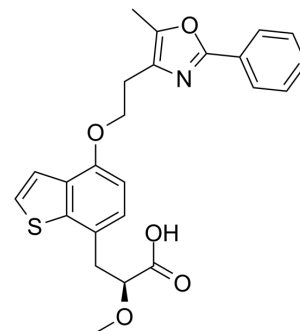


Aleglitazar

Cat. No.:	HY-14728		
CAS No.:	475479-34-6		
Molecular Formula:	C ₂₄ H ₂₃ NO ₅ S		
Molecular Weight:	437.51		
Target:	PPAR		
Pathway:	Cell Cycle/DNA Damage; Vitamin D Related/Nuclear Receptor		
Storage:	Powder	-20°C	3 years
		4°C	2 years
	In solvent	-80°C	2 years
		-20°C	1 year



SOLVENT & SOLUBILITY

In Vitro

DMSO : ≥ 50 mg/mL (114.28 mM)
 * "≥" means soluble, but saturation unknown.

Concentration	Mass		
	1 mg	5 mg	10 mg
1 mM	2.2857 mL	11.4283 mL	22.8566 mL
5 mM	0.4571 mL	2.2857 mL	4.5713 mL
10 mM	0.2286 mL	1.1428 mL	2.2857 mL

Please refer to the solubility information to select the appropriate solvent.

In Vivo

- Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline
 Solubility: ≥ 2.5 mg/mL (5.71 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% corn oil
 Solubility: ≥ 2.5 mg/mL (5.71 mM); Clear solution

BIOLOGICAL ACTIVITY

Description

Aleglitazar (R1439) is a potent dual PPAR α / γ agonist, with IC₅₀s of 38 nM and 19 nM for human PPAR α and PPAR γ , respectively. Aleglitazar can be used for the research of type II diabetes^[1].

IC₅₀ & Target

PPAR γ 19 nM (IC ₅₀)	PPAR α 38 nM (IC ₅₀)
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In Vitro

Aleglitazar exhibits species selectivity with respect to PPAR α , with an EC₅₀s of 50 nM, 2.26 μ M and 2.34 μ M for human PPAR α , rat PPAR α and mouse PPAR α , respectively^[1].
 Aleglitazar (0.01-40 μ M; 12-48 hours) does not significantly increase lactate dehydrogenase (LDH) release at concentrations

of 0.1 μM to 20 μM , but significant increases LDH release at concentrations of 30 μM and 40 μM ^[2].

Aleglitazar (0.01-20 μM ; 48 hours) decreases hyperglycaemic conditions (HG, glucose 25 mM)-induced apoptosis, caspase-3 activity and cytochrome-C release^[2].

Aleglitazar improves cell viability in cells exposed to hyperglycaemia^[2].

MCE has not independently confirmed the accuracy of these methods. They are for reference only.

Cell Cytotoxicity Assay^[2]

Cell Line:	human cardiomyocytes (HCM), wild-type mice cardiomyocytes (mCM-WT)
Concentration:	0.01 μM , 0.05 μM , 0.1 μM , 0.5 μM , 1 μM , 5 μM , 10 μM , 20 μM , 30 μM , 40 μM
Incubation Time:	12 hours, 24 hours, 48 hours
Result:	Increased LDH release at concentrations of 30 μM and 40 μM .

Apoptosis Analysis^[2]

Cell Line:	HCM, mCM-WT
Concentration:	0.01 μM , 0.05 μM , 0.1 μM , 0.5 μM , 1 μM , 5 μM , 10 μM , 20 μM
Incubation Time:	48 hours
Result:	Dose dependently decreased apoptosis, caspase-3 activity and cytochrome-C release induced by HG.

In Vivo

Aleglitazar (0.3-3.0 mg/kg; i.p.; daily; for 7 days) exerts beneficial effects on structural and functional outcomes of mild brain ischemia^[3].

Aleglitazar reduces key aspects of microglia activation including NO production, release of proinflammatory cytokines, migration, and phagocytosis^[3].

Aleglitazar attenuates inflammatory responses in post-ischemic brain^[3].

MCE has not independently confirmed the accuracy of these methods. They are for reference only.

Animal Model:	Male 129S6/SvEv mice (24-30 g), middle cerebral artery occlusion (MCAo) models ^[3]
Dosage:	0.3 mg/kg, 3.0 mg/kg
Administration:	Intraperitoneal injection, daily, for 7 days
Result:	Reduced the size of the ischemic lesion as assessed using NeuN immunohistochemistry on day 7.

REFERENCES

[1]. Bénardeau A, Benz J, Binggeli A, et al. Aleglitazar, a new, potent, and balanced dual PPAR α /gamma agonist for the treatment of type II diabetes. *Bioorg Med Chem Lett.* 2009 May 1;19(9):2468-73.

[2]. Yan Chen, et al. Aleglitazar, a dual peroxisome proliferator-activated receptor- α and - γ agonist, protects cardiomyocytes against the adverse effects of hyperglycaemia. *Diab Vasc Dis Res.* 2017 Mar; 14(2): 152-162.

[3]. Valérie Boujon, et al. Dual PPAR α / γ agonist aleglitazar confers stroke protection in a model of mild focal brain ischemia in mice. *J Mol Med (Berl).* 2019; 97(8): 1127-1138.

Caution: Product has not been fully validated for medical applications. For research use only.

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