# Modeling Barth Syndrome using Patient-Specific, iPSC-derived Cardiomyocytes

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Harvard Stem Cell Institute

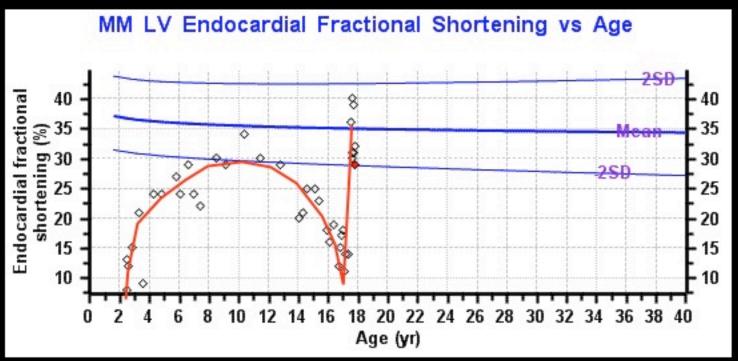
June 2012
BSF Foundation Meeting







# Barth Syndrome -- a reversible cardiomyopathy?



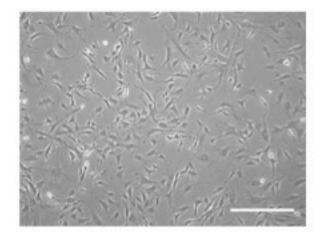
- known single gene defect involving a metabolic pathway
- waxing and waning disease course rather than irreversibly progressive disease
- progress slowed until recently by lack of mammalian model systems

### Induced Pluripotent Stem Cells

#### Induction of Pluripotent Stem Cells from Mouse Embryonic and Adult Fibroblast Cultures by Defined Factors

Kazutoshi Takahashi1 and Shinya Yamanaka1,2,4

DOI 10.1016/j.cell.2006.07.024

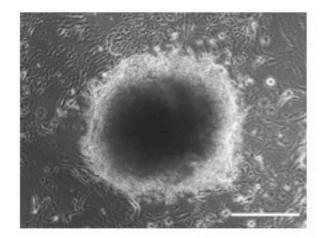


#### Reprogramming Factors

#### Induction of Pluripotent Stem Cells from Adult Human Fibroblasts by Defined Factors

Kazutoshi Takahashi, 1 Koji Tanabe, 1 Mari Ohnuki, 1 Megumi Narita, 1,2 Tomoko Ichisaka, 1,2 Kiichiro Tomoda, 3 and Shinya Yamanaka 1,2,5,4,4

DOI 10.1016/j.cell.2007.11.019



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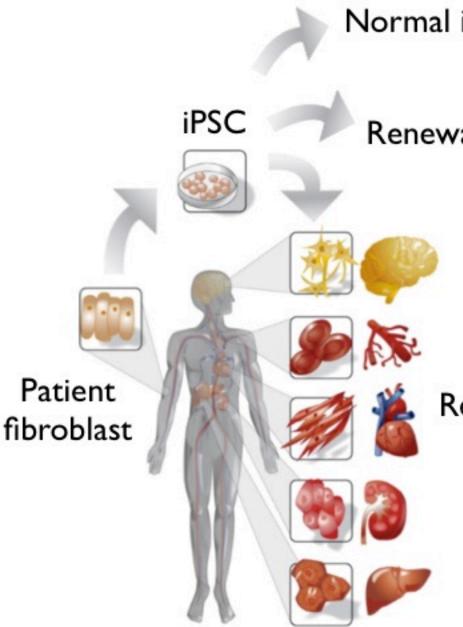
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#### Normal iPSC: human embryogenesis

Renewable, patient-specific disease model, e.g. LQTS, HCM, 22q11del

- phenotype-genotype
- drug screening
- mutation discovery?

Replacement Therapy

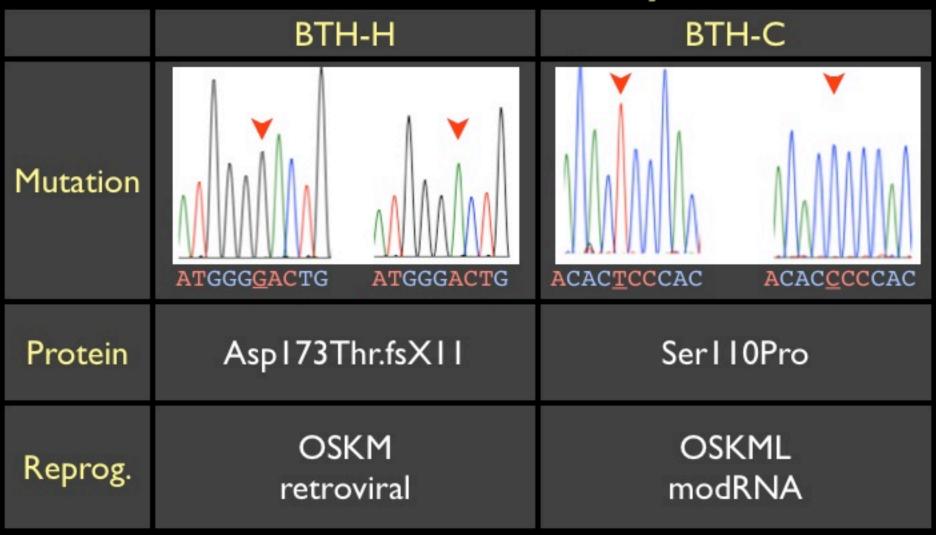
### Why an iPS model of BTHS?

- Human loss of function model, useful for studies of disease mechanism and interindividual variation.
- Renewable, patient-specific model of TAZ mutation for preclinical testing of BTHS treatment strategies.
- Potential for high throughput drug screening to discover novel approaches to treatment.

### iPSC Model of Barth Syndrome

- Generation and characterization of 2 iPSC lines, one from each of 2 patients with BTHS.
- Differentiation and purification of BTHS iPSC-derived cardiomyocytes (iCMs).
- Analysis of mitochondrial abnormalities in a neonatal rat ventricular cardiomyocyte model.
- 4. Analysis of mitochontrial abnormalities in BTHS iCMs.
- Treatments to reverse BTHS iCM mitochondrial abnormalities

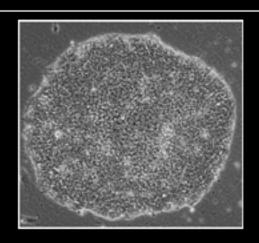
## iPSC Models of Barth Syndrome

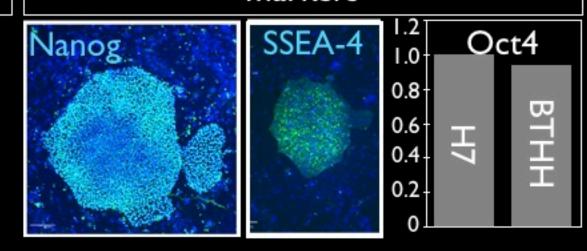


### BTHH iPSC Quality Control

ESC-like morphology in feeder free culture

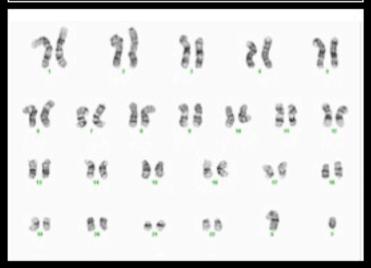
Expression of pluripotency markers





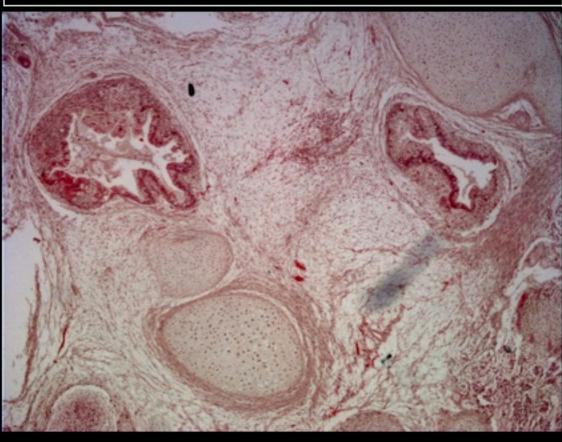
# BTHH iPSC Quality Control

#### Karyotype



46 XY

#### Teratoma Assay



### iPSC Model of Barth Syndrome

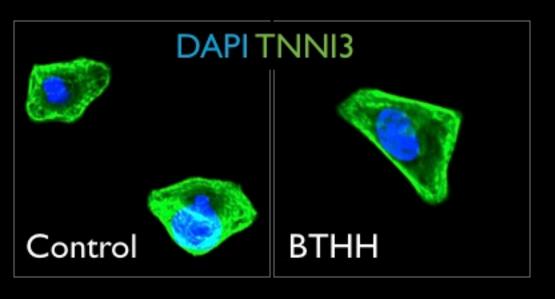
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#### MACS CM Purification

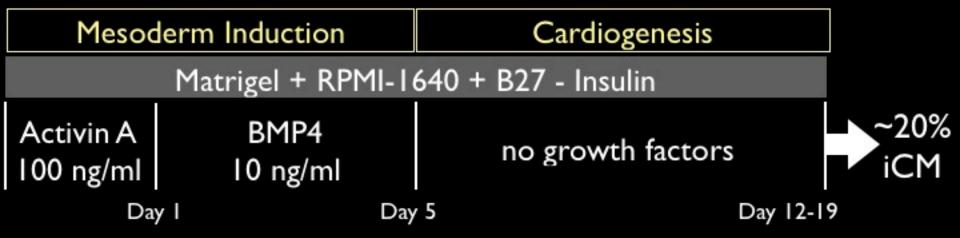


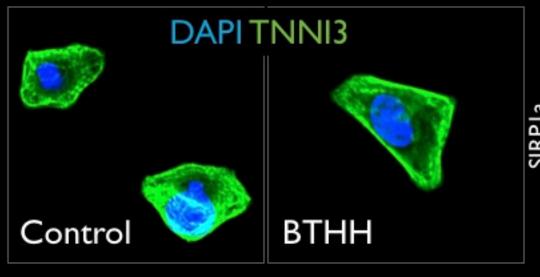
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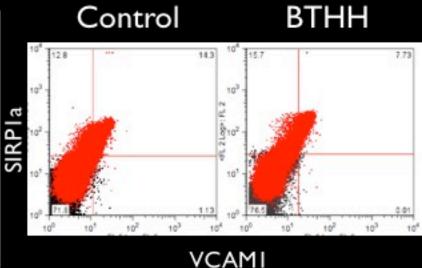




#### MACS CM Purification







# iCM Beating

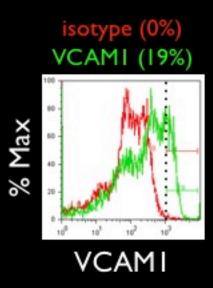
Ctrl BTHH BTHC

# iCM Beating

Ctrl BTHH BTHC

#### MACS iCM Purification

Matrigel
Diff to iCMs

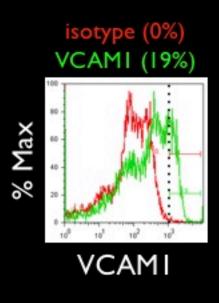


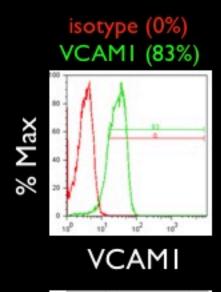
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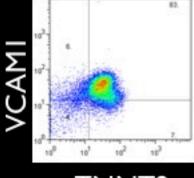
Matrigel
Diff to iCMs



Enriched iCMs







TNNT2

#### MACS iCM Purification

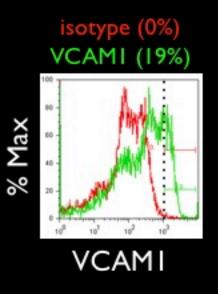
Matrigel
Diff to iCMs

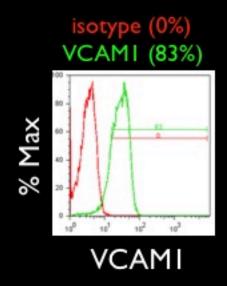


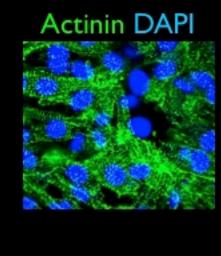
Enriched iCMs

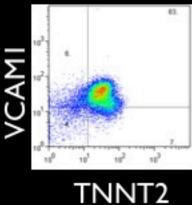


Assay

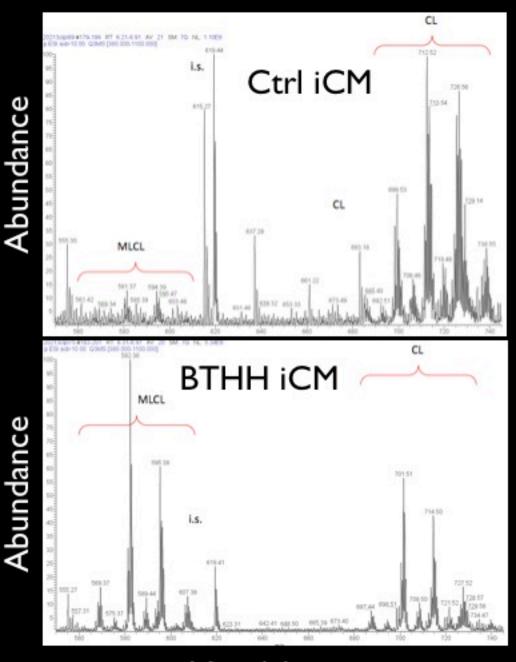








# CL deficiency in BTHS iCMs



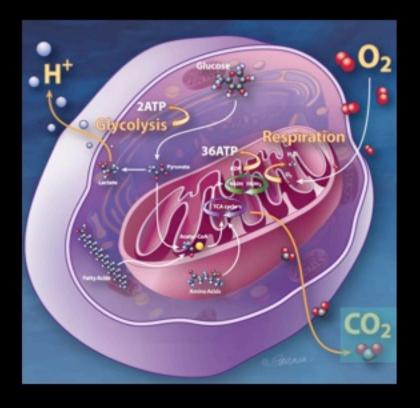
Mass/charge

### iPSC Model of Barth Syndrome

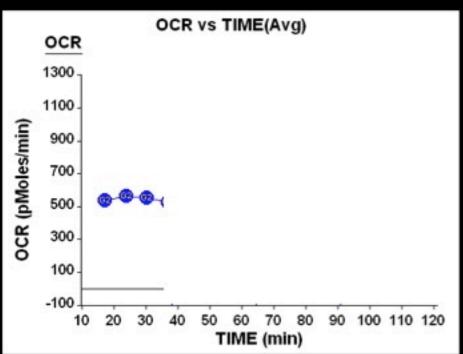
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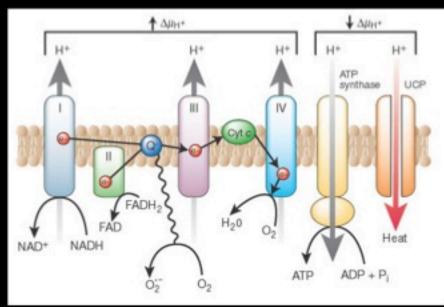
# Seahorses Biosciences extracellular flux analyzer

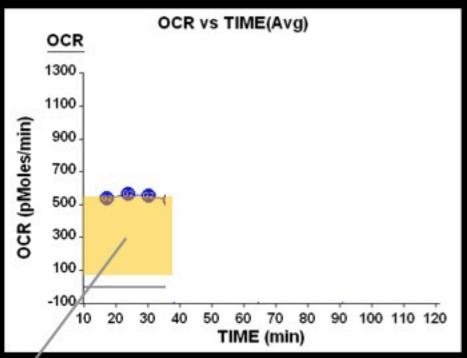
Extracellular acidification rate (ECAR): glycolysis

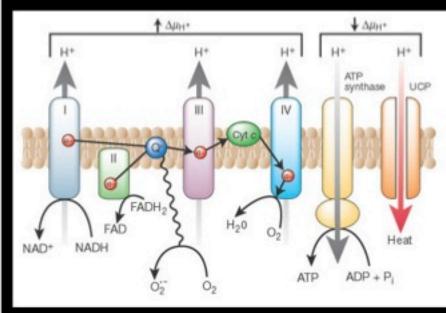


Oxygen consumpation rate (OCR): oxidative respiration

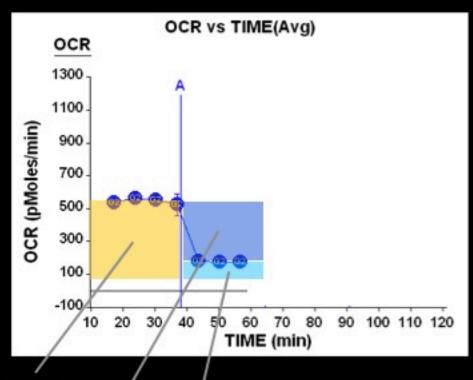


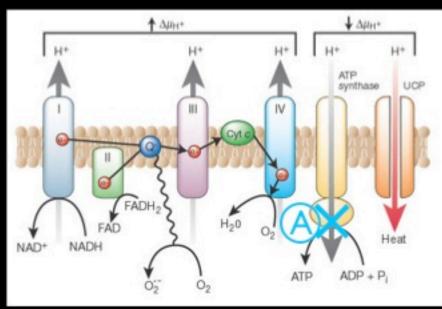






Basal Resp

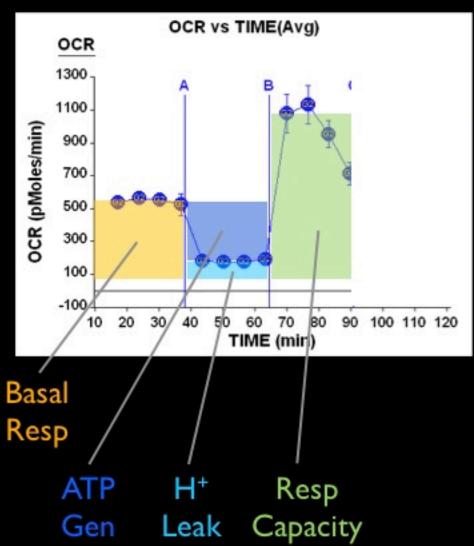


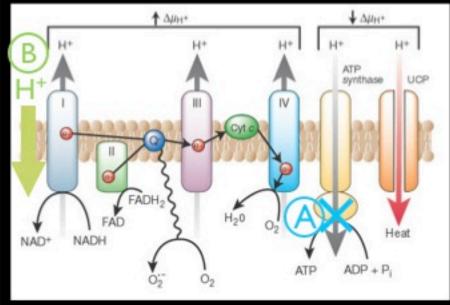


A. Oligomycin

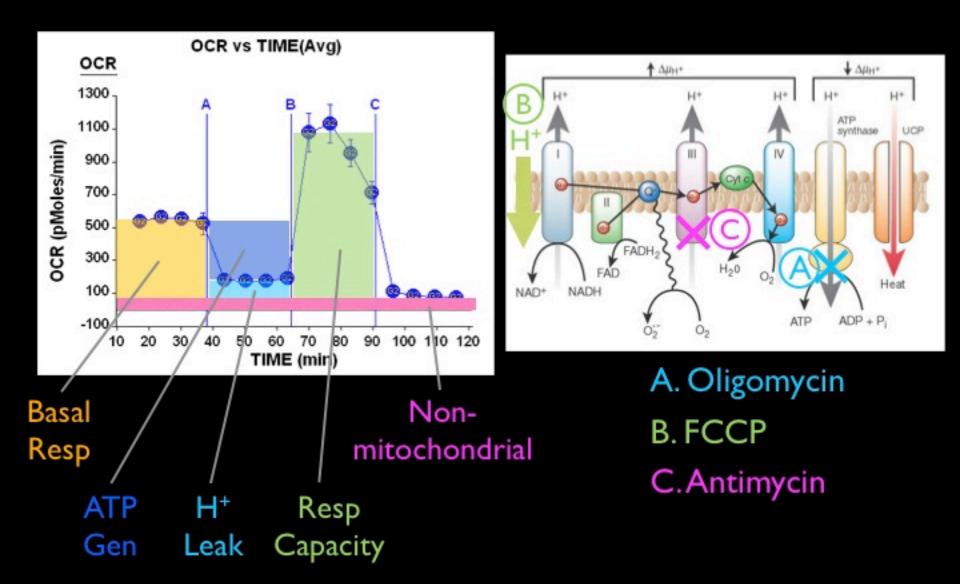
Basal
Resp

ATP H<sup>+</sup>
Gen Leak



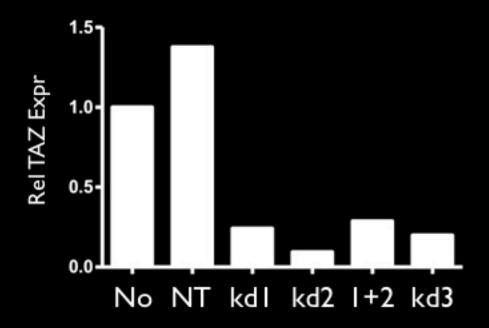


A. Oligomycin B. FCCP



#### NRVM TAZ Knockdown Model

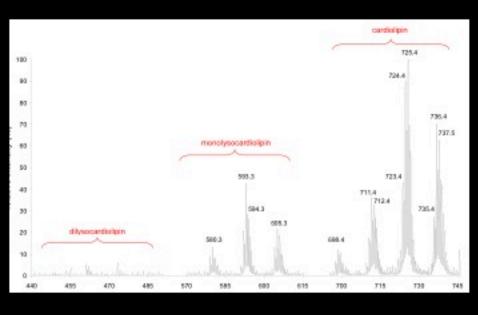
Validation of Knockdown

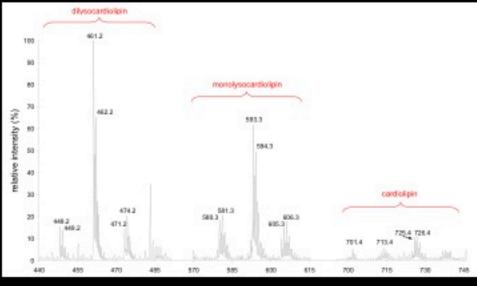


#### NRVM TAZ Knockdown Model

NRVM TAZ shRNA adeno
Assay
3 days

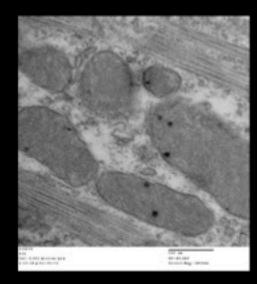
#### Validation of CL Depletion





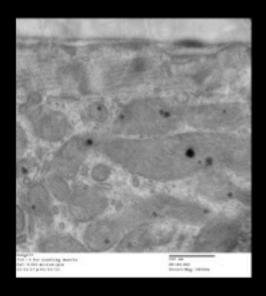
# Mitochondrial morphology in NRVM TAZ Knockdown Model

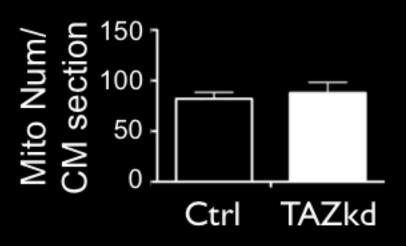
CTRL



Mito Area/Cell
Area (%)%
Ctrl
CTrl
TAZkd

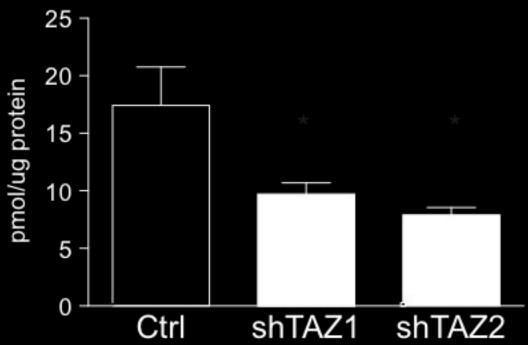
TAZ shRNA





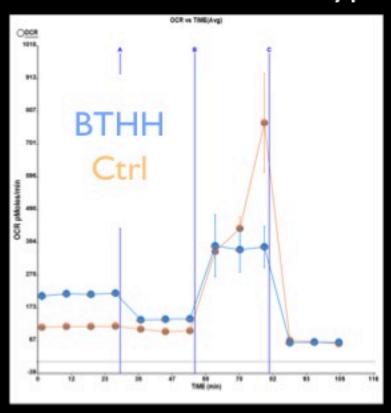
#### NRVMTAZ Knockdown Model



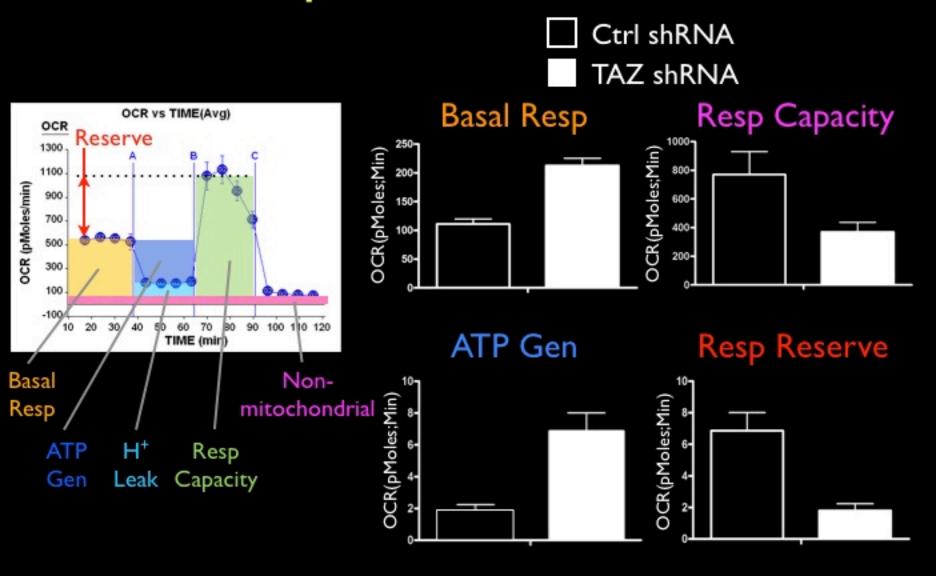


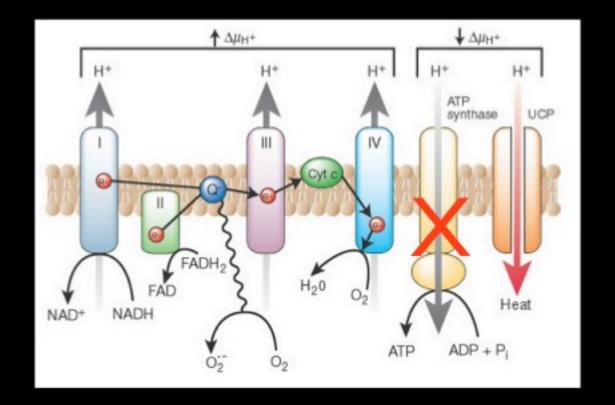
#### NRVMTAZ Knockdown Model

Mitochondrial Phenotype



# Mitochondrial function after TAZ depletion in NRVM







CL deficiency makes F0FI ATP synthase activity limiting

Incr transmemb gradient

Decr ATP

Stress

Reduced ETC activity

Decr Resp Reserve

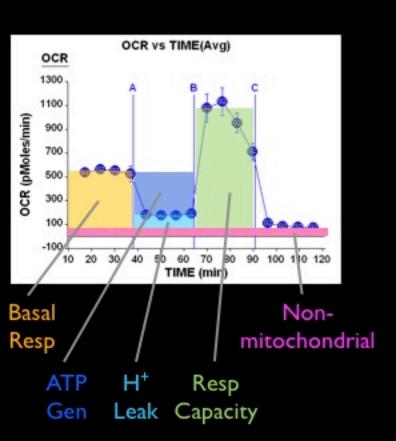
# Summary: NRVM TAZ kd model of BTHS

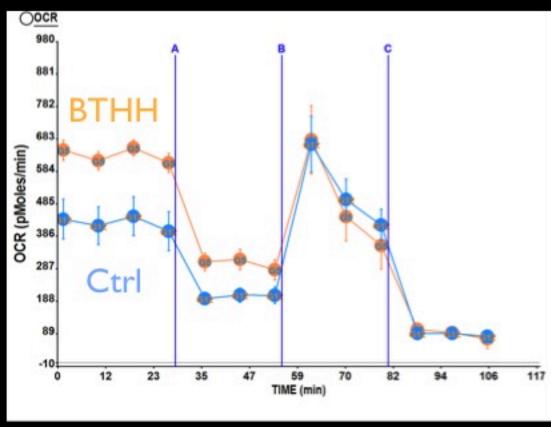
- I. Rapid TAZ and CL depletion indicate short half-life of both.
- Mitochondrial functional abnormalities occur prior to detectable morphological abnormalities.
- Primary effect of CL deficiency at baseline is limitation of F0/F1 ATP synthase activity.

### iPSC Model of Barth Syndrome

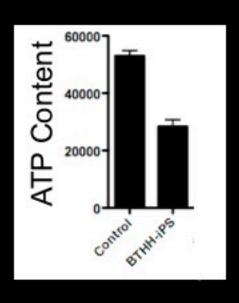
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# Analysis of BTHS iCM Mitochondrial Activity





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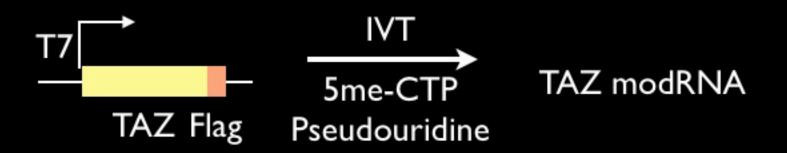


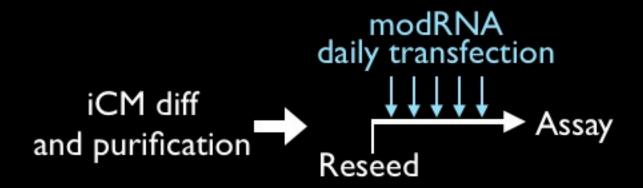
Higher basal OCR and decreased ATP content suggest decreased mitochondrial efficiency.

#### Is the phenotype due to TAZ mutation or to other genetic difference?

 Analysis of a neonatal rat ventricular CMTAZ knockdown model.

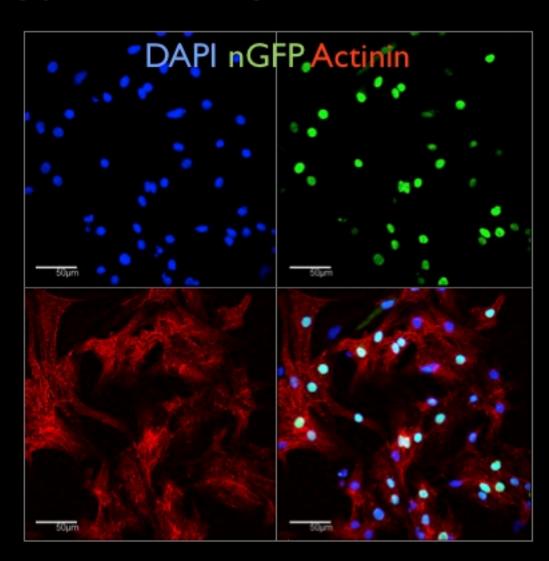
2. TAZ modRNA rescue of the BTHS iPSC phenotype

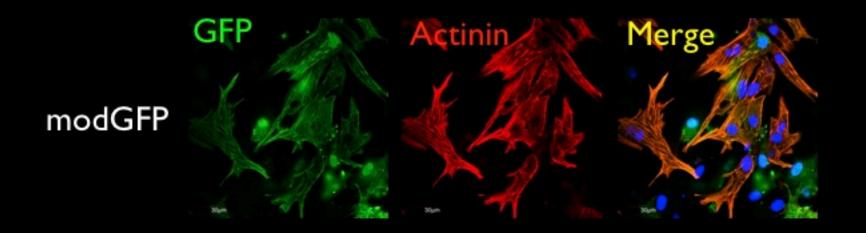


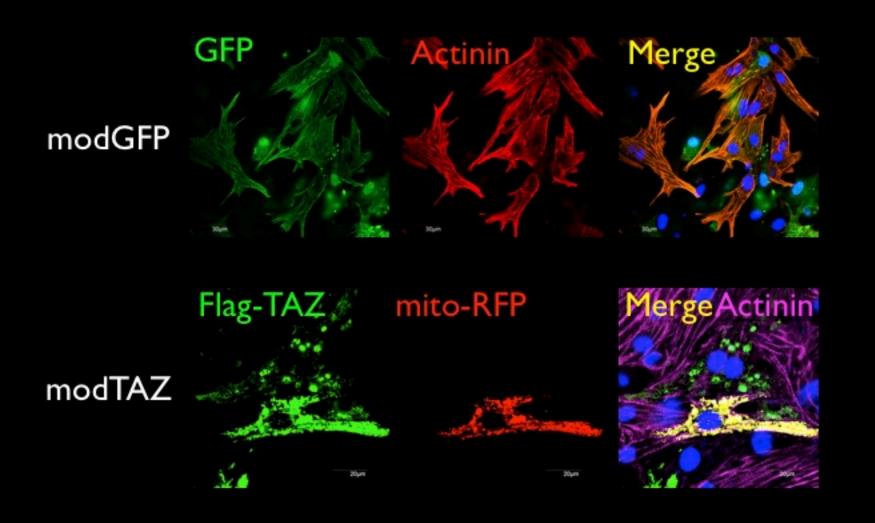


## Efficient modRNA transfection into NRVMs

**NRVM** tx nGFP modRNA **Imaging** 

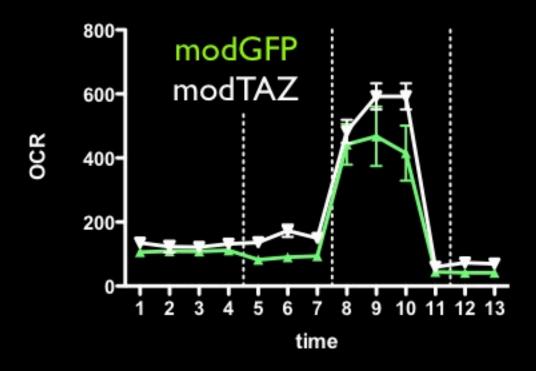


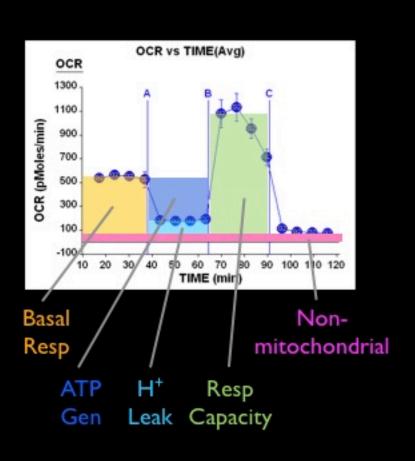


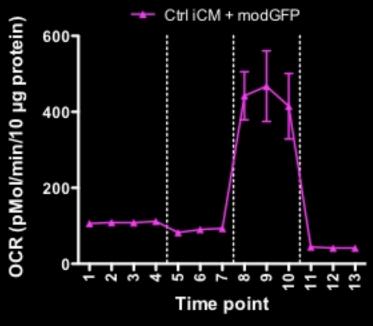


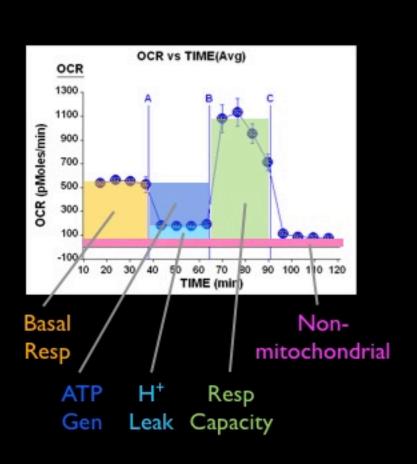
## TAZ overexpression did not cause substantial mitochondrial phenotype

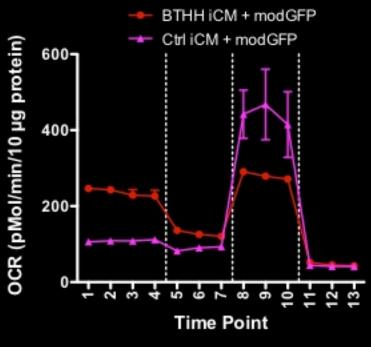
#### Control iCMs

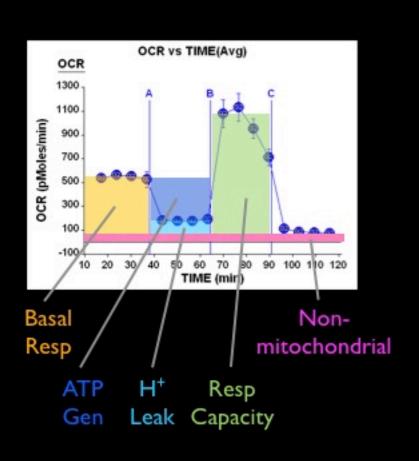


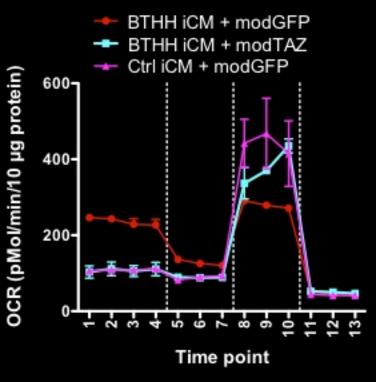


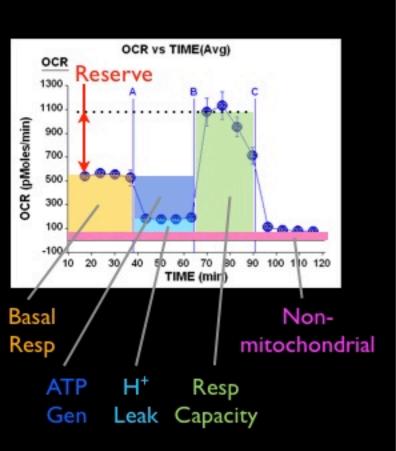


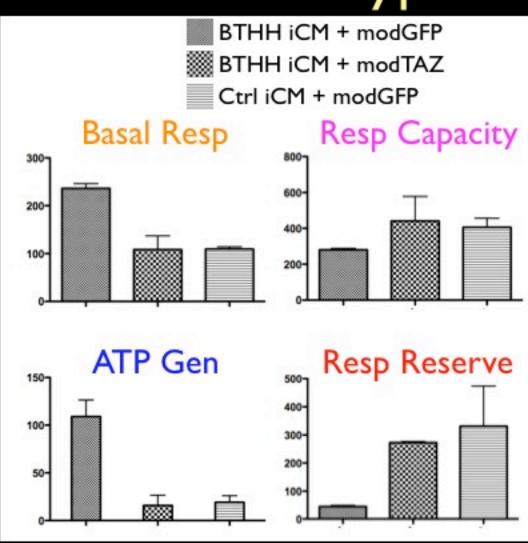




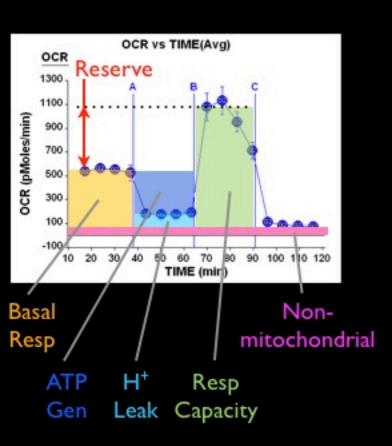


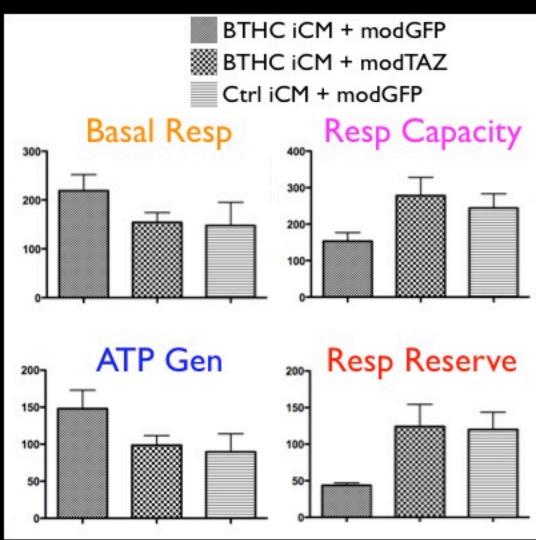






#### Results replicated in BTHC iCMs





Mirror abnormalities seen in NRVM knockdown model.

- Mirror abnormalities seen in NRVM knockdown model.
- modTAZ confirms BTHS iCM metabolic defects are due to TAZ deficiency rather than other genetic differences.

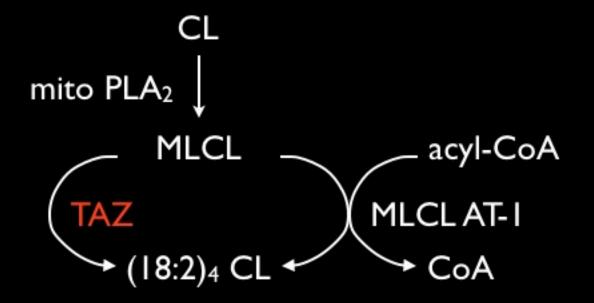
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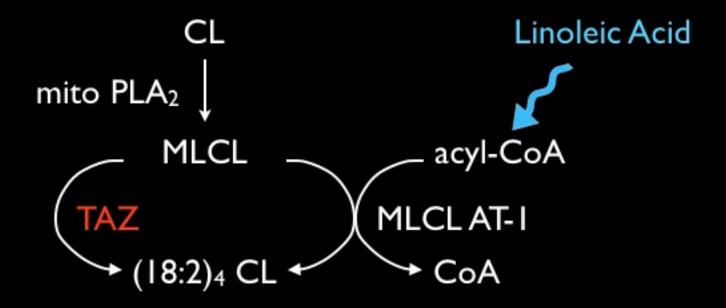
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- Mirror abnormalities seen in NRVM knockdown model.
- modTAZ confirms BTHS iCM metabolic defects are due to TAZ deficiency rather than other genetic differences.
- Data further demonstrate that the BTHS iCM metabolic defects are rapidly reversible.
- Provides positive control for development of assays to screen for therapeutic compounds
- TAZ modRNA overexpression in control iCMs did not cause measurable abnormalities >>> amenable to gene therapy.

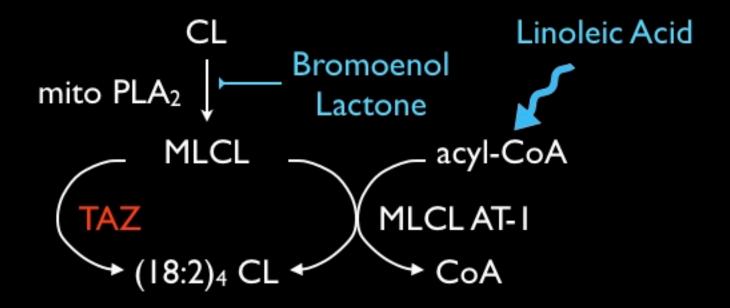
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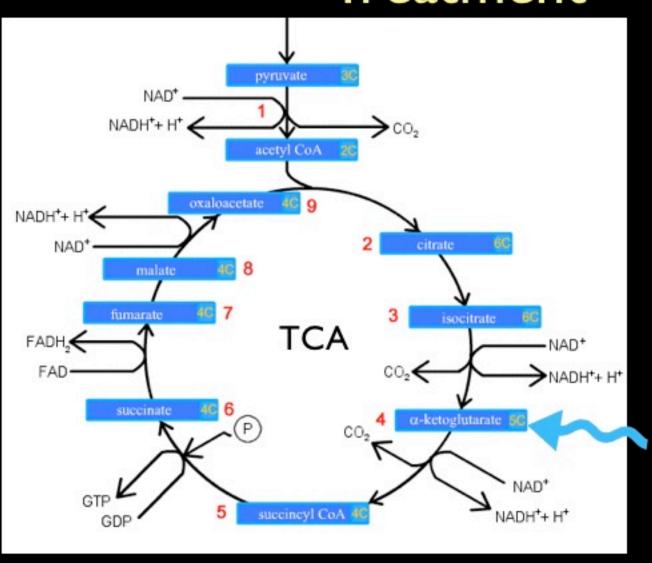
Valianpour, J. Lipid Res., 2003: LA increased CL in BTHS fibroblasts

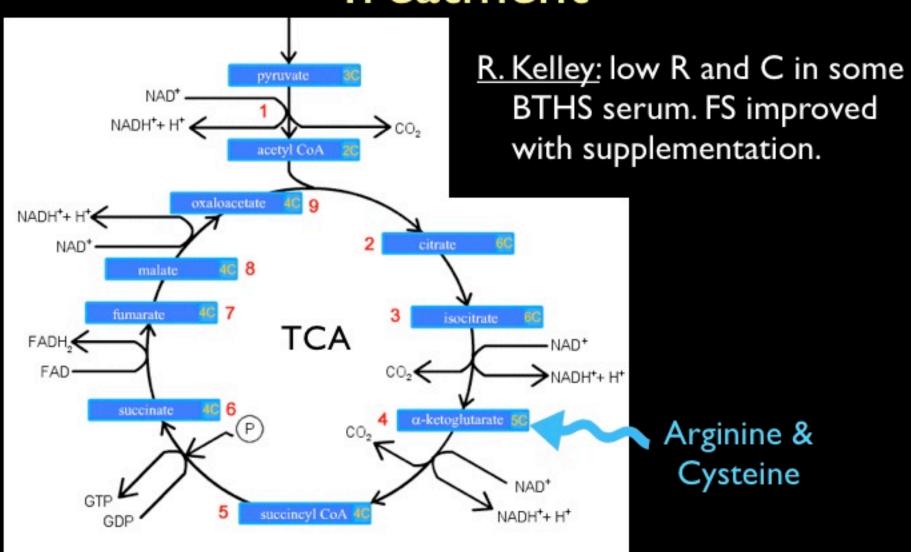


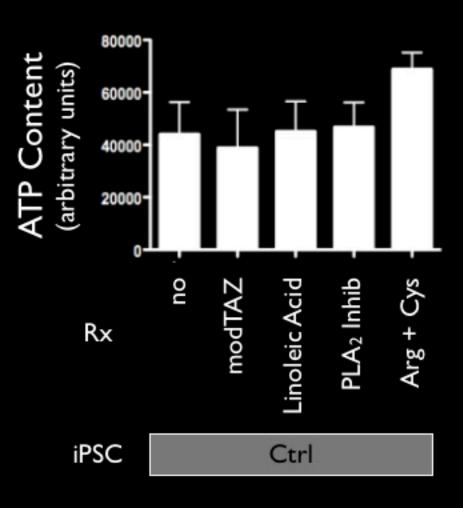
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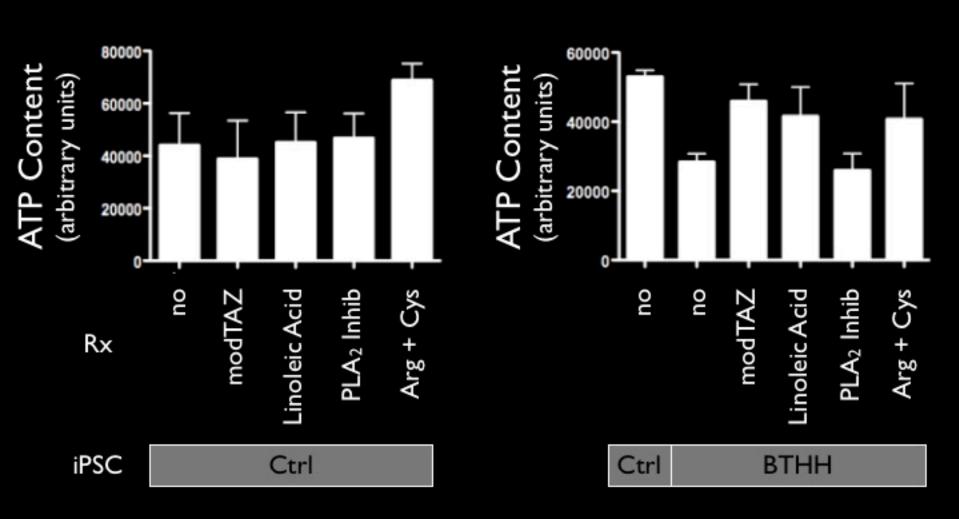
Malhotra et al., PNAS, 2009: Bromoenol lactone increased CL in

BTHS lymphocytes

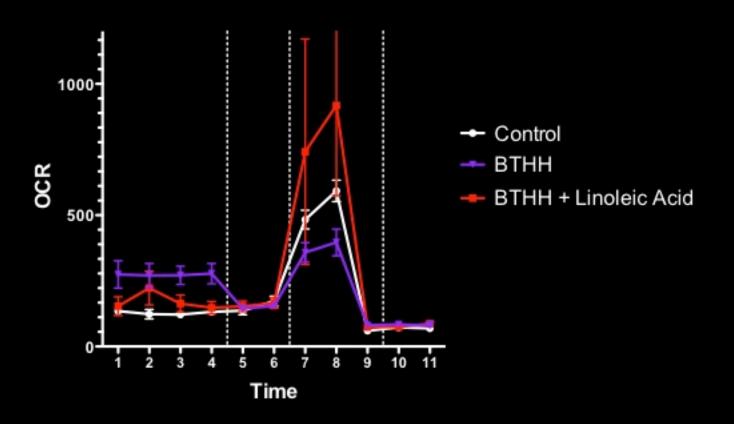








# Rescue of BTHS mitochondrial abnormalities by linoleic acid



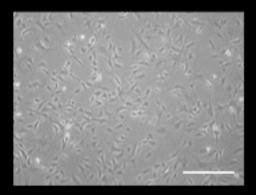
#### Summary: treatments to rescue BTHS iCM mitochondrial abnormalities

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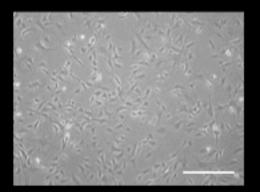
 Established a renewable, human cardiomyocyte model for analyzing proposed treatments of BTHS cardiomyopathy.

#### Summary: treatments to rescue BTHS iCM mitochondrial abnormalities

- Established a renewable, human cardiomyocyte model for analyzing proposed treatments of BTHS cardiomyopathy.
- Showed that linoleic acid and arginine + cysteine supplementation normalize mitochondrial function in BTHS iCMs.

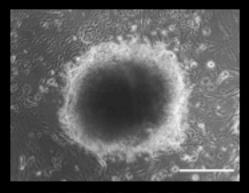


BTHS skin fibro

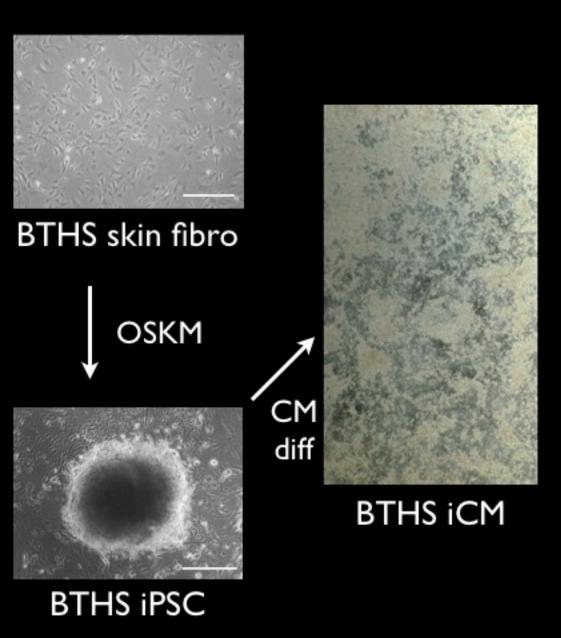


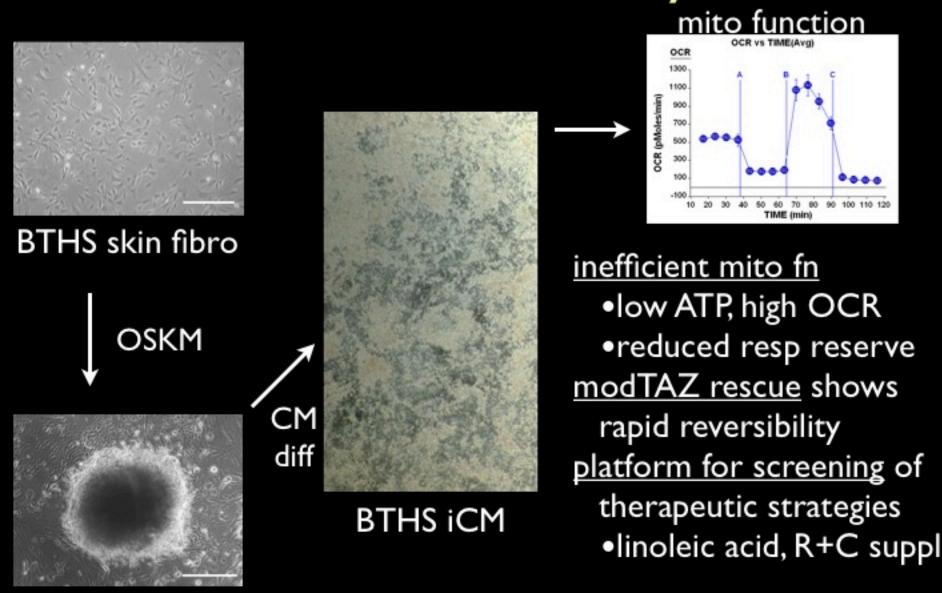
BTHS skin fibro





BTHS iPSC





BTHS iPSC

#### Recruitment

Seeking additional patients with BTHS for generation of iPS cells.

- informed consent.
- ~2 mm skin punch biopsy, obtained with topical local anesthetic.

#### Distribution

- Both BTHH and BTHC low passage fibroblasts available from BSF biorepository -- need to address expansion and further distribution.
- Will soon distribute BTHH and BTHC iPCs lines via a stem cell repository, e.g. Wicell.

#### Acknowledgements











#### Pu Lab

Alexander von Gise Zhiqiang Lin Aibin He Pingzhu Zhou Gang Wang Bing Zhou Terence Prendiville Kai Li Qing Ma Yong Hu

#### **Collaborators**

Amy Roberts (CHB)
Richard Kelley (Hopkins)
Ken Chien (Harvard)
Chuck Murry (Seattle)
Wim Kulik (Amsterdam)
David Clapham (CHB)
Saumya Das (BIDMC)
Kit Parker (Harvard)



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