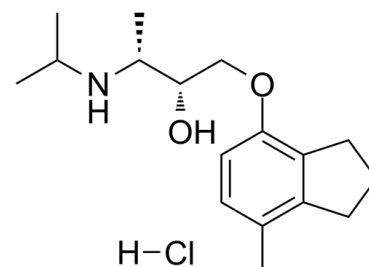


## Data Sheet

<b>Product Name:</b>	ICI 118,551 (hydrochloride)
<b>Cat. No.:</b>	CS-1690
<b>CAS No.:</b>	72795-01-8
<b>Molecular Formula:</b>	C <sub>17</sub> H <sub>28</sub> ClNO <sub>2</sub>
<b>Molecular Weight:</b>	313.86
<b>Target:</b>	Adrenergic Receptor
<b>Pathway:</b>	GPCR/G Protein; Neuronal Signaling
<b>Solubility:</b>	H <sub>2</sub> O : 12.5 mg/mL (39.83 mM; Need ultrasonic); DMSO : 25 mg/mL (79.65 mM; Need ultrasonic)



### BIOLOGICAL ACTIVITY:

ICI 118,551 (hydrochloride) is a highly selective **β<sub>2</sub> adrenergic receptor** antagonist, with *K<sub>s</sub>* of 0.7, 49.5 and 611 nM for β<sub>2</sub>, β<sub>1</sub> and β<sub>3</sub> receptors, respectively. IC<sub>50</sub> & Target: *K<sub>i</sub>*: 0.7nM (β<sub>2</sub> receptor), 49.5 nM (β<sub>1</sub> receptor), 611 nM (β<sub>3</sub> receptor)<sup>[4]</sup> **In Vitro:** ICI 118551 inhibits cAMP accumulation with IC<sub>50</sub> of 1.7 μM in IMCD cells<sup>[1]</sup>. ICI 118551 (10 μM) induces a prominent vasorelaxation of norepinephrine (NE)-precontracted PA but not AO<sup>[2]</sup>. In failing human heart, ICI 118551 has significant effects on beat duration, with time-to-peak contraction and time-to-90% relaxation reduced compared with basal contraction. Negative Inotropic Effect of ICI 118551 Is Not cAMP-Related. Overexpression of β<sub>2</sub>AR in rabbit myocytes enhances negative inotropic effects of ICI 118551<sup>[3]</sup>. **In Vivo:** ICI 118551 (0.2 mg/kg) injected into the jugular vein of the mice, reduces systolic pressure in the pulmonary circuit but not systemic arterial pressure<sup>[2]</sup>.

### PROTOCOL (Extracted from published papers and Only for reference)

**Kinase Assay:** <sup>[1]</sup>One hour prior to assay, the growth media are removed from the wells and replaced with 50 μL of Hanks'balanced salt solution that also contained 0.5 mM of MgCl<sub>2</sub>•6H<sub>2</sub>O, 0.4 mM of MgSO<sub>4</sub>•7H<sub>2</sub>O, 20 mM of N-2-hydroxyethylpiperazine-N'-2ethanesulfonic acid (HEPES), 1.2 mM of 3-isobutyl-1-methylxanthine (IBMX), 0.95 mM of CaCl<sub>2</sub>, and 0.05% of BSA. Each plate is placed in a 37°C shaking water bath for dose-response studies. In one study, various doses of isoproterenol (10<sup>-9</sup>-10<sup>-5</sup> M) and β<sub>1</sub>- and β<sub>2</sub>-receptor-selective partial agonists (tazolol, prenalterol, salbutamol, and terbutaline, 10<sup>-6</sup> and 10<sup>-5</sup> M, respectively) are added (5 wells/dose/plate) and incubated for 10 min. In another study, the cells are stimulated with 10 μM isoproterenol in the presence or absence of various doses of β-adrenoceptor antagonists. The incubations are terminated after 10 min by the addition of 100 μL of 10% trichloroacetic acid (TCA) (final TCA concentration of 5%). TCA is removed twice by extraction with H<sub>2</sub>O-saturated ether, and samples are dried at 80°C overnight, prior to resuspension in 50 mM of sodium acetate buffer. The CAMP content is measured with a radioimmunoassay kit.

### References:

- [1]. Yasuda G, et al. The beta 1- and beta 2-adrenoceptor subtypes in cultured rat inner medullary collecting duct cells. *Am J Physiol.* 1996 Sep;271(3 Pt 2):F762-9.
- [2]. Wenzel D, et al. beta(2)-adrenoceptor antagonist ICI 118,551 decreases pulmonary vascular tone in mice via a G(i/o) protein/nitric oxide-coupled pathway. *Hypertension.* 2009 Jul;54(1):157-63.
- [3]. Gong H, et al. Specific beta(2)AR blocker ICI 118,551 actively decreases contraction through a G(i)-coupled form of the beta(2)AR in myocytes from failing human heart. *Circulation.* 2002 May 28;105(21):2497-503.

[4]. Hoffmann C, et al. Comparative pharmacology of human beta-adrenergic receptor subtypes--characterization of stably transfected receptors in CHO cells. Naunyn Schmiedebergs Arch Pharmacol. 2004 Feb;369(2):151-9.

**CAIndexNames:**

2-Butanol, 1-[(2,3-dihydro-7-methyl-1H-inden-4-yl)oxy]-3-[(1-methylethyl)amino]-, hydrochloride(1:1), (2R,3R)-rel-

**SMILES:**

CC1=C(CCC2)C2=C(OC[C@H](O)[C@@H](C)NC(C)C)C=C1.[H]Cl

**Caution: Product has not been fully validated for medical applications. For research use only.**

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