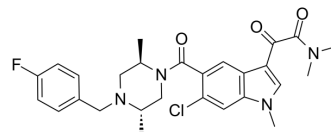


## Talmapimod

<b>Cat. No.:</b>	HY-10406		
<b>CAS No.:</b>	309913-83-5		
<b>Molecular Formula:</b>	C <sub>27</sub> H <sub>30</sub> ClFN <sub>4</sub> O <sub>3</sub>		
<b>Molecular Weight:</b>	513		
<b>Target:</b>	p38 MAPK		
<b>Pathway:</b>	MAPK/ERK Pathway		
<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 : ≥ 100 mg/mL (194.93 mM)  
 \* "≥" means soluble, but saturation unknown.

Preparing Stock Solutions	Solvent Concentration	Mass		
		1 mg	5 mg	10 mg
	1 mM	1.9493 mL	9.7466 mL	19.4932 mL
	5 mM	0.3899 mL	1.9493 mL	3.8986 mL
	10 mM	0.1949 mL	0.9747 mL	1.9493 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: 2.5 mg/mL (4.87 mM); Suspended solution; Need ultrasonic
- Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline)  
 Solubility: ≥ 2.5 mg/mL (4.87 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% corn oil  
 Solubility: ≥ 2.5 mg/mL (4.87 mM); Clear solution

### BIOLOGICAL ACTIVITY

#### Description

Talmapimod (SCIO-469) is an orally active, selective, and ATP-competitive p38α inhibitor with an IC<sub>50</sub> of 9 nM. Talmapimod shows about 10-fold selectivity over p38β, and at least 2000-fold selectivity over a panel of 20 other kinases, including other MAPKs<sup>[1][2][3]</sup>.

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

p38α	p38β
9 nM (IC <sub>50</sub> )	90 nM (IC <sub>50</sub> )

## In Vitro

Talmapimod (SCIO-469) (100-200 nM; 1 hour) inhibits phosphorylation of p38 MAPK in MM cells<sup>[1]</sup>.  
Talmapimod inhibits LPS-induced TNF- $\alpha$  production in human whole blood<sup>[2]</sup>.  
Talmapimod decreases constitutive p38 $\alpha$  MAPK phosphorylation of both 5T2MM and 5T33MM cells<sup>[3]</sup>.  
MCE has not independently confirmed the accuracy of these methods. They are for reference only.  
Western Blot Analysis<sup>[1]</sup>

Cell Line:	MM.1S, U266, RPMI8226, MM.1R, and RPMI-Dox40 cell lines
Concentration:	100, 200 nM
Incubation Time:	1 hour
Result:	Strongly inhibits phosphorylation of p38 MAPK.

## In Vivo

Targeting p38 $\alpha$  MAPK with Talmapimod (SCIO-469) decreases myeloma burden in addition to preventing the development of myeloma bone disease<sup>[2]</sup>.  
Talmapimod inhibits multiple myeloma growth and prevents bone disease in the 5T2MM and 5T33MM models<sup>[3]</sup>.  
Talmapimod (10-90 mg/kg; p.o.; twice daily orally for 14 days) dose-dependently reduced tumor growth and also dose-dependently reduced weight of the palpable tumors at termination<sup>[4]</sup>.  
MCE has not independently confirmed the accuracy of these methods. They are for reference only.

Animal Model:	Six-week-old male triple immune-deficient BXN mice (RPMI-8226 MM palpable tumors) <sup>[4]</sup>
Dosage:	P.o.; twice daily orally for 14 days
Administration:	10, 30, 90 mg/kg
Result:	Dose-dependently reduced tumor growth.

## CUSTOMER VALIDATION

- Cell. 2020 Aug 6;182(3):685-712.e19.
- Sci Transl Med. 2018 Jul 18;10(450):eaaq1093.
- Cell Biol Toxicol. 2021 Aug;37(4):515-529.

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## REFERENCES

- [1]. Hideshima T et al. p38 MAPK inhibition enhances PS-341 (bortezomib)-induced cytotoxicity against multiple myeloma cells. *Oncogene*. 2004 Nov 18, 23(54), 8766-76.
- [2]. Vanderkerken K et al. Inhibition of p38 $\alpha$  mitogen-activated protein kinase prevents the development of osteolytic bone disease, reduces tumor burden, and increases survival in murine models of multiple myeloma. *Cancer Res*. 2007 May 15;67(10):4572-7.
- [3]. Navas T, et al. Inhibition of p38 $\alpha$  MAPK disrupts the pathological loop of proinflammatory factor production in the myelodysplastic syndrome bone marrow microenvironment. *Leuk Lymphoma*. 2008 Oct;49(10):1963-75.
- [4]. Medicherla S, et al. p38 $\alpha$ -selective MAP kinase inhibitor reduces tumor growth in mouse xenograft models of multiple myeloma. *Anticancer Res*. 2008 Nov-Dec;28(6A):3827-33.

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

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