## Lack of metabolism as the biochemical basis of bleomycin-induced pulmonary toxicity

(bleomycin hydrolase/high-pressure liquid chromatography/lung fibrosis/fluorescence/aminopeptidase)

JOHN STEPHEN LAZO AND CYNTHIA J. HUMPHREYS

Department of Pharmacology, Yale University School of Medicine, 333 Cedar Street, New Haven, Connecticut 06510

Communicated by Alfred Gilman, February 7, 1983

ABSTRACT The biochemical basis for bleomycin-induced pulmonary toxicity was studied in vitro and in vivo with an improved HPLC system. The in vitro metabolism of bleomycin A2 to desamido-bleomycin A<sub>2</sub> was measured in tissue homogenates from a species sensitive (mice) and relatively resistant (rabbits) to the pulmonary fibrogenic properties of bleomycin. Lung tissue from mice lacked detectable bleomycin hydrolase activity, whereas rabbit lung tissue homogenates had high levels of the enzyme activity, equaling that seen in rabbit kidneys and spleen. Injection of radiolabeled bleomycin A<sub>2</sub> into mice demonstrated that only a small percentage of the total dose was taken up by any organ and that extensive metabolism of this drug occurred within 1 hr in liver, kidneys, and spleen but not in lungs in vivo. In addition, metabolites other than desamido-bleomycin A2 were prominent, and their relative amounts increased with time. Mice injected subcutaneously with bleomycin A<sub>2</sub> developed pulmonary fibrosis, while animals treated with equivalent doses of desamido-bleomycin A2 did not, indicating that this metabolite is not as toxic to the lungs as is the parent compound. These results provide direct evidence that metabolism plays a major role in determining the toxic potential of bleomycin to the lungs.

Bleomycin (BLM) is a glycoprotein that is extensively used in combination with other anticancer agents because of its relative lack of hematological and gastrointestinal toxicity. However, pulmonary toxicity is common with BLM and limits its therapeutic utility (1). Life-threatening, irreversible pulmonary fibrosis is associated with high cumulative doses of BLM; thus, it is important to understand the biochemical basis of its lung toxicity. Furthermore, BLM may be a useful prototype for studying the general mechanism by which other substances, including anticancer drugs, cause pulmonary toxicity.

Cellular toxicity from BLM exposure is believed to result from interactions between the drug and DNA (2). Although considerable attention has been directed toward understanding these interactions, comparatively little is known about the biochemical mechanism responsible for tumor sensitivity and host toxicity to this drug. BLM can be metabolized by an aminopeptidase B-like enzyme activity, BLM hydrolase, that acts on the carboxamide group of the  $\beta$ -aminoalanine moiety in BLM, converting it to the corresponding desamido-BLM (3). Umezawa *et al.* (3) have postulated that desamido-BLM is less toxic than the parent compound and that BLM hydrolase activity may be a major determinant of host organ toxicity because bioassay results indicate that lungs of mice are less capable of inactivating BLM than are other organs.

Previous experiments (4-7) indicated that repeated injections of mice with 5-10 mg of BLM per kg of body weight for 4 weeks or more produced pulmonary fibrosis as detected by an increase in lung hydroxyproline content and by histological analyses, whereas a similar injection protocol failed to yield fibrosis in rabbits (8). The experiments reported here examined the relative BLM hydrolase activities in various organs of these two species to evaluate the hypothesis of Umezawa *et al.* (3). A modification of our recently described sensitive HPLC system for detection of BLM B<sub>2</sub> and desamido-BLM B<sub>2</sub> (9) was used. In addition, the metabolism of radiolabeled BLM A<sub>2</sub> in organs of mice *in vivo* and the pulmonary toxicity of the only previously described metabolite of BLM A<sub>2</sub>, desamido-BLM A<sub>2</sub> (BLM dA<sub>2</sub>), were determined.

## MATERIALS AND METHODS

Drugs. BLM (Blenoxane) and Cu-free BLM A<sub>2</sub> that were used as HPLC standards were obtained from W. T. Bradner (Bristol Laboratories, Syracuse, NY). The Cu-free metabolite of BLM A2, BLM dA2 (lot TN-A-029), that was used as a standard was supplied by A. Fujii (Nippon Kayaku, Tokyo, Japan). The BLM used in the enzyme assays and in vivo studies was obtained from Blenoxane by the procedures of Roy et al. (10). The BLM  $dA_2$ injected into mice was synthesized by incubating 15 mg of Cufree BLM A<sub>2</sub> for 24 hr at 37°C with 5 ml (125 mg of protein) of the rabbit liver homogenate used for BLM hydrolase activity assays. After 24 hr, the reaction mixture was centrifuged through a CF-25 Centriflo cone (Amicon) at 1,000 × g for 30 min at 4°C to remove any unreacted BLM  $A_2$  and the product, BLM  $dA_2$ . The material remaining in the cone was resuspended twice with 6 ml of glass-distilled water and centrifuged. The filtrates were pooled and purified on a CM-Sephadex column by the method of Roy et al. (10). Based upon HPLC and TLC analyses, the reaction yielded BLM  $dA_2$  that was >93% pure. [<sup>3</sup>H]BLM  $A_2$ (specific activity, 32 mCi/mmol; 1 Ci =  $3.7 \times 10^{10}$  Bq) was synthesized by the method of Roy et al. (10); the radiolabeled material was identical to the unlabeled BLM A2 on CM-Sephadex chromatography, HPLC, and TLC and was metabolized to BLM dA<sub>2</sub> with rabbit liver homogenates.

Spectroscopic Measurements and the HPLC System. Uncorrected fluorescence spectra of Cu-complexed BLM  $A_2$  and BLM  $dA_2$  were recorded at 25°C with a Perkin–Elmer 650-10S fluorescence spectrophotometer. BLM  $A_2$  and BLM  $dA_2$  were separated by using a Whatman Partisil PXS 10/25 C<sub>8</sub> column (4.6 mm × 250 mm) with a mobile phase and flow rate described in the legend to Fig. 1. The capacity factor, K', was calculated for both BLM  $A_2$  and BLM  $dA_2$  as the ratio of the adjusted retention time of the individual component to the retention time of the unretained components.

In Vitro Studies. Organs were removed from male albino New Zealand rabbits weighing between 2.8 and 3.0 kg or from

The publication costs of this article were defrayed in part by page charge payment. This article must therefore be hereby marked "advertisement" in accordance with 18 U.S.C. §1734 solely to indicate this fact.

Abbreviations: BLM, bleomycin; BLM dA<sub>2</sub>, desamido-BLM A<sub>2</sub>; NaCl/ KCl/P<sub>i</sub>, 137 mM NaCl/2.7 mM KCl/8 mM Na<sub>2</sub>HPO<sub>4</sub>/1.5 mM KH<sub>2</sub>-PO<sub>4</sub>, pH 7.4.

female C57B1/6N mice (Charles River Kingston, Stone Ridge, New York) weighing between 20 and 24 gm and were rinsed with an ice-cold 0.1 M sodium phosphate-buffered solution (pH 7.2) to remove blood. After the organs were weighed, 2 vol of a 0.1 M phosphate-buffered solution were added, and the tissue was homogenized for 10 sec with an Ultra-Turrax Tissumizer (Tekmar, Cincinnati, OH). The sample was homogenized further with 5-10 strokes of a Teflon pestle, cooled on ice, and homogenized again with 5-10 strokes. The sample was centrifuged at 20,800  $\times$  g for 45 min at 4°C. Low molecular weight material was removed from the resulting supernatant fraction with a CF-25 Centriflo cone (Amicon) by centrifugation at 1,000  $\times$  g for 30 min at 4°C. The concentrated solution was resuspended to its original volume with ice-cold 0.1 M sodium phosphate solution and concentrated a second and third time with the Centriflo cone. The resulting solution was removed from the cone, and the cone was washed twice with the 0.1 M phosphate-buffered solution. The concentrated solution and the washes were combined and stored at  $-70^{\circ}$ C until use. The metabolism of BLM A<sub>2</sub> in vitro was assayed as described for BLM  $B_2$  (9) except that 120  $\mu$ g of Cu-free BLM A<sub>2</sub> per ml was used. More than 90% of the total organ BLM hydrolase activity was located in the high molecular weight material of the 105,000  $\times$ g supernatant fraction in all organs examined. Protein in the homogenates was determined by the method of Bradford (11).

In Vivo Studies. [<sup>3</sup>H]BLM A<sub>2</sub> (4.5  $\mu$ Ci) in 0.25 ml of phosphate-buffered saline (NaCl/KCl/P<sub>i</sub>; 137 mM NaCl/2.7 mM KCl/8 mM Na<sub>2</sub>HPO<sub>4</sub>/1.5 mM KH<sub>2</sub>PO<sub>4</sub>, pH 7.4) was injected subcutaneously into female C57Bl/6N mice weighing between 20 and 24 gm. At various times urine was collected and mice were killed by cervical dislocation. Serum was obtained from blood taken by cardiac puncture. After the descending aorta was cut, the lungs were perfused with NaCl/KCl/P<sub>i</sub> until free of blood and then removed. The liver, spleen, and kidneys also were removed. All organs were washed with ice-cold NaCl/KCl/ P<sub>i</sub> to remove blood, weighed, and homogenized in 1 or 2 ml of ice-cold 0.1 M phosphate-buffered solution. To the resulting homogenate, 0.1 vol of 6 M trichloroacetic acid was added, and the sample was shaken and centrifuged at  $15,600 \times g$  for 1 min. The supernatant fraction was neutralized with an equal volume of 0.5 M tri-*n*-octylamine in 1,1,2-trichlorotrifluoroethane (12), and the aqueous layer was injected on the HPLC with 2 mM  $CuSO_4$ , which was included to improve peak resolution (9).



FIG. 1. HPLC separation. Samples (800  $\mu$ g) of BLM A<sub>2</sub> and dA<sub>2</sub> standards were applied and eluted with CH<sub>3</sub>OH/CH<sub>3</sub>CN/H<sub>2</sub>O/CH<sub>3</sub>COOH, 2,175:725:7,020:80 (vol/vol), containing 2 mM heptane-sulfonic acid and 25 mM triethylamine (pH 5.5). Flow rate was 1.4 ml/min.

Fractions (0.3 min) were collected and counted by liquid scintillation techniques and corrected for counting efficiency by using external standard techniques. An injection volume of 500  $\mu$ l was used for all samples and between 1,000 and 50,000 dpm were applied onto the HPLC column. HPLC fractions obtained from samples with low amounts of radioactivity were counted four or five times to ensure accurate determinations. Some samples (namely, serum, urine, and kidneys) that had a high radioactive content were diluted to 500  $\mu$ l with 0.1 M phosphate-buffered solution to maintain a constant injection volume. Addition of [<sup>3</sup>H]BLM A<sub>2</sub> to organs from untreated mice indicated a recovery of [<sup>3</sup>H]BLM A<sub>2</sub> of >98%.

Pulmonary fibrosis was evaluated histologically and by measuring lung hydroxyproline content (5). Mice were injected subcutaneously twice weekly with NaCl/KCl/P<sub>i</sub> or 10 mg of either BLM A<sub>2</sub> or dA<sub>2</sub> per kg. After 6 wk, the mice were killed and the lungs were removed and weighed. The post caval lobe was washed with NaCl/KCl/P<sub>i</sub> and placed in ice-cold 0.1 M cacodylate-buffered solution containing 2.5% glutaraldehyde. Lung tissue was examined for collagen content both light-microscopically after staining with Masson's trichrome and biochemically with methods previously described (4, 8).



FIG. 2. BLM hydrolase activity in vitro. The BLM hydrolase activity in the high molecular weight material of the 105,000  $\times$  g supernatant fraction from rabbit (A) and mouse (B) organs was measured. BLM A<sub>2</sub> (60  $\mu$ g) was added to 600  $\mu$ g of protein and incubated for 1 or 2 hr. BLM dA<sub>2</sub> was separated from BLM A<sub>2</sub> by HPLC, and the amount was determined by spectrofluorescence. Each value is the mean  $\pm$  1 SEM of 3-5 determinations.



FIG. 3. Radioactivity in organs of mice after subcutaneous injection of  $[^{3}H]BLM A_{2}$ . Values at 1 and 2 hr were obtained from 3 or 4 mice, and other values were determined from a single mouse. (Bars = 1 SEM.)

## RESULTS

Fluorescence Detection and the HPLC System. The fluorescence excitation maximum for Cu-complexed BLM  $A_2$  (25  $\mu$ g/ml) in the HPLC mobile phase was 297 nm, and the emission maximum was 353 nm. BLM dA<sub>2</sub> had a similar excitation maximum, but the emission maximum was shifted slightly to 355 nm. With an excitation wavelength of 297 nm (10-nm bandpass) and an emission wavelength of 355 nm (10-nm bandpass), we observed with the HPLC system that BLM A<sub>2</sub> was separated readily from BLM dA<sub>2</sub>, with the K' of the parent com-

pound and its metabolite being 4.0 and 3.3, respectively (Fig. 1). The fluorescence intensities for both BLM  $A_2$  and  $dA_2$  were similar, and both compounds displayed linear integrated peak areas over at least a 10- to 15-fold concentration range.

In Vitro Assays. The formation of BLM  $dA_2$  from BLM  $A_2$ was determined in the high molecular weight material from organs at 1 and 2 hr (600  $\mu$ g of protein per reaction; 0.5 ml). No metabolite other than BLM  $dA_2$  was detected. In other experiments, various concentrations of protein were used to ensure that enzyme was limiting in the 2-hr incubation. With rabbit tissues, liver homogenates contained the highest amount of enzyme activity, whereas spleen, kidneys, and lungs had lower but similar BLM hydrolase activity (Fig. 2A). In contrast, the BLM hydrolase activity in mouse lung homogenates was below the detection limits of our assay (Fig. 2B). Mouse liver, spleen, and kidney homogenates all had detectable levels of BLM hydrolase activity.

In Vivo Results. The total radioactivity in selected organs, serum, and urine of mice at various times after injection of  $[{}^{3}H]$ -BLM A<sub>2</sub> was measured. Urine contained at least 10-fold more radioactivity than serum at all times examined (Fig. 3). Consistent with previously reported values for the serum half-life of BLM A<sub>2</sub> (13), a serum half-life of  $\approx 50$  min was observed for  $[{}^{3}H]$ BLM A<sub>2</sub>. The radioactivity in kidneys greatly exceeded that seen in liver, spleen, and lungs at all time points examined, and at 1 hr there was 8-fold more radioactive material in the kidneys than in any of these other organs. In liver, lungs, and spleen, peak levels of radioactivity appeared at  $\approx 1$  hr, and each of these organs had similar dpm per mg of wet weight.

To evaluate the nature of the radioactivity in each organ of mice, we next used our HPLC system. One hour after subcutaneous treatment with [<sup>3</sup>H]BLM  $A_2$ , >95% of the total radioactivity in serum and urine comigrated with authentic [<sup>3</sup>H]-BLM  $A_2$  (fractions 34–36; Fig. 4 A and B). In kidney samples (Fig. 4C), prominent peaks appeared at fractions 34–36 (BLM  $A_2$ ) and at fractions 28–29 (BLM  $dA_2$ ). Additional peaks also were seen in the void volume (fractions 12–14) and at fractions 25– 26. In liver tissue (Fig. 4D), both [<sup>3</sup>H]BLM  $A_2$  and  $dA_2$  were



FIG. 4. Representative HPLC radioactivity profiles from organ homogenates of a mouse treated with [<sup>3</sup>H]-BLM A<sub>2</sub>. One hour after a subcutaneous injection of 4.5  $\mu$ Ci (1 × 10<sup>7</sup> dpm) of [<sup>3</sup>H]BLM A<sub>2</sub>, urine was collected and the mouse was killed. After serum was obtained, organs were removed and homogenized in a 0.1 M phosphate-buffered solution, and the radioactivity was extracted. Samples (500 µl) were injected onto the HPLC column and eluted at 1.4 ml/min. Fractions (0.3 min) were collected and counted by liquid scintillation techniques. Similar results were obtained from three other mice. Arrows indicate the location of BLM dA<sub>2</sub> and A<sub>2</sub>.

detected as were radioactive peaks between these known peaks, in the void volume, and between the void volume and the  $[{}^{3}H]$ -BLM dA<sub>2</sub> peak. Spleen homogenates from mice also had multiple peaks, with one occurring after the parent compound (fractions 43–47; Fig. 4*E*). In lung samples, however, the only prominent peak was  $[{}^{3}H]$ BLM A<sub>2</sub>, indicating no major metabolism in that organ at 1 hr (Fig. 4*F*). When organ homogenates from untreated mice were mixed with  $[{}^{3}H]$ BLM A<sub>2</sub> and injected onto the HPLC system, the only peak observed was one that comigrated with  $[{}^{3}H]$ BLM A<sub>2</sub>.

The HPLC profile of the metabolites in organs changed with time after injection. For example, in kidney samples a decrease in BLM A<sub>2</sub> relative to the other metabolites was seen over the 2-hr period (Fig. 5 A-D). In particular, peaks at fractions 12-14, 25-26, and 27-29 increased greatly in size. No major metabolite peaks were seen in urine or serum samples at any of these time points, whereas in lung tissue very small peaks characteristic of BLM dA<sub>2</sub> and at fractions 12-14 were noted at 2 hr. To demonstrate that the unknown peaks were indeed true



FIG. 5. HPLC radioactivity profiles from mouse kidneys at various times. Kidney homogenates from mice treated 0.5 hr (A), 1 hr (B), 1.5 hr (C), or 2 hr (D) were extracted, injected onto HPLC, and eluted at 1.4 ml/min. Fractions (0.3 min) were collected and counted. Arrows indicate the location of BLM dA<sub>2</sub> and A<sub>2</sub> standards.



FIG. 6. Metabolism of  $[^{3}H]BLM A_{2}$  in vivo. The percentage of the total radioactivity that was not  $[^{3}H]BLM A_{2}$  (namely, fractions 32–41) was calculated in organs at various times by HPLC. One-hour values are the mean results from four mice. All other time-point values were obtained from a single mouse. (Bar = 1 SEM.)

metabolites of  $[{}^{3}H]BLM A_{2}$ , we pooled the peaks located in the void volume (fractions 12–16) and applied them to a CM-Sephadex column (9). The radioactivity was eluted as a single peak with 50 mM NH<sub>4</sub>COOH (pH 6.5), whereas both BLM A<sub>2</sub> and dA<sub>2</sub> required higher concentrations of NH<sub>4</sub>COOH to be eluted. Thus, this peak appeared to be a new metabolite(s) of BLM A<sub>2</sub>.

The percentage of  $[{}^{3}H]BLM$  A<sub>2</sub> metabolism in organs was studied at various times after drug injection by determining the percentage of radiolabel found outside of the  $[{}^{3}H]BLM$  A<sub>2</sub> peak on the HPLC profiles (Fig. 6). Liver, spleen, and kidneys showed extensive metabolism at 1 hr, with >45% of the drug being metabolized. In contrast, only 10% of the drug in lungs appeared as metabolites. The metabolite formation increased in all organs over time, with liver, spleen, and kidneys having 55% or more of the radiolabel as metabolites at 2 hr. In contrast, the maximum metabolism seen in mouse lungs *in vivo* was only 23%.

To evaluate the ability of the only previously known metabolite of BLM  $A_2$ , BLM  $dA_2$ , to cause pulmonary fibrosis, we injected mice for 6 weeks twice weekly with NaCl/KCl/P<sub>i</sub> or 10 mg of BLM  $A_2$  or  $dA_2$  per kg. Previous studies (5, 6) indicated that this dose schedule of BLM produced increases in lung hydroxyproline, a marker of collagen content, and histological evidence of increased collagen. In the lungs of mice treated with 10 mg of BLM  $A_2$  per kg, there was clear evidence

Table 1. Pulmonary hydroxyproline content after repeated treatment with BLM  $A_2$  or  $dA_2$ 

	Hydroxyproline, µg per lung	Body weight, g
Control	$165.1 \pm 9.1$	$19.8 \pm 0.8$
BLM A <sub>2</sub>	$215.7 \pm 21.0^*$	$14.7 \pm 0.3^*$
BLM dA <sub>2</sub>	$176.7 \pm 5.5$	$19.2 \pm 0.4$

Mice were treated subcutaneously twice a week for 6 weeks with NaCl/ KCl/P<sub>i</sub> or 10 mg of BLM A<sub>2</sub> or dA<sub>2</sub> per kg of body weight. Each hydroxyproline value is the mean  $\pm$  1 SEM obtained from the right and left lungs of five mice minus the post caval lobe. The post caval lobe weight was the same percentage of the total weight of the lungs (10%) in all groups. Statistical comparisons between groups were performed with the Wilcoxon rank sum test. \*, P < 0.05. of fibrosis demonstrated by a 31% increase in the pulmonary hydroxyproline content (Table 1) and by an increased presence of collagen observable after staining with Masson's trichrome (data not shown). In contrast, a similar treatment with BLM  $dA_2$  did not cause fibrosis as defined by our biochemical and morphological methods, although some lung consolidation and hypercellularity was seen in the lungs of mice treated with BLM  $dA_2$ . BLM  $A_2$  was quite toxic to mice as seen by the significant decrease in total body weight; this was not observed in mice treated with BLM  $dA_2$ .

## DISCUSSION

Umezawa et al. (3, 14) hypothesized that pulmonary toxicity occurred in lungs rather than other organs because the lungs were deficient in their ability to inactivate BLM. This conclusion was based upon observations with a bioassay that measured antimicrobial activity. Other investigators (13) indicated, however, that microbiological bioassays for BLM content are not only laborious but also insensitive. More important, in a bioassav some organs that do not display drug-induced toxicity appeared unable to inactivate BLM in vitro. Consequently, the relationship between antimicrobial activity and host organ toxicity is not clear. Umezawa et al. (3, 14) also suggested that inactivation was due to the formation of a deaminated compound by an aminopeptidase B-like enzyme activity, BLM hydrolase. The deaminated form of BLM is the only reported metabolite and, although it is thought to be less potent in causing DNA strand breaks (15), its toxicity, particularly to lung tissue, has not been studied previously.

Recently, HPLC systems have been used to study BLM metabolism, but these have relied upon UV absorption, which lacked the sensitivity to measure nanogram quantities of drug. The HPLC system described here for BLM  $\tilde{A_2}$  is at least 10-fold more sensitive than those not using spectrofluorescence (9) and permits measurement of enzyme activity with less tissue or substrate. Using this HPLC system, we have observed that in organ homogenates from a species that has been shown to be sensitive to BLM-induced pulmonary fibrosis (4-7), the lung BLM hydrolase activity is at least 5- to 15-fold less than that seen in other organs that do not demonstrate frank evidence of toxicity. In addition, the BLM hydrolase activity in the lung homogenates of a resistant species, rabbits, was similar to several other organs in that animal and significantly greater than that seen in mouse lung homogenates. Using much higher substrate concentrations of BLM A2, Yoshioka et al. (16) have reported that, in rat lung homogenates, the BLM hydrolase activity was lower than that seen in kidneys and liver but not in spleen or intestinal tissue. Unfortunately, the relative sensitivity of rat to BLM-induced pulmonary fibrosis compared to other species has not been determined. Based upon our results, it seems likely that interspecies differences occur in sensitivity to drug-induced pulmonary toxicity and pulmonary BLM hydrolase content.

To evaluate directly the mechanism responsible for BLM-induced pulmonary fibrosis *in vivo*, we utilized the recently described method for the synthesis of intrinsically radiolabeled BLM  $A_2$  (9). It is apparent that BLM is only poorly taken up by tissues because, in all organs examined, <1% of the total drug injected was found in any organ. Because spleen and liver tissue contained almost identical amounts of radioactivity as in lungs and because kidneys had 8-fold more radioactivity, it seems unlikely that preferential uptake of BLM can explain organ toxicity.

When a dose of BLM  $A_2$  sufficient to produce pulmonary fibrosis after repeated administration was injected as a single

dose, extensive metabolism was noted within 0.5 hr after drug injection. Lungs from mice consistently demonstrated a significantly lower amount of drug metabolism than liver, spleen, or kidneys at all time points examined. It appears that a number of new metabolites of BLM A2 can be formed in large quantities in liver, spleen, and kidneys, but the chemical nature of these metabolites is not known nor is the relationship between the formation of BLM dA<sub>2</sub> and these other metabolites clear. However, deamidation of BLM-like compounds is known to reduce by 100-fold their ability to cause single-strand DNA breaks in vitro (15). In addition, our results indicate that BLM dA<sub>2</sub> is much less potent in producing pulmonary fibrosis than is the parent compound. Thus, high levels of BLM hydrolase activity in lung tissue would protect the lungs from the toxic effects of BLM. This appears to occur in rabbit lungs. Therefore, the results of this study indicate (i) that BLM A<sub>2</sub> is extensively metabolized in most tissues examined, (ii) that metabolites other than BLM dA<sub>2</sub> are formed in vivo, and (iii) that, based upon in vitro and in vivo data, the sensitivity of the lungs to BLM-induced toxicity can best be explained by the lack of BLM hydrolase activity.

One of the major problems with the clinical use of BLM is identification of patients that may be susceptible to drug-induced fibrosis. No reliable methods to identify patients at risk are available. Once pulmonary fibrosis occurs, it is difficult to control and may be irreversible and life-threatening (1). The HPLC technique we have described for measuring BLM hydrolase activity *in vitro* is both sensitive and rapid; <100 mg of tissue is required. Therefore, it may be possible in the future to biopsy human lungs and assay BLM hydrolase activity prior to therapy to determine if the enzyme activity is related to the sensitivity of each patient to BLM-induced pulmonary fibrosis.

We thank Carl J. Boland and Esther T. Pham for their skillful technical assistance and Professors J. D. Catravas, A. C. Sartorelli, and C. N. Gillis for reviewing the manuscript. This work was supported by Grant CH-174 from the American Cancer Society and Grant CA-28852 from the National Institutes of Health.

- Blum, R. H., Carter, S. K. & Agre, K. (1973) Cancer (Philadelphia) 31, 903-914.
- Suzuki, H., Nagai, K., Yamaki, H., Tanaka, N. & Umezawa, H. (1969) J. Antibiot. 22, 446-448.
- Umezawa, H., Takeuchi, T., Hori, S., Sawa, T., Ishizuka, M., Ichikawa, T. & Komai, T. (1972) J. Antibiot. 25, 409-420.
- 4. Lazo, J. S. (1981) Toxicol Appl. Pharmacol. 59, 395-404.
- Sikic, B. I., Young, D. M., Mimnaugh, E. G. & Gram, T. E. (1978) Cancer Res. 38, 787-792.
- Sikic, B. I., Collins, J. M., Mimnaugh, E. G. & Gram, T. E. (1978) Cancer Treat. Rep. 62, 2011–2017.
- Adamson, I. Y. R. & Bowden, D. H. (1974) Am. J. Pathol. 77, 185– 198.
- Lazo, J. S., Catravas, J. D. & Gillis, C. N. (1981) Biochem. Pharmacol. 30, 2577–2584.
- Lazo, J. S., Boland, C. J. & Schwartz, P. E. (1982) Cancer Res. 42, 4026-4031.
- Roy, S. N., Orr, G. A., Brewer, F. & Horwitz, S. B. (1981) Cancer Res. 41, 4471–4477.
- 11. Bradford, M. M. (1976) Anal. Biochem. 72, 248-254.
- 12. Khym, J. X. (1975) Clin. Chem. (Winston-Salem, NC) 21, 1245-1252.
- 13. Ohnuma, T., Holland, J. F., Masuda, H., Waligunda, J. A. & Goldberg, G. A. (1974) Cancer (Philadelphia) 33, 1230-1238.
- Umezawa, H. (1974) Fed. Proc. Fed. Am. Soc. Exp. Biol. 33, 2296– 2302.
- Takahashi, K., Ekimoto, H., Aoyagi, S., Koyu, A., Kuramochi, H., Yoshioka, O., Matsuda, A., Fujii, A. & Umezawa, H. (1979) J. Antibiot. 32, 36-42.
- Yoshioka, O., Amano, N., Takahashi, K., Matsuda, A. & Umezawa, H. (1978) in *Bleomycin: Current Status and New Devel*opments, eds. Carter, S. K., Crooke, S. T. & Umezawa, H. (Academic, New York), pp. 35-56.