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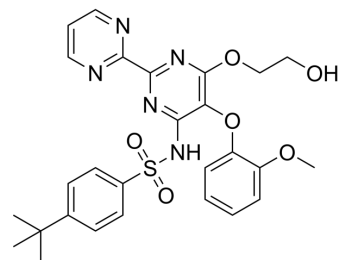
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## Bosentan

Cat. No.:	HY-A0013		
CAS No.:	147536-97-8		
Molecular Formula:	C <sub>27</sub> H <sub>29</sub> N <sub>5</sub> O <sub>6</sub> S		
Molecular Weight:	551.61		
Target:	Endothelin Receptor		
Pathway:	GPCR/G Protein		
Storage:	Powder	-20°C	3 years
		4°C	2 years
	In solvent	-80°C	1 year
		-20°C	6 months



### SOLVENT & SOLUBILITY

#### In Vitro

DMSO : ≥ 100 mg/mL (181.29 mM)

\* "≥" means soluble, but saturation unknown.

	Solvent Concentration	Mass	1 mg	5 mg	10 mg
Preparing Stock Solutions	1 mM		1.8129 mL	9.0644 mL	18.1287 mL
	5 mM		0.3626 mL	1.8129 mL	3.6258 mL
	10 mM		0.1813 mL	0.9064 mL	1.8129 mL

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

#### In Vivo

- Add each solvent one by one: 5% DMSO >> 40% PEG300 >> 5% Tween-80 >> 50% saline  
Solubility: ≥ 2.75 mg/mL (4.99 mM); Clear solution
- Add each solvent one by one: 5% DMSO >> 95% (20% SBE-β-CD in saline)  
Solubility: ≥ 2.75 mg/mL (4.99 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline  
Solubility: ≥ 2.5 mg/mL (4.53 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline)  
Solubility: ≥ 2.5 mg/mL (4.53 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% corn oil  
Solubility: ≥ 2.5 mg/mL (4.53 mM); Clear solution

### BIOLOGICAL ACTIVITY

#### Description

Bosentan is a competitive and dual antagonist of endothelin-1 (ET) for the ET<sub>A</sub> and ET<sub>B</sub> receptors with K<sub>i</sub> of 4.7 nM and 95 nM in human SMC, respectively.

<b>IC<sub>50</sub> &amp; Target</b>	Ki: 4.7 nM (ET <sub>A</sub> receptor, in human SMC), 95 nM (ET <sub>A</sub> receptor, in human SMC) <sup>[1]</sup>
<b>In Vitro</b>	Bosentan (BOS) competitively and specifically antagonizes binding of <sup>125</sup> I-labelled ET-1 to ET <sub>A</sub> receptors on human smooth muscle cells (SMC) and ET <sub>B</sub> receptors on human placenta cells. The in vitro binding affinity of Bosentan to ET <sub>A</sub> receptors on human SMC is 4.7 nM and to ET <sub>B</sub> receptors on human SMC or placenta cells is 41 or 95 nM. Bosentan has 67-fold greater selectivity for ET <sub>A</sub> than ET <sub>B</sub> receptors (mean IC <sub>50</sub> =7.1 vs 474.8 nM) in an in vitro <sup>125</sup> I-labeling assay <sup>[1]</sup> . MCE has not independently confirmed the accuracy of these methods. They are for reference only.
<b>In Vivo</b>	In hypertensive rats, Macitentan 30 mg/kg further decreases mean arterial blood pressure (MAP) by 19 mm Hg when given on top of Bosentan 100 mg/kg. Conversely, Bosentan given on top of Macitentan fails to induce an additional MAP decrease. In pulmonary hypertensive rats, Macitentan 30 mg/kg further decreases mean pulmonary artery pressure (MPAP) by 4 mm Hg on top of Bosentan, whereas a maximal effective dose of Bosentan given on top of Macitentan does not cause any additional MPAP decrease <sup>[3]</sup> . MCE has not independently confirmed the accuracy of these methods. They are for reference only.

## PROTOCOL

<b>Cell Assay</b> <sup>[2]</sup>	Cell viability is evaluated by the trypan blue exclusion test. Human dermal fibroblasts are treated with the indicated concentration of Bosentan (10, 20 and 40 μM). Cell viability is examined at 24 and 48 hours. Stained (dead) and unstained (viable) cells are counted with a hemacytometer <sup>[2]</sup> . MCE has not independently confirmed the accuracy of these methods. They are for reference only.
<b>Animal Administration</b> <sup>[3]</sup>	Rats <sup>[3]</sup> Two-month-old DSS rats and two-month-old Wistar rats are used. Pharmacological effects on mean arterial pressure (MAP) or mean pulmonary arterial pressure (MPAP) and heart rate (HR) are measured up to 120 h after a single gavage at doses ranging from 0.1 to 100 mg/kg (Macitentan) or 3 to 600 mg/kg (Bosentan). To determine whether Macitentan can provide superior pharmacological activity vs. Bosentan, a study is designed in which: 1) Macitentan is administered on top of the maximal effective dose of Bosentan established by the dose-response curve. 2) the same dose of Bosentan is administered on top of the maximal effective dose of Macitentan. The maximal effective dose of the second compound is administered at T <sub>max</sub> of the first tested compound. MCE has not independently confirmed the accuracy of these methods. They are for reference only.

## CUSTOMER VALIDATION

- Clin Immunol. 2023 Jul 5;109687.
- Hypertension. 2019 Dec;74(6):1409-1419.
- Acta Pharmacol Sin. 2022 Nov 30.
- Phytomedicine. 2023 Sep 2, 155054.
- Phytomedicine. 2019 Mar 15;56:175-182.

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## REFERENCES

- [1]. Dhillon S, et al. Bosentan: a review of its use in the management of mildly symptomatic pulmonary arterial hypertension. Am J Cardiovasc Drugs. 2009;9(5):331-50.
- [2]. Akamata K, et al. Bosentan reverses the pro-fibrotic phenotype of systemic sclerosis dermal fibroblasts via increasing DNA binding ability of transcription factor Fli1. Arthritis Res Ther. 2014 Apr 3;16(2):R86.

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[3]. Iglarz M, et al. Comparison of pharmacological activity of macitentan and bosentan in preclinical models of systemic and pulmonary hypertension. Life Sci. 2014 Nov 24;118(2):333-9.

[4]. Son GY, et al. Endothelin Regulates Porphyromonas gingivalis-Induced Production of Inflammatory Cytokines. PLoS One. 2016 Dec 28;11(12):e0167713.

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

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