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GDF15 is a novel biomarker to evaluate efficacy of pyruvate therapy for mitochondrial diseases

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ABSTRACT

Pyruvate therapy is a promising approach for the treatment of mitochondrial diseases. To identify novel biomarkers for diagnosis and to evaluate therapeutic efficacy, we performed microarray analysis of 2SD cybrid cells harboring a MELAS-causing mutation and control cells treated with either lactate or pyruvate. We found that expression and secretion of growth differentiation factor 15 (GDF15) were increased in 2SD cells treated with lactate and that serum GDF15 levels were significantly higher in patients with mitochondrial diseases than in those with other diseases, suggesting that GDF15 could be a useful marker for diagnosis and evaluating the therapeutic efficacy of pyruvate.

1. Introduction

Mitochondrial diseases are caused by mitochondrial or nuclear genome mutations that affect the functions of mitochondria. The symptoms are caused by impaired energy metabolism due to mitochondrial dysfunction and manifest mostly in tissues with a high energy demand such as brain, heart, and muscle. Mitochondrial myopathy, encephalopathy, lactic acidosis, and stroke-like episodes (MELAS) is one of the most common of the mitochondrial diseases (Pavlakis et al., 1984). The A-to-G transition at the 3243 position of the mitochondrial DNA (m.3243A > G) located in the mitochondrial $tRNA^{Leu\ (UUR)}$ gene is a MELAS-causing mutation, and it is detected in approximately 80% of patients with MELAS (Goto et al., 1990, 1992; Kirino et al., 2004; Yasukawa et al., 2000).

These pathogenic mutations typically result in defective ATP synthesis in mitochondria, and therefore ATP production depends on the glycolytic pathway. Since lactate production is aberrantly increased by the acceleration of glycolysis when energy demand is elevated, the lactate to pyruvate (L/P) ratio in serum is often increased in patients with mitochondrial diseases and has been clinically used for estimating the dysfunction of mitochondrial respiration. It is well known that the L/P ratio reflects the intracellular NADH/NAD^+ ratio. Since NAD^+ is indispensable for oxidation of glyceraldehyde 3-phosphate (GAP) to 1,3-bisphosphoglycerate (BPG) by glyceraldehyde 3-phosphate dehydrogenase (GAPDH) in the glycolytic pathway, a shortage of NAD^+ interrupts this reaction, resulting in decreased ATP biosynthesis. Tanaka et al. (2007) proposed that the addition of pyruvate would facilitate oxidation of NADH to NAD^+ via the lactate dehydrogenase reaction, which would restore ATP production by the glycolytic pathway even under defective respiratory conditions. Indeed, positive effects of sodium pyruvate on clinical manifestations of mitochondrial diseases have been reported (Koga et al., 2012; Saito et al., 2012). However, useful biomarkers for evaluating the therapeutic efficacy of pyruvate remain to be developed.

Cybrid cell lines established by the fusion of enucleated myoblast cells from a patient with a cultured cell line depleted of mtDNA have been used to elucidate the pathogenesis and underlying molecular mechanisms of mitochondrial diseases. We previously reported increased expression of amino acid starvation-responsive genes in cybrid cells with MELAS and NARP (neuropathy, ataxia, and retinitis pigmentosa) mutations (Fujita et al., 2007). In our earlier study (Kami et al., 2012), we found that exposure to excessive sodium lactate significantly increases the intracellular L/P and NADH/NAD^+ ratios in cybrid cells harboring the MELAS mutation (m.3243A > G), which implies worsening of lactic acidosis and NAD^+ shortage. On the other hand, we found that treatment with sodium pyruvate facilitates the ATP production and improves the energy status, as indicated by a decrease in the L/P ratio and retention of the NADH/NAD^+ ratio. Taken together, we considered that these experimental conditions would be ideal for identifying biomarker candidate genes, whose expression levels reflect

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the intracellular energy deficiency and the effect of pyruvate on energy metabolism.

In the present study, we performed a global gene expression analysis of cybrid cells with the MELAS mutation (m.3243A > G: 2SD cells) and control cybrid cells (2SA cells) treated or not with lactate or pyruvate. We identified several biomarker candidate genes, among which we focused on growth differentiation factor 15 (GDF15). The level of GDF15 in the conditioned medium was significantly higher in 2SD cells than in 2SA cells, which level was further increased by lactate but was not affected by pyruvate in 2SD cells. We also demonstrated that the concentration of GDF15 in the serum was markedly elevated in patients with mitochondrial diseases compared with that in those with other pediatric diseases. Thus, we identified GDF15 as a novel serum marker for the diagnosis of mitochondrial diseases and possibly for monitoring the disease status and progression and for evaluating the therapeutic efficacy of pyruvate.

2. Materials and methods

2.1. Cell culture

The 2SA and 2SD cybrid cell lines were previously established by Chomyn et al. (1992). Briefly, 14 cybrid clones were isolated after the fusion of enucleated myoblasts derived from a MELAS patient with mtDNA-deficient $\rho^0$206 cells generated from a human 143B osteosarcoma cell line. Among those clones, 10 clones had homoplasmic wild-type mtDNA, and 4 clones harbored strongly predominant mutant mtDNA. For our experiments, we chose two clones, 2SA and 2SD cybrid cell lines carrying 100% wild-type mtDNA and 94% m.3243A > G mutant mtDNA, respectively. The 2SD but not 2SA cybrid cells were shown to be defective in mitochondrial protein synthesis and respiratory capacity (Chomyn et al., 1992). Cells were cultured in high-glucose Dulbecco's modified Eagle's medium (DMEM) supplemented with 10% fetal bovine serum, 1 mM sodium pyruvate, and 0.4 mM uridine at 37 °C under a humidified atmosphere of 5% CO_2.

2.2. Microarray analysis

Total RNA was isolated from cells by using a miRNeasy mini kit (Qiagen, Venlo, Netherlands). One hundred nanograms of total RNA was labeled and amplified with a low input quick amp labeling kit (Agilent Technologies, Santa Clara, CA, USA) used according to the manufacturer's instructions. The labeled cRNA was hybridized to the Agilent SurePrint G3 Human GE 8x60K Microarray in a rotating hybridization oven at 10 rpm for 20 h at 65 °C. After hybridization, the microarrays were washed according to the manufacturer's instructions and scanned on an Agilent DNA Microarray Scanner with Scan Control software. The resulting images were processed, and raw data were collected by using Agilent Feature Extraction software. Expression data were analyzed by using GeneSpring GX 11 (Agilent Technologies). The signal intensity of each probe was normalized by a percentile shift, in which each value was divided by the 75th percentile of all values in its array. For pairwise comparison analysis, only the probes that had expression flags present under at least one condition were considered. The list was analyzed with Ingenuity Pathways Analysis software (Ingenuity Systems, Redwood, CA, USA)

2.3. Quantitative RT-PCR

Total RNA was reverse transcribed to cDNA with a High Capacity cDNA Reverse Transcription Kit (Life Technologies, Carlsbad, CA, USA) used according to the manufacturer's protocols. Real-time PCR was performed on the StepOnePlus Real-Time PCR System (Life Technologies) using Power SYBR Green PCR Master Mix. 18S rRNA gene was used as an internal control for normalization. The sequences of primers are listed in Supplementary Table 1.

2.4. Patients

A written informed consent was obtained from all patients or their legal guardians. Enrolled patients were diagnosed with mitochondrial diseases by medical doctors in Kurume University Hospital over the period of 2005–2013. Seventeen patients diagnosed at this hospital as having mitochondrial diseases were recruited for this study. As a control group, 13 patients diagnosed as having other pediatric diseases such as dwarfism were also recruited. The clinical information of the patients is listed in Supplementary Table 2. This study was approved by the Institutional Review Board (Kurume University #13099).

2.5. ELISA and multiplex suspension array

Cells were placed on 60-mm dishes 1 day before replacing the medium with fresh medium. Conditioned medium cultured for 24 h was collected, and the particulates were removed by centrifugation (at 500 ×*g* for 10 min, at 10,000 ×*g* for 30 min). The GDF15 and INHBE concentrations in the supernatants and in the sera of patients were determined in duplicate by using a Human GDF-15 Immunoassay (R&D Systems, Minneapolis, MN, USA) and enzyme-linked immunosorbent assay kit for Inhibin Beta E (Uscn Life Science, Wuhan, Hubei, PRC) according to the manufacturer's instructions. For measuring other cytokine concentrations, the sera were subjected to a multiplex suspension array, Bio-Plex Pro Human Cytokine Grp II Panel 21-Plex (Bio-Rad, Hercules, CA, USA). The cytokines measured by use of this array were the following: IL-1α, IL-2Rα, IL-3, IL-12 (p40), IL-16, IL-18, CTACK, GRO-α, HGF, IFN-α2, LIF, MCP-3, M-CSF, MIF, MIG, β-NGF, SCF, SCGF-β, SDF-1α, TNF-β, and TRAIL. We measured the FGF21 (BioVendor, Czech Republic) concentration in duplicate samples by ELISA. Unmeasurable high-concentration samples of FGF21 and GDF15 were diluted 10-fold prior to measurement. The value from each assay was determined by reference to the linear portion of the standard curves for FGF21 and GDF15. All assays were performed by a trained scientist or technical staff.

2.6. Statistical analysis

Statistical analyses were performed by using IBM SPSS statistics (IBM, Armonk, NY, USA). We used the nonparametric Mann–Whitney *U* test to validate differences in cytokine levels in serum between mitochondrial disease patients and controls. The correlation between GDF15 and FGF21 concentrations in serum was assessed by Spearman correlation analysis. We plotted the receiver operating characteristics (ROC) curve for GDF15, HGF, SCF, SCGF-β, and FGF21 and calculated the area under the curve (AUC). The data for the sensitivity and 100 minus the specificity were plotted on a continuous scale.

3. Results

3.1. Gene expression changes in response to intracellular energy deficiency in 2SD cells

We performed microarray analysis of 2SD cybrid cells harboring the MELAS mutation (m.3243A > G) and 2SA control cybrid cells treated with 10 mM lactate or 10 mM pyruvate for 0, 4 or 8 h (Fig. 1A). The numbers of gene probes whose signal intensities were altered by 2-fold for each comparison are given in Supplementary Tables 3–6. We found remarkable changes in gene expression in 2SD cells, but not in 2SA cells, treated with lactate for 8 h. As shown in Supplementary Fig. 1A, we then selected gene probes that were increased by lactate treatment for 8 h compared with those without treatment and concurrently up-regulated by lactate but not by pyruvate at 8 h after treatment and thereby identified 313 probes that were specifically up-regulated by lactate in 2SD cells at 8 h

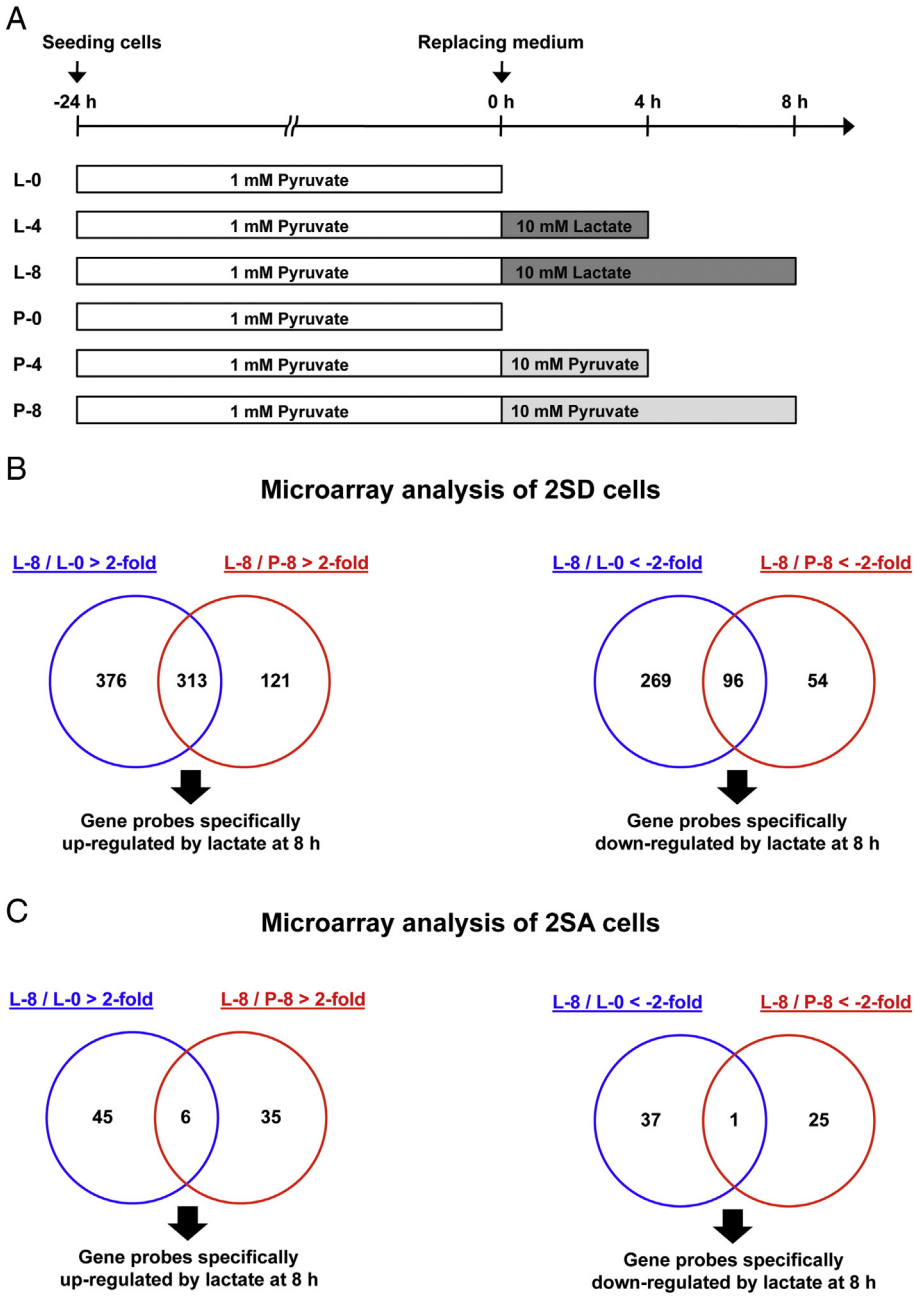

Fig. 1. Microarray analysis of 2SD and 2SA cells (A) Diagram of treatment protocols. Total RNA isolated from 2SD and 2SA cells treated with 10 mM lactate or 10 mM pyruvate for 0, 4, or 8 h were subjected to microarray analysis ($n = 2$). (B, C) Venn diagrams show the number of probes for genes in 2SD cells (B) or 2SA cells (C) that were increased (left panels) or decreased (right panels) in expression by lactate treatment for 8 h compared with their expression at 0 h and concurrently up-regulated by lactate but not by pyruvate after 8-h treatment. (For interpretation of the references to colour in this figure, the reader is referred to the web version of this article.)

(Fig. 1B). Using similar criteria (Supplementary Fig. 1B), we also identified 96 probes that were specifically down-regulated in 2SD cells by lactate treatment for 8 h (Fig. 1B). In 2SA cells, having normal mitochondrial function, the numbers of gene probes that responded to lactate treatment were limited (Fig. 1C). The clustering analysis of the 313 up-regulated (corresponding to 231 genes) and 96 down-regulated (corresponding to 75 genes) gene probes highlighted significant differences in gene expression patterns between 2SD and 2SA cells and also between lactate and pyruvate treatments (Fig. 2). These results suggest that a defective energy metabolism caused by exposure to a high dose of lactate resulted in significant changes in gene expression in 2SD cells.

3.2. Gene networks associated with intracellular energy deficiency in 2SD cells

In order to identify gene networks associated with a defective energy metabolism in the lactate-treated 2SD cells, a gene network analysis was performed on 231 up-regulated genes and 75 down-regulated ones. This analysis identified 11 and 5 gene networks for up- and down-regulated genes, respectively (Fig. 3 and Supplementary Figs. 2 and 3). The top-ranked gene network identified for the up-regulated genes contained those related to the amino-acid starvation response, such as ASNS, ATF3, NUPR1, DDIT3, CTH, TRIB3, STC2, and PCK2 (Fig. 3A). It is worth noting that GDF15, on which we focused in the

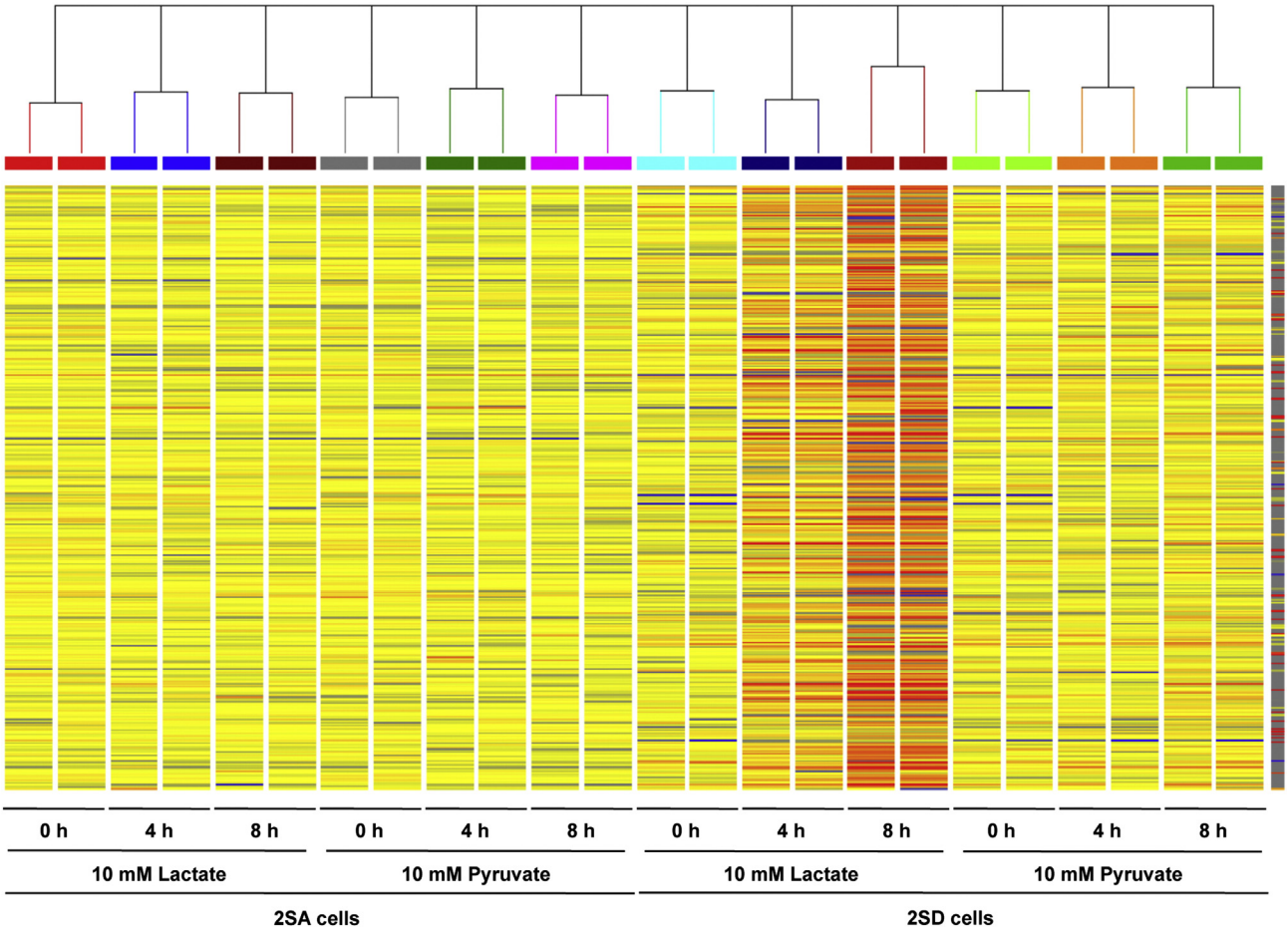

Fig. 2. Clustering analysis of the microarray data The gene probes up-regulated ($n = 313$) and down-regulated ($n = 96$) at 8 h after lactate treatment were subjected to clustering analysis. Part of the data are shown. (For interpretation of the references to colour in this figure, the reader is referred to the web version of this article.)

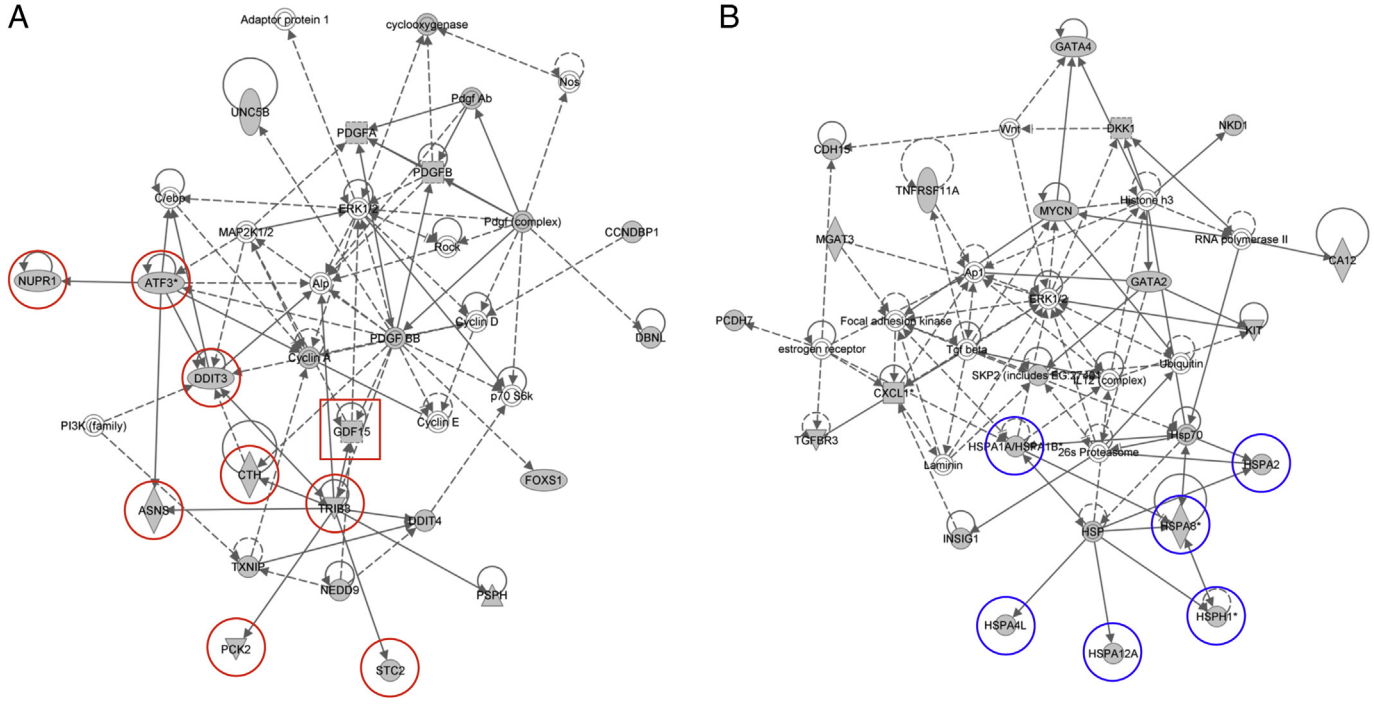

Fig. 3. Gene network analysis of the microarray data The genes specifically up-regulated ($n = 231$) and down-regulated ($n = 75$) at 8 h after lactate treatment were subjected to gene network analysis. The top-ranked gene networks in terms of the number of genes included are shown for up-regulated (A) and down-regulated (B) genes. Genes involved in the amino-acid starvation response (red circles) and heat-shock response (blue circles) as well as GDF15 (red square) are denoted. (For interpretation of the references to colour in this figure, the reader is referred to the web version of this article.)

present study, was included in this network. On the other hand, the gene network for down-regulated genes included those linked to the heat-shock protein response, such as HSPA1A, HSPA2, HSPA4L, HSPA8, HSPA12A, and HSPH1 (Fig. 3B).

3.3. GDF15 as a potential biomarker for diagnosis and evaluating the therapeutic efficacy of pyruvate

Proteins encoded by genes related to intracellular energy deficiency in 2SD cells and secreted into the medium could be potential biomarkers for mitochondrial diseases. Gene annotation analysis revealed the location of gene products that were specifically up- and down-regulated by lactate at 8 h (231 and 75 genes, respectively) (Table 1). Twenty-three up-regulated genes and 4 down-regulated genes were annotated to the extracellular space, each of which is listed in Tables 2 and 3. Among them, we focused on the top 2 ranked up-regulated genes, growth differentiation factor 15 (GDF15) and inhibin beta E (INHBE).

To validate the intracellular expression levels of these genes, we performed quantitative RT-PCR for GDF15 and INHBE. The expression levels of GDF15 (Fig. 4A) and INHBE (Fig. 4B) in the 2SD cells were increased by treatment with 10 mM lactate, but not with 10 mM pyruvate, for 4 or 8 h. Furthermore, GDF15 expression at 0 h was higher in 2SD cells than in 2SA cells. These results confirmed the reproducibility of our microarray data and identified GDF15 and INHBE as candidate biomarkers. To determine whether the secretion of GDF15 and INHBE proteins was increased in 2SD cells in response to lactate treatment, we measured their concentrations in medium from 2SA and 2SD cells cultured for 24 h in the presence of 1 mM pyruvate, 10 mM lactate, or 10 mM pyruvate. ELISA showed that the GDF15 levels were higher in the conditioned medium of 2SD cells than in that of 2SA cells under all of the culture conditions (Fig. 4C). Moreover, treatment with 10 mM lactate, but not with 10 mM pyruvate, promoted secretion of GDF15 in 2SD cells in comparison with treatment with 1 mM pyruvate, whereas 2SA cells did not respond to the high dose of lactate and pyruvate treatment. In contrast, INHBE protein was not detectable by ELISA in the conditioned medium of either 2SD or 2SA cells under any culture conditions (data not shown). These results indicate that GDF15 could be a potential biomarker for diagnosis and monitoring the disease status and progression as well as for assessing the therapeutic efficacy of pyruvate for the treatment of mitochondrial diseases.

3.4. GDF15 as a biomarker for diagnosis of mitochondrial diseases

In order to validate the feasibility of GDF15 as a serum biomarker, we measured its concentration in the serum of 17 patients with mitochondrial diseases as well as in that of 13 patients with other pediatric diseases as a control (Supplementary Table 2). ELISA showed that the average concentration of GDF15 in the serum of mitochondrial disease patients was 2632.9 pg/mL, whereas that for other pediatric disease patients was 285.2 pg/mL, suggesting that GDF15 levels were significantly increased in the serum of mitochondrial disease patients and could clearly distinguish mitochondrial disease patients from control patients (Fig. 5A).

Table 1
The location of probes (genes) up- and down-regulated in 2SD cells with lactate treatment for 8 h.

Location	Up-regulated		Down-regulated	
	Probe number	Gene number	Probe number	Gene number
Nucleus	39	35	14	14
Cytoplasm	51	47	25	19
Plasma membrane	37	33	16	16
Extracellular space	26	23	5	4
Unknown	160	93	36	22

Since fibroblast growth factor 21 (FGF21) was recently proposed as a diagnostic marker for mitochondrial diseases (Davis et al., 2013; Suomalainen et al., 2011), we also measured the FGF21 levels in the serum of the same mitochondrial disease patients and control patients (Fig. 5B). The serum FGF21 levels were higher in patients with mitochondrial diseases than in those with other diseases. Furthermore, there was a good correlation between the serum GDF15 and FGF21 levels (Fig. 5C).

In an attempt to find additional biomarkers, we determined the serum levels of 21 cytokines in the same patients by using the multiplex suspension array. As shown in Supplementary Fig. 4A, the serum concentrations of HGF and SCF were higher in patients with mitochondrial diseases than in control patients, whereas the serum levels of SCGF-β were lower in the former than in the latter.

Finally, we performed ROC curve analysis of GDF15, HGF, SCF, SCGF-β, and FGF21. As shown in Fig. 5D, the area under the curves (AUC) for GDF15 (0.986) was higher than that for FGF21 (0.787). The AUC for FGF21 was similar to those for HGF (0.747), SCF (0.729), and SCGF-β (0.837) (Supplementary Fig. 4B), indicating that GDF15 had the maximum sensitivity and specificity for diagnosis of mitochondrial diseases. These results suggest that GDF15 has the greatest potential as a novel diagnostic marker for MELAS and other mitochondrial diseases.

4. Discussion

Based on the global gene expression analysis of cybrid cells with mitochondrial dysfunction, we identified GDF15 as a potential biomarker whose expression and secretion reflected the intracellular energy deficiency and the effect of pyruvate therapy on the energy metabolism. We then determined the serum levels of GDF15 in patients with mitochondrial diseases and other diseases and identified GDF15 as a novel diagnostic marker for mitochondrial diseases. Although additional clinical studies are needed, the serum GDF15 concentration may be a useful biomarker not only for diagnosis of mitochondrial diseases but also for monitoring the disease status and progression as well as for determining the efficacy of pyruvate therapy.

GDF15 is a member of the transforming growth factor-β (TGF-β) superfamily and is widely expressed in mammalian tissues (Unsicker et al., 2013). GDF15 plays important roles in multiple pathologies including cardiovascular diseases, cancer, and inflammation. It has been shown that GDF15 is up-regulated by tumor suppressor p53 in response to high glucose or treatment with anti-cancer compounds (Baek et al., 2002; Li et al., 2013; Yang et al., 2003). The p53 protein is a transcription factor that responds to a variety of stresses such as DNA damage, oxidative stress, hypoxia, and metabolic stress, and it activates the expression of genes to induce cell cycle arrest, DNA repair, senescence, and cell death (Sermeus and Michiels, 2011; Sperka et al., 2012; Zhang et al., 2010). CDKN1A (p21), a potent cyclin-dependent kinase inhibitor, is a major downstream effector of p53, which induces cell-cycle arrest (Sperka et al., 2012). In our microarray data, the CDKN1A expression level was 3.5-fold increased by lactate treatment of 2SD cells (data not shown). Previous reports demonstrated increased expression of CDKN1A in the skeletal muscle of patients with mitochondrial diseases and a cell line depleted of mitochondrial DNA (Behan et al., 2005; Crimi et al., 2005). Besides CDKN1A, we found other p53 effector genes in the list of genes up-regulated in the lactate-treated 2SD cells, including GADD45A, EGR2, DDIT3, CHMP4C, SESN2, ULBP1, DDIT4, and NUPR1 (data not shown). These results suggest that p53 activation may have played an important role in the induction of GDF15 expression in 2SD cells treated with lactate. It has been also demonstrated that p53 activation caused by metabolic stress is mediated by AMP-activated protein kinase (AMPK; Zhang et al., 2010). Our previous metabolomic profiling revealed that the ATP level drops but that the ADP and AMP levels are increased in lactate-treated 2SD cells (Kami et al., 2012), implying that elevation of the AMP/ATP ratio may activate p53 through AMPK activation. Taken together, it is possible that p53 induced GDF15 expression in

Table 2
Genes annotated to the extracellular space among those specifically up-regulated by lactate treatment for 8 h.

Gene symbol	Accession number	Entrez gene name	Fold change	
			L-8/L-0[a]	L-8/P-8[b]
GDF15	NM_004864	Growth differentiation factor 15	27.4	14.8
INHBE	NM_031479	Inhibin, beta E	15.0	9.4
AREG	NM_001657	Amphiregulin	14.0	2.2
ECM2	NM_001393	Extracellular matrix protein 2, female organ and adipocyte specific	11.8	9.0
ADM2	NM_024866	Adrenomedullin 2	10.3	3.0
MMP3	NM_002422	Matrix metallopeptidase 3 (stromelysin 1, progelatinase)	9.8	4.2
IL1A	NM_000575	Interleukin 1, alpha	7.6	6.0
C12orf39	ENST00000256969	Chromosome 12 open reading frame 39	6.3	6.7
APOL6	NM_030641	Apolipoprotein L, 6	6.2	3.8
SCG5	NM_003020	Secretogranin V (7B2 protein)	5.2	3.0
SPOCK2	NM_014767	Sparc/osteonectin, cwcv and kazal-like domains proteoglycan (testican) 2	5.1	6.6
AMTN	NM_212557	Amelotin	5.0	3.9
IL23A	NM_016584	Interleukin 23, alpha subunit p19	4.4	2.8
ADAMTS17	NM_139057	ADAM metallopeptidase with thrombospondin type 1 motif, 17	3.5	2.2
VEGFA	NM_001025370	Vascular endothelial growth factor A	3.4	2.5
STC2	NM_003714	Stanniocalcin 2	3.4	2.6
PDGFB	NM_002608	Platelet-derived growth factor beta polypeptide	2.8	3.8
C1QTNF1	NM_198594	C1q and tumor necrosis factor related protein 1	2.6	2.9
HECW2	NM_020760	HECT, C2 and WW domain containing E3 ubiquitin protein ligase 2	2.4	2.1
IGFALS	NM_004970	Insulin-like growth factor binding protein, acid labile subunit	2.3	2.5
IGFBP1	NM_000596	Insulin-like growth factor binding protein 1	2.3	2.1
PDGFA	NM_002607	Platelet-derived growth factor alpha polypeptide	2.2	2.2
CLEC3B	NM_003278	C-type lectin domain family 3, member B	2.1	2.2

[a]Fold change between 8 h and 0 h after lactate treatment
[b]Fold change between lactate treatment and pyruvate treatment at 8 h

response to AMPK activation caused by the intracellular energy deficiency. However, it remains to be determined whether other stresses such as oxidative stress may also have participated in p53 activation and GDF15 induction in the lactate-treated 2SD cells.

Gene network analysis demonstrated that the top-ranked network contained not only genes associated with the amino-acid starvation response but also the GDF15 gene (Fig. 3A). In a mouse model of late-onset mitochondrial myopathy, the expression of amino-acid starvation-responsive genes was shown to be elevated (Tyynismaa et al., 2010). The asparagine synthetase (ASNS), which is a representative gene involved in the amino-acid starvation response, has been reported to be up-regulated in the skeletal muscle of patients with mitochondrial diseases and in cybrid cells established from a mitochondrial disease patient (Crimi et al., 2005; Fujita et al., 2007). Activating transcription factor 4 (ATF4) is a master regulator of integrated stress responses (ISR), in which a variety of stresses, including amino-acid starvation as well as glucose starvation, ER stress, hypoxia, and oxidative stress, induce phosphorylation of eIF2α followed by up-regulation of ATF4 to activate expression of stress-responsive genes (Harding et al., 2003; Jiang et al., 2004; Rouschop et al., 2010; Rzymski et al., 2010; Teske et al., 2011). It is noteworthy to point out that GDF15 has been shown to be up-regulated by ATF4 in mouse embryonic fibroblasts (Jousse et al., 2007). Taken together, such findings suggest that the ISR pathway may also contribute to the induction of GDF15 in response to defective energy metabolism and play a role in the pathogenesis of mitochondrial diseases.

In the present study, we validated the clinical usefulness of GDF15 as a diagnostic marker by determining the serum GDF15 levels in patients with mitochondrial diseases and in those with other pediatric diseases. The results showed that serum GDF15 levels were significantly elevated in patients with mitochondrial diseases, which finding is consistent with a recent report (Kalko et al., 2014). We also demonstrated that GDF15 had higher sensitivity and specificity than FGF21, which was recently identified as a sensitive and specific blood biomarker for muscle pathology in a wide range of mitochondrial diseases in adults and children (Suomalainen et al., 2011). Our small-scale study, however, may have underestimated the clinical usefulness of FGF21, because the AUC for FGF21 reported by 2 independent groups (0.95 and 0.91) was higher than that in the present study (0.787).

Using the multiplex suspension array, we also identified HGF, SCF, and SCGF-β as potential diagnostic markers for mitochondrial diseases. The ROC curve analysis, however, revealed that GDF15 had the maximum sensitivity and specificity for diagnosis of mitochondrial diseases compared with HGF, SCF, SCGF-β, or FGF21. Based on the microarray analysis, we also selected INHBE as the next best candidate gene (Table 2). INHBE is a member of the activin beta family, which has been reported to be primarily expressed in the liver and up-regulated by drug-induced ER stress, cysteine deprivation, and insulin treatment (Bruning et al., 2012; Dombroski et al., 2010; Hashimoto et al., 2009; Lee et al., 2008). Although secreted INHBE protein was not detectable in the conditioned medium from the cell cultures, we are currently investigating the clinical usefulness of INHBE as a biomarker for diagnosis and monitoring of the disease status and progression.

Table 3
Genes annotated to the extracellular space among those specifically down-regulated by lactate treatment for 8 h.

Gene symbol	Accession number	Entrez gene name	Fold change	
			L-8/L-0[a]	L-8/P-8[b]
CXCL1	NM_001511	Chemokine (C-X-C motif) ligand 1 (melanoma growth stimulating activity, alpha)	−3.4	−2.6
PDZRN3	NM_015009	PDZ domain containing ring finger 3	−2.4	−2.0
SLC39A10	NM_020342	Solute carrier family 39 (zinc transporter), member 10	−2.3	−2.9
DKK1	NM_012242	Dickkopf 1 homolog (Xenopus laevis)	−2.1	−2.3

[a]Fold change between 8 h and 0 h after lactate treatment
[b]Fold change between lactate treatment and pyruvate treatment at 8 h

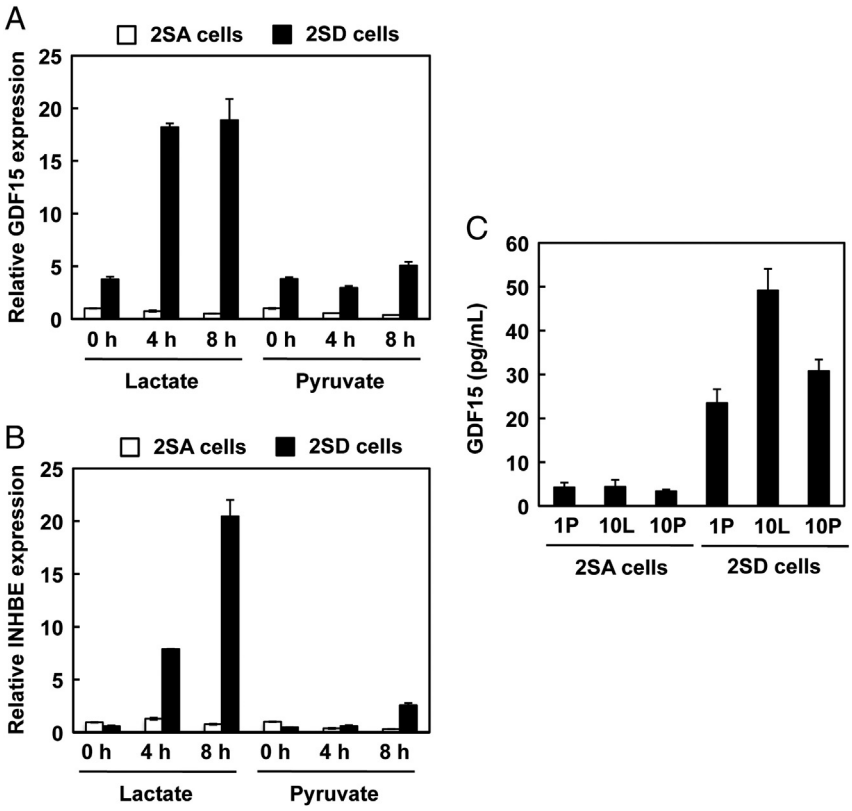

Fig. 4. Quantitative RT-PCR and ELISA for GDF15 and INHBE Total RNA isolated from 2SA and 2SD cells treated with 10 mM lactate or 10 mM pyruvate for 0, 4 or 8 h (n = 3) were subjected to quantitative RT-PCR for GDF15 (A) and INHBE (B). (C) The conditioned medium collected from 2SA and 2SD cell cultures treated with 10 mM lactate (10 L), 10 mM pyruvate (10P) or 1 mM pyruvate (1P) for 24 h was subjected to ELISA for GDF15 protein ($n = 3$).

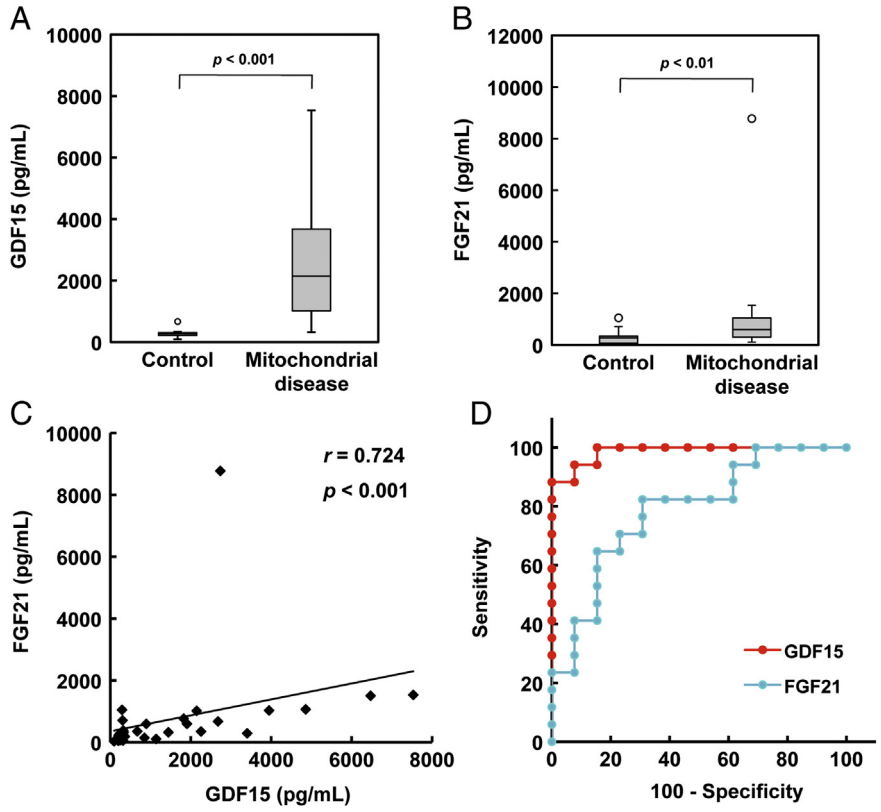

Fig. 5. Measurement of the GDF15 and FGF21 concentrations in the serum of patients. The serum GDF15 (A) and FGF21 (B) concentrations in 17 patients with mitochondrial diseases as well as those in 13 patients with other pediatric diseases were determined by ELISA. The outlier is shown with an open symbol. (C) A correlation analysis between the serum GDF15 and FGF21 levels was performed for the patients described above by use of IBM SPSS statistics. (D) The ROC curve analysis for GDF15 and FGF21 was performed. Areas under the curves (AUC) for GDF15 and FGF21 were 0.986 (95% CI 0.957-1.000) and 0.787 (95% CI 0.621-0.953), respectively.

It is well known that mitochondrial dysfunction is associated with the pathology of various diseases such as Parkinson's disease, Alzheimer's disease, diabetes, and aging (Exner et al., 2012; Lopez-Otin et al., 2013; Martin and McGee, 2014). GDF15, which may reflect mitochondria dysfunction, could be a useful marker for those diseases and the aging process. In support of this idea, the serum GDF15 level was reported to be elevated under various pathological conditions such as cancers, cardiovascular diseases, diabetes, and obesity (Dostalova et al., 2009; Kempf et al., 2007; Welsh et al., 2003); however, in most cases, it was not as high as that observed in mitochondrial diseases. Recent cohort studies also demonstrated that the serum GDF15 level is a novel predictor of all-cause mortality and is associated with cognitive performance and cognitive decline (Fuchs et al., 2013; Wiklund et al., 2010). We thus anticipate that GDF15 will attract more interest with respect to a variety of diseases and aging associated with mitochondrial dysfunction.

In conclusion, we identified GDF15 as a novel serum marker for the diagnosis of mitochondrial diseases and possibly both for monitoring the disease status and progression and for evaluating the therapeutic efficacy of pyruvate. Large-scale clinical trials including combined use of other markers such as FGF21 should confirm the clinical usefulness of GDF15.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at http://dx.doi.org/10.1016/j.mito.2014.10.006.

References

Baek, S.J., Wilson, L.C., Eling, T.E., 2002. Resveratrol enhances the expression of non-steroidal anti-inflammatory drug-activated gene (NAG-1) by increasing the expression of p53. Carcinogenesis 23, 425–434.

Behan, A., Doyle, S., Farrell, M., 2005. Adaptive responses to mitochondrial dysfunction in the rho degrees Namalwa cell. Mitochondrion 5, 173–193.

Bruning, A., Matsingou, C., Brem, G.J., Rahmeh, M., Mylonas, I., 2012. Inhibin beta E is up-regulated by drug-induced endoplasmic reticulum stress as a transcriptional target gene of ATF4. Toxicol. Appl. Pharmacol. 264, 300–304.

Chomyn, A., Martinuzzi, A., Yoneda, M., Daga, A., Hurko, O., Johns, D., Lai, S.T., Nonaka, I., Angelini, C., Attardi, G., 1992. MELAS mutation in mtDNA binding site for transcription termination factor causes defects in protein synthesis and in respiration but no change in levels of upstream and downstream mature transcripts. Proc. Natl. Acad. Sci. U. S. A. 89, 4221–4225.

Crimi, M., Bordoni, A., Menozzi, G., Riva, L., Fortunato, F., Galbiati, S., Del Bo, R., Pozzoli, U., Bresolin, N., Comi, G.P., 2005. Skeletal muscle gene expression profiling in mitochondrial disorders. Faseb J. 19, 866–868.

Davis, R.L., Liang, C., Edema-Hildebrand, F., Riley, C., Needham, M., Sue, C.M., 2013. Fibroblast growth factor 21 is a sensitive biomarker of mitochondrial disease. Neurology 81, 1819–1826.

Dombroski, B.A., Nayak, R.R., Ewens, K.G., Ankener, W., Cheung, V.G., Spielman, R.S., 2010. Gene expression and genetic variation in response to endoplasmic reticulum stress in human cells. Am. J. Hum. Genet. 86, 719–729.

Dostalova, I., Roubicek, T., Bartlova, M., Mraz, M., Lacinova, Z., Haluzikova, D., Kavalkova, P., Matoulek, M., Kasalicky, M., Haluzik, M., 2009. Increased serum concentrations of macrophage inhibitory cytokine-1 in patients with obesity and type 2 diabetes mellitus: the influence of very low calorie diet. Eur. J. Endocrinol. 161, 397–404.

Exner, N., Lutz, A.K., Haass, C., Winklhofer, K.F., 2012. Mitochondrial dysfunction in Parkinson's disease: molecular mechanisms and pathophysiological consequences. EMBO J. 31, 3038–3062.

Fuchs, T., Trollor, J.N., Crawford, J., Brown, D.A., Baune, B.T., Samaras, K., Campbell, L., Breit, S.N., Brodaty, H., Sachdev, P., Smith, E., 2013. Macrophage inhibitory cytokine-1 is associated with cognitive impairment and predicts cognitive decline - the Sydney Memory and Aging Study. Aging Cell 12, 882–889.

Fujita, Y., Ito, M., Nozawa, Y., Yoneda, M., Oshida, Y., Tanaka, M., 2007. CHOP (C/EBP homologous protein) and ASNS (asparagine synthetase) induction in cybrid cells harboring MELAS and NARP mitochondrial DNA mutations. Mitochondrion 7, 80–88.

Goto, Y., Nonaka, I., Horai, S., 1990. A mutation in the tRNA(Leu)(UUR) gene associated with the MELAS subgroup of mitochondrial encephalomyopathies. Nature 348, 651–653.

Goto, Y., Horai, S., Matsuoka, T., Koga, Y., Nihei, K., Kobayashi, M., Nonaka, I., 1992. Mitochondrial myopathy, encephalopathy, lactic acidosis, and stroke-like episodes (MELAS): a correlative study of the clinical features and mitochondrial DNA mutation. Neurology 42, 545–550.

Harding, H.P., Zhang, Y., Zeng, H., Novoa, I., Lu, P.D., Calfon, M., Sadri, N., Yun, C., Popko, B., Paules, R., Stojdl, D.F., Bell, J.C., Hettmann, T., Leiden, J.M., Ron, D., 2003. An integrated stress response regulates amino acid metabolism and resistance to oxidative stress. Mol. Cell 11, 619–633.

Hashimoto, O., Sekiyama, K., Matsuo, T., Hasegawa, Y., 2009. Implication of activin E in glucose metabolism: transcriptional regulation of the inhibin/activin betaE subunit gene in the liver. Life Sci. 85, 534–540.

Jiang, H.Y., Wek, S.A., McGrath, B.C., Lu, D., Hai, T., Harding, H.P., Wang, X., Ron, D., Cavener, D.R., Wek, R.C., 2004. Activating transcription factor 3 is integral to the eukaryotic initiation factor 2 kinase stress response. Mol. Cell. Biol. 24, 1365–1377.

Jousse, C., Deval, C., Maurin, A.C., Parry, L., Cherasse, Y., Chaveroux, C., Lefloch, R., Lenormand, P., Bruhat, A., Fafournoux, P., 2007. TRB3 inhibits the transcriptional activation of stress-regulated genes by a negative feedback on the ATF4 pathway. J. Biol. Chem. 282, 15851–15861.

Kalko, S.G., Paco, S., Jou, C., Rodriguez, M.A., Meznaric, M., Rogac, M., Jekovec-Vrhovsek, M., Sciacco, M., Moggio, M., Fagiolari, G., De Paepe, B., De Meirleir, L., Ferrer, I., Roig-Quilis, M., Munell, F., Montoya, J., Lopez-Gallardo, E., Ruiz-Pesini, E., Artuch, R., Montero, R., Torner, F., Nascimento, A., Ortez, C., Colomer, J., Jimenez-Mallebrera, C., 2014. Transcriptomic profiling of TK2 deficient human skeletal muscle suggests a role for the p53 signalling pathway and identifies growth and differentiation factor-15 as a potential novel biomarker for mitochondrial myopathies. BMC Genomics 15, 91.

Kami, K., Fujita, Y., Igarashi, S., Koike, S., Sugawara, S., Ikeda, S., Sato, N., Ito, M., Tanaka, M., Tomita, M., Soga, T., 2012. Metabolomic profiling rationalized pyruvate efficacy in cybrid cells harboring MELAS mitochondrial DNA mutations. Mitochondrion 12, 644–653.

Kempf, T., Horn-Wichmann, R., Brabant, G., Peter, T., Allhoff, T., Klein, G., Drexler, H., Johnston, N., Wallentin, L., Wollert, K.C., 2007. Circulating concentrations of growth-differentiation factor 15 in apparently healthy elderly individuals and patients with chronic heart failure as assessed by a new immunoradiometric sandwich assay. Clin. Chem. 53, 284–291.

Kirino, Y., Yasukawa, T., Ohta, S., Akira, S., Ishihara, K., Watanabe, K., Suzuki, T., 2004. Codon-specific translational defect caused by a wobble modification deficiency in mutant tRNA from a human mitochondrial disease. Proc. Natl. Acad. Sci. U. S. A. 101, 15070–15075.

Koga, Y., Povalko, N., Katayama, K., Kakimoto, N., Matsuishi, T., Naito, E., Tanaka, M., 2012. Beneficial effect of pyruvate therapy on Leigh syndrome due to a novel mutation in PDH E1alpha gene. Brain Dev. 34, 87–91.

Lee, J.I., Dominy Jr., J.E., Sikalidis, A.K., Hirschberger, L.L., Wang, W., Stipanuk, M.H., 2008. HepG2/C3A cells respond to cysteine deprivation by induction of the amino acid deprivation/integrated stress response pathway. Physiol. Genomics 33, 218–229.

Li, J., Yang, L., Qin, W., Zhang, G., Yuan, J., Wang, F., 2013. Adaptive induction of growth differentiation factor 15 attenuates endothelial cell apoptosis in response to high glucose stimulus. PLoS One 8, e65549.

Lopez-Otin, C., Blasco, M.A., Partridge, L., Serrano, M., Kroemer, G., 2013. The hallmarks of aging. Cell 153, 1194–1217.

Martin, S.D., McGee, S.L., 2014. The role of mitochondria in the aetiology of insulin resistance and type 2 diabetes. Biochim. Biophys. Acta 1840, 1303–1312.

Pavlakis, S.G., Phillips, P.C., DiMauro, S., De Vivo, D.C., Rowland, L.P., 1984. Mitochondrial myopathy, encephalopathy, lactic acidosis, and strokelike episodes: a distinctive clinical syndrome. Ann. Neurol. 16, 481–488.

Rouschop, K.M., van den Beucken, T., Dubois, L., Niessen, H., Bussink, J., Savelkouls, K., Keulers, T., Mujcic, H., Landuyt, W., Voncken, J.W., Lambin, P., van der Kogel, A.J., Koritzinsky, M., Wouters, B.G., 2010. The unfolded protein response protects human tumor cells during hypoxia through regulation of the autophagy genes MAP1LC3B and ATG5. J. Clin. Invest. 120, 127–141.

Rzymski, T., Milani, M., Pike, L., Buffa, F., Mellor, H.R., Winchester, L., Pires, I., Hammond, E., Ragoussis, I., Harris, A.L., 2010. Regulation of autophagy by ATF4 in response to severe hypoxia. Oncogene 29, 4424–4435.

Saito, K., Kimura, N., Oda, N., Shimomura, H., Kumada, T., Miyajima, T., Murayama, K., Tanaka, M., Fujii, T., 2012. Pyruvate therapy for mitochondrial DNA depletion syndrome. Biochim. Biophys. Acta 1820, 632–636.

Sermeus, A., Michiels, C., 2011. Reciprocal influence of the p53 and the hypoxic pathways. Cell Death Dis. 2, e164.

Sperka, T., Wang, J., Rudolph, K.L., 2012. DNA damage checkpoints in stem cells, ageing and cancer. Nat. Rev. Mol. Cell Biol. 13, 579–590.

Suomalainen, A., Elo, J.M., Pietilainen, K.H., Hakonen, A.H., Sevastianova, K., Korpela, M., Isohanni, P., Marjavaara, S.K., Tyni, T., Kiuru-Enari, S., Pihko, H., Darin, N., Ounap, K., Kluijtmans, L.A., Paetau, A., Buzkova, J., Bindoff, L.A., Annunen-Rasila, J., Uusimaa, J., Rissanen, A., Yki-Jarvinen, H., Hirano, M., Tulinius, M., Smeitink, J., Tyynismaa, H., 2011. FGF-21 as a biomarker for muscle-manifesting mitochondrial respiratory chain deficiencies: a diagnostic study. Lancet Neurol. 10, 806–818.

Tanaka, M., Nishigaki, Y., Fuku, N., Ibi, T., Sahashi, K., Koga, Y., 2007. Therapeutic potential of pyruvate therapy for mitochondrial diseases. Mitochondrion 7, 399–401.

Teske, B.F., Wek, S.A., Bunpo, P., Cundiff, J.K., McClintick, J.N., Anthony, T.G., Wek, R.C., 2011. The eIF2 kinase PERK and the integrated stress response facilitate activation of ATF6 during endoplasmic reticulum stress. Mol. Biol. Cell 22, 4390–4405.

Tyynismaa, H., Carroll, C.J., Raimundo, N., Ahola-Erkkila, S., Wenz, T., Ruhanen, H., Guse, K., Hemminki, A., Peltola-Mjosund, K.E., Tulkki, V., Oresic, M., Moraes, C.T., Pietilainen, K., Hovatta, I., Suomalainen, A., 2010. Mitochondrial myopathy induces a starvation-like response. Hum. Mol. Genet. 19, 3948–3958.

Unsicker, K., Spittau, B., Krieglstein, K., 2013. The multiple facets of the TGF-beta family cytokine growth/differentiation factor-15/macrophage inhibitory cytokine-1. Cytokine Growth Factor Rev. 24, 373–384.

Welsh, J.B., Sapinoso, L.M., Kern, S.G., Brown, D.A., Liu, T., Bauskin, A.R., Ward, R.L., Hawkins, N.J., Quinn, D.I., Russell, P.J., Sutherland, R.L., Breit, S.N., Moskaluk, C.A., Frierson Jr., H.F., Hampton, G.M., 2003. Large-scale delineation of secreted protein biomarkers overexpressed in cancer tissue and serum. Proc. Natl. Acad. Sci. U. S. A. 100, 3410–3415.

Wiklund, F.E., Bennet, A.M., Magnusson, P.K., Eriksson, U.K., Lindmark, F., Wu, L., Yaghoutyfam, N., Marquis, C.P., Stattin, P., Pedersen, N.L., Adami, H.O., Gronberg, H., Breit, S.N., Brown, D.A., 2010. Macrophage inhibitory cytokine-1 (MIC-1/GDF15): a new marker of all-cause mortality. Aging Cell 9, 1057–1064.

Yang, H., Filipovic, Z., Brown, D., Breit, S.N., Vassilev, L.T., 2003. Macrophage inhibitory cytokine-1: a novel biomarker for p53 pathway activation. Mol. Cancer Ther. 2, 1023–1029.

Yasukawa, T., Suzuki, T., Ueda, T., Ohta, S., Watanabe, K., 2000. Modification defect at anticodon wobble nucleotide of mitochondrial tRNAs(Leu)(UUR) with pathogenic mutations of mitochondrial myopathy, encephalopathy, lactic acidosis, and stroke-like episodes. J. Biol. Chem. 275, 4251–4257.

Zhang, X.D., Qin, Z.H., Wang, J., 2010. The role of p53 in cell metabolism. Acta Pharmacol. Sin. 31, 1208–1212.