

**Fig. 2** Hypothetical schema of upstream mediators and downstream consequences of cellular RNA oxidation. Disrupted mitochondria (Hirai et al. 2001) likely play a central role in producing ROS as well as supplying redox-active metals (iron and copper) in the cytosol to catalyze  $\cdot\text{OH}$  production through the Fenton/Harber–Weiss reactions. Oxidation of coding RNAs leads to reduced level of functional proteins, and to formation of non-functional, truncated proteins or mutated proteins. Non-coding RNAs could also be oxidized and their complex regulatory functions in protein synthesis should be impeded, while this interesting aspect still remains largely unexplored

(Schapira et al. 1990; Gu et al. 2002) and metal ion dysregulation (Sofic et al. 1988; Berg et al. 2002) are also found in the substantia nigra of PD, making this mechanism a common theme in neurodegenerative cascades.

## Conclusion

Involvement of RNA oxidation in the process of aging and neurodegeneration has been demonstrated in human brain tissue and experimental models. Indeed, remarkable RNA oxidation has been observed in vulnerable neuronal population of AD, PD, DLB, ALS, DRPLA (a CAG-repeat disease), and prion diseases (CJD and GSS). Particular emphasis should be placed on the early-stage involvement of RNA oxidation in the process of neurodegeneration, which suggests a primary role of RNA oxidation in the pathomechanisms. Indeed, oxidized RNA is associated with a disturbance in protein synthesis in vitro and in vivo. There are only a small number of studies suggesting the existence of coping mechanisms for RNA damage at present. Understanding of the consequences and cellular handling mechanisms of the oxidative RNA damage may provide clues to the underlying mechanisms of aging as well as pathophysiology of chronic degenerative disorders and lead to better anti-aging and therapeutic strategies.

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REVIEW ARTICLE

## Nuclear and mitochondrial DNA oxidation in Alzheimer's disease

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### Abstract

The study of Alzheimer's disease neuropathology has been intimately associated with the field of oxidative stress for nearly 20 years. Indeed, increased markers of oxidative stress have been associated with this neurodegenerative condition, resulting from oxidation of lipids, proteins and nucleic acids. Increased nuclear and mitochondrial DNA oxidation are observed in Alzheimer's disease, stemming from increased reactive oxygen species attack to DNA bases and from the impairment of DNA repair mechanisms. Moreover, mitochondrial DNA is found to be more extensively oxidized than nuclear DNA. This review is intended to summarize the most important cellular reactive oxygen species producers and how mitochondrial dysfunction, redox-active metals dyshomeostasis and NADPH oxidases contribute to increased oxidative stress in Alzheimer's disease. A summary of the antioxidant system malfunction will also be provided. Moreover, we will highlight the mechanisms of DNA oxidation and repair. Importantly, we will discuss evidence relating the DNA repair machinery and accumulated DNA oxidation with Alzheimer's disease.

**Keywords:** BER, 8-hydroxyguanine, hydroxyl radical, mitochondria, nucleus

### Introduction

Alzheimer's disease (AD) is a highly prevalent and, to date, incurable neurodegenerative disorder. The prevalence of AD in 2009 was estimated at 35.6 million cases worldwide, a number predicted to be more than double by 2050 [1]. The formation of neurofibrillary tangles (hyperphosphorylated tau protein) and senile plaques (aberrant aggregates of amyloid- $\beta$  (A $\beta$ ) protein) are distinctive hallmarks of the disease process [1,2]. Two subsets of patients are considered according to the ethiogenesis of AD: those with a mid-life onset form of disease, usually referred to as early onset and due to its usual association with other affected family members, familial form of AD (fAD);

while the vast majority of cases are represented by the late onset sporadic forms of AD (sAD). For fAD, some mutations and duplications of genes associated with A $\beta$  production have been identified [3,4]. Concerning sAD, only risk factors that affect the onset and course of disease have been identified. Some of these risk factors support the mitochondrial cascade hypotheses (for further detail, see [5,6]).

Despite the controversy surrounding the causes of AD, a growing body of evidence reveals oxidative stress as an early event during the cascade of degenerative events. Indeed, oxidation of several biomolecules such as lipids, proteins and DNA has been shown to occur in mild cognitive impairment (MCI),

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a stage from which most individuals progress to AD [7–15] (Nunomura et al. unpublished). Oxidative stress underlies, at least in part, the pathological relation that supports diabetes as a risk factor for the development of AD [16,17]. The generation of reactive oxygen species (ROS) primarily stems from mitochondrial metabolism, and while these radicals can have damaging effects, they also act as important cellular secondary messengers. The effect of ROS as oxidative-modifying agents seems to underlie the aging process [18]. The exacerbation of ROS production in post-mitotic cells, such as neurons, which have limited self-renewal, results in dramatic alterations to their function and viability [19]. The alteration of the oxidative environment is also often a consequence of the reduction in the antioxidant capacity of the cell [13,20].

The hydroxyl radical ( $\cdot\text{OH}$ ) is highly reactive, meaning it is a ROS that has an uncoupled electron that can directly damage DNA.  $\cdot\text{OH}$  can react with purines, pyrimidines and even with the deoxyribose backbone [21,22]. The most extensively studied alteration on DNA due to oxidative damage is the formation of 8-hydroxyguanine (8OHG) and its deoxynucleoside equivalent (8OHdG) [23,24]. 8OHG assumed such preponderance as a marker of oxidative DNA damage because guanine is the base with the lowest oxidation potential and thus most susceptible to damage [25]. Oxidative damage to DNA induces mutagenic properties and can alter the binding of transcription factors resulting in epigenetic regulation [26]. Therefore, both nuclear and mitochondrial DNA (nDNA and mtDNA, respectively) oxidation is a key event in the neurodegenerative process.

The purpose of this review is to summarize aspects that result in the alteration of oxidative status in AD. We will also provide an outline about nDNA and mtDNA oxidation and DNA repair mechanisms. Finally, we will discuss evidence showing accumulated nDNA and mtDNA oxidation in AD.

### **Oxidative disequilibrium in Alzheimer's disease**

#### *ROS production*

A considerable amount of literature implicates a number of cellular constituents in the formation of ROS, particularly in AD neuropathology. Among the most relevant producers of ROS, it is mandatory to consider the contribution of mitochondria (1), redox-active metals (2) and NADPH oxidases (3).

**Mitochondria.** Mitochondria are mid-placed in the convergence of several cellular processes. Aerobic oxidative phosphorylation occurs by the generation of an electron stream throughout the mitochondrial respiratory complexes I–IV. Along with electron flow, the

efflux of protons from the matrix to intermembrane space generates energetic potential that drives the phosphorylation of ADP to ATP by the FoF1-ATP synthase or mitochondrial complex V [27,28]. Mitochondria account for more than 90% of cellular energetic production [29]. Neurons are highly reliant on mitochondrial energetic generation due to limited glycolytic capacity, making them highly dependent on aerobic oxidative phosphorylation; furthermore, neuronal function is extremely energy demanding [30]. The final acceptor of electrons is molecular oxygen that is reduced to water. However, electron leak can occur, especially by complexes I and III, participating in a single-electron reduction of oxygen, thereby, generating superoxide anion ( $\text{O}_2^{\cdot-}$ ) that is considered the primary ROS [31,32]. Whereas complex I produces  $\text{O}_2^{\cdot-}$  only within the matrix, complex III can produce  $\text{O}_2^{\cdot-}$  to both sides of the mitochondrial inner membrane.  $\text{O}_2^{\cdot-}$  in the intermembrane space theoretically accesses cytosol more easily, either assuming its function as signalling molecule or harmful agent [32–34].  $\text{O}_2^{\cdot-}$  can be readily dismutated by superoxide dismutases (SOD) present in the mitochondria (manganese SOD, MnSOD) and in the cytosol and intermembrane space (copper/zinc SOD, Cu/ZnSOD) forming hydrogen peroxide ( $\text{H}_2\text{O}_2$ ) [35]. Subsequently, glutathione peroxidase (GPx) or peroxiredoxin III (Prx III) convert  $\text{H}_2\text{O}_2$  to water [36]. Damage to cellular structures occurs when the balance between ROS production and scavenging is affected, as it occurs in AD. Imbalance in endogenous enzymatic and non-enzymatic antioxidants in the course of AD will be further discussed below. Also mitochondrial matrix enzymes such as glycerol-3-phosphate dehydrogenase, and those belonging to the tricarboxylic acid (TCA) cycle like  $\alpha$ -keto dehydrogenase (KDH) and pyruvate dehydrogenase (PDH) produce  $\text{O}_2^{\cdot-}$  in the matrix; however, the contribution of these enzymes to total mitochondrial ROS production remains unclear [24,37]. Furthermore, also monoamine oxidase in the mitochondrial outer membrane produces free radicals generating considerable amounts of  $\text{H}_2\text{O}_2$  [24]. Under conditions of elevated oxidative stress, the opening of the mitochondrial permeability transition pore is promoted allowing apoptotic factors such as cytochrome c and the apoptosis-inducing factor to be released to the cytosol [38]. Thus, ultimately, chronic elevations in ROS levels may cause cell death, which culminates in neurodegeneration.

Several mitochondrial defects potentially causative of an increase in ROS production, a situation that occurs in AD, have been abundantly described in the literature. Multiple studies suggest alterations in the activity of mitochondrial enzymes involved in TCA cycle and electron transport chain (ETC) [39,40]. Indeed, mitochondrial bioenergetic deficits are an early event that precedes AD pathology in



animal models of AD [41,42]. Accordingly, it has been previously shown in the brains of AD patients a decrease in cytochrome oxidase (COX) activity, an increase in free radical generation and a reduction in energy metabolism prior to senile plaque formation [43–49]. During the disease progression, A $\beta$  is translocated towards mitochondria [50,51] enabling its interaction with critical redox centres of the subunit I of COX [52,53] and A $\beta$ -binding alcohol dehydrogenase (ABAD) [54,55]. Both interaction of A $\beta$  with the subunit I of COX and ABAD potentiate mitochondrial dysfunction and further increase ROS production. Likewise, a molecular interaction between amyloid- $\beta$  protein precursor (A $\beta$ PP), heat shock proteins and Bcl-2, decreases protection against insults, which is likely to lead to a diverse array of mitochondrial disturbances including apoptosis [56]. Some mtDNA mutations have been associated with increased incidence of AD [57,58], in addition to brains having increased and unique mtDNA mutations compared to control cases, this being further enhanced in an age-dependent fashion and preferentially in mtDNA regulatory elements [58]. Other types of mitochondrial defects have been described in AD, including abnormal mitochondrial dynamics, biogenesis and transport through axons [59–63], possibly leading to the impairment of efficient mitochondrial turnover.

Accumulating evidence places mitochondria in a strategic position in determining cellular fate as primary energy producers, ROS sources and cell executioners. In AD, mitochondrial energetic function is impaired, exacerbating ROS production and, consequently, cell damage and death.

*Redox-active metals.* Brain is relatively enriched in transition metals with redox activity such as copper, iron and manganese. Such biometals assume important functions in synapses and are part of active centres of metalloproteins with enzymatic activity like aconitase, COX (iron) and cytosolic SOD (copper and zinc). The interplay between redox-active metals and AD assumes at least two dimensions: (1) metals intervene in A $\beta$  aggregation and (2) redox cycling/ROS production [64].

It has been reported that A $\beta$  deposition and A $\beta$ PP processing and synthesis are promoted in the presence of iron [15,65]. Furthermore, iron homeostasis dysregulation in the brain is suggested to be an early neuropathological event, being involved in increased oxidative stress and inflammation [15]. Indeed, recent data demonstrates that iron-mediated enhancement of oxidative stress occurs in pre-clinical AD and MCI [66]. This is in agreement with previous data reporting increased redox-active iron in cerebrospinal fluid (CSF) from AD subjects [67]. Notably, it is known that iron accumulates in the brain as a function of age [68], likely assuming a role not only in the triggering

of disease process but also in the escalation of neuropathological processes. This is in line with evidence showing that besides iron, zinc and copper also participate in the initiation of A $\beta$ -mediated seeding process and A $\beta$  oligomerization [69]. Similarly, more recently, Liu and collaborators [70] demonstrated that iron delays the ordered fibrilization of A $\beta$ , enhancing its toxicity, but only if the metal is present throughout the aggregation process. Two compelling studies analyzed the role of the different transition metals in the process of A $\beta$  aggregation and concluded that while zinc promotes the formation of oligomers and protofibrils, copper and iron inhibit fibril formation [71,72].

The redox state of the cell is primarily dependent on an iron (and copper) redox couple and is maintained within strict physiological limits [73]. As a transition metal, iron is involved in the formation of  $\bullet$ OH via the Fenton reaction [74]. The Fenton reaction consists of a molecule of H<sub>2</sub>O<sub>2</sub>, originated from O<sub>2</sub><sup>-</sup> dismutation, reacting with Fe<sup>2+</sup> to generate Fe<sup>3+</sup> and hydroxide anion (OH<sup>-</sup>) with  $\bullet$ OH. Fe<sup>3+</sup> can be again reduced by O<sub>2</sub><sup>-</sup>, generating a redox cycle by which O<sub>2</sub><sup>-</sup> facilitates the Fenton reaction by making Fe<sup>2+</sup> available [73]. Copper can also participate in the Fenton reaction to generate ROS [75,76].  $\bullet$ OH can also be produced by direct reaction of O<sub>2</sub><sup>-</sup> with H<sub>2</sub>O<sub>2</sub>, a reaction known as the Haber–Weiss reaction [73]. The  $\bullet$ OH is a highly reactive radical with a half-life of approximately 10<sup>-9</sup> s, therefore reacting and damaging structures close to its source [22]. Mitochondria consubstantiate a microenvironment highly enriched in iron since many mitochondrial enzymes possess heme groups and iron-sulfur cluster in their active centres making them favourable locations of  $\bullet$ OH production [23]. Hence, mitochondria are prone to oxidative damage and particularly susceptible to  $\bullet$ OH-mediated oxidation, which has a major role in DNA oxidation.

*NADPH oxidases.* Nicotinamide adenine dinucleotide phosphate (NADPH) oxidase is a multimeric enzyme that belongs to the NOX gene family. NADPH oxidase enzymatic complex is composed of cytochrome b558 (a heterodimer comprising a 22-KDa alpha-subunit—p22phox—and a glycosylated approximately 91-KDa beta-subunit—gp91phox), several cytosolic proteins (p47phox, p67phox, p40phox) and the Rac G-protein. NADPH oxidase is activated and translocated to form the enzymatic complex with the membrane bound cytochrome b558 [77]. NADPH oxidase is known to have seven different isoforms from which NOX1, NOX2 and NOX4 are expressed in neurons, astrocytes and microglia. Recently, it has been suggested that several NOX isoforms can be expressed within the same cell [78].

NOX2 is the isoform expressed in the phagocytes in the immune system and microglia, the resident



macrophages in the CNS. The physiological function of this enzyme in the immune system is to produce  $O_2^{\cdot-}$  in response to microorganism invasion as a form of 'oxidative defense' [79]. During pathological events that occur in AD, such as neuroinflammation and in reaction to A $\beta$  peptide, NADPH oxidase contributes to the generation of abnormal and deleterious levels of ROS [80,81]. A $\beta$  is known to directly activate the NADPH oxidase complex in macrophages, rat microglia and, importantly, in cortical neurons resulting in increased production of  $O_2^{\cdot-}$  and  $H_2O_2$  [82–84]. Likewise, microglial expression of NADPH oxidase subunit p22phox is enhanced in AD brain [85]. Interestingly, NADPH oxidase alterations have been placed as one of the earliest events of AD, being up-regulated in superior and middle temporal gyri from MCI patients both by expression and activity, but not at pre-clinical or late stages of the disease [86]. A recent study expanded this analysis and also detected increased expression of several NADPH oxidase complex subunits as well as increased activity in frontal and temporal cortical regions of MCI, early and mild-to-moderate AD patients [87]. Cerebrovascular dysfunction is believed to be one of the earliest events in the progression of AD [88]. Indeed, A $\beta$ -induced NADPH oxidase-mediated generation of ROS is described to induce cerebrovascular dysfunction, contributing to the malfunctioning of the neurovascular unit and behavioral dysfunction in rodents [89,90].

Overall, these data demonstrate a critical role for NADPH oxidase to the total dysregulation of oxidative status during the progression of AD.

#### *Endogenous antioxidant imbalance*

Besides exacerbated ROS production, also the impairment of endogenous antioxidant defences, both enzymatic and non-enzymatic, contributes to 'unbalance the scale' of the oxidative status equilibrium in AD. Regarding enzymatic antioxidant defences, Cu/ZnSOD and/or MnSOD dismutate  $O_2^{\cdot-}$ , forming  $H_2O_2$  that can be readily converted to water by the action of GPx or catalase [91]. An animal strain generated by crossing an AD transgenic mice with mice partially deficient in MnSOD demonstrated a ROS-dependent increase in A $\beta$  levels [92], tau phosphorylation [93] and significant worsening of the behavioral outcome [94]. Overexpression of MnSOD in both Tg19959 [95] and Tg2576 [96] AD animal models alleviated protein oxidative damage, microglia activation and A $\beta$  levels, rescuing behavioral deficits.

Along with MnSOD, also Cu/ZnSOD and catalase are significantly reduced in the frontal and temporal cortex of AD patients [97]. Moreover, Cu/ZnSOD activity decreased peripherally in AD patients [98]. In agreement, others have documented that impaired

Cu/ZnSOD activity contributes to oxidative damage in Thy1-APP751(SL) transgenic mice [99]. It was hypothesized that catalase activity inhibition is due to the interaction of A $\beta$  peptide with this antioxidant enzyme, a hypothesis supported by data showing significant intracellular co-localization of A $\beta$  with catalase [100]. A $\beta$ -mediated catalase inhibition also induces increased ROS production, this effect being reversed by small molecule inhibitors of A $\beta$ -catalase interactions [100].

A group of antioxidants known as plasma membrane redox system (PMRS), which include some membrane associated quinone reductases, lipophilic antioxidants (coenzyme Q and  $\alpha$ -tocopherol) and the cytosolic electron donor NADPH, is expressed in neural cells and up-regulated in response to mitochondrial impairment to preserve energy metabolism and protect the cells against oxidative stress [101–105]. PMRS has been recently demonstrated to be impaired in the hippocampus and cortex of the triple transgenic mouse model of AD (3xTgAD) [106].

The non-enzymatic antioxidant defence system is also compromised in AD brains. A study from our laboratory performed in the 3xTgAD mice showed low levels of glutathione (GSH) and vitamin E and high levels of lipid peroxidation occurring before the appearance of A $\beta$  plaques and neurofibrillary tangles [107]. The decrease in peripheral vitamin E levels was suggested to be related with the progression from MCI, considered the prodromal phase of AD, to AD and even with the deterioration of cognitive performance [13]. Interestingly, the maintenance of vitamin E physiological levels seems to be involved in the clearance of A $\beta$  from the brain [108]. It has also been reported that GSH levels are changed in specific regions of CNS of AD patients [109]. A decrease in GSH levels and GSH/GSSG ratio in erythrocytes of AD and MCI patients has been reported [110]. Similarly, Rinaldi and collaborators [111] reported that the peripheral levels and activities of antioxidants are similarly lower in MCI and AD patients relative to control subjects. Accordingly, Cardoso and Oliveira [112] reported that GSH cycle impairment mediates A $\beta$ -induced cell toxicity.

Altogether, these data show the critical position that endogenous antioxidants, occupy in the fine regulation of oxidative status. A complex impairment of the enzymatic and non-enzymatic antioxidant system is involved in AD neuropathology.

#### **DNA oxidation and repair mechanisms**

##### *Nuclear DNA (nDNA)*

As already discussed, the DNA is particularly susceptible to oxidation by  $\cdot OH$ , which is originated mainly by the Fenton reaction. In general, upon chronic oxidative-mediated DNA damage several persistent

alterations may occur such as nucleotide base modifications, single- and double-strand DNA breaks, sister chromatid exchanges and DNA crosslinks [23,113]. Because  $\cdot\text{OH}$  half-life is very short, Fenton reactions must occur in the close vicinity of nDNA, triggering oxidative injury of nDNA. Lysosomes are cellular compartments highly enriched in iron in the ferrous form ( $\text{Fe}^{2+}$ ) favouring Fenton reactions [114–117]. It has been suggested that lysosomal rupture strongly enhances oxidative injury to nDNA mainly due to intralysosomal iron translocation to the nucleus [118,119]. Lysosomal rupture and subsequent release of the luminal content, which includes transition metals, potentiate nDNA oxidative damage that may have implications in AD, since the loss of lysosomal membrane integrity in AD late stages has been described [120,121]. Aside from the direct effects of the Fenton chemistry on DNA oxidative injury, also trans-4-hydroxy-2-nonenal (HNE, a major product of lipid peroxidation) undergoes oxidation, forming an epoxide that readily reacts with DNA bases, forming HNE-DNA adducts [122]. Formation of modified DNA bases could result in alterations in DNA replication or incorrect base pairing, producing mutations. All four bases (purines- adenine, guanine; pyrimidines- cytosine, thymine) and respective deoxynucleosides are susceptible to oxidative damage. Nevertheless, guanine has the lowest oxidation potential, being the most readily oxidized base [23]. 8OHG and its deoxynucleoside equivalent, 8OHdG, along with 2,6-diamino-4-hydroxy-5-formamidopyrimidine (FapydG) are the most abundantly formed and studied oxidized forms of DNA bases [123,124]. While mutagenesis is stimulated by the accumulation of 8OHdG by pairing with adenine as well as cytosine [125], the FapydG lesions inhibit DNA synthesis [126,127]. 8OHdG can be further oxidized and yield more mutagenic lesions, including guanidinohydantoin and spiroiminodihydantoin [128,129]. Overall, more than 20 oxidized base adducts can be formed from ROS attack on DNA [130,131].

Cellular defences against insults to nDNA consist of four major repair mechanisms: nucleotide excision repair (NER), base excision repair (BER), mismatch repair (MMR) and double-strand break repair (DSBR). NER excises bulky helix-distorting DNA lesions and BER repairs damage to a single nucleotide base, whereas MMR corrects mismatches of the normal bases and DSBR intervenes when both strands of the DNA backbone break (the breakage of only one strand is handled by the BER pathway) [122]. BER is the primary pathway for the repair of oxidative DNA damage. The first step in BER is the removal of the damaged base by substrate-specific DNA glycosylases. These enzymes catalyze the hydrolysis of the N-glycosidic bond between the modified base and the sugar moiety to release the base and generate an abasic (AP) site DNA phosphodiester backbone, and

this site will be, in a second step, cleaved by an AP lyase or AP endonuclease [132–135]. nDNA glycosylases are classified in monofunctional (hydroxymethyluracil DNA glycosylase, UDG) or bifunctional (8OHG DNA glycosylase – OGG1, NTH1 and Nei-like homologs – NEILs), which have an intrinsic 3' AP lyase activity in addition to the glycosylase activity. Nevertheless, in human cells, oxidative pyrimidine lesions are generally removed by NTH1 or NEILs whereas oxidative purine lesions are removed by OGG1 [136–138]. OGG1 is the primary enzyme for the repair of 8OHG in both nDNA and mtDNA [139,140]. The AP endonuclease that incises the DNA backbone immediately 5' to the AP site is APE1 [141,142]. In the case of OGG1, a bifunctional DNA glycosylase, the incision to the DNA backbone is made immediately 3' to the AP site and then APE1 proceeds (for further detail, see [122]). After that, the repair mechanism continues through one of two possible sub-pathways, the short- or long-patch BER (SP-BER or LP-BER, respectively). The SP-BER involves the incorporation of a single nucleotide into the gap by DNA polymerase. The LP-BER involves incorporation of several nucleotides, typically 2–7, followed by cleavage of the resulting 5' flap (for further detail, see [122]). Finally, the nick left behind by DNA polymerases needs to be sealed, a process performed by ligases, ligase I in the case of LP-BER and ligase III in the case of SP-BER.

Over time, DNA oxidation can induce mutagenesis, this process being tightly regulated by the intricate machinery that regulates DNA repair. It is evident that a failure of this system can lead to deleterious events that characterize or underlie several pathological conditions such as AD.

#### *Mitochondrial DNA (mtDNA)*

mtDNA integrity is mandatory for normal function of ETC since it encodes several subunits of mitochondrial respiratory chain complexes as well as other mitochondrial proteins [143]. In contrast to nDNA, mtDNA is a circular double-stranded molecule packaged into nucleoid-like structure that is not well protected from insults due to: (1) nDNA is tightly wound around histones that are chief proteins involved in the compaction of chromatin; (2) compared to mtDNA, nDNA is farther from the major source of ROS production. Furthermore, the fact that human mtDNA has none or only a few non-coding bases [144], strongly enhances the odds of oxidation-induced mutagenesis in some coding regions. Due to these characteristics, mtDNA are more prone to oxidation and mutagenesis. Indeed, oxidative injury to mtDNA is 10–20 fold higher compared to nDNA [145], and mtDNA damage is more extensive and persists longer than nDNA damage in human cells [146]. Basically, all the products formed from nDNA oxidation can

also be formed from mtDNA oxidation, thus 8OHdG also represents the most frequent oxidized base in mtDNA.

The main differences between nDNA and mtDNA arise from the repair mechanisms, although the basics of the BER pathway are essentially the same. The BER proteins of the nuclear mechanism are fundamentally the same as those of the mitochondrial mechanism; indeed, all the components of the pathway are nuclear encoded [133]. Briefly, UDG1 and UDG2 are isoforms encoded by the same UDG gene that are generated by alternative splicing and transcription, the first being a mitochondrial and the latter a nuclear glycosylase [147]. Also, OGG1 has two isoforms,  $\alpha$ -OGG1 that is localized in both nucleus and mitochondria, and  $\beta$ -OGG1 that is localized solely to mitochondria [148]. NEILs [136,137,149], APE1 [150–152], and ligase III [153,154] are localized both in the nucleus and in mitochondria. Concerning DNA polymerases, polymerase  $\beta$  is present in the nucleus while polymerase  $\gamma$  is present in mitochondria [155,156].

Overall, nucleus and mitochondria have similar BER machinery, presenting the same enzymes or, at least, mitochondrial versions of the nuclear enzymes. However, as discussed above, mitochondria are more susceptible to DNA oxidation.

### Oxidative damage to nDNA and mtDNA in Alzheimer's disease

Because aging is the main risk factor for the majority of AD cases, two questions remain: Is DNA oxidation a key factor in late-onset sAD? If so, then is it expected that oxidative damage to DNA accumulates during aging? Henceforward, several facts will be discussed that shed some light on these questions.

A growing body of evidence demonstrates that as a cell or an organism gets older, lower is its ability to efficiently repair DNA oxidative injury. Intano and collaborators [157,158] demonstrated that nuclear extracts from brain, liver and germ-cells from aged mice had a decreased BER machinery activity. Furthermore, extracts from aged brains show an 85% decline in the repair activity of a synthetic DNA substrate containing a single mismatch [158]. Decreased content of DNA polymerase  $\beta$  has also been reported in brains of aged mice [158]. Likewise, also mitochondrial BER machinery has been reported to be impaired, particularly OGG1, UDG, APE and DNA polymerase  $\gamma$  [159,160]. The decline in the efficiency of BER machinery in mitochondria was observed in five distinct cerebral regions, caudate nucleus, frontal cortex, hippocampus, cerebellum and brain stem [159]. As a function of age, BER enzymes are negatively modulated by covalent modification, which is putatively induced by decreased acetylation [161] or

by iron and copper dyshomeostasis [162]. Rather than just a matter of decreased activity of BER with age, there is also an impairment of: (1) the machinery induction (at the transcriptional, translational and enzyme activation levels) upon exposure to a DNA oxidizing agent [163], (2) the import of repair enzymes to mitochondria [164] and nucleus [161]. Interestingly, Du and collaborators [165] showed that oxidative damage to p62 promoter and subsequent decrease in p62 expression was positively correlated with an age-dependent increase in oxidative stress both in aged mice and human brains, as well as in 3xTg-AD mice and human AD brains. A deficiency/absence of p62 led to the loss of aggresomes and neuronal cell death [166] and resulted in an AD-like phenotype in mice [167].

These observations in aged animals are paralleled by findings reporting disrupted BER in AD. Reduced expression and activity levels of UDG and DNA polymerase  $\beta$  in the inferior parietal lobule of post-mortem sAD and MCI patients have been documented [168]. Interestingly, DNA repair activity was inversely correlated with the severity of disease as assessed by Braak stage [168]. Recently, it was shown in lymphocytes from AD patients both an increase in DNA oxidation and a decrease in OGG1 expression [169]. Others have suggested that BER decline is an early event in AD progression either by the observation of a decrease in neuronal OGG1 levels in some AD brain regions [170], or by the increase in the levels of 8OHG in the brains of pre-clinical AD subjects [14]. Curiously, transgenic A $\beta$ PP and 3xTg-AD mice with 10 months of age did not present a significant decrease in 8OHdG, uracil incision activity and DNA repair synthesis by DNA polymerase  $\beta$  [171]. However, an age-dependent decline in mouse synaptic mitochondrial BER proteins and axonal transport was observed, although no differences in the repair capacity were found between wild-type and AD mice in any age group [172].

A higher content of oxidized bases was detected in lymphocytes and leukocytes of AD patients compared with controls [12,173–175], and an increase in the levels of 8OHdG were observed in DNA from ventricular CSF of AD patients [176]. Moreover, increased oxidative damage in leukocytes [12] and brain tissue [11] of MCI subjects suggest that DNA oxidation may constitute an early event in the progression of AD. As discussed above, mtDNA is much more susceptible to oxidation than nDNA. In this regard, it is noteworthy that an increased oxidation in both mtDNA and nDNA in frontal, parietal, and especially, in temporal lobes was observed in AD cases although mtDNA oxidation was approximately 10-fold higher than nDNA oxidation [177]. Some mtDNA mutations have been associated with increased incidence of AD [57,58]. AD brains have increased and unique mtDNA mutations compared

to control cases, these mutations being further enhanced in an age-dependent fashion and, preferentially, in mtDNA regulatory elements [58]. Importantly, mutations in regulatory elements of mtDNA could account for some of the mitochondrial defects in oxidative phosphorylation observed in AD, namely a reduction in the level of ND6 complex I transcript [58]. The impairment in oxidative phosphorylation results in an exacerbation of ROS generation, promoting an augment of the number of mtDNA mutations in a vicious positive feedback cycle [178,179].

It is not completely clear whether the failure of BER machinery occurs during AD pathology or if it is an age-dependent etiological event underlying the disease triggering events. Nevertheless, the failure of BER certainly plays a critical role, along with elevated oxidative stress levels, in the accumulation of DNA oxidative damage in AD.

### Conclusion

It is widely recognized that increased oxidative stress is present since the early stages of AD. This alteration in oxidative status results from an increased production of ROS and a failure of the antioxidant system (Figure 1). A number of cellular components

contribute to the exacerbation of ROS production in AD, such as mitochondria, redox-active metals and NADPH oxidases (Figure 1). Increased ROS levels are tightly associated with increased damage to several biomolecules such as proteins, lipids and nucleic acids.  $\cdot\text{OH}$  is particularly associated with DNA oxidation, however, products of lipid peroxidation can also lead to the formation HNE-DNA adducts, which suggest that oxidative stress can damage DNA directly and indirectly. Noteworthy, in AD there is accumulated oxidative damage to nDNA and mtDNA, which likely results from both oxidative attack to DNA bases and impaired DNA repair mechanisms (Figure 1). Interestingly, such events are observed early during AD development suggesting that targeting DNA repair machinery could be of therapeutic interest to delay the progression or even prevent the onset of the disease. Nevertheless, it is mandatory to clarify the precise role of DNA oxidation in the complex multitude of pathophysiological events involved in AD onset and progression.

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The authors dedicate this article to the memory of Mark A. Smith and Lawrence M. Sayre.

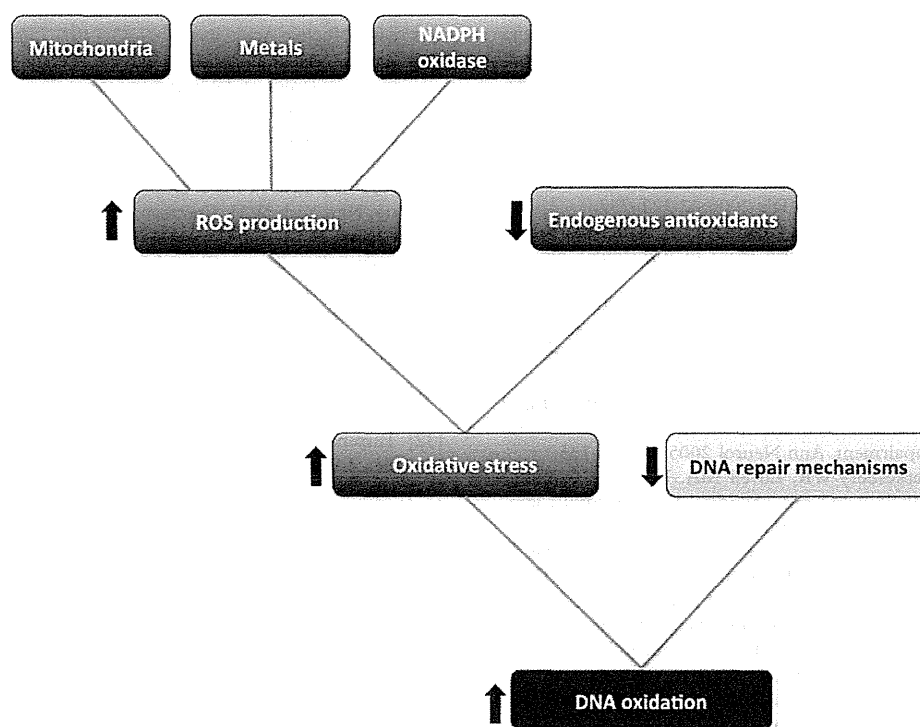


Figure 1. Oxidative stress, DNA oxidation, and repair in AD. Oxidative stress results from the imbalance between ROS production and scavenging. In AD, the exacerbation of ROS production by several sources, such as mitochondria, redox-active metals and NADPH oxidases, is poorly controlled due to impaired antioxidant defences, which leads to an increase in the oxidative damage of several biomolecules including DNA. Under physiological conditions the DNA repair mechanisms are able to neutralize this damage; however, in AD a failure of these mechanisms occurs leading to increased oxidation of DNA.

### Declaration of interest

None of the authors have any other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript.

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## FORUM REVIEW ARTICLE

# AU1▶ Mitochondrial DNA Oxidative Damage and Repair in Aging and Alzheimer's Disease

AU2▶ Renato X. Santos,<sup>1,2</sup> Sónia C. Correia,<sup>1,2</sup> Xiongwei Zhu,<sup>3</sup> Mark A. Smith,<sup>3</sup> Paula I. Moreira,<sup>1,4</sup>  
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### Abstract

**Significance:** Mitochondria are fundamental to the life and proper functioning of cells. These organelles play a key role in energy production, in maintaining homeostatic levels of second messengers (e.g., reactive oxygen species and calcium), and in the coordination of apoptotic cell death. The role of mitochondria in aging and in pathophysiological processes is constantly being unraveled, and their involvement in neurodegenerative processes, such as Alzheimer's disease (AD), is very well known. **Recent Advances:** A considerable amount of evidence points to oxidative damage to mitochondrial DNA (mtDNA) as a determinant event that occurs during aging, which may cause or potentiate mitochondrial dysfunction which favors neurodegenerative events. Concomitantly to reactive oxygen species production, an inefficient mitochondrial base excision repair (BER) machinery has also been pointed to favor the accumulation of oxidized bases in mtDNA during aging and AD progression. **Critical Issues:** The accumulation of oxidized mtDNA bases during aging increases the risk of sporadic AD, an event that is much less relevant in the familial forms of the disease. This aspect is critical for the interpretation of data arising from tissue of AD patients and animal models of AD, as the major part of animal models rely on mutations in genes associated with familial forms of the disease. **Future Directions:** Further investigation is important to unveil the role of mtDNA and BER in aging brain and AD in order to design more effective preventive and therapeutic strategies. *Antioxid. Redox Signal.* 00, 000–000.

### Introduction

**T**HE SUSCEPTIBILITY of mitochondrial DNA (mtDNA) to damage is much higher than that of nuclear DNA (nDNA), resulting in higher mutation rates in mtDNA (132). mtDNA has multiple copies, and each mitochondrion contains 2 to 10 molecules of DNA, which are organized as nucleoids (51). The existence of several copies of mtDNA means that mutated and wild-type mtDNA can co-exist, a condition known as heteroplasmy (188). The ratio between wild-type and mutant mtDNA may define a threshold where a biochemical abnormality may determine a pathological phenotype. Indeed, it is estimated that in many patients with clinical

manifestations of mitochondrial disorders, the proportion of mutant mtDNA exceeds 50% (138). The mitochondrial genome contains 37 genes, 13 of which encode for subunits of electron transport chain (ETC) complexes, 22 for transfer RNAs, and 2 for ribosomal RNAs (115, 59). Therefore, mtDNA integrity is mandatory for normal function of ETC, as it encodes several subunits of mitochondrial respiratory chain complexes as well as other mitochondrial proteins (19). If a proper ETC function is not ensured, reactive oxygen species (ROS) production is largely increased, as observed in mitochondrial diseases, or in experimental and animal models of oxidative phosphorylation (OXPHOS) deficiencies (125, 196). Increased generation of ROS and oxidative damage occur

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during aging as well as several age-related degenerative diseases, including Alzheimer's disease (AD) (20, 10, 165). Furthermore, it has been suggested that age-associated deficiencies in the repair of oxidative DNA damage correlate with cognitive decline and neurodegenerative diseases that are prominent in the aged population (199, 177).

This review addresses several aspects of mitochondrial (dys) function and the involvement of mitochondria in aging, and AD is also discussed. Special attention is given to mtDNA and its repair mechanisms.

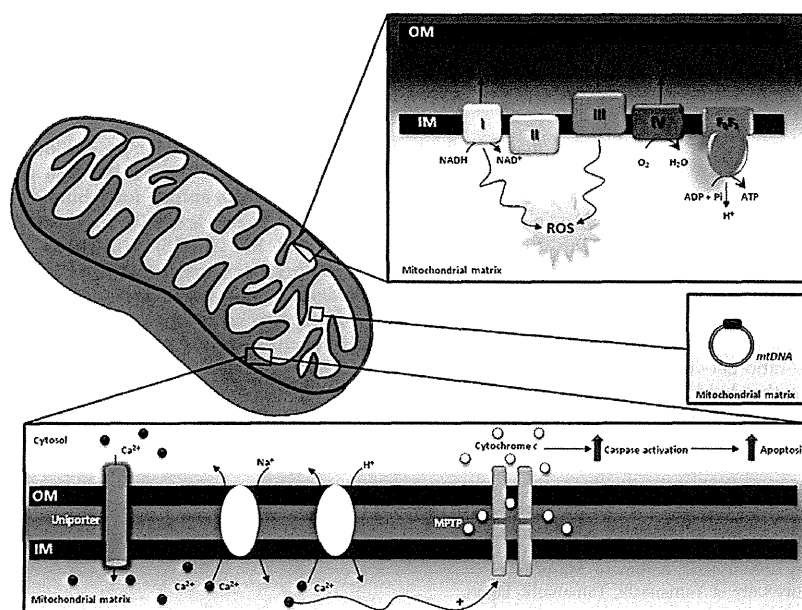
### Mitochondria: Cell Keepers or Executioners?

The survival of eukaryotic cells greatly relies on mitochondrial function. The classical appraisal of mitochondrial function is based on energy-producing capacity. Nevertheless, the importance of mitochondria to the cells is far more complex and includes a number of functions that span from energy production, calcium ( $\text{Ca}^{2+}$ ) homeostasis, and production of second messengers, to the control of apoptotic cell death (Fig. 1). In addition, the canonical view of mitochondria as bean-shaped organelles has been revoked and redefined to a more dynamic perspective, fusing, dividing, and moving within cells (50). Mitochondria are able to change from a network-like appearance, forming long tubules, to a more individualized state, appearing similar to small round vesicles. The stimuli that alter this equilibrium toward highly branched or completely fragmented morphology are linked to the cell compartmentalization, developmental stage, stress stimulus, and the functional state of the mitochondria, among others (14). Disturbing either mitochondrial fission or fusion may affect mitochondrial membrane stability with possible negative consequences for ETC functionality (38, 116, 40).

Mitochondrial bioenergetic production depends on the formation of a "protonmotive force," which is generated

through the extrusion of protons to the intermembrane space driven by the electron flow throughout ETC, from complexes with lower to complexes with higher oxidation potentials. Protons are driven back to the matrix through the ATP synthase during ATP production (52). Although the electron flow through ETC complexes is a very efficient process, a small amount of superoxide anions ( $\text{O}_2^{\bullet-}$ ) is produced, due to electron leak mostly from complexes I and III (163, 56, 33, 10). At low/moderate levels, ROS act as second messengers within cells; however, exacerbated ROS production is deleterious for the cell, contributing to a variety of pathological processes (192, 1). Redox imbalance will be further discussed in a subsequent section of the article.

Mitochondria are also intracellular buffers of cytoplasmic  $\text{Ca}^{2+}$ , thus playing a key role in normal neurotransmission, short- and long-term plasticity, excitotoxicity, and regulation of gene transcription, processes that are highly dependent on  $\text{Ca}^{2+}$  levels (35, 152, 208, 153, 210, 169, 154, 203).  $\text{Ca}^{2+}$  is internalized into mitochondria *via* the  $\text{Ca}^{2+}$  uniporter, a protein that is still to be fully identified and biochemically characterized. Nevertheless, a candidate protein, which was named MCU (from "mitochondrial  $\text{Ca}^{2+}$  uniporter"), proved to be essential for high-capacity  $\text{Ca}^{2+}$  transport into mitochondria in a number of *in vitro* and *in vivo* experimental models (13, 48). On the other hand,  $\text{Ca}^{2+}$  release is mediated by  $\text{Na}^+/\text{Ca}^{2+}$  or  $\text{H}^+/\text{Ca}^{2+}$  exchangers (203). It was shown that mitochondria are involved in cells'  $\text{Ca}^{2+}$  buffering impairment, a situation which occurs in the aging brain and AD (26, 29). The impairment of  $\text{Ca}^{2+}$  homeostasis is intimately associated with mitochondrial permeability transition (MPT). MPT is potentiated by oxidative stress, high phosphate concentrations, and adenine nucleotide depletion and is characterized by the opening of a high conductance pore known as mitochondrial permeability transition pore (MPTP) that enables the release of ions and solutes from the matrix to the



**FIG. 1. Physiological functions of mitochondria.** Mitochondria are centrally positioned in diverse aspects of cellular physiology such as homeostasis of second messengers (*e.g.*, reactive oxygen species (ROS), calcium ( $\text{Ca}^{2+}$ )), apoptosis and energy production. mitochondrial permeability transition pore, mitochondrial permeability transition pore; CI, CII, CIII, and CIV, complexes I, II, III, and IV of the respiratory chain; FoF1, ATP synthase.

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cytosol (209, 44). The MPTP eventually culminates in cell death due to the release of proapoptotic factors such as cytochrome c and apoptosis-inducing factor (80, 189, 150).

**Ros Imbalance in Aging and AD***Endogenous production and scavenging of ros*

The balance between ROS production and scavenging enables cells to achieve a physiological equilibrium where the levels of free radicals might play a role in cell transduction (178). ROS interfere with the macromolecules of cells; however, under physiological conditions, the cells' quality control systems are able to overcome this damage, avoiding the development of a pathological state (159). During aging, the quality control systems become defective, resulting in an accumulation of damaged components, which, accompanied by a redox disequilibrium, may elicit a pathological condition (156).

In cells, there are multiple sources of ROS, including mitochondria, nicotinamide adenine dinucleotide phosphate (NADPH) oxidase (NOX), xanthine oxidase, and nitric oxide synthase (NOS) (147). Mitochondria are recognized as the hub of ROS production during normal aerobic activity. The electrons leak from the ETC directly to molecular oxygen, producing short-lived free radicals such as  $O_2^{\bullet-}$  (133, 191). While complex I releases  $O_2^{\bullet-}$  only to the matrix, complex III releases  $O_2^{\bullet-}$  to both the matrix and intermembrane space (23).  $O_2^{\bullet-}$  can be converted into nonradical derivatives such as hydrogen peroxide ( $H_2O_2$ ) either by a spontaneous dismutation reaction or catalyzed by the manganese superoxide dismutase that resides in the mitochondrial matrix (73).  $H_2O_2$  can be converted into hydroxyl radicals ( $\bullet OH$ ) through the Fenton reaction. In the Fenton reaction, a molecule of  $H_2O_2$  reacts with ferrous iron ( $Fe^{2+}$ ) to generate ferric iron ( $Fe^{3+}$ ), hydroxide anion ( $OH^-$ ), and  $\bullet OH$ .  $Fe^{3+}$  can be reduced by  $O_2^{\bullet-}$ , generating a redox cycle in which the  $O_2^{\bullet-}$  facilitates the Fenton reaction by making  $Fe^{2+}$  available (92). Similar to iron, copper also participates in the Fenton reaction, which exacerbates ROS production (60, 85, 157).  $\bullet OH$  can also be produced by a direct reaction of  $O_2^{\bullet-}$  with  $H_2O_2$ , a reaction known as the Haber-Weiss reaction (92). Mitochondria substantiate a microenvironment that is highly enriched in iron, as many mitochondrial enzymes possess heme groups and iron-sulfur clusters in their active centers, making them favorable locations of  $\bullet OH$  production (128). Hence, mitochondria are prone to oxidative damage and particularly susceptible to  $\bullet OH$ -mediated oxidation, which plays a major role in DNA oxidation. Apart from the ETC, several other sites in the mitochondria have also been reported to generate  $O_2^{\bullet-}$ , including pyruvate dehydrogenase,  $\alpha$ -ketoglutarate dehydrogenase (171), glycerol-3-phosphate dehydrogenase, and fatty acid  $\beta$ -oxidation (23). Recently, important advances toward understanding mitochondrial ROS generation have been made. Transient quantal  $O_2^{\bullet-}$  flashes were observed in excitable cells such as neurons, which are associated with and required for the opening of MPTP, which represents a new facet of mitochondrial ROS (57, 198). To counteract an exaggerated production of ROS, mitochondria possess a very efficient antioxidant system, including glutathione peroxidase, catalase, and peroxiredoxin III, which are responsible for converting  $H_2O_2$  to water (71).

As mentioned earlier, another source of cellular ROS is the NOX family proteins that are enzymatic complexes which

catalyze the electron transfer from NADPH to molecular oxygen and generate  $O_2^{\bullet-}$  and its downstream reactive species (16, 65). NADPH oxidase is composed of cytochrome b558 (an heterodimer comprising a 22-KDa alpha-subunit-p22phox and a glycosylated approximately 91-KDa beta-subunit-gp91phox), several cytosolic proteins (p47phox, p67phox, and p40phox), and the Rac G-protein. According to the new terminology, the NOX family refers to the catalytic subunit of NADPH oxidase, and these include NOX2 and its six homologs (NOX1, NOX3, NOX4, NOX5, DUOX1, and DUOX2) (65). It is known that NOX1, NOX2, and NOX4 are expressed in neurons, astrocytes, and microglia. Under normal circumstances, NOX is latent. However, on stimulation, NOX is translocated to the membrane and forms an heterodimeric enzymatic complex with cytochrome b558 that catalyzes the reduction of molecular oxygen to  $O_2^{\bullet-}$  (16).

In this way, compromised mitochondrial functioning, NOX overactivation, or the failure of free radical-scavenging systems could constitute critical events underlying oxidative damage in brain aging and AD.

*Oxidative stress in the aging brain*

Aging is an inevitable biological process that is characterized by a progressive decline in physiological function, including cognition, and by the increased susceptibility to disease, representing a major risk factor for the development of AD (36, 76). Oxidative stress and mitochondrial malfunction are two interdependent mechanisms that play a central role in brain aging (36). The brain is particularly vulnerable to oxidative damage as a consequence of its high levels of polyunsaturated fatty acids, high oxygen consumption, high content in transition metals, and poor antioxidant defenses (139). Compelling evidence reports that the aging brain is associated with the accumulation of markers of proteins, lipids, and DNA oxidative damage (37, 61, 66, 78, 166, 28). It was previously shown that the aged brain is characterized by increased levels of protein carbonyls, 3-nitrotyrosine, thiobarbituric acid reactive substances (TBARS), and diminished content of cardiolipin and protein thiols (41, 67, 160).

Along with oxidative stress, mitochondrial dysfunction also contributes to the aging brain. The most important functional deficits documented in aged brain are the loss of the mitochondrial membrane potential and OXPHOS capacity, decreased respiration and ATP synthesis, and increased susceptibility to MPTP opening (9, 22, 41, 58, 143).

*Oxidative stress in AD*

AD is the most prevalent age-related neurodegenerative disorder that affects approximately 35 million people worldwide (149). Clinically, AD is characterized by the progressive loss of cognitive function and behavioral disturbances (149). These traits are accompanied by two distinctive pathological features, the massive deposition of aggregated amyloid- $\beta$  ( $A\beta$ ) peptide in the extracellular space as senile plaques, and the presence of intracellular neurofibrillary tangles, mainly composed of hyperphosphorylated tau protein (34, 131).

The pathogenic road map leading to AD pathology is still not entirely understood; however, multiple pieces of evidence support the key involvement of oxidative stress and mitochondrial malfunction in the onset and progression of the disease (127, 155, 180). Oxidative stress is manifested by the