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Sister-chromatid exchanges in human lymphocytes exposed to 1-p-(3-methyltriazeno)benzoic acid potassium salt

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Summary

The 1-p-(3-methyltriazeno) benzoic acid potassium salt (MTBA) is a triazeno analogue of dacarbazine, an antineoplastic agent capable of mediating the appearance of new antigenic specificities on cancer cells in mice, a phenomenon described as 'chemical xenogenization' (CX).

Recently we reported the clastogenic potential of MTBA on human lymphocytes. Since sister-chromatid exchange (SCE) assay is more sensitive than clastogenic tests, at least at low drug concentrations, we assessed SCE frequencies induced by MTBA on human lymphocytes stimulated by PHA. Drug treatment at 2-500 μ g/ml was performed in vitro prior to or after PHA addition. SCE values increased significantly in a dose-dependent manner up to 200 μ g/ml. However, SCE frequencies, as well as chromosome breaks, did not increase dramatically.

These data indicate that MTBA concentrations used for CX do not cause severe cytogenetic damage to immune cells at least in vitro.

The 1-p-(3-methyl triazeno) benzoic acid potassium salt (MTBA) has been found to be a suitable active substitute for its triazene analogue dacarbazine in inducing antigenic modifications of cancer cell membranes recognizable by the immune system (Nardelli et al., 1984a), a property defined as 'chemical xenogenization' (CX) (Bonmassar et al., 1972; Fioretti et al., 1981).

Moreover, triazene compounds are alkylating agents (Preussmann and van Hodenberg, 1970; Skibba and Bryan, 1971) and therefore potentially clastogenic. In line with these observations we have recently described the clastogenic activity of MTBA in human lymphocytes (Vernole et al., 1987).

Sister-chromatid exchange (SCE) analysis is regarded as a sensitive test to detect exposure to mutagenic and/or cancerogenic substances (Littlefield, 1982) and also to evaluate patient sensitivity to chemotherapy (Mourelatos et al., 1983). Short-term cultures of human lymphocytes are

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widely used for these tests, both in vitro and in vivo (Lambert et al., 1982; Deen et al., 1986).

In the present report we describe the effects of MTBA on SCE frequency in human lymphocytes stimulated in vitro by phytohemagglutinin (PHA). It has been reported that SCE values can vary according to the time of addition of the substance (Morimoto et al., 1985). Therefore MTBA was added to lymphocytes at different times of culture, using the same concentrations of MTBA utilized in our previous clastogenic studies. SCE values increased after each treatment, according to individual sensitivity, time of addition and concentration of the drug.

Materials and methods

Human lymphocytes from heparinized blood of 8 normal donors were purified by sedimentation through a Ficoll-Hypaque gradient at $400 \times g$. Mononuclear cells (5×10^5 cells/ml) were cultivated in RPMI 1640, 20% v/v fetal calf serum, 1% w/v PHA-m and 10 μ g/ml of 5-bromodeoxyuridine (5-BrdUrd). The cultures were always harvested at 72 h, after a 2-h incubation with 2 μ g/ml of colchicine. MTBA was prepared as already described (Vernole et al., 1987). Before each treatment cells were centrifuged and resuspended at a concentration of 2×10^6 /ml in RPMI 1640. Various concentrations of MTBA (2, 20, 200 or 500 μ g/ml) were added to lymphocyte suspensions, according to the following schedule.

Treatment A. MTBA treatment occurred 2 h after PHA addition (3 samples: numbers 1, 2, 3).

Treatment B. MTBA treatment occurred after 24 h of culture (3 samples: numbers 4, 5, 6).

Treatment C. MTBA treatment occurred after 48 h of culture (3 samples: numbers 1, 2, 3).

Treatment D. MTBA treatment occurred immediately after cell separation, PHA was added at the end of the incubation with MTBA (2 samples).

Cells were incubated with MTBA for 1 h at 37° C in 5% CO₂ in air. The drug was then removed by washing with cold medium and the cells were cultured again in their conditioned medium until harvesting. Mitomycin C (MMC, $0.1 \, \mu \text{g/ml}$) was added to cultures from 2 of the individuals studied with treatments A and C at 48 h of culture, to compare the effects of the 2 different drugs at similar molar concentrations.

Control cultures were treated as described, using medium alone.

Chromosome preparations were obtained by standard techniques (Hungerford, 1965) and treated according to Perry and Wolff (1974) to obtain sister-chromatid differential staining. Cells dividing for the first (M1), the second (M2), or more times in culture (M3 +) were recognized according to their differential staining pattern of sister chromatids (Tice et al., 1976). SCE were scored generally on 50 M2 cells, and on at least 20 M2 cells when cell growth was very poor. The distribution of M1, M2 and M3 + cells was assessed on 100 metaphases, 1000 cells were analyzed to calculate mitotic indices (MI). Student's t test was applied after transformation of all SCE values to their logs according to statistical considerations already described (Hirsch et al., 1984).

Results and discussion

The means for SCE and the relative standard errors (SE) for treatments A, B and C are shown in Table 1. A dose-dependent increase in SCE. statistically significant in most cases, was found up to a concentration of 200 μg/ml. At a concentration of 500 µg/ml of MTBA SCE values were lower than at 200 μg/ml in one sample only belonging to treatments A, C (i.e., sample 3), and B (sample 6). This is in line with our previous results on MTBA clastogenicity. A similar 'benddown' of the dose-response curve was reported by other authors for treatments with MMC (Morimoto et al., 1985). It is possible that the majority of lymphocytes exposed to the highest concentration of the agent are too damaged to be able to reach division or otherwise their progression through the cell cycle is very much delayed.

Treatment D was performed using 20, 200 and 500 μ g MTBA/ml, cultures were harvested, not only at 72 h but also at 88 h. Even at this later time, we could find M2 cells and evaluate SCE frequencies only at the lowest concentration of the drug. The respective mean SCE values for control cultures and those treated with 20 μ g/ml were 5.6 and 7.1 (donor 1), 5.66 and 7.28 (donor 2), in both cases the differences over the control were significant (p < 0.05).

We also found that increased concentrations of MTBA resulted in a gradual increase of M1 cells

TABLE 1
INDUCTION OF SCE IN HUMAN LYMPHOCYTES BY MTBA

Treatment A: after 2 h of culture; treatment B: after 24 h of culture; treatment C: after 48 h of culture.

Treatment A	4					
Sample: MTBA (µg,/ml)	1		2		3	
	mean	S.E.	mean	S.E.	mean	S.E.
0	6.35	0.57	5.90	0.65	7.48	0.39
2	8.90 *	0.51	8.65 *	0.03	10.40 *	0.56
20	10.10 *	0.51	9.90 *	0.81	10.32 *	0.51
200	10.70 *	0.61	10.05 *	0.80	11.80 *	0.45
500	12.30 *	0.82	11.05 *	0.98	9.08 *	0.69
Treatment I	3					
Sample:	4		5		6	
0	7.72	0.34	7.23	0.41	7.63	0.42
2	8.14	0.48	7.64	0.44	9.50 *	0.66
20	8.90 *	0.40	8.24	0.46	10.64 *	0.53
200	9.34 *	0.49	10.46 *	0.60	11.00 *	0.49
500	10.38 *	0.40	No cell growth		9.58 *	0.69
Treatment (
Sample:	1		2		3	
0	5.95	0.31	6.40	0.59	6.64	0.47
2	not tested		10.25 *	0.73	10.44 *	0.49
20	8.32 *	0.52	14.00 *	1.23	12.96 *	0.59
200	11.25 *	1.54	15.65 *	0.99	13.88 *	0.61
500	8.97 *	0.57	15.30 *	0.94	12.92 *	0.96
MMC						
0.1 μg/ml	not tested		25.95 *	0.81	23.52 *	1.30

^{*} p < 0.01 according to Student's t test.

and a decrease of M2 and M3 + cells (data not shown). MI were 4-5 times lower than control values only after treatment with $200-500~\mu g/ml$ of MTBA or with MMC, while no relevant difference was found at 2 and $20~\mu g$ MTBA/ml except in treatment D. This was in accordance with previous results showing that ³H-thymidine uptake after G0 treatment was minimal at 200 and $500~\mu g/ml$ and also slightly depressed at 2 and $20~\mu g/ml$ (Vernole et al., 1987).

We have previously suggested 2 hypotheses for the cell growth inhibition after MTBA treatment in G0, i.e., a cytostatic effect of the drug or a modification of PHA receptors on the cell membrane resulting in a less effective stimulation. This second hypothesis might be supported by our present results. In fact, if cells are already committed to proliferation by 2-h incubation with PHA, MTBA is not able to block cell growth.

Only few reports describe SCE differences after treatment at different times of cultures. Variations were reported for example for MMC and 4-nitroquinoline in human lymphocytes (Morimoto et al., 1985), and alkylating agents in CHO cells (Sono and Sakagushi, 1981).

Treatment 24 h before harvesting (treatment C) caused more SCE than treatment A performed on the same subject. The differences were significant, except at the concentration of 2 μ g/ml (samples 2 and 3) and in case 3 also at 500 μ g/ml. Cells in treatment C might not have had enough time to repair and recover before reaching mitosis. Alternatively the different sensitivity to SCE induction might be due to drug exposure of cells in different stages of the cell cycle, as already reported (Morimoto et al., 1985). Treatment A was performed on cells in G0-G1, while treatment C included cells in any phase of the cycle.

SCE values in the 2 samples treated with MMC were 25.9 and 21.15, compared respectively to 15.65 and 13.88, the highest values found after MTBA treatment. These data, like those reported in the literature for other bifunctional alkylating agents, are higher than those obtained after MTBA treatment even at high cytotoxic concentrations (500 µg/ml). The limited effects of MTBA in inducing SCE could be explained taking into account that triazene compounds are monofunctional agents, and so generally less powerful than the bifunctional ones in SCE induction. Moreover, their action at the DNA level is probably due also to other mechanisms different from alkylation (Matney et al., 1985; Vernole et al., 1987).

Previous studies showed that marked CX can be produced in vitro by MTBA concentrations of the order of $100~\mu g/ml$ in lymphoma cells (Nardelli et al., 1984b). It follows that MTBA concentrations able to induce CX would cause only moderate cytogenetic damage (i.e., less than that produced by $200~\mu g/ml$, see Table 1) to human immune cells. Therefore the present findings could provide good support for the possible application of this new approach to cancer immunochemotherapy (Giampietri et al., 1981) to man.

Furthermore, the SCE assay might be useful to test individual sensitivity to the drug before starting in vivo treatments, since a positive correlation between in vitro and in vivo sensitivity has been reported (Tofilon et al., 1985; Deen et al., 1986).

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