Cat. No.:	HY-15185		
CAS No.:	1290543-63	-3	
Molecular Formula:	C <sub>27</sub> H <sub>41</sub> F <sub>2</sub> N <sub>5</sub> C	)	
Molecular Weight:	489.64		
Target:	γ-secretase; Apoptosis		
Pathway:	Neuronal Signaling; Stem Cell/Wnt; Apoptosis		
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 : 28.57 mg/mL (58.35 mM; Need ultrasonic) H <sub>2</sub> O : < 0.1 mg/mL (ultrasonic;warming;heat to 60°C) (insoluble)					
		Solvent Mass Concentration	1 mg	5 mg	10 mg	
	Preparing Stock Solutions	1 mM	2.0423 mL	10.2116 mL	20.4232 mL	
	Stock Solutions	5 mM	0.4085 mL	2.0423 mL	4.0846 mL	
		10 mM	0.2042 mL	1.0212 mL	2.0423 mL	
	Please refer to the so	lubility information to select the app	propriate solvent.			
In Vivo		1. Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline Solubility: 2.5 mg/mL (5.11 mM); Suspended solution; Need ultrasonic and warming				
	2. Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline) Solubility: 2.5 mg/mL (5.11 mM); Suspended solution; Need ultrasonic					
	<ol> <li>Add each solvent one by one: 10% DMSO &gt;&gt; 90% corn oil Solubility: ≥ 2.5 mg/mL (5.11 mM); Clear solution</li> </ol>					
	4. Add each solvent one by one: 5% DMSO >> 40% PEG300 >> 5% Tween-80 >> 50% saline Solubility: 1.43 mg/mL (2.92 mM); Suspended solution; Need ultrasonic					

# **BIOLOGICAL ACTIVITY**

Description

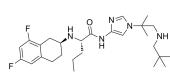
Nirogacestat (PF-3084014) is a reversible, orally bioavailable, noncompetitive, and selective γ-secretase inhibitor with an IC 50 of 6.2 nM. Inhibition of Notch signaling by Nirogacestat while minimizing gastrointestinal toxicity presents a promising approach for research of Notch receptor-dependent cancers<sup>[1]</sup>.



	Preparing Stock Solutions	Solvent Mass Concentration	1 mg	5 mg	10 mg
		1 mM	2.0423 mL	10.2116 mL	20.4232 mL
		5 mM	0.4085 mL	2.0423 mL	4.0846 mL
		10 mM	0.2042 mL	1.0212 mL	2.0423 mL
	Please refer to the so	lubility information to select the app	propriate solvent.		
0		one by one: 10% DMSO >> 40% PEC /mL (5.11 mM); Suspended solution;			
		one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline) /mL (5.11 mM); Suspended solution; Need ultrasonic			







Product Data Sheet

IC <sub>50</sub> & Target	IC50: 6.2 nM (γ-secretase) <sup>[1]</sup>
In Vitro	The IC <sub>50</sub> of Nirogacestat (PF-03084014) for γ-secretase enzyme inhibition in cell-free assay for Aβ production using detergent solubilized membranes derived from HeLa cells is determined to be 6.2 nM. When tested for inhibition of Notch receptor cleavage in cellular assays using HPB-ALL cells that harbor mutations in both the heterodimerization and PEST domains in Notch1, the cell IC <sub>50</sub> is determined to be 13.3 nM. Nirogacestat (PF-03084014) causes a significant increase in caspase-3 activities in HPB-ALL and TALL-1 cells as well as an induction of cleaved PARP and cleaved caspase-3 after a 7-day treatment [1]. MCE has not independently confirmed the accuracy of these methods. They are for reference only.
In Vivo	Nirogacestat (PF-03084014) shows robust antitumor activity in this model on 14-day twice daily dosing. Tumor growth inhibition is dose dependent, with maximal tumor growth inhibition of ~92% obtained at high dose levels (150 mg/kg). In tumor growth inhibition studies where mice receive repetitive twice daily dosing for more than a week, Nirogacestat (PF-03084014) is well tolerated at dose levels below 100 mg/kg as no significant weight loss, morbidity, or mortality is observed. When the dose is increased to 150 mg/kg, however, mice have diarrhea and show weight loss (10-15%) approximately 10 days after compound administration. The body weight of treated animals usually returns to normal if dosing holidays are given, suggesting that the toxicity of Nirogacestat (PF-03084014) is reversible <sup>[1]</sup> . MCE has not independently confirmed the accuracy of these methods. They are for reference only.

PROTOCOL	
Cell Assay <sup>[1]</sup>	Cells are seeded in 96-well plates at 2,000 (Sup-T1, Jurkat, and DND-41) or 10,000 (HPB-ALL or TALL-1) cells/well in growth media supplemented with 10% fetal bovine serum. Serial dilutions of Nirogacestat (PF-03084014) are done in DMSO, appropriate controls or designated concentrations of Nirogacestat (PF-03084014) are added to each well, and cells are incubated at 37°C for 7 days (final DMSO content 0.1%). Resazurin at a final concentration of 0.1 mg/mL is added to the cells and plates are incubated for 2 to 4 hours. Fluorescent signals are read as emission at 590 nm after excitation at 560 nm. IC <sub>50</sub> values are calculated by using the sigmoidal dose-response (variable slope) in GraphPad Prism <sup>[1]</sup> . MCE has not independently confirmed the accuracy of these methods. They are for reference only.
Animal Administration <sup>[1][2]</sup>	Mice <sup>[1]</sup> Athymic female mice (nu/nu, 6-8 weeks) are used. For antitumor efficacy, animals bearing tumors of 150 to 300 mm <sup>3</sup> in size are randomly divided into groups that received either vehicle (0.5% methylcellulose) or Nirogacestat (PF-03084014) (150 mg/kg, diluted in vehicle), and dosed by oral gavage. Animal body weight and tumor measurements are obtained every 2 to 3 days. Tumor volume (mm <sup>3</sup> ) is measured with Vernier calipers and calculated. Percent (%) inhibition values are measured on the final day of study for drug-treated compared with vehicle-treated mice and are calculated. For all tumor growth inhibition experiments, 8 to 10 mice per dose group are used. Student's t test is used to determine the P value. MCE has not independently confirmed the accuracy of these methods. They are for reference only.

## CUSTOMER VALIDATION

- Cancer Cell. 2021 Mar 8;39(3):380-393.e8.
- Neuron. 2023 Apr 4;S0896-6273(23)00220-9.
- J Clin Invest. 2020 Feb 3;130(2):612-624.
- EMBO Mol Med. 2017 Jul;9(7):950-966.
- Int J Oncol. 2018 Jul;53(1):99-112.

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## REFERENCES

[1]. Wei P, et al. Evaluation of selective gamma-secretase inhibitor PF-03084014 for its antitumor efficacy and gastrointestinal safety to guide optimal clinical trial design. Mol Cancer Ther. 2010 Jun;9(6):1618-28.

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

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