

AsPC-1 growing culture | 330158

General information

Description The AsPC1 cell line was derived from a 62-year-old female patient with adenocarcinoma of the head of the pancreas and metastases to several abdominal organs. Despite receiving radiation and chemotherapy, the patient developed ascites and passed away two weeks later. The ascitic cell culture derived from this patient demonstrated abundant mucin and carcinoembryonic antigen 7 production. In genetic analysis, KRAS was found to be activated. In addition, ASPC-1 showed divergent results for SMAD4/DPC4. The status of the tumor suppressor genes TP53 and CDKN2A/p16 was also inconsistent showing variable alterations in these genes. It is suggested that these cells may have acquired additional alterations during routine culturing, and the heterogeneous populations in the original tumor could be a source of different genetic variants. A study published in Neoplasia in 2016 investigated the efficacy of the HDAC inhibitor AR-42 in suppressing tumor growth in ASPC-1 models. The results demonstrated tumor suppression and increased apoptosis, suggesting the potential of AR-42 as a treatment option. Another study featured in Nature in 2016 examined the mechanism of action of the antimitotic and STAT3 inhibitor LTP-1 using ASPC-1 cells. LTP-1 treatment induced cell cycle arrest, disrupted microtubule dynamics, and suppressed tumor growth, indicating its potential as a therapeutic agent. In a 2006 study, ASPC-1 cells were used to characterize the mTOR inhibitor CCI-779 (temsirolimus) in human pancreatic cancer. CCI-779 activated proteins involved in cell growth and exhibited antitumor effects in vivo. Temsirolimus has since been FDA-approved for advanced kidney cancer treatment. ASPC-1 cells have also played a crucial role in establishing carcinogenesis models for pancreatic ductal adenocarcinomas. By manipulating oncogenes and establishing spheroid cultures of ASPC1 cells, researchers transformed normal human pancreatic duct cells into adenocarcinomas, providing valuable insights into the process of carcinogenesis. ASPC-1 cells are a valuable resource for studying pancreatic ductal adenocarcinoma and possess specific markers associated with pancreatic cancer and have been utilized in various research studies exploring potential therapies.

Organism	Human
Tissue	Pancreas
Disease	Adenocarcinoma
Metastatic site	Ascites
Synonyms	AsPc-1, Aspc-1, ASPC-1, As-PC1, ASPC1, AsPC1, Aspc1, AsPc1

Characteristics

Age	62 years
Gender	Female
Ethnicity	Caucasian
Growth properties	Adherent

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Identifiers / Biosafety / Citation

Citation AsPC-1 (Cytion catalog number 300158)

Biosafety level 1

Expression / Mutation

Products carcinoembryonic antigen (CEA), human pancreas associated antigen, human pancreas specific antigen, mucin

Mutational profile AsPC-1 cells carry a homozygous Kras mutation in codon12: GGT(Gly) >GAT(Asp)

Handling

Culture Medium RPMI 1640

Medium supplements 10% FBS, w: 2.1 mM stable Glutamine, w: 2.0 g/L NaHCO₃

Passaging solution Accutase

Subculturing Remove medium and rinse the adherent cells using PBS without calcium and magnesium (3-5 ml PBS for T25, 5-10ml for T75 cell culture flasks). Add Accutase (1-2ml per T25, 2.5ml per T75 cell culture flask), the cell sheet must be covered completely. Incubate at ambient temperature for 8-10 minutes. Carefully resuspend the cells with medium (10 ml), centrifuge for 3min at 300xg, resuspend cells in fresh medium and dispense into new flasks which contain fresh medium.

Split ratio A ratio of 1:3 to 1:6 is recommended

Seeding density We recommend to seed the cells at 2×10^4 cells/cm².

Fluid renewal 2 to 3 times per week

Freeze medium CM-1 (Cytion catalog number 800100) or CM-ACF (Cytion catalog number 806100)

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Handling of cryopreserved cultures

The cells come deep-frozen shipped on dry ice. Please make sure that the vial is still frozen. If immediate culturing is not intended, the cryovial must be stored below -150 degree Celsius after arrival. If immediate culturing is intended, please follow the below instructions: Quickly thaw by rapid agitation in a 37 degree Celsius water bath within 40-60 seconds. The water bath should have clean water containing an antimicrobial agent. As soon as the sample has thawed, remove the cryovial from the water bath. A small ice clump should still remain and the vial should still be cold. From now on, all operations should be carried out under aseptic conditions. Transfer the cryovial to a sterile flow cabinet and wipe with 70% alcohol. Carefully open the vial and transfer the cell suspension into a 15 ml centrifuge tube containing 8 ml of culture medium (room temperature). Resuspend the cells carefully. Centrifuge at 300 x g for 3 min and discard the supernatant. The centrifugation step may be omitted, but in this case the remains of the freeze medium have to be removed 24 hours later. Resuspend the cells carefully in 10 ml fresh cell culture medium and transfer them into two T25 cell culture flasks. All further steps are described in the subculture section.

Handling of proliferating cultures

One or two cell culture flasks come filled with cell culture medium. Collect the entire medium in 1 or 2 x 50 ml centrifuge tubes, respectively. Carefully add 5 ml of cell culture medium to each T25 cell culture flask. Control the cell morphology and confluency under the microscope. Incubate at 37 degree Celsius for a minimum of 24 hours. Spin down the collected medium at 300 x g for 3 minutes to collect the cells which may have detached during transit. If a cell pellet is visible, resuspend the cells in 5 ml of cell culture medium and transfer to a T25 cell culture flask. Incubate at 37 degree Celsius for a minimum of 24 hours.

Quality control / Genetic profile / HLA

Sterility

Mycoplasma contaminations are ruled out through PCR-based and luminescence-based mycoplasma assays. The absence of bacterial, fungal or yeast contamination is controlled through daily visual cell monitoring.

STR profile

Amelogenin: x,x
CSF1PO: 10,13
D13S317: 9,12
D16S539: 11
D5S818: 12
D7S820: 12, 13
TH01: 7, 9.3
TPOX: 8, 10
vWA: 17
D3S1358: 16
D21S11: 28, 30
D18S51: 18
Penta E: 5, 12
Penta D: 9, 12
D8S1179: 13, 15
FGA: 24

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HLA alleles

A*: 01:01:01, 02:01:01

B*: 15:01:01

C*: 03:03:01, 03:04:01

DRB1*: 04:01:01, 13:02:01

DQA1*: 01:02:01, 03:01:01

DQB1*: 03:02:01, 06:04:01

DPB1*: 04:01:01G, 10:01:01G

E: 01:01, 01:03