Copper deficiency disrupts OXPHOS and mitochondrial dynamics through MTCH2-dependent copper trafficking in skeletal muscle

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Abstract

Copper is an essential trace element required for mitochondrial respiration and cellular

metabolism, yet its role in skeletal muscle remains incompletely understood. Here, we show

that skeletal muscle-specific deletion of the high-affinity copper importer *Ctr1* (SMKO) in

mice leads to copper deficiency, resulting in exercise intolerance, metabolic dysfunction, and

hallmarks of mitochondrial myopathy, including ragged-red fibers, lactic acidosis, and aberrant

mitochondrial morphology. Copper deficiency disrupted electron transport chain proteome and

induced mitochondrial hyperfusion. We identified mitochondrial carrier homolog 2 (MTCH2),

an outer mitochondrial membrane protein, as a copper-binding regulator of mitochondrial

copper distribution and morphology. Restoring copper levels via the copper ionophore or

AAV-mediated *Ctr1* re-expression rescued mitochondrial function and alleviated myopathic

features in SMKO. These findings highlight MTCH2 as a key mediator of a critical link

between copper homeostasis and mitochondrial remodeling required for skeletal muscle

function.

Keywords: copper; CTR1; mitochondria; MTCH2; myopathy; skeletal muscle

INTRODUCTION

Copper is an essential trace element that supports a wide range of physiological processes. In addition to serving as a cofactor for metabolic enzymes, copper directly contributes to signaling pathways that regulate cell growth, differentiation, and survival[1,2]. Because both copper deficiency and excess can impair these essential functions and contribute to human disease, systemic and cellular copper levels must be tightly controlled. Copper homeostasis is maintained through dietary intake and regulated transport systems[3]. In mammals, dietary copper is absorbed in the intestine and exported into the bloodstream by ATP7A copper-transporting ATPase[4]. Circulating copper is imported into cells via high-affinity copper transporter 1 (CTR1) and distributed by intracellular copper chaperones such as antioxidant 1 (ATOX1), which delivers copper to ATP7A and ATP7B in the trans-Golgi network to support cuproenzyme biosynthesis[5]. Under conditions of copper excess, ATP7A and ATP7B relocate to the plasma membrane or vesicles, respectively, to facilitate copper export, thereby preventing copper toxicity[6,7].

CTR1 is the only known copper-specific importer in mammals and is broadly expressed and localized to the plasma membrane, where it facilitates constitutive copper uptake under physiological conditions[5]. Genetic deletion of CTR1 causes severe developmental defects: intestinal-specific deletion of *Ctr1* in mice leads to perinatal lethality due to systemic copper deficiency[8], and cardiac-specific knockout results in progressive cardiomyopathy and premature death[9]. These findings underscore the essential role of CTR1 in systemic and tissue-specific copper homeostasis.

Skeletal muscle comprises approximately 40% of total body mass and a major site in systemic energy metabolism[10,11]. It is composed of distinct myofiber subtypes: oxidative (slow-twitch) fibers, which are mitochondria-rich and specialized for sustained endurance activities through oxidative phosphorylation (OXPHOS), and glycolytic (fast-twitch) fibers, which rely on glycolysis to generate energy for short bursts of activity[12,13]. Accordingly, mitochondrial function is a critical determinant of muscle performance, and its impairment contributes to diverse myopathies[14-17]. Copper is required for electron transport chain (ETC) function, particularly through assembly and activity of cytochrome c oxidase (COX, Complex IV)[18,19]. Moreover, copper deficiency has also been associated with altered mitochondrial morphology, including increased expression of fusion proteins mitofusin (MFN) 2 and optic atrophy protein 1 (OPA1), although the underlying mechanisms remain unclear[20].

Skeletal muscle contains approximately 27% of total body copper and muscle weakness is a hallmark of inherited copper transport disorders such as Menkes disease.[21,22] However, the physiological role of copper in mature skeletal muscle, particularly during exercise, remains poorly understood. *In vitro* studies have shown that both copper import via CTR1 and mitochondrial uptake via inner membrane transporter SLC25A3 are required for myogenic differentiation and COX activity[23,24]. However, whether copper uptake is essential for skeletal muscle function *in vivo*, particularly through mitochondrial regulation, is unknown.

Here, we show that skeletal muscle-specific *Ctr1* knockout (SMKO) mice exhibit severe copper deficiency, leading to impaired OXPHOS and reduced type IIB muscle fibers, mitochondrial hyperfusion, and progressive myopathy. Mechanistically, we identified mitochondrial carrier homolog 2 (MTCH2), an outer mitochondrial membrane (OMM) protein, as a copper-binding regulator of mitochondrial morphology and copper trafficking. Copper restoration via the copper ionophore elesclomol (ES) or adeno-associated virus (AAV)-mediated *Ctr1* re-expression rescues mitochondrial function and maintains muscle integrity in SMKO mice. These findings reveal a critical role for copper homeostasis in mitochondrial remodeling and skeletal muscle maintenance and identify MTCH2 as a molecular link connecting copper availability and mitochondrial dynamics.

RESULTS

Copper uptake into skeletal muscle contributes to exercise performance

To evaluate the role of copper in exercise performance, we measured copper levels in the gastrocnemius (GA) muscle of wild-type chow-fed mice following four weeks of treadmill training. Copper levels in the GA muscle were significantly elevated in the exercised group compared to sedentary controls (Fig. 1a), whereas levels of other trace metals–including iron, zinc, and manganese–remained largely unchanged despite a slight upward trend (Extended Data Fig. 1). This suggests that copper may play a key role during exercise training. CTR1 is the primary transporter mediating cellular copper uptake, so we generated skeletal muscle-specific *Ctr1* knockout (SMKO) mice by crossing *Ctr1*-floxed mice (Floxed) with myosin light chain 1 (*Myl1*)-Cre transgenic mice to directly evaluate the role of copper in skeletal muscle function. Efficient *Ctr1* deletion in SMKO muscle was confirmed by genomic excision and mRNA expression analyses (Extended Data Fig. 2a-c). Despite comparable body weight and skeletal muscle mass between SMKO and control mice (Extended Data Fig. 2d,e), SMKO mice displayed both reduced grip strength and endurance exercise capacity, along with significantly

124 decreased copper levels in skeletal muscle (Fig. 1b-d). These results suggest that adequate
125 copper uptake into skeletal muscle is important for maintaining muscle strength and exercise
126 tolerance.
127
Copper deficiency in skeletal muscle reduces systemic energy expenditure via a glycolytic
shift
Exercise capacity is often linked to the ratio of slow-twitch to fast-twitch muscle fibers,
with a higher proportion of slow-twitch fibers generally enhancing endurance[14]. Unexpectedly,
SMKO mice exhibited a greater proportion of slow-twitch fibers in the GA muscle compared
to Floxed controls. Morphologically, SMKO muscles appeared redder, consistent with
increased slow-twitch fiber density (Fig. 2a). Myosin heavy chain (MyHC) isoform staining
confirmed a shift toward type I and type IIa fibers (Fig. 2b), further supported by upregulation
of *Myh7* (type I) and *Myh2* (type IIa), along with downregulation of *Myh1* (type IIx) and *Myh4*
(type IIb) at the mRNA level (Fig. 2c). In addition, SMKO myofibers displayed significantly
smaller cross-sectional area (CSA) (Fig. 2d). Although muscle atrophy or degeneration can
reduce CSA, histological analysis via H&E staining showed no pathological abnormalities
(Extended Data Fig. 3a), suggesting that the reduced CSA may reflect a transition to smaller-
caliber slow-twitch fibers[25].
Since slow-twitch enrichment is typically associated with increased endurance and
elevated energy expenditure[14], we next assessed systemic metabolism using indirect
calorimetry. Despite the fiber-type shift, SMKO mice showed significantly reduced oxygen
consumption (VO_2), with no significant change in carbon dioxide production (VCO_2)
(Extended Data Fig. 3b,c), resulting in lower total energy expenditure (Fig. 2e). As reduced
VO_2 may indicate impaired mitochondrial bioenergetics[26], we performed Seahorse XF Mito
Stress testing on isolated GA myofibers and primary myoblasts. Compared to Floxed controls,
SMKO mice exhibited markedly reduced basal and maximal respiration (Fig. 2f and Extended
Data Fig. 3d), along with decreased ATP levels (Fig. 2g), indicating impaired OXPHOS within
the ETC. To evaluate whether glycolysis compensates for the decline in mitochondrial
respiration, we measured extracellular acidification in *Ctr1*-knockdown C2C12 myoblasts.
Glycolytic flux was significantly elevated compared to controls (Fig. 2h). Additionally, SMKO
mice exhibited increased blood lactate levels (Fig. 2i), further supporting a metabolic shift
toward glycolysis. Together, these findings suggest that copper deficiency in skeletal muscle
compromises mitochondrial respiration and contributes to metabolic reprogramming toward

glycolysis, ultimately resulting in reduced systemic energy expenditure and impaired exercise

performance.

Copper deficiency alters mitochondrial ETC balance and promotes features of mitochondrial myopathy

To explore the mechanisms underlying mitochondrial dysfunction in SMKO muscle,

we performed proteomic analysis of GA tissue from Floxed and SMKO mice. Using a fold-

change cutoff of 1.5 and an adjusted p value < 0.05, we identified 88 differentially expressed

proteins (DEPs), comprising 53 upregulated and 35 downregulated proteins in SMKO muscle,

as shown in the volcano plot (Fig. 3a). A substantial proportion of DEPs were mitochondrial

proteins associated with OXPHOS (Fig. 3b,c). Gene ontology (GO) analysis revealed that most

of the downregulated proteins in SMKO muscle were involved in Complex IV of the ETC,

particularly in electron transfer from cytochrome c to oxygen (Fig. 3d). In contrast, upregulated

proteins were enriched in pathways related to Complexes I and II, as well as ATP synthesis, as

shown in the heatmap analysis (Fig. 3e and Extended Data Fig. 4). The most significantly

downregulated proteins were cytochrome c oxidase subunit 1 (MTCO1/COX1) and

MTCO2/COX2, both of which are copper-binding proteins critical for Complex IV function[27].

Western blot analysis confirmed a marked reduction in Complex IV in SMKO muscle,

accompanied by compensatory upregulation of other ETC complexes and copper chaperone

for superoxide dismutase (CCS), which is commonly induced under copper-deficient

conditions (Fig. 3f)[28,29].

Mitochondrial myopathy (MM) is characterized by mitochondrial dysfunction,

involving impaired respiration and mutations in mitochondrial DNA[16,30]. MM is frequently

associated with Complex IV deficiency, Complex II upregulation, and elevated blood lactate

levels[31]. Given the striking phenotypic similarity, we hypothesized that *Ctr1* deletion in skeletal

muscle might promote a pathology resembling MM. In support of this, SMKO mice exhibited

severe MM-like features, including increased succinate dehydrogenase (SDH) activity, ragged-

red fibers, and enlarged, morphologically abnormal mitochondria (Fig. 3g,h). Analysis of a

human GEO dataset further revealed that *CTR1* transcript levels were significantly reduced in

muscle biopsies from MM patients compared to healthy controls (Fig. 3i).

To examine whether the observed metabolic and histopathological changes are sex-

dependent, we evaluated exercise performance and muscle pathology in female SMKO mice.

Similar to males, female SMKO mice exhibited reduced exercise capacity (Extended Data Fig.

5a,b), along with elevated SDH and ragged-red fibers, but without increased blood lactate

levels (Extended Data Fig. 5c,d), suggesting that these MM-like phenotypes occur

independently of sex. Together, these findings suggest that copper deficiency in skeletal muscle

disrupts mitochondrial ETC balance and induces molecular and histological hallmarks of MM.

Copper directly binds to MTCH2 and regulates its stability

Building on our proteomic analysis of SMKO muscle, we next sought to identify

candidate copper-binding proteins that could contribute to mitochondrial dysfunction under

copper deficiency. Among the 88 DEPs, analysis with a metal-binding prediction tool

MeBiPred[32] identified six potential copper-binding candidates, including the canonical COX

subunits MTCO1 and MTCO2 (Extended Data Fig. 6a). We next focused on mitochondrial

carrier homolog 2 (MTCH2, SLC25A50) because of its predicted Cu^+ specificity, OMM

localization, and previously described roles in mitochondrial apoptosis, dynamics, and

OXPHOS regulation[33-35]. In vitro metal-binding assay revealed that MTCH2 selectively bound

to copper-charged resin, but not to iron-, zinc-, or uncharged resins, with dose-dependent

affinity (Fig. 4a). To investigate the structural basis of this interaction, we modeled the

theoretical structure of MTCH2 using AlphaFold 3, as its experimental structure remains

unresolved. The predicted model features an open α-barrel and a bulky region comprising

several α-helices and two β-strands located at one end of the β-barrel (Fig. 4b). Polar and

hydrophilic residues line the barrel's interior, and numerous hydrophobic residues are

externally exposed, consistent with its integration in the lipid bilayer[36]. This model revealed

that the barrel's internal surface is unusually exposed to the lipid bilayer (highlighted by the

red dotted circle in Fig. 4b, left panel), a feature rarely observed in experimentally determined

protein structures. To identify a closed α-barrel with similar folding, a structural similarity

search was conducted using the DALI server (Liisa Holm,

http://ekhidna2.biocenter.helsinki.fi/dali). This search, using the AlphaFold-predicted MTCH2

structure, retrieved structural homologs (PDB ID 8J1N, mitochondrial brown fat uncoupling

protein; PDB IDs 1OKC and 4C9H, mitochondrial ADP/ATP carrier proteins) with Z-scores

greater than 20[37,38]. These homologs feature a closed α-barrel with flexible surrounding regions

and superimpose on the AlphaFold-predicted open MTCH2 structure with a root-mean-square

deviation (RMSD) of less than 3.1 Å. Furthermore, these homologs contain various lipids

surrounding the α-barrel, demonstrating their role as membrane proteins. Using the ADP/ATP

carrier protein structure (PDB ID 1OKC, SLC25A4) as a template, a refined MTCH2 structure

was generated using SWISS MODEL[39]. In this model, the open α-barrel is closed by incorporating a helix formed by the C-terminal residues (N282-Y295, referred to as the C-helix, Fig. 4b, middle panel) into the α-barrel. By integrating the sequence features of MTCH2 with the structural information derived from the modeled structures, we identified two sets of candidate copper-binding regions: sulfur-rich residues (M244, C268, M278) located on the exterior of the α-barrel, and nitrogen- and oxygen-rich residues (H142, R185, S241; H88, E127, R131) lining the barrel's interior (Fig. 4b, right panel). To validate these predictions, we generated alanine substitution mutants at these positions and assessed their copper-binding capacity. Notably, the M244A, C268A, and M278A mutants exhibited significantly reduced copper binding, indicating that these residues are critical for MTCH2-copper interaction (Fig. 4c and Extended Data Fig. 6b).

Because copper often regulates protein stability, and MTCH2 was ~1.8-fold upregulated in SMKO muscle (Extended Data Fig. 6a), we next examined whether MTCH2 undergoes copper-dependent turnover. In *Mtch2*-KO C2C12 myoblasts re-expressing MTCH2-WT, CuSO$_4$ treatment led to a dose-dependent reduction in MTCH2 stability (Fig. 4d). This degradation was blocked by MG132, consistent with proteasome-mediated regulation[40]. Importantly, excess copper selectively reduced MTCH2-WT levels, whereas the copper-binding–deficient M244A mutant remained unaffected (Fig. 4e). These results demonstrate that copper directly binds MTCH2 via a binding site containing critical sulfur-rich residues and that copper regulates MTCH2 stability through a proteasome-mediated mechanism.

MTCH2 coordinates mitochondrial dynamics with copper trafficking

Given that copper directly regulates MTCH2 stability, we next examined whether its functional roles are influenced by copper availability. MTCH2 is well known for promoting mitochondrial fusion[33,41], and the hyperfused morphology of SMKO muscle suggested a link between copper status, MTCH2, and mitochondrial fusion dynamics. Consistent with this, copper chelation with bathocuproinedisulfonic acid (BCS) induced mitochondrial elongation consistent with increased fusion (Extended Data Fig. 7a), as previously reported[20]. In line with this, mitochondria isolated from SMKO quadriceps (Quad) showed increased levels of the fusion proteins MFN2 and OPA1, together with MTCH2, without changes in fission markers (Fig. 5a). Consistent with prior reports[33,41], *Mtch2* knockdown induced mitochondrial fragmentation (Fig. 5b). Notably, BCS-induced elongation was abolished in *Mtch2*-silenced C2C12 cells, demonstrating that MTCH2 is required for mitochondrial hyperfusion under

copper-deficient conditions (Fig. 5b). We next tested whether copper overload, which
destabilizes MTCH2, would compromise this function. In *Mtch2*-KO C2C12 myoblasts, re-
expression of either MTCH2-WT or the copper-binding–deficient M244A mutant rescued
mitochondrial elongation, indicating that copper-binding is dispensable for its role in fusion
(Fig. 5c). However, under copper overload, MTCH2-WT was destabilized and degraded,
resulting in mitochondrial fragmentation, whereas the M244A mutant resisted degradation and
preserved elongated mitochondria (Fig. 5c), suggesting that copper binding to M244 is a critical
determinant of MTCH2 stability and its role in maintaining mitochondrial morphology.

Beyond its role in dynamics, MTCH2 is localized to the OMM and belongs to the
SLC25 family of metabolite carriers[42,43]. Because copper overload commonly triggers
transporter degradation to limit toxic accumulation[44], we hypothesized that MTCH2 may also
contribute to copper trafficking. Supporting this, both MTCH2 and the inner-membrane copper
transporter SLC25A3 were upregulated by BCS-induced copper depletion across multiple cell
lines (Fig. 5d and Extended Data Fig. 7b). Silencing *Mtch2* significantly reduced mitochondrial
copper levels under copper-replete–but not basal–conditions (Fig. 5e), and impaired Complex
IV expression and mitochondrial copper accumulation during myogenic differentiation (Fig.
5f). Moreover, re-expression of MTCH2-WT in *Mtch2*-KO myoblasts restored COX1 levels,
whereas copper-binding mutant the M244A failed to do so (Fig. 5g). Together, these findings
identify MTCH2 as a dual-function protein: it enables mitochondrial hyperfusion as an
adaptive response to copper deficiency and likely facilitates copper trafficking at the outer
membrane to sustain Complex IV activity. These dual roles suggest that MTCH2 integrates
copper status with both mitochondrial integrity and respiratory function.

The copper ionophore elesclomol (ES) restores exercise capacity and mitochondrial
function in SMKO mice

ES is a copper ionophore that facilitates intracellular copper delivery independently of
CTR1, thereby supporting COX activity and improving viability in copper-deficient yeast and
cell models[45,46]. Notably, ES has also been shown to rescue mitochondrial function and reduce
mortality in a mouse model of Menkes disease[47], raising the possibility that targeted copper
supplementation may reverse muscle phenotypes driven by copper deficiency.

To test this, we administered ES subcutaneously to SMKO mice for two weeks. ES
treatment significantly increased copper levels in the GA muscle and substantially improved
exercise capacity in SMKO mice (Fig. 6a,b). Remarkably, ES treatment also reduced the

elevated proportion of slow-twitch fibers in SMKO muscles to levels comparable to those in

Floxed controls, as evidenced by gross muscle color and immunostaining-based analysis of

myofiber composition (Fig. 6c and Extended Data Fig. 8a). This shift in fiber type was

accompanied by enhanced mitochondrial respiration in isolated GA single myofibers and

reduced blood lactate concentrations (Fig. 6d,e), consistent with a reversal of the glycolytic

reprogramming observed in SMKO mice. In line with these findings, ES treatment normalized

VO_2 and total energy expenditure to levels observed in Floxed mice (Fig. 6f and Extended Data

Fig. 8b). ES also partially restored Complex IV expression in SMKO muscles (Fig. 6g) and

ameliorated histopathological features, including myofiber degeneration and mitochondrial

ultrastructural abnormalities (Fig. 6h,i). Together, these findings show that pharmacological

copper delivery via ES can restore mitochondrial function and improve MM-like phenotypes

in SMKO mice. These results underscore the reversibility of copper deficiency–induced

myopathy and suggest that ES-mediated copper supplementation may represent a viable

approach to restore mitochondrial function under conditions of impaired copper availability.

304   AAV-DIO-mediated restoration of *Ctr1* reverses mitochondrial dysfunction and exercise

305   impairments in SMKO mice

AAV vectors are widely utilized for *in vivo* gene delivery, with the AAV9 serotype

exhibiting high transduction efficiency in skeletal muscle. To assess whether restoring Ctr1

expression could ameliorate the MM-like phenotypes in SMKO mice, we employed a Cre-

activated AAV-double-floxed inverted open reading frame (DIO) system to specifically induce

Ctr1 expression in skeletal muscle (Extended Data Fig. 9a). Following systemic AAV2/9

administration, *Ctr1* expression was successfully reinstated in SMKO muscle (Extended Data

Fig. 9b), resulting in elevated muscle copper levels and improved exercise performance (Fig.

7a,b). Myofiber composition analysis revealed normalization of fiber-type distribution, with an

increased proportion of fast-twitch fibers in AAV-DIO-*Ctr1*-treated SMKO mice (Fig. 7c and

Extended Data Fig. 9c). This was accompanied by enhanced mitochondrial respiration in

isolated myofibers, reduced blood lactate levels (Fig. 7d,e), and recovery of whole-body VO_2

and total energy expenditure (Fig. 7f and Extended Data Fig. 9d). Furthermore, Complex IV

expression and mitochondrial morphology were restored, along with normalized MTCH2

levels (Fig. 7g–i). Collectively, these findings indicate that targeted *Ctr1* re-expression is

sufficient to re-establish copper homeostasis in skeletal muscle and reverse key metabolic and

mitochondrial defects arising from copper deficiency. These results support a mechanistic link

between CTR1-dependent copper uptake and mitochondrial function in muscle tissue.

DISCUSSION

Mitochondrial function is fundamental to skeletal muscle metabolism, and defects in

OXPHOS contribute to muscle weakness and metabolic disorders[48]. Copper, an essential

cofactor for COX in Complex IV of the ETC, is indispensable for mitochondrial respiration,

yet its regulation and potential role in skeletal muscle physiology has remained poorly

understood. Here, we identify a critical role for copper in maintaining mitochondrial integrity

and muscle performance through the action of the copper binding OMM protein MTCH2.

Skeletal muscle–specific deletion of the copper importer CTR1 produced progressive copper

deficiency and a myopathic phenotype characterized by impaired exercise capacity, ETC

proteome imbalance, OXPHOS dysfunction, and systemic metabolic deficits.

Mitochondrial copper homeostasis has been primarily attributed to the inner membrane

carrier SLC25A3, which imports copper into the matrix to sustain COX activity[49,50]. While

copper can traverse the OMM when bound to apo-ligand[51], the molecular mediators of this

process remained unclear. Several mitochondrial proteins predicted to bind copper were

differentially regulated in SMKO mice, including MTCH2, an OMM protein of the SLC25

family. We show that MTCH2 binds copper directly through a motif characterized by a cluster

of sulfur containing amino acids. We further show that MTCH2 deletion reduced mitochondrial

copper content and COX expression in myoblasts, and copper-binding–deficient MTCH2

mutants failed to restore COX1, supporting its role in copper trafficking. Copper status also

influenced mitochondrial morphology, which is a previously reported role of MTCH2.

Adequate copper supports COX activity and triggers mitochondrial "flickering"—transient

depolarization events that activate the metalloendopeptidase OMA1, leading to OPA1 cleavage

and thereby restraining fusion[52]. Under copper-deficient conditions, flickering is suppressed,

OPA1 remains intact, and mitochondria undergo hyperfusion. Consistent with this, copper

depletion triggered hyperfusion in myoblasts, an effect abolished by MTCH2 knockdown.

Conversely, copper overload destabilizes MTCH2, leading to fragmentation in part by reducing

its pro-fusion activity. These observations reveal a previously unrecognized dual role for

MTCH2 in the dynamics of copper-deficiency-induced mitochondrial fusion.

Interestingly, previous work reported that skeletal muscle-specific deletion of MTCH2

enhances mitochondrial respiration, promotes oxidative fiber type switching, and improves

exercise performance[35,53]. At first glance, this appears contradictory to our finding that MTCH2

facilitates mitochondrial copper delivery to support Complex IV. If MTCH2 loss reduces
mitochondrial copper content, one would expect impaired COX activity and hyperfusion,
resembling copper deficiency. Instead, MTCH2 KO muscle displays increased respiration and
mitochondrial fragmentation, more like copper overload where MTCH2 is destabilized. A
possible explanation for the differences with our study relates to the dual roles for MTCH2 and
to possible compensatory pathways, such as CTR1-mediated uptake or alternative copper
carriers, that preserve mitochondrial copper under basal conditions. This would sustain COX
activity and flickering. Indeed, this is supported by our finding that mitochondrial copper levels
remain unchanged under basal conditions, even in the absence of MTCH2. In this context, loss
of MTCH2's pro-fusion function would result in fragmentation. By contrast, in our studies,
CTR1 deletion would eliminate copper availability and prevent MTCH2 from contributing to
copper trafficking. However, our studies show that MTCH2 protein is stabilized under copper
deficiency which would promote hyperfusion while OXPHOS collapses. These contrasting
phenotypes coupled with MTCH2's differing roles in copper deficiency vs overload highlights
that its contribution to copper homeostasis is highly context dependent, becoming critical when
copper flux is stressed. Direct quantification of mitochondrial copper pools and COX activity
in MTCH2 KO muscle will be essential to disentangle these dual influences of MTCH2 on
copper homeostasis and mitochondrial morphology.

373   Our findings also underscore the importance of maintaining copper homeostasis in
mature skeletal muscle. While copper has been previously implicated in myoblast proliferation
and differentiation[23,24], our study extends this understanding by showing that mitochondrial
copper regulation is essential for sustaining metabolic and structural integrity in skeletal muscle
mitochondria. This has important implications for muscle-related diseases, including MM and
sarcopenia, in which metabolic decline and ETC dysfunction are common pathological
features[31,54]. Reduced exercise capacity is also a hallmark of Menkes disease–a systemic copper
deficiency disorder caused by mutations in ATP7A[47]–and has been observed in amyotrophic
lateral sclerosis models with superoxide dismutase [Cu-Zn] mutations[55,56]. In both contexts,
copper imbalance may contribute to impaired mitochondrial function and reduced endurance.

383   Therapeutically, our data show that restoring copper availability can effectively reverse
mitochondrial and metabolic dysfunction in copper-deficient muscle. Treatment with ES, a
copper ionophore that bypasses CTR1-mediated transport, restored copper levels, rescued
OXPHOS activity, and improved exercise capacity in SMKO mice. Likewise, AAV-mediated
re-expression of *Ctr1* restored mitochondrial function and metabolic balance. These findings

highlight that both pharmacological and gene therapy strategies can restore copper homeostasis

in muscle. With AAV9 already in clinical use for neuromuscular disorders and expanding

interest in metabolic myopathies[16,57-59], targeting copper regulation may represent a promising

and underexplored approach.

In conclusion, this study identifies CTR1 and MTCH2 as key regulators of

mitochondrial copper homeostasis in mitochondrial function in skeletal muscle. This study also

reveals that MTCH2 is a dual-function protein that coordinates copper delivery and integrates

copper status with mitochondrial dynamics. These findings reveal a previously unrecognized

mechanistic link between copper metabolism, mitochondrial structure, and muscle

performance, providing new perspectives on the pathophysiology of copper imbalance and its

therapeutic targeting in a wide range of muscular disorders.

Methods

Animals

The *Ctr1* skeletal muscle-specific knockout (SMKO) mice were generated by crossing

Ctr1$^{flox/flox}$ mice[8] with Myl1/mlc1f-Cre transgenic mice (Myl1$^{tm1(cre)sjb}$/J; Jackson Laboratory,

024713). All mice were housed at 22°C under a 12-hour dark–light cycle and given free access

to food and water. For the elesclomol (ES) (MedChemExpress, STA-4783) rescue experiment,

mice were subcutaneously (s.c.) injected with 10 mg kg^{-1} body^{-1} weight ES in 0.5% Methocel^{TM}

(final 2% DMSO) for 2 weeks. For the adeno-associated virus (AAV) injection, mice were

anesthetized using an intraperitoneal injection of avertin (Sigma-Aldrich, T48402). Mice were

intramuscularly and s.c. injected with 5×10^{12} AAV viral particles (Vp) in 50 µl of PBS, then

subjected to an experiment 5-week post-injection. All animal experiments were performed in

accordance with accepted standards of animal protection welfare and with permission from the

Institutional of Animal Care and Use Committees at the Chonnam National University (YB-

2021-59, YB-2022-90, YB-2023-164) and Korea Food Research Institute (KFRI-M-23043).

Cell lines, differentiation, and transfection

C2C12 murine myoblast (ATCC, CRL-1772™), HEK293T (ATCC, CRL-11268™),

Huh7 (ATCC, PTA-4583), HeLa (ATCC, CCL-2™), and A549 (ATCC, CCL-185™) cells were

purchased from the American Type Culture Collection and Human skeletal muscle myoblast

cells (HSMM) from Lonza (CC-2580). C2C12, HEK293T, Huh7, HeLa, and A549 cells were

cultured in Dulbecco's modified Eagle medium (DMEM)/high glucose (HyClone, SH30243.01)

supplemented with 10% FBS (HyClone, SH30919.03), 100 U ml^{-1} penicillin, and 100 μg ml^{-1}

streptomycin (Gibco, Thermo Fischer, 15140122). HSMM cells were cultured in skGM™-2

Skeletal Muscle Cell Growth Medium-2 BulletKit™ (Lonza). C2C12 myoblasts were

differentiated into myotubes using DMEM/high glucose supplemented with 2% horse serum

(Sigma Aldrich, H1138), 100 U ml^{-1} penicillin, and 100 μg ml^{-1} streptomycin. C2C12

myoblasts were transfected with small interfering RNA targeting mouse *Ctr1*, *Mtch2*, or

negative control (Bioneer) for 48 h using TransIT-X2® Transfection Reagent (Takara Bio Inc.)

according to manufacturer's instructions. C2C12 myoblasts and HEK293T cells were

transfected for 24 h with MTCH2 WT, MTCH2 mutants plasmids using PolyJet^{TM} In Vitro

DNA Transfection reagent (SignaGen).

CRISPR/Cas9-mediated *Mtch2* Knockout cell generation

Single guide RNAs (sgRNAs) targeting Mtch2 were designed using the GenScript CRISPR

gRNA Design Tool (https://www.genscript.com/tools/gRNA-design-tool). The selected gRNA

oligonucleotides were synthesized, annealed, and cloned into the Esp3I-digested

lentiCRISPRv2 (Addgene, Plasmid #52961). For lentivirus production, HEK293T cells were

seeded in 6 cm dishes. On the following day, the medium was replaced with Opti-MEM

supplemented with 5% FBS, 30 minutes prior to transfection. Cells were co-transfected with 1

μg each of lentiCRISPRv2 (either control or gRNA-containing), psPAX2 (Addgene, Plasmid

#12260), and pCMV-VSV-G (Addgene, Plasmid #8454) using Lipofectamine 3000

transfection reagent (ThermoFisher). Six hours after transfection, the medium was replaced,

and viral supernatants were harvested at 24h (1st harvest) and 48 h (2nd harvest) post-

transfection. The two collections were pooled and filtered through 0.45 μm syringe filter.

C2C12 myoblasts were transduced with 2 ml of the filtered viral supernatant supplemented

with 10 μg ml^{-1} polybrene (Santa Cruz) and incubated for 4 h. After incubation, an additional

2 ml of viral supernatant and 2 ml of fresh growth medium were added, followed by 24 hours

of incubation. Puromycin selection was performed by refreshing the 1 μg ml^{-1} puromycin

(Sigma-Aldrich)-containing medium daily until all non-transduced cells were eliminated.

Surviving cells were then expanded in puromycin-free medium for downstream experiments.

For Guide-it CRISPR/Cas9 system (Takara Bio Inc.), gRNA was annealed, and cloned into p-

Guide-it-ZsGreen1 vector following the manufacturer's instructions. The gRNA sequence were

obtained from a previously reported study[33]. The plasmid constructs were transfected into

C2C12 myoblasts, which were seeded into 96 wells plates. Single GFP-positive cells were

subsequently selected, and knockout efficiency was confirmed by immunoblotting. gRNA

sequences are listed in Supplementary Table 1.

AAV-mediated gene transduction

The mouse *Ctr1* gene (NM_175090) was synthesized by VectorBuilder (VectorBuilder)

in a pAAV-double-floxed inverted open-reading frame plasmid and was transfected into 293T

cells. Cells containing viral particles were harvested 60 h post-transfection, lysed in AAV lysis

buffer (150 mM NaCl, 20 mM Tris pH 8.0), and further incubated with benzonase to remove

nucleic acid. The virus supernatant was purified using an iodixanol gradient solution and

centrifuged at 280,000 × g and 14°C for 3 h. The purified viruses were concentrated using the

Amicon Ultra-15 Centrifugal Filter Unit (Sigma-Aldrich, UFC9100). The viruses were

incubated sequentially with DNase and proteinase K for AAV titration to eliminate any

remaining plasmid DNA and protein. The number of Vp was measured using the CFX96 Real-

Time PCR system (Bio-Rad).

Inductively coupled plasma (ICP) mass spectrometry (MS)

Skeletal muscle tissues were digested with 7 ml of 65% HNO_3 and 1 ml of 30% H_2O_2

in a Teflon decomposition container. The mixture was processed using the microwave

decomposition sequence (Milestone). After cooling, it was adjusted to 50 ml with 0.1% nitric

acid. Samples were analyzed by ICP-MS (PerkinElmer). For cytosolic and mitochondrial

copper measurements, samples were mixed with 0.5 ml of 70% HNO_3 and heated at 80°C for

8 h. After cooling to room temperature, the samples were diluted with ultrapure water to a final

volume of 10 ml. Amounts of metals were measured using an Agilent 7900 ICP-MS (Agilent)

and normalized to cell number.

Grip strength test

The forelimb grip strength of mice was measured using the Digital Force Gauge

(Shimpo). Mice were allowed to hold on to a metal grid with their fore paws and were gently

pulled backward by the tail away from the grid until the mice released their grip. The grip

strength test performed 6 consecutive measurements per day at one-minute intervals. The

average values of the 6 tests were normalized by body weight and used to represent the grip

strength of each mouse.

Treadmill test

Mice were acclimatized to the treadmill (Panlab) by performing a 10 m min^{-1} run for 30 min for 2 days. The mice were then run on the treadmill at 6 m min^{-1} for the first 5 min followed by increases of 3 m min^{-1} with a 5% incline every 3 min toward 21 m min^{-1} and a 10% incline until exhaustion. Mice were removed from the treadmill after remaining still for 5 sec on the electrical grid continuously, and the running time and distance were recorded.

Reverse transcription-quantitative PCR (RT-qPCR)

Total RNA was isolated using TRIzol reagent (Molecular Research Center, Inc., TR118), and cDNA was synthesized using a ReverTra Ace qPCR RT kit (Toyobo) to analyze mRNA expression. Quantitative PCR was performed with SYBR Green Master Mix (Enzynomics) using a qTOWER3 real-time PCR Thermal Cycler (Analytik Jena). Primer sequences are shown in Supplementary Table 1. Samples were normalized to mouse ribosomal protein, large, P0 (RPLP0), and calculated using the comparative threshold cycle method.

Immunoblotting

The cells or mouse skeletal muscles were lysed in RIPA (50 mM Tris, 150 mM NaCl, 0.1% SDS, 0.5% sodium deoxycholate, 1% Triton X) containing protease and phosphatase inhibitors (APExBIO, K1007; K1013; K1014). The lysates were incubated on ice for 30 min, further sonicated, and centrifuged at 27,000 × g and 4°C for 20 min. The supernatants were collected, and protein concentrations were measured using the Pierce BCA Protein Assay kit (Thermo Fisher, 23225). Equal amounts of protein were separated on SDS-PAGE gels and transferred to nitrocellulose or PVDF membranes (Pall Corporation). After blocking in 5% skim milk for 1 h, membranes were incubated in primary antibodies at 4°C overnight, followed by incubation with secondary antibodies (Cell signaling technology). The blots were developed using an EZ-Western Lumi Pico or Femto Western Blot Detection kit (DoGenBio) and visualized using the Odyssey XF imaging system (LI-Cor Biosciences). Protein levels were quantified using ImageJ software. Antibodies used in immunoblotting are listed in Supplementary Table 2.

Immunofluorescence

Skeletal muscle tissues were embedded in Tissue-Tek OCT Compound (Sakura

Finetek, 4583) with liquid nitrogen-cooled isopentane, and 10 μm thick sections were prepared

using a cyromicrotome. For immunofluorescence, muscle sections were incubated with M.O.M.

IgG blocking solution (Vector Laboratories, MKB-2213-1) and 10% goat serum (Sigma

Aldrich, G9023) in PBS at RT for 1 h, then stained with primary antibodies in PBS containing

1% BSA at 4°C overnight. After 3 washes with PBS, secondary antibodies were incubated at

RT for 1 h and mounted with Vectashield Hardset Antifade mounting medium (Vector

Laboratories, H-1400-10) or Slowfade Diamond Antifade mountant with DAPI (Thermo Fisher,

S36964). Immunofluorescence images were acquired using the ZEISS LSM 900 confocal

microscope (Carl Zeiss). Quantification of myofiber cross-sectional area (CSA) was

determined using the ImageJ software. Antibodies used in immunofluorescence are listed in

Supplementary Table 2.

Mitochondrial morphology analysis

C2C12 myoblasts were fixed with 4% paraformaldehyde at RT for 20 min, and

permeabilized with 0.1% Triton-X in PBS at RT for 10 min. After blocking in 3% BSA in PBS

for 1h, cells were incubated with TOM20 monoclonal antibody (Cell signaling technology) at

4°C overnight, followed by incubation with Alexa Fluor™ 488 secondary antibody (Thermo

Fisher). Approximately 100 mitochondria per cell were analyzed from a total of 10–15 cells,

resulting in ~1000 mitochondria being quantified. Mitochondrial morphology was classified as

fragmented, intermediate, or tubular. Mitochondria were considered 'fragmented' if the total

branch length was <2 μm, 'intermediate' if between 2–4 μm, and 'tubular' if >4 μm.

Quantification was analyzed using ImageJ software. Antibodies used in mitochondrial

morphology analysis are listed in Supplementary Table 2.

Histology

For SDH staining, muscle sections were incubated in 0.2 M sodium phosphate buffer

solution (pH 7.6) containing 0.6 mM nitro tetrazolium and 50 mM sodium succinate at 37°C

for 30 min. Muscle sections were washed with DiH_2O and mounted using Vectashield Hardset

Antifade Mounting Medium (Vector Laboratories). For modified Gomori trichrome staining,

frozen muscle tissues were sequentially incubated with hematoxylin and Gomori trichrome

staining solution (0.6% chromotrope 2R, 0.3% fast green FCF, 0.6% phosphotungstic acid, and

1% acetic acid), followed by dehydration through alcohol, clearing in xylene and mounting

with DPX mountant (Sigma-Aldrich, 6522). For H&E staining, 10 μm thick sections were

stained using hematoxylin and eosin, dehydrated, cleared, and mounted using DPX mountant

(Sigma-Aldrich). Histological images were acquired using the Leica DM750 optical

microscope (Leica).

Primary myoblast isolation and culture

The primary myoblasts were isolated from 3-month-old Floxed and SMKO mice

skeletal muscle. Skeletal muscles were minced and digested in DMEM containing 400 U ml^{-1}

collagenase type II (Gibco, Thermo Fisher, 17101015), 2.5% HEPES at 37°C for 1 h, with a 5-

second vortex halfway through. To stop digestion, cells were re-suspended in DMEM with 10%

FBS after centrifugation at 1,400 × g for 5 min and filtered through a 70 μm and 30 μm strainer.

After another centrifugation, cells were re-suspended in Ham's F-10 (Sigma Aldrich, N6908)

containing 20% FBS, 10 ng ml^{-1} basic fibroblast growth factor (bFGF) (Miltenyi Biotec, 130-

093-840), and 100 U ml^{-1} penicillin and 100 μg ml^{-1} streptomycin and plated on a Matrigel-

coated dish. After 72 h, primary myoblasts were purified through pre-plating for 45 min; the

process was repeated until fibroblasts were removed. Primary myoblasts were passaged after

reaching 60% confluency.

Single myofiber isolation

Gastrocnemius muscle (GA) was dissected and enzymatically digested using 0.2%

type I collagenase (Gibco, Thermo Fisher, 17018029) for 90 min in a shaking incubator at 37°C.

Digested muscles were placed onto a 10 cm dish containing DMEM with 10% FBS to stop the

digestion. The single myofibers were released by pipetting and washed with DMEM with 10%

FBS. Isolated fresh single myofibers were collected for Seahorse analysis.

Mitochondrial isolation

The Mitochondria Isolation kit for Cultured Cells or Tissue (Thermo Fisher, 89874,

89801) was used to isolate mitochondria from C2C12 myoblast cells or Quadriceps (Quad)

muscle. The experiment was performed following the manufacturer's protocol. In brief, C2C12

myoblasts or Quad muscle were homogenized in Reagent A using Dounce homogenizer. Then,

Reagents C was added sequentially, and the solution was mixed by inverting. After

centrifugation at 700 × g for 10 min, the supernatant was transferred to a new tube and

centrifuged at 3,000 × g for 15 min. Pellets were washed with Wash buffer and centrifuged at

12,000 × g for 5 min. All centrifugation steps were performed at 4°C. Pellets were lysed using

RIPA lysis buffer containing protease and phosphatase inhibitors for immunoblotting.

Seahorse analysis

To measure the oxygen consumption rate (OCR), cells or single myofibers were seeded

into XF96 microplates. One day after plating, the culture medium was changed to an assay

medium containing 1 mM pyruvate (Agilent, 103578-100), 2 mM glutamine (Agilent, 103579-

100), and 10 mM glucose (Agilent, 103577-100) and incubated in a CO_2-free incubator 1 h

before the assay began. The OCR was measured following injections of oligomycin (1.5 μM)

(Sigma Aldrich, O4876), FCCP (1 μM) (Sigma Aldrich, C2920), and rotenone/antimycin A (0.5

μM) (Sigma Aldrich, A8674, R8875). To evaluate the extracellular acidification rate (ECAR),

C2C12 cells were seeded into XF96 microplates. One day after plating, the culture medium

was changed to an assay medium containing 2 mM glutamine and incubated in a CO_2-free

incubator one hour before the assay began. ECAR was measured following injections of d-

glucose (10 mM) (Sigma Aldrich, G7528), oligomycin (1 μM), and 2-deoxy-d-glucose (50 mM)

(Sigma Aldrich, D8375).

ATP contents

601   ATP contents were determined according to the instructions for the ATPlite

602   Luminescence Assay System (PerkinElmer, 6016943). In brief, 10 μl of tissue lysates were

603   added into each well with 50 μl of the substrate solution. After shaking in the dark for 15 min,

604   luminescence intensity was measured using BioTek Synergy TM HTX Multi-Mode Microplate

605   Reader (BioTek) and normalized to the protein concentration.

Plasma lactate measurements

608   Whole blood was collected following cardiac puncture, and the plasma was separated

609   by centrifugation. Lactate levels in the plasma were measured using an EZ-Lactate Assay kit

610   (DoGENBio).

Indirect calorimetry

Energy expenditure was assessed using the OxyletPro Physiocage system (Panlab) and

METABOLISM V3.0 software (Panlab). Mice were individually housed in a metabolic

chamber where oxygen consumption (VO_2) and carbon dioxide production (VCO_2) were

continuously measured over 24 h. VO_2 and VCO_2 were measured using indirect calorimetry

during the experimental period. Energy expenditure was calculated by determining the

respiratory quotient from the recorded VO_2 and VCO_2 values.

Proteomics analysis

The tissue was frozen in liquid nitrogen and was pulverized using cryoPREP™ CP02

(Covaris). The samples were suspended in lysis buffer (8 M urea, 0.1 M Tris–HCl buffer, pH

8.5) and protease inhibitor cocktail, followed by sonication at 15°C for 20 min using a Covaris

S2 Focused-Ultrasonicator (Covaris). The Pierce BCA Protein Assay kit (Thermo Fisher) was

used to quantify the protein concentration. The digestion step was performed using Filter-Aided

Sample Preparation (FASP) on a Microcon 30K centrifugal filter device (Millipore). Each

sample was reduced by incubating with Tris (2-carboxyethyl)phosphine (TCEP) at 37°C for 30

min and alkylated with iodoacetic acid (IAA) at 25°C in dark conditions for one hour. Then,

after washing with lysis buffer and 50 mM ammonium bicarbonate (ABC) sequentially, the

proteins were digested with trypsin (enzyme to protein ratio of 1:50; w/w) at 37°C for 18 h.

The resulting peptide mixtures were collected in new tubes, and trypsin was inactivated by

acidifying with 15 μl of formic acid (Honeywell). The digested peptides were desalted using

C18 spin columns (Harvard Apparatus), and the peptides were eluted with 80% acetonitrile in

0.1% formic acid in water. The prepared samples were resuspended in 0.1% formic acid in

water and analyzed using a Q-Exactive Orbitrap hybrid mass spectrometer (Thermo Fisher)

and an Ultimate 3000 system (Thermo Fisher). We used a 2 cm × 75 μm ID trap column packed

with 3 μm C18 resin and a 50 cm × 75 μm ID analytical column packed with 2 μm C18 resin

to peptides depending on the hydrophobicity of the peptides. The mobile phase solvents

consisted of (A) 0.1% formic acid in water and (B) 0.1% formic acid in 90% acetonitrile, and

the flow rate was fixed at 300 nl min^{-1}. The gradient of the mobile phase was as follows: 4%

solvent B for 14 min, 4–15% solvent B for 61 min, 15–28% solvent B for 50 min, 28–40%

solvent B for 20 min, 40–96% solvent B for 2 min, holding at 96% of solvent B for 13 min,

96–4% solvent B for 1 min, and 4% solvent B for 24 min. A data-dependent acquisition method

was adopted, and the top 10 precursor peaks were selected and isolated for fragmentation. Ions

were scanned in high resolution (70,000 in MS1, 17,500 in MS2 at m/z 400), and the MS scan

range was 400–2000 m/z at both the MS1 and MS2 levels. Precursor ions were fragmented

using 27% NCE (normalized collisional energy). Dynamic exclusion was set to 30 s. Thermo

MS/MS raw files of each analysis were searched using Proteome Discoverer™ software (ver.

2.5), and the *Mus musculus* database was downloaded from UniProt. The appropriate consensus

workflow included a peptide-spectrum match (PSM) validation step and SEQUEST HT

process for detection as a database search algorithm. The search parameters were set up: 10

ppm of tolerances of precursor ion masses, 0.02 Da fragment ion mass, and a maximum of two

missed cleavages with trypsin enzyme. The dynamic modification on peptide sequence was as

follows: static carbamidomethylation of cysteine (+57.012 Da), variable modifications of

methionine oxidation (+15.995 Da), acetylation of protein N-term (+42.011 Da), and

carbamylation of protein in N-term (+43.0006 Da). After searching, the data results below 1%

of the FDR were selected and filtered using at least 6 more peptide lengths. All proteomics raw

data are shown in Supplementary Table 3-7.

Transmission electron microscopy (TEM)

Skeletal muscle tissues were fixed in 2.5% glutaraldehyde in 0.1 M phosphate buffer

(pH 7.4) and post-fixed with 1% osmium tetroxide at 4°C for 2 h. Tissues were then dehydrated

in an ethanol and propylene oxide series and embedded in Epon 812. Polymerization was

conducted using pure resin at 70°C for two days. Ultrathin sections (70 nm) were cut using an

UltraCut-UCT ultramicrotome (Leica) and placed on 150-mesh copper grids. After staining

using 2% uranyl acetate and lead citrate, the sections were observed at 120 kV by FEI Tecnai

G^2 Spirit Twin transmission electron microscopy (FEI).

In vitro copper binding assay

In total, 1 μg of recombinant GST-MTCH2 or 100 μg of cell lysates were incubated in

500 μl of RIPA containing 50 μl Profinity IMAC resin (Bio-Rad, 1560123) charged with no

metal, Cu^{2+}, Fe^{2+}, Zn^{3+}, or copper-chelating resin (G-Biosciences, 786-285) at 4°C for 1 h with

rotation. After 3 washes using RIPA buffer, immunoblotting was performed as described above.

DNA constructs and site-directed mutagenesis

pCMV3-MTCH2-myc was purchased from SinoBiological (SinoBiological,

HG16436-CM). Point mutations were generated in *Mtch2* using a Q5®Site-Directed

Mutagenesis kit (New England Biolabs, EZ004S) with primers shown in Supplementary Table

1. All constructs were confirmed by DNA sequencing.

Prediction of MTCH2 three-dimensional structure and copper-binding amino acid

residues

The three-dimensional structure of MTCH2 was modeled using AlphaFold3

(https://alphafoldserver.com/). The modeled MTCH2 structure was predicted through a

structural similarity search (Liisa Holm, http://ekhidna2.biocenter.helsinki.fi/dali), comparing

it with the mitochondrial brown fat uncoupling protein (PDB ID 8J1N) and mitochondrial

ADP/ATP carrier proteins (PDB IDs 1OKC and 4C9H), yielding Z-scores higher than 20[37,38].

Using these structures as templates, copper-binding sites in MTCH2 were modeled through

SWISS MODEL[39]. Based on the presence of methionine (M), cysteine (C), and histidine (H)

residues, which are commonly observed in copper ion-binding proteins, regions rich in sulfur

atoms outside the α-barrel (M244, M278, C268) and regions rich in nitrogen and oxygen atoms

inside the α-barrel (H142, R185, S241; H88, E127, R131) were selected as potential copper-

binding sites in human MTCH2.

Bioinformatic analysis

To examine the gene expression levels of *Ctr1* in the skeletal muscle of normal and

mitochondrial myopathy patients, the Gene Expression Omnibus (GEO) dataset (GSE43698)

was accessed. In brief, transcript profiling was obtained from skeletal muscle samples of 4

normal and 11 mitochondrial myopathy individuals.

Statistical analysis

Data are presented as the mean ± SEM. A two-tailed, unpaired Student's t-test was

used for pairwise comparison of treatments. One-way ANOVA and two-ANOVA, followed by

Tukey's or Šídák's multiple comparisons test, were used to compare three or more groups, as

indicated in the figure legends. Analysis was performed using the statistical software package

Prism 10.0 (GraphPad Software). Differences were considered significant at $p < 0.05$.

Data availability

The mass spectrometry proteomics data have been deposited to the ProteomeXchange Consortium via the PRIDE partner repository with the dataset identifier PXD064414. The RNAseq data used in this study for the analysis of *CTR1* expression (Fig. 3i) from the skeletal muscle of normal and mitochondrial myopathy patients are available from GSE43698.

Code availability

All analyses were performed using standard software packages as described in the Methods.

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Author contributions

Y.-S.L. and H.-S.K. designed and performed experiments, analyzed and interpreted data, and

wrote the manuscript; P.L.N. conducted bioinformatics analysis; J.L. and D.-I.K. generated

Ctr1-AAV; J.L. and C.M. performed histological analysis; K.-O.C., B.-E.K., T.F.O., and J.A.

analyzed and interpreted data and critically reviewed the manuscript; T.D. performed modeling;

J.-S.K., C.H.J., and T.-I.J. conceived and designed the experiments and wrote the manuscript;

All authors reviewed and edited the manuscript.

Competing interests

Kyoung-Oh Cho is a board member of Pharmacolinx Inc. All other authors declare no

competing interests.

Fig. 1 Copper uptake induced by exercise supports skeletal muscle performance in mice.

a,b, Copper levels in the GA skeletal muscle of exercise-trained wild-type (**a**) and SMKO (**b**)

mice (n = 6–8). **c,** Forelimb grip strength of Floxed and SMKO mice (n = 9–10). **d,** Running

distance, running time, and exhaustion rate of Floxed and SMKO mice in treadmill training (n

= 7). Data are presented as mean ± SEM. Statistical differences were determined by two-tailed

Student's t-test.

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Fig. 2 Glycolytic adaptation and reduced energy expenditure in SMKO mice with skeletal
muscle copper deficiency. a, Representative images of skeletal muscle from Floxed and
SMKO mice. **b,** Immunofluorescence staining of myofiber types in the GA muscles of Floxed
and SMKO mice. Scale bars = 100 μm. **c,** mRNA expression of slow- and fast-twitch fiber-
related genes in the GA muscle of Floxed and SMKO mice (n = 10). **d,** Cross-sectional area
(CSA) of each myofiber in the GA muscle of Floxed and SMKO mice. CSA frequency was
calculated using ImageJ. Scale bars = 100 μm. **e,** Energy expenditure of Floxed and SMKO

mice. **f,** Oxygen consumption rate (OCR) of single myofibers isolated from the GA muscle of
Floxed and SMKO mice following sequential treatment with oligomycin (Oligo), carbonyl
cyanide p-triflouromethoxyphenylhydrazone (FCCP), rotenone (Rot), and antimycin A (AA).
g, ATP levels in GA muscles of Floxed and SMKO mice ($n = 4$). **h,** Extracellular acidification
rate (ECAR) of C2C12 myoblasts after *Ctr1* knockdown. siNC, negative control siRNA; si*Ctr1*,
Ctr1 siRNA **i,** Blood lactate concentration of Floxed and SMKO mice ($n = 6$). Data are
presented as mean ± SEM. Statistical differences were determined by two-way ANOVA with
Šídák's multiple comparisons test (**d-f,h**) and two-tailed Student's t-test (**c,g,i**).
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Fig. 3 Disrupted Complex IV and MM-related changes in SMKO skeletal muscle. a-d,
Proteomics analysis of the GA muscle of Floxed and SMKO mice. **(a),** Volcano plot. **(b),** GO

analysis of DEPs. (**c**)**,** STRING network analysis of DEPs. (**d**)**,** GO analysis of downregulated
proteins in SMKO compared to Floxed mice. **e,** Heatmap visualization of OXPHOS-related
protein expression. **f-h,** Analysis of mitochondrial function in the GA muscle of Floxed and
SMKO mice. (**f**)**,** Protein levels of OXPHOS components and CCS. (**g**)**,** SDH and modified
Gomori trichorme (MGT) staining. Yellow arrows indicate ragged-red fibers. Scale bar = 100
μm. (**h**)**,** Transmission electron microscopy (TEM) images. Scale bar = 2 μm (4,000×
magnification), 1 μm (10,000× magnification). **i,** *CTR1* expression levels of individuals with
the MM compared to normal controls (extracted from GSE43698). Data are presented as mean
± SEM. Statistical differences were determined by two-tailed Student's t-test (**i**).
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Fig. 4 MTCH2 stability is regulated by copper binding. a, *In vitro* copper-binding assay using glutathione S-transferase (GST)-tagged human recombinant MTCH2 protein. **b,** Predicted structural models of MTCH2 generated by Alphafold3 (Left panel) and SWISS-MODEL (middle panel). Predicted amino acids involved in copper binding (right panel). **c,** *In vitro* copper-binding assay using HEK293T cells overexpressing wild-type or alanine mutant pCMV3-MTCH2-Myc constructs. Protein expression was normalized to Myc levels in whole-cell lysates. *n* = 3 independent experiments. **d,e,** Immunoblot analysis of *Mtch2*-knockout C2C12 myoblasts re-expressing pCMV3- MTCH2-Myc-wild-type (**d**) or MTCH2-M244A (**e**), pre-treated with MG132 (1μM) for 2 h and subsequently exposed to $CuSO_4$ for 6 h. Data are presented as mean ± SEM. Statistical differences were determined by one-way ANOVA (**c**) with Tukey's test.

Fig. 5 MTCH2 contributes to mitochondrial dynamics and copper homeostasis a,
Immunoblot analysis of mitochondria isolated from the Quad muscle of Floxed and SMKO
mice. **b,c,** Immunofluorescence staining of mitochondrial morphology in BCS (50 μM) treated
Mtch2 knockdown C2C12 myoblasts (**b**), and *Mtch2* knockout C2C12 myoblasts re-expressing

MTCH2-wild-type or MTCH2-M244A treated with $CuSO_4$ (200 μM) for 6 h (**c**). Scale bars =
20 μm and 5 μm (zoomed in). Mitochondrial length was quantified from ~1,000 mitochondria
observed in 10-15 cells using Image J. **d,** Immunoblot analysis of human skeletal muscle
myoblasts (HSMM) treated with vehicle or BCS for 24 h. **e,** ICP-MS analysis of mitochondrial
copper in *Mtch2* knockdown C2C12 myoblasts treated with or without $CuSO_4$ (50 μM) for 24
h ($n = 3$) and immunoblot analysis of cytosolic and mitochondrial fractions isolated from *Mtch2*
knockdown C2C12 myoblasts. siNC, negative control siRNA; si*Mtch2*, *Mtch2* siRNA. **f,g,**
Immunoblot analysis of differentiated C2C12 myoblasts following *Mtch2* knockdown (**f**), and
differentiated *Mtch2* knockout C2C12 myotubes re-expressing pCMV3-MTCH2-Myc-wild-
type or MTCH2-M244A treated with $CuSO_4$ (50 μM) for 24 h. COX1 protein expression was
normalized to β-actin levels. $n = 2$ independent experiments. (**g**). Data are presented as mean ±
SEM (**e-g**) or ± SD (**b,c**). Statistical differences were determined by two-tailed Student's t-test
(**f**), one-way ANOVA (**b,c,e,g**) with Tukey's test.
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Fig. 6 ES rescues mitochondrial function, energy metabolism, and exercise capacity in SMKO mice. ES was administrated subcutaneously to Floxed and SMKO mice for 2 weeks. **a,** Copper levels in the GA muscle (*n* = 2–3). **b,** Running distance and duration in treadmill training (*n* = 7). **c,** Immunofluorescence staining of myofiber types. **d,** OCR of single myofibers.

Bars labeled with different letters (a, b, c, d) indicate statistically significant differences
between groups ($p < 0.05$). **e,** Blood lactate concentration ($n = 6$). **f,** Energy expenditure ($n = $
5–7). **g,** OXPHOS and CCS protein levels. **h,** SDH and MGT staining. Scale bar = 100 μm. **i,**
TEM images. Scale bar = 2 μm (4,000× magnification), 1 μm (8,000× magnification). Data are
presented as mean ± SEM. Statistical differences were determined by one-way ANOVA (**a,b,e**)
and two-way ANOVA (**c,d,f**) with Tukey's test.

Fig. 7 AAV-DIO-mediated *Ctr1* re-expression in skeletal muscle restores mitochondrial function and improves exercise performance in SMKO mice. A single intramuscular injection of AAV-DIO-*Ctr1* was administered to SMKO mice, and assessments were performed after 5 weeks. **a,** Copper levels in the GA muscle (*n* = 3). **b,** Running distance and duration in treadmill training (*n* = 5). **c,** Immunofluorescence staining of myofiber types. **d,** OCR of single myofibers. **e,** Blood lactate concentration (*n* = 4–5). **f,** Energy expenditure. **g,** OXPHOS, CCS, and MTCH2 protein levels, normalized to GAPDH expression. **h,** SDH and MGT staining.

969 Scale bar = 100 μm. **i,** TEM images. Scale bar = 2 μm (4,000× magnification), 1 μm (10,000×
970 magnification). Data are presented as mean ± SEM. Statistical differences were determined by
971 one-way ANOVA (**a,b,e,g**) and two-way ANOVA with Tukey's test (**c,d**) or Šídák's multiple
972 comparisons test (**f**). ns, not significant.
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