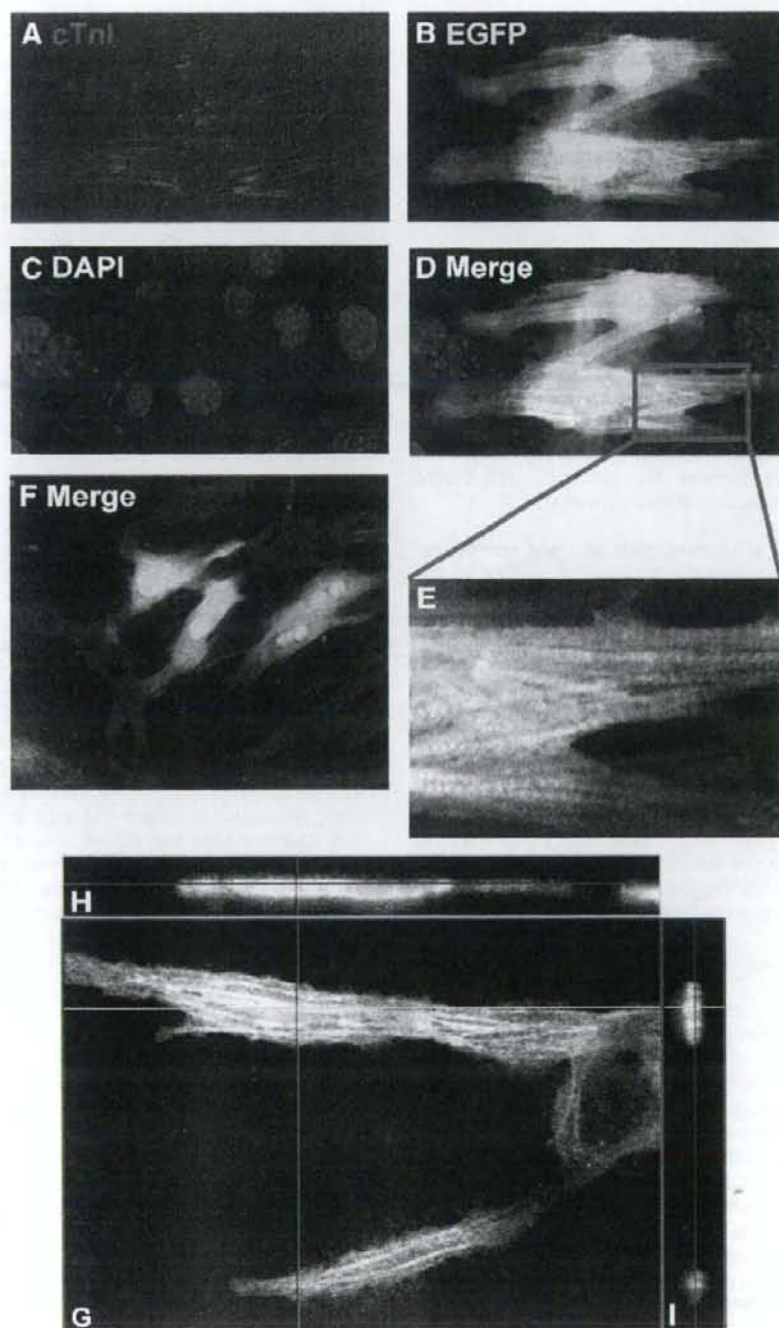


CD59, CD73, CD 90, CD105 and CD166, and negative for CD14, CD31, CD34 and CD45.

Next we investigated whether chorionic plate cells have cardiomyogenic potential by human cardiomyocyte-specific

gene expression using RT-PCR method (Fig. 2, Table 1) and gene chip analysis (Table 2; GEO accession number, GSE7021: GSM162104 and GSM162105). Chorionic plate cells expressed *Csx/Nkx-2.5*, *GATA4*, *BNP*, cardiac troponin T (*cTnT*), cardiac



actin and myosin light chain-2 α (MLC-2 α) in the default state, implying that chorionic plate cells can differentiate into cardiomyocytes, like CMG cells in which *Csx/Nkx-2.5* and *GATA4* are constitutively expressed before induction [12].

Cardiomyogenic differentiation of chorionic plate cells

employed a co-culture system with murine fetal cardiomyocytes to induce cardiac differentiation, since in vitro simulation of the heart by the environment has been shown to be an efficient means of inducing the differentiation of human endothelial progenitor cells [15] and human marrow stromal cells [13]. EGFP-labeled chorionic plate cells were co-cultured with murine fetal cardiomyocytes without any chemical treatment. A few EGFP-positive chorionic plate cells started to contract on day 3 after the start of co-cultivation, and beat strongly and rigorously in a synchronized manner on day 5 (Supplementary movie 1). The cells continued to beat at least until day 21 during the period of observation. The frequency of cardiomyogenic differentiation from chorionic plate cells was calculated based on the number of cTnI-positive cells. In three independent experiments, the percentage of cells that underwent cardiomyogenic differentiation was similar ($15.1 \pm 5.1\%$) (Supplementary Fig. 1S). Our investigation of the cardiomyogenic-specific gene expression for differentiated chorionic plate cells (Fig. 2) found that cardiac actin was fully expressed, whereas *Csx/Nkx-2.5* and cardiac troponin T were only slightly expressed. *GATA4*, cTnI, MLC-2 α , and BNP were not expressed. Technical difficulties may have adversely affected these results, as some of the differentiated cells divided from murine fetal cardiomyocytes were physically damaged and so the ratio of differentiated to undifferentiated cells may well have been diminished in each case. In fact, in every experiment, cTnI was detected by immunocytochemical analysis. Immunocytochemical staining revealed that EGFP-labeled cells stained positive for cTnI (Figs. 3A–F). Immunostaining of longitudinal sagittal and axial transverse sections confirmed that cTnI was expressed in the EGFP-positive cells (Figs. 3G–I, Supplementary movie 2). These results imply that co-culture system of chorionic plate cells and murine embryonic cardiomyocytes induces differentiation of chorionic plate cells into cTnI-positive cells in vitro. cTnI-positive cells were evenly detected throughout the dish, suggesting that the cardiomyogenic induction rate was quite high in the present model. The EGFP-positive cells also expressed α -actinin, and connexin 43 (Figs. 4A–E). Clear striations were observed for the red fluorescence of cTnI (Fig. 3A) and α -actinin (Fig. 4A) in the differentiated chorionic plate cells. Connexin 43 staining (Figs. 4C–G) showed a clear and diffuse pattern around the margin of the cytoplasm, suggesting that these human transdifferentiated cardiomyocytes have tight electrical coupling with each other. We also performed in vivo implantation of EGFP-labeled chorionic plate donor cells into the ischemic heart model of nude rats (data not shown). EGFP-labeled chorionic plate donor cells exhibit positive cTnI reactivities at the implanted site. However, the frequency of cTnI-positive cells in vivo is not comparative with that in vitro.

To investigate if chorionic plate cells are capable of differentiating into osteoblasts and adipocytes [19,20], we induced chorionic to differentiate into osteocytes and adipocytes under specific culture conditions. Chorionic plate cells

did not show clear adipogenic and osteogenic differentiation: cells did not accumulate Oil Red O-positive fat droplets and calcium, and did not increase alkaline phosphatase osteogenic activity (Supplementary Fig. 2S), suggesting that chorionic plate cells have a cardiomyocyte potential, but not adipocyte or osteoblast potential.

The action potential of differentiated chorionic plate cells

To detect the electrophysiological coupling due to gap-junctional communication between beating cardiomyocytes, action potentials (APs) were recorded from spontaneously beating EGFP-positive cells. Alexa568 was injected into cells via a recording microelectrode to stain the cells and to confirm that the APs were generated by EGFP-positive cells (Figs. 5A–C). The dye did not diffuse into the murine cardiomyocytes, indicating that there were no tight cell-to-cell heterologous connections, i.e., gap junctions. Alexa568 dye did not diffuse into adjacent human and murine cells of the injected cells that exhibited action potentials. The action potentials obtained originate from human chorionic plate cells or may result from electrical coupling with adjacent cardiomyocytes [24]. The APs obtained from chorionic plate cells showed clear cardiomyocyte-specific sustained plateaux (Figs. 5D, E) and were therefore concluded to be APs of cardiomyocytes, not of smooth muscle cells, nerve cells, or skeletal muscle cells. The measured parameters of the recorded AP were averaged (Fig. 5F). Chorionic plate cells had the character of 'working' cardiomyocytes or ordinary cardiomyocytes. The rhythm of almost all the beating cells had become regular at 1 week. The fractional shortening (%FS) of the cells was analyzed (Supplementary Fig. 3S), using a cell-edge detection program developed by S.M. The EGFP-positive cells contracted simultaneously within the whole visual field, suggesting tight electrical communication among them. The average %FS was $5.46 \pm 0.40\%$ ($n=10$). In summary, human cardiomyocytes obtained from the chorionic plate cells were electrophysiologically and physiologically functional.

Discussion

Transdifferentiation of human extraembryonic mesodermal cells into embryonic mesodermal cells: functional working cardiomyocytes

This study was conducted to determine whether extensive ex vivo propagation by cell culture would prevent the cardiomyogenic differentiation of placenta-derived cells. According to our previous study on the induction of cardiomyogenic differentiation of immortalized murine marrow stromal cells [12,15] and human marrow stromal cells [13] by demethylating agents, the transdifferentiation of human stromal cells was limited to working cardiomyocytes and did not include pacemaker cells. This was probably due to the origin of cells, that is, the default state of the chorionic plate-derived human fetal cells used in the experiment. The idea for the cardiomyogenic differentiation protocol using murine fetal cardiomyocytes without 5-azacytidine arose from reports that endothelial cells differentiate into cardiomyocytes as a result of co-cultivation with murine fetal cardiomyocytes [25].

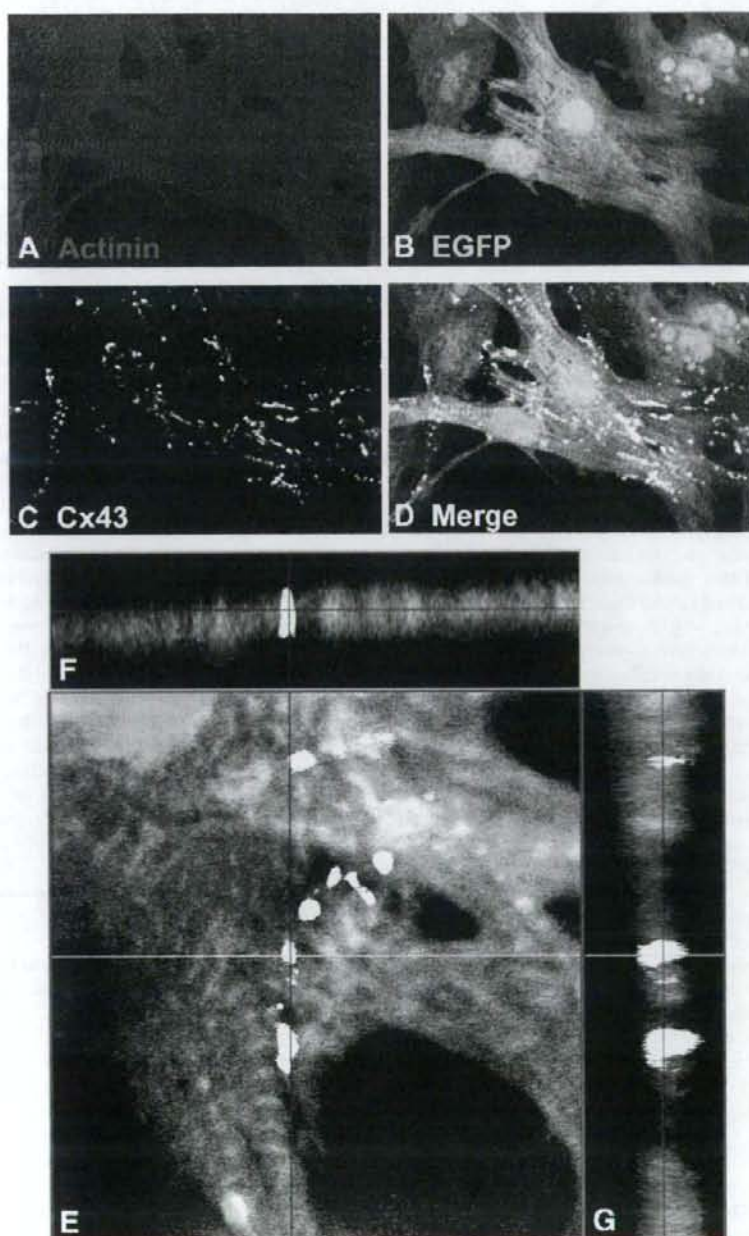


Fig. 4 – Immunocytochemistry of chorionic plate cells for α -actinin and connexin 43. (A–D) Immunocytochemistry of differentiated chorionic plate cells for α -actinin (Actinin) and connexin 43 (Cx43) antibody. Clear striations were observed for the red fluorescence of α -actinin (A) in the EGFP-positive cells (B). Connexin 43 (C) was stained along the attachment site of EGFP-positive cells. Merged images (α -actinin, connexin 43, EGFP) are shown in panel D. (E–G) A merged image for α -actinin, connexin 43, and EGFP is shown in panel E. (F) A longitudinal section at the green line in merged image E. (G) An axial section at the red line in merged image E. Panels F and G show that connexin 43 is located between EGFP-positive cells.

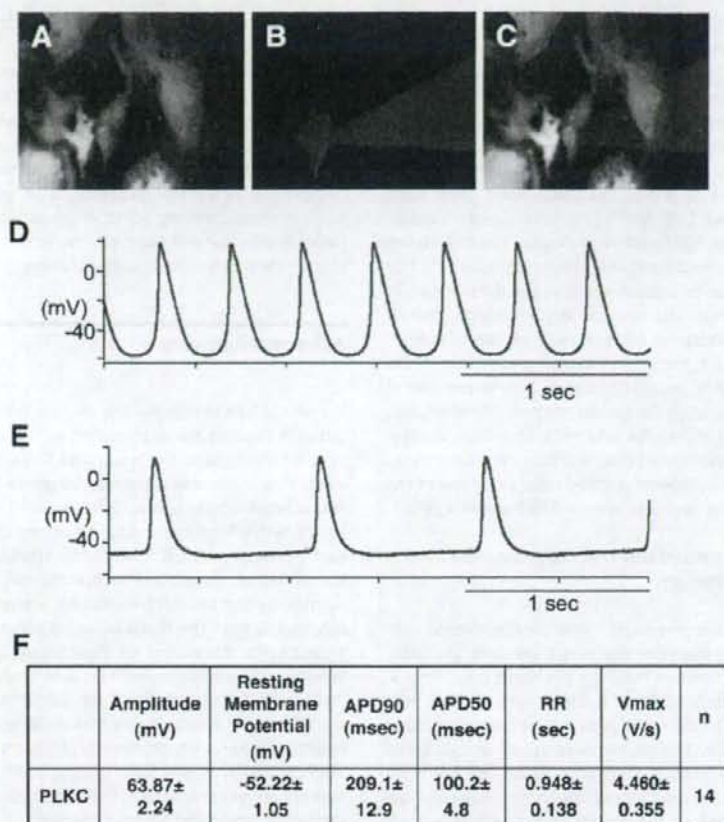


Fig. 5 – Electrophysiological and physiological analysis of chorionic plate cells. (A–C) EGFP-labeled chorionic plate cells were injected with Alexa568 solution by iontophoresis through a microelectrode. (D, E) Two different types of action potential, i.e., tachycardia type and bradycardia type, were recorded. Both types of cells had the features of working cardiomyocytes. The rhythm of their beating was regular. (F) The measured action potential parameters of EGFP-labeled chorionic plate cells are averaged.

The high frequency of cardiomyogenic differentiation makes it inconceivable that the transdifferentiation is due to fusion; in addition, bone marrow stromal cells [13] do not fuse with feeder cells in the co-cultivation system and the frequency of fusion in the co-culture system is not high [26] in contrast to myogenic differentiation [27]. The global gene expression pattern showed that the change in gene expression during differentiation was consistent with phenotypic alteration. The cells established from the placenta can be extensively and clonally expanded *in vitro* while retaining their potential to differentiate into cardiomyocytes that exhibit spontaneous beating and cardiomyocyte-specific action potential under *in vitro* conditions. This differentiation potential shown by the placenta-derived cells is the same as that reported for bone marrow MSCs [12,13,15]. It is also noteworthy that the transdifferentiation of chorionic plate cells represents the transition from extraembryonic cells to embryonic cells, while the transdifferentiation from bone-marrow-derived MSCs to neurogenic cells, which we previously reported [28,29], is transition between germ layers in embryonic tissues.

Most of the surface markers of the placenta-derived cells examined in this study are the same as those detected in their bone marrow counterparts [13,30], with both cord blood- and bone-marrow-derived mesodermal cells being positive for CD29, CD44, and CD59, and negative for CD34. Our finding of *in vitro* differentiation from extraembryonic mesodermal cells to embryonic mesodermal cells in this study, a key future goal for any cell-based therapy, could thus be achieved by exposing placenta-derived cells to murine fetal cardiomyocytes, at least *in vitro*. This technique allows the applications of the placenta to be further extended and permits it to be used as an alternative to bone marrow as a source of cells with cardiomyogenic potential.

Is the high rate of cardiomyogenic differentiation of placenta-derived cells due to the default cell state?

The cardiomyogenic differentiation rate of chorionic plate cells (15.1%) was relatively high compared to that of marrow-derived MSCs (less than 0.3%) [13]. The gene expression

pattern of chorionic plate cells before cardiomyogenic differentiation was different from that of marrow-derived MSCs. The expression of cardiomyocyte-associated genes in the chorionic plate cells, which we unexpectedly found by GeneChip analysis and confirmed by RT-PCR, is surprising. Constitutive expression of the *Csx/Nkx2.5* cardiogenic 'master' gene [31,32] in the chorionic plate cells with the ability of self-renewal suggests that the chorionic plate cells have cardiogenic potential [33] and may be termed "cardiac precursor cells" in the light of their biological characteristics like endometrium-derived myogenic precursor cells [27]. The mechanism of the drastic improvement in the differentiation rate of chorionic plate cells may be attributable to default characteristics as cardiac precursor cells of the placenta-derived cells in culture. Because of this improvement in the differentiation rate, it is possible to obtain a large number of cardiomyocytes without prolongation of their life span, i.e., transfer of oncogenic molecules into cells, to restore cardiac function. It is quite interesting that working cardiomyocytes can be generated from placenta-derived cells, since one of the types of target cells for regenerative medicine is heart cells.

Are human placenta-derived cells that are propagated in vitro useful for cell-based therapy?

Can primary placenta-derived cell 'culture' contribute to cell-based therapy or regenerative medicine? Primary placenta-derived cell culture obtained from the chorionic mesodermal layer succeeded in almost 100% of the attempts, and the cells were passaged only 3 or 4 times (6 to 7 PDs) before reaching premature senescence. The problems involved in cell-based therapy with human placenta-derived cells are the finite life span of the cells and the difficulty of obtaining a large enough number of cells. Based on the results of our previous study using cord blood-derived cells, the establishment of cells can be explained by: (1), lack of $p16^{INK4a}$ in primary-cultured cells, or (2), selection of cells that do not express $p16^{INK4a}$ from a heterogeneous population [22]. We cannot exclude either possibility, and we did observe two different types of cells, i.e., rapidly growing spindle cells and quiescent flat and elongated cells in the primary culture of placenta cells. Experimental settings that allow human placenta cells to double more than 100 times may be used to obtain a large number of cells at least from the placenta.

We believe that these placenta-derived extraembryonic mesodermal cells may be used to supply cardiomyocytes to patients with ischemic heart disease, dilated cardiomyopathy, and Kawasaki disease, which all have a poor prognosis and are sometimes lethal. The 'risk versus benefit' balance is essential when applying these multiplied cells clinically and the 'risk' or 'drawback' in this case is the transformation of implanted cells. In vivo experiments revealed that no tumor was observed for up to 4 weeks when chorionic plate cells at $P5$ (1×10^7) were subcutaneously inoculated into immunodeficient, non-obese diabetic (NOD)/severe combined immunodeficiency (SCID)/interleukin 2 receptor^{-/-} (NOG) mice (data not shown). Human placenta-derived cells spontaneously avoid premature senescence without gene induction and enter replicative senescence. Replicative senescence may be due to a tumor suppressor mechanism that avoids the risk of cell

transformation after implantation of cells as a source for cell-based therapy [34].

Our present study suggested the presence of a precursor cell type in the placenta which is destined to generate 'working cardiomyocytes'. Since the placenta is usually discarded, it can be collected at usual delivery or cesarean section and can be banked or stored. Cells with almost all the HLA types can be collected after several generations. A placenta-derived cell bank system covering all HLA types may be necessary for patients who cannot supply bone marrow cells but want to receive stem cell-based cardiac therapy.

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Data set from the gene chip analysis are available at the GEO database with accession number GSE7021: GSM162104 and GSM162105.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.yexcr.2007.04.028.

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Research Article

'Working' cardiomyocytes exhibiting plateau action potentials from human placenta-derived extraembryonic mesodermal cells

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ABSTRACT

The clinical application of cell transplantation for severe heart failure is a promising strategy to improve impaired cardiac function. Recently, an array of cell types, including bone marrow cells, endothelial progenitors, mesenchymal stem cells, resident cardiac stem cells, and embryonic stem cells, have become important candidates for cell sources for cardiac repair. In the present study, we focused on the placenta as a cell source. Cells from the chorionic plate in the fetal portion of the human placenta were obtained after delivery by the primary culture method, and the cells generated in this study had the Y sex chromosome, indicating that the cells were derived from the fetus. The cells potentially expressed 'working' cardiomyocyte-specific genes such as cardiac myosin heavy chain 7 β , atrial myosin light chain, cardiac α -actin by gene chip analysis, and Csx/Nkx2.5, GATA4 by RT-PCR, cardiac troponin-I and connexin 43 by immunohistochemistry. These cells were able to differentiate into cardiomyocytes. Cardiac troponin-I and connexin 43 displayed a discontinuous pattern of localization at intercellular contact sites after cardiomyogenic differentiation, suggesting that the chorionic mesoderm contained a large number of cells with cardiomyogenic potential. The cells began spontaneously beating 3 days after co-cultivation with murine fetal cardiomyocytes and the frequency of beating cells reached a maximum on day 10. The contraction of the cardiomyocytes was rhythmical and synchronous, suggesting the presence of electrical communication between the cells. Placenta-derived human fetal cells may be useful for patients who cannot supply bone marrow cells but want to receive stem cell-based cardiac therapy.

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Introduction

Major advances have been made in the prevention, diagnosis, and treatment of ischemic heart disease and cardiomyopathy, including the use of heart transplantation and artificial hearts. However, the number of patients suffering from heart disease is still increasing [1]. Morbidity and mortality from cardiovascular diseases continue to be an enormous burden experienced by many individuals, with substantial economic cost. Enthusiasm for cell therapy for the injured heart has already reached the clinical setting, with physicians in several countries involved in clinical trials using several types of cell populations [2,3]. Bone-marrow-derived mononuclear cells [4,5], unfractionated bone marrow cells [6], bone-marrow-derived CD133⁺ cells [7], and myoblasts [8] have been injected into the ischemic heart clinically.

Mesenchymal stem cells (MSCs) are a potential cellular source for stem cell-based therapy, since they have the ability to proliferate and differentiate into mesodermal tissues, including the heart tissue, and entail no ethical problems [9]. Human MSCs have been used clinically to treat patients with graft versus host

disease and osteogenesis imperfecta [10,11]. We previously showed that murine and human marrow-derived MSCs can differentiate into cardiomyocytes and start to beat synchronously *in vitro* [12,13]. In addition, we and other groups proposed that direct injection of murine MSCs into the heart is a feasible approach in murine models of ischemic heart disease and in the normal mouse heart [14,15]. Although MSC transplantation slightly improved impaired cardiac function, this effect was limited. One of the reasons for this may be due to an extremely low rate of cardiomyogenesis from marrow-derived MSCs *in vitro* [13] and *in vivo* [14–17]. In order to further improve cardiac function, we have been searching for another source of MSCs having highly cardiomyogenic potential.

The placenta is composed of the amniotic membrane, chorionic mesoderm, and decidua; the amniotic membrane and chorionic mesoderm are the fetal portion and the decidua is the maternal portion (Fig. 1A) [18]. Recently it was reported that the chorionic villi of the placenta differentiated into osteocytes, chondrocytes and adipocytes under specific culture conditions [19,20]. In this study, we generated cells with the mesenchymal phenotype from the chorionic mesoderm, and

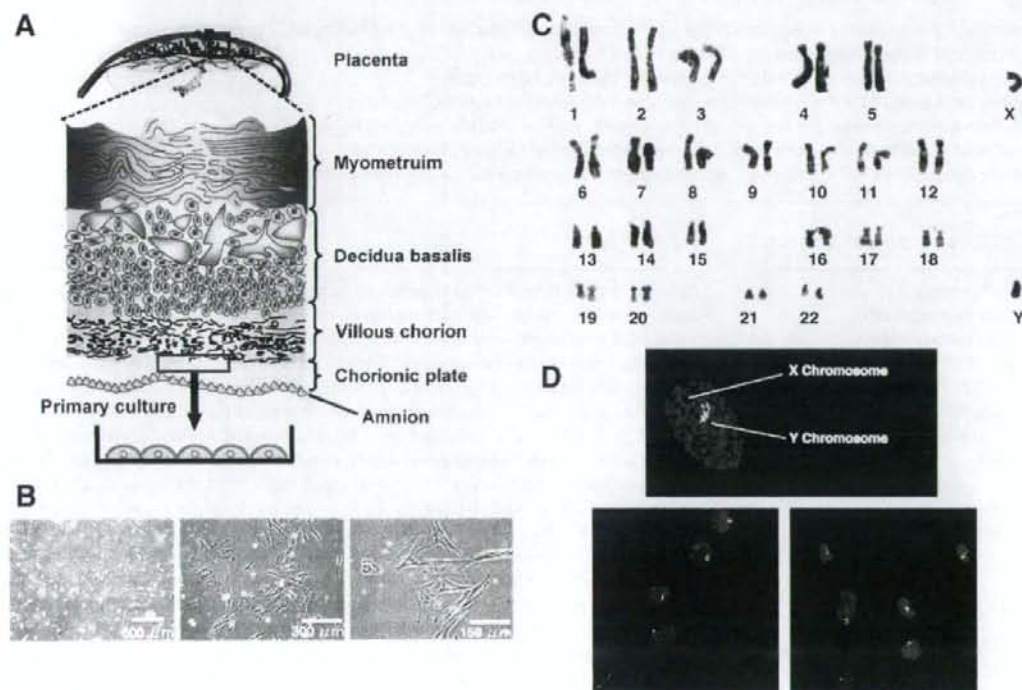


Fig. 1 – Establishment of chorionic plate cells. (A) Chorionic plate cells were established by primary culture of chorionic plate (red square in the chorionic mesoderm) in the human placenta. (B) Chorionic plate cells at PD 4 consisted of heterogeneous cell population. Three images show chorionic plate cells in the same culture dish. Their shape is different from that of fibroblasts. (C) Karyotyping by G-banding stain of chorionic plate cells. No chromosomal aberration was detected. (D) Chorionic plate cells have one X chromosome (red) and one Y chromosome (light blue). Nuclei were stained with DAPI (blue). (E) Flow cytometric analysis of chorionic plate cells using antibodies for CD14, CD29, CD31, CD34, CD44, CD45, CD59, CD73, CD90, CD105 and CD166. Black lines and shaded areas indicate reactivity of antibodies for isotype controls and that of antibodies for cell surface markers, respectively.

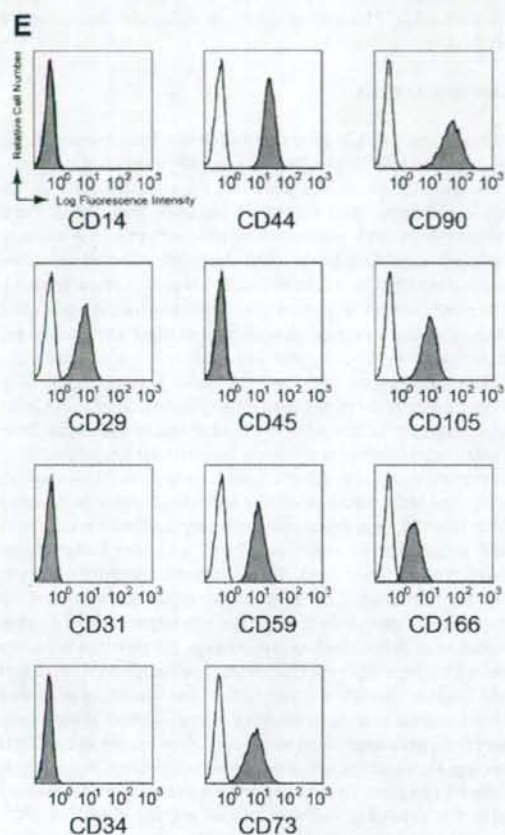


Fig. 1 (continued).

showed that: (a) physiologically functioning cardiomyocytes were transdifferentiated from human placenta-derived chorionic plate cells, but clear osteogenic and adipogenic phenotypes were not induced; (b) the cardiomyogenic induction rate obtained using our system was relatively high compared to that obtained using the previously described method [13]; (c) co-cultivation with fetal murine cardiomyocytes alone without transdifferentiation factors such as 5-azaC or oxytocin is sufficient for cardiomyogenesis in our system; (d) chorionic plate cells have the electrophysiological properties of 'working' cardiomyocytes. The chorionic mesoderm contained a large number of cells with a cardiomyogenic potential.

Materials and methods

Chorionic plate cell culture

A human placenta was collected after delivery of a male neonate with informed consent. The study was approved by the ethics committee of Keio University, Tokyo, Japan (Number 17-44-1). To

isolate chorionic plate cells, we used the explant culture method, in which the cells were outgrown from pieces of chorionic plate attached to dishes (Fig. 1A). Briefly, the decidua of the maternal part was separated and discarded. The chorionic plate from the fetal part were cut into pieces approximately 5 mm² in size. The pieces were washed in DMEM (high glucose; Kohjin Bio) supplemented with 100 U/ml penicillin-streptomycin (Gibco), 1 µg/ml Amphotericin B (Gibco) and 4 U/ml Novo-Heparin Injection 1000 (Mochidaseiyaku Co., Ltd.), until the supernatant was free of erythrocytes. Some pieces of chorionic plate were attached to the substratum in a 10-cm-diameter dish (Falcon, Becton, Dickinson and Company (BD), San Jose, CA, USA). Culture medium consisting of DMEM (high glucose; Kohjin Bio) supplemented with 10% FBS (CCT, Cansera, Canada) was added. The cells migrated out from the cut ends after approximately 20 days of incubation at 37 °C in 5% CO₂. The migrated cells were harvested with phosphate-buffered saline (PBS) with 0.1% trypsin and 0.25 mM EDTA (ethylenediamine-N,N,N',N'-tetraacetic acid) (Immuno-Biological Laboratories) for 5 min at 37 °C and counted. The harvested cells were re-seeded at a density of 3 × 10⁵ cells in a 10-cm-diameter dish. Confluent monolayers of cells were sub-cultured at a 1:8 split ratio onto new 10-cm-diameter dishes and designated "chorionic plate cells". The culture medium was replaced with fresh culture medium every 3 or 4 days. The chorionic plate cells used in this study were within five to nine population doublings (approximately two to five passages).

Reverse transcriptase (RT)-PCR

Chorionic plate cells at PD 6 were dissociated with 0.1% trypsin and 0.25 mM EDTA for 5 min at 37 °C. Total RNA was extracted with RNeasy (Qiagen). Human cardiac RNA was purchased (Clontech). RNA for RT-PCR was converted to cDNA with Superscript (Invitrogen) according to the manufacturer's recommendations. RT-PCR was performed by using primers for the genes of cardiac transcription factors: Csx/Nkx-2.5, GATA4; a cardiac hormone: atrial natriuretic peptide (ANP), brain natriuretic peptide (BNP); cardiac structural proteins: cardiac troponin-I (cTnI), cardiac troponin T (cTnT), myosin light chain-2α (MLC-2α), cardiac actin; and 18s rRNA. 18s rRNA (18S) was used as an internal control. PCR was performed with recombinant Taq (Toyobo Co., Ltd.) or TaKaRa LA Taq with GC Buffer (Takara Shuzo Co., Ltd.) for 30 or 35 cycles, with each cycle consisting of 95 °C for 30 s, 55 °C, 61 °C or 65 °C for 45 s, and 2 °C for 45 s, with an additional 5-min incubation at 72 °C after completion of the final cycle. The PCR was performed in 50 µl of buffer (10 mmol/l Tris-HCl (pH 8.3), 2.5 mmol/l MgCl₂, and 50 mmol/l KCl) containing 1 mmol/l each of dATP, dCTP, dGTP, and dTTP, 2.5 U of Gene Taq (Nippon Gene), and 0.2 mol/l primers. The PCR products were size fractionated by 2% agarose gel electrophoresis.

Karyotyping of chorionic plate cells

Metaphase spreads were prepared from chorionic plate cells treated with 100 ng/ml colcemid (Karyo Max, Gibco Co. BRL) for 6 h. We performed karyotyping by G-banding stain on at least 30 metaphase spreads for each population. The CEP X/Y DNA Probe Kit (Vysis) was used to determine the proportion of XX and XY cells in accordance with the manufacturer's suggestions.

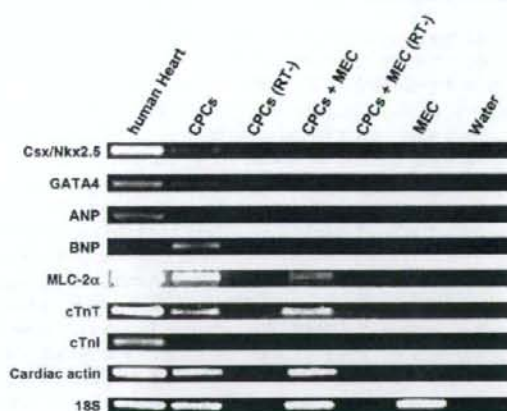


Fig. 2 – Gene expression of cardiomyocyte-specific/associated genes in chorionic plate cells. RT-PCR analysis revealed expression patterns of cardiomyocyte-specific or associated genes; *Csx/Nkx2.5*, *GATA4*, *ANP*, *BNP*, *cTnI*, *cTnT*, *cardiac actin* and *MLC-2 α* (from left to right) in human heart, chorionic plate cells (CPCs), chorionic plate cells after co-culturing with murine embryonic cardiomyocytes (CPCs+MEC), murine embryonic cardiomyocytes (MEC) and water. “RT-” represented an omission of a reverse transcriptase treatment to RNA as negative control. Human heart RNA and water (without RNA) served as positive and negative control, respectively. 18S rRNA (18S) was amplified in parallel reactions as a housekeeping gene serving as an internal control.

Flow cytometric analysis

Chorionic plate cells were stained for 1 h at 4 °C with primary antibodies and immunofluorescent secondary antibodies. The cells were then analyzed on a Cytomics FC 500 (Beckman Coulter, Inc.) and the data were analyzed with the FlowJo Ver.7 (Tree Star, Inc.). Antibodies against human CD14 (6603511, Beckman Coulter), CD29 (Integrin- β 1) (6604105, Beckman Coulter), CD31 (PECAM-1) (IM1431, Beckman Coulter), CD34 (IM1250, Beckman Coulter), CD44 (IM1219, Beckman Coulter, IM1219), CD45 (556828, Beckman Coulter), CD59 (IM3457, Beckman Coulter), CD73 (550257, BD Pharmingen), CD90 (Thy-1) (555596, BD Pharmingen), CD105 (Endoglin) (A07414, Beckman Coulter) and CD166 (ALCAM)

(559263, BD Pharmingen) were adopted as primary antibodies.

Gene chip analysis

Human genomewide gene expression was examined with the Human Genome U133A Probe array (Affymetrix), which contains the oligonucleotide probe set for approximately 23,000 full-length genes and expressed sequence tags (ESTs). Total cellular RNA was immediately isolated with the RNeasy (Qiagen), according to the manufacturer's instructions. Contaminating DNA was eliminated by DNase I (Takara Bio Inc.). The purity of RNA was assessed on the basis of the A260/A280 ratio, and the integrity of RNA was verified by agarose gel electrophoresis. Double-stranded cDNA was synthesized from DNase-treated total RNA, and the cDNA was subjected to in vitro transcription in the presence of biotinylated nucleoside triphosphates, according to the manufacturer's protocol (One-Cycle Target Labeling and Control Reagent package [http://www.affymetrix.com/support/technical/manual/expression_manual.affx]). The biotinylated cRNA was hybridized with a probe array for 16 h at 45 °C, and the hybridized biotinylated cRNA was stained with streptavidin-PE and scanned with a Hewlett-Packard Gene Array Scanner (Palo Alto). The fluorescence intensity of each probe was quantified by using the GeneChip Analysis Suite 5.0 computer program (Affymetrix). The expression level of a single mRNA was determined as the average fluorescence intensity among the intensities obtained with 11 paired (perfectly matched and single-nucleotide-mismatched) probes consisting of 25-mer oligonucleotides. If the intensities of mismatched probes were very high, gene expression was judged to be absent, even if high average fluorescence was obtained with the GeneChip Analysis Suite 5.0 program. The level of gene expression was determined with the GeneChip software as the average difference (AD). Specific AD levels were then calculated as the percentage of the mean AD level of six probe sets for housekeeping genes (actin and GAPDH [glyceraldehyde-3-phosphate dehydrogenase] genes). Further data analysis was performed with Genespring software version 5 (Silicon Genetics). To normalize the staining intensity variations among chips, the AD values for all genes on a given chip were divided by the median of all measurements on that chip. To eliminate changes within the range of background noise and to select the most differentially expressed genes, data were used only if the raw data values were less than 100 AD and gene expression was judged to be present by the Affymetrix data analysis.

Table 1 – RT-PCR primers used in this study

	Primer (sense)	Primer (anti-sense)	Annealing temperature (°C)	Product size (bp)
<i>Csx/Nkx-2.5</i>	CTTCAAGCCAGAGGCOCTACG	CGGCTCTGTCTTCTGCAGC	61	233
<i>GATA4</i>	GACGGGTCACTACTCTGTGCAAC	AGACATCGCACTGACTGAGAAC	61	475
<i>ANP</i>	GAACAGAGGGGAGAGAGAGAG	CCCTCAGCTTGCTTTTAGGAG	55	406
<i>BNP</i>	CATTTGCAGGGCAAAGTGTCT	CATCTTCTCCCAAGCAGC	55	206
<i>MLC-2α</i>	GAAGGTGAGTGCCAGAGG	ACAGAGTTTATTGAGGTGCCCC	65	376
<i>cTnT</i>	GGCAGCGGAAGAGGATGCTGAA	GAGGCACCAAGTTGGGCATGAAACGA	65	152
<i>cTnI</i>	CCCTGCACCCAGCCCAATCAGA	CGAAGCCAGCCCGGTCAAAT	65	233
<i>Cardiac actin</i>	CTTCCGCTGTCTGAGACAC	CCTGACTGGAAGGTAGATGG	61	400
<i>18S</i>	GTGGAGCGATTGTCTGGTT	CGCTGAGCGAGTCAGTGTAG	55	200

Table 2 - Human cardiomyocyte-specific or -associated gene expression profiling of undifferentiated and differentiated choriionic plate cells (CPCs)

Systematic	Common	Undifferentiated CPCs	Differentiated CPCs	Human heart	Description ¹⁰
207317.s.at	CASQ2	34	A	A	Calsequestrin 2 (cardiac muscle)
205553.s.at	CSRP3	8	A	A	Cysteine and glycine-rich protein 3 (cardiac LIM protein)
208040.s.at	MYBPC3	56	A	A	Myosin binding protein C, cardiac
214468.at	MYH6	11	A	A	Myosin, heavy polypeptide 6, cardiac muscle, alpha (cardiomyopathy, hypertrophic 1)
204737.s.at	MYH7	5	A	P	Myosin, heavy polypeptide 7, cardiac muscle, beta
216265.x.at	MYH7	36	A	P	Myosin, heavy polypeptide 7, cardiac muscle, beta
215795.at	MYH7B	89	A	P	Myosin, heavy polypeptide 7b, cardiac muscle, beta
209742.s.at	MYL2	267	A	F	Myosin, light polypeptide 2, regulatory, cardiac, slow
210088.x.at	MYL4	338	P	P	Myosin, light polypeptide 4, alkali, atrial, embryonic
210395.x.at	MYL4	220	P	P	Myosin, light polypeptide 4, alkali, atrial, embryonic
215942.at	MYL7	9	A	P	Myosin, light polypeptide 7, regulatory
207557.s.at	RYR2	11	A	P	Ryanodine receptor 2 (cardiac)
214044.at	RYR2	17	A	P	Ryanodine receptor 2 (cardiac)
205742.at	TNNI3	96	A	P	Troponin I, cardiac
215389.s.at	TNNI2	83	A	P	Troponin T2, cardiac
205132.at	ACTC	289	P	P	Actin, alpha, cardiac muscle
206029.at	ANKRD1	214	P	P	Ankyrin, repeat domain 1 (cardiac muscle)
213738.s.at	ATP5A1	5905	P	P	ATP synthase, H ⁺ transporting, mitochondrial F1 complex, alpha subunit, isoform 1, cardiac muscle
205444.at	ATP2A1	107	A	A	ATPase, Ca ⁺⁺ transporting, cardiac muscle, fast twitch 1
209186.at	ATP2A2(SERCA2A)	4465	P	P	ATPase, Ca ⁺⁺ transporting, cardiac muscle, slow twitch 2
212361.s.at	ATP2A2(SERCA2A)	814	P	P	ATPase, Ca ⁺⁺ transporting, cardiac muscle, slow twitch 2
212362.at	ATP2A2(SERCA2A)	178	P	A	ATPase, Ca ⁺⁺ transporting, cardiac muscle, slow twitch 2
207317.s.at	CASQ2	34	A	A	Calsequestrin 2 (cardiac muscle)
65472.at		6	A	A	q880404.x1 Soares fetal heart_NbHH19W Homo Sapiens cDNA clone IMAGE1706382 3' similar to TR-021123 021123 CYTOCHROME OXIDASE I; mRNA sequence
205296.s.at	BTNA2	482	P	A	z2240407.s1 Soares fetal heart_NbHH19W Homo sapiens cDNA clone IMAGE341581 3'; mRNA sequence
213121.at	SNRP70	66	A	A	z33908.s1 Soares fetal heart_NbHH19W Homo sapiens cDNA clone IMAGE343022 3'; mRNA sequence
65521.at	LOC51619	658	A	P	z3560414 Soares fetal heart_NbHH19W Homo sapiens cDNA clone IMAGE344694 5'; mRNA sequence

214014.at	CDC42EP2	38	A	14	A	A	zdB5403.s1 Soares_fetal_heart_NBHH19W Homo sapiens cDNA clone IMAGE:347429 3', mRNA sequence
201204.s.at	RRBP1	2174	P	1257	P	P	zf4412.s1 Soares_fetal_heart_NBHH19W Homo sapiens cDNA clone IMAGE:379823 3', mRNA sequence
209331.s.at	MAX	561	P	294	P	P	zg72g05.s1 Soares_fetal_heart_NBHH19W Homo sapiens cDNA clone IMAGE:398936 3', mRNA sequence
214776.x.at	XY1B	24	A	13	A	A	z199g02.s1 Soares_fetal_liver_spleen_1NFLS.S1 Homo sapiens cDNA clone IMAGE:448946 3', mRNA sequence
211715.s.at	BDH	59	A	8	A	P	3-hydroxybutyrate dehydrogenase (heart, mitochondrion)
205534.at	PCDH7	8	A	205	P	A	BH-protocadherin (brain-heart)
205535.s.at	PCDH7	7	A	75	P	P	BH-protocadherin (brain-heart)
210273.at	PCDH7	157	A	168	A	P	BH-protocadherin (brain-heart)
210941.at	PCDH7	14	A	3	A	A	BH-protocadherin (brain-heart)
204726.at	CDH13	172	P	195	P	P	Cadherin 13, H-cadherin (heart)
203020.at	HHL	210	P	117	P	P	Expressed in hematopoietic cells, heart, liver
213982.s.at	HHL	335	P	74	P	P	Expressed in hematopoietic cells, heart, liver
205738.s.at	FABP3	79	A	92	P	P	Fatty acid binding protein 3, muscle and heart (mammary-derived growth inhibitor)
214285.at	FABP3	22	A	49	A	P	Fatty acid binding protein 3, muscle and heart (mammary-derived growth inhibitor)
220138.at	HAND1	246	A	117	A	P	Heart and neural crest derivatives expressed 2
220480.at	HAND2	19	A	29	A	A	Heart and neural crest derivatives expressed 2
213036.x.at	ATP2A3	23	A	25	A	A	Homo sapiens SERCA3 gene, exons 1-7 (and joined CDS)
204938.s.at	PLN	22	A	60	A	P	Phospholamban
204939.s.at	PLN	71	A	99	A	P	Phospholamban
204940.at	PLN	46	A	28	A	P	Phospholamban
206578.at	NKX2-5	40	A	14	A	P	NK2 transcription factor related, locus 5 (<i>Drosophila</i>)
205517.at	GATA4	16	A	46	A	P	GATA binding protein 4
201667.at	GJA1	4792	P	2016	P	P	Gap junction protein, alpha 1, 43 kDa (connexin 43)
208636.at	ACTN1	7896	P	3182	P	P	Actinin, alpha 1
208637.x.at	ACTN1	5400	P	2359	P	P	Actinin, alpha 1
211160.x.at	ACTN1	5727	P	1529	P	A	Actinin, alpha 1
203861.s.at	ACTN2	38	A	17	A	P	Actinin, alpha 2
203862.s.at	ACTN2	53	A	16	A	P	Actinin, alpha 2
203863.at	ACTN2	35	A	20	A	P	Actinin, alpha 2
203864.s.at	ACTN2	189	A	123	A	P	Actinin, alpha 2
206391.at	ACTN3	134	M	133	A	M	Actinin, alpha 3
200601.at	ACTN4	1134	P	282	P	P	Human non-muscle alpha-actinin mRNA, complete cds
211805.s.at	SLC8A1(NCX1)	53	A	228	A	P	Solute carrier family 8 (sodium/calcium exchanger), member 1
207413.s.at	SCN5A	32	A	61	A	P	Sodium channel, voltage-gated, type V, alpha (long QT syndrome 3)

Introduction of the EGFP gene

Recombinant adenovirus carrying the enhanced green fluorescent protein (EGFP) gene was prepared as described [13]. Chorionic plate cells were plated on dishes at $2 \times 10^5/\text{cm}^2$, and infected with EGFP-expressing adenovirus at 10 plaque-forming units/cell on the next day. Chorionic plate cells were examined *in vitro* by fluorescent confocal microscopy for expression of the EGFP gene. By 7 days post-infection, nearly all of the cells expressed EGFP. To eliminate the possibility of free adenovirus in the cell supernatant, we infected murine fetal cardiomyocytes with chorionic plate cell supernatants after infection. No murine fetal cardiomyocytes expressed EGFP, implying that the cells are not transfected with free adenovirus.

Preparation of murine fetal cardiomyocytes

Fetal cardiomyocytes were obtained from the hearts of day 17 mouse fetuses. The hearts were minced with scissors and washed with PBS, and then incubated in PBS with 0.1% trypsin and 0.25 mM EDTA for 10 min at 37 °C. After DMEM supplemented with 10% FBS was added, the cardiomyocytes were centrifuged at 1000 rpm for 5 min. The pellet was then re-suspended in 10 ml of DMEM with 10% FBS and incubated on glass dishes for 1 h to separate the cardiomyocytes from fibroblasts. The floating cardiomyocytes were collected and re-plated at $5 \times 10^4/\text{cm}^2$.

Co-culture system of chorionic plate cells and murine fetal cardiomyocytes

Neither 5-azaC [12] nor oxytocin [21] was used in this process as they are known to initiate cardiomyogenic differentiation. EGFP-labeled chorionic plate cells were harvested with 0.25% trypsin and 1 mM EDTA and overlaid onto the cultured fetal cardiomyocytes at $7 \times 10^3/\text{cm}^2$. Every 2 days the culture medium was replaced with fresh culture medium that was supplemented with 10% FBS and 1 µg/ml Amphotericin B (Gibco). The morphology of the beating EGFP-labeled chorionic plate cells was evaluated under a fluorescent microscope. The image was monitored using a CCD camera and stored as digital video. The cell contraction was analyzed using an image-edge detection program made by Igor Pro 4 (Wave-metrics Inc., Lake Oswego, Oregon).

Electrophysiological analysis

On day 10 of co-cultivation, action potentials (APs) were recorded as described previously [12,13] from spontaneously beating EGFP-labeled cells. Spontaneously beating EGFP-positive chorionic plate cells were selected as targets. The APs of the targeted cells had been recorded and Alexa568 dye was injected by iontophoresis to confirm that the APs were generated by EGFP-positive chorionic plate cells. The extent of

dye transfer was monitored under a fluorescence microscope, and digital images were recorded with a digital photo camera (D100; Nikon, Tokyo, Japan) mounted on a microscope with a fluorescence filter (UMWIG2; Olympus).

Immunocytochemistry

A laser confocal microscope (LSM510, Zeiss) was used for immunocytochemical analysis. The chorionic plate cells co-cultured with fetal cardiomyocytes *in vitro* were fixed with 2% paraformaldehyde (PFA) in PBS for 20 min at 4 °C and treated with 0.1% Triton-X PBS for 20 min at room temperature. These cells were then stained with mouse monoclonal anti-human cardiac troponin-I antibody (#4T21/19-C7 HyTest, Euro, Finland) diluted 1:300, monoclonal anti- α -actinin antibody (Sigma) diluted 1:300, and anti-connexin 43 antibody (Sigma) diluted 1:300. To prevent fading and to stain nuclei, a Slow Fade Light Antifade kit with 4'-6-diamidino-2-phenylindole (DAPI) (Molecular Probes) was used.

Results

Establishment of chorionic plate cells

Almost all human tissues or organs can be a source of MSCs, which have been extracted from fat, muscle, menstrual blood, endometrium, placenta, umbilical cord, cord blood, skin, and eye. In this study, we focused on cells derived from fetuses, since fetus-derived cells tend to both differentiate and proliferate better than adult cells [22]. In that sense, human placenta is a good source of fetus-derived MSCs. We cultivated chorionic plate cells that were obtained from the chorionic mesoderm of the placenta (Fig. 1A). The chorionic plate cells regarded as being Population Doubling (PD) 0 or Day 0 were fibroblast-like in morphology, indistinguishable in appearance from the marrow-derived MSCs, and relatively larger in size than rapidly self-renewing stem cells [23] (Fig. 1B). The cells from PD 9 to PD 18 rapidly proliferated in culture and were propagated continuously. Chorionic plate cells did not undergo malignant transformation. They stopped dividing after reaching confluence and they did not form any foci after reaching confluence *in vitro*.

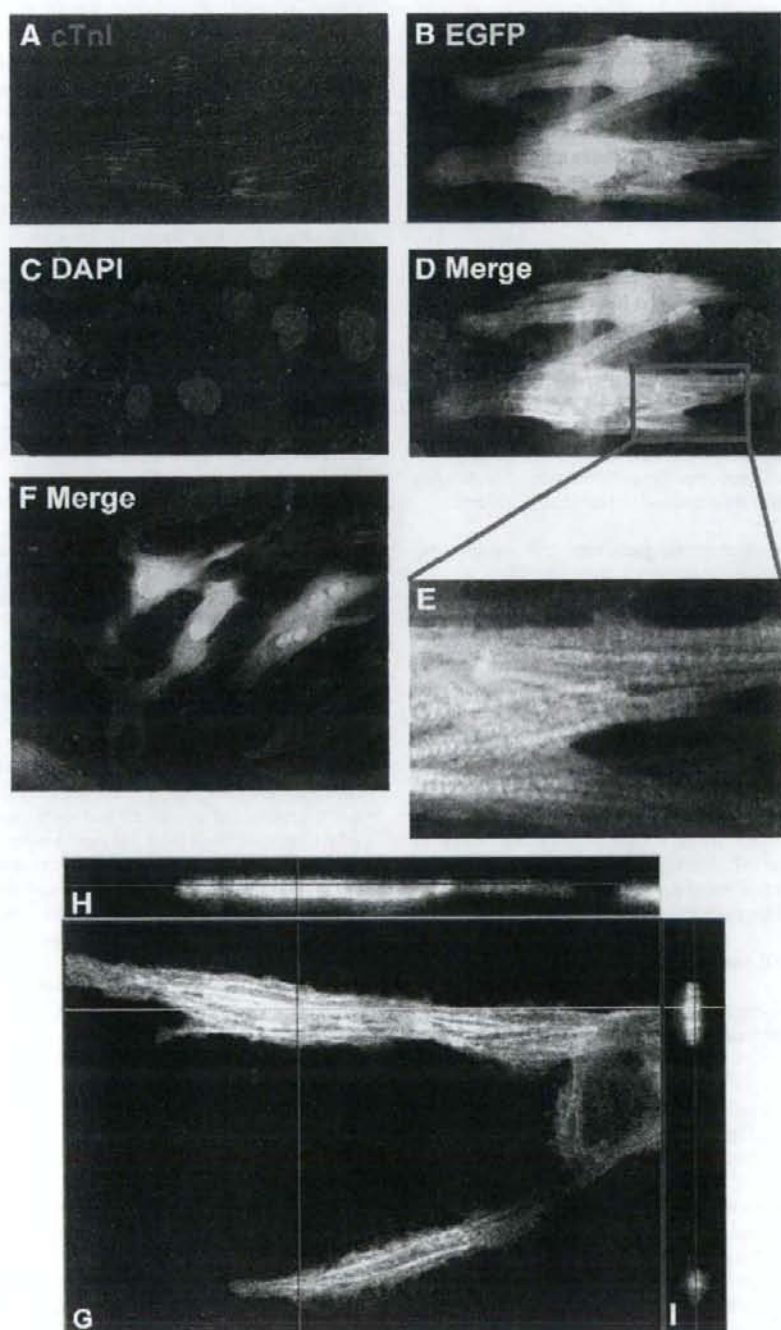
To clarify the character of the established chorionic plate cells, we first performed karyotypic analysis of 30 cells at PD 3. All cells had normal chromosomes without any chromosomal aberration (Fig. 1C). The sex chromosomes were found to be XY, implying that all cells were of fetal origin. Genomic FISH analysis also revealed that all cells had XY chromosomes (Fig. 1D). We examined the cell surface marker of the placenta-derived cells (chorionic plate cells) by FACS analysis (Fig. 1E). The surface markers of chorionic plate cells are exactly the same as those of previously reported bone-marrow- and cord blood-derived mesodermal cells, i.e., positive for CD29, CD44,

Fig. 3 – Immunocytochemistry of chorionic plate cells for human cardiac troponin-I. (A–F) Immunocytochemistry of differentiated chorionic plate cells with anti-human cardiac troponin-I (cTnI) antibody. The EGFP-positive cells (B) were stained with anti-human cTnI antibody (A) and the merged image (DAPI, EGFP, cTnI) is shown in panels D and F. An enlarged image (red square in D) is shown in panel E. Clear striations were observed with red fluorescence of cTnI in the differentiated cells. (G–I) A merged image for EGFP and cTnI is shown in panel G. A longitudinal section at the green line in the merged image G is shown in panel H. An axial section at the red line in merged image G is shown in panel I.

CD59, CD73, CD 90, CD105 and CD166, and negative for CD14, CD31, CD34 and CD45.

Next we investigated whether chorionic plate cells have cardiomyogenic potential by human cardiomyocyte-specific

gene expression using RT-PCR method (Fig. 2, Table 1) and gene chip analysis (Table 2; GEO accession number, GSE7021: GSM162104 and GSM162105). Chorionic plate cells expressed *Csx/Nkx-2.5*, *GATA4*, *BNP*, cardiac troponin T (cTnT), cardiac



actin and myosin light chain-2 α (MLC-2 α) in the default state, implying that chorionic plate cells can differentiate into cardiomyocytes, like CMG cells in which *Csx/Nkx-2.5* and *GATA4* are constitutively expressed before induction [12].

Cardiomyogenic differentiation of chorionic plate cells

employed a co-culture system with murine fetal cardiomyocytes to induce cardiac differentiation, since *in vitro* simulation of the heart by the environment has been shown to be an efficient means of inducing the differentiation of human endothelial progenitor cells [15] and human marrow stromal cells [13]. EGFP-labeled chorionic plate cells were co-cultured with murine fetal cardiomyocytes without any chemical treatment. A few EGFP-positive chorionic plate cells started to contract on day 3 after the start of co-cultivation, and beat strongly and rigorously in a synchronized manner on day 5 (Supplementary movie 1). The cells continued to beat at least until day 21 during the period of observation. The frequency of cardiomyogenic differentiation from chorionic plate cells was calculated based on the number of cTnI-positive cells. In three independent experiments, the percentage of cells that underwent cardiomyogenic differentiation was similar ($15.1 \pm 5.1\%$) (Supplementary Fig. 1S). Our investigation of the cardiomyogenic-specific gene expression for differentiated chorionic plate cells (Fig. 2) found that cardiac actin was fully expressed, whereas *Csx/Nkx-2.5* and cardiac troponin T were only slightly expressed. *GATA4*, cTnI, MLC-2 α , and BNP were not expressed. Technical difficulties may have adversely affected these results, as some of the differentiated cells divided from murine fetal cardiomyocytes were physically damaged and so the ratio of differentiated to undifferentiated cells may well have been diminished in each case. In fact, in every experiment, cTnI was detected by immunocytochemical analysis. Immunocytochemical staining revealed that EGFP-labeled cells stained positive for cTnI (Figs. 3A-F). Immunostaining of longitudinal sagittal and axial transverse sections confirmed that cTnI was expressed in the EGFP-positive cells (Figs. 3G-I, Supplementary movie 2). These results imply that co-culture system of chorionic plate cells and murine embryonic cardiomyocytes induces differentiation of chorionic plate cells into cTnI-positive cells *in vitro*. cTnI-positive cells were evenly detected throughout the dish, suggesting that the cardiomyogenic induction rate was quite high in the present model. The EGFP-positive cells also expressed α -actinin, and connexin 43 (Figs. 4A-E). Clear striations were observed for the red fluorescence of cTnI (Fig. 3A) and α -actinin (Fig. 4A) in the differentiated chorionic plate cells. Connexin 43 staining (Figs. 4C-G) showed a clear and diffuse pattern around the margin of the cytoplasm, suggesting that these human transdifferentiated cardiomyocytes have tight electrical coupling with each other. We also performed *in vivo* implantation of EGFP-labeled chorionic plate donor cells into the ischemic heart model of nude rats (data not shown). EGFP-labeled chorionic plate donor cells exhibit positive cTnI reactivities at the implanted site. However, the frequency of cTnI-positive cells *in vivo* is not comparative with that *in vitro*.

To investigate if chorionic plate cells are capable of differentiating into osteoblasts and adipocytes [19,20], we induced chorionic to differentiate into osteocytes and adipocytes under specific culture conditions. Chorionic plate cells

did not show clear adipogenic and osteogenic differentiation: cells did not accumulate Oil Red O-positive fat droplets and calcium, and did not increase alkaline phosphatase osteogenic activity (Supplementary Fig. 2S), suggesting that chorionic plate cells have a cardiomyocyte potential, but not adipocyte or osteoblast potential.

The action potential of differentiated chorionic plate cells

To detect the electrophysiological coupling due to gap-junctional communication between beating cardiomyocytes, action potentials (APs) were recorded from spontaneously beating EGFP-positive cells. Alexa568 was injected into cells via a recording microelectrode to stain the cells and to confirm that the APs were generated by EGFP-positive cells (Figs. 5A-C). The dye did not diffuse into the murine cardiomyocytes, indicating that there were no tight cell-to-cell heterologous connections, i.e., gap junctions. Alexa568 dye did not diffuse into adjacent human and murine cells of the injected cells that exhibited action potentials. The action potentials obtained originate from human chorionic plate cells or may result from electrical coupling with adjacent cardiomyocytes [24]. The APs obtained from chorionic plate cells showed clear cardiomyocyte-specific sustained plateaux (Figs. 5D, E) and were therefore concluded to be APs of cardiomyocytes, not of smooth muscle cells, nerve cells, or skeletal muscle cells. The measured parameters of the recorded AP were averaged (Fig. 5F). Chorionic plate cells had the character of 'working' cardiomyocytes or ordinary cardiomyocytes. The rhythm of almost all the beating cells had become regular at 1 week. The fractional shortening (%FS) of the cells was analyzed (Supplementary Fig. 3S), using a cell-edge detection program developed by S.M. The EGFP-positive cells contracted simultaneously within the whole visual field, suggesting tight electrical communication among them. The average %FS was $5.46 \pm 0.40\%$ ($n=10$). In summary, human cardiomyocytes obtained from the chorionic plate cells were electrophysiologically and physiologically functional.

Discussion

Transdifferentiation of human extraembryonic mesodermal cells into embryonic mesodermal cells: functional working cardiomyocytes

This study was conducted to determine whether extensive *ex vivo* propagation by cell culture would prevent the cardiomyogenic differentiation of placenta-derived cells. According to our previous study on the induction of cardiomyogenic differentiation of immortalized murine marrow stromal cells [12,15] and human marrow stromal cells [13] by demethylating agents, the transdifferentiation of human stromal cells was limited to working cardiomyocytes and did not include pacemaker cells. This was probably due to the origin of cells, that is, the default state of the chorionic plate-derived human fetal cells used in the experiment. The idea for the cardiomyogenic differentiation protocol using murine fetal cardiomyocytes without 5-azacytidine arose from reports that endothelial cells differentiate into cardiomyocytes as a result of co-cultivation with murine fetal cardiomyocytes [25].

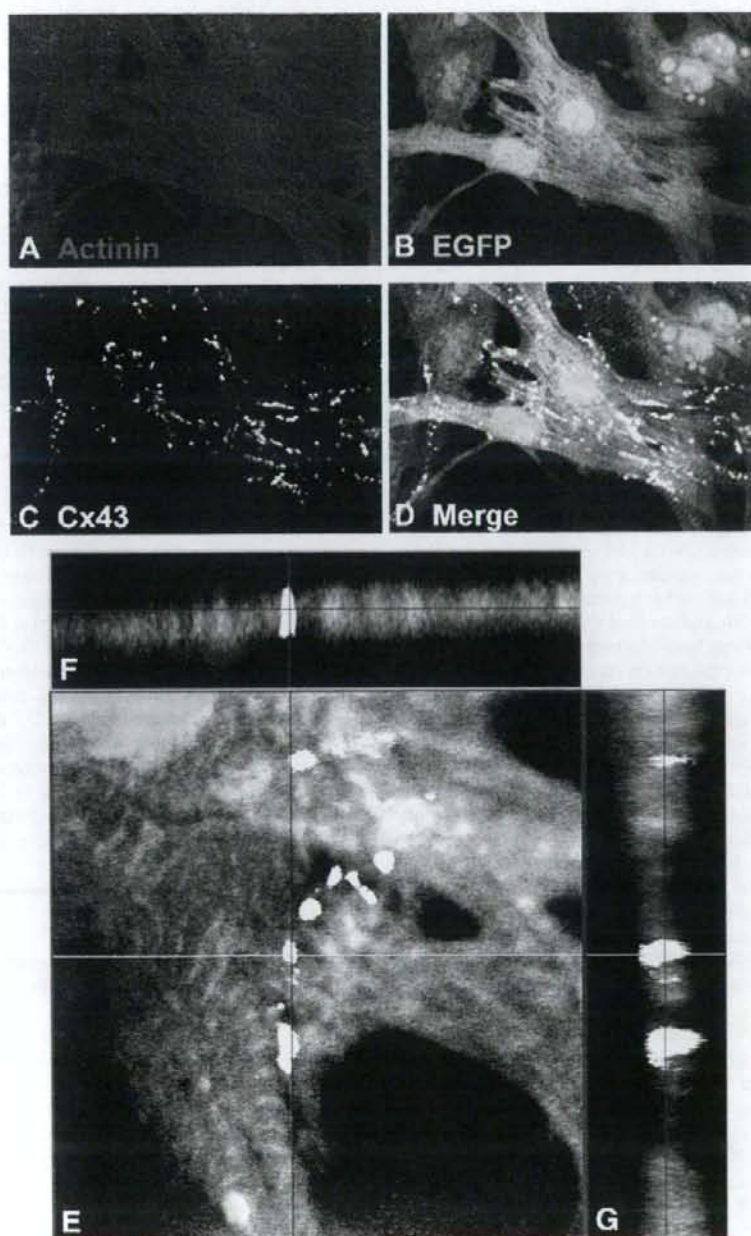


Fig. 4 – Immunocytochemistry of chorionic plate cells for α -actinin and connexin 43. (A–D) Immunocytochemistry of differentiated chorionic plate cells for α -actinin (Actinin) and connexin 43 (Cx43) antibody. Clear striations were observed for the red fluorescence of α -actinin (A) in the EGFP-positive cells (B). Connexin 43 (C) was stained along the attachment site of EGFP-positive cells. Merged images (α -actinin, connexin 43, EGFP) are shown in panel D. (E–G) A merged image for α -actinin, connexin 43, and EGFP is shown in panel E. (F) A longitudinal section at the green line in merged image E. (G) An axial section at the red line in merged image E. Panels F and G show that connexin 43 is located between EGFP-positive cells.

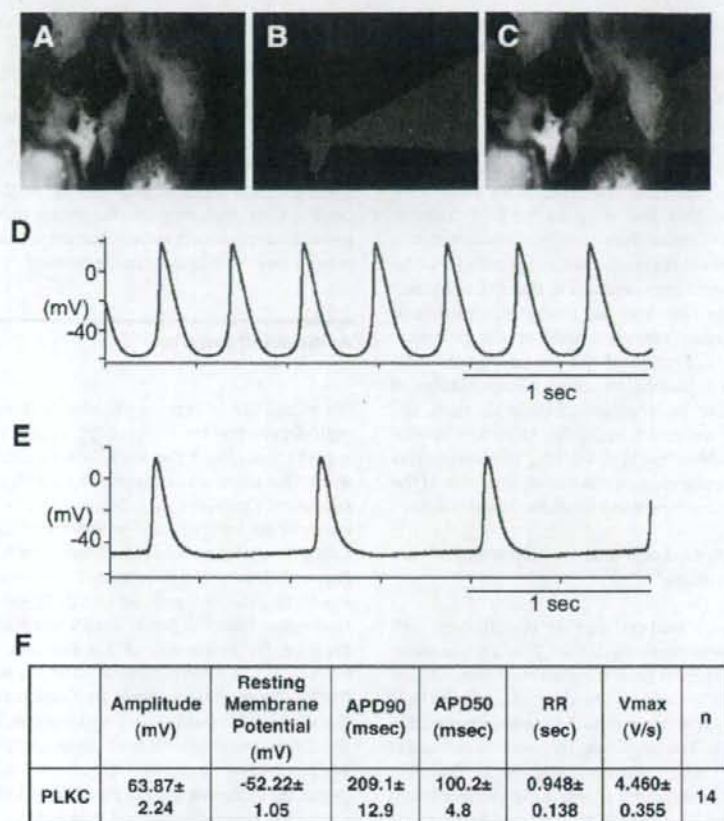


Fig. 5 – Electrophysiological and physiological analysis of chorionic plate cells. (A–C) EGFP-labeled chorionic plate cells were injected with Alexa568 solution by ionophoresis through a microelectrode. (D, E) Two different types of action potential, i.e., tachycardia type and bradycardia type, were recorded. Both types of cells had the features of working cardiomyocytes. The rhythm of their beating was regular. (F) The measured action potential parameters of EGFP-labeled chorionic plate cells are averaged.

The high frequency of cardiomyogenic differentiation makes it inconceivable that the transdifferentiation is due to fusion; in addition, bone marrow stromal cells [13] do not fuse with feeder cells in the co-cultivation system and the frequency of fusion in the co-culture system is not high [26] in contrast to myogenic differentiation [27]. The global gene expression pattern showed that the change in gene expression during differentiation was consistent with phenotypic alteration. The cells established from the placenta can be extensively and clonally expanded *in vitro* while retaining their potential to differentiate into cardiomyocytes that exhibit spontaneous beating and cardiomyocyte-specific action potential under *in vitro* conditions. This differentiation potential shown by the placenta-derived cells is the same as that reported for bone marrow MSCs [12,13,15]. It is also noteworthy that the transdifferentiation of chorionic plate cells represents the transition from extraembryonic cells to embryonic cells, while the transdifferentiation from bone-marrow-derived MSCs to neurogenic cells, which we previously reported [28,29], is transition between germ layers in embryonic tissues.

Most of the surface markers of the placenta-derived cells examined in this study are the same as those detected in their bone marrow counterparts [13,30], with both cord blood- and bone-marrow-derived mesodermal cells being positive for CD29, CD44, and CD59, and negative for CD34. Our finding of *in vitro* differentiation from extraembryonic mesodermal cells to embryonic mesodermal cells in this study, a key future goal for any cell-based therapy, could thus be achieved by exposing placenta-derived cells to murine fetal cardiomyocytes, at least *in vitro*. This technique allows the applications of the placenta to be further extended and permits it to be used as an alternative to bone marrow as a source of cells with cardiomyogenic potential.

Is the high rate of cardiomyogenic differentiation of placenta-derived cells due to the default cell state?

The cardiomyogenic differentiation rate of chorionic plate cells (15.1%) was relatively high compared to that of marrow-derived MSCs (less than 0.3%) [13]. The gene expression

pattern of chorionic plate cells before cardiomyogenic differentiation was different from that of marrow-derived MSCs. The expression of cardiomyocyte-associated genes in the chorionic plate cells, which we unexpectedly found by GeneChip analysis and confirmed by RT-PCR, is surprising. Constitutive expression of the *Csx/Nkx2.5* cardiogenic 'master' gene [31,32] in the chorionic plate cells with the ability of self-renewal suggests that the chorionic plate cells have cardiogenic potential [33] and may be termed "cardiac precursor cells" in the light of their biological characteristics like endometrium-derived myogenic precursor cells [27]. The mechanism of the drastic improvement in the differentiation rate of chorionic plate cells may be attributable to default characteristics as cardiac precursor cells of the placenta-derived cells in culture. Because of this improvement in the differentiation rate, it is possible to obtain a large number of cardiomyocytes without prolongation of their life span, i.e., transfer of oncogenic molecules into cells, to restore cardiac function. It is quite interesting that working cardiomyocytes can be generated from placenta-derived cells, since one of the types of target cells for regenerative medicine is heart cells.

Are human placenta-derived cells that are propagated *in vitro* useful for cell-based therapy?

Can primary placenta-derived cell 'culture' contribute to cell-based therapy or regenerative medicine? Primary placenta-derived cell culture obtained from the chorionic mesodermal layer succeeded in almost 100% of the attempts, and the cells were passaged only 3 or 4 times (6 to 7 PDs) before reaching premature senescence. The problems involved in cell-based therapy with human placenta-derived cells are the finite life span of the cells and the difficulty of obtaining a large enough number of cells. Based on the results of our previous study using cord blood-derived cells, the establishment of cells can be explained by: (1), lack of p16^{INK4a} in primary-cultured cells, or (2), selection of cells that do not express p16^{INK4a} from a heterogeneous population [22]. We cannot exclude either possibility, and we did observe two different types of cells, i.e., rapidly growing spindle cells and quiescent flat and elongated cells in the primary culture of placenta cells. Experimental settings that allow human placenta cells to double more than 100 times may be used to obtain a large number of cells at least from the placenta.

We believe that these placenta-derived extraembryonic mesodermal cells may be used to supply cardiomyocytes to patients with ischemic heart disease, dilated cardiomyopathy, and Kawasaki disease, which all have a poor prognosis and are sometimes lethal. The 'risk versus benefit' balance is essential when applying these multiplied cells clinically and the 'risk' or 'drawback' in this case is the transformation of implanted cells. *In vivo* experiments revealed that no tumor was observed for up to 4 weeks when chorionic plate cells at P5 (1×10^7) were subcutaneously inoculated into immunodeficient, non-obese diabetic (NOD)/severe combined immunodeficiency (SCID)/interleukin 2 receptor^{-/-} (NOG) mice (data not shown). Human placenta-derived cells spontaneously avoid premature senescence without gene induction and enter replicative senescence. Replicative senescence may be due to a tumor suppressor mechanism that avoids the risk of cell

transformation after implantation of cells as a source for cell-based therapy [34].

Our present study suggested the presence of a precursor cell type in the placenta which is destined to generate 'working cardiomyocytes'. Since the placenta is usually discarded, it can be collected at usual delivery or cesarean section and can be banked or stored. Cells with almost all the HLA types can be collected after several generations. A placenta-derived cell bank system covering all HLA types may be necessary for patients who cannot supply bone marrow cells but want to receive stem cell-based cardiac therapy.

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Data set from the gene chip analysis are available at the GEO database with accession number GSE7021: GSM162104 and GSM162105.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.yexcr.2007.04.028.

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Ways for a Mesenchymal Stem Cell to Live on Its Own: Maintaining an Undifferentiated State Ex Vivo

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Abstract

Like all stem cells, mesenchymal stem cells (MSC) must balance self-renewal and differentiation. Complex regulatory mechanisms are required to keep stem cells in an undifferentiated, self-renewing state and to mediate their subsequent differentiation and proliferation. In this review, we discuss how adequate numbers of MSC can be maintained in culture. In particular, we focus on identification of the cell culture conditions needed to maintain general, nonspecific potential as a stem cell over time and through replication. It would be extremely advantageous to be able to maintain MSC populations in a completely undifferentiated state and to determine and switch on specific differentiation as and when required.

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Key words: Mesenchymal stem cells; Cell culture; Differentiation; Cell growth; Senescence

1. Introduction

Mesenchymal stem cells (MSC) are attracting a great deal of attention, because they represent a valuable source of cells for use in regenerative medicine [1]. Use of MSC entails no ethical or immunologic problems, and they provide an excellent model of cell differentiation in biology. Not surprisingly, mesenchymal cell biology is a complex and rapidly evolving field. Critical unanswered questions remain: What defines an MSC (as opposed to just a mesenchymal cell), and what provides MSC with their unique properties?

Stem cell biology is based on the principle that any tissue may contain cells that possess the potential for both self-renewal and differentiation into one or more cell types. Mesenchymal cells are derived from an organ's supporting tissue, as opposed to parenchyma or the supporting framework of an animal organ, which typically consists of connective tissue. Among these cells exist stem cells, which have two basic processes, ie, self-renewal and differentiation. MSC were first

discovered in 1976 by Friedenstein, who described clonal, plastic-adherent cells from bone marrow that provided a physical scaffold for hematopoiesis and that could differentiate into osteoblasts, chondrocytes, and adipocytes *in vitro* [2]. To date, investigators have demonstrated that MSC *per se* can be recovered from a variety of adult tissues and have the capacity to differentiate into a variety of specific cell types [3-8]. The mesenchymal phenotype can be maintained under optimal culture conditions, and MSC *in vitro* are recognized as adherent fibroblastic cells with a generally spindle shape, although some candidate populations of cells are more spherical with few spindle-shaped cells [9]. This heterogeneous population is too "crude" to consist solely of MSC. Although MSC can be harvested from a variety of tissues and have multipotency (ie, the capability to differentiate into numerous tissue lineages, including myoblasts, cardiomyocytes, osteoblasts, adipocytes, chondrocytes, and possibly even neural cells), MSC populations cannot easily be induced to differentiate into one lineage at the same time. There are some cell populations that behave like progenitor cells with monopotency or bipotency. In this review, we describe how MSC derived from a variety of tissues have tissue-specific characteristics and discuss optimal culture conditions that can allow the cells both to keep proliferating in an undifferentiated, self-renewing state and to permit mediation of their future differentiation.

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