



HAL
open science

Sars-Cov-2 Spike Protein-Induced Damage of hiPSC-Derived Cardiomyocytes

Xiaochen Huang, Boxin Huang, Yong He, Liang Feng, Jian Shi, Li Wang,
Juan Peng, Yong Chen

► **To cite this version:**

Xiaochen Huang, Boxin Huang, Yong He, Liang Feng, Jian Shi, et al.. Sars-Cov-2 Spike Protein-Induced Damage of hiPSC-Derived Cardiomyocytes. *Advanced Biology*, inPress, 10.1002/adbi.202101327 . hal-03664385

HAL Id: hal-03664385

<https://hal.sorbonne-universite.fr/hal-03664385>

Submitted on 11 May 2022

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Sars-Cov-2 spike protein-induced damage of hiPSC-derived cardiomyocytes

Xiaochen Huang^a, Boxin Huang^a, Yong He^a, Liang Feng^a, Jian Shi^b, Li Wang^b,

*Juan Peng^a *, Yong Chen^a **

^a École Normale Supérieure-PSL Research University, Département de Chimie,
Sorbonne Universités-UPMC Univ Paris 06, CNRS UMR 8640, PASTEUR, 24, rue
Lhomond, 75005 Paris, France

^b MesoBioTech, 231 Rue Saint-Honoré, 75001, Paris, France

E-mail : yong.chen@ens.psl.eu, juan.wang@ens.psl.eu

Keywords: *Sars-Cov-2, Spike protein, hiPSC, Cardiomyocytes, ACE2, Ang II*

Abstract

Sars-Cov-2 may trigger molecular and functional alterations of cardiomyocytes of the heart due to the presence of receptor angiotensin-converting enzyme 2 (ACE2) of the host cells. While the endocytic itinerary of the virus via cleavage of the spike protein of Sars-Cov-2 is well understood, the role of the remaining part of the spike protein subunit and ACE2 complex is still elusive. Herein, we investigate the possible effects of this complex by using synthetic spike proteins of Sars-Cov-2, human induced pluripotent stem cells (hiPSC), and a culture device made of an arrayed monolayer of crosslinked nanofibers. hiPSCs were firstly differentiated into cardiomyocytes (CM) which formed cardiac tissue-like constructs with regular beating and expression of both ACE2 and gap junction protein Connexin 43. When incubated with the spike proteins, the hiPSC-CMs underwent a rhythmic fluctuation with overstretched sarcomere structures and dispersed gap junction proteins. When incubated with the spike proteins and supplementary Angiotensin II, the damage of the spike protein on hiPSC-CMs was enhanced due to downregulated ACE2, chromatin margination, altered Connexin 43 expression, sarcomere disruption, and beating break. This discovery may imply latent effects of the spike proteins on the heart.

1. Introduction

The symptoms of COVID-19 could be associated with injury and dysfunction of multi-organs, including lung, heart, blood vessels, kidney, gut, and brain ^[1-6] for which all studies attribute the infection to the binding of the spike protein of Sars-Cov-2 and the receptor Angiotensin-converting enzyme 2 (ACE2) of the host cells ^[7]. While the endocytic itinerary of the virus after cleavage of the spike protein is well understood, the role of the remaining part of the spike protein subunit 1 and ACE2 complex (spike-ACE2 complex) is still elusive. Indeed, in vitro models have shown systematically an overactive immune response of the cells to Sars-Cov-2 ^[8] but less has been devoted to the effect of the spike-ACE2 complex.

The endocytosis of the virus is initiated with a two-step cleavage on the cell membrane with help of Furin and TMPRSS2 surface proteins ^[9]. After a membrane fusion, the virus is endocytosed and replicated in the cytoplasm, while the spike-ACE2 complex remains on the cell membrane (Figure 1A). Intuitively, the spike-ACE2 complexes could have three possible ends: (1) Endocytosed into the cytoplasm; (2) Total or partial shed from cell membrane; (3) Stay on the cell membrane. Previous studies have shown that the spike protein could be endocytosed by clathrin mediation due to its ACE2-dependence ^[10]. The spike protein-induced downregulation of ACE2, activation of several signaling pathways, and inflammation could also be observed ^[11] ^[12]. The objective of the present study is to investigate whether the spike protein alone, outside the context of infectious virus, can trigger molecular and functional alterations in cardiac complications which occur in 20% to 44% of hospitalized patients, and constitute an independent risk factor for COVID-19 mortality ^[13-17]. Human-induced pluripotent stem cells (hiPSC) are used for differentiation toward hiPSC-CMs with an arrayed nanofiber membrane (culture patch) ^[18]. The derived hiPSC-CMs (cardiac patch) are then incubated with synthetic spike proteins in the presence or absence of supplementary Angiotensin II (Ang II).

The hiPSC-CMs are chosen due to their modeling relevance and easy observation of the beating behavior which should be sensitive to Sars-Cov-2. Indeed, the sarcomere structures of hiPSC-CMs which are tightly correlated to the beating can be

quantitatively analyzed by fluorescence imaging of α -actinin and troponin T marked cells. Moreover, the morphology and the beating performance of hiPSC-CMs are determined by the gap junctions which can also be analyzed by fluorescence imaging of actin and connexin 43 marked cells. Finally, both ACE2 and Ang II are involved in the regulation of the renin-angiotensin system (RAS) since ACE2 can hydrolyze Ang II to yield Angiotensin 1-7 (Ang 1-7) which has opposite effects of Ang II. While Ang 1-7 promotes vasodilation and anti-inflammation, Ang II may cause vasoconstriction and inflammation [19]. Therefore, the presence of Ang II is meaningful for the investigation of the spike effect and the downregulation of ACE2 is a risk factor of RAS abnormally [20]. Accordingly, the changes of the cardiac beating, sarcomere, and nuclear structure, and the expression of connexin 43 and ACE2 are analyzed to illustrate the structural and functional damage induced by the spike proteins.

2. Results

2.1 Beating and structure of hiPSC-CMs

The culture devices (patch) used in this work for hiPSC-CMs differentiation were produced by lithography, electrospinning, and chemical crosslinking techniques [18]. The characteristics of the nanofiber patches are summarized in Figure S1, including the porosity, the average diameter of the nanofibers, permeability, and stiffness of the nanofiber membrane, together with SEM pictures to illustrate the morphology of the nanofiber membrane. Statistically, the size of 98% of pores was smaller than 7 μm , on which cells can stay without falling down. By measuring the flow rate of DI water across the membrane as a function of pressure, a membrane permeability of $3.44 \times 10^3 \text{ nm}^2$ could be deduced, which is much larger than that of the commonly used etch ion tracking membrane [21]. By measuring the deflection as a function of pressure, an effective Young's modulus of the membrane in the order of 4 MPa could be obtained [22]. Accordingly, an effective in-plane Young's modulus in the order of 9.5 kPa could be estimated by using a nanofiber diameter of 0.4 μm , pore size of 6 μm , and curve fitting based on a theory of cellular solids [23]. Such an effective Young's modulus is well-suited to support hiPSC-CM differentiation [24]. Finally, the cell adhesion strength

was evaluated with a spinning technique, showing a better attachment of the cells on nanofibers than on glass substrates [25].

To generate hiPSC-CMs, the standard differentiation protocol was used [18] (Figure 2A). hiPSCs were firstly seeded on the nanofiber patch to form dome-like hiPSC colonies and then differentiated to cardiomyocytes in each of the membrane areas (Figure S2). During the first 7 days, the hiPSC colonies became flat due to cardiac mesoderm induction. Starting from Day 9, 1-5% of hexagonal areas started beating slowly. The percentage of beating areas increased to 20% on day 15 and to 80% on day 64 (Supplementary Movie 1). Meanwhile, the beating rate of the hiPSC-CMs increased from 65 ± 13 bpm on day 15 to 153 ± 4 bpm on day 64 (Figure 2B) by analyzing the time-lapse images with a MATLAB program [26]. By dividing the time-lapse images into 30 areas (Figure 2C), three types of beating waveforms could be identified as plotted in Figure 2D. Statistically, 26 over 30 areas (marked in green) showed regular and high magnitude beatings (plotted in green). The two areas with low magnitude beatings (marked in yellow) fell mostly in the frame area, whereas the fluctuation in beating amplitude of the two red marked areas can be attributed to the inhomogeneity of the tissue construct. Nevertheless, the beating frequency of all areas was the same.

To characterize the fabricated hiPSC-CMs, α -smooth muscle actin (SMA), a marker for smooth muscle cells and myofibroblasts [27], and troponin T (TnT), a structural marker of cardiomyocytes, were used for immune-stained analysis. In Figure 2E, immunofluorescence images showed the expression of SMA and troponin T on the hiPSC-CMs. Clearly, the derived hiPSC-CM tissue constructs consisted of at least three types of cells (TnT+, TnT-/SMA+, and TnT-/SMA-), in consistent with the previous observations [28][29]. Moreover, the cross-section views of the tissue construct in Figure 2E showed that the cells in the hexagonal area were stacked to form a multilayer structure where the cells on the frame or nearby are mostly spindle-shaped TnT-SMA+ cells. Interestingly, the TnT-SMA+ cells formed a thin layer at the perimeter (top layer), TnT+ cells were localized below the TnT-SMA+ cell layer (middle layers), and no-stained cells were also found at the bottom. Schematically, the hiPSC-CM tissue construct can be divided into three layers due to tissue-like self-organization (Figure

2F). Consequently, the percentage of each cell type in three layers could be estimated (Figure 2G). Apparently, the TnT⁺ cells were quite homogeneously distributed in all layers, while a high percentage of TnT-SMA⁺ cells ($17.5\pm 4.58\%$) were in the top layer compared to that in the middle ($2.52\pm 1.82\%$) and the bottom ($4.92\pm 3.09\%$) layers. In contrast, more TnT-SMA⁻ cells ($46.72\pm 3.13\%$) were in the bottom layer compared to that in the top ($12.5\pm 4.05\%$) and the middle ($22.01\pm 2.54\%$) layers.

To evaluate the suitability of the hiPSC-CMs to the studies of the effects of spike protein, the expression levels of ACE2 and connexin 43 were analyzed. As illustrated in Figure 2H, $74.84\pm 3.05\%$ of the cells expressed connexin43, and $76.55\pm 3.88\%$ of the cells expressed ACE2, some of them around the nucleus in agreement with the previous studies^[30]. The sarcomere structure of the hiPSC-CMs can be seen from α -actinin and troponin T immunostained images (Figure 2I). Here, α -actinin is specific for the attachment of actin filaments to the Z-lines of the hiPSC-CMs, and troponin T is associated with the coupling between tropomyosin and actin filament. The observed period arrangement of both α -actinin and troponin T were characteristic of cardiac sarcomeres which confirmed the maturation of our hiPSC-CMs. Statically, $80.29\pm 5.33\%$ of the troponin T were aligned in the troponin T expressed areas. Likewise, $66.11\pm 2.29\%$ of the α -actinin formed stripy patterns in the α -actinin expressed areas.

2.2 Functional and structural changes of hiPSC-CMs caused by spike proteins

2.2.1 Effect on the rhythmic behavior

The effect of the spike protein on the rhythmic activity of cardiomyocytes was studied by co-culturing the spike protein with the hiPSC-CMs. A high dosage of synthetic biotinylated spike protein ($1\ \mu\text{g}/\text{mL}$) was added to the culture medium for incubation 24 h. To track the trajectory of the spike proteins, the cells were fixed and stained with streptavidin-594 for spike proteins and phalloidin-FITC for actin. The results showed striated actin structures, confirming the cardiac cell type (indicated with white arrows in Figure 3A). Spike proteins were found inside $88.1\pm 4.56\%$ of the cells and they were mostly localized around the nucleus of hiPSC-CMs (Figure 3A). This

means that the spike proteins partially diffused and that the striated organization of actin filaments could be affected, in agreement with the previous studies ^[31].

After introducing the spike proteins, the beating frequency of the hiPSC-CMs varied. Figure 3B shows the change of normalized beating frequency over 24 h. Compared to the samples without spike protein treatment, the beating frequency of the samples with spike proteins increased during the first 3 h, then decreased until 18 h. During the last 6 h, the beating frequency of the samples with and without treatment was comparable. This result suggested that the spike protein has a limited impact on the beating frequency of hiPSC-CMs and that apparently the cells remained alive (Supplementary Movies 2, 3). We also noticed a remarkable change of the beating waveform after 18 h incubation and then a recovery at 24 h, which can be attributed to the spike protein-induced perturbation and the cellular regulation.

2.2.2 Disturbed intracellular structure

The spike protein-induced beating fluctuation of hiPSC-CMs may be correlated to the disturbance of sarcomere structures. The expression and distribution of α -actinin and troponin T of the samples with and without spike protein treatment were then compared (Figure 3C). Without spike protein, striated organizations of α -actinin and troponin T were observed in the immunostaining images (periodic narrow stripes in red and double stripes in green, respectively). Here, the structure of troponin T marked double stripes which represent the relaxation phase of sarcomeres was intentionally selected for comparison. With spike protein, the α -actinin associated stripes cannot be seen and the distance between the troponin T marked double stripes remarkably increased. In fact, the α -actinin proteins aggregated or diffused irregularly (Figure 3C, 3F), keeping the averaged intensity of α -actinin unchanged (Figure 3E). Normally, the distance between the troponin T double stripes varies with the contraction phase of the sarcomere, which is maximum when the sarcomere is completely relaxed and minimum when it is contracted. The sarcomere length (SL) of hiPSC-CMs with and without spike protein treatment could then be quantified (Figure 3D). Statistically, it varied between 0.70 μm to 2.17 μm for the cells without the treatment. After the spike protein treatment,

25.56±7.18% of the sarcomeres have an SL showed a maximum value of 2.68 μm (Figure 3G). Since the sarcomeres are organized in the form of cross and slidable bridges of actin and myosin filaments, the excess in SL may cause of weakening of contraction ability [32]. Together, the results suggest that the spike protein impacted indeed the sarcomere structures by disrupting the organization of α -actinin and increasing the distance between the double stripes of troponin T marked structure.

2.2.3 Remodeled gap junction

Gap junctions are composed of connexins in the form of membrane channels, which facilitate communication between neighboring cells and thus coordinate the electrical and contractile activity of the heart [33]. The spike protein-induced rhythmic change might be associated with the remodeling of the gap junctions. Therefore, the samples were immunostained with connexin 43 and actin for outlining the cell periphery. Without spike protein treatment, connexin 43 appeared spotty pattern on the intercellular space between cells. After the spike protein treatment, connexin 43 was aggregated around the nucleus (Figure 3H and Figure 3I). Statistically, 74.19±3.45% of the cells expressed connexin 43 in the perinuclear areas after the spike protein treatment (Figure 3J), suggesting an induced remodeling of the gap junction due to alternation of the connexin 43 expression caused by endocytosis [34].

2.3 Damages caused by spike protein in the presence of supplementary Ang II

2.3.1 Beating arrest of hiPSC-CMs

The changes of hiPSC-CMs caused by the spike protein may be related to the alternation of the available ACE2. By coculture of hiPSC-CMs and spike proteins with supplementary Ang II, we observed a significant change of cell vitality. To have a striking effect, a high dosage of Ang II (100 ng/mL) was added to the culture medium after incubation for 3h with or without the spike proteins. After incubation for 48 h, the medium was refreshed without spike protein and Ang II.

Figure 4A shows a comparison of the normalized beating frequency as a function of time over 54 h of three samples with and without the spike protein and Ang II

treatment. Apparently, the hiPSC-CMs without the spike protein treatment remain alive, even a relatively high dose of Ang II was used. The beating frequency of the hiPSC-CMs treated with Ang II increased in the first 6 h and then decreased smoothly in the following 18 h. Afterward, the beating frequency of the samples with and without Ang II treatment varied in a similar manner, suggesting that the damaging effect of Ang II on the beating activity of the hiPSC-CMs is limited and that the cells remain alive after moving the Ang II. In contrast, the spike protein treatment with supplementary Ang II caused a fatal change in the rhythmic activity of the hiPSC-CMs. As can be seen, the variation of the beating frequency during the first 29 h is comparable to that of the sample treated with Ang II. Then, the beating frequency gradually decreased and the cardiac beating completely stopped in the end even after renewing the medium (Supplementary Movies 4,5, 6). This can be considered as a direct evidence of the damaging effect of the spike proteins on hiPSC-CMs in the presence of supplementary Ang II.

2.3.2 Altered nuclear morphology

The beating arrest of hiPSC-CMs caused by spike protein with supplementary Ang II may partially be due to disturbance of the ACE2 expression. Figure 4B shows immunofluorescent staining images of ACE2 under different culture conditions, indicating a variation in ACE2 expression. In the presence of spike protein and Ang II, the intensity of ACE2 marked fluorescence was significantly lower than that without the spike protein (Figure 4C).

The effect of the spike protein on hiPSC-CMs in the presence of Ang II was further analyzed by observing the nuclear morphology. Typically, the DAPI staining images show three types of nuclear morphology as illustrated in Figure 4D: (1) chromatin diffusion homogenously in the nucleus; (2) the nucleus is split into multiple small pieces (nuclear fragmentation); (3) chromatin condenses as clusters at the edge of the nuclear membrane (chromatin margination). Compared to the samples without treatment, the presence of Ang II or spike protein with Ang II increased the percentage of nuclei having nuclear fragmentation comparably (Ang II/No treatment: ~2.83 times;

Spike protein + Ang II/No treatment: ~3.43 times). While unlike the samples with no treatment or treated with Ang II, half of the nuclei ($53.70 \pm 4.0\%$) treated with spike protein and Ang II appeared chromatin margination. Nuclear fragmentation appears during both necrosis and apoptosis, while chromatin margination is a typical symbol of apoptosis [35]. This result suggested spike protein may cause cell death through apoptosis consistent with the finding reported before [13].

2.3.3 Disrupted sarcomere and impaired expression of connexin 43

The spike protein with Ang II-stopped beating of hiPSC-CMs may be related to the disruptions of sarcomere structures and intracellular connection. Figure 5A indicates that the immunostaining of troponin T and α -actinin was varied depending on the treatment. Compared to the samples without treatment, consistently these proteins kept assembling regularly as striated structures in most cells incubated with Ang II. While with the treatment of spike protein and Ang II, the specific organization of troponin T and α -actinin to represent sarcomere was changed to random distribution in most of the cells. Figure 5B shows the statistical plots of the mean intensity of troponin T and α -actinin fluorescence of the samples. With the treatment of spike protein in the presence of Ang II, the expression level of both troponin T and α -actinin was lower than that of the two other samples. Likewise, Figure 5C shows the fluorescent area of troponin T and α -actinin of the sample after spike protein and Ang II treatment, indicating a remarkable variation compared with the two other samples. In other words, the regular striated distribution of the troponin T and α -actinin became a sparse random distribution. This suggests that the supplementary Ang II aggravates the effect of the spike protein on sarcomere structure from overstretched troponin T bands to randomly distributed ones. Accordingly, the expression level of connexin 43 in the hiPSC-CMs incubated with spike protein and Ang II was significantly lower than that without spike protein due to the altered actin cytoskeleton and the absence of sarcomere structures (Figure 5D, 5E).

3. Discussions

COVID-19 pandemic has already lasted for more than two years with the emergence of several Sars-Cov-2 variants due to spike protein mutations. Expanded research is necessary to develop new models and to improve our understanding of Sars-Cov-2 infection mechanisms. In this regard, in-vitro modeling of the virus-host interaction by using hiPSC-derived tissue-like constructs could be significant. Amongst other tissue types, hiPSC-CM based modeling is specific due not only to its availability [36-40] but also to the simplicity of its damage observation, as shown in this work. Previously, we have shown that the response of hiPSC-CMs to external stimuli is substrate stiffness dependent and that hiPSC-CMs on a substrate of stiffness of ~ 9 kPa are more sensitive to electric stimulation [24]. The present study was based on a culture device with an effective in-plane Young's modulus of the same order. We also found a tissue-like cell organization of hiPSC-CMs with 77.47% of CMs (Troponin T+ cells), 15.77% of myofibroblasts (SMA+ cells), and 6.76% of troponin T- and SMA- cells on our nanofiber patch. While the majority of myofibroblasts were localized on the top of the tissue-like structure, the troponin T- and SMA- cells were mostly on the bottom of the structure. These cells are mostly stromal cells but some of them could be undifferentiated cells. Moreover, a few pace making cells may be enough to induce beating, with the faster cells over-riding quiescent cells. This discovery shows the tissue-like features in the presence of myofibroblasts could be improved in a similar way to that observed in hiPSC-derived cardiac spheroids [41]. Compared to other engineering techniques [38-42], the suspended culture of hiPSC-CMs has additional advantages of easy stiffness regulation and a higher degree of mini tissue-like self-organization.

By using hiPSC-CMs with tissue-like features, we were able to demonstrate the structural and functional damage effects of synthetic Sars-Cov-2 spike proteins which are schematically summarized in Figure 6, including i) sarcomere structure, ii) connexin 43 distribution, and iii) chromatin phenotype. The functional consequence of these structural changes was the variation of the rhythmic activities, including

desynchronization and beating frequency fluctuation without supplementary Ang II and beating stop with supplementary Ang II.

Synthesized biotinylated spike proteins of 1 $\mu\text{g}/\text{mL}$ (37nM) concentration were used. The number of spike proteins per mL at this dosage is $\sim 2 \times 10^{13}$, which is significantly larger than the available ACE2 receptors for a total cell number of 10^6 . Experimentally, this dosage was sufficiently high for the observation of the effect of spike protein-mediated cell signaling [12]. Nevertheless, cells in culture could still be alive when the spike protein was used alone. Covid-19 Clinically, the free spike protein could be detected from the serum samples of patients in the range of 2.5-17.5 $\mu\text{g}/\text{mL}$ [43], which is much higher than the concentration we used. Therefore, the testing concentration of the spike proteins would mimic the minimal effect of free spike protein on cells. On the other hand, the dosage of Ang II we used was about 100 times higher than that of the physiological and pathological conditions [44]. However, our data suggested that the Ang II alone at this high dosage has a much less injury effect than that of the combined use with the spike proteins.

The spike protein interacts with ACE2 through its RBD site. As illustrated in Figure 1, the spike can enter into the cell, shedding or staying on the cell membrane. Whether the entry of spike proteins is through endocytosis is unclear. However, the presence of the spike proteins in the intracellular areas was demonstrated in this work (Figure 2) and others [45]. It seems that the spike proteins were mostly located near the nuclei. Although the structural changes of the cells mentioned above could be attributed to the spike proteins, the mechanisms underlying remains to elucidate. Previous studies have discussed that the actin cytoskeleton rearrangement occurs due to coronavirus internalization [46] and the spike protein could bind with nonmuscle myosin in pulmonary epithelial cells [47]. In the case of hiPSC-CMs, such an attachment may cause dysfunction of the sarcomere.

The overstretched sarcomere caused by spike proteins may decrease the beating frequency and dysfunction of actin/myosin filaments or their bridging structure [48]. Furthermore, the altered localization of connexin 43 remodeled the intercellular connection, since connexin 43 is a component of gap junction localized on the cell

membrane to play a crucial role in the synchronized contraction of the hiPSC-CMs. In the presence of spike proteins, connexin 43 was dispersed in the cytoplasm close to the nucleus. Consequently, the synchronized beating might be disrupted.

The decrease of ACE2 expression level due to spike protein or Sars-Cov-2 infection was previously observed ^[11]. The related effects on immune response, or cytokine production of the cell due to the imbalance of RAS system has also been discussed ^[49]. A pathological amount of Ang II (100 ng/mL) was added, which could affect cardiac beating rate and Ca²⁺ signaling pathway ^[50] even without spike protein. This concentration has been reported to affect cardiac activities ^[51] but is not fatal to cardiomyocytes ^[52]. Indeed, more cells underwent apoptosis and necrosis and more cells showed abnormal nuclear morphology. After a short period of incubation, however, most of the cells were alive. The change of the cell state can be attributed to the unbalanced signalization of pro- and anti-inflammation pathways due to excess of Ang II. Indeed, Ang II can be converted by ACE2 to Ang 1-7 to activate Mas signaling pathways while unconverted Ang II mainly activates AT1R. In the case of a high dosage of Ang II, excess of Ang II occurs since the conversion rate of ACE2 is limited. The signaling pathways mediated by AT1R can then be over-activated, giving rise to inflammation-like behaviors of the cells. In the presence of both spike proteins and Ang II, ACE2 was partially consumed so that the conversion from Ang II to Ang 1-7 becomes less efficient so that the signaling pathways mediated by AT1R can be even more over-activated, giving rise to more pronounced damage effects.

The presence of the spike protein in the intracellular area was previously observed when cells were infected by the coronavirus. Then, cytokine production, sarcomere disassembly, and cell death could be expected ^[16]. Our data provide new insights on the damage of hiPSC-CMs caused by the spike-ACE2 complex, independent from the mechanism of virus replication. Recent studies have shown that the full-length spike protein may act as a ligand to induce non-infective cellular stress by activation of the extracellular signal-regulated kinase 1/2 (ERK1/2) through the CD147 receptor in human cardiac pericytes ^[53]. Together, the effect of the spike protein might be significant, suggesting that adjuvant care might be necessary. More systematic

investigations are expected by considering different dosages of spike protein and different concentrations of Ang II as well as antagonist drugs such as ACE2 inhibitors and AT1R-blockers. Finally, the effects of the spike-ACE2 complex released after endocytosis of Sars-Cov-2 under pathological conditions must be studied to elucidate the joint effect of the virus replication and the complex.

4. Conclusions

We reported a study of the effect of Sars-Cov-2 spike protein on hiPSC-CMs. A cardiac tissue-like construct was generated by the differentiation of hiPSCs into CMs on an arrayed monolayer of crosslinked nanofibers. Our results showed that the spike proteins alone were able to provoke a damaging effect in terms of rhythmic fluctuation overstretching of sarcomere structures, and dispersion of gap junction proteins. With supplementary Ang II, the structure and function of the hiPSC-CMs underwent drastic changes due to downregulated ACE2, chromatin margination, Connexin 43 mislocalization, sarcomere disruption, and inevitably beating break. Further studies on the effect of the spike proteins shed from Sars-Cov-2 should enrich our understanding of the COVID-19 pandemic.

5. Experimental Section

5.1 Patch fabrication

The patch was fabricated as described previously ^[18]. Firstly, a hexagonal microframe with an outer ring was patterned by using two-level photolithography and vacuum-assisted UV molding techniques. The pattern was defined in a chromium mask with a micropattern generator (μ PG 101, Heidelberg Instruments, Germany) and chemical etching. A photoresist layer (AZ 40XT, MicroChem, France) of 50 μ m thickness was spin-coated on the mask and exposed from the backside with UV light. Afterward, a ring pattern was added by spin-coating another 50 μ m photoresist layer and frontside UV-exposing. After development, the resist pattern (mold) was anti-sticking treated in trimethylchlorosilane (TMCS) vapor for 1 min. Then, a solution of polydimethylsiloxane (PDMS) was prepared by mixing PDMS pre-polymer and its

cross-linker (GE RTV 615, GE, France) at a weight ratio of 10:1 and poured onto the mold. After bubble removal, PDMS was cured at 75 °C for 4 h and peeled off from the mold. Next, the PDMS replica was placed on a glass slide (pattern side in touch of the glass) for vacuum-assisted UV molding. After gas removal (5 min), a low viscous photoresist, OrmoStamp (Micro Resist Technology), was introduced to fill the cavity between PDMS and glass. After UV exposure for 120 s at 21.6 mW cm⁻², the solidified OrmoStamp structure (frame) was separated from the PDMS mold and the glass slide.

A monolayer of gelatin nanofibers was deposited on the frame by electrospinning and chemical crosslinking. To collect the nanofibers more uniformly, the frame was coated with Au with a sputter (K6785X, Emitech) and placed on an aluminum-covering dish (collector). Gelatin solution was prepared with 12 wt% gelatin powder (G2625, Sigma) and a solvent mixture of DI water, ethyl acetate, and acetic acid at a volume ratio of 10: 14: 21. The gelatin solution was ejected at a flowrate of 0.2 mL/h at a bias voltage of 11 kV and a distance of 10 cm between the stainless-steel needle (23-gauge) of the syringe and the collector. After electrospinning, the sample was dried overnight in a desiccator to remove the residual solvent and the nanofibers were cross-linked in an ethanol solution containing 0.2 M N-hydroxy succinimide (NHS, Sigma) and 0.2 M 1-ethyl-3-(3-dimethylaminopropyl) carbodiimide hydrochloride (EDC, Sigma) for 4 h. Finally, the sample (patch) was washed three times in ethanol and dried in a vacuum overnight to eliminate the residual solvent.

5.2 SEM characterization

The patch was soaked in 30% ethanol solution (in DI water) for 30 min, and dehydrated by subsequent immersion in 50%, 70%, 80%, 90%, 95%, and 100% ethanol in DI water, each for 10 min and dried with a vacuum pump. Afterward, a gold layer of 2 nm thickness was deposited with a sputter and the samples were observed by using a scanning electron microscope (SEM, Hitachi S-800, 10 kV).

5.3 Differentiation of hiPSC-CMs

hiPSCs (Human episomal line, Thermofisher Scientific) were cultured with

complete E8 flex medium in a dish coated with 1:100 diluted vitronectin (A14700, Thermo Fisher) and placed in an incubator of 37 °C in 5% CO₂. The medium was refreshed every two days until the cells reached ~80% confluence. Cells were then collected by dissociation with a 0.5 mM EDTA DPBS solution. To promote the adhesion of hiPSCs on gelatin nanofibers, the patch was coated with 1:500 diluted vitronectin in DPBS and then fixed in a culture dish with a PDMS hollow cylinder. 2×10^5 hiPSCs in 500 μ L E8 flex medium containing 10 μ M Y-27632 (ROCK inhibitor, Y0503, Sigma) were dropped on the culture patch through the hollow area of the cylinder and incubated for 2 h. Afterward, the hollow cylinder was removed and a fresh E8 flex medium of 2 mL without 10 μ M Y-27632 was gently added to the dish. After 48 h, hemisphere hiPSC colonies were formed for cardiac differentiation using the protocol of Lian et al [27]. Briefly, RPMI 1640 medium containing B27 minus insulin supplement was used as a base medium during the cardiac differentiation. On day 0, the E8 flex culture medium was replaced by the basal medium with 12 μ M of CHIR99021 (SML1046, Sigma). It is a GSK3 inhibitor to induce mesoderm differentiation. After 24 h incubation, CHIR99021 was removed. Then cells were cultured with the basal medium for 48 h. On day 3, 5 μ M of IWP2 (I0536, Sigma), the WNT activator was added into the basal medium for cardiac mesoderm induction. On day 5, the medium was replaced with the basal medium. Then, the culture medium was replaced by RPMI 1640 containing B27 every two days. Generally, cells started beating around days 8 and 10 and synchronous contraction was observed between days 21 and 30.

5.4 Incubation with spike protein of Sars-Cov-2 or Ang II

The recombinant biotinylated Sars-Cov-2 spike protein (bs-46003P-Biotin) and Ang II (A9525) were purchased from Bioss and Sigma. The hiPSC-CM samples of at least 60 days of differentiation were used for spike protein or Ang II treatment.

For the experiment for spike protein treating, 1 μ g/mL spike protein was added to cardiac patch for 24h, another group was treated with the normal medium as control. For the experiment of spike protein and Ang II treatment, the cardiac patch was treated with 1 μ g/mL spike protein and 100 ng/mL Ang II under three different conditions: (1)

Spike + Ang II: Spike protein treatment for 48h, together with Ang II added after 3h of spike protein treatment; (2) Ang II only: Ang II treatment for 48h; (3) No treatment: normal medium culture for 48h.

5.5 Time-lapse imaging and beating analyses

The beating videos of the cardiac patch under different conditions were captured as sequential phase-contrast images by a live cell imaging system-Muvicyte (Perkin Elmer, France) with a 10× objective at a frame rate of 20 fps, a resolution of 1396 × 1052 pixels. At least 3 positions on the cardiac patch were selected for further monitoring. Before any treatment, a 20s video was captured per position as the baseline. After treatment, 20s video was captured per 3h for 24h or 54h depending on the experiment. All captured videos were analyzed by a MATLAB program to acquire beating frequency and beating waveform.

To evaluate the beating frequency as a function of incubation time, the recorded time-lapse images were spatially segmented into 30 rectangle areas. The beating frequency of each area was determined and averaged over the whole image. Data obtained with an untreated hiPSC-CM sample were used as a baseline to normalize the beating frequency of treated samples for each time point. To ensure a statistical relevance, data were collected from 3 or 5 randomly selected positions of each sample and then averaged before reporting.

5.6 Immunostaining characterization

The cardiac patches were rinsed with PBS to remove detached and dead cells. Then, the patches with cells were fixed in a solution of 4% paraformaldehyde for 15 min and permeabilized in 0.5% Triton X-100 for 10min at room temperature. For non-specific binding blocking, cells were treated with a PBS solution containing 0.1% Tween- 20, 0.1% Triton X-100, and 3% bovine serum albumin for 2h at room temperature. Afterward, the samples were treated with primary antibodies, i.e., anti- α -actinin (Sarcomeric) antibody (1:200 diluted, Sigma, Japan), anti-Troponin T-C (1:200 diluted, Santa Cruz), anti-connexin 43 (1:100 diluted, Sigma), and anti-ACE2 (1:100 diluted,

Santa Cruz) in blocking buffer overnight at 4 °C. Afterward, the samples were incubated with the corresponding secondary antibody for 2 h at room temperature. For spike protein staining, the samples were also incubated with streptavidin, Alexa Fluor™ 594 conjugate (1:200 diluted, Thermo Fisher) to visualize the localization of biotinylated spike protein. Then, cell nuclei were stained with 300 ng/mL⁻¹ 4'-6-diamidino-2-phenylindole (DAPI) (1:100 diluted, Sigma) for 15 min, and then rinsed with PBS. Phalloidin-FITC (1:200 diluted, Sigma) or Alexa Fluor™ 594 (2 drops per 1mL, Sigma) were used to stain actin when necessary. Finally, the stained samples can be observed using an LSM Zeiss 710 confocal microscope. For the fluorescent intensity analysis in each experiment, all data were analyzed by Image J software. For the nuclei morphology analysis, the nuclei of 120-150 cells from 10 images per sample were counted and analyzed. For the sarcomere length analysis, 252 sarcomeres from 12 images per sample were analyzed.

5.7 Statistic analysis

Data are presented as mean ± standard error. The statistical differences between groups were performed using Student's t-test. Differences were considered statistically significant at P value < 0.05 (*P < 0.05; **P < 0.01; ***P < 0.001). The P values are indicated in the figure captions where necessary.

Acknowledgment

X.H has been supported by a fellowship from China Scholarship Council. This work was supported by the Agence Nationale de la Recherche under contract No ANR-17-CE09-0017 (AlveolusMimics), DIM ELICIT program from Région Ile-de-France (AutoStemLab), and PSL-Valorization through Pre-maturation project, and IPGG Carnot.

Author contributions

X.H. performed the device preparation, hiPSC differentiation, and data acquisition, J.P and Y.C. were involved in planning and data analyses. All authors discussed the

results and commented on the manuscript.

Declarations

Conflicts of Interest. No conflict of interest exists for the authors.

References:

- [1] W.J. Wiersinga, A. Rhodes, A.C. Cheng, S.J. Peacock, H.C. Prescott, Pathophysiology, Transmission, Diagnosis, and Treatment of Coronavirus Disease 2019 (COVID-19): A Review, *JAMA* 324(8) (2020) 782.
- [2] F. Maghool, A. Valiani, T. Safari, M.H. Emami, S. Mohammadzadeh, Gastrointestinal and renal complications in Sars-Cov-2-infected patients: Role of immune system, *Scandinavian Journal of Immunology* 93(4) (2021) e12999.
- [3] S. Raghavan, R. Gayathri, S. Kancharla, P. Kolli, J. Ranjitha, V. Shankar, Cardiovascular Impacts on COVID-19 Infected Patients, 8(417) (2021).
- [4] K. Sato, J.E. Sinclair, H. Sadeghirad, J.F. Fraser, K.R. Short, A. Kulasinghe, Cardiovascular disease in Sars-Cov-2 infection, *Clinical & Translational Immunology* 10(9) (2021) e1343.
- [5] M. Barse, Y.P. Hung, A.J. Krauson, L. Bonanno, B. Boyraz, C.K. Harris, T.L. Helland, C.F. Hilburn, B. Hutchison, S. Jobbagy, M.S. Marshall, D.J. Shepherd, J.A. Villalba, I. Delfino, J. Mendez-Pena, I. Chebib, C. Newton-Cheh, J.R. Stone, Factors associated with myocardial Sars-Cov-2 infection, myocarditis, and cardiac inflammation in patients with COVID-19, *Modern Pathology* 34(7) (2021) 1345.
- [6] S.T. DeKosky, P.M. Kochanek, A.B. Valadka, R.S.B. Clark, S.H.Y. Chou, A.K. Au, C. Horvat, R.M. Jha, R. Mannix, S.R. Wisniewski, M. Wintermark, S.E. Rowell, R.D. Welch, L. Lewis, S. House, R.E. Tanzi, D.R. Smith, A.Y. Vittor, N.D. Denslow, M.D. Davis, O.Y. Glushakova, R.L. Hayes, Blood Biomarkers for Detection of Brain Injury in COVID-19 Patients, *Journal of Neurotrauma* 38(1) (2020) 1.
- [7] E. Knyazev, S. Nersisyan, A. Tonevitsky, Endocytosis and Transcytosis of Sars-Cov-2 Across the Intestinal Epithelium and Other Tissue Barriers, *Frontiers in Immunology* 12 (2021) 3639.
- [8] K.G. Chen, K. Park, J.R. Spence, Studying Sars-Cov-2 infectivity and therapeutic responses with complex organoids, *Nature Cell Biology* 23(8) (2021) 822.
- [9] Zhang, Q., Xiang, R., Huo, S. et al. Molecular mechanism of interaction between Sars-Cov-2 and host cells and interventional therapy. *Sig Transduct Target Ther* 6, 233 (2021).

- [10] A. Bayati, R. Kumar, V. Francis, P.S.J.B. McPherson, Sars-Cov-2 uses clathrin-mediated endocytosis to gain access into cells, (2020).
- [11] Y. Lei, J. Zhang, C.R. Schiavon, M. He, L. Chen, H. Shen, Y. Zhang, Q. Yin, Y. Cho, L. Andrade, G.S. Shadel, M. Hepokoski, T. Lei, H. Wang, J. Zhang, J.X.J. Yuan, A. Malhotra, U. Manor, S. Wang, Z.-Y. Yuan, J.Y.J. Shyy, Sars-Cov-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2, *Circulation research* 128(9) (2021) 1323.
- [12] Y.J. Suzuki, S.I. Nikolaienko, V.A. Dibrova, Y.V. Dibrova, V.M. Vasylyk, M.Y. Novikov, N.V. Shults, S.G. Gychka, Sars-Cov-2 spike protein-mediated cell signaling in lung vascular cells, *Vascular pharmacology* 137 (2021) 106823.
- [13] A. Sharma, G. Garcia Jr, Y. Wang, J.T. Plummer, K. Morizono, V. Arumugaswami, C.N.J.C.R.M. Svendsen, Human iPSC-derived cardiomyocytes are susceptible to Sars-Cov-2 infection, 1(4) (2020) 100052.
- [14] K. Navaratnarajah Chanakha, R. Pease David, J. Halfmann Peter, B. Taye, A. Barkhymer, G. Howell Kyle, E. Charlesworth Jon, A. Christensen Trace, Y. Kawaoka, R. Cattaneo, W. Schneider Jay, E. Dutch Rebecca, Highly Efficient Sars-Cov-2 Infection of Human Cardiomyocytes: Spike Protein-Mediated Cell Fusion and Its Inhibition, *Journal of Virology* 95(24) e01368-21.
- [15] A. Perez-Bermejo Juan, S. Kang, J. Rockwood Sarah, R. Simoneau Camille, A. Joy David, C. Silva Ana, N. Ramadoss Gokul, R. Flanigan Will, P. Fozouni, H. Li, P.-Y. Chen, K. Nakamura, D. Whitman Jeffrey, J. Hanson Paul, M. McManus Bruce, M. Ott, R. Conklin Bruce, C. McDevitt Todd, Sars-Cov-2 infection of human iPSC-derived cardiac cells reflects cytopathic features in hearts of patients with COVID-19, *Science translational medicine* 13(590) (2021) eabf7872.
- [16] A.L. Bailey, O. Dmytrenko, L. Greenberg, A.L. Bredemeyer, P. Ma, J. Liu, V. Penna, E.S. Winkler, S. Sviben, E. Brooks, A.P. Nair, K.A. Heck, A.S. Rali, L. Simpson, M. Saririan, D. Hobohm, W.T. Stump, J.A. Fitzpatrick, X. Xie, X. Zhang, P.-Y. Shi, J.T. Hinson, W.-T. Gi, C. Schmidt, F. Leuschner, C.-Y. Lin, M.S. Diamond, M.J. Greenberg, K.J. Lavine, Sars-Cov-2 Infects Human Engineered Heart Tissues and Models COVID-19 Myocarditis, *JACC: Basic to Translational Science* 6(4) (2021) 331.

- [17] Y. Xie, E. Xu, B. Bowe, Z. Al-Aly, Long-term cardiovascular outcomes of COVID-19. *Nat Med* 28 (2022) 583.
- [18] Y. Tang, L. Liu, J. Li, L. Yu, L. Wang, J. Shi, Y. Chen, Induction and differentiation of human induced pluripotent stem cells into functional cardiomyocytes on a compartmented monolayer of gelatin nanofibers, *Nanoscale* 8(30) (2016) 14530.
- [19] M.K. Ames, C.E. Atkins, B.J.J.o.v.i.m. Pitt, The renin - angiotensin - aldosterone system and its suppression, 33(2) (2019) 363.
- [20] M.M.J.C. Givertz, Manipulation of the renin-angiotensin system, 104(5) (2001) e14.
- [21] F. Liang, X.C. Huang, J. Peng, H.Y. Luo, J. Shi, L. Wang, and Y. Chen, A microfluidic system for rapid determination of Darcy permeability of filtration membranes: from patterned micro-holes to artificial basement membranes, to be published.
- [22] M. Radiom, Y. He, J. Peng-Wang, A. Baeza-Squiban, J.-F. Berret, Y. Chen, Alveolar mimics with periodic strain and its effect on the cell layer formation, *Biotechnology and Bioengineering* 117(9) (2020) 2827.
- [23] L.J. Gibson, M.F. Ashby, *Cellular Solids: Structure and Properties*, 2 ed., Cambridge University Press, Cambridge, 1997.
- [24] B. Wang, X. Tu, J. Wei, L. Wang, Y. Chen, Substrate elasticity dependent colony formation and cardiac differentiation of human induced pluripotent stem cells, *Biofabrication* 11(1) (2018) 015005.
- [25] B. Huang, J. Peng, X. Huang, F. Liang, L. Wang, J. Shi, A. Yamada, Y. Chen, Generation of Interconnected Neural Clusters in Multiscale Scaffolds from Human-Induced Pluripotent Stem Cells, *ACS Applied Materials & Interfaces* 13(47) (2021) 55939.
- [26] M. Maddah, Julia D. Heidmann, Mohammad A. Mandegar, Chase D. Walker, S. Bolouki, Bruce R. Conklin, Kevin E. Loewke, A Non-invasive Platform for Functional Characterization of Stem-Cell-Derived Cardiomyocytes with Applications in Cardiotoxicity Testing, *Stem Cell Reports* 4(4) (2015) 621.
- [27] A.V. Shinde, C. Humeres, N.G. Frangogiannis, The role of α -smooth muscle actin

in fibroblast-mediated matrix contraction and remodeling, *Biochim Biophys Acta Mol Basis Dis* 1863(1) (2017) 298.

[28] X. Lian, J. Zhang, S.M. Azarin, K. Zhu, L.B. Hazeltine, X. Bao, C. Hsiao, T.J. Kamp, S.P. Palecek, Directed cardiomyocyte differentiation from human pluripotent stem cells by modulating Wnt/ β -catenin signaling under fully defined conditions, *Nature protocols* 8(1) (2013) 162.

[29] N. Balafkan, S. Mostafavi, M. Schubert, R. Siller, K.X. Liang, G. Sullivan, L.A. Bindoff, A method for differentiating human induced pluripotent stem cells toward functional cardiomyocytes in 96-well microplates, *Scientific reports* 10(1) (2020) 18498.

[30] H.I. Ahmad Mulyadi Lai, S.-J. Chou, Y. Chien, P.-H. Tsai, C.-S. Chien, C.-C. Hsu, Y.-C. Jheng, M.-L. Wang, S.-H. Chiou, Y.-B. Chou, D.-K. Hwang, T.-C. Lin, S.-J. Chen, Y.-P. Yang, Expression of Endogenous Angiotensin-Converting Enzyme 2 in Human Induced Pluripotent Stem Cell-Derived Retinal Organoids, *Int J Mol Sci* 22(3) (2021).

[31] J. Schneider, D. Pease, C. Navaratnarajah, P. Halfmann, D. Clemens, D. Ye, C. Kim, A. Barkhymer, S. Cohle, A. Banks, A. Mehta, J. Rantus, T. Emmerzaal, T. Kozicz, K. Howell, J. Charlesworth, T. Christensen, Y. Kawaoka, L. Cooper, M. Ackerman, R. Cattaneo, Sars-Cov-2 direct cardiac damage through spike-mediated cardiomyocyte fusion, *Research Square*, 2020.

[32] D.E. Rassier, Sarcomere mechanics in striated muscles: from molecules to sarcomeres to cells, *American Journal of Physiology-Cell Physiology* 313(2) (2017) C134.

[33] S. Kurtenbach, S. Kurtenbach, G. Zoidl, Gap junction modulation and its implications for heart function, *5(82)* (2014).

[34] M.Z. Totland, N.L. Rasmussen, L.M. Knudsen, E. Leithe, Regulation of gap junction intercellular communication by connexin ubiquitination: physiological and pathophysiological implications. *Cell. Mol. Life Sci.* 77 (2020) 573.

[35] B.S. Cummings, R.G. Schnellmann, Measurement of cell death in mammalian cells, *Curr Protoc Pharmacol Chapter 12* (2004) 10.1002/0471141755.ph1208s25-12.8.

[36] Y. Farouz, Y. Chen, A. Terzic, P. Menasché, Concise Review: Growing Hearts in

the Right Place: On the Design of Biomimetic Materials for Cardiac Stem Cell Differentiation, *STEM CELLS* 33(4) (2015) 1021.

[37] M. Kitsara, O. Agbulut, D. Kontziampasis, Y. Chen, P. Menasché, Fibers for hearts: A critical review on electrospinning for cardiac tissue engineering, *Acta Biomaterialia* 48 (2017) 20.

[38] P. Joanne, M. Kitsara, S.-E. Boitard, H. Naemetalla, V. Vanneaux, M. Pernot, J. Larghero, P. Forest, Y. Chen, P. Menasché, O. Agbulut, Nanofibrous clinical-grade collagen scaffolds seeded with human cardiomyocytes induces cardiac remodeling in dilated cardiomyopathy, *Biomaterials* 80 (2016) 157.

[39] Y. Orlova, N. Magome, L. Liu, Y. Chen, K. Agladze, Electrospun nanofibers as a tool for architecture control in engineered cardiac tissue. *Biomaterials*. 32(2011) 5615.

[40] J. Li, I. Minami, M. Shiozaki, L. Yu, S. Yajima, S. Miyagawa, Y. Shiba, N. Morone, S. Fukushima, M. Yoshioka, S. Li, J. Qiao, X. Li, L. Wang, H. Kotera, N. Nakatsuji, Y. Sawa, Y. Chen, L. Liu, Human Pluripotent Stem Cell-Derived Cardiac Tissue-like Constructs for Repairing the Infarcted Myocardium, *Stem Cell Reports* 9(5) (2017) 1546.

[41] P. Beauchamp, C.B. Jackson, L.C. Ozthail, I. Agarkova, C.L. Galindo, D.B Sawyer, T.M. Suter, C. Zuppinger. 3D Co-culture of hiPSC-Derived Cardiomyocytes With Cardiac Fibroblasts Improves Tissue-Like Features of Cardiac Spheroids. *Front Mol Biosci* 7 (2020) 14.

[42] P. Hoang, A. Kowalczewski, S. Sun, T.S. Winston, A.M. Archilla, S.M. Lemus, A.G. Ercan-Sencicek, A.R. Gupta, W. Liu, M.I. Kontaridis, J.D. Amack, Z. Ma, Engineering spatial-organized cardiac organoids for developmental toxicity testing. *Stem Cell Reports* 16 (2021) 1228.

[43] S. George, A.C. Pal, J. Gagnon, S. Timalina, P. Singh, P. Vydyam, M. Munshi, J.E. Chiu, I. Renard, C.A. Harden, I.M. Ott, A.E. Watkins, C.B.F. Vogels, P. Lu, M. Tokuyama, A. Venkataraman, A. Casanovas-Massana, A.L. Wyllie, V. Rao, M. Campbell, S.F. Farhadian, N.D. Grubaugh, C.S. Dela Cruz, A.I. Ko, A.Z. Berna Perez, E.H. Akaho, D.G. Moledina, J. Testani, A.R. John, M. Ledizet, C.B. Mamoun, I.T. and the Yale, Evidence for Sars-Cov-2 Spike Protein in the Urine of COVID-19 Patients,

Kidney360 2(6) (2021) 924.

[44] I.O. Osman, C. Melenotte, P. Brouqui, M. Million, J.-C. Lagier, P. Parola, A. Stein, B. La Scola, L. Meddeb, J.-L. Mege, D. Raoult, C.A. Devaux, Expression of ACE2, Soluble ACE2, Angiotensin I, Angiotensin II and Angiotensin-(1-7) Is Modulated in COVID-19 Patients 12 (2021).

[45] E.S. Kim, M.-T. Jeon, K.-S. Kim, S. Lee, S. Kim, D.-G. Kim, Spike Proteins of Sars-Cov-2 Induce Pathological Changes in Molecular Delivery and Metabolic Function in the Brain Endothelial Cells Viruses 13(10) (2021).

[46] Z. Wen, Y. Zhang, Z. Lin, K. Shi, Y. Jiu, Cytoskeleton—a crucial key in host cell for coronavirus infection, Journal of Molecular Cell Biology 12(12) (2020) 968.

[47] J. Chen, J. Fan, Z. Chen, M. Zhang, H. Peng, J. Liu, L. Ding, M. Liu, C. Zhao, P. Zhao, S. Zhang, X. Zhang, J. Xu, Nonmuscle myosin heavy chain IIA facilitates Sars-Cov-2 infection in human pulmonary cells, Proceedings of the National Academy of Sciences 118(50) (2021) e2111011118.

[48] M. Prondzynski, M.D. Lemoine, A.T.L. Zech, A. Horváth, V. Di Mauro, J.T. Koivumäki, N. Kresin, J. Busch, T. Krause, E. Krämer, S. Schlossarek, M. Spohn, F.W. Friedrich, J. Münch, S.D. Laufer, C. Redwood, A.E. Volk, A. Hansen, G. Mearini, D. Catalucci, C. Meyer, T. Christ, M. Patten, T. Eschenhagen, L. Carrier, Disease modeling of a mutation in α -actinin 2 guides clinical therapy in hypertrophic cardiomyopathy, EMBO Molecular Medicine 11(12) (2019) e11115.

[49] A. Aleksova, G. Gagno, G. Sinagra, A.P. Beltrami, M. Janjusevic, G. Ippolito, A. Zumla, A.L. Fluca, F. Ferro, Effects of Sars-Cov-2 on Cardiovascular System: The Dual Role of Angiotensin-Converting Enzyme 2 (ACE2) as the Virus Receptor and Homeostasis Regulator-Review, Int J Mol Sci 22(9) (2021).

[50] O. Sedan, K. Dolnikov, N. Zeevi - Levin, N. Leibovich, M. Amit, J. Itskovitz - Eldor, O.J.S.C. Binah, 1, 4, 5 - Inositol trisphosphate - operated intracellular Ca²⁺ stores and angiotensin - II/endothelin - 1 signaling pathway are functional in human embryonic stem cell - derived cardiomyocytes, Stem Cells 26(12) (2008) 3130.

[51] E.L. Lagerqvist, B.A. Finnin, C.W. Pouton, J.M. Haynes, Endothelin-1 and angiotensin II modulate rate and contraction amplitude in a subpopulation of mouse

embryonic stem cell-derived cardiomyocyte-containing bodies, *Stem cell research* 6(1) (2011) 23.

[52] Q. Gao, P. Wang, Z. Wu, H. Qiu, B. Lin, J. Chen, J. Cen, J.J.b. Zhuang, Angiotensin II induces apoptosis in human induced pluripotent stem cell-derived cardiomyocytes, (2020).

[53] E. Avolio, M. Carrabba, R. Milligan, M. Kavanagh Williamson, A.P. Beltrami, K. Gupta, K.T. Elvers, M. Gamez, R.R. Foster, K. Gillespie, F. Hamilton, D. Arnold, I. Berger, A.D. Davidson, D. Hill, M. Caputo, P. Madeddu, The Sars-Cov-2 Spike protein disrupts human cardiac pericytes function through CD147 receptor-mediated signalling: a potential non-infective mechanism of COVID-19 microvascular disease, *Clinical science (London, England : 1979)* 135(24) (2021) 2667.

Figure 1 Overview of possible ends of shedding spike protein and evaluation process. (A) After endocytosis of Sars-Cov-2, the spike-ACE2 complex may: ① Enter into the cytoplasm; ② Totally or partially shed from the cell membrane; ③ Stay on the cell membrane. (B) Workflow of cardiac patch fabrication and spike protein testing. hiPSCs are first differentiated to cardiomyocytes on a culture patch made of arrayed nanofiber membrane. They are then incubated with synthetic spike protein with or without supplementary Ang II. The beating behavior, cellular structure, and nuclear morphology of the cells are analyzed to evaluate the effect of the spike protein of Sars-Cov-2.

Figure 2 Fabrication and characterization of the cardiac patch. (A) Timeline of hiPSC differentiation toward cardiomyocytes (CM). (B) Beating frequency of the hiPSC-CMs as a function of incubation time. (C) Spatial segmentation of time-lapse images of mature hiPSC-CMs on day 64. (D) Beating waveforms of three types of segmented areas of (C). Over 30 segmented areas, 26 exhibited regular and high magnitude beating (green). (E) Immunostaining images of a selected area showing tissue-like organization with multilayer and multicellular types. The dash lines indicate the borders of the nanofiber membrane. Green: SMA (α -smooth muscle actin), Red: TnT (troponin T), Blue: Nuclei. Scale bar: 20 μ m. (F) Schematic of the cell organization. (G) Percentages of the cells expressing TnT and/or SMA. (H) Immunofluorescent images of ACE2 (red) and Connexin 43 (Con43, green) marked hiPSC-CMs. Blue: Nuclei. Scale bar: 5 μ m. (I) Maximum intensity projection of Z-stack, fluorescence confocal image of TnT (green) and α -actinin (red) marked hiPSC-CMs. Blue: Nuclei. Scale bar: 5 μ m. Zoomed areas display more clearly the sarcomere structures. Scale bar: 5 μ m.

Figure 3 Effect of spike protein on hiPSC-CMs. (A) Immunofluorescent images of actin (green) and spike protein (red) marked hiPSC-CMs. Blue: Nuclei. Scale bar: 15 μ m. Two zoomed areas show the distribution of spike protein around the nuclei (up) and in the cytoplasm (bottom). Scale bar: 5 μ m. (B) Beating frequency variation as a function of incubation time during the first 24 h. Red: sample treated with spike protein,

Black: control. The significant symbol at 3 h represents the peak value difference of beating fluctuation (+spike vs control: ** $P < 0.001$; $n=5$). At 18 h, it represents the valley value difference (+spike vs control: * $P < 0.01$; $n=5$). (C) Immunofluorescent images of TnT (green) and α -actinin (red) marked hiPSC-CMs. Magenta symbols indicate sarcomere structures with and without spike protein treatment, showing different lengths between neighboring TnT segments. Scale bar: 5 μm . (D) Intensity profiles of TnT (green) and α -actinin (red) expression along cyan lines in (C). (E) Mean intensity of α -actinin fluorescence (control vs +spike: NS; $n=5$) (F) Distribution of α -actinin spot areas (control vs +spike: *** $P < 0.001$; $n=7$). (G) Statistic of the sarcomere length of in untreated and spike protein treated hiPSC-CMs (control vs +spike). In the range of 0.71-1.45 μm : $72.58 \pm 7.03\%$ vs $9.77 \pm 4.76\%$ (*** $P < 0.001$); In the range of 1.45-2.17 μm : $27.42 \pm 7.03\%$ vs $64.66 \pm 6.9\%$ (*** $P < 0.001$). In the range of $>2.17 \mu\text{m}$: 0 vs $25.56 \pm 7.18\%$. (H) Immunofluorescent images of connexin 43 (green) and actin (red) marked cells. Blue: Nuclei. Scale bar: 5 μm . (I) Intensity profiles of connexin 43 (green) and actin (red) expression along cyan lines in (H). (J) Percentage of connexin 43 fluorescent areas in perinuclear, cytoplasmic, or peripheral areas, as defined on the left.

Figure 4 Beating arrest and nuclear distortion of hiPSC-CMs. (A) Comparison of the rhythmic activity of hiPSC-CMs incubated for 54 h, with or without spike protein and Ang II. 1 $\mu\text{g}/\text{mL}$ spike protein was added at -3 h, 100 ng/mL Ang II was added after another 3 h. (B) Immunofluorescent images of hiPSC-CMs, showing expression of ACE2 (Green), Actin (Red) and Nucleus (Gray or Blue) under different conditions. Scale bar: 5 μm . (C) The bar graph shows the mean intensity of ACE2 fluorescence under different conditions. (D) Schematic figures to show different nuclear morphology and data statistical analyses, showing quantitatively the changes in chromatin distribution.

Figure 5 Degradation of the cellular structures of hiPSC-CMs. (A) Immunofluorescent images of hiPSC-CMs, showing the expression of TnT (Green), Actinin (Red) under different conditions. Scale bar: 5 μm . (B-C) Bar graphs at left show

the mean intensity of TnT (B) and Actinin (C) fluorescence, bar graph at right shows the distribution of TnT (B) and Actinin (C) fluorescence spot areas with no treatment, spike protein or spike protein, and supplementary Ang II. (D) Immunostaining images of connexin 43 (Green) and Actin (Red). Scale bar: 5 μ m. (E) Mean intensity of the connexin 43 fluorescence.

Figure 6 Schematic summaries of the effects of spike protein on hiPSC-CMs. (A) Sarcomere structures with and without spike protein treatment. Without spike protein, myosin slides along actin to contract the hiPSC-CMs. With spike protein, the distribution of α -actinin proteins might be disturbed and the overlap between myosin and actin became shortened. (B) Damage effects of the spike protein on cells. Without spike protein, the cell-cell contact with the help of gap junction proteins (connexin 43) enables coordinated contraction of the cardiac tissue. With spike protein, the gap junction disappeared due to mislocalization of connexin 43. When incubated with supplementary Ang II, the spike protein-induced changes became fatal in terms of ACE2 downregulation, chromatin margination, Connexin 43 expression, and sarcomere disruption, leading to cell death.

Figure 1

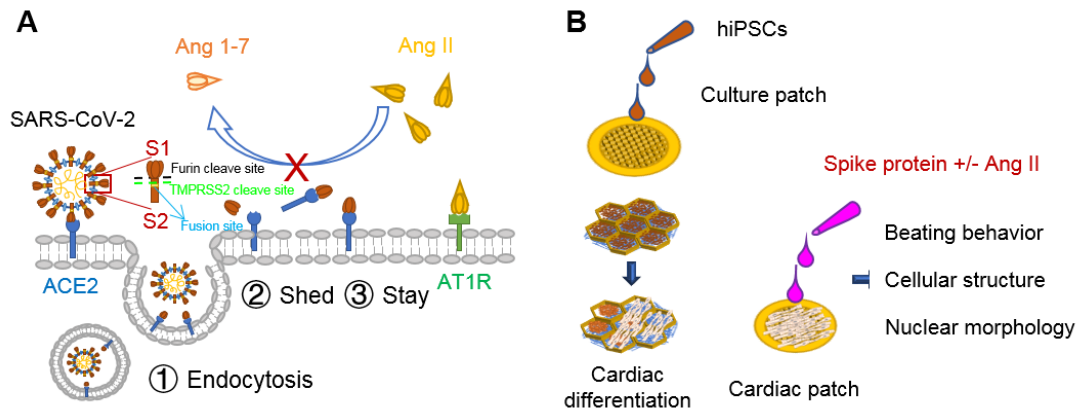


Figure 2

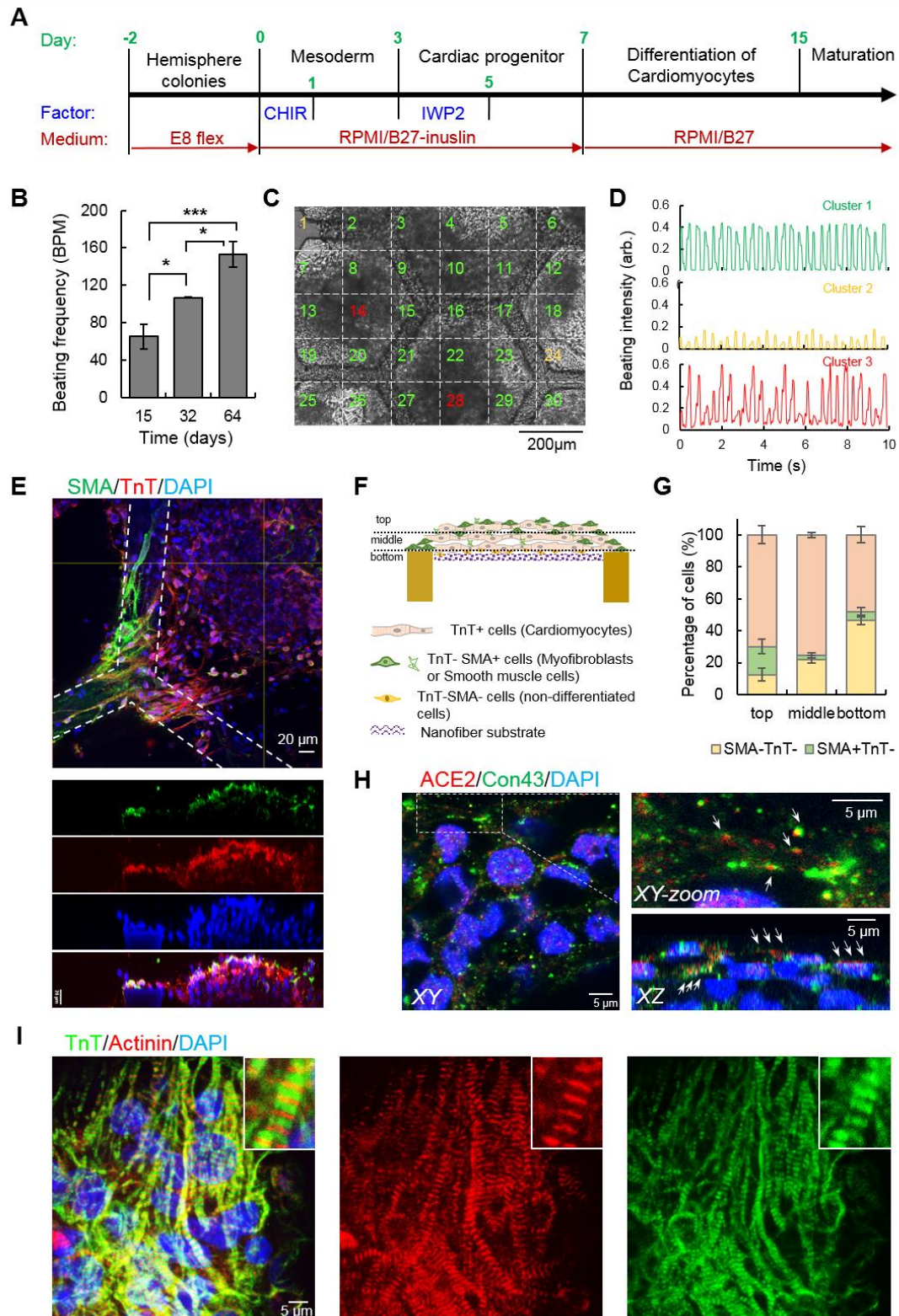


Figure 3

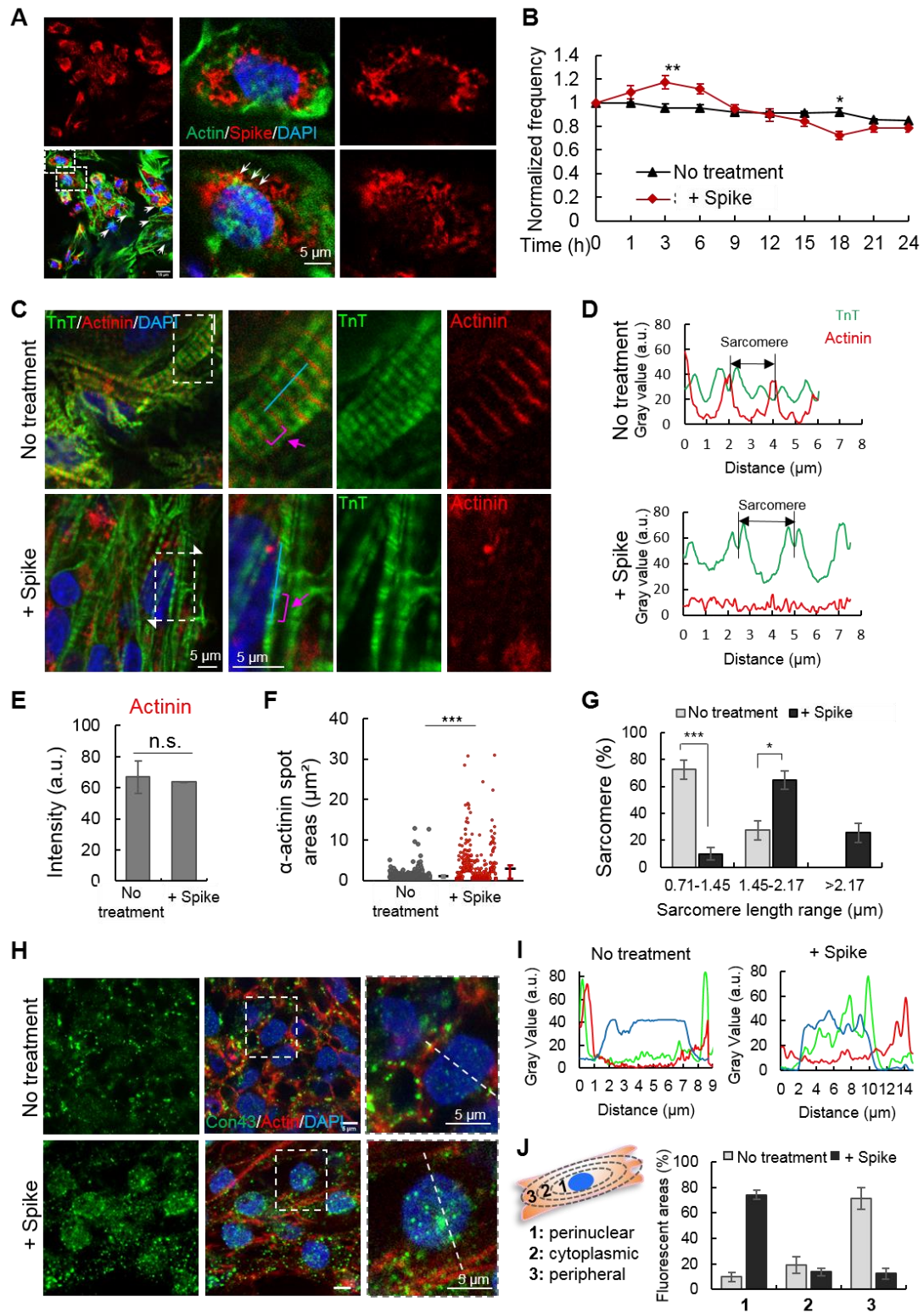


Figure 4

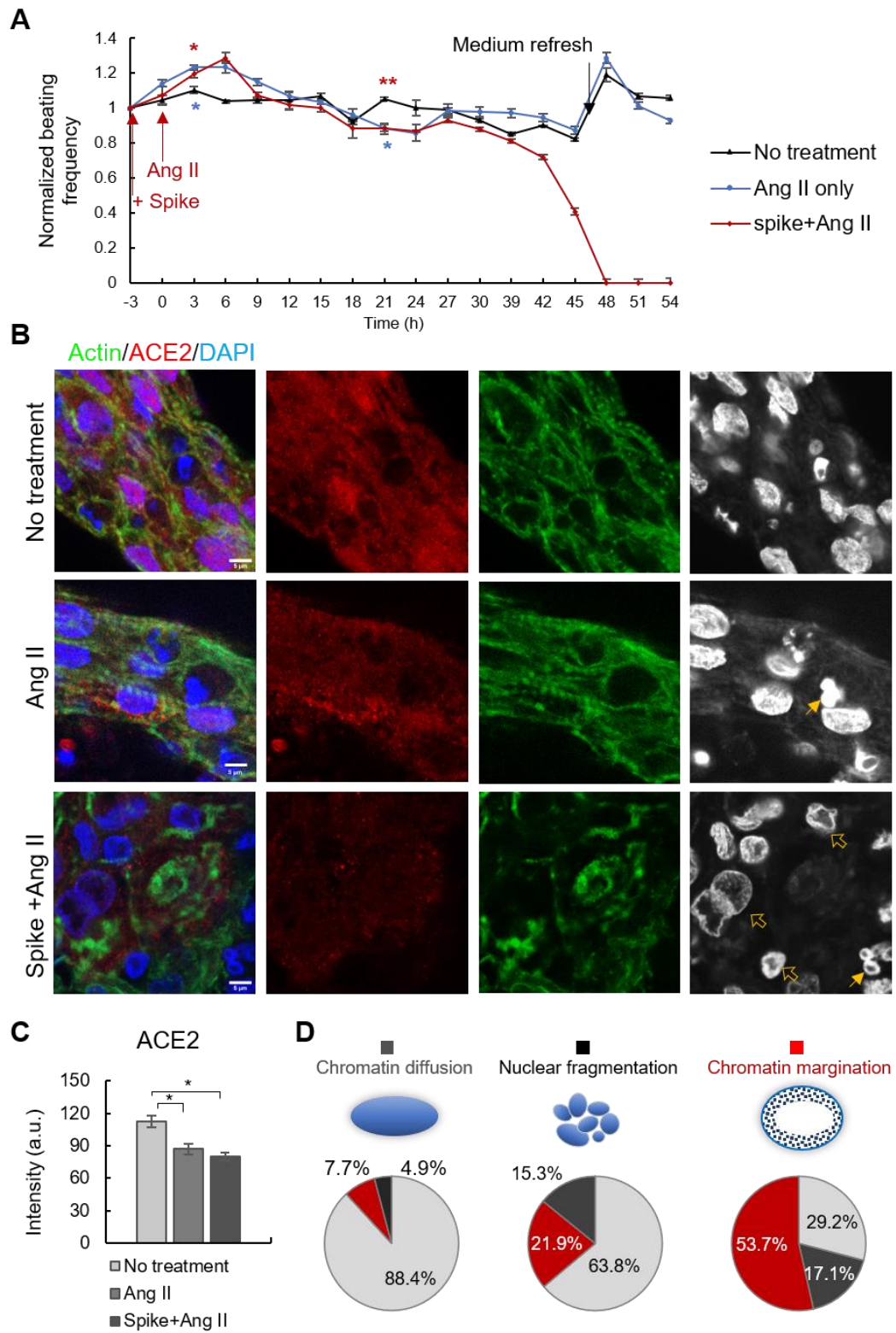


Figure 5

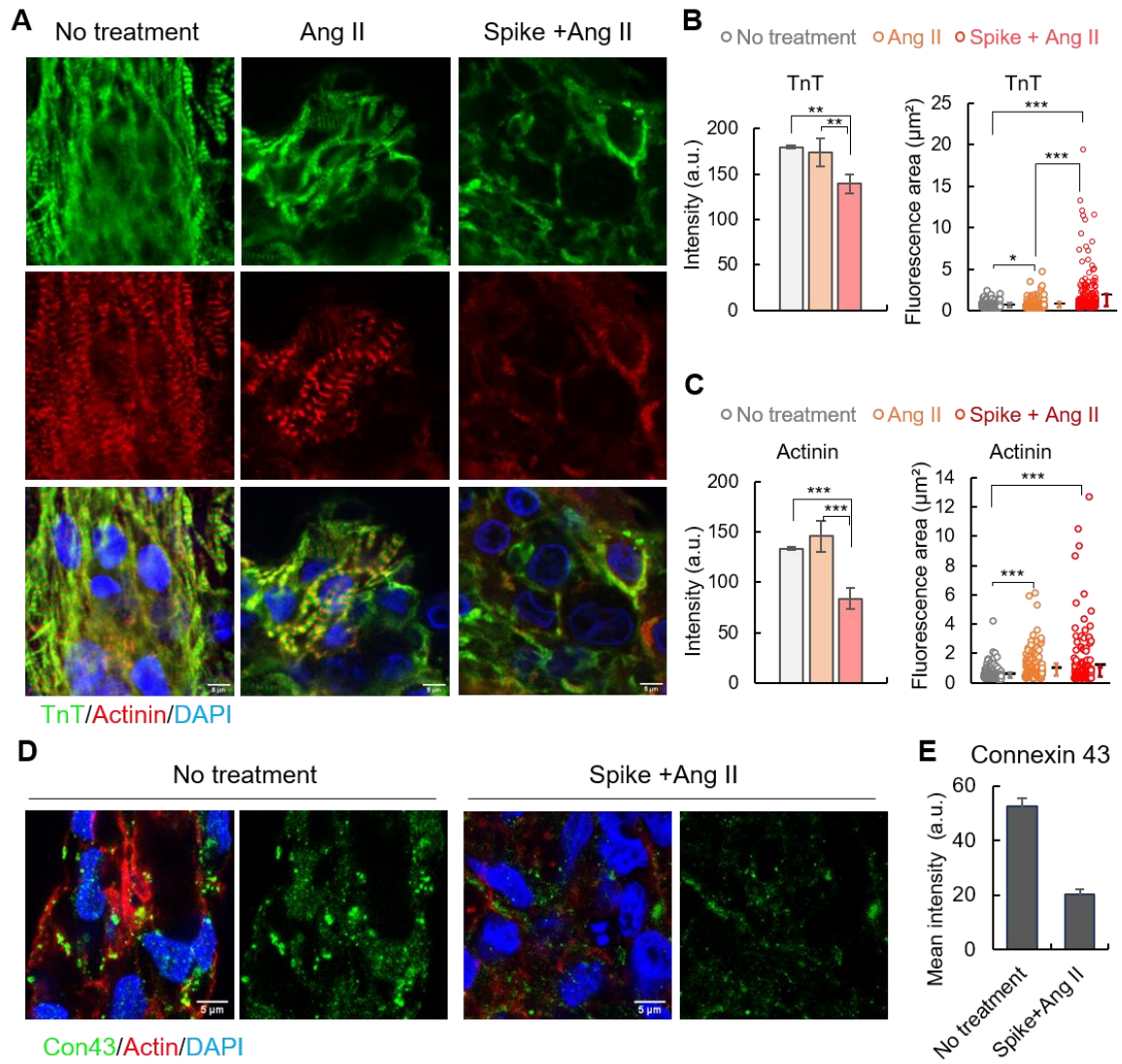
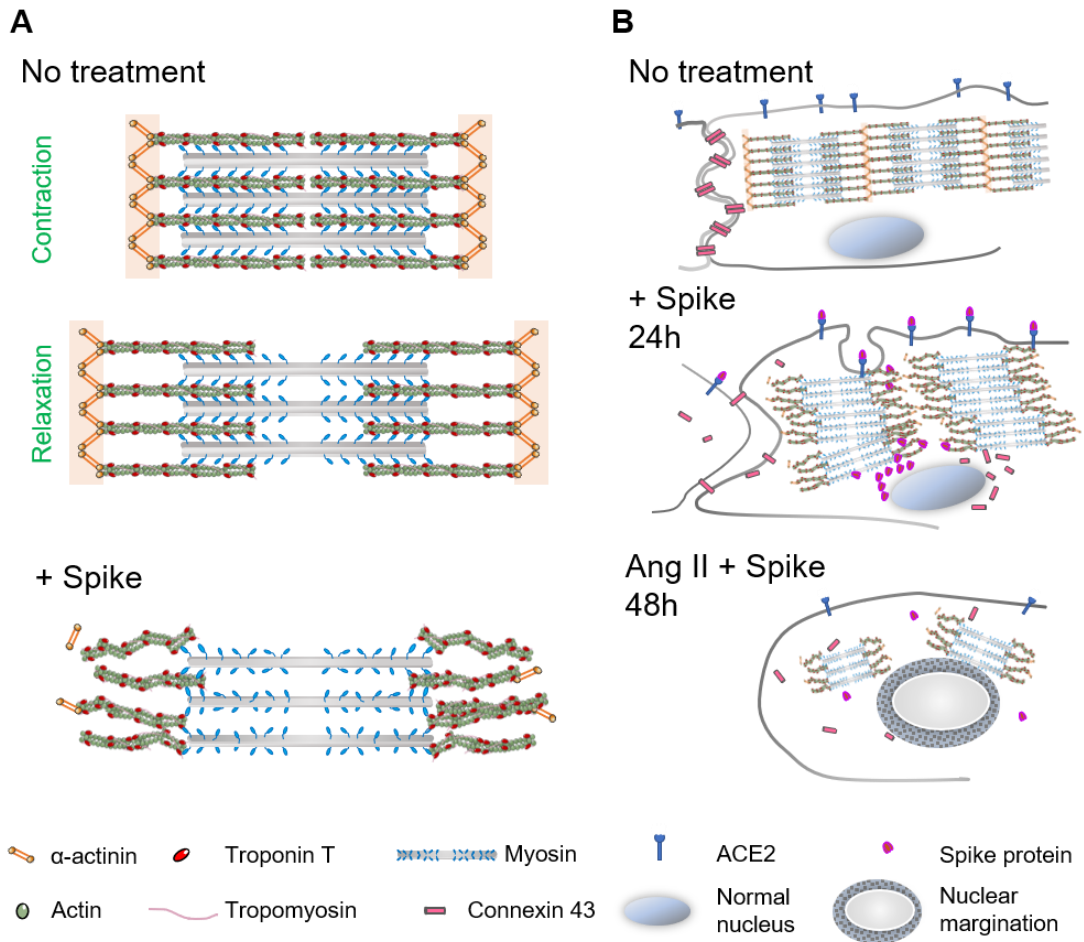
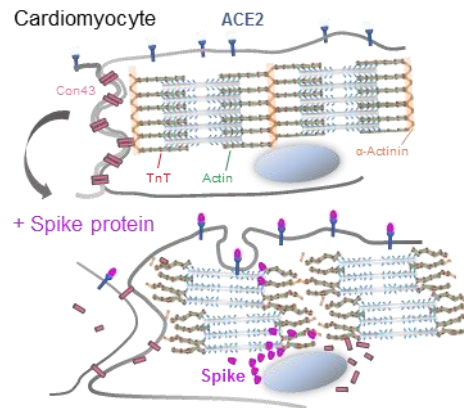


Figure 6



Journal's Table of Contents (ToC)



The Sars-Cov-2 spike protein can affect the behavior of host cells. By using cardiomyocytes derived from human induced pluripotent stem cells, this study shows the clear effects of the spike protein on cardiac beating, sarcomere structure, and distribution of gap junction proteins. In the presence of supplementary angiotensin II, the effects become more evident, showing even a beating arrest of the cardiomyocytes.