c-kit+ Cardiac Stem Cells
Spontaneous Creation or a Perplexing Reality
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of EGFP+ atrial and ventricular cardiomyocytes along with CNC-c-ki- cells. Remarkably, CNC-c-ki- cells coexpressed the endothelial cell marker PECAM1 (platelet endothelial cell adhesion molecule 1) along with smooth muscle myosin heavy chain in the outflow tract, yet no EGFP+ cells were found within the coronary vasculature. The overall conclusion from these lineage-tracing experiments provided strong evidence toward an origin of a subpopulation of CPCs expressing c-ki- in the CNC. Although CNC-c-ki- cells possess cardiomyogenic properties, the extent to which these cells contribute toward the developing cardiac tissue was found to be low.

Because the lineage-tracing experiments revealed an unusual pattern of CNC-c-ki- contribution toward cardiomyogenesis, the next set of experiments were aimed at characterizing whether CNC-c-ki- cells exhibit similar or better cardiac differentiation potential ex vivo and providing a mechanistic insight into the observed low myogenic ability in vivo. The authors answer this important question by generating induced pluripotent stem cells (iPSCs) from c-kit;+/-;ER(T2) mice and determine their cardiac differentiation potential. Induction of differentiation was based on either ascorbic acid that produces an intermediate stage of cardiac differentiation or BMP antagonism, known to regulate development of both mesodermal and neural crest lineages. Of interest, both treatments led to enrichment of EGFP+ cells in beating embryo bodies; however, there was significantly more EGFP+ embryoid bodies in the dorsomorphin (BMP antagonist) treatment group. Increased cardiac transcription markers such as ISL1/NKX-2.5 were also found to be upregulated in the dorsomorphin treatment group and although c-ki- expression increased over time, there was no difference in basal c-ki- expression after both ascorbic acid and dorsomorphin treatments. Therefore, these authors conclude that CNC-c-ki- cells possess the ability to form cardiomyocytes ex vivo; however, this cardiomyogenic potential is retarded in vivo because of a BMP gradient in the cardiac tissue.

Overall, this study provides significant new information potentially important for cardiac regeneration and provides new evidence to support the establishment of a relationship between origin of c-ki- CPCs and CNC. Of particular interest is the finding that the CNC harbors any population of cardiac progenitors contradicting earlier reports associating CNC lineage mainly to outflow tract and its derivatives, although a pluripotent nature of the neural crest has been previously reported. Moreover, disruption of the CNC can lead to abnormalities in myocardial contractility, myocyte calcium handling, and a thin ventricular myocardium, raising the possibility for CNC contribution toward development of myocardium.

On the surface, the study described above seems to be in contrast to 2 recent studies using different strategies to attempt to lineage trace the origin and cardiomyocyte potential of c-ki- CPCs. The overall conclusions of all 3 studies are clear: that these cells do not contribute significantly to adult cardiomyocytes and are likely inefficient to mount robust endogenous myocyte replenishment without exogenous administration. First, a study by van Berlo et al used a novel c-ki- lineage-tracing mouse model to determine the relative contribution of the c-ki- CPCs toward cardiomyogenesis. In their assessment, the authors concluded that c-ki- expressing cells contribute rarely to cardiomyocyte formation during heart development; rather, they primarily differentiate into coronary endothelial cells. Although this study was meticulously conducted, the mouse model as all models could have limitations and other studies are warranted to address the true origin and fate of these cells. Accordingly, a recent study using another mouse model aimed to address the limitations of van Berlo et al data and actually provides a more definitive answer to contribution of the endogenous c-ki- CPCs to cardiomyocyte formation in the heart. This study used several reporter mice targeting the c-ki- locus and found that c-ki- expression rarely colocalizes with cardiac markers, such as NKK-2.5 or cardiac troponin T; rather, c-ki- expression was predominantly observed in cardiac endothelial cells. The latter findings are consistent with Van Berlo et al and again support the conclusion that these CPCs have only rare potential for cardiomyogenesis, which is also a conclusion from the study by Hatzistergos et al. However, further studies are needed to determine if altering the BMP gradient may increase the potential for these cells to provide significant cardiomyogenesis as suggested above.

It is critical to point out that all these studies do not take away from studies explicitly showing that adoptive transfer of exogenously expanded and maintained c-ki- CPCs can restore cardiac function in a damaged heart as a consequence of forming cardiomyocytes, endothelial and smooth muscle cells along with the ability to release paracrine mediators at the site of injury. The well-documented efficacy of exogenous CPCs and the recent availability of these novel lineage-tracing mouse models provided the perfect opportunity to develop a system assessing exogenous CPCs ability to form cardiac lineages to endogenous c-ki- precursors. Of note, none of the studies to date have isolated and characterized c-ki- CPCs from the heart of these novel mouse models and conducted a head to head comparison of their cardiac repair ability including cardiomyogenic potential to the endogenous c-ki- population labeled after recombination strategies in these mice. The conclusion from c-ki- lineage-tracing studies was that the resident cardiac c-ki- cells have minimal contribution toward cardiomyogenesis so whether isolated c-ki- CPCs behave similarly in vitro and after transplantation in the heart remains to be tested. In addition, the conclusion that c-ki- CPCs have minimal role in cardiomyogenesis has been prematurely interpreted as c-ki- CPCs lacking the ability to form cardiomyocytes. The reality may well be that the heart simply does not have enough c-ki- CPCs to mount an efficient regenerative response or the c-ki- CPCs find cardiac transformation hard because of a different developmental origin as reported in the study by Hatzistergos et al. However, c-ki- expression seems to be synonymous with the ability of pluripotent cells including embryonic stem cells or iPSCs to transgress toward the cardiomyocyte lineage characterized by an intermediate stage of cardiac progenitors expressing c-ki- in corroboration with early cardiac transcription factor such as NKK-2.5, ISL1. Similarly, cardiomyocyte dedifferentiation induced by different treatments leads to the acquisition or reappearance of c-ki. One take home message from the Hatzistergos et al
study is certainly the testable hypothesis that blocking BMP gradient may increase cardiac myocyte generation from c-kit CPCs but BMP importance for normal vascular development may potentially be a concern.

In summary, several important considerations discussed above suggest a diverse nature of c-kit+ CPCs in the heart and their associated effects toward cardiac regeneration. However, most importantly, as the first identification of this adult c-kit+ CPC population over a decade ago, a plethora of studies have either showed direct cardiac regeneration by CPC transplantation or enhancement of cardiac function because of activation of resident c-kit+ cells via paracrine/autocrine mechanisms.4,16 Exciting preclinical results formed the basis of a recently conducted phase 1 clinical trial designed to examine the safety and feasibility of c-kit+ CSCs for treatment of patients with heart failure,19 and a new study has been initiated studying a combination of c-kit CPCs and bone marrow–derived stem cells.20 Thus, regardless of their origin and potential to participate in the turnover of cardiomyocytes during aging, stress or disease, their therapeutic potential either directly or indirectly through secreted entities is what should be the focus going forward. Indeed, although, lineage-tracing stands out as one of the most efficient ways to determine cellular ancestry, the methodology used to date, like any other technology, has certain limitations described above that must not obscure the quest to find the true regenerative cardiac cell. The goal of all who study cardiac regeneration should be to improve the outcomes of heart failure for which we are in need of new therapies.

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Disclosures

None.

References

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