

Maturation-Dependent Mechanobiology of hiPSC-derived cardiomyocytes

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Research motivation – the need for a cell therapy solution for heart attack patients

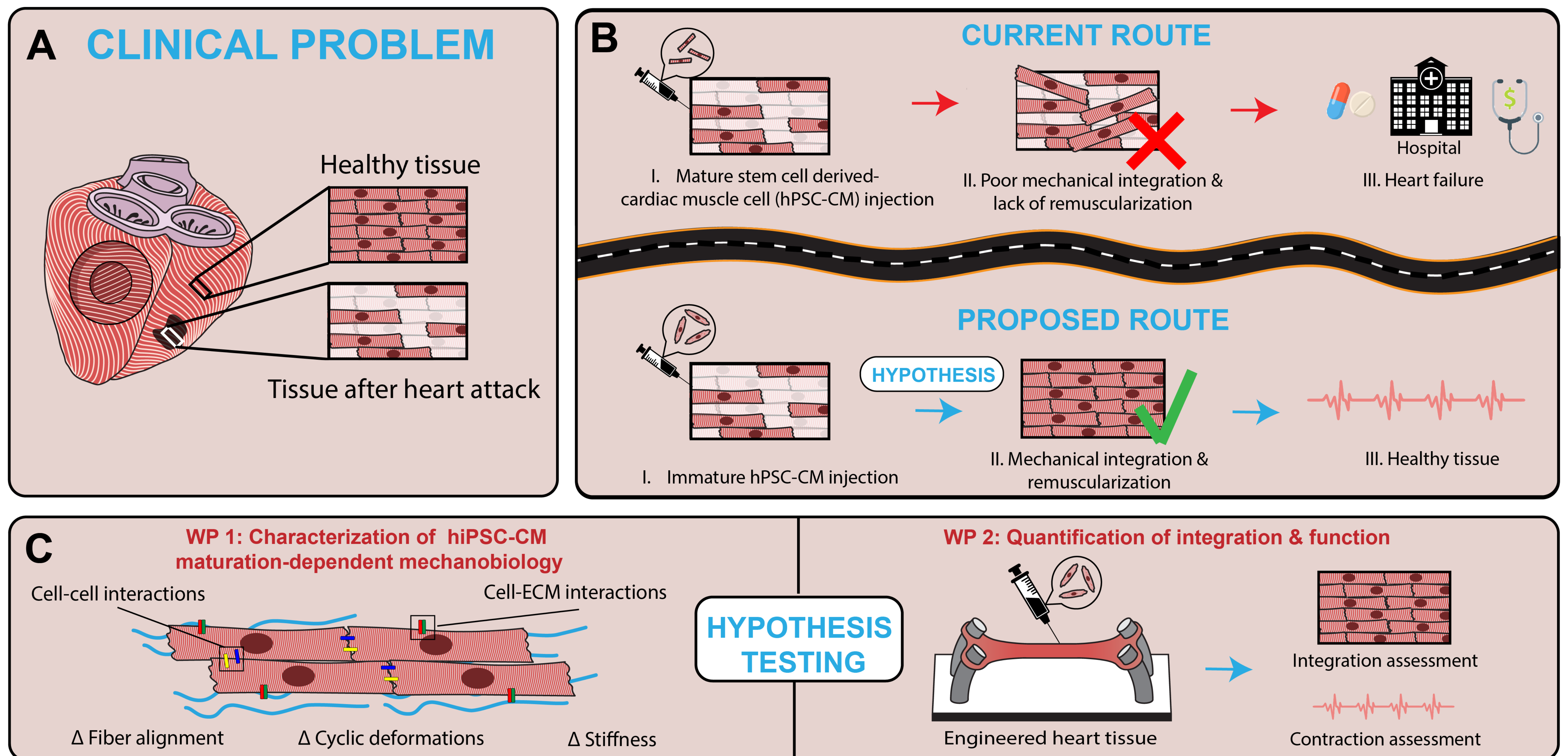


Figure 1: The concept and approach of the research project. A) Heart attacks result in a loss of cardiac muscle cells – the contractile units of the heart. B) The current route of treatment results in impaired mechanical integration and heart failure. The proposed route uses less mature, but mechanobiologically active hiPSC-CMs, leading to better mechanical coupling. C) Schematic illustration of the experimental approach. hiPSC-CMs = human induced stem cell-derived cardiomyocytes; ECM = extracellular matrix.

Characterization of hiPSC-CM mechanobiology at various stages of maturity

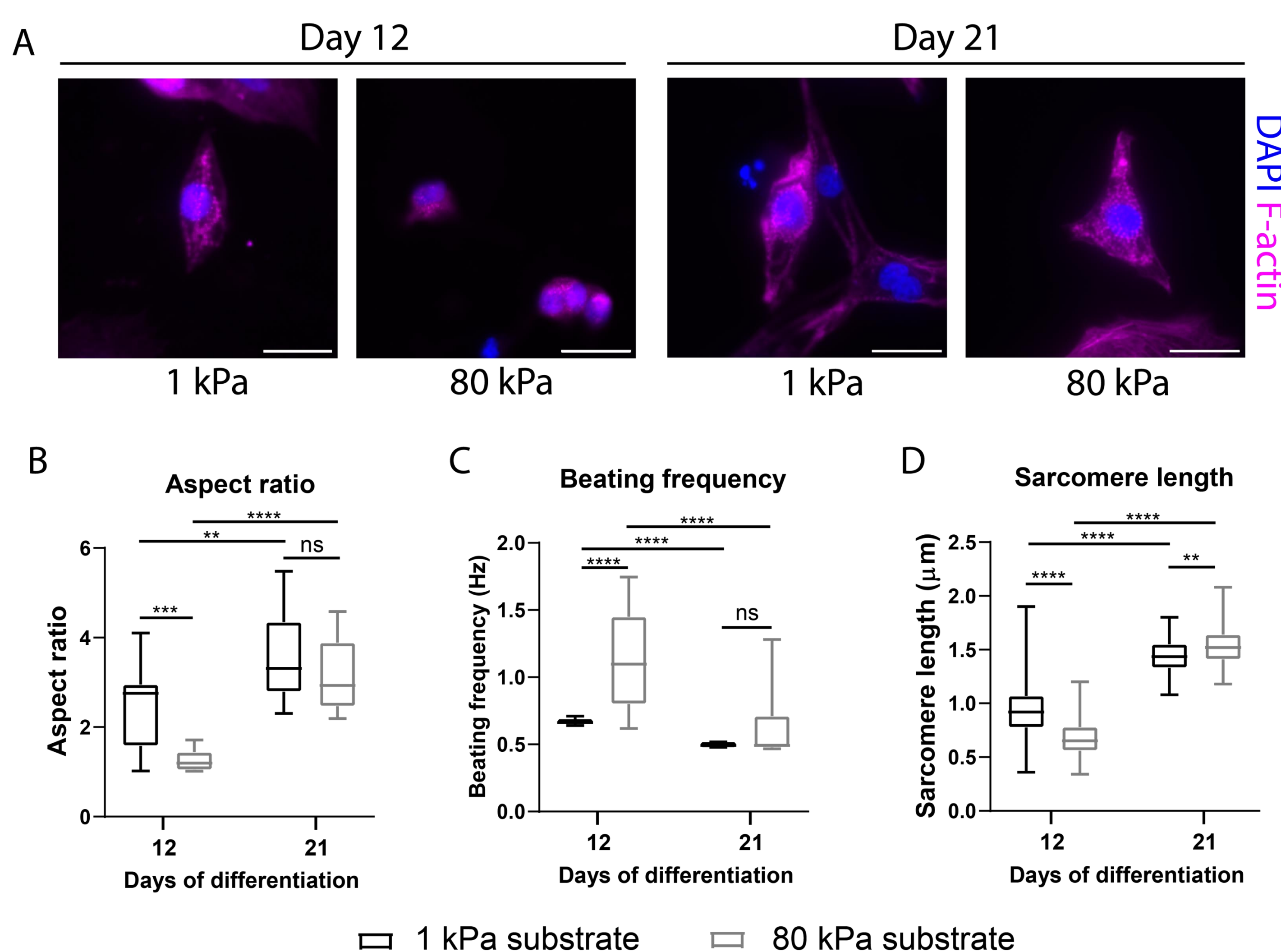


Figure 2: Early-stage hiPSC-CM are more sensitive to substrate stiffness than their more mature counterparts. A) hiPSC-CM morphology at day 12 and day 21 of differentiation on 1 kPa and 80 kPa polyacrylamide gels. Scale bar = 20 μm . B-D) The effect of substrate stiffness and differentiation stage on hiPSC-CM aspect ratio, beating frequency, and sarcomere length. Student t-test ($n = 50$ cells from three independent experiments). * = $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$, **** = $p < 0.0001$.

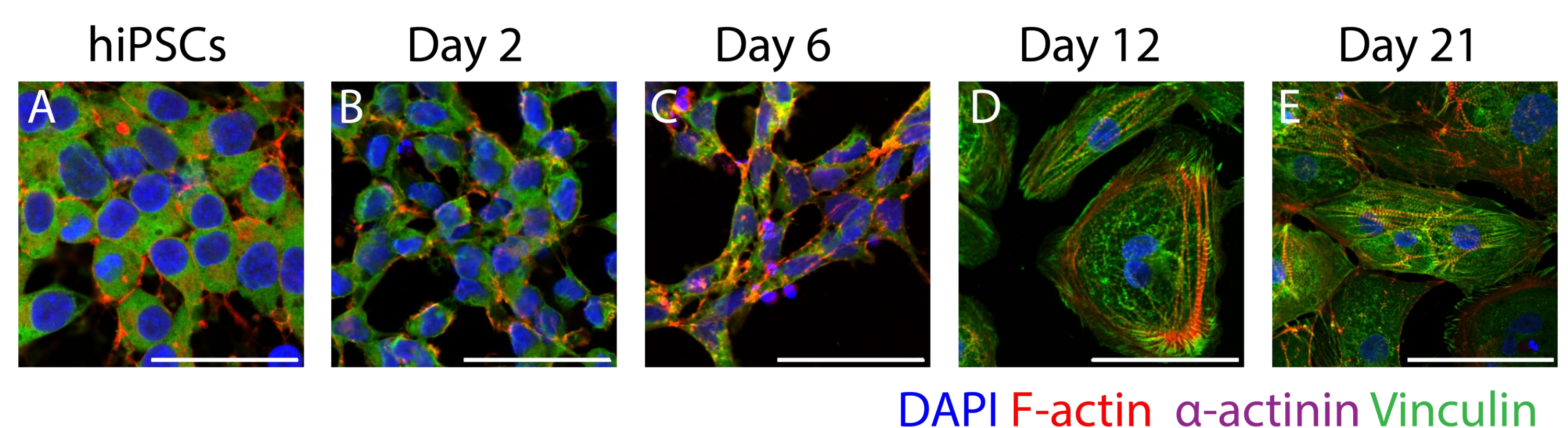


Figure 3: hiPSC-CM maturation alters the expression of cellular adhesion complexes and contractile components. A-E) Representative immunofluorescence at various stages during the CM maturation of hiPSCs. Scale bar = 50 μm .

Conclusive remarks

Our findings underscore the significant role of hiPSC-CM maturity in shaping hiPSC-CM mechanobiology. Late-stage hiPSC-CMs, while therapeutically promising, exhibited diminished mechanosensitivity, which suggests that early-stage hiPSC-CMs hold promise in cell therapy and tissue engineering applications, where mechanical cues are frequently employed to promote cell adhesion, integration, and functionalization. Future studies will investigate i) the expression of cell-cell interactions, ii) the mechanoreponse of hiPSC-CMs to other cues inherent in the myocardium, and iii) assess the integration and functionalization when seeded in *in vitro* models of varying complexity.

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