

An iTSC-derived placental model of SARS-CoV-2 infection reveals ACE2-dependent susceptibility and differentiation impairment in syncytiotrophoblasts

Authors:

Neil JA¹, Chen J², Tan JP², Rudraraju R¹, Mohenska M², Drew D³, Pymm P³, Tham WH³, Polo JM^{2,4}, Subbarao K^{1,5}

¹Department of Microbiology and Immunology, The University of Melbourne at the Peter Doherty Institute for Infection and Immunity, Melbourne, Victoria, Australia,

²Department of Anatomy and Developmental Biology, Monash Biomedicine Discovery Institute and Australian Regenerative Medicine Institute, Monash University, Clayton, Victoria, Australia, ³Infectious Diseases and Immune Defences Division, The Walter and Eliza Hall Institute of Medical Research, Parkville, Victoria, Australia, ⁴Adelaide Centre for Epigenetics and South Australian Immunogenomics Cancer Institute, Faculty of Health and Medical Sciences, The University of Adelaide, Adelaide, South Australia, Australia, ⁵WHO Collaborating Centre for Reference and Research on Influenza, Melbourne, Victoria, Australia.

Background: Several clinical reports have linked COVID-19 with negative birth outcomes, early miscarriages and placentitis. This is often associated with the detection of SARS-CoV-2 antigen or genomes in the placenta. However, the pathophysiological mechanisms underpinning SARS-CoV-2 infection during placentation and early pregnancy are not clear.

Methods: To shed light on the potential of SARS-CoV-2 to infect early placental cells and the possible molecular and cellular consequences, we utilised induced trophoblast stem cells (iTSCs) to generate an *in vitro* model of SARS-CoV-2 infection of early placenta. Using this model we evaluated virus growth, cellular function and analysed the effects of monoclonal antibodies and antivirals.

Results: We identified the expression of ACE2, critical for SARS-CoV-2 virus entry, in placenta-specific cell types including extravillous trophoblasts (EVTs) and syncytiotrophoblasts (STs). Interestingly, despite the expression of ACE2 in both placental cell types, only STs were productively infected by several SARS-CoV-2 variants. We observed that infected ST cultures had reduced expression of key cellular structure and differentiation genes, which led to impairment of cellular processes and morphology vital for their function. This included a significant reduction in their survival, differentiation and production of human chorionic gonadotropin (bHCG), which is a key hormone for the maintenance of pregnancy. Finally, we showed that anti-ACE2 antibody and antiviral drugs could prevent SARS-CoV-2 infection and restored normal ST differentiation and function.

Conclusion: In summary, we have uncovered the mechanism underpinning the recent clinical reports associating SARS-CoV-2 and placental pathology using a scalable and tractable platform to study early placental cell types. We also highlight the use of this platform to identify approaches to protect the placenta from SARS-CoV-2 during early pregnancy and development.

Disclosure of Interest Statement: J.M.P. and K.S. were supported by a MRFF grant (MRF9200007) and a DHHS Victorian Government Grant. J.M.P was supported by an ARC Future Fellowship and a NHMRC Ideas Grant (APP2004774). K.S. is supported by an NHMRC Investigator grant (APP1177174). The Melbourne WHO Collaborating Centre for Reference and Research on Influenza is supported by the Australian Government Department of Health. W-HT is a Howard Hughes Medical Institute–Wellcome Trust International Research Scholar (208693/Z/17/Z) and anti-ACE2 antibody generation was supported by the Victorian Government and the Medical Research Future Fund (MRFF) GNT2002073. J.M.P. and X.L are inventors in a patent related to the generation of iTSCs filed by Monash University.