

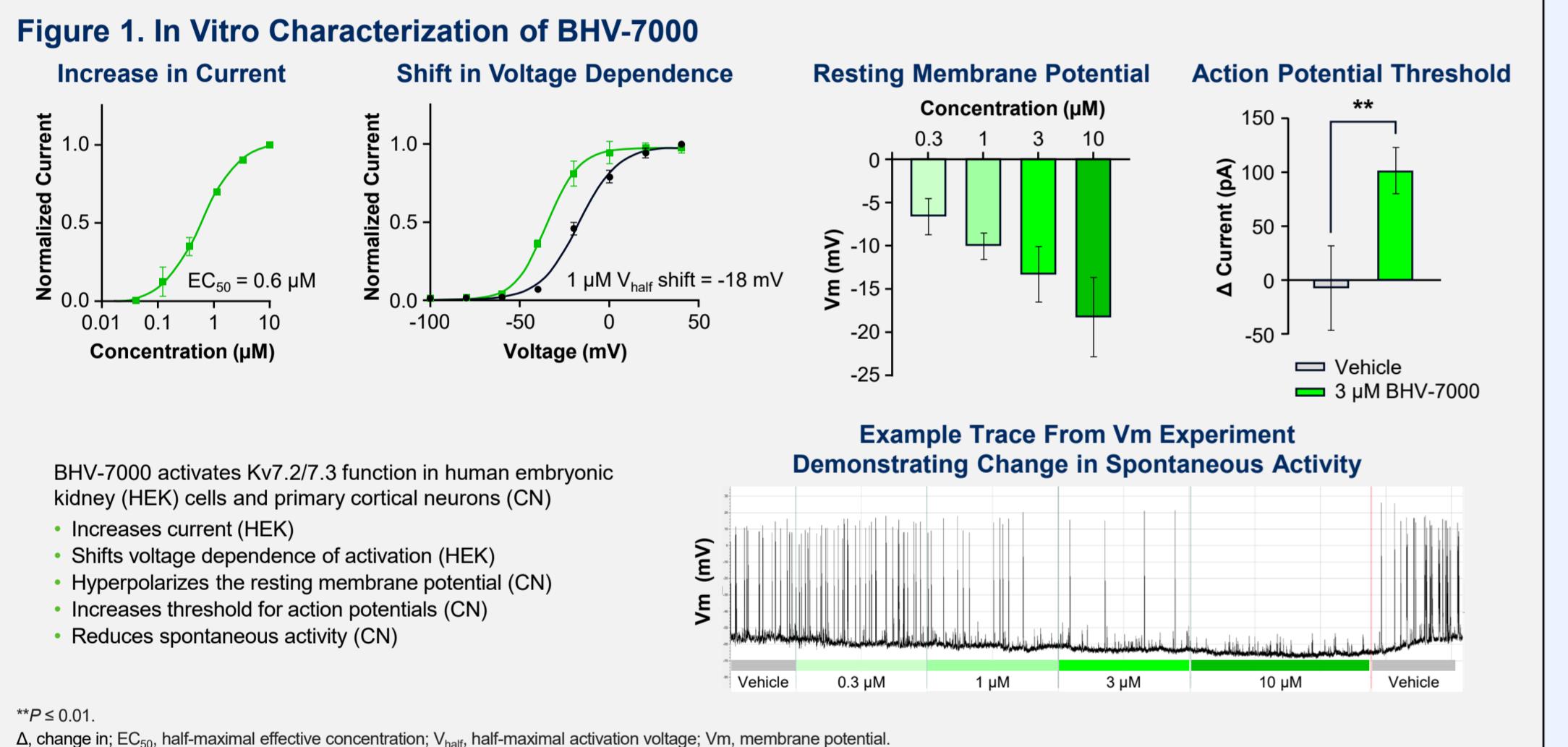
# Effects of BHV-7000 on Human iPSC-Derived Sensory Neurons From IEM Patients

Mark Estacion, PhD<sup>1</sup>; Steven Dworetzky, PhD<sup>2</sup>; Kelly Picchione, PhD<sup>2</sup>; Xiaoyang Cheng, PhD<sup>1</sup>; Sulayman Dib-Hajj, PhD<sup>1</sup>; Stephen G. Waxman, MD, PhD<sup>1</sup>

<sup>1</sup>Department of Neurology, Yale University School of Medicine, New Haven, CT, USA, and Center for Neuroscience and Regeneration Research, Veterans Affairs Medical Center, West Haven, CT, USA; <sup>2</sup>Biohaven Pharmaceuticals, New Haven, CT, USA

## INTRODUCTION

- Chronic pain is highly prevalent and remains a significant unmet global medical need<sup>1</sup>
- Inherited erythromelalgia (IEM), caused by gain-of-function mutations in the NaV1.7 voltage-gated sodium channel, is a well characterized genetic model of chronic pain in which affected individuals experience burning pain in the extremities<sup>2,3</sup>
  - NaV1.7 is primarily expressed in the peripheral nervous system; the gain-of-function mutations in IEM produce hyperexcitability in peripheral sensory (dorsal root ganglion [DRG]) neurons (SNs)<sup>2,3</sup>
- To identify modulatory genes that confer pain resilience, we studied 2 IEM family cohorts, where 1 individual reported much less pain than other family members that share the same pathogenic gain-of-function NaV1.7 mutation<sup>3,4</sup>
  - Each pain-resilient individual carried a gain-of-function variant in Kv7.2 or Kv7.3, two potassium channels that stabilize membrane potential and reduce excitability<sup>3,4</sup>
- These gain-of-function Kv7.2 and Kv7.3 variants reduce DRG neuron excitability, suggesting that Kv7.2/7.3 activators may attenuate SN firing to alleviate pain,<sup>3,4</sup> thus prompting a search for new agents that target Kv7 as a potential new class of nonopiod pain therapeutics
- BHV-7000 is a potent and selective activator of the Kv7.2/7.3 voltage-gated potassium channel (Figure 1) and is in clinical development for epilepsy and neuropsychiatric disorders



## OBJECTIVES

- To determine if BHV-7000 can affect the firing rates of SN carrying a gain-of-function NaV1.7 sodium channel mutation
- To determine if BHV-7000 can affect SN with NaV1.7 IEM mutations in a manner similar to Kv7.2/7.3 gain-of-function pain resilience mutations
- To determine if this "pain-in-a-dish" model can provide supportive evidence for a clinical trial in patients with IEM

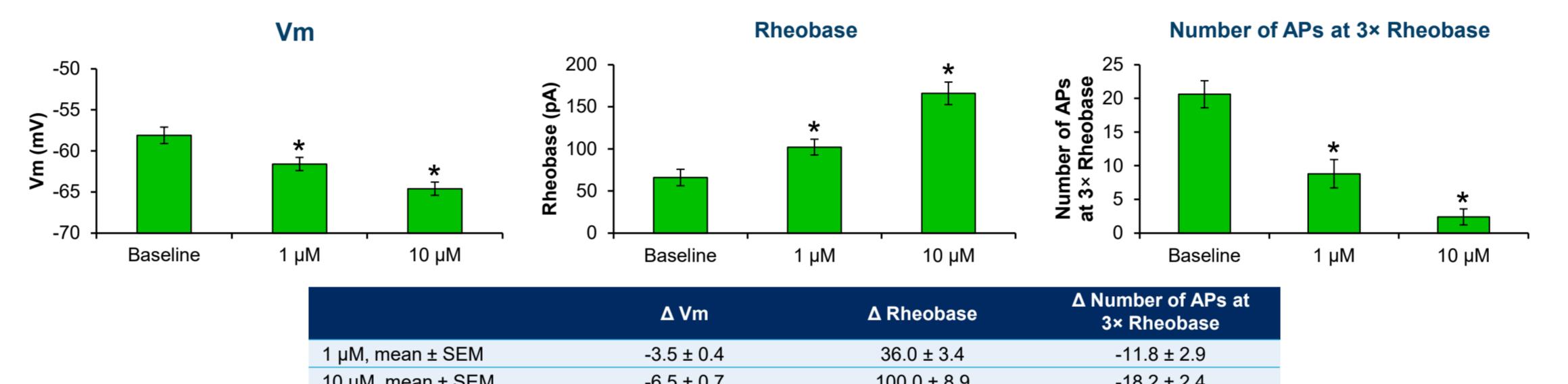
## METHODS

- Standard patch clamp methods were employed to record from human-induced pluripotent stem cell (iPSC)-derived SNs (iPSC-SNs)<sup>5</sup>
- IEM iPSCs were generated from the blood samples of family members previously identified<sup>3,4</sup> to carry pathogenic mutations of NaV1.7 that cause IEM but with no Kv7 variants (IEM iPSC-SNs)
- Microelectrode array (MEA) recordings (Maestro, Axion Biosystems) were obtained to assess spontaneous firing as previously described<sup>3,6</sup>
- Current clamp recordings were obtained using an EPC 10 amplifier and the PATCHMASTER program (HEKA Elektronik)
- iPSC-SNs with a stable membrane potential were chosen for analysis
- Resting membrane potential (RMP) was determined immediately after switching into current clamp mode as the mean membrane voltage in the absence of current stimulation

## RESULTS

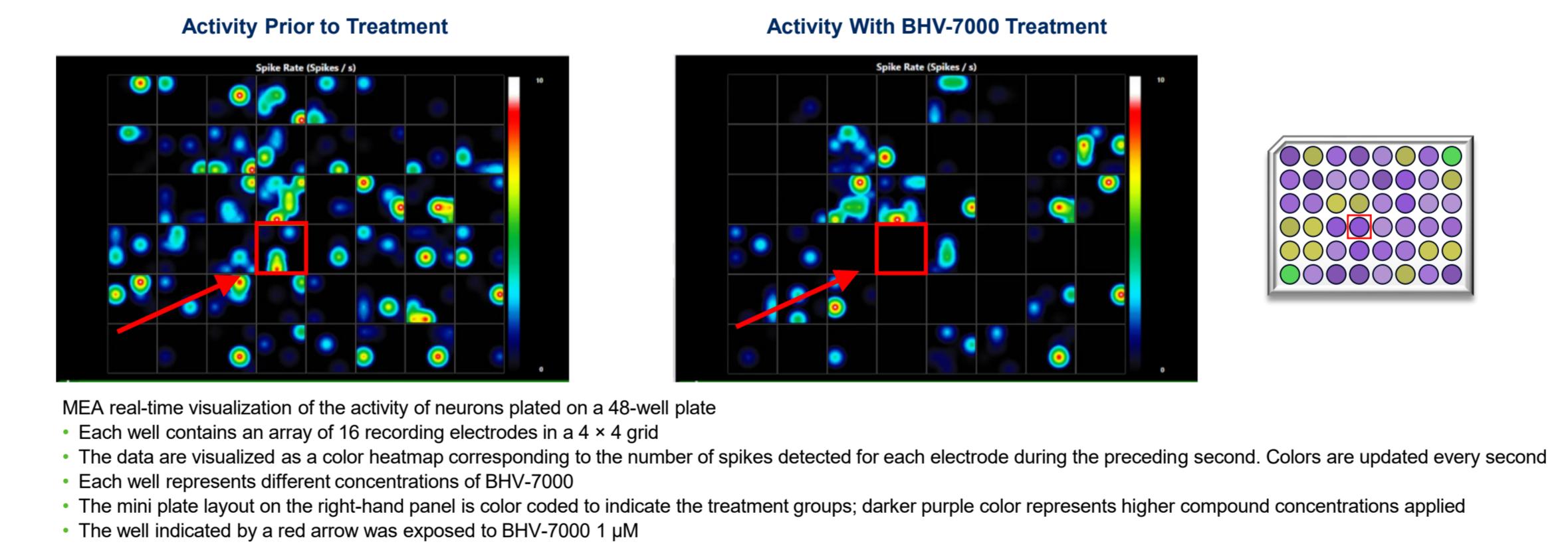
- At 1  $\mu\text{M}$  and 10  $\mu\text{M}$  in control iPSC-SNs, BHV-7000 produced a hyperpolarization of  $-3.5 \pm 0.4$  and  $-6.5 \pm 0.7$  in RMP (mV) and  $36.0 \pm 3.4$  and  $100.0 \pm 8.9$  change in rheobase (pA) from baseline, respectively. At 3x rheobase, 1  $\mu\text{M}$  and 10  $\mu\text{M}$  reduced the number of action potentials (APs) by 52% and 87%, respectively, compared with control (Figure 2)
- Results recorded from IEM iPSC-SNs from a patient with IEM and carrying the Nav1.7-S241T mutation displayed robust spontaneous spiking activity as measured by MEA recordings (Figure 3)
- Analysis of the  $\log_{10}$  of total spikes showed that BHV-7000 had an average half-maximal inhibitory concentration ( $\text{IC}_{50}$ ) of about 75 nM, and the average maximal inhibition was about 92% (Figure 4A, 4D)
- In IEM iPSC-SNs from a patient with IEM carrying the NaV1.7-F1449V mutation, BHV-7000 had an  $\text{IC}_{50}$  value of about 70 nM and inhibited spontaneous activity by about 95% (Figure 4B, 4D)
- In current clamp recordings from NaV1.7-S241T iPSC-SNs, the average hyperpolarization of RMP in response to BHV-7000 1  $\mu\text{M}$  was about  $-6 \text{ mV}$  compared with vehicle control (Figure 5)

**Figure 2. BHV-7000 Reduces RMP and Excitability in Control iPSC-SNs**



\*Significant in paired t test compared with baseline. Error bars represent SEM.  
 $\Delta$ , change in; AP, action potential; iPSC-SN, induced pluripotent stem cell sensory neuron; RMP, resting membrane potential; SEM, standard error of the mean;  $V_m$ , membrane potential.

**Figure 3. MEA Real-Time Visualization of Clone 300 of iPSC-SNs Treated With BHV-7000**

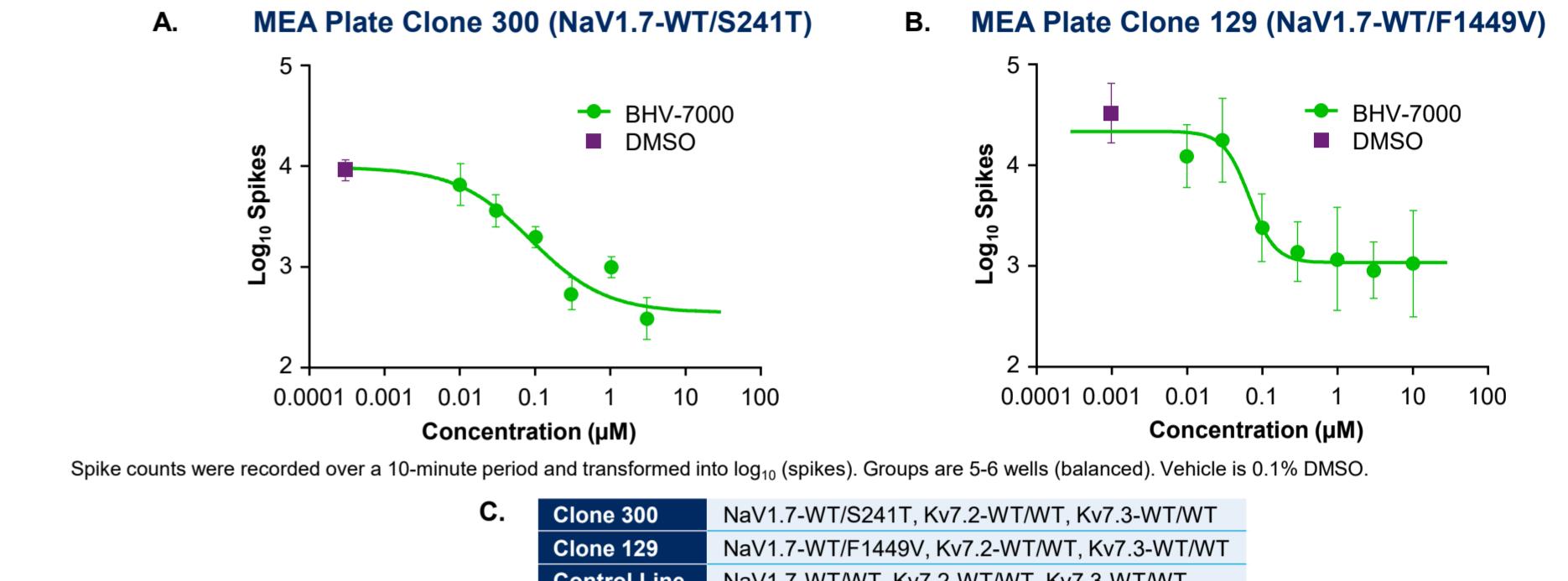


iPSC-SN, induced pluripotent stem cell sensory neuron; MEA, microelectrode array.

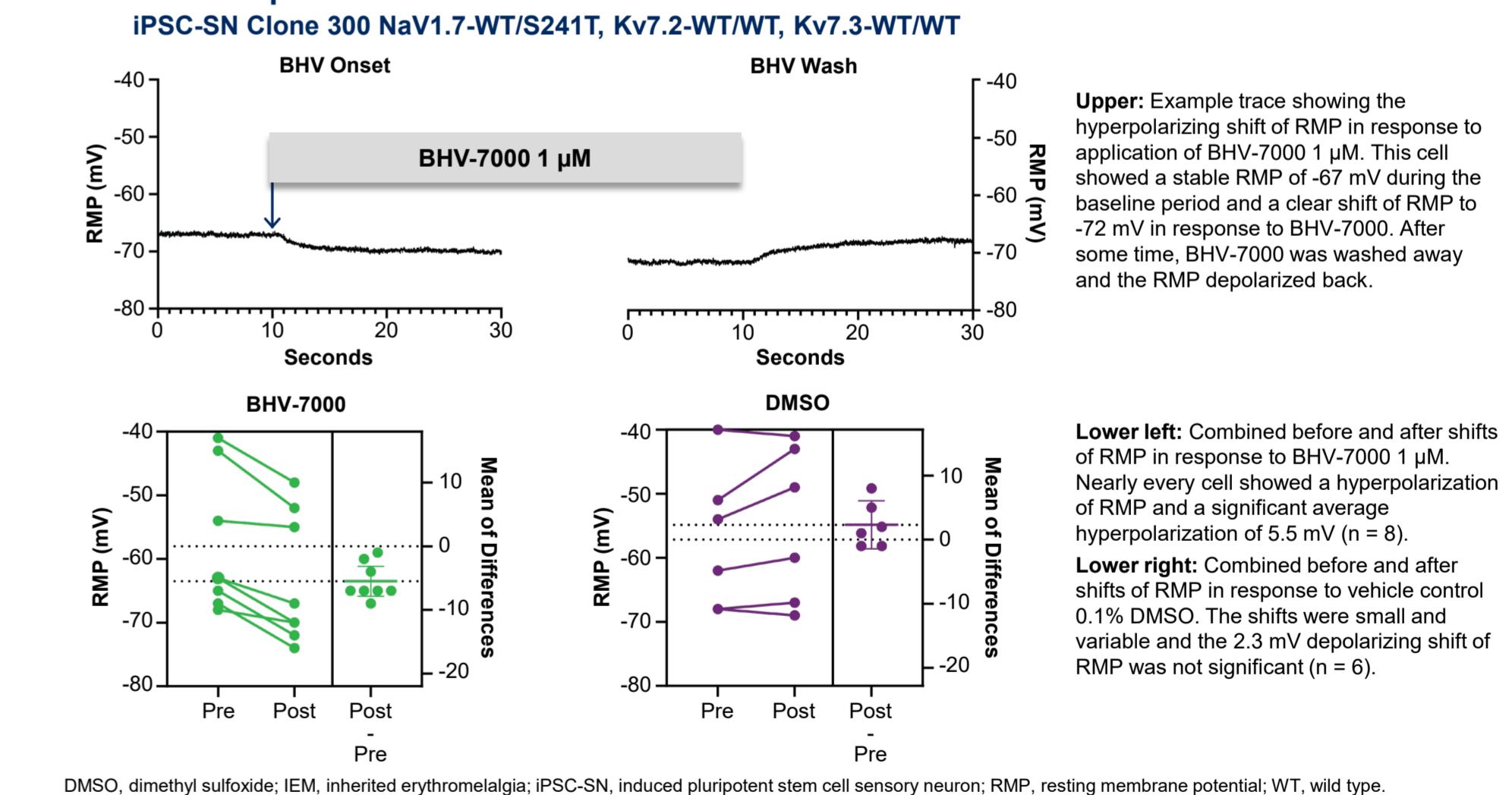
## CONCLUSIONS

- This study demonstrated that BHV-7000 hyperpolarized the RMP, increased the rheobase, and decreased the AP firing rate at 3x rheobase from human iPSC-SNs using standard patch clamp recordings
- In IEM iPSC-SNs from 2 patients, MEA recordings demonstrated potent inhibition of spontaneous spiking with BHV-7000. The reduction in spiking activity is consistent with activation of Kv7.2/7.3 channels
- In addition, current clamp recording from 1 IEM iPSC cell line demonstrated that BHV-7000 hyperpolarized iPSC-SN RMP

**Figure 4. Increasing BHV-7000 Concentration Leads to Decrease in Spike Activity**



**Figure 5. BHV-7000 Hyperpolarizes Resting Membrane Potential From IEM iPSC-SN in Current Clamp**



- BHV-7000 reduced activity in a concentration-dependent manner with submicromolar efficacy
- These results implicate Kv7.2/7.3 channels as effective modulators of SN excitability, with and without sodium channel mutations, and suggest that BHV-7000 can specifically target Kv7.2/7.3 currents to reduce excitability in SNs, with the potential to be an effective treatment toward pain relief in patients with IEM

