Histone deacetylase 6 inhibition promotes microtubule acetylation and facilitates autophagosome-lysosome fusion in dystrophin-deficient *mdx* mice

3		Akanksha Agrawal ¹ , Erin L. Clayton ¹ , Courtney L. Cavazos ¹ , Benjamin A. Clayton ¹ ,
4		George G. Rodney ^{1*}
5 6	1.	Department of Integrative Physiology, Baylor College of Medicine, Houston, TX, USA
7		*All correspondence should be sent to rodney@bcm.edu

8 Abstract

Duchenne Muscular Dystrophy (DMD) is a severe X-linked genetic disorder. Defective autophagy 9 and disorganized microtubule network contributes to DMD pathogenesis, yet the mechanisms by 10 which microtubule alterations regulate autophagy remain elusive. We show decreased acetylated 11 12 α -tubulin and enhanced histone deacetylase (HDAC6) expression in *mdx* mice. Pharmacological inhibition of HDAC6 increases tubulin acetylation and enhances Q-SNARE complex formation, 13 leading to improved autophagosome-lysosome fusion. HDAC6 inhibition reduces apoptosis, 14 15 inflammation, muscle damage and prevents contraction induced force loss. HDAC6 inhibition restores peroxiredoxin (PrxII) by increasing its acetylation and protecting it from hyper-oxidation, 16 hence modulating intracellular redox status in *mdx* mice. Genetic inhibition of Nox2 activity in 17 18 *mdx* mice promotes autophagosome maturation. Our data highlight that autophagy is differentially regulated by redox and acetylation in mdx mice. By restoring tubulin acetylation HDAC6 19 20 inhibition enhances autophagy, ameliorates the dystrophic phenotype and improves muscle 21 function, suggesting a potential therapeutic target for treating DMD.

22 Introduction

Duchenne Muscular Dystrophy (DMD) is the X-linked recessive genetic disorder caused by mutations in *DMD* gene which encodes for dystrophin (Dp427m), a key component of the 25 dystrophin-glycoprotein complex (DGC). It affects approximately 1:4000 to 1:5000 live male births worldwide¹ resulting in progressive muscle wasting and degeneration, leading to death due 26 to cardiac dysfunction and respiratory failure ². Over the past two decades, several therapeutic 27 approaches have been evaluated to combat the pathogenesis of the disease, but DMD is still 28 incurable. Novel genetic approaches hold promising therapy; ³ however, many challenges still 29 exist due to the variability in exon skipping efficiency among patients, the non-homogenous 30 restoration of dystrophin between muscle types (including absence of effect of current exon 31 skipping agents on cardiac muscle), and minimal alterations in immune cell infiltration. In order 32 33 to combat these limitations, the treatment plan for DMD will likely entail a combination of genetic and pharmacological interventions. 34

Dystrophin is a large cytoskeletal protein located at the sarcolemma that mechanically links the internal cytoskeleton to the extracellular matrix and is critical for muscle-membrane stability during contraction ⁴. Lack of dystrophin results in disassembly of the DGC and increases the sarcolemma susceptibility to contraction-induced injury ⁵. This leads to a series of pathological events including, increased ROS signaling, aberrant Ca²⁺ release, inflammation, impaired autophagy, fibrosis, apoptosis, and decreased force production. ^{5, 6, 7}

41 Macroautophagy, hereafter referred to as autophagy, is a highly conserved process involving a 42 series of sequential events for bulk degradation of cytosolic components and organelles through 43 delivery of autophagosomes to lysosomes, and thus, maintaining cellular homeostasis.⁸ 44 Accumulating evidence shows that impaired autophagy contributes to muscle weakness and cell 45 death in both *mdx* mice (mouse model of DMD) and DMD patients ^{9, 10}. Recent work from our lab 46 has shown that Nox2/Src kinase impairs autophagy by regulating the PI3K/Akt/mTOR pathway 47 in *mdx* mice ⁷. To better comprehend how defective autophagy leads to DMD pathophysiology, and to develop therapeutic strategies, we need to elucidate the defects at different steps of theautophagic pathway.

Dystrophin is a microtubule-associated protein found to bind microtubules (MT). ¹¹ The MT lattice 50 becomes disorganized when dystrophin expression is ablated as in the *mdx* mouse $^{11, 12, 13}$. We have 51 shown that the increased Nox2-ROS observed in mdx skeletal muscle regulates the MT network¹⁴. 52 53 MTs undergo post-translational modifications that regulate their biological functions. Some 54 studies suggest detyrosination of α -tubulin increases muscle stiffness and decreases force production in *mdx* mice $^{15, 16}$. In non-muscle cells, acetylation of α -tubulin has been shown to 55 56 regulate the formation of pre-autophagosomal structures, vesicular movements and autophagosome-lysosome fusion ^{17, 18, 19}. Acetylated MTs recruit the motor protein kinesin-1 to 57 transport autophagosomes in a cargo-specific manner along the MT tracks. Changes in MT 58 59 acetylation leads to alterations in MT dynamics and organization, cell migration, and autophagy¹⁸, ²⁰. Despite the extensive investigations largely based on MT dynamics, stability and its altered 60 network in dystrophic mice, no study has addressed the role of acetylated MTs specifically on 61 autophagosome biogenesis and autophagosome-lysosome fusion in DMD. Therefore, the present 62 study was designed to unravel the plausible mechanisms underpinning the role of MTs in 63 regulating autophagy in dystrophic mice. 64

Histone deacetylases (HDACs) are a class of deacetylase enzymes involved in chromatin remodeling and gene expression ²¹. Currently, epigenetic drugs (e.g. Givinostat) targeting HDACs are in phase III clinical trials to assess their functional effects in DMD patients ^{2, 22}. Recently, HDAC6 (Class IIb) inhibition has emerged as one potential selective pharmacological target in neurodegenerative diseases. HDAC6 catalyzes the deacetylation of non-histone proteins such as α -tubulin, leading to altered MT stability and organization ²³. In addition, HDAC6 can control

redox regulation through acetylation of peroxiredoxin (Prx1 and PrxII)^{24, 25}. Therefore, selective 71 HDAC6 inhibition has the potential to reduce the toxicity related to the off-target effects of pan-72 HDAC inhibitors (Givinostat).²⁶ Recent investigations have suggested that the HDAC6 inhibitor, 73 74 Tubastatin A (TubA) promotes MT acetylation, improving autophagic flux, redox balance, and functional recovery in neurodegenerative disorders ^{19, 27, 28, 29}, cardiomyopathy ³⁰, idiopathic 75 pulmonary fibrosis³¹, myocardial ischemia/reperfusion injury³², osteoarthritis³³, and kidney injury 76 ³⁴. In the current study, we show differential regulation of autophagy in mdx skeletal muscle; while 77 autophagosome maturation is regulated by Nox2-ROS, autophagosome-lysosome fusion is 78 regulated by MT acetylation. Furthermore, we discovered the therapeutic efficacy of HDAC6 79 inhibitor, TubA, in promoting MT acetylation and restoring autophagic flux in *mdx* mice. TubA 80 treatment significantly restricted muscle damage and apoptosis and induced muscle functional 81 recovery. 82

83 **Results:**

84 Impaired autophagosomal biogenesis/maturation in *mdx* mice

The maturation of double-membrane vesicle structures called autophagosomes occurs in a highly 85 orchestrated manner to achieve successful delivery to the lysosomes for fusion ³⁵. One of the initial 86 87 steps in autophagosome biogenesis is the recruitment and activation of the class III phosphatidylinositol 3-kinase complex (PI3K), consisting of Beclin, ATG14L, VPS34, and VPS15 88 to facilitate the phagophore nucleation³⁶. Immunoblot analyses of TA muscle homogenate revealed 89 a significant decrease in ATG14L and VPS34, whereas both Beclin and VPS15 were found to be 90 increased in *mdx* muscles as compared to WT (Fig.1a-b). Immunoprecipitation of Beclin followed 91 92 by western blot for ATG14L showed decreased ATG14L/Beclin complex formation in mdx muscle as compared to WT while Bcl-2/Beclin complex formation was not altered (Fig. 1c). These data 93

94 are consistent with inhibition of vesicle nucleation in mdx mice. Autophagy induction by heterodimerization of Beclin with ATG14L-VPS34 is regulated by activated JNK. JNK-95 interacting protein 1 (JIP-1) binds protein kinases (e.g. MAPKK/MKK7) to promote 96 phosphorylation and activation of JNK³⁷. We observed that the protein expressions levels of JIP-97 1 and p-JNK (Thr183/Ty185) are downregulated in *mdx* skeletal muscle, whereas MAPKK was 98 significantly upregulated in *mdx* mice (Fig 1d-e). P-JNK phosphorylates Bcl-2 (S70), which 99 disrupts the Bcl-2/Beclin complex, allowing Beclin to bind the PI3KclassIII complex for 100 phagophore nucleation. We found lower levels of p-Bcl-2 in *mdx* muscles as compared to WT, 101 102 likely due to the decrease in p-JNK levels (Fig 1d-e). Together, these observations suggest that phagophore nucleation is disrupted due to inhibition of JIP-1/JNK activation and subsequent 103 phosphorylation of Bcl-2 in mdx mice. 104

105 Vesicle nucleation is followed by elongation and expansion of the phagophore in the cytoplasm, which is regulated by the ATG5-12 complex. Our data revealed that WIPI-1 (WD Repeat Domain 106 Phosphoinositide Interacting 1), an early marker of autophagosome formation which fosters the 107 108 recruitment of downstream ATGs, was significantly downregulated in *mdx* muscle (Fig. 1f-g) 109 whereas ATG7, ATG4B, and ATG5-12 did not show any prominent change in *mdx* as compared 110 to WT (Fig. 1f-g). In addition, gene expression analysis of autophagy related markers *uvrag*, vps34, atg14l, FIP200, atg5, atg12, and gabarapl1 did not show any change in mdx skeletal 111 muscle as compared to WT (Fig.S1). Together, our data suggests that defects in the 112 113 autophagosome maturation is due to inhibition of vesicle nucleation and elongation of the phagophore in *mdx* skeletal muscle. 114

115 Impairment in the SNARE-mediated autophagosomal-lysosomal fusion in *mdx* mice

116 To clear sequestered cytosolic components the autophagosome must fuse with the lysosome, forming the autolysosome. The process of autophagosome-lysosome fusion is regulated by the 117 SNARE tertiary complex STX17-SNAP29-VAMP8. To achieve autophagosome-lysosome fusion, 118 autophagosome-localized Q-SNARE STX17 must interact with SNAP29 and the lysosomal-119 localized R-SNARE VAMP8. ATG14L acts as a tethering factor to facilitate the fusion by directly 120 121 interacting with the STX17-SNAP29 binary complex, and primes it for binding to VAMP8 on lysosomes ³⁸. We found that STX17 was significantly decreased in *mdx* as compared to WT, while 122 VAMP8 and SNAP29 both showed no change (Fig.2a-b). CO-IP with anti-SNAP29 in TA muscle 123 124 lysates revealed reduced interaction of SNAP29 with STX17 and VAMP8 in *mdx* muscle whereas SNAP29 retained binding with ATG14L (Fig. 2c). CO-IP with an anti-VAMP8 showed less 125 interaction of VAMP8 with STX17, SNAP29, and ATG14L (Fig. S2a), confirming reduced 126 autophagosome-lysosome fusion in *mdx* skeletal muscle. 127

Acetylation of STX17 inhibits the interaction between STX17 and SNAP29, and formation of the Q-SNARE complex³⁹. Therefore, we asked whether STX17 acetylation is impaired in *mdx* muscle, leading to reduced interaction between the Q-SNARE complexes. We observed decreased acetylation of STX17 in *mdx* muscle compared to WT. We also found increased expression of HDAC2, the primary deacetylase of STX17³⁹ in *mdx* muscle (**Fig. S2b-d**). These data suggest that the reduced interaction in the Q-SNARE complex in *mdx* muscle is not due to increased acetylation of STX17.

Genetic ablation of p47^{phox} promotes autophagosomal maturation without facilitating autolysosome formation in *mdx* mice

We have previously shown that genetic deletion of p47^{phox} function in *mdx* mice protects against
oxidative stress and improves autophagy (i.e. increased LC3II/I and decreased p62) compared with

139 mdx^{7} . Having established defects at multiple stages in autophagy, including autophagosome maturation and autolysosome formation in *mdx* mice, we asked whether these steps are regulated 140 by Nox2-ROS in *mdx* skeletal muscle. We found increased p-JNK, p-Bcl-2 and JIP-1 protein levels 141 (Fig. 3b-c), as well as increased Beclin-ATG14L complex formation and a decrease in the Beclin-142 Bcl-2 complex (Fig. 3a); all consistent with improved vesicle nucleation. We also found an 143 increase in the autophagy elongation complex, ATG5-12 in $p47^{-/-}/mdx$ mice (Fig. 3d-e). We then 144 determined whether autophagosome-lysosome fusion is affected by genetic deletion of p47^{phox} in 145 *mdx* mice. Interestingly, we did not find any improvement in the interaction between STX17-146 SNAP29-VAMP8 tertiary complexes in $p47^{-/-}/mdx$ mice as compared to mdx mice (Fig 3f). In 147 addition, no changes were found in the lysosomal protein LAMP2 and lysosomal hydrolase, 148 Cathepsin B in p47^{-/-}/mdx mice as compared with mdx (**Fig. 3g-h**). Overall, our data indicates that 149 150 inhibition of Nox2-ROS promotes autophagosome maturation but does not enhance the fusion of autophagosomes with lysosomes in *mdx* mice. 151

152 Altered MTs acetylation affects autophagy

Emerging evidence shows that reversible acetylation of α -tubulin can regulate MT function, thus, 153 facilitating fusion of autophagosomes to lysosomes^{40, 41}. The acetylation status of microtubules is 154 coordinated by deacetylases (HDAC6)²³ and acetyltransferases (MEC-17)⁴². Immunoblot 155 analyses showed that the α -tubulin acetylation levels were significantly decreased in *mdx* muscles 156 as compared to WT (Fig. 4a-b). The deacetylase enzyme HDAC6 was increased in *mdx* muscle 157 158 (Fig. 4a-b) whereas the acetyltransferase (MEC17) did not exhibit any change in *mdx* muscle (Fig.S3a-b). At the mRNA level, expressions of *hdac6*, *mec17* genes did not show any change in 159 *mdx* as compared to WT (**Fig.S3c-d**). Autophagosome movement along MT tracks is dependent 160 161 upon the microtubule motor proteins kinesin and dynein. Kinesin-1 (conventional kinesin or 162 KIF5), is a tetramer of two kinesin heavy chains (KHC, KIF5B) and two kinesin light chains (KLC) ⁴³. We found that KIF5B was significantly increased in *mdx* muscles whereas KLC and dynein 163 did not change in *mdx* as compared to WT (**Fig.4c-d**). KLCs play a dual role, they direct cargo 164 165 binding and regulate motor activity. JIP-1 scaffolds with kinesin to link cargo to the kinesin-1 complex (KHC/KLC)⁴⁴. These observations raised the question of whether the JIP-Kinesin-1 166 complex is disrupted and thereby decreases binding to MTs and impairing autophagosome 167 transport in *mdx* muscle. Surprisingly, JIP-1 was found to interact with both KLC and JNK in *mdx* 168 mice similar to WT (**Fig.4e**). In addition, we did not find any restoration of acetylated α -tubulin 169 levels in $p47^{-/-}/mdx$ mice (Fig. 4f-g). Overall, our data strongly suggests that microtubule 170 acetylation plays an important role in autophagosome-lysosome fusion in *mdx* mice, which does 171 not appear to be regulated by Nox2-ROS. 172

HDAC6 inhibition improves MT acetylation and promotes autophagosome-lysosome fusion in *mdx* muscle

175 Acetylated microtubules play an important role in vesicle trafficking and fusion. To assess the relationship of HDAC6 activity with microtubule alterations and impaired autophagic flux, 176 HDAC6 was inhibited with its specific pharmacological inhibitor, Tubastatin A (TubA). TubA 177 178 was intraperitoneally injected for 2 weeks in 3 week old *mdx* mice, which is just before the onset of disease progression. The dose given to the *mdx* mice was 70mg/kg per day which is equivalent 179 to 8.4mg/kg per day for a human child based on FDA approved mouse to human-equivalence dose 180 calculation guide⁴⁵. TubA restored α -tubulin acetylation levels without altering the protein 181 expression levels of either de-tyrosinated α -tubulin or HDAC6 (Fig.5a-b) nor kinesin, JIP-1, or 182 183 JNK (Fig.S4a-b). We next assessed whether the increased acetylation of α -tubulin improved autophagic flux in *mdx* muscle. The autophagosome substrate p62 (SQSTM1) was significantly 184

185 decreased in TubA treated mdx muscle while lipidation of microtubule-associated protein 1A/1Blight chain 3 (LC3II), which makes up the autophagosomal membrane showed only a small 186 increase (Fig. 5c-d). To further examine the mechanism behind the efficient autophagic clearance 187 in TubA treated mdx, we evaluated the autophagosome-lysosome fusion by detecting the binding 188 of SNARE complex proteins. TubA treatment enhanced the interaction of SNAP29 with STX17 189 and VAMP8 (Fig.5e). Immunostaining of SNAP29 and VAMP8 showed puncta within the muscle 190 and increased colocalization in TubA treated *mdx* muscle as compared to non-treated, indicative 191 of enhanced autophagosome-lysosome fusion by HDAC6 inhibition (Fig.5f-g). In addition, the 192 193 lysosomal protein LAMP2 and cleaved (active) lysosomal hydrolase cathepsin-B are elevated in TubA treated *mdx* muscle (Fig. 5h-i). Overall, our data suggest that the decreased acetylation of 194 α -tubulin in *mdx* muscle inhibits autophagosome-lysosome fusion, which can be recovered upon 195 196 HDAC6 inhibition.

197 HDAC6 inhibition recovers acetylation of PrxII and increases total PrxII in *mdx* mice

Prx I and Prx II are specific substrates of HDAC6, their acetylation status provides resistance to 198 199 hyperoxidation. We have previously shown hyperoxidation and proteolytic degradation of PrxII 200 in *mdx* skeletal muscle⁴⁶. Here, we immunoprecipated PrxII and probed for acetyl lysine and found 201 decreased acetylated PrxII levels in mdx mice, which was recovered back to WT in TubA treated 202 *mdx* mice (**Fig 6a**). This was further confirmed by immunoprecipitating acetyl lysine followed by probing for PrxII (FigS5a). Total PrxII levels were found to be significantly increased in TubA-203 *mdx* mice while oxidized PrxII (PrxSO_{2/3}) showed no difference as compared to *mdx* (Fig. 6b-c). 204 205 Our findings suggests that TubA did not decrease PrxSO_{2/3} is not surprising, as sulfonation of PrxII is an irreversible oxidative modification ⁴⁷. We did find that the ratio of oxidized PrxII to total 206 PrxII is significantly reduced in TubA-treated mdx (Fig. 6b-c), indicating that the increased 207

acetylation of PrxII prevents its hyperoxidation. To our surprise, we found that stretch activated ROS production was not diminished in diaphragm muscle from TubA treated *mdx* compared to *mdx* (**Fig.6d**). Intriguingly, acetylated PrxII levels were restored back to WT levels in $p47^{-/-}/mdx$ mice (**Fig. S5b-c**). Total PrxII was increased, PrxSO2/3 decreased, and the ratio of oxidized to total PrxII decreased in $p47^{-/-}/mdx$ as compared to *mdx*. (**Fig. S5d-e**). These data suggest that either reducing oxidative stress ($p47^{-/-}/mdx$) or increasing acetylation of PrxII (TubA) prevents its hyperoxidation and degradation in *mdx* skeletal muscle.

215 **TubA treatment alleviates apoptosis and immune cell infiltration in** *mdx* **muscle**

Impaired autophagy is associated with aggregation of oxidized/misfolded proteins and other 216 cellular constituents, eventually leading to cell death. Immunoblot expression of cleaved/active 217 caspase-3 was found to be significantly reduced in *mdx* mice following treatment with TubA 218 (Fig.7a-b). The percentage of TUNEL positive nuclei (green, marked by white arrows) were 219 significantly elevated in *mdx* gastrocnemius (GAS) muscle, which were significantly decreased 220 221 upon treatment with TubA (RI_{TubA} =92.14%, Fig. 7c-d). Infiltration of macrophages and other 222 immune cells is an important and pathogenic feature of dystrophin-deficient muscle, even at asymptomatic stage of disease progression. We have stained GAS muscle cross-sections with anti-223 224 CD68 antibody to identify CD68+ macrophages. We found a significant decrease in CD68⁺ immune cells (green, marked by white arrows) in TubA treated mdx skeletal muscle (RI 225 TubA=63.10%, Fig. 7e-f), indicating decreased infiltration of macrophages in the endomysium of 226 skeletal muscles. 227

228 Amelioration of dystropathology and improvement in muscle functional assessment 229 following TubA treatment

230 Since pharmacological inhibition of HDAC6 improved MT acetylation, restored autophagic flux by promoting autophagosome-lysosome fusion, and decreased inflammation and apoptosis we 231 next investigated whether TubA reduced muscle damage and improved muscle performance. 232 233 Treatment of *mdx* mice with TubA prevented the increase in serum creatine phosphokinase (CPK 234 activity (RI_{TubA}=133.81%, **Fig. 8a**), a widely used clinical marker of muscle damage. The etiology 235 of DMD can be explained by loss of membrane integrity due to dystrophin deficiency which results in degeneration of myofibers. To determine whether TubA affects sarcolemmal integrity, we 236 intraperitoneally injected mice with Evans blue dye (EBD), which penetrates non-specifically into 237 238 any cell with disrupted/leaky membranes. At 24 h after injection, EBD accumulated abundantly in *mdx* muscles as compared to WT muscles (Fig. 8b), confirming membrane permeability due to the 239 loss of dystrophin. Notable, TubA treatment significantly blunted EBD uptake into the DIA muscle 240 241 of *mdx* mice. This observation was further confirmed by fluorescence staining of cross-sections of DIA muscles, the number of EBD positive fibers were reduced in mdx mice treated with TubA (RI 242 243 _{TubA}=85.81%, **Fig.8c**).

244 We next assessed the histopathological features of TA muscles from WT, mdx and TubA treated mdx mice by H& E staining. We observed severe necrosis (marked by black arrow), regenerating 245 246 fibers with central nuclei (marked by black arrow head), and fat deposition in the interstitial space (marked by black asterisk) of dystrophic muscle as compared to WT muscles. Notably, overall 247 necrotic myofibers, central nuclei, and fat depositions were reduced in TubA treated mdx (Fig.8d). 248 249 We further quantified histological sections of TA muscles by immunostaining with α -laminin (green) and DAPI (blue) to analyze the cross-sectional area (CSA) and centronucleated myofibers 250 251 in treated and untreated *mdx* mice (Fig.8d). A drastic increase in the percentage of fibers with 252 centralized nuclei was observed in mdx TA muscle as compared to WT (46% versus 1.2%), which 253 was significantly reduced in TubA-treated *mdx* muscle (RI_{TubA} = 52.2%, **Fig. 8e**). TA muscle from *mdx* mice showed decreased cross-sectional area (CSA) as compared to WT, which was partially 254 prevented with TubA treatment as exhibited by the distribution of Minimal Feret's diameter (Fig 255 8f). DMD patients suffer from progressive muscle weakness, eventually leading to immobility and 256 respiratory failure. To examine whether TubA improves muscle function and strength, in-vivo 257 258 muscle functional performance was assessed by grip strength. Grip strength was conducted after completion of 2weeks of TubA treatment in *mdx* mice. Skeletal muscle strength was significantly 259 improved in TubA treated mdx mice as compared to non-treated mdx mice (RI_{TubA}=113.29%, Fig. 260 261 **8g-h**). Finally, to determine the effects on contractile function, we compared the force-generating capacities of untreated and TubA-treated *mdx* diaphragm muscle strips electrically stimulated *ex* 262 vivo. TubA-treated mdx mice demonstrated significantly greater diaphragmatic force production 263 264 over a broad range of stimulation frequencies (0 to 200 Hz) (Fig. 8i, Table 1). In addition, TubA treated *mdx* EDL muscle was significantly protected from eccentric contraction induced force loss 265 compared to *mdx* muscle (Fig. 8j, Table 1). 266

267 **Discussion**

Previous studies have shown that defective autophagy and disorganized MT network play an 268 269 important role in disease progression and contributes to DMD pathogenesis before the manifestation of severe phenotypes ^{11,48,49,50,51}. Therefore, reverting autophagic dysfunction could 270 be an efficient approach to slow the onset of disease progression and improve the muscle function 271 in DMD patients. Our group was the first to identify that Nox2 mediates MT alterations and 272 autophagic dysfunction in dystrophic muscle 7, 14. MTs regulate autophagy through their 273 274 scaffolding and transport functions. Acetylated MTs induce autophagy by facilitating intracellular trafficking and fusion of autophagosomes with lysosomes^{18, 19, 52}. Despite the number of 275

276 investigations, no consensus about the role of tubulin post translational modifications in regulating autophagic flux in DMD have been reached. We are the first to report that autophagy is 277 differentially controlled by redox and acetylation modifications in mdx mice (Fig. 9). We provide 278 279 evidence that genetic ablation of Nox-2 in *mdx* mice promotes autophagosome maturation without facilitating autophagosome-lysosome fusion. Further, our study reveals alterations in MT 280 281 acetylation in dystrophin-deficient muscle, which is not restored back in Nox-2 ablated *mdx* mice. Pharmacologically targeting HDAC6 restored MT acetylation, rescued autophagy by accelerating 282 fusion and content degradation, restricted muscle damage and improved muscle function in mdx283 284 mice.

Autophagosome biogenesis/maturation includes phagophore nucleation, expansion, and closure of 285 phagophore membranes, generating the complete autophagosome³⁶. Initiation of autophagy 286 requires the PI3KClassIII complex consisting of VPS34, VPS15, Beclin1/BECN1 and ATG14L. 287 Emerging evidence suggests impaired autolysosome clearance in VPS15 deficient muscle and the 288 muscle phenotype evocative of lysosomal myopathies ⁵³. A study by Nascimbeni et al., have shown 289 that alterations in VPS15, VPS34 and BECN1 lead to impaired endosome and lysosomal 290 maturation in Danon Disease and Glycogen Storage Disease (GSDII)⁵⁴. In the current study, we 291 found that the PI3KclassIII complex was disrupted in *mdx* muscle, with a significant decrease in 292 ATG14L and VPS34, whereas VPS15 was found to be increased. Intriguingly, we also found 293 reduced interaction of Beclin-ATG14L complex whereas Beclin-Bcl-2 complex formation, which 294 295 is known to inhibit autophagic induction, is increased in *mdx* muscle. This indicates disruption in the formation of vesicle nucleation. During starvation, tubulin acetylation signals kinesin 296 297 recruitment to the MTs, with subsequent JNK activation and phosphorylation of Bcl-2, which allows the release of Beclin from Beclin–Bcl-2 complexes to initiate autophagosome formation. 298

⁵⁵. We found decreased JNK activation, likely due to reduced levels of the scaffolding protein JIP-1, in *mdx* muscles and reduced phosphorylation of Bcl-2 (S70), thus inhibiting Beclin-ATG14L association for vesicle nucleation. In addition, WIPI-1, which recruits lipid phosphatidylinositol-3 phosphate (PI3P) and mediates recruitment of the ATG5-12/16L1 complex and the LC3 lipidation, was found to be reduced in skeletal muscle from *mdx* mice. Taken together, our data suggest that defects in autophagosome maturation is mediated by inhibition of the Kinesin-JIP-JNK pathway in dystrophic mice.

SNARE associated proteins play a major role in membrane-mediated events of autophagosomelysosome fusion, another crucial step in autophagy process. Recent studies have highlighted the role of STX17-SNAP29-VAMP8 Q-SNARE tertiary complex in promoting autophagosomelysosome fusion. ^{19, 56} We revealed that the blockage of autophagosome-lysosome fusion in mdxmice was not due to altered expressions of SNARE associated proteins but due to the inhibition of the interaction of STX17 and VAMP8 with SNAP29, which culminates in accumulation of autophagosomes⁷

Previous work from our lab has shown that genetic ablation of Nox2-ROS improved autophagy in 313 *mdx* mice. Nevertheless, the detailed mechanisms by which autophagy was rescued in the $p47^{-/-}$ 314 315 /mdx mouse was not evaluated, which is required to improve the therapeutic outcomes for DMD patients. Our current data showed that $p47^{-/-}/mdx$ mice prevented the defects of autophagosome 316 maturation by promoting vesicle nucleation and elongation of autophagosomes. However, our data 317 revealed that genetic inhibition of Nox-2 was not able to promote the interaction between STX17-318 SNAP29 and VAMP8-SNAP29 and thus cannot promote autophagosome-lysosome fusion and 319 320 content degradation in *mdx* mice. These finding may explain why we only observed partial rescue of dystrophic pathology in the $p47^{-/-}/mdx$ mouse⁷. 321

322 Based on the above findings, we speculate that autolysosome formation in *mdx* muscle is redox independent, leading us to explore the mechanisms that underlie the failure of delivery of 323 autophagosomes and its fusion with lysosomes. Protein acetylation controls autolysosome 324 formation and improves autophagic flux^{19, 39, 57}. Emerging evidences suggests that HDAC2 325 promotes autophagy by causing deacetylation of STX17, which increases its binding with SNAP29 326 and promotes the Q-SNARE complex formation ³⁹. Interestingly, our findings revealed the 327 deacetylation of STX17 and increased HDAC2 in mdx mice, which suggests that reduced 328 interaction of STX17-SNAP29-VAMP complex is independent of the STX17 acetylation and 329 330 HDAC2.

Previous studies from our lab and others have reported dystrophin deficiency results in 331 332 disorganized MT lattice network and elevated MT tubulin modifications (detyrosinated α -tubulin) in mdx muscle ^{14,58}. Post translational modifications of MTs, in particular acetylation, have been 333 shown to facilitate autophagosome formation and serve to direct mature autophagosomes for 334 fusion and degradation^{41, 59, 60}. In the present study, we find decreased acetylated α - tubulin in *mdx* 335 mice, with increased protein expressions of the deacetylase enzyme, HDAC6. Accumulating 336 337 evidence suggests that JIP-1 mediates and regulates the binding of cargo to the Kinesin-1 complex 338 via KLC on the microtubule track. Activated JNK regulates the binding of cargo to KLC by 339 mediating the release of cargo once they have reached the lysosomes for fusion. Ittner et al. have shown that impaired binding of JIP-1 to the kinesin-1 complex disrupted the anterograde axonal 340 transport of cargo along MTs in Alzheimer's disease⁶¹. Surprisingly, in dystrophic muscle, JIP-1 341 interacts with KLC and JNK, forming a KLC-JIP-JNK complex. We therefore speculate that 342 decreased MT acetylation in *mdx* muscle can prevent the binding of KLC-JIP-JNK on the MT 343 track, leading to inhibition of autophagosome transport and its fusion with lysosomes. 344

345 HDAC6 inhibition exerted beneficial effects by improving autophagic dysfunction through MT acetylation in several pathophysiological conditions such as, Huntington's disease (HD)²⁷spinal 346 cord injury ¹⁹, osteoarthritis ³³, and doxorubicin-induced cardiomyopathy³⁰. HDAC6 has unique 347 structure and properties, exerting both enzymatic and non-enzymatic effects on cellular functions. 348 In addition to two catalytic domains which deacetylates cytoplasmic non-histone proteins, it also 349 possesses a non-enzymatic zinc-finger ubiquitin-binding domain (UBD) at its C-terminus⁶². 350 Through its UBD, HDAC6 interacts with ubiquitinated protein aggregates to promote loading and 351 transport along the microtubules for proper degradation. Given this dual role of HDAC6 in 352 353 regulating the response to cellular stress, pharmacological inhibition of its enzymatic activity, as opposed to knock-down of protein content, has been shown to be a novel and promising therapeutic 354 strategy for several diseases⁶³. We selected TubA, which stands out as a potent and highly specific 355 356 HDAC6 inhibitor with an IC₅₀ of 15 nM and has a strict selectivity for HDAC6 over all other HDACs (over 1000-fold) except for HDAC8 (57 folds)⁶⁴. Unlike other HDAC inhibitors, TubA 357 exhibits no toxicities such as fatigue, nausea, or thrombocytopenia, thus making HDAC6 a most 358 suitable and promising therapeutic target ⁶⁴. We assessed TubA dosing in *mdx* cohorts at 30mg/kg 359 every other day for 4weeks and did not observe any muscle functional recovery, although serum 360 361 CPK levels were reduced. (Fig.S6a-b).We further assessed TubA dosing in mdx cohorts at 70mg/kg every day for 2 weeks. Interestingly, TubA treatment at this dose showed improvement 362 in muscle contractile properties and strength, and reduced serum CPK levels in *mdx mice*. Our data 363 364 shows that HDAC6 inhibition specifically promoted tubulin acetylation without affecting DTtubulin levels in mdx mice. However, HDAC6 inhibition was not able to activate JIP/JNK 365 366 signaling as assessed by phospho-JNK and thus, autophagosome maturation was not improved in 367 TubA treated *mdx*. HDAC6 inhibition was recently reported to restore neuronal autophagy flux by

increased LC3II and decreased p62 aggregates in neurodegenerative disorders^{27, 65}. TubA 368 treatment promoted the autophagosome-lysosome fusion by SNARE machinery in SCI¹⁹. 369 Consistent with these findings, we found increased LC3II and reduced p62 aggregates, which 370 371 indicates efficient autophagic clearance in TubA treated *mdx*. TubA treated *mdx* mice showed increased interaction of STX17 and VAMP8 with SNAP29, thus facilitating the fusion and 372 373 formation of autolysosomes, as well as enhanced lysosomal function. Altogether, our data support a role for HDAC6 regulating autophagic flux by decreasing MT acetylation and inhibiting protein 374 aggregate trafficking and fusion of autophagosome-lysosome in skeletal muscle from *mdx* mice, 375 376 which is reversed upon HDAC6 inhibition with TubA.

377 HDAC6 may have a role in regulating redox balance within the cell, as HDAC6 has been shown to deacetylate redox regulatory proteins, PrxI and PrxII²⁵; and once deacetylated PrxI and PrxII 378 379 lose their antioxidant capacity. HDAC6 inhibition recovered acetylation of Prx and provided protection against oxidative stress in A β -induced Alzheimer's disease (AD)²⁴, 6-OHDA induced 380 Parkinson's disease (PD) model²⁹, and myocardial ischemia/reperfusion (MI/R)³², suggesting a 381 new mechanism regulating redox balance. In the current study, our results showed that acetylation 382 383 levels of PrxII were decreased in *mdx* muscle, and TubA treatment recovered both acetylation 384 levels of PrxII and total PrxII in *mdx* mice. Our previous findings show that PrxII overexpression protects mdx mice from eccentric contraction induced force $loss^{46}$. However, we did not observe 385 any change in either oxidized PrxII (PrxSO2/3) or stretch dependent ROS production in mdx mice 386 treated with TubA. Intriguingly, $p47^{-/-}/mdx$ mice showed reduced levels of oxidized PrxII 387 (PrxSO2/3), increased PrxII acetylation, but did not increase MT acetylation. Thus, there appears 388 to be cross-talk between HDAC6 and Nox2 in dystrophic skeletal muscle that we have yet to 389

understand, and doing so will be essential for developing effective therapeutics for maintainingmuscle homeostasis in DMD patients.

392 Our data reveals that TubA has the potential to act on the downstream pathogenic events of 393 dystropathology. TubA treatment attenuated apoptosis, decreased levels of CD68+ macrophages infiltrated into the muscle, maintained sarcolemmal integrity, and remarkably reduced serum CK 394 395 levels in mdx mice. Quantitative analysis of Hematoxylin/eosin staining showed significant 396 reduction in the centralized nuclei and increased CSA in TA mdx muscle following treatment with 397 TubA. In DMD patients, even at very young ages, weakness in hand strength is observed as a 398 generalized effect of dystrophin deficiency. Loss of grip strength was observed in mdx mice while TubA treated *mdx* mice showed significant improvement in muscle strength. Diaphragm is the 399 400 most severely affected skeletal muscle in dystrophic mice, and diaphragm dysfunction is a major 401 cause of respiratory failure in DMD patients. TubA-treated *mdx* mice showed significantly greater 402 diaphragm force production and decreased ECC induced force loss. These finding indicate that 403 HDAC6 inhibition not only restores autophagy flux by regulating MT acetylation but it extended its efficacy to alleviate many symptoms due to loss of dystrophin in DMD 404

405 In conclusion, our study suggests that defects in autophagy are regulated by both redox and 406 acetylation modifications in mdx mice. Evidence provided in this study confirms the role of 407 HDAC6 in deacetylating MTs, which led to the disruption of autophagosome-lysosome fusion in 408 dystrophin deficient mice. HDAC6 inhibition holds the potential to counteract the alteration of the MTs and restore impaired autophagic flux in dystrophic skeletal muscle (Fig.9). This pre-clinical 409 410 study suggests that targeting specific histone deacetylase, HDAC6 served as an effective tool in 411 preventing disease progression and improving muscle strength and function (Table 1), supporting the translational potential of TubA into clinical research for DMD patients. In view of our data, 412

- 413 combinatorial therapeutic approaches are currently underway in our laboratory to assess the
- 414 efficacy of TubA and Nox-2 pharmacological inhibitor in ameliorating pathological changes in
- 415 DMD.
- 416

417 Material and Methods

418 Antibodies and Reagents

Tubastatin A and PEG300 were purchased from Selleck Chem, DCFH-DA (6-carboxy-2',7'-419 420 dichlorodihydrofluorescein diacetate) was from Invitrogen. DMSO and Evans Blue Dye were 421 purchased from Sigma Aldrich. Tween-80 from Fischer Scientific. Protein A Magnetic Beads, Mini-Protean TGX stain free gels, and Immun-Blot® PVDF Membrane, Clarity western ECL 422 substrate were purchased from Bio-Rad. Anti-beclin, anti-p-bcl-2, anti-vps34, anti-vps15, anti-423 JNK, anti-p-JNK, anti-atg5-12, anti-atg7, anti-atg4b, anti-α-tubulin, anti-HDAC6, anti-p62, anti-424 caspase-3, and anti-LC3 antibodies were from Cell Signaling Technology. Anti-GAPDH 425 (glyceraldehyde-3-phosphate dehydrogenase) and anti-dynein were purchased from EMD 426 427 Millipore. Anti-CD68, anti-LAMP2, anti-Cathepsin-B, anti-SNAP29 were purchased from Santa Cruz Biotechnologies. Anti-WIPI1, anti-snap29, anti-stx17, anti-vamp8, anti-KIF5B, anti-KLC, 428 anti-detyrosinated, anti-Prx-SO3, and anti-a-laminin were from Abcam. Anti-acetylated tubulin, 429 anti-bcl-2, anti-atg14, anti-MAPKK, anti-JIP-1, anti-prxII were from Millipore Sigma. Secondary 430 antibodies for immunofluorescence (Alexa Fluor® 594 donkey anti-rabbit, Alexa Fluor® 488-431 donkey anti-rabbit, Alexa Fluor®594-goat anti-mouse), and ProLong[™] Gold Antifade Mountant 432 with DAPI were purchased from Invitrogen. Microscopic slides was purchased from Denville 433 434 Scientific Inc. Detailed information about antibodies and dilution can be found in **Supplementary** Table 1 and 2. 435

436 Mice

C57BL/10ScSnJ (WT) and C57Bl/10ScSn-Dmdmdx/J (mdx) were purchased from Jackson 437 Laboratories (Bar Harbor, ME) and bred following their breeding strategy. Mice with a genetic 438 deletion of the Nox-2 scaffolding subunit p47^{phox} (p47^{-/-}) were obtained from The Jackson 439 Laboratory (B6 (Cg)-Ncf1m1J/J) and bred onto the *mdx* background as previously described ⁷. All 440 animals used for experiments were males between 3-6 weeks of age. All animal studies were 441 conducted in accordance with ARRIVE (Animal Research: Reporting of In Vivo Experiments). 442 Mice were housed in a specific pathogen free (SPF) facility on a 12hr light/dark cycle. All mice 443 were monitored daily and drug tolerability evaluated on the basis of body weight and clinical signs. 444 After treatment period, mice were sacrificed by deep anesthesia followed by cervical dislocation 445 as approved by the Institutional Animal Care and Use Committee (IACUC) of Baylor College of 446 Medicine. Skeletal muscles were quickly excised, and either placed in Krebs-Ringer buffer for 447 tissue experiments, snap frozen in liquid nitrogen for biochemical and molecular experiments, or 448 449 in 10% formalin for histological experiments. We employed basic methods to analyze the preclinical experiments (TREAT-NMD)⁶⁶ 450

451 HDAC6 Inhibitor treatment

452 For pharmacological inhibition of HDAC6, HDAC6-Specific inhibitor TubastatinA (TubA)

453 (Selleck-Chem, USA) was dissolved in 4% dimethyl sulfoxide (DMSO), 30% PEG300 and 66%

454 MilliQ with a final concentration of 2.5 mg/mL, and was freshly prepared each day. TubA was

455 intraperitoneally (*i.p.*) injected into 3 week-old *mdx* mice (onset of disease progression) at the

dosage of 70 mg/kg b.w. once a day for 2 weeks.

457 Fore-limb Grip strength analysis

458 Fore-limb grip strength was performed to assess the effects of TubA on recovery of muscle strength of *mdx* mice. The grip strength meter (Columbus Instruments, OH) was positioned 459 horizontally and mice were held by the tail. Mice were allowed to grasp the smooth metal rod with 460 their forelimbs only and then were pulled backward by the tail. The force applied to the metal rod 461 at the moment the grasp was released and recorded as the peak tension. The test was repeated 5 462 463 consecutive times within the same session and the average value from the 5 trials was recorded as the grip strength for that animal. In order to avoid modifications induced by the body weight of 464 the mice in the latency of staying on the grip strength meter, the data have been normalized with 465 body weight of mice. The grip strength test was conducted by the same investigator in order to 466 467 avoid variability in performing experiment, and the investigator was blinded to the treatment 468 group.

469 Serum Collection

470 Blood was collected from the hepatic portal vein of mice immediately following sacrifice and left

at room temperature for 30 min to achieve coagulation. Serum was then separated from other blood

fractions by centrifugation at 1,000 g for 10 min and stored at -80 °C for further use. CK activity

in the serum was measured using Creatine Kinase Activity Assay Kit (My BioSource) following

the manufacturer's instruction.

475 **Ex-Vivo EDL Eccentric force measurements**

476 Muscle contractile force measurement was conducted by using an ex-vivo muscle test system. In brief, the mice were anesthetized with isoflurane, the hind limb was excised and immediately 477 478 placed in a bicarbonate-buffered solution (120 mM NaCl, 4 mM KCl, 1 mM MgSO₄, 1 mM NaH₂PO₄, 25 mM NaHCO₃, and 2 mM CaCl₂, 10mM glucose) equilibrated with 95% O₂-5% CO₂ 479 (pH7.4) for dissection. The proximal and distal tendons were tied with braided silk suture thread 480 (4-0, Fine Science Tools) and mounted in a muscle bath containing bicarbonate-buffered solution 481 continuously bubble with $95\%O_2$, 5% CO₂ between a fixed hook and a dual-mode lever system 482 (305C-LR-FP, Aurora Scientific Inc., Aurora, ON, Canada) and allowed to equilibrate to 30°C for 483 10 minutes. The stimulation protocol consisted of supramaximal electrical current delivered 484 485 through platinum electrodes using a biphasic high-power stimulator (701C; Aurora Scientific).

486 Optimum length (Lo) was determined with a series of twitch stimulations measured using a hand-

held electronic caliper, after which the muscle underwent 10 eccentric contraction with 3 minutes
rest between each contraction so as to not elicit muscle fatigue. Each eccentric contraction
consisted of a 200 ms isometric tetanus (150Hz) followed by stretch from 100% to 110% of Lo at
0.5Lo/s and then shortened to Lo passively. Following the 10 eccentric contractions the muscle
was removed from the organ bath, trimmed of connective tissue, blotted dry, and weighed. Data
were analyzed using the dynamic muscle control and analysis software (Aurora Scientific Inc.).

493 Ex-Vivo Diaphragm Isometric force measurements

Diaphragm (DIA) muscle was dissected from mice and one end tied to a fixed hook and the other 494 to a force transducer (F30, Harvard Apparatus) using silk suture (4-0) in bicarbonate-buffered 495 solution continuously gassed with 95% O₂–5% CO₂ at 30°C. Contractile properties were assessed 496 497 by passing a current between two platinum electrodes at supramaximal voltage (PanLab LE 12406, 498 Harvard Apparatus) with pulse and train durations of 0.5 and 250 ms, respectively. Muscle length was adjusted to elicit maximum twitch force (optimal length, Lo) and the muscle was allowed a 499 10-min equilibration period. To define the force-frequency characteristics, force was measured at 500 501 stimulation frequencies of 1, 5, 10, 20, 40, 60, 80, 120, 150 and 200 Hz every 1 min. At the end of 502 the contractile protocol, muscle length was measured using a hand-held electronic caliper, fiber bundles removed from the organ bath and trimmed of excess bone and connective tissue, blotted 503 dry and weighed. Muscle weight and Lo were used to calculate normalized forces expressed as 504 N/cm^2 505

506 **ROS measurements**

Diaphragm intracellular ROS was measured using 6-carboxy-20,70-dichlorodihydrofluorescein 507 diacetate (DCFH-DA) (Invitrogen, Carlsbad, CA) as previously described¹⁴ Briefly, diaphragm 508 509 muscle optimal length was determined as described above followed by incubation with DCFH-510 DA for 30 min, washed using the physiological saline solution and de-esterified for an additional 30 min at 25°C. All cell-loading and imaging was performed in the dark to prevent light induced 511 oxidation of DCFH-DA. DCF was excited at 470/20 nm using a Sutter Lamda DG-5 Ultra-high-512 speed wavelength switcher and emission intensity was collected at 535/48 nm on a charge coupled 513 device (CCD) Camera (CoolSNAP MYO, Photometrics, Tucson, AZ) attached to an Axio 514 Observer (Zeiss) inverted microscope (20X objective, 0.5 NA) at a rate of 0.2 Hz. Alterations in 515 the rate of ROS production were baseline corrected and calculated over the final minute of the 516 stretch period. 517

518 Western blotting and Immunoprecipitation

TA muscle from hind limb of the mice were isolated and lysed with ice-cold RIPA buffer containing protease and phosphatase inhibitors, and centrifuged at 13,500rpm for 10 min. The supernatant was retained, aliquoted, and the protein content was quantified using the bicinchoninic

acid (BCA) Assay Kit. A volume corresponding to 10 μg of protein was diluted with a Laemmli
sample buffer (BioRad), and heated at 100 °C for 5 min. Protein samples were separated via 415% and 4-20% SDS-PAGE and then transferred to polyvinylidene difluoride (PVDF)
membranes, which were blocked with 5% non-fat milk or 5% BSA (dissolved in Tris-buffered
saline, pH 7.4, and 0.2% Tween 20, TBST) for 60 min at room temperature.

527 For immunoprecipitation, total protein lysates were prepared and quantified as described above. 528 Protein lysates (1000µg) were incubated with protein A magnetic beads (BioRad) as per the manufacturer's instructions. Protein complexes were analyzed by western blotting using indicated 529 antibodies (Beclin-1, ATG14L, Bcl-2, JIP-1, JNK, KIF5B, KLC, SNAP29, VAMP8, STX17, 530 Prx2, acetyl lysine). Immunoblots were incubated overnight at 4 °C with primary antibodies. The 531 following day, membranes were washed and incubated with secondary antibodies for 60min at 532 room temperature. Clarity western ECL substrate (Bio-Rad) was added on the membrane and the 533 signals were visualized by ChemiDoc Imaging system (Bio-Rad). The bands were quantified using 534 densitometric analysis by the ImageLab Software. 535

536 Histology and Immunofluorescence

537 The skeletal muscles (TA and GAS) were carefully excised from hind limb of mice and post-fixed 538 in 10% formalin overnight. Paraffin blocks were then prepared after dehydration, clearing, and wax 539 impregnation. Transverse Sections (T.S.) of 4µm thickness were cut with a rotary microtome, 540 deparaffinized in xylene and gradient of alcohol were subjected to histological or 541 immunofluorescence staining.

For H&E staining, the slides were stained in hematoxylin solution for 20-30 min and rinsed in 542 running water three times. Slides were then stained in eosin solution for 1–2 min, dehydrated in 543 544 graded ethanol and xylene, and covered using DPX paramount for further imaging. For 545 immunofluorescence, serial muscle cross-section (4µm) were cut from each paraffin block by rotatory microtome. The sections were placed on coated slides (Denville Scientific Inc.) and dried 546 at 60 °C in a hot air oven. Sections were deparaffinized, rehydrated, and underwent an antigen 547 548 retrieval method using citrate-EDTA solution incubated at 96 °C for 20 min in water bath. After dipping the slide in distilled water, the sections were blocked with 3% BSA for 60min at room 549 temperature, and incubated with the primary antibodies overnight at 4°C followed by secondary 550 antibodies at room temperature for 1 h. Primary antibodies include SNAP29, VAMP8, CD68, and 551 α-laminin. Secondary antibodies include Alexa Fluor 488 and 594. Tissue sections were mounted 552 553 with Prolonged Gold Antifade with DAPI (Invitrogen). All images were taken with Fluorescent 554 microscope (ECHO, CA) and analysis was carried out by ImageJ software.

For CD68 quantification, images acquired from five different optical fields of GAS muscle crosssection (40X magnification) and the number of CD68+ immune cells were counted per area (μ m²).

557 The CSA and centralized nuclei were measured based on α -laminin staining and DAPI stained

- nuclei respectively. CSA was quantified by minimum Feret's diameter and central nucleation was
- quantified as % fibers with central nuclei. TA muscle cross-sections were used for quantification.
- All the immunofluorescence images were quantified using Image J software (NIH, USA).

561 **Colocalization analysis**

For double immunofluorescence, two primary antibodies (SNAP29 and VAMP8) were incubated
on the same gastrocnemius (GAS) tissue sections. To quantify the degree of colocalization
between the anti- SNAP29 and anti-VAMP8 staining, Pearson's correlation coefficient was
performed using ImageJ Software.

566 **RNA extraction and Gene expression analysis**

Total RNAs were extracted from gastrocnemius (GAS) muscles using TRIzol reagent (Invitrogen)
according to the manufacturer's protocol. Gene expression was verified by using cDNA synthesis
kit (Company name) for reverse transcription and Real Mastermix for PCR following
manufacturer's instructions. The primers used were as follows:

- 571 BECN1-FWD (5' AGG CTG AGG CGG AGA GAT T-3'),
- 572 BECN1-REV (5'- TCC ACA CTC TTG AGT TCG TCA T-3');
- 573 ATG5-FWD (5'-ATCAGACCACGACGGAGCGG-3'),
- 574 ATG5-REV (5'-GGCGACTGCGGAAGGACAGA-3');
- 575 ATG12-FWD (5'- ACAAAGAAATGGGCTGTGGAGC-3'),
- 576 ATG12-REV (5'- GCAGTAATGCAGGACCAGTTTACC-3');
- 577 ATG14L-FWD (5'- GCAGCTCGTCAACATTGTGT-3'),
- 578 ATG14L-REV (5'-TGCGTTCAGTTTCCTCACTG-3');
- 579 VPS34-FWD(5'-TGTCAGATGAGGAGGCTGTG-3'),
- 580 VPS34-REV(5'-CCAGGCACGACGTAACTTCT-3');
- 581 GABARAPL1-FWD (5'- CGGTCATCGTGGAGAAGGCT-3'),
- 582 GABARAPL1-REV (5'- CCAGAACAGTATAACGGCAACTCC-3');
- 583 FIP200-FWD(5'-ACCGTGCACCTGCTATTCCT-3'),

- 584 FIP200-REV (5' CATCATGGACAAGCCCTTCA-3');
- 585 UVRAG-FWD (5' CAA GCT GAC AGA AAA GGA GCG AG-3'),
- 586 UVRAG-REV (5'- GGA AGA GTT TGC CTC AAG TCT GG-3');
- 587 HDAC6-FWD(5'-AAGTGGAAGAAGCCGTGCTA-3'),
- 588 HDAC6-REV (5'- CTCCAGGTGACACATGATGC -3')';
- 589 MEC17/ATAT1-FWD (5'- ACTGA AGGAC ACCTC AGCCC GA -3'),
- 590 MEC17/ATAT1-REV(5'- TACCT CATTG TGAGC CTCCC GG-3')

591 Evan's Blue Dye uptake

To assess the membrane integrity of WT, mdx, and TubA treated mdx mice, Evans Blue Dye (EBD) 592 was injected to the animal as described by Millay et al ⁶⁷. EBD (10mg/ml) was dissolved in PBS 593 (pH 7.4) and sterilized by passage through membrane filters with a 0.2-mm pore size. Mice were 594 injected intraperitoneal (*i.p.*), with 0.1 ml/10g body weight with EBD 24h prior to the completion 595 of two week treatment with TubA. After 24h, DIA muscles were harvested from all the mice 596 597 groups and sectioned using rotatory microtome. EBD positive fibers showed a bright red emission under fluorescent microscope. All sections were examined, photographed and muscle fiber 598 counted under a fluorescence microscope (ECHO, CA). 599

600 TUNEL ASSAY

GAS isolated from hind limb of mice fixed in 4% formalin overnight and then paraffin-embedded 601 muscles sections (4µm) were assessed by terminal deoxynucleotidyltransferase-mediated dUTP 602 nick end labeling (TUNEL) assay with an in situ Cell Death Detection Kit (Biovision Inc., CA, 603 604 USA) as per the manufacturer's instructions. Antigen retrieval was performed and slides were then blocked in 3% bovine serum albumin for 1hr at RT and incubated in anti-α-laminin overnight at 605 4°C. The following day, slides were incubated in donkey anti-rabbit AF594 and then stained with 606 Prolong gold antifade reagent with DAPI (Invitrogen). Tissue sections were examined under 607 fluorescence microscope (ECHO, CA). TUNEL positive nuclei were counted manually as a co-608 609 localization of TUNEL + nuclei with DAPI and expressed as a percentage of the TUNEL + nuclei 610 per total number of DAPI stained nuclei obtained from five different optical field per muscle section (40X Magnification). Total number of DAPI stained nuclei were counted using Image J 611 612 software (NIH).

613 Statistical analysis

614

615 Statistical analysis were performed using Origin Pro Software (OriginLab Corporation,

- Northhampton, MA, USA). Differences between two groups were analyzed using Student's *t*-tests
- and normality tests. Differences between means of multiple groups were analyzed by one or two-
- 618 way analysis of variance ANOVA followed with Tukey post-hoc tests. Values of p < 0.05 (95%)
- 619 confidence) were considered statistically significant. Data are represented by box plots with mean
- 620 (empty checker box within the box), median (solid bar), SD (whisker), SE (box). The number of
- 621 mice used in groups for each parameter are indicated in figure legends. Recovery index (RI_{TubA})
- 622 was calculated as $((mdx+TubA)-(mdx))/((WT)-(mdx))x100^{66}$.
- 623

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792	the experiments, analyzed data and wrote the manuscript; E.L.C. and G.G.R. performed ex-vivo
793	muscle contractility experiments; C.L.C. performed stretch induce ROS experiment; B.A.C
794	processed co-localization data. G.G.R. edited the final manuscript. All authors reviewed, edited
795	and approved the final version of manuscript.
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797	Material and Correspondence- Correspondence to George G Rodney (Rodney@bcm.edu)
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807 Table 1. Recovery Index for Tubastatin A treatment of mdx.

Outcome Measures	Recovery Score by TubA (70mg /kg b.w.
	for 2 weeks) in <i>mdx</i> mice
Serum Creatine phosphokinase (CPK)	133.8%
Immune Infiltration (CD68 ⁺ cells)	63.10%
Centralized nuclei	52.2%
Apoptotic cell death	92.14%
EDL ECC force production at 10 th	46.68%
contraction	
Diaphragm Isometric force production	53.24%
(200Hz)	
Grip Strength normalized with Body	113.29%
weight	

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817 Figure Legends

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Fig. 1 Impaired autophagosomal biogenesis/maturation in mdx mice (a-b) Immunoblot and 819 820 densitometry analysis for autophagy regulatory proteins involved in vesicle nucleation (n=6 per group) and (ATG14L; WT, n = 6; mdx, n = 5). (c) Skeletal muscle tissue lysate prepared and 821 822 subjected to immunoprecipitation using anti-Beclin, and the associated ATG14L, and Bcl-2 were 823 determined using immunoblotting (n=3 per group). (d-e) JIP-1/JNK signaling was detected by immunoblot with antibodies as indicated (n = 6 per group) and (p-Bcl-2; WT, n=6; mdx,n=5). 824 Densitometry analysis of immunoblots represented by box plots. (f-g) Immunoblot for proteins 825 826 involved in autophagosome maturation and elongation (WT, n = 6; mdx, n = 5). Densitometry analysis of immunoblot represented by graph. GAPDH served as a loading control. Statistical 827 difference between two groups were determined using two-sample student-t-test and Welch's 828 829 correction test was performed for non-equal variance between two groups.

Fig. 2 Impairment in the SNARE complex-mediated autophagosomal-lysosomal fusion in 830 831 mdx mice (a-b) Protein expressions of SNARE tertiary complex-STX17, VAMP8, and SNAP29 was determined by immunoblot (WT, n = 6; mdx, n = 5). Densitometry analysis of immunoblot 832 represented by box plots. (c) Skeletal muscle lysate was prepared and subjected to 833 immunoprecipitation using anti-SNAP29, and the associated SNAP29, STX17, ATG14L, and 834 VAMP8 were determined using immunoblotting (n=3 per group). GAPDH served as a loading 835 836 control. Statistical difference between two groups were determined using two-sample student-t-test 837 and Welch's correction test was performed for non-equal variance between two groups.

Fig. 3 Genetic ablation of $p47^{phox}$ promotes autophagosomal maturation in *mdx* mice (a) 838 Skeletal muscle lysate was prepared from muscles of WT, mdx and $p47^{-/-}-mdx$ mice and subjected 839 840 to immunoprecipitation using anti-Beclin, and the associated ATG14L, and Bcl-2 were determined using immunoblotting. Immunoblot for WT and *mdx* group are the same as shown in Fig.1c. (b-841 842 c) Immunoblot for JIP-1/JNK signaling proteins which participates in vesicle nucleation. Densitometry analysis of western blots represented by box plots (d-e) Protein expressions of 843 autophagosome elongation marker, ATG5-12 was determined by western blot. Densitometry 844 analysis of western blot represented by box plots. (f) Skeletal muscle tissue lysate was prepared 845 from muscles of WT, *mdx* and $p47^{-/-}$ -*mdx* mice and subjected to immunoprecipitation using anti-846 SNAP29, and the associated SNAP29, STX17, ATG14L, and VAMP8 were determined using 847 immunoblotting. Immunoblot for WT and *mdx* group are the same as shown in Fig.2c. (g-h) 848 849 Immunoblots of lysosomal proteins, LAMP2 and Cathepsin-B. Densitometry analysis of western 850 blot represented by box plots. GAPDH served as a loading control. (n=3 per group in all the figure panels). Statistical difference between groups were determined using ANOVA with Tukey's post 851 852 *hoc* test.

Fig.4. Altered tubulin-acetylation in *mdx* muscle (a-b) Protein expressions of α -tubulin, acetylated- α -tubulin, HDAC6 were determined by western blot (n=6 per group). Densitometry analysis of immunoblot represented by box plots. (c-d) Protein expressions of MTs motor proteins, kinesin-1 complex (KIF5B, KLC) and dynein were determined by western blotting. WT and *mdx* mice (n=6 per group). Densitometry analysis of immunoblot represented by box plots (e) Skeletal muscle tissue lysate was prepared and subjected to immunoprecipitation using anti-JIP-1, and the associated KIF5B, KLC, and JNK were determined using immunoblotting (n=3 per group). (f-g) Protein expressions of α-tubulin, acetylated-α-tubulin, HDAC6 were determined by western blot in *mdx* and $p47^{-/-}/mdx$ mice (n=3 per group). GAPDH as a loading control. Statistical difference between two groups were determined using two-sample student-*t*-test.

Fig. 5 HDAC6 inhibition promotes tubulin acetylation and recovers autophagic flux in mdx 863 864 **mice** (a-b) Protein expressions of α -tubulin, acetylated- α -tubulin, detyrosinated α -tubulin, and HDAC6 were determined by western blot in WT, *mdx* and TubA treated *mdx* mice (n=3 per group). 865 866 Densitometry analysis of immunoblot represented by box plots. (c-d) Immunoblot for autophagy 867 related proteins- p62 and LC3 (n = 3 per group). Densitometry analysis of western blots represented by box plots. (e) Skeletal muscle lysate was prepared and subjected to 868 immunoprecipitation using anti-SNAP29, and the associated, STX17, ATG14L, and VAMP8 were 869 870 determined using immunoblotting (n=3 per group). (f-g) Representative immunofluorescence micrograph of anti-SNAP29 labeled with secondary antibody Alexa Fluor 594 (Red) and anti-871 872 VAMP8 labeled with secondary antibody Alexa Fluor 488 (Green), counterstained with DAPI (nuclear stain) from section of gastrocnemius (GAS) muscle from WT (n=3), mdx (n=3) and TubA 873 treated mdx $(n=5)(scale bar -50\mu m; Magnification-40X)$. Quantitative values for colocalization 874 analysis was represented as the Pearson's Correlation Coefficient of SNAP29-VAMP8. (h-i) 875 876 Protein expressions of lysosomal proteins, LAMP2 (n=3 per group) and Cathepsin-B ((n=6 per group) were determined by western blot in WT, mdx, and TubA treated mdx mice. Densitometry 877 analysis of western blots represented by box plots. GAPDH served as a loading control. Statistical 878 difference between groups were determined using ANOVA with Tukey's post hoc test. 879

880 Fig. 6 HDAC6 inhibition prevents deacetylation and hyperoxidation of PrxII in *mdx* mice (a) Skeletal muscle lysate was prepared and subjected to immunoprecipitation using anti-PrxII, and 881 the acetylation levels of PrxII was determined with the anti-acetyl lysine antibodies (b-c) Protein 882 expressions of total PrxII and Prx-SO_{2/3} were determined by western blot in WT, mdx, TubA 883 treated *mdx* mice (n=3 per group). Densitometry analysis of western blots and the ratio of $PrxSO_{2/3}$ 884 and total PrxII were represented by box plots. (d) Stretch-induced ROS measurements in 885 886 diaphragm muscles of mdx (n=2) and TubA treated mdx (n=3) mice. GAPDH served as a loading control. Statistical difference between groups were determined using ANOVA with Tukey's post 887 *hoc* test. . Statistical difference between two groups were determined using two-sample student-*t*-888 889 test and Welch's correction test was performed for non-equal variance between two groups in 890 panel d.

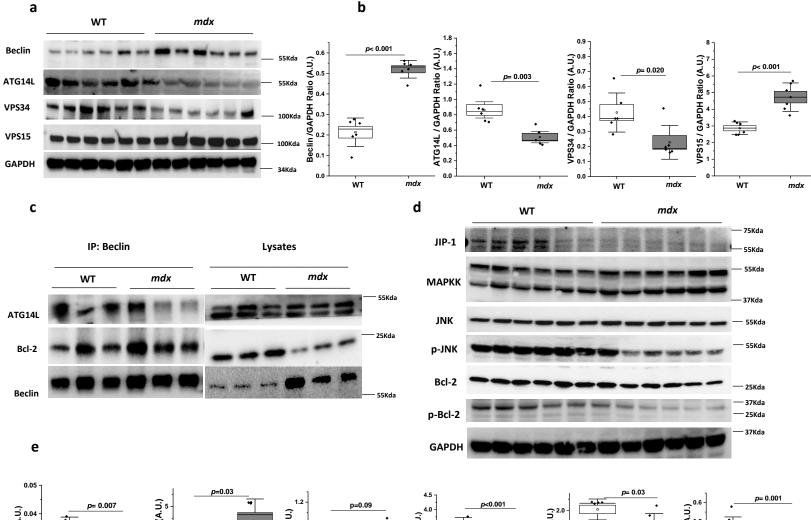
Fig.7. TubA treatment alleviates apoptosis and immune cells infiltration in mdx muscle. (a-891 b) Protein expressions of pro-caspase-3 and cleaved caspase-3 were determined by western blot 892 893 from TA muscles extract of WT, mdx, and TubA treated mdx (n = 3 per group). Densitometry analysis of immunoblots represented by graph. GAPDH as a loading control (c-d) Paraffin-894 embedded gastrocnemius (GAS) muscle sections (4 μ m) of WT (n=3), mdx (n=3) and mdx+TubA 895 896 (n=5) mice processed for the detection of TUNEL positive nuclei (green). Sections were stained with α -laminin (red) to define the sarcolemma. Nuclei were counterstained with DAPI (blue). 897 White boxed region shows the enlarged image from the *mdx* muscle section in the panel on right 898 indicating TUNEL positive nuclei (white arrow). Numbers of TUNEL positive nuclei counted by 899 Image J software. (e-f) Macrophage infiltration analyzed by Immunofluorescence staining of 900 CD68 (green), α-laminin (red), and nuclei (blue) in GAS section isolated from WT (n=3), mdx 901 902 (n=3), mdx+TubA (n=5) mice. White boxed region shows the enlarged image from the mdx muscle section indicating infiltration of CD68+ cells in the skeletal muscles (white arrow).Quantification 903

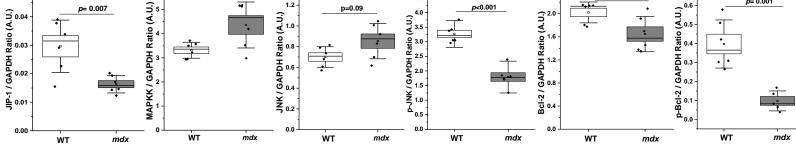
904 of CD68 positive immune cells. *Scale bar* ($50\mu m$), *Magnification-40X*. Statistical difference 905 between groups were determined using ANOVA with Tukey's post hoc test.

Fig. 8 HDAC6 inhibition ameliorates muscle pathophysiology and improves muscle function 906 (a) Serum creatine phosphokinase quantitated by ELISA (n = 8 per group) (b-c) Loss of 907 908 sarcolemmal integrity was evaluated by the *i.p.* Injection of Evans Blue Dye (EBD) in mice. Dye injected 24hr prior to the completion of two weeks TubA treatment. EBD staining of diaphragm 909 (DIA) muscles and its cross section (4µm) showing EBD positive fibers. Quantification of EBD 910 positive fibers in DIA muscle fibers (n=3 per group). Scale bar (90 μ m), Magnification-20X. (d) 911 H&E-stained muscle (TA). White arrow head= peripheral nuclei; black arrow head=central nuclei; 912 black arrow=necrotic myofibers (infiltration of immune cells); black asterisk=fat depositions 913 within myofibers. (n = 3 mice per group), Scale bar: 50 μ m, Magnification-40X. 914 Immunofluorescence staining of α -laminin (green) and DAPI (blue nuclei staining) in TA cross-915 section muscle of WT, mdx, TubA treated mdx. (n=3 per group) (e) Percentage fibers with 916 917 centralized nuclei was quantified by Image J. Scale bar: $50 \,\mu m$, Magnification-40X (f) Myofibers CSA calculated from minimum feret's diameter (n=3 per group). (g-h) Grip strength, absolute and 918 normalized to body weight (n = 5 per group). (i) Force–frequency relationship in DIA muscle strips 919 from WT (n = 9), mdx (n = 8), and mdx+TubA (n = 9). (j). Eccentric contraction induced force 920 drop (normalized to the first contraction) in EDL muscles isolated from WT (n=6), mdx (n=7), 921 TubA treated mdx (n=6) mice. Statistical difference between groups were determined using 922 ANOVA with Tukey's post hoc test.*p<0.05 vs BL10, **P<0.01 vs BL10, ***p<0.001 vs BL10, 923 924 *P<0.05 vs mdx, **p<0.01 vs mdx for panel i and j.

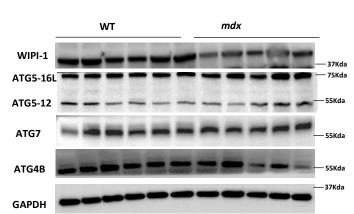
Fig. 9. Model of Impaired autophagy in mdx skeletal muscle are differentially regulated by 925 redox and acetylation modifications. (A) Loss of dystrophin leads to increased HDAC6 926 expression and subsequent deacetylation of α -tubulin. Decreased α -tubulin acetylation inhibits 927 928 binding of the kinesin-/JIP-1 complex and subsequent transport of autophagosomes to lysosomes. Decreased activation of JIP-1 results in decreased phosphorylation of JNK and Bcl-2, preventing the 929 dissociation of BECN1/Bcl-2 and sequestering BECN1 away from the PI3classIII complex 930 (ATG14L-Vps34-Vps15). The net result is impairment of phagophore nucleation. Decreased WIPI-931 1 inhibits localization of ATG5-12/16L1 complex to the phagophore, leading to impaired 932 autophagosome maturation in mdx mice. SNARE associated proteins play a major role in 933 934 membrane-mediated events of autophagosome-lysosome fusion, another crucial step in autophagy process. In mdx mice, reduced interaction of SNAP29 with STX17 and VAMP8 leads to the 935 936 inhibition of autophagosome-lysosome fusion. (B) Genetic inhibition of Nox-2 activity in mdx 937 mice activates JIP-1, resulting in phosphorylation of JNK and Bcl-2, dissociation of BECN1 from 938 Bcl-2 and induction of phagophore nucleation. In addition, Nox-2 inhibition promotes ATG5-12 complex formation and therefore autophagosome maturation. However, autophagosome-lysosome 939 fusion is not improved upon inhibition of Nox-2 activity, likely due to no change in α -tubulin 940 acetylation. Pharmacological inhibition of HDAC6 promotes α-tubulin acetylation and improves 941 SNARE complex formation, thereby facilitating fusion of autophagosomes with lysosomes, 942 943 improves autophagy, decreases dystropathology and improves skeletal muscle function. Increased acetylation of the antioxidant enzyme Prx II likely contributes to improved muscle function in mdx 944

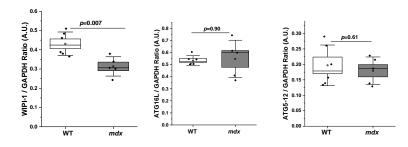
skeletal muscle. Figure created with <u>BioRender.com</u>

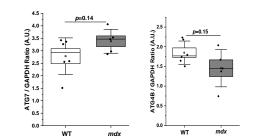










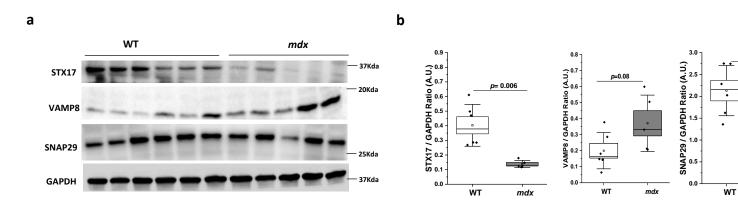


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Figure 2



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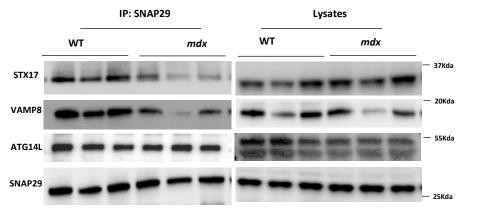
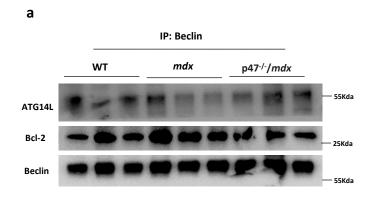
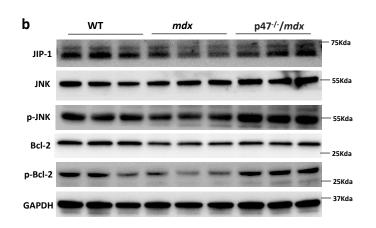
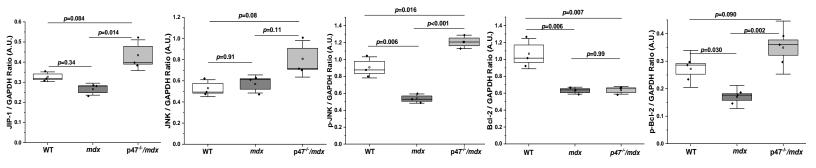


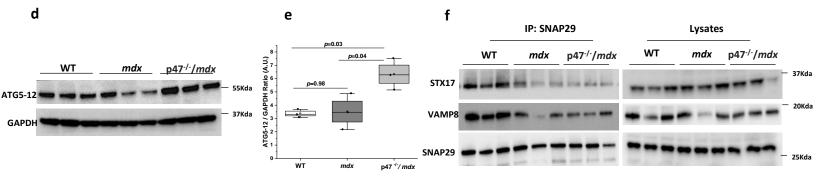
Figure 3

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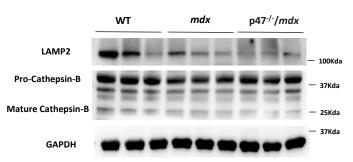


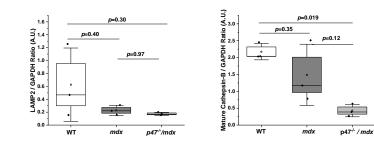


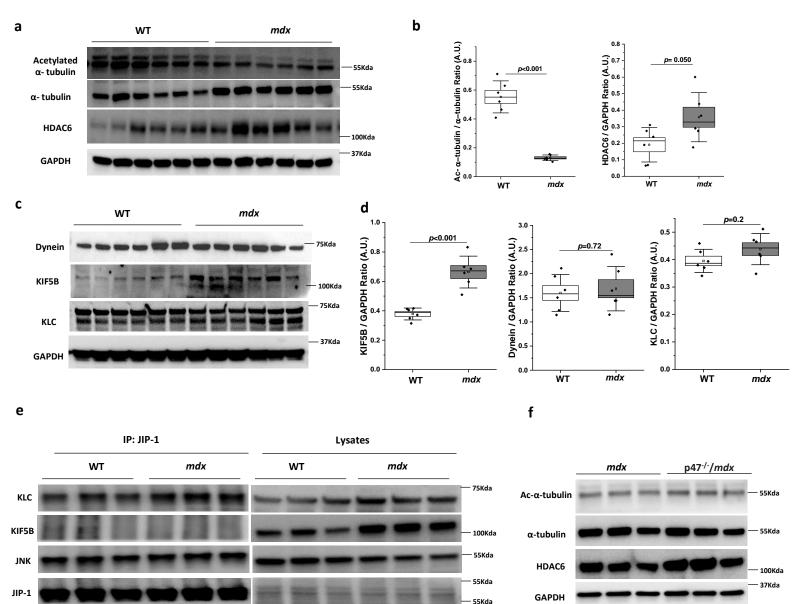


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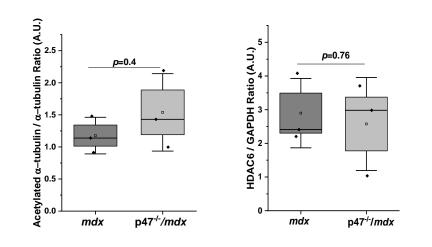
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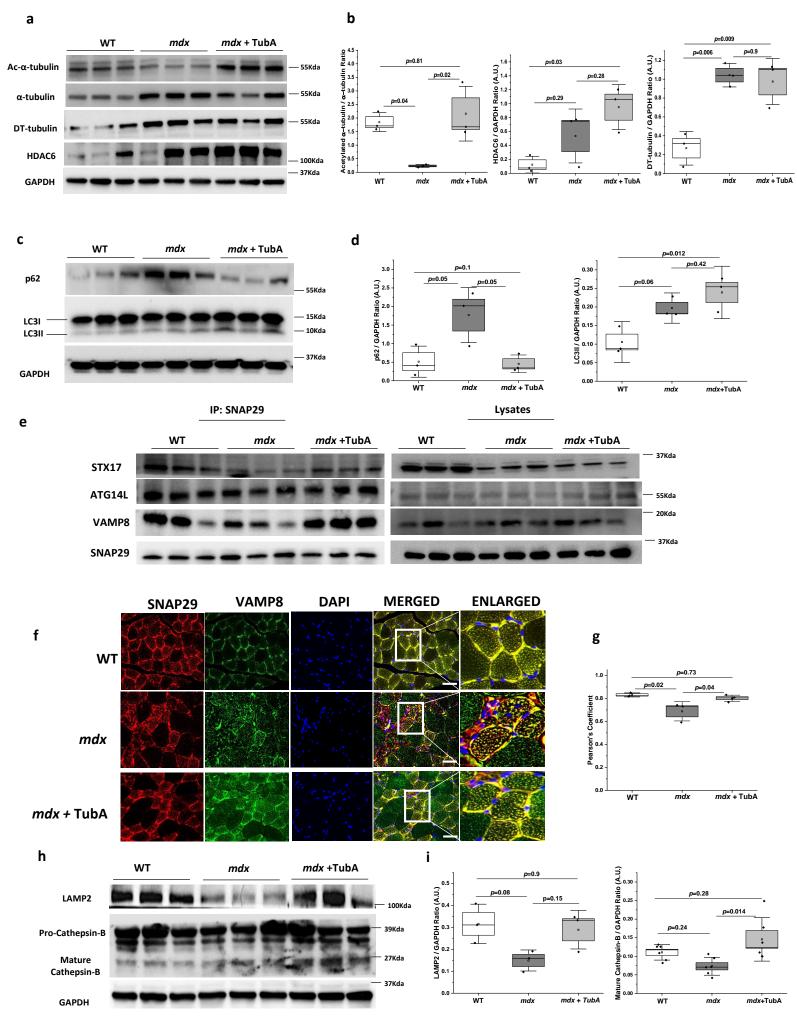
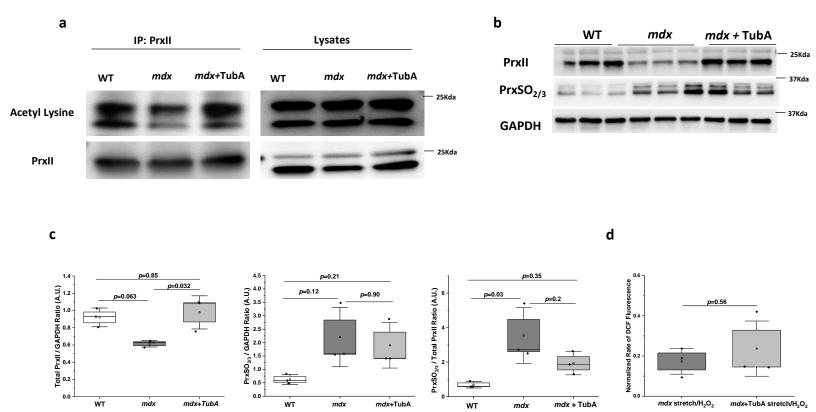
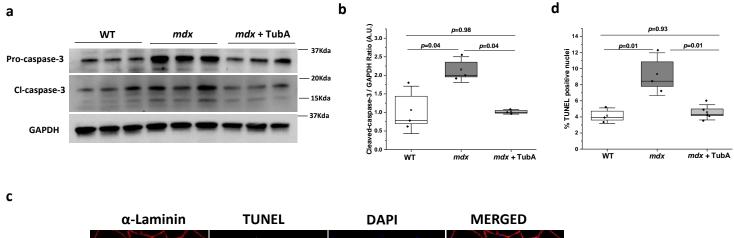
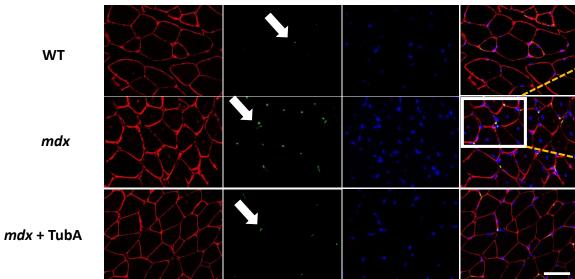
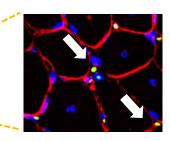


Figure 6

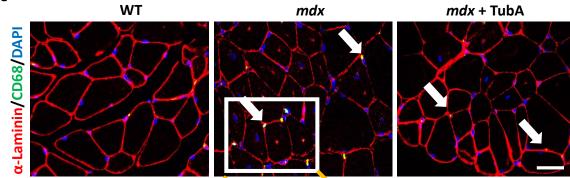


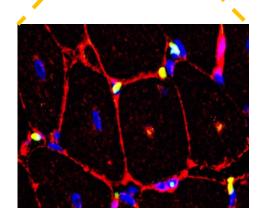


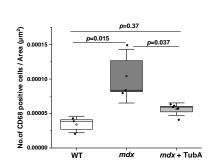




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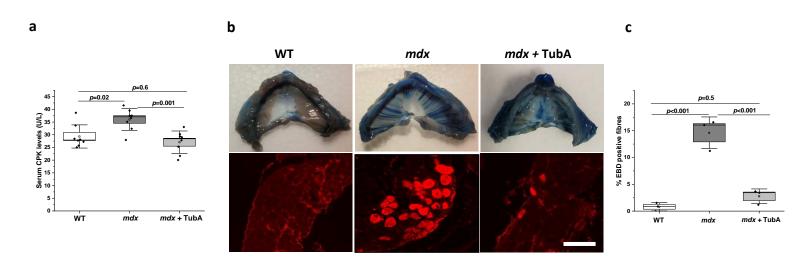




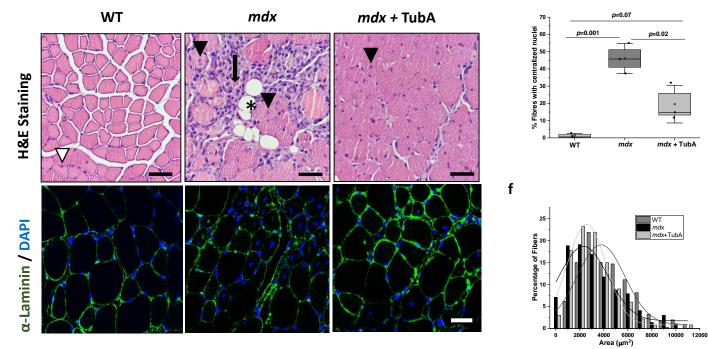


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Figure 8



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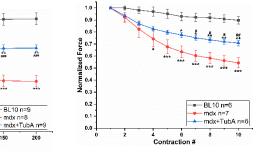
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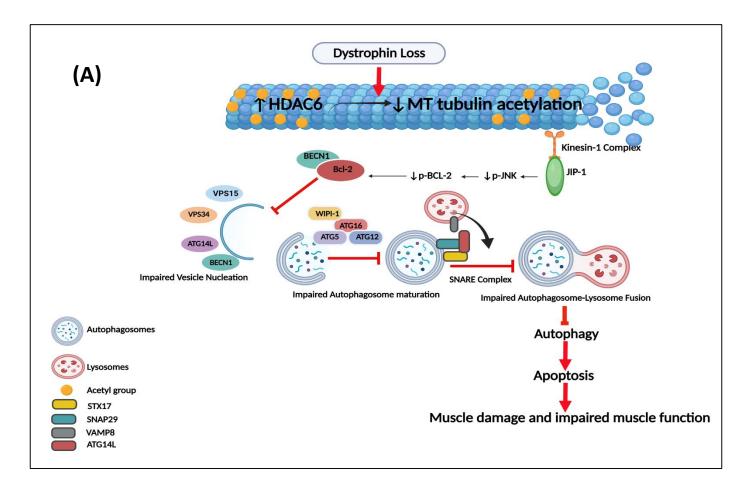
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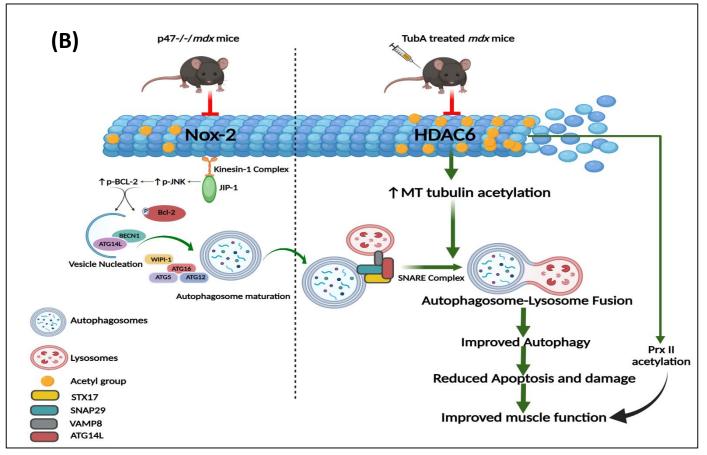
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Histone deacetylase 6 inhibition promotes microtubule acetylation and facilitates autophagosome-lysosome fusion in dystrophin-deficient *mdx* mice

Akanksha Agrawal¹, Erin L. Clayton¹, Courtney L. Cavazos¹, Benjamin A. Clayton¹,

George G. Rodney^{1*}

1. Department of Integrative Physiology, Baylor College of Medicine, Houston, TX, USA

*All correspondence should be sent to <u>rodney@bcm.edu</u>

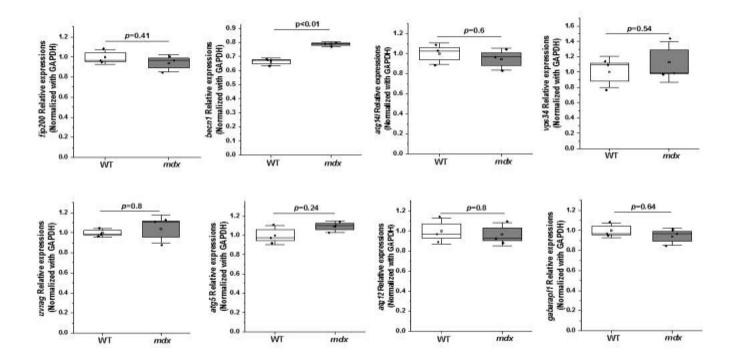


Fig.S1. Gene expressional analysis of autophagy regulatory markers by Reverse-transcriptase PCR Graph represents relative gene expressions of *fip200*, *becn1*, *atg14l*, *vps34*, *uvrag*, *atg5*, *atg12*, *gabarapl1*normalized with GAPDH (n=3 per group). Statistical difference between two groups were determined using two-sample student-*t*-test.

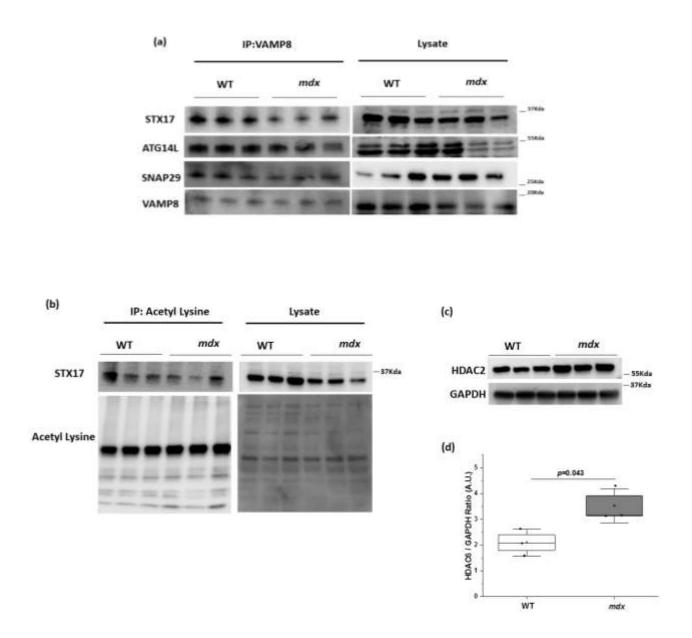


Fig.S2. **Impaired autophagosome-lysosome fusion in** *mdx* **mice (a)** Skeletal muscle lysate was prepared and subjected to immunoprecipitation using anti-VAMP8, and the associated STX17, ATG14L, and SNAP29 were determined using immunoblotting (b) Anti-acetyl-lysine was immunoprecipitated, and bound STX17 was detected by western blotting using anti-STX17 antibody (c-d) Immunoblot represents protein expressions of HDAC2. GAPDH served as a loading control. Densitometry analysis of immunoblot represented by graph. (n=3 per group in all Figure panels). Statistical difference between two groups were determined using two-sample student-*t*-test.

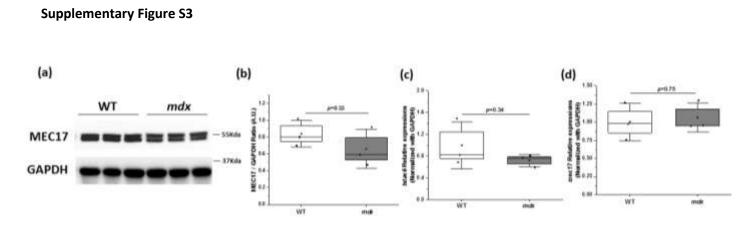


Fig.S3. Expressional analysis of acetylase and deacetylase enzymes in *mdx* **mice (a-b)** Immunoblot represents protein expressions of MEC17. GAPDH served as a loading control. Densitometry analysis of immunoblot represented by graph (c-d) Graph represents relative gene expressions of deacetylase enzyme (*hdac6*) and acetylase enzyme (*mec17*) normalized with GAPDH. (n=3 per group in all Figure panels). Statistical difference between two groups were determined using two-sample student-*t*-test.

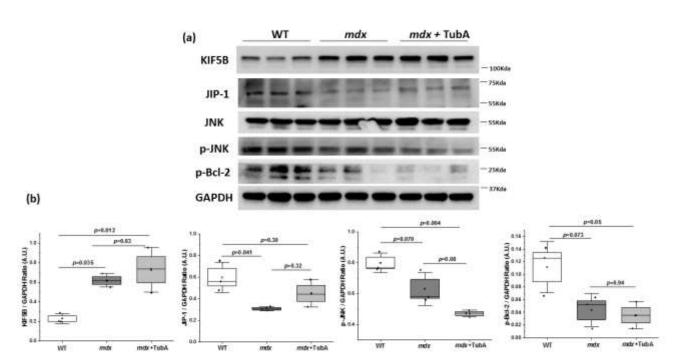


Fig.S4 Effect of HDAC6 inhibition on Kinesin/JIP/JNK pathway in *mdx* **mice (a-b)** Protein expressions of Kinesin/JIP/JNK complex in WT, *mdx* and TubA treated *mdx* mice (n=3 per group). GAPDH served as a loading control. Densitometry analysis of immunoblot represented by graph. Statistical difference between groups were determined using ANOVA with Tukey's *post hoc* test.

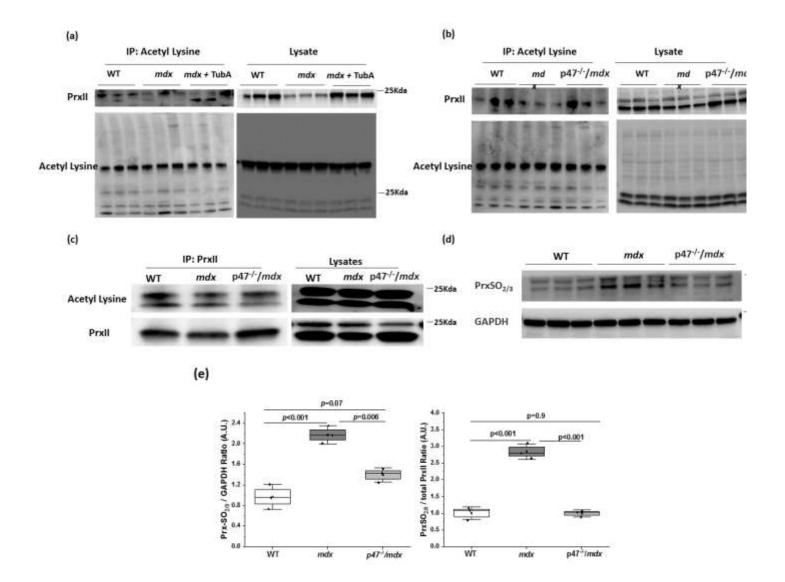


Fig.S5. Acetylation status of PrxII in TubA treated *mdx* and genetically ablated Nox-2 *mdx* mice (a) Skeletal muscle lysate was prepared and subjected to immunoprecipitation using anti-acetyl-lysine, and the acetylation levels of PrxII was determined with the anti-PrxII antibodies in WT, *mdx*, and TubA treated *mdx* mice (n=3 per group). Input blot of PrxII for WT *mdx* and *mdx*+TubA group in Fig.S5a are the same as shown in **Fig.6b** (b) Immunoprecipitation was performed using anti-acetyl-lysine, and the acetylation levels of PrxII was determined with the anti-PrxII antibodies in WT, *mdx*, and p47 ^{-/-}/*mdx* mice (n=3 per group) (c) Immunoprecipitation was performed using anti-PrxII, and the acetylation levels of PrxII was determined with the anti-acetyl lysine antibodies in WT, *mdx*, and p47 ^{-/-}/*mdx* mice (**d-e**) Immunoblot represents hyperoxidation state of PrxII (PrxSO_{2/3}) in WT, *mdx*, and p47 ^{-/-}/*mdx* mice (n=3 per group). Densitometry analysis of western blots and the ratio of PrxSO_{2/3} and total PrxII were represented by graph. GAPDH served as a loading control. Statistical difference between groups were determined using ANOVA with Tukey's *post hoc* test.

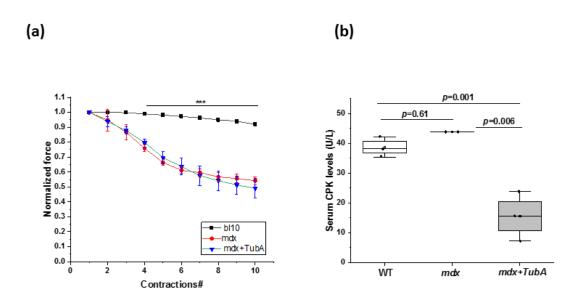


Fig.S6 Effect of TubA on muscle contraction and damage at different dose and time point (a) HDAC6 specific inhibitor, TubA at 30mg/kg b.w. injected into mdx mice intraperitoneally for 4 weeks every other day. After completion, EDL muscle isolated from WT (n=2, mdx (n=3), TubA treated mdx (n=3) mice and Eccentric contraction induced force drop (normalized to the first contraction) was performed. (b) Serum creatine kinase quantitate by ELISA from WT (n=3), mdx (n=2), TubA treated mdx (n=3) mice. Statistical difference between groups were determined using ANOVA with Tukey's *post hoc* test.***p<0.001 vs mdx and mdx +TubA for **panel a**.

Primary Antibodies	Company/Catalogue No.	Dilution
Anti-Beclin-1	CST-3738S	WB-1:1000 IP-1:50
Anti-Bcl-2	Sigma-SAB4500003	1:800
Anti-ATG14L	Sigma-A6358	1:1000
Anti-VPS34	CST-3811	1:1000
Anti-VPS15	CST-14580S	1:1000
Anti-KIF5B	Abcam-ab167429	1:800
Anti-KLC	Abcam-ab187179	1:1000
Anti-Dynein	EMD Millipore corp-MAB1618	1:1000
Anti-JNK	CST-9252S	1:1000
Anti-p-JNK	CST-9251S	1:1000
Anti-p-Bcl-2	CST-2827S	1:1000
Anti-MAPKK	Sigma-M5795	1:1000
Anti-JIP-1	Sigma-SAB4503651	WB-1:800 IP-1:50
Anti-WIPI-1	Abcam-ab139722	1:1000
Anti-ATG7	CST-D12B11	1:1000
Anti-ATG4B	CST-5299S	1:1000
Anti-ATG5-12	CST-2630	1:1000
Anti-LC3	CST-83506	1:1000
Anti-P62	CST-5114S	1:1000
Anti-STX17	Abcam-ab229646	1:800
Anti-SNAP29	Abcam-ab181151	WB-1:1000 IP-1:50

Table S1: Supplementary Table 1 Primary Antibody dilutions

Anti-VAMP8	Abcam-ab76021	WB-1:1000 IF-1:100
Anti-alpha-tubulin	CST-2144S	1:1000
Anti-Acetylated-alpha-tubulin	Sigma-T7461	1:800
Anti-HDAC6	CST-7621S	1:1000
Anti-MEC17/aTAT1	Thermo Fischer-PAS69188	1:1000
Anti-Detyrosinated alpha tubulin	Abcam-ab48389	1:800
Anti-CD68	Santa Cruz Biotechnologies, sc- 20060	IF-1:100
Anti-PrxII	Sigma-R8656	WB-1:1000 IP:50
Anti-Prx-SO3	Abcam-ab16830	1:800
Anti-Acetyl Lysine	CST-9441S	WB-1:1000 IP-1:50
Anti-GAPDH	EMD Millipore Corp-MAB374	1:10000
Anti-Caspase-3	CST-9662S	1:800
Anti-LAMP2	Santa Cruz Biotechnologies ,sc- 18822	1:800
Anti-Cathepsin-B	Santa Cruz Biotechnologies ,sc- 365558	1:800
Anti-alpha-laminin	ab11575	IF-1:100
Anti-SNAP29	Santa Cruz Biotechnologies, sc-390602	IF:100

Table S2 Supplementary Table 2 Secondary Antibodies

Secondary antibodies	Company/catalogue	Dilution
Anti-mouse	Sigma-GENA931	1:10000
Anti-rabbit	Sigma-GENA934	1:10000
Alexa-fluor 594 donkey anti-rabbit	Invitrogen A21207	1:1000
Alexa –Fluor-488-donkey anti-rabbit	Invitrogen A21206	1:1000
Alexa-Fluor-594-goat anti-mouse	Invitrogen A11032	1:1000