1

SERCA-mediated calcium uptake in the DBA/2J vs C57BL/10 mdx models of Duchenne

muscular dystrophy

Riley EG Cleverdon[1,2], Kennedy C Whitley[1,2], Daniel M Marko[3], Sophie I Hamstra[1,2], Jessica L

Braun[1,2], Brian D Roy[1,2], Rebecca EK MacPherson[3,4], Val A Fajardo[1,2,4]*

[1] Department of Kinesiology, Brock University, St. Catharines, Ontario, Canada.
[2] Centre for Bone and Muscle Health, Brock University, St. Catharines, Ontario, Canada.
[3] Department of Health Sciences, Brock University, St. Catharines, ON L2S 3A1, Canada.
[4] Centre for Neuroscience, Brock University, St. Catharines, ON L2S 3A1, Canada.

The authors have declared that no conflict of interest exists.

Corresponding author:
Val A. Fajardo, PhD
Assistant Professor
Department of Kinesiology
Brock University
1812 Sir Isaac Brock Way
L2S 3A1
vfajardo@brocku.ca

29   **Abstract**

30     The C57BL/10ScSn-Dmd^{mdx}/J (C57 *mdx*) mouse is the most commonly used murine model

of Duchenne muscular dystrophy (DMD) but displays a mild phenotype with a late onset, greatly

limiting translatability to clinical research. In consequence, the D2.B10-Dmd^{mdx}/J (D2 *mdx*) mouse

was created and produces a more severe, early onset phenotype. Mechanistic insights of the D2

mdx phenotype have yet to be elucidated, specifically related to sarcoplasmic reticulum (SR)

calcium (Ca^{2+}) handling. In our study, we aimed to determine if SR Ca^{2+} handling differences in

the D2 *mdx* versus the C57 *mdx* mouse could explain model phenotypes. Firstly, analyses

determined that D2 *mdx* mice ambulate less and have weaker muscles, but have greater energy

expenditure than C57 counterparts. SR Ca^{2+} handling measures determined that only D2 *mdx* mice

have impaired SR calcium intake in the gastrocnemius, left ventricle and diaphragm. This was

coupled with decrements in maximal sarco-endoplasmic reticulum Ca^{2+}-ATPase (SERCA) activity

and greater activation of the Ca^{2+}-activated protease, calpain, in the gastrocnemius. Overall, our

study is the first to determine that SR Ca^{2+} handling is impaired in the D2 *mdx* mouse, specifically

at the level of the SERCA pump.

Introduction

Duchenne muscular dystrophy (DMD) is an X-linked recessive muscle wasting disease, affecting approximately 1 in 3,500 boys worldwide (1, 2). Symptoms of DMD typically begin at three or four years of age and with no cure to date, patients usually succumb to cardiorespiratory complications from the disease by the third or fourth decade of life (3–5). Caused by the complete loss of dystrophin, a protein that normally connects the cytoskeleton and extracellular matrix to the sarcolemma, DMD is characterized by excessive membrane tearing and myofibre damage/degeneration (6). Loss of dystrophin is the initial insult of DMD, however there are several secondary consequences of the disease including chronic inflammation, oxidative stress, and calcium (Ca^{2+}) overload (7). Combined, these processes ultimately lead to the pathological hallmarks of DMD which include degeneration, necrosis, and fatty and fibrotic replacement of muscular tissue (8).

Ca^{2+} is a potent signaling molecule largely responsible for excitation-contraction coupling (ECC) in skeletal and cardiac muscle. Two major Ca^{2+} regulatory proteins involved in muscle ECC are the ryanodine receptor (RyR) and sarco-endoplasmic reticulum ATPase (SERCA) pump, located in the sarcoplasmic reticulum (SR). RyR is responsible for the release of Ca^{2+} from the SR into the myoplasm, which initiates cross-bridge formation and force generation, whereas SERCA catalyzes the reuptake of Ca^{2+} into the SR to initiate muscle relaxation (9, 10). However, several studies have shown that if SR Ca^{2+} handling is dysregulated, Ca^{2+} can become chronically elevated in the myoplasm, leading to muscle damage and weakness. Indeed, impaired Ca^{2+} handling is a major part of the pathology in the muscles of patients living with DMD. The resulting Ca^{2+} overload exacerbates oxidative stress, inflammation, and cellular necrosis which in turn perpetuates dystrophic pathology (11, 12). Further, RyR and SERCA function are implicated in

dystrophic muscles. For example, RyR leak has been shown to occur in excessive amounts caused

by both depletion of the channel stabilizer calstabin and elevated reactive oxygen and nitrogen

species (RONS) modifications to RyR1 (13). SERCA has also been shown to have impaired

maximal Ca^{2+} uptake in murine models of DMD (14). Like RyR1, SERCA dysfunction in

dystrophic muscles can also be partly attributed to RONS stress leading to damaging protein

modifications (15).

The C57BL/10ScSn-Dmd^{mdx}/J (C57 mdx) mouse, originally discovered in 1984, has served

as the dominant *in vivo* model to study cellular mechanisms and potential therapies for DMD (16).

However, with a mild dystrophic pathology that is slow to progress, researchers have sought out

alternative models that may better recapitulate human DMD (17). For example, previous research

has shown that SERCA pump function is more severely impaired in the *mdx*/utrophin double

knockout mouse – a severe DMD mouse model where both dystrophin and its functional homolog

utrophin are completely absent (14). While this suggests that Ca^{2+} dysregulation may also partly

contribute to the worsened pathology and weakness observed in the double knockout mouse

model, it is important to note that this model does not genotypically represent DMD. More

recently, the traditional C57 *mdx* mouse was backcrossed onto a DBA/2J background, giving way

to the D2.B10-Dmd^{mdx}/J (D2 *mdx*) mouse (18). Unlike the C57 *mdx* mouse, the D2 *mdx* mouse

presents with a juvenile onset and more severe DMD pathology, including pronounced muscle

weakness and damage, degeneration, fibrosis, necrosis, and inflammation (18–20). The underlying

mechanisms behind the greater pathology displayed in D2 *mdx* mice compared to C57 *mdx* mice

are still under investigation, though a recent report has implicated elevated TGF- β signalling (21).

However, to our knowledge SR Ca^{2+} handling has yet to be characterized in the D2 *mdx* mouse.

Therefore, we examined SR Ca^{2+} handling in 8-10-week-old D2 and C57 *mdx* mice. This cohort

was selected based on previous studies showing that D2 *mdx* mice at this age display muscle

weakness and pathology whereas the C57 *mdx* mice do not (18–20). We hypothesized that severity

in pathology related to weakness observed in D2 *mdx* mice compared to the C57 *mdx* mice would

be associated with greater impairments to SR Ca^{2+} handling.

Results

Muscle weakness and wasting in the C57 mdx versus D2 mdx mice

We first sought to verify the phenotypical weakness and atrophy previously reported in the

D2 *mdx* mice. As expected, serum CK was elevated in both *mdx* strains with a significant main

effect of *mdx* genotype (Figure 1A). Moreover, gastrocnemius muscle and body mass were

significantly lower in the D2 strain, with a significant interaction with *mdx* genotype indicating

that body mass was lower in *mdx* vs WT mice, however only for the D2 *mdx* mouse (Figure 1B

and C). When normalized to body mass, a significant main effect of strain was found suggesting

that the gastrocnemius:body mass ratio was lower in D2 mice compare with C57 (Figure 1D).

Holding impulse, or hangwire time normalized to body mass, was significantly lower across both

mdx strains (Figure 1E). However, planned comparisons indicate that D2 *mdx* mice have less

holding impulse compared with C57 *mdx* mice ($p < 0.05$, Student's t-test), consistent with previous

reports of muscle weakness in the D2 *mdx* mice (Figure 1F).

Figure 1: Creatine kinase, muscle/body mass and impulse: A) Serum creatine kinase activity expressed in units per litre. B) Gastrocnemius mass (mg), C) body mass (g), and D) gastrocnemius mass:body mass ratio (mg:g). E) Impulse expressed as hangwire time*body mass. F) Planned comparison of impulse. A two-way ANOVA or Students' t-test was used for all comparisons, n=12 per group. Values are represented as mean ± SEM. Main effects and interactions expressed in bars over the graph, ****$p < 0.0001$ using a Sidak's post-hoc test.

Metabolic phenotyping of the C57 mdx and D2 mdx mice

In further support of the apparent muscle weakness in the D2 *mdx* mice, metabolic cage

data indicate that only the D2 *mdx* mice and not the C57 *mdx* mice were less ambulant in their

cages (Figure 2A and B). We also found that the D2 *mdx* mice and not the C57 *mdx* mice had

elevated daily energy expenditure compared to WT (Figure 2C and D), with significant and

trending reductions in food and water intake, respectively (Figure 2E-H). The Promethion

metabolic cage system also allows for certain behavioural analyses including time spent in or

touching its 'home' – a habitat enclosure on a slightly elevated platform. In both cases, we found

that the D2 *mdx* mice spent less time in the habitat and interacting with the habitat compared to

D2 WT mice, whereas these differences were not observed in the C57 *mdx* and C57 WT mice

(Figure 2 I-L). We believe that this serves as an additional indication of muscle weakness, whereby

the D2-*mdx* mice were not strong enough to enter the elevated enclosure.

Figure 2. Cage activity, energy expenditure and cage behaviour: A) Daily cage ambulation in D2 mice and B) C57 mice expressed in metres travelled. C) Energy expenditure in D2 mice and D) C57 mice expressed in kcal/kg of body mass/hr. E) and G) Food (g) and water (mL) intake of D2 mice and F) and H) C57 mice. Percentage of time spent in (I-Home) and interacting with (T-Home) the mouse home for D2 mice I) and K) and C57 mice J) and L). All metabolic cage analyses were measured over a 48-hour period. Two-way repeated ANOVA examining the effect of time period, *mdx* genotype and their potential interaction (A-H). **$p < 0.01$, *** $p < 0.001$, and ****$p < 0.0001$ using a Sidak's post-hoc test, n = 5-6 per group. Student's t-test examined WT versus mdx (I-L), n = 5-6 per group. Values are represented as mean ± SEM.

SR Ca^{2+} uptake/filling and SERCA activity is impaired in D2 mdx mice but not C57 mdx mice

We then examined SR Ca^{2+} handling in gastrocnemius muscles from C57 and D2 -WT and

-*mdx* mice (Figure 3). SR Ca^{2+} uptake experiments revealed impairments in the D2 *mdx* mice

compared with WT mice but not C57 *mdx* mice (Figure 3A). A significant main effect of *mdx*

genotype was found with starting [Ca^{2+}]$_{free}$ likely reflective of the Ca^{2+} overload present in the *mdx*

muscles. However, a significant interaction revealed that only the D2 *mdx* muscles had elevated

starting [Ca^{2+}]$_{free}$ compared with D2 WT as this was not observed in the C57 strain (Figure 3B).

Similarly, AUC calculated from the Ca^{2+} uptake curves revealed a significant main effect of *mdx*

genotype with AUC being higher in the *mdx* mice. However, a significant interaction indicated

that this was only statistically significant for D2 WT vs D2 *mdx* and not C57 WT vs C57 *mdx*

(Figure 3C). In addition, while maximum rates of Ca^{2+} uptake did not differ from C57 WT, C57

mdx and D2 WT mice we were unable to obtain a viable rate for D2 *mdx* mice (Figure 3D). When

CPA was added to induce Ca^{2+} leak, D2 *mdx* mice had the least amount of leak from the SR, likely

reflective of impaired SR Ca^{2+} filling during the uptake period (Figure 3E and F). We then

measured Ca^{2+}-dependent SERCA ATPase activity in the gastrocnemius muscle (Figure 3G and

H). We found a trending interaction (p = 0.058) between *mdx* and strain indicating that maximal

SERCA activity was impaired in gastrocnemius muscles from D2 *mdx* mice compared with D2

WT, but this was not observed in the C57 *mdx* and WT mice (Figure 3I). No changes in SERCA's

apparent affinity for Ca^{2+} (*p*Ca$_{50}$) were found (Figure 3J). Nevertheless, our Ca^{2+} uptake and

SERCA activity findings demonstrated defective SR Ca^{2+} handling only in the D2 *mdx* mice. To

determine a potential pathological consequence of Ca^{2+} dysregulation calpain activity was

measured in the gastrocnemius. We found that calpain activity was higher in the *mdx* strains

compared with their respective WTs, and that D2 mice generally had greater calpain activity

195 compared to C57 mice (Figure 3K). Furthermore, planned comparisons between D2 *mdx* and C57

196 *mdx* showed that calpain activity was significantly higher in D2 *mdx* mice ($p = 0.0006$, Student's

197 t-test).

Figure 3: SR Ca²⁺ uptake/leak, SERCA and calpain activity in C57 and D2 -WT and -*mdx* gastrocnemius muscle: A) Ca²⁺ uptake curves from gastrocnemius homogenates. B) Starting [Ca²⁺]$_{free}$ levels immediately after ATP addition. C) Area under the curve (AUC) of Ca²⁺ uptake curves. D) Maximum rate of Ca²⁺ uptake obtained from the Ca²⁺ uptake curves expressed as nmol/g of protein/min. E) Ca²⁺ leak curve after the addition of cyclopiazonic acid (CPA) and expressed relative to baseline Ca²⁺ immediately after CPA addition. The addition of CPA inhibits the SERCA pump allowing for SR Ca²⁺ to be released back into the cytosol. F) AUC analysis of SR Ca²⁺ leak. G) & H) Ca²⁺-dependent SERCA activity curves in D2 and C57 -WT and -*mdx* gastrocnemius muscles. I) Maximal SERCA activity expressed as μmol/g of protein/min and J) pCa₅₀ of SERCA activity, n = 4. K) Calpain activity in gastrocnemius muscles from D2 and C57 -WT and -*mdx* gastrocnemius muscles expressed as RFU min/mg of protein. Two-way ANOVAs were performed with a Sidak's post-hoc test, *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$, and ****$p < 0.0001$ n= 5-6. Main effects and interactions expressed in bars over the graph. Values are represented as mean ± SEM.

Elevated RONS may contribute to impaired SR filling

To examine the potential mechanisms explaining the defective SR Ca^{2+} handling in D2

mdx mice, we performed western blotting of SR Ca^{2+} handling proteins (Figure 4). Our results

showed that SERCA1a content was upregulated in both *mdx* strains (Figure 4A). SERCA2a

content was upregulated in the *mdx* strains, however, a significant interaction indicated that this

was only in the D2 *mdx* mice (Figure 4B). Sarcolipin (SLN) is a known inhibitor of SERCA that

is upregulated in *mdx* mice (22) and was ectopically expressed in both the D2 *mdx* and C57 *mdx*

gastrocnemius muscle; however, C57 *mdx* mice had a significantly higher content compared with

D2 *mdx* (Figure 4C). RyR1 content was also altered with a significant main effect of strain showing

lower RyR1 in D2 mice compared with C57 mice; and a significant main effect of *mdx* genotype

showing reduced RyR1 content in *mdx* mice (Figure 4D). Calstabin, the channel stabilizer of RyR1

did not have any significant changes in protein content (Figure 4E), however, when expressed as

a ratio to RyR1, D2 *mdx* mice had significantly higher levels of calstabin relative to RyR1 (Figure

4F). We also investigated protein nitrosylation and nitration in the gastrocnemius under reducing

conditions to determine levels of irreversible ROS modification. Our results show that D2 *mdx*

mice but not C57 *mdx* mice have large amounts of cysteine adduction and tyrosine nitration (Figure

4G and H).

Figure 4: Western blot analyses of SR Ca²⁺ handling proteins total protein nitrosylation and tyrosine nitration: A) SERCA1a B) and SERCA2a content in gastrocnemius muscles from D2 and C57 -WT and -*mdx* mice. C) SLN content in gastrocnemius muscles from D2 *mdx* and C57 *mdx* mice. D) RyR1, E) calstabin, F) and calstabin:RyR1 content in gastrocnemius muscles from D2 and C57 -WT and -*mdx.* G) Protein nitrosylation measured via Western blotting for nitrocysteine-adducted protein. H) Protein tyrosine nitration measured via Western blotting for nitrotyrosine-adducted protein. For A,B and D-H, a two-way ANOVAs were performed with a Sidak's post-hoc test, **$p < 0.01$, ***$p < 0.001$, ****$p < 0.0001$ n = 6 per group. Main effects and interactions expressed in bars over the graph. For C a Student's t-test was used, *$p < 0.05$, n = 6 per group. All protein contents are expressed as arbitrary units. Values are represented as mean ± SEM.

SR Ca^{2+} filling is also impaired in D2 mdx left ventricle and diaphragm muscles

Given the cardiorespiratory implications of DMD, we also assessed SR Ca^{2+} handling in

cardiac (left ventricle) and diaphragm muscles from C57 and D2 -WT and -*mdx* mice. Similar to

our results with the gastrocnemius, we found that D2 *mdx* mice had severe decrements in Ca^{2+}

uptake in both the cardiac and diaphragm muscles (Figure 5). In the cardiac muscle, we found that

starting [Ca^{2+}]$_{free}$ was trending higher in the D2 *mdx* vs D2 WT, while this was not observed in the

C57 mice (Figure 5A and B). In addition, AUC was significantly higher in the D2 *mdx* vs D2 WT,

and this again was not observed in the C57 mice (Figure 5C). Though there were no differences,

apart from a main effect of strain on starting [Ca^{2+}]$_{free}$ in the diaphragm, a significant interaction

was again detected with AUC analysis, with only D2 *mdx* mice having significantly elevated AUC,

and thus impaired Ca^{2+} uptake vs D2 WT mice (Figure 5 D-F).

Figure 5: Ca²⁺ uptake in the cardiac and diaphragm muscles: A) Ca^{2+} uptake curves from left ventricle homogenates. B) Starting $[Ca^{2+}]_{free}$ levels immediately after ATP addition and C) AUC analysis in left ventricle homogenates. D) Ca^{2+} uptake curves from diaphragm homogenates. E) Starting $[Ca^{2+}]_{free}$ levels immediately after ATP addition and F) AUC analysis in diaphragm homogenates. Two-way ANOVAs were performed with a Sidak's post-hoc test, ****$p < 0.0001$, n= 5-6. Main effects and interactions expressed in bars over the graph. Values are represented as mean ± SEM.

Discussion

To our knowledge, this study is the first to compare SR Ca^{2+} handling in both the D2 *mdx* mouse and C57 *mdx* mouse. The D2 *mdx* mouse is known as a more severe DMD model with early onset weakness compared to the C57 *mdx* mouse. Impulse and measures of cage ambulation supported that the D2 *mdx* mouse has more early on-set muscle weakness occurring at 8-10 weeks of age. Also supporting this, the D2 *mdx* mouse had less interaction with the elevated mouse home enclosure compared to C57 *mdx* mice. Interestingly, D2 *mdx* mice also had a hypermetabolic profile, where these mice had the highest levels of energy expenditure while ambulating the least, which we believe can contribute to the smaller body and muscle mass commonly observed in these mice. Perhaps inconsistent with our results, Strakova et al. (2018) found that energy expenditure was elevated in 5 month old C57 *mdx* mice compared with WT mice (23). We believe that this discrepancy could possibly be explained by age differences, as our C57 *mdx* mice were younger as compared to Strakova's mice.

To explain why the D2 *mdx* mice are much weaker at an earlier age, we explored the involvement of SR Ca^{2+} handling and any potential disturbances. Our Ca^{2+} uptake and leak results showed that D2 muscles (gastrocnemius, cardiac and diaphragm) had impaired ability to bring Ca^{2+} into the SR. This manifested as an elevated starting $[Ca^{2+}]_{free}$, AUC during the uptake period and lowered AUC throughout the leak period. In addition to these experiments, SERCA activity in the gastrocnemius showed that Ca^{2+}-dependent ATP hydrolysis was impaired in D2 *mdx* but not C57 *mdx* mice compared with their respective WT groups. Collectively, our findings with our Ca^{2+} uptake assay and SERCA activity assay clearly showed that SR Ca^{2+} dysregulation is present in young D2 *mdx* mice but not C57 *mdx* mice, which we believe ultimately contributes to the early-onset weakness and sets these mice on a worsened trajectory for aging. Further, SR Ca^{2+}

dysregulation in the D2 *mdx* muscles may be a contributing factor to the elevated daily energy

expenditure seen in the metabolic caging data. Considering the large reductions in cage

ambulation, a high demand on Ca^{2+} regulation may contribute to the heightened energy

expenditure in the D2 *mdx* mice. Since intracellular Ca^{2+} is high in these mice, as indicated with a

higher starting $[Ca^{2+}]_{free}$ it is presumed that SERCA would be consuming a large amount of energy

to try and limit myoplasmic Ca^{2+} levels in the D2 *mdx* muscles. Further, this process may even

more inefficient due to limited SERCA function in these mice, creating a perpetual demand for

energy.

To explain the defective Ca^{2+} handling, we first examined SERCA protein levels. Both

SERCA1a and SERCA2a were upregulated in the gastrocnemius, which we believe is an adaptive

response aimed at improving SR Ca^{2+} handling. Indeed, SERCA density is an important

determinant of SR Ca^{2+} filling, at least in healthy conditions (24, 25). However, any compensatory

increase in SERCA content/density was unsuccessful in the rescuing SR Ca^{2+} handling in D2 *mdx*

mice. We next examined SLN expression. Although it is not typically expressed in murine

gastrocnemius muscle, ectopic expression of SLN occurred in both *mdx* mouse models, with SLN

protein being elevated to a greater extent in the C57 *mdx* mice compared to the D2 *mdx* mice.

Studies have shown that SLN is upregulated along with disease progression with its expression

being further upregulated in the *mdx*/utrophin double knockout mice compared with *mdx* mice

(14). Knocking out SLN in these mice improved dystrophic pathology suggesting that SLN may

contribute to *mdx* pathology. However, there are discrepant results with SLN deletion studies also

impairing *mdx* pathology or not changing the phenotype (26). Since we found that SLN was less

upregulated in the more severe D2 *mdx* mouse model with dramatic impairments in SERCA

function, our results could suggest that SLN may not be a critical player in the SERCA function

impairments and potentially *mdx* pathology in the D2 *mdx* mouse; however, this should be

investigated further specifically in the D2 *mdx* mouse. In addition, SLN is a known uncoupler of

SERCA and its upregulation in the D2 *mdx* mouse may contribute to the observed increase in daily

energy expenditure (27–29). However, even though SLN was more upregulated in C57 *mdx* mice,

these mice did not show elevated energy expenditure compared with C57 WT mice. Thus,

alternative mechanisms may be contributing to the increased energy expenditure. In this respect,

our results have shown dramatic impairments in Ca^{2+} uptake, and though SERCA activity was also

impaired, we were still able to measure viable rates of ATP hydrolysis. This disproportionate

impact on Ca^{2+} uptake vs ATP hydrolysis could be reflective of a highly inefficient system where

large amounts of ATP are required to regulate Ca^{2+} levels – thus contributing to the elevated energy

expenditure.

We then measured RyR1 and calstabin protein levels to further explore SR Ca^{2+} release

impairments. RyR1 content was reduced in D2 *mdx* mice, and calstabin:RyR1 content was

elevated. This may suggest that the gastrocnemius muscles reduced availability of RyR1 opening

to compensate for impairments in SR Ca^{2+} filling. This may also explain the reductions in SR Ca^{2+}

leak in our assay, however, this is difficult to determine as Ca^{2+} leak in our hands is very much

reliant on the level of SR Ca^{2+} filling. Therefore, while our assay determined that SERCA uptake

is impaired, it is still possible SR Ca^{2+} leak is enhanced, however, we cannot determine the nature

of the leak in these samples with our assays. Use of an assay that is less dependent on SR Ca^{2+}

filling should be used to better determine SR Ca^{2+} leak in D2 *mdx* mice.

Lastly, we measured total protein nitrosylation and tyrosine nitration in the gastrocnemius

to determine whether elevated RONS could contribute to the observed SR Ca^{2+} handling

dysfunction in the D2 *mdx* muscle. SERCA is susceptible to RONS damage and RONS are known

to be high in DMD, and therefore, it is plausible that RONS modifications could be contributing

to the changes in protein function we see (15, 30–34). Our results show that excessive and

irreversible (detection under reducing conditions) RONS modifications may be impairing function

of the SERCA pump. Moreover, damage to the SR membrane itself from RONS may contribute

to impairments in SR Ca^{2+} filling by leaking Ca^{2+} out during our uptake protocol altogether

contributing to the impairments in SR Ca^{2+} regulation.

We also determined the activation of calpain in D2 *mdx* gastrocnemius muscles. Calpain

is a Ca^{2+}-dependent proteolytic enzyme previously shown to be more active in *mdx* muscles (35).

To our knowledge, ours is the first study to demonstrate that rates of calpain activity are higher in

the D2 background compared to C57, irrespective of the *mdx* genotype. Furthermore, planned

comparisons between D2 *mdx* and C57 *mdx* reveals a significant 2.2-fold increase in calpain

activity in the former vs the latter ($p = 0.0006$ via Student's t-test). This finding is important and

adds mechanistic insight that may partly explain the worsened pathology in the D2 *mdx* mouse. It

is interesting that the D2 WT mice already had elevated calpain activation compared with C57

WT. This apparent difference in background strain may provide additional insight as to why *mdx*

mice on the D2 background are worse off than *mdx* mice on the C57 background. One explanation

that is not yet well understood, is a potential crosstalk between calpain activation and the pro-

fibrotic factor TGF-β. Previous studies have found that TGF-β1 upregulation in lung fibroblasts

and atrial derived myocytes can increase calpain activation (36, 37). This is interesting given recent

findings showing that a polymorphism of LTBP4 in D2 WT greatly upregulates TGF-β (38),

suggesting that the increased TGF-β activity could increase calpain activity in the D2 WT mice.

This combined with the impairments observed in SERCA function could contribute to elevated

calpain in the D2 *mdx* mice.

Though we did not specifically explore their contribution in our study, high intracellular

Ca^{2+} can lead to mitochondrial dysfunction in DMD pathology and may be an additional

contributing factor of Ca^{2+}-related pathology. Elevated myoplasmic Ca^{2+} can increase intake of

Ca^{2+} into the mitochondria which eventually leads to the opening of the mitochondrial

permeability transition pore (mPTP), then swelling and bursting of the mitochondria, excessive

H_2O_2 emission into the myoplasm, and subsequent calpain activation (39). A recent study by

Hughes and colleagues indeed found that D2 *mdx* mice have a greater number of swollen

mitochondria, increased susceptibility to mPTP opening in the quadriceps and excessive H_2O_2

emission (40). This could be contributing to the increased RONS released into the muscle and

subsequent SR Ca^{2+} handling dysfunction. Furthermore, the impairments in SR Ca^{2+} handling

could be perpetuating the mitochondrial dysfunction occurring in the D2 *mdx* mice, thereby

creating a vicious cycle leading to muscle degeneration and weakness.

In conclusion, our study clearly shows impairments in SR Ca^{2+} handling in skeletal and

cardiac muscles from D2 *mdx* mice, particularly at the level of the SERCA pump. Our results

suggest that the early onset weakness and damage observed in young D2 *mdx* mice may be partly

due to Ca^{2+} dysregulation. Future studies should investigate whether improving SERCA function,

potentially through cytotoxic protection against RONS may mitigate dystrophic pathology and

improve physiological outcomes in the D2 *mdx* mouse.

Methods

Animals and Design

Male C57 *mdx* (n = 12), C57 WT (n = 12), D2 *mdx* (n = 12), and D2 WT (n = 12) mice

were purchased from Jackson Laboratories at 7-8 weeks of age. They were acclimated and housed

in Brock University's Animal Facility, in an environmentally controlled room with a standard

12:12 hour light-dark cycle and allowed access to food and water *ad libitum*. After the mice

reached 9-10 weeks of age, they were euthanized via cervical dislocation under general anesthetic

(vaporized isoflurane) and their tissues were collected.

Hang Wire Testing

At 8-9 weeks of age, mice were subjected to a hang wire test to determine limb strength

and endurance. All mice were gently placed on the wire situated 12 inches high and were left

suspended on the wire until they reached exhaustion and dropped from the wire to the base of the

cage. The time they remained suspended was recorded for three trials, separated by a 60s recovery

period. Impulse (s*g) was calculated according to DMD_M.2.1.004 standard operating procedures

by multiplying the average time suspended by body mass.

Metabolic Caging

At 8-9 weeks of age, mice were housed in pairs in a Promethion Metabolic Cage System

for 48 hours. Two 12-hour light and dark cycles were measured, and data was collected. Food and

water intake were measured through mass changes with the MM-1 load cell, the Promethion mass

measurement device. Cage ambulation was quantified through metres travelled which is collected

through beam breaks with the BXYZ Beambreak Activity Monitor in the x y, and z planes.

Respiratory exchange ratio (RER) was calculated as VCO_2 (volume of carbon dioxide expired each

minute) divided by VO_2 (volume of oxygen inspired each minute) measured from the Promethion

metabolic cages equipped with O_2 and CO_2 gas analyzers. To obtain mean energy expenditure

expressed in kcal/hr, the Weir equation was used (41).

Sample Collection and Homogenization

Gastrocnemius, diaphragm, and cardiac muscles (n=12/group) were rapidly extracted from

euthanized animals and flash frozen in liquid N2 and stored at -80˚C. For Ca^{2+} uptake and SERCA

activity analyses, muscles were homogenized in homogenizing buffer (5 mM HEPES, 250 mM

sucrose, 0.2 mM PMSF, 0.2% NaN3; pH 7.5). An aliquot of the muscle homogenate was then

supplemented with protease and phosphatase (phosSTOP; cOmplete Mini) inhibitors for western

blot analyses. Blood was collected via cardiac puncture and spun at 5000 x g for 8 minutes (4°C)

and serum was collected and stored at -80˚C.

Serum Creatine Kinase Activity

Serum creatine kinase activity was determined as previously described (42), with a M2

Molecular Device plate reader and a commercially available assay (Cat. #C7522, Pointe Scientific

Inc., Canton, MI, USA) fitted onto a 96-well plate and calibrated with a standard curve of purified

creatine kinase (Sigma, Oakville, ON, Canada, Cat. 10127566001).

Sarcoplasmic Reticulum Ca^{2+} Uptake and Leak

Ca^{2+} uptake assays were fitted onto a 96-well plate and done on a M2 Molecular Device

plate reader and the ratio-able Ca^{2+} fluorescent indicator Indo-1. In brief, 20 µl of diaphragm, 25

µl of gastrocnemius or 50 µl of left ventricle homogenate was added to 200 µl Ca^{2+} uptake buffer

(20mM HEPES, 200mM KCL, 10mM NaN_3, 5µM TPEN, 15mM $MgCl_2$, 5mM Oxalate; pH 7.0),

and 1 µl of Indo-1 (1 mM in 50 mM glycine, pH 7.0). Ca^{2+} uptake was initiated with 4 µl of ATP

(250 mM, pH 7.0) with the plate read kinetically set with an excitation wavelength of 355 nM and

emission wavelengths of 405 nm (Ca^{2+}-bound Indo-1) and 485 nm (Ca^{2+}-free Indo-1). After the

plateau was reached, 1 µl of cyclopiazonic acid (CPA) was added to inhibit the SERCA pump and

initiate SR Ca^{2+} leak. The plate was then read for an additional 600s. Free Ca^{2+} concentration was

calculated using the following formula and a Kd of 250 nM for Indo-1. The amount of Ca^{2+} uptake

and leak were measured through an area under the curve analysis (AUC). In addition, rates of Ca^{2+}

uptake and leak were analyzed and normalized to grams of protein measured by a BCA assay.

$$[Ca^{2+}] = K_d \left(\frac{R - R_{min}}{R_{max} - R} \right) \left(\frac{S_{f2}}{S_{b2}} \right)$$

447
448   <u>Formula 1: Free Calcium Concentration ($[Ca^{2+}]_f$)</u>
449   K_d is the dissociation constant of Indo-1 (250nM). R_{min} refers to the ratio of bound:unbound Indo-1 in the
450   EGTA portion. R_{max} refers to the ratio of bound:unbound Indo-1 in the high Ca^{2+} portion. S_{f2} is the
451   fluorescence emission at 485nm (Ca^{2+}-free Indo-1) in the EGTA portion and S_{b2} is the fluorescence
452   emission at 485nm in the high Ca^{2+} portion.
453

SERCA ATPase Activity

Ionophore (A23187; Sigma Aldrich) supported SERCA activity was measured in

gastrocnemius homogenates using an enzyme-linked spectrophotometric assay as previously

described (24, 30, 43). Briefly, muscle homogenates (15 µl), pyruvate kinase (PK) and lactate

dehydrogenase (LDH) (18 U I^{-1} for both) were added to Ca^{2+} ATPase buffer (20mM HEPES,

200mM KCl, 10mM NaN3, 1mM EGTA, 15mM MgCl2, 5mM ATP, 10mM

phosphoenolpyruvate). To initiate SERCA activity, 4 μl of 1.9% (w/v) NADH was added and the

plates were then read at 340 nm for 30 minutes. SERCA-dependent activity in gastrocnemius

homogenates was calculated with a pathlength correction, extinction coefficient of NADH (6.22

mM), and the subtraction of ATPase activity in the presence of 1 μl SERCA-specific inhibitor,

CPA (40 mM) from total ATPase activity across a range of Ca^{2+} concentrations (pCa 6.95 – 5.75).

A bicinchoninic acid (BCA) assay was done to normalize SERCA activity to grams of protein.

Western Blotting

468   Western blotting was conducted to determine protein expression of SERCA1a/2a,

sarcolipin (SLN), RyR1 and calstabin. Laemmli buffer was added to muscle homogenates to

solubilize proteins that were then electrophorectially separated at 240V for 22 minutes on a 7-12%

TGX gradient gel (BioRad). Proteins were transferred to PVDF or nitrocellulose membranes for 6

minutes using BioRad Trans Blot Turbo. Prior to blocking, SuperSignal western Blot Enhancer

(46641) from Thermo Scientific was applied for the SLN blot. A 5% (w/v) milk and TBST solution

was used to block the membranes for one hour. Primary antibody was then added and incubated

overnight at 4°C. The primary antibodies SERCA1a (MA3-911), SERCA 2a (MA3-919), calstabin

(PA1-026A) were obtained from ThermoFisher Scientific (Waltham, MA, USA). The primary

antibody for SLN (ABT13) was obtained from Sigma-Aldrich (Oakville, ON, CA). The primary

antibody for nitrocysteine (ab94930) was obtained from Abcam (Cambridge, UK). The primary

antibody for nitrotyrosine (189542) was obtained from Cayman Chemical (Ann Arbor, MI, USA).

Subsequent to primary incubation, the membranes were washed three times with TBST and then

incubated with anti-mouse (SERCA1a/2a, RyR1 ;7076; Cell Signalling Technology) or anti-rabbit

(calstabin, SLN; 7074, Cell Signalling Technology,) secondary antibodies at room temperature for

1 hour. The membranes were then washed again three times with TBST then chemiluminescent

substrate Millipore Immobilon (WBKLS0500; Sigma-Aldrich) or SuperSignal West Femto

Maximum Sensitivity Substrate (34095; Thermo Scientific) was added prior to imaging with a

BioRad Chemidoc. Optical densities were analyzed with imageLab (BioRad) and normalized to

total protein visualized with a ponceau stain (59803; Cell Signalling Technology).

Calpain Activity Assay

A commercialized calpain assay (QIA120; Millipore Sigma) was used in order to

determine calpain activity in the gastrocnemius. Tissue was freshly homogenized in RIPA lysis

buffer and 50 µl of sample was loaded in duplicate in either 100 µl of activator buffer or 100 µl of

inhibitor buffer in a 96-well plate as per the manufacturer's instructions. Then, 50 µl of diluted

substrate was added in the dark into each well and the plate was incubated for 15 minutes. The

plate was then measured for 10 minutes as a kinetic plate at an excitation of 370 nm and emission

of 450 nm to determine the rate of calpain activity normalized to total protein (via BCA assay).

Statistics

A two-way ANOVA was used to test the main effects of genotype (*mdx*) and strain (C57

or D2) and their potential interaction for most analyses. Post-hoc testing was completed using

Sidak multiple comparison testing. A Student's t-test was also used to compare cage ambulation

data. Statistical tests were conducted using GraphPad Prism 8 Software (San Diego, USA). All

values are presented as means ± standard error. Statistical significance is set to $p \leq 0.05$.

Study Approval

All animal procedures were approved by the Brock University Animal Care and Utilization

Committee (file #17-06-03) and were carried out in accordance with the Canadian Council on

Animal Care guidelines.

Funding Sources

This work was supported by an unrestricted Brock University internal grant and a Canada

Research Chair Tier 2 in Tissue Plasticity and Remodelling to VAF. REGC and SIH were

supported by a NSERC CGS-M, and JLB was supported by a CIHR CGS-M.

References

1. Moat SJ, Bradley DM, Salmon R, Clarke A, Hartley, L. (2013) Newborn bloodspot screening for Duchenne muscular dystrophy: 21 years experience in Wales (UK). *Eur. J. Hum. Genet.* 2013;21(10): 1049–1053. doi: 10.1038/ejhg.2012.301.

2. Emery AE. (1991) Population frequencies of inherited neuromuscular diseases - a world survey. *Neuromuscul. Disord.* 1991;1(1):19–29. doi: 10.1016/0960-8966(91)90039-u.

3. Straub V, Balabanov P, Bushby K, et al. Stakeholder cooperation to overcome challenges in orphan medicine development: the example of Duchenne muscular dystrophy. *Lancet Neurol*. 2016;15(8):882–890. doi: 10.1016/S1474-4422(16)30035-7.

4. Emery AEH. The muscular dystrophies. *Lancet*. 2002;359(9307):687–695. doi: 10.1016/S0140-6736(02)07815-7.

5. Grigore I, Frasin M, Diaconu G. Cardiac complications in Duchenne muscular dystrophy in children. *Rev Pediatr Obstet Ginecol Pediatr*. 2015;64(4):5. doi: 10.37897/RJP.2015.4.4.

6. Blake DJ, Weir A, Newey SE, Davies KE. Function and Genetics of Dystrophin and Dystrophin-Related Proteins in Muscle. *Physiol Rev*. 2002;82(2):291–329. doi: 10.1152/physrev.00028.2001.

7. Tubridy N, Fontaine B, Eymard B. Congenital myopathies and congenital muscular dystrophies. *Curr. Opin. Neurol.* 2001;14(5):575–582. doi: 10.1097/00019052-200110000-00005.

8. Shin J, Tajrishi MM, Ogura Y, Kumar A. Wasting mechanisms in muscular dystrophy. *Int J Biochem Cell Biol*. 2013;45(10):2266–2279. doi: 10.1016/j.biocel.2013.05.001.

9. Santulli G, Lewis D, des Georges A, Marks AR, Frank J. Ryanodine Receptor Structure and Function in Health and Disease. *Subcell. Biochem.* 2018;87:329–352. doi: 10.1007/978-981-10-7757-9_11.

10. MacLennan DH, Rice WJ, Green NM. The Mechanism of Ca^{2+} Transport by Sarco(Endo)plasmic Reticulum Ca^{2+}-ATPases. *J. Biol. Chem.* 1997;272(46):28815–28818. doi: 10.1074/jbc.272.46.28815.

11. Turner PR, Westwood T, Regen CM, Steinhardt RA. Increased protein degradation results from elevated free calcium levels found in muscle from mdx mice. *Nature*. 1988;335 (6192):735–738. doi: 10.1038/335735a0.

12. Robert V, Massimino ML, Tosello V, Marsault, et al. Alteration in calcium handling at the subcellular level in mdx myotubes. *J. Biol. Chem.* 2001;276(7):4647–4651. doi: 10.1074/jbc.M006337200.

13.   Bellinger AM, Reiken S, Carlson C, et al. Hypernitrosylated ryanodine receptor/calcium
release channels are leaky in dystrophic muscle. *Nat Med*. 2009;15(3):325–330. doi:
10.1038/nm.1916.

14.   Voit A, Patel V, Pachon R, et al. Reducing sarcolipin expression mitigates Duchenne
muscular dystrophy and associated cardiomyopathy in mice. *Nat Commun*. 2017;8(1). doi:
10.1038/s41467-017-01146-7.

15.   Gehrig SM, van der Poel C, Sayer TA, et al. Hsp72 preserves muscle function and slows
progression of severe muscular dystrophy. *Nature*. 2012;484(7394):394–398. doi:
10.1038/nature10980.

16.   Bulfield G, Siller WG, Wight PA, Moore KJ. X chromosome-linked muscular dystrophy
(mdx) in the mouse. *Proc Natl Acad Sci U S A*. 1984;81(4):1189–1192.
doi: 10.1073/pnas.81.4.1189.

17.   Swiderski K, Lynch GS. Murine models of Duchenne muscular dystrophy: is there a best
model? *Am J Physiol Cell Physiol*. 2021;321(2) doi: 10.1152/ajpcell.00212.2021.

18.   Coley WD, Bogdanik L, Vila MC. et al. Effect of genetic background on the dystrophic
phenotype in mdx mice. *Hum. Mol. Genet.* 2016;25(1):130–145. doi: 10.1093/hmg/ddv460.

19.   Hammers DW, Hart CC, Matheny MK, et al. The D2.mdx mouse as a preclinical model of
the skeletal muscle pathology associated with Duchenne muscular dystrophy. *Sci Rep*.
2020;10(1):14070. doi: 10.1038/s41598-020-70987-y.

20.   van Putten M, Putker K, Overzier M, et al. Natural disease history of the D2-mdx mouse
model for Duchenne muscular dystrophy. *FASEB J*. 2019;33(7):8110–8124. doi:
10.1096/fj.201802488R.

21.   Mázala DAG, Novak JS, Hogarth MW, et al. (2020) TGF-β–driven muscle degeneration and
failed regeneration underlie disease onset in a DMD mouse model. *JCI Insight*.
2020;5(6):e135703. doi: 10.1172/jci.insight.135703.

22.   Schneider JS, Shanmugam M, Gonzalez JP, et al. Increased sarcolipin expression and
decreased sarco(endo)plasmic reticulum Ca2+ uptake in skeletal muscles of mouse models
of Duchenne muscular dystrophy. *J. Muscle Res. Cell. Motil.* 2013;34(5-6):349–356. doi:
10.1007/s10974-013-9350-0.

23.   Strakova J, Kamdar F, Kulhanek D, et al. Integrative effects of dystrophin loss on metabolic
function of the mdx mouse. *Sci Rep*. 2018;8(1):13624. doi: 10.1038/s41598-018-31753-3.

24.   Hamstra SI, Kurgan N, Baranowski RW, et al. Low-dose lithium feeding increases the
SERCA2a-to-phospholamban ratio, improving SERCA function in murine left ventricles.
Exp Physiol. 2020;105(4):666–675. doi: 10.1113/EP088061.

25. Smith IC, Bombardier E, Vigna C, Tupling AR. ATP Consumption by Sarcoplasmic
Reticulum Ca2+ Pumps Accounts for 40-50% of Resting Metabolic Rate in Mouse Fast and
Slow Twitch Skeletal Muscle. *PLoS ONE*. 2013;8(7):e68924. doi:
10.1371/journal.pone.0068924.

26. Bal NC, Gupta SC, Pant M, et al. Is Upregulation of Sarcolipin Beneficial or Detrimental to
Muscle Function? *Front Physiol*. 2021;12:633058. doi: 10.3389/fphys.2021.633058.

27. Smith WS, Broadbridge R, East JM, Lee AG. Sarcolipin uncouples hydrolysis of ATP from
accumulation of Ca2+ by the Ca2+-ATPase of skeletal-muscle sarcoplasmic reticulum.
Biochem J. 2002;361(2):277–286. doi: 10.1042/0264-6021:3610277.

28. Bombardier E, Smith IC, Vigna C, Fajardo VA, Tupling AR. Ablation of sarcolipin decreases
the energy requirements for Ca2+ transport by sarco(endo)plasmic reticulum Ca2+-ATPases
in resting skeletal muscle. *FEBS Lett*. 2013;587(11):1687–1692. doi:
10.1016/j.febslet.2013.04.019.

29. Mall S, Broadbridge R, Harrison SL, et al. The presence of sarcolipin results in increased
heat production by Ca(2+)-ATPase. *J Biol Chem*. 2006;281(48):36597–36602. doi:
10.1074/jbc.M606869200.

30. Braun JL, Hamstra SI, Messner HN, Fajardo VA. SERCA2a tyrosine nitration coincides with
impairments in maximal SERCA activity in left ventricles from tafazzin-deficient mice.
Physiol Rep. 2019;7(16):e14215. doi: 10.14814/phy2.14215.

31. Fu M, Bombardier E, Gamu D, Tupling AR. Phospholamban and sarcolipin prevent thermal
inactivation of sarco(endo)plasmic reticulum Ca2+-ATPases. *Biochem J*.
2020;477(21):4281–4294. doi: 10.1042/BCJ20200346.

32. Fajardo VA, Trojanowski N, Castelli LM, et al. Saturation of SERCA's lipid annulus may
protect against its thermal inactivation. *Biochem Biophys Res Commun*. 2017;484(2):456–
460. doi: 10.1016/j.bbrc.2017.01.154.

33. Fu MH, Tupling AR. Protective effects of Hsp70 on the structure and function of SERCA2a
expressed in HEK-293 cells during heat stress. *Am. J. Physiol. Heart Circ. Physiol.*
2009;296(4):H1175-1183. doi: 10.1152/ajpheart.01276.2008.

34. Tupling AR. Protection of heart and skeletal muscle by heat shock proteins. *Appl Physiol
Nutr Metab*. 2008;33(5):1021–1022. doi: 10.1139/H08-066.

35. Gailly P, De Backer F, Van Schoor M, Gillis JM. In situ measurements of calpain activity in
isolated muscle fibres from normal and dystrophin-lacking mdx mice. *J Physiol*.
2007;582(3):1261–1275. doi: 10.1113/jphysiol.2007.132191.
651

652   36.   Li F-Z, Cai P-C, Song L-J, et al. Crosstalk between calpain activation and TGF-β1 augments
653   collagen-I synthesis in pulmonary fibrosis. *Biochim Biophys Acta Mol Basis Dis*.
654   2015;1852(9):1796–1804. doi: 10.1016/j.bbadis.2015.06.008.

656   37.   Yeh Y-H, Kuo C-T, Chan T-H, et al. Transforming growth factor-β and oxidative stress
657   mediate tachycardia-induced cellular remodelling in cultured atrial-derived myocytes.
658   *Cardiovasc Res*. 2011;91(1):62–70. doi: 10.1093/cvr/cvr041.

660   38.   Heydemann A, Ceco E, Lim JE, et al. Latent TGF-β–binding protein 4 modifies muscular
661   dystrophy in mice. *J. Clin. Invest.* 2009;119(12):3703–3712. doi: 10.1172/JCI39845.

663   39.   Timpani CA, Hayes A, Rybalka E. Revisiting the dystrophin-ATP connection: How half a
664   century of research still implicates mitochondrial dysfunction in Duchenne Muscular
665   Dystrophy aetiology. *Med Hypotheses*. 2015;85:1021–1033.

667   40.   Hughes MC, Ramos SV, Turnbull PC, et al. Early myopathy in Duchenne muscular
668   dystrophy is associated with elevated mitochondrial H_2O_2 emission during impaired
669   oxidative phosphorylation. *J Cachexia Sarcopenia Muscle*. 2019;10(6):643–661. doi:
670   10.1016/j.mehy.2015.08.015.

672   41.   Weir JB de V. New methods for calculating metabolic rate with special reference to protein
673   metabolism. *J Physiol*. 1949;109(1-2):1–9. doi: 10.1113/jphysiol.1949.sp004363.

675   42.   McKinlay BJ, Theocharidis A, Adebero T, et al. Effects of Post-Exercise Whey Protein
676   Consumption on Recovery Indices in Adolescent Swimmers. *IJERPH*. 2020(21);17:7761.
677   doi: 10.3390/ijerph17217761.

679   43.   Hamstra SI, Whitley KC, Baranowski RW, et al. The role of phospholamban and GSK3 in
680   regulating rodent cardiac SERCA function. *Am. J. Physiol., Cell Physiol.* 2020;319(4). doi:
681   10.1152/ajpcell.00318.2020.