

## Cell Line Data Sheet for CHLA-171

**Disease:** Neuroblastoma  
**Phase of Therapy:** Post-Chemotherapy (Progressive Disease)  
**Treatment:** N/A  
**Disease Stage:** 4  
**Gender:** Female  
**Age at diagnosis:** 101 months  
**Race:** N/A  
**Age at sample collection:** N/A  
**Source of Culture:** Peripheral blood (post-mortem)  
**Primary Tumor Site:** N/A  
**Date Established:** November 1996

**MYCN Patient:** Non-amplified  
**MYCN Cell line:** N/A  
**THmRNA:** Expressed  
**p53 functionality:** Non-functional  
**Telomere Mechanism:** N/A  
**ALK:** WT  
**RNAseq:** N/A  
**WES:** N/A

LC90 (DIMSCAN*):	CBDCA (µg/ml)	ETOP (µg/ml)	L-PAM (µg/ml)
*see reference 5	11.6	443.6	68.9

CBDCA, carboplatin; ETOP, etoposide; L-PAM, melphalan

**Growth Conditions:** Please see Protocols section at <https://www.cccells.org/protocols.php>  
5% CO<sub>2</sub>, 20% O<sub>2</sub>, 37.0°C

**Media Formulation:** Please see Protocols section at <https://www.cccells.org/protocols.php>  
Cells are grown in a base medium of Iscove's Modified Dulbecco's Medium plus the following supplements (to a final concentration): 20% Fetal Bovine Serum, 4mM L-Glutamine, 1X ITS (5 µg/mL insulin, 5 µg/mL transferrin, 5 ng/mL selenous acid)

**Doubling Time:** 89 hours  
**Growth Properties:** Adherent, grow mostly in clumps and small population of suspended cells

**STR Profile:** May be obtained at <https://strdb.cccells.org/>

**Notes:** The Childhood Cancer Repository has a matching cell line available from this same patient – CHLA-183. The repository has a matching EBV lymphoblastoid cell line – COG-V-446. The repository has a matching fibroblast line – COG-FB-447.

All COG Repository cell lines are antibiotic-free, mycoplasma-free, and cryopreserved in 50% FBS / 7.5% DMSO. Each vial label contains the cell line name, passage number, total viable cell count (usually 5-10e6), the overall cell viability, and date frozen. All cell lines are validated with original patient sample by STR analysis



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**Cell Line Name:** CHLA-171

**References:**

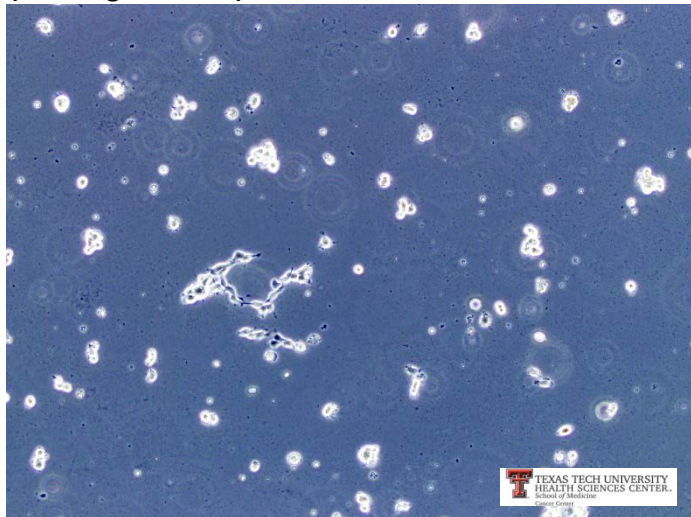
1. Keshelava N, Zuo JJ, Chen P, Waidyaratne SN, Luna MC, Gomer CJ, Triche TJ, Reynolds C P: Loss of p53 function confers high-level multi-drug resistance in neuroblastoma cell lines. *Cancer Res.* 61:6185-6193, 2001. PubMed ID: [11507071](#)  
<https://cancerres.aacrjournals.org/content/61/16/6185.long>
2. Thompson PM, Maris JM, Hogarty MD, Seeger RC, Reynolds CP, Brodeur GM, White PS. Homozygous deletion of CDKN2A (p16INK4a/p14ARF) but not within 1p36 or at Other Tumor Suppressor Loci in Neuroblastoma. *Cancer Res.* 61, 679-686, 2001. PubMed ID: [11212268](#)  
<https://cancerres.aacrjournals.org/content/61/2/679.long>
3. Yang B, Reynolds CP: Tirapazamine cytotoxicity for neuroblastoma is p53-dependent. *Clin Cancer Res.* 11:2774-2780, 2005. PubMed ID: [15814660](#)  
<https://clincancerres.aacrjournals.org/content/11/7/2774.long>
4. Keshelava N, Davicioni E, Wan Z, Ji L, Spoto R, Triche TJ, Reynolds CP. Histone Deacetylase 1 Gene Expression and Sensitization of Multidrug-Resistant Neuroblastoma Cell Lines to Cytotoxic Agents by Depsipeptide. *J Natl Cancer I.* 99: 1107-19, 2007. PubMed ID: [17623797](#)  
<https://academic.oup.com/jnci/article/99/14/1107/938992>
5. Kang MH, Smith MA, Morton CL, Keshlava N, Houghton PJ, Reynolds CP. National Cancer Institute Pediatric Preclinical Testing Program: Model Description for In Vitro Cytotoxicity Testing. *Pediatr Blood Cancer.* 56: 239-249, 2011. PubMed ID: [20922763](#)  
([www.PPTPinvitro.org](http://www.PPTPinvitro.org))

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3005554/>

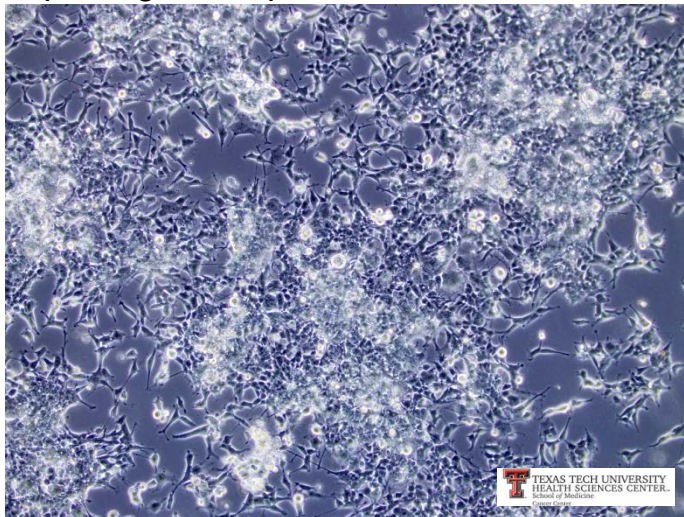
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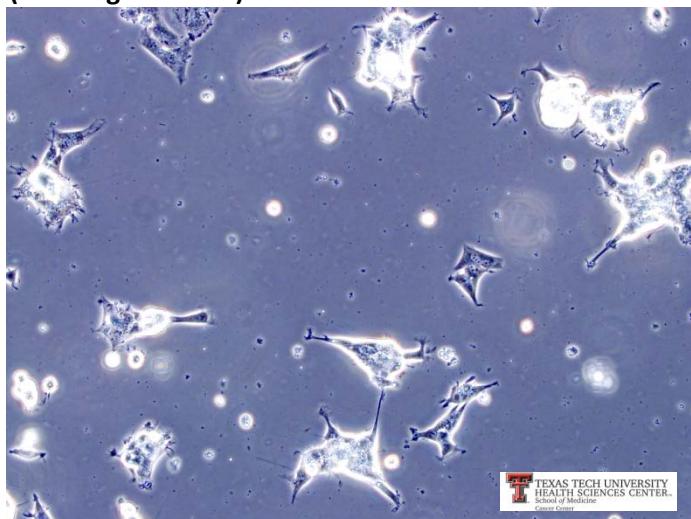
(10x magnification)



(10x magnification)



(20x magnification)



(20x magnification)

