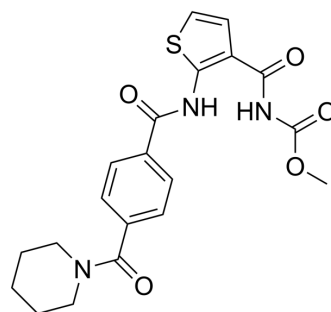


## DprE1-IN-4

<b>Cat. No.:</b>	HY-138671
<b>CAS No.:</b>	2419160-96-4
<b>Molecular Formula:</b>	C <sub>20</sub> H <sub>21</sub> N <sub>3</sub> O <sub>5</sub> S
<b>Molecular Weight:</b>	415.46
<b>Target:</b>	Bacterial
<b>Pathway:</b>	Anti-infection
<b>Storage:</b>	Please store the product under the recommended conditions in the Certificate of Analysis.



### BIOLOGICAL ACTIVITY

<b>Description</b>	DprE1-IN-4 is a potent and orally active noncovalent DprE1 inhibitor with an IC <sub>50</sub> of 0.90 µg/mL. DprE1-IN-4 exhibits potent in vitro activity against <i>M. tuberculosis</i> H37Rv and drug-resistant tuberculosis strain with MIC values of 0.12 µg/mL and 0.24 µg/mL, respectively. DprE1-IN-4 displays acceptable pharmacokinetic property and shows significant bactericidal activity in an acute mouse model of tuberculosis.
<b>IC<sub>50</sub> &amp; Target</b>	IC <sub>50</sub> : 0.9±0.2 µg/mL (DprE1)[1]
<b>In Vitro</b>	DprE1-IN-4 displays potent activity against <i>M. tuberculosis</i> , it is against isolated clinical strains H37Rv, 13946a, 14862b and PBTZ169-resistant strain with MIC values of 0.12 µg/mL, 0.24 µg/mL, 0.24 µg/mL and 0.48 µg/mL, respectively <sup>[1]</sup> . DprE1-IN-4 (0.76-16 µg/mL) shows a decrease in potency against only DprE1-overexpressing strains but not against DprE2-overexpressing and wild-type strains. The IC <sub>50</sub> value is 0.9±0.2 µg/mL for ?DprE1 <sup>[1]</sup> . MCE has not independently confirmed the accuracy of these methods. They are for reference only.
<b>In Vivo</b>	DprE1-IN-4 exhibits acceptable pharmacokinetic property after p.o. and i.v., DprE1-IN-4 (oral administration, 50 mg/kg) exhibits high plasma exposure ((AUC) <sub>0-∞</sub> =657 ng·h/mL) and high maximum plasma concentration (C <sub>max</sub> =486 ng/mL). It exhibits oral bioavailability (F=7.9%) and is deemed worthy of further evaluation in?in vivo?efficacy studies <sup>[1]</sup> . DprE1-IN-4 (oral gavage; 100 mg/kg; once daily; 3 weeks) showed potent?in vivo?activity, reducing the bacterial burden in the lungs by 2.02?log <sub>10</sub> ?CFU compared with the untreated control group <sup>[1]</sup> . MCE has not independently confirmed the accuracy of these methods. They are for reference only.

### REFERENCES

[1]. Pengxu Wang, et al. Discovery of Novel Thiophene-arylamide Derivatives as DprE1 Inhibitors with Potent Antimycobacterial Activities. *J Med Chem*. 2021 May 13;64(9):6241-6261.

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

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