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Cardiac specific transcription factor Csx/Nkx2.5 regulates transient-outward K⁺ channel expression in pluripotent P19 cell-derived cardiomyocytes

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Abstract

The homeobox-containing gene Csx/Nkx2.5 codes several cardiac transcription factors and plays a critical role in early cardiogenesis. We investigated the effect of Csx/Nkx2.5 on the expression of cardiac ion channels using P19-derived cardiomyocytes. P19CL6 cells and P19CL6 cells with Csx/Nkx2.5 overexpression (P19CL6-Csx cells) were induced to differentiate into cardiomyocytes by treatment with dimethyl sulfoxide. Action potentials and membrane currents were measured by whole cell patch clamp at different differentiation stage: the early stage (1–5 days after beating had begun) and the late stage (10–15 days after beating). Expression of Csx/Nkx2.5 mRNA was increased as the differentiation stages advanced in both P19CL6 and P19CL6-Csx cells. In action potential configuration, maximal diastolic potentials in P19CL6-Csx cells exhibited more hyperpolarized potential (−64.2 mV) than those in P19CL6 cells (−54.8 mV, $p < 0.01$) in the early stage. In P19CL6 cells, among 6 different voltage-gated and ligand-operated K⁺ channels expressed during the early stage, the transient-outward K⁺ channel was most predominant. By overexpression of Csx/Nkx2.5, developmental decrease in the transient-outward K⁺ channel was suppressed. Homeobox-containing gene Csx/Nkx2.5 modifies the amount of distinct ionic channels, during differentiation periods, predominantly changing the expression of the transient-outward K⁺ channel.

Keywords: Potassium channel, Csx/Nkx2.5, Cardiomyocytes, Transient outward current, Cardiogenesis, Pluripotency, P19CL6, Homeobox

Introduction

A homeobox-containing gene Csx/Nkx2.5 is one of the cardiac-enriched transcription factors found by Komuro and Izumo [1]. Targeted disruption of murine Csx/Nkx2.5 results in embryonic lethality due to abnormal looping morphogenesis of the primary heart tube [2]. Recently, many different human Csx/Nkx2.5 mutations have been reported in patients with cardiac malformation

such as atrial septal defects, atrioventricular conduction delays, ventricular septal defects, tetralogy of Fallot, and tricuspid valve abnormalities [3, 4]. These reports suggest that the main role of Csx/Nkx2.5 includes regulation of cardiac morphological differentiation. Moreover, its ability to protect the heart from stress has also been reported [5], suggesting that Csx/Nkx2.5 may have various effects on differentiation of the heart.

Establishment of an *in vitro* cardiomyocyte differentiation system has allowed us to study the function of ion channels in very early stages of differentiation. P19 embryonal carcinoma cells are a pluripotent cell line which can differentiate into cardiomyocytes after

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