

Supplementary material

Functional Characterization of Human Induced Pluripotent Stem Cell-Derived Endothelial Cells

Xuehui Fan^{1,2,3}, Lukas Cyganek^{4,5}, Katja Nitschke⁶, Stefanie Uhlig⁷, Philipp Nuhn⁶, Karen Bieback⁷, Daniel Dürschmied^{1,3}, Ibrahim El-Battrawy^{1,3,9}, Xiaobo Zhou^{1,2,3*} and Ibrahim Akin^{1,3}

¹Department of Cardiology, Angiology, Hemostaseology and Medical Intensive Care, Medical Faculty Mannheim, University Medical Centre Mannheim (UMM), Heidelberg University, 68167 Mannheim, Germany; Xuehui.Fan@medma.uni-heidelberg.de (X.F.); daniel.duerschmied@medma.uni-heidelberg.de(D.D.); Ibrahim.elbattrawy2006@gmail.com (I.E.-B.); Ibrahim.Akin@umm.de (I.A.)

²Key Laboratory of Medical Electrophysiology, Ministry of Education and Medical Electrophysiological Key Laboratory of Sichuan Province, Collaborative Innovation Center for Prevention of Cardiovascular Diseases, Institute of Cardiovascular Research, Southwest Medical University, 646000 Luzhou, Sichuan, China

³European Center for AngioScience (ECAS) and German Center for Cardiovascular Research (DZHK) partner site Heidelberg/Mannheim, 68167 Mannheim, Germany

⁴DZHK (German Center for Cardiovascular Research), Partner Site, 37075 Göttingen, Germany

⁵Stem Cell Unit, Clinic for Cardiology and Pneumology, University Medical Center Göttingen, 37075 Göttingen, Germany; lukas.cyganek@gwdg.de

⁶Department of Urology and Urosurgery, Medical Faculty Mannheim, Heidelberg University, 68167 Mannheim, Germany; katja.nitschke@umm.de (K.N.); philipp.nuhn@medma.uni-heidelberg.de (P.N.)

⁷Flow Core Mannheim Medical Faculty Mannheim, Heidelberg University, 68167 Mannheim, Germany; Stefanie.Uhlig@medma.uni-heidelberg.de (S.U.); Karen.Bieback@medma.uni-heidelberg.de (K.B.)

⁸Institute of Transfusion Medicine and Immunology, Medical Faculty Mannheim, Heidelberg University, 68167 Mannheim, Germany

⁹Bergmannsheil Bochum, Medical Clinic II, Department of Cardiology and Angiology, Ruhr University, 44789 Bochum, Germany

Address for correspondence:

Xiaobo Zhou, MD.

First Department of Medicine, University Medical Centre Mannheim,
Theodor-Kutzer-Ufer 1-3, 68167 Mannheim, Germany.

Phone: 0049-621-383-1448. Fax: 0049-621-383-1474.

E-mail: xiaobo.zhou@medma.uni-heidelberg.de.

Supplementary Table S1. List of genes, RefSeq numbers and primers for qPCR.

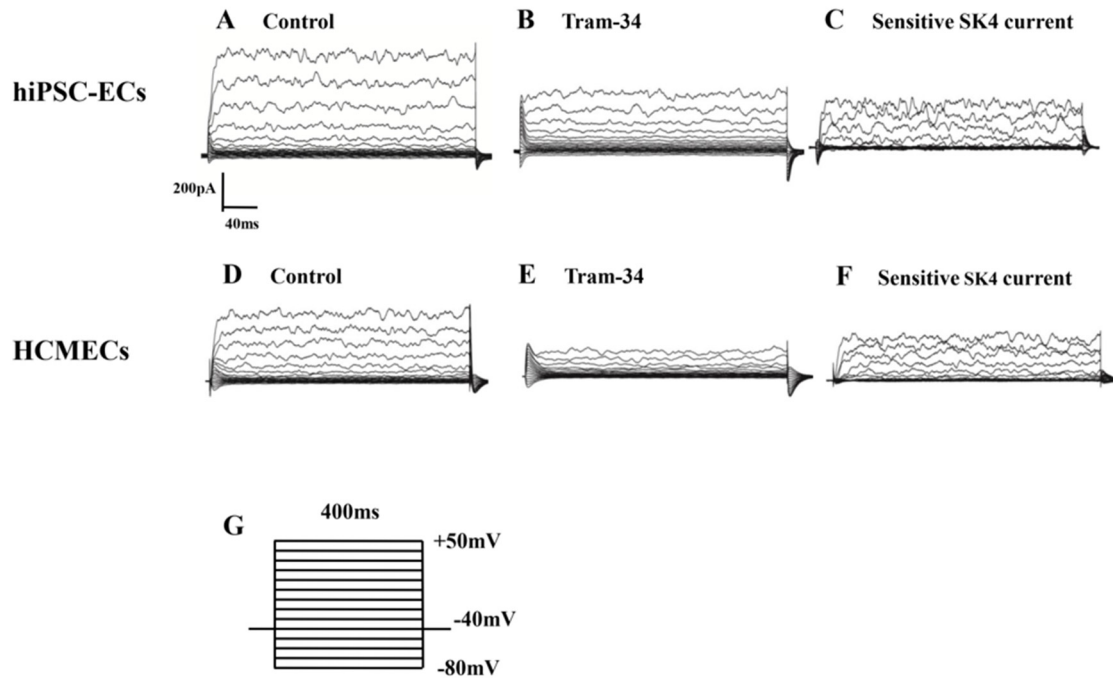
Gene symbol	RefSeq No.	Company
ABCC8 (KATP, beta-subunit SUR1)	NM_000352	Qiagen
ADRA1A	NM_033303	Qiagen
ADRA2A	NM_000681	Qiagen
ADRB1	NM_000684	Qiagen
ADRB2	NM_000024	Qiagen
CHRM2	NM_000739	Qiagen
CHRM3	NM_000740	Qiagen
HCN2	NM_001194	Qiagen
HCN4	NM_005477	Qiagen
KCNN2 (SK2)	NM_021614	Qiagen
KCNN4	NM_002250	Qiagen
KCNQ1 (I _{Ks} , Kv7.1)	NM_000218	Qiagen
SLC8A1 (NCX1)	NM_021097	Qiagen
TRPV2	NM_016113	Qiagen
KCNJ2	NM_000891	Qiagen
KCNMA1	NM_002247	Qiagen
ADRA1A	NM_033303	Qiagen
ADRA2A	NM_000681	Qiagen
ADRB1	NM_000684	Qiagen

ADRB2	NM_000024	Qiagen
CHRM2	NM_000739	Qiagen
CHRM3	NM_000740	Qiagen
DRD1	NM_000794	Qiagen
DRD2	NM_000795	Qiagen
DRD3	NM_033660	Qiagen
DRD4	NM_000797	Qiagen
DRD5	NM_000798	Qiagen
GNAS	HP101598	Sino Biological

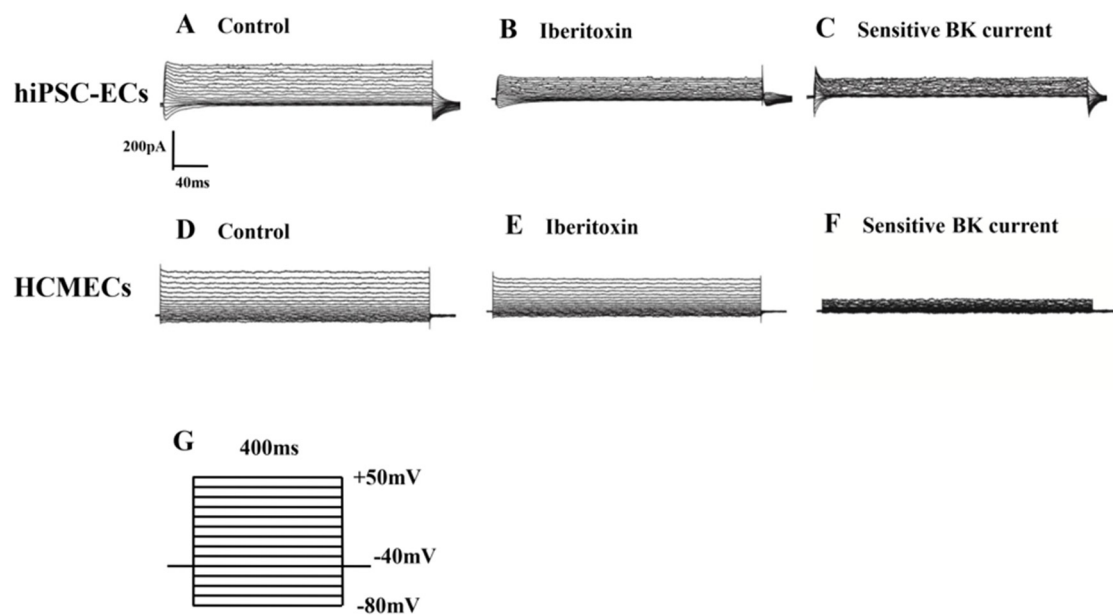
Supplementary Table S2. Primer sequences used

Gene	Forward primer (5'-3')	Reverse primer (5'-3')
KCNN1	CAGCATCTCCTCCTGGATCAT	GCTGGTCACTTCCTGCTTGTC
KCNN3	GCCAACACTCTGGTGGACCT	GTTGAAGCTGGCGGTGAGAT
AT1 receptor	GCCCTTTGGCAATTACCTATGT	CGTGAGTAGAAACACACTAGCGT
AT2 receptor	CCGCATTAACTGCTCACACA	ATCATGTAGTAGAGAACAGGAATT G CTT
GNA11	GATCCTCTACAAGTACGAGCAG AAC	ACTGATGCTCGAAGGTGGTC
Gai2	CTTGCTGAGATGCTGGTAATG G	CTCCCTGTAAACATTTGGACTTG
GNAQ	GACTACTTCCCAGAATATGATG GAC	GGTTCAGGTCCACGAACATC
PECAM1	ATTGCAGTGGTTATCATCGGAG TG	CTCGTTGTTGGAGTTCAGAAGTGG
CDH5	AGACACCCCCAACATGCTAC	GCAAACCTCTCCTTGGAGCAC
VWF	GGGGTCATCTCTGGATTCAAG	TCTGTCCTCCTCTTAGCTGAA

Figure legends

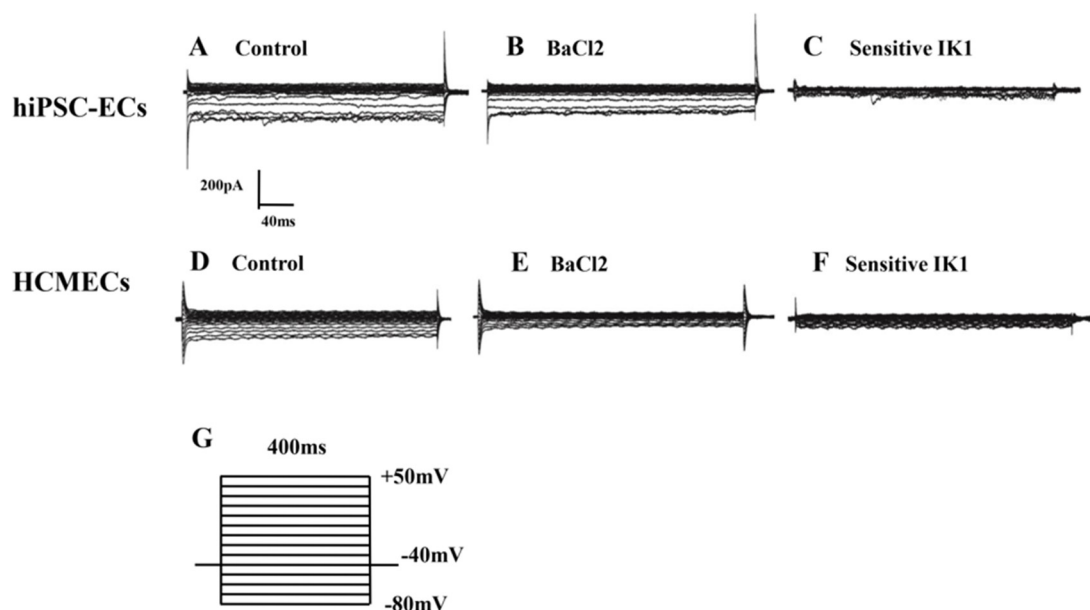


Supplementary Figure S3. SK4 currents in hiPSC-ECs and HCMECs. Membrane currents were recorded using the protocol shown in G. Tram-34 (1 μ M), a specific blocker of SK4, was used to separate I_{SK4} from other currents. (A) Representative current traces in the absence of Tram-34 (control) in hiPSC-ECs. (B) Representative current traces after application of Tram-34 in hiPSC-ECs. (C) Tram-34 sensitive currents (I_{SK4}) in hiPSC-ECs. (D) Representative current traces in the absence of Tram-34 (control) in HCMECs. (E) Representative current traces after application of Tram-34 in HCMECs. (F) Tram-34 sensitive currents (I_{SK4}) in HCMECs. (G) The protocol for recording currents. The holding potential was -40 mV, test potentials ranged from -80 mV to +50 mV for 400 ms.

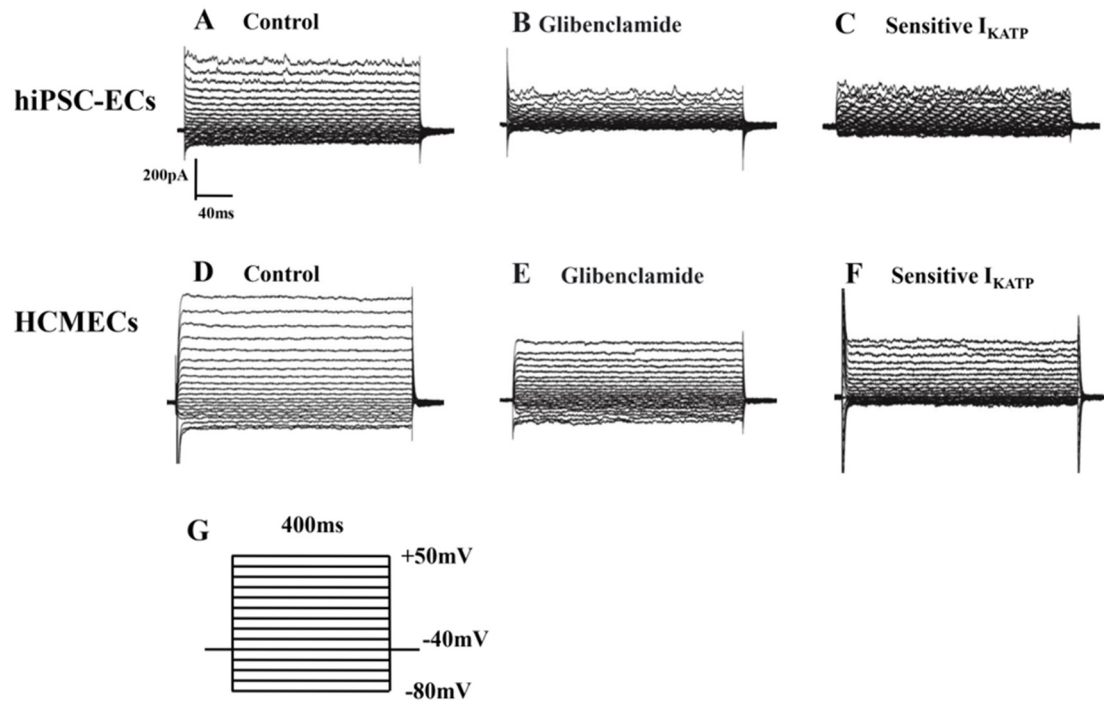


Supplementary Figure S4. BK currents in hiPSC-ECs and HCMECs. Membrane currents were

recorded using the protocol shown in G. Iberitoxin (100 nM), a specific blocker of BK current (I_{BK}), was used to separate I_{BK} from other currents. (A) Representative current traces in the absence of iberitoxin (control) in hiPSC-ECs. (B) Representative current traces after application of iberitoxin in hiPSC-ECs. (C) Iberitoxin sensitive currents (I_{BK}) in hiPSC-ECs. (D) Representative current traces in the absence of iberitoxin (control) in HCMECs. (E) Representative current traces after application of iberitoxin in HCMECs. (F) Iberitoxin sensitive currents (I_{BK}) in HCMECs. (G) The protocol for recording currents. The holding potential was -40 mV, test potentials ranged from -80 mV to +50 mV for 400 ms.



Supplementary Figure S5. I_{K1} in hiPSC-ECs and HCMECs. Membrane currents were recorded using the protocol shown in G. BaCl₂ (100 μ M), a blocker of I_{K1} current, was used to separate I_{K1} from other currents. (A) Representative current traces in the absence of BaCl₂ (control) in hiPSC-ECs. (B) Representative current traces after application of BaCl₂ in hiPSC-ECs. (C) BaCl₂ sensitive currents (I_{K1}) in hiPSC-ECs. (D) Representative current traces in the absence of BaCl₂ (control) in HCMECs. (E) Representative current traces after application of BaCl₂ in HCMECs. (F) BaCl₂ sensitive currents (I_{K1}) in HCMECs. (G). The protocol for current recording, with a holding potential of -40 mV and test potentials ranging from -120 mV to +50 mV for 400 ms.



Supplementary Figure S6. I_{KATP} in hiPSC-ECs and HCMECs. Membrane currents were recorded using the protocol shown in G. Glibenclamide (10 μ M), a blocker of I_{KATP} current, was used to separate I_{KATP} from other currents. (A) Representative current traces in the absence of glibenclamide (control) in hiPSC-ECs. (B) Representative current traces after application of glibenclamide in hiPSC-ECs. (C) Glibenclamide sensitive currents (I_{KATP}) in hiPSC-ECs. (D) Representative current traces in the absence of glibenclamide (control) in HCMECs. (E) Representative current traces after application of glibenclamide in HCMECs. (F) Glibenclamide sensitive currents (I_{KATP}) in HCMECs. (G). The protocol for current recording, with a holding potential of -40 mV and test potentials ranging from -120 mV to +50 mV for 400 ms.