BRIEF COMMUNICATION

4-Hydroxybenzoic acid restores CoQ\textsubscript{10} biosynthesis in human COQ2 deficiency

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Abstract
The clinical phenotypes of human CoQ\textsubscript{10}-deficiency caused by COQ2 mutations range from fatal neonatal disease to adult-onset multisystem atrophy. So far, treatment options for these diseases are unsatisfactory. Here, we demonstrate that supplementation of 4-hydroxybenzoic acid (4-HBA) fully restores endogenous CoQ\textsubscript{10}-biosynthesis in COQ2-deficient cell lines. This was accompanied by increased protein expression of CoQ\textsubscript{10}-biosynthesis-enzymes as well as a rescue of cell viability during stress conditions. \textit{In silico} analysis suggested a ligand transportation path for 4-HBA through the COQ2 protein towards the mitochondrial matrix side. This process is apparently hindered by disease-causing mutations, which can be overcome by increasing 4-HBA concentrations.

Introduction
The mitochondrial respiratory chain requires several cofactors for normal functioning.\textsuperscript{1} Among these cofactors, coenzyme Q\textsubscript{10} (CoQ\textsubscript{10}) features prominently. CoQ\textsubscript{10} acts as a lipid-soluble electron carrier from mitochondrial complex I/II to complex III.\textsuperscript{2} In addition, CoQ\textsubscript{10} participates in a number of aspects of cellular metabolism including redox homeostasis and membrane stability.\textsuperscript{2,3}

CoQ\textsubscript{10} is mainly derived via endogenous biosynthesis, depending on the interplay of at least 12 different enzymes.\textsuperscript{4} One of these enzymes is COQ2 (4-HBA-polyisoprenyltransferase), which catalyzes the prenylation of 4-hydroxybenzoic acid (4-HBA) with an all-trans polyisoprenyl chain.\textsuperscript{5} Human COQ2-deficiency was first identified in 2006 in two siblings with infantile-onset nephropathy and psychomotor regression.\textsuperscript{6} In the following, several other patients were reported. The disease spectrum ranges from neonatal-onset multisystem diseases to adult-onset ataxia and cerebellar atrophy (Table S1).

Of note, clinical response to supplementation of CoQ\textsubscript{10} was unsatisfactory in most COQ2-deficient patients reported so far, which might be related to its poor oral bioavailability (Table S1).\textsuperscript{7,8} Additional factors are that CoQ\textsubscript{10} is incorporated in all cell membranes (e.g., not specifically mitochondrial) and its subcellular distribution requires the action of the chaperone-like proteins COQ10A and COQ10B.\textsuperscript{4} Therefore, it remains unclear if orally administered CoQ\textsubscript{10} effectively reaches the respiratory chain.

Methods

Cell culture
Fibroblasts cell lines were cultured in Dulbecco’s modified Eagle’s medium (Life Technologies) supplemented with
10% fetal bovine serum (life technologies) and 1% peni-
cillin/streptomycin (life technologies) at 37°C in a humid-
ified atmosphere of 5% CO₂. The use of patient-derived
cell lines was approved by the ethical committee of the
Medical Faculty, Heinrich-Heine-University Düsseldorf
(#5238). Biochemical details regarding the COQ2 and the
COQ9 cell lines were published previously (COQ2-def.1
and COQ9-def. see Danhauser et al., 2015; COQ2-def.2
and COQ2-def.3 see Jakobs et al., 2013; see also
Table S1).9,10

**UPLC-ESI-MS/MS analysis**

UPLC-ESI-MS/MS analysis was performed using an
Acquity UPLC-I Class (Waters, UK) coupled to a Waters
Xevo TQ-S tandem mass spectrometer (Waters, UK),
which was equipped with an ESI source operating in the
positive ion mode. Methodological details were described
previously.11

**Compound supplementation studies**

For compound testing, 400,000 cells/T75 flask were cul-
tured and medium was changed every third day contain-
ing one of the following substances: 4-hydroxybenzoic
acid (4-HBA), 4-hydroxyphenylpyruvic acid (4-HPPA), 4-
hydroxybenzaldehyde (4-HBAL), L-tyrosin and mevalonic
acid. Chemicals were purchased from Sigma-Aldrich. L-
tyrosin was dissolved in 1N NaOH. All other compounds
were dissolved in 0.03% DMSO (Sigma). After 14 days of
culturing, cells were harvested for UPLC-ESI-MS/MS
analysis.

**Immunoblot analyses**

Methodological details of immunoblot analyses were
described previously.11 The following primary antibodies
were used: COQ2 (anti-chicken; 1:1000; AS132713; Agris-
era), COQ4 (anti-rabbit; 1:500; 16654-1-AP; Proteintech),
COQ7 (anti-rabbit; 1:1000; 15083-1-AP; Proteintech) or
SDHA (anti-mouse; 1:1000; ab14715; Abcam).

**Cell proliferation**

Cell proliferation was determined using the crystal violet
assay as described previously.12

**Live/dead assay**

Cells viability was measured using Life/Dead assay®
(Invitrogen) according to the manufactures protocol.

**In silico analysis**

The apo structure of the archaeal homolog of COQ2 from
*Aeropyrum pernix* was used as a template to build a
model of human COQ2 using the modeling server Phyre
2.13,14 The resulting model was manually inspected using
the program COOT.15 4-HBA binding sites were deter-
mined using the program AUTODOCK.16 After inspec-
tion of protein ligand interactions, putative binding sites
were visualized using the program Pymol (www.pymol.
org).

**Results**

**Supplementation of 4-hydroxybenzoic acid
restores CoQ₁₀ biosynthesis**

4-hydroxybenzoic acid (4-HBA) is a small molecule,
which is derived from L-tyrosine (Fig. 1A). As depicted
in Figure 1B, 4-HBA as well as its precursor compounds
4-HPPA, 4-HBAL and, to a lesser extent, L-tyrosine res-
cued the biochemical defect in three COQ2-deficient
fibroblast lines. This phenomenon was dose-dependent
with significant effects of 4-HBA, 4-HPPA, and 4-HBAL
down to concentrations of 1 μmol/L (Fig. 1C). Of note,
treatment of fibroblasts with mevalonic acid (1000 μmol/
L for 2 weeks) had no effect on CoQ₁₀ biosynthesis (not
shown).

**4-hydroxybenzoic acid stimulates the
expression of CoQ₁₀ biosynthesis enzymes**

As depicted in Figure 2A and B, COQ2 protein levels
were normal in COQ2 patient cells compared to controls.
This phenomenon has been described before and indicates
that COQ2 patients express normal levels of a dysfunc-
tional COQ2 protein.17 4-HBA did not alter COQ2 levels
in control or patient fibroblasts. Regarding COQ4 and
COQ7, which are both crucial CoQ₁₀ biosynthesis
enzymes, we observed reduced protein levels in the
COQ2-deficient patient fibroblasts. These abnormalities
significantly improved upon 4-HBA supplementation.

**4-hydroxybenzoic acid rescues cell viability
of COQ2-deficient fibroblasts**

We previously demonstrated that culturing of CoQ₁₀-defi-
cient fibroblasts in galactose medium impairs cell viabil-
ity.11 In accordance, determination of cell proliferation
using the crystal violet assay showed severely impaired cell
growth of COQ2-deficient cells during galactose culture
stress conditions (Fig. 2C). Comparable findings were
observed in fibroblasts with COQ9 deficiency. 4-HBA treatment fully normalized cell proliferation in COQ2-deficient cells but had no effects on COQ9-deficient fibroblasts. In keeping with this observation, 4-HBA rescued cell viability in COQ2-deficient cells during galactose culture (Fig. 2D).

**In silico analysis of human COQ2**

By applying homology modeling using the structure of ApUbiA in its apo-state and subsequent ligand docking, we obtained a model of human COQ2 in complex with the 4-HBA ligand (Fig. 3A; sequence alignments see Figure S2). We verified our docking results with the structure, which was reported in the presence of the 4-HBA ligand. The program AUTODOCK identified several putative 4-HBA binding sites. One of these binding sites corresponded well with the binding site in the ApUbiA crystal structure. The crystalized ligands are shown in cyan, whereas the docked ligand is highlighted in white (Fig. 3A; left panel, magnified region). The amino acids interacting with the ligand as observed in the crystal structure are completely conserved in human COQ2 (highlighted in cyan, Fig. 3B, left panel and Fig. S1, right panel). Of note, Cheng & Li (2014) demonstrated for the ApUbiA protein that mutations of these interacting
residues result in an almost complete loss of activity, indicating that this is the main catalytic site.13 Interestingly, we further obtained several additional putative 4-HBA binding sites (Fig. 3A). It appears that these binding sites are located along a tunnel-like structure (Fig. 3A, right panel). We then mapped the clinically-described mutants of COQ2 onto our model. As shown in Figure 3B, the majority of these mutants are located near the putative tunnel where 4-HBA passes through the protein.

Discussion

Clinical response to CoQ10 substitution in CoQ10 deficiency disorders varies greatly among the different underlying genetic defects. As discussed above, especially in the severe forms, results of CoQ10 treatment are unsatisfactory. Therefore, the idea of metabolic bypass treatment using CoQ precursor compounds emerged.11,18 Here, we identified 4-HBA supplementation as an effective treatment for COQ2-deficient fibroblasts. 4-HBA is a water-soluble small molecule, which is derived from L-tyrosine (Fig. 1A). The finding that 4-HBA rescues COQ2 deficiency initially appeared to be surprising since the concept of metabolic bypass strategies mainly implies that a substrate is provided, which enters the metabolic pathway distal of the enzymatic block.11 In contrast, 4-HBA is a direct substrate of COQ2, which mediates its condensation with the polyisoprenoid side chain. This
suggests that clinically-relevant COQ2 mutations are associated with a residual enzyme activity that can be stimulated by increasing substrate availability. Interestingly, as shown in Figure 2A, COQ2 protein levels in several patient-derived fibroblast lines were not reduced. This indicates that mutant COQ2 is still active but operates at a slow rate.

Another surprising finding of our study was the full restoration of CoQ10 levels in COQ2 patient fibroblasts with 4-HBA treatment. Metabolic bypass strategies that we performed previously in the context of COQ7 and COQ9 deficiency yielded only moderate effects on CoQ10 biosynthesis. This treatment response reminded us of defects involving cofactor transport processes (e.g., thiamin or riboflavin metabolism disorders), which can be compensated by high-dose supplementation of the substrate. Interestingly, COQ2 is a transmembrane protein of the inner mitochondrial membrane that is in contact with the mitochondrial intermembrane space as well as the mitochondrial matrix. However, no transport functions have been described for COQ2 so far. Importantly, in our experiments 4-HBA seemed to be the rate-limiting factor.

Figure 3. *In silico* analysis with homology modeling and ligand docking of the human COQ2 protein. (A) Structural model of human COQ2 based on the ApUbiA crystal structure (PDB entry: 4OD5). Left panel: cartoon representation with the 4-HBA ligand bound. The binding site of 4-HBA as identified in the ApUbiA crystal structure is highlighted in cyan. The magnified region demonstrates the co-localization of the binding site in the crystal structure with one of the binding sites identified in this study. In addition, ligand docking revealed several additional putative binding sites, which are colored differently. Right panel: surface representation of the human COQ2 model. The identified ligand binding sites are shown in sticks. Ligand docking appears to follow a tunnel-like structure, which directs 4-HBA to the final activity site for conversion (the ligand transportation path is highlighted by an arrow). (B) Known mutations are docked onto the human COQ2 model. Left panel: the mutants published by Cheng & Li (2014) in ApUbiA, which almost completely abolish the enzymatic activity are shown in cyan. The patient mutations as described in Table S1 are shown as stick representation. Severity of the mutations in the clinical context is highlighted as follows: severe (Trp254Arg Ala302Val Ser146Asn and Arg387Xp) in red, intermediate (Gly390Ala Tyr297Cys and Arg197His) in blue and late-onset (Met128Val and Val393Ala) in magenta. The mutations that were investigated in this study are indicated by dotted lines. Right panel: surface representation of the COQ2 model with the possible 4-HBA binding sites. The mutations are color-coded as described above. Please note that the mutations described so far are mainly clustering around the proposed tunnel-like structure.
compound since stimulation of the isoprenoid pathway using mevalonic acid was ineffective.

Of note, although COQ2 was already described by Winrow et al. in 1969, its exact function is still not fully understood.20 In order to gain more insights into 4-HBA metabolism via COQ2 we performed in silico analysis with homology modeling and ligand docking. As shown in Figure 3, our analysis revealed several interesting aspects: First of all, the putative catalytic site of COQ2, which binds 4-HBA and mediates the condensation with the polyprenyl side chain is highly conserved. No patient-related mutations directly affecting these residues were described so far suggesting that such defects may be incompatible with life. Moreover, we identified several additional putative 4-HBA binding sites appearing to be located along a tunnel-like structure (Fig. 3A). It is tempting to speculate that this structure constitutes a ligand transportation path for 4-HBA through the COQ2 protein. This idea is further supported by the observation that clinically-relevant COQ2 mutations cluster around this tunnel-like structure, indicating that they hinder 4-HBA transport. We suggest that increasing 4-HBA concentrations might accelerate substrate flow through the COQ2 protein thereby reactivating CoQ10 biosynthesis. This reactivation is actually highlighted by our immunoblot analyses that revealed a drastic increase in CoQ10 biosynthesis protein expression levels in COQ2-deficient cell lines upon 4-HBA treatment.

In view of the above findings, further in vivo studies will be of major importance to establish a drug profile analysis for 4-HBA and to evaluate its therapeutic potential under clinical conditions. Moreover, testing 4-HBA in the context of different clinically relevant mutations will be helpful to investigate differences in drug response based on the underlying genetic defect.

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Author Contributions

D. Herebian and A. Seibt contributed to the study design, performed experiments and analyzed data. S. Smits performed in silico analysis. R. Rodenburg provided the fibroblasts lines COQ2-def.2 and COQ2-def.3. E. Mayatepek provided intellectual input and laboratory resources. F. Distelmaier contributed to the study design, analyzed data and wrote the manuscript. All authors commented on the manuscript at all stages.

Conflict of Interest

The authors declare that they have no conflict of interest with the contents of this article.

References


Supporting Information

Additional Supporting Information may be found online in the supporting information tab for this article:

Figure S1. It depicts a cartoon representation of the crystal structure of ApUbiA in the substrate bound state. The essential residues are shown, which most likely constitute the main catalytic site of the enzyme.

Figure S2. It depicts a sequence alignment of the ApUbiA protein with the human COQ2 sequence.

Table S1. It provides an overview of individuals with COQ2 defects published in the literature. The table illustrates the different clinical phenotypes associated with COQ2 deficiency and indicates the poor response of this disorder to oral CoQ10 supplementation.