Prevention of Breast Cancer in the Rat with 9-cis-Retinoic Acid as a Single Agent and in Combination with Tamoxifen

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Abstract

We show that 9-cis-retinoic acid (9cRA) is a potent inhibitor of mammary carcinogenesis induced by N-nitroso-N-methylurea in Sprague-Dawley rats. Rats were first treated with a single dose of N-nitroso-N-methylurea (50 mg/kg body weight) and then fed non-toxic levels of 9cRA (120 or 60 mg/kg of diet). 9cRA was highly effective in reducing tumor incidence, average number of tumors per rat, and average tumor burden, as well as extending tumor latency. The combination of 9cRA with low levels of tamoxifen (TAM; fed at either 1.0 or 0.5 mg/kg of diet) was particularly effective; addition of 9cRA to a TAM regimen doubled the number of animals that were tumor-free at autopsy and significantly diminished tumor number and tumor burden. For suppression of carcinogenesis in vivo, 9cRA was much more potent than all-trans-retinoic acid, both as a single agent or in combination with TAM, although both retinoids had equivalent inhibitory effects on DNA synthesis in cultured human breast cancer cell lines. Both 9cRA and all-trans-retinoic acid induce the expression of the adhesion molecule, E-cadherin, in the SKBR-3 cell line. We suggest that clinical evaluation of the combination of 9cRA and TAM, either for chemoprevention or for adjuvant therapy, should be considered.

Materials and Methods

Mammary Carcinogenesis Studies. A standard protocol for induction of breast cancer in Sprague-Dawley rats was used (14, 15), with a single i.v. dose of NMU, 50 mg/kg body weight. All palpated tumors were confirmed at autopsy. Retinoids and TAM were incorporated into powdered lab chow as described previously (15) and fed ad libitum, beginning 1 week after injection with NMU. 9cRA (Kuraray Company, Osaka, Japan) or aRA (Hoffmann-La Roche, Nutley, NJ) were fed at either of 2 doses, 120 mg (high dose) or 60 mg (low dose)/kg of diet; TAM (Sigma Chemical, St. Louis, MO) was fed at either 1.0 mg (high dose) or 0.5 mg (low dose)/kg of diet. Methods for statistical analysis have been reported previously (15).

Cell Culture Studies and Immunohistochemistry of E-cad. Human breast cancer cells were cultured as described (15). To measure induction of E-cad, SK-BR-3 cells were treated with either 9cRA or aRA (10⁻⁷ M) for 48 h prior to fixation in cold methanol. Immunocytochemical staining of E-cad has been described previously (12) using an antibody (anti-GP-84) directed against the extracellular domain of E-cad.

Results

Inhibition of Mammary Carcinogenesis. In our laboratory, greater than 90% of Sprague-Dawley rats treated with NMU alone (50 mg/kg body weight) develop invasive mammary adenocarcinomas within 3 to 4 months of a single i.v. injection. We report here results obtained on a total of 252 rats treated with NMU, using either 9cRA or aRA alone or in combination with TAM, to inhibit the development of mammary carcinoma. We chose TAM because of the current ongoing clinical trials being conducted in thousands of women worldwide, evaluating the efficacy of this agent for prevention of breast cancer. At optimal doses, TAM is highly effective in the NMU rat model (16). To evaluate additive or synergistic effects of the combination of either 9cRA or aRA with TAM, we deliberately used suboptimal doses of TAM.

Two separate experiments were performed, and the results are shown in Table 1 and Fig. 1. In all cases, treatment with chemopreventive agents began 1 week after a single i.v. injection of NMU. The data indicate that 9cRA is highly effective in this animal model, and in particular, that it is markedly superior to aRA, both as a single agent and in combination with TAM. Chronic feeding of 9cRA caused significant suppression of carcinogenesis, as measured by four end points, i.e., tumor incidence, average number of tumors per rat, average tumor burden (the total weight of all of an animal’s tumors), and tumor latency. The effect of 9cRA on the number of rats that were tumor free at autopsy is particularly striking; in the two experiments (Table 1), only 1 of 48 (2%) of the control rats treated with NMU alone was tumor free, while 24 of 48 (50%; P < 0.001) of the rats treated with NMU plus 9cRA had no grossly detectable tumors. In addition, statistical analysis indicates that the effects of 9cRA on inhibition of tumor number and tumor burden are also highly significant (P < 0.001 at the higher dose of 9cRA and 0.002 or less at the lower dose of 9cRA). Fig. 1A also shows that 9cRA greatly increases...
tumor latency. In contrast, only 3 of 24 (13%) of the rats treated with aTRA (Experiment 1, Table 1) were tumor free at autopsy, and aTRA had no significant effect on tumor number and tumor burden or on tumor latency (Fig. 1C).

In addition to studying its efficacy as a single agent, we also determined whether 9cRA would provide additional benefit when combined with TAM. Tables 1 and 2, as well as Fig. 1B, show that 9cRA markedly enhances the chemopreventive activity of TAM, particularly when TAM is used at very low doses. The highest dose of 9cRA, when added to TAM, doubles the number of rats that are tumor free at autopsy ($P = 0.001$ for the comparison of any chemopreventive treatment versus controls treated with NMU alone. $P_2$, value for the comparison of any combined retinoid + TAM treatment versus TAM alone. Doses were as follows: 9cRA or aTRA, Hi, 120 mg/kg diet; 9cRA or aTRA, Lo, 60 mg/kg diet; TAM, Hi/Lo, 1.0/0.5 mg/kg diet. In Experiment 1, agents were fed for 3 months, and in Experiment 2, agents were fed for 4.5 months. All rats were injected with NMU 1 week before starting diets.

Table 1: Prevention of mammary cancer by 9cRA, aTRA, TAM, and combinations thereof.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Tumor-free ($P_1; P_2$)</th>
<th>Avg. no. tumors ($P_1; P_2$)</th>
<th>ATB* ($P_1; P_2$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>0/24</td>
<td>3.6</td>
<td>10.9</td>
</tr>
<tr>
<td>9cRA, Hi</td>
<td>9/12 ($&lt;0.001$)</td>
<td>0.3 ($&lt;0.001$)</td>
<td>0.8 ($&lt;0.001$)</td>
</tr>
<tr>
<td>9cRA, Lo</td>
<td>5/12 (0.002)</td>
<td>1.6 (0.002)</td>
<td>4.1 (0.002)</td>
</tr>
<tr>
<td>aTRA, Hi</td>
<td>2/12</td>
<td>2.8</td>
<td>11.2</td>
</tr>
<tr>
<td>aTRA, Lo</td>
<td>1/12</td>
<td>3.3</td>
<td>12.0</td>
</tr>
<tr>
<td>TAM, Lo</td>
<td>3/12 (0.03)</td>
<td>1.8 (0.002)</td>
<td>3.4 (0.004)</td>
</tr>
<tr>
<td>9cRA, Hi + TAM, Lo</td>
<td>8/12 ($&lt;0.001; 0.05$)</td>
<td>0.3 ($&lt;0.001; 0.003$)</td>
<td>0.5 ($&lt;0.001; 0.01$)</td>
</tr>
<tr>
<td>9cRA, Lo + TAM, Lo</td>
<td>8/12 ($&lt;0.001; 0.05$)</td>
<td>0.8 ($&lt;0.001; 0.04$)</td>
<td>2.1 ($&lt;0.001; 0.05$)</td>
</tr>
<tr>
<td>aTRA, Hi + TAM, Lo</td>
<td>5/12 (0.002; 0.33)</td>
<td>0.9 ($&lt;0.001; 0.05$)</td>
<td>2.0 ($&lt;0.001; 0.20$)</td>
</tr>
<tr>
<td>aTRA, Lo + TAM, Lo</td>
<td>6/12 ($&lt;0.001; 0.20$)</td>
<td>1.2 ($&lt;0.001; 0.17$)</td>
<td>1.3 ($&lt;0.001; 0.06$)</td>
</tr>
</tbody>
</table>

* ATB, average tumor burden; the average weight of a rat's tumors at autopsy. In both experiments, rank sum tests were used to compare tumor burdens. $P_1$, value for the comparison of any chemopreventive treatment versus controls treated with NMU alone. $P_2$, value for the comparison of any combined retinoid + TAM treatment versus TAM alone. Doses were as follows: 9cRA or aTRA, Hi, 120 mg/kg diet; 9cRA or aTRA, Lo, 60 mg/kg diet; TAM, Hi/Lo, 1.0/0.5 mg/kg diet. In Experiment 1, agents were fed for 3 months, and in Experiment 2, agents were fed for 4.5 months. All rats were injected with NMU 1 week before starting diets.

Discussion

We report here, for the first time, the use of 9cRA for the prevention of breast cancer in a widely used animal model. In this model, the 9-cis-isomer of retinoic acid is clearly superior to the all-trans-isomer. The mechanism(s) for this difference need to be determined. Inasmuch as 9cRA has high affinity for RXRs as well as RARs (4, 5), broader receptor activation may contribute to the greater activity of 9cRA; studies of the extent of conversion of aTRA to 9cRA in mammary epithelium in vivo thus need to be performed. However, we could find no significant difference between 9cRA and aTRA in our cell culture studies. Another possibility is that there are significant pharmacokinetic differences between the two isomers, and in particular, that 9cRA does not induce its own oxidative inactivation to the same extent as aTRA. The ability of aTRA to induce enzymes which lower its own concentration is well known (20, 21) and is presumed to be an important factor in the relapse which occurs during treatment of acute promyelocytic leukemia with aTRA (21). Thus, further studies on the comparative pharmacokinetics of 9cRA and aTRA are critically needed.

In addition to showing its efficacy as a single agent, we have also found that 9cRA markedly enhances the chemopreventive activity of TAM, particularly when TAM is used at very low doses. The highest
dose of TAM given to a rat in the present study is less than 20% of that given to a 60-kg woman receiving the standard 20 mg daily dose (for this calculation, we have assumed that the rat weighs 250 g and eats 10 g of food daily). There is concern at present regarding the safety of chronic administration of the standard 20 mg daily dose of TAM, which is widely used in the adjuvant setting and is currently under study in long-term human chemoprevention trials. The present data suggest that it may be possible to lower the dose of TAM and still retain efficacy if TAM were used in combination with a second agent, such as 9cRA. Synergistic interaction of TAM and another retinoid, 4-hydroxyphenyl retinamide, in another model of prevention of breast cancer has been shown previously (22), although the dose of the retinoid was very high and the benefit obtained was not as great as in this study. Furthermore, although we have reported previously that synthetic analogues of vitamin D (deltanoids) can synergize with TAM in the NMU breast cancer model (15), the suppressive effects of this combination were not as great as we have obtained here with 9cRA plus TAM.

The present data emphasize the importance of obtaining new information about the safety of chronic administration of low doses of 9cRA to human populations at high risk for development of cancer so that it may be clinically evaluated for suppression of carcinogenesis. 9cRA is currently in Phase I human trials as a therapeutic agent.3 Most notably, the striking effects of the combination of two agents, both given at relatively low doses, on inhibition of carcinogenesis indicate that it will be increasingly important to consider the use of combination chemoprevention (23) in the clinical setting of cancer prevention. Although we have emphasized the use of 9cRA for chemoprevention in the present study, retinoids also inhibit the growth of many overtly malignant breast cancer cells (17-19). Taken together with the ability of 9cRA to increase expression of E-cad, an adhesion molecule often lost in undifferentiated breast carcinomas, the present study suggests testing the addition of 9cRA to the standard TAM regimen that is currently in widespread use for adjuvant chemotherapy for postsurgical treatment of breast cancer in women, especially in a subset that is

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Table 2 Benefit of addition of 9cRA to TAM in prevention of mammary cancer

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Tumor-free (P)*</th>
<th>Avg. no. (P)</th>
<th>Top quartile TB5, g (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAM, Lo</td>
<td>9/24</td>
<td>1.3</td>
<td>5.0</td>
</tr>
<tr>
<td>TAM, Lo + 9cRA, Hi</td>
<td>18/24 (0.009)</td>
<td>0.2 (0.001)</td>
<td>0.1 (0.001)</td>
</tr>
<tr>
<td>TAM, Lo + 9cRA, Lo</td>
<td>17/24 (0.021)</td>
<td>0.5 (0.01)</td>
<td>0.2 (0.023)</td>
</tr>
</tbody>
</table>

* P, comparison of the effects of adding 9cRA to TAM, when compared to TAM alone.

5 Top quartile tumor burden is the 75th percentile of the tumor burden distribution for animals in each particular cohort. The value for the top quartile TB in the control group which received no chemopreventive agent was 17.1 g. Rank sum tests were used to compare tumor burdens. Doses of agents as in Table 1.

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3 W. K. Hoeg, personal communication.
known to be at particularly high risk for relapse. The next problem in the laboratory will be to find a third, or possibly even a fourth, agent to add to this already promising combination regimen to approach the ultimate asymptote of total suppression of mammary carcinogenesis.

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References

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