Loxoprofen

Cat. No.:	HY-B0578		
CAS No.:	68767-14-6		
Molecular Formula:	C ₁₅ H ₁₈ O ₃		
Molecular Weight:	246.3		
Target:	COX		
Pathway:	Immunology/Inflammation		
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 : ≥ 100 mg/mL (406.01 mM) * "≥" means soluble, but saturation unknown.						
Pr St	Preparing Stock Solutions	Solvent Mass Concentration	1 mg	5 mg	10 mg		
		1 mM	4.0601 mL	20.3004 mL	40.6009 mL		
		5 mM	0.8120 mL	4.0601 mL	8.1202 mL		
		10 mM	0.4060 mL	2.0300 mL	4.0601 mL		
	Please refer to the solubility information to select the appropriate solvent.						
In Vivo	1. Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline Solubility: ≥ 2.5 mg/mL (10.15 mM); Clear solution						
	2. Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline) Solubility: ≥ 2.5 mg/mL (10.15 mM); Clear solution						
	3. Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.5 mg/mL (10.15 mM); Clear solution						

BIOLOGICAL ACTIVITY

Description	Loxoprofen is a non-steroidal, orally active anti-inflammatory agent with analgesic and anti-pyretic properties. Loxoprofen is a nonselective COX inhibitor with IC ₅₀ s of 6.5 and 13.5 μM for COX-1 and COX-2, respectively. Loxoprofen can reduce atherosclerosis and shows antitumor activity ^{[1][2][3][4]} .	
IC ₅₀ & Target	COX-1 6.5 µM (IC ₅₀ , in human	COX-2 13.5 μM (IC ₅₀ , in human whole blood)

Product Data Sheet





	whole blood)		
In Vitro	Loxoprofen, an anti-inflammatory prodrug (NSAID), is a nonselective COX inhibitor with IC ₅₀ s of 6.5 and 13.5 µM for COX-1 and COX-2 in human whole blood assays, respectively ^[1] . Loxoprofen (LOX) is a non-selective cyclooxygenase inhibitor that is widely used for the reasearch of pain and inflammation caused by chronic and transitory conditions. Its alcoholic metabolites are formed by carbonyl reductase (CR) and they consist of trans-LOX, which is active, and cis-LOX, which is inactive. In addition, LOX can also be converted into an inactive hydroxylated metabolite (OH-LOXs) by cytochrome P450 (CYP) ^[2] . MCE has not independently confirmed the accuracy of these methods. They are for reference only.		
In Vivo	Loxoprofen sodium (4 mg/kg/day; p.o.; 1 or 8 weeks) reduces atherosclerosis in mice by reducing inflammation ^[3] .Loxoprofen sodium (60 μg/mL; p.o.; 24 days) suppresses mouse tumor growth by inhibiting VEGF ^[4] . MCE has not independently confirmed the accuracy of these methods. They are for reference only.		
	Animal Model:	ApoE ^{-/-} mice (C57BL/6J-Apoe ^{tm1Unc}) with high-fat diet (0.2% cholesterol, 21% saturated fat) from 8 to 16 weeks of age ^[3]	
	Dosage:	4 mg/kg/day in drinking water	
	Administration:	Oral dosing from 8 to 16 weeks of age or from 15 to 16 weeks of age	
	Result:	Inhibited platelet thromboxane production and platelet aggregation. Reduced extent of atherosclerosis. Suppressed the production of PGE ₂ , TxB ₂ and PGI ₂ .	
	Animal Model:	6-week-old male C57BL/6 and BDF1 mice, 100 μ L suspensions (2 × 10 ⁶ cells/mL) of LLC cells and KLN205 cells were injected subcutaneously into C57BL/6 and BDF1 mice, respectively ^[4] .	
	Dosage:	60 μg/mL	
	Administration:	Oral dosing in drinking water, every day for 24 days	
	Result:	Suppressed tumor growth and angiogenesis, suppressed expression of VEGF in mice with LLC tumor, inhibited tubular formation of HUVECs.	

REFERENCES

[1]. Hamaguchi M, et al. Loxoprofen Sodium, a Non-Selective NSAID, Reduces Atherosclerosis in Mice by Reducing Inflammation. J Clin Biochem Nutr. 2010 Sep;47(2):138-47.

[2]. Kanda A, et al. Loxoprofen sodium suppresses mouse tumor growth by inhibiting vascular endothelial growth factor. Acta Oncol. 2003;42(1):62-70.

[3]. Riendeau D, et al. Evaluation of loxoprofen and its alcohol metabolites for potency and selectivity of inhibition of cyclooxygenase-2. Bioorg Med Chem Lett. 2004;14(5):1201-1203.

[4]. Paudel S, et al. Assessing Drug Interaction and Pharmacokinetics of Loxoprofen in Mice Treated with CYP3A Modulators. Pharmaceutics. 2019;11(9):479. Published 2019 Sep 16.

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

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