Effect of modulation of the transferrin receptor on gallium-67 uptake and cytotoxicity in lymphoma cell lines

AE van Leeuwen-Stok¹, GJ Schuurhuis¹, AM Dräger¹, AWJ Visser-Platier¹, GJJ Teule² and PC Huijgens¹

Departments of ¹Hematology and ²Nuclear Medicine, Free University Hospital, Amsterdam, The Netherlands.

Summary Gallium-67 is a radionuclide that accumulates in haematological malignancies and is used for diagnostic purposes. Uptake of ⁶⁷Ga into the cell occurs via the transferrin receptor, which is differentially expressed during the various cell cycle phases. With the aim of selectively increasing ⁶⁷Ga uptake, we studied whether the transferrin receptor (TfR) expression could be modulated in the U937 and U715 lymphoma cell lines by cytostatic drugs inducing cell cycle phase accumulation. We tested clinically relevant drugs such as 1- β -D-arabinofuranosylcytosine (Ara-C), hydroxyurea and methotrexate. Cytotoxicity was determined by testing the clonogenic capacity of the lymphoma cell lines. All three drugs induced an increase in S-phase content, TfR expression and ⁶⁷Ga uptake in U937 and U715 single cells. The combinations of drugs and ⁶⁷Ga resulted in an additive effect on the clonogenic capacity. In U937 spheroids, cultured by the fibrin clot technique, we found an accumulation in the S-phase too as well as an increase of the transferrin receptor expression after Ara-C preincubation. As in single cells ⁶⁷Ga uptake was increased without synergistic effects on the clonogenic capacity was additive rather than synergistic.

Keywords: gallium-67; transferrin receptor; cytostatic drug; cytoxicity; lymphoma

Gallium-67 citrate (⁶⁷Ga) is an established diagnostic tracer which selectively accumulates in malignancies such as melanoma, lung cancer and malignant lymphoma (Manfredi and Weiss, 1978). Based on the particular emission spectrum of ⁶⁷Ga (photons and low-energy electrons) the possibility has been considered that this radionuclide might have a therapeutic potential as well. In previous studies we have described the uptake and radiotoxicity of 67Ga in haematological cell lines in vitro (Jonkhoff et al., 1993; Van Leeuwen-Stok et al., 1993) and in leukaemic blast cells ex vivo (Jonkhoff et al., 1995a). Furthermore, phase I/II trials with ⁶⁷Ga in patients with acute leukaemia and lymphoma were performed and some short-lived responses have been noted (Huijgens et al., 1993; Jonkhoff et al., 1995b). Like iron, 67Ga binds to the transport molecule transferrin and enters the cells via the transferrin receptor (Harris and Sephton, 1977; Van Leeuwen-Stok et al., 1993). The iron requirements of the cell and the expression of the transferrin receptor varies during the cell cycle, being highest during the S- and G₂Mphases (E Pelosi-Testa et al., 1986, unpublished observations). Previously, while using iron depletion, we have shown a positive relation between the transferrin receptor expression and ⁶⁷Ga uptake in the human lymphoid cell line U715 (Van Leeuwen-Stok et al., 1993). Therefore, increasing ⁶⁷Ga uptake in cells may be affected not only by increasing the 67Ga concentration in the medium surrounding the cells but, more selectively, by increasing the transferrin receptor expression.

Various agents are able to increase transferrin receptor expression, among which are desferrioxamine (Hedley *et al.*, 1985), phorbol esters (Neckers, 1991) and anti-cancer drugs. For example, incubation with $1-\beta$ -D-arabinofuranosylcytosine (Ara-C) induces an increase in the number of transferrin receptors on oropharyngeal carcinoma KB cells (Caraglia *et al.*, 1993). Furthermore, hydroxyurea treatment increased transferrin receptor expression in human T-cell leukaemia cells CCRF-CEM (Hedley *et al.*, 1985).

In this *in vitro* study we examined the effects of Ara-C, hydroxyurea and methotrexate on the expression of the

transferrin receptor, ⁶⁷Ga uptake and cytotoxicity in two lymphoma cell lines (U937 and U715). In this study both single cells and multicellular spheroids, as a model for micrometastasis (Van Leeuwen-Stok *et al.*, 1996), were used.

Materials and methods

Cells and culture conditions

U937, a human monoblastic/lymphoid cell line, was obtained commercially (ATCC, Rockville, MD, USA). U715, a human B-cell lymphoid cell line, was generously provided by Dr K Nilsson (University Hospital, Uppsala, Sweden). Cells were maintained in serum-free medium RPMI-1640–L-glutamine (Gibco, Breda, The Netherlands) as described earlier (Van Leeuwen-Stok *et al.*, 1993) containing 25 nM ferrous chloride (Merck, Darmstadt, Germany) and 25 μ g ml⁻¹ iron-free purified human transferrin (hTf; Behringwerke, Marburg, Germany). At the start of all experiments the cells were >95% viable as determined by the trypan blue exclusion test. Cell cultures were checked regularly to be negative for mycoplasma using a Gen Probe Kit (Lab Serv Benelux, Apeldoorn, The Netherlands).

Multicellular spheroids

Multicellular spheroids were cultured as described earlier (Van Leeuwen-Stok et al., 1996). In short, 0.2×10^6 cells were harvested and centrifuged at 2000 g for 2 min after which the supernatant was discarded. The cells were resuspended in 7.5 μ l fibrinogen (20 mg ml⁻¹; F 4753, Sigma, St Louis, MO, USA) and 4 μ l thrombin (20 U ml⁻¹, Merck) solution and incubated at 37°C for 10 min during which a fibrin clot was formed. The cell clots were cultured for 2 days in a spinner flask (Bellco, Vineland, NJ, USA) in a 5% carbon dioxide incubator at 37°C with the magnetic stirrer rotating at 100 r.p.m. Spheroids with a diameter of 2-3 mm were used for experiments. Spheroids were harvested and plated in 24-well plates which were coated with 1% agarose in phosphate-buffered saline (PBS) (Agarose L, Pharmacia, Uppsala, Sweden) to prevent attachment to the bottom of the wells. After drug and/or 67Ga incubation, spheroids were dispersed into single cells by incubation for 20 min at 37°C with 20 µl (0.5 U) human plasmin (Chromogenix, Mölndal, Sweden) per spheroid.

Correspondence: AE van Leeuwen-Stok, Free University Hospital, Department of Hematology, BR 238, De Boelelaan 1117, 1081 HV Amsterdam, The Netherlands

Received 19 December 1995; revised 30 April 1996; accepted 1 May 1996

⁶⁷Ga citrate

⁶⁷Gallium was obtained commerically (Mallinckrodt Diagnostics Holland, Petten, The Netherlands) as ⁶⁷Ga chloride. ⁶⁷Ga citrate with a low concentration of citrate was prepared as described previously (Van Leeuwen-Stok *et al.*, 1993). The specific activity of the resulting ⁶⁷Ga citrate solution was about 40 μ Ci pmol⁻¹ ⁶⁷Ga. The ⁶⁷Ga concentration used in the experiments was 80 μ Ci ml⁻¹.

Cytostatic drugs

1-β-D-arabinofuranosylcytosine (Ara-C, 20 mg ml⁻¹) was obtained from Multipharma (Weesp, The Netherlands), hydoxyurea (20 mg ml⁻¹) from Sigma (St Louis, USA) and methotrexate (25 mg ml⁻¹) from Pharmachemie (Haarlem, The Netherlands).

Preincubation with drugs

U937 and U715 single cells were preincubated in 25 cm³ culture flasks for 3, 4, 5 and 6 days with various concentrations of the drugs in order to find the optimal preincubation for TfR expression. Drug concentrations are desired which cause an increase of TfR expression but do not extensively inhibit cell proliferation. Fifty per cent inhibition was chosen as the arbitrary maximal inhibiting effect of a single agent so that the sum of the individual effects of drug and ⁶⁷Ga could not exceed 100%. The initial cell concentration was 0.2×10^6 cells ml⁻¹ for U937 cells and 0.1×10^6 cells ml⁻¹ for U715 cells. After preincubation the cells were harvested, analysed for TfR expression and DNA distribution and used for ⁶⁷Ga uptake and cytotoxicity studies. Multicellular spheroids were preincubated with or without drugs in 24-well plates. After preincubation one part of the spheroids for each of the treatments was dispersed to single cells with plasmin for DNA and TfR analysis. The other part of the spheroids for each of the treatments was washed and plated in fresh medium with or without $80 \ \mu\text{Ci} \ \text{ml}^{-1}$ ⁶⁷Ga for 24 h. After this incubation all spheroids were dispersed into single cells for plating in the clonogenic assay.

Flow cytometric DNA analysis

Nuclei were prepared for flow cytometric DNA analysis with propidium iodide (PI) according to the method of Vindeløv and Christensen (1994). Nuclei (20 000 events) were analysed using the FACScan (Becton Dickinson, Mountain View, CA). Cell cycle analysis was performed using CellFit DNA analysis software (Becton Dickinson).

Flow cytometric transferrin receptor analysis

Transferrin receptor expression was measured using flow cytometry. The anti-TfR monoclonal antibody (MAb; CD71) used was an IgG1 fluorescein isothiocyanate (FITC)-conjugated mouse anti-human MAb. FITC-conjugated mouse IgG1 MAb against F(ab) was used as negative control (Dako, Glostrup, Denmark). Cells were suspended in PBS with 0.1% bovine serum albumin (BSA) in a concentration of 4×10^6 cells ml⁻¹. The MAbs were diluted 20 times with PBS-BSA. Cell suspension (50 µl) was incubated with 50 µl MAb for 30 min on ice. Cells were washed twice with PBS-BSA and finally suspended in 500 µl PBS-BSA. Fluorescence intensity was analysed with the FACScan. Data are expressed as the fluorescence index (FI; arbitrary units) which was calculated as follows:

$$FI = \frac{MFI \text{ sample} - MFI \text{ negative control}}{MFI \text{ negative control}}$$

where MFI is the mean fluorescence intensity.

Cellular uptake of 67Ga

After the 24 h incubation period spheroids and single cells were transferred to tubes on ice, washed twice with ice-cold PBS and counted in a gamma counter (1470 Wizard, Wallac, Turku, Finland). Hereafter, these spheroids were dispersed, the cells were washed once and counted to distinguish between ⁶⁷Ga uptake in the entire spheroid and ⁶⁷Ga uptake in the spheroid cells alone. ⁶⁷Ga uptake was expressed as follows:

$$Counts per cell = \frac{c.p.m. pellet - c.p.m. background}{cell number}$$

where c.p.m. is counts per minute, corrected for the half-life of 67 Ga.

Clonogenic cell survival

Cells were washed once with PBS and 0.3×10^4 cells were resuspended in placenta-conditioned Iscove's modified Dulbecco's medium with fetal bovine serum (13%; Gibco), methylcellulose (1%; Fluka Biochemika, Buchs, Germany), glutathione-reductase (100 µg ml⁻¹; Boehringer, Mannheim, Germany), BSA (1%) and human transferrin (0.6 µg ml⁻¹; Behringwerke, Marburg, Germany) according to Schlunk and Schleyer (1980). Cells were plated in 24-well plates (200 µl per well) and after 7 days of incubation colonies (>40 cells) and clusters (8–40 cells) were counted.

Statistics

All data are presented as the mean of *n* experiments (*n* is indicated in Table I). Bars indicate the standard error of the mean. In Figures 1-4, an independent Student's *t* test ($\alpha = 0.05$) has been used. The hypothesis tested was: the difference in means = 0 (no statistically significant difference).

Results

Preincubation with cytostatic drugs

For most concentrations of drugs tested, 5 days of preincubation was optimal for up-regulation of the TfR. The concentrations found to inhibit cell proliferation by 50% at maximum are shown in Table I. It should be noted that these concentrations do not necessarily cause a maximal increase of the TfR expression. For further experiments drug concentrations marked with an asterisk in Table I were used, unless otherwise indicated.

Cell cycle effect of drug preincubation

In Figure 1 the effect of 5 days' preincubation on cell cycle distribution in the two cell lines is shown. Preincubation with Ara-C, hydroxyurea and methotrexate induced increases in S-phase cells in both U937 and U715 cells, which represent statistically significant differences from control experiments for all drugs used except for the combination U715 and methotrexate (Figure 1). Furthermore, in U937 cells a tendency towards an increase in the percentage of G_2M -phase cells was seen, which was significant for hydroxyurea.

Transferrin receptor expression and ⁶⁷Ga uptake

All drugs caused an increase of the TfR expression (FI) after 5 days of preincubation in both cell lines, although a statistically significant difference was not reached in all cases (Figure 2a and b). These increased TfR expressions were in qualitative concordance with the 67 Ga uptake shown in the right columns of Figure 2. Here also a statistically significant difference was not reached for all cases. Although increases of the TfR expression and 67 Ga uptake parallel each other, there are discrepancies between the extent of both. This is probably

620

	Drug concentration $(\mu g m \Gamma^{I})$	n	Proliferation (%)
U937 single cells			
Control	_	8	$0.82 \pm 0.10^{a} (100)^{b}$
Ara-C	0.007°	8	0.54 ± 0.15 (100)
HU	5°	5	0.45 ± 0.21 (55)
MTX	0.009 ^c	5	0.41 ± 0.09 (50)
U715 single cells			
Control	_	6	0.53 ± 0.14 (100)
Ara-C	0.0025 ^c	6	0.28 ± 0.10 (53)
Ara-C	0.005	3	0.23 + 0.06 (43)
Ara-C	0.01	3	0.08 + 0.08 (15)
HU	4 ^c	3	0.30 + 0.09 (57)
MTX	0.0075 ^c	6	0.26 ± 0.23 (49)
U937 spheroids			
Control	_	4	0.99 ± 0.21 (100)
Ara-C	0.0035 ^c	4	0.68 ± 0.07 (69)

Table I	Effect of 5 days' preincubation with cytostatic drugs on the proliferation of U937 and U715
	single cells and U937 spheroids

Proliferation, number of viable cells at the end of the incubation time minus number of viable cells seeded. Initial cell concentration was 0.2×10^6 cells ml⁻¹ for U937, 0.1×10^6 cells ml⁻¹ for U715 cells and 0.2×10^6 U937 cells per spheroid. ^a Mean \pm s.d. $\times 10^6$ cells ml⁻¹. ^b Percentage proliferation compared with control cells. ^c Indicates drug concentation used for further experiments. *n*, number of experiments; Ara-C, 1- β -D arabinofuranosyl-cytosine; HU, hydroxyurea; MTX, methotrexate.



Figure 1 Cell cycle phase distribution of single cells after preincubation with cytostatic drugs. Two cell lines U937 (a) and U715 (b) were preincubated with or without drugs for 5 days and thereafter assayed for cell cycle accumulation as described in Materials and methods. Values are mean \pm s.d. (n=3-8), see Table I). *Indicates a statistically significant increase (P < 0.05). Control **1**; Ara-C **2**; hydroxyurea **3** and methotrexate **3**.

due to the relatively small increase of TfR expression and ⁶⁷Ga uptake which may become clear from Figure 3. Figure 3 shows that further increase of the Ara-C concentrations in U715 cells up to cytotoxicity levels that exceeded 50%

proliferation inhibition (0.005 and 0.01 μ g ml⁻¹) led to a further increase of transferrin receptor expression, which resulted in a relatively large increase of ⁶⁷Ga uptake in these cells. Thus, there is a good parallel between increase of TfR expression and ⁶⁷Ga uptake but these are relatively small at the drug concentrations that can be used without causing extreme proliferation inhibition.

Clonogenic capacity

Figure 4 shows the clonogenic capacity after ⁶⁷Ga treatment in cells preincubated with or without drugs. The open bars indicate the expected clonogenic capacity (Exp), which represents the sum of the individual effects of ⁶⁷Ga and drug. This figure shows that ⁶⁷Ga incubation after Ara-C preincubation in both cell lines resulted in a higher decrease of the clonogenic capacity than expected (open bars in the second columns). However, the clonogenic capacity than expected (open bars in the second columns). However, the clonogenic capacity after ⁶⁷Ga incubation both with or without Ara-C preincubation is equal (compare hatched bars in first and second columns). This may be caused by stimulation of the clonogenic capacity of the residual cells by Ara-C alone, although this stimulation is not statistically significant from the control cells. Since this stimulation by Ara-C itself makes the results difficult to interpret, we also used a higher concentration of Ara-C despite the pronounced proliferation inhibition. In U715 cells 0.01 μ g ml⁻¹ Ara-C led to an inhibition of the clonogenic capacity of 50%. When ⁶⁷Ga and Ara-C were used together an 86% inhibition was found (data not shown). The expected value of the combination would be 95% inhibition (50% for Ara-C and 45% for ⁶⁷Ga) showing not more than an additive effect. ⁶⁷Ga incubation after hydroxyurea and methotrexate preincubation resulted in a lower or equal clonogenic capacity compared with the expected values (third and fourth columns of Figure 4).

Effect of Ara-C preincubation in multicellular spheroids

In order to see whether drug preincubation can be of benefit for 67 Ga treatment in a micrometastasis model, we used multicellular spheroids (Van Leeuwen-Stok *et al.*, 1996). Since in the single cell experiments similar effects were found with the three drugs in both cell lines, we have chosen to use one particular combination, Ara-C in U937 spheroids. In Table I the Ara-C concentration used and the effect of preincubation on the proliferation is summarised. Figure 5a shows the effect of preincubation with Ara-C on the cell cycle distribution. As in U937 single cells, Ara-C induced



Figure 2 Transferrin receptor expression and 67 Ga uptake in single cells after cytostatic drug preincubation. U937 (a) and U715 (b) cells were preincubated with or without drugs for 5 days. After this, TfR expression and 67 Ga uptake (24h) were measured. Values represent mean percentage of control \pm s.d. (n=3-8, see Table I). Control values without drug=100%. *Indicates a statistical significance compared with the control values (P < 0.05). Control [3]; Ara-C [2]; hydroxyurea [3]] and methotrexate [3]].



Figure 3 Correlation between TfR expression and 67 Ga uptake in U715 single cells after Ara-C preincubation. U715 cells were preincubated for 5 days without or with 0.0025, 0.005 and 0.01 µg ml⁻¹ Ara-C as described in Materials and methods. TfR expression and 67 Ga uptake were measured. The values (mean ± s.d., n=3-6) are expressed as percentage compared with the control values without Ara-C. There is a positive logarithmic correlation (r=0.98).

accumulation in the S- and G_2M -phase. The TfR expression could be up-regulated by a factor of 2 (Figure 5b, left columns), but this did not result in a similar pronounced increase of the ⁶⁷Ga uptake, which is shown in the right columns of Figure 5b. ⁶⁷Ga incubation in multicellular spheroids for 1 day resulted in 35% inhibition of the clonogenic capacity in U937 spheroid-derived cells (Figure 5c). Ara-C preincubation did not result in a higher inhibition of the clonogenic capacity of the remaining cells than could be expected from the individual effects of ⁶⁷Ga and Ara-C in spheroid-derived cells (Figure 5c).

Discussion

In former studies we have shown a direct relation between transferrin receptor expression after iron depletion and ⁶⁷Ga uptake (Van Leeuwen-Stok *et al.*, 1993). Therefore, one way to increase ⁶⁷Ga uptake might be to increase transferrin receptor expression. There are various ways to increase the transferrin receptor expression on cultured cells such as iron chelation by desferrioxamine (Akin and Sonnenfeld, 1993) or the use of phytohaemagglutinin and phorbol esters (Neckers,



Figure 4 Clonogenic capacity after ⁶⁷Ga inclubation and preincubation with or without cytostatic drugs in single cells. U937 (a) and U715 (b) single cells were inclubated with ⁶⁷Ga for 24 h after a preincubation period of 5 days. The values are expressed as mean percentage of control±s.d. (no drugs, no ⁶⁷Ga = 100%, n=3-8). For U937 cells, mean control = 133 CFU per 3000 cells, and for U715 cells, mean control = 199 CFU per 3000 cells. [SS2], without ⁶⁷Ga (-) and without cytostatic drug (first columns) or with arabinosidecytosine (Ara-C, second columns), hydroxyurea (HU, third columns) or methotrexate (MTX, fourth columns). [SZ2], with ⁶⁷Ga (+) and without or with cytostatic drug (see above). Exp, the expected value, based on the individual effects of cytostatic drug and ⁶⁷Ga.





Figure 5 Cell cycle phase distribution, transferrin receptor expression, 67 Ga uptake and clonogenic capacity in U937 spheroid cells after 5 days Ara-C preincubation. U937 spheroids were preincubated without (\bigotimes) or with $0.0035 \,\mu g \,\mathrm{ml}^{-1}$ Ara-C (\boxtimes). The values are expressed as mean percentage of control±s.d. (n=4, control values without drug=100%). Indicates a statistically significant increase (P < 0.05). (a) Cell cycle distribution (measured as described in Materials and methods). (b) TfR expression and 67 Ga uptake (measured as described in Materials and methods). For spheroid cells mean control=139 CFU per 3000 cells Exp, the expected value, based on the individual effects of Ara-C and 67 Ga.

1991). However, these treatments do not seem very feasible for *in vivo* therapy. Cytostatic drugs commonly used for haematological malignancies, like Ara-C (Caraglia *et al.*, 1993) and hydroxyurea (Hedley *et al.*, 1985), are also able to induce increases of transferrin receptor expression and were

therefore thought to be likely candidates to test in combination with 67 Ga.

In this study we have shown that Ara-C, hydroxyurea and methotrexate induced an accumulation in the S-phase of the cell cycle in U937 and U715 cells. Since the ironrequiring DNA synthesis takes place in the S-phase of the cell cycle it might be expected that the transferrin receptor expression increases when cells are accumulating in the Sphase. Indeed, the transferrin receptor expression was upregulated by 5 days' preincubation with Ara-C, hydroxyurea and methotrexate and these increases are more pronounced than those found previously after 1 day of incubation (unpublished observations). However, the increases were less than expected. For hydroxyurea this may be explained by its mechanism of action. Hydroxyurea inhibits the activity of the M₂ subunit of the enzyme ribonucleotide reductase (Chitambar et al., 1988). Since the iron requirements of the cell appear to be directly related to increased activity of the M₂ subunit of ribonucleotide reductase (Eriksson et al., 1984), inhibition of the M_2 subunit by hydroxyurea may decrease the iron requirements. Since also the transferrin receptor expression is related to the iron requirements (Pelosi-Testa et al., 1986), the transferrin receptor expression and consequently the ⁶⁷Ga uptake might be less upregulated than might be expected from the increased Sphase accumulation. For Ara-C no apparent explanation is available. The effect of the drug methotrexate was studied, since in a previous study we have found that after preincubation an antagonist effect on proliferation to 67Ga occurred, which hypothetically might be due to a decreased transferrin receptor expression (unpublished results). However, in this study, while using about the same methotrexate concentrations, we found an increase of transferrin receptor expression and 67Ga uptake after preincubation. This did not result in synergistic effects on the clonogenic capacity of remaining cells. Therefore, decreased transferrin receptor expression was not the cause of the antagonistic effect seen on proliferation (unpublished results) and clonogenic capacity (this study). In addition, relatively flat doseresponse curves might contribute to the disappointing effects on the clonogenic capacity, e.g. increasing the uptake of ⁶⁷Ga three times by a higher external ⁶⁷Ga concentration resulted in an increase of toxicity of only 20% (unpublished results).

Although in this study the increases in TfR expression were associated with higher 67 Ga uptake, there are discrepancies between the extent of both increases. This is probably partly a result of the relatively low increases of the TfR expression. The presence of insulin in our culture system, a growth factor essential for cell proliferation, could have induced up-regulation of the transferrin receptor (Akin and Sonnenfeld, 1993). Therefore, the control cells in our culture system may already be primed for transferrin receptor expression resulting in a less pronounced effect of the cytostatic drugs. Nevertheless, when using a series of Ara-C concentrations a dose-dependent increase of TfR expression and 67 Ga uptake could be demonstrated clearly suggesting the potency of this approach.

To investigate whether the treatment schedules used can be of benefit in micrometastasis we used multicellular tumour spheroids. The transferrin receptor expression could be upregulated by a factor of 2 by Ara-C in multicellular spheroids. However, this increases the ⁶⁷Ga uptake by a factor of 1.4 with only a minor effect on the clonogenic capacity. This might be related to the barrier for ⁶⁷Ga penetration present in the spheroid (Van Leeuwen-Stok *et al.*, 1996) as well as to the flat dose-response curves.

Higher drug concentrations may lead to higher TfR expression and ⁶⁷Ga uptake which may induce a significant inhibition of the clonogenic capacity. In this study we have chosen drug concentrations which induce suboptimal proliferation inhibition and cell death to prevent too much selection in the cell population by preincubation with the drug. Steel (1994) proposed that the benefits of priming with

suboptimal doses including cell cycle phase accumulation are doubtful when cells can be killed directly with higher doses. We have shown that the use of a combined treatment with low doses of different agents results in a cytotoxic effect on the tumour that is in most cases higher or equal to the sum of individual toxicities. If these results can be extrapolated to the *in vivo* situation, it will therefore depend on the relative side-effects of both modalities in the patient whether combination treatment is of clinical advantage.

We may conclude that it is possible to induce increase of

References

- AKIN C AND SONNENFELD G. (1993). Modulation of transferrin receptor expression by insulin and granulocyte-macrophage colony-stimulating factor in AML-193 leukemic cells. *Cancer Lett.*, **69**, 51-57.
- CARAGLIA M, TAGLIAFERRI P, CORREALA P, GENU G, PINTO A, DELVECCHIO S, ESPOSITO G AND BIANCO AR. (1993). Cytosine arabinoside increases the binding of ¹²⁵I-labelled epidermal growth factor and ¹²⁵I-transferrin and enhances the *in vitro* targeting of human tumour cells with anti-(growth factor receptor) MoAb. *Cancer Immunol. Immunother.*, **37**, 150–156.
- CHITAMBAR CR, MATTHAEUS WG, ANTHOLINE WE, GRAFF K AND O'BRIEN WJ. (1988). Inhibition of leukemic HL60 cell growth by transferrin-Gallium: effects on ribonucleotide reductase and demonstration of drug synergy with Hydroxyurea. *Blood*, 72, 1930-1936.
- ERIKSSON S, GRASLUND A, SKOG S, THELANDER L AND TRIBUKAIT B. (1984). Cell cycle-dependent regulation of mammalian ribonucleotide reductase. The S-phase correlated increase in subunit M2 is regulated by *de novo* protein synthesis. J. Biol. Chem., 259, 11695-11700.
- HARRIS AW AND SEPHTON RG. (1977). Transferrin promotion of 67Ga and 59Fe uptake by cultured mouse myeloma cells. *Cancer* Res., 37, 3646-3648.
- HEDLEY D, RUGG C, MUSGROVE E AND TAYLOR I. (1985). Modulation of transferrin receptor expression by inhibitors of nucleic acid synthesis. J. Cell. Physiol., 124, 61-66.
- HUIJGENS PC, JONKHOFF AR, HOEKSTRA OS, OSSENKOPPELE GJ AND TEULE GJJ. (1993). The therapeutic potential of intravenous 67-gallium in non-Hogkin's lymphoma. *Eur. J. Hematol.*, **51**, 206-208.
- JONKHOFF AR, HUIJGENS PC, VERSTEEGH RT, DIEREN EB, VAN OS SENKOPPELE GJ, MARTENS HJM AND TEULE GJJ. (1993). Gallium-67 radiotoxicity in human U937 lymphoma cells. Br. J. Cancer, 67, 693-700.

transferrin receptor expression and ⁶⁷Ga uptake by Ara-C, hydroxyurea and methotrexate which results in an additive effect on the clonogenic capacity in lymphoma cells *in vitro* when combined with ⁶⁷Ga. Such a combination treatment may be of benefit for treatment of malignant lymphoma depending on the relative side-effects.

Acknowledgement

This work was supported by a grant from the Dutch Cancer Society (IKA 91-07).

- JONKHOFF AR, HUIJGENS PC, VERSTEEGH RT, VAN LINGEN A, OSSENKOPPELE GJ, DRÄGER AM AND TEULE GJJ. (1995a). Radiotoxicity of 67-Gallium on myeloid leukaemic blasts. Leukemia Res., 19, 169-174.
- JONKHOFF AR, PLAIZIER MABD, OSSENKOPPELE GJ, TEULE GJJ AND HUIJGENS PC. (1995b). High-dose Gallium-67 therapy in patients with relapsed acute leukaemia: a feasibility study. Br. J. Cancer, 72, 1541-1546.
- MANFREDI OL AND WEISS LR. (1978). Gallium-67 citrate scanning in human tumors. NY State J. Med., 78, 845-887.
- NECKERS LM. (1991). Regulation of the transferrin receptor expression and control of cell growth. *Pathobiology*, **59**, 11-18.
- PELOSI-TESTA E, TESTA U, SAMOGGIA P, SALVO G AND CAMAGNA A. (1986). Expression of transferrin receptor in human erythroleukemic lines: regulation in the plateau and exponential phase of growth. *Cancer Res.*, **46**, 5330-5334.
- SCHLUNK T AND SCHLEYER M. (1980). The influence of culture conditions on the production of colony-stimulating activity by human placenta. *Exp. Hematol.*, **8**, 179-184.
- STEEL GG. (1994). Cell synchronization unfortunately may not benefit cancer therapy. Radiother. Oncol., 32, 95-97.
- VAN LEEUWEN-STOK AE, DRÄGER AM, SCHUURHUIS GJ, PLA-TIER AWJ, TEULE GJJ AND HUIJGENS PC. (1993). Gallium-67 in the human lymphoid cell line U-715: uptake, cytotoxicity and intracellular localization. Int. J. Radiat. Biol., 64, 749-759.
- VAN LEEUWEN-STOK AE, SCHUURHUIS GJ, DRÄGER AM, VISSER-PLATIER AWJ, TEULE GJJ AND HUIJGENS PC. (1996). Cytotoxic effects and dosimetry of ⁶⁷Ga in multicellular spheroids compared with single cells. *Int. J. Radiat. Oncol. Biol. Phys.*, **35 (3)**.
- VINDELØV LL AND CHRISTENSEN IJ. (1994). Detergent and proteolytic enzyme based techniques for nuclear isolation and DNA content analysis. *Methods Cell Biology*, **41**, 219–292.