LTL-732 datasheet

Origin	Primary human lung cancer	**Histopathology**	Adenocarcinoma
Year of establishment	2007	**Doubling time**	6 days (sub-renal)
Local invasion	No	**Metastasis**	No
Drug sensitivity	Cisplatin 2.5 mg/kg + Gemcitabine 120 mg/kg (T/C = 9.31%, responder), SAHA 100 mg/kg q7d X 2 (T/C = 50.36%, non-responder).		

The LTL-732 was developed from a patient's primary lung cancer (Adenocarcinoma, Stage: T2N1M0). Histopathologically, it closely resembles the patient's tumor (Figs 1, 2). When grafted under the renal capsules of SCID mice, the LTL-732 shows no local invasion into adjacent host kidney parenchyma. No metastasis was observed.

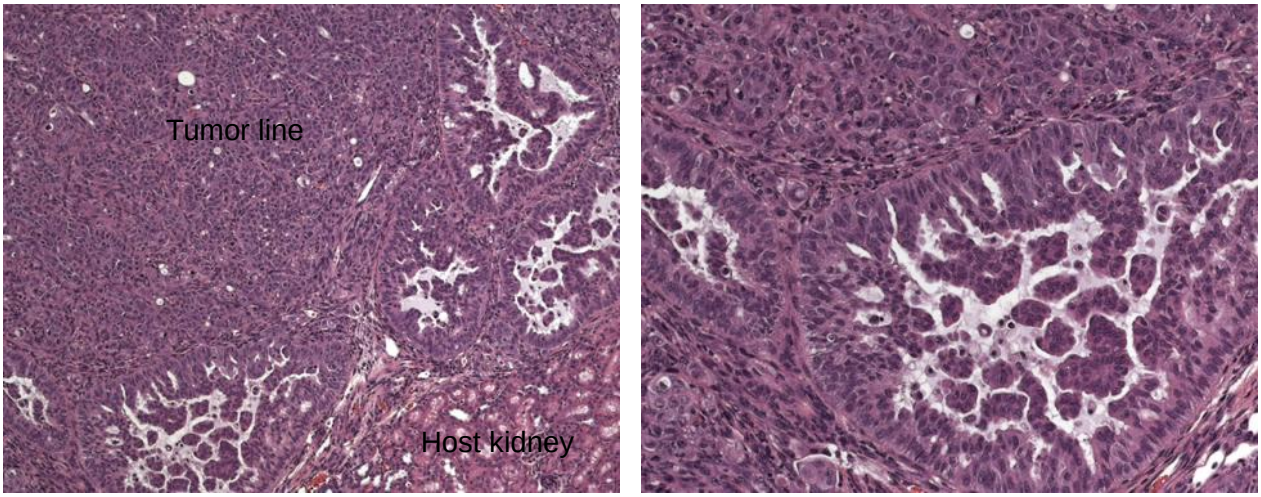

Fig. 1. H&E stained LTL-732 tissue sections.
Showing a poorly differentiated adenocarcinoma with tumor cells grown in **(A)** solid sheets, or **(B)** glandular patern with micro papillae protruding into the lumina (x200).

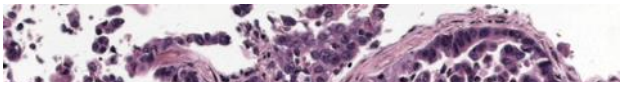

Fig. 2. Patient's cancer tissue before grafting.

Showing a poorly differentiated adenocarcinoma. The tumor cells from glandular structure with micro papillae. (x200)

Genetic and epigenetic characteristics

Tissue microarrays containing LTL-732 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. Wang et al., Lab Invest (2005) 85, 1392-1404

2. Cutz et al, Clin. Cancer Res. 12(13): 4043-4054 (2006).

3. Lin et al, Cancer Res. 68 p.4352-4359 (2008)

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