Suppression of Telomerase Activity and Cytokine Messenger RNA Levels in Acute Myelogenous Leukemia Cells in Vivo in Patients by Amifostine and Interleukin 4


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ABSTRACT

High levels of telomerase activity and high rates of cell proliferation are associated with a poor prognosis in acute myelogenous leukemia. Furthermore, cytokine production by leukemia cells is believed to play an important role in determining the proliferative characteristics of leukemia. The in vivo effects of two noncytotoxic agents on these parameters were determined in 33 acute myelogenous leukemia patients. Three daily doses of interleukin (IL) 4 or a single dose of amifostine reduced telomerase activity in the leukemia marrow cells in 7 of 9 and 11 of 13 patients, respectively. The administration of a single dose of amifostine resulted in a reduction in tumor necrosis factor \( \alpha \) and IL-6 transcript levels in the marrow cells of 10 of 13 and 12 of 13 patients in which these transcripts were present. The administration of only three doses of IL-4 or a single dose of amifostine has a significant effect on leukemia cell parameters, which are believed to have a significant impact on the in vivo biology of the disease and on its response to remission induction therapy.

INTRODUCTION

High proliferative potential and high proliferative rates of leukemic cells contribute to the rate of progression of leukemia and to one type of treatment resistance, regrowth resistance (1, 2). We have previously reported on studies demonstrating that the administration of 13-cis-retinoic acid and IFN-\( \alpha \) can slow the proliferation of myeloid leukemia cells in vivo in patients (3, 4). This study reports that both amifostine and IL-4 can reduce telomerase activity in AML cells in vivo in patients and that amifostine can also reduce the TNF-\( \alpha \), IL-6, and increase flt3 transcript levels within AML cells. Given that telomerase activity and cytokine production play a role in determining the proliferative potential (5, 6) and proliferative rate of AML cells (7), the administration of amifostine and/or IL-4 between courses of chemotherapy has the potential to reduce or abrogate regrowth resistance as a cause of treatment failure in AML.

PATIENTS AND METHODS

Patients. A single dose of amifostine was administered to 22 patients. IL-4 was administered to 11 patients daily for 3 days. A diagnosis of AML was confirmed by standard methods including morphological assessment and immunophenotyping. Informed consent was obtained from each patient.

Sample Collection. BM aspirates were obtained from AML patients for study before the administration of IL-4 or amifostine. Patients then received either one dose of amifostine (kindly provided by Alza Corp., Palo Alto, CA) as an i.v. infusion (100 mg/m\(^2\)) or three doses of IL-4 (kindly provided by the Schering Plow Corp., Kenilworth, NJ; 2-4 mg/kg\(^2\) daily \( \times \) 3). Seventy-two h after the amifostine infusion or 24 h after the last dose of IL-4, a second BM aspirate sample was obtained. Part of each BM aspirate was mixed immediately with a 4 m guanidinium thiocyanate solution and processed for assessment of cytokine mRNA levels as described below. Light density mononuclear cells were also obtained for study by Ficoll-Hypaque density gradient centrifugation (specific gravity = 1.077).

Telomerase Activity Assay. Light density mononuclear BM cells obtained by density separation (1.077) were frozen at \(-130^\circ\)C. The frozen cells were thawed rapidly in a 37°C water bath. After washing with PBS, protein was extracted for 30 min with cold CHAPS lysis buffer (10\(^6\) cells/200 \( \mu \)l; 0.5% CHAPS, 10 mm Tris-HCl, 1 mm MgCl\(_2\), 1 mm EGTA, 0.1 mm benzamidine, and 10% glycerol) and centrifuged at 12,000 \( \times \) g for 30 min at 4°C. Each extract (2 \( \mu \)l; equivalent to 5,000 cells) was assayed in a 50-\( \mu \)l reaction mixture.

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\(^3\) The abbreviations used are: IL, interleukin; AML, acute myelogenous leukemia; CHAPS, 3-[(3-cholamidopropyl)dimethylammonio]-1-propanesulfonate; TPG, total product generated; TNF-\( \alpha \), tumor necrosis factor \( \alpha \); BM, bone marrow; RT-PCR, reverse transcription-PCR; FAB, French-American-British; GM-CSF, granulocyte macrophage colony-stimulating factor.

To assay telomerase activity, a semiquantitative approach established by our laboratory was used. Immortal cells, which have high levels of telomerase activity (catalogue number S7700; Oncor, Inc., Gaithersburg, MD), are mixed in different proportions with cells that do not have telomerase activity (RBCs), and a standard telomerase activity curve is generated (100% immortal cells = 5000 cells; 50% dilution of immortal cells = 2500 immortal cells and 2500 RBCs). The telomerase activity in a patient specimen is measured and matched with the corresponding telomerase activity in the standard curve (expressed as the percentage of activity of the pure population of immortal cells). Because we have found that the slope of the curve that reflects telomerase activity is different for cell suspensions containing 0–5% or >5% of immortal cells, the former dilution was used as the standard for assaying low levels of telomerase activity, whereas the latter curve was used to assay higher activity levels (Fig. 1, A and B).

The telomerase reaction products were amplified in a thermal cycler for 28 rounds at 94°C for 30 s, 58°C for 30 s, and 72°C for 30 s in the standard semiquantitative assay, and to measure low levels of telomerase activity, the telomerase reaction products were amplified in a thermal cycler for 35 rounds at 94°C for 30 s, 62°C for 30 s, and 72°C for 30 s in our semimicroquantitative detection assay. The reactions were conducted in a thermocycler for 28 rounds at 94°C for 30 s, 62°C for 30 s, and 72°C for 30 s in the standard semiquantitative assay. The telomerase reaction products were amplified in a thermocycler for 28 rounds at 94°C for 30 s, 58°C for 30 s, and 72°C for 30 s in the standard semiquantitative assay.
RESULTS

General Characteristics of the Patients and Leukemias Studied. The median age of the patients studied was 61 years, with an age range of 20–81 years. There were 15 female and 18 male patients. The FAB classification of the AMLs that were studied are as follows: (a) M1, 11 cases; (b) M2, 13 cases; (c) no FAB M3 cases; (d) M4, 5 cases; (e) no FAB M5 cases; and (f) M6, 1 case. The FAB classification of three of the AMLs was unknown. The median WBC count and platelet counts were 15,600/μl and 49,000/μl, respectively.

Changes in telomerase activity levels were measured in 22 marrow specimens, and changes in cytokine transcript levels were studied in 22 patients. Median and ranges for telomerase activity levels were 32% (0–90%; Fig. 2A). Fig. 2B provides the ranges of cytokine transcript levels. As we have described previously, AML cells in vivo in patients do not contain either GM-CSF or SCF transcripts.

Effects of IL-4 on Telomerase Activity and Cytokine Transcript Levels in Leukemia Cells. Three daily doses of IL-4 were administered to 11 patients. IL-4 administration was associated with a fall in the level of telomerase activity in seven of nine studies from 38.9 ± 11.6% (median, 30%) to 16.7 ± 7.4% (median, 10%; P = 0.02; Fig. 3A). The effects of IL-4 on cytokine transcript levels within leukemia cells were inconsistent. Changes in telomerase activity were moderately correlated with changes in both IL-1β and TNF-α transcript levels, but these were not significant (r = 0.42, P = 0.30, and n = 8 and r = 0.32, P = 0.44, and n = 8). Changes in IL-1β and TNF-α transcript levels were highly correlated (r = 0.81, P = 0.02, and n = 8; Fig. 3B).

Effects of Amifostine on Telomerase Activity and on Cytokine Transcript Levels. A single dose of amifostine was administered to 22 patients. The effect of this agent on telomerase activity was measured in 13 patients, with a fall in activity...

Table 1 Sequences of primers used for multiplex RT-PCR detection of cytokines

<table>
<thead>
<tr>
<th>Cytokine</th>
<th>5' primer sequence</th>
<th>3' primer sequence</th>
<th>Product size (bp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flt3(stk-1)</td>
<td>5'-TCA-AGT-GCT-CTA-ATT-CCC-3'</td>
<td>3'-CAC-CTG-TAG-CTG-GCT-3'</td>
<td>208</td>
</tr>
<tr>
<td>SCF</td>
<td>5'-CTG-CTC-CGA-AAG-CTC-3'</td>
<td>3'-CAC-TAT-ATT-CAC-3'</td>
<td>291</td>
</tr>
<tr>
<td>IL-1RA</td>
<td>5'-ATG-GAA-ATC-AGG-GGC-3'</td>
<td>3'-TGT-TCT-CTG-CGG-3'</td>
<td>360</td>
</tr>
<tr>
<td>GM-CSF</td>
<td>5'-ATG-GTG-CAG-AGC-AGG-GAC-3'</td>
<td>3'-CTG-GCT-CCC-AGT-CAA-3'</td>
<td>424</td>
</tr>
<tr>
<td>IL-6</td>
<td>5'-ATG-AA-CTT-TTC-TCC-AAC-3'</td>
<td>3'-GAA-GAG-CCC-CCA-GGC-3'</td>
<td>628</td>
</tr>
<tr>
<td>TNF-α</td>
<td>5'-ATG-AGG-ATG-ATC-AGG-3'</td>
<td>3'-ACC-TTT-TTC-TTC-ACC-3'</td>
<td>695</td>
</tr>
<tr>
<td>IL-1β</td>
<td>5'-ATG-AGC-GGT-CCA-GTC-3'</td>
<td>3'-ATG-GAA-GCT-CTA-GTG-3'</td>
<td>802</td>
</tr>
<tr>
<td>β-Actin mRNA</td>
<td>5'-GAA-GAG-CCC-CCA-GGC-GAG-3'</td>
<td>3'-CTA-GAA-GCA-TTT-GCG-GTG-3'</td>
<td>1000</td>
</tr>
</tbody>
</table>

Fig. 2 Telomerase activity and intracellular cytokine transcript levels in AML patients. A, telomerase activity as a percentage of 5000 immortal cells. B, normalization of transcript levels achieved by dividing the density of the PCR-amplified transcript by the density of β-actin in the same RT-PCR reaction.
occurring in 11 patients (Fig. 4A). The mean ± SE and median activity values before amifostine administration were 40% ± 5% (42%), whereas the values after administration were 29.1% ± 3.8% (30%; P = 0.02).

In contrast to IL-4, amifostine administration produced significant effects on cellular cytokine transcript levels. A fall in IL-6 transcript levels occurred in 12 of 13 studies (P = 0.002; Fig. 4B), a fall in TNF-α transcript levels occurred in 10 of 13 studies but lacked significance (P = 0.21; Fig. 4C), and an increase in flt3 transcript levels was produced in 9 of 13 studies (P = 0.03; Fig. 4D). Amifostine administration did not produce consistent effects on the other cytokine transcripts that were measured. Whereas there were no apparent relationships between the effects of amifostine and cytokine transcript levels and telomerase activity, there was a correlation between the effects of amifostine on IL-1β and flt3 transcript levels (r = 0.55, P = 0.06, and n = 12; Fig. 4E).

**DISCUSSION**

The studies described here demonstrate that two different noncytotoxic agents have the capacity to reduce telomerase activity within leukemia cells in vivo in patients. Amifostine has the further capacity to reduce IL-6, TNF-α, and increase flt3 transcript levels within leukemia cells in vivo. The level of telomerase activity is highest in hematopoietic progenitor cells, with the self-renewal capacity of these cells being related directly to the level of telomerase activity (5, 6). Furthermore, high levels of telomerase activity are characteristic of many malignant cell types (10) and are necessary for the immortalization of cells (10). These observations strongly suggest that high levels of telomerase activity in leukemia cells are indicative of and play a role in producing a high self-renewal capacity and proliferative potential in these cells. Given the important role that regrowth resistance plays in the poor responses obtained in a variety of otherwise drug-sensitive malignancies, the administration of either IL-4 or amifostine, by virtue of their effects on telomerase activity, might be expected to reduce the proliferative potential of malignant cells in vivo, thereby reducing regrowth resistance. A pilot study of this proposition appears to confirm this conjecture.5

Whereas the inhibitory effects of amifostine on cytokine transcript levels do not appear to play a role in the effects of this agent on telomerase activity, these effects are potentially useful. There is evidence of a correlation between the level of TNF-α transcripts and the percentage of S-phase leukemia cells within a leukemia cell population (9).6 Furthermore, there have been many reports of the stimulatory effects of IL-6 on the proliferation of AML cells (11, 12). Therefore the effects of amifostine on cytokine transcript levels and hence on cytokine production might reduce the number of cells proliferating in an AML marrow as well as their rate of proliferation. Furthermore, the ability of amifostine to reduce

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TNF-α transcript levels might explain, at least in part, the reported benefit that this agent produces when used to treat myelodysplasia (13).

Taken together, the above data strongly suggest that the administration of amifostine and/or IL-4 between courses of cytotoxic therapy may play a useful role in improving treatment outcome in AML. A study submitted for publication is consistent with this hypothesis.5, 6

REFERENCES


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