

The Present and Future for Biopacemaker

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Department of Medicine

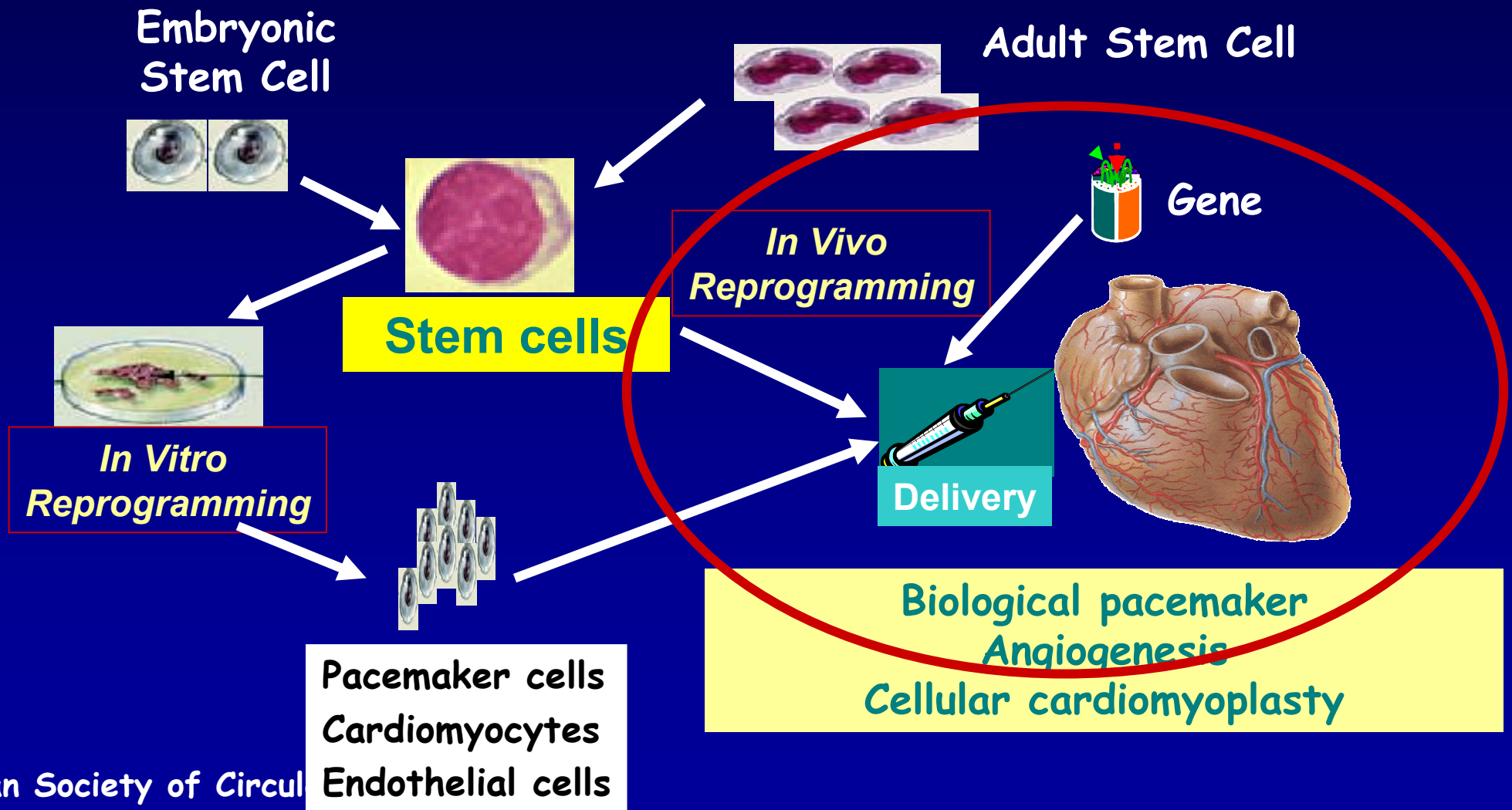
The University of Hong Kong

Queen Mary Hospital

Hong Kong



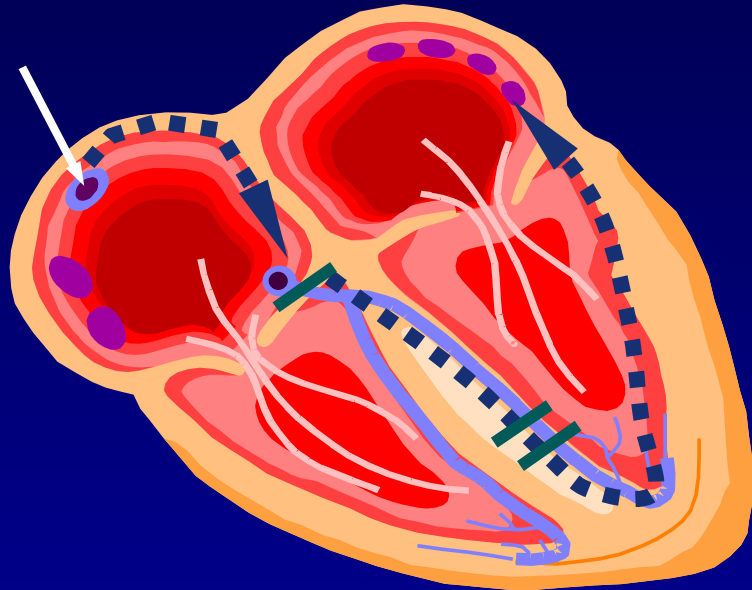
Strategies for Cell Therapy in Cardiac Regeneration



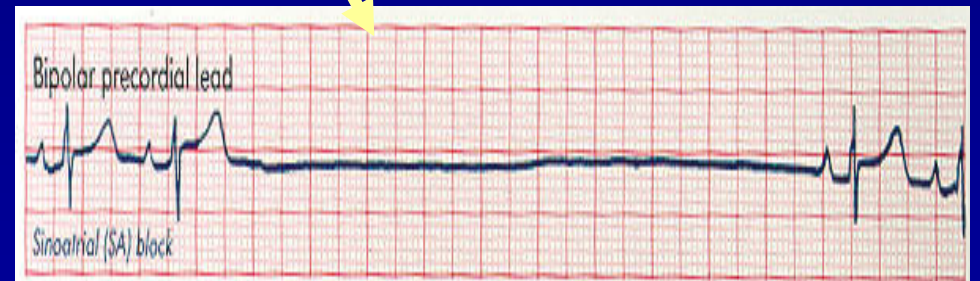
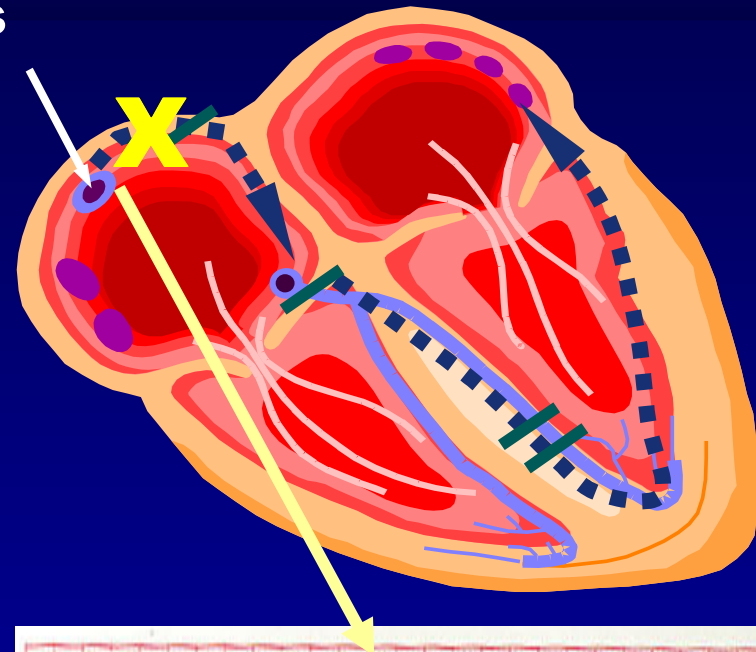


Native Biological Pacemaker

Sinus node



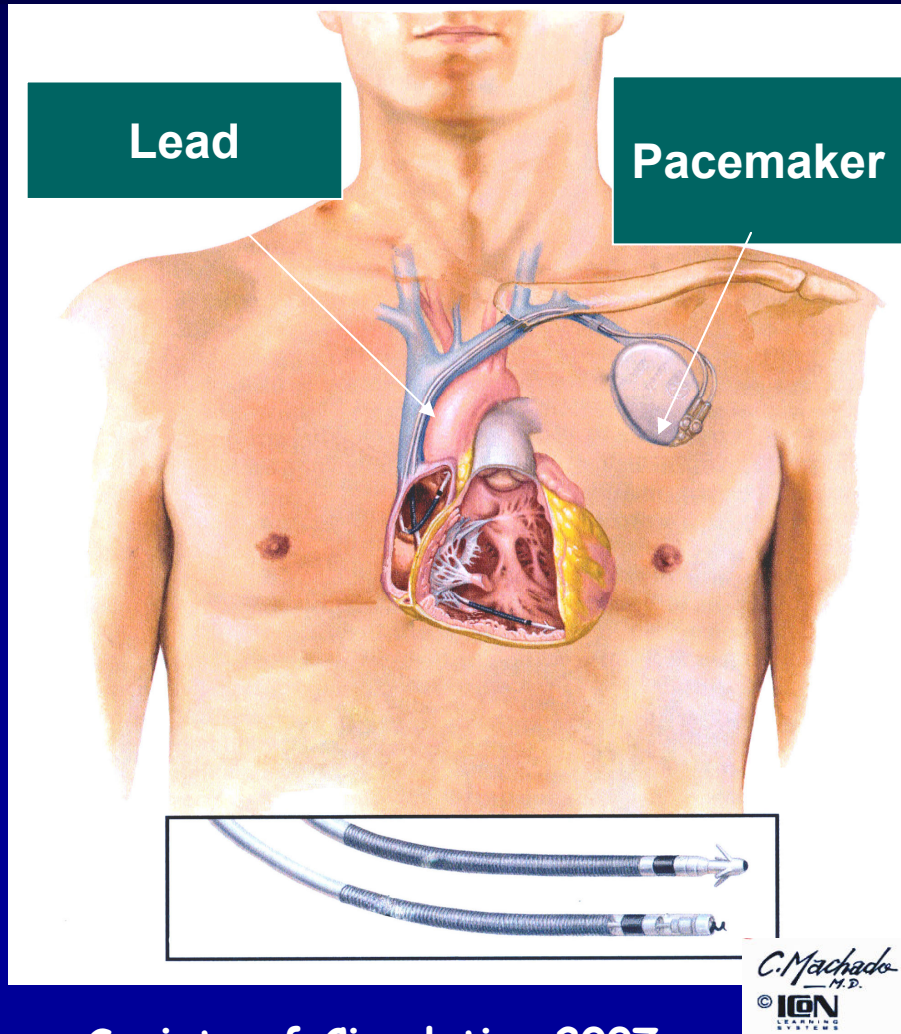
Sinus node



- The heart beats 2-3 billion times during the lifespan
- Malfunction of pacemaker cells due to aging leads to slow heart rate

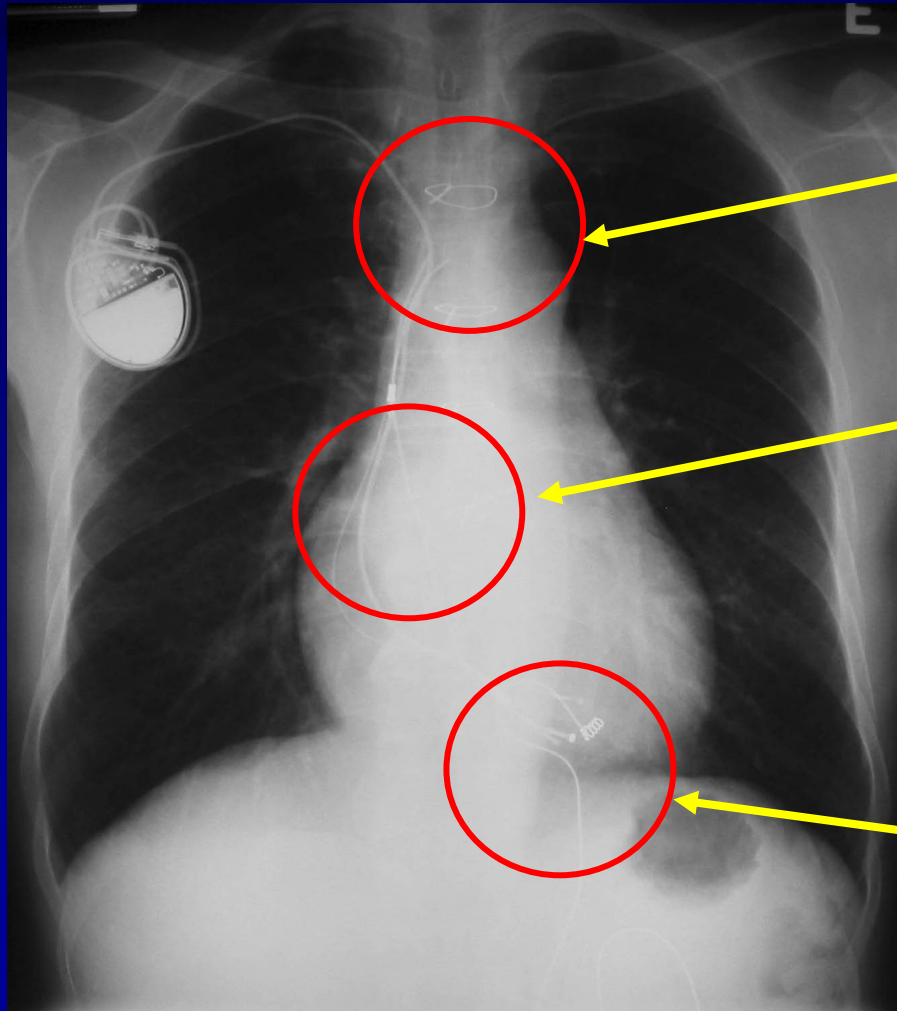


Conventional Treatment: Electronic Pacemaker





Disadvantages of Electronic Pacemaker



- Infection

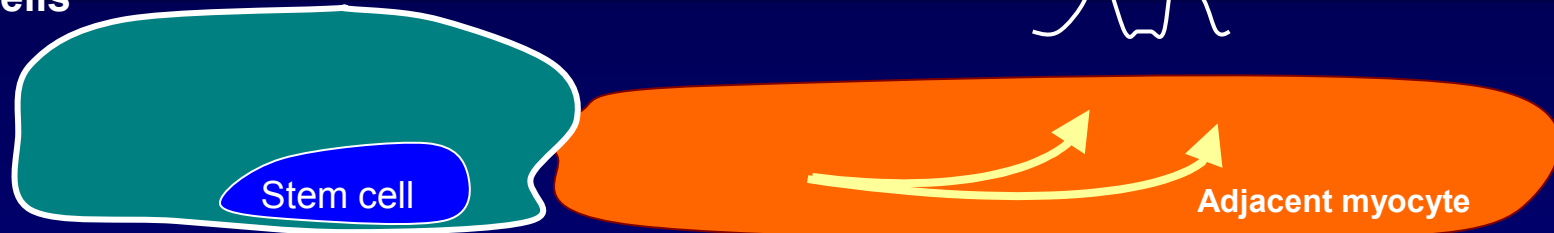
- Replacement of malfunction leads and pacemaker

- Unable to meet the patients needs

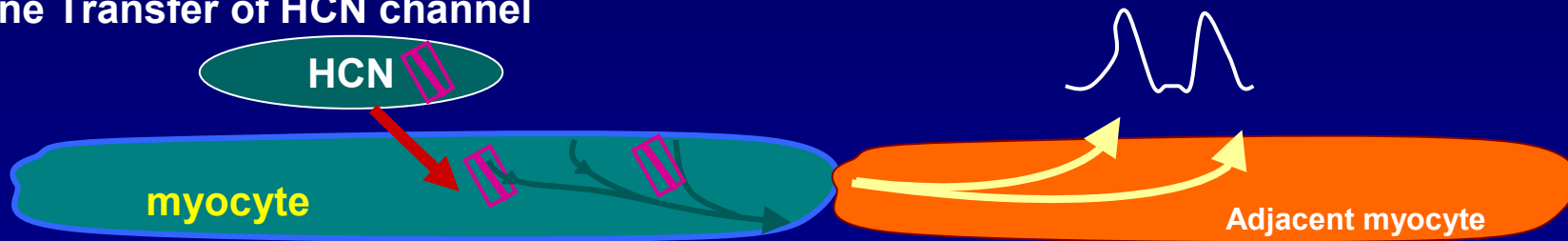


Approaches for Biological Pacemaker

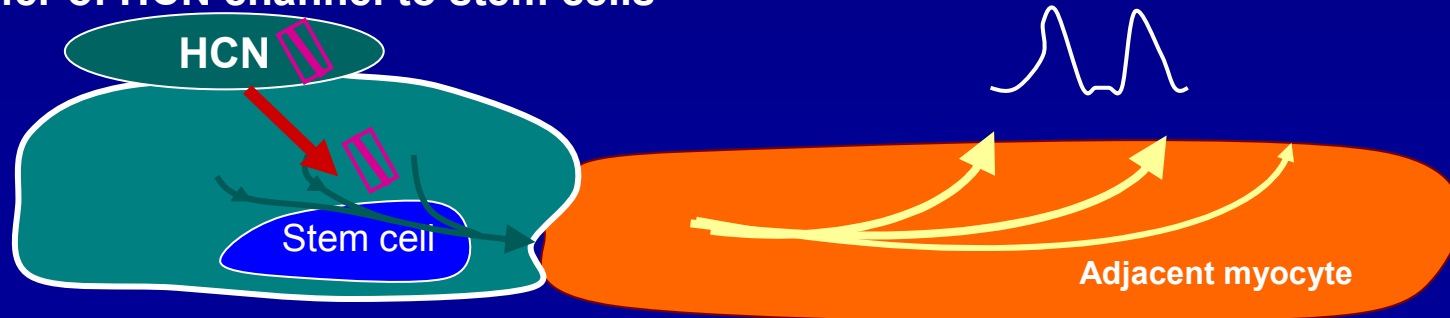
Stem Cells



Gene Transfer of HCN channel



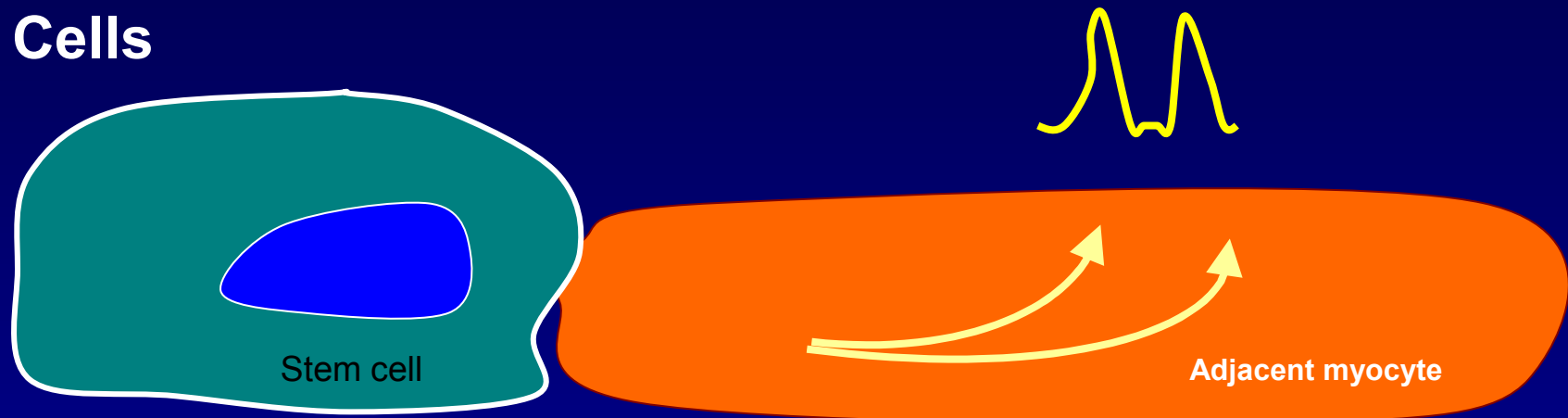
Gene Transfer of HCN channel to stem cells





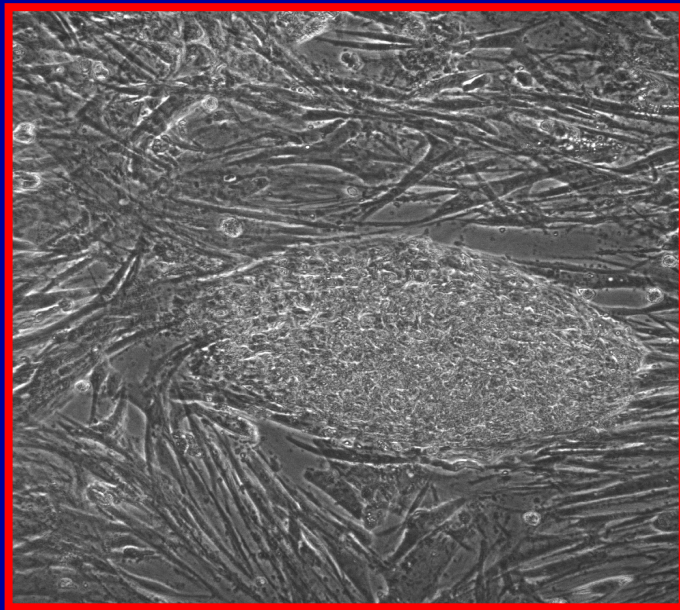
Stem Cells Therapy as Biological Pacemaker

Stem Cells

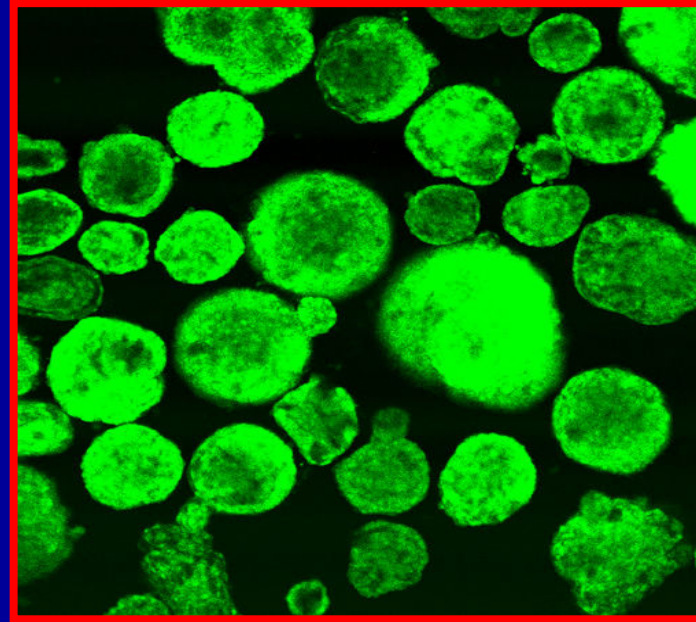


- Which cell?
- Undifferentiated vs. Differentiated Stem Cells ?
- Engraftment ?
- Mechanisms of Automaticity in Cardiomyocyte ?

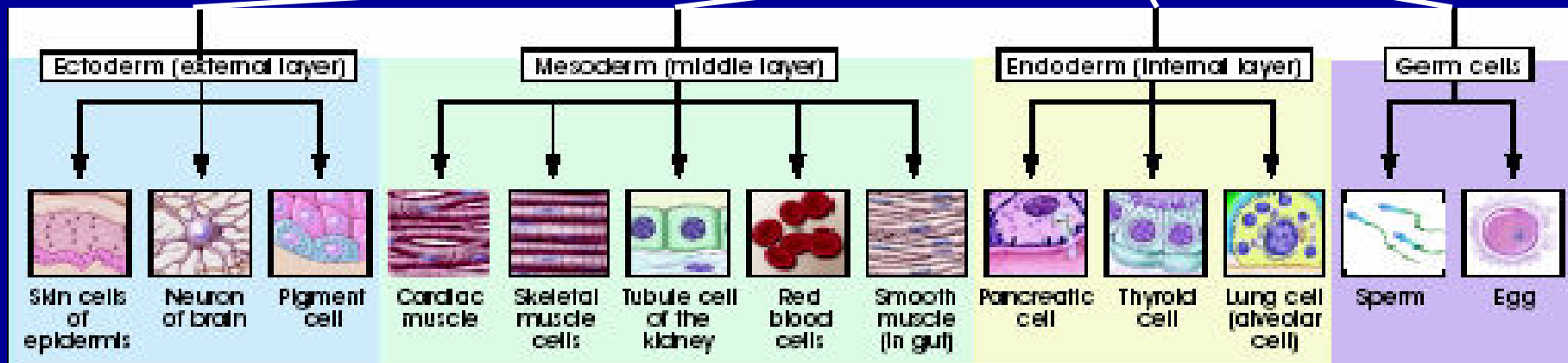
hESC COLONY



EMBRYOID BODIES



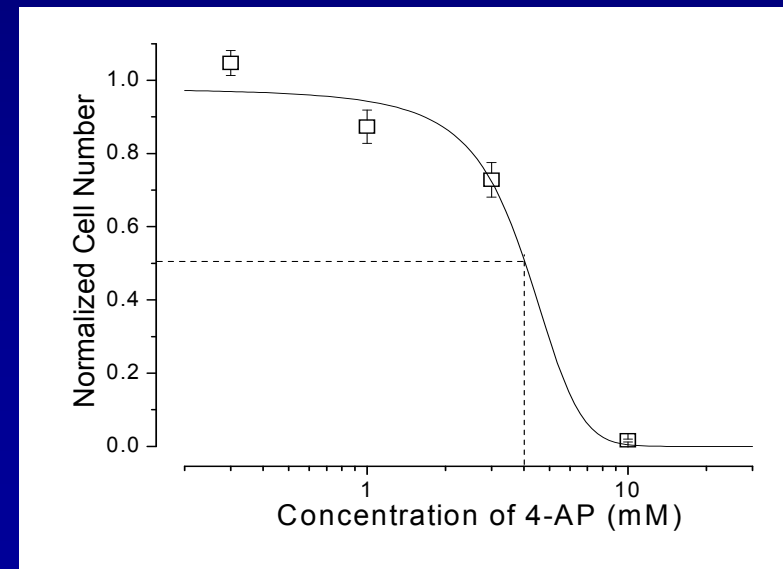
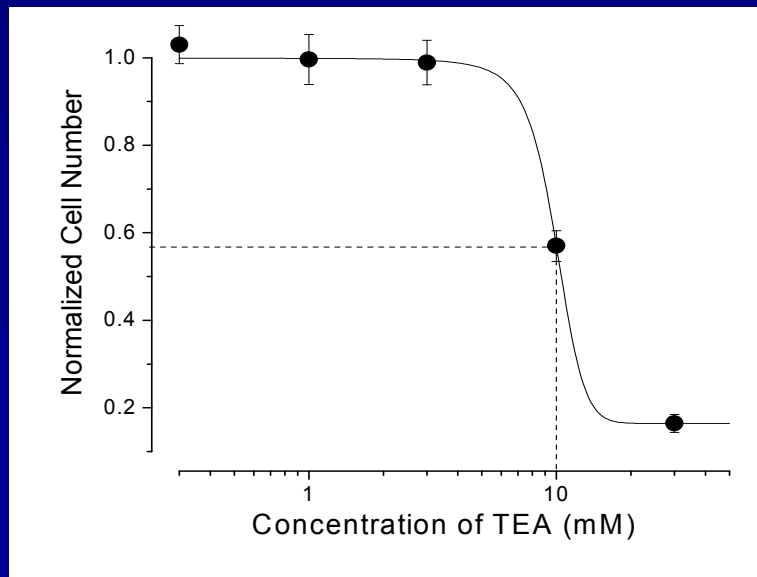
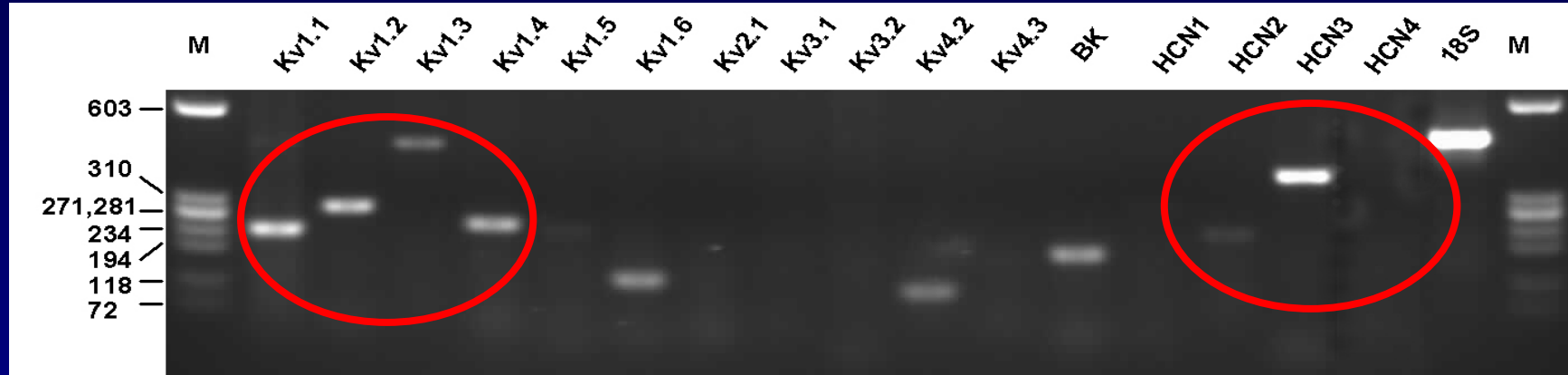
GFP : track human cells after transplantation into animals



Tian Xue & Ronald Li *unpublished*

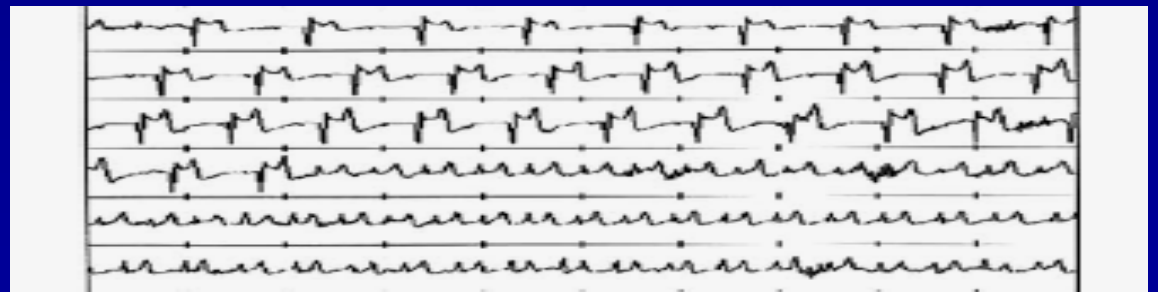
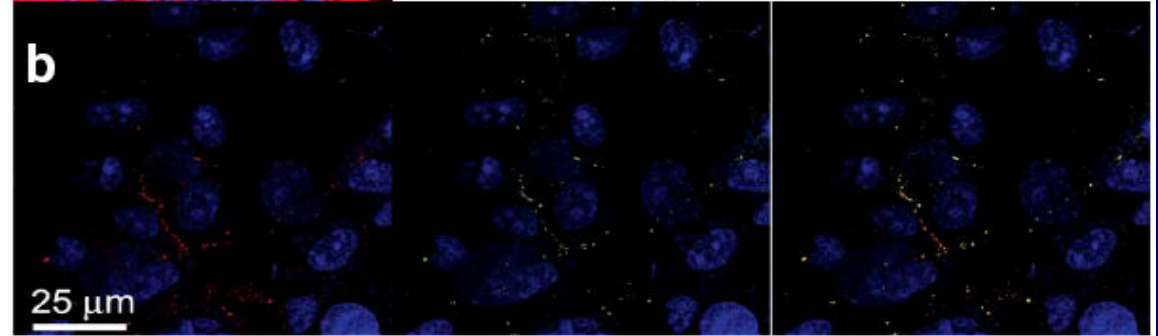
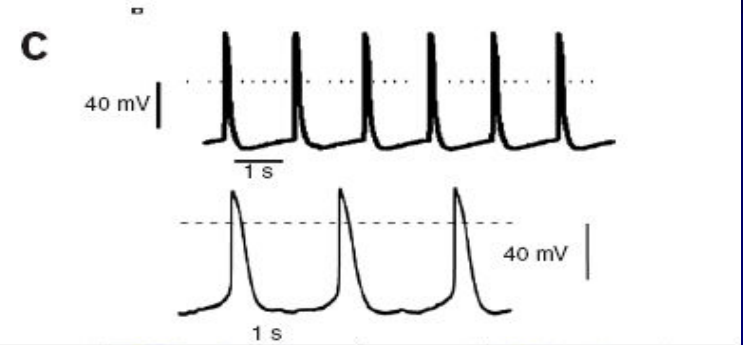
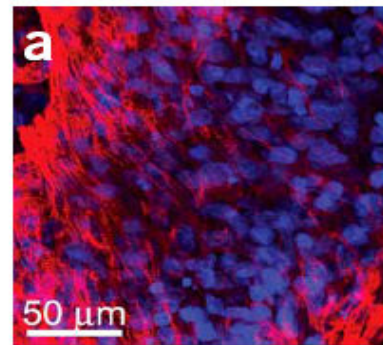
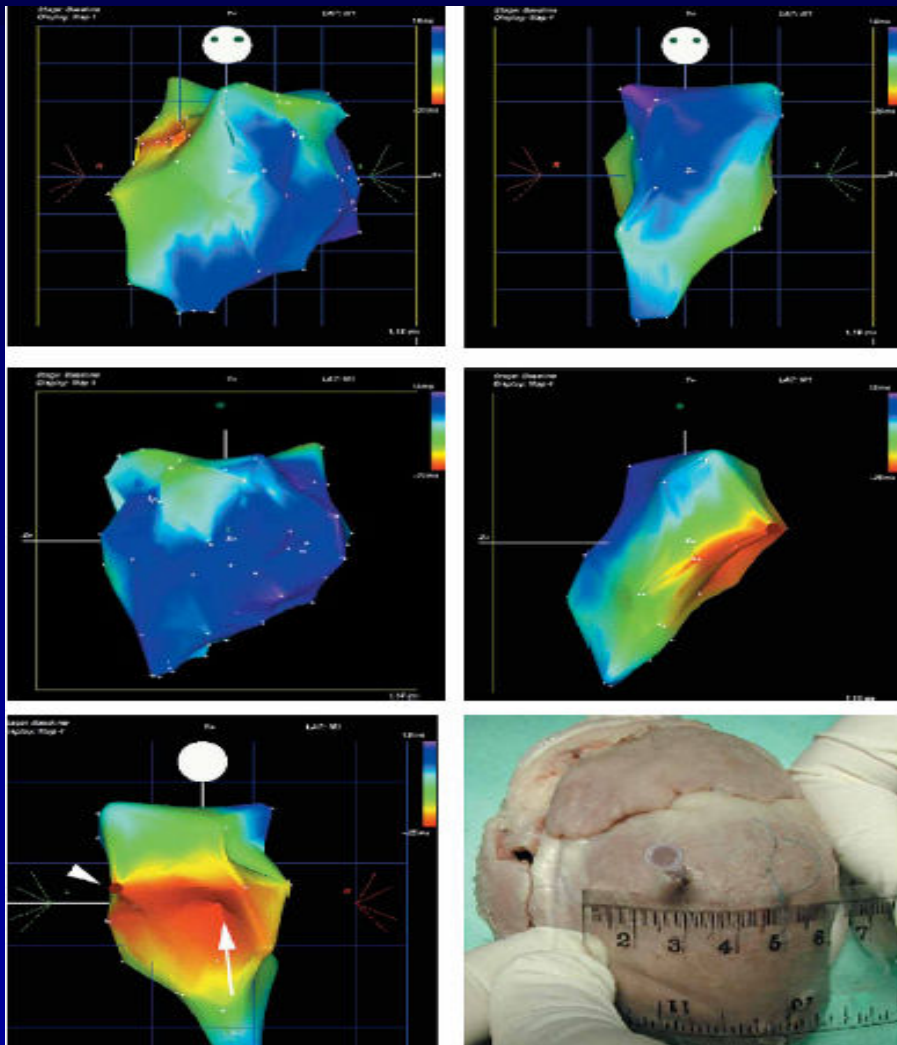


Ionic Channel Expression in Mouse and Human ESC





hESC-Biological Pacemaker



Korean Society of Circulation 2007

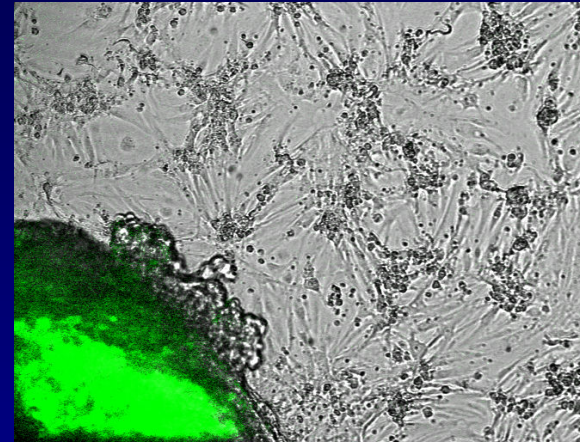
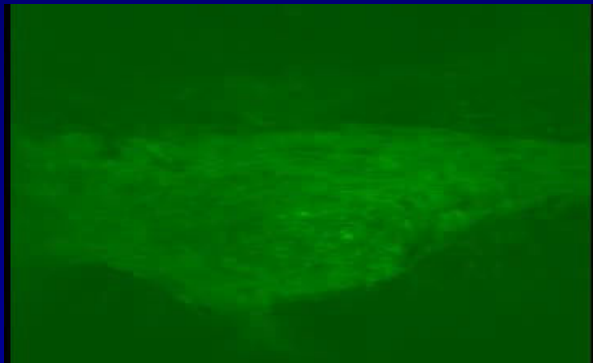
Kehat I, et al. Nat. Biotech 2004



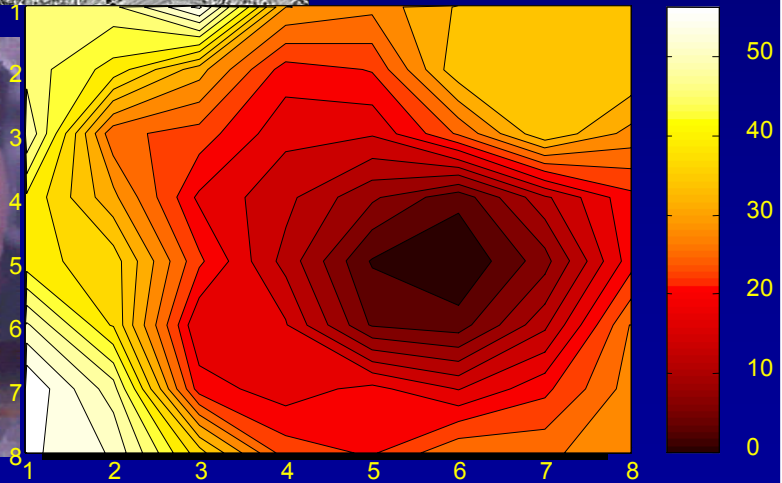
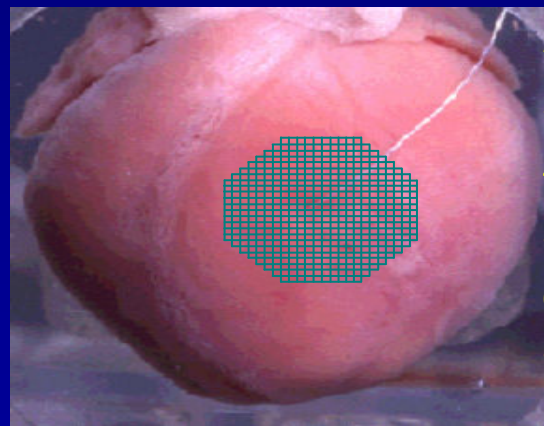
hESC Derived CMC- Biological Pacemaker

hESC-derived beating
cardiomyocytes

In vitro

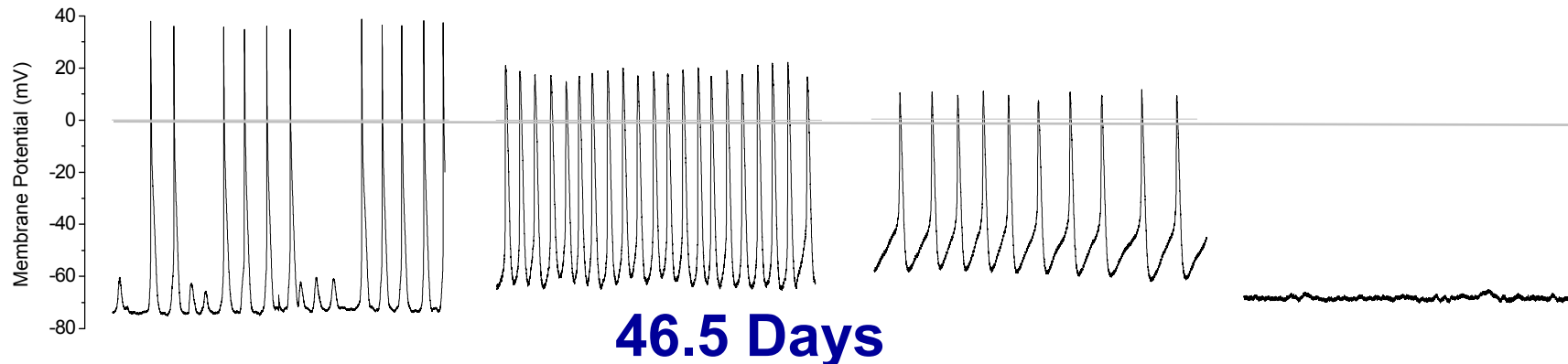


In vivo

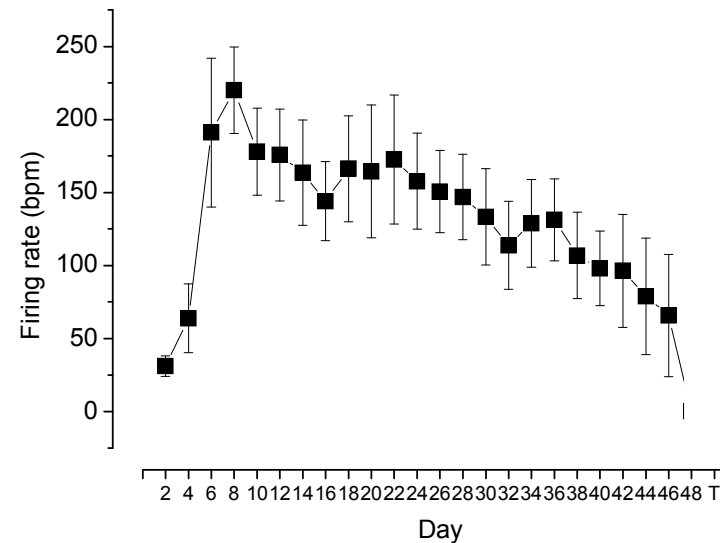




Automaticity of Cardiomyocytes



Neonatal Cardiomyocytes

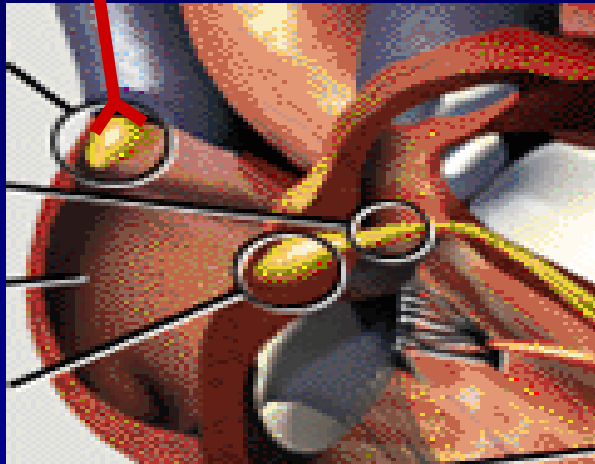




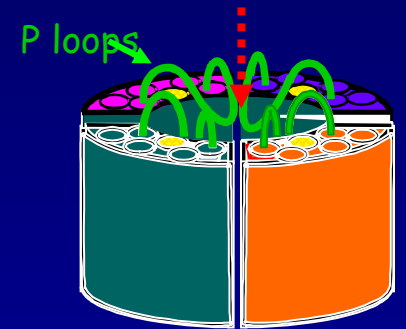
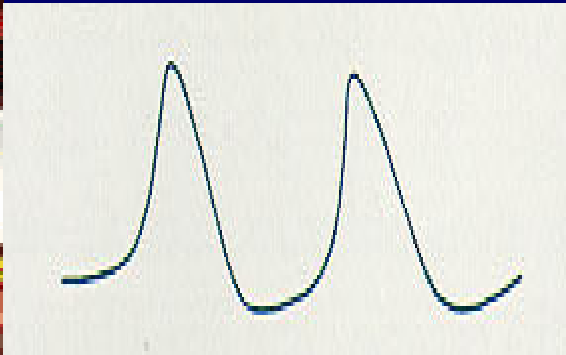
Mechanism of Biological Pacemaker

ANS

$\beta AR+$



Pacemaker current: I_f



Na^+ -dependent background current: I_{Na}

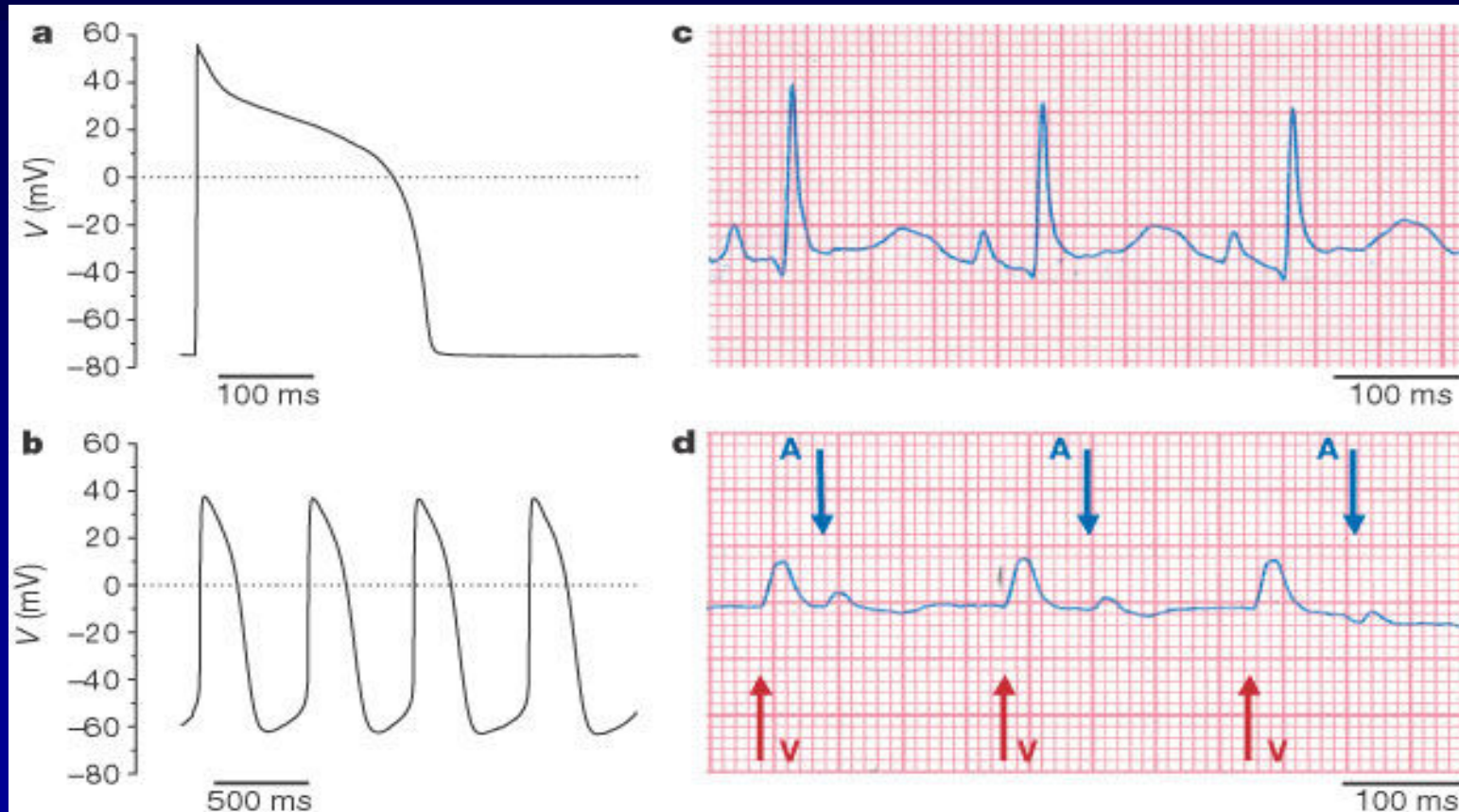
T-type Ca^{2+} current: I_{Ca}

Inward-rectifier current: I_{KI}

2007



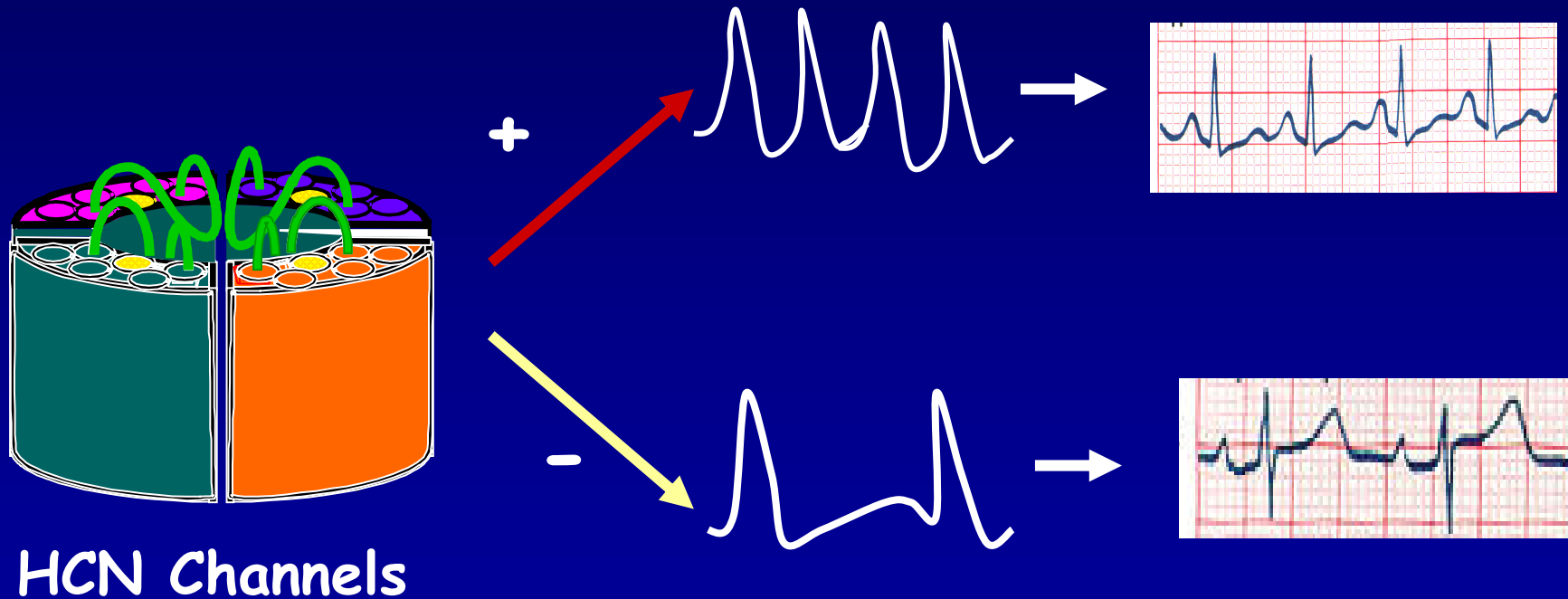
Gene Therapy to Suppress Kir2.1 for "Biological Pacemaker"



Suppression of Kir2.1 channels (I_{K1}) unleashes pacemaker activity in ventricular myocytes

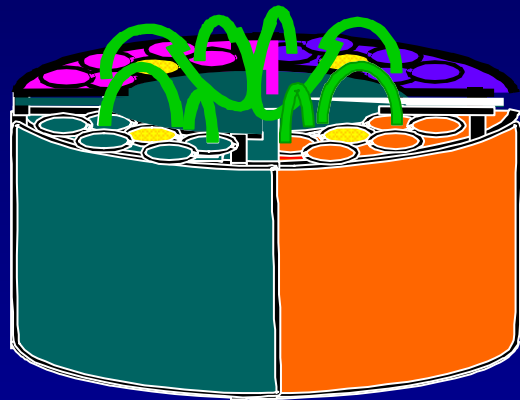


Functional Roles of Pacemaker current?





Functional Roles of Pacemaker current?

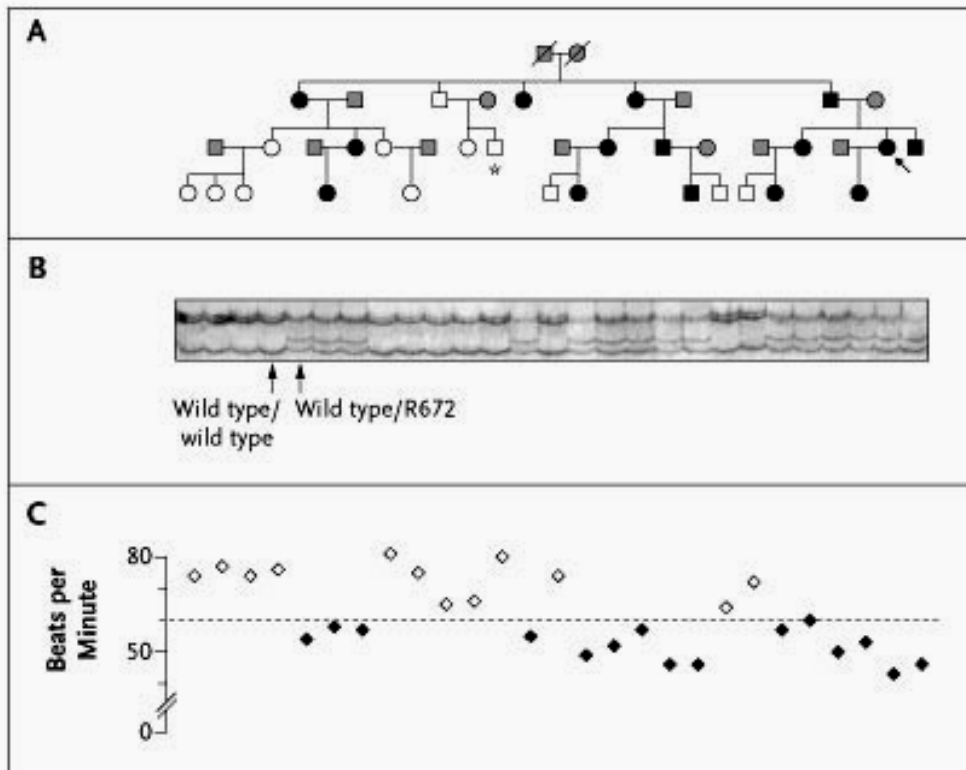


HCN Channels

- 4 isoforms, namely HCN1-4, each with a distinct pattern of tissue distribution and biophysical profiles
- Of the two predominant isoforms in the SA node, time-dependent HCN1 currents open ~40 times faster than those of HCN4 channels
- the fastest isoform HCN1 activates at ~-80mV with opening time constants in the range of seconds.



Familial Sinus Bradycardia: HCN4 Mutation



HCN4 mutation at cyclic nucleotide-binding domain region

Affect cAMP binding

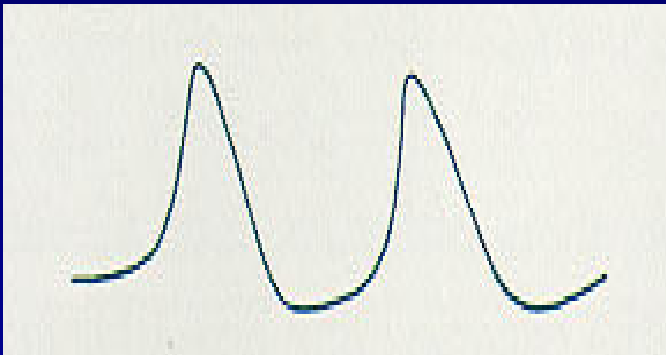
Modify channel kinetics by shifting the current activation range to hyperpolarized voltages & slowing current deactivation:
mimic vagal stimulation

↓inward current during diastolic depolarization

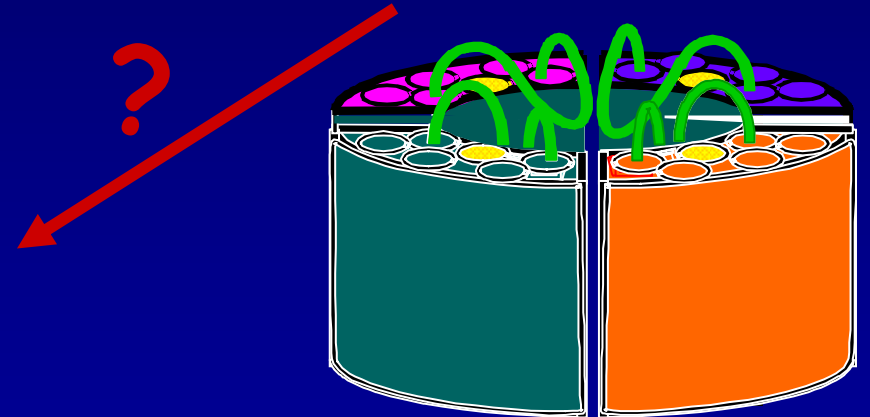
↓heart rate.



Possible Mechanisms of Automaticity of Cardiomyocytes



Pacemaker current: I_f

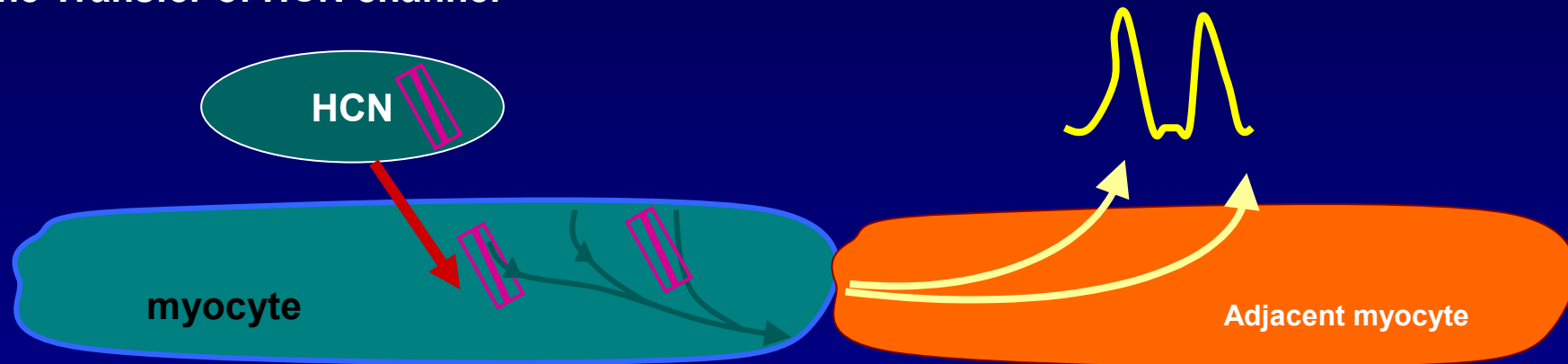


HCN Channel



Gene Therapy for Biological Pacemaker

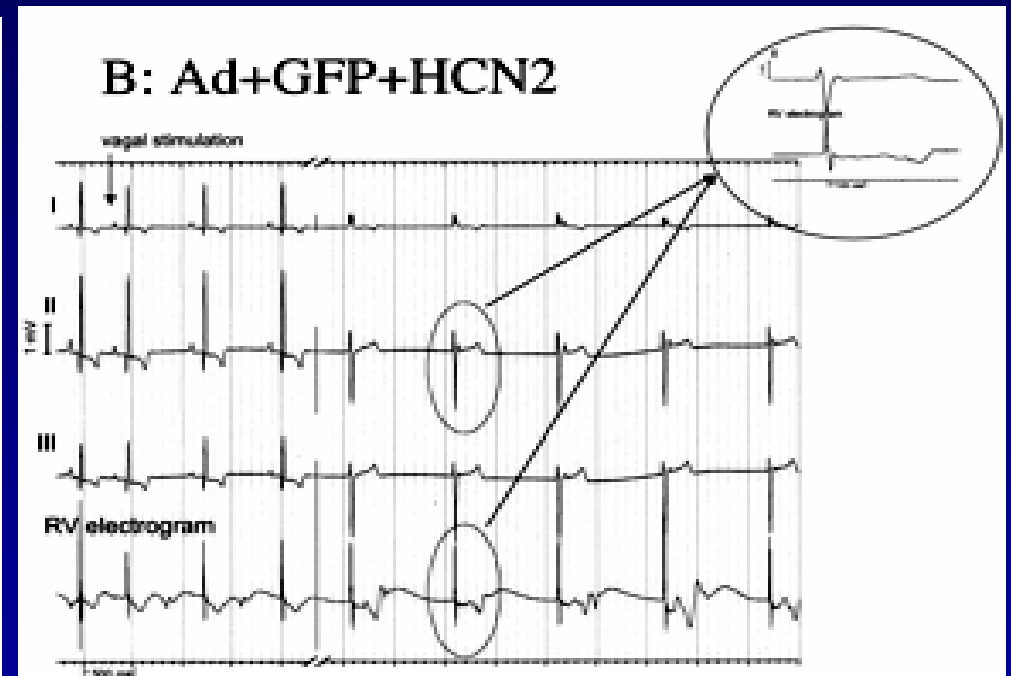
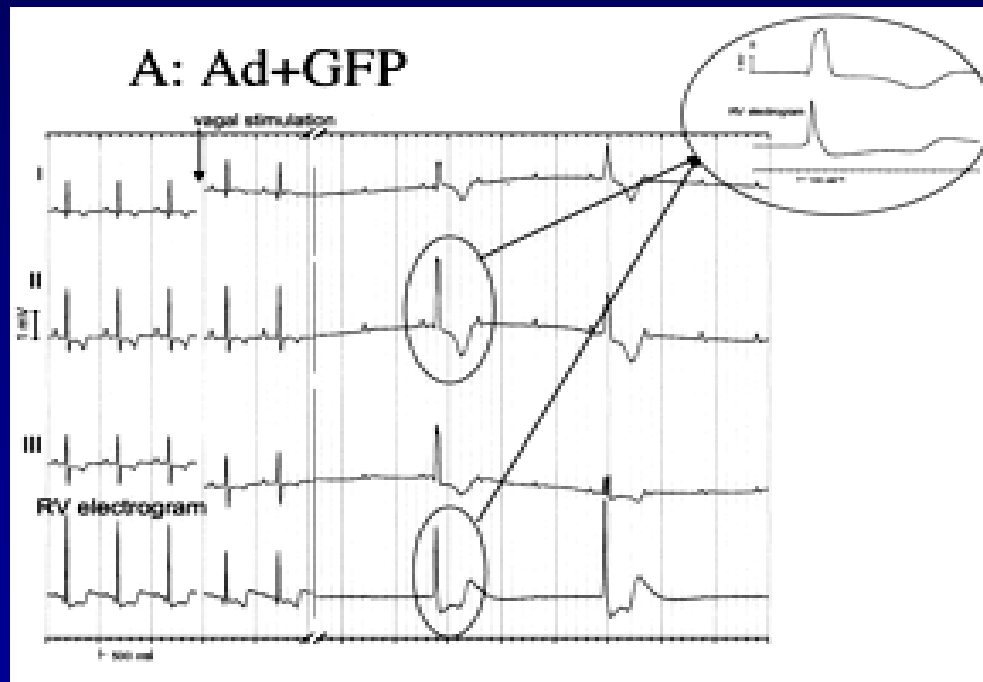
Gene Transfer of HCN channel



- Atrial vs. Ventricular CMC ?
- Kinetic of HCN Channels ?
- Integration and function?

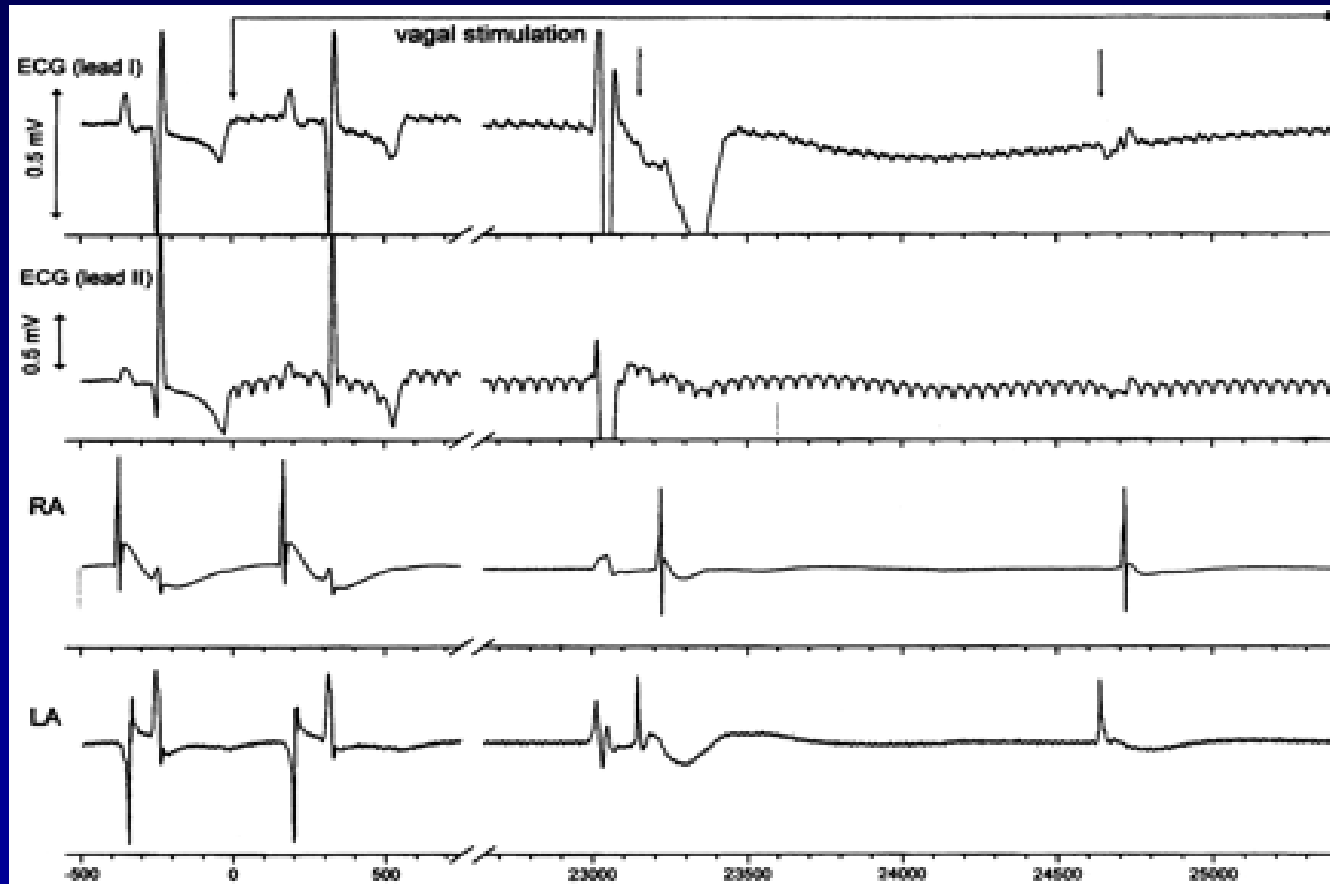


HCN2 Gene Transfer to LV as Biological Pacemaker



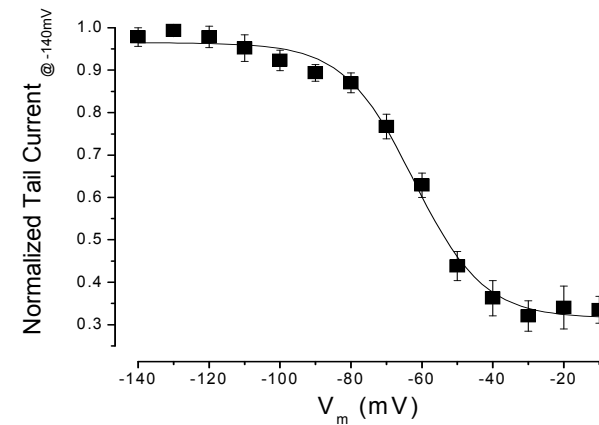
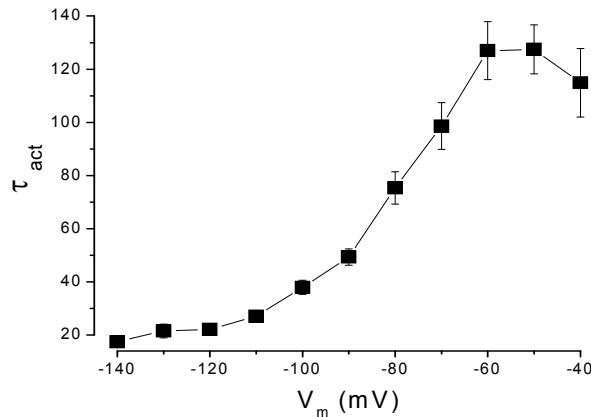
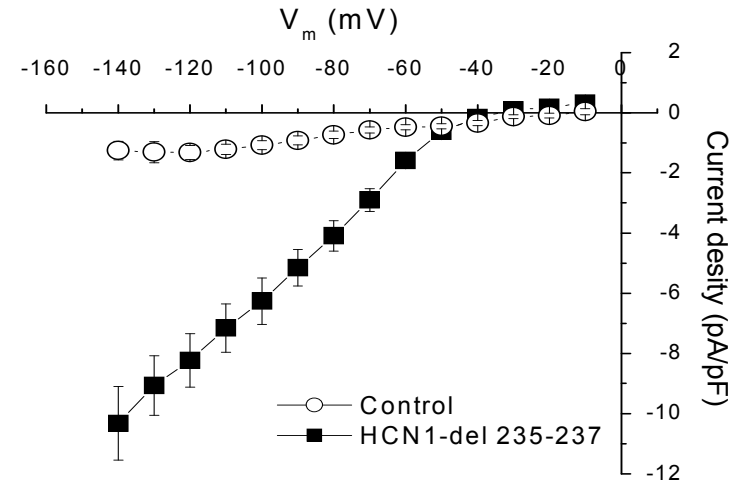
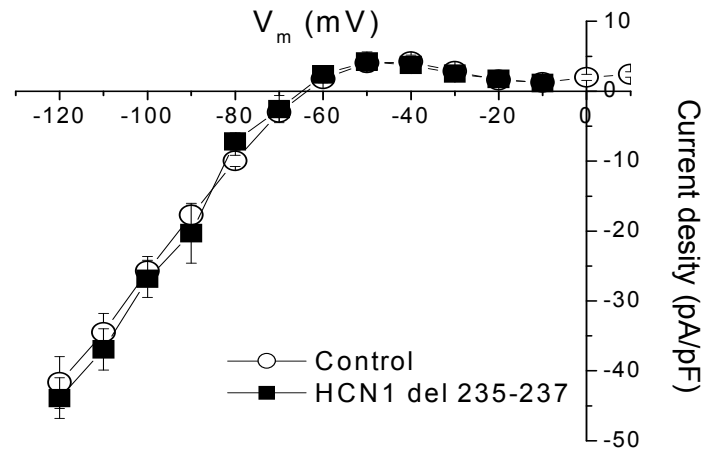


HCN2 Gene Transfer to LA as Biological Pacemaker





Bio-engineering of HCN1 Channel



Tse HF, et al. *Circulation* 2006; 114:1000-1011

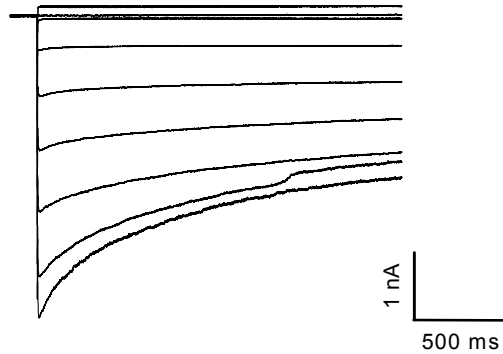
Korean Society of Circulation 2007 Pan X, Siu CW, Tse HF, Li R, et al. *Circulation* (in press)



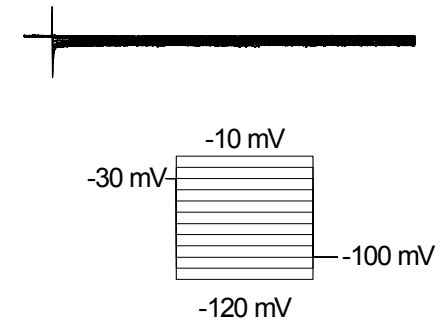
Bio-engineering of HCN1 Channel

Gpig LVCM

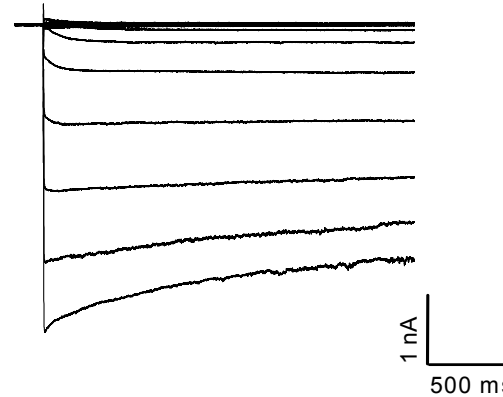
A



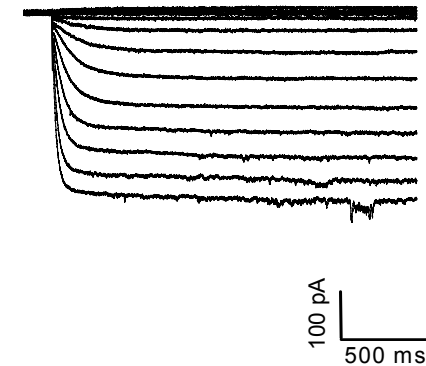
B



C



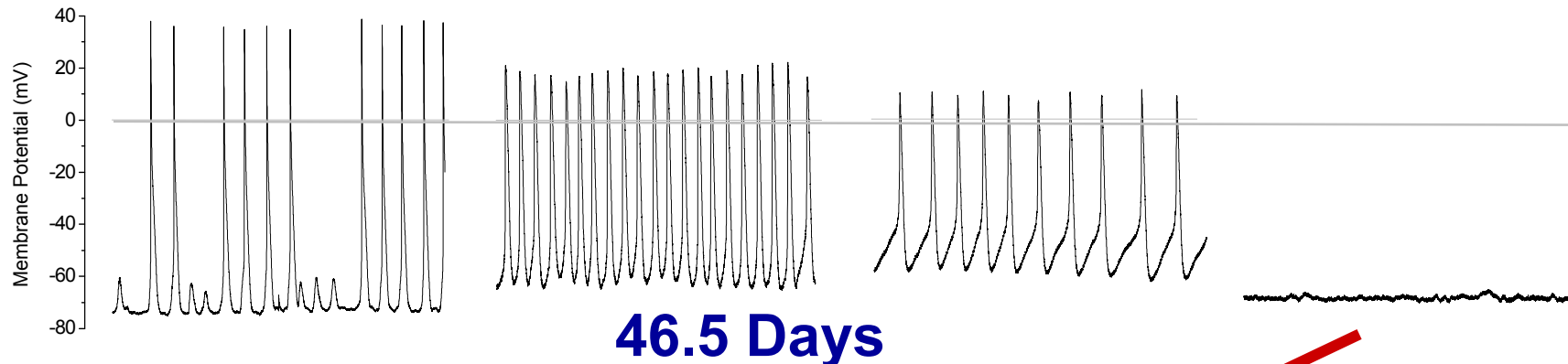
D



HCN1 $\Delta\Delta\Delta$



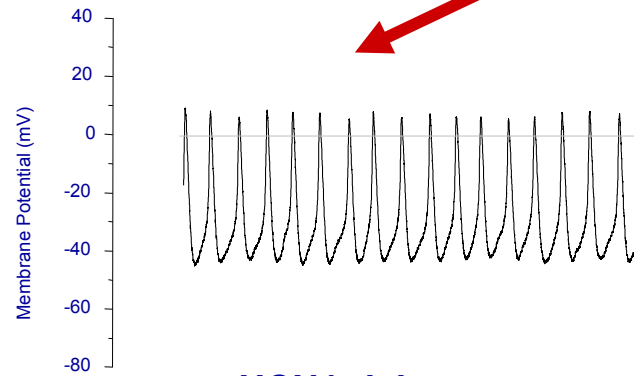
HCN Transfer on Automaticity of Cardiomyocytes



Neonatal Cardiomyocytes



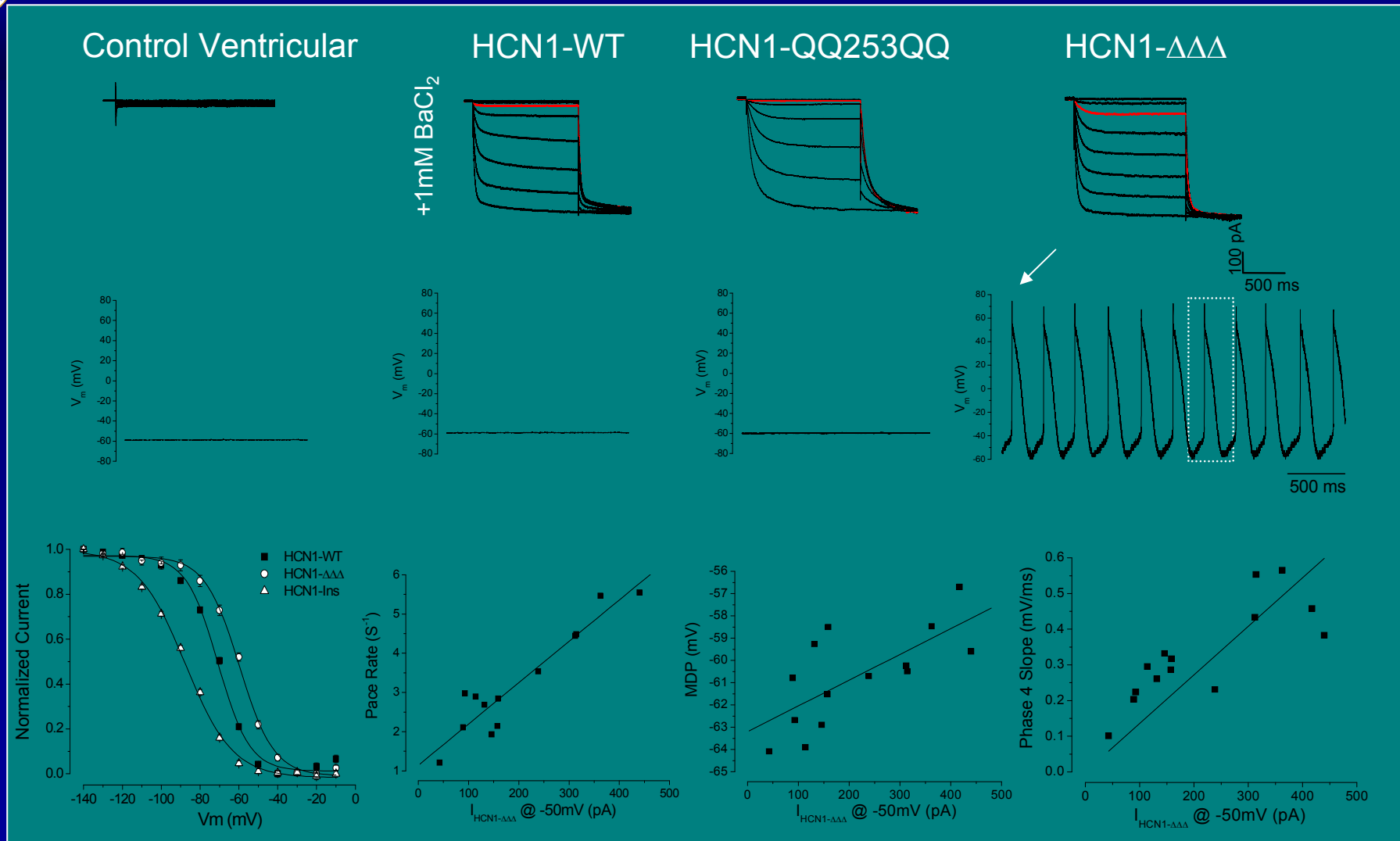
Transfection with
Ad-CGI-HCN1- $\Delta\Delta\Delta$



HCN1-del

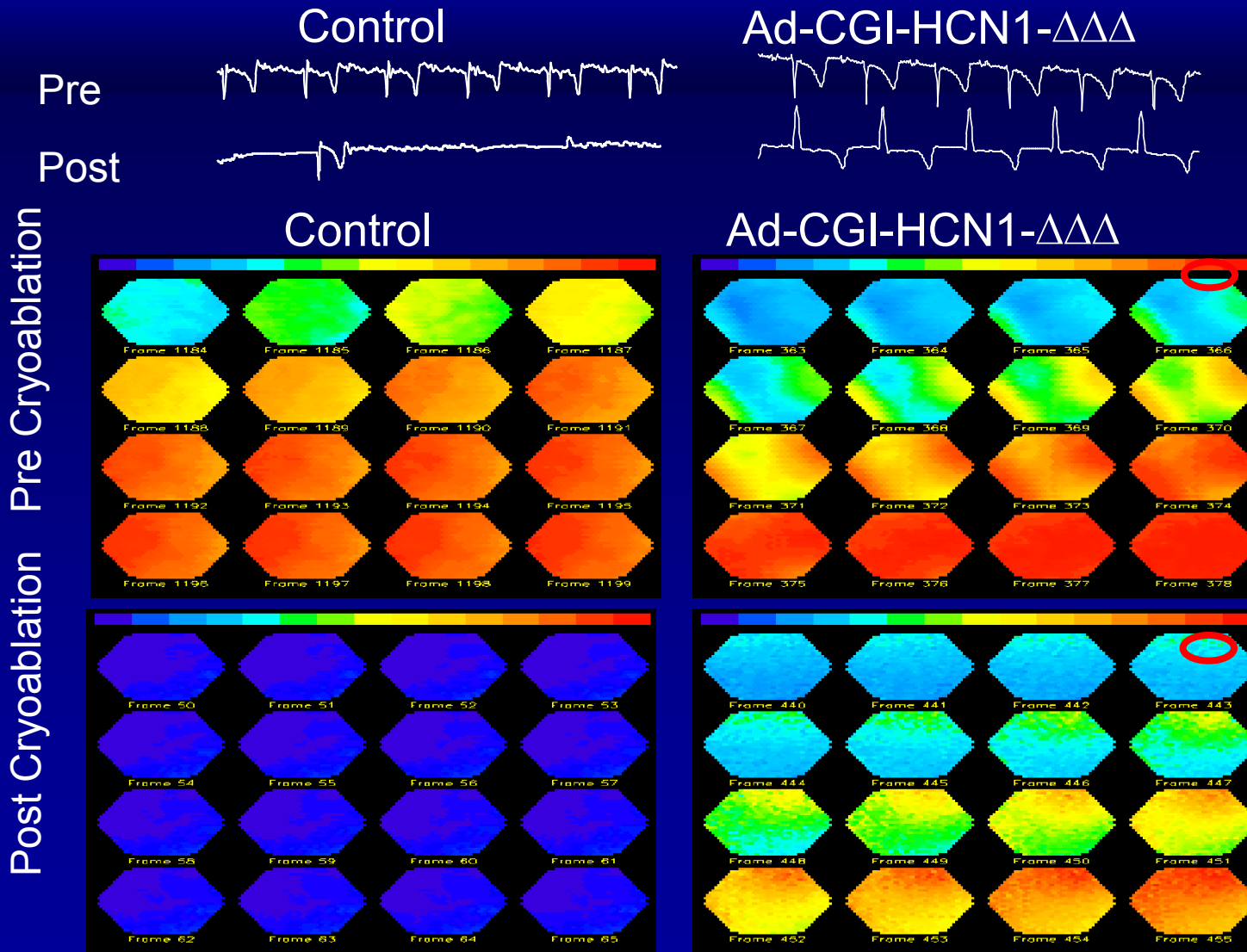


Transdifferentiation of Adult Atrial & Ventricular into Pacemaker cells



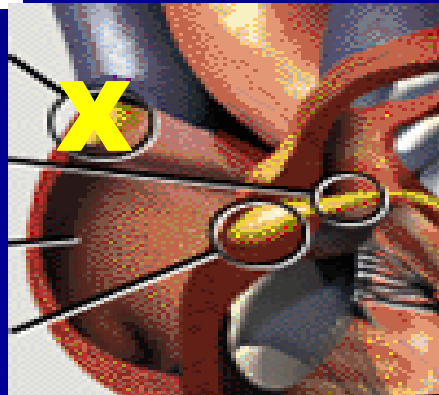
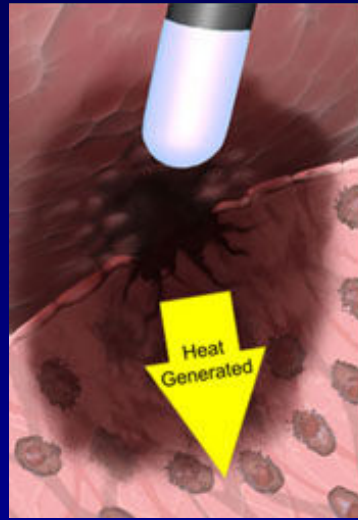


Optical Mapping of Guinea Pig LV

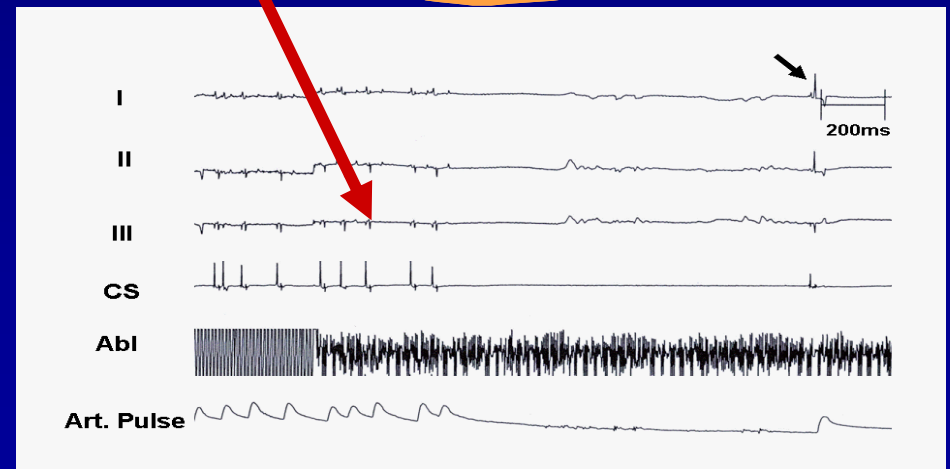
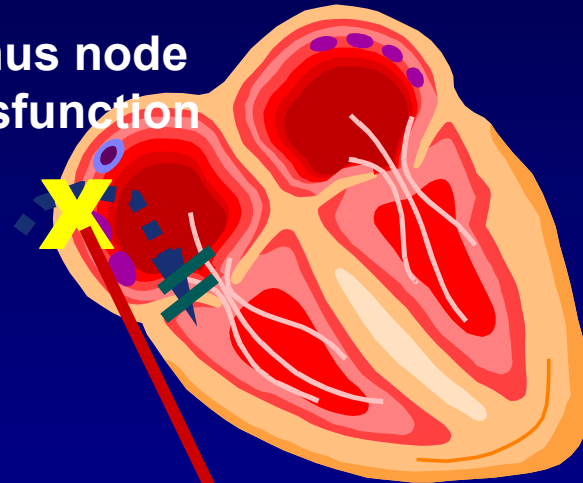




Animal Model of SA Node Dysfunction

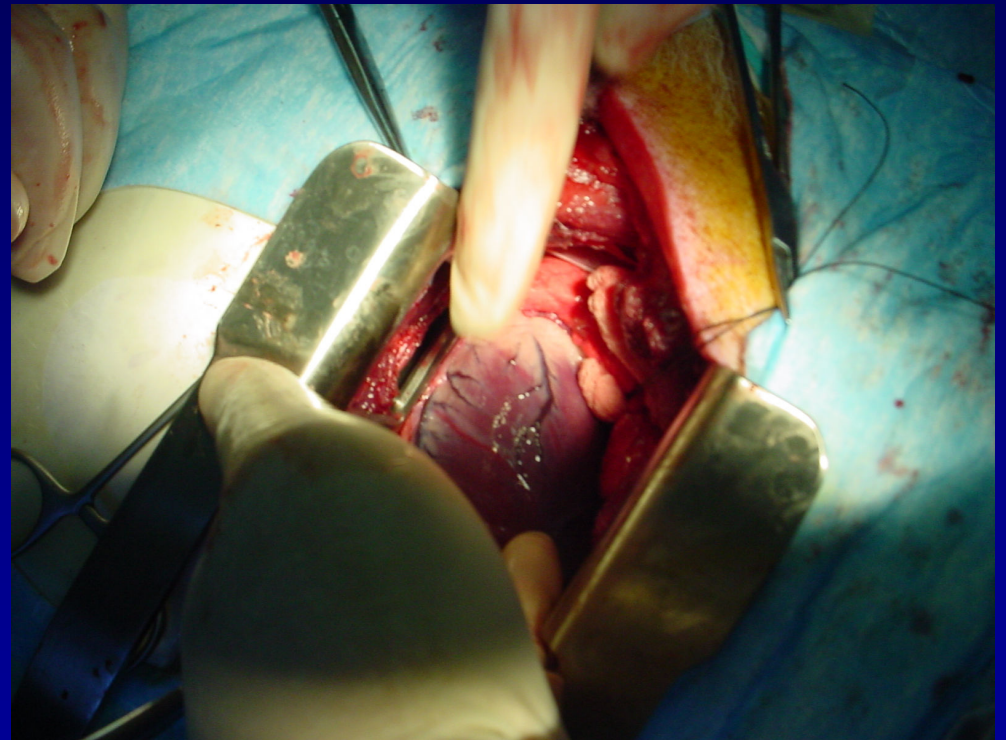


Sinus node dysfunction



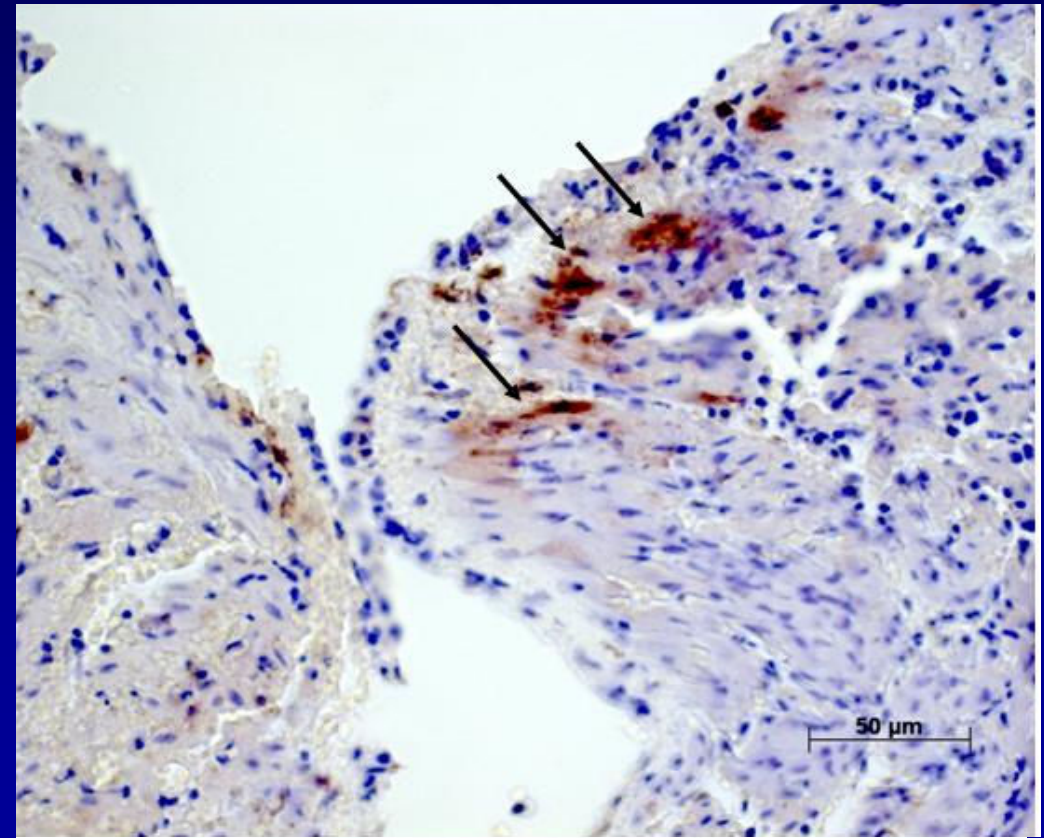
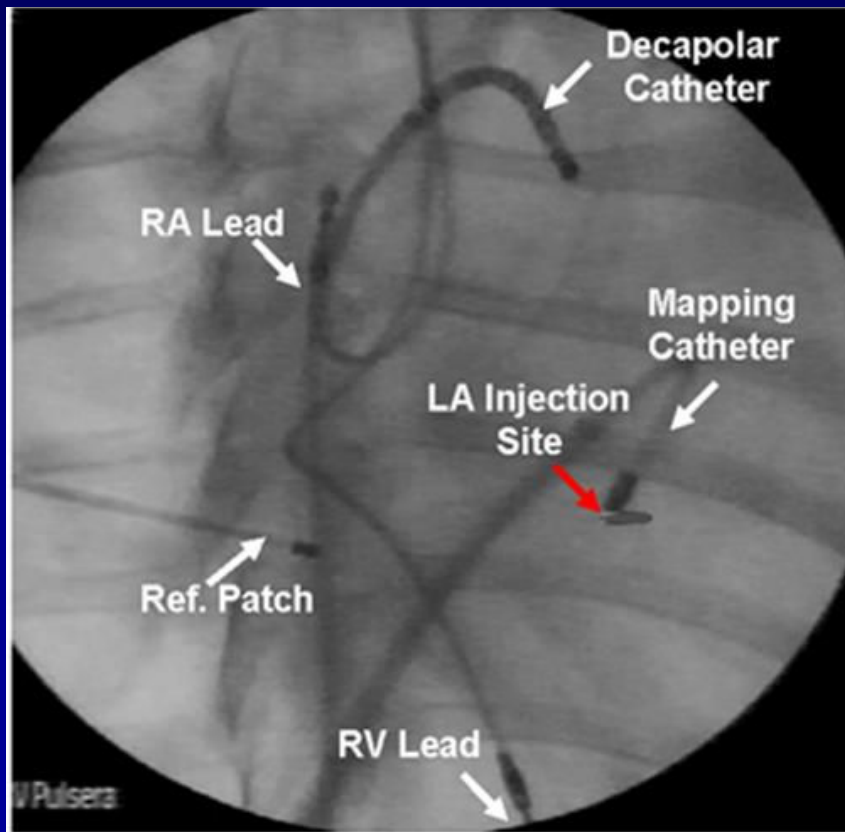


In-Vivo Mutant HCN Transfer





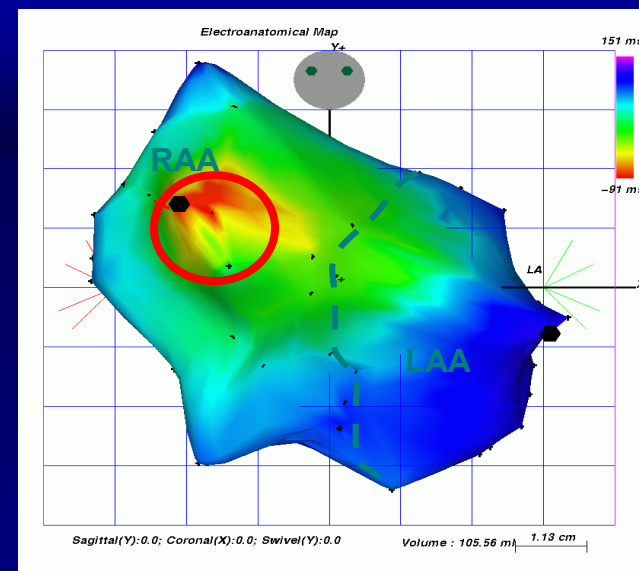
In-Vivo Mutant HCN Transfer



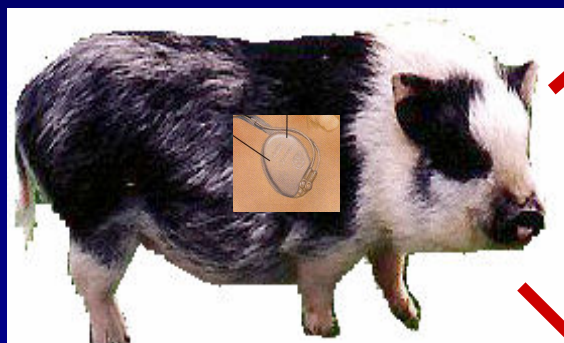


In-Vivo Mutant HCN Transfer

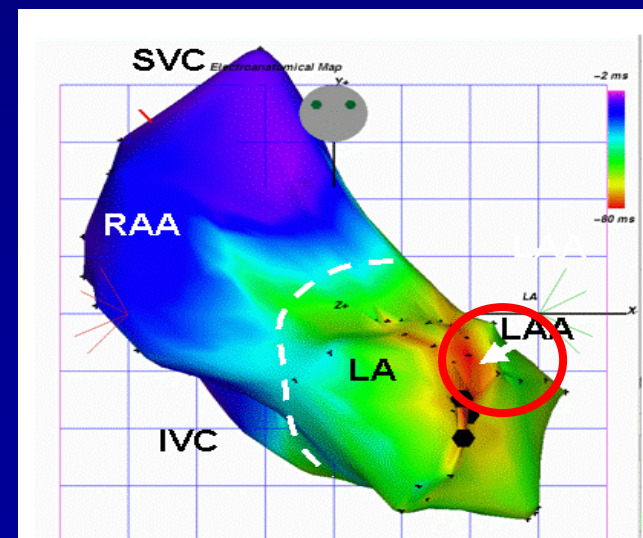
Saline (n=2) or GFP (n=2)



2 weeks

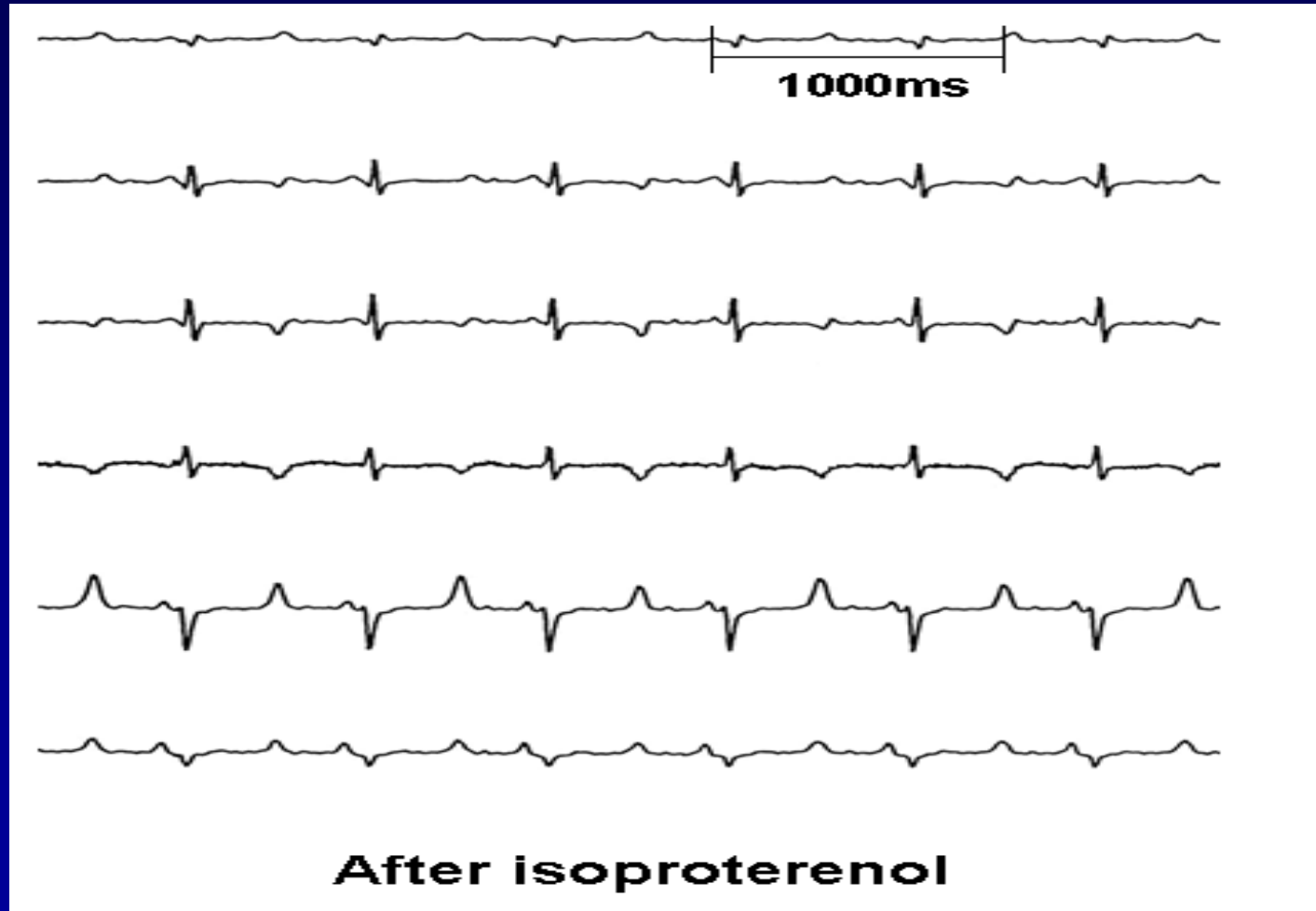


Ad-CGI-HCN1- $\Delta\Delta\Delta$ (n=5)



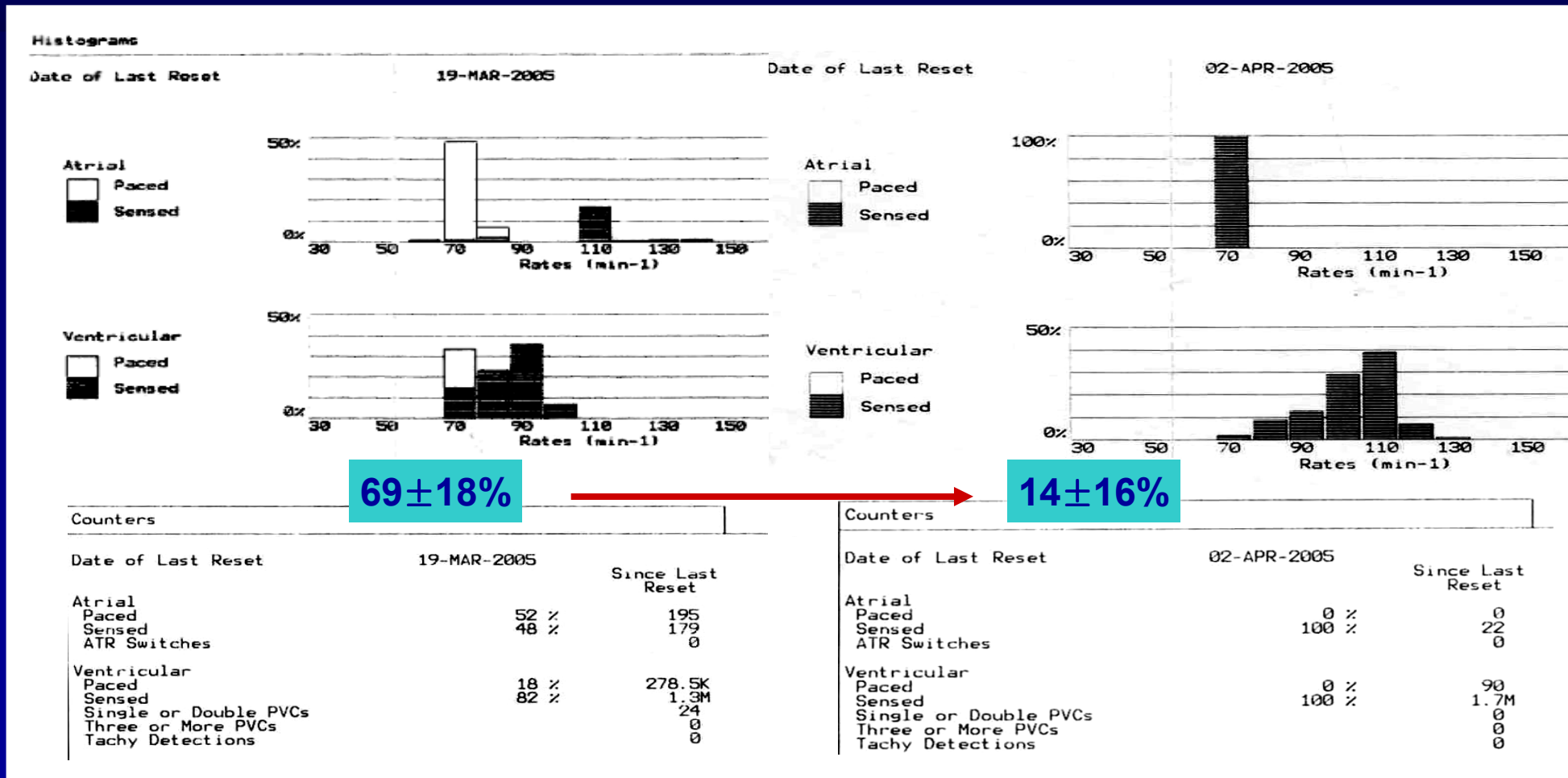


Spontaneous LA Rhythm after Mutant HCN1 Gene Transfer





Spontaneous LA Rhythm after Mutant HCN1 Gene Transfer



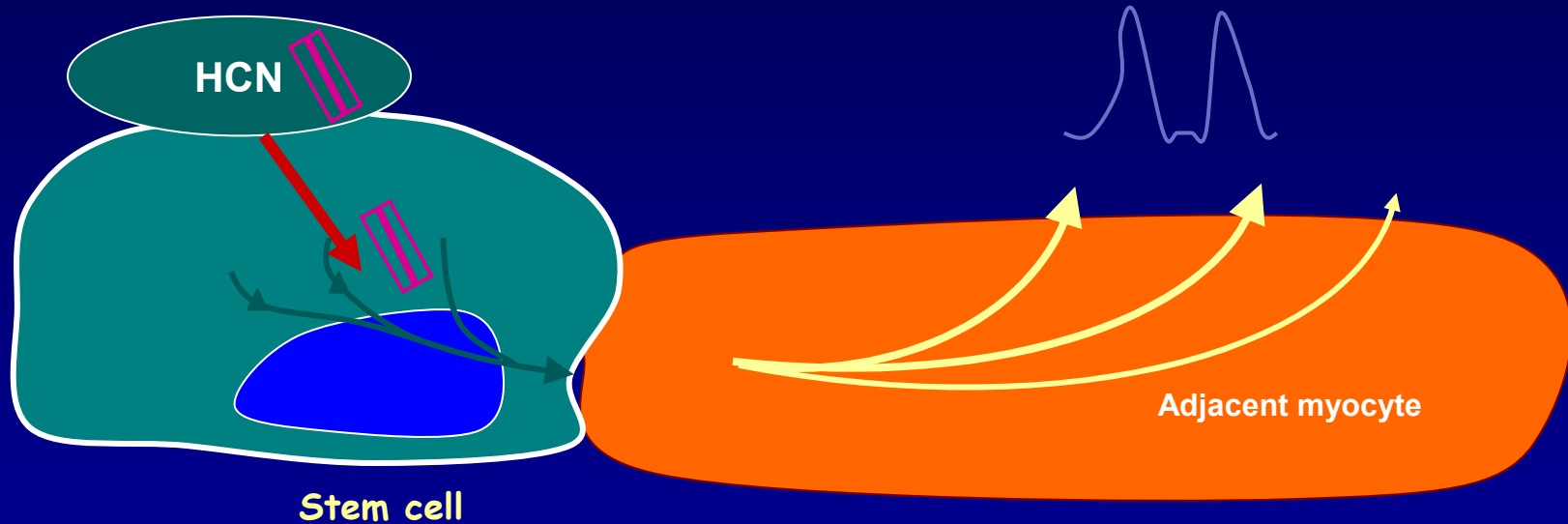
Before Ad-CGI-HCN1- $\Delta\Delta\Delta$

After Ad-CGI-HCN1- $\Delta\Delta\Delta$



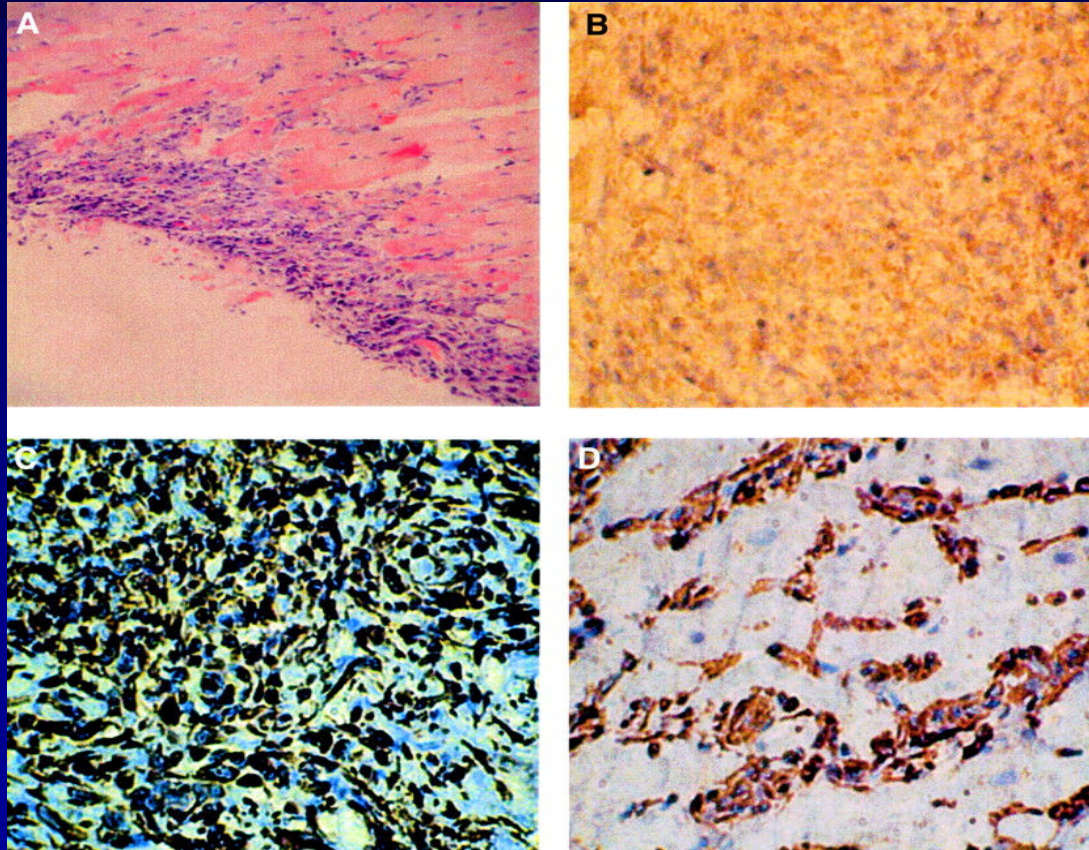
Hybrid (Cell + Gene) Approaches for Biological Pacemaker

Gene Transfer of HCN channel to stem cells

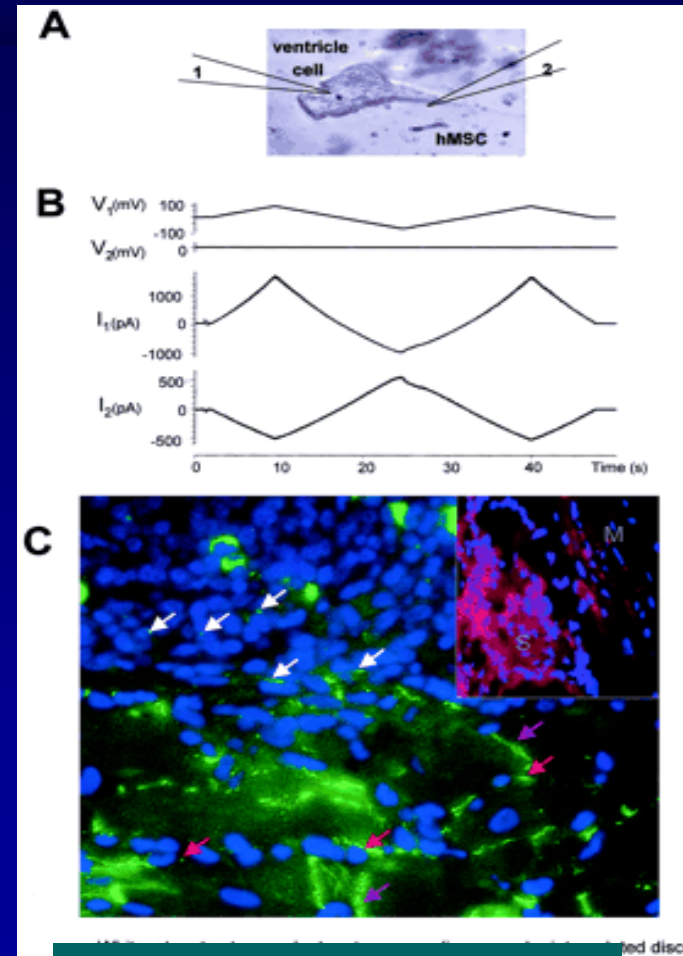




HCN2 Gene Transfer to hMSC as Biological Pacemaker



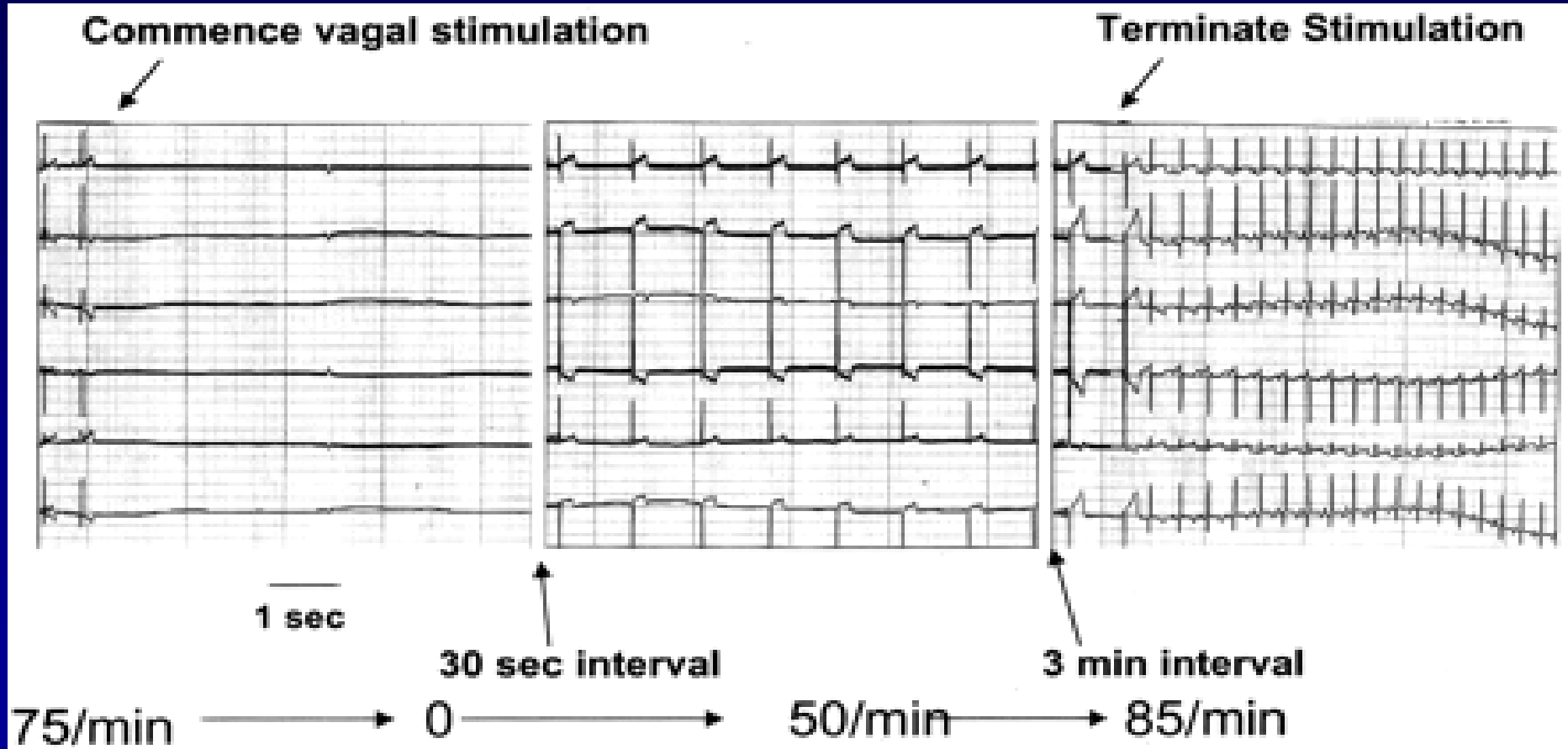
Integration of hMSC to canine myocardium



Gap junction formation

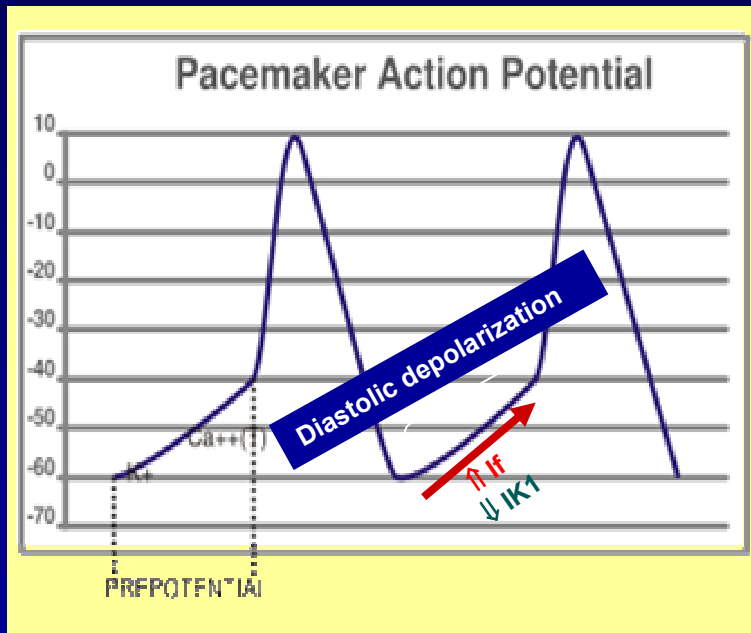


HCN2 Gene Transfer to hMSC as Biological Pacemaker





Modulation of Biological Pacemaker

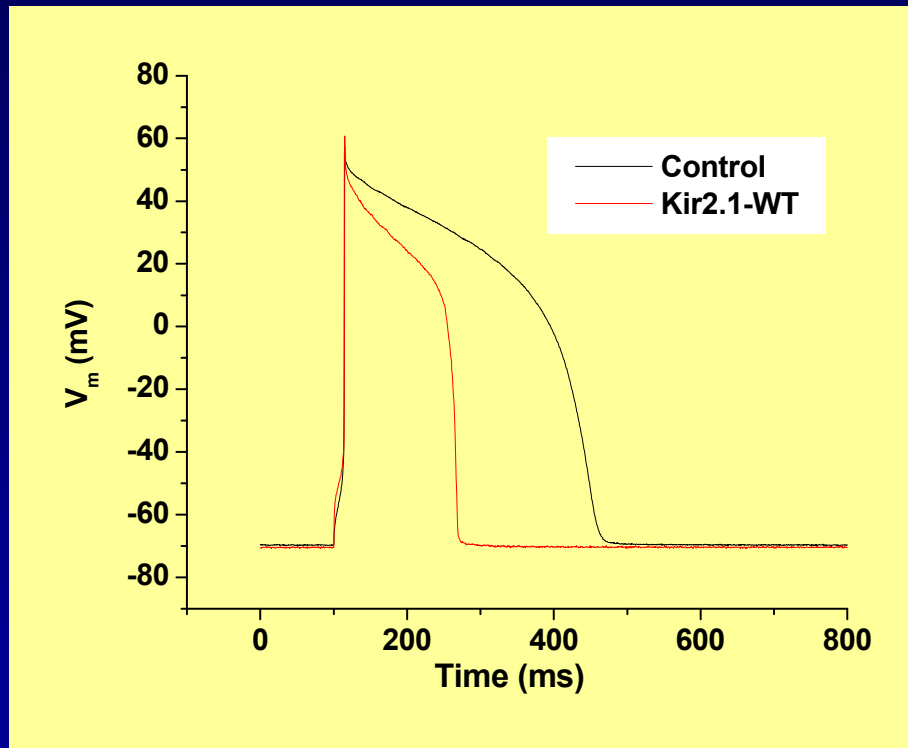


The strategies of genetic suppression of I_{K1} and overexpression of I_f for inducing pacemaker activities may not be necessary synergistic

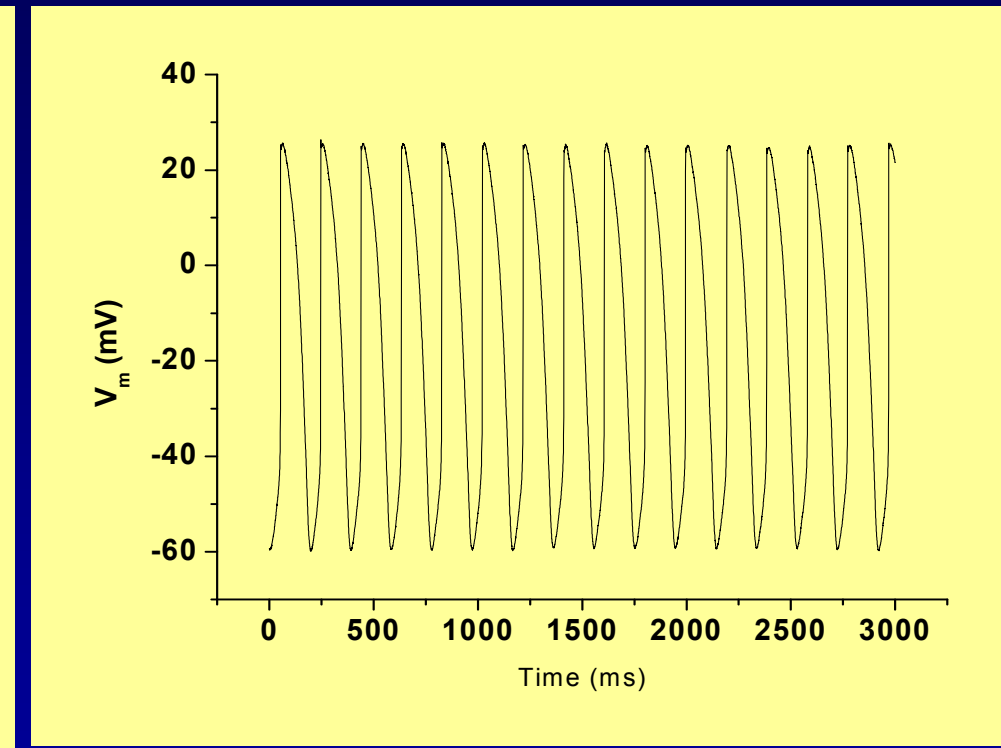
Azene et al., Cardiovas Res 2005



Modulation of Biological Pacemaker



Kir2.1-WT overexpressed GPLVCMs



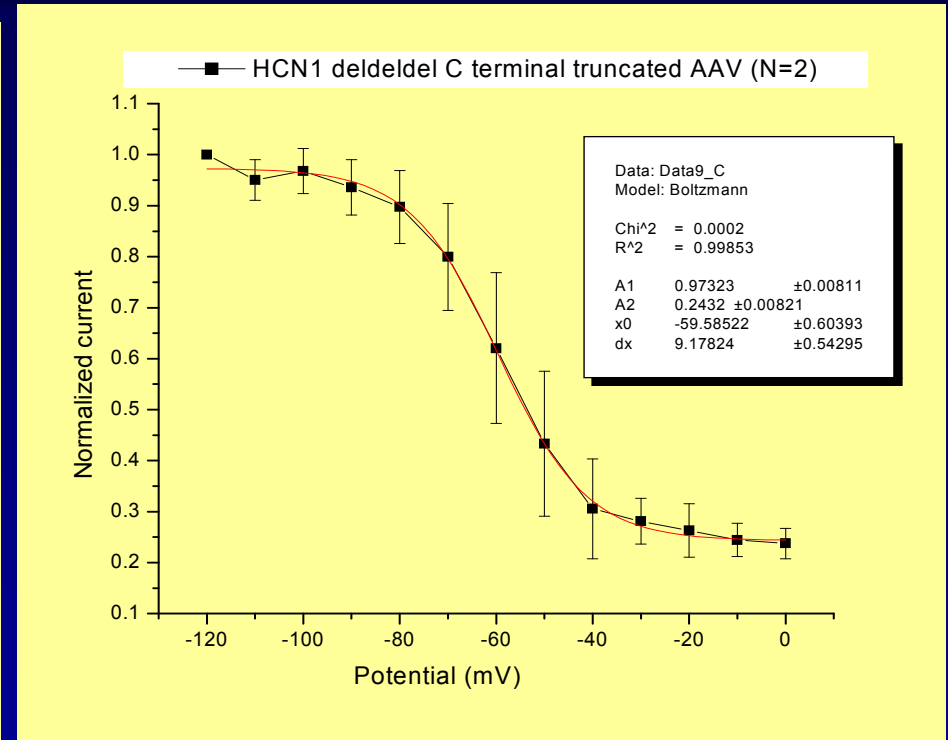
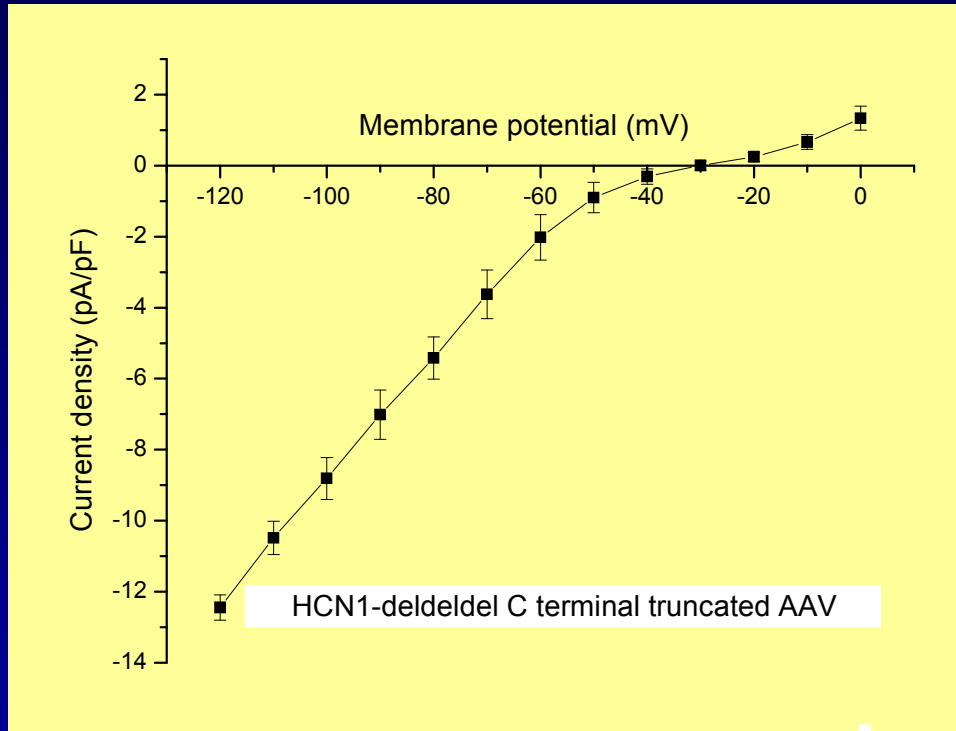
I_f and I_{K1} co-expression

Korean Society of Circulation 2007

Lau YM, Tse HF, Li RA, et al (submitted)



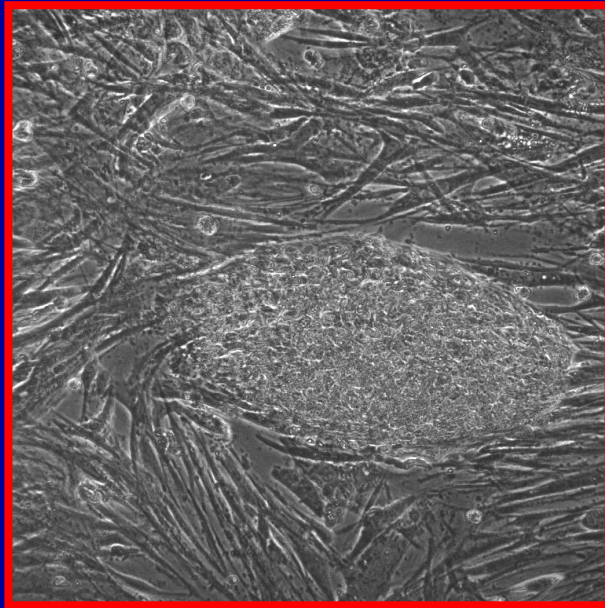
AAV Gene Vector for Biological Pacemaker



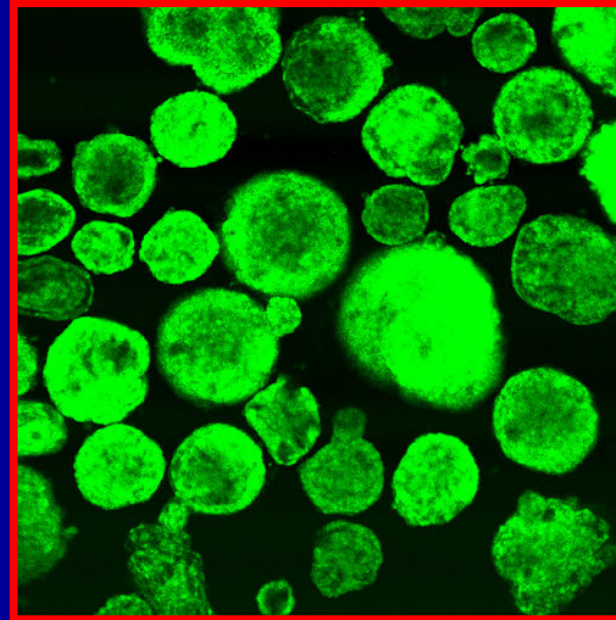
Cell sorting (GFP positive cells)

Cell culture (for 3 months)

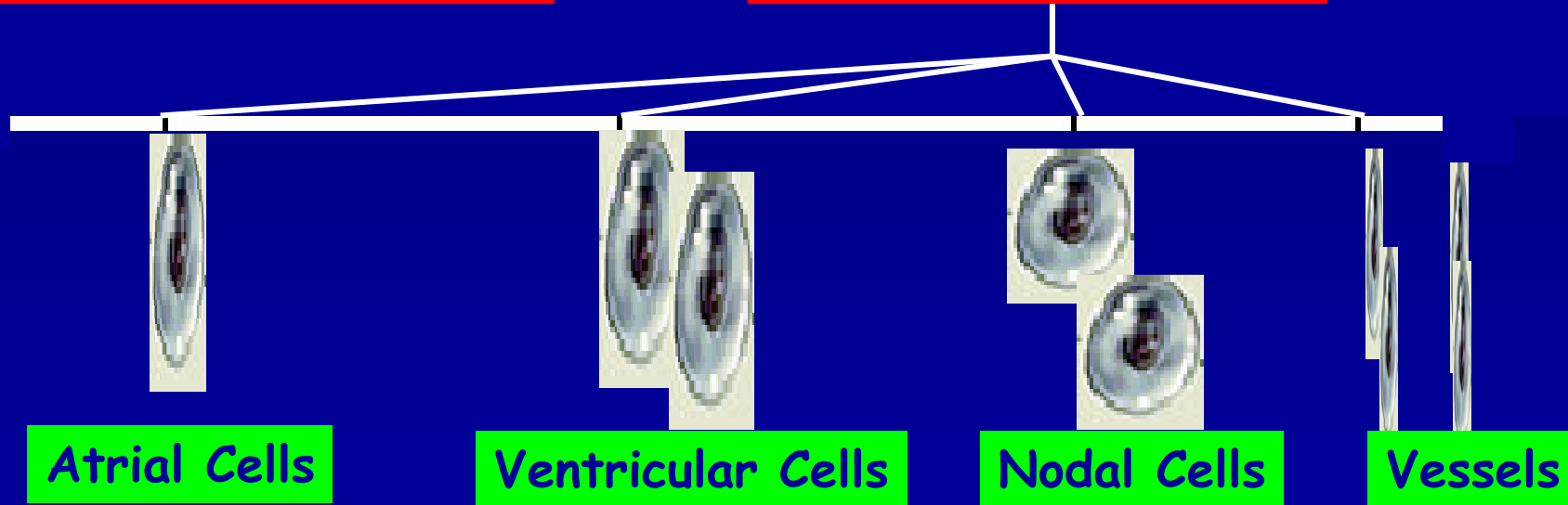
hESC COLONY



EMBRYOID BODIES

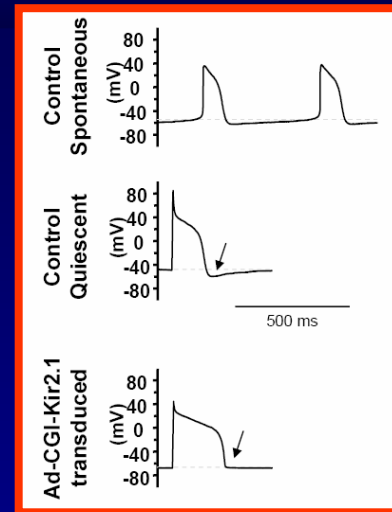
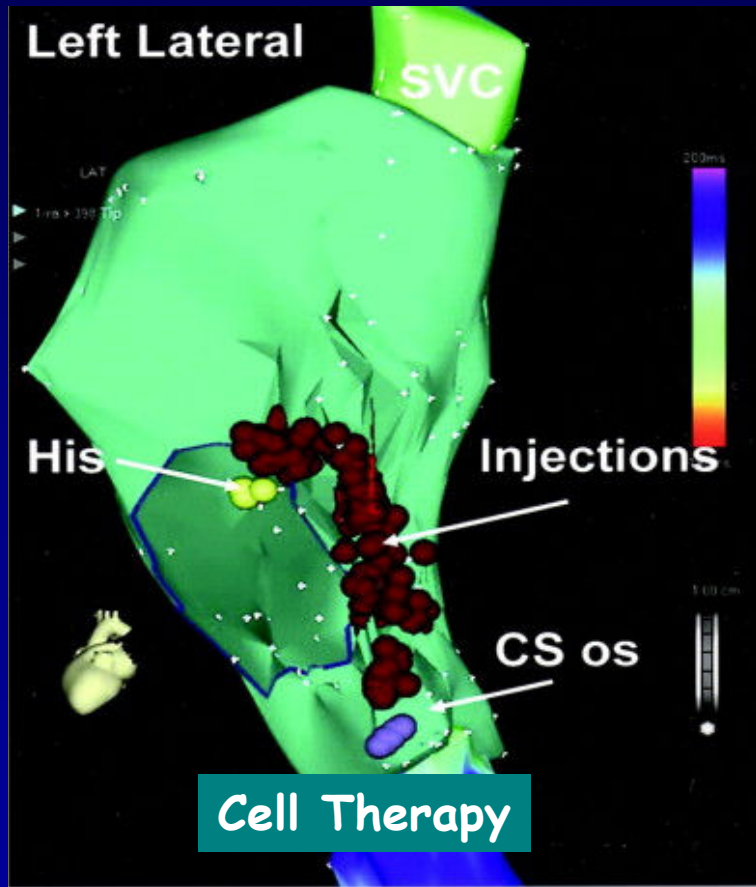


GFP : track human cells after transplantation into animals





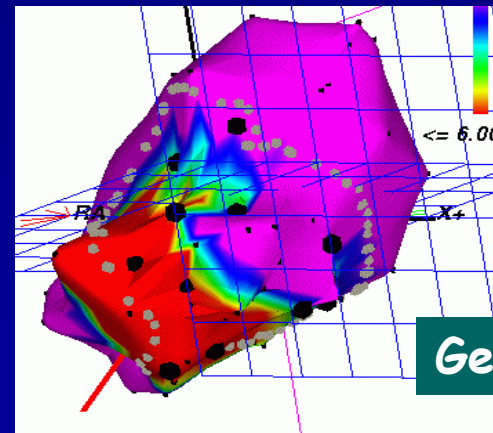
Novel Approaches: Biologic Lesions



Arrhythmogenic cells

Ad-CGI-Kir2.1

Non-Arrhythmogenic cells



Gene Therapy

Bunch TJ, et al. *Circulation* 2006
Korean Society of Circulation 2007

Li RA, Tse HF *unpublished*



Conclusions

- The lack of optimal therapeutic options for treatment of organ failure motivates the pursuit for alternative biological therapeutic approach.
- Recent development in molecular and stem cells biology and tissue engineering have provided a new biological solution to replace or modify malfunctioning organ
- The heart represents an attractive target for different gene and cell therapies-
 - biological pacemaker
 - cellular cardiomyoplasty
 - angiogenesis



Our Peoples

Basic and
Stem Cell
Laboratory

Large Animal
Laboratory

Cardiac MRI

