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Age-associated failure of efficient cardiac proteostatic adaptations to chronic cAMP-stress is associated with accelerated heart aging

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ABSTRACT

BACKGROUND: Dysregulated proteostasis leading to accumulation of misfolded proteins, electron-dense aggregates (lipofuscin, LF), desmin preamyloid oligomers (PAOs), and proteotoxic stress is a hallmark of aging. We investigated how efficiently proteostatic adaptations to chronic cardiac cyclic adenosine monophosphate (cAMP)-dependent stress change with aging, in mice harboring a marked, cardiac-specific over-expression of adenylyl cyclase VIII (TG^{AC8}).

METHODS: Protein quality control (PQC) mechanisms (ubiquitin proteasome system (UPS) and autophagy), including mitophagy, in TG^{AC8} and wild time littermates (WT) were evaluated in left ventricle (LV) at 3-4 months and at 17-21 months of age. Autophagy flux was evaluated in response to the lysosomotropic agent chloroquine (CQ), and protein synthesis was assessed according to the SUnSET puromycin method.

RESULTS: At 3-4 months of age, established autophagy markers such as the microtubule-associated protein 1 light chain 3 (LC3), p62, and their phospho-forms in TG^{AC8} LV were modulated to result in a more efficient autophagy. Flux was increased compared to WT. Lysosome performance (cathepsin L1 activity) in TG^{AC8} was also significantly increased, confirming higher cargo degradation and a more efficient proteostasis at 3-4 months. In advanced age, however, insufficiency of PQC mechanisms, manifested by a reduced proteasome activity, and an unbalanced autophagic flux, accelerated for markers such as LC3A and p62 within the context of a slower *overall* flux, led to an increase in the accumulation of aggresomes (increased ratio

of insoluble/soluble protein fractions). In addition, although at 3-4 months canonical

mitophagy signaling was increased (receptors PARKIN, p62-S403 and p62-S349 were

upregulated) and non-canonical mitophagy signaling not engaged (receptor FKBP8 was

decreased), both were upregulated at 18-21 months of age in TG^{AC8}, as protein levels of

all receptors remained elevated. In old TG^{AC8}, the markedly impaired mitophagy,

accompanied by the accumulation of lipofuscin (LF) bodies of aberrant sizes and

brownish-to black pigment, increased concentration of cardiac preamyloid oligomers

(PAOs) and elevated levels of cleaved desmin, tagged for ubiquitination, were

characteristics of the age-effect compared to young TG^{AC8}. The rate of protein synthesis

and levels of soluble aggregates were decreased, consequences of "normal" aging.

CONCLUSIONS: Proteostasis maintains cardiac health in TG^{AC8} in youth (3-4 months),

but a long-term exposure to chronic pathophysiologic states that increase cardiac

ubiquitination and stress, in response to sustained activation of the AC/cAMP/PKA/Ca^{2+}

axis, results in severely dysregulated proteostasis in TG^{AC8} vs WT, and is associated with

proteostatic 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, protein quality control (PQC) in the context of balanced protein synthesis and degradation, is required maintenance for cardiac health. Pathogenic aspects of protein misfolding and aggregation are collectively referred to *proteotoxicity*. A proteotoxic insult that accompanies advanced age can ultimately lead to heart dysfunction[1], and eventual cardiac failure[2]. Many protein aggregate–based diseases in the heart have been well characterized[3]. Plaque deposition (amyloidosis) or accumulation of soluble, oligomeric aggregates, and, more recently, desmin disorganization and the increase in the heart of desmin preamyloid oligomers (PAOs)[4] with aging, have also emerged as common hallmarks of acquired heart failure (HF)[5,6,7].

Many factors, 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], can lead to proteostatic collapse. Impaired autophagy and mitophagy that accompany advancing 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 of LF as age advances, occurs as proteostatic mechanisms begin to collapse[11], and repair or breakdown of damaged proteins and organelles become deficient. LF linearly increases during with aging, and is inversely correlated with longevity[12,13]

Our recent study demonstrated that chronic severe cardiac stress in response to over-expression of adenylyl cyclase VIII (AC8) in mice (TG^{AC8}), induced concentric adaptation circuitry at young age (3-4 months). This adaptive circuitry includes impressive

upregulation of protein synthesis and degradation mechanisms (proteasome and

autophagy) that protect against cardiac stress[14], maintaining a remarkable, high

performance cardiac phenotype for up to about one year of age[15-18]. But, signs of chronic

heart failure (CHF) and cardiomyopathy in TG[AC8] emerge as age advances[18-20]. Here we

test the hypothesis that in advanced age the adaptive proteostatic mechanisms in

response to severe sustained cAMP-dependent chronic cardiac stress become *more*

impaired in TG[AC8] than in WT.

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). All experimental protocols were approved by the Animal Care and Use

Committee of the National Institutes of Health (protocol #441-LCS-2019). Breeder pairs

of mice in which human TG[AC8] was over-expressed under the murine α-myosin heavy

chain (α-MHC) promoter (TG[AC8]), and wild-type littermates (WT) (background strain

C57BL/6 from Jackson Labs, Stock # 000664), were a gift from Nicole Defer/Jacques

Hanoune, Unite de Recherches, INSERM U- 99, Hôpital Henri Mondor, F-94010 Créteil,

France[15].

Mice were bred and housed in a climate-controlled room with 12-hour light cycle and

free access to food and water, as previously described[21]. All assays were performed in

3-4-month-old (young) and 17-21-month-old (old) males and compared to age-matched

wild-type littermates (WT). Mice were sacrificed using Ketamine/Xylazine mixture, by

intraperitoneal (IP) administration, in accordance with the approved protocol (#441-LCS-

2019).

Heart and cardiac tissue isolation

136 The heart was quickly removed and placed into cold PBS solution. The left ventricle

137 (LV) free wall, without the septum, was identified anatomically under a dissecting

138 microscope, excised, snap-frozen in liquid nitrogen and stored at -80°C for further

139 analyses.

Protein extraction and WB

Flash frozen tissue was homogenized as previously described[14]. Briefly, snap-frozen

LVs were 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 a 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.

Proteosome activity assay

Proteasome activity was measured with Proteasome-Glo™ Chymotrypsin-Like

Assay G8621, accordingly to the manufacturer's instructions. Briefly, lysed tissue was

diluted with the provided buffer and 50 µg of sample was loaded on a 96 well microplate.

The resulting "glow-type" luminescent signal was then quantified utilizing the Spectramax

microplate reader (San Jose), with luminescence recorded at 500. Human 20S

Proteosome was used as a positive control.

Protein aggregation assay

The isolation of protein aggregates and the assessment of protein aggregation was

conducted using the Proteostat kit (Enzo Life Science, ENZ-51023), as previously

published[14]. Specifically, 50 µg of proteins were loaded into a 96-well plate for analysis.

Fluorescence measurements were obtained with an excitation wavelength of 550 nm and

emission wavelength of 600 nm, employing a time interval of 15 minutes between

readings, and background 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 LVs 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.

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[22], 1:1,500). TG^{AC8} values were normalized to WT.

Transmission Electron Microscopy (TEM)

Samples for transmission electron microscopy was fixed using 2.5% glutaraldehyde in 0.1 M sodium cacodylate buffer, pH 7. Then, they 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 ×5000 and ×11000 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.

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[25].

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

was taken, followed by Original FDR method of Benjamini and Hochberg.

RESULTS

Autophagy is upregulated in the TG[AC8] heart at 3-4 months of age

To assess basal autophagy in LVs in young TG[AC8] and WT, we performed WB of the

established autophagy markers LC3 and p62/sequestosome-1, and assessed their

activity via measuring their phosphorylation states. Both LC3A and LC3B isoforms, which

localize on different autophagosomes[26], were assessed using isoform-specific antibodies.

Significant changes in the cytosolic LC3**I** and its lipidated product, LC3**II** (LC3-**PE**), that

is recruited to the autophagosomal membrane during autophagy, were evident in TG[AC8]

vs WT. Specifically at this age, 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). The ratio LC3II/LC3I, an indication of autophagy induction/activation, and of

LC3 processing efficiency, did not differ between genotypes. Specifically, it was

significantly decreased for both isoforms in TG[AC8], compared to WT, due to upregulation

of LC3**AI** and downregulation of LC3**BII**, respectively (Figures 1C, 1D). Moreover,

phosphorylation of LC3 at S12[27], which inhibits LC3 activity, was 50% reduced (Figure

1E), and phosphorylation of LC3 at T50[28], which increases LC3 activity, was 30%

increased (Figure 1F) in TG[AC8] vs WT, suggesting a more favorable autophagic context

in TG[AC8] vs WT.

Expression of total p62, an essential autophagy protein adaptor[29,30], was significantly

upregulated in TG[AC8] vs WT (Figure 2A), and p62 was hyper-phosphorylated at S403

(p62-S403) (Figure 2B) and at S349 (p62-S349) (Figure 2C), compared to WT; the ratios

to total p62 protein of phospho-proteins at both sites, were also significantly elevated

(Figure 2D, 2E), indicating a higher "aggresome" disposal (phosphorylation at S403

increases affinity to ubiquitinated cargo[29], including depolarized mitochondria[31]), and

activation of defense mechanisms against oxidative stress (phosphorylation at S349

activates NRF2-pathway[32]) in the TG[AC8] heart, at 3-4 months of age.

In summary, chronic cardiac-specific over-expression of AC8 upregulates key

markers of selective autophagy (clearance of misfolded proteins/aggregates and

activation of protection mechanisms against oxidative stress) in the TG[AC8] LV at a young

age, and maintains heart health in the context of cAMP-induction of a cardiac workload

at this age[14].

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

279 heart at 3-4 months of age

Our previous work had shown that protein levels of lysosomal cathepsins are

upregulated in the TG[AC8] at 3-4 months of age[14]. Here, 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,

Supplemental Table). We next assessed lysosome function by measuring cathepsin L1

activity, which was significantly higher in TG[AC8] vs WT (Figure 3B). This result, paired by

an increase in the lysosomal acid phosphatase, ACP2, by WB (Figure 3C), suggested an

overall higher lysosomal fitness (function) in TG[AC8] compared to WT.

Since autophagy is a dynamic, multi-steps process, we next evaluated how the young

TG[AC8] heart handles autophagic cargo, from its uptake to its disposal. We assessed

autophagic flux by inhibiting lysosomal function with chloroquine (CQ). Basal autophagy

(in non-fasting conditions) was not appreciably affected in WT by CQ treatment, as

changes did not occur in LC3 and p62 (Figures 4A-D, Figure 4E). This result was

expected, because basal autophagy is normally <u>undetectable</u> by WB; in contrast, both

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

significantly reduced in the TG[AC8] following CQ treatment, compared to saline, whereas

LC3**AII** and LC3**BII** remained unchanged. Thus, in contrast to WT, basal LC3II/LC3I ratios

(both A and B isoforms) (Figures 4C, 4D) became significantly increased following CQ, in

TG[AC8].

We next directly visualized autophagic figures in TG[AC8] using transmission electron

microscopy (TEM). A significant increase in the numbers of both early and late autophagic

events (Figure 4F, 4G) was detected in TG[AC8] vs WT, demonstrating that basal autophagy

differed by genotype, and that basal autophagic flux was accelerated in TG[AC8].

To summarize the results thus far, an accelerated autophagic flux and an increase in

lysosome performance ensures effective clearance of misfolded proteins, preventing

excessive insoluble protein "garbage" accumulation in the young (3-4 months) TG[AC8]

heart. Thus, more efficient autophagy in TG[AC8] occurs in the context of increased cardiac

workload and upregulation of aspects of cardiac protection circuitry, compared to WT at

this age[14].

Accelerated autophagic flux of the youthful TG[AC8] heart becomes insufficient in old
age

Because autophagy induction and clearance have been shown to decrease with

aging[9], and TG[AC8] mice develop cardiomyopathy at older ages[18], we next compared LC3

and ATG4B (involved in LC3 turnover)[33] in young and aged TG[AC8] LVs and age-matched

WT. Both LC3 and ATG4B markers were significantly downregulated in both TG[AC8] and

WT 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 in both genotypes, and pointed to aging as the main

mechanism (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 accelerated downregulation of

autophagy induction and impaired cargo clearance due to aging, per se, regardless of

genotype.

We next focused on autophagy and cargo disposal between the old TG^{AC8} and old

WT. We specifically assessed LC3 states (including phosphorylation) by WB, 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 genotypic difference

in LC3**AI** expression at 3-4 months (Figure 1A)); but 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), nor LC3BII/LC3BI ratio (Figure S3ii) did not

significantly differ by genotype in old age. Further, LC3 phosphorylation (S12 and T50)

and ACP2 protein levels at 21 months of age (Figure S4) also did not differ by genotype.

Taken together, these results indicate that autophagy declines with age, regardless of

genotype, and autophagic insufficiency in old age is greater in TG^{AC8} than in WT.

As expected, and similar to 3-4 month of WT, autophagic flux assessment in old WT

showed that basal levels of LC3 and p62 (in non-fasting conditions) did not differ following

CQ treatment. In old TG^{AC8}, however, both LC3**AI** and LC3**AII** significantly increased in

response to CQ vs WT-CQ (Figure 6A), leading to no change in LC3AII/LC3AI ratio

(Figure 6C); LC3**AII** also increased in response to CQ, compared to TG^{AC8}-saline, an

indication of a faster flux for LC3A in old TG^{AC8} vs WT. LC3B forms were not affected by

CQ in old TG^{AC8} (Figure 6B), but LC3BII/LC3BI ratio showed a trend to significantly

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

age, as previously observed in TG^{AC8} at the younger age. In line with these results, CQ

remarkably reduced p62 expression in old TG^{AC8} (Figure 6E) similarly to younger age

(Figure 4E), indicating a faster autophagic flux for p62, although *overall* autophagic flux

was indeed significantly reduced (Figure 6Fi, 6Fii).

Taken together, data in figures suggest that similar to 3-4 months of age, basal

autophagy and autophagic flux of LC3A and p62 autophagic markers remain accelerated

in old TG^{AC8}, compared to age-matched WT, but *overall* autophagic flux becomes slower

in old TG^{AC8} compared to old WT, and is clearly insufficient for proper protein garbage

clearance.

More severely dysregulated proteostasis in the old TG^{AC8} heart leads to increased

cell "garbage" accumulation, disruption of the cardiac contractile machinery, and

exaggerated cardiac aging

We next assessed translation rates and PQC mechanisms (UPS activity, aggregates

accumulation, and mitophagy) in young and aged TG^{AC8}, and age-matched WT. Our

previous work in young mice (3-4 months of age) demonstrated that: 1) the ubiquitin

proteasome system (UPS) and autophagy, including mitophagy, were all upregulated in

TG^{AC8}, compared to WT, indicating cooperation among PQC mechanisms[14]; 2) although

the protein synthesis rate was 40% higher in TG^{AC8} vs WT, UPS clearance of soluble

aggregates was also upregulated, and insoluble protein "garbage" did not accumulate

within cells[14]; 3) the numbers of healthy mitochondria and the percent of cell volume

occupied by them, did not differ between TG^{AC8} and WT[14]; and additionally, 4) although

the canonical cargo receptors PARKIN was significantly upregulated[14], mitochondrial

fitness was comparable between genotypes.

In contrast to younger age, proteasome activity did not increase in old TG[AC8] (Figure

7A), compared to age-matched WT. However, UPS function in TG[AC8] progressively

declined with aging, from 3-4 to 18 months, whereas it remained the same during aging

in WT controls (Figure 7A). The density of *soluble* aggregates also did not differ by

genotype, but it decreased with aging both in old TG[AC8] and WT (Figure 7Bi). In contrast,

the ratio of insoluble to soluble aggregates significantly increased in TG[AC8] from 3-4

months to 18 months, compared to the aging WT (Figure 7Bii), indicating the increased

accumulation of *insoluble* garbage material in the TG[AC8] heart, during the aging process,

compared to "normal" aging WT.

The rate of protein synthesis in aged mice did not differ by genotype (Figure 7C).

However, protein translation rates significantly decreased in TG[AC8], from 3-4 to 18

months, a hallmark of aging in health[34].

Next, we evaluated mitophagy signaling pathways in aged TG[AC8] and age-matched

WT by assessing the expression of specific cargo receptors involved in canonical and

non-canonical mitophagy pathways[35]. Similar to young TG[AC8], the canonical cargo

receptors PARKIN (Figure 7D), p62-S403 (Figure 7E), recruited to depolarized[31] and

polyubitiquinated[36] mitochondria, respectively, and p62-S349 (Figure 7F), upregulated in

conditions of oxidative stress[32], were all significantly increased in aged TG[AC8] compared

to age-matched WT, suggesting that canonical mitophagy is incremented in TG[AC8] vs WT.

However, the non-canonical cargo receptor FKBP8[37], which assists LC3A during

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

(Figure 7G) in the old TG[AC8] vs WT, in contrast to young TG[AC8] (Figure S6). This suggests

the concurrent activation of canonical and non-canonical mitophagy in old TG[AC8]. But, in

spite of upregulation of both canonical and non-canonical mitophagy signaling in old

TG^{AC8}, staining of semi-thin TEM sections still revealed extensive accumulation of

undigested material, with also included disrupted mitochondrial structure (Figure 7H),

indicating that although signaling for garbage disposal is upregulated in old TG^{AC8}, overall

mitophagy fails, with the rate of mitochondrial degradation exceeding the rate of garbage

clearance.

Taken together, these results demonstrate that, although protein synthesis decreases

with aging, in TG^{AC8} compared to age-matched WT, to preserve energy and focus on

repair mechanisms, such as during the healthy aging process, PQC mechanisms become

progressively inefficient because of UPS insufficiency occurring in the context of a

maladaptive autophagic flux and a failing mitophagy, leading to more severe age-

associated dysregulated proteostasis in the old TG^{AC8} heart, compared to age-matched

WT.

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

we evaluated the contribution of desmin to cardiac proteotoxicity in aged TG^{AC8},

compared to age-matched WT. Recent evidence has shown the contribution of desmin

filaments, which interlinks the contractile myofibrillar apparatus to mitochondria, nuclei

and the sarcolemma, to impaired mitochondrial fission[38] and proteostasis[38], and desmin

disorganization has been documented as a consequence of accumulation of preamyloid

oligomers (PAOs) aggregates in the heart[39]. TG^{AC8} had significantly higher levels of

desmin PAOs (Figure 8A), compared to WT. Moreover, a higher percentage of desmin

was tagged for ubiquitination (Figure 8Bi), and cleaved (Figure 8Bii), an indication of the

severe alteration of the myofilament ultrastructure in the old TG[AC8] heart vs age-matched

WT.

We also evaluated the extent of accumulation of undigested material by performing

LF quantification by semi-thin staining assessment (TEM). There was no difference in

number (Figure 8C) or average size (Figure 8D) of LF bodies in old TG[AC8] vs age-matched

WT. There was, however, a marked heterogeneity size within the LF population (Figure

8E, 8F) with increased total volume of LF and incremented individual LF body' sizes

(Figure 8G) in TG[AC8], compared to WT, covering, in some cases, a large percentage of

the cardiomyocyte area (Figure 8H). Interestingly, large insoluble aggregates displaying

different pigmentation (brownish to black) were only present in TG[AC8] LVs (Figure 8I),

suggesting a different and/or denser composition.

Taken together, the disruption of the cardiac contractile machinery by desmin

disorganization and increased desmin PAOs, in tandem with the accumulation of the age

pigment LF and the heterogeneity of LF bodies, highly contribute to TG[AC8] accelerated

aging, compared to age-matched WT.

DISCUSSION

Marked chronic catecholamine-induced cardiac stress leads to heart failure[21,40]. Our

previous work had shown that, at 3-4 months of age, numerous concentric adaptation

mechanisms protect TG[AC8] heart health and function in response to sustained activation

of the AC/cAMP/PKA/Ca^{2+} axis[14]. Among other mechanisms, protein quality control,

including the UPS and the autophagic machinery, were upregulated in the TG[AC8] heart.

The present study evaluated proteostasis in the TG[AC8] heart more in detail, focusing on

key players involved in the autophagic process, and probed whether protein quality

control mechanisms remained upregulated in advanced age, compared to aging WT. Our

results reveal that in a context of chronic exposure (up to 17-21 to months) to marked

cardiac cAMP-induced stress, some PQC mechanisms fail more severely in TG[AC8] than

in WT.

Upregulation of specific components of autophagy at 3-4 months of age in the

TG[AC8] heart

Specifically, our results demonstrate that at 3-4 months of age the TG[AC8] heart

upregulates the autophagic processes by fine tuning levels of key effectors such as LC3,

and its isoforms LCA and LC3B, which localize to different

phagophores/autophagosomes[26]. This suggests that efficient modulation of LC3's

isotype-specific functions[26] that guarantee effective clearance of damaged proteins, is

essential in a scenario of high cardiac workload and energy demand. Specifically, at 3-4

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* in TG[AC8] was both

transcriptional[14] and translational, and since LC3A, together with FKBP8, also increased

in TG[AC8], are important markers of mitophagy, we speculate that upregulation of both

LC3A and FKBP8 are important for efficient PQC in the stressed-out TG[AC8] heart. The

significant LC3**BII** *downregulation* in TG[AC8] vs age-matched WT, is consistent with the

idea that LC3A and LC3B are involved in different signaling pathways (mitophagy[42,43] vs

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

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

in the young TG[AC8] vs WT heart in a way that favored both *early* and *late* stages of

autophagy: specifically, phosphorylation of LC3 at S12 was significantly reduced,

whereas its phosphorylation at T50 was significantly increased. Phosphorylation at S12

by PKA/PKC[47] inhibits autophagy by preventing autophagosome wall elongation,

whereas phosphorylation at T50 by STK3/4[28] stimulates the autophagic process by

promoting autophagolysosome fusion.

p62/sequestosome-1, an essential autophagy adaptor protein[48] that colocalizes with

ubiquitin and LC3, was significantly upregulated in the young TG[AC8] heart. p62 plays a

critical role in "aggresome" formation[49] and clearance[49] by activating autophagy.

Specifically, p62 recognizes cargo tagged for disposal (polyubiquitinated proteins,

cytosolic protein aggregates and cellular inclusion bodies, which are aggregates of

aggregates[50]) that accumulate with chronic stress, and in toxic and degenerative

conditions, and transports it to the lysosome[29,51], while, itself, becoming an autophagy

substrate[52]. Phospho-forms p62-S403 and p62-S349, and the ratios of phosphorylated

p62 to total p62, were also upregulated in TG[AC8] vs WT at 3-4 months. Phosphorylation

of p62 at S403, increases its selectivity and affinity towards ubiquitin, and has been shown

to positively correlate to ubiquitinated cargo[53], including protein aggregates[54] and

polyubitiquinated mitochondria[53]. Phosphorylation of p62 at S349, in contrast, has a

higher affinity for the ubiquitin ligase adaptor Kelch-like ECH-associated protein 1

(KEAP1)[55], resulting in constitutive activation of the transcription factor NF-E2-related

factor 2 (NRF2) and regulation of its downstream signaling pathways[56]. Transient

accumulation of p62 bodies by upregulation of p62 and it phospho-forms in the young

TG[AC8] heart, demonstrates its important role in the induction of autophagy[57], and in both

adaptation to the sequelae evoked by upregulation of signaling for protein aggregate

clearance, and increased ROS scavenging, a protection mechanism from oxidative stress

by sustained activation of the AC/cAMP/PKA/Ca^{2+} axis.

Overall autophagic flux in TG^{AC8} vs WT at 3-4 months was increased. Specifically, the

flux of LC3 and p62 markers was accelerated, as evidenced by the increased LC3II/LC3I

ratios following CQ treatment, because of accumulation of LC3II at the lysosome in TG^{AC8}

vs WT. In addition, cathepsin L1 activity was upregulated, and protein levels of the

lysosomal acid phosphatase ACP2 were higher in TG^{AC8}. This finding, 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[14], demonstrate that UPS and autophagic pathways concurrently

operate in a more efficient mode in the young TG^{AC8} heart to manage its state of chronic,

marked cardiac cAMP-derived stress[58,59].

PQC mechanisms in the TG^{AC8} vs WT at older age

Autophagy markers LC3 and the autophagy related 4B cysteine peptidase (ATG4B),

involved in LC3 lifecycle[33], became significantly downregulated with aging, in both TG^{AC8}

and WT, indicating that cardiac aging, per se, negatively impacts on PQC. However,

assessment of autophagic flux revealed that flux of LC3A and p62 was *upregulated* in old

TG^{AC8}, compared to age-matched WT, but that *overall* autophagic flux was reduced in

TG^{AC8} as well as than in WT, as demonstrated by reduced numbers of early autophagy

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

Accelerated autophagy marker flux has been shown to be a compensation

mechanism, that can be maladaptive in disease conditions that contribute to the

remodeling of the myocardium under stress[60]. We interpret the higher p62 flux within the

context of chronic upregulation of the AC/cAMP/PKA/Ca^{2+} axis in old TG^{AC8}, as a sensing

mechanism for the increased presence of "aggresomes"[50] ("aggregate of aggregates"

encaged by intermediate filament proteins[60,61]), the accumulation of which, in advanced

age, results from the buildup of numerous small preaggresomal bodies

compartmentalized at younger age as a cytoprotective mechanism[61,62].

Moreover, an accelerated LC3A flux may lead to an increased number of mitochondria

tagged for disposal, another index of garbage production/accumulation.

Although mitochondria carry out several critical and diverse functions[58],

cardiomyocytes have extremely high mitochondrial density because a steady production

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

the heart, because of its continuous high demand for energy. It has been established,

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

suffer remarkable age-related alterations as the machinery of cellular protein turnover

becomes inherently more imperfect[63] as age advances. continuous Mitochondrial

changes, by physiological oxidative stress[63] 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[64]. Damaged and/or dysfunctional mitochondria[2,59] are unable to

support high energy demands, and overall mitochondrial fitness declines, deterioration of

heart function leads to disease conditions.

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

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

rendering LC3A an important informant of mitochondrial fitness, in 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[65] suggests that mitophagy fails to greater extent in TG[AC8]

vs WT, resulting in poor mitochondrial fitness/function in TG[AC8], possibly due to

insufficient lysosomal activity.

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

in old TG[AC8], accompanied by a significant increase and more aberrant accumulation of

LF bodies with increased size, and a distribution covering a higher percentage of

cardiomyocyte area vs old WT. LF aggregates cannot be removed from the cytosol by

the UPS[66], because they are covalently cross-linked aggregates, and their accumulation

at the later stage of autophagy is an indication of lysosomal impairment[67], which, together

with their known accumulation with advancing age, per se, 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 older TG[AC8], but not in age-matched

WT, suggests changes in cargo processing, and accumulation of different LV material in

TG[AC8] vs WT.

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

reflecting age-associated metabolic, functional, or simply structural changes, may occur

in response to the different demands for the turnover of signaling and structural proteins.

Specifically, cardiac proteasomal insufficiency has been linked to accumulation of

"aggresomes", leading to partial disorganization of protein filaments [60,61], that are

displaced from their normal cellular distribution[50]. Disorganization of desmin filaments that

interlink the contractile myofibrillar apparatus with mitochondria, nuclei and the

sarcolemma, have been shown to affect mitochondrial positioning, therefore

compromising mitochondrial function, and leading to cardiomyocyte dysfunction[38,68].

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]. Desmin was significantly tagged for ubiquitination and cleaved, and desmin PAOs

accumulation was also highly increased.in old TG[AC8] heart, compared to age-matched

WT.

Although translation rates did not differ between genotypes at older ages, protein

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

to 3-4-months, in accordance with a "normal" aging process[34,69] in TG[AC8]. We interpret

this to indicate that, exactly as the age-matched WT, the old TG[AC8] heart reduces energy

use and load on the protein quality control machinery, by directing proteases and

chaperons activity towards repair of existing proteins rather than the folding of new

ones[34,69,70]. Thus, the old TG[AC8] heart utilizes a mechanism that preserves and increases,

life span as in healthy aging[70], to optimize energy use by reducing the formation of *de-*

novo proteins, in order to focus on repairing the existing proteome.

In line with these results, although *proteasome activity* did not differ between

genotypes *at* 18 months, between 3-4 months and 18 months, proteasome function

progressively declined in TG[AC8] but not in WT, leading to increased accumulation of

insoluble misfolded proteins. As a result, soluble aggregates (soluble proteins undergoing

normal turnover and misfolded proteins *en route* to degradation by the UPS), became

significantly reduced in *both* genotypes at 18 months. We interpret this result to indicate

that protein insolubility increases with age, per se, and that, with aging, misfolded proteins

are more "aggregate-prone"[50]. Thus, the presence of high molecular weight oligomers[50],

more stable than the intermediate conformers from which they are derived, clearly

demonstrate that the proteasome of the old TG^{AC8} heart is "out-won" in the competition

for misfolded substrates prior to their aggregation[71].

Thus, in the older TG^{AC8} proteasomal insufficiency in a context of a faster autophagy

flux indicates the overall presence of maladaptive responses with ineffective cargo

clearance, as has been previously demonstrated in hearts or cardiomyocytes under

disease and pathological conditions[72], including desminopathy[60]. In other terms, we

interpret our result to indicate that severe loss of proteostasis in the old TG^{AC8} heart

compared to age-matched WT, due to loss of PQC.

In conclusion, in response to chronic cardiac AC-dependent cAMP-stress that

activates protective concentric signaling circuitry, including autophagic flux, proteasome

activity and maintains PQC that preserve heart health early in life[14], with age, although

overall autophagy remained accelerated in TG^{AC8}, insufficient proteasomal activity

compromising PQC, contributed to accelerated cardiac aging and reduced cardiac health

span, that leads to age-associated cardiomyopathy[15] in TG^{AC8}.

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DISCLOSURES

None.

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797 ## GRAPHIC ABSTRACT/DIAGRAM

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Table. Proteostasis in young and aged TG^{AC8} in the context of cardiac stress in

response to cardiac-specific constitutive stimulation of the AC/cAMP/PKA/Ca^{2+}

axis by α-MHC-driven AC8 overexpression.

FIGURES WITH FIGURE LEGENDS

Figure 1. LC3 isoforms are differently modulated in TG^AC8 at 3-4 months of age, and

autophagy is promoted.

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

LC3 phosphorylation in young TG^AC8 LV and wild type (WT) at 3-3 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. * indicates significant (<0.05)

differences between genotypes (WT vs TG^{AC8}).

Figure 2. p62/sequestosome1 expression and phosphorylation are increased in

TG^{AC8} at 3-4 months of age.

Bar graphs and Western blot analysis of the autophagy cargo receptor

sequestosome1/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.

* indicates significant differences (<0.05) between genotypes (WT vs TG^AC8).

Figure 3. Lysosome performance is higher in TG^AC8 at 3-4 months of age.

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. * indicates significant (<0.05) differences between genotypes (WT vs TG^AC8).

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

TG^{AC8} and WT at 3-4 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. Symbols indicate significant (<0.05) differences

between genotypes* (WT vs TG^{AC8}), between treatments# (CQ vs saline).

I

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.

Symbols indicate significant (<0.05) differences between genotypes* (WT vs TG^{AC8}),

between ages$^{\$}$ (young vs old).

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. Symbols indicate significant (<0.05) differences between genotypes*

(WT vs TG^{AC8}), between ages$^{\$}$ (young vs old).

Proteostasis dysregulation is more severe in old TG^AC8 heart

A

B

i   ii

Figure 7. Proteostasis dysregulation is more severe in old TG^AC8 heart.

Bar graphs of **A**), Proteasome activity assessment in old TG^AC8 (n=3) and WT (n=6) at 17-18 months of age) and of **B**), Aggregates quantification in soluble fractions and the ratio of insoluble vs soluble protein aggregates in old TG^AC8 and WT at 17-18 months of age) (n=5 mice per group). **C**) 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 mitophagy

canonical cargo receptors (n=5 mice per group, old TG^{AC8} and WT at 21 months of age)

D), PARKIN; **E**), SQSTM1_p62-S403; **F**), SQSTM1_p62-S349 and the noncanonical

cargo receptor **G**) FKBP8. **H**), 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 **Biii, and C**. Unpaired 2-tailed

Student t test with Welch's correction was used for **Ai, Aii, Bi, Bii, D**, **E, F and G**. Data

are presented as the median ± interquartile range. Symbols indicate significant (<0.05)

differences between genotypes* (WT vs TG^{AC8}), between ages$^{\$}$ (young vs old).

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

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

are presented as the median ± interquartile range. Symbols indicate significant

differences (<0.05) between genotypes* (WT vs TG^{AC8}), between ages$^{\$}$ (young vs old).

SUPPLEMENTAL MATERIAL

926   Table1

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

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

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

930   Figures S1–S5

Figure S1. ATG4B expression with aging in TG^AC8 vs WT.

Bar graphs and WB 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 increase with aging in TG^{AC8} vs WT.

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. LC3II/LC3I ratios is significantly downregulated in old TG^{AC8} vs age-matched WT.

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} vs age-matched WT.

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 levels are decreased in TG^{AC8} vs WT at 3-4 months of age.

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.