

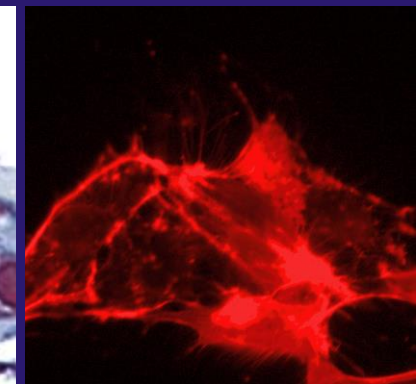
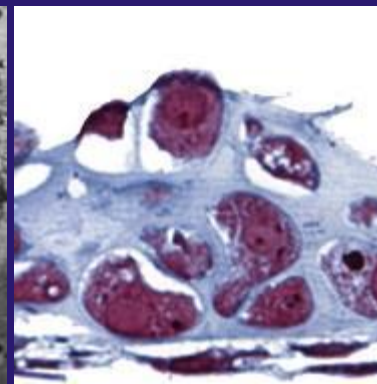
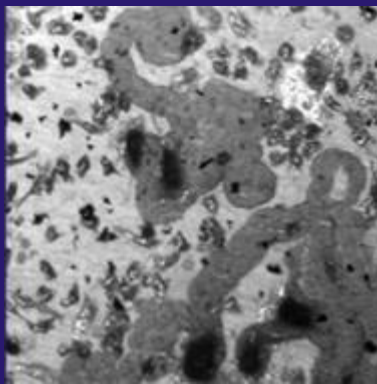
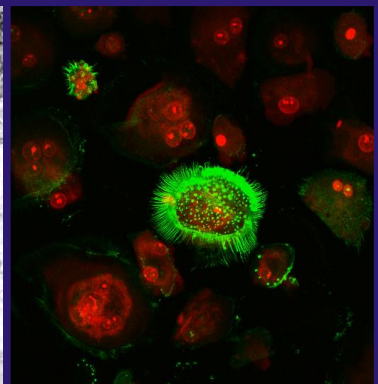
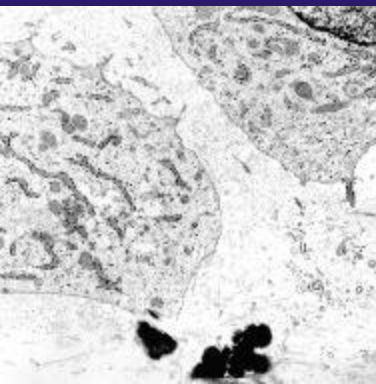


## Preclinical Bone Cancer Research

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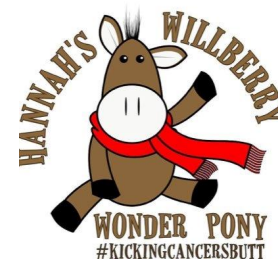
Dr Luke Tattersall

The Mellanby Centre for Musculoskeletal Research, Department of  
Oncology & Metabolism, The University of Sheffield, United Kingdom

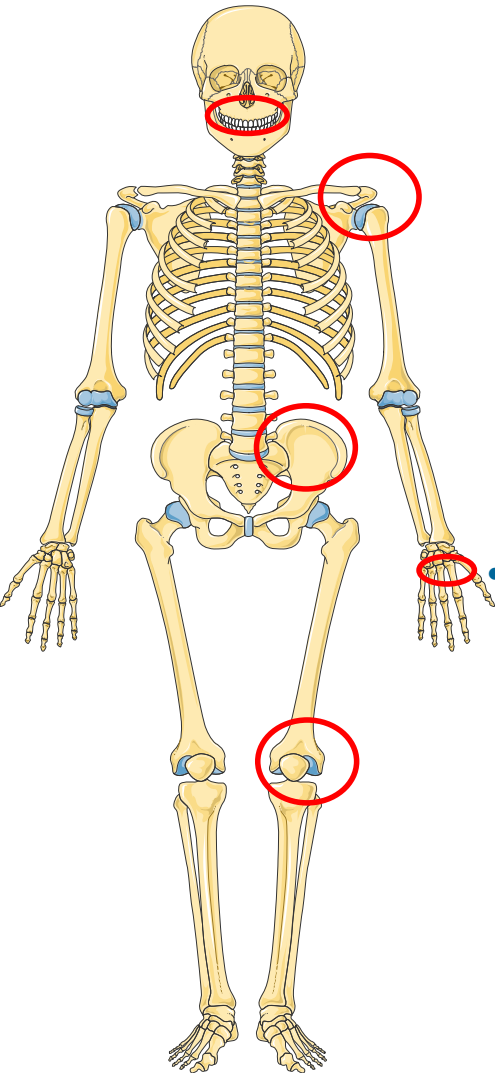


# Overview

- Osteosarcoma background
- High throughput drug screening
  - *In vitro* validation of hits
- *In vivo* models used in our lab group



# Osteosarcoma- Background



- Osteosarcoma is the most common type of primary bone cancer
  - Originates from osteoblasts
- Osteosarcoma affects young people with a peak age of incidence at 18
- Most commonly occurs in the limbs (90%) but can affect any bone in the body
  - Males are affected more than females
- It occurs at a rate of 1-5 cases per million people per year

# Osteosarcoma- Background



The  
University  
Of  
Sheffield.



**Standard treatments for osteosarcoma haven't changed for around 40 years**

**Survival statistics remain the same**

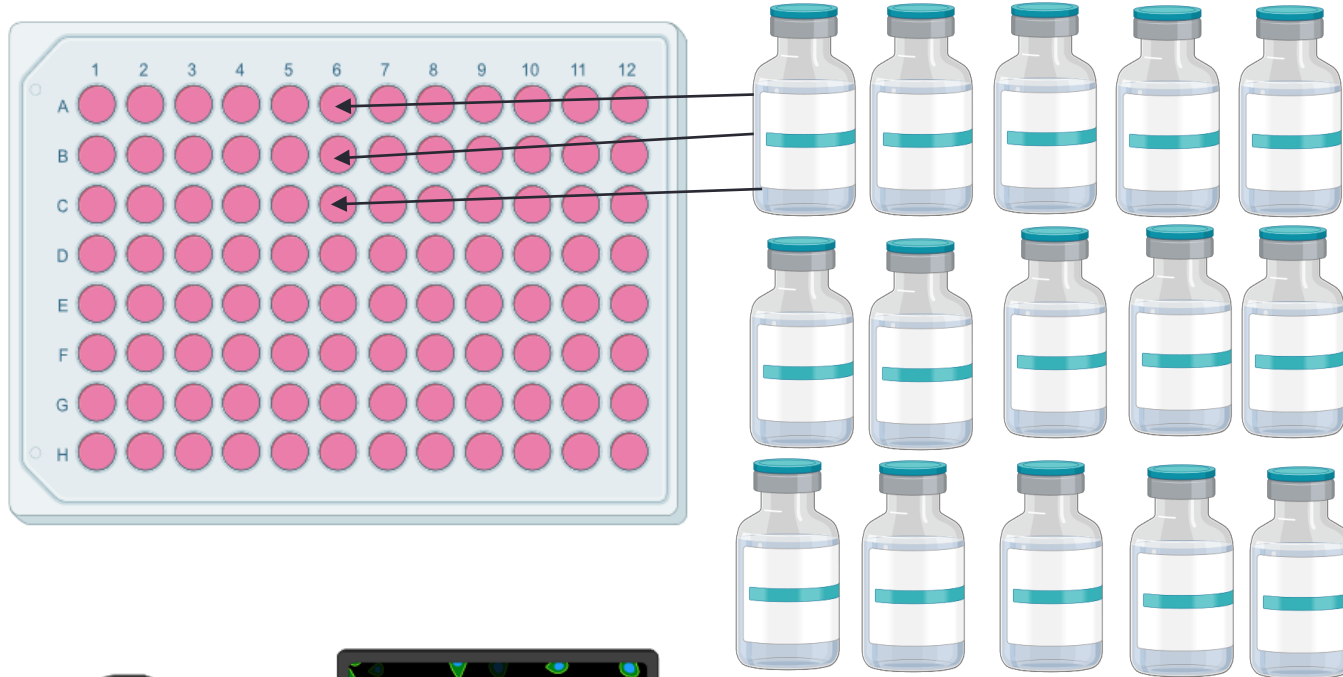
**Lack of new effective drugs**



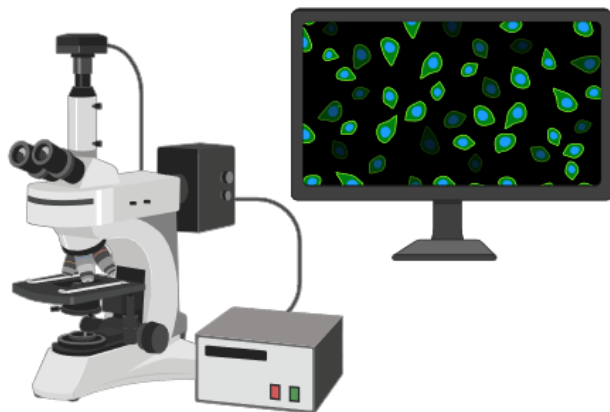
# High throughput screening



The University of Sheffield.



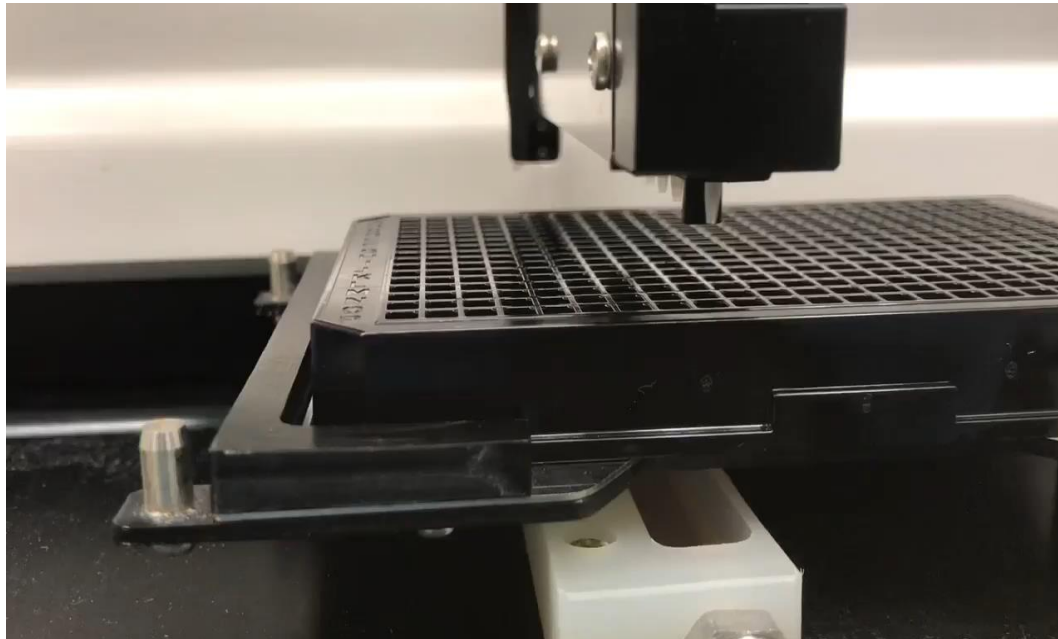
Compound libraries





# High throughput screening

## Automated cell plating



## Automated drug treatments

Regions for plate: Source[6]

Color	Source Region	Volumn (nl)	Dest Region
●	F6:F6	2.5	Destination[1] E18:E18
●	G10:G10	2.5	Destination[1] E19:E19
●	H9:H9	2.5	Destination[1] E20:E20
●	H8:H8	2.5	Destination[1] E21:E21
●	J16:J16	2.5	Destination[1] E22:E22
●	K4:K4	2.5	Destination[1] F22:F22
●	L22:L22	2.5	Destination[1] F21:F21
●	N14:N14	2.5	Destination[1] F20:F20
●	P4:P4	2.5	Destination[1] F19:F19
●	P10:P10	2.5	Destination[1] F18:F18
●	P14:P14	2.5	Destination[1] F17:F17
●	P20:P20	2.5	Destination[1] F16:F16

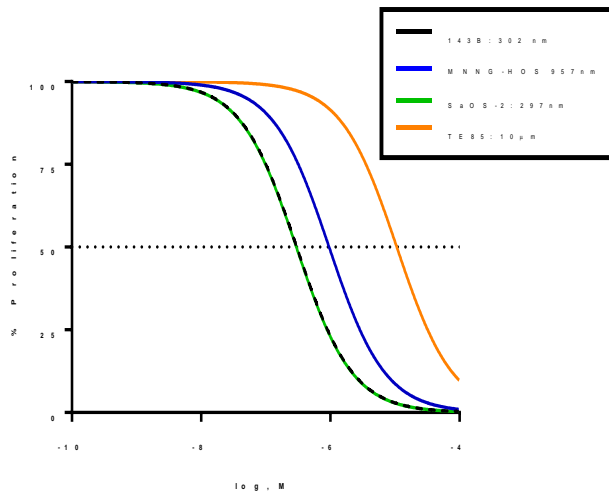
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# Individual compounds

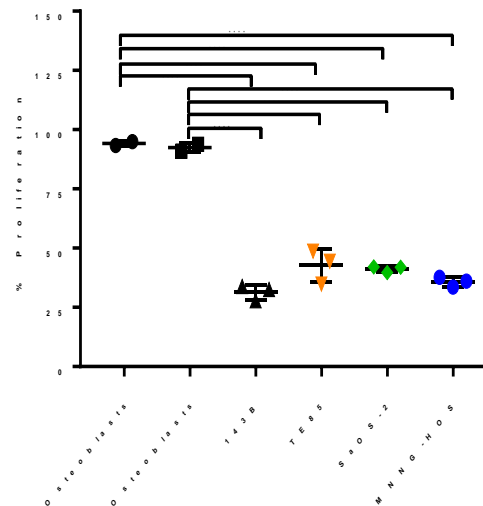


# In vitro validation

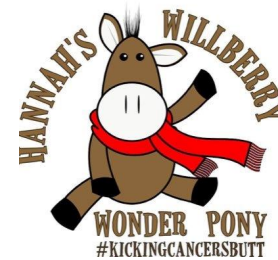
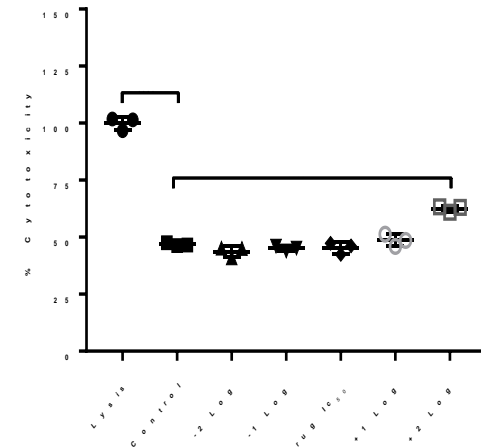
## IC50 across cell lines



## Effect on osteoblasts



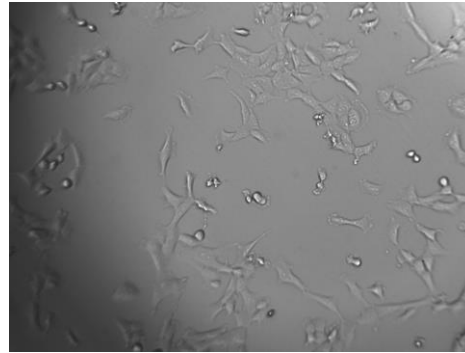
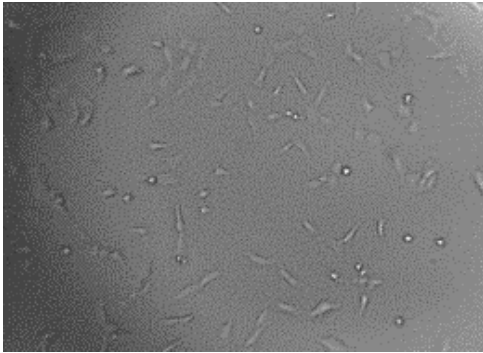
## LDH release



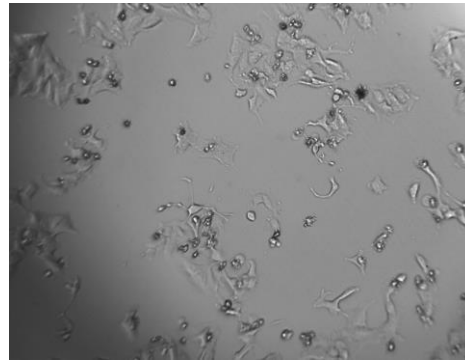
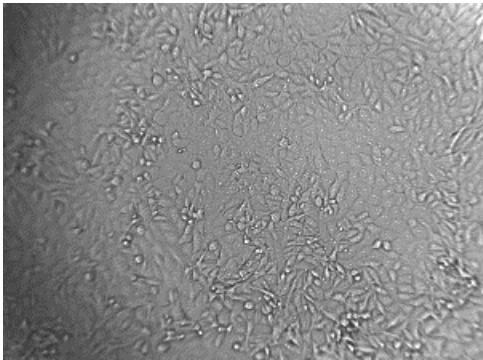


# Growth rates

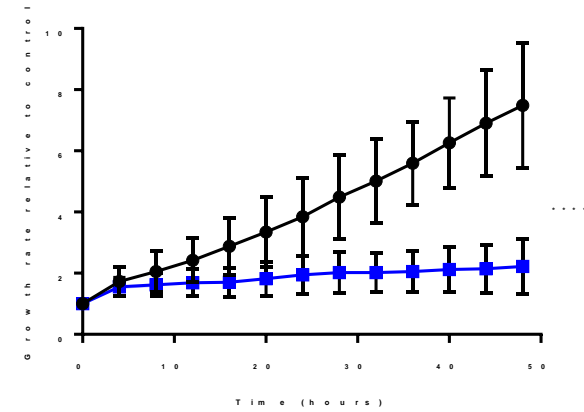
0 hours



48 hours

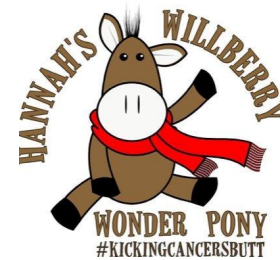


Control =  
Compound =



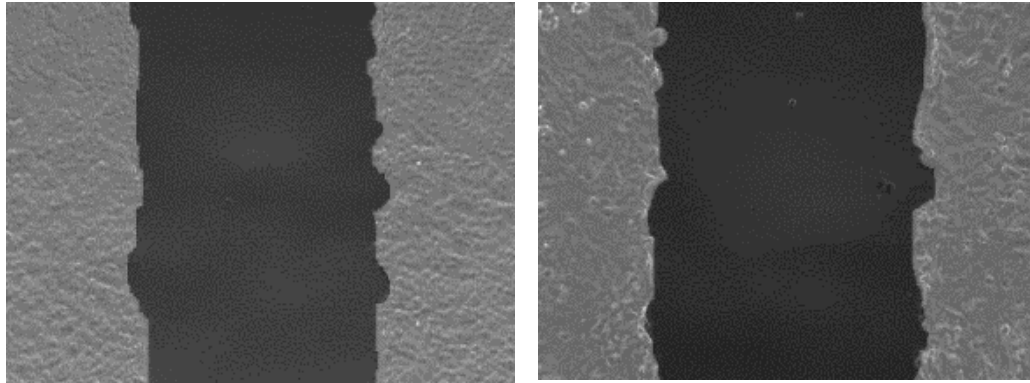
Control

Drug



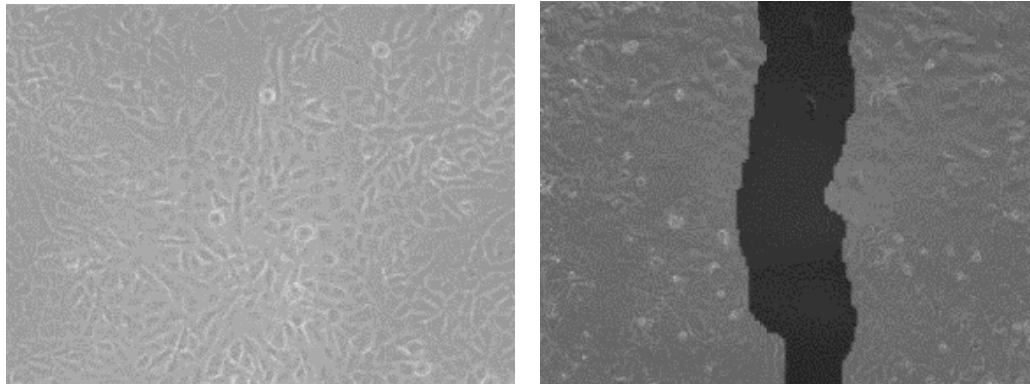
# Migration

0 hours



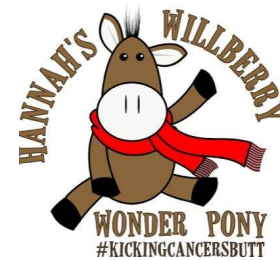
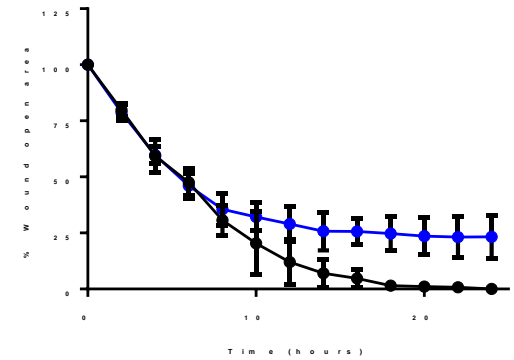
Control =  
Compound =

24 hours

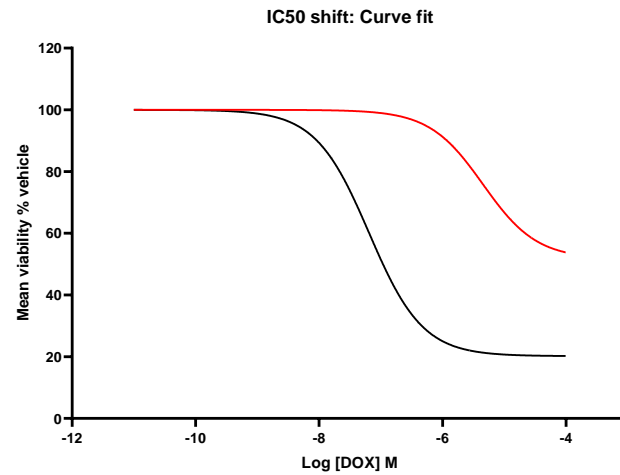


Control

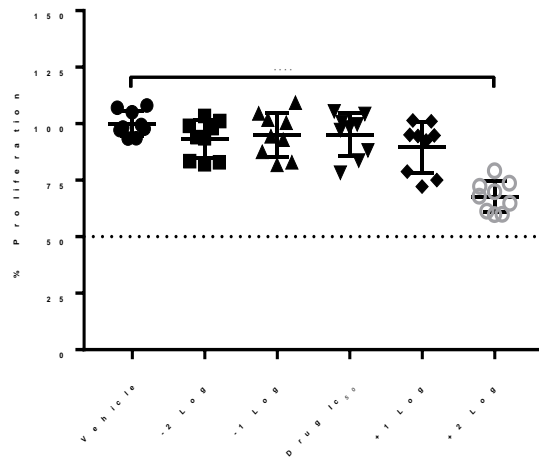
Drug



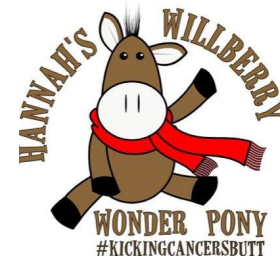
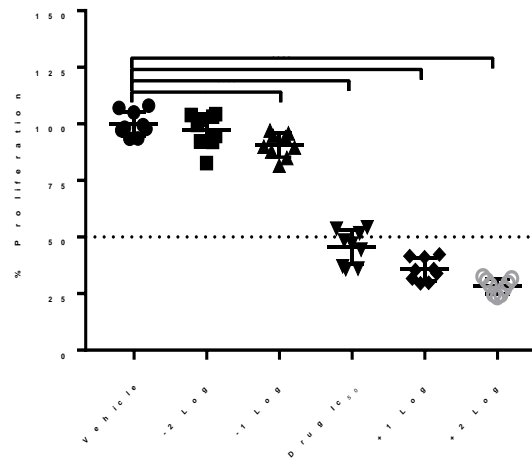
# Effect on doxorubicin resistant cells



## Doxorubicin



## Drug



# In vivo studies



**250,000 MNNG-  
HOS /143B+GFP-  
LUC**



**Tumour formation**



**Non-  
tumour  
bearing**

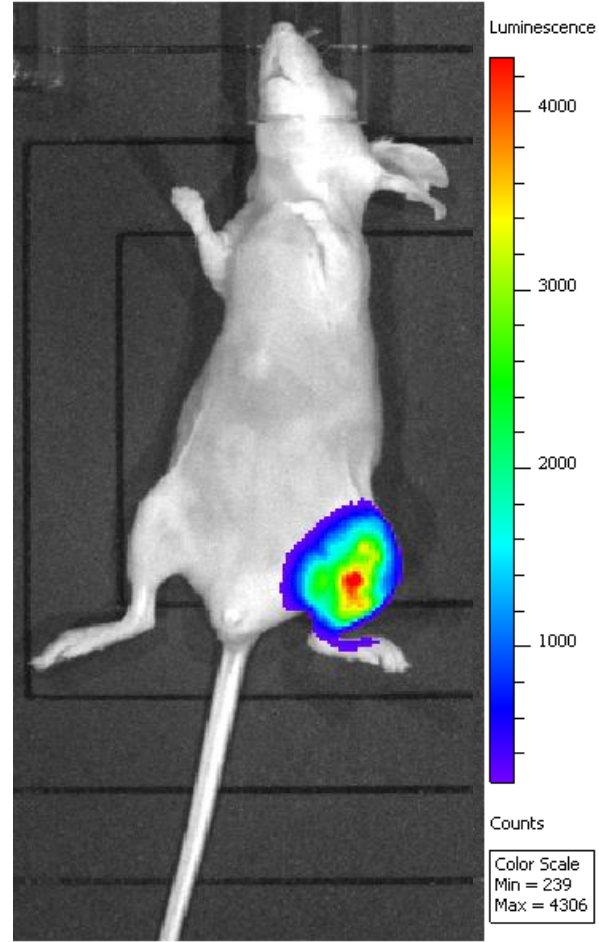
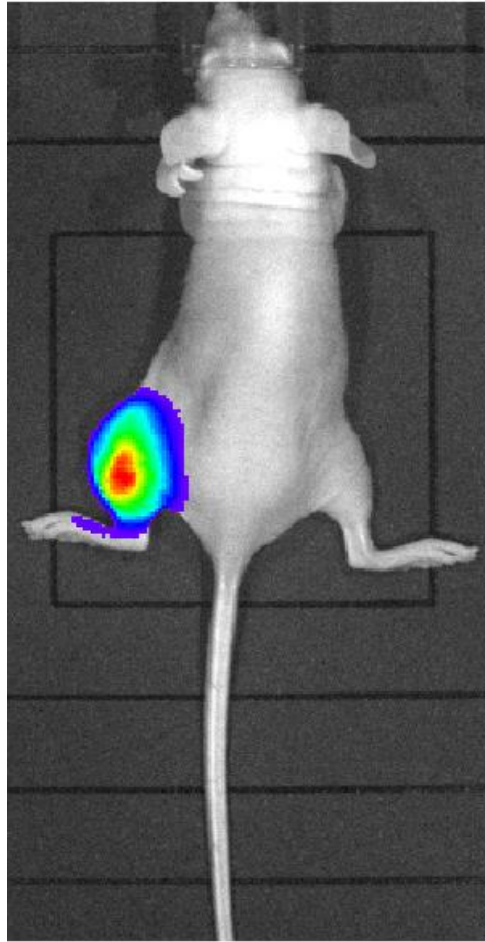
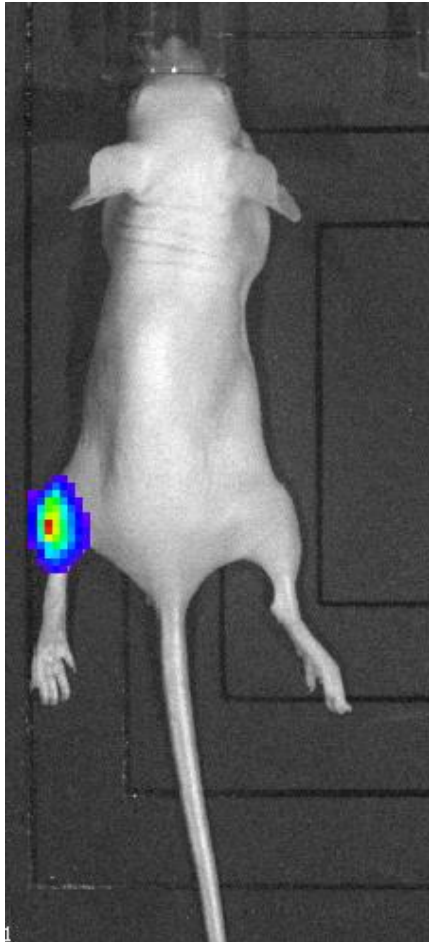
**Tumour  
bearing**



**Calliper  
measurements  
twice a week**



# IVIS imaging – 143B



First IVIS day (Day 4)

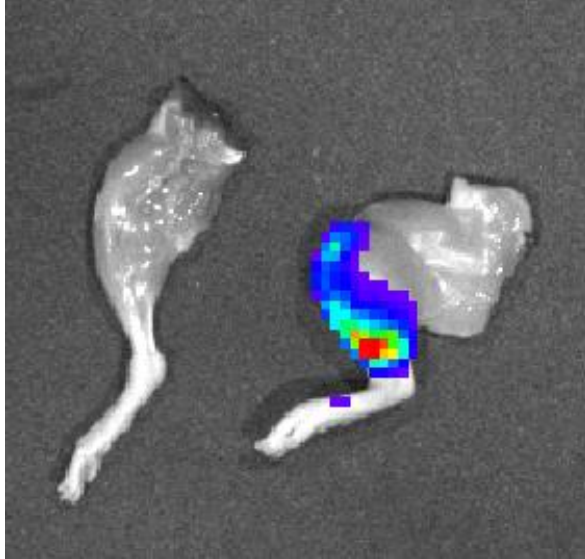
Cull day (Day 31)



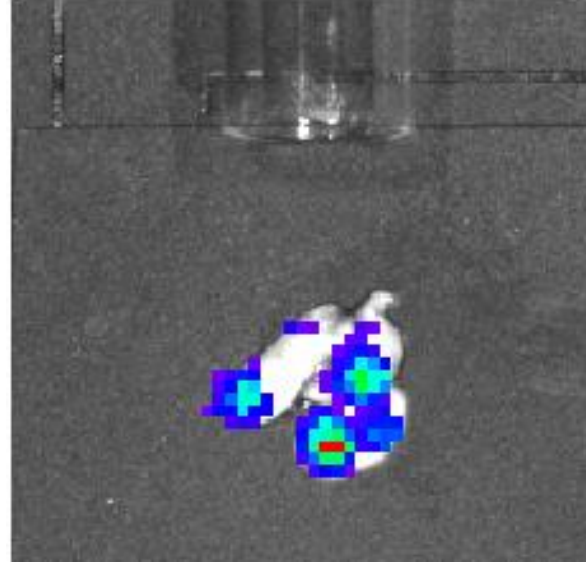


# EX Vivo

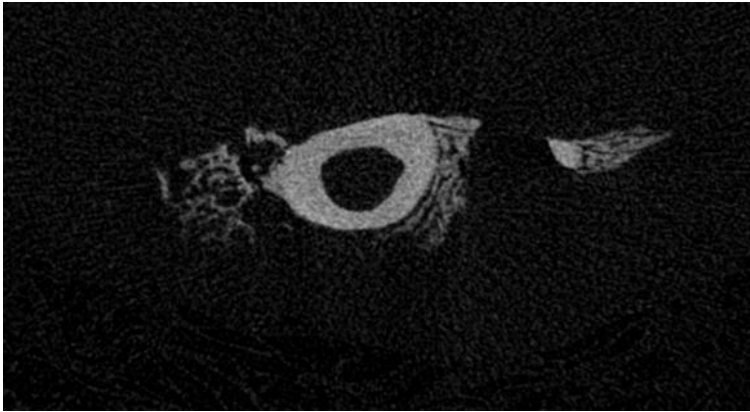
Limbs



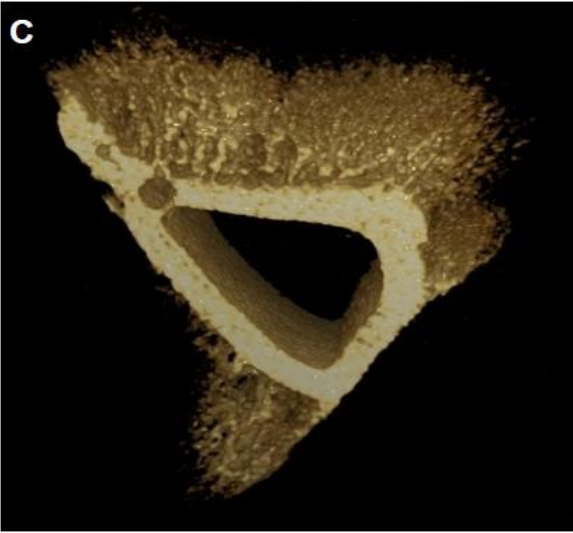
Lungs



# MNNG-HOS model - bone



Ectopic bone  
builds up  
around the  
bone



Displaying the typical 'sunburst'  
pattern seen in patients

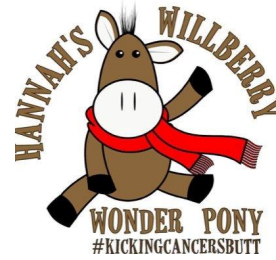
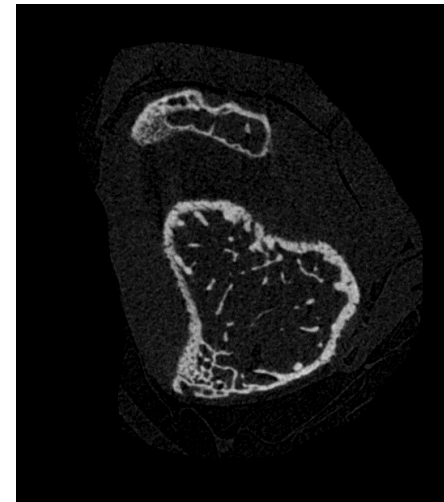
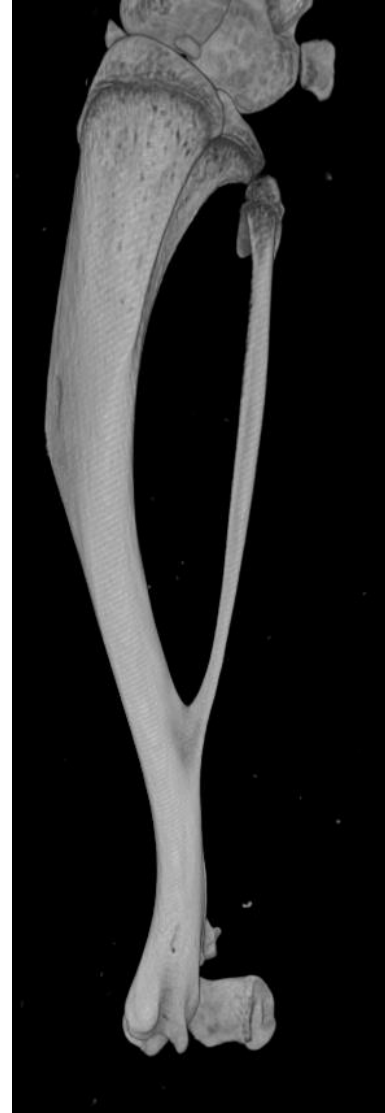
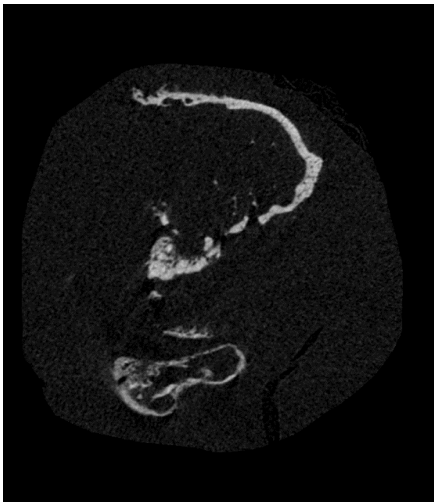


# 143B model - bone



The University Of Sheffield.

Lesions



# Comparison of models

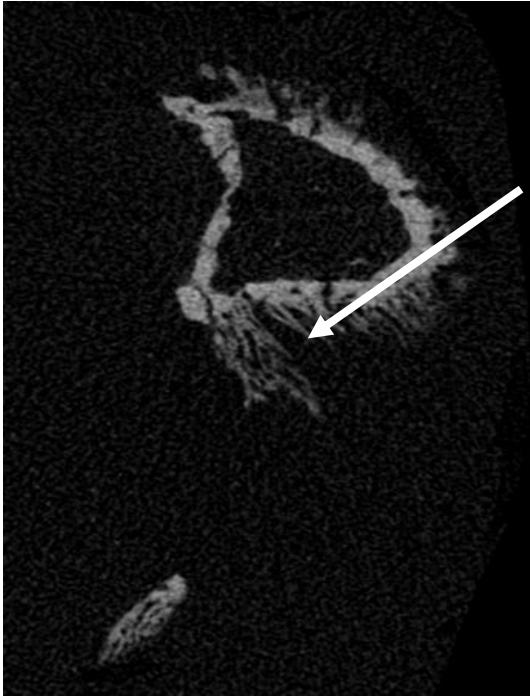
143B

MNNG-HOS

Lesions



Ectopic bone



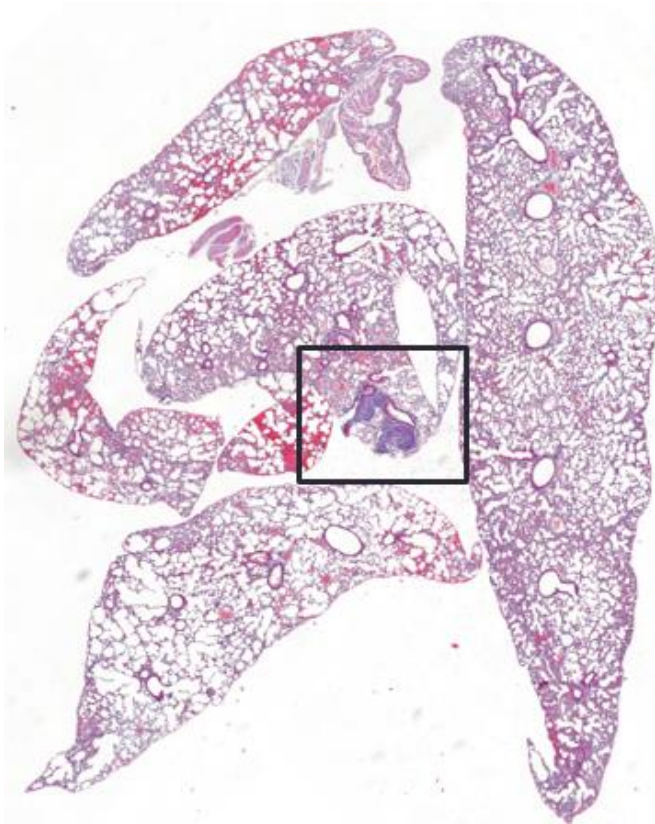


# OS lung metastasis

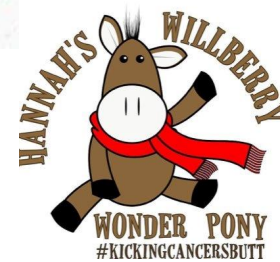
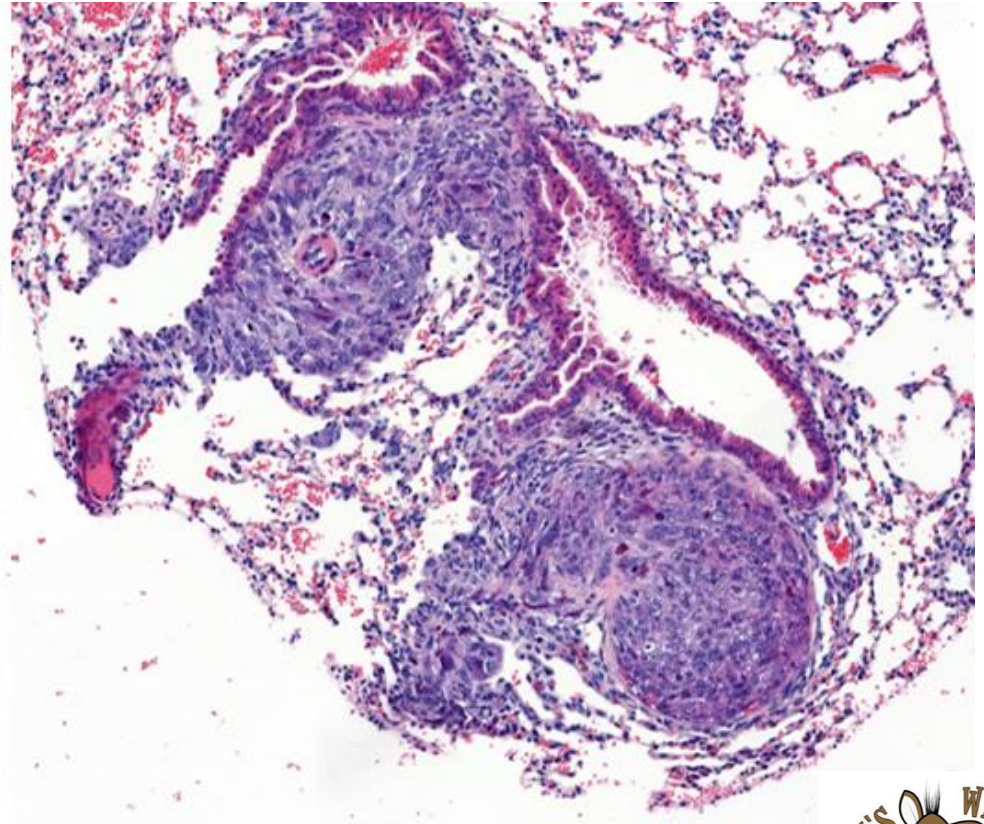


The University Of Sheffield.

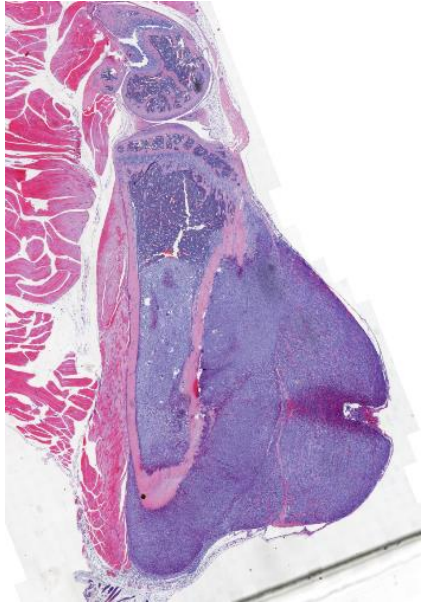
## Lung section



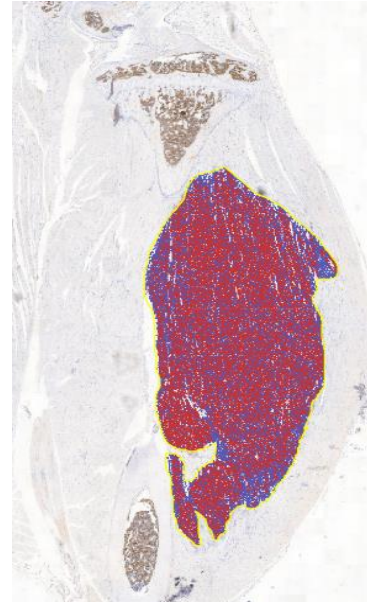
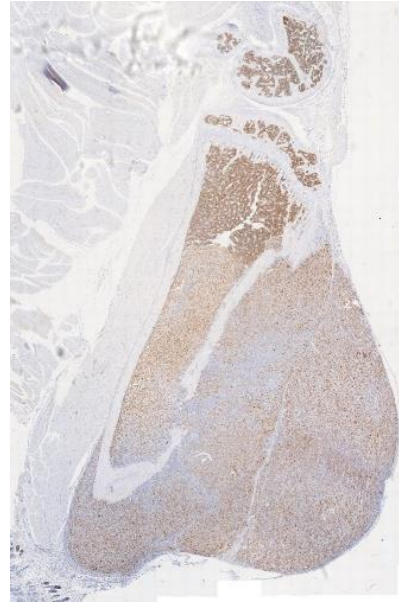
## Metastasis



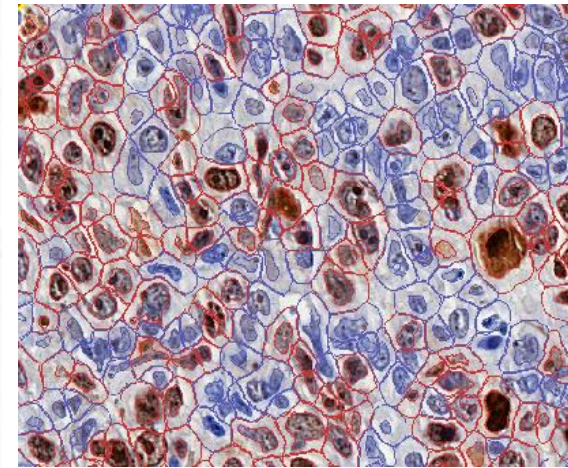
# OS Histology



H&E staining



IHC- Ki-67 for proliferation





# Acknowledgements

**Prof Allie Gartland**

**Dr Adrian Higginbottom**

**Miss Victoria Tippett**

