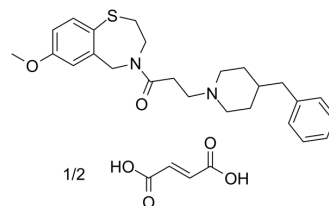


## JTV-519 hemifumarate

<b>Cat. No.:</b>	HY-15293B		
<b>CAS No.:</b>	1435938-25-2		
<b>Molecular Formula:</b>	C <sub>25</sub> H <sub>32</sub> N <sub>2</sub> O <sub>2</sub> S <sub>1/2</sub> C <sub>4</sub> H <sub>4</sub> O <sub>4</sub>		
<b>Molecular Weight:</b>	482.64		
<b>Target:</b>	Calcium Channel		
<b>Pathway:</b>	Membrane Transporter/Ion Channel; Neuronal Signaling		
<b>Storage:</b>	Powder	-20°C	3 years
		4°C	2 years
	In solvent	-80°C	6 months
		-20°C	1 month



### SOLVENT & SOLUBILITY

#### In Vitro

DMSO : 100 mg/mL (207.19 mM; Need ultrasonic)

Concentration	Mass		
	1 mg	5 mg	10 mg
1 mM	2.0719 mL	10.3597 mL	20.7194 mL
5 mM	0.4144 mL	2.0719 mL	4.1439 mL
10 mM	0.2072 mL	1.0360 mL	2.0719 mL

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

### BIOLOGICAL ACTIVITY

#### Description

JTV-519 hemifumarate (K201 hemifumarate) is a Ca<sup>2+</sup>-dependent blocker of sarcoplasmic reticulum Ca<sup>2+</sup>-stimulated ATPase (SERCA) and a partial agonist of ryanodine receptors in striated muscle. Antiarrhythmic and cardioprotective properties<sup>[1][2]</sup>.

#### In Vitro

JTV-519 (K201) inhibits inward Ca<sup>2+</sup> movement into large unilamellar vesicles (LUV) caused by annexin V in a dose-dependent manner. In the presence of 50 nM annexin V and 400 μM Ca<sup>2+</sup>, 3 μM JTV-519 shows significant inhibition of Ca<sup>2+</sup> movement due to annexin V, and 50% inhibition is achieved at 25 μM K201<sup>[2]</sup>.

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

#### In Vivo

JTV-519 (0.5mg/kg/h, i.v., 2 h before the surgery) improves cardiac function in CLP mice, where the fractional shortening (FS) and ejection fraction (EF) are significantly increased as compared with CLP mice without JTV-519 treatment<sup>[3]</sup>.

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

#### Animal Model:

Wild type male C57BL/6 mice weighing 18-22g with polymicrobial sepsis produced by cecal ligation and puncture (CLP)<sup>[3]</sup>

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Dosage:	0.5 mg/kg/h
Administration:	Applied intraperitoneally 2 h before the surgery
Result:	Improved cardiac function, where the EF and FS were significantly increased.

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## REFERENCES

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- [1]. Darcy YL, et al. K201 (JTV519) is a Ca<sup>2+</sup>-Dependent Blocker of SERCA and a Partial Agonist of Ryanodine Receptors in Striated Muscle. *Mol Pharmacol*. 2016 Aug;90(2):106-15.
- [2]. Kaneko N, et al. Inhibition of annexin V-dependent Ca<sup>2+</sup> movement in large unilamellar vesicles by K201, a new 1,4-benzothiazepine derivative. *Biochim Biophys Acta*. 1997 Nov 13;1330(1):1-7.
- [3]. Yang J, et al. Toll-like receptor 4-induced ryanodine receptor 2 oxidation and sarcoplasmic reticulum Ca<sup>2+</sup> leakage promote cardiac contractile dysfunction in sepsis. *J Biol Chem*. 2018 Jan 19;293(3):794-807.
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**Caution: Product has not been fully validated for medical applications. For research use only.**

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