

Short communication

Experimental basis for increasing the therapeutic index of carboplatin in brain tumor therapy by pretreatment with WR compounds*

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Summary. We tested an experimental strategy to decrease the dose-limiting hematotoxicity of carboplatin without compromising its activity against brain tumors. The effect of pretreatment with WR-1065, a chemomodifier that penetrates brain poorly, on carboplatin's cytotoxicity was evaluated in human hematopoietic granulocyte-monocyte progenitor cells and in three human glioblastoma cell lines. WR-1065 reduced bone marrow toxicity without decreasing carboplatin's activity against glioblastoma cells. These results suggest that the therapeutic index of carboplatin might be increased in the treatment of malignant brain tumors.

Introduction

Cisplatin and carboplatin have comparable activity against brain tumor cells in vitro [4]. Carboplatin penetrates brain better [10] and has lower neuro- and nephrotoxicities, but has a dose-limiting hematological toxicity. Decreasing bone-marrow toxicity without altering antitumor activity might increase the therapeutic index of carboplatin for the treatment of malignant brain tumors. To evaluate this possibility, we studied the effect of 2-(aminopropyl)-amino-ethanethiol (WR-1065) [11], the active metabolite of WR-2721, a chemomodifier that protects normal tissues from cisplatin's toxicity [6], on carboplatin's toxicity to normal human bone marrow cells and three human

glioma cell lines. These in vitro carboplatin concentrations were chosen because they achieve a clinically relevant exposure [4].

Materials and methods

Drugs. WR-1065 was provided by the Drug Synthesis and Chemistry Branch of the National Cancer Institute (Bethesda, Md.). Carboplatin was provided by Bristol-Myers (Syracuse, NY). Cells were cultured in complete medium consisting of Eagle's minimum essential medium (MEM) with 10% fetal calf serum (FCS) and gentamicin. In general, cells were exposed for 30 min to MEM or WR-1065 (2.6 mM) [11], rinsed twice, treated for 2 h with MEM or carboplatin (24–270 μ M), rinsed twice, incubated at 37°C in 5% CO₂ and 95% humidified air, and assayed for growth changes.

Human bone marrow cells. Bone marrow samples were collected with preservative-free heparin (Sigma, St. Louis, Mo.) from 3 subjects without hematologic disease who gave informed consent to participate in the study. Mononuclear cells were collected by Ficoll-Hypaque centrifugation, suspended in complete medium, and incubated overnight. Nonadherent cells were collected, resuspended in MEM, treated as described above, and plated in MEM with 0.1% gentamicin, 20% FCS, 20% phytohemagglutinin A-stimulated, leukocyte-conditioned medium (Terry Fox Laboratories, Vancouver, BC) [5] and 0.3% agarose type VII (Sigma) on pregelled agarose layers in 4-well plates (Nunc, Roskilde, Denmark). Plates were incubated for 10–12 days; granulocyte-monocyte colonies (CFU-GM) containing at least 40 cells were counted with an inverted microscope. Experiments were done in quadruplicate.

Human glioblastoma cells. Cell lines U251-MG and U87-MG (Jan Ponten, Uppsala, Sweden) [1] and SF-126 [7] were studied. Exponentially growing cells (1000/well) suspended in complete medium were placed in flat-bottom, 96-well plates (Falcon, Lincoln Park, NJ), incubated for 24 h, treated with WR-1065 or MEM and then with carboplatin as described above, and refed with complete medium. After 6–9 days (equal to 6–7 cell doublings), 125 μ g 3-(4,5 dimethylthiazol-2-yl)-2,5 diphenyltetrazolium bromide (MTT) in 25 μ l of Hank's balanced salt solution was added to each well [2]. The resulting formazan crystals were dissolved in mineral oil. Absorbance was measured at 540 nm (Titertek Multiskan, Flow Lab., Inc., McLean, Va.). Previous experiments under similar conditions in our laboratory established a linear relationship between cell number and the absorbance obtained after subtraction of the background absorbance in wells containing medium alone. The fractional absorbance was calculated as the mean of the test sample divided by the mean of the untreated samples from six replicate wells. The

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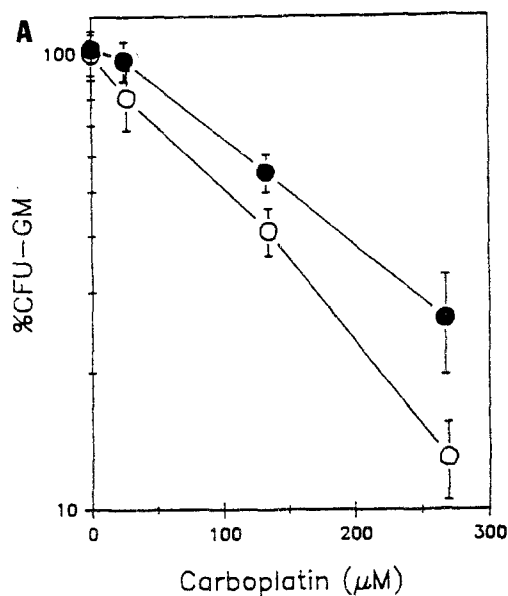
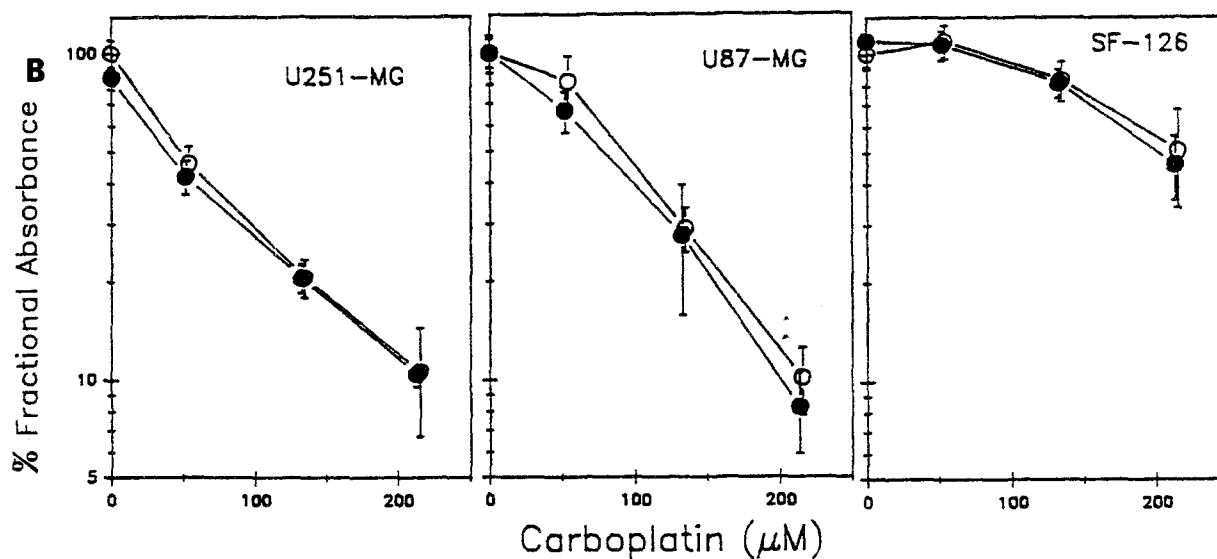


Fig. 1 A, B. Effect of WR-1065 on carboplatin's toxicity A against normal human bone marrow cells and B against three human-derived glioma cell lines: (○) carboplatin alone; ●, after pretreatment with WR-1065 at 2.6 mM. One representative experiment on bone marrow cells and on each glioblastoma cell line is shown.



experiment was performed three times with cell lines U-87 and SF-126 and twice with cell line U251-MG.

Data analysis. The influence of WR-1065 on the fractional CFU-GM and on the fractional absorbance of glioma cells in response to various doses of carboplatin was determined using the linear model procedure in SAS [8]. Separate regression lines were fitted to describe the response to various doses of carboplatin with and without WR-1065, and the slopes and intercepts were compared to determine if the differences were statistically significant.

Results

WR-1065 alone did not alter the growth of CFU-GM (Fig. 1A). Cell kill from carboplatin followed first-order kinetics in the three samples (7.4%, 13.5%, and 27.5% survival at 270 μM). Carboplatin's toxicity to myeloid progenitor cells, however, was significantly decreased by pretreatment with 2.6 mM WR-1065 ($P < 0.02$). The dose-protection ratio from WR-1065 in cells treated with 270 μM carboplatin was 1.2 in one experiment, and 1.5 in the two

others. WR-1065 (2.6 mM) alone did not influence the spontaneous growth of the three glioma cell lines, nor did it have a protective effect (Fig. 1B).

Discussion

WR-1065 reduced the in vitro cytotoxic effect of carboplatin against human hematopoietic stem cells without reducing the sensitivity of three human glioma cell lines. In laboratory [3] and clinical [6] studies WR compounds have protected bone marrow cells against cytotoxic drugs. On cancer cells, however, WR compounds had a protective effect in some studies [11] and in other studies a sensitizing effect [3] not explained by a modification of the drug-DNA interaction. These conflicting results could be due to two potentially opposite actions of the WR compounds: direct protection of DNA [3], and reduction of intracellular reduced glutathione, which could decrease intracellular resistance to platinum compounds and thereby increase their cytotoxicity [9]. The selective protection of normal tissues

by WR compounds in vivo is probably due to a higher achievable concentration of WR compounds in normal cells than in hypoxic and more acidic cancer tissues [13]. Animal studies have shown very low concentrations of WR-1065 in brain after treatment with WR-2721 [12]. Because the blood-brain barrier is usually intact in the zone surrounding the tumor, where most recurrences occur, it is unlikely that WR-1065 would reach this zone and protect infiltrating tumor cells from the cytotoxic effect of chemotherapy. However, the blood-brain barrier is frequently altered in the center of malignant brain tumors, so it is important to determine that WR compounds do not protect tumor cells exposed to the agent in unresected permeable regions.

We conclude that WR-1065 decreases the bone marrow toxicity of carboplatin in vitro without decreasing its anti-tumor activity against glioma cells. The reduced hematotoxicity should allow a higher dose of carboplatin and a consequent increase in tumor cell kill [4]. These results provide an experimental basis for further in vivo and clinical studies of carboplatin and WR-2721 for the treatment of malignant brain tumors.

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