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Protective concentric cardiac proteostasis adaptations to chronic cAMP-stress at young ages wanes in advanced age leading to accelerated cardiac aging

*Maria Grazia Perino PhD[1], *Miguel Calvo-Rubio Barrera PhD[2], Giulio Agnetti PhD[3], Mark Ranek PhD[3], Daniel R. Riordon BS[1], Christopher H. Morrell PhD[1], Khalid Chakir PhD[1], Jia-Hua Qu PhD[4], Kirill V Tarasov PhD[1], Edward G. Lakatta MD[1]

Correspondence to: Maria Grazia Perino, PhD, Laboratory of Cardiovascular Science, National Institute on Aging, National Institutes of Health, 251 Bayview Blvd, Baltimore (MD) 21224, United States, Email: mariagrazia.perino@nih.gov

Affiliations:

[1]Laboratory of Cardiovascular Science, National Institute on Aging, National Institutes of Health, Baltimore, United States

[2]Translational Gerontology Branch, Intramural Research Program, National Institute on Aging, National Institutes of Health, Baltimore, United States

[3]Division of Cardiology, Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, United States

[4]University of California, San Francisco - School of Medicine

*Contributed equally

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ABSTRACT

BACKGROUND: Deregulated proteostasis leading to accumulation of misfolded proteins, electron-dense aggregates (lipofuscin, LF), desmin preamyloid oligomers (PAOs), and proteotoxic stress is a hallmark of aging. Here, we investigate changes in proteostasis with aging, in the context of a chronic cardiac cyclic adenosine monophosphate (cAMP)-dependent stress in a mouse model with specific cardiac over-expression of adenylyl cyclase VIII (TG^{AC8}).

METHODS: Protein quality control (PQC) mechanisms (ubiquitin proteasome system (UPS) and autophagy), including mitophagy, were evaluated in left ventricles (LVs) at young age (3-4 months) and later in life (18-21 months). Autophagy flux was measured in response to the lysosomotropic drug chloroquine (CQ). Protein synthesis was assessed according to the SUnSET method (puromycin).

RESULTS: At 3 months of age, established autophagy markers such as the microtubule-associated protein 1 light chain 3 (LC3), p62, and their phospho-forms were modulated accordingly to a scenario of more efficient autophagy, with a faster flux. Lysosome performance (cathepsin L1 activity) was also significantly increased, confirming higher cargo degradation capacity and upregulated proteostasis at 3 months. With age, however, a maladaptive marker-specific accelerated flux (LC3A, p62), in the context of a slower autophagy flux, led to aggresome buildup. Furthermore, although the mitophagy receptors PARKIN, p62-S403, p62-S349, and FKBP8 remained all upregulated, old TG^{AC8} mice markedly portrayed a phenotype with impaired mitophagy, accumulation of

lipofuscin (LF) bodies of aberrant sizes and brownish-to black pigment. Finally, cardiac

preamyloid oligomers (PAOs) were significantly increased, and the structural protein

desmin, cleaved and tagged for ubiquitination. In contrast, protein synthesis decreased

as occurs in normal aging.

CONCLUSIONS: Our findings indicate that proteostasis maintains cardiac health at

young age (3-4months), but a lifetime exposure to chronic pathophysiologic states that

increase cardiac ubiquitination and stress, by sustained activation of the

AC/cAMP/PKA/Ca^{2+} axis, more severely dysregulate proteostasis, compared to normal

aging, ultimately leading to proteostasis insufficiency, and accelerated cardiac aging.

GRAPHIC ABSTRACT: A graphic abstract is available for this article.

Key Words: proteostasis, cardiac stress, chloroquine, mitophagy, aging

Nonstandard Abbreviations and Acronyms

LF lipofuscin

PAOs preamyloid oligomers

cAMP cyclic adenosine monophosphate

AC adenylyl cyclase

AC8 adenylyl cyclase VIII

PQC protein quality control

UPS ubiquitin proteasome system

CQ chloroquine

LC3 microtubule-associated protein 1 light chain 3

LV left ventricle

HF heart failure

PE phosphatidylethanolamine

PKA/PKC protein kinase A/ protein kinase C

KEAP1 Kelch-like ECH-associated protein 1

NRF2 transcription factor NF-E2-related factor 2

ACP2 lysosomal acid phosphatase

ATG4B autophagy related 4B cysteine peptidase

TEM transmission electron microscopy

ROS reactive oxygen species

INTRODUCTION

Cardiac proteostasis, the balance of protein synthesis, and degradation, is required maintenance for cardiac health. Pathogenic aspects of protein misfolding and aggregation are collectively referred to proteotoxicity, and a proteotoxic insult that accompanies advanced age, can ultimately lead to heart dysfunction[1], and eventually, cardiac failure[2]. Many protein aggregate–based diseases in the cardiac system, are well characterized[3]. Plaque deposition (amyloidosis) or accumulation of soluble, oligomeric "aggresomes", and, recently, desmin disorganization with aging and the existence in the heart of desmin preamyloid oligomers (PAOs)[4], have also emerged as a common hallmark of acquired heart failure (HF)[5,6,7].

Many factors can lead to proteostatic collapse, including the imbalance in protein synthesis and degradation, exhaustion of the proteostasis machinery, and downregulation of clearing mechanisms, such as the ubiquitin proteasome system (UPS) and autophagy[8]. Impaired autophagy and mitophagy with age, due to reduced lysosomal[9] and mitochondrial fitness by increased oxidative stress[10], have been linked to the accumulation of electron-dense aggregates, generally referred to lipofuscin (LF) accumulation. As age advances, proteostasis mechanisms begin to collapse[11], and deficient breakdown of damaged proteins and organelles may lead to accumulation of LF, which linearly associates with age, and is inversely correlated with longevity[12,13]

Marked chronic catecholamine-induced cardiac stress leads to heart failure[14,15]. Our recent study demonstrated that in response to chronic severe cardiac stress by over-expression of adenylyl cyclase VIII (AC8) in mice (TG[AC8]), induced concentric adaptation circuitry at young age (3-4 months), including upregulation of protein synthesis and

105   degradation mechanism (proteasome and autophagy) to protect against stress[16],

106   maintained a remarkable, hyperdynamic cardiac phenotype for up to about one year of

107   age[17-20]. Then, signs of chronic heart failure (CHF) emerged and cardiomyopathy

108   ensued[20-22]. Here we evaluate proteostasis mechanisms induced by exposure to severe

109   sustained cAMP-dependent chronic cardiac stress with aging, compared to normal aging.

METHODS

Experimental animals

All studies were performed in accordance with the Guide for the Care and Use of

Laboratory Animals published by the National Institutes of Health (NIH Publication no. 85-

23, revised 1996). The experimental protocols were approved by the Animal Care and

Use Committee of the National Institutes of Health (protocol #441-LCS-2019). A breeder

pair of TG^{AC8} over expression mice (background strain C57BL/6 from Jackson Labs,

Stock # 000664), where the cDNA coding for human TG^{AC8} is expressed under the murine

α-myosin heavy chain (α-MHC) promoter, was a gift from Nicole Defer/Jacques Hanoune,

Unite de Recherches, INSERM U- 99, Hôpital Henri Mondor, F-94010 Créteil, France[17].

Mice were bred at 3 months of age and housed in a climate-controlled room with 12-

hour light cycle and free access to food and water, as previously described[14]. All assays

were performed in 3-4-month-old (young) and 17-21-month-old (old) males and compared

to age-matched wild-type (WT) littermates. Animals were sacrificed using

Ketamine/Xylazine mixture, by intraperitoneal (IP) administration, in accordance with the

approved protocol (#441-LCS-2019).

Heart and cardiac tissue isolation

Following Ketamine/Xylazine mixture intraperitoneal (IP) administration, the heart was

quickly removed and placed into cold PBS solution. The left ventricle (LV) free wall,

without the septum, was identified anatomically, under a dissecting microscope, and

pieces of tissue 2x3 mm were dissected and snap-frozen in liquid nitrogen.

Protein extraction and WB

Flash frozen tissue was homogenized as previously[16]. Briefly, snap-frozen left

ventricle (LV) tissue from 3-month-old and 21-month-old mice was homogenized and

lysed in ice cold RIPA buffer (Thermo Fisher Scientific: 25 mM Tris-HCl (pH 7.6), 150 mM

NaCl, 1% NP-40, 1% sodium deoxycholate, 0.1% SDS) supplemented with a Halt

protease inhibitor cocktail (Thermo Fisher Scientific), Halt phosphatase inhibitor cocktail

(Thermo Fisher Scientific) and 1 mM phenylmethyl sulfonyl fluoride, using a Precellys

homogenizer (Bertin Instruments) with tissue homogenization kit CKMix (Bertin

Instruments) at 4°C. Extracts were then centrifuged at 10,000g for 10 min at 4°C and the

protein concentration of the soluble fraction determined using the Bicinchoninic Acid

(BCA) Assay (Thermo Fisher Scientific). Samples were denatured in 4X Laemmli sample

buffer (BioRad Laboratories) containing 355 mM 2-mercaptoethanol at 95°C for 5 min, or

DTT at 70°C for 10 min, and proteins (25µg/lane) were resolved on 4-20% Criterion TGX

Stain Free gels (Bio-Rad Laboratories) by SDS/PAGE. To induce crosslinking of Stain

Free gel trihalo compound with protein tryptophan residues gels were exposed to UV

transillumination for 2-3 mins. Proteins were then transferred to low fluorescence

polyvinylidene difluoride (LF-PVDF) membranes (BioRad Laboratories) using an

electrophoretic transfer cell (Mini Trans-Blot, Bio-Rad). Membrane total protein was

visualized using an Amersham Imager 600 (AI600) (GE Healthcare Life Sciences) with

UV transillumination to induce and capture a fluorescence signal. Blocked membranes

(5% milk/tris-buffered saline with Tween-20, TBST) were incubated with the primary

antibodies indicated in the **Major Resource Table**. Primary antibodies were then

detected using horseradish peroxidase (HRP) conjugated antibody (Invitrogen) at

1:5,000, and bands were visualized using Pierce SuperSignal West Pico Plus ECL

substrate kits (Thermo Scientific), the signal captured using an Amersham Imager 600

(AI600) (GE Healthcare Life Sciences) and quantified using ImageQuant TL software (GE

Healthcare Life Sciences). Band density was normalized to total protein, and TG^{AC8} to

average of WT.

Protein aggregation assay

160 Proteostat kit (Enzo Life Science, ENZ-51023) was used to measure protein

161 aggregates, as previously published[16], following the manufacturer's instructions.

162 Specifically, 10 µg of protein were loaded into a 96-well microplate, and background

163 readings were subtracted from sample recordings.

Cathepsin L1 activity assay

Cathepsin L1 activity was measured using the fluorimetric kit (Abcam, ab65306)

according to the manufacturer's instructions. Briefly, snap-frozen left ventricles (LV)

stored at -80°C were thawed on ice, and 10 mg of tissue was resuspended in 50 µl of CL

Buffer, then homogenized with a Dounce homogenizer sitting on ice, with 10–15 passes.

Samples were centrifuged for 2–5 mins at 4°C at top speed using a cold microcentrifuge

to remove any insoluble material, then supernatants were collected and transferred to a

clean tube, on ice. Activity was performed at different dilutions to reach Vmax, in the

presence of Ac-FR-AFC fluorogenic substrate (200 µM final concentration), at 37°C for

1–2 hours, at an excitation wavelength of 400 nm and an emission wavelength of 505 nm

using the Cytation 5 microplate reader (Biotek). Fold-increase in Cathepsin L activity was

determined by comparing the relative fluorescence units (RFU) with the level of the

uninduced control, after subtraction of the negative control sample. TG^{AC8} values were

normalized to average of WT.

Transmission Electron Microscopy (TEM)

Left ventricles (LVs) for transmission electron microscopy were fixed using 2.5%

glutaraldehyde in 0.1 M sodium cacodylate buffer, pH 7. Samples were post-fixed in 1%

osmium tetroxide for 1 h at 4°C in the same buffer, dehydrated, and then embedded in

Embed 812 resin (Electron Microscopy Sciences, Hatfield, PA) through a series of resin

resin-propylene oxide gradients to pure resin. Blocks were formed in fresh resin contained

in silicon molds, and the resin was polymerized for 48-72 h at 65°C; blocks were then

trimmed and sectioned in an EM UC7 ultramicrotome (Leica Microsystems, Buffalo

Grove, IL) to obtain both semi-thick (0.5-1 µm width) and ultrathin (40-60 nm width)

sections. Semi-thick sections were mounted on glass slides and stained with 1% toluidine

blue in a 1% borax aqueous solution for 2 min. Palade-stained (OsO4) and Toluidine blue-

stained semi-thick sections were then imaged using a Leica AXIO Imager light

microscope with a 63x oil immersion objective, for quality control and Lipofuscin (LF)

quantification. Ultrathin sections were stained with uranyl acetate and lead citrate and

then imaged on a Talos L120C Transmission Electron Microscope (TEM) with a 4K Ceta

CMOS camera, for macroautophagic events quantification.

Micrographs at ×2000 x5000 and x11000 magnification were obtained from randomly

selected cytoplasmic areas of cardiomyocytes, for illustration purposes and quantitative

analysis of macroautophagic events population. Two stereological parameters were

determined: (a) the numerical profile density Na (number of figures of interest / µm2 of

cell fraction), and (b) volume density of figures of interest (Vv; i.e., the volume fraction of

cardiomyocyte cytoplasm occupied by figures of interest). Volume density was obtained

following a point analysis using a simple square lattice test system[23], with superposition

of a virtual grid over the micrographs where the user performs a point-counting method.

Autophagosomes were identified as double-membrane vesicles with identifiable cargo

and comparable density to the surrounding cytosol. Autolysosomes and residual bodies

were denoted as single membrane vesicles containing non-identifiable cargo of higher

density than the surrounded cytosol and fragmented organelles.

Lipofuscin bodies were identified following Palade staining[24] by the presence of

densely packed lipids with a dark brown-black color against cardiomyocyte cytosol, which

allowed a straightforward segmentation of the image and posterior quantification of the

planimetric and stereological parameters. Point counting and areas of vesicles and

cytosol were measured using manual tracking with ImageJ software by a blinded

investigator.

Quantification of desmin preamyloid oligomers (PAOs)

Myofilament-enriched, insoluble fractions were prepared as described previously[7].

Fractions were separated using precast NuPAGE gels (Thermo Fisher Scientific) with

MES buffer, and probed with the desmin antibody (DE-U-10, Sigma, 1:10,000) or the A11

antibody (kindly provided by Dr. Charles Glabe at UC Irvine[25], 1:1,500). TG^{AC8} values

were normalized to WT.

Statistics

Data are presented as median ± range or median ± interquartile range. Representative

TEM images and western blots were chosen based on the resemblance to the average

values. Number of samples per group are indicated in each legend. Statistical analyses

were performed in GraphPad Prism 9. ROUT analyses were applied to identify outliers,

which were excluded from group comparison analyses. Student t test with Welch's

correction was used to compare data between 2 groups. Two-way ANOVA followed by

Original FDR method of Benjamini and Hochberg was used for multiple comparisons[26].

For datasets with matching LC3I and LC3II from the same animal, a multiple measures

approach with three-way mixed ANOVA or mixed-effect analysis for repeated measures,

followed by Original FDR method of Benjamini and Hochberg, was taken. A q-value or

individual p-value <0.05 was considered statistically significant. * Indicates differences

between genotypes (WT vs TG^{AC8}), # indicates differences between treatments (CQ vs

saline), $ indicates differences between ages (young vs old).

RESULTS

Autophagy is upregulated in young TG^{AC8} heart

To assess basal autophagy in left ventricle (LV) in the young (3-4 months) TG^{AC8} and

WT, we performed WB of the established autophagy markers LC3 and p62, and assessed

their phosphorylation state, which affects their activity. Significant changes in the

modulation of the cytosolic LC3I and its lipidated product LC3II (LC3-PE), the latter

recruited to the autophagosomal membrane during autophagy, were evident in TG^{AC8} vs

WT. Specifically, LC3**AI** was significantly upregulated, in TG^{AC8} vs WT, whereas LC3**AII**

was unchanged (Figure 1A); in contrast, cytosolic LC3**BI** did not change in TG^{AC8},

whereas lipidated LC3**BII** was significantly downregulated, compared to WT (Figure 1B).

Their ratios (LC3II/LC3I), an indication of autophagy induction/activation, and of LC3

processing efficiency, also differed between genotypes. Specifically, they were

significantly decreased in TG^{AC8} for both isoforms, compared to WT (Figures 1C, 1D) due

to upregulation of LC3**AI** and downregulation of LC3**BII**, respectively. Moreover,

phosphorylation of LC3, inhibitory when at S12[27] and stimulatory when at T50[28], was half

(Figure 1E) or 1.3-fold significantly increased (Figure 1F), respectively, in TG[AC8] vs WT,

suggesting the existence of more favorable autophagy conditions in the young TG[AC8].

Total p62 expression was significantly upregulated in TG[AC8] vs WT (Figure 2A), as

was p62 phosphorylation at S403 (p62-S403) (Figure 2B) and at S349 (p62-S349) (Figure

2C); the ratios of phospho-proteins at both sites to total p62 protein (Figure 2D, 2E), were

also significantly increased, indicating higher "aggresome" disposal (p62-S403 has higher

affinity to ubiquitylated cargo, including ubiquitinated/depolarized mitochondria), and

activation of defense mechanisms from oxidative stress (p62-S349) in the TG[AC8] heart,

at 3-4 months of age.

In summary, upregulation of key markers of selective autophagy (clearance and

activation of protection mechanisms from oxidative stress) maintains heart health of

young TG[AC8], at a young age, in a context of an increased cardiac workload by chronic

cardiac cAMP-derived stress[16].

Lysosomal function is increased and autophagic flux is accelerated in young TG[AC8]

heart

Because our previous work has shown that protein levels of lysosomal cathepsins are

upregulated in the TG[AC8], compared to age-matched WT[16], we quantified relative

changes in different cathepsins in the TG[AC8] LV, compared to WT. Cathepsins Z and S

were more enriched in TG[AC8], whereas cathepsin L1 showed the least significant change

(Figure 3A, Table S1). We next assessed lysosome function by measuring cathepsin L1

activity. The activity of L1 was significantly higher in TG[AC8], compared to WT (Figure 3B),

and this result, paired with WB quantification of the lysosomal acid phosphatase, ACP2,

which was also significantly increased (Figure 3C), suggested an overall higher lysosomal

fitness (function) in TG^{AC8}, compared to WT.

Since autophagy is a dynamic, multi-steps process, our next step was to evaluate how

the young TG^{AC8} heart is handling the cargo, from uptake to disposal. We measured

autophagy flux by inhibiting the lysosome with chloroquine (CQ), in non-fasting conditions

to specifically evaluate changes in basal autophagy (without starvation). In WT, following

CQ treatment, no changes were <u>noticeable</u> in LC3 and p62 (Figures 4A-D, Figure 4E), as

expected, because basal autophagy is normally <u>undetectable</u>; in contrast, in the TG^{AC8}

both LC3**AI** and LC3**BI** (Figures 4A, 4B) and p62 protein levels (Figure 4E) became

significantly reduced following CQ treatment, compared to saline, whereas LC3**AII** and

LC3**BII** remained unchanged. Thus, following CQ, LC3II/LC3I ratios (both A and B

isoforms) (Figures 4C, 4D) significantly increased in TG^{AC8}, compared to saline.

We next employed transmission electron microscopy (TEM) to directly visualize

autophagy figures in TG^{AC8} vs WT in the contest of saline vs CQ treatment. Results

showed a significant increase in the number of early and late autophagic events (Figure

4F, 4G) in TG^{AC8} vs WT, demonstrating that basal autophagy differs between the two

genotypes, and that autophagy flux is accelerated in TG^{AC8}. Therefore, an accelerated

autophagic flux and an increase in lysosome performance ensures effective clearance of

misfolded proteins, preventing excessive garbage accumulation in the young (3-4

months) TG^{AC8} heart, in the context of increased cardiac workload and other cardiac

protection circuitry at this age[16], in induced chronic activation of the AC/cAMP/PKA/Ca^{2+}

axis.

Accelerated autophagic flux in young TG^AC8 heart becomes maladaptive and insufficient in old age

Because autophagy induction and clearance have been shown to decrease with aging[9], we assessed by WB LC3 and ATG4B (involved in LC3 turnover)[29] in young (3-month-old) and aged (20-21-month-old) TG^AC8 LVs and age-matched WT. Both markers were significantly downregulated with aging (Figures 5A, 5B, Figure S1), with specific accumulation of LC3II (Figures 5A, 5B), compared to young animals. Upregulated levels of LC3II with aging, increased LC3II/LC3I ratios in both isoforms indicating aging as the main effect (Figures 5C, 5D, S2i, S2ii).

Paired TEM micrograph analysis (planimetry and stereology) showed a significant age-associated decrease in event flux in *early* stages of autophagy (Figures 5E, 5I); in contrast, *late*-stage event flux was increased (Figures 5H, 5I). This results, taken together with the accumulation of lipidated LC3II, confirm an age-accelerated downregulation of autophagy induction and an impaired cargo clearance, regardless of genotype.

We next focused on autophagy and cargo disposal between the old (19-21-month) TG^AC8 and age-matched WT, specifically we assessed by WB LC3 states (including phosphorylation) and measured autophagic flux. Interestingly, LC3**AI** levels were significantly upregulated in old TG^AC8 compared to age-matched WT (Figures 6A), (similar to the genotype difference in LC3**AI** expression at 3-month (Figure 1A)), while LC3**AII** did not significantly differ by genotype. Thus, LC3AII/LC3AI ratio was decreased in old TG^AC8 vs WT (Figure S3i). In contrast, LC3**BI** and LC3**BII** (Figures 6B), and LC3BII/LC3BI ratio (Figure S3ii) did not significantly differ by genotype, at old age. Furthermore, LC3 phosphorylation (S12 and T50) and ACP2 protein levels (Figure S4) did not differ by genotype at 21-month of age. Taken together, these results indicate that autophagy

declines with age, regardless of genotype, and autophagic insufficiency is greater in

TG[AC8] than in WT. As expected, autophagic flux assessment in old WT, showed that LC3

and p62 levels did not differ following CQ treatment in non-fasting conditions, similar to

results at the young age. In old TG[AC8], however, there was a significant accumulation of

LC3**AII** following CQ treatment vs WT-CQ (Figure 6A); the LC3AII/LC3AI ratio, did not

change following CQ treatment (Figure 6C). Although CQ treatment had no effect on

LC3B forms (Figure 6B), LC3BII/LC3BI ratio showed a trend to significantly increase

(Figure 6D), demonstrating that LC3 isoform-specific modulation persists in old age, as

observed in TG[AC8] at a young age, previously. Remarkably, and similar to young TG[AC8]

(Figure 4E), p62 expression was significantly downregulated in old TG[AC8] following CQ,

compared to saline (Figure 6E). This result suggests that, although *overall* flux was

indeed significantly reduced (Figure 6Fi, 6Fii), stages of autophagic flux involving LC3A

and p62 increased significantly in TG[AC8] in old age.

Taken data in figures suggest that, compared to age-matched WT, basal autophagy

and autophagic flux of LC3A- and p62 autophagic markers, are accelerated in old TG[AC8],

similar to 3 months of age, but autophagic flux become slower in old age and is clearly

insufficient for proper protein and garbage clearance.

Proteostasis is more severely deregulated in the old TG[AC8] heart

Our previous work demonstrated that the ubiquitin proteasome system (UPS) and

autophagy, including mitophagy, were all upregulated in the young TG[AC8], compared to

age-matched WT, indicating cooperation among PQC mechanisms at 3-4 months[16].

Although protein synthesis rate was 40% higher in TG[AC8] vs WT, UPS clearance of these

was also upregulated, and insoluble protein "garbage" did not accumulate within cells[16].

In addition, the numbers of healthy mitochondria and the percent of cell volume occupied

by them, did not differ between TG^{AC8} and WT; in addition, although the canonical cargo

receptors PARKIN was significantly upregulated[16], mitochondrial fitness was comparable

between genotypes. We here assessed translation rates and PQC mechanisms (UPS

activity, aggresomes accumulation, and mitophagy) in aged (19-21-month) TG^{AC8} and

age-matched WT.

In contrast to the young age, protein synthesis did not differ by genotype in aged mice

(Figure 7A). However, translation rates significantly decreased in TG^{AC8}, from 3 to 18-

months, a process normally occurring during healthy aging, where decreased energy use

and reduced load on the protein quality control machinery, extends life span by sparing

proteases and chaperons, directing their activity towards repair of existing proteins rather

than the folding of new ones[30-32].

We next quantified protein aggregates in 18-month-old mice and age-matched WT.

Soluble aggregates accumulated in 18-month TG^{AC8}, compared to age-matched WT

(Figure 7B), suggesting that the maladaptive increased autophagic flux, with aging, in old

TG^{AC8}, compared to age-matched WT, contributes to deregulated proteostasis.

Finally, we evaluated mitophagy signaling pathways in aged (21-month) TG^{AC8} and

age-matched WT assessing by WB the expression of specific cargo receptors involved in

canonical and non-canonical mitophagy pathways[33]. Specifically, the canonical cargo

receptors PARKIN (Figure 7C) and p62-S403 (Figure 7D), recruited to depolarized[34] and

polyubitiquinated[35] mitochondria, respectively, and p62-S349 (Figure 7E), upregulated in

conditions of oxidative stress[36], were all significantly increased in aged TG^{AC8} compared

to age-matched WT, similar to young TG^{AC8}, suggesting activation of canonical

mitophagy. Furthermore, the non-canonical cargo receptor FKBP8[37], which assists LC3A

during mitophagy and in the clearance of misfolded proteins, was also significantly

upregulated (Figure 7F) in the old TG^{AC8}, compared to age-matched WT, in contrast to

young TG^{AC8} (Figure S5), suggesting the concurrent activation of non-canonical

mitophagy in old TG^{AC8}. However, in spite of the upregulation of canonical and non-

canonical mitophagy signaling in old TG^{AC8}, staining of semi-thin sections (TEM) still

revealed extensive accumulation of undigested material, with disrupted mitochondrial

structure in old TG^{AC8} (Figure 7G), indicating a failing mitophagy and upregulated

signaling for garbage disposal.

These results demonstrate that the TG^{AC8} mouse decreases with aging protein

synthesis to preserve energy and focus on repair mechanisms, a process that normally

occurs during healthy aging. However, PQC is so inefficient and insufficient in the old

TG^{AC8} heart, that leads to more severe age-associated unregulated proteostasis,

compared to age-matched WT.

Proteostasis dysregulation in the old TG^{AC8} heart leads to increased lipofuscin
accumulation and deposition of desmin Pre-Amyloid Oligomers (PAOs)
contributing to TG^{AC8} accelerated aging

To assess the age-associated proteostasis dysregulation in old TG^{AC8} heart, we

evaluated the extent of accumulation of undigested material by performing LF

quantification. There was no difference in number (Figure 8A) or average size (Figure 8B)

of LF bodies in old TG^{AC8} vs age-matched WT, by semi-thin staining assessment (TEM).

However, there was a marked size heterogeneity within the LF population (Figure 8C,

8D) in TG^{AC8}, with increased individual LF body' sizes and total volume of LF (Figure 8E)

compared to WT, covering in some cases, a big percentage of the cardiomyocyte area

(Figure 8F). Interestingly, large aggregates displaying different pigmentation (brownish to

black) were only present in TG[AC8] LVs (Figure 8G), suggesting a different and/or denser

composition.

Since recent evidence indicates a role of desmin filaments in regulating proteostasis[38],

and desmin disorganization has been also documented in the heart[39] as a consequence

of accumulation of preamyloid oligomers (PAOs) aggregates, we assessed the

contribution of desmin proteotoxicity to the TG[AC8] heart at the old age (18-month),

compared to age-matched WT. TG[AC8] had significantly higher levels of desmin PAOs

(Figure 8H), and a higher percentage of desmin was tagged for ubiquitination (Figure 8Ii),

and cleaved (Figure 8Iii), demonstrating severe alteration of the myofilament contractile

cardiac machinery in the old TG[AC8] heart vs age-matched WT.

Taken together, accumulation of the age pigment LF, heterogeneity of LF bodies and

increased cardiac PAOs, in tandem with the severe disruption in the cardiomyocyte

architectural contracting machinery, by desmin disorganization, highly contribute to old

TG[AC8] heart accelerated aging, compared to age-matched WT.

DISCUSSION

Our previous work in the young TG[AC8] heart, a model of increased chronic cardiac

workload by sustained activation of the AC/cAMP/PKA/Ca^{2+} axis, has shown that several

adaptation mechanisms protect the TG[AC8] heart health and function[16]. Among other

mechanisms, protein quality control, including the UPS and the autophagic machinery,

were upregulated, and had a key role in ensuring health heart structure and function. The

present study evaluated proteostasis in detail focusing on key players involved in the

autophagic process and revealed that in a context of lifetime exposure (up to 18-21 to

months) to chronic cardiac cAMP-induced stress, PQC mechanisms fail more severely.

In toto, our results demonstrate that the young TG^{AC8} heart upregulates the autophagy

process by fine tuning key effectors, such as LC3, in their localization and isoforms (A

and B), which localize to different phagophores/autophagosomes[40], suggesting isotype-

specific functions that guarantee effective clearance of damaged proteins in a scenario

of high cardiac workload.

Specifically, at 3 months of age, both LC3**AI** (the cytosolic form of LC3, which

becomes lipidated to LC3II) and LC3**BII** (the lipidated LC3I, which localizes on

autophagosomes and autophagolysosomes[41] during autophagy), differed in TG^{AC8} vs

WT, in a scenario indicative of upregulated autophagy. LC3**AI** upregulation was both

transcriptional[16] and translational, and since LC3A, together with FKBP8, also

upregulated in TG^{AC8}, are important markers of mitophagy, we speculate upregulation of

both LC3A and FKBP8 important for PQC in the TG^{AC8} heart. Moreover, because LC3

isoforms are present on different autophagosomes, suggesting different functions[40], the

significant LC3**BII** downregulation in TG^{AC8} vs age-matched WT, confirms the possible

involvement of LC3A and LC3B in different signaling pathways (mitophagy[42,43] vs

apoptosis[44] vs endosome-mediated autophagy[45,46]). LC3 post-translational modifications

(PTMs) by phosphorylation, which affect its activity[27,28], were also differently modulated

in the young TG^{AC8} vs WT heart favoring both early and late autophagy stages:

specifically, LC3-S12 was significantly downregulated, whereas LC3-T50 was

significantly upregulated. Phosphorylation at S12 by PKA/PKC[47] inhibits autophagy, by

preventing autophagosome wall elongation, whereas phosphorylation at T50 by STK3/4[28]

is stimulatory for the autophagic process, by promoting autophagolysosome fusion.

Sequestosome-1, also known as p62[48], an essential autophagy adaptor that

colocalizes with ubiquitin and LC3, was also significantly upregulated in the young TG[AC8]

heart. p62 plays a critical and protective role in "aggresome" formation and autophagic

activation by recognizing cargo tagged for disposal and transporting it to the

lysosome[49,50], while itself being an autophagy substrate[51]. Phospho-forms p62-S403,

p62-S349, and the ratios of phosphorylated p62 to total p62, were upregulated in TG[AC8]

vs WT at 3 months. Specifically, p62 phosphorylation at S403, which increases its

selectivity and affinity towards ubiquitin, has been shown to positively correlate to

ubiquitinated cargo[52], including protein aggregates[53] and polyubitiquinated

mitochondria[52]; p62 phosphorylation at S349, in contrast, has a higher affinity for the

ubiquitin ligase adaptor Kelch-like ECH-associated protein 1 (KEAP1)[54], resulting in

constitutive activation of the transcription factor NF-E2-related factor 2 (NRF2) and

regulation of its downstream signaling pathways[55]. Upregulation of p62 and it phospho-

forms in the young TG[AC8] heart demonstrates its adaptation to the sequelae of sustained

activation of the AC/cAMP/PKA/Ca^{2+} axis, involving both upregulation of signaling for

"aggresome" clearance and increased ROS scavenging, a protection mechanism from

oxidative stress by the increased cardiac workload.

Autophagy flux was increased in TG[AC8] vs WT at 3 months. Specifically, the flux of

LC3 and p62 markers was accelerated, as shown by the increased LC3II/LC3I ratios

following CQ treatment, because of accumulation of LC3II at the lysosome. In addition,

cathepsin L1 activity was upregulated in TG[AC8], and protein levels of the lysosomal acid

phosphatase ACP2 were also increased in TG[AC8], which together with the results of our

previous study showing increased proteasome activity without accumulation of insoluble

protein aggregates, and increased levels of proteins involved in the autophagic

machinery[16], confirm that UPS and autophagic pathways concurrently operate in the

young TG^{AC8} heart to manage its chronic cardiac cAMP-derived stress[56,57].

With aging, autophagy markers LC3 and the autophagy related 4B cysteine peptidase

(ATG4B), involved in LC3 lifecycle[29], became significantly downregulated in both TG^{AC8}

and WT, with no difference, indicating that cardiac aging per se, impacts negatively on

PQC. However, assessment of autophagy flux revealed that flux of LC3A and p62 was

upregulated in old TG^{AC8}, compared to age-matched WT, in a context of a reduced overall

autophagic flux, as demonstrated by reduced numbers of early autophagy figures, and

an increased number of late autophagic events (by TEM quantification).

Accelerated autophagy marker flux, however, has been shown to be a compensating

mechanism contributing to the remodeling of the myocardium under stress[58], which can

be maladaptive in disease conditions. We interpret the higher p62 flux within the context

of chronic upregulation of the AC/cAMP/PKA/Ca^{2+} axis, as a sensing mechanism for the

increased presence of aggresomes which, if not cleared, need compartmentalization.

Moreover, a faster LC3A flux may indicate increased mitochondria tagged for disposal,

an index of garbage production/accumulation.

Although mitochondria carry out several critical and diverse functions[56], a steady

production and supply of adenosine triphosphate (ATP) via oxidative phosphorylation is

absolutely required by the heart, because of its continuous high demand for energy, and

this is why cardiomyocytes have extremely high mitochondrial density. However, it is

established that mitochondria and lysosomes of long-lived cells such as cardiac myocytes

suffer remarkable age-related alterations as the cellular turnover machinery becomes

inherently imperfect[59] with age. Mitochondrial changes, by continuous physiological

oxidative stress[59] and increased reactive oxygen species (ROS) production, include

structural disorganization and enlargement, while lysosomes, which are responsible for

autophagic turnover of mitochondria, accumulate LF (age pigment), a polymeric,

autofluorescent, undegradable material, mainly composed of proteins and lipids[60]. When

mitochondria become damaged and/or dysfunctional[2,57], unable to support the high

energy demands, and overall mitochondrial fitness declines, heart function deteriorates

leading to disease conditions.

The cooperation of LC3A with the non-canonical mitophagy receptor FKBP8,

assigning a new important role in mitophagy to LC3A and the process of mitochondrial

turnover, renders LC3A an important informant of mitochondrial fitness, in the adult

cardiac tissue[42]. In old TG[AC8], all mitophagy pathways were activated, compared to age-

matched WT controls. However, a faster LC3A flux together with upregulated mitophagy

signaling through a variety of pathways[61], suggests a failing mitophagy and poor

mitochondrial fitness/function, possibly due to insufficient lysosomal activity.

Mitochondrial structure (assessed by semi-thin stain by TEM) was severely damaged

in old TG[AC8], showing a significant, and more aberrant accumulation of LF bodies with

increased size, and a distribution covering a higher percentage of cardiomyocyte area.

LF aggregates are not removed from the cytosol by the UPS[62], because they are

covalently cross-linked aggregates, and their accumulation at the later stage of autophagy

is an indication of lysosomal impairment[63], which, together with their known accumulation

with advancing age, suggests that the old TG[AC8] portrays a phenotype of accelerated

cardiac aging, compared to age-matched WT. In addition, the brown to black pigment

aggregates, in the old TG[AC8] but not in age-matched WT suggests changes in cargo

processing, with accumulation of specific material.

In addition to failure at the lysosome, changes in UPS activity and expression,

reflecting metabolic, functional, or simply structural changes in response to the different

demands for the turnover of signaling and structural proteins, accompany aging.

Specifically in the heart, proteasomal insufficiency has been linked to accumulation of

protein aggregates, whereas alterations of structural proteins, such as disorganization of

desmin filaments, which interlink the contractile myofibrillar apparatus with mitochondria,

nuclei and the sarcolemma, has been shown to affect mitochondrial positioning, therefore

compromising mitochondrial function, and leading to cardiomyocyte dysfunction[38,64].

Because the negative modulation of desmin's physical properties and assembly by its

PTMs, leads to the build-up of cardiac preamiloyd oligomers (PAOs) and has been

recently indicated to be an index of premature and acquired heart failure (as occurred in

TG[AC8] at 18 months), we evaluated desmin structure, and quantified accumulation of

cardiac PAOs, in old TG[AC8]. Results showed that desmin was significantly tagged for

ubiquitination and cleaved in old TG[AC8] heart, compared to age-matched WT, and that

PAOs accumulation was also highly increased.

Although translation rates did not differ between genotypes at an old age, protein

synthesis significantly decreased with aging in TG[AC8] heart at 19-months compared to 3-

months, in line with the normal aging process[30,31], indicating that the TG[AC8] heart

optimizes energy use with age, by decreasing the formation of *de-novo* proteins in order

to focus on repairing the existing proteome, a mechanism that preserves and increases,

life span[32].

However, protein aggregates significantly accumulated in the old TG^{AC8} heart

compared to age-matched WT. This scenario suggests an increased ubiquitination

signaling within a context of proteasomal insufficiency which, together with a faster

autophagy flux, indicate maladaptive responses with ineffective cargo clearance

demonstrated in hearts or cardiomyocytes under disease and pathological conditions[65],

including desminopathy[58].

Therefore, this study demonstrates that severe loss of proteostasis is due to loss of

PQC in the old TG^{AC8} heart, compared to age-matched WT.

In conclusion, chronic cardiac AC-dependent cAMP-stress, although activating

protective signaling circuitry that preserve heart health early in life, accelerates cardiac

aging and reduces cardiac health span, resulting in cardiomyopathy[17].

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DISCLOSURES

None.

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721

MIN NUMBER SEEN in papers is #46

MAX NUMBER SEEN in papers is #70

GRAPHIC ABSTRACT

Table. Proteostasis in young and aged TGᴬᶜ⁸ in the context of cardiac stress

following cardiac-specific constitutive stimulation of the AC/cAMP/PKA/Ca²⁺ axis

by α-MHC-driven AC8 overexpression.

FIGURES WITH FIGURE LEGENDS

Figure 1. At 3-month of age LC3 isoforms are differently modulated in TG^{AC8}, and

autophagy is promoted.

Bar graphs and Western blot analysis of the autophagy marker LC3, LC3II/LC3I ratios,

and LC3 phosphorylation in young TG^{AC8} LV and wild type (WT) at 3 months of age (n=15

mice per group). Data are presented as the median ± interquartile range **A**), LC3A; **B**),

LC3B; **C**), LC3AII/LC3AI; **D**), LC3BII/LC3BI; **E**), LC3-S12; **F**), LC3-T50. **A and B**, A mixed-

effect model for repeated measurements, followed by Original FDR method of Benjamini

and Hochberg post-hoc multi-comparison test was used. **C, D, E and F**, Unpaired 2-tailed

Students tests with Welch's correction was used.

Figure 2. Sqstm1_p62 expression and phosphorylation are increased in TG^{AC8} at 3-
month of age.

Bar graphs and Western blot analysis of the autophagy cargo receptor p62, its post-

translational modifications, and their ratios to total p62 in TG^{AC8} and WT at 3 months of

age (n=15 mice per group). **A**), Total p62; **B**), p62-S403; **C**), p62-S349; **D**), p62-S403/p62;

E), p62-S349/p62. Unpaired 2-tailed Student t test with Welch's correction was used and

data are presented as the median ± interquartile range.

Figure 3. Lysosome performance is higher in young TG^{AC8}.

A), MA plot showing enrichment in the relative amount of lysosomal cathepsin obtained

from OMICs data in TG^{AC8} at 3 months of age. **B**), Cathepsin L1 activity measured in

TG^{AC8} and WT littermate at 3 months of age (n=6 mice per group). Activity was measured

at V$_{max}$, and it is plotted as emitted fluorescence per mL, per mg of protein. **C**), Bar graphs

and Western blot analysis of the lysosomal acid phosphatase, ACP2 (n=15 mice per

group). Unpaired 2-tailed Student t test was used in **B** and unpaired 2-tailed Student t test

with Welch's correction was used in **C**. Data are presented as the median ± interquartile

range.

Figure 4. Autophagic flux is accelerated in TG^{AC8} at 3 months of age.

TG^{AC8} and WT at 3 months of age were treated by intraperitoneal administration of

chloroquine (CQ) (50 mg/kg) or saline, and LVs were collected 3 hours after drug

administration and snap-frozen for analysis of autophagy markers LC3, LC3II/LC3I ratios,

and p62 (n=5 mice per group). Bar graphs and Western blot analysis of **A**), LC3A; **B**),

LC3B; **C**), LC3AII/LC3AI; **D**), LC3BII/LC3BI; **E**), p62; **F**), paired TEM event flux

quantification of early and late autophagic figures, normalized to average WT saline; **G**)

representative micrographs. **A and B**, A three-way ANOVA with repeated measurements,

followed by Original FDR method of Benjamini and Hochberg post-hoc multi-comparison

test was used. **C, D, E and F**, A two-way ANOVA, followed by Original FDR method of

Benjamini and Hochberg post-hoc multi-comparison test was used. Data are presented

as the median ± interquartile range.

Figure 5. Autophagy decline with aging is independent of genotype.

Bar graphs and Western blot analysis of autophagy markers LC3, LC3II/LC3I ratios and

p62 in TG^{AC8} and WT at 3-month (n=3 mice per group) and 21-month of age (n=5 mice

per group). **A**), LC3A; **B**), LC3B; **C**), LC3AII/LC3AI ratio; **D**) LC3BII/LC3BI ratio. Bar

graphs showing the quantification by TEM of autophagic figures (n=5 mice per group) for

early events **E**), number of per reference area; **F**) volume per cell volume, and for *late*

events **G**), number of per reference area, **H**) volumes per cell volume. **I**, TEM

representative images. **A and B**, A three-way ANOVA with repeated measurements,

followed by Original FDR method of Benjamini and Hochberg post-hoc multi-comparison

test was used. **C, D, E, F, G and H**, A two-way ANOVA, followed by Original FDR method

of Benjamini and Hochberg post-hoc multi-comparison test was used. Data are presented

as the median ± range in A and B, and as median ± interquartile range in all others.

Figure 6. Accelerated autophagic flux in young TG^AC8 heart becomes maladaptive and insufficient in old age.

TG^AC8 and WT littermates at 21 months of age were treated by intraperitoneal administration chloroquine (CQ) (50 mg/kg) or saline, and LVs (n=5 mice per group) were collected 3 hours after and snap-frozen for analysis of autophagy markers LC3 and p62. Bar graphs and Western blot analysis of **A**), LC3A; **B**), LC3B; **C**), LC3AII/LC3AI ratio; **D**), LC3BII/LC3BI ratio; **E**), total p62. **F**), paired TEM micrograph quantification of early (**i**)

and late (**ii**) autophagic figures, normalized to average WT saline (n=5 mice per group).

A and B, A three-way ANOVA with repeated measurements, followed by Original FDR

method of Benjamini and Hochberg post-hoc multi-comparison test was used. **C, D, E**

and F, A two-way ANOVA, followed by Original FDR method of Benjamini and Hochberg

post-hoc multi-comparison test was used. Data are presented as the median ±

interquartile range.

Figure 7. Proteostasis is deregulation is more severe in old TG^{AC8} heart.

A), TG^{AC8} and WT at 19 months of age (n=5 mice per group) were treated by

intraperitoneal administration of puromycin (0.022g/g mouse) according to the SUnSET

method, and LVs were collected 30 minutes after drug administration and snap-frozen for

puromycin analysis. Bar graphs and Western blot analysis of **B**), Aggresome

quantification in soluble fractions (n=6 mice per group, old TG^{AC8} and WT at 17-18 months

of age); mitophagy canonical cargo receptors (n=5 mice per group, old TG^{AC8} and WT at

21 months of age) **C**), PARKIN; **D**), SQSTM1_p62-S403; **E**), SQSTM1_p62-S349 and the

noncanonical cargo receptor **F**) FKBP8. **G**), Semithin staining of old TG^{AC8} LV showing

mitochondrial loss of structure. A two-way ANOVA, followed by Original FDR method of

Benjamini and Hochberg post-hoc multi-comparison test was used for **A**. Unpaired 2-

tailed Student t test with Welch's correction was used for **B, C, D**, **E, and F**. Data are

presented as the median ± interquartile range.

Severe proteostasis disruption leads the old TG^{AC8} heart to accelerated aging

Figure 8. Proteostasis dysregulation by PQC insufficiency leads to increased lipofuscin accumulation and deposition of desmin Pre-Amyloid Oligomers (PAOs) contributing to TG^{AC8} accelerated aging.

Bar graphs representing the quantification of undigested material (LF and desmin) in old TG^{AC8} and WT (n=5 per group); **A**), number of figures per reference area; **B**), average size of lipofuscin bodies; **C**), violin plot showing the more aberrant sizes of lipofuscin bodies; **D**), Representative semi-thin staining of lipofuscin bodies; **E**), volume of figures per volume of reference area; **F**) percentage of cardiomyocyte area covered by lipofuscin; **G**), Representative image of Palade staining of TEM semi-thin sections showing the presence of brown to black pigments in old TG^{AC8} and age-matched WT; **H**), soluble and insoluble (myofilament-enriched) fractions probed with the A11 antibody for pre-amyloid oligomers (top), and total protein staining (Direct Blue71, DB71), with relative densitometry analysis; **I**), insoluble (myofilament-enriched) fractions probed with the desmin antibody, and relative densitometry for **i**) ubiquitinated and **ii**) cleaved desmin proteoforms, in old TG^{AC8} age-matched WT. **A, B**, **C, E**, **and F**, Unpaired 2-tailed Student t test with Welch's correction was used; **L and M**, A two-way ANOVA, followed by Original

840 FDR method of Benjamini and Hochberg post-hoc multi-comparison test was used. Data

841 are presented as the median ± interquartile range.

SUPPLEMENTAL MATERIAL

843 Table S1

S1

Protein Name	Symbol	log2(average expression)	log2(fold change)	p-value
Lysosomal protective protein	Ctsa	0.017702383	0.216799716	0.004513026
Cathepsin B	Ctsb	0.022381593	0.120723106	0.0254094
Dipeptidyl peptidase 1	Ctsc	0.033052876	0.167723218	0.028205766
Cathepsin D	Ctsd	0.011868307	0.164671994	0.033523037
Cathepsin F	Ctsf	0.011385877	0.134158334	0.03797905
Pro-cathepsin H	Ctsh	-0.032543079	0.171483139	0.115212134
Cathepsin L1	Ctsl	-0.002089995	0.082015669	0.037159714
Cathepsin S	Ctss	0.028762851	0.317183952	0.007053072
Cathepsin Z	Ctsz	0.014751699	0.403327276	0.008561447

845 **Table S1. Relative cathepsin expression in TG^{AC8} at 3 months of age.**

846 ProteOMICs data in TG^{AC8} at 3 months (n=4 mice per group).

847 Figures S1–S5

Figure S1. ATG4B expression with aging in TG^{AC8} and WT LVs.

Bar graphs and Western blot analysis of ATG4B in TG^{AC8} and WT littermates LVs at 3

months and 21 months of age (n=3 mice per group). A three-way ANOVA followed by

Original FDR method of Benjamini and Hochberg post-hoc multi-comparison test was

used. Data are presented as the median ± range.

Figure S2. LC3II/LC3I ratios with aging in TG^AC8 and WT at 21 vs 3 months.

Bar graphs and Western blot analysis of LC3II/LC3I ratios in young (3 months) and old

(21 months) WT and TG^AC8 LVs (n=3 mice per group). **i**) LC3AII/LC3AI ratio; **ii**),

LC3BII/LC3BI ratio. Unpaired 2-tailed Student t test with Welch's correction was used.

Data are presented as the median ± interquartile range.

Figure S3. LC3AII/LC3AI ratio is significantly downregulated in old TG^{AC8} similar to 3-months of age.

Bar graphs and Western blot analysis of LC3II/LC3I ratios in old (21 months) WT and TG^{AC8} LVs. **i**) LC3AII/LC3AI ratio (n=11 mice in the WT group, n=12 mice in the TG^{AC8} group); **ii**) LC3BII/LC3BI ratio (n=5 mice per group). Unpaired 2-tailed Student t test with Welch's correction was used. Data are presented as the median ± interquartile range.

Figure S4. Autophagy marker expression in old TG^AC8 and WT at 21 months.

Bar graphs and Western blot analysis of LC3 phospho-forms and the lysosomal hydrolase

ACP2 in old TG^AC8 and WT LVs at 21 months of age. **i**), LC3-S12 and **ii**) LC3-T50 (n=5

mice per group); **iii**), ACP2 (n=11 mice WT group, n=12 mice TG^AC8 group. Unpaired 2-

tailed Student t test with Welch's correction was used in **A and B**. Unpaired 2-tailed

Student t test was used in **C**. Data are presented as the median ± interquartile range.

Figure S5. Non-canonical mitophagy receptor FKBP8 is decreased in TG^{AC8} at 3 months.

TG^{AC8} and WT littermates at 3 months of age were treated by intraperitoneal administration chloroquine (CQ) (50 mg/kg) or saline, and LVs (n=5 mice per group) were collected 3 hours after and snap-frozen for analysis of the non-canonical mitophagy receptor FKBP8 A two-way ANOVA, followed by Original FDR method of Benjamini and Hochberg post-hoc multi-comparison test was used. Data are presented as the median ± interquartile range.