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# Supplementary Materials for

### **Microphysiological 3D model of amyotrophic lateral sclerosis (ALS) from human iPS-derived muscle cells and optogenetic motor neurons**

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### **The PDF file includes:**

Fig. S1. Characterization and differentiation of iPS-derived skeletal myoblasts in a monolayer culture.

Fig. S2. Comparison between a mouse muscle fiber bundle of C2C12 and a human muscle fiber bundle of iPS-derived skeletal muscle cells.

Fig. S3. Muscle contraction and synchronization by chemical stimulation.

Fig. S4. Glutamic acid treatment and electrical stimulation and TTX treatment to the motor unit model.

Fig. S5. Characterization of iPS-derived MN from a sporadic ALS donor.

- Fig. S6. Genotyping of ALS-iPS–derived MN and ES-derived MN.
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Fig. S8. Automated detection of pillar displacement, estimating muscle contraction.

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Fig. S10. Drug application through the iEC barrier.

Table S1. Primer sequences for real-time RT-PCR.

Table S2. SNP mutation (whole-exome sequencing), ALS pathogenesis related.

Table S3. SNP mutation (whole-exome sequencing), ATG family.

Table S4. SNP mutation (whole-exome sequencing), autophagy related. Legends for movies S1 to S6

### **Other Supplementary Material for this manuscript includes the following:**

(available at advances.sciencemag.org/cgi/content/full/4/10/eaat5847/DC1)

Movie S1 (.mp4 format). Image stacks of muscle fiber bundle stained with α-actinin (green) and DAPI (blue).

Movie S2 (.avi format). 3D construction of muscle fiber bundle based on iPSC-derived skeletal muscle cells.

Movie S3 (.mp4 format). Representative movie of muscle contraction after stimulation with glutamic acid on day 14.

Movie S4 (.mp4 format). Muscle contraction of the ALS motor unit after 1-Hz optical stimulation without drug.

Movie S5 (.mp4 format). Muscle contraction of the ALS motor unit after 1-Hz optical stimulation with rapamycin.

Movie S6 (.mp4 format). Muscle contraction of the ALS motor unit after 1-Hz optical stimulation with rapamycin and bosutinib.



**Fig. S1. Characterization and differentiation of iPS-derived skeletal myoblasts in a monolayer culture.** Differentiation into a mature myotube was characterized in a petri dish by immunostaining of MyoD and myogenin. After D7 of differentiation, skeletal myoblasts partially expressed myogenin which is mature myocyte marker although almost all myoblasts expressed MyoD. After D14 of differentiation, myogenin expression can be seen in almost all myoblasts.



**Fig. S2. Comparison between a mouse muscle fiber bundle of C2C12 and a human muscle fiber bundle of iPS-derived skeletal muscle cells.** (A) Both mouse and human muscle fiber bundles were formed in the microfluidic device attaching the pillars on D14. However, C2C12 muscle fiber bundles break and collapse causing them to detach from the pillars, whereas human muscle fiber bundles maintain their structural integrity. (B) Pillar displacement by muscle contraction results when applying electrical stimulus. Displacement of iPS-skeletal muscle cells was higher than C2C12 on D20.



**Fig. S3. Muscle contraction and synchronization by chemical stimulation.** (A)  $Ca^{2+}$  imaging on muscle fiber bundle. (i) phase contrast imaging (ii) muscle force map (iii), neural firing on muscle fiber bundle every 100 ms. (B) Changes in the fluorescence intensity of the red circle in Figure 5A, indicating  $Ca<sup>2+</sup>$  oscillation. (C) Histogram of peak-to-peak duration of calcium transients in the muscle fiber bundle and end feet of motor neurons and frequency of muscle contraction. (*n* = 7). (D) The difference of frequency between the calcium transients in the muscle fiber and muscle contraction ( $n = 60, 7$ ) biological replicates). (E) Synchronization of calcium transients and muscle contraction. Black box indicates when calcium transients in the muscle fiber bundle coincide with muscle contraction. \*,  $P<0.05$ , by Student's t test and one-way ANOVA. Error bars  $\pm$  SD.



**Fig. S4. Glutamic acid treatment and electrical stimulation and TTX treatment to the motor unit model.** (A, B) Average force of muscle contraction and frequency after treatment with glutamic acid. (C) Muscle atrophy by continuous treatment of glutamic acid on D21. Representative images of human motor unit after TTX treatment. No significant difference can be seen in terms of morphology compared to before TTX treatment (1 μM). (E) TTX treatment completely prevented muscle contraction by preventing motor neural activity and connections. Then, after washing TTX, muscle contraction was recovered. Scale bar is 200 µm (D).



**Fig. S5. Characterization of iPS-derived MN from a sporadic ALS donor.** (A, B) Morphology of neural stem cells differentiating into MN from ALS-derived NSC and ES-derived NSC show significantly less elongation of neurites at D28 and D35 in 2D culture. (C) Deposition of TDP-43 aggregation at the cytoplasm of ALS-iPS derived MN. No aggregation can be seed in ES-derived MN. (D) Insoluble TDP-43 fractions from ALS and ES derived MN and NSC by western blotting. (E) Immunostaining of GFAP and Tuj1 showing neuron networks and astrocytes. (F) Speed of neurite elongation in microfluidic device after injecting pre-differentiated MN spheroids. Tubulin structure was live-stained in cells prior to injection to the micro devices, then observed at D3, D5, and D7. (G) The number of nerve fascicles of ALS-iPS MN is lower than ES-derived MN. (H) Magnified view of Tuj-1 staining showed significant differences in the thickness of nerve fascicles between the two motor unit models. (I) Average diameter of nerve fascicles at D14. (n = 4) \*\*, *P*<0.01. Student t-test. Scale bars are 50 µm (C, E) and 100 µm (A, F, H).



**Fig. S6. Genotyping of ALS-iPS–derived MN and ES-derived MN.** (A) The typical SNP mutation at TDP-43. (B) ALS iPS-derived MNs are heterozygous for G298S and homozygous for M337V and Q343R, whereas ES-derived MN has no mutation related to these three SNP mutations. (C) No SOD1 mutation of A4V and G93A in either type of MN cells. (D) G-band karyotyping analysis of parental ALS-iPSC.



**Fig. S7. Morphogenesis of MN spheroids derived from a patient with ALS in 2D culture.** (A) Predifferentiated (D28) MN spheroid was reseeded on PLO-laminin coated surface and cultured for an additional 5 days, then stained for Tuj1, HB9, and DAPI. The density of elongated neurites extending from the MN spheroid from ALS patient cells is significantly lower compared with the ESC-derived MN spheroid. The amount of HB9 expression is the same between the two models, consistent with the real-time PCR. (B) Immunostaining of ChAT in the two models. (C) The phenotypic difference of iALS-MN spheroids compared to ESC-MN spheroids after co-culture with muscle tissues in microfluidic devices. Scale bar is 100  $\mu$ m.



**Fig. S8. Automated detection of pillar displacement, estimating muscle contraction.** (A) Captured videos were analyzed using Python with OpenCV plugin. (B) Formula used to calculate displacement of the pillar edge. (C) Calculation of muscle contraction force from pillar displacement measurements.



**Fig. S9. Significant loss of CNTF secretion in iALS-MN accelerated apoptosis of muscle cells.** (A) Concentration of CNTF decreased in iALS-MN compared to hESC-MN after co-culture with muscle cells in a microfluidic device. (n = 3) (B) Relative expression of NF-*k*B in MN after co-culture with muscle tissues in microfluidic devices. The expression in iALS-MN significantly increased due to the OPTN mutation via dysfunction of NF- $kB$  suppressive activity. ( $n = 5$ ).



**Fig. S10. Drug application through the iEC barrier.** (A) Culture scheme of iEC layer, iALS-MN spheroid, and iPSC-derived skeletal muscle fiber bundle. (B) Formation of iEC layer on collagen gel in left medium reservoir and immunostaining of F-actin and CD31 on D14. Scale bars, 100 μm. (C) Immunostaining of P-glycoprotein (P-gp), ZO-1, and occludin to characterize the phenotype of iEC. VEcadherin expression of iEC layer at D5, D10, and D14. Scale bars, 20 μm. (D) The permeability through iEC layer after D14 of culture. FITC-tagged 40 kDa dextran was applied to left medium reservoir. iEC layer prevents diffusion of dextran. (E) Immunostaining of P-gp at three conditions. Rapamycin treatment significantly decreases P-gp expression. Scale bars, 20 μm. (F) The comparison of muscle contraction with and without iEC layer in the presence of no drug, rapamycin, and bosutinib, and cotreatment with both. (G) Normalized muscle contraction by treatment of drugs via iEC layer copared to without iEC layer.  $(n = 4)$ . \*,  $P < 0.05$ . \*\*,  $P < 0.01$ . one-way ANOVA. The bars of each column indicate range.



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### **Table S2. SNP mutation (whole-exome sequencing), ALS pathogenesis related, continued**

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