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产品名称: **Lazertinib**
CAS 号: **1903008-80-9**
产品货号: **T19229**

生物活性:

Description	Lazertinib (GNS-1480) is an orally active, blood-brain barrier permeable third-generation EGFR tyrosine kinase inhibitor, as well as an ABCB1/ABCG2 inhibitor and a TRPA1 activator. Lazertinib exhibits IC50 values of 0.4 mM and 0.2 mM against human ABCB1 and ABCG2, respectively. By inhibiting mutant EGFR signaling, EGFR phosphorylation and the downstream ERK/AKT pathway, as well as upregulating surface expression of EGFR/MET, Lazertinib induces cell cycle arrest, apoptosis, spontaneous calcium responses, hyperexcitability of dorsal root ganglion (DRG) neurons, and TRPA1-dependent pain-like behaviors. Lazertinib competitively binds to the substrate-binding sites of ABCB1/ABCG2, stimulates their ATPase activity without altering their expression or plasma membrane localization, thereby enhancing ADCC activity, acting as a chemosensitizer, and reversing ABCB1-mediated multidrug resistance. It exerts antitumor activity as a single agent or in combination with other drugs. Lazertinib is applicable to research related to non-small cell lung cancer, multidrug-resistant cancers, and paresthesia[1][2][3][4].								
IC50 & Target	EGFR T790M TRPA1								
In Vitro	Lazertinib (0.1-1000 nM; 3 d) 可抑制表达多种罕见 EGFR 突变的 Ba/F3 细胞的活力, 其 IC50 值范围为 3.5 nM 至 108.3 nM[1]。 Lazertinib (10 nM (YUO-139 PDOs); 100 nM (YU-1092 PDCs); 72 h) 可在处理 72 小时后上调 EGFR G719S 突变型 YUO-139 患者来源类器官与 EGFR L861Q 突变型 YU-1092 患者来源细胞表面的 EGFR 表达[1]。 Lazertinib (0.001-10 μM; 72 h) 可在孵育 72 h 后抑制 EGFR 突变型非小细胞肺癌 (NSCLC) 细胞系的活力[2]。 Lazertinib (0.01-3.0 μM; 7 d, 每 72 h 换液 1 次) 可在 7 天内以浓度依赖的方式抑制 PC-9 EGFR 突变型 NSCLC 细胞的长期增殖, 但在测试浓度下无法实现完全的生长抑制[2]。 Lazertinib (100 nM; 4 h; 72 h) 抑制 PC-9 和 HCC4011 EGFR 突变型 NSCLC 细胞中 EGFR、ERK 和 AKT 的磷酸化, 但到 72 h 时, 其对 ERK 和 AKT 的抑制作用消失[2]。 Lazertinib (100 nM; 48 h) 可在 PC-9、HCC4011 和 H1975 EGFR 突变型非小细胞肺癌细胞中上调抗凋亡蛋白 MCL-1 的表达[2]。 Lazertinib (100 μM; 72 h) 在药物敏感的亲本癌细胞系 (HepG2、KB、S1、HEK293/Vector) 及其过表达 ABCB1 或 ABCG2 的多药耐药 (MDR) 亚系中表现出等效的细胞毒性, 分别降低 Vincristine、Doxorubicin、Mitoxantrone、Topotecan 的 IC50, 但对 Cisplatin 无显著影响[3]。 Lazertinib (0.1-1 μM; 24 h) 不会引起原代培养的成年小鼠腰 3、4、5 背根神经节 (DRG) 神经元发生神经突碎裂[4]。 Cell Viability Assay[1] <table><tr><td>Cell Line:</td><td>Ba/F3 cells expressing EGFR G719S, S768I, G719A/S768I, L861Q, G719S/S768I, and S768I/L858R uncommon mutations</td></tr><tr><td>Concentration:</td><td>0.1-1000 nM</td></tr><tr><td>Incubation Time:</td><td>3 d</td></tr><tr><td>Result:</td><td>Inhibited cell viability with an IC50 of 3.5 nM in EGFR G719S Ba/F3 cells. Inhibited cell viability with an IC50 of 108.3 nM in EGFR S768I Ba/F3 cells. Inhibited cell viability with an IC50 of 36.8 nM in EGFR G719A/S768I Ba/F3 cells. Inhibited cell viability with an IC50 of 13.9 nM in EGFR L861Q Ba/F3 cells. Inhibited cell viability with an IC50 of 21.9</td></tr></table>	Cell Line:	Ba/F3 cells expressing EGFR G719S, S768I, G719A/S768I, L861Q, G719S/S768I, and S768I/L858R uncommon mutations	Concentration:	0.1-1000 nM	Incubation Time:	3 d	Result:	Inhibited cell viability with an IC50 of 3.5 nM in EGFR G719S Ba/F3 cells. Inhibited cell viability with an IC50 of 108.3 nM in EGFR S768I Ba/F3 cells. Inhibited cell viability with an IC50 of 36.8 nM in EGFR G719A/S768I Ba/F3 cells. Inhibited cell viability with an IC50 of 13.9 nM in EGFR L861Q Ba/F3 cells. Inhibited cell viability with an IC50 of 21.9
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	nM in EGFR G719S/S768I Ba/F3 cells. Inhibited cell viability with an IC ₅₀ of 7.2 nM in EGFR S768I/L858R Ba/F3 cells.	
	Cell Viability Assay[2]	
	Cell Line:	PC-9, HCC4011, H1975, PC-9GXR, KPP-03, HCC827, HCC4006 (EGFR-mutant non-small cell lung cancer cell lines)
	Concentration:	0.001-10 μ M
	Incubation Time:	72 h
	Result:	Inhibited cell viability in all seven cell lines, with IC ₅₀ values: PC-9: 0.103 μ M; HCC4011: 0.161 μ M; H1975: 4.074 μ M; PC-9GXR: 1.379 μ M; KPP-03: >10.0 μ M; HCC827: <0.001 μ M; HCC4006: 0.002 μ M. Showed highest sensitivity in HCC827 and HCC4006, and lowest sensitivity in KPP-03.
	Cell Viability Assay[3]	
	Cell Line:	ABCB1-overexpressing MDR cells (KBv200, HepG2/adr, HEK293/ABCB1), ABCG2-overexpressing MDR cells (S1-M1-80, HEK293/ABCG2), and their parental sensitive cells
	Concentration:	0.0625-0.25 μ M
	Incubation Time:	3 d
	Result:	Reduced the IC ₅₀ of vincristine (HY-N0488A) by up to 25.21-fold, doxorubicin (HY-15142A) by up to 14.82-fold, and paclitaxel by up to 15.90-fold in ABCB1-overexpressing cells. Reduced the IC ₅₀ of mitoxantrone (HY-13502) by up to 8.97-fold and topotecan (HY-13768) by up to 11.94-fold in ABCG2-overexpressing cells. Did not significantly alter the IC ₅₀ values of substrate drugs in parental sensitive cells, or the IC ₅₀ of non-substrate cisplatin (HY-17394) in either sensitive or MDR cells.
In Vivo	Lazertinib (10 mg/kg; 口服; 每日一次; 27-29 天) 分别在非小细胞肺癌的 Ba/F3 EGFRG719S 和 YUO-139 EGFRG719S 异种移植模型中实现 26.3%、141% 的肿瘤生长抑制[1]。	
	Lazertinib (10 mg/kg; 口服; 每日一次; 连续 19 天) 无法抑制 Gefitinib 耐药的 非小细胞肺癌 EGFR L861Q YU-1092 异种移植模型中的肿瘤生长[1]。	
	Lazertinib (10 mg/kg; 口服; 每日一次; 持续至第 29 天) 可在 EGFR-TKI 耐药的 非小细胞肺癌 YHIM-1008 EGFRG719C/S768I 异种移植模型中诱导肿瘤初始消退, 但无法实现持久控制[1]。	
	Lazertinib (3 mg/kg; 每日; 连续 31 天) 在 PC-9 CDX 肿瘤中可产生短暂的抗肿瘤活性, 肿瘤在治疗开始后 3 周内即出现复发生长[2]。	
	Lazertinib (10 mg/kg; 口服; 每 3 天 1 次; 共 6 次) 无法降低 ABCB1 过表达的 HepG2/adr 移植瘤的生长, 但与 Doxorubicin 联用时, 可有效逆转 ABCB1 介导的多药耐药性, 显著降低肿瘤体积与重量, 且未观察到毒性[3]。	
	Lazertinib (1 mM, 20 μ L; 足底注射; 单次) 可在雄性 C57BL/6J 小鼠中诱导 TRPA1 依赖性的类痛行为, 15 分钟内的平均舔咬时长为 58.91 seconds[4]。	
	Animal Model:	nu/nu mice (6-week-old female)[1]
	Dosage:	10 mg/kg
	Administration:	p.o.; daily; 29 days
	Result:	Induced a 141% tumor growth inhibition (TGI). Showed less durable



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	responses than the lazertinib-amivantamab combination, with tumor regrowth observed in a subset of treated mice after treatment discontinuation.	
	Animal Model:	Athymic nude mice (4-6 weeks old, 16-20 g, subcutaneous inoculation with ABCB1-overexpressing HepG2/adr cells)[3]
	Dosage:	10 mg/kg (monotherapy); 10 mg/kg (combination with doxorubicin)
	Administration:	p.o.; q3d; 6 doses
	Result:	Did not reduce tumor volume or weight relative to saline control (monotherapy). Produced a remarkable decrease in tumor volume and tumor weight relative to saline group and doxorubicin-alone group (combination with doxorubicin). Showed no obvious changes in mouse body weight, indicating good tolerability (monotherapy and combination groups).
	Animal Model:	C57BL/6J mice (5- to 6-week-old, male)[4]
	Dosage:	1 mM, 20 μ L
	Administration:	intraplantar; single dose
	Result:	Increased average licking/biting time to 58.91 seconds over 15 minutes, compared to 6.832 seconds in vehicle-treated mice. Reduced total licking/biting time to 46.11 seconds when preinjected with TRPA1 antagonist HC-030031, compared to 105.6 seconds in vehicle-preinjected group.
Solvent&Solubility	细胞实验: DMSO 中的溶解度 : 3.33 mg/mL (6.00 mM); 超声助溶 (<60°C); 吸湿的 DMSO 对产品的溶解度有显著影响, 请使用新开封的 DMSO)	
	* 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, 2 years; -20°C, 1 year。 -80°C 储存时, 请在 2 年内使用, -20°C 储存时, 请在 1 年内使用。 动物实验: 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: ——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 方案 一 请依序添加每种溶剂: 10% DMSO → 40% PEG300 → 5% Tween-80 → 45% Saline Solubility: $\geq$ 0.9 mg/mL (1.62 mM); 澄清溶液	



	此方案可获得 $\geq 0.9 \text{ mg/mL}$ (饱和度未知) 的澄清溶液。 以 1 mL 工作液为例, 取 100 μL 9.0 mg/mL 的澄清 DMSO 储备液加到 400 μL PEG300 中, 混合均匀; 再向上述体系中加入 50 μL Tween-80, 混合均匀; 然后再继续加入 450 μL 生理盐水 定容至 1 mL。 生理盐水的配制: 将 0.9 g 氯化钠, 溶解于 ddH₂O 并定容至 100 mL, 可以得到澄清透明的生理盐水溶液。 方案 二 请依序添加每种溶剂: 10% DMSO $\rightarrow$ 90% (20% SBE-β-CD in Saline) Solubility: $\geq 0.9 \text{ mg/mL}$ (1.62 mM); 澄清溶液 此方案可获得 $\geq 0.9 \text{ mg/mL}$ (饱和度未知) 的澄清溶液。 以 1 mL 工作液为例, 取 100 μL 9.0 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。 2 g SBE-β-CD (磺丁基醚 β-环糊精) 粉末定容于 10 mL 的生理盐水中, 完全溶解至澄清透明。 方案 三 请依序添加每种溶剂: 10% DMSO $\rightarrow$ 90% Corn Oil Solubility: $\geq 0.9 \text{ mg/mL}$ (1.62 mM); 澄清溶液 此方案可获得 $\geq 0.9 \text{ mg/mL}$ (饱和度未知) 的澄清溶液, 此方案实验周期在半个月以上的动物实验酌情使用。 以 1 mL 工作液为例, 取 100 μL 9.0 mg/mL 的澄清 DMSO 储备液加到 900 μL 玉米油中, 混合均匀。
参考文献	[1]. Oh SY, et al. The potential of lazertinib and amivantamab combination therapy as a treatment strategy for uncommon EGFR-mutated NSCLC. Cell Rep Med. 2025;6(2):101929. [2]. Matsui Y, et al. Initial AXL and MCL-1 inhibition contributes to abolishing lazertinib tolerance in EGFR-mutant lung cancer cells. Cancer Sci. 2024;115(10):3333-3345. [3]. Fan Y, et al. Lazertinib improves the efficacy of chemotherapeutic drugs in ABCB1 or ABCG2 overexpression cancer cells in vitro, in vivo, and ex vivo[J]. Molecular Therapy-Oncolytics, 2022, 24: 636-649. [4]. Kim H, et al. EGFR Tyrosine Kinase Inhibitor Lazertinib Activates a Subset of Mouse Sensory Neurons Via TRPA1. J Pain. 2024;25(5):104435.