Intratumoral 5-Fluorouracil Produced by Cytosine Deaminase/5-Fluorocytosine Gene Therapy Is Effective for Experimental Human Glioblastomas

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INTRODUCTION

5-Fluorouracil (5-FU) is a potent antimetabolite used for chemotherapy of gastrointestinal (GI), breast, and head and neck malignancies. Although clinical trials have been conducted, the poor therapeutic index of 5-FU has precluded its clinical use for a number of other tumor types. It is unclear whether this lack of utility is due to problems with drug delivery or inherent insensitivity. Adenovirus (Ad) vector-mediated cytosine deaminase (CD)/5-fluorocytosine (5-FC) gene therapy has the potential to overcome pharmacokinetic issues associated with systemic 5-FU and is particularly well suited to use with tumors in which local control is paramount, such as recurrent, localized prostate cancer and malignant gliomas. In this study, the in vitro response by a panel of human tumor cell lines derived from both GI (colon, pancreas) and non-GI (prostate, glioma) tumors to 5-FU and to AdCMVCD (an Ad encoding Escherichia coli CD)/5-FC was assessed. Whereas the sensitivity (IC50) of individual cell lines to these agents varied, no significant difference in median IC50 for either 5-FU or AdCMVCD/5-FC was evident for the four tumor types tested (P > 0.1). The relevant contributions of Ad gene transfer efficiency and inherent 5-FU sensitivity in determining response to AdCMVCD/5-FC were then assessed. Multiple linear regression analysis revealed that whereas both factors significantly contribute to the response, inherent 5-FU sensitivity was substantially more important (β = 0.78 versus 0.08; P < 0.001). Finally, the therapeutic efficacy of a single intratumoral injection of AdCMVCD followed by systemic 5-FC was assessed in three intracranial C6/B17 severe combined immunodeficient mouse models of human glioma. AdCMVCD/5-FC efficacy was specific, virus dose-dependent, and closely paralleled in vitro 5-FU and CD/5-FC sensitivity in two of three models tested. These results reveal that glioma cells are as sensitive as GI tumor cells to the antineoplastic effects of 5-FU, identify inherent 5-FU sensitivity as an important factor in determining CD/5-FC efficacy, and confirm previous findings in rat models that demonstrate the potential clinical utility of AdCMVCD/5-FC gene therapy for gliomas.

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The abbreviations used are: 5-FU, 5-fluorouracil; Ad, adenovirus; CAR, Cocksackie adenovirus receptor; CD, cytosine deaminase; CMV, cytomegalovirus; 5-FC, 5-fluorocytosine; GDEPT, gene-directed enzyme-prodrug therapy; GFP, green fluorescent protein; GI, gastrointestinal; ILS, increased length of survival; MOI, multiplicity of infection; pfu, plaque-forming unit(s); SCCC/N, squamous cell carcinoma of the head and neck; SCID, severe combined immunodeficient; UPRT, uracil phosphoribosyltransferase; VDEPT, virus-directed enzyme-prodrug therapy; XRT, radiation therapy; GFP, green fluorescent protein; b.i.d., bis in die (twice a day); CNS, central nervous system; BCNU, carmustine; FDA, Food and Drug Administration.
with different transgenes and prodrug treatment regimens are difficult to make, CD/5-FC therapy, in general, produced significant tumor volume reduction (s.c.) or ILS (intracranial) in each model. Both C6 and 9L rat glioma models have been frequently used for experimental therapeutic studies. However, these models suffer from a number of problems that limit extrapolation to the clinical situation, most notably the lack of a syngeneic host (C6) and an intense antitumor immune response even in the absence of therapy [C6 and 9L (20)]. Orthotopic xenograft SCID mouse models of human glioma do not suffer from these limitations, permitting evaluation of experimental therapeutics in the absence of tumor immunogenicity. Thus, this is the first report to assess the therapeutic efficacy of CD/5-FC VDEPT in intracranial C.B17 SCID mouse models of human glioma using three human glioma cell lines displaying different genetic, morphological, and phenotypic profiles. Data presented provide the rationale for further evaluation of CD/5-FC-based VDEPT for human gliomas in clinical trials.

**MATERIALS AND METHODS**

**Tumor Cells, Animals, and Methods.** Human glioma cell lines D54MG, U87MG, U251MG (obtained from Darel Bigner, Duke University Medical Center, Durham, NC) and U118MG (American Type Culture Collection, Manassas, VA) were cultured in DMEM/F12 (Mediatech, Herndon, VA) containing 7% fetal bovine serum (Biowest, Nuaille, France), 2 mM L-glutamine, and 1% penicillin/streptomycin. Human colon (LS174T and WiDr), pancreatic (AsPC-1, BxPC-3, and Mia PaCa-2), and prostate (DU145, LNCaP, and PC-3) carcinoma cell lines (American Type Culture Collection) were maintained in RPMI 1640 (Mediatech) containing 10% fetal bovine serum and 1% penicillin/streptomycin. All cells were cultured at 37°C in a 95% CO2 atmosphere without antibiotics and passed <12 times during the course of these experiments. C.B17 SCID mice were purchased from Frederick Cancer Research Facility (Bethesda, MD) and housed under aseptic conditions in microisolation cages with sterile food and water ad libitum.

**5-FC and 5-FU were purchased from Sigma Chemical Co. (St. Louis, MO) and SP Pharmaceuticals (Albuquerque, NM), respectively.**

**Viruses and Monoclonal Antibodies.** AdCMVGFP, a first-generation E1-, E3-deleted vector expressing GFP from the CMV immediate early promoter, was obtained from Corey Goldman (Cleveland Clinic, Cleveland, OH). The construction and characterization of AdCMVCD (4) and AdCMVhSSTr2 (21), an Ad encoding human somatostatin receptor subtype 2, have been described previously. All viruses were constructed by two-plasmid rescue in BAC cells (A549 and HeLa; data not shown) and neurotoxicity after injection of up to 10^10 pfu. Twenty-four h after infection, cells were harvested with 0.25% trypsin/EDTA (Mediatech), washed with buffer (PBS, 0.1% sodium azide, and 0.1% BSA), and resuspended at 1 × 10^6 cells/ml. Cells (10^4 cells/sample) were analyzed by flow cytometry at the University of Alabama at Birmingham Department of Rheumatology FACs Core Facility. MOI values, defined as the AdCMV GFP MOI required to produce detectable GFP in 50% of cells, were determined for each cell line by a piecewise linear regression of data plotted as the logarithm of AdCMVGFP MOI versus the percentage of GFP-positive cells.

**AdCMVCD/5-FC Treatment of C.B17 SCID Mice Bearing Intracranial Human Gliomas.** U87MG, D54MG, or U251MG tumors were established intracranially in C.B17 SCID mice as described previously (23–25). Briefly, mice were anesthetized with ketamine and 0.5–1 × 10^6 cells (1 × 10^6 ml^-1) were inoculated into the right frontal cerebral hemisphere via stereotactic injection. Tumors were allowed to grow for 5 days before stereotactic injection of 10 μl of saline, AdCMVCN, or AdCMVhSSTr2 (10^5 pfu). Two days after injection, mice were treated with either saline or 500 mg/kg 5-FC i.d. i.p. for 7 days and monitored daily for survival. When tumor-bearing mice displayed overt signs of neurological dysfunction, manifest primarily as a hunched appearance, lack of grooming, and lack of avoidance behavior when handled, they were sacrificed by lethal CO2 inhalation, and their brains were harvested for histopathological examination, confirming the presence of tumor in all sacrificed mice.

**Statistics.** Pairwise comparisons of mean 5-FU or 5-FC IC50 values calculated as described above were made using one-way ANOVA with Fisher’s modification using Minitab v13.3 for Windows (Minitab, State College, PA). Median 5-FU and 5-FC IC50 values for each tumor type were calculated by grouping cell lines according to tissue of origin and compared by Kruskal-Wallis analysis using Minitab. Pairwise comparisons of median IC50 values were performed with Dunn’s post-test using GraphPad InStat v3.05. Survival curves were analyzed by the log-rank test using GB-STAT v6.5 for Macintosh (Dynamic Microsystems, Silver Springs, MD), and specific pairwise comparisons were made. All comparisons were made using the 0.05 level of significance, unless otherwise stated.

**RESULTS**

**5-FU Sensitivity.** Sensitivity to continuous exposure of 5-FU was assessed for 14 cell lines derived from malignant gliomas and colon, pancreatic, and prostate carcinomas and was found to be variable, within a 2-log range (Fig. 1; IC50 range, 0.07–1.44 μg/ml). Cells could be grouped into three categories based on statistical analysis of the individual mean 5-FU IC50 for each cell line. Group I, consisting only of BxPC-3 pancreatic carcinoma cells, was most sensitive (IC50 = 0.07 ± 0.03 μg/ml). Group III, consisting of Mia PaCa-2 pancreatic carcinoma cells and U87MG and D54MG glioma cells, was the least sensitive (IC50 = 1.24–1.44 μg/ml). The largest group of cells, Group II, displayed intermediate 5-FU sensitivity. Only the difference in mean IC50 values for group I versus group III cells was statistically significant (P < 0.05). A notable exception was LS174T.
colon carcinoma cells, which were significantly more sensitive to 5-FU than were U87MG and D54MG glioma cells (P < 0.05).

AdCMVCD/5-FC Sensitivity. 5-FU sensitivity (IC50 in µg/ml) was assessed with a subpanel of 11 cell lines after infection with AdCMVCD at 1, 10, 30, 100, and 300 MOI (pfu/cell). Dose-response curves from representative pancreatic, glioma, and colon cancer cell lines (AsPC-1, D54MG, and WiDR, respectively) are shown in Fig. 2. A significant linear relation (P < 0.01) between AdCMVCD MOI and 5-FC sensitivity (log-log scale) for each of the three cell lines was observed. Similar results were obtained with BxPC-3 and LS174T cells as described previously (27). The dose response with PC-3 and U251MG cells was not significantly linear (P > 0.05) despite sufficient data for analysis (three and four MOIs, respectively). Only two MOIs (100 and 300 MOI) were tested for four cell lines (DU145, LNCaP, U118MG, and U87MG), precluding accurate analysis of the linear relation with these cell lines (data not shown).

Like results with 5-FU, the 5-FC responses in the subpanel of cell lines infected with AdCMVCD at 100 pfu/cell were variable within a 2-log range (Fig. 3; IC50 range, 1.0–196 μg/ml). Statistical analysis of mean 5-FC IC50 for each individual cell line revealed two groups with statistically significant (P < 0.05) differences in IC50 values between groups I and II (Fig. 3; IC50 range, 1.0–53.2 µg/ml). Differences in IC50 values between groups I and II (Fig. 3; IC50 range, 1.0–53.2 µg/ml) were not significant (P > 0.05). Differences in median IC50 (bars) for each of the four tumor types were not significant (P = 0.10).

Adenovirus transfer efficiency and inherent drug sensitivity were used to calculate 5-FC sensitivity (IC50) against a panel of 11 human cell lines. Multiple regression analysis was performed on log-transformed 5-FU IC50, AdCMVGF MOI, and 5-FC IC50 values, and coefficients were determined for the equation shown below.

\[ \log(5-FC_{IC50}) = b_0 + b_1 \times \log(5-FU_{IC50}) + b_2 \times \log(AdCMVGF_{MOI}) \]  

This model described the data well (Table 1; P < 0.001) and revealed that both AdCMVGF gene transfer efficiency and inherent 5-FU sensitivity significantly contributed to overall 5-FC response after AdCMVCD infection. However, inherent 5-FU sensitivity was the most important factor of the two, as demonstrated by a \( b_1 \) weight of 0.78 compared with \( b_2 \) weight of 0.48 for Ad transducibility. Finally, as shown in Fig. 4, 5-FC IC50 predicted by the above equation correlated strongly with measured 5-FC IC50 (P = 0.0001).

Intratumoral 5-FU Chemotherapy of Established Intracranial Gliomas in C.B17 SCID Mice. The dose response of intratumoral 5-FU chemotherapy via AdCMVCD/5-FC was assessed in an estab-
Table 1 Contributions of inherent 5-FU sensitivity and Ad transducibility in determining AdCMVCD/5-FC sensitivity to human tumor cells in vitro

<table>
<thead>
<tr>
<th>Coefficient</th>
<th>Value</th>
<th>Standardized coefficient (β)</th>
<th>Significance (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b₀</td>
<td>0.81</td>
<td>0.022</td>
<td></td>
</tr>
<tr>
<td>b₁</td>
<td>1.21</td>
<td>0.78</td>
<td>0.001</td>
</tr>
<tr>
<td>b₂</td>
<td>0.56</td>
<td>0.48</td>
<td>0.013</td>
</tr>
</tbody>
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*Multiple regression analysis performed on log-converted 5-FU IC₅₀, AdCMVGFP MOI₀₅₀, and 5-FC IC₅₀ (AdCMVCD, MOI 100) values.

Fig. 4. Prediction of AdCMVCD/5-FC response from inherent 5-FU sensitivity and AdCMVGFP transducibility. Multiple regression analysis on log-converted 5-FU IC₅₀, AdCMVGFP MOI₀₅₀, and 5-FC IC₅₀ (AdCMVCD, MOI 100 pfu/cell) values was performed. Experimental data were entered into the equation in Table 1, and 5-FC IC₅₀ values predicted from this model (Y axis) were compared with actual 5-FC IC₅₀ values (X axis).

The specificity of the AdCMVCD/5-FC therapeutic effect was determined with mice bearing intracranial U87MG tumors and treated with either saline, AdCMVCD, or the control virus AdCMVhSSTr2 (10⁸ pfu/mouse), followed by systemic saline or 5-FC as described above. As shown in Fig. 6A, a single intratumoral injection of 10⁹ pfu AdCMVCD significantly prolonged the survival of C.B17 SCID mice bearing intracranial U87MG tumors compared with control, mock-infected animals treated with 5-FC (median survival, 67 days versus 49 days, respectively; P < 0.05). This effect was not due to AdCMVCD infection alone because survival of mice receiving 10⁹ pfu AdCMVCD but no 5-FC was not significantly prolonged compared with that of control mice (median survival, 49.5 days; P > 0.22). The prolongation of survival was specific for AdCMVCD/5-FC because infection with AdCMVhSSTr2, which encodes the human SSTr2 (21) and does not induce CD activity in infected cells (data not shown), did not significantly prolong survival of mice in either the presence (53.5 days) or absence (46 days; data not shown) of 5-FC (P > 0.4).

The potential clinical efficacy of this approach was assessed in two additional intracranial C.B17 SCID mouse models of human glioma (24). AdCMVCD/5-FC therapy significantly prolonged survival of mice bearing either intracranial D54MG tumors [Fig. 6B; median survival, 43 days versus 27 days (control); P = 0.002] or U251MG tumors [Fig. 6C; median survival, 35 days versus 22 days (control); P = 0.001]. This effect was dependent on AdCMVCD/5-FC because no prolongation of survival with control virus (AdCMVhSSTr2 ± 5-FC) and control drug (AdCMVCD + saline) regimens was seen with either model (P > 0.05). Importantly, the magnitude of survival advantage in AdCMVCD/5-FC-treated animals differed among the three models. As shown in Table 2, the ILS for U87MG, D54MG, and U251MG tumors was 1.67, 2.25, and 1.59, respectively. With the exception of results with U251MG, the treatment response correlated well with the *in vitro* sensitivity of these cells to both 5-FC and AdCMVCD/5-FC (Figs. 1 and 3).

**Table 2 Efficacy of AdCMVCD/5-FC therapy in three intracranial C.B17 SCID mouse models of human glioma**

<table>
<thead>
<tr>
<th>Tumor</th>
<th>Expt 1</th>
<th>Expt 2</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>U87MG</td>
<td>1.37</td>
<td>1.97</td>
<td>1.67</td>
</tr>
<tr>
<td>D54MG</td>
<td>1.59</td>
<td>2.90</td>
<td>2.25</td>
</tr>
<tr>
<td>U251MG</td>
<td>1.59</td>
<td>ND</td>
<td>1.59</td>
</tr>
</tbody>
</table>

a ILS of animals receiving 10⁹ pfu of AdCMVCD with systemic 5-FC (300 mg/kg b.i.d. i.p. for 7 days) versus animals receiving no AdCMVCD plus 5-FC. 5-FC regimen started 2 days after virus infection. ILS was determined from one to two separate experiments per tumor with 7–11 animals/group.

b Expt, experiment.

c 5-FC regimen started 3 days after virus infection.

**DISCUSSION**

This study addresses three important issues regarding CD5-FC VDEPT. First, data presented in Figs. 1 and 3 demonstrate that cell lines derived from both GI and non-GI tumors display similar *in vitro* sensitivity to both 5-FU and AdCMVCD/5-FC on continuous 5-day drug exposure using the 3-(4,5-dimethylthiazol-2-yl)-5-(3-carboxymethoxy-phenyl)-2-(4-sulfonyl)-2H-tetrazolium assay of cellular respiration. Nonparametric analysis of median 5-FU (Fig. 1) and AdC-
CD5-FC GENE THERAPY FOR HUMAN GLIOMAS

MVCD/5-FC (Fig. 3) sensitivity (IC_{50}) of 14 tumor cell lines (2 colon, 5 pancreatic, 4 glioma, and 3 prostatic cell lines) revealed no significant differences among the four tumor cell types tested (P = 0.1 and 0.24, respectively). A similar analysis was performed on publicly available 5-FU toxicity data from the National Cancer Institute Developmental Therapeutics Program Disease-oriented Anticancer Drug Screen (28). The National Cancer Institute screens approximately 10,000 compounds/year using a sulforhodamine B protein biomass assay to assess acute drug toxicity (2 days) with a panel of >60 human tumor cell lines from 9 different tissues (breast, CNS, colon, lung, leukemia, melanoma, ovarian, prostate, and renal). Analysis of data in the August 2000 database revealed no significant difference in median 5-FU GI_{50} (50% growth inhibition) values (P = 0.17; data not shown) for the nine different tissues. This analysis confirms that our results with 5-FU were not an artifact of the cell lines included in our panel, the toxicity assay used, or the time point analyzed. These results are consistent with the broad spectrum of activity demonstrated clinically with systemic 5-FU and suggest that intratumoral 5-FU may be active, with optimal drug delivery via CD/5-FC GDEPT, for both GI and non-GI tumors.

CD5-FC VDEPT is a two-component system designed to produce high intratumoral 5-FU concentrations from systemically administered 5-FC. Both CD expression level within infected tumor cells and inherent 5-FU sensitivity of the tumor cells may contribute to its overall efficacy. Thus, the second focus of this study was to determine the relative importance of these two factors in vitro. We have previously shown that AdCMVCD MOI correlates directly with CD mRNA and protein expression, CD activity, and 5-FC toxicity in vitro using LS174T colon and BxPC-3 pancreatic cells (27). We have extended this analysis to include five additional cell lines, three of which demonstrated a significant dose-response relationship between 5-FC toxicity (IC_{50}) and increasing AdCMVCD MOI (Fig. 2). To our knowledge, these data are the first to demonstrate a clear doseresponse relationship between AdCMVCD dose and 5-FC toxicity.

Multiple linear regression analysis confirmed that both Ad gene transfer efficiency and inherent 5-FU sensitivity contributed significantly to AdCMVCD/5-FC toxicity in vitro (Table 1) and that quantitation of these two factors could accurately predict 5-FC toxicity (Fig. 4). We have previously reported a facile method of quantifying Ad transduction efficacy by flow cytometry using AdCMVGFP that permits the statistical comparison of transduction efficiencies across different cell types, represented as a MOI_{50} value for each cell sample (22). We chose the method using AdCMVGFP for these studies, rather than AdCMVCD, due to its simplicity (direct autofluorescence) and its amenability to subsequent statistical analysis. However, differences in transcription and translation efficiencies of different transgenes within the same viral vector and driven from the same promoter may produce differing results. Preliminary experiments involving quantitation of AdCMVCD transduction efficiency using flow cytometric detection of CD by indirect immunofluorescence on a subset of the cell lines used in this study have demonstrated the concordance of these two methods (27, 29), suggesting that GFP is a suitable surrogate reporter gene for these studies.

These data also illustrate the importance of Ad gene transfer efficiency in determining CD5-FC VDEPT efficacy. Ad gene transfer has been shown to depend on expression of the cellular receptors necessary for Ad entry, CAR (30, 31) and αv integrins (32), on the surface of target cells. Lack of expression of CAR or αv integrins on primary tumor cells from different tissues significantly limits Ad gene transfer (33–35). Moreover, in animal models, intratumoral Ad gene transfer is limited to the area around the needle track, presumably due to high interstitial pressure within the tumor that limits vector diffusion (36). Therefore, to maximize intratumoral CD expression and hence CD5-FC efficacy, targeted Ad vectors capable of CAR-inde-
pended gene transfer (37), replicative Ad vectors capable of lateral infection throughout the tumor mass (38), or a combination of the two (39) may be used in future Ad-based CD vectors to overcome these problems.

Whereas both Ad gene transfer efficiency and inherent 5-FU sensitivities contributed significantly to CD/5-FC VDEPT efficacy in vitro, inherent 5-FU sensitivity was the more important factor (β = 0.48 versus 0.78, respectively; Table 1). There is, therefore, no irony in the fact that CD/5-FC GDEPT has primarily been investigated in preclinical models of both GI [bile duct (4), colon (8), and pancreas (40)] and non-GI [breast (41) and SCCHN (42)] malignancies for which systemic 5-FU has a clearly defined role in clinical management (2). However, these tumors, particularly colon and breast cancers, are frequently metastatic on initial presentation (9, 43). Whereas systemic CD/5-FC has been investigated for treatment of metastatic disease (44), current Ad-based VDEPT technology is most likely to be efficacious on direct injection into a tumor mass (45) or surgically voided tumor cavity (46). Thus, it is better suited to use in low-stage disease, cacious on direct injection into a tumor mass (45) or surgically voided tumor cavity (46). Thus, it is better suited to use in low-stage disease, where local control is possible, such as cutaneous SCCHN (10) or recurrent and/or hormone-refractory localized prostate cancer (11), or in high-grade tumors that display locally invasive growth and rarely metastasize, such as gliomas (12).

Based on the demonstrated efficacy of CD/5-FC VDEPT in animal models of GI tumors and the equivalent 5-FU in vitro sensitivity profile of both GI and non-GI tumor cells, the above-mentioned studies provided the rationale for further evaluation of CD/5-FC VDEPT in tumors not traditionally treated with systemic 5-FU. CD/5-FC VDEPT is particularly well suited to the treatment of gliomas because 90% of these tumors recur within 2 cm of the resection margin and rarely metastasize outside the CNS (47). Gliomas remain one of the more therapeutically intractable types of cancer; the median survival is <12 months even with surgery, XRT, and chemotherapy (48). Whereas the roles of cytoreductive surgery and external beam XRT are established in the clinical management of newly diagnosed and recurrent gliomas, the value of adjunctive systemic chemotherapy is less well defined. BCNU, a lipophilic, non-phase-specific alkylating agent, is the most commonly used systemic chemotherapeutic and, until 1999, was the only FDA-approved drug for malignant gliomas (49). Prolongation of patient survival by nitrosourea-based mono- and poly-chemotherapy has been modest, primarily due to the emergence of drug-resistant cells. FDA approval of temozolomide in 1999 for recurrent anaplastic astrocytoma marked the biggest change in neuro-oncology in 20 years (50), but its role in the management of malignant gliomas is far from clear (51). Combination systemic chemotherapy and chemoradiotherapy with BCNU and non-cross-resistant, phase-specific drugs such as 5-FU, 5-bromodeoxyuridine, 5-isodeoxyuridine, hydroxyurea, and other antimetabolites has been investigated in various clinical trials for gliomas over the past 40 years (see review, Refs. 52 and 53). Whereas no clear role for these drugs has been established, antimetabolites remain attractive due to their capacities to potentiate the effects of XRT (54) and to overcome or circumvent BCNU resistance (49). Narrow therapeutic indices, the intact blood-brain barrier at the actively proliferating tumor margin, and the relatively low growth fraction of gliomas have limited the utility of antimetabolites for gliomas and precluded clinical evaluation of their direct antineoplastic effect (49).

Alternative drug delivery approaches may overcome the obstacles associated with systemic 5-FU chemotherapy. Intrastitial chemotherapy has been previously investigated in gliomas, and sustained release, biodegradable BCNU polymers (Gliadel) have recently been approved by the FDA for use in recurrent gliomas (55). This approach has also been attempted for antimetabolites such as 5-FU. Menei et al. (56) recently reported results of a Phase I trial investigating the combination of interstitial 5-FU with concurrent external beam XRT. High levels of 5-FU in the CSF, but not blood, were seen up to 30 days after surgical implantation of biodegradable microspheres containing 5-FU, with minimal neurological side effects. Although only eight patients were studied, there was a distinct trend toward improved local control and prolonged survival in patients receiving high-dose interstitial 5-FU with concurrent XRT.

CD/5-FC GDEPT is an attractive alternative to polymer-based interstitial 5-FU. Unlike 5-FU, 5-FC is amenable to oral administration, readily penetrates the blood-brain barrier after systemic administration, and is FDA-approved for CNS fungal chemotherapy (57). Thus, the third aim of this study was to investigate the in vivo efficacy of intratumoral 5-FU/CD/5-FC VDEPT in experimental human gliomas. In all three intracranial C.B17 SCID mouse models, combined intratumoral injection of AdCMVCD with systemic 5-FU significantly prolonged survival (P < 0.05). This effect was virus dose dependent (Fig. 5) and specific for the CD/5-FC combination (Fig. 6) because treatment with either AdCMVhSSTr2 ± 5-FU nor AdCMVCD without 5-FC significantly prolonged survival (P > 0.05). Interestingly, the mean ILS in two of three models tested (U87MG and D54MG; Table 2) closely mirrored the in vitro response of these cells to both 5-FU (Fig. 1) and AdCMVCD/5-FC. Perhaps additional in vivo experiments with this model or modification of the treatment regimen would yield results that correlate more closely with in vitro sensitivity profiles. Alternatively, there may be undetected differences in the growth profiles of U251MG cells in vitro and in vivo that may explain the differences in sensitivity. Future testing of AdCMVCD/5-FC therapy in multiple different tumor models, such as pancreatic and prostate cancer, should permit a more definitive evaluation of this correlation.

A recent study by Lambin et al. (58) quantified the therapeutic gain that may be obtained with CD/5-FC GDEPT and concurrent fractionated XRT. Based on published pharmacokinetic data for 5-FC, these authors suggested that, assuming only 1–3% local CD conversion efficiency, maintenance of serum 5-FC at 25–100 μg/ml (standard antifungal treatment values) may permit intratumoral 5-FU production of 0.6–0.9 μg/ml, a level previously shown to achieve radiosensitization values of 1.1–1.2 in vitro (59). This level of sensitization, when combined with 60 Gy of fractionated XRT (2 Gy/fraction), might increase local tumor control 20–40%. This level of increased local control may be detected in a randomized, two-arm clinical trial involving 260 or 60 total patients, respectively (60). Data in Fig. 1 demonstrate that the mean 5-FU IC50 values for three of four human glioma cell lines tested were in this range (1.17–1.2 g/ml), and the mean 5-FU IC50 for the other cell line, U251MG, was even lower (0.35 μg/ml). 19F magnetic resonance spectroscopy studies are currently under way to assess intratumoral CD conversion efficiency on intratumoral AdCMVCD infection. In addition, concurrent CD/5-FC VDEPT and fractionated XRT studies with these cell lines and tumor xenografts are currently ongoing to directly assess the potential gain of this approach for experimental malignant gliomas.

GDEPT is also potentially more flexible than polymer delivery systems because additional genes may be included to potentiate the GDEPT effect. For example, we and others (61–63) have conducted preclinical GDEPT studies to investigate the combination of CD and UPRT, an enzyme that catalyzes production of (5-fluoro-UMP) in the first step of the (fluoro)uracil salvage pathway and is down-regulated in most 5-FC-resistant fungi (57). Coexpression of CD and UPRT has been shown to increase the toxic effect of 5-FC by 1–3 orders of magnitude over treatment with CD/5-FC alone (61–63). Preclinical studies with CD/UPRT-based
VDEPT and combination chemotherapy (BCNU, hydroxyurea, irinotecan, and leucovorin) and chemoradiotherapy are currently ongoing to maximize the potential of CD/5-FC GDEPT for malignant gliomas. Such manipulation of downstream 5-FU metabolism and modulation of its cytotoxic effects via adjunctive therapies should improve efficacy because inherent 5-FU sensitivity was shown to be the more important factor in Ad-mediated CD/5-FC VDEPT (Table 1).

This study represents the first study to use CD/5-FC VDEPT in experimental human gliomas and demonstrates the efficacy of intratumoral 5-FU produced via a single intratumoral injection of AdCMV-CD/5-FC and a 7-day b.i.d. regimen of systemic 5-FC (500 mg/kg). These efficacy results compare favorably with other reports of CD/5-FC VDEPT and suggest that future protocol optimization of viral injection (fractionated dosing), 5-FC regimen (prolonged administration), and concurrent fractionated external beam XRT may be even more efficacious, providing the rationale for further investigation of this approach via clinical trials. This study is also the first to systematically evaluate VDEPT in multiple murine models of the same tumor type using cell lines displaying distinct genetic, morphological, and phenotypic properties. Results demonstrate that response to CD/5-FC VDEPT is variable and that both Ad gene transfer efficiency and inherent 5-FU sensitivity are critical factors in determining tumor response. Most importantly, these findings are likely to reflect the variable responses to CD/5-FC VDEPT that may be encountered clinically in human tumors that are even more heterogeneous.

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