

# SubQperior™

the next generation of tumor models

A superior implantation method for cell-line derived tumor models

- Homogeneous tumor growth
- Reproducible study outcome
- Outstanding statistical value

Standard implantation via subcutaneous injection causes frequent ulceration resulting in early abrogation of studies, leaving researchers with too short treatment windows and high heterogeneity with poor statistical value of study results.

To overcome these challenges, we have developed a superior implantation method for standard cell-line derived tumor models.

subQperior™: tumor cell implantation into the mammary fat pad.

A decorative graphic consisting of seven light purple circles of varying sizes arranged in a grid-like pattern on the right side of the page.

Let's discover together.

1

SubQperior™ implantation results in larger tumors.

2

Homogenous and reliable growth yields study outcomes with outstanding statistical value.

3

Tumors are measured via caliper making the handling as easy and inexpensive as for subcutaneous models.

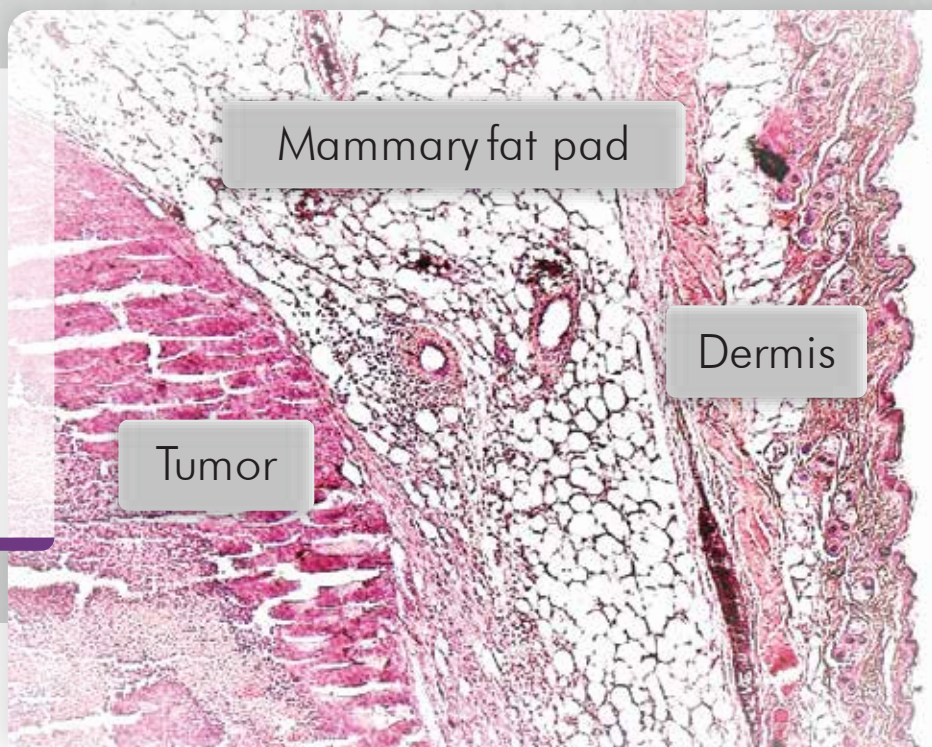
4

Homogeneous tumor growth of subQperior™ models allows to reduce the number of mice per arm.

# The subQperior™ advantage

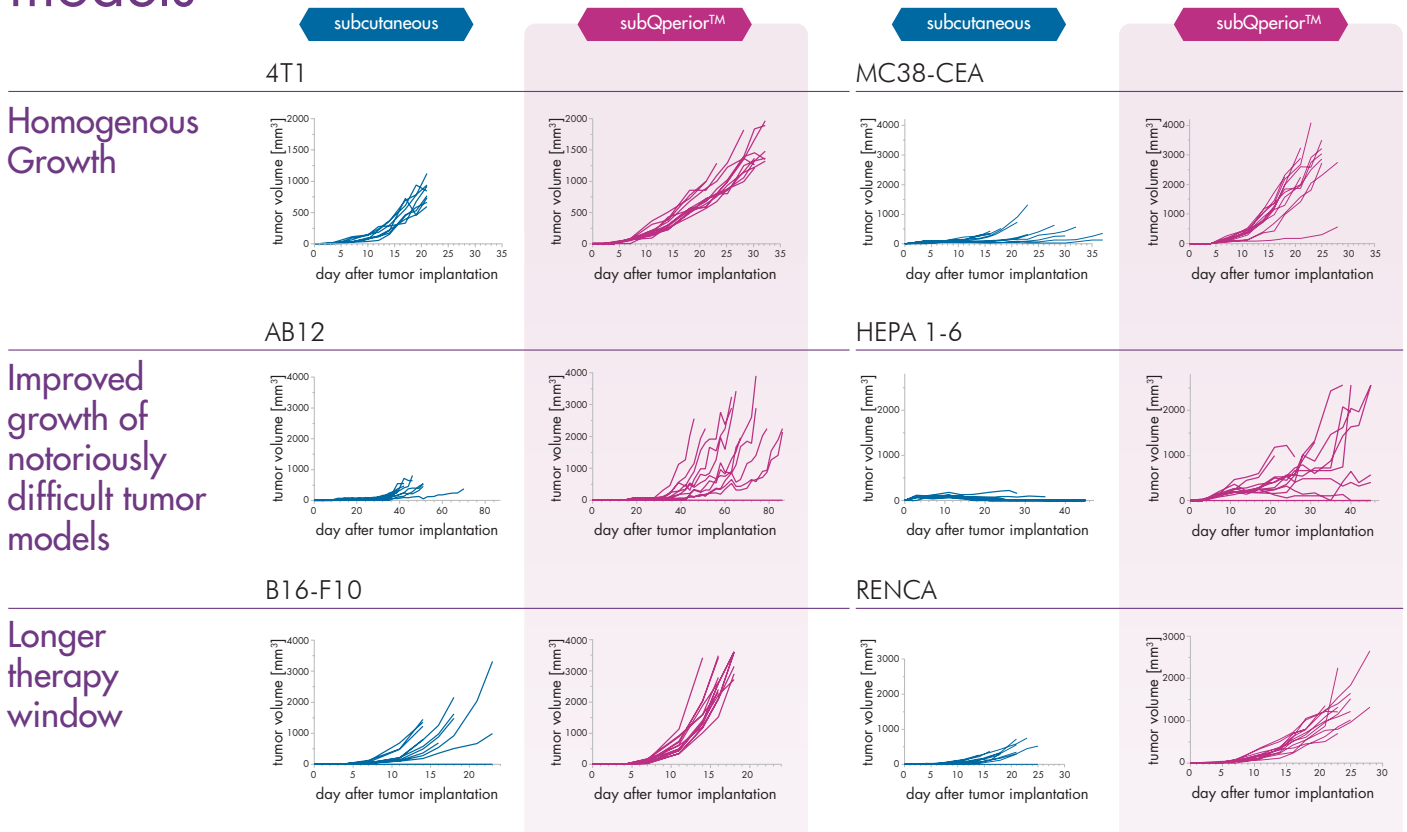
Tumor cell implantation in the mammary fat pad allows for tumor growth in tissue with the tumor cells being surrounded by stroma.

The mammary fat pad serves as buffer zone between tumor and dermis restricting ulceration and allowing superior growth of tumors in comparison to subcutaneous implantation.



Let's discover together.

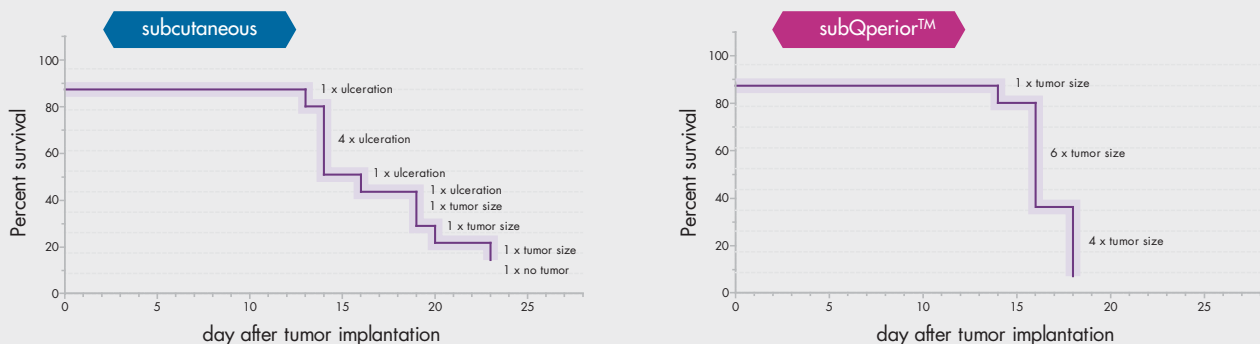
# Comparison of subcutaneous and subQperior™ tumor models



Tumor cells were implanted subcutaneously or subQperior™ in the respective mouse strain of tumor origin. Tumor growth was monitored via calipering. Mice were sacrificed at their individual termination time points.

Larger tumor sizes + Homogeneous growth + Reproducible results = Efficacy studies with outstanding statistical value

## SubQperior™ tumor implantation overcomes ulceration as the main cause of study termination



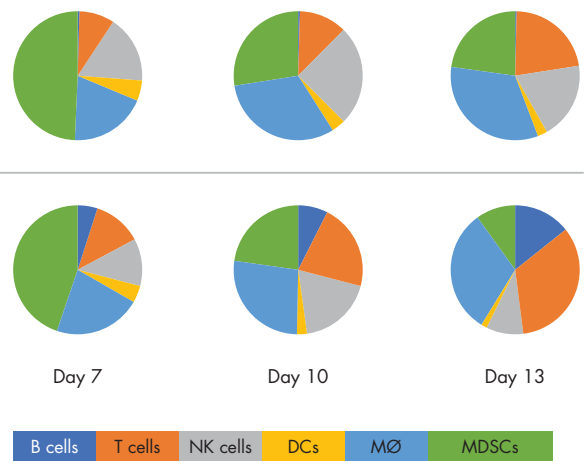
Kaplan-Meier plot showing the causes of death of mice bearing B16-F10 tumors after subcutaneous or subQperior™ implantation. Tumor ulceration is the cause of termination for 7 animals after subcutaneous implantation. In contrast, all animals with subQperior™ tumor implantation were taken down because tumors reached maximum allowed size.

# Immune cells infiltrating subQperior™ and subcutaneous CT26wt tumors

Total amount of tumor-infiltrating leukocytes

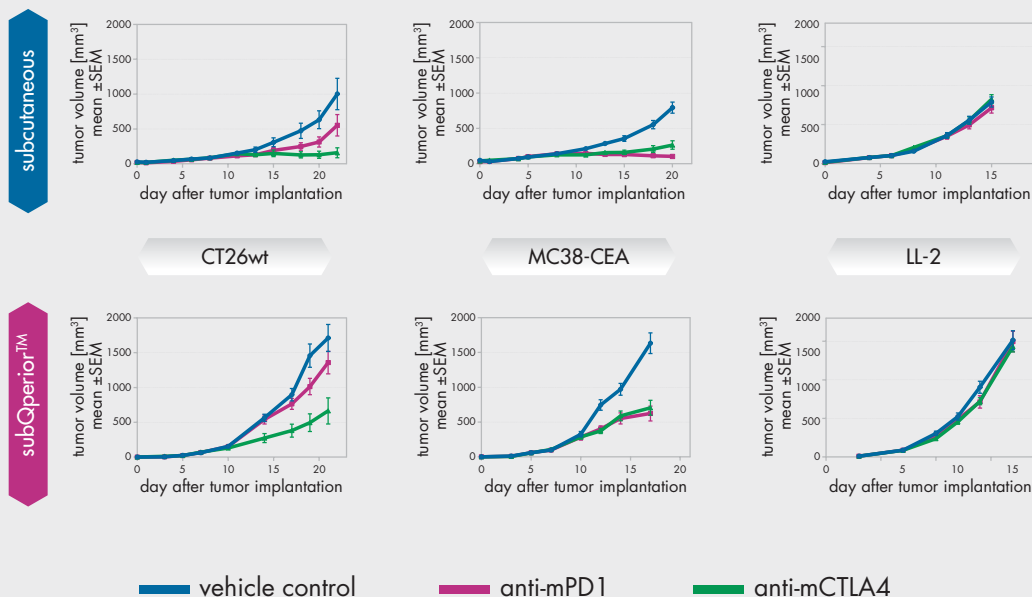


Occurrence of immune cell populations



Syngeneic CT26wt colon tumor cells were implanted subcutaneously and subQperior™, respectively. On day 7, day 10 and day 13 after implantation, five animals were euthanized and the tumors were harvested for flow cytometry analysis. The tumor was disrupted, erythrocytes removed and up to  $3 \times 10^6$  single cells dispensed per well. Cells were stained for live/dead and the antigens CD3, CD4, CD8a, CD45, CD25, CD11b, Ly6C, Ly6G, F4/80, CD11c, MHC class II, CD206, CD335, CD49b, B220 and FoxP3. The samples were analyzed by flow cytometry using a LSR Fortessa (Becton Dickinson).

## Immune Checkpoint Inhibitor treatment show similar responses for subcutaneous and subQperior™ tumor models



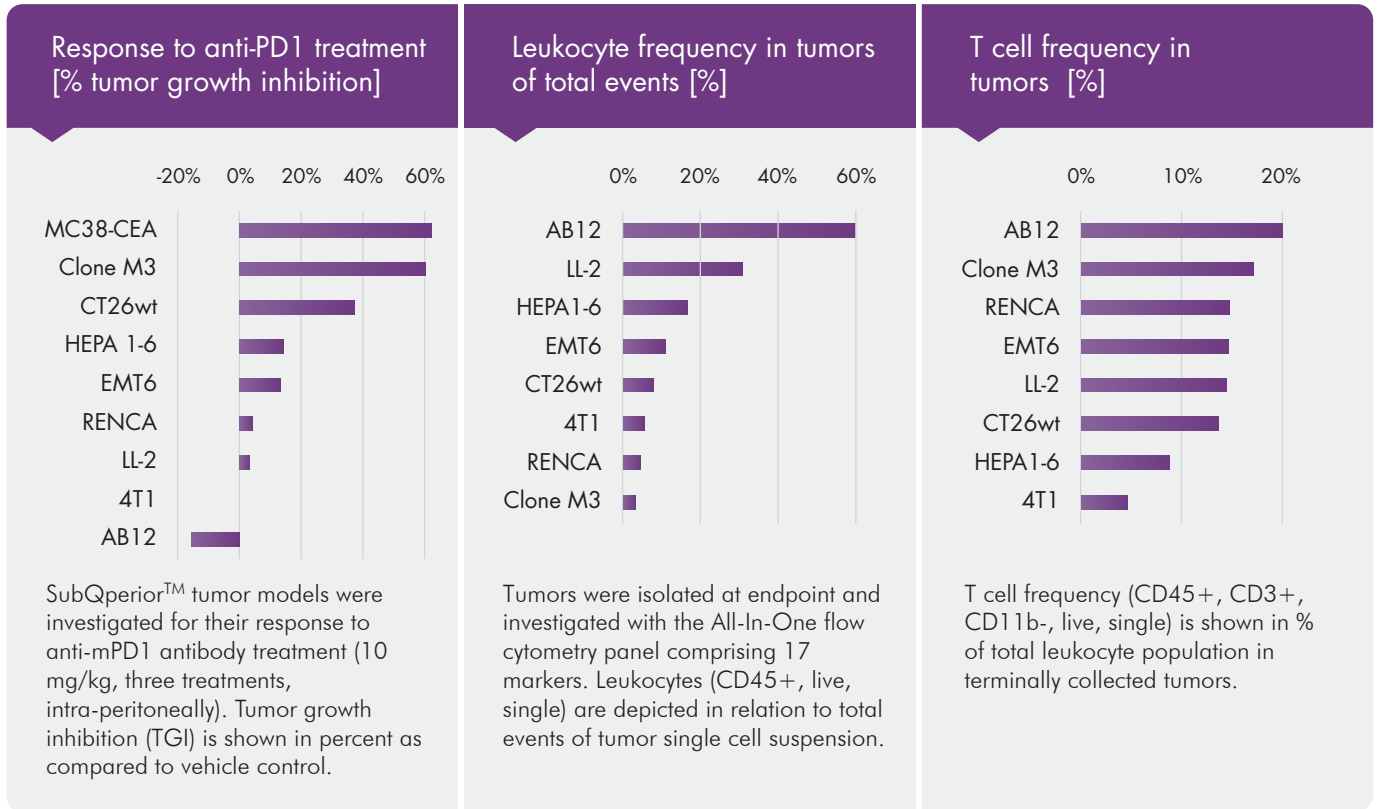
Tumor cells were implanted subcutaneously or subQperior™ in the respective mouse strain of tumor origin.

Tumor growth was monitored via caliper. After randomization, mice were treated with vehicle, anti-mPD1 or anti-mCTLA4 antibody, each at 10 mg/kg, three treatments, intra-peritoneally.

subQperior™  
tumor models  
superior to subcutaneous



# SubQperior™ tumor models show a variety of immune phenotypes



Representative examples of subQperior™ study results. Data points are derived from one study only and do not account for biological variation.

## SubQperior™ panel screen - quarterly

Every three months, Reaction Biology offers a panel screening option to evaluate the efficacy of client compounds on 6 tumor models with fast turnaround.

Choose 6 out of 8 tumor models

CT26wt	MC38-CEA	Clone M3	B16.F10	4T1	RENCA	EMT6	LL/2
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We share data of vehicle and anti-PD1 treatment groups with all clients participating at no cost:  
Pay for 1 group and get results from 3 groups

vehicle control

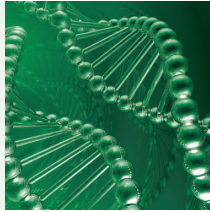
α-mPD-1 treatment

your compound

ask for a quote today!

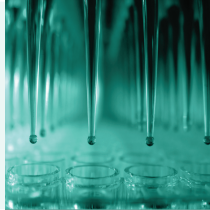
# OUR SERVICES AND PRODUCTS

## Recombinant Proteins



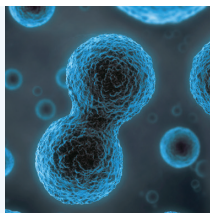
Kinases • Epigenetic Proteins Apoptosis-related Proteins • PARPs • Substrates Custom-tailored Protein Production  
Cloning and Mutagenesis

## Target-specific Assays



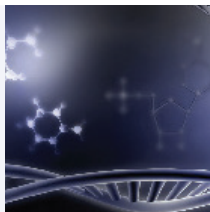
780+ Kinase Assays • 160+ Epigenetic Assays  
Target Protein Degradation Assays • RAS Pathway Assays  
Ion Channels • GPCRs • Proteases • Phosphatases  
DUBs • Metabolic Enzymes • Apoptosis-related Proteins

## Cell-based Assays



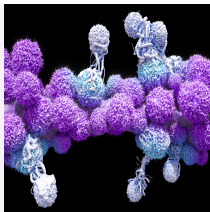
Cell Proliferation and Viability Assays • Cell Panel Screening  
Soft Agar Assays • Drug Combination Testing  
3D Tumor Spheroid Assays • Migration and Invasion Assays  
Angiogenesis Assay • Custom Assay Development

## Biophysical Assays



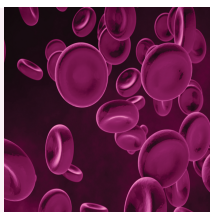
Surface Plasmon Resonance • Thermal Shift  
Isothermal Titration Calorimetry  
Microscale Thermophoresis  
Custom-tailored Assay Development

## In Vivo Pharmacology



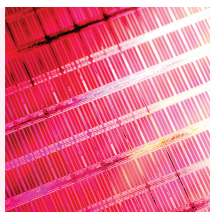
In Vivo Hollow Fiber Model  
Xenograft Models • Syngeneic Models  
Orthotopic Models • Metastasis Models  
Proprietary Models

## ADME & Safety



Cardiac Safety Panel • PK/PD Studies  
Maximum-tolerated Dose Determination

## Biomarker Discovery



Immunophenotyping • Multiplex Immunoassays  
Tissue Microarray Analysis • qPCR Service  
Flow Cytometry Service • Western Blot Service

Let's discover together.



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