

21. Westermark B. The deficient density dependent growth control of human malignant glioma cells and virus transformed glia-like cells in culture. *Int J Cancer* 1973, **12**, 438–451.
22. Carlsson J, Yuhas JM. Liquid overlay culture of cellular spheroids. In: Acker H, Carlsson J, Durand RE, Sutherland RM eds. *Spheroids in Cancer Research: Methods and Perspectives*. Berlin, Springer 1984, 1–23.
23. Blackwell GJ, Flower RJ. Inhibition of phospholipase. *Br Med Bull* 1983, **39**, 260–264.
24. Burk D, Woods M. Hydrogen peroxide, catalase, glutathione peroxidase, quinons, nordihydroguaiaretic acid, and phosphopyridine nucleotides in relation to X-ray action on cancer cells. *Radiation Res Suppl* 1963, **3**, 212–246.
25. Carlsson J, Nilsson K, Westermark B, Pontén J, Sundström C, Larsson E, Bergh J, Pålmann S, Busch L, Collins VP. Formation and growth of multicellular spheroids of human origin. *Int J Cancer* 1983, **31**, 523–533.
26. Carlsson J. A proliferation gradient in three dimensional colonies of cultured human glioma cells. *Int J Cancer* 1977, **20**, 129–136.
27. Hatam A, Yu Z-Y, Bergström M, Berggren B-M, Greitz T. Effect of dexamethasone treatment on peritumoral brain edema: evaluation by computed tomography. *J Comput Assist Tomogr* 1982, **6**, 586–592.
28. Hatam A, Bergström M, Yu Z-Y, Granholm L, Berggren B-M. Effect of dexamethasone treatment on volume and contrast enhancement of intracranial neoplasms. *J Comput Assist Tomogr* 1983, **7**, 295–300.
29. Millar BC, Jinks S. Studies on the relationship between the radiation resistance and glutathione content of human and rodent cells after treatment with dexamethasone *in vitro*. *Int J Radiation Biol* 1985, **47**, 539–552.
30. Rengachary SS, Tilzer LL. A study of dexamethasone receptor protein in human gliomas. *J Surg Research* 1981, **31**, 447–455.
31. Hirata F, Toyoshima S, Axelrod J, Waxdal J. Phospholipid methylation: a biochemical signal modulating lymphocyte mitogenesis. *Proc Natl Acad Sci USA* 1980, **77**, 862.
32. Paratheofanis FJ, Lands WEM. Lipoxygenase mechanisms. In: Lands WEM ed. *Biochemistry of Arachidonic Acid Metabolism*. Boston, Martinus Nijhoff, 1985, 9–39.

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# Steroid Receptors in Human Osteoblast-like Cells

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The presence and functions of steroid receptors were evaluated in three human osteosarcoma cell lines (OS1 = SA OS; OS2 = HOS TE 85, and OS3 = MNNG HOS TE 85). The human breast cancer cell line MCF-7 was used as internal control for oestrogen receptors (E<sub>2</sub>R). High and low affinity sites were characterised. The high affinity sites had a similar dissociation constant in all four cell lines. In contrast, the number of sites per cell was higher in MCF-7 cells. E<sub>2</sub> did not significantly modify the number of progesterone receptors (PgR) per cell in any of the osteosarcoma lines. As expected, E<sub>2</sub> increased the number of PgR sites per MCF-7 cell. 4-hydroxytamoxifen decreased the growth of MCF-7 cells only. OS1 and OS2 were sensitive only to the highest concentration tested, which produces only non-specific cytotoxic effects. Thus E<sub>2</sub>R and PgR were found in osteoblast-like cells, but the function of E<sub>2</sub>R in such cells remains unknown.

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## INTRODUCTION

ALTHOUGH BOTH estradiol (E<sub>2</sub>) and progesterone (Pg) are involved in the regulation of bone metabolism [1], bone cells were generally not thought to contain steroid receptors [2, 3]. In 1988, Kaplan *et al.* [4] described E<sub>2</sub> receptors (E<sub>2</sub>R) in

bone from a patient with McCune–Albright syndrome. More convincing evidence was provided by Eriksen *et al.* [5], who reported osteoblast-like cells displaying steroid-specific, saturable, and temperature-dependent nuclear binding. In breast cancer, E<sub>2</sub>R and PgR assays predict response to endocrine treatment [6] in addition to having a prognostic value [7]. Our study was designed to evaluate the presence of E<sub>2</sub>R and PgR in human osteosarcoma cell lines, and to study the functions of such receptors. We used three cell lines derived from human osteosarcomas. The human breast cancer cell line, MCF-7, known to be E<sub>2</sub>R and PgR positive, was used as internal control.

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## MATERIAL AND METHODS

### Chemicals

The antioestrogen 4-hydroxytamoxifen (4-OHT) was from ICI.  $17\beta\text{E}_2$  was from Sigma and  $[2,4,6,7\text{-}^3\text{H}]17\beta\text{E}_2$  (specific activity  $315\text{--}407 \times 10^{10}$  Bq/mmol), the synthetic steroid Organon 2058 and  $[^3\text{H}]$ Organon 2058 ( $148\text{--}222 \times 10^{10}$  Bq/mmol) were from Amersham. Dihydrotestosterone and cortisol were from Sigma.  $[^3\text{H}]$ thymidine ( $185 \times 10^{10}$  Bq/mmol) was from the C.E.A. (Saclay, France). Bisbenzimidazole was from Sigma.

### Cell cultures

The three human osteosarcoma cell lines (OS1, OS2, OS3) were obtained from the A.T.C.C. (Rockville): OS1 = SAOS, a human osteogenic sarcoma (ATCC HBT 85); OS2 = HOS TE 85, a human osteogenic sarcoma (ATCC CRL 1543); and OS3 = MNNG HOS TE 85, clone F 5 (ATCC CRL 1547). MCF-7 was provided by Prof. H. Rochefort (INSERM U 148, Montpellier). OS1, OS2, and OS3 were grown in Dulbecco's modified Eagle's medium (Gibco) containing 10% fetal bovine serum (FBS) and 5 mmol/l glutamine and supplemented with 50 000  $\mu\text{g/l}$  streptomycin and 50 000 IU/l penicillin (Flow). For MCF-7, the medium was supplemented with 0.1  $\mu\text{mol/l}$  insulin and 0.85  $\mu\text{mol/l}$  transferrin (Sigma). FBS was reduced to 5% for experiments testing the effects of  $\text{E}_2$ . The concentration of  $\text{E}_2$  in FBS was lower than  $7.1 \times 10^{-11}$  mmol/l; the Pg concentration was  $4.1 \times 10^{-10}$  mmol/l (measured by radioimmunoassay).

The following 4-OHT concentrations were tested:  $10^{-8}$ ,  $10^{-7}$ ,  $3 \times 10^{-7}$ ,  $10^{-6}$ ,  $3 \times 10^{-6}$ , and  $10^{-5}$  mol/l. The culture medium was changed daily during the 7 days of exposure. Depending on the cell line, 10 000–15 000 cells were initially plated per well.

### Evaluation of cell growth

Cell growth was assessed by measuring  $[^3\text{H}]$ thymidine incorporation into DNA. Cells were washed once at  $37^\circ\text{C}$  with Eagle's 199 (E199) medium (Gibco), 500  $\mu\text{l}$  per well. 250  $\mu\text{l}$  E199 containing 10% FBS were distributed in each well, followed by 50  $\mu\text{l}$   $[^3\text{H}]$ thymidine ( $5.6 \times 10^{-15}$  Bq/ml). Cells were incubated for 16 h at  $37^\circ\text{C}$  in 5%  $\text{CO}_2$ . The reaction was stopped by transferring the plates onto a tray covered with ice; three rinses of 250  $\mu\text{l}$  per well were done with phosphate buffered saline (PBS) at  $4^\circ\text{C}$ . Cells were disrupted with 250  $\mu\text{l}$  10% trichloroacetic acid (30 min,  $4^\circ\text{C}$ ). The supernatant was withdrawn and DNA was resolubilized in 1 mol/l NaOH (300  $\mu\text{l}$  per well) for 15 min at  $37^\circ\text{C}$ . Radioactivity was measured by  $\beta$  counting. Final results were expressed as the percentage of  $[^3\text{H}]$ thymidine incorporation compared with controls.

### Steroid receptor assays

The assay procedure was derived from the method of Sutherland *et al.* [8]. At 90% confluence, cells grown in 24-well plates were rinsed three times with 500  $\mu\text{l}$  RPMI 1640 (Gibco) containing 0.1% bovine serum albumin (BSA) (Sigma) at  $37^\circ\text{C}$ . After rinsing, 150  $\mu\text{l}$  medium plus 50  $\mu\text{l}$  ligand solution in the same vehicle were added. The final concentrations of  $[^3\text{H}]\text{E}_2$  and  $[^3\text{H}]$ Organon 2058 were: 0.03, 0.04, 0.06, 0.1, 0.2, 0.4, 0.6, 1, 3, 8, and 15 nmol/l. To measure non-specific binding, an excess of unlabelled ligand (1500 nmol/l) was added to the highest concentration of labelled ligand. Dihydrotestosterone (200 times more concentrated than labelled  $\text{E}_2$ ) was added for assay of  $\text{E}_2\text{R}$ ; cortisol (200 times more concentrated than labelled Organon 2058) was added for measurement of PgR. Cells were incubated for 1.5 h at  $37^\circ\text{C}$  in 5%  $\text{CO}_2$ . Plates were placed on a tray with ice to stop the reaction and the supernatant was removed from each well. Cells were washed three times with

PBS containing 5% BSA ( $4^\circ\text{C}$ , 250  $\mu\text{l}$  per well). The total amount of time required for rinsing was less than 20 min. After removal of the supernatant, cells were solubilized with 1 mol/l NaOH at  $37^\circ\text{C}$  (300  $\mu\text{l}$  per well for 15 min). The radioactivity of each well was measured by  $\beta$  counting. Results were expressed in fmol per well. Scatchard analysis [9] was used to assess the number of receptor sites per cell and the dissociation constant ( $K_d$ ). Each point of every Scatchard plot was obtained in

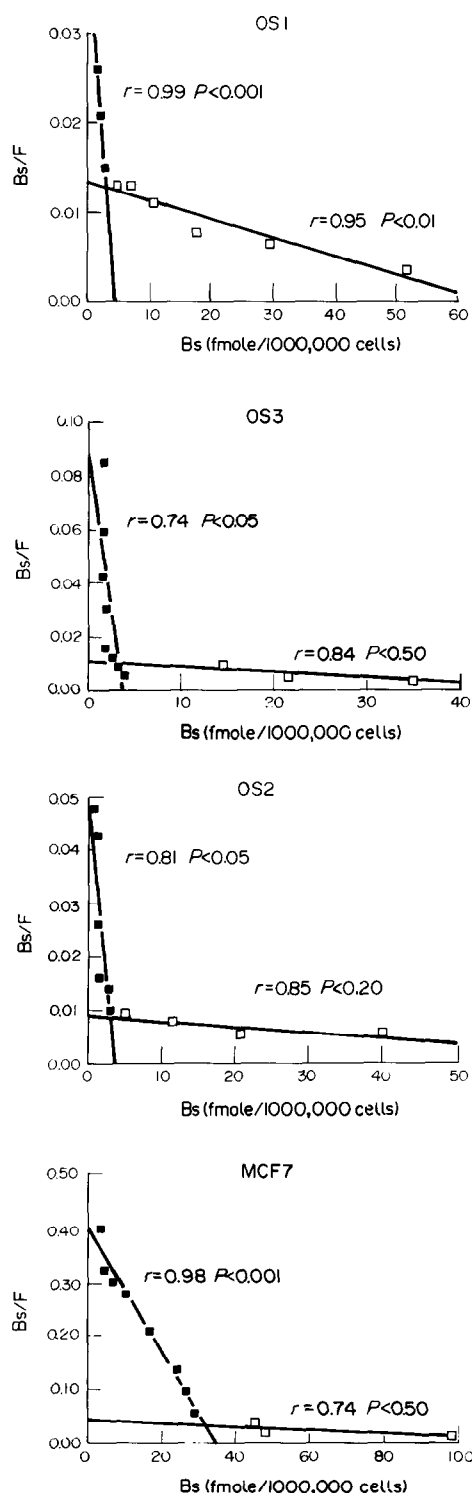


Fig. 1. Scatchard analysis of  $\text{E}_2$  binding in human osteosarcoma cell lines and in MCF-7 cells. Solid squares = high affinity sites; open squares = low affinity sites;  $r$  = linear coefficient of correlation.

quadruplicate or sextuplicate; the coefficient of variation was less than 10%. Cells were counted in three wells run in parallel, resuspended in 200  $\mu$ l PBS at room temperature, and counted with a haemocytometer. The validity of the Scatchard plot was checked by linear regression.

### RESULTS

Figures 1 and 2 show the Scatchard plots used to measure  $E_2$ R and PgR in OS1, OS2, OS3, and MCF-7. Two categories

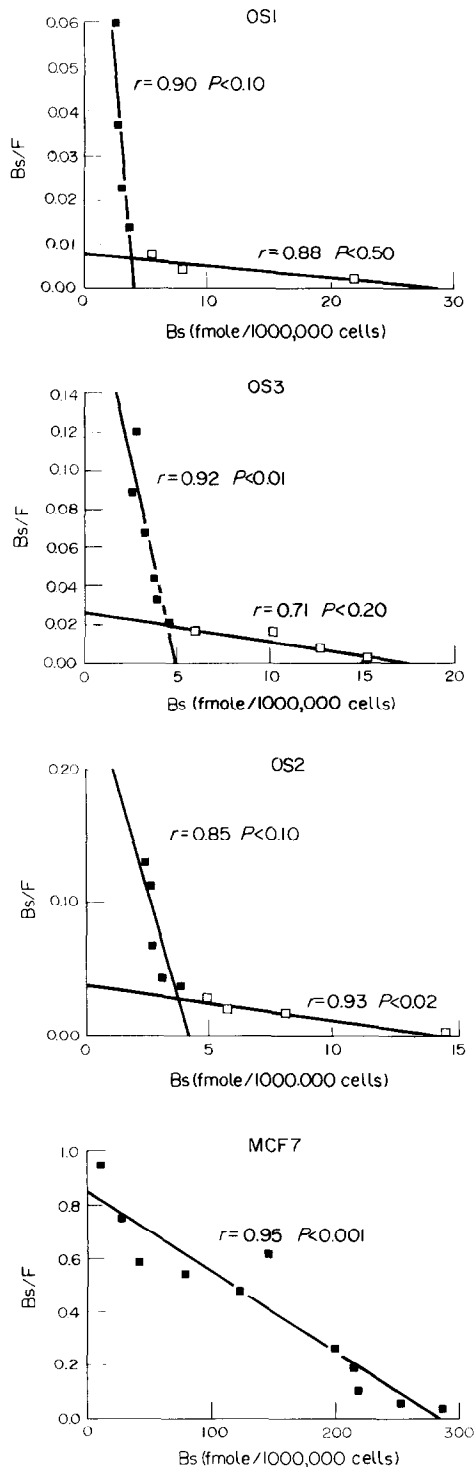


Fig. 2. Scatchard analysis of Pg binding in human osteosarcoma cell lines and in MCF-7 cells. Solid squares = high affinity sites; open squares = low affinity sites;  $r$  = linear coefficient of correlation.

Table 1.  $E_2$ R characteristics

Cell line	High affinity site		Low affinity site	
	$K_d$ (nmol/l)	Sites per cell	$K_d$ (nmol/l)	Sites per cell
OS 1	0.111 (0.006)	2600 (100)	4.7 (0.3)	38 500 (6300)
OS 2	0.140 (0.051)	2200 (500)	17.7 (7.6)	48 600 (6200)
OS 3	0.073 (0.027)	2200 (500)	8.7 (5.6)	31 600 (9800)
MCF-7	0.152 (0.012)	21 000 (800)	5.5 (4.9)	80 800 (37 000)

Mean (S.E.).

of sites were identified for both receptors in all three osteosarcoma cell lines: one with high affinity and one with low affinity. Analysis of high affinity binding sites revealed similar  $K_d$  values for  $E_2$ R, about 0.1 nmol/l for all cell lines (Table 1). For PgR the  $K_d$  values for osteosarcoma were close (0.03 nmol/l) and that for MCF-7 was 0.39 nmol/l (Table 2). The number of high affinity binding sites per cell in MCF-7 was 10 and 70 times higher for  $E_2$ R and PgR, respectively, compared with the osteosarcoma cells. These experiments were repeated and gave similar results.

Table 3 shows the effects of various  $E_2$  concentrations (7 days' incubation) on PgR induction. No changes were noted in the number of PgR sites per cell in any of the osteosarcoma cell lines. In contrast,  $E_2$  increased the number of PgR sites per MCF-7 cell: 230% rise between the control and the culture exposed to  $10^{-7}$  mol/l  $E_2$ .

Figure 3 shows the dose-response curves of the four cell lines after exposure to 4OHT. Over the concentration range tested, 4-OHT progressively reduced MCF-7 cell growth only. OS1 and OS2 were sensitive to only the highest concentration of 4-OHT ( $10^{-5}$  mol/l).

### DISCUSSION

After reports of  $E_2$ R in human osteoblast-like cells [5, 10], we studied osteoblast-like cells derived from human osteosarcomas and assessed the function of  $E_2$ R by pharmacological investigations. We looked at total cellular receptor binding rather than just nuclear binding. Most  $E_2$ R is localized in the nuclear compartment [11, 12]. However, as stressed by Jensen [13], this does not rule out the possibility that this nuclear oestrophilin may constitute a pool in equilibrium with extranuclear receptors. This view concurs with the model proposed by Martin and Sheridan [14]. We identified  $E_2$ R in all of the osteosarcoma cell lines studied. Interestingly, the  $K_d$  values in these cell lines were similar to that of cell line MCF-7, which suggests the presence of similar receptor sites in breast cancer derived cells and these osteoblast-like cells. The receptor sites had a higher affinity ( $K_d$  about 0.1 nmol/l) than that reported by others ( $K_d$  about

Table 2. PgR characteristics

Cell line	High affinity site		Low affinity site	
	$K_d$ (nmol/l)	Sites per cell	$K_d$ (nmol/l)	Sites per cell
OS 1	0.033 (0.011)	2400 (600)	3.6 (1.9)	17 200 (4400)
OS 2	0.032 (0.011)	2500 (600)	0.8 (0.2)	8800 (1300)
OS 3	0.039 (0.008)	2900 (400)	1.1 (0.6)	10 300 (3900)
MCF-7	0.391 (0.043)	171 600 (11 700)	—	—

Mean (S.E.)

Table 3. Effect of E<sub>2</sub> on progesterone receptors

Cell line	Control	E <sub>2</sub> (mol/l)		
		10 <sup>-9</sup>	10 <sup>-8</sup>	10 <sup>-7</sup>
OS1				
K <sub>d</sub> (nM)	0.033	0.025	0.055	0.031
N	2400	2600	3300	2800
OS2				
K <sub>d</sub> (nM)	0.032	0.046	0.031	0.033
N	2500	3300	1800	1700
OS3				
K <sub>d</sub> (nM)	0.039	0.017	0.037	0.038
N	3000	2700	2700	3200
MCF-7				
K <sub>d</sub> (nM)	0.391	0.420	0.347	0.355
N	172 000	355 000	226 000	568 000

N = number of sites per cell.

1 nmol/l [10]. The number of sites per cell (around 2300) concurred with the data of Eriksen *et al.* [5], who found a mean of 1615 sites per cell nucleus in seven strains of normal human osteoblast-like cells. In contrast, in the study of Komm *et al.* [10], sarcoma cell line HOS TE 85 (OS2 in our study) had only 200 detectable high affinity E<sub>2</sub>R sites per nucleus. The K<sub>d</sub> value (0.15 nmol/l) of our internal control was similar to data reported by Manaway *et al.* [15].

Investigation of the functions of E<sub>2</sub>R in our three osteosarcoma cell lines was based on the inducibility of PgR under the influence of E<sub>2</sub>. The demonstration by Gray *et al.* [16] that factors such as cell density, cell characteristics, and presence or absence of steroids in the medium influenced the response of a rat osteosarcoma cell line to E<sub>2</sub> contributed to our decision to use an internal control. The presence of PgR was evaluated simultaneously in the MCF-7 cells and in the osteosarcoma cell lines. E<sub>2</sub> concentrations ranging between 10<sup>-9</sup> and 10<sup>-7</sup> mol/l induced PgR in MCF-7 cells but not in the osteoblast-like cells. Eriksen *et al.* [5] showed a (non-significant) increase in the specific nuclear binding of progesterone in 4 of 6 osteoblast-like cells, after pretreatment with 10 nmol/l E<sub>2</sub> for 24 h; Komm *et al.* [10] found that type I procollagen and transforming growth factor β (TGF β) mRNA levels were enhanced in HOS TE 85 cells (OS2) treated with 1 nmol/l E<sub>2</sub> and concluded that E<sub>2</sub> can act directly on osteoblasts by a receptor-mediated mechanism and modulates the extracellular matrix and other proteins involved in the maintenance of skeletal mineralization and remodeling.

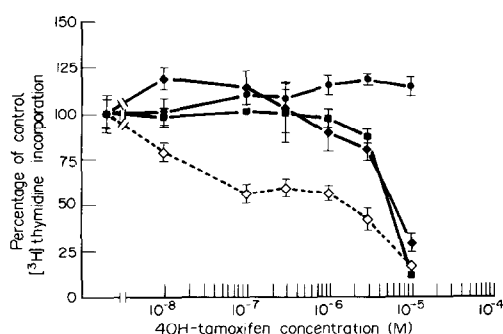


Fig. 3. Dose response curves of 4 OHT on cell growth. Squares = OS1; solid diamonds = OS2; circles = OS3; open diamonds = MCF-7.

This contradicts the report by Dickson *et al.* [17], that E<sub>2</sub> reduced TGF β production by MCF-7 cells.

Our failure to observe any apparent effect of 4-OHT on three osteoblast-like cell lines was not related to the experimental conditions because 4-OHT did have a concentration-related effect on MCF-7 cell growth, as shown previously [18, 19]. Although a 4-OHT concentration of 10<sup>-5</sup> mol/l inhibited the growth of two osteosarcoma cell lines, 4-OHT is cytotoxic by itself at this concentration, and its effects are no longer mediated by E<sub>2</sub>R sites [19]. Our results thus suggest that the use of antiestrogens does not appear promising in the treatment of human osteosarcoma.

1. Murad F, Haynes RC. Estrogens and progestins. In: Gilman AA, Goodman LS, Rall TW, Murad F eds. *The Pharmacological Basis of Therapeutics*. Macmillan 1985, 7th edn, pp. 1412–1425.
2. Chen TL, Feldman D. Distinction between alpha-fetoprotein and intracellular estrogen receptors: evidence against the presence of estradiol receptors in rat bone. *Endocrinology* 1978, **102**, 234–244.
3. Morel G, Boivin G, David L, Dubois PM, Meunier PJ. Immunocytochemical evidence for endogenous calcitonin and parathyroid hormone in osteoblasts from the calvaria of neonatal mice: absence of endogenous estradiol and estradiol receptors. *Cell Tissue Res* 1985, **240**, 89–93.
4. Kaplan SF, Rallan MD, Boden SD, Schmidt R, Senior M, Haddad JG. Estrogen receptors in bone in a patient with polyostotic fibrous dysplasia (McCune-Albright syndrome). *New Engl J Med* 1988, **319**, 421–425.
5. Eriksen EF, Colvard DS, Berg NJ, Graham ML, Mann KG, Spelsberg TC, Riggs DL. Evidence of estrogen receptors in normal human osteoblast-like cells. *Science* 1988, **241**, 84–86.
6. McGuire W. Hormone receptors: their role in predicting prognosis and response to endocrine therapy. *Semin Oncol* 1978, **5**, 428–433.
7. Chevalier B, Heintzman F, Mosseri V *et al.* Prognostic value of estrogen and progesterone receptors in operable breast cancer. Results of a univariate and a multivariate analysis. *Cancer* 1988, **62**, 2517–2524.
8. Sutherland RL, Hall RE, Pang GYN, Musgrove EA, Clark CL. Effect of medroxyprogesterone acetate on proliferation and cell kinetics of human mammary carcinoma cells. *Cancer Res* 1988, **48**, 5084–5091.
9. Scatchard G. The attractions of proteins for small molecules and ions. *Ann NY Acad Sci* 1949, **51**, 660–672.
10. Komm BS, Terpening CM, Benz DJ, Graeme KA, Gallegos A, Korc M, Greene GL, O'Malley BW, Haussler MR. Estrogen binding, receptor mRNA, and biologic response in osteoblast-like osteosarcoma cells. *Science* 1988, **241**, 81–84.
11. King W, Greene GL. Monoclonal antibodies localize estrogen receptor in nuclei of target cells. *Nature* 1984, **307**, 745.
12. Welshons WV, Lieberman ME, Gorski J. Nuclear localization of unoccupied oestrogen receptors. *Nature* 1984, **307**, 747–750.
13. Jensen EV. Intracellular localization of estrogen receptors: implications for an interaction mechanism. *Lab Invest* 1984, **51**, 487–489.
14. Martin PM, Sheridan PJ. Towards a new model for the mechanism of action of steroids. *J Steroid Biochem* 1982, **16**, 215–229.
15. McManaway ME, Jagoda EM, Eckelman WC, Larson SM, Francis BE, Gibson RE, Reba RC, Lippman ME. Binding characteristics and biological activity of 17α[<sup>125</sup>I] iodovinyl-11β-methoxyestradiol, an estrogen receptor-binding radiopharmaceutical, in human breast cancer cells (MCF-7). *Cancer Res* 1986, **46**, 2386–2389.
16. Gray TK, Flynn TC, Gray KM, Nabell LM. 17β-estradiol acts directly on the clonal osteoblastic cell line UMR 106. *Proc Natl Acad Sci USA* 1987, **84**, 6267–6271.
17. Dickson RB, Huff KK, Spencer EM, Lippman ME. Induction of EGF-related polypeptides by 17β estradiol in MCF-7 human breast cancer cells. *Endocrinology* 1986, **118**, 138–142.
18. Reddel RR, Murphy LC, Sutherland RL. Effects of biologically active metabolites of tamoxifen on the proliferation kinetics of MCF-7 human breast cancer cells *in vitro*. *Cancer Res* 1983, **43**, 4618–4623.
19. Etienne MC, Milano G, Fischel JL, Frenay M, Francois E, Formento JL, Gioanni J, Namer M. Tamoxifen metabolism: pharmacokinetic and *in vitro* study. *Br J Cancer* 1989, **60**, 30–35.

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