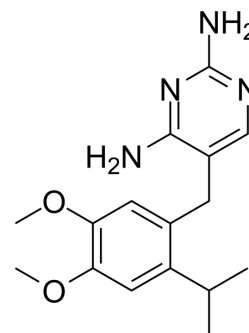


RO-3

Cat. No.:	HY-19978		
CAS No.:	1026582-88-6		
Molecular Formula:	C ₁₆ H ₂₂ N ₄ O ₂		
Molecular Weight:	302.37		
Target:	P2X Receptor		
Pathway:	Membrane Transporter/Ion Channel		
Storage:	Powder	-20°C	3 years
		4°C	2 years
	In solvent	-80°C	6 months
		-20°C	1 month



SOLVENT & SOLUBILITY

In Vitro

DMSO : 125 mg/mL (413.40 mM; ultrasonic and warming and heat to 60°C)

Concentration	Solvent	Mass		
		1 mg	5 mg	10 mg
Preparing Stock Solutions	1 mM	3.3072 mL	16.5360 mL	33.0721 mL
	5 mM	0.6614 mL	3.3072 mL	6.6144 mL
	10 mM	0.3307 mL	1.6536 mL	3.3072 mL

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

In Vivo

- Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline
Solubility: ≥ 2.08 mg/mL (6.88 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline)
Solubility: ≥ 2.08 mg/mL (6.88 mM); Clear solution

BIOLOGICAL ACTIVITY

Description

RO-3 is a potent, CNS-penetrant, and orally active P2X₃ and P2X_{2/3} antagonist with pIC₅₀s of 5.9 and 7.0 for human homomultimeric P2X₃ and heteromultimeric P2X_{2/3} receptors, respectively. RO-3 shows selectivity for P2X₃ and P2X_{2/3} over all other functional homomultimeric P2X receptors (IC₅₀ > 10 μM at P2X_{1,2,4,5,7})^[1].

IC₅₀ & Target

pIC₅₀: 5.9 (human homomultimeric P2X₃ receptor); 7.0 (human heteromultimeric P2X_{2/3} receptor)^[1]

In Vivo

In a guinea pig ureter-afferent nerve preparation, and mouse bladder-pelvic nerve preparation, RO-3 dose-dependently reduces afferent nerve activity induced by distension or α,β-meATP^[1].
RO-3 has activity in several rodent models of pain, as well as in cystometry models optimized to measure various parameters associated with sensory regulation of the micturition reflex^[1].

RO-3 has moderate to high metabolic stability in rat and human hepatocytes and liver microsomes, and is highly permeable, orally bioavailable (14%), and has a reasonable in vivo plasma half-life ($t_{1/2}$ =0.41 h) in rats^[1].
MCE has not independently confirmed the accuracy of these methods. They are for reference only.

REFERENCES

[1]. Ford AP, et al. Purinoceptors as therapeutic targets for lower urinary tract dysfunction. Br J Pharmacol. 2006;147 Suppl 2(Suppl 2):S132-S143.

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

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