**Introduction**

About 610,000 people die of cardiovascular disease in the United States every year (CDC. 2017). It is the leading cause of death in the United States and is responsible for 17% of the United States’ national health costs (Heidenreich, et al. 2011). It is imperative to find better and more effective solutions to combat Cardiovascular disease in the United States to save lives and money. One possible solution to combat Cardiovascular disease is to harness a form of heart regeneration similar to that of zebrafish and apply that to humans. Unfortunately, injury to the human heart does not regenerate but rather results in scarring (Laflamme and Murry. 2017). Unlike humans, many lower vertebrates, like zebrafish, when injured, are able to regenerate limbs, appendages or internal organs. The Zebrafish is a perfect model organism to use for this study because they are one of the few organisms that possess the unique ability of cardiac regeneration (Lepilina et al. 2006). Zebrafish hearts are able to fully regenerate following cardiac injury of which corresponds to a loss of approximately 20% of the total ventricular mass. In the low-pressure fish heart, this large wound is effectively sealed by an initial fibrin clot, which is gradually replaced by de novo regenerated heart tissue (Laflamme and Murry. 2017). Conveniently, zebrafish are also transparent in the embryo stage which makes it very easy to study heart development or heart regeneration. The T-box family of transcription factors is a group of genes that play important roles in development of both vertebrate and invertebrate embryos (Smith. 1999). These T-box genes take part in controlling gastrulation, development of arms or legs, and the development of the heart. Mutations in these transcription factors are known to cause heart defects and can inhibit development (Horb et al. 1999). There are about 14 different t-box genes. This study will focus only on the t-box gene, tbx5, because it has already been extensively studied and known to be one of the few t-box genes expressed in developing of the heart, tbx20 being the other.

A dominant negative mutation is a type of mutation that alters the protein so that it interferes with the function of the wild-type protein produced by the other allele (Veitia. 2007). For example, **Figure 1** shows a normal Genotype vs a Dominant Negative Genotype. Within these Punnett squares, the **A** represents receptors, ligands, transcription factors, RNA or a protein that functions as a dimer. The **A’** represent the poisoned or mutated dimers. **Figure 1** illustrates that the dominant negative

**Figure1.** Veitia RA., 2007

genotype will produce only 25% of the desired dimer. This can produce damaged binding or signaling sites that greatly decrease the function of the receptors, ligands, transcription factors, or RNA. However, in the case of tbx5, the dominant negative protein could conceivably interfere with the wild-type protein by competing for binding of DNA regulatory elements of target genes.

Tbx5 is directly involved in the initiation of vertebrate limb and heart development (Takeuchi, et al). The expression of the Tbx5DN before development of the heart can begin would likely kill the zebrafish (Smith. 1999). Before the Tbx5DN can be expressed, the zebrafish need to survive till the adult stage which is about 60 days post fertilization (dfp). In order to do so, a process called Cre-lox recombination that allows temporal control of when the Tbx5DN is expressed can be performed. In this study, through the use of the Dominant Negative Tbx5, we will determine if the transcription factor, Tbx5, is necessary for zebrafish myocardial regeneration in response to surgical injury.

**Experiment**

The zebrafish which contain the cmlc2-creEr transgene and the zebrafish embryos will be purchased from the zebrafish international research center. The Dominant negative Tbx5 will be created similarly if not identically to the Dominant negative gata4 that was created in Jiang et al (1999)’s experiment. The tbx5 Dominant Negative can be constructed using standard cloning procedures by ligating a repressor domain of the *Drosophila Engrailed* gene to the tbx5 sequence. Once the transgene has been constructed, it is then injected into the zebrafish embryos thus obtaining the transgenic line (bactin2:loxP-mTagBFP-STOP-loxP-mCherry-2a-EnR-tbx5). Due to the low frequency of transgenesis when DNA alone

is injected into the one-cell stage embryo, the transgene construct is designed with recognition sites for I-SceI and co-injected with this enzyme. In other words, linearizing a circular plasmid. As shown by the circular DNA in **Figure3.**, I-SceI is a meganuclease that cuts both strands of the DNA at its recognition site, maintaining it in linear form and thus increasing the transgenesis frequency. After the dominant negative is constructed, injected into the embryos, and the fish successfully reach the adult stage (60 dpf), The cre zebrafish and tbx5DN transgenic line zebrafish will then be bred together. The offspring are then separated into three categories: cmlc2-creEr zebrafish, lox-tbx5DN zebrafish, or a combination of both genetic traits. The cmlc2-creEr zebrafish and lox-tbx5DN zebrafish will serve as the control groups. The combined traits, Cre-Lox zebrafish will serve as the treatment group. An attempt to induce the combined traits zebrafish to express the tbx5DN (Dominant negative tbx5) will then be performed through cre-lox recombination.

 Crelox Recombination is a process that functions at the chromosomal level. This process attaches the protein, Cre, to the loxP sites which then excises or removes the STOP sequence, allowing the Tbx5DN to be expressed. The cmlc2 or Cardiac Myosin Light Chain 2 promoter is what gives spatial control and restricts Cre to the heart. However, this process can only be achieved through the distribution of the hormone, 4-hydroxytamoxifen. The ER in CreER is the hormone binding domain of the estrogen receptor, which causes the fusion protein (CreER) to be regulated in the same way as the native estrogen receptor. The CreER will be confined to the cytoplasm unless the 4-hydroxytamoxifen hormone



(4HT) is present. Because of this, we can choose to wait 60 days to let the fish reach the adult stage and fully develop their hearts before adding the 4HT hormone into the water. When the 4HT is injected into the water, the hsp90 protein dissociates from CreEr which allows the CreEr to enter the nucleus, excise at the loxP sites, remove the stop cassette, then induce the expression of Tbx5DN. This then allows the experimentation on adult zebrafish heart regeneration without them dying before the experiment can be carried out.

**Figure3.**

After the dominant negative has been expressed, ventricular resection surgeries will be conducted to surgically injure the heart. About 20% of the ventricular muscle will be taken from the

apex with iridectomy scissors (Lepilina, et al. 2006). We will then allow the fish 1-2 months to attempt to regenerate the cardiac muscle. After 1-2 months, we will then proceed to look for regeneration or scarring of the myocardial tissue. The zebrafish will first be euthanized by immersion in MS-222 (tricaine) at 2 g/L water. To prevent any decomposition of the organs, the heart will be fixed by perfusing or flushing the heart with phosphate buffered formalin for 24 hours. Before the tissue can be viewed under a slide, Cryosectioning will be performed. The temperature of the tissue will first be equilibrated to the temperature of the cryostat which is about -20°C. The tissue will then be placed onto the cryostat specimen disk. Sections of about 5 µm thick will be cut, placed on a Fisher Superfrost slide, and dried overnight at room temperature (RT). The slides will then fixed by immersion in cold acetone (-20°C) for 2 minutes, air dried at RT and proceed to be stained. Acid Fuchsin-Orange G staining and immunofluorescence will be performed on 10-12 µm cryosections. This then enables the ability to distinguish the difference between muscle and callogen. This is illustrated in **Figure 5.** All animal procedures will be performed in accordance with Virginia Commonwealth University guidelines.

**Discussion**

After the experiment, if all goes well, one of two things can happen. If the resected hearts scar instead of regenerate, this indicates that tbx5 is not is not necessary for myocardial regeneration. If the resected hearts regenerate sucessfully when expressing the tbx5DN, this indicates that tbx5 is not necessary for myocardial regeneration.

From Gupta experiment, we can predict that when the Dominant negative is expressed within the juvenile zebrafish, their hearts do not develop properly and causes the zebrafish survival rate to drop. **Figure 5** illustrates sections of the 30 days post amputation (dpa) ventricular wall. The top half of **Figure 5** represents the control (non-induced zebrafish), whereas the bottom half represents what might be observed in an induced zebrafish that expresses tbx5DN. The Gupta paper researchers found that the control zebrafish had their

**Figure5.** Gupta et al, 2013

ventricular walls intact after 30 dpa. Contrast to the control group, the induced fish developed scarring on the ventricular wall. If this result is present after the experiment has been conducted then it is safe to state that Tbx5, is necessary for heart regeneration in response to surgical injury. If this is not seen after the experimental procedure, then we know that tbx5 is only necessary for development. A potential problem with this experiment could be the possible difference between expressing a dominant-negative tbx5 versus a conditional knockout of tbx5. This is probably the way this experiment would have been conducted in mice -- instead of using cre-lox to induce expression of a transgene one could use it to induce excision of the endogenous gene, if that gene is flanked by loxP sites. It's straightforward to modify the endogenous gene in this way in mice, but the methods for doing this in zebrafish and xenopus haven't been worked out yet. This is why people use the dominant negative approach in those particular organisms. Another potential problem is if the conditional knockout approach was conducted in zebrafish and a different result from the dominant negative approach emerged. Tbx5DN might be inhibiting tbx5, however, tbx20, another t-box gene that shares some target genes with tbx5 could be the one expressed in the heart. Which would be the "real" result?

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