

Abrogation of the G₂ Checkpoint Results in Differential Radiosensitization of G₁ Checkpoint-deficient and G₁ Checkpoint-competent Cells¹

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Abstract

We have examined the effect of abrogation of the G₂ checkpoint on the radiosensitivity of G₁ checkpoint-proficient and G₁ checkpoint-deficient cells. A549 human lung adenocarcinoma cells were transduced with the *E6* oncogene of the human papillomavirus type 16 to eliminate their radiation-induced G₁ arrest. These E6+ cells exhibited a dose-dependent increase in radiation resistance compared to control A549 cells transduced with the vector alone. Treatment (96 h) with 2 mM caffeine resulted in an abrogation of the cellular G₂ checkpoint in both E6+ and control cells and a differential radiosensitizing effect on the two cell lines such that the E6+ clones and the vector controls became equally radiosensitive. These data show that human tumors which are radioresistant due to the loss of the p53-mediated G₁ checkpoint can be made radiosensitive by abrogation of the G₂ checkpoint. The implications of these results for cancer therapy are discussed.

Introduction

The cellular response to ionizing radiation involves cell cycle regulatory genes which control progression of the cell through the cell cycle. The prototype for these regulatory genes is the *rad9* "checkpoint" gene of yeast, which delays cells in G₂ following radiation exposure (1). In mammalian cells, treatment with radiation results in delays in cell cycle progression, both in G₁ and in G₂. The G₁ delay has been shown to be under the control of the *p53* gene (2). Less is known about the genes controlling the radiation-induced G₂ delay in mammalian cells, because the homologue of the yeast *rad9* gene has not been identified. It has, however, been hypothesized that the magnitude of the G₂ delay in response to radiation may be a critical determinant of cellular radiosensitivity (3, 4). Abrogation of the G₂ delay with methylxanthines such as caffeine and pentoxifylline results in increased cellular radiation and chemosensitivity (5, 6), and the *rad9* mutation which abrogates the G₂ arrest in yeast results in marked radiosensitivity (1).

Although wild-type p53 is believed to be present in most normal human tissues, p53 mutations are common in human malignancies. Consequently, cancer treatment strategies may be able to capitalize on this cell cycle regulatory deficiency which appears to be largely limited to tumors. Treatments which abrogate the G₂ arrest in p53-deficient cancer cells will result in cells lacking both G₁ and G₂ checkpoint functions. The same treatment administered to p53-proficient normal cells will eliminate only the G₂ checkpoint. This difference in checkpoint competence might result in a greater sensitization of the p53-deficient cells to DNA-damaging agents.

We have examined this hypothesis using the A549 human lung

cancer cell line, which is stable in culture, expresses wild-type p53 (7), and demonstrates G₁ and G₂ arrests in response to ionizing radiation. By inactivating p53 activity in A549 cells through expression of the *E6* oncogene of the HPV³ type 16, we have been able to eliminate the G₁ delay in response to radiation. This has permitted us to compare the effects of caffeine-mediated abrogation of the G₂ checkpoint on radiosensitivity in both the parental and G₁ checkpoint-deficient cells.

Materials and Methods

Supply Sources. Unless otherwise stated, all tissue culture media, serum, drugs, and chemicals were obtained from Sigma Chemical Co. (St. Louis, MO).

Cell Lines: Production and Maintenance. A549 is a human adenocarcinoma cell line derived from a primary lung cancer. The cells were obtained from the American Type Culture Collection cell line repository (Rockville, MD) and were grown as attached monolayers in 25 cm² tissue culture flasks using "Sigma 1:1" media (a 1:1 mix of DMEM and Ham's F-12) supplemented with 10% heat-inactivated FCS, 100 units/liter penicillin, and 0.1 mg/ml streptomycin. Cells were maintained in exponential growth in humidified incubators at 37°C and 5% CO₂. Transduction of A549 with the HPV type 16 *E6* oncogene by the retrovirus vector LXS_N and isolation of *E6* expressing polyclones was performed as described previously (8). In all experiments, cells transduced with the vector alone (LXS_N+) were used as controls. Cell harvesting was performed by 0.5% trypsin and 0.2% EDTA detachment.

Cell Lines: Growth Conditions for Experiments. Cells were used under two different conditions of growth: (a) plateau, partially synchronized growth; and (b) exponential, asynchronous growth. Plateau phase cultures were achieved through nutrient depletion. Cells (1 × 10⁵ cells/flask) in 5 cc of media were incubated for 5 days without media changes. This resulted in an equilibrium number of approximately 3 × 10⁶ cells/flask with 80% in G₁, 10–15% in S, and 5–10% in G₂. After treatment, cells were subdivided and permitted to resume exponential growth for clonogenic assay. Asynchronous cultures were obtained by incubating 2 × 10⁵ cells/flask 48 h prior to experimental use. Typical yields were 1 × 10⁶ cells/flask, with 50% in G₁, 40% in S, and 10% in G₂. Cells in asynchronous culture were treated as attached monolayers in the growth flasks, and individual flasks were harvested serially after treatment for FACS cell cycle analysis or for clonogenic assay. The plating efficiency for both the cells transduced with *E6* (E6+) and the LXS_N vector alone (LXS_N+) was approximately 90%.

Radiation. Radiation was delivered by a Shepard #81–14 cesium irradiator (Glendale, CA) using a source-to-flask distance of 46 cm and a dose rate of 100 cGy/min. Unirradiated controls were sham irradiated.

Drug Preparation. Caffeine was dissolved in serum-free media, sterile filtered through a 0.22 μ filter, and diluted in full media. In experiments involving radiation, caffeine was added to the media immediately prior to radiation. The plating efficiency for both E6+ and LXS_N+ cells incubated in caffeine was approximately 65%. Nocodazole was dissolved in warm sterile DMSO at a concentration of 1 mg/ml and diluted in DMSO to a stock concentration of 0.1 mg/ml. The working concentration was 0.4 μg/ml.

Flow Cytometry. Cells harvested for FACS were suspended in 10 mg/ml 4',6-diamidino-2-phenylindole with 10% DMSO and cryopreserved at –70°C. Samples were run on an ICP-22 (Ortho Diagnostic Systems) flow cytometer

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³ The abbreviation used is: HPV, human papillomavirus.

with UV excitation from a mercury arc lamp source, UG₁ excitation filter, and 400-nm long pass emission filter. A minimum of 20,000 cells were analyzed. The data were analyzed using the FACS software "Multicycle" (Phoenix Flow Systems, San Diego, CA).

Clonogenic Assay. Cell counting was performed on a Coulter ZM analyzer (Luton, United Kingdom) Cells were triplicate plated into 60-mm² tissue culture dishes and incubated in an undisturbed state for 12 days. Cells treated with caffeine underwent a media change 1–4 days after seeding in order to remove the caffeine. For these experiments, control cells underwent the same rinse procedures. After incubation, cells were fixed and stained with 0.25% crystal violet in formalin, and colony counts were performed by visual inspection.

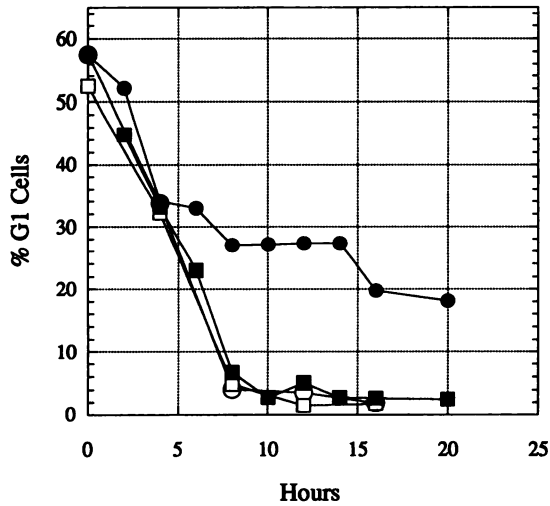


Fig. 1. FACS analysis of G₁ checkpoint abrogation in E6⁺ cells. Asynchronous cultures of LXS⁺ and E6⁺ cells were treated with 10 or 0 Gy irradiation at 0 h and incubated in nocodazole (0.4 μg/ml) to prevent cells from entering G₁ from G₂. Cells were reharvested for FACS at the indicated intervals. ●, LXS⁺ (10 Gy); ○, LXS⁺ (0 Gy); ■, E6⁺ (10 Gy); □, E6⁺ (0 Gy).

A colony was defined as ≥50 cells. All colony counts were adjusted for plating efficiency to yield corrected survivals of 100% for untreated controls. Similarly, colony counts for caffeine-treated cells were adjusted for drug toxicity to yield corrected survivals of 100% for unirradiated caffeine treated controls.

Results

Abrogation of the G₁ Checkpoint by HPV 16 E6. The HPV E6 gene targets p53 for early degradation through ubiquitination (9). As demonstrated by Western analyses, polyclones of A549 lung cancer cells infected with an amphotropic retrovirus expressing HPV 16 E6 (E6⁺) had very low levels of p53 protein compared to cells infected with the LXS⁺ vector (LXS⁺) alone. E6⁺ cells failed to induce p53 and p21 following irradiation, whereas p53 and p21 were induced in irradiated LXS⁺ cells (data not shown).

To study the effect of E6 on the G₁ checkpoint in these cells, exponential cultures of E6⁺ and LXS⁺ A549 cells received either 10 or 0 Gy irradiation and were sequentially harvested for FACS analysis at time points up to 24 h following irradiation. At the onset of the experiments, all cells were incubated in nocodazole to prevent cells in G₂ from reentering G₁ (10) and complicating the interpretation of radiation effects on G₁ cells. Expression of the E6 oncogene resulted in the loss of the radiation-induced delay in G₁, as seen in Fig. 1, in which the percentage of G₁ cells are plotted against time. By 12 h, less than 5% of both unirradiated cell lines remain in G₁. This is also the case for the irradiated E6⁺ cells, whose progression out of G₁ occurs at the same rate as the unirradiated controls. In contrast, 28% of the irradiated LXS⁺ cells remain in G₁ at this time. Thus, the expression of E6 abrogates the G₁ checkpoint in A549 cells.

Caffeine Abrogation of the Radiation-induced G₂ Arrest. In asynchronous cultures, the radiation-induced G₂ arrest peaked at 16–18 h following radiation. Fig. 2A shows the FACS data for unirradiated LXS⁺ and E6⁺ cells, as well as for irradiated cells 16

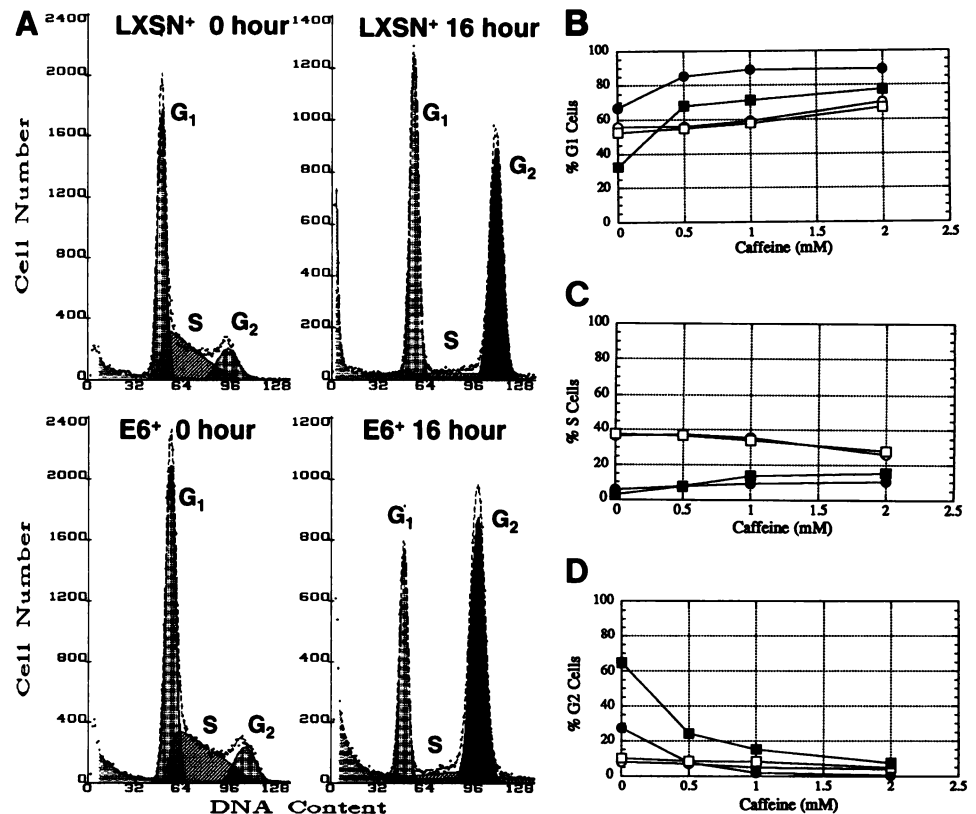


Fig. 2. A, FACS distributions of exponentially growing LXS⁺ and E6⁺ cells treated with 10 Gy radiation alone. Time after irradiation was 0 and 16 h. B–D, cell cycle changes in exponentially growing LXS⁺ and E6⁺ cells 18 h after 10 or 0 Gy radiation ± incubation with 0.5, 1.0, or 2.0 mM caffeine. B, %G₁; C, %S; D, %G₂. ●, LXS⁺ (10 Gy); ○, LXS⁺ (0 Gy); ■, E6⁺ (10 Gy); □, E6⁺ (0 Gy).

h following 10 Gy. The irradiated E6+ cells have a relative paucity of G₁ cells compared to the LXS_N+ cells and have a correspondingly increased percentage of G₂-arrested cells relative to LXS_N+ cells. In contrast to the irradiated LXS_N+ cells, where the majority of the G₁ population is due to a G₁ checkpoint, the G₁ population in the irradiated E6+ cells is due to the contribution of cells from G₂ reentering G₁, as demonstrated by preventing the egress of cells from G₂ with nocodazole (see Fig. 1).

Fig. 2, B-D, shows the effects on the cell cycle of 10 Gy irradiation; incubation with 0.5, 1.0, and 2.0 mM caffeine; and the two treatments in combination. Asynchronous cultures were harvested 18 h after irradiation and/or 18 h caffeine incubation, and the three figures display the data for G₁, S, and G₂ phases respectively. In the absence of caffeine, the low percentage of S-phase cells in the irradiated cells is due to the radiation-induced arrest of cells in G₂ in the E6+ population and in G₁ and G₂ in the LXS_N+ cells. Increasing concentrations of caffeine progressively abrogated the radiation-induced G₂ arrest in both cell lines. For both cell lines, caffeine treatment (\pm radiation) also resulted in an increased percentage of cells in G₁ (Fig. 2B). Nocodazole experiments confirmed that these cells were due to an increased influx from G₂, rather than a decrease in egress from G₁ (data not shown).

Preferential Caffeine Radiosensitization of G₁ Checkpoint-deficient Cells. Table 1 shows the radiation survival of asynchronous cultures of the two cell lines treated with 10 Gy and incubated for 4 days in the concentrations of caffeine used in the previous experiments. We chose 4 days of caffeine treatment because prior results demonstrated that LXS_N+ radiation survival did not differ over a range of 1–4 days of caffeine incubation, but E6+ radiation survival diminished with increasing caffeine incubation time and was most pronounced at 3–4 days treatment (data not shown; see “Discussion”).

E6+ cells were approximately 7-fold more radioresistant than LXS_N+ cells. Radiation sensitivity was increased in the E6+ cells with caffeine concentrations of 0.5 mM. Radiosensitization of the LXS_N+ cells only occurred at 1.0 mM concentration. At 2 mM caffeine, both cell lines appeared to be equally radiosensitive.

Fig. 3 expands upon the data of Table 1 and shows the radiation survival of LXS_N+ and E6+ cells treated with a range of doses of radiation \pm a 4-day incubation with 2 mM caffeine. We elected to use 2 mM caffeine in order to obtain equal radiation cytotoxicity. This permitted us to compare differences in cell cycle effects between LXS_N+ and E6+ lines under conditions of equitoxic injury. In Fig. 3A, the cells were irradiated under conditions of exponential growth. In addition, cells were also irradiated under plateau growth conditions (Fig. 3B) in which a higher percentage of cells were in G₁ (~80%; data not shown) and under the control of the G₁ checkpoint.

Confirming the prior experiments, the E6+ line was more radioresistant than the LXS_N+ cells and in a dose-dependent manner. At a dose of 10 Gy, E6+ cells had approximately a 7-fold greater radiation

Table 1 Clonogenic surviving fraction (\pm 1 SD) of exponentially growing LXS_N+ and E6+ cells treated with 10 Gy radiation \pm 96 h incubation with 0.5, 1.0, or 2.0 mM caffeine

The plating efficiency for untreated E6+ and LXS_N+ cells is 90% and declines to 65% when both cell lines are incubated in 2 mM caffeine. All colony counts are adjusted for plating efficiency to yield corrected survivals of 100% for untreated controls. Similarly, colony counts for caffeine-treated cells are adjusted for drug toxicity to yield corrected survivals of 100% for unirradiated, caffeine-treated controls.

Caffeine Dose	LXS _N +		E6+	
	0 Gy	10 Gy	0 Gy	10 Gy
No caffeine	1.00 \pm 0.05	0.01 \pm 0.0009	1.00 \pm 0.10	0.07 \pm 0.001
0.5 mM	1.00 \pm 0.07	0.01 \pm 0.001	1.00 \pm 0.08	0.02 \pm 0.001
1.0 mM	1.00 \pm 0.12	0.004 \pm 0.0001	1.00 \pm 0.12	0.01 \pm 0.0004
2.0 mM	1.00 \pm 0.10	0.003 \pm 0.0005	1.00 \pm 0.11	0.004 \pm 0.0003

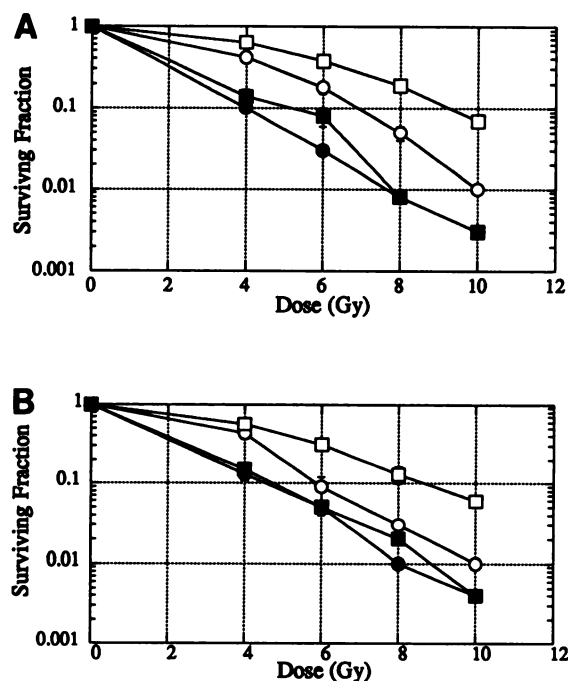


Fig. 3. Clonogenic survival of LXS_N+ and E6+ cells treated with graded doses of radiation \pm 96 h incubation of 2 mM caffeine. Bars, \pm 1 SD. A, cells irradiated under conditions of exponential growth. B, cells irradiated under conditions of plateau phase growth. ●, LXS_N+ (2 mM caffeine); ○, LXS_N+ (no caffeine); ■, E6+ (2 mM caffeine); □, E6+ (no caffeine).

survival than LXS_N+ cells. Caffeine cotreatment resulted in increased radiation sensitivity of both cell lines, but with a more profound effect on the E6+ line, such that both cell lines became equally radiosensitive. Overall, caffeine radiosensitization of the E6+ line was 17-fold, compared to 3-fold for the LXS_N+ cell line. These results were the same for both asynchronous and plateau cultures.

Discussion

These results indicate, within the limitations of the single malignant cell line studied, that the radiosensitivity of cells can be manipulated *in vitro* by selective inactivation of the G₁ and G₂ checkpoints. Expression of the E6 oncogene resulted in a p53-deficient phenotype with a loss of the radiation-induced G₁ checkpoint function. Abrogation of this G₁ checkpoint resulted in an increase in radiation resistance compared to the parental cell line. Concurrent abrogation of the radiation-induced G₂ arrest in both cell lines by treatment with caffeine enhanced the radiation sensitivity of both cell lines. A greater effect was seen in the E6+ cells which were G₁ checkpoint deficient.

The implications of these data for the treatment of human cancers are provocative. It is becoming clear that p53 mutations are commonplace in human malignancies. If the resulting loss of the G₁ checkpoint leads to radiation resistance, it suggests that radiation treatment would be less cytotoxic to these malignant cells than to surrounding normal tissues. Our results suggest that a therapeutic gain might be achieved in the radiation treatment of selected human cancers by a strategy which inactivates the G₂ checkpoint. Such a strategy would overcome the relative radiation resistance of the p53-deficient phenotype and would provide a degree of selective radiosensitization if the cancer under treatment were p53 deficient and if the surrounding normal human tissues were p53 proficient.

Some elements of this hypothesis are established and others remain conjectural. It is known that p53 deficiency results in a loss of the radiation-induced G₁ arrest (2, 11) whether the p53 deficiency is on the basis of mutation or through expression of the E6 oncogene which

targets p53 for early ubiquitination (9). Our results with *E6* transduction into the A549 cells confirm these prior results. However, the dependence of radiosensitivity or chemosensitivity on p53 status is unresolved (12–14). In some cell lines where radiation or chemoresistance has been associated with loss of p53 function, it appears to be due to an inability of the cells to undergo p53-dependent apoptosis (14, 15). We are currently investigating radiation-induced apoptosis in the LXS^N+ and E6+ cell lines. While we have emphasized the effect of E6 on p53, we cannot rule out the possibility that some of the effects of *E6* on radiation sensitivity may be independent of p53.

The effects of caffeine we have observed on LXS^N+ and E6+ cell cycle kinetics are in agreement with prior reports. Caffeine clearly abrogated the G₂ arrest that normally occurred in response to ionizing radiation. This effect is well known (4). In contrast to other reports, we did not observe that caffeine abrogated the G₁ arrest following irradiation (16). The radiosensitizing effects of caffeine on our cell lines is in agreement with the radiobiology literature on methylxanthines (4, 5). There are thought to be multiple mechanisms that account for the increased radiosensitivity (17).

The differential effect of methylxanthines on the radiosensitivity of the G₁ checkpoint-proficient and G₁ checkpoint-deficient cells is a new finding. Similar observations have been made by Powell *et al.* (18) and Fan *et al.* (19). Presumably, the G₁ checkpoint-deficient E6+ cells enter G₂ with more damaged DNA than the G₁ checkpoint-proficient cells. Thus, these cells would be more dependent on an intact G₂ checkpoint to repair damage compared to the G₁ checkpoint-proficient LXS^N+ cells. Accordingly, the abrogation of the G₂ checkpoint by caffeine would result in the greater radiosensitization of the E6+ cells. Although radiosensitization occurred for both cell lines with 24-h caffeine treatment, the maximum differential radiosensitization was observed after 4 days of caffeine incubation. This suggests that multiple cell cycles in caffeine may be necessary for maximal abrogation of G₂-associated damage repair. We note, however, that there are conflicting reports regarding the relationship between the cell cycle effects and the radiosensitizing properties of caffeine (20, 21).

At present, it is not possible to achieve human serum levels of caffeine approaching the concentrations necessary to achieve the levels of radiosensitization observed in our experiments. We are also exploring the use of other methylxanthines such as pentoxifylline, a radiosensitizer which is tolerated in humans at serum levels which have been reported to exceed those required for tumor sensitization in experimental animals (6, 22). Our preliminary radiation survival experiments using pentoxifylline have yielded both qualitatively and quantitatively comparable results to the caffeine data shown and are similar to the data reported by Fan *et al.* (19). Regardless of whether caffeine or pentoxifylline prove to be clinically useful radiosensitizers, our results clearly suggest that targeting of the G₂ checkpoint in the presence of DNA damage may be an important strategy for cancer therapy.

In order to extend our results to clinical radiation oncology, we have also carried out preliminary experiments substituting the single large fraction of radiation used with multiple daily fractions of 2 Gy, which are the doses routinely used in clinical practice. The relationships in radiation sensitivity between the untreated and caffeine-treated cells are reproduced under these experimental conditions, showing that large radiation fractions are not required to achieve the results we have shown above.

In conclusion, *E6* oncogene inactivation of p53 leads to a dose-dependent increase in radioresistance in A549 human lung adenocarcinoma cells relative to vector-transduced control A549 cells. Caffeine abrogation of the G₂ arrest differentially radiosensitizes these cell lines such that both cell lines become equally radiation sensitive at a caffeine concentration of 2 mM. The differential effect of G₂

abrogation on these two cell lines suggests a cancer treatment strategy where the therapeutic selectivity of treatment is based on the prevalence of p53 or other mutations that lead to abrogation of the G₁ checkpoint in cancer cells relative to normal tissues. Success of such a strategy in humans will require that therapeutic serum levels of inhibitors of the G₂ checkpoint be achievable and sustainable over a course of daily fractionated radiation and/or a course of DNA-damaging chemotherapeutics.

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References

- Weinert, T. A., and Hartwell, L. H. The *RAD9* gene controls the cell cycle response to DNA damage in *Saccharomyces cerevisiae*. *Science* (Washington DC), **241**: 317–322, 1988.
- Kuerbitz, S. J., Plunkett, B. S., Walsh, W. V., and Kastan, M. B. Wild-type p53 is a cell cycle checkpoint determinant following irradiation. *Proc. Natl. Acad. Sci. USA*, **89**: 7491–7495, 1992.
- Su, L.-N., and Little, J. B. Prolonged cell cycle delay in radioresistant human cell lines transfected with activated *ras* oncogene and/or simian virus 40T-antigen. *Radiat. Res.*, **133**: 73–79, 1993.
- Busse, P. M., Bose, S. K., Jones, R. W., and Tolmach, L. J. The action of caffeine on X-irradiated HeLa cells. III. Enhancement of X-ray-induced killing during G₂ arrest. *Radiat. Res.*, **76**: 292–307, 1978.
- Musk, S. R., and Steel, G. G. Override of the radiation-induced mitotic block in human papillomavirus type 16 is sufficient for immortalization of human epithelial cells. *J. Virol.*, **65**: 473–478, 1991.
- Teicher, B. A., Holden, S. A., Herman, T. S., Epelbaum, R., Pardee, A. B., and Dezube, B. Efficacy of pentoxifylline as a modulator of alkylating agent activity *in vitro* and *in vivo*. *Anticancer Res.*, **11**: 1555–1560, 1991.
- Lehman, T. A., Bennett, W. P., Metcalf, R. A., *et al.* p53 mutations, *ras* mutations, and p53-heat shock 70 protein complexes in human lung carcinoma cell lines. *Cancer Res.*, **51**: 4090–4096, 1991.
- Halbert, C. L., Demers, G. W., and Galloway, D. A. The *E7* gene of human papillomavirus type 16 is sufficient for immortalization of human epithelial cells. *J. Virol.*, **65**: 473–478, 1991.
- Werness, B. A., Levine, A. J., and Howley, P. M. Association of human papillomavirus type 16 and 18 E6 protein with p53. *Science* (Washington DC), **248**: 76–79, 1990.
- Nusse, M., and Egner, H. J. Can nocodazole, an inhibitor of microtubule formation, be used to synchronize mammalian cells? Accumulation of cells in mitosis studied by two parameter flow cytometry using acridine orange and by DNA distribution analysis. *Cell Tissue Kinet.*, **17**: 13–23, 1984.
- Kessiss, T. D., Slebos, R. J., Nelson, W. G., Kastan, M. B., Plunkett, B. S., Han, S. M., Lorincz, A. T., Hedrick, L., and Cho, K. R. Human papillomavirus 16 E6 expression disrupts the p53-mediated cellular response to DNA damage. *Proc. Natl. Acad. Sci. USA*, **90**: 3988–3992, 1993.
- Jung, M., Notario, V., and Dritschilo, A. Mutations in the *p53* gene in radiation-sensitive and -resistant human squamous carcinoma cells. *Cancer Res.*, **52**: 6390–6393, 1992.
- Lee, J. M., and Bernstein, A. p53 mutations increase resistance to ionizing radiation. *Proc. Natl. Acad. Sci. USA*, **90**: 5742–5746, 1993.
- Lowe, S. W., Ruley, H. E., Jacks, T., and Housman, D. E. p53-dependent apoptosis modulates the cytotoxicity of anticancer agents. *Cell*, **74**: 957–967, 1993.
- Lowe, S. W., Schmitt, E. M., Smith, S. W., Osborne, B. A., and Jacks, T. p53 is required for radiation-induced apoptosis in mouse thymocytes. *Nature* (Lond.), **362**: 847–849, 1993.
- Kastan, M. B., Onyekwere, O., Sidransky, D., Vogelstein, B., and Craig, R. W. Participation of p53 protein in the cellular response to DNA damage. *Cancer Res.*, **51**: 6304–6311, 1991.
- Roberts, J. J. Mechanism of potentiation by caffeine of genotoxic damage induced by physical and chemical agents. *In*: A. Collins, C. S. Downes, and R. T. Johnson (eds.), *DNA Repair and Its Inhibition*, pp. 193–215. Oxford: IRL Press, 1984.
- Powell, S. N., DeFrank, J. S., Connell, P., Eogan, M., Preffer, F., Dombkowski, D., Tang, W., and Friend, S. Differential sensitivity of p53- and p53+ cells to caffeine-induced radiosensitization and override of G₂ delay. *Cancer Res.*, **55**: 1643–1648, 1995.
- Fan, S., Rivet, D. J., Smith, M. L., Zhan, Q., Kohn, K. W., Fornace, A. F., Jr., and O'Connor, P. M. Disruption of p53 function sensitizes breast cancer MCF-7 cells to cisplatin and pentoxifylline. *Cancer Res.*, **55**: 1649–1654, 1995.
- Iliakis, G., and Nusse, M. Effects of caffeine on X-irradiated synchronous, asynchronous and plateau phase mouse ascites cells: the importance of progression through the cell cycle for caffeine enhancement of killing. *Int. J. Radiat. Biol. Relat. Stud. Phys. Chem. Med.*, **43**: 649–663, 1983.
- Musk, S. R. Reduction of radiation-induced cell cycle blocks by caffeine does not necessarily lead to increased cell killing. *Radiat. Res.*, **125**: 262–266, 1991.
- Debuze, B. J., Eder, J. P., and Pardee, A. B. Phase I trial of escalating pentoxifylline dose with constant dose thiotepa. *Cancer Res.*, **50**: 6806–6810, 1990.

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