

Synthetic Sulfonyl-Hydrazone-1 Positively Regulates Cardiomyogenic MicroRNA Expression and Cardiomyocyte Differentiation of Induced Pluripotent Stem Cells

Mattia Quattrocelli,^{1,2} Giacomo Palazzolo,^{1,3,4} Irene Agnolin,⁴ Sabata Martino,² Marina Bouché,⁵ Luigi Anastasia,^{3,4} and Maurilio Sampaolesi^{1,6*}

¹Translational Cardiomyology, Stem Cell Institute, K.U.Leuven, Leuven, Belgium

³IRCCS Policlinico San Donato, San Donato Milanese, Italy

⁴Department of Medical Chemistry, Biochemisty and Biotechnology, University of Milan, Milan, Italy

⁵Department of Anatomy, Histology, Forensis Medicine and Orthopedics, Section of Histology and Med. Embryology, University of Rome La Sapienza, Rome, Italy

⁶Human Anatomy, C.I.T., University of Pavia, Pavia, Italy

ABSTRACT

Induced pluripotent stem cells (iPSCs) are obtained from adult cells through overexpression of pluripotency factors. iPSCs share many features with embryonic stem cells (ESCs), circumventing ethical issues, and, noteworthy, match donor's genotype. iPSCs represent therefore a valuable tool for regenerative medicine. Cardiac differentiation of ESCs can be enhanced via microRNAs (miRNAs) and small chemical compounds, which probably act as chromatin remodelers. Cardiomyogenic potential of iPSCs is currently intensely investigated for cell therapy or in vitro drug screening and disease modeling. However, influences of small compounds on iPSC-related cardiomyogenesis have not yet been investigated in details. Here, we compared the effects of two small molecules, bis-peroxo-vanadium (bpV) and sulfonyl-hydrazone-1 (SHZ) at varying concentrations, during cardiac differentiation of murine iPSCs. SHZ (5 μ M) enhanced specific marker expression and cardiomyocyte yield, without loss of cell viability. In contrast, bpV showed negligible effects on cardiac differentiation rate and appeared to induce Casp3-dependent apoptosis in differentiating iPSCs. Furthermore, SHZ-treated iPSCs were able to increase beating foci rate and upregulate early and late cardiomyogenic miRNA expression (*miR-1*, *miR-133a*, and *miR-208a*). Thus, our results demonstrate that small chemical compounds, such as SHZ, can constitute a novel and clinically feasible strategy to improve iPSC-derived cardiac differentiation. J. Cell. Biochem. 112: 2006–2014, 2011. © 2011 Wiley-Liss, Inc.

KEY WORDS: SULFONYL-HYDRAZONE; BIS-PEROXO-VANANADIUM; iPSCs; CARDIOMYOCYTES; microRNAs

nduced pluripotent stem cells (iPSCs) hold a great promise for in vivo cell therapy and in vitro drug screening [Kiskinis and Eggan, 2010]. iPSCs can be generated from adult cells (such as terminally differentiated fibroblasts or somatic progenitors) by exogenous overexpression of Oct4, Sox2, Klf4 and, eventually, cMyc [Takahashi and Yamanaka, 2006]. iPSCs have been generated in a wide variety of species, including mouse [Blelloch et al., 2007] and human [Park et al., 2008], and display many features of

- Mattia Quattrocelli and Giacomo Palazzolo contributed equally to this work.
- All Supplemental Data may be found in the online version of this article.

Received 15 November 2010; Accepted 16 March 2011 • DOI 10.1002/jcb.23118 • © 2011 Wiley-Liss, Inc. Published online 28 March 2011 in Wiley Online Library (wileyonlinelibrary.com).

2006

²Department of Experimental Medicine and Biochemical Sciences, Section of Biochemistry and Molecular Biology, University of Perugia, Perugia, Italy

The authors declare no conflict of interest.

Grant sponsor: FWO-Odysseus Program; Grant number: G.0907.08; Grant sponsor: Research Council of the University of Leuven; Grant number: OT/09/053; Grant sponsor: Wicka Funds; Grant number: zkb8720; Grant sponsor: Italian Ministry of University and Scientific Research; Grant number: 2005067555_003; Grant sponsor: PRIN; Grant number: 2006–08; Grant sponsor: CARIPLO; Grant numbers: 2007.5639, 2005-2008; Grant sponsor: EC (CARE-MI).

^{*}Correspondence to: Maurilio Sampaolesi, Stem Cell Research Institute, 49 Herestraat, B-3000 Leuven, Belgium. E-mail: maurilio.sampaolesi@med.kuleuven.be

pluripotency that are typical of embryonic stem cells (ESCs) [Marion et al., 2009]. The clinical potential of these cells resides in their patient-specific nature, given that iPSCs bear the same genotype of the adult donor body [Raya et al., 2009]. In principle, once generated from a patient, iPSCs can be genetically corrected and reinjected in vivo to regenerate a tissue [Hanna et al., 2007] or differentiated in vitro towards a specific lineage and used to screen drug functionality [Barbaric et al., 2010]. However, iPSCs still present major issues, such as recipient safety and differentiation efficiency [Miura et al., 2009].

Differentiation of ESCs or iPSCs towards cardiomyocytes or cardiac progenitors has gathered great attention, particularly as a potential reservoir of cells for in vivo heart regeneration and largescale in vitro production of cardiomyocytes for cardiac drug screening [Yokoo et al., 2009]. Generally, ESC/iPSC cardiomyogenic differentiation results in contracting cardiac foci in vitro and the purified cardiomyocytes present in vitro and in vivo specific markers [Puceat, 2008], including *sarcomeric myosin heavy chain* (*MyHC*), cardiac troponins and *connexin43* (*Cx43*). In addition, several protocols have been developed to enhance differentiation efficiencies or cardiomyocyte purity, including cardiac body suspensions [Xu et al., 2006] and BMP4/activinA-mediated induction [Laflamme et al., 2007]. However, studies on differentiating cell survival rate and timings are still lacking.

Specific non-coding microRNAs (miRNAs) have been directly linked to cardiac differentiation, including *miR-1*, *miR-133a*, and *miR-208a* [Chen et al., 2009]. Forced expression of *miR-1* in ESCs promotes cardiomyocyte maturation, by *HDAC4* inhibition and *Mef2C* activation [Ivey et al., 2008]. *miR-133a* and *miR-208a* are located in *Mib1* and *Myh6* intronic regions, respectively [Chen et al., 2006]. *miR-133a* and *miR-208a* are expressed during early and late embryonic heart development and are altered during myocardial infarctions [Bostjancic et al., 2010].

Noteworthy, chromatin remodelers have a role in the induction of cardiac differentiation of embryonic tissues or iPSCs. Cardiac-specific *Baf60c*, in combination with *Gata4* and *Tbx5*, induces ectopic transdifferentiation of embryonic mesoderm to cardiomyo-cytes [Takeuchi and Bruneau, 2009]. Furthermore, trichostatin, a HDAC inhibitor, increases *Nkx2.5* expression and cardiac differentiation of murine iPSCs, in a cell line-dependent fashion [Kaichi et al., 2010].

Bis-peroxo-vanadate (bpV) can act as chromatin remodeler and is able to reprogram skeletal myoblasts into more immature cells with higher potential for proliferation, migration and differentiation both in vitro and in vivo [Castaldi et al., 2007]. However, the effects of bpV on cardiac myogenesis of iPSCs are as yet unknown.

Sulfonyl-hydrazones (SHZ) constitute a family of small chemical compounds that act as positive inducers of *Nkx2.5* and other cardiac mRNAs and proteins in murine ESCs. Furthermore, SHZ-treated human mobilized blood mononuclear cells engraft and recover injured rat hearts better than control cells [Sadek et al., 2008]. Thus, SHZ appears to be a promising chemical inducer for in vitro and in vivo cardiomyogenic stimulation, even though its effects on iPSCs have not yet been investigated.

Here we compare bpV and SHZ effects on iPSC-derived early and late cardiomyogenesis at different concentrations, monitoring the

eventual effects on cell survival and apoptosis. We examine and quantify specific cardiac miRNA levels, beating foci percentages and cardiomyocyte isolation rates in order to verify whether small chemical compounds could effectively improve cardiomyogenesis of iPSCs.

MATERIALS AND METHODS

SMALL MOLECULES, iPSCs CULTURE, AND VIABILITY ASSAY

Sulphonyl-hydrazone-1 (SHZ) molecule was synthesized according to the procedure previously reported [Sadek et al., 2008], and resuspended in DMSO (Sigma, USA). Bis-peroxo-vanadium (bpV) was purchased (Alexis Biochemicals, USA) and resuspended in sterile PBS (Gibco, USA).

Murine fibroblast-derived iPSCs (clone 059 *Oct4::Neo*, kindly provided by R. Jaenisch's group) were cultured on a feeder layer of mytomicine-inactivated murine embryonic fibroblasts (iMEFs) in R1 medium, namely DMEM high glucose (Gibco), 15% knockout serum (Invitrogen, USA), 1% penicillin/streptomycin solution (Gibco), 1% L-glutamine (Gibco), 1% non-essential amino acids (Gibco), 1% sodium pyruvate (Gibco), 0.2% 2-mercaptoethanol (Gibco), and 1,000 U/ml of ESGRO[®] (Millipore, USA).

Cell viability was assessed using trypan blue (Lonza, USA) staining. After trypsin-induced detachment, cells were incubated for 5 min at room temperature (RT) with 0.4% trypan blue solution (diluted 1:1 in basal medium) and viable, non-stained cells were counted by Countess[®] automatic cell counter (Invitrogen).

CARDIAC DIFFERENTIATION PROTOCOL

To allow embryoid body (EB) formation, at day 0 iPSCs were resuspended in LIF-free R1 medium in presence of SHZ or bpV at several concentrations (5, 10, and 15 μ M) and kept for 5 days in suspension drops (10³ cells/20 μ l). In positive control, 2.5 ng/ml BMP2 (Sigma) was added. At day 5, EBs were collected and seeded onto gelatin (Millipore)-coated six-well plates (NUNC, Denmark), as approximately 100 EBs/well. At day 6, medium was replaced by chemical-containing Maintenance medium, namely 70% DMEM high glucose, 17.5% Medium199 (Gibco), 5% Horse serum (Gibco), 1% penicillin/streptomycin solution, and 1% L-glutamine.

Cardiac foci started to beat at days 15–18 of differentiation and were filmed at brightfield light for 5 s. Percentages were calculated from at least three different random spots per treatment. Beating foci area was calculated using ImageJ software.

Flow cytometry analysis was performed at day 20 of differentiation. Differentiating cells were collected, washed twice in PBS and incubated 30 min at RT with rabbit IgG unconjugated (Epitomics, USA) in isotype control and rabbit polyclonal anti-Cx43 (SantaCruz, USA) in samples, diluted as $2 \,\mu l/10^5$ cells in 200 μ l. After PBS wash, isotype control and samples were stained with Alexafluor488conjugated anti-rabbit donkey antibody (Invitrogen; 0.5 ml/10⁵ cells in 200 ml) for 30 min at RT and then washed again twice and analyzed at FACSCanto machine (BD, USA).

Cardiomyocytes were isolated from differentiating foci at day 20, as previously reported [Puceat, 2008]. Briefly, after collection, cell pellets were digested three times for 15 min shaking at 37°C, with

3 ml of 0.06% Collagenase II (Sigma)/0.01% Pancreatin (Sigma) solution in ADS buffer 1× (ADS buffer 10×: 80 ml tissue culturegrade water (Gibco), 6.8 g NaCl (Sigma), 0.4 g KCl (Sigma), 0.12 g sodium phosphate (Sigma), 0.1 g magnesium sulphate (Sigma), 1 g glucose (Sigma), and 4.76 g HEPES (Gibco)). After collection of all single-cell suspensions, digestion was blocked with filtered FBS (Gibco). Cells were resuspended in 2 ml ADS buffer 1×, loaded onto a two layer-Percoll gradient (Sigma) and spun down at 3,000 rpm for 30 min at RT. Cardiomyocytes were collected as cells at the interface between Percoll gradients and plated on gelatin-coated dishes in Maintenance medium.

qPCR/TAQMAN ASSAYS

RNA was extracted with RNA Mini kit (Invitrogen) and 1 µg reverse transcribed by SuperscriptIII kit (Invitrogen). qPCR was performed on 1:5 diluted cDNA, via Syber Green Mix (Invitrogen), 15 s at 95°, 45 s at 60°, 40 cycles. Primers: Nkx2.5 FW AAGTGCTCTC-CTGCTTTCCCA, Nkx2.5 REV TTTGTCCAGCTCCACTGCCTTCT, Gata4 FW AGGGTGAGCCTGTATGTAATGCCT, Gata4 REV AGGA-CCTGCTGGCGTCTTAGATTT, Cx43 FW TACTTCAATGGCTGCTCCCT-CACCA, Cx43 REV GCTCGCTGGCTTGCTTGTAAT. Internal standard, Pgk FW CAAAATGTCGCTTTCCAACAAG, Pgk REV AACGTTGAAGTCCACCCTCATC.

Enriched small RNA fractions, containing miRNAs, were isolated using the mirVanaTM miRNA Isolation Kit (Ambion, USA). Fifteen nanograms of miRNA-containing RNA were reverse transcribed with MultiScribe kit (Applied Biosystems, USA). qPCR was performed by Taqman probes and Universal Mix (Applied Biosystems), according to manufacturer's instructions. As internal standard, miR-16 was used.

WESTERN BLOTTING

For Western blotting (WB), cells were lysed in RIPA buffer (Sigma) supplemented with 10 mM NaF (Sigma), 0.5 mM sodium orthovanadate (Sigma), 1:100 protease inhibitor cocktail (Sigma), and 1 mM PMSF (Sigma). Total protein mixes (20 µg) were separated on a 10% polyacrylamide gel and transferred on a nitrocellulose membrane (Whatman, Germany). After blocking for 1 h at RT (5% Skim-milk (Sigma) in TBS buffer supplemented with 0.2% Tween-20 (Bio-Rad, USA)), the membrane was incubated overnight at 4°C with 1% Skimmilk solution containing primary antibodies. Primary antibody dilutions: mouse monoclonal anti-MyHC (DSHB Hybridoma) 1:10; rabbit polyclonal anti-Cx43 (SantaCruz) 1:500; mouse monoclonal anti-cTnI (Abcam, UK) 1:500; rabbit polyclonal anti-cleaved caspase-3 antibody (Asp 175, Cell Signal, USA) 1:1,000. After incubation with donkey anti-mouse or anti-rabbit horseradishperoxidase-coupled secondary antibody (diluted 1:5,000) for 1 h at RT, specific bands were detected with Chemiluminescent Peroxidase Reagent-3 (Sigma) and pictures were taken at GelDoc machine (Bio-Rad) with 60s exposure. After stripping the membrane 15 min at 50°C, BTub bands were detected with 1:1,000-diluted mouse monoclonal anti-BTub antibody (Millipore). Quantification was performed via QuantityOne software (Bio-Rad), by comparing Casp3 bands to BTub bands, as internal standard.

IMMUNOFLUORESCENCE ASSAYS

Cells were fixed in 2% PFA (Polysciences, USA), permeabilized with 0.2% Triton (Sigma), and blocked with 1:10 donkey serum (Sigma). Primary antibody dilutions: mouse monoclonal anti-MyHC (DSHB Hybridoma) 1:1; rabbit polyclonal anti-Cx43 (SantaCruz) 1:300; mouse monoclonal anti-cTnI (Abcam) 1:100. Secondary Alexafluor-conjugated donkey antibodies (Invitrogen) anti-mouse and anti-rabbit were diluted 1:500. Nuclei were counterstained with 1:1,000 Hoechst (Sigma). Images were taken at Eclipse Ti microscope (Nikon, Japan) and merged by Image-Pro Plus 6.0 software (Nikon).

STATISTICAL ANALYSIS

Unpaired two-tailed Students' *t*-test was used as statistical tool. Data are shown as mean \pm standard deviation and *P*-values <0.01 were considered significant.

RESULTS

COMPARISON BETWEEN bpV AND SHZ EFFECTS ON CARDIOMYOGENIC iPSC DIFFERENTIATION

According to our and other protocols [Puceat, 2008] of cardiomyogenic differentiation, murine iPSCs were grown as embryoid bodies (EBs) for 5 days (EB step), then plated on gelatin-coated dishes for subsequent maturation of EB-derived cardiac foci for another 10 days (maturation step). bpV and sulfonyl-hydrazone-1 (SHZ) were added at growing concentrations (5, 10, and 15 μ M) during both EB and maturation steps. BMP2 treatment was also included as positive control, given that it enhances ESC-derived cardiac differentiation, as previously reported [Puceat, 2008].

At day 5 of differentiation, qPCR assay clearly showed that bpV and SHZ induce upregulation of early cardiomyogenic factors, such as NK2 transcription factor related (Nkx2.5) and GATA binding protein 4 (Gata4), in a dose-dependent manner (Fig. 1A,B). bpVinduced upregulation was within the range of control and positive control values, whereas increasing concentrations of SHZ strikingly enhanced Nkx2.5 and Gata4 expression up to 10- and 3-fold, respectively, as compared to BMP2-treated cells (Fig. 1A,B). Furthermore, SHZ appeared to activate late cardiac markers in a dose-dependent manner, such as connexin 43 (Cx43) at day 10 (Fig. 1C). Consistently, immunofluorescence stainings at day 15 showed that SHZ-treated (5 µM) iPSCs develop more organized patterns of cardiac myosin heavy chain (cMyHC), Cx43, and cardiac troponin I (cTnI) on cardiac foci than bpV-treated (5 µM) iPSCs and control iPSCs (Fig. 1D-L). Densitometric quantification confirmed that only SHZ (5 µM) increased significantly MyHC, Cx43, and cTni protein levels at day 15 of differentiation, whereas bpV (5 µM) induced no significant effects compared to control conditions (Fig. 1M,N). During cardiac foci differentiation, SHZ is a strong activator of early and late cardiac specific markers in murine iPSCs, whereas bpV shows modest effects.

bpV AND SHZ EFFECTS ON CARDIOMYOCYTE ISOLATION AND VIABILITY

To further assess bpV and SHZ effects on cardiac iPSC differentiation, we quantified the $Cx43^+$ cell fraction via flow cytometry at



Fig. 1. bpV and SHZ effects on cardiac marker expression. A–C: qPCR charts show that bpV and SHZ upregulate *Nkx2.5* (A) and *Gata4* (B) at day 5 and *Cx43* (C) at day 10 in a dose-dependent fashion. SHZ-treated iPSCs display the highest levels of expression of all three markers (n = 3; values normalized vs. control iPSC; internal standard, *Pgk*; BMP2, positive control). D–L: Immunofluorescence stainings at day 15 of differentiation show expression patterns of cMyHC (D,G,J), Cx43 (E,H,K), and cTnl (F,I,L) in cardiac foci in control (D–F), bpV-treated (5 μ M) (G–I), and SHZ-treated (5 μ M) iPSC (J–L). SHZ-treated (5 μ M) iPSCs show more organized patterns, both at large and small scales (J–L and insets) than bpV-treated (5 μ M) or control iPSCs. Scale bar, 100 μ m. M,N: Western blotting assays (M) and related densitometry charts (N) of control, bpV-treated (5 μ M), and SHZ-treated iPSCs (5 μ M) at day 15 are shown. Only in presence of SHZ (5 μ M) did the differentiating iPSCs increase MyHC, Cx43, and cTnl protein levels. Protein levels were first related to β Tub and background for each sample and then related to control (n = 3; β Tub, internal control; "P < 0.01 compared to control).

day 20 of differentiation. $Cx43^+$ fraction was discriminated as FITC⁺ population compared to the isotype control. Unexpectedly, bpV 10 µM, bpV 15 µM, and SHZ 15 µM resulted in significantly lower $Cx43^+$ rates, whereas SHZ 5 µM significantly increased $Cx43^+$ percentage, compared to control (Fig. 2A). In addition, we isolated cardiomyocytes at the same time point by Percoll gradient [Puceat, 2008] from control and treated cells at increasing chemical concentrations. Consistently with flow cytometry data, only SHZ treatment (5 µM) resulted in a significantly higher yield, while bpV 10 µM, bpV 15 µM, and SHZ 15 µM conditions decreased the cardiomyocyte yield (Fig. 2B). Interestingly, higher concentrations of bpV and SHZ had also significant negative effects on cardiomyocyte viability 48 h after isolation, whereas SHZ 5 µM had beneficial effects (Fig. 2C). Immunostainings at 48 h after isolation showed that cardiomyocytes derived from SHZ treatment (5 μ M) presented 26 \pm 2% of bi-nucleated cells (Fig. 2C, arrows) and a mature cardiac pattern of cTnI-positive fibers and Cx43-positive cytoplasm and membrane (Fig. 2D). To test the staining specificity, murine embryonic fibroblasts (MEFs) were stained with the same combination of antibodies, without any specific signal (Fig. 2E). Thus, SHZ (5 μ M) appears to increase end-point cardiomyocyte yield and viability, which are, in contrast, decreased by higher concentrations of bpV and SHZ.

DETRIMENTAL EFFECTS OF bpV/SHZ AT HIGH CONCENTRATIONS

To assess potential detrimental effects of high bpV/SHZ concentrations during various differentiation steps, we assayed cell viability at days 5, 10, and 15. Interestingly, bpV treatment decreased cell



Fig. 2. Cardiomyocyte yield and viability. A: Flow cytometry chart (left) and dot plots (right) for Cx43-FITC in all iPSC differentiation conditions at day 20. Cx43⁺ fraction is identifiable as FITC⁺ population compared to isotype control (green populations in the dot plots; n = 3; P < 0.01). B,C: SHZ-treated (5 μ M) iPSCs present significantly higher yield (B) and viability (C) rates than controls, whereas high concentrations of bpV and SHZ induce significantly negative variations (n = 3; P < 0.01). D–F: Immunofluorescence analysis for Cx43 (green) and cTnl (red) reveals that cardiomyocytes obtained from SHZ-treated (5 μ M) iPSCs are enriched in binucleated cells (D) and, at higher magnification, show the typical staining of mature cardiomyocytes (E). MEFs were stained with the same antibody combination as a negative control (F). Scale bars, 100 μ m.

viability in a dose-dependent fashion, starting from day 5 (Fig. 3A). SHZ 10 μ M and SHZ 15 μ M had similar negative effects from day 10, whereas SHZ- (5 μ M) and BMP2-treated cells shared the highest viability scores (Fig. 3A). In order to find possible causes for this phenomenon, we tested activated apoptosis-effector caspase 3 (Casp3) protein levels at day 10 of differentiation. WB and densitometry showed that SHZ 15 μ M, bpV 5 μ M, and bpV 15 μ M induced significantly higher activated Casp3 levels, than in control or SHZ-treated (5 μ M) iPSCs (Fig. 3B,C). Thus, at higher concentrations, bpV and SHZ are able to induce a significant apoptosis-dependent loss of viability in differentiating iPSCs.

SHZ ENHANCES BEATING FOCI RATE AND CARDIOMYOGENIC miRNAs

Once EBs attach to gelatin-coated plastic and start to differentiate, resulting beating cardiac foci tend to flatten and to take contact with

each other. This may constitute a hurdle in beating foci analyses. Therefore, we analyzed possible SHZ effects on beating activity, comparing both beating cardiac foci percentages and areas at day 20 of differentiation, between control and SHZ-treated (5 μ M) iPSCs. As expected, SHZ treatment of iPSCs resulted in a significant increase in beating foci rate (19.75 \pm 3.78% vs. 10.5 \pm 1.29%, P<0.01, n=4) and area extension (668 \pm 179 μ m² vs. 168 \pm 86 μ m², P<0.01, n=4), as compared to control (Fig. 4A,B and Supplementary Videos 1, 2).

To exclude the hypothesis that SHZ-dependent cardiomyogenic enhancement could rely on beneficial effects on cell proliferation, we compared growth curves of proliferating iPSCs and isolated cardiomyocytes, both derived from control and SHZ-treated (5 μ M) iPSCs (as above described), in presence or absence of SHZ (5 μ M). Neither proliferating iPSCs, nor control- or SHZ (5 μ M)-derived cardiomyocytes showed any significant variation in proliferation









rate in presence of SHZ-supplemented culture medium, as compared to control culture medium (Fig. 4C).

Moreover, we tested whether SHZ induced early (*miR-1*, *miR-133a*) and late (*miR-208a*) cardiomyogenic miRNAs. Taqman quantitative assays showed that both control and SHZ-treated (5 μ M) iPSCs increased *miR-1* and *miR-133a* expression at day 5 and decreased both miRNAs at day 10 (Fig. 5A). In contrast, *miR-208a* was downregulated at day 5 and upregulated at day 10 both in control and SHZ-treated (5 μ M) iPSCs significantly increased *miR-1* and *miR-133a* expression at day 5 and *miR-208a* at day 10, as compared to control iPSCs at the same time point (Fig. 5A,B, asterisks).

Taken together, our data show that SHZ (5 μ M) increases the expression of cardiac markers and cardiomyogenic miRNAs, cardiomyocyte yield and beating foci rate, without affecting iPSC viability or proliferation rate during differentiation.

DISCUSSION

Recently, cardiomyogenic commitment of iPSCs has gathered great attention as a potential patient-specific source of in vitro cardiomyocytes, disposable for drug screening, personalized analyses, and therapeutics. Nevertheless, cardiac differentiation of iPSCs still presents challenges and opportunities for optimization.

In this perspective, differentiation efficiency of multi- and pluripotent cells can increase through addition of small chemical compounds, acting as chromatin remodelers. These molecules are generally not expensive, available in relatively large quantities and poorly immunogenic. Moreover, given that ESCs and iPSCs are intrinsically prone to differentiate into cardiomyocytes in vitro, chemical chromatin remodelers, capable of improving this natural commitment, may constitute a novel strategy for clinic-related cardiac cell differentiation. Noteworthy, SHZ (5 μ M) was not able to increase proliferation rate of either proliferating iPSCs or cardiomyocytes and this is consistent with literature [Sadek et al., 2008].

However, the effectiveness and reliability of these compounds must be carefully addressed, in terms of cell viability and mechanisms of action. Our results show that both bpV and SHZ were able to increase early and late cardiac marker expression in a dose-dependent fashion, but high concentrations of both molecules induced an apoptosis-driven loss of viability during mid/late differentiation stages. This could explain, at least in part, the lower cardiomyocyte yields at higher concentrations of bpV and SHZ.

It may be possible that bpV-induced apoptosis in iPSCs could be related to the overactivating effects on NF- κ B/I κ B α pathway, given that bpV induces I κ B α tyrosine phospshorylation and p65 nuclear translocation in adult progenitors [Castaldi et al., 2007]. However, further studies are required to elucidate the molecular mechanisms of iPSC apoptosis, driven by high concentrations of bpV, SHZ, and other chemical remodelers.

Furthermore, the effects on viability and differentiation of such molecules could vary depending on the cell sources of tested iPSC lines. Recently, it has been demonstrated that a residual epigenetic memory of reprogrammed cells can affect iPSC commitment and



Fig. 5. SHZ induces cardiac miRNA expression. Taqman quantitative assay shows an approximately seven-fold upregulation of *miR-1* and *miR-133a* expression in SHZ-treated (5 μ M) iPSCs at day 5, as compared to control iPSCs (A). In addition, *miR-208a* expression is approximately five-fold upregulated in SHZ-treated (5 μ M) iPSC at day 10, as compared to control iPSCs (B) (n = 3; values normalized to control cells at day 10 in A and to control cells at day 5 in B; internal standard, miR-16; **P* < 0.01).

differentiation rates [Kim et al., 2010]. It would be interesting to compare inducers of cardiac differentiation, such as SHZ, on iPSC lines generated from different cell sources.

A fine tuning of cardiac miRNAs would be an important step towards more refined iPSC differentiation protocols in vitro [Liu and Olson, 2010]. Our results indicate SHZ as a suitable molecule to increase in vitro iPSC cardiac differentiation at low concentration, especially in terms of cardiomyogenic miRNA activation. SHZ $(5 \mu M)$ was able to increase *miR-1* and *miR-133a* at early differentiation stages and, later, miR-208a. Relations between SHZ and cardiac miRNAs should be specifically investigated in order to assess whether SHZ induces their overexpression per se or operates via an intrinsic cell feedback from Nkx2.5/Gata4 activation. In fact, in ESCs, miR-1 and miR-133a are able to promote cardiomyocyte specification by Nkx2.5 suppression, following its upregulation during an earlier step [Takaya et al., 2009]. Our data are not sufficient to rule out one of the following hypotheses, that miR-1, miR-133a, and miR-208a are upregulated (i) by a direct SHZ-induced effect or, alternatively, (ii) by a cellmediated effect that occurs downstream of a strong induction of Nkx2.5 and cardiac MyHC (Myh6).

Recently, it has been showed that *miR-1* and *miR-133* act, respectively, as pro-apoptotic and anti-apoptotic factors in oxidative stress of terminally differentiated cardiomyocytes [Xu et al., 2007]. It is possible that, at high concentrations, SHZ could unbalance miR-1/miR133 ratio in differentiating iPSCs, leading to the observed increased apoptosis rate.

Although further molecular mechanisms are yet to be clarified, it is, however, interesting to notice that, at least in principle, SHZ and cardiac miRNAs may share similar mechanisms, namely to target endogenous chromatin-remodeling factors (such as HDACs) to shift expression patterns and promote subsequent differentiation.

In conclusion, our results shed a promising light on small chemical compounds, such as SHZ, in iPSC cardiac differentiation. Future optimizations on human iPSCs and on 3D-scaffolds or bioreactors could provide reliable, clinic- or industry-suitable protocols for patient-specific cardiomyocytes.

ACKNOWLEDGMENTS

This work was supported in part by: FWO-Odysseus Program no. G.0907.08; Research Council of the University of Leuven no. OT/ 09/053; Wicka Funds no. zkb8720; the Italian Ministry of University and Scientific Research grant no. 2005067555_003, PRIN 2006-08, CARIPLO 2007.5639, 2005-2008; and grant from EC (CARE-MI) to M.S. We are grateful to Prof. Mario Anastasia's Laboratory (University of Milan, Italy) for SHZ-1 molecule synthesis and skilled technical suggestions. We thank Prof. Jaenisch's group for providing fibroblast-derived iPSCs, Shea Carter for thorough peer-review of the manuscript, Giovanna Farro for the helpful collaboration, Christina Vochten for the professional secretarial service, Ghislieri College and Paolo Luban for kind donations.

REFERENCES

Barbaric I, Gokhale PJ, Andrews PW. 2010. High-content screening of small compounds on human embryonic stem cells. Biochem Soc Trans 38:1046–1050.

Blelloch R, Venere M, Yen J, Ramalho-Santos M. 2007. Generation of induced pluripotent stem cells in the absence of drug selection. Cell Stem Cell 1:245–247.

Bostjancic E, Zidar N, Stajer D, Glavac D. 2010. MicroRNAs miR-1, miR-133a, miR-133b and miR-208 are dysregulated in human myocardial infarction. Cardiology 115:163–169.

Castaldi L, Serra C, Moretti F, Messina G, Paoletti R, Sampaolesi M, Torgovnick A, Baiocchi M, Padula F, Pisaniello A, Molinaro M, Cossu G, Levrero M, Bouche M. 2007. Bisperoxovanadium, a phospho-tyrosine phosphatase inhibitor, reprograms myogenic cells to acquire a pluripotent, circulating phenotype. FASEB J 21:3573–3583. Chen JF, Mandel EM, Thomson JM, Wu Q, Callis TE, Hammond SM, Conlon FL, Wang DZ. 2006. The role of microRNA-1 and microRNA-133 in skeletal muscle proliferation and differentiation. Nat Genet 38:228–233.

Chen JF, Callis TE, Wang DZ. 2009. microRNAs and muscle disorders. J Cell Sci 122:13–20.

Hanna J, Wernig M, Markoulaki S, Sun CW, Meissner A, Cassady JP, Beard C, Brambrink T, Wu LC, Townes TM, Jaenisch R. 2007. Treatment of sickle cell anemia mouse model with iPS cells generated from autologous skin. Science 318:1920–1923.

Ivey KN, Muth A, Arnold J, King FW, Yeh RF, Fish JE, Hsiao EC, Schwartz RJ, Conklin BR, Bernstein HS, Srivastava D. 2008. MicroRNA regulation of cell lineages in mouse and human embryonic stem cells. Cell Stem Cell 2:219–229.

Kaichi S, Hasegawa K, Takaya T, Yokoo N, Mima T, Kawamura T, Morimoto T, Ono K, Baba S, Doi H, Yamanaka S, Nakahata T, Heike T. 2010. Cell linedependent differentiation of induced pluripotent stem cells into cardiomyocytes in mice. Cardiovasc Res 88:314–323.

Kim K, Doi A, Wen B, Ng K, Zhao R, Cahan P, Kim J, Aryee MJ, Ji H, Ehrlich LI, Yabuuchi A, Takeuchi A, Cunniff KC, Hongguang H, McKinney-Freeman S, Naveiras O, Yoon TJ, Irizarry RA, Jung N, Seita J, Hanna J, Murakami P, Jaenisch R, Weissleder R, Orkin SH, Weissman IL, Feinberg AP, Daley GQ. 2010. Epigenetic memory in induced pluripotent stem cells. Nature 467:285– 290.

Kiskinis E, Eggan K. 2010. Progress toward the clinical application of patientspecific pluripotent stem cells. J Clin Invest 120:51–59.

Laflamme MA, Chen KY, Naumova AV, Muskheli V, Fugate JA, Dupras SK, Reinecke H, Xu C, Hassanipour M, Police S, O'Sullivan C, Collins L, Chen Y, Minami E, Gill EA, Ueno S, Yuan C, Gold J, Murry CE. 2007. Cardiomyocytes derived from human embryonic stem cells in pro-survival factors enhance function of infarcted rat hearts. Nat Biotechnol 25:1015–1024.

Liu N, Olson EN. 2010. MicroRNA regulatory networks in cardiovascular development. Dev Cell 18:510–525.

Marion RM, Strati K, Li H, Tejera A, Schoeftner S, Ortega S, Serrano M, Blasco MA. 2009. Telomeres acquire embryonic stem cell characteristics in induced pluripotent stem cells. Cell Stem Cell 4:141–154.

Miura K, Okada Y, Aoi T, Okada A, Takahashi K, Okita K, Nakagawa M, Koyanagi M, Tanabe K, Ohnuki M, Ogawa D, Ikeda E, Okano H, Yamanaka S.

2009. Variation in the safety of induced pluripotent stem cell lines. Nat Biotechnol 27:743–745.

Park IH, Zhao R, West JA, Yabuuchi A, Huo H, Ince TA, Lerou PH, Lensch MW, Daley GQ. 2008. Reprogramming of human somatic cells to pluripotency with defined factors. Nature 451:141–146.

Puceat M. 2008. Protocols for cardiac differentiation of embryonic stem cells. Methods 45:168–171.

Raya A, Rodriguez-Piza I, Guenechea G, Vassena R, Navarro S, Barrero MJ, Consiglio A, Castella M, Rio P, Sleep E, Gonzalez F, Tiscornia G, Garreta E, Aasen T, Veiga A, Verma IM, Surralles J, Bueren J, Izpisua Belmonte JC. 2009. Disease-corrected haematopoietic progenitors from Fanconi anaemia induced pluripotent stem cells. Nature 460:53–59.

Sadek H, Hannack B, Choe E, Wang J, Latif S, Garry MG, Garry DJ, Longgood J, Frantz DE, Olson EN, Hsieh J, Schneider JW. 2008. Cardiogenic small molecules that enhance myocardial repair by stem cells. Proc Natl Acad Sci USA 105:6063–6068.

Takahashi K, Yamanaka S. 2006. Induction of pluripotent stem cells from mouse embryonic and adult fibroblast cultures by defined factors. Cell 126:663–676.

Takaya T, Ono K, Kawamura T, Takanabe R, Kaichi S, Morimoto T, Wada H, Kita T, Shimatsu A, Hasegawa K. 2009. MicroRNA-1 and MicroRNA-133 in spontaneous myocardial differentiation of mouse embryonic stem cells. Circ J 73:1492–1497.

Takeuchi JK, Bruneau BG. 2009. Directed transdifferentiation of mouse mesoderm to heart tissue by defined factors. Nature 459:708–711.

Xu C, Police S, Hassanipour M, Gold JD. 2006. Cardiac bodies: A novel culture method for enrichment of cardiomyocytes derived from human embryonic stem cells. Stem Cells Dev 15:631–639.

Xu C, Lu Y, Pan Z, Chu W, Luo X, Lin H, Xiao J, Shan H, Wang Z, Yang B. 2007. The muscle-specific microRNAs miR-1 and miR-133 produce opposing effects on apoptosis by targeting HSP60, HSP70 and caspase-9 in cardio-myocytes. J Cell Sci 120:3045–3052.

Yokoo N, Baba S, Kaichi S, Niwa A, Mima T, Doi H, Yamanaka S, Nakahata T, Heike T. 2009. The effects of cardioactive drugs on cardiomyocytes derived from human induced pluripotent stem cells. Biochem Biophys Res Commun 387:482–488.