

- diamminedichloroplatinum(II) in human ovarian carcinoma cells. *Cancer Res* 1991, 51, 3677–3681.
17. Jozan S, Roché H, Cheutin F, Carton M, Salles B. New human ovarian cell line OVCCR1/st in serum-free medium. *In Vitro Cell Dev Biol* 1992, 28, 687–689.
 18. Chou TC, Talalay P. Quantitative analysis of dose–effect relationships; the combined effects of multiple drugs or enzyme inhibitors. *Adv Enzyme Regul* 1984, 22, 27–55.
 19. Wilson AP, Ford CH, Newman CE, Howell SB. Cis-platinum and ovarian cancer. *In vitro* chemosensitivity of cultured tumour cells from patients receiving high dose cis-platinum as a first line treatment. *Br J Cancer* 1987, 56, 763–777.
 20. Wolf CR, Hayward IP, Lawrie SS, *et al.* Cellular heterogeneity and drug resistance in two ovarian adenocarcinoma cell lines derived from a single patient. *Int J Cancer* 1987, 39, 695–702.
 21. Walder S, Schwartz EL. Antineoplastic activity of the combination of interferon and cytotoxic agents against experimental and human malignancies: a review. *Cancer Res* 1990, 50, 3473–3486.
 22. Timmer-Boscha H, Mulder NH, de Vries EGE. Modulation of cis-diamminedichloroplatinum(II) resistance: a review. *Br J Cancer* 1992, 66, 227–238.
 23. Mann SC, Andrews PA, Howell SB. Modulation of cis-diamminedichloroplatinum(II) accumulation and sensitivity by forskolin and 3-isobutyl-1-methylxanthine in sensitive and resistant human ovarian carcinoma cells. *Int J Cancer* 1991, 48, 866–872.
 24. Jekunen A, Vick J, Sanga R, Chan TCK, Howell SB. Synergism between dipyrindamole and cisplatin in human ovarian carcinoma cells *in vitro*. *Cancer Res*, 1992, 52, 3566–3571.
 25. Meijer C, Mulder NH, de Vries EGE. The role of detoxifying systems in resistance of tumor cells to cisplatin and adriamycin. *Cancer Treat Rev* 1990, 17, 389–407.
 26. Scanlon KJ, Kashani-Sabet M, Miyachi H, Sowers LC, Rossi J. Molecular basis of cisplatin resistance in human carcinomas: model systems and patients. *Anticancer Res* 1989, 9, 1301–1312.
 27. Revel M, Chebath J. Interferon-activated genes. *TIBS* 1986, 11, 168–170.
 28. Marth C, Muller-Holzner E, Greiter E, *et al.* γ -Interferon reduces expression of the protooncogene *c-erbB-2* in human ovarian carcinoma cells. *Cancer Res* 1990, 50, 7037–7041.
 29. Boven E. Biology of human ovarian cancer xenografts. In Winograd B, Peckham MJ, Pinedo HM, eds. *Human Tumour Xenografts in Cancer Drug Development*. Berlin, Springer Verlag, 1987, 33–35.

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H7, an Inhibitor of Protein Kinase C, Inhibits Tumour Cell Division in Mice Bearing Ascitic Ehrlich's Carcinoma

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We have previously shown that H7, an inhibitor of protein kinase C (PKC), inhibits proliferation of several cell lines as well as of primary cultured cells from human tumours. The aim of this work was to assess whether H7 is able to prevent the division of tumour cells in mice bearing Ehrlich's ascitic carcinoma. The LD₅₀ of H7 injected intravenously was 61 mg/kg and 94 mg/kg for starved and fed mice, respectively. Acute intraperitoneal injection of 100 mg/kg of H7 decreased the number of mitoses in tumoral cells from ascitic fluid of mice bearing the carcinoma. The reduction was maximal (approximately 50%) after 90 min and then the number of mitosis rose due to a decrease in H7. Continuous delivery of H7 from miniosmotic pumps implanted on the backs of the mice reduced the number of mitoses by approximately 65%, and the effect was maintained for approximately 24 h. The effect cannot be maintained for longer because H7 is unstable at body temperature. These results indicate that inhibition of PKC can block division of tumour cells in carcinoma-bearing animals, and support the idea that inhibitors of PKC could be useful for the clinical control of proliferation of certain tumours.

Key words: protein kinase C, H7, Ehrlich's carcinoma, cell division, tumour proliferation, ascites
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INTRODUCTION

PROTEIN KINASE C (PKC) plays an important role in transmembrane signal transduction and in the control of many cellular responses, including cell proliferation and differentiation, gene expression and tumour promotion [1]. The involvement of PKC in the control of cell growth was initially suggested by the finding that PKC constitutes the receptor for the mitogenic phorbol esters, which are tumour promoters [2]. The role of PKC in the

regulation of cellular growth is also supported by the fact that certain growth factors mediate their mitogenic effects in part through a cascade of phosphatidyl inositol hydrolysis and activation of PKC [3, 4]. It has also been shown that PKC activity is overexpressed in aflatoxin-transformed cells [5]. Moreover, PKC activity is increased in human tumour carcinoma and adenoma [6], and the expression of different isoforms of PKC is altered in human astrocytomas/brain tumours, melanomas and

other tumours, and it has been suggested that this alteration plays a role in the malignant progression [7–10]. These findings suggest that inhibitors of PKC could be useful in the clinical treatment of tumour proliferation. We have previously shown that 1-(5-isoquinolinesulfonyl)-2-methylpiperazine (H7), an inhibitor of PKC, induces differentiation and inhibits proliferation of neuroblastoma cells in culture [11–13], and also arrests proliferation of other cell types, primary cultures of different tissues and human brain tumours in culture [14, 15]. The aim of this work was to assess whether this inhibitor is able to prevent tumour proliferation in animals. We tested the effect on the proliferation of Ehrlich's ascitic carcinoma in mice. This is a well-known tumour model which allows easy sampling and analysis of the effects of H7. The results showed that acute or continuous administration of H7 reduces the number of mitosis of tumour cells in ascitic fluid of mice bearing the carcinoma.

MATERIALS AND METHODS

Toxicity of H7

Male Swiss mice weighing 18–26 g were used. H7 was dissolved in dimethylsulphoxide to give a concentration of 350 mg/ml. The solutions to be injected were prepared by diluting this solution with water to give the concentration required. All mice were injected intravenously in the tail vein with 100 μ l of the corresponding solution. All control mice injected with the solvent survived without any ill effects. A group of mice was starved for 20 h before injection and another group was not. Ten to thirty mice were injected for each dose of H7 assayed.

Treatment of mice bearing the Ehrlich's ascitic carcinoma with H7

Acute administration of H7. Two groups of 10 mice were inoculated intraperitoneally (i.p.) with 0.5 ml of Ehrlich's carcinoma ascitic fluid. After 5 days, a sample of the ascitic fluid was taken as a control and then 10 mice were injected i.p. with 100 mg/kg of H7, and additional samples were taken at 30, 60, 90, 120 and 180 min. Samples were stained with Giemsa and May-Grünwalds stains, and the number of mitoses, metaphases, prophase, telophases and anaphases were counted under the microscope. At least 1000 cells were counted for each preparation.

Continuous administration of H7. For continuous delivery of H7, miniature implantable pumps Alzet 2002 from Alza (Palo Alto, California, U.S.A.) were used. Eight mice were inoculated i.p. with 0.5 ml of Ehrlich's carcinoma ascitic fluid. After 5 days, a sample of the ascitic fluid was taken as a control. The pump was filled with a solution of H7 (125 mg/ml), prepared as above, and implanted in the back of the mice. The mini-osmotic pump released 0.5 μ l/h. Samples of the ascitic fluid were taken after 1, 3, 5, 9, 13, 17, 21, 25, 33, 41, 49 and 60 h, and stained as above. The number of mitoses, metaphases, prophase, telophases and anaphases were counted as above. One thousand cells were counted for each preparation.

RESULTS

The toxicity of H7 was tested in fed or starved mice by injection of 100 μ l of different solutions in the tail vein. The

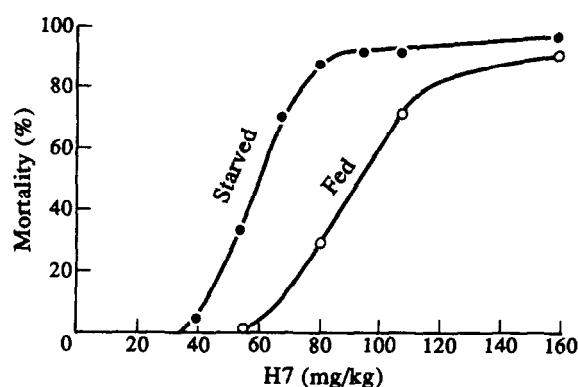


Figure 1. Toxicity of H7. Groups of 15–30 mice were injected in the tail vein with 100 μ l of solutions of H7 to give the indicated dose of H7/kg body weight. The experiments were carried out in fed mice and in mice starved for 20 h before injection of H7. A total of 212 mice were used.

results obtained are shown in Figure 1. The LD_{50} calculated from these data was 61 mg/kg for starved mice and 94 mg/kg for fed mice.

On the bases of these results, we decided to test the effect of a single i.p. injection of 100 mg/ml of H7 on the proliferation of Ehrlich's ascitic carcinoma. Two groups of 10 mice were inoculated with the carcinoma and after 5 days a sample of the ascitic fluid was taken to count the number of mitoses. Then 10 mice were injected with H7 and samples were taken at different times (Figure 2). Survival of the treated animals was similar and slightly longer than for controls. As shown in Figure 2, injection of H7 markedly decreased the number of mitoses; the effect was maximal (approximately 50%) at 90 min, and was maintained at 2 h, but the number of mitoses increased at 3 h.

We have recently shown that continuous administration of H7 by delivery from mini-osmotic pumps implanted in the back of

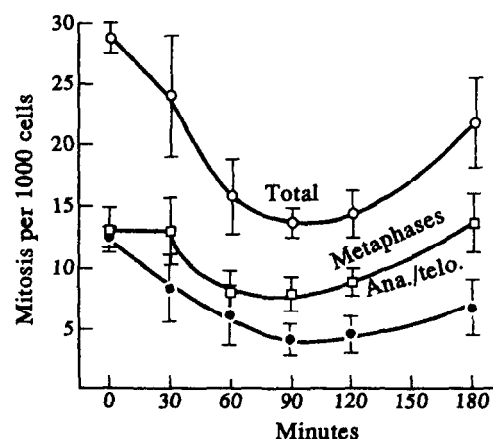


Figure 2. Effect of acute administration of H7 on tumour cell division. Ten mice bearing ascitic Ehrlich's carcinoma (see Materials and Methods) were injected intraperitoneally with 100 mg/kg of H7. Samples of the ascitic fluid were taken before and at different times after injection of H7. The number of mitoses, metaphases, prophase, telophases and anaphases (Ana./telo.) were counted in at least 1000 cells from each animal per point. Standard deviations are given for each point. Values for total mitoses are statistically different from controls ($P \leq 0.001$) at all times except 30 min. For metaphases, values are different from controls ($P \leq 0.01$) at 60, 90 and 120 min. For anaphases and telophases, all values are different from controls ($P \leq 0.001$).

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the mice can maintain the activity of the Na^+/K^+ -ATPase in the sciatic nerve of diabetic mice for approximately 24 h [16]. We, therefore, decided to assess whether continuous administration of H7 to tumour-bearing mice can maintain a decrease in the number of mitoses during this period of time. Eight tumour-bearing mice were implanted with mini-osmotic pumps filled with a solution of H7. As shown in Figure 3, the number of mitoses was markedly reduced by administration of H7. The decrease was maximal (approximately 65%) at 3–5 h and was still high (approximately 60%) at 17 h. After 20 h, the number of mitoses increased again. The number of animals surviving at different times is also given in Figure 3.

DISCUSSION

The results shown in Figure 2 clearly indicate that a single administration of H7 inhibits division of tumoral cells in mice bearing the Ehrlich's carcinoma. The effect was rapid but transient. In cultured cells, the effect of a single administration of H7 was maintained for 48 h [13]; in contrast, the effect in animals was maximal at 90 min but decreased after 2 h. This is due to the rapid metabolism or elimination of H7 in the mice. The kinetics shown in Figure 2 are in good agreement with a previous report showing that the effect of H7 on the activity of Na^+/K^+ -ATPase in the sciatic nerve of diabetic mice is rapid but transient with a half-life of approximately 1 h [17].

When H7 was administered by continuous delivery from mini-osmotic pumps implanted in the backs of the animals, the decrease in the number of mitoses was maintained for longer periods of time (17 h) and increased again after 20 h (Figure 3). The loss of the effect of H7 at this time was expected on the basis of the instability of H7 in solution at this temperature [16]. Although after 17 h the number of mice remaining was too low for statistical purposes, the values obtained up to this time were significant and clearly showed that continuous administration of

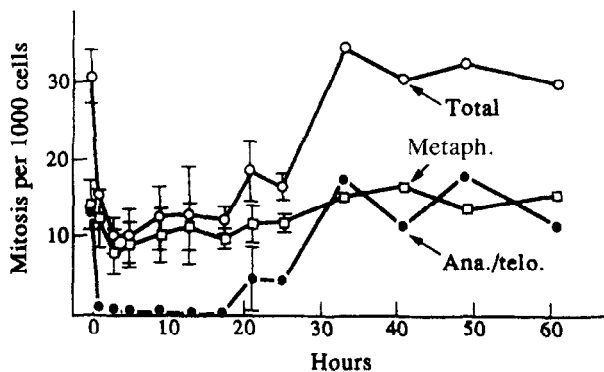


Figure 3. Effect of continuous administration of H7 on tumour cell division. Eight mice bearing ascitic Ehrlich carcinoma were implanted subcutaneously in the back with mini-osmotic pumps filled with H7 (125 mg/ml). The pumps were incubated for 4 h at 37°C in saline before implantation so that release of H7 began immediately after implantation. The pumps released 0.5 µl/h. Samples of the ascitic fluid were taken before and at different times after implantation of the pumps. The number of mitoses, prophase, metaphases (Metaph.), anaphases and telophases (Ana./Telo.) were counted in at least 1000 cells from each animal per point. The number of animals remaining alive were 8, 6, 3, 2 and 1 after 12, 16, 24, 32 and 60 h, respectively. For the control group, all animals remained alive at this time. Standard deviations are given. For points before 32 h, S.D. were less than the width of the point if they are not shown. For total mitoses and for anaphases and telophases the values were different from controls ($P \leq 0.001$) at all times up to 25 h. For metaphases only the values at 3 and 5 h were different from controls.

H7 can maintain the suppression of tumour cell division in mice bearing Ehrlich's ascitic carcinoma.

These results support the idea that PKC inhibitors can be useful for the clinical treatment of tumour proliferation, and are in agreement with two recent reports showing that a staurosporine derivative and UCN-01, inhibitors of PKC, have antitumour activity [18, 19]. Although H7 is not a suitable inhibitor due to its instability, new inhibitors with suitable pharmacokinetic properties could be beneficial in arresting tumour growth.

1. Nishizuka Y. The molecular heterogeneity of protein kinase C and its implication for cellular regulation. *Nature* 1988, 334, 661–665.
2. Leach KL, James ML, Blumberg PM. Characterization of a specific phorbol ester aporeceptor in mouse brain cytosol. *Proc Natl Acad Sci USA* 1983, 80, 4208–4212.
3. Berridge MJ, Irvine RF. Inositol triphosphate, a novel second messenger in cellular signal transduction. *Nature* 1984, 312, 315–321.
4. Farrar WL, Anderson WB. Interleukin-2 stimulates association of protein kinase C with plasma membrane. *Nature* 1985, 315, 233–235.
5. Dunn JA, Faletto MB, Kasper SJ, Gurtoo HL. Aflatoxin-transformed C3H/10 T1/2 cells overexpresses protein kinase C and have an altered response to phorbol esters treatments. *Cancer Res* 1992, 52, 990–996.
6. Hatada T, Sakanoue Y, Kusunoki M, Kobayashi A, Utsunomiya J. Protein kinase C activity in human thyroid carcinoma and adenoma. *Cancer* 1992, 70, 2918–2922.
7. Benzil DL, Finkelstein SD, Epstein MH, Finch PW. Expression pattern of α -protein kinase C in human astrocytomas indicates a role in malignant progression. *Cancer Res* 1992, 52, 2951–2956.
8. Todo T, Shitara N, Nakamura H, Takakura K, Ikeda K. Immunohistochemical demonstration of protein kinase C isozymes in human brain tumours. *Neurosurgery* 1991, 29, 399–404.
9. Shimosawa S, Hachiya T, Higashimura M, Usuda N, Sugita K, Hidaka H. Type-specific expression of protein kinase C isozymes in CNS tumor cells. *Neurosci Lett* 1990, 108, 11–16.
10. Becker D, Beebe SJ, Herlyn M. Differential expression of protein kinase C and cAMP-dependent protein kinase in normal human melanocytes and malignant melanomas. *Oncogene* 1990, 5, 1133–1139.
11. Miñana MD, Felipe V, Grisolia S. Inhibition of protein kinase C induces differentiation of neuroblastoma cells. *FEBS Lett* 1989, 255, 184–186.
12. Felipe V, Miñana MD, Grisolia S. A specific inhibitor of protein kinase C induces differentiation of neuroblastoma cells. *J Biol Chem* 1990, 265, 9559–9561.
13. Miñana MD, Felipe V, Grisolia S. Inhibition of protein kinase C induces differentiation in neuro-2a cells. *Proc Natl Acad Sci USA* 1990, 87, 4335–4339.
14. Miñana MD, Felipe V, Cortés F, Grisolia S. Inhibition of protein kinase C arrests proliferation of human tumors. *FEBS Lett* 1991, 284, 60–62.
15. Miñana MD, Cabedo H, Felipe V, Grisolia S. Inhibition of proliferation of primary cell cultures and of L-132 cells by protein kinase inhibitors. *Cancer J* 1993, 6, 136–141.
16. Hermenegildo C, Felipe V, Miñana MD, Romero FJ, Grisolia S. Sustained recovery of Na^+/K^+ -ATPase activity in sciatic nerve of diabetic mice by administration of H7 or calphostin C, inhibitors of PKC. *Diabetes* 1993, 42, 257–262.
17. Hermenegildo C, Felipe V, Miñana MD, Grisolia S. Inhibition of protein kinase C restores Na^+/K^+ -ATPase activity in sciatic nerve of diabetic mice. *J Neurochem* 1992, 58, 1246–1249.
18. Meyer T, Regenass U, Fabbro D, et al. A derivative of staurosporine (CGP 41 251) shows selectivity for protein kinase C inhibition and *in vitro* antiproliferative as well as *in vivo* anti-tumor activity. *Int J Cancer* 1989, 43, 851–856.
19. Akinaga S, Gomi K, Morimoto M, Tamaoki T, Okabe M. Anti-tumor activity of UCN-01, a selective inhibitor of protein kinase C, in murine and human tumor models. *Cancer Res* 1991, 51, 4888–4892.

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