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### Tumour growth and response to treatment: beneficial effect of the prostaglandin synthesis inhibitor flurbiprofen

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Prostaglandins (PG) are implicated in the growth and spread of some tumours. It is important to study inhibitors of PG synthesis for this reason, and because patients may take such drugs. Indomethacin reduces the growth of tumours induced in mice by Moloney sarcoma virus (Strausser & Humes, 1975). We report a similar effect with flurbiprofen, and show in addition a tendency to increased survival time and a significant enhancement of the tumour response to radiotherapy and chemotherapy.

WHT/Ht albino mice of either sex were injected sc into the right flank with  $10^6$  cells of the spontaneous non-immunogenic murine WHT-NC tumour. Flurbiprofen (5 mg/kg) was given orally once each day,

where indicated, in 0.1 ml raspberry syrup (V. Eisen & D.I. Walker, personal communication). Tumours, metastases, and recurrences were removed, weighed, and homogenized in Krebs solution. PGs were extracted and bioassayed on the rat gastric fundus strip preparation against  $\text{PGE}_2$  (see Bennett, Stamford & Unger, 1973). Unless stated otherwise, the results are means  $\pm$  s.e. mean.

Tumour growth and mouse survival were studied in the following groups: (1) tumour inoculation only ( $n = 10$ ); (2) tumour inoculation + flurbiprofen treatment throughout ( $n = 10$ ); (3) tumour excision at 3 weeks ( $n = 30$ ); (4) tumour excision at 3 weeks, then flurbiprofen treatment ( $n = 10$ ); (5) tumour excision at 3 weeks, flurbiprofen treatment throughout ( $n = 19$ ). Primary tumour widths (W) and lengths (L) (groups 1 and 2) were measured weekly, and volumes calculated as  $\pi \cdot W^2 \cdot L/6$ . Flurbiprofen treatment reduced the tumour weights, and tended to prolong survival in mice whose primary tumour was removed (Table 1).

The response of tumours to treatment was studied in groups of mice given 1, 2, or 3 of the following: chemotherapy (melphalan 0.15 mg/kg, days 30–32 and 37–39 after tumour inoculation, and methotrexate

**Table 1** The effect of flurbiprofen on tumour weight and mouse survival time

Group	Primary tumour weight (g) (at 3 weeks groups 3–5, or at death groups 1 and 2)	Primary tumour PGs (ng $\text{PGE}_2$ equivalents/g)	Survival (days) medians and semi- quartile ranges
1	3.66 $\pm$ 0.15 ( $P < 0.05$ )	85 $\pm$ 26 (0.1 $> P > 0.05$ )	73(70–77) ( $P = 0.327$ )
2	1.89 $\pm$ 0.21	32 $\pm$ 5	76(67–82)
3\}	0.25 $\pm$ 0.03	469 $\pm$ 53	70(68–84)*
4\}	( $P < 0.005$ )	( $P < 0.001$ )	77(62–86)
5	0.14 $\pm$ 0.03	36 $\pm$ 13	83(70–91)*†

\*  $P = 0.068$ , Mann–Whitney U-test.

† Two still alive at 127 days.

0.2 mg/kg, days 30 and 37), local radiotherapy (500 rads, days 30 and 37), and flurbiprofen, day 25 onwards. The tumours were excized after 6 weeks.

The extracts of tumours from mice given flurbiprofen contained  $60 \pm 16$  to  $74 \pm 30$  ng PGE<sub>2</sub> equivalents/g wet tumour, compared with  $125 \pm 19$  ng/g in controls (all  $P < 0.02$ ). Tumour weights were similar to controls ( $0.99 \pm 0.19$  g) except in mice receiving flurbiprofen with radiotherapy ( $0.45 \pm 0.05$  g) or radiotherapy + chemotherapy ( $0.29 \pm 0.05$  g) ( $P < 0.02$  and  $< 0.01$  respectively).

We conclude that flurbiprofen reduced the growth of the primary tumours and their ability to synthesize PGs, tended to increase survival time following re-

moval of the primary tumour, and increased the effect of radiotherapy and chemotherapy.

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### The effects of prostaglandin D<sub>2</sub> on the circular muscle of guinea-pig isolated ileum and colon

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Prostaglandin (PG)D can be formed by gastrointestinal tissue (Nugteren & Hazelhof, 1973). PGD<sub>2</sub> contracts the gut longitudinal muscle of various species (e.g. Hamberg, Hedqvist, Strandberg, Svensson & Samuelsson, 1975). Apart from rabbit stomach (Moncada, Mugridge & Whittle, 1977) the effects of PGD<sub>2</sub> on gastrointestinal circular muscle have not been studied. We report experiments on circular muscle of guinea-pig ileum and colon. Spiral strips approximately 3 mm wide and 30 mm long were cut from the distal ileum and distal colon of male guinea-pigs weighing approximately 400 g. Each strip was suspended under a load of 1 g in Krebs solution at 37°C bubbled with 5% CO<sub>2</sub> in O<sub>2</sub>. Isotonic responses were measured using transducers and pen recorders.

The circular muscle strips of guinea-pig ileum had no tone, and since PGD<sub>2</sub> did not cause a contraction we looked for an inhibitory effect on submaximal responses elicited with 1.5 mg/ml KCl.

PGD<sub>2</sub>, PGE<sub>2</sub> or PGF<sub>2α</sub> (1 μg/ml) given 1 min before the KCl reduced the contraction to KCl by  $21 \pm 6$ ,  $90 \pm 3$  and  $5 \pm 2\%$  (mean  $\pm$  s.e. mean;  $n = 8$ , 7 and 7 respectively); PGD<sub>2</sub> 2 μg/ml reduced the response to KCl by  $37 \pm 4\%$  ( $n = 7$ ). The findings with PGE<sub>2</sub> and PGF<sub>2α</sub> confirm those of Bennett, Eley & Scholes (1968) and Bennett, Eley & Stockley (1975).

In colonic circular muscle PGD<sub>2</sub>, by contrast, caused contraction, 70  $\pm$  10 ng/ml being required for a threshold contraction ( $n = 9$ ). As found by Fleshler

& Bennett (1969), PGF<sub>2α</sub> contracted this tissue (threshold concentration;  $8 \pm 2$  ng/ml,  $n = 9$ ) and PGE<sub>2</sub> caused relaxation. We confirmed that the PG antagonist SC-19220 blocks the contractions to PGF<sub>2α</sub> but not the relaxations to PGE<sub>2</sub> (Bennett & Posner, 1971). SC-19220 (80-130 ng/ml) also prevented the contraction to PGD<sub>2</sub> (1 μg/ml), but it greatly reduced muscle tone and hampered detection of relaxation. However, PGD<sub>2</sub> (1 μg/ml) now reduced submaximal contractions to acetylcholine by  $29 \pm 10\%$  ( $n = 4$ ) whereas in the presence of PGF<sub>2α</sub> (1 μg/ml) the acetylcholine-induced contractions were virtually unchanged ( $101 \pm 3\%$  of controls,  $n = 4$ ).

Thus, in colonic circular muscle, PGD<sub>2</sub> exerted a predominant excitatory 'PGF<sub>2α</sub>-like' activity which overshadowed the inhibitory 'PGE<sub>2</sub>-like' response. However, in the ileum circular muscle only a 'PGE<sub>2</sub>-like' response occurred with PGD<sub>2</sub>, and this tissue is virtually unresponsive to PGF<sub>2α</sub>.

We suggest that there are regional differences in the distribution of receptors activated by PGD, E and F<sub>α</sub> compounds, that the 9-hydroxyl group is important for activation of receptors stimulated by PGF<sub>2α</sub>, and that a 9- or 11-oxo group is important for activation of receptors stimulated by PGE<sub>2</sub>.

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