 were quantified by image analysis. MitoTracker Red CM-H$_2$XRos

intensity was normalized by the number of nuclei. Values are shown as mean ± SD from the

measurements of 10 different images. The asterisk (*) indicates $p < 0.05$ by one-way ANOVA

followed by Tukey's multiple comparison test for control vs. treated cells. (C) Representative

images of control and MG132- or BAFA1-treated (day 5 and PD1) MRC-5 cells stained for the

MitoTracker Green FM (Mt mass, green), MitoTracker Red CM-H$_2$XRos (ΔΨm, Red) and Hoechst

33342 (blue). (D) The copy number of mitochondrial DNA of control and MG132- or

BAFA1-treated MRC-5 cells was measured by qPCR using mtDNA-specific primers and nuclear

DNA-specific primers as a reference. Values are mean ± SD of results obtained from 3-4

independent experiments. The asterisk (*) indicates $p < 0.05$ by one-way ANOVA, followed by

Tukey's multiple comparison test for control vs. treated cells. (E) Intracellular ATP contents were

measured using a firefly luciferase. The luminescence was normalized by cellular DNA

concentration quantified using SYBR Gold. Values are shown as mean ± SD from 4 wells of a

96-well plate. The asterisk (*) indicates $p < 0.05$ by one-way ANOVA, followed by Tukey's

multiple comparison test for control (37 PDL) vs. treated cells. (F) Immunoblot analyses for

PGC-1α, TFAM, Parkin, AMPKα, phosphorylated AMPKα^{Thr172} (p-AMPKα), COX4 and GAPDH

from control and MG132 (left)- or BAFA1 (right)-treated MRC-5 cells.

Fig. 4

Translocation of antioxidant enzymes to mitochondria is impaired in the early period of MG132 or

BAFA1 treatment in MRC-5 cells. (A) Immunoblot analyses for mitochondrial antioxidant enzymes

SOD2 and GPx4, NDUFS3, Tom40, and GAPDH from control and MG132 (left)- or BAFA1

(right)-treated MRC-5 cells. Mt, mitochondrial fraction; Whole, whole cellular extract. (B)

Representative images of control and MG132- or BAFA1-treated MRC-5 cells on day 1

immunostained for SOD2 (green) and Hoechst 33342 (blue). Scale bar = 50 μm.

Fig. 5

Rapamycin attenuates cellular senescence induced by MG132 or BAFA1. (A) The experimental

design for co-treatment of 10 nM rapamycin with MG132 or BAFA1 in MRC-5. Rapa1, cells were

co-treated with rapamycin and either MG132 or BAFA1 from day 0 to day 5. Rapa2, cells were

co-treated with rapamycin and either MG132 or BAFA1 from day 3 to day 5, and continuously

cultured in regular medium containing rapamycin from day 5 to PD3. (B) Cell proliferation was

monitored by measuring Hoechst 33342 fluorescence from PD5 to PD10. Values are shown as mean

± SD from 4 wells of a 96-well plate. (C) SA-β-gal activities of cells co-treated with rapamycin and

either MG132 or BAFA1 were measured on PD5 using a SPiDER-βGal Cellular Senescence Plate

Assay Kit. Normalized values are shown as mean ± SD from 4 wells of a 96-well plate. Values

obtained from cells treated with rapamycin and either MG132 or BAFA1 (Rapa1 and Rapa2) were

compared with those from cells treated with only MG132 or BAFA1 (-) using a non-parametric

Mann-Whitney U test. The asterisk (*) indicates significant difference ($p < 0.05$). (D, E) Intracellular

H_2O_2 levels of cells co-treated with rapamycin and either MG132 or BAFA1 were measured on day

3, day 5, and PD3 by HYDROP staining. Normalized values are shown as mean ± SD from 4 wells

of a 96-well plate. Two groups were compared using a non-parametric Mann-Whitney U test (*$p <$

0.05). (F) Relative mitochondrial mass of cells co-treated with rapamycin and either of MG132 or

BAFA1 was measured on PD1 (MG132) and PD2 (BAFA1) using MitoTracker Green FM. Values

are shown as mean ± SD from the measurements of 4 different images. Two groups were compared

using a non-parametric Mann-Whitney U test (*$p < 0.05$). (G) Relative mitochondrial ROS levels of

cells co-treated with rapamycin (+Rapa) and either of MG132 or BAFA1 were measured on day 1

(MG132) and day 2 (BAFA1). The MitoSOX intensity was normalized by the number of nuclei.

Values are shown as mean ± SD from the measurements of 4 different images. Two groups were

compared using a non-parametric Mann-Whitney U test (*$p < 0.05$). (H) Immunoblot analyses for

SOD2, GPx4, Tom40, and GAPDH from MG132- or BAFA1-treated cells with (+Rapa) or without

(-Rapa) rapamycin on day 1. Mt, mitochondrial fraction; Whole, whole cellular extract.

Fig. 6

NAC attenuates an increase in mitochondrial mass induced by MG132 or BAFA1. (A) The

experimental design for co-treatment of *N*-acetyl-L-cysteine (NAC) with MG132 or BAFA1 in

MRC-5 cells. NAC1-3, cells were co-treated with 5 mM NAC and either of MG132 or BAFA1 from

day 0 to day 2 (NAC1), day 2 to day 4 (NAC2), or day 5 to PD1 (NAC3, only NAC treatment during

day 5 to PD1). (B) Relative mitochondrial mass of cells co-treated with NAC and either MG132 or

BAFA1 was measured on PD1 (MG132) and PD2 (BAFA1) using MitoTracker Green FM. Values

are shown as mean ± SD from the measurements of 6 different images. Two groups were compared

using a non-parametric Mann-Whitney U test (*$p < 0.05$).

Fig. 7

Speculative scheme of SIPS induced by MG132 or BAFA1. Upper panel shows mitochondrial

events during SIPS progression induced by MG132 or BAFA1. Disturbance of proteostasis changes

distribution of nuclear-encoded mitochondrial proteins including antioxidant enzymes SOD2 and

GPx4 at a very early period of the treatment, which induces mitochondrial ROS and temporal

mitochondrial dysfunction. ROS in turn activates stress response pathway including NRF1 and

NRF2 upregulation, followed by PGC-1α-mediated mitochondrial biogenesis. During mid-stage of

SIPS progression, excessive ROS was continuously generated from increased mitochondria, which

could cause deleterious damage to nuclear DNA and cell cycle arrest, and eventually lead to cellular

senescence. Lower panel summarizes kinetics of cellular outcomes including levels of SA-β-gal

activity, DNA damage response, overall ROS, protein aggregation, and autophagic flux.

Figure 1

Figure 2

Figure 3

Figure 4

A

B

Figure 5

Figure 6

A

B

Figure 7

Figure S1

(A) Representative pictures of senescence-induced MRC-5 cells by MG132 or BAFA1 treatment (day 3 and PD5) with young (37 PDL) and aged (61 PDL) control cells.

(B) Immunoblot analysis of untreated control MRC-5 cells undergoing replicative senescence (from 38 to 60 PDL) using antibodies against p21, p53, γH2A.X, LC3,

Figure S2

A

B

(A) Immunoblot analyses of MG132- or BAFA1-treated cells using antibodies against NRF2 and GAPDH. C, untreated control cells.

(B) Immunoblot analyses of MG132- or BAFA1-treated cells using antibodies against HIF1α, GLUT1, and GAPDH. C, untreated control cells.

Figure S3

Quantitation of relative intracellular NO levels by using DAF-FM DA fluorescent dye that selectively detects NO. The fluorescence intensity for DAF-FM DA was normalized by total protein concentration. Values are shown as mean ± SD from 4 wells of a 96-well plate.

Figure S4

A

Frozen cell ppt from a Φ10-cm dish (×1)

Resuspend cells in 100 μl hypotonic RSB buffer on ice
Break open the swollen cells with 200 strokes of disposable pestle

Centrifuge the homogenate (Whole) at 21,500 ×g for 1 min at 4°C

| Sup | Cyto1

| Ppt | Nuc/Cyto2/Mitochondria

Resuspend ppt in 100 μl homogenization buffer on ice
Break open the intact cells with 200 strokes of disposable pestle

Centrifuge the homogenate at 1,300 ×g for 5 min at 4°C

| Sup | Mitochondria/Cyto2

| Ppt | Nuc

Centrifuge the homogenate at 21,500 ×g for 10 min at 4°C

| Sup | Cyto2

| Ppt | Mitochondria

RIPA plus 0% NP40
Mt1

RIPA plus 0.5% NP40
Mt2

B

C

| | Whole | Mt1 | Mt2 | Cyto1 |
SOD2
Tom40
NDUFS3
COX4
GAPDH

(A) Detailed procedure for preparation of mitochondrial fraction from frozen cell pellet at a microscale. Cells were homogenized in hypotonic RSB buffer, then unbroken cells were repeatedly homogenized in a homogenization buffer. For the immunoblot analyses, solubilized mitochondrial protein in RIPA buffer containing 0.5% NP40 (Mt2) was applied. Hypotonic RSB buffer, 10 mM Tris-HCl, pH7.4, 10 mM NaCl, 1.5 mM $MgCl_2$, protease inhibiter; Homogenization buffer, 5 mM Tris-HCl, pH7.4, 1.5 mM$MgCl_2$, 250 mM sucrose, protease inhibitor; RIPA plus 0% NP40, 20 mM Tris-HCl, pH7.4, 50 mM NaCl, 1 mM EDTA, protease inhibitor; RIPA plus 0.5% NP40, 20 mM Tris-HCl, pH7.4, 50 mM NaCl, 0.5% Nonidet P-40, 0.05% SDS, 1 mM EDTA, protease inhibitor; Cyto, cytoplasmic fraction; Nuc, nuclear fraction; Whole, whole cellular extract. (B) Disposable plastic pestles and a matched Safe-Lock tube used in this method. (C) Immunoblot analyses of whole cellular extract (Whole), mitochondrial fractions 1 and 2 (Mt1 and 2), and cytoplasmic fraction (Cyto1) prepared from untreated control MRC5 cells using antibodies against SOD2, Tom40, NDUFS3, COX4, and GAPDH.

Figure S5

Representative pictures of SA-β-gal positive MRC-5 cells. Cells were co-treated with rapamycin and either MG132 or BAFA1 for 5 days, respectively, and stained at PD5 (cytoplasmic blue precipitate). Control, untreated young (39 PDL) MRC-5 cells. (-), cells treated with only MG132 or BAFA1; Rapa1 and Rapa2, cells co-treated with rapamycin and either MG132 or BAFA1 as shown in Fig. 5A.

Figure S6

Immunoblot analyses of MG132 (left)- or BAFA1 (right)-treated cells with (Rapa1 and Rapa2) or without (-) rapamycin at day 3 (D3), day 5 (D5), and PD1.