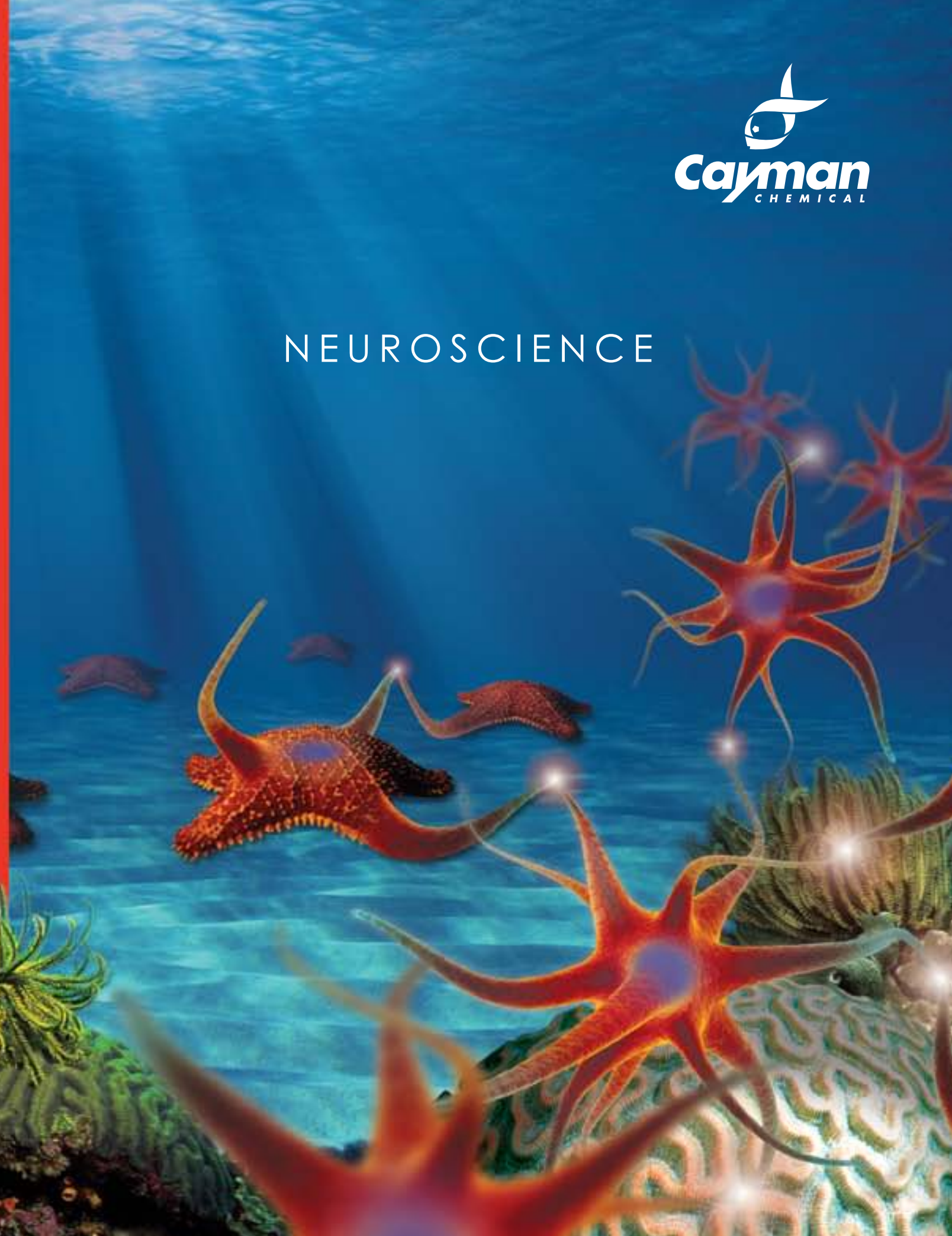




# NEUROSCIENCE



Thomas G. Brock, Ph.D.

Introduction to

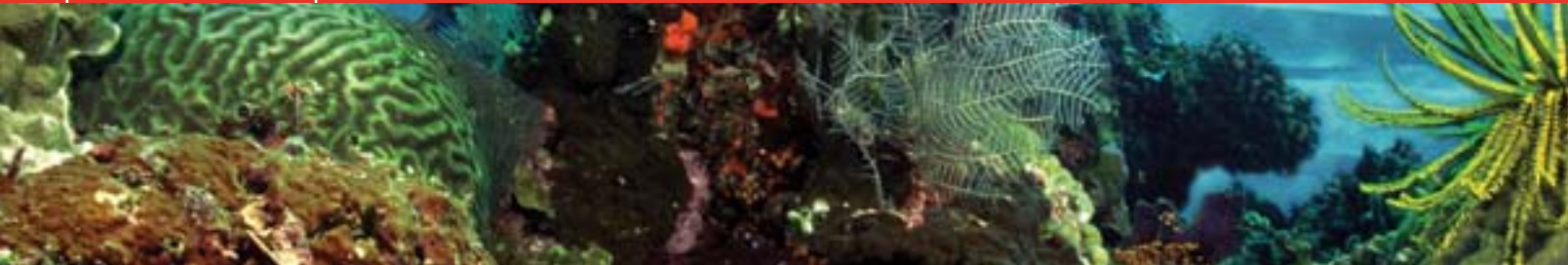
# Neuroscience



In our first Biology classes, we learned that lipids form the membranes around cells. For many students, interests quickly moved to the intracellular constituents ‘that really matter’, or to how cells or systems work in health and disease. If there was further thought about lipids, it might have been limited to more personal issues, like an expanding waistline. It was easy to forget about lipids in the complexities of, say, Alzheimer’s Disease, where tau protein is hyperphosphorylated by a host of kinases before forming neurofibrillary tangles and amyloid precursor protein is processed by assorted secretases, ultimately aggregating to form neurodegenerating plaques. What possible role could lipids have in all this? After all, lipids just form the membranes around cells.

Fortunately, neuroscientists study complex systems. Whether working at the molecular, cellular, or organismal level, the research focus always returns to the intricately interconnected bigger picture. Perhaps surprisingly, lipids keep emerging as part of the bigger picture. At least, the smaller lipids do. Many of the smaller lipids, including the cannabinoids and eicosanoids, act as paracrine hormones, modulating cell functions in a receptor-mediated fashion. In this sense, they are rather like the peptide hormones in their diversity and actions. In the neurosystem, this means that these signaling lipids determine if synapses fire or not, when cells differentiate or die, and whether tissues remain healthy or become inflamed. Returning to the question posed above about lipids in Alzheimer’s, these mediators have roles at many levels in the course of the disease, as presented in an article on page 42 of this catalog. For those interested in a less complex system, consider the role of lipids in brain injury (page 4).

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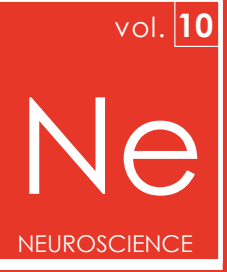
# table of contents

# warranty and limitation of remedy

# ordering information

# abbreviations

- 4 Leukotrienes on the Brain
- 12 Nitric Oxide Contribution in the CNS: a NO brainer
- 20 Modulating the Magic of Natural Cannabinoids
- 32 Multiple Sclerosis and Prostaglandin E<sub>2</sub> Signaling
- 42 Alzheimer's Disease and Arachidonic Acid
- 52 'Spice' Wars
- 59 Index



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Abn-CBD	Abnormal Cannabidiol
AChE	Acetylcholinesterase
AEA	Arachidonoyl Ethanolamide; Anandamide
AG	Arachidonoyl Glycerol
cAMP	Adenosine 3', 5'-cyclic monophosphate
ATP	Adenosine Triphosphate
CB	Cannabinoid
CNS	Central Nervous System
COX	Cyclooxygenase
CSF	Cerebral Spinal Fluid
CYP450	Cytochrome P450
DTNB	5,5'-Dithio-bis-(2-nitrobenzoic acid); Ellmans Reagent
DHA	Docosahexaenoic Acid
endoCB	Endocannabinoid
EIA	Enzyme Immunoassay
EP	Prostaglandin E Receptor
FAAH	Fatty Acid Amide Hydrolase
FABP	Fatty Acid Binding Protein
FW	Formula Weight
GC	Gas Chromatography
GPCR	G Protein-Coupled Receptor
cGMP	Guanosine 3', 5'-cyclic monophosphate
GTP	Guanosine-5'-triphosphate
MCF-7	Human Breast Adenocarcinoma Cell Line
HIV	Human Immunodeficiency Virus
HUVEC	Human Umbilical Vein Endothelial Cells
HPLC	High Pressure Liquid Chromatography
5-HT	5-hydroxy Tryptamine
ICC	Immunocytochemistry
IF	Immunofluorescence
IHC	Immunohistochemistry
IP	Immunoprecipitation
IL	Interleukin
IOP	Intraocular Pressure
IP	Immunoprecipitation
LT	Leukotriene
LC	Liquid Chromatography
LO	Lipoxygenase
LPA	Lysophosphatidic Acid
NMDA	N-Methyl-D-aspartate
MAPK	Mitogen-activated Protein Kinase
MF	Molecular Formula
MAGL	Monoacylglycerol Lipase
MS	Mass Spectrometry
NO	Nitric Oxide
eNOS	Endothelial Nitric Oxide Synthase
iNOS	Inducible Nitric Oxide Synthase
nNOS	Neuronal Nitric Oxide Synthase
OEA	Oleoylethanolamide
PPAR	Peroxisome Proliferator activated Receptor
PEA	Palmitoyl Ethanolamide
cPLA <sub>2</sub>	Calcium-dependent Cytosolic Phospholipase A <sub>2</sub>
iPLA <sub>2</sub>	Calcium-independent Phospholipase A <sub>2</sub>
sPLA <sub>2</sub>	Secretory Phospholipase A <sub>2</sub>
PG	Prostaglandin
PKC	Protein Kinase C
PLD	Phospholipase D
PrP	Prion Protein
PrP <sup>C</sup>	Cellular Prion Protein
PUFA	Polyunsaturated Fatty Acid
SAF	Scrapie Associated Fibrils
Ser	Serine
SOD	Superoxide Dismutase
THC	Tetrahydrocannabinol
Thr	Threonine
TRPV	Transient Receptor Potential Vanilloid
TNF	Tumor Necrosis Factor
VR	Vanilloid Receptor
WB	Western Blot

Thomas G. Brock, Ph.D.

# Leukotrienes on the Brain

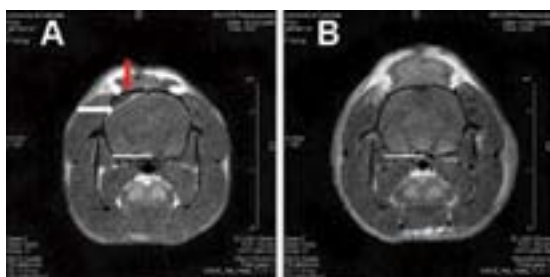
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It's a sure bet that, if you've picked up this catalog and are reading this article, you treasure brain function. Most likely, you wear a helmet when you ski or ride a bike. Perhaps you avoid sports with the potential for concussions, like boxing, football, or hockey. Remarkably, the Center for Disease Control and Prevention reports that the leading cause of traumatic brain injury (TBI) is falls, causing half of all TBIs in children and 61% in the elderly.<sup>1</sup> This means that, in the United States, simply falling and hitting one's head leads to TBI much more often than the second leading cause, motor vehicle accidents (17.3%). Falling, from a bike or a ladder or a step, happens. As preventing TBI is impossible, let's turn our interest to treatments that might limit the damaging consequences of the injury. This article touches on a potential breakthrough in the treatment of TBI.

## The Problem

A pattern has been emerging over recent years. A laceration can be bad, but with early treatment, the consequences of the initial trauma can be limited. Similarly, early intervention is important in minimizing the morbidity and mortality associated with stroke, heart attack, and cancer. So it is with TBI, where even mild injuries initiate a chain of events which expand beyond the initial site of damage, leading to secondary injury consequent to cerebral edema, local ischemia, and disruption of cerebrovascular autoregulation.<sup>2</sup> Of course, secondary injury can increase the loss of cognitive and motor function, augment emotional and behavioral changes, and potentially determine if the victim lives. Immediate treatment following TBI is so important that pre-hospital care has been called the 'first link in the chain of survival'.<sup>3</sup>

An experimental model helps illustrate the problem. Lateral fluid percussion injury (LFPI) is currently the most commonly used experimental model of TBI.<sup>4</sup> Fluid percussion produces brain injury by creating pressure transients that are applied to an intact dural surface through a small craniotomy, resulting in both focal and diffuse cerebral injury.<sup>4</sup> Specifically, after precisely fitting a Luer-Loc hub to a 3 mm cranial opening in the anesthetized rat and allowing for recovery (15-20 hours), the LFPI apparatus is connected, again to the anesthetized animal, and a 20 ms pulse of pressurized fluid is delivered at 2.5 to 3.0 atm to simulate a moderate to severe impact. MRI analysis at 48-72 hours post injury demonstrates the presence of injury-related tissue edema, blood-brain barrier disruption and subdural, intra-parenchymal, and intraventricular hemorrhage (Figure 1).<sup>4</sup> Consequent effects include hippocampal cell loss and persistent neurological dysfunction. The problem becomes recognizing the signaling pathways that are triggered by the injury and developing ways to minimize those with deleterious consequences.

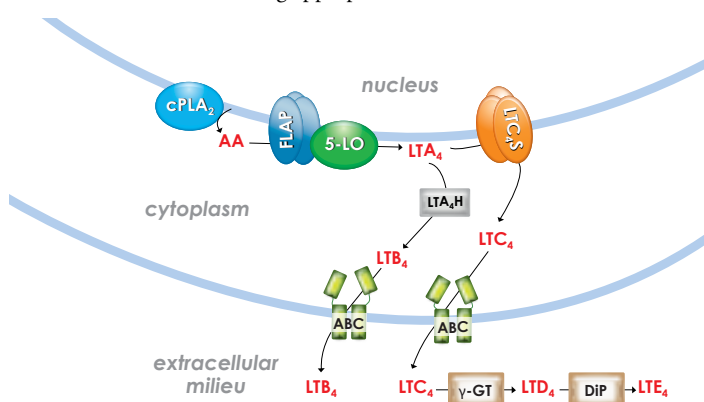


**Figure 1. MRI of TBI**

Sample MRI images 48 hours after moderate to severe FPI (A) and sham injury (B). Representative gadolinium-enhanced T1-weighted images are from a single animal 48 hours after FPI. The approximate injury site and trajectory is marked by the red arrow. In A, the injured hemisphere (as outlined by the white bar) is larger and more distorted in comparison to the contralateral hemisphere in the same image and to the homologous hemisphere in the sham-injured animal (white bar, image B), evidence of injury-related brain edema. Evidence of injury-related blood-brain barrier breakdown and extravasation of intravenous contrast dye can also be seen in image A (white arrow). All images oriented with superior up and left side to the left as viewed. Images courtesy of Lauren Frey, MD.

## Signaling Pathways

Leukotrienes (LT) are chemical messengers that signal from cells of the immune system to essentially all other types of cells in the surrounding tissue. They are produced quickly by activated leukocytes and have very powerful effects over short distances within the body. LTs are biosynthesized from a PUFA, arachidonic acid (AA). Since AA is present in membrane phospholipids, the synthesis of LTs is typically initiated by the release of AA by phospholipases, primarily cytosolic phospholipase A<sub>2</sub> (cPLA<sub>2</sub>) acting at perinuclear membranes (Figure 2). AA is oxygenated by the enzyme 5-lipoxygenase (5-LO) in cooperation with the 5-LO activating protein (FLAP), leading to the production of the intermediate, LTA<sub>4</sub>. LT synthesis is completed by the downstream enzymes LTA<sub>4</sub> hydrolase (LTA<sub>4</sub>H) and LTC<sub>4</sub> synthase (LTC<sub>4</sub>S), which produce LTB<sub>4</sub> and LTC<sub>4</sub>, respectively. LTC<sub>4</sub> is produced by the attachment of glutathione to LTA<sub>4</sub>, by a sulfide linkage involving the central cysteine residue of glutathione. Both LTs appear to be actively exported from cells through ATP-binding cassette (ABC) transporters. Following the export of LTC<sub>4</sub> from the cell, glutamate may be removed by  $\gamma$ -glutamyl transferase ( $\gamma$ -GT) to produce LTD<sub>4</sub>, which in turn may lose glycine, through dipeptidase (DiP) action, to yield LTE<sub>4</sub>. LTC<sub>4</sub>, LTD<sub>4</sub>, and LTE<sub>4</sub> are known collectively as 'cysteinyl LTs', as they, but not LTB<sub>4</sub>, have cysteine linked to AA. As no new gene expression or protein translation is necessary, LT generation occurs in a matter of minutes following appropriate stimulation.

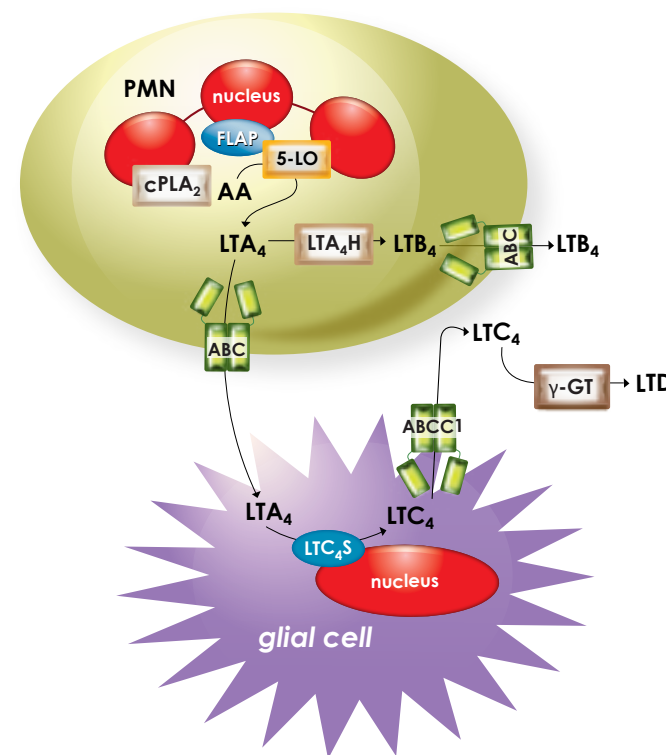


**Figure 2. Synthesis of LTs.** The synthesis of LTs begins by the release of AA from perinuclear membranes by cPLA<sub>2</sub>. Both LTB<sub>4</sub> and LTC<sub>4</sub> are secreted from the cell, where LTC<sub>4</sub> is further metabolized to produce LTD<sub>4</sub> and LTE<sub>4</sub>.

LTB<sub>4</sub> is a potent chemoattractant and activator of leukocytes. As it is produced by leukocytes activated at a point of conflict in the body and recruits and activates additional leukocytes (which, in turn, produce more LTB<sub>4</sub>), it rapidly amplifies the inflammatory response. The cysteinyl LTs, on the other hand, primarily promote smooth muscle constriction and alter endothelial cells to produce vascular leak of plasma into tissues, resulting in edema. There have been few studies clarifying the roles of LTB<sub>4</sub> and the cysteinyl LTs in the brain. Interestingly, receptors for cysteinyl LTs are abundant in the human brain.<sup>5</sup>

An important process in LT production is cooperative synthesis between neighboring cells. As examples, one cell may donate the substrate AA or the intermediate LTA<sub>4</sub> to another cell, which then continues synthesis with resident enzymes. By this 'transcellular synthesis', numerous cells can provide AA to the leukocytes, which have a virtual monopoly on the key enzyme, 5-LO. Furthermore, leukocytes can disperse LTA<sub>4</sub> to neighboring cells, which might preferably express one of the downstream enzymes (e.g., LTC<sub>4</sub> synthase), leading to the skewed production of one type of

LT. For example, astrocytes, glia and neuronal cells in general produce, by themselves, little LT, since they lack 5-LO.<sup>6,7</sup> Neutrophils, alone, synthesize primarily LTB<sub>4</sub>. However, when neutrophils are co-cultured with either glia or neurons, LTC<sub>4</sub> and LTD<sub>4</sub>, as well as LTB<sub>4</sub>, are generated (Figure 3).<sup>6</sup> In these situations, neutrophils pass LTA<sub>4</sub> to the glia and neurons, which express both LTC<sub>4</sub> synthase and  $\gamma$ -GT, and can thus continue the processing of LTA<sub>4</sub> to cysteinyl LTs. This presents the possibility that neutrophils that have breached the blood-brain barrier can lead to the immediate synthesis of LTB<sub>4</sub> and cysteinyl LTs in their immediate vicinity.



**Figure 3. Transcellular LT synthesis.** Polymorphonuclear (PMN) cells, or neutrophils, can synthesize LTA<sub>4</sub> and donate it to glial cells and neurons, which can then use it to produce LTC<sub>4</sub>. Such 'transcellular metabolism' of LTs becomes possible when PMNs move from the circulation into the brain following TBI.

## The Solution

The synthesis of LTs begins shortly after TBI. Whereas LTs are not detectable in brain tissue of naïve rats, significantly increased levels of LTC<sub>4</sub> and LTD<sub>4</sub> are detected 10 minutes after LFPI and continue to rise until an hour after injury.<sup>8,9</sup> A similar time course of increase in cysteinyl LT levels is found in cerebral spinal fluid after controlled cortical impact injury in rats.<sup>10</sup> Following LFPI, a subtle increase in LTC<sub>4</sub> levels is also observed in the contralateral hemisphere 30 minutes after injury. Pretreatment of animals with the neutropenic agent vinblastine results in a profound decrease in circulating neutrophils and a significant drop in LT levels following LFPI,<sup>9</sup> implicating a role for injury-related extravasation of circulating neutrophils in LT generation, presumably by transcellular synthesis as described above. The rise in LTs precedes a pronounced edema in the ipsilateral cortex and a smaller but significant vascular leak in the contralateral cortex.<sup>8</sup>

Brain edema leading to an expansion of brain volume has a crucial impact on morbidity and mortality following TBI, as it increases intracranial

pressure, impairs cerebral perfusion and oxygenation, and contributes to additional ischemic injuries.<sup>11</sup> As cysteinyl LTs are known to cause edema, the direct inhibition of their synthesis might be expected to reduce edema and prevent damage that is secondary to TBI. MK-886 is an inhibitor of FLAP that potently prevents the synthesis of all LTs at the first step of AA metabolism. Importantly, FLAP inhibitors have recently undergone Phase 1 trials in healthy volunteers and were demonstrated as safe and well-tolerated at doses that block LT production. In the LFPI model, MK-886 pretreatment inhibits LTC<sub>4</sub> synthesis in both hemispheres.<sup>9</sup> Furthermore, MK-886 significantly reduces the volume of damaged tissue, as assessed by staining with 2,3,5-triphenyltetrazolium chloride 72 hours after injury.<sup>9</sup> Also, pretreatment with MK-886 showed a trend toward mitigating neurological deficits, as assessed by the cylinder test for forelimb use.<sup>9</sup> These results strongly suggest that FLAP inhibitors may be useful in reducing edema, as well as secondary damage, following TBI.

As described above, the cysteinyl LTs, but not LTB<sub>4</sub>, promote vascular leak, suggesting that the specific blockade of the cysteinyl LTs might be a more direct way to block edema following TBI. Montelukast, a cysteinyl LT receptor-1 antagonist, significantly reduces edema after focal cerebral ischemia,<sup>12</sup> but is less effective in preventing edema following TBI.<sup>13</sup> This might reflect the importance of LTB<sub>4</sub> in TBI at the site of injury: LTB<sub>4</sub> promotes the recruitment and activation of neutrophils, which in turn augment the production of cysteinyl LTs by providing LTA<sub>4</sub> to glia and neurons. By preventing LTB<sub>4</sub> synthesis as well as the production of cysteinyl LTs, FLAP inhibitors provide a benefit that is lacking in cysteinyl LT blockers.

## Applications

Some causes of trauma, including falling and motor vehicle incidents, cannot be anticipated, so FLAP blockers can only be provided following injury. The lead scientist on the MK-886 study, Dr. Kim Heidenreich of the University of Colorado, suggests that the effectiveness of FLAP inhibitors after TBI will be a critical question. "If FLAP inhibitors can be given 15 to 30 minutes after injury and still block edema in the brain, then perhaps these compounds will be very useful in a variety of settings", says Dr. Heidenreich. Importantly, montelukast reduces edema when given either 30 minutes before or 30 minutes after focal cerebral ischemia.<sup>11</sup> Certainly, FLAP inhibitors may be used prophylactically in sports where concussions may be expected. Intriguingly, mild TBI is common in war: recent studies found that more than 12-15% of U.S. soldiers serving in Iraq reported injuries with loss of consciousness or altered mental status ("dazed, confused, or seeing stars").<sup>14,15</sup> Causes included blasts, commonly from improvised explosive devices, vehicle crashes, and falls. Combat TBI is strongly correlated with persistent post-concussive symptoms, post-traumatic stress disorder, and physical health problems.<sup>14,15</sup> Perhaps FLAP inhibitors, taken daily, can minimize some of the consequences of TBI associated with war. In short, whether brain injury is initiated by a slip on the ice, a devastating RPG blast, or a thunderous hit from Junior Seau, a single treatment may limit the damage: FLAP blockers.

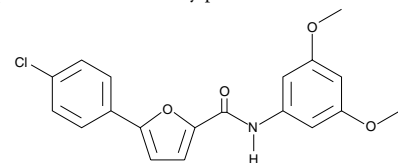
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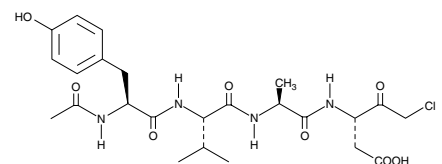
**MF:** C<sub>19</sub>H<sub>16</sub>ClNO<sub>4</sub> **FW:** 357.8 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A sodium channel blocker with high-affinity and selectivity for inhibiting human Na<sub>v</sub>1.8 sodium channels (IC<sub>50</sub> = 8 nM when stimulated at half-maximal inactivation and IC<sub>50</sub> = 79 nM at a resting state); dose dependently reduces behavioral responses in a variety of neuropathic and inflammatory pain models5 mg  
10 mg  
50 mg  
100 mg

5-(4-chlorophenyl)-N-(3,5-dimethoxyphenyl)-2-furancarboxamide

## N-Ac-Tyr-Val-Ala-Asp-CMK

10014

[178603-78-6] Ac-YVAD-CMK

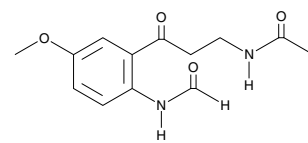
**MF:** C<sub>24</sub>H<sub>33</sub>ClN<sub>4</sub>O<sub>8</sub> **FW:** 541.0 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A selective, irreversible inhibitor of IL-1β converting enzyme (ICE, Caspase-1); neuroprotective in a rat model of cerebral ischemia1 mg  
5 mg  
10 mg  
25 mg

N-acetyl-L-tyrosyl-L-valyl-N-[(1S)-1-(carboxymethyl)-3-chloro-2-oxo-propyl]-L-alaninamide

## AFMK

10005254

[52450-38-1]

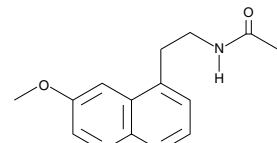
**MF:** C<sub>13</sub>H<sub>16</sub>N<sub>2</sub>O<sub>4</sub> **FW:** 264.3 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A melatonin metabolite first identified in rat brain that has antioxidant and free radical scavenging activities in several experimental models; may be measured in plasma as an index of melatonin synthesis and metabolism1 mg  
5 mg  
10 mg  
50 mg

N-[3-[2-(formylamino)-5-methoxyphenyl]-3-oxopropyl]-acetamide

## Agomelatine

13203

[138112-76-2] Valdoxan®

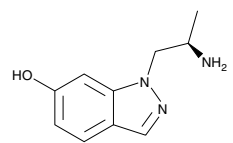
**MF:** C<sub>15</sub>H<sub>17</sub>NO<sub>2</sub> **FW:** 243.3 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A melatonin receptor MT<sub>1</sub> and MT<sub>2</sub> agonist and competitive antagonist of human and porcine 5-HT<sub>2C</sub> receptors (pK<sub>i</sub> = 6.2 and 6.4, respectively) as well as human 5-HT<sub>2B</sub> receptors (pK<sub>i</sub> = 6.6)5 mg  
10 mg  
50 mg  
100 mg

N-[2-(7-methoxy-1-naphthalenyl)ethyl]-acetamide

## AL 34662

10011546

[210580-75-9] AL 34497

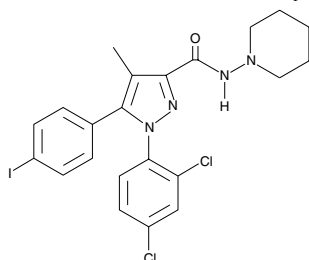
**MF:** C<sub>10</sub>H<sub>13</sub>N<sub>3</sub>O **FW:** 191.2 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A potent 5-HT<sub>2</sub> receptor agonist with ocular hypotensive activity; binds to the human and rat 5-HT<sub>2</sub> receptors in cerebral cortex homogenates with IC<sub>50</sub> values of 1.5 and 0.77 nM, respectively; lowers IOP 25% at a dose of 100 µg and 33% at 300 µg at six hours post dose1 mg  
5 mg  
10 mg  
50 mg

1-[(2S)-2-aminopropyl]-1H-indazol-6-ol

## AM251

71670

[183232-66-8]

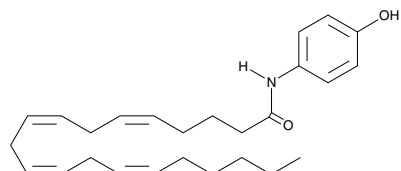
**MF:** C<sub>22</sub>H<sub>21</sub>Cl<sub>2</sub>IN<sub>4</sub>O **FW:** 555.2 **Purity:** ≥98%A crystalline solid **Stability:** ≥1 year at -20°C**Summary:** An analog of SR141716A wherein the *p*-chloro group attached to the phenyl substituent at C-5 of the pyrazole ring is replaced with a *p*-iodo group; exhibits slightly better binding affinity for the CB<sub>1</sub> receptor (K<sub>i</sub> = 7.5 nM) compared to SR141716A (K<sub>i</sub> = 11.5 nM) and is two-fold more selective for the CB<sub>1</sub> receptor than SR141716A5 mg  
10 mg  
50 mg  
100 mg

1-(2,4-dichlorophenyl)-5-(4-iodophenyl)-4-methyl-N-1-piperidinyl-1H-pyrazole-3-carboxamide

## AM404

90060

[183718-77-6] 4-HPA, N-(4-hydroxyphenyl)-Arachidonoyl Amide

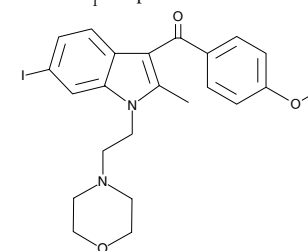
**MF:** C<sub>26</sub>H<sub>37</sub>NO<sub>2</sub> **FW:** 395.6 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** An analog of AEA that potentiates the activity of endogenous AEA by blocking its re-uptake into presynaptic neurons; selectively inhibits the carrier-mediated transport of AEA without affecting anandamide hydrolysis; inhibits the transport of AEA with an IC<sub>50</sub> value of 1 µM in rat neurons and 5 µM in rat astrocytes; enhances and prolongs exogenous AEA-induced analgesia at a dose of 10 mg/kg in *in vivo* models5 mg  
10 mg  
50 mg  
100 mg

N-(4-hydroxyphenyl)-5Z,8Z,11Z,14Z-eicosatetraenamide

## AM630

10006974

[164178-33-0] Iodopravadoline

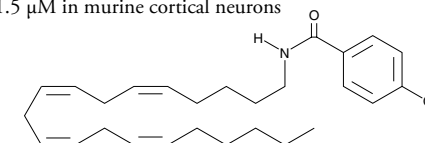
**MF:** C<sub>23</sub>H<sub>25</sub>IN<sub>2</sub>O<sub>3</sub> **FW:** 504.4 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A selective CB<sub>2</sub> receptor antagonist that binds to CB<sub>1</sub> and CB<sub>2</sub> receptors with K<sub>i</sub> values of 5.2 µM and 31.2 nM, respectively; behaves as an inverse agonist at CB<sub>2</sub> receptors and as a weak partial agonist at CB<sub>1</sub> receptors5 mg  
10 mg  
50 mg  
100 mg

[6-iodo-2-methyl-1-[2-(4-morpholinyl)ethyl]-1H-indol-3-yl](4-methoxyphenyl)-methanone

## AM1172

10005223

[251908-92-6]

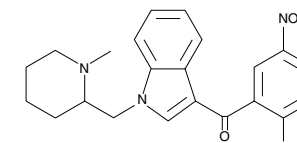
**MF:** C<sub>27</sub>H<sub>39</sub>NO<sub>2</sub> **FW:** 409.6 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** A selective inhibitor of AEA uptake that is resistant to FAAH hydrolysis; is the structurally 'reversed' isomer of AM404; blocks the uptake of tritiated AEA with an EC<sub>50</sub> value of about 1.5 µM in murine cortical neurons1 mg  
5 mg  
10 mg  
50 mg

N-5Z,8Z,11Z,14Z-eicosatetraenyl-4-hydroxy-benzamide

## AM1241

10010118

[444912-48-5]

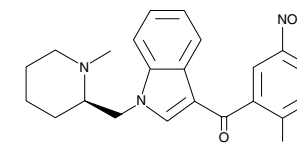
**MF:** C<sub>22</sub>H<sub>22</sub>IN<sub>3</sub>O<sub>3</sub> **FW:** 503.3 **Purity:** ≥97%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A CB<sub>2</sub> receptor agonist with a K<sub>i</sub> value of 2 nM and greater than 100-fold selectivity for the CB<sub>2</sub> receptor *in vitro*; produces antinociception to thermal stimuli in the rat hindpaw1 mg  
5 mg  
10 mg  
25 mg

(2-iodo-5-nitrophenyl)-(1-(1-methylpiperidin-2-ylmethyl)-1H-indol-3-yl)methanone

## NEW (R)-AM1241

10491

[444912-51-0] (+)-AM1241

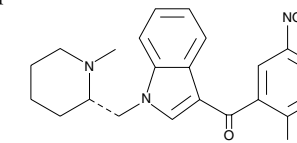
**MF:** C<sub>22</sub>H<sub>22</sub>IN<sub>3</sub>O<sub>3</sub> **FW:** 503.3 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** Avidly, selectively binds the CB<sub>2</sub> receptor (K<sub>i</sub> = 15 nM); is an agonist of human CB<sub>2</sub>, but an inverse agonist of rat and murine CB<sub>2</sub>; produces antinociception in rats to thermal, but not mechanical, pain1 mg  
5 mg  
10 mg  
25 mg

(2-iodo-5-nitrophenyl)[1-[(2R)-1-methyl-2-piperidinyl]methyl]-1H-indol-3-yl]methanone

## NEW (S)-AM1241

10490

[444912-53-2] (-)-AM1241

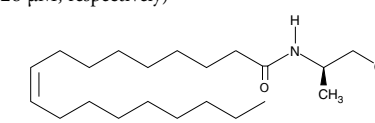
**MF:** C<sub>22</sub>H<sub>22</sub>IN<sub>3</sub>O<sub>3</sub> **FW:** 503.3 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** Selectively binds the CB<sub>2</sub> receptor from human, rat, and mouse (K<sub>i</sub> = 658, 893, and 577 nM, respectively); acts as an agonist for CB<sub>2</sub> for all three species, but shows greater activity at human CB<sub>2</sub> (EC<sub>50</sub> = 131 nM) than for either rat or murine CB<sub>2</sub> (EC<sub>50</sub> = 785, and 2000 nM, respectively); produces antinociception in rats to thermal, but not mechanical, pain1 mg  
5 mg  
10 mg  
25 mg

(2-iodo-5-nitrophenyl)[1-[(2S)-1-methyl-2-piperidinyl]methyl]-1H-indol-3-yl]-methanone

## AM3102

13452

[213182-22-0] KDS-5104

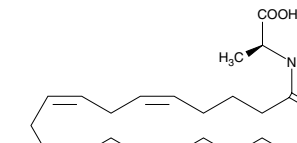
**MF:** C<sub>21</sub>H<sub>41</sub>NO<sub>2</sub> **FW:** 339.6 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** An OEA analog that stimulates PPARα transcriptional activity (EC<sub>50</sub> = 100 nM) and prolongs feeding latency in rodents (ED<sub>50</sub> = 2.4 mg/kg); as potent as OEA yet resistant to enzymatic hydrolysis; demonstrates weak affinity for the CB<sub>1</sub> and CB<sub>2</sub> receptors (K<sub>i</sub> = 33 and 26 µM, respectively)5 mg  
10 mg  
25 mg  
50 mg

N-[(1R)-2-hydroxy-1-methylethyl-9Z-octadecenamide]

## N-Arachidonoyl-L-Alanine

90065

[401941-73-9] NALA

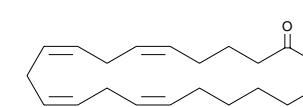
**MF:** C<sub>23</sub>H<sub>37</sub>NO<sub>3</sub> **FW:** 375.6 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** An arachidonoyl amino acid that has been isolated and characterized from bovine brain; may have activity at CB receptors and/or VR<sub>1</sub>, but has not been fully characterized to date5 mg  
10 mg  
25 mg  
50 mg

N-(1-oxo-5Z,8Z,11Z,14Z-eicosatetraenyl)-L-alanine

## Arachidonoyl Amide

10007295

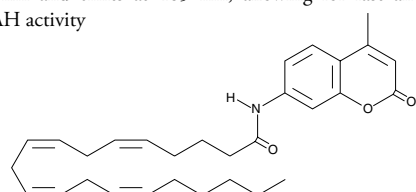
[85146-53-8] Arachidonamide, Arachidonic Acid amide

**MF:** C<sub>20</sub>H<sub>33</sub>NO **FW:** 303.5 **Purity:** ≥98%A solution in methyl acetate **Stability:** ≥1 year at -20°C**Summary:** An analog of AEA that lacks the hydroxyethyl moiety; hydrolyzed by FAAH more effectively than AEA but exhibits significantly weaker binding to the human CB<sub>1</sub> receptor with a K<sub>i</sub> value of 9.6 µM; inhibits [<sup>3</sup>H]-AEA uptake into human astrocytoma cells with an IC<sub>50</sub> value of 9 µM and inhibits rat glial gap junction cell-cell communication by 90% at a concentration of 20 µM5 mg  
10 mg  
25 mg  
50 mg

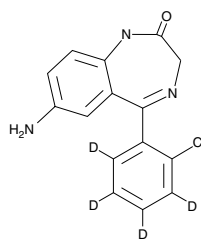
5Z,8Z,11Z,14Z-eicosatetraenamide

**AMC Arachidonoyl Amide** 10005098

AMC-AA, 7-amino-4-methyl Coumarin-Arachidonamide

**MF:** C<sub>30</sub>H<sub>39</sub>NO<sub>3</sub> **FW:** 461.6 **Purity:** ≥98%A solution in ethanol **Stability:** ≥2 years at -20°C**Summary:** One of several fatty acid amides which can be used to measure FAAH activity; FAAH hydrolysis results in the release of the fluorescent aminomethyl coumarin that absorbs at 360 nm and emits at 465 nm, allowing for fast and convenient measurement of FAAH activity5 mg  
10 mg  
25 mg  
50 mg

7-amino-4-methyl-2H-1-benzopyran-2-one-5Z,8Z,11Z,14Z-eicosatetraenamide

**7-Aminoclonazepam-d<sub>4</sub>\*** 10010670**MF:** C<sub>15</sub>H<sub>8</sub>D<sub>4</sub>ClN<sub>3</sub>O **FW:** 289.8 **Chemical Purity:** ≥95%**Deuterium Incorporation:** ≤1% d<sub>0</sub>A crystalline solid **Stability:** ≥1 year at 4°C**Summary:** An internal standard for the quantification of 7-aminoclonazepam by GC- or LC-MS1 mg  
5 mg  
10 mg7-amino-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one-d<sub>4</sub>**β-Amyloid (1-8) Peptide** 10241

Aβ

**FW:** 976.0 **Stability:** ≥1 year at -20°C**Supplied as:** 1 mg of lyophilized peptide**Summary:** A control peptide for tests that use Cayman's β-Amyloid (1-8, A2V) Peptide (Item No. 10229)

1 ea

**β-Amyloid (1-8, A2V) Peptide** 10229

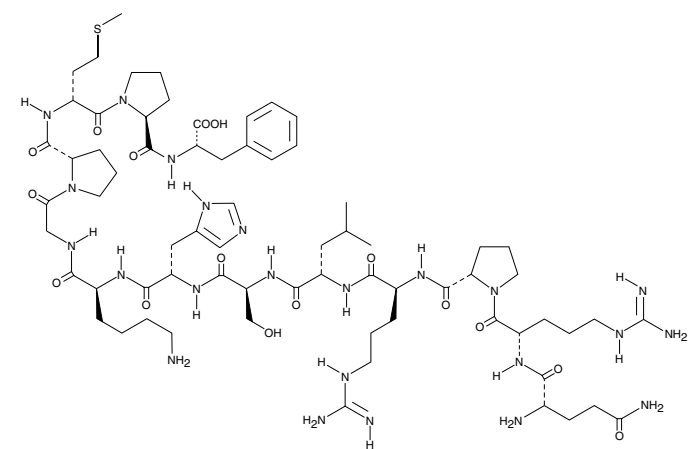
Aβ, Aβ 1-8 mutant, β-amyloid (1-8) dominant negative

**FW:** 1,004.0 **Stability:** ≥1 year at -20°C**Supplied as:** 1 mg of lyophilized peptide**Summary:** A truncated β-amyloid peptide with valine at amino acid position number 2, a mutation found in the amyloid precursor protein (APP) resulting from Ala673Val that leads to disease progression for homozygous carriers but not heterozygous carriers

1 ea

**NEW Apelin-13** 13523

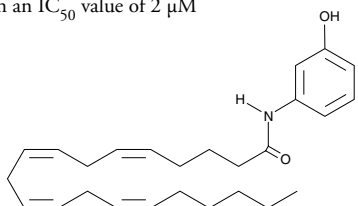
[217082-58-1]

**MF:** C<sub>69</sub>H<sub>111</sub>N<sub>23</sub>O<sub>16</sub>S **FW:** 1,550.8 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** Endogenous ligand of the APJ receptor, with an EC<sub>50</sub> value of 0.37 nM; acts primarily in the periphery and CNS, playing important roles in regulating cardiovascular function, fluid homeostasis, hypertension, and insulin sensitivity1 mg  
5 mg  
10 mg  
25 mg

L-glutamyl-L-arginyl-L-prolyl-L-arginyl-L-leucyl-L-seryl-L-histidyl-L-lysyl-L-glycyl-L-prolyl-L-methionyl-L-prolyl-L-phenylalanine

**N-(3-hydroxyphenyl)-Arachidonoyl Amide** 10007704

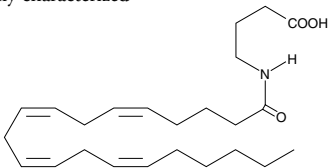
[183718-75-4] 3-HPA

**MF:** C<sub>26</sub>H<sub>37</sub>NO<sub>2</sub> **FW:** 395.6 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** An analog of AM404, which is a selective inhibitor of carrier-mediated transport of AEA; is metabolized by both COX-1 and COX-2 and also selectively and irreversibly inhibits COX-2 with an IC<sub>50</sub> value of 2 μM5 mg  
10 mg  
50 mg  
100 mg

N-(3-hydroxyphenyl)-5Z,8Z,11Z,14Z-eicosatetraenamide

**N-Arachidonoyl-γ-Aminobutyric Acid** 90067

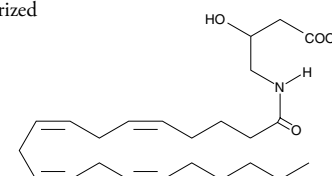
[128201-89-8] NAGABA

**MF:** C<sub>24</sub>H<sub>39</sub>NO<sub>3</sub> **FW:** 389.6 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** One of several amino acid-containing derivatives of arachidonic acid which have been isolated and characterized from bovine brain; suppresses normal responses to pain, but has not been fully characterized5 mg  
10 mg  
25 mg  
50 mg

4-[(1-oxo-5Z,8Z,11Z,14Z-eicosatetraenyl)amino]-butanoic acid

**N-Arachidonoyl-3-hydroxy-γ-Aminobutyric Acid** 10158

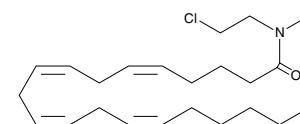
NAG-3H-ABA

**MF:** C<sub>24</sub>H<sub>39</sub>NO<sub>4</sub> **FW:** 405.6 **Purity:** ≥98%A solution in methyl acetate **Stability:** ≥1 year at -20°C**Summary:** An arachidonoyl amino acid isolated from both rat and bovine brain; the glycine congener (NAGly) suppresses formalin-induced pain in rats, but NAG-3H-ABA has not yet been fully characterized1 mg  
5 mg  
10 mg  
50 mg

4-[(3-hydroxy)-1-oxo-5Z,8Z,11Z,14Z-eicosatetraenyl]amino]-butanoic acid

**Arachidonoyl 2'-Chloroethylamide** 91054

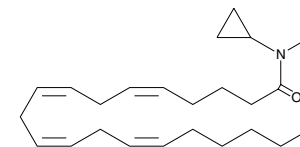
[220556-69-4] ACEA, 2'-chloro-AEA

**MF:** C<sub>22</sub>H<sub>36</sub>ClNO **FW:** 366.0 **Purity:** ≥98%A solution in methyl acetate **Stability:** ≥1 year at -80°C**Summary:** A potent, stable, and selective agonist analog of AEA with a K<sub>i</sub> value of 1.4 nM at the isolated rat CB<sub>1</sub> receptor; 1,400 times more potent at the CB<sub>1</sub> compared with the CB<sub>2</sub> receptor; induces hypothermia in mice with the same efficacy as AEA, in spite of its much higher affinity for the CB<sub>1</sub> receptor and thus is a possible substrate for FAAH5 mg  
10 mg  
25 mg  
50 mg

N-(2-chloroethyl)-5Z,8Z,11Z,14Z-eicosatetraenamide

**Arachidonoyl Cyclopropylamide** 91053

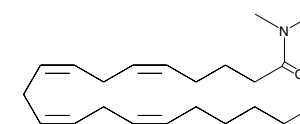
[229021-64-1] ACPA

**MF:** C<sub>23</sub>H<sub>37</sub>NO **FW:** 343.6 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** A potent, stable, and selective agonist analog of AEA with a K<sub>i</sub> value of 2.2 nM at the isolated rat CB<sub>1</sub> receptor; 325 times more potent at the CB<sub>1</sub> receptor compared with the CB<sub>2</sub> receptor; induces hypothermia in mice with the same efficacy as AEA, in spite of its much higher affinity for the CB<sub>1</sub> receptor and thus is a possible substrate for FAAH5 mg  
10 mg  
50 mg  
100 mg

N-cyclopropyl-5Z,8Z,11Z,14Z-eicosatetraenamide

**Arachidonoyl-N,N-dimethyl amide** 10007293

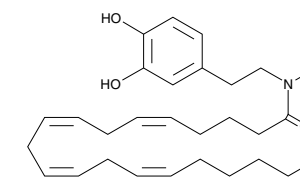
[45280-17-9]

**MF:** C<sub>22</sub>H<sub>37</sub>NO **FW:** 331.2 **Purity:** ≥98%A solution in methyl acetate **Stability:** ≥1 year at -20°C**Summary:** An analog of AEA that exhibits weak or no binding to the human CB<sub>1</sub> receptor (K<sub>i</sub> >1 μM); inhibits rat glial gap junction cell-cell communication at a concentration of 50 μM5 mg  
10 mg  
50 mg  
100 mg

N,N-dimethyl-5Z,8Z,11Z,14Z-eicosatetraenamide

**N-Arachidonoyl Dopamine** 90057

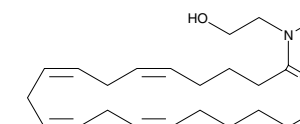
[199875-69-9] NADA

**MF:** C<sub>28</sub>H<sub>41</sub>NO<sub>3</sub> **FW:** 439.6 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** The amide of the neurotransmitter dopamine and arachidonic acid; a CB<sub>1</sub>-selective agonist that induces hypothermia, analgesia, catalepsy, and hypomotility in rats; a full agonist at TRPV1, but inactive at the dopaminergic D1 and D2 receptors; a potent inhibitor (IC<sub>50</sub> = 0.25 μM) of the proliferation of MCF-7 breast carcinoma cells5 mg  
10 mg  
50 mg  
100 mg

N-[2-(3,4-dihydroxyphenyl)ethyl]-5Z,8Z,11Z,14Z-eicosatetraenamide

• Also Available: **N-Arachidonoyl Dopamine-d<sub>8</sub>** (10007431)**Arachidonoyl Ethanolamide** 90050

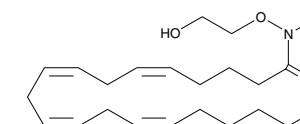
[94421-68-8] AEA, Anandamide

**MF:** C<sub>22</sub>H<sub>37</sub>NO<sub>2</sub> **FW:** 347.5 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** An endogenous CB neurotransmitter that binds to both CB<sub>1</sub> and CB<sub>2</sub> receptors5 mg  
10 mg  
50 mg  
100 mg

N-(2-hydroxyethyl)-5Z,8Z,11Z,14Z-eicosatetraenamide

• Also Available: **Arachidonoyl Ethanolamide Lipid Maps MS Standard** (10007270)  
• Also Available: **Arachidonoyl Ethanolamide-d<sub>4</sub>** (10011178)  
• Also Available: **Arachidonoyl Ethanolamide-d<sub>8</sub>** (390050)**oxy-Arachidonoyl Ethanolamide** 10008642

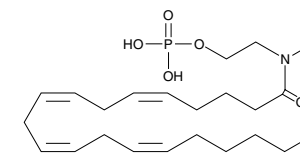
oxy-Anandamide

**MF:** C<sub>22</sub>H<sub>37</sub>NO<sub>3</sub> **FW:** 363.5 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** A selective CB<sub>2</sub> receptor ligand with K<sub>i</sub> values of 0.47 and 0.081 μM for human CB<sub>1</sub> and CB<sub>2</sub>, respectively5 mg  
10 mg  
25 mg  
50 mg

N-(2-hydroxyethoxy)-5Z,8Z,11Z,14Z-eicosatetraenamide

**Arachidonoyl Ethanolamide Phosphate** 10180

[183323-26-4] Anandamide Phosphate

**MF:** C<sub>22</sub>H<sub>38</sub>NO<sub>5</sub>P **FW:** 427.5 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** The phosphate ester (and water-soluble prodrug) of AEA; acts with equal potency as AEA in the treatment of C6 glioma cells *in vivo*; 5-fold less potent than AEA as an agonist of isolated rat brain CB<sub>1</sub> receptors (K<sub>i</sub> = 200 nM); also a structural variant of LPA250 μg  
500 μg  
1 mg  
5 mg

N-(2-(phosphonoxy)ethyl)-5Z,8Z,11Z,14Z-eicosatetraenamide



Olivia May, Ph.D.

## Nitric Oxide Contribution in the CNS: a NO brain-

A rapidly expanding body of literature has pointed to the importance of nitric oxide (NO), a gasotransmitter, in the physiology of the central nervous system (CNS). Three distinct isoforms of nitric oxide synthase (NOS) account for the production of NO in the body. The form predominantly found constitutively expressed in the brain is neuronal nitric oxide synthase (nNOS or Type I). Inducible nitric oxide synthase (iNOS or Type II) is synthesized throughout the body primarily when induced by pro-inflammatory cytokines or endotoxins. Endothelial nitric oxide synthase (eNOS or Type III) is constitutively expressed in endothelial cells. All forms are calcium-dependent.

### Structure and Localization

nNOS, only active in its dimerized state, generates citrulline and NO by catalyzing the oxidation of L-arginine (Figure 1). A head-to-tail dimerized conformation requires the binding of tetrahydrobiopterin ( $BH_4$ ), heme, and L-arginine. Each nNOS monomer consists of an oxygenase domain (N-terminal) and a reductase domain (C-terminal) that is separated by a calmodulin-binding motif. The oxygenase domain, which binds L-arginine, contains a  $BH_4$  binding site and a CYP450-type heme active site. Heat Shock Protein 90 (Hsp90) facilitates heme insertion for dimer formation. There is also a binding site for zinc, which enables dimerization, and a PDZ (PSD/Disc-large/ZO-1) domain, which allows nNOS to interact with other PDZ domain-containing proteins. The reductase domain binds NADPH. It contains a binding site for FAD and FMN through which electrons, donated by NADPH, transfer from the reductase domain of one monomer to the oxygenase domain of its dimer partner through calcium/calmodulin binding. There are four splice variants of nNOS ( $\alpha$ ,  $\beta$ ,  $\gamma$ , and  $\mu$ ). The dominant splice variant in the brain appears to be nNOS $\alpha$ , the full length form of nNOS. nNOS $\beta$  lacks a PDZ domain, nNOS $\gamma$  has little enzymatic activity, and nNOS $\mu$  is predominantly expressed in skeletal muscle.

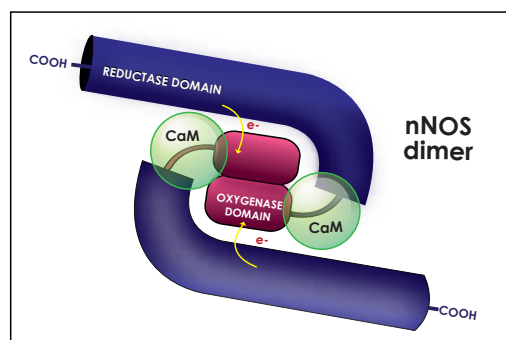
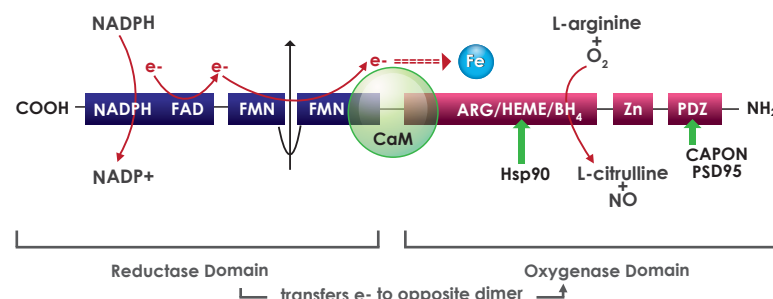
nNOS localizes to synaptic spines contributing to NO signaling of neurons and is also present in astrocytes and the loose connective tissue surrounding blood vessels in the brain. Also, it is present in skeletal muscle, cardiac muscle and smooth muscle where it regulates blood flow and muscle contractions. Due to its reactive nature, NO cannot be stored in reserve, and so to be functional it must be newly synthesized to traverse the relatively short distance needed to react with proteins and various small molecules. As NO is highly diffusible, its production must be tightly regulated. Both particulate and soluble forms of nNOS have been identified. Depending on cell-type, nNOS is found either in the cytoplasm or nucleus and inactive monomers tend to cluster into

distinct somal aggregations.<sup>1</sup> The function of these nNOS aggregates is thought to limit excessive NO production. Association with Hsp90 reduces aggregation, chaperoning nNOS to its targeted destination.<sup>1</sup> This suggests a role for Hsp90 in regulating subcellular localization of nNOS. To further control signaling, adaptor proteins, including PSD95 (Postsynaptic Density Protein 95), CAPON (C-Terminal PDZ Domain Ligand of Neuronal NO Synthase), PFK-M (6-phosphofruktokinase-muscle type), and syntrophins (Dystrophin-associated proteins) can bind to the nNOS PDZ domain to deliver nNOS to highly specific targets.

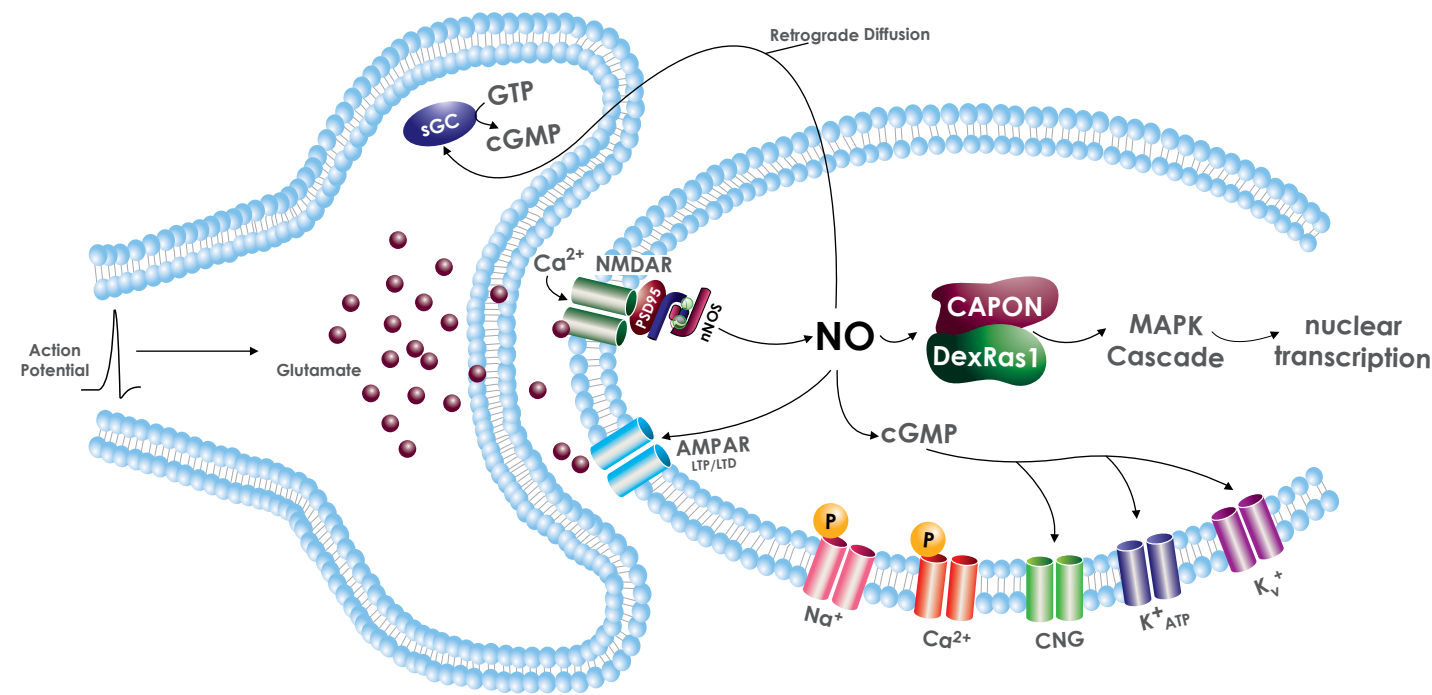
### Physiologies and Pathologies: too much of a good thing?

Originally, NO was identified as mediating relaxation of blood vessels and consequently named endothelium-derived relaxing factor (EDRF). It mediates nonadrenergic, noncholinergic inhibitory responses. Additionally, NO is released from peripheral efferent nerves in the corpus cavernosum, the gastrointestinal tract, and cerebral arteries where it increases local blood flow and decreases vascular resistance in cerebral circulation. At low concentrations, NO can be neuroprotective. It inhibits proliferation and promotes differentiation of developing neurons and the continually generating neurons in the subventricular zone and olfactory bulb of the mature brain, facilitates neurotransmission, and regulates long-term potentiation (LTP) and long-term depression (LTD).

In the CNS, NOS is tightly coupled to the influx of calcium through NMDA receptors (NMDAR) following postsynaptic stimulation of glutamate (Figure 2). At the postsynaptic terminal, PSD-95 links nNOS to NMDAR through their mutual PDZ binding motifs. Following its synthesis at postsynaptic sites, NO diffuses back to the presynaptic terminal and increases cGMP levels through the activation of soluble guanylate cyclase (sGC). NO also signals through ion channels including sodium, voltage-gated calcium, calcium-activated and ATP-sensitive potassium, and cyclic nucleotide-gated channels, as well as AMPA receptors (AMPA) to modulate synaptic strength and intrinsic postsynaptic neuronal excitability.<sup>2</sup> CAPON binding to nNOS associates an NO-driven cytoplasmic signal transduction pathway (*via* DexRas 1) with activation of a downstream MAP kinase cascade and the modulation of nuclear transcription.<sup>3</sup> NO has a profound effect on gene expression, directly modifying nuclear transcription factors including CREB, N-Myc, NF- $\kappa$ B, and p53.<sup>4</sup> HDAC2 has also been identified as a key nuclear target of NO.<sup>4</sup> Post-translation, cysteine thiol groups couple NO to form S-nitrosylated proteins, a modification that regulates protein function by affecting catalytic activity, protein-protein interaction, and subcellular localization.



**Figure 1. nNOSd Protein Structure.** nNOS contains a reductase domain (C-terminal) and an oxygenase domain (N-terminal) which are separated by a calmodulin (CaM) binding motif. [Inset to right] nNOS is active in dimeric form. An extensive interface between the two oxygenase domains allows electrons ( $e^-$ ) to transfer from the reductase domain of one monomer to the oxygenase domain of the opposite monomer.



**Figure 2. NO Signaling at a Neuronal Synapse.** Synaptic glutamate release activates postsynaptic NMDA and AMPA receptors (NMDAR, AMPAR) leading to  $Ca^{2+}$ -induced nNOS activation. NO will diffuse to activate sGC to produce cGMP, which has many signaling roles including affecting presynaptic neurotransmitter release and targeting several ion channels. nNOS also associates with CAPON to activate a downstream MAP kinase cascade.

Excitotoxicity can result from overstimulation of NMDAR leading to overactivation of calcium-activated enzymes such as nNOS. nNOS-derived NO is a major source of neurotoxicity in neurons and is linked to neural damage resulting from ischemia. Other pathological effects of NO are linked to Alzheimer's disease, Parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis, Huntington's disease, and depression.<sup>2,5,6</sup>

### Targeted Inhibitors: NO less or more

Given that increased nNOS expression/activity is linked to so many different neurological disorders, inhibiting nNOS should have therapeutic effects. Cayman carries an assortment of selective nNOS inhibitors with varying potencies (see Table 1) and more selective inhibitors continue to be designed.<sup>7</sup> Direct inhibition of nNOS, though, has the potential to disrupt physiological functions and so must be used with caution. Other means of interfering with nNOS signaling might include targeting downstream interactions such as the coupling of nNOS to PSD95 or CAPON or to intervene in Hsp90 chaperone activity to encourage nNOS monomerization and aggregation. Further understanding of nNOS-mediated signaling pathways is needed in order to appropriately target nNOS for treating diseases in the CNS. Cayman is committed to offering the tools needed to carry this important line of research forward.

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Product No.	nNOS Inhibitors	Potency
80330	Vinyl-L-NIO (hydrochloride)	$K_i = 100$ nM
80587	N <sup>ω</sup> -propyl-L-Arginine	$K_i = 57$ nM
10010252	Methyl-L-NIO (hydrochloride)	$K_i = 3$ $\mu$ M
10005031	L-NMMA (acetate)	$K_i = 0.18$ $\mu$ M
10012088	Ethyl-L-NIO (hydrochloride)	$K_i = 5.3$ $\mu$ M
81340	7-Nitroindazole	$IC_{50} = 0.71$ $\mu$ M
81310	TRIM	$IC_{50} = 28.2$ $\mu$ M
80340	$\alpha$ -Guanidinoglutamic Acid	$K_i = 2.69$ $\mu$ M
80585	S-methyl-L-Thiocitrulline (hydrochloride)	$K_i = 1.2$ nM
81015	2-Imino-4-methylpiperidine (acetate)	$IC_{50} = 0.2$ $\mu$ M
81290	S-isopropyl Isothiourea (hydrobromide)	$K_i = 37$ nM
81005	S-(2-aminoethyl) Isothiourea (dihydrobromide)	$K_i = 1.8$ $\mu$ M
80310	L-NIL (hydrochloride)	$IC_{50} = 92$ $\mu$ M
81020	MEG (sulfate)	$EC_{50} = 60$ $\mu$ M
81510	1,4-PBIT (dihydrobromide)	$K_i = 16$ nM
80210	L-NAME (hydrochloride)	$K_i = 15$ nM
81280	S-ethyl N-[4-(trifluoromethyl)phenyl] Isothiourea (hydrochloride)	$K_i = 0.32$ $\mu$ M
81500	1,3-PBIT (dihydrobromide)	$K_i = 0.25$ $\mu$ M
81530	Aminoguanidine (hydrochloride)	$IC_{50} = 150$ $\mu$ M
80200	L-NMMA (citrate)	$K_i = 0.18$ $\mu$ M
10011724	Propenyl-L-NIO (hydrochloride)	$K_i = 10.3$ $\mu$ M
81300	S-methyl Isothiourea (hemisulfate)	$K_i = 160$ nM
80220	L-NNA	$K_i = 15$ nM
81345	3-bromo-7-Nitroindazole	$IC_{50} = 0.17$ $\mu$ M
81010	AMT (hydrochloride)	$IC_{50} = 34$ nM
80320	L-NIO (hydrochloride)	$K_i = 1.7$ $\mu$ M
81275	S-ethyl Isothiourea (hydrobromide)	$K_i = 29$ nM

**Table 1. nNOS inhibitors available from Cayman Chemical. Selective nNOS inhibitors are shaded**





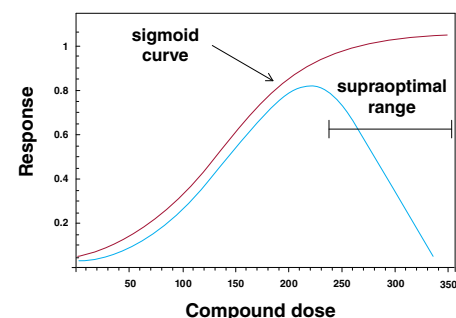




Thomas G. Brock, Ph.D.

# Modulating the Magic of Natural Cannabinoids

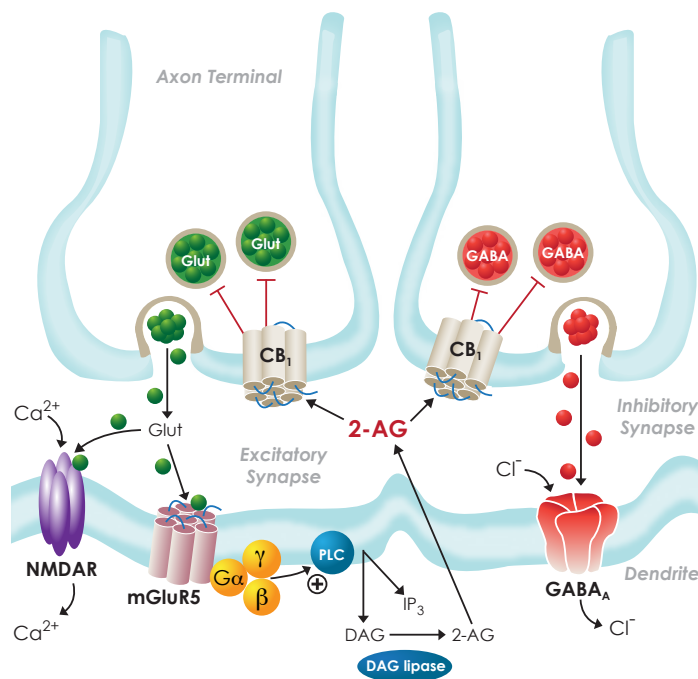
The bioactive agent from *Cannabis sativa*,  $\Delta^9$ -THC, produces a variety of well-known effects on mood, appetite, memory, immunity, and pain perception. There is great interest in learning how certain of these effects can be isolated from the others so that, for example, one might reduce pain or stimulate appetite without altering mood or diminishing memory. Toward this end, a variety of synthetic CBs have been created, with some being much more potent than  $\Delta^9$ -THC. Unfortunately, this has led to their use for evil instead of good, with creative entrepreneurs adding these compounds to herbs and selling them as 'legal highs' (see related story, page 52). Another problem with trying to use synthetic CBs for therapy can be visualized graphically (Figure 1). Many compounds, when tested in biochemical assays in simplified *in vitro* experiments, generate nice sigmoid curves, giving a maximal effect at a range of increasing concentrations. However, when tested in complex biological systems, the same agents may produce very different curves, with one common possibility being the occurrence of 'supraoptimal' effects. The extreme manifestation of this phenomenon is toxicity associated with overdosing. Alternatively, the drug may activate high affinity receptors and produce one effect at lower doses, but activate a second, lower affinity receptor to produce additional effects at higher doses. This can be particularly problematic if the receptors are on different cell types or in different tissues and the results at higher doses are less desirable than those obtained at lower doses. This article presents an approach to harnessing the medically-interesting positive attributes of  $\Delta^9$ -THC.



**Figure 1.** Compounds that give a sigmoid dose-response curve in simple systems may reveal a supraoptimal range when assayed in more complex biological systems.

## Endocannabinoid Synthesis and Retrograde Signaling

$\Delta^9$ -THC evokes its effects by activating distinct CB receptors, CB<sub>1</sub>, CB<sub>2</sub>, and GPR55. All are activated by several natural agonists, or endocannabinoids (endoCB), including 2-arachidonoyl glycerol (2-AG), arachidonoyl ethanolamide (AEA, anandamide), and oleamide. These are small, lipophilic molecules secreted by cells in the brain and immune system. These intercellular messengers are not stored in vesicles but are rapidly synthesized *via* regulated enzymatic pathways. For example, the synthesis of 2-AG is initiated by the activation of a G $\alpha_q$ -coupled receptor, such as the glutamate receptor mGluR5 (Figure 2). Signaling through G $\alpha_q$  leads to PLC C-mediated release of diacylglycerol (DAG) from arachidonate-containing membrane phospholipids. A specific DAG lipase then converts DAG to 2-AG, which is secreted from the source cell to activate CB<sub>1</sub> or CB<sub>2</sub> receptors on nearby target cells. These are G $\alpha_i$ -coupled receptors that commonly inhibit many processes. At the synapse, for example, activation of CB<sub>1</sub> inhibits release of neurotransmitters like glutamate and GABA. In this case, signaling is termed 'retrograde' since the mediator, 2-AG, feeds back from the post-synaptic dendrite to regulate the action of axon terminals. In general, lipid mediators commonly have actions that are paracrine (acting on nearby target cells) or autocrine (modulating the source cell itself).



**Figure 2.** Synthesis and retrograde action of endoCBs. Produced in stimulated neurons, endoCBs are secreted and activate specific receptors on presynaptic axons. The effects of endoCBs, like 2-AG, are suppressive, including the inhibition of neurotransmitter release.

A potential point of intervention in CB signaling might be at one of the stages of synthesis. The first step for synthesis typically involves phospholipases (C or D), which are used by many pathways in many cell types. This makes selective targeting difficult. On the other hand, the *sn*-1-DAG lipase that converts DAG to 2-AG seems relatively unique. *Sn*-1-DAG lipases have only recently been described, so there are few good inhibitors available. Tetrahydrolipstatin (THL) has been described as such an inhibitor.<sup>1</sup> On the upside, THL is used, under a variety of names, to support weight loss, which is one of the same effects of CB<sub>1</sub> blocking drugs, suggesting similarity in action. On the downside, THL is thought to act primarily as a pancreatic lipase inhibitor. Clearly, there is room for new, selective *sn*-1-DAG lipase inhibitors.

## Cannabinoid Receptors

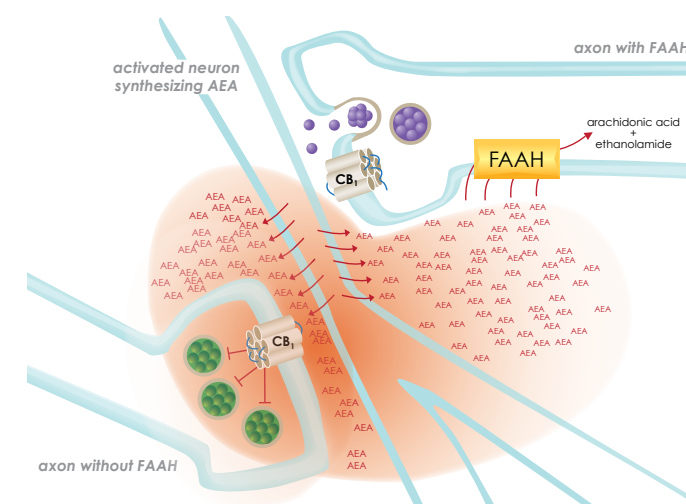
While other receptors may respond to endoCBs, let's focus on CB<sub>1</sub> and CB<sub>2</sub>. CB<sub>1</sub> is primarily neuronal and located at various sites within the brain. CB<sub>2</sub> is more diffusely distributed and is present on leukocytes (including glia), peripheral and enteric neurons, and possibly other cell types. Both CB<sub>1</sub> and CB<sub>2</sub> are 7-transmembrane G-coupled receptors; interestingly, the binding domain for lipophilic ligands involves membrane-spanning residues forming a pocket within the hydrophobic layer of the membrane.

CB<sub>1</sub> has been targeted for appetite suppression with an antagonist (rimonabant) and, more recently, an inverse agonist (taranabant). Rimonabant was marketed as Acomplia™ for weight loss, but was discontinued in 2008 because of side effects (for more info: www.acompliareport.com). Cayman offers, for research purposes, URB447, a CB<sub>1</sub> antagonist/CB<sub>2</sub> agonist which does not cross the blood/brain barrier, as well as selective CB<sub>1</sub> antagonists (NESS 0327, AVE-1625, SLV 319) and an inverse agonist (CAY10508). Activation of CB<sub>1</sub> can reduce neuropathic pain, nausea and AIDS-related anorexia. Cayman offers a variety of selective

CB<sub>1</sub> agonists, including methanandamide, 2-AG ether, and WIN 55212-2. Activation of CB<sub>2</sub> can reduce bone loss in ovariectomized mice,<sup>2</sup> suggesting that CB<sub>2</sub> agonists could reduce osteoporosis in menopausal women. N-Oleoyl-L-serine (Item No. 13058) has been reported to stimulate bone formation and to inhibit bone resorption. Selective CB<sub>2</sub> agonists also reduce inflammatory and neuropathic pain,<sup>3</sup> alter leukocyte adhesion and migration,<sup>4</sup> and reduce intestinal inflammation.<sup>5</sup> These studies used CB<sub>2</sub> agonists which are available from Cayman, including GW 842166X, AM1241, and JWH 015.

## Metabolism of Endocannabinoids

EndoCBs are intercellular mediators that act in a broadly paracrine fashion, modulating the action of numerous different neighboring cells (Figure 3). Like neurotransmitters, endoCBs are rapidly removed by enzymatic metabolism, which is important in limiting signal duration. The enzyme fatty acid amide hydrolase (FAAH) hydrolyzes a number of primary and secondary fatty acid amides; endoCBs with amide bonds, including AEA, are inactivated by FAAH. EndoCBs lacking amide bonds, such as 2-AG, are metabolized by other enzymes, the most important of which is monoacylglycerol lipase (MAGL). In theory, the inhibition of endoCB metabolism should extend endoCB activity at the site of their endogenous biosynthesis, producing a tissue-selective activation of CB receptors.<sup>6</sup> By using only natural levels of endoCBs, potential supraoptimal or toxic effects, as mentioned above, might be avoided.



**Figure 3.** Metabolism of endoCBs. Unlike neurotransmitters, endoCBs signal well beyond the synapse. Axons with endoCB metabolizing enzymes, like FAAH, will reduce the suppressive effect of endoCB signaling on intracellular events, such as neurotransmitter release.

The development of FAAH knockout mice allowed an evaluation of the pros and cons of inhibiting FAAH. Initial studies found that FAAH<sup>-/-</sup> mice possess increased brain levels of AEA as well as reduced pain sensation that could be reversed by blocking CB<sub>1</sub>.<sup>7,8</sup> Interestingly, FAAH knockouts show neuroprotection in a mouse model of amyotrophic lateral sclerosis<sup>9</sup> as well as enhanced learning in an aversive maze task.<sup>10</sup> FAAH knockout mice also show enhanced hematopoiesis<sup>11</sup> and reduced inflammation.<sup>12,13</sup> On the down side, FAAH<sup>-/-</sup> mice show compromised male fertility<sup>14</sup> and increased alcohol preference and consumption.<sup>15</sup> Taken together, these results suggest that increasing AEA levels through the use of FAAH inhibitors should produce a variety of positive effects. Additional control over AEA levels may be possible through the use of reversible inhibitors for some effects and irreversible inhibitors for others. A selection of reversible and irreversible FAAH inhibitors available from Cayman is listed in Table 1. We also offer human recombinant FAAH, a FAAH Inhibitor Screening Assay, and a FAAH polyclonal antibody.

MAGL, also known as monoglycerol lipase (MGL), hydrolyzes the ester bond of 2-AG to produce arachidonate and glycerol. Selective inhibitors of MAGL have only recently been developed<sup>16</sup> and their therapeutic potential is currently being explored. Inhibition of MAGL reduces acute, inflammatory, and neuropathic pain.<sup>6,16</sup> However, a recent study found that chronic MAGL blockade led to only transitory pain suppression, physical dependence and desensitized brain CB<sub>1</sub> receptors.<sup>17</sup> Further studies will be needed to determine the value of MAGL inhibition, alone or in combination with other therapeutics, in the treatment of pain. Potent and selective MAGL inhibitors are available from Cayman (Table 1), as is a MAGL Inhibitor Screening Assay.

Dual inhibitors of both FAAH and MAGL produce increases in both AEA and 2-AG.<sup>18,19</sup> As a result, they produce responses, in mice, that are more like those produced by  $\Delta^9$ -THC.<sup>19</sup> Moreover, experiments using these dual inhibitors suggest that the AEA and 2-AG signaling pathways interact *in vivo*, producing effects that cannot be achieved by either endoCB, or selective inhibitors, alone.

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Inhibitor	Target	Properties
URB597	FAAH	IC <sub>50</sub> values of 4.6 nM in brain membranes, 0.5 nM in intact neurons
PF-622	FAAH	Time-dependent, irreversible; IC <sub>50</sub> value of 0.033 μM
PF-750	FAAH	Time-dependent, irreversible; IC <sub>50</sub> value of 0.016 μM
PF-6845	FAAH	Irreversible; K <sub>i</sub> value of 0.23 μM
Oleoyl oxalopyridine	FAAH	K <sub>i</sub> value of 1.3 nM for human FAAH
CAY10401	FAAH	K <sub>i</sub> value of 0.14 nM
CAY10435	FAAH	K <sub>i</sub> value of 0.57 nM; IC <sub>50</sub> values of 0.81 nM
CAY10570	FAAH	Reversible; IC <sub>50</sub> value of 1.3 μM
PHOP	FAAH	IC <sub>50</sub> value of 1.1 nM
JP83	FAAH	Irreversible; IC <sub>50</sub> value of 14 nM for the human recombinant enzyme
JP 104	FAAH	Irreversible; IC <sub>50</sub> value of 7.3 nM for the human recombinant enzyme
Pristimerin	MAGL	Reversible; IC <sub>50</sub> value of 93 nM
URB602	MAGL	IC <sub>50</sub> value of 28 μM for the rat brain enzyme
JZL 184	MAGL	IC <sub>50</sub> value of 8 nM versus 4 for μM FAAH
JZL 195	Dual	IC <sub>50</sub> values of 2 nM and 4 nM for FAAH, MAGL
IDFP	Dual	IC <sub>50</sub> values of 3 nM and 0.8 nM for FAAH, MAGL

**Table 1.** Inhibitors of FAAH and MAGL available from Cayman.

CB <sub>1</sub> /CB <sub>2</sub> Receptor Antagonists and Inverse Agonists				
Item Number	Item Name	CB <sub>1</sub>	CB <sub>2</sub>	Comments
71670	AM251	Antagonist K <sub>i</sub> = 7.5 nM	Antagonist K <sub>i</sub> = 2.3 μM	
10006974	AM630	Agonist K <sub>i</sub> = 5.2 μM	Inverse Agonist K <sub>i</sub> = 31.2 pM	Behaves as an inverse agonist at CB <sub>2</sub> receptors and as a weak partial agonist at CB <sub>1</sub> receptors
10009021	AVE-1625	Antagonist K <sub>i</sub> = 0.16 - 0.44 nM		
10008669	CAY10508	Inverse Agonist K <sub>i</sub> = 243 nM		
10010117	CB-52	Partial Agonist K <sub>i</sub> = 210 nM	Neutral Antagonist K <sub>i</sub> = 30 nM	
13289	CB-86	Agonist K <sub>i</sub> = 5.6 nM	Antagonist K <sub>i</sub> = 7.9 nM	
10004184	NESS 0327	Antagonist K <sub>i</sub> = 0.35 nM	Antagonist K <sub>i</sub> = 21 nM	More potent antagonist and more selective for the CB <sub>1</sub> receptor compared to Rimonabant (Item No. 9000484); does not act as a CB <sub>1</sub> receptor inverse agonist and does not produce any physiological effect of its own
9000484	Rimonabant	Inverse Agonist K <sub>i</sub> = 1.8 nM		Also known as SR141716A
10009022	(S)-SLV 319	Antagonist K <sub>i</sub> = 7.8 nM	Antagonist K <sub>i</sub> = 7,943 nM	Less lipophilic (log P = 5.1) and therefore more water soluble than other known CB <sub>1</sub> receptor ligands
9000491	SR144528		Inverse Agonist K <sub>i</sub> = 0.6 nM	
13261	URB447	Antagonist IC <sub>50</sub> = 313 nM	Agonist IC <sub>50</sub> = 41 nM	Does not penetrate the blood-brain barrier as observed with Rimonabant (Item No. 9000484)

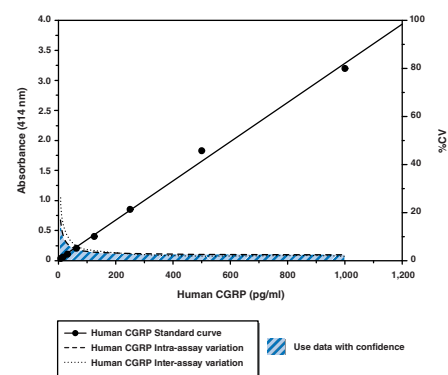
**CGRP (human) EIA Kit\***

589101

**CGPR****Stability:** ≥6 months at -20°C

**Summary:** CGRP is a 37 amino acid peptide synthesized in the central and peripheral nervous system from a calcitonin/CGRP gene complex. Two isoforms have been described which differ by three amino acids and display similar biological activities: CGRP-α, which is produced by alternative splicing of a calcitonin gene transcript, and CGRP-β, the product of a separate gene. In the CNS, CGRP acts as a neurotransmitter that is released from a subset of small sensory neurons that transmit pain information. In the circulation, CGRP is one of the most potent vasodilators known and may function as a regulator of blood flow. When administered systemically, CGRP causes hypotension in several species, including humans. Intradermal administration of CGRP at femtomole doses produces increased blood flow and persistent reddening. This EIA is based on a double-antibody sandwich technique providing a method for the sensitive, specific analysis of CGRP in a variety of samples including plasma, serum, nervous tissue, CSF, and culture media.

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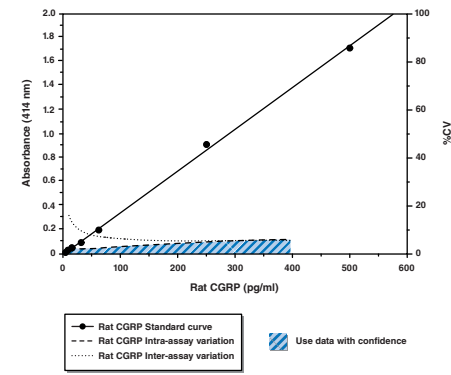
**CGRP (rat) EIA Kit\***

589001

**CGPR****Stability:** ≥6 months at -20°C

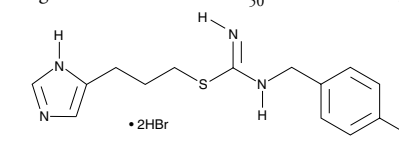
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1 ea

**Clobenpropit (hydrobromide)**

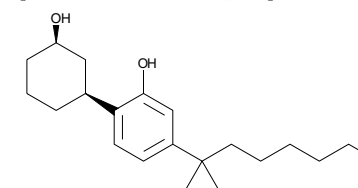
1001126

[145231-35-2] Carbamimidothioic Acid, VUF-9153

**MF:** C<sub>14</sub>H<sub>17</sub>ClN<sub>4</sub>S • 2HBr **FW:** 470.7 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A selective histamine H<sub>3</sub> receptor antagonist that crosses the blood-brain barrier; inhibits histamine binding in rat brain with an ED<sub>50</sub> value of 10.5 mg/kg1 mg  
5 mg  
10 mg  
25 mg*N-[(4-chlorophenyl)methyl]-3-((1H-imidazol-5-yl)propyl) ester, carbamimidothioic acid, dihydrobromide***(±)-CP 47,497**

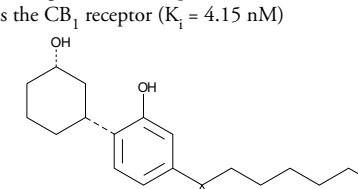
16851

[70434-82-1]

**MF:** C<sub>21</sub>H<sub>34</sub>O<sub>3</sub> **FW:** 318.5 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A cannabimimetic compound that binds the CB<sub>1</sub> receptor with a K<sub>i</sub> value of 2.2 nM5 mg  
10 mg  
25 mg  
50 mg*rel-2-[(1S,3R)-3-hydroxycyclohexyl]-5-(2-methyloctan-2-yl)phenol***(+)-CP 47,497**

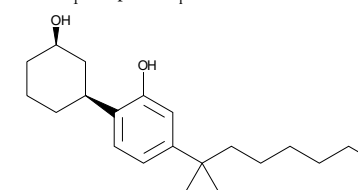
13219

[134308-14-8]

**MF:** C<sub>21</sub>H<sub>34</sub>O<sub>3</sub> **FW:** 318.5 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A bicyclic CB analog with potent analgesic activity; comparable or more potent than Δ<sup>9</sup>-THC in analgesic motor depressant, anticonvulsant, and hypothermic effects; avidly binds the CB<sub>1</sub> receptor (K<sub>i</sub> = 4.15 nM)1 mg  
5 mg  
10 mg  
25 mg*2-[(1R,3S)-3-hydroxycyclohexyl]-5-(2-methyloctan-2-yl)phenol***(-)-CP 47,497**

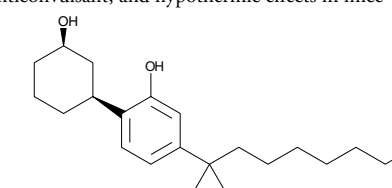
13218

[114753-51-4]

**MF:** C<sub>21</sub>H<sub>34</sub>O<sub>3</sub> **FW:** 318.5 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A bicyclic CB analog with potent analgesic activity; comparable or more potent than Δ<sup>9</sup>-THC in analgesic motor depressant, anticonvulsant, and hypothermic effects; avidly binds the CB<sub>1</sub> receptor (K<sub>i</sub> = 2.1 nM)5 mg  
10 mg  
25 mg  
50 mg*2-[(1S,3R)-3-hydroxycyclohexyl]-5-(2-methyloctan-2-yl)phenol***(±)-CP 47,497-C8-homolog**

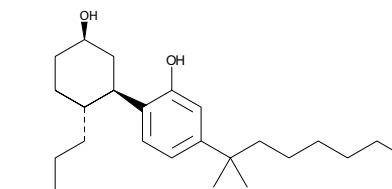
13216

[70434-92-3] CAY10596

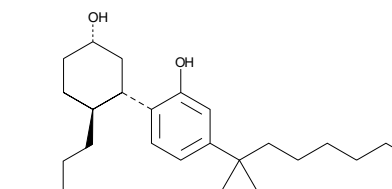
**MF:** C<sub>22</sub>H<sub>36</sub>O<sub>3</sub> **FW:** 332.5 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A bicyclic CB analog that avidly binds the CB<sub>2</sub> receptor (K<sub>i</sub> = 0.83 nM) and shows high antinociceptive activity; ten-fold more potent than Δ<sup>9</sup>-THC in analgesic, motor depressant, anticonvulsant, and hypothermic effects in mice5 mg  
10 mg  
25 mg  
50 mg*rel-2-[(1S,3R)-3-hydroxycyclohexyl]-5-(2-methylnonan-2-yl)phenol***(±)-CP 55,940**

13241

[83003-12-7]

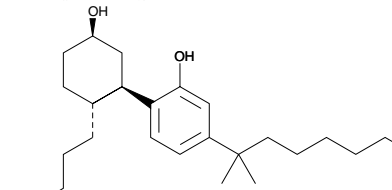
**MF:** C<sub>24</sub>H<sub>40</sub>O<sub>3</sub> **FW:** 376.6 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** One of the first bicyclic mimetics of Δ<sup>9</sup>-THC found to have superior analgesic properties; 20- to 100-fold more effective than Δ<sup>9</sup>-THC in altering the reactions to thermal, mechanical, and chemical pain in mice; used to characterize the capacity of novel cannabimimetics to bind the CB<sub>1</sub> receptor in rat brain preparations5 mg  
10 mg  
25 mg  
50 mg*rel-2-[(1R,2R,5R)-5-hydroxy-2-(3-hydroxypropyl)cyclohexyl]-5-(2-methyloctan-2-yl)phenol***NEW (+)-CP 55,940**

13608

**MF:** C<sub>24</sub>H<sub>40</sub>O<sub>3</sub> **FW:** 376.6 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** An enantiomer purified from the (±)-CP 55,940 racemic mixture; the functional characteristics of this isomer have not been studied1 mg  
5 mg  
10 mg  
25 mg*2-[(1S,2S,5S)-5-hydroxy-2-(3-hydroxypropyl)cyclohexyl]-5-(2-methyloctan-2-yl)phenol***(-)-CP 55,940**

90084

[83002-04-4]

**MF:** C<sub>24</sub>H<sub>40</sub>O<sub>3</sub> **FW:** 376.6 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A potent, non-selective CB receptor agonist with K<sub>i</sub> values of 0.58 and 0.69 nM for human recombinant CB<sub>1</sub> and CB<sub>2</sub>, respectively5 mg  
10 mg  
25 mg  
50 mg*5-(1,1-dimethylheptyl)-2-[(1R,2R,5R)-5-hydroxy-2-(3-hydroxypropyl)cyclohexyl]-phenol*











Thomas G. Brock, Ph.D.

# Multiple Sclerosis and Prostaglandin E<sub>2</sub> Signaling

Multiple sclerosis (MS) is a devastating disease, slowly but inexorably stripping away many of the everyday capabilities that most of us take for granted. The sufferers, some 2.5 million people worldwide, are often young to middle aged adults, in the prime of their lives. It is more common in Caucasians and people of Northern European descent, and occurs in twice as many women as men. This bias in distribution suggests that genetics is a contributing factor. Like many long-term, progressive diseases, there is an underlying inflammatory component. There may also be environmental factors, such as infectious agents, that initiate or sustain disease in some cases. In short, the causes of MS are poorly understood. As a result, there is no specific treatment. Instead, disease-modifying drugs are used to reduce disease activity or delay disease progression. This article delves into some of the known and suspected pathophysiological features of MS and an emerging approach to modify the course of the disease.

## Some Details About MS

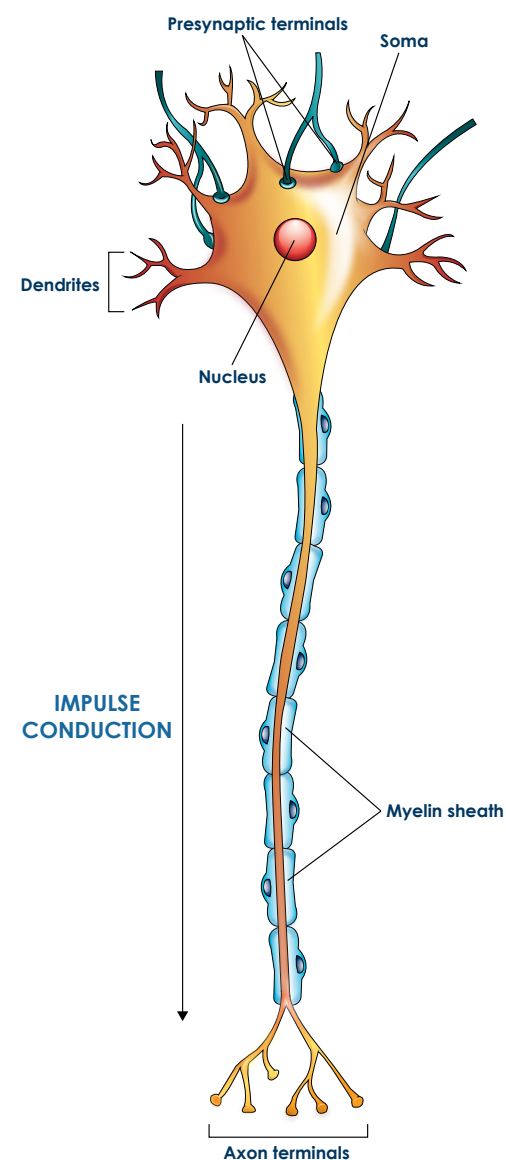
There are different forms of MS, with the most common form starting as relapsing MS, with symptoms becoming apparent during an active disease stage, or attack, and then remitting. Symptoms for relapsing-remitting MS (RRMS) can vary between individuals, with the most common being fatigue, muscle stiffness or spasms, and problems with walking and balance. In addition, persons with MS may experience bowel or bladder problems, vision difficulties, memory loss, sexuality issues, and either acute or chronic pain. Eventually, the relapsing-remitting pattern may evolve into one of increasing progression of disability, known as secondary progressive MS. A small percentage of individuals suffer from primary progressive MS, in which symptoms never subside but rather continue to steadily worsen.

The symptoms of MS are a manifestation of the underlying pathology, damage to the myelin sheath surrounding nerve axons in the CNS and neurodegeneration in various regions of the CNS (Figure 1). Myelin plays a critical role in controlling the speed of signaling along neuronal axons that extend from the nerve body to adjacent neurons, so disruption of myelin delays neuronal communication. Sufficient demyelination of a nerve will ultimately lead to the death of that cell, but neurodegeneration may also involve the death of bystander cells. Since the symptoms are intermittent in early MS, it might be expected that demyelination might also be intermittent. However, magnetic resonance imaging (MRI) has revealed that MS is an active and progressive disease at the neuronal level, even in the early relapsing-remitting phase.

As mentioned above, inflammation is also a feature of MS. The term 'inflammation' is an unfortunately broad term that may include both innate and adaptive immune responses, from either resident or invading cells, and has initiating, propagating, and resolving aspects.<sup>1</sup> Resident microglia and astrocytes normally actively suppress inflammation, preventing the proliferation and effector functions of infiltrating T cells. Neurons both secrete mediators and express surface proteins which modulate (typically suppressing) the activity of infiltrating leukocytes. Thus, the key to inflammation in MS is also the pathological hallmark of inflammation: an increase in immune cell numbers. In MS, this is seen primarily as an increase in T helper 1 (Th1) and Th17 cells. Secondary to increased cellularity is the production of specific mediators that further drive a specific type of inflammatory response, resulting in neurodegeneration.

## Modeling MS in Animals

Experimental Autoimmune Encephalomyelitis (EAE) is an animal model of MS. It is useful to realize that there are many variations of EAE. They vary in how they are conducted, the effects they produce, and, hence, what aspects of MS they model. In general terms, animals are injected with



**Figure 1.** The myelin sheath that surrounds the axon of a nerve cell is formed by the plasma membrane of other cells, wrapping around the axon several times. It greatly increases the rate of impulse conduction from the soma to axon terminals.

whole or parts of various proteins that make up myelin, with adjuvants (immune system activators), which produces an autoimmune response that leads to inflammation of the brain and spinal cord (encephalomyelitis) and, in some models, demyelination. Specific antigens that have been used in EAE models include myelin oligodendrocyte glycoprotein (MOG), proteolipid protein (PLP), neurofilament light (NF-L), and myelin basic protein (MBP). In mouse models, pertussis toxin will often be included to facilitate the movement of leukocytes across the blood-brain barrier. As an alternative to injecting antigens, EAE can be produced by adoptive transfer of myelin-reactive CD<sub>4</sub><sup>+</sup> T cells.

As with humans and MS, only certain strains of mice and rats can acquire EAE. Furthermore, different strains will develop different forms of EAE. For instance, treatment with whole guinea pig spinal cord in complete

Freund's adjuvant produces, in Lewis rats, brief neurological deficits from neuroinflammation with little or no demyelination, while the same treatment in DA (dark agouti) rats produces extensive demyelination in a severe relapsing-remitting pattern.<sup>2,3</sup> Thus, different EAE models can be used to study different aspects or stages of MS.

Th1 and Th17 appear to play a pivotal role in EAE.<sup>4</sup> More specifically, the Th1 cells are a specific interferon (IFN)- $\gamma$ -secreting subset whose differentiation is driven by IL-12 and IL-23, which can be made by dendritic cells. Th17 cells are CD<sub>4</sub><sup>+</sup> cells whose differentiation is initiated by TGF- $\beta$  and IL-6 or IL-21, with or without TNF- $\alpha$  and IL-1 $\beta$ , with maturation requiring IL-23. Th17 cells produce pro-inflammatory mediators, including IL-17A, IL-17B, IL-21, and IL-22. Adoptive transfer of either myelin-specific Th1 or Th17 cells to naïve mice produces inflammation of the CNS, suggesting that they play important roles in encephalomyelitis. Indeed, fingolimod (FTY720), which decreases the number of lymphocytes in circulation, completely prevents the development of EAE pathology, when given prophylactically.<sup>5</sup> This underscores the importance of T cells as effectors in the pathology of EAE.

## Prostaglandin E<sub>2</sub>

It has long been known that dietary supplementation of  $\omega$ -6 fatty acids, including arachidonic acid (AA), alters immune response and reduces histopathological changes in the CNS in animals subjected to EAE.<sup>6</sup> AA is released from membrane phospholipids by the action of cytosolic phospholipase A<sub>2</sub> (cPLA<sub>2</sub>). Genetic and pharmacologic ablation of cPLA<sub>2</sub> protects against EAE.<sup>7,8</sup> Free AA may be converted to prostaglandins (PG) by the cyclooxygenase (COX) enzymatic pathway. One PG, PGE<sub>2</sub>, is known to be produced in abundance in the CNS in both MS and EAE. The synthesis of PGE<sub>2</sub> from AA is initiated by the constitutively-expressed COX-1 or the induced COX-2, which produce an unstable intermediate, PGH<sub>2</sub> (see related story, page 42). PGE synthases (PGES) complete the biosynthesis of PGE<sub>2</sub>. Of the three known PGES enzymes, the microsomal PGES-1 (mPGES-1) form is of particular interest, as its expression is induced by pro-inflammatory mediators. Generally speaking, increased PGE<sub>2</sub> generation in inflammation involves the induced expression and action of both COX-2 and mPGES-1. An important caveat is that the expression of these two genes, as well as message stability and the translation and turnover of the proteins, are not necessarily linked: there are examples, albeit few to date, where one enzyme is abundant while the other is not.

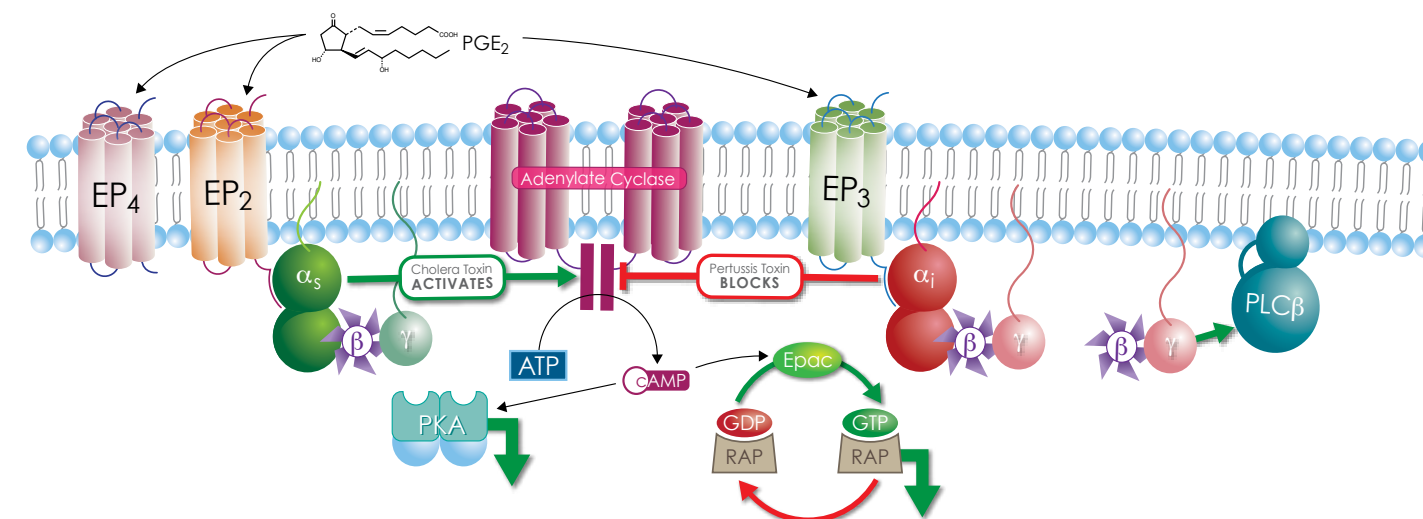
The role of PGE<sub>2</sub> in EAE remains unclear. COX inhibitors have variable effects, reducing pathology in some reports and exacerbating it in others.

PGE<sub>2</sub> can induce energy in T helper cells *in vitro*,<sup>9</sup> suggesting that it might suppress T cell-mediated inflammation. However, PGE<sub>2</sub> induces Th1 differentiation and Th17 cell expansion, promoting inflammation in EAE.<sup>10</sup> And yet, knockout of mPGES-1, producing a strong reduction in PGE<sub>2</sub>, had no effect on Th1 and Th17 cytokine production in an allergic inflammation mouse model but allowed vascular remodeling, indicating that PGE<sub>2</sub> may be homeostatic.<sup>11</sup> Interestingly, using a targeted lipidomics approach, Shimizu and colleagues again concluded that PGE<sub>2</sub> is the principle AA-derived product increased in EAE lesions.<sup>12</sup> Further, they found that mPGES-1<sup>-/-</sup> mice showed less severe symptoms of EAE and lower production of IFN- $\gamma$  and IL-17. In short, PGE<sub>2</sub> is consistently found to be elevated in MS and EAE, but there is no consensus to its effect(s).

In fact, the actions of PGE<sub>2</sub> are multifaceted. PGE<sub>2</sub> can activate four different 'E-prostanoid' (EP) receptors, EP<sub>1-4</sub>, all GPCRs. Their distribution is cell-type dependent and the expression of each can be altered by, for example, inflammatory cytokines. EP<sub>2</sub> and EP<sub>4</sub> are typically G<sub>s</sub>-coupled, while EP<sub>3</sub> is linked to G<sub>i</sub> (Figure 2). EP<sub>1</sub> signals through G<sub>q</sub>, activating PLC $\beta$  and producing a transient rise in calcium. As a result, the effects of PGE<sub>2</sub> will be cell type-, time-, and receptor-dependent. In EAE, the expression of EP<sub>1</sub>, EP<sub>2</sub>, and EP<sub>4</sub>, but not EP<sub>3</sub>, increase in the spinal cord, although it's not clear if this is related to a change in cellularity due to inflammation.<sup>12</sup> Knockout of EP<sub>1</sub>, EP<sub>2</sub>, or EP<sub>3</sub> did not affect the course of disease.<sup>12,13</sup> However, a selective EP<sub>4</sub> antagonist dose-dependently reduced EAE clinical score and this effect was increased in EP<sub>2</sub><sup>-/-</sup> mice, indicating that these receptors act in an additive fashion.<sup>13</sup> Importantly, the EP<sub>4</sub> antagonist was without effect if given at the onset of disease in the EAE model and had to be given 3 to 7 days after immunization. In contrast, an activator of EP<sub>4</sub>, when given at or before immunization, blocked changes in the blood-brain barrier that were associated with T cell recruitment. These studies demonstrate two distinct roles for PGE<sub>2</sub> in EAE and, most likely, MS. Undoubtedly, there are other actions of PGE<sub>2</sub> in the brain that remain to be elucidated.

## References

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**Figure 2.** Three EP receptors act through adenylate cyclase and cAMP. EP<sub>3</sub> also activates PLC $\beta$  to increase Ca<sup>2+</sup>.









Thomas G. Brock, Ph.D.

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The National Institute on Aging suggests that there are three stages in Alzheimer's Disease (AD): mild, moderate, and severe. These are based on changes in a person's memory, cognition, use of words, and behavior. For example, memory changes progress from losing memory of recent events (mild disease) to confusing the identity of others (moderate) to failing to recognize self or close family members (severe). This graded change in the severity of symptoms undoubtedly reflects the progressive nature of the changes in the physical and functional features of the brain. One approach to treatment may focus on preventing the progression of ongoing processes. This necessitates the identification of the factors that help drive or amplify the events that are already underway.

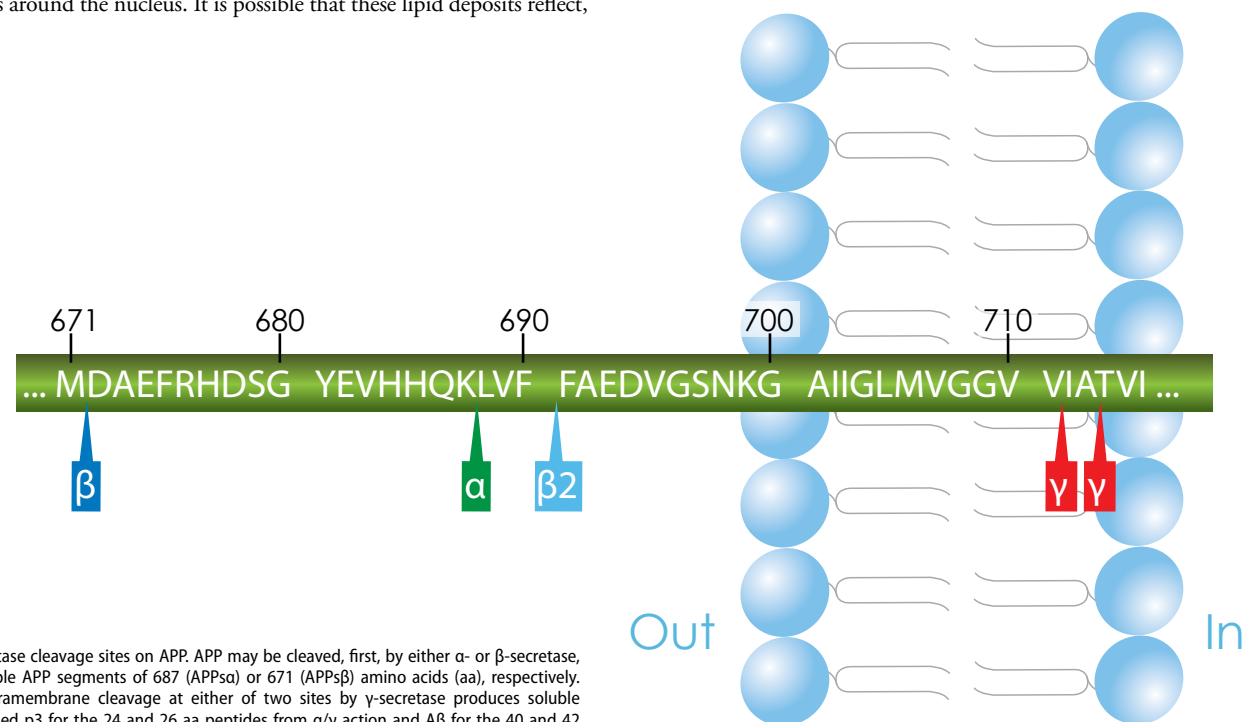
Two well-accepted neuropathological features of AD are tangles and plaques. In the original report in 1906, Alois Alzheimer was using a newly-developed staining method to examine brain slices from a deceased 56-year old patient, Auguste Deter, who had rapidly developed dementia typical of older individuals. Tangles were described as "striking changes of the neurofibrils", which had become receptive to dyes that do not stain normal tissue, suggested a "chemical change". We now know that, in tangles, the microtubule-associated tau protein becomes hyperphosphorylated and aggregates within cells as paired helical filaments. These tau filaments stain nicely with silver stains like those used by Alzheimer. This contrasts with plaques, which appeared as "minute miliary foci caused by deposition of a particular substance in the cortex", which were millet seed-like (miliary) forms observable without staining. Plaques are now known to result from the abnormal processing of amyloid precursor protein (APP) by secretase enzymes to produce  $\beta$ -amyloid ( $A\beta$ ), leading to large extracellular proteinaceous deposits that contribute to neurodegeneration (Figure 1).

A third, less well-known feature of Deter's brain was described by Alzheimer: "the glia have developed numerous fibres; further, many glia include adipose inclusions." The rich accumulation of "lipoid granules" in ganglion cells and glia was further described in subsequent papers by Alzheimer and others, with the granules being numerous, filling the body of the cells around the nucleus. It is possible that these lipid deposits reflect,

at least in part, the accumulation of nondegradable lipofuscin associated with oxidative stress and aberrant autophagy.<sup>1</sup> Alternatively, the lipid inclusions may be indicative of defective lipid metabolism with consequent lipid peroxidation, particularly of polyunsaturated fatty acids (PUFA).<sup>2</sup> Note that these concepts are not mutually exclusive, as lipofuscin contains abundant free PUFA.<sup>3</sup> Interestingly, there is growing evidence that the PUFA arachidonic acid and its metabolites contribute to AD.

#### Arachidonic Acid and Phospholipases

Two PUFAs predominate in the brain: arachidonic acid (AA) and docosahexaenoic acid (DHA). These are each present in abundance, being esterified in phospholipids in the multitude of membranes of all of the diverse types of cells throughout the different regions of the brain. Typically, bulky PUFAs like AA and DHA are attached at the central carbon of the glycerol backbone of phospholipids, which is designated the *sn*-2 position (Figure 2). The enzymes that release fatty acids from this position are, as a group, called phospholipases A<sub>2</sub> (PLA<sub>2</sub>). The superfamily of PLA<sub>2</sub>s has numerous members that may be divided into 15 groups within four major classes.<sup>4</sup> Of these, the group IV A (GIVA) PLA<sub>2</sub> $\alpha$ , known informally as cytosolic PLA<sub>2</sub> (cPLA<sub>2</sub>), releases AA preferentially, over DHA and other FAs at the *sn*-2 position, from membrane phospholipids. cPLA<sub>2</sub> immunoreactivity is elevated in AD brain<sup>5</sup> and cPLA<sub>2</sub> is induced within reactive glial cells in human cases of AD and in transgenic mice overexpressing mutant APP.<sup>6-8</sup> Amyloid protein A $\beta$ 42 directly increases cPLA<sub>2</sub> activity in astrocytes.<sup>9</sup> Genetic ablation or reduction of cPLA<sub>2</sub> in mice overexpressing mutant APP protects the mice against deficits in learning and memory, behavioral alterations, and premature mortality associated with A $\beta$  deposition.<sup>8</sup> Finally, a polymorphism of the gene encoding cPLA<sub>2</sub> was recently found in patients with late-onset AD but not in matched healthy controls.<sup>10</sup> Taken together, these studies suggest that aberrant action of this AA-selective PLA<sub>2</sub> is associated with AD, that activity is stimulated by A $\beta$ 42, and that cognitive deficits, to some extent, are due to that activity.



**Figure 1.** Secretase cleavage sites on APP. APP may be cleaved, first, by either  $\alpha$ - or  $\beta$ -secretase, producing soluble APP segments of 687 (APPs $\alpha$ ) or 671 (APPs $\beta$ ) amino acids (aa), respectively. Subsequent intramembrane cleavage at either of two sites by  $\gamma$ -secretase produces soluble fragments, termed p3 for the 24 and 26 aa peptides from  $\alpha/\gamma$  action and A $\beta$  for the 40 and 42 aa pieces from  $\beta/\gamma$  proteolysis.  $\beta$ 2-secretase (also called theta-secretase) can also hydrolyze APP. Numbers indicate residue position in APP.

The initial consequence of cPLA<sub>2</sub> activity is the release of AA. Direct imaging of radiolabeled AA in brains of live, non-anesthetized humans using positron emission tomography revealed increased AA metabolism in patients with AD than in controls,<sup>11</sup> placing AA at the site of disease. Fatty acids liberated from phospholipids are only transiently free before they are metabolized, bound by certain proteins, or reacylated into membranes. AA added to cells can directly initiate pathways that drive apoptosis and inhibition of reacylation of AA induces apoptosis in neurons.<sup>12</sup> Increased free AA is recognized as an important change in the early induction stage of ischemic cell death in brain neurons.<sup>13</sup> Regarding the development of neurofibrillary tangles, free PUFAs, and specifically AA, are well known to induce the polymerization of tau protein.<sup>14,15</sup> Also, AA directly interacts with subunits of NADPH oxidase, promoting its assembly and the formation of reactive oxygen species.<sup>16</sup> Finally, AA binds Rho GDP-dissociation inhibitor 1 (GDIR),<sup>17</sup> allowing guanine-nucleotide exchange and activation of small GTPases, which are known to be involved in AD.<sup>18</sup> Through these and other actions, AA directly plays a role in the pathogenesis of AD.

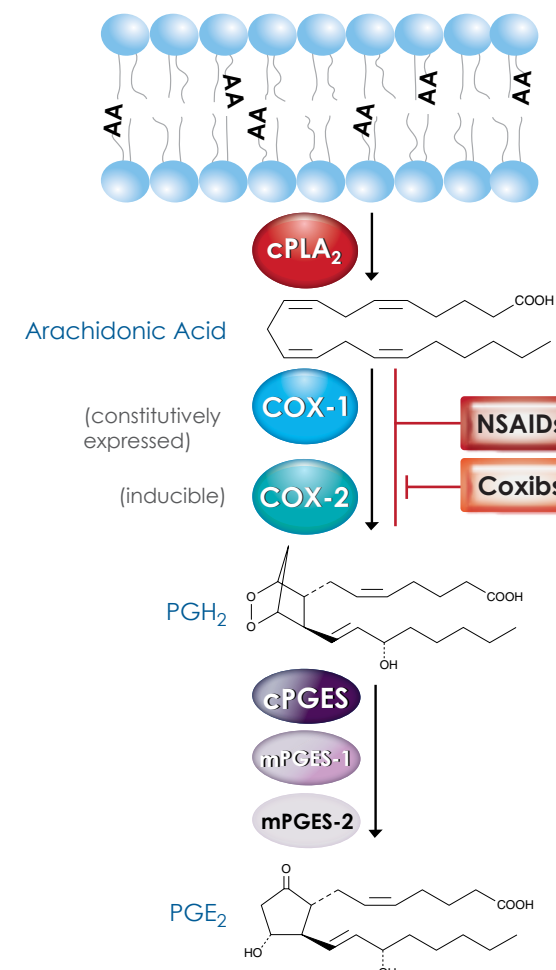
#### NSAIDs and Prostaglandins

In addition to directly contributing to the disease process, AA may be enzymatically converted to a large number of products which may also be important in AD. Foremost, AA may be modified by the cyclooxygenases (COX), COX-1 and COX-2, to initiate the biosynthesis of prostaglandins (PGs). Both COX-1 and COX-2 catalyze two modifications, an oxygenation and peroxidation, to give the intermediate PGH<sub>2</sub>, which is then processed by distal enzymes to give the active product (Figure 2). COX-1 is typically constitutively expressed, whereas the expression of COX-2 is induced by a variety of inflammatory cues. The best-known product, PGE<sub>2</sub>, is a pro-inflammatory mediator that is elevated in cerebrospinal fluid early in AD but decreased in advanced disease.<sup>19</sup> There are three PGE<sub>2</sub> synthases (PGES): constitutive (cPGES), microsomal-1 (mPGES-1), and microsomal-2 (mPGES-2). Both mPGES-1 and mPGES-2 are inducible, the former by inflammation and the latter by sulfhydryl-reducing reagents. The paired but transient induction of COX-2 and mPGES-1 during inflammation leads to a dramatic increase in PGE<sub>2</sub> synthesis, which in turn leads to a host of effects, including pain, fever, altered smooth muscle tone, sleep, and leukocyte suppression. Aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs), including ibuprofen and indomethacin, inhibit both COX isoforms non-selectively. Several COX-2 selective inhibitors (coxibs) have also recently been developed.

Numerous epidemiological studies have examined the effectiveness of long-term NSAID use in treating AD.<sup>20</sup> The results are equivocal, with some suggestion that NSAIDs may be protective in early stages of disease but deleterious in established disease.<sup>21</sup> Selective COX-2 inhibitors are, perhaps surprisingly, generally less effective, or possibly worse, than non-selective COX inhibitors. Positive staining for both COX-1 and COX-2, as well as mPGES-1, has been reported in brain tissue from patients with AD.<sup>22,23</sup> Interestingly, COX-1 activity, manifested as PGE<sub>2</sub> synthesis, precedes the induced expression of COX-2 when A $\beta$  is injected into rat brain.<sup>24</sup> In addition, the COX-1 selective inhibitor triflusal reduces neuroinflammation in a mouse model of AD.<sup>25</sup> Taken together, these results suggest that a COX-1/mPGES-1 pathway is important in initiating neuroinflammation triggered by A $\beta$  early in the development of AD, with COX-2/mPGES-1 action being secondary.

#### Directions

It is important to keep in mind what Alois Alzheimer noted more than a century ago: changes in lipid metabolism are a distinguishing feature in the brains of patients with AD. Both AA and PGE<sub>2</sub> appear to play distinct and important roles in AD. Clearly, they represent only a portion of the dysregulation in lipid metabolism. However, each contributes, in its own way, to the early pathogenesis of AD, indicating that further studies on these and related lipids might reveal useful ways to prevent or minimize the ultimate impact of the disease.



**Figure 2.** Biosynthesis of PGE<sub>2</sub>. cPLA<sub>2</sub> is an AA-selective enzyme that releases this PUFA from membrane phospholipids in response to A $\beta$ . Free AA is metabolized by constitutively-expressed COX-1 and inducible COX-2 to the intermediate PGH<sub>2</sub>. The synthesis of PGE<sub>2</sub> is completed by PGES, including cPGES, mPGES-1, and mPGES-2. NSAIDs inhibit both forms of COX, while coxibs selectively inhibit COX-2.

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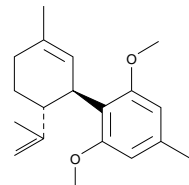




## O-1918

10004914

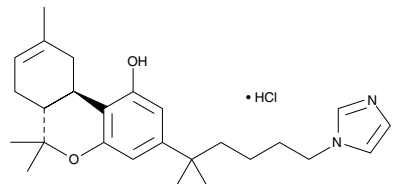
[536697-79-7]

**MF:** C<sub>19</sub>H<sub>26</sub>O<sub>2</sub> **FW:** 286.4 **Purity:** ≥98%A solution in methyl acetate **Stability:** ≥1 year at -20°C**Summary:** A cannabidiol analog that acts as a selective antagonist of Abn-CBD at the non-CB<sub>1</sub>/CB<sub>2</sub> endothelial receptor; does not bind to CB<sub>1</sub> or CB<sub>2</sub> receptors at concentrations up to 30 μM and inhibits the vasorelaxant effects of Abn-CBD *in vitro* and in whole animals; blocks the Abn-CBD-induced activation of the PtdIns 3-kinase/Akt pathway in human umbilical vein endothelial cells1 mg  
5 mg  
10 mg  
25 mg

1,3-dimethoxy-5-methyl-2-[(1R,6R)-3-methyl-6-(1-methylethenyl)-2-cyclohexen-1-yl]-benzene

## O-2545 (hydrochloride)

10009195

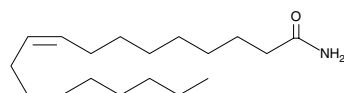
**MF:** C<sub>26</sub>H<sub>36</sub>N<sub>2</sub>O<sub>2</sub> • HCl **FW:** 445 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A potent water-soluble agonist of CB<sub>1</sub> and CB<sub>2</sub> receptors with K<sub>i</sub> values of 1.5 and 0.32 nM, respectively; when dissolved in saline, is highly efficacious in murine behavioral models when administered either intravenously or intracerebroventricularly500 μg  
1 mg  
5 mg  
10 mg

6a,7,10,10a-tetrahydro-3-[5-(1H-imidazol-1-yl)-1,1-dimethylpentyl]-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol, monohydrochloride

## 9-Octadecenamide

90375

[301-02-0] Oleamide

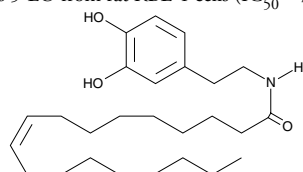
**MF:** C<sub>18</sub>H<sub>35</sub>NO **FW:** 281.5 **Purity:** ≥98%A crystalline solid **Stability:** ≥1 year at -20°C**Summary:** The amide of oleic acid first identified in the CSF of sleep-deprived cats; induces physiological sleep when injected into rats intraperitoneally at 5 to 50 mg doses50 mg  
100 mg  
500 mg  
1 g

9Z-octadecenamide

## N-Oleoyl Dopamine

10115

[105955-11-1] ODA

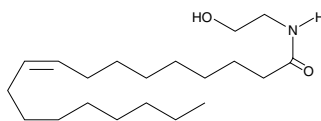
**MF:** C<sub>26</sub>H<sub>43</sub>NO<sub>3</sub> **FW:** 417.6 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** A selective, endogenous TRPV1 agonist that is a 'hybrid' analog, which incorporates components of both the AEA-like and dopamine neurotransmitter pathways; binds to the human recombinant TRPV1 (K<sub>i</sub> = 36 nM) with equipotency to that of capsaicin and slightly more potency than that of N-arachidonoyl dopamine; causes hyperalgesia and nocifensive behavior that is blocked by the TRPV1 antagonist iodo-resiniferatoxin; has weak affinity for the rat CB<sub>1</sub> receptor (K<sub>i</sub> = 1.6 μM) and is a very weak inhibitor of FAAH; inhibits 5-LO from rat RBL-1 cells (IC<sub>50</sub> = 7.5 nM)5 mg  
10 mg  
50 mg  
100 mg

N-[2-(3,4-dihydroxyphenyl)ethyl]-9Z-octadecenamide

## Oleoyl Ethanolamide

90265

[111-58-0] Oleic Acid Ethanolamide

**MF:** C<sub>20</sub>H<sub>39</sub>NO<sub>2</sub> **FW:** 325.5 **Purity:** ≥98%A crystalline solid **Stability:** ≥1 year at -20°C**Summary:** An analog of the endoCB AEA found in brain tissue and in chocolate whose biosynthesis is reduced in the intestine of rats following food deprivation; an endogenous, potent agonist for PPARα (EC<sub>50</sub> = 120 nM in a transactivation assay); systemic administration suppresses food intake and reduces weight gain in rats (10 mg/kg intraperitoneally) and PPARα wild type mice, but not in PPARα knockout mice5 mg  
10 mg  
50 mg  
100 mg

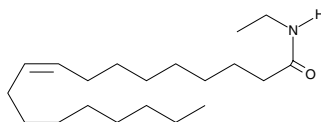
N-(2-hydroxyethyl)-9Z-octadecenamide

• Also Available: **Oleoyl Ethanolamide-d<sub>3</sub>** (9000552)

## Oleoyl Ethyl Amide

10005459

[85075-82-7] OEtA, N-Ethyloleamide

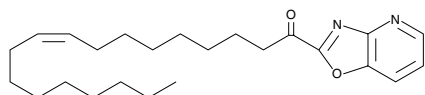
**MF:** C<sub>20</sub>H<sub>39</sub>NO **FW:** 309.5 **Purity:** ≥98%A solution in methyl acetate **Stability:** ≥1 year at -20°C**Summary:** A selective FAAH inhibitor (IC<sub>50</sub> = 5.25 nM in rat brain homogenates) with potential analgesic and anxiolytic activity; does not inhibit acidic PEA or bind to CB<sub>1</sub> or CB<sub>2</sub> receptors1 mg  
5 mg  
10 mg  
50 mg

N-ethyl-9Z-octadecenamide

## Oleoyl Oxazolopyridine

71650

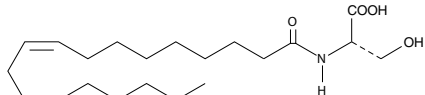
[288862-58-8] CAY10400

**MF:** C<sub>24</sub>H<sub>36</sub>N<sub>2</sub>O<sub>2</sub> **FW:** 384.6 **Purity:** ≥98%A solution in methyl acetate **Stability:** ≥1 year at -20°C**Summary:** A potent FAAH inhibitor exhibiting K<sub>i</sub> values of 1.3 and 2.3 nM for the human and rat enzymes, respectively100 μg  
500 μg  
1 mg  
5 mg

1-oxazo[4,5-b]pyridin-2-yl-octadec-9Z-en-1-one

## N-Oleoyl-L-Serine

13058

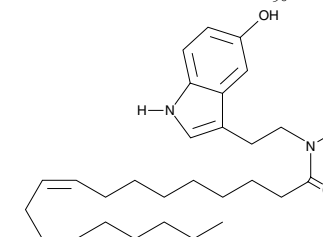
**MF:** C<sub>21</sub>H<sub>39</sub>NO<sub>4</sub> **FW:** 369.5 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** An endogenous lipid that has been reported to stimulate bone formation and to inhibit bone resorption1 mg  
5 mg  
10 mg  
50 mg

(S)-3-hydroxy-2-oleamidopropanoic acid

## NEW Oleoyl Serotonin

9000629

[1002100-44-8]

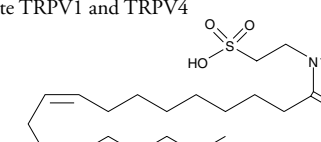
**MF:** C<sub>28</sub>H<sub>44</sub>N<sub>2</sub>O<sub>2</sub> **FW:** 440.1 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** A hybrid molecule patterned after N-arachidonoyl serotonin; inhibits capsaicin-induced TRPV1 channel activation (IC<sub>50</sub> = 2.57 μM) without blocking FAAH-mediated hydrolysis of arachidonoyl ethanolamine (IC<sub>50</sub> > 50 μM)5 mg  
10 mg  
50 mg  
100 mg

N-[2-(5-hydroxy-1H-indol-3-yl)ethyl]-9Z-octadecenamide

## N-Oleoyl Taurine

10005609

[52514-04-2]

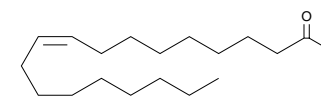
**MF:** C<sub>20</sub>H<sub>39</sub>NO<sub>4</sub>S **FW:** 389.6 **Purity:** ≥98%A solution in DMSO **Stability:** ≥1 year at -20°C**Summary:** A prominent amino-acyl endoCB isolated from rat brain during lipidomics profiling that may activate TRPV1 and TRPV4500 μg  
1 mg  
5 mg  
10 mg

2-[(1-oxo-9Z-octadecenyl)amino]-ethanesulfonic acid

## Oleoyl Trifluoromethyl Ketone

62640

[177987-23-4] OTK

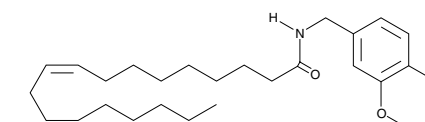
**MF:** C<sub>19</sub>H<sub>33</sub>F<sub>3</sub>O **FW:** 334.5 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** An analog of oleic acid in which the COOH group is replaced by trifluoromethyl ketone; it's a potent inhibitor of FAAH, in both human and rat; in transfected Cos-7 cells, 10 μM OTK inhibits 95.7% of human FAAH activity and 94.8% of rat FAAH activity1 mg  
5 mg  
10 mg  
50 mg

1,1,1-trifluoro-10Z-nonadecen-2-one

## Olvanil

90262

[58493-49-5] NE 19550, N-Vanillylloleamide

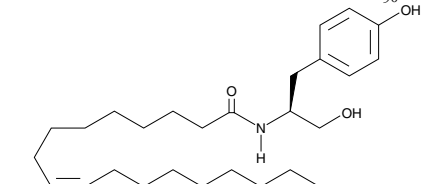
**MF:** C<sub>26</sub>H<sub>43</sub>NO<sub>3</sub> **FW:** 417.6 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C**Summary:** A structural analog of capsaicin, which is the noxious active component of hot peppers of the *Capsicum* genus, and the amide of vanillylamine and oleic acid; acts as an agonist at TRPV1, inducing desensitization analgesia in rat and murine models of pain; potentiates the agonist activity of endogenous CBs by inhibiting the reuptake of AEA; a more potent reuptake inhibitor than AM404, which is commonly used for this purpose (50% inhibition of reuptake at 10 μM versus 12% for AM404 at the same dose); a CB<sub>1</sub> agonist, but does not bind to CB<sub>2</sub> receptors or inhibit FAAH5 mg  
10 mg  
50 mg  
100 mg

N-[4-(4-hydroxy-3-methoxyphenyl)methyl]-9Z-octadecenamide

## OMDM-1

10171

(S)-N-Oleoyl Tyrosinol

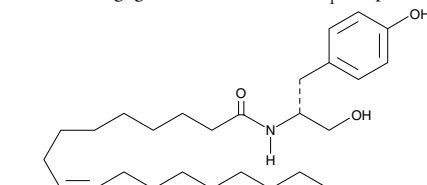
**MF:** C<sub>27</sub>H<sub>45</sub>NO<sub>3</sub> **FW:** 431.7 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** An endoCB analog that inhibits the cellular uptake of AEA (IC<sub>50</sub> = 2.4 μM)1 mg  
5 mg  
10 mg  
50 mg

(S)-N-(1-(4-hydroxyphenyl)-2-hydroxyethyl)oleamide

## OMDM-2

10179

(R)-N-Oleoyl Tyrosinol

**MF:** C<sub>27</sub>H<sub>45</sub>NO<sub>3</sub> **FW:** 431.7 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** An endoCB analog specifically designed to be a potent and selective inhibitor of the cellular uptake of AEA; inhibits the cellular uptake of tritiated AEA (IC<sub>50</sub> = 3 μM) in RBL-2H3 cells, with negligible effects on the CB<sub>1</sub> receptor and TRPV11 mg  
5 mg  
10 mg  
50 mg

(R)-N-(1-(4-hydroxyphenyl)-2-hydroxyethyl)oleamide

## Orexin Receptor 1

## STEP Reporter Assay Kit (Luminescence)

600240

OX1R

**Stability:** ≥1 year at -80°C**Summary:** The OX1R may be an important therapeutic target for treatment of sleep disorders, obesity, emotional stress, and addiction. Cayman's Orexin 1 Receptor STEP Reporter Assay (Luminescence) consists of a 96-well plate coated with both OX1R and SEAP reporter constructs (OX1R STEP Plate). Cells grown on the STEP complex will express OX1R at the cell surface. Binding of agonists to OX1R initiates a signal transduction cascade resulting in expression of SEAP which is secreted into the cell culture medium. SEAP activity is measured following addition of a luminescence-based alkaline phosphatase substrate provided in the kit.

100 tests

## Orexin Receptor 2

## STEP Reporter Assay Kit (Luminescence)

600250

OX2R

**Stability:** ≥1 year at -80°C**Summary:** The OX2R may be an important therapeutic target for treatment of sleep disorders, obesity, emotional stress, and addiction. Cayman's Orexin 2 Receptor STEP Reporter Assay (Luminescence) consists of a 96-well plate coated with both OX2R and SEAP reporter constructs (OX2R STEP Plate). Cells grown on the STEP complex will express OX2R at the cell surface. Binding of agonists to OX2R initiates a signal transduction cascade resulting in expression of SEAP which is secreted into the cell culture medium. SEAP activity is measured following addition of a luminescence-based alkaline phosphatases substrate provided in the kit.

100 tests



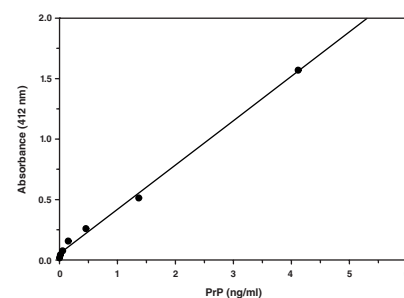
Prion Protein Antibodies					
Item No.	Item Name	Formulation	Host	Cross Reactivity	Application
189750	PrP Monoclonal Antibody (308)	200 µg lyophilized IgG containing 200 µg BSA	Mouse	(+) Hamster, murine, ovine, and human PrP (-) Bovine PrP	IHC and WB
10009030	PrP Monoclonal Antibody (11C6)	Lyophilized IgG	Mouse	(+) Human and murine PrP	EIA, FC, and WB
189710	PrP Monoclonal Antibody (12F10)	Lyophilized IgG	Mouse	(+) Human, bovine, and ovine PrP (-) Hamster and murine PrP	IHC and WB
10009025	PrP Monoclonal Antibody (2G11)	200 µg lyophilized IgG containing 200 µg BSA	Mouse	(+) Human and hamster PrP	IHC
189760	PrP Monoclonal Antibody (8G8)	Lyophilized IgG	Mouse	(+) Hamster, murine, ovine, and human PrP (-) Bovine PrP	IHC and WB
10009034	PrP Monoclonal Antibody (BAR221)	Lyophilized IgG	Sheep	(+) Murine, bovine, ovine, and human PrP	EIA, FC, IHC, and WB
10009035	PrP Monoclonal Antibody (BAR224)	Lyophilized IgG	Sheep	(+) Murine, bovine, and ovine PrP (-) Human PrP	EIA, FC, IHC, and WB
10009036	PrP Monoclonal Antibody (BAR233)	Lyophilized IgG	Sheep	(+) Murine, ovine, and human PrP	EIA, FC, and WB
10009037	PrP Monoclonal Antibody (BAR236)	Lyophilized IgG	Sheep	(+) Murine, ovine, and human PrP	EIA, FC, and WB
189720	PrP Monoclonal Antibody (SAF-32)	Lyophilized IgG	Mouse	(+) Human, hamster, bovine, ovine, and murine PrP	ELISA, FC, IHC, and WB
189730	PrP Monoclonal Antibody (SAF-53)	200 µg lyophilized IgG containing 200 µg BSA	Mouse	(+) Human, hamster, and murine PrP (-) Bovine and ovine PrP	ELISA and FC
189740	PrP Monoclonal Antibody (SAF-54)	200 µg lyophilized IgG containing 200 µg BSA	Mouse	(+) Human, hamster, bovine, ovine, and murine PrP	IHC
189755	PrP Monoclonal Antibody (SAF-61)	200 µg lyophilized IgG containing 200 µg BSA	Mouse	(+) Hamster, murine, bovine, ovine, and human PrP	ELISA and FC
189770	PrP Monoclonal Antibody (SAF-70)	Lyophilized IgG	Mouse	(+) Hamster, murine, bovine, ovine, and human PrP	WB
189765	PrP Monoclonal Antibody (SAF-83)	200 µg lyophilized IgG containing 200 µg BSA	Mouse	(+) Hamster and murine PrP (-) Human, bovine, and ovine PrP	ELISA, FC, and WB
189775	PrP Monoclonal Antibody (SAF-84)	200 µg lyophilized IgG containing 200 µg BSA	Mouse	(+) Hamster, bovine, ovine, and murine PrP (-) Human PrP	IHC and WB

### Prion Protein EIA Kit\* 589751

**Stability:** ≥6 months at -20°C

**Summary:** This EIA is based on a double-antibody sandwich technique and has been validated for the detection of native cellular prion protein (PrP<sup>c</sup>) in brain extracts. It can also be used to detect PrP<sup>c</sup> extracted from other tissues, as well as denatured PrP and recombinant PrP. The antibodies used in this kit were raised against SAF from hamster brain and crossreact with PrP from most mammalian species including murine, human, ovine, and cattle.

96 wells



### Pristimerin 13621

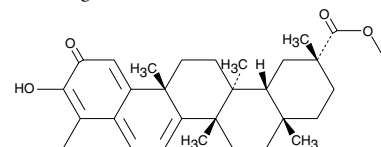
[1258-84-0] *Celastrul methyl ester*, NSC 99281

**MF:** C<sub>30</sub>H<sub>40</sub>O<sub>4</sub> **FW:** 464.6 **Purity:** ≥98%

A crystalline solid **Stability:** ≥2 years at -20°C

**Summary:** A naturally occurring terpenoid that potently inhibits MAGL (IC<sub>50</sub> = 93 nM); at 1 µM, significantly inhibits endogenous MAGL in isolated rat neurons

5 mg  
10 mg  
25 mg  
50 mg



*3-hydroxy-9β,13α-dimethyl-2-oxo-24,25,26-trinoroleana-1(10),3,5,7-tetraen-29-oi acid, methyl ester*

\*SPL-BIO Assays are available through Cayman Chemical only within North & South America and Asia; elsewhere contact SPL-BIO.

### Prostaglandin D Synthase (lipocalin-type) Polyclonal Antibody 160003

*Lipocalin-PGDS, L-PGDS*

**Supplied as:** peptide affinity-purified IgG **Stability:** ≥1 year at -20°C

**Summary:** Antigen: human L-PGDS amino acids 30-41 • Host: rabbit • Cross Reactivity: (+) human and murine L-PGDS; (-) H-PGDS • Application(s): WB • L-PGDS catalyzes the isomerization of PGH<sub>2</sub> to produce PGD<sub>2</sub>. The enzyme is localized in the CNS and male genital organs of various mammals and the human heart.

1 ea

### Prostaglandin D Synthase (lipocalin-type; human) EIA Kit 10007684

*Lipocalin-PGDS, L-PGDS*

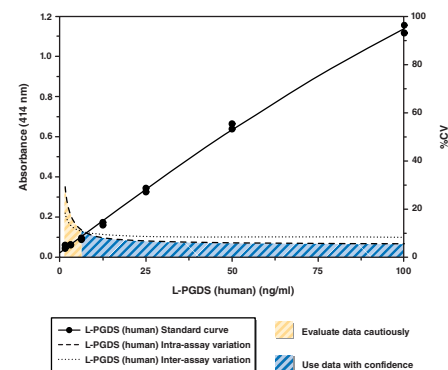
**Stability:** ≥6 months at -20°C

**Limit of Detection:** 6 ng/ml

**Summary:** Lipocalin-type PGDS (β-trace) has two functions: it catalyzes the conversion of PGH<sub>2</sub> to PGD<sub>2</sub> and acts as a carrier protein for lipid-like molecules (*i.e.*, retinoids and thyroid hormones). L-PGDS is present in a variety of body fluids including CSF, seminal fluid, and plasma. This assay has been validated using CSF which contains approximately 12-30 µg/ml of L-PGDS.

96 strip/solid wells

480 strip/solid wells



### Prostaglandin D Synthase (lipocalin-type; human) Monoclonal Antibody (clone 10A5) 10004342

*Lipocalin-PGDS, L-PGDS*

**Supplied as:** purified IgG **Stability:** ≥6 months at -20°C

**Summary:** Antigen: recombinant human L-PGDS • Host: rat, clone 10A5 • Isotype: IgG<sub>1κ</sub> • Cross Reactivity: (+) human and murine L-PGDS • Application(s): IHC and WB • L-PGDS catalyzes the isomerization of PGH<sub>2</sub> to produce PGD<sub>2</sub>. The enzyme is localized in the CNS and male genital organs of various mammals and the human heart.

1 ea

### Prostaglandin D Synthase (lipocalin-type; human) Western Ready Control 10009741

*Lipocalin-PGDS, L-PGDS*

**Purity:** Whole cell lysate **Stability:** ≥2 years at -20°C

**Source:** human recombinant N-terminal GST-tagged L-PGDS expressed in *E. coli* • Application(s): Positive control for WB

1 ea

### Prostaglandin D Synthase (lipocalin-type; human recombinant) 10006788

*Lipocalin-PGDS, L-PGDS*

**M<sub>r</sub>:** 46 kDa **Purity:** ≥95% **Stability:** ≥6 months at -80°C

**Supplied in:** 50 mM sodium phosphate, pH 7.2, containing 20% glycerol, 150 mM sodium chloride, 1 mM DTT, and 0.5 mM EDTA

**Source:** recombinant enzyme expressed in *E. coli*

100 µg  
250 µg  
500 µg

### Prostaglandin D Synthase (lipocalin-type; murine) Polyclonal Antibody 10004344

*Lipocalin-PGDS, L-PGDS*

**Supplied as:** peptide affinity-purified IgG **Stability:** ≥6 months at -20°C

**Summary:** Antigen: recombinant murine L-PGDS • Host: rabbit • Cross Reactivity: (+) human and murine L-PGDS • Application(s): IHC and WB • L-PGDS catalyzes the isomerization of PGH<sub>2</sub> to produce PGD<sub>2</sub>. The enzyme is localized in the CNS and male genital organs of various mammals and the human heart.

1 ea

### Prostaglandin D Synthase (lipocalin-type; murine recombinant) 10006787

*Lipocalin-PGDS, L-PGDS*

**M<sub>r</sub>:** 46 kDa **Purity:** ≥95% **Stability:** ≥6 months at -80°C

**Supplied in:** 50 mM sodium phosphate, pH 7.2, containing 20% glycerol, 150 mM sodium chloride, 1 mM DTT, and 0.5 mM EDTA

**Source:** recombinant GST-tagged L-PGDS expressed in *E. coli*

100 µg  
250 µg  
500 µg

### Prostaglandin D Synthase (lipocalin-type; rat recombinant) 10010548

*Lipocalin-PGDS, L-PGDS*

**M<sub>r</sub>:** 47.5 kDa **Purity:** ≥95% **Stability:** ≥6 months at -80°C

**Supplied in:** 50 mM sodium phosphate, pH 7.2, containing 100 mM sodium chloride, 1 mM DTT, 0.5 mM EDTA, and 20% glycerol

**Source:** recombinant N-terminal GST-tagged L-PGDS expressed in *E. coli*

100 µg  
250 µg  
500 µg

### Prostaglandin D<sub>2</sub> 12010

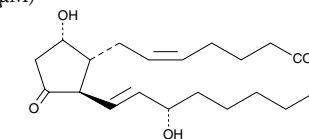
[41598-07-6]

**MF:** C<sub>20</sub>H<sub>32</sub>O<sub>5</sub> **FW:** 352.5 **Purity:** ≥99%\*

A crystalline solid **Stability:** ≥1 year at -20°C

**Summary:** The major eicosanoid product of mast cells released in large quantities during allergic and asthmatic anaphylaxis; also produced in the brain *via* an alternative pathway involving a soluble, secreted PGD-synthase also known as β-trace where it induces normal physiological sleep and lowering of body temperature; inhibits platelet aggregation, relaxes vascular smooth muscle, and inhibits human ovarian tumor cell proliferation (IC<sub>50</sub> = 6.8 µM)

1 mg  
5 mg  
10 mg  
50 mg



*9α,15S-dihydroxy-11-oxo-prosta-5Z,13E-dien-1-oi acid*

\* Also Available: Prostaglandin D<sub>2</sub>-d<sub>4</sub> (312010)

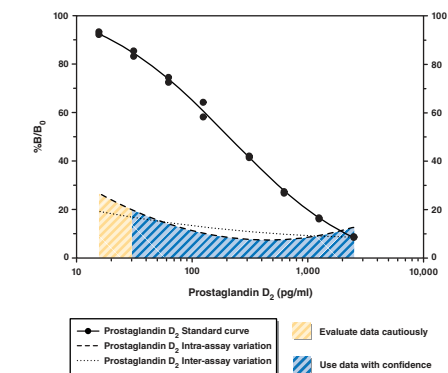
### Prostaglandin D<sub>2</sub> EIA Kit 512031

**Stability:** ≥1 year at -80°C

**Sensitivity:** 50% B/B<sub>0</sub>: 240 pg/ml • 80% B/B<sub>0</sub>: 55 pg/ml

**Summary:** The direct measurement of PGD<sub>2</sub> in an EIA format is made possible with Cayman's PGD<sub>2</sub> EIA Kit. The antibody utilized in this assay was generated in a unique way allowing the direct measurement of PGD<sub>2</sub> without prior conversion to the methoximine compound, as required in our PGD<sub>2</sub>-MOX and PGD<sub>2</sub>-MOX Express EIA Kits (Item Nos. 512011 and 500151). The assay has been validated specifically for PGD<sub>2</sub> measurements from tissue culture supernatants or purified enzyme preparations.

96 strip/solid wells  
480 strip/solid wells



\* Also Available: Prostaglandin D<sub>2</sub> FPIA Kit - Red (10007835)

\* Also Available: Prostaglandin D<sub>2</sub> FPIA Kit - Green (500581)

\*All 5-cis 2-series PGs (those containing a 5,6-double bond) will contain a small amount of the 5-trans isomer. This isomer is generally undetectable using normal phase silica columns and plates, but may be resolved using RP-HPLC. The purity for all such 2-series PGs excludes the 1-3% trans isomer which will generally be present.

Thomas G. Brock, Ph.D.

# 'Spice' Wars

The names 'Spice Diamond', 'Spike99', and 'K2 Summit' might be found on a weekend volleyball tournament listing. Remarkably, they are also found on lists compiled by the Chilean Ministry of Health, the Chief Medical Officer of the Russian Federation, and the United Kingdom's Advisory Council on the Misuse of Drugs. They are commonly called 'Spice blends', or simply 'spice', and refer to plant materials adulterated with CB-like drugs sold in convenient resealable pouches (Figure 1). These herbal products are creating the same drug testing challenge that has plagued sporting events like the Olympics and the Tour de France: keeping up with resourceful suppliers. The World Anti-Doping Agency has organized and streamlined drug testing in sports. Unfortunately, testing and enforcement of Spice blends depends on scattered forensic labs and byzantine legislatures, stacking the game decidedly in favor of the suppliers. Step one in countering these designer drugs is understanding the opposition. Let's get started.



Figure 1. Some spice blends

## What's on the Label?

**WARNING: NOT FOR HUMAN CONSUMPTION!** That's standard on many labels. Some products are described as 'herbal incense' and for 'meditation', suggesting that they might be burnt and that the smoke might alter your mood. Some are sold as 'pre-rolled joints'. The original spice products (Spice Silver, Gold, and Diamond) were described as containing mixtures of traditionally-used medicinal herbs, each with potential mood-altering effects. For example, skullcap (*S. nana*) reduces anxiety and insomnia, sacred lotus (*N. nucifera*) provides a pleasant, dreamy feeling, and Indian warrior (*P. densiflora*) is a muscle relaxant. Presumably, different blends of these and other plants would provide distinct overall effects. In fact, all Spice blends produced a cannabis-like high. You can find 'Spice blends' at eHeadShops, like FastAroma.com, which reports that K2 Summit contains "a combination of rare plants, herbal extracts, and botanical concentrates." TopK2.net puts in bold that the product is "100% legal" and provides a buyer review that "K2 is better than the real thing. I can't believe it's still legal." Some sites reassure customers that products are "new formulations" and "do not contain THC ( $\Delta^9$ -tetrahydrocannabinol) or illegal synthetic CBs." In part, this suggests that they will pass a drug test. Let the buyer beware.

## Cannabis and cannabinoids

Like all herbs, *C. sativa* contains a mixture of chemicals, including THC and cannabidiol (Figure 2). In the body, THC activates two classical CB receptors, CB<sub>1</sub> and CB<sub>2</sub>, as well as GPR55. CB<sub>1</sub> is restricted primarily to neuronal cells and is located at various sites within the brain, while CB<sub>2</sub> is more diffusely distributed, being present on leukocytes, splenocytes, peripheral and enteric neurons, and possibly other cell types. Because of their different distributions, it is presumed that CB<sub>1</sub> and CB<sub>2</sub> have distinct roles in producing the effects on mood, appetite, immunity, memory, and pain perception that are produced by THC and other CBs. GPR55 is abundant in the brain, ileum, and bone cells; however, its function is unclear. Interestingly, cannabidiol does not activate either CB<sub>1</sub> or CB<sub>2</sub>, but

instead activates GPR55 and a serotonin receptor. As a result, cannabidiol lacks the psychotropic effects of THC and, in fact, has some distinct, opposing effects from THC.

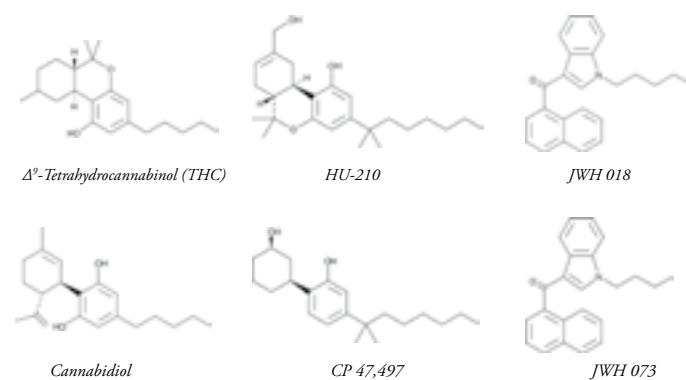


Figure 2. Structures of some natural and synthetic cannabinoids

Numerous compounds, both natural and synthetic, that activate CB<sub>1</sub> and CB<sub>2</sub> have been discovered. The endogenous ligands for these receptors, as well as GPR55, are called 'endoCBs' and include bioactive lipids like arachidonoyl ethanolamide, or anandamide. The first generation of laboratory-generated compounds was developed primarily to facilitate the discovery of receptors for THC (before CB<sub>1</sub> and CB<sub>2</sub> had been isolated). The structure of these synthetic CBs were initially subtle variations of THC and included HU-210 (Figure 2). This, in turn, led to the development of a cyclohexylphenol (CP) series, including CP 47,497 and CP 55,940, which proved to be 20 to 100 times more potent than THC in certain tests. With the discovery of two receptors for CBs, it was hypothesized that compounds could be produced that selectively activated receptors to produce certain effects (e.g., pain reduction) without others (e.g., psychotropic alterations). This pursuit was led by Billy Martin and John W. Huffman who have produced a large number of 'JWH' compounds, many based on an aminoalkylindole structure. These vary in receptor selectivity and potency. Many, like JWH 018, are much more potent than THC at both CB<sub>1</sub> and CB<sub>2</sub>. Importantly, almost nothing is known about the pharmacology, toxicology, and safety profile of JWH compounds in humans.

## Discovery and Analysis

In 2009, German scientists reported the presence of either JWH 018 or a homolog of CP 47,497 in several herbal blends, including the original Spice products.<sup>1</sup> Self-testing produced alteration of mood and perception, considerably reddened conjunctivae, tachycardia, and xerostomia (dry mouth). The conclusion was that "CB-like designer drugs were used as adulterants in commercially available products designed for inhalative application."<sup>1</sup> Shortly thereafter, the C8-homolog of CP 47,497 and JWH 018 were again found in herbal blends.<sup>2,3</sup> Moreover, JWH 073, a minor variant of JWH 018, was also detected for the first time.<sup>3</sup> In an analysis of forty-six differently named herbal products, Uchiyama and colleagues found varying ratios of JWH 018, JWH 073, and CP 47,497-C8 in forty-four samples.<sup>4</sup> Many samples also contained CP 47,497, its *trans*-diastereomer, and the *trans*-diastereomer of CP 47,497-C8, as well as the endoCB oleamide. Moreover, three additional compounds related to CP 47,497 were observed but not identified.<sup>4</sup> Taken together, these studies demonstrated that many herbal blends are, in fact, blends of natural and synthetic CBs.

Cannabinoid	K2	Tribal Warrior	Spike99	exSES	Neder Gold
(±)-CP 47,497				++	
(±)-CP 47,497-C8		++	++	++	
JWH 018	+++	++++	+++		
JWH 019			+		
JWH 073	+++	++	+++		
JWH 200	+++				
JWH 250		++	+++		

Table 1. Identification of synthetic cannabinoids in herbal blends, by Cayman's laboratories.

In an effort to develop products and methods to identify adulterated blends, Cayman has prepared a mixture of 12 synthetic CB standards (Item No. 13830) and developed an automated method to screen for and positively identify these compounds in commercial herbal products. In this approach, a standardized HPLC method is used in order to match retention times with known standards and both MS and MS/MS spectra are generated under reproducible conditions and imported into a searchable MS library database. Ion Trap MS is ideally suited for this application because fragmentation occurs in discrete stages and can be carefully controlled at each stage. Using this methodology, five commercially-available herbal blends were analyzed at Cayman's laboratories, and four were found to contain a mixture of synthetic CBs (Table 1). Importantly, two novel compounds, JWH 200 and JWH 250, were positively identified, suggesting that the variety of synthetic CBs that are currently in use may be underappreciated. Cayman Chemical intends to continue developing products and methods to aid the forensic analysis of synthetic CBs.

As indicated above, little is known about the metabolism of synthetic CBs, so users don't fear drug testing. However, recent analysis of urine samples following herbal use indicated that JWH 018 can be detected in urine as its metabolites, formed by hydroxylation of the indole ring and the N-alkyl chain.<sup>5</sup> These results supported an earlier analysis of the metabolism of JWH 015 by liver microsomes.<sup>6</sup> Studies on the identification of JWH 018 in human serum following consumption by smoking indicate that it remains in the circulation for a few hours.<sup>1,7</sup> Thereafter, its metabolites must be detected. Cayman has synthesized a number of these metabolites of JWH compounds, again to facilitate their detection. Thus, the capacity for effective testing of synthetic CBs in urine and serum is near at hand.

## The Game is Afoot!

As near as can be discerned, Spice blends have been available since at least 2006. The impression is that the diversity of products and CB adulterants is increasing, and forensics has a long way to go to catch up. Complicating this problem, the herbal blends are available world-wide and each country is reacting individually and at its own rate. Certain countries, including Sweden and Germany, have listed HU-210, CP 47,497 and homologs, and JWH 018 as narcotics,<sup>8</sup> leaving other JWH compounds available for sale. In the United States, the Drug Enforcement Administration currently lists these as Drugs and Chemicals of Concern, although some states and branches of the military have banned the possession of certain herbal blend products.

Case reports of the effects of Spice abuse are emerging, demonstrating withdrawal phenomena, dependence syndrome, and triggering of psychotic episodes in susceptible individuals.<sup>9,10</sup> Regarding this latter report, it has been proposed that Spice blends may have a higher potency for psychosis, as they lack cannabidiol, which has antipsychotic potency and may serve to counter the psychotic effects of THC in *C. sativa*.<sup>10</sup> Interestingly, recent on-line reviews by users suggest that sellers are providing different blends,

some spiked with CBs and some not, for certain products sent to different countries. Customers, as well as enforcement agencies, may be challenged when guessing what's in a blend, regardless of what's on the label. At least the enforcement agencies can count on Cayman to develop methods and products to facilitate testing.

Product Type	Names (catalog numbers)
<b>Synthetic Cannabinoid HPLC Mixture (13830)</b>	Includes (±)-CP 47,497, (±)-CP 47,497-C8-homolog, (±)-CP 55,490, HU-308, HU-331, JWH 015, JWH 018, JWH 019, JWH 073, JWH 200, JWH 250, WIN 55212-2
<b>CP 47,497</b>	(±)-CP 47,497 (16851), (+)-CP 47,497 (13219), (-)-CP 47,497 (13218), (±)-CP 47,497-C8-homolog (13216), (±)-epi CP 47,497 (13801), (±)-3-epi CP 47,497-C8-homolog (13802)
<b>CP 55,940</b>	(±)-CP 55,940 (13241), (+)-CP 55,940 (13608), (-)-CP 55,940 (90084), (±)-5-epi CP 55,940 (13803)
<b>HU compounds</b>	HU-210* (90082), HU-211 (10006350), HU-308 (90086), HU-331 (10005673)
<b>JWH compounds</b>	JWH 007-d9 (10486), JWH 015 (10009018), JWH 018 (13169), JWH 018-d9 (13824), JWH 019 (13633), JWH 073 (13170), JWH 073-d7 (9000868), JWH 081 (10579), JWH 200 (13171), JWH 250 (13634), JWH 251 (10578), JWH 398 (13636)
<b>JWH metabolites</b>	JWH 018 2-hydroxyindole metabolite (9000844), JWH 018 4-hydroxyindole metabolite (9000851), JWH 018 5-hydroxyindole metabolite (9000852), JWH 018 6-hydroxyindole metabolite (9000853), JWH 018 7-hydroxyindole metabolite (9000854), JWH 018 N-(5-hydroxypentyl) metabolite (9000855), JWH 018 N-pentanoic acid metabolite (9000856), JWH 073 4-hydroxyindole metabolite (9000861), JWH 073 5-hydroxyindole metabolite (9000862), JWH 073 6-hydroxyindole metabolite (9000863), JWH 073 7-hydroxyindole metabolite (9000864), JWH 073 N-(5-hydroxybutyl) metabolite (9000865), JWH 073 N-butanoic acid metabolite (9000866), JWH 073 N-butanoic acid metabolite-d5 (9000870)
<b>Others</b>	9-Octadecanamide (90375), Cannabidiol* (90080), WIN 55212-2 (10009023)

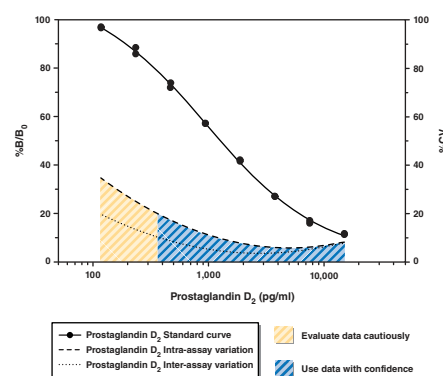
Table 2. Synthetic cannabinoids available from Cayman Chemical. \*DEA Schedule 1 Regulated Compound

## References

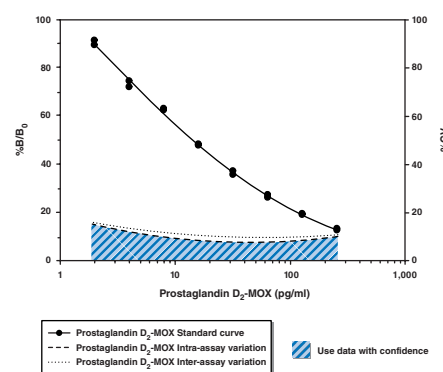
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**NEW** Prostaglandin D<sub>2</sub> Express EIA Kit

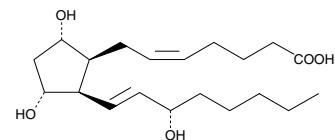
512041

**Stability:** ≥6 months at -80°C**Sensitivity:** 50% B/B<sub>0</sub>: 1,300 pg/ml • 80% B/B<sub>0</sub>: 350 pg/ml**Specificity:** Refer to PGD<sub>2</sub> EIA Kit (Item No. 512031)96 strip/solid wells  
480 strip/solid wellsProstaglandin D<sub>2</sub>-MOX EIA Kit

512011

**Stability:** ≥1 year at -20°C**Sensitivity:** 50% B/B<sub>0</sub>: 15 pg/ml • 80% B/B<sub>0</sub>: 3.1 pg/ml96 strip/solid wells  
480 strip/solid wells8-iso Prostaglandin F<sub>2α</sub>

16350

[27415-26-5] *iPF*<sub>2α</sub>-III, 8-Isoprostane, 8-*epi* PGF<sub>2α</sub>, 15-F<sub>2t</sub>-Isoprostane**MF:** C<sub>20</sub>H<sub>34</sub>O<sub>5</sub> **Purity:** ≥99%\*A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** An isoprostane produced by the non-enzymatic peroxidation of arachidonic acid in membrane phospholipids and the most frequently studied member of the isoprostane family1 mg  
5 mg  
10 mg  
50 mg

9α,11α,15S-trihydroxy-(8β)-prosta-5Z,13E-dien-1-oic acid

\* Also Available: 8-iso Prostaglandin F<sub>2α</sub>-d<sub>4</sub> (316350)Prostaglandin I Synthase  
Polyclonal Antibody

160640

*PGIS, Prostacyclin Synthase***Supplied as:** peptide affinity-purified IgG **Stability:** ≥1 year at -20°C**Summary:** Antigen: bovine PGIS amino acids 299-329 • Host: rabbit • Cross Reactivity: (+) bovine, ovine, and human PGIS • Application(s): IP and WB • PGIS catalyzes the isomerization of PGH<sub>2</sub> to PGI<sub>2</sub>.

1 ea

\* Also Available: Prostaglandin I Synthase (murine) Polyclonal Antibody (100023)

## PSD95 Monoclonal Antibody (Clone 7E3)

10011436

*Postsynaptic Density Protein 95***Supplied as:** protein G affinity-purified IgG at a concentration of 1 mg/ml in PBS, pH 7.4, containing 0.09% sodium azide and 50% glycerol**Stability:** ≥1 year at -20°C**Summary:** Antigen: rat recombinant PSD95 • Host: mouse, clone 7E3 • Isotype: IgG<sub>2a</sub> • Cross Reactivity: (+) murine, rat, and bovine PSD95 • Application(s): WB • PSD95, also known as synapse-associated protein 90 kDa, is a member of the membrane-associated guanylate kinase family of proteins. PSD95 is a scaffolding protein and is involved in the assembly and function of the postsynaptic density complex.25 µg  
100 µg

## PSD95 Monoclonal Antibody (Clone 6G6)

10011435

*Postsynaptic Density Protein 95***Supplied as:** protein G affinity-purified IgG at a concentration of 1 mg/ml in PBS, pH 7.4, containing 0.09% sodium azide and 50% glycerol **Stability:** ≥1 year at -20°C**Summary:** Antigen: rat recombinant PSD95 • Host: mouse, clone 6G6 • Isotype: IgG<sub>2a</sub> • Cross Reactivity: (+) murine, rat, and bovine PSD95 • Application(s): ICC and WB • PSD95, also known as synapse-associated protein 90 kDa, is a member of the membrane-associated guanylate kinase family of proteins. PSD95 is a scaffolding protein and is involved in the assembly and function of the postsynaptic density complex.25 µg  
100 µg

## PSD95 Polyclonal Antibody

10009506

*Postsynaptic Density Protein of 95***Supplied as:** affinity-purified IgG **Stability:** ≥1 year at -20°C**Summary:** Antigen: peptide corresponding to amino acid residues from the N-terminal region of rat PSD95 • Host: rabbit • Cross Reactivity: (+) rat and murine PSD95; expected to react with bovine, human, non-human primates, and zebrafish • Application(s): WB • PSD95 is a very prominent component of the postsynaptic densities of synapses.

1 ea

Ribosomal S6 Kinase 2  
Polyclonal Antibody

10009411

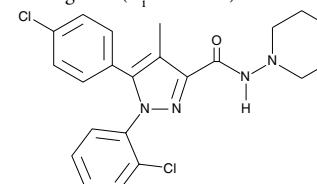
*RSK2***Supplied as:** peptide affinity-purified antibody **Stability:** ≥1 year at -20°C**Summary:** Antigen: peptide corresponding to amino acid residues from the C-terminal region of rat ribosomal S6 kinase 2 • Host: rabbit • Cross Reactivity: (+) rat RSK2; expected to react with bovine, canine, chicken, murine, and human RSK2 • Application(s): WB • The p90 RSKs 1-4 are downstream members of the extracellular signal-regulated kinase MAPK cascade. The loss of RSK2 activity in humans leads to Coffin-Lowry syndrome, which is characterized by mental retardation and growth deficit.

1 ea

## Rimonabant

9000484

[168273-06-1] SR141716

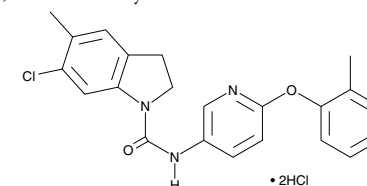
**MF:** C<sub>22</sub>H<sub>21</sub>Cl<sub>3</sub>N<sub>4</sub>O **FW:** 463.8 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A selective CB<sub>1</sub> receptor inverse agonist (K<sub>i</sub> = 1.8 nM)5 mg  
10 mg  
25 mg  
50 mg

5-(4-chlorophenyl)-1-(2,4-dichlorophenyl)-4-methyl-N-1-piperidinyl-1H-pyrazole-3-carboxamide

**NEW** SB 242084 (hydrochloride)

10096

[1049747-87-6]

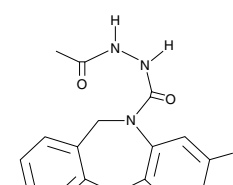
**MF:** C<sub>21</sub>H<sub>19</sub>ClN<sub>4</sub>O<sub>2</sub> • 2HCl **FW:** 467.8 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** An antagonist of the 5-HT<sub>2C</sub> receptor (pK<sub>i</sub> = 9.0), with at least 100-fold more selectivity over other 5-HT, dopamine, or adrenergic receptors; brain penetrant with significant anxiolytic activity; used extensively in animal research1 mg  
5 mg  
10 mg  
25 mg

6-chloro-2,3-dihydro-5-methyl-N-[6-[(2-methyl-3-pyridinyl)oxy]-3-pyridinyl]-1H-indole-1-carboxamide, dihydrochloride

## SC-19220

14060

[19395-87-0]

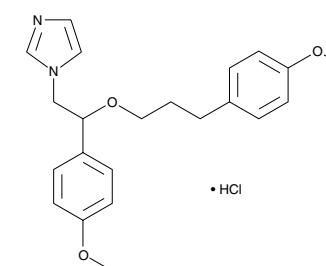
**MF:** C<sub>16</sub>H<sub>14</sub>ClN<sub>3</sub>O<sub>3</sub> **FW:** 331.8 **Purity:** ≥96%A crystalline solid **Stability:** ≥1 year at -20°C**Summary:** A dibenzoxazepine which acts as a selective antagonist of PGE<sub>2</sub> at the human EP<sub>1</sub> receptor (IC<sub>50</sub> = 6.7 µM); at doses between 0.3-300 µM, is a competitive antagonist of PGE<sub>2</sub>-induced smooth muscle contractions of guinea pig ileum and stomach and trachea; binds very weakly and shows no selectivity for the murine EP<sub>1</sub> receptor1 mg  
5 mg  
10 mg  
25 mg

8-chloro-dibenz[b,f][1,4]oxazepine-10(11H)-carboxy-(2-acetyl)hydrazide

## SKF-96365 (hydrochloride)

10009312

[130495-35-1]

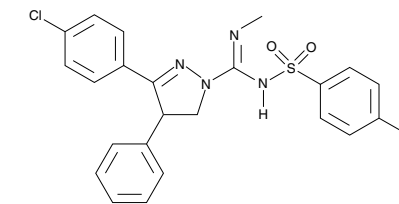
**MF:** C<sub>22</sub>H<sub>26</sub>N<sub>2</sub>O<sub>3</sub> • HCl **FW:** 402.9 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** Inhibits the receptor-mediated influx of calcium *via* voltage-gated calcium channels (IC<sub>50</sub> = 10 µM); inhibits the acetylcholine-induced depolarization of circular smooth muscle in a dose-dependent manner at 3-50 µM1 mg  
5 mg  
10 mg  
50 mg

1-[2-(4-methoxyphenyl)-2-[3-(4-methoxyphenyl)propoxy]ethyl]-1H-imidazole, monohydrochloride

## (±)-SLV 319

10009226

[362519-49-1]

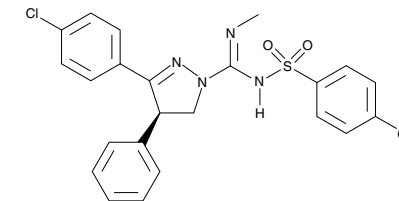
**MF:** C<sub>23</sub>H<sub>20</sub>Cl<sub>2</sub>N<sub>4</sub>O<sub>2</sub>S **FW:** 487.4 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** A mixture of the potent and selective CB<sub>1</sub> receptor antagonist SLV 319 (K<sub>i</sub> = 7.8 nM) and its diastomer, SLV 319 (+)-enantiomer1 mg  
5 mg  
10 mg  
50 mg

3-(4-chlorophenyl)-N-[(4-chlorophenyl)sulfonyl]-4,5-dihydro-N'-methyl-4-phenyl-1H-pyrazole-1-carboximidamide

## (R)-SLV 319

10009227

[656827-86-0]

**MF:** C<sub>23</sub>H<sub>20</sub>Cl<sub>2</sub>N<sub>4</sub>O<sub>2</sub>S **FW:** 487.4 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C**Summary:** Inactive enantiomer of SLV 319 with 100-fold less affinity for the CB<sub>1</sub> receptor than (S)-SLV 3191 mg  
5 mg  
10 mg  
50 mg

3-(4-chlorophenyl)-N-[(4-chlorophenyl)sulfonyl]-4,5-dihydro-N'-methyl-4R-phenyl-1H-pyrazole-1-carboximidamide



### Tryptophan Hydroxylase (Phospho-Ser<sup>260</sup>) Polyclonal Antibody 10009398

TPH

**Supplied as:** peptide affinity-purified antibody **Stability:** ≥1 year at -20°C

**Summary:** Antigen: phosphopeptide corresponding to amino acid residues surrounding phospho-Ser<sup>260</sup> of rat TPH • **Host:** rabbit • **Cross Reactivity:** (+) human and rat TPH; expected to react with bovine, canine, chicken, murine, and zebrafish TPH • **Application(s):** WB • TPH catalyzes the 5-hydroxylation of tryptophan, which is the first step in the biosynthesis of indoleamines (serotonin and melatonin). The activity of TPH is enhanced by phosphorylation by cAMP-dependent protein kinase (PKA) and Ca<sup>2+</sup>/calmodulin kinase II (CAMKII). CAMKII phosphorylates Ser<sup>260</sup> which lies within the regulatory domain of TPH.

1 ea

### Tyrosine Hydroxylase Polyclonal Antibody 10604

TH

**Supplied as:** affinity-purified IgG **Stability:** ≥1 year at -20°C

**Summary:** Antigen: SDS-denatured rat TH, purified from pheochromocytoma • **Host:** rabbit • **Cross Reactivity:** (+) mammalian tyrosine hydroxylase • **Application(s):** IF, IHC, and WB • TH is the rate-limiting enzyme in the synthesis of the catecholamines dopamine and norepinephrine.

1 ea

• Also Available: **Tyrosine Hydroxylase (Phospho-Ser<sup>19</sup>) Polyclonal Antibody** (10009412)

• Also Available: **Tyrosine Hydroxylase (Phospho-Ser<sup>31</sup>) Polyclonal Antibody** (10009413)

### Tyrosine Hydroxylase (Phospho-Ser<sup>40</sup>) Polyclonal Antibody 10009414

TH

**Supplied as:** affinity-purified antibody **Stability:** ≥1 year at -20°C

**Summary:** Antigen: phosphopeptide corresponding to amino acid residues surrounding phospho-Ser<sup>40</sup> of rat TH • **Host:** rabbit • **Cross Reactivity:** (+) mammalian and non-mammalian TH • **Application(s):** IF (frozen sections), IHC (frozen sections), and WB • TH is the rate-limiting enzyme in the synthesis of the catecholamines dopamine and norepinephrine. The activity of TH is also regulated by phosphorylation. Phospho-specific antibodies for the phosphorylation sites on TH can be used to great effect in studying this regulation and in identifying the cells in which TH phosphorylation occurs.

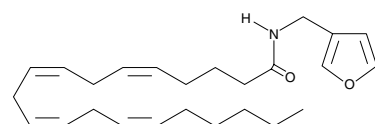
1 ea

### UCM707 10045

[390824-20-1]

**MF:** C<sub>25</sub>H<sub>37</sub>NO<sub>2</sub> **FW:** 383.6 **Purity:** ≥98%A solution in methyl acetate **Stability:** ≥1 year at -20°C

**Summary:** A 3-furyl arachidonoyl analog that acts as a potent and selective reuptake inhibitor of AEA (IC<sub>50</sub> = 0.8 μM) but has low affinity for FAAH (IC<sub>50</sub> = 30 μM); potentiates the biological effects of AEA when co-administered in rats

1 mg  
5 mg  
10 mg  
50 mg

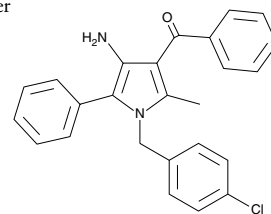
N-(3-furanylmethyl)-5Z,8Z,11Z,14Z-eicosatetraenamide

### URB447 13261

[1132922-57-6]

**MF:** C<sub>25</sub>H<sub>21</sub>ClN<sub>2</sub>O **FW:** 400.9 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C

**Summary:** A mixed CB<sub>1</sub> receptor antagonist/CB<sub>2</sub> receptor agonist with IC<sub>50</sub> values of 313 and 41 nM, respectively; reduces food intake and body-weight gain in *ob/ob* mice and Swiss mice (20 mg/kg) with an efficacy comparable to rimonabant; does not penetrate the blood-brain barrier

5 mg  
10 mg  
25 mg  
50 mg

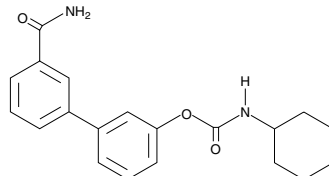
[4-amino-1-[(4-chlorophenyl)methyl]-2-methyl-5-phenyl-1H-pyrrol-3-yl]phenylmethanone

### URB597 10046

[546141-08-6]

**MF:** C<sub>20</sub>H<sub>22</sub>N<sub>2</sub>O<sub>3</sub> **FW:** 338.4 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C

**Summary:** A potent and selective inhibitor of FAAH (IC<sub>50</sub> = 4.6 nM in brain membranes and 0.5 nM in intact neurons); exhibits both anti-nociceptive and anxiolytic effects *in vivo* without evoking other symptoms associated with CB-like compounds

5 mg  
10 mg  
50 mg  
100 mg

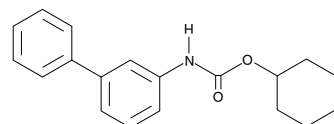
(3'-(aminocarbonyl)[1,1'-biphenyl]-3-yl)-cyclohexylcarbamate

### URB602 10007457

[565460-15-3]

**MF:** C<sub>19</sub>H<sub>21</sub>NO<sub>2</sub> **FW:** 295.4 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C

**Summary:** A selective inhibitor of MAGL (IC<sub>50</sub> = 28 μM for the rat brain enzyme); does not inhibit FAAH at concentrations up to 100 μM, or other lipid metabolizing enzymes such as diacylglycerol lipase or COX-2

5 mg  
10 mg  
50 mg  
100 mg

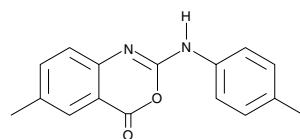
[1,1'-biphenyl]-3-yl-carbamic acid, cyclohexyl ester

### URB754 10007691

[86672-58-4]

**MF:** C<sub>16</sub>H<sub>14</sub>N<sub>2</sub>O<sub>2</sub> **FW:** 266.3 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C

**Summary:** Reported to be a potent, noncompetitive inhibitor of MAGL (IC<sub>50</sub> = 200 nM for the recombinant rat brain enzyme); however, data (testing concentrations up to 100 μM) from other labs refute this claim; inhibits rat brain FAAH (IC<sub>50</sub> = 32 μM) and binds weakly to the rat CB<sub>1</sub> receptor (IC<sub>50</sub> = 3.8 μM); does not inhibit COX-1 or COX-2 at concentrations up to 100 μM

5 mg  
10 mg  
25 mg  
50 mg

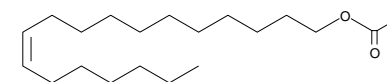
6-methyl-2-[(4-methylphenyl)amino]-1-benzoxazin-4-one

### 11-cis Vaccenyl Acetate 10010101

[6186-98-7]

**MF:** C<sub>20</sub>H<sub>38</sub>O<sub>2</sub> **FW:** 310.5 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C

**Summary:** The male-specific mating pheromone of the fruit fly *D. melanogaster*; acts selectively through the Or67d odorant receptor to control mating behavior in both male and female fruit flies

5 mg  
10 mg  
50 mg  
100 mg

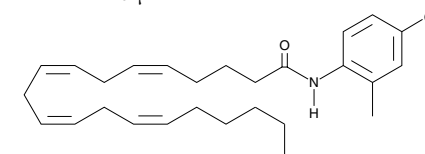
(11Z)-11-octadecen-1-ol, acetate

### VDM11 10006731

[313998-81-1]

**MF:** C<sub>27</sub>H<sub>39</sub>NO<sub>2</sub> **FW:** 409.6 **Purity:** ≥98%A solution in ethanol **Stability:** ≥1 year at -20°C

**Summary:** An AEA transport inhibitor with essentially no activity on the CB<sub>1</sub> receptor, CB<sub>2</sub> receptor, or TRPV1; inhibits FAAH and MAGL and may act as an alternative FAAH substrate; inhibits glutamergic synaptic transmission between hippocampal neurons at a concentration of 3 μM

5 mg  
10 mg  
25 mg  
50 mg

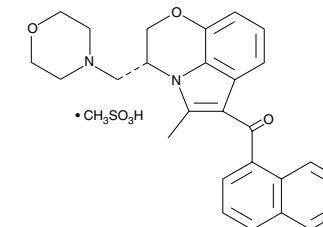
N-(4-hydroxy-2-methylphenyl)-5Z,8Z,11Z,14Z-eicosatetraenamide

### WIN 55212-2 (mesylate) 10009023

[131543-23-2]

**MF:** C<sub>27</sub>H<sub>26</sub>N<sub>2</sub>O<sub>3</sub> • CH<sub>4</sub>SO<sub>3</sub> **FW:** 522.6 **Purity:** ≥98%A crystalline solid **Stability:** ≥2 years at -20°C

**Summary:** A potent aminoalkylindole CB receptor agonist (K<sub>i</sub> = 3.3 and 62.3 nM for human recombinant CB<sub>1</sub> and CB<sub>2</sub> receptors, respectively); increases extracellular glutamate levels, in primary cultures of rat cerebral cortex neurons, displaying a bell-shaped concentration-response curve; induces release of the proinflammatory neuropeptide CGRP from trigeminal ganglion neurons in a calcium-dependent manner (EC<sub>50</sub> = 26 μM)

5 mg  
10 mg  
25 mg  
50 mg

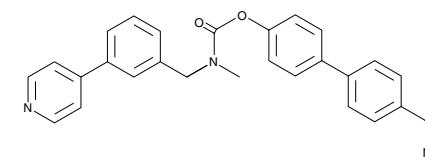
[(3R)-2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo[1,2,3-de]-1,4-benzoxazin-6-yl]-1-naphthale

### WWL70 10011213

[947669-91-2]

**MF:** C<sub>27</sub>H<sub>23</sub>N<sub>3</sub>O<sub>3</sub> **FW:** 437.5 **Purity:** ≥97%A crystalline solid **Stability:** ≥2 years at -20°C

**Summary:** A selective inhibitor of α/β-hydrolase domain 6 (ABHD6) (IC<sub>50</sub> = 70 nM), a Ser hydrolase that catalyzes the hydrolysis of 2-AG

1 mg  
5 mg  
10 mg  
25 mg

N-methyl-N-[[3-(4-pyridinyl)phenyl]methyl]-4'-(aminocarbonyl)[1,1'-biphenyl]-4-yl ester, carbamic acid







13708.....	34	90353.....	48	9000866.....	37
13709.....	34	90357.....	29,48	9000867.....	37
13711.....	34	90375.....	46	9000868.....	37
13712.....	34	90377.....	27	9000870.....	37
13713.....	34	90385.....	26	10004184.....	22,44
13714.....	34	91050.....	10	10004259.....	17
13715.....	34	91053.....	9	10004281.....	40
13716.....	34	91054.....	9	10004342.....	51
13717.....	34	91354.....	49	10004344.....	51
13718.....	34	92350.....	17	10004914.....	46
13719.....	34	92355.....	25	10005057.....	25
13720.....	34	100023.....	54	10005072.....	18
13824.....	37	100035.....	41	10005098.....	8
13830.....	57	101500.....	19	10005099.....	31
14060.....	55	101550.....	19	10005102.....	17,29
16350.....	54	101600.....	30	10005186.....	18
16851.....	23	101740.....	28	10005223.....	7
33200.....	31	101750.....	28	10005254.....	6
33300.....	31	101760.....	28	10005455.....	11
33350.....	31	101770.....	28	10005459.....	29,46
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33450.....	31	160003.....	50	10005518.....	36
33500.....	31	160070.....	36	10005537.....	14
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33600.....	31	160870.....	45	10005610.....	56
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60875.....	45	189740.....	50	10005765.....	14
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62150.....	10	189755.....	50	10005836.....	57
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62170.....	11	189770.....	50	10006350.....	35
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62260.....	40	312010.....	51	10006590.....	19
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70090.....	16	360870.....	45	10006787.....	51
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