ACCELERATED COMMUNICATION

A Novel High Affinity Class of Ca2+ Channel Blockers

JANTI QAR, JACQUES BARHANIN, GEORGES ROMEY, RAINER HENNING, ULRICH LERCH, RAYMOND OEKONOMOPULOS, HANSJORG URBACH, and MICHEL LAZDUNSKI

Centre de Biochimie du Centre National de la Recherche Scientifique, Parc Valrose, 06034 Nice Cedex, France (J.Q., J.B., G.R., M.L.) and Hoechst AG, Postfach 80 03 20, D-6230 Frankfurt/Main 80, Federal Republic of Germany (R.H., U.L., R.O., H.U.)

N,N,N¹,N¹-tetraacetic acid; PN 200-110, isopropyl 4-(2,1,3,-benzoxadiazol-4 yl) 1-4-dihydro-2,6-dimethyl-5-(methoxycarbonyl)-pyridine-3-carboxylate.

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SUMMARY

Benzolactams (HOE 166 and analogs) form a new class of molecules acting on the 1,4-dihydropyridine-sensitive L-type Ca2+ channels. The main binding properties of HOE 166 and analogs to rabbit skeletal muscle membranes are as follows. (i) The compounds have a specific binding site to which they associate with a high affinity (0.25 nm for HOE 166). (ii) Unlabeled HOE 166 and analogs completely inhibit 1,4-dihydropyridine binding [(+)-[3H]PN 200-110] in a competitive way. (iii) Affinity values measured for HOE 166 inhibition of (+)-[3H]PN 200-110 $(K_{0.5} = 0.25 \text{ nm and } K_i = 0.55 \text{ nm}) \text{ and of } [^3H]HOE 166 \text{ binding}$ $(K_{0.5} = 0.5 \text{ nm})$ are in good agreement. They also fit with results from direct binding experiments with tritiated HOE 166 (K_d = 0.27 nm) and from kinetic experiments ($K_d = 0.39$ nm). (iv) HOE 166 completely inhibits the specific binding of other classes of Ca²⁺ channel antagonists such as phenylalkylamines [(-)[³H] desmethoxyverapamil). benzothiazepines (d-cis-[3H]diltiazem). diphenylbutylpiperidines ([3H]fluspirilene), and [3H]bepridil. In all

these cases the binding inhibition is of a noncompetitive nature. (v) The maximum binding capacity for [3H]HOE 166 binding to transverse tubule membranes, 65 pmol/mg of protein, is the same as that found for other classes of Ca²⁺ channel antagonists. 45Ca²⁺ uptake experiments performed with the rat aortic cell line A7r5 and the insulin-secreting cell line RINm5F demonstrate that HOE 166 and analogs fully inhibit the 1,4-dihydropyridine-sensitive 45Ca2+ influx elicited by depolarization. There is a good correlation between inhibitory potencies of compounds in the HOE 166 series measured on (+)-[3H]PN 200-110 binding to A7r5 membranes and on the activity of Ca2+ channels followed by 45Ca2+ fluxes with the same cells. Structure-function relationships of HOE 166 and analogs for Ca2+ channel blockade in A7r5 and RINm5F cells were also in good correlation. Finally, voltageclamp experiments confirmed that voltage-dependent L-type Ca²⁺ channels are completely blocked by 100 nм HOE 166 even at a membrane potential held at -80 mV.

Voltage-dependent Ca²⁺ channels play an essential role in excitation-contraction coupling in cardiac, skeletal, and smooth muscle as well as in excitation-secretion coupling leading to hormone or neurotransmitter release.

 Ca^{2+} channel inhibitors form an important class of therapeutic agents used in cardiovascular diseases (1, 2) with important hopes that they might also be used for other types of pathologies (3, 4).

Different types of voltage-dependent Ca²⁺ channels have been identified (5-12). However only the L type (8), *i.e.*, the slow and high threshold type of Ca²⁺ channel, has a rich pharmacology (13, 14). It is blocked by DHPs such as nitrendipine or (+)-PN 200-110, by phenylalkylamines such as vera-

pamil and D888, by bepridil, by benzothiazepines such as diltiazem, or by diphenylbutylpiperidines such as fluspirilene (15, 16).

This paper demonstrates that new chemical series having the properties to block L-type Ca²⁺ channels can still be found. It characterizes binding sites for a new class of molecules (HOE 166 and analogs), examines the interactions between these binding sites and those previously identified for classical Ca²⁺ channel blockers, and demonstrates Ca²⁺ channel blockade by this new series of molecules in smooth muscle and insulinsecreting cells.

Materials and Methods

Cell cultures. The A7r5 embryonic rat aortic smooth muscle cell line was obtained from the American Type culture collection, Rockville, MD. Cells were plated at a density of 7000 cells/well (Falcon 24-well

ABBREVIATIONS: DHP, 1,4-dihydropyridine; T-tubule membranes, transverse-tubule membranes; EDTA, ethylenediaminetetraacetic acid; Hepes, 4-(2-hydroxyethyl)-1-piperazineethanesulfonic acid; HOE 166, R-(+)-3,4-dihydro-2-isopropyl-4-methyl-2-[2-[4-[4-[2(3,4,5-trimethoxyphenyl)ethyl]piperazinyl]butoxy]phenyl]-2H-1,4-benzothiazin-3-on-dihydrochloride; D888, desmethoxyverapamil; EGTA, ethylene glycol bis(β-aminoethyl ether)-

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¹ On leave from the Department of Biological Sciences, Yarmouk University, Irbid, Jordan.

tissue culture plates) or at a density of $3.5 \times 10^6/350$ ml of culture medium (Falcon roller bottles, 850-cm^2 style) and grown in Dulbecco's modified Eagle's medium supplemented with 7% fetal calf serum. RINm5F is an insulin-secreting cell line derived from a rat islet cell tumor. Cells were plated at a density of 2×10^5 cells/well (Falcon 24-well tissue culture plates) and grown as previously described (17, 18).

Preparation of membranes. Transverse tubule (T-tubule) membranes from rabbit skeletal muscle were prepared according to the method of Galizzi et al. (19) in the presence of 0.1 mm phenylmethylsulfonylfluoride, 1 mm iodoacetamide, and 10 mm EDTA. Microsomal preparations from rabbit skeletal muscle consisted in a simplified preparation in which the sucrose gradient step was omitted (20). Microsomes from A7r5 cells were obtained as follows. After 10 days of culture, cells were rinsed four times with ice-cold 20 mm Hepes-NaOH buffer, pH 7.5, containing 0.2 M sucrose and 1 mM EDTA, scraped in the same buffer, and pelleted by centrifugation at $2000 \times g$ for 10 min. Cells were homogenized with a Potter-Elvejhem apparatus in 50 ml of the above buffer by 10 strokes and sonicated for 10 sec. The homogenate was centrifuged for 30 min at $60000 \times g$ and the pellet was resuspended in 20 mm Hepes-NaOH, pH 7.5, 1 mm EDTA. After a second centrifugation for 30 min at 60,000 g, the pellet was resuspended in 40 mm Hepes-NaOH, pH 7.5, at a concentration of 5 mg of protein/ml and stored in liquid nitrogen. Ten ml of microsomal preparation were obtained from six Falcon roller bottles.

Binding assays. Incubation of skeletal muscle membrane preparations with the different ligands was performed in a 1-ml solution of 20 mm Hepes-NaOH, pH 7.5, 0.01% bovine serum albumin, 2 mm CaCl₂ for 45 min at 20° (equilibrium binding experiments). Then two 400-µl aliquots of incubation were filtered on GF/C glass fiber filters equilibrated in 0.05% polyethyleneimine in 100 mm Tris-HCl at pH 7.5 as previously described by Cognard et al. (21) for (+)-[3H]PN 200-110 binding, by Galizzi et al. (22) for (-)-[3H]D888, d-cis-[3H]diltiazem and (±)-[3H]bepridil binding, and by Galizzi et al. (15) for [3H]fluspirilene. For experiments involving (–)D888, d-cis-diltiazem, (\pm)bepridil and fluspirilene, no calcium was present in the incubation mixture. Competition of (+)-[3H]PN 200-110 binding to A7r5 microsomal preparation (0.2 mg of protein/ml) by different unlabeled drugs were analyzed at 20° in the same buffer as the one used in flux experiments and in the presence of 0.1 nm (+)-[3H]PN 200-110. Under these conditions the measured $K_{0.5}$ values are very close to the true K_d values of the different drugs.

⁴⁵Ca²⁺ uptake experiments. Ca²⁺ uptake studies on A7r5 and RINm5F cells were carried out in 24-well culture plates at 37° as described for A7r5 cells (16, 23). Cells were washed in 20 mM Hepes-NaOH, pH 7.4, 135 mM NaCl, 5 mM KCl, 1 mM MgCl₂, 0.1 mM EGTA, 0.01% bovine serum albumin and preincubated for 10 min with 200 μl of this solution (polarized conditions) in the presence of the molecule to be assayed. For depolarized conditions, the salt solution contained 55 mM KCl instead of 5 mM K⁺ and 85 mM NaCl instead of 135 mM NaCl. ⁴⁵Ca²⁺ uptake measurements were made after 3-min incubations in the buffer containing 0.6 μCi/ml ⁴⁵CaCl₂ and 0.1 mM CaCl₂ instead of 0.1 mM EGTA.

Electrophysiology. Voltage-clamp experiments were done at $32 \pm 2^{\circ}$ on the A7r5 cell line by using the whole cell configuration of the patch-clamp method (24). The external solution contained 40 mM tetraethylammonium chloride, 10 mM CaCl₂, and 1 mM MgCl₂. This solution was buffered at pH 7.4 with 10 mM Hepes/KOH. The pipette solution contained 140 mM CsCl, 5 mM EGTA, 4 mM MgCl₂, 3 mM ATP, and was buffered at pH 7.2 with 10 mM Hepes/CsOH. Patch pipette (2-6 M Ω) were connected to the head stage of the recording apparatus (RK 300, Bio-Logic, Grenoble, France).

Chemicals. [3H]HOE 166 (0.81 TBq/mmol), unlabeled HOE 166, and its analogs (see Table 1 under Results) were from Hoechst (Frankfurt am/Main, FRG). Tritiated (0.33 TBq/mmol) and unlabeled fluspirilene were from Janssen Pharmaceutica (Beerse, Belgium). (±)-[3H] Bepridil (1.4 TBq/mmol) was from Commissariat à l'Energie Atomique (Saclay, France) and unlabeled bepridil was from CERM (Riom,

France). Unlabeled (+)-PN 200-110 was from Sandoz (Basel, Switzerland), (-)D888 was from Knoll AG (FRG) and d-cis-diltiazem was from Synthelabo (Paris, France). (+)-[³H]PN 200-110 (2.96 TBq/nmmol), (-)-[³H]D888 (3 TBq/mmol), and d-cis-[³H]diltiazem (5.9 TBq/mmol) were from Amersham.

Results

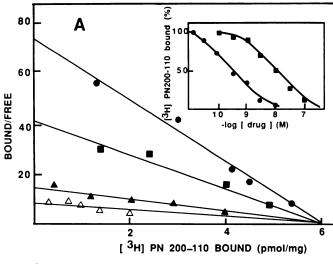
Inhibition by HOE 166 of the binding of different types of labeled calcium channel antagonists to rabbit skeletal muscle membranes. Binding sites for the different types of Ca²⁺ channel blockers have been characterized in rabbit skeletal muscle T-tubule membranes. They include receptors for DHP, for phenylalkylamines, for benzothiazepines, and for bepridil, and receptors for one neuroleptic (fluspirilene) of the diphenylbutylpiperidine series (15, 22, 25, 26).

Protection experiments demonstrate that unlabeled HOE 166 or its S-(-)-enantiomer, analog 2 (Table 1), completely inhibits the binding of (+)-[³H]PN 200-110 (DHP) (Fig. 1A, inset), (-)-[³H]D888 (phenylalkylamine), d-cis-[³H]diltiazem (benzothiazepine), [³H]fluspirilene (diphenylbutylpiperidine), and (±)-[³H]bepridil to T-tubule membranes (Fig. 1B, inset). The $K_{0.5}$ value for the action of the most active compound HOE 166 on (+)-[³H]PN 200-110 binding was in the subnanomolar range (0.25 nm) and the Hill coefficient was close to 1. Inhibition of binding by other radioligands occurred at higher drug concentrations which ranged from 6 to 25 nm. The stereospecificity was more pronounced for inhibition of (+)-[³H]PN 200-110 binding, the active enantiomer HOE 166 being 52 times more potent than the S-(-)-enantiomer (Fig. 1A, inset).

Fig. 1 shows families of Scatchard plots describing (+)-[3 H] PN 200-110 (Fig. 1A) and (-)-[3 H]D888 (Fig. 1B) binding to a microsomal preparation in the presence of increasing concentrations of HOE 166. The maximal binding capacity for (+)-[3 H]PN 200-110 was not modified in the presence of HOE 166, whereas apparent affinity was decreased from $K_d = 0.08$ nM in the absence of HOE 166 to 0.16, 0.39, and 0.72 nM in the presence of 0.5, 2, and 5 nM HOE 166, respectively. This is a typical result for a competitive inhibition, and the inhibition constant, K_I , calculated from these values is 0.55 nM, in good agreement with the $K_{0.5}$ value of 0.25 nM found in competition

Table 1
Benzolactams used in this investigation

No.	A'	R²	A	x	Position of side chain	Absolute configuration
1 (HOE 166)	(CH³)²CH	осн₃	-N_N-	s	2′	R
2	(CH ₃) ₂ CH	осн,	_N_N_	s	2′	s
3	n-C₄H₀	OCH ₃	-N_N-	0	2'	A,S
4	(CH³)₂CH	н	_N	s	3′	A,S
			CH ₃			
5	(CH₃)₂CH	осн,	_NN	CH₂	2′	R,S
6	(CH³)⊱CH	осн,	_NN	SO ₂	2'	R



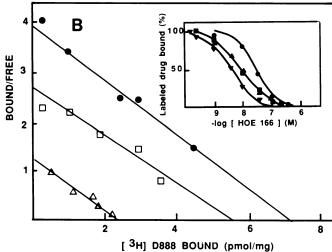


Fig. 1. Scatchard plots of the specific binding of (+)-[3H]PN 200-110 and (-)-[3H]D888 to rabbit skeletal muscle microsomes in the presence of HOE 166. A. Membranes (0.01 mg of protein/ml) were incubated at 20° with increasing concentrations of (+)-[3H]PN 200-110 in the absence of (●) or presence of 0.5 nm (■), 2 nm (▲), and 5nm (△) unlabeled HOE 166. Inset: Dose response curves for inhibition of (+)-[3H]PN 200-110 binding by unlabeled HOE 166 (●) and its S-(-)-enantiomer (analog 2) (\blacksquare). $K_{0.5}$ values are 0.25 nm and 13 nm for HOE 166 and analog 2, respectively. B. Equilibrium binding of (-)-[3H]D888 at 20° (0.05 mg of protein/ml) in the absence (\bullet) or presence of 6 nm (\square) and 30 nm (\triangle) HOE 166. Inset: Dose response curves for inhibition of (-)-[3H]D888 (●), (±)-[³H]bepridil (■), d-cis-[³H]diltiazem (▲), and [³H]fluspirilene (▼) by unlabeled HOE 166. K_{0.5} values are 25 nm, 9 nm, 10 nm, and 6 nm for inhibition of (-)-[3H]D888, (±)-[3H]bepridil, d-cis-[3H]diltiazem, and [3H] fluspirilene binding, respectively. The corresponding $K_{0.5}$ values for the S-(-) compound are (nm): 30, 16, 9, and 40.

experiments. The presence of 30 nm HOE 166 did not modify dissociation kinetics of bound (+)-[3 H]PN 200-110 from its receptor (not shown). This result is another indication of the possible competitive interaction of benzolactams at the DHP binding site. The situation was different for (-)-[3 H]D888 binding. The affinity of the phenylalkylamine marker was not modified in the presence of HOE 166 ($K_d = 1.8$ nm). Conversely, the $B_{\rm max}$ value was decreased in the presence of unlabeled HOE 166. The same type of result was also observed for the inhibition of d-cis-[3 H]diltiazem, [3 H]fluspirilene, and (\pm)-bepridil (not shown). This behavior corresponds to a noncompetitive inhibition.

Specific binding of [3 H]HOE 166 to rabbit skeletal muscle T-tubule membranes. Fig. 2A shows a typical equilibrium binding experiment of [3 H]HOE 166 to T-tubule membranes. The nonspecific binding component measured in the presence of 1 μ M unlabeled HOE 166 was low, even at saturating concentrations of [3 H]HOE 166. A Scatchard plot for the specific binding component (Fig. 2A, *inset*) shows that [3 H]HOE 166 specifically associates with a single class of sites with a K_d value of 0.27 nM and a B_{max} value of 65 pmol/mg of protein.

Fig. 2, B and C, shows association and dissociation kinetics relative to the interaction of [3 H]HOE 166 with T-tubule membranes. Under the chosen experimental conditions the association reaction is of pseudo-first order with a rate constant value, k_1 , of 2.3×10^6 M⁻¹ sec⁻¹. The first order rate constant of dissociation of the complex (k_{-1}) is 8.94×10^{-4} sec⁻¹, corre-

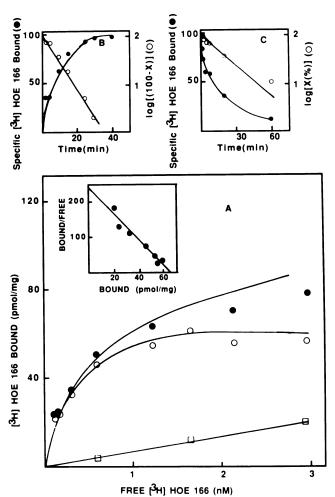


Fig. 2. A. Direct binding of [³H]HOE 166 to T-tubule membranes at 20° (0.008 mg of protein/ml). ●, total binding; □, nonspecific binding measured in the presence of 1 μm unlabeled HOE 166; ○, specific binding. *Inset:* Scatchard plot of the specific binding. B and C. Association (B) and dissociation (C) kinetics for the binding of [³H]HOE 166 to T-tubule membranes at 20°. B. Association kinetics were started by addition of 0.5 nm [³H]HOE 166 to T-tubule membranes (0.003 mg of protein/ml corresponding to a receptor concentration of 0.195 nm). The maximum concentration of specifically bound [³H]HOE 166 which corresponded to 100% was 0.108 nm. The concentration of free [³H]HOE 166 only varied by 21% and the reaction is of pseudo-first order. C. Dissociation was initiated after 45 min of association by addition of 1 μm unlabeled HOE 166. ○, semilogarithmic representation of association (B) and dissociation (C) data. *X*, percentage of the maximal [³H]HOE 166 specifically bound at time *t*.

sponding to a half-life of dissociation of 13 min at 20°. The equilibrium dissociation constant (K_d) from the kinetic data $(k_{-1}/k_1 = 0.39 \text{ nM})$ is in good agreement with the K_d value found in Fig. 2A and with the K_I value calculated from Fig. 1A.

Effects of classical calcium channel antagonists and of HOE 166 analogs on the specific binding of [3 H]HOE 166 to T-tubule membranes. Fig. 3A shows that various calcium channel antagonists completely inhibit the specific binding of [3 H]HOE 166 to T-tubule membranes with $K_{0.5}$ values between 0.4 and 1800 nM. The rank order of potency was as follows: (+)-PN 200-110 ($K_{0.5} = 0.4$ nM) > fluspirilene ($K_{0.5} = 10$ nM) > (-)-D888 ($K_{0.5} = 50$ nM) > (\pm)-bepridil ($K_{0.5} = 100$ nM) > d-cis-diltiazem ($K_{0.5} = 1800$ nM). d-cis-Diltiazem also inhibited (100%) [3 H]HOE 166 binding at 37° (not shown). Fig. 3B shows the inhibition of the specific binding of [3 H]

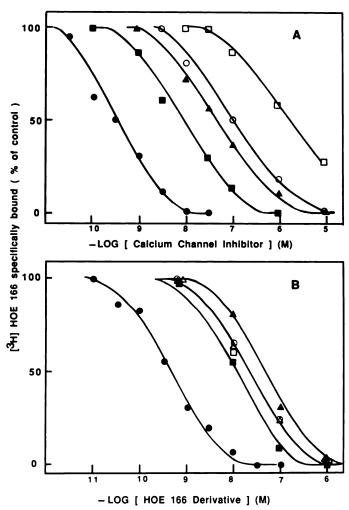


Fig. 3. Inhibition of [3 H]HOE 166 binding to T-tubule membranes by different calcium channel antagonists (A) and HOE 166 derivatives (B). Specific binding of [3 H]HOE 166 (0.4 nm) was measured after 45 min incubation at 20° with T-tubule membranes (0.003 mg of protein/ml) in the presence of increasing concentrations of (A): (+)PN 200-110 (\blacksquare), (-)-D888 (\triangle), fluspirilene (\blacksquare), (\pm)-bepridil (\bigcirc), and d-cis-diltiazem (\square); or (B): HOE 166 (\blacksquare) and analogs 2 (\blacksquare), 3 (\triangle), 4 (\square), 5 (\triangle), and 6 (\bigcirc). Nonspecific binding was measured in the presence of 1 μ M HOE 166 and was lower than 10% of the total binding. The 100% value corresponded to 0.1 nm specifically bound [3 H]HOE 166. $K_{0.5}$ values are (nm): (+)-PN 200-110, 0.4; fluspirilene, 10; (-)-D888, 50; (+)-bepridil, 100; d-cis-diltiazem, 1800; HOE 166, 0.5; analog 2, 12; analog 4, 13; analog 6, 18; analog 5, 20; and analog 3, 50.

HOE 166 to T-tubule membranes by unlabeled HOE 166 and its analogs (Table 1). The $K_{0.5}$ value found in these experiments for unlabeled HOE 166 is 0.5 nM, which is similar to the K_d value of 0.27 nM found from equilibrium data and to the K_d value of 0.39 nM calculated from kinetic data. $K_{0.5}$ values for the different HOE 166 analogs are comprised between 12 and 50 nM and are given in the legend of Fig. 3.

Effect of HOE 166 and analogs on DHP-sensitive ⁴⁵Ca²⁺ uptake in vascular A7r5 cells and RINm5F cells in culture. The effect of HOE 166 and derivatives on the activity of voltage-dependent Ca²⁺ channels was investigated by ⁴⁵Ca²⁺ flux experiments performed on two different cell lines: the aortic cell line A7r5 and the insulin-secreting cell line RINm5F.

In a medium containing 5mM K⁺, the different drugs assayed were without effect on the basal ⁴⁵Ca²⁺ uptake in both cell types. Conversely, the ⁴⁵Ca²⁺ uptake component due to Ca²⁺ channel activity elicited by depolarization in 55 mM K⁺ was completely inhibited by molecules of the HOE 166 family. Concentration dependences for inhibition by the different benzolactams of the HOE 166 family are presented in Fig. 4A for A7r5 cells and in Fig. 4B for RINm5F cells. Although Ca²⁺ channel activity measured by ⁴⁵Ca²⁺ uptake was 5–25 times more sensitive to the different inhibitors assayed [benzolactams, (+)-PN 200-110, (-)-D888, d-cis-diltiazem] in A7r5 than in RINm5F cells, a very good correlation was found for the relative inhibitory potencies of the different drugs in both cell lines (Fig. 5, right).

It would have been interesting to compare inhibitory potencies of HOE 166 and derivatives measured from Ca^{2+} uptake experiments on the one hand and from [3H]HOE 166 binding on the other hand. Unfortunately, the nonspecific binding component of [3H]HOE 166 binding to A7r5 and RINm5F cells was too large to allow good enough determinations of $K_{0.5}$ values for the different drugs using [3H]HOE 166 as a marker. Therefore $K_{0.5}$ values for each of the unlabeled drugs of interest were determined from their inhibition of (+)-[3H]PN 200-110 binding. A very good correlation was found between IC50 values determined by Ca^{2+} flux studies and $K_{0.5}$ values measured by binding studies (Fig. 5, left).

Voltage-clamp analysis of the effects of HOE 166 on A7r5 cells. Two experimental protocols have been used to investigate the blocking effect of HOE 166 on the $\mathrm{Ca^{2+}}$ current of A7r5 cells. In the first protocol (I), the effect of the drug was tested under polarized conditions i.e., at a holding potential, $V_H = -80$ mV. The voltage dependence of the drug effect was investigated by exposing the cell first to a fixed concentration of the drug under the polarized conditions (protocol I) until a steady state effect on the current was reached. Next, V_H was held for 3 min at -20 mV in order to set the $\mathrm{Ca^{2+}}$ channel in the inactivated state; then, V_H was returned to -80 mV for 1 min before the test pulse (protocol II).

The blocking effect of HOE 166 on the Ca²⁺ channels of A7r5 cells was compared to that of (+)-PN 200-110. Fig. 6 (A and B) shows that the more potent blocker of the Ca²⁺ channels of A7r5 cells at -80 mV is HOE 166 since 10 nm HOE 166 blocked 47% of the current under polarized conditions (protocol I), whereas the same concentration of (+)-PN 200-110 blocked only 34% of the peak current under protocol I. Under protocol II, blockade by HOE 166 passed from 47 to 66%, whereas blockade by (+)-PN 200-110 passed from 34% to 72%, indicat-

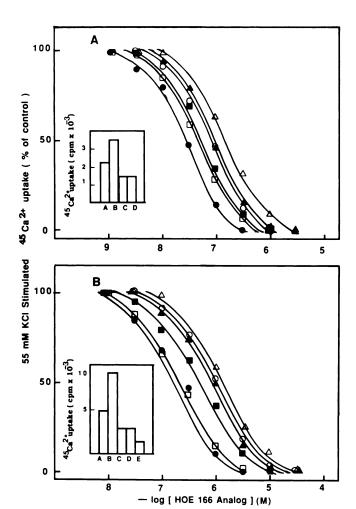


Fig. 4. Inhibition of DHP-sensitive 45 Ca $^{2+}$ uptake into A7r5 and RINm5F cells by HOE 166 analogs. Times of uptake were 3 min. A. Inhibition of K⁺-induced 45 Ca $^{2+}$ uptake into A7r5 cells by increasing concentrations of HOE 166 (●) and analogs 2 (△), 3 (▲), 4 (○), 5 (■), and 6 (□). *Inset:* basal uptake in 5 mm K⁺ buffer in the absence (A) or presence (C) of 0.1 μm (+)-PN 200-110. Activated uptake in 55 mm K⁺ buffer in the absence (B) and presence (D) of 0.1 μm (+)-PN 200-110. Results are expressed as 45 Ca $^{2+}$ cpm/12-mm well. B. Inhibition of K⁺-induced 45 Ca $^{2+}$ uptake into RINm5F cells by the same drugs as in A. *Inset:* basal uptake in 5 mm K⁺ buffer (A) and activated uptake in 55 mm K⁺ in the absence of blocker (B) or in the presence of 10 μm (+)-PN 200-110 (c), 100 μm d-cis-diltiazem (D), and 10 μm D888 (E).

ing a higher voltage dependence for the 1,4-dihydropyridine. Complete Ca²⁺ channel blockade was observed at 100 nm HOE 166. This result is consistent with ⁴⁵Ca²⁺ flux data (Fig. 6).

Discussion

Voltage-dependent ionic channels are also drug receptors. For example, voltage-dependent Na⁺ channels have binding sites for multiple classes of neurotoxins (27–29). More recent data also indicate that different types of toxin receptors are present on voltage-dependent K⁺ channels (30, 31). Functional and structural knowledge of these channels was greatly assisted by the availability of the specific toxins (32). Most of the important new findings concerning voltage-dependent Ca²⁺ channel have also necessitated the use of specific pharmacological tools. In that case they have mainly been drugs coming from the cardiovascular field, such as DHP, phenylalkylamines, bepridil, or diltiazem.

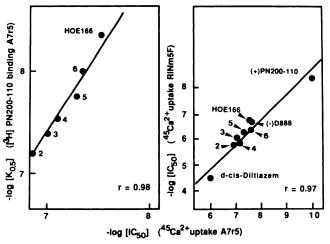


Fig. 5. Left: Correlation of the inhibitory potencies of HOE 166 and derivatives on ⁴⁵Ca²⁺ uptake by A7r5 cells and (+)-[³H]PN 200-110 binding to A7r5 microsomes. *Right:* Correlation of the inhibitory potencies of HOE 166, derivatives, and (+)-PN 200-110, *d*-cis-diltiazem, and (-)-D888 for Ca²⁺ channel blockade in A7r5 and RINm5F cells.

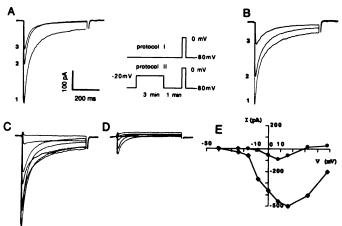


Fig. 6. Blocking effects of HOE 166 and (+)-PN 200-110 on Ca²⁺ channels of A7r5 cells at 32°. The external solution contained 10 mm Ca²⁺ (A and B). Ca²⁺ currents associated with a step depolarization to 0 mV from a holding potential (V_H) = −80 mV. A. 1: Control current; 2: steady state effect of 10 nm HOE 166 (protocol I); 3: additional blockade of the Ca²⁺ current after V_H was held at −20 mV for 3 min and returned to −80 mV for 1 min (protocol II). B. 1: Control current; 2: steady state effect of 10 nm (+)-PN 200-110 (protocol I), 3: additional blockade of the Ca²⁺ current (protocol II). C and D. Superimposed Ca²⁺ current traces associated with depolarizing steps to −40, −24, −16, −8, 0, +8, +16, +32, and +48 mV from V_H = −80 mV. C. Control currents. D. After a 10-min exposure to HOE 166 (100 nm) E. Peak Ca²⁺ current-membrane potential relationship for the experiments illustrated in C (♦) and D (●).

The discovery of new classes of Ca²⁺ channel ligands is potentially important both for therapeutic purposes and for fundamental research concerning channel structure and function.

Three different approaches have been used in this report to define interactions of a new molecule, HOE 166, and some of its analogs, with Ca²⁺ channel structures present in rabbit skeletal muscle, rat aortic cells, and insulin-secreting cells. These approaches included binding studies, ⁴⁵Ca²⁺ flux experiments, and electrophysiological analysis on cultured cells.

T-Tubule membranes have been found to be the richest source of receptors for all kinds of Ca²⁺ channel blockers (25). They have also served as the essential source of material for

the purification of the channel (20, 33-38), and skeletal muscle has been used for the cDNA cloning of one of the constituting subunits of this channel (39). For all these reasons binding studies on T-tubule skeletal muscle membranes were first used for the identification of receptors of molecules of the HOE 166 series. The two salient properties of [3H]HOE 166 binding to T-tubule membranes are a high affinity, with a K_d of 0.27 nM, and a large number of receptors, corresponding to a B_{max} value of 65 pmol/mg of protein. Since HOE 166 and its analogs completely prevent the binding of all known classes of Ca2+ channel antagonists including (+)-[3H]PN 200-110, (-)-[3H] D888, d-cis[3H]diltiazem, [3H]bepridil, and [3H]fluspirilene, and since its binding stoichiometry to T-tubules is nearly identical to that of the molecule of other Ca2+ channel blockers, it is then clear that the HOE 166 receptor appears to be associated with the same kind of voltage-dependent Ca2+ channel structure as receptors for the other drugs.

A more detailed analysis of the inhibitory effect of HOE 166 and analogs on (+)-[³H]PN 200-110 and (-)-[³H]D888 binding revealed that the inhibition was competitive for the former tritiated ligand and noncompetitive for the latter one. Moreover, as previously described for DHP (13), inhibition of [³H] DHP binding by HOE 166 occurs with higher affinity than inhibition of other types of molecules (Fig. 1). A similar type of situation was found for analogs of PN 200-110 in the DHP series. However, there are two marked differences: (i) molecules of the DHP series do not completely abolish the binding of other classes of tritiated Ca²+ channel antagonists such as phenylalkylamine, diltiazem or bepridil, whereas HOE 166 does; and (ii) d-cis-diltiazem enhances the binding of (+)-[³H] PN 200-110, whereas it inhibits [³H]HOE 166 binding at 20° as well as at 37°.

For all these reasons, it seems that the HOE 166-binding site on skeletal muscle membranes has only part of the properties of the DHP-binding sites and is clearly different from the fluspirilene-binding site (15, 16) or from binding sites for phenylalkylamine, benzothiazepine or bepridil (22). Such binding behavior is interesting since HOE 166 includes some structural elements from diltiazem and verapamil families of compounds bridged by a piperazine linkage (Table 1).

It is, of course, important to show that sites identified by binding experiments correspond to sites modulating Ca²⁺ channel activity. This is demonstrated using two different cell lines in culture: the aortic cell line A7r5 and the insulin-secreting cell line RINm5F. The A7r5 cells have previously been shown to be excellent for the analysis of the pharmacology of Ca²⁺ channels by Ca²⁺ flux and of the regulation of the channel by peptides and protein kinase C activators (23).

A striking parallelism does exist between the occupancy of the HOE 166 receptor as shown by inhibition of (+)-[3 H]PN 200-110 binding to A7r5 membranes and the Ca²+ channel blockade in the A7r5 cells measured by 45 Ca²+ flux experiments (Fig. 5, *left*, r = 0.98).

Electrophysiological analysis of A7r5 cells provides an independent demonstration that the voltage-dependent Ca²⁺ channel of the L type (i.e., blocked by DHP) is blocked by low concentrations of HOE 166. One difference for the blockade of the Ca²⁺ channel by HOE 166 and (+)-PN 200-110, respectively, is the voltage dependence of the drug effect. DHP molecules are known to bind more tightly to the L-type Ca²⁺ channel structure in a variety of excitable cells at more depo-

larized membrane potentials (21, 40). This is due to their higher affinity for the inactivated state of the channel. It has been shown in this paper (Fig. 6) that HOE 166 efficacy is also sensitive to membrane potential but less than (+)-PN 200-110 efficacy.

Ca²⁺ channels are also essential for coupling excitation to secretion in insulin-secreting cells. This report shows that DHP-sensitive Ca²⁺ channels can be studied by ⁴⁵Ca²⁺ uptake measurements on RINm5F insulinoma cells. The pharmacological profile of Ca2+ channel blockade in insulinoma cells, including blockade by substances in the HOE 166 series, is similar to that found in A7r5 smooth muscle cells. A good correlation (r = 0.97) was found between the $K_{0.5}$ values determined for the different Ca2+ channel blockers on the two cell lines, showing that compounds that are less potent on A7r5 cells are also less potent on RINm5F. A less strict correlation was observed between the drug potencies found for benzolactaminduced inhibition of (+)-[3H]PN 200-110 binding to skeletal muscle and to the two cell lines (Figs. 3 and 5). These differences probably reflect differences in properties of L-type Ca²⁺ channel properties in these different tissues.

A number of toxins acting on Na⁺ and K⁺ channels have now been shown to have endogenous equivalents in the mammalian brain (41, 42). Therefore, it is not unreasonable to believe that endogenous equivalents of Ca²⁺ channel blockers also exist. If this assumption is correct, then it is to be expected that the more numerous the chemical families of Ca²⁺ channel blockers, the more numerous the families of endogenous equivalents of Ca²⁺ channel blockers.

Note added in proof.

HOE 166 also blocks K⁺-evoked contractions of aortic smooth muscle preparations and [³H]noradrenaline release from PC12 cells (Usinger, P., U. Albus, W. Linz, and R. Henning. HOE 166, a new calcium antagonist, has a binding site different from 1,4-DHP. Eur. J. Pharmacol. in press (1988).

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Send reprint requests to: Professor Michel Lazdunski, Centre de Biochimie du CNRS, Parc Valrose, 06034 Nice Cedex, France.