



DZHK DEUTSCHES ZENTRUM FÜR HERZ-KREISLAUF-FORSCHUNG E.V.

UniversitätsKlinikum Heidelberg

External Seminar

Speaker

Jonathan Lambert, BS Center for Translational Medicine Lewis Katz School of Medicine at Temple University Philadelphia



Place:Analysezentrum 3, 2. OG, Room 02.332Date:Friday, June 7thTime:1.00 pm

MCUB regulates the molecular composition of the mitochondrial calcium uniporter channel to limit mitochondrial calcium overload during cardiac stress

The mitochondrial calcium uniporter channel (mtCU) is a multi-subunit complex that resides in the inner mitochondrial membrane and is required for mitochondrial Ca²⁺ (_mCa²⁺) uptake. Mitochondrial Calcium Uniporter B (MCUB, CCDC109B gene), a recently identified paralog of *MCU*, is reported to negatively regulate ${}_{m}Ca^{2+}$ uptake; however, its precise regulation of uniporter function and contribution to cardiac physiology remain unresolved. Size exclusion chromatography of mitochondria isolated from ventricular tissue revealed MCUB was undetectable in the high-molecular weight (MW) fraction of sham animals (~700kD, size of functional mtCU), but 24 hours following myocardial ischemia-reperfusion injury (IR) MCUB was clearly observed in the high-MW fraction. To investigate how MCUB contributes to mtCU regulation we created a MCUB^{/-} cell line using CRISPR-Cas9n. MCUB deletion increased histamine-mediated [mCa2+] transient amplitude by ~50% vs. WT controls (mito-R-GECO1). Further, MCUB deletion increased mtCU capacitance (patch-clamp) and rate of $[_mCa^{2+}]$ uptake. FPLC fractionation of the mtCU revealed that loss of MCUB increased MCU incorporation into the high-MW complex suggesting stoichiometric replacement and overall increase in functional mtCU complexes. Next, we generated a cardiac-specific, tamoxifeninducible MCUB mouse model (CAG-CAT-MCUB x MCM; MCUB-Tg) to examine how the MCUB/MCU ratio regulates mtCU function and cardiac physiology. MCUB-Tg mice were infected with AAV9-mitycam (mCa²⁺ reporter) and adult cardiomyocytes were isolated to record $[_mCa^{2+}]$ transients during pacing. Increasing the MCUB/MCU ratio decreased $[_mCa^{2+}]$ peak amplitude by ~30% and significantly reduced the [mCa²⁺] uptake rate. FPLC assessment revealed MCUB was undetectable in the high-MW fraction of Cre controls, but enriched in MCUB-Tg hearts. MCUB incorporation into the mtCU decreased the overall size of the uniporter and reduced the presence of channel gatekeepers, MICU1/2. Immunoprecipitations suggest that MCUB directly interacts with MCU but does not bind MICU1/2. These results suggest that MCUB replaces MCU in the mtCU and thereby modulates the association of MICU1/2 to regulate channel gating. Cardiomyocytes isolated from MCUB-Tg hearts displayed decreased maximal respiration and reserve capacity,

Seite 2

which correlated with a severe impairment in contractile reserve (LV invasive hemodynamics). MCUB-Tg cardiac mitochondria were resistant to Ca^{2+} -induced mitochondrial swelling suggesting MCUB limits mitochondrial permeability transition. Further, MCUB-Tg mice subjected to *in vivo* myocardial IR revealed a ~50% decrease in infarct size per area-at-risk. These data suggest that MCUB regulation of the mtCU is an endogenous compensatory mechanism to decrease $_mCa^{2+}$ overload during ischemic injury, but this expression is maladaptive to cardiac energetic responsiveness and contractility.

Host: Prof. Dr. med. Johannes Backs

Director of the Department Molecular Cardiology and Epigenetics Department of Internal Medicine VIII University of Heidelberg