dATP Elevation Induces Myocardial Metabolic Remodeling to Support Improved Cardiac Function

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Highlights

- Ubiquitylation-resistant variant RRB in a transgenic mice model (TgRRB) elevates dATP level up to 1% (of the total ATP pool) in the heart and improves function.

- TgRRB-CMs show greater basal oxygen consumption due to changes in myosin state by dATP.

- TgRRB-CMs respond to elevated function with a metabolic shift, such that there are higher pools of oxidative metabolites, with elevated OXPHOS, FAO, and energy reserve.

- Long-term mitochondrial remodeling may occur to accommodate for the higher energy demands of the high functioning TgRRB-CMs.

Abstract

Hallmark features of systolic heart failure are reduced contractility and impaired metabolic flexibility of the myocardium. Cardiomyocytes (CMs) with elevated deoxy ATP (dATP) via overexpression of ribonucleotide reductase (RNR) enzyme robustly improve contractility. However, the effect of dATP elevation on cardiac metabolism is unknown. Here, we developed proteolysis-resistant versions of RNR and demonstrate that elevation of dATP/ATP to ~1% in CMs in a transgenic mouse (TgRRB) resulted in robust improvement of cardiac function. Pharmacological approaches showed that CMs with elevated dATP have greater basal respiratory rates by shifting myosin states to more active forms, independent of its isoform, in relaxed CMs. Targeted metabolomic profiling revealed a significant reprogramming towards oxidative phosphorylation in TgRRB-CMs. Higher cristae density and activity in the mitochondria of TgRRB-CMs improved respiratory capacity. Our results revealed a critical property of dATP to modulate myosin states to enhance contractility and induce metabolic flexibility to support improved function in CMs.

Keywords: dATP, Myosin activator, Cardiac DRX, Contraction, Cardiomyocyte metabolism, Mitochondrial remodeling

Graphical abstract

Introduction

Heart failure (HF) is a clinical diagnosis based on a constellation of symptoms due to impaired ventricular filling or ejection of blood, the latter of which is dependent on actin-myosin cross bridge cycling during systolic muscle contraction. There are also dramatic changes in cardiac metabolism in the failing hearts, such as loss of metabolic flexibility and energy deficiency[1]. Traditional inotropic agents exert their effect by modulating calcium signaling pathways, but their use is associated with poor patient outcomes[2]. All the currently approved positive inotropic drugs increase intracellular cyclic adenosine monophosphate (cAMP) along with cardiac output at the expense of energetic efficiency, which can lead to maladaptive remodeling and arrhythmia[3]. Hence, there is a need for targeted therapies to reduce morbidity and mortality[4–7]. Direct targeting of the myofilament is desirable but many compounds that increase contraction may impair relaxation and cardiac enegetics[8,9]. An ideal therapeutic

agent for the treatment of systolic dysfunction would be to improve systolic function and cardiac

metabolism without impairing diastolic function.

We have previously reported that the naturally occurring nucleotide dATP is an effective

molecule that improves cardiac contractility. dATP binds to cardiac myosin with a similar affinity

as ATP, and it enhances the rate and magnitude of both force development and relaxation of

cardiac muscle from rodents, porcine, canine, and human tissues[10–15]. This occurs by

increasing myosin recruitment[16] and the dynamics of myosin-actin cross bridge cycling[17,18].

Our recent studies showed that enhanced myosin-binding with dATP (vs ATP) occurs via

increasing electrostatic interactions between myosin and actin[19,20], as well as by augmented

recruitment of myosin from a low activity state (SRX) on the thick filament backbone to a higher

activity state (DRX) where one or both heads are free to interact with thin filament[21]. In

skeletal muscle, we provided evidence that elevated dATP maintains myosin S1 heads in a

position closer to thin filaments during relaxation and that this can facilitate subsequent

contraction cycles[22]. Thus, dATP enhancement of cardiac muscle function occurs via multiple

mechanisms.

RNR is the enzyme that converts nucleotides to deoxynucleotides, including dATP.

Overexpression of RNR using either a transgenic mouse model (TgRR) or viral vectors, have

shown that dATP levels can be increased from the baseline of <0.1% to ~ 1% of the ATP pool in

cardiomyocytes (CMs). This, in turn, increases CM contraction, left ventricular (LV) developed

pressure and both the rate of pressure development (+dP/dt) and decline (-dP/dt) to improve

heart function in both small and large animal models of HF[23–25]. RNR is a hetero-tetramer

consisting of two subunits: a large subunit of RRM1 dimer which contains the catalytic site, and

one of two isoforms of a small subunit, RRM2 or RRM2B, which associate together to form RNR

holoenzyme[26,27]. Over-expression of RRM2 was highly effective in improving cardiac

function, via elevation of dATP, in our earlier transgenic model (TgRR). However, this subunit is

tightly regulated by the ubiquitin-proteasome system across the cell cycle and thus may pose

challenges for its stable expression in post-mitotic cells like CMs[28–30]. In this study, we

investigated proteolysis-resistant isoforms of RRM2, RRM2B, [28,30] to stably elevate dATP

levels in CMs and improve its function.

Recent studies have shown that modulation of the myosin state (based on ATPase turnover) via

disease-related mutations[31] not only alters contractile function at the cellular and organ level

but also cellular energetics[32]. These mutations can augment recruitment of myosin from a low activity state (SRX) on the thick filament backbone to a higher activity state (DRX) where one or both heads are free to interact with thin filament[21] and can contribute to the observed increase in the energy cost of force generation[32,33]. This can result in energy deficient CMs leading to enhanced ROS production, mitochondria damage, and altered mitochondrial content, cristae, and respiratory complexes. This, in the long-term, causes myocardial energy deprivation in cardiomyopathies[34]. Thus, myosin states and their effect on contractile activity can modulate cardiac metabolism and mitochondria function and it would be important to study the long-term effect of myotropes[35], drugs that directly modulate the contractile machinery , like dATP in this respect.

In the current study, we demonstrate that elevating dATP by overexpression of RRM1 and RRM2B elevates LV systolic and diastolic function. dATP elevation has shown to improve function via increase of cross bridge recruitment and binding to actin (crossbridge formation) and crossbridge cycling[16–18,20]. This results in higher basal ATPase turnover, leading to higher energy demands. Current study suggest that cellular metabolism adapts to greater oxidative capacity and mitochondrial remodeling thereby possibly maintaining (d)ATP supply and energetic reserves in high functioning CMs with chronically elevated dATP.

Results

RNRB overexpressing mice have elevated dATP and improved systolic and diastolic function

Here we studied a transgenic mouse line (TgRRB) that globally overexpresses two subunits of ribonucleotide reductase: the large subunit RRM1 and the p53-inducible isoform of the small subunit, RRM2B. Wild-type littermates were used as controls.

We used high-performance liquid chromatography-mass spectrometry (HPLC-MS/MS) to measure total dATP (along with other dNTPs, Fig. S2a) and ATP content. The ratio of dATP to ATP was significantly elevated for hearts of 4-month-old RNRB versus WT littermate mice in the myocardium (Fig. 1a; RNRB = 0.91±0.07% vs WT = 0.01±0.002%), in isolated CMs (Fig. S2b) and in isolated mitochondria (Fig. S2c).

In vivo cardiac function was first assessed by echocardiography (Table S1). TgRRB mice had

significantly greater LV fractional shortening and ejection fraction (Fig. 1b, Table S1). This

occurred without difference in heart weight (Fig. S1), systolic ejection time (SET) and LV end-

diastolic dimensions (Table S1) between TgRRB and WT hearts. The left-ventricular myocardial

performance index (LV MPI), which reflects both systolic and diastolic function was significantly

lower (indicating improved performance) in TgRRB mice as compared to WT. The gain in

systolic function did not result in diastolic dysfunction as E/E', a measure of LV filling pressure,

and isovolumic relaxation time (IVRT), a measure of LV relaxation, were unchanged in the two

groups (Table S1). Thus, the elevation of cytosolic [dATP] enhances systolic function without

contributing to cardiac hypertrophy (Fig. S1) or impairing diastole (Fig. 1 and Table S1)[23].

To determine the effect of elevated dATP on cardiac function we used isolated Langendorff-

perfused hearts to measure the *ex vivo* LV hemodynamics at baseline and with a high workload

challenge. In paced hearts LV developed pressure (LVDP) product and both positive (+dP/dt)

and negative (-dP/dt) rates of pressure development were greater for hearts from TgRRB vs WT

mice (Fig. 1c, d, e). Interestingly, the rate-pressure product (RRP), a measure of cardiac output

(Fig. S3b), was also greater for hearts from TgRRB mice. Myocardial responsiveness to high

workload was elicited by elevating Ca^{2+}. LVDP increased in both TgRRB and WT hearts, as did

+dP/dt, in agreement with earlier findings that RNR overexpression does not compromise the

heart's ability to increase output[23,36] (Fig. S3d). Although mean LVDP and rate of pressure

development were significantly higher, heart rate was slightly lower in unpaced TgRRB hearts

(Fig.S3d, e). This resulted in similar rate pressure product between the two groups under higher

workload conditions. Diastolic performance (-dP/dt) was comparable between the groups in

response to the high-calcium challenge (Fig. S3h).

Fig. 1. TgRRB mice have elevated dATP and improved systolic and diastolic function.

(a) [dATP] mass spectrometry measurements from the myocardium. (b) Echocardiogram

measurements FS: Fractional Shortening. (c-e) Baseline contractility in perfused isolated hearts

LVDP: Left-ventricular developed pressure, +dP/dt: maximum rate of pressure development in

contraction, -dP/dt: maximum rate of pressure development in relaxation. Measurements of cell

shortening and Ca transients in isolated mouse CMs. (f) Representative traces of sarcomere

length (g) Fractional Shortening (h) Maximum rate of contraction (i) Maximum rate of relaxation

(j) Representative traces of calcium transients (k) Calcium Amplitude (Fura-2 ratio-%baseline)

(l) Maximum rate of Ca transient increase (m) Maximum rate of Ca transient decay. a-b: N = 6-

8 mice per group. c-e: N = 6-7 mice per group. f-m: N = 6-7mice per group, n≥70 cells per

group. All data are presented as mean ± SEM. P values were determined by unpaired, two-

tailed, Student T test, *p ≤ 0.05, **p ≤ 0.01.

To determine the cellular basis of increased LV function, we measure single-cardiomyocyte

(CM) Ca^{2+} transients and the resulting contractility. TgRRB-CMs exhibited significantly greater

fractional shortening and maximum rates of contraction and relaxation as compared to WT cells

(Fig. 1f). There was no significant difference in Ca^{2+} transient amplitude or time to peak

amplitude in CMs from TgRRB versus WT mice and no change in baseline (resting) Ca^{2+} (Fig. 1j

and Table S2). However, the rate of intracellular Ca^{2+} decay was greater in TgRRB-CMs. An

increase in SERCA activity could explain the increased decay rate of the Ca^{2+} transient.

However, there was no significant difference in sarcoplasmic reticulum Ca^{2+} store between the

two groups. Thus, suggesting a different mechanism underlying faster Ca^{2+} decay observed in

CMs with elevated dATP. In summary, all methods of increasing dATP enhanced contraction

and relaxation in CMs.

Further, we examined the effect of chronic elevation of dATP on the sarcomeric protein function.

We checked the phosphorylation state of sarcomeric protein - MyBP-C, Desmin, troponin T,

troponin I, and MLC-2 in isolated myofibrils from hearts of both the groups (Fig. S4). There was

no significant difference between the phosphorylation state of these sarcomeric protein which

are possible modifiers of contractile properties in myocardium. Further, we studied Force pCa

relationship and passive tension measurements in skinned cardiac muscle preparations (Fig.

S6) from both the groups. Force generated at series of %stretch (sarcomere length) didn't differ

suggesting no difference in sarcomere elasticity within the groups (Fig. S6d)[14,37]. It is an

indirect measurement of titin isoforms and its phosphorylation regulating the passive

stiffness[38], suggesting no changes in the model of dATP chronic elevation. However, TgRRB

trabeculae generated significant greater normalized force at pCa 4 than WT independent of

dATP elevation (Fig. S6a, b). This suggest that even though we didn't find difference in

phosphorylation status of the sarcomeric protein, there is a possible myofilament adaption in

myosin due chronic elevation of dATP, where more myosin heads interacting or interacting

more strongly with actin even in absence of dATP elevation[20,22]. Nonetheless, TgRRB

skinned trabeculae did respond to the dATP treatment like WT suggesting that the sensitivity to

dATP is maintained in TgRRB trabeculae (Fig. S6d).

Elevation of cardiomyocyte dATP leads to an increase in oxidative respiration capacity

via increased myosin activation.

In disease state of heart, there is a correlation between elevated crossbridge turnover rate and

increased energetic cost of myocardial contraction[33]. Protein biochemistry measurements

have shown this can also occur in resting cardiac muscle. The portion of myosin heads in

sarcomeres in the disordered-relaxed (DRX) state (Fig. 3a) have a relatively high ATPase

activity ($\sim$0.03 s^{-1}) compared with the remainder of heads sequestered on the thick filament

backbone in the super-relaxed (SRX) state with very low ATPase activity rates ($\sim$0.003 s^{-1})[39].

We recently reported that for myofibrils in solutions with 100% dATP, the SRX state is

completely depopulated[40], resulting in significant increase in myofibrillar ATPase activity.

However, it is unclear whether and how much ATPase in relaxed myofibrils is affected when the

dATP content is ~1% of the total ATP pool, and how this may affect CM metabolism.

Thus, to determine how elevated dATP on the energetics of CMs, we measured oxygen

consumption rate (OCR) of the TgRRB-CMs. These measurements were done on isolated cells

cultured in assay medium with pyruvate and glucose following sequential addition of oligomycin

(an inhibitor of ATP synthase), Carbonyl cyanide-p-trifluoromethoxy phenylhydrazone (FCCP,

mitochondrial oxidative phosphorylation uncoupler), Antimycin A and Rotenone (mitochondrial

electron transport chain inhibitor).

Fig. 2. Assessment of cellular bioenergetics in TgRRB-CMs. Oxygen consumption rate (OCR) was measured on a standard Seahorse Mito stress test. (a) Representative OCR plot of CMs isolated from TgRRB vs WT mice (SD). (b) Representative ECAR plot of adult mice CMs isolated from TgRRB vs WT mice (SD). (c) Basal OCR (d) Maximal OCR and (e) Spare respiratory capacity normalized to the total protein. (c-d) N=8 mice per group, n≥3 technical replicates / animal. All data are presented as mean ± SEM. P values were determined by unpaired, two-tailed, Student T test, *P<0.05, **P<0.01.

Basal respiration of TgRRB-CMs was approximately double that of cells from WT mice (Fig. 2c). TgRRB-CMs also had a 1.5-fold greater FCCP-stimulated maximal respiratory capacity (Fig. 2d). Subsequently, TgRRB-CMs show significantly elevated spare respiratory capacity (Fig. 2e). Spare respiratory capacity serves the increased energy demands when cells are subjected to stress, thereby maintaining cellular and organ function, cellular repair, or detoxification of

reactive species[41]. Thus, TgRRB-CMs may perform better under high energy demands.

Nevertheless, there was no significant difference between the groups in the extracellular

acidification rate (ECAR), a surrogate for glycolytic activity (Fig. 2b). In CMs, factors such as cell

size, sarcomere length, and beat rate can affect mechanical function as well as the oxygen flux

and bioenergetics. The TgRRB-CMs did not exhibit differences in cell morphology or sarcomere

length compared to WT-CMs (Fig. S1b).

Basal respiration is usually strongly controlled by ATP turnover via myosin ATPase, SERCA

ATPase and other ion pumps and possibly be reflective of the higher cell shortening in TgRRB-

CMs (Fig. 1f). Interestingly, our assessment of SERCA activity in mice cardiac tissue did not

show a preference for ATP or dATP as substrate (Fig. S5) and we found no difference in

sarcoplasmic reticulum Ca^{2+} load between TgRRB-CMs and WT-CMs (Table S2), suggesting

that SERCA ATPase may not contribute to the basal respiration of TgRRB-CMs. Thus, these

data suggest that the dATP elevation affects cellular bioenergetics, likely via modulation by

myosin ATPase activity, as we have recently shown[21].

To address whether higher OCR was due to dATP mediated changes in the myosin SRX/DRX

ratio[21], we treated TgRRB-CMs with Mavacamten (a selective myosin-motor inhibitor).

Mavacamten is known to reduce myosin available for cross bridge cycling by recruiting myosin

into the SRX state, leading to lower ATPase activity (Fig. 3)[42]. Acute treatment (1h) of

Mavacamten reduced basal respiration of the TgRRB-CMs to WT-CMs levels (Fig. 3c) but did

not affect the maximal respiratory capacity (Fig. 3d), thus supporting the idea that elevation in

basal OCR is mainly due elevated myosin ATPase activity in TgRRB-CMs [40].

Importantly, in addition to basal respiration, mitochondria-dependent FCCP- induced -maximal

oxygen flux was higher in TgRRB-CMs (Fig. 3d). The FCCP stimulated OCR suggests

significant differences in the maximal mitochondrial capacity and electron transport chain (ETC)

activity between TgRRB-CMs and WT-CMs, and these differences were not affected by

Mavacamten. Thus, the mitochondria in TgRRB cells may have independent mechanisms of

compensation (Fig. 2d and e) with elevation of dATP, improving spare respiratory capacity of

these CMs.

Fig. 3 Constitutive dATP elevation leads to an increase in basal respiration via modulating myosin activation state (a) The myosin ATPase states (DRX and SRX) can be modulated by Mavacamten and dATP[21]. ELC: essential light chain: RLC: regulatory light chain, BH: blocked (S2) head, FH: free (S2) head. Actin filament is shown in grey. Assessment of oxygen consumption rate (OCR) was performed with and without 1h treatment of Mavacamten (Mava, 3 μM) on adult mice CMs isolated from TGRRB vs WT mice (b-d). (b) Representative OCR plot, (c) Basal OCR (d) Maximal OCR normalized to the total protein. N=3 animals/group, n≥3 technical replicates / animal. All data are presented as mean ± SEM. P values were determined by ordinary one-way ANOVA with multiple comparison, *P<0.05, **P<0.01.

Metabolomics profiling reveals that TgRRB-CMs have elevated oxidative phosphorylation (OXPHOS) metabolite levels.

We performed metabolomic analyses to understand the metabolic consequences of long-term

elevation of dATP and the subsequent enhanced myosin activity. Targeted metabolomic

analyses by LC-MS of isolated CMs from TgRRB mice and age-matched WT mice at 5-7

months of age measured 184 metabolites (Fig. S8). PCA of all 184 metabolites clearly separate

the profiles of TgRRB-CMs (blue) from control WT-CMs (grey) (Fig. S8). The targeted analyses

allowed assessment of altered pool sizes of intermediates relevant to glycolysis, the

tricarboxylic acid cycle (TCA), fatty acid oxidation (FAO), and the pentose phosphate pathway

(PPP). In the TgRRB-CMs there was a significant increase in pyruvate and all the TCA cycle

intermediates, and a significant reduction in lactate/pyruvate ratio (Fig. 5a), suggesting a shift

towards higher levels of pyruvate entering the TCA cycle. There were no differences in

glycolytic intermediates (Fig. 4). Since there were lower levels of most PPP metabolites

compared to WT-CMs, it suggests rerouting towards glucose oxidation in TgRRB-CMs. Amino

acids such as phenylalanine, tryptophan, glutamate, serine, isoleucine, and glycine were more

abundant in TgRRB-CMs compared to WT-CMs (Fig. 5d), and there was a trend toward the

accumulation of citrulline, suggesting activation of the urea cycle and amino acid anaplerotic

feeding of the TCA cycle. Thus, in TgRRB-CMs, there was an overall increase in OXPHOS

compared to WT-CMs.

Fig. 4. Pathway analysis of metabolites involved in Glycolysis, Pentose phosphate

pathway, TCA cycle, in **isolated CMs from TgRRB vs WT** Pathway analysis obtained from

mass spectrometry-based metabolomics. N=5 animals/group. All data are presented as mean ±

SEM. P values were determined by unpaired, two-tailed, Student T test, *P<0.05 **P<0.01.

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Fig. 5. dATP elevation alters cellular metabolism and energetics. Mass spectrometry assessment of cellular metabolites involved in (a) Energetics: Lactate/Pyruvate fold change, phosphocreatine (pCr)/ATP fold change normalized to WT-CMs, ATP, ADP and AMP abundance in TgRRB -CMs vs WT-CMs (b) Redox: NAD+/NADH fold change, GSH/GSSG Fold change normalized to WT-CMs, NAD+ and Cystine abundance in TgRRB -CMs vs WT-CMs (c) Fatty acid oxidation: 3-hydroxy butyric acid, acylcarnitine and free fatty acids abundance in TgRRB -CMs vs WT-CMs (d) Amino acid metabolism: Citrulline and amino acids abundance in TgRRB -CMs vs WT-CMs. N= 5 animals per group. All data are presented as mean ± SEM. P values were determined by unpaired, two-tailed, Student T test, *P < 0.05 **P<0.01.

Stimulation of OXPHOS in the TgRRB-CMs is also evident from the NAD^+/NADH and

phosphocreatine (pCr) /ATP ratios as compared to WT-CMs (Fig. 5a, b). The latter was due the

phosphocreatine levels being raised more than the modest increase in ATP content in

transgenic CMs. Interestingly, there were also significantly greater AMP levels in TgRRB-CMs

(Fig. 5a). Overall, therefore, TgRRB-CMs have an oxidative metabolic profile that supports the

observed higher respiration rate.

In healthy myocardium, oxidative stress via OXPHOS is tightly counterbalanced by reducing

agents. In TgRRB-CMs, we found that the metabolites involved in the endogenous antioxidant

defense mechanism, such as lactate and glutathione (GSH), were significantly higher (Fig. 5b).

Oxidized cysteine (cystine), a marker for oxidative stress, was reduced. Thus, greater levels of

protective antioxidant metabolites were found in TgRRB-CMs.

TgRRB-CMs also appear to have increased fatty acid metabolism, with greater levels of 3-

hydroxybutyric acid (more than 1.5-fold) and intermediate products of oxidative decomposition

of fatty acids (Fig. 5c). These findings are suggestive of increased ketone body metabolism and

FAO in the TgRRB versus WT-CMs. Compared to WT-CMs, TgRRB-CMs were also enriched

with acylcarnitine and free fatty acids (especially polyunsaturated fatty acids like linolenic and

arachidonic acids), consistent with an elevated beta-oxidative capacity of TgRRB-CMs to utilize

fatty acids as an energy source (Fig. 5c).

Overall, the metabolomic analysis suggests that TgRRB-CMs exhibit a significant metabolic shift

towards increased oxidative metabolism, combined with greater phosphocreatine kinase and

high energy phosphates, ultimately improving the energetics of TgRRB-CMs (Fig. 4, 5).

TgRRB-CMs have enhanced mitochondrial function compared to WT-CMs.

We next sought to characterize whether the metabolic and energetic differences in TgRRB-CMs

versus WT-CMs were associated with changes in cardiac mitochondria. Increased maximal

respiration of TgRRB-CMs could occur via increased mitochondria biogenesis or increased

activity of existing respiratory chain proteins. To explore this, we studied regulators of cell

energetics, mitochondrial content, morphology, and function (Fig. 6).

The expression analysis of genes involved in the regulation of mitochondria biogenesis and cell

energetics, such as PGC1β (peroxisome-proliferator–activated receptor-γ-coactivator 1 β),

TFAM (transcription factor A were greater in TgRRB hearts suggesting that there is greater

OXPHOS gene expression[43,44] (Fig. S10). Citrate synthase activity analysis showed a trend

for higher levels in TgRRB-CMs compared to WT-CMs (Fig. 6a). Nonetheless, mitochondrial

content, determined via the mtDNA to nuclear DNA ratio, was not significantly different (Fig. 6b).

We next examined mitochondrial ultrastructure using transmission electron microscopy.

Mitochondrial number, size, aspect ratio were not different from WT group (Fig. 6d, e, g).

However, mitochondrial cristae density was significantly higher (38.4 % ± 0.14) in TgRRB heart

tissue as compared to WT, suggestive of an enhancement in the ETC complex situated on

cristae (Fig. 6f). Overall, these measurement suggest a potential increase of mitochondrial

turnover activity and quality control in TgRRB hearts[43].

A relatively higher ETC content may be elevating the oxidative capacity of the mitochondria in

TgRRB-CMs. We examined the overall mitochondrial activity and function of the electron

transport chain (ETC) proteins in TgRRB-CMs. A standard Seahorse Mito stress test was used

to measure oxygen flux in response to ETC complex inhibitors in sequence, to parse out

complex- (es) whose activity was affected (Fig. 6h, i)[45]. TgRRB-CMs had significantly greater

CI and CII activities compared to WT-CMs (Fig. 6j). We further confirmed higher levels of

complex I (CI) and II (CII) proteins in TgRRB-CMs compared to WT-CMs (Fig. 6k, l). Together,

these results suggest that chronic elevation of dATP improves mitochondrial respiration via

elevated expression and activity of CI and CII activity, fueled by elevated OXPHOS (NADH and

FADH2) in the TgRRB versus WT-CMs.

Fig. 6. The mitochondrial structure and function in TgRRB-CMs and WT-CMs. (a) Citrate

synthase (CS) activity (N=5 animals/ group) (b) Relative mitochondrial DNA copy

number. Mitochondrial DNA (ND1; mitochondria-encoded NADH dehydrogenase 1 gene;

mtDNA) was measured relative to 18S rRNA (nucleus-encoded gene; nDNA) as the control (c)

Representative electron photomicrographs of mitochondria at a magnification of x40,000.

Scatter plot showing morphometric analysis (X40,000) of sarcomeric (d) mitochondria area, (e)

aspect ratio, (f) cristae density with solid symbols as average per animal. X8000 images were

analyzed for (g) average mitochondria number per 10µm^2 per animal. (h) Schematic of different

compounds targeting Complex I (CI), Complex III (CIII), Complex IV (CIV) and ATP synthase.

(i) Representative OCR plot with the application of compounds to assess ETC complex activities

of mitochondria. (j) Bar graph depicting C I, Complex II (CII), and CIV activities (k) Western blot

of mitochondrial ETC complex proteins and (l) densitometry analysis normalized to COXIV

levels. N=3 animals/ group. All data shown in mean ± SEM. P values were determined by

unpaired, two-tailed, Student T test, *P<0.05, **P<0.01.

410   Discussion

We have previously demonstrated that dATP is a candidate myosin activator for heart failure

therapy and established that it can improve contraction and relaxation in a variety of heart

failure models[46,47]. However, an important question that needed to be addressed is whether

or how elevation of dATP affects cardiomyocyte (CM) metabolism. The present study

demonstrates that a modest elevation of dATP levels in CMs that is sufficient to improve LV and

CM function, also improves metabolism and cellular bioenergetics, providing crucial insights into

the relationship between energy supply-demand and crossbridge activity in CMs.

We employed novel strategies to stably overexpress RNR, utilizing ubiquitylation-resistant

variant RRM2B in a transgenic mice model (TgRRB) and found that dATP level was significantly

elevated from <0.1% to ~ 0.5-1% (of the total ATP pool) in TgRRB mouse heart (Fig. 1a, S2).

This novel strategy yielded important insights. First, it appears that this approach, to elevate

dATP with a proteolytically resistant variant RNR is limited to dATP content of ~1% of the total

ATP pool[48]. This relatively low-level elevation of dATP is sufficient to improve systolic as well

as diastolic function in the heart *in vivo* and in isolated CMs *in vitro*. Second, we demonstrated

that cells with elevated dATP have elevated basal oxygen consumption due to changes in

myosin state, independent of active crossbridge cycling. Third, these cells respond with a

metabolic shift, such that there are higher pools of oxidative metabolites, with elevated

OXPHOS, FAO, and energy generation in TgRRB-CMs. Finally, we provide evidence that the

long-term mitochondrial remodeling in CMs may occur to accommodate for the higher energy

demands of the high functioning dATP CMs.

The current study demonstrates that long-term elevation of cardiac [dATP] results in sustained

elevation of basal left ventricular performance while maintaining high workload and energetic

reserve, with no signs of hypertrophy or altered diastolic dimensions[23]. This is important

because in some cardiomyopathies with elevated workload, there is cellular hypertrophy along

with other pathological remodeling. The improved twitch function with no significant changes in

Ca^{2+} transient amplitude (Fig.1j and Table S2, S3), suggest differences in the cellular

contractility are due to dATP-mediated activation of myosin heads[20]. Interestingly, the skinned

myocardial force measurements revealed that there might be adaptation in the myosin structure

and function with chronic exposure to dATP elevation in TgRRB (Fig. S6). Nonetheless, TgRRB

samples did remain sensitive to dATP elevation leading to increased force generation. Cellular

relaxation kinetics are also improved, perhaps due to improved calcium decay kinetics (Fig. 1m)

and the maintenance of the myosin in its activated state during relaxation, which may further

facilitate subsequent contractions[22,49]. Thus, dATP increases myosin cycling and sarcomere

function without prolonging the systole (Fig.1, Table S2)[47,50] or shortening diastole, which

possibly makes it an energy-efficient myotrope.

In CMs, myosin is the primary mechanoenzyme coupling the energy released from ATP

hydrolysis to force generation. Biochemical studies have shown that myosin heads (S1, Fig. 3a)

are present in multiple physiological/conformational states in resting muscle, and these have

different rates of ATP consumption which, in turn, when modulated (pathological mutation) can

affect the overall CM metabolism[32,51]. Our recent study demonstrated that biochemically

dATP pushes myosin heads from a low ATP consumption (SRX) to higher ATP consumption

(DRX) state (Fig. 3a)[21]. Here we demonstrated that the dATP induced change in SRX/DRX

underlies the greater basal respiration of TgRRB-CMs (Fig. 3c). Thus, demonstrating that the

effect of dATP on basal energetics is by myosin state modulation.

In the present study, we also found that dATP elevation rewires cellular metabolism with to

avoid energy deficit and downstream pathology. Metabolomic analysis showed that dATP

elevation in TgRRB-CMs results higher OXPHOS with greater levels of pyruvate, FAO

metabolites (Fig 5c), TCA intermediates (Fig. 4), and anaplerotic metabolites (Fig. 5d), but not in

the levels of PPP metabolites (Fig. 4). The shift away from PPP to glycolysis might add to the

pyruvate accumulation. Alternatively, FAO may be responsible for filling up the TCA cycle

metabolites such that glycolysis needed is less and can cause pyruvate to build up. Overall,

TgRRb-CMs had a modest but significant increase in ATP levels (Fig. 5a). Interestingly, we also

found elevated levels of reducing agents (e.g., GSH/GSSG, NADH) indicating low oxidative

stress in high energy TgRRB-CMs (Fig. 5b).

The oxidative metabolic profile of the TgRRB-CMs is supported by high functioning

mitochondria displaying higher cristae density and number of ETC complexes and their activity

in TgRRB (Fig. 6f, j, l), indicating an improvement in mitochondrial intrinsic ATP synthesis

capacity in TgRRB-CMs[52]. This adaptation may be the consequence of a trade-off between

the elevated mechanical work (contraction), sarcomere architecture, and oxidative metabolic

power (OCR) as produced by mitochondria and serves as a mechanism for increasing

metabolic power without constraining contractile function. Thus, TgRRB-CMs show shift in

metabolism towards OXPHOS and high mitochondrial oxidative capacity to generate ATP,

thereby avoiding activation of anaerobic respiration observed in pathological condition[31,32].

In this manner, dATP mediated steady elevated cellular respiration does not compensate LV

contractile function– e.g., normalize pressure to WT levels – but remodels cellular metabolism in

the long run via more oxidative metabolism and increased mitochondrial turnover and ETC

activity. We showed that dATP-induced myosin activation elevates resting metabolism and

contractility in CMs; however, the mechanism behind how this elevated flux induces enhanced

OXPHOS and mitochondrial remodeling is unknown. TgRRb mice were lower in body weight

(Fig. S1) than WT littermates suggesting that the whole-body metabolic rate might be affected.

Intriguingly, dATP can be used as a tool to understand how cellular as well as body metabolism

responds to increased myosin cross bridge activity. Overall, TgRRB mice demonstrate

beneficial compensatory changes in CM metabolism to accommodate for the gain in ventricular

function.

In summary, we provide the first evidence that a small increase (~1%) dATP via persistent

overexpression of RNR variant promotes cardiac contractile function putatively by elevating

basal ATPase activity of myosin and adapts cellular metabolism towards higher oxidative

capacity. Elevated cellular and mitochondrial dATP (Fig. S2) has a panoply of beneficial effects

on cardiac metabolism, from remodeling of cellular metabolic pathways and respiration to

mitochondrial cristae alterations and function representing dATP as a potential therapeutic

option for targeting the contractile and metabolic deficit observed in heart diseases.

Study limitations

A limitation of the study is its dependence on isolated Langendorff-perfused hearts for

assessing cardiac function. Although isolated Langendorff-perfused heart preparation provides

a way to investigate heart function independent of the neurohumoral and physiological

adaptations, other physiological measurements can give more insights into the effect of

elevated dATP on other factors regulating cardiac function, like afterload. With long-term

exposure to dATP in this model, we did observe dATP-independent differences in force

generation, possibly indicating secondary effects of chronic elevation of contractility. Seahorse

assay and metabolomics in this study were performed on isolated CMs from TgRRB mice and

age-matched WT mice. This approach has the clear advantage of exclusively looking at the

effect of myotrope dATP on CM metabolites and energetics. However, it needs to be specified

that metabolism could be altered during CM isolation and time in culture during the assay. Also,

seahorse measurements are carried out on unloaded cells, which could affect the interpretation

of the energy consumption. Despite this limitation, we observed significant differences in the

metabolism and energetics of TgRRB-CMs and WT-CMs, emphasizing the independent

metabolic effects of dATP. Since all the measurements carried out in this study are in a healthy

heart, a critical next step is to study the metabolic consequence of dATP elevation in a stressed

heart. This enhanced understanding of the role of metabolic regulation in the heart via dATP

should open possibilities for harnessing these processes for therapeutic potential.

Materials and Methods

All animal experiments were approved by the University of Washington (UW) Animal Care
Committee. Animals were cared for in accordance with the US National Institutes of Health
Policy on Humane Care and Use of Laboratory Animals in the Department of Comparative
Medicine at UW.

Echocardiography

Echocardiography was performed on mice at four months of age (Vevo 3100, Fujifilm Visual
Sonics, Toronto, Canada) as previously described [23]. The parasternal short axis view at the
mid-papillary level was used to obtain M-mode images for analysis of LV end-diastolic (LVEDD),
end-systolic (LVESD) dimensions, fraction shortening (SF) and ejection fraction (EF). Diastolic
function was assessed by measurement of trans mitral flow parameters, including systolic
ejection time (SET) and isovolumic relaxation time (IVRT) from apical 4-chamber view with
pulsed wave Doppler. Tissue Doppler imaging was performed by placing sample volume at the
septal corner of the mitral annulus to measure early diastolic myocardial relaxation velocity (E').
All analysis was done by a blinded single reader.

Isolated perfused mouse heart preparation

Left ventricular contractile kinetics were measured in Langendorff isolated heart preparations as
described previously [36]. Excised mouse hearts were perfused at a constant pressure of 80
mmHg in a modified Krebs-Henseleit buffer (In mM: 118 NaCl, 25 $NaHCO_3$, 5.3 KCl, 2.0 $CaCl_2$,
1.2 $MgSO_4$, 0.5 EDTA, 5.5 glucose, 0.5 sodium pyruvate, equilibrated with 95% O_2 and 5% CO_2,
pH 7.4) at 37°C. After equilibration, baseline function was monitored at a fixed end-diastolic
pressure of 8-10 mmHg for 10-20 minutes by way of a water-filled balloon inserted into the LV.
Balloon volume was increased in 5 µL increments to determine the pressure-volume
relationship in the myocardium. Finally, buffer [Ca^{2+}] was increased from 2mM to 4mM for 20
minutes to stimulate an increase in cardiac work.

Adult mouse cardiomyocyte isolation and contractile assessment

CMs were isolated from mice via enzymatic digestion through retrograde aortic perfusion as

described previously [23]. Briefly, hearts were rapidly excised, cannulated, and perfused with a

collagenase/protease solution, following which the ventricles were removed, minced, and

triturated. Contractile assessments of cells were made immediately after stepwise reintroduction

of calcium and incubation in Fura-2-AM (Invitrogen) to measure calcium transients. Cell

shortening and re-lengthening and calcium transients were measured at 1 Hz and 37°C using

an IonOptix µStep video recording system (IonOptix, Westwood, MA, USA). Measurements

were performed by four independent experimentalists and analyzed by the same reader. In

addition, we also measured Sarcoplasmic Reticulum (SR) Ca^{2+} load using the caffeine

technique. Briefly, isolated CMs will be loaded with Fluo-4 Ca2+ indicator dye, then paced (1

Hz for 8-10s) to stabilize Ca^{2+} transient amplitudes before pico-spritzing a 20 mM caffeine

solution.

dATP quantification in cardiac tissue

dATP content in CMs was measured by high-performance liquid chromatography-mass

spectrometry (HPLC-MS/MS) as described previously [53]. Freshly isolated whole mouse

ventricle or CMs were flash-frozen, stored at -80°C, and nucleotides were extracted 1-3 days

before measurement using a 50% methanol solution. The supernatant was stored at -20°C until

ready for injection into the HPLC-MS/MS system. ATP and dNTP standard curves were used to

calculate the concentration of each nucleotide. dATP content was then normalized to ATP in the

same samples.

Western blot

Protein samples were solubilized in 1% NP-40 lysis buffer with 4% protease inhibitors (Sigma)

and centrifuged for 14,000 g for 5 minutes. The supernatant was mixed with SDS protein

sample buffer containing β-mercaptoethanol (Bio-Rad) and resolved by SDS-PAGE on 4-20%

Mini-Protean GTX Stain-Free gels (Bio-Rad). Protein transfer to 0.45 mm polyvinylidene

difluoride membranes was performed at constant 100 volts at 4°C in Towbin's buffer containing

20% methanol for 1 hour. Blots were blocked for 1 hour at room temperature in 1x BlockerFL

(Thermo Scientific) before overnight incubation with primary antibodies (Total OXPHOS Rodent

WB Antibody Cocktail: Abcam ab110413, 1:500; Anti-COX IV antibody - Mitochondrial Loading

Control: Abcam ab16056, 1:500; Human RRM1: Abcam ab137114, 1:500; Human

RRM2/RRM2B: ThermoFisher PA579937, 1:1000 Human Rrm2B: ThermoFisher MA5-29529

1:1000, GAPDH: Fitzgerald 10R-2932 1:1000). One-hour incubation with StarBright fluorescent

secondary antibody (#12005866, #12004162 BIO-RAD) diluted 1:2500 in PBS-Tween 5% milk

was used to detect primary antibodies bound to the blot by BIO-RAD ChemiDoc imaging

system. The densitometry of western blots was performed using I Image Lab (BIO-RAD USA).

Enzyme Assays

Citrate synthase activity, a key enzyme in the Kreb's cycle that is commonly used marker for

mitochondrial mass, was measured on tissue homogenates and isolated CMs with a kit

purchased from Sigma-Aldrich (MAK193; St. Louis, MO, USA). In brief, CS activity is

determined using a coupled enzyme reaction, which results in a colorimetric (412 nm) product

proportional to the enzymatic activity present. We normalized the CS activity to the number of

cells used for the assay.

Metabolomic analysis

CMs samples were isolated from hearts of age matched (5-7 months) TgRRB and WT mice.

The CMs were either plated for XFe24 bioenergetic profiling or flash frozen for Metabolomic

analysis. Aqueous metabolites for targeted LC-MS analysis were extracted using a protein

precipitation method. Samples were first homogenized in 200 µL purified deionized water at 4

˚C, and then 800 µL of methanol containing 6C13-glucose and 2C13-glutamate (reference

internal standards) was added. Afterwards, samples were vortexed, stored for 30 minutes at -20

˚C, sonicated in an ice bath for 10 minutes, centrifuged for 15 min at 14,000 rpm and 4 ˚C, and

then 600 µL of supernatant was collected from each sample. Lastly, recovered supernatants

were dried on a SpeedVac and reconstituted in 1 mL of LC-matching solvent containing 2C13-

tyrosine and 3C13-lactate (reference internal standards). Protein pallets that were left over from

the sample prep were saved for the BCA protein assay.

Targeted LC-MS metabolite analysis was performed on a duplex-LC-MS system composed of

two Shimadzu UPLC pumps, CTC Analytics PAL HTC-xt temperature-controlled auto-sampler

and AB Sciex 6500+ Triple Quadrupole MS equipped with ESI ionization source. UPLC pumps

were connected to the auto-sampler in parallel and were able to perform two chromatography

separations independently from each other. Each sample was injected twice on two identical

analytical columns (Waters XBridge BEH Amide XP) performing separations in hydrophilic

interaction liquid chromatography (HILIC) mode. While one column was performing separation

and MS data acquisition in ESI+ ionization mode, the other column was getting equilibrated for

sample injection, chromatography separation and MS data acquisition in ESI- mode. Each

chromatography separation was 18 minutes (total analysis time per sample was 36 minutes).

MS data acquisition was performed in multiple-reaction-monitoring (MRM) mode. LC-MS system

was controlled using AB Sciex Analyst 1.6.3 software. Measured MS peaks were integrated

using AB Sciex MultiQuant 3.0.3 software. 205 metabolites and 4 reference standards were

measured in the study samples. In addition to the study samples, two sets of quality control

(QC) samples were used to monitor the assay performance as well as data reproducibility. One

QC [QC(I)] was a pooled human serum sample used to monitor system performance, and the

other QC [QC(S)] was pooled study samples, and this QC was used to monitor data

reproducibility. The data were well reproducible, with average and median CVs of 5.2% and

4.3%, respectively. Generated MS data were normalized vs BCA total protein count. The PCA

and pathway impact analysis of the metabolomic data were carried out using MetaboAnalyst 5.0

software. The fold change calculated for the metabolite ratios (Lactate/Pyruvate,

phosphocreatine (pCr)/ATP, NAD^+/NADH, and GSH/GSSG) are normalized to the WT group.

Differences in the abundance of individual metabolites were determined using a student's t test

(two-tailed, unpaired comparison). A value of $P < 0.05$ was considered statistically significant.

Data are given as mean ± SEM.

XFe24 bioenergetic profiling.

Isolated CMs were seeded on matrix gel–coated cell culture microplates (Agilent Seahorse

XF24) at the cell intensity of 20000 cells/well. Generally, before performing the experiment, the

culture medium was changed into 625uL assay medium (Agilent Seahorse XF Base Medium),

and then, cells were incubated in 37°C non-CO2 incubator for 1 hour.

The bioenergetic response of cardiomyocytes (CMs) was measured with the Seahorse

Bioscience XFe24 Flux Analyzer. For oxygen consumption rate (OCR) measurements, the

plating media were changed to 675 μl DMEM-based Seahorse (Agilent, 102353-100)

supplemented with 4 mmol/l glutamine, 1 mmol/l pyruvate and 5 mmol/l glucose 1 h before

assay. The XFe24 automated protocol consisted of 10 min delay following microplate insertion,

baseline OCR measurements [3 times (3 min mix, 2 min wait, 3 min measure)], followed by

injection of port A (75 μl). The same protocol is followed for the port B (75 μl) and port C (75 μl).

Optimal concentrations of oligomycin (Sigma, 75351), carbonyl cyanide-p-

trifluoromethoxyphenylhydrazone (FCCP; Sigma, C2920), Rotenone (Sigma, R8875) and

antimycin A (Sigma, A6874) were diluted in DMSO (Sigma, 154938). XF measures the oxygen

consumption rate (OCR), represents mitochondrial respiration. The OCR measurements were

normalized to the protein concentration. Experimental replicates were normalized to protein

concentration. Optimization of seeding density was conducted in compliance with the Seahorse

XF24 manufacturer recommendations through multiple experiments to identify a cell count that

provided basal OCR readings sufficiently above background, within tested linear response

ranges and with full re-oxygenation of the media attained between measurements.

Transmission Electron Microscopy

Tissue samples were fixed overnight in ½ strength Karnovsky's (2%paraformaldehyde/2.5%

glutaraldehyde buffered with 0.2M cacodylate) and post fixed in 2% OsO4 buffered in 0.2M

cacodylate buffer. After dehydration, tissues were embedded in Epon 812 (Electron Microscopy

Sciences), thin sectioned (70 nm), and stained with uranyl acetate for 2 h and lead citrate for 5

min. The samples were imaged using a JEOL 1230 transmission electron microscope set to 80

kV, and the images were captured using a Gatan digital imaging system. n$\geq$4 scans were taken

per animals per magnification. Mitochondrial objects in the images were pre-segmented in an

automated manner using ImageJ software: after noise reduction by repetitively convolving each

image with a Gaussian function, images were thresholded by the 'Percentile' auto thresholding

method. Boundaries between background and foreground were smoothened by repeated

erosion and dilation. Lastly, particles were identified based on set cut offs for size and

circularity. Results from this initial machine-based analysis were subsequently manually verified

as mitochondrial particles in a blinded fashion. Image coordinates of each identified particle

were used for the subsequent calculation of mitochondrial number, size, aspect ratio, while

brightness provided an estimate for cristae density as described in [54].

Statistics

The statistical analyses were performed using GraphPad Prism 8 (Graphpad Software). Results

were considered statistically significant at $p \leq 0.05$. The results shown here are mean $\pm$ SEM

unless otherwise stated.

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References

1. Lopaschuk GD, Karwi QG, Tian R, Wende AR, Abel ED. Cardiac Energy Metabolism in Heart Failure. Circ Res [Internet]. 2021 May 14 [cited 2021 Sep 3];128:1487–513.

2. Psotka MA, Gottlieb SS, Francis GS, Allen LA, Teerlink JR, Adams KF, et al. Cardiac Calcitropes, Myotropes, and Mitotropes: JACC Review Topic of the Week [Internet]. Vol. 73, Journal of the American College of Cardiology. Elsevier USA; 2019 [cited 2022 Mar 2]. p. 2345–53.

3. Ahmad T, Miller PE, McCullough M, Desai NR, Riello R, Psotka M, et al. Why has positive inotropy failed in chronic heart failure? Lessons from prior inotrope trials. Eur J Heart Fail. 2019;21(9):1064–78.

4. Shah KS, Xu H, Matsouaka RA, Bhatt DL, Heidenreich PA, Hernandez AF, et al. Heart Failure With Preserved, Borderline, and Reduced Ejection Fraction. J Am Coll Cardiol. 2017 Nov;70(20):2476–86.

5. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE, Drazner MH, et al. 2013 ACCF/AHA Guideline for the Management of Heart Failure. J Am Coll Cardiol. 2013 Oct;62(16):e147–239.

6. Virani SS, Alonso A, Benjamin EJ, Bittencourt MS, Callaway CW, Carson AP, et al. Heart Disease and Stroke Statistics—2020 Update: A Report From the American Heart Association. Circulation [Internet]. 2020 Mar 3 [cited 2020 Apr 27];141(9):e139–596.

7. Vigen R, Maddox TM, Allen LA. Aging of the United States population: impact on heart failure. Curr Heart Fail Rep. 2012 Dec;9(4):369–74.

8. Teerlink JR, Diaz R, Felker GM, McMurray JJV, Metra M, Solomon SD, et al. Cardiac Myosin Activation with Omecamtiv Mecarbil in Systolic Heart Failure. NEJM [Internet]. 2020 Nov 13 [cited 2021 Oct 10];384(2):105–16.

9. Bakkehaug JP, Kildal AB, Engstad ET, Boardman N, Næsheim T, Rønning L, et al. Myosin activator omecamtiv mecarbil increases myocardial oxygen consumption and impairs cardiac efficiency mediated by resting myosin ATPase activity. Circ Hear Fail [Internet]. 2015 May 1 [cited 2022 Mar 12];8(4):766–75.

10. Kinoshita Y, Nishigaki K. Unexpectedly general replaceability of ATP in ATP-requiring enzymes. J Biochem. 1997 Jul;122(1):205–11.

11. Regnier M, Homsher E. The effect of ATP analogs on posthydrolytic and force development steps in skinned skeletal muscle fibers. Biophys J. 1998 Jun;74(6):3059–71.

739   12.   Regnier M, Martyn DA, Chase PB. Calcium regulation of tension redevelopment kinetics

740   with 2-deoxy-ATP or low [ATP] in rabbit skeletal muscle. Biophys J. 1998

741   Apr;74(4):2005–15.

742   13.   Regnier M, Lee DM, Homsher E. ATP Analogs and Muscle Contraction : Mechanics and

743   Kinetics of Nucleoside Triphosphate Binding and Hydrolysis. Biophys J [Internet].

744   1998;74(6):3044–58.

745   14.   Moussavi-Harami F, Razumova M V., Racca AW, Cheng Y, Stempien-Otero A, Regnier

746   M. 2-Deoxy adenosine triphosphate improves contraction in human end-stage heart

747   failure. J Mol Cell Cardiol. 2015;79:256–63.

748   15.   Lundy SD, Murphy SA, Dupras SK, Dai J, Murry CE, Laflamme MA, et al. Cell-based

749   delivery of dATP via gap junctions enhances cardiac contractility. J Mol Cell Cardiol.

750   2014;

751   16.   Nowakowski SG, Regnier M, Daggett V. Molecular mechanisms underlying deoxy-ADP.Pi

752   activation of pre-powerstroke myosin. Protein Sci [Internet]. 2017 Apr [cited 2019 May

753   19];26(4):749–62.

754   17.   Regnier M, Martin H, Barsotti RJ, Rivera AJ, Martyn DA, Clemmens E. Cross-bridge

755   versus thin filament contributions to the level and rate of force development in cardiac

756   muscle. Biophys J. 2004;87(3):1815–24.

757   18.   Regnier M, Rivera AJ, Chen Y, Chase PB. 2-deoxy-ATP enhances contractility of rat

758   cardiac muscle. Circ Res. 2000;86(12):1211–7.

759   19.   Nowakowski SG, Regnier M, Daggett V. Molecular mechanisms underlying deoxy-ADP.Pi

760   activation of pre-powerstroke myosin. Protein Sci [Internet]. 2017 Apr 1 [cited 2020 Sep

761   20];26(4):749–62.

762   20.   Powers JD, Yuan CC, McCabe KJ, Murray JD, Childers MC, Flint G V., et al. Cardiac

763   myosin activation with 2-deoxy-ATP via increased electrostatic interactions with actin.

764   Proc Natl Acad Sci U S A [Internet]. 2019 Jun 4 [cited 2020 Sep 20];166(23):11502–7.

765   21.   Walklate J, Kao K, Regnier M, Geeves MA. Exploring the super-relaxed state of myosin

766   in myofibrils from fast-twitch, slow-twitch, and cardiac muscle. J Biol Chem [Internet].

767   2022 Jan [cited 2022 Feb 7];298(3):101640.

768   22.   Ma W, Childers M, Murray J, Moussavi-Harami F, Gong H, Weiss R, et al. Myosin

769   dynamics during relaxation in mouse soleus muscle and modulation by 2′-deoxy-ATP. J

770   Physiol [Internet]. 2020 Nov 1 [cited 2021 Sep 24];598(22):5165–82.

771   23.   Nowakowski SG, Kolwicz SC, Korte FS, Luo Z, Robinson-Hamm JN, Page JL, et al.

772   Transgenic overexpression of ribonucleotide reductase improves cardiac performance.

Proc Natl Acad Sci. 2013;110(15):6187–92.

24.   Kolwicz SC, Odom GL, Nowakowski SG, Moussavi-Harami F, Chen X, Reinecke H, et al.
AAV6-mediated cardiac-specific overexpression of ribonucleotide reductase enhances
myocardial contractility. Mol Ther. 2016;24(2):240–50.

25.   Thomson KS, Odom GL, Murry CE, Mahairas GG. Translation of Cardiac Myosin
Activation. J Am Coll Cardiol. 2016;1(7):666–79.

26.   Qiu W, Zhou B, Darwish D, Shao J, Yen Y. Characterization of enzymatic properties of
human ribonucleotide reductase holoenzyme reconstituted in vitro from hRRM1, hRRM2,
and p53R2 subunits. Biochem Biophys Res Commun. 2006 Feb;340(2):428–34.

27.   Yen Y, Chu B, Yen C, Shih J, Zhou B. Enzymatic property analysis of p53R2 subunit of
human ribonucleotide reductase. Adv Enzyme Regul. 2006 Sep;46(1):235–47.

28.   Cho EC, Kuo ML, Cheng JH, Cheng YC, Hsieh YC, Liu YR, et al. RRM2B-mediated
regulation of mitochondrial activity and inflammation under oxidative stress. Mediators
Inflamm. 2015 May;2015:287345.

29.   Xue L, Zhou B, Liu X, Wang T, Shih J, Qi C, et al. Structurally dependent redox property
of ribonucleotide reductase subunit p53R2. Cancer Res. 2006 Oct;66(4):1900–5.

30.   Liu X, Xue L, Yen Y. Redox property of ribonucleotide reductase small subunit M2 and
p53R2. Methods Mol Biol. 2008;477:195–206.

31.   Ranjbarvaziri S, Kooiker KB, Ellenberger M, Fajardo G, Zhao M, Vander Roest AS, et al.
Altered Cardiac Energetics and Mitochondrial Dysfunctionin Hypertrophic
Cardiomyopathy. Circulation [Internet]. 2021 Nov 23 [cited 2021 Nov 26];144:1714–31.

32.   Toepfer CN. Myosin Sequestration Regulates Sarcomere Function , Cardiomyocyte
Energetics , and Metabolism , Informing the Pathogenesis of Hypertrophic
Cardiomyopathy. Circulation [Internet]. 2020 [cited 2020 Jan 27];

33.   Vitale G, Ferrantini C, Piroddi N, Scellini B, Pioner JM, Colombini B, et al. The relation
between sarcomere energetics and the rate of isometric tension relaxation in healthy and
diseased cardiac muscle. J Muscle Res Cell Motil [Internet]. 2021;42(1):47–57.

34.   Roest AS Vander, Liu C, Morck MM, Kooiker KB, Jung G, Song D, et al. Hypertrophic
cardiomyopathy ß-cardiac myosin mutation (P710R) leads to hypercontractility by
disrupting super-relaxed state. bioRxiv [Internet]. 2020 [cited 2021 Jan
8];2020.11.10.375493.

35.   Psotka MA, Gottlieb SS, Francis GS, Allen LA, Teerlink JR, Adams KF, et al. Cardiac
Calcitropes, Myotropes, and Mitotropes: JACC Review Topic of the Week [Internet]. Vol.
73, Journal of the American College of Cardiology. American College of Cardiology

807   FoundationWashington, D.C.; 2019 [cited 2022 Sep 19]. p. 2345–53.

808 36. Kolwicz SC, Hall JK, Moussavi-Harami F, Chen X, Hauschka SD, Chamberlain JS, et al.

809   Gene Therapy Rescues Cardiac Dysfunction in Duchenne Muscular Dystrophy Mice by

810   Elevating Cardiomyocyte Deoxy-Adenosine Triphosphate. JACC Basic to Transl Sci

811   [Internet]. 2019 Oct [cited 2019 Oct 8];

812 37. Powers JD, Kooiker KB, Mason AB, Teitgen AE, Flint G V., Tardiff JC, et al. Modulating

813   the tension-time integral of the cardiac twitch prevents dilated cardiomyopathy in murine

814   hearts. JCI Insight [Internet]. 2020 Oct 15 [cited 2022 Sep 20];5(20).

815 38. Powers JD, Williams CD, Regnier M, Daniel TL. A Spatially Explicit Model Shows How

816   Titin Stiffness Modulates Muscle Mechanics and Energetics. Integr Comp Biol [Internet].

817   2018 Aug 1 [cited 2022 Oct 3];58(2):186–93.

818 39. Nag S, Trivedi D V. To lie or not to lie: Super-relaxing with myosins [Internet]. Vol. 10,

819   eLife. eLife Sciences Publications, Ltd; 2021 [cited 2021 Dec 29]. p. 1–21.

820 40. Walklate J, Kao K, Regnier M, Geeves MA. Exploring the Super-relaxed State of Myosin

821   in Myofibrils from Fast-twitch, Slow-twitch and Cardiac Muscle. J Biol Chem.

822   2022;101640.

823 41. Hill BG, Dranka BP, Zou L, Chatham JC, Darley-Usmar VM. Importance of the

824   bioenergetic reserve capacity in response to cardiomyocyte stress induced by 4-

825   hydroxynonenal. Biochem J [Internet]. 2009 Nov 15 [cited 2021 Sep 3];424(1):99–107.

826 42. Gollapudi SK, Ma W, Chakravarthy S, Combs AC, Sa N, Langer S, et al. Two Classes of

827   Myosin Inhibitors, Para-nitroblebbistatin and Mavacamten, Stabilize β-Cardiac Myosin in

828   Different Structural and Functional States. J Mol Biol [Internet]. 2021 [cited 2021 May

829   10];433(23).

830 43. Shao D, Kolwicz SC, Wang P, Roe ND, Villet O, Nishi K, et al. Increasing Fatty Acid

831   Oxidation Prevents High-Fat Diet-Induced Cardiomyopathy Through Regulating Parkin-

832   Mediated Mitophagy. Circulation [Internet]. 2020 Sep 8 [cited 2022 Sep 2];142(10):983–

833   97.

834 44. Fajardo G, Coronado M, Matthews M, Bernstein D. Mitochondrial Quality Control in the

835   Heart: The Balance between Physiological and Pathological Stress [Internet]. Vol. 10,

836   Biomedicines. Biomedicines; 2022 [cited 2022 Sep 24].

837 45. Zhou B, Wang DDH, Qiu Y, Airhart S, Liu Y, Stempien-Otero A, et al. Boosting NAD level

838   suppresses inflammatory activation of PBMCs in heart failure. J Clin Invest [Internet].

839   2020 [cited 2021 Jul 5];130(11):6054–63.

840 46. Kolwicz SC, Odom GL, Nowakowski SG, Moussavi-Harami F, Chen X, Reinecke H, et al.

AAV6-mediated cardiac-specific overexpression of ribonucleotide reductase enhances

myocardial contractility. Mol Ther. 2016;24(2):240–50.

47.   Kadota S, Carey J, Reinecke H, Leggett J, Teichman S, Laflamme MA, et al.

Ribonucleotide reductase-mediated increase in dATP improves cardiac performance via

myosin activation in a large animal model of heart failure. Eur J Heart Fail. 2015;17:772–

81.

48.   Zimanyi CM, Chen PYT, Kang G, Funk MA, Drennan CL. Molecular basis for allosteric

specificity regulation in class ia ribonucleotide reductase from Escherichia coli. Elife. 2016

Jan 12;5(JANUARY2016).

49.   McCabe KJ, Aboelkassem Y, Teitgen AE, Huber GA, McCammon JA, Regnier M, et al.

Predicting the effects of dATP on cardiac contraction using multiscale modeling of the

sarcomere. Arch Biochem Biophys [Internet]. 2020 Nov 30 [cited 2021 Feb 3];695.

50.   Woody MS, Greenberg MJ, Barua B, Winkelmann DA, Goldman YE, Ostap EM. Positive

cardiac inotrope omecamtiv mecarbil activates muscle despite suppressing the myosin

working stroke. Nat Commun [Internet]. 2018 Dec 21 [cited 2019 May 23];9(1):3838.

51.   Wilson C, Naber N, Cooke R. The role of the super-relaxed state of myosin in human

metabolism. Metab Open [Internet]. 2021 [cited 2021 Sep 29];9:100068.

52.   Karamanlidis G, Bautista-Hernandez V, Fynn-Thompson F, Del Nido P, Tian R. Impaired

mitochondrial biogenesis precedes heart failure in right ventricular hypertrophy in

congenital heart disease. Circ Hear Fail. 2011;4(6):707–13.

53.   Olafsson S, Whittington D, Murray J, Regnier M, Moussavi-Harami F. Fast and sensitive

HPLC–MS/MS method for direct quantification of intracellular deoxyribonucleoside

triphosphates from tissue and cells. J Chromatogr B Anal Technol Biomed Life Sci

[Internet]. 2017;1068–1069(October):90–7.

54.   Nielsen J, Gejl KD, Hey-Mogensen M, Holmberg HC, Suetta C, Krustrup P, et al.

Plasticity in mitochondrial cristae density allows metabolic capacity modulation in human

skeletal muscle. J Physiol. 2017 May 1;595(9):2839–47.