

High-throughput compound screening of K_v7.2/7.3 using the Automated Patch Clamp platform Qube 384

Melanie Schupp, PhD., Gabrielle Moody, Ph.D.

Sophion Bioscience A/S Industriparken 39, 2750 Ballerup, Denmark

Introduction

The heteromeric potassium channel KCNQ2 (K₁7.2)/ KCNQ3 (K₁,7.3) contributes to the subthreshold M-current in many neurons, helping regulate excitability and stabilize the membrane potential near rest. Upon hK_v7.2/7.3 channel opening, the excitability of neurons is decreased. Loss-of-function mutations have been found to underlie a spectrum of neurological diseases such as neonatal-onset epilepsy, and epileptic encephalopathy (Biervert et al., 1998; Jentsch, 2000; Maljevic et al., 2008; Weckhuysen et al., 2012; Kato et al., 2013), which makes the channel an interesting drug target.

In 2011, the hK_v7.2/7.3 channel opener retigabine was approved as an antiepileptic drug. Due to its adverse effects and lack of specificity, like activation of the hK_v7.4 channel, it was withdrawn from the market. However, retigabine validated opening of the hK_v7.2/7.3 channel as an antiepileptic strategy and thereby further put a spotlight on the development of drugs aiming at this channel.

Material and methods

Cell culture and preparation: Experiments in this study were performed on HEK-hK, 7.2/7.3 cells, which were kindly provided by Saniona. The cells express concatenated cDNA for K,7.2 (KCNQ2) and K,7.3 (KCNQ3). Cell culture HEK-hK, 7.2/7.3 cells were cultured and harvested according to Sophion standard procedures. After being exposed at maximum 5 minutes to detachin, the cells were harvested in 5 ml serum-free media and gently transferred to the Qube, where the cells were prepared for experiments using the automatic cell preparation unit (200 seconds centrifugation at 50g).

Patch clamp experiment: All patch clamp experiments were carried out using the Qube 384 platform (Sophion Bioscience A/S, Denmark).

Experimental setup: For worktable, cell preparation and cleanup, Qube 384 default protocols were used.

Whole-cell protocol: A two-second suction pulse from -10 mbar to -250 mbar was followed by 10 seconds at -10 mbar and thereafter a two-second suction pulse from -10 mbar to -350 mbar was applied. The cell was then clamped at -100 mV.

Voltage protocol: Cells were held at a -100 mV holding potential and were depolarized for 200 ms to +20 mV. For the IV relationship studies, a 10 mV voltage step protocol up to $+30 \, \text{mV}$ was used.

Sophion's automated patch clamp system Qube 384 for high performance and high-throughput ion channel characterization and screening.

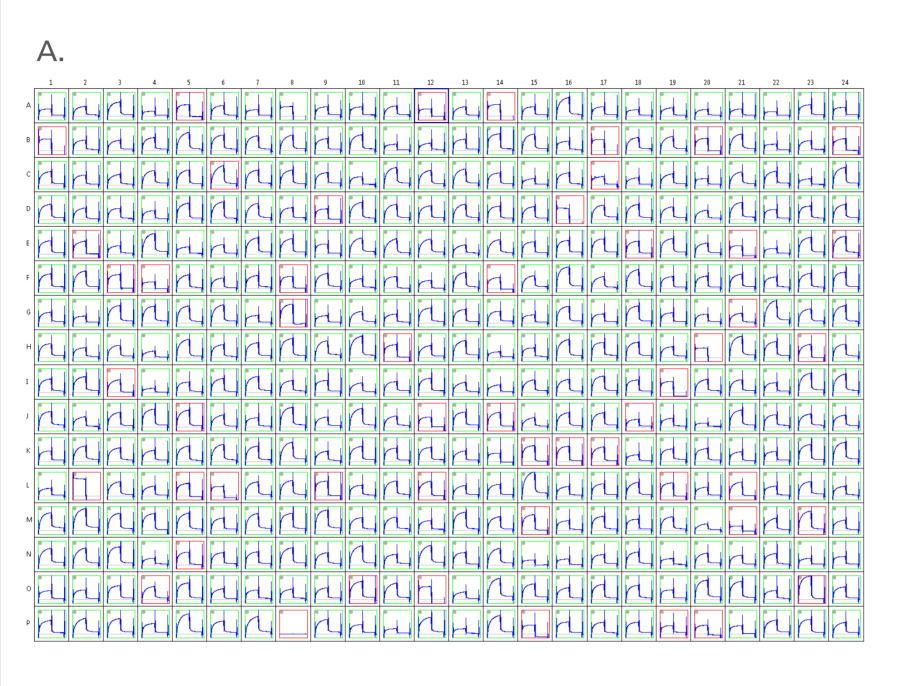


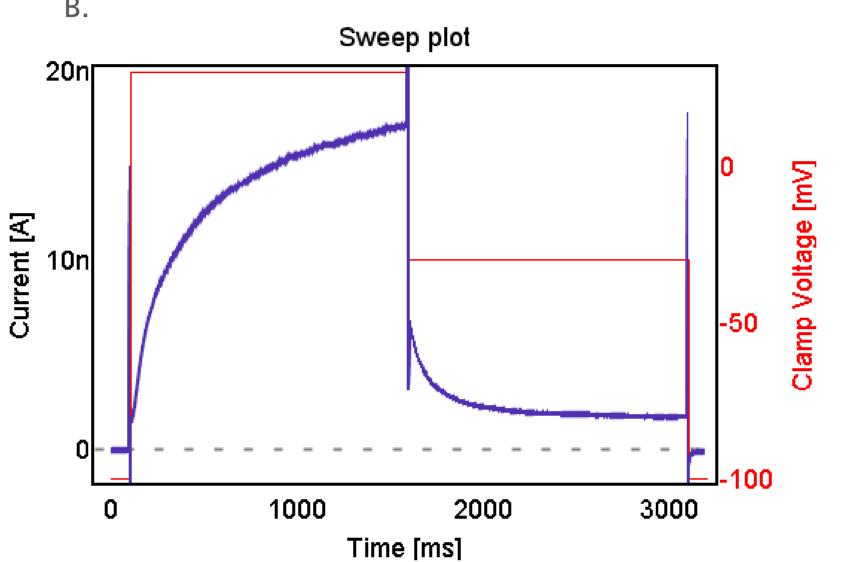
Results

Hallmarks of K_v7.2/7.3 on Qube 384

mV in 10 mV steps. The cells were subsequently clamped to -30 mV for 1.5 seconds (Fig.1B, C). All experiments were conducted on average, the current size was 1.35 ± 0.03 nA per cell and the resistance was 590 ± 20 MΩ (± SEM). The tail current at -30 mV was multihole QChips – meaning 10 patch holes per well.

Cells were clamped to -100 mV and potassium currents were evoked by application of 1.5 seconds long depolarizations up to +30 With success criteria of > 100 MΩ per cell > 6 pF per cell > 500 pA the success rates were at least 86% for each experiment. On plotted against the applied step-voltage protocol up to 30 mV (see Fig. 2A) and fitted to a Boltzmann curve (Fig.2B).





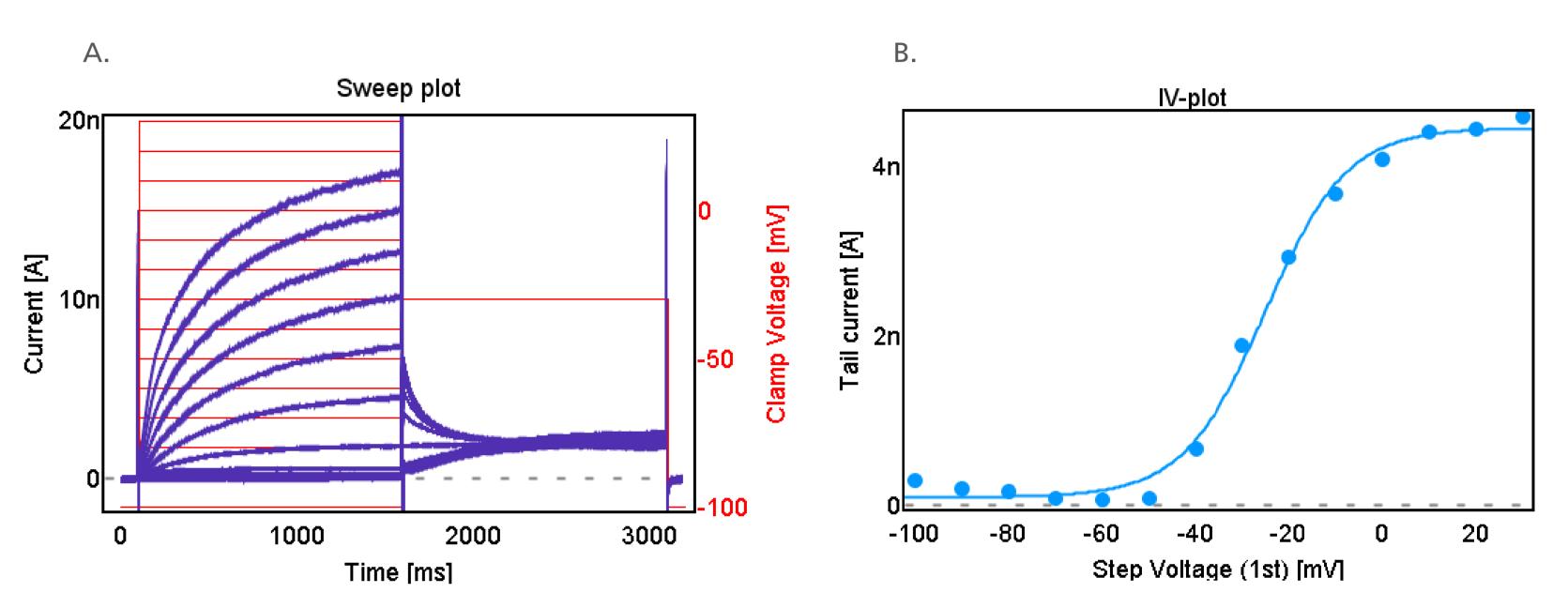


Fig. 1: Raw data traces of a multi-hole QChip (10 patch holes/well) and voltage protocol. A: Plate view of the potassium currents after depolarization to 30 mV. Red squares indicate a site that has failed the success criteria, green sites have passed all criteria. B: Recording of a potassium current (blue) following a depolarization from -100 mV to +30 mV for 1.5 s (red) in K,7.2/7.3-expressing cells. The left y-axis displays current and the right y-axis displays the holding potential.

Fig. 2: A: Recording of a potassium current (purple) following a depolarization step protocol from -100 mV to +30 mV in 10 mV intervals for 1.5 s, stepping back to -30 mV (1.5 s) (red). The left y-axis displays current and the right y-axis displays the holding potential. B: The tail current, resulting from a step to -30 mV after applying conditioning voltage steps, was fitted to a Boltzmann curve.

Stable $V_{1/2}$ values for $K_{1/2}$ 7.2/7.3 on Qube 384

In order to evaluate a compound effect on the activation of K, 7.2/7.3, a stable baseline is crucial. To test the $V_{1/2}$ stability over time and across liquid additions, the step protocol from Fig. 2 was executed once in extracellular saline, 3 times within an application of extracellular saline, and once again after further addition of extracellular saline over a period of 19.5 minutes in total. The average shift of the V_{16} value was -1.26 \pm 0.19 mV when comparing the average value of the second and third liquid addition and -3.02 ± 0.27 mV when comparing the first to the third liquid addition (± SEM). The average V₁₂ value of all successful experiments before compound addition was -22.2 \pm 0.3 mV.

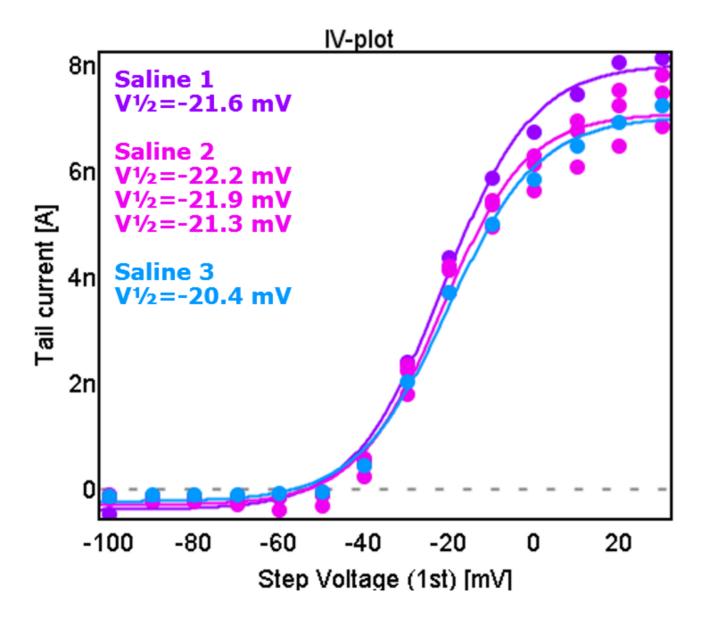


Fig. 3: The tail currents resulting from a step to -30 mV after applying conditioning voltage steps were fitted to a Boltzmann curve. The curves are derived from 3 liquid additions and 5 voltage step protocols in total.

Retigabine reliably potentiates K₁,7.2/7.3 currents

The anticonvulsant retigabine acts as a positive allosteric modulator on K₁7.2-7.5 channels. In our experiments, we first established baseline current and V₁ values by applying saline, followed by consecutive applications of 3 µM and 10 μM retigabine (Fig. 3). On average, 3 μM retigabine shifted the V₁₆ value -8.2 mV and 10 µM retigabine caused a shift of -16.3 mV, which is in accordance with literature values (Tatulian and Brown, 2003).

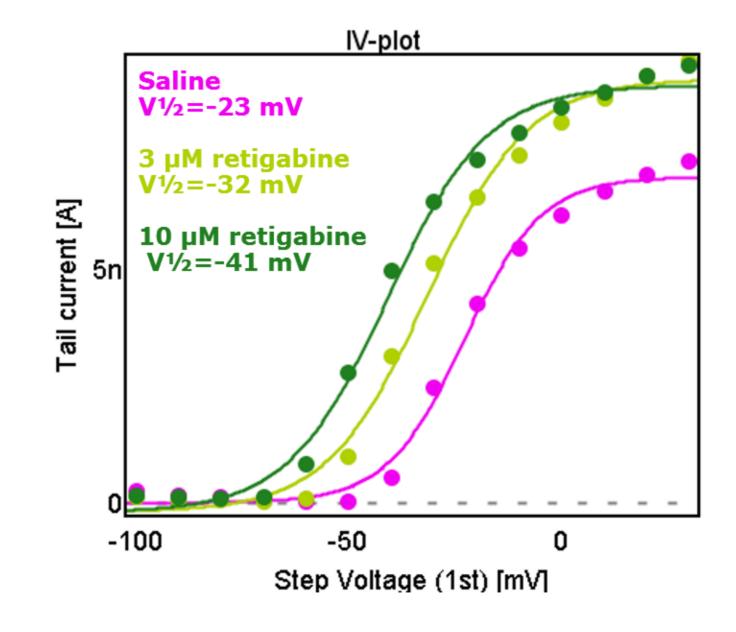


Fig. 4: The tail currents in saline and retigabine (3 μ M / 10 μ M) resulting from a step to -30 mV after applying conditioning voltage steps were fitted to a Boltzmann curve.

References

- 1. Biervert C, Schroeder BC, Kubisch C, Berkovic SF, Propping P, Jentsch TJ, Steinlein OK., 1998. A potassium channel mutation in neonatal human epilepsy. *Science* 279 (5349) 403-6.
- 2. Jentsch TJ, 2000. Neuronal KCNQ potassium channels: physiology and role in disease. Nat *Rev Neurosci.* 1(1):21-30.
- 3. Kato M, Yamagata T, Kubota M, Arai H, Yamashita S, Nakagawa T, Fujii T, Sugai K, Imai K, Uster T, Chitayat D, Weiss S, Kashii H, Kusano R, Matsumoto A, Nakamura K, Oyazato Y, Maeno M, Nishiyama K, Kodera H, Nakashima M, Tsurusaki Y, Miyake N, Saito K, Hayasaka K, Matsumoto N, Saitsu H., 2013. Clinical spectrum of early onset epileptic encephalopathies caused by KCNQ2 mutation. Epilepsia, 54(7):1282-7.
- 4. Maljevic S, Wuttke TV, Lerche H., 2008. Nervous system KV7 disorders: breakdown of a subthreshold brake. *J Physiol.* 586(7):1791-801.
- 5. Tatulian L, Brown DA., 2003. Effect of the KCNQ potassium channel opener retigabine on single KCNQ2/3 channels expressed in CHO cells. J Physiol 549(Pt 1):57-63.
- 6. Weckhuysen S, Mandelstam S, Suls A, Audenaert D, Deconinck T, Claes LR, Deprez L, Smets K, Hristova D, Yordanova I, Jordanova A, Ceulemans B, Jansen A, Hasaerts D, Roelens F, Lagae L, Yendle S, Stanley T, Heron SE, Mulley JC, Berkovic SF, Scheffer IE, de Jonghe P, 2008. KCNQ2 encephalopathy: emerging phenotype of a neonatal epileptic encephalopathy. *Ann Neurol.* 71(1):15-25.