# Docetaxel

Cat. No.:	HY-B0011	
CAS No.:	114977-28-5	
Molecular Formula:	C <sub>43</sub> H <sub>53</sub> NO <sub>14</sub>	
Molecular Weight:	807.88	
Target:	Microtubule/Tubulin; Apoptosis; Endogenous Metabolite	
Pathway:	Cell Cycle/DNA Damage; Cytoskeleton; Apoptosis; Metabolic Enzyme/Protease	
Storage:	4°C, protect from light	
	* In solvent : -80°C, 6 months; -20°C, 1 month (protect from light)	

# SOLVENT & SOLUBILITY

In Vitro In Vivo	<b>U</b>	DMSO : 100 mg/mL (123.78 mM; Need ultrasonic) Ethanol : 50 mg/mL (61.89 mM; Need ultrasonic)					
		Solvent Mass Concentration	1 mg	5 mg	10 mg		
	Preparing Stock Solutions	1 mM	1.2378 mL	6.1890 mL	12.3781 mL		
		5 mM	0.2476 mL	1.2378 mL	2.4756 mL		
		10 mM	0.1238 mL	0.6189 mL	1.2378 mL		
	Please refer to the so	Please refer to the solubility information to select the appropriate solvent.					
	<ol> <li>Add each solvent of Solubility: ≥ 5 mg/</li> <li>Add each solvent of Solubility: ≥ 2.08 m</li> <li>Add each solvent of Solubility: ≥ 2.08 m</li> <li>Add each solvent of Solubility: ≥ 2.08 m</li> </ol>	<ol> <li>Add each solvent one by one: 10% EtOH &gt;&gt; 40% PEG300 &gt;&gt; 5% Tween-80 &gt;&gt; 45% saline Solubility: ≥ 5 mg/mL (6.19 mM); Clear solution</li> <li>Add each solvent one by one: 10% EtOH &gt;&gt; 90% corn oil Solubility: ≥ 5 mg/mL (6.19 mM); Clear solution</li> <li>Add each solvent one by one: 10% DMSO &gt;&gt; 40% PEG300 &gt;&gt; 5% Tween-80 &gt;&gt; 45% saline Solubility: ≥ 2.08 mg/mL (2.57 mM); Clear solution</li> <li>Add each solvent one by one: 10% DMSO &gt;&gt; 40% PEG300 &gt;&gt; 5% Tween-80 &gt;&gt; 45% saline Solubility: ≥ 2.08 mg/mL (2.57 mM); Clear solution</li> <li>Add each solvent one by one: 10% DMSO &gt;&gt; 40% PEG300 &gt;&gt; 5% Tween-80 &gt;&gt; 45% saline Solubility: ≥ 2.08 mg/mL (2.57 mM); Clear solution</li> <li>Add each solvent one by one: 10% DMSO &gt;&gt; 40% PEG300 &gt;&gt; 5% Tween-80 &gt;&gt; 45% saline Solubility: ≥ 2.08 mg/mL (2.57 mM); Clear solution</li> </ol>					
		6. Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline Solubility: ≥ 2.08 mg/mL (2.57 mM); Clear solution					
		7. Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline) Solubility: ≥ 2.08 mg/mL (2.57 mM); Clear solution					
		8. Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline) Solubility: ≥ 2.08 mg/mL (2.57 mM); Clear solution					
	9. Add each solvent o	one by one: 10% DMSO >> 90% cor	n oil				

Product Data Sheet



®

Solubility: ≥ 2.08 mg/mL (2.57 mM); Clear solution

- Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.08 mg/mL (2.57 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.08 mg/mL (2.57 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.08 mg/mL (2.57 mM); Clear solution

BIOLOGICAL ACTIVITY			
Description	Docetaxel (RP-56976) is a microtubule depolymerization inhibitor, with an IC <sub>50</sub> of 0.2 μM. Docetaxel attenuates the effects of bcl-2 and bcl-xL gene expression. Docetaxel arrests the cell cycle at G2/M and leads to cell apoptosis. Docetaxel has anti-cancer activity <sup>[1][3]</sup> .		
IC <sub>50</sub> & Target	Microtubule <sup>[1]</sup>		
In Vitro	Docetaxel (RP-56976) and Glufosfamide (GLU) single and combined treatments affect the cells viability in a dose-dependent manner. The IC <sub>50</sub> of GLU are 70±4 µM and 86.8±8 µM in PC-3 and LNCaP cells; respectively. While, the IC <sub>50</sub> of Docetaxel alone is found to be 3.08±0.4 nM and 1.46±0.2 nM in PC-3 and LNCaP cells; respectively. The co-treatment of GLU with Docetaxel is found to synergize the cytotoxicity and the IC <sub>50</sub> values are decreased to be 2.7±0.1 nM and 0.75±0.3 nM in PC-3 and LNCaP cells; respectively <sup>[1]</sup> . IC <sub>50</sub> of NCI-H460 to Docetaxel at 24 h is 116 nM and at 72 h is 30 nM. According to data reported in DTP Data Search, the mean IC <sub>50</sub> of NCI-60 cell panel to Docetaxel is 14-34 nM <sup>[2]</sup> . MCE has not independently confirmed the accuracy of these methods. They are for reference only.		
In Vivo	In female mice, the Docetaxel (RP-56976)-induced intestinal apoptosis in the 14-hours after light on (HALO) group is significantly greater than that in the 2-HALO group. Bax expression is significantly elevated by Docetaxel in the 2-HALO group, but not in the 14-HALO group. On the other hand, cleaved Caspase-3 expression is significantly elevated by Docetaxel in the 14-HALO group, but not in the 2-HALO group. The expressions of Wee1 and phosphorylated CKD1 are significantly elevated after dosing of Docetaxel at 14 HALO, but not at 2 HALO. In addition, Docetaxel significantly reduces survivin expression in the 14-HALO group but not in the 2-HALO group. The survivin expression level in the Docetaxel-treated 14-HALO group is significantly smaller than that in the drug-treated 2-HALO group[ <sup>3</sup> ]. Piperine (PIP) is administrated via intravenous bolus at 3.5 mg/kg and via oral administration at 35 mg/kg and 3.5 mg/kg, while Docetaxel (DOX) is intravenously administrated at 7 mg/kg to Sprague-Daley rats. The co-administrations of PIP at 35 mg/kg via oral administration and Docetaxel at 7 mg/kg via intravenous bolus administration in Sprague-Dawley rats. The combination use of PIP and Docetaxel results in a synergic increase of both their in vivo exposure <sup>[4]</sup> . MCE has not independently confirmed the accuracy of these methods. They are for reference only.		

## PROTOCOL

#### Cell Assay <sup>[1]</sup>

Single-drug concentration-response curves are assessed. Seeding is done at a density of 2,000 cells/well for PC-3 and LNCaP, in 96-well plates. Cells are treated with each single drug and their combination for 72 h at different drug concentrations. Docetaxel is used at concentrations of 0.1-1,000 nM. GLU is used at concentrations of 0.1-300  $\mu$ m. Cytotoxicity is assessed at the end of drug exposure using SRB assay. Following 72 h exposure the cells are fixed with 10% trichloroacetic acid (150  $\mu$ L) for 1 h at 4°C. Then, cells are stained for 10 min at room temperature with 0.4% SRB dissolved in 1% acetic acid. The plates are then air dried for 24 h and the dye is made soluble with 150  $\mu$ L Tris (10 mM, PH 7.4) for 5 min on a shaker at 1,600 rpm. Absorbance is then measured at 545 nM using microplate reader. Results are expressed as the relative percentage of absorbance compared to control<sup>[1]</sup>.

	MCE has not independently confirmed the accuracy of these methods. They are for reference only.
Animal Administration <sup>[3][4]</sup>	Mice <sup>[3]</sup> Five-week-old male Balb/c mice are used. Docetaxel (0, 10, 20, 30, 40, 60, and 80 mg/kg per week) is given once a week for 3 weeks for mice. Because more than 30 mg/kg per week of Docetaxel causes body weight loss in mice, 20 mg/kg per week of Docetaxel is judged to be the maximum nontoxic dose. Docetaxel (20 mg/kg per week) is given to mice once a week for 3 weeks at one of the following different points (2, 10, 14, or 22 HALO). Seventy-two hours after the final dosing of the agent, the intestinal mucosa of the small intestine (proximal 8 cm) is removed, fixed in 20 N Mildform solution (containing 8% formaldehyde in a buffered solution), and embedded in paraffin blocks, and sections of 5 μm are put on glass slides. Apoptosis is detected using the terminal deoxynucleotidyl transferase-mediated dUTP nick-end labeling (TUNEL) method, using the Apop Tag Peroxidase In Situ Apoptosis Detection Kit. Rats <sup>[4]</sup> Male Sprague-Dawley rats with body weight between 230-250 g and age between 6-7 weeks are used. About 25 SD rats are divided into five groups receiving Docetaxel (7 mg/kg, i.v.). PIP (35 mg/kg, p.o.) and their combined administration (DOX+PIP) as well as PIP (3.5 mg/kg, p.o.) and PIP (3.5 mg/kg, i.v.). A day before the drug administrations, the rats are anesthetized. Right jugular vein is cannulated with a polyethylene tubing (0.5 mm ID, 1 mm) for blood collection.
	MCE has not independently confirmed the accuracy of these methods. They are for reference only.

### **CUSTOMER VALIDATION**

- Signal Transduct Target Ther. 2022 Sep 12;7(1):317.
- J Hematol Oncol. 2023 May 3;16(1):46.
- Eur Urol. 2020 Nov 2;S0302-2838(20)30778-8.
- ACS Nano. 2021 Apr 27;15(4):7179-7194.
- Acta Pharm Sin B. 2020 June 29.

See more customer validations on <u>www.MedChemExpress.com</u>

#### REFERENCES

[1]. Attia RT, et al. The chemomodulatory effects of glufosfamide on docetaxel cytotoxicity in prostate cancer cells. PeerJ. 2016 Jun 29;4:e2168.

[2]. Che CL, et al. DNA microarray reveals different pathways responding to NSC 125973 and docetaxel in non-small cell lung cancer cell line. Int J Clin Exp Pathol. 2013 Jul 15;6(8):1538-48.

[3]. Obi-loka Y, et al. Involvement of Wee1 in the circadian rhythm dependent intestinal damage induced by docetaxel. J Pharmacol Exp Ther. 2013 Oct;347(1):242-8.

[4]. Li C, et al. Non-linear pharmacokinetics of piperine and its herb-drug interactions with docetaxel in Sprague-Dawley rats. J Pharm Biomed Anal. 2016 Sep 5;128:286-93.

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

Tel: 609-228-6898 Fax: 609-228-5909

5909 E-mail: tech@MedChemExpress.com

Address: 1 Deer Park Dr, Suite Q, Monmouth Junction, NJ 08852, USA