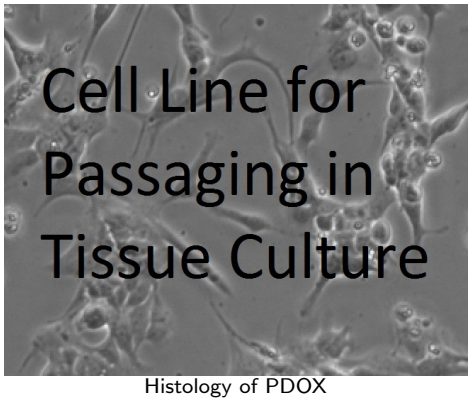
PBT-05FHTC

Alternative IDs: PNET-109FHTC

Clinical annotation:

Age:	9.1
Gender:	Female
Location:	Cortex, right frontal
Diagnosis:	PNET
Pre-treatment:	Radiation and chemotherapy
Source:	Recurrent, surgery
Stage:	M0
EFS (months):	14.9 from diagnosis
OS (months):	24.4 from diagnosis

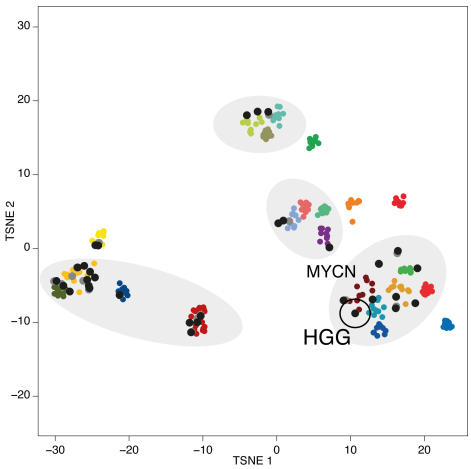


Histology of PDOX

Pathology of human tumor: *At original diagnosis: high grade neoplastic population of cells. These have small, moderately pleomorphic round to oval and often angulated dark blue nuclei with small blue nucleoli. The cells have a small amount of pink cytoplasm. There is a background of pink neuropil, and in areas the nuclei palisade in a striped pattern along the pink neuropil. There are individual apoptotic cells as well as field necrosis, and mitoses are plentiful. The neoplastic cells infiltrate adjacent brain tissue. At recurrence: predominant features of a glioblastoma multiforme with pseudo-palisading necrosis, vascular proliferation and immunoreactivity for GFAP supporting glial/astrocytic differentiation.*

Model information:

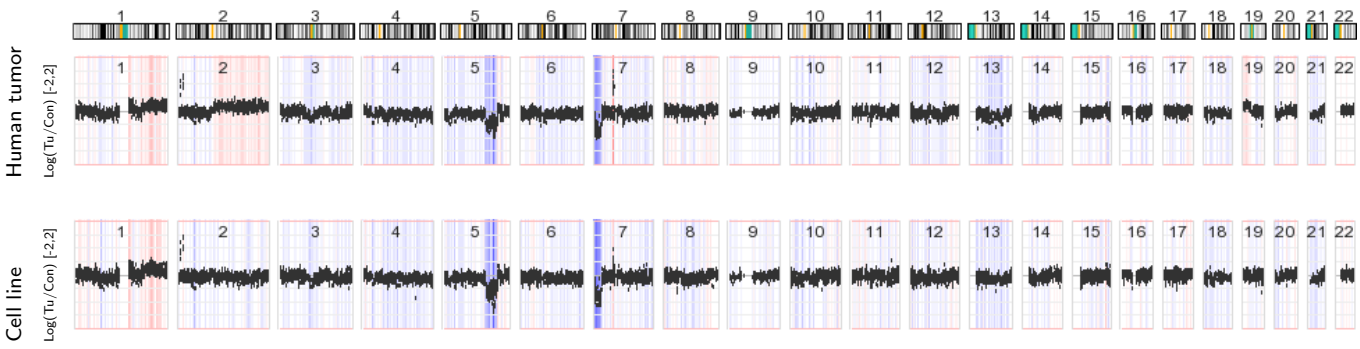
Mouse strain:	Cell line
Site of transplantation:	-
Protocol:	Olson lab tissue culture protocol
Days to P0/P1/P2:	-
PI:	James M. Olson
Contact:	Request model at www.btrl.org



Molecular classification

Molecular information:

Entity:	High-grade glioma
Subgroup:	MYCN
Curated lesions:	*MYCN* (amplification), *ID2* (amplification), *EGFR* (amplification), (no mutation data for cell line)
Detailed information:	Explore molecular data in PDX explorer
	Explore genomic data of pediatric PDOX cohort



Copy-number ratio (tumor vs. pseudo-control)

Last updated: 08/07/18