Prevention of NNK-induced Lung Tumorigenesis in A/J Mice by Acetylsalicylic Acid and NS-398

Nathalie Rioux and Andre Castonguay

ABSTRACT

Acetylsalicylic acid (ASA) is known to prevent cancer development, but its mechanism of action remains unclear. In this study, we compared the efficacies of this nonspecific cyclooxygenase (COX) inhibitor with N-[(2-(cyclohexyloxy))-4-nitrophenoxy]-methanesulfonamide (NS-398), a specific COX-2 inhibitor. COX-2-specific inhibitors are less toxic than ASA. Lung tumorigenesis was induced in A/J mice by the administration of the tobacco-specific nitrosamine 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK) in the drinking water for 7 weeks (weeks 0 to +7). Groups of 25 A/J mice were fed ASA (588, 294, 147, or 73 mg/kg diet) before and throughout the assay (weeks −2 to +23). ASA at a dose of 598 mg/kg diet was the most effective because it reduced lung tumor multiplicity by 53%. The preventive effect of ASA increased with the dose, being of 32, 30, and 44% for 73, 147, and 294 mg/kg diet, respectively. NNK increased plasma prostaglandin E2 (PGE2) basal levels by 413%, whereas ASA attenuated this elevation in a dose-response manner (r² = 0.99). Plasma PGE2 levels in ASA + NNK-treated mice correlated with the logarithm of the number of tumors (r² = 0.99). NS-398 inhibited lung tumor multiplicity by 34% and returned plasma PGE2 to basal levels observed in untreated mice. Among the NNK-exposed mice, ASA and NS-398 treatment decreased the mean of the lung tumor volumes. Incubation of 82-132 and LM2 murine lung tumor cells with ASA or NS-398 with a second generation of NSAIDs, with significantly reduced adverse effects (19). Among those, NS-398 is nonulcerogenic at doses up to 1000 mg/kg body weight in rodents (Fig. 1; Refs. 20 and 21). Thus, COX-2 inhibitors could be given for extended periods of time in long-term prevention trials, which presents a considerable advantage over the administration of ASA. A slow structural transition of COX-2 is induced by NS-398 in a time- and concentration-dependent manner (22). Recently, NS-398 has been shown to reduce azyoxymethane-induced aberrant crypt foci, which are considered colon preneoplastic lesions in rats (23–24). The preventive efficacies of second-generation NSAIDs against lung carcinogenesis have not been investigated.

INTRODUCTION

NSAIDs have been shown to prevent tumorigenesis in humans and in laboratory animals (1, 2). In humans, death rates from colorectal, mammary, esophageal, and gastric cancer decreased with frequent ASA use (Fig. 1; Refs. 3–5). Duperron and Castonguay (6) showed that ASA reduced NNK-induced lung tumorigenesis by 60% in A/J mice. ASA, used at the usual recommended dose, showed a toxicity level that could outweigh the benefits of its cancer-preventive effect (7). The major adverse effect of ASA is gastrointestinal toxicity, which ranges from mild dyspepsia to bleeding, perforation, and even death (8). NSAIDs, including ASA, also induce several nephrological syndromes (9). The development of new drugs with less adverse effects would be a promising alternative to the use of presently available NSAIDs as chemopreventive agents.

The gastrointestinal toxicity of NSAIDs results from a nonspecific inhibition of COX (also known as prostaglandin H synthase) by ASA. COX-1, the constitutive form, synthesizes prostacyclin, which is cytoprotective for the gastric mucosa (10). The second isoform, COX-2, is induced by inflammatory stimuli (11, 12). In humans, as in rodents, the expression of COX-2 is significantly higher in colorectal tumors than in normal mucosa (13–16). Furthermore, Oshima et al. (17) showed that COX-2 null mice had a dramatic reduction in the number and size of intestinal polyps, from which adenomas can develop. The study of Oshima et al. (17) provided the genetic evidence that COX-2 plays a key role in tumorigenesis. Selective inhibition of COX-2 is a promising approach to the prevention of lung carcinogenesis.

COX-1 and -2 are structurally distinct with 60% homology in humans (18). The development of specific COX-2 inhibitors leads to a second generation of NSAIDs, with significantly reduced adverse effects (19). Among those, NS-398 is nonulcerogenic at doses up to 1000 mg/kg body weight in rodents (Fig. 1; Refs. 20 and 21). Thus, COX-2 inhibitors could be given for extended periods of time in long-term prevention trials, which presents a considerable advantage over the administration of ASA. A slow structural transition of COX-2 is induced by NS-398 in a time- and concentration-dependent manner (22). Recently, NS-398 has been shown to reduce azyoxymethane-induced aberrant crypt foci, which are considered colon preneoplastic lesions in rats (23–24). The preventive efficacies of second-generation NSAIDs against lung carcinogenesis have not been investigated.

ASA possesses both anti-inflammatory and analgesic properties. As described above, prevention of carcinogenesis has been associated with its anti-inflammatory activity (2). In contrast to ASA, acetaminophen (Fig. 1), an analgesic with no or negligible anti-inflammatory activity, was found not to be associated with decreased risk of any digestive tract cancer in epidemiological studies (4, 25). In this study, acetaminophen was included as a control in the mouse lung tumor assay to assess the contribution of the analgesic activity of NSAIDs to lung cancer prevention.

Lung cancer is the leading cause of cancer mortality for both men and women in North America (26). The nicotine-derived N-nitrosamine NNK, which is present in tobacco smoke, induced lung tumors in rodents and is most likely involved in lung carcinogenesis in smokers (27). Metabolic activation of NNK by cytochrome P450 is required for its carcinogenic activity (28). A possible activation of NNK by COX-1 and/or -2 has never been investigated. COX, by way of its peroxidase activity, catalyzes the oxidation of a wide range of xenobiotics, including chemical carcinogens, such as benzo(a)pyrene, benzidine, and 2-aminofluorene (29–31).

The aims of this study were: (a) to document the relationship between the dose and preventive efficacy of ASA, because we observed in a previous study that ASA was effective at a dose of 294 mg/kg diet (6); (b) to demonstrate, for the first time, the efficacy of a specific COX-2 inhibitor, NS-398, to prevent lung tumorigenesis in A/J mice, and to compare its prophylactic potential to ASA, a non-specific COX inhibitor; and (c) to investigate the effects of ASA and NS-398 on murine lung tumor cell proliferation; and (d) to determine whether COX-1 and/or -2 are implicated in the metabolic activation of NNK.

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MATERIALS AND METHODS

Chemicals

NNK (99% pure, determined by TLC) and [5-3H]NNK (99% pure, determined by HPLC) were purchased from Chemsyn Science Laboratories (Lenexa, KS). The synthesis of metabolites used as standard in HPLC analysis of NNK metabolism has been reported (32). Acetaminophen (99% pure), 2-acetamidophenol, ASA (99.5% pure), BSA, DMSO, glucose-6-phosphate, glucose-6-phosphate dehydrogenase, hydrochlorothiazide, indo-methacin, 3-[4,5-dimethylthiazol-2-yl]-2,5-diphenyltetrazolium bromide, and NADP+ (Lenexa, KS). The synthesis of metabolites used as standard in HPLC analysis of NNK metabolism was purchased from Chemsyn Science Laboratories (Lenexa, KS).

Table 1. Effects of chemopreventive agents on lung tumorigenesis in A/J mice.

<table>
<thead>
<tr>
<th>Group no.</th>
<th>NNK mg/mouse* (mean ± SD)</th>
<th>Chemopreventive agent*</th>
<th>Dose of agent mg/kg diet (mmol/kg BW/day)</th>
<th>Multiplicity* (mean ± SE)</th>
<th>Incidence*</th>
<th>Volume* (mm³)</th>
<th>Plasma PGE₂ pg/ml (mean ± SE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Negative)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>0.3 ± 0.1</td>
<td>6/22</td>
<td>None</td>
<td>49 ± 4</td>
</tr>
<tr>
<td>2 (Positive)</td>
<td>9.09 ± 0.02</td>
<td>None</td>
<td>None</td>
<td>8.7 ± 1.2</td>
<td>29/29</td>
<td>2.2 ± 0.2</td>
<td>260 ± 68*</td>
</tr>
<tr>
<td>3</td>
<td>9.11 ± 0.05</td>
<td>ASA</td>
<td>588 (4.90)</td>
<td>4.1 ± 0.7*</td>
<td>24/24</td>
<td>0.7 ± 0.5*</td>
<td>42 ± 5</td>
</tr>
<tr>
<td>4</td>
<td>9.10 ± 0.05</td>
<td>ASA</td>
<td>294 (2.45)</td>
<td>4.8 ± 0.5*</td>
<td>24/24</td>
<td>1.4 ± 0.1*</td>
<td>120 ± 35*</td>
</tr>
<tr>
<td>5</td>
<td>9.09 ± 0.03</td>
<td>ASA</td>
<td>147 (1.22)</td>
<td>6.0 ± 1.1</td>
<td>24/24</td>
<td>1.6 ± 0.2</td>
<td>206 ± 30</td>
</tr>
<tr>
<td>6</td>
<td>9.08 ± 0.04</td>
<td>ASA</td>
<td>73 (0.61)</td>
<td>5.9 ± 0.5</td>
<td>25/25</td>
<td>1.4 ± 0.1*</td>
<td>183 ± 50*</td>
</tr>
<tr>
<td>7</td>
<td>9.10 ± 0.07</td>
<td>Acetaminophen</td>
<td>1520 (15.1)</td>
<td>6.5 ± 0.8</td>
<td>25/25</td>
<td>1.5 ± 0.1*</td>
<td>260 ± 77*</td>
</tr>
<tr>
<td>8</td>
<td>9.08 ± 0.04</td>
<td>NS-398</td>
<td>7 (0.03)</td>
<td>5.7 ± 0.9*</td>
<td>25/25</td>
<td>1.1 ± 0.1*</td>
<td>49 ± 8</td>
</tr>
</tbody>
</table>

* NNK was given in the drinking water from week 0 to +7. Total dose was estimated to be 2.2 mmol/kg BW.

** Chemopreventive agents were given in the diet from week —2 to sacrifice (week +23).

† BW, body weight.

‡ All groups are statistically different from the negative control (group 1) at P < 0.005.

§ The incidence is the number of mice bearing at least one tumor on the number of mice in the group. Group 1 is statistically different from all the other groups (χ² analysis, P < 0.001).

¶ Determined from 45 to 96 tumors located in 15 to 25 mice/group, statistically different from group 2, post-hoc ANOVA.

## Analysis of Drug Stability in Diets

ASA. Diet samples containing 294 mg of ASA/kg of diet were recovered from feeders after a 4-day period of feeding. Samples (2 g) of diet were extracted with 20 ml of a 9:1 mixture of diethyl ether:0.1N HCl. A 100-μl aliquot of hydrochlorothiazide solution (100 μg/ml methanol) was added as an internal standard.
PREVENTION BY ASA AND NS-398

Table 2 Metabolism of NNK by mouse lung microsomes and/or ovine COXs

<table>
<thead>
<tr>
<th>Incubation no.</th>
<th>Microsome (mg protein)</th>
<th>COX</th>
<th>Inhibitors</th>
<th>N-carbon hydroxylation (%)</th>
<th>N-oxydation (%)</th>
<th>NNK+NNAL (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>0.9</td>
<td>1.1</td>
<td>97.9</td>
</tr>
<tr>
<td>2</td>
<td>0.5</td>
<td>None</td>
<td>None</td>
<td>8.1 ± 0.6</td>
<td>3.9 ± 1.3</td>
<td>87.9 ± 1.3</td>
</tr>
<tr>
<td>3</td>
<td>0.5</td>
<td>COX-1</td>
<td>None</td>
<td>8.8 ± 0.4</td>
<td>5.9 ± 0.8</td>
<td>85.2 ± 0.8</td>
</tr>
<tr>
<td>4</td>
<td>None</td>
<td>COX-1</td>
<td>None</td>
<td>5.5 ± 0.7</td>
<td>3.9 ± 0.3</td>
<td>90.5 ± 0.8</td>
</tr>
<tr>
<td>5</td>
<td>0.5</td>
<td>COX-1</td>
<td>Arachidonic acid</td>
<td>3.4 ± 0.1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>4.0 ± 1.3</td>
<td>92.5 ± 0.9</td>
</tr>
<tr>
<td>6</td>
<td>None</td>
<td>COX-1</td>
<td>ASA</td>
<td>3.9 ± 0.6&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.5 ± 0.5&lt;sup&gt;d&lt;/sup&gt;</td>
<td>93.3 ± 0.9</td>
</tr>
<tr>
<td>7</td>
<td>0.5</td>
<td>COX-2</td>
<td>None</td>
<td>9.9 ± 1.0</td>
<td>7.1 ± 0.6&lt;sup&gt;a&lt;/sup&gt;</td>
<td>82.8 ± 0.7</td>
</tr>
<tr>
<td>8</td>
<td>None</td>
<td>COX-2</td>
<td>None</td>
<td>8.9 ± 0.3</td>
<td>6.1 ± 0.3&lt;sup&gt;a&lt;/sup&gt;</td>
<td>84.8 ± 0.5</td>
</tr>
<tr>
<td>9</td>
<td>0.5</td>
<td>COX-2</td>
<td>Arachidonic acid</td>
<td>7.1 ± 1.0</td>
<td>5.6 ± 0.2</td>
<td>87.2 ± 1.2</td>
</tr>
<tr>
<td>10</td>
<td>None</td>
<td>COX-2</td>
<td>ASA</td>
<td>6.7 ± 0.4&lt;sup&gt;a&lt;/sup&gt;</td>
<td>4.6 ± 0.1&lt;sup&gt;f&lt;/sup&gt;</td>
<td>86.0 ± 0.3&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>11</td>
<td>None</td>
<td>COX-2</td>
<td>NS-398</td>
<td>6.3 ± 0.6&lt;sup&gt;a&lt;/sup&gt;</td>
<td>4.8 ± 0.2&lt;sup&gt;f&lt;/sup&gt;</td>
<td>88.5 ± 0.9&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup> This metabolic pathways has been detailed by Jorquera et al. (36).
<sup>b</sup> The percentage of metabolites on NNK and NNAL. Mean of three determinations ± SE.
<sup>c</sup> Percentage from initial amount of NNK.
<sup>d</sup> Statistically different from group 2.
<sup>e</sup> Statistically different from group 3, post-hoc ANOVA (P < 0.05).
<sup>f</sup> Statistically different from group 8, post-hoc ANOVA (P < 0.05).

Assay of Plasma PGE2

At sacrifice, blood was collected from the mice used in the lung tumor bioassay by cardiac puncture, and plasma PGE2 was extracted and measured as described previously (33–35) using a competitive PGE2-monoclonal enzyme immunoassay (Cayman Chemical Co.).

Preparation of Microsomes

Lung microsomes from A/J female mice were prepared by differential centrifugation, as described previously (36). Protein content, as determined by the method of Lowry et al. (37), using BSA as a standard, was 1.95 mg of protein/ml of microsomes.

Assay of NNK Metabolism by Microsomal Proteins and COX-1 and -2

Enzymatic incubations were performed as described by Smith et al. (38) with some minor modifications. The incubation mixture consisted of 5 mM glucose-6-phosphate, 1.52 units of glucose-6-phosphate dehydrogenase, 1 mM NADP+, 1 mM EDTA, 3 mM MgCl2, 10 μM (13 μCi) of [5-3H]NNK, and 100 mM sodium phosphate buffer (pH 7.4) in a total volume of 800 μl. After incubation at 37°C for 10 min, the reaction was initiated by the addition of 0.5 mg of lung microsomal proteins or 1,000 units of COX-1 or -2 (20 μg of COX-1 and 105 μg of COX-2). The reaction was incubated for 30 min at 37°C and stopped by the addition of 200 μl of 25% zinc sulfate and 200 μl of saturated barium hydroxide. Some incubations were carried out with arachidonic acid, ASA or NS-398 (100 μM; Table 2). The drugs were shown to be stable under these experimental conditions. An incubation was also performed after the preincubation of COX-2 with 50 μl of antirat NADPH P-450 reductase serum for 30 min at room temperature. A control incubation was done with untreated rat serum. In Table 3, lung microsomes were preincubated with COX-1 and -2 monoclonal antibodies, 10 μg each, for 15 min at room temperature. Precipitated samples were centrifuged at 14,000 x g for 30 min and filtered through a 0.45-μm Millipore-LCR (Millipore Corporation, Bedford, MA). The filtrate (500 μl) and 7 μl of the standard mixture of metabolites were coinjected into a reversed-phase HPLC system, using a Spherisorb ODS 2 5-μm column (Jones Chromatography Inc., Columbus, OH). NNK and its metabolites were eluted with a pH-6.0 sodium acetate buffer and methanol, as described previously (36, 39). The elution was monitored at 254 nm and 1-ml fractions were collected. Scintisafe Plus (4 ml; Fisher Scientific, Montreal, QC, Canada) were added to each fraction, and the radioactivity was measured by liquid scintillation spectroscopy. Recovery of total radioactivity during the HPLC analysis was >75%.

Table 3 Metabolism of NNK by mouse lung microsomes in presence of the COX antibody

<table>
<thead>
<tr>
<th>Incubation no.</th>
<th>Microsome (mg protein)</th>
<th>Antibody</th>
<th>N-carbon hydroxylation (%)</th>
<th>N-oxydation (%)</th>
<th>NNK+NNAL (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0.5</td>
<td>None</td>
<td>14.2 ± 2.1</td>
<td>5.4 ± 0.3</td>
<td>78.6 ± 0.7</td>
</tr>
<tr>
<td>B</td>
<td>0.5</td>
<td>anti-COX-1 and -2</td>
<td>9.6 ± 0.9</td>
<td>5.2 ± 0.1</td>
<td>85.2 ± 0.9&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup> The percentage of metabolites on NNK and NNAL. Mean of three determinations ± SE. This metabolic pathways has been detailed by Jorquera et al. (36).
<sup>b</sup> Statistically different from no. A, post-hoc ANOVA, P < 0.05.
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Fig. 2. Average body weight of the A/J mice during the lung tumor assay. Each point corresponds to the mean of 5 groups of 5 mice with a SD <10%. Numbers correspond to the groups in Table 1: /, negative control; 2, NNK only; 4, ASA + NNK; 7, acetaminophen + NNK; 8, NS-398 + NNK. *, groups 2, 4, 7 and 8 were statistically different from group 1 during carcinogen treatment (Student’s t test, P < 0.05).

Cell Lines

Murine lung cells, 82–132, originating from a type II solid carcinoma, were cultured in DMEM with 10% FBS and 1% penicillin-streptomycin (40). The LM2 murine lung epithelial cells, derived from a papillary tumor, were cultured in MEM a supplemented with 10% FBS and 1% penicillin-streptomycin. Cells were grown in 25-cm² plastic dishes and split every three days using trypsin-EDTA. Cells were maintained at 37°C in a humidified atmosphere of 95% air, 5% CO₂.

Cell Proliferation Assay

Lung tumor cells were cultured on 96-well plates, at an initial concentration of 1 × 10⁴ cells/well with or without the chemopreventive agents. Chemopreventive agents were dissolved in DMSO. The concentration of DMSO in all wells, including control wells, was 2% and shown to be nontoxic. After a 72-h incubation at 37°C, 25 μl of a sterile solution of 3-[4,5-dimethylthiazol-2-yl]-2,5-diphenyltetrazolium bromide in PBS (5 mg/ml) were added to each well, and incubation was continued for 2 h at 37°C. The cells were lysed with 100 μl of the extraction buffer, which consists of 20% w/v SDS dissolved in a 50% solution of N'-N'-dimethyl formamide, and water was adjusted at pH 4.7. Optical densities at 570 nm were measured after an 18-h incubation at 37°C (41).

Statistical Analysis

Multiplicity and volumes of lung tumor adenomas, PGE₂ levels, and NNK metabolism were compared using post-hoc ANOVAs. Incidences of lung adenomas were compared using χ² analyses. Differences between samples were considered statistically significant at the P < 0.05 level.

RESULTS

Lung Tumor Assay. NNK given at a cumulative dose of 9.08–9.11 mg/mouse, during 7 weeks, prevented normal body weight gain (Fig. 2). Body weights of NNK-treated mice sharply increased after cessation of NNK treatment, but never reached that of untreated mice. Body weights of mice treated with NNK, with or without chemopreventive agents, were not statistically different from untreated mice and was ranging from 2.38–2.57 g/mouse/day. At the time of sacrifice, no gross pathological change related to toxicity was observed in the livers, kidneys, stomachs, intestines, or lungs of mice fed the NNK + chemopreventive agent diets. Screening of the mouse colony indicated no viral or bacterial infection at the end of the lung tumor bioassay. One mouse from groups 3, 4, and 5 was sacrificed before the end of the assay due to diarrhea, dehydration, or extra-abdominal tumor and was eliminated from the study.

The effects of chemopreventive agent treatments on lung tumorigenesis are shown in Table 1. As expected, untreated mice (group 1) had a small incidence of “spontaneous” tumors; only 6 of 22 mice were carrying one or two lung tumors. Treatment with NNK (group 2) induced 8.7 tumors/mouse, identified as pneumocyte type-II-derived solid tumors, with an average volume of 2.2 ±0.2 mm³ (Table 1). Feeding ASA, 73–588 mg/kg diet, throughout the study (weeks -2 to 7) induced a dose-dependent decrease in lung tumor multiplicity and plasma PGE₂ levels (Fig. 3).
nonspecific COX inhibitor, against carcinogenesis is well documented, but the preventive efficacies of COX-2-specific inhibitors have never been investigated (2). These specific inhibitors are far less toxic than other conventional NSAIDs, including ASA, thus they could be used as an alternative to minimize toxicity in future prevention trials (1, 20). In this study, we observed that ASA and the COX-2-specific inhibitor NS-398 reduce lung tumor multiplicity and volumes in A/J mice. The present study is the first to demonstrate that both COX isoforms are able to bioactivate NNK. Our results suggest that COX-2 inhibitors are efficient cancer preventive agents of lung tumorigenesis.

The first aim of this study was to determine whether the preventive efficacy of ASA against lung tumorigenesis was dose-related. Duperron and Castonguay (6) had previously shown that a dose of 294 mg/kg diet of ASA reduces lung tumor multiplicity by 60% in NNK-treated mice. Female A/J mice were exposed to low doses of NNK in drinking water, with or without chemopreventive agents, for an extended period of time to mimic the exposure of smokers to this tobacco-specific nitrosamine. As shown in Table 1, ASA reduced tumor multiplicity by 34% (P < 0.05). ASA treatment lowered the plasma PGE2 level from 206 ± 30 pg/ml to 42 ± 35 pg/ml. Plasma PGE2 in NS-398-treated mice and in untreated mice were similar. In ASA-treated mice, plasma PGE2 levels and lung tumor multiplicity were correlated with a r ² of 0.98 (Fig. 3).

Metabolism of NNK by Microsomal Lung Proteins and COX-1 and -2. NNK is bioactivated by hydroxylation of the carbons adjacent (α-carbon) to the N-nitroso nitrogen, producing hydroxy acid, keto acid, diol, and keto alcohol. NNK-N-oxide and NNAL-N-oxide result from N-oxidation of NNK and NNAL, respectively (28). A small amount of NNK is spontaneously transformed into its various products in the metabolism assay (incubation no. 1; Table 2). As expected, A/J mouse lung microsomes metabolized [5-³H]NNK by α-carbon hydroxylation (8.1%) and N-oxidation (3.9%; incubation no. 2). In the absence of microsomal proteins, COX-1 metabolized 9.5% of NNK, via α-carbon hydroxylation (5.5%) and N-oxidation (3.9%; incubation no. 4). Arachidonic acid and ASA added to COX-1 and microsomal proteins inhibited NNK bioactivation by 49.3% and 29.5%, respectively (P < 0.05; incubations no. 5 and 6). COX-2 metabolized 15.2% of the initial amount of NNK, and the addition of microsomal proteins raised this level to 17.2% (incubations no. 7 and 8). As expected, preincubation of COX-2 with anti-P450 reductase did not significantly reduced NNK metabolism (data not shown). Arachidonic acid, ASA and NS-398 inhibited COX-2-dependent NNK bioactivation by 25.6%, 25.0%, and 24.3% (P < 0.05), respectively. The preincubation of lung microsomal proteins with COX-1 and -2 monoclonal antibodies resulted in a 22.0% inhibition of NNK bioactivation (Table 3).

Inhibition of Cell Proliferation by ASA and NS-398. We evaluated the effects of ASA and NS-398 on proliferation of both 82–132 and LM2 cell lines (Fig. 4). Growth of the 82–132 cell line was inhibited with an EC50 of 140 µM for both ASA and NS-398. With the LM2 cell line, EC50 was over 200 µM for ASA and 115 µM for NS-398. At a 25-µM concentration of either agent, growth inhibition was <5%.

D I S C U S S I O N

Arachidonic acid is metabolized to prostaglandins, prostacyclins, and thromboxanes by cyclooxygenases. Two forms of the enzyme, COX-1 and -2, have been identified as the constitutive and the inducible forms, respectively. The preventive potential of ASA, a nonspecific COX inhibitor, against carcinogenesis is well documented, against carcinogenesis is well documented, against carcinogenesis is well documented, against carcinogenesis is well documented, against carcinogenesis is well documented, against carcinogenesis is well documented, against carcinogenesis is well documented.
NNK-induced lung tumorigenesis in a dose-dependent manner. A similar effect, proportional to the logarithm of the dose, was previously observed with another NSAID, sulindac (42). In this study, ASA, at a dose of 588 mg/kg diet, inhibited lung tumor multiplicity by 53% \((P < 0.01)\). The doses of NSAIDs used in this study are comparable with the maximal recommended daily doses for humans.

In this study, we used ASA at doses ranging from 7.9–63.4 mg/kg body weight, whereas the recommended maximal antipretective and anti-inflammatory doses are 55.2 and 83.6 mg/kg body weight, respectively. The mechanism of cancer prevention by ASA seems to be by non-specific inhibition of COXs (2, 19, 33). ASA irreversibly inhibits COX-1 and -2 by acetylation, with a higher activity against COX-1 (19). COX-2 mRNA has been shown to be elevated in a number of human and animal tumors (13, 43–45). Furthermore, COX-2 levels are induced at an early stage of tumorigenesis, as shown in the murine model of familial adenomatous polyposis developed by Oshima et al. (17). In this study, we observed a 5-fold increase of the plasma PGE\(_2\) level, one of the principal products of COX, in NNK-treated mice. This increase of the plasma PGE\(_2\) level was totally inhibited by the 588 mg/kg diet dose of ASA, but as previously mentioned, lung tumor multiplicity was decreased by only 53%. These results lead us to conclude that a 50–60% reduction of lung tumor multiplicity is the maximum level of inhibition achievable by nontoxic doses of ASA in mice. Our results are in line with those of Oshima et al. (17) who observed a partial, but not complete, inhibition of intestinal polyposis in COX-2 knockout mice. Furthermore, an elevation in ASA dosage, over 4-6 tablets/week, did not decrease the risk of colorectal cancer in humans, suggesting a saturation point for ASA-preventive efficacy (5). Mechanisms other than COX's inhibitions might be involved in cancer prevention by ASA.

Toxic effects of ASA are a major obstacle in the development of this agent as a chemopreventive agent (1). ASA and indomethacin are two NSAIDs that cause the most damage to the stomach (46). Long-term administration of ASA is toxic to the upper gastrointestinal system and induces nephrological and hepatotoxic syndromes (8, 9, 47). An alternative to ASA cancer prevention would be to use a COX-2-specific inhibitor, such as NS-398, which causes minimal stomach lesions (21). In this study, we show for the first time that NS-398 inhibits lung tumorigenesis. As shown in Table 1, NS-398 treatment reduced NNK-induced tumorigenesis by 34% \((P < 0.05)\). Recently, Kawabata et al. (23) observed a reduction of azoxymethane-induced aberrant crypt foci, which are considered colon neoplastic lesions in NS-398-treated rats (24). Thus, the cancer-preventive efficacy of NS-398 is not limited to the lungs. The observation of NS-398 antitumorigenic activity is of great interest because COX-2-specific inhibitors could be administered to humans for an extended period of time without the major toxic effects characteristic of NSAID treatment.

As shown in Table 1, administration of ASA and NS-398 to NNK-treated mice reduced tumor volume. Herein, we investigate the effects of NS-398 and ASA on murine lung cell proliferation. As shown in Fig. 4, NS-398 and ASA inhibited 82–132 and LM2 lung cell proliferation only at concentrations higher than those achievable in mice plasma. ASA was shown to be a weak growth inhibitor of the HT-29 colon cancer line (48). The inhibitory concentration of ASA and NS-398 could not be obtained in blood after administration of nontoxic doses of either agents. These results lead us to conclude that the antiproliferative action of NS-398 and ASA could contribute to some extent to the inhibition of lung tumor development.

One aim of this study was to determine whether COX-1 and -2 could bioactivate NNK with their peroxidase activity (49). In this study, we observed a bioactivation of NNK by COX-1 and -2, in the presence or absence of microsomal proteins. As shown in Table 2, COX-2 metabolized NNK more effectively than COX-1. NNK was metabolized via both \(\alpha\)-carbon hydroxylation and \(N\)-oxidation pathways. Inhibition of NNK metabolism by arachidonic acid, a natural substrate for COX acting as a competitive inhibitor, ASA and NS-398 were above the expected values. We were surprised to observe some affinity of NNK for COX, which could explain the weak inhibitory potency of these compounds. This might also reflect the smaller inhibitory potential of NSAIDs on peroxidase activity compared with cyclooxygenase activity (50). We observed an inhibition of NNK bioactivation in mouse lung microsomes by COX-1 and -2 antibodies (Table 3). COXs, especially COX-2, may be important for NNK activation in extrahepatic tissues, and could work in parallel with the P450 pathway of NNK metabolism. Preliminary data showed that human COX, expressed in the U-937 cell line, activated NNK. We concluded that inhibition of COX-dependent NNK activation by ASA and NS-398 in lung tissue is a possible mechanism of action of these drugs in lung cancer prevention.

The analgesic acetaminophen was included in this mouse lung tumor assay to determine whether the analgesic activity of ASA plays a role in the prevention of tumorigenesis. As expected, acetaminophen did not lower the PGE\(_2\) plasma level in NNK-treated mice. Unexpectedly, acetaminophen decreased the number of lung tumors by 25% (Table 1; statistically not significant). Yao et al. (51) observed that acetaminophen treatment of mice given NNK inhibited the COX-2 expression in lung tissue by 16%. At the high dose of acetaminophen used in this study, a slight PGE\(_2\) inhibition has been observed in addition to an analgesic effect (52). Acetaminophen has also been shown to have a weak anti-inflammatory activity at therapeutic doses (53). The small inhibition by acetaminophen observed in this study could be related to an increase in cell death: high concentrations of acetaminophen up-regulated cytosolic Ca\(_{2+}\) leading to necrosis (54). We concluded that the not statistically significant inhibition of lung tumorigenesis observed in acetaminophen-treated mice is most likely unrelated to its analgesic activity.

In summary, ASA inhibited lung tumor multiplicity in a dose-dependent manner. For the first time, NS-398 was also shown to inhibit lung tumorigenesis. This agent, being far less toxic, is a good alternative to long-term ASA administration. In addition, we observed that NNK is bioactivated by both COX-1 and -2. We believe that COX-2 contributes to NNK bioactivation in extrahepatic tissues. The mechanism of action of ASA and NS-398 seems to be an inhibition of both PGE\(_2\) synthesis and COX's peroxidase-mediated NNK bioactivation. In short, our results suggest that the nontoxic COX-2-specific inhibitors are promising chemopreventive agents.

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**REFERENCES**

PREVENTION BY ASA AND NS-398


Prevention of NNK-induced Lung Tumorigenesis in A/J Mice by Acetylsalicylic Acid and NS-398

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