

Correlation of In Vitro Chemopreventive Efficacy Data From the Human Epidermal Cell Assay With Animal Efficacy Data and Clinical Trial Plasma Levels

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Abstract The human epidermal cell (HEC) assay, which uses carcinogen exposed normal skin keratinocytes to screen for cancer prevention efficacy, was used to screen possible preventive agents. The endpoints measured were inhibition of carcinogen-induced growth and induction of involucrin, an early marker of differentiation. Sixteen of twenty agents (apigenin, apomine, budesonide, *N*-(2-carboxyphenyl)retinamide, ellagic acid, ibuprofen, indomethacin, melatonin, (–)-2-oxo-4-thiazolidine carboxylic acid, polyphenon E, resveratrol, β-sitosterol, sulfasalazine, vitamin E acetate, and zileuton) were positive in at least one of the two assay endpoints. Four agents (4-methoxyphenol, naringenin, palmitoylecarnitine chloride, and silymarin) were negative in the assay. Nine of the sixteen agents were positive for both endpoints. Agents that showed the greatest response included: ellagic acid > budesonide, ibuprofen > apigenin, and quinicrine dihydrochloride. Fifty-eight of sixty-five agents that have been evaluated in the HEC assay have also been evaluated in one or more rodent bioassays for cancer prevention and several are in clinical trials for cancer prevention. The assay has an overall predictive accuracy of ~91.4% for efficacy in rodent cancer prevention irrespective of the species used, the tissue model, or the carcinogen used. Comparison of the efficacious concentrations in vitro to plasma levels in clinical trials show that concentrations that produced efficacy in the HEC assay were achieved in clinical studies for 31 of 33 agents for which plasma levels and/or C_{max} levels were available. For two agents, 9-*cis*-retinoic acid (RA) and dehydroepiandrosterone (DHEA), the plasma levels greatly exceeded the highest concentration (HC) found to have efficacy in vitro. Thus, the HEC assay has an excellent predictive potential for animal efficacy and is responsive at clinically achievable concentrations. *J. Cell. Biochem.* 95: 571–588, 2005. © 2005 Wiley-Liss, Inc.

Key words: cancer prevention efficacy; in vitro/in vivo correlation; human keratinocytes; growth inhibition; involucrin expression; in vitro alternatives; clinical correlation

Highly predictive cancer prevention efficacy assays are needed to screen large numbers of

agents with potentially relevant mechanisms. A number of in vitro assays have been developed to prescreen agents [Steele, 1997]. These assays incorporate various cancer-related endpoints including, inhibition of cell transformation, and inhibition of biomarkers associated with carcinogenesis. Extrapolation of in vitro response data to humans has been difficult due to the lack of direct evidence that in vitro assays were responsive at concentrations found in humans and the lack of metabolism in cell culture relative to that found in vivo, and the need for surrogate endpoints that can be modified by clinically achievable agent concentrations.

The human epidermal cell (HEC) assay [Elmore et al., 1997, 1999; Steele et al., 1998] includes multiple exposures to low, non-toxic concentrations of propane sultone (PS), which

Abbreviations used: HEC, human epidermal cell; PS, propane sultone; RA, retinoic acid; KSFM, keratinocyte serum-free medium; HC, highest concentration; CP, chemopreventive; DFMO, difluoromethylornithine; DHEA, dehydroepiandrosterone; EGCG, epigallocatechin gallate.

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induces changes in growth and differentiation in normal skin keratinocytes, and continuous exposure to non-toxic concentrations of potential chemopreventive (CP) agents to inhibit these changes. This model is relevant to human carcinogen exposures, which normally occurs at relatively non-toxic doses, and chemoprevention, where patients are treated with continuous dosing over long periods of time. CP agent efficacy in the HEC assay is determined by the potential to reverse PS-induced growth and/or reduced expression of involucrin, which is a keratin precursor found just inside the cellular membrane in differentiating keratinocytes [Wilke et al., 1998; Okamura et al., 1991]. Our previously published studies [Elmore et al., 1997, 1999; Steele et al., 1998] have shown that activity in the HEC assay has correlated with chemoprevention activity in rodent cancer models [Steele et al., 1996].

This paper presents the response data from 20 agents in the HEC assay. In addition, we present a comparison of the cumulative response data in the HEC assay from the present and previously published studies [Elmore et al., 1999, 2000], to the efficacy found in the rodent bioassays. Also, for the first time, we compare the *in vitro* agent concentrations showing efficacy in the HEC assay to the plasma concentrations in humans from published data or Final Reports submitted to the National Cancer Institute on chemoprevention clinical trials. While the HEC assay responses for the previous studies have been published, the concentration data presented here have not been published.

MATERIALS AND METHODS

The detailed methods for the HEC assay have been published [Elmore et al., 1997, 2000]. The following is a brief description of the methods for the HEC assay.

HECs and Culture Procedures

Early passage neonatal human foreskin epidermal cells, which were isolated from foreskin tissues obtained from University of California, Irvine Medical Center, were used in these studies. Cultures of neonatal human foreskin epithelial cells were grown and maintained in keratinocyte serum-free medium (KSFM) from Life Technologies (Gaithersburg, MD). The cultures were incubated at 37°C in 5% CO₂ with more than 95% relative humidity. Cell cultures

were tested and found to be free of mycoplasma contaminants using the method of Russell et al. [1975].

Preliminary Cytotoxicity Assay

The concentration range for the HEC assay was determined using a preliminary cytotoxicity assay. Cultures were treated over a 2-week period with multiple exposures to CP agents at log dilutions. All other aspects of the culture procedures were identical to that used in the HEC assay (described below) except that PS was not added.

HEC Assay

The concentrations of test agents used in the HEC assay consisted of the highest non-toxic test agent concentration, determined by the cytotoxicity assay, plus four or more half-log dilutions of that concentration. Second passage human keratinocyte cells in complete KSFM were seeded at $3-5 \times 10^3$ cells per well in 24-well culture dishes. Treatment was initiated 1 day after seeding. Negative control cultures received either medium containing solvent or medium only at each treatment. The positive control treatment was PS + retinoic acid (RA) at 0.03 µg/ml. The first day after seeding, all test cultures were exposed to 7.5 µg/ml PS in 0.1% acetone, and the test agent treatment cultures were co-exposed with PS and CP agent at half-log concentrations. On the fourth day after seeding, all cultures were again treated as on the first day except that PS was not included in the culture medium. The cultures were subcultured at the end of the first and second week. Following each subculture, the treatments were repeated as described for the first week. At the third subculture, cells were seeded into two 96-well dishes without additional treatment for a 1-week growth period. The cultures were then stained appropriately to assess the assay endpoints: growth inhibition and involucrin induction.

Growth Inhibition Endpoint

For the assessment of the growth inhibition endpoint, one of the 96-well dishes was stained with methylene blue in a methanol-water solution (4 g/100 ml, 30% methanol). The relative growth was determined using a plate reader (Molecular Devices, Sunnyvale, CA) to determine absorbance at a wavelength of 595 nm. We have previously shown that epidermal

cell numbers can be estimated using this procedure [Elmore et al., 1997].

Involucrin Induction Endpoint

The parallel 96-well culture plate was stained immuno-histochemically to determine the expression of involucrin [Elmore et al., 1997]. Stained cultures were then washed and the precipitate extracted prior to determining the absorbance at 450 nm using a Spectra Max plate reader (Molecular Devices). The absorbance values were then used together with the growth inhibition absorbance values from the parallel plate to normalize the involucrin absorbance values based on the relative number of cells in the each well.

Data Analysis

The percent inhibition of growth and involucrin induction were calculated by the previously published formulas [Elmore et al., 1997]. Valid assay criteria were established and strictly followed. For a valid assay, the following criteria must be met.

- Growth in the PS treated cultures must be at least 40% greater than the growth observed in the solvent control and the positive control, RA, or a preventive agent must inhibit the growth in cultures treated with PS by at least 30%.
- To be considered positive for growth inhibition, a test agent must inhibit the growth observed in the PS treated cultures by 30% or greater at two consecutive concentrations. This criterion was chosen because 30% inhibition of the growth observed in PS treated cultures would result in about the same growth that would occur in the solvent control without PS.
- To be considered positive for involucrin induction, a preventive agent must induce the expression of involucrin relative to that observed in the PS treated cultures by 20% or greater at two consecutive concentrations.
- Agents that do not meet the positive response criteria for at least one endpoint are considered as negative.

The requirement for two consecutive concentrations minimizes the possibility that one false data point could result in a positive call. An agent was considered positive, if it produced a

positive response in at least one of the endpoints of the assay.

RESULTS

All 20 agents were evaluated for cytotoxicity in a range-finding assay. Cytotoxicity was assessed after two exposures (1 week) and four exposures (2 weeks). For five agents (indomethacin, methoxyphenol, palmitoylcarnitine chloride, quinidine, and sulfasalazine), there was a slight increase in toxicity over the 2-week treatment; however, most agents did not show increased toxicity with repeated exposure.

The data presented in Table IA,B summarize the current assay responses for potential CP agents in the HEC assay. The data in Table IA summarize the responses in the growth inhibition endpoint. Table IB summarizes the data from the involucrin induction endpoint. Agents that were considered positive for one or more of the endpoints were considered as positive for the HEC assay. Since the potential for different agents to inhibit growth and/or induce involucrin could vary considerably, the maximum percent inhibition or induction for each agent was included.

Table II summarizes the responses of agents for both endpoints and presents the overall assay response for each agent. Sixteen of the agents were considered positive for inhibiting growth and/or inducing involucrin expression. Of these positive agents, 15 of 16 were active at three or more concentrations. Eight agents were active at five concentrations (two and a half concentration logs). Nine of fifteen positive agents were active for both endpoints. Melatonin and resveratrol were only active for the growth inhibition endpoint and apomine, *N*-(2-carboxyphenyl)retinamide, and (-)-2-oxo-4-thiazolidine carboxylic acid were only active for the involucrin endpoint.

Table III compares the cumulative in vitro data from the present and previous studies with the HEC assay to the in vivo data for those agents that have been evaluated in NCIs in vivo chemoprevention program. Fifty-eight of the sixty-five agents that have been evaluated in the HEC assay have also been screened in one or more of the in vivo organ specific assays with multiple animal species, and with different carcinogens. The columns show the responses of the various agents in vitro and in the various animal tissue model systems. For some agents,

TABLE I. Experimental Summary

Chemical	Concentration range tested ^a	Number of inhibiting concentrations	Maximum percent inhibition	Results ^{b,c}
A: Growth inhibition endpoint				
Apigenin	0.00296–0.296	2	93	+
Apomine	0.00025–0.025	None	27	NE
Budesonide	0.01–1	5	69	+
<i>N</i> -(2-Carboxyphenyl)retinamide	0.00009–0.009	None	26	NE
Ellagic acid	0.0109–1.09	4	81	+
Ibuprofen	1–100	4	86	+
Indomethacin	0.056–5.59	5	49	+
Melatonin	0.01–1	4	73	+
4-Methoxyphenol	0.01–1	None	28	NE
Naringenin	0.5–50	1	70	NE
(–)-2-Oxo-4-thiazolidine carboxylic acid	10–1,000	1	31	NE
Palmitoylcarnitine chloride	0.002–0.2	None	None	NE
Polyphenon E	10–1,000 µg/ml	4	59	+
Quinacrine dihydrochloride	0.003–0.3	5	84	+
Resveratrol	0.00197–0.197	4	84	+
Silymarin	0.02–2 µg/ml	2	74	NE
β-Sitosterol	0.001–0.1	3	57	+
Sulfasalazine	0.01–1	2	40	NE
Vitamin E succinate	0.0053–0.53	2	90	+
Zileuton	0.423–42.3	2	32	+
B: Involucrin induction endpoint				
Apigenin	0.00296–0.296	2	1,860	+
Apomine	0.00025–0.025	5	888	+
Budesonide	0.01–1	5	980	+
<i>N</i> -(2-Carboxyphenyl)retinamide	0.00009–0.009	5	1,094	+
Ellagic acid	0.0109–1.09	4	349	+
Ibuprofen	1–100	5	698	+
Indomethacin	0.056–5.59	5	748	+
Melatonin	0.01–1	2	284	NE
4-Methoxyphenol	0.01–1	3	39	NE
Naringenin	0.5–50	1	273	NE
(–)-2-Oxo-4-thiazolidine carboxylic acid	10–1,000	4	102	+
Palmitoylcarnitine chloride	0.002–0.2	None	None	NE
Polyphenon E	IC	IC		
Quinacrine dihydrochloride	0.003–0.3	5	796	+
Resveratrol	0.00197–0.197	1	286	NE
Silymarin	0.02–2 µg/ml	2	345	NE
β-Sitosterol	0.001–0.1	5	154	+
Sulfasalazine	0.01–1	4	110	NE
Vitamin E succinate	0.0053–0.53	3	1,274	+
Zileuton	0.423–42.3	5	412	+

^aConcentrations are in µM except for silymarin, an extract from silybum marianum.

^bAn agent is called positive, if it shows two or more consecutive concentrations with greater than 30% inhibition. NE, not effective. The number of inhibiting concentrations is shown to give an indication of the breadth of activity for each agent. For example, an agent with five inhibiting concentrations would be active over a two-log concentration range.

^cAn agent is called positive, if it shows two or more consecutive concentrations with greater than 20% induction. IC, inconclusive. The number of inducing concentrations is shown to give an indication of the breadth of activity for each agent. For example, an agent with five inducing concentrations would be active over a two-log concentration range.

data were available from more than one species for several of the tissue models.

Table IV shows the correlation of the in vitro and in vivo data. For the comparison of the in vitro data to the in vivo data, an agent that produced a positive response in any animal model was considered as positive in vivo. For an agent to be considered as negative, it must produce a negative response in two or more animal models. Data for agents that produced a negative response in only animal model used were

included in Table III but were not used for the comparison to the response in the HEC assay, which is defined as the ability of the in vitro assay response correctly predict the in vivo response. When the data from all animal models were considered, the positive predictivity (the percentage of the positive responses in the in vitro assay that correctly predicted an in vivo positive response) was 94% and the negative predictivity (the percentage of the negative responses in the in vitro assay that correctly

TABLE II. Human Epidermal Cell (HEC) Assay Response Summary

Chemical	Growth inhibition response	Involucrin induction response	Assay response ^a
Apigenin	+	+	+
Apomine	NE	+	+
Budesonide	+	+	+
<i>N</i> -(2-Carboxyphenyl)retinamide	NE	+	+
Ellagic acid	+	+	+
Ibuprofen	+	+	+
Indomethacin	+	+	+
Melatonin	+	NE	+
4-Methoxyphenol	NE	NE	NE
Naringenin	NE	NE	NE
(-)-2-Oxo-4-thiazolidine carboxylic acid	NE	+	+
Palmitoylcarnitine chloride	NE	NE	NE
Polyphenon E	+	IC	+
Quinacrine dihydrochloride	+	+	+
Resveratrol	+	NE	+
Silymarin	NE	NE	NE
β -Sitosterol	+	+	+
Sulfasalazine	NE	+	+
Vitamin E succinate	+	+	+
Zileuton	+	+	+

^aFor an agent to be positive in the assay, it must produce a positive response in either the growth inhibition and/or involucrin induction endpoint. IC, inconclusive.

predicted an in vivo negative response) was 71%. The overall accuracy of the HEC assay for predicting in vivo response was 91.4%.

Table V compares the efficacious concentrations in vitro to the clinical plasma levels. All concentrations shown in the table are in micromolar to facilitate comparison. The in vitro agent concentration data were extracted from the present and previous studies with the HEC assay, which were conducted over the past several years. The effective concentrations in the HEC assay for each endpoint demonstrate the range of effectiveness for each agent in the assay. The range of concentrations and/or C_{max} in plasma and $T_{1/2}$ (half-lives) were obtained from either the published literature or the Final Reports to NCI. Since the presentation of data in the literature varied considerably in the different studies, it was not possible to include all the pharmacokinetic values for each agent. The in vitro vs. in vivo columns compare the plasma and C_{max} concentrations to the concentrations that showed efficacy in vitro. When the in vitro concentration was the same as or similar to concentrations found for either plasma or plasma C_{max} , the in vitro concentration was considered as achieved in vivo. If the concentration predicted to be efficacious in vitro greatly exceeded the concentration in plasma, the in vitro concentrations were considered greater than the achievable in vivo concentration. When the concentration predicted to be efficacious from in vitro data was much less than the

concentration found in plasma, the in vitro concentration was considered as achieved in plasma. The data show that the in vitro efficacious concentrations were considered as equal to (21 of 33 agents) or less than (10 of 33 agents) the plasma and/or C_{max} levels from clinical studies. Only two, glucaric acid and polyphenon E, of 33 agents were efficacious only at higher concentrations than the concentrations achieved in vivo. Since glucaric acid was positive at the lowest concentration tested in vitro, it is possible that glucaric acid could have efficacy at lower concentrations.

DISCUSSION

In vitro screening assays that use normal human epithelial cells are the most relevant for use in identifying CP agent efficacy for human clinical trials. The design of the HEC assay, which includes: normal human epithelial cells at early passage levels, multiple exposures to both carcinogen, and CP agent over a 3 weeks, extensive preliminary screens to ensure that non-toxic concentrations of CP agents were used in the assay, and the use of non-toxic concentrations of carcinogen, have permitted the detection of CP agent efficacy at concentrations that are similar to those found in plasma from cancer prevention clinical trials. The two biomarkers, inhibition of carcinogen-induced growth and the induction of involucrin expression have been shown to be independent biomarkers of preventive efficacy. By using two

TABLE III. Summary of Agent Data With the HEC Assay: Comparison to Organ Specific In Vivo Chemoprevention Efficacy Data

Agent	In vitro response	In vivo response							
		Lung	Esophagus	Colon	Mammary	Bladder	Skin	Prostate	Other
N-acetyl-L-cysteine	+(188)	+(1)		+(2, 3)	+(4)	+(5)	NE ^b (6, 7)		+ Pancreas (9); NE; nasal cavity (8)
S-allylcysteine	+(189)	NE (10, 11)		+(12-15)	NE (16-19)		+(168)		NE; intestine, small (20)
Apigenin	+(142)								
Anethole trithione	+(188)	NE (11)		+(2, 13, 21-25)	+(26)	NE (5)			+ Intestine, small (24, 32, 33, 37-39); NE; intestine, total (40-42); thymus (lymphoma) (40, 41)
Ascorbyl palmitate	+(188)	NE (27)		+(3, 28)	NE (29, 30)	NE (5)	NE (31)		NE; larynx (46)
Aspirin	+(188)			+(3, 12, 13, 23-25, 32-34)	NE (29, 35)	+(36)			+ intestine, small (49)
Budesonide	+(142)	+(43-45)			+(48)				
Carboxamide amino imidazole (CAI)	+(188)			+(12, 13, 47)					
N-(2-carboxyphenyl)-retinamide	+(142)			+(23-25)					NE; buccal pouch (55)
β-Carotene	+(189)	NE (10, 50, 51)		+(52, 53)		NE (54)			+ Sebaceous gland (66); NE; GI tract (65); intestine, small (14, 15, 66)
Curcumin	+(189)	NE (10)	+(56)	+(14, 15, 24, 25, 57-60)	+(29, 61)	NE (62)	NE (63, 64)		+ intestine, small (37-39); intestine, total (40, 41); NE; pancreas (81); thymus (lymphoma) (40, 41); lymphatic system (82, 83)
DFMO	+(189)	+(10, 67, 68)		+(24, 57, 58, 67-69)	+(70-74)	+(75-77)	+(6, 78, 79)	NE (80)	
Dehydroepiandrosterone (DHEA) (prasterone)	+(189)	NE (84-90)		+(23-25)	+(65, 70, 71, 72, 74, 91-98)	NE (99)	NE (100)	+(80, 101-105)	NE; pancreas (81)
DHEA analog 8354 (fluasterone)	+(188)				+(96)				
Diphenhydramine, HCl	NE (189)	NE (107)		+(13, 21-25, 69)	NE (16, 17)			+(80, 105, 106)	
1,2-Dithiole-3-thione	+(189)	NE (10)		NE (33)	+(16-18)				
Ellagic acid	+(142)	NE (75, 76, 108)		+(69)	NE (109, 110)	NE (99)			NE; intestine, small (21, 114)
Epigallocatechin gallate (EGCG)	+(189)	NE (21, 111, 112)		+(13, 21, 22, 113)					NE; intestine, small (47)
Fumaric acid	+(188)	+(109)		+(33)	+(19)	NE (62)			NE; intestine, small (47, 116)
Genistein	+(189)			+(33)	+(115)				NE; sebaceous gland (66)
Glucuric acid, Ca salt	+(189)			+(12, 13, 33)	+(19)				+ Lymphatic system (131); NE; pancreas (9); buccal pouch (55)
4-HPR (fenretinide)	+(188)	+(117, 118)	NE (56)	+(23, 119, 120)	+(61, 71, 121-127)	+(36)	+(128)	NE (74, 80, 129, 130)	
Ibuprofen	+(142)	NE (1)		+(12, 13, 23, 32, 57, 58, 132)	+(35)	+(133)			
Indole-3-carbinol	+(189)	NE (75, 76, 108)		+(57, 58)	+(121, 134)	NE (99)	NE (100)		NE; intestine, small (13, 23, 32)
Indomethacin	+(142)					+(57, 58)	NE (135)		
Lycopene	NE (189)	NE (136)			NE (16, 17, 137)				
β-nanninilol	+(142)			+(13, 21, 22)	NE (135)		+(139)		
Metatonin	+(189)			NE (57, 58, 138)	NE (121)				
4-Methoxyphenol	NE (142)			NE (13, 21, 22)	NE (109)				
Naringenin	NE (142)			NE (3, 12, 13, 28)	+(140, 141)				
Nordihydroguaiaretic acid	NE (189)			NE (23-25)	NE (135)				
Oltipraz	+(189)	+(50)	NE (50, 56, 143)	NE (57, 58, 69)	+(70, 144)	+(75-77)	+	NE (80, 145)	+ Thymus (40, 41, 146); intestine, total (40, 41); NE; pancreas (9, 81); lymphatic system (131)
1,2-oxothiazolidine-4-carboxylate	+(142)	NE (1)		NE (13, 21, 22)	NE (4)				
D,L-palmitoylcarnitine	NE (142)	NE (107)		+(53)	NE (121)				
Perillyl alcohol	+(189)	+(10, 84-90)		+(47, 147)	+(148)				NE; pancreas (9); intestine, small (49)
Phenethyl isothiocyanate	+(188)	+(8, 143)	+(21, 111, 149)	NE (57, 58)	NE (26, 135)				NE; nasal cavity (8)
Phenyl butyrate (sodium)	+(188)			+(13, 21, 22)					
Piroxicam	+(188)	+(67, 68)		+(12, 13, 23, 24, 32, 33, 57, 58, 67-69, 119, 120)	NE (141)	+(75-77)	+(31, 63, 64)		+ Intestine, total (40, 41); intestine, small (24, 32, 33, 37-39); NE; pancreas (81); thymus (40, 41); uterus (150)
Propyl gallate	+(188)			NE (57, 58, 60)	+(140)		+(31)		NE; sebaceous gland (66); intestine, small (66)
Quercetin	+(188)			+(12, 13, 59)	+(26, 59)				
Quinacrine dihydrochloride	+(142)			NE (12, 13)	NE (121)	NE (133)			
Resveratrol	+(142)		+(151)	+(53)					
All- <i>trans</i> -retinoic acid (RA)	+(188)			+(12, 13, 23-25)			+(152)		NE; lymphatic system (83)
9- <i>cis</i> -RA (alitretinoin)	+(188)	NE (44)	NE (56)	+(12, 13, 21, 22-25, 119, 120)	+(71, 73, 148)		+(80, 101-105, 130)		NE; larynx (46); lymphatic system (83)

Ro 16-9100	+ (189)	+ (136)	+ (12, 13, 23–25)	+ (153)	NE (62)	NE (80,
Seleno-L-methionine	+ (188)		+ (156), NE (154, 155 ^c)			101–105)
Silymarin	NE (142)		NE (57, 58)	NE (135)	NE (157)	
β -Sitosterol	+ (142)		NE (57, 58, 158)	NE (159)	NE (5)	
Sulfasalazine	+ (188)		NE (57, 58)			+ intestine, small (20)
Sulindac sulfone (exsulind)	+ (188)		+ (13–15, 21, 22)			NE; intestine, small (161)
Tea (black, extract)	+ (189)	+ (160)	NE (13, 21, 22, 113, 114)		N (63, 64)	NE; intestine, small (21, 114)
Tea (black, polyphenols)			+ (13, 21, 22, 113)			
Tea (green, polyphenols)	+ (188)		NE (13, 21, 22, 113, 114)			NE; intestine, small (21, 114)
Thioctic acid	+ (188)		NE (23–25), + (166, 167)	NE (29)		
Ursodiol	+ (189)		NE (182, 183)			+ Liver (184); NE trachea (1)
Vitamin E acetate	+ (188)	NE (1)		NE (127)	NE (74)	+ Tongue (171)
<i>p</i> -Xyliselenocyanate	+ (189)	+ (169)	+ (170)			
Zileuton	+ (142)	+ (172)				

^{a,c}+, positive response.

^bNE, not effective.

^cThis paper is for D, L-selenomethionine.

References that cite final reports may be obtained from the Chemopreventive Agent Development Research Group, Division of Cancer Prevention, National Cancer Institute, Bethesda, MD, <http://www3.cancer.gov/prevention/cadgr/>.

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TABLE IV. In Vitro Versus In Vivo Results: Predictive Value of the HEC Assay for the In Vivo Result in Animals

In vitro	In vivo ^a		Predictivity
	+	-	
+	48	3	94%
-	2	5	71%
Totals	96% (sensitivity ^b)	63% (specificity ^c)	91.4% (accuracy ^d)

^aData taken from Table III.

^bSensitivity is defined as the ability to predict positive in vivo responses.

^cSpecificity is defined as the ability to predict negative in vivo responses.

^dAccuracy is defined as the ability to predict the overall in vivo response.

biomarkers, the HEC assay is able to identify additional agents, which would not have been detectable if only one biomarker was used. Agents that show efficacy for altering both biomarkers may have a greater potential for overall preventive efficacy; however, we do not have any supporting data from in vivo studies to confirm this hypothesis.

Of the 58 agents that have been evaluated in one or more of NCIs animal models for cancer prevention, 51 were positive in the HEC assay. Of the 51 agents, 48 were also positive in vivo (Table III). Only three (quinicrine dihydrochloride, β -sitosterol, and sulfasalazine) of the 51 positive agents (~6%) were negative in vivo (8). Five of the seven agents that were negative in vitro were also negative in vivo. Two (naringenin and D,L-palmitoylcarnitine) of the seven agents (~29%) that were identified in vitro as negative were positive in vivo. It is also noteworthy that negative responses in the in vitro assay correctly predicted six of seven negative responses in vivo for both the colon and mammary cancer prevention models. Many of the positive agents were effective over broad concentration ranges of two or more concentration logs in the absence of any observable cytotoxicity. In a number of cases, agents such as budesonide were positive at all concentrations evaluated. Although the HEC assay has provided evidence on the comparative potency of various agents, the correlation to rodent anticarcinogenic activity of individual agents is not possible due to the limited number of doses normally used for animal studies.

While it is unlikely that any one in vitro assay will be responsive to all possible mechanisms of cancer prevention, the data suggest that the HEC assay is responsive to CP agents from various mechanistic classes including: antioxidants, differentiation inducers, retinoids, prostaglandin synthesis inhibitors, and free radical

scavengers. Since most agents usually have multiple mechanisms of action and the number of agents evaluated in the HEC assay is limited, additional data will be required to determine the overall sensitivity of the assay for detecting each class of agents.

The high predictive accuracy (Table IV) of the HEC assay (>91%) for in vivo efficacy in animal models, which utilize multiple carcinogens, multiple target organs, and species, would suggest that this in vitro assay has the ability to identify agents with the potential to prevent carcinogen-induced cancer. The overall predictive accuracy (91.4%) of the HEC assay for CP efficacy in vivo is exceptionally high relative to other in vitro assays [Steele et al., 1996]. Since the assay includes CP agent exposure both during and after each carcinogen exposure, it can potentially prevent the initial damage to DNA and/or the induction of early epigenetic changes as well as the subsequent events that follow initiation. While the assay effectively predicts in vivo efficacy in multiple animal models with different carcinogens, it does not yet appear to distinguish between specific target organ systems. Currently, the HEC assay response data correlate best with responses in the in vivo, colon cancer prevention models.

An important goal of our study is to predict in vivo response at physiological concentrations. In fact, the major criticisms of in vitro data include: the in vitro assay cannot adequately reproduce the metabolism found in vivo, and the concentrations tested in vitro are not achievable in vivo. Our data was accumulated using normal human epithelial cells at very early passage levels, which will retain at least some of the metabolism found in vivo. In addition, the HEC assay included a prescreen to prevent testing at overtly toxic agent concentrations. This ensured that the assays were conducted at agent concentrations that would not be expected to

TABLE V. Correlations of Agent Concentrations Showing Efficacy in the HEC Assay and Clinical Plasma Levels*

Agent	HEC assay efficacious concentrations		Clinical concentrations ^a		In vitro versus in vivo ^c	
	Growth inhibition	Involucrin induction	Plasma	C _{max}	T _{1/2} (h)	Plasma C _{max}
N-acetyl-L-cysteine	61 ^b -1,838 (1)	61 ^b -1,838 (1)	3.7-61 (4)	10.4-127.5 (4)	1-5 (4)	=
S-Allylcysteine	56-1,861 (1)		43-149 (5)	74-149 (5)		=
Anethole trithione	0.012 ^b -3.64 (2)			0.0042-0.005 (6)		=
Apomine		0.00025-0.025		29.1 (7)		<
Aspirin	1.85-5.6 (2)	0.01 ^b -1 (3)	6.84-7.53 (11); 0.13-7.45 (12)	3.77-28.64 (8); 4.95-5.52 (9)	24-192 (7)	<
Budesonide	0.01 ^b -1 (3)		ND: 1.77 (13)	0.008-0.008 (10)		=
β-Carotene	0.019-0.056 (2)	0.000008-0.0008	4.97-41.29 (14); 9.8-29.6 (15); 32.7-124.4 (16)		0.4-0.6 (8); 0.3-0.4 (9)	=
Curcumin	0.000008-0.0008	5.5-54.4 (1)	0.85-14.7 (18)		3.17 (16)	=
Difluoromethylornithine (DFMO)						
DHEA	0.00005-0.0017 (1)	0.00005-0.0017 (1)		0.031-0.69 (17); 24.3-25.9 (18); 0.02-0.034 (19)	20.8-27.1 (18); 18.7-26.6 (19)	<<
EGCG	0.055-1.64 (1)	0.055-0.164 (1)		0.3-0.85 (20); 0.16-0.96 (21)	2.3-3.05 (20); 1.97-3.06 (21)	=
Genistein	0.093-2.78 (1)	0.093-2.78 (1)		Total: 4.1-27.1 (22) Free: 0.02-0.32 (22); 0.47-0.36 (23)	6.5-13.4 (23) 1.67-7.33 (23)	=
Glucic acid, calcium salt	36.3 ^b -363 (1)	36.3 ^b -362 (1)	1.65-7.25 (24)	5.16-7.25 (24)		>
4-HPR	0.0026-0.026 (2)	1-100	0.128-1.53 (25); 0.89-1.41 (26)	0.6-12.9 (27)	17-25 (27)	>
Ibuprofen	1-100	1-100	Total: 157.6-344.6 (28) Free: 1.2-3.3 (28)	112.5-317.5 (29, 30)		=
Indole-3-carbinol	0.05-17 (2)			0.37-2.5 (31)	4.4-4.9 (31)	=
Indomethacin	2.79-27.9	0.279-27.9	0.12-3.1 (32)	1.59-2.6 (33)		=
Lycopen		0.047 ^b -4.7 (1)	0.63-1.26 (34)	0.075-0.21 (35)	28-61 (35)	=
Melatonin	0.01-1.0			0.0097-0.0207 (36)	0.64-0.84 (36)	=
Oltipraz	0.00022 ^b -0.022 (1)	0.00022 ^b -0.022 (1)	0.0038-0.022 (37)	0.55-21.96 (38); 0.69-2.96 (39)	4.1-11.1 (38); 9.3-22.7 (39)	<
Perillyl alcohol	0.0017-0.17 (2)	0.95 ^b -95 (1)	1.35 (43)	175-472 (40); 138-493 (41); 433-774 (42)	1-6.4 (40); 0.46-2.5 (41)	<
Phenethyl isothiocyanate			3.44-6.25 (14)	0.4-1.37 (43)	2.4 (43)	<
Proxiteam	9.6-30.2 (2)			0.34-0.68 (19); 0.159-0.82 (20)	2.7-4.9 (19); 1.9-3 (20)	>
Polyphenon E (EGCG)	34.7-1,156 (3)			0.068-0.286 (44)	15.1-17.7 (44)	<<
Quercetin	0.00059-0.197 (2)			0.082-1.95 (45)		<<
9- <i>cis</i> -RA	0.000008-0.0008 (2)	0.000008-0.0008 (2)	0.56-0.82 (46)			<
Seleno-L-methionine	0.1	0.1		0.46-0.93 (47)	0.8 (47)	<
All-trans-RA	0.0064-2.11 (2)		3.49-11.6 (48)	10.1-48.1 (48)	4.9-10.9 (48)	<
Sulindac sulfone	1.21-40.2 (2)			8.2-36.9 (49)	0.12-0.58 (49)	<
Thioctic acid				13.1-18.1 (50)		<<
Ursodiol		0.127 ^b -0.38 (1)				<
Vitamin E acetate	0.035-105.7 (2)	0.035-105.7 (2)	2-10 (51)			=
Zileuton	4.2-12.7 (3)	0.42-42.3 (3)		6.09-18.75 (52)	1.85-3.51 (52)	=

*Concentrations in μM.

^aConcentrations are based on the presence of the agent or one or more of its metabolites or their reactive products. Note that the clinical concentrations were reported in multiple formats and the data presented may be subject to interpretation.^bFor these agents, the lowest concentration tested was active for the endpoint.^cFor the in vitro versus in vivo comparisons, agents considered "<" were active at in vitro concentrations at least one half log lower than the lowest plasma concentration. Agents considered ">" were active at in vitro concentrations at least one half log greater than the highest plasma concentration. All other agents considered as having concentrations that were equal to the plasma concentration. Concentrations of agents considered "<" or ">" were considered as achieved in clinical studies.References that cite final reports may be obtained from the Chemopreventive Agent Development Research Group, Division of Cancer Prevention, National Cancer Institute, Bethesda, MD, <http://www3.cancer.gov/prevention/cadrg/>.

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produce toxicity following repeated exposures. In addition, the endpoints chosen for the assay are directly related to low, non-toxic, carcinogen induced effects that would be relevant to most human exposures. The clinical data comparison, Table V, illustrates the broad concentration ranges for efficacy in vitro as well as the range of concentrations reported in the clinical data. The data show that the clinical plasma and/or C_{\max} levels are equal to or greater than effective concentrations identified in the HEC assay for 31 of the 33 agents for which data are available. We have previously shown that changes in polyamine expression that are found in clinical studies with difluoromethylornithine (DFMO) are induced in vitro by the same concentrations that are found in plasma and that the biomarkers used for the HEC assay, growth inhibition, and involucrin induction, are also induced at these same concentrations [Elmore et al., 2001]. For two agents, 9-*cis*-RA, ursodiol, and dehydroepiandrosterone (DHEA), the lowest C_{\max} concentration found in clinical studies exceeded the concentrations showing efficacy in vitro by greater than one concentration log, which would suggest that clinical efficacy with these agents could be achieved at lower concentrations and that the clinical toxicity could be reduced. In contrast to the widely held belief that in vitro assay endpoint modification requires higher agent concentrations than are pharmacologically achievable in vivo, the data in Table V clearly show that the HEC assay is responsive at clinically achievable concentrations. The data presented here strongly suggest that the HEC assay provides a valuable tool in prescreening for cancer prevention efficacy and is responsive at clinically relevant concentrations.

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