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Product Data Sheet

Seladelpar

Cat. No.: HY-19522 CAS No.: 851528-79-5 Molecular Formula: $C_{21}H_{23}F_{3}O_{5}S$ Molecular Weight: 444.46 Target: PPAR

Pathway: Cell Cycle/DNA Damage; Vitamin D Related/Nuclear Receptor

Storage: Pure form -20°C 3 years

In solvent

4°C 2 years -80°C 6 months

-20°C 1 month

SOLVENT & SOLUBILITY

In Vitro

DMSO: 100 mg/mL (224.99 mM; Need ultrasonic)

Preparing Stock Solutions	Solvent Mass Concentration	1 mg	5 mg	10 mg
	1 mM	2.2499 mL	11.2496 mL	22.4992 mL
	5 mM	0.4500 mL	2.2499 mL	4.4998 mL
	10 mM	0.2250 mL	1.1250 mL	2.2499 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 (5.62 mM); Clear solution
- 2. Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.5 mg/mL (5.62 mM); Clear solution

BIOLOGICAL ACTIVITY

Description	Seladelpar (MBX-8025) is an orally active, potent (50% effect concentration EC_{50} 2 nM), and specific PPAR- δ agonist ^{[1][2]} .		
IC ₅₀ & Target	PPAR-δ 2 nM (EC50)	PPAR-α 1600 nM (EC50)	
In Vitro	Seladelpar (MBX-8025) is an orally active, potent (2 nM), and specific (>750-fold and >2500-fold compared with PPAR- α or PPAR- γ receptors, respectively) PPAR- δ agonist being developed as a lipid-altering agent ^[1] . Seladelpar is a potent, and selective PPAR- δ agonist (50% effect concentration human PPAR- δ =2 nM, PPAR- α =1,600 nM) that demonstrates favorable effects on insulin resistance, diabetes, and atherogenic dyslipidemia ^[2] . MCE has not independently confirmed the accuracy of these methods. They are for reference only.		

In Vivo

From weaning, female Alms1 mutant (foz/foz) mice and wild-type littermates are fed an atherogenic diet for 16 weeks; groups (n=8-12) are then randomized to receive Seladelpar (10 mg/kg) or vehicle (1% methylcellulose) by gavage for 8 weeks. Despite minimally altering body weight, Seladelpar normalizes hyperglycemia, hyperinsulinemia, and glucose disposal in foz/foz mice. Serum alanine aminotransferase ranges 300-600 U/L in vehicle-treated foz/foz mice; Seladelpar reduces alanine aminotransferase by 50%. In addition, Seladelpar normalizes serum lipids and hepatic levels of free cholesterol and other lipotoxic lipids that are increased in vehicle-treated foz/foz versus wild-type mice. This abolished hepatocyte ballooning and apoptosis, substantially reduce steatosis and liver inflammation, and improve liver fibrosis. In vehicle-treated foz/foz mice, the mean nonalcoholic fatty liver disease activity score is 6.9, indicating nonalcoholic steatohepatitis (NASH); Seladelpar reverses NASH in all foz/foz mice (nonalcoholic fatty liver disease activity score 3.13). In atherogenic diet-fed Wt mice, administration of Seladelpar reduces body weight by -18% (P<0.05). In contrast, Seladelpar produces minimal effect on body weight in atherogenic diet-fed foz/foz mice. These animals develope severe hyperglycemia, hyperinsulinemia, and whole-body insulin resistance after 16 weeks (P<0.05); Seladelpar strikingly improves these indices (P<0.05). After intraperitoneal glucose injection, blood glucose reaches ~32 mM in vehicle-treated versus ~14 mM in Seladelpar-treated foz/foz mice (P<0.05); the area under the blood glucose disappearance curve is correspondingly lower in Seladelpar-treated foz/foz mice (P<0.05). Seladelpar produces a proportionally similar effect on glucose handling in atherogenic diet-fed Wt mice (P<0.05)^[2].

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PROTOCOL

Animal Administration [2]

Mice^[2]

From weaning (week 4), *Alms1* mutant (*foz/foz*) NOD.B10 mice or Wt littermates (female mice in both groups) are fed an atherogenic diet (23% fat, 0.2% cholesterol and 45% simple carbohydrate; 4.78 kcal/g digestible energy) ad libitum for 16 weeks, after which groups are randomized (n=8-12 mice/group) to once-a-day oral administration (by gavage) for 8 weeks of Seladelpar (10 mg/kg in 1% methylcellulose) or vehicle (controls). Animals are housed under 12-hour light/dark cycle and constant temperature of 22°C and receive maximal humane care^[2].

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

REFERENCES

[1]. Bays HE, et al. MBX-8025, a novel peroxisome proliferator receptor-delta agonist: lipid and other metabolic effects in dyslipidemic overweight patients treated with and without atorvastatin. J Clin Endocrinol Metab. 2011 Sep;96(9):2889-97.

[2]. Haczeyni F, et al. The selective peroxisome proliferator-activated receptor-delta agonist seladelpar reverses nonalcoholic steatohepatitis pathology by abrogating lipotoxicity in diabetic obese mice. Hepatol Commun. 2017 Jul 31;1(7):663-674.

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

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