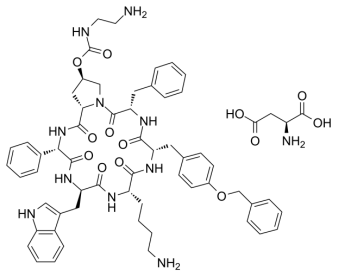
Pasireotide L-aspartate salt

Cat. No.:	HY-79136
CAS No.:	396091-77-3
Molecular Formula:	$C_{62}H_{73}N_{11}O_{13}$
Molecular Weight:	1180.31
Target:	Somatostatin Receptor
Pathway:	GPCR/G Protein; Neuronal Signaling
Storage:	Sealed storage, away from moisture Powder -80°C 2 years -20°C 1 year * In solvent : -80°C, 6 months; -20°C, 1 month (sealed storage, away from moisture)



SOLVENT & SOLUBILITY

In Vitro	DMSO : 1 mg/mL (0.85 mM; Need ultrasonic)

BIOLOGICAL ACTIVITY

Description	Pasireotide (SOM230) L-aspartate salt, a long-acting cyclohexapeptide somatostatin analogue, can improve agonist activity at somatostatin receptors (subtypes sst1/2/3/4/5, pK_i=8.2/9.0/9.1/<7.0/9.9, respectively). Pasireotide L-aspartate salt exhibits antisecretory, antiproliferative, and proapoptotic activity[1][2].
IC_{50} & Target	pKi: 8.2 (sst1), 9.0 (sst2), 9.1 (sst3), <7.0 (sst4), 9.9 (sst5)[1]
In Vitro	Pasireotide L-aspartate salt exhibits unique high-affinity binding to human somatostatin receptors (subtypes sst1/2/3/4/5, pK_i=8.2/9.0/9.1/<7.0/9.9, respectively)[1]. Pasireotide L-aspartate salt effectively inhibits the growth hormone releasing hormone (GHRH) induced growth hormone (GH) release in primary cultures of rat pituitary cells, with an IC_{50} of 0.4 nM[1]. MCE has not independently confirmed the accuracy of these methods. They are for reference only.
In Vivo	Pasireotide L-aspartate salt (160 mg/kg/mouth; s.c. for 4 months) significantly decreases the serum insulin, increases serum glucose, reduces the tumor size and increases apoptosis in Pdx1-Cre[2]. Pasireotide L-aspartate salt (2-50 μg/kg; s.c. twice daily for 42 days) exerts the antinociceptive and antiinflammatory actions via the SSTR2 receptor in a mouse model of immune-mediated arthritis[3]. MCE has not independently confirmed the accuracy of these methods. They are for reference only.

Animal Model:	12 month-old conditional Men1 knockout mice with insulinoma[2]
Dosage:	160 mg/kg/mouth
Administration:	S.c. every month for 4 months
Result:	Decreased the serum insulin from 1.060 μg/L to 0.3653 μg/L and increased the serum

	glucose from 4.246 mM to 7.122 mM. Significantly reduced the tumor size and increased apoptosis.

CUSTOMER VALIDATION

- Hepatology. 2017 Oct;66(4):1197-1218.
- Am J Pathol. 2018 Apr;188(4):981-994.
- Basic Clin Pharmacol Toxicol. 2022 Jun 10.
- Universidad De Salamanca. Biología y Clínica del Cáncer y Medicina Traslacional. 2022 Oct.
- Communications Medicine. 2, 80 (2022).

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REFERENCES

[1]. Lewis I, et, al. A novel somatostatin mimic with broad somatotropin release inhibitory factor receptor binding and superior therapeutic potential. J Med Chem. 2003 Jun 5;46(12):2334-44.

[2]. Quinn TJ, et, al. Pasireotide (SOM230) is effective for the treatment of pancreatic neuroendocrine tumors (PNETs) in a multiple endocrine neoplasia type 1 (MEN1) conditional knockout mouse model. Surgery. 2012 Dec;152(6):1068-77.

[3]. Imhof AK, et, al. Differential antiinflammatory and antinociceptive effects of the somatostatin analogs octreotide and pasireotide in a mouse model of immune-mediated arthritis. Arthritis Rheum. 2011 Aug;63(8):2352-62.

Tel: 609-228-6898 Fax: 609-228-5909 E-mail: tech@MedChemExpress.com
Address: 1 Deer Park Dr, Suite Q, Monmouth Junction, NJ 08852, USA