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# The voltage-gated potassium channel K<sub>v</sub>2.1 as a multicellular drug target

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## Abstract

Voltage-gated potassium (K<sup>+</sup>; K<sub>v</sub>) channels are critical homeostatic regulators of ionic equilibrium. The diversity of channel subtypes and expression profiles makes them interesting drug targets. The K<sub>v</sub>2.1 channel, encoded by the KCNB1 gene, has a multitude of physiological roles from setting neuronal firing frequency to influencing viral replication. Here we look at the biophysical fingerprint of the K<sub>v</sub>2.1 channel and its role in a variety of unique cellular systems. These cellular systems provide a wealth of evidence for modulating K<sub>v</sub>2.1 to offer novel avenues to treat a range of disease from neurological disorders to diabetes. Existing pharmacological compounds that target K<sub>v</sub>2.1 function are highlighted, along with presenting differential pharmacological approaches to modulate K<sub>v</sub>2.1 function. This chapter reveals the K<sub>v</sub>2.1 channel to be an exciting drug target that could afford treatment options in complex diseases affecting ionic homeostasis, future research should be dedicated to delivering the drug in the appropriate manner to provide novel compounds and repurpose existing medicines.

## Introduction

### Voltage-gated K<sup>+</sup> channels

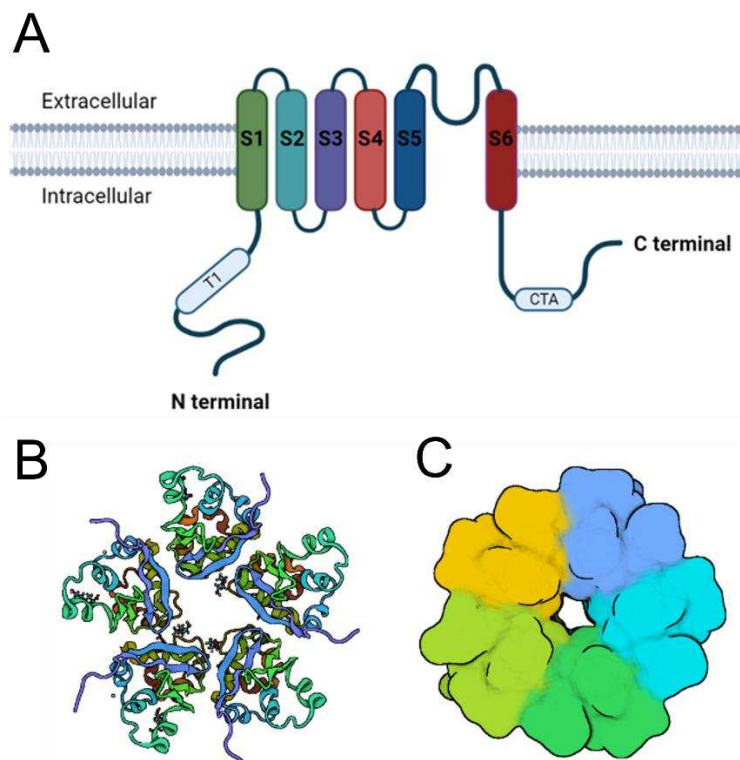
Voltage-gated K<sup>+</sup> (K<sub>v</sub>) channels, which belong to the six-transmembrane domain family of K<sup>+</sup> channels, activate upon depolarisation of the cell membrane and deactivate upon repolarisation, promoting the efflux of K<sup>+</sup> ions. 40 genes encoding K<sub>v</sub> channels have been identified in humans, forming 12 families, each then divided further into subfamilies. Based on their sequence identity, the classification is usually given as K<sub>v</sub>m.n where m denotes the family and n is the subfamily, which display multiple physiological roles (see Gamper et al., this volume).

The K<sub>v</sub>2, or Shab-related, K<sup>+</sup> channel family consists of K<sub>v</sub>2.1 and K<sub>v</sub>2.2 (Gutman et al. 2003). The kinetics of these channels are distinct from other K<sub>v</sub> channels, with slow activation and with inactivation that takes up to several seconds, characterising the currents carried by the Shab-related channels as delayed rectifier (Frech et al. 1989; Hwang et al. 1992).

The Shab gene was initially identified in *Drosophila* (Butler et al. 1989) and its product has subsequently been shown to maintain the electrical excitability of neurons and muscle cells (Frech et al. 1989).

### K<sub>v</sub>2.1 Function and Structure

K<sub>v</sub>2.1 is encoded by the KCNB1 gene and consists of  $\alpha$ -subunits that share the structural characteristic of six-transmembrane helices, designated as S1-S6, like other K<sub>v</sub> channels, with two long intracellular domains known as the N-terminus and carboxyl terminus (Figure 1). A highly conserved tetramerization T1 domain is located at the N-terminus, playing a major role in determining the compatibility of different K<sub>v</sub> subunits. A recent study investigating the crystal structure of the human K<sub>v</sub>2.1 T1 domain found that the domain forms a pentamer structure (Xu et al. 2022; Figure 1)



**Figure 1. Proposed architecture for Kv2.1.** **A.** K<sub>v</sub>  $\alpha$ -subunits consist of six transmembrane segments (S1-S6). S4 form the voltage sensor domain of the channel, and account for the channel gating where, in response to depolarisation, movement of positively charged amino acids results in opening of the channel. S5-S6 form the electrical pore. The N- and C-termini that are located intracellularly contain a T1 tetramerization domain and CTA domain that is mainly responsible for activation of the channel with T1 domain. **B.** Pentameric assembly of the Kv2.1 tetramerization domain viewed in cartoon form. **C.** Pentameric assembly of the Kv2.1 tetramerization domain viewed in quick surface form. Figure made in Biorender.com and retrieved using PDB ID 7SPD.

The carboxy terminus tail of the K<sub>v</sub>2.1 channel protein contains a motif representing the C terminal activation (CTA) domain (Ju et al. 2003) and has been associated with the targeting and localization of the channel (Lim et al. 2000; Tamkun et al. 2007). Changes in the phosphorylation level have been attributed to changes in the channel's gating and surface expression (Grizel et al. 2014).

Highly conserved positively charged residues are located on the S4 domain, which acts as the main voltage sensor, and contains the main components of the gating charge for the channel. The selectivity filter loop is characteristically located between the S5 and S6 transmembrane helices and includes the signature sequence of the K<sub>v</sub> channel selectivity filter; TXTXGYG (Heginbotham et al. 1994).

In its open state when the channel activated, the pore opening step is distinct. This step is weakly voltage-dependent leading, to slow activation of K<sub>v</sub>2.1 with unique kinetics supporting K<sup>+</sup> ion flux and therefore forming its physiological role in membrane excitability. In the channel's inactivating state, the channel remains dormant via two separate inactivation pathways and does not respond to voltage changes across the membrane. Firstly, a very rapid inactivation pathway that involves conformational change of the N-terminus in the main subunit, leading to pore blocking of the channels, this known as an N-type inactivation or '*ball and chain*' inactivation (Rettig et al. 1994). However, the channel also undergoes a slower C-type inactivation mechanism, regulated at the selectivity filter, which involves the narrowing of outer mouth of the channel. An additional U-type rapid inactivation mechanism, involving a voltage-dependent recovery has also been proposed (Klemic et al. 2001).

### **K<sub>v</sub>2.1 as a drug target**

#### **Neurological**

There is an array of evidence to support the targeting of K<sub>v</sub>2.1 to manage a range of neurological conditions, arising from its expression profile throughout the brain (Uhlen et al. 2015) and in discrete neuronal loci (Maletic-Savatic et al. 1995; Misonou and Trimmer, 2004). This pattern allows the K<sub>v</sub>2.1 protein to regulate neuronal excitability (Du et al. 1998; 2000) by its contribution to the delayed rectifier K<sup>+</sup> currents (Murakoshi and Trimmer, 1999). For example, within the hippocampus, K<sub>v</sub>2.1 channels are reported to carry 50% of recorded delayed rectifier K<sup>+</sup> currents (Murakoshi and Trimmer, 1999). Genetic deletion of K<sub>v</sub>2.1 leads to a hyperactive phenotype, characterised by accelerated seizure progression and increased sensitivity to anticonvulsants (Specia et al. 2014). Therefore, a clear therapeutic strategy would be to modify K<sub>v</sub>2.1 activity under conditions of hyperexcitability. This role is supported further by human genetic studies indicating that mutations in K<sub>v</sub>2.1, result in changes in activity and expression, leading to epilepsy (Bersell et al. 2014).

#### **Alzheimer's Disease**

The characteristic feature of Alzheimer's Disease (AD) is the plaques which form in the brain by the accumulation of fragments of β-amyloid (Aβ) protein (Selkoe, 1991). A result of this accumulation is the disruption of ionic homeostasis; while changes in Ca<sup>2+</sup> have been extensively studied, a role for changes in K<sup>+</sup> homeostasis has also been proposed. In relation to K<sub>v</sub>2.1, studies have identified altered levels of K<sub>v</sub>2.1 channel mRNA expressed in cultured rat hippocampal neurons, which had been incubated *in vitro* with Aβ fragments (Jin et al. 2002); these studies are supported by comparable observations *in vivo* in drug-induced memory deficiency in the rat hippocampus (Zhong et al. 2005). While these are animal studies and link to accumulation of the amyloid beta peptide, they still demonstrates the sensitivity of K<sup>+</sup>

channels to disease modification. More physiological research has demonstrated a link between the phosphorylation state of the K<sub>v</sub>2.1 channel and neuronal hyperexcitability in hypoxia and ischemic stroke, where augmentation of the K<sup>+</sup> currents carried by the K<sub>v</sub>2.1 channel results in suppression of hyperexcitability (Misonou et al. 2004; 2005). Interestingly the phosphorylation of K<sub>v</sub>2.1 is regulated by AMPK, which is a master energy regulator in cellular metabolism (Ikematsu et al. 2011).

### **Cell death**

Evidence suggests that the K<sub>v</sub>2.1 channel has a distinct role in neuronal apoptosis, as demonstrated *in vitro* in cortical neurons, where the expression of K<sub>v</sub>2.1 channels increased cellular susceptibility to apoptosis, when compared to dominant negative K<sub>v</sub>2.1-transfected neurons (Pal et al. 2003). Moreover, a surge in K<sub>v</sub>2.1 channel activity was observed in both HEK293 cells and CHO cells undergoing apoptosis following induced oxidative stress (Pal et al. 2006; Al-Owais et al. 2012). This apoptotic surge is mediated through p38 phosphorylation at the serine 800 site of the K<sub>v</sub>2.1 channel (Redman et al. 2007) following Zn<sup>2+</sup> activation of signal-regulating kinase 1 (ASK-1) (Aras and Aizenman, 2005). The requirement for Zn<sup>2+</sup> mediated phosphorylation was also determined for the N-terminal residue tyrosine at position 124 of the channel (Redman et al. 2009). In fact, dual phosphorylation of S800 and Y124 aids trafficking of the K<sub>v</sub>2.1 channels protein delivery to the plasma membrane (He et al. 2015), highlighting the channel's role in the apoptotic cascade.

Multiple signalling mechanisms are responsible for modulation of the K<sub>v</sub>2.1 channel's activity: in hippocampal neurons; SUMOylation has been demonstrated to regulate the firing of cell excitability, by shifting the half-maximal activation voltage (Plant et al. 2011). While a reduction in the phosphorylation status of the channel alters the voltage-dependence of activation and location of K<sub>v</sub>2.1 (Murakoshi et al. 1997; Mohapatra et al. 2007). Several amino acid residues on the carboxy terminal domain of the K<sub>v</sub>2.1 channel are highly phosphorylated in neurons and rapid phosphorylation mediated by cyclin-dependent kinase 5 can restore neuronal excitability (Cerdeira and Trimmer, 2011), or can indeed suppress excitability, influencing hyperpolarizing shifts in the voltage-dependence of activation, when mediated by AMP-activated protein kinase (Ikematsu et al. 2011). Recently, S-sulfhydration, the post-translational modification of proteins by hydrogen sulfide (H<sub>2</sub>S), has been shown to play a role in neuronal excitability surges, by increasing the action potential firing rate (Dallas et al. 2021).

To assess the therapeutic potential of prompting a decrease in pro-apoptotic K<sub>v</sub>2.1 surges, and K<sup>+</sup> loss, thus increasing neuronal survival, the *in vitro* inhibition of K<sub>v</sub>2.1 channel activity following ischemic insult resulted in suppression of hyperexcitability in neurons (Misonou et al. 2005). Additionally, *de novo* experiments using syntaxin-1A-mimicking peptides, which target the control of membrane trafficking insertion of the K<sub>v</sub>2.1 channel protein, preventing the channel's clustering and disrupting its location on the plasma membrane, reduced cell death and enhanced the neurological outcome in an ischemic stroke model (Yeh et al. 2017). Indeed, recent *in vivo* observations of therapeutic peptides designed to disrupt the association between K<sub>v</sub>2.1 and the vesicle-associated membrane protein-associated protein-A (VAP-A), thus reducing

the channel's trafficking to the membrane, have shown promising neuroprotection following administration in ischemic stroke mice. However, *in vitro* these peptides do not bind to VAP-A directly, suggesting another trafficking delivery mechanism may be involved (Schulein et al. 2020).

Alternatively, K<sup>+</sup> channel blockers such as tetraethylammonium and 4-aminopyridine could provide protection against apoptosis accelerated by a range of insults, including oxidative stress (Redman et al. 2007). Cholinesterase inhibitors, for example, donepezil, rivastigmine and galantamine, are approved drugs for use in early and mild stages of AD. These drugs have been shown to inhibit Kv2.1 (Zhang et al. 2004; Pan et al. 2003; Yuan et al. 2011) with donepezil, exhibiting beneficial effects on neuronal damage and on cognitive deficits following ischemic insults (Yuan et al. 2011). However, those blockers can also act on other K<sup>+</sup> channels, such as Kv1.5 and hERG (Li et al. 2017; Chae et al. 2015), thus producing detrimental side effects. Clearly, the development of a therapeutic agent that selectively acts on the Kv2.1 channel, without affecting other ion channels, would be advantageous. Research on 48F10, a norbornyl catechol derivative, which selectively inhibits the Kv2.1 channel with an IC<sub>50</sub> value of 60μM, has shown to prevent oxidants-induced apoptosis in cortical neurons (Zaks-Makhina et al. 2004).

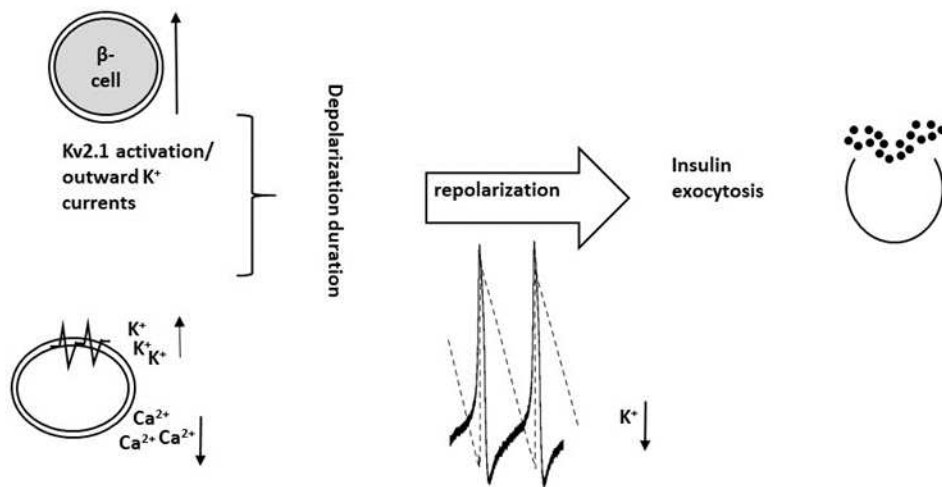
### **Metabolic**

Kv2.1 is expressed in the pancreas (Yan et al. 2004), specifically, in the β-cells, playing a role in regulating membrane excitability, with a demonstrated role in regulating membrane repolarisation, consecutively controlling glucose-stimulated insulin secretion (Roe et al. 1996). Pancreatic β cells respond to high concentrations of glucose through membrane depolarization, in response to K<sup>+</sup> induced Ca<sup>2+</sup> influx (Dawson et al. 1984), followed by rapid repolarisation when the K<sub>v</sub> channels are active. The Kv2.1 channel has been found to be the main contributor to the voltage-dependent outward K<sup>+</sup> currents (MacDonald et al. 2001), thus its impact on insulin secretion has been extensively investigated.

In isolated rat islets, dominant negative knockout of Kv2.1 resulted in extensive reduction of the delayed rectifier K<sup>+</sup> currents and caused an increase in insulin production, following stimulation by glucose (MacDonald et al. 2002). This role was further highlighted by use of the specific Kv2.1 channel blocker hanatoxin, a toxin peptide isolated from Chilean rose tarantula venom (Swartz and MacKinnon, 1995). The inhibition of the Kv2.1 channel resulted in an increase in membrane potential, elevated intracellular Ca<sup>2+</sup> oscillation in response to glucose, and improved glucose dose dependent insulin secretion (Tamarina et al. 2005). These results suggest that Kv2.1 could serve as a potential target in the treatment of type 2 diabetes, where the Kv2.1 channel is shown to be reduced in human β-cells isolated from type 2 diabetic patients (Fu et al. 2017).

Interestingly, the depolarization duration through outward K<sup>+</sup> currents can influence insulin exocytosis from cell plasma membrane (Figure 2), through membrane clustering of the Kv2.1 channels (Greitzer-Antes et al. 2018; Fu et al. 2019).

#### Glucose induced Membrane depolarization



**Figure 2. Schematic representation of glucose induced changes in  $\beta$ -cell membrane potential.** Dynamic ionic flux resulting in an increase in membrane potential triggering rapid depolarization followed by rapid repolarization phase to restore the K<sup>+</sup> efflux via the opening of K<sub>v</sub>2.1 channels influencing action potential duration and the subsequent firing of APs and insulin secretion.

K<sub>v</sub>2.1 clustering aids in insulin exocytosis and contribute to rescuing dysfunctional human  $\beta$ -cell function (Fu et al. 2017). SNARE syntaxin1A and syntaxin-3 proteins are required for delivering these K<sub>v</sub>2.1 clusters to the plasma membrane (Dai et al. 2012; Greitzer-Antes et al. 2018; Fu et al. 2019) and regulated through the SUMOylation-mediated K<sub>v</sub>2.1 channels and thus regulation of pancreatic  $\beta$ -cell excitability (Plant et al. 2011). Glucose activation of  $\beta$ -cells results in action potential (AP) initiation. Following rapid depolarization, K<sub>v</sub> channel activation facilitates the rapid repolarization phase of  $\beta$ -cell APs, restoring K<sup>+</sup> efflux via the opening of the channel, thus affecting the duration and the subsequent firing of APs (Jacobson and Philipson, 2007). Consequently, blocking the K<sub>v</sub>2.1 channel in diabetic patients would contribute to inhibition of  $\beta$ -cell over-excitability and delay repolarisation of the action potential, therefore minimising K<sup>+</sup> loss and sustaining cytosolic Ca<sup>2+</sup> (MacDonald and Wheeler, 2003).

However, the precise role of K<sub>v</sub>2.1 in repolarization of the AP in human  $\beta$  cells is still unclear. It has been proposed that the large conductance Ca<sup>2+</sup> activated K<sup>+</sup> channels (BK channels) are the main contributors to the repolarization phase in these cells, as stromatoxin inhibition of K<sub>v</sub>2.1 had no effect on stimulated electrical activity in human  $\beta$  cells obtained from non-diabetic donors (Braun et al, 2008). Nevertheless, the significance of the K<sub>v</sub>2.1 channel's role in human  $\beta$ -cells was demonstrated using *in vitro* studies; tetramers of the K<sub>v</sub>2.1 channel were found to be clustered on the plasma membrane of human  $\beta$  cells and K<sub>v</sub>2.1 knockdown had an adverse effect on the depolarization-induced exocytosis in human  $\beta$ -cells (Fu et al. 2017).

In addition, examination of the structure of  $\beta$ -cells, obtained from type 2 diabetic human donors revealed abnormalities in granule fusion, compared with non-diabetic donors. The density of these membrane-attached granules is regulated by clusters of  $K_v2$ , the relative proportion of these granule fusions are determined by SUMOylation at two  $K_v2.1$  residues; K145 and K470 (Fu et al. 2019). Moreover, dual blocking of BK and  $K_v2.1$  channel activities, during glucose triggered AP, resulted in an increase in amplitude, duration, and latency of the AP, indicating that the repolarizing phase involves multiple  $K^+$  channels and does indeed include the  $K_v2.1$  channel (MacDonald et al. 2002).

In further studies,  $K_v2.1$  gene disruption in animal models resulted in the modification of  $\beta$ -cell electrical activity, including reduced firing frequency and the prolongation of AP duration, as well as enhanced insulin secretion (Jacobson et al. 2007), confirming the important role of  $K_v2.1$  in modulating glucose-induced APs.

Furthermore, application of the pan  $K_v2$  channel inhibitor, RY796, which selectively inhibits the  $K_v2.1$  and  $K_v2.2$  channels, lead to the enhancement of glucose-stimulated insulin secretion *in vitro* in both isolated mouse and human islets (Li et al. 2013). These effects were supported by the inhibition of the  $K_v2.1$  channel using further pharmacological  $K_v2.1$ -specific blockers such as SP6616, and the small molecule inhibitor 4-ethoxy-N-{[6-(2-thienyl)-7H-[1,2,4]triazolo[3,4-b][1,3,4]thiadiazin-3-yl]methyl}aniline (ETA) ameliorates hyperglycaemia and promotes  $\beta$  cell survival in diabetic mice (Zhou et al. 2016, Yao et al. 2013, Zhou et al. 2018). Even a modest inhibition of  $K_v2.1$  channels can sustain cytosolic  $Ca^{2+}$  and stimulate insulin production, thus improving glucose tolerance in diabetic mice treated with glucagon-like peptide-1 based drugs; such observations have opened a new avenue to reduce the doses of such drugs and potentially the associated adverse effects, while attaining the same glycaemic control in type 2 diabetics (Sukma Rita et al. 2015).

In addition to improving glucose tolerance and enhancing insulin secretion, inhibition of  $K_v2.1$  by the selective inhibitor, SP6616 in diabetic mice has been shown to improve the diabetic peripheral neuropathy-like pathology of the mice (Zhu et al. 2020), a summary of selected  $K_v2.1$  inhibitors and their proposed role are listed in Table 1. For a more comprehensive picture of  $K_v2.1$  pharmacological tools readers are signposted to the International Union of Basic and Clinical Pharmacology (IUPHAR) database (Attali et al., 2021).

## **Virology**

Anti-apoptotic strategies are also employed by viruses and there is growing evidence that viruses manipulate  $K^+$  homeostasis to their advantage for a number of processes from infection to replication (Gazzarrini et al. 2003; Gargan et al. 2021). There is also a body of evidence that supports the idea that a viral-encoded  $K^+$  protein might be the  $K^+$  channel protein evolutionary progenitor (Thiel et al. 2013). Modulating  $K^+$  efflux through manipulation of  $K_v2.1$  has been proposed to be an effective strategy used by the hepatitis C virus to maintain infectivity (Mankouri et al. 2009). This original observation indicated that the  $K_v2.1$  channel had viral anti-apoptotic properties, and this has been developed further to indicate specific signalling mechanisms (Amako et al. 2013; Clemens et al. 2015). These observations have been used in generating a



novel neuroprotective strategy involving the interaction of the hepatitis C protein (NS5A) and the Kv2.1 protein (Justice et al. 2018).

### **Pharmacological approaches to influence Kv2.1 activity**

Given the diverse array of physiological processes that Kv2.1 are involved in, there is a need for distinct pharmacological tools to modulate channel activity in an appropriate manner to offer therapeutic potential. Here we consider some options available that could be used to target diseases where Kv2.1 activity has been shown to regulate pathophysiology (see above).

### **Channel blockers**

K<sup>+</sup> channel blockers such as tetraethylammonium (TEA) and 4-aminopyridine (4-AP) have been used to inhibit Kv2.1 to achieve an array of therapeutic goals. For example, direct channel blockade offered protection against apoptosis accelerated by a range of insults, including oxidative stress (Redman et al. 2007). In addition, 4-AP has been used in the management of multiple sclerosis (Henney & Blight. 2012) so there is a place for pan Kv blockers in the clinical but how much of the 4-AP effect is mediated by Kv2.1 inhibition is unclear. So, while pan Kv channel blockers have their place in the clinical they are likely to report a clinical benefit based on multiple drug-target interactions. Therefore, more selective tools are required to influence Kv2.1 channels to offer clinical potential. Here, more specific Kv2.1 tools have been used in highlighting discreet roles for the Kv2.1 protein (e.g., 48F10, Zaks-Makhina et al. 2004; Table 1). Of note here is that the 48F10 compound showed some selectivity against other Kv channels (Kv1.5) 48F10 demonstrated inhibitory actions on the Kir2.1 channel. However, most of these new chemical entities are still experimental compounds, and further research is needed to explore their full target profiles.

### **Channel modulators**

Channel blockade may afford therapeutic potential for broad spectrum conditions; however, another more targeted strategy would be the modulation of individual Kv2.1 channels. There are several approaches that have been tested that range from channel trafficking to channel gating modifications. Kv2.1 protein trafficking is an important determinant of channel assembly and insertion of operational channels into the plasma membrane. Removal of K<sup>+</sup> conductance pathways via Kv2.1 could be achieved by disrupting channel clustering that appear to act as supply platform for the channel's trafficking to the plasma membrane (Fox et al. 2015). Indeed, research has highlighted that this approach, targeted by calcineurin-mediated dephosphorylation, disrupted Kv2.1 channel clustering, and afforded greater neuroprotection (Misonou et al. 2004; Shepherd et al. 2012).

Small molecule mediated gating modification has also been demonstrated to offer therapeutic potential. This has been reported for experimental compounds such as the tarantula guangxitoxin-1E (GxTx) which modulates Kv2.1 activity by increasing time in the closed state (Tilley et al. 2019). This has led to the development of high throughput screens looking to identify novel gating modifiers (Schmalhofer et al, 2009). While the search for novel gating modifiers is underway, existing medicines have been reported to act through Kv2.1 dependent mechanisms. Evidence suggests that existing the anti-tumour drug perifosine can alter the inactivation gate with the Kv2.1 channel complex

leading to a hyperpolarising shift in the voltage dependence of  $K_v2.1$  (Delgado-Ramirez et al., 2016). This  $K_v2.1$  modulation may underpin the anti-tumour effects in tandem with the more widely reported perifosine mediated Akt inhibition (Taniguchi et al. 2021).

In summary, the  $K_v2.1$  channel is a promising drug target in a range of cell types to address distinct therapeutic areas. The work exploring modulation of  $K_v2.1$  in diabetes has provided a pathway to research and development programmes. Evidence indicates that blockade of  $K_v2.1$  channels in  $\beta$ -cells could promote insulin release with a lower risk of hypoglycaemic events compared with the more appreciated  $K_{ATP}$  channel blockers (e.g., sulfonylureas). Suppression of channel activity to a level above the reported  $IC_{50}$  threshold would be more advantageous as opposed to full blockade, and depending on the route of administration could mitigate other disease related pathology, such as diabetes associated neuropathy (Xu et al, 2020). This chapter also indicates interesting datasets about drug repurposing and some previously unreported effects on the  $K_v2.1$  channel that could enhance clinical benefits of currently approved medicines. With respect to the other therapeutic areas highlighted in this chapter (e.g., neurological) more detailed structural and functional studies to provide the cell and channel specific reagents are needed to realise  $K_v2.1$  targeted therapies.

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Compound	Reported physiological role	Concentration	System tested	In vitro/In vivo	Ref
Tetraethylammonium	Blocked excessive pro-apoptotic K <sup>+</sup> efflux	5 mM	Murine cortical cultures	<i>In vitro</i>	Yu et al. 1997; Wei et al. 2003
	Reduced cerebral infarct volume	5 µg/kg	Ischemic rats	<i>In vivo</i>	Wei et al. 2003
Donezepil	Reduced oxygen-glucose deprivation-induced apoptosis	30 µM	HEK293 expressing K <sub>v</sub> 2.1	<i>In vitro</i>	Yuan et al. 2011
Rivastigmine	Improved proteasome activity contributing to amyloid aggregation removal	2 mg/kg	Rat cortex and hippocampus	<i>In vivo</i>	Gupta et al, 2021
MiDCA1 Toxin	Induced hydrolysis of phosphatidylcholine	1 µM	Isolated murine dorsal root ganglion neurons	<i>In vitro</i>	Schütter et al. 2019
			Xenopus oocyte expressing K <sub>v</sub> 2.1	<i>In vitro</i>	
Hanatoxin	Blocked K <sup>+</sup> channels	0.5 µM	Xenopus oocyte expressing K <sub>v</sub> 2.1	<i>In vitro</i>	Swartz and MacKinnon. 1995
	Reduced proliferation	0.2-1 µM	Uterine cancer cells	<i>In vivo</i>	Suzuki and Takimoto. 2004
48F10	Supressed oxidative induced apoptosis	1-3 µM	Rat cortical neurons	<i>In vitro</i>	Zaks-Makhina et al. 2004
		IC <sub>50</sub> 1 µM	CHO cells expressing K <sub>v</sub> 2.1	<i>In vitro</i>	
		10 µM	IEC-6 enterocytes	<i>In vitro</i>	Grishin et al. 2005
SP6616	Promoted glucose-stimulated insulin secretion (GSIS); Promoted β-cell survival	1–10 µM	INS-1 832/13 Rat Insulinoma Cell Line	<i>In vitro</i>	Zhou et al., 2016
	Ameliorated hyperglycaemia and β-cell dysfunction	IC <sub>50</sub> 2.58 µM	CHO cells expressing K <sub>v</sub> 2.1	<i>In vitro</i>	
	Ameliorated peripheral neuropathy	20 and 40 mg/kg	Diabetic mice	<i>In vivo</i>	Zhou et al., 2020
ETA	Ameliorated hyperglycaemia and improved β-cell dysfunction	20 mg/kg/day	Type 2 diabetic mice	<i>In vivo</i>	Zhou et al., 2018

		20 $\mu$ M	INS-1 832/13 Rat Insulinoma Cell Line	<i>In vitro</i>	
Vindoline	Stimulates insulin secretion and enhanced GSIS	20 mg/kg	Diabetic models (mice) type 2 diabetic (rats)	<i>In vivo</i>	Yao et al., 2013
		IC <sub>50</sub> 50 $\mu$ M	MIN6 mouse insulinoma cell line and primary mice islets	<i>In vitro</i>	
Stromatoxin-1	Modulated insulin secretion	100 nM	Human $\beta$ -cells	<i>In vitro</i>	Braun et al, 2008
	Modulation of myogenic contraction in concert with BK channels	300 nM	Rabbit urethral smooth muscle cells	<i>In vitro</i>	Kyle et al, 2011
	Blockade of channel pore	150 nM	HEK293 expressing K <sub>v</sub> 2.1	<i>In vitro</i>	
	Reduced proliferation	600 nM	Prostate cancer cells	<i>In vitro</i>	Park et al, 2021
Perifosine	Inactivation gate modifier	0.3 $\mu$ M	HEK293 expressing K <sub>v</sub> 2.1	<i>In vitro</i>	Delgado-Ramírez et al. 2016

Table 1. Selected summary list of investigated K<sub>v</sub>2.1 inhibitors and their proposed/reported physiological role.