

Growth inhibition and differentiation induction in human monoblastic leukaemia cells by 1α -hydroxyvitamin D derivatives and their enhancement by combination with hydroxyurea

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Summary The active form of vitamin D, $1\alpha,25$ -dihydroxyvitamin D_3 ($1,25(OH)_2D_3$), is a potent inducer of differentiation in myeloid leukaemia cells, but its clinical use is limited because of its hypercalcaemic activity. We examined the ability of $1,25(OH)_2D_3$ in combination with several anti-cancer drugs to inhibit the proliferation of, and induce differentiation in, human monoblastic leukaemia U937 cells. Hydroxyurea (HU), cytarabine and camptothecin showed effective synergism with $1,25(OH)_2D_3$ with regard to growth inhibition, while daunorubicin and etoposide had only modest synergistic effects. HU and cytarabine effectively enhanced nitroblue tetrazolium-reducing activity induced by $1,25(OH)_2D_3$. HU also enhanced the morphological maturation and expression of CD11b and CD14 in cells treated with $1,25(OH)_2D_3$. Among the anti-cancer drugs examined, HU had the greatest synergistic effects with $1,25(OH)_2D_3$ with regard to growth inhibition and differentiation induction in U937 cells. HU also enhanced the differentiation of other myeloid leukaemia HL-60, ML-1, THP-1, P39/TSU, P31/FUJ and NB4 cells induced by $1,25(OH)_2D_3$ and that of U937 cells induced by $24\text{-}epi\text{-}1,25(OH)_2D_2$ and $1,25(OH)_2D_7$. Interestingly, $1\alpha(OH)D$ derivatives (1α -hydroxyvitamin D_3 , D_2 , D_4 and D_7) effectively induced the differentiation of monoblastic leukaemia U937, P39/TSU and P31/FUJ cells. HU also enhanced the growth inhibition and differentiation of U937 cells induced by $1\alpha(OH)D$ derivatives. As $1\alpha(OH)D$ derivatives preferentially act on monocytic cells, they may be useful in the treatment of acute monocytic leukaemia, both alone and in combination with HU.

Keywords: leukaemia; vitamin D_2 ; vitamin D_3 ; vitamin D_4 ; vitamin D_7 ; hydroxyurea

The prognosis of acute myeloid leukaemia has recently improved through the application of intensive chemotherapy and bone marrow transplantation. However, intensive chemotherapy is not used in elderly patients or in patients with hypoplastic leukaemia or myelodysplastic syndrome because of severe complications. The incidence of induction death among elderly patients in their initial induction therapy, even when supported with cytokines, is higher than 10% (Schiffer, 1996). Indications for bone marrow transplantation are limited to young patients with HLA-matched donors (Goldman, 1994). Differentiation therapy is one possible approach for surviving patients who cannot be treated with intensive chemotherapy or bone marrow transplantation.

Differentiation therapy has been used successfully to treat acute promyelocytic leukaemia (Degos et al, 1995). All-*trans* retinoic acid induces complete remission in more than 90% of patients with acute promyelocytic leukaemia with a t(15;17) chromosomal translocation. However, the use of all-*trans* retinoic acid is limited to acute promyelocytic leukaemia. Vitamin D is another potential inducer for differentiation therapy. The active form of vitamin D, $1\alpha,25$ -dihydroxyvitamin D_3 ($1,25(OH)_2D_3$), induces differentiation in mouse and in human leukaemia cells (Abe et al, 1981; Miyaura et al, 1981) and prolongs the survival of mice inoculated

with myeloid leukaemia cells (Honma et al, 1983). However, clinical trials of $1,25(OH)_2D_3$ in patients with myelodysplastic syndrome have not been successful because of hypercalcaemia (Koeffler et al, 1985). Several analogues of $1,25(OH)_2D_3$ that show anti-cancer activity and only weak activity for inducing hypercalcaemia have been developed, but they are not yet available for the clinical treatment of cancer or leukaemia (Abe et al, 1991; Pakkala et al, 1995). To overcome the adverse effects of vitamin D, we are investigating the effects of the combination of $1,25(OH)_2D_3$ with other drugs (Makishima and Honma, 1996; Makishima et al, 1996). As the combination of all-*trans* retinoic acid with low doses of anti-cancer drugs produced better results than either drug alone for the treatment of acute myeloid leukaemia (Venditti et al, 1995), in this study, we investigated the effects of the combination of $1,25(OH)_2D_3$ and its analogues with various anti-cancer drugs on growth inhibition and differentiation induction in myelomonocytic leukaemia cells.

MATERIALS AND METHODS

Materials

$1\alpha,25$ -Dihydroxyvitamin D_7 ($1,25(OH)_2D_7$), $24\text{-}epi\text{-}1\alpha,25$ -dihydroxyvitamin D_2 ($24\text{-}epi\text{-}1,25(OH)_2D_2$), 1α -hydroxyvitamin D_3 ($1\alpha(OH)D_3$), $1\alpha(OH)D_2$, $1\alpha(OH)D_4$ and $1\alpha(OH)D_7$ were synthesized (Figure 1) (Tachibana and Tsuji, 1992) and donated by the Fine Chemical Research Center, Nissin Flour Milling (Saitama, Japan). Chlorambucil, daunorubicin, actinomycin D, hydroxyurea

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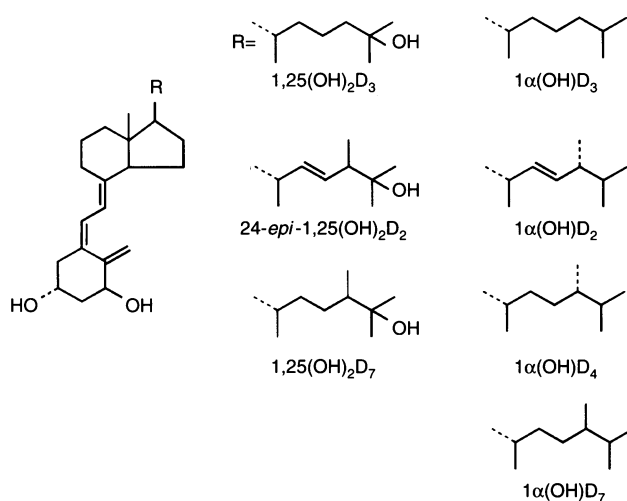


Figure 1 Chemical structures of vitamin D derivatives

(HU), cytarabine (Ara-C) and camptothecin were purchased from Sigma (St Louis, MO, USA), and $1,25(\text{OH})_2\text{D}_3$ was from Wako Pure Chemical Industry (Osaka, Japan). Etoposide was obtained from Nippon Kayaku (Tokyo, Japan).

Cell lines and cell culture

Human myeloid leukaemia U937, HL-60, ML-1, THP-1, P39/TSU, P31/FUJ and NB4 cells (Lanotte et al, 1991) were cultured in suspension in RPMI 1640 medium containing 10% fetal bovine serum and $80 \mu\text{g ml}^{-1}$ gentamicin at 37°C in a humidified atmosphere of 5% carbon dioxide in air (Makishima et al, 1996).

Cell growth and differentiation

Suspensions of cells were cultured with or without the test compounds in multidishes. The cells were counted in a Model ZM

Coulter Counter (Coulter Electronics, Luton, UK). Nitroblue tetrazolium (NBT) reduction was assayed colorimetrically (Makishima et al, 1996). Lysozyme activity in the conditioned medium was determined using a lysoplate (Makishima et al, 1996). One unit is equivalent to $1 \mu\text{g ml}^{-1}$ egg-white lysozyme. Cell morphology was examined in cell smears stained with May-Grünwald and Giemsa solutions (Merck, Darmstadt, Germany).

Analysis of the effects of combinations of drugs

The interaction of the two compounds was quantified by determining the combination index (CI) according to the classic isobologram equation:

$$\text{CI} = D_1/Dx_1 + D_2/Dx_2$$

where Dx is the concentration of one drug alone required to produce an effect and D_1 and D_2 are the doses of compounds 1 and 2, respectively, in combination that produce the same effect (Berenbaum, 1989). Using this analysis, the combined effects of the two drugs can be assessed as being either additive ($\text{CI} = 1$), synergistic ($\text{CI} < 1$) or antagonistic ($\text{CI} > 1$). An isobologram was also used to determine the effect of combinations of drugs (Berenbaum, 1989). Concentration-dependent effects were determined from isoeffective concentrations for each compound and for one compound with fixed concentrations of another. The additive lines were indicated as calculated by mode I and mode II systems (Steel and Peckham, 1979).

Flow cytometry

Expression of the granulocyte- and monocyte-specific antigens CD11b and CD14 on the cell surface was determined using indirect immunofluorescent staining and flow cytometry (Makishima and Honma, 1996). Mouse monoclonal antibodies to CD11b (2LPM19c), CD14 (TÜK4), control mouse IgG1, IgG2a and FITC-conjugated F(ab) $'_2$ fragment of goat antimouse IgG were obtained from Dako (Glostrup, Denmark). The stained cells were assayed using a flow cytometer (Epics XL; Coulter Electronics)

Table 1 Effects of the combination of anticancer drugs and $1,25(\text{OH})_2\text{D}_3$ on growth inhibition and NBT-reducing activity of human monoblastic leukaemia U937 cells

Drugs	IC ₅₀ for growth suppression		CI ^b	NBT reduction ^c (A ₅₆₀ per 10 ⁷ cells)		Ratio ^d
	-VD ₃	+VD ₃ ^a		-VD ₃	+VD ₃	
Chlorambucil	5.19 μM	3.90 μM	0.90	1.15 \pm 0.13	2.14 \pm 0.27	1.9
Daunorubicin	2.73 nM	1.53 nM	0.71	0.93 \pm 0.07	2.17 \pm 0.14	2.3
Actinomycin D	88.1 pM	76.7 pM	1.02	0.65 \pm 0.07	2.06 \pm 0.06	3.2
HU	50.7 μM	15.8 μM	0.46	1.26 \pm 0.25	7.78 \pm 0.34 ^e	6.2
Ara-C	6.86 nM	2.41 nM	0.50	1.02 \pm 0.14	3.56 \pm 0.46	3.5
Camptothecin	9.84 nM	4.14 nM	0.57	1.84 \pm 0.16	3.70 \pm 0.38	2.0
Etoposide	38.3 nM	25.3 nM	0.81	1.20 \pm 0.03	2.82 \pm 0.10	2.4
None				0.54 \pm 0.04	1.42 \pm 0.09	2.6

Cells (5×10^4 cells ml^{-1}) were treated with anti-cancer drugs in the absence or presence of $1,25(\text{OH})_2\text{D}_3$ (VD₃) for 4 days. IC₅₀ values were determined from the means of triplicate data and values of NBT reduction represent the means \pm SD of three separate experiments. ^aIC₅₀ values for anti-cancer drugs in the presence of 3×10^{-9} M $1,25(\text{OH})_2\text{D}_3$. ^bCombination index (CI) at IC₅₀ for growth inhibition. CI values at a fixed concentration of $1,25(\text{OH})_2\text{D}_3$ (3×10^{-9} M) were calculated as described in the Materials and methods. IC₅₀ of $1,25(\text{OH})_2\text{D}_3$ was 2.01×10^{-9} M. In this assay, CI = 1 indicates an additive effect, CI < 1 indicates synergism and CI > 1 indicates antagonism. ^cNBT reduction in the cells treated with anti-cancer drugs at their IC₅₀ for growth inhibition in the absence or presence of 3×10^{-9} M $1,25(\text{OH})_2\text{D}_3$. ^dRatio of the NBT reduction: $1,25(\text{OH})_2\text{D}_3$ at the IC₅₀ induced the activity to 4.64 A₅₆₀. ^eRatio of the NBT reduction: $+1,25(\text{OH})_2\text{D}_3 / -1,25(\text{OH})_2\text{D}_3$. ^f $P < 0.0005$ compared with other anti-cancer drugs plus $1,25(\text{OH})_2\text{D}_3$.

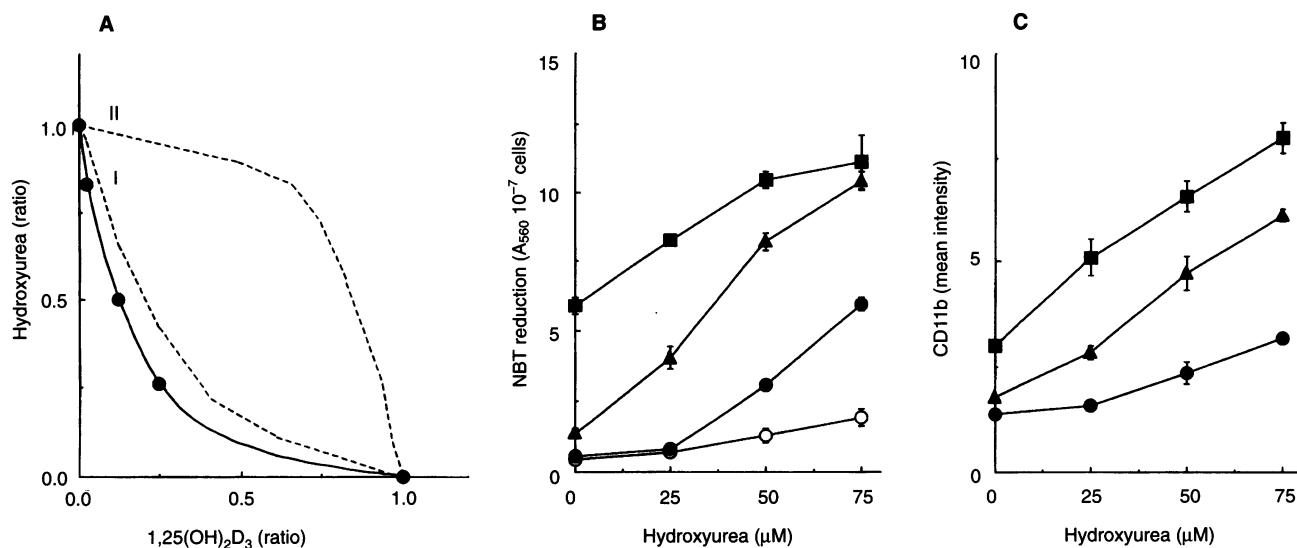


Figure 2 Effects of the combination of HU and 1,25(OH)₂D₃ with regard to growth inhibition and differentiation induction in human monoblastic leukaemia U937 cells. (A) Isobologram for 1,25(OH)₂D₃ and HU at the IC₅₀ for growth inhibition. The dashed lines I and II indicate additive interaction calculated by mode I and II systems respectively (Steel and Peckham, 1979). In mode II, when the dose of HU is chosen, an isoeffect curve is calculated by taking the dose increment of 1,25(OH)₂D₃ that gives the required contribution to IC₅₀, estimating how much HU reduces the requirement of 1,25(OH)₂D₃. (B) NBT-reducing activities of cells treated with a combination of HU and 0 (○), 3 × 10⁻¹⁰ M (●), 3 × 10⁻⁹ M (▲) or 3 × 10⁻⁸ M (■) 1,25(OH)₂D₃. (C) CD11b expression by cells treated with a combination of HU and 0 (○), 3 × 10⁻¹⁰ M (●), 3 × 10⁻⁹ M (▲) or 3 × 10⁻⁸ M (■) 1,25(OH)₂D₃. 1,25(OH)₂D₃ at 3 × 10⁻⁶ M induced the expression to 6.41 units. Cells (5 × 10⁴ cells ml⁻¹) were cultured with test compounds for 4 days. Values represent the means (± SD) of three separate experiments

and the mean fluorescence intensity of fluorescence-positive cells was calculated using the Immuno-4 histogram analysis program (Coulter), with mouse immunoglobulin of the same isotype as a negative control. The Immuno-4 program subtracts a control histogram from a test histogram to calculate the mean fluorescence intensity in the test histogram (Overton, 1988).

Statistical evaluation

Statistical analyses were performed using an unpaired two-tailed Student's *t*-test.

RESULTS

Effects of the combination of anti-cancer drugs with 1,25(OH)₂D₃ on the growth and differentiation of human monoblastic leukaemia U937 cells

We examined several anti-cancer drugs in combination with 1,25(OH)₂D₃ to determine the effects on growth inhibition in human monoblastic leukaemia U937 cells. Chlorambucil is an alkylating agent; daunorubicin and actinomycin D are antibiotics; HU and Ara-C are inhibitors of nucleotide metabolism; and camptothecin and etoposide are inhibitors of topoisomerases. These drugs all inhibited the proliferation of U937 cells concentration dependently; their IC₅₀ values are indicated in Table 1. The effects of the combination of anti-cancer drugs and 1,25(OH)₂D₃ were determined using the CI calculated from the IC₅₀ values of anti-cancer drugs in the presence of 3 × 10⁻⁹ M 1,25(OH)₂D₃. HU inhibited the proliferation of U937 cells at an IC₅₀ of 50.7 µM in the absence of 1,25(OH)₂D₃ and at an IC₅₀ of 15.8 µM in its presence (CI = 0.46, indicating synergism). The confidence intervals (CIs) for Ara-C, camptothecin, daunorubicin and etoposide were 0.50, 0.57, 0.71 and 0.81, respectively, also indicating synergism. The combinations of chlorambucil and actinomycin D with 1,25(OH)₂D₃ were additive.

We examined the effects of anti-cancer drugs in combination with 1,25(OH)₂D₃ on NBT-reducing activity, a typical marker of myelomonocytic differentiation, in U937 cells. The anti-cancer drugs showed only weak activity for inducing NBT reduction (Table 1). Next, the NBT-reducing activity induced by anti-cancer drugs in combination with 3 × 10⁻⁹ M 1,25(OH)₂D₃ was examined. HU plus 1,25(OH)₂D₃ effectively increased the activity 6.2-fold from HU alone and 5.5-fold from 1,25(OH)₂D₃ alone (Table 1). Camptothecin and Ara-C in combination with 1,25(OH)₂D₃ modestly induced this activity. Among the anti-cancer drugs we examined, HU had the greatest synergistic effect with 1,25(OH)₂D₃ for growth inhibition and induction of NBT-reducing activity in U937 cells.

Effects of HU plus 1,25(OH)₂D₃ on growth inhibition and differentiation induction in human myelomonocytic leukaemia cells

The concentration-dependent effects of the combination of HU with 1,25(OH)₂D₃ on U937 cells were examined. Isoles for growth inhibition show that their combination is synergistic and the presence of HU markedly reduced effective concentrations of 1,25(OH)₂D₃ (Figure 2A). HU up to 75 µM induced NBT-reducing activity of U937 cells only slightly (Figure 2B). While 1,25(OH)₂D₃ at 3 × 10⁻¹⁰ M did not induce NBT-reducing activity of U937 cells, in the presence of 75 µM HU, it effectively induced this activity to 5.96 A₅₆₀, which is similar to the value (5.90 A₅₆₀) with a 100-fold greater concentration (3 × 10⁻⁸ M) of 1,25(OH)₂D₃ (Figure 2B). Morphologically, monoblastic U937 cells were induced to differentiate into monocytic cells by 1,25(OH)₂D₃ and became more mature, having abundant and grey cytoplasm and a chromatin-condensed nucleus with the addition of HU (data not shown). HU also effectively enhanced the expression of CD11b in U937 cells induced by low concentrations of 1,25(OH)₂D₃ (Figure

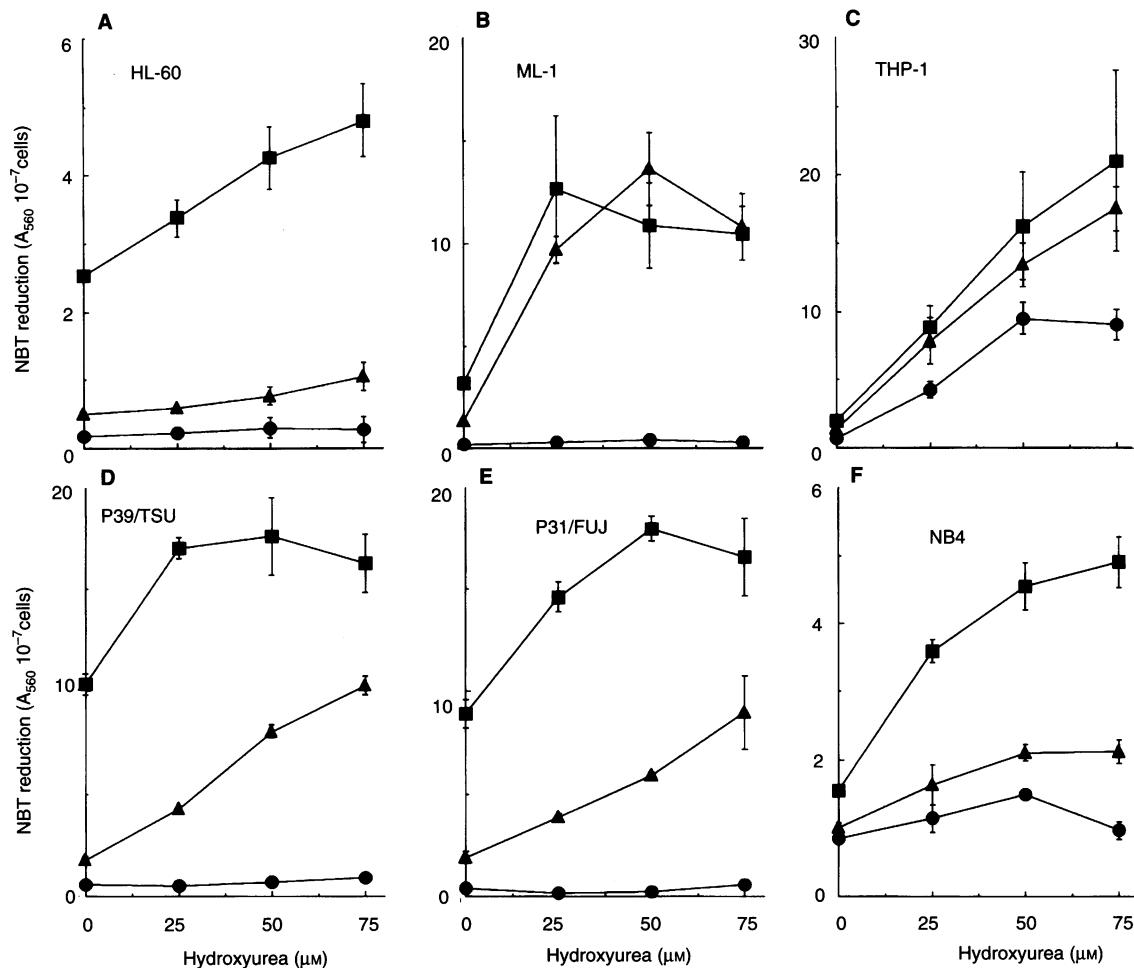


Figure 3 Effects of the combination of HU and 1,25(OH)₂D₃ with regard to the NBT-reducing activity of human myeloid leukaemia HL-60 (A), ML-1 (B), THP-1 (C), P39/TSU (D), P31/FUJ (E) and NB4 cells (F). Cells (5×10^4 cells ml⁻¹) were cultured with HU in combination with 0 (●), 3×10^{-9} M (▲) or 3×10^{-8} M (■) 1,25(OH)₂D₃ for 4 days. Values represent the means \pm SD of three separate experiments

2C). HU at 75 μM plus 1,25(OH)₂D₃ at 3×10^{-9} M increased this intensity to 8.00 units, which is greater than 6.41 units with 3×10^{-6} M 1,25(OH)₂D₃ alone. The enhancing effect of HU on CD14 expression induced by 1,25(OH)₂D₃ in U937 cells was weak (data not shown). Thus, HU effectively enhanced several differentiation markers in U937 cells treated with 1,25(OH)₂D₃.

Next, we examined the combination of HU and 1,25(OH)₂D₃ on the differentiation of other myelomonocytic leukaemia cells. HU did not induce NBT-reducing activity in promyelocytic HL-60 and myeloblastic ML-1 cells, but enhanced the activity induced by 1,25(OH)₂D₃ (Figure 3A and B). HU alone induced NBT-reducing activity in monoblastic THP-1 cells but not in other monoblastic P39/TSU or P31/FUJ cells. It also effectively enhanced the differentiation of these cells induced by 1,25(OH)₂D₃ (Figure 3C–E). NB4 cells are promyelocytic leukaemia cells with a t(15;17) chromosomal translocation and have been reported to be resistant to 1,25(OH)₂D₃ (Testa et al, 1994). HU also induced the NBT-reducing activity in NB4 cells in combination with 1,25(OH)₂D₃ (Figure 3F). Thus, HU plus 1,25(OH)₂D₃ effectively induces the differentiation of myelomonocytic leukaemia cells.

Effects of HU in combination with vitamin D derivatives on growth inhibition and differentiation induction in U937 cells

24-Epi-1,25(OH)₂D₂ and 1,25(OH)₂D₇ have been reported to exhibit less hypercalcaemic activity than 1,25(OH)₂D₃ and to be able to induce the differentiation of HL-60 cells (Sato et al, 1991). They also induced the NBT-reducing activity of U937 cells, and HU effectively enhanced the activities induced by their suboptimal concentrations (Figure 4A). 24-Epi-1,25(OH)₂D₂ and 1,25-(OH)₂D₇ inhibited the proliferation of U937 cells concentration dependently, with IC₅₀ values of 2.25×10^{-7} M and 2.28×10^{-7} M respectively (data not shown). At a low concentration of 9×10^{-9} M, they slightly inhibited the proliferation of U937 cells and augmented the growth inhibition in combination with 50 μM HU (Table 2).

We have previously reported that 1α(OH)D₃ induces the differentiation of monoblastic leukaemia cells as well as 1,25(OH)₂D₃ and is less toxic than 1,25(OH)₂D₃ (Honma et al, 1983; Okabe-Kado et al, 1992). We examined the effects of several 1α(OH)D derivatives on

Table 2 Growth inhibition in human monoblastic leukaemia U937 cells by vitamin D derivatives in combination with HU

Compounds	Growth (% of control)	
	- HU	+ HU Ratio ^a
None	100	54 \pm 3
1,25(OH) ₂ D ₃ (3 \times 10 ⁻⁹ M)	74 \pm 1	25 \pm 3
24-Epi-1,25(OH) ₂ D ₂ (9 \times 10 ⁻⁹ M)	87 \pm 2	33 \pm 1
1,25(OH) ₂ D ₇ (9 \times 10 ⁻⁹ M)	89 \pm 2	32 \pm 1
1 α (OH)D ₃ (3 \times 10 ⁻⁸ M)	72 \pm 2	27 \pm 1
1 α (OH)D ₂ (6 \times 10 ⁻⁸ M)	91 \pm 2	31 \pm 1
1 α (OH)D ₄ (6 \times 10 ⁻⁸ M)	89 \pm 1	28 \pm 3
1 α (OH)D ₇ (6 \times 10 ⁻⁸ M)	100 \pm 4	27 \pm 2

Cells (5 \times 10⁴ cells ml⁻¹) were cultured with vitamin D derivatives in the absence or presence of 50 μ M HU for 4 days. ^aRatio (%) represents the growth of cells in combination with HU compared with that of cells treated with 50 μ M HU alone.

growth inhibition and differentiation induction in U937 cells in combination with HU. 1 α (OH)D₃ inhibited proliferation with an IC₅₀ value of 0.67 \times 10⁻⁷ M and induced myelomonocytic differentiation markers, such as the NBT-reducing and lysozyme activities of U937 cells (Figure 4B, data not shown). HU effectively enhanced the NBT-reducing activity in U937 cells induced by 1 α (OH)D₃ (Figure 4B). For example, 1.2 \times 10⁻⁸ M 1 α (OH)D₃ plus 50 μ M HU induced this activity to 9.02 A₅₆₀, while this activity was 8.54 A₅₆₀ with 1.2 \times 10⁻⁶ M 1 α (OH)D₃ alone, indicating that 1 α (OH)D₃ was more than 100 times as active in the presence of HU. 1 α (OH)D₃ at 3 \times 10⁻⁸ M slightly inhibited the proliferation of U937 cells, but augmented the inhibition in combination with HU (Table 2). 1 α (OH)D₂, 1 α (OH)D₄

and 1 α (OH)D₇ also inhibited the proliferation with IC₅₀ values of 1.35 \times 10⁻⁷, 1.47 \times 10⁻⁷ and 3.25 \times 10⁻⁷ M, respectively (data not shown), and induced the differentiation of monoblastic U937 (Figure 4C), P39/TSU and P31/FUJ cells, but not of promyelocytic HL-60 cells (data not shown). Among these four 1 α (OH)D derivatives, 1 α (OH)D₃ was the most effective in inhibiting the proliferation of U937 cells ($P < 0.005$, compared at IC₅₀). At the IC₅₀ values for growth inhibition, 1 α (OH)D₃, 1 α (OH)D₂, 1 α (OH)D₄ and 1 α (OH)D₇ induced NBT-reducing activity of U937 cells from 0.83 A₅₆₀ to 5.80, 5.50, 6.08 and 5.84 A₅₆₀, respectively, and lysozyme activity from 1.99 units to 5.03, 5.11, 6.34 and 6.03 units, respectively (data not shown), indicating that 1 α (OH)D₄ was slightly more effective for inducing these activities than the others. The NBT-reducing activity induced by these 1 α (OH)D derivatives in U937 cells was also effectively enhanced by HU (Figure 4C). HU enhanced the induction of NBT reduction by 1 α (OH)D₄ slightly more effectively than that by 1 α (OH)D₂ and 1 α (OH)D₇. At a concentration of 6 \times 10⁻⁸ M, 1 α (OH)D₂ and 1 α (OH)D₄ inhibited the proliferation of U937 cells only slightly, while 1 α (OH)D₇ had no such effect, but they augmented the growth-inhibitory activity with HU (Table 2). Thus, the combination of HU with 1 α (OH)D derivatives is effective for inhibiting the proliferation and inducing the differentiation of U937 cells.

DISCUSSION

Among the anti-cancer drugs we examined, HU showed the greatest synergistic effect with 1,25(OH)₂D₃ with regard to growth inhibition and differentiation induction in U937 cells. Ara-C and camptothecin showed modest synergism with regard to growth inhibition, and Ara-C enhanced the differentiation induced by 1,25(OH)₂D₃ second only to HU. In another study, treatment with

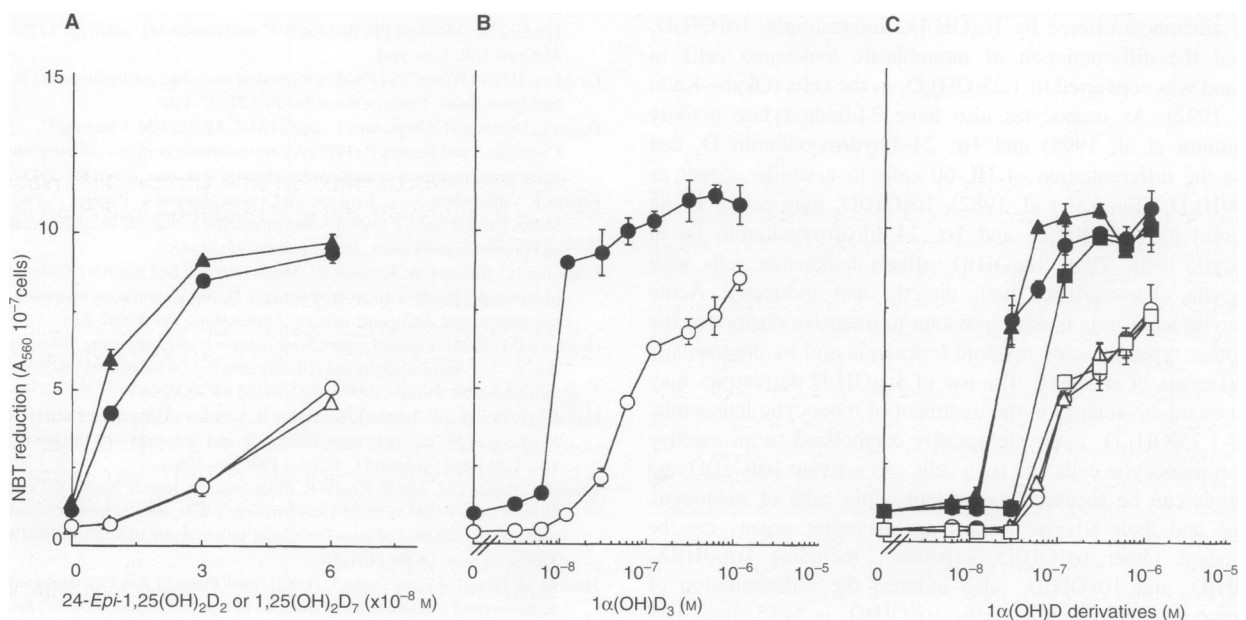


Figure 4 Effects of vitamin D derivatives in combination with HU with regard to the induction of NBT-reducing activity in human monoblastic leukaemia U937 cells. (A) NBT-reducing activities of cells treated with 24-epi-1,25(OH)₂D₂ (○, ●) or 1,25(OH)₂D₇ (△, ▲) in the absence (○, △) or presence (●, ▲) of 50 μ M HU. (B) NBT-reducing activities of cells treated with 1 α (OH)D₃ in the absence (○) or presence (●) of 50 μ M HU. (C) NBT-reducing activities of cells treated with 1 α (OH)D₂ (○, ●), 1 α (OH)D₄ (△, ▲) or 1 α (OH)D₇ (□, ■) in the absence (○, △, □) or presence (●, ▲, ■) of 50 μ M HU. Cells (5 \times 10⁴ cells ml⁻¹) were cultured with the test compounds for 4 days. Values represent the means \pm SD of three separate experiments

1,25(OH)₂D₃ increased the cytotoxicity of Ara-C and HU against HL-60 cells (Studzinski et al, 1986). HU inhibits nucleotide metabolism by inhibiting ribonucleotide reductase and Ara-C also inhibits nucleotide synthesis (Calabresi and Chabner, 1996). HU enhances the differentiation of HL-60 cells induced by all-*trans* retinoic acid (Yen et al, 1987). Ara-C induces the differentiation of some myeloid leukaemia cells and low doses of Ara-C have been used to treat acute myeloid leukaemia (Housset et al, 1982). Other inhibitors of nucleotide metabolism also induce the differentiation of myeloid leukaemia cells (Bodner et al, 1981; Ishiguro and Sartorelli, 1985). These findings indicate that some inhibitors of nucleotide metabolism may induce leukaemia cells to differentiate and to enhance differentiation induced by other compounds more effectively than other types of anti-cancer drugs.

HU is useful for treating chronic myelogenous leukaemia and, when administered orally at daily doses from 500 to 3000 mg, for controlling blood cell counts within desirable ranges (Athens, 1993). Its major adverse effect is bone marrow suppression, but the bone marrow recovers promptly if the drug is discontinued for a few days. Thus, HU can be used safely in elderly patients. Pharmacokinetic studies have shown that serum concentrations of HU after a single oral administration of 1000 mg reach 20–30 µg ml⁻¹ (263–394 µM) in 1–3 h, then gradually decrease and remain higher than 5 µg ml⁻¹ (66 µM) for at least 10 h (Davidson and Winter, 1963; Bolton et al, 1965). These findings indicate that the concentrations of HU needed to enhance the anti-leukaemic activity of vitamin D derivatives can be achieved clinically.

In this study, we observed the differentiation-inducing activities of 1α(OH)D derivatives. After the administration of 1α(OH)D₃, it is converted to an active form, 1,25(OH)₂D₃, by liver 25-hydroxylase (Holick et al, 1975). 1α(OH)D₃ was more potent than 1,25(OH)₂D₃ in increasing the survival time of mice inoculated with mouse myeloid leukaemia M1 cells (Honma et al, 1983). The relatively stable concentrations of 1,25(OH)₂D₃ after the administration of 1α(OH)D₃ compared with 1,25(OH)₂D₃ may contribute to the advantage offered by 1α(OH)D₃. Interestingly, 1α(OH)D₃ induced the differentiation of monoblastic leukaemia cells *in vitro* and was converted to 1,25(OH)₂D₃ in the cells (Okabe-Kado et al, 1992). As monocytes also have 24-hydroxylase activity (Kamimura et al, 1995) and 1α, 24-dihydroxyvitamin D₃ can induce the differentiation of HL-60 cells to a similar extent as 1,25(OH)₂D₃ (Tanaka et al, 1982), 1α(OH)D₃ may act by being converted to 1,25(OH)₂D₃ and 1α, 24-dihydroxyvitamin D₃ in monocytic cells. Thus, 1α(OH)D₃ affects leukaemia cells with monocytic characteristics both directly and indirectly. Acute monocytic leukaemia is more resistant to intensive chemotherapy than other types of acute myeloid leukaemia and its prognosis is poor (Fenaux et al, 1990). The use of 1α(OH)D derivatives may offer certain advantages in the treatment of monocytic leukaemia, as (a) 1,25(OH)₂D₃ is physiologically catabolized to an inactive form in monocytic cells and such cells can activate 1α(OH)D and (b) drugs can be focused against leukaemia cells of monocytic lineage and their adverse effects against other organs can be diminished. Other 1α(OH)D derivatives, including 1α(OH)D₂, 1α(OH)D₄ and 1α(OH)D₇, also induced the differentiation of myelomonocytic leukaemia cells. 1α(OH)D₂ is 5–15 times less toxic than 1α(OH)D₃ in rats (Sjöden et al, 1985). A clinical study in post-menopausal osteopenic patients showed that 1α(OH)D₂ at daily doses of less than 5.0 µg did not induce hypercalcaemia, whereas 1α(OH)D₃ at daily doses above 1.0 µg had toxic effects (Gallagher et al, 1994). An active form of 1α(OH)D₇,

1,25(OH)₂D₇, has less hypercalcaemic activity (Sato et al, 1991). Therefore, the 1α(OH)D derivatives may be useful for treating monocytic leukaemia. Pharmacokinetics for serum concentrations of 1α(OH)D derivatives and their metabolites after administration should be further investigated. HU also effectively enhanced the differentiation induced by the 1α(OH)D derivatives. The combination of 1α(OH)D derivatives with HU may be a promising candidate for 'chemo-differentiation therapy' of acute monocytic leukaemia.

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