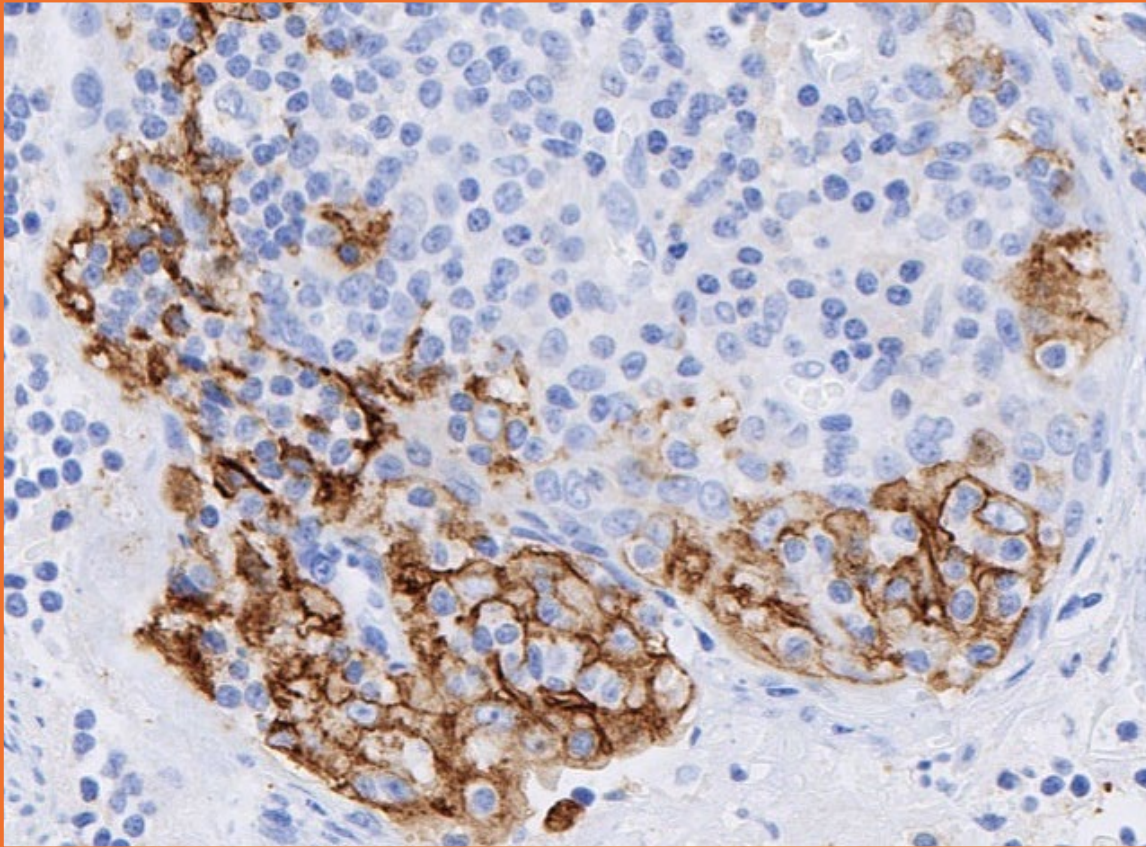


Enhanced validation data

Anti-PD-L1 recombinant antibody - ab237726



PD-L1 expression in human tonsil

Enhanced validation of Anti-PD-L1 antibody [CAL10] – ab237726

Enhanced validation designed for your needs

We understand the challenge of finding the right antibody clone – highly specific and sensitive to your intended target – at early selection stages of your development program. To de-risk this clone selection process for you, we generated enhanced validation data for our best recombinant antibody clones to some of the most promising targets.

Our enhanced validation gives you an extra level of confidence in an antibody clone

- Provides additional data on the specificity and sensitivity of our recombinant antibodies in immunohistochemistry (IHC) and other relevant techniques
- Carried out in a custom manner, specific both to the target and the relevant research and clinical settings
- Builds upon our high-quality standard validation

Our framework for enhanced validation

- Our enhanced validation focuses on generating detailed IHC expression profiles for promising oncology targets in selected formalin-fixed paraffin-embedded (FFPE) human normal tissues and cancer tissue microarrays (TMAs).
- In this study, we demonstrate the sensitivity and specificity of Anti-PD-L1 antibody (ab237726) in IHC in selected tissues and TMAs using a BOND™ RX Research Stainer (Leica®) and DISCOVERY ULTRA system (Roche Diagnostics).
- A quantitative H-score analysis of PD-L1 expression was performed using the artificial intelligence (AI)-driven digital image analysis software Visiopharm® (Visiopharm A/S).

Leica® is a registered trademark of Leica Microsystems IR GmbH.

BOND™ is a trademark of Leica Biosystems Melbourne Pty. Ltd.

Visiopharm® is a registered trademark of Visiopharm A/S.

NanoZoomer® is a registered trademark of Hamamatsu Photonics K.K.

Enhanced validation data

Target overview

HGNC symbol

CD274

Approved name

CD274 molecule

Chromosomal location

9p24.1

Function

PD-L1 has several important functions in cellular processes including regulating transcription¹, driving cell cycle progression², preserving chromatin architecture³, organizing super-enhancers⁴, and facilitating the DNA damage response⁵.

Tissue specificity

PD-L1 is found in several normal tissues, such as the placenta, colon, skin, tonsils, and spleen⁶. Its expression is markedly increased in various cancers, including gastric, nasopharyngeal, liver, and testicular tumors⁷.

Cellular localization

Cell membrane

Database links

[Entrez Gene: 29126](#)

[OMIM®: 605402](#)

[Uniprot: Q9NZQ7](#)

Materials and methods

Human tissues were selected based on the target's expression and its current relevance to ongoing research and clinical trials. Gene expression was further analyzed for oncology targets in cBioPortal for Cancer Genomics using the Cancer Genome Atlas (TCGA) PanCancer Atlas datasets⁸⁻¹¹.

Tissue microarray (TMA)	Cores	Cases	Normal/ Benign cases	Cancer cases	Source (#catalog number)
Multi-normal ^(a)	15	15	15	0	In-house TMA
Multi-cancer ^(b)	35	35	1	34	In-house TMA
Breast cancer	96	48	0	48	Pantomics (#BRC964)
Lung cancer	102	102	5	97	Pantomics (#LUC1021)
Bladder cancer	102	102	5	97	Pantomics (#BLC1021)

Table 1. List of human TMAs used in the enhanced validation. All tissues were sourced from Abcam-approved tissue suppliers.

a) The multi-normal TMA consists of the following tissues from a single donor: colon, cerebrum, tonsil, stomach, testis, prostate, lung, skeletal muscle, heart, skin, spleen, pancreas, kidney, placenta and liver.

b) The multi-cancer TMA consists of the following tissues from two donors: seminoma, prostate adenocarcinoma, bladder carcinoma, renal cell carcinoma, melanoma, stomach adenocarcinoma, pancreatic adenocarcinoma, hepatocellular carcinoma, ovaria carcinoma, cervical cancer, head and neck carcinoma and endometrial cancer. The following tissues were from single donors: lung (squamous cell carcinoma (SCLC) and non-squamous cell carcinoma (NSCLC)), colon (adenocarcinoma and invasive adenocarcinoma), breast (ductal carcinoma and invasive lobular carcinoma), B cell lymphoma, T cell lymphoma, gliomas (grade II and IV) and placenta.

Step	Reagents	Method
Deparaffinization	DISCOVERY Wash (RUO)	Standard
Cell conditioning	ULTRA Cell Conditioning Solution (ULTRA CC1)	32 min, 100 °C
Pre-primary peroxidase inhibitor	OptiView Peroxidase Inhibitor	4 min
Primary antibody	Anti-PD-L1 antibody [CAL10] – ab237726 diluted in Discovery antibody diluent (#760-108) final concentration of 2.0 µg/mL	16 min, 37 °C
Counterstain	Hematoxylin II	8 min
Post counterstain	Bluing Reagent	4 min

Table 2. IHC staining protocol on the DISCOVERY ULTRA (Roche Diagnostics) instrument. Staining was performed using standard conditions with OptiView DAB IHC Detection kit (#760-700).

Enhanced validation data

Step	Reagents	Method
Dewax	Bond™ dewax solution (AR922), alcohol, BOND wash solution (AR9590)	Dewax
Antigen retrieval	Bond™ epitope retrieval ER2 solution (AR9640)	HIER with ER2 (pH 9.0), 20 min, 100°C

Step	Reagents	Number of washes	Time (minutes)
Peroxide block	3-4% (v/v) Hydrogen peroxide	-	5
Wash	Bond™ wash solution	3x	0
Primary antibody	Anti-PD-L1 antibody [CAL10] – ab237726 diluted in Bond™ primary antibody diluent (#AR9352) to final concentration of 0.75 µg/mL	-	15
Wash	Bond™ wash solution	4x	0
Secondary antibody	Bond™ polymer refine detection (DS9800)	-	8
Wash	Bond™ wash solution	2x	4
	Deionized water	1x	0
Visualization	Mixed DAB refine (DS9800)	1x	0
	Mixed DAB refine (DS9800)	-	10
Wash	Deionized water	3x	0
Counterstain	Hematoxylin (DS9800)	-	5
	Deionized water	1x	0
Wash	Bond™ wash solution	1x	0
	Deionized water	1x	0

Table 3. IHC staining protocol on BOND™ RX Research Stainer (Leica®). The protocol used is the same as the default IHC protocol F on BOND™ RX Research Stainer (Leica®), apart from the standard post-primary step, which has been excluded from our protocol. All steps were performed at room temperature.

H-score analysis

A quantitative H-score analysis of PD-L1 expression was performed using the artificial intelligence (AI)-driven digital image analysis software Visiopharm® (Version: 2023.09). TMA slides were de-arrayed and the tissue within each core was detected. Tissue detection, artefact exclusion and segmentation were performed using models with DeepLabv3+ architecture.

Total cell numbers for each core were counted using a trained AI model with U-Net architecture. Using the cell analysis data and thresholds, cell membrane H-scores of the tumor compartment in the TMAs were calculated in Visiopharm® and the graphical representation was generated using GraphPad Prism 10.

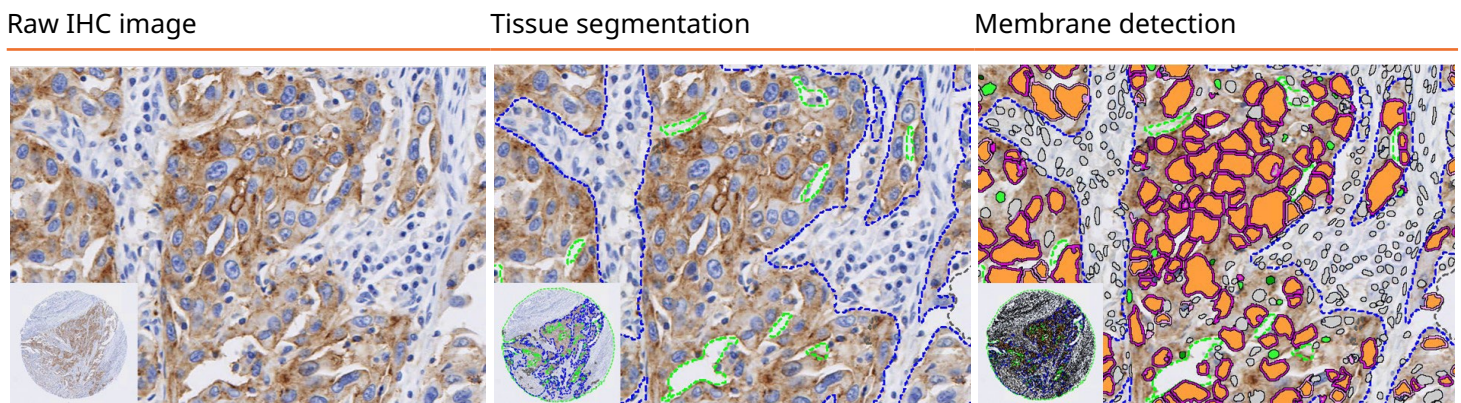


Figure 1. Visiopharm® tissue segmentation and membrane detection: Raw IHC images were subjected to total cell detection to determine staining intensity. There are four intensity scores shown in the example image here: grey (0), pink (1+), magenta (2+) and purple (3+). Areas in orange are irrelevant to these analyses.

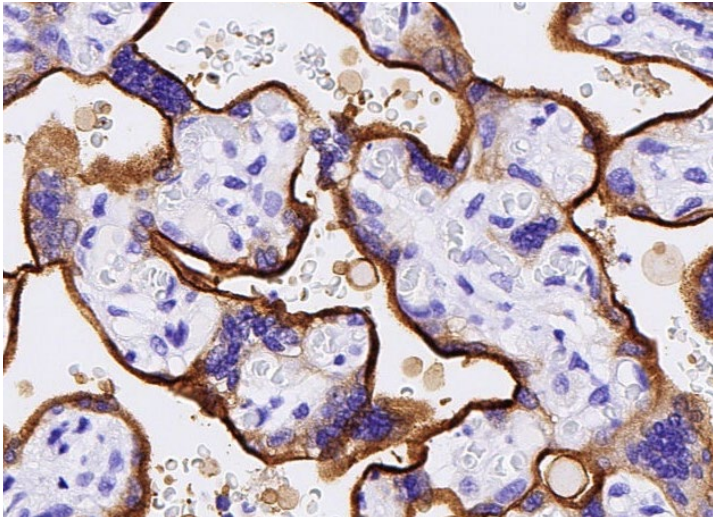
IHC staining	Corresponding intensity score	Visiopharm® intensity threshold
Negative	0	> 255
Weak	1+	< 255
Moderate	2+	< 190
Strong	3+	< 160

Table 4. Intensity scoring and thresholds for H-score analysis. The H-score captures both the IHC staining intensity and the percentage of stained cells at each intensity level. It was calculated using the formula $H\text{-score} = [(0 \times \% \text{ of negative cells}) + (1 \times \% \text{ of weak stained cells}) + (2 \times \% \text{ of moderate stained cells}) + (3 \times \% \text{ of strong stained cells})]$, giving an analytical range from 0 to 300.

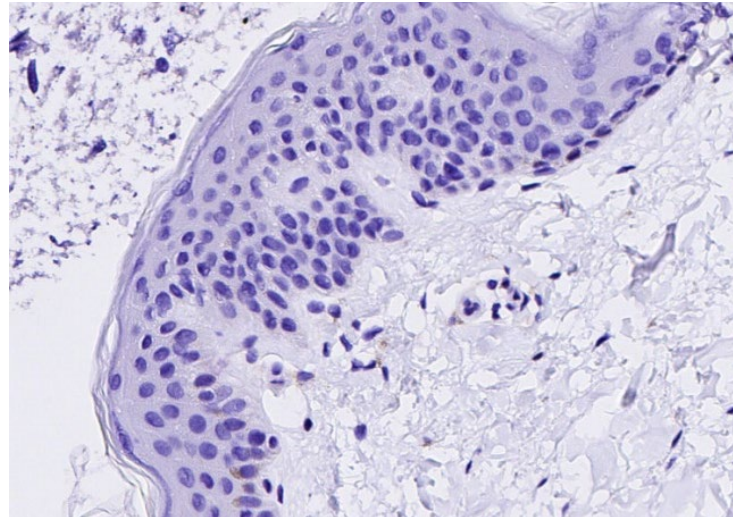
PD-L1 expression in multi-normal TMA (BOND™ RX)

Below are the representative images of selected tissues from the multi-normal TMA. PD-L1 expression was detected in the placenta, spleen and tonsil; no expression was observed in the skin, testis, heart, prostate, liver, colon, stomach or skeletal muscle.

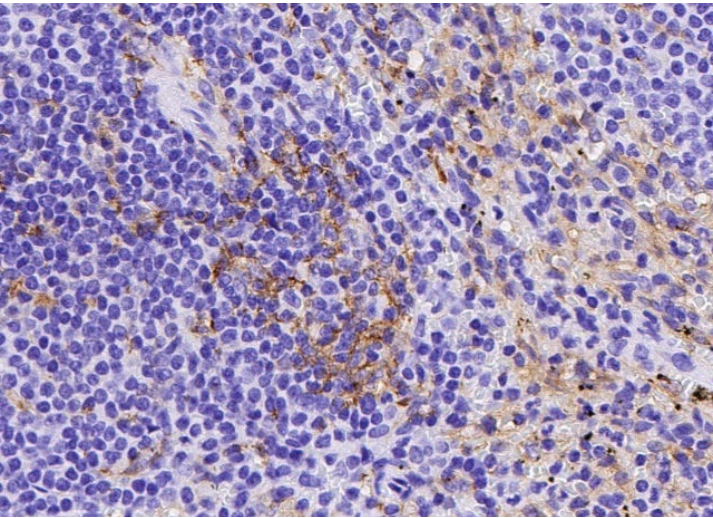
Placenta



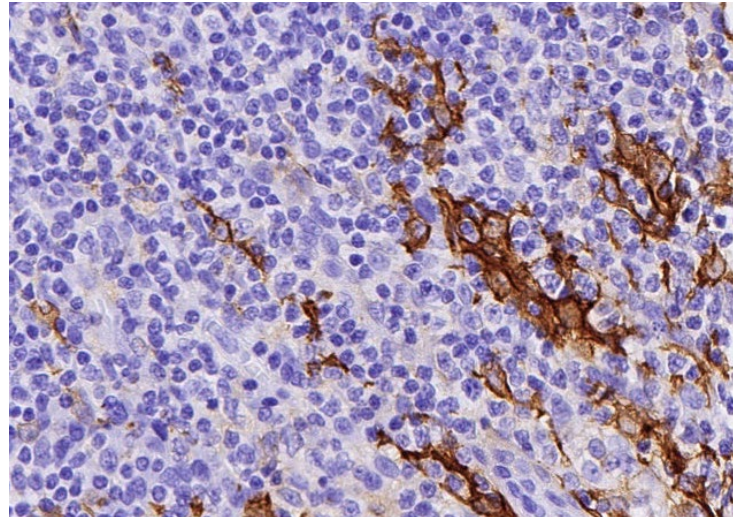
Skin



Spleen

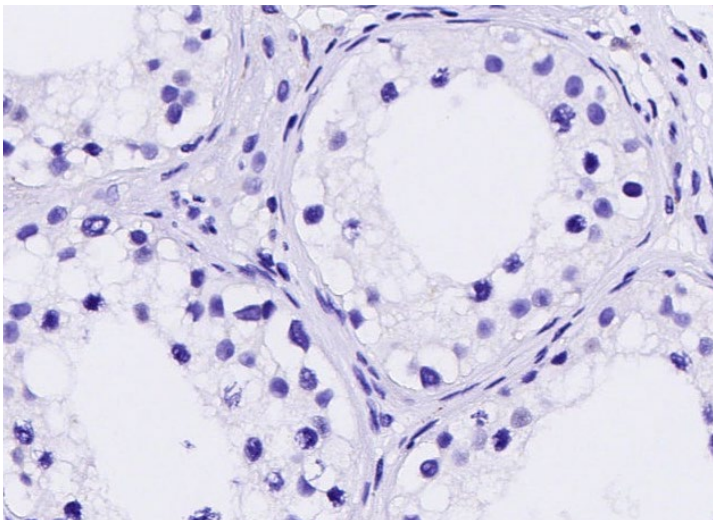


Tonsil

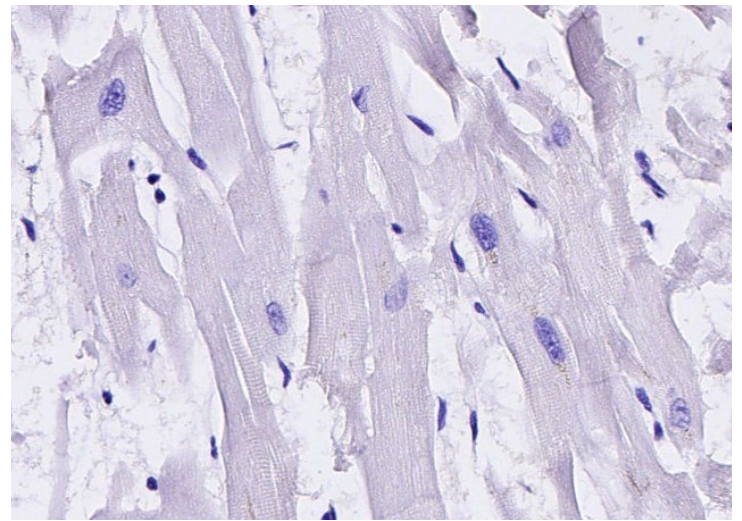


Enhanced validation data

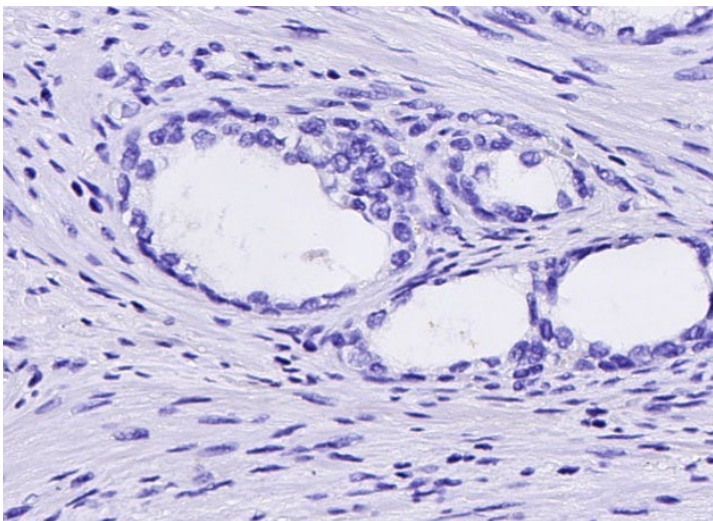
Testis



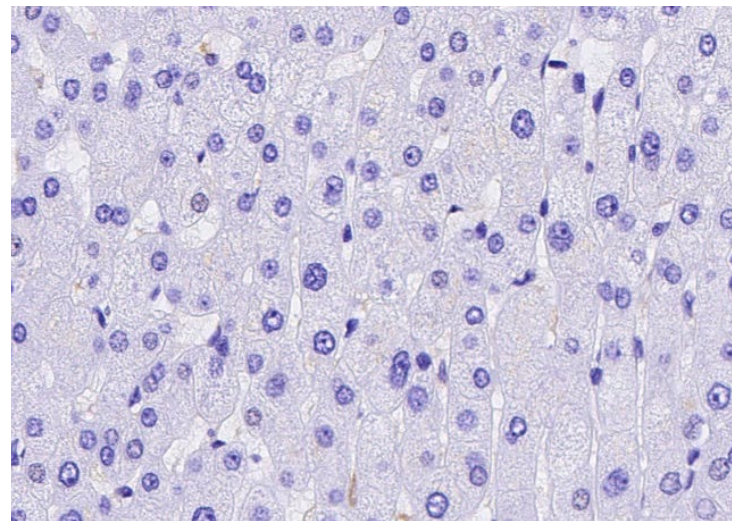
Heart



Prostate

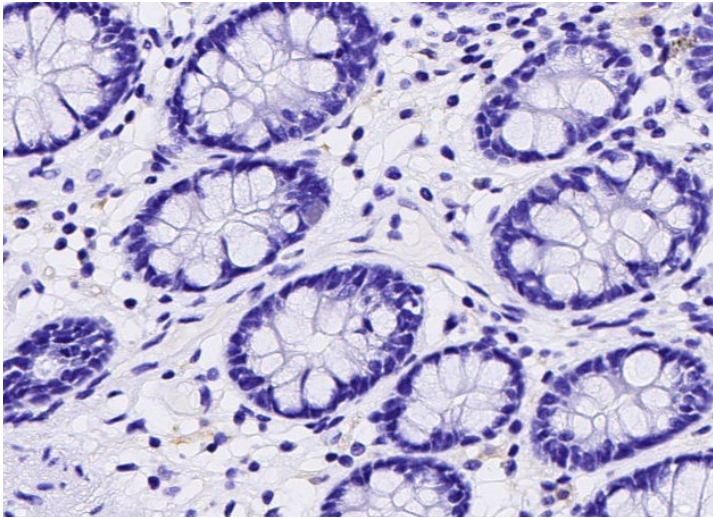


Liver

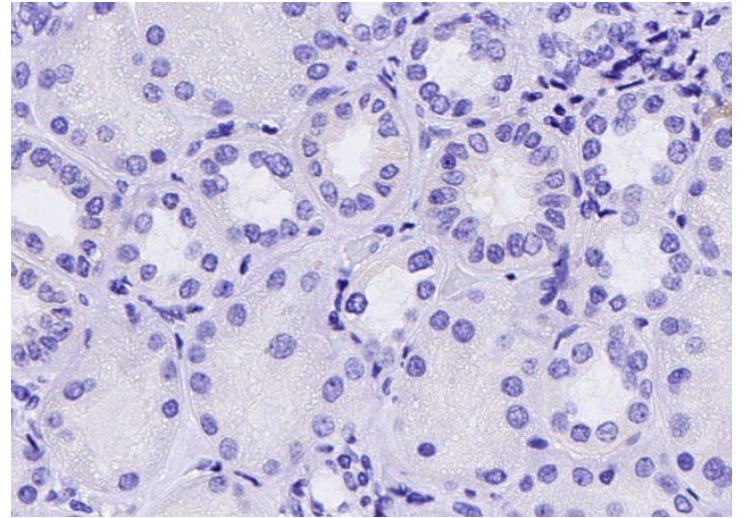


Enhanced validation data

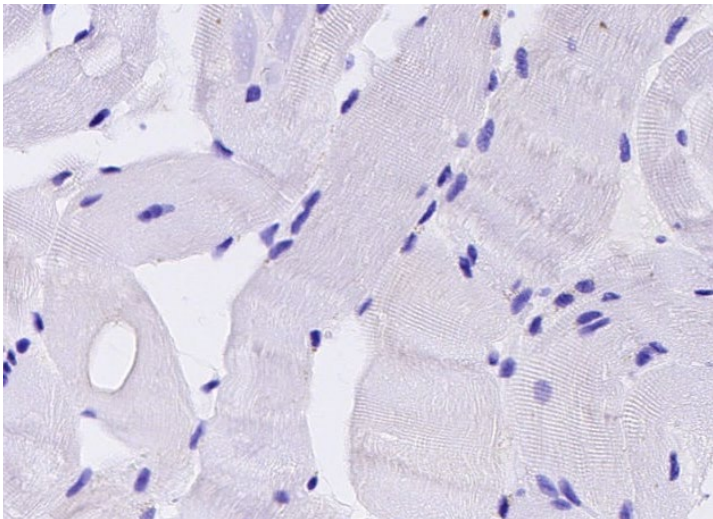
Colon



Stomach



Skeletal muscle



Placenta (isotype control)

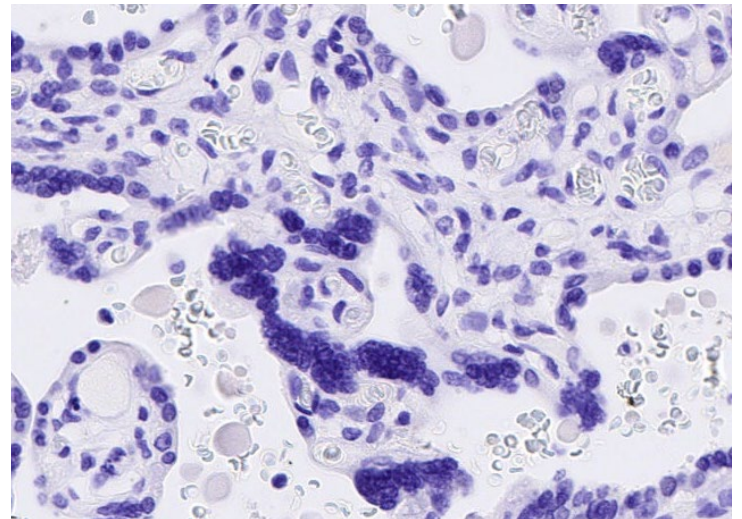
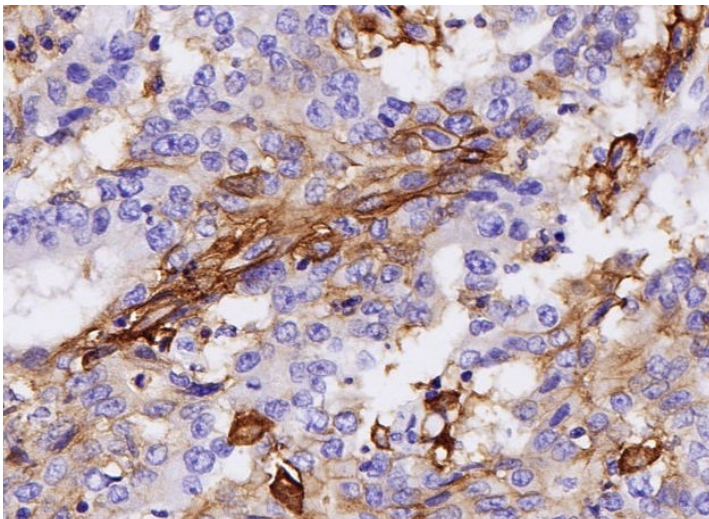


Figure 2. PD-L1 expression in human normal tissue. IHC staining of multi-normal human tissues using anti-PD-L1 (ab237726) or anti-rabbit IgG-isotype control antibody (1.0 µg/mL) (ab172730). Positive staining in brown; nuclear hematoxylin counterstain in blue. Slides were stained using a BOND™ RX Research Stainer (Leica®), scanned at 20x on NanoZoomer® S360 (Hamamatsu Photonics K.K.) and imaged at 20X on Aperio® ImageScope.

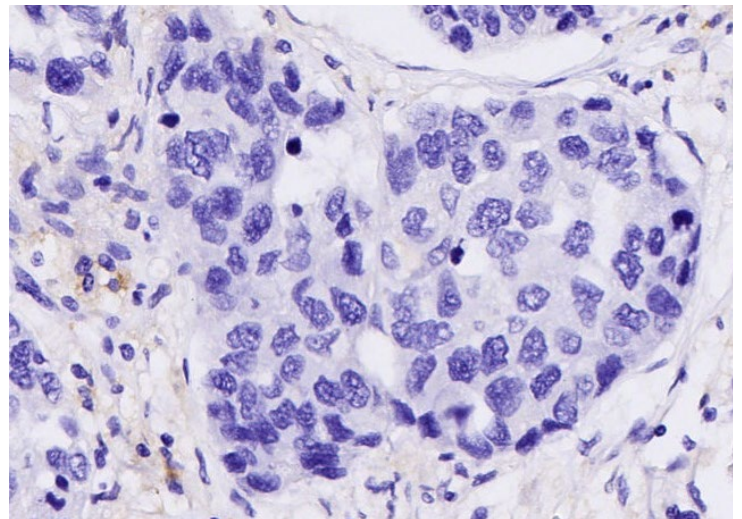
PD-L1 expression in multi-cancer TMA (BOND™ RX)

Below are the representative images of selected tissues from the multi-cancer TMA. PD-L1 expression was detected in adenocarcinoma of the colon and pancreas, B cell and T cell lymphoma, seminoma, glioblastoma and non-small cell lung carcinoma. Low to no expression was detected in breast ductal carcinoma, hepatocellular carcinoma, adenocarcinoma of the prostate and stomach.

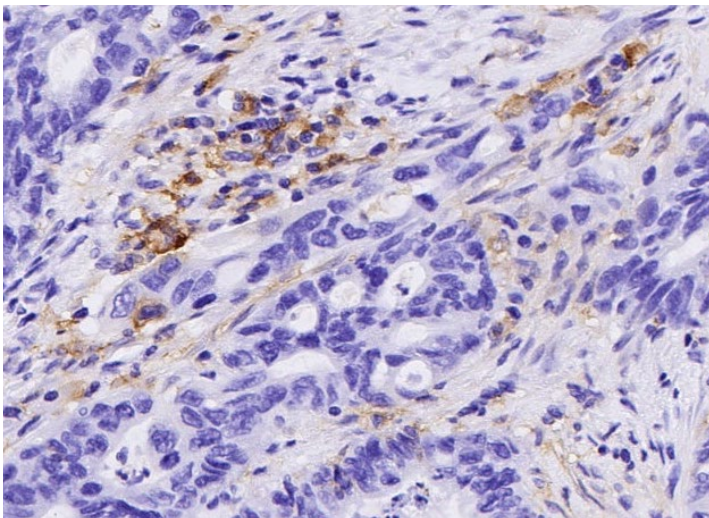
Colon adenocarcinoma



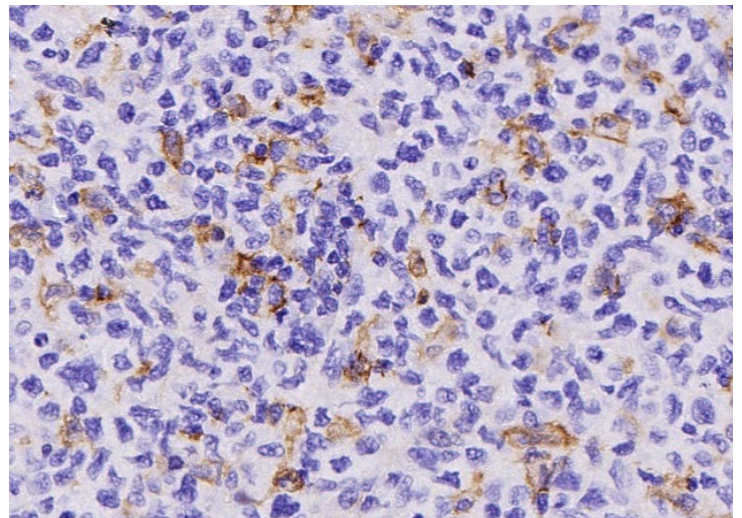
Breast ductal carcinoma



Pancreatic adenocarcinoma

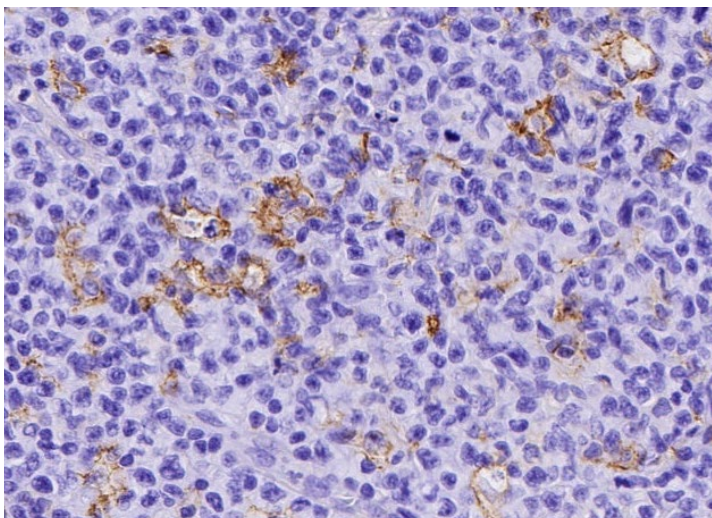


B cell lymphoma

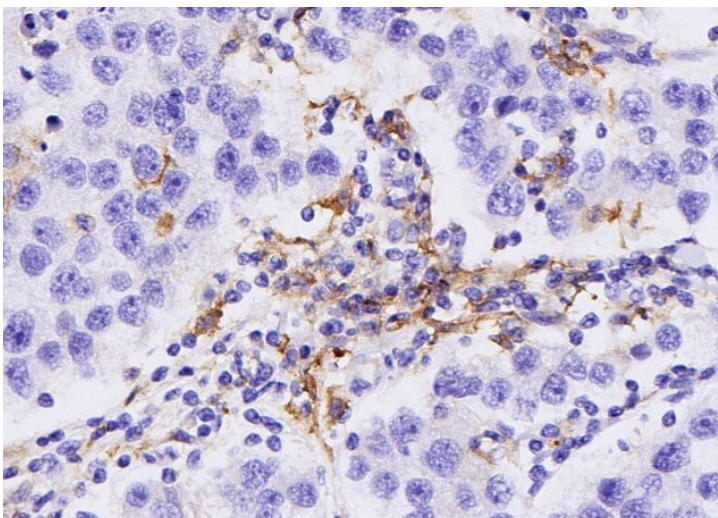


Enhanced validation data

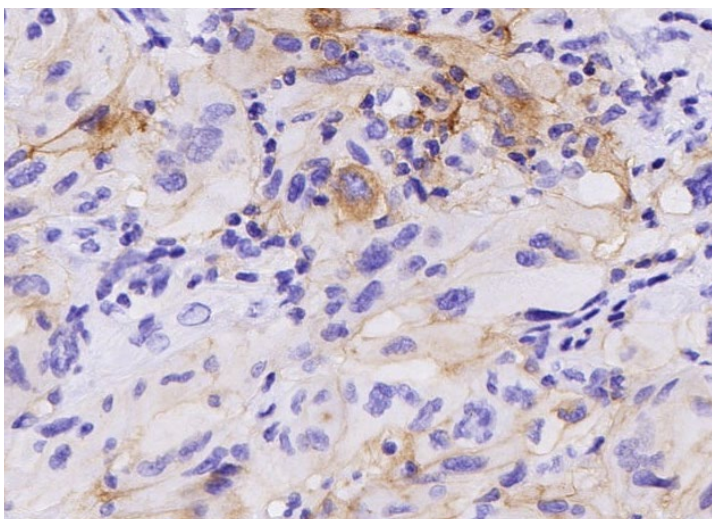
T cell lymphoma



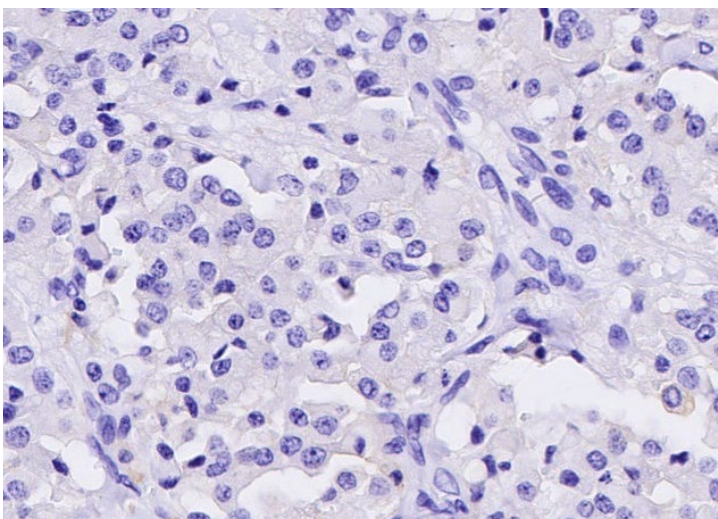
Seminoma



Glioblastoma

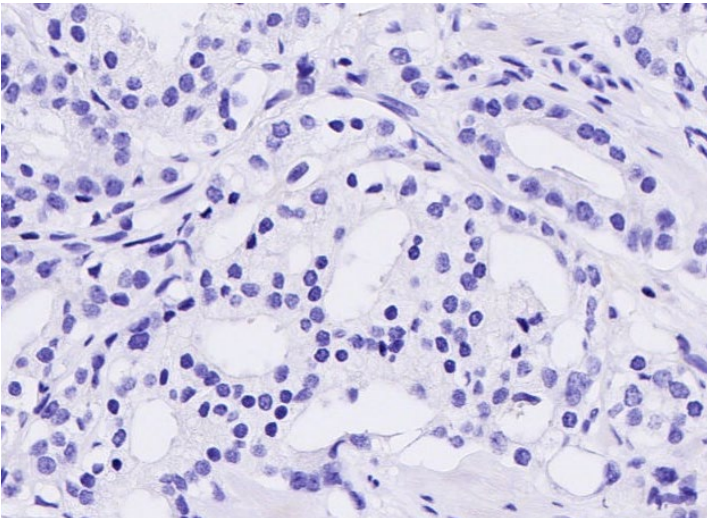


Hepatocellular carcinoma

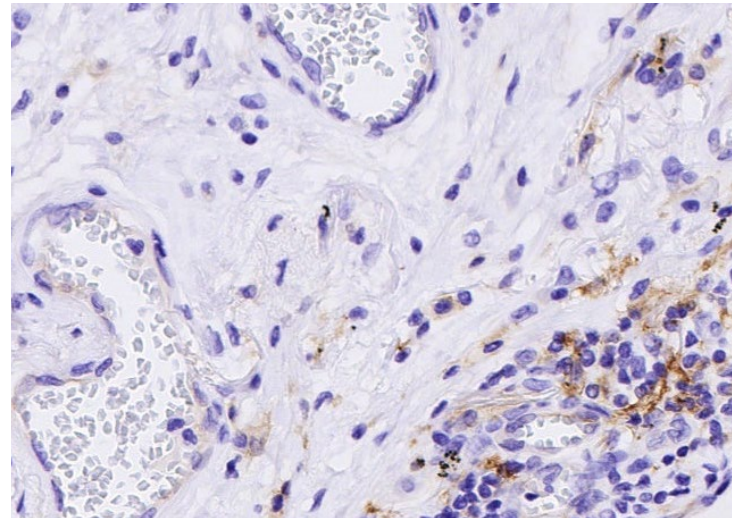


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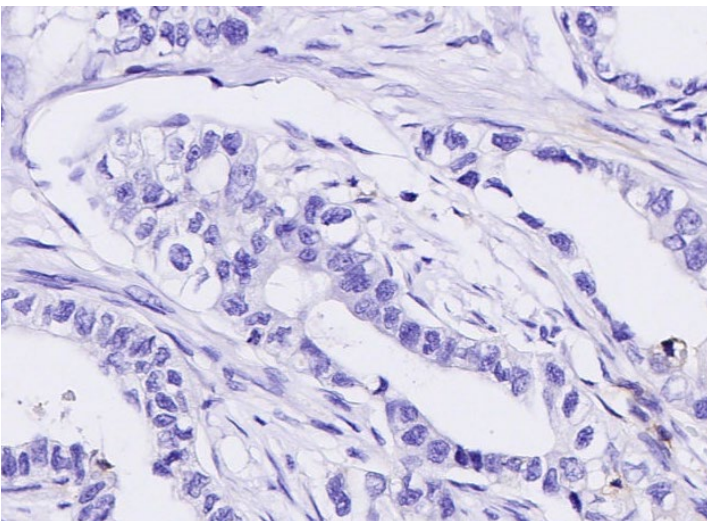
Prostate adenocarcinoma



Non-small cell lung carcinoma



Stomach adenocarcinoma



Colon adenocarcinoma (isotype control)

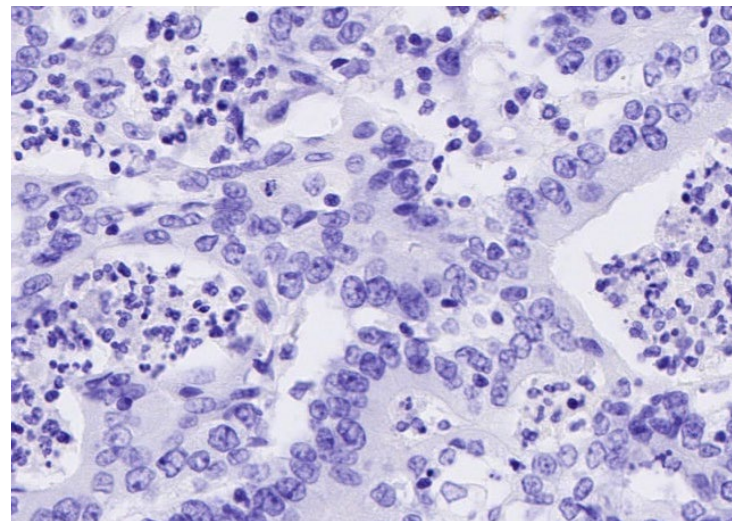
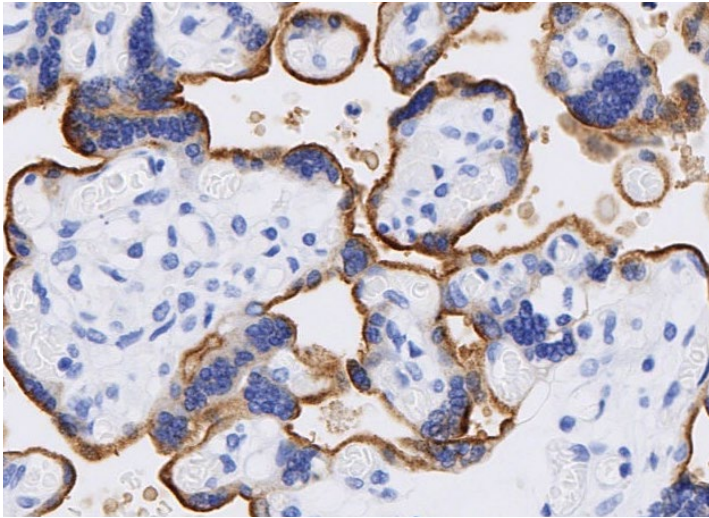


Figure 3. PD-L1 expression in cancer. IHC staining of multi-cancer human tissues using anti-PD-L1 (ab237726) or anti-rabbit IgG-isotype control antibody (1.0 µg/mL) (ab172730). Positive staining in brown; nuclear hematoxylin counterstain in blue. Slides were stained using a BOND™ RX Research Stainer (Leica®), scanned at 20x on NanoZoomer® S360 (Hamamatsu Photonics K.K.) and imaged at 20X on Aperio® ImageScope.

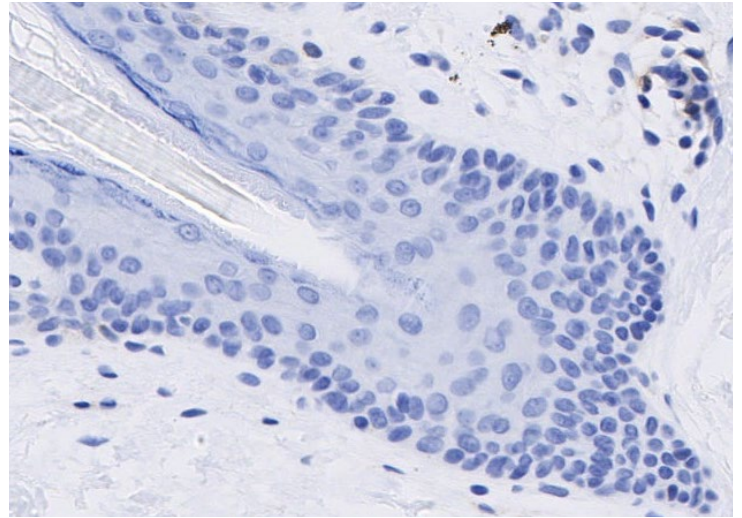
PD-L1 expression in multi-normal TMA (DISCOVERY ULTRA)

Below are the representative images of selected tissues from the multi-normal TMA. PD-L1 expression was detected in the placenta and tonsil; low to no expression was observed in the spleen, skin, testis, heart, prostate, liver, colon, stomach, and skeletal muscle.

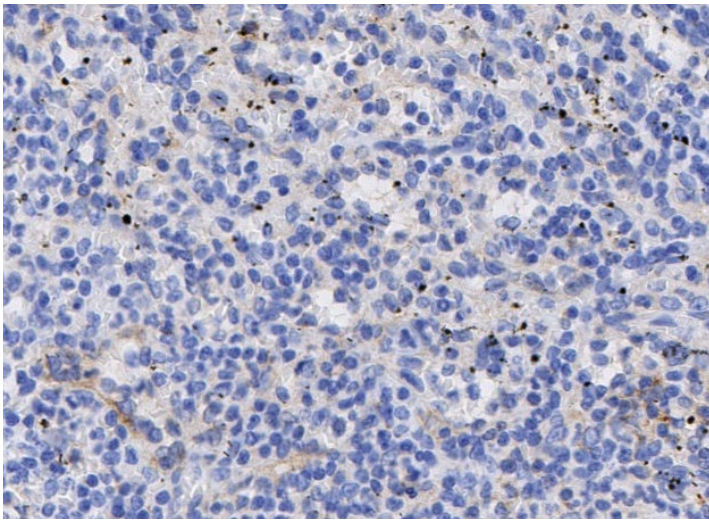
Placenta



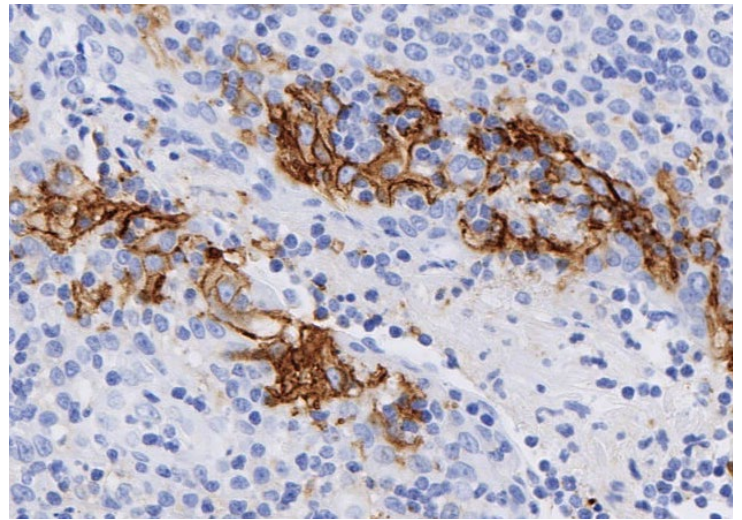
Skin



Spleen

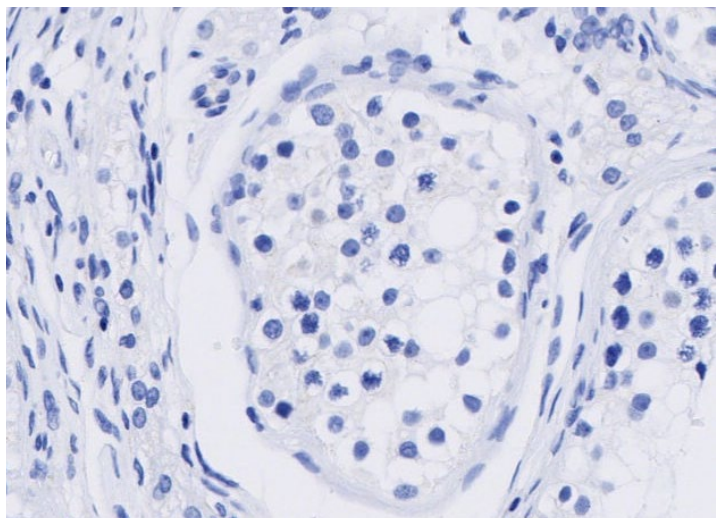


Tonsil

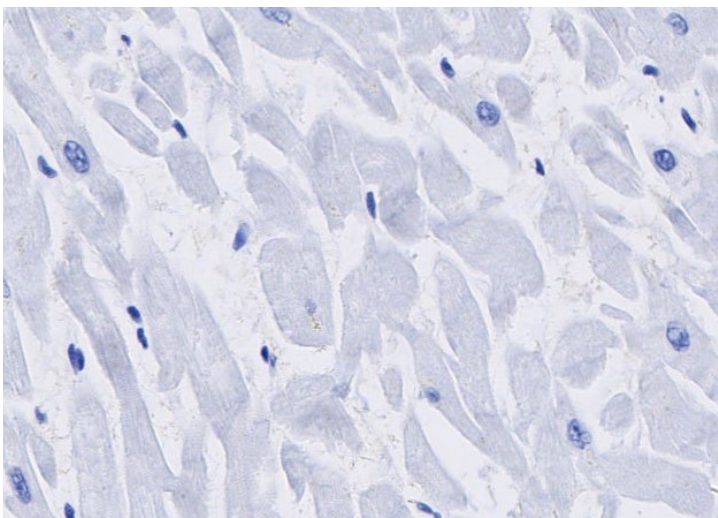


Enhanced validation data

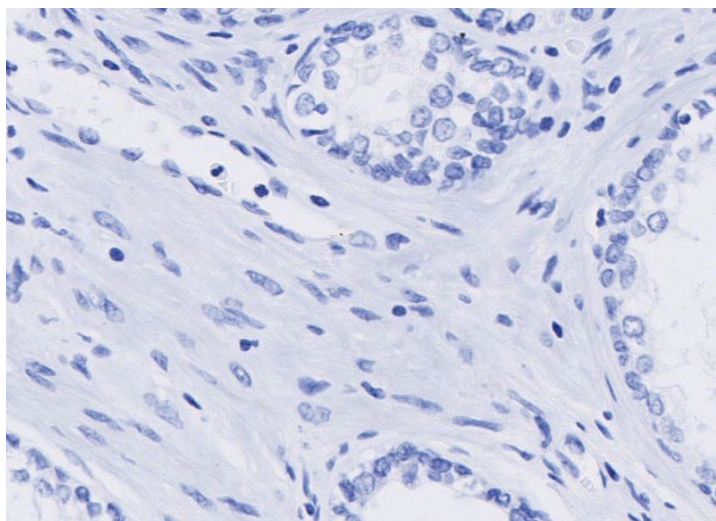
Testis



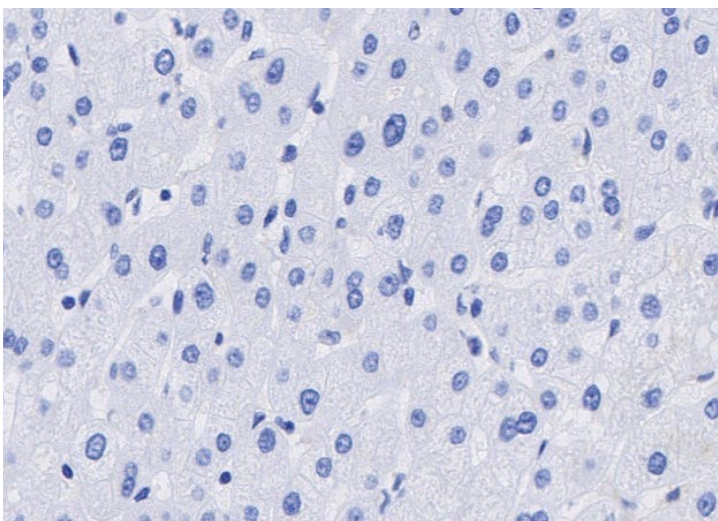
Heart



Prostate

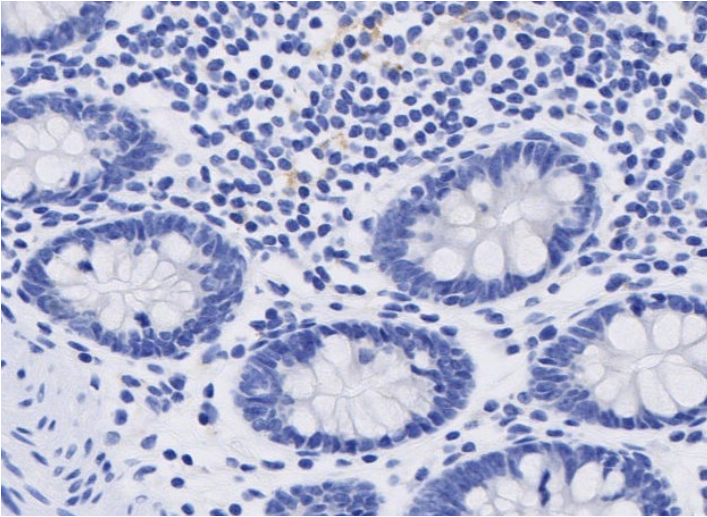


Liver

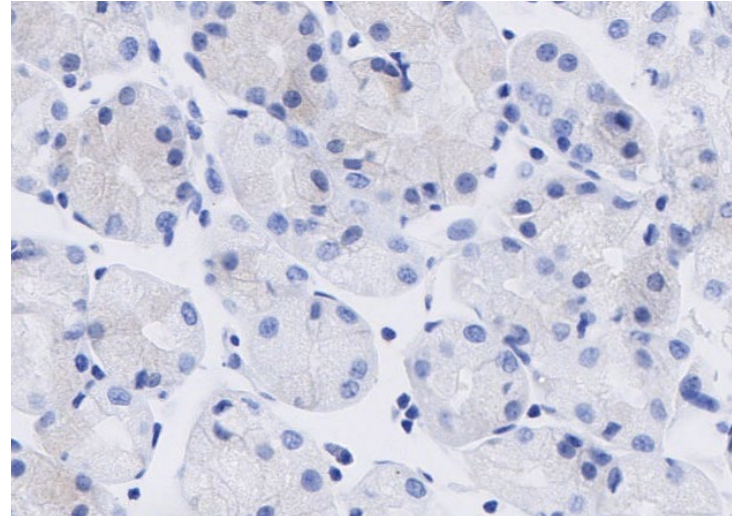


Enhanced validation data

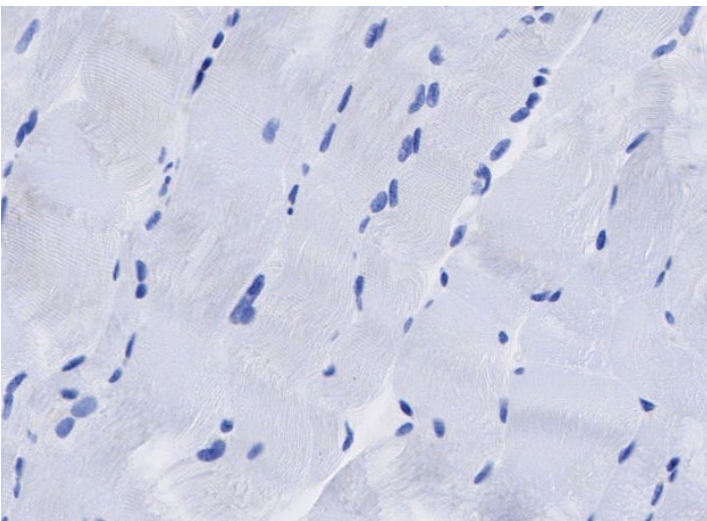
Colon



Stomach



Skeletal muscle



Placenta (isotype control)

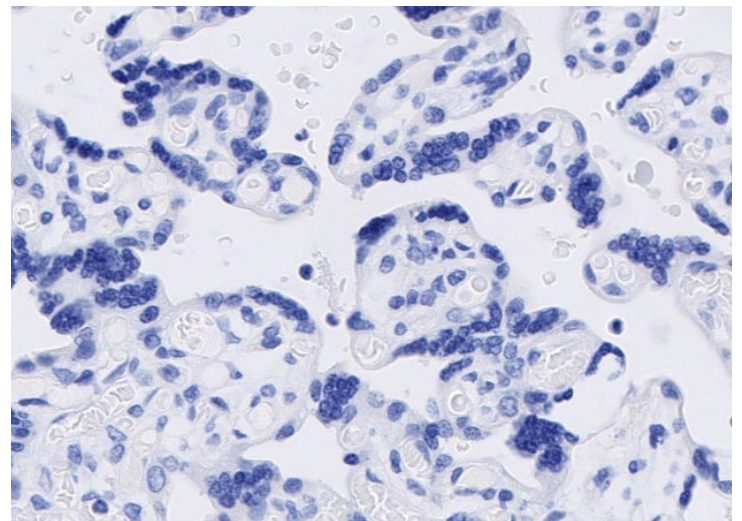
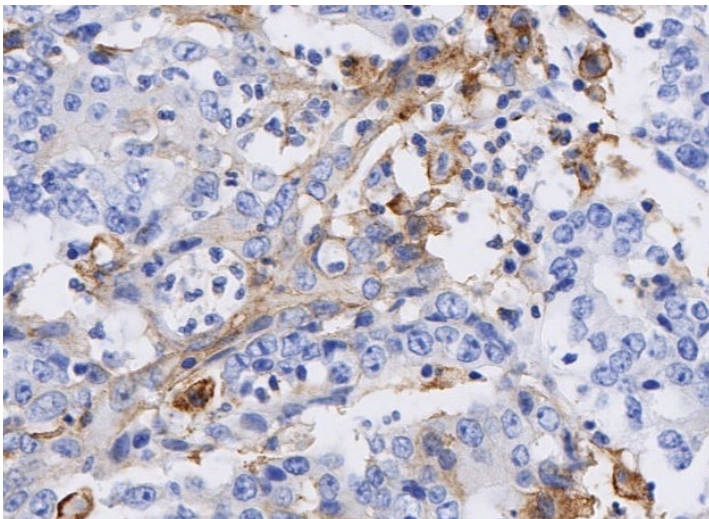


Figure 4. PD-L1 expression in human normal tissue. IHC staining of multi-normal human tissues using anti-PD-L1 (ab237726) or anti-rabbit IgG-isotype control antibody (1.0 µg/mL) (ab172730). Positive staining in brown; nuclear hematoxylin counterstain in blue. Slides were stained using a DISCOVERY ULTRA system (Roche Diagnostics), scanned at 20x on NanoZoomer® S360 (Hamamatsu Photonics K.K.) and imaged at 20X on Aperio® ImageScope.

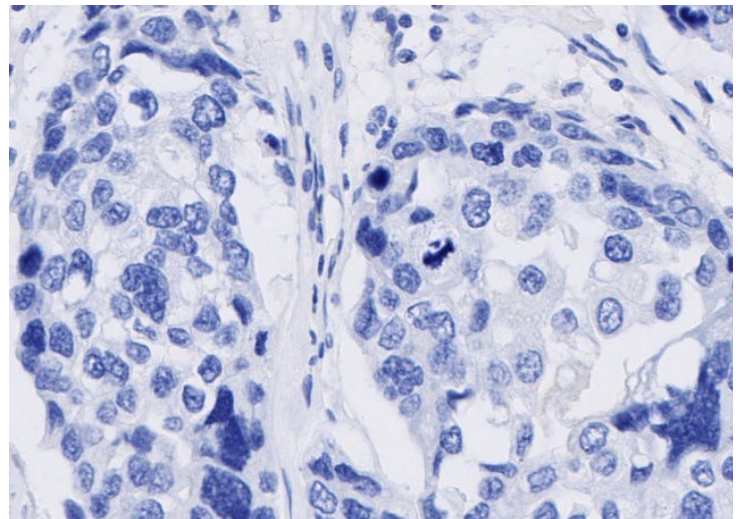
PD-L1 expression in multi-cancer TMA (DISCOVERY ULTRA)

Below are the representative images of selected tissues from multi-cancer TMA. PD-L1 expression was detected in colon adenocarcinoma, head and neck cancer and non-small cell lung carcinoma; low expression was observed in T cell lymphoma, seminoma and glioblastoma. No expression was detected in breast ductal carcinoma, hepatocellular carcinoma or adenocarcinoma of the prostate and stomach.

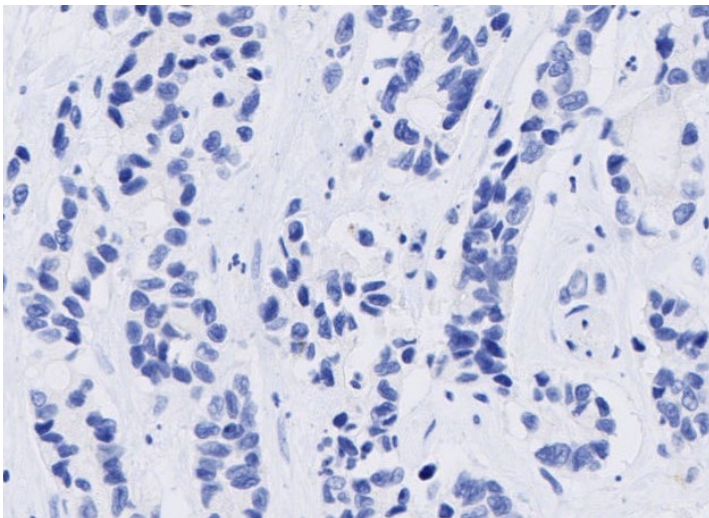
Colon adenocarcinoma



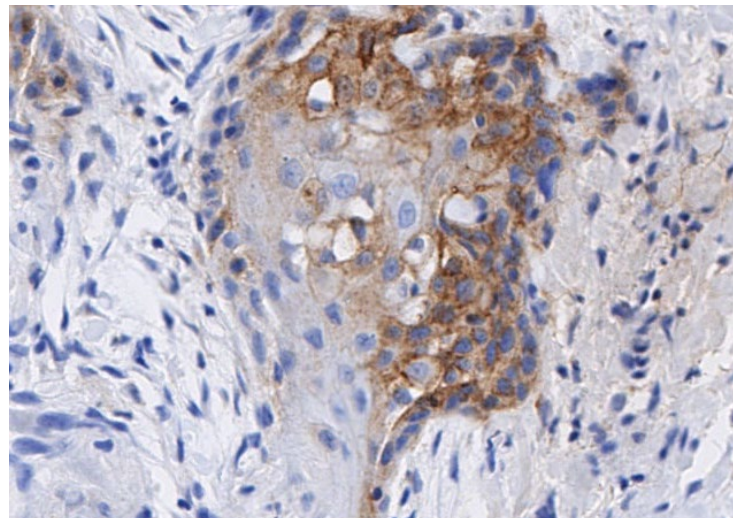
Breast ductal carcinoma



Pancreatic adenocarcinoma

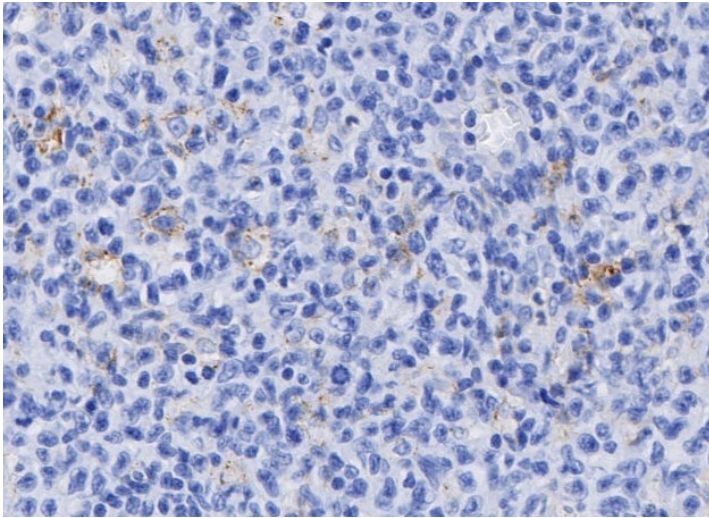


Head and neck cancer

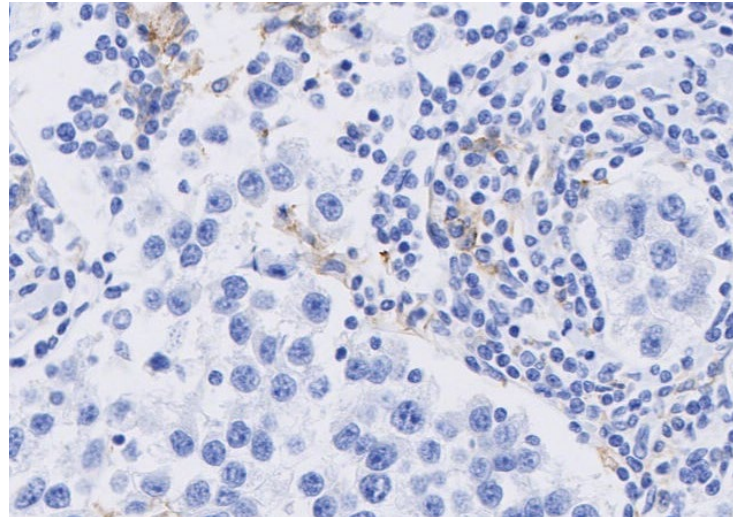


Enhanced validation data

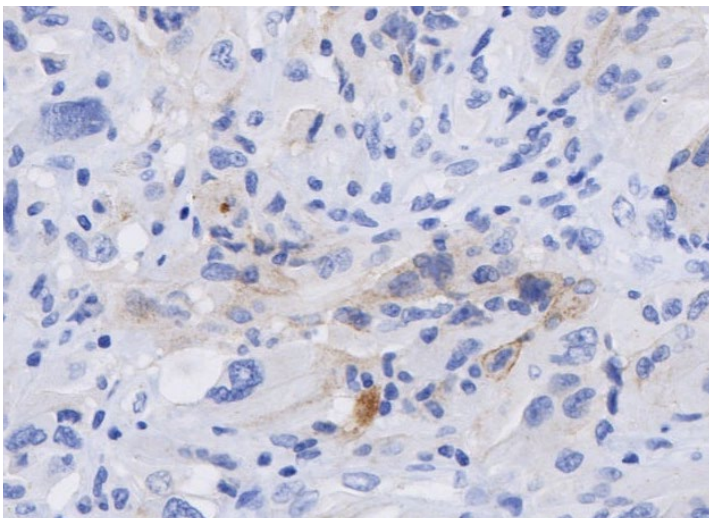
T cell lymphoma



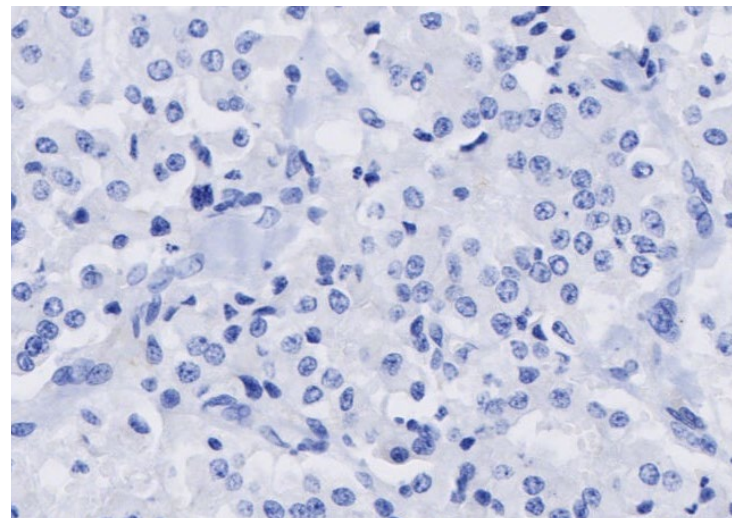
Seminoma



Glioblastoma

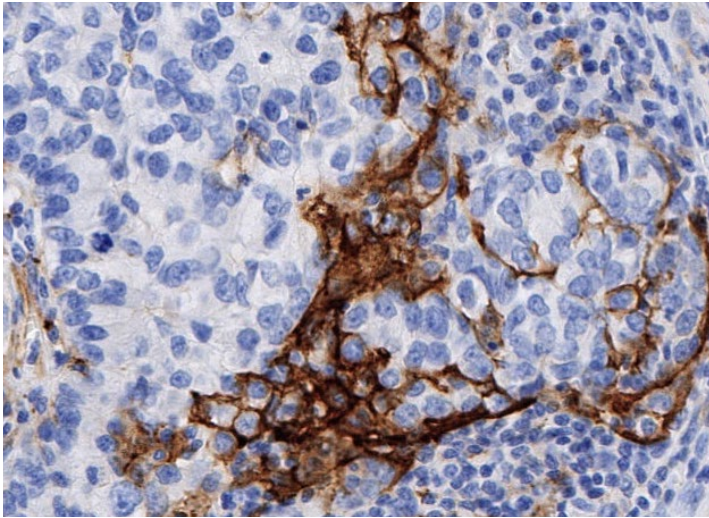


Hepatocellular carcinoma

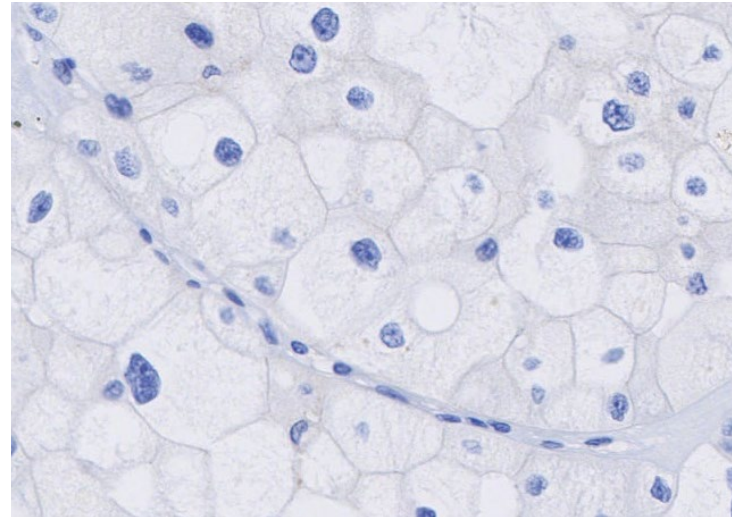


Enhanced validation data

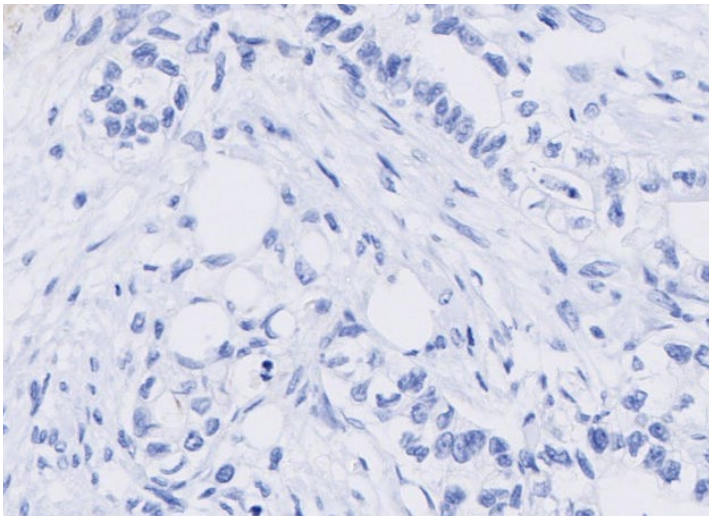
Non-small cell lung carcinoma



Renal cell carcinoma



Stomach adenocarcinoma



Colon adenocarcinoma (isotype control)

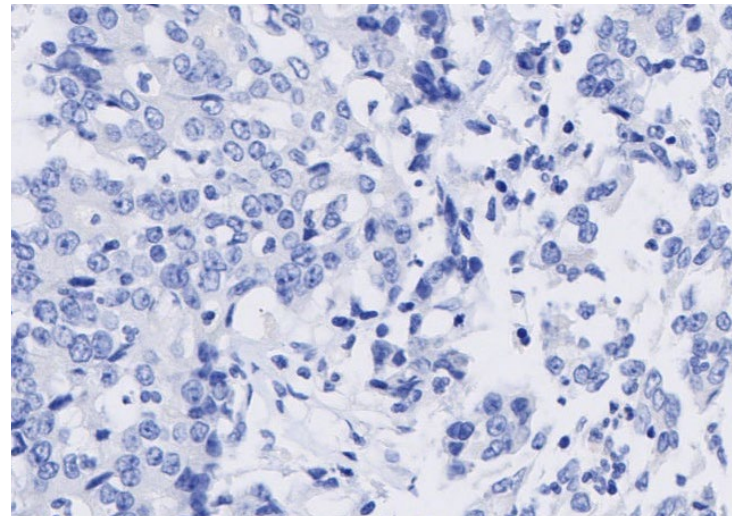
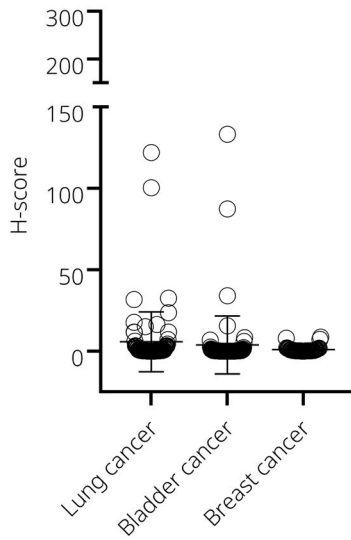


Figure 5. PD-L1 expression in cancer. IHC staining of multi-cancer human tissues using anti-PD-L1 (ab237726) or anti-rabbit IgG-isotype control antibody (1.0 µg/mL) (ab172730). Positive staining in brown; nuclear hematoxylin counterstain in blue. Slides were stained using a DISCOVERY ULTRA system (Roche Diagnostics), scanned at 20x on NanoZoomer® S360 (Hamamatsu Photonics K.K.) and imaged at 20X on Aperio® ImageScope.

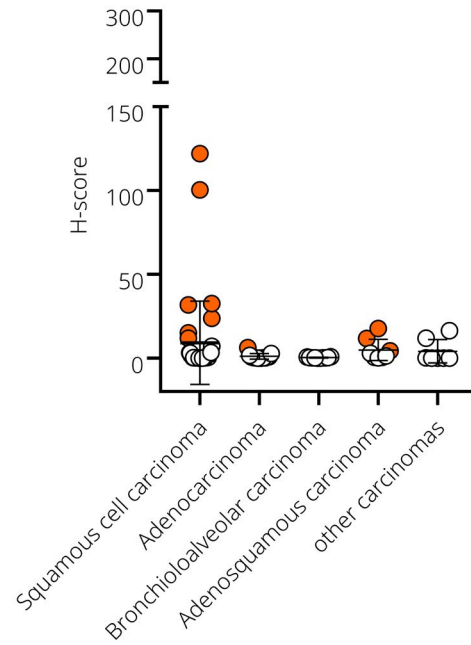
PD-L1 expression in cancer (DISCOVERY ULTRA)

PD-L1 expression varied in the analyzed cancer TMAs, with lung cancer showing the highest H-score and breast cancer the lowest (a). The staining intensity of cohorts of cancer subtypes was also evaluated separately in scatter plots (with SD) (b-d).

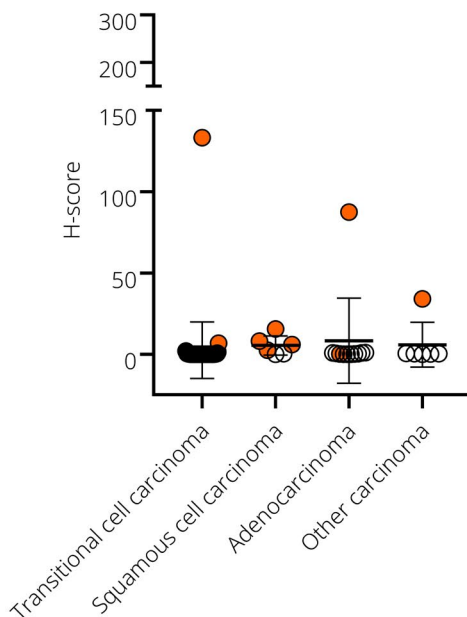
a) PDL1 expression in selected cancer TMAs



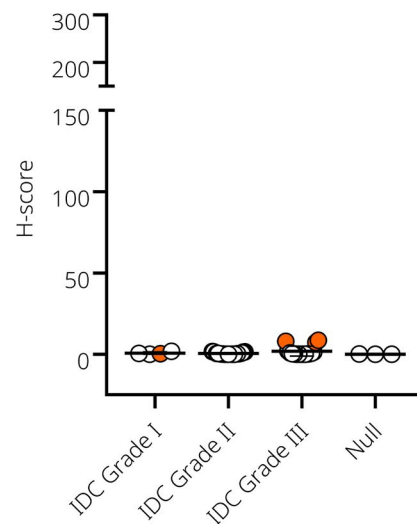
b) PDL1 expression in lung cancer



c) PDL1 expression in bladder cancer



d) PDL1 expression in breast carcinomas



Enhanced validation data

Figure 6. PD-L1 protein expression in a selection of cancer TMAs.

(a) The scatter plot (with SD) summarizes the PD-L1 expression in selected cancer TMA cores (lung cancer (79), bladder cancer (90) and breast cancer (46)).

(b) H-score from 79 TMA cores/cases of lung cancer (squamous cell carcinoma (41), adenocarcinoma (13), adenosquamous carcinoma (8), bronchioalveolar carcinoma (10) and other carcinoma (7) (papillary adenocarcinoma (1), undifferentiated carcinoma (3) and small cell carcinoma (3)). The IHC images corresponding to orange data points are shown in Figure 7.

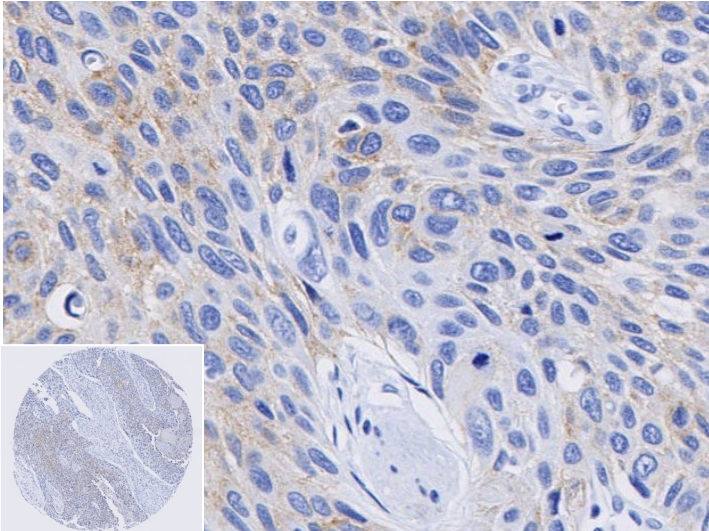
(c) H-score from 90 TMA cores/cases of bladder cancer (transitional cell carcinoma (63), adenocarcinoma (15), squamous cell carcinoma (6), and other carcinoma (6) (mucinous adenocarcinoma (2), adenosquamous carcinoma (1), carcinosarcoma (2) and rhabdomyosarcoma (1)). The IHC images corresponding to orange data points are shown in Figure 8.

(d) H-score averaged from 46 cases in duplicates (82 TMA cores) of breast invasive ductal carcinoma (IDC) (grade I (1 & 1.5) (4), grade II (2 & 2.5) (23), grade III (16)) and null (3).

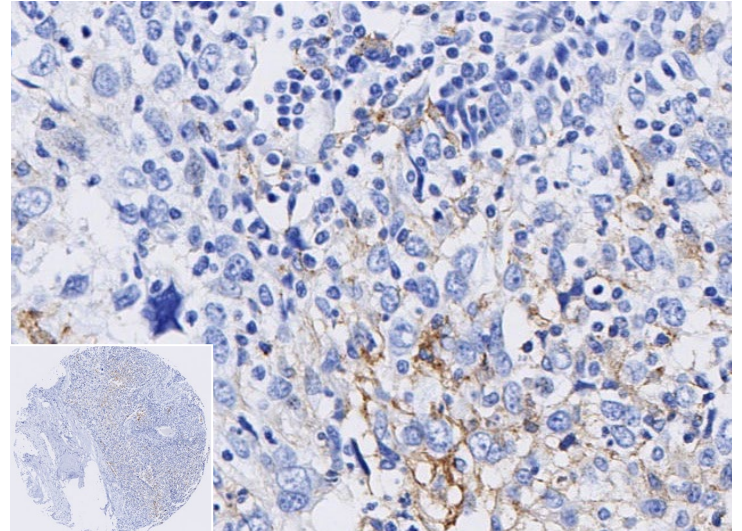
PD-L1 expression in lung cancer TMA (DISCOVERY ULTRA)

Below are the representative images of the human lung cancer TMA showing weak to strong PD-L1 expression.

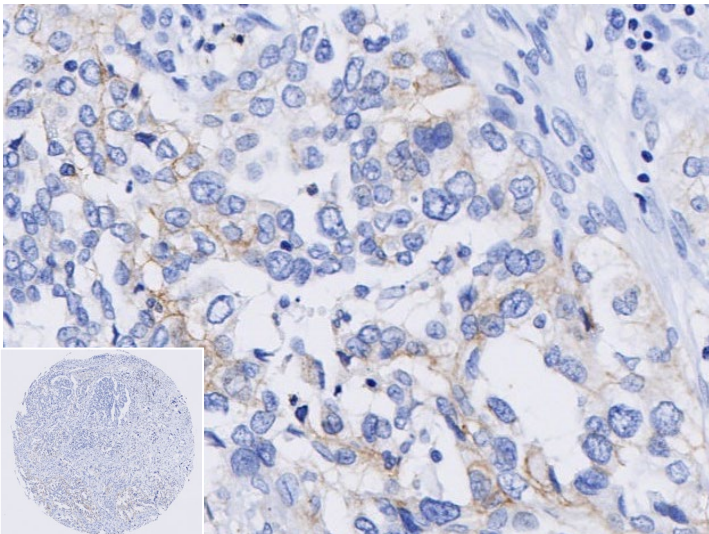
Lung adenocarcinoma (H-score 1.60)



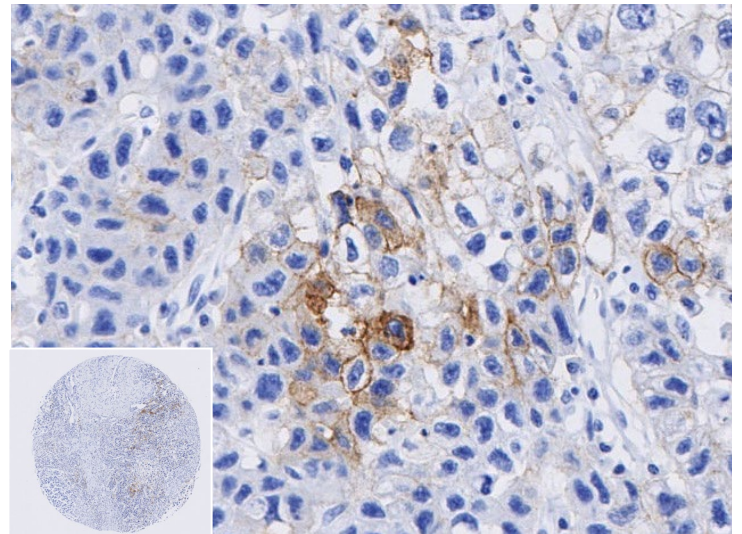
Lung adenocarcinoma (H-score 4.30)



Lung adenocarcinoma (H-score 6.16)

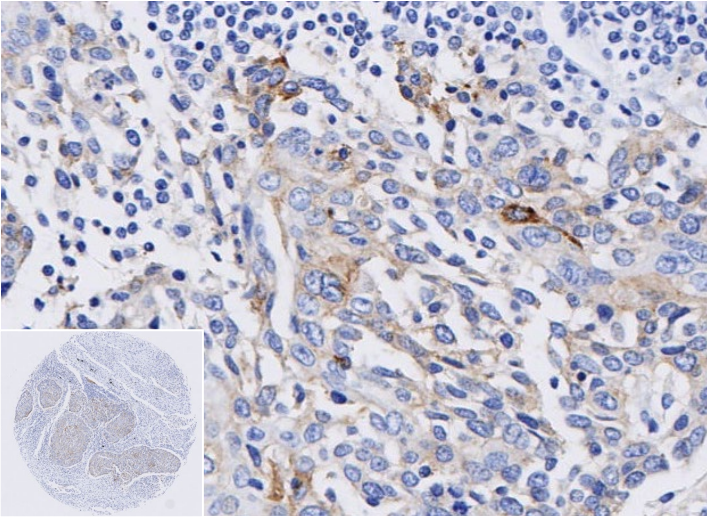


Lung adenocarcinoma (H-score 11.58)

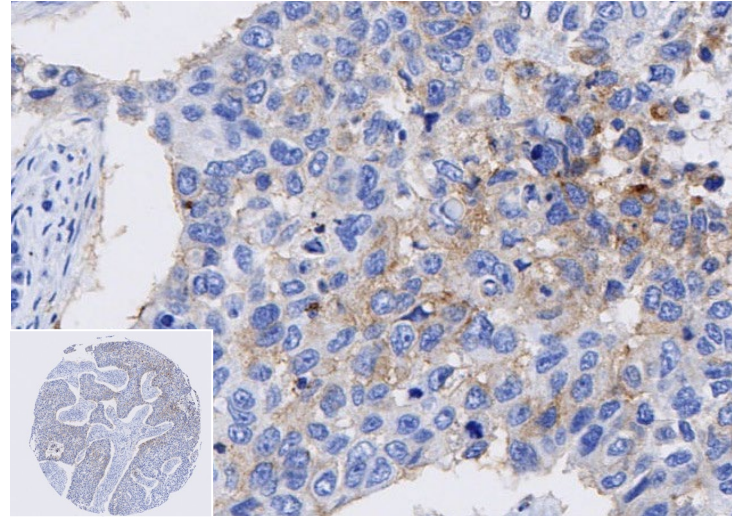


Enhanced validation data

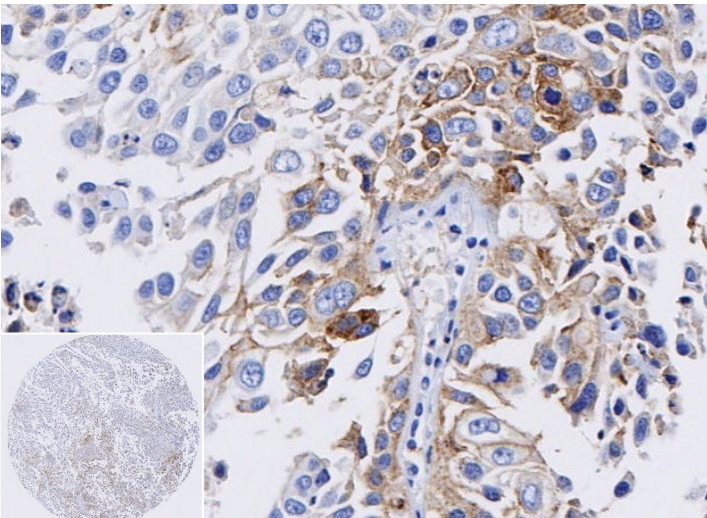
Lung adenocarcinoma (H-score 11.75)



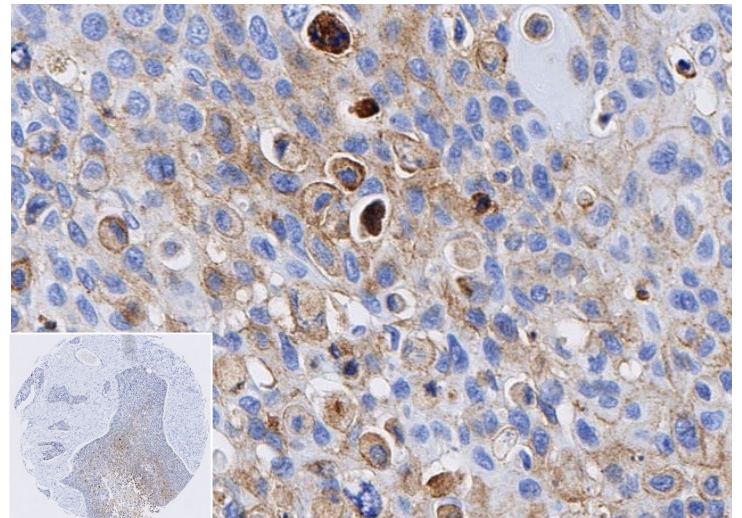
Lung adenocarcinoma (H-score 15.09)



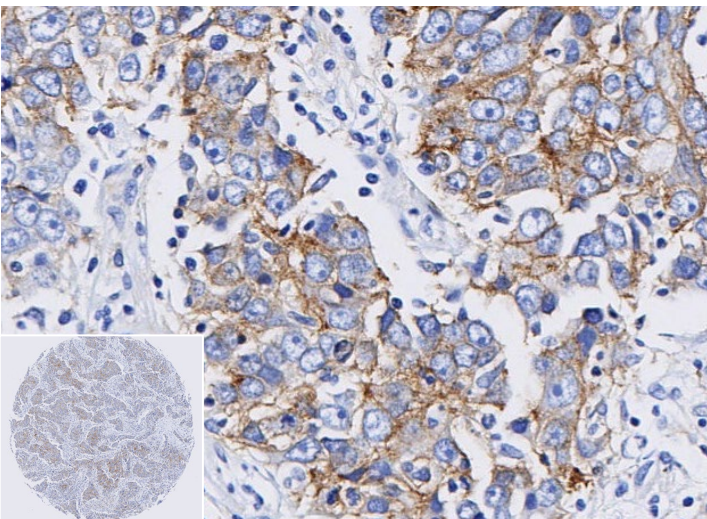
Lung adenocarcinoma (H-score 17.57)



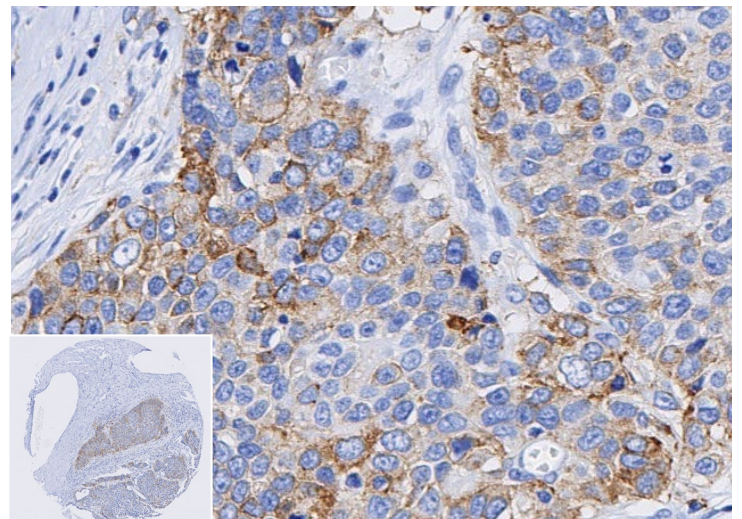
Lung adenocarcinoma (H-score 23.73)



Lung adenocarcinoma (H-score 32.53)



Lung adenocarcinoma (H-score 31.74)



Enhanced validation data

Lung adenocarcinoma (H-score 100.38)

Lung adenocarcinoma (H-score 122.00)

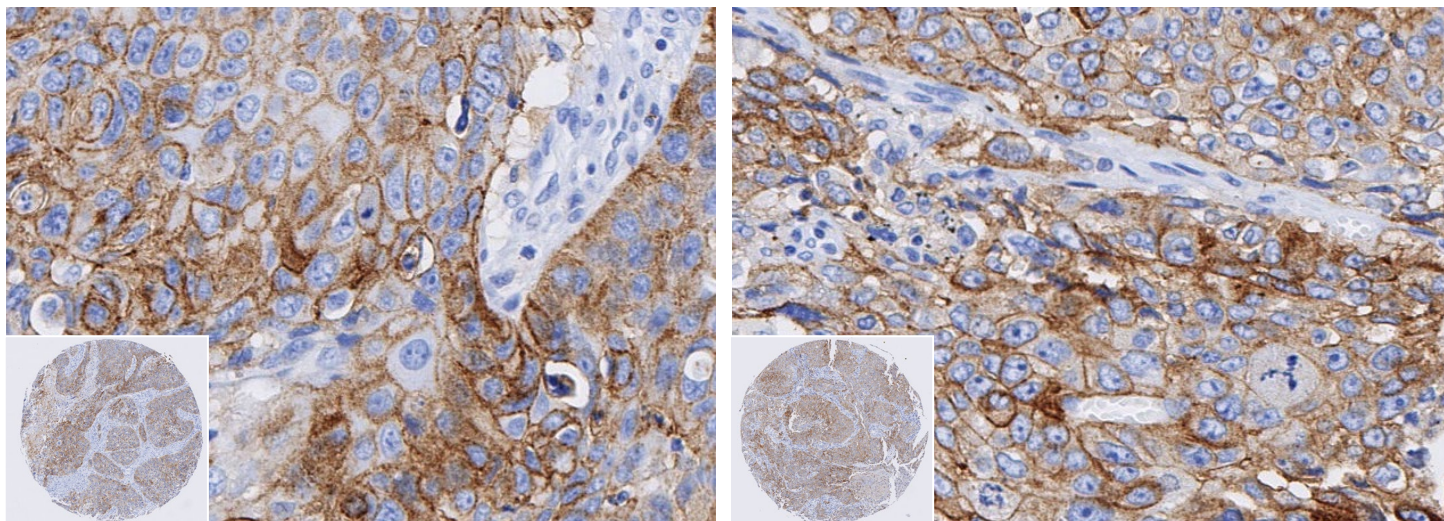
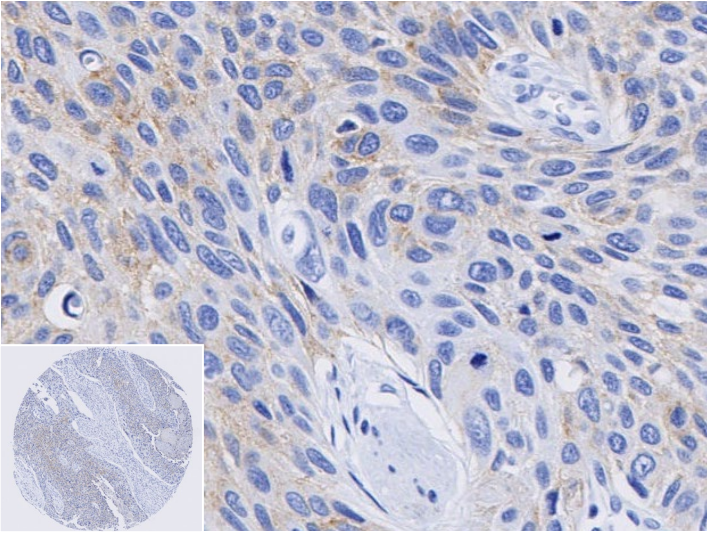


Figure 7. PD-L1 expression in lung cancer. IHC images show weak, moderate or strong expression in brown; nuclear hematoxylin counterstain in blue. Slides were stained using a DISCOVERY ULTRA system (Roche Diagnostics), scanned at 20x (whole core insets at 5x) on NanoZoomer[®] S360 (Hamamatsu Photonics K.K.) and imaged at 20X on Aperio[®] ImageScope.

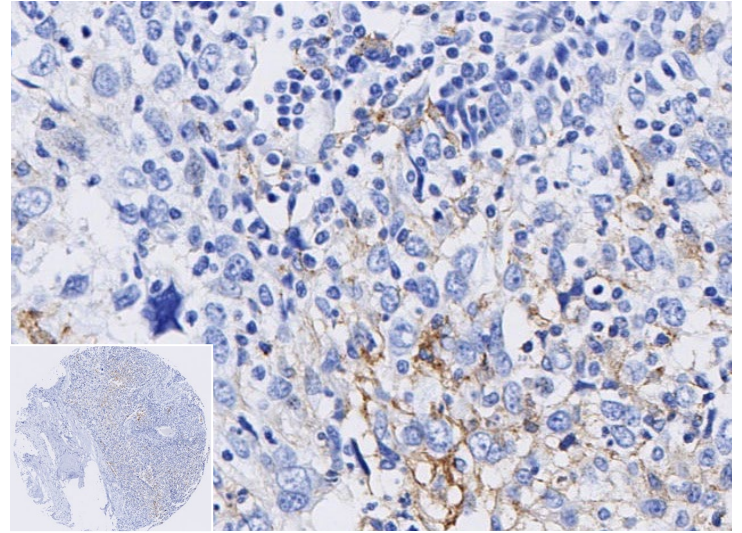
PD-L1 expression in bladder cancer TMA (DISCOVERY ULTRA)

Below are the representative images of the human bladder cancer TMA showing weak to strong PD-L1 expression.

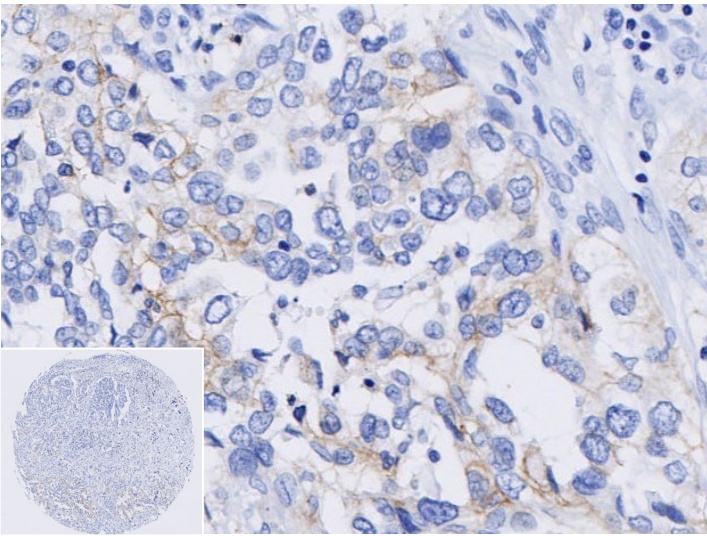
Transitional cell carcinoma (H-score 0.00)



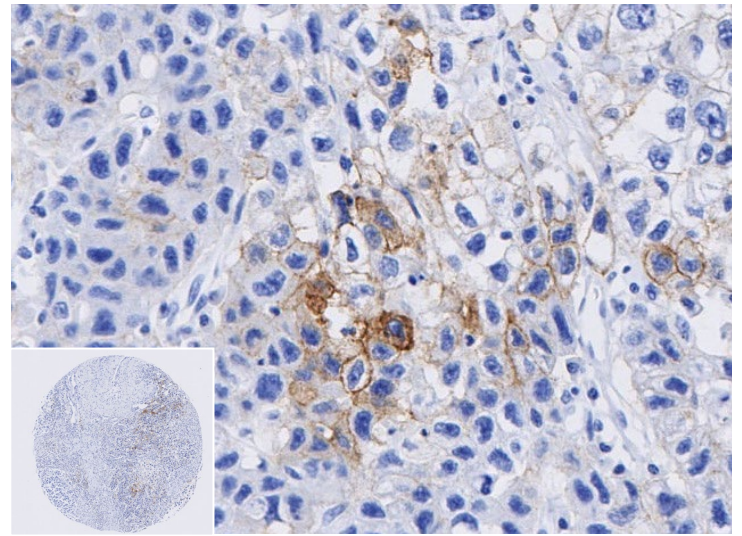
Adenocarcinoma (H-score 0.17)



Transitional cell carcinoma (H-score 1.41)

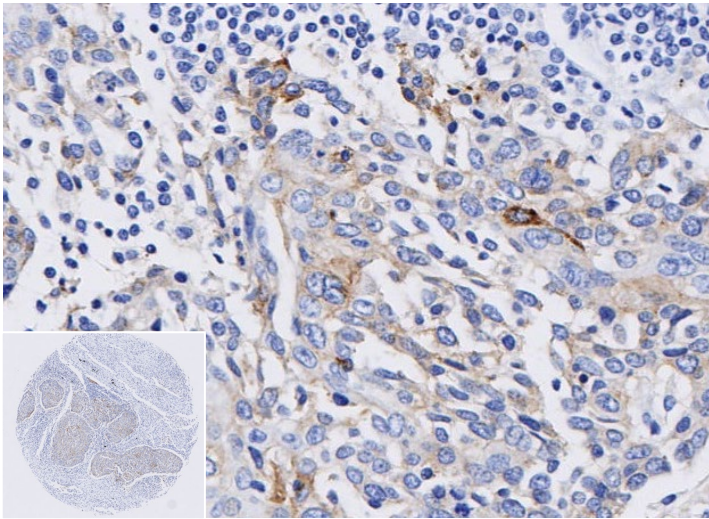


Transitional cell carcinoma (H-score 2.06)

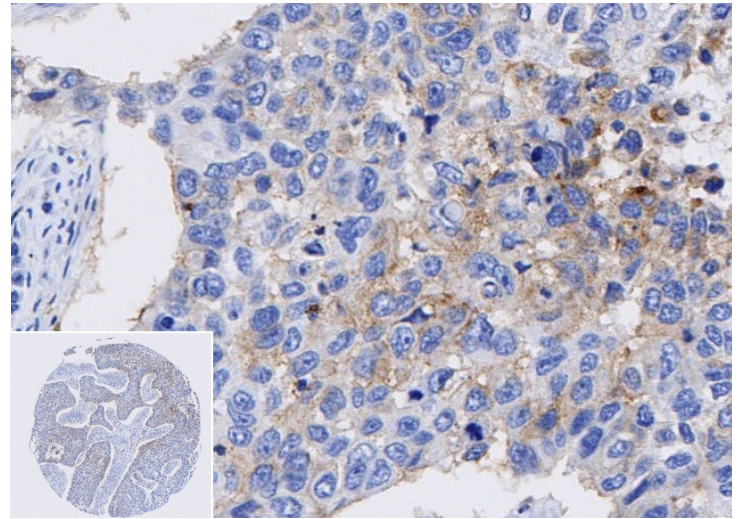


Enhanced validation data

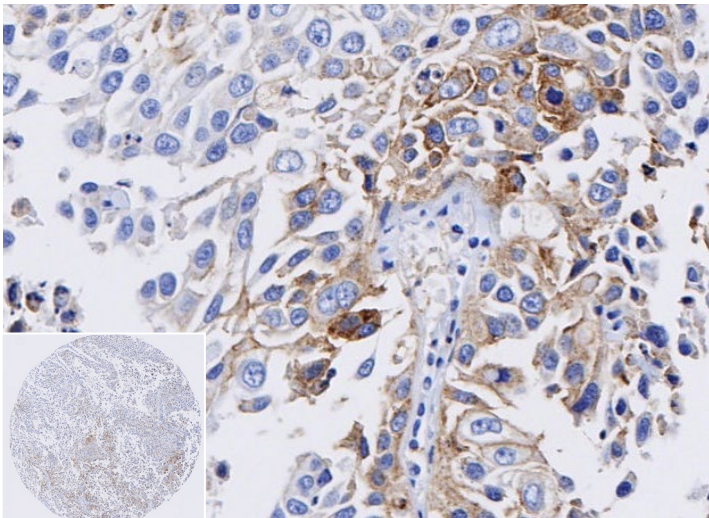
Squamous cell carcinoma (H-score 2.55)



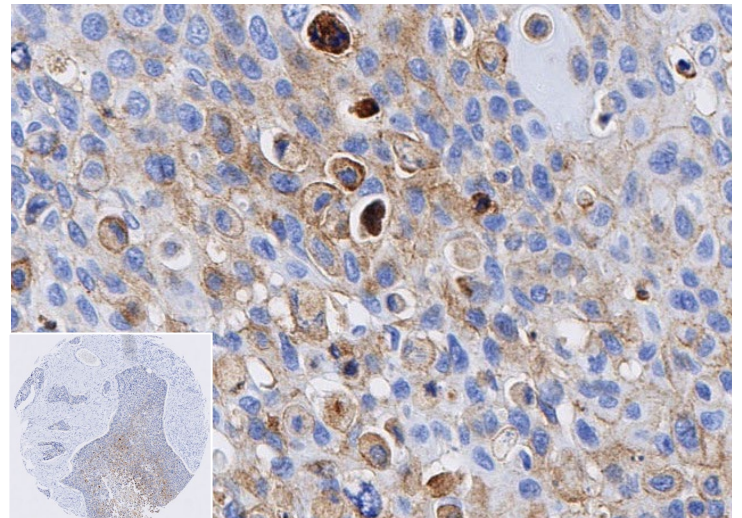
Transitional cell carcinoma (H-score 6.84)



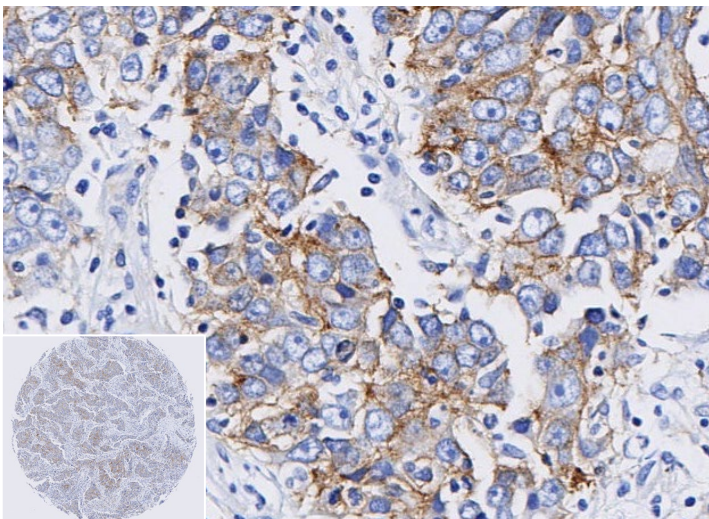
Squamous cell carcinoma (H-score 6.05)



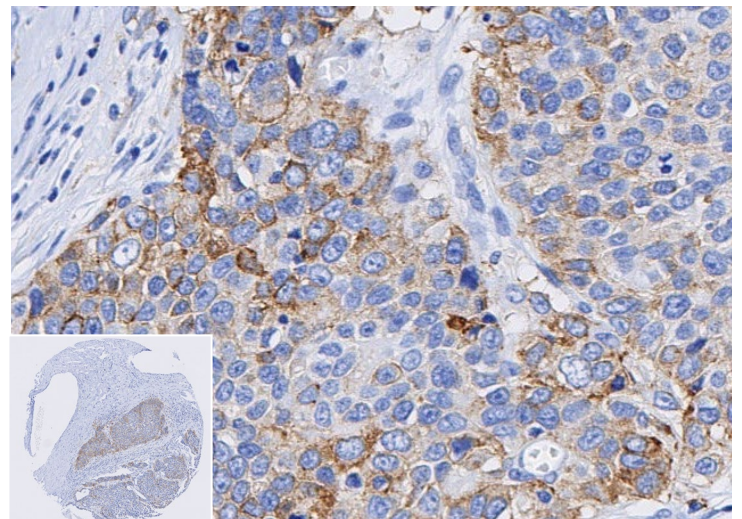
Squamous cell carcinoma (H-score 8.22)



Squamous cell carcinoma (H-score 15.54)



Carcinosarcoma (H-score 34.10)



Enhanced validation data

Adenocarcinoma (H-score 87.35)

Adenosquamous carcinoma (H-score 133.30)

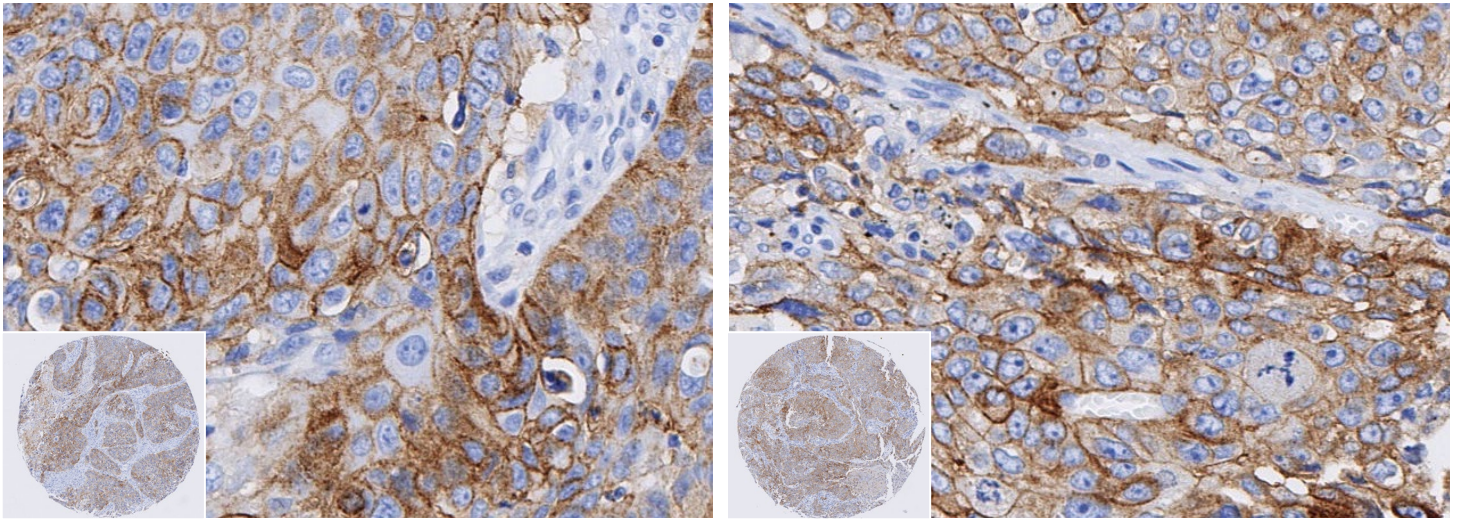
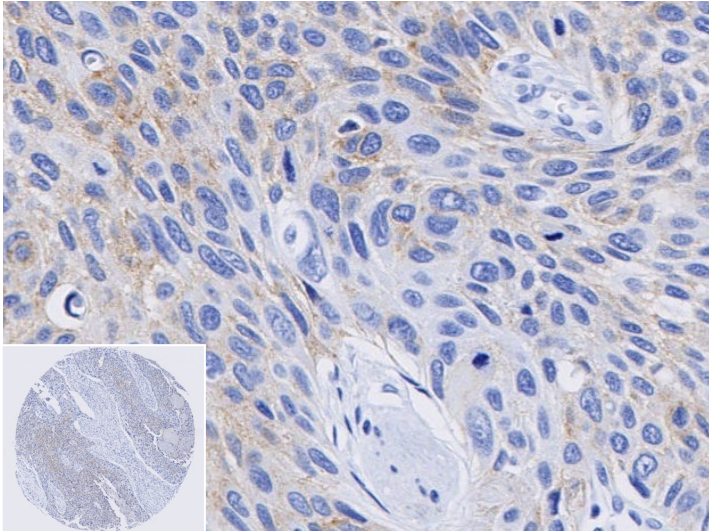


Figure 8. PD-L1 expression in bladder cancer. IHC images show weak, moderate or strong in brown; nuclear hematoxylin counterstain in blue. Slides were stained using a DISCOVERY ULTRA system (Roche Diagnostics), scanned at 20x (whole core insets at 5x) on NanoZoomer[®] S360 (Hamamatsu Photonics K.K.) and imaged at 20X on Aperio[®] ImageScope.

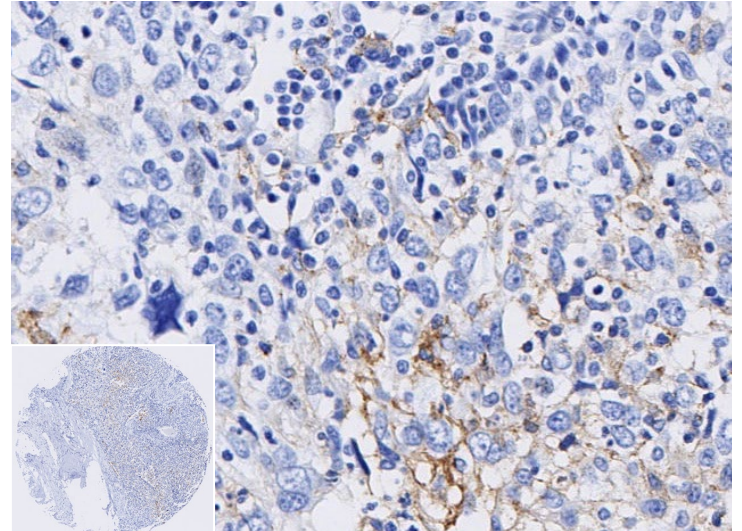
PD-L1 expression in breast cancer TMA (DISCOVERY ULTRA)

Below are the representative images of the human breast cancer TMA showing weak to strong PD-L1 expression.

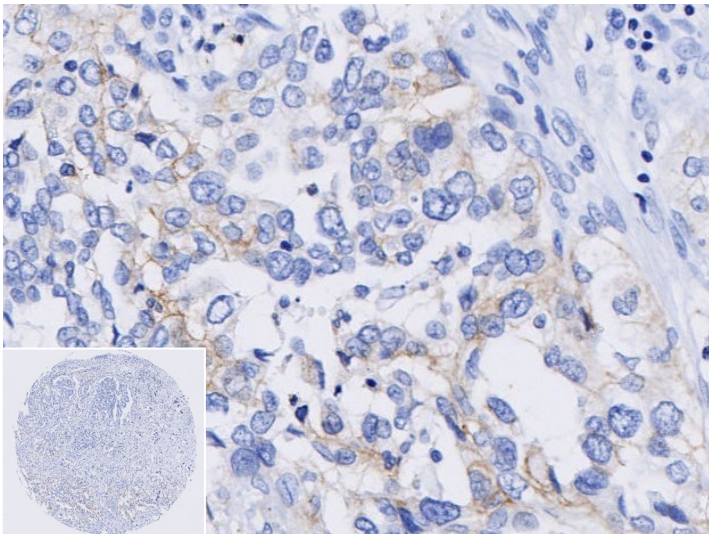
IDC (Grade I) (H-score 0.40)



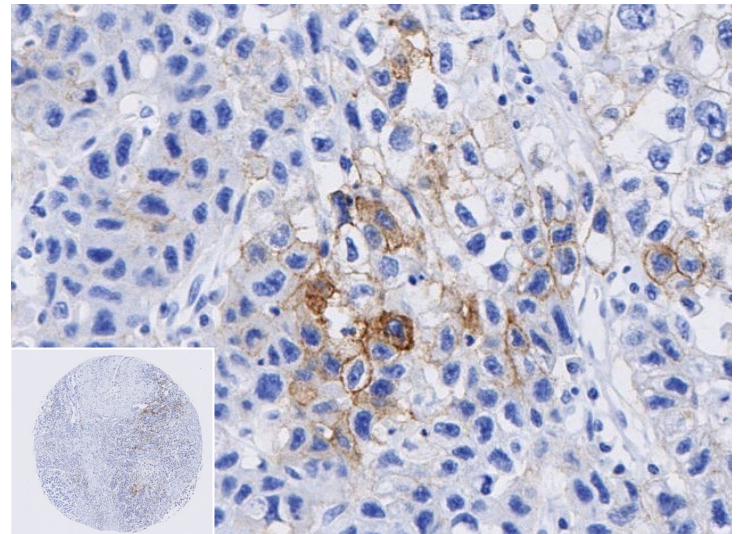
IDC (Grade II) (H-score 1.70)



IDC (Grade III) (H-score 7.30)



IDC (Grade III) (H-score 7.90)



Enhanced validation data

IDC (Grade III) (H-score 8.60)

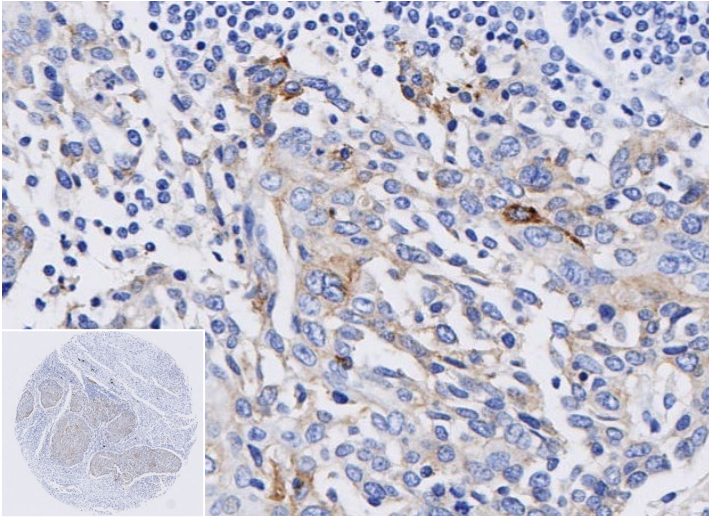


Figure 9. PD-L1 expression in breast cancer. IHC images show weak, moderate or strong in brown; nuclear hematoxylin counterstain in blue. Slides were stained using a DISCOVERY ULTRA system (Roche Diagnostics), scanned at 20x (whole core insets at 5x) on NanoZoomer® S360 (Hamamatsu Photonics K.K.) and imaged at 20X on Aperio® ImageScope.

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