Differential Expression of Tropomyosin During Segmental Heart Development in Mexican Axolotl

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Abstract The Mexican axolotl, *Ambystoma mexicanum*, serves as an intriguing model to investigate myofibril organization and heart development in vertebrates. The axolotl has a homozygous recessive cardiac lethal gene "*c*" which causes a failure of ventricular myofibril formation and contraction. However, the conus of the heart beats, and has organized myofibrils. Tropomyosin (TM), an essential component of the thin filament, has three known striated muscle isoforms (TPM1 α , TPM1 κ , and TPM4 α) in axolotl hearts. However, it is not known whether there are differential expression patterns of these tropomyosin isoforms in various segments of the heart. Also, it is not understood whether these isoforms contribute to myofibril formation in a segment-specific manner. In this study, we have utilized anti-sense oligonucleotides to separately knockdown post-transcriptional expression of TPM1 α and TPM4 α . We then evaluated the organization of myofibrils in the conus and ventricle of normal and *cardiac* mutant hearts using immunohistochemical techniques. We determined that the TPM1 α isoform, a product of the *TPM1* gene, was essential for myofibrillogenesis in the conus, whereas TPM4 α , the striated muscle isoform of the *TPM4* gene, was essential for myofibrillogenesis in the ventricle. Our results support the segmental theory of vertebrate heart development. J. Cell. Biochem. 99: 952–965, 2006. © 2006 Wiley-Liss, Inc.

Key words: conus; ventricle; embryonic; anti-sense oligonucleotides; myofibrillar disarray

The development of the vertebrate heart is a highly ordered, complex process involving numerous signaling molecules, transcription factors, and tissue-tissue interactions. The process, though continuous, appears to involve a number of discrete steps. For example, cardiac lineage formation [Sugi and Lough, 1994; Gannon and Bader, 1995] and looping can both be separated from the assembly of the contractile apparatus [Manasek and Monroe, 1972; Chen et al., 1996]. Additionally, the heart forms in segments with one segment, such as the atria,

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forming independently of others, such as the ventricle.

There is growing evidence that the heart forms via the addition of segments and that the conus (outflow tract (OFT)) may be a distinct anatomical and transcriptional compartment [Markwald et al., 1998]. Supporting this model are a number of transgene studies in mice showing anterior-posterior differences in expression of reporter constructs driven by promoters for various cardiac proteins. For example, the MLC3F-nlacZ-9 construct (containing a 9-kb fragment of DNA upstream of the myosin light chain 3F transcription initiation site which promotes the expression of the nlacZreporter gene) is expressed throughout the entire heart but is excluded in the outflow (conus) and inflow (sinus venosus) tracts [Franco et al., 1997]. A Troponin-I_{slow}-CAT transgene is also expressed in the entire mouse heart but not the OFT even though endogenously it is expressed in all regions including the

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OFT [Zhu et al., 1995]. Cono-truncal-specific expression is also reported with the $SM22\alpha$ -lacZ construct; the construct directs the synthesis of a putative calcium-binding protein that is expressed in cardiac, smooth, and skeletal muscle lineages during mouse embryogenesis and in adult smooth muscle cells (SMC) [Li et al., 1996; Moessler et al., 1996]. Similar conotruncal-specific expression was reported with the *hdf*-lacZ gene [gene locus, *hdf* (heart defect), on mouse chromosome 13 that may be required for mechanisms that initially establish and/or maintain continued development of the anterior limb of the developing heart] [Yamamura et al., 1997]. Additional evidence is derived from the differential expression of proteins across the ventricle and OFT. MLC2A is expressed in the atria and OFT but not the ventricle [Franco et al., 1998], while chick SM α -actin is initially present throughout the heart but is later restricted to the OFT after looping [Ruzicka and Schwartz, 1988].

The presence of chamber-specific defects in zebrafish where the ventricle fails to form [lonely atrium, Chen et al., 1996; pandora; Stainier et al., 1996] and the hdf-mouse where the right ventricle and OFT fail to develop [Yamamura et al., 1997] also support a segmental model of heart development. The affect of gene "c" on the ventricle of the cardiac mutant axolotl has been the focus for the majority of studies in this vertebrate system. As such, the affect the mutation may have on other segments of the heart and the expression of tropomyosin (TM) in these segments, particularly the conus, has not been adequately addressed.

The cardiac lethal mutant of the Mexican axolotl, Ambystoma mexicanum, is a very useful Urodele model to study the process of heart development. This strain carries a simple recessive mutation in gene "c" that leads to a described failure of the heart to beat [Humphrey, 1968]. The predisposing event leading to an absence of contraction is a failure in mature myofibril formation [Lemanski, 1973]. The exact defect remains elusive, but it has been ascribed to either abnormal inductive influences from the anterior endoderm [Humphrey, 1972; Lemanski et al., 1979] or the presence of an overproduced or aberrantly degraded inhibitor in the mesoderm [Humphrey, 1972; Smith and Armstrong, 1991].

Closer examination of the mutant hearts has revealed that the conus of mutant hearts can have regular contractions even though the ventricle is not beating. Although, the hearts of mutant embryos have been fairly well studied, this is the first study that directly examines the differences in myofibril formation and beating of the different heart segments. Previous studies, including those examining the effect of ectopic expression of tropomyosin in mutant ventricles [Zajdel et al., 1998] have demonstrated a lack of tropomyosin as the cause of impaired myofibril formation and contractility in mutant ventricles. Differences in contractility as well as differences in the expression of sarcomeric tropomyosin protein in the conus and ventricles of the axolotl hearts support the segmental heart development theory.

Three striated muscle isoforms of tropomyosin [Lees-Miller and Helfman, 1991] have been characterized from axolotl hearts and are designated as TPM1 α , TPM1 κ , and TPM4 α . When ectopically expressed as a fusion protein, each of these isoforms can be incorporated into organized myofibrils in normal axolotl hearts and cardiomyocytes from chicken and rat without affecting contractility [Spinner et al., 2002; Zajdel et al., 2002; Denz et al., 2004]. Each of these isoforms appears to have some role in the development of myofibrils, possibly in specific segments. The unavailability of a technology for amphibians in particular, by which one can poison or delete a particular exon, makes it harder to delineate the role that particular exon may play in vivo. Hence, we are using other available options like anti-sense technology to knock down the expression of each of the three isoforms of tropomyosin separately and then evaluate the formation of organized myofibrils in different segments of axolotl hearts using confocal microscopy.

MATERIALS AND METHODS

Procurement and Maintenance of Axolotls

Adult axolotls were maintained in aquaria in diluted Holtfreter's solution (100% solution per liter: 3.5 g NaCl, 0.05 g KCl, 0.1 g CaCl_2 , 0.02 g NaHCO_3) and fed commercial salmon fish pellets. Normal axolotls (+/+) were obtained from mating normal adult animals while mutant embryos are obtained by crossing two heterozygous *cardiac* mutant (c) carriers (+/c). Embryos were obtained from mating animals in our colony at the SUNY Health Science Center

as well as the Indiana University Axolotl Colony.

Antibodies

The following primary antibodies and dilutions/concentrations were used in this study and were obtained from the Developmental Studies Hybridoma Bank, (Iowa City, IA) unless otherwise noted: (1) monoclonal antibody to myosin-binding-protein-C (clone MF1, 1:30); (2) monoclonal antibody to tropomyosin (clone CH1, 1:30); (3) monoclonal antibodies to TnT (CT3, 1:30); and (4) polyclonal antibody, R1749 against human RBC tropomodulin was a generous gift from Velia M. Fowler, Scripps Research Institute, (La Jolla, CA). FITC and Rhodamineconjugated Donkey anti-mouse and anti-rabbit secondary antibodies were purchased from Jackson Immunological and were used at 1:120 and 1:200, respectively. Hoescht dye number 33324 (Sigma Immunochemicals, St. Louis MO) was used at 1 μ g/ml to detect cell nuclei.

Whole Mount Immunostaining

Confocal laser scanning microscopic Materials and Methods have been previously described [Mangiacapra et al., 1995; Ward et al., 1996; Zajdel et al., 1998]. Briefly, embryos were mechanically released from their jelly coats with watchmaker forceps (#5) and serially washed in filter sterilized, modified Steinberg's solution (0.34 mM CaCl₂, 0.83 mM MgSO₄, 4.6 mM HEPES, pH 7.4 [Zackson and Steinberg, 1986], containing $1 \times$ antibiotic:antimycotic (Gibco, Life Sciences: stock is composed of penicillin G sodium 10,000 Units/ml, 10 µg/ml streptomyocin sulfate, 25 µg/ml amphotericin B). Embryonic tissues were dissected using forceps, sharpened tungsten needles and hair loops, as needed. The tissues were processed en bloc according to our adaptation of a method described by Bell et al. [1987]. All steps were carried out at room temperature with agitation, and, except for the cross-linker stock solution, all reagents were prepared in Steinberg's solution. A 100 mM stock solution of the crosslinker dithiobis (succinimidyl) propionate (DSP, Pierce Biochemical, Inc.) in DMSO was freshly prepared (4.04 mg DSP/100 µl DMSO) and subsequently diluted 1:100 in Steinberg's solution. Hearts were simultaneously crosslinked and permeablilized in DSP/DMSO solution for 15-30 min followed by an optional additional

extraction with 0.5% NP-40 for a maximum of 15 min prior to immunostaining.

After treatment with a primary antibody and a fluorescent secondary antibody, hearts were post-fixed with 2% paraformaldehyde before mounting on microscope slides with an antifade solution (2% n-propyl gallate (Sigma), 50% glycerol, 1 M sodium bicarbonate) or fluorogurad (BioRad). The slides were then coverslipped with spacers (nail polish) to avoid compressing the hearts and examined as whole mounts on a BioRad MRC-1024 confocal laser scanning microscope attached to a Nikon Eclipse E600 microscope. Optical sections were collected (z-series) and further analyzed using Bio-Rad's LaserSharp software including measurements of sarcomeres, pixel intensity measurements, pixel co-localization, and 3D stereoimaging.

Lipofectin-Mediated Delivery of Anti-Sense and Sense Oligonucleotides into Myocardium in Whole-Heart Organ Culture

Sense and anti-sense oligonucleotides were designed for TPM1 α and TPM4 α tropomyosin isoforms. The sequence of TPM1a exon 2specific anti-sense chimeric oligonucleotide is as follows: 5'-T*G*G*CTTTCTTGTCTGCAAG-C*T*C*C-3' where N* represents phosphotioateblocked nucleotide (IDT, Inc.). The sequence of TPM4 α exon 9-specific anti-sense and sense chimeric oligonucleotides are as follows: 5'-G*C*G*CATGGTCAAGCTCCTC*A*C*T-3' for the anti-sense construct and 5'-fA*G*T*GAG-A*G*T*GAGGAGCTTGACCATG*C*G*C-3' for sense where N* represents the phosphotioateblocked nucleotides and ^fA represents an adenosine tagged with fluorescein at the 5' end (IDT, Inc.).

The sense oligonucleotide was tagged with fluorescein to use as a positive control and confirm localization within the myocytes. The cationic liposome solution (Lipofectin, Gibco-BRL) (0.28 mg \cdot ml) was mixed with Steinberg's solution as described previously [Zajdel et al., 2000] for 30–45 min. This mixture was mixed with 10 µl of oligonucleotide solution (final concentration of 0.1 µM) for 15 min. The hearts were placed into a volume of 10 µl of transfecting solution and monitored daily. The hearts were also examined for introduction of fluorescein oligonucleotides with the confocal microscope as the experiment proceeded. These hearts were

examined after fixing with 2% paraformaldehyde for 1 h. Hoescht dye (Sigma) was used at 1 mg/ml to visualize cell nuclei.

Determination of Specificity of Anti-Sense Oligonucleotides In Vitro

We determined the specificity for each of these oligonucleotides in vitro [Spinner et al., 2002; Zajdel et al., 2005]. In this study, we have presented another set of data that shows the specificity of TPM4 α and TPM1 α anti-sense oligonucleotides that have been used in vivo for knocking down the corresponding transcripts. In vitro specificity was determined using our published protocol [Zajdel et al., 2005]. First, total RNA from axolotl heart (5 µg) was annealed with 10 pmoles of isoform-specific sense or anti-sense oligonucleotide followed by the treatment of the mixture with RNase H (Clontech) at 37°C for 20 min as described before. The RNase H treatment destroyed the mRNA that formed hybrids with oligonucleotides. RNase H prefers the hydrolysis of an mRNA annealed to its corresponding anti-sense oligonucleotides, but not an mRNA mixed with its sense counterpart [Zajdel et al., 2005].

Reverse transcriptase polymerase chain reaction with oligo dT priming was performed to evaluate the expression of TPM1 α and TPM4 α isoforms using our previously published protocol [Spinner et al., 2002; Zajdel et al., 2005]. The sequences of PCR primers used are as follows: TPM1a: (+) 5'-ATG GAC GCC ATC AAG AAG AAG-3' and (-) 5'-ACG CTC CTG AGC ACG ATC CA-3'; TPM4a: (+) 5'-CCG CTC CCT GAC ACC GGT TCC CG-3' and (-) 5'-GCT CTC CCT CCA GAA TAA CAA GTT-3'. Southern blot hybridization was carried out using [³²P]labeled isoform-specific detector oligonucleotides, the sequences of which are as follows: TPM1a: 5'-AGT ACT CGG AGT CCT TGA-3'; and TPM4a: 5'-TGG CGC GCG GAC GGG GTG TTG CT-3'.

Electron Microscopy

The ventricle and conus of normal and mutant hearts were dissected in Steinberg's and incubated overnight at 4° C in fixative (2.5% glutaraldehyde, 2% paraformaldehyde, 0.01% picric acid buffered to pH 7.4 with 0.1 M cacodylate buffer) [Ito and Karnovski, 1968]. Hearts were then rinsed in cacodylate buffer and post fixed in 1% osmium tetroxide in the same buffer for 2 h, rinsed in buffer again and dehydrated in a graded series of ethanol solutions followed by two changes in propylene oxide. The ventricle and conus were embedded in Epon in flat molds and allowed to polymerize for 2 days at 60°C. Ultra-thin 90-nm sections were cut, stained with Reynolds' lead citrate and 4% uranyl acetate and viewed in a JEOL 100 CSII electron microscope at an acceleration voltage of 80 kV.

Total RNA Extraction

Tissue samples are dissected and frozen immediately in liquid nitrogen, then stored at -70° C for later processing. Total RNA was extracted from extirpated heart tissues or separated coni and ventricles using (1) Ambion Total RNA extraction kit, according to manufacturer's instructions utilizing a guanidine isothiocyanate:chlorform:isoamyl alcohol extraction method [Chomczynski and Sacchi, 1987] or (2) a Qiagen mini-RNA extraction kit utilizing a proprietary spin column method. The total RNA was treated with RNase-free DNase (Gibco BRL) for 15 min at room temperature, then phenol:chloroform extracted and precipitated with ethanol at -70° C for 1 h or overnight at -20° C. RNA purity and concentration were estimated on a Pharmacia Biotech GeneQuant II RNA/DNA calculator.

Cloning of TPM4 α by RT-PCR

Reverse transcriptase polymerase chain reaction was used to clone TPM4 α from normal and mutant axolotls using our standard protocol as described earlier [Luque et al., 1997; Spinner et al., 2002; Zajdel et al., 2005]. Each first strand cDNA synthesis reaction was completed with 1.0 µg total heart RNA using Gibco BRL Super-ScriptTm II Reverse Transcriptase with Oligo- $(dT)_{12-18}$ primer. The reaction mix contained $1 \mu g$ of total RNA (~40-50 stage 39 hearts), $1 \mu l$ oligo- $(dT)_{12-18}$ primer, and dH_2O to 12 µl and was incubated at 70°C for 10 min, then placed on ice. Subsequently, 7 μ l of a reaction mix (per reaction: 2 μ l 10× PCR buffer, 2 μ l 25 mM MgCl₂, 1 μ l dNTP stock (10 μ M each of dATP, dCTP, dGTP, and dTTP) and $2 \mu l 0.1 M DTT$ was added to the RNA-primer mixture and incubated at 42°C for 5 min. Two-hundred units of SuperScriptTm II Reverse Transcriptase $(1 \mu l)$ were added and the reaction incubated at $42^{\circ}C$ for 50 min. The reaction was terminated by incubation at 70°C for 15 min and then placed on ice. RNase H was then added to each tube and incubated at 37°C before amplification of the target cDNA. First strand synthesis reaction (2 µl) was subsequently used for amplification in a 100 µl PCR reaction. The full length coding region of TPM4 α was amplified using the primer pair, 5'-TCGGAATTCCCGCTCCCTGACACC-GGT-3' (+ve) and 5'-GGGGAATTCCGATCA-CATCAGAGTGGA-3' (-ve). Polymerase chain reaction was performed with a PE 9600 thermocycler using AmpliTaq DNA polymerase (Perkin-Elmer).

The PCR products were transferred to GeneScreen nylon membrane following electrophoresis on 1–1.5% agarose gels. The blots were hybridized according to established protocols using specific [γ -³²P] (DuPont-NEN) ATPlabeled detector oligonucleotides [Luque et al., 1997; Spinner et al., 2002].

Transcript Levels of TPM1α, TPM1κ, and TPM4α in Conus and Ventricle

Reverse transcriptase polymerase chain reaction with oligo dT priming was performed to evaluate the expression of TPM1 κ , TPM1 α , and TPM4a isoforms using our previously published protocol [Spinner et al., 2002; Zajdel et al., 2005]. One micrograms of RNA from conus or ventricle was annealed with oligo dT and first strand cDNA synthesis was carried out as described above. Subsequent PCR amplification was performed with the following primerpairs:TPM1 κ and TPM1 α are common to both isoforms: (+) 5'-ATG GAC GCC ATC AAG AAG AAG-3' and (-) 5'-ACG CTC CTG AGC ACG ATC CA-3'; and for TPM4 α : (+) 5'-CCG CTC CCT GAC ACC GGT TCC CG-3' and (-) 5'-GCT CTC CCT CCA GAA TAA CAA GTT-3'. Southern blot hybridization was carried out using with [³²P]-labeled isoform-specific detector oligonucleotides, the sequence of which are as follows: TPM1k: 5'-AGG GTG CTG GAT GAA CTG CAC AA-3'; TPM1a: 5'-AGT ACT CGG AGT CCT TGA-3'; and TPM4a: 5'-TGG CGC GCG GAC GGG GTG TTG CT-3'.

RESULTS

We have previously shown that *cardiac* mutant axolotl hearts although deficient in sarcomeric tropomyosin proteins are not deficient in tropomyosin transcripts [Spinner et al., 2002]. TPM4 α is the predominant tropomyosin

isoform expressed in axolotl hearts both in normal and mutant animals. In order to check whether the tropomyosin deficiency in *cardiac* mutant axolotl heart is due to a premature termination of the translation product of the TPM4 α transcripts, we have cloned and sequenced the coding region of the TPM4 α from mutant axolotl heart RNA. The cDNA sequence made from the mutant axolotl does not contain any premature termination codon in the coding region of TPM4a cDNA made from RNA of the mutant axolotl (Gen Bank accession # pending). Also, we cloned and sequenced the 3'-UTR, 5'-UTR, and the upstream regulatory region of the TPM4 α from normal and mutant axolotl hearts and we did not find any differences between them (results not shown).

Coni but not Ventricles of Stage-Specific Mutant Hearts Contain Myofibrils

CH1, anti-sarcomeric TM antibody [Lin et al., 1985] labeled the ventricle and conus in normal stage 38/39 heart (Fig. 1A) and localized to the sarcomere in a cross-striated pattern (Figs. 2A and 3A). Stage 38/39 cardiac mutant myocardium showed significantly less staining for TM using CH1 antibody in the ventricle (Figs. 1D and 3D) but was readily detected in the conus (Figs. 1D and 2D) in a cross-striated pattern. This is further corroborated by electron microscopy studies showing abundant fibrils in mutant conus similar to those in the normal conus (Fig. 4A,C). Mutant ventricle, on the other hand, contained thick filaments and numerous z-bodies but no mature fibrils as seen in the normal ventricle (Fig. 4D). Additionally, a transition-like zone occurred in the mutant between the ventricle and the conus (Fig. 1D). This region contained CH1-positive TM that was assembled into a few sarcomeres but was largely present as an amorphous collection of protein.

Tropomodulin (Tmod), the latest marker described to date for mature sarcomeres, requires TM for assembly [Gregorio and Fowler, 1995] and was used as a marker for mature thin filament assembly. This was especially important in the mutant ventricle where CH1positive TM was greatly reduced. Tropomodulin localized in a cross-striated pattern where TM was also observed in periodic arrays (Figs. 2B, 1E,B). However, in the mutant ventricle, where CH1-positive TM was not found, Tmod staining appeared as thin strands that

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Fig. 1. CH1 anti-sarcomeric TM antibody labels the conus but not the ventricle in stage 38/39 cardiac mutant axolotl hearts. Stage 38/39 normal (**A**–**C**) and mutant (**D**–**F**) axolotl hearts were extirpated and labeled for double immunofluorescent microscopy with CH1 anti-sarcomeric TM antibody (A and D) and polyclonal anti-tropomodulin antibody, R1749 (B and E). Hearts were examined on a confocal microscope at $20 \times$ magnification. The co-localization function in the Bio-Rad confocal software was used to obtain the images in C and F. Yellow shows areas of co-localization for the two antibodies based on parameters selected with the software. White boxes in the conus (c) region (A and D) and the ventricle (v) region (B and E) of normal and mutant hearts designate the areas shown in Figures 2 and 3 for the conus and ventricle, respectively. CH1-positive TM was found throughout the conus and ventricle of normal myocardium (A) in

cross-striated myofibrils capped with tropomodulin. In mutant hearts, however, only the conus region appears to contain CH1-positive TM while the ventricle does not (D). The TM-labeled in the conus is found on tropomodulin capped, cross-striated myofibrils similar to that observed in normal hearts. Tropomodulin (Tmod) is also present in mutant ventricle though CH1-positive TM is not. However, the tropomodulin is not located in mature cross-striated myofibrils as seen throughout the normal heart and mutant conus. An area located between the ventricle and the conus in the mutant hearts (T) appears to contain amorphous collections of TM and Tmod mixed with myofibrils. This appears like a transition zone between the two segments. Scale Bar = 100 μ m. [Color figure can be viewed in the online issue, which is available at www.interscience.wiley.com.]



Fig. 2. Comparisons of myofibrils in the conus of stage 38/39 normal and *cardiac* mutant axolotl. The conus areas designated in Figure 1 (**A** and **D**) of normal and mutant hearts were examined under high magnification. CH1-positive TM (A and D) labeled myofibrils in a cross striated pattern in the conus of normal (A) and mutant (D) animals equally well. Thick fibril cables and very thin almost imperceptible fibrils were both labeled with CH1 antibody. Tmod staining with R1749 shows localization of Tmod in the myofibrils of normal conus (**B**) and mutant conus (**E**). TM in the thick cables was located in narrower bands along the sarcomere than the TM found in the fine fibrils (thin arrows; **C** and **F**).

outlined the junctions between cells (Fig. 3E). Also present were numerous Tmod-positive punctate spots that often aligned in linear arrays similar to those described for nascent myofibrils in cell culture (Fig. 2E). In myofibrils located in the mutant conus and throughout the normal myocardium, Tmod could be detected even on the finest of myofibrils that also colabeled for TM (Figs. 1C,F, 2C,F). Interestingly, though tropomodulin is reported to exist predominately at the ends of the I-bands [Weber et al., 1994; Gregorio and Fowler, 1995], it is clearly observed at or near the Z-line where TM also stains (Figs. 1 and 2). This is additionally supported by the fact the spacing between Tmod bands is $\sim 1 \,\mu m$.



Fig. 3. TM staining in the ventricle of stage 38/39 normal and cardiac mutant axolotl. The ventricle areas designated in Figure 1 (B and E) of normal and mutant hearts were examined under high magnification. CH1-positive TM was found in the ventricle of normal hearts (A) but not in ventricles from mutants (D). All of the TM-labeled myofibrils, both large and small (thin arrows in **C**), in the normal ventricle were found to contain Tmod. Tmod (B) was discretely located in all of these fibrils in two locations, in the middle of TM positive staining (arrows) and also in the TMnegative areas on either side (arrowheads). In the mutant ventricle, where TM was not observed, Tmod was not found in thick myofibrils but rather in long continuous fibrils near cellcell junctions (arrows, E and F). It was also found as discrete spots that often appeared to form linear arrays (arrowheads, E). C and F are the merged images of A/B and D/E respectively and clearly show the location of the signals for the two antibodies relative to each other. Asterisks mark cell nuclei. Scale bar = $2 \mu m$.

Ultrastructure Analysis of Conus and Ventricle From Stage 38/39 Normal and Mutant Hearts

The evidence for the presence of myofibrils in the conus but not in the ventricle of mutant axolotl hearts also came from electron microscopic studies. The results depicted in Figure 4 show that mutant coni contain abundant fibrils similar to those in normal coni (Fig. 4A,C). Normal ventricles (Fig. 4B) contain numerous well-defined myofibrils that cannot be distinguished from those of the conus (Fig. 4A). Mutant ventricles on the other hand, contained



Fig. 4. Transmission electron microscopy of conus and ventricle from stage 38/39 normal and cardiac mutant hearts. Stage 38/39 hearts from normal (**A** and **B**) and cardiac mutant (**C** and **D**) animals were rapidly extirpated, the conus (A and C) and ventricle (B and D) separated and the two pieces fixed and processed separately for TEM as described in Materials and Methods. The conus from normal (A) and mutant (C) hearts both contain numerous well-formed myofibrils (small black arrows) complete with z-lines, anti-parallel thin filaments, and thick

thick filaments and numerous z-bodies but no mature fibrils as seen in normal ventricles (Fig. 4D).

Specificity of Isoform-Specific Anti-Sense Oligonucleotides

The specificity of the anti-sense oligonucleotides for TPM1 α and TPM4 α used in this study were determined in vitro as published earlier [Zajdel et al., 2005]. The results depicted in Figure 5 show additional data for the specificity of TPM1 α -specific anti-sense oligonucleotides which do not interfere with TPM4 α transcripts in vitro. In brief, total RNA from axolotl heart was annealed separately with TPM4 α or TPM1 α -specific oligonucleotides and then treated with RNase H followed by RT-PCR and Southern blot analyses with isoform-specific oligonucleotides as described under the figure

filaments. Myofibrils observed in cross section are also numerous. Normal ventricles (B) contain numerous well-defined myofibrils that cannot be distinguished from those of the conus. In contrast (D), the mutant ventricle does not contain wellformed myofibrils though numerous thick filaments are found. Of note, the z-bodies can be observed in what may be linear arrays, though at this magnification, only a few may be observed at one time (small black arrows). 10,000×.

legends. The results show that annealing with TPM1 α -specific oligonucleotides specifically knocked down the concentration of the TPM1 α but not the TPM4 α transcripts by RNaseH treatment in vitro. Likewise, TPM4 α -specific oligonucleotides specifically decreased TPM4 α but not TPM1 α transcripts (data not shown).

Effect of Isoform-Specific Anti-Sense Oligonucleotides in the Conus and Ventricle

Our immunohistochemical analyses strongly suggested that the ventricles of pre-hatching mutant hearts were deficient in tropomyosin protein recognized by CH1 antibody. However, we often observed the conus (OFT) to beat. Additionally, immunohistochemical and electron microscopic analyses showed the presence of well-formed organized myofibrils in the conus. The question remained whether the



Fig. 5. In vitro analysis of the TPM1 α - and TPM4 α -specific antisense oligonucleotides using RNase H treatment followed by RT-PCR. Total RNA from axolotl heart was annealed with TPM4 α - or TPM1 α -specific anti-sense oligonucleotides, lanes 1 and 2 respectively, and then treated with RNase H in vitro as described under method section. Control lane represents TPM1 α primer control. The results show that the annealing of TPM1 α -but not TPM4 α -specific oligonucleotides destroyed the TPM1 α isoform. This finding is in accord with our previously published results [Spinner et al., 2002; Zajdel et al., 2005].

tropomyosin protein in the conus was derived from the TPM1 α transcript or the TPM4 α transcript. The introduction of TPM1 α antisense oligonucleotide disrupted the myofibrillar organization in the conus, but not in the ventricle of normal hearts (Fig. 6A,B). TPM1a and $TPM4\alpha$ sense oligonucleotides were used as positive controls. The failure of sense oligonucleotides to disrupt myofibril structure was not due to a failure in uptake, since fluoresceintagged oligonucleotides were found in the nucleus of myocardial cells (Fig. 6F). A chimeric TPM1 α oligonucleotide containing a 5'-fluorescein tag showed that the myofibril structure was most disrupted in regions containing anti-sense oligonucleotide (Fig. 6A). These results indicate TPM1a was essential for myofibrillogenesis in the conus but not in the ventricle. In contrast, TPM4a-specific oligonucleotides introduced into the conus failed to disrupt the myofibril structure (Fig. 6C,E). The results indicate TPM4 α was not essential for myofibril organization in the conus. However, the anti-sense $TPM4\alpha$ oligonucleotides disarrayed the organized myofibrils in the ventricles of the normal hearts (Fig. 6D), indicating the requirement of TPM4 α in the ventricle.

Earlier studies that we have reported using whole axolotl hearts showed antisense TPM1 κ , but not antisense TPM1 α , caused disarray of myofibrils in the normal heart [Zajdel et al., 2005]. Although this experiment did not separate the conus from the ventricle, studies using whole-heart most closely model myofibril organization in the ventricle. The present study suggests the lack of a role of TPM1 α in ventricular myofibrilogenesis. Its apparent role in the conus elucidates the limitations of whole-heart studies, while expanding the understanding of the isoform's characteristics.

Determination of the Levels of Transcripts for TPM1α, TPM1κ, and TPM4α in Conus and Ventricle Using RT-PCR

RT-PCR was carried out following our standard published methods with isolated total RNA from coni and ventricles using isoform-specific primer-pairs and detector oligonucleotides as stated under the Materials and Methods section. The results presented in Figure 7 show that the level of transcripts of each of the three isoforms are comparable in the conus and the ventricle in normal axolotl hearts. These data demonstrate that normal transcript levels were present for TPM1 α and TPM4 α in conus and ventricle, attributing reduced protein expression to anti-sense oligonucleotide treatment. Due to a lack of isoform-specific antibodies that will differentiate between TPM1 α and TPM4 α , it is not known whether these transcripts are translated into corresponding proteins in all chambers. Hence, we have employed isoformspecific anti-sense oligonucleotide to inhibit the expression of the individual isoforms in conus and ventricle.

DISCUSSION

The *cardiac* mutant Mexican axolotl is an intriguing model of abnormal sarcomerogenesis. Though the location and product of gene "*c*" remains unknown, it likely affects the translation of a tropomyosin protein(s) resulting in a failure to complete sarcomerogenesis in mutant ventricles. It is clear that alterations in TM expression can affect sarcomeres. This is evident in three familial forms of hypertrophic cardiomyopathy involving missense mutations



Fig. 6. Disruption of myofibrils by anti-sense oligonucleotides specific for TM isoforms. Stage 38/39 normal and mutant hearts were extirpated and anti-sense oligonucleotides (O-nt) introduced into the conus (**A**, **C**, and **E**) or ventricle (**B**, **D**, and **F**). Hearts were followed for 3–5 days and subsequently stained for TM using CH1 antibody and a rhodamine-red conjugated donkey anti-mouse secondary antibody. Green fluorescence in panels A and F are the result of chimeric oligonucleotides containing a 5'-fluorescein tag. TPM1 α anti-sense O-nt (A and B)

of the *TM* gene leading to a single amino acid change in each type, Asp¹⁷⁵Asn, Glu¹⁸⁰Gly, and Ala⁶³Val [Thierfelder et al., 1994; Nakajima-Taniguchi et al., 1995; Watkins et al., 1995]. One of these mutations (Asp¹⁷⁵Asn) has been duplicated in transgenic mice confirming it

disrupted myofibril structure in the conus (A) but not the ventricle (B). TPM4 α anti-sense O-nt (C, D, and E) disrupted myofibril structure in the ventricle (D) but not the conus of normal (C) or mutant (E) hearts. However, TPM4 α sense O-nt had no effect on myofibril structure though they were properly localized to the nucleus (N; green fluorescence in F). Arrows in all panels indicate myofibrils though not all are resolved into a cross-striated pattern. Scale bar = 10 μ m.

alone can lead to cardiomyopathy [Muthuchamy et al., 1999]. The indirect flight muscles of *Drosophila* contain two different types of tropomyosin protein (3 transcripts: Ifm-TmI, TnH-33, and TnH-34) encoded by two genes, *TmI* and *TmII*. Mutations in the *TmI* gene but



Fig. 7. RT-PCR analysis of TPM1 α , TPM1 κ , and TPM4 α in conus and ventricle from normal axolotl hearts. RT-PCR was carried out with 1 μ g of RNA from both conus and ventricle of normal axolotl [Stages (38/39)] with isoform-specific primer-pairs and detector oligonucleotides as described under Materials and Method section. We concluded that transcript levels for both TPM1 α and TPM1 κ were somewhat less in conus. On the other hand, the levels of TPM4 α in conus and ventricle are comparable.

not the *TmII* gene have been shown to disrupt function of these muscles [Kreuz et al., 1996].

Three sarcomeric tropomyosin isoforms are found to be expressed in cardiac tissues of the Mexican axolotl viz. TPM1a [Luque et al., 1994], TPM1 κ [Luque et al., 1997], and TPM4 α [Spinner et al., 2002]. Of these, TPM1 α and TPM1k are alternatively spliced products of the TPM1 gene, whereas TPM4 α is the product of the TPM4 gene. TPM4 represents the axolotl equivalent of the Xenopus TM-4 cardiac [Hardy et al., 1995] and chicken cardiac genes [Forry-Schaudies et al., 1990]. We designate the striated muscle isoform as TPM4α [Narshi et al., 2005; Zajdel et al., 2005]. Although TPM4a and TPM1 α are the products of two different genes, they share a high degree of homology throughout their entire coding regions. Exon 2 of these two sarcomeric tropomyosins are very similar to each other but are very different from that of TPM1k. Interestingly, each of these isoforms ectopically expressed into mutant axolotl hearts can promote myofibril formation. However, it is not known if all three isoforms are essential for cardiac myofibril formation in vivo. In

cardiac mutant, we propose TPM4 α to be the affected TM isoform for several reasons.

- The skeletal muscle of mutant animals does not appear to be affected and TPM1α transcript is found to be expressed predominantly in skeletal muscle.
- (2) Although TPM1κ RNA is expressed predominantly in cardiac tissues, it is not known whether its cognate protein is expressed in vivo. However like TPM1α or TPM4α., when ectopically expressed, it promotes myofibril formation in mutant hearts in culture.
- (3) TPM4 α transcript is detected predominantly in heart tissue and the onset of transcription is around stage 35 when the heart starts beating [Luque et al., 1997].
- (4) The results of experiments on the transfection of anti-sense oligonucleotides specific for TPM1α, TPM1κ, and TPM4α into embryonic heart indicate that TPM1κ and TPM4α, but not TPM1α, are necessary to maintain myofibril structure in the developing axolotl ventricle. This is in contrast to an apparent necessity of TPM1α, but not TPM4α, in the conus for myofibril integrity. The need for TPM1κ expression in the axolotl conus is currently under investigation.

Since the comparison of the coding region of TPM4 α from normal and mutant hearts did not detect any changes and as no sarcomeric tropomyosin protein can be detected in mutant ventricles, we conclude that tropomyosin expression is repressed at the level of translation of TPM4 α in mutant axolotl hearts due to a mutation in gene 'c'. Translational control of tropomyosin has been proposed to play an important role in isoform expression in normal and transformed human fibroblast cells [Novy et al., 1993]. This conclusion was based on the observation that the differential expression of tropomyosin isoforms at the RNA level in normal and transformed human fibroblast cells was not in complete agreement with the differences observed in the protein amounts. More recently, Piples and Wieczorek [2000] have proposed the possibility of operating a translational mechanism that may regulate the production of various TM proteins, for example TPM3 α and TPM2 α in murine slow and fasttwitch muscles. In their studies, the researchers determined both the transcript and protein levels of the striated muscle isoforms of TPM1, TPM2, and TPM3 in soleus (a representative slow twitch muscle) and fast-twitch muscle and found that transcript level for each of these isoforms does not correlate its translated protein level.

Several scenarios could account for inhibited TM translation in the mutant ventricle.

- (1) Translational control of a number of mRNAs has been shown to involve stemloop structures [Manzella and Blackshear, 1990]. Occasionally, synonymous mutations (that do not alter the coded amino acids) may cause the mRNA to assume stem-loop secondary structures that interferes with translation. However, we found no such mutations in mutant TPM4 α .
- (2)An inhibitory protein acting in *trans* is always expressed in the ventricle, though it does not inhibit the synthesis of tropomyosin protein TPM4 α in normal tissues. However, due to a mutation in the TPM4 α transcript (cis elements either at the 3'-UTR or at the 5'-UTR), the transcript forms a secondary structure that is recognized by the hypothetical inhibitory protein. Consequently, the protein binds with the mutant *cis* elements and inhibits TM biosynthesis. However, this is not the most likely scenario because we did not find any mutation/alteration in either 3'or 5'-UTRs including the upstream regulatory regions of the TPM4 gene from normal and cardiac mutant (c/c) animals.
- (3)One can argue about the stability of tropomyosin protein in mutant ventricles. First, we have failed to detect any missense mutation in the coding region of TPM4 α . Hence, we do not think that the turnover of tropomyosin in the mutant ventricle will be high enough to impede the detection of tropomyosin protein. Again, the degradation of tropomyosin may be high if some protease(s) is expressed in mutant heart, which degrades tropomyosin protein at an extremely high rate. However, we have shown that either ectopic expression of tropomyosin or lipofection of tropomyosin protein in mutant ventricle promotes myofibril formation [Zajdel et al., 1998, 2000, 2002, 2005; Denz et al., 2004; Narshi et al.,

2005]. These results do not support the hypothesis that tropomyosin deficiency in mutant ventricle is due to its rapid degradation.

(4)Alternatively, a putative mutation in, or overexpression of, an inhibitor gene whose cognate protein could act as a trans-acting element with the UTRs of tropomyosin mRNA could explain to the inhibiton of TM biosynthesis in mutant axolotl hearts. We favor this scenario somewhat because ectopic expression of sarcomeric tropomyosins from the expression constructs with heterologous UTR regions have been found to promote myofibril formation in mutant ventricle [Zajdel et al., 1998, 2000; Spinner et al., 2002]. However, we cannot rule out the possibility that the normal axolotl heart contains a protein that stimulate TPM4 α translation and which is either decreased or defective in the mutant axolotl hearts.

Studies on the *cardiac* mutant have largely focused on the affect of gene "c" on the heart and non-beating ventricle, while the effect it may have on the conus region has not been adequately addressed. The current model of heart development suggests the conus to be a separate transcription unit, which may be derived from extra-cardiac mesoderm [Markwald et al., 1998]. If the gene "c" defect resides in the cardiac mesoderm and results from some sort of inhibition rather than a failure of induction. then the ability of the conus to form myofibrils may be unaffected. We speculated this would also be true if the underlying defect was a failure of TM translation in the ventricle. Immunofluorescent analysis of TM expression using CH1 antibody shows normal myofibril formation in the conus region. This is further supported by the fact the coni are observed to beat in mutant animals. We have hypothesized based on the data presented here and elsewhere [Luque et al., 1997; Spinner et al., 2002] that the translation of CH1-positive TM in the ventricle is inhibited even though we readily observe CH1(+) TM in the conus. Indeed, myofibrillogenesis grossly appears to occur normally in the conus of mutant animals evidenced by striated sarcomeres containing tropomyosin, tropomodulin and corroborated by abundant sarcomeres present in the electron microscope. It is to be noted that CH1 monoclonal antibodies recognize all sarcomeric tropomyosins containing exon 9 [Lin et al., 1985], which has been implicated in binding with troponins in striated muscle [Lees-Miller and Helfman, 1991]. CH1 anti-tropomyosin antibody does not differentiate between TPM1 α and TPM4a. Currently an isoform-specific antibody that will differentiate between $TPM1\alpha$ and TPM4 α is not available. Hence, we have employed isoform-specific anti-sense technology to knock down expression of various tropomyosin isoforms in different segments of axolotl hearts. Thus, our data are in agreement with the model for the conus as a separate transcriptional unit and possibly a 5th segment of the developing heart [Markwald et al., 1998].

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