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ORIGINAL ARTICLE

Schedule-dependent synergism and antagonism between pemetrexed and docetaxel in human lung cancer cell lines in vitro

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Abstract
Background Pemetrexed and docetaxel show clinical activities against a variety of solid tumors including lung cancers. To identify the optimal schedule for combination, cytotoxic interactions between pemetrexed and docetaxel were studied at various schedules using three human lung cancer cell lines A-549, Lu-99, and SBC-5 in vitro.
Methods Cells were incubated with pemetrexed and docetaxel simultaneously for 24 or 120 h. Cells were also incubated with pemetrexed for 24 h, followed by a 24 h exposure to docetaxel, and vice versa. Growth inhibition was determined using 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay and cell cycle analysis. Cytotoxic interactions were evaluated by the isobologram method.
Results Simultaneous exposure to pemetrexed and docetaxel for 24 and 120 h produced antagonistic effects in all three cell lines. Pemetrexed (24 h) followed by docetaxel (24 h) produced additive effects in A-549 cells and synergistic effects in Lu-99 and SBC-5 cells. Docetaxel followed by pemetrexed produced additive effects in A-549 and Lu-99 cells and antagonistic effects in SBC-5 cells. The results of cell cycle analysis were fully consistent with those of isobologram analysis, and provide the molecular basis of the sequence-dependent difference in cytotoxic interactions between the two agents.
Conclusions Sequential administration of pemetrexed followed by docetaxel may provide the greatest anti-tumor effects for this combination in the treatment of lung cancer.

Keywords Pemetrexed · Docetaxel · Isobologram · Lung cancer

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Introduction

Lung cancer is the leading cause of cancer mortality in industrialized countries, with non-small cell lung cancer (NSCLC) accounting for nearly 80% [1]. Although surgery may be curative in early-stage NSCLC, most patients present with inoperable advanced disease. These patients managed with best supportive care alone have a median survival time of only 5 months and a 1-year survival rate of approximately 10% [2]. First-line treatment for patients with advanced NSCLC includes platinum compounds combined with vinorelbine, gemcitabine, or taxanes [3]. This is associated with improved quality of life, but only moderate survival advantages when compared with best supportive

care alone. Therefore, there is an emergent need for effective second-line treatments for NSCLC patients who experience disease progression after first-line chemotherapy. Currently, erlotinib, docetaxel, and pemetrexed are approved as second-line drugs by the US Food and Drug Administration for patients whose tumors have progressed after platinum-based treatments [4, 5].

Small cell lung cancer (SCLC) accounts for approximately 12% of all lung cancers [6]. Compared with NCSLC, SCLC has a rapid doubling time, and earlier development of wide spread metastasis. SCLC is highly sensitive to initial radiotherapy and chemotherapy. The most commonly used regimens include etoposide, cisplatin, doxorubicin, or cyclophosphamide [7]. For limited-stage patients, chemotherapy associated with thoracic radiation was able to produce a cure rate of 10–20%. In extensive disease, the combinations of these agents yields responses of 50–70%, with 20–30% complete remissions, but most patients die from recurrent diseases. The identification of new agents is critical for further progress in the treatment of SCLC, and the evaluation of a variety of agents including docetaxel and pemetrexed has been underway [8–10].

Pemetrexed is a new antifolate that has significant activity against a broad spectrum of solid tumors including lung cancer [11, 12]. Pemetrexed inhibits multiple enzymes involved in folate metabolism including thymidylate synthase, dihydrofolate reductase, and glycinamide ribonucleotide formyltransferase [13]. Pemetrexed arrests cells mainly in S phase and induces apoptosis against tumor cells [14]. Against lung cancers, pemetrexed is non-inferior to docetaxel, with lower hematologic toxicity, and febrile neutropenia and a similar rate of non-hematologic toxicities [12].

The taxanes, paclitaxel and docetaxel, have significant activity in lung cancer. Both inhibit microtubule dynamics and cause G2/M cell cycle arrest. However, there are several differences between them in the pharmacokinetics and pharmacologic actions [15, 16]. Docetaxel demonstrated greater affinity for the tubulin-binding site, wider cell cycle activity, longer intracellular retention time and higher intracellular concentration in tumor cells, more potent antitumor activity in in vitro and in vivo models, and more potent induction of bcl-2 phosphorylation and apoptosis. Paclitaxel has a non-linear pharmacokinetic behavior, while docetaxel demonstrated linear pharmacokinetics and less schedule dependence than paclitaxel.

The combination of pemetrexed and docetaxel may play a major role in the second-line treatment of lung cancers. The wide range of antitumor activity of these agents, their different cytotoxic mechanisms and different toxicity profiles, and the absence of cross-resistance provide the rationale for combining these agents. Since both pemetrexed and docetaxel are cell cycle-specific, disturbances of the cell cycle produced by one drug may influence the cytotoxic effects of the other. Furthermore the drug schedule may play a significant role in the outcome, and therefore, how the drugs are combined requires careful consideration.

We showed that the ordered treatment of pemetrexed followed by paclitaxel may be synergistic, whereas simultaneous administration was potentially antagonistic in a variety of solid tumor cell lines [17]. What is not clear is whether such schedule dependency will be as important for pemetrexed and docetaxel as for pemetrexed and paclitaxel in the treatment of lung cancers. The present study was aimed at characterizing the cytotoxic effects of various pemetrexed and docetaxel combinations and schedules on three human lung cancer cell lines using the isobologram method of Steel and Peckham [18]. Flow cytometry was performed to understand the molecular basis of the schedule-dependent synergism and antagonism of the pemetrexed and docetaxel combination.

Materials and methods

Cell lines

Three human lung cancer lines, A-549 (lung adenocarcinoma), Lu-99 (giant-cell lung cancer), and SBC-5 (small cell lung cancer) were used. A-549 cells were purchased from the American Type Culture Collection (Rockville, MD). Lu-99 and SBC-5 cells were obtained from Health Science Research Resources Bank (Tokyo). These cells were growing as a monolayer in 75-cm^2 plastic tissue culture flasks containing RPMI1640 medium (Sigma Chemical Co., St Louis, MO) supplemented with 10% heat-inactivated fetal bovine serum (FBS) (Sigma) and antibiotics (penicillin G and streptomycin) in a humidified atmosphere of 95% air/5% CO_2 at 37°C. Under these conditions, the doubling times of these cells were 20–30 h.

Drugs

Pemetrexed and docetaxel were kindly provided by Eli Lilly and Company (Indianapolis, IN) and Sanofi-Aventis K.K. (Tokyo, Japan), respectively. Drugs were dissolved with RPMI1640 and stored at −80°C. Drugs were diluted with RPMI-1640 plus 10% FBS before use.

Cell growth inhibition using combined anti-cancer agents

Growing cells were collected by trypsinization, separated and resuspended to a final concentration of 5.0×10^3 cells/ml in fresh medium containing 10% FBS and antibiotics. Cell suspensions (100 µl) were dispensed into the individual wells of a 96-well tissue culture plate with a lid (Costar, Corning, NY). Each plate had one 8-well control column

containing medium alone and one 8-well control column containing cells but no drug. Eight plates were prepared for each drug combination.

Simultaneous and continuous exposure to pemetrexed and docetaxel

After a 20–24 h incubation for cell attachment, solutions of docetaxel and pemetrexed (50 µl) at different concentrations were added to individual wells in final volumes of 200 µl per wells. The plates were incubated under the same conditions for 120 h.

Simultaneous 24 h exposure to pemetrexed and docetaxel

After cell attachment, solutions of docetaxel and pemetrexed (50 µl) at different concentrations were added to individual wells in final volumes of 200 µl per wells. The plates were also incubated under the same conditions for 24 h. The cells were then washed twice with culture medium, and then fresh medium (200 µl) and antibiotics were added. The cells were cultured again for four additional days in drug-free medium.

Sequential exposure to pemetrexed (24 h) followed by docetaxel (24 h) or vice versa

After cell attachment, medium containing 10% FBS (50 µl) and solutions of docetaxel or pemetrexed (50 µl) at different concentrations were added to individual wells. The plates were then incubated under the same conditions for 24 h. The cells were washed twice and fresh medium was added, followed by the addition of solutions of docetaxel or pemetrexed (50 µl) at different concentrations. The plates were incubated again under the same conditions for 24 h. The cells were then washed twice, and the cells were cultured for three additional days in drug-free medium.

MTT assay

Viable cell growth was determined by 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay [19]. For all 4 cell lines examined, we established a linear relation between the MTT assay value and the cell number within the range shown.

Isobologram

The dose–response interactions between pemetrexed and docetaxel were evaluated at the IC_{50} level by the isobologram method of Steel and Peckham (Fig. 1) [18]. The IC_{50} was defined as the concentration of drug that produced 50% cell growth inhibition; i.e. a 50% reduction of absorbance. The theoretical basis of the isobologram method and the procedure for making the isobologram has been described in detail [18, 20, 21]. Based on the dose–response curves of pemetrexed and docetaxel, three isoeffect curves were constructed (Fig. 1). If the agents act additively by independent mechanisms, combined data points would lie near the Mode I line (hetero-addition). If the agents act additively by similar mechanisms, the combined data points would lie near the Mode II lines (iso-addition) [14, 16, 17].

Since we cannot know in advance whether the combined effects of two agents will be hetero-additive, iso-additive, or an effective intermediate between these extremes, all possibilities should be considered. Thus, when the data points of the drug combination fell within the area surrounded by mode I and/or mode II lines (i.e. within the envelope of additivity), the combination was described as additive.

We used this envelope to evaluate not only the simultaneous exposure combinations of pemetrexed and docetaxel, but also to evaluate the sequential exposure combinations, since the second agent under our experimental conditions could modulate the cytotoxicity of the first agent.

A combination that gives data points to the left of the envelope of additivity (i.e. the combined effect is caused by lower doses of the two agents than is predicted) can confidently be described as supra-additive (synergism). A combination that gives data points to the right of the

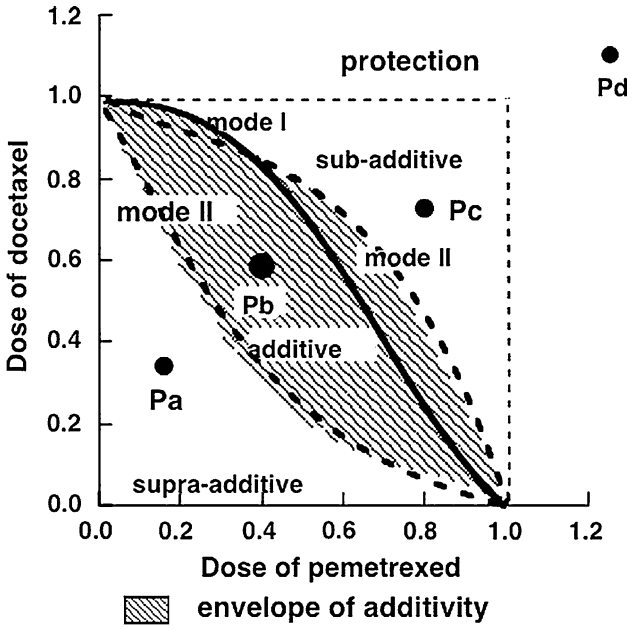

Fig. 1 Schematic representation of an isobologram (Steel and Peckham). The envelope of additivity, surrounded by mode I (*solid line*) and mode II (*dotted lines*) isobologram lines, was constructed from the dose–response curves of pemetrexed alone and docetaxel alone. The concentrations that produced 50% cell growth inhibition were expressed as 1.0 in the ordinate and the abscissa. Combined data points *Pa*, *Pb*, *Pc* and *Pd* show supra-additive, additive, sub-additive, and protective effects, respectively

envelope of additivity, but within the square or on the line of the square can be described as sub-additive (i.e. the combination is superior or equal to a single agent but is less than additive). A combination that gives data points outside the square can be described as protective (i.e. the combination is inferior in cytotoxic action to a single agent). A combination with both sub-additive and/or protective interactions can confidently be described as antagonistic.

Data analysis

Findings were analyzed as described previously [22]. To determine whether the condition of synergism (or antagonism) truly existed, a Wilcoxon signed-rank test was performed to compare the observed data with the predicted minimum (or maximum) data for an additive effect. Probability values $(P) \leq 0.05$ were considered significant. Combinations with $P > 0.05$ were regarded as having an additive/synergistic (or additive/antagonistic) effect. All statistical analyses were performed using the Stat View 4.01 software program (Abacus Concepts, Berkeley, CA).

Flow cytometric analysis

SBC-5 cells were treated with 5.0 μM pemetrexed alone, or 1.5 nM docetaxel alone or their combination simultaneously for 24 h. The cells were also treated with pemetrexed for 24 h followed by docetaxel for 24 h or the reverse sequence. The cells were harvested at 72 h and the cell cycle profiles were analyzed by staining intracellular DNA with propidium iodide in preparation for flow cytometry with the FACScan · CellFIT system (Becton-Dickinson, San Jose, CA). The size of the sub-G1, G0/G1 and S+G2/M fractions was calculated as a percentage by analyzing DNA histograms with the ModFitLT 2.0 program (Verity Software, Topsham, ME) [23].

Results

Figure 2 shows the dose–response curves for pemetrexed in A-549, Lu-99, and SBC-5 cells. The dose–response curves were plotted on a semi-log scale as a percentage of the control. The IC_{50} values of pemetrexed against these cells were 1.5 ± 0.4, 0.42 ± 0.10, 1.3 ± 0.2 μM, respectively ($n = 5$). The IC_{50} values of docetaxel against these cells were 1.7 ± 0.2, 1.0 ± 0.1, and 0.82 ± 0.13 nM, respectively ($n = 5$).

The dose–response curves in Fig. 3 show the effect of simultaneous exposure (24 h) (panel a), sequential exposure to pemetrexed followed by docetaxel (panel b), and vice versa (panel c) on the growth of SBC-5 cells. The

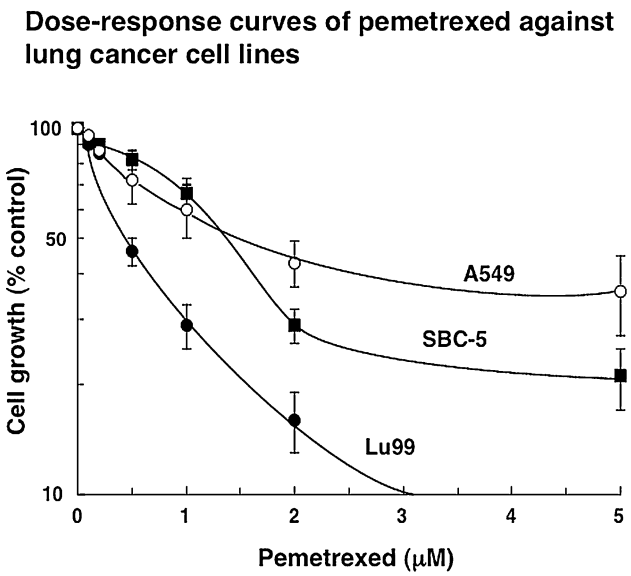

Fig. 2 The dose–response curves of 24 h exposure to pemetrexed against A-549, Lu-99, and SBC-5 cells. Cell growth inhibition was measured using the MTT assay after 5 days and was plotted as a percentage of the control (cells not exposed to drugs). Each point represents the mean ± SEM for at least three independent experiments

pemetrexed concentrations are shown on the abscissa. Dose–response curves in which the docetaxel concentrations are shown on the abscissa are based on the same data (figure not shown). Three isoeffect curves (mode I and mode II lines) were constructed based on the dose–response curves of pemetrexed alone and docetaxel alone. Isobolograms at the IC_{50} level were generated based on these dose–response curves for the combinations.

Simultaneous exposure to docetaxel and pemetrexed for 24 h

Figure 4a shows isobolograms of SBC-5 cells after simultaneous exposure to pemetrexed and docetaxel. The combined data points fell in the areas of subadditivity and protection. The mean values of the observed data (0.71) were larger than those of the predicted maximum values (0.60). The observed data and the predicted maximum data were compared by Wilcoxon signed-rank test. The difference was significant ($P < 0.05$), indicating antagonistic effects (Table 1). Quite similar effects were observed in A-549 and Lu-99 cells (Table 1, isobolograms not shown).

Sequential exposure to pemetrexed for 24 h followed by docetaxel for 24 h

Figure 4b shows isobolograms of SBC-5 cells exposed first to pemetrexed and then to docetaxel. The combined data points fell in the area of supraadditivity. The mean values of the observed data (0.46) were smaller than those

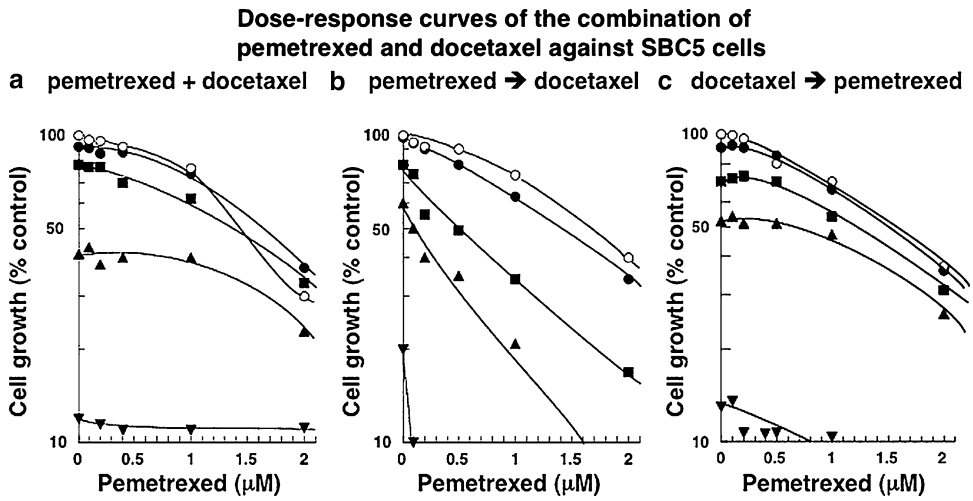

Fig. 3 Schedule dependence of the interaction between docetaxel and pemetrexed in SBC-5 cells. Cells were exposed to these two drugs simultaneously for 24 h (**a**), pemetrexed first for 24 h followed by docetaxel for 24 h (**b**), and vice versa (**c**). The cell number after 5 days was measured using the MTT assay and was plotted as a percentage of the control (cells not exposed to drugs). The concentrations of docetaxel are shown on the abscissa. The concentrations of pemetrexed were 0 (*open circle*), 0.2 (*filled circle*), 0.5 (*filled square*), 1.0 (*filled triangle*) and 2.0 (*filled inverted triangle*) μM, respectively. Data are mean values for three independent experiments; SE was < 25%

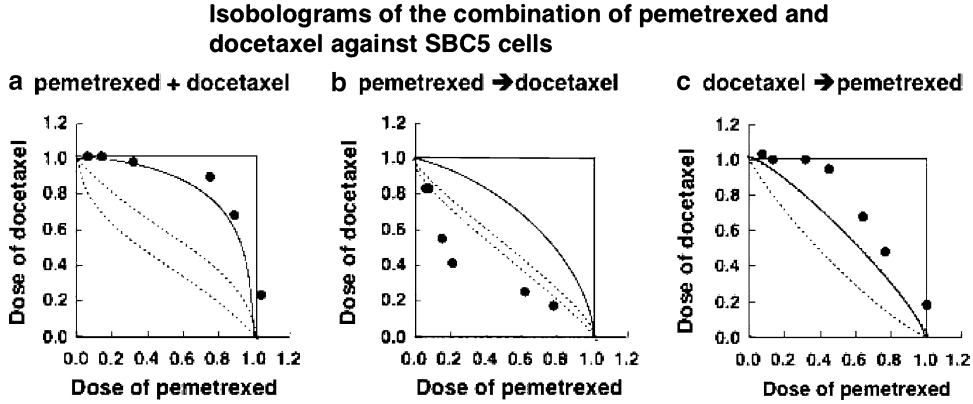

Fig. 4 Isobolograms of simultaneous exposure to docetaxel and pemetrexed for 24 h in SBC-5 cells (**a**). The combined data points fell in the areas of subadditivity and protection. Data are mean values for at least three independent experiments; SE was <25%. Isobolograms of sequential exposure to pemetrexed (24 h) followed by docetaxel (24 h) in SBC-5 cells (**b**). All data points of the combinations fell in the area of supraadditivity. Data are mean values for at least three independent experiments; SE was <20%. Isobolograms of sequential exposure to docetaxel (24 h) followed by pemetrexed (24 h) in SBC-5 cells (**c**). All data points of the combinations fell in the areas of subadditivity and protection. Data are mean values for at least three independent experiments; SE was <25%

of the predicted minimum values (0.60) (Table 1). The difference was significant ($P < 0.05$), indicating synergistic effects. Quite similar effects were observed in Lu-99 cells (Table 1, isobolograms not shown), while additive effects were observed in A-549 cells (Table 1, isobolograms not shown).

Sequential exposure to docetaxel for 24 h followed by pemetrexed for 24 h

Figure 4c shows isobolograms of SBC-5 cells exposed first to docetaxel, followed by pemetrexed. The combined data points mainly fell in the area of subadditivity. The mean values of the observed data were larger than those of the predicted maximum values ($P < 0.02$) (Table 1), indicating antagonistic effects. For A-549 and Lu-99 cells, most combined data points fell within the envelope of additivity and the mean values of the observed data were between those of the predicted minimum and maximum values (Table 1, isobolograms not shown), indicating an additive effect of this schedule.

Simultaneous exposure to pemetrexed and docetaxel for 5 days

For all three cell lines, combined data points fell in the areas of subadditivity and protection, indicating antagonistic effects (Table 1, isobolograms not shown).

Table 1 Mean values of observed data, predicted minimum, and predicted maximum of pemetrexed and docetaxel in combination at IC_{50} level

Schedule	Cell line	n[a]	Observed data	Predicted min.[b]	Predicted max.[c]	Effects
Pemetrexed + docetaxel (24 h)	A-549	8	0.72	0.31	0.55	Antagonism ($P < 0.02$)
	Lu-99	6	>1.0	0.41	0.62	Antagonism ($P < 0.05$)
	SBC-5	6	0.71	0.33	0.60	Antagonism ($P < 0.05$)
Pemetrexed (24 h) → docetaxel (24 h)	A-549	7	0.63	0.31	0.92	Additive
	Lu-99	7	0.29	0.50	0.67	Synergism ($P < 0.02$)
	SBC-5	7	0.46	0.60	0.82	Synergism ($P < 0.02$)
Docetaxel (24 h) → pemetrexed (24 h)	A-549	8	0.64	0.32	0.86	Additive
	Lu-99	8	0.63	0.32	0.85	Additive
	SBC-5	7	0.87	0.36	0.70	Antagonism ($P < 0.02$)
Pemetrexed + docetaxel (5 day)	A-549	6	0.79	0.51	0.68	Antagonism ($P < 0.05$)
	Lu-99	6	0.96	0.45	0.62	Antagonism ($P < 0.05$)
	SBC-5	4	0.73	0.20	0.57	Antagonism ($P < 0.05$)

[a] Number of data points

[b] Predicted minimum value for an additive effect

[c] Predicted maximum value for an additive effect

Cell cycle analysis

The isobologram analysis revealed that pemetrexed and docetaxel had a synergistic effect on two of the three lung cancer cell lines when sequentially administered with pemetrexed first and followed by docetaxel. In contrast, either simultaneous exposure or sequential addition in the reversed order (docetaxel to pemetrexed) resulted in antagonistic or additive effects. We confirmed these results by calculating the size of sub-G1 fractions, which correspond to apoptotic populations, on flow cytometry. As shown in Fig. 5, apoptosis-inducing effects of the two drugs were strongest when cells were exposed to pemetrexed first and followed by docetaxel. In contrast, the cytotoxic effects of docetaxel were significantly suppressed when pemetrexed was added simultaneously or afterward. These data are fully consistent with the results of isobologram analysis.

Cell cycle analysis also provided a clue to understand the mechanisms underlying this observation. Pemetrexed alone induced cell cycle arrest in late G1 to early S phase in SBC-5 cells (see Fig. 6 for representative results, and Table 2 for quantification and statistical analysis of three independent experiments). Docetaxel alone caused the loss of mitotic fractions along with massive apoptosis at a relatively low concentration (1.5 nM). When SBC-5 cells were exposed to both agents simultaneously, the cell cycle pattern was between the patterns of single-agent exposure, and the size of sub-G1 fractions was substantially

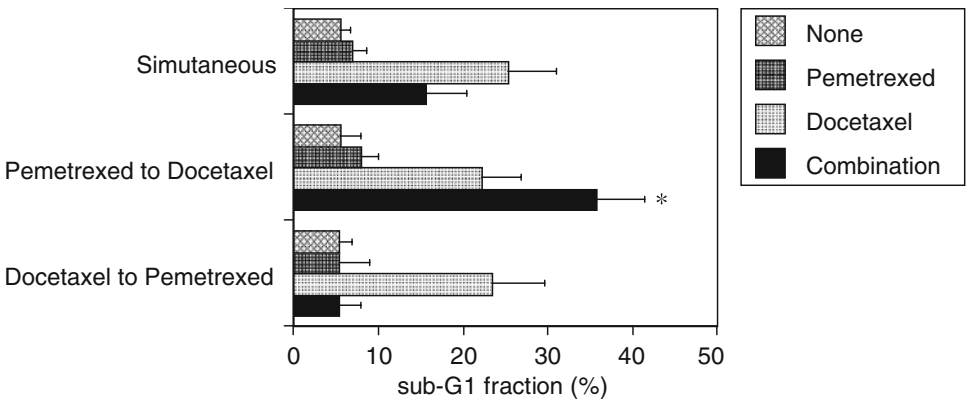

Fig. 5 SBC-5 cells were cultured in the absence (None) or presence of either 5.0 μM pemetrexed (Pemetrexed) or 1.5 nM docetaxel (Docetaxel) alone for 24 h; or in the presence of both drugs for 24 h (Simultaneous); or treated with pemetrexed for 24 h, followed by docetaxel for 24 h (Pemetrexed to Docetaxel); or treated with docetaxel for 24 h, followed by pemetrexed for 24 h (Docetaxel to Pemetrexed). After 72 h, DNA histograms were obtained to calculate the size of sub-G1 fractions as described in "Materials and methods". Data shown are the means ± SD of three independent experiments. The statistical difference was determined by one-way ANOVA with Bonferroni multiple comparison test. An *asterisk* denotes $P < 0.01$

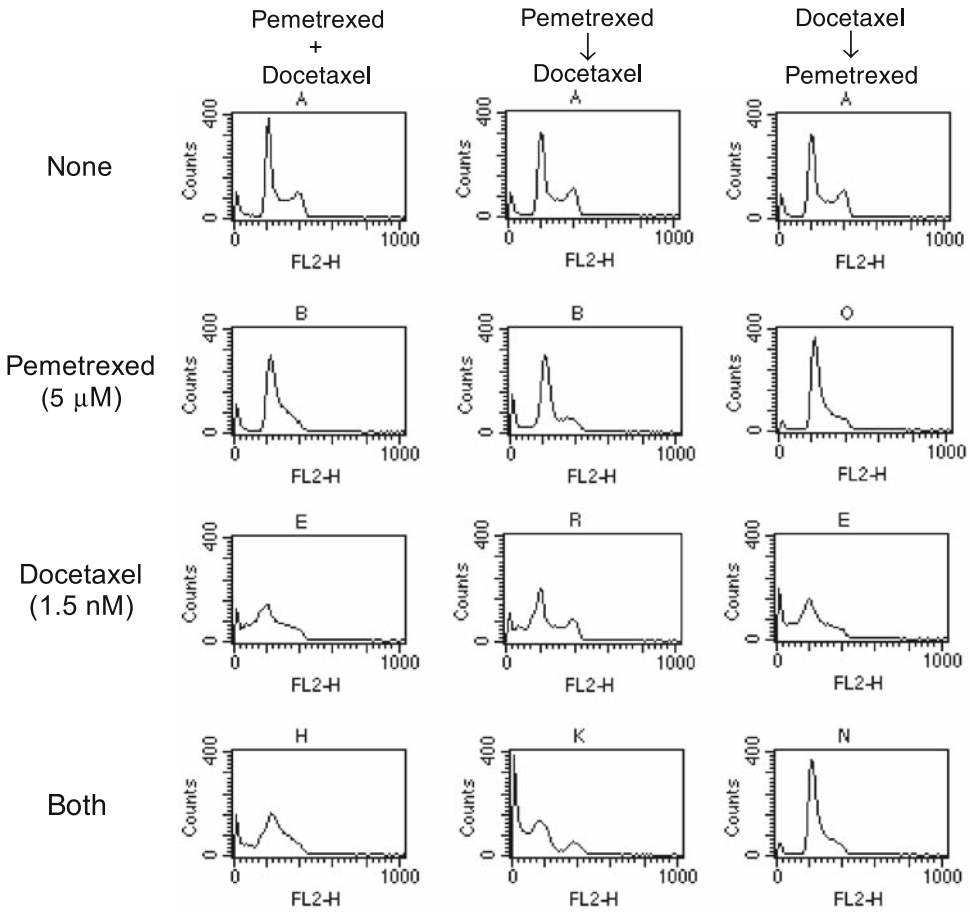

Fig. 6 Cell cycle analysis of SBC-5 cells treated with docetaxel and pemetrexed. *Left column* SBC-5 cells were treated with no drug, 5.0 μM pemetrexed, 1.5 nM docetaxel, or both drug simultaneously for 24 h. *Middle column* SBC-5 cells were treated with 5.0 μM pemetrexed for 24 h, followed by 1.5 nM docetaxel for 24 h. *Right column* SBC-5 cells were treated with 1.5 nM docetaxel for 24 h, followed by 5.0 μM pemetrexed for 24 h. Cells were harvested at 72 h and DNA histogram was obtained as described in "Materials and methods"

reduced. When SBC-5 cells were treated with docetaxel first and followed by pemetrexed, the cell cycle profile was almost identical to that of single exposure to pemetrexed, suggesting that the cell cycle effect of pemetrexed is dominant over that of docetaxel. As a result, the apoptosis-inducing effect of docetaxel was almost completely cancelled in the presence of pemetrexed. In contrast, when SBC-5 cells were treated with pemetrexed first and followed by docetaxel, the proportion of cells in sub-G1 phase was larger than that of cells treated with either pemetrexed or docetaxel alone. This was accompanied by a decrease in S-phase cells. Overall, the results of cell cycle analysis are fully consistent with those of isobologram analysis, and provide the molecular basis of the sequence-dependent differences in cytotoxic interactions between the two agents.

Discussion

In this study, we investigated the effects of pemetrexed in combination with docetaxel on lung cancer cell lines to determine the optimal schedule for this combination. Analysis of the drug–drug interaction effects was carried out using the isobologram method of Steel and Peckham [18], which provides a fundamental basis for assessing whether cytotoxicity induced by combinations of anticancer agents is greater, equal to, or smaller than would have been expected for the individual agents.

We demonstrated that a cytotoxic interaction between pemetrexed and docetaxel is schedule-dependent. Simultaneous exposure to pemetrexed and docetaxel for 24 h and 5 days showed antagonistic effects in all cell lines studied. Sequential exposure to pemetrexed for 24 h followed by docetaxel for 24 h showed synergistic effects in Lu-99 and SBC-5 cells, while it showed additive effects in A-549 cells. Sequential exposure to docetaxel followed by pemetrexed showed additive effects in A-549 and Lu-99 cells, but antagonistic effects in SBC-5 cells. We also used SW620 colon cancer cells for the study, and the combined effects for these schedules were quite the same as those of SBC-5 cells (data not shown).

These findings suggest that the sequential administration of pemetrexed followed by docetaxel may be more cytotoxic to cancer cells and optimal for this combination, while the simultaneous administration of pemetrexed and docetaxel may be less cytotoxic and suboptimal. It should be noted that the sequential administration of pemetrexed

Table 2 Effects of pemetrexed and docetaxel on cell cycle distribution of SBC-5 cells

Schedule	Pemetrexed + Docetaxel (%)	Pemetrexed ↓ Docetaxel (%)	Docetaxel ↓ Pemetrexed (%)
None			
Sub-G1	5.4	4.7	4.7
G1	48.4	51.3	51.3
S	24.9	22.3	22.3
G2/M	21.3	21.7	21.7
Pemetrexed (5 μM)			
Sub-G1	5.5	9.9	2.2
G1	62.8	61.6	68.2
S	28.4	18.1	20.0
G2/M	3.3	10.4	9.6
Docetaxel (1.5 nM)			
Sub-G1	25.2	17.6	21.3
G1	42.8	4.7	50.7
S	27.1	20.0	18.3
G2/M	4.9	17.7	9.7
Both			
Sub-G1	14.6	36.0	2.3
G1	52.1	40.1	66.4
S	22.7	12.2	26.0
G2/M	3.6	11.7	5.3

The proportion of cells in each phase of the cell cycle was calculated with the ModFitLT 2.0 program

followed by docetaxel might be more toxic for normal cells. Since, however, toxicity profiles of both agents are different, increasing overlapping toxicity would likely be mild.

Previously, we evaluated the cytotoxic effects of pemetrexed in combination with paclitaxel in vitro using A-549 cells, breast cancer MCF7, ovarian cancer PA1, and colon cancer WiDr cells in vitro [17]. The results were similar to those of the present study. Although slight differences are present, this would be due to the very strict definitions of synergism and antagonism in the isobologram method (Steel and Peckham). Our previous and present findings suggest that the simultaneous administration of pemetrexed and taxanes is less cytotoxic than the sequential administration of pemetrexed followed by taxanes, and latter schedule should be assessed in clinical trials for the treatment of lung cancer and other solid tumors.

In general, it is difficult to clarify the mechanisms underlying the cytotoxic effects of drug combinations. In this study, however, cell cycle analysis provided a clue to the molecular basis of schedule-dependent synergism and antagonism. The exposure of SBC-5 cells to pemetrexed led to synchronization of most cells that were in late G1 phase to the early S phase of the cell cycle, during which cells are relatively insensitive to docetaxel. This may explain the antagonistic effects of the simultaneous addition of the two agents. In the case of sequential exposure to docetaxel followed by pemetrexed, the cell cycle pattern was almost identical to that of cells treated with pemetrexed alone. This suggests that the cell cycle effect of docetaxel is transient and overcome by the addition of pemetrexed, which results in the abrogation of its cytotoxicity.

In contrast, the sequential exposure to pemetrexed followed by docetaxel produced a striking increase in apoptotic cells along with a decrease in cells in S phase. The effect of docetaxel on S phase cells no longer in pemetrexed-induced cell cycle arrest may cause the synergistic cytotoxicity. The decrease in S phase is compatible with this notion. However, the mechanisms underlying the cytotoxic effects of pemetrexed and docetaxel are still not well understood. The possibility that the drug interactions are due to some unknown mechanism related to complex perturbations of biochemical processes cannot be excluded.

In conclusion, our data show that the antitumor activity of pemetrexed and docetaxel is schedule-dependent. Sequential exposure to pemetrexed followed by docetaxel tended to produce synergistic effects, and would therefore be a suitable schedule, whereas simultaneous exposure to the two agents had antagonistic effects, and may be suboptimal. However, the question of how far these results can be applied in the treatment of patients remains unanswered. Further clinical studies are necessary to clarify whether the therapy sequence alters the antitumor effect and the toxicity of this combination. Our findings provide preclinical rationale for a novel, mechanism-based, therapeutic strategy to be tested in lung cancer patients.

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