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Automatic estimation of hNa_v1.5 channel inactivation improves pharmacological evaluation using the new adaptive protocol feature on Qube

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Introduction

The human sodium channel hNa_v1.5, encoded by the SCN5A gene, is crucial for the cardiac action potential upstroke and subsequent signal propagation in the heart. Inhibition of the sodium current by drugs decreases the rate of cardiomyocyte depolarization and the conduction velocity which may lead to serious implications. For these reasons, off-target effects on hNa_v1.5 are considered a risk marker for drug candidates and the hNa_v1.5 is one of the most used *in vitro* assays in cardiac safety testing and is also one of the most important currents in the CiPA paradigm.



Several drugs, known to inhibit the hNa_v1.5 channel, are either use- or state-dependent and preferentially bind to the open and inactivated state, respectively. When experimenting on voltage-gated ion channels, it is imperative that the voltage applied to the cells is accurate. This is especially important when testing state-dependent compounds. In order to determine compound activity in the most accurate way, all tested cells should have an identical degree of inactivation, a state that will not be achieved by using the same voltage to all experiment sites but rather individual voltages adjusted to the cell's individual biophysical properties need to be applied.

The Qube, as well as the new QPatch II, are high-throughput automated patch clamp platforms, suitable for studying a wide range of ion channels. Both systems are equipped with the option to run online adaptive protocols, which makes it possible to set each individual cell to a user-defined level of inactivation, e.g. the half-inactivation potential ($V_{\frac{1}{2}}$) and use that value subsequently in e.g. a preconditioning pulse. Applying this new adaptive protocol feature, we determined Na_v1.5 IC₅₀ values for both the open and the inactivated state for a set of known sodium channel inhibitors. We could show that the use of individual V_{ν_2} reduces data variability compared to standard methods and thereby improves the accuracy of drug evaluation.

Conclusions

Here we show how the use of an adaptive protocol with individual V_{1/2} values for each cell significantly decreases the variability of the relative current compared to the traditional method where all cells are depolarized from an ensemble average $V_{1/2}$ value.

As a consequence, the new adaptive protocol enables increased control of the state that voltage-gated channels are in during an experiment, leading to improved data quality when testing compounds using the 384-well high throughput automated patch clamp platform Qube as shown here, or on the new QPatch II instrument which carries the same features.

Fig. 1: Use of adaptive V_{1/2} of inactivation in an experimental protocol. A. V_{1/2} of inactivation was estimated using a standard two-pulse protocol (insert) and this value was subsequently used in the same experiment (blue dashed line). If the measured value falls outside the accepted range (light blue square) then a fallback value is used (red dashed line). The current traces were elicited by depolarising the cell -90 mV and V_{1/2} to -15 mV respectively. B. Distribution of relative currents from 6 different single-hole QChip384 obtained by applying an adaptive protocol. Insert shows the voltage protocol used in A. C. Boxplot of the normalised current distributions using either an adaptive protocol or a static value determined in a previous experiment ("standard").



Methods

Cells expressing hNa_v1.5 were from CreaCell (La Tronche, France) and cultured according to instructions. All compounds were from Sigma-Aldrich (Søborg, DK) and dissolved in DMSO (final concentration DMSO \leq 0.3%)

Table 1: pIC₅₀ for a subset of well-known sodium channel blockers determined using either an adaptive voltage protocol or a predetermined average value for $V_{\frac{1}{2}}$ ("Standard"). As reference the potency was also estimated using a CiPA-like protocol.

	pIC ₅₀				
	Resting		$V_{1/2}$		
Compound	Adaptive	Standard	Adaptive	Standard	CiPA
Quinidine	3.78	3.94	3.99	4.09	4.15
Amitriptyline	4.9	5.02	5.24	5.38	
Mexiletine	3.47	3.58	4.15	4.34	3.46
Tetracaine	4.91	4.34	5.46	4.6	5.63
Phenytoin	3.21	3.19	3.78	3.72	2.93
Propafenone	5.01	5.05	5.21	5.3	

Qube384 wtih Stacker

Presented @ SPS 2019