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### Commentary

Protein quality control (PQC) mechanisms are essential for maintaining cardiac function, and alterations in this pathway influence multiple forms of heart disease. Since heart disease is the leading cause of death worldwide, understanding how the delicate balance between protein synthesis and degradation is regulated in the heart demands attention. The study by Hu et al. reveals that the extraproteasomal ubiquitin receptor Ubiquilin1 (Ubqln1) plays an important role in cardiac ubiquitination-proteasome coupling, particularly in response to myocardial ischemia/reperfusion injury, thereby suggesting that this may be a new avenue for therapeutics.

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# Ushering in the cardiac role of Ubiquitin1

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**Protein quality control (PQC) mechanisms are essential for maintaining cardiac function, and alterations in this pathway influence multiple forms of heart disease. Since heart disease is the leading cause of death worldwide, understanding how the delicate balance between protein synthesis and degradation is regulated in the heart demands attention. The study by Hu et al. reveals that the extraproteasomal ubiquitin receptor Ubiquitin1 (Ubq1n1) plays an important role in cardiac ubiquitination-proteasome coupling, particularly in response to myocardial ischemia/reperfusion injury, thereby suggesting that this may be a new avenue for therapeutics.**

## The recognition of ubiquitinated proteins by the proteasome

Cardiomyocytes are long-lived, terminal-differentiated cells that do not proliferate; thus, they are extremely sensitive to increasing concentrations of misfolded or malfunctioning proteins and rely on an efficient protein quality control (PQC) system to maintain normal cardiac structure and function (1). The first line of defense of the PQC system is the chaperone-cochaperone system, ensuring that proteins are appropriately folded. However, some proteins slip through this checkpoint, leading to accumulation of misfolded proteins (2, 3). Furthermore, damaged, oxidized, mutant, and normal proteins that are no longer needed must also be removed in a timely fashion to maintain heart function (1). Thus, the second line of defense of the PQC is the ubiquitin-proteasome system (UPS), which rapidly and effectively recognizes specific substrates to remove misfolded, oxidized, mutant, damaged, or superfluous proteins (1, 4). Defects in the UPS occur in multiple cardiac disease settings, underlining the importance of this system in the heart and suggesting that optimizing or augmenting this pathway may have therapeutic potential for cardiac patients (1).

UPS-mediated protein degradation involves two major steps: ubiquitination, whereby a polyubiquitin chain is attached to the target protein via isopeptide bonds, and degradation, whereby ubiquitinated proteins are degraded by the 26S proteasome, a multicatalytic protease consisting of a 19S regulatory particle (RP) and a 20S core particle (CP) that degrades proteins into small oligopeptides (4). The collaborative action of these two steps is crucial for effective PQC. Initial recognition of substrates by the proteasome is mediated by a ubiquitin “tag” on the substrate (4). Two classes of ubiquitin receptors, intraproteasomal and extraproteasomal, recruit “tagged” ubiquitinated proteins to the proteasome (refs. 5, 6, and Figure 1). Intraproteasomal receptors include two 19S proteasomal subunits, Rpn10/S5a and Rpn13/ADRM1, which bind to polyubiquitin via ubiquitin interacting motifs (UIM) (5, 6). Extraproteasomal receptors include ubiquitin-like (UBL)/ubiquitin-associated (UBA) proteins that deliver ubiquitinated proteins to the 26S proteasome. The UBL/UBA family of proteins contains an N-terminal UBL domain, one or more C-terminal UBA domain or domains, and a variable central region. The UBL domain binds to the UIM motif of Rpn10/S5a pro-

teins in the 19S proteasome, while the UBA domain binds polyubiquitinated proteins. In a proposed “shuttle-factor” model, UBL/UBA proteins bind to ubiquitinated proteins via the UBA domain and subsequently interact with the proteasome via the UBL domain to ensure that substrates arrive at the proteasome without protein aggregation (5, 6).

Ubiquitin (Ubq1n)/protein linking integrin-associated protein to cytoskeleton (PLIC) proteins, which are mammalian orthologs of yeast Dsk2, belong to the UBL/UBA family (7, 8). The Ubiquitin family consists of five paralogous, structurally conserved members that are named UBQLN1 through 4, and UBQLNL (Ubiquitin-like). Each family member harbors an N-terminal UBL domain and a C-terminal UBA domain as well as a stress-inducible heat shock chaperone-binding motif (STI) domain(s) in the middle (7).

## The role of Ubiquitin1 in the heart

Thus far, most studies investigating the function of Ubiquitin proteins have focused on the nervous system, as multiple reports have linked Ubiquitins to several neurodegenerative diseases (5). In vivo animal models further demonstrate important functions of Ubiquitin proteins in the brain (9). For example, Ubq1n1-overexpressing transgenic mice show increased tolerance to ischemia/reperfusion (I/R) stress, while Ubq1n1 deletion in neurons exacerbates neuronal damage after stroke (9). A potential role of Ubq1n1 in diseased heart, however, remains to be addressed. In the current issue of the *JCI*, Hu and colleagues tackle this important gap in scientific understanding through a variety of novel in vivo and in vitro methods (10) (Figure 1). The authors showed that Ubq1n1, which binds a broad range of ubiquitinated substrates, colocalizes with the proteasome in cardiomyocytes and significantly increases in the soluble fraction following I/R stress. Consistent with previous reports in HEK293 cells (11), Ubq1n1 was recruited to the ER-associated degradation (ERAD) machin-

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(19). These observations suggest that, other than potential proteasomal degradation, independent roles of Ubqln1 within the heart also need to be investigated. Furthermore, Ubqln1 can interact with mTOR via its UBA domain; however, this interaction does not seem to have an effect on mTOR turnover, and the function of this interaction is unknown (20). Thus, it is important to consider that loss of Ubqln1 may have consequences independent of protein degradation that may also contribute to the phenotypes observed in the current study.

Finally, the current study has demonstrated a critical role for Ubqln1 in cardiac function during aging and in response to I/R injury. It will be of future interest to examine the role of Ubqln1 in the setting of other cardiac disease models. More broadly, this study suggests that impaired ubiquitination-proteasome coupling may represent a major pathogenic risk to the heart, particularly in the context of myocardial I/R injury, and also suggests that improving this coupling may have beneficial therapeutic potential. There are also other extraproteasomal receptor UBL/UBA proteins expressed in the heart (5). It is not clear whether these proteins are altered in Ubqln1-CKO hearts, myocardial I/R, and/or other cardiac diseases. Results of the current study suggest that it will be of interest to examine the potential role of these other UBL/UBA proteins in cardiac function and disease.

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