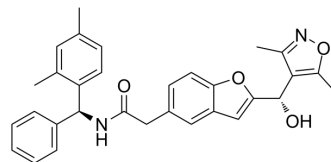


TMP778

Cat. No.:	HY-102075A		
CAS No.:	1422053-04-0		
Molecular Formula:	C ₃₁ H ₃₀ N ₂ O ₄		
Molecular Weight:	494.58		
Target:	ROR		
Pathway:	Metabolic Enzyme/Protease; Vitamin D Related/Nuclear Receptor		
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 : 240 mg/mL (485.26 mM; Need ultrasonic)

Solvent	Mass	Concentration		
		1 mg	5 mg	10 mg
Preparing Stock Solutions	1 mM	2.0219 mL	10.1096 mL	20.2192 mL
	5 mM	0.4044 mL	2.0219 mL	4.0438 mL
	10 mM	0.2022 mL	1.0110 mL	2.0219 mL

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

BIOLOGICAL ACTIVITY

Description

TMP778 is a potent and selective ROR γ t inverse agonist, with an IC₅₀ of 7 nM in FRET assay.

IC₅₀ & Target

IC₅₀: 7 nM (FRET assay), 63 nM (IL-17F promoter assay), 0.03 μ M (in Th17 cells), 0.005 μ M (in Tc17 cells)^[1].

In Vitro

It is found that TMP778 at >2.5 μ M starts to show toxic effects on cell growth, which however is not ROR γ t-dependent, since the proliferation of ROR γ t-deficient T cells cultured under Th17 cell-polarizing conditions is also decreased. Otherwise, these inhibitors do not show inhibitory effects on cell proliferation or ROR γ t expression or its nuclear translocation, but efficiently inhibited IL-17 production. TMP778 has a much broader dose range and efficiently decreased IL-17 production, consistent with its higher binding affinity for ROR γ t. These data indicate that TMP778 is the ROR γ t inhibitor that most potently reduced IL-17 production^[2].

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

In Vivo

All three compounds (e.g., TMP778) delay the onset of disease and substantially reduce the severity of disease progression compared to control-treated mice. Consistent with in vitro results, TMP778 treatment causes the most pronounced effect on the disease phenotype. This treatment not only decreases the number of mononuclear cells infiltrating the central nervous

system (CNS), but also most strongly reduces the percentage of IL-17⁺ T cells in the CNS (including IL-17⁺ IFN γ ⁺). There is no significant change in the percentage IFN γ ⁺ IL-17-T cells in the CNS among all groups, indicating that none of the inhibitors affects Th1 responses. TMP778 strongly inhibits Th17 cell generation, reduces IL-17 production from differentiated Th17 cells, and also dramatically ameliorates the progression of EAE^[2].

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PROTOCOL

Cell Assay ^[2]

Naive CD4⁺ T cells are activated in 96-well plates under Th17 cell polarizing conditions in the presence of indicated doses of ROR γ t inhibitors (e.g., TMP778: 30, 10, 2.5, 0.83, 0.28, 0.09 μ M) or vehicle control DMSO. After 48 h, plates are pulsed for 16 h with 1 μ Ci ³H-thymidine per well. Proliferation is measured as counts per minute by using a Wallac Liquid Scintillation Counter^[2].

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Animal Administration ^[2]

Mice^[2]

EAE is induced in C57BL/6 mice with MOG35-55 plus CFA immunization in conjunction with subcutaneous administration of the inhibitors twice daily from day 0. C57BL/6 mice are immunized with MOG35-55 plus CFA, and ROR γ t inhibitor (TMP778, 200 μ g per injection, n=19; TMP920, 500 μ g per injection, n=7; Digoxin, 50 μ g per injection, n=5, >100 μ g cause mouse death; DMSO, n=19) are subcutaneously injected twice daily starting from day 0. Mice are evaluated daily for signs of EAE. When 11 days after groups of mice treated with different ROR γ t inhibitors are compared with the group of mice with DMSO (vehicle control) treatment^[2].

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

REFERENCES

[1]. Skepner J, et al. Pharmacologic inhibition of ROR γ t regulates Th17 signature gene expression and suppresses cutaneous inflammation in vivo. *J Immunol.* 2014 Mar 15;192(6):2564-75.

[2]. Xiao S, et al. Small-molecule ROR γ t antagonists inhibit T helper 17 cell transcriptional network by divergent mechanisms. *Immunity.* 2014 Apr 17;40(4):477-89.

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

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