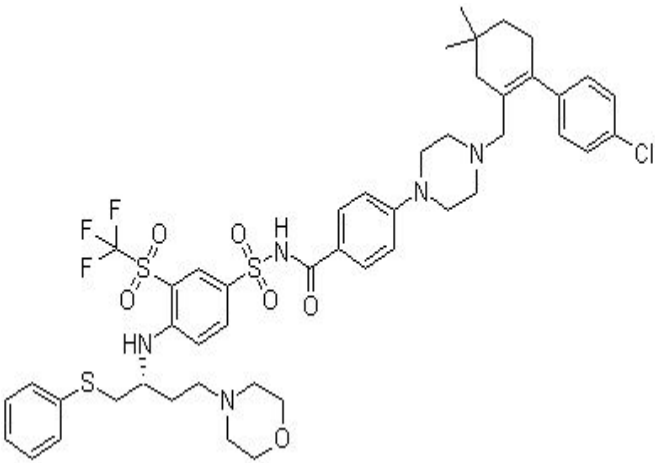


## Product Introduction

### ABT-263 (Navitoclax)

ABT-263 (Navitoclax) is a potent inhibitor of **Bcl-xL**, **Bcl-2** and **Bcl-w** with  $K_i$  of  $\leq 0.5$  nM,  $\leq 1$  nM and  $\leq 1$  nM, but binds more weakly to Mcl-1 and A1. Phase 1/2.

#### Technical Data:

<b>Molecular Weight (MW):</b>	974.61	
<b>Formula:</b>	C <sub>47</sub> H <sub>55</sub> ClF <sub>3</sub> N <sub>5</sub> O <sub>6</sub> S <sub>3</sub>	
<b>Solubility (25°C)</b>	DMSO 100 mg/mL	
<b>* &lt;1 mg/ml means slightly soluble or insoluble:</b>	Water <1 mg/mL	
	Ethanol <1 mg/mL	
<b>Purity:</b>	>98%	
<b>Storage:</b>	3 years -20°C Powder	
	6 months -80°C in DMSO	
<b>CAS No.:</b>	923564-51-6	

#### Biological Activity

ABT-263 is structurally related to ABT-737; it is a disruptor of Bcl-2/Bcl-xL interactions with pro-apoptotic proteins. Overexpression of the prosurvival Bcl-2 family members is commonly associated with tumor maintenance, progression, and chemoresistance. [1] ABT-263 displays the protection afforded by overexpression of Bcl-2 or Bcl-xL with EC<sub>50</sub> values of 60 nM and 20 nM, respectively. [1] A wide range of cellular activity is observed with ABT-263 having a 50% growth inhibition (EC<sub>50</sub>) of 110 nM against the most sensitive line (H146), whereas its activity in the least sensitive line (H82) results in an EC<sub>50</sub> at 22  $\mu$ M.

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All four cell lines with EC50 values of <400 nM (H146, H889, H1963, and H1417) are also highly sensitive to ABT-737, and the two most resistant lines (H1048 and H82) are similarly resistant to ABT-263. [2] When ABT-263 is administered at 100 mg/kg/day in the H345 xenograft model, significant antitumor efficacy is observed with 80% TGI and 20% of treated tumors indicating at least a 50% reduction in tumor volume. [2] Oral administration of ABT-263 alone causes complete tumor regressions in xenograft models of small-cell lung cancer and acute lymphoblastic leukemia. In xenograft models of aggressive B-cell lymphoma and multiple myeloma where ABT-263 displays modest or no single agent activity, it significantly enhances the efficacy of clinically relevant therapeutic regimens. [2]

## References

- [1] Tse C, et al. Cancer Res. 2008, 68(9), 3421-3428.
- [2] Shoemaker AR, et al. Clin Cancer Res, 2008, 14(11), 3268-3277.



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