

# Produktinformation



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Diagnostik & molekulare Diagnostik



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# **Product Information**



## **AVE-1625**

Item No. 10009021

**CAS Registry No.:** 358970-97-5

Formal Name: N-[1-[bis(4-chlorophenyl)methyl]-3-

azetidinyl]-N-(3,5-difluorophenyl)-

methanesulfonamide

Synonyms: Drinabant

MF:  $C_{23}H_{20}C_{12}F_2N_2O_2S$ 

FW: 497.4 **Purity:** 

Stability: ≥2 years at -20°C Supplied as: A crystalline solid  $\lambda_{max}$ : 231 nm UV/Vis.:

#### **Laboratory Procedures**

For long term storage, we suggest that AVE-1625 be stored as supplied at -20°C. It should be stable for at least two

AVE-1625 is supplied as a crystalline solid. A stock solution may be made by dissolving the AVE-1625 in an organic solvent purged with an inert gas. AVE-1625 is soluble in organic solvents such as ethanol, DMSO, and dimethyl formamide (DMF). The solubility of AVE-1625 in ethanol is approximately 0.15 mg/ml and approximately 15 mg/ml in DMSO and DMF.

AVE-1625 is sparingly soluble in aqueous buffers. For maximum solubility in aqueous buffers, AVE-1625 should first be dissolved in DMSO and then diluted with the aqueous buffer of choice. AVE-1625 has a solubility of approximately 0.3 mg/ml in a 1:2 solution of DMSO:PBS (pH 7.2) using this method. We do not recommend storing the aqueous solution for more than one day.

The central cannabinoid (CB<sub>1</sub>) receptor is a G protein-coupled receptor that is widely distributed in the central nervous system and several peripheral tissues and binds the active component of cannabis,  $\Delta^9$ -tetrahydrocannabinol. Signaling through the CB<sub>1</sub> receptor is implicated in attentional and working memory deficits as well as obesity.<sup>2-4</sup> AVE-1625 is a highly potent, selective antagonist for the CB<sub>1</sub> receptor with K<sub>i</sub> values of 0.16-0.44 nM.<sup>5</sup> At 1-3 mg/kg, AVE-1625 significantly improves the performance of rodents in working memory tasks.<sup>5</sup> At 30 mg/kg, AVE-1625 reduces caloric intake by more than 50% of controls and significantly increases lipolysis from fat tissues and reduces hepatic glycogen levels in rodents.5

#### References

- 1. Howlett, A.C., Song, C., Berglund, B.A., et al. Characterization of CB<sub>1</sub> cannabinoid receptors using receptor peptide fragments and site-directed antibodies. Mol. Pharmacol. 53, 504-510 (1998).
- Gómez, R., Navarro, M., Ferrer, B., et al. A peripheral mechanism for CB<sub>1</sub> cannabinoid receptor-dependent modulation of feeding. J. Neurosci. 22(21), 9612-9617 (2002).
- 3. Mackie, K. Cannabinoid receptors as therapeutic targets. Annu. Rev. Pharmacol. Toxicol. 46, 101-122 (2006).
- Borowsky, B., Stevens, R., Mark, B., et al. AVE1625, a cannabinoid CB<sub>1</sub> antagonist, as a co-treatment for Schizophrenia: Improvement in cognitive function and reduction of antipsychotic-side effects in animal models. Neuropsychopharmachology 30, S77-S142 (2005).
- Herling, A.W., Gossel, M., Haschke, G., et al. CB<sub>1</sub> receptor antagonist AVE1625 affects primarily metabolic parameters independently of reduced food intake in wistar rats. Am. J. Physiol. Endocrinol. Metab. 293, E826-E832 (2007).

### **Related Products**

For a list of related products please visit: <a href="www.caymanchem.com/catalog/10009021">www.caymanchem.com/catalog/10009021</a>

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