PANCREATIC CANCER MOUSE MODEL

Pancreatic cancer is one of the deadliest forms of cancer, with a five-year survival rate of just 10%. Until today a treatment for this condition remains elusive, and therefore clinically relevant models for drug development are urgently needed. Our orthotopic model in mice closely mimics the biology of human pancreatic cancer, providing a powerful platform to study the progression of the disease, identify potential targets and validate the efficacy and safety of lead therapeutic agents.

DISEASE PLATFORM

We are able to implement clinically relevant models of pancreatic cancer by using orthotopic transplantation of either patient-derived or cell line-derived xenografts expressing firefly luciferase. Through In vivo Bioluminescence Imaging (BLI) we can reliably monitor the progression of primary tumors as well as the spread of metastatic foci (Figure 1A). Combining BLI and Computed Tomography (CT) we can precisely determine the spatial location of the tumor (Figure 1B) and its invasiveness to other organs (Figure 1C).

A wide spectrum of near-infrared fluorescent probes can be used in addition to BLI to study different biological aspects of the pancreatic tumor (e.g. angiogenesis, apoptosis, metabolism and hypoxia) with a high spatial and temporal resolution.

EXPERIMENTAL OUTLINE

The number of cells adjusted to a total volume of 50uL of PBS + 50% Matrigel will be delivered into the pancreas (Figure 1B). The tumor progression will be monitored in the same animal by in vivo BLI every week for a period of 15 weeks post-inoculation. However, the period can be extended up to 20 weeks for the study metastatic pancreatic tumors.

SEGMENT MODEL SPECIFICS	
Animals	6-8 weeks old mice
Cells	 PDX/CDX cells expressing Red F-Luc (firefly luciferase) or GFP/RFP
Tumour uptake	• 5-10 days after transplantation.
Treatment Initiation	• Within 3-6 weeks after transplantation for primary tumors. We recommend a period of 8-15 weeks for metastasis.
Duration of the study	• 17-20 weeks.
Type of monitoring	 Quantitive 2D bioluminescence imaging. 3D imaging + CT scan for spatial identification of the tumour. Sampling of blood for ELISA and other analyses. Isolation of tumours and histology. Molecular analyses e.g, pathway analysis, FACS, and co-culture studies.

6) I V ſ 5

IN VIVO RESEARCH SERVICES

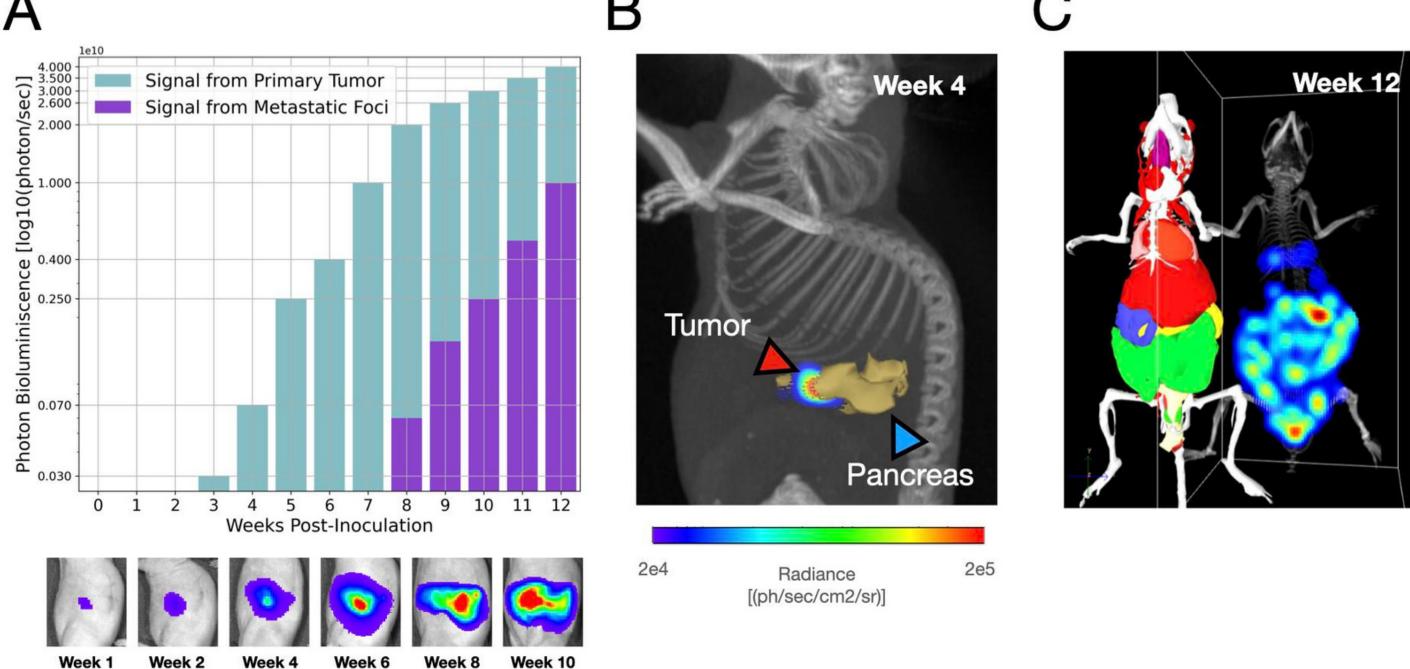


Figure 1. Orthotopic Pancreatic Cancer Mouse Model. The established in vivo model of pancreatic cancer is suitable for drug screening, diagnostic, and preclinical validation. A. In vivo monitoring of pancreatic tumor progression using BLI. Growth of the primary tumor (green bars) or the metastatic foci in the abdominal area (purple bars). Bottom panel: representative 2D BLI at specific time points (lateral view). B. 3D BLI overlapped with CT scan, 4 weeks after transplantation. Red arrowhead: pancreatic tumor. Blue arrowhead: location of the pancreas. C. Ventral view of a mouse showing different organs to which metastatic tumors can spread 12 weeks after transplantation.

Discover new possibilities in cancer research LET'S SPARK A DIALOGUE!

Contact: info@ivrs.se - +46 793 17 21 17 Scheeletorget 1, 22363 Lund, Sweden in /ivrs-ab www.ivrs.se