

产品名称: **SKI II**

产品别名: **SKI II**

生物活性:	
Description	SKI-II is an oral active and synthetic inhibitor of sphingosine kinase (SK) activity, with IC50 values of 78 μ M and 45 μ M for SK1 and for SK2, respectively. SKI II causes an irreversible inhibition of SK1 by inducing its lysosomal and/or proteasomal degradation[1][2].
IC ₅₀ & Target	IC50 value: 78/45 μ M (SK1/2)[1][2].
In Vitro	SKI II inhibits cell proliferation by suppressing the Wnt/ β -catenin signaling pathway. SKI II promotes the degradation of β -catenin by enhancing Wnt5A[1]. SKI II (1.25 μ M, 48 h) in combination with DDP has a clear synergistic effect in human gastric carcinoma SGC7901/DDP cell line[2].
	Cell Cytotoxicity Assay[1]
	Cell Line: The human gastric carcinoma SGC7901/DDP cell line.
	Concentration: 0 μ M, 1.25 μ M (combined with DDP).
	Incubation Time: 48 hours.
	Result: SKI II in combination with DDP had a greater effect on the SGC-7901/DDP cells compared with DDP or SKI II alone.
In Vivo	Chronic SKI II (50.0 mg/kg, 3-weekly i.p. for 16 weeks) administration leads to permanent reduction of S1P concentrations in plasma in mice[3]. SKI II (50.0 mg/kg, IP; 100 mg/kg, PO) treatment reduces tumor growth in mice bearing solid tumor model[4].
	Animal Model: 8 week-old female LDL-R-/- mice[3].
	Dosage: 50.0 mg/kg.
	Administration: IP injection daily, 3 days a week for 16 weeks.
	Result: A single administration of produced a significant reduction of plasma S1P with the maximum (~40%) observed 12 h after injection. At sacrifice (72 h after last injection) S1P levels were 266 \pm 18 ng/mL and 328 \pm 30 ng/mL in the SKI-II-treated and control groups, respectively.
	Animal Model: BALB/c mouse solid tumor model that uses JC mammary adenocarcinoma cells[4].
	Dosage: 50.0 mg/kg.
	Administration: IP injection daily, 3 days a week for 16 weeks.
	Result: Had strong inhibition of tumor growth from the start of treatment of 65%, with no toxicity or weight loss.
	Animal Model: BALB/c JC tumor model[4].
	Dosage: 100 mg/kg.
	Administration: PO every other day.
	Result: Caused significant antitumor activity in well-established tumors as early as day 5, with maximal response seen at the end of the study. Showed 79% inhibition of tumor growth from the start of treatment.
	In Vitro:

Solvent&Solubility	DMSO : ≥ 100 mg/mL (330.27 mM) * "≥" means soluble, but saturation unknown.				
	Preparing Stock Solutions	<div>Solvent Mass Concentration</div>	1 mg	5 mg	10 mg
		1 mM	3.3027 mL	16.5136 mL	33.0273 mL
		5 mM	0.6605 mL	3.3027 mL	6.6055 mL
		10 mM	0.3303 mL	1.6514 mL	3.3027 mL
	<p>*请根据产品在不同溶剂中的溶解度选择合适的溶剂配制储备液；一旦配成溶液，请分装保存，避免反复冻融造成的产品失效。</p> <p>储备液的保存方式和期限 -80°C, 6 months; -20°C, 1 month。-80°C 储存时，请在 6 个月内使用，-20°C 储存时，请在 1 个月内使用。</p> <p><i>In Vivo:</i></p> <p>请根据您的实验动物和给药方式选择适当的溶解方案。以下溶解方案都请先按照 In Vitro 方式配制澄清的储备液，再依次添加助溶剂：</p> <p>——为保证实验结果的可靠性，澄清的储备液可以根据储存条件，适当保存；体内实验的工作液，建议您现用现配，当天使用； 以下溶剂前显示的百分比是指该溶剂在您配制终溶液中的体积占比；如在配制过程中出现沉淀、析出现象，可以通过加热和/或超声的方式助溶</p> <p>1.请依序添加每种溶剂： 10% DMSO→40% PEG300 →5% Tween-80 → 45% saline Solubility: ≥ 2.75 mg/mL (9.08 mM); Clear solution 此方案可获得 ≥ 2.75 mg/mL (9.08 mM, 饱和度未知) 的澄清溶液。 以 1 mL 工作液为例，取 100 μL 27.5 mg/mL 的澄清 DMSO 储备液加到 400 μL PEG300 中，混合均匀；向上述体系中加入 50 μL Tween-80，混合均匀；然后继续加入 450 μL 生理盐水定容至 1 mL。</p> <p>2.请依序添加每种溶剂： 10% DMSO→ 90% (20% SBE-β-CD in saline) Solubility: ≥ 2.75 mg/mL (9.08 mM); Clear solution 此方案可获得 ≥ 2.75 mg/mL (9.08 mM, 饱和度未知) 的澄清溶液。 以 1 mL 工作液为例，取 100 μL 27.5 mg/mL 的澄清 DMSO 储备液加到 900 μL 20% 的 SBE-β-CD 生理盐水水溶液中，混合均匀。</p>				
References	<p>[1]. Liu H, et al. SphK1 inhibitor SKI II inhibits the proliferation of human hepatoma HepG2 cells via the Wnt5A/β-catenin signaling pathway. Life Sci. 2016 Apr 15;151:23-9.</p> <p>[2]. Poti F, et al. SKI-II--a sphingosine kinase 1 inhibitor--exacerbates atherosclerosis in low-density lipoprotein receptor-deficient (LDL-R-/-) mice on high cholesterol diet. Atherosclerosis. 2015 May;240(1):212-5.</p> <p>[3]. Liu Y, et al. SKI-II reverses the chemoresistance of SGC7901/DDP gastric cancer cells. Oncol Lett. 2014 Jul;8(1):367-373.</p> <p>[4]. French KJ, et al. Antitumor activity of sphingosine kinase inhibitors. J Pharmacol Exp Ther. 2006 Aug;318(2):596-603.</p>				