

Which way does the citric acid cycle turn during hypoxia? The critical role of alpha-ketoglutarate dehydrogenase complex

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Running title: Direction of Krebs cycle

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Abstract

The citric acid cycle forms a major metabolic hub and as such it is involved in many disease states implicating energetic imbalance. In spite of the fact that it is being branded as a 'cycle', during hypoxia, when the electron transport chain does not oxidize reducing equivalents, segments of this metabolic pathway remain operational but exhibit opposing directionalities. This serves the purpose of harnessing high energy phosphates through matrix substrate-level phosphorylation in the absence of oxidative phosphorylation. In this mini-review these segments are appraised, pointing to the critical importance of the alpha-ketoglutarate dehydrogenase complex dictating their directionalities.

Keywords: tricarboxylic acid cycle; Krebs cycle; energy metabolism; mitochondria, cancer

Background

The citric acid cycle (Krebs, 1940a) consists of sequential, reversible and irreversible biochemical reactions, shown in figure 1. There are many 'entry' points to this pathway but as the name 'cycle' implies, there is no end: every product of a reaction is a substrate for the next one eventually leading to the regeneration of each one of them. An exhaustive review on the cycle is beyond the scope of the present material; furthermore, the focus of this review is on energy harnessing, the role of the cycle in anabolism is hereby ignored. Two of the several benefits of this pathway are: i) the reduction of NAD^+ and FAD^+ by the respective dehydrogenases, and ii) the generation of high energy phosphates through matrix substrate-level phosphorylation. In the presence of oxygen, NADH and FADH_2 are oxidized by the electron transport chain, leading to the development of an electrochemical gradient across the inner mitochondrial membrane. Ultimately, this electrochemical gradient is utilized by $\text{F}_0\text{-F}_1$ ATP synthase to make ATP. During anoxia, NADH and FADH_2 cannot be oxidized by the respiratory complexes, therefore, oxidative phosphorylation ceases. In the sections appearing below it is reviewed how reducing equivalents may still get oxidized by other means for the purpose of forming high energy phosphates through matrix substrate-level phosphorylation, causing segments of the citric acid cycle to run in different directions.

A naïve look on the citric acid cycle

It is unfortunate that the depiction of the citric acid cycle as a unidirectional pathway is widespread, whereas in fact the irreversible reactions are only those catalyzed by citrate synthase and the α -ketoglutarate dehydrogenase complex, see figure 1. Ironically, Krebs himself was proving his theory on the cycle by fighting opposing views of other researchers who ignored the reversibility of several steps. The below is an excerpt from a reply to the criticisms of F. L. Breusch and of J. Thomas (Breusch, 1937; Breusch, 1939; Thomas, 1939):

"Several of the criticisms arise solely from a misinterpretation of the theory. Thomas as well as Breusch draw incorrect conclusions from the theory and argue against the theory when these conclusions are not confirmed by their experiments. This applies, for instance, to Thomas's statement that the formation of malate from oxaloacetate must be inhibited by malonate if the citric acid cycle is correct. In actual fact it was expressly stated that the reactions succinate \leftrightarrow fumarate \leftrightarrow malate \leftrightarrow oxaloacetate are reversible, and that oxaloacetate can be converted into the other C₄ dicarboxylic acids in two ways, either anaerobically, or aerobically, the first being unaffected by malonate. Thomas omitted the reversibility symbol (\leftrightarrow) in his version of the theory and hence reaches incorrect conclusions", (Krebs, 1940b).

A key concept from the above excerpt is that oxaloacetate can be anaerobically converted into malate, fumarate, or succinate in the presence of malonate, a competitive inhibitor of succinate dehydrogenase. The conversion of oxaloacetate to malate to fumarate, back to malate, back to oxaloacetate, which can condense with acetyl-CoA to form citrate has been called 'backflux' of the citric acid cycle (Sonnwald et al., 1993), (Brekke et al., 2012). This backflux has been supported by mathematical models (Merle et al., 1996a), (Merle et al., 1996b), (Oz et al., 2004), just as Krebs has purported, a concept that has been supported by the earliest experiments of Albert Szent-Györgyi (Szent-Gyorgyi, 1935).

Since Krebs' discovery of the citric acid cycle, some of the remaining steps of the cycle have been proven to operate reversibly and in segments, the directionalities of which are dictated by the presence or absence of oxygen. To address this in more detail these steps are examined individually in concert with relevant reactions, see figure 1.

Pyruvate is a main entry point to the citric acid cycle. In the cytosol, pyruvate may arise from lactate with which is in equilibrium through lactate dehydrogenase. Furthermore, pyruvate can be formed through the reversible cytosolic alanine aminotransferase reaction (isoform 1) (Sohocki et al., 1997), where α -ketoglutarate and alanine give rise to glutamate and pyruvate (not shown). Most notably though, pyruvate is formed from phosphoenolpyruvate (PEP) by pyruvate kinase (PK), catalyzing a strongly exergonic and irreversible reaction. In turn, PEP may originate from glycolysis, or having exited from mitochondria

through a phosphate/phosphoenolpyruvate antiporter, a protein with isoforms in members C, D and E of the solute carrier family 35 (Venter et al., 2001), (Gerhard et al., 2004), (Ota et al., 2004), (Skarnes et al., 2011). Regeneration of pyruvate from PEP that has exited mitochondria is part of the so-called "pyruvate recycling pathway", elaborated below. PEP has also been shown to enter mitochondria (McCoy and Doeg, 1975) likely through the same antiporter, supporting citrate synthesis (Wiese et al., 1996). Pyruvate enters mitochondria through the recently identified pyruvate carrier incorporating MPC1 and MPC2 (Herzig et al., 2012), (Bricker et al., 2012). In the mitochondrial matrix pyruvate may be formed through a mitochondrial alanine aminotransferase (isoform 2) (Yang et al., 2002). There have also been reports of a mitochondrial pyruvate kinase in pig liver (Pizzuto et al., 2010), Jerusalem artichoke (de Bari L. et al., 2007), and the protozoon *Toxoplasma gondii* (Saito et al., 2008). It remains to be seen if a mitochondrial pyruvate kinase is confirmed by other, independent laboratories.

Inside the mitochondrial matrix, pyruvate will be processed by: i) pyruvate carboxylase, ii) malic enzyme, iii) the pyruvate dehydrogenase complex, or iv) undergo transamination with glutamate to yield α -ketoglutarate and alanine. The enzyme methylmalonyl-CoA oxaloacetate transcarboxylase (EC 2.1.3.1) may also exchange pyruvate with oxaloacetate, but so far, this protein has been identified only in bacteria metabolizing propanoate (Swick and Wood, 1960).

Carboxylation of pyruvate by pyruvate carboxylase yields oxaloacetate, and although this reaction is thermodynamically reversible (see table I), backflow towards pyruvate may occur only at a low rate (Freidmann et al., 1971), (McClure et al., 1971a), (McClure et al., 1971b), (Barden et al., 1972).

Pyruvate carboxylase activity shows a remarkable cell-specific distribution in the brain: neurons appear to exhibit very little if at all pyruvate carboxylase activity, while astrocytes adequately express the fully functional enzyme (Yu et al., 1983), (Shank et al., 1985), (Cesar and Hamprecht, 1995). It has been a long-standing question of this author, what purpose does it serve that, neurons lack pyruvate carboxylase? This question is pressing, because neurons lose α -ketoglutarate in the form of glutamate and GABA during neurotransmission, which are taken up by the astrocytes (Balazs et al., 1970), (Henn et al., 1974).

Evidence of neuronal pyruvate carboxylation emerged as early as 1966 (O'Neal and Koeppel, 1966), reviewed in (Hassel, 2001). In view of the absence of pyruvate carboxylase in neurons, alternative pathways were sought; it was found that neurons may carboxylate pyruvate through malic enzyme (Vogel et al., 1998b), (Hassel and Brathe, 2000), a reversible enzyme (Hsu and Lardy, 1969) exhibiting high pyruvate carboxylating activity (Salganicoff and Koeppel, 1968) that forms malate. In astrocytes, malic enzyme is mostly in the cytosol, while in neurons is mostly in the mitochondria (Kurz et al., 1993), (Bukato et al., 1994), (McKenna et al., 1995), (Vogel et al., 1998a), (Vogel et al., 1998b). However, most researchers consider the mitochondrial malic enzyme to operate in the decarboxylating direction in the brain (Vogel et al., 1998b), (Hertz et al., 1999), (McKenna et al., 2000). Furthermore, the group of Sonnewald concluded that neuronal pyruvate carboxylation is unlikely to be of quantitative significance (Waagepetersen et al., 2001); likewise, (Lieth et al., 2001) found that no pyruvate carboxylation occurs in neurons. It appears that the chapter on neuronal pyruvate carboxylation is still open. On the other hand, irreversible decarboxylation of pyruvate catalyzed by the pyruvate dehydrogenase complex yielding acetyl-CoA occurs in mitochondria of all cell types. Acetyl-CoA is also an indispensable activator of pyruvate carboxylase, see (Adina-Zada et al., 2012) and references therein. The oxaloacetate formed from pyruvate carboxylase will have four fates: i) it will get reversibly decarboxylated by a mitochondrial phosphoenolpyruvate carboxykinase, an enzyme that has been cloned and adequately characterized (Modaressi et al., 1996), (Modaressi et al., 1998); ii) it may get transaminated with glutamate, yielding α -ketoglutarate and aspartate; iii) it may get converted to malate, through MDH; or iv) condense with acetyl-CoA to form citrate, a reaction catalyzed by citrate synthase. The latter reaction is irreversible, and represents the first committed step to citric acid cycle.

Citrate will then get converted to isocitrate by aconitase in a reversible reaction, which will then be dehydrogenated to α -ketoglutarate by isocitrate dehydrogenase (IDH). There are two mitochondrial IDH isoforms: IDH2, which is NADP⁺-dependent and reversible (Des Rosiers C. et al., 1995; Lemons et al., 2010; Metallo et al., 2009; Metallo et al., 2012; Yoo et al., 2008), and IDH3 (Ehrlich and Colman, 1983),

(Des Rosiers C. et al., 1994), (Comte et al., 2002) which is NAD^+ -dependent, and considered irreversible (Gabriel et al., 1986). Splice variants have also been identified (Okamoto et al., 2003), (Kim et al., 1999). IDH1, which is NADP^+ -dependent and reversible (Londesborough and Dalziel, 1968) is expressed predominantly in the cytosol (Nekrutenko et al., 1998). The reversibility of mitochondrial IDH has been inferred from experiments in isolated nerve from lobsters, bullfrogs and rabbits (Waelsch et al., 1965), and further on demonstrated in striatal slices (Cheng and Nakamura, 1972), cortical slices (Nakamura et al., 1970), (Patel, 1974b) brain homogenates (Salganicoff and Koeppel, 1968), rat liver (Des Rosiers C. et al., 1995) and rat heart (Randle et al., 1970), (Comte et al., 2002). Despite the fact that IDH3 is highly regulated by a variety of effectors (Gabriel et al., 1986), from the above an obvious futile cycle can be discerned, where isocitrate (plus NAD^+) is oxidatively decarboxylated to α -ketoglutarate (plus NADH) by IDH3, and then IDH2 may reverse this by converting α -ketoglutarate plus NADPH to isocitrate plus NADP^+ ; it has been proposed that this futility, in concert with the function of a proton-translocating transhydrogenase, fine-tune the citric acid cycle or produce heat, thereby contributing to thermoregulation in the animal at the expense of the transmembrane proton electrochemical potential gradient, or even contribute to the regulation of 'leak' currents across the inner mitochondrial membrane (Sazanov and Jackson, 1994). This is theoretically possible because the catalytic site of the transhydrogenase for oxidation and reduction of the nicotinamide nucleotides is facing the matrix, thus membrane potential generated by the respiratory chain is consumed during the reduction of NADP^+ or NAD^+ by NADH or NADPH , respectively (Jackson, 1991), which can be accounted as a 'leak' pathway, therefore contributing to metabolic thermogenesis. By the same token, membrane potential can be generated during the reverse operation, thereby decreasing this leak pathway, hence minimizing metabolic thermogenesis. Since the transhydrogenase links the redox state of NAD^+ and NADP^+ to membrane potential to the concerted actions of IDH2 and IDH3, it is conceivable that the transhydrogenase may impose on the rate of IDH reaction, effectively controlling the rate of the overall citric acid cycle. These theoretical considerations elaborated by Sazanov and Jackson could be easily tested since C57Bl/6J mice do not express the

transhydrogenase, while mice belonging to any of the following strains: C57BL/6JEi, C57BL/6N, C57BL/6NJ, C57BL/6ByJ, C57BL/10J, C57L/J, or C58/J express this protein (Toye et al., 2005). To the best of my knowledge, the results of such an experiment do not exist in the literature.

Apart from regenerating isocitrate by IDH2, α -ketoglutarate could have three fates: i) transamination with aspartate, yielding oxaloacetate and glutamate, ii) dehydrogenation by glutamate dehydrogenase yielding glutamate, or iii) decarboxylation by KGDHC yielding succinyl-CoA. The reaction catalyzed by KGDHC requires CoASH and NAD^+ , is irreversible, and represents the second commitment step in the citric acid cycle. KGDHC deserves particular attention: this enzyme complex is subject to tight regulation: it is inhibited by increased [succinyl-CoA]/[CoA] and [NADH]/[NAD^+] ratios (Garland and Randle, 1964), (Hamada et al., 1975), (McMinn and Ottaway, 1977), (LaNoue et al., 1983), (Markiewicz and Strumilo, 1995); it exhibits a biphasic response to Ca^{2+} , low concentrations activating the complex (McCormack and Denton, 1979), (Lawlis and Roche, 1981) (McCormack and Denton, 1989), (Wan et al., 1989), (Panov and Scarpa, 1996) while high concentrations of the cation inhibit it (Lai and Cooper, 1986). The regulation of KGDHC reaction by the above and other effectors such as adenine nucleotides, pH and Mg^{2+} has been reviewed by (Strumilo, 2005) and (Starkov, 2012) and modeled by the group of Beard (Qi et al., 2011). The citric acid cycle is indeed regulated at several steps (LaNoue et al., 1970), (LaNoue et al., 1983), (Bukato et al., 1995), (Gibala et al., 2000), (Pagliarini and Dixon, 2006), (McKenna, 2007); furthermore, different intermediates of the cycle exert different regulation depending on target isoform and tissue distribution (McKenna et al., 1995), (McKenna et al., 2000); equally importantly, the cycle is modulated by regulating the transport of substrates that enter the cycle (Safer and Williamson, 1973). However, it is KGDHC that exhibits the highest flux-control coefficient of the citric acid cycle (Patel, 1974a), (Cooney et al., 1981), (Taegtmeier, 1983), (Russell, III and Taegtmeier, 1991), (Russell, III and Taegtmeier, 1992) (Sheu and Blass, 1999). From the factors mentioned to regulate KGDHC reaction, two of them are emphasized: CoASH and NAD^+ . Availability of CoASH is known to limit KGDHC reaction (HUELSMANN et al., 1964), (Taegtmeier, 1983), (Russell, III and Taegtmeier, 1991), (Russell, III and Taegtmeier, 1992). The availability of CoASH and the competition for it between pyruvate

dehydrogenase (PDH) and KGDHC (HUELSMANN et al., 1964), (Randle et al., 1970), led to the suggestion that the citric acid cycle operates in two sequential segments; the first being from acetyl-CoA until α -ketoglutarate, (CoASH required for the PDH reaction), and the second one being from α -ketoglutarate to oxaloacetate (CoASH required for the KGDHC reaction), (Randle et al., 1970). This was probably the first notion implying that the citric acid cycle may run in segments. Regarding NAD^+ availability, it is already a textbook definition that NADH oxidized by the respiratory complexes yields NAD^+ , which will be re-reduced by the dehydrogenases of the cycle. However, as mentioned above, during hypoxia, when the electron transport chain is not operational, NADH may get oxidized by other means such as by the reverse operation of malate dehydrogenase, forming malate from oxaloacetate. This concept forms the basis for the continuous operation of KGDHC during hypoxia and will be discussed in greater detail below, (see under "What happens to NADH during hypoxia?").

The product of KGDHC, succinyl-CoA is the substrate for 'substrate-level phosphorylation" performed by succinate thiokinase, a reversible enzyme (also known as succinyl-CoA ligase). Succinate thiokinase is a heterodimer enzyme being composed of an invariant α subunit encoded by SUCLG1 and a substrate-specific β subunit, encoded by either SUCLA2 or SUCLG2. With the input of inorganic phosphate this dimer combination results in either an ATP-forming SUCL (EC 6.2.1.5) or a GTP-forming SUCL (EC 6.2.1.4). GTP may transphosphorylate to ATP by nucleoside-diphosphate kinase. In either case, succinate thiokinase also generates CoASH and succinate. Generation of high-energy phosphates by this reaction proceeds even in the absence of oxygen and perhaps under these conditions with a higher rate, because hypoxia activates the enzyme (Phillips et al., 2009). This concept will be reviewed in more detail below, (see under " Hypoxia: all roads lead to succinate?").

Succinate will be processed by the reversible succinate dehydrogenase to yield fumarate, and since this protein is also respiratory complex II, FAD^+ will be reduced to FADH_2 . Fumarate is in equilibrium with malate through the reaction catalyzed by fumarase, an enzyme that is also found in the cytosol (Raimundo et al., 2011).

Malate that emerges from fumarase will have two fates, both catalyzed by reversible reactions: i) dehydrogenation by malate dehydrogenase to oxaloacetate, thereby completing the citric acid cycle or ii) decarboxylation by malic enzyme to pyruvate; this reaction is part of the 'pyruvate-recycling pathway', see below under "The 'pyruvate-recycling pathway'".

Apart from the mitochondrial malate dehydrogenase, there is a cytosolic malate dehydrogenase; both enzymes contribute to the operation of the malate-aspartate shuttle (Borst, 1962). In addition to these two malate dehydrogenases, the shuttle recruits aspartate aminotransferases in the mitochondrial matrix and in the cytosol, the malate- α -ketoglutarate antiporter and glutamate-aspartate antiporter in the inner mitochondrial membrane. The shuttle mediates the transfer of NADH from the cytosol formed in i) the glyceraldehyde-3-phosphate dehydrogenase reaction in the glycolysis and ii) that coming from oxidation of lactate by the lactate dehydrogenase reaction to pyruvate, into the mitochondrial matrix. Through augmented transamination of aspartate and α -ketoglutarate, the malate-aspartate shuttle has been implicated in a cascade of metabolic reactions leading to anaerobic production of ATP (Pisarenko et al., 1995), see below under "Hypoxia: all roads lead to succinate?". Blockade of the shuttle by the transaminase inhibitor aminooxyacetate (Kauppinen et al., 1987) during ischemia and at the beginning of reperfusion conferred cardioprotection in ischemia-reperfusion injury similar to that observed during ischemic preconditioning (Stottrup et al., 2010). However, sustained inhibition of the shuttle during reperfusion carried a negative outcome (Lofgren et al., 2010). As a word of caution, inhibiting transamination with aminooxyacetate confers very different effects on the oxidation of energy substrates in different preparations, suggesting different regulation of metabolism (McKenna et al., 1993).

The 'pyruvate-recycling pathway'

The 'pyruvate-recycling pathway' was described in liver and kidney 40 years ago (Freidmann et al., 1971), (Cohen, 1987), (Rognstad and Katz, 1972), discovered as part of the dicarboxylic acid cycle (Freidmann

et al., 1971). Later on, it was found to operate in brain tissue (Cerdan et al., 1990), (Kunnecke et al., 1993), where it has been extensively characterized, (Bakken et al., 1997a), (Haberg et al., 1998), and especially in astrocytes (Bakken et al., 1997b). Basically, it refers to the fact that downstream metabolism of pyruvate will eventually regenerate pyruvate. This may occur either through PC forming oxaloacetate, that in turn will form PEP through mitochondrial PEPCK, and then PEP will exit mitochondria, where it can regenerate pyruvate through PK. GTP for the mitochondrial PEPCK may originate from the GTP-forming succinate thiokinase, see below and (Stark et al., 2009). Alternatively, oxaloacetate will be reduced to malate through malate dehydrogenase (MDH) that will be then catalyzed by malic enzyme yielding pyruvate. The pathway followed for recycling of pyruvate will depend on the tissue because of the tissue-dependent distribution, regulation and equilibria of the participating enzymes.

What happens to NADH during hypoxia?

The reversibility of MDH not only assists in the completion of the 'pyruvate-recycling pathway', it also contributes to re-oxidation of NADH when the electron transport chain is inhibited due to lack of oxygen. Having said that, the question arises, why is there a need for continuing oxidation of NADH? As mentioned above, the citric acid cycle not only provides reducing equivalents for the respiratory complexes, it also generates high energy phosphates through matrix substrate-level phosphorylation. This occurs at the level of succinate thiokinase. However, since this is a highly reversible reaction, formation of ATP or GTP will happen only if the equilibrium favors succinate production and succinyl-CoA is readily available. Succinyl-CoA may arise from either propionyl-CoA metabolism, or KGDHC; provision of succinyl-CoA through KGDHC is much higher than that originating from propionyl-CoA metabolism (Stryer L, 1995). For KGDHC to operate, the inputs of CoASH, α -ketoglutarate and NAD^+ are necessary. α -ketoglutarate may arise from glutamate, an amino acid which is abundant in at least two pools in the CNS (McKenna, 2007). CoASH will re-emerge from succinate thiokinase, if the equilibrium favors ATP

or GTP production (Allen and Ottaway, 1986). Therefore, the key ingredient is NAD^+ . Formation of NAD^+ through MDH, converting oxaloacetate to malate is a viable possibility. Indeed, MDH is known to be upregulated in KGDHC deficiencies (Bubber et al., 2011), (Shi et al., 2008), (Bubber et al., 2005), (Shi and Gibson, 2011). Another viable possibility that, to the best of my knowledge, has not been adequately characterized is NADH oxidation by mitochondrial diaphorases. This concept has been cultivated by the group of Iaguzhinskii, where the stimulatory effect of diaphorase substrates was examined during cyanide-resistant respiration of isolated mitochondria (Kolesova et al., 1987), (Kolesova et al., 1989), (Kolesova et al., 1991), (Kolesova et al., 1993). Whichever the source of NAD^+ , the continuous operation of KGDHC will supply succinate thiokinase with succinyl-CoA that will generate high-energy phosphates, and succinate. The high-energy phosphates will support the hydrolytic function of the $\text{F}_0\text{-F}_1$ ATPase which operates in reverse during anoxic conditions, thus maintaining a modest membrane potential (Rouslin et al., 1986), (Rouslin et al., 1990). Generation of high-energy phosphates in the mitochondrial matrix will also lead to an increase of their local concentration, thereby maintaining the reversal potential of the adenine nucleotide translocase in a range (termed the 'B space' of mitochondrial phosphorylation) where it will prevent the translocase from reversing, hence sparing the extramitochondrial ATP pools from mitochondrial consumption (Chinopoulos et al., 2010), (Chinopoulos, 2011a), (Chinopoulos, 2011b).

Hypoxia: all roads lead to succinate?

From the above one may deduce that during hypoxia, the segment [α -ketoglutarate \rightarrow succinyl-CoA \rightarrow succinate] may 'collide' with the product of malate dehydrogenase towards NAD^+ formation -malate- which is in equilibrium with fumarate and succinate, since both fumarase and succinate dehydrogenase catalyze reversible reactions, a consideration that has been well established to occur *in vivo* (Brekke et al., 2012). This would practically mean that succinate is a 'dead-end' metabolite in hypoxia. Activity of the citric acid cycle in anoxia has been unequivocally demonstrated in 1966 (Randall, Jr. and Cohen, 1966).

Anaerobic metabolism was found to change the level of citric acid cycle intermediates during the first few seconds (Goldberg et al., 1966) and even more so within the first few minutes (Norberg and Siesjo, 1975). Accumulation of succinate as an end product of anaerobic metabolism of glutamate was hypothesized even before the discovery of the citric acid cycle (Needham, 1930), a hypothesis that received solid foundation as early as 1937 (Weil-Malherbe, 1937), still prior to the establishment of the cycle. Since then, many publications emerged in the literature in support of this hypothesis: succinate was reported to accumulate in several hypoxic tissues (Hoberman and Prosky, 1967), (Folbergrova et al., 1974), (Freminet et al., 1980), (Freminet, 1981), (Benzi et al., 1982), (Pisarenko et al., 1986). This accumulation of succinate was associated with fumarate reduction and α -ketoglutarate oxidation (HUNTER, Jr., 1949), (Chance and HOLLUNGER, 1960), (Randall, Jr. and Cohen, 1966), (SANADI and FLUHARTY, 1963) (Penney and Cascarano, 1970), (Wilson and Cascarano, 1970), (Taegtmeyer et al., 1977b) (Taegtmeyer, 1978). Succinate accumulates during anaerobic exercise, and also in diving animals (Hochachka and Dressendorfer, 1976), (Hochachka and Storey, 1975) and invertebrates performing facultative anaerobiosis (Hochachka and Mustafa, 1972). As early as 1949, it was recognized that anaerobic mitochondrial metabolism can generate ATP and maintain mitochondrial energization via substrate-level phosphorylation during the conversion of α -ketoglutarate to succinate (HUNTER, Jr., 1949), (Gronow and Cohen, 1984), (Penney and Cascarano, 1970), (Peuhkurinen, 1982), (Snaith et al., 1992). The benefits of mitochondrial substrate-level phosphorylation substantiated by the shift of equilibrium of the succinate thiokinase reaction towards succinate accumulation during anaerobiosis have been also demonstrated in hemorrhagic shock (Chick et al., 1968), and in hypoxic injury of the proximal kidney tubules (Weinberg et al., 2000b). During oxygen deprivation, an increase in glutamate utilization has been observed in several mammalian tissues, sometimes to the point of depletion (Williamson et al., 1967), (Edington et al., 1973), (Gailis and Benmouyal, 1973), (Taegtmeyer et al., 1977a) (Taegtmeyer et al., 1977b), (Pisarenko et al., 1987). In cardiac ischemia, malate increases 4-fold (Pisarenko et al., 1988), together with pronounced conversion of α -ketoglutarate to succinate (Peuhkurinen et al., 1983), (Sanborn et al.,

1979), (Pisarenko et al., 1985), (Pisarenko et al., 1987); as a result, succinate exits the ischemic organ (Pisarenko et al., 1988). Succinate can be transported out of mitochondria in exchange of malate or inorganic phosphate (LaNoue et al., 1970), though its transport is relatively slow (Jans and Willem, 1991). Increased myocardial uptake of glutamate was demonstrated in humans after myocardial hypoxic episodes (Mudge, Jr. et al., 1976), (Thomassen et al., 1983). This was later confirmed in a rat (Pisarenko et al., 1985), and dog model (Lazar et al., 1980). However, it must also be pointed out that in cell cultures of astrocytes exposed to hypoxia, NMR spectroscopic studies reported no accumulation of succinate (Sonnewald et al., 1994), nor increased consumption of glutamate (Bakken et al., 1998).

In view of the fact that supporting the conversion of α -ketoglutarate and its precursors to succinate benefits anaerobic metabolism in many tissues, several regimens boosting substrate-level phosphorylation have been examined, with impressive outcomes: exogenous glutamate, aspartate, and α -ketoglutarate were reported to improve the performance of anoxic or ischemic myocardium via mitochondrial synthesis of ATP coupled to succinate and alanine formation (Pisarenko et al., 1983) (Pisarenko et al., 1985), (Bittl and Shine, 1983), (Matsuoka et al., 1986). Provision of α -ketoglutarate during blood cardioplegia improved myocardial protection in patients undergoing coronary operations (Kjellman et al., 1995), (Kjellman et al., 1997). Infusion with α -ketoglutarate after coronary operation in patients that underwent cardiopulmonary bypass enhanced renal blood flow (Jeppsson et al., 1998). Fibroblasts from patients with no F_0 - F_1 ATPase activity could be rescued by administration of α -ketoglutarate plus aspartate (Sgarbi et al., 2009). Beneficial effects of α -ketoglutarate plus aspartate were also shown in hypoxic kidney proximal tubules, with an associated increase in succinate formation (Weinberg et al., 2000a). However, perfusion of ischemic kidney with α -ketoglutarate and malate, worsened the situation (Bienholz et al., 2012), possibly due to cardiovascular depressive effects.

The question arises, what will happen with all this succinate? Succinate exits mitochondria and will inhibit HIF- α prolyl hydroxylase, thereby stabilizing and activating HIF-1 α , initiating a hypoxic response (Selak et al., 2005), (Semenza, 2007); this phenomenon is extremely important in tumorigenesis

(Raimundo et al., 2011). Furthermore, succinate (as well as α -ketoglutarate) have been found to act as ligands for G-coupled receptors, outside the cell (He et al., 2004), (Deen and Robben, 2011). From the metabolic point of view, succinate could only be metabolized when the electron transport chain regains functionality when adequate oxygen concentrations are restored, and follow the route towards fumarate \rightarrow malate \rightarrow oxaloacetate generating FADH_2 and NADH in the process, or malate \rightarrow pyruvate, generating NADPH through malic enzyme. Perhaps succinate accumulation contributes to hyperventilation after anaerobic exercise?

One very important aspect of metabolism of succinate upon restoration of anaerobiosis, is the potential for forming reactive oxygen species in excess (Starkov, 2008). Catabolism of succinate by mitochondria exhibiting a sufficiently high membrane potential leads to generation of hydrogen peroxide and superoxide radical (Korshunov et al., 1997); there are a number of reviews on this subject, the reader is referred elsewhere (Brand et al., 2004), (Andreyev et al., 2005), (Adam-Vizi and Chinopoulos, 2006), (Drose and Brandt, 2012).

Can succinate formation through the ' NAD^+ -fumarate reductase system' generate ATP through the forward operation of the $\text{F}_0\text{-F}_1$ ATP synthase during hypoxia?

The conversion of fumarate to succinate as part of an own entity, termed the ' NAD^+ -fumarate reductase system' has been reported to exist in bacteria, lower eucaryotes, shellfish and cancer cells (Kroger et al., 1992), (Kita et al., 2007), (Tomitsuka et al., 2009) (Tomitsuka et al., 2010), (Tomitsuka et al., 2012), composed of complex I and the reverse reaction of complex II. This system does not need oxygen, and only complex I functions as a proton pump; it has been suggested that during anaerobiosis, the ensuing formation of a transmembrane electrochemical proton gradient through this system supports ATP synthesis by $\text{F}_0\text{-F}_1$ ATP synthase. However, in my opinion, in mammalian mitochondria this system cannot support formation of ATP through the $\text{F}_0\text{-F}_1$ ATP synthase, for the following reasons: i) the oxidation of FADH_2 to FAD^+ by SDH associated with conversion of fumarate to succinate and oxidation

of ubiquinol (QH₂) to ubiquinone (Q) by FAD⁺ is possible, however, downstream interactions of Q with complex I does not necessarily translate to proton pumping through this complex by this mechanism; ii) nonetheless, assuming that proton pumping may occur at the level of complex I by this mechanism, when complexes III and IV are not pumping any protons, this is not sufficient for generating a membrane potential that would exceed the reversal potential of the F₀-F₁ ATP synthase (Chinopoulos et al., 2010), (Chinopoulos, 2011a); therefore F₀-F₁ ATP synthase would still pump protons out of the matrix, hydrolyzing ATP in the process; iii) in the experiments outlined in (Chinopoulos et al., 2010) using respiration-impaired mammalian mitochondria where the concept of the 'NAD⁺-fumarate reductase system' could be considered, ATP was formed in the mitochondrial matrix by succinate thiokinase in the presence of rotenone; in this case, complex I was completely blocked and therefore an 'NAD⁺-fumarate reductase system' is redundant. Likewise, in a study on ischemic myocardium (Peuhkurinen et al., 1983) the potential energy-yielding reduction of fumarate to succinate was found to be insignificant. Perhaps in bacteria, lower eucaryotes and cancer cells other kind of ubiquinone analogues are operational, that thermodynamically may support the 'NAD⁺-fumarate reductase system', and there are evidence in support of this notion (Tomitsuka et al., 2012), (Tomitsuka et al., 2009), (Tomitsuka et al., 2010).

Citric acid cycle: the segments

From the above considerations one can deduce three segments of the citric acid cycle:

- (1) Oxaloacetate + acetyl-CoA → citrate ↔ isocitrate ↔ α-ketoglutarate
- (2) α-ketoglutarate → succinyl CoA ↔ succinate
- (3) Oxaloacetate ↔ malate ↔ fumarate ↔ succinate

Segment (1) may occur towards the direction of α -ketoglutarate synthesis only during aerobic metabolism; acetyl-coA will originate from pyruvate through PDH or from fatty acids, and it will reach KGDHC, the enzyme expressing the highest flux-control coefficient of the citric acid cycle. The two key components dictating if KGDHC will be operational are CoASH and NAD^+ . During anaerobiosis, α -ketoglutarate (that may originate from glutamine and/or glutamate) may also backflux to isocitrate, which is in equilibrium with citrate (Comte et al., 2002), (Des Rosiers C. et al., 1995), (Des Rosiers C. et al., 1994).

During aerobiosis, segment (2) will commence, where α -ketoglutarate will be metabolized by KGDHC, until the emergence of succinate. In anaerobiosis, segment (2) will commence only if sufficient CoASH and NAD^+ are available. It is highly likely that during anaerobiosis NAD^+ will originate from MDH, operating towards malate formation.

The magnitude of succinate concentration emerging from segment (2) will be 'weighted' against that coming from segment (3), where all participating substrates appear to exist in equilibrium. In aerobic metabolism, the formation of oxaloacetate is favored. In anaerobic conditions, succinate formation is favored. The direction favored during anaerobiosis generates NAD^+ , which is critical for the operation of KGDHC, which will supply succinyl CoA to succinate thiokinase that will yield high-energy phosphates also regenerating CoASH.

From the above, it is obvious that KGDHC plays a critical role in determining whether a segment will be operational, and if yes, towards which direction, see figure 2. Bearing that in mind, the question arises as to the usefulness of this information. For once, increased flux of KGDHC by substrates such α -ketoglutarate or glutamate has shown a beneficial outcome in diverse pathological situations involving hypoxia, see above, " Hypoxia: all roads lead to succinate?". Secondly, certain pathological conditions may emerge by inhibition of KGDHC, either by reactive oxygen species made elsewhere, or by the enzyme complex itself (Starkov et al., 2004), (Tretter and Adam-Vizi, 2004) upon reoxygenation, or by

inherent mutations of a gene encoding at least one of the subunits of the complex (Ambrus et al., 2011), reviewed in (Starkov, 2012).

Conclusions

On 1953, when Hans Krebs was cycling down the stairs on the right to climb them up again on the left in order to receive the Nobel Prize from King Gustaf VI for "his discovery of the citric acid cycle", little did he know that nearly 60 years later there would be a flare of interest to investigate the cycle and its directionality in vivo (Schroeder et al., 2009), (Chen et al., 2012), (Zacharias et al., 2012), (<http://www.nobelprize.org/mediaplayer/index.php?id=633>). The benefits of knowing the directionality of the cycle during hypoxia are elaborated above, however, a field that gains momentum rapidly involves the adulteration of this biochemical pathway for the purpose of cancer cell survival (Wise et al., 2011), (Mullen et al., 2012). It is perhaps in this pathway where cancer finds metabolic support when growing in hypoxic environments, while also exhibiting a number of defects in the electron transport chain (Tomlinson et al., 2002), (Hao et al., 2009), (Linehan et al., 2010), (Weinberg et al., 2010) rendering its harboring mitochondria as defective. The latest findings pave exciting new ways for researching on one of the most fundamental discovery of biochemistry, the citric acid cycle.

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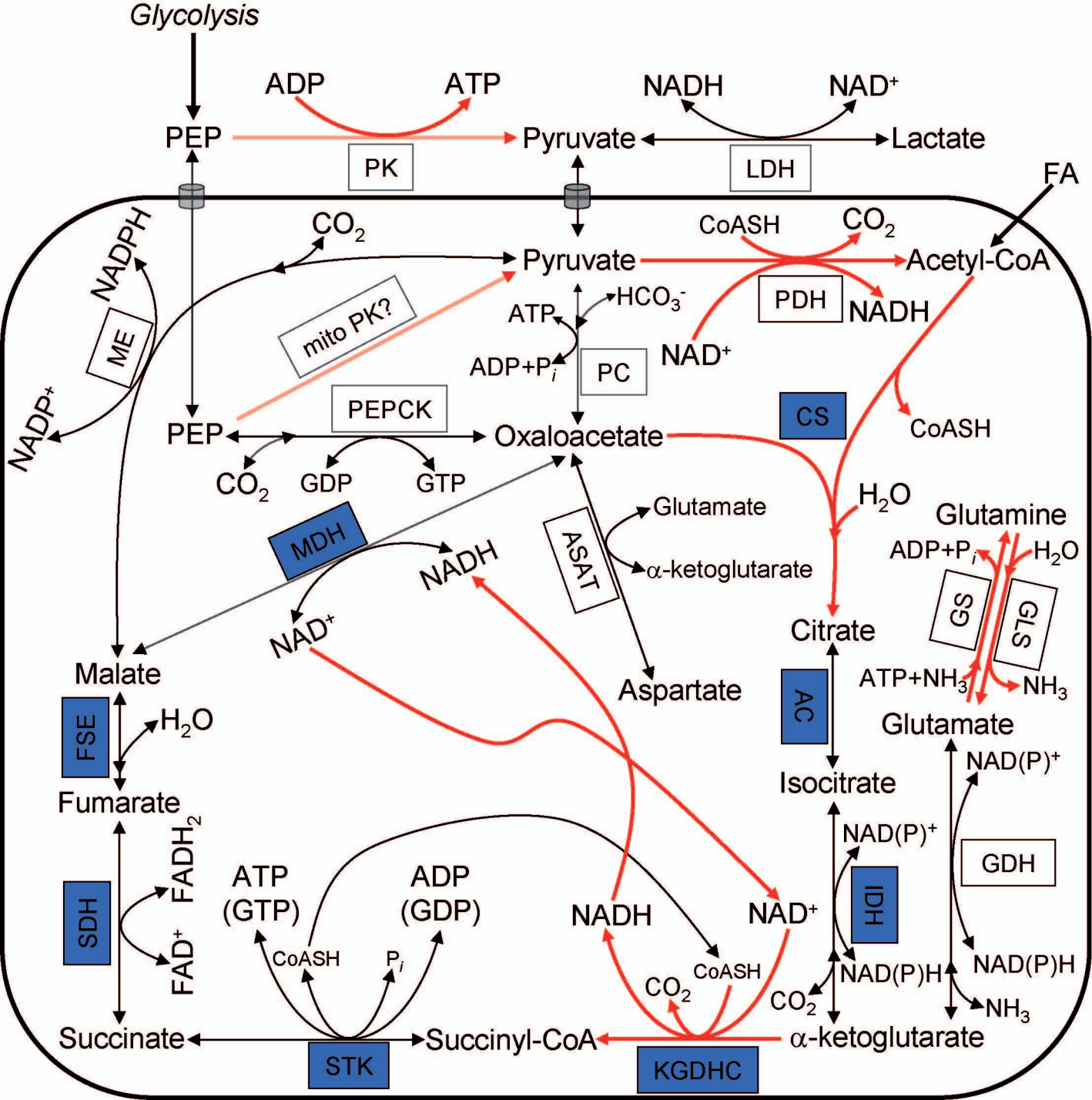
Table I: Thermodynamic properties of selected enzymatic reactions of the citric acid cycle and related reactions, adapted from (Li et al., 2011) and (Stryer L, 1995). The conditions are as follows: $T = 310.15 \text{ K}$, $I = 0.18 \text{ M}$, $\text{pH} = 7$, $[\text{Mg}^{2+}] = 0.8 \text{ mM}$, $[\text{K}^+] = 140 \text{ mM}$, $[\text{Na}^+] = 10 \text{ mM}$, $[\text{Ca}^{2+}] = 0.0001 \text{ mM}$. Values in bold indicate irreversible reactions. A negative (-) sign indicates that the reaction is favored towards formation of the products. A positive (no sign) indicates that the reaction is favored towards formation of the substrates. For each enzyme, metabolites considered as substrates are indicated in the parentheses: PEPCCK (PEP), PK (PEP), PC (pyruvate), PDH (pyruvate), CS (OAA and Acetyl-CoA), AC (citrate), IDH (isocitrate), KGDHC (α -ketoglutarate), STK (succinyl-CoA), SDH (succinate), FSE (fumarate), MDH (malate), ME (malate), and GDH (glutamate).

Enzyme	Free energy (kJ/mol)
Phosphoenolpyruvate carboxykinase	0.90
Pyruvate kinase	-31.40
Pyruvate carboxylase	-4.57
Pyruvate dehydrogenase	-39.26
Citrate synthase	-36.60
Aconitase	-7.58
Isocitrate dehydrogenase (NAD^+ -forming)	-20.90
Isocitrate dehydrogenase (NADP^+ -forming)	-8.40
α -ketoglutarate dehydrogenase complex	-37.66
succinate thiokinase	0.07
succinate dehydrogenase	-0.59
Fumarase	-3.52
Malate dehydrogenase	28.04
Malic enzyme	2.00
Glutamate dehydrogenase	15.50

Legend to figures:

Figure 1: The citric acid cycle and related reactions. In black arrows, reversible reactions are shown. Irreversible reactions are drawn in red arrows. Enzymes of the cycle are highlighted in blue. PEP: phosphoenolpyruvate; PK: pyruvate kinase; LDH: lactate dehydrogenase; FA: fatty acids; ME; malic enzyme; PDH: pyruvate dehydrogenase; PEPCK: phosphoenolpyruvate carboxykinase; PC: pyruvate carboxylase; CS: citrate synthase; ASAT: aspartate aminotransferase; AC: aconitase; GDH: glutamate dehydrogenase; IDH: isocitrate dehydrogenase; KGDHC: α -ketoglutarate dehydrogenase complex; STK: succinate thiokinase; SDH; succinate dehydrogenase; FSE: fumarase; MDH; malate dehydrogenase; GS: glutamine synthetase; GLS: glutaminase.

Figure 2: Reactions of the citric acid cycle and related pathways during ischemia and/or anoxia. Enzymes of the cycle are highlighted in blue. Non-operational pathways during ischemia and/or anoxia are depicted in grey dotted lines.



Glycolysis

