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# **Original Paper**

# Buthionine Sulphoximine Alone and in Combination With Melphalan (L-PAM) is Highly Cytotoxic For Human Neuroblastoma Cell Lines

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Buthionine sulphoximine (BSO) selectively inhibits glutathione (GSH) synthesis and may enhance the antineuroblastoma activity of melphalan (L-PAM). We determined the cytotoxicity of BSO (dose range 0–1000  $\mu$ M) alone and in combination with L-PAM (dose range 0–0  $\mu$ M) in a panel of 18 human neuroblastoma cell lines. BSO alone was highly cytotoxic with 16/18 neuroblastoma cell lines having IC<sub>90</sub> values (range 2.1–>1000  $\mu$ M) below the clinically achievable steady-state plasma level of 500  $\mu$ M BSO. Maximal cell killing correlated with GSH levels decreased to less than 10% baseline, and was partially reversed by the addition of exogenous anti-oxidants (GSH, vitamin E and ascorbate). Fluorocytometric analysis of DNA fragments by the Tunnel method detected 92% of a BSO-sensitive cell line in apoptosis after a 48 h exposure to 500  $\mu$ M BSO. The combination of L-PAM and BSO synergistically enhanced the cell killing of L-PAM alone by >1–3 logs (combination index <1). We conclude that BSO has significant single-agent cytotoxicity against neuroblastoma and enhances cell killing when combined with L-PAM.  $\bigcirc$  1997 Published by Elsevier Science Ltd.

Key words: neuroblastoma, glutathione, buthionine sulfoximine, BSO, melphalan, L-PAM, alkylator resistance

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# INTRODUCTION

ONE OF the challenges faced in the treatment of neuroblastoma is that while many children with metastatic disease initially respond to therapy, the tumour recurs and the child dies from progressive disease [1, 2]. The causes for treatment failure are multifactorial, but acquired drug resistance, especially resistance to alkylating agents, probably plays a major role. Acquired resistance to alkylating agents is particularly important since modern neuroblastoma therapy relies heavily upon alkylating agents, especially in the bone marrow transplant (BMT) setting.

Glutathione (GSH) is an intracellular thiol-containing tripeptide that plays a critical role in many aspects of cellular defence, growth and metabolism, and may contribute to alkylator resistance [3–5]. The primary role of GSH is to defend the cell against free radicals, the highly reactive electrophilic species created during normal cellular metabolism, or as a result of chemotherapy or ionising radiation [3]. GSH can also protect tumour cells from nucleophilic agents, such as alkylators, by direct conjugation with glutathione-*S*-transferase (GST) which ultimately transports the alkylating agent from the cell for hydrolysis in the plasma or excretion in the urine or bile [3, 6]. There is also both *in vivo* and *in vitro* evidence that alkylator resistance correlates to increases in total intracellular levels of non-protein sulphydryls, of which GSH is the predominant species [7–10].

Buthionine sulphoximine (BSO), an aminosulphoximine, is a selective inhibitor of  $\gamma$ -glutamylcysteine synthetase (GCS), the rate-limiting step in the *de novo* synthesis of GSH [3]. BSO, as a single agent, has been reported to be minimally toxic to tumour cells in culture at doses of less than 50  $\mu$ M

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and non-toxic to colony forming unit-granulcyte macrophage (CFU-GM) at doses of  $2000 \,\mu$ M [8, 11–14]. A notable exception are melanoma cell lines, where the toxicity of BSO has been correlated to the degree of pigmentation and the production of tyrosinase [15, 16]. Preclinical studies have shown that BSO-mediated depletion of intracellular GSH is effective in increasing the cytotoxicity of alkylating agents [9, 11, 12, 17]. Human phase I trials of BSO combined with melphalan have demonstrated that BSO alone and in combination with chemotherapy is safe and well tolerated, with clinical toxicities limited to moderate, but reversible, bone marrow suppression [18–22].

In this study, we report the *in vitro* effects of BSO alone and in combination with melphalan (L-PAM) for a panel of 18 human neuroblastoma cell lines.

# MATERIALS AND METHODS

#### Human neuroblastoma and cell lines

Human neuroblastoma cell lines (SMS-KAN, SMS-KANR, SMS-KCN, SMS-KCNR, SK-N-BE (1), SK-N-BE (2), SMS-LHN, SMS-SAN, LA-N-5, LA-N-6, SK-N-RA, SK-N-FI, LA-N-1, LA-N-2, SK-N-SH, SK-N-AS, SK-N-DZ, and SMS-MSN) were cultured in RPMI-1640 with 10% heat-inactivated fetal calf serum (FCS) at 37 °C and 5% CO<sub>2</sub> [23]. No antibiotics were used. All cell lines were tested at passage 15–25 with the exception of LA-N-2 which was passage 100.

#### Chemicals

Melphalan (NSC #14210) was supplied by the National Cancer Institute (Washington, DC, U.S.A.). All other chemicals, including buthionine sulphoximine, were purchased from Sigma Chemical Co., St Louis, Missouri, U.S.A.

#### Digital image microscopy

Cytotoxicity assays were performed in 96-well plates using a novel Digital Image Microscopy (DIMSCAN) system that has a dynamic range of greater than 4 logs of cell kill [24]. Following incubation with drugs or control medium, fluorescein diacetate (a vital stain) was added to the 96-well plate and incubated for 20 min. Eosin-Y (0.5%) was then added to inhibit background fluorescence in the medium and in nonviable cells. The plates were then analysed by digital image microscopy with an inverted fluorescence microscope to determine the relative fluorescence of each well. Mean relative fluorescence for treated wells was compared to control wells to derive the fractional cytotoxicity.

## Dose-response assays

To examine the single-agent activity of BSO, cells were grown to confluence, harvested by Pucks EDTA, resuspended in RPMI-1640 + 10% FCS, and plated in 96-well microtitre FALCON (Beckton Dickinson and Co., Lincoln Park, New Jersey, U.S.A.) plates to a density of 25 000–30 000 viable cells/well. Following plating, cells were exposed to various molar concentrations  $(0-1000 \,\mu\text{M})$  of BSO (total volume 100  $\mu$ l) and incubated for 7 days.

To determine the effect of BSO in combination with L-PAM, cells were plated as previously described in 96-well plates and incubated with various concentrations  $(0-1000 \,\mu\text{M})$  of BSO for 24h followed by adding melphalan  $(0-10 \,\mu\text{M})$  and additional BSO  $(0-1000 \,\mu\text{M})$ . After a 7 day incubation, the plates were analysed by DIMSCAN.

#### Dose effect analysis

Fixed micromolar ratios of BSO and melphalan, alone and in combination, were performed by DIMSCAN as described above. Following a 7 day incubation, the fraction of cells affected was calculated [ $F_a$  = 1-(RF condition/RF control)] from relative fluorescence (RF) values obtained from DIM-SCAN. Data from BSO dose–response studies were analysed using a single-drug dose response program to calculate inhibitory concentration values [25], and IC<sub>90</sub> was defined as the concentration of drug required to kill 90% of cells tested. RF data from BSO/melphalan testing of all 18 neuroblastoma cell lines was also transformed into  $F_a$  and the non-fixed ratio calculation of the combination index (CI) was calculated by the Chou program. CI > 1 indicates drug antagonism, CI = 1 indicates additive effect and CI < 1 indicates drug synergy.

### Apoptosis studies

Cells were cultured as previously described in  $75 \text{ cm}^2$  flasks, in the presence or absence of  $5 \times 10^{-4} \text{ M}$  BSO for 48 h. DNA fragments were identified by two-colour flow cytometry using terminal deoxynucleotidyltransferase (TdT) to incorporate digoxigenin labelled dUTP and dATP. Fluorescein labelled anitidigoxigenin antisera was used to identify the reaction (presence of apoptosis) site and propidium iodide staining was used for DNA staining [26].

#### Glutathione

Glutathione studies were conducted, in triplicate, in sixwell plates containing  $0-1000 \,\mu\text{M}$  BSO for 24 h and analysed by the *o*-phthalaldehyde method with results normalised to total protein [27].

### RESULTS

#### Cytotoxicity of BSO as a single agent against neuroblastoma

A panel of 18 human neuroblastoma cell lines (12 MYCN amplified/6 MYCN non-amplified) were treated for 7 days with BSO (0–1000  $\mu$ M) and analysed for cytotoxicity using the DIMSCAN system. BSO was highly toxic for most neuroblastoma cell lines with 16/18 lines having IC<sub>90</sub> values below the clinically achievable steady-state level of 500  $\mu$ M BSO (Table 1).

Table 1. Concentration of BSO required to kill 90% of neuroblastoma cell lines tested ( $IC_{90}$ )

5	( )0/
Cell line	IC90 µM BSO
SMS-KAN	306.0
SMS-KANR	3.7
SMS-KCN	50.7
SMS-KCNR	377.0
SK-N-BE(1)	23.0
SK-N-BE(2)	4.6
LA-N-1	2.1
LA-N-2	7.8
SMS-MSN	7.7
SMS-SAN	5.4
SK-N-DZ	8.9
LA-N-5	140.7
SMS-LHN	9.7
SK-N-RA	823.0
LA-N-6	40.0
SK-N-AS	371.0
SK-N-SH	11.2
SK-N-FI	>1000.0

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