



Macrophage-colony stimulating factor inhibits the growth of human ovarian cancer cells *in vitro*

Y. Kawakami ^{a,b,*}, N. Nagai ^a, K. Ohama ^a, K. Zeki ^b, Y. Yoshida ^b,
E. Kuroda ^b, U. Yamashita ^b

^aDepartment of Obstetrics and Gynecology, Hiroshima University School of Medicine, Kasumi 1-2-3, Hiroshima, Minami-ku, 734-8551, Japan

^bDepartment of Immunology, University of Occupational and Environmental Health, Kitakyushu, Japan

Received 21 January 2000; received in revised form 9 May 2000; accepted 11 May 2000

Abstract

The effect of macrophage-colony stimulating factor (M-CSF), which regulates the growth and differentiation of haematopoietic progenitor cells on the growth of ovarian cancer cells was investigated in three ovarian cancer cell lines *in vitro*. The spontaneous growth of these cells was significantly inhibited by the addition of M-CSF in a concentration-dependent manner over 96 h of culturing. The maximum response was obtained with 10 ng/ml (3857 U/ml) of M-CSF by counting the viable cell number using the trypan blue exclusion assay. [³H]-thymidine incorporation by these cells was also suppressed following a 96-h incubation with M-CSF. The inhibitory effect of M-CSF was reversed by the addition of anti-M-CSF monoclonal antibody. Flow cytometric analysis revealed that the treated ovarian cancer cells arrested at the G0/G1 phase of the cell cycle. These cells expressed M-CSF receptors on their surface as detected by Scatchard plot analysis using ¹²⁵I-labelled M-CSF. These results indicate that M-CSF has an anti-tumour activity for ovarian cancer cells and suggest that it can be applied for the treatment of this disease. © 2000 Elsevier Science Ltd. All rights reserved.

Keywords: M-CSF; Ovarian cancer; Growth inhibition; Cell cycle and M-CSF receptor

1. Introduction

Ovarian cancer has the lowest overall survival rate of all the gynecological malignancies. Frequently, at the time of diagnosis most patients already have advanced disease that has spread beyond the pelvis and into the peritoneal cavity. Cytoreductive surgery and combination chemotherapy are mainly performed as an annual treatment, but can not improve the prognosis. Therefore, it is necessary to understand the mechanism of growth regulation of the tumour cells and develop novel strategies for therapy. In ovarian cancer, it has been reported that a variety of cytokines and haematopoietic factors, including interleukin (IL)-1 α , β , IL-6, IL-10, IL-11, interferon (IFN)- γ , tumour necrosis factor (TNF)- α and transforming growth factor (TGF)- α , are expressed

and are attributed to either progression or regression of ovarian cancer cells [1–8].

Macrophage-colony stimulating factor (M-CSF) belongs to a family of glycoprotein growth factors and is mainly produced by stromal and immunocompetent cells. M-CSF induces the proliferation, differentiation and survival of haematopoietic cells [9]. Recently, it was reported that the *c-fms* proto-oncogene product is related to the M-CSF receptor and overexpression of M-CSF and its receptor led to the proliferation of ovarian carcinoma cells [10,11]. Elevated serum or ascitic M-CSF levels and overexpression of M-CSF and its receptor in patients with ovarian carcinoma is associated with poor prognosis [12–15]. Moreover, M-CSF also induces the maturation of some leukaemic cells and solid tumour cells [16–19].

In gynecological malignancies, M-CSF could be used to treat or to prevent myelosuppression during chemotherapy. However, the effect of M-CSF on the growth of gynecological malignant tumour cells has not been extensively evaluated. The purpose of this current

* Corresponding author. Tel.: +81-89-932-1111; fax: +81-89-931-2428.

E-mail address: ykawaka@shikoku-cc.go.jp (Y. Kawakami).

investigation was to examine the biological role of M-CSF and to understand the growth mechanism of ovarian cancer cells.

2. Materials and methods

2.1. Cell culture

Two human ovarian cancer cell lines; MCAS and TYK-nu [20,21] (Health Science Research Resources Bank JCRB0240, JCRB0234) were cultured in Eagle's Modified Essential medium (Nissui Pharmaceutical Co. Ltd, Tokyo, Japan) supplemented with 292 µg/ml L-glutamine (Dainippon Pharmaceutical Co. Ltd, Osaka, Japan), and 20% or 10% heat-inactivated fetal bovine serum (FBS) (ICN Biomedicals Japan Co. Ltd, Tokyo, Japan), respectively, 50 U/ml penicillin and 50 µg/ml streptomycin (GIBCO BRL, Grand Island, NY, USA). Another ovarian cancer cell line; RMUG-S [22] (Institute for Fermentation IFO5050320) was cultured in Ham's F-12 medium (GIBCO BRL) supplemented with L-glutamine, 10% heat-inactivated FBS and penicillin–streptomycin (GIBCO BRL). All cell lines were maintained under conditions of humidified 5% CO₂ in air at 37°C. Medium was changed every 3 days and the cells were subcultured once a week. For subculturing and the experiments, monolayers were detached by treating with 0.25% trypsin–0.02% EDTA in phosphate-buffered saline (PBS).

2.2. Cytokines and anti-cytokine antibodies

Human M-CSF purified from urine was donated by Green Cross Co. Ltd (Osaka, Japan). The activity of M-CSF was 385.7 U/µg protein, which was determined from stimulating the activity of monocyte/macrophage colony formation from human monocyte precursors *in vitro*. Anti-human M-CSF monoclonal antibody (anti-M-CSF MAb) was purchased from R&D Systems, Inc. (Minneapolis, MN, USA). The 50% neutralisation dose of M-CSF MAb is approximately 5–20 ng/ml in the presence of 2.5 ng/ml of M-CSF according to manufacturer's instructions (R&D Systems, Inc.). Purified mouse IgG2α immunoglobulin as an isotype control was purchased from Pharmingen (San Diego, CA, USA).

2.3. Detection of cell growth

MCAS, RMUG-S (5×10^3 /well) and TYK-nu cells (1×10^4 /well) in Ham's F-12/Dulbecco's Modified Eagle medium (DMEM) (Nissui Pharmaceutical Co. Ltd) with 2% (for MCAS) or 1% (for others) FBS were plated into 96-well flat bottomed microtitre plates (Falcon 3072, Beckton Dickinson Co., NJ, USA) with various concentrations (0.1–10 ng/ml: 38.57–3857 U/ml) of M-CSF

at 37°C for up to 96 h in 5% CO₂ and 95% air. The growth of cells was detected by counting the number of viable cells in the culture plates using 0.1% trypan blue in PBS in triplicate cultures. To measure DNA synthesis, the cells were pulsed for the last 20 h with 0.2 µCi of tritiated thymidine ([³H]-TdR, specific activity of 5 Ci/mM, Amersham International plc, Amersham, Bucks, UK), were harvested with the aid of an automated cell harvester (Abekagaku Co., Funabashi, Japan) and the radioactivities incorporated into the cell were counted by a liquid scintillation counter (Aloka Co., Tokyo, Japan). The results were expressed as the mean ± standard error of the mean (SEM) of the counts per minute (cpm) of [³H]-TdR incorporation into the cells in triplicate cultures.

2.4. Neutralisation of M-CSF bioactivity

MCAS and RMUG-S cells (5×10^3) were plated into 96-well flat-bottomed microtitre plates. After 24 h, 1 ng/ml M-CSF alone or 1 ng/ml M-CSF preincubated with 100 ng/ml (for MCAS) or 1000 ng/ml (for RMUG-S) anti-M-CSF MAb at 37°C for 30 min was added to each well and cultured for a further 48 h. M-CSF preincubated with mouse IgG2α was also added as the control. Cell proliferation was measured by [³H]-TdR incorporation as described above. The results were shown from triplicate cultures.

2.5. Analysis of cell cycle by flow cytometry

MCAS cells (5×10^4 /well) in Ham's F-12/DMEM with 2% FBS were plated in a 60-mm dish (Falcon 3002) in the presence of 10 ng/ml of M-CSF at 37°C in 5% CO₂ and 95% air. After a 48-h incubation, the cells were collected by trypsinisation, washed with PBS, fixed with 70% ethanol and stored at 4°C for more than 3 h. They were collected and washed with PBS and re-suspended in 0.25 mg/ml RNase A (Sigma Chemical Co. St Louis, MO, USA) at 37°C for 1 h. Just before analysis, 1 mg/ml of propidium iodide solution (PI) (Wako Pure Chemical Industries Ltd, Osaka, Japan) was added to the cell samples. The PI fluorescence of individual nuclei was measured using an EPICS-XL flow cytometer (Coulter Co., Healeah, FL, USA) and the data obtained were analysed. The results shown are from a single experiment representative of three independent experiments with similar results.

2.6. Radiolabelling of M-CSF

M-CSF was radiolabelled as previously described in Ref. [23]. 1000 ng of M-CSF in 0.1 M borate buffer (pH 8.5) was added to 1 mCi of ¹²⁵I-labelled Bolton Hunter reagent (4000 Ci/mmol; Amersham International plc) which had been evaporated by a gentle stream of dry nitrogen. The reaction was allowed to proceed on ice for

1 h and was terminated by addition of 5 μ l of 1 M glycine ethyl ester. 30 μ l of 2% gelatin in PBS was added as a carrier, and the labelled M-CSF was separated by chromatography on a 1 ml column of Biogel P-10 (Bio-Rad Laboratories, Richmond, CA, USA). Aliquots (100 μ l) were collected and fractions containing protein-bound radioactivity were pooled. The specific activity of 125 I-labelled M-CSF was 1.67×10^5 cpm/fmol protein. The radiolabelled M-CSF migrated as a single Mr 85000 Da band when electrophoresed on a sodium dodecyl sulphate-polyacrylamide gel.

2.7. Binding assay of 125 I-labelled M-CSF to ovarian cancer cells

M-CSF receptor on ovarian cancer cells was assayed as previously reported in [24]. Briefly, cells (5×10^4) were cultured in 24-well flat-bottomed microtitre plates (Falcon 3024) and grown to confluence in conditioned medium with 20% (for MCAS) or 10% (for others) FBS. The cells were then washed twice with conditioned medium containing 1% FBS (binding buffer), and 200 μ l of binding buffer containing various concentrations of 125 I-M-CSF (1.0–30 pM) was added to each well. After incubation at 4°C for 4 h, the cells were washed with binding buffer, were detached by treating with 0.25% trypsin–0.02% EDTA in PBS and the amount of radioactivity bound to the cells was counted by a γ -counter (Aloka Co.). The non-specific binding of [125 I]-M-CSF was determined by incubating the cells with labelled M-CSF in the presence of a 100-fold excess of cold M-CSF. The results were expressed as the mean cpm (specific binding) of duplicate cultures in which non-specific binding was subtracted.

2.8. Statistical analysis

Statistical analysis was performed by Student's *t*-test. A *P* value below 0.05 ($P < 0.05$) was regarded as significant.

3. Results

3.1. Growth inhibition of ovarian cancer cells by exogenous M-CSF

We initially examined the effect of M-CSF on the growth of the three ovarian cancer cell lines. As shown in Fig. 1, 1 ng/ml M-CSF significantly inhibited the growth of MCAS, TYK-nu and RMUG-S cells. By counting the viable cell number, M-CSF inhibited the cell growth approximately 58.5% in MCAS, 79.4% in TYK-nu and 51.0% in RMUG-S. A concentration-dependent inhibition was observed. The maximum effect in each cell line (78.6% inhibition in MCAS, 86.2% in TYK-nu and 61.5% in RMUG-S) was observed by culturing in 10 ng/ml of M-CSF for 72 h (Fig. 2). Cell viability did not differ between the control and the inhibited group (data not shown).

M-CSF also decreased [3 H]-TdR incorporation of these cell lines particularly after 96 h in culture (Fig. 3). These results indicate that M-CSF can inhibit cell growth and suppress DNA synthesis of these cells.

3.2. Effect of neutralising Ab to M-CSF on the growth inhibition of ovarian cancer cells by exogenous M-CSF

To determine whether M-CSF specifically inhibits the growth of ovarian cancer cells, a neutralisation study was carried out using anti-M-CSF MAbs. As demonstrated in Fig. 4, antibody sufficient to neutralise 1 ng/ml M-CSF significantly blocked the antiproliferative effect of M-CSF detected by [3 H]-TdR incorporation, whereas control mouse IgG2 α did not.

3.3. Effect of M-CSF on the cell cycle of ovarian cancer cells

To elucidate the mechanism of the antiproliferative effect of M-CSF, we examined the cell cycle distribution

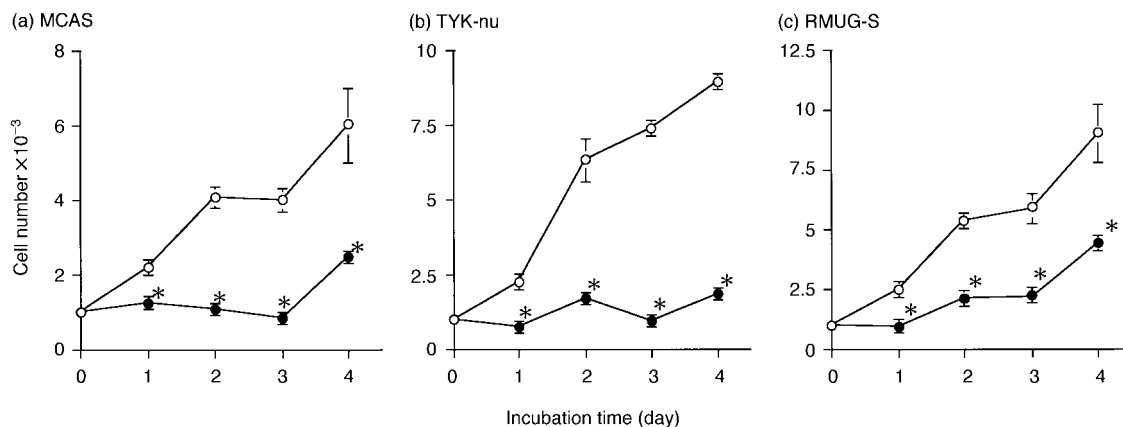


Fig. 1. Time course of inhibitory effect of exogenous macrophage-colony stimulating factor (M-CSF) on three ovarian cancer cell lines, (a) MCAS, (b) TYK-nu and (c) RMUG-S. Each point represents the mean \pm SEM of cell number in triplicate cultures. *Significantly inhibited.

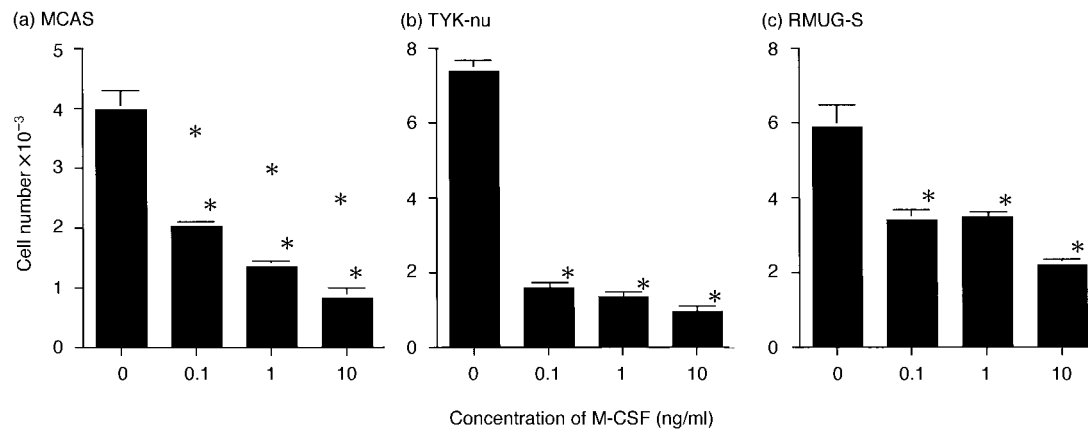


Fig. 2. Dose-response of macrophage-colony stimulating factor (M-CSF) on the growth of ovarian cancer cell lines, (a) MCAS, (b) TYK-nu and (c) RMUG-S. Cells (5×10^3 of MCAS and RMUG-S cells and 1×10^4 of TYK-nu cells) were cultured for 72 h with M-CSF at the concentrations indicated. Results are expressed as the mean \pm SEM of cell number in triplicate cultures. *Significantly inhibited.

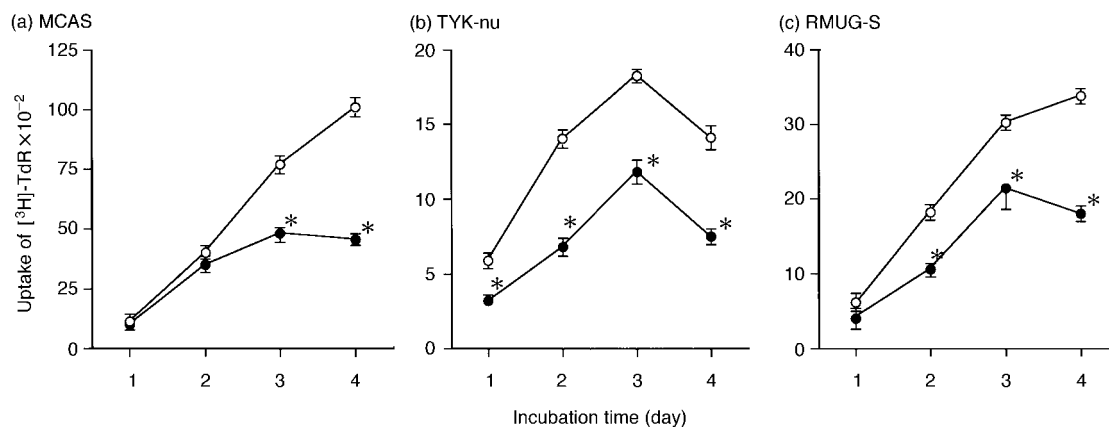


Fig. 3. Effect of macrophage-colony stimulating factor (M-CSF) on DNA synthesis of three ovarian cancer cell lines. Cells (a) MCAS, (b) TYK-nu and (c) RMUG-S were cultured for 96 h in the absence (○) or the presence of 1 ng/ml (385.7 U/ml) M-CSF (●) and labelled with [³H]-TdR for the last 20 h before each time-point. Results are expressed as cpm of [³H]-TdR uptake of tumour cells (mean \pm SEM of triplicate cultures). *Significantly inhibited.

of the ovarian cancer cells by flow cytometry. Fig. 5 shows a representative result using MCAS cells. Without treatment, 52.0% of cells were in the G₀/G₁ phase and 43.4% of the cells were in the S + G₂/M phase. Following treatment with M-CSF, cells in the G₀/G₁ phase were increased to 63.2% and cells in the S + G₂/M phases were decreased to 31.3%. These results indicate that M-CSF treatment induces a G₀/G₁ arrest of ovarian cancer cells.

3.4. Detection of M-CSF receptor on ovarian cancer cells

A binding assay with ¹²⁵I-labelled M-CSF was carried out to determine the presence of specific receptors for M-CSF on MCAS, TYK-nu, and RMUG-S cells. The specific binding of ¹²⁵I-labelled M-CSF is displayed in Fig. 6(a). The number of M-CSF receptors and their dissociation constants (K_d) were calculated by Scatchard plot analysis. The binding data revealed one linear regression line, suggesting the presence of one class of M-CSF receptors in each cell line. The K_d was 8.5×10^{-13}

M for MCAS cells, 1.8×10^{-10} M for TYK-nu cells and 4.0×10^{-12} M for RMUG-S cells. The binding sites were 1.04×10^2 sites/cell in MCAS, 1.84×10^4 sites/cell in TYK-nu and 6.72×10^1 sites/cell in RMUG-S cells (Fig. 6b).

4. Discussion

There have been several reports that human haematopoietic growth factors support the growth of haematopoietic or non-haematopoietic malignant cells. Berdel and colleagues described that granulocyte-macrophage colony-stimulating factor (GM-CSF) and G-CSF stimulated the clonal growth of three colon adenocarcinoma cell lines [25]. In ovarian cancer, a few studies have reported that GM-CSF is a growth factor while G-CSF is an inhibitor [26,27]. However, the effect of M-CSF on the growth of malignant cells has not been investigated extensively. In contrast, the secretion of M-CSF and the expression of its receptor have been confirmed

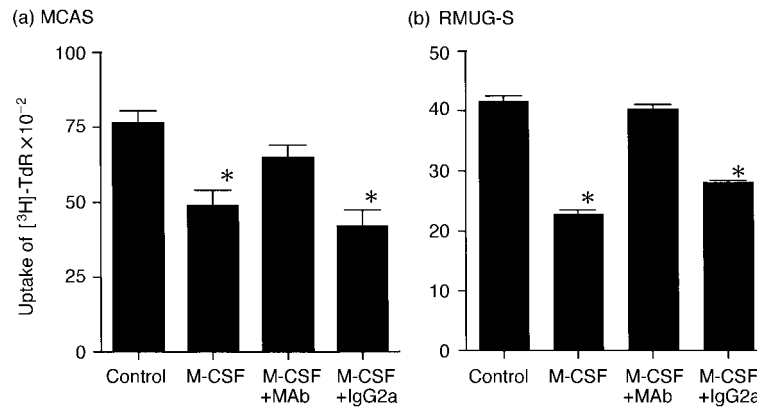


Fig. 4. Effect of anti-macrophage-colony stimulating factor (M-CSF) MAb on DNA synthesis of ovarian cancer cell lines, (a) MCAS and (b) RMUG-S. Cells were cultured and labelled with [³H]-TdR as described in the Methods. Results are expressed as cpm of [³H]-TdR uptake of tumour cells (mean ± SEM of triplicate cultures). *Significantly inhibited.

on various malignant cells *in vitro* and *in vivo*. Only one report described CSFs, including M-CSF, as part of a network of autocrine or paracrine loops involved in prostate carcinoma cell proliferation [28]. Thus, the effect of M-CSF on tumour cell lines remains to be elucidated. This is the first report that M-CSF has a direct antiproliferative activity on *in vitro* cultured cell lines. The exogenous addition of M-CSF inhibited the growth of three ovarian cancer cell lines, MCAS, TYK-nu and RMUG-S cells. The effect was concentration-dependent using 0.1–10 ng/ml of M-CSF and the maximum inhibition was obtained at a concentration of 10 ng/ml. This corresponds to 38.57–3857 U/ml of M-CSF. Commonly, 8×10^6 U/body M-CSF is administered to a patient that weighs 50 kg and the theoretical concentration of exogenous M-CSF is approximately 1.6×10^2 U/ml. Thus we consider that the concentration of 38.57–385.7 U/ml of M-CSF which showed an

inhibitory effect in this study is a clinically achievable level. In our experiments, we used 1–2% FBS. Using higher FBS conditions, 20% (MCAS) or 10% (the others), the growth-inhibitory effect of M-CSF was still observed, but was not significant. We consider that some chemical agents in FBS blocked the inhibitory effect of M-CSF. Interestingly, this antiproliferative activity of M-CSF can be specifically reversed by the addition of its neutralising Ab. However, the anti-proliferative activity of M-CSF is not a direct cytotoxic activity, because the cell viability of the inhibited group was not changed from that of the control group. Furthermore, DNA synthesis of these cells was inhibited by the addition of M-CSF.

Recently, the mechanism of cell cycle progression has been extensively studied. We, therefore, analysed the cell cycle profile by flow cytometry to study the molecular events involved in the growth inhibition of ovarian cancer cells induced by M-CSF treatment. The addition of M-CSF to MCAS cells reduced the percentage of the cells in the S + G₂/M phases as these cells arrested at G₀/G₁ prior to the onset of DNA synthesis. This suggests that the mechanism of the anti-proliferative effect of M-CSF involves cell cycle arrest.

We detected one class of M-CSF receptors on the ovarian cancer cells. This suggests that M-CSF mediates its growth-inhibitory effects on ovarian cancer cells by binding to M-CSF receptors.

To date, the activity of M-CSF has been mainly focused on its ability to induce proliferation and differentiation of haematopoietic cells. However, the evidence presented here will provide new insight into the activity of M-CSF. Although the antiproliferative effect of M-CSF on ovarian cancer cells *in vitro* is circumstantial at present, the work presented in this report substantiates that, at least *in vitro*, M-CSF can inhibit the growth of ovarian cancer cell lines. Detailed studies and a better understanding of the mechanism of this effect may provide us with a useful new approach not only to control

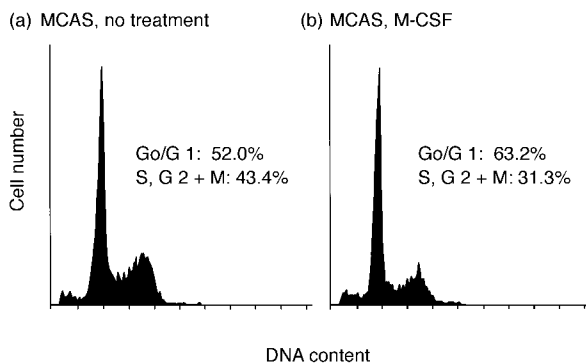


Fig. 5. Effect of exogenous macrophage-colony stimulating factor (M-CSF) on the cell cycle of ovarian cancer cell lines. MCAS cells were cultured for 24 h in the presence (b) or absence (a) of M-CSF (10 ng/ml) and the cell cycle was analysed by flow cytometry. Data are presented as a histogram in which cell number (y axis) is plotted against DNA content (x axis). The numbers show the percentage of cells in the different phases of the cell cycle. The first peak contains cells with diploid DNA in G₀/G₁, the cells in the second peak with twice propidium iodide (PI)-fluorescence intensity are tetraploid in G₂/M, and the area found between the two peaks shows the cells in S phase.

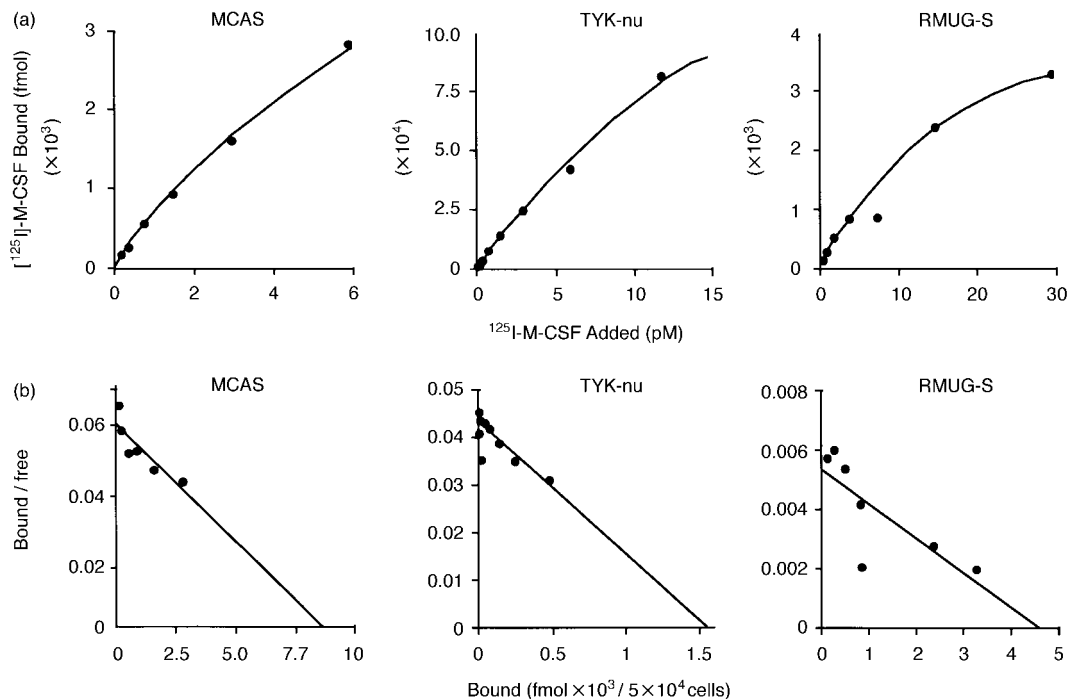


Fig. 6. Detection of macrophage-colony stimulating factor (M-CSF) receptor on ovarian cancer cell lines. (a) Specific binding of radiolabelled M-CSF to MCAS, TYK-nu and RMUG-S cell lines. Specific binding is the difference between the binding of $[^{125}\text{I}]\text{-M-CSF}$ in the presence or absence of 40 nM unlabelled M-CSF. Each point represents the mean of duplicate measurements. (b) Scatchard plot analysis of $[^{125}\text{I}]\text{-M-CSF}$ bound on each cell line.

the growth of cancer cells, but also to treat, at least some, ovarian cancer patients. It is necessary that the interactions of other haematopoietic factors, cytokines and their receptors in these diseases are clarified in the future.

References

- Li B-Y, Mohanraj D, Olson MC, et al. Human ovarian epithelial cancer cells cultured *in vitro* express both interleukin-1 α and β genes. *Cancer Res* 1992, **52**, 2248–2252.
- Watson JM, Sensintaffar JL, Berek JS, Martinez-Maza O. Constitutive production of interleukin 6 by ovarian cancer cell lines and by primary ovarian tumor cultures. *Cancer Res* 1990, **50**, 6959–6965.
- Pisa P, Halapi E, Pisa EK, et al. Selective expression of interleukin 10, interferon γ , and granulocyte-macrophage colony-stimulating factor in ovarian cancer biopsies. *Proc Natl Acad Sci, USA* 1992, **89**, 7708–7712.
- Naylor MS, Stamp GWH, Foulkes WD, Eccles D, Balkwill FR. Tumor necrosis factor and its receptors in human ovarian cancer. *J Clin Invest* 1993, **91**, 2194–2206.
- Asschert JG, Vellenga E, Hollema H, van der Zee AG, de Vries EG. Expression of macrophage colony-stimulating factor (M-CSF), interleukin-6 (IL-6), interleukin-1 β (IL-1 β), interleukin-11 (IL-11) and tumour necrosis factor- α (TNF- α) in p53-characterised human ovarian carcinomas. *Eur J Cancer* 1997, **33**, 2246–2251.
- Ramakrishnam S, Xu FJ, Brandt SJ, Nidel JE, Bast Jr RC, Brown EL. Constitutive production of macrophage colony-stimulating factor by human ovarian and breast cancer cell lines. *J Clin Invest* 1989, **83**, 921–926.
- Biocchi G, Kavanagh JJ, Talpaz M, Wharton JT, Gutterman JU, Kurzrock R. Expression of the macrophage colony-stimulating factor in gynecologic malignancies. *Cancer* 1991, **67**, 990–996.
- Stromberg K, Collins TJ, Gordon AW, Jackson CL, Johnson GR. Transforming growth factor- α acts as an autocrine growth factor in ovarian carcinoma cell lines. *Cancer Res* 1992, **52**, 341–347.
- Stanley ER. The macrophage colony-stimulating factor, CSF-1. *Meth Enzymol* 1985, **116**, 564–587.
- Keshava N, Gubba S, Tekmal RR. Overexpression of macrophage colony-stimulating factor (CSF-1) and its receptor, c-fms, in normal ovarian granulosa cells leads to cell proliferation and tumorigenesis. *J Soc Gynecol Invest* 1999, **6**, 41–49.
- Sherr CJ, Rettenmier CW, Sacca R, Roussel MF, Look AT, Stanley ER. The c-fms proto-oncogene product is related to the receptor for the mononuclear phagocyte growth factor, CSF-1. *Cell* 1985, **41**, 665–676.
- Gadducci A, Fedeghini M, Castellani C, et al. Serum macrophage colony-stimulating factor (M-CSF) levels in patients with epithelial ovarian cancer. *Gynecol Oncol* 1998, **70**, 111–114.
- Suzuki M, Kobayashi H, Ohwada M, Terao T, Sato I. Macrophage colony-stimulating factor as a marker for malignant germ cell tumors of the ovary. *Gynecol Oncol* 1998, **68**, 35–37.
- Scholl SM, Bascou CH, Mosseri V, et al. Circulating levels of colony-stimulating factor 1 as a prognostic indicator in 82 patients with epithelial ovarian cancer. *Br J Cancer* 1994, **69**, 342–346.
- Chambers SK, Kacinski BM, Ivins CM, Carcangiu ML. Overexpression of epithelial macrophage colony-stimulating factor (CSF-1) and CSF-1 receptor: a poor prognostic factor in epithelial ovarian cancer, contrasted with a protective effect of stromal CSF-1. *Clin Cancer Res* 1997, **3**, 999–1007.
- Murayama T, Imoto S, Natazuka T, Chihara K, Matsui T. Proliferative reaction of myelogenous leukemia cells with cytokines G-CSF, GM-CSF, SCF and TPO. *Leukemia Res* 1998, **22**, 557–560.
- Kato H, Adachi K, Suzuki M, Tanimoto M, Saito H. Macrophage colony-stimulating factor stimulates growth progression of

- the G1-phase fraction and induces monocytic differentiation of the G2/M-phase fraction in human myeloid leukemia cells. *Exp Hematol* 1993, **21**, 1597–1604.
18. Papavasiliou AK, Mehler MF, Mabie PC, et al. Paracrine regulation of colony-stimulating factor-1 in medulloblastoma: implications for pathogenesis and therapeutic interventions. *Neurosurgery* 1997, **41**, 916–923.
19. Kimura T, Azuma C, Saji F, et al. The biological effects of macrophage colony-stimulating factor induced by progestin on growth and differentiation of endometrial adenocarcinoma cells. *Int J Cancer* 1991, **49**, 229–233.
20. Kidera Y, Yoshimura T, Ohkuma Y, Iwasaka T, Sugimori H. Establishment and characterization of cell line derived from mucinous cystadenocarcinoma of human ovary. *Acta Obst et Gynaec Jpn* 1985, **37**, 1820–1824.
21. Yoshiya N. Establishment of a cell line from human ovarian cancer (undifferentiated carcinoma of FIGO classification) and analysis of its cell-biological characteristics and sensitivity to anticancer drugs. *Acta Obstet Gynaecol Jpn* 1986, **38**, 1747–1753.
22. Sakayori M, Nozawa S, Udagawa Y, et al. Biological properties of two newly established cell lines. *Hum Cell* 1991, **3**, 52–56.
23. Shirakawa F, Tanaka Y, Oda S, Eto S, Yamashita U. Autocrine stimulation of interleukin 1 α in the growth of adult human leukemia cells. *Cancer Res* 1989, **49**, 1143–1147.
24. Kawakami K, Nagai N, Ota S, Ohama K, Yamashita U. Interleukin-1 as an autocrine stimulator in the growth of human ovarian cancer cells. *Hiroshima J Med Sci* 1997, **46**, 51–59.
25. Berdel WE, Danhauser-Riedl S, Steinhauser G, Winton EF. Various human hematopoietic growth factors (interleukin-3, GM-CSF, G-CSF) stimulate clonal growth of nonhematopoietic tumor cells. *Blood* 1989, **73**, 80–83.
26. Cinoli G, Russo P, Billi G, Mariani GL, Rovini E, Venturini M. Human granulocyte-macrophage colony-stimulating factor is a growth factor active on human ovarian cancer cells. *Jpn J Cancer Res* 1991, **82**, 1196–1198.
27. Connor JP, Squatrito RC, Terrell KL, Antisdel BJ, Buller RE. *In vitro* growth effects of colony-stimulating factors in ovarian cancer. *Gynecol Oncol* 1994, **52**, 347–352.
28. Savarese DM, Valinski H, Quesenberry P, Savarese T. Expression and function of colony-stimulating factors and their receptors on human prostate carcinoma cell lines. *Prostate* 1998, **34**, 80–91.