



# for studying tumour heterogeneity, progression and target identification

A biobank of IDH1-mutant astrocytoma cell lines

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Introduction				Methods							
> Context	WHO Classification			Constitution of a biobank	Patients informations						
Diffuse Low-Grade Gliomas (DLGG, Grade 2)	Diffuse Low-Gra	ade Glioma	Glioblastomas		Cell lines	Sex	Age	Diagnostic	Clinical characteristics	Localisation	Treatment
are primary rare brain cancers arising from	Mutant Isocitrate Deh	ydrogenase (IDH)	IDH Wild-Type	Contraction of the second seco	LGG275	Female	40	Astrocytoma Grade 2	IDH1-mutant R132H ATRX lost	-	Surgery
glial cells preferentially in young adult. Unlike glioblastoma, LGG grow at a slow	1p/19q co-deletion	Intact 1p/19q	Main mutations PTEN	CERSU .	LGG336	Female	40	Astrocytoma Grade 2	IDH1-mutant R132H, ATRX kept, p53 20%	-	Surgery
rate, but often degenerate into high grade gliomas (grade 3 or 4).	TERT promotor CIC FUBP1	TP53 pathway ATRX	NF1 EGFR PDGFRA	Tumour resection	LGG85	Male	38	Astrocytoma Grade 4	IDH1-mutant R132H, p53 100%, c-met negative, ATRX kept	Left fronto insular	Surgery and chemotherapy (TMZ)
classified by WHO according to histological and genetic criteria. In 70% of cases, these tumours carry a				Tumour dissociation	LGG349	Female	57	Astrocytoma Grade 4	IDH1-mutant R132H, ATRX kept, p53 20%	-	Surgery, chemotherapy (PCV), radiotherapy
missense mutation on isocitrate dehydrogenase 1 (IDH1) gene.	Grade 2, 3 Grade 2, 3 or 4 Grade 4 Grade 4 Grade 4										del
IDH-O (oligodendroglioma) IDH-A (astrocytoma)	Modified from Ohgaki and Kleihues, 2013			1) Culture conditions	2) Mutational profil 3) Transcriptomics 4) Proteomics					eomics	



Adapted from Venteicher, Tiroh and al., 2017

## > Challenges

- Previous studies show a high cellular heterogeneity in DLGG. They are composed by three cell types; stem-like cells, astrocyte-like and oligodendrocyte-like cells. This heterogeneity probably defeats current therapies, causing a poor overall survival of patients.
- There are few cellular tools to study in vitro these low grade gliomas.

#### > Aim

Our aim was to isolate and characterise IDH1-mutant astrocytoma cell lines and show they are relevant *in vitro* models to study low grade gliomas

#### Strategy

We developed a method to derive cells lines from patients tumoral resections to constitute a biobank of astrocytoma cell lines. Then, we use a multi-omic approach to compare each cell line and validate the model.





![](_page_0_Figure_18.jpeg)

![](_page_0_Figure_19.jpeg)

### References

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![](_page_0_Picture_26.jpeg)

## Conclusion

- > We constituted a richly-annotated biobank derived from 4 astrocytomas.
- Some of these cell lines maintain mutations found in tumours (IDH1, P53, ATRX)
- > Cell lines derived from grade 4 astrocytomas grow faster than grade 2-derived cell lines.
- Single cell RNA seq show that these cell lines contain cell subpopulations (oligodendrocytelike, astrocytes like and stem cell-like cells) akin to those found in tumors
- $\succ$  These cell lines represent useful models to 1/ understand the formation of cellular heterogeneity in low grade gliomas 2/the molecular mechanisms underlying progression from grade 2 to grade 4, 3/ identify new targets and treatment