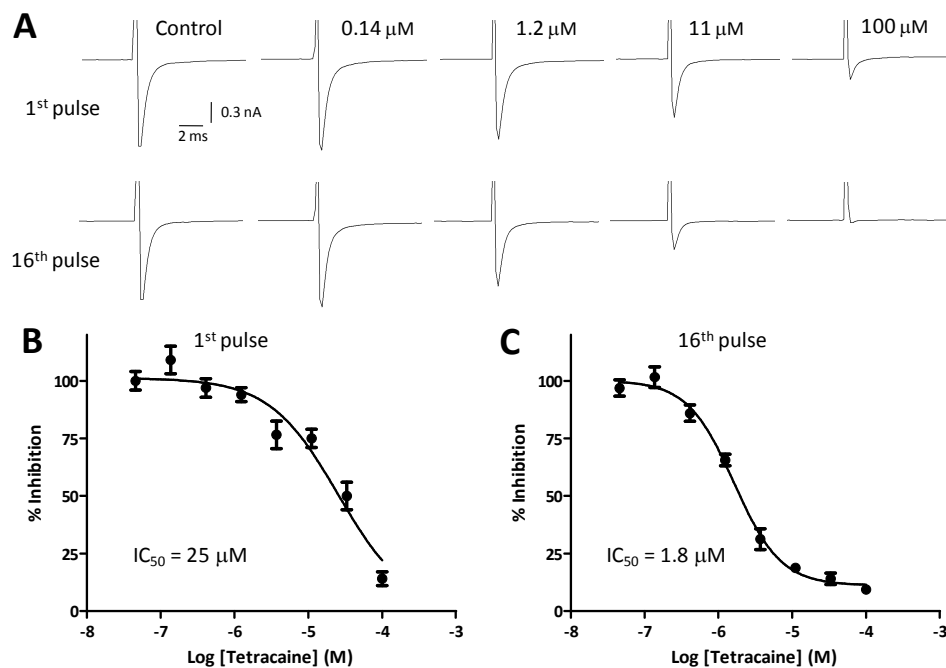


## hNa<sub>v</sub>1.5 automated patch-clamp electrophysiology assay

- **Assay** hNa<sub>v</sub>1.5 automated patch clamp electrophysiology
- **Channel** Cardiac voltage-gated Na<sup>+</sup> channel, Na<sub>v</sub>1.5
- **Gene Name** *SCN5A* (Ref seq. NM\_000335)
- **Synonyms** hH1, SKMII, LQT3
- **Assay format** 384-well IonWorks Quattro Population Patch Clamp electrophysiology
- **Cell Host** Human Embryonic Kidney (HEK-293)
- **Stimulus** Repeated gating steps, V<sub>h</sub> -90 mV, V<sub>step</sub> +15 mV, 1 or 3 Hz
- **Controls** Tetracaine, 0.3% DMSO



**Pharmacology** Use-dependent inhibition of hNa<sub>v</sub>1.5 cardiac Na<sup>+</sup> currents by tetracaine. Currents were evoked by trains of depolarizing pulses (+15 mV, 50 ms duration, 3 Hz, 16 pulses) from a V<sub>h</sub> of -90 mV.

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**Background** Cardiac Na<sup>+</sup> channels (Na<sub>v</sub>1.5) underlie regenerative potentials that initiate contractions in cardiac myocytes and mediate electrical transmission in cardiac fibers that relay electrical signals across the heart. Genetic mutations that reduce function of Na<sub>v</sub>1.5, as well as small molecule blockers that interact with Na<sub>v</sub>1.5, can disrupt electrical conduction and contraction of the heart, leading to serious adverse cardiac events, including ventricular fibrillation and sudden cardiac death. While targeted as anti-arrhythmics, off-target interactions with Na<sub>v</sub>1.5 channels can be problematic and result in potential cardiac liabilities.

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**Pharmacology Summary**

IC<sub>50</sub> values for inhibition of hNa<sub>v</sub>1.5 currents (1<sup>st</sup> and 16<sup>th</sup> pulse in a 3 Hz train)

Compound	IC <sub>50</sub> – 1 <sup>st</sup> Pulse (μM) *	IC <sub>50</sub> – 16 <sup>th</sup> Pulse (μM) *
Amitriptyline	8 ± 1	1 ± 0.4
Tetracaine	22 ± 5	2 ± 0.6
Propafenone	9 ± 3	4 ± 1
Propranolol	35 ± 5	6 ± 3
Bupivacaine	84 ± 26	9 ± 4
Verapamil	84 (n=1)	9 ± 3
Flecainide	24 ± 13	13 ± 7
Quinidine	33 ± 10	14 ± 6
Mexiletine	91 ± 43	40 ± 9
Lidocaine	437 ± 291	102 ± 67
Procainamide	4800 ± 1200	2000 ± 700
Tocainide		23 ± 11% inhibit @ 100 μM
Dofetilide		No inhibit @ 10 μM
Sotalol		No inhibit @ 3 mM

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**Assay QC**

Cell, Curve fit, Solubility & Plate QC parameters applied:

**Cell:** I<sub>hNa<sub>v</sub>1.5</sub> >400pA, baseline & seal resistance stability filters

**Plate QC:** Minimum 345 cells, Tetracaine pIC<sub>50</sub> 4.4 - 5.0 (1<sup>st</sup> pulse) and 5.4 – 6.0 (16<sup>th</sup> pulse)

**Typical assay precision:** compound pIC<sub>50</sub> values ± 0.25 log units

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**Why Essen?**

The voltage-clamp protocols for the Na<sub>v</sub>1.5 assay were designed with the endpoint in mind: sensitivity and translation. Using the IonWorks Na<sub>v</sub>1.5 assay, data with a set of reference small molecule Na<sup>+</sup> channel blockers show sensitivity and rank order comparable with conventional voltage-clamp electrophysiology and in alignment with free therapeutic plasma levels associated

with efficacy or side-effects on cardiac  $\text{Na}_v$  channels (data upon request). As with all of our assays we offer high fidelity data at competitive pricing with rapid data turnaround times to facilitate project decisions.

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**References** Makielski, J.C. et al., (2003). A ubiquitous splice variant and a common polymorphism affect heterologous expression of recombinant human SCN5A heart sodium channels. *Circ. Res.* **93**, 821-828.

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