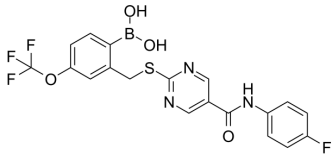
SX-682

Cat. No.:	HY-119339
CAS No.:	1648843-04-2
Molecular Formula:	$C_{19}H_{14}BF_4N_3O_4S$
Molecular Weight:	467.2
Target:	CXCR
Pathway:	GPCR/G Protein; Immunology/Inflammation
Storage:	Powder -20°C 3 years 4°C 2 years In solvent -80°C 1 year -20°C 6 months



SOLVENT & SOLUBILITY

In Vitro

DMSO : 250 mg/mL (535.10 mM; Need ultrasonic)

Preparing Stock Solutions

Solvent / Mass / Concentration	1 mg	5 mg	10 mg
1 mM	2.1404 mL	10.7021 mL	21.4041 mL
5 mM	0.4281 mL	2.1404 mL	4.2808 mL
10 mM	0.2140 mL	1.0702 mL	2.1404 mL

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

In Vivo

1. Add each solvent one by one: 15% Cremophor EL >> 85% Saline
   Solubility: 11.76 mg/mL (25.17 mM); Suspended solution; Need ultrasonic and warming and heat to 60°C
2. Add each solvent one by one: 10% DMSO >> 90% corn oil
   Solubility: ≥ 2.08 mg/mL (4.45 mM); Clear solution

BIOLOGICAL ACTIVITY

Description

SX-682 is an orally bioavailable, potent allosteric inhibitor of CXCR1 and CXCR2. SX-682 can block tumor myeloid-derived suppressor cells (MDSCs) recruitment and enhance T cell activation and antitumor immunity[1].

IC_{50} & Target		
	CXCR1	CXCR2

In Vivo

SX-682 (50 mg/kg; orally; twice a day on a Monday through Friday) has Meager to moderate effects as single agents on CRPC progression was observed, yet combination with ICB produced strong efficacy[2].

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

Animal Model:	C57BL/6NTac-Tyr^{tm1Arte} female mice[2]
Dosage:	50 mg/kg
Administration:	Orally; twice a day on a Monday through Friday
Result:	Has Meager to moderate effects on CRPC progression.

CUSTOMER VALIDATION

- Hepatology. 2022 Feb 2.
- Cell Death Dis. 2021 Nov 1;12(11):1038.
- Infect Immun. 2023 Mar 7;e0001423.

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REFERENCES

[1]. Sun L, et al. Inhibiting myeloid-derived suppressor cell trafficking enhances T cell immunotherapy. JCI Insight. 2019 Apr 4;4(7).

[2]. Lu X, et al. Effective combinatorial immunotherapy for castration-resistant prostate cancer. Nature. 2017 Mar 30;543(7647):728-732.

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