

## REPLY TO FILADI ET AL.: Does Mitofusin 2 tether or separate endoplasmic reticulum and mitochondria?

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We thank Filadi et al. for their comments (1) on our paper (2), where we address whether the discrepancies between their paper (3) and our original discovery of Mitofusin (Mfn) 2 as an endoplasmic reticulum (ER)-mitochondria tether (4) resulted from: (*i*) clonal effects of chronic *Mfn2* ablation, (*ii*) proximity measurement inappropriateness, or (*iii*) changes in mitochondrial Ca<sup>2+</sup> uniporter (MCU) levels in WT and *Mfn2<sup>-/-</sup>*cells. Filadi et al. (1) conclude that we fell short in solving the issue and that our data reinforce Mfn2 function as an ER-mitochondria spacer (3).

First, Filadi et al. (1) reason that we did not measure contacts number upon *Mfn2* ablation. However, contact surface (which depends on contact number and extent) can be extracted from the ER-mitochondria contact coefficient and data in our paper (2). The average mitochondrial surface contacting ER is: WT cells, 7.9%; *Mfn1<sup>-/-</sup>*, 8.4%; *Mfn2<sup>-/-</sup>*, 5.9%; *Mfn1,2<sup>-/-</sup>*, 5.0% (data from table S1 in ref. 2). Also using data from tables S2 and S3 in our paper (2), we conclude that *Mfn2* ablation decreases the ER-contacting mitochondrial surface by ~20–35%, potentially explaining the confocal microscopy juxtaposition reduction.

Second, Filadi et al. (1) question conclusions based on fluorescent organelle proximity probes. ddGFP and FRET-based indicator of ER-mitochondria proximity (FEMP) do not artificially juxtapose organelles: ddGFP  $K_{OFF}$  is >>  $K_{ON}$ , implying that dimerization depends on proximity and not vice versa (5); FEMP does not spontaneously and stably dimerize, as confirmed by its response to rapamycin (see ref. 6 and figure S2 in ref. 2). Mathematically, the lower FRET ratio upon *Mfn2* ablation (figures 1 and 2 in ref. 2) results from lower FRET<sub>basal</sub> and FRET<sub>maximal</sub> values (Tables 1 and 2), not from increased FRET<sub>maximal</sub>. Thus, ddGFP and FEMP are reliable organelle proximity sensors.

Finally, Filadi et al. (1) raise technical concerns on presented data. First, in the same experimental conditions, mitochondrial Ca<sup>2+</sup> peak does not span two orders-of-magnitude as stated in their letter (1): it is 160 nM in figure 3B of ref. 2 and 390  $\pm$  150 nM in figure 3C of ref. 2 (average of five independent experiments  $\pm$ SEM). Panel F of figure 3 in ref. 2 cannot be compared with panels A and B because conditions were different (as described in the legend to the figure): Cre-infected  $Mfn2^{flx/flx}$  cells were preincubated in Ca<sup>2+</sup>-free media to equalize cytosolic Ca<sup>2+</sup> peaks (figure 3 D and E of ref. 2). Second, we excluded respiration defects in purified Mfn2 liver knockout mitochondria (Mfn2<sup>LKO</sup>; figure S4 of ref. 2) that, as suggested by Filadi et al. (1), could limit mitochondrial Ca<sup>2+</sup> uptake in Mg<sup>2+</sup>-free media. Third, mitochondrial Ca<sup>2+</sup> uptake rates are not "clearly slower" in *Mfn2*<sup>LKO</sup> mitochondria (1), but superimposable to the WT ones (figure 3 I–K in ref. 2; WT: 11.3  $\pm$  0.6,  $Mfn2^{LKO}$ : 11.3 ± 0.9 s<sup>-1</sup>). Fourth, in WT cells, MCU levels are indeed affected by density (1), but at confluency are lower than in  $Mfn2^{-/-}$  cells (figure S5 of ref. 2) and not vice versa (3). Mitochondrial Ca<sup>2+</sup> transients are lesser in  $Mfn2^{-/-}$  cells even upon MCU overexpression (figure 5 D and E of ref. 2): reduced MCU levels cannot therefore explain the decreased mitochondrial Ca<sup>2+</sup> uptake in  $Mfn2^{-/-}$  cells.

The careful Filadi et al. analysis (1, 3) highlights the ER-mitochondria interface complexity. We maintain that our acute *Mfn2* genetic deletion experiments, reliable organelle proximity probes, and Ca<sup>2+</sup> measurements (2) address the raised issues in their letter (3) and add to multiple independent papers reporting ER-mitochondria tethering by Mfn2 (4, 5, 7–10). A deeper knowledge of the ER-mitochondria interface architecture could help resolve this controversy.

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## Table 1. Basal and maximal FEMP FRET values upon Mfn2 ablation: Figure 1H in ref. 2

	WT	Mfr	n2 <sup>-/-</sup>
FRET <sub>basal</sub>	FRET <sub>maximal</sub>		$FRET_{maximal}$
1.1 ± 0.05	1.7 ± 0.01	0.76 ± 0.01*	1.03 ± 0.02*

\*P < 0.005 in a two-tailed *Student's* t test vs. WT FRET<sub>basal</sub> or FRET<sub>maximal</sub>.

## Table 2. Basal and maximal FEMP FRET values upon Mfn2 ablation: Figure 2A in ref. 2

Scr		Mfn2shRNA1		Mfn2shRNA2	
FRET <sub>basal</sub>	FRET <sub>maximal</sub>		FRET <sub>maximal</sub>	FRET <sub>basal</sub>	$FRET_{maximal}$
0.78 ± 0.05	1.43 ± 0.04	0.66 ± 0.02*	0.83 ± 0.01*	0.67 ± 0.01	0.85 ± 0.01*

\*P < 0.005 in a two-tailed Student's T test vs. Scr FRET<sub>basal</sub> or FRET<sub>maximal</sub>.

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