LTL-246 datasheet

Origin	Primary human ovarian cancer	**Histopathology**	Poorly differentiated serous carcinoma
Year of establishment	2006	**Doubling time**	9.13 days (sub-renal)
Local invasion	No	**Metastasis**	No

Drug sensitivity carboplatin 80 mg/kg + paclitaxol 24mg/kg (T/C = 4.15%, response)

The LTL-246 was developed from a patient's primary ovarian cancer (poorly differentiated serous carcinoma). Histopathologically, it closely resembles the patient's tumor (Figs 1, 2). When grafted under the renal capsules of SCID mice, the LTL-246 shows no local invasion into adjacent host kidney parenchyma. No metastasis was observed. The LTL-246 also grows well subcutaneously.

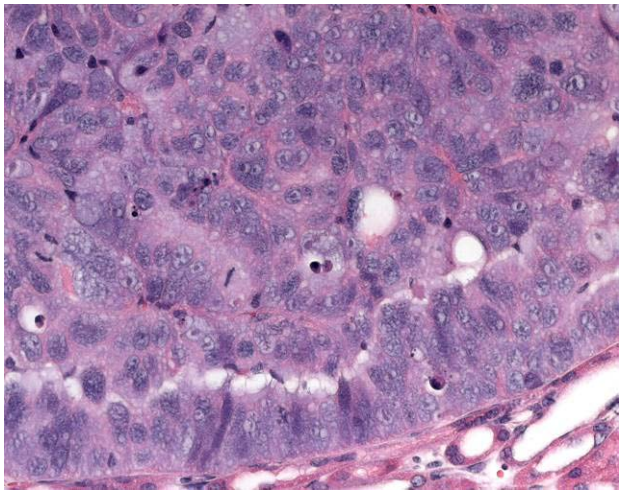

Fig. 1. H&E stained LTL-246 tissue sections.

The tumor line is a poorly differentiated serous carcinoma with tumor cells growing in sheets or locally forming glandular structure, closely resembling the histological characteristics of the original patient's cancer (Fig. 2). (x400)

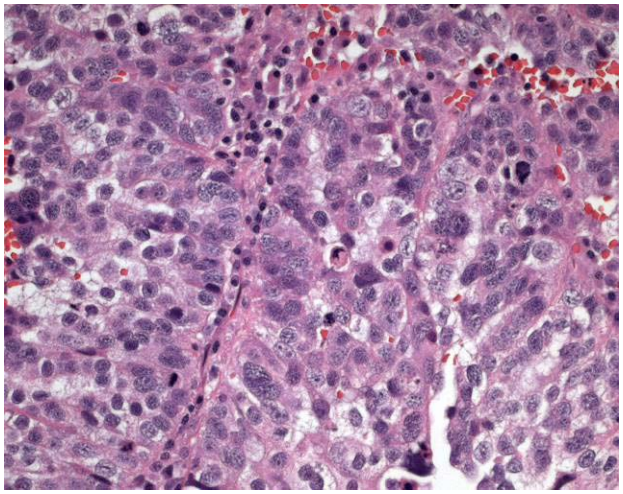

Fig. 2. Patient's cancer tissue before grafting.

Showing a poorly differentiated serous carcinoma grow in the form of sheets and focally form lumina

Genetic and epigenetic characteristics

Tissue microarrays containing LTL-246 tissue are available for screening potential molecular targets.

Applications

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

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

3. Study of mechanisms underlying tumor growth and progression.

References

1. Lee et al., Gynecologic Oncology 2005; 96: 48-60

2. Press et al., Gynecologic Oncology 2008; 110: 256-269

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