

## 产品名称: LCZ696

## 产品别名: Sacubitril/Valsartan

生物活性:					
<b>Description</b>	LCZ696 (Sacubitril/Valsartan), comprised Valsartan (an ARB) and Sacubitril (AHU377) in 1:1 molar ratio, is a first-in-class, orally bioavailable, and dual-acting angiotensin receptor-neprilysin (ARN) inhibitor for hypertension and heart failure[1][2][3]. LCZ696 ameliorates diabetic cardiomyopathy by inhibiting inflammation, oxidative stress and apoptosis[4].				
<b>IC<sub>50</sub> &amp; Target</b>	Angiotensin receptor-neprilysin[1]				
<b>In Vitro</b>	LCZ696 (1-30 $\mu$ M; 0.5 hours) inhibits HG-treated H9C2 cells apoptosis in an experimental model of Diabetic cardiomyopathy (DCM)[4]. LCZ696 (1-30 $\mu$ M; 0.5 hours) increases the expression level of cleaved caspase-3 and the ratio of Bax/Bcl-2 in HG-treated H9C2 cells[4].				
	<b>Apoptosis Analysis[4]</b>				
	Cell Line:	HG-treated H9C2 cells			
	Concentration:	1, 10, or 30 $\mu$ M			
	Incubation Time:	0.5 hours			
	Result:	Inhibited HG-treated H9C2 cells apoptosis.			
	<b>Western Blot Analysis[4]</b>				
	Cell Line:	HG-treated H9C2 cells			
	Concentration:	1, 10, or 30 $\mu$ M			
	Incubation Time:	0.5 hours			
	Result:	Increased the expression level of cleaved caspase-3 and the ratio of Bax/Bcl-2.			
<b>In Vivo</b>	LCZ696 (perorally; 68 mg/kg for 4 weeks) significantly exhibits small weights and reduces interstitial fibrosis both in the noninfarct zone and peri-infarct zone[2].				
	<b>Animal Model:</b>	Adult 6- to 8-week-old male Sprague-Dawley rats (220-250 g body weight) [2]			
	<b>Dosage:</b>	68 mg/kg			
	<b>Administration:</b>	Perorally; for 4 weeks			
	<b>Result:</b>	Exhibited small weights and reduced interstitial fibrosis both in the noninfarct zone and peri-infarct zone.			
<b>In Vitro:</b>  DMSO : $\geq$ 100 mg/mL (104.39 mM)  H <sub>2</sub> O : $\geq$ 50 mg/mL (52.19 mM)  * " $\geq$ " means soluble, but saturation unknown.	<b>Preparing Stock Solutions</b>	Solvent Concentration	Mass 1 mg	5 mg	10 mg
		1 mM	1.0439 mL	5.2193 mL	10.4385 mL
		5 mM	0.2088 mL	1.0439 mL	2.0877 mL
		10 mM	0.1044 mL	0.5219 mL	1.0439 mL
		*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。			
		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。			

<b>Solvent&amp;Solubility</b>	<p><b>In Vivo:</b></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 <b>In Vitro</b> 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  <b>Solubility:</b> ≥ 2.5 mg/mL (2.61 mM); Clear solution  此方案可获得 ≥ 2.5 mg/mL (2.61 mM, 饱和度未知) 的澄清溶液。  以 1 mL 工作液为例，取 100 μL 25.0 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)  <b>Solubility:</b> ≥ 2.5 mg/mL (2.61 mM); Clear solution  此方案可获得 ≥ 2.5 mg/mL (2.61 mM, 饱和度未知) 的澄清溶液。  以 1 mL 工作液为例，取 100 μL 25.0 mg/mL 的澄清 DMSO 储备液加到 900 μL 20% 的 SBE-β-CD 生理盐水溶液中，混合均匀。</p> <p>3.请依序添加每种溶剂： 10% DMSO →90% corn oil  <b>Solubility:</b> ≥ 2.5 mg/mL (2.61 mM); Clear solution  此方案可获得 ≥ 2.5 mg/mL (2.61 mM, 饱和度未知) 的澄清溶液，此方案不适用于实验周期在半个月以上的实验。  以 1 mL 工作液为例，取 100 μL 25.0 mg/mL 的澄清 DMSO 储备液加到 900 μL 玉米油中，混合均匀。</p>
<b>References</b>	<p>[1]. Gu J, et al. Pharmacokinetics and pharmacodynamics of LCZ696, a novel dual-acting angiotensin receptor-neprilysin inhibitor (ARNi). <i>J Clin Pharmacol.</i> 2010 Apr;50(4):401-14.</p> <p>[2]. von Lueder TG, et al. Angiotensin receptor neprilysin inhibitor LCZ696 attenuates cardiac remodeling and dysfunction after myocardial infarction by reducing cardiac fibrosis and hypertrophy. <i>Circ Heart Fail.</i> 2015 Jan;8(1):71-8.</p> <p>[3]. Huo H, et al. Erastin Disrupts Mitochondrial Permeability Transition Pore (mPTP) and Induces Apoptotic Death of Colorectal Cancer Cells. <i>PLoS One.</i> 2016 May 12;11(5):e0154605.</p> <p>[4]. Ge Q, et al. Feature article: LCZ696, an angiotensin receptor-neprilysin inhibitor, ameliorates diabetic cardiomyopathy by inhibiting inflammation, oxidative stress and apoptosis. <i>Exp Biol Med (Maywood).</i> 2019 Sep;244(12):1028-1039.</p>