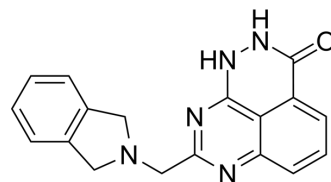


Stenoparib

Cat. No.:	HY-12418		
CAS No.:	1140964-99-3		
Molecular Formula:	C ₁₈ H ₁₅ N ₅ O		
Molecular Weight:	317.34		
Target:	PARP		
Pathway:	Cell Cycle/DNA Damage; Epigenetics		
Storage:	Powder	-20°C	3 years
		4°C	2 years
	In solvent	-80°C	2 years
		-20°C	1 year



SOLVENT & SOLUBILITY

In Vitro

DMSO : 6.4 mg/mL (20.17 mM; Need ultrasonic and warming)

Concentration	Solvent	Mass		
		1 mg	5 mg	10 mg
Preparing Stock Solutions	1 mM	3.1512 mL	15.7560 mL	31.5119 mL
	5 mM	0.6302 mL	3.1512 mL	6.3024 mL
	10 mM	0.3151 mL	1.5756 mL	3.1512 mL

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

BIOLOGICAL ACTIVITY

Description

Stenoparib (E7449) is a potent PARP1 and PARP2 inhibitor and also inhibits TNKS1 and TNKS2, with IC₅₀s of 2.0, 1.0, -50 and -50 nM for PARP1, PARP2, TNKS1 and TNKS2, respectively, using ³²P-NAD⁺ as substrate.

IC₅₀ & Target

PARP2 1 nM (IC ₅₀)	PARP1 2 nM (IC ₅₀)	TNKS1 50 nM (IC ₅₀)	TNKS2 50 nM (IC ₅₀)
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In Vitro

Stenoparib is a potent PARP1 and PARP2 inhibitor and also inhibits TNKS1 and TNKS2, with IC₅₀s of 2.0, 1.0, -50 and -50 nM for PARP1, PARP2, TNKS1 and TNKS2, respectively, using ³²P-NAD⁺ as substrate. Stenoparib shows no obvious inhibitory effects on PARP3 or PARPs 6-16. Stenoparib traps PARP1 onto damaged DNA, and affects DNA repair pathways beyond homologous recombination (HR). Stenoparib most potently suppresses cells deficient in components of the HR pathway (BRCA1 and 2, CtIP, Rad54). Stenoparib (10 μM) inhibits Wnt signaling in SW480 cells^[1]. MCE has not independently confirmed the accuracy of these methods. They are for reference only.

In Vivo

Stenoparib moderately inhibits the growth of tumors at 100 mg/kg, and significantly enhances the inhibition via 10, 30 and 100 mg/kg oral dosing in combination with temozolomide (TMZ) in the mouse melanoma B16-F10 isograft model.

Stenoparib (30 or 100 mg/kg, p.o.) inhibits PARP, shows anti-tumor activity, and is well-tolerated without any obvious body weight loss or deaths in a BRCA mutant xenograft model. Stenoparib (30, 100 or 300 mg/kg, p.o.) suppresses re-growth of hair in a dose dependent manner, and blocks Wnt signaling in C57BL/6 mice. Stenoparib (100 mg/kg, p.o.) combined with MEK inhibitor exhibits antitumor activity in a Wnt1 subcutaneous model (mammary tumors initially isolated from Wnt1 (int-1) transgenic mice)^[1].

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

PROTOCOL

Kinase Assay ^[1]

Briefly, 24 to 48 h after transfection, cells are washed 3× in ice-cold PBS and lysed for 20 min on ice in cell lysis buffer (CLB: 50 mM HEPES, pH 7.4, 150 mM NaCl, 1 mM MgCl₂, 1 mM EGTA, 1 mM DTT, 1% TritonX-100, 1 µg/mL leupeptin, aprotinin, pepstatin, PMSF). Lysates are subject to ultracentrifugation at 100,000 g for 30 min. Cleared lysates are incubated for 1 h at 4°C with anti-GFP antibody (3E6) and pre-bound protein A magnetic beads. Beads are then washed 1 × 5 min in CLB, followed by 3 × 10 min washes in CLB containing 1 M NaCl, and 1 × 5 min wash in PARP reaction buffer (PRB; 50 mM Tris, pH 7.5, 50 mM NaCl, 0.5 mM DTT, 0.1% TritonX-100, 1 µg/mL leupeptin, aprotinin, pepstatin). NAD⁺ incorporation reactions are performed in PRB containing 10 µM NAD⁺ supplemented with ³²P-NAD⁺ at 1:20 ratio for 30 min at 25°C. For PARPs with low incorporation signals (PARP4, 5a and 16), NAD⁺ incorporation is performed at 1:5 ratio for 1 h at 25°C. Beads are then re-suspended in Laemmli sample buffer, heated to 65°C for 10 min, the beads removed using a magnet, and the supernatant spotted onto Whatman paper. Samples are analyzed via phosphorimaging^[1].

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

Cell Assay ^[1]

Proliferation assays are performed in a panel of 32 isogenic DT40 cell lines, in which each line is deficient in a distinct DNA repair gene. Cells are seeded and incubated with test compound at various concentrations for 2-3 days (- 8 cell cycles). Cell growth is assessed using XTT and IC₅₀ values are calculated using the GraphPad Prism 5 software version 5.02. Each experiment is conducted in duplicate and a minimum of 3 separate experiments are performed. Human breast cancer cell lines, HCC1143, HCC70, HCC1806, MDA-MB-436, T47D, MDA-MB-157, MDA-MB-231, MDA-MB-468, MDA-MB-453, BT-20 and Hs578T are used. For cell line panel assays, cells are maintained and assayed in RPMI 1640 or DMEM medium containing 10% FBS. For proliferation assays cells are plated at low density in 96 well plates. Stenoparib is added at various concentrations and plates incubated for a total of 8 days; compound and medium are replenished on day 4. Cell growth is assessed using the CellTiter-Glo cell viability assay. Each experiment is conducted in duplicate and a minimum of 3 separate experiments are performed^[1].

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Animal Administration ^[1]

Temozolomide (TMZ) combination in B16-F10 isograft model: female C57BL/6 mice are inoculated subcutaneously with B16-F10 cells (2 × 10⁵). Following randomization by body weight, drug treatment is initiated 1 day post-inoculation. Both Stenoparib and TMZ are formulated in 0.5% methyl cellulose and orally administered once per day. TMZ is administered daily on days 1 to 5 at 50 mg/kg as a single agent or in combination. Stenoparib is administered daily on days 1 to 7 at doses of 10, 30 and 100 mg/kg in combination with TMZ and at a dose of 100 mg/kg as a single agent. The control group is treated with vehicle (0.5% methyl cellulose in water). Stenoparib or vehicle is administered first and when dosing of all animals is complete TMZ is administered to animals receiving the combination^[1].

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

CUSTOMER VALIDATION

- J Mol Med (Berl). 2019 Aug;97(8):1183-1193.

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REFERENCES

[1]. McGonigle S, et al. E7449: A dual inhibitor of PARP1/2 and tankyrase1/2 inhibits growth of DNA repair deficient tumors and antagonizes Wnt signaling. *Oncotarget*. 2015 Dec 1;6(38):41307-23.

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

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