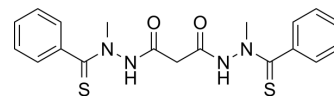


Elesclomol

Cat. No.:	HY-12040												
CAS No.:	488832-69-5												
Molecular Formula:	C ₁₉ H ₂₀ N ₄ O ₂ S ₂												
Molecular Weight:	400.52												
Target:	Apoptosis; Reactive Oxygen Species; Cuproptosis												
Pathway:	Apoptosis; Immunology/Inflammation; Metabolic Enzyme/Protease; NF-κB												
Storage:	<table border="0"> <tr> <td>Powder</td> <td>-20°C</td> <td>3 years</td> </tr> <tr> <td></td> <td>4°C</td> <td>2 years</td> </tr> <tr> <td>In solvent</td> <td>-80°C</td> <td>1 year</td> </tr> <tr> <td></td> <td>-20°C</td> <td>6 months</td> </tr> </table>	Powder	-20°C	3 years		4°C	2 years	In solvent	-80°C	1 year		-20°C	6 months
Powder	-20°C	3 years											
	4°C	2 years											
In solvent	-80°C	1 year											
	-20°C	6 months											



SOLVENT & SOLUBILITY

In Vitro

DMSO : 100 mg/mL (249.68 mM; Need ultrasonic)

Concentration	Mass		
	1 mg	5 mg	10 mg
1 mM	2.4968 mL	12.4838 mL	24.9677 mL
5 mM	0.4994 mL	2.4968 mL	4.9935 mL
10 mM	0.2497 mL	1.2484 mL	2.4968 mL

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

In Vivo

- Add each solvent one by one: 50% PEG300 >> 50% saline
Solubility: 5 mg/mL (12.48 mM); Suspended solution; Need ultrasonic
- Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline
Solubility: ≥ 2.5 mg/mL (6.24 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline)
Solubility: ≥ 2.5 mg/mL (6.24 mM); Clear solution
- Add each solvent one by one: 0.5% CMC/saline water
Solubility: 1 mg/mL (2.50 mM); Suspended solution; Need ultrasonic

BIOLOGICAL ACTIVITY

Description

Elesclomol (STA-4783) is a potent copper ionophore and promotes copper-dependent cell death (cuproptosis). Elesclomol specifically binds ferredoxin 1 (FDX1) α2/α3 helices and β5 strand. Elesclomol inhibits FDX1-mediated Fe-S cluster biosynthesis. Elesclomol is an oxidative stress inducer that induces cancer cell apoptosis. Elesclomol is a reactive oxygen species (ROS) inducer. Elesclomol can be used for Menkes and associated disorders of hereditary copper deficiency research [1][2][3][4].

In Vitro

Elesclomol (STA-4783) binds the FDX1 $\alpha 2/\alpha 3$ helices and $\beta 5$ strand, but does not bind the paralog protein FDX2. Elesclomol-Cu(II) is an FDX1 neo-substrate. FDX1 protein binds and reduces the elesclomol-Cu(II) complex^[1].

Elesclomol-Cu (1:1 ratio) (40 nM) for only 2 hours results in a 15- to 60-fold increase in intracellular copper levels that triggered cell death more than 24 hours later in ABC1 cells^[1].

The addition of copper to elesclomol at a 1:1 molar ratio prior to treatment significantly reduces cell viability when cells are grown in glycolytic (glucose media) conditions^[2].

Elesclomol (200 nM; 18 hours) treatment increases the number of early and late apoptotic cells in HSB2 cells. Elesclomol induces apoptosis in cancer cells through the induction of oxidative stress^[3].

Elesclomol significantly inhibits the cell viability of SK-MEL-5, MCF-7, and HL-60 cells with IC₅₀ values of 110 nM, 24 nM and 9 nM, respectively^[5].

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

Apoptosis Analysis^[3]

Cell Line:	HSB2 cells
Concentration:	200 nM
Incubation Time:	18 hours
Result:	Increased the number of early and late apoptotic cells.

In Vivo

Elesclomol (10 mg/kg; subcutaneous injection; every three days from post-natal day 5 to 26 and once weekly until post-natal day 54) treatment ameliorates severe cardiac pathology with a partial reduction in hypertrophy. Cardiac [Cu] increased with Elesclomol treatment from a vehicle knockout level of 34 to 55%^[4].

Elesclomol escorted copper to the mitochondria and increased cytochrome c oxidase levels in the brain. Elesclomol prevents detrimental neurodegenerative changes and improved the survival of the mottled-brindled mouse^[4].

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

Animal Model:	Cardiac Ctr1 knockout mice ^[4]
Dosage:	10 mg/kg
Administration:	Subcutaneous injection; every three days from post-natal day 5 to 26 and once weekly until post-natal day 54
Result:	Ameliorated severe cardiac pathology with a partial reduction in hypertrophy.

CUSTOMER VALIDATION

- Nat Chem Biol. 2019 Jul;15(7):681-689.
- Cell Rep Med. 2022 Nov 3;100802.
- J Exp Clin Cancer Res. 2023 Jun 6;42(1):142.
- Biomed Pharmacother. 2023 Jan 25;159:114301.
- Cell Biosci. 2022 Dec 29;12(1):209.

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REFERENCES

- [1]. Peter Tsvetkov, et al. Copper induces cell death by targeting lipoylated TCA cycle proteins. Science. 2022 Mar 18;375(6586):1254-1261.

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- [2]. Peter Tsvetkov, et al. Mitochondrial metabolism promotes adaptation to proteotoxic stress. Nat Chem Biol. 2019 Jul;15(7):681-689.
- [3]. Kirshner JR, et al. Elesclomol induces cancer cell apoptosis through oxidative stress. Mol Cancer Ther. 2008 Aug;7(8):2319-27.
- [4]. Bair JS, et al. Chemistry and biology of deoxyxyboquinone, a potent inducer of cancer cell death. J Am Chem Soc. 2010 Apr 21;132(15):5469-7
- [5]. Liam M Guthrie, et al. Elesclomol alleviates Menkes pathology and mortality by escorting Cu to cuproenzymes in mice. Science. 2020 May 8;368(6491):620-625.
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Caution: Product has not been fully validated for medical applications. For research use only.

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