DATA SUPPLEMENT

Atrial-selective targeting of arrhythmogenic phase-3 early afterdepolarizations in human myocytes

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	-5%	-3%	+3%	+5%
G _{Na}				
G _{Ca}				
I _{NCX,max}				
I _{NaK,max}				
G _{Nab}				
G _{Cab}				
I _{PMCA,max}				
G _{RyR}				
SERCA V _{max}				
G _{to}				
G _{Kur}				
G _{Kr}				
G _{Ks}				
G _{K1}				
G _{κp}				
G _{CI}				
G _{CICa}				

Table S1 – EADs occurrence at varying model parameters (No EAD, EAD).

 G_{Na} , Na⁺ current conductance; G_{Ca} , L-type Ca⁺ current conductance; $I_{NCX,max}$, Na⁺/Ca²⁺ exchanger maximal transport rate; $I_{NaK,max}$, Na⁺/K⁺ pump maximal transport rate; G_{Nab} , Na⁺ background current conductance; G_{Cab} , Ca²⁺ background current conductance; $I_{PMCA,max}$, sarcolemmal Ca²⁺ pump maximal transport rate; G_{RyR} , ryanodine receptors conductance; SERCA V_{max}, SERCA maximal transport rate; G_{to} , transient outward K⁺ current conductance; G_{Kur} , ultra-rapid delayed rectifier outward K⁺ current conductance; G_{Kr} , rapidly activating delayed rectifier K⁺ current conductance; G_{Kr} , rapidly activating delayed rectifier K⁺ current conductance; G_{Kr} , time-independent K⁺ current conductance; G_{CICa} , Ca²⁺-dependent Cl⁻ current conductance.

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Equilibrium vs. non-equilibrium components of I_{Na}

We characterized total and theoretically maximum equilibrium components of the Na⁺ current (I_{Na}) observed during repolarization of three different repolarization ramps (50-, 100-, and 500-ms long, Fig. S1A).

To do this, we plotted total simulated I_{Na} (Fig. S1B), which at any time is the sum of late (I_{NaL}), non-equilibrium ($I_{Na,NE}$), and equilibrium ($I_{Na,win}$) currents:

$$N_{a} = I_{Na,win} + I_{Na,NE} + I_{Na}$$

and calculated the maximum steady-state window current ($I_{Na,win,max}$, Fig. S1C) that would eventually occur at each instantaneous E_m during repolarization using E_m -dependence of steady-state activation & inactivation (SSA & SSI, MS Fig. 4B-C):

$$I_{_{Na,win,max}} = G_{_{Na,max}} \cdot SSI \cdot SSA \cdot \left(E_{_{m}} - E_{_{Na}}\right)$$

These calculations show that total I_{Na} during rapid repolarization ramps (Fig. S1B black/red traces) is already substantial at E_m (and times) where $I_{Na,win,max}$ is virtually absent (Fig. S1C black/red traces). This indicates that some non-equilibrium (dynamic) component is responsible for this E_m -dependence, and therefore for the majority of the I_{Na} during the simulated rapid repolarization. Also, as observed in Edwards *et al* [1], slower repolarization reduces total I_{Na} , despite the theoretically steady-state $I_{Na,win,max}$ being trajectory-independent (only depends on instantaneous E_m). During this very gradual repolarization, total I_{Na} reaches at most 5% of that during rapid repolarization at any region of the voltage range (Fig. S1D, inset). Importantly the E_m -dependence of the very small current elicited during the slowest ramp is much more similar to that of $I_{Na,win,max}$ (Fig. S1D, blue line in inset *vs.* black dashed line), suggesting that the window current contributes much more purely to this current.



Figure S1. A) 50-(black) 100-(red) and 500-ms (blue) long repolarizing ramps used as voltage commands. **B)** Simulated I_{Na} and **C)** theoretical maximal window current elicited by the voltage waveforms in (**A**). **D)** Instantaneous I_{Na} - and $I_{Na,win,max}$ -voltage curves are calculated from **B** and **C** (repolarization phase only).

Variability in phase-3 EAD morphology



Figure S2. A) ACh- and high Ca^{2+} -induced late phase-3 EADs are observed at slow rates in beats immediately after rapid pacing in both canine PV (reproduced with permission from [2]) and superior vena cava (reproduced with permission from [3]) sleeves. Third row shows EADs evoked in our human atrial model (G_{Ca} +5%) under ACh and ISO conditions. **B)** Effect of varying I_{Ca} conductance on EAD take-off potential.

References

- 1. Edwards *et al*. Circ Arrhyth Electrophysiol. 2014 Dec; 7(6): 1205–1213
- 2. Sicouri et al. Heart Rhythm. 2008 Jul; 5(7): 1019-1026
- 3. Sicouri et al. Circ Arrhythm Electrophysiol. 2012; 5:371-379