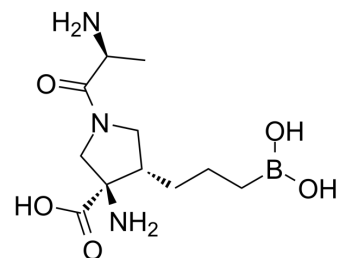


Numidargistat

Cat. No.:	HY-101979		
CAS No.:	2095732-06-0		
Molecular Formula:	C ₁₁ H ₂₂ BN ₃ O ₅		
Molecular Weight:	287.12		
Target:	Arginase		
Pathway:	Immunology/Inflammation; Metabolic Enzyme/Protease		
Storage:	Powder	-20°C	3 years
		4°C	2 years
	In solvent	-80°C	6 months
		-20°C	1 month



SOLVENT & SOLUBILITY

In Vitro	DMSO : 100 mg/mL (348.29 mM; Need ultrasonic)				
		Solvent Concentration	Mass 1 mg	5 mg	10 mg
	Preparing Stock Solutions	1 mM	3.4829 mL	17.4143 mL	34.8286 mL
		5 mM	0.6966 mL	3.4829 mL	6.9657 mL
10 mM		0.3483 mL	1.7414 mL	3.4829 mL	
Please refer to the solubility information to select the appropriate solvent.					
In Vivo	<ol style="list-style-type: none"> Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline Solubility: ≥ 2.5 mg/mL (8.71 mM); Clear solution Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline) Solubility: ≥ 2.5 mg/mL (8.71 mM); Clear solution Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.5 mg/mL (8.71 mM); Clear solution 				

BIOLOGICAL ACTIVITY

Description	Numidargistat (CB-1158) is a potent and orally active inhibitor of arginase, with IC ₅₀ s of 86 nM and 296 nM for recombinant human arginase 1 and recombinant human arginase 2, respectively. Immuno-oncology agent ^[1] .
IC₅₀ & Target	IC ₅₀ : 86 nM (Arginase 1), 296 nM (Arginase 2) ^[1]
In Vitro	Numidargistat is a potent and orally-bioavailable inhibitor of arginase, with IC ₅₀ s of 86 and 296 nM for recombinant human arginase 1 and 2, respectively. Numidargistat inhibits native arginase 1 (Arg1) in human granulocyte, erythrocyte, and

hepatocyte lysate with IC₅₀s of 178 nM, 116 nM and 158 nM, respectively, and blocks Arg1 in cancer patient plasma (IC₅₀, 122 nM). Numidargistat also exhibits potent inhibitory activity against arginase in human HepG2, K562 cell lines and primary human hepatocytes with IC₅₀s of 32, 139, 210 μM, respectively. Numidargistat show no effect on NOS. In addition, Numidargistat is not directly cytotoxic to murine cancer cell lines^[1].

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

In Vivo

Numidargistat (100 mg/kg, p.o., twice per day) increases the number of tumor-infiltrating cytotoxic cells and decreases myeloid cells in mice. Numidargistat in combination with PD-L1 blockade or gemcitabine inhibits tumor growth in mice bearing CT26 cancer cells^[1].

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PROTOCOL

Cell Assay ^[1]

Intracellular arginase activity is determined for the arginase-expressing HepG2 and K-562 cell lines as follows. HepG2 cells are seeded at 100,000 cells per well one day prior to treatment with CB-1158. K-562 cells are seeded at 200,000 cells per well on the day of CB-1158 treatment. Cells are treated with a dose-titration of CB-1158 in SILAC RPMI-1640 media containing 5% heat-inactivated and dialyzed FBS, antibiotics/anti-mycotic, 10 mM L-arginine, 0.27 mM L-lysine, and 2 mM L-glutamine. The medium is harvested after 24 h and urea generated is determined. Wells containing media without cells are used as background controls. For assessing the effect of CB-1158 on Arg1 in primary hepatocytes, frozen human hepatocytes are thawed, allowed to adhere onto collagen-coated wells for 4 h, and then incubated for 48 h in SILAC-RPMI containing 10 mM L-ornithine, no L-arginine, and a dose-titration of CB-1158, at which time the media are analyzed for urea^[1].

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

Animal Administration ^[1]

Mice^[1]

For the 4T1 tumor model, 10⁵ cells are injected orthotopically into the mammary fat pad; for all other tumor models, 10⁶ cells are injected subcutaneously (s.c.) in the right flank. For all studies, CB-1158 is administered by oral gavage twice per day at 100 mg/kg starting on study day 1 (1 day after tumor implant). Control groups receive vehicle (water) twice daily by gavage. Tumor volume measured by digital caliper (length × width × width/2) and body weight are recorded three times per week. Mice are euthanized when tumors necrotize or volumes reach 2000 mm³. For the CT26 model, anti-PD-L1 antibody (5 mg/kg) is injected intraperitoneally (i.p.) on days 5, 7, 9, 11, 13, and 15. For the 4T1 model, anti-CTLA-4 antibody (5 mg/kg) is injected i.p. on days 2, 5, and 8; anti-PD-1 antibody (5 mg/kg) is injected i.p. on days 3, 6, and 9. 4T1 tumors are harvested on study day 25 into Fekete's solution and tumor nodules are enumerated visually. Gemcitabine is dosed 50 mg/kg i.p. on days 10 and 16 for the CT26 model, 60 mg/kg i.p. on days 6 and 10 for the LLC model, or 30 mg/kg i.p. on day 5 for the 4T1 model. With these regimens, gemcitabine modestly reduces tumor growth and spares most tumor-infiltrating immune cells, allowing for the evaluation of combination activity with CB-1158^[1].

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

CUSTOMER VALIDATION

- Cancer Lett. 2023 May 5;216208.
- Cell Commun Signal. 2023 Sep 18;21(1):236.
- J Physiol. 2020 Nov;598(21):4907-4925.
- bioRxiv. 2023 Sep 10.
- Research Square Preprint. 2022 Mar.

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REFERENCES

[1]. Steggerda SM, et al. Inhibition of arginase by CB-1158 blocks myeloid cell-mediated immune suppression in the tumor microenvironment. J Immunother Cancer. 2017 Dec 19;5(1):101.

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