Orthotopic tumor models
Implantation of tumor cells into the organ of origin (“orthotopically”) allows organotypical interaction between tumor cells and surrounding stroma. It has been shown that this interaction affects growth, differentiation, and drug sensitivity of tumor cells. Moreover, tumor cells can spread to metastatic sites in other organs, with specificities comparable to the human situation. However, it must be emphasized that in most orthotopically implanted in vivo models using typical immortalized cell lines metastasis occurs but is very heterogeneous and not detectable in all animals after implantation. Reaction Biology started working on more reliable in vivo models to address intentions aiming mainly at metastasis. Nevertheless, analysis of the primary tumors of orthotopically implanted cancer cells gives us a very prospective read out when testing a new compound.

LN-229 cells (CPQ-265)
LN-229 cells (CRL-2611) originate from the brain and represent a human glioblastoma cell line. In order to detect orthotopic growth of implanted cells, a luciferase expressing cell pool was initially generated via transduction with a luciferase-neomycin construct and subsequent neomycin selection.

In vivo bioluminescence measurement
To initiate orthotopic growth, nude mice are anesthetized and placed in a stereotactic fixation device. Through a burr hole cells will be implanted intracranially into the cerebrum. The growth of the cells will be monitored via in vivo bioluminescence imaging (BLI). The animals are randomized into treatment groups according to apparent tumor sizes.

Moreover, once treatment is initiated, effects on the total in vivo bioluminescence signal, and thus on potential metastatic loci, may be monitored.

Analysis by MRI (Magnetic resonance imaging) is also available, e.g. to monitor edema formation.

Study example
Mice bearing orthotopically implanted LN-229 tumors were treated with Temodal.

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