A Micro-Engineered Heart Tissue Model of Desmin-related Cardiomyopathy Caused by Mutant αB Crystalin

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Abstract

Protein quality control (PQC) is essential for maintaining sarcomere integrity in cardiomyocytes.

α Crystallin B chain (CRYAB) R120G mutation disrupts CRYAB's chaperone activity, leading

to aggregation of CRYAB and its client proteins (including Desmin), leading to Desmin-related

cardiomyopathy (DRM). Prior experimental systems for modeling DRM linked to CRYAB require

massive overexpression of CRYAB mutant isoforms, raising questions about translational

relevance. Here, we establish the first model of CRYAB-linked DRM that uses genome-edited

hiPSC together with isogenic controls, allowing us to study the impact of mutant CRYAB

expressed at near endogenous levels. Within micro-engineered heart tissues (μHT), CRYAB-

R120G mutant hiPSC derived cardiomyocytes recapitulated key DRM hallmarks, including

Desmin and CRYAB aggregation, contractile dysfunction, and increased vulnerability to PQC

pathway inhibition. CRYAB-R120G mutant μHT also exhibited dysfunctional calcium-

contraction coupling, which exacerbated contractile deficits at higher pacing frequencies. JAK1

inhibition with Itacitinib partially restored contractile function at higher pacing frequencies,

suggesting JAK1 inhibition as a viable therapeutic strategy. By preserving human-specific

structural and functional features, our μHT platform enables mechanistic characterization of

proteotoxic cardiomyopathies and offers a scalable system for targeted drug screening.

Introduction

Heart failure remains a leading cause of death worldwide (1). Inherited cardiomyopathies contribute significantly to early onset heart failure (2). Desmin-related cardiomyopathy (DRM) is a form of familial cardiomyopathy that affects approximately 1 in 2000 individuals (3). It is caused by mutations in key cytoskeletal components such as Desmin (4, 5) or its chaperone α-Crystallin B chain (CRYAB) (6, 7). Among DRM-linked CRYAB mutations, the missense R120G variant, which is inherited in an autosomal dominant fashion, is especially pathogenic. This mutation promotes toxic aggregation of both CRYAB and Desmin, leading to sarcomere disorganization, proteotoxic stress, and impaired contractile function (6-8).

DRM pathology is a striking example of dysfunctional cardiomyocyte protein quality control (PQC). As "sarcomeres are a machine that must repair themselves while in motion (9)", cardiomyocytes depend on highly regulated PQC networks to degrade or repair proteins that become misfolded through genetic mutations or mechanical/oxidative stress (9, 10). Chaperones like CRYAB first attempt to refold these misfolded proteins. Those that cannot be refolded are tagged with poly-ubiquitin chains and sent to the ubiquitin-proteasome system for degradation. The autophagy-lysosome pathway provides a second backup, where ubiquitinated proteins and damaged organelles are taken up by autophagosomes that fuse with lysosomes for final clearance. Together, these complementary PQC pathways preserve cardiomyocyte proteostasis (9, 11-14).

Failure of PQC, linked to genetic mutations or chemical stress induced by drugs like proteosome inhibitors used for chemotherapy, causes cardiomyopathy (15, 16). This cardiomyopathy occurs because accumulation of cytosolic aggregates of misfolded proteins overwhelms the cellular PQC machinery, preventing *in situ* repair of the sarcomeres; this leads to contractile failure and eventually cell death (17, 18). Proteotoxicity of Desmin aggregates is a

hallmark of DRM (18). Desmin, a muscle-specific intermediate filament protein that anchors

sarcomeres to organelles such as mitochondria to maintain structural integrity and force

transmission, is especially dependent on PQC (19, 20). Beyond DRM linked to mutations and

chemotherapy, Desmin aggregation has been linked to cardiac ischemia (21), highlighting the

potential broad relevance of understanding the pathogenesis of DRM and developing treatments.

DRM is strongly linked to the dysfunction of CRYAB, a small heat shock protein that is

abundantly expressed in cardiac muscle and which acts as a molecular chaperone for sarcomere

proteins including Desmin, preventing misfolding and guiding these proteins to their final location

in the sarcomere (Desmin itself resides in the Z-disc (21, 22)). The R120G mutation in CRYAB is

especially toxic because it weakens both the protein's structural stability and its chaperone activity.

Computational (23) and experimental studies (24, 25) show that the R120G mutation breaks key

stabilizing salt bridges (R120-D109 and R107-D80), collapsing the central cavity of the α-

crystallin domain, to expose hydrophobic regions by disrupting the IPI/β4-β8 interaction. This

leaves unpaired negative charge that introduces an overall electrostatic imbalance. This altered

surface charge likely makes mutant CRYAB bind more tightly to Desmin, trapping Desmin into a

misfolded complex (18), and driving formation of large and insoluble oligomers consisting of both

Desmin and CRYAB. These aggregates, in turn, can sequester other client proteins, leading to

marked cellular dysfunction.

Despite the clinical relevance of genetically inherited DRM and closely related drug and

ischemia-induced DRM, mechanisms underlying DRM remain poorly understood, and medical

management remains limited to symptomatic therapies such as heart failure medications (e.g., β-

blockers, ACE inhibitors) and antiarrhythmics, as there are no disease-specific therapies targeting

the protein aggregation pathology (7). Previous studies investigating CRYAB mutations like

R120G have relied on mouse models with transgene-mediated overexpression of the mutant

isoforms of this protein (18, 26-28). This raises two important concerns: First, as CRYAB itself

tends to be found aggregated in DRM, and the requirement for massive overexpression (typically

6-fold increase in absolute CRYAB level is required to induce cardiomyopathy phenotypes in mice

(27)) raises concerns about physiological relevance given the potential for overexpression to

induce aggregation as an experimental artifact. Second, in addition to concerns involving

requirements for high absolute CRYAB expression levels, the reliance on murine systems raises

questions about translatability to human cardiomyocytes (29), particularly given reported

differences in basal and stress-induced expression of heat shock proteins, such as HSP70, between

humans and rodents (30).

Cell culture-based model systems using human iPSC-derived cardiomyocytes (hiPS-CMs)

offer a species-relevant platform for studying cardiomyopathy (29). However, hiPS-CM are often

structurally and functionally immature, which has limited their application for disease modeling

(31-35). To overcome these limitations, we developed a 3D micro-engineered heart tissue (µHT)

platform using hiPS-CMs derived either from iPSC engineered to harbor a homozygous knock-in

of the CRYAB-R120G mutation, or isogenic controls. This allowed us to study pathology

associated with CRYAB mutations at near-physiologic expression levels. To our knowledge, this

is the first iPSC model of this mutation with near physiologic protein expression and paired with

an isogenic control, allowing mechanistic studies.

Because Desmin expression was poor in our hiPS-CM in baseline, we first compared

maturation-inducing chemical treatments to culture within 3D engineered µHT as means of

inducing physiologic Desmin expression and localization (36, 37). Strikingly, only hiPS-CM

within the µHT exhibited robust expression, with appropriate physiological localization to the Z-

disc, of this key intermediate filament protein. As in prior murine models of DRM linked to

CRYAB-R120 overexpression (18, 28), the knock-in R120G mutation in CRYAB caused marked

contractile dysfunction in μHT. Studies with voltage dyes and the genetically encoded calcium

indicator RGECO1.2 revealed that this contractile dysfunction was linked to dysregulated calcium-

contraction coupling, which made contractility deficits especially pronounced at higher pacing

frequencies. Functional pathology associated with the CRYAB-R120G mutation was associated

with aggregation in CRYAB and its client, Desmin. This proteotoxic stress has been shown to

activate inflammatory signaling cascades, especially JAK/STAT (38). Thus, we evaluated the

JAK1-specific inhibitor, Itacitinib, as a candidate DRM therapy. This treatment partially rescued

the contractility deficits associated with the CRYAB-R120G mutant μHT. These findings establish

the first cell culture-based model of DRM with physiologically relevant CRYAB-R120G

expression, enabling further mechanistic investigation and drug screening of DRM in a human

context.

Results

Development of a high-throughput hiPS-CM based platform to study pathology associated

with the CRYAB-R120G point mutation. In postnatal cardiomyocytes, Desmin is abundantly

expressed and is primarily localized to desmosomes and Z-discs (39, 40). At baseline, we observed

vanishingly low levels of Desmin expression in hiPS-CM, with only about 1 in 100 cells

expressing this protein. This is consistent with prior reports that deficient expression and

mislocalization of Desmin make DRM especially challenging to model in immature hiPS-CMs

(35). We thus evaluated two strategies for enhancing Desmin expression in hiPS-CM: (1) culturing

cells in monolayer using a defined metabolic maturation media (MM) (41, 42), and (2) co-culturing

cells with primary cardiac fibroblasts and extracellular matrix (ECM) under mechanical

stimulation within 3D μHT (**Supplemental Video 1**).

We first assessed a MM that uses fatty acids and the PPAR-δ agonist GW0742 to promote

hiPS-CM structural maturation in 2D culture (42) (**Fig. S1 A, B**). Analysis of cardiomyocyte

morphology facilitated by Cellpose (43) (**Fig. S1 C**), an unbiased and AI-assisted segmentation

package, confirmed that MM-induced structural maturation (significant cellular elongation with

no significant cellular hypertrophy) when compared against standard media (SM; RPMI-1640

supplemented with 2% B27 supplement) (**Fig. S1 D-G**). This is consistent with structural

maturation previously observed for monolayers cultured in this same MM (42). However, even

with this structural maturation, the overall number of hiPS-CM expressing Desmin was still

vanishingly small (~1%) (**see below**).

Given the lack of Desmin expression in monolayer cultures, we transitioned to a tissue

engineering approach (44). We formed μHT by co-encapsulating 95% hiPS-CMs with 5% primary

human cardiac fibroblasts into a mixture of exogenous ECM proteins within micro-wells

containing PDMS pillars (**Fig. 1 A, B; Fig. S2**).

Strikingly, even without maturation-inducing chemicals such as fatty acids, within μHTs

formed against compliant PDMS posts (E = 200 kPa, bending stiffness of 0.13 N/m corresponding

to applied force of 6.5 μN at 50 μm deflection estimated from finite element simulations), hiPS-

CM exhibited robust Desmin expression (**Fig. 1 C**). Consistent with our prior studies on Desmin

staining in positive control postnatal human heart sections (21), Desmin in hiPS-CM within μHT

was co-localized with α-actinin at Z-discs (**Fig. 1 C**). Interestingly, within μHTs formed against

stiff PDMS posts (E = 2000 kPa, estimated bending stiffness: 1.3N/m corresponding to applied

force of 65 µN at 50 µm deflection; **Fig, S3 B**), hiPS-CM showed even more robust Desmin

expression, and similar Z-disc localization (**Fig. 1 C**).

Whole-mount immunostaining followed by high-resolution image stitching of µHTs

labeled for α-actinin, Desmin and Hoechst allowed visualization of the entire tissue construct and

localization patterns of Desmin within a single field of view. In this context, Desmin expression

appeared broadly uniform throughout the tissue, with no obvious regional bias between the central

shaft and areas close to the PDMS posts (**Fig. 1 D** and **Fig. S4)**. These results suggest that Desmin

expression is independent of spatial proximity to mechanical anchor points.

To gain insights into whether culture in µHT caused a uniform, per-cardiomyocyte increase

in Desmin, or if Desmin expression was instead driven by an "elite" sub-population of cells, we

again turned to AI-assisted cell segmentation. Unambiguous, automated identification of cell

boundaries in the stained µHT, even with membrane-specific stains like wheat germ agglutinin

(WGA) proved challenging **(Fig. S5)**. Moreover, cortical staining for α-actinin, which was highly

prominent in 2D monolayers (**Fig. 1 C** and **Fig. S1 B)**, was not strongly apparent in 3D µHT,

making it difficult even for trained observers to identify individual cells (45). We thus developed

a custom image segmentation approach designed for dense tissue environments (**Supplement**

Video 2, Fig. 1 E). In this method, individual cell boundaries are estimated from nuclear staining

alone; the approach exploits the general observation that even in high density 3D tissues like µHT,

nuclei can typically be identified in an unbiased, unambiguous manner. Because of the high cell

density of µHT (**Fig. 1 C**), we assumed that each cell "grows out" from the nucleus to occupy

space until it impinges on the borders of its neighbors. Algorithmically, we accomplished this with

an approach inspired by traditional watershed segmentation and the growth of crystals from the

melt of crystalline phase materials (46). First, a circular border was applied to each identified

nucleus. Next, each border was allowed to expand until they impinged upon the expanding border

of its nearest neighbors (**Fig. 1 E**). The estimated projected area and shape of each cell was then

quantified.

Morphological estimations suggested a significant increase in overall hiPS-CM area

within μHTs formed against stiff posts (**Fig. 1 F**), consistent with prior observations by our group

and others that hiPS-CM undergo hypertrophy when working against a higher afterload (47-49).

However, this analysis revealed no correlated changes in estimated eccentricity (**Fig. S6 A**),

elongation (**Fig. S6 B**), or circularity (**Fig. S6 C**).

Finally, we measured Desmin expression in each identified cell. Remarkably, this analysis

revealed that on average, ~30% of hiPS-CM in a given μHT region of interest expressed Desmin,

regardless of post rigidity (**Fig. 1 G**). While the percentage of Desmin-positive cells was similar

in μHT working against posts with different stiffness (**Fig. 1 G**), the percent of Desmin-positive

area in each identified cell was significantly higher in μHTs working against a higher afterload

(**Fig. 1 H**). This suggests that afterload is a key determinant of hiPS-CM Desmin expression. A

similar trend was observed in mutant CRYAB-R120G μHTs, which exhibited increased estimated

cell area (**Fig. S7 A**), but reduced elongation (**Fig. S7 B**), eccentricity (**Fig. S7 C**), and no change

in circularity (**Fig. S7 D**). As in the isogenic control, the percent of Desmin-positive cells was

comparable across conditions (**Fig. S7 E**); however, the percent of Desmin-positive area per cell

was significantly greater in μHTs working against stiffer posts (**Fig. S7 F**).

On a small scale, Desmin expression appeared to follow a distinct pattern: hiPS-CM

positive for Desmin were mostly found in clusters, close to one another, rather than being randomly

distributed throughout the tissue. To demonstrate this clustering pattern in a robust manner, we

performed computational simulations to ask how often, in a population where 30% of cells are

Desmin-positive, would we expect to find the Desmin positive cells in larger clusters (>2

cells/cluster) if the cells were distributed randomly (**Fig. S8**). This analysis confirmed our

observation that indeed, the Desmin positive hiPS-CM within μHT tend to group into large cluster

(**Fig. 1 I**).

Quantification of the Ripley's K-statistic, borrowed from geospatial analysis to formally

test the spatial relationship amongst objects (50), further validated the non-random, clustered

spatial distribution of Desmin-positive cardiomyocytes (**Fig. 1 I** and **Fig. S8 A, B**); with cluster

sized averaging ~ 30 μm radius (**Fig. S8 D-F**). These observations suggest the possibility that

localized paracrine signaling and/or localized changes in rigidity of the fibrous tissues are means

through which afterload enhances Desmin expression (51).

Overall, these results suggest that while metabolic maturation media can improve some

aspects of hiPS-CM structural maturation in 2D culture, it is not sufficient to induce Desmin

expression. In contrast, forming 3D μHT with mechanical loading leads to robust Desmin

expression.

hiPS-CMs harboring the CRYAB-R120G point mutation exhibit Desmin aggregation.

Having demonstrated an ability to assess Desmin structure within μHT, we next asked whether

human cardiac myocytes harboring the DRM-associated R120G mutation in CRYAB would

exhibit Desmin abnormalities without a requirement for massive overexpression of the mutant

protein. Using CRISPR/Cas9, we generated an isogenic hiPSC line homozygous for the CRYAB-

R120G mutation. Within μHT, hiPS-CMs harboring mutant CRYAB showed similar levels of

Desmin-positive cells (**Fig. 2 A** and **Fig. S9 A**) and Desmin-positive area (**Fig. 2 B**) compared to

hiPS-CM in isogenic control μHT. Strikingly, CRYAB mutant tissues showed significant

structural disorganization and aggregation of Desmin. Quantitatively, this was related to similar

number of Desmin-positive cells in aggregated form (**Fig S9 B**) but with a markedly increased

area of hiPS-CM expressing Desmin in an aggregated form rather than Z-disc-localized pattern

(**Fig. 2 C).** Moreover, consistent with reports that transgenic R120G mice develop cardiac

hypertrophy (28), DRM mutant tissues exhibited a statistically significant increase in estimated

cardiomyocyte size (**Fig. 2 D)**.

Mutations in CRYAB, including R120G, have been associated with disruptions of this

protein's chaperone functions, thereby leading to aggregation of client proteins like Desmin, but

also with aggregation of CRYAB itself (6). We thus examined CRYAB levels and localization

within the µHT. Strikingly, we observed that the mean CRYAB expression per cell was elevated

nearly 2-fold in hiPS-CM harboring the R120G mutation (**Fig. 2 E, F**). This may result from

inhibited clearance of aggregate-associated CRYAB-R120G, leading to an effective increase in

steady-state levels of this protein.

CRYAB-R120G mutant µHTs exhibit contractile deficits. Under low afterload conditions (soft

posts; **Fig. 3 A**), CRYAB-R120G µHTs showed significant deficits in contractile performance, as

illustrated by representative force traces highlighting disrupted force development and slower

contractile kinetics compared to isogenic controls (**Supplemental Video 3**; **Fig. 3 B**). This was

reflected in depressed peak active force (**Fig. 3 C**) and reduced contraction speed (**Fig. 3 D**).

Importantly, these deficits persisted under high afterload conditions (stiff posts; **Fig. 3 E**), where

CRYAB-R120G (**Supplemental Video 4**) µHTs again showed significantly reduced peak active

force and contraction speed (**Fig. 3 F-H**). Quantitative analysis of additional contraction

parameters, summarized in the heatmap (**Fig. 3 I, Fig. S10**), further supports the marked

hypocontractile phenotype in CRYAB mutant µHTs. Mutant µHTs showed slower contraction and

relaxation speeds, lower active stress, and lower peak deflections compared to isogenic control,

regardless the post stiffness.

Given that stiffer post conditions promoted greater hiPS-CM Desmin expression consistent

with prior findings that afterload enhances maturation of engineered heart tissues (47), along with

physiologic hypertrophy and more robust sarcomere organization (**Fig. 1**), and higher peak active

force compared to soft posts, we prioritized the high afterload (elastic modulus: 2000 kPa) posts

for subsequent analyses.

CRYAB-R120G mutation make μHT more vulnerable to disruptions in protein quality

control pathways. We next tested whether disrupting the heat shock protein system via the

CRYAB-R120G mutation would make μHT more vulnerable to inhibition of either of the two

alternative PQC pathways, the ubiquitin-proteasome system and lysosome-autophagy. To assess

vulnerability to ubiquitin-proteasome system inhibition, we treated μHTs with Bortezomib (100

nM) for 48 hours. Immunofluorescence analysis of Desmin and α-actinin following Bortezomib

exposure further supported this vulnerability. While both isogenic control and CRYAB-R120G

μHTs exhibited Desmin aggregation after proteasome inhibition **(Fig. 4 A)**, sarcomeric α-actinin

striation patterns remained relatively preserved in isogenic controls. In contrast, CRYAB-R120G

μHTs displayed extensive sarcomere disorganization, with poorly aligned myofibrils. Contractility

was measured in the same tissues before and after treatment, and the contractility index was

defined as the ratio of post-treatment to pre-treatment peak active force. Consistent with our

expectation, CRYAB-R120G μHTs showed a significantly greater reduction in contractile index

following Bortezomib exposure compared to isogenic controls **(Fig. 4 C).**

To evaluate whether the CRYAB-R120G mutant μHT were similarly vulnerable to

disruption of PQC through inhibition of autophagy-lysosome system or not, we treated μHTs with

10 nM Bafilomycin for 48 hours. As with inhibition of the ubiquitin-proteasome system, CRYAB

mutant µHT were more vulnerable than isogenic controls to inhibition of autophagy.

Immunostaining confirmed this vulnerability at the structural level (**Fig. 4 B**). Desmin aggregates

were present only in CRYAB-R120G µHTs following Bafilomycin treatment. Additionally,

sarcomeric α-actinin organization remained relatively preserved in isogenic controls, while

CRYAB-R120G µHTs showed clear disruption of sarcomeric striations. While isogenic control

µHTs maintained contractile performance with minimal change (contractile index ~1), CRYAB-

R120G µHTs showed a significant drop in force production following autophagy inhibition (**Fig.**

4 D). Altogether, these observations support the hypothesis that by weakening cardiomyocyte PQC

through inhibition of the heat shock protein response, mutations in CRYAB make these cells more

vulnerable to inhibition of the ubiquitin-proteasome system or of the lysosome-autophagy system

(52) and autophagy reactivation via TFEB (18) or ATG7 can restore proteostasis (53). Cytoskeletal

stress, whether mechanical, genetic, or proteotoxic, further accelerates PQC exhaustion,

decreasing contractile dysfunction (54, 55).

Action potential waveform is grossly preserved in CRYAB-R120G μHTs. Given the marked deficits in contractile force and altered contractile kinetics of CRYAB-R120G mutant μHT, we sought to determine potential alternations in electrophysiology and/or calcium handling that might contribute to this pathology. We first labeled μHTs with the far-red voltage-sensitive dye BeRST-1 and recorded optical action potentials using high-speed fluorescence imaging (**Fig. 5 A**). Representative traces revealed that both CRYAB-WT and CRYAB-R120G μHTs exhibited similar action potential waveform morphology, particularly with respect to repolarization kinetics (**Fig. 5 B**). Quantitative analysis further showed no significant change in the upstroke velocity which is quantified as normalized background-corrected amplitude of the BeRST signal ($\Delta F/F_0$) over upstroke duration time between CRYAB-WT and CRYAB-R120G μHTs (**Fig. 5 C**). However, there was no significant differences between genotypes in key repolarization metrics, including action potential durations to 30%, 50%, 80%, and 90% repolarization (APD_{30}-APD_{90}, respectively; **Fig. 5 D, I**). Interestingly, although total action potential duration was unchanged between genotypes (**Fig. 5 I**), the time from baseline to peak depolarization (e.g., upstroke duration), was slightly faster in CRYAB-R120G μHTs with lower background-corrected amplitude of the BeRST signal ($\Delta F/F_0$), leading to a similar upstroke velocity between mutant and control tissues (**Fig. 5 I, Fig. S12**). Preserved action potential upstroke velocity in our study is consistent with prior electrophysiological profiling in CRYAB-R120G transgenic mice, which reported intact action potential waveforms. While our findings do not directly assess ion channel function, they align with previous evidence suggesting no alteration in $Na_v1.5$ function (56).

CRYAB-R120G μHTs exhibit impaired calcium handling. As action potential analysis

suggested that impaired depolarization was unlikely to contribute to the contractility deficits of

CRYAB-R120G mutant μHT, we next assessed potential dysfunction in calcium handling. To

assess calcium dynamics in CRYAB-R120G μHTs, we transduced purified hiPS-CM monolayers

with AAV6 vectors expressing the genetically encoded calcium indicator RGECO1.2 prior to

making the μHT (**Fig. 5 E**). CRYAB-R120G tissues exhibited significantly reduced background-

corrected RGECO signal intensity compared to isogenic controls (**Fig. 5 F**). Furthermore, mutant

μHT showed significant reduction in the upstroke velocity which is quantified as the normalized

background-corrected RGECO signal intensity ($\Delta F/F_0$) over upstroke duration time (**Fig. 5 G)**.

Calcium transient decay kinetics were significantly faster in CRYAB-R120G μHTs across all

measured thresholds (e.g. decay from peak intensity to 75%, 50%, and 30% of peak intensity),

when compared to isogenic controls (**Fig. 5 H, I, Fig. S13**). Moreover, higher calcium transient

upstroke duration was observed in mutant μHTs (**Fig. 5 I**). Importantly, the relative change in

$\Delta F/F_0$ was significantly higher than the change in calcium transient decay, suggesting that

accelerated calcium transient decay reflects overall depressed calcium intake rather than enhanced

calcium handling (**Fig. S13**).

Furthermore, reduced Ca^{2+} intake, quantified via lower values for background-corrected RGECO

signal ($\Delta F/F_0$), is consistent with the hypothesis that the CRYAB-R120G mutation diminishes

sarcoplasmic reticulum function, leading to impaired calcium-induced calcium release (57).

Depressed sarcoplasmic reticulum function would be expected to manifest in exaggerated

contractile deficits at higher pacing frequencies because of inhibited calcium cycling (57). We thus

assessed the force-frequency response of the μHT. Isogenic control tissues exhibited a largely flat

force-frequency response up to a pacing frequency of 3.5 Hz (**Fig. 5 J**). This is consistent with

prior reports of a moderate degree of physiological maturation of hiPS-CM in engineered heart

tissues (58, 59). However, CRYAB-R120G mutant μHT exhibited a markedly negative force-

frequency response (**Fig. 5 J**), consistent with the hypothesis that depressed calcium transient

amplitude is linked to a dysfunctional sarcoplasmic reticulum in these cells. Altogether, these

findings suggest that calcium handling dysfunction plays a key role in the hypocontractile

phenotype of the CRYAB-R120G mutant μHT.

Itacitinib treatment reduces STAT1 activation and partially rescues contractile deficits in

CRYAB-R120G μHTs. In prior work, an unbiased screen performed in neonatal rat ventricular

cardiomyocytes identified JAK/STAT signaling in the generation of proteotoxic aggregates in the

setting of CRYAB-R120G overexpression (38). Subsequent investigation suggested that

JAK/STAT signaling via JAK1 inhibitors, including Itacitinib, could effectively remove such

aggregates (60, 61). We thus tested the potential of JAK1 inhibition via Itacitinib as a candidate

treatment for DRM. μHTs were exposed continuously to Itacitinib for one week (**Fig. 6 A**).

Following treatment, we fractionated the lysates of μHT to separately assess the soluble

(cytoplasmic) and insoluble (aggregate and cytoskeletal) fractions to assess STAT1 signaling (**Fig.**

6 B), along with CRYAB expression and portioning into detergent-insoluble aggregates, by

Western blot.

In the soluble fraction (**Fig. 6 C)**, treatment with Itacitinib led to a dose-dependent

reduction in phosphorylated STAT1 (pY701) in both isogenic controls and CRYAB-R120G

tissues, confirming effective inhibition of JAK/STAT signaling. Total STAT1 levels were higher

in mutant µHTs, however, overall STAT1 levels remained unchanged with drug treatment. Soluble

CRYAB levels also appeared higher in mutant µHTs than isogenic controls, consistent with our

immunofluorescence data (**Fig. 2 E, F**).

In the insoluble lysate fraction, which includes aggregated, nuclear, and myofilament

proteins (**Fig. 6 D**), phosphorylated STAT1 was also decreased in a dose-dependent manner for

both isogenic controls and mutant µHTs. Total STAT1 levels also remained unchanged across

different treatment conditions. Moreover, CRYAB level was higher in the insoluble fraction of

CRYAB-R120G tissues regardless of treatment compared to isogenic controls (**Fig. 6 D**).

To assess the functional consequences of JAK1 inhibition, contractile performance was

measured before and after treatment. Based on our finding that the force-frequency response is

especially impaired in DRM-µHT (**Fig. 5 J**), we assessed contractile performance both at 1 Hz and

2 Hz. Strikingly, in isogenic control (CRYAB-WT) µHT, Itacitinib treatment significantly

improved peak active force (**Fig. S14 A**) at both 0.1 µM and 1 µM doses under both pacing

conditions; with improved contractility index (ratio of peak active force before and after drug

exposure) at both frequencies (**Fig. 6 E-F**). In contrast, CRYAB-R120G µHTs demonstrated

recovery of contractility at 2 Hz following treatment with 0.1 µM Itacitinib without significant

improvement at 1 Hz (**Fig. S14 A)**. While absolute contractility at this pacing frequency did not

match isogenic control µHT treated with the same drug dose (0.1 µM), it was not significantly

different from isogenic control tissues treated with vehicle (**Fig. S14 A**).

0.1 µM Itacitinib also improved the relaxation velocity in both genotypes (**Fig. S15 A-C**).

However, even with this improvement, drug-treated CRYAB mutant µHT failed to match the

relaxation velocity of vehicle-treated isogenic controls (**Fig. S14 B**). These results suggest that

while JAK/STAT inhibition enhances contractile function in µHT, regardless of genotype, it

partially rescues contractility in the context of CRYAB-R120G induced proteotoxicity.

Interestingly, higher doses of Itacitinib did not further enhance contractility and instead appeared

to impair function, suggesting that JAK/STAT signaling may have dual role. Prior work on

engineered heart tissues has shown that sustained IFN-γ exposure drives STAT1 activation,

leading to loss of contractile force and sarcomere disarray; and these detrimental effects are

prevented by JAK inhibition (62). However, *in vivo* studies of pressure overload induced

hypertrophy have revealed a protective role of STAT1 when stabilized by the deubiquitinase

USP13. Specifically, USP13 enhances STAT1 deubiquitination and stability, promoting its

transcriptional activity, improving mitochondrial function, and attenuating TAC- and AngII-

induced hypertrophy (63). Thus, excessive STAT1 activation under inflammatory stress (e.g., IFN-

γ) is maladaptive, while basal STAT1 stabilization under biomechanical stress can be

cardioprotective. This dual role likely explains why higher-dose JAK/STAT inhibition in our

model compromises function, highlighting the delicate balance between pathological and adaptive

STAT1 signaling.

Discussion

PQC systems are essential for maintaining cardiac function by ensuring the integrity of

sarcomeric and cytoskeletal proteins (18, 64, 65). In this study, we developed, to our knowledge,

the first *in vitro* human model of DRM using hiPS-CMs harboring a homozygous CRYAB-R120G

knock-in mutation expressed at endogenous levels, which are subjected to physiologically relevant

mechanical loading. Unlike previous DRM models that relied on supraphysiological

overexpression of mutant CRYAB (27), our genome-edited platform preserves physiological

CRYAB-client protein expression balance, which enable a more accurate assessment of disease

mechanisms and potential underlying protein-protein interactions. This model recapitulates

hallmark DRM phenotypes, including Desmin aggregation, cellular hypertrophy, contractile

dysfunction, altered calcium handling, and heightened vulnerability to proteostasis disruption,

within human cardiomyocytes. We demonstrate that JAK/STAT pathway inhibition, previously

proposed as a candidate for DRM therapy (60, 61), led to modest improvements in contractile

function.

Our findings further support the role of CRYAB in modulating Desmin filament structure;

prior studies indicate this occurs through direct, phosphorylation-dependent CRYAB-Desmin

binding (66-68). In CRYAB-R120G μHTs, increased Desmin aggregation and sarcomeric

disorganization were observed, consistent with electron-dense aggregates in previous reports (6,

28, 69). In those prior studies, these aggregates, with CRYAB at the core and Desmin at the

periphery, displaced Desmin from Z-discs and intercalated discs into cytosolic inclusions, which

also contained α-actinin and ubiquitin (18, 21, 70), indicative of collapsed sarcomere structure.

Functionally, CRYAB-R120G μHTs showed reduced peak active force and slower contraction-

relaxation kinetics, paralleling prior evidence that proteotoxic sarcomeric protein aggregates

disrupts Z-disc alignment and force transmission, therefore driving contractile deficits in DRM

(28, 70, 71) . In addition, these prior studies report mitochondrial abnormalities, such as reduced

Complex I and IV activity, swelling, cristae loss, and impaired ATP production, which could also

inhibit contractility (70, 72, 73).

While prior studies have emphasized roles for direct sarcomeric and mitochondrial damage

in CRYAB-DRM associated contractile dysfunction (28, 70-73), our findings suggest a significant

defect in calcium handling in CRYAB-R120G mutant tissues (**Fig. 4**). This was supported not only

by direct analysis of Ca^{2+} handling, but also by a markedly negative force-frequency response in

the mutant tissues. Together, these findings implicate insufficient sarcoplasmic reticulum calcium

loading, reflecting impaired refilling due to RyR2, SERCA2, or PLN dysfunction (74). Prior

reports indicate that loss of chaperone function in CRYAB-R120G mutants can lead to

destabilization of SERCA2 (75), reducing the sarcoplasmic reserve of calcium (57). This effect

likely reflects chronic stress on the sarcoplasmic and endoplasmic reticulum, as aggregation of

misfolded CRYAB-R120G proteins exacerbates sarcoplasmic and/or endoplasmic reticulum stress

and impairs calcium-handling capacity (75, 76).

Therapeutically, JAK1 inhibition with Itacitinib partially restored contractile performance,

consistent with expectations based on prior work showing that CRYAB-R120G aggregation is

largely rescued by JAK1 inhibition (60, 61). Indeed, clinically approved JAK1 inhibitors enhance

ubiquitin-proteasome aggregate clearance via muscle-specific E3 ligases such as Asb2 (38, 77),

highlighting JAK1 as a promising target for DRM therapy. However, our finding that JAK1

inhibition only partially rescued contractility of the CRYAB-R120G μHT, with the effect more

pronounced at higher pacing frequency, and evidence suggesting that doses higher than 0.1 μM

appeared to have diminished physiological benefit, without a rescue of CRYAB-R120G portioning

into aggregates. This suggests the potential for a more multifaceted role for JAK/STAT signaling

in DRM suggesting that a complete shutdown of JAK/STAT signaling may be deleterious, whereas

finely tuned modulation is protective (78, 79). Prior studies highlight the dual nature of JAK/STAT

signaling. In ischemia–reperfusion models, excessive activation of JAK/STAT exacerbates injury,

whereas its inhibition reduces infarct size and apoptosis (80). Similarly, Pan *et al.* showed that

mechanical stretch rapidly activates JAK/STAT in cardiomyocytes via gp130 cytokines, linking

physiological stress to hypertrophic adaptation (81). Moreover, chronic or excessive pathway

activation has been consistently associated with maladaptive remodeling, hypertrophy, and fibrosis

(79). In contrast, consistent with the potential for JAK/STAT signaling to play a beneficial role in

cardiomyocytes, especially in the setting of mechanical stress, recent work suggests that loss of

STAT1 is deleterious in cardiac hypertrophy provoked by transaortic constriction *in vivo* (63),

highlighting the context-dependent nature of this pathway.

Our findings on the importance of JAK/STAT signaling in µHT, and a potential need for

basal, but not excessive, levels of these signals, also align with work in engineered human

myocardium. Zhan *et al.* reported that IFN-γ exposure, which strongly upregulates JAK1/STAT1,

caused sarcomeric protein loss and contractile decline, effects that were fully rescued by JAK

inhibitors (62). In contrast, Ho *et al.* reported that IFN-γ–induced STAT1 activation promoted

maturation of hESC-derived cardiomyocytes, enhancing calcium handling, sarcomere alignment,

and metabolic switching to fatty acid oxidation which were reversed by ruxolitinib (82, 83). Taken

together, these studies and our results suggest that modest JAK/STAT activity, is essential for

homeostasis, maturation, and stress adaptation. However, chronic overactivation or complete

pharmacological suppression can both impair cardiac function. The diminished rescue we

observed at higher Itacitinib doses may therefore reflect the loss of necessary adaptive pSTAT1.

Our finding that Desmin expression was preferentially induced in 3D µHT is consistent

with reports that 3D cardiac aggregates show higher Desmin expression than 2D cultures (84).

Like prior work from our team (48, 85) and others (86-88), this highlights that hiPS-CM change

their biology in physiologically relevant culture systems, which can facilitate disease modeling.

Desmin is the major muscle-specific intermediate filament protein in cardiac, skeletal, and smooth

muscle. It forms a 3D scaffold around Z-disks, linking myofibrils to the sarcolemma,

mitochondria, nuclei, and cell junctions. Although not essential for early development (as reflected

in our finding that Desmin is absent in immature cardiomyocytes) it becomes indispensable

postnatally for maintaining structural integrity and function (65).

The mechanical function of Desmin, coupled with the mechanical stresses that hiPS-CM

experience within µHT, suggest that mechanical stress is key to Desmin expression and/or

stability. Desmosomes are likely to be more prevalent in 3D, and Desmin intermediate filaments

directly interface with desmosomes to bear mechanical stress during coordinated contraction.

Recent work shows that desmosome–intermediate filament systems actively facilitate

mechanotransduction at adherens junctions by amplifying tension-sensitive RhoA signaling (89).

Moreover, Desmin has been shown to integrate 3D mechanical properties of muscle by coupling

transverse and longitudinal stress and contributing to load-dependent stiffness and viscoelasticity,

suggesting that its expression is sensitive to mechanical load (90). Thus, the induction of Desmin

expression in 3D µHT may represent an adaptive response to the stress-bearing and

mechanosignaling role of desmosomes, reinforced by ECM-mediated signaling, whereas in 2D

cultures, components of cell-cell junctions, including desmosomes, would be expected to

experience less mechanical loading, thereby requiring less reinforcement from Desmin

intermediate filaments for structural integrity (84, 91, 92).

In summary, our CRYAB-R120G µHT model recapitulates the complex interplay between

Desmin aggregation, PQC exhaustion, altered calcium handling, and inflammation. This positions

DRM as a prototypical model for studying PQC failure and sarcomere degeneration, with our

system offering a versatile platform for dissecting mechanisms and screening therapies in both

inherited and acquired cardiomyopathies.

Compared to prior experimental systems for modeling PQC-associated DRM, our model

has several advantages. First, previous DRM models using transgenic overexpression, which often

required excessive CRYAB levels (28), may have induced artificial protein-protein interactions

(93), whereas our model maintains endogenous gene expression dosage. Second, 3D µHT culture

promotes cardiomyocyte structural maturation, which includes Desmin expression, similar to

findings in previously described, more complex, macroscale engineered heart tissue models (35),

albeit with a requirement for ~20-fold fewer cells per construct, which offers advantages for

screening applications. Third, our data align with prior studies showing that Desmin functions as

a cytoskeletal scaffold critical for cardiomyocyte structural integrity (64, 65), and that its

organization is reinforced under mechanical loading in 3D systems similar to dyn-EHT (35).

Considering that chemotherapy agents such as doxorubicin and bortezomib disrupt PQC by

impairing proteasomal degradation and autophagic flux (94), our model of familial DRM may also

be useful in future studies to identify potential treatments for both genetic and drug-induced

cardiomyopathies involving proteotoxic stress.

Limitations of our µHT model include the short culture duration, and use of a homozygous

genotype rather than the more common heterozygous patient genotype (6). Future studies

incorporating single-cell omics, mitochondrial stress assessment, and heterozygous patient-

derived lines will likely enhance translational relevance, while live imaging of aggregation could

reveal dynamic mechanisms of disease progression.

Methods

iPSC culture and differentiation

Induced pluripotent stem cells with mKate-tagged α-actinin were previously described (95). These

cells were targeted with CRISPR-Cas9 at the Genome Editing and Stem Cell Center at Washington

University School of Medicine to generate homozygous knock in lines to change codon for

expression of arginine to glycine at position 120. We thank the Genome Engineering & Stem Cell

Center (GESC@MGI) at the Washington University in St. Louis for reagent validation services.

The mutation was validated by next generation sequencing and resulting R120G mutation in iPSC.

Isogenic controls (CRYAB-WT-iPSC) and mutant iPSC (CRYAB-R120G-iPSC) were cultured in

MTesR1 media (Fisher Scientific; NC1274780) and gradually adapted to StemFlex media (Life

Technologies; A3349401). During passaging and differentiation, iPSCs were passaged as single

cells using Gentle Dissociation Reagent (PBS with 1.8g/L NaCl and 0.5mM EDTA; (96), and

replated into media supplemented with 10 μM Y27632 (Biogem; 1293823) onto plates coated with

Geltrex (Life Technology; A1413302) at a concentration of 18.75 μg/cm^2. For differentiation,

iPSCs were subjected to timed control over Wnt signaling using small molecules (34, 48). Briefly,

iPSCs were seeded at a density of 40,000 cells/cm^2 onto Geltrex (37.5 μg/cm^2) and expanded for

3 days until confluent in MTeSR or StemFlex media. Next, media was changed to RPMI1640 (Life

Technologies; 11875093) supplemented with 150 μg/ml ascorbic acid (Fisher Scientific;

NC0602549) and 2% B27 without insulin (RPMI-I) (Life Technologies; A1895601) containing 6

μM CHIR99021 (Biogem; 2520691) (differentiation day 0). After 2 days, media was changed to

RPMI-I containing 5 μM IWP2 (Biogem; 6866167). After 2 additional days, media changed to

RPMI-I. On day 6, media was changed to RPMI1640 supplemented with 2% B27 (Life

Technologies; 17504044) (RPMI-C). Thereafter, culture was fed every 2 days with RPMI-C.

Beating cardiomyocytes were typically observed by differentiation day 8. On differentiation day

14, beating cardiomyocyte monolayer were gently dissociated using 10X TrypLE Select Enzyme

(Gibco; A1217701). The single cells were then replated onto Geltrex-coated tissue culture plastic

(37.5 µg/cm^2) at a density of 300,000 cells/cm^2 and cultured in RPMI-C media supplemented with

20% fetal bovine serum (FBS; Fisher Scientific; FB12999102) and 10 µM Y27632 for 24 hours.

At day 15, the media was changed to a lactate-based metabolic selection media (RPMI1640

without glucose (Millipore Sigma; R1383) supplemented with 4mM lactate (Fisher Scientific;

AAL1450014), 1% Non-Essential Amino Acids (Fisher Scientific; 11140050), and 1% Glutamax

(Fisher Scientific; 35050061)). On day 18, the media was replaced with fresh metabolic selection

media. After 6 days culture in metabolic selection media, from day 21 to 24, the media was

gradually changed back to RPMI-C for post-selection recovery. At differentiation days 24-26,

purified hiPS-cardiomyocytes (**Fig. S11 A**) were used for making µHT (**Fig. 1 A**).

Monolayer Study

Purified cells were dissociated and seeded onto Geltrex-coated Permanox chamber slides (Fisher

Scientific; 1256522) at density of 50,000 cells/cm^2. The replating media is RPMI-C with 10 µM

Y27632 and 10% FBS. For maturation media experiment, the media was changed to maturation

media (MM) consist of 125 µM palmitic acid (Fisher Scientific; NC1980206), 125 µM Linoleic

acid, 125 µM oleic acid (Millipore Sigma; L9655), and 5 µM GW0742 (MedChemExpress; HY-

13928) as PPAR-δ agonist in RPMI-without glucose supplemented with 2.8 mM Glucose, and 10

mM Galactose (41, 42). The media was changed to either fresh MM or fresh standard media (SM)

(RPMI-C) every 2 days for 2 weeks.

Device Design

The mold for the platform was designed in Autodesk Fusion 360 to fabricate 48 microwells, each

1.25 mm deep, containing two tapered posts 1 mm in height, with a 270 μm base diameter and a –

2° taper. The posts are capped to retain the tissues on their top, with the caps chamfered at 1° on

both the top and bottom edges while the central portion remains straight (total cap height: 250

μm). The distance between the two posts is kept as 1850 μm. The finalized designs were exported

as .stl files and uploaded to PreForm software for slicing, then printed on a Form 3 printer with a

50 μm layer thickness (**Fig. S2 A, B**).

Device Fabrication

Device fabrication was explained previously (44, 97). Briefly, PDMS microtugs were fabricated

using Hydrogel Assisted Stereolithographic Elastomer prototyping. After getting the master print

from Form 3 printer, devices were washed in dPBS and dried. To create the inverse-shape of the

microtugs, agar (Fisher Scientific; 1.5%wt/v in tap water) was boiled. Triton-X-100 was mixed to

a final concentration of 0.2% during the time it took for the agar to cool below the glass transition

temperature of the 3D prints. After reaching 60°C, the agar/Triton-X-100 mixture was poured onto

the 3D printed part, cooled down, and cross linked for 30 minutes at 4°C. Next, the 3D print was

gently removed from the agar, leaving the agar mold as an inverse shape. Sylgard 184 mixture was

prepared by mixing the crosslinker and base with 1:10 ratio and degassed under vacuum chamber.

In parallel, Sylgard 527 mixture was prepared by mixing part A and part B with 1:1 ratio, then

degassed in the same way. Afterwards, to make the stiff posts with elastic modulus of 2000 kPa

and theoretical bending stiffness of 1.3 N/m, pure Sylgard 184 was poured into the agar mold. In

parallel to make soft posts, Sylgard 184 mixture was mixed with Sylgard 527 mixture with 1:4

ratio, to yield PDMS with elastic modulus of 200 kPa and theoretical bending stiffness of 0.13

N/m. After pouring the PDMS mixture into the agar mold, it was degassed and kept at 37°C oven

overnight. The next day, PDMS devices were removed from agar and underwent final crosslinking

at 60°C overnight.

In the meantime, we fabricated polycarbonate inserts to contain the PDMS devices. Polycarbonate

inserts were created by thermoforming against a tooling mold 3D-printed in high-temperature resin

on a Phrozen Digital Light Printing (DLP) 3D printer as described previously (98). After forming

the polycarbonate inserts, PDMS microtug devices were attached to the inserts using Sylgard 184

as a glue, and the devices were then autoclaved and stored under aseptic conditions until ready for

cell seeding to form μHT.

Surface modification

To reduce the cell attachment to the sterilized PDMS devices, we submerged the devices in 1%

wt/v Pluronic F127 for at least 2 hours at room temperature, followed by 3 washes (five minutes

each) in sterile dPBS.

iPSC-μHT formation and optimization

Purified cardiomyocytes were gently dissociated using 10X TrypLE Select Enzyme (for up to 15

minutes). In parallel, human primary ventricular cardiac fibroblast (Lonza; CC-2904) were

dissociated using 0.25% trypsin EDTA (Fisher Scientific; 25200072) for 5 minutes. A mixture of

5% primary cardiac fibroblast and 95% of iPS-CMs, at a total cell density of 2×10^7 cells/ml were

encapsulated into 1.5 mg/ml collagen I rat tail (Fisher Scientific; A1048301) and 10% v/v Geltrex.

4 μL of this mixture (80,000 cells) was seeded into each 2-post μHT-forming device (**Fig. S2 C**).

The seeded devices were next incubated at 37°C with 5% CO2 for 20 minutes to crosslink

collagen, before the entire culture well was filled with μHT culture media (Knock out DMEM

(Life Technologies; 10829018) supplemented with 20% FBS, 1% Glutamax, 1% Non-essential

Amino Acids, 1% Pen Strep (Fisher Scientific; 15-140-122), 150 µg/ml ascorbic acid and 10 µM

Y27632). Tissue compaction was typically observed within 48 hours (**Fig. S2 C, D**).

Immunostaining

µHTs and monolayers were incubated in 100 mM KCl until cessation of spontaneous beating, and

then step fixed with 1%, 2%, 3% and 4% paraformaldehyde at 4°C, with each fixation step at least

1 hour, and washed in dPBS. These tissues were subsequently used for immunostaining for

sarcomeric α-actinin (Millipore Sigma; A7811), Desmin (Cell Signaling; 5332), and CRYAB

(Enzo Life Science; ADI-SPA-223). Wheat germ agglutinin (WGA) (Fisher; W11261) was used

for staining cell membranes, and cell nuclei were stained with Hoechst 33342. Whole mount tissue

or monolayer stained were mounted in ProLong Gold (99) (Fisher Scientific; P36930) and scanned

using a Fluoview FB1200 confocal microscope (Olympus, Tokyo, Japan). In-house structural

analysis codes are available here: (https://github.com/huebschlab/CardioSpatialAnalysis)

AAV6-driven-ChR2(H134R) and/or RGECO1.2 constructs and transduction

pAAV-CMV-CHR2-eYFP was from Vectorbuilder (VB240118-1580mnz). pAAV-CMV

backbone was generously provided by Dr. Brent French at University of Virginia, Charlottesville,

VA. CMV-R-GECO1.2 was a gift from Robert Campbell (Addgene plasmid #45494;

http://n2t.net/addgene:45494; RRID:Addgene_45494; (100)).

To generate pAAV-CMV-ChR2(H134R)-eYFP-P2A-RGECO1.2 construct, fragments encoding

ChR2(H134R)-eYFP and p2a-RGECO1.2 were PCR-amplified, restriction-digested, and ligated

into the pAAV-CMV backbone using T4 DNA ligase. Adeno-associated virus serotype 6 (AAV6)

particles coding for ChR2(H134R)-eYFP or ChR2(H134R)-eYFP-p2a-RGECO1.2 driven by

CMV promoter were generated by the Hope Center viral vectors core.

For AAV transduction, hiPS-CM monolayers were transduced following metabolic purification at

day 25 (MOI: 5×10^3, yielding ~100% transduction efficiency). Cells were exposed for 6 hours

in infection media (RPMI-C, 2% FBS, 1% Glutamax, 0.1% penicillin-streptomycin, 1% HEPES),

then recovered in culture medium (RPMI-C, 10% FBS, 1% Glutamax, 0.1% penicillin-

streptomycin, 1% HEPES) prior to μHT formation. Resulting μHT robustly expressed the vector,

exhibited RGECO1.2 based Ca^{2+} transient, and could be optogenetically paced by blue light for >

30 days.

High-speed epifluorescence imaging

Physiology of iPSC-μHT at tissue day 10 (corresponding to day 35 of hiPS-cardiomyocytes

differentiation) was analyzed using a high-speed imaging system (Eclipse Ts2R, Nikon; Tokyo,

Japan) equipped with a digital CMOS camera (Hamamatsu ORCA-Flash4.0 V2; Japan). The

imaging stage was set to a constant 37°C temperature using a thermal plate (Tokai Hit; Shizuoka,

Japan). Field pacing of tissue (1 Hz, 20 msec bipolar pulses, <20V) during imaging was achieved

using graphite electrodes (MyoPacer, Ion Optix, USA). 1 Hz field pacing was chosen because it is

slightly above the average spontaneous beating rate of the cardiac tissues. In parallel, instead of

field pacing with graphite electrodes, we used AAV6-ChR2 at MOI of 5,000 to pace the tissues

using GFP blue light. We also used AAV6-ChR2-RGECO1.2 to measure the calcium dynamic

with Texas red light.

Contractility characterization

Open source Beat Profiler software (101) was used to quantify tissue contractility. As an input to

this software, the theoretical bending stiffness of our μHT posts were determined by finite element

model using Ansys software. For soft posts (elastic modulus = 200 kPa), the bending stiffness was

0.13 N/m, corresponding to a 6.5 μN force required for 50 μm deflection. For stiff posts (elastic

modulus = 2000 kPa), the bending stiffness was 1.3 N/m, corresponding to a 65 μN force for 50

μm deflection.

Action potential and calcium measurements

Membrane potential was measured by labeling tissue with 1 μM BeRST-1 voltage sensitive dye

for 5 hours in phenol red free RPMI-C. Action potential waveforms were captured by imaging in

the Cy5 channel. Calcium transients were captured by imaging RGECO1.2 in the Texas red

channel. BeRST-1 and RGECO1.2 videos were analyzed via custom, open-source MATLAB code

(available at: https://huebschlab.wustl.edu/resources-2/; (102)); intensity profile and kinetics

parameters were automatically extracted. For calcium transient dynamics, initial baseline to peak

of the intensity was measured as UPD, times from the peak to 30, 50 and 75% decay of intensity

was characterized as decay30, decay50, and decay70. For action potential waveforms, initial

baseline to peak intensity was measured as UPD, and the time from action potential initiation to

30% decay from peak intensity (APD_{30}), along with the time from action potential initiation to

80% or 90% decay from peak intensity (APD_{80} and APD_{90}, respectively), were measured.

Pharmacology studies

The effect of sarcomeric PQC pathways for pathologic contractility in CRYAB-R120G induced

cardiomyopathy was investigated using pharmacological probes. Bortezomib was chosen as

ubiquitin-proteasome inhibitor (100 nM), and Bafilomycin (10 nM) as lysosome-autophagy

inhibitor. Drugs were first diluted in dimethyl sulfoxide (DMSO), then serial diluted in tissue

culture media with supplements. Before exposure to drug the tissues were imaged for contractility

measurement, then these drugs were used for 48 hours to evaluate the chronic exposure for protein

turnover incubation at 37°C with 5% CO_2 then imaged for contractility again. Finally, we

calculated the contractility index as the ratio of the peak active force after exposing to drugs over

before exposing to drug followed by fixation and immunostaining.

To study the potential impact of JAK/STAT inhibition as a therapy for DRM, we treated µHTs

with 0.1 µM and 1 µM Itacitinib, a JAK1 inhibitor, for 1 week to assess the role of inflammatory

signaling pathways, specifically examining pSTAT1 (Tyr701) and STAT1 levels, fresh drug was

added every day.

Immunoblotting

Soluble and insoluble protein fractions were isolated from µHTs by sequential extraction. Tissues

were first lysed in RIPA buffer (Cell Signaling; 9806) supplemented with 1% NP-40 to extract the

soluble protein fraction, collected as the supernatant following centrifugation. The remaining pellet

was then solubilized in 9 M urea to obtain the insoluble protein fraction. Immunoblotting was

performed as previously described (18). Specific antibodies are as follows: CRYAB (Enzo Life

Science; ADI-SPA-223), pSTAT1(Tyr701; Cell Signaling; 58D6), STAT1 (Thermo Fisher;

AHO0832), GAPDH (Abcam; ab22555), and Histone 3 (Cell Signaling; 9715).

Quantification and statistical analysis

GraphPad 9.3.1 was used for statistics and data visualization. Data are presented with mean ±

standard deviation (*SD*), and are pooled from µHT (or 2D monolayers) from at least 3 independent

differentiation batches. For quantitative analysis, data were first assessed for normality using

Normality and Lognormality tests. If datasets were normally distributed, comparisons between

two groups were performed using a parametric Student's t-test, and comparisons among multiple

groups were analyzed using parametric one-way ANOVA followed by Holm–Šidák post hoc test

for multiple comparisons. If datasets were not normally distributed, a non-parametric Mann–

Whitney U test was used for two-group comparisons, and one-way ANOVA with Dunn's

correction was applied for multiple group comparisons. When two independent variables were

compared, data were analyzed using two-way ANOVA followed by Holm–Šidák post hoc test. All

statistical analyses were performed as two-tailed tests unless otherwise specified.

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Figure 1

Figure 1. Culture within 3D µHT triggers Desmin expression in hiPS-CM. (A) Schematic of
the experimental timeline for generating 3D µHT from hiPS-CMs. Cells were differentiated from
hiPSCs (D0–D14), purified by metabolic selection (D14–D25), and seeded into 3D µHT devices
for culture from D25–D35 before analysis. **(B)** Representative brightfield images of µHTs from

top and front views on PDMS posts, alongside schematic micrograph of the post geometry with

and without tissue load. Scale bars: 1mm. **(C)** Immunofluorescence staining for α-actinin (red),

Desmin (green), and Hoechst (blue) in either 2D with SM or MM and μHTs cultured on soft (E =

200 kPa) or stiff (E = 2000 kPa) posts. Scale bars: 50 μm. **(D)** Wide-field view of the whole-mount

immunostaining for Desmin in 3D μHTs cultured on stiff posts. Scale bar: 500 μm. **(E)**

Representative images showing crystal growth from nuclear segmentation for cell shape analysis:

raw Hoechst stain (1), nuclei with red outlines (2), enlarging the cell boundary (3), and overlaid

segmentation boundaries (4). **(F)** Quantification of estimated cell area from nuclei-stained μHTs,

showing significantly increased cell area on stiff posts compared to soft posts; Data are presented

as mean ± *SD*; n values represent individual cells pooled from 3 independent differentiation

batches; *P* values by unpaired Student t-test, non-parametric, Mann-Whitney test; ** $p < 0.01$. **(G)**

Quantification of the percentage of Desmin-positive cells comparing 2D cultured in either SM or

MM with 3D μHTs within soft and stiff posts; Data are presented as mean ± *SD*; n values represent

individual 2D monolayers or individual μHTs pooled from 3 independent differentiation batches;

P values by one-way ANOVA, non-parametric, Kruskal Wallis test; **** $p < 0.0001$, ns = not

significant. **(H)** Quantification of the percentage of Desmin-positive area per cell in 3D μHTs,

revealing a significant increase in Desmin-positive area per cell on stiff posts. Data are presented

as mean ± *SD*; n values represent individual cells pooled from 3 independent differentiation

batches. *P* values by unpaired t-test, non-parametric, Mann-Whitney test; * $p < 0.05$. **(I)**

Quantification of the percentage of clustered Desmin-positive cells in 3D μHTs compared to

simulations of complete spatial randomness (CSR). Observed (Obsv) distributions showed

significantly higher clustering than CSR, supporting a non-random, localized expression of

Desmin-positive hiPS-CMs. Data are presented as mean ± *SD*; n values represent individual μHTs

pooled from 3 independent differentiation batches. P values by unpaired Student t-test, parametric

**** $p < 0.0001$.

Figure 2

Figure 2. CRYAB-R120G mutation promotes Desmin aggregation and increases CRYAB accumulation in 3D µHT. (A) Immunofluorescence staining for α-actinin (red), Desmin (green), and Hoechst (blue) in CRYAB-WT-µHT and CRYAB-R120G-µHT at day 35. Arrows indicate regions of Desmin aggregation in CRYAB-R120G-µHTs. Scale bars: 50 µm (merged images), 20 µm (zoom-in). **(B, C)** Quantification of Desmin expression and aggregation in µHTs. **(B)** The percentage of total tissue area occupied by Desmin-positive staining was measured across µHTs. No significant difference was observed between WT and CRYAB-R120G µHTs. **(C)** The percentage of Desmin-positive area in aggregation form was calculated relative to the total Desmin-positive area. CRYAB-R120G µHTs showed a significantly higher proportion of aggregated Desmin compared to WT. Data are presented as mean ± *SD*; n values represent individual µHT pooled from 3 independent differentiation batches. *P* values were determined by unpaired Student's t-test, parametric; ** $p < 0.01$. **(D)** Quantification of estimated cell area from nuclei-stained µHTs demonstrate significantly higher estimated cell area in CRYAB-R120G mutant µHTs compared to isogenic controls, consistent with a hypertrophic phenotype in this mutation. Data are presented as mean ± *SD*; n values represent individual cells pooled from 3 independent differentiation batches. *P* values were determined by unpaired Student's t-test, non-parametric, Mann–Whitney test; **** $p < 0.0001$. **(E)** Immunofluorescence staining for α-actinin (red), CRYAB (yellow), and Hoechst (blue) in CRYAB-WT-µHT and CRYAB-R120G-µHT. Arrow indicates region of CRYAB accumulation in CRYAB-R120G-µHTs. Scale bars: 50 µm. **(F)** Quantification of mean CRYAB fluorescence intensity per cell, showing a significant increase in CRYAB levels in CRYAB-R120G-µHTs compared to WT. Data are presented as mean ± *SD*; n values represent individual cells pooled from ≥3 independent differentiations. *P* values by unpaired t-test, non-parametric, Mann-Whitney test; **** $p < 0.0001$.

Figure 3

Figure 3. CRYAB-R120G mutation reduces contractile performance of 3D μHTs. (A-D) Soft

post condition (E = 200 kPa). **(A)** Schematic of 3D μHT on soft PDMS posts. **(B)** Representative

force–time traces for CRYAB-WT and CRYAB-R120G µHTs. Quantification of **(C)** peak active

force and **(D)** contraction speed, showing significantly impaired contractility in CRYAB-R120G

µHTs compared to WT. Data are presented as mean ± *SD*; n values represent individual µHT

pooled from ≥3 independent differentiations. *P* values by unpaired t-test, non-parametric, Mann-

Whitney test; **** $p < 0.0001$, ** $p < 0.01$. **(E-H)** Stiff post condition (E = 2000

kPa). **(E)** Schematic of 3D µHT on stiff PDMS posts. **(F)** Representative force–time traces for

CRYAB-WT and CRYAB-R120G µHTs. Quantification of **(G)** peak active force and **(H)**

contraction speed, showing a pronounced contractility deficit in CRYAB-R120G µHTs similar to

µHT cultured within soft posts. Data are presented as mean ± *SD*; n values represent individual

µHT pooled from ≥3 independent differentiations. *P* values by unpaired t-test, non-parametric,

Mann-Whitney test; **** $p < 0.0001$. **(I)** Heatmap of contractile and mechanical parameters across

conditions, including peak active force, contraction speed, relaxation speed, peak deflection,

passive tension, active and passive stress, and peak work per contraction cycle. All values were

normalized to the mean value of the WT soft condition, with darker purple indicating higher

normalized values.

Figure 4

Figure 4. The CRYAB-R120G mutation increases vulnerability of μHT to ubiquitin-proteasome and lysosome-autophagy inhibitors. (A) Immunofluorescence staining for α-actinin (red), Desmin (green), and Hoechst (blue) in CRYAB-WT-μHT and CRYAB-R120G-μHT treated with 100 nM bortezomib for 48 hours. Arrows indicate regions of sarcomeric disruption and Desmin aggregation. Zoom-in panels show that bortezomib treatment induces Desmin aggregation in both WT and CRYAB-R120G μHTs, with additional sarcomeric disorganization in CRYAB-R120G tissues. Scale bars: 50 μm (merged images), 20 μm (zoom-in). **(B)** Immunofluorescence staining for α-actinin (red), Desmin (green), and Hoechst (blue) in CRYAB-WT-μHT and CRYAB-R120G-μHT treated with 10 nM bafilomycin for 48 hours. Zoom-in panels show that bafilomycin treatment induces Desmin aggregation in CRYAB-R120G μHTs but not in CRYAB-WT μHTs, with preserved sarcomeric structure in isogenic controls. Scale bars: 50 μm (merged images), 20 μm (zoom-in). Contractility index in CRYAB-WT and CRYAB-R120G μHTs treated with **(C)** bortezomib or **(D)** bafilomycin (ratio of peak active force post-/pre-treatment). Both treatments significantly reduced contractility in CRYAB-R120G μHTs compared to WT. Data are presented as mean ± *SD*; n values represent individual μHTs pooled from ≥2 independent differentiations. *P* values by unpaired t-test, parametric; * $p < 0.05$.

Figure 5

Figure 5. The CRYAB-R120G mutation impairs calcium handling in 3D μHTs. (A-D) Voltage measurements using BeRST-1 dye. **(A)** Representative image of μHT loaded with BeRST-1 (voltage dye). **(B)** Representative corrected BeRST-1 intensity traces from CRYAB-WT and CRYAB-R120G μHTs. Quantification of **(C)** upstroke velocity measured by normalized background-corrected BeRST-1 signal intensity ($\Delta F/F_0$) over upstroke duration time and **(D)** action potential duration at 90% repolarization (APD_{90}). CRYAB-R120G μHTs show significantly reduced action potential amplitude with no significant change in APD_{90}. **(E-H)** Calcium measurements using AAV6-RGECO1.2. **(E)** Representative image of μHT expressing RGECO1.2 (genetically encoded Ca^{2+} sensor). **(F)** Representative corrected RGECO1.2 intensity traces from CRYAB-WT and CRYAB-R120G μHTs. Quantification of **(G)** upstroke velocity measured by normalized background-corrected RGECO signal intensity ($\Delta F/F_0$) over upstroke duration time and **(H)** Ca^{2+} decay time to 75% of peak. CRYAB-R120G μHTs show significantly reduced Ca^{2+} transient amplitude and prolonged decay kinetics. **(I)** Heatmap of normalized electrophysiological and Ca^{2+} handling parameters, including AP amplitude ($\Delta F/F_0$), APD_{90}, APD_{30}, AP upstroke duration (AP UPD), AP upstroke velocity (AP UP velocity), Ca^{2+} amplitude ($\Delta F/F_0$), Ca^{2+} decay times (75%, 50%, 30% of peak), Ca^{2+} UPD, and Ca^{2+} upstroke velocity (UP velocity). All values are normalized to the mean WT values, with darker purple indicating lower relative values. Data are presented as mean ± *SD*; n values represent individual μHT pooled from ≥3 independent differentiations. *P* values by unpaired t-test for parametric data (APD_{90}) and Mann–Whitney test for non-parametric data (BeRST upstroke velocity, RGECO upstroke velocity, and Ca^{2+} decay). **** $p < 0.0001$, * $p < 0.05$, ns = not significant. **(J)** Normalized Force–frequency relationship in CRYAB-WT and CRYAB-R120G μHTs paced from 1 to 3.5 Hz, showing a pronounced negative force–frequency response in CRYAB-R120G μHTs. Values are normalized to the mean WT peak

811   active force at 1 Hz pacing. Data are presented as mean ± *SD*; n values represent individual µHT

812   pooled from one differentiation. Data were analyzed by two-way ANOVA, followed by Holm–

813   Šidák's multiple comparison test.

Figure 6

Figure 6. Itacitinib reduces STAT1 activation but does not fully rescue contractility deficit in CRYAB-R120G μHTs. (A) Schematic of the experimental timeline for treating μHTs with

Itacitinib. hiPS-CMs were metabolically purified (D14–D25) after differentiation, seeded into 3D

µHT devices (D25–D35), and treated with 0.1 and 1 µM Itacitinib and vehicle control from D35–

D42 before analysis. **(B)** µHTs were lysed using RIPA buffer with 1% NP-40 into soluble and

insoluble fractions. **(C)** Representative immunoblots of soluble fractions showing dose-dependent

reduction in phosphorylated STAT1 (pY701) in both CRYAB-WT and CRYAB-R120G µHTs

following treatment with 0.1 or 1 µM Itacitinib, with total STAT1 unchanged. Soluble CRYAB

levels were higher in CRYAB-R120G µHTs compared to CRYAB-WT across all conditions.

GAPDH was used as a loading control; Ponceau S staining shown as reference. **(D)** Representative

immunoblots of insoluble fraction containing aggregates/nuclear/myofilament fractions showing

dose-dependent reduction of phosphorylated STAT1 with Itacitinib treatment, while total STAT1

levels remained unchanged. CRYAB accumulated at higher levels in insoluble fractions of

CRYAB-R120G µHTs, regardless of treatment. Histone H3 was used as a loading control;

Ponceau S staining shown as reference. Blots are representative of 2 individual differentiation

batches. Contractility index (ratio of peak active force post-/pre-treatment at the same µHT) treated

with vehicle control, 0.1 µM, and 1 µM Itacitinib paced at **(E)** 1 Hz and **(F)** 2 Hz frequency. 0.1

µM Itacitinib partially rescued contractility at 2 Hz; however, 1 µM Itacitinib worsened

contractility. Data are presented as mean ± *SD*; n values represent individual µHTs pooled from

≥2 independent differentiations.

Data were analyzed by two-way ANOVA, followed by Holm–Šidák's multiple comparison test.

**** $p < 0.0001$, *** $p < 0.001$, ** $p < 0.01$, ns = not significant.

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