

Data Sheet

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BCRJ Code:	0397
Cell Line:	TPC-1
Species:	Homo sapiens
Vulgar Name:	Human
Tissue:	Thyroid gland papillary
Cell Type:	Epithelial
Morphology:	Epithelial
Disease:	Carcinoma
Growth Properties:	Adherent
Sex:	Female
Age/Ethnicity:	Adult /
Products:	Pax8
Biosafety:	1
Culture Medium:	RPMI-1640 medium modified to contain 2 mM L-glutamine, 4500 mg/L glucose and fetal bovine serum to a final concentration of 10%.

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Volumes used in this protocol are for 75 cm² flask; proportionally reduce or increase amount of dissociation medium for culture vessels of other sizes. Remove and discard culture medium. Briefly rinse the cell layer with PBS without calcium and magnesium to remove all traces of serum that contains trypsin inhibitor. Add 2.0 to 3.0 mL of Trypsin-EDTA solution to flask and observe cells under an inverted microscope until the cell layer is dispersed (usually within 5 to 15 minutes). Note: To avoid clumping do not agitate the cells by hitting or shaking the flask while waiting for the cells to detach. Cells that are difficult to detach may be placed at 37°C to facilitate dispersal. Add 6.0 to 8.0 mL of complete growth medium and aspirate cells by gently pipetting. Transfer cell suspension to centrifuge tube and spin at approximately 125 x g for 5 to 10 minutes. Discard supernatant and resuspend cells in fresh growth medium. Add appropriate aliquots of cell suspension to new culture vessels. Place culture vessels in incubators at 37°C. NOTE: For more information on enzymatic dissociation and subculturing of cell lines consult Chapter 12 in Culture of Animal Cells, a manual of Basic Technique by R. Ian Freshney, 6th edition, published by Alan R. Liss, N.Y., 2010.

Subculturing:

twice/week

**Subculturing
Medium Renewal:****Culture Conditions:** Atmosphere: air, 95%; carbon dioxide (CO₂), 5% Temperature: 37°C**Cryopreservation:** 95% FBS + 5% DMSO (Dimethyl sulfoxide)

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SAFETY PRECAUTION: It is strongly recommended to always wear protective gloves, clothing, and a full-face mask when handling frozen vials. Some vials may leak when submerged in liquid nitrogen, allowing nitrogen to slowly enter the vial. Upon thawing, the conversion of liquid nitrogen back to its gas phase may cause the vial to explode or eject its cap with significant force, creating flying debris.

1. Thaw the vial by gently agitating it in a 37°C water bath. To minimize contamination, keep the O-ring and cap out of the water. Thawing should be rapid (approximately 2 minutes).
2. Remove the vial from the water bath as soon as its contents are thawed and decontaminate it by dipping in or spraying with 70% ethanol. From this point, all operations must be performed under strict aseptic conditions.
3. For cells sensitive to DMSO, it is recommended to remove the cryoprotective agent immediately. Transfer the vial contents to a centrifuge tube containing 9.0 mL of complete culture medium and centrifuge at approximately 125 × g for 5 to 7 minutes.
4. Discard the supernatant and resuspend the cell pellet in the recommended complete medium (see specific batch information for the appropriate dilution ratio).
5. Incubate the culture under appropriate atmospheric and temperature conditions (see "Culture Conditions" for this cell line).

NOTE: It is important to avoid excessive alkalinity of the medium during cell recovery. To minimize this risk, it is recommended to place the culture vessel containing the growth medium in the incubator for at least 15 minutes before adding the vial contents. This allows the medium to stabilize at its normal pH (7.0 to 7.6).

Thawing Frozen Cells:

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PubMed=2823470; DOI=10.1016/0042-6822(87)90171-1 - Tanaka J., Ogura T., Sato H., Hatano M. Establishment and biological characterization of an in vitro human cytomegalovirus latency model. *Virology* 161:62 -72(1987) PubMed=2516841; DOI=10.1111/j.1349-7006.1989.tb01645.x Ishizaka Y., Itoh F., Tahira T., Ikeda I., Ogura T., Sugimura T., Nagao M. Presence of aberrant transcripts of ret proto-oncogene in a human papillary thyroid carcinoma cell line. *Jpn. J. Cancer Res.* 80:1149-1152(1989) PubMed=11439348; DOI=10.1038/sj.onc.1204531 Frasca F., Vigneri P., Vella V., Vigneri R., Wang J.Y. Tyrosine kinase inhibitor ST1571 enhances thyroid cancer cell motile response to hepatocyte growth factor. *Oncogene* 20:3845-3856(2001) PubMed=17725429; DOI=10.1089/thy.2007.0097 Meireles A.M., Preto A., Rocha A.S., Rebocho A.P., Maximo V., Pereira-Castro I., Moreira S., Feijao T., Botelho T., Marques R., Trovisco V., Cirnes L., Alves C., Velho S., Soares P., Sobrinho-Simoes M. Molecular and genotypic characterization of human thyroid follicular cell carcinomaderived cell lines. *Thyroid* 17:707-715(2007) PubMed=17804723; DOI=10.1158/0008-5472.CAN-06-4026 van Staveren W.C.G., Solis D.W., Delys L., Duprez L., Andry G., Franc B., Thomas G., Libert F., Dumont J.E., Detours V., Maenhaut C. Human thyroid tumor cell lines derived from different tumor types present a common dedifferentiated phenotype. *Cancer Res.* 67:8113-8120(2007) PubMed=18713817; DOI=10.1210/jc.2008-1102 Scheweppe R.E., Klopper J.P., Korch C., Pugazhe nthi U., Benezra M., Knauf J.A., Fagin J.A., Marlow L.A., Copland J.A., Smallridge R.C., Haugen B.R. Deoxyribonucleic acid profiling analysis of 40 human thyroid cancer cell lines reveals cross-contamination resulting in cell line redundancy and misidentification. *J. Clin. Endocrinol. Metab.* 93:4331-4341(2008) PubMed=19087340; DOI=10.1186/1471-2407-8-371 Ribeiro F.R., Meireles A.M., Rocha A.S., Teixeira M.R. Conventional and molecular cytogenetics of human non-medullary thyroid carcinoma: characterization of eight cell line models and review of the literature on clinical samples. *BMC Cancer* 8:371-371(2008) PubMed=21868764; DOI=10.1158/1078-0432.CCR-11-0690 Zhao M., Sano D., Pickering C.R., Jasser S.A., Henderson Y.C., Clayman G.L., Sturgis E.M., Ow T.J., Lotan R., Carey T.E., Sacks P.G., Grandis J.R., Sidransky D., Heldin N.-E., Myers J.N. Assembly and initial characterization of a panel of 85 genomically validated cell lines from diverse head and neck tumor sites. *Clin. Cancer Res.* 17:7248-7264(2011) PubMed=22087789; DOI=10.1186/1755-8166-4-26 Maric I., Viaggi S., Caria P., Frau D.V., Degan P., Vanni R. Centrosomal and mitotic abnormalities in cell lines derived from papillary thyroid cancer harboring specific gene alterations. *Mol. Cytogenet.* 4:26-26(2011) PubMed=23162534; DOI=10.3389/fendo.2012.00133 Saiselet M., Floor S., Tarabichi M., Dom G., Hebrant A., van Staveren W.C.G., Maenhaut C. Thyroid cancer cell lines: an overview. *Front. Endocrinol.* 3:133-133(2012) PubMed=23833040; DOI=10.1210/jc.2013-2383 Landi I., Ganly I., Chan T.A., Mitsutake N., Matsuse M., Ibrahimasic T., Ghossein R.A., Fagin J.A. Frequent somatic TERT promoter mutations in thyroid cancer: higher prevalence in advanced forms of the disease. *J. Clin. Endocrinol. Metab.* 98:E1562-E1566(2013)

References:

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Cellosaurus: [CVCL_6298](#)