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In a study published in the journal *Nature Cancer*, biologists show that skin cancer cells are able to transfer their mitochondria to healthy connective tissue cells (fibroblasts) in their immediate vicinity. Mitochondria are the cell compartments that provide energy in the form of the molecule ATP. The cancer cells use tiny tubes made of cell membrane material to transfer the mitochondria and connect the two cells—much like in a pneumatic tube system. The mitochondrial transfer reprograms the fibroblasts functionally into

tumor-associated fibroblasts, which mainly support cancer cells: tumor-associated fibroblasts usually multiply faster than normal fibroblasts and produce more ATP, while also secreting higher amounts of growth factors and cytokines. And all this benefits the tumor cells: they also multiply faster, making the tumor more aggressive. Last, but not least, the hijacked fibroblasts also alter the cell environment—the so-called extracellular matrix—by increasing the production of certain matrix components in such a way that cancer cells thrive. The extracellular matrix is vital for the mechanical stability of tissues and influences growth, wound healing and intercellular communication.

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Distinct from nuclear genomic transmission patterns, mtDNA strictly adheres to maternal inheritance. Of clinical significance, pathogenic variants in oxidative phosphorylation-related mitochondrial genes underpin the multifaceted clinicopathological manifestations observed in numerous degenerative disorders and metabolic syndromes. Following cellular damage, while autolysosomal DNase II typically processes mtDNA fragments into metabolically inert nucleotides, emerging evidence implicates these degradation products in rheumatic pathogenesis. Specifically, oxidatively modified mtDNA escaping lysosomal clearance demonstrates dual functionality: extracellularly, these fragments act as DAMPs that engage Toll-like receptor 9 (TLR9) and NALP3 inflammasomes to propagate pro-inflammatory cascades via caspase-1 activation; intracellularly, they stimulate mitophagy through retrograde signaling upon mitochondrial extrusion.

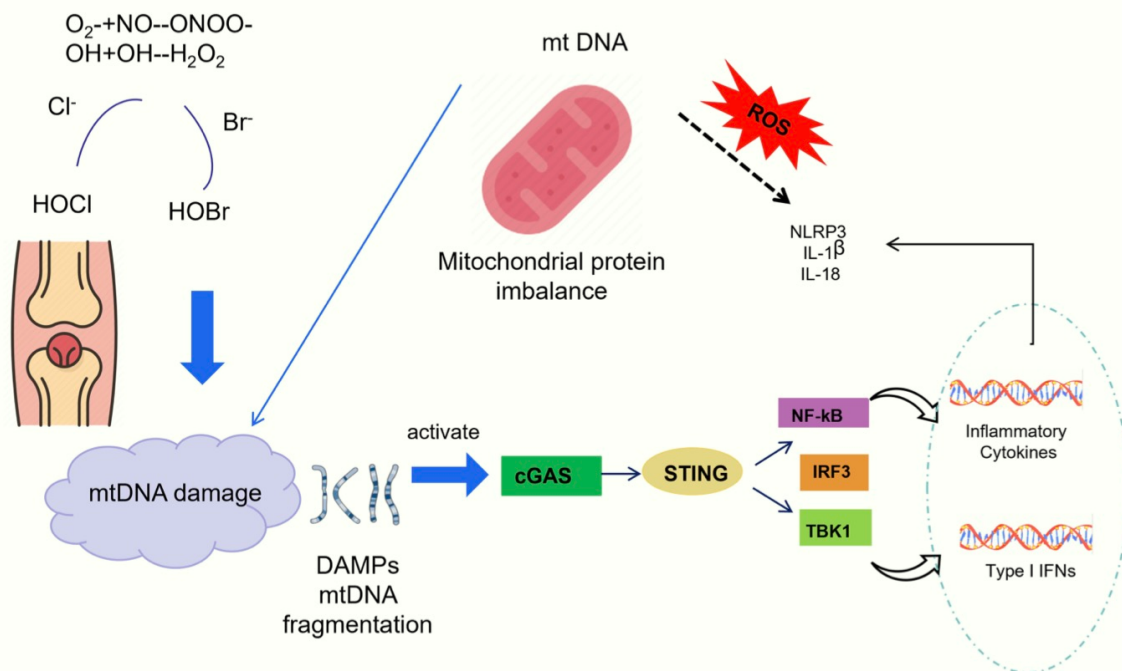


Figure 2 Proposed model for mitochondria-centered pathogenesis in ROS-induced rheumatic diseases.

The clinical deployment of antioxidants necessitates careful risk-benefit assessment due to their potential to disrupt physiological redox signaling. ROS serve as essential secondary messengers regulating immune cell differentiation, autophagic processes, and inflammatory responses. 213,214 Non-selective antioxidants may compromise antimicrobial defense by inhibiting neutrophil extracellular trap formation (NET), dysregulate T-cell homeostasis through altered Treg/Th17 balance, and impair hypoxia-inducible factor (HIF)-mediated tissue repair.

Future translational initiatives must prioritize mitochondrially-targeted antioxidants, which achieve >100-fold organellar accumulation to maximize therapeutic efficacy while minimizing systemic toxicity.

This review positions ROS as a central driver of mitochondrial impairment and mtDNA damage, while highlighting the inadequacy of empirical antioxidant approaches. Despite their therapeutic utility in conditions like rheumatoid arthritis, antioxidants exhibit dose-dependent paradoxes—high concentrations may provoke mitochondrial toxicity via pore activation—necessitating human validation of preclinical targets to resolve contradictory

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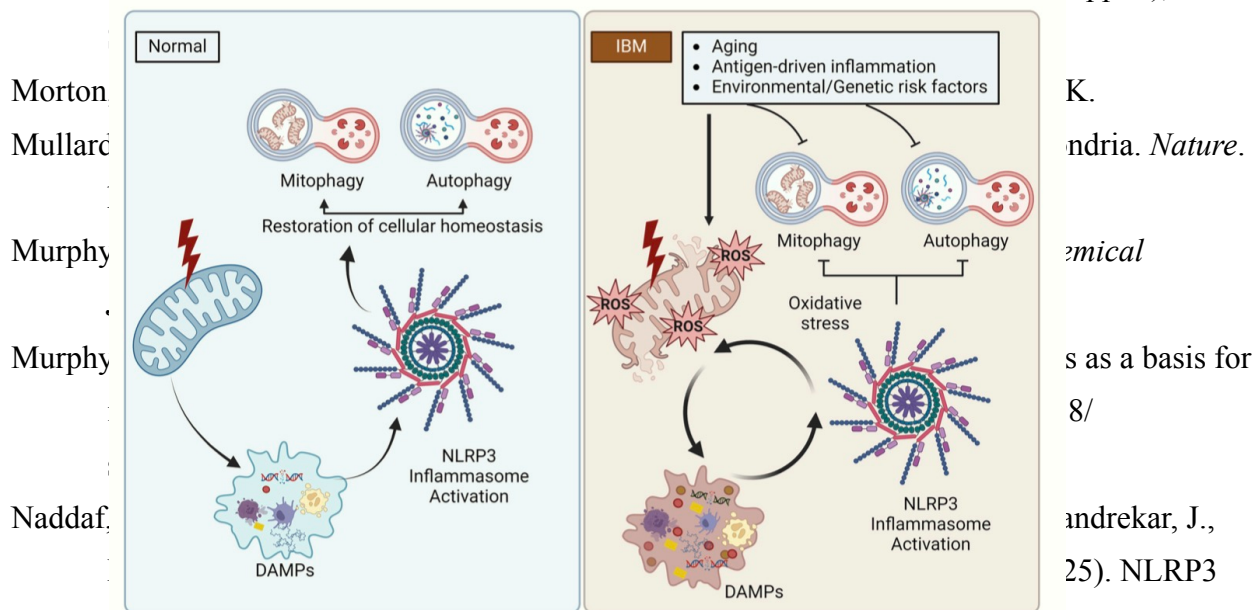


FIGURE 5 | The vicious cycle of inflammasome activation-mitochondrial dysfunction/alterned mitophagy in inclusion body myositis. The release of mitochondrial damage-associated molecular patterns (DAMPs) results in the activation of the NLRP3 inflammasome. Under normal conditions, damaged mitochondria and the NLRP3 inflammasome are both subsequently removed by mitophagy and autophagy, reestablishing cellular homeostasis. In IBM, mitophagy and autophagy are altered, establishing a feedforward loop in which the inflammatory milieu results in additional oxidative stress and mitochondrial dysfunction with further release of mitochondrial DAMPs and subsequent aberrant NLRP3 inflammasome activation.

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- This study examines an extremely rare mitochondrial disease (with only 2000 known

cases) caused by a CoQ10 deficiency, known as HPDL encephalopathy. Using a mouse model, the study explored methods to treat CoQ10 deficiency that are more effective than CoQ10 supplements. The study used CoQ10 precursors (4-HMA and 4-HB) rather than CoQ10 itself. Implications for IBM: It is speculated that if IBM-related mitochondrial dysfunction involves impaired CoQ10 biosynthesis, supplementation with 4-HB and 4-HMA, rather than CoQ10 itself, might be a more effective way to address CoQ10 deficiency and mitochondrial dysfunction.

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Mitochondria are essential for brain functions, as they produce adenosine triphosphate (ATP) to be used by brain cells. Insufficient ATP supply will lead to brain cell death. Reactive oxygen species (ROS) are toxic byproducts of ATP generation, produced along with the respiration process. In physiological states, the ROS are maintained at a controllable steady-state level and facilitate normal redox signaling of the brain cells. Excessive production of ROS will oxidize the brain lipids and neurotransmitters to induce enrichment of unsaturated lipids, neurotransmitter auto-oxidation, RNA oxidation, etc.. Interestingly, mitochondria also possess antioxidant enzymes and endogenous antioxi-

dants to balance cellular oxidation and reduction states. In addition, the membrane dynamics, genetic information storage and the quality control system of mitochondria are closely related to the homeostasis of the brain. Even in resting states or when neurons are not releasing neurotransmitters to each other, the brain consumes 20% of the body's overall energy. As mentioned above, the brain has an extremely high metabolic demand. It utilizes approximately 20% of the body's total oxygen and glucose consumption with only 2% weight. About 70% of the calculated energy expenditures are used to support neuronal signaling including resting potentials, action potentials, postsynaptic receptor activation, glutamate cycling, and postsynaptic Ca^{2+} signaling, while the remainder is for non-signaling activities like biomacromolecule turnover, axonal transport, mitochondrial proton leak and actin cytoskeleton remodeling (Fig. 1a). Neurons display most of the energy consumption. They generate ATP predominantly within mitochondria through oxidative phosphorylation (OXPHOS), with a small portion of ATP from aerobic glycolysis in the cytoplasm. A

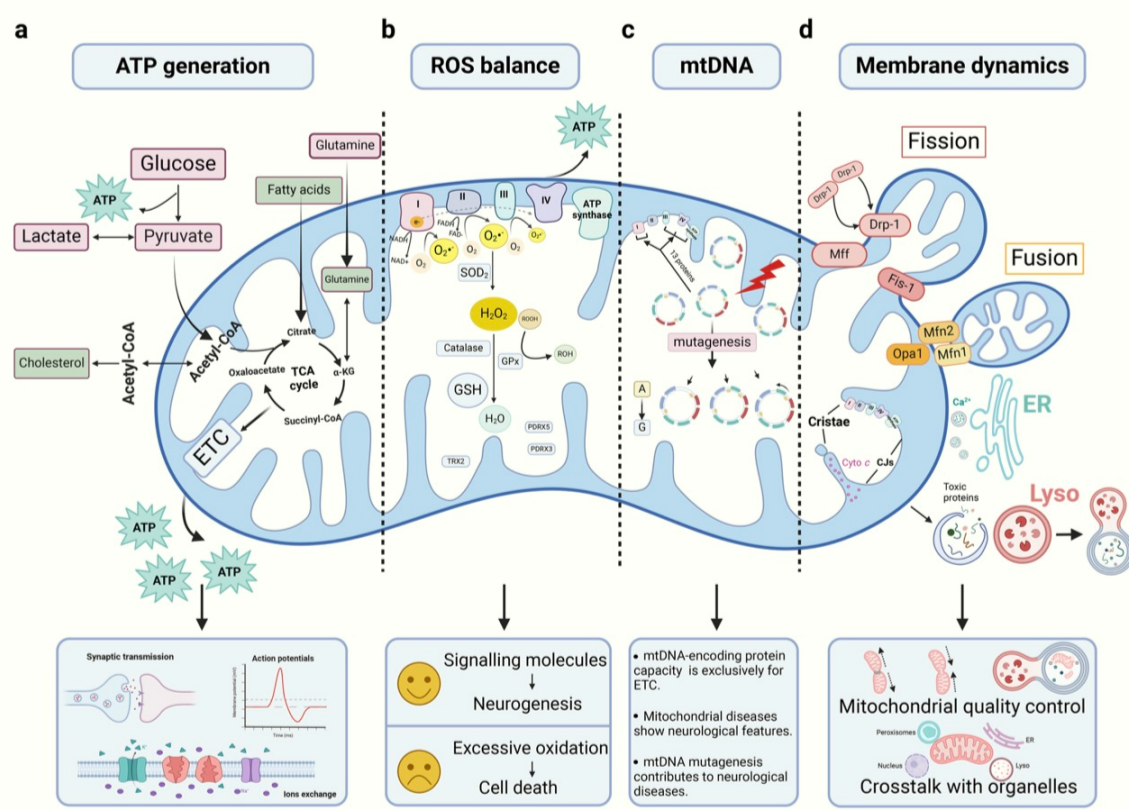


Fig. 1 Mitochondrial biology maintains brain physiology. a Mitochondria are the power house and generate ATP through relevant processes of glucose, FA and amino acid metabolism. They tightly support normal brain functions dominated by neuronal activity including synaptic transmission, neuroelectrical activity, and ion exchange. b The mitochondrial ETC is the site of mitochondrial ROS generation. During oxidative metabolism, electrons combine prematurely with oxygen to form $O_2^{\bullet-}$, which is dismutated to H_2O_2 by SOD2 and then converted to H_2O by catalase and GPx. There are also mitochondria-targeted antioxidants essential for controlling ROS homeostasis in the brain, such as PDRX3, PDRX5 and TRX2. c The entire protein-coding capacity of mtDNA is devoted to the synthesis of mitochondrial complexes except complex II. Mutagenesis in mitochondrial genome occurs at a much higher rate than that in the nuclear genome, leading to the collapse of mitochondrial functions, which is closely related to neurological diseases. d Mitochondrial membrane dynamics including mitochondrial fission/fusion, membrane interactions with other organelles and ultra-structural membrane remodeling, renders the multifaceted involvement of mitochondria in cell biology. ATP, adenosine triphosphate; cyto c, cytochrome c; ER, endoplasmic reticulum; ETC, electron transport chain; FAs: fatty acids; GPx, glutathione peroxidases; GSH, glutathione; H_2O_2 , hydrogen peroxide; lyso, lysosome; $O_2^{\bullet-}$, superoxide; PDRX, peroxiredoxin; ROH, organic alcohol; ROS, reactive oxygen species; SOD2, manganese-dependent superoxide dismutase; TCA, tricarboxylic acid; TRX, thioredoxin.

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