MCC950

Cat. No.: HY-12815
CAS No.: 210826-40-7
Molecular Formula: C₂₀H₂₄N₂O₅S
Molecular Weight: 404.48
Target: NOD-like Receptor (NLR)
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
H₂O : 31.25 mg/mL (77.26 mM; ultrasonic and adjust pH to 10 with NaOH)
DMSO : ≥ 28 mg/mL (69.22 mM)
* "≥" means soluble, but saturation unknown.

<table>
<thead>
<tr>
<th>Preparing Stock Solutions</th>
<th>Solvent Concentration</th>
<th>Mass 1 mg</th>
<th>Mass 5 mg</th>
<th>Mass 10 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 mM</td>
<td></td>
<td>2.4723 mL</td>
<td>12.3616 mL</td>
<td>24.7231 mL</td>
</tr>
<tr>
<td>5 mM</td>
<td></td>
<td>0.4945 mL</td>
<td>2.4723 mL</td>
<td>4.9446 mL</td>
</tr>
<tr>
<td>10 mM</td>
<td></td>
<td>0.2472 mL</td>
<td>1.2362 mL</td>
<td>2.4723 mL</td>
</tr>
</tbody>
</table>

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 (6.18 mM); Clear solution
2. Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline)
   Solubility: ≥ 2.5 mg/mL (6.18 mM); Clear solution
3. Add each solvent one by one: 10% DMSO >> 90% corn oil
   Solubility: ≥ 2.5 mg/mL (6.18 mM); Clear solution

BIOLOGICAL ACTIVITY

Description
MCC950 (CP-456773; CRID3) is a potent and selective NLRP3 inhibitor with IC₅₀ values of 7.5 and 8.1 nM in BMDMs and HMDMs, respectively.

IC₅₀ & Target
IC₅₀: 7.5 nM (NLRP3, in BMDMs), 8.1 nM (NLRP3, in HMDMs)[1]
In Vitro
MCC950 blocks canonical and non-canonical NLRP3 activation at nanomolar concentrations. MCC950 specifically inhibits NLRP3 but not AIM2, NLRC4 or NLRP1 activation. The effect of MCC950 on NLRP3 inflammasome activation is tested in mouse bone marrow derived macrophages (BMDM) and human monocyte derived macrophages (HMDM). The IC$_{50}$ of MCC950 in BMDM is approximately 7.5 nM, while in HMDM it has a similar inhibitory capacity (IC$_{50}$=8.1 nM). MCC950 also dose dependently inhibit IL-1$\beta$ but not TNF-$\alpha$ secretion. MCC950 specifically blocks caspase-11-directed NLRP3 activation and IL-1$\beta$ secretion upon stimulation of the non-canonical pathway. NLRC4-stimulated IL-1$\beta$ and TNF-$\alpha$ secretion (as activated by Salmonella typhimurium) are not inhibited by MCC950 even at a concentration of 10 nM. MCC950 does not inhibit caspase-1 activation or IL-1$\beta$ processing in response to S. typhimurium. The expression of pro-caspase-1 and pro-IL-1$\beta$ in cell lysates is not substantially affected by MCC950 treatment\(^1\).

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

In Vivo
MCC950 reduces Interleukin-1p (IL-1$\beta$) production and attenuates the severity of experimental autoimmune encephalomyelitis (EAE), a disease model of multiple sclerosis. Pre-treatment with MCC950 reduces serum concentrations of IL-1$\beta$ and IL-6 while it does not considerably decrease the amount of TNF-$\alpha$. Treatment of mice with MCC950 delays the onset and reduced the severity of EAE. Intracellular cytokine staining and FACS analysis of brain mononuclear cells from mice sacrificed on day 22 shows modestly reduced frequencies of IL-17 and IFN-$\gamma$ producing CD3$^+$ T cells in MCC950 treated mice in comparison with PBS-treated mice. IFN-$\gamma$ and particularly IL-17 producing cell numbers are also reduced in both the CD4$^+$ and $\gamma\delta^+$ sub-populations of CD3$^+$ T cells\(^1\).

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

PROTOCOL

Cell Assay\(^1\)
BMDM are seeded at 5×10$^5$/mL or 1×10$^6$/mL, HMDM at 5×10$^5$/mL and PBMC at 2×10$^6$/mL or 5×10$^6$/mL in 96 well plates. The following day the overnight medium is replaced and cells are stimulated with 10 ng/mL LPS from Escherichia coli serotype EH100 (ra) TLRgrad for 3 h. Medium is removed and replaced with serum free medium (SFM) containing DMSO (1:1,000), MCC950 (0.001-10 µM), Parthenolide (10 µM) or Bayer cysteiny1 leukotriene receptor antagonist 1-(5-carboxy-2[3-[4-(3-cyclohexylpropoxy)phenyl]propoxy]benzoyl)piperidine-4-carboxylic acid (40 µM) for 30 min. Cells are then stimulated with inflammasome activators: 5 mM adenosine 5’-triphosphate disodium salt hydrate (ATP) (1 h), 1 µg/mL Poly(deoxyadenylic-deoxythymidylic) acid sodium salt (Poly dA:dT) transfected with Lipofectamine 200 (3-4 h), 200 µg/mL MSU (overnight) and 10 µM nigericin (1 h) or S. typhimurium UK-1 strain. Cells are also stimulated with 25 µg/mL Polyadenylic-polyuridylic acid (4 h). For non-canonical inflammasome activation cells are primed with 100 ng/mL Pam3CSK4 for 4 h, medium is removed and replaced with SFM containing DMSO or MCC950 and 2 µg/mL LPS is transfected using 0.25% FuGENE for 16 h. Supernatants are removed and analysed using ELISA kits. LDH release is measured using the CytoTox96 non-radioactive cytotoxicity assay \(^1\).

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

Animal Administration\(^1\)
C57BL/6 mice are immunized subcutaneously with 150 µg of MOG peptide 35-55 emulsified in CFA containing 4 mg/mL (0.4.mg/mouse) of heat-killed MTB. Mice are injected i.p. with 500 ng pertussis toxin (PT: kaketsuken) on days 0 and 2. MCC950 is administered i.p. to mice (10 mg/kg) at induction of the disease, day 0, 1 and 2 and every 2 days thereafter. Control mice are administered vehicle (PBS) at the same time points. Mice are observed for clinical signs of disease daily (unblinded). Disease severity is scored as follows: no clinical signs, 0; limp tail, 1; ataxic gait, 2; hind limb weakness, 3; hind limb paralysis, 4; and tetra paralysis, 5.

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

CUSTOMER VALIDATION
See more customer validations on www.MedChemExpress.com

REFERENCES