Niraparib

Cat. No.: HY-10619

CAS No.: 1038915-60-4 Molecular Formula: $C_{19}H_{20}N_4O$

Molecular Weight: 320

Target: PARP; Apoptosis

Pathway: Cell Cycle/DNA Damage; Epigenetics; Apoptosis

Storage: Powder -20°C 3 years

2 years

-80°C In solvent 1 year

> -20°C 6 months

Product Data Sheet

SOLVENT & SOLUBILITY

In Vitro

DMSO: 25 mg/mL (78.13 mM; Need ultrasonic)

H₂O: < 0.1 mg/mL (ultrasonic; warming; heat to 80°C) (insoluble)

Preparing Stock Solutions	Solvent Mass Concentration	1 mg	5 mg	10 mg
	1 mM	3.1250 mL	15.6250 mL	31.2500 mL
	5 mM	0.6250 mL	3.1250 mL	6.2500 mL
	10 mM	0.3125 mL	1.5625 mL	3.1250 mL

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

In Vivo

- 1. Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline Solubility: ≥ 2.08 mg/mL (6.50 mM); Clear solution
- 2. Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline) Solubility: ≥ 2.08 mg/mL (6.50 mM); Clear solution
- 3. Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.08 mg/mL (6.50 mM); Clear solution

BIOLOGICAL ACTIVITY

Description Niraparib (MK-4827) is a highly potent and orally bioavailable PARP1 and PARP2 inhibitor with IC_{50} s of 3.8 and 2.1 nM, respectively. Niraparib leads to inhibition of repair of DNA damage, activates apoptosis and shows anti-tumor activity^{[1][2][3]}.

PARP-2 PARP-1 V-PARP IC₅₀ & Target TANK-1

2.1 nM (IC₅₀) 3.8 nM (IC₅₀) 330 nM (IC₅₀) 570 nM (IC₅₀)

PARP-3

Niraparib (MK-4827) inhibits PARP activity with EC₅₀=4 nM and EC₉₀=45 nM in a whole cell assay. MK-4827 inhibits proliferation of cancer cells with mutant BRCA-1 and BRCA-2 with CC₅₀ in the 10-100 nM range. MK-4827 displays excellent PARP 1 and 2 inhibition with IC₅₀=3.8 and 2.1 nM, respectively, and in a whole cell assay^[1]. To validate that Niraparib (MK-4827) inhibits PARP in these cell lines, A549 and H1299 cells are treated with 1 µM MK-4827 for various times and measured PARP enzymatic activity using a chemiluminescent assay. The results show that Niraparib (MK-4827) inhibits PARP within 15 minutes of treatment reaching about 85% inhibition in the A549 cells at 1 h and about 55% inhibition at 1 h for the H1299 cells^[2].

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

In Vivo

Niraparib (MK-4827) is well tolerated and demonstrates efficacy as a single agent in a xenograft model of BRCA-1 deficient cancer. Niraparib (MK-4827) is well tolerated in vivo and demonstrates efficacy as a single agent in a xenograft model of BRCA-1 deficient cancer. Niraparib (MK-4827) is characterized by acceptable pharmacokinetics in rats with plasma clearance of 28 (mL/min)/kg, very high volume of distribution (Vdss=6.9 L/kg), long terminal half-life ($t_{1/2}$ =3.4 h), and excellent bioavailability, F=65%^[1]. Niraparib (MK-4827) enhances radiation response of p53 mutant Calu-6 tumor in both cases, with the single daily dose of 50 mg/kg being more effective than 25 mg/kg given twice daily^[3].

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Animal Model:	Female nude mice (Ncr Nu/Nu) with solitary tumor xenografts ^[3]	
Dosage:	25 mg/kg or 50 mg/kg	
Administration:	Gavage, 25 mg/kg twice a day with 6 h between doses or 50 mg/kg once daily for 21 consecutive days	
Result:	Enhanced radiation response.	

CUSTOMER VALIDATION

- Cancer Cell. 2020 Dec 14;38(6):844-856.e7.
- Cancer Discov. 2017 Sep;7(9):984-998.
- Nat Biomed Eng. 2023 Jul 24.
- Nat Commun. 2022 Nov 19;13(1):7107.
- J Clin Invest. 2019 Mar 1;129(3):1211-1228.

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1300 nM (IC₅₀)

REFERENCES

[1]. Jones P, et al. Discovery of 2-[4-[(3S)-piperidin-3-yl]phenyl]-2H-indazole-7-carboxamide (MK-4827): a novel oral poly(ADP-ribose)polymerase (PARP) inhibitor efficacious in BRCA-1 and -2 mutant tumors. J Med Chem. 2009 Nov 26;52(22):7170-85.

[2]. Bridges KA, et al. Niraparib (MK-4827), a novel poly(ADP-Ribose) polymerase inhibitor, radiosensitizes human lung and breast cancer cells. Oncotarget. 2014 Jul 15;5(13):5076-86.

[3]. Wang L, et al. MK-4827, a PARP-1/-2 inhibitor, strongly enhances response of human lung and breast cancer xenografts to radiation. Invest New Drugs. 2012 Dec;30(6):2113-20.

[4]. Mirza MR, et al. Niraparib Maintenance Therapy in Platinum-Sensitive, Recurrent Ovarian Cancer. N Engl J Med. 2016 Dec 1;375(22):2154-2164.

 $\label{lem:caution:Product} \textbf{Caution: Product has not been fully validated for medical applications. For research use only.}$

Tel: 609-228-6898 Fax: 609-228-5909

E-mail: tech@MedChemExpress.com

Address: 1 Deer Park Dr, Suite Q, Monmouth Junction, NJ 08852, USA

Page 3 of 3 www.MedChemExpress.com