EarlyTox™ Cardiotoxicity Kit

Table 1-1: Available Kits

Assay Kit	Explorer Kit	Bulk Kit
EarlyTox™ Cardiotoxicity Kit	R8210	R8211

The EarlyTox™ Cardiotoxicity Kit from Molecular Devices® provides a fast, simple, and reliable fluorescence-based method for characterizing cardiotoxic compounds in a biorelevant assay using stem-cell derived cardiomyocytes. The kit is based on a novel calcium sensitive indicator paired with Molecular Devices proprietary masking technology, providing mix-and-read procedures for measuring intracellular calcium flux associated with cardiomyocyte contractions.

Contents

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Chapter 1: About the EarlyTox Cardiotoxicity Kit

There is a need for cardiotoxicity and cardio-discovery assays that use more biologically relevant cell-based models to aid development of new chemical entities and ensure drug safety. The EarlyTox Cardiotoxicity Kit has been optimized to provide a robust, high throughput method for measuring the impact of pharmacological compounds on stem cell derived cardiomyocytes, including measurement of the beat rate, amplitude, peak width, and other critical parameters.

Calcium assays from Molecular Devices employ sensitive calcium indicators and masking dyes. The EarlyTox Cardiotoxicity Kit contains an optimized dye formulation that increases the signal window while having minimal non-specific toxicity and impact on the beat rate and other beat characterization parameters. Other commercially available dyes and kits demonstrate non-specific effects on multiple parameters of cellular beating, all within the time-frame required for measurement of compound effects. The cardiotoxicity dye is mixed with the provided buffer and incubated for approximately two hours with cells, before assay. During incubation, the indicator passes through the cell membrane, and esterases in the cytoplasm cleave the AM portion of the molecule. The masking dye does not enter the cell, but significantly reduces background originating from residual extracellular fluorescence of the calcium indicator, media, or other components. This removes the requirement for washing the cells in order to obtain a robust signal window. As cardiomyocyte beat rates are sensitive to buffer changes; it is critical for the cells to remain in media to produce consistent high quality results.

After incubation with the dye, the cells are ready to be assayed. Compounds are added and measurements taken using a fluorescent microplate reader such as the FLIPR® Tetra High Throughput Cellular Screening System or the SpectraMax® i3 Multi-Mode Detection Platform. Direct measurement of intracellular fluorescence change due to changes in intracellular calcium concentrations is enabled. This change in calcium concentration correlates to the beat rate and beat pattern of the cardiomyocyte, as further discussed in Assay Principle on page 4.

Three reference compounds are included in the kit:

- Isoproterenol, a non-selective ß-adrenergic agonist that induces positive chronotropic and inotropic effects. Isoproterenol (isoprenalin) is used for the treatment of bradycardia (slow heart rate) or heart block.
- Propranolol, a non-selective blocker of both β1-adrenergic and β2-adrenergic receptors. It inhibits the action of agonists of β-adrenergic receptors.
- Sotalol is a drug used for treatment of arrhythmias. It is a non-selective competitive β-adrenergic receptor blocker that also inhibits potassium channels. It alters the normal contraction pattern.

Assay Principle

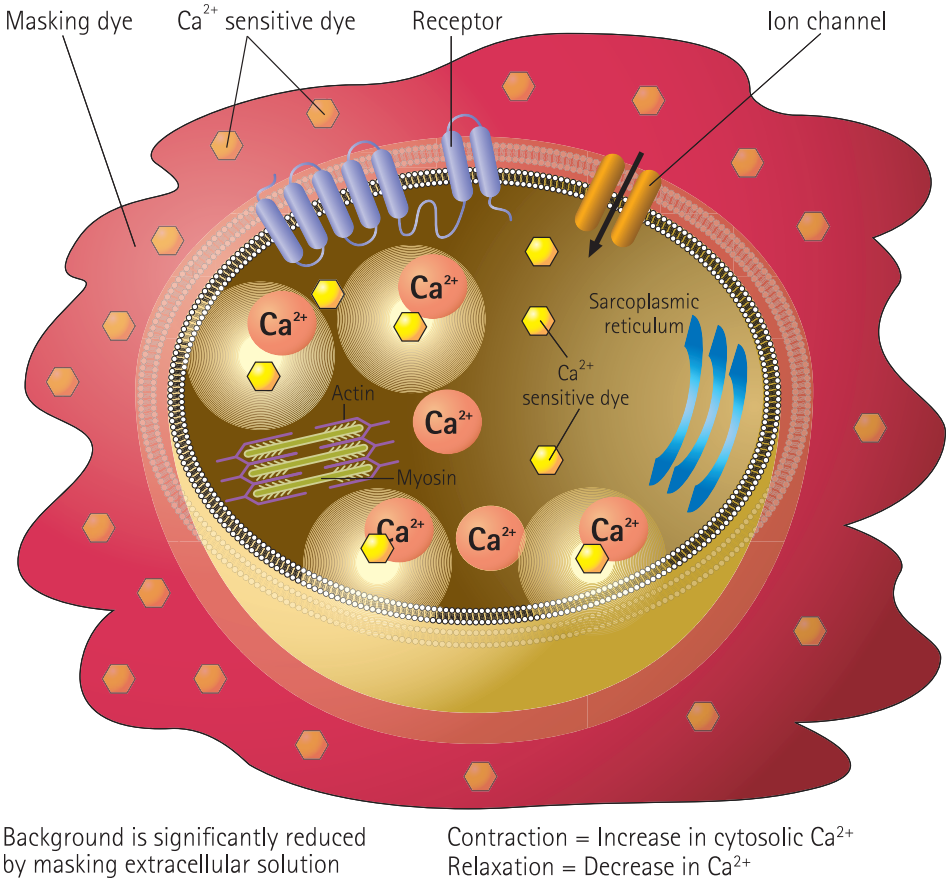


Figure 1-1: EarlyTox Cardiotoxicity Kit assay principle

EarlyTox Cardiotoxicity dye binds with calcium ions as they enter the cell cytoplasm enabling measurement of the change in calcium concentration. During a single beating cycle, Ca^{2+} is released into the cytoplasm after the sarcoplasmic reticulum is stimulated. Calcium binds with troponin activating the sarcomere, and the cell contracts. Synchronously, there is an increase in fluorescent signal as dye binds to free calcium in the cytosol. Cellular relaxation occurs on removal of calcium from the cytosol by calcium uptake pumps of the sarcoplasmic reticulum and by calcium exchange with extracellular fluid. The fluorescent signal decreases as calcium concentration decreases. As the cycle repeats, additional fluorescent peaks synchronous with beating are observed.

Note: This is a simplified description of the cellular actions occurring. For a more detailed explanation of the methods of calcium changes and their relation to relaxation-contraction we recommend more in-depth reading of the literature related to the actions of cardiac muscle physiology. Some readings are referenced in Bibliography—Selected Readings on page 15.

Advantages

Molecular Devices developed the EarlyTox Cardiotoxicity Kit to deliver a robust, high-throughput, biologically relevant assay solution enabling earlier prediction of compound toxicity and efficacy.

- Eliminate cardiotoxic compounds and identify potential drug candidate
- Study functional profiles in a biorelevant cardiotoxicity assay
- High-throughput: measure 384 samples in minutes rather than hours
- Minimal non-specific effect of dye on beat characteristics
- Reduced well-to-well variation, improved data quality
- Enhanced signal dynamic range
- Minimal cell perturbation (no wash required)
- Adaptable for use 96-well, 384-well, and 1536-well formats

Applications

The EarlyTox Cardiotoxicity Kit is designed to detect the effects of compounds on the beat characteristics of cardiomyocytes. It employs a calcium sensitive dye to monitor changes in intracellular calcium concentrations, which in turn are synchronous with cell beating. Assay results can aid in the detection of efficacy or toxicity of compounds. The EarlyTox Cardiotoxicity Kit uses a newly improved calcium dye formula and Molecular Devices patented quench technology that further enhance the signal window, minimize impact on beating rate over time, and make difficult assays more amenable for high-throughput screening.

This EarlyTox Cardiotoxicity Kit has been tried with the following types or sources of cardiomyocytes:

- iCell® Cardiomyocytes, human induced pluripotent stem (iPS) cell-derived cardiomyocytes from Cellular Dynamics International.
- Cardiomyoctyes derived from H7 human embryonic stem cells (hESC).

Chapter 2: Materials and Equipment

Kit Components

Table 2-1: Components of the EarlyTox Cardiotoxicity Kits

Item	Explorer Kit (R8210)	Bulk Kit (R8211)
Component A Loading dye	2 vials	2 vials
Component B Dilution buffer: 1X DPBS (with Ca^{2+} and Mg^{2+}) plus 20 mM HEPES buffer, pH 7.4	1 bottle	1 bottle
Reference compounds: isoproterenol, sotalol, propranolol. When dissolved in 50 µL DPBS or DMSO, each aliquot will result in 20 mM concentration.	3 vials	3 vials

- The entire Explorer Kit (R8210) is sufficient for two 96-well or 384-well plates. Each vial is sufficient for one 96-well or 384-well plate.
- The entire Bulk Kit (R8211) is sufficient for ten 96-well, 384-well, or 1536-well plates. Each vial is sufficient for assaying five 96-well, 384-well, or 1536-well plates.

Storage and Handling

On receipt of the EarlyTox Cardiotoxicity Kit, store the contents at -20°C. Under these conditions the reagents are stable for six months in the original packaging.

WARNING! Reagents can contain chemicals that are harmful. Appropriate care should be exercised when handling reagents as described in the related safety data sheet (SDS or MSDS). The safety data sheet is available in the Knowledge Base on the Molecular Devices support web site: www.moleculardevices.com/support.html

Chapter 3: Experimental Protocol

Quick Start Protocol

1. Plate the thawed iPSC derived cardiomyocyte cells in 96-well or 384-well microplates as recommended by the cell provider protocol and incubate for 10 to 14 days at 37°C, 5% CO_2. Feed the cells every second day or as recommended in the cell provider protocol.
2. Prepare the loading buffer on the same day as the assay.
3. Remove the cell plates from the incubator.
   - (Optional) Change the media in the microplates before the experiment. Add 25 µL of fresh media.
   - EarlyTox Cardiotoxicity Kit: Add an equal volume of loading buffer to each well (for example: 25 µL of loading buffer to 25 µL of cells and media for a 384-well plate.)
4. Return the plates to the incubator and incubate two hours at 37°C, 5% CO_2.
5. For assay development, prepare the compound plates, include reference concentration response curves of reference compounds as positive controls. Molecular Devices recommends half log serial dilutions starting at: isoproterenol 10 µM, sotalol 100 µM, and propranolol 100 µM.
6. Run the experiment on a FLIPR® Tetra System or SpectraMax i3 Instrument.

Cell Handling

The EarlyTox Cardiotoxicity assay is designed to work with stem cell derived cardiomyocytes or primary cardiomyocytes. Standard procedures vary across laboratories and Molecular Devices recognizes that a variety of cell handling conditions might be adopted at the discretion of the user. This section contains general guidelines for preparing cells for use with the assay kit. iPSC-derived cardiomyocytes or ES-derived cardiomyocytes are the most frequently used cells. They are generally plated 10 to 14 days before an experiment and then incubated in a 5% CO_2, 37°C incubator. See specific cell vendor protocols for appropriate cell plating and handling. Molecular Devices recommends optimizing the assay and cell conditions for specific applications.

Table 3-1: General Plating Volumes and Seeding Densities

Cell Type (cells/well)	96-well microplate (100µL growth medium)	384-well microplate (25µL growth medium)
iCell Cardiomyocytes (human-iPS cell derived, from Cellular Dynamics International)	40000 to 80000	8000 to 15000
H7 cardiomyocytes (human-ESC cell derived)	Not determined at time of publication	40000 to 60000

Preparing the Loading Buffer

The following procedure is designed for the preparation of the EarlyTox Cardiotoxicity Kit loading buffer per vial of the Explorer Kit. Additional volumes for the Bulk Kit are included in Table 3-2.

1. Remove one vial of EarlyTox Cardiotoxicity Dye (Component A) from the freezer and equilibrate to 37°C. Also equilibrate Component B to 37°C.
2. Dissolve contents of the loading dye (Component A) vial by adding 10 mLs of dilution buffer (Component B) or 1X DPBS Buffer plus 20 mM HEPES. Mix by vortexing ~1 to 2 minutes until contents of vial are dissolved.

Note: It is important that the contents are completely dissolved to ensure reproducibility between experiments.

Table 3-2: Required Volumes of DPBS plus 20 mM HEPES (or Component B)

Microplate Format	DPBS + 20mM HEPES or Component B	Explorer Kit (R8210)	Bulk Kit (R8211)
96-well or 384--well	Volume to dissolve loading dye (Component A)	10 mL	10 mL
	Additional required to bring up to volume	None	40 mL

3. Dissolve contents of the reference compounds by adding 50 µL of DMSO or 1X DPBS Buffer plus 20 mM HEPES. Mix by pipetting until contents of vial are dissolved. Final concentrations in the vial is 20 mM of each compound.

Note: Alternatively 10 mM of compound solutions can be prepared by adding 100 µL DMSO or DPBS.

CAUTION! The components supplied are sufficient for proper cell loading. For optimum results it is important NOT to add any additional reagents or change volumes and concentrations.

Loading Cells Using Loading Buffer

1. Remove cell plates from the incubator. It is not necessary to remove the culture media. Add an equal volume of loading buffer to each well: 100 µL per well for 96-well microplates, 25 µL for 384-well microplates.
2. After adding dye, incubate cell plates for ~ 2 hours at 37°C (loading time can be optimized for specific cell source and experiment).

   Note: Do not wash the cells after dye loading.

   Note: Appropriate compound dilutions can be prepared during this step.
3. (Optional) Read plate after two hours of loading dye (pre-read before compound addition) as suggested below.
4. Add 5x concentrations of compounds manually or using fluidics. Incubate 10 to 30 minutes (optimal time for compound treatment can be optimized for specific cell source and experiment).
5. Read microplate on the FLIPR Tetra System or SpectraMax i3 Instrument as suggested below.
6. Plate can be read repeated times with a read only protocol to monitor compound effects at different time-points.

   Note: Keep plate in the incubator between reads.

Diluting Reference Compounds and Preparing the CRC Plate

1. Dissolve reference compounds in 50 µL of DMSO or Component B buffer to make 20 mM stock concentration.
2. Dilute stock concentrations to prepare 5x solutions so that when added to the cells the following final concentrations will be achieved: Molecular Devices recommends performing half log serial dilutions and to start each concentration response curve (CRC) at the following highest dose (a) isoproterenol at 10 µM (b) sotalol at 100 µM, and (c) propranolol at 100 µM.

Running the Cardiac Beating Assay on a FLIPR Tetra Instrument

1. Pre-warm the instrument deck to 37°C before the experiment.
2. After the incubation, transfer the microplates directly to the FLIPR Tetra Instrument and begin the assay as described in the instrument user guide.
3. When performing a signal test before an experiment, adjust typical average baseline counts to range from 800 to 1100 RFU on the FLIPR Tetra Instrument with an EMCCD camera, or 5000 to 7000 RFU on the FLIPR Tetra Instrument with an ICCD camera.
4. Molecular Devices recommends the experiment setup parameters for each FLIPR Tetra Instrument as listed in Table 3-3. However, further assay development and adjustment of the volume, height, and speed of dispense are recommended to optimize the individual cell response.

Recommended Settings for the FLIPR Tetra Instrument

Before reading the microplate, set up the FLIPR Tetra Instrument using the recommended experiment setup parameters listed in Table 3-3.

Table 3-3: Experiment setup parameters for the FLIPR Tetra Instrument

Parameter	96-well microplate	384-well microplate
Excitation LED (nm)	470–495	470–495
Emission Filter (nm)	515–575	515–575
Camera Gain	**EMCCD camera:** 130 **ICCD camera:** Fixed at 2000	**EMCCD camera:** 130 **ICCD camera:** Fixed at 2000
Exposure (sec)	0.05	0.05
LED Intensity (%)	**EMCCD camera:** 80 **ICCD camera:** 50	**EMCCD camera:** 80 **ICCD camera:** 50
Camera Gate (%) **(ICCD camera only, adjust so camera does not saturate)**	22	22
Addition Volume (µL)	50	12.5
Compound Concentration (Fold)	5X	5X
Addition Height (µL)	210 to 230	35 to 45
Addition Speed (µL/sec)	**Adherent Cells:** 50	**Adherent Cells:** 30
Tip-Up Speed (mm/sec)	10	10

Running the Cardiac Beating Assay on a SpectraMax i3 Instrument

1. Pre-warm the microplate chamber to 37°C before the experiment.
2. After incubation, transfer the microplates directly to the SpectraMax i3 Instrument.
3. Use the SoftMax® Pro Software protocol named **Cardiomyocyte Beating i3 (Basic)** available in the Protocol Library.

   You can also download additional and updated protocols from the Knowledge Base on the Molecular Devices support web site (www.moleculardevices.com/support.html) or from the protocol sharing web site (www.softmaxpro.org).
4. Molecular Devices recommends the experiment setup parameters for SpectraMax i3 Instrument as listed in Table 3-4. However, further assay development, adjustment of the volume, height, and speed of dispense, is recommended to optimize the individual cell response.

Recommended Settings for the SpectraMax i3 Instrument

Before reading the microplate, define the settings for the SpectraMax i3 Instrument using the recommended parameters listed in Table 3-4.

Table 3-4: Experiment setup parameters for the SpectraMax i3 Instrument

Parameter	Setting
Optical Configuration	Monochromator
Read Mode	FL (fluorescence intensity)
Read Type	Kinetic
Wavelengths	Excitation: 485 nm Emission: 535 nm
Bandwidth	Excitation: 9 nm Emission: 15 nm
PMT and Optics	Flashes per read: 2 Read from Bottom
Timing Settings	Well Run Time: 25 to 40 sec Interval: 0.1 sec
More Settings	Read Order: Well

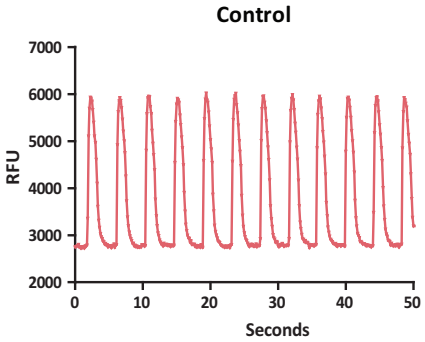
Chapter 4: Data Analysis Examples

iPSC derived cardiomyocyte assay experimental protocol

The data below were generated using iCell® Cardiomyocytes, human induced pluripotent stem (iPS) cell-derived cardiomyocytes from Cellular Dynamics International. The cells were thawed and plated in a volume of 25 µL in a 384-well, black-wall, clear-bottom microplate according to vendor protocol. Cells were incubated and fed for 10 days before the assay. On the day of the assay, EarlyTox Cardiotoxicity Kit dye loading buffer was prepared and all assay preparation steps are as described in Experimental Protocol, see page 7.

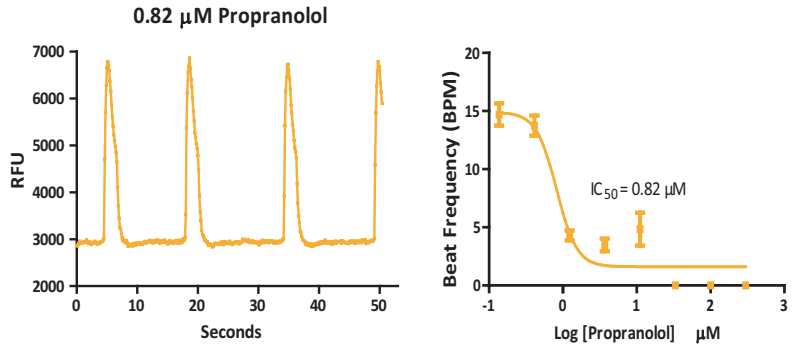
For the FLIPR Tetra data that follows, cell plates were transferred to the instrument, and compounds were added simultaneous with detection. Cells were returned to the incubator for 20 minutes, and then read again following a protocol for 800 reads at 0.05 second intervals without pipetting. ScreenWorks Peak Pro software was used to analyze and export either beats per minute (BPM) or Time Sequence data to GraphPad Prism for graphing. EC_{50} or IC_{50} values were determined for control and each of the three reference compounds. Beat profiles were also analyzed as they can enable identification of the effects of compounds that interfere with potassium or other ion channels such as hERG blockers.

Untreated Control iPSC Cardiomyocytes 20 Minutes Post Compound Addition



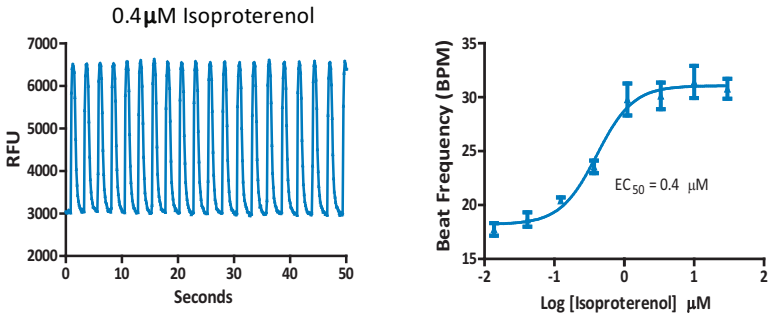
In the figure above, changes in fluorescent signal reflect the contractions or beating of the entire well of iPSC derived cardiomyocytes loaded with EarlyTox Cardiotoxicity Dye. As the cells contract and relax, changes in intracellular calcium concentration are reflected by the change in the fluorescent signal. EarlyTox Cardiotoxicity Kit can be used to record signal traces using the FLIPR Tetra System for several hours after compound addition as it has minimal non-specific toxicity compared to other available dyes. In addition, the larger signal window provided by the dye can assist with determination of cell behavior when the signal is small.

iPSC Cardiomyocytes Treated with Propranolol Exhibit a Slower Beat Frequency



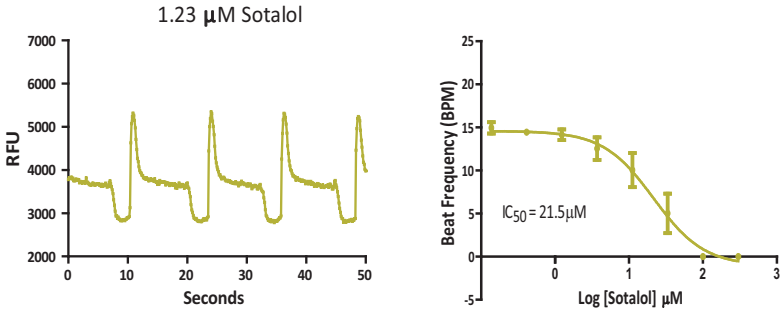
In the figure above, cells are treated with propranolol, which inhibits the action of ß-adrenergic agonists. It slows the beat frequency or contraction rate of the cells. IC_{50} values are determined from the change in contraction rate (beat frequency) vs. concentration of compound.

iPSC Derived Cardiomyocytes Treated with Isoproterenol Show Increased Beat Frequency



In the figure above, isoproterenol is shown to increase the contraction rate of the cells. Isoproterenol is a positive chronotrope that is a non-selective ß-adrenergic agonist. This data point was measured 20 minutes after compound addition, however BPM can be re-measured over several hours to determine delayed toxicity effects. EC_{50} values are determined from the beat frequency vs. concentration of compound.

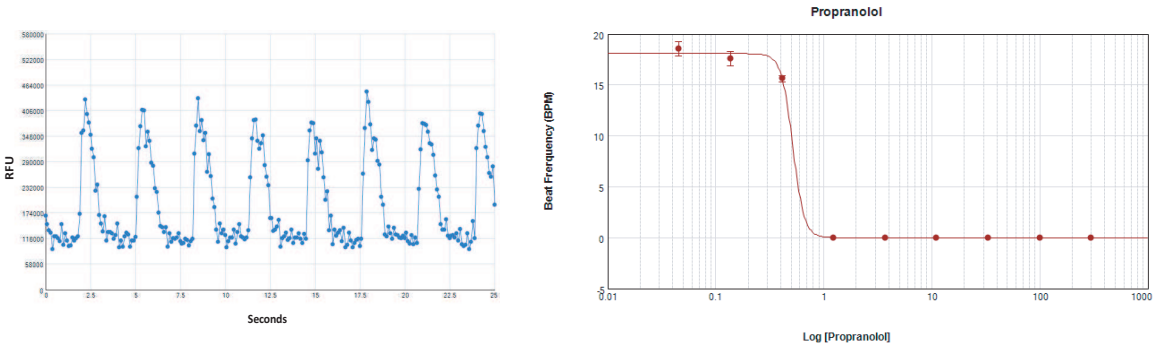
iPSC Cardiomyocytes Treated with Sotalol Show Decreased Beat Frequency and Altered Beat Pattern



In the figure above, cells were treated with sotalol, a non-selective ß blocker that also inhibits potassium channels and alters the normal beat pattern. EarlyTox Cardiotoxicity Dye enables the identification of compounds that might have an unintended effect of affecting potassium or other ion channels early in the drug discovery process.

iPSC Cardiomyocyte Experiment on SpectraMax i3 Instrument

In addition to the FLIPR Tetra Instrument, the cardiomyocyte assay has also been validated for the SpectraMax i3 Instrument. The cells were prepared and dye loaded in the same way as the assay on the FLIPR Tetra Instrument. Compound was added off line and the plate was read for 25 seconds/well and an interval of 0.1 seconds on the SpectraMax i3 Instrument 1 to 2 hours post compound addition. The SoftMax Pro Software protocol entitled **Cardiomyocyte Beating i3 (Basic)** was used to run the assay and analyze the data. Settings are summarized in Recommended Settings for the SpectraMax i3 Instrument, see page 11.



In the figure above, cells were incubated with EarlyTox Cardiotoxicity dye for 2 hours. The cells were then treated with propranolol for two hours before reading on the SpectraMax i3 Instrument. Each well was read for 25 seconds to determine the rate of cell beating. The EC_{50} value is determined from the average beat frequency per well. The minimal non-specific toxicity of the EarlyTox Cardiotoxicity Dye enables cardiomyocyte assays to be performed on microplate readers, where the throughput is slower since samples are measured one well at a time.

Chapter 5: Obtaining Support

Molecular Devices is a leading worldwide manufacturer and distributor of analytical instrumentation, software and reagents. We are committed to the quality of our products and to fully supporting our customers with the highest possible level of technical service.

Our support web site, www.moleculardevices.com/support.html , has a link to the Knowledge Base with technical notes, software upgrades, safety data sheets, and other resources. If you do not find the answers you are seeking, follow the links to the Technical Support Service Request Form to send an email message to a pool of technical support representatives.

You can contact your local representative or contact Molecular Devices Technical Support by telephone at 800-635-5577 (U.S. only) or +1 408-747-1700. In Europe call +44 (0) 118 944 8000.

Please have the assay kit's name, part number, and lot number available when you call.

Bibliography—Selected Readings

Bers, D. M. Cardiac excitation-contraction coupling. *Nature* **415**, 198-205 (2002).

Braunwald, Eugene. Heart Failure, *JACC* **1:1**, 1-20 (2013).

Bolton, T. calcium events in smooth muscles and their interstitial cells; physiological roles of sparks. *J Physiol* **570:1**, 5-11 (2006).

Gheorghiade, M. et. al. Combining SERCA2a Activation and Na-K ATPase Inhibition: A Promising New Approach to Managing Acute Heart Failure Syndromes with Low Cardiac Output. *Discovery Medicine* **063**, (2011).

Knollmann, B. & Roden, D. A genetic framework for improving arrhythmia therapy. *Nature* 451, 929-936 (2008).

Medical Books Online: Section on Cardiac Muscle Physiology
http://www.cixip.com/index.php/page/content/id/183

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