

University of Groningen

Exploring the mechanisms underlying the phenotype of MCAD deficiency with Systems Medicine

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Document Version

Publisher's PDF, also known as Version of record

Publication date:

2019

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Martines, A-C. (2019). *Exploring the mechanisms underlying the phenotype of MCAD deficiency with Systems Medicine: from computational model to mice to man*. [Groningen]: Rijksuniversiteit Groningen.

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Appendices

Summary

Medium-chain acyl-CoA dehydrogenase (MCAD) deficiency (OMIM 201450), a deficiency of an isoenzyme of the mitochondrial fatty acid oxidation (mFAO) pathway, is one of the most prevalent inborn errors of metabolism (IEM). MCAD deficiency is also the most common IEM of the mFAO pathway. The MCADD prevalence at birth was 1/8300 in the Netherlands between 2007 and 2015 (**Chapter 1**). mFAO plays an important role in energy homeostasis during fasting and conditions of high-energy demand. Under these conditions, the liver uses the mFAO pathway to generate ketone bodies and the ATP that is required for *de novo* glucose production. Thereby the mFAO is of critical importance for fuel supply to the peripheral tissues. Untreated MCAD-deficient (MCADD) children run a severe risk of life-threatening low blood glucose and low ketone body levels (hypoketotic hypoglycemia). Nevertheless, MCADD individuals have been reported to tolerate 18-24 hours of fasting. Specifically, a combination of prolonged fasting together with an additional trigger, such as airway or gastrointestinal infections or cold exposure, can put untreated MCADD individuals at risk. Even within the subpopulation of individuals with a homozygous loss-of-function c.985A>G mutation in the MCAD-encoding *ACADM* gene, symptoms can range from fatal hypoketotic hypoglycemia early in life to a complete lack of symptoms throughout life. Genetic and environmental modifiers could play a role in the heterogeneity in vulnerability to or robustness against metabolic stress. How this vulnerability or robustness arises is as yet unclear.

In my thesis I have therefore taken a systems medicine approach to get a better insight in the complex etiology of MCADD. My overarching question has been what elicits hypoketotic hypoglycemia in some MCAD patients and what protects others. I investigated which modifying factors within and outside the pathway may push metabolism from an apparently healthy state into towards hypoketotic hypoglycemia and which factors may keep the metabolic network safely away from this dangerous state. In order to answer this question, I evaluated MCAD deficiency in a computational model (*i.e. in silico*), in mice *in vivo* and in human cells *in vitro*.

I first investigate the behavior of a published computational model of isolated mFAO in rat liver (**Chapter 2**), since I intended to use this model as a basis to construct a human model version later. I unraveled the origin of the sharp decline of the mFAO flux that occurred in the model high substrate concentrations. This flux decline was clearly related to the promiscuity of the mFAO enzymes, *i.e.* the fact that they accept multiple homologous substrates, which compete for binding to the active site of the enzyme. I identified a vicious cycle, that started at medium-chain ketoacyl-CoA thiolase (MCKAT) and propagated throughout the system, leading to low mFAO flux. Herein, promiscuity of MCKAT was both necessary and sufficient to elicit the flux decline. MCKAT had insufficient capacity to cope with high substrate influx and consequently, its ketoacyl-CoA substrates started to accumulate. This accumulation was amplified by the preceding enzyme, leading to accumulation of upstream CoA esters, including acyl-CoA esters, and sequestration of free CoA (CoASH). Since CoASH is an essential cofactor of MCKAT and acyl-CoA esters are MCKAT products, its activity was further inhibited. In addition, CoASH is also a substrate of other enzymes in the mFAO pathway, and thereby its sequestration efficiently communicated the 'traffic jam' at MCKAT to the entire pathway, ultimately resulting in low mFAO flux. Finally, I found that the vicious cycle was aggravated by a high NADH concentration. The latter causes product inhibition of the mFAO and thereby enhances the accumulation of CoA esters and sequestration of CoASH.

In **Chapter 3**, I investigated which metabolic pathways contribute to the robustness of fasted MCAD-KO mice, since in these mice low blood glucose or ketone body concentrations had never been observed. The octanoyl-CoA oxidation capacity of liver mitochondria from MCAD-KO mice was lower than that of WT mice. This lower capacity was not compensated for by higher protein levels of the short- and long-chain isoenzymes SCAD and LCAD in the MCAD-KO mice. We did however observe subtle adaptations in the expression of genes encoding enzymes that take CoASH, NAD(P)⁺ or NAD(P)H as a substrate or product, as well as enzymes involved in detoxification. These adaptations may contribute to the robustness of the MCAD-KO mice and warrant further investigation. These results corroborate the important role of CoASH and NADH for mFAO function shown in **Chapter 2**.

In **Chapter 4**, I investigated the hepatic metabolism of cold-exposed, fasted MCAD-KO mice in response to severe energetic stress. Under these conditions the MCAD-KO mice showed for the first time, lower plasma glucose levels than the WT. In addition, the MCAD-KO mice had lower hepatic amino acid levels and higher liver weights, liver total triglycerides, liver medium-chain triglycerides and higher plasma medium-chain acyl-carnitine levels. In the most severely affected MCAD-KO mice, we also observed hepatic inflammation, which is in line with the trend towards liver inflammation observed in fasted MCAD-KO mice in **Chapter 3**. The results suggest an important role of liver mFAO in glucose homeostasis during cold stress in combination with fasting. MCAD-KO mice appeared to use amino acids as an alternative fuel to compensate for the deficient mFAO in the generation of ATP, glucose, and ketone bodies, while excess medium-chain fatty-acid intermediates were exported and rerouted directly or indirectly by chain elongation into triglycerides.

In **Chapter 5**, I investigated how pathways surrounding the mFAO, notably those that affect CoASH, modulate the metabolic phenotype when MCAD or other acyl-CoA dehydrogenases are deficient. This should give insights in modifying factors that may play a role in the different disease presentation of individual patients. I first adapted the computational model that was used in Chapter 2 by incorporating the available human kinetic parameters. Moreover, I added a number of pathways involved in acyl-CoA metabolism. These modifications stabilized the mFAO and prevented the flux decline observed in Chapter 2. Simulated fluxes and metabolite profiles reflected the relative disease severities of SCAD, MCAD, and VLCAD deficiency in humans. Repression of the futile cycle of acyl-CoA hydrolysis and reactivation, by modulating the substrate specificity of CPT1, impaired the mFAO flux specifically in the MCAD deficient model. The results give a first indication how genetic modifiers related to the surrounding pathways could affect mFAO function in MCADD patients.

In **Chapter 6**, I investigated whether there are metabolic adaptations in cultured skin fibroblasts of MCADD individuals that distinguish symptomatic from asymptomatic MCADD individuals. The fibroblasts of most of the asymptomatic MCADD individuals resembled those of their symptomatic counterparts. Some of the asymptomatic children were however diagnosed at a young age and one might wonder if they were asymptomatic because of the treatment or because of their genetic make-up. One MCADD individual, however, was diagnosed at the age of 30 and was genuinely asymptomatic throughout life, without any treatment. The fibroblasts of this person secreted acyl-carnitines at a higher rate and had higher concentration of SCAD. Other differences between the proteome of this person and all others, were not reproducible. I suggest that the differences may be larger when the cells depend more on the mFAO, e. g. when the glucose concentration is lowered further.

This thesis has added to the understanding of MCAD deficiency by using a combination of Systems Medicine tools. The results obtained by computational modeling and experiments with mice and patient-derived cells, suggest an important role of CoASH, its conjugated thioesters and NAD(P)(H) in mFAO function and MCAD deficiency. The human version of the computational model (**Chapter 5**) will be an important tool to integrate experimental data from human tissue and obtain a better understanding of MCAD deficiency. The groundwork and discussions laid out in this thesis provide opportunities for follow-up studies to unravel the etiology of heterogeneous phenotypes in MCAD deficiency. I hope that in the future, the obtained result will enable more personalized diagnoses, prognoses and treatment strategies for MCAD deficiency.

Samenvatting

Midden-keten acyl-CoA dehydrogenase (MCAD) deficiëntie (OMIM 201450) is een enzymdefect in de mitochondriële vetzuuroxidatieroute. MCAD-deficiëntie is een van de meest voorkomende aangeboren stofwisselingsziektes. Het is ook het meest voorkomende aangeboren defect in de vetzuuroxidatie. In Nederland was de prevalentie bij geboorte 1/8300 tussen 2007 en 2015 (**Hoofdstuk 1**). De mitochondriële vetzuuroxidatie speelt een belangrijke rol in onze energiehuishouding, met name tijdens vasten of als we veel energie verbruiken. Onder deze omstandigheden zorgt vetzuuroxidatie in de lever voor de productie van ketonlichamen en voor de ATP die nodig is om nieuwe glucose te maken. Hiermee is dit proces van essentieel belang voor de brandstofvoorziening van de organen in het lichaam. Als MCAD-deficiënte (MCADD) kinderen niet worden behandeld, lopen ze een ernstig risico op levensbedreigende lage bloedsuikerwaarden en lage concentraties van ketonlichamen. Dit wordt hypoketotische hypoglycemie genoemd. Toch is beschreven dat MCADD-patiënten 18 tot 24 uur kunnen vasten. Het is de combinatie van langdurig vasten met een extra risicofactor, zoals een luchtweg- of darminfectie of blootstelling aan kou, die gevaarlijk is voor jonge MCADD-patiënten. Er is echter een grote klinische heterogeniteit in deze patiëntengroep. Zelfs binnen de subpopulatie van patiënten met dezelfde c985A>G mutatie, die het enzym volledig inactieveert, kunnen de symptomen variëren van een fatale hypoketotische hypoglycemie tot een levenslang ontbreken van enige ziekteverschijnselen die met MCADD in verband kunnen worden gebracht. Genetische en omgevingsfactoren kunnen een rol spelen in de heterogeniteit van deze patiënten groep. Wat de gevoeligheid van individuele patiënten precies bepaalt, is echter niet duidelijk. In mijn proefschrift heb ik daarom de aanpak van de 'systeemgeneeskunde' gevolgd om een beter inzicht te krijgen in het ontstaan van symptomen bij MCADD. Mijn overkoepelende vraag is wat ervoor zorgt dat bij sommige patiënten een hypoketotische hypoglycemie optreedt, terwijl anderen hiertegen beschermd lijken. Ik heb onderzocht welke modulaties binnen en buiten de vetzuuroxidatie, de stofwisseling vanuit een schijnbaar gezonde toestand naar een hypoketotische hypoglycemie kunnen duwen, maar ook welke factoren juist bescherming bieden tegen deze gevaarlijke toestand. Om deze vragen te kunnen beantwoorden heb ik MCAD-deficiëntie onderzocht door middel van computersimulaties en experimenten met muizen en menselijke cellen.

Ik ben begonnen het gedrag van een reeds bestaand computermodel van de geïsoleerde vetzuuroxidatie in rattenlever te onderzoeken (**Hoofdstuk 2**). Dit model zou ik later in **Hoofdstuk 5** nodig hebben als basis voor een model van de menselijke vetzuuroxidatie. Computersimulaties brachten een scherpe daling van de snelheid van vetzuuroxidatie bij hoge substraatconcentratie aan het licht. Ik heb het mechanisme dat hiervoor verantwoordelijk is, ontrafeld. De daling van de snelheid had duidelijk te maken met de promiscuïteit van de betrokken enzymen. Hiermee bedoel ik dat de enzymen verschillende, op elkaar lijkende substraten accepteren, welke op hun beurt concurreren voor de binding aan het katalytische centrum van het enzym. Ik kwam een vicieuze cirkel op het spoor die zijn oorsprong had in het enzym middenketen ketoacyl-thiolase (MCKAT), zich voortplantte door het gehele systeem en uiteindelijk leidde tot het instorten van de vetzuuroxidatiesnelheid. De promiscuïteit van MCKAT was een noodzakelijke en voldoende voorwaarde voor dit verschijnsel. MCKAT had te weinig katalytische capaciteit om een hoge instroom van vetzuren te kunnen verwerken. Daardoor begonnen keto-acyl-CoA moleculen, de substraten van MCKAT, op te hopen. Deze metabolietstapelning werd versterkt door

productremming van het voorgaande enzym, zodat ook acyl-CoA metaboliëten stroomopwaarts begonnen op te hopen. Omdat dit allemaal thioesters van coenzym A zijn, leidde dit tot een tekort aan beschikbaar coenzym A. Nu zijn de acyl-CoA metaboliëten tevens producten van MCKAT en is vrij coenzym A een substraat van dit enzym. Het tekort aan coenzym A en de overmaat van acyl-CoA had daardoor een sterk remmende werking op MCKAT. Coenzym A is bovendien een essentiële cofactor voor veel andere enzymen in de vetzuuroxidatie. Het tekort aan coenzym A communiceerde de ontstane opstopping bij MCKAT daardoor snel naar de rest van het systeem. Dit resulteerde uiteindelijk in een sterk verlaagde vetzuuroxidatiesnelheid. Ten slotte kwam ik erachter dat de vicieuze cirkel versterkt werd door een hoge NADH concentratie. NADH zorgt voor productremming van de vetzuuroxidatie en verergert de ophoping van esters van coenzym A en de uitputting van vrij beschikbaar coenzym A.

In **Hoofdstuk 3** heb ik onderzocht welke stofwisselingsprocessen kunnen bijdragen aan de robuustheid van muizen waarin het gen dat codeert voor MCAD, was uitgeschakeld door genetische modificatie. In deze muizen waren nog niet eerder lage bloedsuikerwaardes of concentraties van ketonlichamen aangetoond tijdens vasten. De levers van muizen zonder MCAD hadden een lagere katalytische capaciteit voor de oxidatie van octanoyl-CoA dan de niet-gemodificeerde muizen. Deze lagere capaciteit werd niet gecompenseerd door verhoogde eiwitniveaus van de isoenzymen korte-keten- en lange-keten-acyl-CoA dehydrogenases, respectievelijk SCAD en LCAD. Wel nam ik subtiele aanpassingen waar in de expressie van genen die coderen voor enzymen die coenzym A, NAD(P)⁺ of NAD(P)H als substraat of product hebben, alsmede in enzymen die betrokken zijn bij ontgiftingsreacties. Deze aanpassingen kunnen mogelijk bijdragen aan de robuustheid van de muizen zonder MCAD en zijn de moeite waard om verder te onderzoeken. De resultaten versterken ook mijn eerdere bevindingen in **Hoofdstuk 2** dat coenzym A en NADH belangrijk zijn voor het functioneren van de vetzuuroxidatie.

In **Hoofdstuk 4** heb ik de leverstofwisseling onderzocht wanneer muizen zonder MCAD werden blootgesteld aan een combinatie van koude en vasten, wat een grote energetische uitdaging teweegbrengt. Onder deze omstandigheden vond ik voor het eerst lagere bloedglucosewaarden in muizen zonder MCAD dan in de niet-gemodificeerde muizen. Bovendien hadden de muizen zonder MCAD lagere aminozuurconcentraties in de lever. Ze hadden ook een zwaardere lever en een hogere concentratie van triglycerides in de lever (zowel de totale concentratie als die van de midden-keten triglycerides), en hogere concentraties van midden-keten acyl-carnitines in het bloed. In de muis die het sterkst was aangedaan door de afwezigheid van MCAD, nam ik ook een ontsteking van de lever waar. Dit past bij mijn waarneming in **Hoofdstuk 3** dat de muizen zonder MCAD al tijdens gewoon vasten enige neiging tot ontsteking van de lever hebben. De resultaten suggereren dat vetzuuroxidatie in de lever een belangrijke rol speelt in de homeostase van glucose tijdens vasten in combinatie met kou. Muizen zonder MCAD leken aminozuren te gebruiken als alternatieve brandstof om te compenseren voor de defecte vetzuuroxidatie, zodat ze toch ATP en glucose konden maken. De overmaat van midden-keten vetzuren werd door de lever geëxporteerd in de vorm van acyl-carnitines of ingebouwd in triglycerides, al dan niet na verlenging van de vetzuurketens.

In **Hoofdstuk 5** heb ik de invloed onderzocht van de stofwisselingsroutes die in contact staan met de vetzuuroxidatie, met name degenen waarin coenzym A betrokken is. Ik heb het

effect van deze processen op het MCADD fenotype bestudeerd door middel van computersimulaties van de leverstofwisseling. Dit kan inzicht geven in welke factoren een rol spelen in het ziektebeeld van individuele patiënten. Eerst heb ik het computermodel uit Hoofdstuk 2 aangepast door er de beschikbare kinetische parameters voor menselijke enzymen in te voegen. Verder heb ik een aantal processen toegevoegd die betrokken zijn bij de omzettingen van acyl-CoA. Deze aanpassingen maakten de vetzuuroxidatie stabiel en voorkwamen de het instorten van de vetzuuroxidatieflux die ik in **Hoofdstuk 2** had bestudeerd. De gesimuleerde snelheden en metabolietprofielen weerspiegelden de ernst van SCAD-, MCAD- en VLCAD- deficiëntie in mensen. Toen ik de niet-productieve cyclus van acyl-CoA hydrolyse en reactivering onderdrukte door de substraatspecificiteit van CPT1 te veranderen, bleek dit de vetzuuroxidatie met name in het MCADD model te remmen. De resultaten geven een eerste indruk hoe genetische verschillen met betrekking tot de processen rondom de vetzuuroxidatie uiteindelijk de vetzuuroxidatie zelf kunnen beïnvloeden in MCADD-patiënten.

In **Hoofdstuk 6** heb ik tenslotte gezocht naar aanpassingen in de stofwisseling waarmee we onderscheid kunnen maken tussen MCADD-patiënten met en zonder symptomen. Ik heb dit onderzocht in gekweekte fibroblasten van de huid die waren afgenomen van individuele MCADD-patiënten. De fibroblasten van symptomatische en asymptotische patiënten leken sterk op elkaar. Sommige asymptotische patiënten hadden hun diagnose echter op jonge leeftijd gekregen en je kunt je afvragen of ze asymptotisch waren vanwege hun behandeling of vanwege hun genetische achtergrond. Eén MCADD-patiënt was echter pas gediagnosticeerd op 30-jarige leeftijd en was werkelijk levenslang asymptotisch gebleven, zonder enige behandeling. De fibroblasten van deze persoon vertoonden een hogere uitscheiding van acyl-carnitines een hogere concentratie van SCAD. Andere verschillen tussen het proteoom van de fibroblasten van deze persoon en dat van alle anderen waren niet herhaalbaar. Ik stel voor dat de verschillen mogelijk groter zullen zijn als de cellen meer afhankelijk worden gemaakt van vetzuuroxidatie, bijvoorbeeld door de glucoseconcentratie verder omlaag te brengen.

Met mijn proefschrift hoop ik te hebben bijgedragen aan het begrip van MCADD door gebruik te maken van methodes uit de systeemgeneeskunde. De resultaten die ik heb verkregen door middel van computersimulaties en experimenten met muizen en cellen van patiënten, suggereren dat coenzym A, esters van coenzym A en NAD(P)H een belangrijke rol spelen in het functioneren van de vetzuuroxidatie wanneer MCAD afwezig of inactief is. De menselijke versie van het computermodel (**Hoofdstuk 5**) kan een belangrijk hulpmiddel zijn om experimentele gegevens uit menselijke weefsels te integreren en om een beter begrip te krijgen van MC3ADD. De basis die ik in dit proefschrift heb gelegd, biedt mogelijkheden voor vervolgstudies om het heterogene ziektebeeld van MCADD verder te ontrafelen. Ik hoop dat de resultaten in de toekomst persoonlijkere diagnoses, prognoses en behandelingen voor MCADD-patiënten mogelijk zullen maken.

Acknowledgements

The years of my PhD were a big adventure, full hard work, interesting events, frustrations, successes, failures, and new discoveries. During my PhD, I interacted with a lot of people, each of whom contributed in their own way to my PhD. In this section I would like to take the opportunity to express my gratitude.

Barbara and Dirk-Jan, as a PhD candidate with you as promoters, I have learned a lot, on issues within and outside research. Thank you for your perspectives on how to handle projects, people and PhD in general. Barbara, during my PhD period in your group you gave me the opportunity to explore systems biology, systems medicine, bioinformatics, molecular biology and several other techniques to better understand biochemistry, metabolism and inborn errors of metabolism (IEM). I was also able to work with clinicians to benefit patients with an IEM. Thank you. Thank you for encouraging me to go on interesting and inspiring congresses. The ICSB2014 in Melbourne, Australia, after receiving a registration price and also a travel grant, even though there were a bunch of great events afterwards, was particularly special. You also did your best to accommodate all your diverse research group members and I could voice my successes and frustrations to you. Through regular discussions we made several discoveries and are on our way to publish many of them. Finally, thank you for bringing some great and lovely researchers into the group. Dirk-Jan, your enthusiasm and knowledge in biochemistry, clinical chemistry and metabolic disease is very admirable. That fits very well with my own enthusiasm and interests in these fields. We had very interesting, encouraging, invaluable discussions about not only these topics, my projects in particular, but also about my potential future herein. Also thank you for letting me pour my heart out to you in many occasions. Thank you.

I would also like to thank my assessment committee, prof. Frank Bruggeman, prof. Bert Groen and prof. Francjan van Spronsen, for taking the time to read and approve my thesis. Frank, I admire your passion and extensive knowledge in systems biology, enzyme kinetics and thermodynamics. Bert, your broad knowledge, your zest for life and friendliness have always impressed me. Francjan, I admire your interest as a clinician in systems biology. It gives me great joy to see clinicians interested in integrating these types of approaches to understand and benefit the health of patients. Thank you all.

I would like to thank all the present and former members of the Barbara's group. Albert, you have from the start been a great help and scientific and emotional support for me throughout the years. I have great gratitude for what you do and how you handle all of us. I feel like you are the glue that keeps us all together and motivated to go on in the hard PhD life. Of course, it's too much to mention what you did for and with me. From sample prep, sample analysis, O₂ consumptions, mouse experiments, active participation in meetings and advice about experiments and data interpretation and outside the lab a great and empathic person to talk to and an excellent cook! Thank you very much! Gijs, thank you for always being willing to help throughout my PhD, even way after you left our group, you are always quick to answer any questions I have. Karen, thank you for doing the groundwork for the modeling that I did in my PhD. Your input was important in my starting up in modeling and in the lab. Also thank you for reviewing my work in the beginning and for checking my rat model analysis results. Jurgen, thank you for taking an interest in my work and having great questions/comments

during our meetings. Jolita, thank you for teaching me how to prepare for and analyze data from Oroboros, proteomics and mouse experiments. Fiona, Gertjan (and Jolita), thank you for giving me the opportunity to learn and practice terminations at the Zernike facility. Shodhan Rao, I had a good connection with you from the start. We had such a great time at the ICSB 2013. Exploring the city, climbing the tower and just being there for each other in the group and being a shoulder to cry on. Thank you for sharing your mathematics skills and wise and honest words with me, for allowing me into your home, playing ping pong and being a good friend. Bayu, thank you for help in trying to figure out the behaviors of the rat computational mFAO model. Chris, thank you for our gezellige talks in the lab, and your patience when I was taking very long in the hood. Melany, thank you for your help on the HepG2 project and for always being so nice and funny! Bernard, I think you're a great guy we have done quite some sharing throughout the years and I always find it a breeze and therapeutic when I talk to you. You can always come to me with questions or just to share how things are going. Fentaw, thank you being an additional asset in modeling in our group. I think you are doing important work to understand what we are modeling in the group. Lots of those things I wouldn't have been able to do them as well as you! Christoff Odendaal, thank you for being interested in continuing my work and already meticulously reviewing my latest computational model. I think you will be making some interesting discoveries related to MCAD deficiency. Emmalie, thank you for being my second intern. I learned a lot as your supervisor and hope to also have passed on some of my experience to you. Thank you for continuing to research MCAD deficiency in our group. Sarah and Agnieszka, my fellow twins, though we did different work throughout our PhD, we were able to experience a lot together and support each other in many ways. I am grateful to have met and did my PhD with both of you. Thank you for our discussions about work and supporting me throughout all the ups and downs. Studying in the Netherlands/Europe, is by far not the same as growing up here. Thanks for opening your minds and hearts sharing your European knowledge and experience with me. Agnieszka, thank you for your help inside and outside the lab, through your excellent wet and dry lab skills, thanks for your playfulness, your game nights, your funny nerdy jokes, teaching me about European history and Polish culture, introducing me to the PhD day committee and to improv, guarding me on the kiddy slope during my first skiing trip (-P) and our personal conversations. Through your hard and impressive work in and outside of the office, it is evident that you are a person to be admired. Sarah, similarly we shared several experiences inside and outside the office. And of course, for all your help with RNASeq data analysis in R and other useful tools. I was also able to have great conversations with you, even talks about love and communication, which I really like. I would like to thank both you and Agnieszka for our very nice dinners and movie nights together with Maarten, Dio, Daniela and others, our hair night and fun at conferences etc. Now I can also finally take a good listen to "The Art of Loving" audiobook you recommended me ☺. Marcel, you came into my life in the end of 2015 and my life has never been the same :-P. We clicked from the get-go and you did not only become an excellent intern. Through hard work we made an MCAD-KO cell line, expanded a model, coordinated experiments together, shared some hilarious jokes, went on a workshop together in Marseille, shared beautiful sceneries in Barcelona and Marseille (Mont Puget!), went to memorable events outside the lab, introduced me to some fantastic people (like Pedro and Raphael) and we supported each other through lab and personal ups and downs. Your friendship means a lot to me, and I wish you a great amount of love and success in your life!

To all of the coauthors, collaborators, and important contributors I have not mentioned yet, thank you for the important roles you played in my projects. Terry, thank you for being a kind pediatrician, involved in several of my projects to ask clinically-relevant questions, give clinical insight, and constantly working on maintaining a communication and collaborative links between the clinic and basic research. Rob Henning, I experienced you as such a pleasant, open and inspiring professor. So, of course, I have seen your TED talk and was there at your lecture during the PhD day of 2015. I would like to soon follow-up our conversation on the cold-exposure experiment results. Maaïke G., I was happy to work with you as I experienced you as such an amicable, bubbly, enthusiastic person. It was great to work with you on my cold-exposure experiments and we had some candid, inspiring talks in the CDP. Thank you! Wenxuan, thank you for working with me on the cold-exposure project and working close with Emmalie and I on the MCADD fibroblast project. I experience you as a person that is very open, a great expert in lipidomics, and nice to work with. We will therefore undoubtedly publish great papers together. Thank you. Alain and Laura, thank you for your contributions to my papers through your histology work. Hilde H., thank you for your MCAD microarray data and your help in my quest to understand the MCAD-KO mouse. Rainer, thank you for reviewing my cold-exposure manuscript carefully and contributing to omics methods in general. Klaas Krab, thank you for sharing your insight into how to analyze the behavior of the rat computational model. I made good use of your Gauss-Jordan Elimination Excel file you provided. Hans Westerhoff, thank you for your interest in my modeling work and all of the groundwork you laid out for my PhD with your important and impacting publications on kinetics, control analysis and systems biology. You are also inspiring based on your basic-research-transcending activities and passion in applying systems biology and systems medicine in healthcare, also a keen interest of mine. Angelika, thank you for helping me with mouse terminations, histology and other microscopy techniques. Mirjam K., thank you for your interest in my PhD progress, and of course thank you for all the histology work you did for me. I would like to thank the Genetics department for their RNA Sequencing and bioinformatics work on my fasting project (special thanks to Pieter V. and Gerben) and on kindly providing MCADD and control fibroblasts. Marieke, it was very nice working with you on the cold-exposure experiments when Albert was not there. You even gave me some very useful tips. Thank you. Nicolette, thank you for being helpful in many ways in the lab. I appreciated your honesty and your genuine interest in the human aspect of PhD life. And thank you for your active involvement, together with the other technicians, in making everyone feel appreciated when they arrive and when they leave the lab. And of course, many thanks for your help and patience with the generation of the MCAD-KO HepG2 cells, an important milestone in our efforts to understand MCAD deficiency. Amalia and Birgit, thanks for kindly providing your xCELLigence equipment and helping with my cell growth experiments. Ody Sibon and Marianne van der Zwaag, thank you for your collaboration on our pursuit to understand the role of Coenzyme A in MCAD deficiency.

I would also like to thank the Pediatrics staff. Maaïke O., thank you for your contributions at meetings, your general and scientific advice throughout my PhD, about what to do with my MCAD-KO mice and how you helped me start up my cold-exposure experiments. Rebecca, thank you for our talks about clinical chemistry and our meetings to study MCADD deficiency,

Klary, thank you for our conversations and thank you for providing useful information for my projects. Karin, thank you for all your proteomics work in my projects. Bart, thank you for providing us with your expertise during our endeavors to make the MCAD-KO HepG2 cell line, and for being a nice person to talk to. Henkjan, thank you for your fascinatingly interesting questions, they really make me think. I also found your teaching seminar on how to read papers very insightful. Debby, thank you for your talks about PhD life and PhD supervision and how you can manage life as a scientist in general. Folkert, I experienced you as a very kind and approachable leader, with keen interest in the research topics of the PhD students. Thank you for that. Also, to all other staff members, Marten (in memoriam), Kathrin, Marit, Jingyuan, Hans J., Janine, Kuif, thank you for your insightful contributions at the department meetings.

Dolf, Marijke, Hilde, Paula, Evelien, thank you very much for all the organizational things you arrange for us PhD candidates behind the scenes. Thank you for also being so approachable and happy to listen to us. Rebecca, thank you for being involved in MCAD-deficiency-related research and being interested in setting up related projects. In addition, thank you for our conversations about clinical chemistry. Nienke, thank you for your introduction to MCAD deficiency and your important work in developing and characterizing the first pure-background MCAD-KO mouse model.

I have experienced our (lab) technicians as an important backbone in the work we do in our PhD. Many thanks to all the technicians who have kindly helped with any questions and lab issues I had and for also actively performing a lot of sample prep and measurements for my projects. Vincent, thank you for your involvement in reviewing my manuscripts, sending me interesting publications and giving statistics advice and being always open to help. Rick, thank you for your kindness and your help at the beginning of the cold-exposure project and probably many more experimental and project-related things, and not to forget the bile cannulations we did for Yared! I felt like a true microsurgeon ☺. We also had some motivating conversations about my PhD. Thank you very much. Manon, thank you for introducing me to the xCELLigence method and for always being willing to help. Miriam L.-M., thank you for helping to make E4 lab run like a smooth machine and for being very approachable. Niels, thank you for your enthusiasm at work! It was always contagious to hear you laugh from the coffee room all the way to my desk in the office. And thank you for always being able to help me with my questions about lab techniques or any other issues in the lab. I also thought it was really cool when I could help you with your high-speed, high-throughput mouse insemination. And of course, also thank you for helping me with my issues with my logger-implanted mice when Maaikje G. was not there. Aycha, thank you for being helpful with any questions I had. Thanks to all other technicians in our department who have helped me in one way or another, including, Eline, Henk, Marcel V., Martijn, Niels M., Renze, Theo van Dijk, Tjasso, and Ydwine.

I also would like to thank the whole CDP in making my mouse experiments there possible. I also especially would like to thank Ar and Natascha for taking such good care of the mice and always being so nice to talk to about anything. Michel Weij, thank you for our pleasant interactions and your help with the IvD protocols. You also gave Federico and I the opportunity to practice our heart puncture techniques, thank very much for that. Juul and

Miriam v.d. M-F., thank you for your help in the preparation for the experiments. And also, thanks mice!

Thank you to everyone in Kathrin's group, including Alex, Patricia, Marti, Ineke and Ulrike, for your help with western blotting, microscopy and anything else I needed or couldn't find. You guys are such admirable hard workers and publishers. Thank you to everyone from the Molecular Genetics group, including Antoine, Ailine, Anouk, Bibi, Brenda, Eelke, Fareeba, Marco, Melinde, Natalia, and Venetia. Thank you for our candid, motivating talks and all your help in and outside of the lab. Yared, it was a pleasure helping you with your experiments and also sharing our issues, frustrations and successes with each other. Xiang, we had a shared past due to our internships at DSM, which helped us connect. I also admired you for your pattern recognition, statistical and programming skills, but even more importantly your kindness, life perspectives and openness to hearing and supporting me and others in anything. I was and am always very happy to help you with anything you need. I still remember the delicious the cake your wife made for me! Thank you! Federico, one of the most passionate PhD researchers I've met. You had a strong work ethic and were very disciplined. On top of that you were very kind and had an insatiable enthusiasm and openness to help in the lab, our mouse terminations together both yours and mine, working out our initial RNASeq issues together, help me with a presentation, talk about PhD life, issues in it and advice. Thank you for being there for me and so many others.

Thank you to everyone else from that I met in UMCG, including Ana, Dicky, Jan Freark, Irene, Marleen D., Lori, Mirjam L., Onne, Rima, Sandra, Vera, Violeta, Tim, Weilin, and Yanick. Our interactions were always pleasant to me. Alberto. I'll never forgot how you made the start of my PhD life here so much fun, starting with an awesome PhD introduction at Allersmaborg! Can't wait for us to catch up soon!

I would also like to thank to some of my previous inspiring teachers and supervisors who profoundly shaped me on the road towards my PhD. Profs. Henk van den Berg and Louis van der Ham, thank you for being there in my Chemical engineering study and for being such inspiring, welcoming, motivating and supportive teachers and supervisors. Prof. J.F.J. (Johan) Engbersen, thank you for believing in me when I wanted to expand my biochemistry knowledge and do a self-constructed biochemistry at the Radboud University all the way in Nijmegen. Richard, Peter and Jan, thank you for taking a chance on me, a freshly minted MSc Chemical engineering graduate (*i.e.* a rookie in biochemistry and basic molecular life science research and techniques) and teaching me so much in this field in a short period of time. Jan, I also really appreciated that you showed the clinical part of Complex I deficiency. I also really appreciated our talks and have so much admiration for the care you take in your work and the passion you have in it. Guus, Harold and Dorine, thank you for welcoming me with open arms in your group, accommodating my interest in doing clinical-chemistry-related research and increasing my clinical chemistry knowledge. I will also always cherish that I was able to publish a beautiful review with you and write grant proposals with you. I experienced your supervision and interactions in general as a very pleasant and inspiring and I learned a lot. Thank you.

Aduni and Natasha T-M.! Thank you very much for agreeing to be my paronymphs. After not being able to be at my wedding I just had to invite my closest friend/family member. I have so much love and admiration for you both! Throughout my PhD you patiently heard all my trials and tribulations, being able to support me and motivate me through it all. Thank you!

Many thanks to all my friends, for they unwavering support throughout my PhD journey. Thank you If, Ajay, Masita, Henk and Toon, Paul and Inge, Peter C. and Christina, Bert M. and Margo. Thank you for all the light, fun, deep and philosophical conversations we had, your love, your support, your encouragement, the lovely memories we created together even though I was so busy. I hope to be able to make many many more new memories with you now that my PhD is finalized.

My family, thank you so much! Thank you to my Martines family (Tio Checho, Tio Lilo, Tanchi Mildred, Tanchi Titi, Tanchi Echi, Tanchi Tè, Reynold, Tanchi Lelia, Frank, Tanchi Pòpi, Sonny, Tanchi Mimi, Anthony, Tanchi Lichi, Layo, Tanchi Lala, Junny, Low, Laika, Netty, Juri, Mary, Mientje, Francis, Loesje, Shudari, Terry, Gio, Michael, Lucille, Esmeralda, Shahaila, Reugene, Shourella, Swenska, Perla, Elgi, Queeny, Daveny, Nathaniel, Tanysha, Nuki, Susi, Shaina, Ito, Soli, Sontje, Judessa i tur mi achtuprimu i achtuprimanan), my Kirindongo family (Tio, Swinda, Venny, Idelienne, Tan Li, Charlton, Earlyson, Vally, Patrick, Nansje, Gerrit, Nara i Daphney), my in-law family (including Harold Sr, Janice, Juni, Suli, Natasha S., Ardith, Jenny, Rita, Randy i Clifford) for their love and support throughout the years!

A humongous thanks goes to my parents, Ingrid and Edwin, for their love, support and encouragement throughout the years, instilling in me from the tactical, educational, recreational, the emotional, mental, spiritual and more ☺. My sister, Priscella, thank you for your love, support, being proud of me and confiding in me. I appreciate our interaction and it has taught me a lot of things in life.

Last but not least, I am utmost grateful to my husband, Amart Schoop. With all my heart, I would like to affirm that I couldn't do it without you. From helping me move, coming from far away to accompany me or come get me late from work, waiting patiently for me to finish working, look with a fresh eye at my work and hearing my issues and frustrations when I felt lost, pushing me to celebrate my successes no matter how little I thought they were, tell me to go to sleep when I was tired, taking care of me when I was sick and assuring me I everything would be ok even though you were not sure it would. Tell me you love me over and over and making me feel happy in so many different ways. Love you ♥, thank you!

Biography

Anne-Claire Martines was born on October 10th 1981 in Willemstad, Curaçao, and grew up in Jandoret, with her parents and sister. In 1999, she graduated Maria Immaculata Lyceum (VWO) in Willemstad. Due to her keen interest in technical, biological and medical aspects of chemistry, she decided to follow a path to educate herself and gain experience in these fields and hopefully in this way make the world a better place and human health as optimal as possible. Therefore, after her secondary education, she started her Chemical Technology study at the University of Twente. She followed the Process Technology track with the subdiscipline Process and Plant design. During her studies she took time to amongst others start a student-focused computer company (Procyon Computers, Arnhem) to particularly help new students flying in from Curaçao and other Dutch Antilles islands with a computer. This is because, as at that time, due to some technological limitations compared to now, it was not easy for the new students to integrate into the culture, fight homesickness and focus on their studies. Receiving a computer with internet access upon arrival was therefore very helpful. After this, to gain work experience she undertook a 4-month internship at Teijin Aramid, Arnhem, where she did process plant optimization and design for cyclohexylamine production, under the supervision of Eric Bekx, prof. Louis van der Ham. During her studies, she also followed a self-devised minor in Biochemistry at the Radboud University in Nijmegen. Subsequently, finished her study (MSc) with a one-year internship at DSM Anti-Infectives, Delft, under the supervision of Maarten van de Graaf, Els Schulten, prof. Vincent Nierstrasz, prof. Louis van der Ham and prof. Henk van den Berg. There she designed a biomass-separation process for the sustainable large-scale production of succinic acid using microorganisms. To continue on her journey, she followed a second Master study in Medical Biochemistry at the Radboud University in Nijmegen. There, she followed her 1-year master thesis internship in Medical Biochemistry under the supervision of Richard Rodenburg, Peter Willems and pediatrician prof. Jan Smeitink in the Pediatrics department and the Radboud Institute for Molecular Life Sciences of the Radboudumc. During this internship, she studied the effect of the antioxidant SkQ1 on cell-biological consequences of Complex I-deficient patient cell lines. She also followed a 6-month minor research internship in Radboudumc's Experimental Clinical Chemistry research group, under the supervision of Guus Kortman and group-leader prof. Dorine Swinkels, and gained more knowledge in Clinical Chemistry. During and after her internship, she studied the effect of iron-rich and iron-deficient enteric bacteria on mRNA expression and protein levels of the iron-binding protein NGAL, in intestinal epithelial cells *in vitro*. In the clinical chemistry field, NGAL was mostly known for its association with kidney injury. Together with her literature thesis discussing the (potential) function of NGAL and potential ways the use of NGAL in diagnostics and therapy, a novel research line in this area was started in Dorine's group. Shortly after, she went on to write two grant proposals with Dorine, of which one was granted, and publish a review in kidney iron metabolism in *Nat. Rev. Neph.*, under Dorine. Her discovery during her studies that the systems biology and systems medicine approach have the potential to significantly improve diagnostics and prognostics in patients with an inborn deficiency and improve our understanding of human health in general, sparked her interest in these fields and the PhD research she presented in this thesis. Her PhD was carried out under the supervision of prof. Barbara Bakker and prof. Dirk-Jan Reijngoud, in collaboration several other PI's and researchers and with clinicians of the Pediatrics department. Herein, as the thesis title indicates, she explored the mechanisms underlying the phenotype of MCAD deficiency by using a systems medicine approach. During her PhD she presented at several national and international conferences and obtained a travel grant for a large systems biology conference in Melbourne, Australia, and a best-oral-presentation price at the Coenzyme A workshop in Marseille, France. After her PhD, she will take a well-deserved short sabbatical and will further pursue her interests in improving human health by applying the systems medicine approach and working closely with researchers, clinician's and healthcare providers.

Portfolio

Description	Year	Workload (ECTS)
Teaching Molecular Cell Physiology course 2017	2017	0.5
Life Sciences with Industry workshop	2017	1.4
Supervisor of intern Emmalie Jager (6-month internship)	2017	4.0
PhD Day 2017 organization committee - Advisor in board of committee	2016	8.0
ISGSB2016 conference, Jena, Germany	2016	0.5
Mathematica - Basic principles II	2016	0.3
Entrepreneurship and Valorization for medical sciences	2016	5.0
European Student Council Symposium 2016	2016	0.5
Prize for best oral presentation at Coenzyme A workshop in France	2016	0.5
Coenzyme A workshop, Marseille, France	2016	1.0
In silico life: Constraint-based modelling at genome scale	2016	0.9
PhD Day 2016 organization committee - Sponsorship team member	2016	4.0
BIO SB2016 conference	2016	0.5
Teaching Molecular Cell Physiology course 2016	2016	1.0
Teaching for PhD students	2016	2.0
Supervisor of intern Marcel Vieira Lara (6-month internship)	2016	4.0
Python course for Life Scientists	2015	0.9
Ethics in Research and Scientific Integrity (FMW2151)	2015	2.0
PhD Day 2015 (attended as participant)	2015	1.0
Introduction into R	2015	1.4
BioSB course: RNA-seq data analysis	2015	0.9
Personal effectiveness	2015	0.5
BCN Statistics Course 2015	2015	2.0
BIO SB2015 conference	2015	0.5
BioSB course: Kick start R	2015	0.3
Teaching Molecular Cell Physiology course 2015	2015	0.5
BioSB course: Pattern Recognition	2015	3.0
SB@NL 2014 conference	2014	0.5
Microbiological safety	2014	1.0
ICSB 2014 conference, Melbourne, Australia	2014	0.5
ISGSB2014 conference, Durham, UK	2014	0.5
Teaching Molecular Cell Physiology course 2014	2014	0.5
Advanced Lecture Course on Systems Biology (Sysbio 2014), Innsbruck, Austria	2014	2.0
SB@NL 2013 conference	2013	0.5
Presentation Skills	2013	0.5
Two-day course on Mass Spectrometry	2013	0.6
Project Management and GSMS Introduction	2013	2.0
Tools and approaches of systems biology	2013	3.0
International Conference on Systems Biology 2013 (ICSB 2013), Copenhagen, Denmark	2013	0.5
Mathematica - Basic principles I	2013	0.3

List of publications

Martines AMF, Wetzels JFM, Swinkels DW. Ijzer en Nierschade. *Capita Selecta Nefrologie*, Nummer 2, 2012

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