

## Supplemental Material

### **Supramolecular therapeutics to treat the side effects induced by a depolarizing neuromuscular blocking agent**

**Authors:** Xiangjun Zhang<sup>1</sup>, Qian Cheng<sup>1</sup>, Lanlan Li<sup>2</sup>, Liqing Shangguan<sup>3</sup>, Chenwen Li<sup>2</sup>, Shengke Li<sup>1,4</sup>, Feihe Huang<sup>3</sup>, Jianxiang Zhang<sup>2</sup>, Ruibing Wang<sup>1</sup>

**Affiliations:**

<sup>1</sup>State Key Laboratory of Quality Research in Chinese Medicine, and Institute of Chinese Medical Sciences, University of Macau, Taipa, Macau, China.

<sup>2</sup>Department of Pharmaceutics, College of Pharmacy, Third Military Medical University, Chongqing 400038, China.

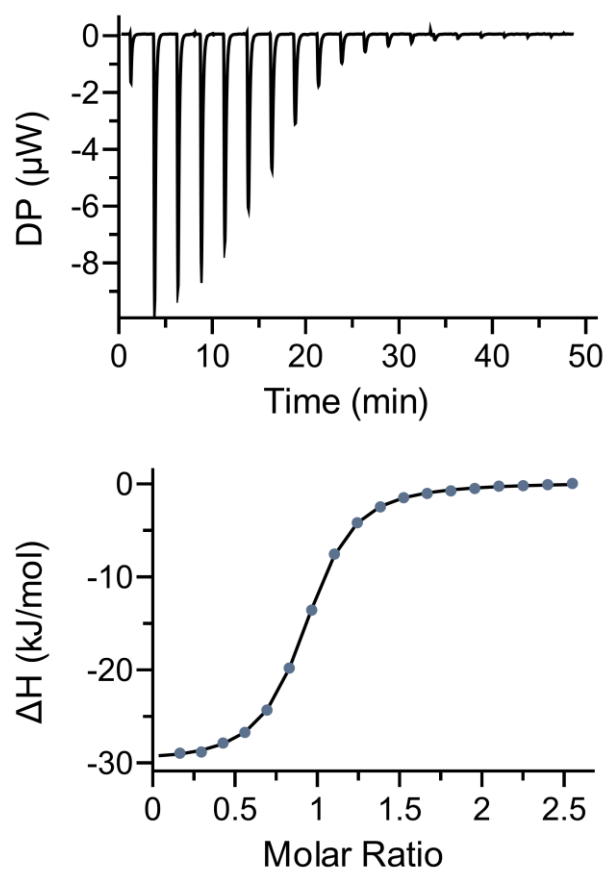
<sup>3</sup>State Key Laboratory of Chemical Engineering, Center for Chemistry of High-Performance & Novel Materials, Department of Chemistry, Zhejiang University, Hangzhou 310027, P. R. China.

<sup>4</sup>School of Materials Science and Engineering, Nanjing University of Science and Technology, Nanjing 210094, China.

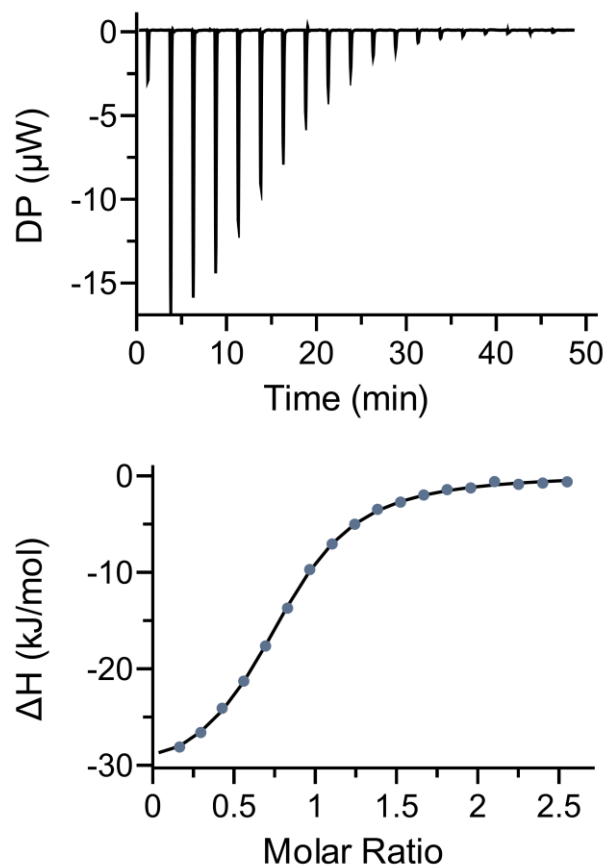
Address correspondence to: Ruibing Wang, Jianxiang Zhang or Feihe Huang. Email:

[rwang@um.edu.mo](mailto:rwang@um.edu.mo) (Ruibing Wang); [jxzhang@tmmu.edu.cn](mailto:jxzhang@tmmu.edu.cn) (Jianxiang Zhang);

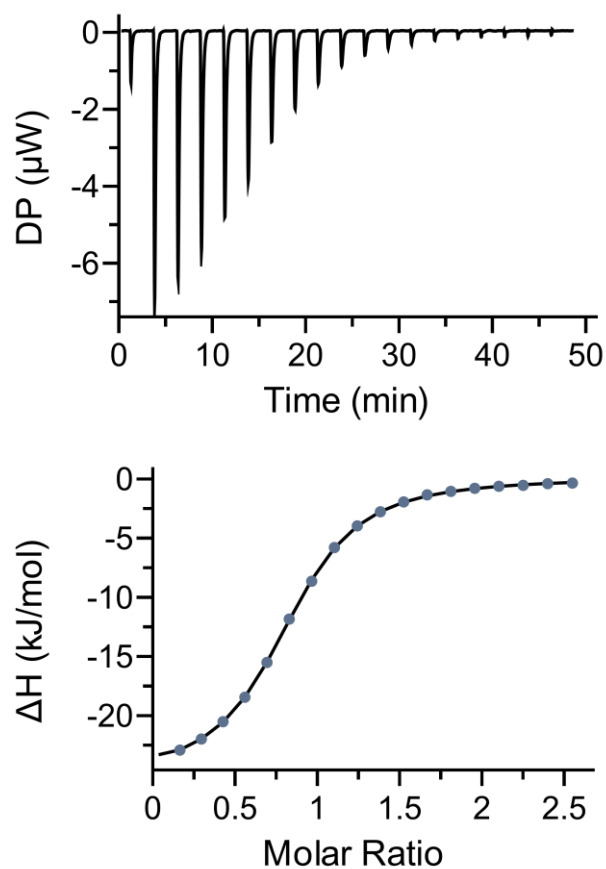
[fhuang@zju.edu.cn](mailto:fhuang@zju.edu.cn) (Feihe Huang).



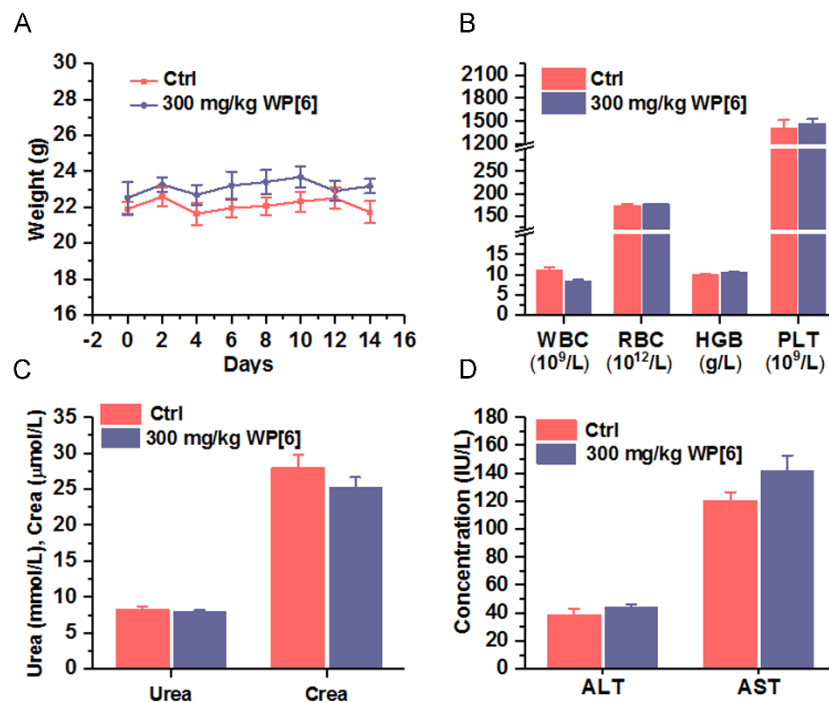
**Figure S1.** ITC titration of WP[6] and Sch in PBS at 25 °C. One binding site model was utilized to fit the data, affording an association constant  $K_a$  of  $2.79 \times 10^5 \text{ M}^{-1}$  ( $\Delta H$ : -30.2 kJ/mol,  $\Delta G$ : -31.1 kJ/mol and  $-T \Delta S$ : -0.894 kJ/mol).



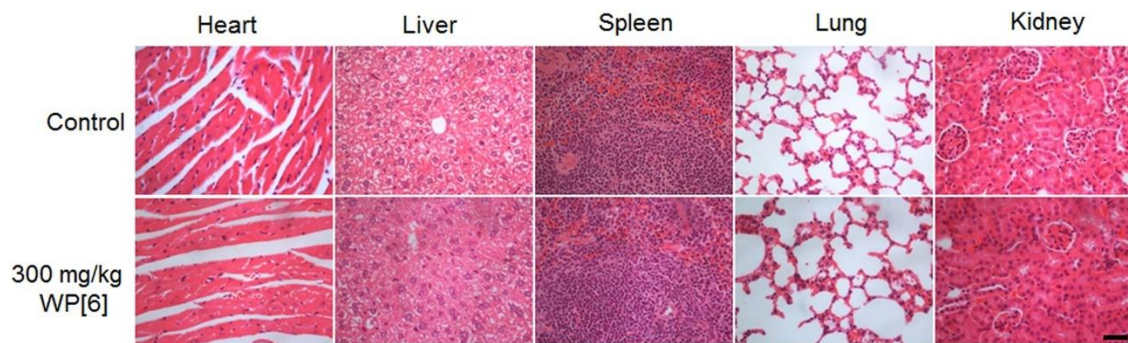
**Figure S2. ITC titration of SC[4]A and Sch in PBS at 25 °C.** One binding site model was utilized to fit the data, affording an association constant  $K_a$  of  $7.52 \times 10^4 \text{ M}^{-1}$  ( $\Delta H$ : -32.3 kJ/mol,  $\Delta G$ : -27.8 kJ/mol and  $-T \Delta S$ : 4.45 kJ/mol).



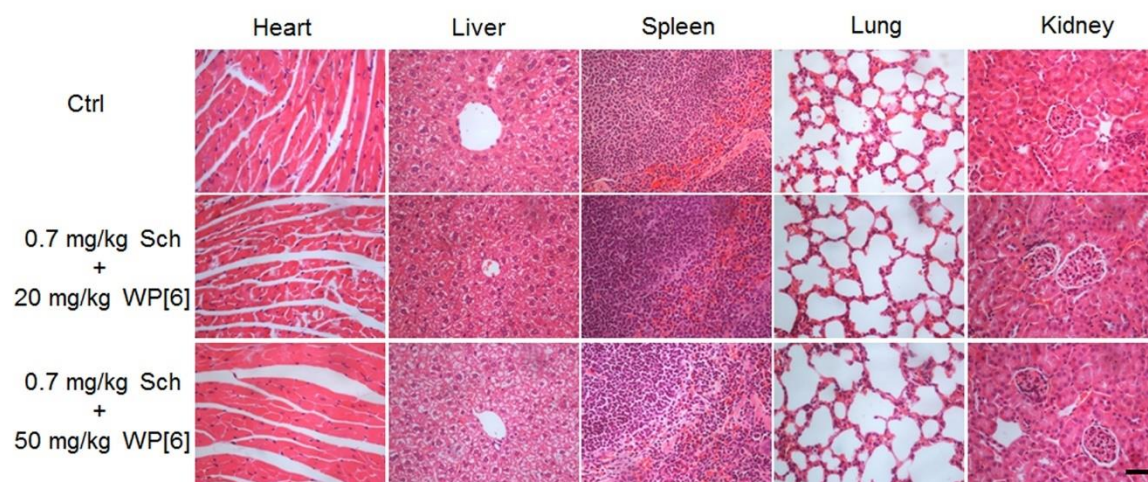
**Figure S3. ITC titration of CB[7] and Sch in PBS at 25 °C.** One binding site model was utilized to fit the data, affording an association constant  $K_a$  of  $1.00 \times 10^5 \text{ M}^{-1}$  ( $\Delta H$ : -25.4 kJ/mol,  $\Delta G$ : -28.6 kJ/mol and  $-T \Delta S$ : -3.14 kJ/mol).



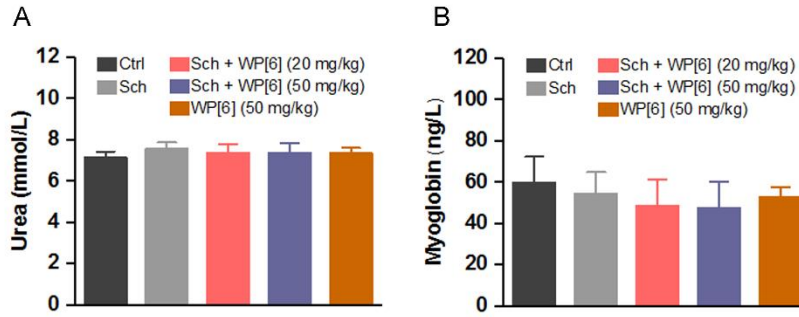
**Figure S4. Acute toxicity evaluation of WP[6] in mice.** (A) Weight changes of mice i.v. administered with WP[6]. Data are presented as mean  $\pm$  SEM,  $n = 6$  for each group. (B) Hematological parameters of the blood samples collected from the mice at Day 14 after i.v. administration of WP[6]. Data are presented as mean  $\pm$  SEM,  $n = 6$  for each group. (C to D) Renal function (C) and hepatic function (D) biomarkers in the blood samples collected from the mice at Day 14 after i.v. administration of WP[6]. Data are presented as mean  $\pm$  SEM,  $n = 6$  for each group.



**Figure S5. H&E sections of major organs from mice with *i.v.* administration of WP[6].** Mice were sacrificed on Day 14 post the *i.v.* administration of WP[6]. Scale bar = 20  $\mu$ m.

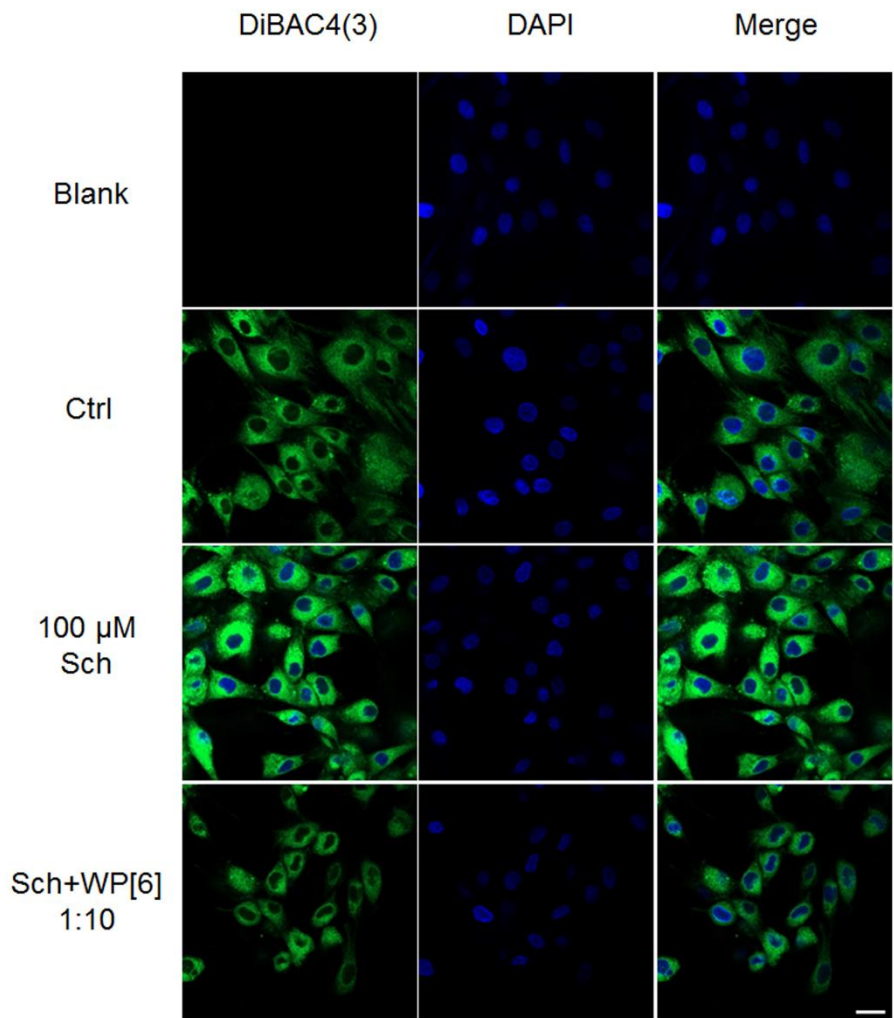


**Figure S6. Histopathological analysis of major organs from survived mice.** Mice were sacrificed on Day14 post treatment of WP[6] after the administration of Sch. Scale bar = 20  $\mu$ m.

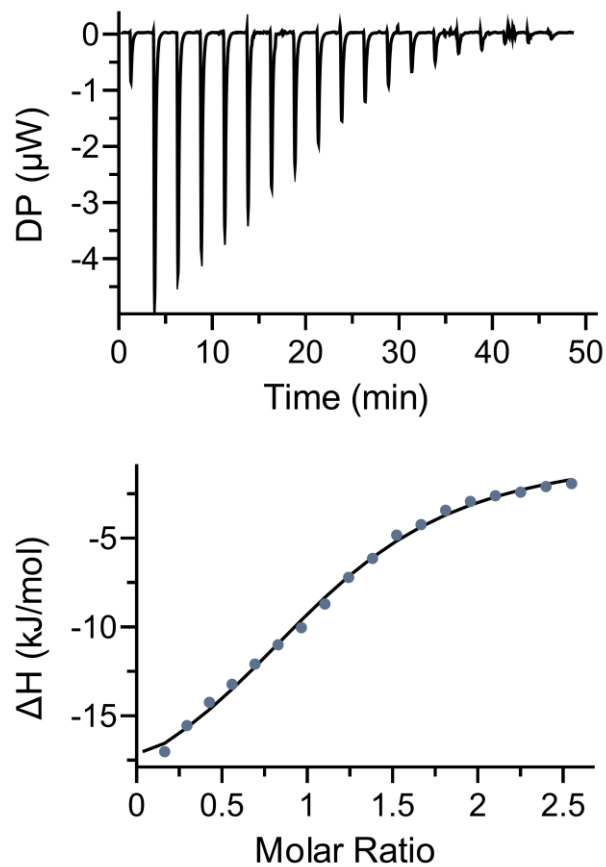


**Figure S7. Serum levels of urea and myoglobin.** Blood samples were collected from the rats that *i.m.* administered with WP[6] (20 mg/kg or 50 mg/kg) at 30 s after the *i.m.* administration of Sch (1 mg/kg).





**Figure S8. Confocal laser scanning microscopy images of L6 cells.**  $2 \times 10^5$  L6 cells were incubated with 100  $\mu$ M Sch or Sch+WP[6] with various concentrations of WP[6] in HBSS for 10 min at 37°C, after the solution were removed, cells were then incubated with 200 nM DiBAC4(3) in HBSS for 20 min at 37 °C, cells were then fixed with 4% paraformaldehyde for 15 min and stained with DAPI for 2 min. Confocal laser scanning microscopy were then used for the fluorescence observation. Scale bar = 20  $\mu$ m.



**Figure S9.** ITC titration of WP[5] and Sch in water at 25 °C. One binding site model was utilized to fit the data, affording an association constant  $K_a$  of  $2.33 \times 10^4 \text{ M}^{-1}$  ( $\Delta H$ : -21.7 kJ/mol,  $\Delta G$ : -25.0 kJ/mol and  $-T \Delta S$ : -3.30 kJ/mol).

Table S1. Binding parameters of Sch and cholinergic receptors. ( $K_a$ ,  $M^{-1}$ )

	M <sub>2</sub> mAChR	M <sub>3</sub> mAChR	Neuronal nAChR	Musclar nAChR
solutions	PBS buffer pH 7.4	PBS buffer pH 7.4	Tris-HCl buffer pH 7.4	HEPES pH7.4
Sch	$5.75 \times 10^3$	$8.13 \times 10^3$	$5.55 \times 10^4$	$9.26 \times 10^4$

Data taken or calculated with EC<sub>50</sub> from supplemental references (1-3).

Table S2. Pharmacological properties of NMBAAs

NMBAAs	ED <sub>95</sub> (mg/kg)	Onset of action	Duration of action	Approximate metabolism (%)	Main potential side effects	Reversal agents
Succinylcholine	0.260	~60 s	~10 min	>90	Myalgia, vagal stimulation, fasciculations, hyperkalemia, increased intraocular and intracranial pressure, malignant hyperthermia, cardiac arrhythmias and arrest, acute rhabdomyolysis	None
Benzylisoquinolines						
Tubocurarine	0.480	3-5 min	70-90 min	0	Histamine release, hypotension, compensatory tachycardia, ganglion block	Cholinesterase inhibitors
Atracurium	0.230	110 s	43 min	60-90	Histamine release, epileptogenic properties in high concentration	Cholinesterase inhibitors
Cisatracurium	0.050	2-3 min	30-40 min	80	Bronchospasm	Cholinesterase inhibitors
Mivacuronium	0.067	2.5 min	15-20 min	95-99	Histamine release, hypotension	Cholinesterase inhibitors
Gantacurium	0.190	1.5-3 min	15 min	>95	Histamine release, transient hypotension, tachycardia,	Cholinesterase inhibitors and Cysteine
CW002	0.077	90 s	28.8-36.1 min	*	Cardiopulmonary side effects	Cholinesterase inhibitors and Cysteine
Aminosteroids						
Pancuronium	0.067	2-3 min	60-90 min	10-20	Increase in heart rate, blood pressure and cardiac output	Cholinesterase inhibitors and Sugammadex
Rocuronium	0.310	1-3 min	30-70 min	<1	Vagolytic property, anaphylactoid reactions	Cholinesterase inhibitors and Sugammadex
Vecuronium	0.043	2-3 min	25-40 min	30-40	cardiac vagolytic effects, tachycardia	Cholinesterase inhibitors and Sugammadex

Data taken from the supplemental references (4-13). \* No human results.

Table S3. Binding parameters for vecuronium, rocuronium and receptors. ( $K_a$ ,  $M^{-1}$ )

	Vecuronium	Rocuronium
M <sub>1</sub> mAChR	$\sim 1.38 \times 10^6$	$\sim 2.63 \times 10^5$
M <sub>2</sub> mAChR	$\sim 7.94 \times 10^6$	$\sim 2.51 \times 10^5$
M <sub>3</sub> mAChR	$\sim 1.48 \times 10^6$	$\sim 2.19 \times 10^4$
M <sub>4</sub> mAChR	$\sim 2.04 \times 10^7$	$\sim 1.05 \times 10^5$
M <sub>5</sub> mAChR	$\sim 1.58 \times 10^6$	$\sim 1.26 \times 10^5$
neuronal nAChR	$\sim 9.31 \times 10^7$	$\sim 7.27 \times 10^7$
muscular nAChR	$\sim 3.32 \times 10^7$	$\sim 1.10 \times 10^7$
Sugammadex	$\sim 5.72 \times 10^6$	$\sim 1.79 \times 10^7$
Calabadion 1	$\sim 5.80 \times 10^6$	$\sim 8.40 \times 10^6$
Calabadion 2	$\sim 1.60 \times 10^9$	$\sim 3.40 \times 10^9$

Data taken or calculated with EC<sub>50</sub> from supplemental references (14-17).

## Supplemental References

1. Hou Vivian Y, Hirshman Carol A, and Emala Charles W. Neuromuscular relaxants as antagonists for M2 and M3 muscarinic receptors. *Anesthesiology*. 1998;88(3):744-50.
2. Borea PA, Varani K, Gessi S, Gilli P, and Gilli G. Binding Thermodynamics at the human neuronal nicotine receptor. *Biochem Pharmacol*. 1998;55(8):1189-97.
3. Jonsson M, Dabrowski M, Gurley David A, Larsson O, Johnson Edwin C, Fredholm Bertil B, et al. Activation and inhibition of human muscular and neuronal nicotinic acetylcholine receptors by succinylcholine. *Anesthesiology*. 2006;104(4):724-33.
4. Thandla R. Neuromuscular Blocking drugs: discovery and development. *J R Soc Med*. 2002;95(7):363-7.
5. Appiah-Ankam J, and Hunter JM. Pharmacology of neuromuscular blocking drugs. *BJA Educ*. 2004;4(1):2-7.
6. Claudius C, and Garvey LM, J. The undesirable effects of neuromuscular blocking drugs. *Anaesthesia*. 2009;64 Suppl 1(s1):10-21.
7. Lee C. Goodbye Suxamethonium! *Anaesthesia*. 2009;64(s1):73-81.
8. Srivastava A, and Hunter JM. Reversal of neuromuscular block. *Br J Anaesthesia*. 2009;103(1):115-29.
9. Lien CA. Development and potential clinical impact of ultra-short acting neuromuscular blocking agents. *Br J Anaesthesia*. 2011;107(suppl\_1):i60-i71.
10. Macartney DH. Cucurbit[n]uril type hosts for the reversal of steroidal neuromuscular blocking agents. *Future Med Chem*. 2013;5(17):2075-89.
11. Brull SJ, and Kopman AF. Current status of neuromuscular reversal and monitoring challenges and opportunities. *Anesthesiology*. 2017;126(1):173-90.
12. Gustafson KA, and Brown AS. Neuromuscular blocking agents use and controversy in the hospital setting. *US Pharmacist*. 2017;42(1):16-20.
13. De Boer HD, and Carlos RV. New drug developments for neuromuscular blockade and reversal: gantacurium, cw002, cw011, and calabadiol. *Curr Anesthesiol Rep*. 2018;8(2):119-24.
14. Cembala TM. Medicine. Studies on the interaction of steroidal neuromuscular blocking drugs with recombinant muscarinic receptors. Thesis, University of Leicester, Leicester.1999.
15. Jonsson M, Gurley D, Dabrowski M, Larsson O, Johnson EC, and Eriksson LI. Distinct pharmacologic properties of neuromuscular blocking agents on human neuronal nicotinic acetylcholine receptors: a possible explanation for the train-of-four fade. *Anesthesiology*. 2006;105(3):521-33.
16. Fagerlund Malin J, Dabrowski M, and Eriksson Lars I. Pharmacological characteristics of the inhibition of nondepolarizing neuromuscular blocking agents at human adult muscle nicotinic acetylcholine receptor. *Anesthesiology*. 2009;110(6):1244-52.
17. Macartney DH. Cucurbit[n]uril type hosts for the reversal of steroidal neuromuscular blocking agents. *Future Med Chem*. 2013;5(17):2075-89.