

# The use of induced pluripotent stem cellderived cardiomyocytes to study cardiac arrhythmias and cardiomyopathies

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# **Contact person**

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#### PARTNERS AND COLLABORATIONS

### Organisation

Name of the organisation University of Antwerp (UAntwerpen)

**Department** Center of Medical Genetics

**Country** Belgium

Geographical Area Flemish Region

#### **SCOPE OF THE METHOD**

| The Method relates to                    | Human health   |
|--|--|
| The Method is situated in                | Basic Research, Translational - Applied<br>Research  |
| Type of method                           | In vitro - Ex vivo                                   |
| Specify the type of cells/tissues/organs | Induced pluripotent stem cell-derived cardiomyocytes |

#### **DESCRIPTION**

## Method keywords

induced pluripotent stem cells

Disease modeling
Cardiomyocyte
drug screening
CRISPR/Cas

# Scientific area keywords

cardiac arrhythmia cardiomyopathy Brugada syndrome

#### **Method description**

Cardiomyocytes derived from induced pluripotent stem cells (iPSC-CMs) offer an attractive platform for cardiovascular research, including disease modeling, drug toxicity testing and development of regenerative therapies. Patient-specific iPSC-CMs are very useful to study disease pathogenesis and have a huge potential for evaluation of disease prognosis and development of personalized treatment. In our research group we study inherited cardiac arrhythmias (currently with a focus on Brugada syndrome) and cardiomyopathies. We create iPSC-CM models, either patient-derived or using CRISPR/Cas, to evaluate the functional effect of specific genetic variants, assist the search for modifier genes and novel therapeutic targets, and screen for novel drug compounds.

#### Lab equipment

- Biosafety cabinets;
- Nucleofector;
- Patch-clamp equipment;
- Multi-electrode array (MEA);
- Next-generation sequencing (NGS) instruments.

#### **Method status**

Still in development Internally validated

# PROS, CONS & FUTURE POTENTIAL

#### **Advantages**

Human model mimicking the native cardiomyocyte environment, patient-based disease model recapitulating full genomic background.

# Challenges

Relative immaturity of the cells, variability of the phenotype of the final iPSC-CM model

#### **Modifications**

Improved protocols for more standardized differentiation and maturation of the cardiomyocytes.

## **Future & Other applications**

iPSC-CMs can as well be used for drug cardiotoxicity screening and regenerative therapies after further improvements and validation.

# REFERENCES, ASSOCIATED DOCUMENTS AND OTHER INFORMATION







