

## **Cell and Myofibril Contractile Properties of hiPSC-Derived Cardiomyocytes from a Patient with a MYH7 Mutation Associated with Familial Cardiomyopathy**

Myosin heavy chain 7 (MYH7) mutations are associated with familial cardiomyopathies (FCM) and result in a high rate of sudden cardiac death. Human induced pluripotent stem cells derived cardiomyocytes (hiPSC-CMs) have recently shown promise as a model for studying FCM. We identified a cohort with familial cardiomyopathy (FCM) associated with a MYH7 mutation (E848G) and middle-age onset of systolic dysfunction and arrhythmias. hiPSC-CMs from patient affected (FCM-CMs) and non-affected (WT-CMs) individuals were generated from skin fibroblasts. Here we report, for the first time, contractile properties of isolated myofibrils from these cultured hiPSC-CMs for comparison using cultured cells and 3D engineered cardiac tissue (3D-ECT) constructs. Isolated myofibrils were obtained from differentiation day 20 hiPSC-CMs that were replated onto fibronectin-coated nanopatterned cover slides and matured in culture for an additional 60 days to obtain elongated and aligned myofibrils. This procedure produced hiPSC-CMs that were usually > 100+  $\mu\text{m}$  in length. hiPSC-FCM-CMs and WT-CMs were harvested and skinned in a rigor solution containing 1% Triton and contractile properties of single or small bundles of myofibrils were measured in a custom built apparatus with rapid solution switching capabilities. During maximal calcium activation FCM-CM myofibrils produced approximately half the amount of force of WT-CM myofibrils, but preliminary data suggests no differences in the kinetics of force development or relaxation. This compares well with 50 day cardiomyocytes plated on nano-patterned surfaces or seeded into 3D-ECT constructs, where shortening and force (respectively) of FCM-CMs was much less than for WT-CMs, with no difference in calcium transient amplitudes. We speculate this early stage contractile deficit may contribute to disease development and conclude hiPSC-FCM-CMs can be a viable model for mechanical studies of cardiomyopathies in vitro.

### **Authors**

Josè Manuel Pioner<sup>1</sup>, Alice Ward Racca<sup>2</sup>, Jordan Klaiman<sup>2</sup>, Kai-Chun Yang<sup>3</sup>, Lil Pabon<sup>4</sup>, Veronica Muskheli<sup>4</sup>, Mark Y. Jeong<sup>5</sup>, Jesse Macadangdang<sup>2</sup>, Christian I. Childers<sup>6</sup>, Deok-Ho Kim<sup>2</sup>, Chiara Tesi<sup>1</sup>, Corrado Poggesi<sup>1</sup>, Charles E. Murry<sup>7</sup>, Michael Regnier<sup>2</sup>.

<sup>1</sup>Experimental and Clinical Medicine, University of Florence, Florence, Italy, <sup>2</sup>Bioengineering, University of Washington, Seattle, WA, USA, <sup>3</sup>Medicine (Div. Cardiology), University of Washington, Seattle, WA, USA, <sup>4</sup>Pathology, University of Washington, Seattle, WA, USA, <sup>5</sup>Medicine (Div. Cardiology), University of Colorado, Denver, CO, USA, <sup>6</sup>University of Washington, Seattle, WA, USA, <sup>7</sup>Pathology, Bioengineering and Medicine/Cardiology, University of Washington, Seattle, WA, USA.