

induced MPT, respiration, and phospholipid fatty acyl composition. Both DHA and EPA enriched diets lowered circulating free fatty acids and triglycerides by approximately 40% ( $p < 0.05$ , DHA vs CTRL and EPA vs CTRL, NS, DHA vs EPA). DHA supplementation increased DHA by 63% ( $p < 0.05$  vs control) and decreased ARA by 61% ( $p < 0.05$  vs control) in mitochondrial phospholipids, and significantly delayed MPTP opening (57% more calcium necessary to induce MPTP vs CTRL,  $p < 0.05$ ). EPA supplementation did not affect DHA, only modestly lowered ARA ( $-33\%$  vs CTRL,  $p < 0.05$ ), and had no effect of MPTP opening. State 3 respiration with a variety of substrates was unaffected by dietary treatment, however DHA decreased state 4 respiration by 30% and the increased RCR by 70% with pyruvate + malate as the substrate, both in the absence and presence of oligomycin ( $p < 0.05$ ); treatment with EPA had no effect. The P:O ratio was not different among groups with any of the substrates. In summary, DHA supplementation favorably altered mitochondrial phospholipid composition and delayed MPT in cardiac mitochondria, while EPA had no effect. These effects may contribute to the protection against heart disease with  $\omega$ -3 PUFA supplementation, and suggest that supplementation with DHA should be superior to EPA.

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#### 9P.6 Nitrolinoleate modifies ANT, $K_{ATP}$ channels and complex II and modulates their activity

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Nitroalkenes are electrophilic molecules which can cause post-translational modifications of proteins and modulate their functional activity. Previously we demonstrated endogenous formation of nitrated linoleate (LNO<sub>2</sub>) in mitochondria isolated from perfused heart after ischemic preconditioning. In addition, synthetic LNO<sub>2</sub> protected isolated cardiomyocytes against simulated ischemia/reperfusion injury. Biotin-tagged LNO<sub>2</sub> replicated this cardioprotective effect, and caused reversible modification of mitochondrial proteins. Thus, we hypothesized that mitochondrial targets of LNO<sub>2</sub> might play an important role in cardioprotection. Previously we demonstrated that LNO<sub>2</sub> induced mitochondrial H<sup>+</sup> leak via modification of ANT. Further studies revealed that LNO<sub>2</sub> (1  $\mu$ M) opened mitochondrial  $K_{ATP}$  channels in a 5-HD and glybenclamide sensitive manner. Although the molecular identity of the  $mK_{ATP}$  channel has not been fully elucidated, we previously showed that complex (Cx) II might be involved in regulation of  $mK_{ATP}$  channel activity. We found that LNO<sub>2</sub> physically interacted with the 70 kDa subunit of Cx II and inhibited its enzymatic activity. Notably, the cardioprotective effects of mild H<sup>+</sup> leak, opening of  $mK_{ATP}$  channels and reversible inhibition of the respiratory chain are well documented. Thus, our findings characterize LNO<sub>2</sub> as a pleotropic molecule which might recruit several protective mitochondrial pathways to elicit cardioprotection.

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#### 9P.7 Doxorubicin-induced cardiac, hepatic and renal mitochondrial toxicity in an acute versus sub-chronic treatment model

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Nowadays, Doxorubicin (DOX) is probably one of the most effective anticancer drugs available in the clinic. However, the treatment is usually followed by a cumulative and persistent cardiotoxicity. Mitochondria have a critical role in DOX-mediated toxicity however there are still doubts whereas mitochondrial toxicity is specific to the heart. Therefore, the present work characterizes two different models of toxicity (acute vs. sub-chronic), regarding mitochondrial physiology from three different tissues (heart, liver and kidney) from treated rats. Wistar rats were sub-chronically (7 wks, 2 mg/kg) or acutely (20 mg/kg) treated with DOX and allowed to rest one week or 24 h after the last injection, respectively. Sub-chronically-treated animals showed a decrease in body mass gain during treatment while no changes were observed in acute model. Plasma profile from both models was altered but the sub-chronic treatment presented the most dramatic changes. Histological analysis revealed the presence of lipid droplets in liver slices from acutely treated rats. Regarding mitochondrial bioenergetics, differences between saline and DOX-treated rats were observed: in the acute model, differences included state 3 respiration in the liver and kidney and the ADP/O in the heart. In the sub-chronic model, differences regarding state 3 respiration in the heart and kidney was observed. We also determined that cardiac mitochondria from sub-chronic-treated animals presented a lower calcium loading capacity, which was not observed in the other tissues. However, gene expression analyses showed no alterations in the chronic model but interestingly, decreased mRNA levels for the ANT, VDAC and increased CyP-D mRNA were detected in the acute model. Aconitase activity, a sensitive marker of oxidative stress, was decreased in the kidney (acute model) and in the heart (sub-chronic model). In conclusion, data confirm that mitochondrial alterations result from DOX treatment, being more severe in the heart and are very dependent on the treatment protocol. It remains to be determined if mitochondrial alterations in organs such as liver and kidneys are a specific and direct effect of DOX on mitochondria or if they result of secondary effects of DOX on other targets.

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#### 9P.8 Glycine regulates calcium capacity of isolated brain mitochondria

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Glycine, inhibitory neurotransmitter, has been found to be effective against neuronal cell death in *in vivo* and *in vitro* models of ischemic stroke. We have shown that glycine prevented respiratory index depletion of mitochondria in the homogenate of the cerebral cortex after 24 h common carotid artery occlusion in rats, along with preventing the