TZT-1027, an Antimicrotubule Agent, Attacks Tumor Vasculature and Induces Tumor Cell Death

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TZT-1027, a dolastatin 10 derivative, is an antimicrotubule agent with potent antitumor activity both in vitro and in vivo. In this study, we performed biochemical and histopathological examinations, and evaluated TZT-1027-induced tumoral vascular collapse and tumor cell death in an advanced tumor model, murine colon 26 adenocarcinoma. In addition, we studied the effects of TZT-1027 on cultured human umbilical vein endothelial cells (HUVEC). Tolerable doses of TZT-1027 induced tumor-selective hemorrhage within 1 h. This hemorrhage occurred mainly in the peripheral area of the tumor mass. Measurements of tumoral hemoglobin content and dye permeation revealed that the hemorrhage occurred firstly and tumor blood flow stopped secondarily. The vascular damage was followed by continuous induction of apoptosis of the tumor cells, tumor tissue necrosis, and tumor regression. In cultured HUVEC, TZT-1027 induced marked cell contraction with membrane blebbing in 30 min. These cell changes were completely inhibited by K252a, a broad-spectrum inhibitor of protein kinases. These effects of TZT-1027 on both tumor vasculature and HUVEC were greater than those of vincristine. In conclusion, TZT-1027 quickly attacked the well-developed vascular system of advanced tumors by a putative protein kinase-dependent mechanism, and then blocked tumor blood flow. Therefore, TZT-1027 has both a conventional antitumor activity and a unique anti-tumoral vascular activity, making it a potentially powerful tool for clinical cancer therapy.

Key words: TZT-1027 — Antimicrotubule agent — Tumoral vascular collapse — Tumor cell death — Advanced tumor

We reported TZT-1027/Sonidotin [N2-((N,N-dimethyl-L-valyl)-N-[(1S,2R)-2-methoxy-4-[(2S)-2-[(1R,2R)-1-methoxy-2-methyl-3-oxo-4-oxobutyl]-N-methyl-L-valinamide], a derivative of dolastatin 10 (a natural product isolated from the marine mollusk Dolabella auricularia), to be a potent antitumor agent with little toxicity.1, 2) TZT-1027 is a completely synthetic compound and its large-scale synthesis is feasible. TZT-1027 was reported to be more effective than dolastatin 10 and Vinca alkaloids in several experimental mouse tumors and human xenograft models.2–7) It is currently in clinical trials in Japan.

TZT-1027 inhibits microtubule assembly2, 8) and induces cell cycle arrest and apoptosis in vitro.3–7, 9) In addition, our unpublished data show that TZT-1027 also induces hemorrhagic changes in advanced tumor models in vivo. Therefore, its antitumor activity in vitro was thought to result from induction of tumoral vascular collapse in addition to direct cytotoxicity to tumor cells. Despite several reports that antimicrotubule agents induce tumoral vascular collapse,10–15) the correlation between the collapse and antitumor activity has not been elucidated. Therefore, in the present study, we examined TZT-1027-induced vascular collapse and tumor cell death in an advanced tumor model, murine colon 26 adenocarcinoma, by means of biochemical and histopathological examinations. We also studied the effects of TZT-1027 on cultured human umbilical vein endothelial cells (HUVEC).

MATERIALS AND METHODS

Drugs TZT-1027, a dolastatin 10 derivative, was synthesized in our laboratories.1) Its chemical structure is shown in Fig. 1. Vincristine (VCR) was purchased from Shionogi Pharmaceutical Co., Ltd. (Osaka). TZT-1027 was dissolved and diluted in 0.05 M lactate buffer (pH 4.5) containing 7.3 mg/ml NaCl. VCR was dissolved and diluted in saline.

Animals Female BALB/c and CDF1 mice were purchased from Charles River Japan Inc. (Kanagawa). Mice were fed a pellet diet (MM-3: Funabashi Farm, Chiba) and given filtered water.

Tumors Colon 26 adenocarcinoma was kindly supplied by the Cancer Chemotherapy Center, Japanese Foundation
was filtered on a 5 µm membrane filter (Millipore, Tokyo) and left overnight at room temperature. After the production of cyanmethemoglobin had finished, as recognized from the shape of the light absorption curve, the absorbance (A) at 540 nm (reference at 690 nm) was measured. Hemoglobin content per tumor weight (mg/g) was calculated by comparison with the A value at 540 nm of cyanmethemoglobin standard solution (“Histan,” Sysmex, Kobe). One or 2 drops of hemolytic reagent containing 5.8 g/liter potassium cyanide (“Quicklyser,” Sysmex) were added to the tumoral suspension and mixed well. Then, the suspension was filtered on a 5 µm membrane filter and left overnight at room temperature. After the production of cyanmethemoglobin had finished, as recognized from the shape of the light absorption curve, the absorbance (A) at 540 nm (reference at 690 nm) was measured. Hemoglobin content per tumor weight (mg/g) was calculated by comparison with the A value at 540 nm of cyanmethemoglobin standard solution (“Histan,” Sysmex). The other tumor fraction was suspended in 1 ml of saline (“Celluent,” Sysmex, Kobe) and fixed in 0.1 M phosphate-buffered 10% formalin. Then, they were embedded in paraffin, mounted and stained with hematoxylin and eosin (HE). Microscopy and WST-1 assay of cultured HUVEC HUVEC were plated in human fibronectin-coated 6- or 96-well culture plates (Nippon Becton Dickinson, Tokyo) at about 5000 cells/cm² and cultured until confluence. Then, the cells on the 6-well plates were treated with drugs at various concentrations (10⁻¹⁰–10⁻⁶ g/ml) and observed under a microscope at various time points (0–30 min and 1–24 h). In addition, they were pretreated with 0.5 µM K252a (Nacalai Tesque, Kyoto), a broad-spectrum inhibitor of serine/threonine protein kinases. Fifteen minutes later, the cells were treated with TZT-1027 (10⁻⁷ g/ml) and again observed. The cells on the 96-well plates were treated with drugs at various concentrations (10⁻¹²–10⁻⁶ g/ml) for 24 h and their viability was evaluated by WST-1 assay (“Cell counting kit,” Dojindo Laboratories, Kumamoto). Cell viability was expressed as a percentage of the vehicle-treated control.

Data analysis Quantitative data are given as the mean of five animals. Statistical evaluation was performed by analysis of variance, followed by Dunnett’s test or the Dunnett-type t-test. P<0.05 was considered significant.

RESULTS

Tumoral hemoglobin content TZT-1027 induced marked hemorrhage in tumor tissues within 1 h at all doses tested (0.5, 1.0 and 2.0 mg/kg) and the tumoral hemoglobin content, a parameter of the number of red blood cells in the tumor, increased dose-dependently (Fig. 2). The accumulation of hemoglobin peaked at 6–12 h and then recovered. In addition, based on the hourly increase of hemoglobin content (Fig. 2, a and b), hemorrhage per
hour peaked within 1 h of the treatment, then declined and almost stopped after 6 h. In contrast, VCR induced tumor hemorrhage only at 2.0 mg/kg. However, these changes were no greater than those for TZT-1027 at 0.5 mg/kg.

**Permeation of dye in tumor** In non-treated and vehicle-treated control mice, marked dye permeation in tumors was evident macroscopically and large amounts of Evans blue, a measure of tumor blood flow and vascular permeability, were detected. TZT-1027 suppressed this permeation in a dose-dependent manner from 3 or 6 h after the treatment (Fig. 3). At 2.0 mg/kg of TZT-1027, the permeation decreased to 24, 22, 29 and 47% at 6, 12, 24 and 48 h, respectively. In contrast, VCR did not affect the dye permeation at 0.5 or 1.0 mg/kg. However, at 2.0 mg/kg, VCR suppressed the dye permeation to 47% in 6 h.

**Tumor weight changes** Vehicle-treated control tumors grew time-dependently and tumor weight increased to about 2.4 times that at time 0 at 72 h (Fig. 4). TZT-1027 suppressed this growth at both 0.5 and 2.0 mg/kg. At 2.0 mg/kg, TZT-1027 not only suppressed tumor progression, but also decreased tumor weight from 24 to 72 h after the treatment.

**Analysis of DNA fragmentation** TZT-1027 induces fragmentation of DNA within 3 h and this fragmentation increased time-dependently (Fig. 5). Electrophoretic bands of DNA fragments showed a distinctive ladder pattern, the hallmark of apoptosis. At 24 and 48 h, although the ladder pattern was less clear, the DNA fragmentation was actually increased.

**Histopathological findings** Non-treated control tumor tissues were filled with tumor parenchyma cells (Fig. 6a). TZT-1027 induced multifocal accumulation and diffuse permeation of red blood cells in the tumors at 6 and 9 h (Fig. 6, b and c). These hemorrhagic changes were more abundant in the peripheral area than in the central area in the tumor mass. In addition, TZT-1027 induced apoptosis-associated nuclear pyknosis in these tumor cells at 6, 9, 24 and 48 h (Fig. 6, b, c, d and e). Furthermore, marked tis-

![Fig. 2. Effects of TZT-1027 or VCR on tumoral hemoglobin content. Colon 26 adenocarcinoma-bearing mice were non-treated (×) or treated i.v. with vehicle (◇), TZT-1027 [0.5 mg/kg (▲), 1.0 mg/kg (■) and 2.0 mg/kg (●)] or VCR [0.5 mg/kg (△), 1.0 mg/kg (▲) and 2.0 mg/kg (◇)]. Tumoral hemoglobin content was measured at [(a), (c): 0, 1, 3 and 6 h] and [(b): 0, 6, 12, 24, 48 and 72 h]. Broken lines in (a) and (b) indicate hourly increase of hemoglobin content at the dose of 2.0 mg/kg of TZT-1027. Each value represents the average of five animals. *: Significantly different from vehicle-treated control at P<0.05 or 0.01, respectively.](image-url)
Fig. 3. Effects of TZT-1027 or VCR on permeation of Evans blue in tumor. Colon 26 adenocarcinoma-bearing mice were treated i.v. with vehicle (○), TZT-1027 [0.5 mg/kg (●), 1.0 mg/kg (■) and 2.0 mg/kg (▲)] or VCR [0.5 mg/kg (△), 1.0 mg/kg (□) and 2.0 mg/kg (◇)]. Relative dye permeation was measured at [(a), (c): 1, 3 and 6 h] and [(b): 6, 12, 24, 48 and 72 h]. Each value represents the average of five animals. *, ** Significantly different from vehicle-treated control at $P<0.05$ or 0.01, respectively.

Fig. 4. Tumor weight changes after treatment with TZT-1027. Colon 26 adenocarcinoma-bearing mice were non-treated (×) or treated i.v. with vehicle (○) or TZT-1027 [0.5 mg/kg (▲) and 2.0 mg/kg (●)]. Tumor weights were measured at 0, 6, 12, 24, 48 and 72 h. Each value represents the average of five animals. *, ** Significantly different from vehicle-treated control at $P<0.05$ or 0.01, respectively.

Fig. 5. Tumor DNA fragmentation induced by TZT-1027. Colon 26 adenocarcinoma-bearing mice were treated i.v. with TZT-1027 (2.0 mg/kg). Tumor DNA was extracted at 0, 3, 6, 9, 24 and 48 h and separated electrophoretically. Two animals were used at each time point.
sue necrosis was co-observed mainly in the central area at 24 and 48 h (Fig. 6, d and e).

**Microscopy and WST-1 assay of cultured HUVEC**

Microscopy revealed that TZT-1027 quickly induced cell changes, generally cell contraction without any changes of nuclei, at $10^{-9}$ g/ml or more. These changes were intensified concentration-dependently and reached a maximum 30 min to 1 h after the treatment. At concentrations of $10^{-7}$ g/ml and above, marked cell contraction with membrane blebbing was observed in most of the cells and a number of the cells became detached from the culture surface (Fig. 7b). These cell changes induced by TZT-1027 were completely inhibited by pretreatment with 0.5 $\mu$M K252a (Fig. 7c). VCR induced similar changes at 10-fold higher doses of TZT-1027. In WST-1 assay, cell viability was reduced to 50–60% of the control at concentrations of $10^{-9}$ g/ml and above, 24 h after the treatment with TZT-1027 (Fig. 8). VCR had a similar effect at $10^{-8}$ g/ml and above.

**DISCUSSION**

TZT-1027 induced marked tumor hemorrhage. The hemorrhage was abundant in the peripheral area in the tumor mass. This change could be easily detected, not
only by histopathological analysis, but also grossly. However, no hemorrhagic changes were grossly observed in normal tissues and organs. Therefore, TZT-1027 appears to selectively attack the tumor vasculature. The hemorrhage resulted in an increase of the tumoral hemoglobin content. The hemorrhage per hour peaked within 1 h of the treatment, then declined and almost stopped after 6 h. These changes were followed by a decrease of dye permeation in the tumor. This shows that the marked suppression of tumor blood flow and vascular permeability persisted from 6 to 48 h. Therefore, it is thought that multiple cases of tumor blood flow and/or vascular permeability were highly activated. When vascular collapse occurs, two anti-tumor mechanisms are expected to operate. The first is that exclusion of the drug is suppressed and a high drug concentration is maintained in the tumor, resulting in continuous cytotoxicity including induction of apoptosis of the tumor cells. The second is that ischemia occurs in the central area of the tumor mass, resulting in tissue necrosis. In fact, DNA fragmentation and histopathological findings revealed that tumor cell apoptosis persisted from 3 to at least 48 h. In addition, marked tissue necrosis occurred mainly in the central area of the tumor mass at 24 and 48 h. This cell death was directly related to tumor regression as shown by the decrease in tumor weight.

Anti-tumoral vascular activity, as well as antimitotic activity, is thought to be a common feature of antimicrotubule agents. However, the potency of the activity differs among drugs. In the present study, TZT-1027 induced hemorrhage at all tested doses (0.5, 1.0 and 2.0 mg/kg) in a dose-dependent manner. In contrast, VCR induced hemorrhage only at 2.0 mg/kg, and was no more potent than TZT-1027 at 0.5 mg/kg. In addition, 0.5, 1.0 and 2.0 mg/kg of TZT-1027 were dose-dependently effective against colon 26 adenocarcinoma in the preclinical evaluation (Q4d×4 treatment), with treated/control tumor volume ratio (T/C) values of 59%, 11% and 5%, respectively. In contrast, T/C values of VCR at 0.5 and 1.0 mg/kg were 88% and 62%, respectively, and that at 2.0 mg/kg could not be determined because of high toxicity. Therefore, TZT-1027 has a more potent anti-tumoral vascular activity than VCR, in agreement with the preclinical evaluation. AC-7700, a combretastatin A-4 derivative, is a potent anti-tumoral vascular agent with little antimitotic activity in vivo. At the maximal tolerable dose, AC-7700 suppressed permeation of Evans blue in colon 26 adenocarcinoma to about 25% of the non-treated control value at 6 h, with a recovery to more than 60% at 24 h. In contrast, at 2.0 mg/kg, a tolerable dose, TZT-1027 suppressed the permeation of dye to 24%, 22%, 29% and 47% in 6, 12, 24 and 48 h, respectively, in our study. Therefore, TZT-1027 is thought to have stronger anti-tumoral vascular activity than AC-7700, as well as VCR.

The mechanism of the induction of tumor-selective vascular collapse by antimicrotubule agents is unclear. It may be due to fragility of the tumor vasculature caused by a lack of pericytes or immature basement membrane. Judging from the rapid time-course, the vascular collapse does not result from inhibition of endothelial mitosis or migration combined with angiogenesis. This conclusion is consistent with the reports of Dark et al. and Hori et al. Hori et al. speculated that the vascular collapse occurred as a result of constriction of host arteries rather than direct changes to the tumor vasculature. However, in the case of our present study, the quickly induced tumor hemorrhage can not be explained in terms of such an indirect mechanism. TZT-1027 is thought to directly attack the tumor vasculature. In cultured HUVEC, TZT-1027 induced marked cell contraction with membrane blebbing. These cell changes reached a maximum in 30 min to 1 h, and this time-course corresponded well to the hemorrhagic time-course in vivo: tumor hemorrhage peaked at 1 h after treatment with TZT-1027. Furthermore, the in vitro effects of TZT-1027 were about 10 times greater than those of VCR, and this also corresponded well to the results in vivo. In addition, cell shape changes in endothelium were
vascular collapse is thought to involve a protein kinase-
completely inhibited by K252a, TZT-1027-induced tumoral
vivo regression because of its ability to directly induce apoptosis and to attack the well-developed vascular system of advanced tumors. Therefore, TZT-1027 has both conventional antitumor activity and a characteristic tumor-selective antivascular activity, making it a potentially powerful tool for clinical cancer therapy.

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