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Differential requirements for mitochondrial electron transport chain components

in the adult murine liver.

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Summary

Mitochondrial electron transport chain (ETC) dysfunction due to mutations in the nuclear or mitochondrial genome is a common cause of metabolic disease in humans, and displays striking tissue specificity depending on the affected gene. The mechanisms underlying tissue specific phenotypes are not understood. Complex I (cI) is classically considered the entry point for electrons into the ETC, and *in vitro* experiments indicate that cI is required for basal respiration and maintenance of the NAD^+/NADH ratio, an indicator of cellular redox status. This finding has largely not been tested *in vivo.* Here, we report that mitochondrial complex I (cI) is dispensable for homeostasis of the adult mouse liver; animals with hepatocyte-specific loss of cI function display no overt phenotypes or signs of liver damage, and maintain liver function, redox and oxygen status. Further analysis of cI-deficient livers did not reveal significant proteomic or metabolic changes, indicating little to no compensation is required in the setting of complex I loss. In contrast, complex IV (cIV) dysfunction in adult hepatocytes results in decreased liver function, impaired oxygen handling, steatosis, and liver damage, accompanied by significant metabolomic and proteomic perturbations. Metabolomic analysis suggests that the electron transfer flavoprotein complex constitutes a major route for electron entry into the hepatic ETC. Our results support a model whereby complex I loss is tolerated in the mouse liver because hepatocytes use alternative electron donors to fuel the mitochondrial ETC.

Introduction

Mitochondrial ETC disease in humans exhibits a striking tissue specificity, whereby mutations in distinct ETC components are causative for specific and non-overlapping syndromes (*1*). As an example, genetic dysfunction of mitochondrial complex I (cI) is associated with neurological disease including Leigh syndrome (characterized by severe loss of motor abilities, necrotizing brain lesions and early death), and Leber Hereditary Optic Neuropathy (characterized by bilateral loss of vision in early adulthood due to degeneration of the optic nerve) (*2-4*). The mechanisms underlying sensitivity of the nervous system, with sparing of other organ systems, in the setting of complex I loss is not understood. In contrast, mutations in other mitochondrial ETC components have been associated with multi-organ diseases, and the basis for tissue specificity in those diseases is also unclear (*5*).

Liver involvement is a common component of mitochondrial diseases, present in approximately 20% of patients (*6, 7*), as well as being associated with specific syndromes caused by mutations in distinct ETC-related components (*8-12*). Common findings in affected patients include hepatomegaly, steatosis, cholestasis and additional metabolic abnormalities associated with liver failure (*12-15*). Genetic analysis of patients has revealed mutations in genes which influence multiple components of the ETC (e.g., *POLG*, *LARS*, *DGUOK*) (*10*). With respect to single-complex diseases, mutations in *SCO1*, an assembly protein for mitochondrial complex IV (cIV), and mutations in *BCS1L*, a chaperone protein for mitochondrial complex III, have been associated with liver failure (*8, 16, 17*). Interestingly, single-complex diseases associated with other components of

the ETC (complex I and complex II) do not typically present with liver failure, despite their

placement directly upstream of cIV.

The ETC functions to transfer electrons (from the oxidation of nutrients) to O_2, as

a final electron acceptor; this process is coupled to the formation of an electrochemical

gradient across the mitochondrial inner membrane and the production of ATP.

Mitochondrial complex I is the largest protein complex of the ETC, and is commonly

considered the primary entry point for electrons into the ETC: In cultured cells, cI is

required for maintenance of cellular redox status (assessed by the NAD^+/NADH ratio) via

its role in NADH oxidation, and subsequent electron transfer to ubiquinone (CoQ) (*18*).

Complex I is composed of 14 core subunits, plus an additional 31 accessory subunits

(*19*). Published mouse models of complex I deficiency have largely focused on accessory

subunits, including deletion of *Ndufs4*, *Ndufs6*, and *Ndufa5*, which result in neurological

and cardiac phenotypes associated with partial loss of complex I function (*20-22*); no liver

phenotypes or metabolic perturbations were reported in these mice (*23*). A recent report

conditionally deleted *Ndufs3*, a core subunit of cI, in skeletal muscle, resulting in

progressive myopathy associated with significant reduction of cI activity (*24*). Thus, to

date, mouse models have supported an essential role for cI *in vivo* in the central nervous

system and muscle.

Here, we report that deletion of the core subunit, *Ndufa9*, results in complete loss

of cI function, but is well-tolerated in the adult mouse liver. Further analysis reveals intact

liver function and oxygen status in *ndufa9$^{-/-}$* animals, which is not accompanied by

significant metabolic alterations or changes in redox status. This is in contrast with

hepatocyte-specific deletion of the complex IV assembly factor *cox10,* which results in

altered redox status and impaired liver function. In complex IV-depleted livers, we observe the accumulation of long chain acyl-carnitine species, without significant alterations in other potential electron donors, suggesting that fatty acids are a major electron donor to the hepatic ETC. These results support a model in which cI is not an essential upstream component of the ETC in adult mammalian liver, in contrast to the conventional view of cI function.

Results

Mitochondrial complex I function is dispensable for homeostasis of adult murine hepatocytes

To understand how liver cells respond to loss of complex I, we made use of a conditional allele of the core subunit *Ndufa9*. *ndufa9* deletion in cultured mouse embryonic fibroblasts results in loss of mitochondrial respiratory function, as well as a significant drop in the NAD$^+$/NADH ratio (Figure 1 – figure supplement 1A,B), indicating that Ndufa9 is critical for redox status in these cultured cells. We depleted *Ndufa9* in livers of adult mice, making use of adeno-associated virus 8 (AAV8)-mediated Cre recombination driven by the liver specific TBG promoter in *ndufa9^{flox/flox}* animals (see Methods). *ndufa9^{flox/flox}* adult animals were injected with control AAV8-GFP virus (hereafter "*ndufa9^{f/f}*") or AAV8-Cre virus (hereafter "*ndufa9^{-/-}*"). At 4 weeks post-AAV administration, AAV-Cre injected animals exhibited loss of Ndufa9 mRNA and protein in hepatocytes (Figure 1A,B), as well as loss of complex I activity in mitochondrial lysates (Figure 1C). Thus, our experimental model results in severe inhibition of complex I function.

At 4 weeks post-AAV administration, *ndufa9^{-/-}* livers displayed no differences in gross physiology (Figure 1D) or liver/body weight ratio (Figure 1F). Histological analysis of liver sections revealed no significant pathology (H&E), including no evidence of steatosis (Oil Red O staining) or glycogen loss (PAS staining) (Figure 1E). Liver function was maintained in *ndufa9^{-/-}* livers as indicated by unaltered levels of fasting blood glucose (Figure 1G) and circulating indicators of liver function and damage (Figure 1H,I). Similar results were observed in mice at two weeks post-AAV injection (Figure 1 – figure supplement 2) and eight weeks post-AAV injection (Figure 1 – figure supplement 3). Thus,

complex I loss is well-tolerated in adult mouse hepatocytes under homeostatic conditions,

with no discernable effects on tissue function, or evidence of tissue damage.

Measurement of steady-state ATP levels did not reveal any changes in complex I

deficient livers (Figure 2A). Complex I inhibition is often associated with elevated reactive

oxygen species (*25, 26*). In *ndufa9$^{-/-}$* livers, we observed a small, but not statistically

significant, decrease in the reduced to oxidized glutathione (GSH / GSSG) ratio, indicating

that oxidative stress is not significantly induced in the setting of cI loss (Figure 2B).

Surprisingly, we did not observe altered NAD$^+$/NADH or NADPH/NADP$^+$ ratios in *ndufa9$^-$*

$^{/-}$ liver (Figure 2C). We additionally examined compartment specific redox status by

calculating pyruvate / lactate and acetoacetate / β-hydroxybutyrate ratios, which are

indicative of cytosolic and mitochondrial redox status respectively; neither compartment

display evidence of altered redox status (Figure 2D). A recent report suggests that

circulating α-hydroxybutyrate levels serves as a marker of hepatic redox stress (*27*).

ndufa9$^{-/-}$ animals did not display alterations in tissue or plasma α-hydroxybutyrate levels

(Figure 2E). Thus, complex I function is not required for maintenance of hepatic redox

status, in contrast to its well-established role in cultured cells (Figure 1 – figure

supplement 1A,B) (*18*).

To examine potential compensatory mechanisms that may be enabled in the

setting of complex I inhibition, we assessed changes in the proteome and metabolome,

comparing *ndufa9$^{f/f}$* and *ndufa9$^{-/-}$* whole livers. At four weeks post-AAV, our proteomics

analysis detected 3001 proteins with high confidence; however, only 11 proteins were

significantly upregulated (log$_2$(fold change) > 1, p-val < 0.05), and 23 proteins were

significantly downregulated (log$_2$(fold change) < -1; p-val < 0.05) (Table S1).

Unsupervised hierarchical clustering was unable to distinguish proteomes from *ndufa9^{f/f}*

and *ndufa9^{-/-}* livers (Figure 2F). Of the downregulated proteins, the majority were

components of complex I (Figure 2G,H; Table S1), consistent with destabilization of cI in

the setting of *Ndufa9* subunit loss. We did not observe loss of components from other

ETC complexes (Figure 2H). Among upregulated proteins, there were a small number of

mitochondrial proteins impacting translation (Mrpl52, Mrpl42), electron transport

(Cox6a1) and metabolism (Shmt2, Ldhd, Dlat) (Figure 2G; Table S1). The small number

of abundance changes (outside of complex I components) suggests that the proteome is

not drastically changing in response to complex I loss; however, our analysis is only

sampling a portion of the total cellular proteome, and it is possible that we are missing

some key regulatory proteins in reaction to complex I loss. To further profile the response

in *ndufa9^{-/-}* livers, we enriched liver lysates for mitochondrial fractions followed by

proteomics (Figure 2 – figure supplement 1). With this method, we were able to detect

738 mitochondrial proteins, which accounts for ~64% of the total mitochondrial proteome

(Table S1). We observed significant changes ($|log_2(fold\ change)| > 1$, Adjusted p-val <

0.05) in only a small fraction of the mitochondrial proteome (46 proteins; ~6% of detected

mitochondrial proteins) (Figure 2 – figure supplement 1A). Complex I subunits tended to

be decreased in abundance, and we did not observe significant changes in most subunits

of the other complexes (Figure 2 – figure supplement 1B). We observed statistically

significant upregulation of some select components of mitochondrial protein import

(TOMM5, TIMM9, TIMM10B) and transcription/translation (MRPS33, MTRES1) (Figure 2

– figure supplement 1A). In addition, we did not detect significant changes in total

mitochondrial content in *ndufa9^{-/-}* livers, as indicated by measurement of mitochondrial

genome and protein content or immunofluorescence (Figure 2I-K, Figure 2 – figure supplement 2).

We next assessed whether complex I – deficient livers maintained functionality via metabolic compensatory mechanisms, and therefore quantitated the liver metabolome of fasted mice, using LC/Q-TOF mass spectrometry based metabolomics to measure steady-state levels of >150 tissue (liver) metabolites at four weeks post-AAV (Table S1). Unsupervised hierarchical clustering was unable to distinguish metabolomes between *ndufa9^(f/f)* and *ndufa9^(-/-)* livers (Figure 2L), and statistical analysis revealed only a single significant metabolite difference (TMP, thiamine monophosphate) (Figure 2M, Table S1), and no significant changes in mitochondrial TCA cycle metabolites (Figure 2N). The rationale for the observed increase in TMP is currently unclear, but may be related to a reduced need for thiamine pyrophosphate which is a cofactor for NAD(H)-linked dehydrogenases.

In culture, complex I is required for recycling of NADH to NAD^+ in order to maintain glycolytic and TCA cycle activity (*28*). We therefore assessed glucose contribution to glycolytic and TCA cycle metabolites via steady-state euglycemic infusions of [U-^{13}C]glucose (Figure 3A,B). A schematic of the expected labeling pattern is shown in Figure 3A. We observed no significant differences in the hepatic enrichment of labeled glucose between wild-type and *ndufa9^(-/-)* livers (Figure 3C). In addition, contribution of glucose-derived carbons to glycolytic and TCA cycle intermediates were unaltered (Figure 3 – figure supplement 1A), indicating no substantial changes in glucose handling. As labeling from glucose can be significantly scrambled *in vivo* and livers exhibit low PDH

(pyruvate dehydrogenase) activity (*29, 30*), we also assessed total enrichment (e.g., 1-

(m+0)), which revealed no significant differences (Figure 3D).

In the conventional view of the mitochondrial ETC, electrons from NADH are

transferred via complex I to drive coenzyme Q reduction and O_2 consumption via

complexes III and IV (Figure 3A). In cultured cells, complex I is the major route of electron

entry into the ETC, and inhibition of complex I dramatically lowers cellular oxygen

consumption (Figure 1 – figure supplement 1A). Our above results suggest this scenario

may not be true during hepatic homeostasis. We therefore made use of magnetic

resonance imaging (MRI) to assess blood and tissue oxygenation *in vivo*. *ndufa9$^{f/f}$* and

ndufa9$^{-/-}$ littermates were challenged with room air, followed by 100% oxygen, and T1 and

T2* relaxation parameters were sequentially assessed (Figure 3E). Based on arterial spin

labeling (*31*), we did not observe changes in liver perfusion between the two genotypes

(Figure 3F). BOLD (Blood-oxygen-level dependent) measurements (T2*) are dependent

on the concentration of deoxyhemoglobin (*32, 33*), and we observed significant increases

in T2* in both *ndufa9$^{f/f}$* and *ndufa9$^{-/-}$* animals, indicating increased blood oxygen in the

setting of 100% O_2 (Figure 3G). TOLD (Tissue-oxygen-level dependent) measurements

(based on T1 relaxation) are dependent on the dissolved oxygen concentration; with

increased tissue oxygen content, T1 parameters are expected to decrease (*34*). In wild-

type livers, we observed no significant decreases in the average hepatic T1 in response

to 100% O_2 (Figure 3H,I,J), consistent with previous measurements in human livers (*35*).

This suggests that when challenged with increased blood O_2 delivery, wild-type mouse

liver is able to compensate and maintain steady O_2 levels, potentially through increased

tissue oxygen consumption. Similar to *ndufa9$^{f/f}$* livers, *ndufa9$^{-/-}$* livers also did not exhibit

significant decreases in the average T1 parameter, indicating that tissue oxygen levels

are maintained in the absence of complex I function (Figure 3H-J). We also assessed T1

changes locally by aligning images (ΔT1); as above, we did not observe significant

decreases in the average ΔT1 in either *ndufa9$^{f/f}$* or *ndufa9$^{-/-}$* livers (Figure 3K). Thus,

based on tissue oxygen levels in response to a hyperoxic challenge, *ndufa9$^{-/-}$* livers do

not have a measurable change in oxygen consumption as compared with wild-type livers.

Altogether, the above results indicate that complex I is largely dispensable for oxygen

status and homeostatic function in the adult mouse liver, without signs of significant

metabolic or proteomic compensation.

Mitochondrial complex IV is required in adult hepatocytes.

To further explore a role for the mitochondrial ETC, we examined the requirement for

complex IV, making use of a *cox10^{flox}* allele (*36*). *Cox10* is an assembly factor of complex

IV, and *cox10* deletion in skeletal muscle is associated with diminished cIV activity

accompanied by myopathy (*36*). A previous report utilizing this allele in combination with

the liver-specific Albumin-Cre transgenic reporter revealed partially penetrant phenotypes

dependent on the transgene dosage (*37*), suggesting that the mitochondrial ETC is

required for liver development. Thus, we made use of AAV-delivery of Cre recombinase

to *cox10$^{f/f}$* animals to investigate its role in the adult liver. Similar to above, we injected

cox10$^{f/f}$ animals with AAV-GFP or AAV-Cre and characterized liver physiology at 4 and 8

weeks post-injection. At 4 weeks post-injection, AAV-Cre injected animals (hereafter,

"*cox10$^{-/-}$*") demonstrated significant reductions in Cox10 mRNA and protein (Figure 4A,B)

and complex IV activity (Figure 4C). By 8 weeks post-AAV administration, *cox10$^{-/-}$* livers

were grossly enlarged and pale in color, as compared with wild-type livers (Figure 4D,F).

Histological analysis of liver sections revealed signs of lipid accumulation indicating

hepatic steatosis (Oil Red O staining), as well as decreased glycogen accumulation (PAS

staining) (Figure 4E). Fasting glucose levels were decreased in animals with $cox10^{-/-}$

livers (Figure 4G). To directly probe gluconeogenesis, fasted mice were challenged with

a [U-^{13}C]-lactate/pyruvate tolerance test; animals with $cox10^{-/-}$ livers were unresponsive

as compared with wild-type animals (Figure 4H,I, Figure 4 – figure supplement 1A).

Additional plasma indicators of liver function were diminished in $cox10^{-/-}$ animals,

including decreased plasma total protein and increased plasma bilirubin (Figure 4J). We

also observed significant elevations in ALT and AST, indicators of liver damage (Figure

4K). Thus, in contrast to loss of complex I, the loss of complex IV in adult hepatocytes is

associated with hepatic steatosis, diminished liver function and evidence of liver damage.

Despite the fatty livers and diminished function, $cox10^{-/-}$ animals exhibited no

survival deficits even 8 weeks after AAV administration, and we did not detect changes

in steady state ATP levels in liver tissue (Figure 5A). $cox10^{-/-}$ livers exhibited a small,

but not statistically significant, trend towards increased oxidative stress (lowering of the

GSH / GSSG ratio) (Figure 5B). In contrast to cI-deficient livers, cIV deficiency

significantly impacted the redox status of the cell, as measured by the NAD$^+$ / NADH ratio

(Figure 5C). We observed altered ratios of both pyruvate / lactate and acetoacetate / β-

hydroxybutyrate, indicating impaired redox status in both the cytosol and mitochondrial

compartments (Figure 5D). Interestingly, tissue α-hydroxybutyrate levels were decreased

in $cox10^{-/-}$ livers, and plasma α-hydoxybutyrate levels were not significantly affected

(Figure 5E). Thus, impairment of mitochondrial complex IV has both biochemical and

functional consequences in the adult liver, and is required for maintenance of cellular

redox status.

To probe the effects of complex IV loss in mammalian liver, we assessed proteome

changes by label-free proteomics (Figure 5F, Table S2). Unsupervised hierarchical

clustering was able to separate proteomes between $cox10^{f/f}$ and $cox10^{-/-}$ livers (Figure

5F). A large number of proteins were significantly up-regulated ($\log_2$(Fold Change) > 1;

p-value < 0.05), and this group was enriched (209 out of 319) for proteins that localize to

mitochondria (Figure 5G (red dots), Table S2). Gene ontology analysis of upregulated

proteins revealed enrichment of a large number of mitochondrial pathways in all three

categories (Biological Processes (BP), Cellular Components (CC), and Molecular

Functions (MF)) (Table S2, Figure 5 – figure supplement 1A (red arrows)). Consistent

with this, there were significant increases in total mitochondrial content in $cox10^{-/-}$ livers,

as measured by both mitochondrial genome and protein content (Figure 5I-K; Figure 5 –

figure supplement 5). A separate analysis focused on non-mitochondrial proteins that

were upregulated did not reveal many pathways that were significantly enriched

(FDR<0.05), with the single exception of the cornified envelope cellular component

pathway, which included various genes implicated in cell damage and death processes

(e.g., S100A9 (*38, 39*), LGALS3 (*40*), NCL (*41-43*), HSPB1 (*44*)) (Table S2, Figure 5 –

figure supplement 1B) and may potentially be related to the hepatic damage observed in

this animal model (Figure 4K).

Only a small number of mitochondrial proteins were present among the down-

regulated proteins (16 of 214), among which we identified a number of complex IV

components (Figure 5G,H), consistent with destabilization of intact complex IV due to loss

of an assembly subunit. We did not observe significant decreases in components from

other ETC complexes, suggesting an isolated effect of cox10 loss on complex IV (Figure

5H). Consistent with this, gene ontology analysis identified complex IV as the only Cellular

Components pathway enriched among the down-regulated genes (Table S2). Several

biological processes related to metabolism were enriched among the down-regulated

genes which included lipid metabolic and biosynthetic pathways (Figure 5 – figure

supplement 2A,B (blue arrows)). Thus, proteomic changes in response to hepatic

complex IV deficiency largely center around increased mitochondrial constituents, as well

as decreased enzyme abundance for a number of metabolic pathways.

Steady-state metabolomic analysis of hepatic tissue revealed a number of

metabolites altered in response to complex IV loss, and unsupervised hierarchical

clustering was sufficient to separate $cox10^{f/f}$ and $cox10^{-/-}$ livers (Figure 5L,M).

Mitochondrial TCA cycle metabolites were largely maintained, although we observed a

significant increase in 2-hydroxyglutarate levels, which has been previously observed in

the setting of mitochondrial dysfunction (Figure 5N) (45). We observed significant

upregulation in a number of cholate species, consistent with cholestasis and

hepatomegaly in these animals (Figure 5M, Figure 5 – figure supplement 3A).

Upregulated metabolites were also highly enriched for long-chain acylcarnitine fatty acid

species, consistent with a fatty acid oxidation defect (Figure 5M). We therefore assessed

proteomic changes in annotated GO pathways related to fatty acid and bile acid

metabolism (Figure 5 – figure supplement 4). A number of enzymes related to fatty acid

synthesis exhibited statistically significant changes in $cox10^{-/-}$ livers, including

downregulation of FASN, the key fatty acid synthesis enzyme (Figure 5 – figure

supplement 4A). However, we did not observe overall enrichment or depletion of this

pathway by gene set enrichment analysis (GSEA) (Figure 5 – figure supplement 4A).

Fatty acid oxidation enzymes tended to be enriched in $cox10^{-/-}$ livers, which was perhaps

driven by the accumulation of mitochondrial proteins in this setting (Figure 5 – figure

supplement 4B). In contrast, abundance of bile acid metabolic enzymes tended to be

decreased in $cox10^{-/-}$ livers, although the overall pathway depletion did not reach

statistical significance (Figure 5 – figure supplement 4C).

Downregulated metabolites were enriched for several electron carriers, including

pyruvate, ascorbate and tetrahydrobiopterin (Figure 5M, Figure 5 – figure supplement

3B). Pyruvate can exchange electrons with NAD(H), while ascorbate and THBP are

potent antioxidants which can exchange electrons with metal ions and hydroxyradical

species (*46, 47*). Thus, inhibition of the mitochondrial ETC via Cox10 removal may

influence redox balance in multiple species. To assess related proteomic changes, we

investigated alterations in genes of the oxidoreductase family, a large family related to

transfer of electrons between many potential substrates (GO: 0016491; 787 members).

Overall, oxidoreductase enzymes trended to be upregulated in $cox10^{-/-}$ livers, largely

driven by mitochondrial-localized proteins, and we did identify a small number of enzymes

related to pyruvate, ascorbate and THBP metabolism as significantly altered in response

to hepatic complex IV loss (Figure 5 – figure supplement 4D).

Complex IV inhibition blocks electron entry from the electron transfer flavoprotein

(ETF) complex.

In cultured cells, Complex IV is the major source of oxygen consumption. To examine this *in vivo*, we performed magnetic resonance imaging in *cox10^{f/f}* and *cox10^{-/-}* animals as described above (Figure 3E). Based on arterial spin labeling measurements, we observed no alterations in perfusion of *cox10^{-/-}* livers (Figure 6A). In addition, BOLD (T2*) measurements indicated significant increases in blood oxygen content in both genotypes in response to 100% O_2, based on increases in the T2* relaxation time (Figure 6B). Similar to above results, *cox10^{f/f}* (wild-type) livers did not display increases in tissue oxygen levels, based on TOLD imaging and average T1 parameters (Figure 6C-E). In contrast, *cox10^{-/-}* livers displayed significant decreases in average T1 relaxation times in response to a 100% O_2 challenge, indicating increased dissolved oxygen levels in affected liver tissue (Figure 6C-E). A regional assessment of changes in T1 (ΔT1) also indicated decreased T1 parameters in *cox10^{-/-}*, but not *cox10^{f/f}* livers (Figure 6F). Thus, *cox10^{-/-}* livers are deficient in maintaining oxygen levels in response to increased blood O_2 delivery, consistent with decreased oxygen consumption in the setting of cIV deficiency.

The contrast in the tissue oxygen status between *ndufa9^{-/-}* and *cox10^{-/-}* livers suggests that complex I is not a significant electron donor to the hepatic ETC, at least under homeostatic conditions. If complex I was a major electron source, we would expect that depletion of complex IV might result in altered glucose utilization in the mitochondria. We therefore performed steady-state euglycemic infusions of [U-^{13}C]glucose in *cox10^{f/f}* and *cox10^{-/-}* animals (Figure 6G). Similar to *ndufa9^{-/-}* animals, we did not observe altered glucose handling in *cox10^{-/-}* animals (Figure 6H,I; Figure 6 – figure supplement 1A),

suggesting that complex I activity is low and glucose utilization in the mitochondria is not

sensitive to ETC function.

In principle, there are several paths of electron entry (Figure 6J) independent of

complex I, including complex II (which receives electron from succinate), DHODH (which

receives electrons from dihydroorotate), GPD2 (which receives electrons from glycerol 3-

phosphate), and the electron transfer flavoprotein (ETF) complex (which receives

electrons from $FADH_2$). These alternate routes bypass complex I by donating electrons

directly to ubiquinone. Complex IV dysfunction is expected to impact all of these routes;

however, we would only expect to see significant metabolic alterations in pathways with

high flux. In culture, ETC inhibition is commonly associated with elevated succinate levels;

however, we did not observe this result in $cox10^{-/-}$ livers (Figure 6K). Similarly, we did not

observed elevations in glycerol 3-phosphate or dihydroorotate (Figure 6K), suggesting

that GPD2 and DHODH activities are not a major electron source in murine livers.

Lastly, we examined whether the ETF complex constitutes a significant electron

source to the hepatic ETC. The ETF complex is made up of three proteins (ETFA, ETFB

and ETFDH), which transfers electrons from $FADH_2$ to ubiquinone. Significant sources of

$FADH_2$ are thought to include fatty acids (via beta-oxidation), as well as amino acid

metabolism (Figure 6J). In $cox10^{-/-}$ livers, we observed significant elevations in

medium/long chain acyl-carnitines (Figure 6L), as well as a decreased in β-

hydroxybutyrate levels (Figure 6M), consistent with a fatty acid oxidation defect. In

addition, we observed a striking increase in glutarate levels (Figure 6N), consistent with

a selective defect in amino acid metabolism linked to $FADH_2$. Thus, the metabolic

abnormalities observed in *cox10^-/-* livers are most consistent with a buildup of ETFDH

substrates.

Discussion

The dispensability of complex I for homeostatic function in the adult murine liver is not consistent with a key role for cI in electron entry to the ETC in this tissue; in particular, we observed no alterations in mitochondrial or cytosolic redox status in cI-deficient liver, or evidence of significant metabolic, histologic or functional alterations. It is possible that cI-related defects are minor and not detectable by our assays. The mouse liver is known to have relatively low flux through PDH, the major entry point of carbons to the TCA cycle which generates NADH for cI function (*29, 30*); thus, our data is consistent with a model in which the hepatic TCA cycle does not play a prominent role in nutrient oxidation via the generation of mitochondrial NADH under homeostatic conditions. The impact of cIV deficiency on cellular redox status indicates that the mitochondrial ETC is critical for removing electrons via transfer to oxygen, and thus, alternative electron donors are likely to fuel the ETC. However, the lack of a survival deficit in *cox10$^{-/-}$* animals in this study calls into question the absolute requirement for an intact mitochondrial ETC in mouse liver.

A precise measurement of the source of electrons for the ETC is challenging due to an inability to directly track electrons after incorporation into the redox-sensitive cofactors used by the mitochondrial ETC complexes. Our results from complex IV dysfunctional livers reveal a buildup of substrates that normally feed into the ETF complex, including elevations in multiple acyl-carnitine species, as well as glutarate, a by-product of lysine and tryptophan metabolism. In principle, the buildup of acyl-carnitines could be due to increased rates of fatty acid synthesis (FAS); however, we did not observe elevated levels of FAS enzymes. In addition, the reduction in β-hydroxybutyrate (a

terminal product of fatty acid oxidation) levels combined with the large increases in fatty

acid species is most consistent with a defect in fatty acid oxidation (FAO), although these

steady state measurements do not directly inform on flux through FAO pathways, and

experiment to directly trace flux through the ETF complex will be necessary.

In humans, mutations in proteins of the ETF complex are causative for glutaric

acidemia type II disease (also known as multiply acyl-CoA dehydrogenase deficiency),

which has similar biochemical abnormalities (*48, 49*). The clinical progression of these

patients can be variable; however, patients with hepatic involvement exhibit hepatic

steatosis, elevated ALT/AST levels and periodic hypoglycemia (*50*). In addition, mice

carrying a knock-in ETFDH mutation displayed diet-dependent phenotypes, including

hepatic steatosis and elevated levels of acyl-carnitine species (*51*). Lastly, patients with

SCO1 mutations (impacting complex IV assembly) display hepatic steatosis and elevated

acyl-carnitines (*8, 52*), suggesting a clinical overlap between mitochondrial ETC inhibition

and ETF complex deficiency.

Our results therefore indicate the complex I is dispensable in the adult murine liver,

and suggest that the ETF complex may instead constitute a significant electron source

for the hepatic ETC. A limitation of our study is that we have focused on steady state

analysis of homeostatic functions in the mouse liver of the C57BL/6J background, and it

is possible that complex I does have a required role in alternative genetic backgrounds,

or in the setting of hepatic stressors or alternative diets. Indeed, it has been reported that

C57BL/6J animals contain a mutation which prevents the incorporation of multimeric

complex IV into supercomplexes, and so the major contributing sources of electrons for

the ETC may be different in this background (*53, 54*). Thus, it is possible that cI is required

in other genetic backgrounds and it will be important to assess these scenarios in future

work. Indeed, the relevant and high flux modes of electron entry into the ETC may be

different among distinct tissues and backgrounds, and this provides a plausible

hypothesis for the non-overlapping syndromes present in mitochondrial ETC diseases

affecting different components. As an upstream component of the ETC, cI mutations from

the mitochondrial or nuclear genome may manifest in a narrow set of tissues systems

which rely on mitochondrial NADH to fuel respiration. In contrast, complex IV, the terminal

component of the ETC which feeds electrons to oxygen as a final electron acceptor, might

be predicted to have effects in a wider variety of tissues, particularly those which do not

have alternative pathways to remove excess electrons. Understanding the key ETC fuel

sources in both normal and stressed tissue systems will therefore provide insight into the

pathophysiological processes which occur downstream of specific mitochondrial

mutations.

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509   PXD031716; reviewer account details: Username: reviewer_pxd031716@ebi.ac.uk;

510   Password: yHS3ofKF).

Figure 1

Figure 1. Mitochondrial complex I is dispensable in adult murine hepatocytes. (A)

ndufa9 mRNA levels (relative to β2-microglobulin; normalized) in isolated hepatocytes of

the indicated genotype, assessed by qRT-PCR. n=3 animals per group. The same color

scheme is used throughout this figure. **(B)** *Ndufa9* protein levels in isolated hepatocytes

of the indicated genotype, assessed by Western blot. β2-microglobulin levels are shown

as a loading control. **(C)** Complex I activity measurements from livers of the indicated

genotype. n=3 animals per group. **(D)** Representative images of gross liver anatomy in

animals of the indicated genotype. Scale bar: 0.5cm. **(E)** Representative histology (H&E,

Oil Red O, PAS staining) images of liver cross sections from animals of the indicated

genotype. Scale bar: 50μm. **(F)** Liver weight (normalized to body weight) from mice of the

indicated genotype. n=4-5 animals per group. **(G)** Fasting plasma glucose levels in mice

of the indicated genotype. n=12-14 animals per group. **(H)** Circulating plasma markers

(total protein, albumin, and total bilirubin) of liver function in mice of the indicated

genotype. n=3-5 animals per group. **(I)** Plasma markers (ALT and AST) of liver damage

in mice of the indicated genotype. n=4-5 mice per group. All data were collected at 4

weeks post AAV-administration. Statistical significance was assessed using two-tailed t-

test (A,C,G,H,I) or Mann-Whitney (F,H) tests with adjustments for multiple comparisons.

All data represent mean +/- standard deviation from biological replicates.

Figure 2. Complex I deficiency in adult liver does not impact redox status. (A) ATP

levels from livers of the indicated genotype. n=3 mice per group. The same color scheme

is used throughout this figure. **(B)** Reduced glutathione to oxidized glutathione ratio

(GSH/GSSG) in livers of the indicated genotype, as a proxy of oxidative stress. n=8-9

mice per group. **(C)** NAD^+/NADH and NADPH/$NADP^+$ ratios in livers of the indicated

genotype. n=6 mice per group. **(D)** Normalized cytosolic (pyruvate / lactate) and

mitochondrial (acetoacetate / β–hydroxybutyrate) redox ratios in livers of the indicated

genotype. n=6 mice per group. **(E)** Tissue and plasma α–hydroxybutyrate levels in

animals of the indicated genotype. n=4-6 mice per group. **(F)** Unsupervised hierarchical

clustering of protein abundances in *ndufa9^f/f^* and *ndufa9^-/-^* livers, depicted as a heatmap

of z-scores. **(G)** Volcano plot of protein abundances changes in *ndufa9^-/-^* vs. *ndufa9^f/f^*

livers, based on proteomics analysis. Log_2(Fold change) is plotted against the –

log_{10}(adjusted p-value) for each protein. Significantly changing proteins (log_2(Fold

change) >1 or < -1; Adjusted p-val<0.05) are colored black, and mitochondrial proteins

are colored red. n=6 mice per group. **(H)** Volcano plot of abundances for mitochondrial

ETC proteins in *ndufa9^-/-^* vs. *ndufa9^f/f^* livers, based on proteomics analysis. **(I)** Levels of

mitochondrial proteins (PC, pyruvate carboxylase, and Tomm20) in livers of the indicated

genotype, as assessed by Western blot. Actin levels are shown as a loading control. **(J)**

Relative amounts of Tomm20 and PC in livers of the indicated genotype, relative to actin

levels. n=4 animals per group. **(K)** Mitochondrial genome (mtDNA) to nuclear genome

(nDNA) ratios in livers of the indicated genotype. n=8-9 mice per group. **(L)** Unsupervised

hierarchical clustering of liver metabolite abundances in *ndufa9^f/f^* and *ndufa9^-/-^* livers,

depicted as a heatmap of z-scores. **(M)** Volcano plot of metabolite abundance changes

in *ndufa9^-/-^* vs. *ndufa9^f/f^* livers, based on metabolomics analysis. Log_2(Fold change) is

potted against the –log_{10}(adjusted p-value) for each metabolite. Significantly changing

metabolites (log_2(Fold change) >1 or < -1; Adjusted p-val<0.05) are colored black. TMP,

Thiamine monophosphate. n=6 mice per group. **(N)** Relative abundances of mitochondrial

TCA cycle and related metabolites from livers of the indicated genotype. n=6 mice per

group. All data were collected at 4 weeks post AAV-administration. Statistical significance

was assessed using two-tailed t-test (A,C,D,E,J,K,N) or Mann-Whitney (B) with

adjustments for multiple comparisons. All data represent mean +/- standard deviation

from biological replicates.

Figure 3. Complex I deficiency in adult liver does not impact glucose utilization or oxygen status. (A) Schematic of expected labeling patterns from [U-^{13}C]glucose

infusions. ^{13}C atoms are indicated with red circles. G1P, glucose-1-phosphate; 3PG, 3-

phosphoglycerate; 2PG, 2-phosphoglycerate; PEP, phosphoenolpyruvate; pyr, pyruvate;

lac, lactate; acCoA, acetyl-CoA; OAA, oxaloacetate; glu, glutamate; αkg, αketoglutarate.

(B) Plasma enrichment of m+6 glucose during steady-state infusions of [U-^{13}C]glucose.

n=3 animals per group. The same color scheme is used throughout this figure. **(C)**

Steady-state liver enrichment of m+6 glucose in animals of the indicated genotype. n=3

animals per group. **(D)** Labeled fractions (1-(m+0)) of the indicated metabolites, relative

to liver glucose m+6 enrichment. n=3 animals per group. **(E)** Schematic of MRI

experiments. Anesthetized animals were challenged to breath room air, followed by 100%

O_2, followed by MR imaging to measure perfusion (in room air), and blood and tissue

oxygenation in each condition. **(F)** Perfusion values (reported as institutional units (I.U.))

based on arterial spin labeling in animals of the indicated genotype. n=3-4 animals per

group. **(G)** Relative (%) changes in hepatic T2* following exposure to 100% O_2 in animals

of the indicated genotype. n=3-4 animals per group. **(H)** Representative heatmaps of T1

apparent values (T1$_{app}$) in livers, overlaid on T1-weighted MR images. **(I)** Representative

distribution of T1$_{app}$ values in an animal of each genotype breathing room air, followed by

100% O_2. **(J)** Average hepatic T1$_{app}$ values in animals of the indicated genotype,

breathing room air followed by 100% O2. n=3-4 animals per group. **(K)** Average regional

changes in T1 (ΔT1) in animals of the indicated genotype. n=3-4 animals per group. All

data were collected at 4 weeks post AAV-administration. Statistical significance was

assessed using two-tailed t-test (C,D,F,G,K) or Mann-Whitney (I) with adjustments for

multiple comparisons. All data represent mean +/- standard deviation from biological

replicates.

Figure 4

Figure 4. Complex IV deficiency in adult hepatocytes induces liver dysfunction. (A) Cox10 mRNA levels (relative to β2-microglobulin; normalized) in livers of the indicated genotype, assessed by qRT-PCR at 4 weeks post-AAV administration. n=4-5 animals per group. The same color scheme is used throughout this figure. **(B)** Cox10 protein levels in livers of the indicated genotype, assessed by Western blot at 4 weeks post AAV-administration. β2-microglobulin levels are shown as a loading control. **(C)** Complex IV

activity (pmol O$_2$ consumed / min) in isolated mitochondria supplemented with ascorbate/TMPD substrates from livers of the indicated genotype, assessed at 4 weeks post AAV-administration. n=5-6 animals per group. **(D)** Representative images of gross liver anatomy in animals of the indicated genotype at 8 weeks post AAV-administration. Scale bar: 0.5cm. **(E)** Representative histology (H&E, Oil Red O, PAS staining) images of liver cross sections from animals of the indicated genotype at 8 weeks post-AAV administration. Scale bar: 50μm. **(F)** Liver weight (normalized to body weight) from mice of the indicated genotype at 8 weeks post-AAV administration. n=7 animals per group. **(G)** Fasting plasma glucose levels in mice of the indicated genotype at 8 weeks post-AAV administration. n=6-7 animals per group. **(H)** Relative changes in plasma glucose following a lactate/pyruvate tolerance test in mice of the indicated genotype at 8 weeks post-AAV administration. n=4-5 mice per group. **(I)** Fractional gluconeogenesis (plasma) in animals of the indicated genotype, measured via pyruvate/lactate tolerance test at 8 weeks post-AAV administration. n=4-5 animals per group. **(J)** Circulating plasma markers (total protein, albumin, and total bilirubin) of liver function in mice of the indicated genotype at 8 weeks post-AAV administration. n=5 animals per group. **(K)** Plasma markers (ALT and AST) of liver damage in mice of the indicated genotype at 8 weeks post-AAV administration. n=5 mice per group. Statistical significance was assessed using two-way ANOVA (H), t-test (C,F,G,I,J,K) or Mann-Whitney (A,K) tests with adjustments for multiple comparisons. All data represent mean +/- standard deviation from biological replicates.

Figure 5

Figure 5. Complex IV deficiency alters metabolism and cellular redox status in adult liver. (A) ATP levels in livers of the indicated genotype. n=3 animals per group. The same color scheme is used throughout this figure. **(B)** Reduced glutathionine to oxidized glutathionine ratio (GSH:GSSG) in livers of the indicated genotype, as a proxy of oxidative

stress. n=5-6 mice per group. **(C)** NAD^+/NADH and NADPH/$NADP^+$ ratios in livers of the

indicated genotype. n=5-6 mice per group. **(D)** Normalized cytosolic (pyruvate / lactate)

and mitochondrial (acetoacetate / β–hydroxybutyrate) redox ratios in livers of the

indicated genotype. n=5-6 mice per group. **(E)** Normalized tissue and plasma

α–hydroxybutyrate levels in animals of the indicated genotype. n=4-5 mice per group. **(F)**

Unsupervised hierarchical clustering of protein abundances in $cox10^{f/f}$ and $cox10^{-/-}$ livers,

depicted as a heatmap of z-scores. **(G)** Volcano plot of protein abundances changes in

$cox10^{-/-}$ vs. $cox10^{f/f}$ livers, based on proteomics analysis. Log_2(Fold change) is plotted

against the $-log_{10}$(adjusted p-value) for each protein. Significantly changing proteins

(log_2(Fold change) >1 or < -1; Adjusted p-val<0.05) are colored black; of these,

mitochondria-localized proteins are colored red. n=5-6 mice per group. **(H)** Volcano plot

of abundances for mitochondrial ETC proteins in $cox10^{-/-}$ vs. $cox10^{f/f}$ livers, based on

proteomics analysis. **(I)** Levels of mitochondrial proteins (PC, pyruvate carboxylase, and

Tomm20) in livers of the indicated genotype, as assessed by Western blot. Actin levels

are shown as a loading control. **(J)** Relative amounts of Tomm20 and PC in livers of the

indicated genotype, relative to actin levels. n=4 animals per group. **(K)** Mitochondrial

genome (mtDNA) to nuclear genome (nDNA) ratios in livers of the indicated genotype.

n=9 mice per group. **(L)** Unsupervised hierarchical clustering of metabolite abundances

in $cox10^{f/f}$ and $cox10^{-/-}$ livers, depicted as a heatmap of z-scores. **(M)** Volcano plot of

metabolite abundance changes in $cox10^{-/-}$ vs. $cox10^{f/f}$ livers, based on metabolomics

analysis. Log_2(Fold change) is potted against the $-log_{10}$(adjusted p-value) for each

metabolite. Significantly changing metabolites (log_2(Fold change) >1 or < -1; Adjusted p-

val<0.05) are colored black. n=5-6 mice per group. **(N)** Relative abundances of

mitochondrial TCA cycle and related metabolites from livers of the indicated genotype.

n=5-6 mice per group. All data in this figure were collected at 8 weeks post AAV-

administration. Statistical significance was assessed using t-test (A,B,C,D,E,J,K,N), or

Mann-Whitney (C,E) tests with adjustments for multiple comparisons. All data represent

mean +/- standard deviation from biological replicates.

Figure 6. Complex IV deficiency impairs electron transport chain function and oxygen status in the adult liver. (A) Perfusion values (reported as institutional units (I.U.)) based on arterial spin labeling in animals of the indicated genotype at 4 weeks post-AAV administration. n=3 animals per group. The same color scheme is used throughout this figure. **(B)** Relative (%) changes in hepatic T2* following exposure to 100% O_2 in animals of the indicated genotype at 4 weeks post-AAV administration. n=3 animals per group. **(C)** Representative heatmaps of T1 apparent values ($T1_{app}$) in livers, overlaid on T1-weighted MR images. **(D)** Representative distribution of $T1_{app}$ values in an animal of each genotype breathing room air, followed by 100% O_2. **(E)** Average hepatic $T1_{app}$ values in animals of the indicated genotype, breathing room air followed by 100% O_2. n=3 animals per group; 4 weeks post-AAV administration. **(F)** Average regional changes in T1 (ΔT1) in animals of the indicated genotype. n=3 animals per group; 4 weeks post-AAV administration. **(G)** Plasma enrichment of m+6 glucose during steady-state infusions of [U-^{13}C]glucose. n=3 animals per group; 4-weeks post-AAV administration. **(H)** Steady-state liver enrichment of m+6 glucose in animals of the indicated genotype. n=3 animals per group; 4 weeks post-AAV administration. **(I)** Labeled fractions (1-(m+0)) of the indicated metabolites, relative to liver glucose m+6 enrichment. n=3 animals per group; 4 weeks post-AAV administration. **(J)** Schematic of potential electron sources for mitochondrial ETC. CoQ, ubiquinone; GPD2, mitochondrial glycerol-3-phosphate dehydrogenase; DHODH, dihydroorotate dehydrogenase. ETF, electron transfer flavoprotein complex. DHAP, dihydroxyacetone phosphate. **(K)** Relative abundance of electron donors in livers of the indicated genotype at 8 weeks post-AAV administration. n=4-6 mice per group. **(L)** Relative abundance of acylcarnitine metabolites in livers of the

indicated genotype. n=5-6 mice per group at 8 weeks post-AAV administration. **(M)**

Relative β-hydroxybutyrate levels in livers of the indicated genotype at 8 weeks post-AAV

administration. n=4-5 mice per group. **(N)** Relative glutarate levels in livers of the indicated

genotype at 8 weeks post-AAV administration. n=5-6 mice per group. Statistical

significance was assessed using t-test (A,B,E,F,H,I,K,L,M,N) or Mann-Whitney (D) tests

with adjustments for multiple comparisons. All data represent mean +/- standard deviation

from biological replicates.

MATERIALS AND METHODS

Reagents

Most chemicals and reagents including antimycin A (A8674), carbonyl cyanide 3-chlorophenylhydrazone [CCCP (C2759)], EGTA (E3889), glutamate (49621), glycerol (G5516), hematoxylin (GHS132), HEPES (H4034), magnesium chloride (208337), malate (240176), D-mannitol (M4125), NAD^+ (N8285), $NADP^+$ (N8160), NADH (N6785), NADPH (N9960), $^{15}N_5$-AMP (900382), Orotic acid (O2750), L-Dihydroorotic acid (D7128), Oil Red O (O0625), periodic acid (P7875), PEG 400 (91893), potassium chloride (P9541), rotenone (R8875), sodium chloride (S9888), sodium lactate (L7022), sodium phosphate monobasic (RDD007), sodium pyruvate (P2256), sucrose (S0389), N,N,N′,N′-Tetramethyl-p-phenylenediamine [TMPD (T7394)] were purchased from Sigma-Aldrich. HPLC-grade acetonitrile (A955), formic acid (A117), methanol (A456), and water (W6) were purchased from Fisher Scientific. Eosin Y (SE23) and Tris base (BP301) was purchased from Fisher Scientific. GSH (G597951), GSSG (G597970), $^{13}C_2;^{15}N$ GSH (G597952), and $^{13}C_4;^{15}N_2$ GSSG (G597972) were purchased from Toronto Research Chemicals. [U-^{13}C] lactate (CLM-1579) and [U-^{13}C] pyruvate (CLM-2440) were purchased from Cambridge Isotope Laboratories. Schiff's Reagent was purchased from Electron Microscopy Sciences (26052-06). pAAV.TBG.PI.eGFP.WPRE.bGH (AAV-GFP) and pAAV.TBG.PI.Cre.rBG (AAV-Cre) were a gift from James M. Wilson (Addgene viral prep #105535-AAV8 and #107787-AAV8). Antibodies used: Tom20 (Proteintech, 11802), Pyruvate carboxylase (Proteintech, 16588), Actin (Proteintech, 66009), Ndufa9 (ThermoScientific, 459100), β2-microgobulin (ThermoScientific, 701250).

Mice

The *cox10^{f/f}* mice (strain 024697) were purchased from The Jackson Laboratory and were maintained on a C57BL6 background. The *ndufa9^{f/f}* mice were obtained from David McFadden (UT Southwestern) and were on a C57BL6 background; generation of these mice are described here (*55*). All mice were housed in the Animal Resource Center at University of Texas Southwestern Medical Center under a 12-hour light-dark cycle and fed ad libitum. Prior to all experiments, mice were fasted for 16-18 hours over night (unless otherwise indicated). All mouse experiments were performed according to protocols approved by the Institutional Animal Care and Use Committee (IACUC) at University of Texas Southwestern Medical Center. Both male and female mice were used in all experiments; if sex differences were not present, both male and female mice were analyzed together. For genotyping, the following primers were used:

Cox10 Forward: GAGAGGAGTCAAGGGGACCT

Cox10 Reverse: GGCCTGCAGCTCAAAGTGTA

Ndufa9 Forward: TTGATTGCCTGTGAGCTTTG

Ndufa9 Reverse: TGCTAGGAAAGAGGCAGGTC

For AAV injections, virus was prepared in dilution buffer [NaCl (136mM), KCl (5mM), MgCl2 (1mM), Tris (10mM, pH 7.4), and glycerol (10%)] and injected into the retroorbital vein at 5×10^{10} GC per mouse.

Mitochondrial ETC Activity Measurements

Oxygen consumption rates (OCR) were measured using a Seahorse XFe96 Analyzer (Agilent Technologies) based on a previously published protocol (*56*). Liver tissue was

homogenized with 40 strokes of a dounce homogenizer in mitochondrial isolation buffer

[HEPES (5mM), sucrose (70mM), mannitol (220mM), MgCl2 (5mM), KH2PO4 (10mM),

and EGTA (1mM), pH 7.2]. Mitochondria were isolated via differential centrifugation: First

nuclei and cell debris were removed by isolating supernatant after five spins at 600g; and

enriched mitochondria were then pelleted with a 10000g spin. 5μg of mitochondria were

plated in an XFe96 well plate on ice, spun at 4700 RPM (Beckman Coulter S6096) for 2

minutes at 4°C. Mitochondria were then supplemented with media containing isolation

buffer with complex IV substrates to probe respiration. At the times indicated, ADP (final

concentration 4mM), oligomycin (2uM), CCCP (2uM), and either antimycin A (4uM) or

sodium azide (40mM) was injected.

No substrate	Isolation buffer (IB)
Complex IV	IB with ascorbate (10mM) + TMPD (100uM) + antimycin A (2uM)

For mouse embryonic fibroblast experiments, *ndufa9^{f/f}* and *ndufa9^{-/-}* MEFS were obtained

as previously described (*55*). Briefly, E13.5 embryos were collected from *ndufa9^{f/f}*

pregnant females, minced and digested with trypsin for 45 min at 37C. Digested embryos

were cultured in DMEM (Sigma-Aldrich, D6429) supplemented with 10%FBS, 1%

penicillin/streptomycin, and immortalized with a lentiCRISPRv2 lentivirus expressing

sgRNA targeting Trp53. Immortalized MEFs were subsequently transduced with Ad5-

CMV-EGFP or Ad5-CMV-CreEGP adenovirus (University of Iowa Viral Vector Core),

followed by culturing in the above media supplemented with 1mM sodium pyruvate and

100 μg/ml uridine. GFP+ cells were sorted by flow-cytometry to obtain purified *ndufa9^{f/f}*

and *ndufa9^{-/-}* cells, which were then verified by genotyping and Western blot analysis, as

previously reported (*55*). For oxygen consumption measurements, *ndufa9$^{f/f}$* and *ndufa9$^{-/-}$*

cells were plated overnight and exchanged into Seahorse assay buffer and

measurements started. Mitochondrial oxygen consumption rates (mito-OCR) were

calculated by subtracting non-mitochondrial respiration from baseline respiration.

Complex I activity measurements were performed using an immunocapture absorbance

assay (ab109721; Abcam) following manufacturer's instructions. Approximately 100 mg

of tissue were isolated from snap frozen mouse livers that had been stored at -80˚C.

Tissue was homogenized in 500 ul PBS and protein concentrations were quantitated (DC

Protein assay, Biorad). Samples were diluted with PBS to a concentration of 5.5 mg/ml

and 90 ul were mixed with 10 ul of detergent (Abcam) and incubated on ice for 30 minutes.

Samples were then spun down at 17,000 x g and 4˚C and the supernatants were collected

and diluted to 250 ug/mL of protein. 50 ug of each sample were loaded in duplicate onto

the immunocapture plate and incubated for 3 hours. Experimental wells were then

washed three times before adding 200 uL of reaction mixture. The OD450 was monitored

over 30 minutes (SpectraMax), and the resulting reaction curves were fit by linear

regression (Prism Graphpad) and slopes reflecting Complex I activity are reported by as

mOD 450/ug protein/min.

ATP measurements were carried out with an ATP Colorimetric/Fluorometric assay kit (K-

354, BioVision Inc.). Approximately 10 mg of tissue were isolated from snap frozen mouse

livers that had been stored at -80˚C. Tissues were homogenized in 100 ul of ATP assay

buffer and were rapidly deproteinized by PCA precipitation (K-808, BioVision Inc.). 10 ul

of deproteinized sample were diluted with 40 ul of ATP assay buffer and loaded in

duplicate into a clear bottom 96 well plate. 50 ul of developer solution was added to each

well and the plate was incubated for 30 minutes at room temperature protected from light. The endpoint OD570 of sample wells was measured on a Spectramax iD3 spectrometer (SpectraMax, Molecular Devices) and the total amount of ATP was determined from a standard curve constructed with 0–10 nmol ATP. Reported values are normalized by tissue weight.

qRT-PCR and qPCR measurements.

Genomic DNA was isolated by ethanol precipitation and RNA was isolated from tissue using RNeasy Mini kits (Qiagen). Samples were run using the Luna Universal One-Step RT-qPCR Kit (New England Biolabs) on a CFX384 (Bio-Rad).

Target	Primer Sequence
cox10	F: AGGGTCAGCATCACCAATAC
	R: GGAGACACTTACCAGCATCAA
ndufa9	F: GGAGACACTTACCAGCATCAA
	R: CCTCCTTTCCCGTGAGGTA
mtDNA (*ND2* mtDNA)	F: CCTATCACCCTTGCCATCAT
	R: GAGGCTGTTGCTTGTGTGAC
nDNA (*pecam1*)	F: ATGGAAAGCCTGCCATCATG
	R: TCCTTGTTGTTCAGCATCAC

Histology of liver tissue

Fresh tissue was fixed overnight in 10% neutral buffered formalin, rinsed with 30% sucrose in PBS, and paraffin embedded. 10 micron sections were cut and placed on

slides at -20°C until staining. Sections were stained by either haemotoxylin and eosin, Oil

Red O), or periodic acid Schiff base (PAS) and visualized under 20X magnification on an

Olympus IX83 microscope and processed with ImageJ (NIH).

Plasma Analysis

Blood was collected on ice with heparin and centrifuged at 5000xg for 10 minutes to obtain

plasma. Plasma levels of alanine aminotransferase, albumin, aspartate

aminotransferase, glucose, lactate, total bilirubin, and total protein were measured using

a VITROS 250 Microslide at the UT Southwestern Metabolic Phenotyping Core.

GSH/GSSG and NAD(P)(H) Quantitation

For glutathione quantitation, 20mg of frozen tissue was treated with 300uL of 80%

methanol with 0.1% formic acid and homogenized on ice. The samples were freeze-

thawed, centrifuged to remove protein, and the supernatant was dried. Dried samples

were reconstituted in 1mL water with 0.1% formic acid, diluted, spiked with internal

labeled standards, and analyzed as previously described (*57, 58*).

NAD(P)+/NAD(P)H was measured as previously described (*59*). Briefly, ~20 mg of tissue

was homogenized on ice in cold 40:40:20 (acetonitrile: methanol: water) with 0.1M formic

acid buffer. Tissue was vortexed, chilled, quenched with 15% ammonium bicarbonate,

and centrifuged to pellet protein. Supernatant was diluted in 10mM ammonium

bicarbonate and $^{15}N_5$-AMP was added as an internal standard and injected onto a Sciex

6500 Qtrap using a reverse-phase ion pairing method**.** Pelleted protein was lysed and

quantified using the DC protein assay (Bio-Rad).

For MEFs, cells were plated in 6-well dishes and allowed to adhere overnight; the

following day cells were at ~80% confluence. Media was removed, cells were rinsed with

ice cold saline, and metabolites were collected by scraping cells in dry ice-cold 80%

methanol / 20% water with an internal standard (series of 13C, 15N-labeled amino acids).

Metabolite extracts were stored at -80°C overnight and centrifuged the following day to

remove debris. Raw AUC values were obtained using MultiQuant and TIC values for

normalization were obtained using Analyst (SCIEX software for MS analysis).

Proteomics analysis of liver tissue

50 μg per sample of protein homogenate from livers or enriched mitochondria (prepared

as described above) was solubilized in 1% SDS, 50mM Tris pH 8.0, loaded onto a 4-20%

Mini-PROTEAN TGX precast protein gel (BioRad), stained with Coomassie Blue, and

destained. Samples were analyzed at the UT Southwestern Proteomics Core. Gel slices

were cut into 1mm3 cubes, and digested overnight with trypsin (Pierce 90058) following

reduction and alkylation with DTT and iodoacetamide (Sigma–Aldrich I6125). The

samples then underwent solid-phase extraction cleanup with an Oasis HLB plate (Waters)

and the resulting samples were injected onto an Orbitrap Fusion Lumos mass

spectrometer coupled to an Ultimate 3000 RSLC-Nano liquid chromatography system.

Samples were injected onto a 75 μm i.d., 75-cm long EasySpray column (Thermo) and

eluted with a gradient from 0-28% buffer B over 90 min. Buffer A contained 2% (v/v) ACN

and 0.1% formic acid in water, and buffer B contained 80% (v/v) ACN, 10% (v/v)

trifluoroethanol, and 0.1% formic acid in water. The mass spectrometer operated in

positive ion mode with a source voltage of 1.8 kV and an ion transfer tube temperature of

275 °C. MS scans were acquired at 120,000 resolution in the Orbitrap and up to 10

MS/MS spectra were obtained in the ion trap for each full spectrum acquired using higher-

energy collisional dissociation (HCD) for ions with charges 2-7. Dynamic exclusion was

set for 25 s after an ion was selected for fragmentation.

Raw MS data files were analyzed using Proteome Discoverer v2.4 SP1 (Thermo), with

peptide identification performed using Sequest HT searching against the mouse protein

database from UniProt (downloaded January 2022; 17,062 sequences). Fragment and

precursor tolerances of 10 ppm and 0.6 Da were specified, and three missed cleavages

were allowed. Carbamidomethylation of Cys was set as a fixed modification, with

oxidation of Met set as a variable modification. The false-discovery rate (FDR) cutoff was

1% for all peptides. PSMs found in only a subset of samples were re-searched to identify

peptides based on retention time and mass. Protein abundance was quantitated based

on the total ion count for all identified peptides in each sample, and normalized after log

transform according to previously published protocols (*60*). Unsupervised hierartchical

clustering was performed on z-score transformed values in MATLAB (Mathworks, Inc.).

Mitochondrial-localized proteins were classified based on their presence in MitoCarta3.0

(*61*). Significantly up and downregulated proteins were identified based on $\log_2$(fold

change) <1 or <1 (respectively) and p-value<0.05. Gene ontology analysis on up or

downregulated proteins was performed using DAVID (https://david-

[d.ncifcrf.gov/home.jsp](https://david-d.ncifcrf.gov/home.jsp)); for each analysis, the complete list of detected proteins was used

as a background, and pathways from Biological Processes, Cellular Components and

Molecular Function (All and Direct) were assessed. Pathways with a FDR<0.05 are

reported in Table S2. Gene set enrichment analysis was performed using GSEA software

(*62, 63*) using the following gene-ontology pathways: GO:0006633 (Fatty Acid Synthesis),

GO:0019395 (Fatty Acid Oxidation), GO:0008206 (Bile Acid Metabolic Process),

GO:0016491 (Oxidoreductase Activity).

In vivo isotope tracing

All *in vivo* isotope tracing experiments were performed in conscious mice after overnight

fasting, based on previously published protocols (*64, 65*). On the morning of the

experiment, catheters (Braintree Scientific MRE-KIT 025) were surgically implanted into

the right external jugular vein of mice. For steady state euglycemic infusion of [U-

^{13}C]glucose, a total dose of 8g/kg body mass (dissolved in 1000 μl saline) was

continuously infused at 2.5 μl min^{-1} (total infusion time of 3 hr). At the end of the infusion,

mice were euthanized and tissue was immediately harvested, snap frozen in liquid N2,

and stored at -80°C prior to GC-MS analysis.

Metabolomics analysis

Flash frozen liver tissue (20 mg) was pulverized with a mortar and pestle on liquid nitrogen

(H37260-0100, Bel-Art Products), 80% methanol was added, and samples subjected to

three freeze-thaw cycles. For plasma, 20 μL was extracted with 0.2 mL cold acetone.

Protein was removed by centrifugation and supernatant dried (SpeedVac,

ThermoFisher).

Data acquisition was performed by reverse-phase chromatography on a 1290 UHPLC

liquid chromatography (LC) system interfaced to a high-resolution mass spectrometry

(HRMS) 6550 iFunnel Q-TOF mass spectrometer (MS) (Agilent Technologies, CA). The

MS was operated in both positive and negative (ESI+ and ESI-) modes. Analytes were

separated on an Acquity UPLC® HSS T3 column (1.8 µm, 2.1 x 150 mm, Waters, MA).

The column was kept at room temperature. Mobile phase A composition was 0.1% formic

acid in water and mobile phase B composition was 0.1% formic acid in 100% ACN. The

LC gradient was 0 min: 1% B; 5 min: 5% B; 15 min: 99% B; 23 min: 99% B; 24 min: 1%

B; 25 min: 1% B. The flow rate was 250 µL min-1. The sample injection volume was 5 µL.

ESI source conditions were set as follows: dry gas temperature 225 °C and flow 18 L min-

1, fragmentor voltage 175 V, sheath gas temperature 350 °C and flow 12 L min-1, nozzle

voltage 500 V, and capillary voltage +3500 V in positive mode and −3500 V in negative.

The instrument was set to acquire over the full m/z range of 40–1700 in both modes, with

the MS acquisition rate of 1 spectrum s-1 in profile format. Raw data files were processed

using Profinder B.08.00 SP3 software (Agilent Technologies, CA) with an in-house

database containing retention time and accurate mass information on 600 standards from

Mass Spectrometry Metabolite Library (IROA Technologies, MA) which was created

under the same analysis conditions. The in-house database matching parameters were

mass tolerance 10 ppm; retention time tolerance 0.5 min. Peak integration result was

manually curated in Profinder for improved consistency. Metabolite abundances were

normalized based on the total ion count for all identified metabolites. Unsupervised

hierartchical clustering was performed on z-score transformed values in MATLAB

(Mathworks, Inc.), and adjusted p-values were calculated using multiple t-test with adjust

for multiple comparisons in Graphpad Prism.

GC-MS analysis was used to quantitate α-hydroxybutyrate and α-ketobutyrate, as well

as measure mass isotopomer distributions for the lactate/pyruvate tolerance test and [U-

^{13}C]glucose infusions. Dried metabolites were derivatized to form methoxime-TBDMS

adducts by incubating with 1% methoxyamine hydrochloride (Sigma-Aldrich) in pyridine

at 70°C for 15 min followed by addition of *N-tert*-Butyldimethylsiyl-*N*-

methyltrifluoroacetamide (MTBSTFA, Sigma-Aldrich) for 1 hour. Derivatized samples

were analyzed using an Agilent Technologies 7890B gas chromatographer with a HP-

5MS 5% phenyl methyl Silox column (Agilent) coupled to an Agilent Technologies 5977A

mass spectrometer. The observed distributions of mass isotopologues were corrected for

natural abundance (*66*).

Lactate/Pyruvate Tolerance Test

Lactate/Pyruvate tolerance tests were performed as previously described (*29*). Briefly,

mice were fasted for 16 hours overnight and given an IP injection of a 1.5mg/g of a 10:1

sodium lactate: sodium pyruvate solution. 40% of the sodium lactate and sodium pyruvate

were [U-^{13}C] sodium lactate and [U-^{13}C] sodium pyruvate. Blood glucose was measured

0, 10, 20, and 30 minutes post injection using a blood glucometer (Contour Next) and

lactate was measured using a lactate meter (Nova Biomedical Lactate Plus). Fractional

gluconeogenesis (GNG) was determined as previously described (*67*), using the following

formula:

$GNG = (M1_{glucose} + M2_{glucose} + M3_{glucose})/(2*M0_{lactate}*(M1_{lactate} + M2_{lactate} + M3_{lactate}))$

where Mx represents the fractional enrichment of the m+x species for the indicated

metabolite.

Magnetic Resonance Imaging experiments

Experiments were performed on mice at 4 weeks post-AAV administration. MR imaging

was performed on a 7T pre-clinical scanner (Bruker Biospec, Germany) using a 40 mm

Millipede radio frequency coil for transmitting and receiving. Mice were anesthetized with

1.5-2.5% Isoflurane. Mice breathed medical air (21% O2) delivered via a nose cone, in

the baseline acquisition and then the gas was switched to 100% O2 (Airgas, Radnor

Township, PA, USA). The gas flow rate was set to 400 ml/min. A pneumonic sensor

placed on the abdomen was used for respiratory monitoring and prospective triggering

(SA Instruments, Stony Brook, NY). The animal's ambient temperature was maintained

at 28 °C using an MR Compatible Small Rodent Air Heater System (SA Instruments,

Stony Brook, NY). For a given animal, the breathing rate was maintained at 40 ± 5 bpm

by varying the Isoflurane levels by $\pm$ 0.5%. At each breathing challenge, images were

acquired to generate T1 and T2* maps of the liver in the coronal plane.

T1 method: A respiratory triggered, radio frequency spoiled, flow compensated cine

gradient echo method (FLASH) was used. To suppress the motion artifacts from cardiac

motion, a saturation pulse was applied to the thoracic region. Two cines (number of

frames = 65) were acquired with two different flip angles ($\alpha = 5°$ and 20°). A steady state

signal was achieved after 55 frames. Frames 55 to 65 were averaged to improve the

signal-to-noise ratio. Pixel-by-pixel apparent (uncorrected for B1 inhomogeneity) T1

maps were calculated using the averaged signal intensities (S) according to (*68*), $S\alpha =$

$-2\frac{TR}{T1}\left(\frac{S}{\alpha}\right) + const.$ Cine FLASH parameters were: TR/TE=10ms/2.3ms, FOV = 40 x 40

mm^2, matrix = 128 x 128, NEX = 1, slice thickness = 1 mm, number of segments = 1,

number of frames = 65, in-plane resolution = 0.3 mm x 0.3 mm.

Using the apparent T1 maps, and noting that any spatial dependencies due to B1

inhomogeneity are canceled out in relative measures, a map of the actual T1 difference

between the gas challenges (Air vs. 100 %O2) was calculated as: $\Delta T1 = 100 * (T1_{O2} -$

$T1_{air})/T1_{air}$. The mean relative $\Delta T1$ of the liver was calculated in a manually segmented

liver region. Pixels representing blood vessels were automatically excluded from this

region by thresholding to mean of liver T1 tissue ± 2× standard deviations. The mean of

liver T1 was calculated from a region of interest that did not include blood vessels.

T2* method: A respiratory triggered, bipolar-multi gradient echo (MGE) sequence was

used. Sixteen echoes from positive gradients were acquired at 2.5ms intervals. The scan

plane geometry and the orientation was identical to that of the T1 method. MGE

parameters were: TR = 300 ms, TE = 2.5 ms − 47.5 ms, NEX = 4. T2* maps were

generated by non-linear least square fitting the echo signals (s) to an exponential model:

$A * e^{-B*TE} + C$. The mean relative $\Delta T2^*$ was calculated as similar to $\Delta T1$.

Perfusion Method: FAIR arterial spin labeling technique was used to calculate the liver

perfusion in a single-slice in the axial plane during the session where mice breathed

medical air (21% O2). The FAIR sequence was a multi-echo spin-echo with a 13.6 ms

inversion pulse. A slice select inversion with an inversion slab of 4 mm was followed by a

global inversion. The inversion time was set to 2000 ms. A reference image was acquired

without the inversion pulse. Other imaging parameter were: TR = 10 s, FOV = 30 x 25

mm^2, matrix = 128 x 64, NEX = 1, slice thickness = 1 mm, echo train length = 8. A pixel

wise perfusion map was constructed as described previously (*31*).

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Statistical analyses

All data represent mean and standard deviations from biological replicates. No statistical

tests were used to predetermine sample size. Animals were randomly allocated into

experimental groups. No blinding or masking of samples was performed. Data sets for

each group of measurement was tested for normality using the Shapiro-Wilk test. If the

data was not normally distributed, the data was log-transformed and retested for

normality. For normally-distributed data, groups were compared using the two-tailed

Student's t-test (for 2 groups), or one-way ANOVA or two-way ANOVA (> 2 groups),

followed by Tukey's or Dunnett's test for multiple comparisons. For data that was not

normally distributed, we used non-parametric testing (Mann-Whitney or Kolmogorov-

Smirnov tests for two groups and Kruskal-Wallis test for multiple groups), followed by

Dunn's multiple comparisons adjustment. For metabolomics and proteomics data sets,

abundances were compared by multiple t-tests, followed by Bonferroni correction of p-

values. Proteomics and metabolomics analysis were performed once using biological

replicates (individual mice); for other experiments, multiple (two to four) independent

experiments with biological replicates (individual mice) were performed for reported data,

and the number of biological replicates are indicated in the figures. No data were

excluded.

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Captions for Supplementary Tables:

Table S1

Excel spreadsheet containing raw data and statistical analysis of proteomics and metabolomics data for *ndufa9*$^{-/-}$ vs. *ndufa9*$^{f/f}$ livers at 4 weeks post-AAV administration.

Table S2

Excel spreadsheet containing raw data and statistical analysis of proteomics and metabolomics data for *cox10*$^{-/-}$ vs. *cox10*$^{f/f}$ livers at 8 weeks post-AAV administration.

1051 **Figure 1 – figure supplement 1. Metabolic Flux Analysis of *ndufa9^{f/f}* and *ndufa9^{-/-}***

1052 **MEFs. (A)** Oxygen consumption rates in *ndufa9^{f/f}* and *ndufa9^{-/-}* mouse embryonic

1053 fibroblasts (MEFs). n = 22-24 wells per group. The same color scheme is used throughout

1054 this figure. **(B)** Normalized NAD$^+$ / NADH ratios in MEFs of the indicated genotype. n=3

1055 wells per group.

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Figure 1 – figure supplement 2. Analysis of *ndufa9-/-* livers at 2 weeks post-AAV administration. (A) Representative histology (H&E, Oil Red O, PAS staining) images of liver cross sections from animals of the indicated genotype at two weeks post-AAV administration. Scale bar: 50μm. (B) Liver weight / body weight ratios in animals of the indicated genotype. n=4 mice per group. The same color scheme is used throughout this figure. (C) Fasting plasma glucose levels in mice of the indicated genotype. n=4 mice per group. (D) Circulating plasma markers (total protein, albumin, and total bilirubin) of liver function in mice of the indicated genotype. n=4 animals per group. (E) Plasma markers (ALT and AST levels) of liver damage in mice of the indicated genotype. n=4 mice per

1080   group. Statistical significance was assessed using two-tailed t-test (B,C,D,E). All data in

1081   this figure were collected at 2 weeks post AAV-administration. All data represent mean

1082   +/- standard deviation from biological replicates, unless noted otherwise.

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Figure 1 – figure supplement 3. Analysis of ndufa9-/- livers at 8 weeks post-AAV administration. (A) Representative histology (H&E, Oil Red O, PAS staining) images of liver cross sections from animals of the indicated genotype at eight weeks post-AAV administration. Scale bar: 50μm. **(B)** Fasting plasma glucose levels in mice of the indicated genotype. n=4 mice per group. The same color scheme is used throughout this figure. **(C)** Circulating plasma markers (total protein, albumin, and total bilirubin) of liver function in mice of the indicated genotype. n=4 animals per group. **(D)** Plasma markers (ALT and AST levels) of liver damage in mice of the indicated genotype. n=4 mice per group. All data in this figure were collected at 8 weeks post AAV-administration. Statistical

1113   significance was assessed using two-tailed t-test (B,C,D). All data represent mean +/-

1114   standard deviation from biological replicates.

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Figure 2 – figure supplement 1. Analysis of mitochondrial proteomes in complex I

deficient livers. (A) Volcano plot of protein abundances changes in *ndufa9⁻/⁻* vs. *ndufa9^f/f*

livers, based on proteomics analysis of enriched mitochondria. Mitochondrial proteins

(based on MitoCarta 3.0) are shown. Log_2(fold change) is plotted against the –

log_{10}(adjusted p-value) for each protein. Significantly changing proteins (log_2(fold change)

>1 or < -1; Adjusted p-val<0.05) are colored black. n=3 mice per group; 4 weeks post-

AAV administration. **(B)** Volcano plot of abundances for mitochondrial ETC proteins in

mitochondria purified from *ndufa9⁻/⁻* vs. *ndufa9^f/f* livers, based on proteomics analysis.

Figure 2 - figure supplement 2

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Figure 2 – figure supplement 2. Immunofluorescence of hepatic sections.
Representative immunofluorescent images of liver sections at 20x (left; scale bar 50 μm)
and 63x (right; scale bar 5 μm) of the indicated genotype. TOMM20 (mitochondrial)
staining is indicated in red; nuclear staining (DAPI) is indicated in blue. Data was collected
at 4 weeks post-AAV administration.

Figure 3 - figure supplement 1

Figure 3 – figure supplement 1. Metabolic analysis of complex I deficient livers. (A) Mass isotopomer distributions in liver tissue from [U-^{13}C]glucose infusions in animals of the indicated genotype. n=3 animals per group; 4 weeks post-AAV administration. Statistical significance was assessed using t-tests (A,B) with adjustments for multiple comparisons. All data represent mean +/- standard deviation from biological replicates.

Figure 4 - figure supplement 1

Figure 4 – figure supplement 1. Lactate/pyruvate tolerance test in complex IV deficient livers. (A) Mass isotopomer distributions related to lactate/pyruvate tolerance test (Figure 4H,I), for plasma lactate and glucose. n=4-5 mice per group; 8 weeks post-AAV administration.

Figure 5 - figure supplement 1

A

-log$_{10}$ (FDR)

Biological Process (DIRECT)

- mitochondrial respiratory chain complex I assembly
- mitochondrial electron transport, NADH to ubiquinone
- mitochondrial electron transport, uniqunol to cytochrome c
- tricarboxylic acid cycle
- mitochondrial translation
- mitochondrial ATP synthesis coupled proton transport
- aerobic respiration
- ATP biosynthetic process
- ion transport
- ATP synthesis coupled proton transport
- mitochondrial organization

-log$_{10}$ (FDR)

Cellular Component (DIRECT)

- mitochondrion
- mitochondrial inner membrane
- respiratory chain
- mitochondrial matrix
- mitochondrial large ribosomal subunit
- mitochondrial respiratory chain complex I
- mitochondrial intermembrane space
- mitochondrial nucleoid
- mitochondrial membrane
- myelin sheath
- mitochondrial respiratory chain complex III
- ribosome
- mitochondrial proton-transporting ATP synthase complex
- mitochondrial ribosome
- mitochondrial intermembrane space protein transporter complex
- cornified envelope

-log$_{10}$ (FDR)

Molecular Function (DIRECT)

- oxidoreductase activity
- NADH dehydrogenase (ubiquinone) activity
- iron-sulfur cluster binding
- 2 iron, 2 sulfur cluster binding
- proton-transporting ATP synthase activity, rotational mechanism
- NADH dehydrogenase activity
- flavin adenine dinucleotide activity
- electron carrier activity
- structural constituent of ribosome

B

-log$_{10}$ (FDR)

Cellular Component (DIRECT)

- cornified envelope

Figure 5 – figure supplement 1. Functional annotation (DAVID) analysis of upregulated proteins in complex IV deficient livers. (A) Significantly enriched biological pathways (FDR<0.05) from gene ontology analysis of all upregulated proteins

1234   (log$_2$(fold change) > 1; p-value < 0.05) in *cox10$^{-/-}$* livers, based on proteomic analysis at 8

1235   weeks post-AAV administration. Pathways annotated under Biological Processes

1236   (Direct), Cellular Components (Direct) and Molecular Function (Direct) are shown. Red

1237   arrows highlight pathways related to mitochondrial proteins. **(B)** Same as (A), but for non-

1238   mitochondrial upregulated proteins.

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Figure 5 - figure supplement 2

A

-log$_{10}$ (FDR)

Biological Process
(ALL)

Cellular Component
(DIRECT)

mitochondrial respiratory chain complex IV

-log$_{10}$ (FDR)

B

-log$_{10}$ (FDR)

Biological Process
(ALL)

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Figure 5 – figure supplement 2. Functional annotation (DAVID) analysis of

downregulated proteins in complex IV deficient livers. (A) All significantly enriched

biological pathways (FDR<0.05) from gene ontology analysis of all downregulated

proteins (log$_2$(fold change) < -1; p-value < 0.05) in *cox10$^{-/-}$* livers, based on proteomic

analysis at 8 weeks post-AAV administration. Blue arrows highlight pathways related to

lipid/fatty acid metabolism. **(B)** Same as (A), but for non-mitochondrial downregulated

proteins.

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Figure 5 - figure supplement 3

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Figure 5 – figure supplement 3. Metabolic analysis of complex IV deficient livers.

(A) Relative abundance of cholate species in livers of the indicated genotype. n=4-6 mice

per group; 8 weeks post-AAV administration. **(B)** Relative abundance of electron

acceptors/donors from livers of the indicated genotype. n=4-6 mice per group; 8 weeks

post-AAV administration. BH4, tetrahydrobiopterin. Statistical significance was assessed

using t-tests (A,B) with adjustments for multiple comparisons. All data represent mean +/-

standard deviation from biological replicates.

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Figure 5 - figure supplement 4

Figure 5 – figure supplement 4. Metabolic pathway analysis in complex IV deficient livers. (A) Left, volcano plot of identified proteins from the Fatty Acid Synthesis (GO:0006633) pathway, based on proteomics performed on *cox10*$^{-/-}$ vs. *cox10*$^{f/f}$ livers at 8 weeks post-AAV administration. Significantly up or downregulated proteins are indicated in black. Right, GSEA of pathway components; the normalized enrichment score (NES) and nominal p-value are indicated. **(B)** Same as (A), but for the Fatty Acid Oxidation (GO:0019395) pathway. **(C)** Same as (A), but for the Bile Acid Metabolic Process (GO:0008206) pathway. **(D)** Same as (A), but for the Oxidoreductase (GO:0016491) pathway.

Figure 5 - figure supplement 5

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Figure 5 – figure supplement 5. Immunofluorescence of hepatic sections.
Representative immunofluorescent images of liver sections at 20x (left; scale bar 50 μm) and 63x (right; scale bar 5 μm) of the indicated genotype. TOMM20 (mitochondrial) staining is indicated in red; nuclear staining (DAPI) is indicated in blue. Data was collected at 8 weeks post-AAV administration.

Figure 6 - figure supplement 1

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Figure 6 – figure supplement 1. Isotope tracing in complex IV deficient livers. (A)

Mass isotopomer distributions in liver tissue from [U-^{13}C]glucose infusions of the indicated

genotype. n=3 animals per group; 4 weeks post-AAV administration. Statistical

significance was assessed using t-tests (A) with adjustments for multiple comparisons.

All data represent mean +/- standard deviation from biological replicates.

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Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

TOMM20 DAPI

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TOMM20 DAPI