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New insights into the effects of organometallic ruthenium complexes on nicotinic acetylcholine receptors

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Short title: Effects of organometallic ruthenium complexes on nAChRs.

Abstract. Nicotinic acetylcholine receptors (nAChRs) are expressed in excitable and non-excitable cells of the organism. Extensive studies suggest that nAChR ligands have therapeutic potential, notably for neurological and psychiatric disorders. Organometallic ruthenium complexes are known to inhibit several medically important enzymes such as cholinesterases. In addition, they can also interact with muscle- and neuronal-subtype nAChRs. The present study aimed to investigate the direct effects of three organometallic ruthenium complexes, [(n⁶-p-cymene)Ru(II)(5-nitro-1,10-phenanthroline)Cl]Cl (C1-Cl), [(η⁶-p-cymene)Ru(II)(1-hydroxypyridine-2(1H)-thionato)Cl] (C1a) and [(η⁶-p-cymene)Ru(II)(1hydroxy-3-methoxypyridine-2(1*H*)-thionato)pta]PF⁶ (**C1**), on muscle-subtype (*Torpedo*) nAChRs and on the two most abundant human neuronal-subtype nAChRs in the CNS (α 4β2 and α 7) expressed in *Xenopus laevis* oocytes, using the two-electrode voltage-clamp. The results show that none of the three compounds had agonistic activity on any of the nAChR subtypes studied. In contrast, **C1-Cl** reversibly blocked *Torpedo* nAChR (half-reduction of ACh-evoked peak current amplitude by 332 nM of compound). When tested at 10 µM, **C1-Cl** was statistically more potent to inhibit *Torpedo*nAChR than α4β2 and α7 nAChRs. Similar results of **C1** effects were obtained on *Torpedo* and α4β2 nAChRs, while no action of the compound was detected on α7 nAChRs. Finally, the effects of **C1a** were statistically similar on the three nAChR subtypes but, in contrast to **C1-Cl** and **C1**, the inhibition was hardly reversible. These results, together with our previous studies on isolated mouse neuromuscular preparations, strongly suggest that **C1-Cl** is, among the three compounds studied, the only molecule that could be used as a potential myorelaxant drug.

Keywords: organometallic ruthenium complexes; nicotinic acetylcholine receptors; nicotinic antagonists; electrophysiology; two-electrode voltage-clamp technique.

Abbreviations:

Acetylcholine (ACh); nicotinic acetylcholine receptors (nAChRs); central nervous system (CNS); dimethyl sulfoxide (DMSO); mean ± standard error of the mean (S.E.M.); peripheral nervous system (PNS); potassium acetate (KAc); two-electrode voltage-clamp (TEVC); [(η 6 -*p*-cymene)Ru(II)(1-hydroxy-3-methoxypyridine-2(1H)-thionato)pta]PF₆ (C1); 6 -*p*-cymene)Ru(II)(1-hydroxypyridine-2(1*H*) thionato)Cl] (**C1a**); [(η 6 -*p*-cymene)Ru(II)(5-nitro-1,10-phenanthroline)Cl]Cl (**C1-Cl**).

Introduction

Acetylcholine receptors are ligand-gated receptors that are activated by the binding of acetylcholine

(ACh) [1, 2]. The main acetylcholine receptor types are metabotropic muscarinic and ionotropic nicotinic receptors. These types of receptors are expressed in various cells of the organism, including neuronal and non-neuronal cells [1, 3].

Nicotinic acetylcholine receptors (nAChRs) belong to the "Cys-loop" superfamily of ligand-gated ion channels which also includes GABA_A, glycine and serotonin (5-HT₃) receptors [4, 5]. They are ligandgated cationic channels that are permeable to Na⁺, K⁺ and, to some extent, to Ca²⁺ ions, depending on the nAChR subtype [3, 5]. In mammals, there are several subtypes of nAChRs that differ in theirsubunit composition and, for some of them, in their localisation in the organism [1, 3, 4, 6]. Muscle-subtype nAChRs are heteropentamers and consist of five subunits: α 1, β 1, γ, δ and ε. From these subunits, two muscle-subtypes are formed, the embryonic $(α1β1δγ)$ and the adult $(α1β1δε)$ ones in the stoichiometry of 2:1:1:1 [1, 3, 4, 6-8]. Neuronal subtypes of nAChRs (central and peripheral nervous systems), as well as those expressed in non-excitable cells are composed as homopentamers or heteropentamers. In mammals, eight α (α2, α3, α4, α5, α6, α7, α9 and α10) and three β (β2, β3 and β4) neuronal and non-excitable cell subunits are known. The structural and functional diversity of these nAChR subtypes arises notably from the many possible combinations of subunits. The most common subtypes in the mammalian CNS are α 4 β 2 heteromeric and α 7 homomeric receptors [2-4, 8].

A large number of nAChRs are located in the central (CNS) and peripheral (PNS) nervous systems. This indicates that nAChRs perform a wide range of functions in the nervous systems, from mediating various cognitive processes in the CNS to neuromuscular transmission in the PNS [6]. Therefore, to treat the various neurological diseases, there is a great interest to modulate, in particular, homomeric α7 and heteromeric α4β2 subtypes because of their involvement in the pathogenesis of several neurological and non-neurological diseases [2-4, 8, 9]. In addition, dysfunction of the muscle-subtype of nAChRs results in congenital myasthenic syndromes [10].

For more than three decades, efforts were focused on the development of nAChR ligands as new therapies, and progress has been made in the design and development of selective molecules targeting the different nAChR subtypes involved in CNS and PNS disorders. To date, however, only few synthetic nAChR ligands have been approved for clinical use to aid smoking cessation (varenicline, bupropione, nicotine, cytisine), hypertension (mecamylamine) and for the treatment of dry eye disease (varenicline) [11, 12]. Some non-depolarizing and short-acting skeletal muscle relaxants (atracurium, pancuronium, pipecuronium, vecuronium), that bind to and block the muscle-subtype of nAChRs, are clinically used as adjuncts to general anesthesia for muscle relaxation, neuromuscular blockade in mechanically ventilated patients in the intensive care unit, and endotracheal intubation [13].

Among emergent nAChR ligands, the organometallic ruthenium complex [(η⁶-ρ-cymene)Ru(II)(5-nitro-1,10-phenanthroline)Cl]Cl (**C1-Cl**) was recently reported to inhibit *(i)* the nerve-evoked single twitch and tetanic contraction of mouse isolated skeletal muscles, without affecting the directly-evoked muscle single twitch and tetanic contraction, and *(ii)* the end-plate potentials, without significant change in the resting membrane potential [14]. The other organometallic ruthenium complex studied, [(η⁶-p-cymene)Ru(II)(1-hydroxypyridine-2(1H)-thionato)Cl] (C1a), had no significant effect on the mouse muscle contraction and membrane potential parameters of isolated muscles at pharmacologically relevant concentrations [15], as did the third organometallic ruthenium complex studied -*p*-cymene)Ru(II)(1-hydroxy-3-methoxypyridine-2(1*H*)-thionato)pta]PF⁶ (**C1**) [16]. Therefore, it is likely that **C1-Cl**, but not **C1a** and **C1**, interacts with muscle-subtype nAChRs, no information being available for interactions between these compounds and neuronal-subtype nAChRs. The aim of the present study was thus to investigate the effects of the three organometallic ruthenium complexes **C1-Cl**, **C1a** and **C1** (**Figure 1**) on muscle-subtype (*i.e. Torpedo*) nAChRs and the two most abundant human neuronal nAChR subtypes in the CNS (*i.e.* α4β2 and α7) [4, 7], expressed in *Xenopus*

laevis oocytes and using the two-electrode voltage-clamp (TEVC) technique. It is worth noting that the incorporation of *Torpedo marmorata* membranes, rich in native nAChR muscle-subtype, into the oocyte membrane allows microtransplantation of fully processed complexes while maintaining their native environment (*i.e.* clusters of rapsyn protein and lipids). In addition, these membranes have often been used to characterize a given molecule action on the nAChR muscle-subtype, in particular at the molecular level (see [17] and, for a recent review, [18]).

Figure 1. Chemical structures of the organometallic ruthenium complexes C1-Cl, C1a and C1.

Material and Methods

Organometallic ruthenium complexes and drugs

C1-Cl (molecular weight of 486.40, purity rate > 95%), **C1a** (molecular weight of 396.90, purity rate > 95%) and **C1** (molecular weight of 693.59, purity rate > 95%) were chemically synthetized and prepared as previously reported [14-16, 19]. Kanamycin and ACh chloride were purchased from Sigma-Aldrich (Saint-Quentin-Fallavier, France). All chemicals were of the highest grade available.

Expression of *Torpedo*, α4β2 and α7 nAChRs in *Xenopus laevis* oocytes

Standard procedures were used to express human α4β2 and α7 nAChRs, as well as to prepare electrocyte membrane aliquots rich of muscle-subtype (α1)2β1δγ nAChRs from *Torpedo marmorata* electrical organ that is an extremely abundant source of nAChRs [20, 21]. Briefly, oocytes of stages V-VI were harvested from anesthetized *Xenopus laevis* female and maintained in OR2 medium of the following composition: 88 mM NaCl, 1 mM MgCl₂, 5 mM hydroxyethylpiperazine ethane sulfonic acid (HEPES), pH 7.4 adjusted with NaOH. Oocytes were manually defoliculated and maintained at 19°C in Barth's medium containing 88 mM NaCl, 1 mM KCl, 0.41 mM CaCl₂, 0.82 mM MgSO₄, 0.33 mM $Ca(NO₃)₂$, 2.4 mM NaHCO₃, 7.5 mM HEPES (pH 7.4), and supplemented with kanamycin (500 µg/mL). Purified *Torpedo* membranes enriched in (α1)2β1δγ nAChRs (150 ng in 5 mM glycine), human α4β2 cDNA (2.5 ng of each subunit) or human α 7 mRNA (5 ng) were microinjected into the cytoplasm (*Torpedo* membranes and mRNA) or the nucleus (cDNA) of oocytes with a Nanoliter2000 Micro4 Controller (World Precision Instruments Inc., Stevenage, Herts, UK) mounted on a microscope. Recordings were performed 2-5 days after microinjections. It is worth noting that the injection of *Torpedo* electrocyte membranes into oocytes also results in the incorporation of ClC-0 to the oocyte membrane which is much more efficient than that of nAChRs [22, 23]. Therefore, the presence of ClC-0 channels would be expected in the plasma membrane of oocytes injected with *Torpedo* electrocyte membranes. However, the current responses to ACh were shown to be similar for oocytes injected with *Torpedo* electrocyte membranes and *Torpedo* mRNA [24]. In addition, the density of ClC-0 has

been reported to be 2-4% of the total membrane proteins [25] whereas that of nAChRs is up to 40- 50% [26]. Therefore, it is unlikely that the presence of CIC-0 affects markedly the present results.

Electrophysiological recordings from *Xenopus* oocytes having incorporated *Torpedo* nAChRs

TEVC recordings from *Xenopus* oocytes transplanted with *Torpedo* nAChRs were manually performed at 20°C with an OC-725B amplifier (Warner Instruments, LLC, Hamden, MA, USA) [27]. Glass microelectrodes were filled with 1 M KCl and 1.5 M potassium acetate (KAc) and had resistances of 2- 5 MΩ. The studied oocyte was placed in the recording chamber (300 μL capacity) and continuously perfused (8-12 mL/min) with a barium Ringer's solution containing 100 mM NaCl, 2.8 mM KCl, 1 mM MgCl₂, 0.3 mM BaCl₂ and 5 mM HEPES (pH 7.4). The membrane potential was maintained at −60 mV. Experimental data were acquired using the pCLAMP-9 software (Axon Instruments, Molecular Devices, Sunnyvale, CA, USA), and digitized using a Digidata-1322A A/D converter (Molecular Devices, Union City, CA, USA). The stock solution of ACh was prepared in deionized water at 1 M, those of **C1-Cl** and **C1a** were prepared in barium Ringer's solution, and that of **C1** was prepared in deionized water with 5% dimethyl sulfoxide (DMSO). All stock solutions were diluted in the barium Ringer's solution to give the final concentrations indicated in the text. At the beginning of experiments, 50 μM ACh (two times the half-maximal effective ACh concentration) were applied three times for 15 seconds to each oocyte to record the ACh-induced current under control conditions. After each ACh application, the oocyte was perfused with barium Ringer's solution for 150 seconds. Then, the oocyte was perfused for 45 seconds with a specific concentration of a given ruthenium compound (**C1-Cl**, **C1a** or **C1**) to test whether the compound alone had an agonistic effect on nAChRs and, immediately after, with a mixture of ACh and **C1a**, **C1-Cl** or **C1** for 15 seconds to test the effects of a given compound on ACh-induced current. After 150 seconds of perfusion with barium Ringer's solution, each oocyte was re-exposed (for 15 seconds) to ACh alone to assess the current recovery.

The voltage dependence of ACh-induced current activation was assessed by applying a series of 90-ms voltage pulses (from −120 to 60 mV, in 20 mV steps), from a holding potential of −60 mV, to a given oocyte during the maximal current elicited by 50 μM ACh alone or together with **C1-Cl**.

Electrophysiological recordings from *Xenopus* oocytes expressing human α4β2 or α7 nAChRs

An automated TEVC system, the HiClamp system (MCS GmbH., Reutlingen, Germany) was used for current recordings from *Xenopus* oocytes expressing human α4β2 or α7 nAChRs [28]. The studied oocyte was taken from a 96-well microtiter plate and placed in a silver wire basket which also serves as a reference bath electrode. The oocyte was automatically clamped at a holding potential of −60 mV using glass microelectrodes (2-5 MΩ resistance) filled with a mixture of 1 M KCl and 1.5 M KAc. The calcium Ringer's external solution contained 100 mM NaCl, 2.8 mM KCl, 1 mM MgCl $_2$, 2.5 mM CaCl $_2$ and 5 mM HEPES (pH 7.4). The clamped oocyte was then transferred into successive wells of the sample-microplate filled with 200 μL of *(ia)* calcium Ringer's solution or (*ib*) 10 µM **C1-Cl**, **C1a** or **C1** for 45 s, *(iia)* 100 µM ACh alone for 10 s (α4β2) and 5 s (α7) or *(iib)* 100 μM ACh together with 10 µM **C1- Cl**, **C1a** or **C1** for 10 s (α4β2) and 5 s (α7), and *(iii)* calcium Ringer's solution. Periods of 150 s of perfusion with calcium Ringer's solution were programmed prior compounds and ACh application. The amplifier allowed continuous recordings, even during the transfer of oocytes between the different bathes.

Data analyses

Electrophysiological recordings were analysed using the Clampfit-11.1 (Axon Instruments, Molecular Devices) and DataMining for automated TEVC (HiClamp, Multichannel Systems) softwares. Then, subsequent data analyses and graph generation were performed using the SigmaPlot-14.5 (Systat Software Inc, San Jose, CA, USA), GraphPad Prism-9.5.1 (GraphPad Software, Boston, MA, USA) and Origin Pro 2021 (OriginLab, Northampton, MA, USA) softwares.

To evaluate the compound-induced current inhibition of a given oocyte, peak current amplitude (I) values were measured in the presence of various compound concentrations [C] and normalized to the maximal value (Imax) recorded under control conditions, to yield fractional (F) response data. Theoretical concentration-response curves were obtained by typical sigmoid non-linear regressions through data points (coefficient of determination, r^2), according to the following equation (Equation 1): F = $1/[1 + ([C]/C_{50})n_H]$, where IC_{50} is the compound concentration that reduces the ACh-evoked peak current amplitude by 50%, and n_H is the Hill number.

Statistical analyses

Data, presented as mean ± standard error of the mean (S.E.M.) of n different oocytes, were statistically analysed using the SigmaPlot-14.5 software. Data were firstly tested for normality (Shapiro-Wilk) and equal variance (Brown-Forsythe) to assign them to parametric or non-parametric analyses. Then, if the values of variables were normally distributed, the parametric two-tailed Student's *t*-test and the oneway analysis of variance (one-way ANOVA) followed by a Holm-Sidak test were used for statistical comparisons between two and at least three groups, respectively. These statistical analysis were used for all the present data except those concerning the current kinetic data that were non-normally distributed. In this case, a non-parametric Mann-Whitney test was used. Differences were considered to be statistically significant at *P* ≤ 0.05.

Results and Discussion

Effects of **C1-Cl** on *Torpedo* nAChRs

Superfusion of oocytes microtransplanted with *Torpedo* nAChRs, and clamped at −60 mV, with 50 µM ACh produced an inward and transient current activation. In contrast, superfusion of oocytes with 0.5- 50 µM **C1-Cl** did not evoke any current activation. This indicates that the compound, in the absence of the orthosteric agonist ACh, had no agonistic activity on *Torpedo* nAChRs, *i.e.* did not mimic the action of ACh on these receptors. However, 0.1 µM **C1-Cl** applied together with 50 µM ACh induced an inward and transient current whose peak amplitude was about 75% that produced by 50 µM ACh alone. The compound-induced inhibition of ACh-evoked current was fully reversible (**Figure 2A**). Moreover, at concentrations ranging from 0.1 to 50 μM, **C1-C**l reversibly inhibited the ACh-induced current in a concentration-dependent manner. From the concentration-response curve of the effects of **C1-Cl** on the peak ACh-induced current amplitude, IC₅₀ and n_H values of 332 nM and 1.02 (n = 4-8) were determined, respectively (**Figure 2B**). These results are in accordance with those previously obtained from **C1-Cl** effects on nerve-evoked contraction of isolated mouse skeletal muscles, *i.e.* adult α1β1δε (mouse) nAChR muscle-subtype [14], although the compound was between 30- and 60-fold more efficient to block *Torpedo* nAChRs.

The effects of **C1-Cl** were then investigated on the voltage-dependence of activation of ACh-evoked current through *Torpedo* nAChRs. To this purpose, voltage pulses were applied to oocytes during the maximal current elicited by 50 μM ACh alone or together with 332 nM **C1-Cl**, *i.e.* at the IC⁵⁰ (**Figure 3A**). As shown in **Figure 3B**, the voltage-dependence curves of current activation by ACh alone or together with **C1-Cl** were apparently linear. A ratio of ACh and **C1-Cl** conductance to ACh conductance of 61% could be determined from the curve slopes, a value close to the one expected with 332 nM of compound, *i.e.* 50% (see **Figure 2B**). In addition, the two curves intercepted the voltage axis at 0 mV, signifying that the current reversal potential was not modified by the compound. However, calculating the percentage of current inhibition at each test potential revealed that the **C1-Cl**-induced inhibition was only significant at negative voltages (**Figure 3C**). These results indicate that the blocking effects of ACh-induced current produced by **C1-Cl** were voltage-dependent.

Figure 2. Effects of C1-Cl on ACh-induced current through *Torpedo* **nAChRs. (A)** Representative traces of ACh-induced inward current recorded from an oocyte microtransplanted with *Torpedo* nAChRs, in response to applications of *(i)* 50 µM ACh for 15 s (three times), *(ii)* 0.1 µM **C1-Cl** for 45 s, *(iii)* 0.1 μM **C1- Cl** together with 50 μM ACh for 15 s, and *(iv)* 50 μM ACh for 15 s (wash) (bars above recordings). The holding potential was −60 mV. **(B)** Concentration-response curves of the blocking effects of **C1-Cl** (Inhibition, filled circles) and their reversibility (Wash, open circles) on ACh-evoked current recorded from oocytes microtransplanted with *Torpedo* nAChRs. Currents were elicited by 15 s application of *(i)* 50 µM ACh (three times, control), *(ii)* **C1-Cl** (0.001-50 μM) together with 50 μM ACh (one time), and *(iii)* again 50 µM ACh (one time, wash). The peak current amplitude recorded in response to either a given **C1-Cl** concentration together with ACh or ACh alone (wash) was normalized to the mean one triggered by the first three-time applications of ACh alone (control), and plotted against the logarithm of **C1-Cl** concentration. The theoretical curve was calculated from typical sigmoid non-linear regression through data points (r^2 = 0.933), according to Equation 1 (see Material and Methods) with IC₅₀ and n_H values of 332 nM and 1.08, respectively. Mean ± S.E.M. of 4-8 oocytes.

In conclusion, **C1-Cl** is able to reversibly block *Torpedo* nAChRs, the complex effects occurring only at negative voltages. At the molecular level, this implies that the **C1-Cl**-binding site on this subtype of nAChRs is located within the channel pore and that the compound binding is removed by positive voltages.

Figure 3. Effects of C1-Cl on voltage-dependence of activation of ACh-induced current through *Torpedo* **nAChRs. (A)** Upper: Protocole used to access to the voltage-dependence of activation of ACh-induced current consisting in a series of 90-ms voltage pulses (from −120 to 60 mV, in 20 mV steps) applied from a holding potential of −60 mV to oocytes microtransplanted with *Torpedo* nAChRs, during the maximal current. Lower: Representative traces of current recorded during the above protocol and elicited by either 50 μM ACh alone (control, black trace) or together with 332 nM **C1-Cl** (red trace). **(B)** Voltage-dependence of activation. The values of peak current amplitude were normalized to those obtained at −60 mV under control conditions. Mean ± S.E.M. of 4 oocytes. **(C)** Percentage of current inhibition calculated at each test potential. *: *P* < 0.034 *versus* control.

Effects of **C1-Cl** on human neuronal-subtype (α4β2 and α7) nAChRs

To get information on the nAChR selectivity profile of **C1-Cl**, the effects of 10 µM of compound were studied on human neuronal-subtype (α 4β2 and α 7) nAChRs, the two most abundant neuronalsubtypes in the CNS [4, 7], and compared with those on *Torpedo* nAChRs. As observed on *Torpedo* nAChRs (see above), the compound had no agonistic activity on the two human neuronal-subtypes of nAChRs (Data not shown). In contrast, incubation of oocytes expressing human neuronal-subtype (α4β2 or α7) nAChRs, clamped at −60 mV, with 100 µM ACh produced an inward and transient current activation that was reversibly decreased by incubating the same oocyte with 10 µM **C1-Cl** together with 100 µM ACh (**Figure 4Aa**). Under these conditions, the compound produced significant (*P* < 0.001) mean decreases of 58 and 75% of the peak amplitude of ACh-evoked currents through human neuronal-subtype α4β2 and α7 nAChRs, respectively (**Figure 4B**). It is worth noting that the effects of the compound on the ACh-evoked currents through the three nAChR subtypes were completely reversible since no significant (*P* > 0.742) change in the mean peak amplitude of ACh-evoked currents was detected before and after compound application (**Figure 4C**).

Therefore, it appears that **C1-Cl** was statistically (*P* ≤ 0.005) more potent to reversibly inhibit *Torpedo* than α4β2 and α7 nAChRs (**Figures 2** and **4B**). However, taking into account its previously reported *in vitro* action on cholinesterases [12], the compound was still more active to block the three nAChR subtypes than these enzymes. In addition, it is well known that some metal ions and their

organometallic complexes interact with cysteine-containing macromolecules. In particular, organometallic zinc complexes, in the low (sub)micromolar range, have been reported to exert potent *in vitro* inhibition of two cysteine proteases, cathepsin L and PL^{Pro} involved in SARS-CoV-2 entry and replication, respectively, while **C1a** showed less effective inhibition of these enzymes in tens to hundreds of micromolar range [30-32].

Effects of **C1** or **C1a** on *Torpedo*, α4β2 and α7 nAChRs

The effects of 10 µM of two other organometallic ruthenium complexes, **C1** and **C1a**, were also evaluated on *Torpedo*, α4β2 and α7 nAChRs, and compared with those of **C1-Cl** on these three nAChR subtypes. As observed for **C1-Cl** (see above), the two compounds had no agonistic activity on the three nAChR subtypes studied (Data not shown). The inward and transient ACh-evoked current through *Torpedo* or α4β2 nAChRs was reversibly decreased by applying 10 µM **C1** together with 50-100 µM ACh (**Figure 5Ab**). Indeed, the compound produced significant (*P* < 0.001) mean decreases of 83 and 58% of the peak amplitude of ACh-evoked currents through *Torpedo* and α4β2 nAChRs, respectively (**Figure 5B**).

Therefore, the comparison of **C1** and **C1-Cl** affinities points out that they were very close for *Torpedo* nAChRs (*P* = 0.948) and even identical for α4β2 nAChRs (*P* = 0.986). It is worth noting that the effects of **C1**, as those of **C1-Cl**, on the ACh-evoked current through α4β2 nAChRs were completely reversible since no significant $(P = 0.996)$ change in the mean peak amplitude of ACh-evoked current was detected before and after compound application (**Figure 4C**). However, those on the ACh-evoked current through *Torpedo* nAChRs, in contrast to those of **C1-Cl**, were only partly reversible since the mean peak amplitude of ACh-evoked current, after having being decreased to 17% by applying 10 μ M **C1** together with 50 µM ACh (**Figure 4B**), returned to a mean value of only 61%, significantly (*P* = 0.007) different from the control one, after the compound wash-out (**Figure 4C**). Finally, **C1** had no significant (*P* = 0.052) effect on the ACh-evoked current through human neuronal-subtype α7 nAChR (**Figure 4Ab, B, C**), indicating that this compound, at a concentration of 10 µM and in contrast to **C1-Cl**, did not bind to and block this neuronal-subtype of nAChRs.

The present results strongly suggest that **C1**, compared to **C1-Cl**, might be the best suitable molecule for a long-lasting *in vivo* effect on muscle-subtype nAChRs. Moreover, the lack of effect of the compound on human neuronal-subtype (α7, although not α4β2) nAChRs is consistent with the potential clinical development of this molecule as a skeletal muscle relaxant, provided that its effects on the adult α1β1δε muscle-subtype of nAChRs are similar to those observed on *Torpedo* nAChRs. However, it was recently reported that **C1**, at concentrations up to 120 μ M, had no marked effect on mouse muscle contraction and membrane potential parameters [16]. These unexpected results strongly suggest that the compound does not exert any action on the adult α1β1δε nAChR musclesubtype of mouse. Although further experiments are needed on the human adult α1β1δε nAChR muscle-subtype to exclude some possible species differencesin compound effects, a likely explanation is that the subunit γ of the embryonic muscle-subtype but not the ε of the adult one is involved in the binding of $C1$ to the receptor, as previously reported for α A-conotoxin OIVB [33, 34]. In addition, although **C1** did not affect the electric eel and human recombinant acetylcholinesterase activities, at concentrations up to 180 μ M, the compound selectively inhibited those of horse serum (IC₅₀ = 2.9 μ M) and human recombinant (IC₅₀ = 144.2 μ M) butyrylcholinesterases [16].

Finally, the inward and transient ACh-evoked current activation through *Torpedo* and human neuronalsubtype (α4β2 and α7) nAChRs was decreased by applying 10 µM **C1a** together with 50-100 µM ACh, the decrease being hardly reversible (**Figure 4Ac**).The comparison between **C1a** (10 µM) and **C1-Cl** (10 µM) effects pointed out that they were not significantly different for *Torpedo* (*P* = 0.984), α4β2 (*P* = 0.205) and α7 (*P* = 0.369) nAChRs (**Figure 4B**). However, the effects of **C1a** on the ACh-evoked current through the three nAChR subtypes studied, in contrast to those of **C1-Cl**, were only slightly reversible (**Figure 4C**).

Figure 4. Effects of C1-Cl, C1 and C1a on ACh-induced currents through muscle-subtype (*Torpedo***) and**

human neuronal-subtype (α **4** β **2 and** α **7) nAChRs. (A) Representative traces of ACh-induced inward** currents recorded from oocytes expressing *Torpedo*, α4β2 and α7 nAChRs, in response to applications of 50-100 µM ACh for 15 s (*Torpedo* nAChRs), 10 s (α4β2 nAChRs) and 5 s (α7 nAChRs) (three times), 50-100 μM ACh together with 10 μM **C1-Cl** (a), **C1** (b) and **C1a** (c) for 15 s (*Torpedo* nAChRs), 10 s (α4β2 nAChRs) and 5 s (α7 nAChRs), and 50-100 μM ACh for 15 s (*Torpedo* nAChRs), 10 s (α4β2 nAChRs) and 5 s (α7 nAChRs) (bars above recordings). The holding potential was −60mV. **(B,C)** Histograms of the blocking effects **(B)** of 10 µM **C1-Cl**, **C1** and **C1a** and their reversibility **(C)** on ACh-evoked currentsthrough *Torpedo*, α4β2 and α7 nAChRs, recorded as detailed above. The peak current amplitude recorded in response to applications of ACh and a given compound (B) or ACh alone (C) was normalized to that triggered by the first three-time applications of ACh alone (control). Mean ± S.E.M. of 4-8 oocytes. *: *P* ≤ 0.048 *versus* control.

The present results suggest that **C1a**, compared to **C1-Cl** and **C1**, might be the best suitable molecule for a long-lasting *in vivo* effect on muscle-subtype nAChRs, although the compound, at pharmacologically relevant concentrations (10 μ M), also affected the activity of neuronal-subtype nAChRs (present study) and human recombinant acetylcholinesterase [15]. Moreover, as also observed with **C1**, the compound was shown to block the embryonic α1β1δγ (*Torpedo*) musclesubtype of nAChRs but was previously reported to have no marked effect on mouse muscle contraction and membrane potential parameters, *i.e.* on the adult α1β1δε muscle-subtype (mouse) of nAChRs, at concentrations up to 38 μ M [15]. Here again, further experiments are needed to definitively conclude.

Conclusion

The present results show that *(i)* **C1-Cl** preferentially and reversibly affected *Torpedo* nAChRs, *(ii)* **C1a** acted similarly on *Torpedo*, α4β2 and α7 nAChRs but its effects were hardly reversible, and *(iii)* **C1** had similar effects on *Torpedo* and α4β2 nAChRs, while no effect of this compound was detected on α7 nAChRs. These results, together with our previous studies on isolated mouse neuromuscular preparations [13-15], strongly suggest that **C1-Cl** is, among the three compounds studied, the only molecule that exerts *in vitro* effects on both muscle-subtype nAChRs and isolated mouse neuromuscular preparations, indicating thus that this compound blocks the nAChRs at the postsynaptic membrane of the neuromuscular junction. Therefore, **C1-Cl** may be of interest as the first member of a new class of potential peripheral myorelaxants if the next step, which will consist in apparaising its pharmacokinetics and adverse effects *in vivo*, is successful.

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Declaration of competing interest

The authors declare no competing interest.

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