LTL-269 datasheet

Origin	Primary human ovarian cancer	**Histopathology**	High grade mixed serous adneocarcinoma and clear cell carcinoma
Year of establishment	2006	**Doubling time**	9.3 days (sub-renal)
Local invasion	Yes, limited	**Metastasis**	No

Drug sensitivity carboplatin 80 mg/kg + paclitaxol 24mg/kg (T/C = 15.26%, response)

The LTL-269 was developed from a patient's primary ovarian cancer (high-grade (grade 3/3) mixed serous papillary adenocarcinoma and clear cell carcinoma). Histopathologically, it closely resembles the patient's tumor (Figs 1, 2). When grafted under the renal capsules of SCID mice, the LTL-269 shows limited local invasion into adjacent host kidney parenchyma. No metastasis was observed.

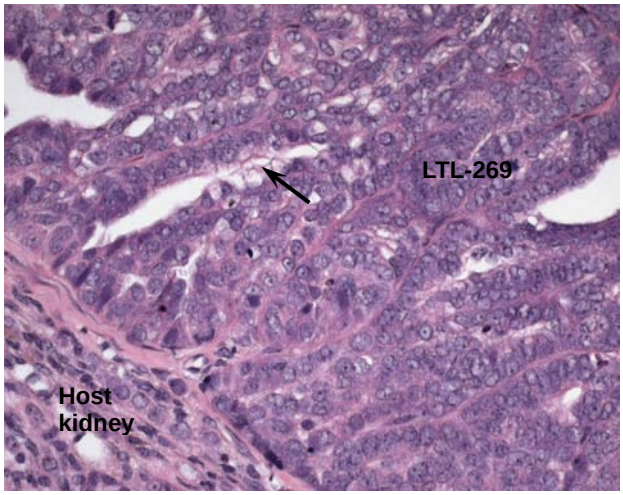

Fig. 1. H&E stained LTL-269 tissue sections.

Showing a high grade mixed serous adenocarcinoma and clear cell carcinoma. The cuboidal cells with eosinophilic cytoplasm form lumina, and mix with areas of clear cells (arrow). (x400)

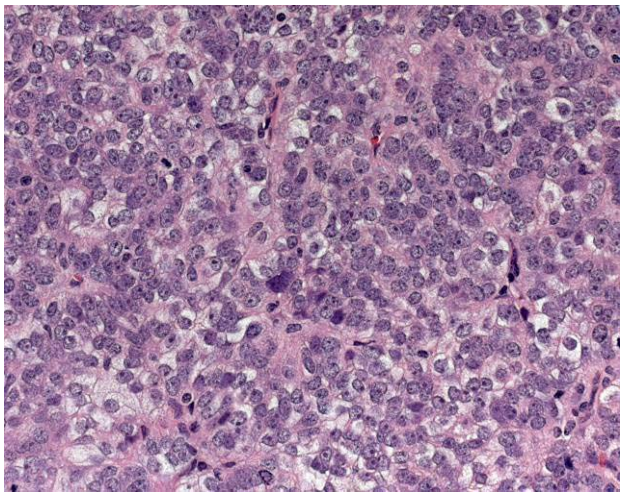

Fig. 2. Patient's cancer tissue before grafting.

The tumor is a high grade mixed serous adenocarcinoma and clear cell carcinoma. Arrow shows area of clear cells.(x400)

Genetic and epigenetic characteristics

Tissue microarrays containing LTL-269 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), tissue invasion 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: 48-65

2. Press et al., Gynecologic Oncology 2008; 110: 256-274

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