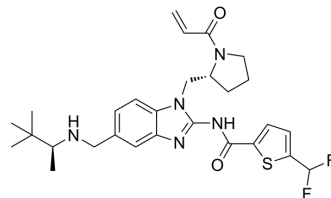


## PRN694

<b>Cat. No.:</b>	HY-12680		
<b>CAS No.:</b>	1575818-46-0		
<b>Molecular Formula:</b>	C <sub>28</sub> H <sub>35</sub> F <sub>2</sub> N <sub>5</sub> O <sub>2</sub> S		
<b>Molecular Weight:</b>	543.67		
<b>Target:</b>	Itk		
<b>Pathway:</b>	Protein Tyrosine Kinase/RTK		
<b>Storage:</b>	Powder	-20°C	3 years
		4°C	2 years
	In solvent	-80°C	2 years
		-20°C	1 year



### SOLVENT & SOLUBILITY

#### In Vitro

DMSO : 125 mg/mL (229.92 mM; Need ultrasonic and warming)

Concentration	Mass			
	1 mg	5 mg	10 mg	
1 mM	1.8394 mL	9.1968 mL	18.3935 mL	
5 mM	0.3679 mL	1.8394 mL	3.6787 mL	
10 mM	0.1839 mL	0.9197 mL	1.8394 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: ≥ 2.08 mg/mL (3.83 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline)  
Solubility: ≥ 2.08 mg/mL (3.83 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% corn oil  
Solubility: ≥ 2.08 mg/mL (3.83 mM); Clear solution

### BIOLOGICAL ACTIVITY

#### Description

PRN694 is an irreversible, highly selective and potent covalent interleukin-2-inducible T-cell kinase (ITK) and resting lymphocyte kinase (RLK) dual inhibitor with IC<sub>50</sub>s of 0.3 nM and 1.4 nM, respectively. PRN694 exhibits extended target residence time on ITK and RLK, enabling durable attenuation of effector cells in vitro and in vivo<sup>[1]</sup>.

#### IC<sub>50</sub> & Target

IC<sub>50</sub>: 0.3 nM (ITK), 1.4 nM (RLK), 3.3 nM (TEC), 17 nM (BTK), 17 nM (BMX), 30 nM (JAK3), 125 nM (BLK)<sup>[1]</sup>

#### In Vitro

PRN694 inhibits TEC, BTK, BMX, BLK, JAK3 with IC<sub>50</sub>s of 3.3, 17, 17, 125, 30 nM, respectively<sup>[1]</sup>.

?Immunoblot analysis of TCR activation pathways reveals that PRN694 blocks activation or nuclear translocation of NFAT1, JunB, p1kB $\alpha$ , and pERK. Results reveal inhibition of Ca<sup>2+</sup> signaling with PRN694 at all concentrations above 1 nM. PRN694 significantly attenuates NK cell FcR-induced killing at concentrations exceeding 0.37  $\mu$ M<sup>[1]</sup>.

?Day 6 flow cytometry analysis reveals that PRN694 significantly inhibits the anti-CD3/CD28-induced proliferation of both CD4 and CD8 T-cells ( $p < 0.01$ )<sup>[1]</sup>.

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

#### In Vivo

The PRN694 occupancy of ITK is 98, 95, and 54% at 1, 6, and 14 h, respectively. The concentrations of PRN694 in the plasma are 2.8, 0.66, and 0.027  $\mu$ M at 1, 6, and 14 h, respectively. At 14 h, the plasma level of PRN694 is over 10 fold lower than the IC<sub>50</sub> in whole blood. RN694 treatment also results in significantly lower weights relative to vehicle ( $p < 0.05$ )<sup>[1]</sup>.

?Colitis studies show reduced numbers of CD4<sup>+</sup> T cells present in the colonic epithelium of PRN694-treated mice compare with controls<sup>[2]</sup>.

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

## PROTOCOL

#### Kinase Assay <sup>[1]</sup>

Recombinant ITK at a final concentration of 0.5  $\mu$ M in 50 mM Hepes, pH 7.5, 10 mM MgCl<sub>2</sub>, 0.01% Triton X-100, and 1 mM EGTA are combined with 1.5  $\mu$ M PRN694 for 90 min to facilitate binding. The mixture is then diluted 50 fold to initiate dissociating of the ligand from the enzyme, and 10  $\mu$ L is transferred to a Greiner 384-well black plate. Europium-coupled anti-His<sub>6</sub> antibody is added to each well and incubated for 5 min, followed by the addition of an ITK binding fluorescent tracer. The tracer binds to ITK as a function of ligand dissociation, and binding is detected by time-resolved FRET between the europium-coupled antibody and the tracer on a plate reader. Time points acquired are 0.25, 1, 3, 6, and 24 h<sup>[1]</sup>.

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#### Cell Assay <sup>[1]</sup>

Cells are cultured in vitro at 37°C and 5% CO<sub>2</sub> using RPMI 1640 with 10% fetal calf serum. Cells are pretreated for 30 min with PRN694 or other inhibitors and then washed two times. T-cells are then stimulated for 6 h with 1  $\mu$ g/mL soluble anti-CD3 for CD69 activation, which is detected by flow cytometry, or 45 min with plate-bound anti-CD3 (10  $\mu$ g/mL plating concentration) and soluble anti-CD28 (1  $\mu$ g/mL) for downstream signal analysis by immunoblotting. NK cells are stimulated for 6 h with plate-bound anti-CD52 for CD107a/b activation, detected by flow cytometry, or for 45 min for downstream signal analysis by immunoblotting<sup>[1]</sup>.

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

#### Animal Administration <sup>[1]</sup>

Mice are randomized by weight and sensitized with aliquots of 150  $\mu$ L of 5% oxazolone in 3 parts ethanol and 1 part acetone on their shaved abdomens. Seven days after the sensitization, the mice are challenged with 10  $\mu$ L of 3% oxazolone on the front and back of the right ears. The left ears are treated with the ethanol/acetone mixture. One hour prior to the challenge, the animals received either vehicle control (5% ethanol, 95% Captex 355 NP/EF, intraperitoneal injection at 5 mL/kg), 20 mg/kg PRN694 in 5% ethanol, 95% Captex (intraperitoneal injection at 5 mL/kg), or 0.5 mg/kg dexamethasone (intraperitoneal injection at 5 mL/kg). A control group of animals receive no oxazolone or drug treatment. Twenty-four hours after the oxazolone challenge, the mice are sacrificed, and a 7 mm disc is punched out of each ear and weighed to measure edema<sup>[1]</sup>.

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

## REFERENCES

[1]. Zhong Y, et al. Targeting interleukin-2-inducible T-cell kinase (ITK) and resting lymphocyte kinase (RLK) using a novel covalent inhibitor PRN694. J Biol Chem. 2015 Mar 6;290(10):5960-78.

[2]. Cho HS, et al. A Small Molecule Inhibitor of ITK and RLK Impairs Th1 Differentiation and Prevents Colitis Disease Progression. J Immunol. 2015 Nov 15;195(10):4822-31.

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

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