Dual cardiomyocyte cluster atomic force microscopy detection: the novel analysis type of drug arrhythmogenic potential

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Rhythm diseases



Focal activation

- single cell model
- animal models
- multicellular clusters

Propagation

- cannot be studied on single cells
- partially relevant in animal models,

Iimited in small cell clusters

FNUSA ICRC Disease modelling: CM-iPSc



CMs derived from stem cell "wild type" lines / lines from patient biopsies

inherited cardiomyopathies

- muscle diseases
- neuromuscular diseases
- cardiomyopathies
- channelopathies

drug testing (iatrogenic cardiomyopathy)

- novel drugs adverse effect screening
- drugs "in use" combination effect

methods combination - Ca imaging, MEA

FNUSA ICRC Disease modelling: CM-iPSc



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Pesl et al. Biosens. Bioelectron 2016

FNUSA ICRC Cardiomyocyte phenotyping by AFM



AFM-based biosensor setup stem cell derived CMs cluster



contraction rate

relaxation time

displacement / deflection

computed contraction force

FNUSA ICRC Drug effects and related adverse events MUNI



10 s

standard pharmacological indicators of different phenotypic features

beta adrenergic blocking Metoprolol

beta adrenergic stimulation Isoproterenol / Adrenalin

ine Methylxanthie Caffeine

Klimovic et al. Front Pharmacol.2022 AFM Biomed Munster, 2019

FNUSA ICRC Methods: combining two clusters





DAPI



DAPI





cTnT





DAPI/DDR2

seeding clusters in agarose mask

200um apart

within 96h after seeding forming conductive "bridge"

synchronizing contraction pattern

DDR2 Discoidin Domain Receptor cTnT Cardiac Troponin T VIM Vimentin

FNUSA ICRC Methods: combining two clusters



synchronized twins



Pivato et al. ACB 2022 AFM Biomed Naogya-Okazaki 2022

MUNI

FNUSA ICRC Methods: combining two clusters



synchronized twins



ImageJ/Fiji macro Musclemotion





AFM-based biosensor setup

JPK/Bruker Nanowizard 3 MLCT-C cantilever Bruker - partially coated silicon nitride cantilever

force spectroscopy mode 1 nN setpoint (active mode)

- allows tracing of cantilever/ cluster drift and loss of contact
- mechanical response natural to cardiac cells as preload and afterload





vertical and lateral deflection mechanocardiograms (MCG) collected in 100 Hz sampling frequency in a pilot group

vertical deflection = contraction frequency (R-R interval)

lateral (horizontal) deflection remains stable (repeating curve) until desynchronization

Data extraction performed by in-house made python script









FNUSA ICRC Results







Standard deviation variation in time













The lateral and vertical deflection peaks were synchronized in dual CMs cluster model.

Caffeine affected the synchronization of vertical and lateral displacement and produced independent lateral and vertical deflections.

Defects in signal spreading through the bridge resulting in the irregular beat of the two clusters is novel model for advanced drug screening and disease-drug interaction.



Thanks for your interest!

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