Re-enforcing hypoxia-induced polyploid cardiomyocytes enter cytokinesis through activation of

β-catenin

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Running title: Cytokinesis of polyploid cardiomyocytes

Supplemental Figure S1. Active β-catenin promotes tetraploid CM cytokinesis by increasing the cytokinesis factors ECT2 expression.

(a) Location of the predicted β-catenin-regulated motif of *ECT2 gene*.

(b) The ChIP-qPCR result of two predicted motifs in CHIR9901-treated mice heart.

(c) The ChIP-qPCR result of two predicted motifs in CHIR9901-treated NRCM.

(d) Representative co-immunofluorescence with anti-ECT2, anti-Anillin and anti-cTnT antibodies. Scale bars, 5μm.

(e) The percent of ECT2-positive and Anillin-positive NRCMs in both normoxic and hypoxic group (n=20 samples each).

(f) The percent of ECT2-positive and Anillin-positive NRCMs among three groups (n=10 samples each).

(g) Representative co-immunofluorescence with anti-ECT2, anti-MgcRacGAP and anti-cTnT antibodies. Scale bars, 5μm.

(h) The percent of ECT2-positive and MgcRacGAP-positive NRCMs in both normoxic and hypoxic group (n=40 samples each).

(i) The percent of ECT2-positive and MgcRacGAP-positive NRCMs across three groups (n=10 samples each).

(j) qPCR analysis of cell cycle and cytokinesis genes normalized to actin (n=3 each).

(k) Representative distribution ploidy of treated tetraploid NRCMs.

(l) Ploidy of treated tetraploid NRCMs (n=3 for DMSO group, n=5 for β-catenin overexpression group). Data is presented as mean ± s.d. * P < 0.05.

Supplemental Figure S2. Active β-catenin improve the cardiac function without increasing hypoxia-induced angiogenesis and inhibiting CM apoptosis.

(a) Immunofluorescence with anti-CD31 antibodies. Results are displayed as three representative images (upper, scale bars, 50μm), as three box plots of average capillary number per field (lower left, n=5 each), average capillary area per field (lower medium, n=5 each) and capillary number per cardiomyocytes (lower right, n=3 each), respectively.

(b) Co-immunostaining with TUNEL staining and anti-cTnT antibodies in NRCMs. Results are displayed as three representative images (upper, scale bars, 50μm) and as two box plots of TUNEL-positive cardiomyocyte nuclei (lower left, n=4 samples each) and TUNEL-positive cardiomyocytes (lower right, n=4 samples each). (c) Co-immunostaining with TUNEL staining, WGA staining and anti-cTnT antibodies in adult mice. Results are displayed as three representative images (upper, scale bars, 50μm) and as two plot charts of TUNEL-positive cardiomyocyte nuclei (lower left, n=3 each) and TUNEL-positive cardiomyocytes (lower right, n=3 each). (d) Representative tracings of left-ventricular steady-state pressure-volume loops. (e) Ejection fraction of left ventricular among three groups (n=10 each). Data is presented as mean ± s.d. * P < 0.05.

Supplemental Figure S3. Hypoxia may induce higher ploidy and nuclear number of cardiomyocytes in cyanotic congenital heart disease.

(a) The mean ploidy of cardiomyocyte nuclei between acyanotic and cyanotic group

via fluorescence intensity measurement (n=3 each).

(b) Distribution of cardiomyocyte ploidy (n=3 each).

(c) Correlation between mean nuclear number of cardiomyocytes and arterial oxygen saturation in congenital heart disease samples.

(d) Correlation between mean ploidy of cardiomyocyte nuclei and arterial oxygen saturation in both acyanotic and cyanotic groups together.

(e) Correlation between mean ploidy of cardiomyocytes and arterial oxygen

saturation in both groups together. Data is presented as mean ± s.d. * P < 0.05.

Supplemental Figure S4. Ploidy and nuclear number of cardiomyocytes is higher in hypoxic heart.

(a) Representative distribution of ploidy of cardiomyocyte nuclei in both normoxic and hypoxic group.

(b) The percent of polyploid cardiomyocyte nuclei between normoxic and hypoxic group (n=4 each).

(c) The mean ploidy of cardiomyocyte nuclei via flow cytometry (n=4 each).

(d) Distribution of cardiomyocyte ploidy ($n=3$ each). Data is presented as mean \pm s.d. $*$ P < 0.05.

Supplemental Figure S5. Hypoxia induce higher ploidy and nuclear number of neonatal rat cardiomyocytes.

(a) The percent of polyploid neonatal rat cardiomyocyte nuclei between normoxic and hypoxic group (n=9 samples each).

(b) The mean ploidy of cardiomyocyte nuclei via fluorescence intensity measurement (n=9 samples each).

(c) Distribution of neonatal rat cardiomyocyte ploidy in both groups (n=18 samples each). Data is presented as mean \pm s.d. $*$ P < 0.05.

Supplemental Figure S6. Acive β-catenin increase the number of cardiomyocytes under hypoxia condition *in vitro* **and** *in vivo***.**

(a) The OD value of CCK-8 in both normoxic and hypoxic group (n=3 each).

(b) The OD value of CCK-8 across three groups (n=3 each).

(c) Complete isolated cardiomyocyte count per heart in both normoxic and hypoxic group (n=4 each).

(d) Complete isolated cardiomyocyte count per heart across three groups (n=4 each). (e) The ratio of heart weight to body weight (HW/BW) in both normoxic and hypoxic group (n=4 each).

(f) HW/BW across three groups (n=8 each).

(g) The ratio of heart weight to tibial length (HW/TL) in both normoxic and hypoxic group (n=4 each).

(h) HW/TL across three groups (n=8 each). Data is presented as mean \pm s.d. $*$ P < 0.05. (i) The rate of spontaneous contraction ($n=6$ each). Data is presented as mean \pm s.d. $*P < 0.05$.

Supplemental Figure S7. Acive β-catenin is unable to change the relative weight of lung.

(a) The ratio of lung weight to body weight (LW/BW) in both normoxic and hypoxic group (n=4 each).

(b) The ratio of lung weight to tibial length (LW/TL) in both normoxic and hypoxic group (n=4 each).

(c) LW/BW across three groups (n=8 each).

(d) LW/TL across three groups (n=8 each). Data is presented as mean \pm s.d. $*$ P < 0.05.

Supplemental Figure S8. Hypoxia induces angiogenesis, increases apoptosis and reduce cardiac function.

(a) Immunofluorescence with anti-CD31 antibodies. Results are displayed as two representative images (upper, scale bars, 50μm), as three box plots of average capillary number per field (lower left, n=9 each), average capillary area per field (lower medium, n=9 each) and capillary number per cardiomyocytes (lower right, n=3 each), respectively.

(b) Co-immunostaining with TUNEL staining and anti-cTnT antibodies in NRCMs. Results are displayed as two representative images (upper, scale bars, 50μm) and as two box plots of TUNEL-positive cardiomyocyte nuclei (lower left, n=4 samples each) and TUNEL-positive cardiomyocytes (lower right, n=4 samples each).

(c) Co-immunostaining with TUNEL staining, WGA staining and anti-cTnT antibodies in adult mice. Results are displayed as two representative images (upper, scale bars, 50μm) and as two plot charts of TUNEL-positive cardiomyocyte nuclei (lower left, n=3 each) and TUNEL-positive cardiomyocytes (lower right, n=3 each).

(d) Representative tracings of left-ventricular steady-state pressure-volume loops. (e) Ejection fraction of left ventricular in both normoxic and hypoxic group (n=16

each). Data is presented as mean \pm s.d. $*$ P < 0.05.

Supplemental Figure S9. Anillin and ECT2 dislocated in hypoxic cardiomyocytes.

(a) The schematic diagram of dynamic location of ECT2, Anillin and actomyosin during cardiomyocyte cytokinesis under normoxic and hypoxic condition. (b) Representative immunostaining image with anti-ECT2, anti-Anillin and anti-cTnT antibodies during anaphase. ECT2 and Anillin appear to accumulate at central spindle microtubules between two nuclei. Scale bars, 5μm.

(c) Representative image during kataphase. ECT2 and Anillin locate at actomyosin constriction ring. Scale bars, 5μm.

(d) Representative image during cytokinesis. ECT2 and Anillin located at intercellular bridge. Scale bars, 5μm.

(e) Representative image of cytokinesis failure. ECT2 and Anillin fail to accumulate at actomyosin ring. Scale bars, 5μm.

Supplemental Figure S10. The method for counting the cardiomyocyte nuclei.

Nucleus only surrounding by Troponin T closely is defined as cardiomyocyte nucleus (white arrowhead). The nucleus defined as nonmyocyte nucleus is not completely

surrounded by Troponin T (\Box and \odot) or not closely surrounded by Troponin T (#) or is partly (Δ) or completely (white arrow) surrounded by cell membrane.

(a) Scale bars, 10μm.

(b) Scale bars, 5μm.

(c) Scale bars, 5μm.

(d) Scale bars, 50μm.

Supplemental Figure S11. The method for measuring the ploidy and nuclear number of cardiomyocytes.

(a) The schematic flow diagram of detecting the distribution of multinucleated polyploid cardiomyocytes. The NRCM or the cardiomyocyte smear of animal model is stained by Hoechst, WGA and anti-cTnT antibodies, which marked the DNA, cytosol and membrane of myocyte, respectively.

(b) Immunofluorescence image is captured via confocal laser scanning microscope (scale bars, 50μm).

(c) According to the inclusion and exclusion criteria, the cardiomyocyte nucleus is defined by the relationship among nucleus, Troponin T and membrane.

(d) The fluorescence intensity of Hoechst is detected to form the intensity curve.

(e) The first curve peak is regard as diploid, and the second is regard as tetraploid, and so on. The intensity value of tetraploid need be about the two-fold one of diploid.

(f) Based on ploidy curve, the ploidy of each nucleus can be identified.

(g) The nuclear number of each cell can also be counted.

(h) Considering the nuclear number of each cell, the distribution of multinucleated polyploid cardiomyocyte can be obtained.

Supplemental Figure S12. The strategy of flow cytometry for the ploidy of isolated adult mice cardiomyocytes.

(a) According to the FITC-conjugated Troponin T (TnT) antibodies, the cardiomyocytes can be screened.

(b) According to the intensity of DNA dye (Pyridine iodide for analysis or Hoechst for cell sorting), different ploidy of cardiomyocytes can be identified after the removal of cell adhesions.

(c) Ploidy distribution of cardiomyocytes can be detected.

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Supplemental Figure S13. Knocking down of ECT2 increases ploidy and nuclear number of neonatal rat cardiomyocytes with active β-catenin.

(a) Distribution of ploidy of NRCM. Results are displayed as a representative hypoxic cardiomyocytes (upper), as a bar chart of ploidy of cardiomyocytes (lower left, n=4 samples each) and as a box plot of mean ploidy of cardiomyocytes (lower right, n=4 samples each). (b) The nuclear number of NRCMs. Results are displayed as a representative hypoxic image (upper, scale bars, 50μm), as a bar chart of multinucleated cardiomyocytes (lower left, n=37 samples for normoxia, n=28 samples for hypoxia, >30 cardiomyocytes from 9 randomly chosen fields were counted for each individual sample) and as a chart for mean nuclear number (lower right). (c) Distribution of ploidy (left, n=12 samples each) and mean ploidy (right, n=12 samples each, >30 cardiomyocytes from 9 randomly chosen fields were counted for each individual sample) of NRCMs. (d) The percent of Ki67-positive cardiomyocyte nuclei (left, n=9 samples each, >30 cardiomyocytes from 9 randomly chosen fields were counted for each individual sample) and Ki67-positive cardiomyocytes (left, n=9 samples each, >30 cardiomyocytes from 9 randomly chosen fields were counted for each individual sample). (e) The percent of pH3 positive cardiomyocyte nuclei (left, n=8 samples each, >30 cardiomyocytes from 9 randomly chosen fields were counted for each individual sample) and pH3-positive cardiomyocytes (right, n=8 samples each, >30 cardiomyocytes from 9 randomly chosen fields were counted for each individual sample). (f) The percent of Aurora Bpositive cardiomyocyte nuclei (left, n=8 samples each, >30 cardiomyocytes from 9 randomly chosen fields were counted for each individual sample) and Aurora Bpositive cardiomyocytes (right, n=8 samples each, >30 cardiomyocytes from 9 randomly chosen fields were counted for each individual sample). (g) The percent of mklp2-positive cardiomyocyte nuclei (left, n=8 samples each, >30 cardiomyocytes from 9 randomly chosen fields were counted for each individual sample) and mklp2 positive cardiomyocytes (right, n=8 samples each, >30 cardiomyocytes from 9 randomly chosen fields were counted for each individual sample). Data is presented as mean \pm s.d. $*$ P < 0.05.

ECT2/Anillin/DAPI ECT2/Anillin/Troponin T/DAPI

1. Ang KL, Shenje LT, Reuter S, et al. Limitations of conventional approaches to identify myocyte nuclei in histologic sections of the heart. Am J Physiol Cell Physiol. 2010; 298(6):C1603-9.

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Supplementary Table I

Supplementary Table II

Supplementary Table III

Supplementary Table IV

Supplementary Table V

