

## **Supporting material**

### **Effect of Selective $I_{K,ACH}$ Inhibition by XAF-1407 in an Equine Model of Tachypacing-induced Persistent Atrial Fibrillation**

Running title:  $I_{K,ACH}$  Inhibition in an equine model of persistent AF

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## **Material and Methods:**

### **In-vitro electrophysiology and pharmacology**

#### Maintenance of ion channel expressing cell lines

Experiments were performed on a number of cell lines stably expressing a variety of ion channels. Cell line expressing  $K_{ir}3.4$  was created in-house using standard techniques, of sub-cloning an appropriate DNA sequences into a mammalian expression vector together with a gene for specific antibiotic resistance (see Table S1). Expression constructs were transfected into HEK293 cells prior to selection and sub-cloning before finally being assayed for current expression and validated electrophysiologically. All other cell lines were sourced externally ( $K_{ir}3.1/3.4$ ,  $K_{ir}6.2/SUR2A$  [Prof. Andrew Tinker, UCL],  $Na_v1.5$  [UPenn]; hERG [Cytomyxs or Cytocentrics];  $K_v1.5$  [BSYS] and  $K_v4.3$ ,  $K_{ir}2.1$ ,  $K_v7.1/KCNE1$  [bioFocusDPI]).

All cell lines were grown adhered to T-175 flasks and passaged using an enzymatic agent (Accutase, ICT, Inc.). All the cell lines were plated out onto small sterilised glass coverslips in 35 mm x 10 mm Polystyrene Petri dishes (Corning) containing an appropriate medium, supplemented with 10 % fetal bovine serum (Hyclone Perbio). The cells were incubated at 37 or 30 °C (5 % CO<sub>2</sub>) for 1-4 days prior to any electrophysiological study.

Cell Culture Conditions

Table S1

	Media	Serum	Selection Antibiotic	Other Supplements
<b>K<sub>v</sub>1.5</b>	JRH Ex-Cell 302 (JRH Biosciences)	-	2 µg / ml Blasticidin (Invitrogen)	8 mM L-Glutamine (Gibco), 1% HT Supplement
<b>K<sub>v</sub>1.3</b>	Nutrient mixture IMDM#21980	10 % Fatalclone II (HyClone Perbio)	400 µg / ml Geneticin (Gibco)	1% HT Supplement
<b>K<sub>v</sub>4.3</b>	Nutrient mixture F12 (Gibco)	10 % Fatalclone II (HyClone Perbio)	500 µg / ml Geneticin (Gibco)	1% NEAA
<b>Na<sub>v</sub>1.5</b>	Nutrient mixture F12 (Gibco)	10 % Fatalclone II (HyClone Perbio)	500 µg / ml Geneticin (Gibco)	-
<b>K<sub>ir</sub>2.1</b>	MEM #31095	10 % Fatalclone II (HyClone Perbio)	300 µg / ml Hygromycine B (Invitrogen)	1% NEAA
<b>K<sub>ir</sub>3.x</b>	MEM #31095	10% Invitrogene FBS #16000	182 µg / ml Zeocin (Invitrogen)	-
<b>hERG</b>	Nutrient mixture DMEM	10 % Fatalclone II (HyClone Perbio)	200 µg / ml Geneticin (Gibco)	1% L-Glutamine (Gibco), 1% Na Pyruvate
<b>Ca<sub>v</sub>1.2</b>	Nutrient mixture DMFM F12 #31331	10 % Fatalclone II (HyClone Perbio)	500 µg / ml Geneticin (Gibco)	-

Cloned cardiac ion channel conventional electrophysiology

*Experimental solutions (external (S2) & internal pipette (S3) solution composition)*

Table S2

	<b>K<sub>v</sub>1.5</b> <b>K<sub>v</sub>4.3</b> <b>(mM)</b>	<b>K<sub>ir</sub>6.2</b> <b>(mM)</b>	<b>K<sub>v</sub>7.1</b> <b>(mM)</b>	<b>Na<sub>v</sub>1.5</b> <b>(mM)</b>	<b>hERG</b> <b>(mM)</b>	<b>K<sub>ir</sub>2.1</b> <b>K<sub>ir</sub>3.x</b> <b>(mM)</b>	<b>0 mM K<sup>+</sup></b> <b>(mM)</b>
<b>NaCl</b>	150	150	-	140	140	150	150
<b>KCl</b>	10	10	-	5	4	10	0
<b>NMDG</b>		-	140	-	-	-	-
<b>K-gluconate</b>	-	-	5	-	-	-	-
<b>CaCl<sub>2</sub></b>	3	3	2	1	2	3	3
<b>MgCl<sub>2</sub></b>	1	1	1	1.2	1	1	1
<b>Glucose</b>	-	-	5	11.1	10	-	-
<b>Sucrose</b>	-	-	50	-	-	-	-
<b>HEPES</b>	10	10	10	5	5	10	10
<b>pH</b>	7.4	7.4	7.4	7.4	7.4	7.4	7.4
<b>pH adjusted</b>	NaOH	NaOH	CH <sub>3</sub> SO <sub>3</sub> H	NaOH	NaOH	NaOH	NaOH

Table S3

	<b>K<sub>v</sub>1.5/K<sub>v</sub>4.3</b>	<b>K<sub>v</sub>7.1</b>	<b>K<sub>ir</sub>2.1</b>	<b>K<sub>ir</sub>3.x</b>	<b>K<sub>ir</sub>6.2</b>	<b>Na<sub>v</sub>1.5</b>	<b>hERG</b>
	<b>(mM)</b>	<b>(mM)</b>	<b>(mM)</b>	<b>(mM)</b>	<b>(mM)</b>	<b>(mM)</b>	<b>(mM)</b>
<b>KCl</b>	20	-	110	110	125	-	130
<b>K-gluconate</b>	-	90	-	-	-	-	-
<b>KF</b>	90	20	-	-	-	-	-
<b>CsF</b>	-	-	-	-	-	120	-
<b>NaCl</b>	10	-	20	20	10	15	-
<b>Na-gluconate</b>	-	10	-	-	-	-	-
<b>MgCl<sub>2</sub></b>	1	1	1	1	1.1	-	1
<b>CaCl<sub>2</sub></b>	-	-	-	-	0.5	-	-
<b>Mg-ATP</b>	-	-	5	5	3.15	-	5
<b>Na<sub>2</sub>-ATP</b>	5	5	-	-	-	-	-
<b>HEPES</b>	10	10	10	10	7.5	10	10
<b>Sucrose</b>	10	20	-	-	-	-	-
<b>EGTA</b>	10	10	5	5	7.5	10	5
<b>EDTA</b>	-	10	-	-	-	-	-
<b>GTP-γS</b>	-	-	-	0.9	-	-	-
				(Added fresh)			
<b>pH</b>	7.2	7.2	7.2	7.2	7.2	7.25	7.2
<b>pH adjusted</b>	KOH	KOH	KOH	KOH	KOH	CsOH	KOH

Assessment of cardiac calcium channel activity

*Experimental solutions*

Table S4

	<b>Ca<sub>v</sub>1.2 resting solution, RPS (mM)</b>	<b>Ca<sub>v</sub>1.2 Dye-loading solution (mM)</b>	<b>Ca<sub>v</sub>1.2 stimulus solution (mM)</b>
<b>NaCl</b>	140	140	90
<b>KCl</b>	5	5	55
<b>CaCl<sub>2</sub></b>	5	5	5
<b>MgCl<sub>2</sub></b>	1	1	1
<b>Glucose</b>	10	10	10
<b>Fluo4 NW</b>	-	10 mg in 12 ml RPS	-
<b>Probenecid</b>	2.5	2.5	2.5
<b>FPL-64176</b>	-		6.1 <sup>-4</sup> -
<b>HEPES</b>	15	15	15
<b>pH</b>	7.4	7.4	7.4
<b>pH adjusted</b>	NaOH	NaOH	NaOH

## ***In-vivo* animal model**

### *Animals*

Table S5

ID	Sex	Age	Height (cm)	Body weight arrival (kg)	Body weight day 29 (kg) **	Reason for exclusion
horse #1	F	8	160	520	532	
horse #2	F	7	163	455	468	
horse #3	F	5	158	452	446	
horse #4	F	3,5	151	432	450	
horse #5	F	3	152	505		septicaemia
horse #6	F	6	158	432	455	
horse #7	F	5	162	516	581	
horse #8	F	7	160	515	525	
horse #9	F	8	155	430	451	
horse #10	F	5	164	494	530	
horse #11	F	15	158	530		> cut-off age *
horse #12	F	12	155	506	500	
horse #13	F	10	151	320	338	

*\*The age cut-off for this study was >12 years of age. The day after this horses' arrival, we realised that there was a mismatch between the declared age at purchase and the age that could be deduced from the horses' official identification papers (15 years of age). Therefore, this horse was excluded from the study right from the start.*

*\*\*Weight changes/gains were expected as inter-individual metabolisation differences become easily recognisable in periods of low exercise. Some horses are "easy keepers" and take on weight easily, others have a higher maintenance and stay at a certain weight level. In terms of horses #3 and #12 it must be assumed, that those actually maintained their weight and the respective 6 kg difference can be accounted for as daily fluctuation.*

## Results:

### XAF-1407: Highly selective $I_{K,ACh}$ inhibition

#### *Radioligand binding assessment of pharmacology*

XAF-1407 was screened in a commercially available pan-screen against a diverse panel of receptors, GPCR and kinases (Eurofins CEREP France, Celle-Lévescault, France). When less than 50% specific binding was observed at 10 $\mu$ M, these targets as such were not further investigated.

Specific binding was <50% at 10 $\mu$ M for 78 of the 81 targets:

<b><u>Receptors</u></b>		
Adenosine A <sub>1</sub> , A <sub>2A</sub> , A <sub>3</sub>	GAL <sub>1</sub> , GAL <sub>2</sub>	Opioid and opioid-like $\delta$ 2
Adrenergic $\alpha$ <sub>1</sub> , $\alpha$ <sub>2</sub> , $\beta$ <sub>1</sub> , $\beta$ <sub>2</sub>	PDGF	(DOP), $\kappa$ (KOP) $\mu$ (MOP), NOP (ORL1)
Angiotensin-II AT <sub>1</sub> , AT <sub>2</sub>	Chemokines CCR1, CXCR2 (IL-8B)	PAC <sub>1</sub> (PACAP)
BB (non-selective)	Cytokines TNF- $\alpha$	EP <sub>2</sub> , EP <sub>4</sub>
Bradykinin B <sub>2</sub>	Histamine H <sub>1</sub> , H <sub>2</sub>	IP (PGI <sub>2</sub> )
CGRP	Melanocortin MC <sub>4</sub>	5-HT <sub>1A</sub> , 5-HT <sub>1B</sub> , 5-HT <sub>2A</sub> , 5- HT <sub>2B</sub> , 5-HT <sub>2C</sub> , 5-HT <sub>3</sub> , 5-HT <sub>5a</sub> ,5-HT <sub>6</sub> , 5-HT <sub>7</sub>
Canabinoid CB <sub>1</sub>	Melatonin MT <sub>1</sub>	
Cholecystokinin CCK <sub>1</sub> (CCK <sub>A</sub> ), CCK <sub>2</sub> (CCK <sub>B</sub> )	Muscarinic M <sub>1</sub> , M <sub>3</sub> , M <sub>4</sub> , M <sub>5</sub>	sigma (non-selective)
Dopamine D <sub>1</sub> , D <sub>2S</sub> , D <sub>4.4</sub> , D <sub>5</sub>	Neurokinin NK <sub>1</sub> , NK <sub>2</sub> , NK <sub>3</sub>	sst (non-selective)
Endothelin ET <sub>A</sub> , ET <sub>B</sub>	Neuropeptide-Y Y <sub>1</sub> , Y <sub>2</sub>	GR
GABA (non-selective)	NTS <sub>1</sub> (NT <sub>1</sub> )	VPAC <sub>1</sub> (VIP <sub>1</sub> )



Vasopressin V<sub>1a</sub>

**Ion & ligand-gated channels**

Purinergic Channels P2X ,  
P2Y

**Nuclear Receptors**

GABA BZD (central), BZD

Non-steroid nuclear receptors

(peripheral) Cl<sup>-</sup> channel

**Transporters**

PPAR $\gamma$

(GABA-gated)

Norepinephrine transporter

Potassium channel SK<sub>Ca</sub>

Dopamine transporter

channel

5-HT transporter

Glutamate Channels PCP

However, specific binding curves revealed IC<sub>50</sub> and K<sub>i</sub> of 7.4  $\mu$ M and 1.6  $\mu$ M for the human recombinant dopamine D<sub>3</sub> receptor, and 8.9  $\mu$ M and 6.2  $\mu$ M for the human recombinant muscarinic M<sub>2</sub> receptor. High specific binding was furthermore observed for the sigma receptor (IC<sub>50</sub> 0.1, K<sub>d</sub> 0.1  $\mu$ M). Function studies revealed no functional, neither agonist nor antagonist, effect on guinea-pig vas deferens contraction at concentrations up to 1  $\mu$ M, though.

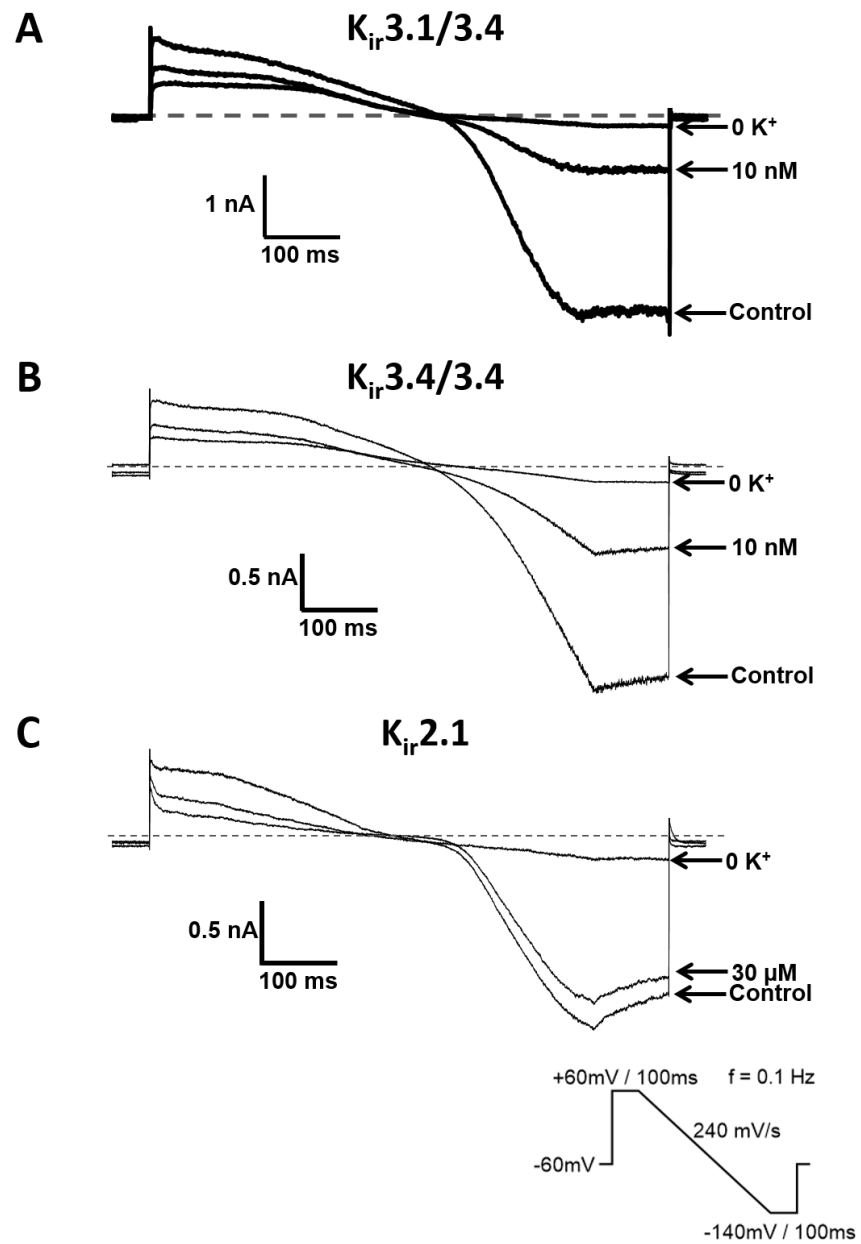
	IC <sub>50</sub>	K <sub>i</sub>	n <sub>H</sub>
D <sub>3</sub> (nM)	7400	1600	0.7
M <sub>2</sub> (nM)	8900	6200	0.6
$\delta$ (nM)	100	100	

### *Cloned cardiac ion channel conventional electrophysiology*

The effect of a range of concentrations of XAF-1407 on recombinant  $K_{ir}3.x$  and  $K_{ir}2.1$  ion channels (Fig S1), other cardiac inward rectifiers ( $K_{ir}6.2/SUR2A$ ), voltage dependent sodium ( $Na_v1.5$ ) (Fig S2A) and potassium channels ( $K_v11.1$ ,  $K_v1.5$ ,  $K_v4.3$ ,  $K_v7.1$ ) (Fig S2B and Fig S3) was tested with standard giga seal whole cell patch clamp techniques. The effect of XAF-1407 on  $Na^+$  channels was investigated at 1 Hz and 5 Hz and at RMPs of -70 mV and -100 mV and due to a lack of appreciable effect, full concentration response relationships were not investigated for  $Na_v1.5$ ,  $K_v11.1$  as well as  $K_v4.3$  (10 and 3  $\mu M$ ).

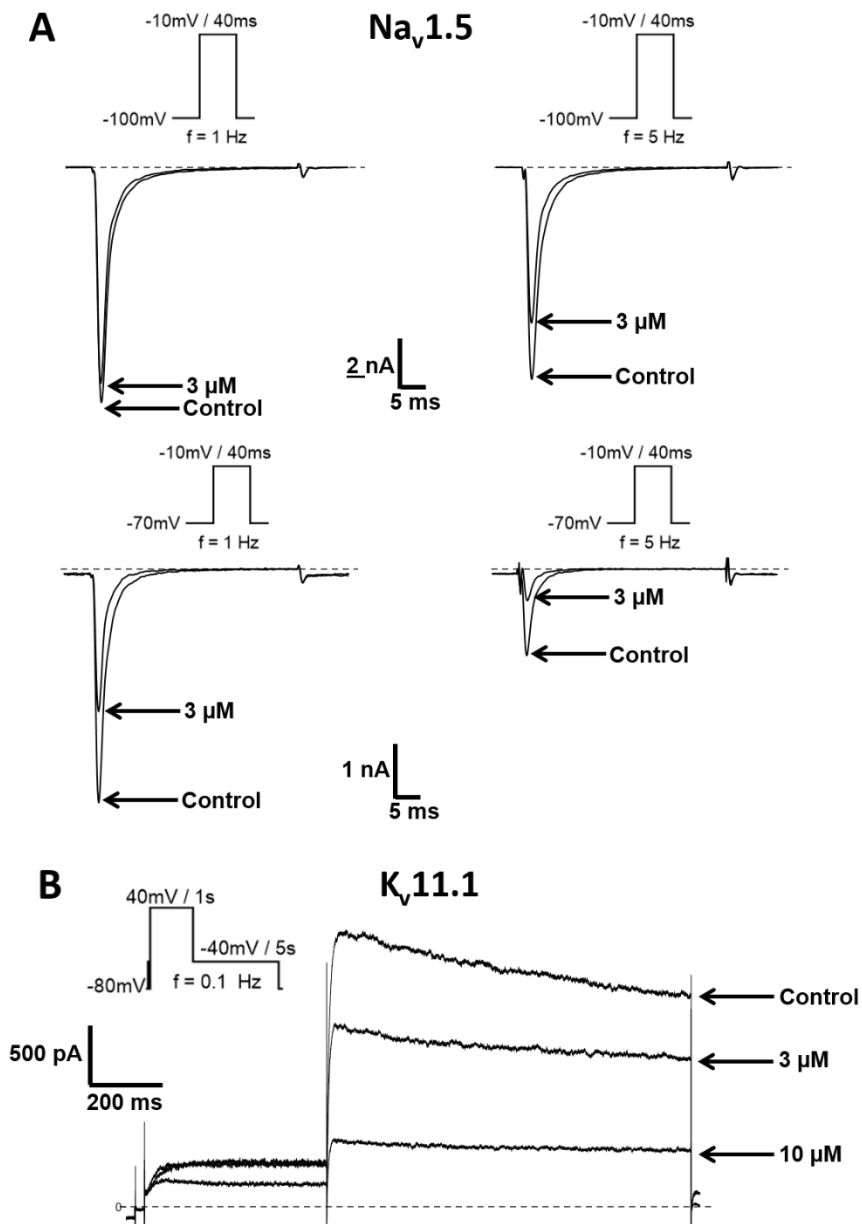
XAF-1407 potently inhibited inward  $K_{ir}3.1/3.4$  current (Fig S1A) and  $K_{ir}3.4/3.4$  current (Fig S1B) at 10 nM measured at -140 mV, with minimal effect on  $K_{ir}2.1$  inward current at 30  $\mu M$  (Fig S1C). Concentration dependent effects on the remaining functionally important cardiac ion channels were first recorded at XAF-1407 concentrations >2000 times higher than concentrations effectively inhibiting  $K_{ir}3.1/3.4$  current (Fig S2 and S3).

Figure S1



**Figure S1: Effect of XAF-1407 on recombinant potassium inward rectifier currents.** Original  $K_{ir}3.1/3.4$  (A),  $K_{ir}3.4/3.4$  (B) and  $K_{ir}2.1$  (C) current traces are shown in the absence and presence of XAF-1407 and following removal of external  $K^+$  to assess passive leak. Schematic of the voltage protocol used is shown at the bottom of the figure. A dashed line shows zero current.

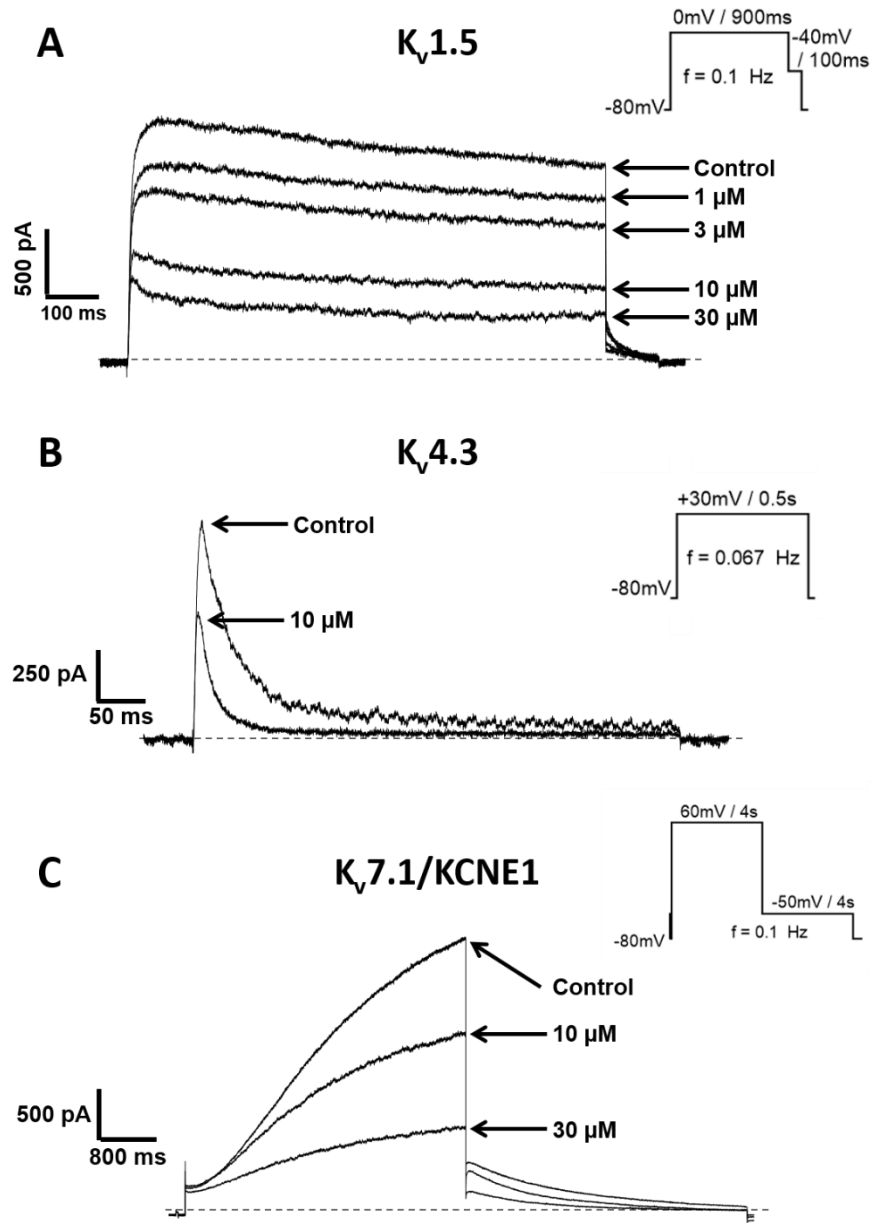
Figure S2



**Figure S2: Effect of XAF-1407 on recombinant K<sub>v</sub>11.1 (hERG) and Na<sub>v</sub>1.5 current.** Panel A shows the effect of 3 μM XAF-1407 on Na<sub>v</sub>1.5 at different holding potentials (-70mV lower panel or 100 mV upper panel) and frequencies (1 Hz left panel and 5 Hz right panel).

Panel B shows original K<sub>v</sub>11.1 current records in the absence and presence of 3 and 10 μM XAF-1407 record from the same cell. A schematic of the voltage protocol is shown inset at the top of each figure. A dashed line shows zero current.

Figure S3



**Figure S3: Effect of XAF-1407 on recombinant  $K_v$  ionic current.** Panel **A** shows original  $K_v1.5$  current records in the absence and presence of 1, 3, 10 and 30  $\mu$ M XAF-1407 record from the same cell. Panel **B** shows original  $K_v4.3$  current records in the absence and presence of 10  $\mu$ M XAF-1407. Panel **C** shows original  $K_v7.1/KCNE1$  current records in the absence and presence of 10 and 30  $\mu$ M XAF-1407. A schematic of the voltage protocol is shown above each original trace. A dashed line shows zero current.