



Introduction

Ninety percent of the deaths of cancer individuals are related to cancer metastasis. The invasion and migration of cancer cells into surrounding tissues and chambers is the first step of **metastasis**.

To have a better and more in-depth understanding of the pathophysiological activities involved in metastatic cancer, accurate and reliable methods for evaluating cell invasion are urgently needed. Compared to the 2D cell model, the 3D system mimics the natural physiological properties and conditions, such as structure physiology, biological signals of living tissues, and cell-matrix

Combining the 3D turnor spheroid invasion model with the Agilent xCELLigence RTCA eSight capability of live-cell imaging and automatic quantification of the area of invasive protrusion can facilitate and ance the development of new treatments at the preclinical stage n the future.

Experimental Design

Brief workflow of 3D spheroid invasion assay using xCELLigence RTCA eSight system.



ers used for 3D spheroid invasion assay

The reliability of the 3D in vitro tumor spheroid invasion model for assessing the inhibitory effect of metastasis depends on its ability to identify the spheroid invasion area

1. Invading cell area is defined by the total area of the spheroid at wing treatment) subtracting the total area of the spheroid at time t0 (initial area, the area right after the addition of Matrigel and compound).4 $Invading\ cell\ area = Area_t - Area_{t0}$

2. Invading ratio is defined as the ratio of the invasion area to the

initial area of the spheroid.

 $Invading\ ratio = \frac{Area_t - Area_{t0}}{}$ $Area_{t0}$

Results and Discussion

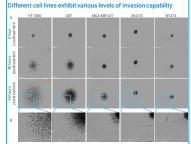
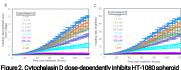


Figure 1. Representative images show the invasion abilities of various cell lines. (A) Images of 3D spheroid invasion obtained from HTT U87. MDA-MB-231. SKOV3 and BT474 after 96 hours. Scale bar. 300 µm. (B) Close-up Images from each cell type

Cytochalasin D dose-dependently inhibits HT-1080 spheroid invasion through brightfield recognition.



invasion through brightfield recognition. (A) Images show HT-1080 spheroids at 0, 48, and 96 hours after treatment with different concentrations of cytochalasin D. The impacts of cytochalasin D on the cell invasion were quantified by invading cell brightfield area (B) and invading ratio brightfield (C) as a function of time

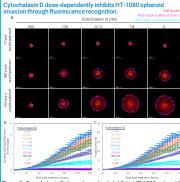
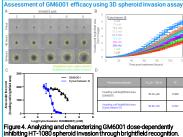


Figure 3. Cytochalasin D dose-dependently inhibits HT-1080 spheroid invasion through red fluorescence recognition. (A) Images show red nuclei of HT-1080 spheroids at 0, 48, and 96 hours after treatment with different concentrations of cytochalasin D. The impacts of cytochalasin D on the cell progress were quantified by invading cell red area (B) and invading ratio red (C) as a function of time.



(A) Images show HT-1080 spheroids at 0, 48, and 96 hours after treatment with different concentrations of GM6001. (B) The invading cell brightfield area was plotted as a function of time. (C) Dose response curves are produced by plotting the area under the curves (AUC) from the invading cell brightfield area as a function of Cytochalasin D or GM6001 concentration. (D) The IC50 (from 0 h to 120 h posttreatment) values of cytochalasin D or GM6001 were derived from dose-response curves in (C).

Different types of cancer cells had different metastatic potentials demonstrated by the level of invadopodium extending into the Matrigel at desired time points;

The invasion of 3D HT1080 spheroid was inhibited by cytochalasin D, an inhibitor of actin polymerization, and GM6001, a potent broad-spectrum inhibitor of matrix metalloproteinases (MMP), in a dosedependent manner;

 $Cytochalasin \ D \ exhibited \ higher \ efficacy \ in \ inhibiting \ tumor \ invasion \ than \ GM 6001.$

Combining the 3D tumor spheroid invasion model with the Agilent xCELLigence RTCA eSight capability of live-cell imaging and automatic quantification of the area of invasive protrusion can

facilitate and enhance the development of new treatments at the preclinical stage in the future.

ic insights and clinical challenges. Nat. Med. 2006, 12(8), 895-904. D

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