

Oxygen release from hemoglobin has limited effects on mitochondrial respiration measured from red blood cells.

Reply to the Comment on “Increased retention of functional mitochondria in mature sickle red blood cells is associated with increased sickling tendency, hemolysis and oxidative stress”

The measurement of mitochondrial aerobic metabolism from blood cells has gained in popularity over the past decade due to its low invasiveness.^{1,2} In non-mammalian vertebrates, red blood cells are nucleated and possess functional mitochondria,³ which enables the assessment of mitochondrial respiration from small blood samples (as low as 20 μL of whole blood⁴). Recently, we have shown that human mature sickle red blood cells retain some functional mitochondria, which was associated with increased sickling tendency, hemolysis and oxidative stress.⁵ Willis *et al.*⁶ recently questioned the methodology used to demonstrate the functionality of the mitochondria retained in sickle red blood cells, since hemoglobin (Hb)-O₂ dissociation could influence the oxygen consumption rate (JO₂) measured with high-resolution respirometry.

As rightly noted by Willis *et al.*,⁶ the oxygen tension (PO₂) within the *in vitro* chamber declines over time due to oxygen consumption by the cells. Such a decline in PO₂ leads to the potential release of O₂ by hemoglobin, to an extent depending mostly on: i) the change in PO₂, ii) the HbO₂ binding parameters, and iii) the amount of Hb in the chamber. Willis *et al.*⁶ state that because the PO₂ is progressively falling, the errors will confound not only the absolute rates but also the relative differences between respiratory states (i.e., the proof of mitochondrial functionality we used in⁵). Such a statement assumes that O₂ dissociation from Hb will be higher at lower PO₂. However, using the same protocol as in a previous study on avian red blood cells⁷ Figure 1 shows that it would not be the case since non-mitochondrial JO₂ (after antimycin A addition) does not vary over a broad range of PO₂ (see also *Online Supplementary Material (ESM) S1* for raw data). At low PO₂, O₂ release from Hb could have been anticipated as assumed by Willis *et al.*,⁶ which would have led to decreased or even negative JO₂ (i.e., O₂ release > O₂ consumed).

Actually, the release of O₂ from Hb will not directly depend on the PO₂, but on the instantaneous rate of change in PO₂ linked to oxygen consumption (i.e., JO₂ in a given state), and on the position in terms of absolute PO₂ on the Hb-O₂ dissociation curve. As supposed by Willis *et al.*⁶ based on

Stier *et al.*¹ and Esperti *et al.*⁵, our measurements on both avian species and human were conducted at high PO₂ (Figure 2A, see raw data in *ESM S2*), enabling to remain within the linear and almost flat portion of the Hb-O₂ dissociation curve (Figure 2B). Extracting the data from Abdu *et al.* (2008)⁸ and Powell (2015)⁹ for human and birds (Figure 2B; *ESM S3*), respectively, enabled us to calculate the change in Hb saturation (%) linked to JO₂-induced changes in PO₂, and the associated release of O₂ for each respiratory state (see *ESM S4* and *S5* for calculations). Based on these calculations, we can note that the release of O₂ is relatively minor (difference between JO₂ and corrected JO₂ in Figure 2C, D). While absolute respiration rates are affected to a minor extent (Figure 2C, D), the relative differences between respiratory states are not, as demonstrated for instance by the similarity between OXPHOS coupling efficiencies calculated from raw *versus* corrected JO₂ values (i.e., for Japanese quail: raw = 0.731 ± 0.013 vs. corrected = 0.730 ± 0.013; for human sickle red blood cells: raw = 0.437 ± 0.065 vs. corrected = 0.424 ± 0.061). Since O₂ release is proportional

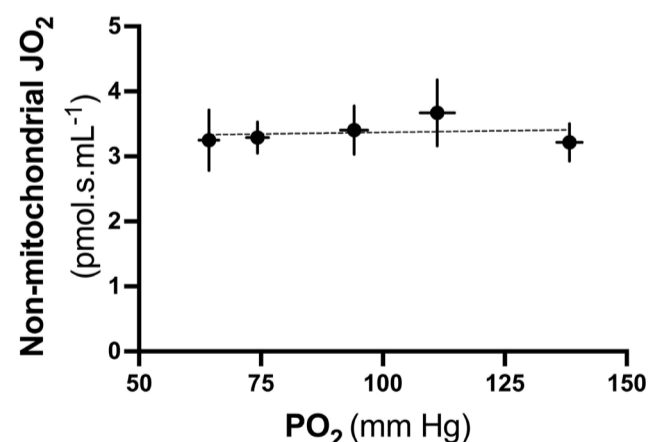


Figure 1. Relationship between non-mitochondrial JO₂ and PO₂ in Japanese quail (*Coturnix japonica*) red blood cells measured *in vitro* with high-resolution respirometry. Measurements were conducted according to the methodology described in Stier *et al.*,⁷ and the various oxygen tension (PO₂) at which non-mitochondrial oxygen consumption rate (JO₂) was measured were achieved by letting intact red blood cells consume more or less O₂ within the chamber before adding antimycin A. N=2 biological replicates per PO₂; mean ± standard deviation.

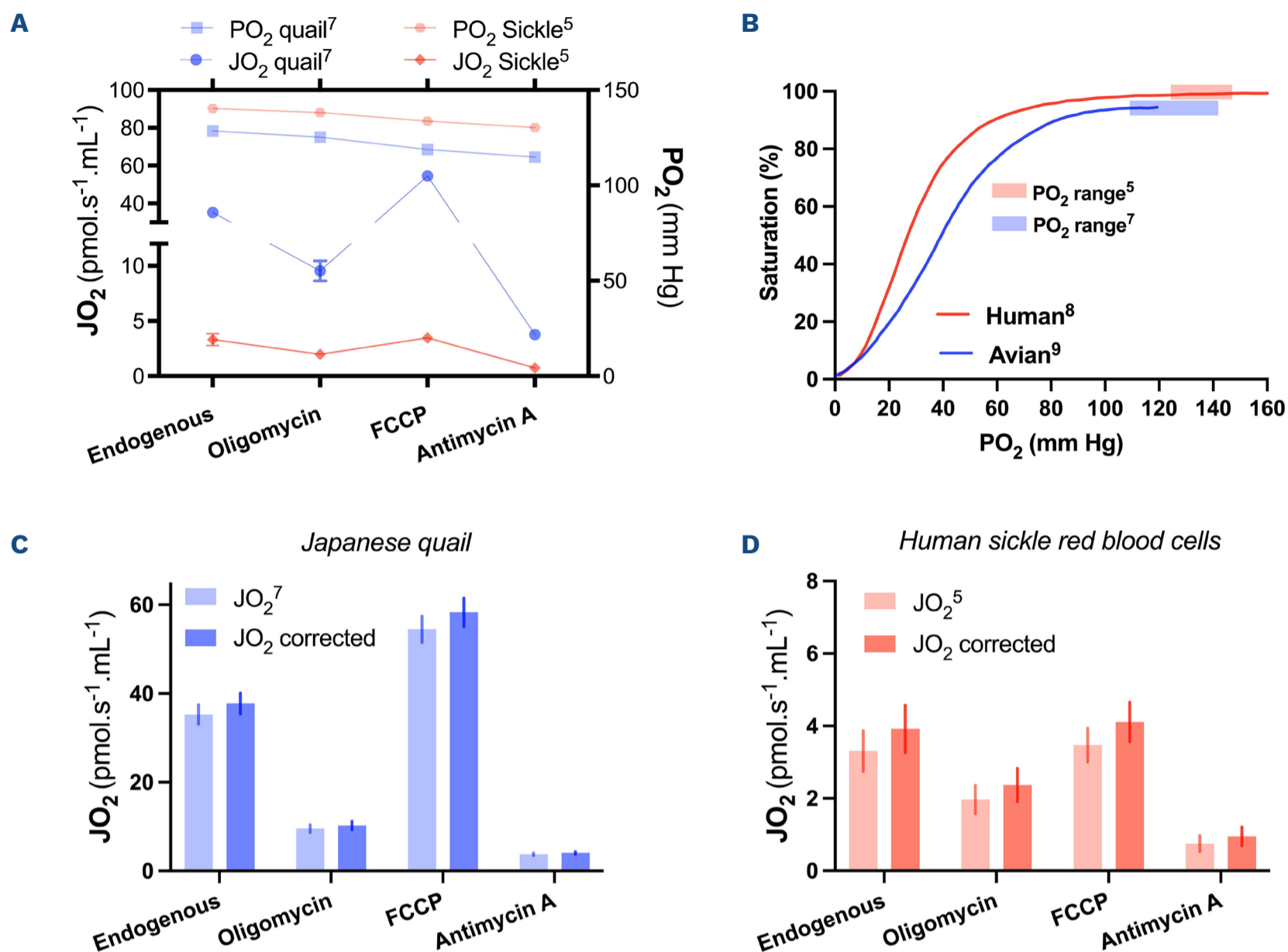


Figure 2. Relationship between PO₂ and JO₂ in red blood cells of Japanese quail (blue) and human with sickle cell disease (red). (A) Raw oxygen consumption rate (JO₂) measurements and the associated oxygen tension (PO₂) during measurement. (B) Hemoglobin (Hb)-oxygen dissociation curves, redrawn from Powell⁹ and Abdu *et al.*⁸ (C) Comparison of raw JO₂ and JO₂ corrected for O₂ release by Hb for Japanese quails. (D) Comparison of raw JO₂ and JO₂ corrected for O₂ release by Hb for human sickle red blood cells. N=8 biological replicates for each species, data from Stier *et al.*⁷ and Esperti *et al.*⁵ re-analyzed (mean ± standard error).

to JO₂ and influenced by Hb content (that does not vary between the different respiratory states), it is not surprising from our perspective that the relative differences between respiratory states are not influenced by O₂ release from Hb, as long as the assay is conducted within the linear and almost flat part of the Hb-O₂ dissociation curve (Figure 2B). As rightly pointed out by Willis *et al.*,⁶ issues can arise when two groups have different Hb contents and/or O₂ binding kinetics. This is however unlikely to confound the results presented in Esperti *et al.*⁵ because O₂ binding kinetics does not vary between healthy and sickle red blood cells in normoxic conditions⁸ (>92.5% saturation, PO₂ >65 mm Hg), and Hb content (and thus potential O₂ release) is lower in sickle cell patients than healthy individuals.¹⁰

Willis *et al.*⁶ also rightly questioned the choice of MirO5 as a respiratory medium and the lack of exogenous substrate (*i.e.*, glucose) when assessing mitochondrial respiration of 'intact' red blood cells. Respiration of intact blood cells can for instance be conducted in PBS or plasma,¹¹ but our

own experience with avian blood cells shows that mitochondria loose functionality along the assay with PBS, as evidenced by a FCCP-induced respiration being lower than the endogenous respiration, which does not happen when using MirO5. MirO5 also enables to first measure the endogenous respiration and then to permeabilize the red blood cells for more detailed investigation.¹² From our perspective, refraining from using exogenous substrates enables the measurement of mitochondrial respiration rates being more closely related to the *in vivo* physiology, where substrates are usually not at saturating levels. Using the subject's own plasma,¹¹ whenever possible, is likely the best way to obtain the more meaningful information about *in vivo* mitochondrial metabolism. Regarding the amount of red blood cells used in respirometry assays, Willis *et al.*⁶ also question the precision of pipetting packed red blood cells, which we have questioned before (see¹). Counting red blood cells is likely the best approach possible (as done in^{4,12}).

Around 75% of the patients included in our study⁵ were under hydroxyurea therapy, and all patients from the mitochondrial respiration experiments received this treatment. Hydroxyurea has recently been shown to promote erythroid differentiation by accelerating maturation processes,¹³ which may impact the degree of mitochondrial retention into mature red blood cells. To answer this question, a study would be needed to test the degree of mitochondrial retention into mature red blood cells and their functionality before and after hydroxyurea therapy.

In light of the excellent comment by Willis *et al.*,⁶ here are some recommendations that should be useful to ensure the best accuracy when measuring mitochondrial respiration from red blood cells: i) provide the range of PO₂ at which JO₂ measurements are conducted; ii) ensure that measurements are conducted at a PO₂ being within a linear and almost flat part of the Hb-O₂ dissociation curve; iii) check for potential bias between experimental groups in terms of Hb content or O₂ binding kinetics; iv) measure Hb in individual samples to correct JO₂ if deemed necessary based on theoretical expectations (e.g., if Hb content is high and variable between samples) or if a difference exists between groups in terms of Hb content.

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No conflicts of interest to disclose.

Contributions

AS collected and analyzed the data, and wrote the manuscript with input from PC, SE, EN and DR.

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Data-sharing statement

The data used in this study is publicly available in the *Online Supplementary Appendix*.

COMMENT

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