LTL-234 datasheet

Origin	Primary human ovarian cancer	**Histopathology**	Mucinous carcinoma
Year of establishment	2005	**Doubling time**	13 days (sub-renal)
Local invasion	Yes	**Metastasis**	Yes

Drug sensitivity carboplatin 80 mg/kg + paclitaxol 24mg/kg (T/C = 26.81%, partial response)

The LTL-234 was developed from a patient's primary ovarian cancer (grade 2/3 ovarian mucinous carcinoma). Histopathologically, it closely resembles the patient's tumor (Figs 1, 2). When grafted under the renal capsules of SCID mice, the LTL-234 shows local invasion into adjacent host kidney parenchyma and metastasis to distant organs (Fig. 3).

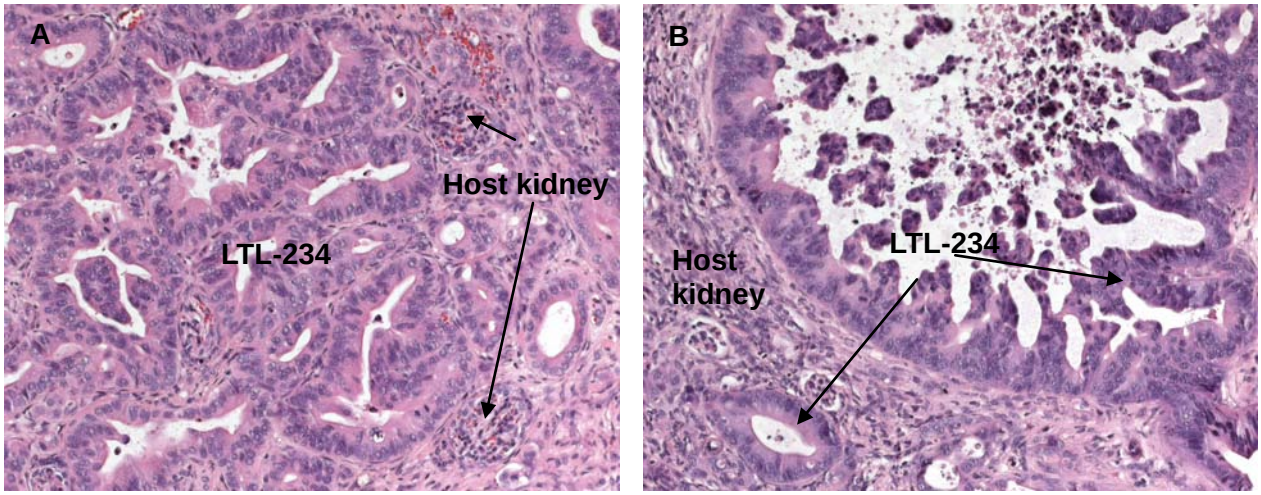

Fig. 1. H&E stained LTL-234 tissue sections. Showing a high grade mucinous carcinoma. **(A).** The tumor cells grow in a glandular pattern, extensively invading into host kidney. **(B).** The tumor cells form tubular glands with papillary structure, and invade into adjacent host kidney. (x200)

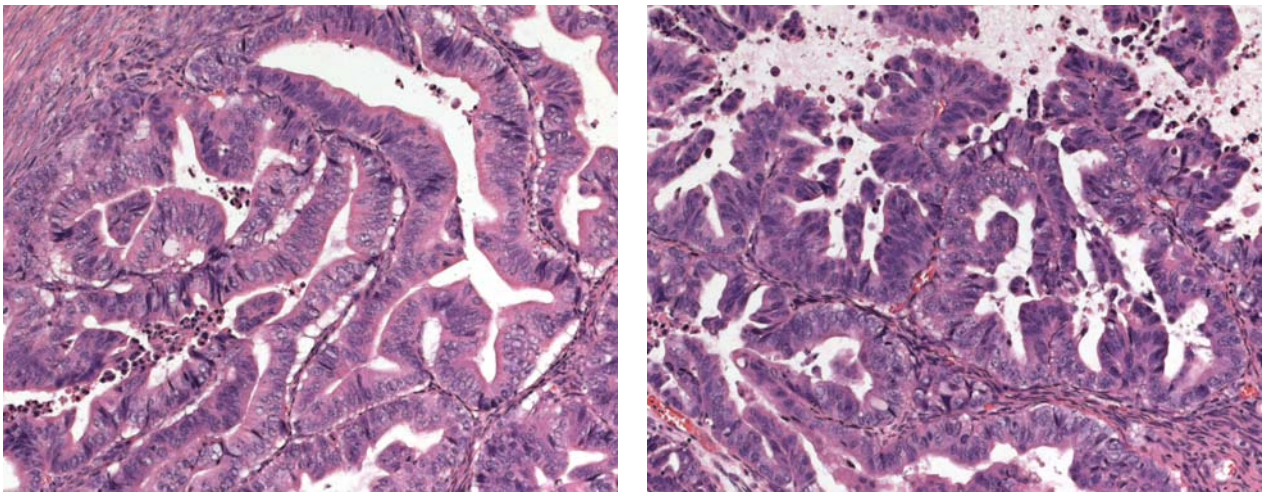

Fig. 2. Patient's cancer tissue before grafting. The malignant cells grow in **(A)** glandular or **(B)** papillary pattern (x200).

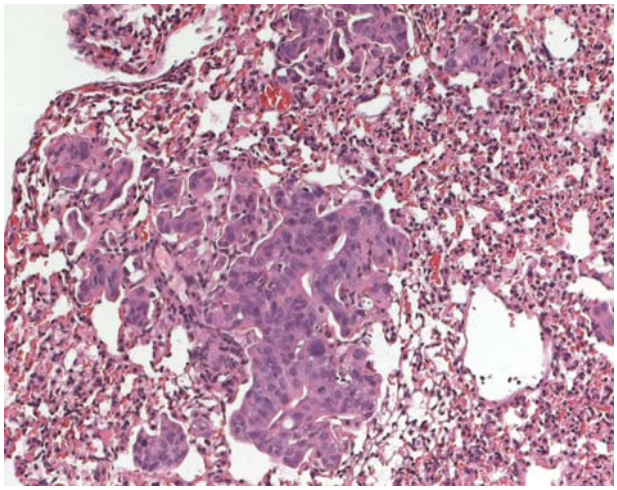

Fig. 3. LTL-234 lung metastases in SCID mice. (X200)

Genetic and epigenetic characteristics

Tumor line tissue (in Tissue Microarrays) for IHC and ISH is in place for screening potential targets upon request.

Applications

1. Pre-clinical evaluation of existing and potential anticancer drugs. Examination of drug efficacy on tumor growth, cell death (apoptosis, necrosis), tissue invasion, metastasis and angiogenesis.

2. Discovery of potential therapeutic targets and/or biomarkers for drug sensitivity.

3. Study of mechanisms underlying tumor growth, progression and metastasis.

References

1. Lee et al., Gynecologic Oncology 2005; 96: 48-55

2. Press et al., Gynecologic Oncology 2008; 110: 256-264

For more information, please contact us by email: LTL@bccrc.ca or phone: (604) 675 8013