

Strategic Treatment of Glioblastoma in Mice by Gokhru Extracted Saponins

Sakshi Aole*, Anjali Chourasiya, Dr. Pradeep Pal, Dr. Akanksha Jagwani, Dr. Vikas Jain

Abstract: Plant compounds called saponins have been proposed as potential anticarcinogens. Because of their chemical structure's amphiphilic nature, they have surface-active properties. The regulation of carcinogen-induced cell growth, direct cytotoxicity, immune-modulatory effects, and bile acid binding are some of the hypothesised mechanisms of saponins' anticarcinogenic actions. The anticarcinogenic properties of saponins from frequently eaten plant foods have not, however, been investigated. One of the most significant sources of dietary saponins is soy beans. They serve as the primary source of protein in many vegetarian diets. Our findings shown that human cancer cells were dose-dependently growth inhibited by soybean saponins at concentrations of 150–600 ppm (HCT-15). Additionally, viability was much diminished. The permeability of cell membranes was not increased by soybean saponins in a dose-dependent manner. Our findings shown that human cancer cells were dose-dependently growth inhibited by soybean saponins at concentrations of 150–600 ppm (HCT-15). Additionally, viability was much diminished. While gypsophilla saponin, a non-dietary saponin, enhanced permeability with increasing concentrations, soybean saponins did not increase cell membrane permeability in a dose-dependent manner. According to electron microscopy, the cell shape and interactions with the cell membrane of soybean and gypsophilla saponins vary.

INTRODUCTION

Glioblastoma is the cancer of glial cells of brain or spinal cord. The cancerous cells are very invasive and hence proliferate well to a great extent. This type of cancer is a major concern in males rather than females. According to the severity of the proliferation, glioblastoma can be divided into four stages. Glioblastomas arise from the astrocytes of the brain and then proliferate to other lobes. Brain tumors are hard to treat as well, but we have tried to cease the cancerous glial cells to proliferate in glioblastoma induced mice by the extracted saponins from the gokhru plant.

Procedure of saponin extraction from Gokhru(*Tribulus terrestris*):

Requirements:

METHOD

Soxhlet Apparatus was used for the extraction of alcoholic content of gokhru. For this, 0.8g of gokhru powder was weighed and transferred to the soxhlet apparatus. 250ml of ethanol was measured and transferred to a round bottom flask. The extraction took around 6-8 hours to complete and sample was collected, which was pure saponin extract.



Fig: Soxhlet Apparatus

Fourier Transform Infrared Spectrophotometer:

FTIR was used as a confirmatory analytical method to confirm the bonds present in the extracted saponin from the *T. terrestris*.

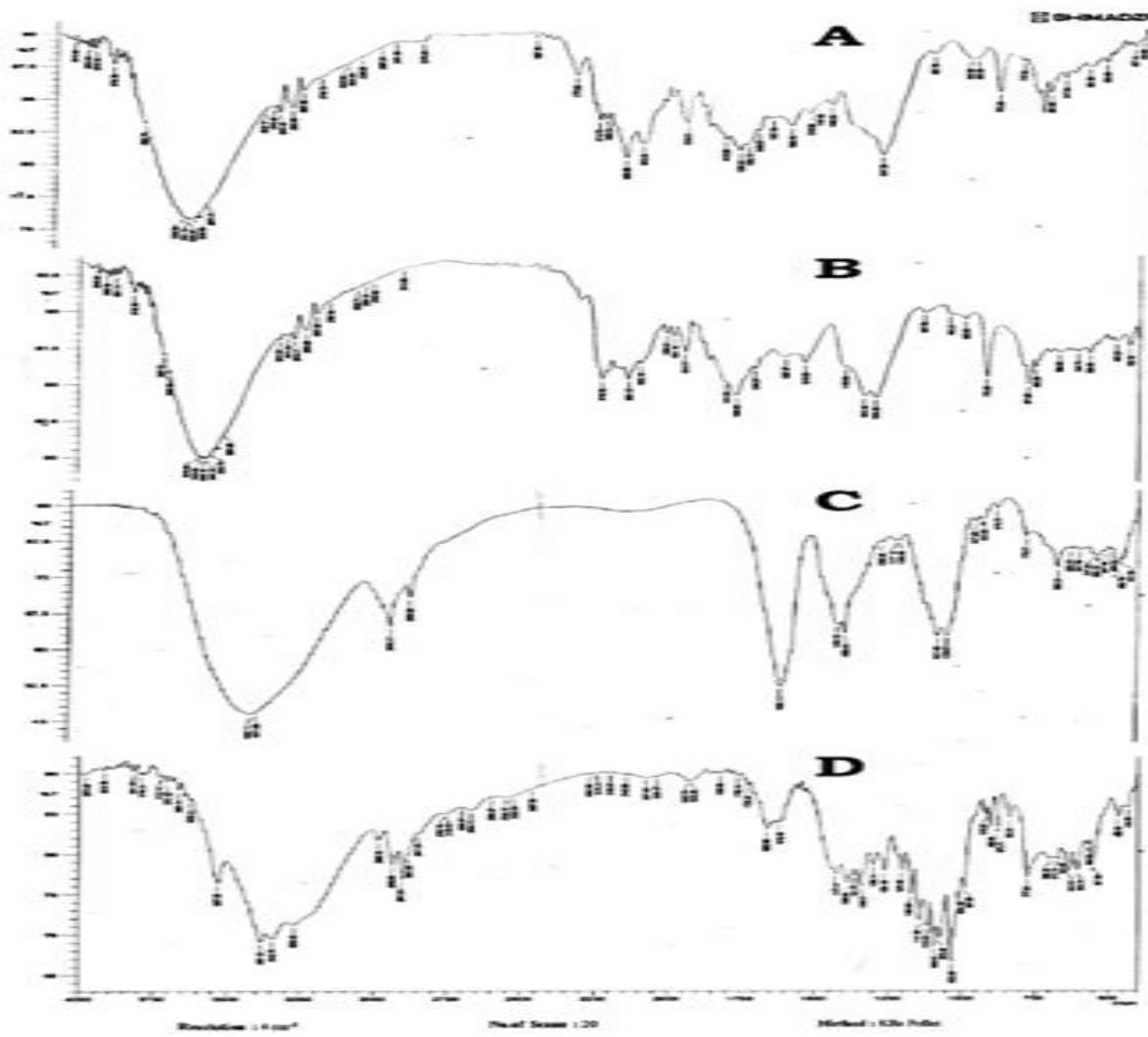


Fig-2 explains the presence of saponins in the crude extract

Fig-2: FTIR spectrum of *T. terrestris*

S.NO.	TYPES OF SOLVENTS	SAPONIN CONCENTRATION (g/ml)	PERCENTAGE SAPONIN (%)	EXTRACTION OF
1	Ethanol	1.95	51.78	
2	Methanol	2.77	49	
3	Water	3.93	37.88	

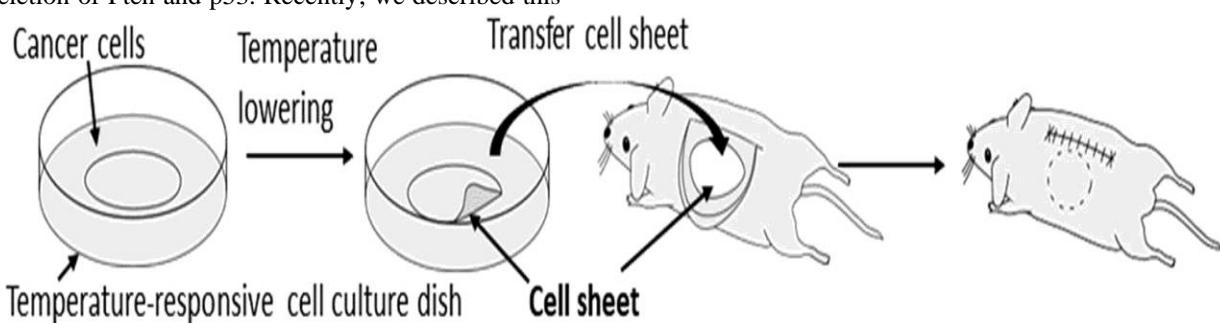
Table-1: % yield of saponin with different solvents

Presently this extract of *Tribulus terrestris* is taken into account which contains high medicinal values. The physical characterization like SEM, FT-IR was done for the confirmation of the powder of gokhru. The saponin content in the tribulus is identified as high as of other herbs. As, saponin which are extracted from the fruit using different solvents like ethanol, methanol and aqueous and of different concentrations of the solvent resulted high % yield with 70% ethanol. The optimum yield of saponin is observed for 1 gm of sample and 3M Hydrochloric acid at 70°C for 4 hrs. In this paper, we shall focus on the cessation of glioblastoma activity in glioblastoma induced mice using the above extracted saponins.

INDUCTION OF GLIOBLASTOMA IN MICE

In 1970, the methylcholanthrene pellets that were inserted into the C57BL/6 mice's brains were used to chemically induce the GL261 line. The line was subsequently kept alive by directly transferring tumours. In the 1990s, stable cell lines were cultivated. On the histological level, GL261 tumours resemble ependymoblastomas, although they otherwise recapitulate GBM characteristics. However, there are some studies using GEMMs as a model for the evaluation of treatments. The majority of GEMM research for GBM has focused on understanding the role of underlying genetic changes in GBM tumorigenesis. GEMMs are employed more commonly than other model types for the assessment of GBM genetics or treatments that are specifically directed against genetic alterations. The development of brain tumours, which were categorised as high-grade gliomas (glioblastomas) according to histopathological (necrosis and microvascular proliferation) and molecular features, is caused by tamoxifen-induced neural stem cell (NSC)-specific deletion of Pten and p53. Recently, we described this

genetic model. According to this categorization, the tumours have a strong staining for the proliferation marker Ki67 and are positive for well-established glioma markers such Gfap and Olig2. Incomplete penetrance of tumour formation (65%) and protracted latency (10 to 24 months following tamoxifen injection) are two characteristics of this genetic model, also known as a double knock-out (DKO). Since tumour cells obtained from comparable models have been successfully transplanted, resulting in GBM that retains the genetic model's properties, we decided to develop a set of potentially more suitable for experimental use murine glioblastoma cells produced through repeated *in vivo* passaging. Cell lines from DKO mice at two different stages of tumour growth served as our starting point. Two weeks following tamoxifen-induced gene loss from isolated NSCs (transformed NSC 0; tNSC0). DKO mice did not exhibit any overt tumour lesions at this time period, but all of them displayed an enlargement of the rostral migratory stream (RMS), which is made up of NSCs that migrate from the lateral ventricle (LVsubventricular)'s zone (SVZ) to the olfactory bulb.



Meningioma cells are injected intracranially into 3–8-week-old immunocompromised mice to create orthotopic models. Table 2 lists and describes a variety of injection sites, cells injected, their types and numbers, and injection volumes. However, recently, xenografts with tumorospheres derived from malignant meningiomas were successfully implanted into the convexity, with only a very low number of implanted cells (50–103) being necessary for tumour induction [35]. Typically, 105 to 106 cells in a volume of 3 to 10 microliters are injected. Mice are put to sleep for this technique, and a small animal stereotaxic equipment is used to stabilise their heads. Burr holes 2.5 mm lateral and 1 mm deep in the dura are bored to provide subdural or convexity injections. Table 2 lists and describes a variety of injection sites, cells injected,

their types and numbers, and injection volumes. However, recently, xenografts with tumorospheres derived from malignant meningiomas were successfully implanted into the convexity, with only a very low number of implanted cells (50–103) being necessary for tumour induction [35]. Typically, 105 to 106 cells in a volume of 3 to 10 microliters are injected. Mice are put to sleep for this technique, and a small animal stereotaxic equipment is used to stabilise their heads. Through a burr hole drilled into the skull 1 mm deep and 2.5 mm lateral from the bregma, subdural or convexity injections are administered. Injections into the skull base are typically carried out using a 1.5 mm anterior burr hole.

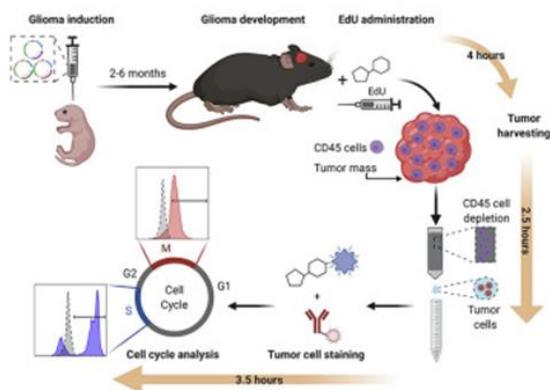


Fig: 3 Schematic Depiction of Administering Cell Lines in mice

However, recently, xenografts with tumorospheres derived from malignant meningiomas were successfully implanted into the convexity, with only a very low number of implanted cells (50–103) being necessary for tumour induction [35]. Typically, 105 to 106 cells in a volume of 3 to 10 microliters are injected. Mice are put to sleep for this technique, and a small animal stereotaxic equipment is used to stabilise their heads. Through a burr hole drilled into the skull 1 mm deep and 2.5 mm lateral from the bregma, subdural or convexity injections are administered. Injections into the skull base are typically administered through a burr hole that has been bored 1.5 mm anteriorly and 1.5 mm to the right of the bregma [36]. The "post" option is a substitute.

RESULT INTERPRETATION

In a Petri plate of 10 cm, cells were grown. Fresh media containing 0, 150, 300, 600, and 1200 ppm of soy saponins was added after the cells had stabilised. Before being put through assays for proliferation and differentiation, cells were grown for an additional 72 hours. For the purpose of identifying AP activity, sodium butyrate (2.5 mmol/L) was utilised as a positive control. Alkaline Phophatase Liquicolor was used to measure the degree of differentiation (Human, Germany). The Peptag® Assay was used to assess PKC activity (Promega, USA). SDS-PAGE and western blotting were used to examine the protein

expression of c-Jun, c-Fos, and wild-type P53 in WiDr cells. Both a 5% stacking gel and a 12% resolving gel were used. The internal control used was -actin (43 kDa). Antibodies made from rabbit anti-c-Jun polyclonal were utilised. Rabbit anti-c-Fos polyclonal antibody, mouse anti-P53 monoclonal antibody, and mouse anti-actin monoclonal antibody are all examples of antibodies (Stressgen, Canada) (Sigma, USA).

In contrast to heterotopic models, it is not possible to easily and closely monitor tumour initiation and growth in orthotopic models. There are now two main approaches used: imaging utilising small-animal MRI and bioluminescence-based technologies. Using IOMM-Lee cells that produce luciferase, Baia et al. created intracranial xenografts and employed bioluminescence imaging (BLI) to measure tumour growth. Before imaging, D-luciferin was intravenously administered into the mice to produce bioluminescence, which was then captured by an incredibly sensitive camera. The authors used this technique to establish the meningioma xenografts' *in vivo* development dynamics and show that the tumour volume and mean tumour radiance were closely associated [36]. In meningioma models, BLI has been widely used to track tumour growth since it is a traditional and reasonably inexpensive method (via the grafting of For example, luciferase-expressing cell lines [36,47,48,58] or luciferase reporter cross-overs that allow for bioluminescence imaging of Cre-loxP-dependent carcinogenesis (see below, reference [59]). In other studies, tumours as small as 1–2 mm³ were detected and could be tracked by sequential imaging, demonstrating the viability of magnetic resonance imaging for monitoring meningioma formation [60]. Additionally, dynamic contrast enhancement sequences demonstrated their capacity to represent capillary permeability and tumour perfusion [59]. The expensive expense of magnetic resonance imaging and the fact that it is not readily available are two major limitations.

Finally, a recent work showed that subcutaneous xenografts of the CH-157MN meningioma cell line can be used to detect meningiomas using radiolabeled somatostatin analogues (68Ga-DOTATATE) [61,62]. Its application in meningioma orthotopic models has not yet been documented.

Recently, the potential use of fluorescence method for the *in vitro* and *in vivo* selective detection of

meningioma cells was described. After being incubated in vitro with several meningioma cell lines of all grades, FAM-TOC (5,6-Carboxyfluoresceine-Tyr3-Octreotide), a somatostatin receptor-labeled fluorescence dye, was able to be detected [63]. Additionally, a fluorescent-guided resection was possible because to the ability to detect meningioma cells transplanted intracranially *in vivo* with a fluorescence microscope or endoscope [64]. This model serves as a useful experimental tool for *in vivo* imaging and fluorescent meningioma surgery.

RESULTS AND CONCLUSIONS

In order to comprehend the underlying molecular mechanisms of meningioma carcinogenesis, the area of meningioma research has benefited from the development of many preclinical mice models of meningioma (xenograft and transgenic models). These models have also given researchers a way to evaluate cutting-edge possible treatments. Depending on the precise research objective and the available financial resources, researchers can now choose from a variety of models.

Our analysis shows that the two main types of meningioma mice models have particular applications. On the one hand, orthotopic xenograft models are employed for preclinical testing of novel medications or cutting-edge therapies because they provide a high level of tumour take dependability at reduced costs. However, there are serious concerns about how accurate these models are at predicting the antitumoral effects of medications, especially when they use immortalised malignant cell lines. This issue is illustrated by the fact that numerous medications' efficacy in *in vivo* meningioma models was not later verified in human investigations.

On the other hand, GEMMs models closely mimic human biology and provide invaluable tools for analysing the geographical and temporal mechanisms of meningioma carcinogenesis. They are not suitable for extensive preclinical drug testing studies since they take a long time, cost a lot of money, and have heterogeneous tumour take rates. It should be highlighted that they also provide the opportunity to produce syngeneic orthotopic allografts to immunocompetent wildtype mice and mouse meningioma cell lines (both benign and malignant). This model gives high tumour take rates, combines the

benefits of both types of models, and is the most accurate representation of sporadic meningiomas. Future advancements in genetic and cell culture methods will surely open up new possibilities for the creation of creative models.

REFERENCES

- [1] Ostrom, Q.T.; Patil, N.; Cioffi, G.; Waite, K.; Kruchko, C.; Barnholtz-Sloan, J.S. CBTRUS Statistical Report: Primary Brain and Other Central Nervous System Tumors Diagnosed in the United States in 2013–2017. *Neuro Oncol.* 2020, *22*, iv1–iv96. [Google Scholar] [CrossRef]
- [2] Louis, D.N.; Perry, A.; Reifenberger, G.; von Deimling, A.; Figarella-Branger, D.; Cavenee, W.K.; Ohgaki, H.; Wiestler, O.D.; Kleihues, P.; Ellison, D.W. The 2016 World Health Organization Classification of Tumors of the Central Nervous System: A Summary. *Acta Neuropathol.* 2016, *131*, 803–820. [Google Scholar] [CrossRef] [Green Version]
- [3] Rogers, L.; Barani, I.; Chamberlain, M.; Kaley, T.J.; McDermott, M.; Raizer, J.; Schiff, D.; Weber, D.C.; Wen, P.Y.; Vogelbaum, M.A. Meningiomas: Knowledge Base, Treatment Outcomes, and Uncertainties. A RANO Review. *J. Neurosurg.* 2015, *122*, 4–23. [Google Scholar] [CrossRef] [Green Version]
- [4] Kaley, T.; Barani, I.; Chamberlain, M.; McDermott, M.; Panageas, K.; Raizer, J.; Rogers, L.; Schiff, D.; Vogelbaum, M.; Weber, D.; et al. Historical Benchmarks for Medical Therapy Trials in Surgery- and Radiation-Refractory Meningioma: A RANO Review. *Neuro Oncol.* 2014, *16*, 829–840. [Google Scholar] [CrossRef] [Green Version]
- [5] Youngblood, M.W.; Duran, D.; Montejo, J.D.; Li, C.; Omay, S.B.; Özduhan, K.; Sheth, A.H.; Zhao, A.Y.; Tyrtova, E.; Miyagishima, D.F.; et al. Correlations between Genomic Subgroup and Clinical Features in a Cohort of More than 3000 Meningiomas. *J. Neurosurg.* 2019, *133*, 1345–1354. [Google Scholar] [CrossRef] [PubMed]
- [6] Sasaki, M.; Honda, T.; Yamada, H.; Wake, N.; Barrett, J.C.; Oshimura, M. Evidence for Multiple Pathways to Cellular Senescence. *Cancer*

- Res.* 1994, **54**, 6090–6093. [Google Scholar] [PubMed]
- [7] Simon, M.; Park, T.W.; Leuenroth, S.; Hans, V.H.; Löning, T.; Schramm, J. Telomerase Activity and Expression of the Telomerase Catalytic Subunit, HTERT, in Meningioma Progression. *J. Neurosurg.* 2000, **92**, 832–840. [Google Scholar] [CrossRef]
- [8] Maes, L.; Lippens, E.; Kalala, J.P.O.; de Ridder, L. The HTERT-Protein and Ki-67 Labelling Index in Recurrent and Non-Recurrent Meningiomas. *Cell Prolif.* 2005, **38**, 3–12. [Google Scholar] [CrossRef] [PubMed]
- [9] Püttmann, S.; Senner, V.; Braune, S.; Hillmann, B.; Exeler, R.; Rickert, C.H.; Paulus, W. Establishment of a Benign Meningioma Cell Line by HTERT-Mediated Immortalization. *Lab. Invest.* 2005, **85**, 1163–1171. [Google Scholar] [CrossRef] [PubMed]
- [10] Baia, G.S.; Slocum, A.L.; Hyer, J.D.; Misra, A.; Sehati, N.; VandenBerg, S.R.; Feuerstein, B.G.; Deen, D.F.; McDermott, M.W.; Lal, A. A Genetic Strategy to Overcome the Senescence of Primary Meningioma Cell Cultures. *J. Neurooncol.* 2006, **78**, 113–121. [Google Scholar] [CrossRef]
- [11] Cargioli, T.G.; Ugur, H.C.; Ramakrishna, N.; Chan, J.; Black, P.M.; Carroll, R.S. Establishment of an in Vivo Meningioma Model with Human Telomerase Reverse Transcriptase. *Neurosurgery* 2007, **60**, 750–759; discussion 759–760. [Google Scholar] [CrossRef]
- [12] Mei, Y.; Bi, W.L.; Greenwald, N.F.; Agar, N.Y.; Beroukhim, R.; Dunn, G.P.; Dunn, I.F. Genomic Profile of Human Meningioma Cell Lines. *PLoS ONE* 2017, **12**, e0178322. [Google Scholar] [CrossRef]
- [13] Striedinger, K.; VandenBerg, S.R.; Baia, G.S.; McDermott, M.W.; Gutmann, D.H.; Lal, A. The Neurofibromatosis 2 Tumor Suppressor Gene Product, Merlin, Regulates Human Meningioma Cell Growth by Signaling through YAP. *Neoplasia* 2008, **10**, 1204–1212. [Google Scholar] [CrossRef] [Green Version]
- [14] Lee, W.H. Characterization of a Newly Established Malignant Meningioma Cell Line of the Human Brain: IOMM-Lee. *Neurosurgery* 1990, **27**, 389–395; discussion 396. [Google Scholar] [CrossRef] [PubMed]
- [15] Tsai, J.C.; Goldman, C.K.; Gillespie, G.Y. Vascular Endothelial Growth Factor in Human Glioma Cell Lines: Induced Secretion by EGF, PDGF-BB, and BFGF. *J. Neurosurg.* 1995, **82**, 864–873. [Google Scholar] [CrossRef]
- [16] Tanaka, K.; Sato, C.; Maeda, Y.; Koike, M.; Matsutani, M.; Yamada, K.; Miyaki, M. Establishment of a Human Malignant Meningioma Cell Line with Amplified C-Myc Oncogene. *Cancer* 1989, **64**, 2243–2249. [Google Scholar] [CrossRef]
- [17] Ragel, B.T.; Elam, I.L.; Gillespie, D.L.; Flynn, J.R.; Kelly, D.A.; Mabey, D.; Feng, H.; Couldwell, W.T.; Jensen, R.L. A Novel Model of Intracranial Meningioma in Mice Using Luciferase-Expressing Meningioma Cells. Laboratory Investigation. *J. Neurosurg.* 2008, **108**, 304–310. [Google Scholar] [CrossRef] [PubMed] [Green Version]
- [18] Waldt, N.; Kesseler, C.; Fala, P.; John, P.; Kirches, E.; Angenstein, F.; Mawrin, C. Crispr/Cas-Based Modeling of NF2 Loss in Meningioma Cells. *J. Neurosci. Methods* 2021, **356**, 109141. [Google Scholar] [CrossRef] [PubMed]
- [19] Rana, M.W.; Pinkerton, H.; Thornton, H.; Nagy, D. Heterotransplantation of Human Glioblastoma Multiforme and Meningioma to Nude Mice. *Proc. Soc. Exp. Biol. Med.* 1977, **155**, 85–88. [Google Scholar] [CrossRef]
- [20] Ragel, B.T.; Couldwell, W.T.; Gillespie, D.L.; Wendland, M.M.; Whang, K.; Jensen, R.L. A Comparison of the Cell Lines Used in Meningioma Research. *Surg. Neurol.* 2008, **70**, 295–307; discussion 307. [Google Scholar] [CrossRef]
- [21] Jensen, R.L.; Leppla, D.; Rokosz, N.; Wurster, R.D. Matrigel Augments Xenograft Transplantation of Meningioma Cells into Athymic Mice. *Neurosurgery* 1998, **42**, 130–135; discussion 135–136. [Google Scholar] [CrossRef]
- [22] Jensen, R.L.; Wurster, R.D. Calcium Channel Antagonists Inhibit Growth of Subcutaneous Xenograft Meningiomas in Nude Mice. *Surg. Neurol.* 2001, **55**, 275–283. [Google Scholar] [CrossRef]

- [23] McCutcheon, I.E.; Flyvbjerg, A.; Hill, H.; Li, J.; Bennett, W.F.; Scarlett, J.A.; Friend, K.E. Antitumor Activity of the Growth Hormone Receptor Antagonist Pegvisomant against Human Meningiomas in Nude Mice. *J. Neurosurg.* 2001, *94*, 487–492. [Google Scholar] [CrossRef] [Green Version]
- [24] Olson, J.J.; Beck, D.W.; Schlechte, J.A.; Loh, P.M. Effect of the Antiprogestrone RU-38486 on Meningioma Implanted into Nude Mice. *J. Neurosurg.* 1987, *66*, 584–587. [Google Scholar] [CrossRef]
- [25] Gupta, V.; Su, Y.S.; Samuelson, C.G.; Liebes, L.F.; Chamberlain, M.C.; Hofman, F.M.; Schönthal, A.H.; Chen, T.C. Irinotecan: A Potential New Chemotherapeutic Agent for Atypical or Malignant Meningiomas. *J. Neurosurg.* 2007, *106*, 455–462. [Google Scholar] [CrossRef] [PubMed]
- [26] Salhia, B.; Rutka, J.T.; Lingwood, C.; Nutikka, A.; Van Furth, W.R. The Treatment of Malignant Meningioma with Verotoxin. *Neoplasia* 2002, *4*, 304–311. [Google Scholar] [CrossRef] [Green Version]
- [27] Chen, J.; Zhang, H.; Wang, H. Experimental Study on the Inhibitory Effects of Verapamil on the Proliferation of Meningioma Cells. *J. Huazhong Univ. Sci. Technolog. Med. Sci.* 2007, *27*, 88–90. [Google Scholar] [CrossRef] [PubMed]
- [28] Deng, J.; Hua, L.; Han, T.; Tian, M.; Wang, D.; Tang, H.; Sun, S.; Chen, H.; Cheng, H.; Zhang, T.; et al. The CREB-Binding Protein Inhibitor ICG-001: A Promising Therapeutic Strategy in Sporadic Meningioma with NF2 Mutations. *Neurooncol. Adv.* 2020, *2*, vdz055. [Google Scholar] [CrossRef] [PubMed]
- [29] Gupta, V.; Samuelson, C.G.; Su, S.; Chen, T.C. Nelfinavir Potentiation of Imatinib Cytotoxicity in Meningioma Cells via Survivin Inhibition. *Neurosurg. Focus* 2007, *23*, E9. [Google Scholar] [CrossRef] [PubMed]
- [30] Haase, D.; Schmidl, S.; Ewald, C.; Kalff, R.; Huebner, C.; Firsching, R.; Keilhoff, G.; Evert, M.; Paulus, W.; Gutmann, D.H.; et al. Fatty Acid Synthase as a Novel Target for Meningioma Therapy. *Neuro Oncol.* 2010, *12*, 844–854. [Google Scholar] [CrossRef] [Green Version]
- [31] Jiang, C.; Song, T.; Li, J.; Ao, F.; Gong, X.; Lu, Y.; Zhang, C.; Chen, L.; Liu, Y.; He, H.; et al. RAS Promotes Proliferation and Resistances to Apoptosis in Meningioma. *Mol. Neurobiol.* 2017, *54*, 779–787. [Google Scholar] [CrossRef]
- [32] Kim, H.; Park, K.-J.; Ryu, B.-K.; Park, D.-H.; Kong, D.-S.; Chong, K.; Chae, Y.-S.; Chung, Y.-G.; Park, S.I.; Kang, S.-H. Forkhead Box M1 (FOXM1) Transcription Factor Is a Key Oncogenic Driver of Aggressive Human Meningioma Progression. *Neuropathol. Appl. Neurobiol.* 2020, *46*, 125–141. [Google Scholar] [CrossRef]
- [33] Matsuda, Y.; Kawamoto, K.; Kiya, K.; Kurisu, K.; Sugiyama, K.; Uozumi, T. Antitumor Effects of Antiprogestones on Human Meningioma Cells in Vitro and in Vivo. *J. Neurosurg.* 1994, *80*, 527–534. [Google Scholar] [CrossRef] [PubMed]
- [34] Ragel, B.T.; Jensen, R.L.; Gillespie, D.L.; Prescott, S.M.; Couldwell, W.T. Celecoxib Inhibits Meningioma Tumor Growth in a Mouse Xenograft Model. *Cancer* 2007, *109*, 588–597. [Google Scholar] [CrossRef] [PubMed]
- [35] Nigim, F.; Esaki, S.-I.; Hood, M.; Lelic, N.; James, M.F.; Ramesh, V.; Stemmer-Rachamimov, A.; Cahill, D.P.; Brastianos, P.K.; Rabkin, S.D.; et al. A New Patient-Derived Orthotopic Malignant Meningioma Model Treated with Oncolytic Herpes Simplex Virus. *Neuro Oncol.* 2016, *18*, 1278–1287. [Google Scholar] [CrossRef] [PubMed] [Green Version]
- [36] Baia, G.S.; Dinca, E.B.; Ozawa, T.; Kimura, E.T.; McDermott, M.W.; James, C.D.; VandenBerg, S.R.; Lal, A. An Orthotopic Skull Base Model of Malignant Meningioma. *Brain Pathol.* 2008, *18*, 172–179. [Google Scholar] [CrossRef]
- [37] Iwami, K.; Natsume, A.; Ohno, M.; Ikeda, H.; Mineno, J.; Nukaya, I.; Okamoto, S.; Fujiwara, H.; Yasukawa, M.; Shiku, H.; et al. Adoptive Transfer of Genetically Modified Wilms' Tumor 1-Specific T Cells in a Novel Malignant Skull Base Meningioma Model. *Neuro Oncol.* 2013, *15*, 747–758. [Google Scholar] [CrossRef] [Green Version]
- [38] McCutcheon, I.E.; Friend, K.E.; Gerdes, T.M.; Zhang, B.M.; Wildrick, D.M.; Fuller, G.N. Intracranial Injection of Human Meningioma

- Cells in Athymic Mice: An Orthotopic Model for Meningioma Growth. *J. Neurosurg.* 2000, **92**, 306–314. [Google Scholar] [CrossRef]
- [39] Kondraganti, S.; Gondi, C.S.; McCutcheon, I.; Dinh, D.H.; Gujrati, M.; Rao, J.S.; Olivero, W.C. RNAi-Mediated Downregulation of Urokinase Plasminogen Activator and Its Receptor in Human Meningioma Cells Inhibits Tumor Invasion and Growth. *Int. J. Oncol.* 2006, **28**, 1353–1360. [Google Scholar] [CrossRef][Green Version]
- [40] Ho, W.S.; Sizdahkhani, S.; Hao, S.; Song, H.; Seldomridge, A.; Tandle, A.; Maric, D.; Kramp, T.; Lu, R.; Heiss, J.D.; et al. LB-100, a Novel Protein Phosphatase 2A (PP2A) Inhibitor, Sensitizes Malignant Meningioma Cells to the Therapeutic Effects of Radiation. *Cancer Lett.* 2018, **415**, 217–226. [Google Scholar] [CrossRef]
- [41] Petermann, A.; Haase, D.; Wetzel, A.; Balavenkatraman, K.K.; Tenev, T.; Gührs, K.-H.; Friedrich, S.; Nakamura, M.; Mawrin, C.; Böhmer, F.-D. Loss of the Protein-Tyrosine Phosphatase DEP-1/PTPRJ Drives Meningioma Cell Motility. *Brain Pathol.* 2011, **21**, 405–418. [Google Scholar] [CrossRef]
- [42] Friedrich, S.; Schwabe, K.; Grote, M.; Krauss, J.K.; Nakamura, M. Effect of Systemic Celecoxib on Human Meningioma after Intracranial Transplantation into Nude Mice. *Acta Neurochir.* 2013, **155**, 173–182. [Google Scholar] [CrossRef] [PubMed]
- [43] Friedrich, S.; Schwabe, K.; Klein, R.; Krusche, C.A.; Krauss, J.K.; Nakamura, M. Comparative Morphological and Immunohistochemical Study of Human Meningioma after Intracranial Transplantation into Nude Mice. *J. Neurosci. Methods* 2012, **205**, 1–9. [Google Scholar] [CrossRef] [PubMed]
- [44] Wilisch-Neumann, A.; Kliese, N.; Pachow, D.; Schneider, T.; Warnke, J.-P.; Braunsdorf, W.E.; Böhmer, F.-D.; Hass, P.; Pasemann, D.; Helbing, C.; et al. The Integrin Inhibitor Cilengitide Affects Meningioma Cell Motility and Invasion. *Clin. Cancer Res.* 2013, **19**, 5402–5412. [Google Scholar] [CrossRef][Green Version]
- [45] Tuchen, M.; Wilisch-Neumann, A.; Daniel, E.A.; Baldauf, L.; Pachow, D.; Scholz, J.; Angenstein, F.; Stork, O.; Kirches, E.; Mawrin, C. Receptor Tyrosine Kinase Inhibition by Regorafenib/Sorafenib Inhibits Growth and Invasion of Meningioma Cells. *Eur. J. Cancer* 2017, **73**, 9–21. [Google Scholar] [CrossRef] [PubMed]
- [46] Pachow, D.; Andrae, N.; Kliese, N.; Angenstein, F.; Stork, O.; Wilisch-Neumann, A.; Kirches, E.; Mawrin, C. MTORC1 Inhibitors Suppress Meningioma Growth in Mouse Models. *Clin. Cancer Res.* 2013, **19**, 1180–1189. [Google Scholar] [CrossRef][Green Version]
- [47] Burns, S.S.; Akhmadetyeva, E.M.; Oblinger, J.L.; Bush, M.L.; Huang, J.; Senner, V.; Chen, C.-S.; Jacob, A.; Welling, D.B.; Chang, L.-S. Histone Deacetylase Inhibitor AR-42 Differentially Affects Cell-Cycle Transit in Meningeal and Meningioma Cells, Potently Inhibiting NF2-Deficient Meningioma Growth. *Cancer Res.* 2013, **73**, 792–803. [Google Scholar] [CrossRef][Green Version]
- [48] Chow, H.-Y.; Dong, B.; Duron, S.G.; Campbell, D.A.; Ong, C.C.; Hoeflich, K.P.; Chang, L.-S.; Welling, D.B.; Yang, Z.-J.; Chernoff, J. Group I Paks as Therapeutic Targets in NF2-Deficient Meningioma. *Oncotarget* 2015, **6**, 1981–1994. [Google Scholar] [CrossRef] [PubMed][Green Version]
- [49] Michelhaugh, S.K.; Guastella, A.R.; Varadarajan, K.; Klinger, N.V.; Parajuli, P.; Ahmad, A.; Sethi, S.; Aboukameel, A.; Kioussis, S.; Zitron, I.M.; et al. Development of Patient-Derived Xenograft Models from a Spontaneously Immortal Low-Grade Meningioma Cell Line, KCI-MENG1. *J. Transl. Med.* 2015, **13**, 227. [Google Scholar] [CrossRef] [PubMed][Green Version]
- [50] Nigim, F.; Kiyokawa, J.; Gurtner, A.; Kawamura, Y.; Hua, L.; Kasper, E.M.; Brastianos, P.K.; Cahill, D.P.; Rabkin, S.D.; Martuza, R.L.; et al. A Monoclonal Antibody Against B1 Integrin Inhibits Proliferation and Increases Survival in an Orthotopic Model of High-Grade Meningioma. *Target. Oncol.* 2019, **14**, 479–489. [Google Scholar] [CrossRef]
- [51] Karsy, M.; Hoang, N.; Barth, T.; Burt, L.; Dunson, W.; Gillespie, D.L.; Jensen, R.L. Combined Hydroxyurea and Verapamil in the Clinical Treatment of Refractory Meningioma: Human and Orthotopic Xenograft Studies. *World*

- Neurosurg.* 2016, 86, 210–219. [Google Scholar]
[CrossRef]
- [52] La Cava, F.; Fringuello Mingo, A.; Irrera, P.; Di Vito, A.; Cordaro, A.; Brioschi, C.; Colombo Serra, S.; Cabella, C.; Terreno, E.; Miragoli, L. Orthotopic Induction of CH157MN Convexity and Skull Base Meningiomas into Nude Mice Using Stereotactic Surgery and MRI Characterization. *Animal Model. Exp. Med.* 2019, 2, 58–63. [Google Scholar] [CrossRef] [Green Version]
- [53] Giles, A.J.; Hao, S.; Padgett, M.; Song, H.; Zhang, W.; Lynes, J.; Sanchez, V.; Liu, Y.; Jung, J.; Cao, X.; et al. Efficient ADCC Killing of Meningioma by Avelumab and a High-Affinity Natural Killer Cell Line, HaNK. *JCI Insight* 2019, 4, e130688. [Google Scholar] [CrossRef] [Green Ver