



## Supplementary Materials: Microscale Thermophoresis as a Screening Tool to Predict Melanin Binding of Drugs

Laura Hellinen, Sina Bahrpeyma, Anna-Kaisa Rimpelä, Marja Hagström, Mika Reinisalo and Arto Urtti

**The (microscale thermophoresis) MST traces** are presented in the Supplementary Figure S1 below. The time regions from which the changes in the  $F_{norm}$  (and consequently binding affinity) were determined are displayed in the Table S1. The cold region was from -1.00 to 0 seconds (i.e. the cold region started one second before infrared laser was switched on to which the cold region ends).



**Figure S1.** Microscale thermophoresis trace curves showing normalized fluorescence during the experiment and the time region which was used to determine the K<sub>d</sub>.

	Table S1.	. The hot regior	s in the MST	curves used to	o determine the	Ka values.
--	-----------	------------------	--------------	----------------	-----------------	------------

Compound	MST hot region (s) used to determine F <sub>norm</sub>			
timolol	25.8-26.8			
nadolol	14.6-15.6			
atropine	4.0-5.0			
quinidine	29.6-30.6			
chloroquine	24.9-25.9			
penicillin G	14.0-15.0			
terazosin	15.1-16.1			
papaverin	14.4-15.4			
levofloxacin	29.1-30.1			

www.mdpi.com/journal/pharmaceutics

 $K_d$  determination strategies. The K<sub>d</sub> values were tested in both initial fluorescence and the above described MST modes within the MO Affinity Analysis Software (Fig. S1, Table S1) and the K<sub>d</sub> values obtained with each of these modes are described in the Table S2 below. Since the user manual incorporated into the software (Nanopedia) advices to utilize the initial fluorescence mode to determine K<sub>d</sub> if ligand-induced fluorescence changes are observed, the initial fluorescence mode was used whenever fitting with raw fluorescence counts was successful. The fitting of the two modes are the same, but in the case of initial fluorescence mode, the raw fluorescence counts measured before the heating were used instead of normalized fluorescence values ( $F_{norm}$ ). In the case of levofloxacin, the K<sub>d</sub> fitting with initial fluorescence change could be visually seen. The fitting with initial fluorescence was used and the K<sub>d</sub> is within the same range than the value obtained with the MST mode using 60 % excitation.

	MST mode		Initial fluorescence mode	
Compound	K <sub>d</sub>	K <sub>d</sub> confidence <sup>1</sup>	K <sub>d</sub>	K <sub>d</sub> confidence <sup>1</sup>
	(μM)	(μM)	(μM)	(μM)
atropine	>900	1300	Failed	-
diclofenac	Failed	-	Failed	-
methotrexate*	>10 000	200 000	3 500	13 000
timolol	260	130	Failed	-
nadolol*	260	52	200	33
propranolol*	230	124	80	92
quinidine*	370	370	214	29
papaverine*	93	150	28	23
pazopanib*	Failed	-	7.8	1100
levofloxacin	47	40	<sup>2</sup> Failed/54	<sup>2</sup> Failed/10
chloroquine	0.8	7.7	Failed	-
penicillin G	3.2	7.6	Failed	-
terazosin*	96	193	29	28

## Table S2. Kd values determined with MST (Fnorm) or initial fluorescence modes.

The K<sub>d</sub> values obtained with the initial fluorescence mode were utilized for compounds marked with<sup>\*</sup>  ${}^{1}K_{d}$  confidences were obtained within the MO Affinity Analysis Software. With the confidence of 68 %, the K<sub>d</sub> is in the reported range. <sup>2</sup>Unsuccessful with 60 % excitation power, reported value gained with 80 % excitation.

**The target (melanin) occupation** (fraction (%) bound values) in each of the studied ligand concentration are presented in the Figure S2 below. The categorization of the compounds into low ( $K_d$  >650  $\mu$ M) intermediate ( $K_d$  65-650  $\mu$ M), high ( $K_d$  6.5-65  $\mu$ M) and extreme ( $K_d$  < 6.5  $\mu$ M) melanin-binders were based on the predicted ligand binding in human RPE-choroid in vivo (fraction (%) bound of ligand; low (>10%), intermediate (1-10 %), high (0.1-1 %) and extreme (< 0.1 %).



**Figure S2. MST was able to distinguish compounds with different binding affinities towards melanin.** Fraction of melanin in bound state at studied range of concentration according to MST analysis for (A) low binders, (B) intermediate melanin binders, (C) high binders, and (D) extreme binders.

Pharmaceutics 2020, 12, 554

1		1 1	
Precursor m/z	Fragment m/z	<b>Collision Energy V</b>	Ionization
388.27	290.20	24	ESI+
388.27	247.14	32	ESI+
396.26	298.25	28	ESI+
396.26	251.80	34	ESI+
340.18	202.08	26	ESI+
340.18	171.08	38	ESI+
343.24	205.14	26	ESI+
343.24	174.13	42	ESI+
362.11	318.21	18	ESI+
362.11	261.14	26	ESI+
370.24	326.33	20	ESI+
370.24	265.28	28	ESI+
	Precursor m/z 388.27 388.27 396.26 396.26 340.18 340.18 343.24 343.24 362.11 362.11 370.24 370.24	Precursor m/zFragment m/z388.27290.20388.27247.14396.26298.25396.26251.80340.18202.08340.18171.08343.24205.14343.24174.13362.11318.21362.11261.14370.24265.28	Precursor m/zFragment m/zCollision Energy V388.27290.2024388.27247.1432396.26298.2528396.26251.8034340.18202.0826340.18171.0838343.24205.1426343.24174.1342362.11318.2118362.11261.1426370.24265.2828

*Table S3.* Mass spectrometric conditions used in the compound quantification.