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产品名称: **Entacapone**  
产品别名: 恩他卡朋

生物活性:																					
Description	Entacapone is a specific, potent, peripherally acting catechol-O-methyltransferase (COMT) inhibitor with IC50 of 151 nM for PD treatment. IC50 Value: 151 nM Target: COMT in vitro: Entacapone inhibits catechol-O-methyltransferase(COMT) with similar IC50 in different tissues including live, duodenum, kidney and lung, but entacapone is more active than tolcapone in those tissues. Entacapone (< 100 μM) is a potent inhibitor of α-syn and β-amyloid (Aβ) oligomerization and fibrillogenesis, and also protects against extracellular toxicity induced by the aggregation of both proteins in PC12 cells. in vivo: Levodopa/carbidopa/entacapone has been shown to improve the pharmacokinetic profile of levodopa and provide superior symptomatic control compared with conventional levodopa/dopa decarboxylase inhibitor therapy. We report four case histories describing clinical experience of using levodopa/carbidopa/entacapone 200/50/200 mg, one of the latest doses of this formulation, in a range of patients with Parkinson's disease. These cases illustrate that levodopa/carbidopa/entacapone 200/50/200 mg provides improvements in symptomatic control. Clinical trial: The combination product carbidopa/levodopa/entacapone (CLE) was approved in 2003 for the treatment of PD patients.																				
	<p><b>In Vitro:</b></p> <p><b>DMSO : 33.33 mg/mL (109.17 mM; Need ultrasonic)</b></p> <p><b>H<sub>2</sub>O : 2 mg/mL (6.55 mM; ultrasonic and adjust pH to 10 with NaOH)</b></p> <table><tr><td rowspan="4">Preparing Stock Solutions</td><td rowspan="2">Solvent / Mass Concentration</td><td>1 mg</td><td>5 mg</td><td>10 mg</td></tr><tr><td>1 mM</td><td>3.2756 mL</td><td>16.3779 mL</td><td>32.7557 mL</td></tr><tr><td rowspan="2">5 mM</td><td>0.6551 mL</td><td>3.2756 mL</td><td>6.5511 mL</td></tr><tr><td>10 mM</td><td>0.3276 mL</td><td>1.6378 mL</td><td>3.2756 mL</td></tr></table> <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℃, 6 months; -20℃, 1 month。 -80℃ 储存时，请在 6 个月内使用， -20℃ 储存时，请在 1 个月内使用。</p> <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 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</p> <p>Solubility: ≥ 2.5 mg/mL (8.19 mM); Clear solution</p> <p>此方案可获得 ≥ 2.5 mg/mL (8.19 mM, 饱和度未知) 的澄清溶液。</p> <p>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>					Preparing Stock Solutions	Solvent / Mass Concentration	1 mg	5 mg	10 mg	1 mM	3.2756 mL	16.3779 mL	32.7557 mL	5 mM	0.6551 mL	3.2756 mL	6.5511 mL	10 mM	0.3276 mL	1.6378 mL
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		1 mM	3.2756 mL	16.3779 mL	32.7557 mL																
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Solvent&Solubility																					



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	<p>2.请依序添加每种溶剂: 10% DMSO→ 90% (20% SBE-β-CD in saline)</p> <p>Solubility: ≥ 2.5 mg/mL (8.19 mM); Clear solution</p> <p>此方案可获得 ≥ 2.5 mg/mL (8.19 mM, 饱和度未知) 的澄清溶液。</p> <p>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</p> <p>Solubility: 2.5 mg/mL (8.19 mM); Clear solution; Need warming</p> <p>此方案可获得 2.5 mg/mL (8.19 mM)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。</p> <p>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>
References	<p>[1]. Piccini P, Brooks DJ, Korpela K, The catechol-O-methyltransferase(COMT) inhibitor entacapone enhances the pharmacokinetic and clinical response to Sinemet CR in Parkinson's disease. J Neurol Neurosurg Psychiatry. 2000 May;68(5):589-94.</p> <p>[2]. Di Giovanni S, Eleuteri S, Paleologou KE, Entacapone and tolcapone, two catechol O-methyltransferase inhibitors, block fibril formation of alpha-synuclein and beta-amyloid and protect against amyloid-induced toxicity. J Biol Chem. 2010 May 14;285(20):14941-54.</p> <p>[3]. Sethi KD, Hauser RA, Isaacson SH, Levodopa/carbidopa/entacapone 200/50/200 mg (Stalevo 200) in the treatment of Parkinson's disease: a case series. Cases J. 2009 Jul 30;2:7134.</p> <p>[4]. Pouloupoulos M, Waters C. Carbidopa/levodopa/entacapone: the evidence for its place in the treatment of Parkinson's disease. Core Evid. 2010 Jul 27;5:1-10.</p>

源叶生物