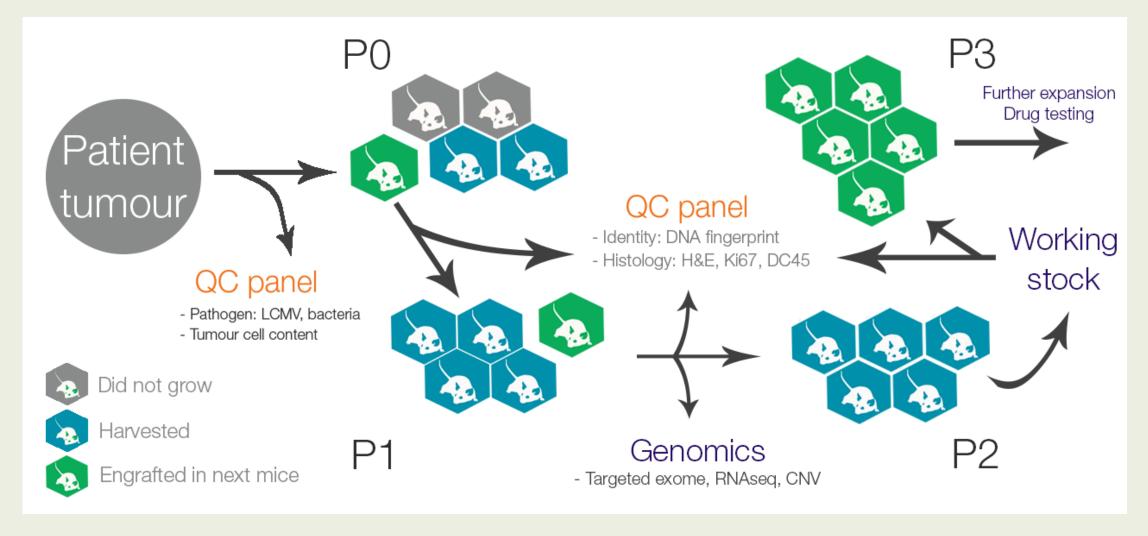
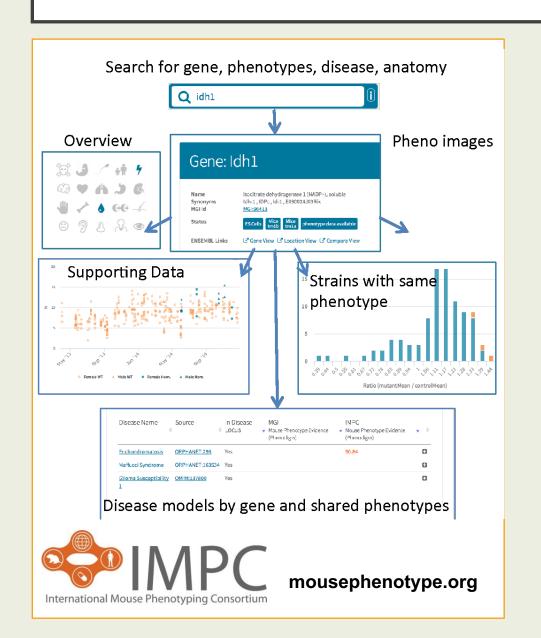
PDX FINDER

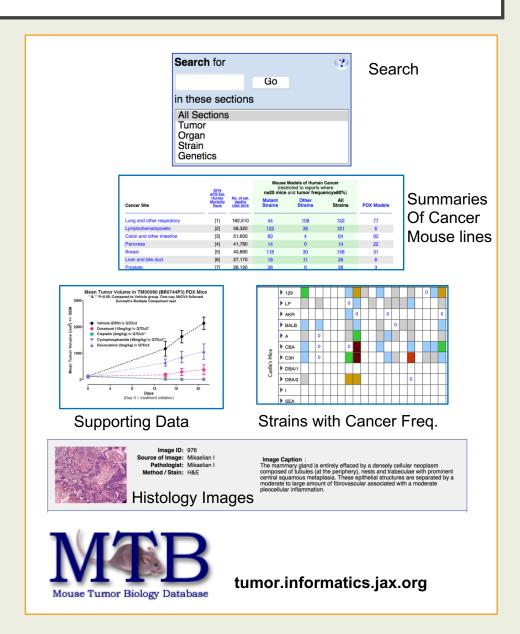
Terry Meehan
Coordinator Mouse Informatics
EMBL-EBI, Cambridge UK

PATIENT TUMOR DERIVED XENOGRAFT MODELS



KOMP2 / IMPC & MOUSE TUMOR DATABASE





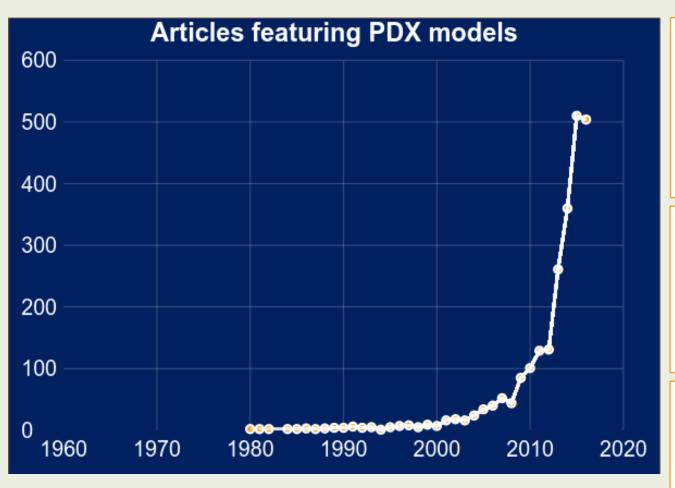
AIMS

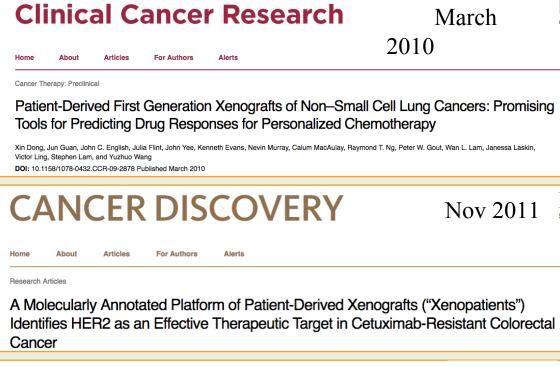
• Allow clinicians and researchers to find relevant PDX models available for distribution

• Allow clinicians and researchers to *find and reuse data* from relevant PDX models



PDX MODELS ARE BEING INCREASINGLY USED





Feb 2016

US cancer institute to overhaul tumour cell lines

Veteran cells to be retired in favour of fresh tumour samples grown in mice.

Heidi Ledford

Nature News

DEFINING MINIMAL INFORMATION FOR PDX MODELS

- Minimal information standards
- Collaborated with groups interested in PDX data



Carol Bult, PhD Head of MGI, Jackson Laboratory Scientific Director PDX and Cancer Avatar program



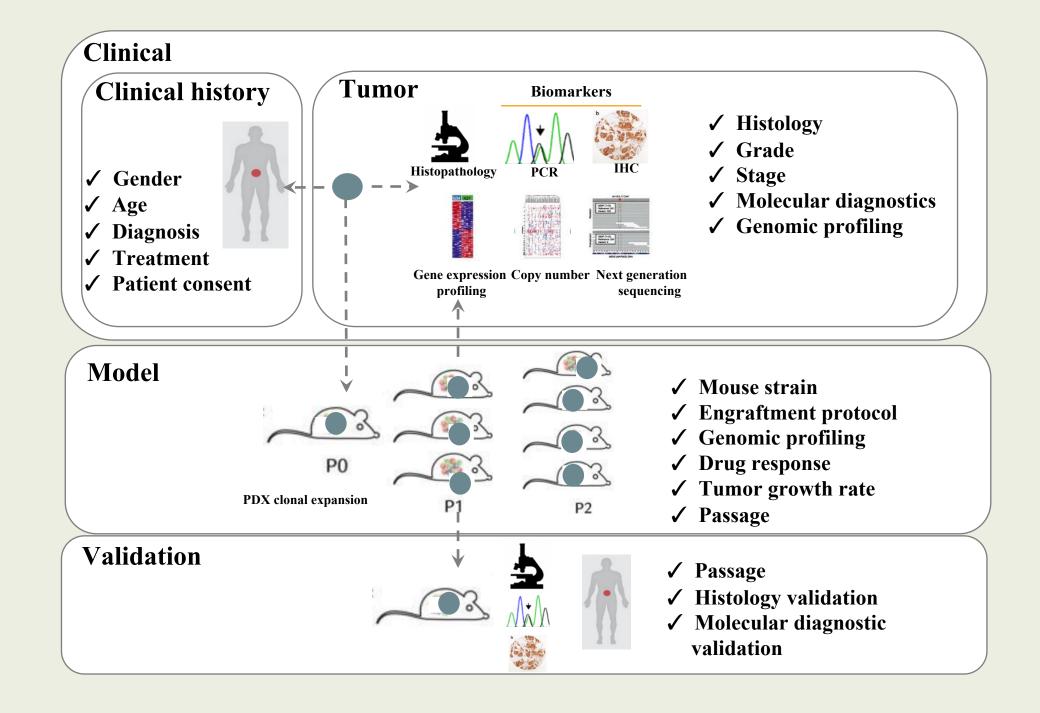


Atul Butte, MD, PhD
Ted Goldstein, PhD
UCSF Institute for
Computational Health Sciences

PDX-MI MANUSCRIPT

Module	Field	Recommendation	Example entry or choice
Clinical/Patient	Submitter Patient ID	Examilial	PAT-125
	Gender	Exacutiel	female
	Age	Examilial	50-55 (binned in 5 year age groups)
	Diagnosis	Exacutial	invasive breast cancer
	Consent to share data	Examilial	yea/no/ available to academic centers only
	Ethnicity/Rece	Desirable	caucasian
	Current Treatment drug	Desirable	everalimus: CHEMBLSS
	Current Treatment protocol (dose: details)	Desirable	afinitor:30 mg/day
	Prior treatment protocol	Desirable	surgery and noivedex: 40 mg/day
	Response to prior treatment	Desirable	progressive disease (RECIST7.1)
	Virologyatatua	Desirable	HIV-/HEV-/HCV+/HTLV-/EBV+
Clinic #1/Tumer	Submitter Tumor ID	Examile	TU M-125
	Tumor tissue of origin	Emential	liver
	Primary, metastasis, Recurrence	taxential	melasiasis
	Tissue histology	tasential	invasive ductal carcinoma
	Tumor Grade: classification	tasential	grade 5: 8 bion
	Disease Stage: classification	tasential	TSNZM3: TNM or Non applicable (example blood cancer)
	Specific merkers (diagnostic linked): platform	tasential	ER+. PR+. HERZ+: IHC
	la lumor from untreated patient?	tasential	yea/no
	Driginal tumor sample type	Desirable	biopsy, surgical sample, ascites fluid, blood, etc
	Tumor from an existing PDX model? ID? why sub-line?	Desirable	Yes. POX#1Z5, lost cispletin resistence
Model Creation	Submiller POX ID	Exacutial	PDX#1Z5
	Mouse strain (and source)	Examilial	NDD.Cg-PrkdcKacid>HZrgK1m1Wj>l/SrJ. The Jackson Laboratory
	Strain immune avalem humanised?	tasential	yes/no
	Type of humanization		CD54+ hematopoistic atem cell-engrafted/ PBMC/ Thymus/
	. , ,	Exacutial	Thymus-fetal liver/ iPSC/other
	Tumor preparation	Examilial	Tumor solid, cell suspension, sail e
	Injection type and site	Examilial	subculanzous: right flank
	Mouse irealment for engrafilment	Desirable	ealrogen irealemeni
	Engrafiment rate	Desirable	50%
	Engraftment time	Desirable	5 weeks
Model Quality Assurance	Tumor Characterization Technology	Examilial	his tology and IHC
	Tumor confirmed not to be of mouse/65 Vorigin	tasential	yea/no: negative for murine C.045
	Response to Standard of Care (Pharmacological positive control)		Not assessed / Assessed- complete response, partial response.
		Desirable	at a ble disease, progressive disease
	Animal health status	Desirable	SPF/SOPF, C.Bovia & Pneumocyalia negalive/positive
	Passage DA performed	Examilial	D43344E P4
	Treatment, passage		parturumab in combination with trasturumab: CHEMBLZ007841
Model study		Desirable	and CHEMBL 774505Z passage P4
	Treatment protocol (dose; details)		trastuzumab (50 mg/kg loading dose, 75 mg/kg weekly):
	,	Desirable	pertusumab (50 mg/kg loading dose, 15 mg/kg weekly)
	Treatment Response		complete response, partial response, stable disease, progressive
		Desirable	disease
	Tumor DMICS: sample id: sample site: purity (mouse vs human):		TU Mpdx-125: aubculanzous: 90% human: exome azquencing:
	lechnology: passage	Desirable	Passage P5
	Development of metables in strain (Y/N, site): passage	Desirable	Yes: liver: passage Pb
	Lag time/doubling time of tumor	Desirable	45h
Associated metadata	PDX model availability ?	Desirable	vea/no: frazen tumour: live mouse
	governance retriction for distribution	Desirable	available to academic centers only
	ID for exacciated publication, image, archived data (URL, PMID.		http://www.deleast.org/EXA1Z5: PMID:Z50Z5745: DDI:
	ODI)	Desirable	10.1158/s15056-015-0525-1

- Feedback from over 35 institutes
 - Pharmaceutical
 - Clinical Research groups
 - Academic labs
- Final Revision dedicated informatics issue of *Cancer Research*



2017 AACR SATELLITE MEETING PDX USER REQUIREMENTS WORKSHOP





- 25 participants
- Interactive workshop with 25 experts

PDX FINDER JAX AND EBI CO-DEVELOPED RESOURCE





400 models from common cancers

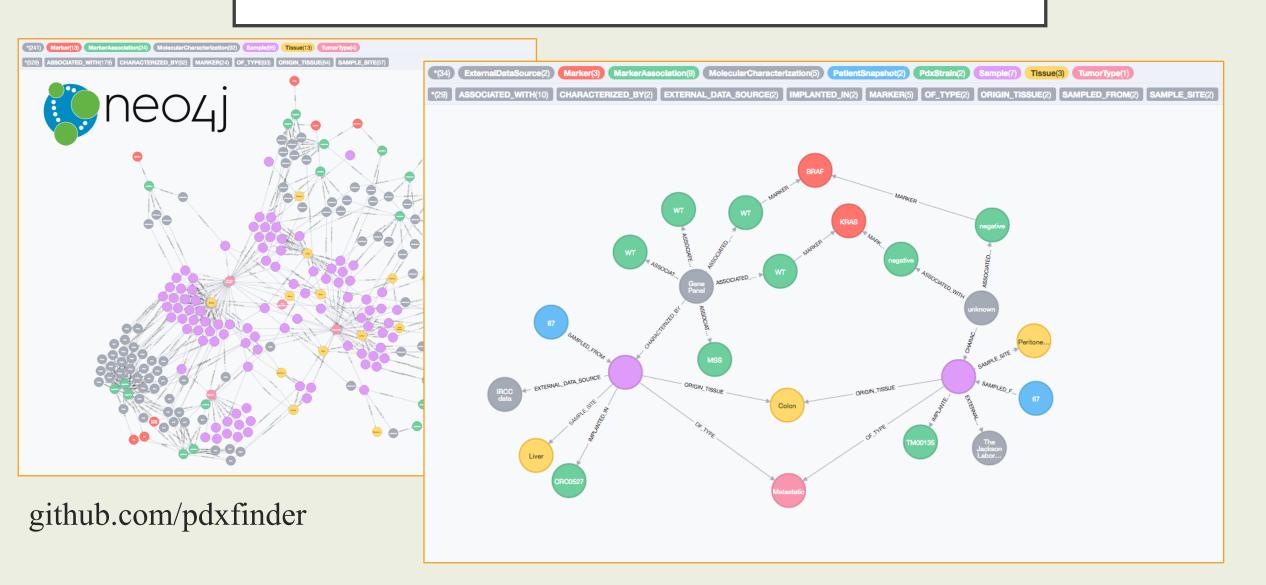
www.pdxfinder.or

400 colorectal Adenocarcinoma models from IRCC Univ. of Turin

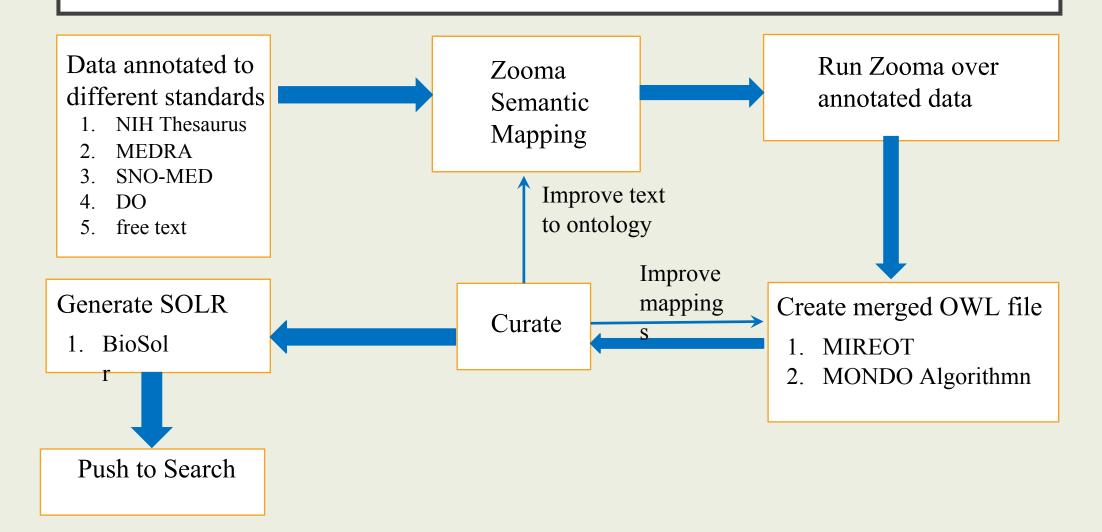


g

PDX FINDER A GRAPH DATABASE BACKEND



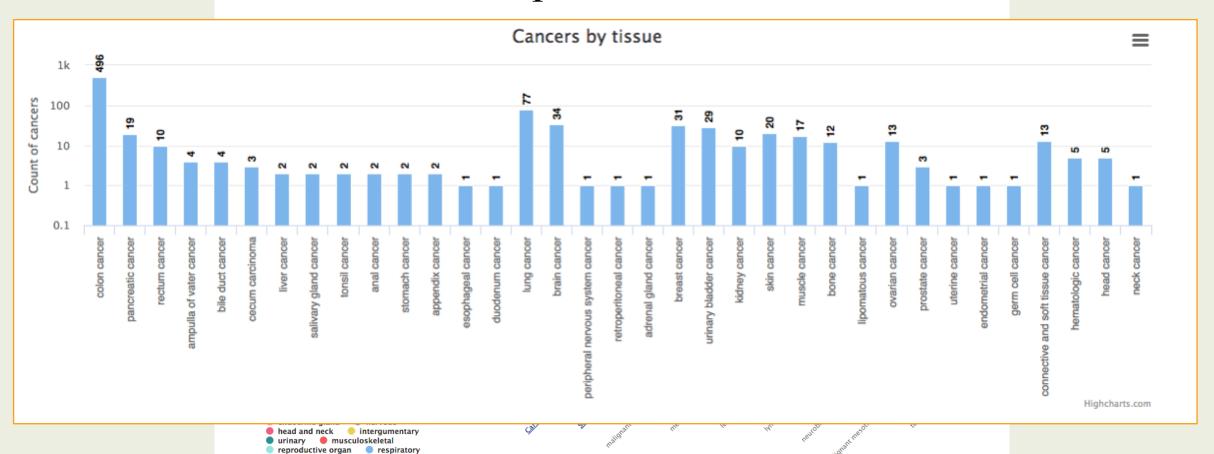
PDX FINDER A SEMANTIC MIDDLE LAYER



PDX FINDER PROTOTYPE FRONT END

Patient Derived Xenograft Finder

www.pdxfinder.or



Highcharts.com

breast

Highcharts.com

PDX FINDER MODEL SUMMARY PAGE

JAXPT1554

Clinical / Patient

Patient ID JAXPT1554
Gender Female
Age 56
Race White

Ethnicity Not Reported

PDX model creation

Sample type Strain Mouse sex Engraftment site

Clinical / Tumor

Diagnosis adenocarcinoma
Tumor type Metastatic
Classification IV/

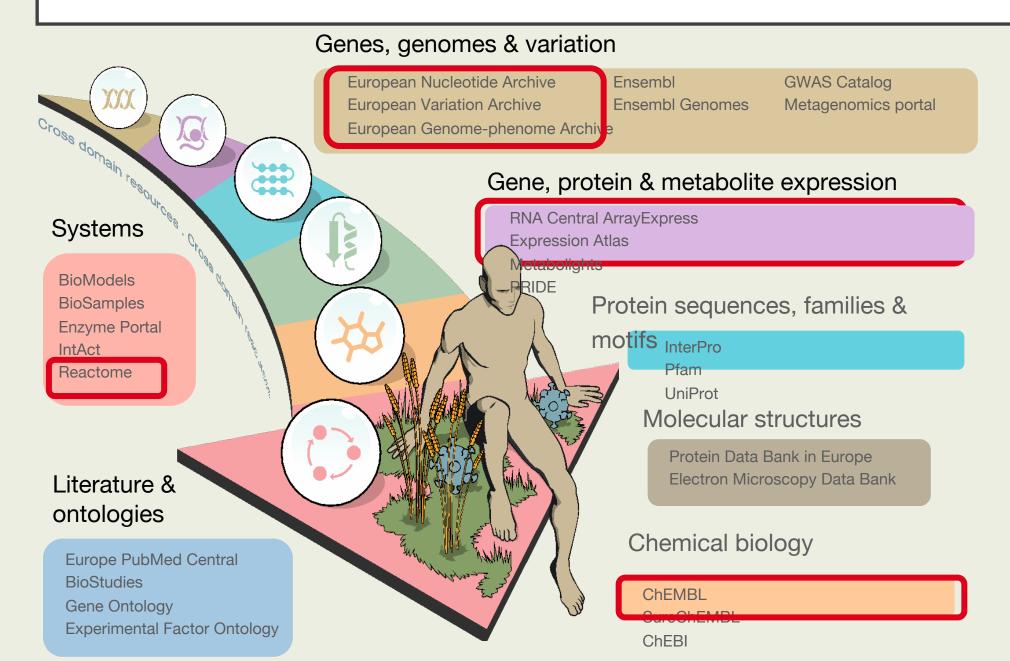
Markers BRAF status: negative, KRAS status: negative

PDX model studies

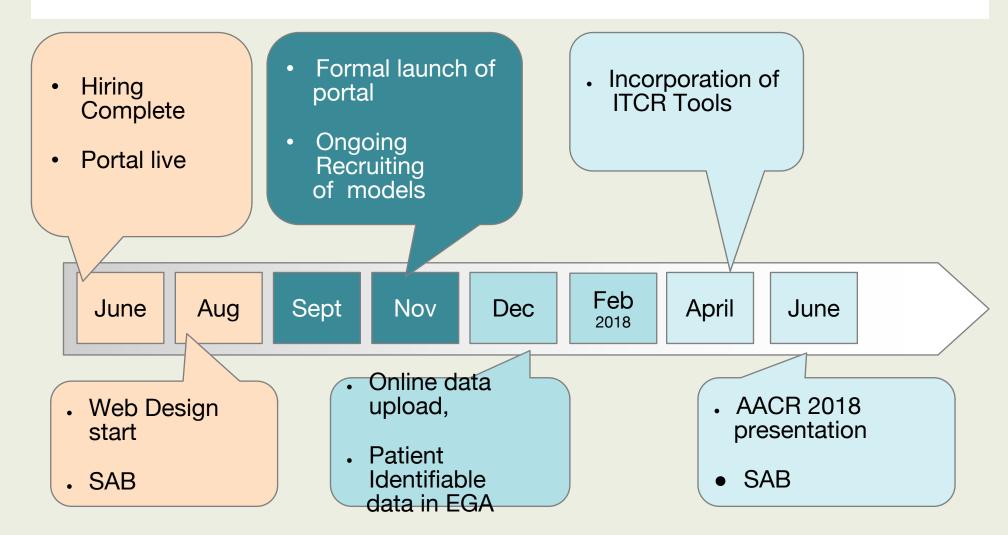
Coming soon...

View data at JAX

LEVERAGING RESOURCES AT EMBL-EBI



ONE YEAR TIMELINE



PDX models to register in the next year:

- PDM Repository
- International Breast Cancer Consortium
- PROXE
- EuroPDX
- German Pediatric Brain Tumors

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- Minjie Ding (EGA)



- Atul Butte
- Ted Goldstein (UCSC)
- Zhiping Gu (NGC)
- Jeffrey A Wiser (NGC)
- Patrick Dunn, (NIH/NIAID)

www.PDXfinder.org

Contact us: helpdesk@pdxfinder.org

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QUESTIONS