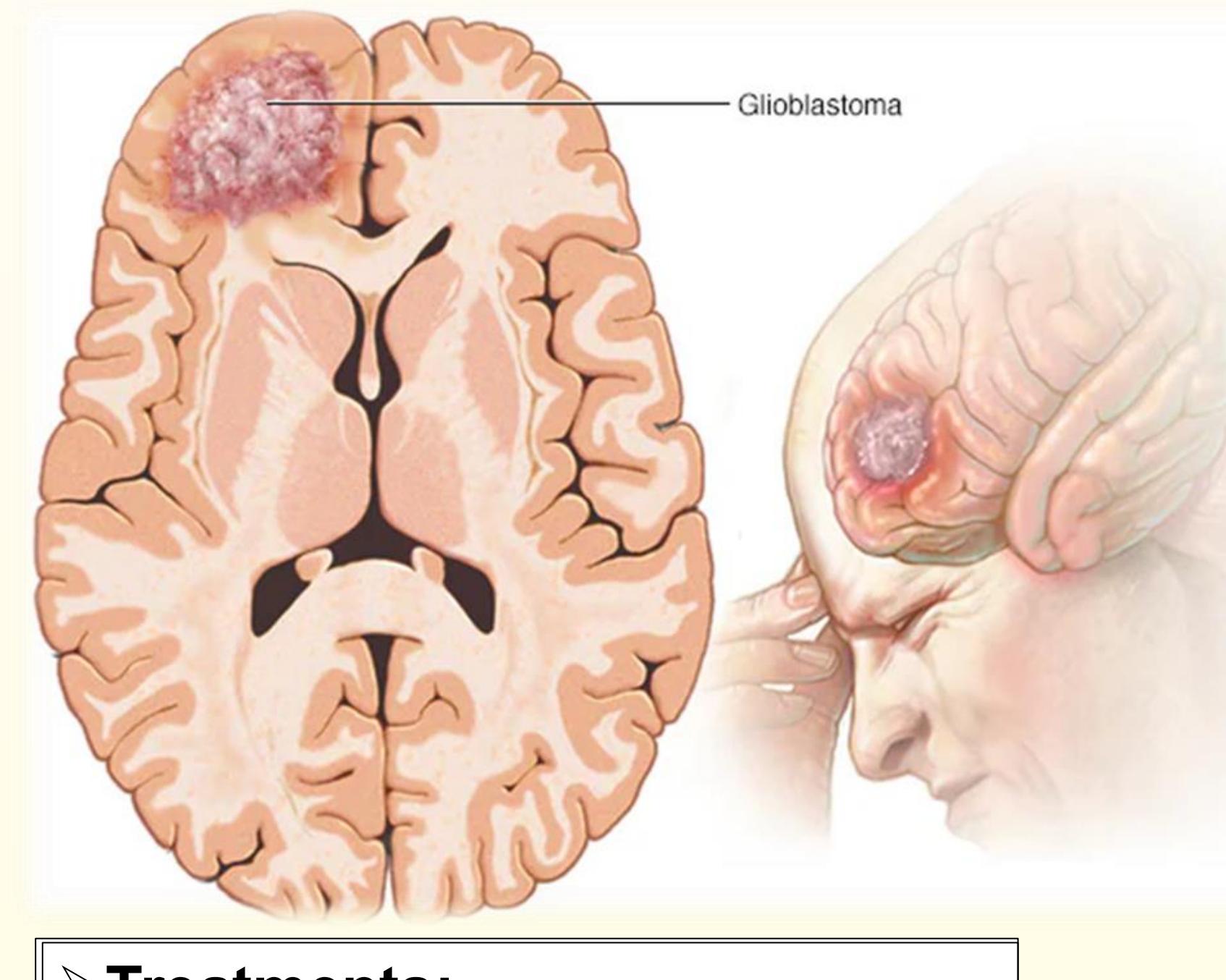
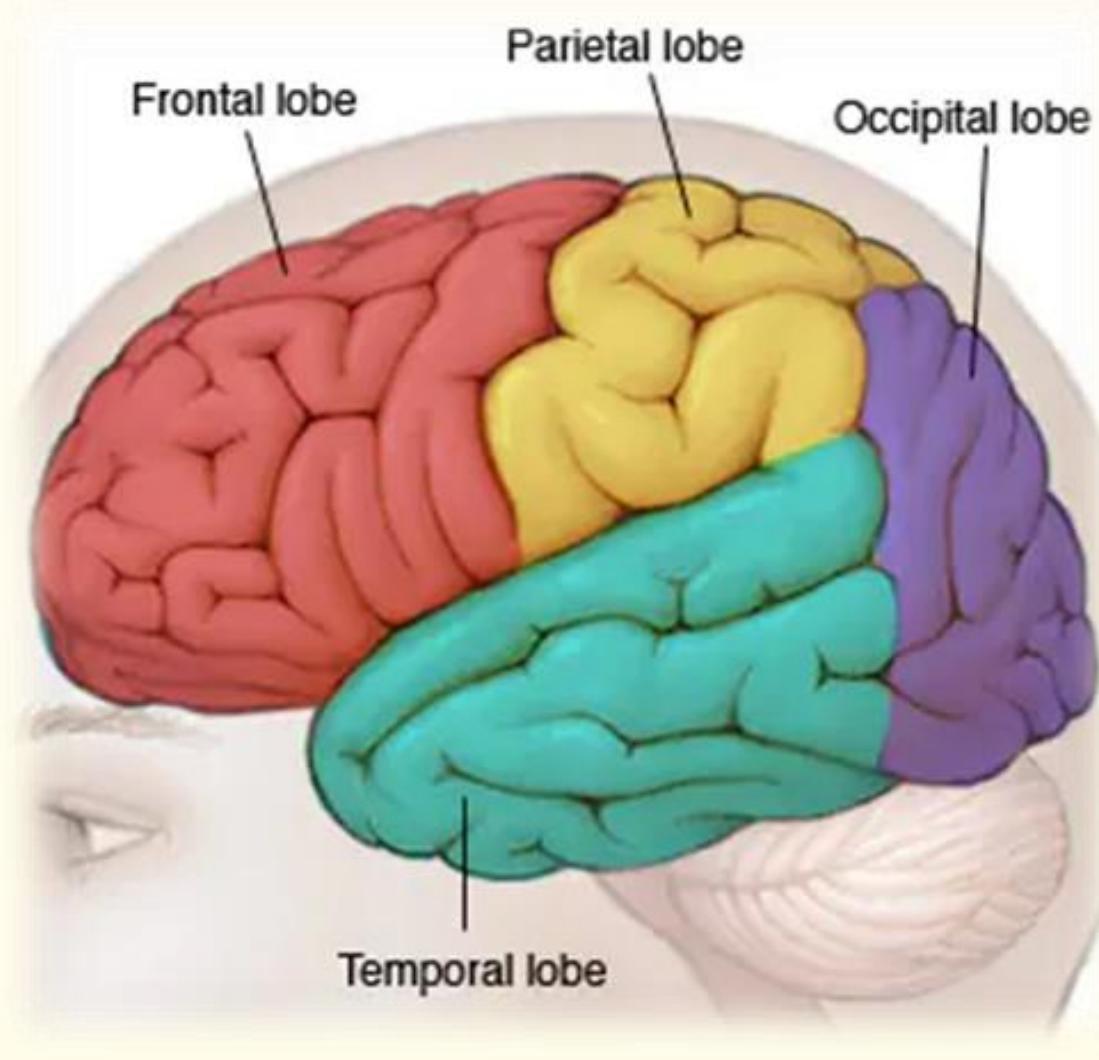


Abstract

Glioblastoma (GBM) is the most aggressive primary brain tumor, characterized by rapid proliferation, diffuse infiltration, and resistance to conventional therapies, resulting in poor patient prognosis (Figure 1). Preclinical evaluation of GBM relies heavily on rodent xenograft models; however, these systems are costly, labor-intensive, and often limit high-throughput applications. To address these challenges, we developed a zebrafish xenograft platform as a complementary *in vivo* model for studying glioblastoma biology. Human glioblastoma cell lines U87 (GFP-labeled) and U251 (mCherry-labeled) were transplanted into zebrafish embryos, enabling real-time visualization of tumor dynamics, including proliferation, migration, and angiogenic interactions within a transparent host environment. This approach further provides a rapid and scalable system for testing therapeutic compounds and assessing tumor responses. By leveraging the advantages of zebrafish—optical accessibility, genetic tractability, and cost-effectiveness—this study establishes a versatile preclinical model that bridges the gap between *in vitro* assays and mammalian systems, with potential to accelerate glioblastoma research and drug discovery.

Introduction/Background



Symptoms:

- ✓ Seizures
- ✓ Severe headaches
- ✓ Memory and language problems
- ✓ Changes in personality and behavior
- ✓ Muscle weakness or paralysis
- ✓ Loss of sensation or numbness and tingling
- ✓ Fatigue
- ✓ Issues with coordination
- ✓ Speech, hearing, and vision problems

Treatments:

- ✓ Surgery
- ✓ Radiation Therapy
- ✓ Chemotherapy
- ✓ Clinical Trials
- ✓ Tumor Treating Fields (TT Fields)
- ✓ Targeted Therapies

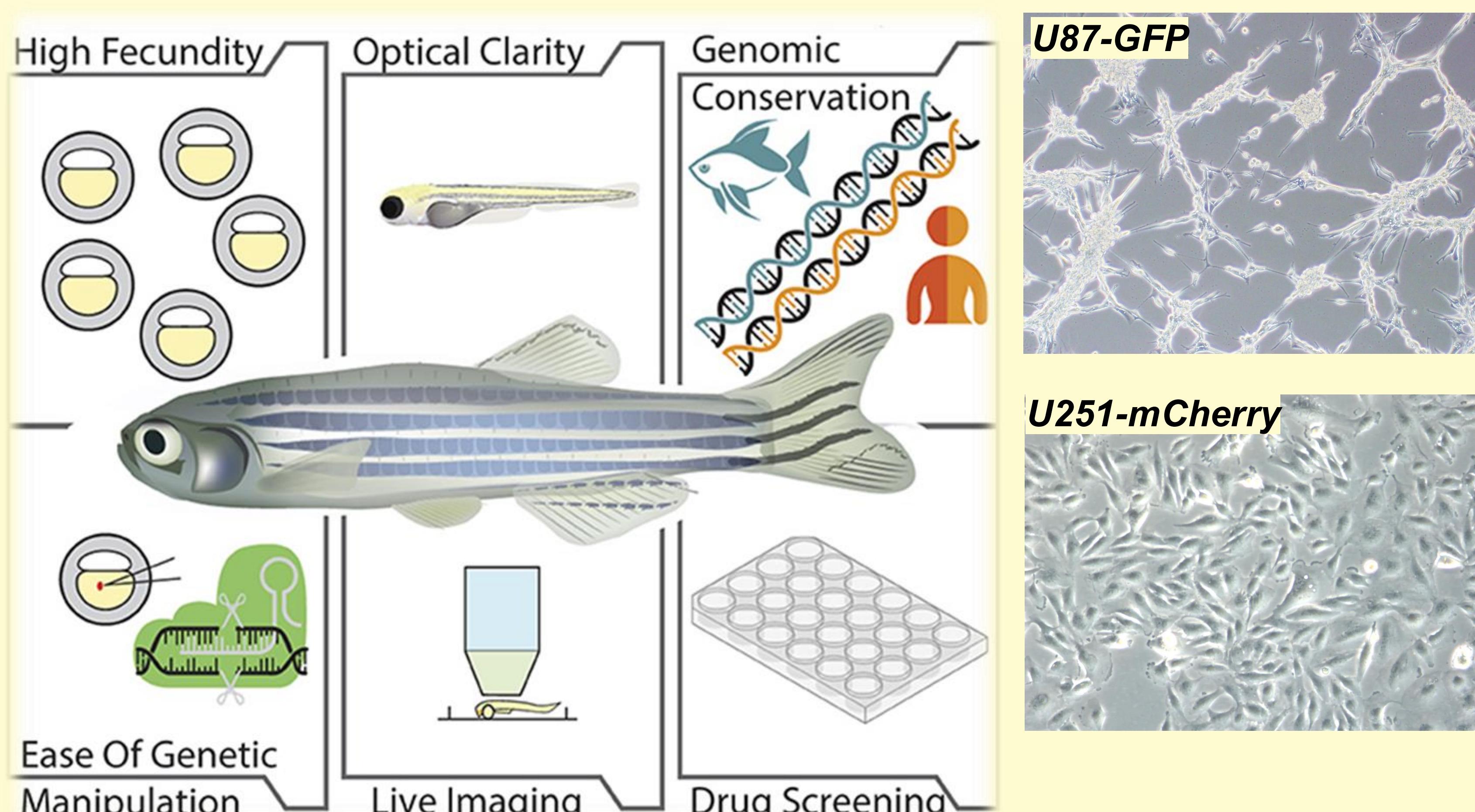
Prognosis: 5-year Relative Survival Rate

- ✓ Children (ages 0-14): 19.5%
- ✓ Adolescents & Young Adults (ages 15-39): 27.3%
- ✓ Adults (ages 40+): 5.6%

Objectives/Aim

- To establish a zebrafish glioblastoma xenograft model to understand GBM pathogenesis and treatment options

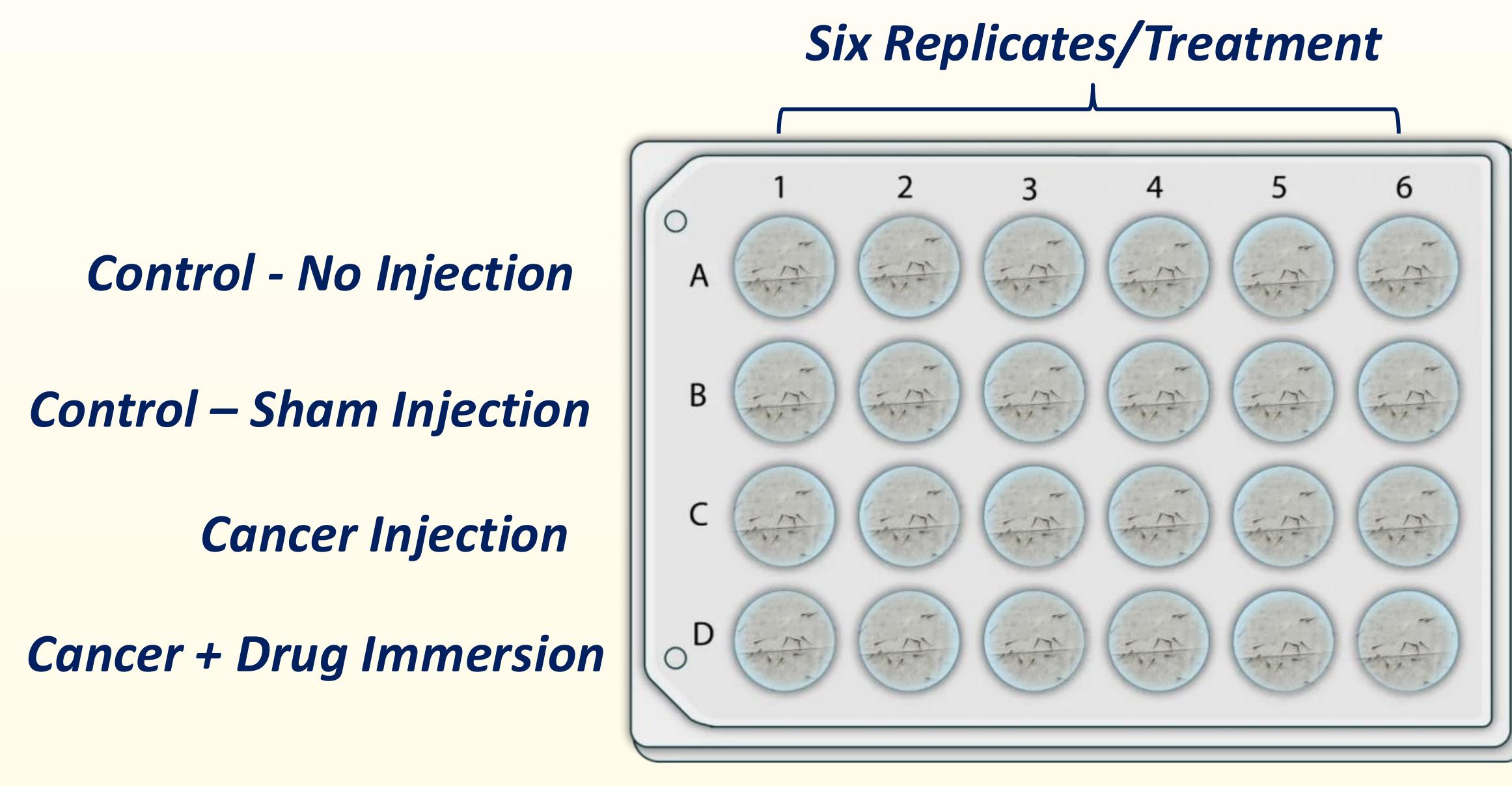
Methodology



Experimental Design

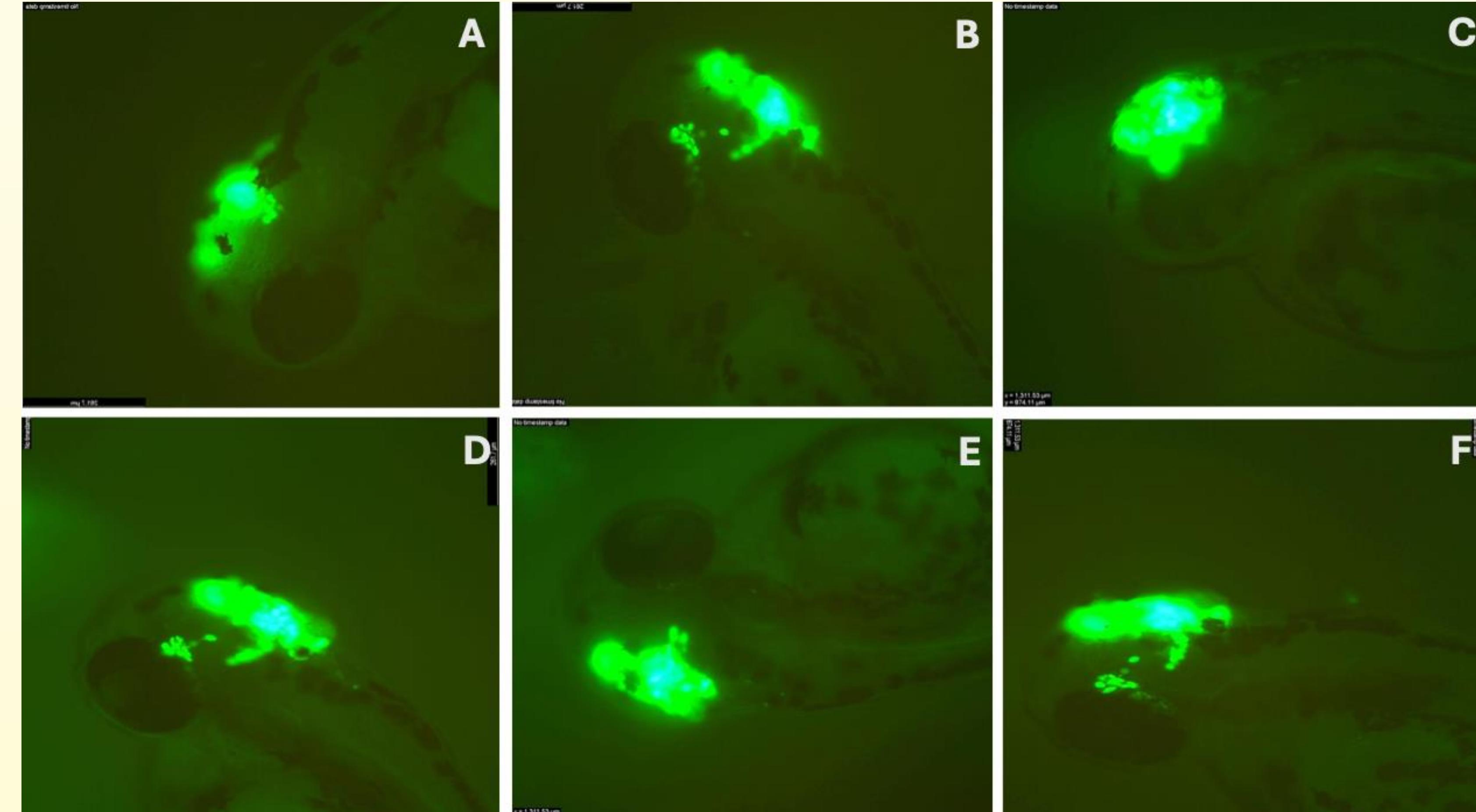
Chemotherapeutic Drugs to Test

Drug	Mechanism	Proposed Dosage Range	Administration Method	Rationale and Notes
Temozolamide	DNA alkylating agent	10–100 μ M	Immersion in E3 medium (0.1% DMSO) Intraperitoneal Injection	Standard GBM chemotherapy
AVASTIN (bevacizumab) For Intravenous Use	Anti-VEGF monoclonal antibody	0.1–1 μ g/mL	Immersion/ Intraperitoneal Injection	Large molecule; lower doses due to limited penetration
Carmustine for Injection, USP	Alkylating agent	5–50 μ M	Immersion/ Intraperitoneal Injection	Crosses blood-brain barrier.

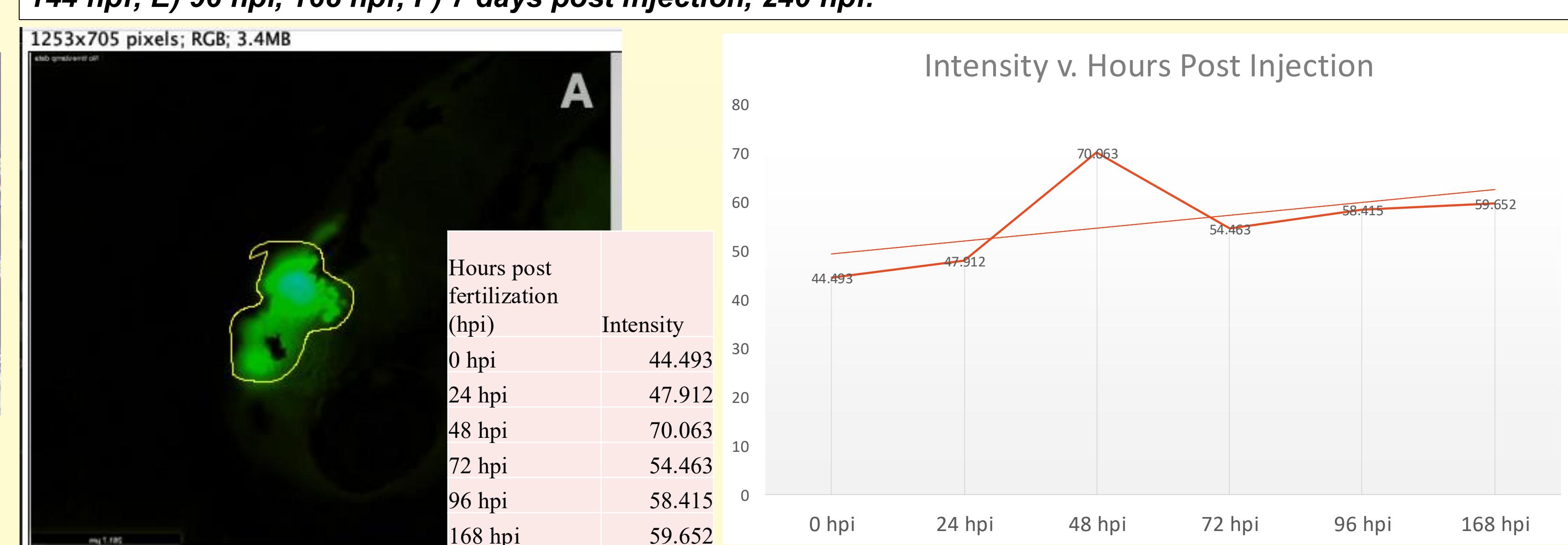


Results

Injection Example



Fluorescence images of zebrafish xenografts injected with glioblastoma cells at 3 days post fertilization. A) 0 hours post injection (hpi), 72 hours post fertilization (hpf); B) 24 hpi, 96 hpf; C) 48 hpi, 120 hpf; D) 72 hpi, 144 hpf; E) 96 hpi, 168 hpf; F) 7 days post injection, 240 hpf.



Conclusion and Future Studies

Despite low survivability (<10 zebrafish reaching 7 days), the model consistently demonstrated *in vivo* glioblastoma growth, confirming its feasibility. Optimization of environmental and procedural factors is needed to improve survival. Future studies will test temozolamide, carmustine, and bevacizumab to reduce tumor burden and enhance survivability, refining this model as a reliable, high-throughput platform for preclinical glioblastoma drug testing.

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