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## **Summary**

Mutations of DES, the gene encoding desmin, the major intermediate filament of muscle cells, can lead to Myofibrillar Myopathy (MFM). MFM is a rare disease that is mainly characterized by a loss of muscular dystrophy) but also, in many cases, by a progressive cardiac disease<sup>1,2</sup>. It is well established that desmin is linked to mitochondrial trafficking and, during heart failure, its loss is accompanied by mitochondrial dysfunction<sup>3</sup>. Moreover, it is also known that autophagy is perturbed in desmin-related cardiomyopathy. However, a link between desmin and mitophagy, which could contribute mechanistically to the pathophysiological mechanisms involved in MFM, has not been established. Here we have developed a method to study mitochondrial health and mitophagy. It is based on a 2D model of desmin-related cardiomyopathy : (i) cardiomyocytes derived from human induced pluripotent stem cells (hiPSC-CMs)<sup>4</sup> obtained from patients carrying a DES mutation (E439K) or control, and (ii) an automated image analysis method (in-house software). In a second line of experiments, we employed two 3D models generated from hiPSC-CMs associated with fibroblast - either forming muscle rings<sup>6</sup> or cardiac spheroids<sup>5</sup> - to better mimic the high degree of complexity of the human myocardium.



Live imaging of cardiomyocytes derived from human pluripotent stem cells (hiPSCs-CM, Patient carrying the mutation DES E439K or control patient) with TMRM (active mitochondria staining) and Mitotracker (All mitochondria staining). The framed cells indicate cells with mostly inactive mitochondria. The intensity ratio of TMRM signal over

increase of the calcium concentration. B. RNAseq that highlight a difference in the transcriptomic response between patients and control especially in the expression of gene related to the striated muscle contraction function and the unfolded protein stress response. C. qRT-



## Conclusion

Our results confirm that DES mutations induced a mitochondrial and mitophagy defects that can be measured by an *in vitro* 2D model assay based on a Live imaging with TMRM, Mitotracker and Lysotracker, an automated confocal microscope for the image acquisition and an automated image analysis by in-house software. Indeed, It would be interesting to use this workflow for primary assay in a High content screening context for drugs discovery. Moreover, we showed functional defect on 3D models (you can also See the Poster 067 for complementary data on cardiac spheroid) that can be use for secondary assay in a High content screening for the validation of the selected compounds.

## **Perspective : High content screening assay**

## Primary assay

*Live Imaging :* Tetramethylrhodamine, methyl ester (**TMRM**)

Secondary assay

