

## ORIGINAL ARTICLE

Eric J. Nelson · Noah T. Zinkin · Patricia M. Hinkle

**Fluorescence methods to assess multidrug resistance in individual cells**

Received: 15 August 1997 / Accepted: 16 January 1998

**Abstract** *Purpose:* Microscopic methods to measure the activity of drug extrusion systems important in multidrug resistance in individual cells were developed. *Methods:* Multidrug-resistant (MDR) and parental lines of hamster CHO and pituitary GH<sub>3</sub> cells were incubated with the acetoxymethylester (AM) forms of several fluorescent calcium-sensing dyes, fura2, indo1 and fluo3. The AM forms of these compounds are hydrolyzed by intracellular esterases and then trapped in cells, and the AM forms of the dyes are excellent substrates for P-glycoprotein (Pgp). *Results:* The fluorescent free acid forms of fura2, indo1 and fluo3 did not accumulate in MDR lines unless a chemosensitizer such as cyclosporin A, *R*(+)-verapamil, quinidine, or progesterone was included during loading to prevent the cells from extruding the AM forms of the dyes before they could be hydrolyzed. Cyclosporin A increased the fluorescence due to intracellularly trapped fura2 free acid from 8- to 20-fold and was maximally effective at <5  $\mu$ M. Fluorescence microscopy was employed to measure fura2 free acid accumulation by parental and MDR cell lines using excitation at the Ca<sup>2+</sup>-insensitive wavelength. When MDR cells were incubated with rhodamine 123 and fura2/AM, no fluorescence was detectable. Cellular fluorescence was dramatically increased by inclusion of cyclosporin A, quinidine, progesterone, or *R*(+)-verapamil. There was no measurable decline in the fura2 free acid fluorescence in 1 h while the fluorescence due to rhodamine 123 diminished rapidly in cells overexpress-

ing Pgp. *Conclusions:* These fluorescence methods detect drug-extruding activity in individual cells and therefore have the potential to provide complementary information to studies quantifying protein or mRNA levels of Pgp or other efflux pumps. In addition, they provide a rapid and quantifiable method for screening multidrug resistance reversing agents.

**Key words** Drug transport · Fura2 · Multidrug resistance · P-glycoprotein

**Introduction**

Intrinsic or acquired high levels of expression of P-glycoprotein (Pgp), the human MDR1 gene product, is an important cause of resistance to chemotherapeutic drugs [1, 4, 9, 10, 17]. Pgp, a 170-kDa membrane glycoprotein, mediates this resistance by preventing the accumulation of drugs to cytotoxic concentrations. Substrates for the ATP-driven Pgp pump include some endogenous molecules such as steroid hormones and numerous structurally unrelated xenobiotics. In cell culture models, multidrug resistance conferred by Pgp can be reversed by drugs, termed chemosensitizers or reversing agents, such as verapamil and other calcium channel blockers and cyclosporin A [9, 23]. Overexpression of another group of proteins, multidrug resistance associated proteins or MRPs, can also cause multidrug resistance [4, 17]. Preferred substrates for Pgp are positively charged or neutral hydrophobic molecules, and the pump displays no stereoselectivity, whereas MRP appears preferentially to extrude organic anions from cells.

There have been many studies correlating the overexpression of Pgp with clinical drug resistance, and the limitations in existing methods have been reviewed recently [2]. Pgp protein has been quantified by Western blot or immunocytochemistry, Pgp mRNA by in situ hybridization, Northern blot, RNase protection or RT-PCR, and Pgp activity by the uptake of drugs, most often rhodamine 123. All of these methods have

E.J. Nelson<sup>1</sup> · N.T. Zinkin · P.M. Hinkle  
Department of Pharmacology and Physiology  
and the Cancer Center, University of Rochester School  
of Medicine and Dentistry, Rochester, NY 14642, USA

P.M. Hinkle (✉)  
Department of Pharmacology and Physiology,  
University of Rochester Medical School,  
Box 711, 601 Elmwood Avenue, Rochester, NY 14642, USA  
Tel.: +1-716-275-4933; Fax: +1-716-461-0397;  
E-mail: hinklep@pharmacol.rochester.edu

*Present address:* <sup>1</sup>Department of Pharmacology, University of  
Colorado Health Science Center, Denver, CO 80262, USA

limitations, and to date, identification of cells with very high overexpression has proven more reliable than identification of cells with lower levels of Pgp.

Several fluorescent dyes normally used for calcium imaging or viability studies have been used to quantify drug extrusion activity in cell lines overexpressing Pgp or MRP by both fluorimetry and fluorescence activated cell sorting [11–14, 22]. Both of these methods require relatively large numbers of cells and provide population data. We have extended these studies and used microscopy to assess Pgp activity in individual cells. We used both a pituitary cell line, which expresses relatively high endogenous Pgp activity, and CHO cells, which have very low activity, and multidrug resistant (MDR) clones overexpressing Pgp. We showed that drug extrusion activity can be measured microscopically in individual cells, and that the accumulation of intracellularly trapped fluorescent dyes can provide a rapid, simple and quantifiable way to measure potential resistance-reversing agents.

## Materials and methods

### Materials

Fura2/AM, indo1/AM, fluo3/AM, and the respective free acids were obtained from Molecular Probes (Eugene, Ore.). Tissue culture media and sera were from Grand Island Biological Co. (Grand Island, N.Y.), and tissue culture plasticware was from Corning (Corning, N.Y.). Colchicine, rhodamine 123, quinidine, progesterone, and buffers were obtained from Sigma Chemical Co. (St. Louis, Mo.). *R*(+)-verapamil was from Research Biochemicals (Natick, Mass.) and cyclosporin A (Sandimmune™) from Sandoz Pharmaceutical (East Hanover, N.J.).

### Methods

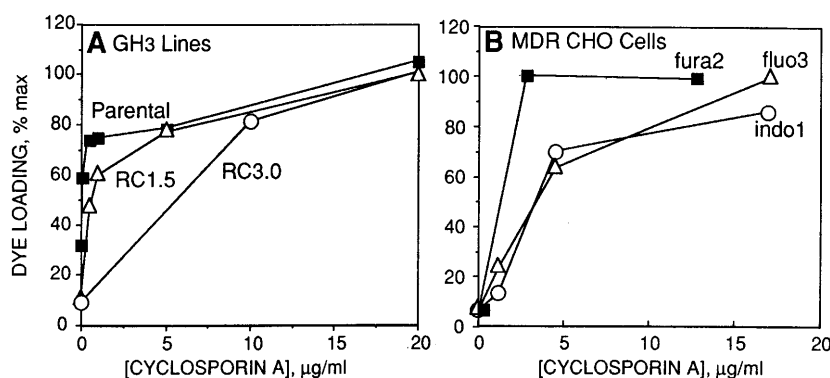
Lines from the GH<sub>4</sub>C<sub>1</sub> subclone of the GH<sub>3</sub> line were selected for resistance to colchicine at 1.5 or 3.0 µg/ml. These lines, which are

designated GH<sub>4</sub>C<sub>1</sub>/RC1.5 or GH<sub>4</sub>C<sub>1</sub>/RC3.0, have been described previously [16]. CR1R12 cells, CHO cells selected for resistance to colchicine [21], were obtained from Dr. Alan E. Senior at the University of Rochester. The MDR lines and parental lines, GH<sub>3</sub> and Aux B1 line of CHO cells, were grown as previously reported [16, 21]. Cells were grown on 100-mm petri dishes or on #1 glass coverslips for microscopy. For use with the pituitary cell lines, coverslips were coated with 13 µg of CellTac (Collaborative Biomedical Products, Bedford, Mass.) for 30 min at room temperature and cells were plated 24–48 h prior to use.

To load cells with dye for fluorimetry, cells on petri dishes were rinsed twice and gently scraped or pipetted into 5 ml Hanks' balanced salt solution supplemented with 15 mM HEPES, pH 7.4 (HBSS). Cells were pelleted by centrifugation and resuspended in HBSS containing fluorescent dye and drugs at the concentrations noted in the text for 30 min at room temperature or 37 °C, as noted. Dye-loaded cells were washed in 10 ml HBSS and then resuspended in 2 ml fresh HBSS at 37 °C and transferred to a thermostatted cuvette with a magnetic stirbar. Fluorescence was recorded and cells were then lysed with 50 µM digitonin to obtain  $F_{\max}$ , and 7.5 mM EGTA (pH 8.3) was added to obtain  $F_{\min}$ . Total dye loading was calculated as  $F_{\max} - F_{\min}$ . In all cases the results shown were obtained from replicate plates measured in a single experiment. Experiments routinely included controls of cells incubated with no drug or with 42 µM (50 µg/ml) cyclosporin A, a maximally effective concentration, and all experiments were replicated with essentially the same results.

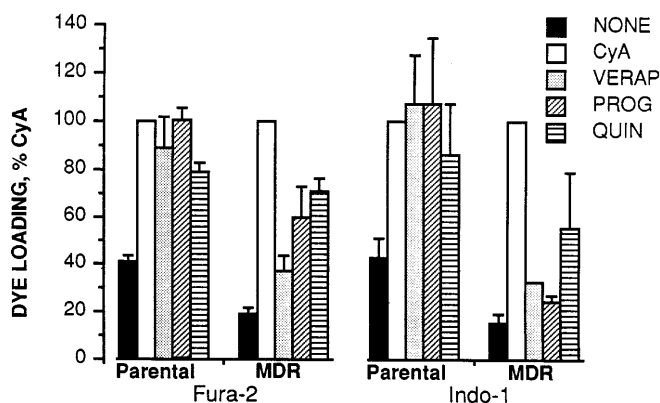
For fluorimetric experiments, the excitation and emission wavelengths were 340/493, 355/410 and 488/535 nm for fura2, indo1 and fluo3. Effects of Pgp inhibitors were found to be the same using 340, 360 and 380 nm excitation for fura2 and using 410, 440 and 475 nm emission for indo1. For microscopy, calcium-independent wavelengths were used. Autofluorescence was very low and was subtracted. Intracellular free calcium concentrations were calculated as described previously [15] and were found to be the same in control and MDR pituitary cells ( $217 \pm 41$  vs  $243 \pm 47$  nM) and not significantly altered by 42 µM cyclosporin A ( $331 \pm 51$  nM for MDR cells).

For intracellular imaging, cells on coverslips were loaded with dyes as described in the text, and the coverslips were rinsed, placed in a chamber maintained at 25 °C, and bathed in HBSS + HEPES with or without cyclosporin A. Images were captured on a Nikon inverted fluorescence microscope using a Dage CCD 72 camera (Dage MTI, Michigan City, Ind.) and a Geniisys image intensifier



**Fig. 1A,B** Effect of cyclosporin A on dye loading. Cells were incubated with 2 µM fura2/AM, 5 µM indo1/AM or 5 µM fluo3/AM for 30 min at 37 °C in HBSS containing the concentrations of cyclosporin A shown. Fluorescence is expressed relative to the maximum, 100%, obtained in each experiment for an identical sample incubated with 42 µM cyclosporin A. **A** ■ Parental GH<sub>3</sub> cells, △ GH<sub>3</sub> cells resistant to 1.5 µg/ml colchicine (RC1.5), or ○ GH<sub>3</sub> cells resistant to 3.0 µg/ml colchicine (RC3.0). **B** Accumulation of the free acid forms of (■) fura2, (○) indo1 or (△) fluo3 by CR1R12 cells (MDR CHO cells)

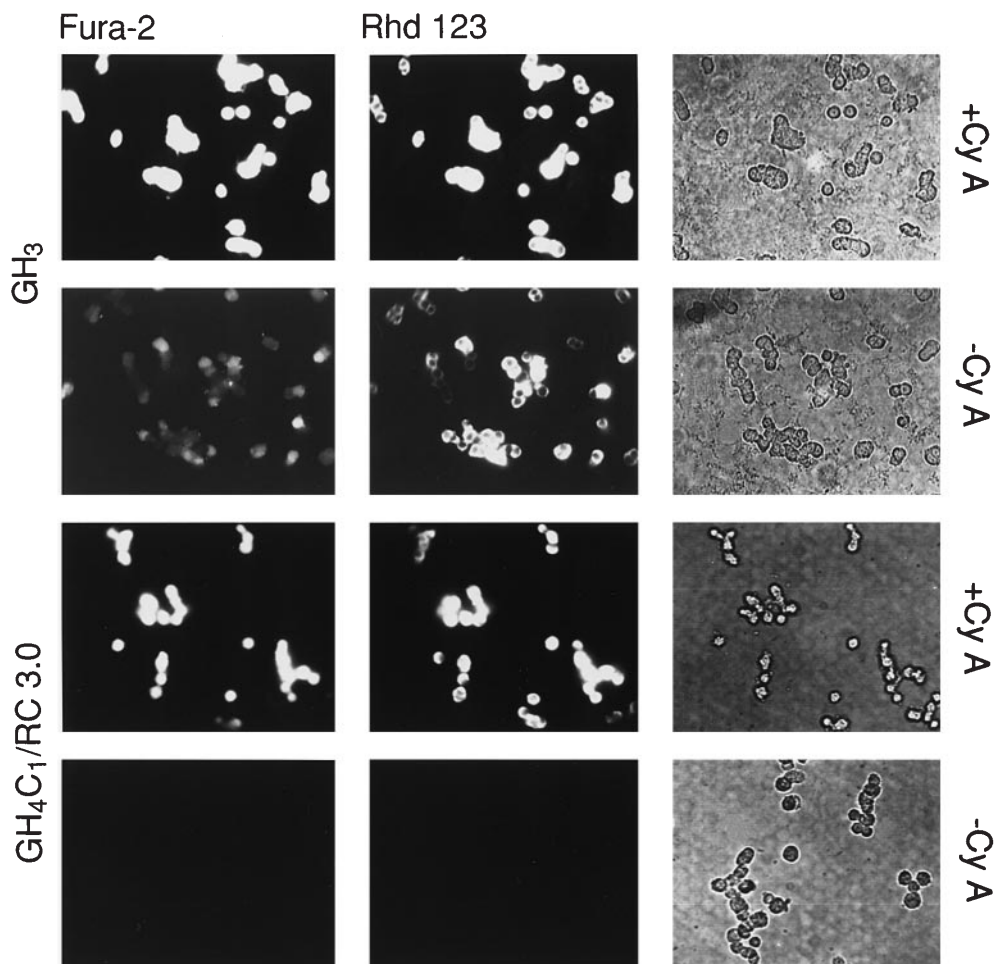
system and Image I/AT image processing software from Universal Imaging (Media, Pa.). Fura2 fluorescence was measured using an excitation filter at the calcium-independent wavelength (360 nm) and a standard fura2 emission filter. Rhodamine 123 and fluo3 fluorescence were measured using a standard narrow bandpass rhodamine filter set. Bleedthrough was negligible. All fura2 images and all rhodamine 123 images for a given cell line were directly comparable. In every figure, control and experimental images were obtained identically from replicate coverslips in the same experiment. All of the results were replicated in multiple independent



**Fig. 2** Effect of multidrug resistance reversal agents on fura2 and indo1 free acid accumulation by rat pituitary cells. GH<sub>3</sub> (parental) or GH<sub>4</sub>C<sub>1</sub>/RC3.0 cells (MDR) were loaded with 4  $\mu$ M fura2/AM or 6  $\mu$ M indo1/AM for 30 min at 37 °C in HBSS containing: no drug (NONE), 42  $\mu$ M cyclosporin A (CyA), 50  $\mu$ M R(+)-verapamil (VERAP), 50  $\mu$ M progesterone (PROG), or 50  $\mu$ M quinidine (QUIN). Fluorescence (mean  $\pm$  range or SE of two or three determinations) is expressed relative to the maximum, 100%, obtained in the presence of 42  $\mu$ M cyclosporin A

experiments. Fluorescence in individual cells was measured on a scale of 0–255 after transferring images into Adobe Photoshop and subtracting the background of adjacent areas without cells.

**Fig. 3** Effect of cyclosporin A on fura2 and rhodamine 123 fluorescence in parental and multidrug resistant cells. Cells grown on coverslips were loaded with 250 ng/ml rhodamine 123 and 10  $\mu$ M fura2/AM for 30 min at 37 °C, with or without 42  $\mu$ M cyclosporin A. GH<sub>3</sub> and MDR GH<sub>4</sub>C<sub>1</sub>/RC3.0 cells were washed and fura2 fluorescence images were captured using excitation at 360 nm, the isofluorescence point and calcium-insensitive wavelength, and standard fura2 emission filters. Rhodamine images were obtained using narrow bandpass rhodamine filters. Each row depicts the same field of cells



## Results

The neutral acetoxymethylester (AM) forms of calcium-sensing dyes such as fura2 cross the plasma membrane by passive diffusion and are hydrolyzed by intracellular esterases to anionic, calcium-sensitive forms that become trapped in the cells [15]. The AM forms of these drugs, which are not fluorescent, are pumped out of the cell by Pgp [13]. Accumulation of the fluorescent, anionic fura2 free acid provides a stable measure of Pgp activity and can be measured at wavelengths where fluorescence intensity is independent of calcium concentration.

We have described MDR lines derived from rat pituitary GH<sub>3</sub> cells which display typical properties of MDR cells: sensitivity to multiple drugs that is reversed by verapamil, reduced accumulation and accelerated efflux of rhodamine 123, and overexpression of Pgp measured immunocytochemically [16]. MDR pituitary cells failed to accumulate the intracellular Ca<sup>2+</sup> indicator fura2 free acid unless cyclosporin A, an effective inhibitor of Pgp, was included in the incubation with fura2/AM (Fig. 1A). Cyclosporin A increased fura2 free acid fluorescence between 5- and 12-fold for colchicine-resistant GH<sub>3</sub> cell lines. Like many endocrine cells [3], pituitary cells display endogenous Pgp activity, and

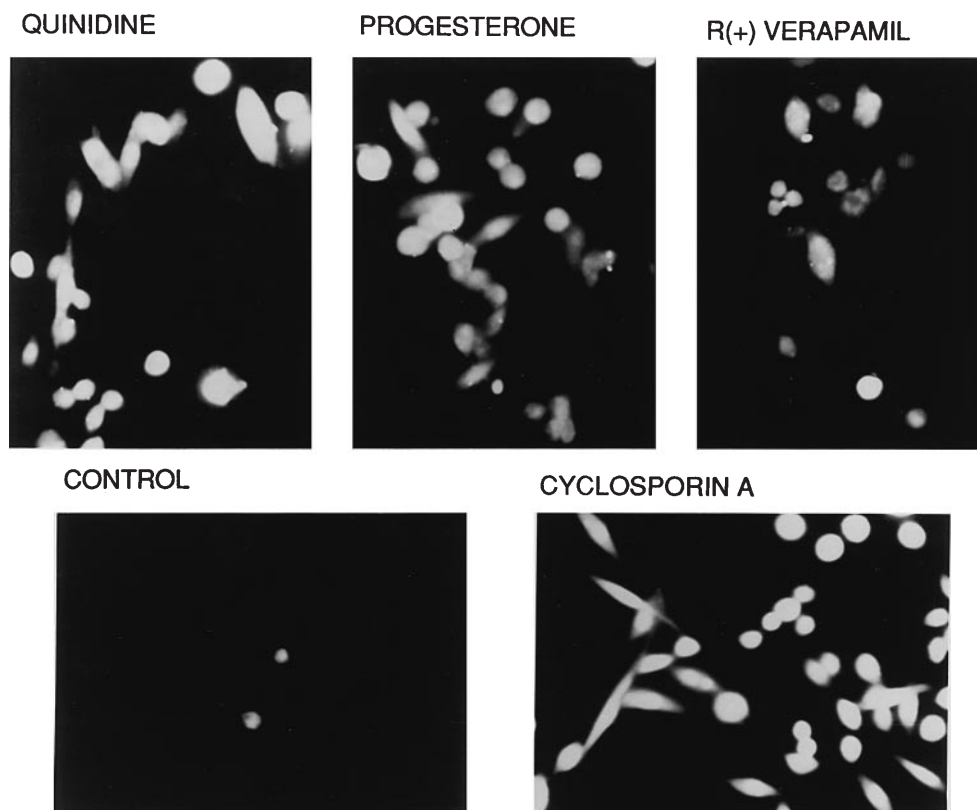
cyclosporin A increased fura2 free acid accumulation two- to threefold even in the parental cell line. Since fura2 free acid can be extruded from some types of cells by an organic anion exchanger [5], we tested the effect of 2 mM probenecid, an inhibitor of the exchanger, and showed that it had no effect on fluorescence in MDR pituitary cells incubated with fura2/AM (data not shown). Together, these results indicate that cells over-expressing Pgp were extruding fura2/AM, but not fura2 free acid. Known chemosensitizers [9, 23], including cyclosporin A, *R*(+)-verapamil (which is inactive at calcium channels), quinidine, and progesterone all increased loading of the fluorescent free acid forms of fura2 and another ratiometric  $\text{Ca}^{2+}$  indicator, indo1 (Fig. 2). *R*(+)-verapamil, quinidine and progesterone were equally effective at increasing dye loading in the parental GH<sub>3</sub> cells, which express a low level of Pgp, but cyclosporin A was the most effective in the colchicine-resistant line. Without a pump inhibitor, a MDR line derived from CHO cells that expresses a high level of Pgp, CR1R12, accumulated essentially no fura2 free acid. Cyclosporin A increased fluorescence due to the free acids of fura2, indo1, and fluo3, a non-ratiometric  $\text{Ca}^{2+}$  dye, 5–16-fold for the MDR CR1R12 cells (Fig. 1B).

Fura2 free acid accumulation also served as a stable marker of Pgp activity at the single cell level. We incubated cells simultaneously with rhodamine 123, which is frequently used as a fluorescent substrate for the Pgp

pump [6, 19, 24], and fura2/AM, and then measured the fluorescence of the two dyes at appropriate wavelengths (Fig. 3). When the drug-resistant GH<sub>4</sub>C<sub>1</sub>/RC3.0 cells were incubated without a pump inhibitor, there was no visible rhodamine 123 or fura2 fluorescence. Loading was dramatically increased by inclusion of cyclosporin A. In the absence of cyclosporin A, the parental GH<sub>3</sub> cells accumulated rhodamine 123 and fura2 free acid, although there was marked cell to cell heterogeneity. Addition of cyclosporin A (Fig. 3) or *R*(+)-verapamil (data not shown) during loading increased the accumulation of both dyes and produced more uniform staining. Several Pgp inhibitors (cyclosporin A, quinidine, *R*(+)-verapamil and progesterone) increased the accumulation of fura2 free acid by CR1R12 cells (Fig. 4) or GH<sub>4</sub>C<sub>1</sub>/RC3.0 cells (data not shown). Similar findings were obtained with parental and MDR CHO cells (data not shown).

One potential complication to using trapped dye as an index of drug extrusion activity is the possibility that a cell lacking the cytoplasmic esterase necessary to hydrolyze the AM form of the dye or a leaky cell will be scored as Pgp-positive. This possible problem was avoided by exposing cells sequentially to two different esterified dyes, the first (fura2/AM) in the absence of a chemosensitizer, and the second (fluo3/AM) in the presence of cyclosporin A. The spectra of the free acid forms of these two indicators permit dual fluorescence imaging. Leaky or esterase-defective cells should not

**Fig. 4** Effect of multidrug resistance reversal agents on fura2 fluorescence of CR1R12 cells. CR1R12 cells grown on coverslips were loaded with 4  $\mu\text{M}$  fura2/AM for 30 min at 37 °C together with: no drug, 42  $\mu\text{M}$  cyclosporin A, 50  $\mu\text{M}$  *R*(+)-verapamil, 50  $\mu\text{M}$  quinidine, or 50  $\mu\text{M}$  progesterone. Cells were washed and images captured following excitation at 360 nm, the calcium-insensitive wavelength



accumulate either dye. Non-MDR cells accumulated both dyes, although there was considerable variability in the intensity of fluorescence in individual cells. For control cells, fluo3 fluorescence averaged  $102 \pm 49$  (mean  $\pm$  SD,  $n = 20$ , arbitrary 0–255 scale) with a range of 52–241 in untreated dishes and was not significantly different ( $84 \pm 48$ , range 35–238,  $n = 18$ ) in cyclosporin A-treated dishes. MDR cells did not accumulate fura2 free acid, because Pgp extruded the AM form of the dye, but did accumulate the second dye (fluo3 free acid) when Pgp was blocked (Fig. 5). For MDR cells, fluo3 fluorescence averaged  $45 \pm 32$  (range 12–115,  $n = 16$ ) in untreated dishes and  $213 \pm 24$  (range 115–226,  $n = 24$ ) in cyclosporin A-treated dishes ( $P < 0.001$ ). The ability of a chemosensitizer to increase accumulation of Pgp substrates in an individual cell over a short period of time would not be expected to vary with differences in cell viability or intrinsic esterase activity.

The advantage of a trapped dye over rhodamine 123, which is also a Pgp substrate, is evident in Fig. 6, which shows rates of decline of fluorescence from intracellular fura2 free acid and rhodamine 123, presumably reflecting drug efflux. MDR cells were loaded with rhodamine 123 and fura2/AM in the presence of cyclosporin A, since there was no measurable fluorescence otherwise.

Cells were then incubated in buffer with or without cyclosporin A. Rhodamine 123 fluorescence diminished rapidly in CR1R12 cells, while over the same time period there was no measurable decline in the fura2 free acid fluorescence (Fig. 6). Inclusion of cyclosporin A in the observation period largely prevented the decrease in rhodamine fluorescence, but did not alter the fluorescence due to fura2 free acid. Similar results were seen for MDR rat pituitary cells (data not shown). This again shows that once fura2/AM is hydrolyzed it is no longer a substrate for Pgp, and also shows that the method allows the assessment of drug extrusion activity over a period of at least several hours, whereas rhodamine 123 fluorescence is only measurable over minutes.

## Discussion

Intracellularly trapped fluorescent dyes have properties that make them useful markers for drug resistance caused by overexpression of drug extrusion pumps. The AM forms of fura2, BCECF, calcein and fluo3 are substrates for Pgp encoded by the human MDR1 [11, 13], and both the ester and free acid forms of calcein are reported to be substrates for MRP [12]. It has previously

**Fig. 5** Sequential staining for drug extrusion activity. Either parental or drug-resistant GH<sub>3</sub> cells on coverslips were loaded with 4  $\mu$ M fura2/AM for 30 min at room temperature, and washed, and fura2 images were captured using excitation at 360 nm and standard fura2 emission filters. The cells were then incubated with 5  $\mu$ M fluo3/AM in the presence of 5  $\mu$ g/ml cyclosporin A for 30 min at room temperature, and washed, and fluo3 free acid fluorescence images were captured using narrow bandpass rhodamine filters. There was no appreciable bleedthrough

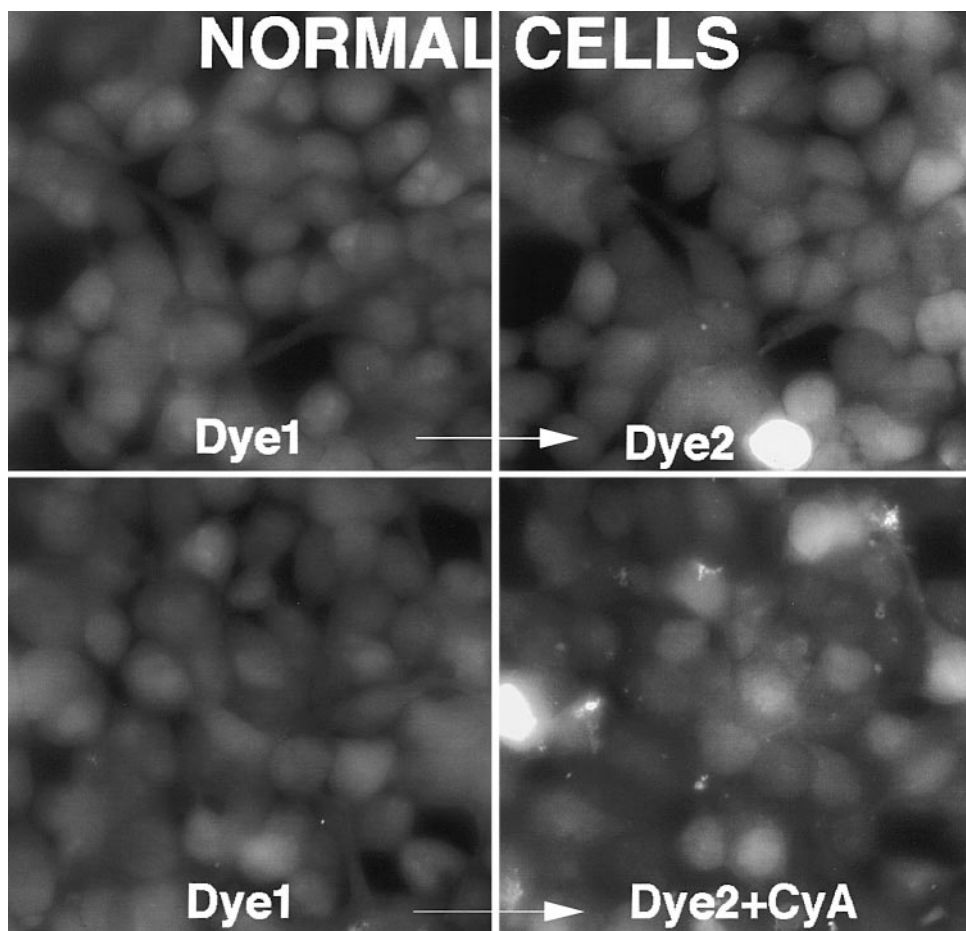
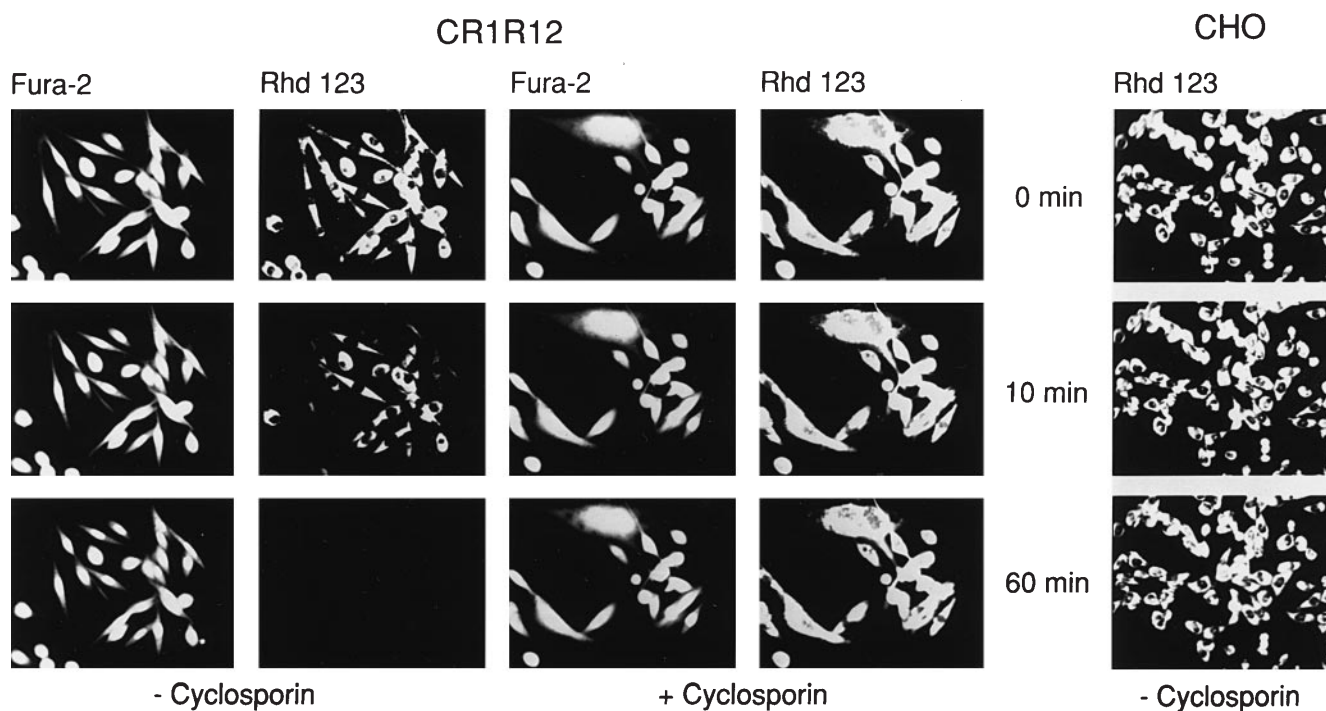
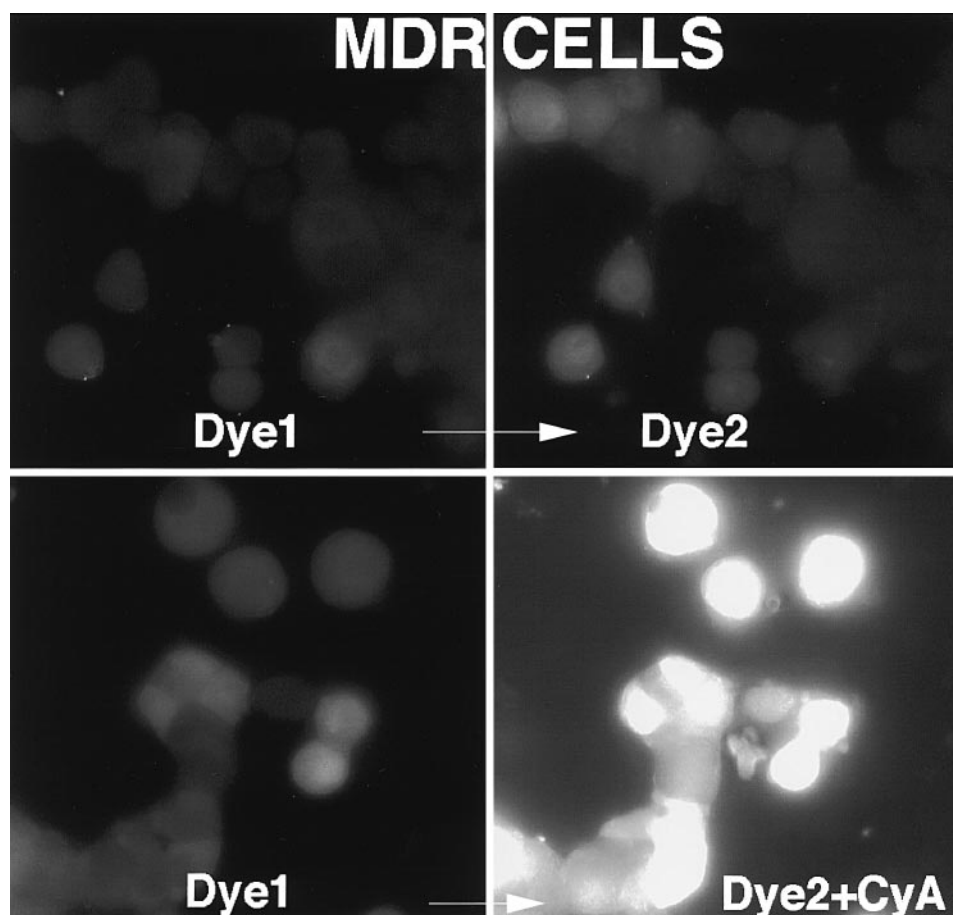




Fig. 5 (Contd.)



**Fig. 6** Efflux of fura2 free acid and rhodamine 123 from CHO and CR1R12 cells. CHO or CR1R12 cells were loaded with 250 ng/ml rhodamine 123 and 10  $\mu$ M fura2/AM for 30 min at 37 °C with 42  $\mu$ M cyclosporin A. Cells were washed and then incubated at

25 °C for 0–60 min, as noted on the figure, in HBSS or HBSS containing 42  $\mu$ M cyclosporin A. Images were captured at intervals; those obtained at 0, 10, and 60 min are shown

been shown that accumulation of these dyes can be used to quantify the activity of Pgp or MRP in cell populations [11–14]. We have shown that the use of these dyes in conjunction with fluorescence microscopy can provide information about Pgp activity on a single cell level, and drug extrusion activity can be correlated with morphology or other characteristics of individual cells. The method was applicable in two model systems, one expressing significant endogenous Pgp activity (a model for tissues such as kidney and adrenal tissue) and one expressing very little (a model for most other tissues) [7, 18, 20]. Effects on intracellular calcium were not noted, but in any case they would not have complicated interpretation as long as data were collected at calcium-insensitive wavelengths. Sequential staining without and with a chemosensitizer can be carried out to rule out either the lack of a cytoplasmic esterase or general cell leakiness as causes of a failure to accumulate the fluorescent free acid forms of the dyes. In principle, it should be possible to determine whether the failure of a cell to accumulate a dye is due to overexpression of Pgp or MRP by using selective inhibitors of the two pumps in sequential staining protocols. Multidrug resistance can also be inferred if cells fail to accumulate normal amounts of a dye such as rhodamine 123. Since rhodamine 123 is an excellent substrate for Pgp, it does not accumulate in cells overexpressing Pgp unless a chemosensitizer is present. However, use of rhodamine 123 accumulation to assess drug resistance is limited because it is extruded rapidly from cells and monitoring must be done quickly, because it is sensitive to membrane potential and because it eventually accumulates in mitochondria. The use of trapped dyes, as shown here, largely circumvents these problems. Nonetheless, estimation of drug extrusion activity will always require a preparation of live cells, which is easier to attain with leukemias and lymphomas than with solid tumors.

The potency of a compound to reverse drug resistance is measured by determining the concentrations of the drug needed to reduce the LD<sub>50</sub> of a cytotoxic agent in cultured MDR cells. Screening potential chemosensitizers in this fashion is labor intensive and time consuming, and data interpretation can be complicated by drug effects at sites other than Pgp. The ability of a compound to increase ATPase activity attributable to Pgp provides a direct measurement of drug interaction at the pump, but this approach requires highly enriched preparations containing Pgp. Furthermore, a number of drugs known to be extruded by Pgp do not increase ATP hydrolysis by purified Pgp [21]. The dose-response curve for increased accumulation of an intracellularly trapped fluorescent dye in MDR cells provides a rapid, simple, inexpensive, and quantitative method to screen compounds for potency as inhibitors of Pgp activity in an intact cell.

**Acknowledgements** This study was supported in part by Cancer Center Core Research Grant CA 11098, NIH grant DK 19974

(P.M.H.), Pharmacological Sciences Training Grant GM 08427 (E.J.N.), and Strong Children's Research Center (N.T.Z.). We appreciate the excellent technical assistance of Matthew E. Osborne. We are also grateful to Dr. Alan E. Senior for the CR1R12 cells.

## References

1. Beck WT, Mueller TJ, Tanzer LR (1979) Altered surface membrane glycoproteins in vinca alkaloid-resistant human leukemic lymphoblasts. *Cancer Res* 39: 2070
2. Beck WT, Grogan TM, Willman CL, Cordon-Cardo C, Parham DM, Kuttlesch JF, Andreeff M, Bates SE, Berard CW, Boyett JM, Brophy NA, Broxterman HJ, Chan HS, Dalton WS, Dietel M, Fojo AT, Gascoyne RD, Head D, Houghton PJ, Srivastava DK, Lehnert M, Leith CP, Paietta E, Pavelic ZP, Weinstein R (1996) Methods to detect P-glycoprotein-associated multidrug resistance in patients' tumors: consensus recommendations. *Cancer Res* 56: 3010
3. Becker KF, Allmeier H, Holtt V (1992) New mechanisms of hormone secretion: MDR-like gene products as extrusion pumps for hormones? *Hormone Metab Res* 24: 210
4. Bellamy WT (1996) P-glycoproteins and multidrug resistance. *Annu Rev Pharmacol Toxicol* 36: 161
5. Di Virgilio F, Steinberg TH, Silverstein SC (1990) Inhibition of fura-2 sequestration and secretion with organic anion transport blockers. *Cell Calcium* 11: 57
6. Efferth T, Lohrke H, Volm M (1989) Reciprocal correlation between expression of P-glycoprotein and accumulation of rhodamine 123 in human tumors. *Anticancer Res* 9: 1633
7. Fojo AT, Ueda K, Slamon DJ, Poplack DG, Gottesman MM, Pastan I (1987) Expression of a multidrug-resistance gene in human tumors and tissues. *Proc Natl Acad Sci USA* 84: 265
8. Georges E, Bradley G, Garipey J, Ling V (1990) Detection of P-glycoprotein isoforms by gene-specific monoclonal antibodies. *Proc Natl Acad Sci USA* 87: 152
9. Georges E, Sharom FJ, Ling V (1990) Multidrug resistance and chemosensitization: therapeutic implications for cancer chemotherapy. *Adv Pharmacol* 21: 185
10. Gottesman MM, Hrycyna CA, Schoenlein PV, Germann UA, Pastan I (1995) Genetic analysis of the multidrug transporter. *Annu Rev Genet* 29: 607
11. Hollo Z, Homolya L, Davis CW, Sarkadi B (1994) Calcein accumulation as a fluorometric functional assay of the multidrug transporter. *Biochim Biophys Acta* 1191: 384
12. Hollo Z, Homolya L, Hegedus T, Sarkadi B (1996) Transport properties of the multidrug resistance-associated protein (MRP) in human tumour cells. *FEBS Lett* 383: 99
13. Homolya L, Hollo Z, Germann UA, Pastan I, Gottesman MM, Sarkadi B (1993) Fluorescent cellular indicators are extruded by the multidrug resistance protein. *J Biol Chem* 268: 21493
14. Homolya L, Hollo M, Muller M, Mechetner EB, Sarkadi B (1996) A new method for a quantitative assessment of P-glycoprotein-related multidrug resistance in tumour cells. *Br J Cancer* 73: 849
15. Minta A, Kao JP, Tsien RY (1989) Fluorescent indicators for cytosolic calcium based on rhodamine and fluorescein chromophores. *J Biol Chem* 264: 8171
16. Nelson EJ, Hinkle PM (1992) Characterization of multidrug-resistant pituitary tumor cells. *Endocrinology* 130: 3246
17. Nooter K, Stoter G (1996) Molecular mechanisms of multidrug resistance in cancer chemotherapy. *Pathol Res Pract* 192: 768
18. Sugawara I, Kataoka I, Morishita Y, Hamada H, Tsuruo T, Itoyama S, Mori S (1988) Tissue distribution of P-glycoprotein encoded by a multidrug-resistant gene as revealed by a monoclonal antibody, MRK 16. *Cancer Res* 48: 1926
19. Tapiero H, Munck JN, Fourcade A, Lampidis TJ (1984) Cross-resistance to rhodamine 123 in adriamycin- and daunorubicin-resistant Friend leukemia cell variants. *Cancer Res* 44: 5544

20. Thiebaut F, Tsuruo T, Hamada H, Gottesman MM, Pastan I, Willingham MC (1987) Cellular localization of the multidrug-resistance gene product P-glycoprotein in normal human tissues. *Proc Natl Acad Sci USA* 84: 7735
21. Urbatsch IL, al-Shawi MK, Senior AE (1994) Characterization of the ATPase activity of purified Chinese hamster P-glycoprotein. *Biochemistry* 33: 7069
22. Wall DM, Hu XF, Zalcberg JR, Parkin JD (1991) Rapid functional assay for multidrug resistance in human tumor cell lines using the fluorescent indicator fluo-3. *J Natl Cancer Inst* 83: 206
23. Wigler PW (1996) Cellular drug efflux and reversal therapy of cancer. *J Bioenerg Biomembr* 28: 279
24. Yoshimura A, Shudo N, Ikeda SI, Ichikawa M, Sumizawa T, Akiyama SI (1990) Novel screening method for agents that overcome classical multidrug resistance in a human cell line. *Cancer Lett* 50: 45