Effect of bacterial lipopolysaccaride on growth of murine bladder cancer, MBT-2

K. Lee, J. F. Ewing, and P. M. Sluss

University of Rochester School of Medicine Department of Urology, Rochester, New York

Accepted: November 27, 1988

Summary. Intradermal palpable MBT-2 tumor responded with bacterial lipopolysaccharide to hemorrhagic necrosis (LPS) in C3H/HeN (endotoxin sensitive) mice. We have tested LPS fractions isolated from E. coli, Klebsiella pneumoniae, Salmonella minnesota, Pseudomonas aeruginosa and Serratia culture filtrates. All these LPS preparations showed tumor necrotizing activity accompanied by toxicity (body weight loss) in C3H/HeN mice. However, MBT-2 tumors grown in an endotoxin-resistante strain (C3H/HeJ) of mice did not respond to LPS, even at a very high dose. In vitro, the LPS showed no cytotoxic effect on MBT-2 cells. For comparison, systemic administration of tumor necrosis factor (cachexin) did not affect the i.d. tumor growth. These data indicate that host reactions to LPS (endotoxicity) plays a pivotal role in the expression of tumor necrosis. Accordingly, comparisons of tumor response between endotoxin sensitive and resistant mice avoid potential overestimation of the therapeutic value of certain bacterial products and/or LPS contaminated agents.

Key words: Endotoxin – Tumor necrosis factor – MBT-2 tumor – C3H/HeJ mice

Introduction

It is well known that certain bacterial products cause hemorrhagic necrosis of tumors in experimental animals [3, 8]. However, this effect is not a generalized phenomenon. Tumor necrosis occurs in only a few tumor types [3].

Intradermal growing MBT-2 was found underwent necrosis in response to bacterial culture filtrates of *Serratia* species in C3H/HeN mice. This finding promoted further characterization of the response of MBT-2 tumor to several bacterial products.

Materials and methods

Mice

Inbred female C3H/HeN (Charles River Laboratory, Pittsburgh, PA), and C3H/HeJ mice (Jackson Laboratory, Bar Harbor, ME), 18 to 20 g, were used for the experiment.

Tumor cells and tumor implantation

The MBT-2 tumor was originally developed by Soloway [11] and was obtained from Drs. Ratliff and Catalona (Washington University, St. Louis, MO). This cell line was maintained by alternate in vivo and in vitro culture (RPMI 1640 – 10% fetal bovine serum – 0.03% glutamine; "RO/10%", GIBCO, Grand Island, NY). Briefly, MBT-2 cells from a 15th to 20th passage of culture flasks were injected i.d. into the flank of C3H/HeN mice. When tumors had grown to 200–600 mg, they were excised, mechanically disaggregated, then plated out for in vitro growth in a T-75 flask (Corning; Corning, NY) to establish a primary culture. Experiments were conducted using cells from the third to 18th in vitro passage. Tumor cell suspensions of 5×10^5 viable tumor cells were implanted intradermally into both flanks of recipients.

Bacterial products and agents

E. coli (026:B6) derived lipopolysaccharide (LPS) was purchased from DIFCO Laboratories (Detroit, MI). LPS (phenol extracted) of Klebsiella pneumoniae, Salmonella minnesota, and Pseudomonas aeruginosa were purchased from SIGMA (St. Louis, MO). These LPS were dissolved in 0.9% NaCl at 100 µg/ml. Serratia culture filtrates was prepared by us. In brief, Serratia liquifaciens, S. rubidia, and S. marcescens (ATCC, Rockville, MD) were cultivated in a simple salt solution containing glucose (M9) as described by us previously [10]. Culture supernatant was diafiltrated, lyophilized and stored at -20°C. Approximately 13% (Wt/Wt) of the lyophilized culture medium consisted of LPS [9]. A single lot of each lyophilized preparation was used throughout the experiments. Lyophylized culture media were dissolved in 0.9% NaCl at 10 mg/ml and 0.2 µm filtered (Nalgen, Rochester, NY) prior to use. Human recombinant tumor necrosis factor-α(TNF) with a specific activity of 5.02×10⁷ U/mg was kindly supplied by Genentech Inc. (San

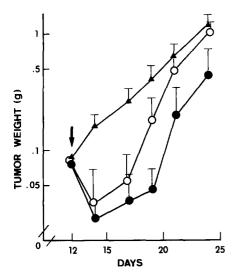


Fig. 1. Effect of Serratia liquifaciens culture filtrate on MBT-2 tumor growth in C3H/HeN mice. Mice were given 2.5 (\bigcirc) or 4 mg (\bigcirc) (maximal tolerated dose) of culture filtrate. Control mice (\triangle) were given no treatment. Each point indicates mean of 9 to 12 tumors (5 to 6 mice); bar = SD

Francisco, CA; Lot 4407-47). TNF was diluted with 0.9% NaCl containing 1 mg/ml of bovine serum albumin to $5\,\mu$ g/ml. Aspirin (SIGMA) was dissolved in ammonium acetate (11.5 μ g/ml) solution at 10 mg/ml: further dilution of aspirin was made by 0.9% NaCl. Heparin (Elkins-Sinn Inc., Cherry Hill, NJ) was diluted with 0.9% NaCl to 100 units/ml. Cortisone acetate (CA) and cyclophosphamide (CY) were purchased from SIGMA: CA was suspended in 0.9% NaCl with 0.5% ethanol at 25 mg/ml and CY was dissolved in 0.9% NaCl at 10 mg/ml.

Evaluation of drug activity

Prior to treatment, mice were randomized into control and treatment groups consisting of 5 to 6 mice per group. The bacterial products were given once when tumor nodules grew to 100 to 200 mg (on Day 11 or 12). Several bacterial products were given at a maximal tolerated dose (MTD) which had been determined prior to the experiments: the dosage and administration route of drugs are shown in the results section. Tumor nodules were measured 2 to 3 times a week using a sliding caliper by a single person with no knowledge of the treatment. Tumor weight (TW) in mg was estimated as $TW = 0.5 \times W^2 \times L - 0.5 \times uW^2 \times uL$, where W is width and L is perpendicular length of tumor nodule in mm; uW is the width and uL is the length of ulceration. We managed the ulceration of external skin by painting 10% povidone iodine solution to prevent infectious death due to tumor ulceration.

In vitro growth study

MBT-2 cells from subconfluent flasks were suspended in RO/10% at 2×10^4 viable cells/ml (trypan blue exclusion method) and 0.2 ml plated/well in 96-well flat bottom microculture plates (Falcon). Twenty $\mu1$ of test materials (in RO/10%) or RO/10% were added to

individual wells in quadruplicate. The cells were incubated at 37°C in 5% CO₂ for 24 to 72 h. Twenty-four hours before the end of each incubation period the cells were pulsed with 20 μ l/well of [3 H] thymidine (10 μ Ci/ml, Amersham, Arlington Heights, IL). At the end of the 24h pulse the cells were harvested with a multiple automated sample harvester and uptake of [3 H] thymidine was measured by liquid scintillation counting.

Results

Figure 1 illustrates the effect of S. liquifaciens culture filtrate on MBT-2 tumor growth in C3H/HeN mice (endotoxin sensitive strain). I.p. administration of 2.5 to 4 mg (MTD) of the culture filtrate significantly suppressed tumor growth in a dose dependent manner. Necropsy of representative mice in each dose group showed hemorrhage of tumor nodules which appeared within 6-h of treatment. Ulceration of external skin surfaces developed by 2 to 3 days. The earliest sign of toxicity was diarrhoea, which was noted within 20 min following the injection. Thereafter, mice developed appetite loss, immobility, body weight loss and typical poor looking appearance. These signs of toxicity gradually increased in severity by 2 to 3 days and gradually disappeared from 4 to 7 days (depending on dose). Histological examinations revealed that administration of S. liquifaciens filtrates caused tissue hemorrhage not only in the tumor, but also in multi-organ sites including kidney, spleen, (by 8-h) and lung (by 22-h) (data not shown).

The tumor necrotizing and host toxicity (as measured by body weight loss) of bacterial products are summarized in Table 1. Culture filtrates from other strain of *Serratia* (S. rubidia and S. marcenscens) caused tumor necrosis and host toxicity similar to that described above.

I.P. administration of LPS fractions from *E. coli* (15 μg) (MTD), *K. pneumoniae* (50 μg), *S. minnesota* (50 μg), and *P. aeruginosa* (50 μg) mediated tumor regression accompanied by necrosis and body weight loss (Table 1).

For comparison, tumor bearing C3H/HeN mice were injected with a MTD of TNF (2.5 µg, i.v.). TNF did not affect tumor growth (Table 1). The progress of TNF induced toxic signs was different from that due to LPS preparations. The mice did not show any signs of toxicitity by 8 to 12-h following TNF i.v. thereafter they developed immobility. Even at higher doses of TNF administration (5 to 10 µg), which caused toxic death by Day 1, mice remained healthy looking by 8 to 12-h (data not shown).

The influence of anti-coagulation and immunosuppressive treatments on the tumor necrotizing and toxic effect of LPS was studied. Tumor bearing mice were treated with aspirin (100 mg/kg, i.p.; -2 h and 0 h),

Table 1. Influence of bacterial products on tumor growth and body weight change

Host	Bacterial products ^a	Dose (per mouse)	Tumor necrosis	Body weight loss ^b	
				Day 2	Day 4
C3H/HeN	Culture filtrates				
	Serratia liquifaciens	4 mg (MTD) ^c	+	++	+
	Serratia rubidia	1.5 mg	+	+	+
	Serratia marcescens	1.5 mg	+	+	+
	LPS				
	E. coli	15 μg (MTD)	+	++	+
	Klebsiella pneumoniae	50 μg	+	+	_
	Salmonella minesota	50 μg	+	+	_
	Pseudomonas aeruginosa	50 μg	+	+	_
	TNF	2.5 μg (MTD)	_	+	_
C3H/HeJ	Culture filtrate				
	Serratia liquifasciens	4 mg	Throat	_	_
	Serratia liquifasciens	20 mg	_	+	_

^a Bacterial products were given once when tumor grew to 100 to 200 mg

Maximal tolerated dose

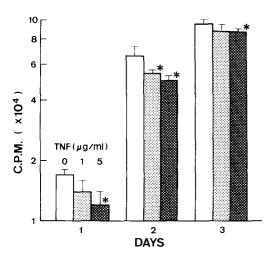


Fig. 2. Influence of TNF on [3 H] thymidine uptake of MBT-2 cells. MBT-2 cells (4×10^3 cells/well) were cultured in the presence of 1 μ g or, 5 μ g of TNF, or in culture medium alone. Each point indicates mean of 4 wells; bars = SD, * P<0.05; control vs TNF

heparin (20 U/mouse i.p., $-15 \, \text{min}$), CA (250 mg/kg, s.c. $-2 \, \text{h}$), or CY (125 mg/kg, i.p., $-2 \, \text{h}$) prior to S. liquifaciens culture filtrate administration (4.0 mg, i.p.). Pretreatment of mice with CA prolonged the advent of toxic signs by 6 to 12 h, though all of them subsequently developed toxic signs. Aspirin, heparin or CY did not influence the development of toxicities. These prophylactic treatments did not influence the tumor necrotizing activity of LPS (data not shown).

The MBT-2 tumor grown in endotoxin-resistant hosts (C3H/HeJ mice) was treated with high doses of *S. liquifaciens* culture filtrate (MTD to lethal dose in C3H/HeN mice). There was no difference in the tumor growth rate between C3H/HeN and C3H/HeJ mice (data not shown). None of the tumors responded to the therapy. Mice remained healthy looking during the observation, although higher dose of culture filtrates (20 mg) caused body weight loss (Table 1).

MBT-2 cells were cultivated in the presence of *S. liquifaciens* culture filtrate (1 to $10 \,\mu\text{g/ml}$), *E. coli* LPS (1 to $10 \,\mu\text{g/ml}$), or TNF (1 to $5 \,\mu\text{g/ml}$). In vitro administration of the culture filter and *E. coli* LPS did not influence the tumor growth as measured by [³H] thymidine incorporation (data not shown), whereas TNF significantly suppressed it (Fig. 2).

Discussion

The mechanism of endotoxin induced tumor necrosis has been explained by well-known actions of endotoxins on the circulatory system (anaphylactic shock) [1]. Systemic administration of LPS causes hypotension accompanied by arterial dilatation, sluggish blood flow and hemoconcentration. Prolonged hypotension (more than several hours) and sluggish microcirculation result in tissue anoxia, which mediate hemorrhagic necrosis of tumor [1, 13]. Vascular occlusion by platelet aggregation may enhance tissue damage, although this

b The degree of body weight loss was graded on scale of minus (less than 5% loss), +(5 to 15% loss), and ++(15 to 20%) compared to their initial body weights

is not mandatory [1]. The reason why only a few tumor types respond with necrosis to endotoxin is unknown as yet, but one likely explanation involves differences in the vascular structure of tumors. Vascular structure varies among tumor types, tumor stages, and anatomic locations [5]. Tumors which are rich in certain vascular type(s) may be sensitive to anaphylactic shock. It is also possible, but unlikely, that endogenous production of cytokines including TNF [2] is responsible for tumor necrosis. TNF causes hemorrhagic necrosis of certain tumor types and in vitro it has cytostactic activity on MBT-2 cells (Fig. 2). However, systemic administration of TNF did not affect i.d. MBT-2 growth (Table 1).

Since the late 1800 s, bacterial endotoxins have been used as antitumor agents for the treatment of cancer patients with some successful results [7]. However, endotoxins fell into disfavor because of a lack of consistency and fatal side effects. We have combined several potential or established antianaphylactic shock treatments with LPS (Serratia culture filtrate). None of these agents affected the tumor necrotizing activity. More importantly, among the treatments we tested, glucocorticoid prolonged the advent of toxic signs, however none of these treatments protected mice from toxic effects. Thus, these anti-shock treatments, when used as prophylaxis, were not able to control lethal side effects of LPS.

Accordingly, a translation of our results into a bladder cancer model is extremely dangerous. Rather, a significane of our findings is that i.d. MBT-2 tumor in endotoxin sensitive strain of mice responds with necrosis to LPS from a variety of bacteria strains. Thereby, the use of this model may be limited for evaluating therapeutic effect of certain bacterial products and/or LPS contaminated agents, since this potentially overestimates the therapeutic benefits. However, this tumor model provides a useful tool for understanding the mechanism of LPS induced tumor necrosis and possibly endotoxic shock. Because MBT-2 tumor is syngenic to C3H mice, the tumor responses between endotoxin sensitive and in resistant mice can be compared directly. Moreover, the role of host components (such as bone marrow and spleen) [4, 6, 12] for the expression of antitumor and toxic effects, could be investigated using this model.

References

- Algire GH, Legallais FY, Anderson BF (1952) Vascular reactions of normal and malignant tissues in vivo. V. The role of hypotension in the action of a bacterial polysaccharide on tumors. J Natl Cancer Inst 12:1279-1291
- Carswell EA, Old LJ, Kassel RL, Green S, Fiore N, Williamson B (1975) An endotoxin-induced serum factor that causes necrosis of tumors. Proc Natl Acad Sci USA 72:3666-3670
- Donnelly AJ, Havas HF, Groesbeck ME (1958) Mixed bacterial toxins in the treatment of tumors II. Gross and microscopic changes produced in sarcoma 37 and mouse tissues. Cancer Res 18:149-154
- Glode LM, Mergenhagen SE, Rosenstreich DL (1976) Significant contribution of spleen cells in mediating the lethal effects of endotoxin in vivo. Infect Immun 14:626-630
- Jain RK (1988) Determinants of tumor blood flow: a review. Cancer Res 48:2641-2658
- Mannel DN, Rosenstreich DL, Mergenhagen SE (1979) Mechanism of lipopolysaccharide-induced tumor necrosis: requirement for lipopolysaccharide-sensitive lymphoreticular cells. Infect Immun 24:573–576
- Nauts HC, Fowler GA, Bogatko FH (1953) A review of the influence of bacterial infection and of bacterial products (Coley's toxins) on malignant tumors in man. Acta Med Scand [Suppl] 276:5-103
- Nowtony A (1983) Beneficial effects of endotoxins. In: Search of the active sites in endotoxins. Plenum, New York London, pp 1– 55
- Sluss PM, Ewing JF, Melson BE, Reichert LE Jr (1985) Follicle stimulating hormone binding inhibitor produced by the bacteria Serratia interacts with receptor for follicle stimulating hormone in calf testis membranes. Biol Reprod 33:925-933
- Sluss PM, Reichert LE Jr (1984) Secretion of an inhibitor of FSH binding to receptor by the bacteria Serratia, including a strain isolated from porcine follicular fluid. Biol Reprod 31:520-530
- Soloway MS (1977) Intravesical and systemic chemotherapy of murine bladder cancer. Cancer Res 37:2918–2929
- 12. Sultzer BM (1983) Beneficial effects of endotoxins. Lymphocyte activation by endotoxin and endotoxin protein, the role of the C3H/HeJ mouse. Plenum, New York London, pp 227-248
- Youngner JS, Algire GH (1949) The effect of vascular occlusion on transplanted tumors. J Natl Cancer Inst 10:565-572

Dr. Kan-ei Lee Department of Urology Box 656 601 Elmwood Avenue Rochester, New York 14642 USA