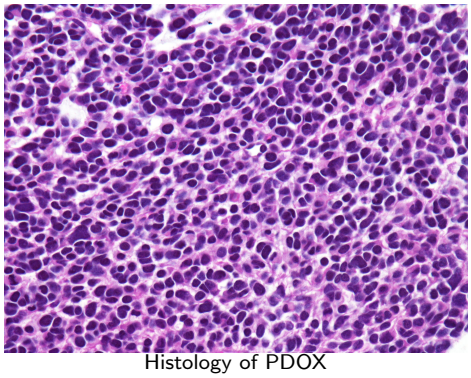
PBT-06FH

Alternative IDs: PNET-212FH

Clinical annotation:

Age:	15.9
Gender:	Female
Location:	Cortex, right frontoparietal
Diagnosis:	PNET
Pre-treatment:	Radiation and chemotherapy
Source:	Recurrent, autopsy
Stage:	M0
EFS (months):	18.2 from diagnosis
OS (months):	30.7 from diagnosis

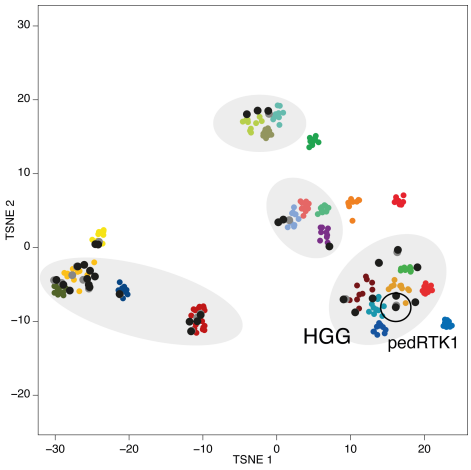


Histology of PDOX

Pathology of human tumor: *The majority of the tumor present in the resected tissue appears only moderately cellular. The cells appear markedly atypical with large, hyperchromatic nuclei, numerous intranuclear cytoplasmic inclusions, and a few scattered atypical mitoses. These very abnormal appearing tumor cells are embedded within a fibrillary stroma. Sprinkled throughout this stroma are smaller, round to spindled cells, which are often hyperchromatic with an occasional mitosis. In part B a small fragment of more normal appearing cerebral cortex contains a few infiltrating large pleomorphic tumor cells. Part B also includes foci of more cellular tumor comprised of primitive appearing small round blue cells embedded within a somewhat granular appearing tumor matrix. Mitotic features appear more abundant in these less well differentiated tumor foci.*

Model information:

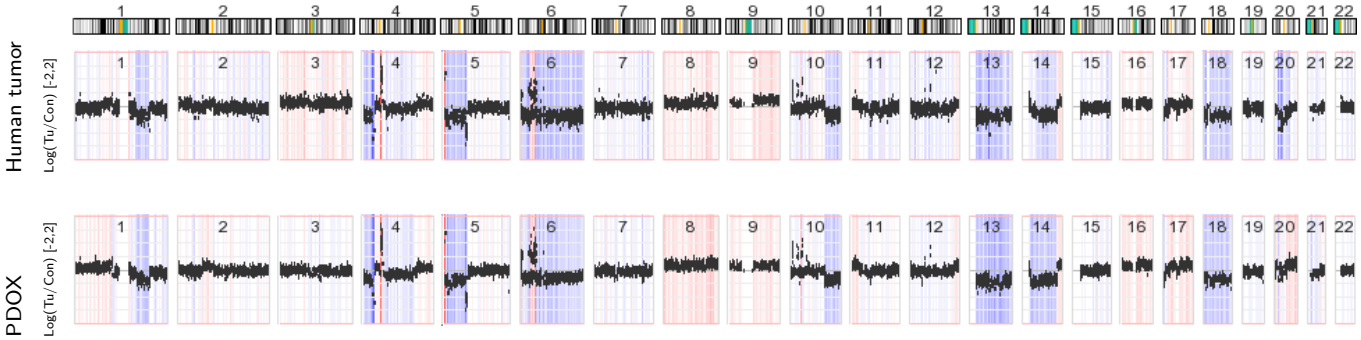
Mouse strain:	NOD scid gamma (NSG)
Site of transplantation:	Cortex
Protocol:	Olson lab PDOX protocol
Days to P0/P1/P2:	326/224/131
PI:	James M. Olson
Contact:	Request model at www.btrl.org



Molecular classification

Molecular information:

Entity:	High-grade glioma
Subgroup:	pedRTK1
Curated lesions:	*TP53* (loss chr17 + missense mutation), *CDK4* (amplification), *PDGFRA* (amplification), *TERT* (amplification)
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