

Sequence-dependent cytotoxic effects of the combination of a new nitrosourea, fotemustine, with 5-fluorouracil plus folinic acid

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Summary. The present study was designed to analyse the cytotoxic effects of the combination of fotemustine with 5-fluorouracil (5-FU) plus folinic acid (FA). Two human tumor cell lines were used; one line was derived from colon cancer (WIDR) and the other, from a non-small-cell lung cancer (CAL 12). Cytotoxic effects were assessed using the MTT (tetrazolium bromide) semi-automated test in 96-well incubation plates. The effects of various drug combinations were evaluated by the isobologram method. The drug combinations tested included fotemustine concentrations of 20, 30, 40, 50 and 70 µg/ml, 5-FU concentrations of 5, 15 and 30 µg/ml, and a constant FA concentration of 10^{-5} M. A total of 180 different experimental conditions were tested. When cells were exposed to fotemustine prior to treatment with 5-FU, the final cytotoxic effects on both cell lines were additive or synergistic in the majority of cases ($P < 0.001$). The 5-FU concentration was a determinant factor that modified the effects of the drug combination from antagonism (at low 5-FU concentrations) to synergism (high 5-FU concentrations; $P < 0.001$). The addition of FA (10^{-5} M) resulted in a significant shift towards synergistic associations in both cell lines. Administration of 5-FU prior to treatment with fotemustine caused marked antagonism, which 10^{-5} M FA could not significantly shift towards simple additivity.

Introduction

The treatment of colon carcinoma remains a major challenge in cancer chemotherapy. The response rate achieved using active drugs against tumors in this localization remains disappointing [8], and despite its low intrinsic activity, 5-fluorouracil (5-FU) may nevertheless be considered the drug of choice [11]. The cytotoxic activity of 5-FU can be potentiated by its combination with several drugs, and

the bases for biochemical modulation of this drug have been well elucidated for methotrexate, dipyridamole, cis-platin, and folinic acid (FA) [10]. The association of 5-FU and FA has proved to be clinically superior to 5-FU alone for the treatment of colorectal cancer [1]. Combination of 5-FU with an alkylating agent has been found to produce synergistic cytotoxic effects in tumor-bearing mice [19]. However, in patients presenting with colorectal carcinoma, the administration of 5-FU with the nitrosourea tauromustine has produced an unexpectedly low response rate [23].

Fotemustine is a new drug that is representative of the new generation of nitrosoureas containing a special carrier group [13]. In a previous *in vitro* study, we demonstrated that the cytotoxic activity of fotemustine was comparable with, if not higher than, that of carmustine, which was used as a reference [12]. The present study was conducted to analyse the cytotoxic effects of a combination of fotemustine, 5-FU and FA on two human cancer cell lines. The isobologram method was used to evaluate the effects of the various drug combinations.

Materials and methods

Drugs. Fotemustine was obtained from the Institut de Recherches Internationales Servier (Courbevoie, France) as a 50-mg/ml solution in 95% (v/v) ethanol. FA was obtained from Sigma (La Verpillière, France). 5-FU was used as a commercial preparation (Produits Roche, Neuilly, France). All drugs were stored at -20°C and constituted the stock solutions. Dulbecco's modified Eagle's medium (DMEM), L-glutamine, and foetal bovine serum (FBS) were obtained from Gibco (Paisley, UK). Penicillin and streptomycin were supplied by Merieux (Lyons, France). The MTT test was performed using 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) and dimethylsulfoxide (DMSO), both of which were obtained from Sigma.

Cell cultures. Two human tumor cell lines were used: WIDR, derived from colon cancer, and CAL 12, derived from a non-small-cell lung cancer. WIDR was obtained from the CASSG EORTC group, and CAL 12 was isolated at our institute. CAL 12 has a mean doubling time of 35 h and is characterised by the presence of epidermal growth factor (EGF) receptors with two families of sites ($K_d1 = 0.051$ nM, $n = 71,000/\text{cell}$; $K_d2 = 1.85$ nM, $n = 175,000/\text{cell}$). Cells were routinely cultured in a

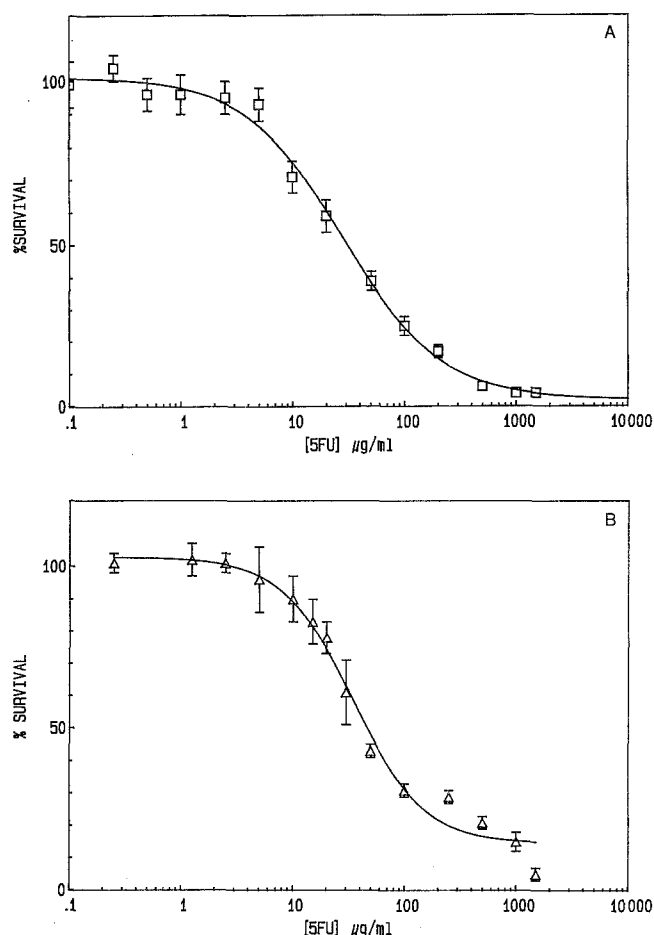


Fig. 1 A, B. Dose-response curves for **A** WDR and **B** CAL 12 cells following treatment with 5-FU. Both curves were best fit by sigmoid curves, with r^2 values of 0.995 and 0.985 being obtained for WDR and CAL 12 cells, respectively. % Survival, percentage of viable cells as compared with untreated controls

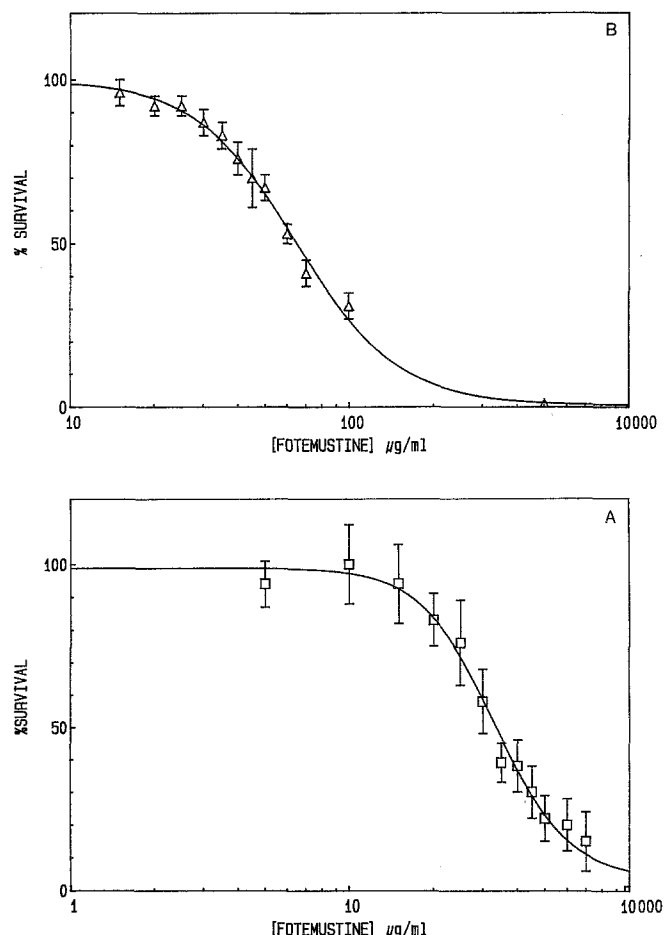


Fig. 2 A, B. Dose-response curves for **A** WDR and **B** CAL 12 cells following treatment with fotemustine. Both curves were best fit by sigmoid curves, with r^2 values of 0.987 and 0.996 being obtained for WDR and CAL 12 cells, respectively. % Survival, percentage of viable cells as compared with untreated controls

humidified incubator (Sanyo) at 37°C in an atmosphere comprising 8% CO₂ in air. Cells were grown in DMEM supplemented with 10% FBS, penicillin (50,000 IU l⁻¹), streptomycin (86 µM), and L-glutamine (2 mM). Cells were grown in 96-well microtitration plates, 5-FU concentrations ranged between 0 and 1500 µg/ml; fotemustine levels ranged between 0 and 200 µg/ml. The FA concentration was 10⁻⁵ M (5 µg/ml); this concentration was selected as the optimal FA concentration on the basis of our previous experience in studies using combinations of 5-FU, cisplatin and FA on cancer cell lines in vitro (manuscript in preparation). The duration of cell exposure to either 5-FU alone or 5-FU plus FA was 1 h. Cells were exposed to fotemustine for 2 h. Fotemustine was added either before (-24 h), during, or after (+24 h) exposure to 5-FU or 5-FU plus FA. The concentration-time products ($c \times t$) of the drugs tested were compatible with their respective clinical pharmacokinetics [15, 20, 25].

Evaluation of cytotoxicity. The cytotoxic effects of the drugs tested alone and in combination were assessed at 6 days after exposure using the MTT semi-automated method [5, 24] in 96-well incubation plates. Results were expressed as the relative percentage of absorbance as compared with that in untreated controls. Absorbance was set at 540 nm and was measured on a Titertek Twin reader. Each experimental point was determined in sextuplicate. For all experiments, the coefficient of variation ranged between 3% and 10%. IC₅₀ was defined as the concentration inhibiting 50% of the cell growth as compared with that in untreated controls. The effects of the different drug combinations were evaluated using the isobologram method [21]. In brief, the dose-effect curves determined experimentally for each drug were assimilated to a sigmoid curve:

$$y = \frac{2}{1 + \left| \frac{\chi}{C1} \right|^{-p}},$$

where $y = \log_{10}$ of the percentage of survival for a concentration K of $x = \log_{10}K$; $C1$ = value of x for $y = 1$; $C1$ = value of x when the percentage of survival = 10; and p = "Hill" slope of the sigmoid curve, whereby CA is the value of $C1$ for drug A, cB is the value of $C1$ for drug B, D is the value of p for drug A, δ is the value of p for drug B, $ye = \log E$, E = survival observed after the action of a given concentration (a) of drug A and a given concentration (b) of drug B, xA = concentration of drug A and xB = concentration of drug B.

The isobologram associated with a given effect E consists of two envelope curves: mode 1 (independent mechanisms of drug action) and mode 2 (common mechanisms of drug action). Each envelope curve gives a relationship between xA and xB :

$$\text{Mode 1: } xA = CA \left| \left(\frac{2-ye}{ye} \right)^{\frac{1}{D}} - \left(\frac{\chi B}{CB} \right)^{\frac{\delta}{D}} \right|$$

$$\text{Mode 2: } xA : CA \left| \frac{2}{1 + \left(\frac{\chi B}{CB} \right)^{-\delta} - ye} - 1 \right| 1/D.$$

Table 1. Cytotoxic effects of the incubation of WIDR cells with fotemustine at 24 h prior to 5-FU treatment

Fotemustine concentration (µg/ml)	5-FU concentration (µg/ml)	Observed cell survival (%)		Isobolographic analysis					
		Without FA	With FA	Without FA			With FA		
				Syn	Add	Ant	Syn	Add	Ant
20	5	97	85			■			■
	15	58	31		■		■		
	30	29	10	■			■		
30	5	83	81			■			■
	15	49	19		■		■		
	30	24	10	■			■		
40	5	69	71			■			■
	15	39	16		■		■		
	30	18	6	■			■		
50	5	57	53			■			■
	15	27	10		■		■		
	30	15	5	■			■		
70	5	35	25			■		■	
	15	16	5		■		■		
	30	11	4	■			■		

Syn, Synergy; Add, additivity; Ant, antagonism

For each effect *E*, there is one isobologram. The intersection of the coordinates (a, b) may lie:

1. Above the envelope, in which case the effects of the combination of drugs *A* and *B* are less than additive (antagonism)
2. Within the envelope, in which case the effects of the combination of drugs *A* and *B* are additive (simple additivity)
3. Below the envelope, in which case the effects of the combination of drugs *A* and *B* are more than additive (supra-additivity or synergy)

Isobolograms were computerized using the mathematical software program Statgraphics (Statistical Graphics Corporation, Rockville, Md., USA).

Results

Figures 1 and 2 show the dose-response curves for the two cell lines following exposure to 5-FU and fotemustine, respectively. Curves were best fit by sigmoid plots; the IC₅₀ values (µg/ml) for 5-FU and fotemustine, respectively, were 30 and 33 in WIDR cells and 35 and 62 in CAL 12 cells.

Tables 1–6 detail the results of isobologram analysis. The drug combinations tested included fotemustine concentrations of 20, 30, 40, 50 and 70 µg/ml, 5-FU concentrations of 5, 15 and 30 µg/ml, and a constant FA concentration of 10⁻⁵ M. A total of 180 different experimental conditions were tested and evaluated by isobolographic analysis. When cells were exposed to fotemustine prior to treatment with 5-FU, the final cytotoxic effects on both cell lines were additive or synergistic in the majority of cases ($P < 0.001$; Tables 1, 2). The 5-FU concentration was a determinant factor that modified the effects of a combination from antagonism (at low 5-FU concentrations) to synergism (high 5-FU concentrations; $P < 0.001$); this finding was observed systematically in WIDR cells (Table 1) and was seen at the lowest fotemustine concentrations in CAL 12 cells (Table 2). Addition of FA (10⁻⁵ M) produced a

significant shift towards synergistic associations in both cell lines ($P < 0.001$). Simultaneous administration of fotemustine and 5-FU (Tables 3, 4) led to antagonistic effects ($P < 0.001$), which were particularly marked in CAL 12 cells (Table 4). Addition of FA (10⁻⁵ M) produced a change from antagonism towards additivity (CAL 12 cells, Table 4) or even synergy (WIDR cells, Table 3; $P < 0.001$). When 5-FU was used before fotemustine, we observed a marked antagonism, which 10⁻⁵ M FA failed to shift significantly towards simple additivity (Tables 5, 6).

Discussion

Biochemical modulation is now a well-established technique in cancer chemotherapy [10]. The recently developed drug combination of 5-FU plus FA has a strong pharmacological basis [16] and has proved to be more effective than 5-FU alone for the treatment of colon cancer [1]. A synergistic interaction has been demonstrated between nitrosoureas and 5-FU in tumor-bearing mice [19]. Fotemustine, a new nitrosourea that is active against carcinomas of the colon [14] and the lung [18] exhibits an activity that is equivalent, if not superior, to that of carmustine [12]. This observation prompted us to evaluate the effects of a multiple drug combination including fotemustine, 5-FU and FA on cancer cell lines in vitro. The intrinsic limitations of such in vitro studies should be borne in mind, particularly the lack of information on the toxicity of those drugs to normal tissue. Different sequences of administration were tested, and the synergy, simple additivity or antagonism between the drugs was evaluated using an appropriate isobolographic method. A wide range of drug concentrations were tested, including those used for clinically treatment of patients [15, 20, 25].

Table 2. Cytotoxic effects of the incubation of CAL 12 cells with fotemustine at 24 h prior to 5-FU treatment

Fotemustine concentration (µg/ml)	5-FU concentration (µg/ml)	Observed cell survival (%)		Isobolographic analysis					
		Without FA	With FA	Without FA ^a			With FA ^b		
				Syn	Add	Ant	Syn	Add	Ant
20	5	98	87			■		■	
	15	79	55		■		■		
	30	60	41	■			■		
30	5	95	89			■			
	15	72	55		■		■		
	30	50	35	■			■		■
40	5	73	63		■		■		
	15	44	33	■			■		
	30	43	29	■			■		
50	5	64	59		■		■		
	15	54	41		■		■		
	30	44	31		■		■		
70	5	45	37	■			■		
	15	44	33	■			■		
	30	35	29	■			■		

Syn, Synergy; Add, additivity; Ant, antagonism

^a Statistical analysis (Table 1 plus Table 2 data): there was significantly more synergy or additivity than antagonism ($X^2 = 70.53$, $P < 0.001$); moreover, there was a significant change from antagonism towards syn-

ergy with increasing 5-FU concentration (Spearman rank correlation, $P < 0.001$)

^b Statistical analysis (Table 1 plus Table 2 data): more synergy was observed in the presence of FA than in its absence ($X^2 = 34.9$, $P < 0.001$)

Table 3. Cytotoxic effects of simultaneous incubation of WIDR cells with fotemustine and 5-FU

Fotemustine concentration (µg/ml)	5-FU concentration (µg/ml)	Observed cell survival (%)		Isobolographic analysis					
		Without FA	With FA	Without FA			With FA		
				Syn	Add	Ant	Syn	Add	Ant
20	5	98	101			■			■
	15	85	60			■		■	
	30	54	6			■	■		
30	5	96	87			■			
	15	77	29			■		■	■
	30	50	6			■	■		
40	5	91	81			■		■	
	15	62	37			■		■	
	30	36	6		■		■		
50	5	80	67			■		■	
	15	54	37		■			■	
	30	30	4		■		■		
70	5	61	46			■		■	
	15	33	9		■			■	
	30	17	3		■		■		

Syn, Synergy; Add, additivity; Ant, antagonism

Our findings for both cell lines revealed that the combination of fotemustine and 5-FU produced opposite effects, depending on the sequence of drug exposure. Administration of 5-FU before fotemustine produced marked antagonism in the resulting cytotoxic effects, whereas a majority of synergistic or additive effects was observed for the opposite sequence. A similar influence of the order of drug

administration has previously been demonstrated for the sequential combination of 5-FU and methotrexate. These two agents exhibited cytotoxic synergism when methotrexate was given before 5-FU [3, 4], and the reverse sequence of drug administration reportedly produced the least favorable results due to antagonism [2]. These two drugs are antimetabolites, and they act at least partially on

Table 4. Cytotoxic effects of simultaneous incubation of CAL 12 cells with fotemustine and 5-FU

Fotemustine concentration (µg/ml)	5-FU concentration (µg/ml)	Observed cell survival (%)		Isobolographic analysis					
		Without FA	With FA	Without FA ^a			With FA ^b		
				Syn	Add	Ant	Syn	Add	Ant
20	5	92	99			■			■
	15	81	76			■			■
	30	58	44			■		■	
30	5	87	95			■			■
	15	73	64			■		■	
	30	59	48			■		■	
40	5	93	94			■			■
	15	68	55			■		■	
	30	53	47			■		■	
50	5	74	79			■			■
	15	60	54			■		■	
	30	50	43			■		■	
70	5	53	54		■			■	
	15	50	35		■			■	
	30	58	42			■		■	

Syn, Synergy; Add, additivity; Ant, antagonism

^a Statistical analysis (Table 3 plus Table 4 data): there was more antagonism than additivity ($X^2 = 38.5$, $P < 0.001$)^b Statistical analysis (Table 3 plus Table 4 data): there was more additivity or synergy than antagonism ($X^2 = 38.5$, $P < 0.001$)**Table 5.** Cytotoxic effects of the incubation of WIDR cells with fotemustine at 24 h following treatment with 5-FU

Fotemustine concentration (µg/ml)	5-FU concentration (µg/ml)	Observed cell survival (%)		Isobolographic analysis					
		Without FA	With FA	Without FA			With FA		
				Syn	Add	Ant	Syn	Add	Ant
20	5	81	82		■			■	
	15	93	81			■			■
	30	62	51			■			■
30	5	93	91			■			■
	15	85	76			■			■
	30	67	41			■		■	
40	5	75	75			■			■
	15	71	60			■			■
	30	49	47			■			■
50	5	66	73			■			■
	15	74	59			■			■
	30	44	35			■			■
70	5	54	60			■			■
	15	43	46			■			■
	30	21	16			■			■

Syn, Synergy; Add, additivity; Ant, antagonism

common intracellular targets; the biochemical origins of sequence-dependent cytotoxic effects have been relatively well elucidated [10].

The pharmacological basis of the sequence-dependent effect observed in the present study between the nitrosourea fotemustine and 5-FU is harder to define. The cytotoxicity of 5-FU is known to involve the activated forms of the drug, which inhibit thymidilate synthase (TS) activity and, thus, DNA synthesis, and/or the direct incorporation

of the drug into RNA [17]. More recently, fluorodeoxy-uridine triphosphate incorporation into the DNA molecule has been identified as a possible mechanism of cytotoxicity [6]. As nitrosoureas act via an alkylating attack on DNA and proteins, more or less additive effects of both drugs on the DNA molecule itself may explain the observed effects.

The effectiveness of DNA repair following damage due to alkylation is a determinant factor in the cytotoxic effects of alkylating agents [9]. DNA repair may represent a more

Table 6. Cytotoxic effects of the incubation of CAL 12 cells with fotemustine at 24 h following treatment with 5-FU

Fotemustine concentration (µg/ml)	5-FU concentration (µg/ml)	Observed cell survival (%)		Isobolographic analysis					
		Without FA	With FA	Without FA ^a			With FA ^a		
				Syn	Add	Ant	Syn	Add	Ant
20	5	92	106			■			■
	15	106	95			■			■
	30	96	74			■			■
30	5	90	103			■			■
	15	98	101			■			■
	30	85	70			■			■
40	5	86	93			■			■
	15	69	70			■			■
	30	62	46			■		■	■
50	5	75	71			■		■	
	15	66	57			■		■	
	30	55	47			■		■	
70	5	54	63		■				■
	15	45	56		■				■
	30	41	43		■			■	

Syn, Synergy; Add, additivity; Ant, antagonism

^a Statistical analysis (Table 5 plus Table 6 data): there was a significant preponderance of antagonism ($X^2 = 101.6$, $P < 0.001$) in the presence and absence of FA

realistic explanation for the characteristic effects caused by the present drug combination. Inhibition of TS by 5-FU may result in a lack of appropriate nucleotide precursors for the repair of damage due to alkylation. This biochemical hypothesis concurs with the synergistic toxic effects that were observed when fotemustine was used before 5-FU. The enhancing effect of FA is also compatible with this hypothesis, as FA amplifies the action of 5-FU by increasing the inhibition of TS [16].

However, the 5-FU concentration was a significant factor that determined the final expression of cytotoxicity when fotemustine was used prior to 5-FU. This was especially true for WIDR cells. Because TS activity is partially blocked by low 5-FU concentrations, the natural substrate deoxyuridine monophosphate accumulates behind the enzymatic block, leading to substrate competition with the 5-FU-induced inhibition, a reduction in 5-FU-mediated effects, and repletion of DNA precursors that are necessary for the repair of damage due to alkylation. This may explain why a preponderance of antagonistic effects were observed at low 5-FU concentrations when the sequence of fotemustine followed by 5-FU was used. A rebound in TS activity following 5-FU exposure has been described in experimental models [7] and in human carcinomas treated with 5-FU [22]. This rise in TS activity leads to an increase in DNA precursors, which favor the repair of alkylation damage. This may explain why the sequence of 5-FU followed by fotemustine produced antagonistic cytotoxic effects. Other underlying biochemical pathways may also be involved.

Overall, the combination of fotemustine and 5-FU plus FA exhibited sequence-dependent effects; use of the appropriate drug sequence and drug doses can produce synergistic cytotoxic action. This original finding is the ration-

ale for an ongoing phase II study of this regimen in patients presenting with colorectal cancer.

References

1. Arbus S (1989) Overview of clinical trials using 5-fluorouracil and leucovorin for the treatment of colorectal cancer. *Cancer* 63: 1036–1044
2. Benz C, Tillis T, Tattelman E (1982) Optimal scheduling of methotrexate and 5-fluorouracil in human breast cancer. *Cancer Res* 42: 2081–2086
3. Bertino JR, Sawicki WL, Linquist CA, Gupta VS (1977) Schedule dependent antitumor effects of methotrexate and 5-fluorouracil. *Cancer Res* 37: 327–328
4. Bertino JR, Mini E, Fernandes DJ (1983) Sequential methotrexate and 5-fluorouracil: mechanisms of synergy. *Semin Oncol* 10(2): 2–5
5. Carmichael J, De Graff WG, Gazdar AF, Minna JD, Mitchell JB (1987) Evaluation of a tetrazolium-based semi-automated colorimetric assay: assessment of chemosensitivity testing. *Cancer Res* 47: 936–942
6. Cheng YC, Nakayama K (1983) Effects of 5-fluoro-2' deoxyuridine on DNA metabolism in HeLa cells. *Mol Pharmacol* 23: 171–174
7. Chu E, Zinn S, Allegra C (1990) Mechanism of interaction of gamma-interferon and 5-fluorouracil in a human colon cancer cell line (H630). *Proc Am Assoc Cancer Res* 31: 420
8. Cohen AM, Shank B, Friedman MA (1989) Colorectal cancer. In: De Vita V, Hellman S, Rosenberg SA (eds) *Cancer, principles and practice of oncology*. J. B. Lippincott, Philadelphia, pp 895–964
9. Curt GA, Clendeninn NJ, Chabner BA (1984) Drug resistance in cancer. *Cancer Treat Rep* 68: 87–96
10. Damon LE, Cadman EC (1988) The metabolic basis for combination chemotherapy. *Pharmacol Ther* 38: 73–127
11. Davis HL (1982) Chemotherapy of large-bowel cancer. *Cancer* 50: 2638–2646
12. Fischel JL, Formento P, Etienne MC, Gioanni J, Frenay M, Deloffre P, Bizzari JP, Milano G (1990) In vitro chemosensitivity testing of

- fotemustine, a new antitumor nitrosourea. *Cancer Chemother Pharmacol* 25: 337–341
13. Khayat D, Lokiec F, Bizzari JP, Weil M, Meeus L, Sellami M, Rouesse J, Banzet P, Jacquillat C (1987) Phase I clinical study of the new amino acid-linked nitrosourea, S 10036, administered on a weekly schedule. *Cancer Res* 47: 6782–6785
 14. Khayat D, Cour V, Cohen-Aloro G, Buthiau D, Aigner C, Vignoux P, Fumoleau P, Lerol A, Namer M, Frenay M, Bizzari JP, Jacquillat C (1989) Hepatic intra-arterial (HIA) fotemustine for liver tumors: results of a multicentric phase II study on 49 patients. *Proc Am Soc Clin Oncol* 8: 83
 15. Lokiec F, Beerblock K, Deloffre P, Lucas C, Bizzari JP (1989) Clinical pharmacokinetics study of fotemustine in different tumor types. *Bull Cancer* 76: 1063–1069
 16. Moran RG (1989) Leucovorin enhancement of the effects of fluoropyrimidines on thymidilate synthase. *Cancer* 63: 1008–1012
 17. Myers C (1981) The pharmacology of fluoropyrimidines. *Pharmacol Rev* 33: 1–15
 18. Riviere A, Berille J, Monnier A, Pujol JL, Cerrina ML, Le Chevalier T (1990) Fotemustine as salvage treatment in non-small-cell lung cancer. Report of a phase III study. Proceedings, 1990 Meeting of the European Society of Medical Oncology (ESMO), Copenhagen
 19. Schabel FM, Griswold DP, Corbett TH, Haster WR (1983) Increasing therapeutic response rates to anticancer drugs by applying the basic principles of pharmacology. *Pharmacol Ther* 20: 283–305
 20. Schilsky RL, Ratain MJ (1990) Clinical pharmacokinetics of high-dose leucovorin calcium after intravenous and oral administration. *J Natl Cancer Inst* 82: 1411–1415
 21. Steel GG (1979) Terminology in the description of drug-radiation interactions. *J Radiat Oncol Biol Phys* 5: 1145–1150
 22. Swain SM, Lippman ME, Egan EF, Drake JC, Steinberg SM, Allegra CJ (1989) Fluorouracil and high-dose leucovorin in previously treated patients with metastatic breast cancer. *J Clin Oncol* 7: 890–899
 23. Taal BG, Ten Bokkel Huinink WW, Franklin HR, McVie JG (1990) 5-Fluorouracil plus tauromustine in advanced colorectal cancer: unexpected negative results. *Eur J Cancer* 26: 856
 24. Twentyman PR, Luscombe M (1987) A study of some variables in a tetrazolium dye (MTT)-based assay for cell growth and chemosensitivity. *Br J Cancer* 56: 279–283
 25. Van Groeningen CJ, Pinedo HM, Heddes J, Kok RM, Jong APJM de, Wattel E, Peters GJ, Lankelma J (1988) Pharmacokinetics of 5-fluorouracil assessed with a sensitive mass spectrometric method in patients on a dose escalation schedule. *Cancer Res* 48: 6956–6961